ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324321

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

PIN # 3774 -63 -- 2161

APPLICANT/OWNER: James Sprankle APPLICANT ADDRESS: 208 Bowles Farm Rd Statesville NC 28677

SITE ADDRESS: 127 Beaver Ridge Drive Stony Point NC 28678. PHONE: 919-896-9633 ALT. PHONE 704-968-2832

SITE DIRECTIONS: Sharon School E at Stewart R at Fulbright Garden Park Dr in River Walk SAP CONTROLLED: ☐ YES ☒ NO

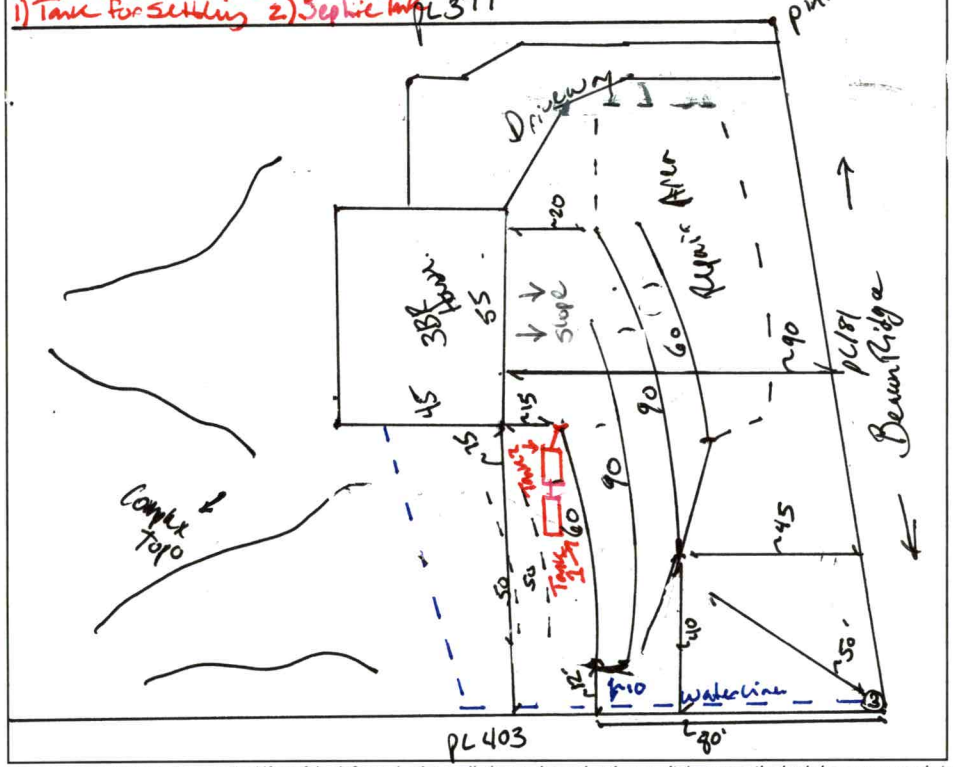
SUBDIVISION: River Walk SECTION: 3 LOT # 16 LOT AREA: 1.607AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 1012	Date	1/3/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
~~Pump~~ Tank	1000	(gal)	~~PT~~ 1012	Date	1/3/23	System Description: -25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description: CP-50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36in	Trench Bottom Depth(~~low side~~)	36in max	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install onto contour of the land
- Do not exceed max depth of 36in
Do not Drive over, pave, grade or buy utilities in Drainfield Area.

INITIAL SITE SKETCH

* Purpose of this permit is to reflect Installation of grinder pump in basement
Set 2 tanks in series - Then utilize Serial Distribution.
1) Tank for Settling 2) Septic Tank



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.

Installed as drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Date: 5-12-22 Installed by: Dellinger Grading

IMPROVEMENT PERMIT by: Benjamin Bost Date: 3-27-23 OPERATION PERMIT by: Matt Wise Date: 6/18/23

AUTHORIZATION TO CONSTRUCT by: Benjamin Bost Date: 3-27-23 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? _____	

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/27/23 (Date)

Owner: James Sprinkle
Address: ~~127 Beacon Ridge Stony Point NC~~

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
AP- 324321/Relay 2023-19315 James Sprinkle/ 127 Beacon Ridge Stony Point Pin # 3774632161.000

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 5/12/2022 for a system
(date)
Type III Pm 25% reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
3/27/2023

Owner: James Sprinkle
Address: 127 Beacon Ridge Dr Stony Point NC

Subject: Notice of Intent to Revoke/Suspend: 127 Beacon Ridge Dr. Stony Point NC

Dear James Sparkle :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 127 Beacon Ridge Dr Stony Point NC for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Change in housing plumbing and adding grinder pump to basement- system from pump to gravity flow.	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General

Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 3/27/2023. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Benjamin A Botkins

_____

Signature of DHHS Authorized Agent

RECEIVED APR 2 6 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Paid $320.00

Iredell County Health Department – Environmental Health Division

Same House Plan

PAGE 1: *APPLICATION FORM* AP- 324321

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: Mary + James Sprinkle **Address:** 208 Rawls Farm Rd **Zip:** 28365

Applicant Email: jksprinkle223@gmail.com **Phone:** 919 896 9633 **Alt. Phone:** 704 968 2832

Owner Name: James Sprinkle **Address:** " same ↑ **Zip:** _____

Owner Email: Mary Sprinkle **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 127 Beacon Ridge Dr. Stony Point NC 28678

Subdivision Name: River Walk **Section/Phase:** 3 **Lot Number:** 16

Driving Directions: off Sharon School Road Exit L at Stewart (R) at Fulbright @ gardner Point Dr. River Cliff

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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: _____

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.

