BLDR-2023-28886

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-37462

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

PIN # 4724-34-7131

APPLICANT / OWNER: Garrison Davis APPLICANT ADDRESS: 631 Brawley School Rd Mooresville NC 28117

SITE ADDRESS: 924 WESTMINSTER DR, STATESVILLE, NC 28677 PHONE: 704-363-2845 ALT. PHONE:

SITE DIRECTIONS: 70 W -> R Westminster -> lot on L SAP CONTROLLED: YES ☑ NO ☐

SUBDIVISION: Robinson Forest SECTION: N/A LOT #: 7 LOT AREA: 0.61 DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank: 1000 (gal)	STB: 760	Date: 07/29/2023	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: New Well
Pump Tank: (gal)	PT:	Date:	System Description: 25% Reduction		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: 50% Reduction		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 5	Linear Ft.: 360	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 36		Gravel Depth: 0	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Trench bottom varies across drainfield - remove 6" across lowest 4 lines and have no more than 2' of soil over top of any drain line.

INITIAL SITE SKETCH

This permit is issued pursuant to G.S. 130A-335(a2), (a3) & (a4) using the signed and sealed LLS/LG Evaluation attached here, from:

AWT

LSS# 1227 - Jeff Vaughn

AS BUILT SKETCH

Site plan reflects actual installation - see notes.

verify back of house graded ✓ to drain 10/5/23

Soil graded off drainfield 9/28/23

Tanks, lines 9/14/23 DW

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: Date:

IMPROVEMENT PERMIT by: D. Meberg Date: 10/4/23

AUTHORIZATION TO CONSTRUCT by: D Meberg Date: 10/4/23

Installed By: Russell Williams

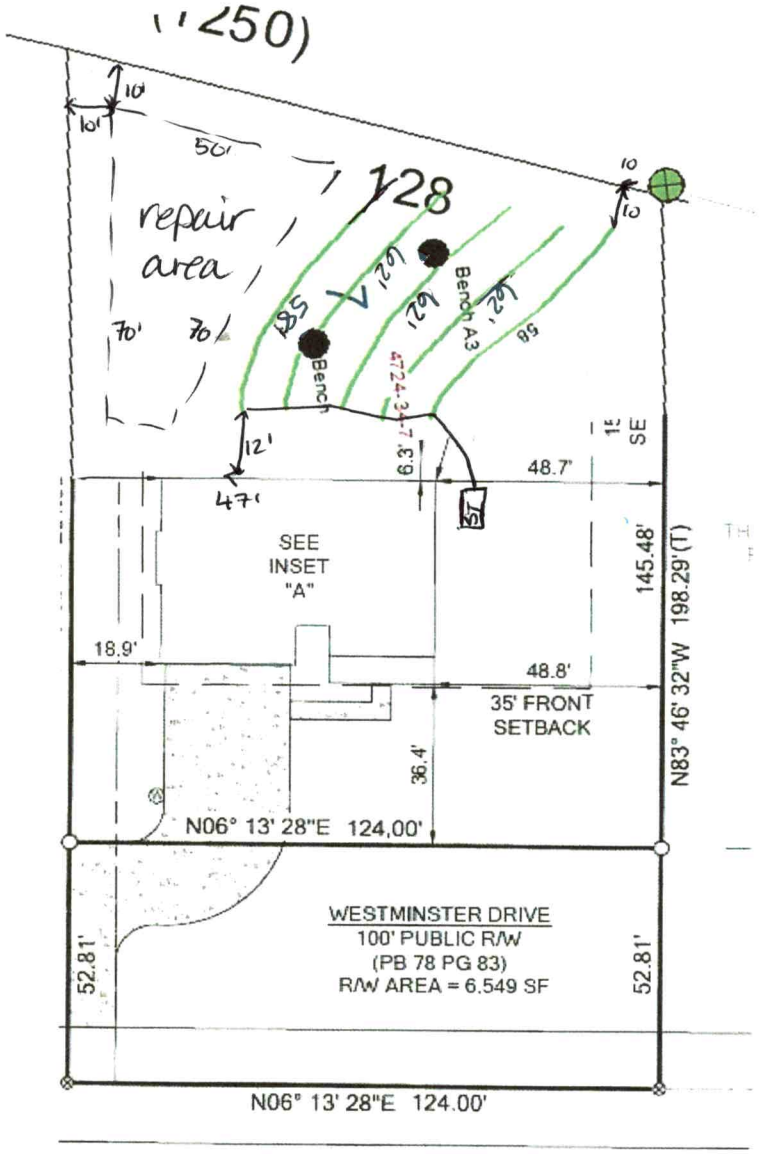
OPERATION PERMIT by: D. Meberg Date: 10/5/23

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

1"=40'

924 Westminster Dr.
Statesville NC



Trench bottom
varies from 20" - 36"

Permit #: O&P 2023-37462

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☐ (a2) Construction Authorization ☐ Fee $ 200

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4724347131
Issued To: Garrison Davis (TruNorth Homes, LLC)
Property Location: 924 Westminster Drive, Statesville, NC 28677
Subdivision (if applicable)_____ Lot #: 7 Block: _____ Section: _____
LSS Report Provided: Yes ☑ No ☐
If yes, name and license number of LSS: Jeff Vaughan, License number: 1227 Certification number:10003E
New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐
Proposed Structure: Single Family Residence
Number of bedrooms: 3 Number of Occupants: 6 Other: _____
Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: Conventional Gravity (25% Reduction) (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required
Proposed Wastewater System Type*: Pressure Manifold (50% Reduction) (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required
**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*
Saprolite System (initial): ☑ Yes ☐ No Saprolite System (repair): ☐ Yes ☑ No
Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Soil Depth (Initial): 57" Usable Soil Depth (Repair): 32"
Max. Trench Depth (Initial)‡: 45" Max. Trench Depth (Repair)‡: 20" ***‡ Measured on the downhill side of the trench***
Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____
Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____
Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐
Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
The primary septic system has been installed. The infiltrator trench depth varys from 29 -42" Trench Bottoms. In order to "Regain" the 25 % reduction, 6 inches of soil should be removed over the primary drain field area.

