IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 360-3625 PERMIT # 202339

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

PIN # 4669417556 1288

APPLICANT: Luke Harris APPLICANT ADDRESS: 184 Heron's Gate Dr Mooresville, NC 28117

SITE ADDRESS: 398 Shinnville Rd. Mooresville, NC 28117 PHONE: 704 360-2185 ALT. PHONE: 704 359-1020

SITE DIRECTIONS: US 21/Hwy 115 N TR Shinnville Rd

SUBDIVISION: Luke + Denise Harris SECTION: — LOT # 2 LOT AREA: .7 Acres DESIGN FLOW: 6 or 6 opd L.T.A.R.: .35

Septic Tank 1500 (gal) STB 528 Date 5-28-14
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 432'
Trench Width 36" Max. Trench Bottom Depth 48" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: Gravity - 50% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 5 No. Persons 10 No. Employees Crawl Space
☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

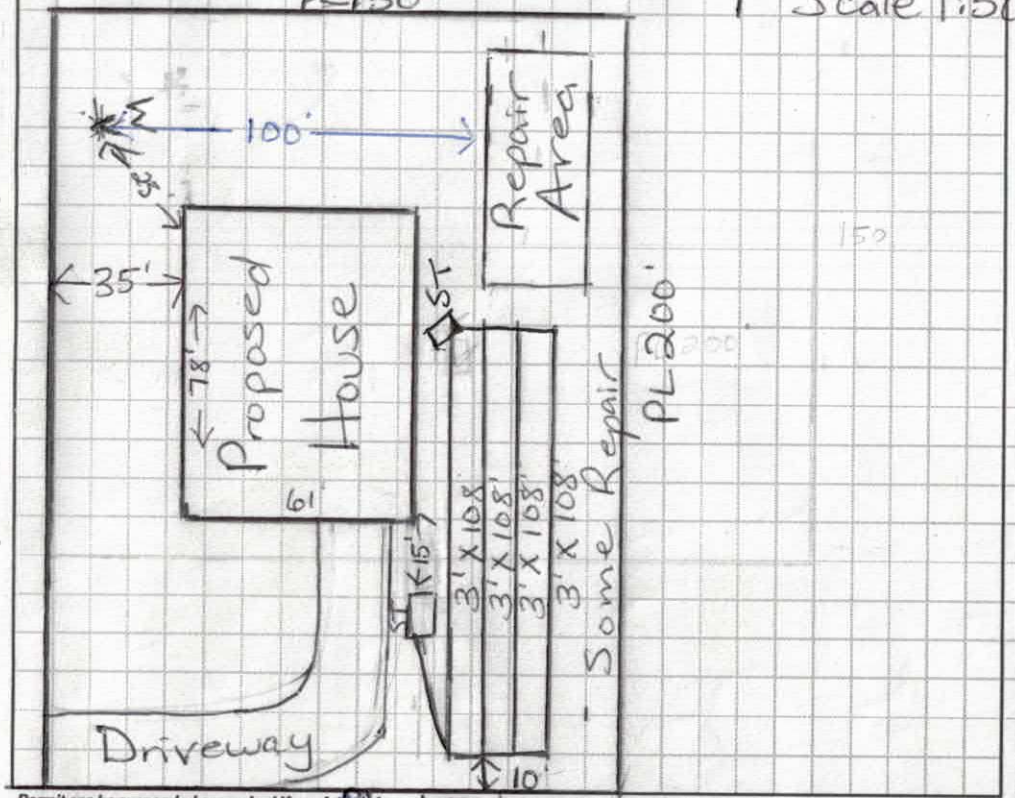
Comments / Conditions: Do not cut down for basement to keep gravity flow from house to ST. If house pad is cut down then a Pump Septic System will be required & this permit Revoked.