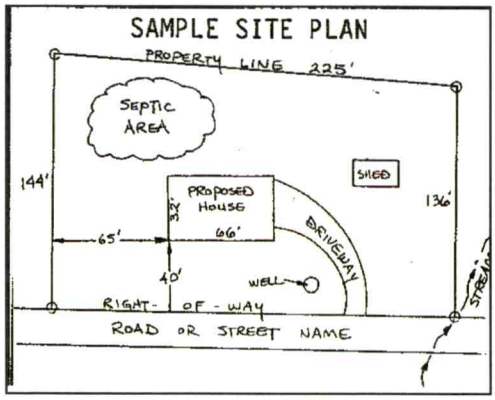
Signature: M K Sprinkle 4-26-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 plan:

- (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**
- (X) **Area you prefer your septic system to be placed**
- (X) **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

Signature: _____ _____

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 324321

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

PIN # 3774 --63 --2161

APPLICANT/OWNER: James Spinkle APPLICANT ADDRESS: 208 Bowles Farm Rd Statesville NC 28625

SITE ADDRESS: 127 Beacon Ridge Drive Stony Point NC 28678 PHONE: 704-968-2832 ALT. PHONE 919-896-9633

SITE DIRECTIONS: Sharon School Rd @ Stewart Rose Rd @ Fullbright @ Gaston Post Drive @ River Cliff SAP CONTROLLED: ☐ YES ☒ NO

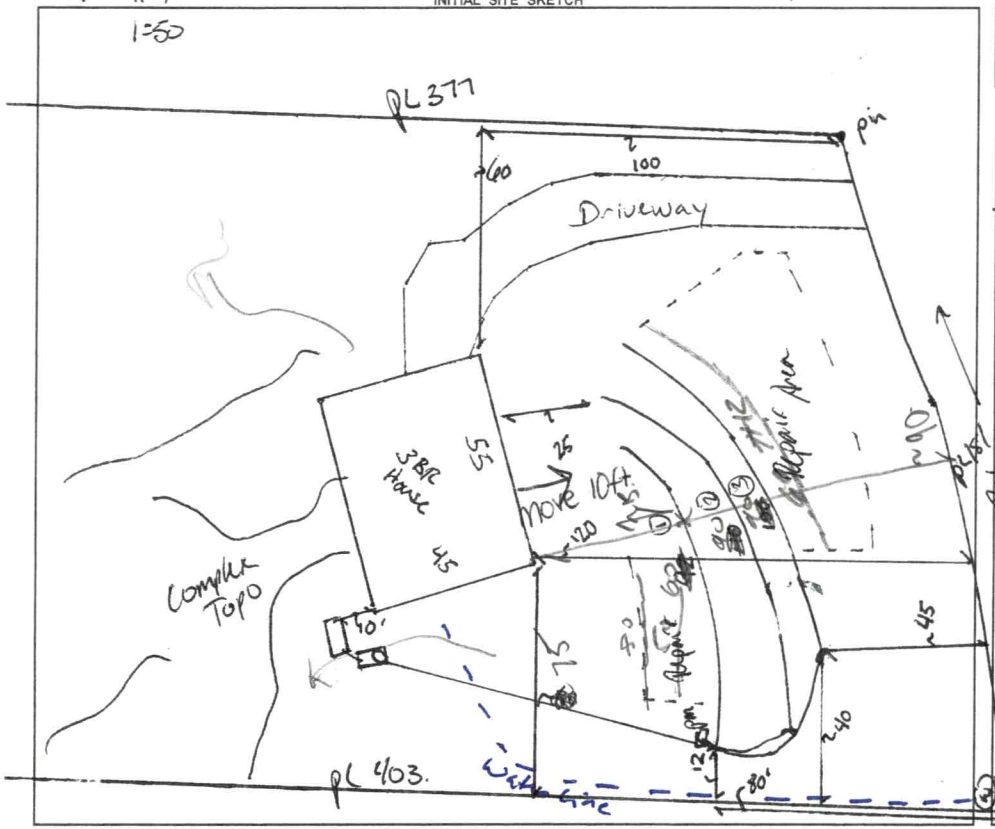
SUBDIVISION: River Walk SECTION: 3 LOT # 16 LOT AREA: 1.607 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT		Date	System Description: PM- 25% Reduction				☐ Business	No. Persons 6
Pump Make			Model		Serial #	Repair System Description: LP- Pedal Block 50% Reductio				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3		Linear Ft. 300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36 in	Trench Bottom Depth			36in max	Gravel Depth —	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drawings in the centers of the land Utilize Pressure manifold not exceed max depth of 36 inches Do not Drive, Park, pave, grade Keep Supply line 18 inches below water line.

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.

Line1 3/4 sch 80 e10.1
Line2 3/4 sch 40 e12.1
Line3 3/4 sch 40 e12.1

34.3 gpm
136 gallon Dose
6e.4 in Drawdown.
4 min pump Run



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: _____ Date: 2-11-22 Installed by: _____

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 2-11-22 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 2-11-22 Existing System Inspected by: _____ Date: _____

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

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

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Mary Sprinkle

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, Mary Sprinkle, am the legal owner(s) of the property located at 127 Beacon Ridge Dr. Stony Point NC identified as PIN (Parcel Identification Number) 3774, 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.

Mary K Sprinkle
Signature of Owner(s)

4-26-22
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

MKS **Complete all Environmental Health forms**:

- ___ Application
- ___ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

MKS **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

MKS **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

MKS **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

MKS **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Mary K Spruill **Date** 4-26-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R16288

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$320.00**
AP-324321 Address: 127 BEACON RIDGE DR APN: 3774632161.000			**$320.00**
EH RE-LAYOUTS			$320.00
INTERMEDIATE	10492751-447004	0	$320.00
TOTAL FEES PAID BY RECEIPT:R16288			**$320.00**

Date Paid: Tuesday, April 26, 2022

Paid By: SPRINKLE JAMES A+MARY K C

Cashier: BJK

Pay Method: CHECK 2107

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4-26-22 (Date)

Owner: James + Mary Sprinkle
Address: 208 Bowles Farm Rd
Statesville NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
127 Beacon Ridge - River Walk Ph 3 Lot 16
PIN 3774 63 2161
AP- 324321

I, Mary Sprinkle, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 2-11-22 (date) for a system

PM - 25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Mary K Sprinkle
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
5/12/2022

Owner: James Sprinkle
Address:_208 Bowles Farm Road Statesville NC

Subject: Notice of Intent to Revoke/Suspend 127 Beacon Ridge

Dear James Sprinkle :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 127 Beacon Ridge for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Moving house location	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 5/12/2022. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

