1pm

IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 223387

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

PIN # 4648-13-7751

APPLICANT/OWNER: LKN Custom Homes, Inc. APPLICANT ADDRESS: P.O. Box 1735 Mooresville, NC 28035

SITE ADDRESS: 106 Castle Drive Mooresville, NC PHONE: 704-622-8238 ALT. PHONE

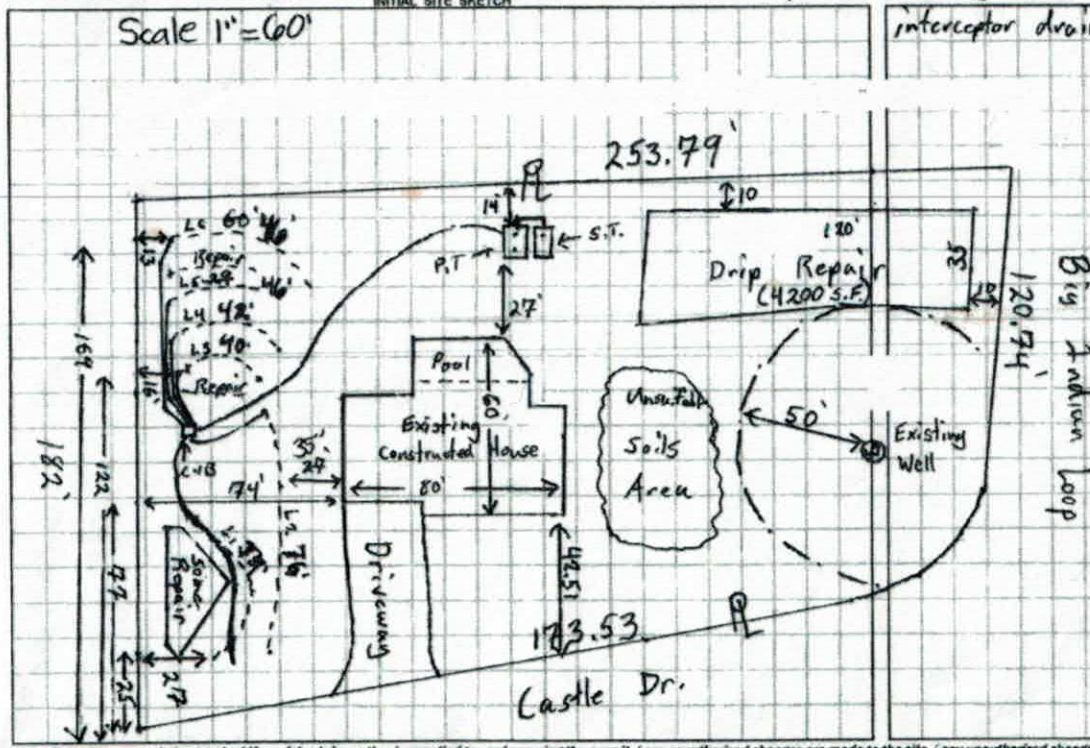
SITE DIRECTIONS: Bluefield Rd to Big Indian Loop → R on Castle Dr. → House on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Indian Forest SECTION: 2 LOT # 16 LOT AREA: 0.93 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.275

Septic Tank	1000 (Ex) (gal)	STB	Infiltrator	Date	IM-1060	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000 (Ex) (gal)	PT	Infiltrator	Date	IM-1060	System Description: LP-PPBRS (50% Reduction)	☐ Business	No. Persons	8	☒ Private	
Pump Make		Model		Serial #		Repair System Description: Drip	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6	Linear Ft	291	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Though 305 l.f. of line has been shown within the layout of the design, only 291 l.f need be installed. Extra area to be set aside for future repair purposes. Existing tanks installed 2/9/18. 290 l.f. = #67 panels. Set floats to dose no more than 230 gallons per pumping event. If Drip repair area becomes needed, an interceptor drain will be needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

EXTRA installed	Date	Initials
Drain Lines Checked	3-23-18	KW
Tanks Checked	Existing	
Pressure Manifold or Valve Box Checked		CC
Pressure Head Set		CC
Electrical Checked		CC
Floats Set		CC
Alarm Checked		CC
Maintenance Contract (Y) / N		CC
Comments: sending contract to Ronda		

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: [signature] Date: 3-14-18 Installed by: Russell Williams

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/15/18 OPERATION PERMIT by: Carla C. Cave Date: 4/26/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/15/18 Existing System Inspected by: Date:

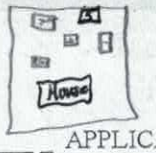
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

