2100

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219728

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

PIN # 4655560426

APPLICANT: TOM GRAY APPLICANT ADDRESS: 201 OLD STATESVILLE RD HUNTERSVILLE

SITE ADDRESS: 139 JANE WIND MOORESVILLE PHONE: ALT. PHONE: 704 578 4951

SITE DIRECTIONS: HWY 115 S - TL FAITH - TL JENNY MARIE - TR JANE WIND - ON LT

SUBDIVISION: SERENE LK SECTION: LOT # 9 LOT AREA: 1.9AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 8-5-11-19 ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank (gal) PT Date System Description: GRAVITY 25% REDUCTION

Pump Make Model Serial # Repair System Description: & PUMP 25% RED.

Nitrification Fields 1 # Lines 6 Linear Ft: 400 Maintenance Agreement Required: ☐ YES ☑ NO

Trench Width 36" Max. Trench Bottom Depth 24" LOW Gravel Depth N/A ☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 3 No. Employees Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

Any future pool must be at least 15ft from Septic System.

ST 62ft from House

INITIAL SITE SKETCH

SEE THE OAKS GROUP, PA DESIGN

AS BUILT SKETCH

Installed Quick 4 as Shown

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: 7/5/16 Installed by: FJ Ervin

IMPROVEMENT PERMIT by: Date: 6/28/16 OPERATION PERMIT by: Date: 6/19/19

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

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

Sheet 1 of 1
PROPERTY ID #: 4655-56-0426
COUNTY: Iredell

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

OWNER: H.P.C. APPLICATION DATE
ADDRESS: 139 Jami wind DATE EVALUATED: 6-21-16
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 1.90 ac
LOCATION OF SITE: 139 Jamiwind Ct 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
A	L 5-10%	0-6	Mo GR SCL	FR SS/SP	DK RBr	52+	N/A	N/A	0.3
		6-48	Mo SBK C	↓	R				
		48-52	WK SBK C	↓	R, F Sap				
B	L 5-10%	0-4	Mo GR SCL	FR SS/SP	DK RBr	48+	N/A	N/A	0.3
		4-39	Mo SBK C	↓	R				
		39-48	WK SBK CL	↓	R; C Sap				
C	L 10-15%	0-22	Mo SBK C	FR SS/SP	R	51+	N/A	N/A	0.3
		22-51	WK SBK CL	↓	R, C Sap				
D	L 15%	0-3	Mo GR SCL	FR SS/SP	R Br	48+	N/A	N/A	0.3
		3-48	Mo SBK C	↓	R, F F Sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	III b
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

139 Jamiwind Ct Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Distribution Box
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	24"
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	400
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	25% Reduction	65
2	Repair	Orange	25% Reduction	70
3	Repair	Yellow	25% Reduction	70
4	Repair	Blue	25% Reduction	70
5	Repair	Red	25% Reduction	65
6	Repair	Orange	25% Reduction	60
7	System	Pink	25% Reduction	40 endfed
8	System	Red	25% Reduction	50 endfed
9	System	Orange	25% Reduction	70 endfed
10	System	Yellow	25% Reduction	80 endfed
11	System	Blue	25% Reduction	80 endfed
12	System	Pink	25% Reduction	80 endfed
				Total System: 400'
				Total Repair: 400'

Note: Keep proper setbacks to foundation drains
Distribution devices and tank locations can be altered at ICHD's discretion
Tanks must be set to achieve gravity flow once final foundation placement is set

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, Hendersville Presbyterian Church, am the legal owner(s) of the property located at 139 Jami Wind Ct Mooresville, identified as PIN (Parcel Identification Number) 4655-56-0426, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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.

10: _____ 6/22/2016 _____ 6-22-16

Signature of Owner(s) Date Signature of Witness Date

Property Elder/President H.P.C.

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
219728
Issue Date: 06/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4655560426.000	139 JAMI WIND COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BARNETTE RICHARD M+VIRGINIA	Applicant: KATHLEEN SAUNDERS
Address: 145 JAMI-WIND COURT MOORESVILLE, NC 28115	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.906	350.00	35.00	15.00	15.00	NOT	X

Remarks:

$PAID

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.

