IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230875

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4639483113

APPLICANT/OWNER: Rick/Dustin Howell APPLICANT ADDRESS: 3544 Amity Hill Rd Statesville, NC 28677

SITE ADDRESS: 333 Winding Shore Rd Troutman, NC PHONE: 8284061767 ALT. PHONE

SITE DIRECTIONS: Perth Rd NTB Neil Farm Straight to Winding Shore on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lot 1 SECTION: 16 LOT # 121 LOT AREA: .69 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank Exist 1000 (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields # Lines Existing Linear Ft
Trench Width Trench Bottom Depth(Low side) Gravel Depth

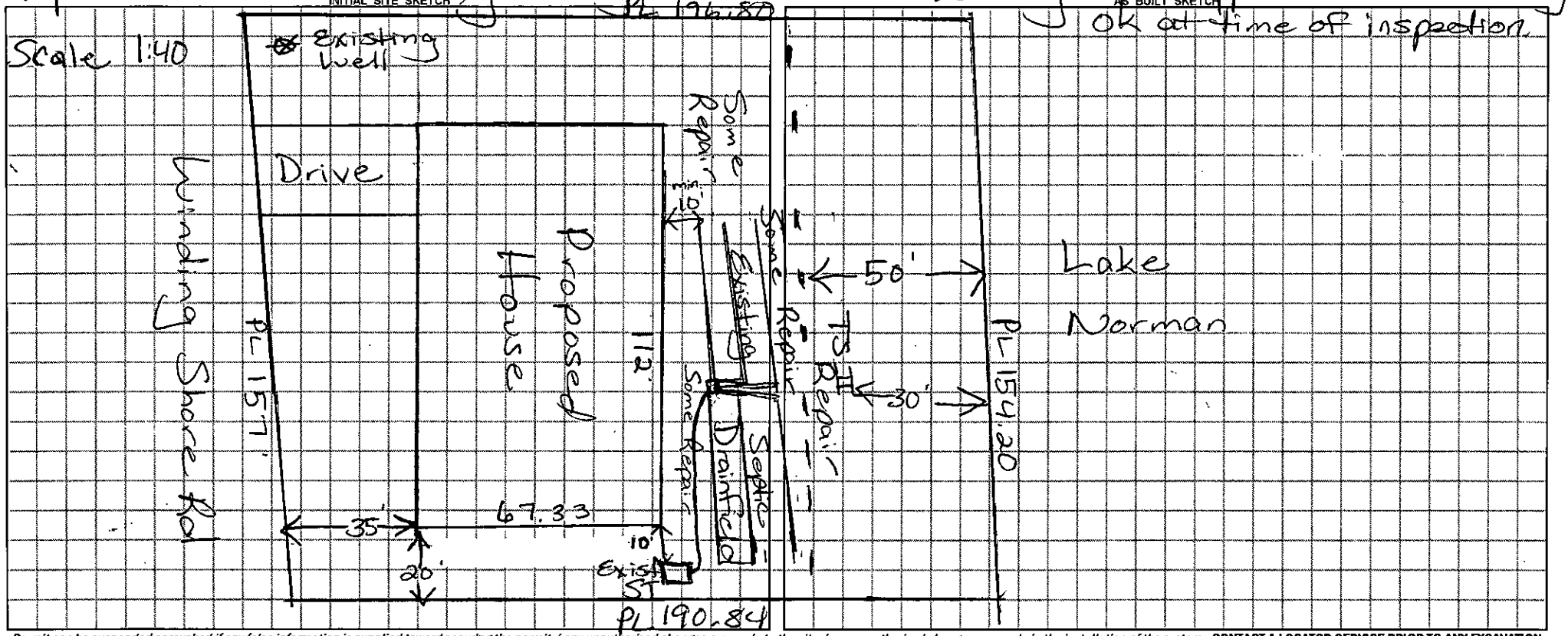
☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Exist Gravity PPBPS
Repair System Description: PPBPS / TS II Retreat
Maintenance Agreement Required: ☐ YES ☒ NO Drip
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private Exist ☐ Public ☐ Community

Comments / Conditions: ~~A~~ Health recommends that existing Septic System be fenced off & protected from damage during Construction. This permit relocates the designated Septic repair area. Existing Septic appears to be functioning ok at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 10/11/18 Installed by:

