ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-305755

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

PIN # 4761 - 03 - 7113

APPLICANT/OWNER: SUZANNE LAWSON APPLICANT ADDRESS: 630 EAST SECOND STREET, RICHLANDS, V.A. 24641

SITE ADDRESS: 107 WEATHER'S CREEK ROAD, TROUTMAN, N.C. 28166 PHONE: 276-971-8044 ALT. PHONE 276-964-6003

SITE DIRECTIONS: (S) ON 21, (L) ON OSTWALT AMITY, (R) ON WEATHER'S CREEK, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

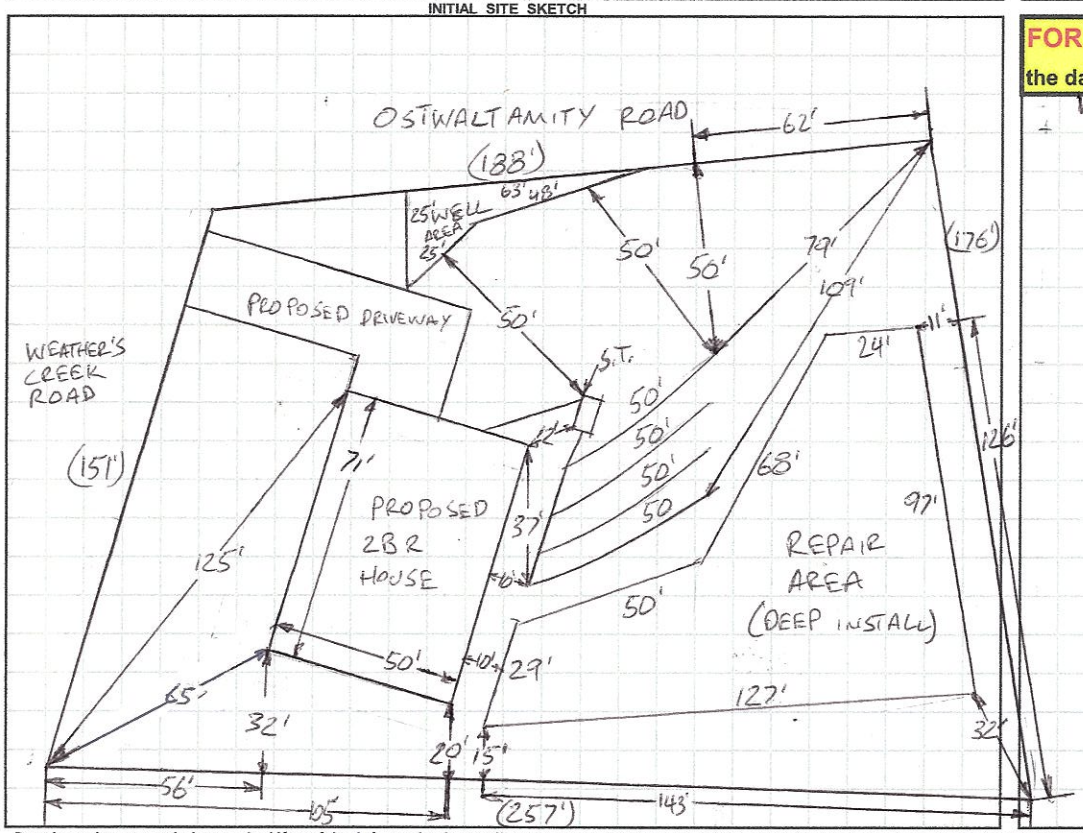
SUBDIVISION: OAK RIDGE SECTION: - LOT# 1 LOT AREA: 0.856 AC DESIGN FLOW: 240 GPD L.T.A.R.: 0.3 (0.2)

Septic Tank	1000	(gal)	STB 10/2	Date 3/21-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 2	Water Supply
Pump Tank	—	(gal)	PT —	Date —	System Description: 25% REDUCTION				☐ Business	No. Persons 4	☑ Private
Pump Make	—	Model —		Serial # —	Repair System Description: 25% REDUCTION - DEEP				☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 200 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth (Low side)	32 IN	Gravel Depth —		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION

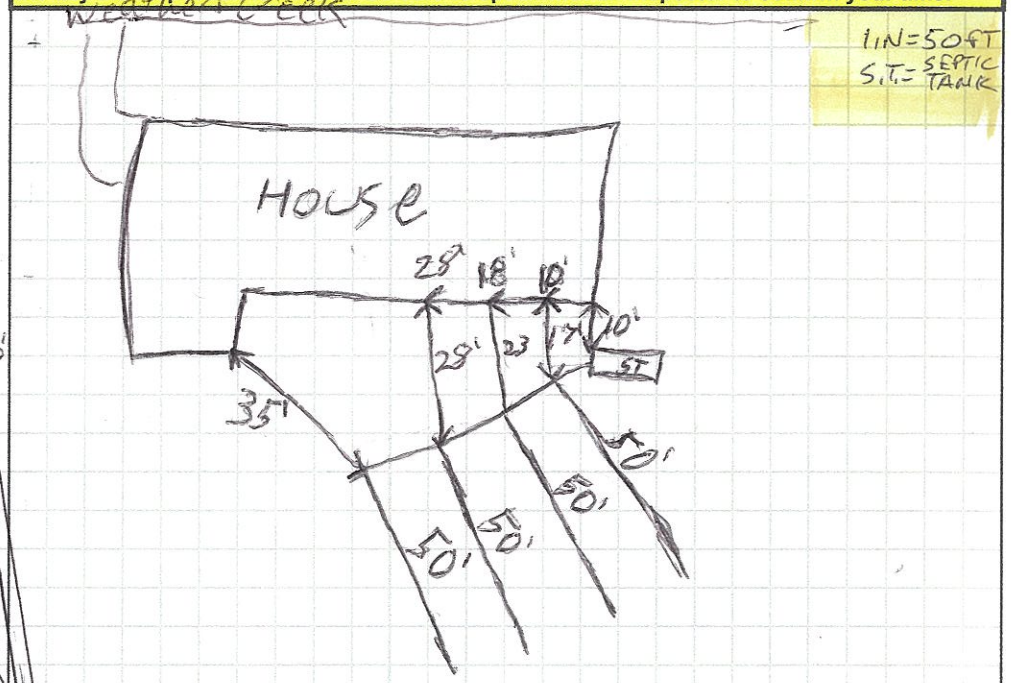
NEEDS SURVEYED PLAT PRIOR TO A.C. SHOWING HOUSE LOCATION SEE PLAT APROVED 12-11-2020

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.



