ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325485

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

PIN # 4742--34--8509

APPLICANT/OWNER: Freedom Homes (Wayne) APPLICANT ADDRESS: 1124 Charlotte Hwy. Troutman, NC 28166

SITE ADDRESS: 113 Hollytree Ln Troutman, NC 28166 PHONE: 704 881-2328 ALT. PHONE

SITE DIRECTIONS: I-77 exit 45 TL Amity Hill TR Moose Club TL Dark Creek 1st Road on right Holly tree

SAP CONTROLLED: ☐ YES ☒ NO

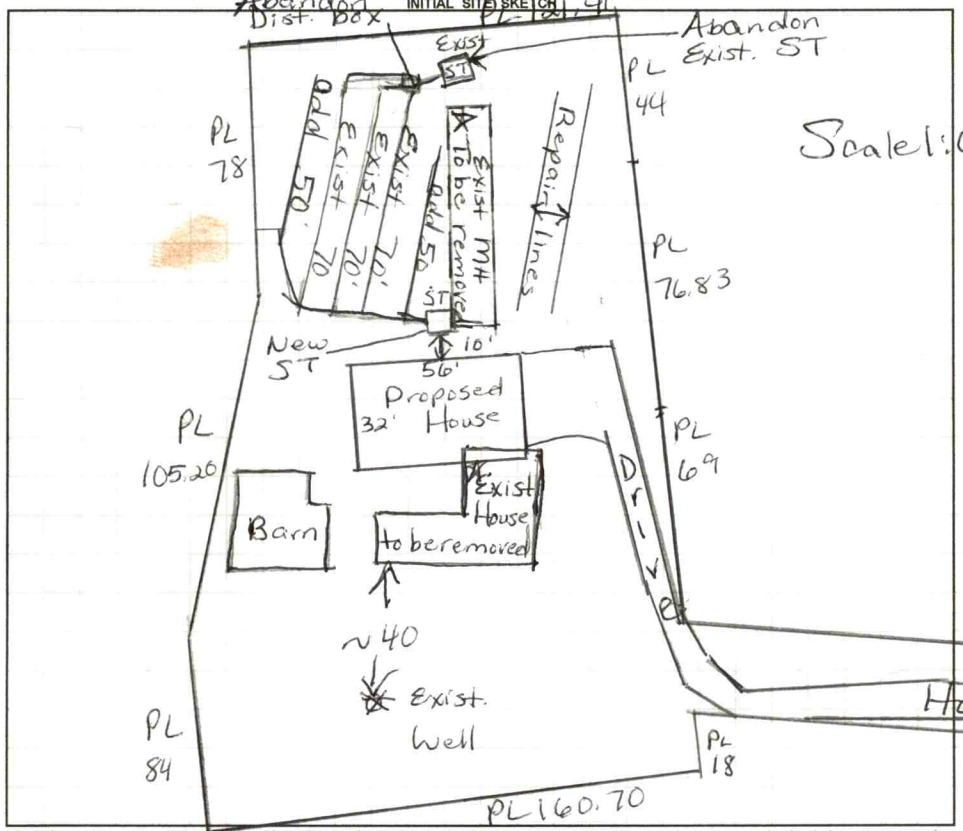
SUBDIVISION: — SECTION: — LOT # — LOT AREA: .349 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	6-13-22	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction + Existing gravel	☐ Business	No. Persons	2	☒ Private
Pump Make		Model		Serial #		Repair System Description:	PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	2	Linear Ft	100'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)		Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Abandon Existing ST & installed new ST 10ft from house. Install 2-50' drainlines one above & one below Existing drainfield.

Direct storm/surface water away from Septic Reroute distribution of Sewage to drainlines to other side of field.