Licensed Soil Scientist Print Name: Jeff Vaughan
Licensed Soil Scientist Signature: Jeff V Date: 9/27/2023

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH
LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609
MAILING ADDRESS: 1632 Mail Service Center, Raleigh, NC 27699-1632
www.ncdhhs.gov • TEL: 919-707-5854 • FAX: 919-845-3972
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NCDHHS

Permit #: OSWP-2023 37462

This Section for Local Health Department Use Only

Initial submittal received: 10/3/23 (*Date*) by DW (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: _____ Date: 10/4/23

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This permit is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 10/4/28

See attached site sketch

Engineers and Soil Scientists
Agri-Waste Technology, Inc.
501 N. Salem Street, Suite 203
Apex, North Carolina 27502
919-859-0669
www.agriwaste.com

Soil Suitability for Domestic Sewage Treatment and Disposal Systems
924 Westminster Dr, Statesville, NC 28677
(Iredell County PIN: 4724-34-7131)
September 26, 2023

Soil suitability for domestic sewage treatment and disposal systems was evaluated on September 25, 2023, for the property located at 924 Westminster Drive in Statesville, NC. Trevor Hackney and Nathan Estevez of Agri-Waste Technology, Inc. (AWT) conducted the soil evaluation. This evaluation was done to facilitate permitting for a septic system for a 3-bedroom home. This report and attached documents were prepared to meet the requirements for G.S. 130A-335(a2).

A drawing of the site plan, septic layout, septic system design, and soil boring locations is included in Attachment 1. Profile descriptions for each soil boring are included in Attachment 2.

The total property area is approximately 0.61 acres. The house and septic area have been cleared. The proposed septic system for the property is a gravity dosed 25% reduction chamber system for initial and a pressure manifold T&J Panel for repair. The primary system has been installed with varying trench bottom depths of 29-42" from the low side of the trench. Six inches of soil must be removed over the septic system area so that the 25% reduction can be granted to the primary system.

Soil Suitability for Domestic Sewage Treatment and Disposal Systems
The drawing in Attachment 1 details the property boundaries, soil boring locations, and layout of drain field trenches. Four soil borings were advanced within the proposed septic system area on the property. Soil borings were examined to determine soil suitability for on-site sewage disposal systems in accordance with 15A 18A .1900 Rules for Sewage Treatment and Disposal Systems. These borings were advanced with hand auger borings. All soil borings were provisionally suitable for a conventional style trench. Soil borings are within the proposed drain field area.

The layout shown in Attachment 1 indicates there is available space for a 3-bedroom conventional system. The initial system has been installed with the use of the infiltrator chamber (25% reduction) trench product based on the drain field layout in the field.

The proposed LTAR (Long Term Acceptance Rate) by AWT is 0.3GPD/ft^2. The soils on this property are group IV soils within the distribution and treatment zone as used to

define the LTAR. With an LTAR of 0.3 GPD/ft^2, 300 linear feet of trench are necessary to support a 3-bedroom home for the initial system with the use of the innovative (25% reduction) trench product. The usable slope corrected of 57 inches. The maximum trench bottom is 45 inches. The trenches are installed between 29 and 42 inches below ground surface, but AWT is proposing that 6 inches of soil be removed over the drain field to gain reduction back putting the deepest trench at 36 inches. The attached drawings substantiate that the necessary linear footage of trench can be installed on the property for the initial and repair system.

Any disturbances or unpermitted grading done in the usable area or within the proposed setbacks will change the potential of using the area designated for a drain field. Prior to moving forward with the development on the property, Iredell County Health Department should be contacted to complete the necessary Construction Authorization and Construction Oversight and to issue an OP (Operations Permit) for the property.

