ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # AP 300 826

PIN # 4722-68-6951

APPLICANT/OWNER: Jon Grigorian

APPLICANT ADDRESS: 256 Raceway Dr. Suite 12 Mooresville, NC 28117

SITE ADDRESS: 197 Winding Cedar Dr. Statesville NC 286

PHONE:

ALT. PHONE

SITE DIRECTIONS: Buffalo Shoal Rd West → Davidson Rd → Winding Cedar → Lot on left

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Davidson Woods

SECTION: P3 LOT # 60 LOT AREA: 1.01 acres

DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	7-12-22			
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model	—		Serial #	—			
# Nitrification Fields	1	# Lines	2		Linear Ft	300			
Trench Width	36"	Trench Bottom Depth(Low side)			24"	Gravel Depth	—		

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

System Description: 25% Reduction (serial distribution)

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Recommend septic tank be pumped every 3-5 years.

INITIAL SITE SKETCH

See attached plans from Soil + Forestry Services of the Carolinas

Dated: 9/6/2019
Revised: 10/7/2019 (site plan)

Ashley Rollans LSS# 1231

AS BUILT SKETCH

Installed as drawn

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: Jon Grigo Date: 10/2/20

IMPROVEMENT PERMIT by: Tom Shuck Date: 10/11/2019

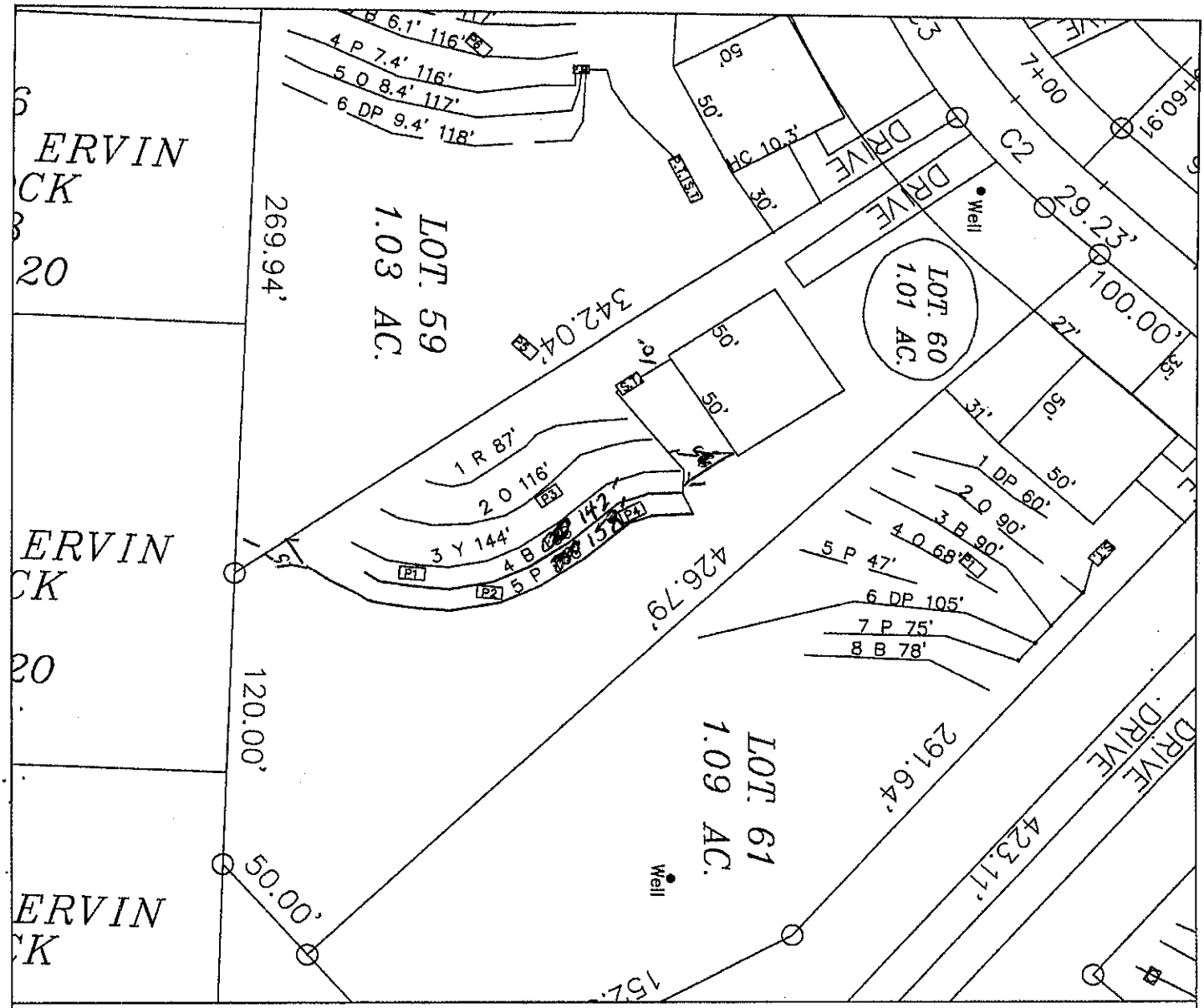
AUTHORIZATION TO CONSTRUCT by: Benjamin Rollins Date: 5-27-2022

Installed by: Russell Williams

OPERATION PERMIT by: Date: 8/23/22

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



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.

TBM.

Well Location.

28 Pit Location.

APPROVED OCT 11 2019

GRAPHIC SCALE
1" = 60'

60 0 60 180

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

SOIL & FORESTRY SERVICES OF THE CAROLINAS,
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 748 - 5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: PA SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: Jon Grigorian / Davidson Woods Lot 52

LOCATION/DATE: 336 WAXING CEDAR DRIVE, IREDELL COUNTY, NORTH CAROLINA, NOVEMBER 2018

JOB # : 18-0067
FILE: C:\JOBS\18-0067
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

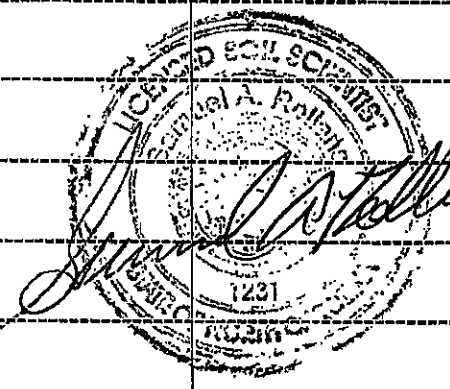
SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 197 Winding Cedar Dr. Statesville, NC 28177. Lot 60 PIN#(4722686951)

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	7
Expedited Review Process Checklist	8
Zoning Permit & Receipt	9-11
Application	12-13
Green Sheet	14
Agent Authorization Form	15



APPROVED OCT 11 2019

September 6, 2019
Project #: 18-0066
Design By: Soil & Forestry Services of the Carolinas, 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 NC DHHS, and certification supplied by the manufacturer.
- 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.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- 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.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a gravity 25% reduction (Accepted) installation.

APPROVED OCT 11 2019

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant: Jon Grigorian

Address: 256 Raceway Drive
Mooresville, NC 28117
Phone: 704.201.8592
County: Iredell
Location: 197 Winding Cedar Dr.

Source of Wastewater Flow: 3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 360
System Flow: N/A

Design Specifications

Drainfield Size: 302
Loading Rate (gpd/ft.^{2}): 0.3
Depth of Gravel in Trench: N/A
Gravel Size: N/A
Max.Trench Depth: 24 in. Repair - 24 in.
Trench Width: 36 in.
Septic Tank Size: 1000

Estimated Supply Line Length: 16
Supply Line Diameter: 4 in. SCH 40 PVC
Supply Line Volume: 10.45
Dosing Volume: N/A
Supply Manifold: N/A
Supply Manifold Length: N/A
Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

APPROVED OCT 11 2019

Pressure Head: N/A
Friction Head: N/A
Elevation Head: N/A
Total Dynamic Head: N/A

Threaded Union: N/A
Gate Valves: N/A

Check Valves: N/A
Anti-Siphon Hole: N/A
Additional Comments: Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

197 Winding Cedar Dr.

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	906
TOTAL LATERAL LENGTH:	302
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	16
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 197 Winding Cedar Dr.

Project #: 18-0066

LAYOUT FOR 3 BEDROOM HOME

September 6, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					87	87
2	ORANGE					116	116
3	YELLOW					144	144
4	***BLUE***					*136*	*136*
5	***PINK***					*166*	*166*
					Total	649	649

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*302*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*
Repair	347	0.300	ACCEPT.	0.300	25% RED	GRAVITY

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by GPS.

APPROVED OCT 11 2019

CALCULATIONS

Location 197 Winding Cedar Dr.

Project Number 18-0066

Lot No: 60

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) NO

Supply Line Length 16 ft.

Supply Line Volume 10.448 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 302 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

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

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

Sheet 1 of 1
PROPERTY ID #: 4722686
COUNTY: Iredell

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

OWNER: Jon Grigorian
ADDRESS: 250 Raceway Dr. Mooresville NC 28117
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 197 Winding Cedar Dr. Statesville NC 28677
APPLICATION DATE
DATE EVALUATED: 8/6/1999
PROPERTY SIZE: 1.01 AC
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
B 1 / P1	4/10%	0-8	Bsl sr	FrSSSPSEXP		44	—	—	PS 0.3-.325 24" TB .3
		8-24	Rcwmsbk	" " " "					
		24-44	RBcl/sclwfsbk	" " " "					
		44-55	var sl mass	" " " "					
B 2 / P2	2/11%	0-4	Bsl sr	FrSSSPSEXP	-f gravel	54	—	—	PS 0.3
		4-10	RB clwfsbk	" " " "					
		10-36	Rcwmsbk	" " " "					
		36-54	RBclwmsbk	" " " "	-fsap				
B 3 / P3	2/7%	0-10	Bsl sr	FrSSSPSEXP		50	—	—	PS 0.3
		10-44	Rcwmsbk	" " " "					
		44-53	RBclwmsbk	" " " "	-fsap				
B 4 / P4	2/10%	0-6	Bsl sr	FrSSSPSEXP		35	—	—	PS 0.3-0.325 24" TB
		6-29	Rcwmsbk/Mx	" " " "	-few SHP/Quartz				
		29-35	RBcl/scl wfsbk	" " " "	-f-csap				
		35-60	var sl mass	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity/Chamber	Gravity/Chamber
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: C. Wagner, K. Neal
APPROVED OCT 11 2019

COMMENTS:

DocuSign Envelope ID: 887A2417-8C38-47E5-840C-7E5055514062

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: TrUNorth Homes Address: 631-300 Brawley School Rd PMB 217 Mooresville, NC Zip: 28117
Applicant Email: garrison@trunorthhomes.com Phone: Alt. Phone: (704) 363-2845
Owner Name: Lake Shore Development Co. Address: Zip:
Owner Email: John Grigorian Phone: Alt. Phone:
~~356 Pace Way Dr. St. Mooresville, NC 28117~~

Property Information:

Street Address: 197 Winding Cedar Dr. Statesville, NC 28677
Subdivision Name: Davidson Woods Section/Phase: Lot Number: 60
Driving Directions: Old Mountain Rd, (R) Buffalo Shoals 3.2 miles (R) Davidson Rd 1.1 miles, (R) Winding Cedar .2 miles

Site Development Information: *(check or complete ALL that apply)*

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

CHECK FOUNDATION TYPE
( ) 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:
(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

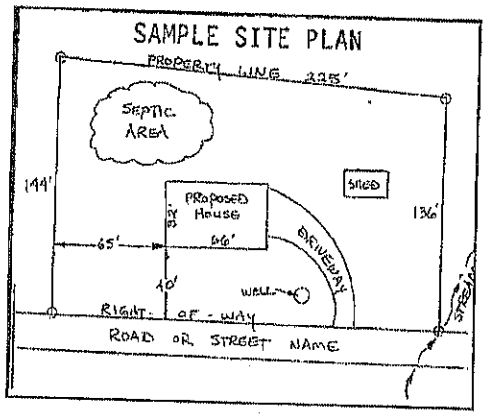
Signature: DocuSigned by: Jon Grigorian CC0756184360446... 5/23/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



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

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

Septic Permit

Signature: DocuSigned by: Jon Grigorian CDD7EE4B3B0443... 5/23/2022

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

DocuSign Envelope ID: 887A2417-8C38-47E5-840C-7E5055514062

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☑ 2. I, Lakeshore Development Co. Jon Grigorian, am the legal owner(s) of the property located at 197 Winding Cedar Dr. Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4722.68695 1, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Garrison Davis and/or Tru North Homes, LLC, 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.

DocuSigned by:
Jon Grigorian
Signature of Owner(s)

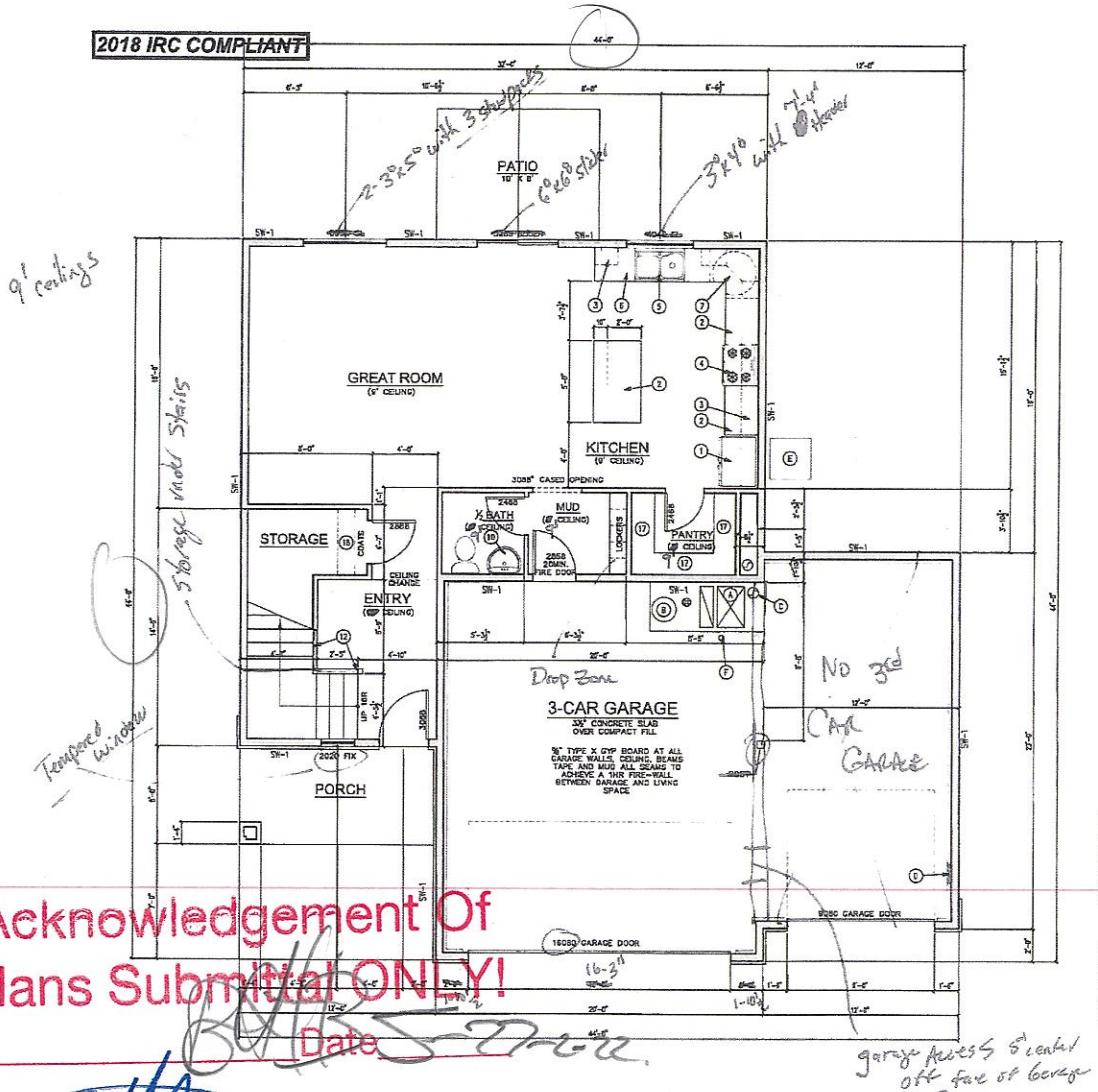
5/23/2022
Date

Mooresville - Environmental Health

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

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

2018 IRC COMPLIANT



Acknowledgement Of Plans Submittal ONLY!

Date

Date 5/19/22

MAIN FLOOR PLAN

SCALE: ¼" = 1'-0"

KEY NOTES:

1. 39" WIDE REFRIGERATOR SPACE, (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 8'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUZAN
8. 24" X 36" CRAWL SPACE ACCESS
9. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
10. PEDESTAL SINK
11. SHELF OR CABINETS ABOVE WASHER AND DRYER
12. 36" HIGH RAILING WITH BALUSTERS SPACED SO THAT A 4" SPHERE CAN NOT PASS THROUGH
13. COUNTERTOP OVER 32" HIGH BASE CABINET
14. 30" X 60" TUB / SHOWER (2.5GPM SHOWER HEAD)
15. 42" X 60" TUB IN TILE OR MARBLE PLATFORM
16. TILE OR MARBLE SHOWER WITH SAFETY GLASS ENCLOSURE
17. (4) 16" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
18. 12" SHELF AND ROD
19. (2) 12" SHELVES AND (2) RODS
20. SINGLE UTILITY SINK

SQUARE FOOTAGE SCHEDULE:

FINISH MAIN FLOOR PLAN:	794
FINISH UPPER FLOOR PLAN:	1090
TOTAL FINISHED SQ. FT:	1884
GARAGE:	734
TOTAL PROJECT SQ. FT:	1884

SHEAR WALL NOTES

ALL EXTER OR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL HORZ EDGES WITH 2" NOM. OR WIDER 2" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED. WHERE 6d NAILS ARE SPACED 3" O.C. OR LESS. SHEATHING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING ON UPPER EXT. WALLS. NAILS SHALL BE PLACED NOT LESS THAN 1/2" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING. EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 4" O.C.

SHEAR WALL SCHEDULE

TYPE	SHEATHING	NAIL	EDGE	FIELD	STAPLE 6G
TYPICAL	7/16" ONE SIDE	8d	6" O.C.	12" O.C.	16G @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16G @ 2" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	2" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8d NAILS AT 1/2 SPACING ON TYPICAL AND SW-1.
SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

MECHANICAL KEY NOTES

A. 80% MIN. EFFICIENT DIRECT VENT FURNACE.
B. 40 GALLON GAS WATER HEATER WITH TEMPERATURE SAFETY VALVE.
C. FLUE
D. ELECTRICAL PANEL
E. 13 SEER A/C UNIT
F. 4" DIAMETER STEEL BOLLARD

© COPYRIGHT 2015 ARCHWAY DESIGNS L.L.C. DUPLICATION OF THIS PLAN IS STRICTLY PROHIBITED BY LAW. FOR LEGAL USAGE OF THIS PLAN CONTACT ARCHWAY DESIGNS L.L.C. @ 971-570-3402

ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
archwaydesigns@gmail.com

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/26/18
PERMIT SET DATED: 5/15/18

REVISIONS:

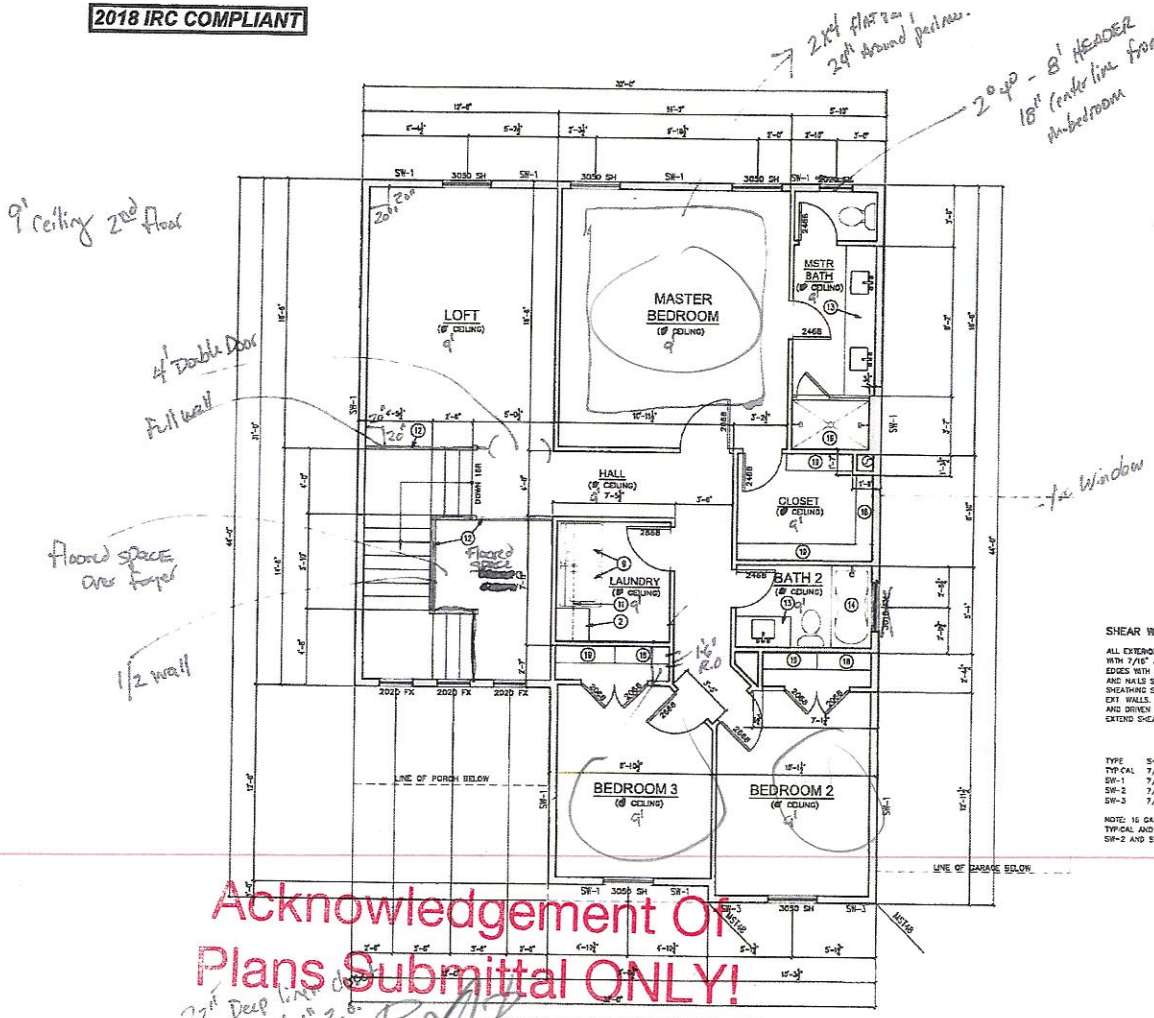
DATE: 10/30/20 GRADE
DATE:
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 6

2018 IRC COMPLIANT



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

KEY NOTES:

1. 39" WIDE REFRIGERATOR SPACE, (INSTALL WATER LINE)
2. COUNTERTOP OVER 36" HIGH BASE CABINET.
3. UPPER CABINETS (TOP AT 6'-0" A.F.F.)
4. 30" WIDE RANGE WITH HOOD ABOVE (VENT HOOD TO EXTERIOR AND PROVIDE AIR INTAKE
5. DOUBLE SINK WITH DISPOSAL AND SPRAYER
6. DISHWASHER
7. LAZY SUZAN
8. 24" X 36" CRAWL SPACE ACCESS
9. WASHER AND DRYER HOOKUPS (WASHER IS ON THE LEFT)
10. PEDESTAL SINK
11. SHELF OR CABINETS ABOVE WASHER AND DRYER
12. 36" HIGH RAILING WITH BALUSTERS SPACED SO THAT A 4" SPHERE CAN NOT PASS THROUGH
13. COUNTERTOP OVER 32" HIGH BASE CABINET
14. 30" X 60" TUB / SHOWER (2.5GPM SHOWER HEAD)
15. 42" X 60" TUB IN TILE OR MARBLE PLATFORM
16. TILE OR MARBLE SHOWER WITH SAFETY GLASS ENCLOSURE
17. (4) 16" SHELVES STARTING @ 24" ABOVE FINISHED FLOOR
18. 12" SHELF AND ROD
19. (2) 12" SHELVES AND (2) RODS
20. SINGLE UTILITY SINK

SHEAR WALL NOTES

ALL EXTERIOR WALLS AND VERTICAL SURFACES AT STEPS IN ROOF SHALL BE SHEATHED WITH 7/16" APA RATED 24/0 OR BETTER STRUCTURAL WOOD PANELS. BLOCK ALL HORZ EDGES WITH 2" NOM. OR WIDER. 2" OR WIDER FRAMING AT ADJOINING PANEL EDGES AND NAILS SHALL BE STAGGERED WHERE 8d NAILS ARE SPACED 3" O.C. OR LESS. SHEATHING SHALL EXTEND CONTINUOUS FROM FLOOR TO TOP PLATE FRAMING ON UPPER EXT WALLS. NAILS SHALL BE PLACED NOT LESS THAN 1/2" FROM EDGE OF PANEL AND DRIVEN FLUSH BUT SHALL NOT FRACTURE THE SURFACE OF THE SHEATHING EXTEND SHEATHING OVER RIM AND NAIL TO RIM AND WALL PLATES 4" O.C.

SHEAR WALL SCHEDULE

TYPE	SHEATHING	NAIL	EDGE	FIELD	STAPLE EQ
TYPICAL	7/16" ONE SIDE	8d	6" O.C.	12" O.C.	16G @ 3" O.C.
SW-1	7/16" ONE SIDE	8d	4" O.C.	12" O.C.	16G @ 3" O.C.
SW-2	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED
SW-3	7/16" ONE SIDE	8d	3" O.C.	12" O.C.	NOT ALLOWED

NOTE: 16 GAUGE STAPLES MAY BE SUBSTITUTED FOR 8d NAILS AT 1/2 SPACING ON TYPICAL AND SW-1.
SW-2 AND SW-3 REQUIRE 3X OR (2) 2X ON JOINING PANEL EDGES.

Acknowledgement Of Plans Submittal ONLY!

Date 5-27-2022

Date 5/19/22

© COPYRIGHT 2018 ARCHWAY DESIGNS LLC. DUPLICATION OF THIS PLAN IS STRICTLY PROHIBITED BY LAW. FOR LEGAL USE OF THIS PLAN CONTACT ARCHWAY DESIGNS LLC @ 941-488-3403

ARCHWAY DESIGNS L.L.C.
ARCHITECTURAL DESIGN AND DRAFTING
www.archwaydesigns.com

PLAN STATUS

PRELIMINARY DRAWINGS DATED:
1ST DRAFT DATED:
FINAL DRAFT DATED: 4/25/18
PERMIT SET DATED: 5/15/18

REVISIONS:

DATE: 10/23/20 CRAWL
DATE:
DATE:
DATE:
DATE:

VASHON BASE PLAN

ADDRESS:

PAGE: A 7

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

APPLICATION NUMBER
300826 Issue Date: 09/12/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4722686951.000	197 WINDING CEDAR DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: LAKESHORE DEV CO	Name: ROLLANS SOIL & ENVIRONMENTAL SERVICES
Address:	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: (704)658-1723

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.01	35	35	15	15	N/A	NO

Remarks
SFD

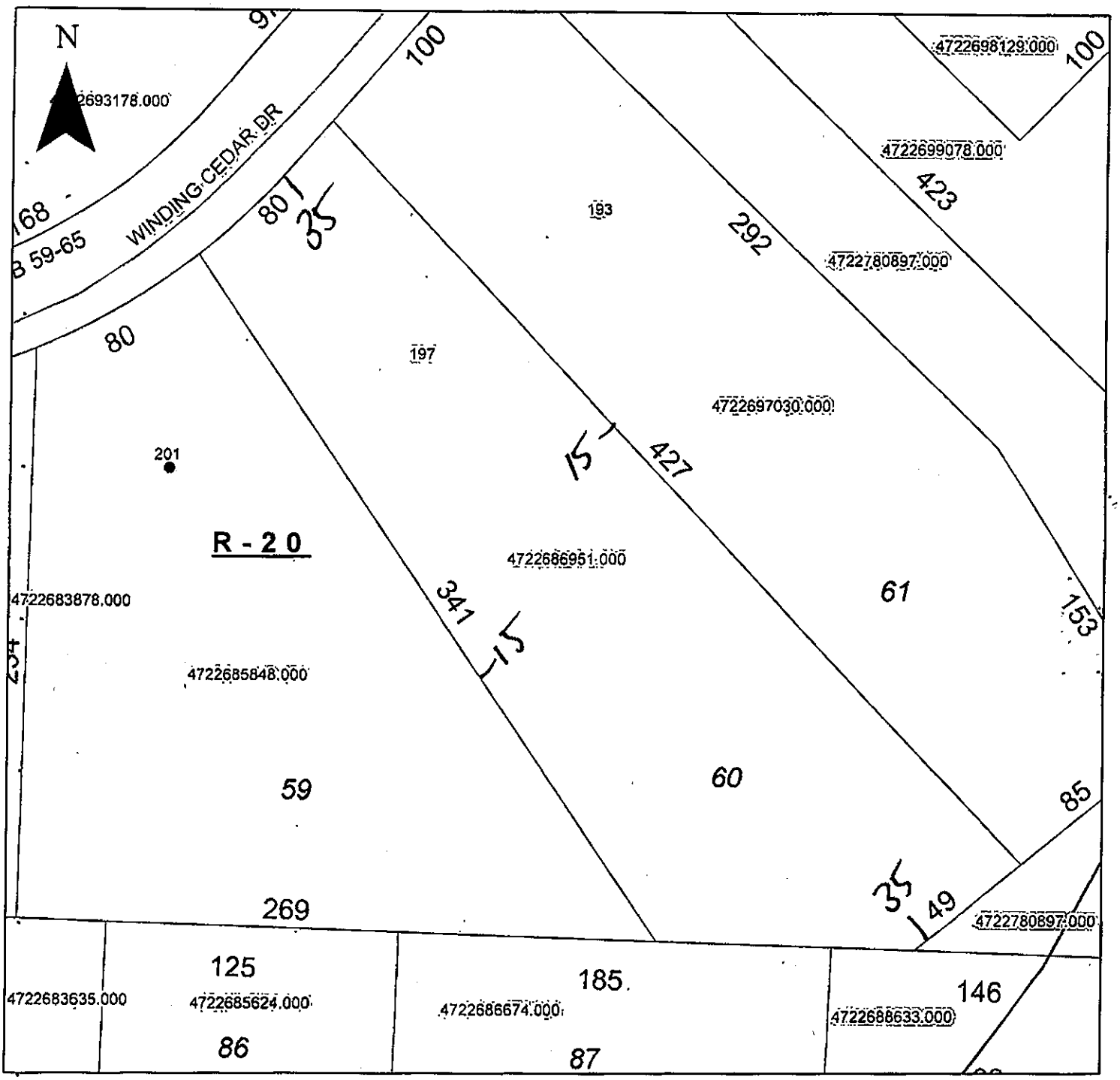
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 09/12/2019

Permit Number	300828	TOTAL FEES:	

ZONING DISCLAIMER



Property Address 197 Winding Cedar Dr

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

9/12/19
Date

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

_____ (Date)

Owner: _____
Address: _____
_____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Davidson Woods Ph 3 Lot 60 197 Winding Cedar Dr.
AP-300826 #140110 PIN 4722687695

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 10-02-07 for a system
(date)
LP PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

RECEIVED SEP 1 2 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-# 300826

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 Paid $ 350.00

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: Jon Grigorian Address: 256 Raceway Dr. Suite 12, Mooresville Zip: 28117
Applicant Email: jon@lakeshorerealty.org Phone: 704-696-2200 Alt. Phone:
Owner Name: Jon Grigorian Address: 256 Raceway Dr. Suite 12, Mooresville Zip: 28117
Owner Email: jon@lakeshorerealty.org Phone: 704-696-2200 Alt. Phone:

Property Information:

Street Address: 191 Winding Cedar Dr. Statesville NC 28677
Subdivision Name: Winding Forest Section/Phase: P3 Lot Number: 60
Driving Directions: Old Mtn. Rd. N TR Buffalo Shoals TR Davidson Rd, TR Winding Cedar on left

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 6
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) 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: Accepted

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. industrial) 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.

Signature: _____ 9/10/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Jon Grigorian, am the legal owner(s) of the property located at 197 Winding Cedar Dr., Statesville NC 28677, identified as

PIN (Parcel Identification Number) 4722686951, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans Soil & Forestry Services, 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.

_____ 9/6/19

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

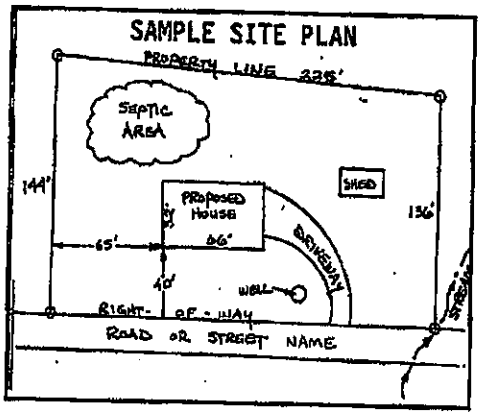
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

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

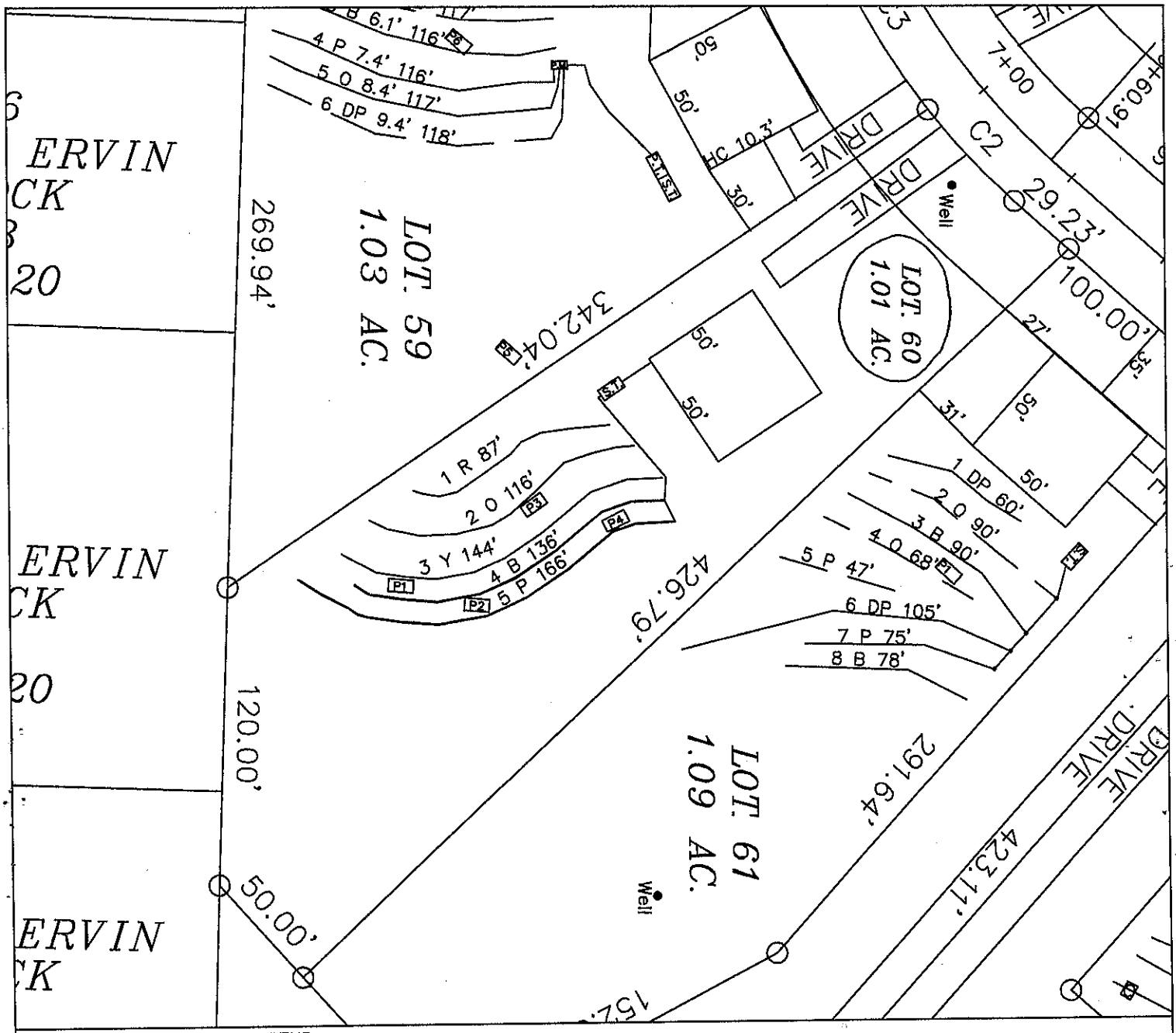
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

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

9/6/19
DATE



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.

TBM.

Well Location.

28 Pit Location.

APPROVED OCT 11 2019

GRAPHIC SCALE
1" = 60'

60 0 60 180

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

SOIL & FORESTRY SERVICES OF THE CAROLINAS,
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 746 – 5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 – 5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: PA SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: Jon Grigorian / Davidson Woods Lot 52

LOCATION/DATE: 235 WINDING CEDAR DRIVE, IREDELL COUNTY, NORTH CAROLINA, NOVEMBER 2018

JOB # : 18-0067
FILE: C:\JOBS\18-0067
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

IP - 100420

THIS PERMIT REPLACES PREVIOUS ISSUED 5-21-07

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 140110 PIN# 4722695036.060 DATE 10-02-07

OWNER OR APPLICANT Mountain Creek Investments LLC PHONE: Business 704-202-4964 Home

ADDRESS 125 Whaling Dr. Mooresville NC 28117

LOCATION Old Mtn. Rd. N TR Buffalo Shoals TR Davidson Rd TR Winding Cedar on left

SUBDIVISION Davidson Woods BLOCK / SECTION 3 LOT 60 LOT AREA 1.01 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .39ac/1472

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 885 Linear Feet 295 ft

No Lines 4 Trench Width 36" ft Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LPP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions: *per plan specs

Comments/Conditions:

INITIAL SITE SKETCH

See plan from RoMans Soil & Environmental Services

AS BUILT SKETCH

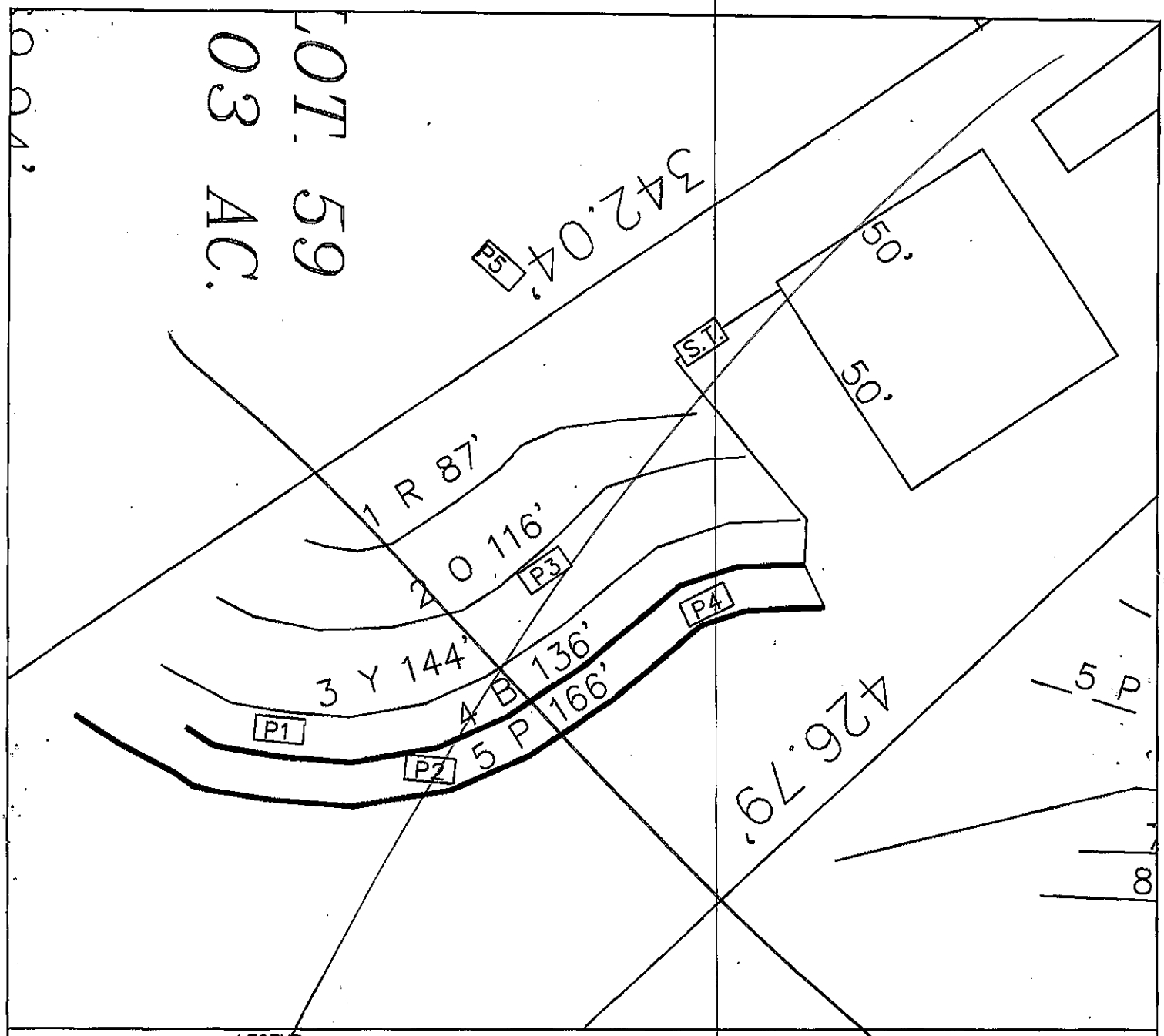
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan 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 10-18-07 Installed by:

Improvement Permit by: Judy Melville date 10-02-07 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): 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.
- TBM.
- Well — Well Location.
- 28 — Pit Location.

GRAPHIC SCALE
1" = 30'

30 0 30 60

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

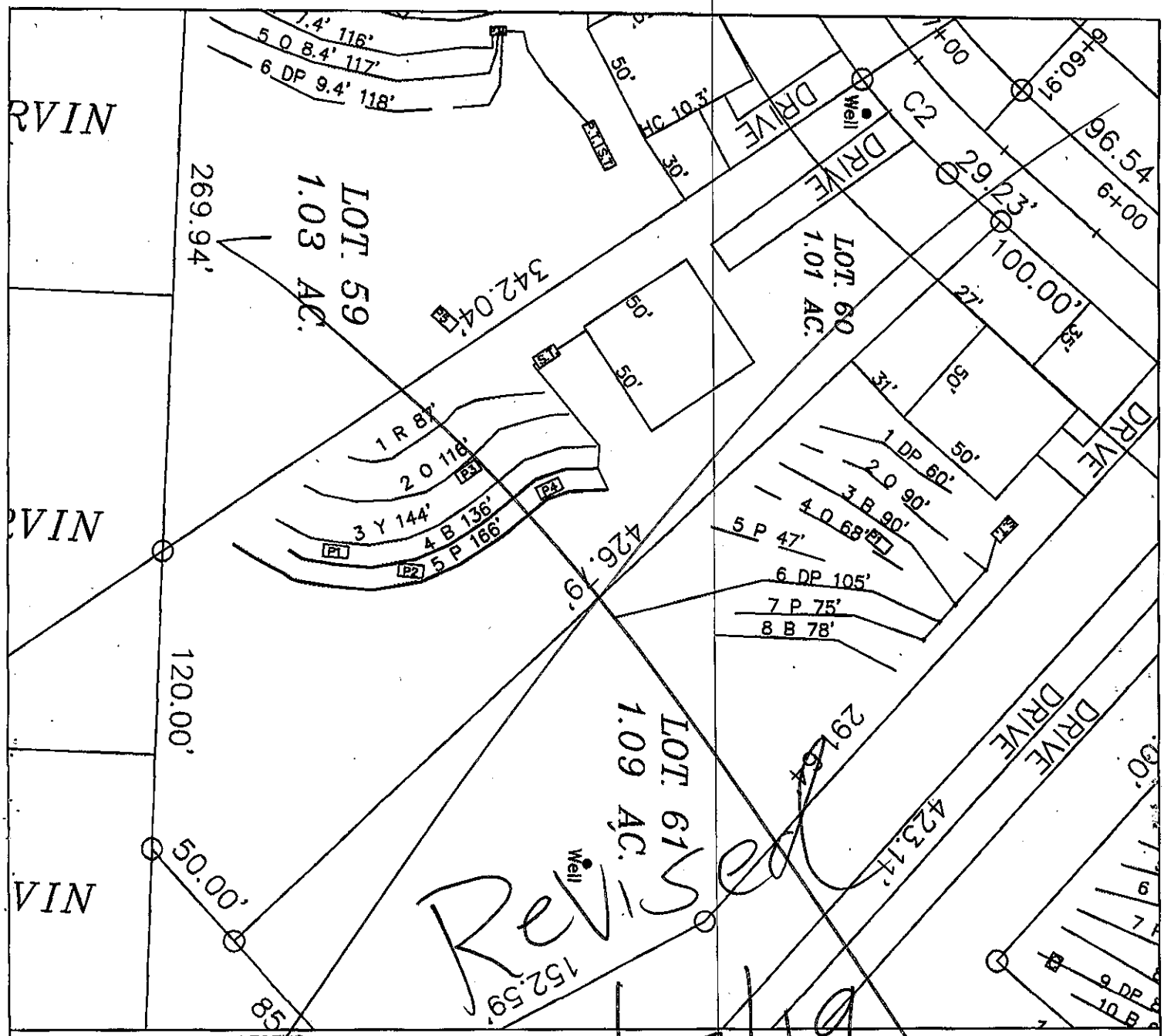
SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 746-5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: Jon Edgerton / Davidson Woods Lot 82

LOCATION/DATE: 233 WINDING CEDAR DRIVE, IREDELL COUNTY, NORTH CAROLINA, NOVEMBER 2018

JOB # : 18-0067
FILE: C:\JOBS\18-0067
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.



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.
- TBM.
- Well Location.
- 28 Pit Location.

GRAPHIC SCALE
1" = 60'
60 0 60 180

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

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 746-5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: Jon Grigorian / Davidson Woods Lot 62

LOCATION/DATE: 235 WINDING CEDAR DRIVE, IREDELL COUNTY, NORTH CAROLINA, NOVEMBER 2018

JOB # : 18-0067
FILE: C:\JOBS\18-0067
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.