ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317301

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

PIN # 4655-40-2021

APPLICANT/OWNER: Walter Saranieaki | APPLICANT ADDRESS: 11229 Timberview Ln Indian Pk, IL

SITE ADDRESS: 480 Midway Lk Mooresville, NC 28115 | PHONE: 773 330-1983 | ALT. PHONE

SITE DIRECTIONS: Hwy 115 S. TL Midway Lake. On right.

SAP CONTROLLED: ☐ YES ☒ NO

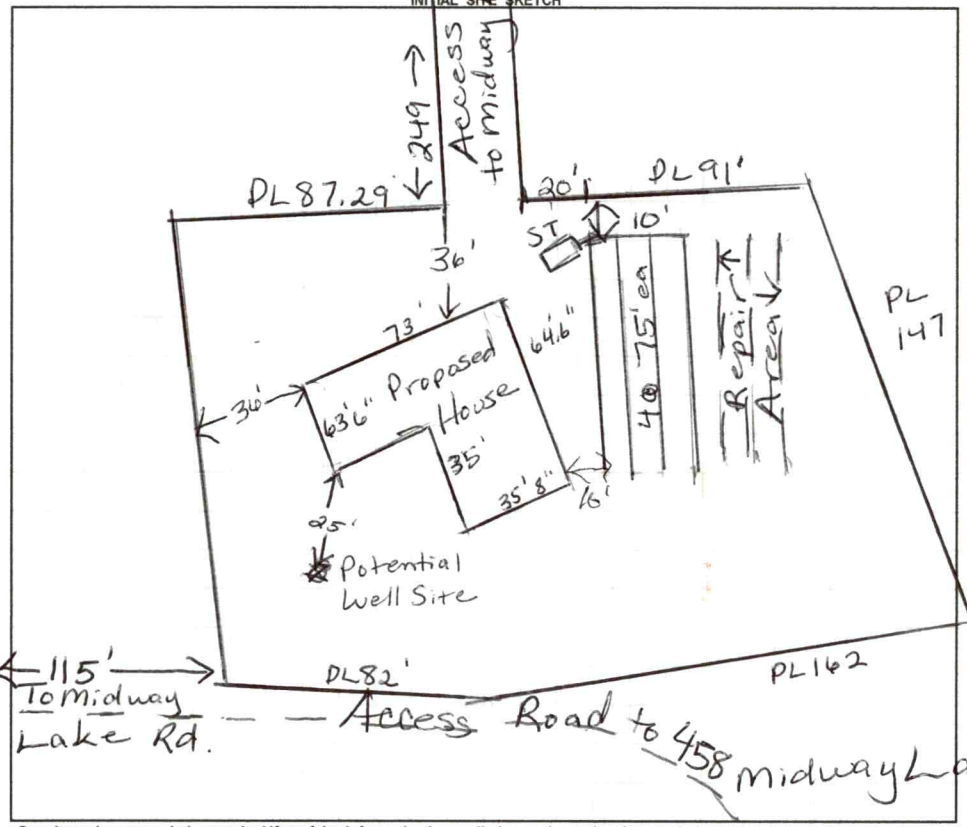
SUBDIVISION: N/A | SECTION: — | LOT # 1 | LOT AREA: 1.003 Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .03

Septic Tank	1000 (gal)	STB 760	Date 6-9-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Gravity -25% Reduction	☐ Business	No. Persons 6	☒ Private
Pump Make	Model		Serial #	Repair System Description:	PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4		Linear Ft 300'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) max 36"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions:

No cut >2ft within 15ft of Septic.
Divert Storm/surface water away from Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

Scale 1:60

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: 7/1/21 | Installed by: Rowan Septic

IMPROVEMENT PERMIT by: [signature] Date: 7/1/21 | OPERATION PERMIT by: Brijamin A Boss Date: 7-20-2022

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/1/21 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED APR 2 9 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317301 $500.00

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

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: (x) 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: Walter Saraniecki **Address:** 11229 Timberview Lane Indian Head Park, IL **Zip:** 60525
Applicant Email: Walter@registeredsanitarian.com **Phone:** 773-330-1983 **Alt. Phone:**
Owner Name: Walter Saraniecki **Address:** Same as above **Zip:**
Owner Email: Same as above **Phone:** Same as above **Alt. Phone:**

Property Information:

Street Address: 480 Midway Lake Road, Mooresville, NC 28115

Subdivision Name: NA **Section/Phase:** NA **Lot Number:**

Driving Directions: I77 to Exit 31 east, south on 115, east on Midway Lake, Home site on north side of Midway Lake Road

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

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
(x) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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:
( ) No Preference ( ) Alternative (x) 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 (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.