IMPROVEMENT PERMIT by: Date: 10/11/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 10/11/18 Existing System Inspected by: Date: 10/11/18

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Revised

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: DUSTIN HOWELL Address: 3544 AMITY HILL RD Zip: 28677
Applicant Email: RHEBUILDER_DUSTIN@GMAIL.COM Phone: (828) 406-1767 Alt. Phone: (704) 634-7067
Owner Name: GARY MORGAN Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 333 WINDING SHORE RD. TROUTMAN, NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: PERTH RD → NEIL FARM RD → WINDING SHORE RD

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Dustin Howell 10/8/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Gary D Morgan

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Gary D Morgan, am the legal owner(s) of the property located at 333 Winding Shore Road, Troutman, NC, identified as

PIN (Parcel Identification Number) 4639483113.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Rick Howell, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Gary D Morgan — Signature of Owner(s)

10/8/18 — Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Relocation of Repair

Sheet ___ of ___
PROPERTY ID #: 4639483113
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

Applicant
OWNER: Rick Howell
ADDRESS: 3544 Amity Hill Rd Statesville NC 28677
PROPOSED FACILITY: House
LOCATION OF SITE: 333 Winding Shore/Cluster Lot 121
WATER SUPPLY: [X] Private [ ] Public [ ] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [X] Pit [ ] Cut

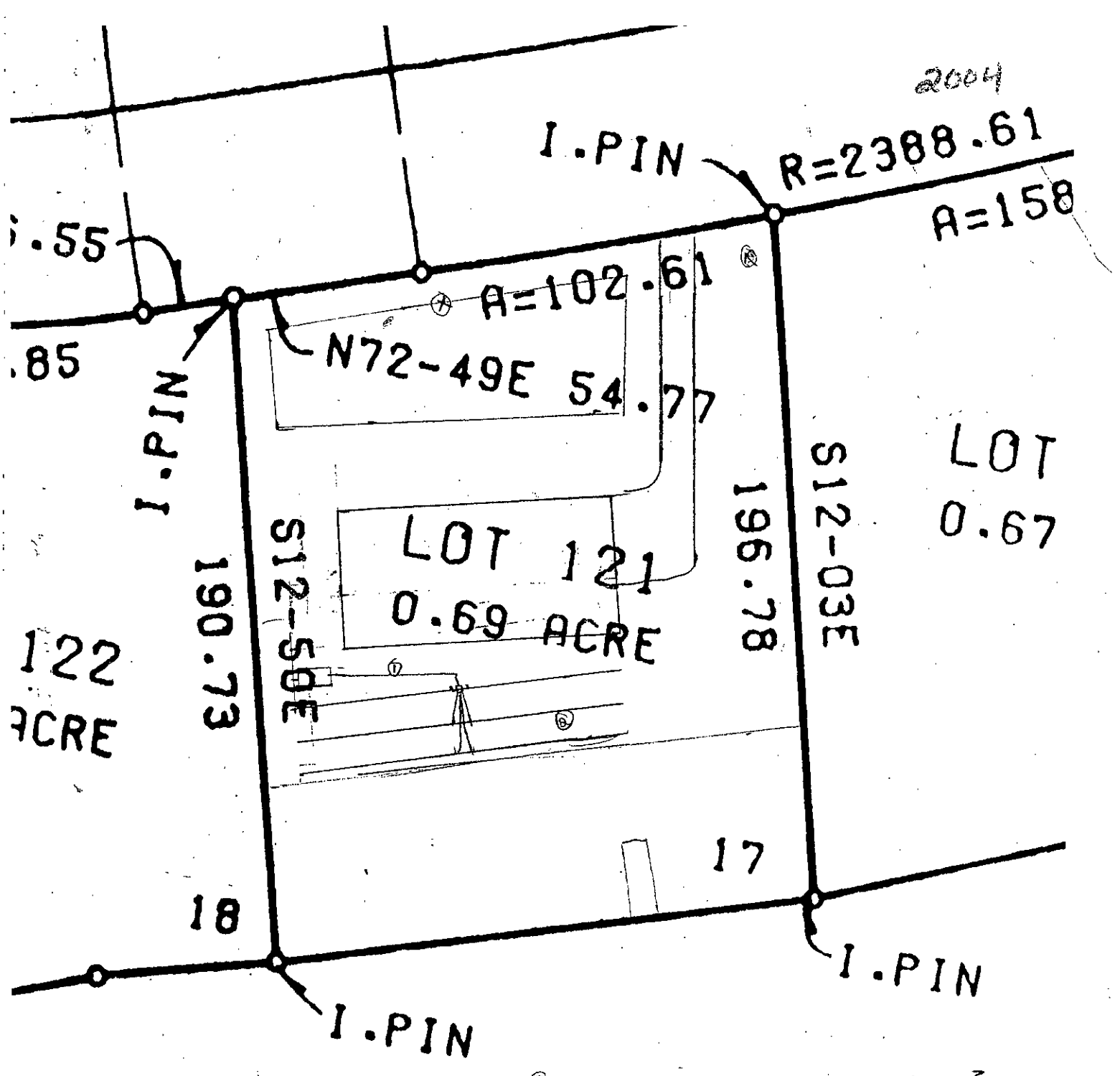
APPLICATION DATE 10/12/17
DATE EVALUATED: 11/1/17
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: ___
PROPERTY RECORDED: ___
TYPE OF WASTEWATER: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit 4%0	0-4"	Brn SCL	WSBK SS, SP, SExP, FR					PS .3
		4-19"	RC mSBK SS, SP, SExP, FR						
		19"-48"	RC WSBK SS, SP, SExP, FR						
					—	48"			
2	Pit 10%0 Near Road	0-6	Brn SCL	WSBK SS, SP, SExP, FR					PS .25
		6-11	RC/C m-WSBK SS, SP, SExP, FR						
		11-48	RSC WSBK S-SS, SP, SExP, FI-FR						
3	In 50' Buffer Alt 4%0	0-15"	Brn to Rd/Brn SCL	WSBK SS, SP, SExP, FR					PS .3
		15-48"	RC/C m-WSBK SS, SP, SExP, FR						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Exist	PPBS/TST Drip
Site LTAR	.3	.3/.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Rick Howell

