Site Address: 161 Mill Plantation Cir; Rtm.

1:00 pm

# IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 150348 PIN# 4750802816.000 4750802857 ✓ Offsite: 4750-80-4630 DATE 5/2/08

OWNER OR APPLICANT Spear Builders Inc. PHONE: Business 704 202-4964 Home

ADDRESS 172 Allendale Cir, Troutman NC 28166

LOCATION 21 N TR Houston Rd. TR Colonial Congress TL Mills Plantation lot on Left

SUBDIVISION Georgic Mills Plantation BLOCK / SECTION LOT 35+35A LOT AREA .76 SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 8-3-08
Pump Tank: 1000 Gallons: PT 302 Date 7-15-08
Pump Make: ZOELLER Model N152 Serial No. .4 HP
Nitrification Field: No Fields 1 Square Feet 540' Linear Feet 270'
No Lines 3 Trench Width 24" Max Trench Bottom Depth 36"

☑ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PPBPS
Repair System Description: same
Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☑ Pressure ☑ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:
* System pumped to offsite easement Lot 35-A
* Per plan specs
* Install approved in line filter in PT

Comments:/Conditions: √ stemwall slab OK

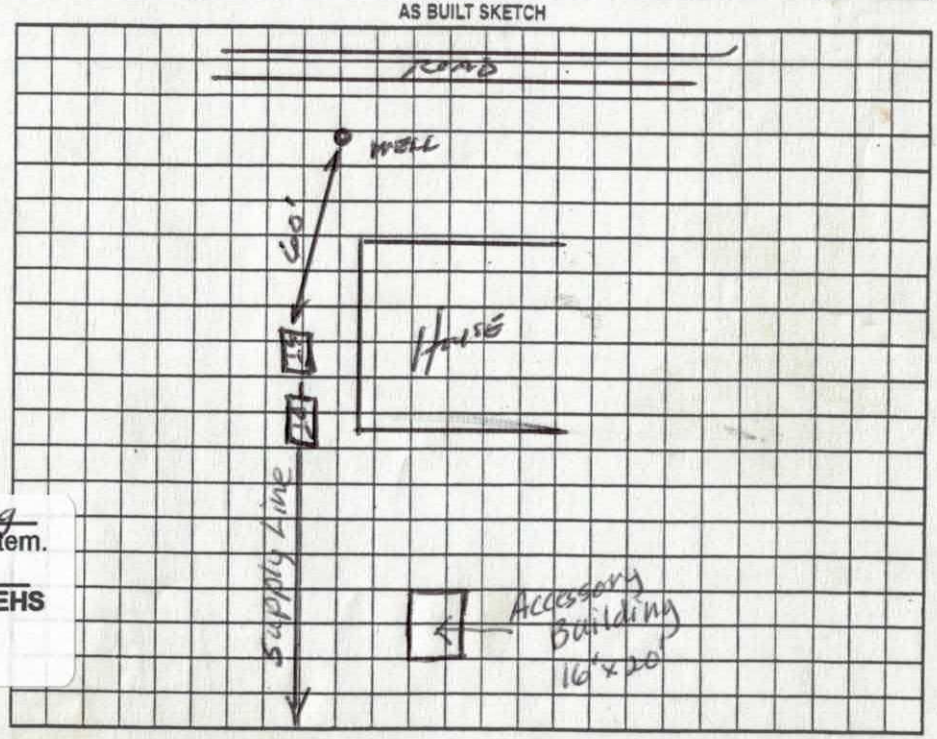
INITIAL SITE SKETCH

See Plan by S&ME

Off site septic is on lot 35-A
PIN # 4750-80-4630

The location of the proposed Accessory Building addition does not appear to impact the existing septic system.
**NOTE:
#165772 Judy Melville REHS
Date: 3-17-11
ICHD-Environmental Health Division