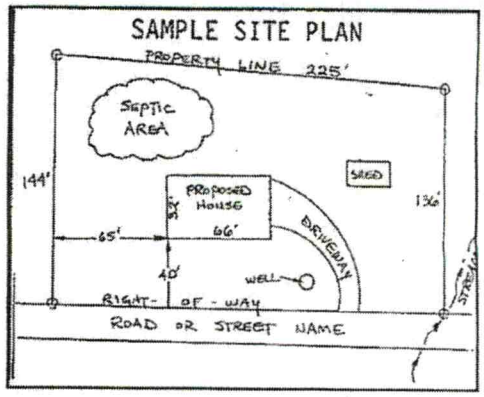
Signature: Walter Saraniecki 29 April 2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT!!!*



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

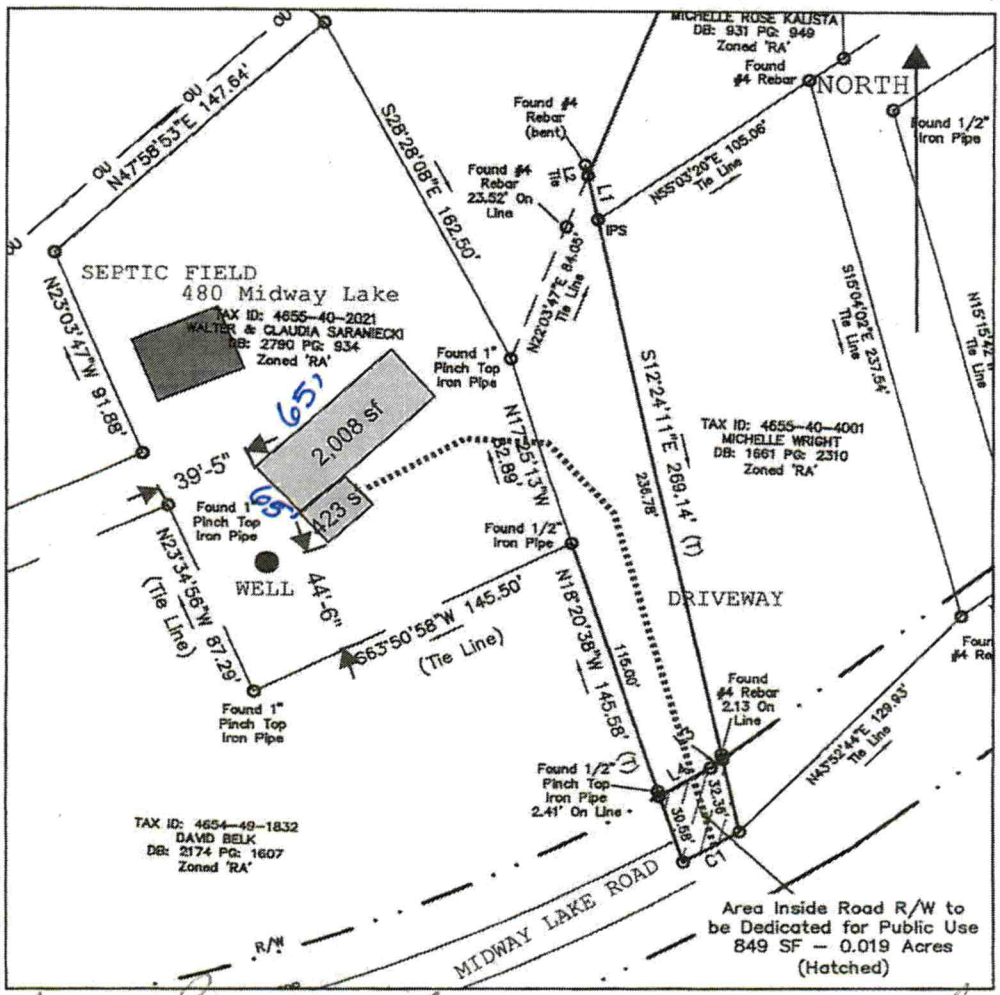
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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



Signature: Walter Saraniecki

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

29 April 2021

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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*) Wayne Kawamoto 29 April 2021

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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)* Walter Saraniecki
29 April 2021

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, WALTER SARANIECKI, am the legal owner(s) of the property located at 480 MIDWAY LAKE, identified as PIN (Parcel Identification Number) 4655.40.2021, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NICK SARANIECKI, 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.

Walter Saraniecki
Signature of Owner(s)

02 JUL 2021
Date

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

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

317301

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built x Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
No existing structures

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1.5

Please describe project (Details, Purpose, or Use): Construct new single family home

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2608 sf

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Walter & Claudia Saraniecki Phone # 773-330-1983

Owner's Current Address 11229 Timberview Lane, Indian Head Park, IL 60525

Property Information

Property Address 480 Midway Lake Road, Mooresville, 28115 Parcel # 4655-40-2021

Subdivision: NA Lot:___ Zoning: RA Watershed: Y / (N) Flood Plain: Y / (N) Township: Coddle Creek

Directions to property (from a MAIN ROAD) I77 to Exit 31 East, south on 115, east on Midway Lake road, driveway on north side of Midway Lake

