IREDELL COUNTY HEALTH DEPARTMENT

(BB) Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245872

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

PIN # 4764.34.1915

APPLICANT/OWNER: MARK FAULKENBERRY APPLICANT ADDRESS: P.O. BOX 69, HUNTERSVILLE, NC 28070

SITE ADDRESS: 198 CARTERS FARM DRIVE, STATESVILLE, NC 28625 PHONE: 704-309-5452 ALT. PHONE 704-310-1832

SITE DIRECTIONS: (E) ON 64, (R) ON BELL FARM, (R) ON SKYLAND, (R) ON CARTERSFARM, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CARTERS FARM SECTION: -/- LOT # 27+28 LOT AREA: 1.46 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	10-15-19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION			☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION PPBPS			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☑ NO		☑ Slab	☐ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION. SITE PLAN MUST REMAIN ATTACHED TO PERMIT AT ALL TIMES

LOTS RECOMBINED AND RECORDED IN BOOK 70 PAGE 56

FOR PERMIT TO REMAIN VALID

INITIAL SITE SKETCH

PLEASE SEE ATTACHED SITE PLAN FROM MICHAEL ATHANAS + ASSOCIATES, LSS

LSS # 1252

AS BUILT SKETCH

Tank 30' off Here

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**

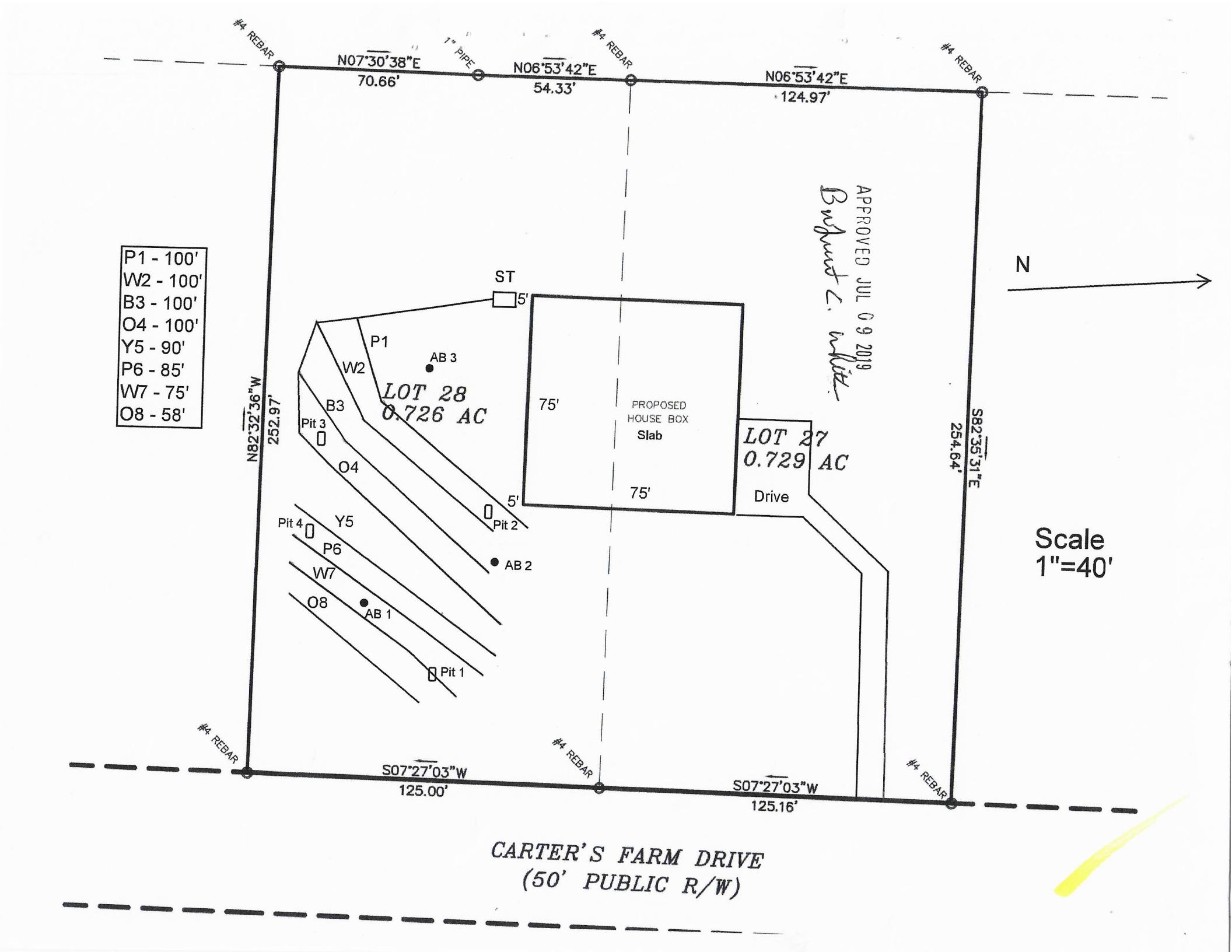
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