Andrew Carson

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

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

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



OWNER: LKN Custom Homes — APPLICATION DATE 2/10/17
ADDRESS: P.O. Box 1735 Denver, NC — DATE EVALUATED: 3/19/17
PROPOSED FACILITY: 4 BR House — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 0.93 acres
LOCATION OF SITE: 108 Castle Drive Mooresville, NC — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 9%	0-5	SCL V.W SBK	SI. Firm, SS, SP, SCAP	-	53	-	-	0.325 PS
		5-26	Clay W. SBK	SI. Firm, SS, SP, SCAP					
		26-53	Clay Loam V.W. SBK + some Saprolite	very Friable, SS, SP, SCAP					
2	LSS 9%	0-6	SCL V.W. SBK	SI. Firm, SS, SP, SCAP	-	51	-	-	0.30 PS
		6-34	Clay W. SBK	SI. Firm, SS, SP, SCAP					
		34-51	V.W. SBK Clay Loam Some Saprolite	Friable, SS, SP, SCAP					
3	LSS 9%	0-8	SCL V.W. SBK	SI. Firm, SS, SP, SCAP	-	48	-	-	0.275 PS
		8-14	Clay W. SBK	SI. Firm, SS, SP, SCAP					
		14-19	Mixed Cobbles + refusal						
		19-48	Clay W. SBK	Firm, SS, SP, SCAP					
4	LSS 9%	0-7	SCL V.W. SBK	SI. Firm, SS, SP, SCAP	-	52	-	-	0.30 PS
		7-33	Clay M-S SBK/ABK	Firm, SS, SP, SCAP					
		33-52	Clay Loam M. SBK Some-many SAP. inclusions	SI. Friable, SS, SP, SCAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	290+	300
System Type(s)	PPBPS	PPBPS
Site LTAR	0.275	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Mohammed Durrija

COMMENTS: ___

LEGEND

use the following standard abbreviations

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

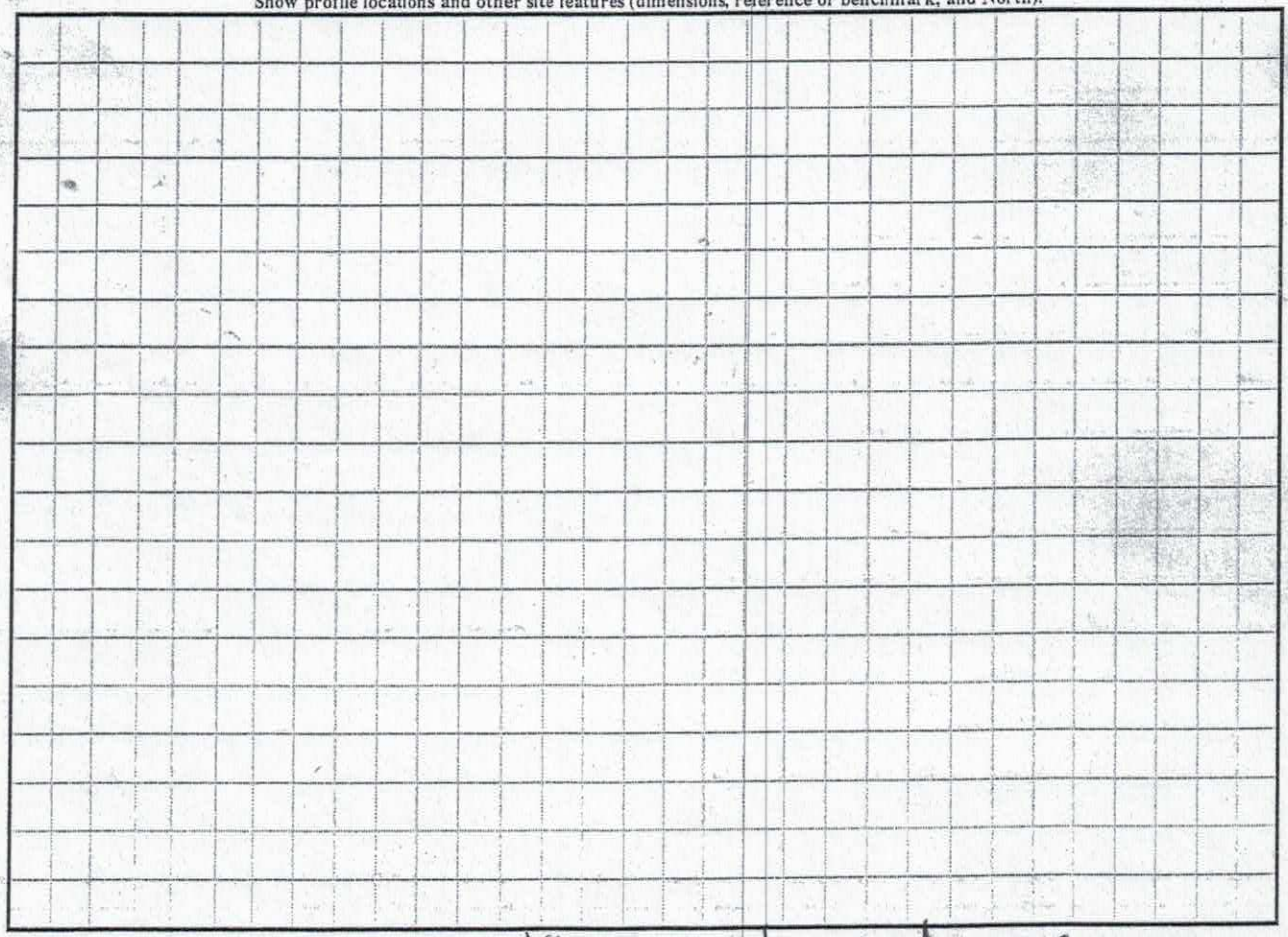
NOTES

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).