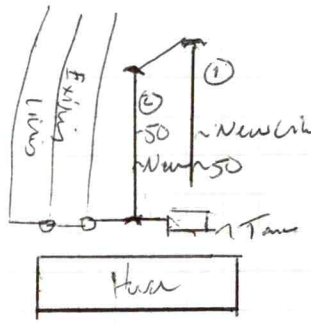
INITIAL SITE SKETCH



AS BUILT SKETCH

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

* Must remove existing MH prior to installing new drainlines
No Vehicular traffic over Septic



Lines 1+2 installed on same Elevation + planked at bottom at End Cap to Feed together before Stepping down to Existing Lines

Dark Creek

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: Kimberly Forsyth Date: 4/28/22 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Mariah Dobson Date: 4/28/22 OPERATION PERMIT by: Craig Thompson Date: 7-22-22

AUTHORIZATION TO CONSTRUCT by: Mariah Dobson Date: 4/28/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet ___ of ___
PROPERTY ID #: 4742347685
COUNTY: Iredell

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

OWNER: Freedom Homes — APPLICATION DATE 2/7/22
ADDRESS: 1124 Charlotte Hwy Troutman — DATE EVALUATED: 3/30/22
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: ___
LOCATION OF SITE: 113 Hollytree Troutman, NC — PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	0-28	Rd/Brto	Rdm-wSBK/MBK	SS, SP, SExp, FR				PS .3
		28-49	RCL	wSBK SS, SP, SExp, FR					
			w/few SAP Inclus						
2	4%	0-9	BrwSCL/CLw	SBK	SS, SP, SExp, FR				PS .3
		9-27	RCm-wSBK	SS, SP, SExp, FR					
		27-48	RCL	wSBK SS, SP, SExp, FR					
			w/few SAP	- Inclus					
3	5%	0-9	Brw	CLwSBK	SS, SP, SExp, FR				PS .3
		9-29	RdCLm-wSBK		SS, SP, SExp, FR				
		29-49	RdCL	wSBK	SS, SP, SExp, FR				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red + Exist	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Datson
OTHER(S) PRESENT: Joe MacIntosh

COMMENTS: ___

Updated February 2014

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

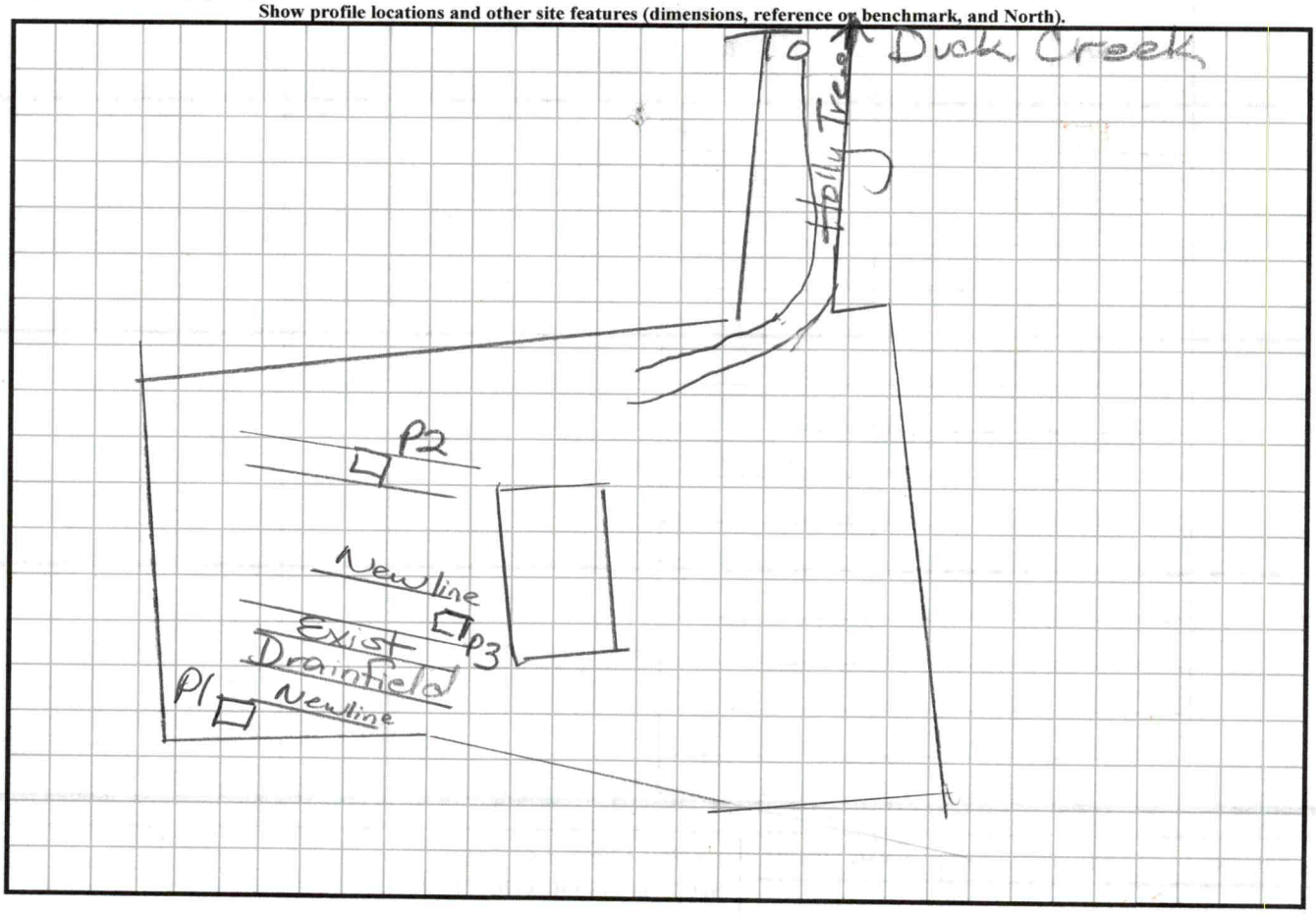
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