AS BUILT SKETCH



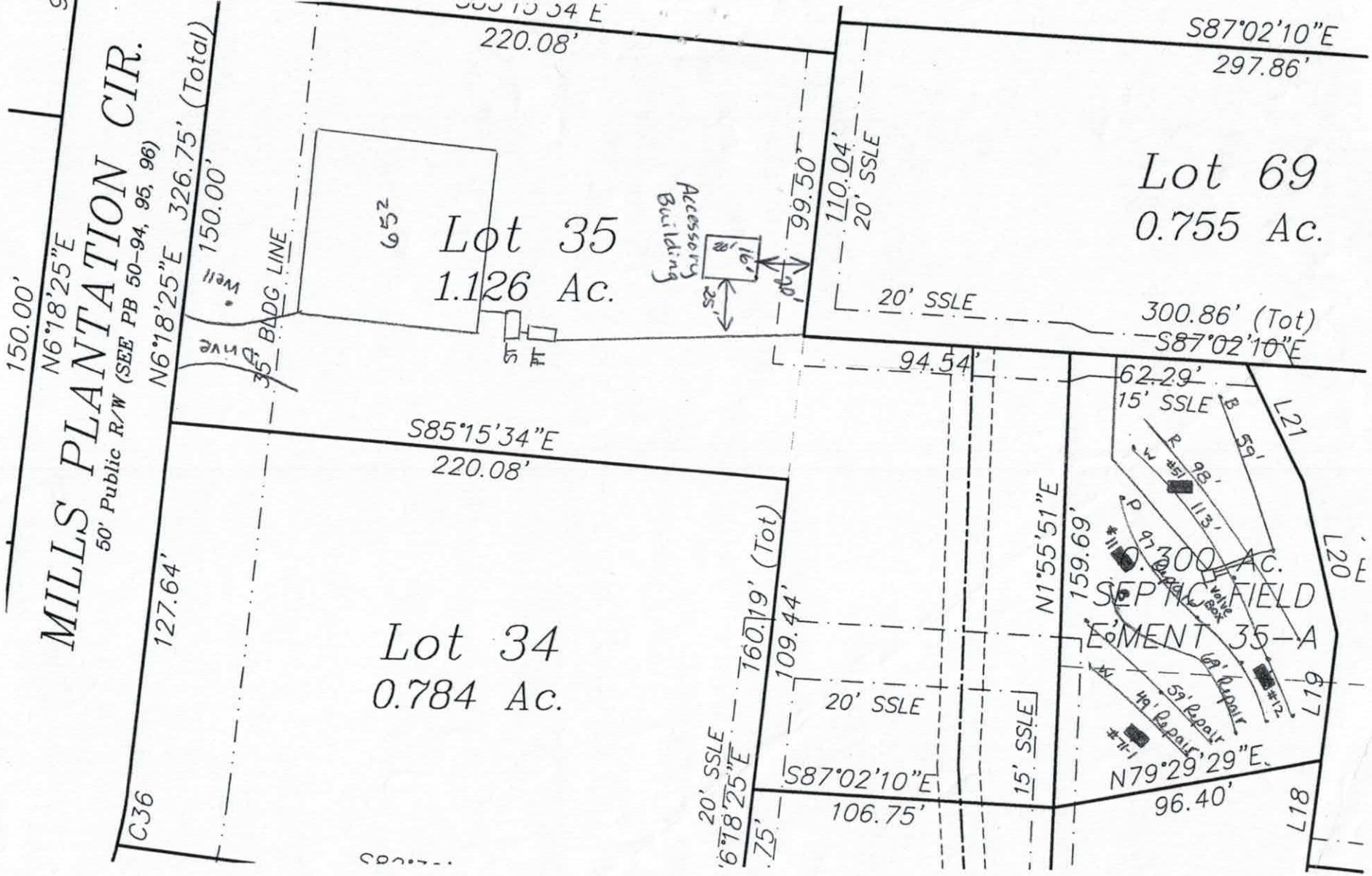

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☑ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 6/2/08 Installed by: GEORGE KIRKPATRICK - ROWAN SEPTIC