COMMENTS: ___



① O-48 c-cl Blk Frsssp PS0.3
Few Incl Sap

② O-48 c-cl sblk Frsssp PSa3

LAKE
NORMAN

Wed 10:00 - Backhoe Pits Old application

RECEIVED OCT 18 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS) Paid $500.00

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Relocate Rpr # 230875

The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
RICK HOWELL	3544 AMITY HILL RD STATESVILLE, NC 28677	(704)634-7067	
GARY MORGAN (Owner)	104 GRANITE LN, SALISBURY, NC 28146	(704)279-6043	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
333 WINDING SHORE RD. TROUTMAN, NC 28166	CLST	S16 Lot 121

Driving Directions: PERTH RD, TL NEIL FARM, STRAIGHT TO WINDING SHORE RD

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other Relocation of repair area.

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other GRAVITY PANEL Year BLOCK

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: [signature] 10-12-17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Gary D Morgan, am the legal owner(s) of the property located at 333 Winding Shoal Road, Troutman NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Rick Howell, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Gary D Morgan 10/12/17
Signature of Owner(s) Date

Signature of Witness 10/12/17
Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
230875
Issue Date: 10/13/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639483113.000	333 WINDING SHORE ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MORGAN GARY D+BETTY R	Applicant: HOWELL RICHARD A+SHERR
Address: 360 LUTHER BARGER RD SALISBURY, NC 28146	Address: 3544 AMITY HILL RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	50.00	15.00	15.00	CACL	AE

