IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223848

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

PIN # 4654-75-~~4941~~ 2354

APPLICANT: Davidson Downs LLC (Foundation Homes) APPLICANT ADDRESS: 4542 Ivy Run Lane Denver, NC 28037

SITE ADDRESS: 264 Sink Farm Rd Mooresville NC 28115 PHONE: 980-297-2787 ALT. PHONE:

SITE DIRECTIONS: Rt 115 S from Mooresville → L on Presbyterian Rd → R on Sink Farm Rd → Lot at end on Right

SUBDIVISION: Davidson Downs SECTION: 3 LOT # 138 LOT AREA: 1.90 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.225

Septic Tank	1000	(gal)	STB	~~1000~~ 194	Date	12-14-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	1000	(gal)	PT	183	Date	12-11-18	System Description:	PM 25% Reduction			☐ Business	No. Persons	6	☐ Private	
Pump Make	Liberty	Model	290 3/4HP		Serial #		Repair System Description:	Drip			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	7		Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☒ Community	
Trench Width	36"	Max. Trench Bottom Depth	12" [cover needed]		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: * Existing well must be decommissioned prior to AC being issued * [This requires a seperate health department permit]
Recommend pumping septic tank every 3-5 years.

The required 6" of soil cover must be of a soils texture group 2 or 3 variety.
12" trench bottom is for LOW SIDE.
Note: House slightly bigger but builder moved it over so it will fit.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Michael Athanas LSS # 1252

AS BUILT SKETCH

Well abandoned 8/31/18

* Needs to be checked for enough soil cover before signing OP * 2-7-19 KW ✓ checked

8"-12" of four checked 4-2-19 JB

	Date	Initials
Drain Lines Checked	2-7-19	KW
Tanks Checked	2-7-19	KW
Pressure Manifold or Valve Box Checked	4-2-19	JB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N	N/A	

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

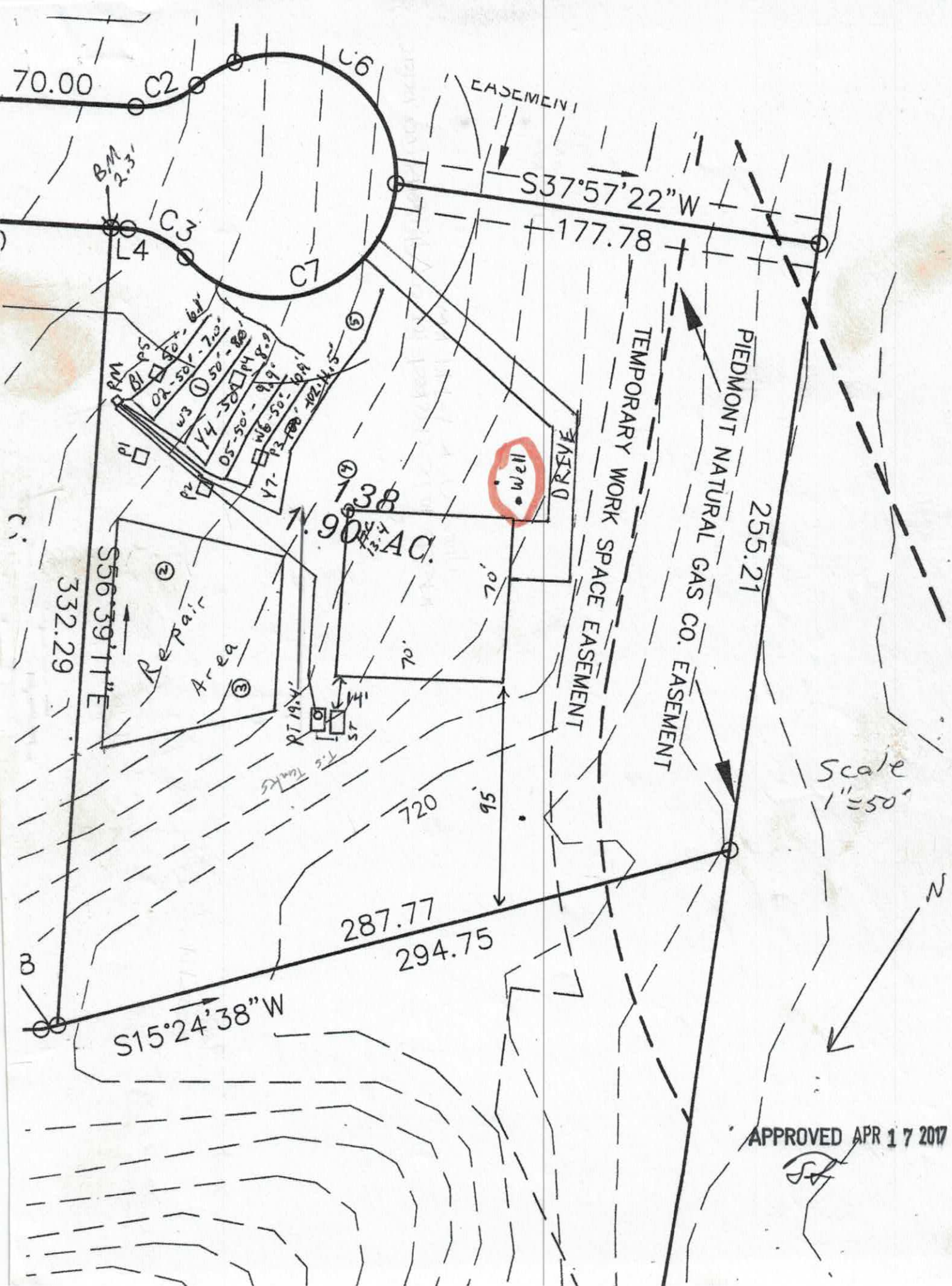
☐ IMPROVEMENT PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