2

Email
LM 3/17/22
to schedule

MD

RECEIVED FEB 1 1 2022

3/30 Pits 10:00 am

AP-325485 $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Expansion

Add a Line *

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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; (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/ Kimberly Fry **Address:** 1124 Charlotte Hwy Troutman **Zip:** 28166

Applicant Email: kimsneed.sneed@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____

Owner Name: John Waugh **Address:** 316 Duck Creek Rd Troutman **Zip:** 28166

Owner Email: _____ **Phone:** 704-796-0765 **Alt. Phone:** _____

Property Information:

Street Address: 113 Hollytree LN Troutman, NC 28166

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

Driving Directions: SE ON N Center St (R) onto Shelton Ave, (L) Amity Hill Rd, (R) moose club rd, first (L) onto Duck Creek Rd, 1st (R) onto Hollytree LN, 113 is on (left)

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

Has 2BR Need to Add a line to make 3BR

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

I-55 line below I-45 above

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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.

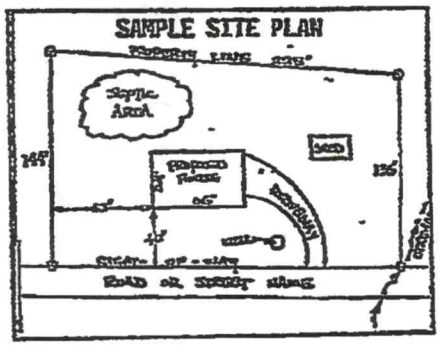
Signature: Kimberly Fry 2-7-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 plans:

- (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 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, ponds and decks, and any other item that will occupy space on the site

Attached

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

2-7-2022
DATE

Trautman

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR David R. Cash DATE 4-26-90 PERMIT NO. 6B B65A

PHONE: Business _____ Home _____

LOCATION 113 Duck creek rd

S. R. No. _____

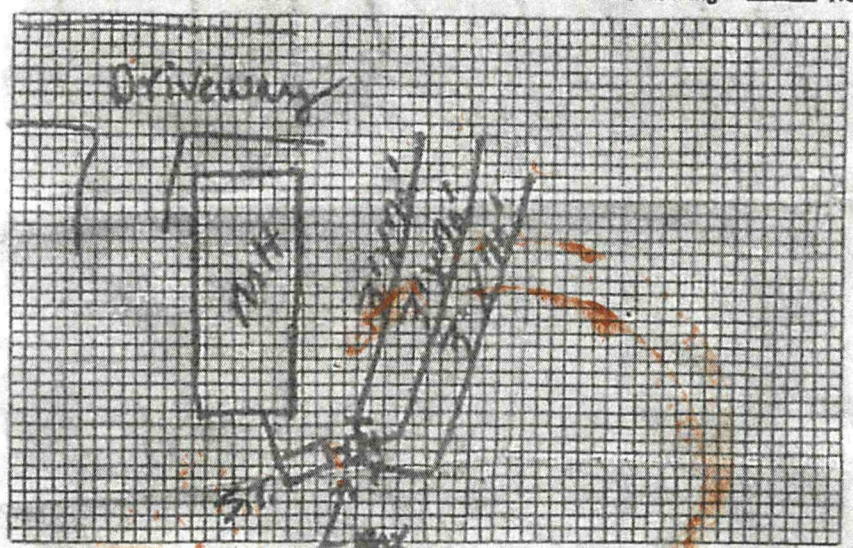
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Clayey
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	4
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Flat to 30
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	10+
Lot Area 1/2 acre			Rock or other impervious formations	None