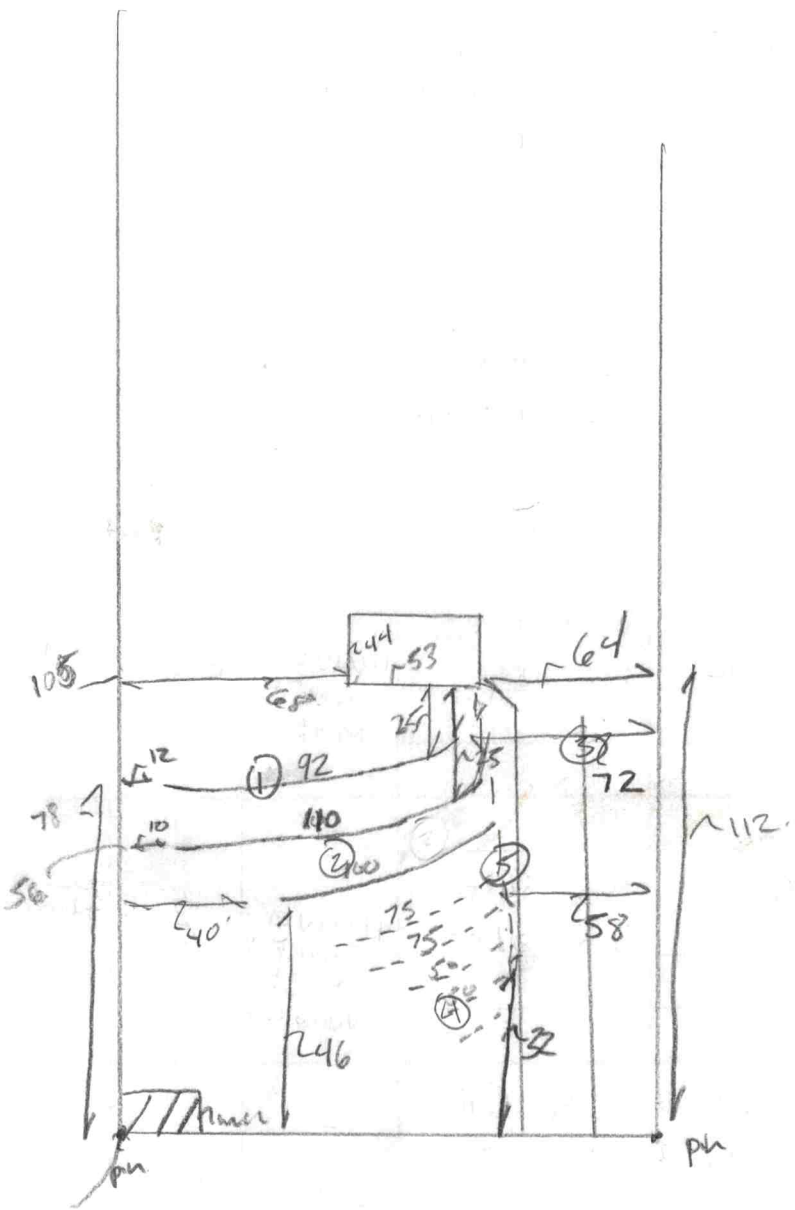
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

127 Beacon Ridge.

PROPERTY ID #: 3774632161.
DATE OF EVALUATION: 1-28-22
COUNTY: Iredell

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	Ridge 4%	0-8	CL wABK.		10R 4/6.	51			PS .3
		8-43	C ABK	SSSp FR SExP					
		43-51	CL SBK	SSSp FR					
2	Ridge 12%	0-3	CL/SBK			51"			P.S .3
		3-31	C/WABK	SS, SP, FR, SExP					
		31-51	CL/SBKEABK	SS, SP, FR, SExp					
3	Ridge 10%	0-5	CL/WSBK		heavy Parent Mat.	55'	Floater Rock @ 32-40"		P.S .25
		5-38	C/WSBK	SS, SP, SExP					
		38-55	CL/SABK	SS, SP, SExp					
4	Ridge 15%	0-9	CL/ABK		heavy Parent mat Yellow Clay	53"	Floater Rock @ 18-24"		P.S .25
		9-35	C/ABK	SS, SP, SExp					
		35-53	CL/SABK	SS, SP, SExp					
5	Ridge 10%	0-24	C SBK/AB	SS SP SEP	Some Clay Influence	80			PS .276
		24-50	CL SBK/AB	SS SP					

COMMENTS:


144
53
64
105
65°
25
12
92
72
78
110
10
56
112
40°
75
75
58
46
pin
pin

RECEIVED JAN 04 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324321 $000.00

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: James Sprinkle **Address:** 208 Bowles Farm Rd, Statesville NC **Zip:** 28625
Applicant Email: jksprinkle223@gmail.com **Phone:** 704-968-2832 **Alt. Phone:** 919-896-9633
Owner Name: James & Mary Sprinkle **Address:** same **Zip:** same
Owner Email: same **Phone:** same **Alt. Phone:** same

Property Information:

Street Address: 127 Beacon Ridge Dr. Stony Point, NC 28678
Subdivision Name: River Walk **Section/Phase:** _____ **Lot Number:** 16
Driving Directions: I-40 to Sharon School Rd, Left Stewart Rock Rd, Right Fullbright Rd, Right Gardner Point Dr. (@ gate look up Sprinkle) (R) River Cliff (R) Beacon Ridge Dr

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:** _____
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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:** _____
(✓) 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: _____

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: _____ 1-1-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

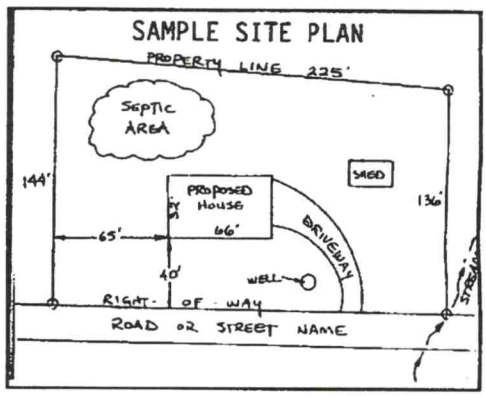
IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

324321

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:

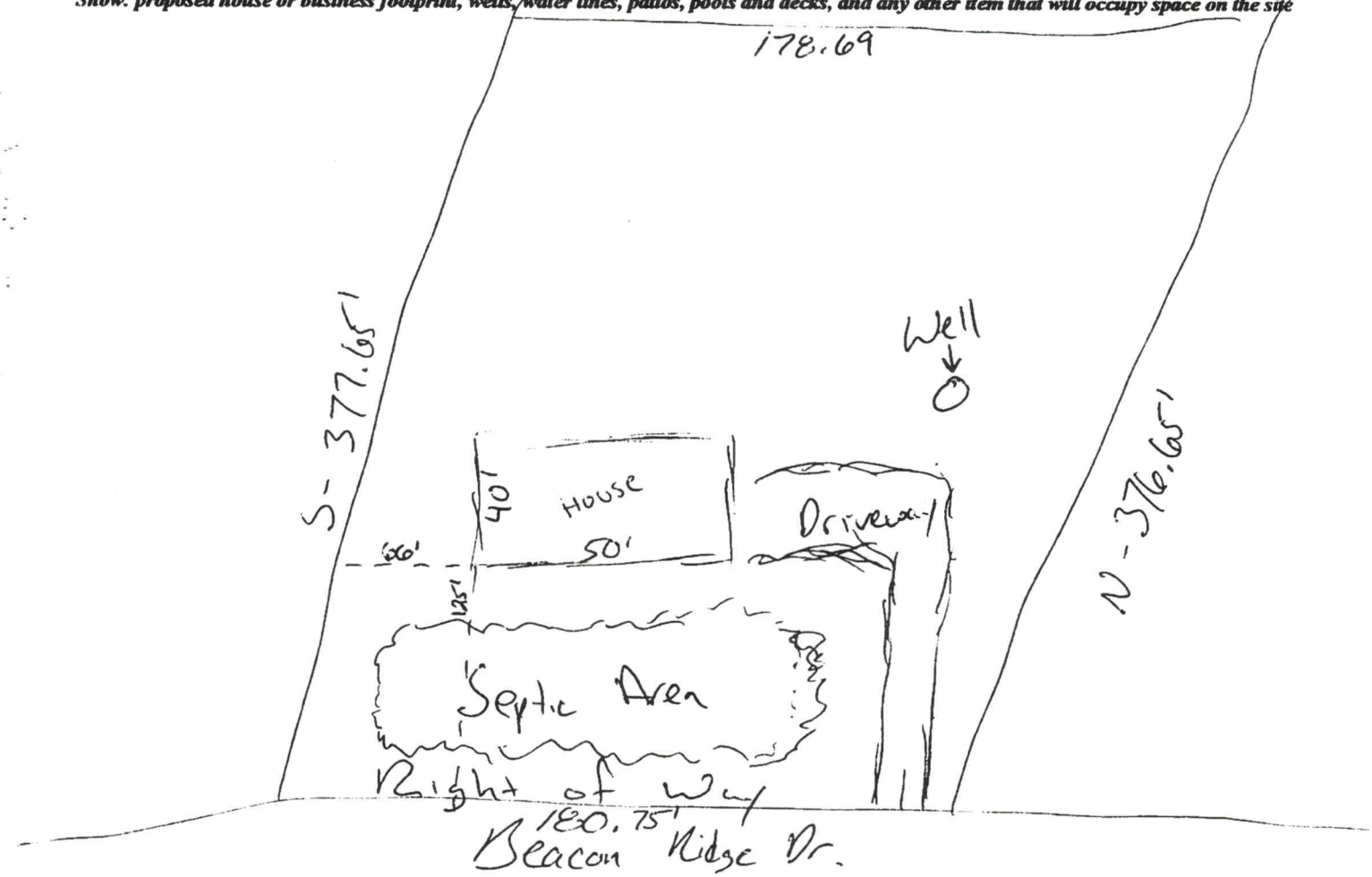
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

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)

1-1-2022

DATE

Public Health
Iredell County Health Department

324321

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, _____, 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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

Complete all Environmental Health forms:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

324321

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 1/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Type: CONSOLIDATED REAL PROPERTY
Recorded: 12/14/2021 9:46:17 AM
Fee Amt: $218.00 Page 1 of 3
Revenue Tax: $192.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2879 PG 1059 - 1061

Excise Tax $192.00

Recording Time, Book and Page

Parcel Identifier No. **3774.63.2161**
Verified by _____ County on the _____ day of _____, 20____
By: _____

Mail after recording to GRANTEE

This instrument was prepared by : **THE LAW OFFICE OF ANTHONY S. PRIVETTE, PLLC**
3475 East Broad Street, Statesville, NC 28625
www.attorneyprivette.com

Brief description for the Index:

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this the 9 day of December, 2021, by and between

GRANTOR	GRANTEE
Michael C Bauer and spouse, Annette J Bauer	**James Alex Sprinkle and spouse, Mary Kathryn Canterbury Sprinkle**
Mailing Address: **8710 Mahogany Ave Plantation, FL 33324**	Mailing Address: **208 Bowles Farm Rd Statesville, NC 28625**

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple all that certain lot or parcel of land situated in the Shiloh Township, Iredell County, North Carolina and more particularly described as follows:

Submitted electronically by "The Law Office of Anthony S Privette PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

BEING all of Lot Sixteen (16), Section III containing 1.6070 acres +/-, as shown on map recorded in Plat Book 25, Pages 54, 55 and 56 Iredell County Registry. For back title reference see Deed Book 1674, Page 1619 Iredell County Registry.

SUBJECT to restrictions recorded in Book 945, Page 1612; Book 945, Page 1622; Book 980, Page 733; Book 1000, Page 1744; Book 1004, Page 949; Book 1007, Page 380; Book 1040 , Page 1375; Book 1040 Page 1377; Book 1040 Page 1379; Book 1040 Page 1381; Book 1040 Page 1383; Book 1040 Page 1385; Book 1041, Page 1456; Book 1045, Page 1741 and Book 1309, Page 1329

PARCEL NO.: 3774.63.2161
ADDRESS: 127 Beacon Ridge Dr, Stony Point, NC 28678

All or a portion of the above-described property does _____ does not X include the principal residence of the Grantor.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1674, Page 1619 of the Iredell County Public Registry.

A map showing the above-described property is recorded in Book 25, Page 54, 55, 56 of the Iredell County Public Registry.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that the Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions: **All such valid and enforceable easements, conditions and restrictions as may appear of record, if any; and the lien of ad valorem taxes for the current year, which Grantee hereby assumes.**

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

Michael C Bauer (SEAL)

Annette J Bauer (SEAL)

State of FL

County of Broward

I, Mark Somerstein, a Notary Public of Broward County, and aforesaid state, do hereby certify that Michael C Bauer and Annette J Bauer personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 9th day of Dec, 2021.

(SEAL)

Notary Public

My Commission Expires: _____

Mark K. Somerstein
Comm.#GG364076
Expires: Sept. 27, 2023
Bonded Thru Aaron Notary

NOTES:

PROPERTY IS SUBJECT TO FLOOD EASEMENT DESCRIBED IN D.B. 557, PG. 521 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ALONG INNER PERIMETER PER P.B. 25, PG. 54 IREDELL COUNTY REGISTRY.