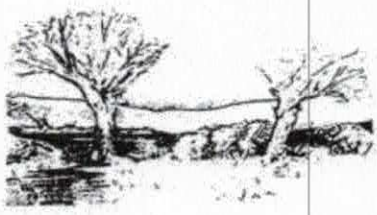
Owner / Applicant Signature: Date: 4-20-17 Installed by: R+H

IMPROVEMENT PERMIT by: Date: 4/17/2017 OPERATION PERMIT by: James Boggs at Date: 9.18.19

AUTHORIZATION TO CONSTRUCT by: Date: 9/4/18 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


70.00
C2
C6
EASEMENT
BM 2.3'
C3
L4
C7
S37°57'22"W
177.78
PIEDMONT NATURAL GAS CO. EASEMENT
TEMPORARY WORK SPACE EASEMENT
255.21
DRIVE
WELL
138
1.90 AC.
S56°39'11"E
332.29
Repair Area
720
95
287.77
294.75
S15°24'38"W
Scale 1"=50'
N
APPROVED APR 17 2017



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 264 Sink Farm Rd., Davidson Downs Lot 138
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.225 GPD/FT2 (initial), 0.1 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip irrigation
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40 (4 taps)
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 18.3'
Friction Head: 3'
Pressure Head: 2'
Total Dynamic Head: 23.3'
Supply Line Length: 165' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 12"

Line	Design Length	Actual Length	Elevation
Blue 1	50'	52'	6.1'
Orange 2	50'	72'	7.0'
White 3	50'	67'	8.0'
Yellow 4	50'	67'	8.9'
Orange 5	50'	60'	9.9'
White 6	50'	60'	10.9'
Yellow 7	100'	106'	11.5'

Initial System: 400' **Repair System:** 3600+ FT2
Pump Tank: 19.4' **House Corner:** 13.4' **Benchmark:** 2.3'

APPROVED APR 17 2017

Comments:
The system will be installed at a 12" trench bottom and a minimum of 6" of cover must be added to the system. The pressure manifold will have 4 taps and they will feed the lines as followed:
Tap 1-B1, O2
Tap 2-W3, Y4
Tap 3-O5, W6
Tap 4-Y7

The lot has a well that will be abandoned. The house is marked in pink flags and the tanks in yellow.