			SD	LTAR
0-7	SCL w. SBK	SL Firm, SS, SP, SAP	42"	0.30 PS
7-18	Clay w. SBK	SL Firm, SS, SP, SAP		
18-42	clay Loam w. SBK	SL Friable, SS, SP, SAP		
42-55"	Loamy Saprolite mA	Friable & very well Drained		

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

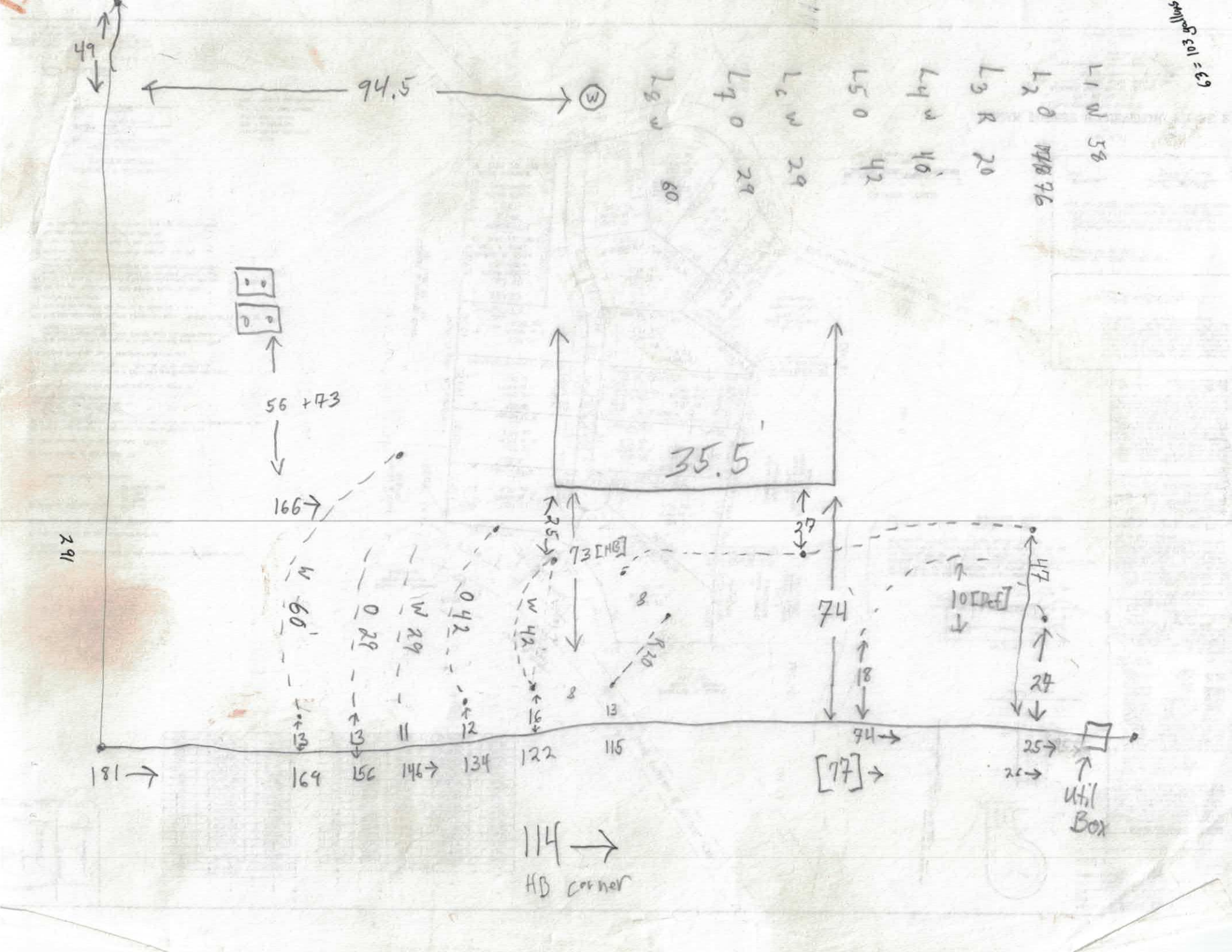
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-15-17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 108 Castle Drive PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Front middle top of lot LSS	0-14	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		17"			Pit Required
		14-17	clay W.SBK + some mica	Sl. Firm, SS, Sp, Sexp					
			Refusal @ 17"						
2	middle LSS	0-4	SCL V.W.SBK	Sl. Friable, SS, Sp, Sexp		48			0.325 PS
		4-18	clay W.SBK	Sl. Firm, SS, Sp, Sexp					
		18-48	clay Loam W.SBK + mica Sap	Friable, SS, Sp, Sexp					
3	Back LSS	0-4	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp		48			0.325 PS
		4-17	clay W. SBK	Sl. Firm, SS, Sp, Sexp					
		17-40	clay Loam W.SBK + Some SAP	Friable, SS, Sp, Sexp					
		40-48	Loamy Saprolite MA	well Drained + Very Friable					
			clay Loam v.w SBK + Abundant SAP	very Friable, SS, Sp, Sexp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____