See Attached

Applicant: _____ Date: _____

Permit Number	72283	TOTAL FEES:	$ 77.25

8/29/18

AC 219728

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Tom Cross Address: 101 Homeland Rd Zip: 28166
Applicant Email: tomcross.70@gmail.com Phone: (317) 501-2848 Alt. Phone: _____
Owner Name: Tom Cross Address: 101 Homeland Rd Zip: 28166
Owner Email: " Phone: (317) 501-2848 Alt. Phone: _____

Property Information:

Street Address: 139 Diamond Ct Mooresville, NC 28115
Subdivision Name: Seneca Lake Section/Phase: _____ Lot Number: 9
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 BR
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: _____
( ) 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: _____ 8/11/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

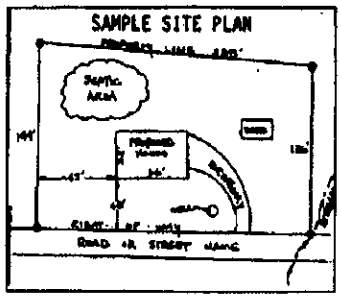
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

(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**
(X) **Preferred well location**
(X) **Preferred septic system location**
(X) **North arrow, or other sufficient indicator of direction**

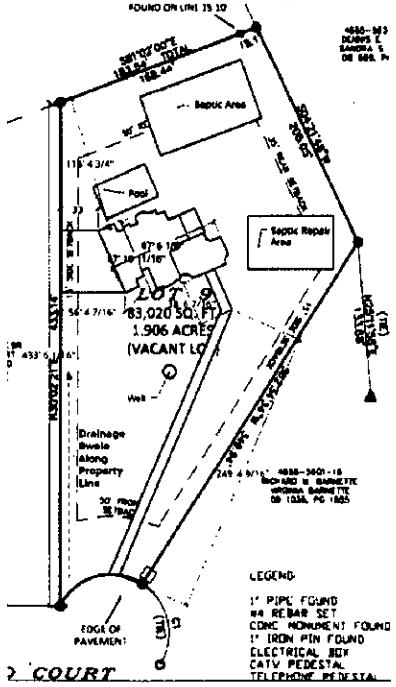


Circle N/A on the following if appropriate:

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, walks, water lines, gutter, pools and decks, and any other item that will occupy space on the site



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

8/11/18
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*) _____

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*

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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, Tom Gray, am the legal owner(s) of the property located at 139 Jamwood Ct, identified as PIN (Parcel Identification Number) 4655560426.000, located in Iredell County, North Carolina.

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

Jamie Police, J & D Home Repair, 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.