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

PROPERTY ID #: 4654754941_
COUNTY: _Iredell_____

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

OWNER: Ray Development LLC _____ APPLICATION DATE_____
ADDRESS: 4542 Ivy Run Ln., Denver, NC 28037_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 bdrm_____ PROPOSED DESIGN FLOW (.1949): _360 GPD___ PROPERTY SIZE: _1.90 AC_____
LOCATION OF SITE: 264 Sink Farm Rd, Davidson Downs Lot 138_____ PROPERTY RECORDED: __2016____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 9%	0-9	Br SCL WSBK	FR SS SP SEXP	N/A	34"	F-C SAP PS	N/A	PS 0.3
		9-24	R C SBK	FR SS SP SEXP					
		24-34	R CL WSBK	FR SS SP SEXP					
		34-63	SL SAP M	FR SS SP SEXP					
PIT 2	LS 9%	0-9	Br SCL WSBK	FR SS SP SEXP	YB CHR 2 @ 36"	36"	N/A	N/A	PS 0.225
		9-28	YR C WSBK	FR SS SP SEXP					
		28-36	R C ABK	FI SS SP SEXP					
PIT 3	LS 9%	0-8	Br SCL WSBK	FR SS SP SEXP	YB CHR 2 @ 30"	30"	N/A	N/A	PS 0.225
		8-30	R C WSBK	FI-FR SS SP SEXP					
PIT 4	LS 9%	0-36	R C WSBK	FR SS SP SEXP	YB @ 20" CHR 2 @ 36"	36"	N/A	N/A	PS 0.225 ✓

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	3600 FT2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.225	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A
OTHER(S) PRESENT: Tom Shuck (B2 + P:T 4) 4-11-2017

APPROVED APR 17 2017 EL

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4654754941
DATE OF EVALUATION: _____
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 5	LS 9%	0-21	R C SBK	FR SS SP SEXP	N/A	21"	PS	N/A	PS 0.3-0.4
		21-63	SL SAP M	FR SS SP SEXP					
AB 1	LS 9%	0-32	R C SBK	FR SS SP SEXP	YB CHR 2 @ 32"	32"	N/A	N/A	PS 0.25
AB 2	LS 9%	0-28	R C SBK	FR SS SP SEXP	YB @ 20" CHR 2 @ 28"	28"	N/A	N/A	DRIP 0.1-0.125
AB 3	LS 9%	0-3	Br SCL WSBK	FR SS SP SEXP	YB, Mn CHR 2 @ 26"	26"	N/A	N/A	DRIP 0.1-0.125
		3-26	R C SBK	FR SS SP SEXP					
AB 4	LS 9%	0-32	R C SBK	FR SS SP SEXP	YB CHR 2 @ 32"	32"	N/A	N/A	PS 0.25

COMMENTS: _____

Attention: Maria

Faxed 8/31/18

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

2. Well Construction Permit #: 223848

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☑Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 8/31/18

5a. Well location:

Jonathan Smith — Facility/Owner Name — Facility ID# (if applicable)

264 Sink Farm Rd — Physical Address, City, and Zip

Iredell — County — 4654752354 Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form

6a. Well ID#: _____

6b. Total well depth: 905 (ft.)

6c. Borehole diameter: 8 (in.)

6d. Water level below ground surface: 10 (ft.)

6e. Outer casing length (if known): 60 (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 2314 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: [redacted] 96 oz

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☑ Bentonite Chips or Pellets
☑ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☑ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

16 Loader Buckets gravel
30 Bags of Holeplug & 2 Bags of Concrete

7g. Provide a brief description of the abandonment procedure:

poured + Hydrated

8. Certification:

Alfred Kiesling Jr — Signature of Certified Well Contractor or Well Owner — 8/31/18 Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following.

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.

7/20/18 House wider than Septic Plan. May not meet basement Setback
223848

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)

FHR

Applicant Name: Foundation Homes Address: 268 Sink Farm Zip: 28115
Applicant Email: Phone: 704-650-2260 Alt. Phone:
Owner Name: Chuck Binder Address: 268 Sink Farm Rd Zip: 28115
Owner Email: Phone: 704-421-3415 Alt. Phone:

Property Information:

Street Address: 264 Sink Farm Road
Subdivision Name: Davidson Downes Section/Phase: Lot Number: 138
Driving Directions: Exit 30, stay on Griffith St., NC-115/Main St., Presbyterian Rd, rt Sink Farm Rd.

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

CHECK FOUNDATION TYPE

(✓) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(✓) 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:

( ) 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: 7-20-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 2 1 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Pd. $500.00 Paid $350.00 #223848

Application For:

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

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Davidson Downs LLC **Address:** 4542 Ivy Run Ln. Denver NC 28037 **Phone:** 297-2787 Chris ~~Tony~~ 980

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 264 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 138

Driving Directions: 115, TL Presbyterian, TR Sink Farm,

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) 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 (X) Other: Accepted

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 (X) 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: _____ 3/21/2017

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

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Chris Mozely, am the legal owner(s) of the property located at 264 Sink Farm Rd Davidson Downs Lot 138, identified as PIN (Parcel Identification Number) 4654 75 4941, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas + Associates, 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.