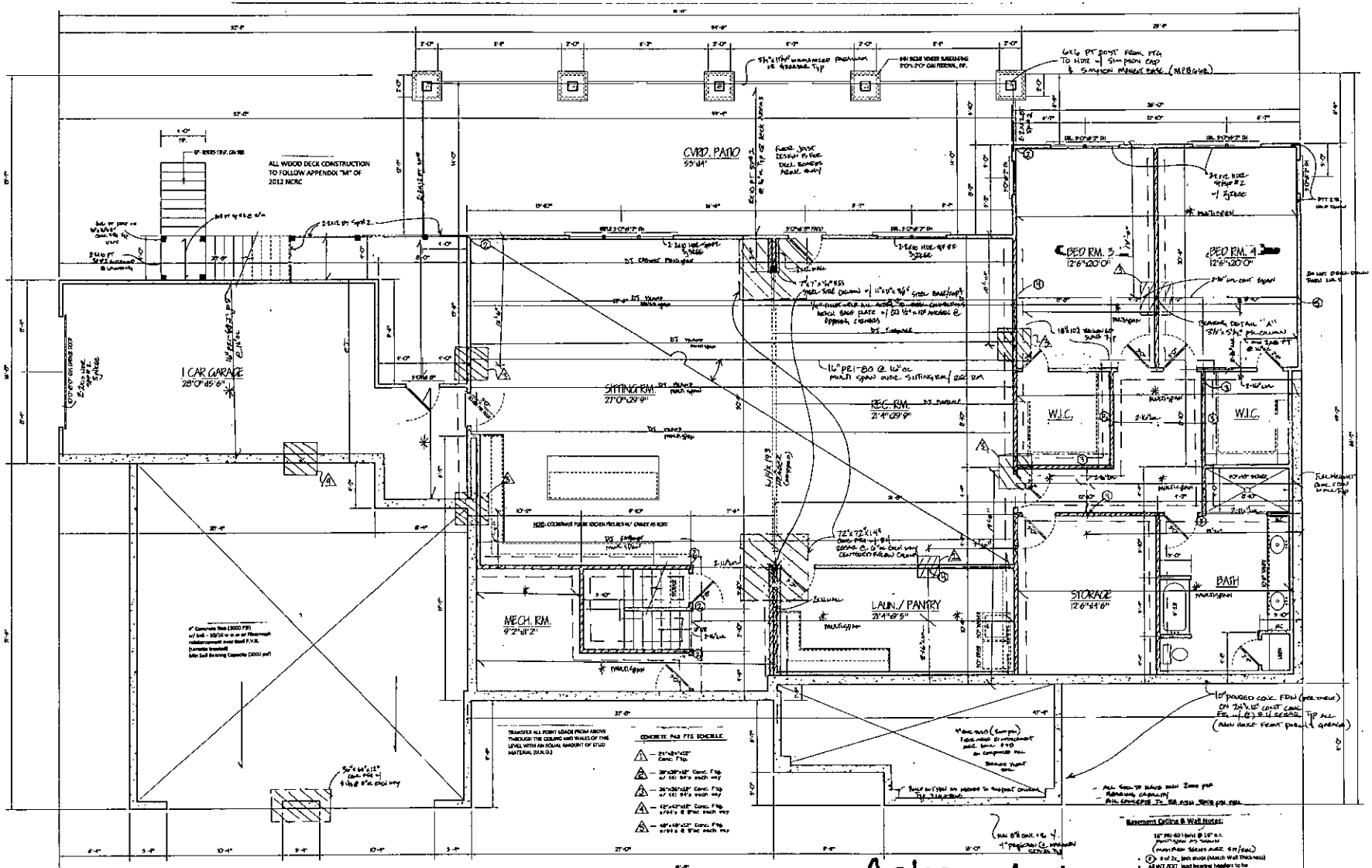
Remarks:

REAR SETBACK IS 50 FEET FROM THE 760 LINE OR 35 FEET FROM THE REAR PROPERTY LINE WHICH EVER IS FARTHER FROM THE WATERS EDGE. MOBILE HOME MUST BE REMOVED BEFORE BUILDING PERMIT IS ISSUED.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	117799	TOTAL FEES:	$ 77.25



BASEMENT PLAN

SCALE: 1/4" = 1'