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**

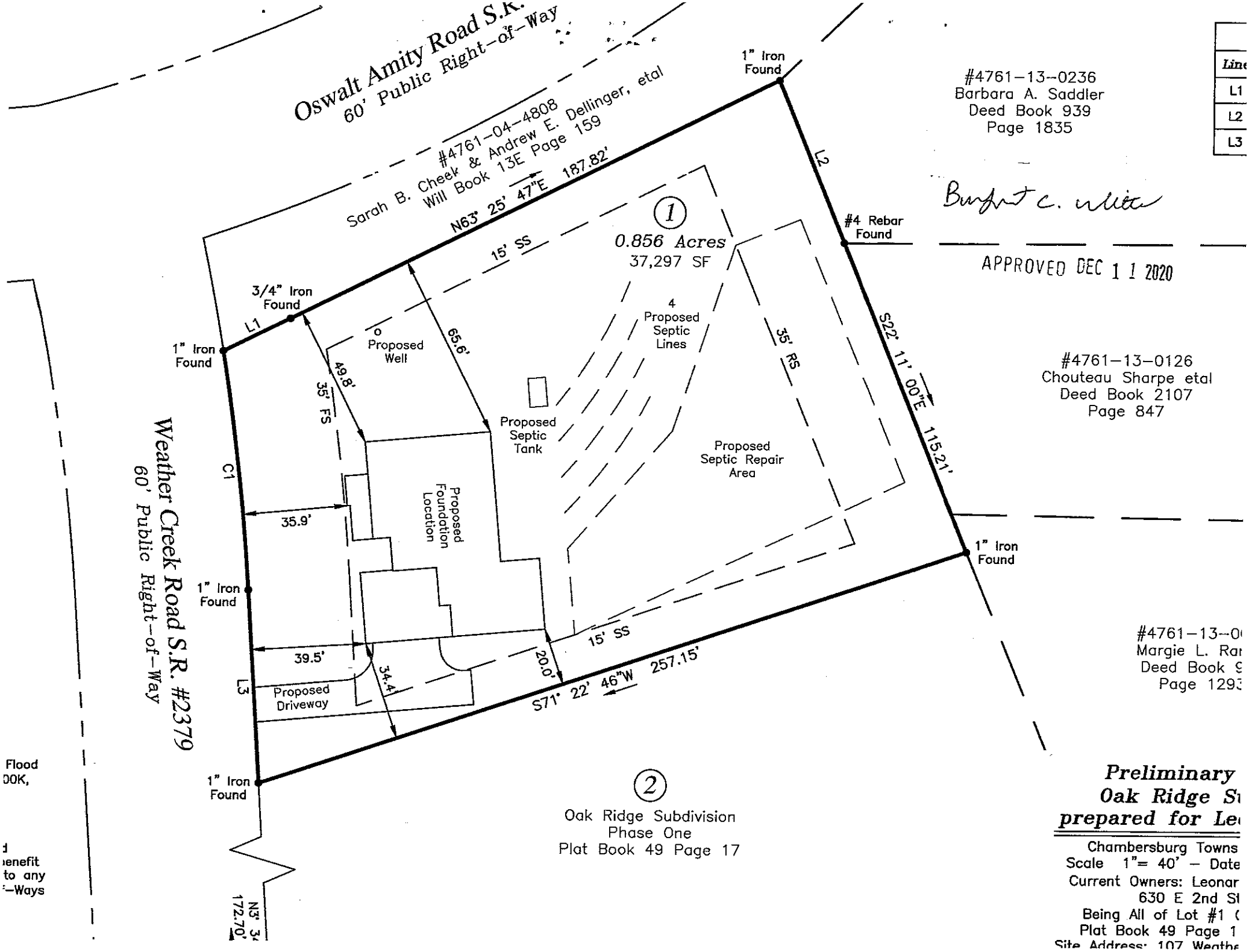
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12-4-2020 DATE: 12-21-AC Installed by: Charles Beatty Grading LLC

IMPROVEMENT PERMIT by: Burpost C White Date: 11-12-2020 OPERATION PERMIT by: Patricia J. Pigg EHT Date: 5/19/2021

AUTHORIZATION TO CONSTRUCT by: Burpost C White Date: 12-11-2020 Existing System Inspected by: Date:

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


Oswalt Amity Road S.R.
60' Public Right-of-Way
Sarah B. Cheek & Andrew E. Dellinger, etal
#4761-04-4808
Will Book 13E Page 159
N63° 25' 47"E 187.82'
1" Iron Found
#4761-13-0236
Barbara A. Saddler
Deed Book 939
Page 1835
L2
#4 Rebar Found
APPROVED DEC 1 1 2020
1
0.856 Acres
37,297 SF
15' SS
3/4" Iron Found
L1
1" Iron Found
o Proposed Well
65.6'
49.8'
35' FS
4 Proposed Septic Lines
35' RS
S22° 11' 00"E 115.21'
#4761-13-0126
Chouteau Sharpe etal
Deed Book 2107
Page 847
Proposed Septic Tank
Proposed Septic Repair Area
C1
35.9'
Proposed Foundation Location
1" Iron Found
1" Iron Found
39.5'
34.4'
20.0'
15' SS
L3
Proposed Driveway
S71° 22' 46"W 257.15'
Weather Creek Road S.R. #2379
60' Public Right-of-Way
1" Iron Found
2
Oak Ridge Subdivision
Phase One
Plat Book 49 Page 17
#4761-13-0(
Margie L. Rar
Deed Book 9
Page 129
Line
L1
L2
L3
Preliminary
Oak Ridge Su
prepared for Le
Chambersburg Towns
Scale 1"= 40' – Date
Current Owners: Leonar
630 E 2nd St
Being All of Lot #1 (
Plat Book 49 Page 1
Site Address: 107 Weathe
Flood
OOK,
benefit
to any
-Ways