Application Information

Applicant's Name or Company Walter Saraniecki Applicant's Phone # 773-330-1983

Applicant's Address 11229 Timberview Lane, LaGrange, IL 60525

If Company, Representative's Name and Title NA

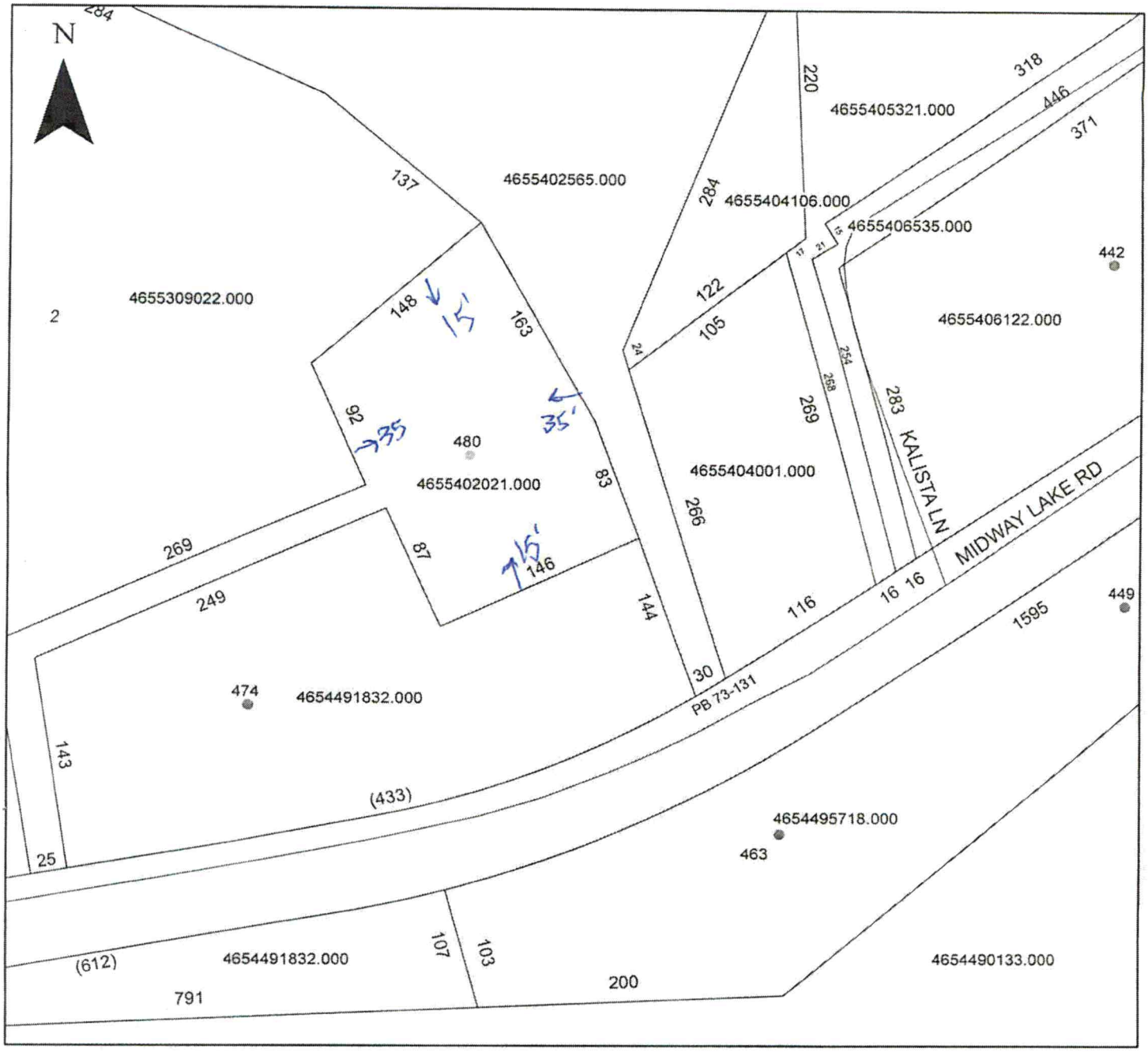
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Walter Saraniecki DATE 29 April 2021

acres 1.003 RA
Iredell flood no

317301

ZONING DISCLAIMER



Property Address 480 Midway Lake

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. Applicant further acknowledges that the 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

4/29/21
Date

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317301 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4655402021.000	480 MIDWAY LAKE RD	Iredell County

Owner Information	Applicant Information
Name: SARANIECKI WALTER P+CLAUDIA S	Name: SARANIECKI WALTER P+CLAUDIA S
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.003	35	35	15	15		NO

Remarks
SFD

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.

Date: 04/29/2021

Signature of Owner/Contractor

Permit Number	317301	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R10663

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$1,154.50
AP-317301 Address: 480 MIDWAY LAKE RD APN: 4655402021.000			$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
AP-317302 Address: 458 MIDWAY LAKE RD APN: 4655402565.000			$577.25
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R10663			$1,154.50

Date Paid: Thursday, April 29, 2021

Paid By: SARANIECKI NICHOLAS T+CARRIE F

Cashier: AP

Pay Method: CREDIT CARD 029926

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

Sheet 1 of 2
PROPERTY ID #: 4655402627
COUNTY: Iredell

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

OWNER: Walter Saranjecki — APPLICATION DATE: 4/29/21
ADDRESS: 1229 Timberview Ln Indian Trail NC — DATE EVALUATED: 5/20/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 1.003 Ac
LOCATION OF SITE: 480 Midway Lake Mooresville — PROPERTY RECORDED: Y
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	6%	0-10	Brw SCL/CL	w SBK SS, SP, SExP, FR					PS
		10-42	RCm SBK SS, SP, SExP, FR, SExP						.3
		42-52	RC/CL w SBK SS, SP, SExP, FR						
		Yel/Brw mottles > 48"			>48"	52"	—	—	
2	10%	0-7	Brw SCL/CL	SS, SP, SExP, FR					PS
		7-32	RCm w SBK SS, SP, SExP, FR						.3
		32-56	RC/CL w SBK SS, SP, SExP, FR						
3	12%	0-6	Brw SCL/CL	SS, SP, SExP, FR, SBK					PS
		6-60	RC/Cm w SBK SS, SP, SExP, FR						.3
4	10%	0-12	Brw SCL/CL	SBK SS, SP, SExP, FR					PS
		12-38	RCm SBK SS, SP, SExP, FR						.3
		38-50	RCL w SBK SS, SP, SExP, FR						
			few SAP Inclys						
		50-54	LSAP massive	FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PP BOS
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: John Whitley, Nick Saranjecki

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.

