IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218387

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

PIN # 4740347964

APPLICANT: PITA INVESTMENTS APPLICANT ADDRESS: 109 LINBERG LN.

SITE ADDRESS: 270 LIPE RD. - Trentmer PHONE: 704-309-8626 ~~ALT. PHONE:~~ → BART ABERNATHY

SITE DIRECTIONS: 115 N, TL FLOWERHOUSE, TL LIPE, C END

SUBDIVISION: SECTION: LOT # LOT AREA: .65 AC DESIGN FLOW: 360 L.T.A.R.: .225 (.3R)

Septic Tank 1000 (gal) STB 794 Date 12-7-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max Trench Bottom Depth * 24" * Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: DO NOT ISSUE AC UNTIL LOT IS RECORDED. Recommend pumping septic tank every 3-5 years.

Shared Well!

SHARED WELL >100' FROM SEPTIC

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

CHECKED TANK & 1ST 3 LINES 1-13-17 BA

1/17/17 Checked 4th line MD

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**

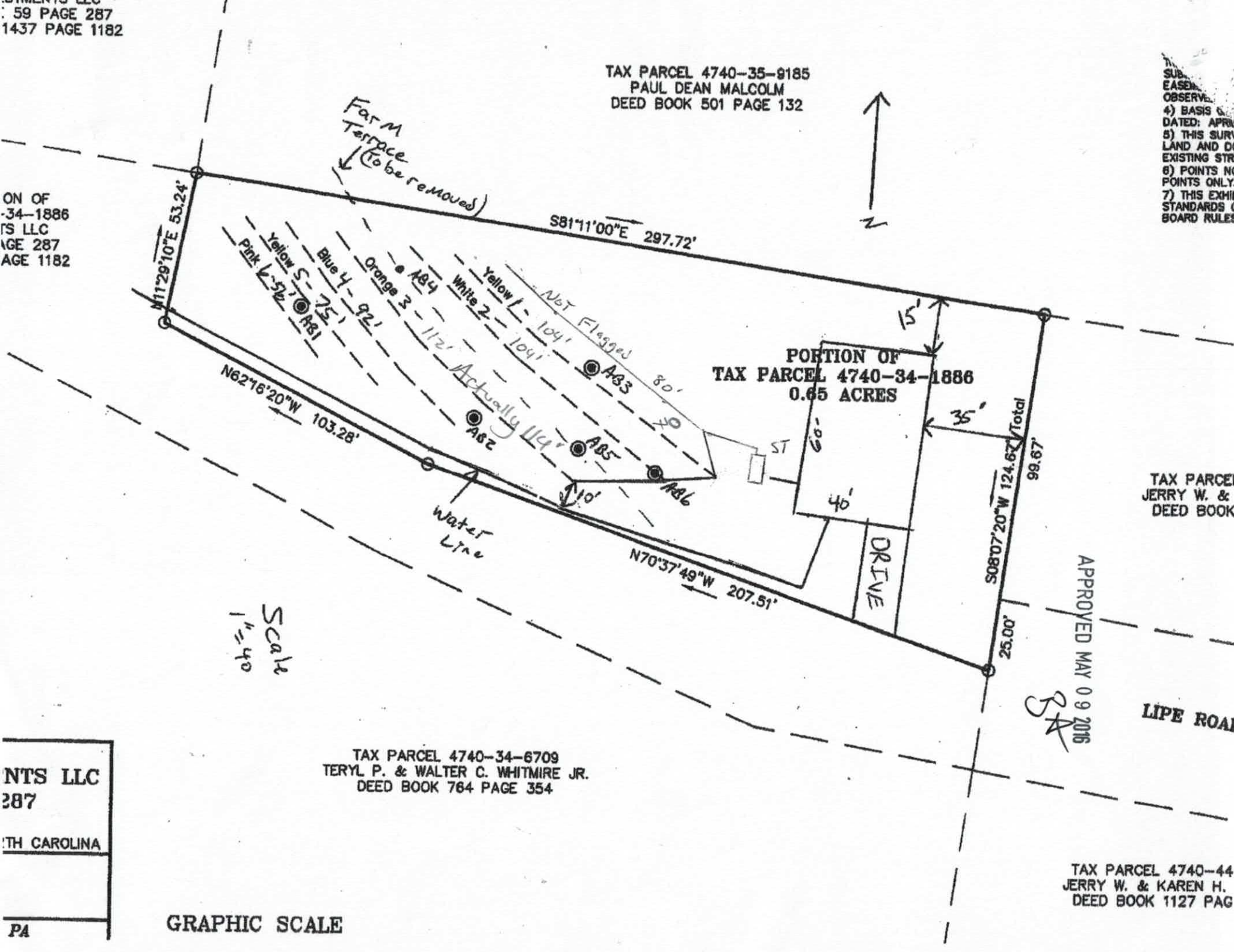
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☐ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 5/17/16 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: APPROVED Date: MAY 09 2016 OPERATION PERMIT by: Maria Dotson RS Date: 1/17/17