NOTE:
DIMENSIONS DO NOT INCLUDE BRICK VENEER ON THIS FLOOR PLAN VIEW, UNLESS OTHERWISE NOTED

Acknowledgement of Plans Submittal ONLY

Date 10/11/18

Date 10/11/18

DATE: 5-12-18
DRAWN BY: CDC

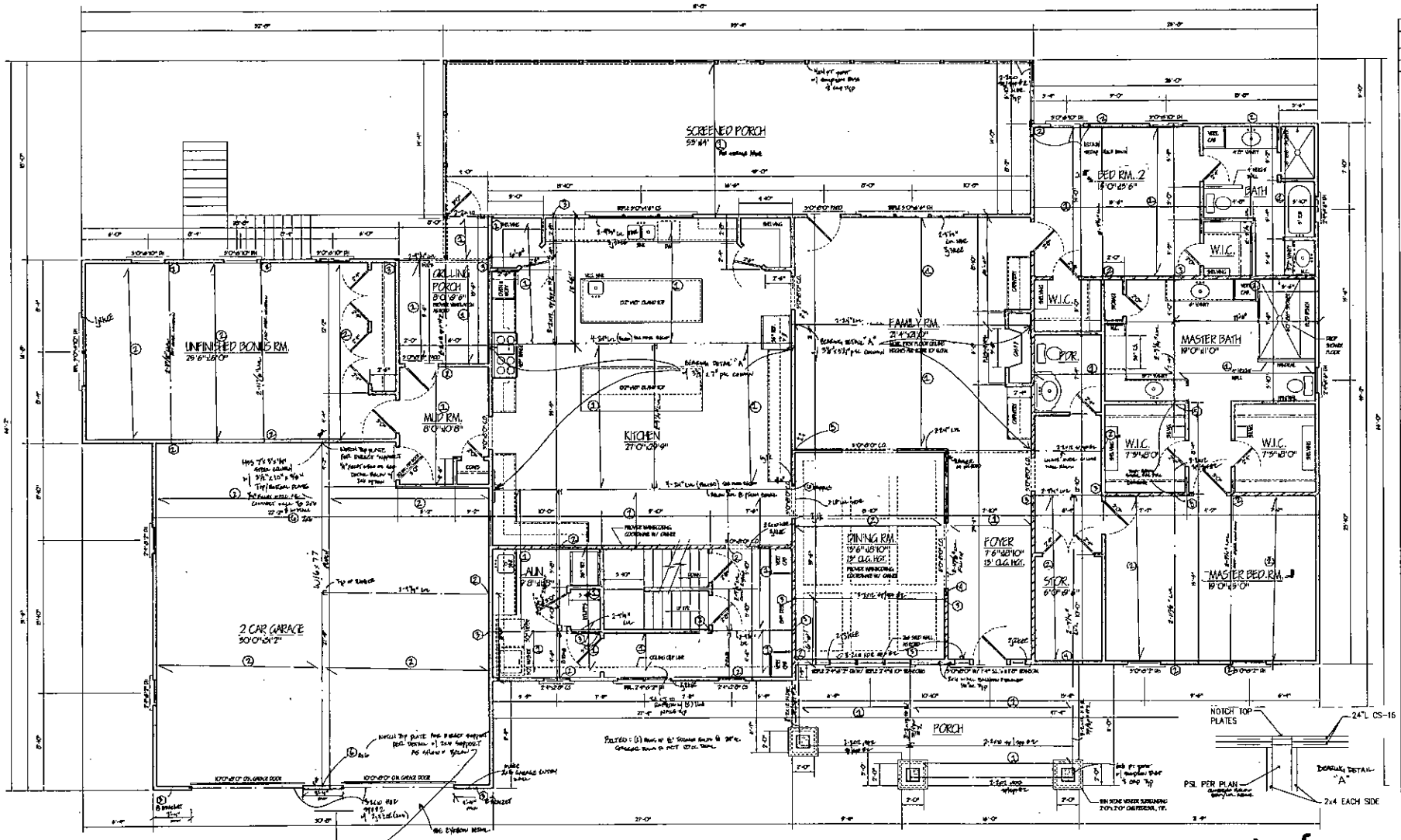
CARPENTER DESIGN
A RESIDENTIAL DESIGN FIRM
1909 EAST BLVD., SUITE 204, CHARLOTTE NC 282205
704-277-7417
WWW.CARPENTERHOUSEPLANS.COM

A RESIDENCE FOR
GARY & BETTY MORGAN
333 WINDING SHORE RD.
TROUTMAN, NC

BASEMENT PLAN

JOB NO.