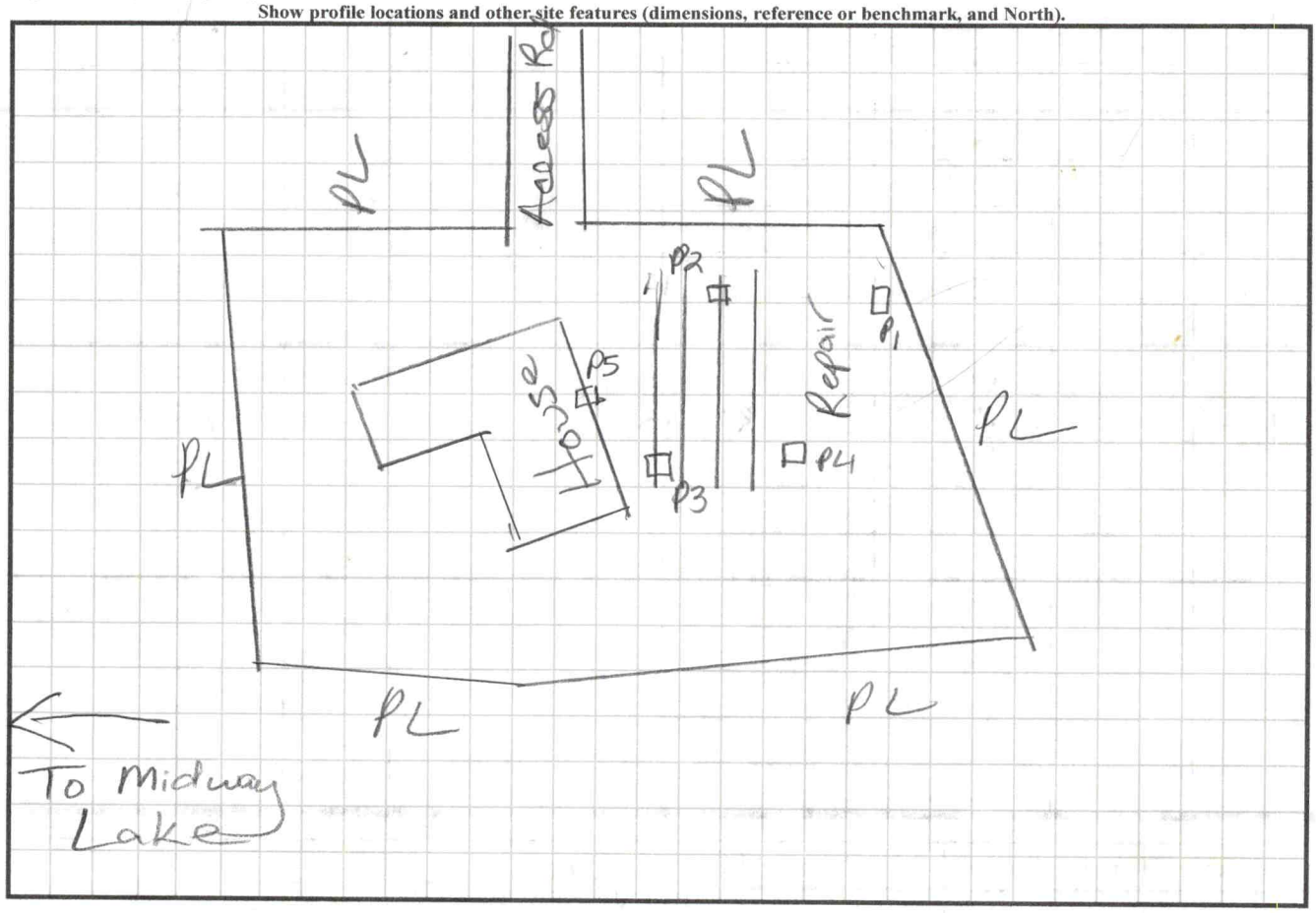
NOTES

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

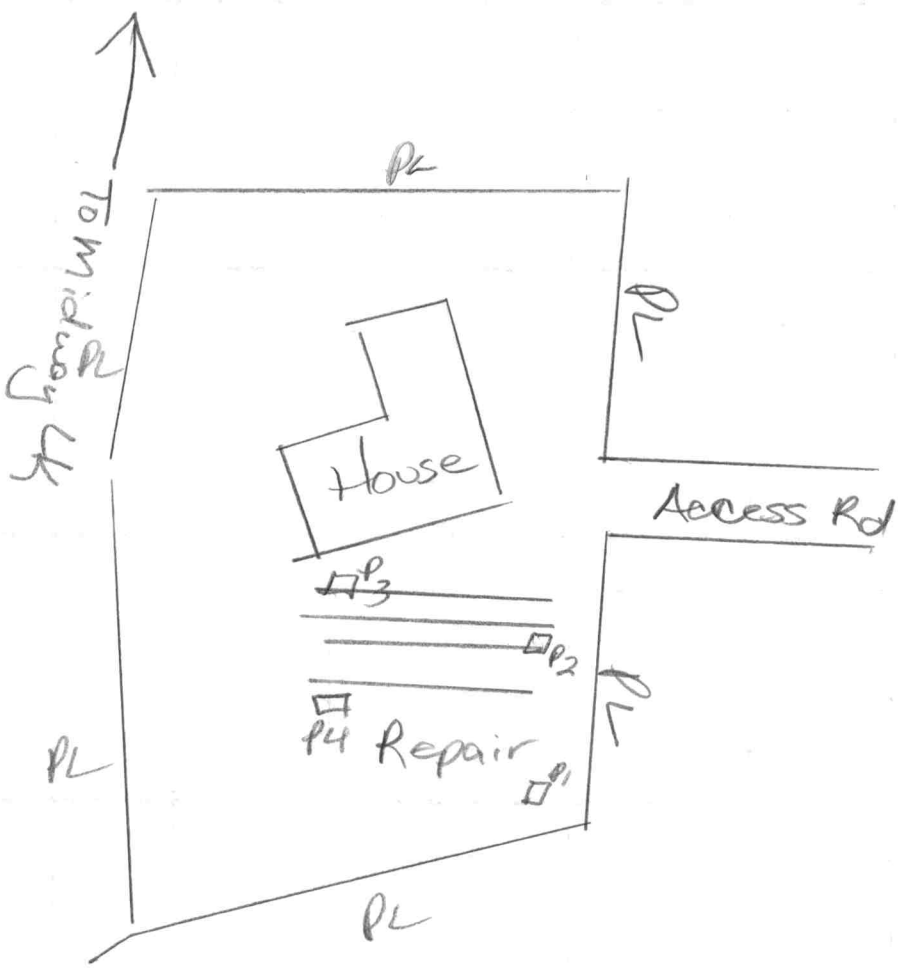
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