	12-29-16		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

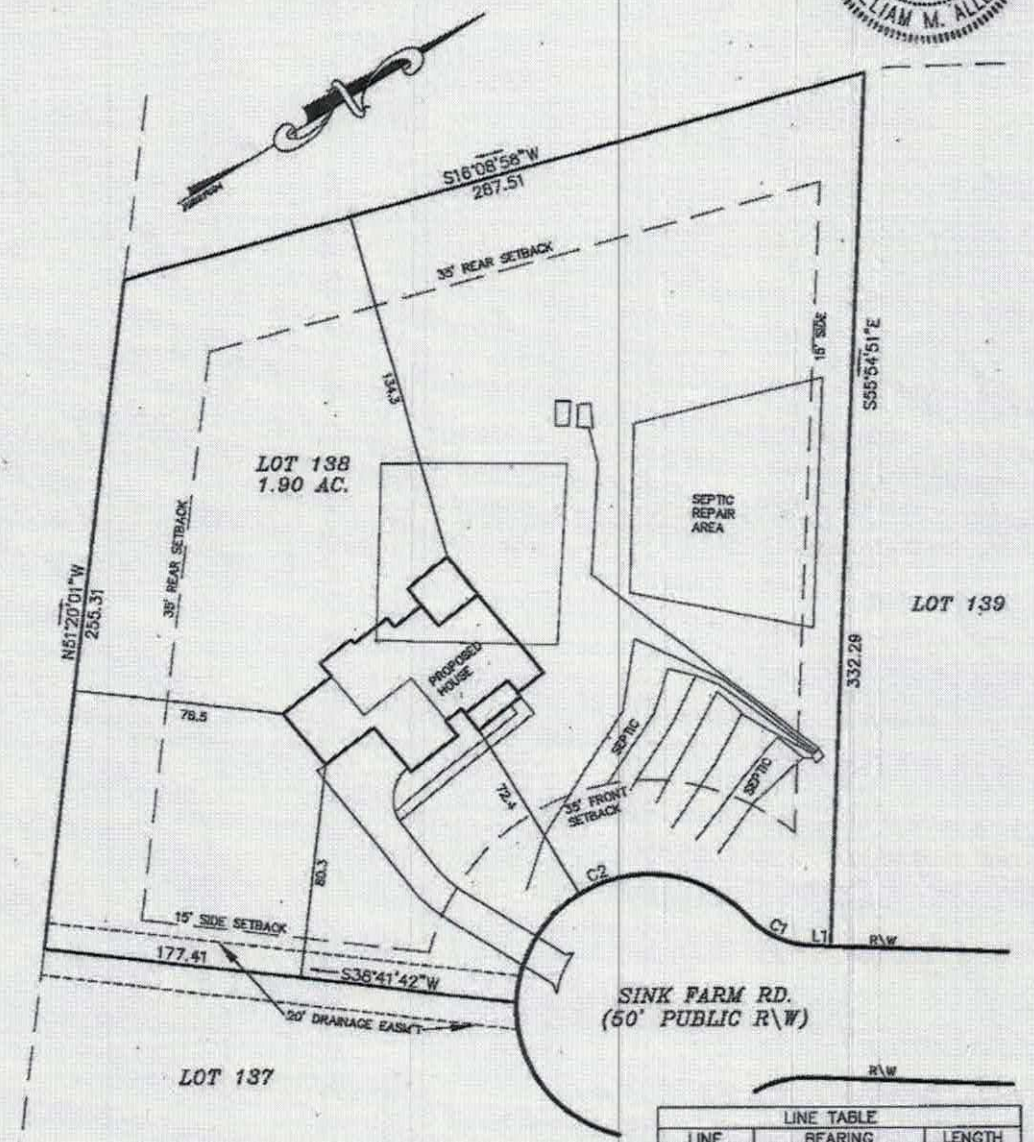
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book _____, page _____, and/or plat book 66, page 94, 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 20, day of JULY
A.D. 20 18

WILLIAM M. ALLEN, PLS

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	35.00'	27.55'	N 56°38'07" E	26.84'
C2	50.00'	117.90'	S 11°38'07" W	92.42'



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 34°05'09" E	6.88'

PLOT PLAN SURVEY

OF

SINK FARM RD.