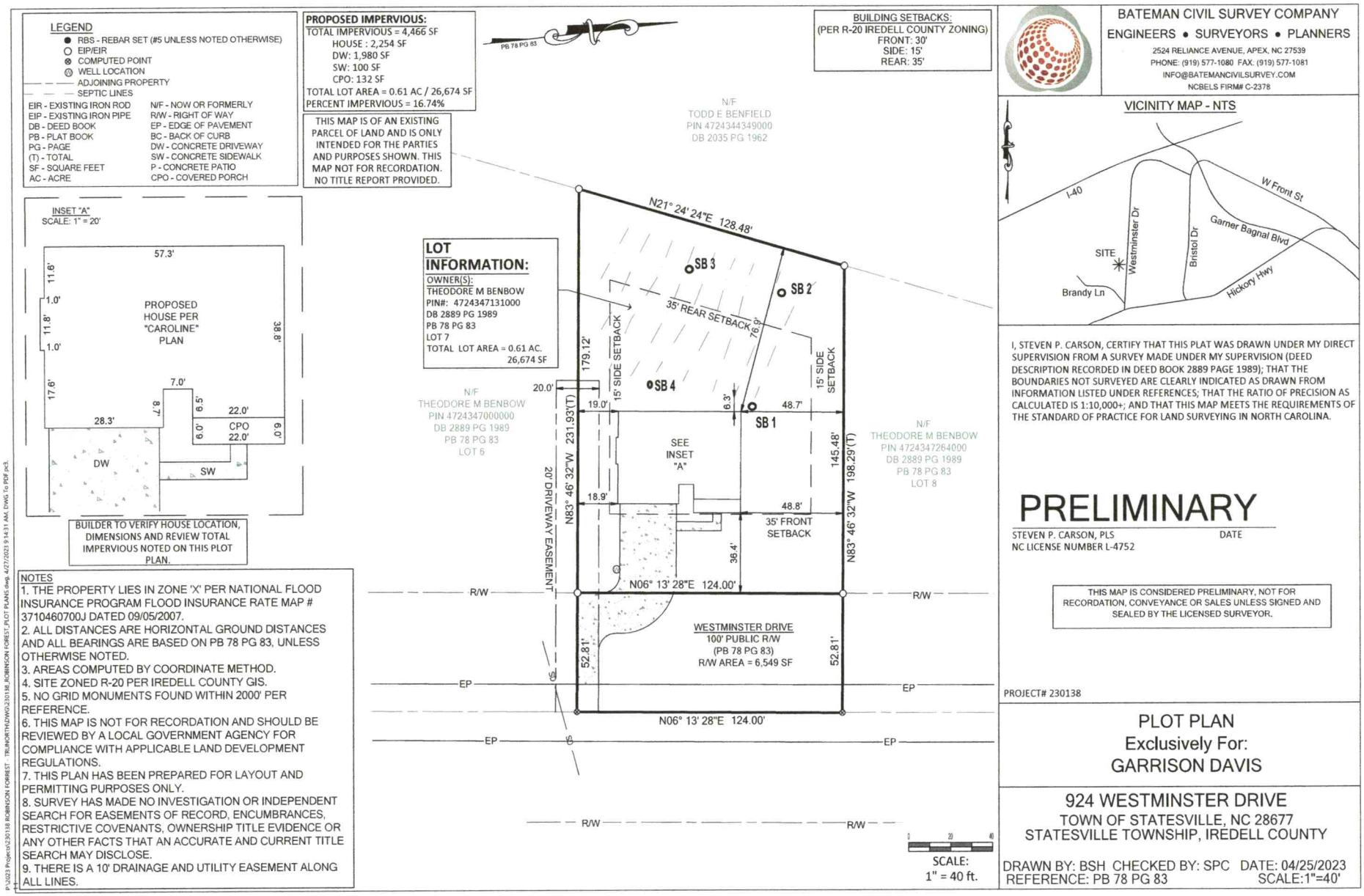
Conclusions

An IP (Improvement Permit) for this property can be issued with the site plan that is in Attachment 1. The county will issue the CA permit based on the amended soil notes and report. The county issues an Operation Permit after the system has been installed to meet the specifications of the Authorization to Construct. Additional septic layouts have been or will be performed as needed. It will be critical to not disturb any of the proposed septic area or there is a risk that the IP and CA will be revoked. This report and attached documents were prepared to meet the requirements for G.S. 130A-335(a2).

We appreciate the opportunity to assist you in this matter. Please contact us with any questions, concerns, or comments.

Sincerely,

Jeff Vaughan, NC LSS



BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 2889 PAGE 1989); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.

PRELIMINARY

STEVEN P. CARSON, PLS — DATE
NC LICENSE NUMBER L-4752

THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

PROJECT# 230138

PLOT PLAN
Exclusively For:
GARRISON DAVIS

924 WESTMINSTER DRIVE
TOWN OF STATESVILLE, NC 28677
STATESVILLE TOWNSHIP, IREDELL COUNTY

DRAWN BY: BSH CHECKED BY: SPC DATE: 04/25/2023
REFERENCE: PB 78 PG 83 SCALE:1"=40'

COUNTY: Iredell Co.__

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

CLIENT: Garrison Davis — APPLICATION DATE_____
ADDRESS: Lot 7 Westminster Dr, Statesville, NC 28677 — DATE EVALUATED: 09/25/2023
PROPOSED FACILITY: Single Family Residence — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 0.61 ac.
LOCATION OF SITE: Lot 7 Westminster Dr, Statesville, NC 28677 — 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	
SB 1	5%	0-8"	FILL	-	-	84"	-	-	0.3
		8-14"	GR; SCL	SS; SP; FR					
		14-58"	SBK; C	SS; SP; FI					
		58-84"	MA; L	SS; SP; FR					
SB 2	3%	0-38"	SBK; C	SS; SP; FI	-	58"	-	-	0.3
		38-58"	WSBK; CL	SS; SP; FR					
SB 3	5%	0-10"	GR; SCL	SS; SP; FR	-	72"	-	-	0.3
		10-38"	SBK; C	SS; SP; FI					
		38-72"	MA; L	SS; SP; FR					
SB 4	5%	0-13"	FILL	-	-	83"	-	-	0.3
		13-18"	GR; SCL	SS; SP; FR					
		18-58"	SBK; C	SS; SP; FI					
		58-83"	MA; L	SS; SP; FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Provisionally Suitable	Provisionally Suitable
System Type(s)	Conventional Gravity, 25% Reduction	Pressure Manifold 50% Reduction
Site LTAR	0.3 GPD/Ft^2	0.3 GPD/Ft^2