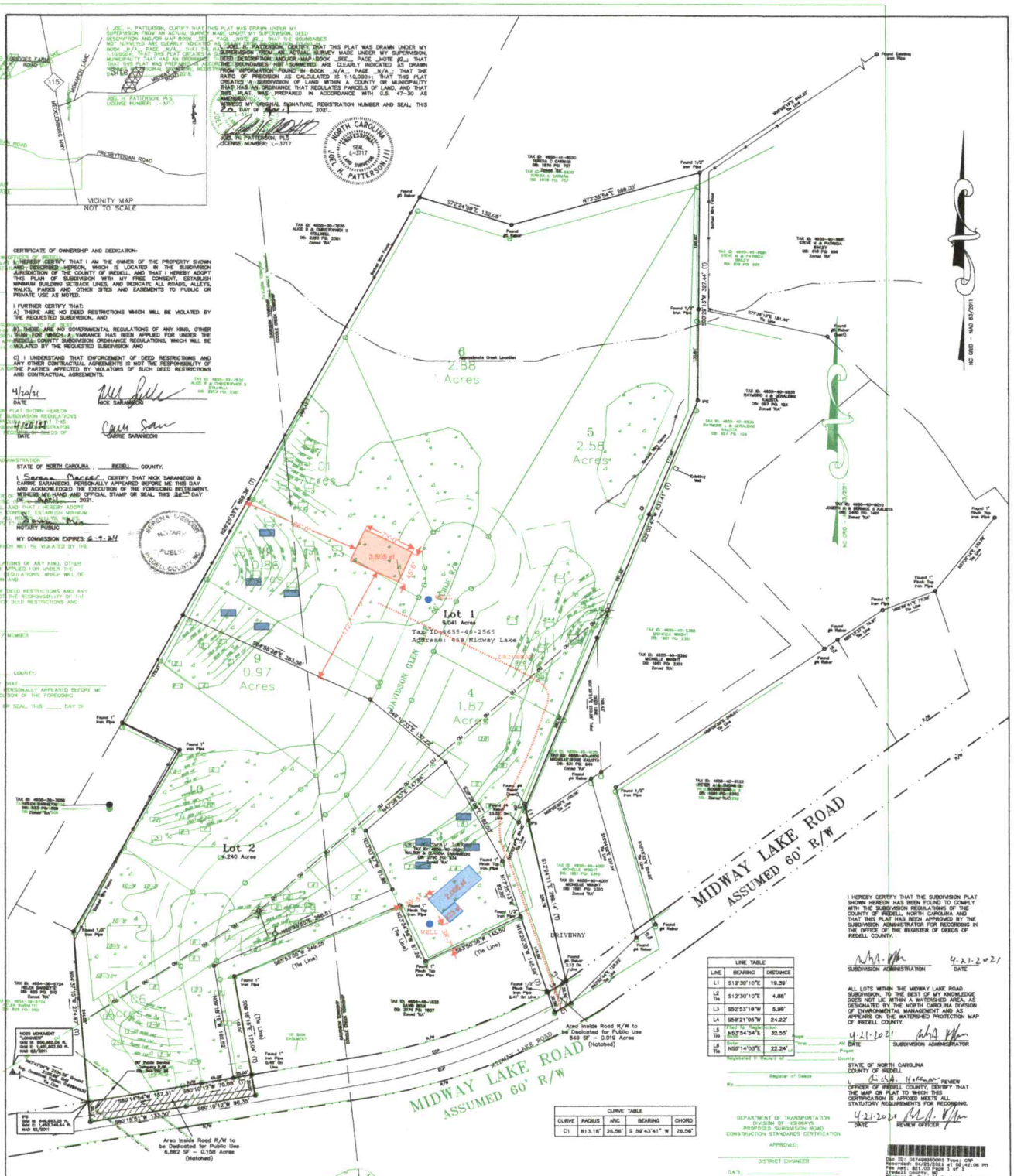
480 Midway Lk

PROPERTY ID #: 46554002021
DATE OF EVALUATION: 5/20/21
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 5	6% Not in Drainfield	0-9	Brn SCL	w/SBK SS,	SP, Sexp,	FR			PS .275
		9-36	R Cm	SBK, SS, SP, Sexp,	FI-FR				
		36-40	R C/Cl	w SBK SS, SP, Sexp	FR				

COMMENTS:


To Compound
PL
PL
PL
PL
House
Access Rd
P3
P2
P4
Repair
P1



LINE TABLE		
LINE	BEARING	DISTANCE
L1	S12°30'10"E	19.39'
L2 (Tie)	S12°30'10"E	4.85'
L3	S32°53'19"W	5.99'
L4	S59°21'05"W	24.22'
L5 (Tie)	N53°54'54"E	32.55'
L6 (Tie)	N59°14'03"E	22.24'

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	813.16'	26.56'	S 54°43'41" W	26.56'

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR — DATE 4-21-2021

ALL LOTS WITHIN THE MIDWAY LAKE ROAD SUBDIVISION, TO THE BEST OF MY KNOWLEDGE DOES NOT LIE WITHIN A WATERSHED AREA, AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR — DATE 4-21-2021

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____ REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

REVIEW OFFICER — DATE 4-21-2021

Doc ID: 017469850001 Type: OPR
Recorded: 04/21/2021 at 02:42:06 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Michael F. Purcell Register of Deeds
BK 73 PG 131

PRELIMINARY PLAT — Minor Subdivision of

Sycamore Creek

DAVIDSON & CODDLE CREEK TOWNSHIPS, IREDELL COUNTY, NC

Prepared For (Owner/Developer):
Nick and Carrie Saraniecki
16223 Grafham Circle
Huntersville, NC 28078