Improvement Permit by: Anthony Coker Jr. date 5/2/08 Operation Permit by: Wesley Sparks RS. date 10/3/08

Authorization to Construct by: Judy Melville date 6-3-08 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


MILLS PLANTATION CIR.
50' Public R/W (SEE PB 50-94, 95, 96)
150.00'
N6°18'25"E
326.75' (Total)
150.00'
N6°18'25"E
220.08'
S85°15'34"E
220.08'
S87°02'10"E
297.86'
Lot 35
1.126 Ac.
652
Well
35' BLDG LINE
Drive
Accessory Building
16'
20'
99.50'
110.04'
20' SSLE
Lot 69
0.755 Ac.
20' SSLE
300.86' (Tot)
S87°02'10"E
94.54'
62.29'
15' SSLE
B 59'
L21
R 98'
W #15
113'
P 97'
#11
Valve Box
0.300 AC.
SEPTIC FIELD
EASEMENT 35-A
69' Repair
59' Repair
49' Repair
#12
#11-1
L19
L20
N1°55'51"E
159.69'
S85°15'34"E
220.08'
127.64'
160.19' (Tot)
109.44'
Lot 34
0.784 Ac.
20' SSLE
15' SSLE
20' SSLE
S6°18'25"E
S87°02'10"E
106.75'
N79°29'29"E
96.40'
L18
C36
75'

## Lot 35 GA. Mills Plantation Fast Track Septic System Information

| | |
|---|---|
| **Number of Bedrooms** | 4 |
| **Basement or Crawl** | **Crawl Space** |
| **Design Flow (gpd)** | 480 |
| **LTAR (gpd/ft2)** | 0.3 |
| **Primary System Type** | **LP PPBPS** |
| No. Lines | 3 (See Table) |
| Total Linear Feet | 270 |
| Trench Width | 2' min. |
| Trench Spacing | 8' min. |
| Pump Required | Yes |
| Distribution Device | Gate Valve Box w/ LPP Distribution |
| Maintenance Agreement Required | Yes |
| Length and Diameter of Supply Pipe | 295' of 2" SCH 40 PVC |
| Size of laterals | 1 1/4" SCH 40 PVC |
| Flow Rate through the system | 30.5 gpm |
| Elevation head | Approx. 8.0' |
| Pressure head | 3.0' |
| Friction head | 5.7' |
| 20% Contingency | 3.3' |
| Total Head | 20.0' |
| Pump Requirements | 30.5 gpm @ 20.0' of head<br>To be designed by installer. ICHD requires In line pump filter such as Sim Tech |
| Maximum Dosing Volume | 219.6 gal -2.2 doses/day @ design flow* |
| Volume of water pumped per dose | Calculated to specific tank by measure or dealer engineering specifications ( 1 cubic ft. of water equals 7.48 gal.) |
| Pump Run per dose | approx. 7.2 min. |
| Check Valve | No |
| Siphon Break hole | Yes |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 274 |
| Repair LTAR | 0.3 |

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

## Table 1: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Elev. (Ft.) | Panels | Holes | Hole Spacing | Hole Size (In.) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | System | Blue | LPPPBPS | 59 endfed | 849.8 | 13 | 13 | 1 per panel | 5/32" |
| 2 | System | Red | LPPPBPS | 98 splitfed | 849.0 | 22 | 22 | 1 per panel | 5/32" |
| 3 | System | White | LPPPBPS | 113 splitfed | | 26 | 26 | 1 per panel | 5/32" |
| 4 | Repair | Pink | LPPPBPS | 97 | | | | | |
| 5 | Repair | Blue | LPPPBPS | 69 | | | | | |
| 6 | Repair | Orange | LPPPBPS | 59 | | | | | |
| 7 | Repair | White | LPPPBPS | 49 | 844.4 | | | | |
| | | | | | | Total: 61 | Total: 61 (1 in each panel turned up) | | |
| | | | | Total System: 270' | | | | | |
| | | | | Total Repair: 274' | | | | | |

| | | | |
|---|---|---|---|
| Tank | Red | 1000 gal (2 compartment) | 858.9 |
| Pump Tank | Red | 1000 gal. | 858.9 |
| House | Pink | Right Rear | 858.9 |