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

EVALUATED BY: ___Jeff Vaughan_____
OTHER(S) PRESENT: _____Trevor Hackney_____

COMMENTS

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-24778

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

PIN # 4724-34-7131 BLDR-2023-28365

PPLICANT / OWNER: TRUNORTH HOMES LLC | APPLICANT ADDRESS: 631-300 BRAWLEY SCHOOL ROAD PMB 217, MOORESVILLE, NC 28117

TE ADDRESS: 924 WESTMINSTER DR, STATESVILLE, NC 28677 | PHONE: 7043632845 | ALT. PHONE:

TE DIRECTIONS: Hwy 70 Right on Westminster site on Left | SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: Robinson Forest | SECTION: | LOT #: 7 | LOT AREA: 0.61 | DESIGN FLOW: 360 | L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 760	Date: 7/29/23	☑ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: New Well
ump Tank: (gal)	PT:	Date:	System Description: Gravity Chambers		☐ Business	No. Persons: 4	
ump Make:	Model:	Serial #:	Repair System Description: Pressure Manifold T&J Panel		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 5	Linear Ft.: 300	Maintenance Agreement Required: ☐ YES ☑ NO		☑ Slab	☐ Crawl Space	
ench Width: 36	Trench Bottom Depth (Low side): 20		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This permit is issued pursuant to GS 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation attached here.

INITIAL SITE SKETCH

- fill in places at beginning of lines, deeper moving downhill
- will need soil scientist eval before signing off.

SB1 0-8 SLL;GR
8-50 C;SBK
50-76 L;SAP

SB2 0-38" C;SBK
38-58" CL;WSBK

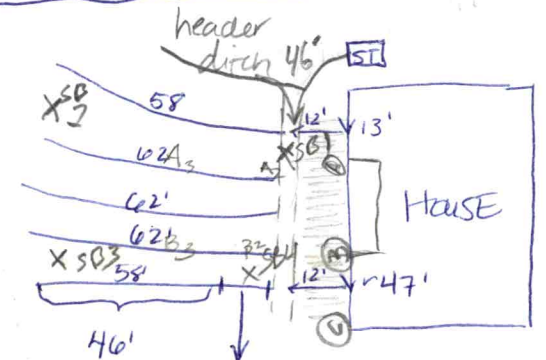
SB3 0-10 SLL;GR
10-38 C;SBK
38-72 L;SAP

SB4 0-13 Fill
13-18 SCL / WSBK
18-58" C;SBK
58-83" L;SAP

As Built NTS

AS BUILT SKETCH

- Trench bottom exceeded all lines (low side ranges from 20" to 32")
- Serial fed not parallel



= area w/ 2-4' of fill

Foundation
A - 1'2"
B - 1'
C - 1'8"
A1 - 3'9"
B1 - 5'2"
C1 - 6'
A3 - 6'2"
B3 - 5'2.5"
PC - 1'8"

rmit 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

wner / Applicant Signature: Date:

IPROVEMENT PERMIT by: Date: 6/12/2023

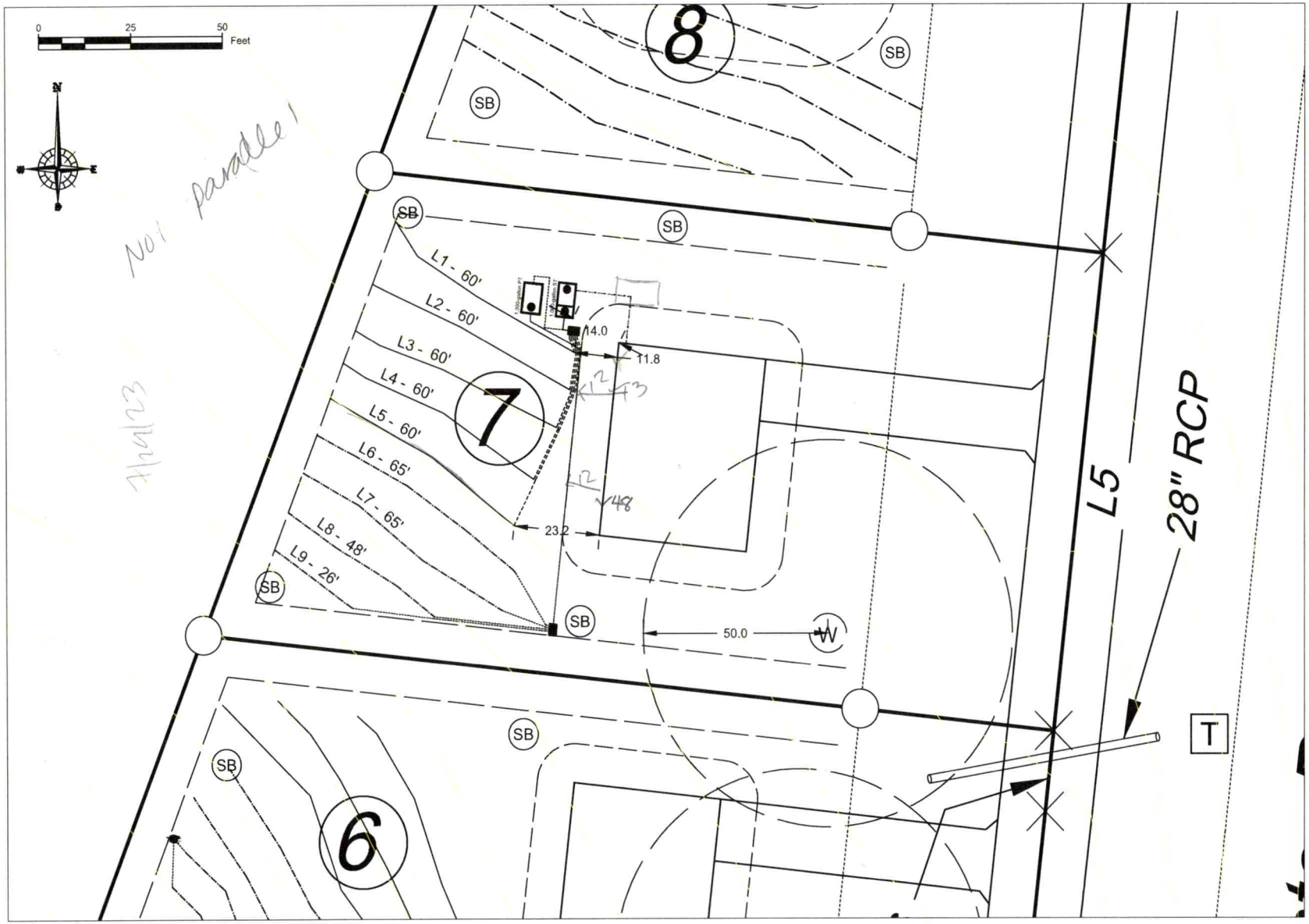
UTHORIZATION TO CONSTRUCT by: Date: 6/12/2023