AUTHORIZATION TO CONSTRUCT by: Date: APPROVED JUN 01 2016 Existing System Inspected by: Date:

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


59 PAGE 287
1437 PAGE 1182
TAX PARCEL 4740-35-9185
PAUL DEAN MALCOLM
DEED BOOK 501 PAGE 132
Farm Terrace (to be removed)
S81°11'00"E 297.72'
N11°29'10"E 53.24'
N62°16'20"W 103.28'
N70°37'49"W 207.51'
S08°07'20"W 124.67'
Yellow 1 - 104'
White 2 - 104'
Orange 3 - 112' Actually 114'
Blue 4 - 92'
Yellow 5 - 75'
Pink 6 - 52'
A81
A82
A83
A84
A85
A86
Not Flagged
80'
PORTION OF
TAX PARCEL 4740-34-1886
0.65 ACRES
15'
35'
Total
99.67'
60'
40'
ST
DRIVE
25.00'
10'
Water Line
Scale 1"=40'
APPROVED MAY 09 2016
TAX PARCEL 4740-34-6709
TERYL P. & WALTER C. WHITMIRE JR.
DEED BOOK 764 PAGE 354
TAX PARCEL
JERRY W. &
DEED BOOK
LIPE ROAD
TAX PARCEL 4740-44
JERRY W. & KAREN H.
DEED BOOK 1127 PAG
GRAPHIC SCALE



APPROVED MAY 09 2016

BA

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 270 Lipe Rd Property PIN 4740341886
House Footprint: 40' x 60'
Building Setbacks: 35' front/rear, 15' side
Water Source: Shared Well
Number of Bedrooms: 3/360 GPD
Proposed LTAR: 0.225 GPD/FT2 (initial-ICHD), 0.3 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24" maximum (initial), 36" maximum (repair)

Line	Design Length	Actual Length
Not flagged	**80'**	
Yellow 1	**104'**	**120'**
White 2	**104'**	**120'**
Orange 3	**112'**	**120'**
Blue 4		92'
Yellow 5		75'
Pink 6		56'

Initial System: 400' **Repair System:** 223'

Comments:
The old farm terrace and ditch must be graded out. The shared well is on an adjoining piece of property. The water line should follow the front property line. The septic system must maintain 10' of separation from the water line.