49
94.5
W
L1 W 58
L2 0 MBB 76
L3 R 20
L4 W 40
L5 0 42
L6 W 29
L7 0 29
L8 W 60
639 = 103 Gallons
56 +73
166
35.5
25
73 [HB]
27
74
10 [Ref]
47
W 60
0 29
W 29
0 42
W 42
R 20
18
27
13
13
11
12
16
13
74
25
181
169
156
146
134
122
115
[77]
26
Util Box
114
HB corner
291

Elaine

- L1 W 58'
- L2 O 78'
- L3 R 20'
- L4 W 42'
- L5 O 42'
- L6 W 29
- L7 O 29
- L8 W 55'

353' [582 Required]

TH

AA1 0-23 SCL V.W.SBK SL. Fr, SS, SP SEXP

23-48 Clay (some Sapolite) SL. Firm, Sticky, SP, SExp

0.125 @ 18" Drip

AA2 0-16 SCL V.W SBK SL. Friable SS, SP SExp

16-43 clay w. SBK SL. Firm SL. Sticky, Firm, SP, SExp

H_2O weeping @ 35'

0.125 drip

35 x 120 area (conservative ... more area available)

9 ~~Th~~ +2 hrs 15 min

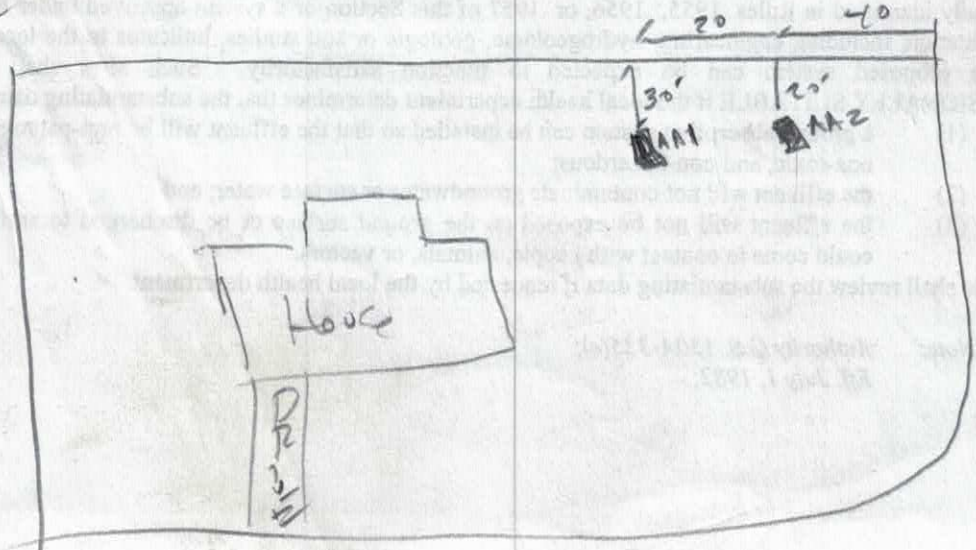
10 Fr ——

~~13 Mon~~ 36 min lunch ~~0 min~~ +30 min

~~14 Tues~~ +30 min

3 hrs 16 min

~~15 Weds~~



DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Mark & Theresa Hoogendoorn — APPLICATION DATE 2/10/2017
ADDRESS: 133 Culpepper Rd Mocksville NC 27117 — DATE EVALUATED: 3/17/2017
PROPOSED FACILITY: 4BR House — PROPOSED DESIGN FLOW (.1949): 480GPD — PROPERTY SIZE: 0.93
LOCATION OF SITE: 108 Castle Dr. — PROPERTY RECORDED: ____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8%	0-5	SBk SCL	FR SS SP Sexp	—	55	Sap inclusions "28-55"	—	0.3 / 0.325
		5-28	SBk C	FR SS SP Sexp					
		28-55	SBk CL	FR SS SP Sexp					
2	8%	0-5	SBk SCL	FR SS SP Sexp	—	50	Sap inclusions 30"-50"	—	0.3
		5-30	SBk C	FR SS SP Sexp					
		30-50	SBk CL	FR SS SP Sexp					
3	8%	0-8	SBk SCL	FR SS SP Sexp	—	50	—	@19" rock layer (3" wide)	0.275
		8-12	SBk CL	FR SS SP Sexp					
		12-50	SBk C	SL. Firm SS SP Sexp					
4	8%	0-9	SBk SCL	FR SS SP Sexp	—	50	—	—	0.3
		9-40	SBk C	FR SS SP Sexp					
		40-50	SBk CL	FR SS Sp Sexp					
5	8%	0-9	SBk SCL / SBk C	FR / FR SS Sp Sexp	—	55	—	—	0.3
		9-25 / 25-50	SBk CL	FR SS Sp Sexp					
		50-55	loamy Sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	290 lin. Feet	300' lin Feet
System Type(s)	50% reduction pump	50% reduction pump
Site LTAR	0.275	0.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): VS
EVALUATED BY: Mohamed Dumaier
OTHER(S) PRESENT: ____