Installed By: Russell Williams

OPERATION PERMIT by: Date:

Existing System Inspected By: Date:

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.



PROPERTY LAYOUT

WW-2 N.T.S. SOURCE: AWT, Inc.

AWT
Engineers and Soil Scientists
Agri-Waste Technology, Inc.
501 N. Salem Street, Suite 203
Apex, North Carolina 27502
919-859-0669
www.agriwaste.com

Ted Benbow
Robinson Woods - Lot 7

Project Location:
Westminster Dr
Statesville, NC 28677
Iredell County
PIN: 4724-34-7131

Project Owner:
Ted Benbow
630 Signal Hill Dr
Statesville, NC 28625
704-876-9661
tedb@boundarydevelopment.com

For Review Only

REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE

Property Layout

DRAWN BY:	CREATED ON:
T. Bostic	11/8/2022
REVISED BY:	REVISED ON:
####	####
RELEASED BY:	RELEASED ON:
####	####

DRAWING NUMBER

WW-2

General Drainfield Notes:

1. Clear all trees less than 8" in diameter (measured at a height 3' from soil surface) from the drainfield.
2. Vegetation that will re-grow from a cut stump shall be stumped or pulled from the ground. Stumps shall not be pushed over.
3. Drainfield area shall be cleared of all leaves, pine straw, debris, etc. The accumulated material shall be removed from the drainfield.
4. In clayey soils, sides of trenches shall be raked and limed per manufacturer's instructions.
5. Supply lines shall be installed with a minimum of 18" cover.
6. The trenches shall be backfilled appropriately so that no low areas are present.
7. Apply lime over the drainfield area as needed. Seed fine fescue over the drainfield at the rate
8. recommended by the seed manufacturer. Hand rake the seed into the soil surface. Straw the seeded area at the rate of 1.5-2 bales per 1000 sq. ft.