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

PROPERTY ID #: 4740341886__
COUNTY: _Iredell____

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

APPROVED MAY 0 9 2016
BA

OWNER: _PITA Investments LLC_____ APPLICATION DATE_____
ADDRESS: 106 Linberg Ln. Mooresville NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _3 bdrm_____ PROPOSED DESIGN FLOW (.1949): _360 GPD____ PROPERTY SIZE: _0.65 AC_____
LOCATION OF SITE: _end of Lipe Rd_____ PROPERTY RECORDED: __2016_____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-20	R C SBK	FR SS SP SEXP	Few YB/Litho NO YB	48"	Few SAP	N/A	PS 0.35-0.4 >20"
		20-48	R CL WSBK	FR SS SP SEXP					
2	LS 6%	0-12	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		12-45	R C SBK	FR SS SP SEXP					
		45-48	R CL WSBK	FR SS SP SEXP					
3	LS 6%	0-7	Br SCL WSBK	FR SS SP SEXP	F-C YB No YB	48"	N/A	N/A	PS 0.25
		7-44	R C SBK	FR SS SP SEXP					
		44-48	R CL WSBK	FR SS SP SEXP					
4	In farm terrace	0-20	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP @ 40"	N/A	PS 0.35-0.4
		20-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1080 FT2	669 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.25	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 47403541886
DATE OF EVALUATION:
COUNTY: Iredell

APPROVED MAY 09 2016 RA

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	In farm terrace	0-10	RY CL WSBK	FR SS SP SEXP	F-C YB/Mn CHR 2 @ 45"	45"	N/A	N/A	PS 0.25
		10-45	R C SBK	FR SS SP SEXP					
6	LS 6%	0-7	Br CL WSBK	FR SS SP SEXP	F-C YB/Mn	50"	N/A	N/A	PS 0.25-0.275
		7-45	R C SBK	FR SS SP SEXP					
		45-50	R CL WSBK	FR SS SP SEXP	No YB/Mn				
7	CHZ@39" Y/BR WEAK STRUCTURE	0-6	CL WSBK	SS	YBR 6-39 CHZ@39"			39"	.225 TO 39"
		6-39	C, W SBK	S					

LICENSED SOIL SCIENTIST MICHAEL ATK... STATE OF NORTH CAROLINA 1252

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

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

****

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
PITA Investments, LLC	109 Lindbergh Ln 28117	704 664 4342	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
274 Lyle Rd 28166		

Driving Directions: _____

****

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

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

Maximum Number of Bedrooms 3
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)* ( ) EXISTING SYSTEM installed _____ *Year*

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

8. Please Answer The Following To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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

9. Signature: _____ 6/1/16

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

GENERAL WARRANTY DEED

Excise Tax: $-0-

Tax Parcel ID No.: Portion of 4740-34-1886 Verified by: Iredell County

on the ____ day of _____, 20____ By: _____

NO TITLE OPINION RENDERED OR IMPLIED – NO CLOSING HELD BY PREPARING ATTORNEY

Mail/Box to: Grantee

This instrument was prepared by: Kevin C. Donaldson, Attorney at Law, Jones, Childers, McLurkin & Donaldson, PLLC, 149 Welton Way, Mooresville, NC 28117

Brief description for the Index: _

THIS DEED, made this the ____ day of _____, 2016, by and between

GRANTOR: **Pita Investments, LLC, a North Carolina limited liability company (f/k/a Todd Abernathy Construction, LLC, a North Carolina limited liability company)**
whose mailing address is 109 Lindbergh Lane, Mooresville, NC 28117
(herein referred to collectively as **Grantor**) and

GRANTEE: **Pita Investments, LLC, a North Carolina limited liability company**
whose mailing address is 109 Lindbergh Lane, Mooresville, NC 28117
(herein referred to collectively as **Grantee**) and

WITNESSETH:

For valuable consideration from Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby gives, grants, bargains, sells and conveys unto Grantee in fee simple, subject to the Exceptions and Reservations hereinafter provided, if any, the following described property located in the Township of Barringer, County of **Iredell**, State of North Carolina, more particularly described as follows:

BEGINNING at a point in the line of Paul Dean Malcolm (See Deed Book 501, Page 132), said point being the northeasternmost corner of Pita Investments, LLC (See Deed Book 1437, Page 1182) which is a common corner with the northwesternmost corner of Jerry W. and Karen H. Staley (See Deed Book 1127, page 774); thence running with the line of Staley South 08-07-20 West 124.67 feet to a computed point located in the western terminus of Lipe Road a new corner of Pita Investments, LLC; thence running with three new lines of Pita Investments, LLC as follows: (1) North 70-37-49 West 207.51 feet to a computed point; (2) North 62-16-20 West 103.28 feet to a computed point; and (3) North 11-29-10 East 53.24 feet to a common corner with Pita Investments, LLC and Malcolm; thence running with the line of Malcolm South 81-11-00 East 297.72 feet to the point and place of BEGINNING the same containing 0.65 acres, more of less according to that certain survey prepared by Patterson Land Surveying, PA and dated April 16, 2016.