**Note:** **Elevations to be checked by surveyor prior to installation**
**Shape septic area to shed surface water**
**Add rock to gully wall to stabilize slope**
**Septic area located off site on SFE 35-A**
**Well must be placed according to location shown on map**

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: GA Mills
ADDRESS: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: Lot 35A

APPLICATION DATE _____
DATE EVALUATED: _____
PROPERTY SIZE: _____
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) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 71-1 FS Ab Partially filled in | 0-9 | WK SBK CL | FR SS SP | Red | | | | 0.3 |
| | | 9-16 | MO GR SL (LNO Sap) | FR SS SP | yel Red | | | | |
| | | 16-27 | MO GR L | FR SS SP | Gray Br | | | | |
| | | 27-36 | WK SBK CL | FR SS SP | Lt. Red | | | | |
| 2 | #51 L | 0-9 | MO GR SL | FR SS/NP | Red | | | | 0.3 |
| | | 9-24 | MO SBK C | FR SS/SP | Red | | F sap | | |
| | | 24-53 | WK SBK CL/C | FR SS/SP | Red | | C sap | | |
| 3 | #11 FS | 0-24 | WK SBK SCL | FR SS/SP | Red | | | | 0.3 |
| | | 24-32 | MO GR SL | FR SS/NP | Br | | | | |
| | | 32-46 | MO/WK SBK C | FR SS/SP | Red | | | | |
| 4 | #12 L | 0-14 | MO SBK C | FR SS/SP | Red | | | | 0.3 |
| | | 14-25 | WK SBK CL | FR SS/SP | Red | | C sap | | |
| | | 25-46 | MA L sap | FR SS/NP | multi | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Kathleen Saunders
OTHER(S) PRESENT: Karen Wallace

COMMENTS: _____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 8/30/08
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Gas Mills Lot 35A 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 | OTHER PROFILE FACTORS .1943 SOIL DEPTH | OTHER PROFILE FACTORS .1956 SAPRO CLASS | OTHER PROFILE FACTORS .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| #1 1 | | 0-20 | mSbk C | Pr 5Y5/6 Sl vp | | | | | PS .3 |
| | | 20-26 | wSbk CL | fr 5Y5/8 Sa p | | | | | |
| | | 26-48 | MassLSaq | fr 5Y5/6 vp | | | | | |
| #11 2 | #11 | 0-14 | wSbk CL | Pr 5Y5/6 Sa p | | | | | PS .3 |
| | | 14-23 | wSbk C | Pr 5Y5/6 Sa p | | | | | |
| | | 23-48 | LK CL/ Brown Mix | Fr ss vp | Few reds | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |
| Site LTAR | | |

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Anthony Cohen
OTHER(S) PRESENT: Patrick SME

# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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

1. APPLICATION FOR: ___ Improvement Permit X Authorization To Construct ___BOTH ___Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X 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 | Work Phone |
|---|---|---|---|
| Misty Calhoun | 10115 Kincey Ave Huntersville 28078 | | 704-947-6118 |
| Owner Name | Mailing Address | Home Phone | Work Phone |
| Adams Homes AEC, LLC | same | | same |

4. Property Information:

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 161 Mills Plantation Cr. | Georgia Mills Plantation | lot 35 |

Driving Directions: Houston Rd. to Colonial Congress

**********

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) 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:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**********

7. Desired Septic System Type: *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ (X) No Preference

**********

8. 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. industry) 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.

