Site Address: 292 Walking Horse Rd. Davidson

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 149102 PIN# 4664-98-4410.147.97.9600 Rollans DATE 3-19-08

OWNER OR APPLICANT Anniston LLC/R. Block PHONE: Business (704) 278-0989 Home

ADDRESS 17824 Statesville Rd Ste 112 Cornelius, NC 28031

LOCATION Shearers Rd South TL Anniston Way TR Burnett Place TR Walking Horse on right near end

SUBDIVISION Anniston BLOCK / SECTION 4 LOT 147 LOT AREA 1.03 Acre SITE CLASS. PS DESIGN FLOW 600 L.T.A.R. .3

Septic Tank: 1500 Gallons: STB 444 Date 9-2-13

Pump Tank: 1500 Gallons: PT 477 Date 12-6-08

Pump Make: Model Serial No.

Nitrification Field: No. Fields 1 Square Feet 1095 Linear Feet *365'

No. Lines 4 Trench Width See Note Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump-Up-Panel Blk

Repair System Description: Same

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 5 No. Persons No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: Note: Use trench width as specified in plan
Initial site evaluation performed by Rollans Soil & Environmental Services.

INITIAL SITE SKETCH

See attached report by Rollans Environmental For Speas

Comments/Conditions: Use In line filter in PT
*50% reduction in Drainfield area
Floor plans shows 4 Bedrooms + Gameroom wants to leave Septic a 5 Bedrooms

AS BUILT SKETCH

INSTALLED AS SHOWN
CHECKED TANKS & LINES
SET 2' PH 10-14-13

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 3/18/08 Installed by: LARRY HINKEL

Improvement Permit by: [signature] RS date 3/20/08 Operation Permit by: C/O Issued 11/7/13 date

Authorization to Construct by: [signature] RS date 5/31/13 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Bldg. CO 11/7/13

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Anniston LLC
Address:	17824 Statesville Rd STE 112 Conover, NC 28031
Phone:	
County:	Iredell
Location:	ANNISTON LOT 147
Source of Wastewater Flow:	5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	600
System Flow:	34.44

Design Specifications

Drainfield Size:	365
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1500
Pump Tank Size:	1500
Estimated Supply Line Length:	43
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	7.48
Dosing Volume:	154.37
Supply Manifold:	N/A
Supply Manifold Length:	N/A
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:	1.02
Elevation Head:	4.00
Total Dynamic Head:	8.07
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

ANNISTON LOT 147

LP PPBPS

DESIGN FLOW (gpd):	600
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1095
TOTAL LATERAL LENGTH:	365
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	333.3333333
SUPPLY LINE LENGTH:	43
TOTAL DYNAMIC HEAD:	8.07
MANIFOLD SIZE:	N/A
DOSING VOLUME:	154.37
PUMP TANK DRAW DOWN*:	7.4
SEPTIC TANK SIZE:	1500
PUMP TANK SIZE:	1500

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

ANNISTON LOT 147

Project #: 01-1005

LAYOUT FOR 5 BEDROOM HOME

March 10, 2008

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		5.9			100.00		
INSTR. 1			105.90				
HOUSE CNR				2.00	103.90		
P. TANK				2.30	103.60		
1	PINK			0.30	105.60	52	52
2	***RED***			***1.50***	***104.40***	***70***	***70***
3	***ORANGE***			***2.50***	***103.40***	***96***	***95***
4	***BLUE***			***3.90***	***102.00***	***122***	***100***
5	***PINK***			***5.90***	***100.00***	***130***	***100***
6	RED			6.80	99.10	45	45
7	RED			3.40	102.50	33	33
8	PINK			4.20	101.70	24	24
9	ORANGE			5.80	100.10	64	64
10	BLUE			6.70	99.20	48	56
11	PINK			7.50	98.40	56	31
12	PINK			4.00	101.90	63	42
13	RED			5.70	100.20	62	31
					Total	**865**	**743**