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

Sheet 1 of 2
PROPERTY ID #: 426105113
COUNTY: IREDELL

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

OWNER: SUZANNE LAWSON
ADDRESS: 630 EAST SECOND STREET, RICHLANDS, V.A, 24641
APPLICATION DATE 3-9-2020
DATE EVALUATED: 9-14-2020
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240GPD
PROPERTY SIZE: 0.856 AC
LOCATION OF SITE: 107 WEATHER'S CREEK ROAD, TROUTMAN, N.C. 28166
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		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	LINEAR SIDE 8%	0-5	SCL, SBK	VFR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .3
		5-33	CL ABK	FR, S, P, SEXP					
		33-56	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 4%	0-24	CL, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		24-48	CL WABK	FI, SS, SP, SEXP					
3	RIDGE 2%	0-14	FILL	FILL	V/B DEPLETIONS 21"-42" CHROMA 1 SAP INC THRU OUT MICA COMMON	56"+	NA	NA	PS .25 IF FILL REMOVED
		14-48	CL, ABK	FR, S, P, SEXP					
		48-56	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 8%	0-10	SCL, SBK	FR, SS, SP, SEXP	V/B DEPLETIONS 10"-33" CHROMA 3S+4S SAP INC 33"+	58"+	NA	NA	PS .2 DEEP
		10-33	CL, ABK	FI, S, P, SEXP					
		33-58"	CL, ABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25% DEEP
Site LTAR	0.3	0.2

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4761037113
DATE OF EVALUATION: 9-14-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
5	LINEAR SIDE 2%	0-7	~~SR~~ fill	Fill	Y/B MOTS DEPLETIONS 20'-38" CHROMA 3S+4S SAP INC THRU OUT	58"	NA	NA	PS .2 BELOW 32"
		7-14	SCL, SBK	VFR, SS, SP, SEXP					
		14-45	C, ABK	FI, S, P, SEXP					
		45-58	CL, WABK	FI, SS SP, SEXP					

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

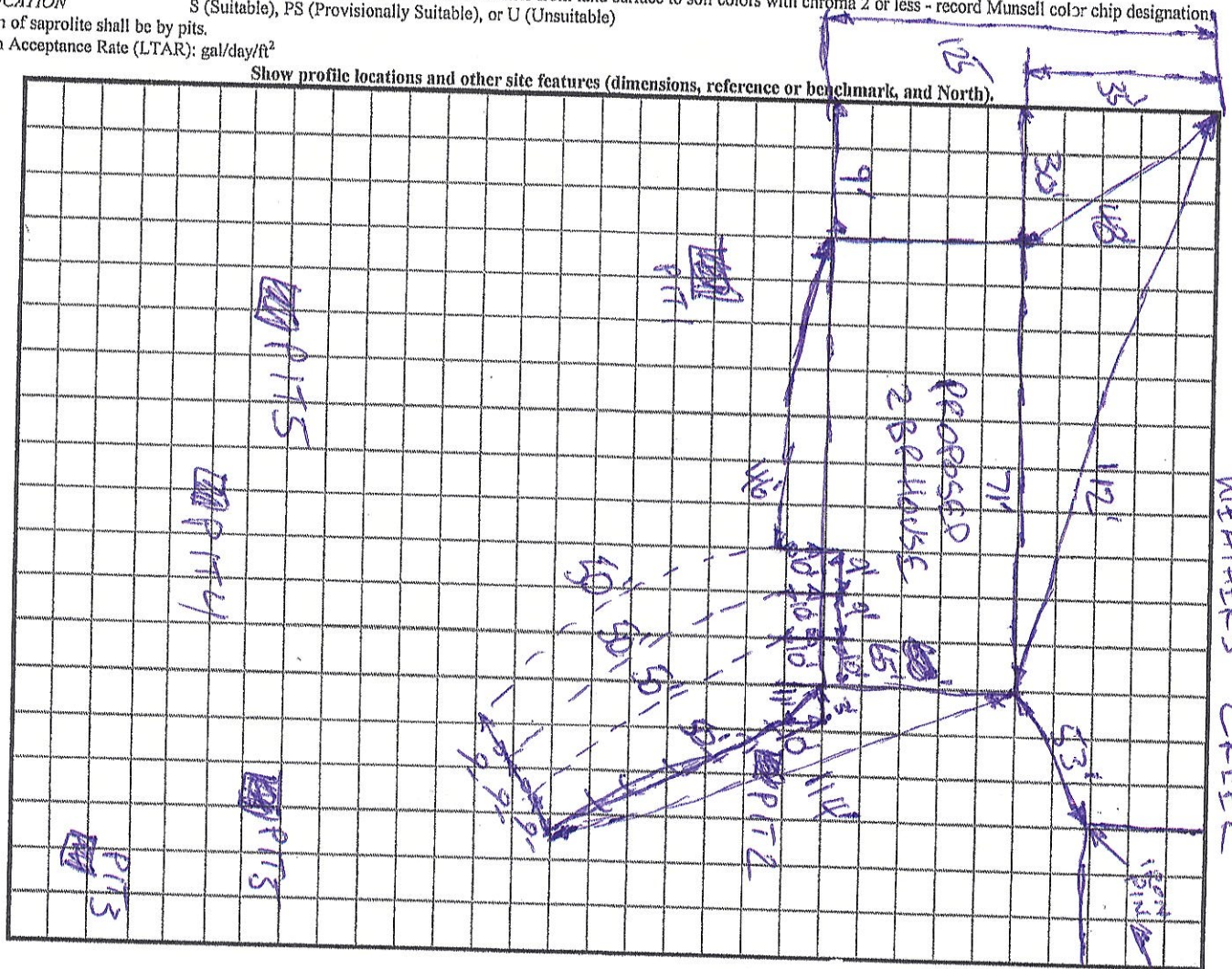
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