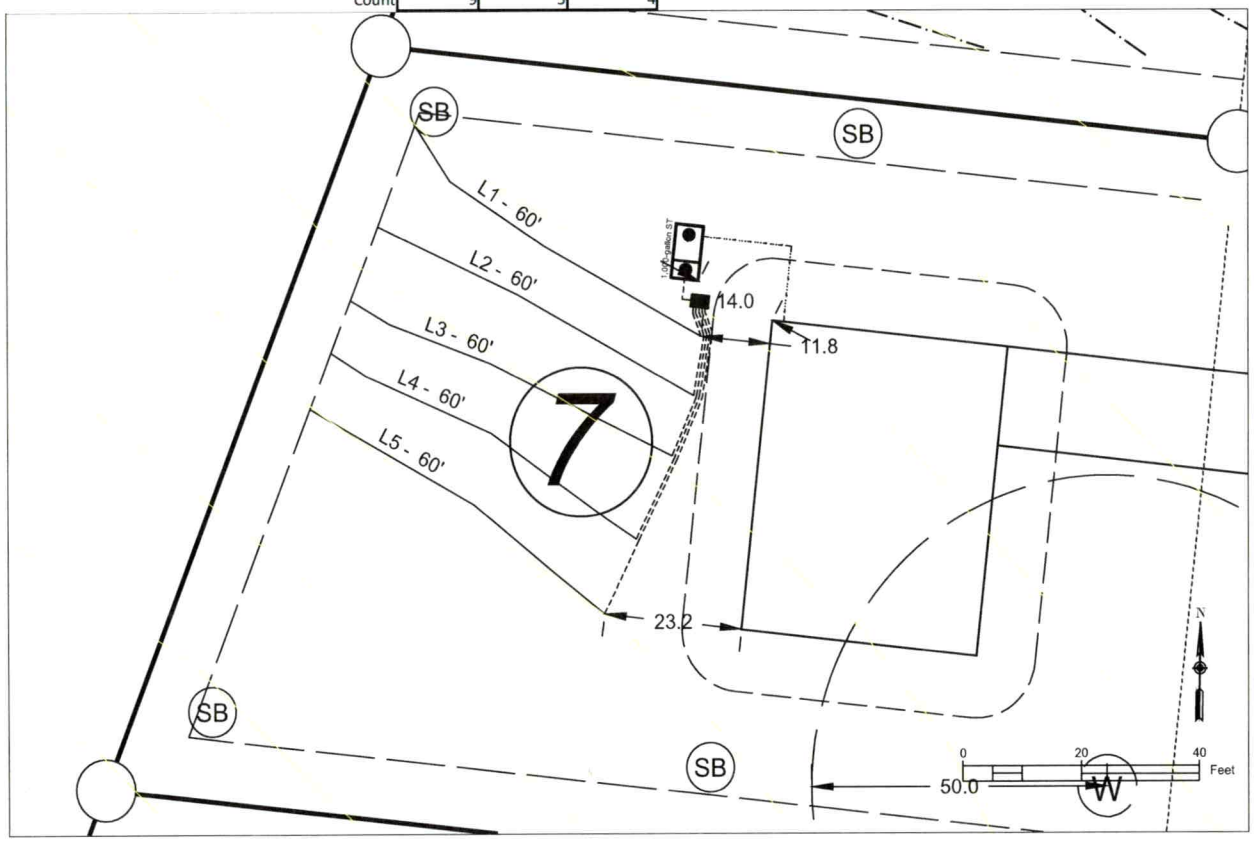
Installation Notes:

Contractor to adjust tank placements as necessary to maintain:

1. 25' downslope/15' sideslope/10' upslope setback from foundation drain
2. Min. 12" cover over Septic Tank (Not to exceed 36")
3. Min. 18" cover over pipes
4. Min. 2% grade on gravity pipe from house to Septic Tank

Line	U	Flag Colo	Elevation (ft)	Line Length (	Used as Primary (	Used as Repair (f
1	Layout Line	yellow	870.0	60	60.0	
2	Layout Line	red	869.0	60	60.0	
3	Layout Line	white	868.0	60	60.0	
4	Layout Line	purple	867.0	60	60.0	
5	Layout Line	yellow	866.0	60	60.0	
6	Layout Line	red	865.0	85		65.0
7	Layout Line	white	864.0	65		65.0
8	Layout Line	purple	863.0	50		48.0
9	Layout Line	yellow	862.0	25		26.0
			Total	525	300	204
			Count	9	5	4

Note:
Primary system is chambers w/ parallel distribution.



1 WW-3 System Layout

SOURCE: Agri-Waste Technology, Inc.

AWT
Engineers and Soil Scientists
Agri-Waste Technology, Inc.
501 N. Salem Street, Suite 203
Apex, North Carolina 27502
919-859-0669
www.agriwaste.com

Ted Benbow
Robinson Woods - Lot 7

Project Location:
Westminster Dr
Statesville, NC 28677
Iredell County
PIN: 4724-34-7131

Project Owner:
Ted Benbow
630 Signal Hill Dr
Statesville, NC 28625
704-878-9661
tedb@boundarydevelopment.com