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***365***	***0.300***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***
Repair	378	0.275	MOD.	0.275	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner of lot (see site plan)

**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

LP PPBPS TAPSHEET -ANNISTON LOT# 147

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
2	***RED***	104.4	***70***	0.156	**0.41**	210	16
3	***ORANGE***	103.4	***95***	0.156	**0.41**	285	22
4	***BLUE***	102	***100***	0.156	**0.41**	300	23
5	***PINK***	100	***100***	0.156	**0.41**	300	23
							84
	total	**feet =**	**365**	**gal/min =**	**34.44**		

Des. Flow	**480**
Pump Run=	**5.88**
soil LTAR	**0.3**
LTAR +5%	**0.315**
LTAR with mod.	**0.6**
LTAR with mod.. + 5%	**0.63**

.156 equals 5/32 inch hole



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 (All 70' x 70')
- System lines.
- Repair lines.
- TBM.
- Well Location.
- Purposed Pit Location
- RS&ES Pit Location.
- Health Dept. Pit Location.

GRAPHIC SCALE

1" = 60'

60 0 60 120

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
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: ANNISTON, LLC. / ANNISTON PHASE IV

LOCATION/DATE: SHEARER CHAPEL ROAD IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2008

JOB # :	01-1005
FILE:	C:\JOBS\01-1005
PROJECT MGR.:	S.A.R.
FIELD WORK:	S.A.R.
DRAWN BY:	S.A.R.

CALCULATIONS

Location ANNISTON PH IV

Project Number 01-1005

Lot No: Lot 147

No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	43	ft.
Supply Line Volume	7.482	gal.
Required Feet of Line	333.3333	ft.
Amount of Line from Layout	365	ft.
Gallons per Minute	34.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Minimum Standard Tank Size	1500	gal.
Panel Volume	3.6	gal.
# of Panels	64	
Dosing Volume	154.37	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

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 21 gal.per in.*
Pump Run Time	4.48	minutes
Elevation Head	4	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	1.02	ft.
Total Dynamic Head (+15%)	8.07	ft.

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ridgeline Development — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: Feb 08
PROPOSED FACILITY: SBR — PROPOSED DESIGN FLOW (.1949): 600gpd — PROPERTY SIZE: 1.15ac
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
P147 A 1	L/G 10%	0-30	RBCLSFABK	FrSSSpSexp	FSAP	54	—	—	PS .3
		30-54	RBCLMFABK	FrSSSp					
P147 B 2		0-22	RBCLMMABK	FrSSSpSexp	FSAP	50	—	—	PS .3
		22-50	RCLWFSBK	FrSSSpSexp					
		Pit full of water				3/17 & 3/18/08			
P147 C 3		0-25	RCMMFBK	FrSSSpSexp	csap	52	—	—	PS .3
		25-52	RCLWMSBK	FrSSSpSexp					
B1	L/G 10%	0-18	RBCVMSBK	FrSSSPSEXP	fsap	48	—	—	PS 0.25-0.275
		18-48	RCLVMSBK	FrSSSPSEXP					
B2		0-40	RBCVMABK/SBK	FrSSSPSEXP	fsap	48	—	—	PS 0.25-0.3
		40-48	RCLVSBK	FrSSSPSEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.275

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

COMMENTS: _____

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

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ridgetine Dev APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 3/17/08
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Anniston #147 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)		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	
1	147A	0-32	RBC	w/ABK FR,SS,SP,SE					PS .3
		32-54	RBCL	m-w ABK FR,SS,SP					
2	147C	0-24	RC	m-w SBK FR SS,SP,SE					PS .3
		24-38	RCL	w/SBK SS,SP,SE					
			Water in pit at 38"						
3	B1 & B2	Okay							
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ___ Improvement Permit X 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: ✓ 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 #
Niblock Development Corp.	300 McGill Ave NW Concord, NC 28027	704-788-4818	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Nicolas & Sharon Lavieri	1225 S. Church St. Charlotte, NC.	886-853-8804	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
292 Walking Horse Trail	Anniston	147