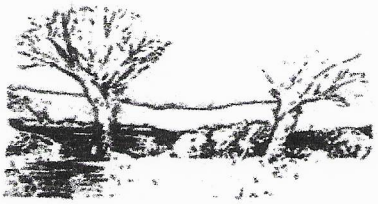
Owner / Applicant Signature: Mark S. Faulkenberry Date: 7-11-19 Installed by: Gunter Const. Inc

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-9-2019 OPERATION PERMIT by: [signature] Date: 12-19-19

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-9-2019 Existing System Inspected by: Date:

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


#4 REBAR
N07°30'38"E
70.66'
1" PIPE
N06°53'42"E
54.33'
#4 REBAR
N06°53'42"E
124.97'
#4 REBAR
P1 - 100'
W2 - 100'
B3 - 100'
O4 - 100'
Y5 - 90'
P6 - 85'
W7 - 75'
O8 - 58'
ST
5'
P1
W2
AB 3
LOT 28
0.726 AC
B3
Pit 3
O4
Pit 4
Y5
P6
W7
O8
AB 1
Pit 1
Pit 2
AB 2
5'
75'
PROPOSED
HOUSE BOX
Slab
75'
LOT 27
0.729 AC
Drive
APPROVED JUL 09 2019
N
Scale
1"=40'
N82°32'36"W
252.97'
S82°35'31"E
254.64'
#4 REBAR
S07°27'03"W
125.00'
#4 REBAR
S07°27'03"W
125.16'
#4 REBAR
CARTER'S FARM DRIVE
(50' PUBLIC R/W)



APPROVED JUL 09 2019
Burbut C. White

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

Reference: Data Sheet for 198 Carters Farm Dr, Carters Farm Lot 27/28
House Footprint: 75' x 75'
Building Setbacks: 35' front/rear, 15' side
Water Source: Public Water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"



Line	Design Length	Actual Length
Pink 1	**100'**	**130'**
White 2	**100'**	**134'**
Blue 3	**100'**	**118'**
Orange 4	**100'**	**104'**
Yellow 5		90'
Pink 6		85'
White 7		75'
Orange 8		58'

Initial System: 400' **Repair System:** 308'

Comments:
Lots 27 and 28 are being combined and the house will be placed in the middle.