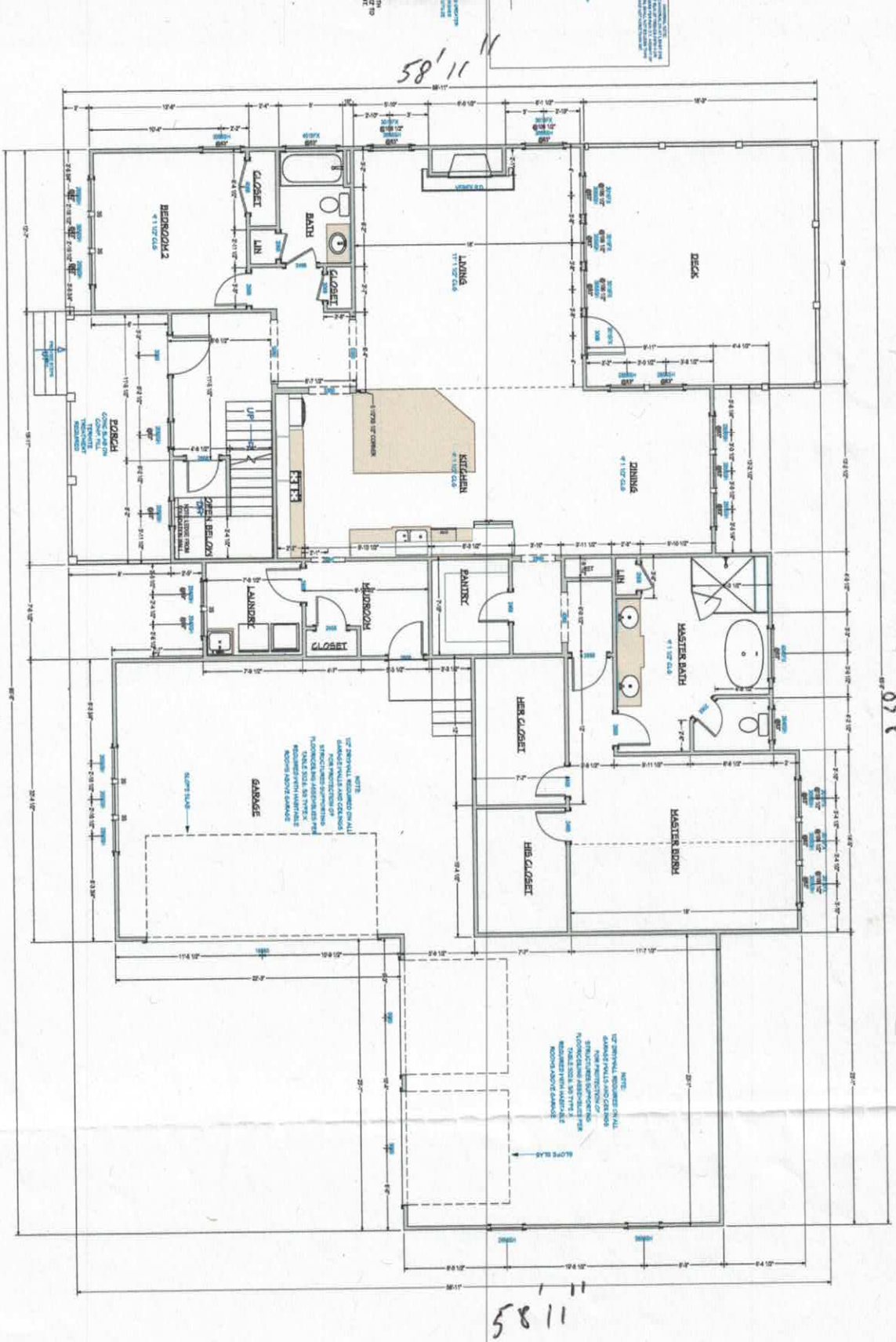
LOT 138 DAVIDSON DOWNES PHASE 3

SCALE 1" = 50'

CODDLE CREEK TWSP., IREDELL CO, N.C.