9. Signature: Misty Calhoun
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/3/08
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

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

1. **APPLICATION FOR:** ✓ Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   **The following optional attachments may also be submitted:** ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   *Place check ( ) beside whichever is submitted if applicable* ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| Pilot Development | Kathleen Saunders, SAME | 704-942-1250 | |
| Same | | | |
| **Owner Name** | **Mailing Address** | **Home Phone** | **Work Phone** |

4. **Property Information:**

Street Address: ___ Subdivision Name: Georgia Mills Plantation Section/Phase and Lot Number: Lot 35

Driving Directions: Hwy 115, R Shepherds Rd, L Houston, L into Subdivision

**********

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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:**

(X) 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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other ___ ( ) No Preference

**********

8. **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. industry) 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.

9. Signature: Kathleen Saunders — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/5/08 — DATE

# Iredell County
# ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

**Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281**

| | | | |
|---|---|---|---|
| Permit #: | 150348ZO | Subdivision: | Georgia Mills Plantation |
| Proposed Use: | Single Family | Township: | 1600 Barringer |
| Location of Property: | 161 Mills Plantation Cir. Troutman NC 28166 | | |
| Parcel #: | 4750802816.000 | Zoning: | RA |
| Lot #: | 35 Size: 0.76 | Flood Plain: | No Watershed: None |
| Applicant: | Spear Builders, Inc | Owner: | Adams Homes AEC, LLC |
| Address: | 172 Allendale Circle<br>Troutman NC 28166 | Address: | 10115 Kincey Ave #160<br>Huntersville, NC 28078 |
| Phone: | 704-202-4964 | Phone: | 704-947-6118 |
| Property Recorded: | Yes Site Plan Reviewed: | Community Water: | No Community Sewer: |

**If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.**

Min. Lot Area:
Min. Front Yard: 35 ft
Min. Left Side Yard: 15 ft
Min. Lot Width: 100
Min: Rear Yard: 35 ft
Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:
Max. Built Upon Area:

Comments:
SFD

RECEIVED
MAY 28 2008
BY

Directions:
Houston Rd, rt on Colonial Congress, lft on Mills Plantation, lot on lft

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $45.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $335.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $380.00 |

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 5/8/2008

## IREDELL COUNTY HEATLH DEPARTMENT

## PAGE 2: *SITE PLAN WORKSHEET*

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

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

- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**
  ***SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***
- ✓ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

**Circle N/A on the following if appropriate:**

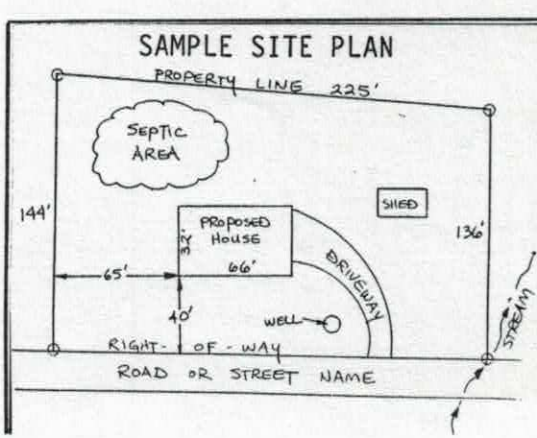
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