PROPERTY ID #: 4764351032__
COUNTY: __IREDELL___

APPROVED JUL 09 2019
Burhurst C. White for

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

OWNER: Mark Faulkenberry
ADDRESS: 1146 Grandiflora Dr, Leland, NC 28451
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD____
LOCATION OF SITE: _198 Carters Farm Dr, Carters Farm Lots 27/28
APPLICATION DATE_____
DATE EVALUATED: _____
PROPERTY SIZE: _1.455 AC_____
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6%	0-16	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3+
		16-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-3	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3+
		3-24	R C SBK	FR SS SP SXP					
		24-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 4%	0-3	Br CL WSBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3+
		3-18	R C SBK	FR SS SP SXP					
		18-48	R CL WSBK	FR SS SP SXP					
PIT 1	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	LITHO	58"	N/A	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SXP					
		36-58	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	924 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED JUL 09 2019
Brent C. White

PROPERTY ID #: 4764351032
DATE OF EVALUATION:
COUNTY: IREDELL

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	
PIT 2	LS 6%	0-26	R C SBK	FR SS SP SXP	N/A	66"	Few SAP	N/A	PS 0.3
		26-66	R CL WSBK	FR SS SP SXP					
PIT 3	LS 6%	0-12	R C SBK	FR SS SP SXP	N/A	60"	Few SAP	N/A	PS 0.3
		12-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 6%	0-24	R C SBK	FR SS SP SXP	N/A	58"	N/A	N/A	PS 0.3
		24-58	R CL WSBK	FR SS SP SXP					

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 #: TBD
DATE OF EVALUATION: 6-25-19
COUNTY: IREDELL

198 CARTERS FARM DRIVE, STATESVILLE, NC 28625
CARTERS FARM LOT # 27/28

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
PIT 1	LINEAR SIDE 5%	0-6	FILL	FILL	ONLY ON ONE HALF OF PIT AVOIDING AREA SAP INC THRU. OUT	53"+	NA	END OF PIT TO BE AVOIDED NA	PS .3
		6-10	SCL, ABK	FI, SS, SP, SEXP					
		10-33	CL ABK	FI, S, P, SEXP					
		33-53	CL, WABK	FR, SS, SP, SEXP					
PIT 4	LINEAR SIDE 5%	0-4	SCL, ABK	FI, SS, SP, SEXP	SAP INC THRU OUT	58"+	NA	NA	PS .3
		4-24	CL ABK	FI, S, P, SEXP					
		24-58	CL, WABK	FR, SS, SP, SEXP					
PIT 3	LINEAR SIDE 5%	0-26	~~SCL~~ CL, ABK	~~FI, S~~, P, SEXP	SAP INC THRU OUT	60"+	NA	NA	PS .3
		26-60	CL, ABK	FR, SS, SP, SEXP					
PIT 2	LINEAR SIDE 5%	0-4	SCL, ABK	FI, SS, SP, SEXP	SAP INC THRU OUT Y/B 0-8	65"+	NA	NA	PS .3
		4-27	CL, ABK	FI, S, P, SEXP					
		27-65	CL, WABK	FR, SS, SP, SEXP					

COMMENTS:

#245872
6·21·19
$350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Mark Faulkenberry Address: PO Box 69, Huntersville, NC Zip: 28070

Applicant Email: msf535@gmail.com Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 198/~~200~~ Carters Farm Dr

Subdivision Name: Carters Farm Section/Phase: _____ Lot Number: 27/28

Driving Directions: _____

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

(✓) 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: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 ( ) Existing Well ( ) 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 (✓) Other: Accepted

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: _____ 6/18/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

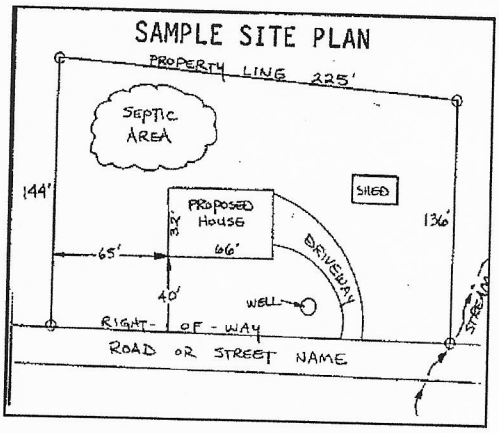
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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)