ACQUIRED BY: FOUNDATION HOMES

FIELD BOOK:
FILE: DAVIDSON DOWNES 138
DC FILE:
TAX MAP NO:



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

SHEET:	A-6
SCALE:	
DATE:	7/20/20

VisualDesignAndDrafting@gmail.com

VISUAL DESIGN

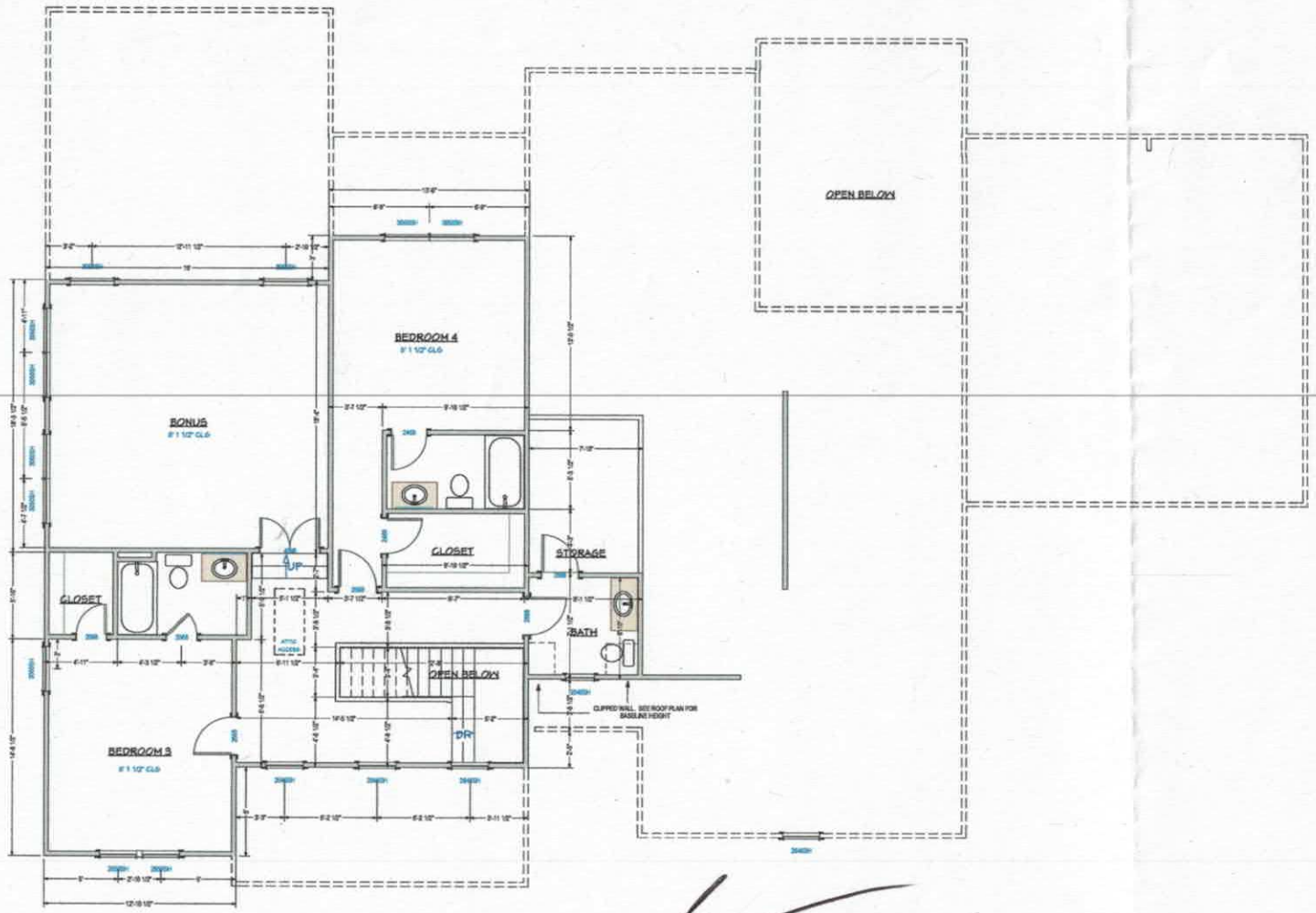
PROJECT DESCRIPTION:

FOUNDATION HOMES
BINDER RESIDENCE

FOUNDATION HOMES

NO.	DESCRIPTION	BY	DATE

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9/4/18

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FOUNDATION HOMES
BINDER RESIDENCE