THE PURPOSE OF THIS DEED IS TO CREATE A NEW TAX PARCEL NUMBER FOR THE PROPERTY DESCRIBED HEREIN IN ORDER TO SATISFY THE EXISTING IREDELL COUNTY GOVERNMENTAL REGULATIONS.

Said property having been previously conveyed to Grantor by instrument(s) recorded in Deed Book 1437, Page 1182, and being reflected on plat(s) recorded in Map/Plat Book n/a , page/slide n/a.

All or a portion of the property herein conveyed ___ includes or __x_ does not include the primary residence of a Grantor.

TO HAVE AND TO HOLD unto Grantee, together with all privileges and appurtenances thereunto belonging, in fee simple, subject to the Exceptions and Reservations hereinafter and hereinabove provided, if any.

And Grantor hereby warrants that Grantor is seized of the premises in fee and has the right to convey same in fee simple, that title is marketable and is free and clear of encumbrances other than as set forth herein, and that Grantor will forever warrant and defend the title against the lawful claims of all persons or entities whomsoever.

This conveyance is made subject to the following Exceptions and Reservations:
1. ANY AND ALL EASEMENTS, RIGHTS OF WAY AND RESTRICTIONS OF RECORD.
2. ANY AND ALL ZONING AND PLANNING ORDINANCES.

All references to Grantor and Grantee as used herein shall include the parties as well as their heirs, successors and assigns, and shall include the singular, plural, masculine, feminine or neuter as required by context.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Pita Investments, LLC, a North Carolina limited liability company (f/k/a Todd Abernathy Construction, LLC, a North Carolina limited liability company)

By:_____ _____(SEAL)
Print/Type Name & Title: Todd Abernathy, Manager

By:_____ _____(SEAL)
Print/Type Name & Title:_____

State of North Carolina
County of Iredell

(Official/Notarial Seal)

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Todd Abernathy, Manager, Pita Investments, LLC, a North Carolina limited liability company (f/k/a Todd Abernathy Construction, LLC, a North Carolina limited liability company).

Date: 5/31/16

Krista L. Honeycutt Notary Public
Notary's Printed or Typed Name

My Commission Expires:
January 21, 2018

KRISTA L HONEYCUTT NOTARY PUBLIC IREDELL COUNTY, NC

Revised December 17, 2009

RECEIVED APR 2 8 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

218387

Paid $350.00

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (X) 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:

Applicant Name: PITA Investments **Address:** 109 Linberg Ln - Mooresville NC 28117 **Phone:** Bart Abernathy 704 309 8626

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 270 Lipe Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: 115 N, TL Flowerhouse, TL Lipe, L End

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well (X) Existing Well (shared) ( ) 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 (X) Other: Accepted

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) No **Is the site subject to approval by any other public agency?**

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

Signature: _____ 4/28/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Lee Battett Abernethy, am the legal owner of the property located at 270 Lipe Rd, identified as PIN(Parcel Identification Number) 4740 34 1886, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Michael Athens Associates, Inc. Gary McNeely, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Lee Battett Abernethy — 4-26-16
Signature of Owner — Date

Leonel Perez — 4.26.16
Signature of Witness — Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