6/18/2019

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, MARK S. FAULKENBERRY, am the legal owner(s) of the property located at 198 & 204 CARTER FARM RD., STATESVILLE, NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Mark S. Faulkenberry 6/14/19

Signature of Owner(s) Date

_____ _____

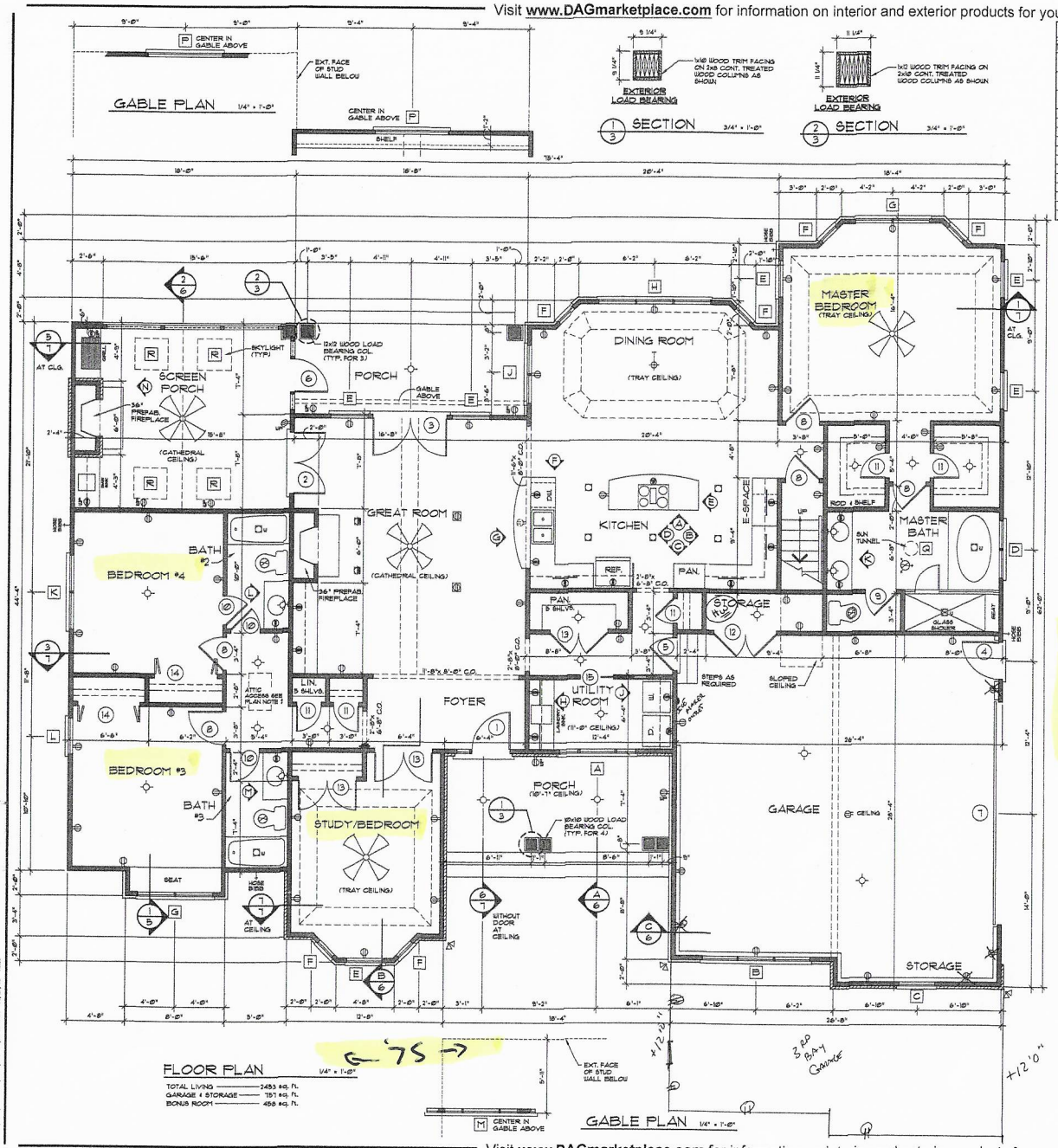
Signature of Witness Date

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

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DOOR SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 6'-8"	1	EXT., THREE-QUARTER GLASS W/ 12" SIDELITE & 12" TRANSOM *
2	(2) 2'-6" x 6'-8"	1	EXT., THREE-QUARTER GLASS W/ 12" TRANSOM *
3	(2) 3'-0" x 6'-8"	1	EXT., THREE-QUARTER GLASS W/ 12" TRANSOM *
4	3'-0" x 6'-8"	1	EXT., PANEL
5	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
6	2'-8" x 6'-8"	1	SCREEN
7	18'-0" x 8'-0"	1	GARAGE
8	2'-8" x 6'-8"	5	INT.
9	2'-6" x 6'-8"	1	INT.
10	2'-4" x 6'-8"	3	INT.
11	2'-8" x 6'-8"	5	INT.
12	(2) 2'-6" x 6'-8"	1	INT.
13	(2) 2'-4" x 6'-8"	3	INT.
14	(2) 2'-6" x 6'-8"	2	INT., BIFOLD
15	2'-8" x 6'-8"	1	INT., POCKET DOOR

* SEE ELEVATION FOR TRANSOM.

WINDOW SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
A	1'-5" x 6'-1" 2'-11" x 6'-1" 1'-5" x 6'-1"	1	CASEMENT, W/ 14" ARCH HEAD TRANSOM *
B	(3) 3'-11" x 2'-11"	1	CASEMENT
C	3'-0" x 5'-6"	1	CASEMENT