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 630 Linear Ft. 210
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by J.C. Forsyth

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY J.C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J.C. Moore DATE 4-26-90

EXISTING SYSTEM CHECKED BY: _____ DATE _____

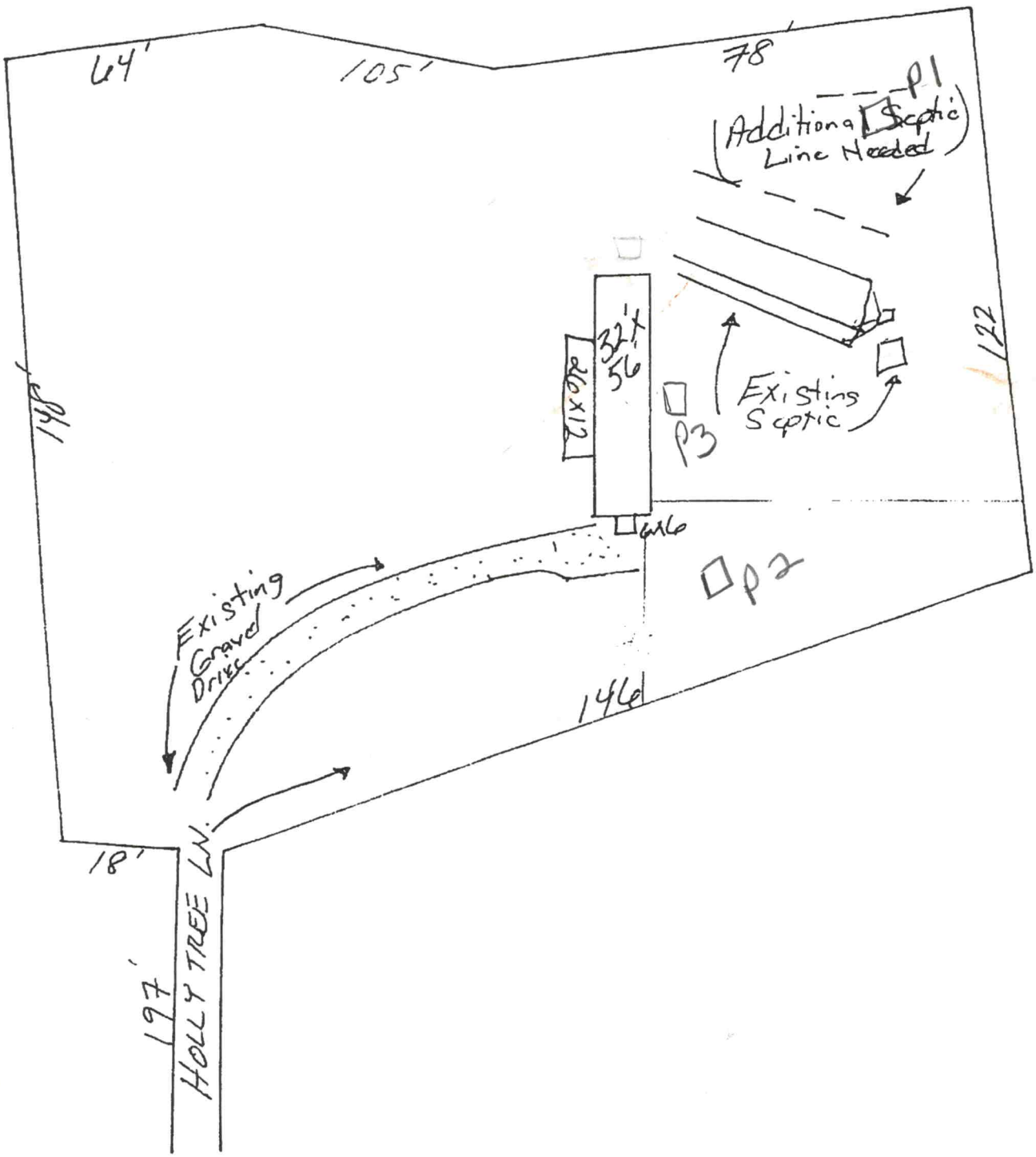
CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept Copy: White Inspection Dpt. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

PLOT PLAN
N.T.S

WAUGH
113 HOLLYTREE LN.
TROUTMAN



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, 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.

