IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228741

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

PIN # 3774661033

APPLICANT/OWNER: Americas Home place APPLICANT ADDRESS: 1206 Greenland Drive Statesville NC

SITE ADDRESS: 465 Stewart Rock RD Stoney Pointe NC 28678 PHONE: 704-746-7094 ALT. PHONE 704-872-4400

SITE DIRECTIONS: I-40 west TR Shecon School RD TL onto Stewart Rock property on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverwalk SECTION: 1 LOT # 44 LOT AREA: 5.764 Acres. DESIGN FLOW: 360 L.T.A.R.: .25

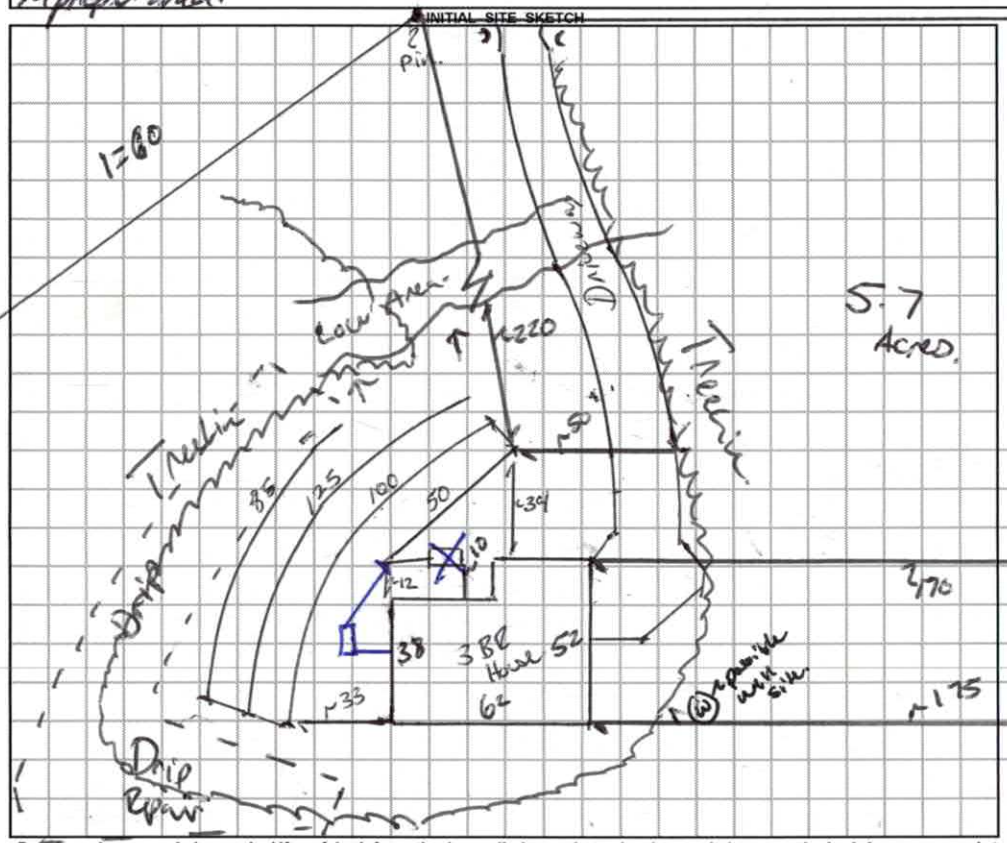
Septic Tank	1000	(gal)	STB 760	Date	10/14/2017	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make			Model	Serial #		Repair System Description:	Drip Repair			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36.	Trench Bottom Depth(Low side)		20	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