Keep Septic System 100Ft from any well

Will be Renewed Floor plans, in Compliance with LP

103' ST to well

INITIAL SITE SKETCH



AS BUILT SKETCH

1st ditch ~ 36"
other ditches ~ 24" - 36"
27 chambers per ditch Quick 4

22Ft from ST to House

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: Luke Cl Date: 9/22/14 Installed by: Steve Jordon

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 9/22/14 OPERATION PERMIT by: Maria Dotson Date: 4/10/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 1/11/16 Existing System Inspected by: Date:

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of
PROPERTY ID #: 4669415
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Luke Harris
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 600gpd DATE EVALUATED: 6/19/14
LOCATION OF SITE: 398 Shinnville Rd PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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
1	Pit 2 7%	0-8"	Rd/Brw	CL/SCL	W SBK, SS, SP, SE, FR				PS .3 to 34" >34", 35
		8-18"	Rd to Rd/Brw	CL	W SBK SS, SP, SE, FR w/ many		SAP Indus		
		18-34"	Rd/Brw	CL & LSAP mix	w/SBK to massive SS, SP, SE, FR				
		34-60"	L/SL	SAP massive					
2									
3									
4									

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

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

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: 4669915
COUNTY: Freder

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Luke Harris
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 600gpd DATE EVALUATED: 6/3/14
LOCATION OF SITE: 398 Shannville Rd PROPERTY SIZE: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: 6/19/14
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-3"	Rd/Brw SCL						PS .25 to 30"
		3-30"	Rd/Brw CL WSBK w/Fe to many		SAP Incls				
		30"-48"	Brw to Rd/Brw CL to LSAP	massive					
2	7%	0-4"	Rd/Brw CL/SCL						PS .25 to 15" .3 > 15"
		4-15"	Rd/Brw CL w/Fe to many		SAP Incls				
		15"-45	Rd/Brw L SAP	massive					
		45-48"	Rd/Brw L SAP	massive					
3	8%	0-2"	Rd/Brw SCL						PS .3
		2"-16"	R C/CL m-w						
		16"-40"	Rd/Brw LSAP						
		40-48	L SAP/SL SAP						
4	P1 8% 6/19/14	0-8	Rd/Brw CL						PS .3 to 36" .35 > 36"
		8-25	Rd CL w/Fe to many		SAP Incls				
		25-36	Rd/Brw CL to L SAP		mix				
		36-64	L/SL SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Grav 25%	Grav 25-50%
Site LTAR	.35	.35

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M. Dotson
OTHER(S) PRESENT: Luke Harris

COMMENTS: _____

0.35 571 Conv. 428 – 25% Red.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