Driving Directions: Shearers Rd, Left on Anniston Way, Right on Burnell, Left on Walking Horse Trail

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 4
Maximum Number of Occupants ___
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 in ___ YEAR

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other Pump - LP Pressure Panel Blk. ( ) No Preference

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: Beth Greengard - (Niblock Dev Corp.) — 6.1.13
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Samuel A. Rollins	2120 Graham Rd Mt. Ulla NC 28125	(704) 278-0985	Same
Anniston, LLC (Owner Name)	17825 Statesville Rd Suite 112 Cornelius NC 28031 (Mailing Address)	Home Phone	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Anniston	Lot 147

Driving Directions: ____

See Zoning Permit

****

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 ho
Maximum Number of Occupants ____
If Expansion, Current Number of Bedrooms ____

(X) 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:**

(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 ( ) Other_____ (X) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

(X) Yes ( ) 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:** Samuel A Rollins
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-13-08
DATE

IREDELL COUNTY HEATLH 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:

____ 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:

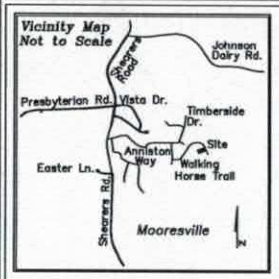
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

Signature: Beth Luengood (Nubrook Dev. Corp.)
REQUIRED property owner or owner's legal representative signature.

6.1.13
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

(see attached)



Acknowledgement of Plans Submittal ONLY!
Date
Date 5/31/13

GRAPHIC SCALE
0 20 40 60 80
1 inch = 40 ft.

#4664-97-9715
Now or Formerly
Daniel & Susan Cleotelis
Deed Book 2124 Page 163
Lot #148 Anniston Subdivision
Phase 4 Map 1
Map Book 54 Page 69

Proposed Concrete Drive & Sidewalk 2,800 SF +/-

S83°24'58"E 359.25'

#4664-97-9600
Lot #147
1.148 Acres
50,026 Sq. Ft.

#4664-97-7203
Now or Formerly
Gibraltor Residential I, LLC
Deed Book 2221 Page 713
COS #91 Anniston Subdivision
Phase 4 Map 1
Map Book 54 Page 69

N12°48'09"W 178.49'

S06°35'02"W 98.14'

S89°37'11"W 304.27'

#4664-97-8490
Now or Formerly
Gibraltor Residential I, LLC
Deed Book 2221 Page 713
Lot #146 Anniston Subdivision
Phase 4 Map 1
Map Book 54 Page 69

Walking Horse Trail
60' Public R/W

PB 54
PG 69

Surveyor's Notes

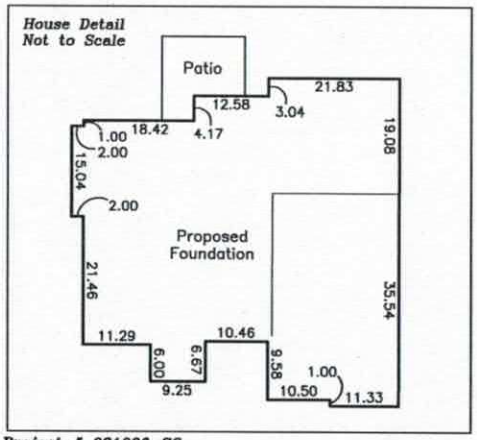
- Parcel #4664-97-9600
- Current Zoning: RA
- This Property Does Not Lie in a Special Flood Hazard Area as shown Per FEMA FIRM Panel 4664J, Community #370313, with an effective date of March 18th, 2008.
- Area Computed by the Coordinate Method
- This Survey was performed without the benefit of Title Search and is therefore subject to any Easements, Restrictions and/or Rights-of-Ways of Record.
- This lot is subject to a 10' Drainage & Utilitiy Easement along all lot lines as shown.