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

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

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

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

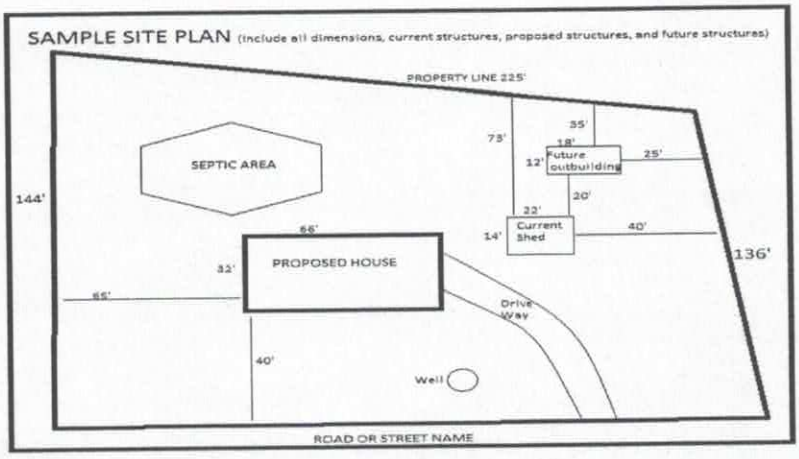
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

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

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached Septic permit

Signature: _____

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

6/1/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT

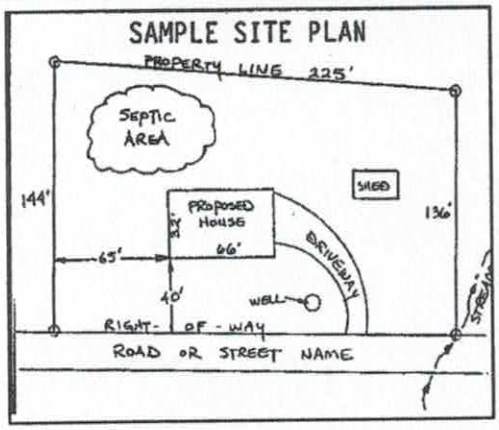
ENVIRONMENTAL HEALTH DIVISION

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

See Attached Plan

Signature: _____

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

4/28/2016

DATE

59 PAGE 287
1437 PAGE 1182

TAX PARCEL 4740-35-9185
PAUL DEAN MALCOLM
DEED BOOK 501 PAGE 132

Farm Terrace (to be removed)

S81°11'00"E 297.72'

N11°29'10"E 53.24'

Yellow 5 - 75'
Pink 4 - 52'
Blue 4 - 92'
Orange 3 - 112' Actually 114'
White 2 - 104'
Yellow 1 - 104'
Not Flagged 80'

A81
A82
A83
A84
A85
A86

N62°16'20"W 103.28'

N70°37'49"W 207.51'

Water Line

10'

PORTION OF
TAX PARCEL 4740-34-1886
0.65 ACRES

15'
35'
40'
60'
ST
DRIVE
Total
99.67'
S08°07'20"W 124.67'
25.00'

Scale
1" = 40'