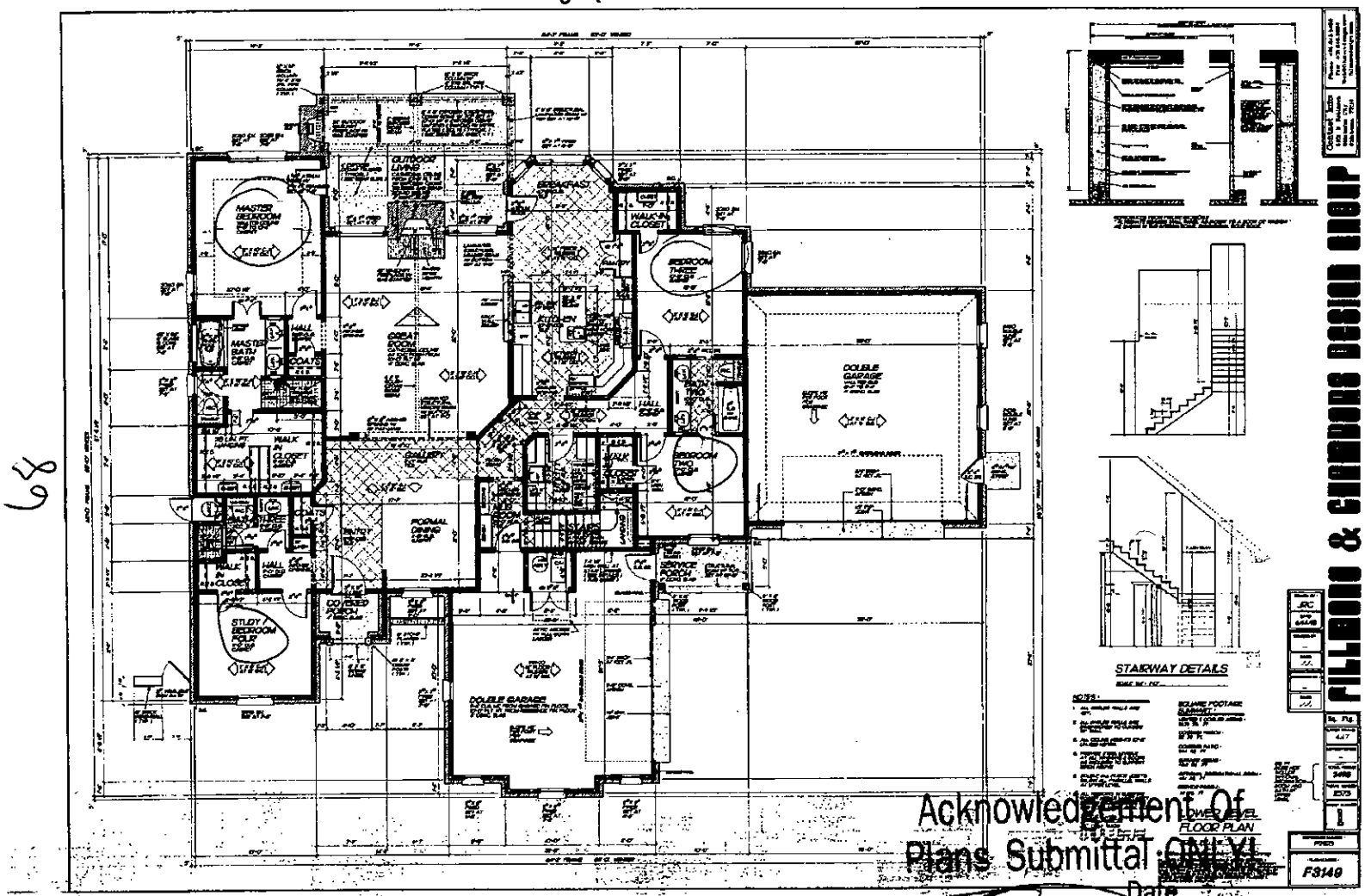
_____ 8/11/18

Signature of Owner(s) 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

84²



STAIRWAY DETAILS

LOWER LEVEL FLOOR PLAN

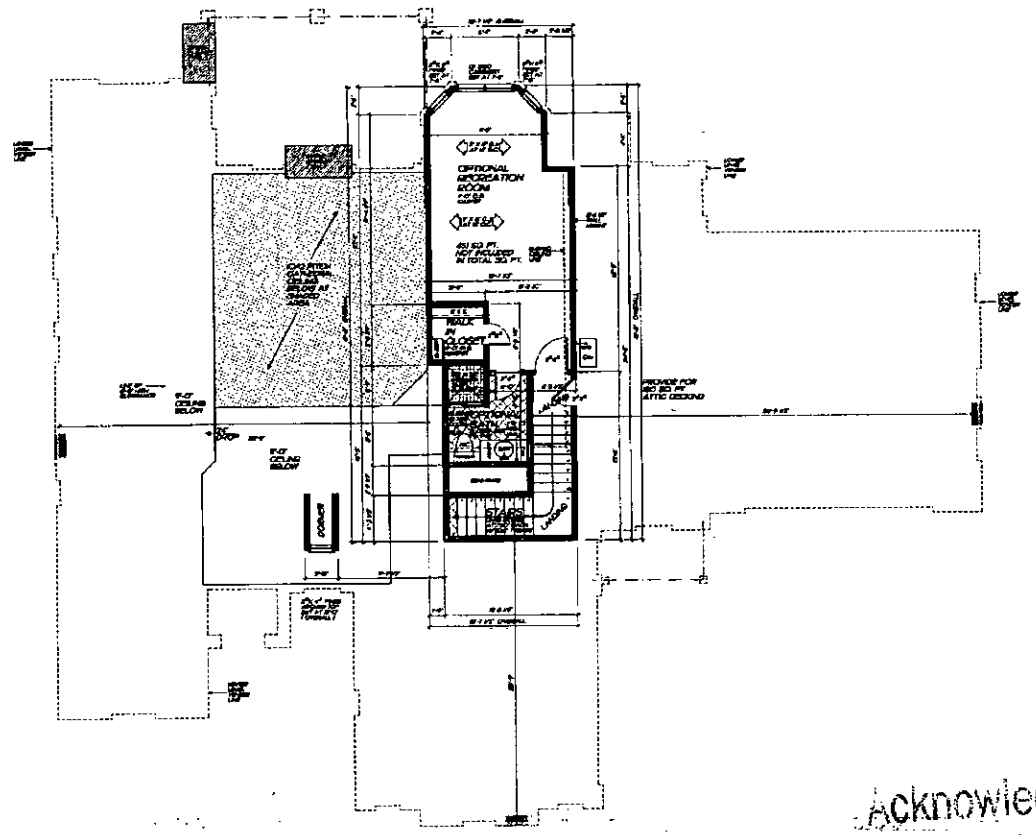
FS149

Acknowledgement Of Plans Submittal ONLY

Date 8/27/18

Date 9/4/18

64



SQUARE FOOTAGE SUMMARY

NOTES:

Acknowledgement Of Receipt Of Plans Submittal ONLY!

Date 9/4/18

Date 12/4/18

FIRST FLOOR PLAN

FILLMORE & GIBBONS DESIGN GROUP

F3149

IREDELL COUNTY

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

APPLICATION NUMBER:
219728
Issue Date: 08/24/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4655560426.000	139 JAMI WIND COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	BARNETTE RICHARD M+VIRGINIA	Applicant:	KATHLEEN SAUNDERS
Address:	145 JAMI-WIND COURT	Address:	121 HOLT LANE
	MOORESVILLE, NC 28115		MOORESVILLE, NC 28117
Phone:		Phone:	704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.906	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	149942	TOTAL FEES:	$ 77.25

RECEIVED JUN 2 3 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00
#219728

Application For:

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

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

contact Kathleen Saunders (704) 578-4951

Applicant Information:

Applicant Name: Tom Gray **Address:** _____ **Phone:** _____

Owner Name: Huntersville Presbyterian **Address:** 201 S Old Statesville Rd Huntersville **Phone:** _____

Property Information:

Street Address: 139 Jami Winds Ct Mooresville 28115

Subdivision Name: Serene Lake **Section/Phase:** _____ **Lot Number:** 9

Driving Directions: ~~Hwy 115~~ Left on Faith Rd, Left on Jennymarie Rd, Right on Jami wind Ct, Lot on left

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

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

Water Supply:

(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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