COMMENTS: ____

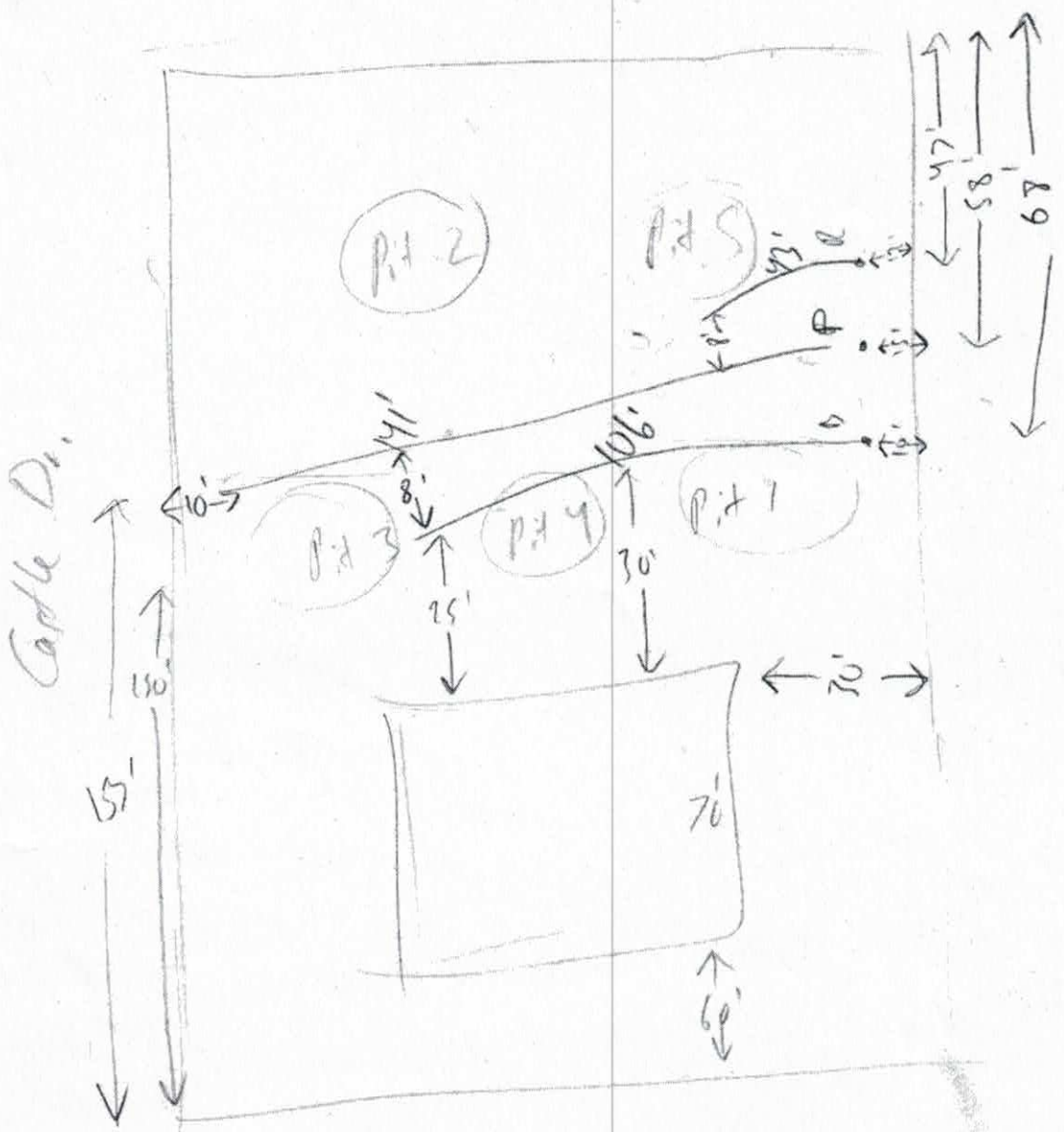
4 BDOL

436' for 25% reduction

290' for 50% reduction

0.275 initial

0.3 repair



Big Indian Loop

43'	141'	106'
R	P	B
5'2.1"	5'5.4"	6'3.3"

RECEIVED FEB 14 2016

Paid $500.00

#223387

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: LKN CUSTOM HOMES,INC **Address:** PO BOX 1735 **Zip:** 28035

Applicant Email: wayne.orndorff@gmail.com **Phone:** 704-622-8238 **Alt. Phone:** _____

Owner Name: MARK HOOGENDORN **Address:** 108 CASTLE DRIVE **Zip:** _____

Owner Email: mark0726@twc.com **Phone:** _____ **Alt. Phone:** _____

Property Information: 106

Street Address: ~~108~~ CASTLE DRIVE MOORESVILLE

Subdivision Name: INDIAN FOREST **Section/Phase:** 2 **Lot Number:** 16

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(X) 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: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) 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: _____ 2/13/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Theresa Hoogendoorn, am the legal owner(s) of the property located at 108 CASTLE DRIVE (106 Castle Dr.), identified as PIN (Parcel Identification Number) 4648-13-7751, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) LKN CUSTOM HOMES, INC, 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.