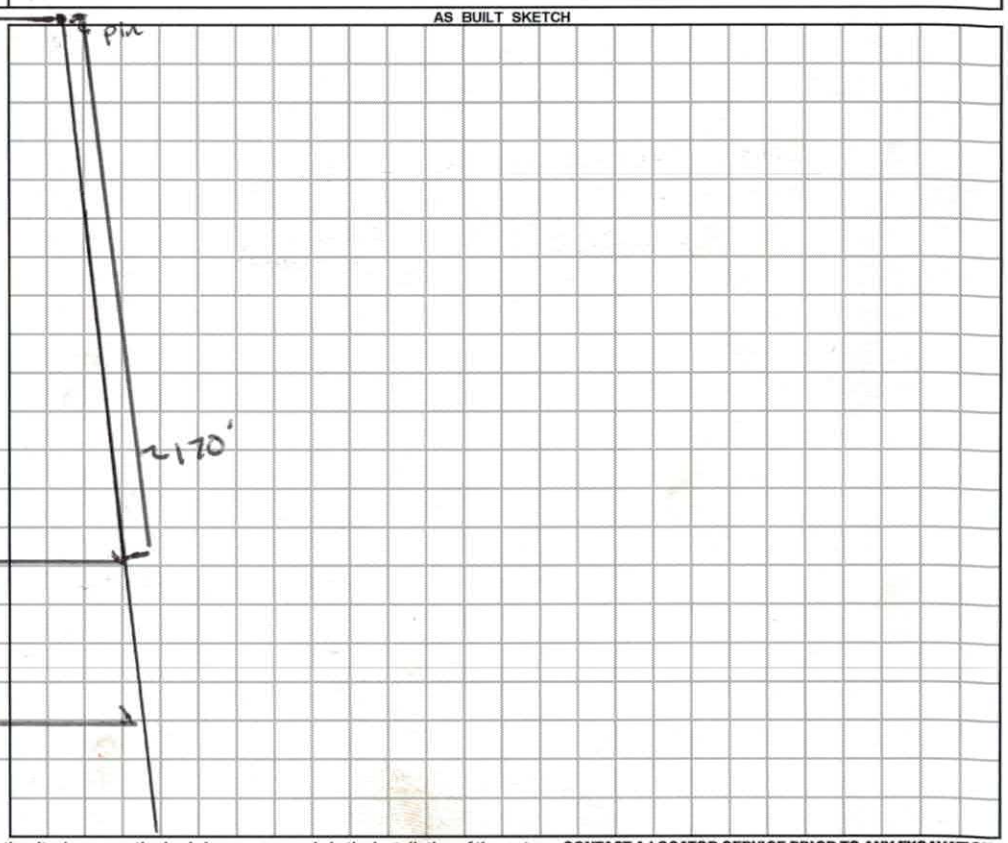
Comments / Conditions: Install Drainlines on the contour of the land & Utilize Serial distribution ~ Do not exceed max depth of 20 inches Low side.
Pre-Install Meeting Required where Septic Installer Stewart Rock RD → in proper area.

*Note change of Tank location.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **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: 10/5/17 Installed by: Shannon - Groundbreakers Grading

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 9/7/2017 OPERATION PERMIT by: Benjamin A. Bottoms Date: 12/1/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 9/7/2017 Existing System Inspected by: Date:

DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 3774661035
COUNTY: Iredell

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

OWNER: America Home Place
ADDRESS: 1206 Crumble On Sul.
PROPOSED FACILITY: House
LOCATION OF SITE: 465 Stewart Rocky Dr Statesville NC 28677.
APPLICATION DATE 7/17/17.
DATE EVALUATED: August 2017
PROPERTY SIZE: 5.7 + Acres
PROPERTY RECORDED: Yes.
PROPOSED DESIGN FLOW (.1949): 360 gpd.

WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5-10%	0-10	SCL WSBK	SSSP FR SEFM	2.5YR4/6.	48.	some Litho within mythy sc.	Dry	PS .25
		10-34	C SBK	SSSP FM					
		34-48.	CL WSBK	SSSP FR					
2	Summit 5-10%	0-10	SCL WSBK	SSSP FM SEFM		26.		consolidated Sap. @ 26.	US. Dip
		10-26	C SBK	SSSP FM					
		26-36.	RC Sap.	Firm.					
3	Summit 5-10%	0-9	SCL	SSSP FR SEFM	C	27.		consolidated Sap @ 27.	Dip
		9-12	C	SSP FR					
		12-27	C~Litho.	SSSP FM					
		27-35	RC Sap.	Firm.					
4	LSS. 8-14%.	0-10	SCL SBK	SSSP FR		48		Some Litho	PS .3.
		10-32	C SBK	SSSP FM					
		32-48	CC WSBK.	SSSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	III - 25%	V - Dip
Site LTAR	.25	∠.1

OTHER FACTORS (.1946): Some Mx some Firm Rock
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins
OTHER(S) PRESENT: —

COMMENTS:

SOIL/SITE EVALUATION

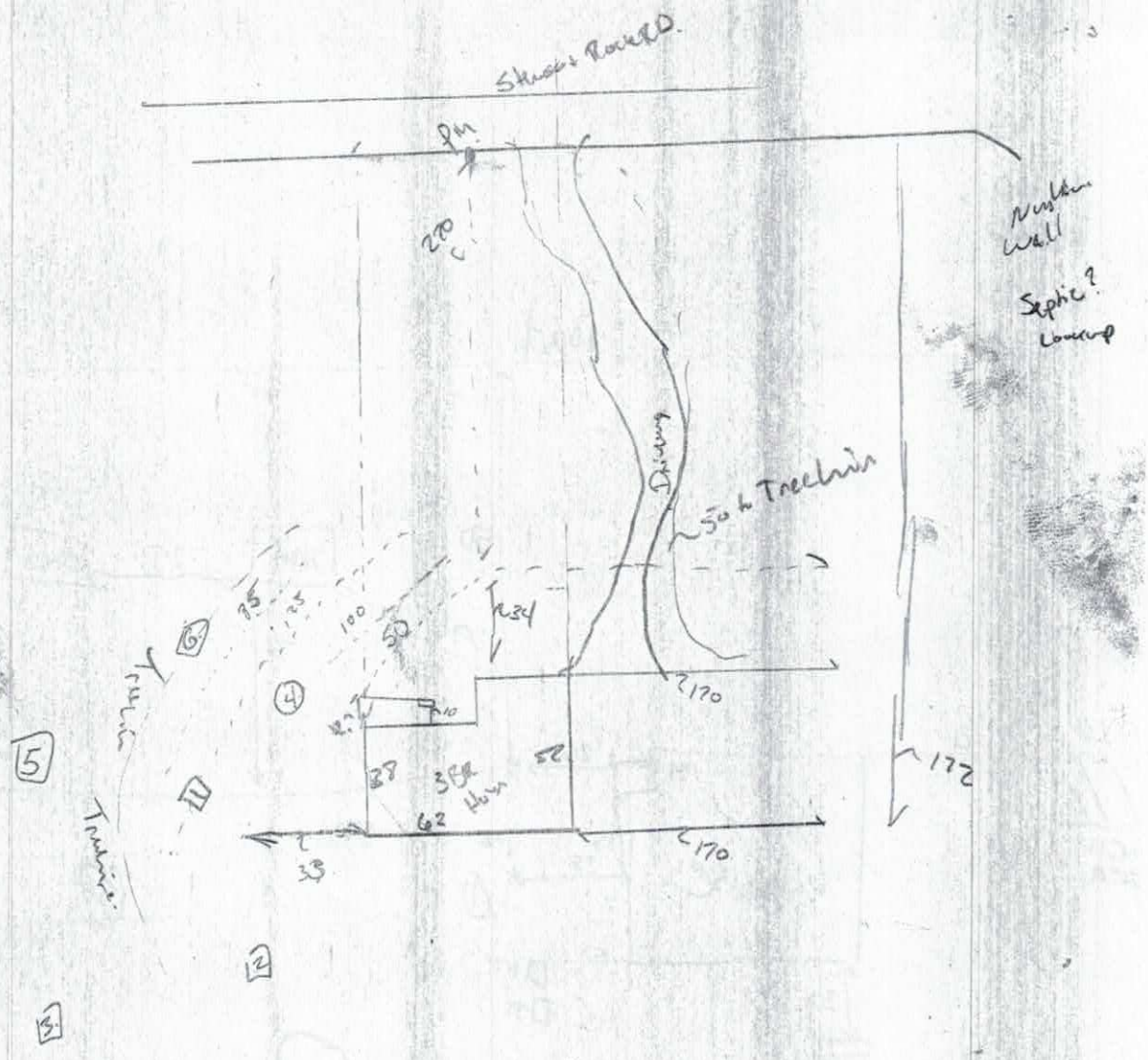
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 3774661033
DATE OF EVALUATION: August 2017
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LSS 10-15%	0-6	scl SBk	SSSp FR SELP		48	—	Some Mn conc @ 36.	PS .25 max consid 28 min
		6-36	c SOM ABK. SBk	SSSp FM					
		36-48.	cl WSBk	SS Sp. FR					
6.	LS? 10-15%	0-6	scl WSBk	SSSp FR SELP		48.		Som MW @ 30 with Firm Spots.	PS .25 max zone consid.
		6-30	c SBk	SSSp FM					
		30-48.	cl WSBk.	SSSp FR					

COMMENTS:


Street Road
pin
20
Neighbor well
Septic? Leach
Driveway
~50 to Treeline
125
100
50
~34
~170
~172
38
38
Hwy
62
~170
33
Treeline
1
2
3
4
5
6