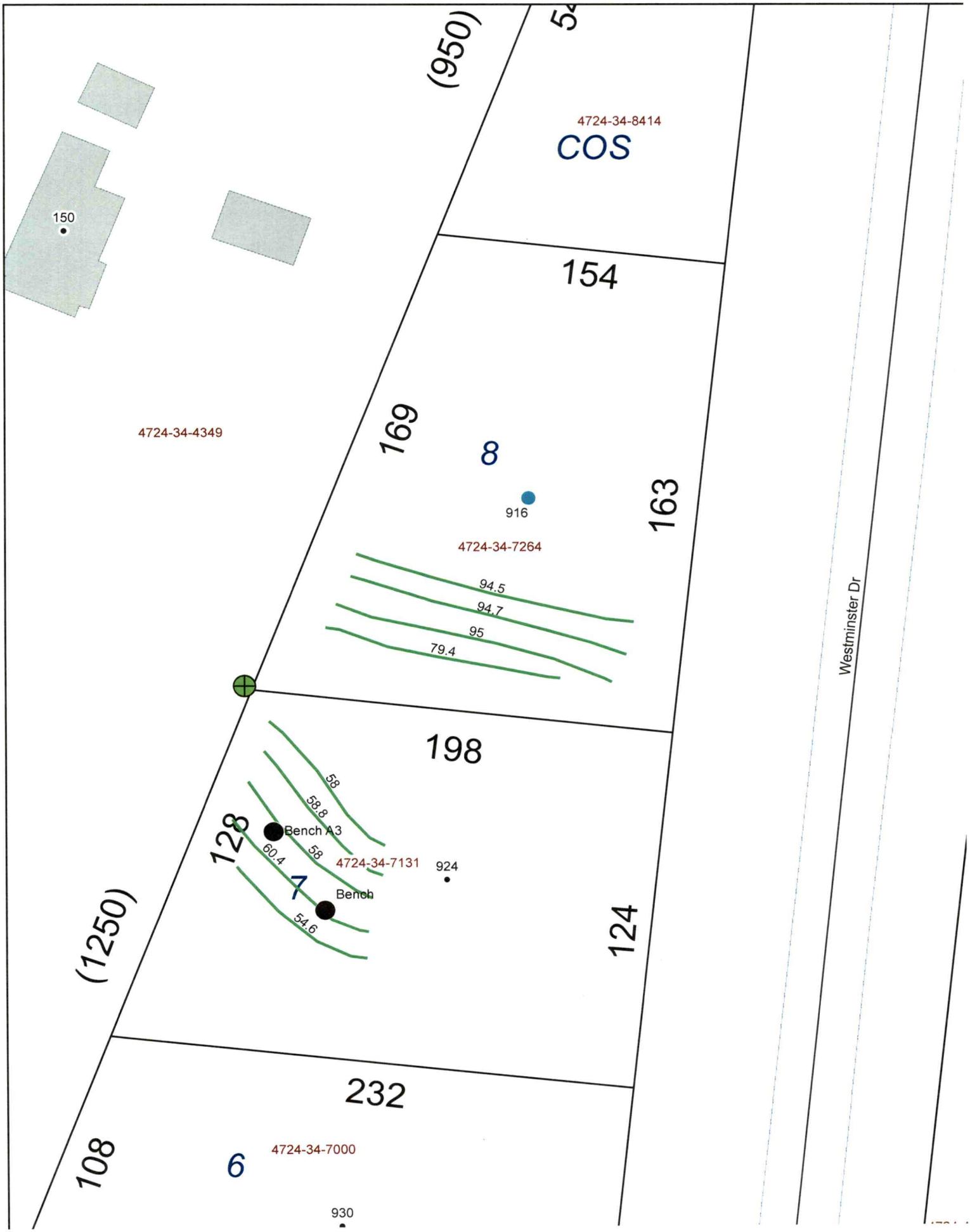
For Review Only

REV.	ISSUED DATE	DESCRIPTION

SHEET TITLE
System Layout

DRAWN BY:	CREATED ON:
T. Bostic	11/8/2022
REVISED BY:	REVISED ON:
####	####
RELEASED BY:	RELEASED ON:
####	####

DRAWING NUMBER
WW-3


(950)
4724-34-8414
COS
150
154
4724-34-4349
169
8
916
163
4724-34-7264
94.5
94.7
95
79.4
Westminster Dr
198
58
58.8
Bench A3
128
60.4
58
4724-34-7131
924
7
Bench
54.6
(1250)
124
232
108
4724-34-7000
6
930

LEGEND

- RBS - REBAR SET (#5 UNLESS NOTED OTHERWISE)
- EIP/EIR
- COMPUTED POINT
- WELL LOCATION
- ADJOINING PROPERTY
- SEPTIC LINES

EIR - EXISTING IRON ROD	N/F - NOW OR FORMERLY
EIP - EXISTING IRON PIPE	R/W - RIGHT OF WAY
DB - DEED BOOK	EP - EDGE OF PAVEMENT
PB - PLAT BOOK	BC - BACK OF CURB
PG - PAGE	DW - CONCRETE DRIVEWAY
(T) - TOTAL	SW - CONCRETE SIDEWALK
SF - SQUARE FEET	P - CONCRETE PATIO
AC - ACRE	CPO - COVERED PORCH

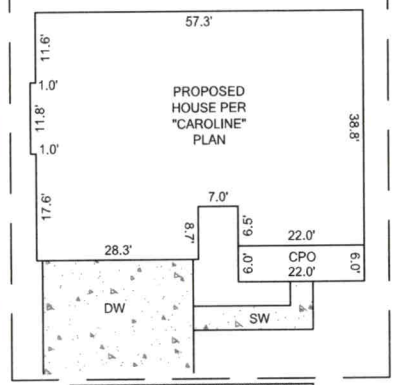
PROPOSED IMPERVIOUS:
TOTAL IMPERVIOUS = 4,466 SF
HOUSE : 2,254 SF
DW: 1,980 SF
SW: 100 SF
CPO: 132 SF
TOTAL LOT AREA = 0.61 AC / 26,674 SF
PERCENT IMPERVIOUS = 16.74%