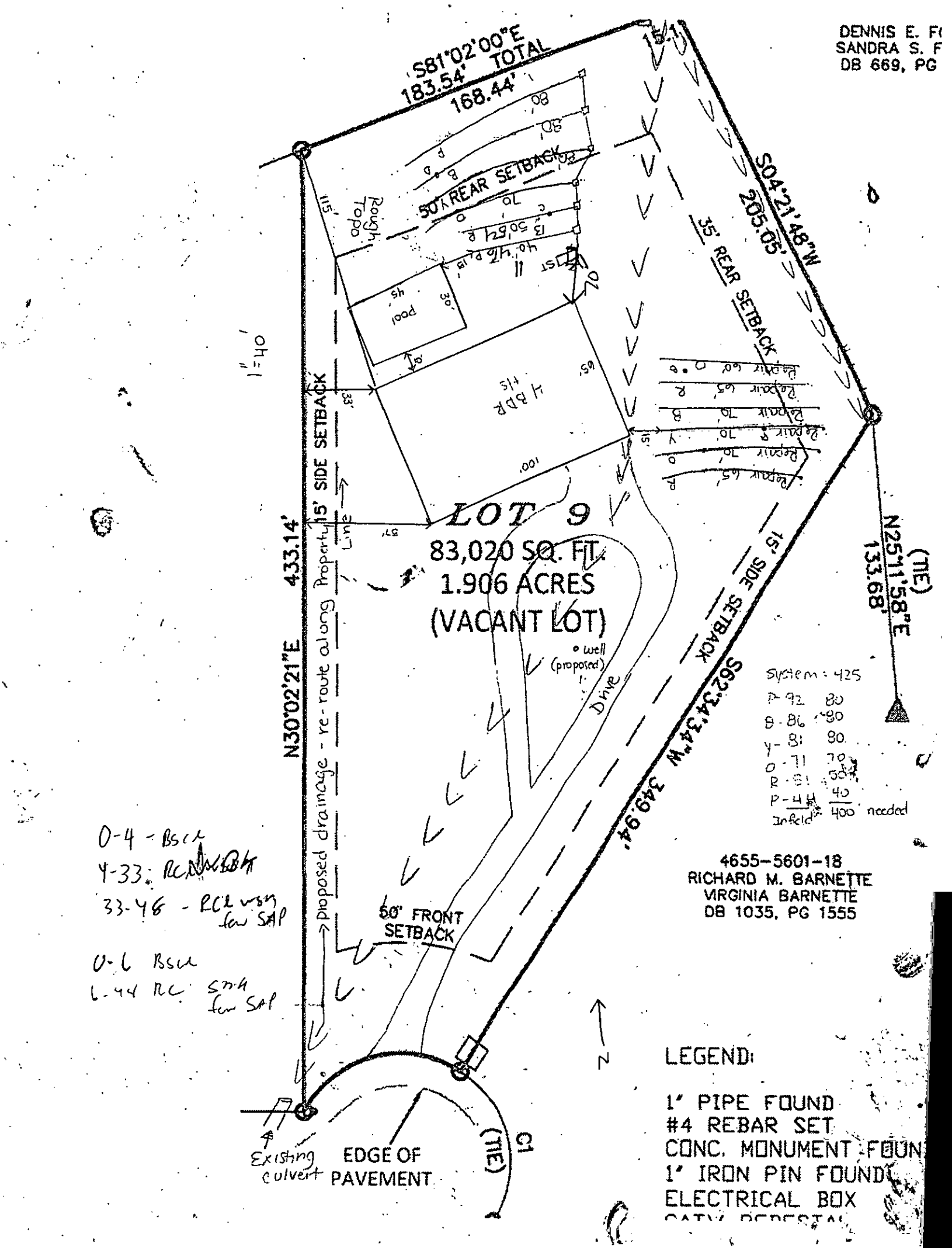
Please answer the following to the best of your ability:

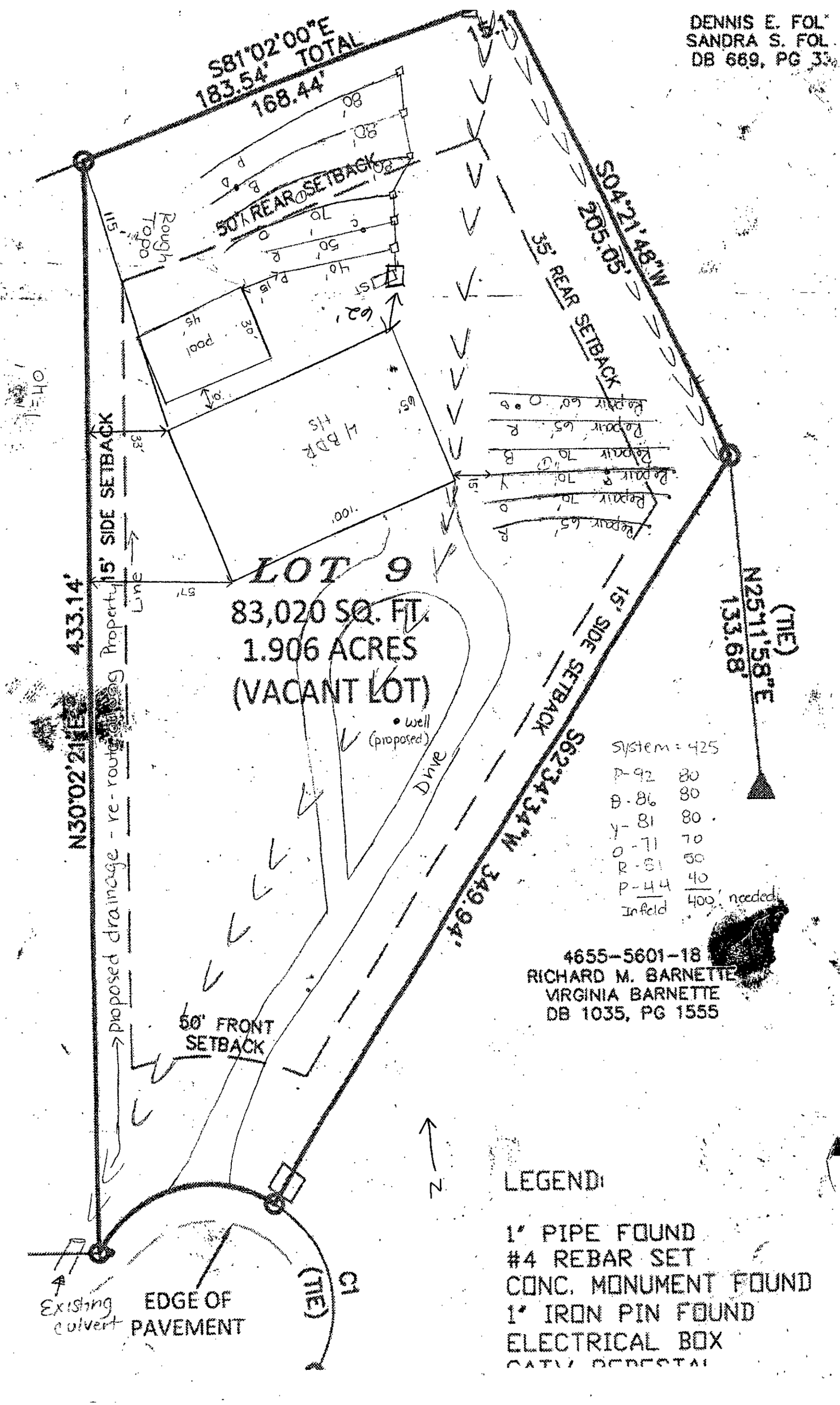
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