DocuSign Envelope ID: 4A598066-111B-451B-8F67-4B329E9186DE

Feb. 24. 2020 8:39AM RECEIVED AUG 1 0 2020 No. 9562 P. 1

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

Paid $500.00

AP-305755

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Suzanne Lawson Address: 630 E. 2nd St. Richlands VA Zip: 24641
Applicant Email: lawsonsk1@yahoo.com Phone: 276-971-8044 Alt. Phone: 276-964-6008
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 107 Weathers Creek Rd Troutman, NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Corner of Weathers Creek Rd and Amity

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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

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

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

Please answer the following to the best of your ability:

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

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

Signature: DocuSigned by: Rocco Arbitell DocuSigned by: janice arbitell 3/9/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
A9611968712F438...

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative.. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, Suzanne K Lawson & Leonard A. Lawson, am the legal owner(s) of the property located at 107 Weathers Creek Rd, identified as PIN (Parcel Identification Number) 4761-03-7113, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** E + S Contracting LLC. Edvian Ruiz, 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.

Suzanne K Lawson / Leonard A. Lawson — Signature of Owner(s)

11-16-2020 — Date

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. **" APPLICANT AND OWNER ARE THE SAME. "** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ 2. I, Rocco Arbitell janice arbitell am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4761037113, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Suzanne K. Lawson _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by: Rocco Arbitell 79611968742F438... DocuSigned by: janice arbitell 739232481DF2490...

Signature of Owner(s) 3/9/2020 Date

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

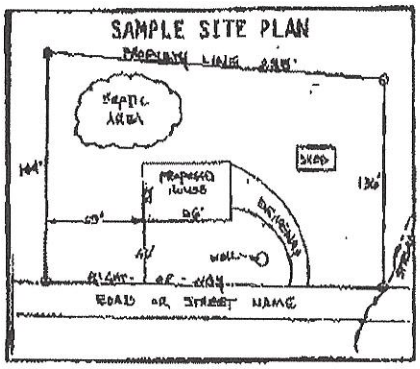
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

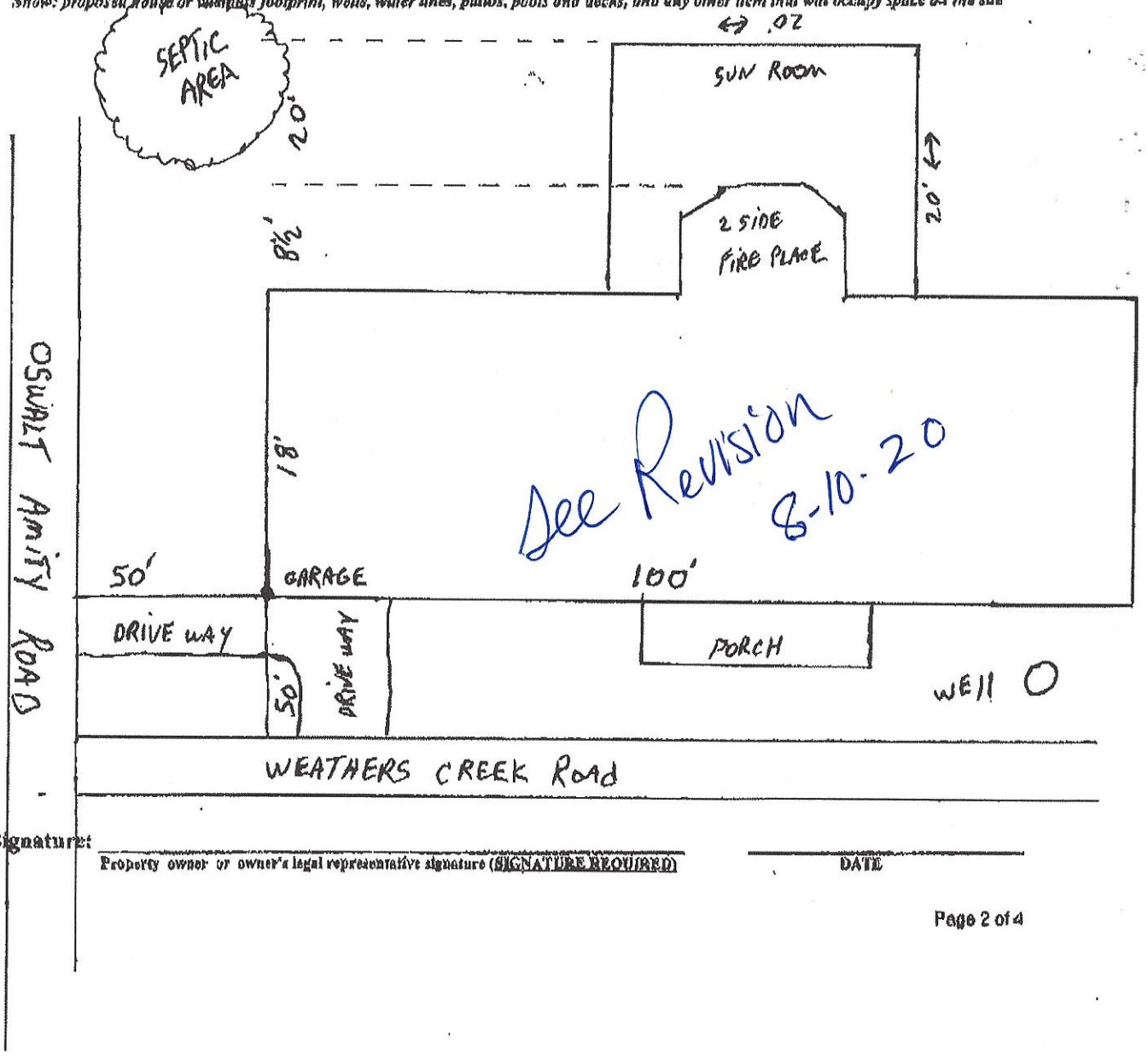
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____ _____

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

08/14/2020 07:08 9646008 Revised -Signed PAGE 01

Sue Lawson 276-971-8044

Project # AP- 3057X55 – paid 577.25

New Builder: E+S. Contracting LLC.