PROPERTY IS LOCATED IN WS-IV CRITICAL AREA WATERSUPPLY WATERSHED - IREDELL COUNTY GIS

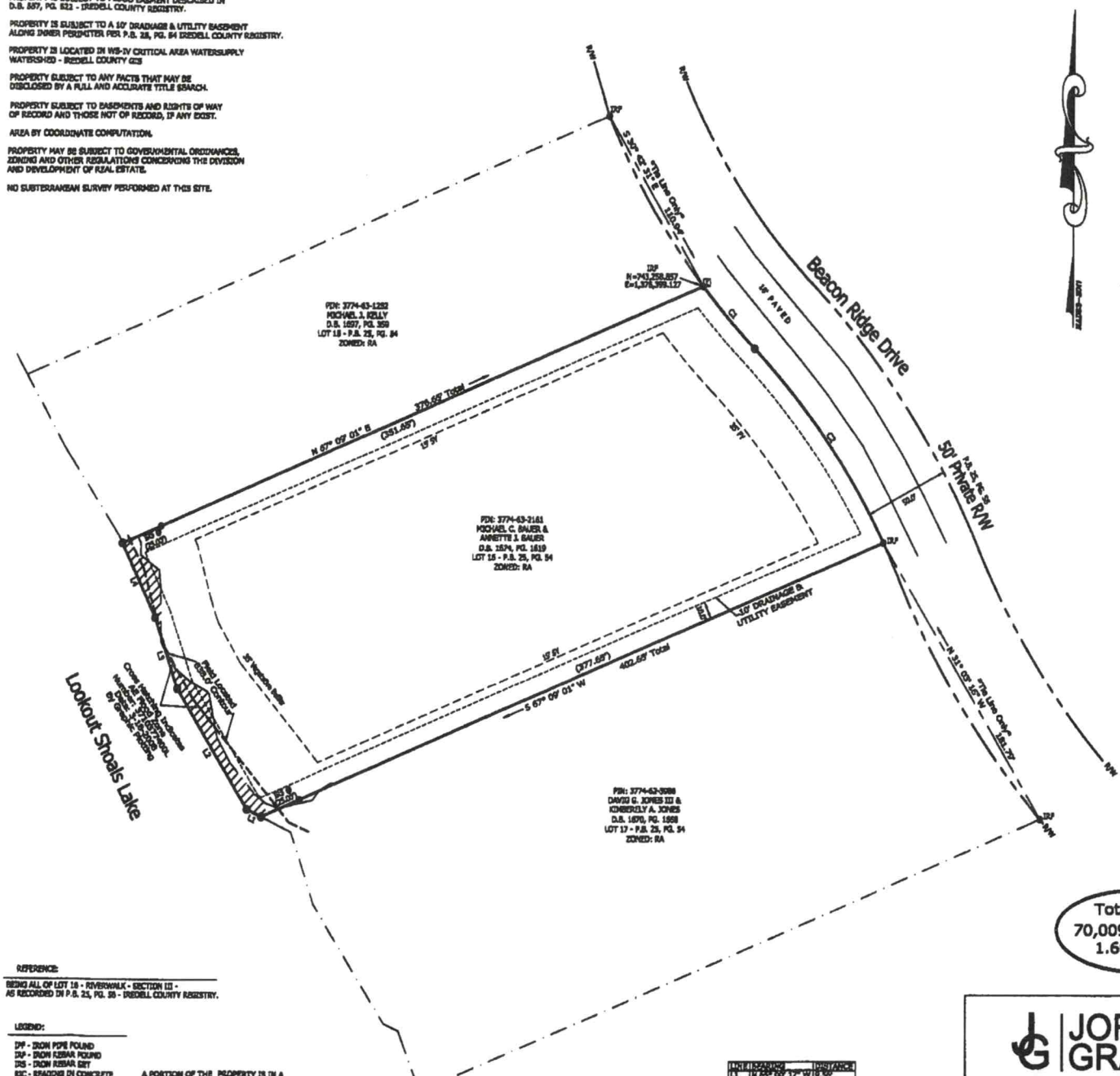
PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.

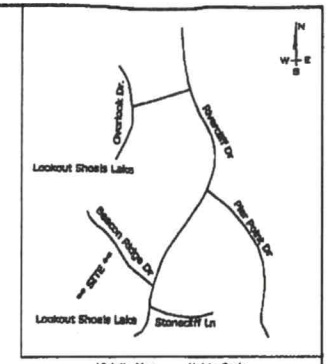
PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.

AREA BY COORDINATE COMPUTATION.

PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.

NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.





Vicinity Map - Not to Scale

ZONING:

PROPERTY IS ZONED: RA - IREDELL COUNTY ZONING JURISDICTION.

PROPERTY IS SUBJECT TO A 25' FRONT YARD (FY), 35' REAR YARD (RY), 35' VEGETATIVE BUFFER FROM CONTOUR 838 & 15' SIDE YARD (SY) - MINIMUM BUILDING SETBACK LINE PER P.B. 25, PG. 54 - IREDELL COUNTY REGISTRY.

I, MATTHEW L. GRANT, CERTIFY THAT THIS PLAT WAS PREPARED UNDER MY SUPERVISION FROM AN ACTUAL FIELD SURVEY OF DESCRIPTION(S) AS RECORDED IN DEED BOOK 1674, PAGE 1619 AND PLAT BOOK 25, PAGE 54 THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS SUCH AND WERE PLOTTED FROM INFORMATION AS REFERENCED HEREON; THAT THE RATIO OF PRECISION AS CALCULATED WAS 1:10,000 AND THAT THE GLOBAL NAVIGATION SATELLITE SYSTEM (GNSS) WAS USED TO PERFORM A PORTION OF THIS SURVEY AND THE FOLLOWING INFORMATION WAS USED:
CLASS OF SURVEY: CLASS A
POSITIONAL ACCURACY: 0.01'
TYPE OF GPS FIELD PROCEDURE: RTK
DATES OF SURVEY: 11-18-2021
DATUM/EPOCH: NAD83(2011)
PUBLISHED/FIXED-CONTROL USE: VRS
GEOID MODEL: 2012B
COMBINED GRID FACTOR: 0.9998120
UNITS: US SURVEY FEET
I FURTHER CERTIFY THIS IS A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND OR ONE OR MORE EXISTING EASEMENTS AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
THAT THIS PLAT MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600) AND THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY HAND AND SEAL THIS 23RD DAY OF NOVEMBER, 2021.

NORTH CAROLINA PROFESSIONAL SEAL L-5206 LAND SURVEYOR MATTHEW L. GRANT

PROFESSIONAL LAND SURVEYOR L-5206
MATTHEW L GRANT

Total Area:
70,009.44 Sq. Ft.
1.607 Acres

0 40 80 120

REFERENCE:

BEING ALL OF LOT 16 - RIVERWALK - SECTION III - AS RECORDED IN P.B. 25, PG. 39 - IREDELL COUNTY REGISTRY.