Legend

- ●.....Existing Corner as Described
- ⊙.....Set #4 Rebar
- ○.....Calculated Point

CMP....Corrugated Metal Pipe
FS.....Front Setback
SS.....Side Setback
RS.....Rear Setback

House Detail
Not to Scale



CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD DIRECTION	CHORD LENGTH
C1	33.43	275.00	S03°06'06"W	33.40

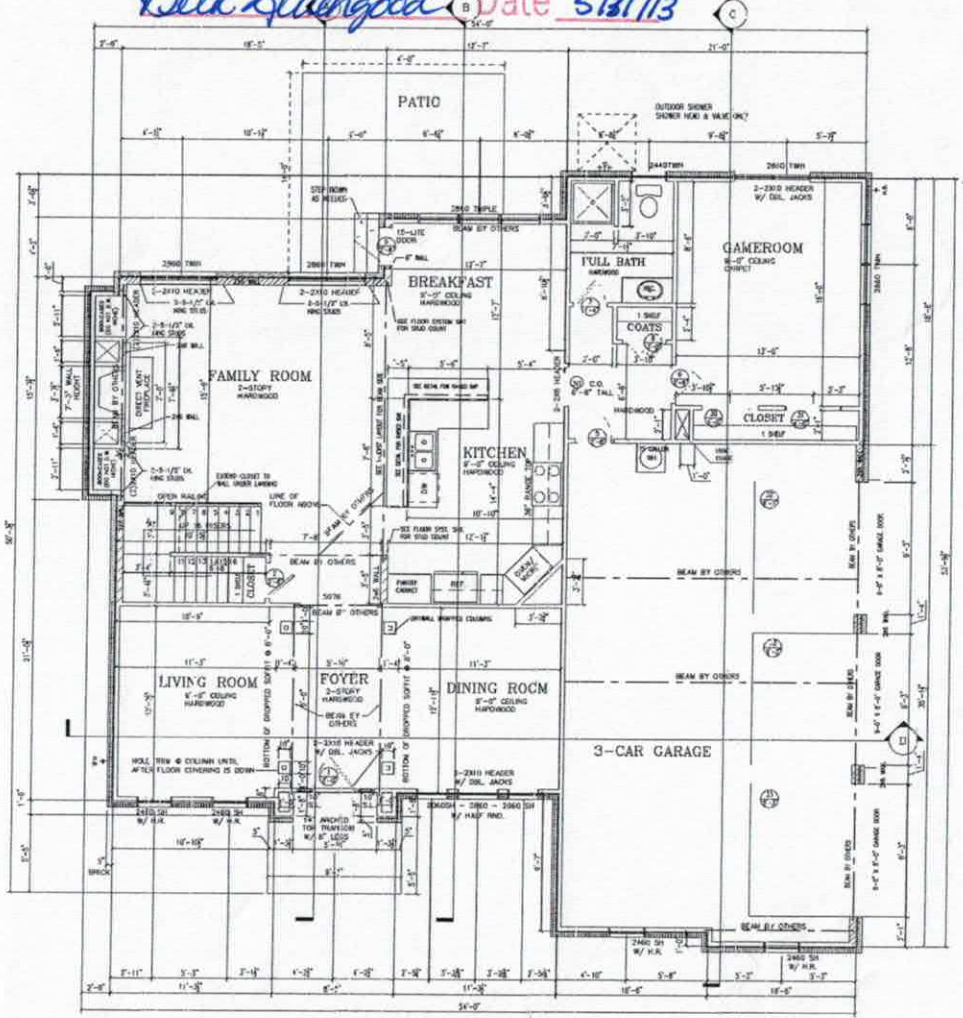
Revised Preliminary Site Plan for Lot #147, Anniston Subdivision, Prepared for Niblock Development, Corp