D	(2) 3'-5" x 4'-11"	1	CASEMENT, ARCH HEAD
E	3'-0" x 5'-10"	6	D.H.
F	1'-8" x 5'-10"	6	D.H.
G	(2) 3'-0" x 5'-10"	2	D.H.
H	(3) 3'-0" x 5'-10"	1	D.H.
J	(2) 2'-4" x 5'-10"	1	D.H.
K	(2) 3'-0" x 5'-2"	1	D.H.
L	3'-0" x 5'-2"	1	D.H.
M	(3) 1'-11" x 4'-5"	1	CASEMENT
N	2'-5" x 3'-11"	1	CASEMENT
P	6'-0" x 1'-8"	2	FIXED, ARCH HEAD
Q	14" DIA.	1	VELUX SUN TUNNEL TYP-STM **
R	30 5/16" x 46 1/4"	4	VELUX SKYLIGHT FS-M06 **

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.

VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.

WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.

VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.

VERIFY WINDOW SILL HEIGHT CLEARANCE ABOVE TUBS AND COUNTERTOPS TO ALLOW FOR TRIM AND/OR BACKSPLASH.

* SEE ELEVATION FOR RADIUS.

** VERIFY SKYLIGHT INSTALLATION REQUIREMENTS BEFORE CONSTRUCTION. IF CURB INSTALLATION IS RECOMMENDED DUE TO CLIMATIC CONDITIONS, MODEL NUMBER AND/OR ROUGH OPENING SIZE MAY VARY.

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REG # 326332

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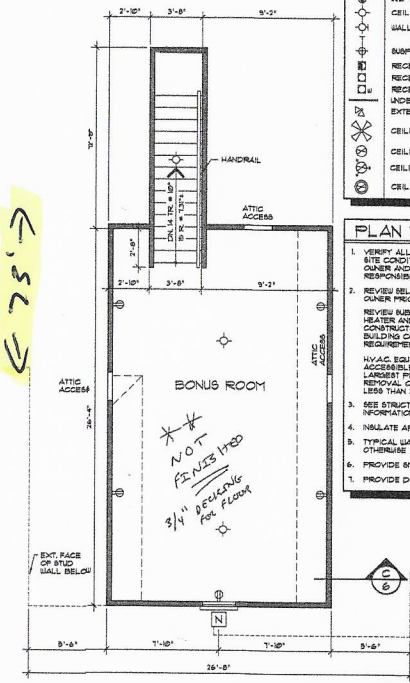
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ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   H.V.A.C. EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL, 2x4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.