SHEET NO.
S2



AREA CALCULATIONS

FIRST FLOOR LIVING AREA	=	5251 SQ. FT.
BASEMENT LIVING AREA	=	5014 SQ. FT.
BONUS RM. AREA	=	448 SQ. FT.
BASEMENT GARAGE AREA	=	516 SQ. FT.
PRIMARY GARAGE AREA	=	900 SQ. FT.
PORCH AREA	=	1069 SQ. FT.

Acknowledgement of Plans Submittal ONLY!

Date 10/11/18

Date 10/11/18

FIRST FLOOR PLAN

SCALE: 1/4" = 1'

NOTE: DIMENSIONING DOES NOT INCLUDE WC SIDING VENEER ON THIS FLOOR PLAN VIEW, UNLESS OTHERWISE NOTED.

DATE: 5-12-18
DRAWN BY: C.D.C.

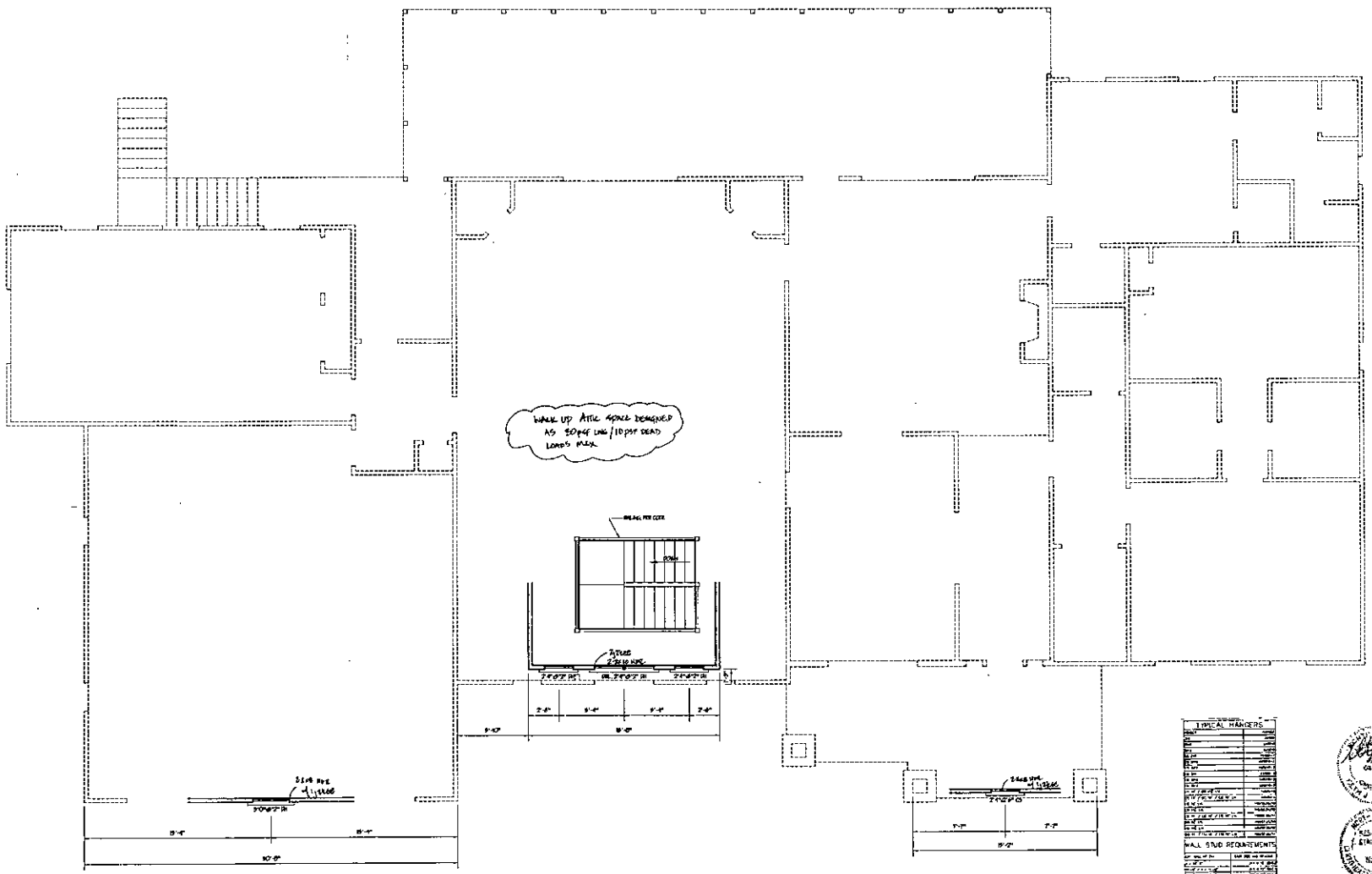
CARPENTER DESIGN
A RESIDENTIAL DESIGN FIRM
1809 EAST BLVD., SUITE 204, CHARLOTTE NC 28203
704-277-7417
WWW.CARPENTERHOUSEPLANS.COM