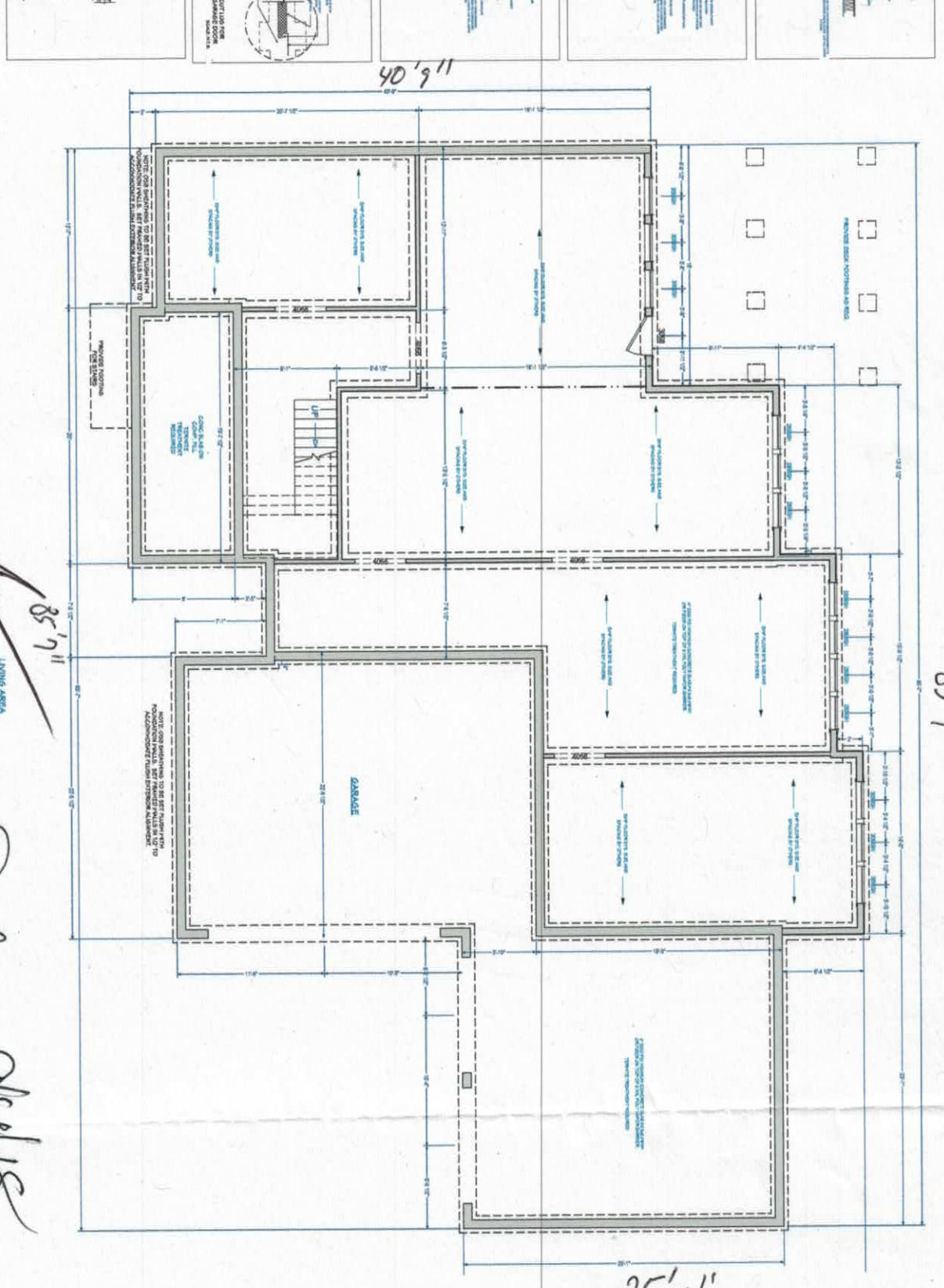
VisualDesignArchitecture@gmail.com

VISUAL DESIGN

DATE:
7/20/2018

SCALE:

SHEET:
A-7



FOUNDATION PLAN

SCALE 1/4" = 1'-0"

SHEET:	A-5
SCALE:	
DATE:	7/20/201

VisualDesignAndDrafting@gmail.com

VISUAL DESIGN

PROJECT DESCRIPTION:

FOUNDATION HOMES
BINDER RESIDENCE

FOUNDATION HOMES

NO.	DESCRIPTION	BY	DATE

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IREDELL COUNTY

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

APPLICATION NUMBER
223848
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	264 SINK FARM ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RAY DEVELOPMENT LLC	Applicant: RAY DEVELOPMENT LLC
Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037	Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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	88405	TOTAL FEES:	$ 77.25