BONUS ROOM FLOOR PLAN 1/4" = 1'-0"

ALL FEDERAL, STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS AND MANUFACTURER'S INSTRUCTIONS ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE SAME ARE AT VARIANCE. THESE PLANS ARE NOT DRAWN FOR ANY PARTICULAR LOCALE. YOU ARE RESPONSIBLE FOR DETERMINING AND ENSURING COMPLIANCE WITH ALL APPLICABLE CODES AND MANUFACTURER'S REQUIREMENTS.

DONALD A. GARDNER, INC.
P.O. BOX 26178 • GREENVILLE S.C. • 29616
864 • 288 • 7580
www.dongardner.com

PETTON
DESIGN NO. 1295-B
SHEET 3 OF 9 DR. JAG
FLOOR PLAN

DO NOT SCALE DRAWINGS
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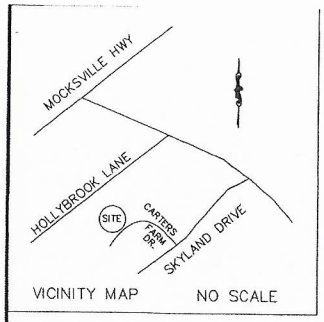
Acknowledgement Of Plans Submittal ONLY

Date 7/8/2019

Date 7-9-2019

75'x 75' Box

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!



SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK 2619, PAGE 2209; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000. (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK 2583, PAGE 2036); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 2 DAY OF July A.D. 2019.

OFFICIAL SEAL

PROFESSIONAL LAND SURVEYOR

L-3499

REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

THIS SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT-ORDERED SURVEY, OR OTHER EXCEPTION TO THE DEFINITION OF

PROFESSIONAL LAND SURVEYOR

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.

7-3-19
DATE

REVIEW OFFICER

Doc ID: 018615200001 Type: CRP
Recorded: 07/03/2019 at 09:12:43 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 70 PG 56

OWNER CERTIFICATE FOR EXCEPTION PLATS

KNOW ALL MEN BY THESE PRESENTS, THAT I (WE) HEREBY CERTIFY THAT I AM (WE ARE) THE OWNER(S) OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I (WE) HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

7/2/2019
DATE

OWNER

7/8/2019
DATE

OWNER

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE OF IREDELL COUNTY, NORTH CAROLINA.

7-3-19

SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

TO THE BEST OF MY KNOWLEDGE, LOTS SHOWN ON THIS PLAT, DOES NOT LIE WITHIN A WATER SUPPLY WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT, AND APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

7-3-19
DATE

SUBDIVISION ADMINISTRATOR

NORTH CAROLINA
IREDELL COUNTY

I, Courtney N. Cox
A NOTARY PUBLIC FOR SAID COUNTY AND STATE DO HEREBY CERTIFY THAT Marla S. Faulkenberry Marla Faulkenberry