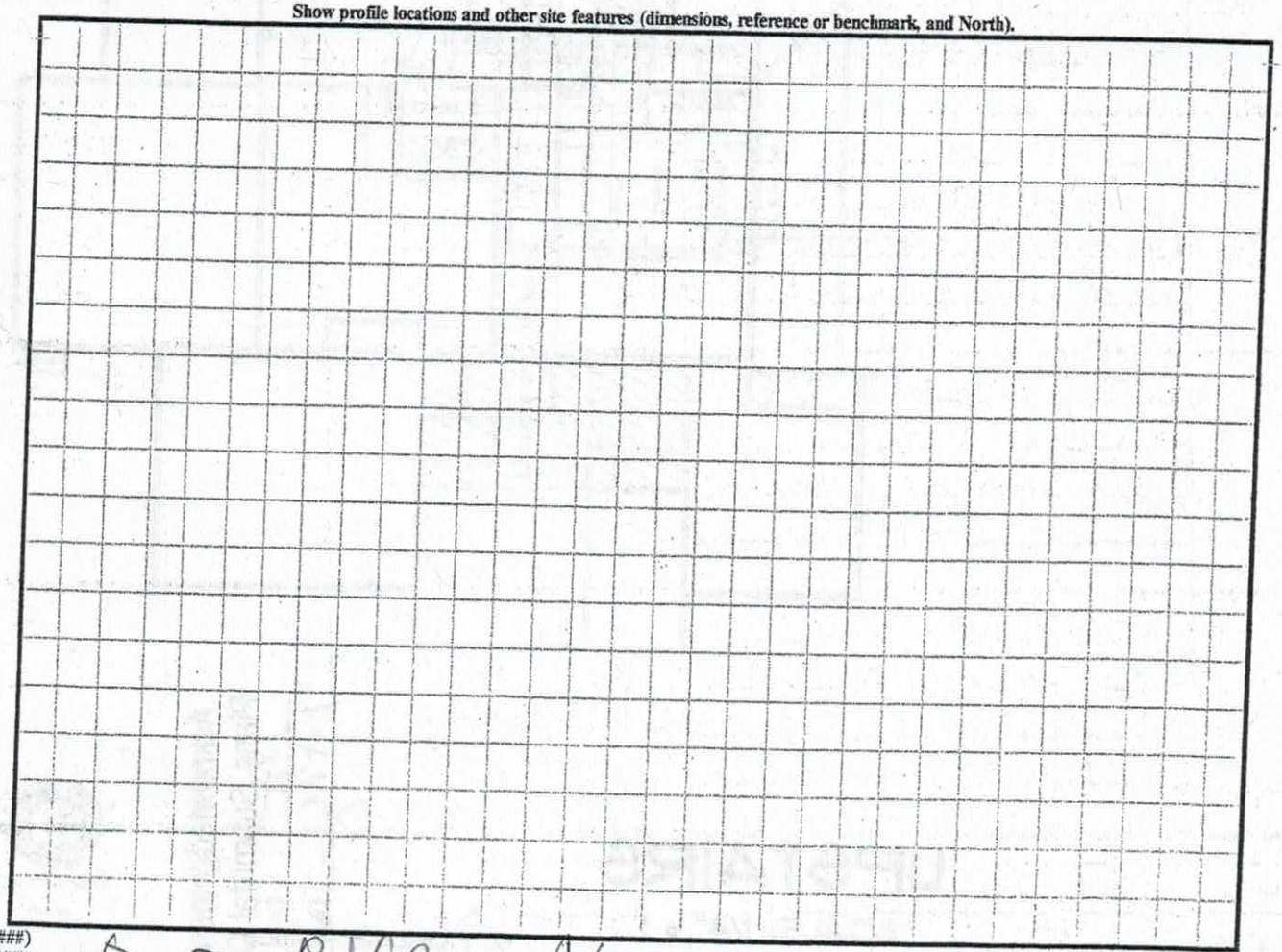
NOTES

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).



DENR (######)
Review (#####)

0-8 Rd/Brn CL
8-18 CL w/ SAP Inclus
18-34 CL & L SAP mix
34-60 L to LSA SAP

IREDELL COUNTY HEALTH DEPARTMENT

RECEIVED JAN 8 - 2016

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 ✓ 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 #
Luke C. Harris	17745 Caldwell Track Dr. Cornelius NC 28031	704-439-2795	704-359-1020
same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
398 Shinnville Rd. 28115	N/A	

Driving Directions: Hwy 21 North to Shinnville Rd. Go 1 mile, driveway on right side.

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 10
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 ( ) Other ___ (✓) 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: Luke C. Harris — 1/8/16

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

2100 Recd via Inter Office Pl

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

4-3-14
Paid $500.00 Statesville
3-21-14

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)

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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
✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information: * call day before to meet on site. *

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Luke Harris	184 Herons Gate Dr. 28117	704-360-2185	704-359-1020
" same "	" "	" "	" "
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
398 Shinnville Rd. Mooresville	N/A	N/A

Driving Directions: I-77 Exit 42, Travel south on US21 / HWY 115 ¼ miles Turn left onto Shinnville Rd., Travel 1.2 miles driveway entrance will be on the right. Continue 2000' on driveway the SW corner of property.