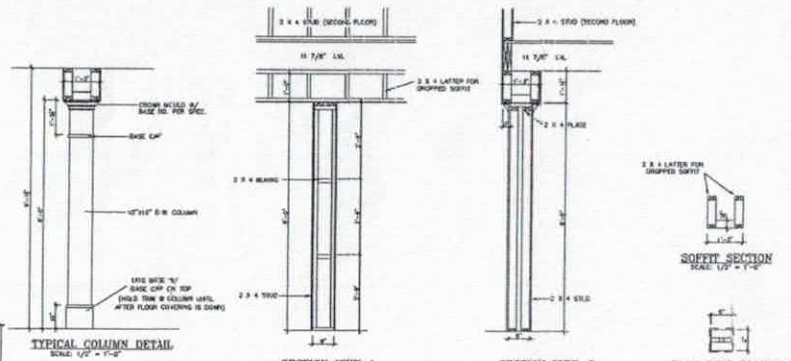
Coddle Creek Township Iredell County N. C.
Scale 1"= 40' – Date of Site Plan May 28th, 2013
Reference
Parcel #4664-97-9600, Lot #147 Anniston Subdivision
Phase 4 Map 1, Map Book 54 Page 69, Deed Book 2221 Page 713
Property Address: 292 Walking Horse Trail, Davidson NC 28036
Current Owner: Gibraltor Residential I, LLC
300 McGill Avenue NW, Concord, NC 28027

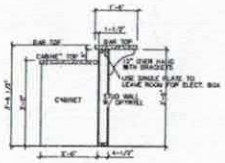
PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
125 E. Plaza Dr., Suite 101, Mooresville, N.C. 28115
Phone (704) 664-7888 Fax (704) 664-1778 Corporate License #C-1007

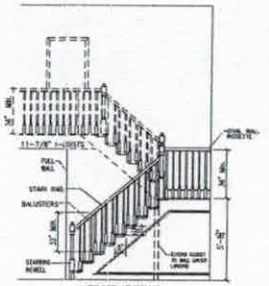
Project # 031006-SC

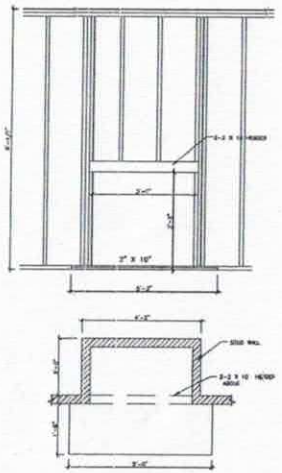
Acknowledgement Of
Plans Submittal ONLY!
Maria Dobson Date 5/31/13
Beth Greengood Date 5/31/13













AREAS	
Description	Area
1st Floor Heated	1658.32
2nd Floor Heated	323.32
Unfinished Storage	213.32
Garage	720.00
Porch	80.00
Rear Porch	180.00
	3,964.32

REVISION DATES:
XX/XX/XXXX

LOCUS DEVELOPMENT CORPORATION
300 MCGILL AVENUE N.W.
CONCORD, NC
(704) 788-4818 FAX (704) 784-3720

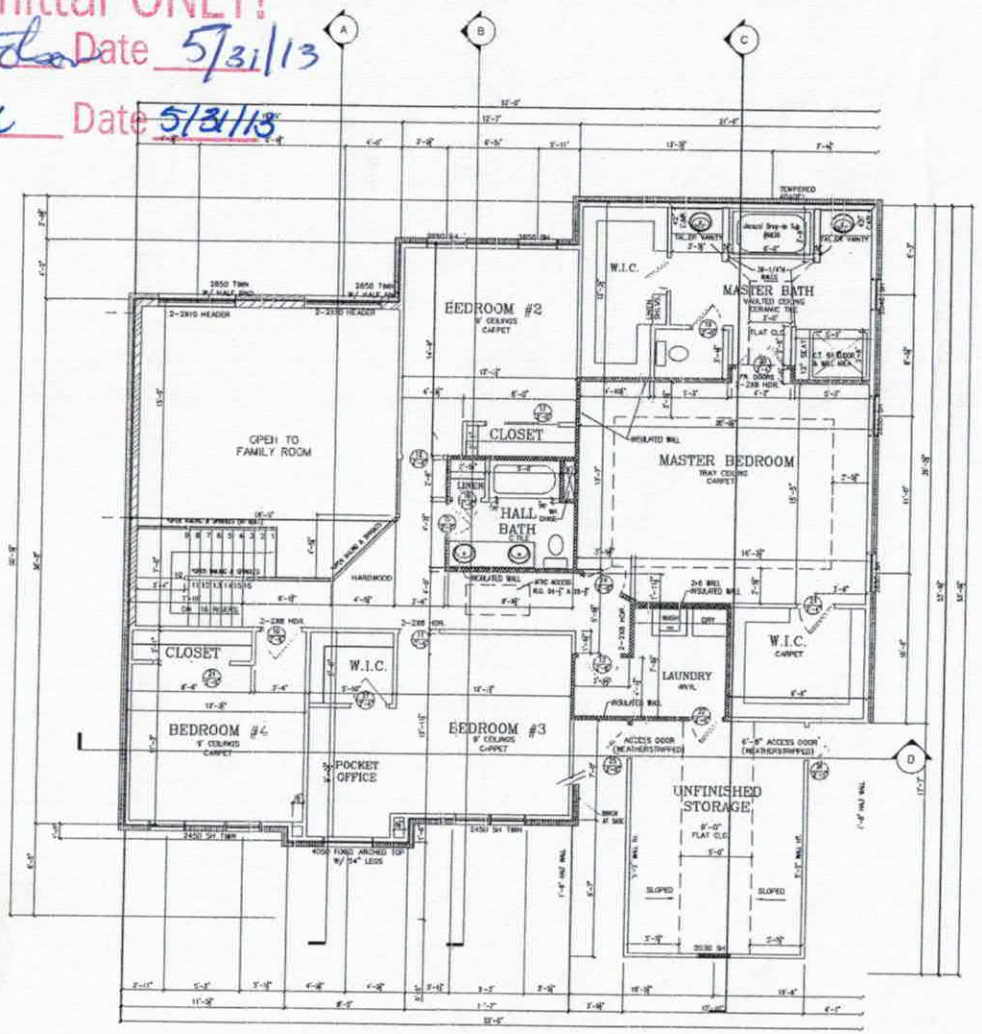
LOT #147
ANNISTON
LAVIERI RESIDENCE

ARLINGTON "B"

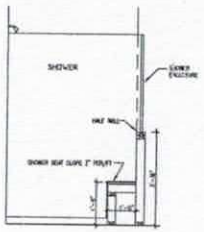
FIRST FLOOR PLAN

DATE: 04/09/2013
PLAN: ARLINGTON
SCALE: 1/4"=1'-0"
DRAWN BY: MB
ESTIMATED BY:
CHECKED BY:

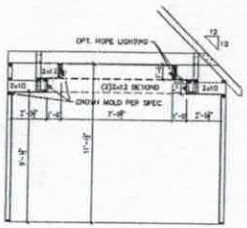
Acknowledgement Of
Plans Submittal ONLY!
Maria Dolan Date 5/31/13
Barb Greengood Date 5/31/13



SECOND FLOOR PLANS



Shower with Seat



DOUBLE BOX TRAY CEILING
MASTER BEDROOM

IBLOCK DEVELOPMENT CORPORATION
300 McGILL AVENUE N.W.
CONCORD, NC
(704) 788-4818 FAX (704) 784-3720

LOT #147
ANNISTON
LAVIERI RESIDENCE

ARLINGTON "B"

SECOND FLOOR PLAN

DATE: 04/09/2013
PLAN: XXXX-XXX
SCALE: 1/4"=1'-0"
DRAWN BY: MB
ESTIMATED BY:
CHECKED BY:

REVISION DATES:
10-04-12

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	149102zo	Subdivision:	Anniston
Proposed Use:	Single Family	Township:	0300 Coddle Creek Outside
Location of Property:	000 Walking Horse Tr. Davidson NC 28036		
Parcel #:	4664984110.147	Zoning:	RA
Lot #:	147 Size: 1.03	Flood Plain:	No Watershed: None
Applicant:	Ashley Rollans	Owner:	Anniston LLC
Address:	2120 Graham Rd Mt Ulla NC 28125	Address:	17824 Statesville Road Suite 112 Cornelius, NC 28031
Phone:	704-746-5046	Phone:	704-362-5007
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

HOLD BUILDING PERMIT UNTIL PLAT IS RECORDED

Directions:

Shearers Rd South, left on Anniston Way, right on Burnett Place, right on Walking Horse Tr, on right near end

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

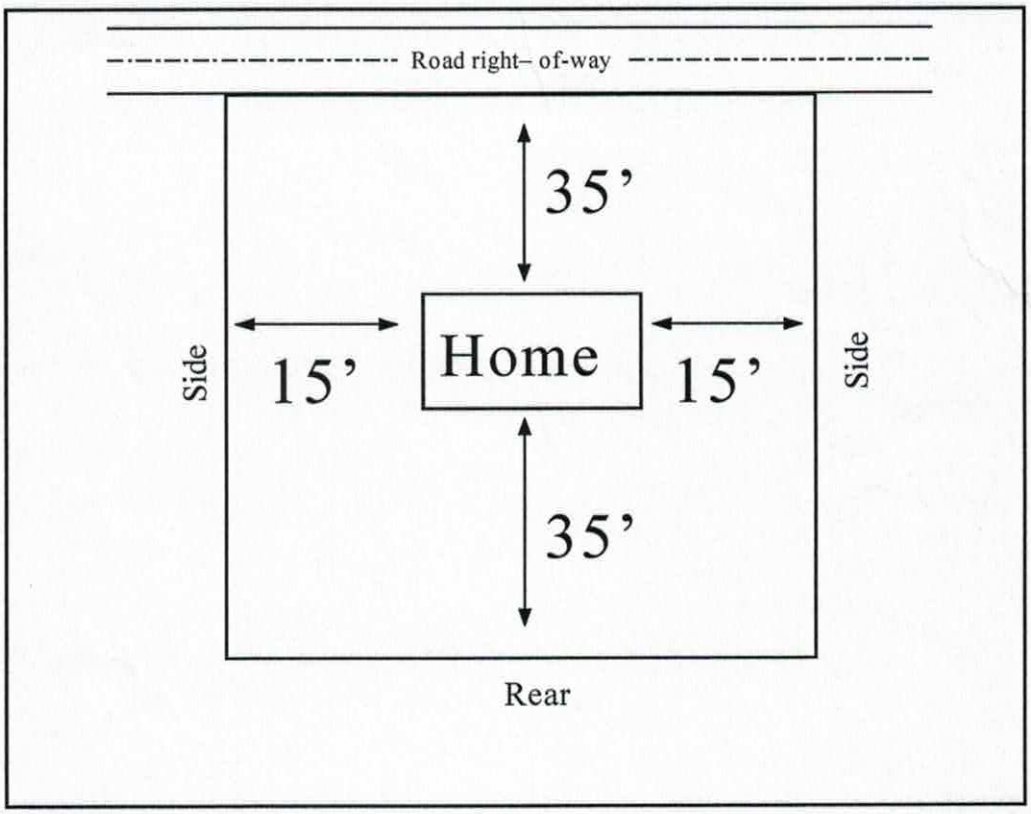
STEPHANIE WHITLOCK Printed: 3/11/2008

ZONING DISCLAIMER

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 Date

STREET NAME : Lot 147 Anniston S/D



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.