APPROVED MAY 09 2016

TAX PARCEL 4740-34-6709
TERYL P. & WALTER C. WHITMIRE JR.
DEED BOOK 764 PAGE 354

TAX PARCE
JERRY W. &
DEED BOOK

LIPE ROA

TAX PARCEL 4740-4
JERRY W. & KAREN H.
DEED BOOK 1127 PA

ON OF
34-1886
'S LLC
GE 287
AGE 1182

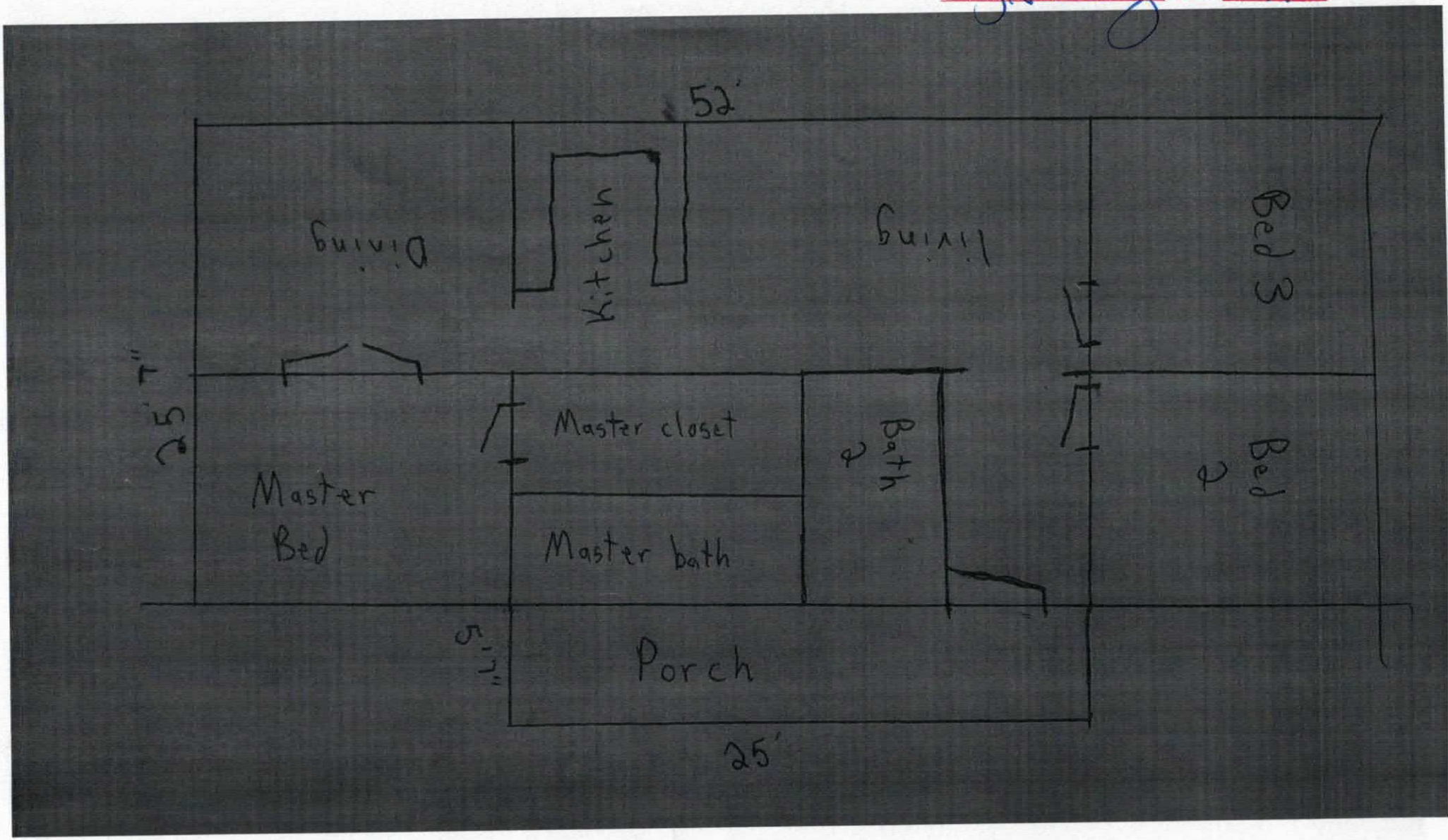
NTS LLC
287
TH CAROLINA
PA

GRAPHIC SCALE

Acknowledgement of
Plans Submittal ONLY!

Date 6/1/16

Date 6-1-16



IREDELL COUNTY

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

APPLICATION NUMBER
218387
Issue Date: 04/28/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4740341886.000	270 LIPE ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: PITA INVESTMENTS LLC	Applicant: PITA INVESTMENTS LLC
Address: 114 IREDELL CO, NC 28625	Address: 109 LINDBURGH LANE MOORESVILLE, NC 28117
Phone:	Phone: 704-799-7830

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.520	35.00	35.00	15.00	15.00	PA	X

Remarks:

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	67118	TOTAL FEES:	$ 77.25