A RESIDENCE FOR
GARY & BETTY MORGAN
333 WINDING SHORE RD.
TROUTMAN, NC

FIRST FLOOR PLAN

JOB NO.

SHEET NO.
S3



ATTIC DORMER PLAN

SCALE: 1/4" = 1'

Acknowledgement of
Plans Submittal ONLY:

Date 10/11/18

Date 10/11/18

DATE: 5-12-18
DRAWN BY: C.D.C.

CARPENTER DESIGN
A RESIDENTIAL DESIGN FIRM
1809 EAST BLVD., SUITE 204, CHARLOTTE NC 28203
WWW.CARPENTERHOUSEPLANS.COM
704-277-7417

THE DESIGN SHALL MEET ALL REQUIREMENTS OF CONSTRUCTION DOCUMENTS AND SHALL BE IN ACCORDANCE WITH THE 2012 NORTH CAROLINA RESIDENTIAL CODE. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL DIMENSIONS AND CONDITIONS. THESE PLANS SHALL NOT BE USED OR REPRODUCED IN WHOLE OR IN PART WITHOUT THE WRITTEN CONSENT OF CARPENTER DESIGN. ANY USE OF THESE PLANS SHALL BE IN ACCORDANCE WITH STATE AND FEDERAL COPYRIGHT LAWS.

A RESIDENCE FOR
GARY & BETTY MORGAN
333 WINDING SHORE RD.
TROUTMAN, NC

ATTIC DORMER PLAN

JOB NO.

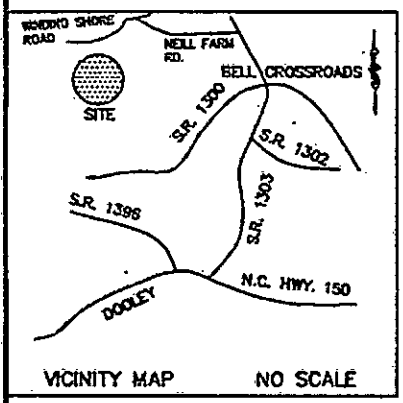
SHEET NO.
S4

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1574, page 403, and/or plat book 13, page 42, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 7, day of DECEMBER, A.D. 20 17

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



LAKE NORMAN

0' 20' 40' 100'
SCALE IN FEET

780 CONTOUR LINE PER PB. 13 PG. 42

S74°07'26"W 154.20

LOT 121
0.69 AC.

SEPTIC LINES
RED
WHITE
BLUE
50' SETBACK
(3) PINK FLAGS
0.19'
.22

198.80
S12°03'00"E
15' SETBACK
67.33
PROPOSED HOUSE AREA
112
124.72
35' SETBACK
15.2
N12°51'00"W
190.84

LOT 120
DAVID L.
DENT
2423/2324

LOT 122
JOYCE
GLADWELL
COLEMAN
REVOCABLE
TRUST
2244/693

PB. 13 PG. 42

(CHORD BEARING)
N71°35'10"E
102.61
L=102.61'
R=2388.61

N72°49'00"E
54.77

#5 REBAR
R/W

WINDING SHORE ROAD
60' PUBLIC R/W

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) OVERHEAD POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

BOUNDARY SURVEY

OF
333 WINDING SHORE ROAD
LOT 121 CRESCENT LAND & TIMBER CORP., SECT. 16
FALLSTOWN TWSP., IREDELL CO., N.C.