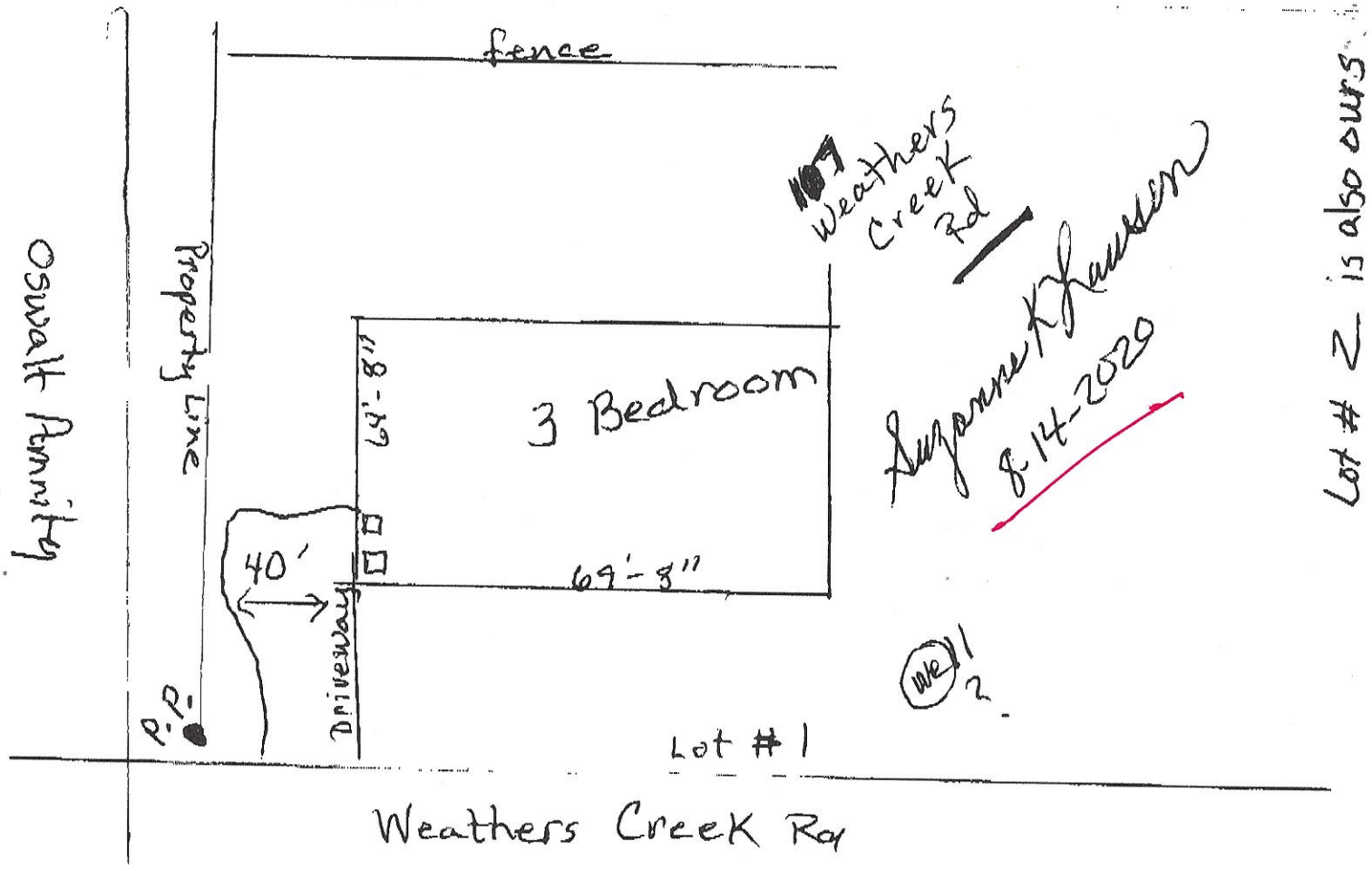
177 Fesperman Cir. Troutman NC 28166

Edrian: 704-402-6125

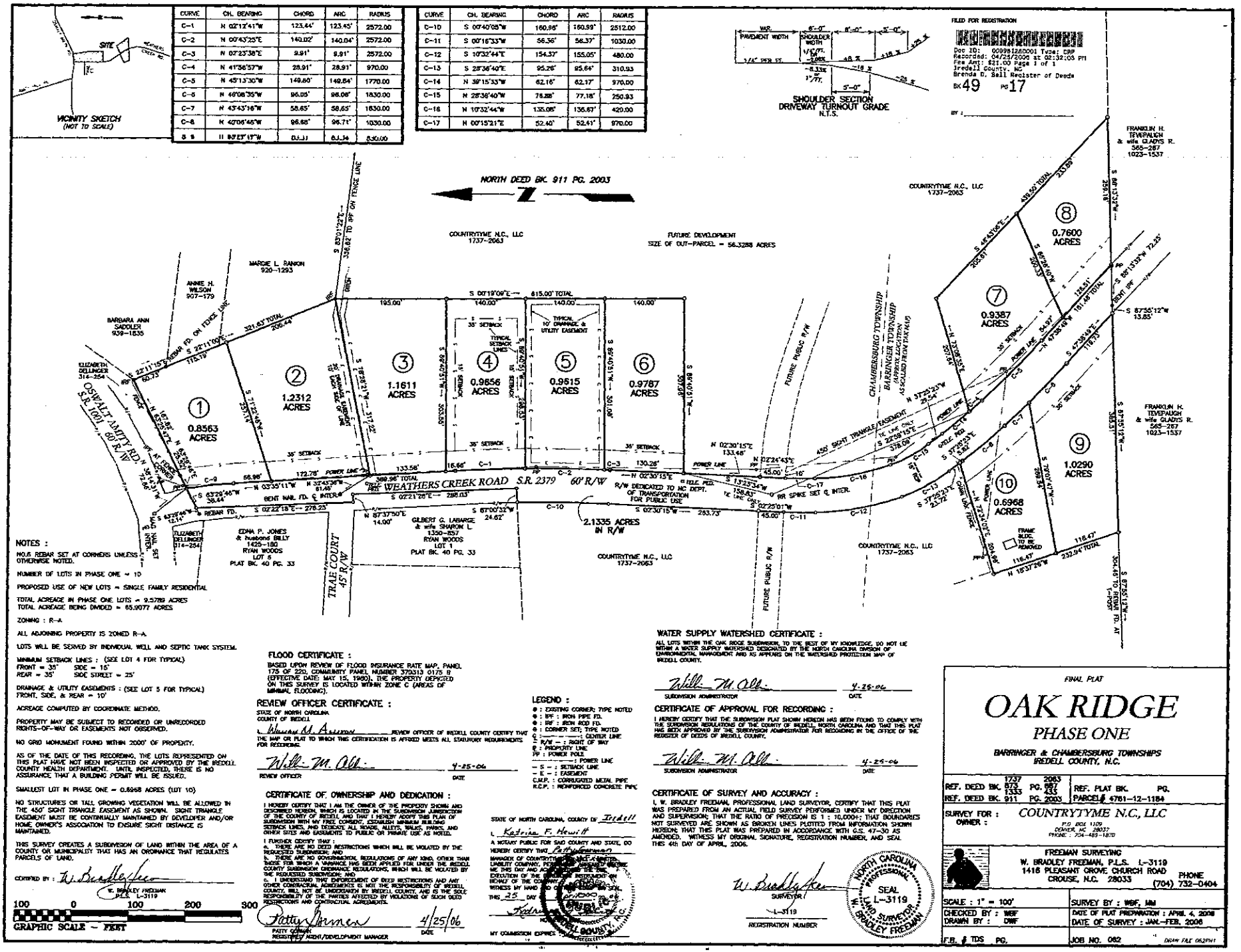
Builder will go out & Health Dept for Perking.

ATTN Rhonda

We have staked the house but wish it to be moved back another 10 feet to make 60' off of Weathers Creek.



107 Weathers Creek Rd



CURVE	CH. BEARING	CHORD	ARC	RADIUS
C-1	N 02°12'41"W	123.44'	123.45'	2572.00
C-2	N 00°43'25"E	140.02'	140.04'	2572.00
C-3	N 07°23'38"E	9.91'	9.91'	2572.00
C-4	N 41°56'57"W	28.91'	28.91'	970.00
C-5	N 45°13'30"W	149.60'	149.84'	1770.00
C-6	N 46°08'35"W	96.05'	96.08'	1830.00
C-7	N 43°43'16"W	58.65'	58.65'	1830.00
C-8	N 42°06'46"W	96.68'	96.71'	1030.00
C-9	N 89°27'17"W	60.33'	60.34'	830.00

CURVE	CH. BEARING	CHORD	ARC	RADIUS
C-10	S 00°40'03"W	160.86'	160.99'	2512.00
C-11	S 00°16'33"W	56.36'	56.37'	1030.00
C-12	S 10°32'44"E	154.37'	155.05'	480.00
C-13	S 28°36'40"E	95.26'	95.64'	310.93
C-14	N 39°15'33"W	62.16'	62.17'	970.00
C-15	N 28°36'40"W	76.88'	77.18'	250.93
C-16	N 10°32'44"W	135.08'	136.67'	420.00
C-17	N 00°15'21"E	52.40'	52.41'	970.00

NOTES :

NO.6 REBAR SET AT CORNERS UNLESS OTHERWISE NOTED.

NUMBER OF LOTS IN PHASE ONE = 10

PROPOSED USE OF NEW LOTS = SINGLE FAMILY RESIDENTIAL

TOTAL ACREAGE IN PHASE ONE LOTS = 9.5789 ACRES
TOTAL ACREAGE BEING DIVIDED = 65.9077 ACRES

ZONING : R-A

ALL ADJOINING PROPERTY IS ZONED R-A.

LOTS WILL BE SERVED BY INDIVIDUAL WELL AND SEPTIC TANK SYSTEM.

MINIMUM SETBACK LINES : (SEE LOT 4 FOR TYPICAL)
FRONT = 35' SIDE = 15'
REAR = 35' SIDE STREET = 25'

DRAINAGE & UTILITY EASEMENTS : (SEE LOT 5 FOR TYPICAL)
FRONT, SIDE, & REAR = 10'

ACREAGE COMPUTED BY COORDINATE METHOD.

PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY OR EASEMENTS NOT OBSERVED.

NO GRID MONUMENT FOUND WITHIN 2000' OF PROPERTY.

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

SMALLEST LOT IN PHASE ONE = 0.6968 ACRES (LOT 10)

NO STRUCTURES OR TALL GROWING VEGETATION WILL BE ALLOWED IN THE 450' SIGHT TRIANGLE EASEMENT AS SHOWN. SIGHT TRIANGLE EASEMENT MUST BE CONTINUALLY MAINTAINED BY DEVELOPER AND/OR HOME OWNER'S ASSOCIATION TO ENSURE SIGHT DISTANCE IS MAINTAINED.

THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

CERTIFIED BY : W. Bradley Freeman
W. BRADLEY FREEMAN
P.L.S. L-3119

FLOOD CERTIFICATE :

BASED UPON REVIEW OF FLOOD INSURANCE RATE MAP, PANEL 175 OF 220, COMMUNITY PANEL NUMBER 370213 0175 B (EFFECTIVE DATE: MAY 15, 1980), THE PROPERTY DEPICTED ON THIS SURVEY IS LOCATED WITHIN ZONE C (AREAS OF MINIMAL FLOODING).

REVIEW OFFICER CERTIFICATE :

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, William M. Allison REVIEW OFFICER OF IREDELL COUNTY CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

William M. Allison 4-25-06
REVIEW OFFICER DATE

CERTIFICATE OF OWNERSHIP AND DEDICATION :

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL, AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT, ESTABLISH MINIMUM BUILDING SETBACK LINES, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

I FURTHER CERTIFY THAT :

a. THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

b. THERE ARE NO GOVERNMENTAL REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER THE IREDELL COUNTY SUBDIVISION ORDINANCE REGULATIONS, WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

c. I UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER CONTRACTUAL AGREEMENTS IS NOT THE RESPONSIBILITY OF IREDELL COUNTY, WILL NOT BE UNDERTAKEN BY IREDELL COUNTY, AND IS THE SOLE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATIONS OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

Patty Conner 4/25/06
PATTY CONNER DATE
REGISTERED AGENT/DEVELOPMENT MANAGER

STATE OF NORTH CAROLINA, COUNTY OF Iredell

I, Katrina F. Hewitt
A NOTARY PUBLIC FOR SAID COUNTY AND STATE, DO HEREBY CERTIFY THAT Patty Conner
MANAGER OF COUNTRYTYME N.C., LLC, A LIMITED LIABILITY COMPANY, PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE DUE EXECUTION OF THE FOREGOING INSTRUMENT ON BEHALF OF THE COMPANY.
WITNESS MY HAND AND OFFICIAL SEAL,
THIS 25 DAY OF April, 2006.

Katrina F. Hewitt
NOTARY PUBLIC

MY COMMISSION EXPIRES 10-31-2009

LEGEND :

● : EXISTING CORNER; TYPE NOTED
● : IPF : IRON PIPE FD.
● : IRF : IRON ROD FD.
● : CORNER SET; TYPE NOTED
℄ : CENTER LINE
R/W : RIGHT OF WAY
℗ : PROPERTY LINE
PP : POWER POLE
POWER LINE
S : SETBACK LINE
E : EASEMENT
C.M.P. : CORRUGATED METAL PIPE
R.C.P. : REINFORCED CONCRETE PIPE

WATER SUPPLY WATERSHED CERTIFICATE :

ALL LOTS WITHIN THE OAK RIDGE SUBDIVISION, TO THE BEST OF MY KNOWLEDGE, DO NOT LIE WITHIN A WATER SUPPLY WATERSHED DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

William M. Allison 4-25-06
SUBDIVISION ADMINISTRATOR DATE

CERTIFICATE OF APPROVAL FOR RECORDING :

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA, AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

William M. Allison 4-25-06
SUBDIVISION ADMINISTRATOR DATE

CERTIFICATE OF SURVEY AND ACCURACY :

I, W. BRADLEY FREEMAN, PROFESSIONAL LAND SURVEYOR, CERTIFY THAT THIS PLAT WAS PREPARED FROM AN ACTUAL FIELD SURVEY PERFORMED UNDER MY DIRECTION AND SUPERVISION; THAT THE RATIO OF PRECISION IS 1 : 10,000+; THAT BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION SHOWN HEREON; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 4th DAY OF APRIL, 2006.

W. Bradley Freeman
SURVEYOR
L-3119
REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3119 LAND SURVEYOR BRADLEY FREEMAN

FINAL PLAT

OAK RIDGE

PHASE ONE

BARRINGER & CHAMBERSBURG TOWNSHIPS
IREDELL COUNTY, N.C.

REF. DEED BK.	1737	PG.	2063
	873		867
	1333		435
REF. DEED BK.	911	PG.	2003

REF. PLAT BK. PG.
PARCEL# 4761-12-1184

SURVEY FOR : *COUNTRYTYME N.C., LLC*
OWNER : P.O. BOX 1329
DENVER, NC 28037
PHONE : 704-489-1870

FREEMAN SURVEYING
W. BRADLEY FREEMAN, P.L.S. L-3119
1416 PLEASANT GROVE CHURCH ROAD PHONE
CROUSE, N.C. 28033 (704) 732-0404

SCALE : 1" = 100'
CHECKED BY : WBF
DRAWN BY : DWF
F.B. & TDS PG.

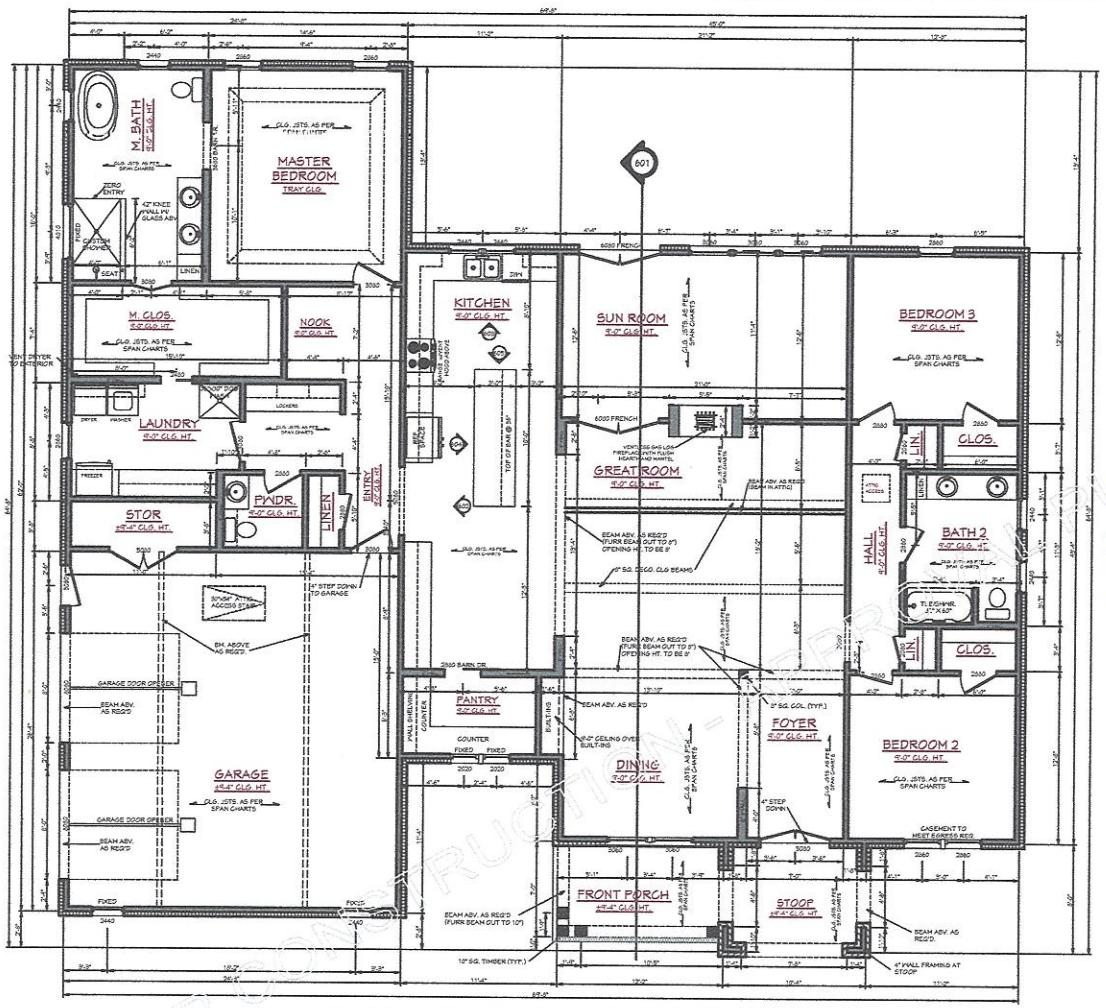
SURVEY BY : WBF, MM
DATE OF PLAT PREPARATION : April 4, 2006
DATE OF SURVEY : JAN.-FEB. 2006
JOB NO. 062
DRAW FILE 062FP1

107 Weathers Creek 69'-8"

Acknowledgement Of Plans Submittal ONLY!

Date 12-4-2020

Date 12-11-2020



69'-8"

NOTE: CONTRACTOR TO LOCATE WATER HEATER AND HVAC UNITS AT SITE.

FLOOR PLAN

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

AREAS:	2469	S.F. HEATED - NOT INCLUDING MASONRY
	256	S.F. UNHEATED - SUN ROOM
	645	S.F. UNHEATED - GARAGE
	40	S.F. UNHEATED - STORAGE
	83	S.F. UNHEATED - STOOP
	85	S.F. UNHEATED - FRONT PORCH
	1109	S.F. UNHEATED - TOTAL
	3578	S.F. TOTAL (WITHOUT MASONRY)

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADJUST PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.1.2
8. M1305.1.2 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
a. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
b. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION SERVICE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL WORKING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. M1305.1.1
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MAXIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC. IRC 2015, M1509.2

Important:

Contractor/Builders shall verify all conditions and dimensions before beginning construction. Any discrepancies shall be reported to LifeStyle Design Service for justification and/or corrections before proceeding with work. Contractor/Builders shall assume responsibility for all errors that are not reported. (888) 266-3439

MODIFIED BY LifeStyle DESIGN SERVICE
3520 Lafayette Rd, Wayzata, MN 55391
Ph (888) 266-3439 Fx (651) 603-5050

NAME Lawson
PROJECT # 2020-215
DATE 7/15/2020

House Plan Zone — Designing Your Perfect Building Relationship

Website:
Email:
Phone:
Fax:

N·C·B·D·C NATIONAL COUNCIL OF BUILDING DESIGNERS & CERTIFICATION
JONATHAN L. BOONE
CERTIFICATION NO. 26-137

Pre-Drawn Plan ID: 2330-S

House Plan Zone, LLC has exercised great care and effort in the development of these plans and the completion of these construction documents. However, due to the great variance in building codes and site specific conditions, House Plan Zone, LLC assumes no responsibility for errors or omissions in these plans. Any and all construction must be reviewed by a licensed structural engineer in the area of construction. House Plan Zone, LLC highly recommends that these plans be reviewed by a licensed structural engineer in the area of construction. House Plan Zone, LLC assumes no responsibility for any construction that is performed from these plans. Any and all construction must be verified on site prior to construction. If a foundation other than what is shown on these plans is required, a licensed structural engineer must be consulted and a new foundation plan must be prepared and approved prior to construction.

Date: 08.18.19
Drawn By: C.A.B.

SHEET NUMBER 3

NOT FOR CONSTRUCTION - PREPARED FOR REVIEW ONLY

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER

305755
Issue Date: 03/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4761037113.000	107 WEATHERS CREEK RD	Iredell County

Owner Information	Applicant Information
Name: ARBITELL ROCCO+JANICE	Name: ARBITELL ROCCO+JANICE
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.85	35	35	15	25	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD ** NEEDS SIGNED DISCLAIMER

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

Signature of Owner/Contractor

Date: 03/10/2020

Permit Number	305755

TOTAL FEES:	$77.25