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: WDH	Checked By:	Project No.	20116
TAX PIN(s): 4655-40-0393, 4655-40-3354 & 4654-49-2975			
Date: April 20, 2021	18034	Scale	1" = 60'
File: 20116-Midway Lake-Minor_SD.dwgLayout No.		Sheet No.	1 of 1

Prepared for (Owner):
OAK SPRINGS LLC
P.O. BOX 5350
MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com
Drawn By: WDH | Checked By: | Date: November 2, 2018
File: 18034_MidwayLakeRoad.dwg

CERTIFICATE OF OWNERSHIP AND DEDICATION:

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL, AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT, ESTABLISH MINIMUM BUILDING SETBACK LINES, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

I FURTHER CERTIFY THAT:
A) THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION, AND
B) THERE ARE NO GOVERNMENTAL REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER THE IREDELL COUNTY SUBDIVISION ORDINANCE REGULATIONS, WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION AND
C) I UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER CONTRACTUAL AGREEMENTS IS NOT THE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATORS OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

4/20/21 — DATE — NICK SARANIECKI

CARRIE SARANIECKI

STATE OF NORTH CAROLINA, IREDELL COUNTY.

I, Susan Sweet, CERTIFY THAT NICK SARANIECKI & CARRIE SARANIECKI, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL, THIS 26TH DAY OF APRIL, 2021.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 6-9-24