SCALE 1" = 40'
ACQUIRED BY: GARY D. & BETTY R. MORGAN

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

FIELD BOOK:
FILE: CLT 121 S16
DC FILE:
TAX MAP NO: 4639483113

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

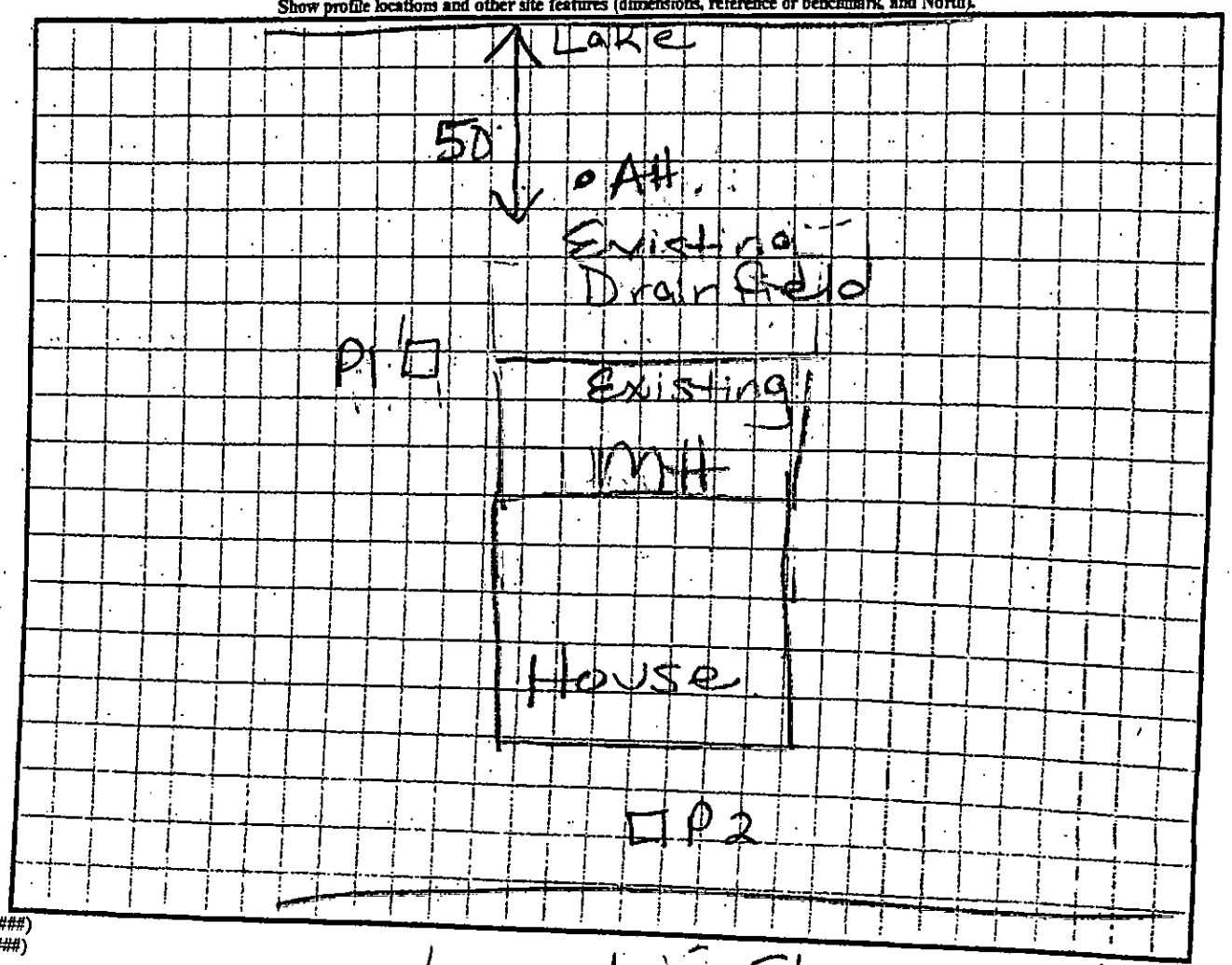
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



DENR (######)
Review (#####)