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

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

Applicant Information:

Applicant Name: Americas HomePlace Address: 17010 Greenlake Dr Statesville NC Phone: 704-746-70

Owner Name: Gerald Macy Address: 88 Placid Square, Lebanon NH 03766 Phone: 603-448-77

Property Information:

Street Address: ~~Lot 44~~ 466 Stewarts Rock Dr Stoney Point NC 28678

Subdivision Name: River Walk Addition to SI PB28-139 Section/Phase: 1 Lot Number: 44

Driving Directions: I-40 west Troutman Sharon School Rd Troutman Stewarts Rock property on the left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

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

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

Signature: _____ 7/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, [redacted], am the legal owner(s) of the property located at Lot 44 Stewart Rock Drive Stoney Point NC 28673, identified as PIN (Parcel Identification Number) 3774 66 1033, located in Iredell County, North Carolina.

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

[redacted] 7-5-17 Michelle Mayo 7/5/17

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

IREDELL COUNTY HEALTH DEPARTMENT

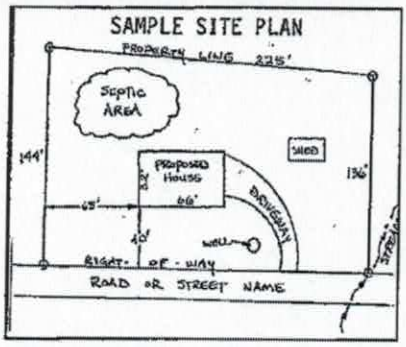
ENVIRONMENTAL HEALTH DIVISION

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

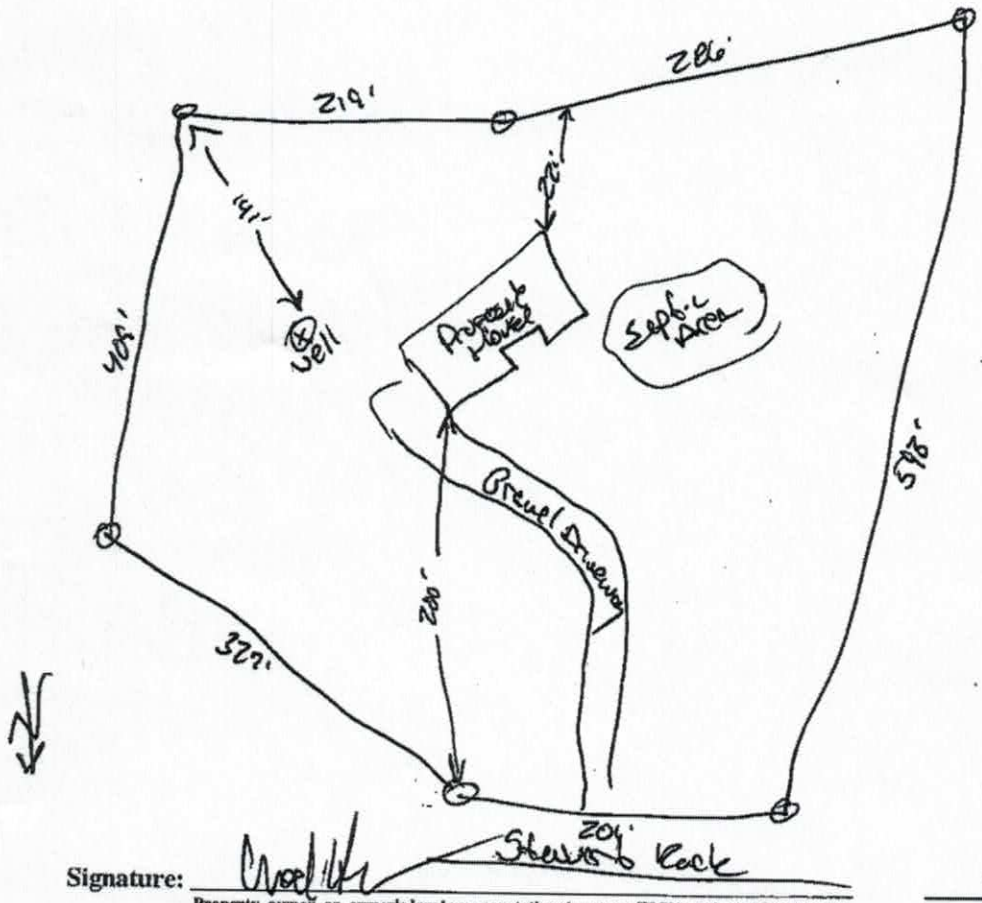


Circle N/A on the following if appropriate:

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

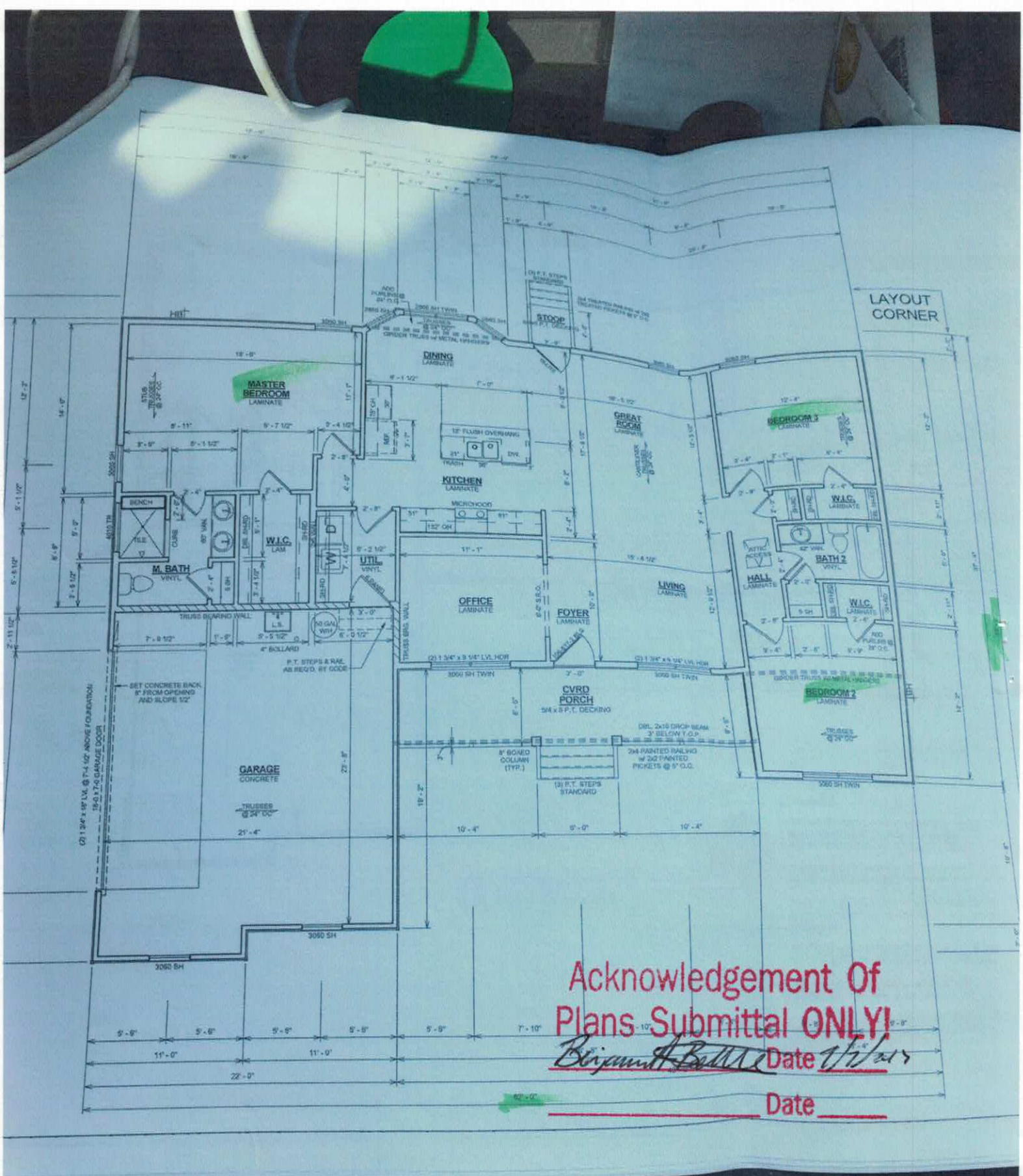
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