SURVEYOR NOTES

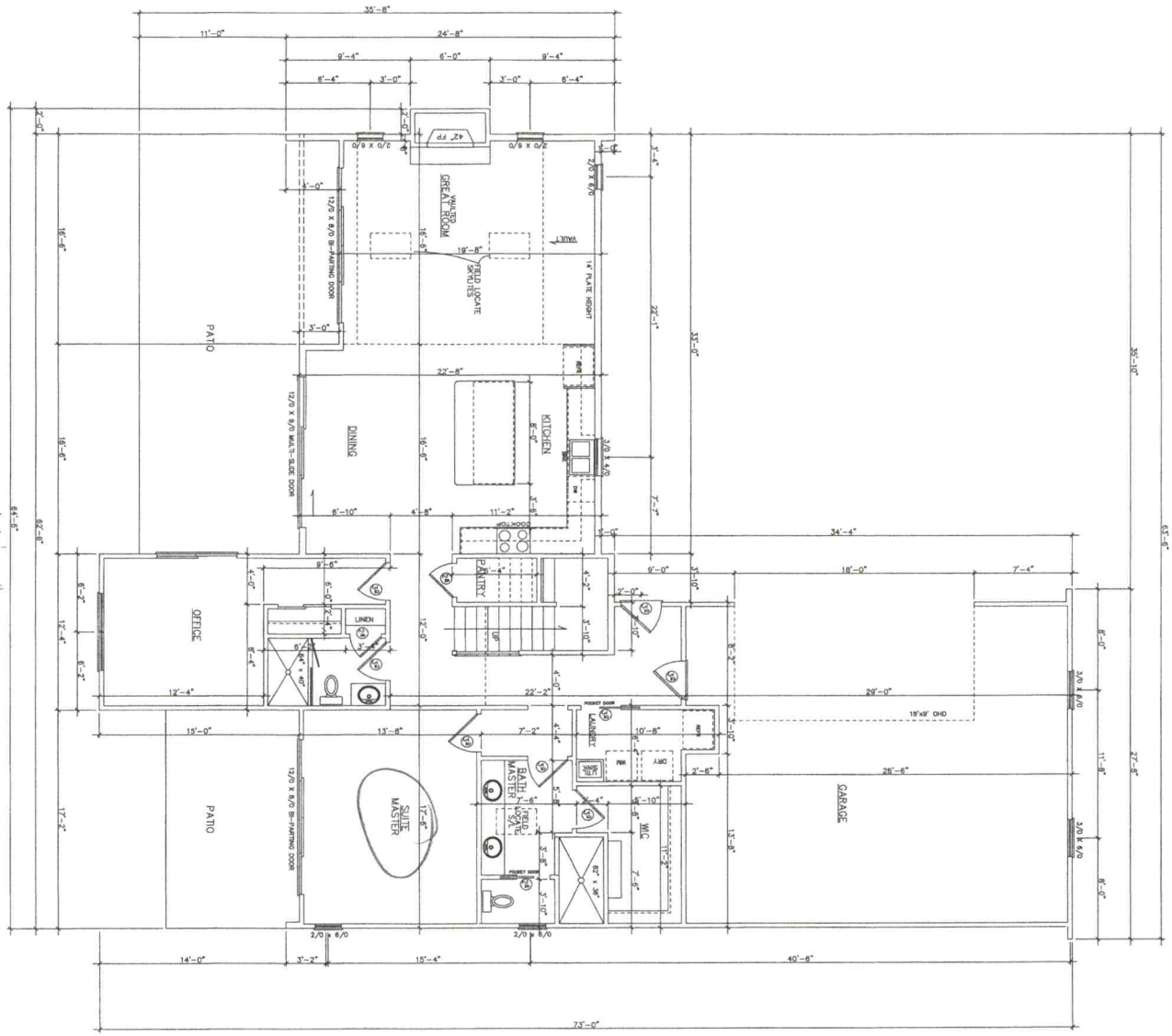
1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS, THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS SURVEY IS BASED ON DEED BOOK 487 PAGE 357, DEED BOOK 529 PAGE 463 AND DEED BOOK 487 PAGE 352 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4. THIS LOT LIES WITHIN A SUBDIVISION THAT WAS PREVIOUSLY TIED TO THE NORTH CAROLINA GRID SYSTEM.
5. BASIS OF BEARINGS:
6. BEARINGS ARE BASED ON THE NORTH CAROLINA STATE PLANE COORDINATE SYSTEM, NAD 83/2011.
7. #4 REBAR AT ALL CORNERS, UNLESS OTHERWISE NOTED. ALL CORNERS "FOUND" OR "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED.
8. THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
9. A TEN FOOT DRAINAGE AND UTILITY EASEMENT SHALL EXIST ALONG ALL LOT LINES.
10. THIS PROPERTY IS ZONED: "RA"
11. LOT 2 IS THE SMALLEST LOT CREATED WITH 4.240 ACRES. LINE TABLE
12. THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY-PANEL(S) 3710465600J, WITH AN EFFECTIVE DATE OF MARCH 02, 2009 AND 3710465400K WITH AN EFFECTIVE DATE OF MARCH 02, 2009.
13. TOTAL AREA = 13.201 ACRES
14. ALL LOTS ARE SUBJECT TO THE FOLLOWING SETBACKS: FRONT = 30', SIDE = 15', REAR = 30'
15. AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

LEGEND
R/W = Right-of-Way
CON = Concrete Monument
= Utility/Light Pole
= Overhead Utility

LEGEND
R/W = Right-of-Way
EOP = Edge-of-Pavement
IPS = Set #4 Rebar
OU = Power Head Power Line

GRAPHIC SCALE
1 inch = 60 ft.

DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS
PROPOSED SUBDIVISION ROAD CONSTRUCTION STANDARDS CERTIFICATION
APPROVED:
DISTRICT ENGINEER
DATE:



35'-8"

64' 6"

63' 4"

73

CHECKED BY: VPA	
DATE: 6/9/2021	AREA:
1ST FLOOR HEATED	1740
2ND FLOOR HEATED	454
**TOTAL HEATED AREA	2194
GARAGE	735
***TOTAL AREA	2929