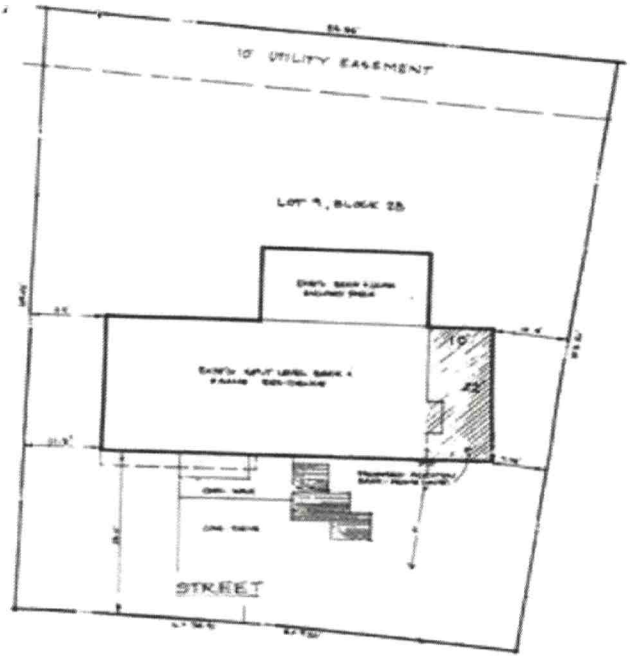
_____ _____ _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.

Waugh

Zoning Permit # 325485 See reverse for new construction.

Fee $ 45-00 Code 104

Zoning Permit

LOCATION	Date (mm/dd/yy)	02/08/2022	Tax Parcel #	4742347685
	Business Name or Property Owner	Freedom Homes / John Waugh		
	Street Address	113 Hollytree LN Troutman, NC 28166		
	Business Type and/or Project Description	New 32x56 Doublewide mobile Home with front 26x12 covered Gable Porch and 6x6 Side, Lot Has Existing Septic and Well and Driveway.		
APPLICANT	Applicant	Kimberly Frye	Preferred Phone	704-881-2326
	Address City/State/Zip	1124 Charlotte Hwy Troutman NC 28166		
	E-Mail	kimsneed.sneed04@gmail.com		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RS	Plans Attached	Yes ☐ No ☒
Utilities	N/A	Floodplain	Yes ☐ No ☒
Permitted Use of Property	Single-Family Home		
Minimum Setback Requirements	Front 25', Rear 25', Right Side 15', Left Side 15'. *Setback measured from nearest projecting point of structure to Property Line.*		
Comments:	Double-wide replacing Single-wide M.H. Must comply with Section 3.4.22 of UDO		

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Kimberly Frye
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

2-8-2022
Signature of Zoning Administrator

Zoning Permit # 325485

Fee $561.35

Code 104

See reverse for new construction.

Zoning Permit

LOCATION	**Date (mm/dd/yy)**	02/09/22	**Tax Parcel #**	4742347685.000
	Business Name or Property Owner	WAUGH JOHN C+BRENDA L		
	Street Address & Lot Number	113 HOLLYTREE LN		
	Business Type and/or Project Description	Double-Wide Mobile Home		
APPLICANT	**Applicant**	FREEDOM HOMES-TROUTMAN #667- USE THIS ONE	**Preferred Phone**	(704)528-7960
	Address City/State/Zip	1124 CHARLOTTE HWY TROUTMAN, NC 28166		
	E-Mail	KIMSNEED.SNEED04@GMAIL.COM		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only					
	Zoning District(s)	RS	**TL: NO | ETJ: YES**	Plans Attached	**NO**
	Utilities			Floodplain	**NO**
	Permitted Use of Property	Double-Wide Mobile Home			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:	Double-Wide Mobile Home replacing a Single-Wide Mobile Home. Must comply with Section 3.4.22 of UDO			

I hereby certify that all of the information provided for this application is to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Adminstrator

DocuSign Envelope ID: 0654328C-C4BA-4396-_ _6-2CB023250EB9

I certify that this map was drawn under my supervision from an actual survey made under my supervision (description recorded in DB 1801 PG 1606 or other reference source ____) that the boundaries not surveyed are indicated as drawn from information in DB ____ PG ____ or other reference source ____ that the ratio of precision or positional accuracy is 1:10,000+ and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).
This 8 day of MARCH 20 22.