Signature of Owner(s) — Date 2/13/18 — Signature of Witness — 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

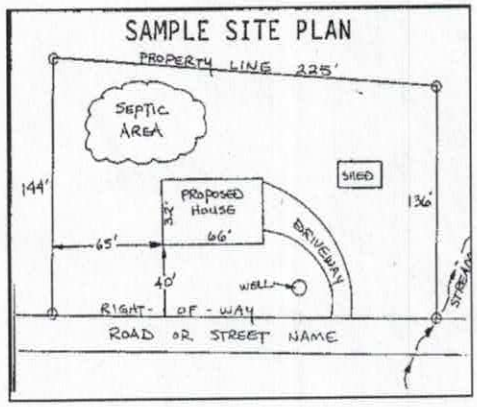
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

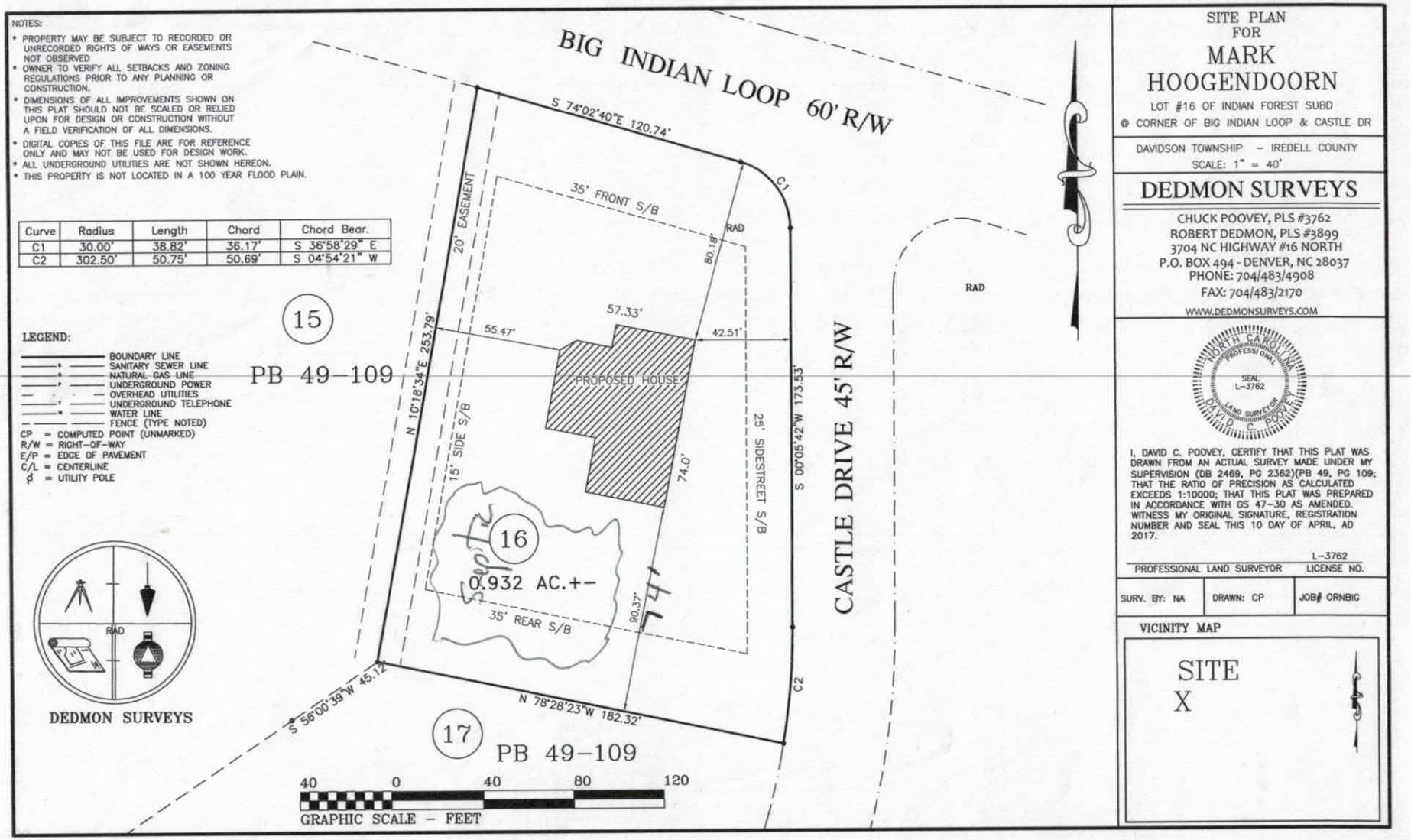
USE THIS SPACE TO DRAW YOUR SITE PLAN

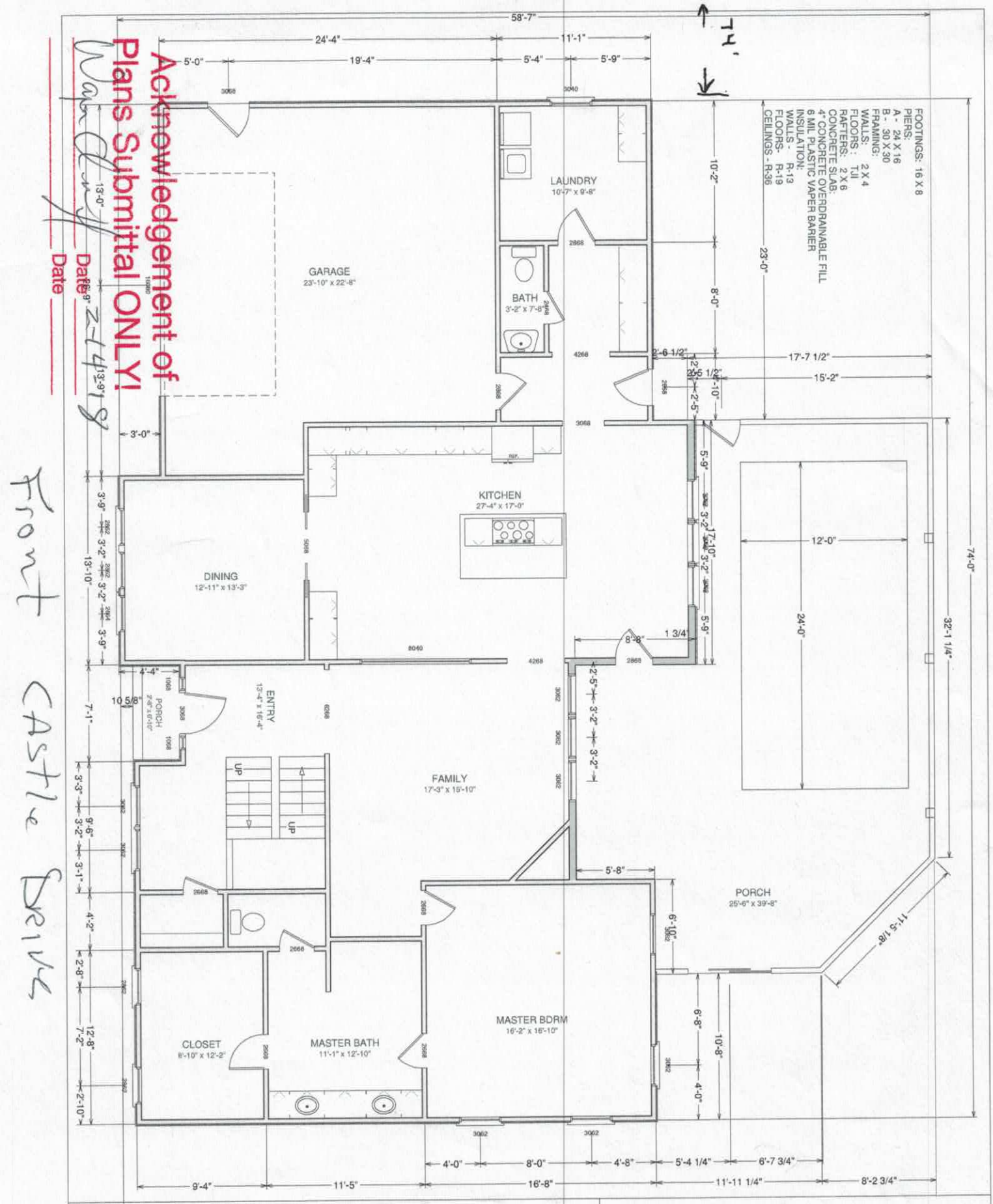
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: _____ 2/13/18

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


NOTES:
• PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
• OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
• DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
• DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
• ALL UNDERGROUND UTILITIES ARE NOT SHOWN HEREON.
• THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.
Curve | Radius | Length | Chord | Chord Bear.
C1 | 30.00' | 38.82' | 36.17' | S 36°58'29" E
C2 | 302.50' | 50.75' | 50.69' | S 04°54'21" W
LEGEND:
BOUNDARY LINE
SANITARY SEWER LINE
NATURAL GAS LINE
UNDERGROUND POWER