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
( ) Other

Maximum Number of Bedrooms 5
Maximum Number of Occupants 6
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)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) 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: Luke C. H

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

3/21/14
DATE

$ PAID
card

577.25
3-21-14 cp

To submit floor plans later - cp

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

1/8/16
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See septic permit

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
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- ✓ **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: Linda C. H

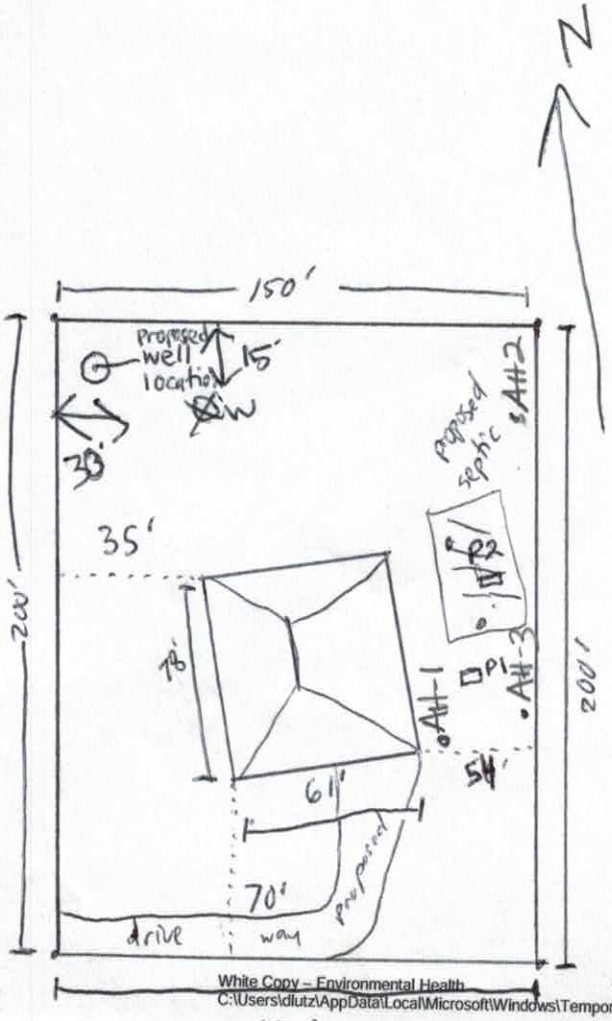
REQUIRED **property owner or owner's legal representative signature.**

3/21/14

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Soil auger hole/pit locations



White Copy – Environmental Health Yellow Copy – Applicant

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:

- X — 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)
- X — Location of easements and rights of ways on your property… N/A
- ___ Location of any designated wetlands on the property… (N/A)