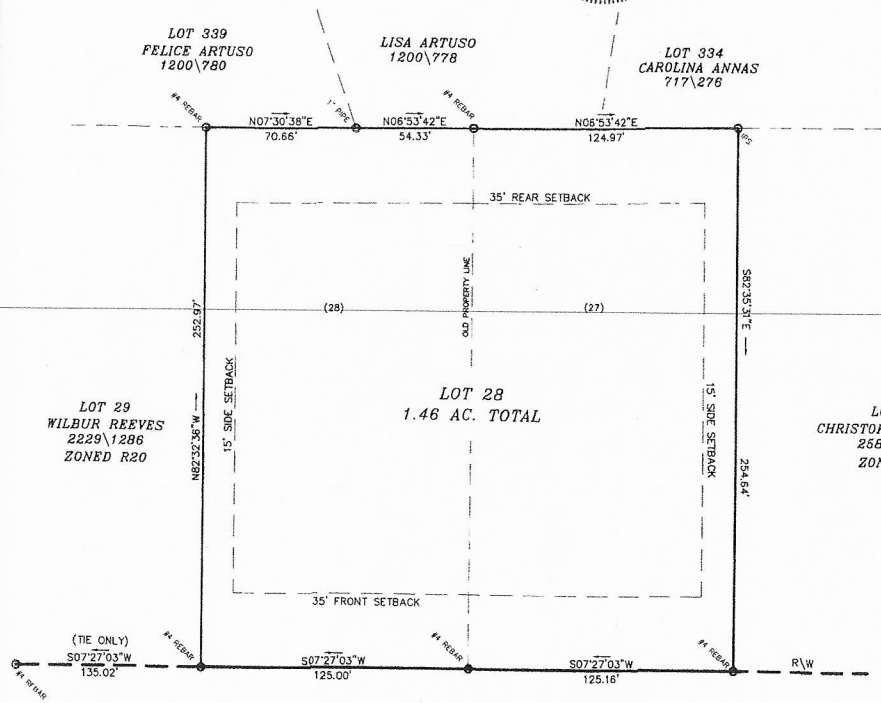
OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL,

THIS 2 DAY OF July, 2019.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/14/2022

COURTNEY N. COX NOTARY PUBLIC MY COMMISSION EXPIRES 11-14-22 IREDELL COUNTY, NC



RECEIVED JUL 09 2019

Bonnie C. White

RECOMBINATION PLAT
OF
CARTER'S FARM
LOTS 27 & 28
(PLAT BK.48 PG.130)

CHAMBERSBURG TWSP., IREDELL CO., N.C.

SCALE: 1" = 40'

DATE SURVEYED: JUNE 7, 2019
DATE PLATTED: JUNE 26, 2019
REVISED PLAT DATE: 7\02\2019 (CO. COMMENTS)

OWNER: MARK S. & MARLA FAULKENBERRY
PO BOX 69
HUNTERSVILLE, NC 28070

GRAPHIC SCALE

40 0 20 40 80 160

(IN FEET)
1 inch = 40 ft.

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No.'s (4764351032) LOT 27- DB. 2619 PG.2209
(4764341829) LOT 28- DB.2619 PG.2209
3) This property is zoned R20
4) Minimum Building Setback Per County Zoning: 35' FRONT
15' SIDE
35' REAR
5) The property is located in DAVIDSON TWSP., IREDELL CO., N.C.
6) This property is not located in WATERSHED BASIN.
7) All lots are subject to a 10' Utility and Drainage Easement. 10 feet on each side of the property line.
8) No geodetic monument found within 2000' of said property.
9) AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.
10) The lot will be served by individual septic.
11) The sole purpose of this plat is to combine lots 27 & 28 into one lot.

pb48pg130

DAS
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(704) 664-7029 (704) 664-8041 Fax
DONALLENSURVEY@GMAIL.COM

file: carters farm 27-28.DWG

IREDELL COUNTY

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

APPLICATION NUMBER
245872
Issue Date: 06/20/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4764351032.000	198 CARTERS FARM DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HARWELL ELLIOTT T+HEATHER F	Applicant: MICHAEL ATHANAS & ASSO
Address: 192 CARTERS FARM DR	Address: 561 ENNIS RD
STATESVILLE, NC 28625	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.729	35.00	35.00	15.00	15.00	NOT	X