OVERHEAD UTILITIES
UNDERGROUND TELEPHONE
WATER LINE
FENCE (TYPE NOTED)
CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ϕ = UTILITY POLE
DEDMON SURVEYS
BIG INDIAN LOOP 60' R/W
S 74°02'40"E 120.74'
C1
RAD
35' FRONT S/B
20' EASEMENT
80.18'
RAD
57.33'
55.47'
42.51'
N 10°18'34"E 253.79'
PROPOSED HOUSE
15' SIDE S/B
25' SIDESTREET S/B
S 00°05'42"W 173.53'
74.0'
15
PB 49-109
16
0.932 AC.+-
35' REAR S/B
90.37'
Septic
CASTLE DRIVE 45' R/W
C2
S 56°00'39"W 45.12'
N 78°28'23"W 182.32'
17
PB 49-109
40 0 40 80 120
GRAPHIC SCALE - FEET
SITE PLAN FOR
MARK HOOGENDOORN
LOT #16 OF INDIAN FOREST SUBD
@ CORNER OF BIG INDIAN LOOP & CASTLE DR
DAVIDSON TOWNSHIP - IREDELL COUNTY
SCALE: 1" = 40'
DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY
I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2469, PG 2362)(PB 49, PG 109; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 10 DAY OF APRIL, AD 2017.
L-3762
PROFESSIONAL LAND SURVEYOR
LICENSE NO.
SURV. BY: NA
DRAWN: CP
JOB# ORNBIG
VICINITY MAP
SITE
X