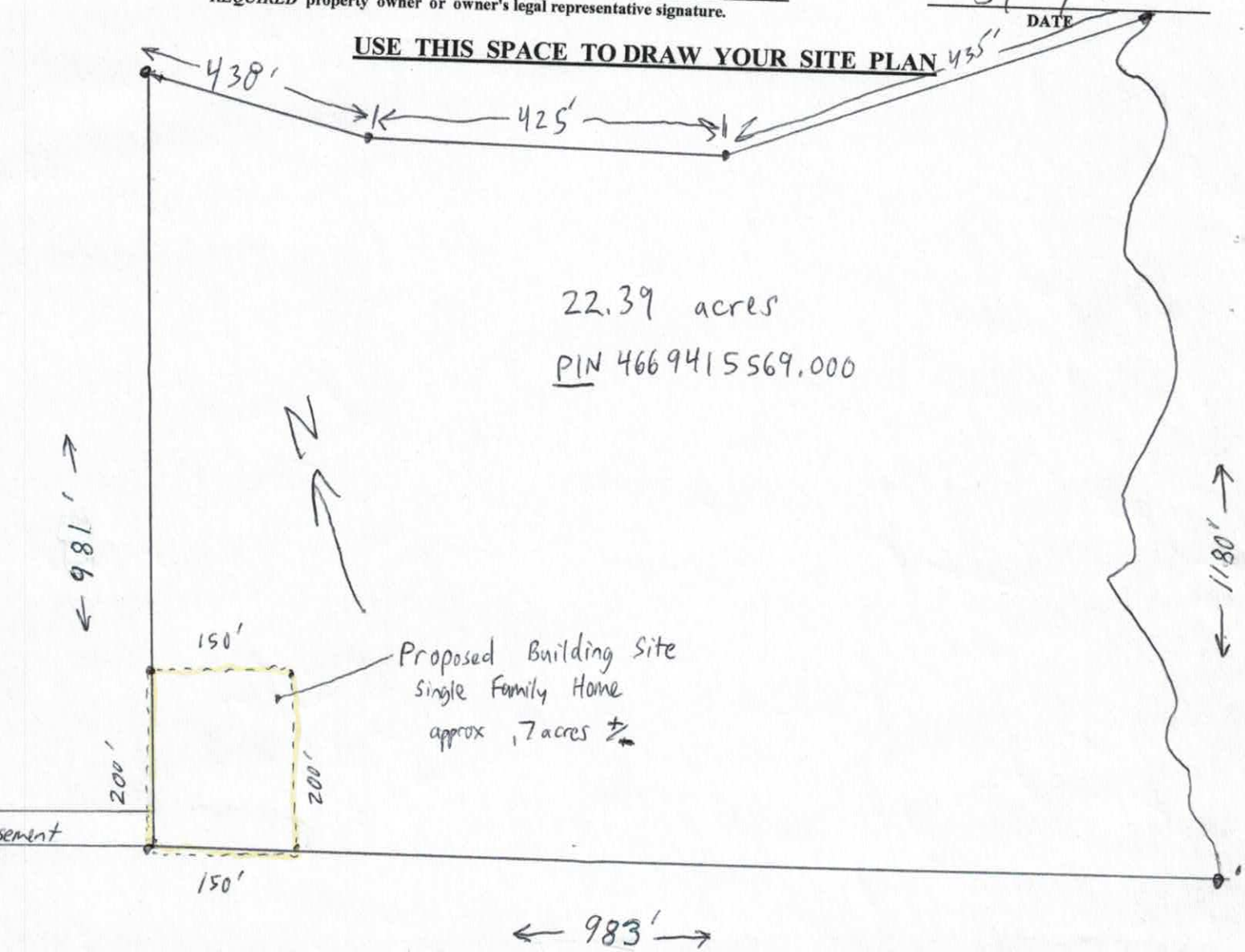
Signature: Luke Cilla

REQUIRED property owner or owner's legal representative signature.

3/21/14

DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



NORTH CAROLINA

IREDELL COUNTY

BOOK 613 PAGE 46

THIS DEED OF EASEMENT, Made this 30th day of September, 1977 by PRICE C. OVERCASH and wife, MARY JANE P. OVERCASH, parties of the first part to EURY JOHN OVERCASH and wife, RUTH E. OVERCASH, parties of the second part, all of Iredell County and State of North Carolina:

W I T N E S S E T H :

That the parties of the first part, in consideration of the sum of Ten Dollars and other valuable considerations to them paid by the parties of the second part, the receipt of which is hereby acknowledged has bargained and sold and by these presents do grant, bargain, sell and convey to the parties of the second part and their heirs and assigns a permanent right of way and easement for ingress, egress, regress and utilities installation in common with the parties of the first part and their heirs, successors and assigns over a parcel of land described as follows:

BEGINNING at a point in the center of North Carolina Secondary Road No. 2383, Brown's corner and running thence with said road North 18 degrees 18 minutes 43 seconds East 50.16 feet to a ppint in Compton's line; thence with the line of property of Allen H. Compton, Jr. South 64 degrees 34 minutes 50 seconds East 209.37 feet to an iron pin; thence continuing with Compton's line South 84 degrees 34 minutes 50 seconds East 195.00 feet to an iron pin, Compton's corner; thence South 18 degrees 25 minutes 10 seconds West 4.97 feet to an old iron pin; thence South 83 degrees 09 minutes 10 seconds East 860.88 feet to an iron pin in Overcash's line; thence with Overcash's line South 02 degrees 43 minutes 10 seconds East 20.28 feet to an old iron pin; thence North 83 degrees 09 minutes 10 seconds West 1,040 feet to an old iron pin, Brown's corner; thence with Brown's line North 84 degrees 14 minutes 58 seconds West 146.38 feet to an old iron pin; thence with Brown's line North 56 degrees 28 minutes 27 seconds West 89.85 feet to the point of BEGINNING.

For back title see deed from R. W. Davis, Jr. and wife, to Price C. Overcash and wife, dated September 30, 1977 and recorded in the Iredell County Registry.

It is understood and agreed that the parties exercising their right to use the right of way herein conveyed shall share in the maintenance of said right of way in proportion to the length of said right of way used by said parties. The maintenance intended by this provision is to reasonably preserve the present condition of the roadway and shall not include any obligation for construction or major improvement of said right of way without the prior written agreement of the parties.

TO HAVE AND TO HOLD said right of way and easement as hereinabove set forth to the parties of the second part and their heirs and assigns to be used permanently in common with the parties of the first part and their heirs and assigns.

IN TESTIMONY WHEREOF, the parties of the first part have hereunto set their hands and seals the day and year first above written.

Price C. Overcash (SEAL)

Mary Jane P. Overcash (SEAL)

NORTH CAROLINA

IREDELL COUNTY

I, Marsha Howard Cornelius a Notary Public of the County and State aforesaid, do hereby certify that PRICE C. OVERCASH and wife, MARY JANE P. OVERCASH personally appeared before me this day and severally acknowledged the due execution of the foregoing instrument.

Witness my hand and notarial seal, this 5 day of October, 1977.

Marsha Howard Cornelius
Notary Public

My Commission Expires: 10-17-79

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

The foregoing certificate of Marsha Howard Cornelius a Notary Public of Iredell County, N.C. is certified to be correct. This instrument was presented for registration this day and hour and duly recorded in the office of the Register of Deeds of Iredell County, North Carolina, in Book 613, page 47.

This 6 day of Oct., 1977, at 11:30 o'clock A.M.