LEGEND:

IPF - IRON PIPE FOUND
IRF - IRON REBAR FOUND
IRS - IRON REBAR SET
RSC - READING IN CONCRETE
R/W - RIGHT OF WAY
T - TELEPHONE PEDESTAL
W - WELL
P - POWER POLE
● - COMPUTED POINT

A PORTION OF THE PROPERTY IS IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710377400L EFFECTIVE DATE 3/18/2008.

LINE BEARING	DISTANCE
L1	N 22° 50' 59" W 156.72'
L2	N 22° 50' 59" W 156.72'
L3	N 22° 50' 59" W 156.72'
L4	N 22° 50' 59" W 156.72'

CURVE	RADIUS	ARC LENGTH	CHORD BEARING	CHORD LENGTH
C1	1050.00'	611.52'	N 39° 34' 54" W	603.07'
C2	1050.00'	611.52'	N 39° 34' 54" W	603.07'

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 • STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 929-7919
FIRM # P-1227

Physical Survey For:
James & Katie Sprinkle

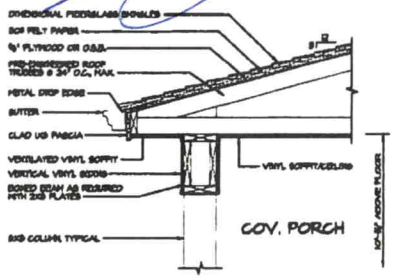
DRAWN BY: JAC	CHECKED BY: MJG
SCALE: 1" = 40'	
DEED REF: 1674 - 1619	PIN NO: 3774-63-2161
DATE OF MAP: 11-23-21	SURVEY DATE: 11-18-21
REVISION:	DRAWING FILE: 20211127

127 Beacon Ridge Dr., Stony Point, NC 28678
Shiloh TWSP - Iredell County - North Carolina

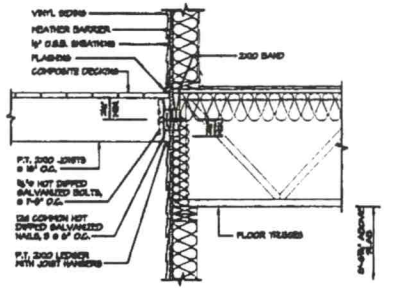
Acknowledgement Of
Plans Submittal ONLY!

Date 2-11-22

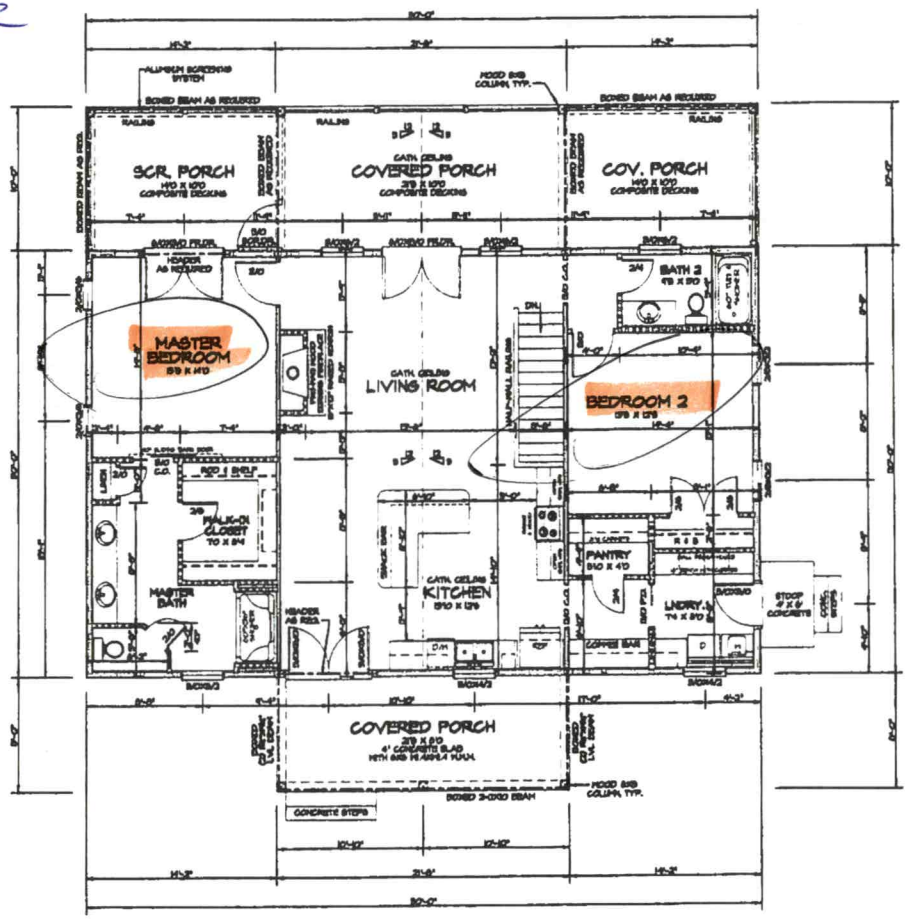
Date 2-11-2022



1 A-2 DETAIL SCALE: 1"=1'-0"
AT PORCH OVERHANG



2 A-2 DETAIL SCALE: 1"=1'-0"
DECK ATTACHMENT



WALL LEGEND
NON-LOAD BRG. STUD WALLS
EXTERIOR AND LOAD-BEARING STUD WALLS
CONCRETE BLOCK
REINFORCED CONCRETE

NOTE: DOUBLE 2X10 HEADERS SHOWN. SIZES ARE MINIMUM. PART DIMENSIONS
VERIFY WITH WINDOW MANUFACTURER THAT BEDROOM HEADERS COMPLY WITH SECTION R302 EMBER REQUIREMENTS
ALL EXTERIOR STUD WALLS SHALL BE 2X6 STUDS @ 16" O.C.

FLOOR PLAN 1500 SQUARE FEET HEATED SCALE: 1/4"=1'-0"

STRUCTURAL NOTE	IT IS THE RESPONSIBILITY OF THE OWNER OR CONTRACTOR TO RETAIN THE SERVICES OF A STRUCTURAL ENGINEER TO REVIEW THESE PLANS AND VERIFY STRUCTURAL ELEMENTS NECESSARY TO COMPLY WITH THE NORTH CAROLINA STATE RESIDENTIAL BUILDING CODE AND THE DESIGN CONTAINED WITHIN THESE DRAWINGS.