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

7/17/17
DATE



Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Battle Date 1/1/2013

_____ Date _____

IREDELL COUNTY

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

APPLICATION NUMBER
228741
Issue Date: 07/18/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
3774661033.000	465 STEWART ROCK ROAD, STONY POINT, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MACY GERALD A+MICHELLE A	Applicant: AMERICA'S HOME PLACE I
Address: 8 PLACID SQUARE STONY POINT, NH 3766	Address: 1206 GREEN LAND DRIVE STATESVILLE, NC 28677
Phone:	Phone: 704-872-4400

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.764	35.00	35.00	15.00	15.00	CALS	X

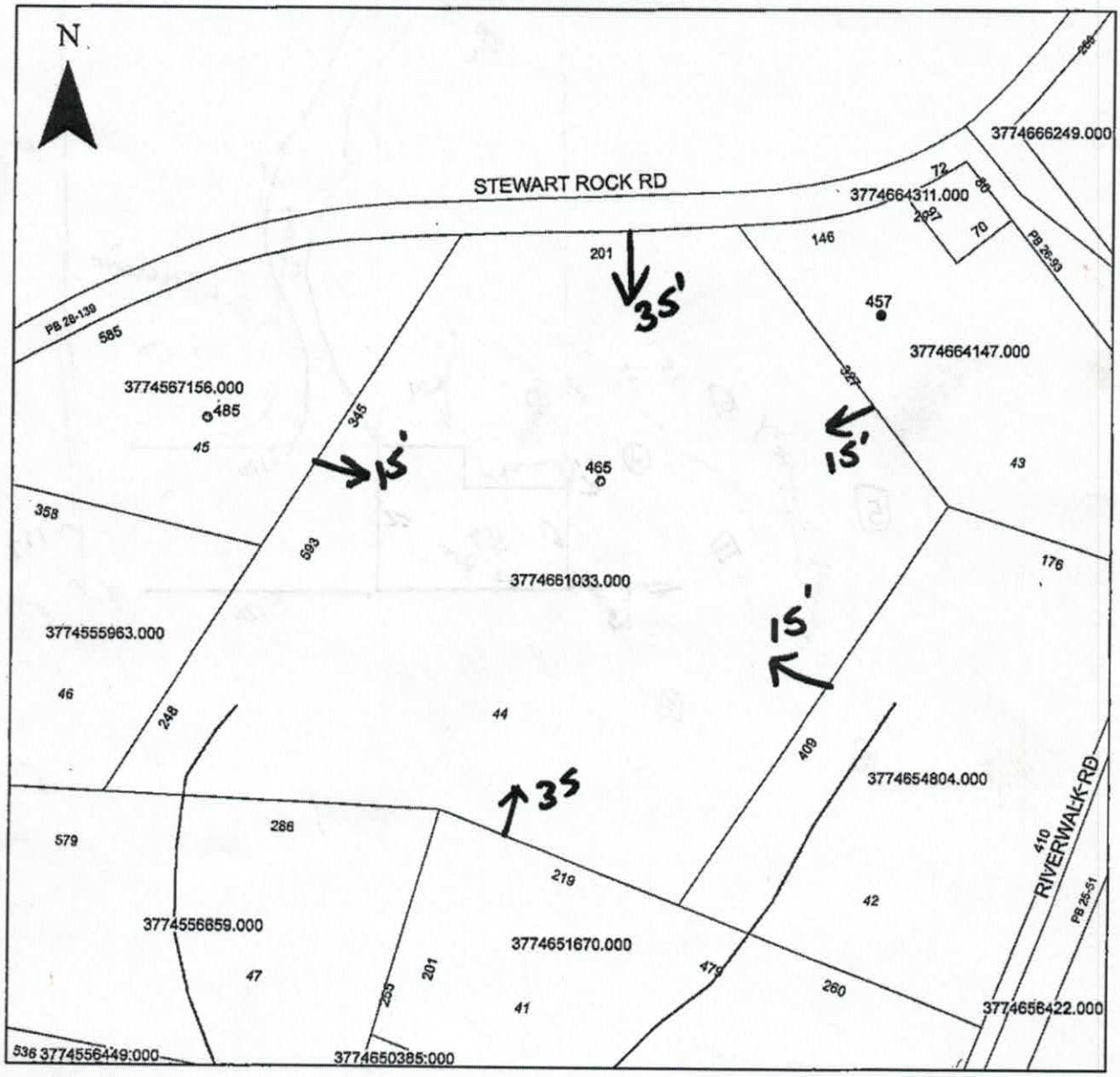
Remarks:

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	109308	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 465 Stewart Rock

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.

Chad Hoss
Applicant

7/18/17
Date