Register of Deeds

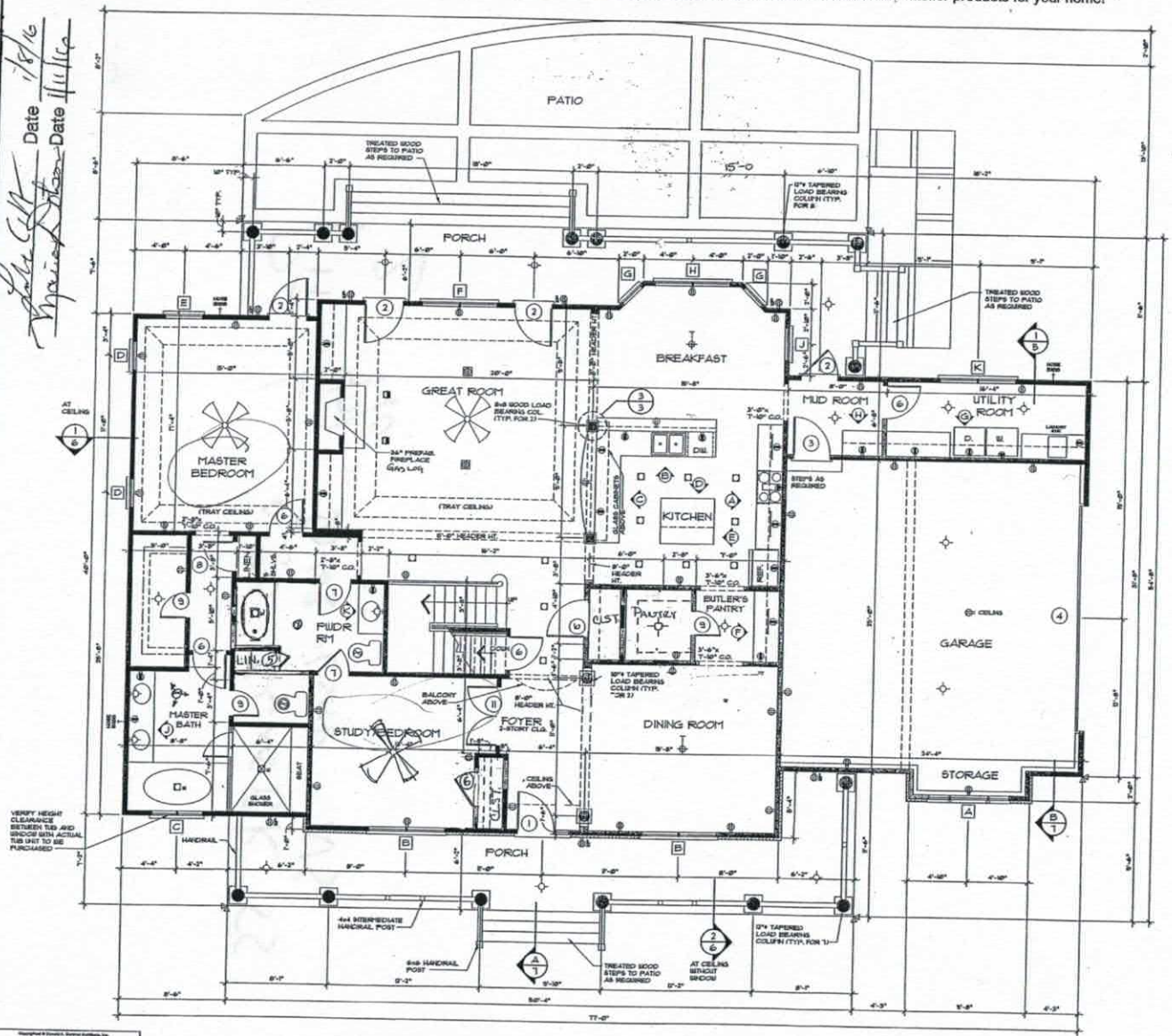
By: Deputy Register of Deeds

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

Acknowledgement of Plans Submittal ONLY!

Date 1/8/16

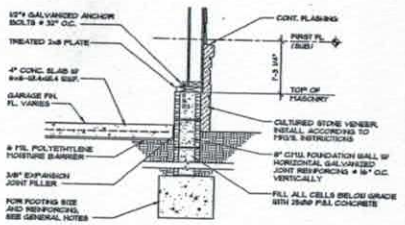
Date 1/11/16



FIRST FLOOR PLAN 1/4" = 1'-0"

FIRST FLOOR	2378 sq. ft.
SECOND FLOOR	838 sq. ft.
TOTAL LIVING	3216 sq. ft.
GARAGE & STORAGE	828 sq. ft.
BONUS ROOM	412 sq. ft.
BASEMENT	2378 sq. ft.

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REG # 307856
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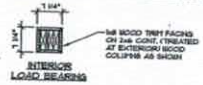


1/3 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

DOOR SCHEDULE SYMBOL ○

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 6'-8"	1	EXT., THREE-QUARTER GLASS W/ 12" SIDELITE # (2" TEMPERED)
2	3'-0" x 6'-8"	2	EXT., FULL GLASS W/ 12" TRANSOM
3	3'-0" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED GARAGE
4	16'-0" x 7'-0"	1	
5	15'-0" x 6'-8" *	1	TENT
6	2'-8" x 6'-8"	1	INT.
7	2'-6" x 6'-8"	1	INT.
8	2'-4" x 6'-8"	3	INT.
9	2'-0" x 6'-8"	4	INT.
10	(2) 2'-0" x 6'-8"	2	INT.
11	(2) 2'-4" x 6'-8"	2	INT.