JASON MCRARY DESIGNS, LLC
RESIDENTIAL DESIGN SERVICES
4295 GRACE CHAPEL ROAD GRANITE FALLS, NC 28630
PHONE: 828-294-4864 EMAIL: jmcrarydesigns@gmail.com

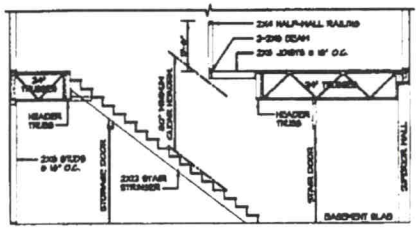
COMPUTER AIDED DESIGN

A NEW RESIDENCE FOR
JAMES AND KATIE SPRINKLE
127 BEACON RIDGE DR. STONY POINT, NORTH CAROLINA

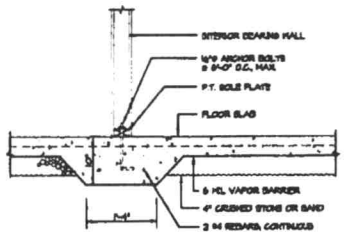
DATE: 12/21/21
PROJECT NO: 135-21
SHEET NO. A-2
2 OF 6

FOUNDATION NOTES

1. ASSUMED SOIL BEARING CAPACITY: 2000 PSF. WHERE FILL IS REQUIRED DESIGN SLABS AND INTERIOR FOOTINGS ON COMPACT SOIL TO 95% STD. PROCTOR.
2. ALL FOOTINGS SHALL BE 24"X12", UNLESS OTHERWISE NOTED.
3. ALL CONCRETE SHALL BE 3000 PSI AT 28 DAYS, UNLESS OTHERWISE NOTED.
4. ALL REBAR SPLICES SHALL BE LAPPED A MINIMUM OF 24", UNLESS OTHERWISE NOTED.
5. THE SURFACE AREA ADJACENT TO THE FOUNDATION SHALL BE PROVIDED WITH ADEQUATE DRAINAGE AND GRADED SO AS TO DRAIN SURFACE WATER AWAY FROM FOUNDATION WALLS.
6. FOUNDATION WALL ENCLOSING USABLE OR HABITABLE SPACE SHALL BE DAMPPROOFED PER SECTION R406 AND DRAINAGE PROVIDED PER SECTION R405 OF THE NC STATE RESIDENTIAL BUILDING CODE.

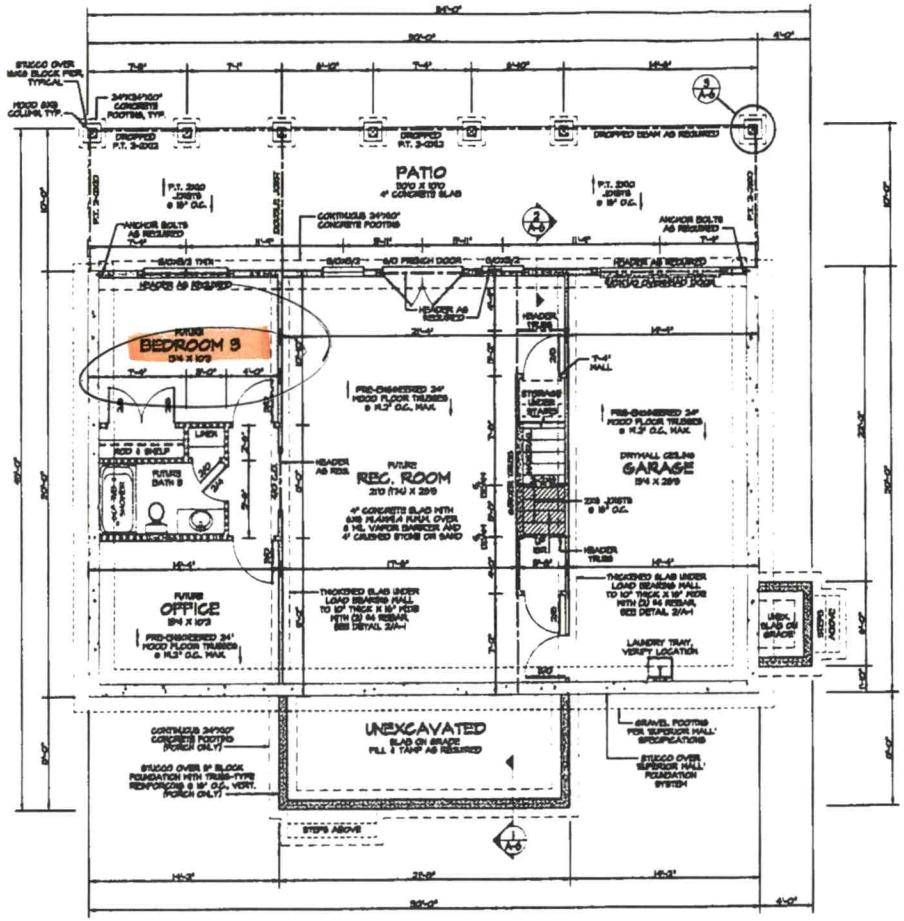


1 / A-1 **DETAIL** AT STAIRS — SCALE: 1/4"=1'-0"



2 / A-1 **DETAIL** THICKENED SLAB — SCALE: 1"=1'-0"

STRUCTURAL NOTE	IT IS THE RESPONSIBILITY OF THE OWNER OR CONTRACTOR TO RETAIN THE SERVICES OF A STRUCTURAL ENGINEER TO REVIEW THESE PLANS AND VERIFY STRUCTURAL ELEMENTS NECESSARY TO COMPLY WITH THE NORTH CAROLINA STATE RESIDENTIAL BUILDING CODE AND THE DESIGN CONTAINED WITHIN THESE DRAWINGS.



WALL LEGEND

NON-LOAD BRG. STUD WALLS		CONCRETE BLOCK	
EXTERIOR AND LOAD-BEARING STUD WALLS		REINFORCED CONCRETE	

NOTE: DOUBLE HUNG WINDOWS SHOWN... SIZES ARE NOMINAL (MAY DIFFER SLIGHTLY BY MANUFACTURER) VERIFY WITH WINDOW MANUFACTURER THAT SELECTED WINDOWS COMPLY WITH SECTION R303.1 EGRESS REQUIREMENTS

ALL INTERIOR STUD WALLS SHALL BE 2X6 STUDS @ 16" O.C.