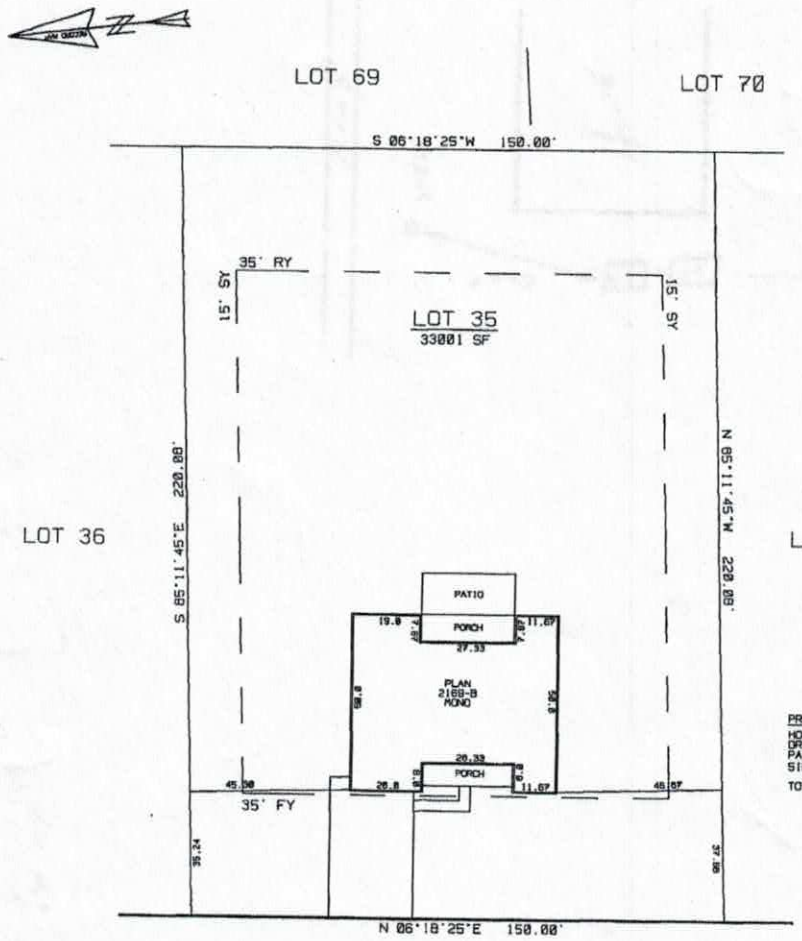
**Signature:** Misty Calhoun
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

6/3/08
**DATE**

**USE THIS SPACE TO DRAW YOUR SITE PLAN**

See Site plan attached






PRELIMINARY IMPERVIOUS
HOUSE: 2942 SF
DRIVE: 886 SF
PATIO: 318 SF
SIDEWALK: 60 SF
TOTAL: 4206 SF

# MILLS PLANTATION CIRCLE

50' PUBLIC R/W

NOTE: U.G. UTILITIES IN AREA SERVING OTHER PROPERTIES.
THIS PROPERTY SUBJECT TO ANY EASEMENTS OR RIGHT-OF-WAYS OF RECORD.
SEE RECORD PLAT FOR FURTHER NOTES.

IPF - IRON PIN FOUND
IPS - IRON PIN SET
BC - BACK OF CURB
CM - CONCRETE MONUMENT
PSDE - PUBLIC STORM DRAIN EASEMENT
S.T. - SIGHT TRIANGLE

SCALE - 1" = 40'