Acknowledgement Of
Plans Submittal ONLY!
Date 7/1/21
Date 7/12/21

FIRST FLOOR PLAN

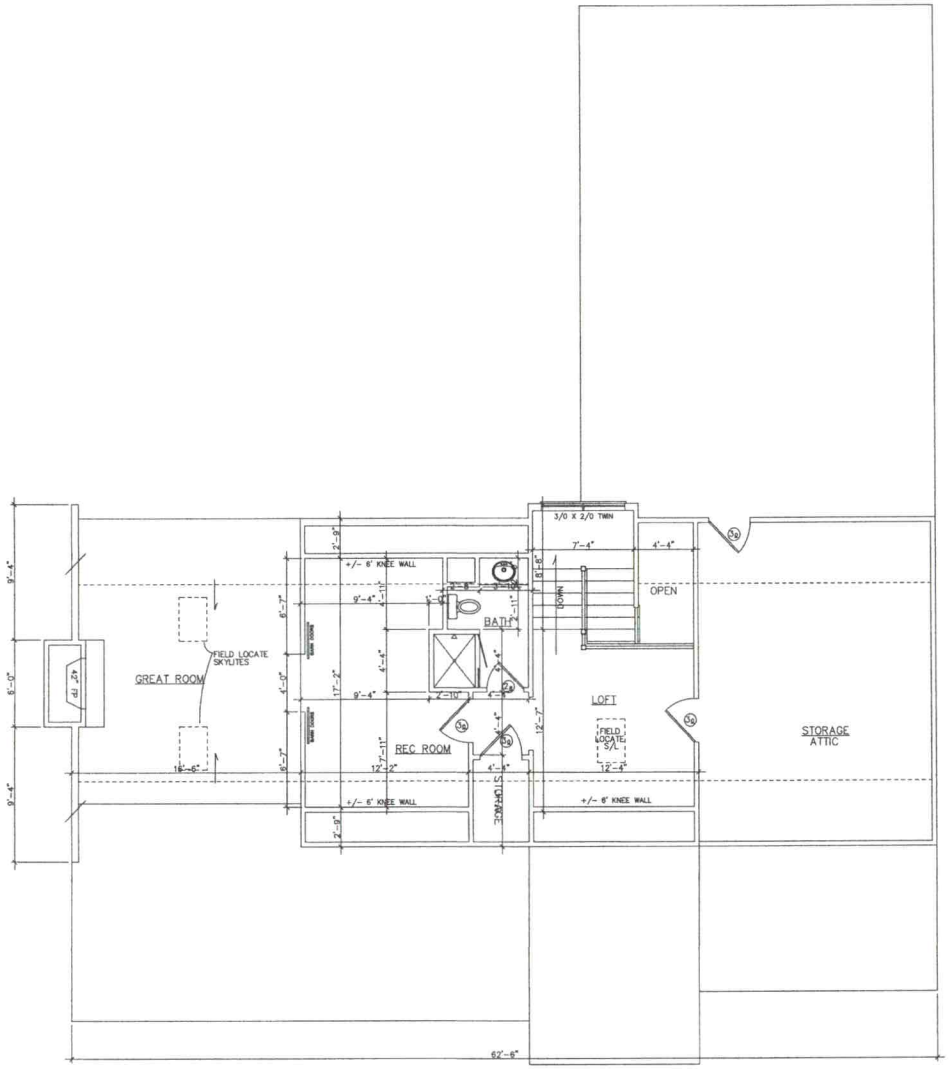
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PLAN NUMBER :
A_FRAME
FIRST_FLOOR_PLAN

VPA DESIGN

WHITLEY & COMPANY
HARRISBURG N.C. 28075

Date:	4/4/2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	1ST_FL



Acknowledgement Of
Plans Submittal ONLY!

Maria Dotson Date 7/1/21

Date 7/2/21

SECOND FLOOR PLAN

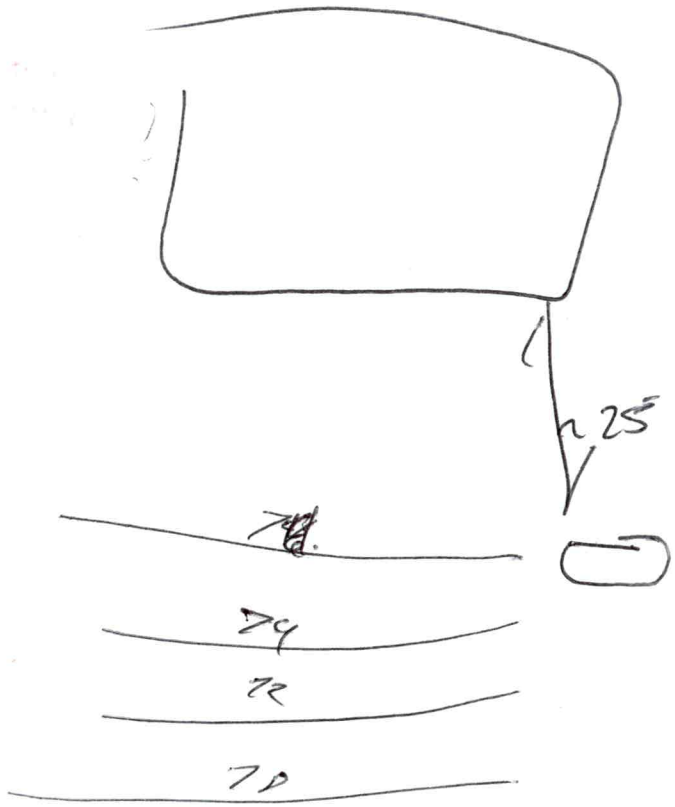
SCALE: 1/4"=1'-0"

WHITLEY & COMPANY
HARRISBURG N.C. 28076

VPA DESIGN

PLAN NUMBER :
A_FRAME
SECOND_FLOOR_PLAN

Date:	4/4/2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	2ND_FL


h 25
7q
7r
7p