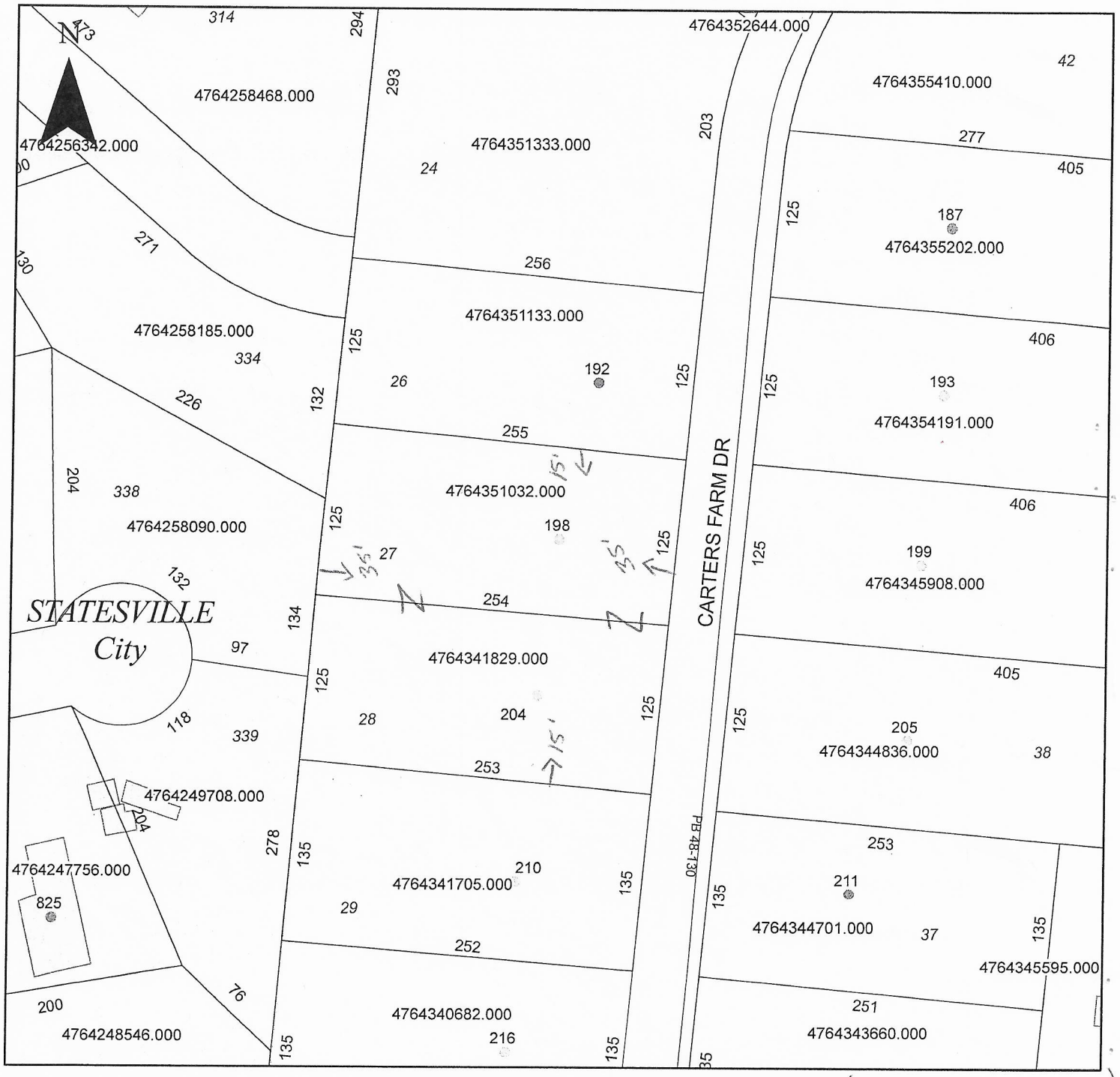
Remarks:

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	182116	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 198 Carters Farm Dr.

(204 to be removed per Rich 6-20-19)

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. Applicant further acknowledges that the 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

6/20/2019
Date