TRUSS NOTE

TRUSS DESIGN, LAYOUT AND LOCATIONS SHALL BE DETERMINED BY TRUSS MANUFACTURER'S ENGINEER. ANY HEADER BEARING POINT LOAD FROM GIRDER TRUSS SHALL BE VERIFIED BY TRUSS MANUFACTURER'S ENGINEER.

FOUNDATION/BASEMENT PLAN

Crawl Option - Slab Not Heated — SCALE: 1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 2-11-22

Date 2-11-2022

JASON MCRARY DESIGNS, LLC
RESIDENTIAL DESIGN SERVICES
4235 GRACE CHAPEL ROAD GRANITE FALLS, NC 28630
PHONE: 828-234-8864 EMAIL: jmcrarydesigns@gmail.com

COMPUTER AIDED DESIGN

A NEW RESIDENCE FOR
JAMES AND KATIE SPRINKLE
127 BEACON RIDGE DR. STONY POINT, NORTH CAROLINA

DATE: 12/21/21
PROJECT NO: 135-21
SHEET NO: A-1 (1 OF 6)

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324321
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774632161.000	127 BEACON RIDGE DR	Iredell County

Owner Information	Applicant Information
Name: SPRINKLE JAMES A+MARY K C	Name: SPRINKLE JAMES A+MARY K C
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
1.607	35	50	15	15	WSIV-CA Lookout Shoals	YES

Remarks
SFD
Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 01/03/2022

Signature of Owner/Contractor

Permit Number	324321	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

324321

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 2 (1 story + basement)

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2,520

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name James, Mary Sprinkle Phone # 704-968-2832

Owner's Current Address 208 Bowles Farm Rd, Statesville NC 28625

Property Information

Property Address 127 Beacon Ridge Dr Parcel # _____
Stony Point, NC 28678

Subdivision: River Walk Lot: 16 Zoning: RA Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) I-40 to Sharon School Rd, Left Stewart Rock Rd, Right Fulbright Rd, Right Gardner Point Dr. (Gate to community, look up Sprinkle @ call, Right River Cliff Dr, Right Beacon Ridge Dr.

Application Information

Applicant's Name or Company James Sprinkle Applicant's Phone # 704-968-2832

Applicant's Address 208 Bowles Farm Rd, Statesville NC 28625

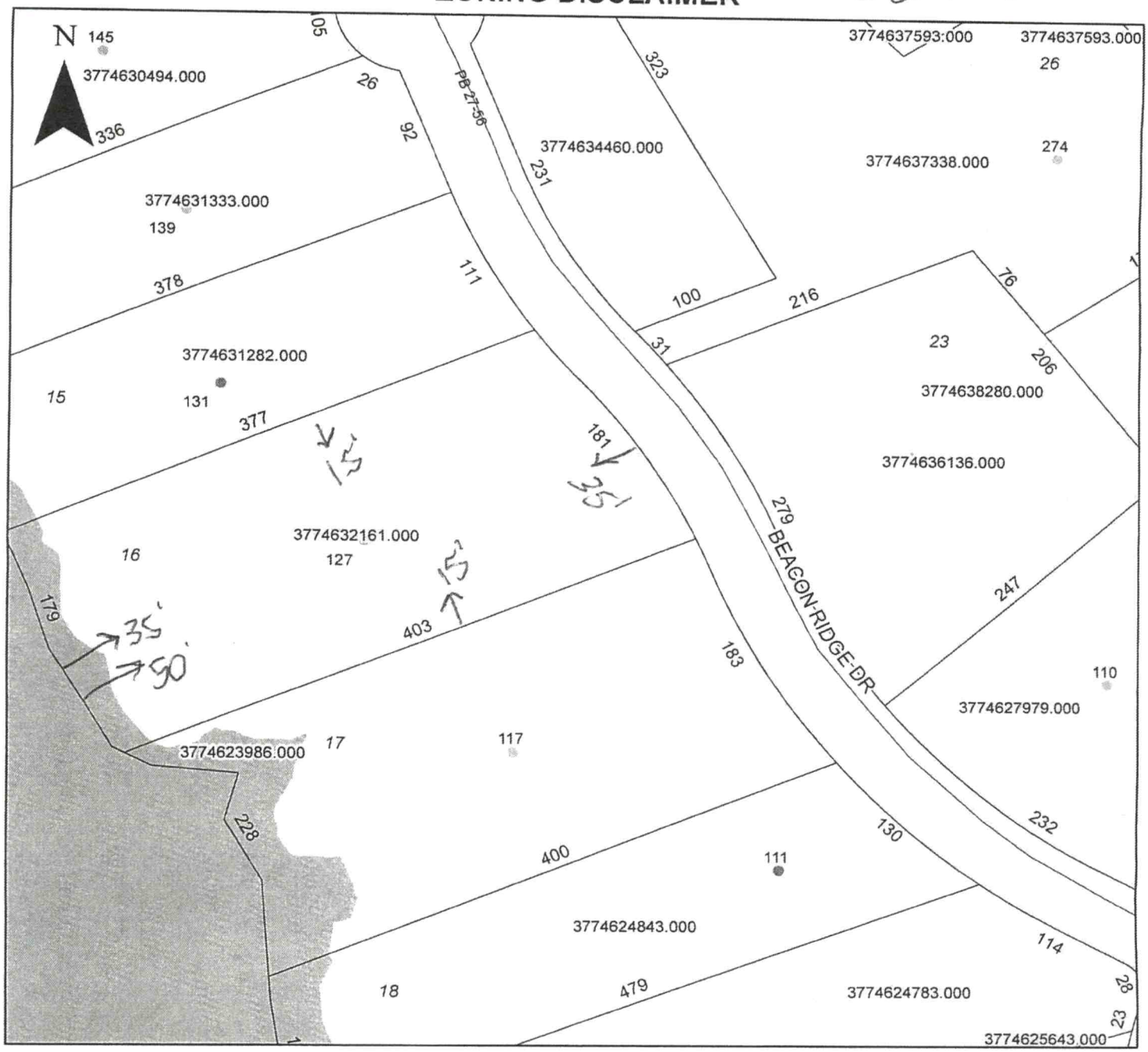
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 1-1-2022

ZONING DISCLAIMER

324321



Property Address 127 Beacon Ridge

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.

Mark Spicer

Applicant

1-3-21

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R14204

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,127.25**
AP-324321 Address: 127 BEACON RIDGE DR APN: 3774632161.000			**$1,127.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R14204			**$1,127.25**

Date Paid: Monday, January 03, 2022

Paid By: SPRINKLE JAMES A+MARY K C

Cashier: AP

Pay Method: CREDIT CARD 369743