LKN CUSTOM HOMES, INC
PO BOX 1735
DENVER, NC 28037
MOBILE, 704-622-8238

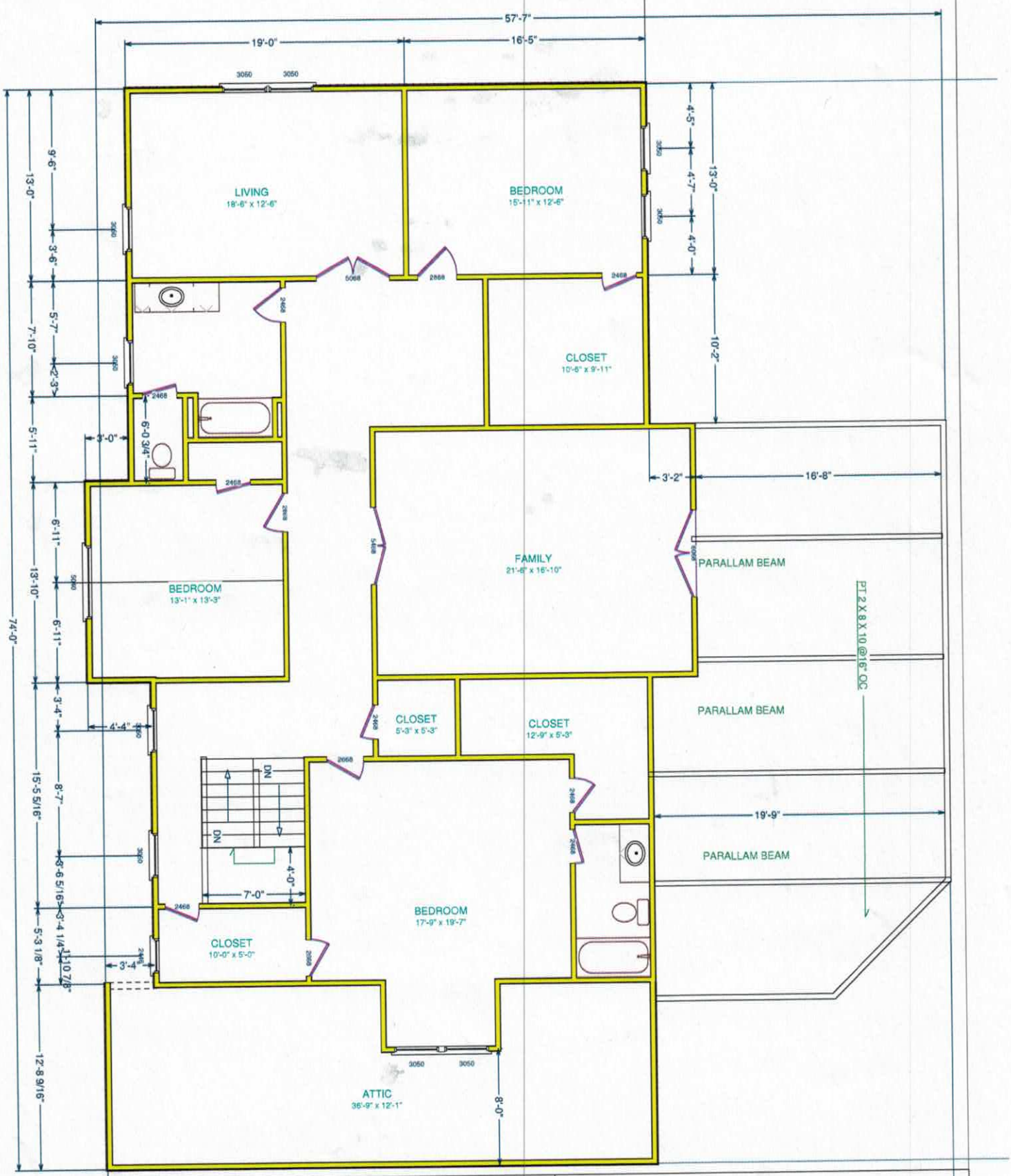
SCALE 1/4" = 1'-0"

DATE: 6-11-15

FIRST FLOOR

LOCATION:

108 Castle Drive
Moorseville, NC 28037



LKN CUSTOM HOMES, INC
PO BOX 1735
DENVER, NC 28037
Wayne Orndorff
MOBILE, 704-622-8238

SCALE: 1/4" = 1'-0"

DATE: 6-11-17

LIVING AREA
327 571.7

LOCATION:
106 Castle Drive
Moorseville, NC 28037