Professional Land Surveyor L-5137

NORTH CAROLINA PROFESSIONAL SEAL L-5137 LAND SURVEYOR DUSTIN J. HILL

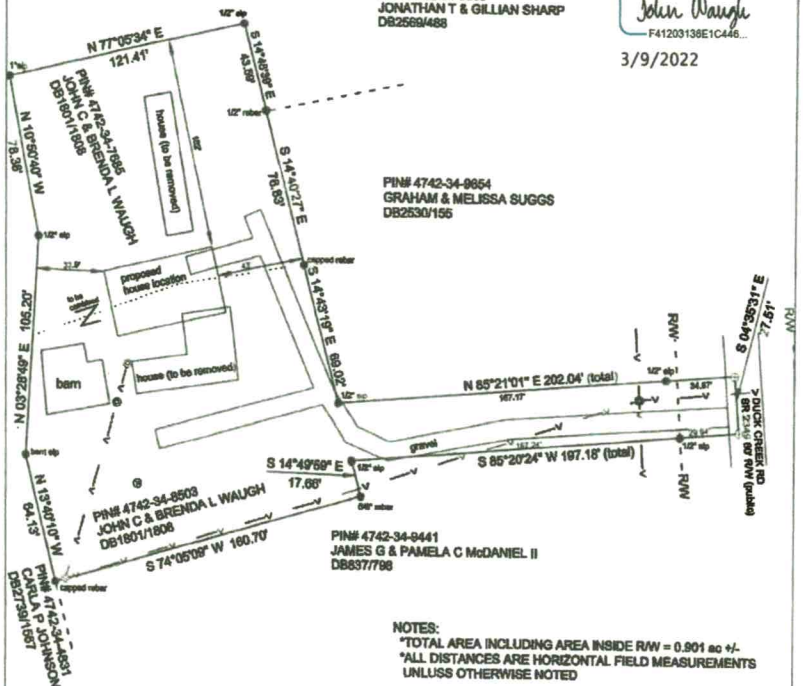
THIS MAP IS SUBJECT TO ANY EASEMENTS OR RIGHTS-OF-WAY OF RECORD PRIOR TO THE DATE OF THIS MAP, WHETHER VISIBLE OR NOT.

TITLE SEARCH NOT PROVIDED

DocuSigned by: John Waugh F41203136E1C446...
3/9/2022

JONATHAN T & GILLIAN SHARP
DB2569/488

PIN# 4742-34-8850
JONATHAN T & GILLIAN SHARP
DB2569/488



PIN# 4742-34-9654
GRAHAM & MELISSA SUGGS
DB2530/155

NOTES:
*TOTAL AREA INCLUDING AREA INSIDE R/W = 0.901 ac +/-
*ALL DISTANCES ARE HORIZONTAL FIELD MEASUREMENTS UNLUSS OTHERWISE NOTED

VICINITY MAP (no scale)



50 0 50 100

WATER METER
SEWER MANHOLE
POWER POLE
IRON FOUND
IRON SET
MONUMENT
PROPERTY LINE (surveyed)
PROPERTY LINE (not surveyed)
POINT NOT MONUMENTED
R/W RIGHT-OF-WAY
STREAM
OVERHEAD POWER LINE
WELL HOUSE

MY SEAL AND SIGNATURE CERTIFY THAT THIS MAP IS THE RESULT OF AN ACTUAL SURVEY PERFORMED UNDER MY SUPERVISION.

MAP FOR
JOHN & BRENDA WAUGH

SCALE	COUNTY	TOWNSHIP	DATE	PREC. RATIO
1" = 50'	SWDELL	FALLSTOWN	7 MARCH 2022	1 : 10,000 +

DEED REF: JOHN C & BRENDA L WAUGH DEED BOOK 1801 PAGE 1606

site by coordinates	DUSTIN HILL LAND SURVEYING DUSTIN J. HILL, L-5137 210 Duxbury Bridge Rd HARRISON, N.C. 27950 PHONE (919) 339-4556	JOB # 22030
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