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

PB 78 PG 83

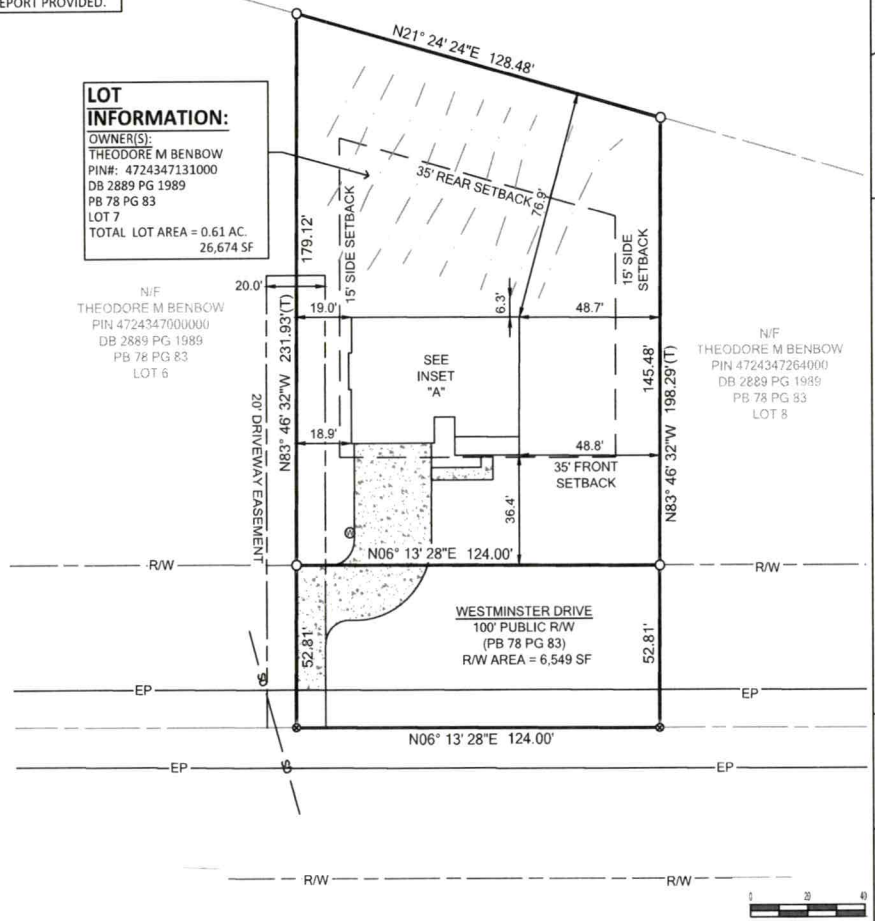
BUILDING SETBACKS:
(PER R-20 IREDELL COUNTY ZONING)
FRONT: 30'
SIDE: 15'
REAR: 35'

INSET "A"
SCALE: 1" = 20'



BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN.

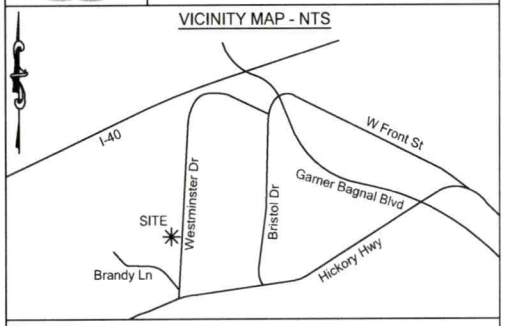
LOT INFORMATION:
OWNER(S):
THEODORE M BENBOW
PIN#: 4724347131000
DB 2889 PG 1989
PB 78 PG 83
LOT 7
TOTAL LOT AREA = 0.61 AC.
26,674 SF



NOTES
1. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710460700J DATED 09/05/2007.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON PB 78 PG 83, UNLESS OTHERWISE NOTED.
3. AREAS COMPUTED BY COORDINATE METHOD.
4. SITE ZONED R-20 PER IREDELL COUNTY GIS.
5. NO GRID MONUMENTS FOUND WITHIN 2000' PER REFERENCE.
6. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH APPLICABLE LAND DEVELOPMENT REGULATIONS.
7. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
8. SURVEY HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP TITLE EVIDENCE OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
9. THERE IS A 10' DRAINAGE AND UTILITY EASEMENT ALONG ALL LINES.

BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS



I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 2889 PAGE 1989); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.

PRELIMINARY

STEVEN P. CARSON, PLS — DATE
NC LICENSE NUMBER L-4752

THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

PROJECT# 230138

PLOT PLAN
Exclusively For:
GARRISON DAVIS

924 WESTMINSTER DRIVE
TOWN OF STATESVILLE, NC 28677
STATESVILLE TOWNSHIP, IREDELL COUNTY

DRAWN BY: BSH CHECKED BY: SPC DATE: 04/25/2023
REFERENCE: PB 78 PG 83 SCALE:1"=40'

P:\2023 Projects\230138 ROBINSON FORREST - TRU\NORTH\DWG\230138_ROBINSON FOREST_PLOT PLANS.dwg, 4/27/2023 9:14:31 AM, DWG To PDF pc3

AGRITEC-01 GKROHL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Connie Garkalns	
Hartsfield & Nash Agency, Inc. 10405 Ligon Mill Rd., Ste H Wake Forest, NC 27587	PHONE (A/C, No, Ext): (919) 556-3698	FAX (A/C, No): (919) 556-8758
	E-MAIL ADDRESS: Connie@hartsfield-nash.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance Company of the Southeast	39926
INSURED	INSURER B : ACCIDENT FUND INSURANCE COMPANY OF AMERICA	10166
Agri-Waste Technology Inc 501 N. Salem St Ste 203 Apex, NC 27502	INSURER C : Evanston Insurance Company	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR			S 2253659	1/18/2023	1/18/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			S 2253659	1/18/2023	1/18/2024	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			S 2253659	1/18/2023	1/18/2024	EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 2,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			100003072	1/18/2023	1/18/2024	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N	N/A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Prof & Pollution			MKLV3ENV103400	8/22/2022	8/22/2023	Each Claim	5,000,000
A	Leased / Rented			S 2253659	1/18/2023	1/18/2024	Equipment	25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

***This is ONLY For Informational Purposes
Contact Agency for Specific Holder info to be added
****

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gina Krohl

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD