IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 180965

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

PIN # 4664973411.158 4404

APPLICANT: ANNISTON II LLC APPLICANT ADDRESS: PO BOX 39 CORNELIUS NC 28031

SITE ADDRESS: 129 OVERLOOK RIDGE Ln Davidson PHONE: ALT. PHONE: 704 662 3569

SITE DIRECTIONS: SHEARERS RD - L ANNISTON WAY - TR BURNELL - TL WALKING HORSE - TR OVERLOOK - ON LT

SUBDIVISION: ANNISTON SECTION: 4 LOT # 158 LOT AREA: .9 DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank 1500 (gal) STB 338 Date 7-10-17

Pump Tank 1500 (gal) PT 477 Date 7-14-17

Pump Make LIBERTY Model 290 Serial #

Nitrification Fields 1 # Lines 5 Linear Ft: 500

Trench Width 36" Max. Trench Bottom Depth 24 Gravel Depth N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PUMP 25% REDUCTION

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence No. Bedrooms 5

☐ Business No. Persons 10

☐ Other No. Employees

☐ Slab ☐ Crawl Space

☑ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

SEE ROLLANS

SOIL & ENVIRONMENTAL'S

PLAN

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8-18-17	BB
Tanks Checked	↓	BB
Pressure Manifold or Valve Box Checked	9-6	BB
Pressure Head Set	9-6	BB
Electrical Checked	9-6	BB
Floats Set	9-6	BB
Alarm Checked	9-6	BB
Maintenance Contract Y / N	not required	

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**

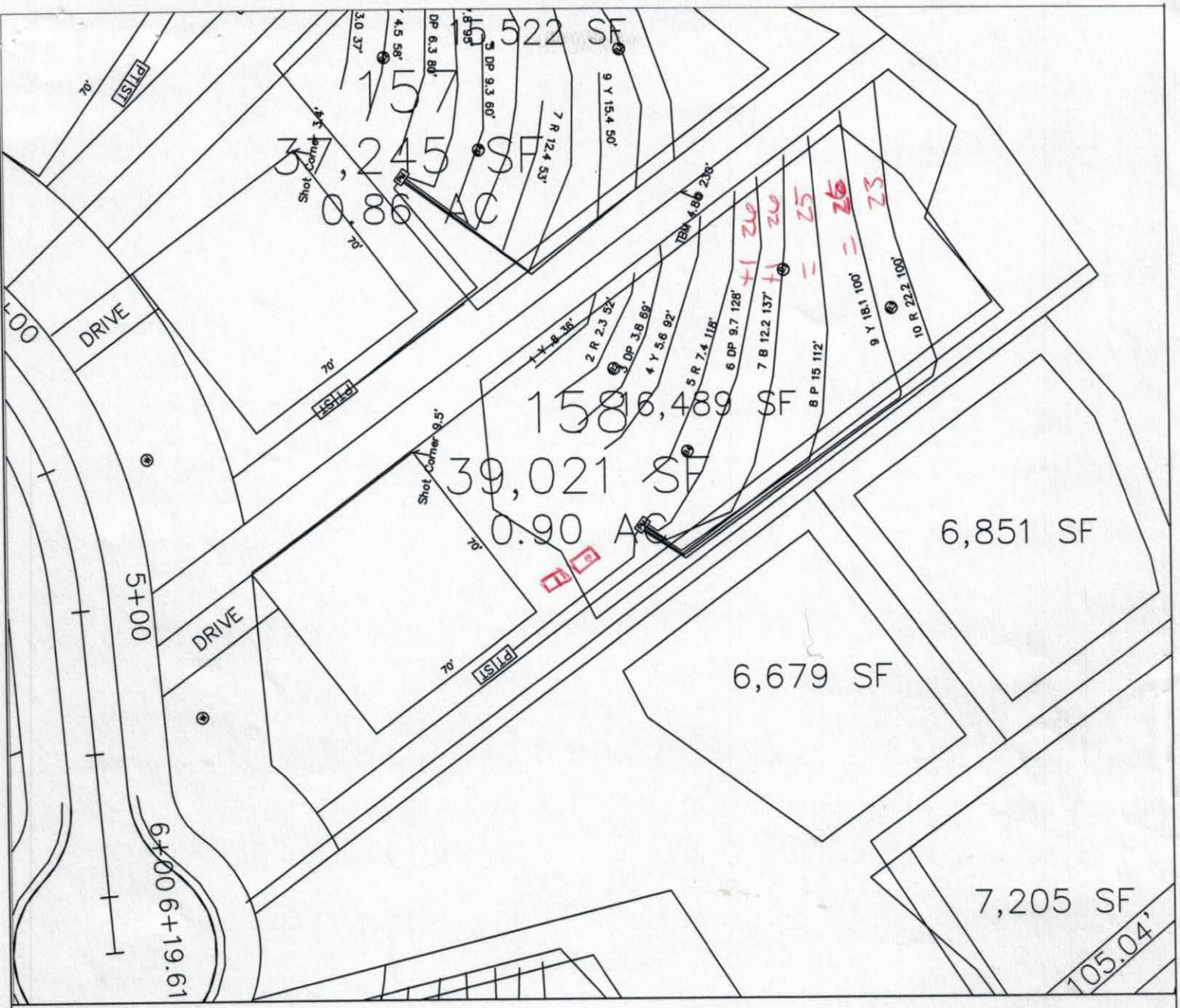
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/22/13 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: [signature] PREC Date: 9/17/13 OPERATION PERMIT by: Benjamin A. Bolton Date: 9/6/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-11-17 Existing System Inspected by: Date:

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



LEGEND

- Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.
- House Footprint
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- Well Location.
- (25) Pit Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES, PA
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: rollans.ashley@yahoo.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS			JOB #: 01-1005
			FILE: C:\JOBS\01-1005
PROJECT NAME: ANNISTON II, LLC / ANNISTON SUBDIVISION	LOCATION/DATE: SHEARER CHAPEL ROAD IREDELL COUNTY, NORTH CAROLINA SEPTEMBER 2013		PROJECT MGR.: S.A.R.
			FIELD WORK: S.A.R.
			DRAWN BY: S.A.R.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Anniston, LLC _____ APPLICATION DATE ___
ADDRESS: Lot 158 Anniston _____ DATE EVALUATED: 8/25/13
PROPOSED FACILITY: SBR PROPOSED DESIGN FLOW (.1949): 600gpd PROPERTY SIZE: ± 0.90ac
LOCATION OF SITE: _____ 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
B 1	L/15%	0-7	BRcl wsbk	FrSSSPSExP					PS
		7-48	Rcmfsbk	FrSSSPSExP	f.sap	48	—	—	0.3
B 2	L/13%	0-10	Blsr	FrSSSPSExP					PS
		10-48	Rcmfsbk	F-FrSSSPSExP		48	—	—	0.3
B 3	L/20%	0-9	Blsr	FrSSSPSExP					PS
		9-48	Rcmmsbk	" " " "	fsap	48	—	—	0.3
P 4 (29)	L/12%	0-12	Bl-clmsbksr	FrSSSPSExP					PS
		12-40	Rcmmsbk	" " " "	~~fsap~~	48	—	—	0.3
		40-48	RYclmfsbk	" " " "	csap				

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

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

COMMENTS: _____

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

NC Certified Septic Installer
NC Certified Subsurface Operator
NC Certified Septic Inspector

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 5 bedroom single family residence on Lot # 158 Anniston Subdivision, Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5
- Pressure Manifold Diagram---------- 6

Site Plan/System Plan---------- 7

Calculations---------- 8

Profile Descriptions---------- 9

September 10, 2013
Project No. 01-1005
Design By: Rollans Soil and Environmental Services, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DENR, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an innovative 25% reduction installation.
- Repair is specified as a PPBPS with low pressure distribution installation.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner:	Anniston II, LLC
Address:	P.O. Box 39 Cornelius, NC 28031
Phone:	704.622.3569
County:	Iredell
Location:	ANNISTON Lot # 158
Source of Wastewater Flow:	5 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	600 gpd
System Flow:	28.44

Design Specifications

Drainfield Size:	400
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	24 in.
Trench Width:	36 in.
Septic Tank Size:	1500 gal.
Pump Tank Size:	1500 gal.
Estimated Supply Line Length:	84
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	14.62
Dosing Volume:	228.55
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.50
Elevation Head:	19.30
Total Dynamic Head:	26.21
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services.

ANNISTON Lot # 158
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	600
SOIL APPLICATION RATE:	0.3
TOTAL AREA TRENCH BOTTOM:	1500
TOTAL LATERAL LENGTH:	500
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	500
SUPPLY LINE LENGTH:	84
TOTAL DYNAMIC HEAD:	26.21
MANIFOLD SIZE:	4 in.SCH 80 PVC
DOSING VOLUME:	228.55
PUMP TANK DRAW DOWN*:	7.4
SEPTIC TANK SIZE:	1500 gal.
PUMP TANK SIZE:	1500 gal.

**Pump tank draw down based on a volume basis of 31 gallons per inch. Draw down may vary among pump tank manufacturers.*

ANNISTON LOT # 158

Project #: 01-1005

LAYOUT FOR 5 BEDROOM HOME

September 10, 2013

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		4.8			100.00		
INSTR. 1			104.80				
HOUSE CNR				9.50	95.30		
P. TANK				23.50	81.30		
1	YELLOW			0.80	104.00	36	36
2	RED			2.30	102.50	52	52
3	DARK PINK			3.80	101.00	69	69
4	YELLOW			5.60	99.20	92	92
5	RED			7.40	97.40	109	109
6	***DARK PINK***			***9.70***	***95.10***	***128***	***100***
7	***BLUE***			***12.20***	***92.60***	***137***	***100***
8	***PINK***			***15.00***	***89.80***	***112***	***100***
9	***YELLOW***			***18.10***	***86.70***	***100***	***100***
10	***RED***			***22.20***	***82.60***	***100***	***100***
					Total	**935**	**858**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***500***	***0.300***	***ACCEPT.***	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	358	0.300	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes:

** TBM located on top of ground at stake 230.00' from R/W on left hand line
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

LTAR with ACCEPTED	**0.4**
LTAR with ACCEPTED + 5%	**0.42**

CALCULATIONS

Location ANNISTON PH4

Project Number 01-1005

Lot No: 158

No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.30	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	84	ft.
Supply Line Volume	14.616	gal.
Required Feet of Line	500	ft.
Amount of Line from Layout	500	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500 gal.	
Lateral Line Volume	326.5	gal.
Dosing Volume	228.55	gal.

Note: Dosing Volume based on70% of lateral line volume

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down	7.4	*Generic Draw Down of 31 gal.per in.*
Pump Run Time	8.04	minutes
Elevation Head	19.3	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.50	ft.
Total Dynamic Head (+15%)	26.21	ft.

CALCULATIONS

Location ANNISTON PH4

Project Number 01-1005

Lot No: 158

No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.30	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	84	ft.
Supply Line Volume	14.616	gal.
Required Feet of Line	500	ft.
Amount of Line from Layout	500	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
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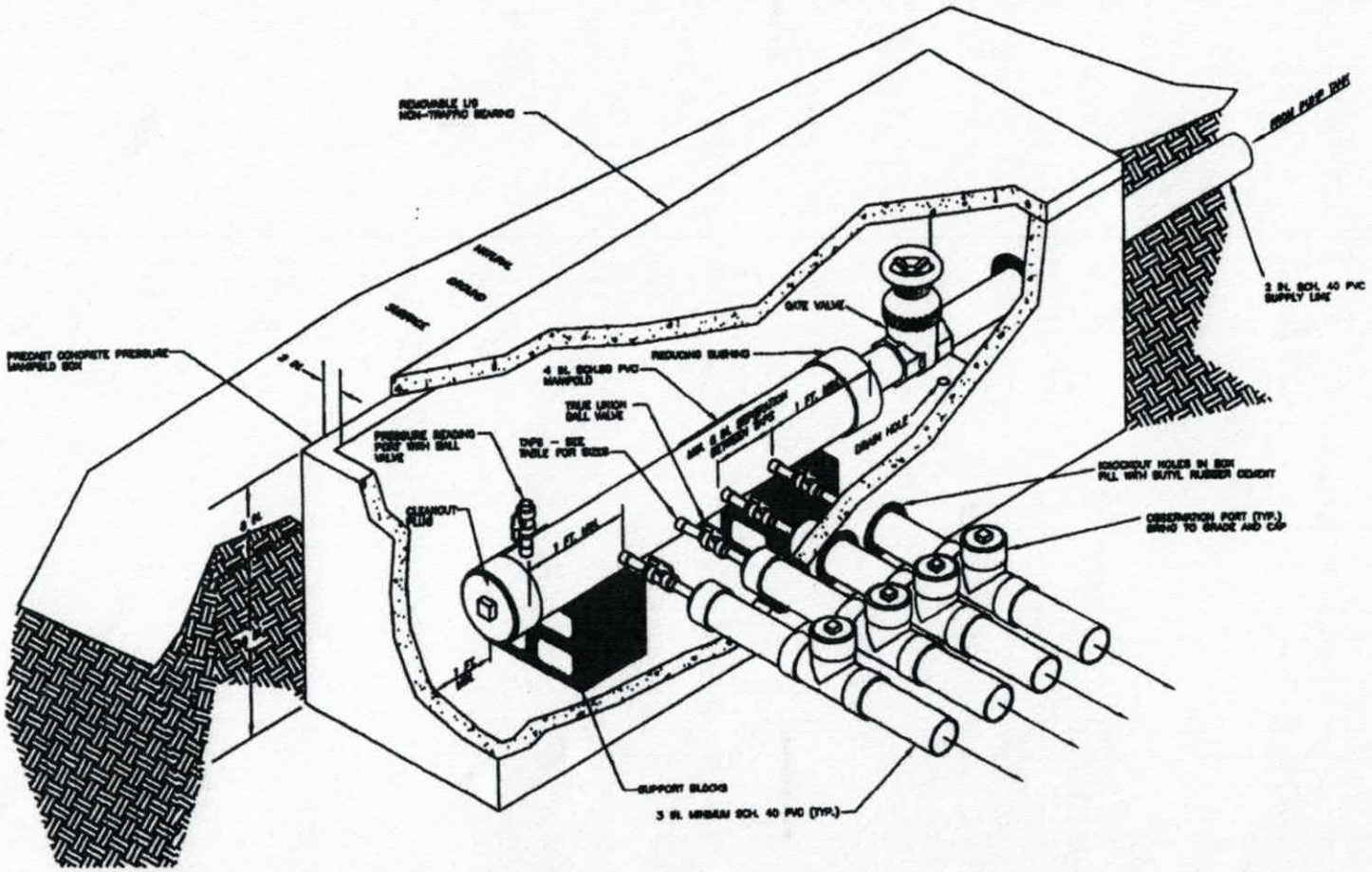
Note: Dosing Volume based on70% of lateral line volume

Tank Draw Down	7.4	*Generic Draw Down of 31 gal.per in.*
Pump Run Time	8.04	minutes
Elevation Head	19.3	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.50	ft.
Total Dynamic Head (+15%)	26.21	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
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	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

TYPICAL PRESSURE MANIFOLD DETAIL



RECEIVED JAN 5 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

1. APPLICATION FOR: ___Improvement Permit **X** Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mark Benitez	516-D River Hwy Suite 301	704-928-9215	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
peachtree	SAME	SAME	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
129 Overlook Ridge	Anniston	Lot-158

Driving Directions: Anniston subdivision of Shearer Rd 2 on Walkay Horse R on overlook Lot on left

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

6. Proposed Water Supply:

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

9. Signature: _____ 1-4-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $80.- Statesville 9-11-13 PH

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: X Improvement Permit __ Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   (X) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Anniston II, LLC	P.O. Box 39, Cornelius NC, 28031		(704)-662-3569
Applicant Name	Mailing Address	Home Phone	Work Phone
Anniston II, LLC	P.O Box 39. Cornelius NC, 28031		(704)-662-3569
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Overlook Ridge Ln	Anniston	Phase IV - 158
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From Shears Rd turn onto Anniston Way, then take a right onto Burnell Pl, then take a left onto Walking Horse Trail, then turn right onto Overlook Ridge Ln.

****

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

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

****

6. **Proposed Water Supply:**

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

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other Accepted ( ) No Preference

****

8. **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. industry) 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.

9. Signature: _____ 9/10/13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID V1478 9-11-13 DH

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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

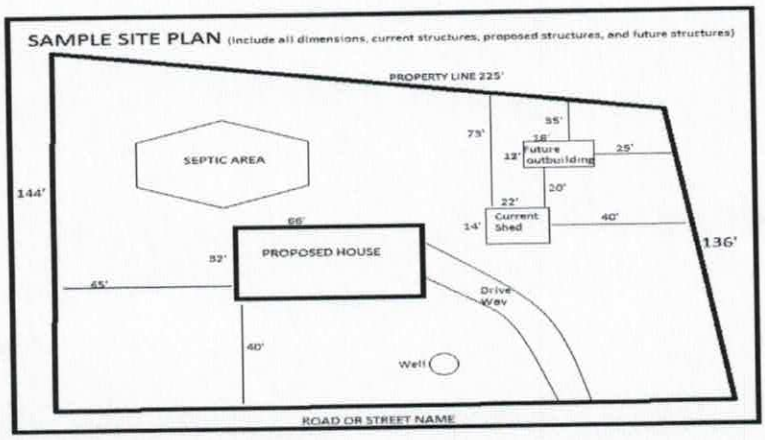
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

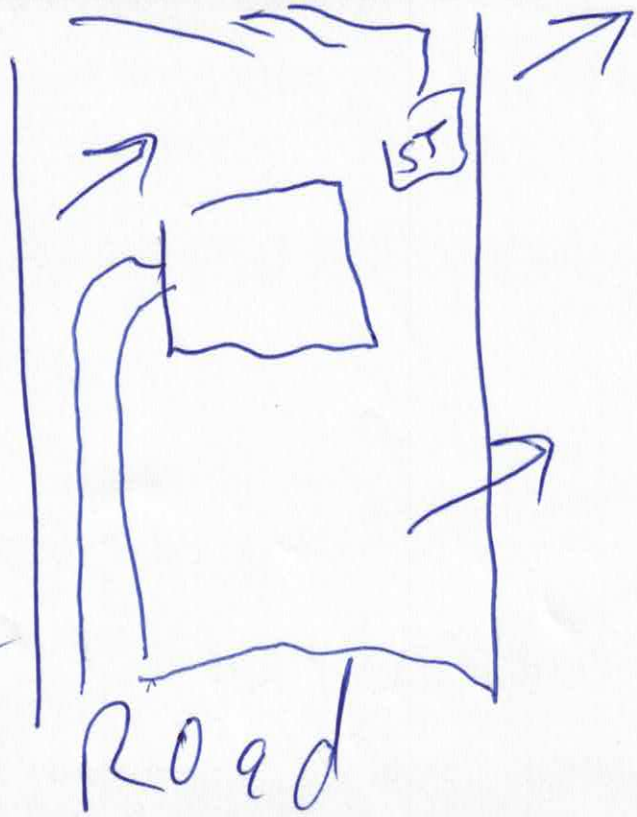
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

1-4-17

DATE

IREDELL COUNTY HEATLH DEPARTMENT

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...
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — Front and side setbacks from property line...
- X — Preferred driveway location and configuration, preferred 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:

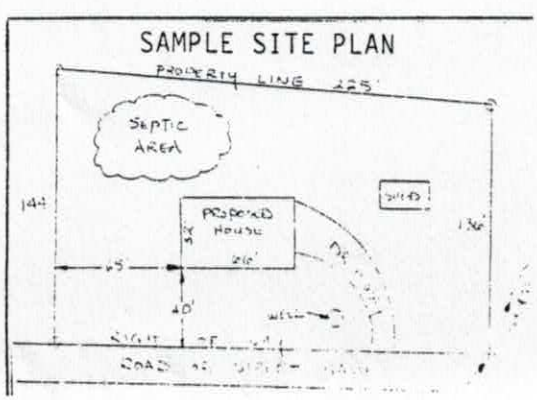
- ____ Location of septic systems and wells within 100' of your property... ~~N/A~~
- ____ Location of easements and rights of ways on your property... ~~N/A~~
- ____ Location of any designated wetlands on the property... ~~N/A~~

Signature: Samuel A Hollar
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/10/13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached



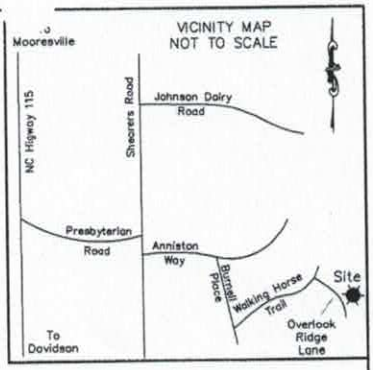
I, JIMMY N. FAIRES, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____ 2016.

PRELIMINARY

JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311

LEGEND

R/W = Right-of-way



PRELIMINARY
NOT FOR RECORDATION
CONVEYANCES AND/OR SALES

GRAPHIC SCALE

40 0 20 40

(IN FEET)
1 inch = 40 feet

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	50.00'	33.12'	N 34°06'16" W	32.52'
C2	25.00'	21.03'	N 28°59'09" W	20.41'

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 PLAT BOOK 62 PAGE 46 AND DEED BOOK 2406 PAGE 2383 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: PLAT BOOK 62 PAGE 46 - DATED: SEPTEMBER 5, 2014

6) ALL CORNERS "FOUND" or "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS. POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.

7) 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 TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. GEOMATIC CONCEPTS, PLLC CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.

8) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.

9) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710466400L WITH AN EFFECTIVE DATE OF MARCH 2, 2009. ZONE "X" IS DEFINED THEREON AS AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN; AREAS OUTSIDE FUTURE CONDITIONS 1% ANNUAL CHANCE FLOODPLAIN.

10) A 10' UTILITY/SEWER FORCE MAIN/STORM DRAINAGE EASEMENT EXISTS ALONG ALL COMMON SIDE LOT LINES, A 10' UTILITY/STORM DRAINAGE EASEMENT EXISTS ALONG ALL REAR LOT LINES, A 10' UTILITY/STORM DRAINAGE EASEMENT EXISTS ALONG ALL FRONT LOT LINES IN THIS SUBDIVISION.

PLOT PLAN

LOT 158 - ANNISTON SUBDIVISION
PHASE 4 MAP 2
PLAT BOOK: 62 PAGE: 46

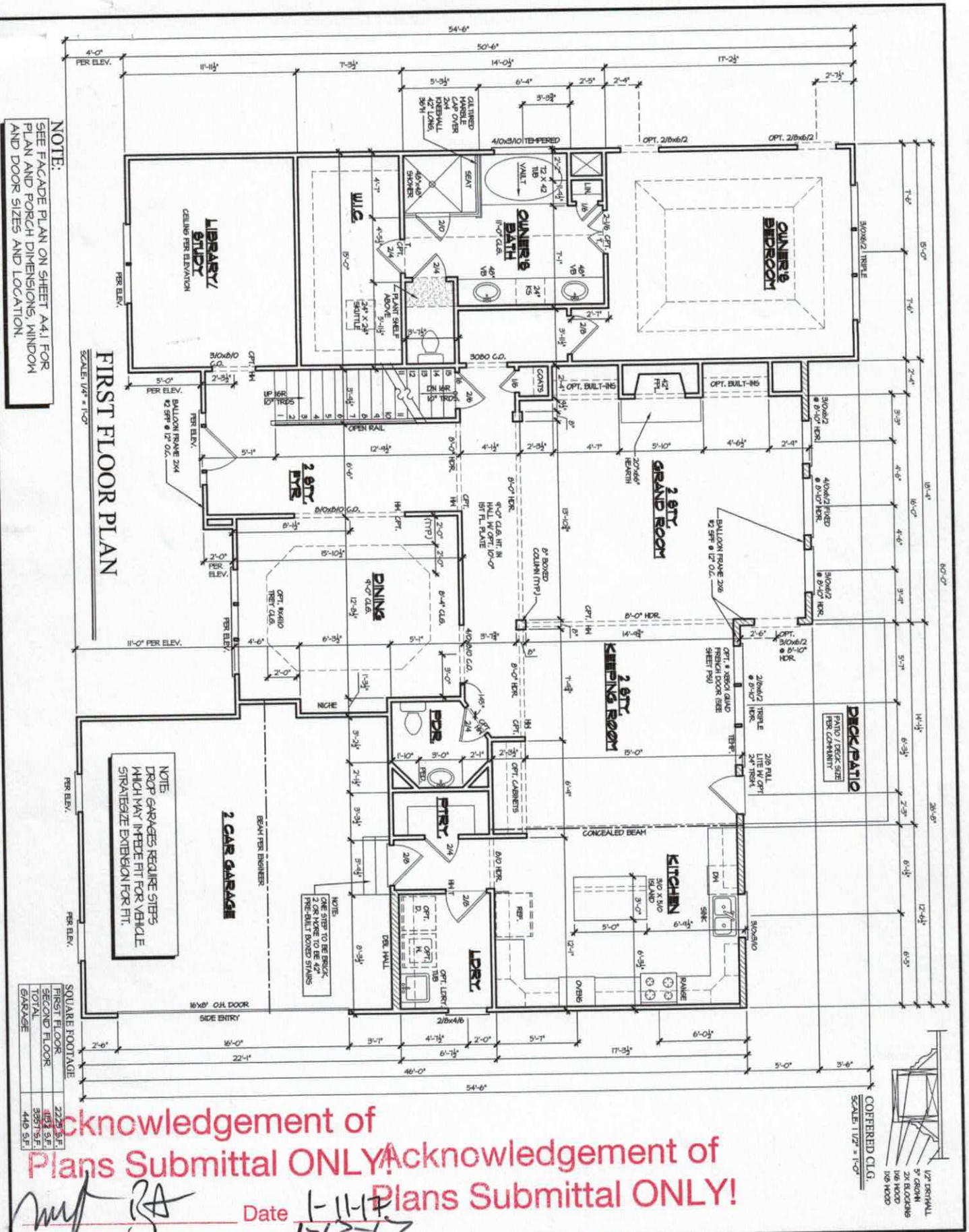
129 OVERLOOK RIDGE LANE

CODDLE CREEK TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

Prepared For:
PEACHTREE RESIDENTIAL, LLC
7380 McGINNIS FERRY ROAD
SUWANEE, GA 30024

GEOMATIC CONCEPTS, PLLC
NC LICENSE #: P-1031
237 DRY DOCK LOOP, MOORESVILLE, NC 28117
PHONE: 704-664-1994 EMAIL: JIMMY.FAIRES@GEOMATICCONCEPTS.COM

Drawn By: GHL	Checked By: JNF	Scale: 1" = 40'	Project No.: 16069
Tax PIN: 4664-97-4404			Sheet No.: 1 of 1
Date: NOVEMBER 23, 2016			
File: 16069-Lot-158-Anniston-Plot Plan-REV1.dwg			



SHEET NO.	Model Name:	Revision:		Drawn By: JLS
A3.1	ST. MICHAELS	01/26/05 JLS	01/23/12-4106	Date: 12/29/04
	Sheet Title:	08/24/05 JLS	09/13/12-4292	Plan No:
	FIRST FLOOR PLAN	01/31/06 JLS		
		11/01/06 MR		
		02/01/10-3759		
		10/04/10-3850		
		02/21/11-3909		

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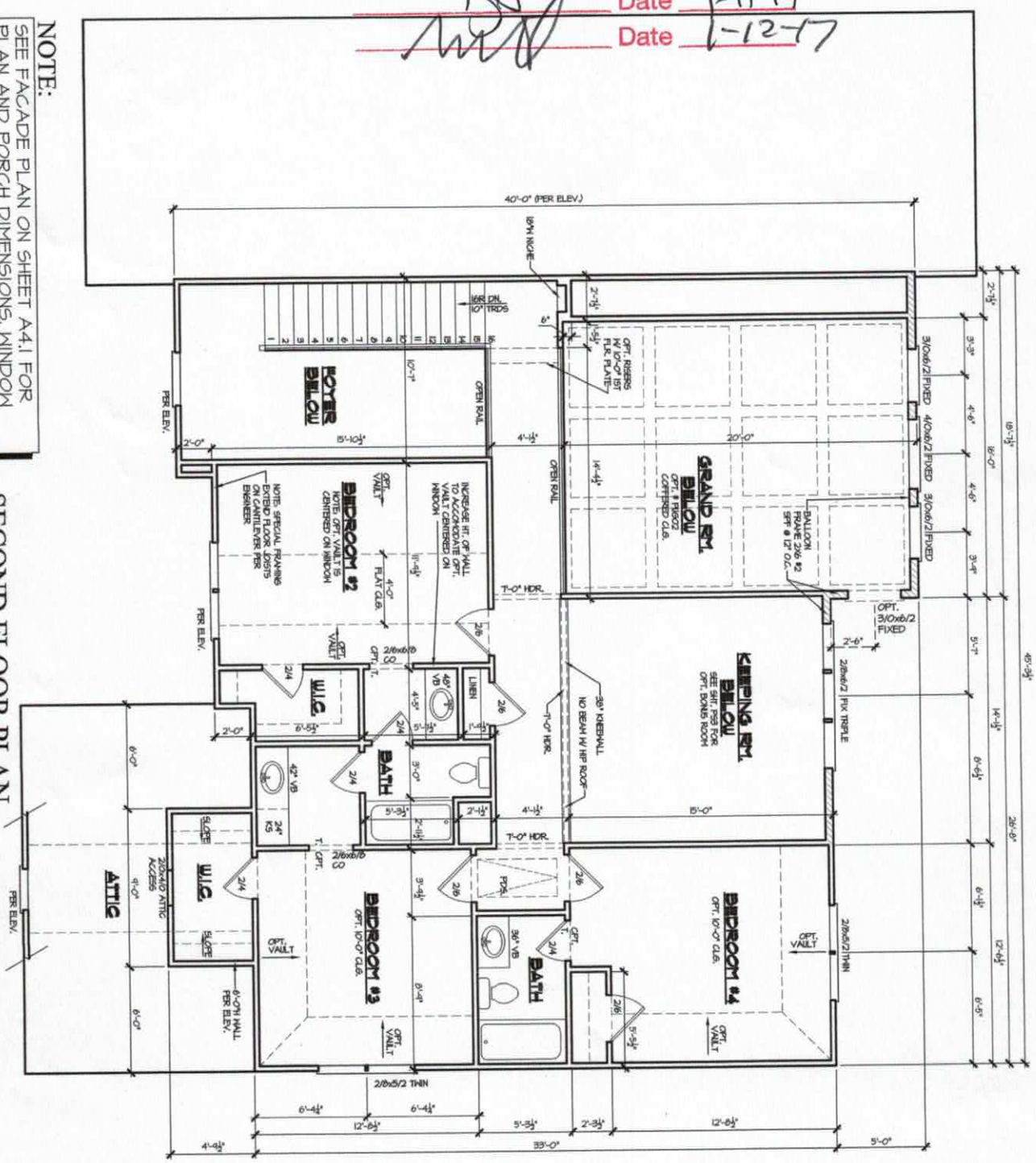
PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7380 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2522 • Fax (770) 622-9171

Acknowledgement of
Plans Submittal ONLY!

Date 1-11-17

Date 1-12-17

NOTE:
SEE FACADE PLAN ON SHEET A4.1 FOR PLAN AND PORCH DIMENSIONS, WINDOW AND DOOR SIZES AND LOCATION.



SECOND FLOOR PLAN

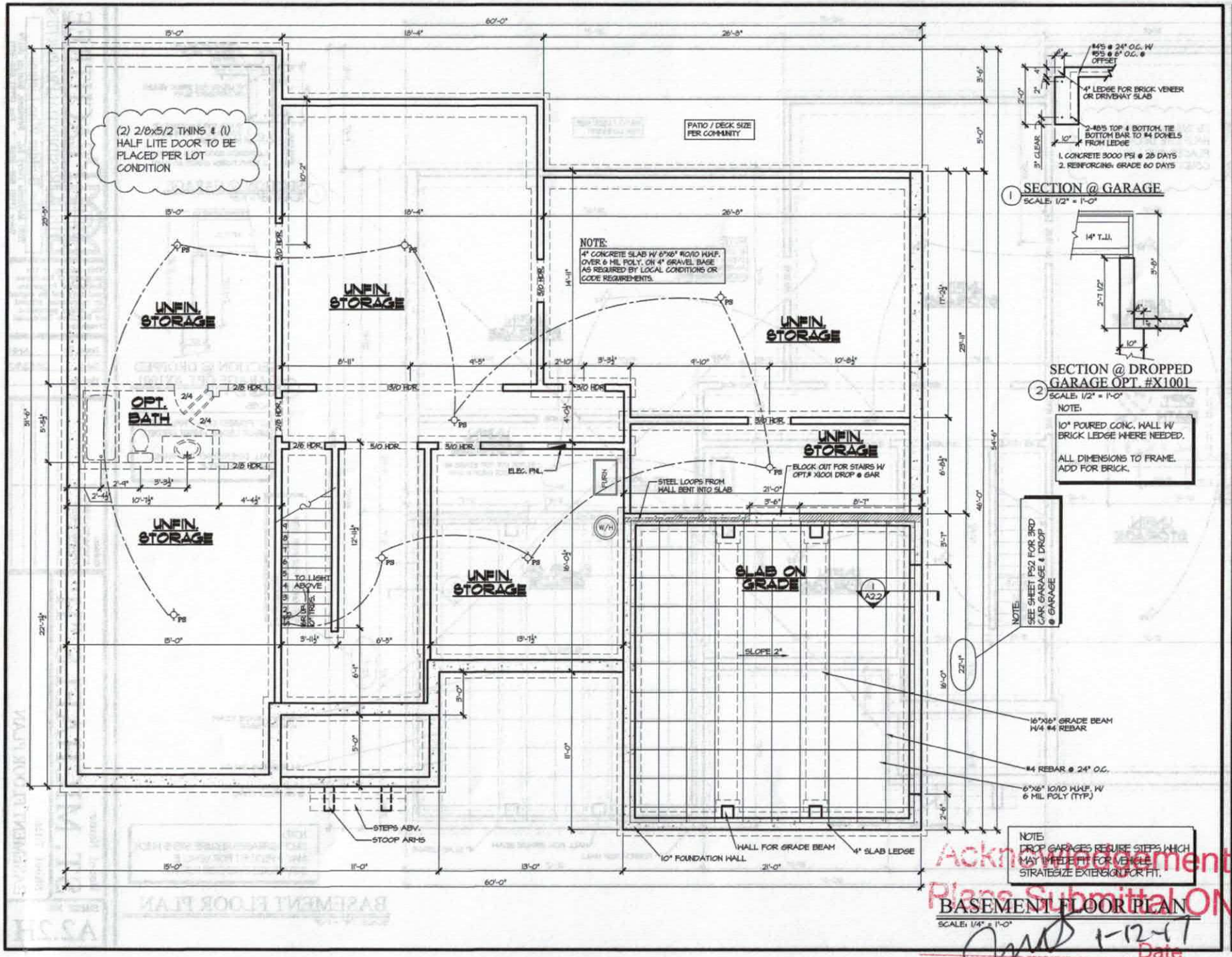
SCALE: 1/4" = 1'-0"

SHEET NO. A3.2	Model Name: ST. MICHAELS	Revision: 08/24/05 JLS; 08/14/06 JLS; 10/04/10-3850; 02/21/11-3909; 10/06/11 AMH	Drawn By: JLS; Date: 12/20/04; Plan No:

Sheet Title: SECOND FLOOR PLAN

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PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7360 McGinnis Ferry Rd. Suwanee, Georgia 30174
Voice (770) 622-2522 • Fax (770) 622-9171



1 SECTION @ GARAGE
SCALE: 1/2" = 1'-0"

2 SECTION @ DROPPED GARAGE OPT. #X1001
SCALE: 1/2" = 1'-0"

BASEMENT FLOOR PLAN
SCALE: 1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

1-12-07 Date

Date

PEACHTREE RESIDENTIAL PROPERTIES
The Builder Who Listens
7980 Medlinn Ferry Rd. • Suwanee, Georgia 30174
Voice (770) 622-2322 • Fax (770) 622-9171

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Drawn By: RKB
Date: 05/24/02
Plan No:

Revision:
01/20/06-3361
10/04/10-3650
6/3/14-4515

Model Name: ST. MICHAELS "D"
Sheet Title: BASEMENT FLOOR PLAN
SHEET NO. A2.2D

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 180965ZO

Master #: 180965

Associated Permits:
180965ZO Zoning

Applicant

Name: Rollans Soil & Environmental Services
Phone: 704-658-1723
Address: PO BOX 832
MOORESVILLE, NC 28115

Parcel

Parcel Number: 4664973411.158
Address: 000 OVERLOOK RIDGE Ln.
DAVIDSON, NC 28036
Subdivision: Anniston
Zoning: RA
Township: 0300
Area:
Lot(s): 158
Directions to Parcel: SHEARS RD, LEFT ANNISTON WAY, RIGHT BURNELL PL, LEFT WALKING HORSE, RIGHT OVERLOOK RIDGE

Owners

Contractors

Contractor Type: Enviromental Services
Name: Rollans Soil & Environmental Services
Phone: 704-658-1723
Address: PO BOX 832
MOORESVILLE, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-296600-07	Zoning - Permit Application	$75.00
FEE-296601-07	Technology Fee - Planning	$2.25
FEE-296602-07	Environmental Health - Pump - Fast Track	$850.00
	Total Fees:	**$927.25**
REC-150638-07		$927.25
	Total Receipts:	**$927.25**