6/22/16
DATE


DENNIS E. F
SANDRA S. F
DB 669, PG
S81°02'00"E
183.54' TOTAL
168.44'
S04°21'48"W
205.05'
35' REAR SETBACK
50' REAR SETBACK
15' SIDE SETBACK
N30°02'21"E
433.14'
LOT 9
83,020 SQ. FT.
1.906 ACRES
(VACANT LOT)
well (proposed)
Drive
15' SIDE SETBACK
S62°34'34"W 349.94'
N25°11'58"E (TIE)
133.68'
proposed drainage - re-route along Property Line
50' FRONT SETBACK
Existing culvert
EDGE OF PAVEMENT
(TIE)
C1
N
System = 425
P - 92 80
B - 86 80
Y - 81 80
O - 71 70
R - 61 60
P - 4H 40
Infield 400 needed
4655-5601-18
RICHARD M. BARNETTE
VIRGINIA BARNETTE
DB 1035, PG 1555
LEGEND:
1" PIPE FOUND
#4 REBAR SET
CONC. MONUMENT FOUN
1" IRON PIN FOUND
ELECTRICAL BOX


DENNIS E. FOL
SANDRA S. FOL
DB 669, PG 3
S81°02'00"E
183.54' TOTAL
168.44'
15.1'
S04°21'48"W
205.05'
35' REAR SETBACK
50' REAR SETBACK
Rough Top
4 BDR
HS
Pool
LOT 9
83,020 SQ. FT.
1.906 ACRES
(VACANT LOT)
well (proposed)
Drive
15' SIDE SETBACK
S62°34'34"W 349.94'
N25°11'58"E
133.68'
(TIE)
N30°02'21"E
433.14'
15' SIDE SETBACK
Property Line
proposed drainage - re-route existing
50' FRONT SETBACK
System = 425
P-92 80
B-86 80
Y-81 80
O-71 70
R-61 60
P-44 40
Infield 400' needed
4655-5601-18
RICHARD M. BARNETTE
VIRGINIA BARNETTE
DB 1035, PG 1555
N
LEGEND:
1" PIPE FOUND
#4 REBAR SET
CONC. MONUMENT FOUND
1" IRON PIN FOUND
ELECTRICAL BOX
Existing culvert
EDGE OF PAVEMENT
(TIE)
C1