* SEE ELEVATION FOR TRANSOM.
** HOISTWAY DOORS SHALL BE PROVIDED WITH ELECTROMECHANICAL INTERLOCK SAFETY SYSTEM FURNISHED BY ELEVATOR CONTRACTOR

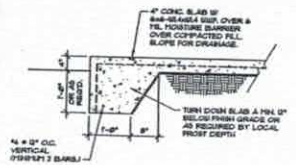


3/3 SECTION 3/4" = 1'-0"

WINDOW SCHEDULE SYMBOL □

MARK	SIZE	QUAN.	DESCRIPTION
A	7'-8" x 5'-3" 3'-8" x 5'-3" 7'-8" x 5'-3"	1	D.H. W/ HALF CIRCLE TRANSOM *
B	(2) 3'-0" x 6'-2"	2	D.H.
C	(3) 2'-0" x 5'-3"	1	D.H.
D	2'-4" x 5'-3"	2	D.H.
E	3'-0" x 5'-3"	2	D.H.
F	(2) 3'-0" x 5'-6"	1	D.H. W/ 12" TRANSOM
G	2'-0" x 5'-10"	4	D.H.
H	(2) 3'-0" x 5'-10"	2	D.H.
J	2'-8" x 5'-10"	1	D.H.
K	(2) 3'-0" x 5'-3"	2	D.H.
L	7'-8" x 4'-4" 3'-8" x 4'-4" 7'-8" x 4'-4"	2	D.H. W/ HALF CIRCLE TRANSOM *
M	(2) 1'-8" x 3'-3"	1	CASEMENT, FIXED
N	3'-0" x 7'-6"	1	FIXED, ARCH HEAD
P	3'-0" x 4'-4"	2	D.H.
Q	(2) 3'-0" x 4'-4"	1	D.H. W/ HALF CIRCLE TRANSOM *
R	(2) 3'-0" x 4'-6"	1	D.H.
S	(2) 2'-4" x 4'-6"	1	D.H.

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.
* SEE ELEVATION FOR TRANSOM.



2/3 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

DO NOT SCALE DRAWINGS

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DONALD A. GARDNER, INC.
P.O. BOX 26178 • GREENVILLE S.C. • 29616
864 • 268 • 7580
www.dongardner.com

DESIGN NO. 115-A MR
SHEET OF 5 OF 10 SH
FIRST FLOOR PLAN

SECOND FLOOR PLAN
RECREATION ROOM
BEDROOM #4
BEDROOM #3
BEDROOM #2
BONUS ROOM
BATH #3
BATH #4
BATH #5
LINEN
LINEN
LINEN

IREDELL COUNTY

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

APPLICATION NUMBER
202339
Issue Date: 03/21/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4669415569.000	398 SHINNVILLE ROAD, MOORESVILLE, NC 28115	MOORESVILLE

Owner Information	Applicant Information
Owner: HARRIS LUKE C+DENISE V	Applicant: HARRIS, LUKE
Address: 724 IREDELL CO, NC 28625	Address: 184 HERON'S GATE DRIVE MOORESVILLE, NC 28117
Phone:	Phone: 704-359-1020

Use Requested	Zone Code
SEPTIC & WELL FOR NEW SFD; LOT TO BE CUT FROM 22 AC TRAC	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
22.390	35.00	35.00	15.00	15.00	NO	X

Remarks:

ACCESS EASEMENT ATTACHED

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	8386	TOTAL FEES:	$ 77.25