0 20 40 60 80

ADAMS HOMES

## PLOT PLAN

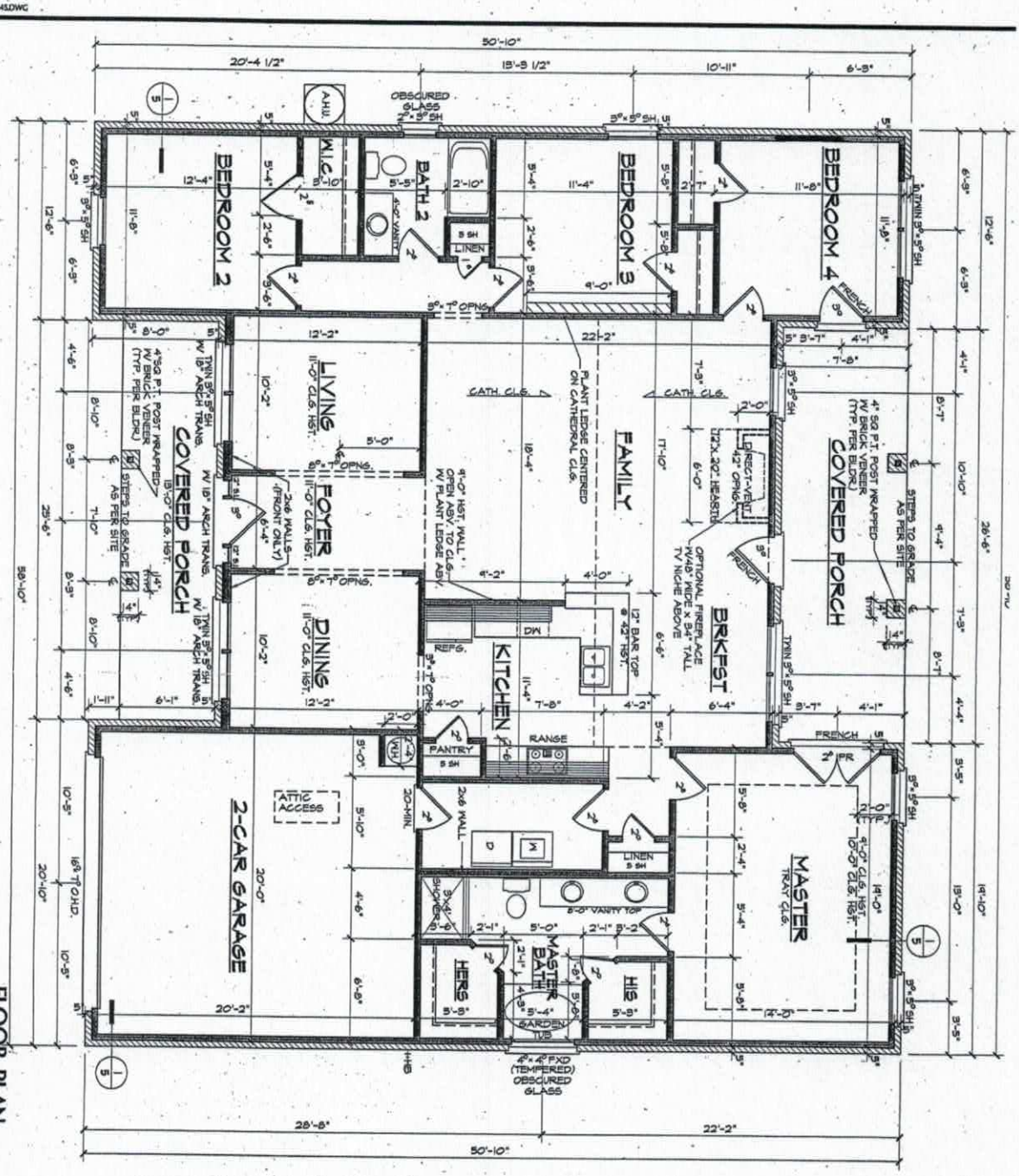
OF
161 MILLS PLANTATION CIRCLE
LOT 35 OF GEORGIA MILLS PLANTATION SHEET 2 OF 3
BARRINGER TOWNSHIP, IREDELL COUNTY, N.C.

MAP RECORDED IN BOOK 50
AT PAGE 95

ADGEO#6
DSK AD#14 GM35
DATE: 05/28/08
DRAWN: CLJ

Acknowledgement Of
Plans Submittal ONLY!
Date 6-3-08
Date 6/3/08

Plan-1445.DWG




FLOOR PLAN

41'-0" INCHU CLG. HGT. U.N.O.
SET WINDOWS @ 7'-0" U.N.O.

SCALE: 1/4"=1'-0"

SHEET 3 OF 5

DATE DRAWN 2-24-2006
REVISIONS

2169 "B" FE (R)

RALEIGH, NC
1445

AUTOCAD 2004

ADAMS HOMES AEC, LLC

6300 CHAPEL HILL ROAD, SUITE
RALEIGH, NC 27
919-233-6747 (office) 919-233-6780 (