CW BLDR-2023-35320

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-327362

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

PIN # 3774-77-0466

APPLICANT/OWNER: JEFFERY G. NORMAN APPLICANT ADDRESS: 4336 JENKINS ROAD, CLOVER, S.C. 29710

SITE ADDRESS: 395 STEWART ROCK ROAD, STONY POINT, N.C. 28678 PHONE: 803-526-8818 ALT. PHONE 704-779-7430

SITE DIRECTIONS: (W) ON 40, (R) ON SHARON SCHOOL, (L) ON STEWART ROCK, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: RIVERWALK SECTION: 1 LOT # 37 LOT AREA: 2.905 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.275

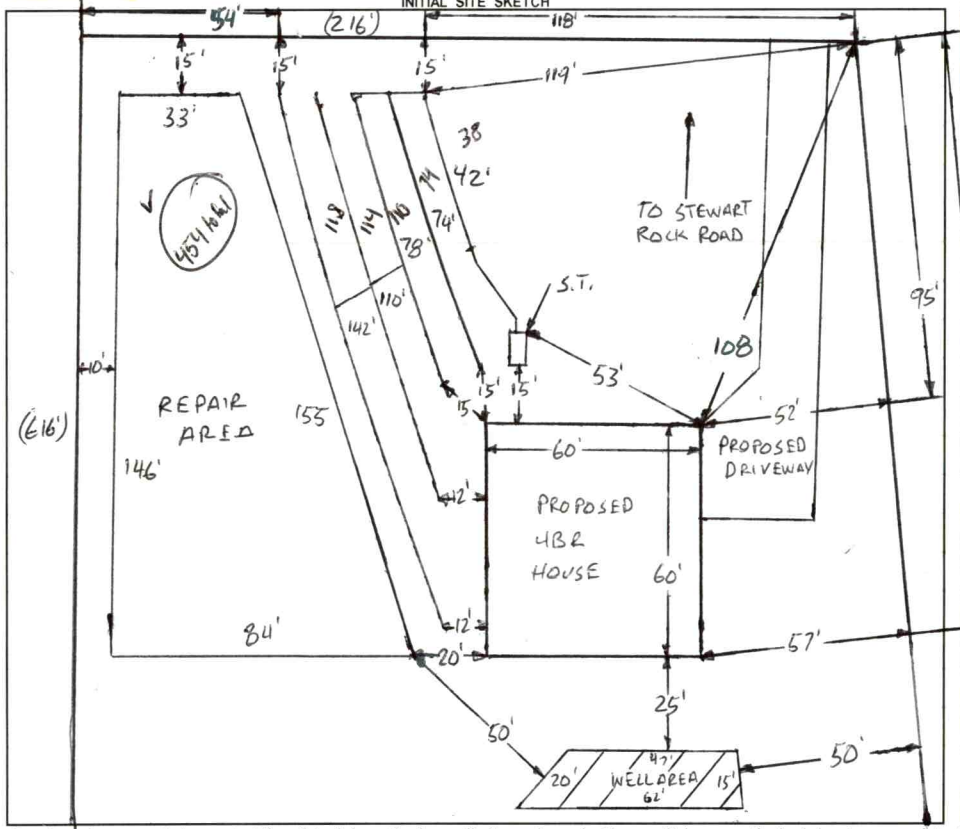
Septic Tank	1000	(gal)	STB 1012-1000	Date	3/12/24	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	—	(gal)	PT —	Date	—	System Description:			25% REDUCTION	☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description:			25% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft	446 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 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, DO NOT EXCEED A 30IN TRENCH BOTTOM.

4 BEDROOM SYSTEM MUST BE INSTALLED

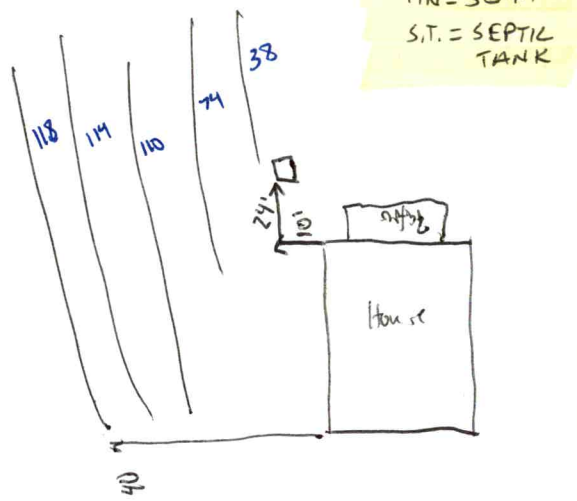
INITIAL SITE SKETCH



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.

1 IN = 50 FT
S.T. = SEPTIC TANK



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: Jeffery G Norman Date: 6-22-2023 Installed by: Carol Norman Construction EXP 12/31/24

IMPROVEMENT PERMIT by: Burt C. White Date: 6-21-2022 OPERATION PERMIT by: BWhite Date: 11/21/24

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 9-19-2023 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? _____	

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 1 of 1

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ONSITE WATER PROTECTION BRANCH

PROPERTY ID #: 3774-77-0466
DATE OF EVALUATION:
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
1	LINEAR SIDE 7%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	.275
		6-30	C ABK	FI, S, P, SEXP					
		30-48	CL WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 6%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	.275
		10-33	C, ABK	FI, S, P, SEXP					
		33-48	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	.3
		7-28	C, ABK	FI, S, P, SEXP					
		28-48	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	.275
		8-20	C, ABK	FR, S, P, SEXP					
		20-48	CL, WABK	FI, SS, SP, SEXP					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None		

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

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

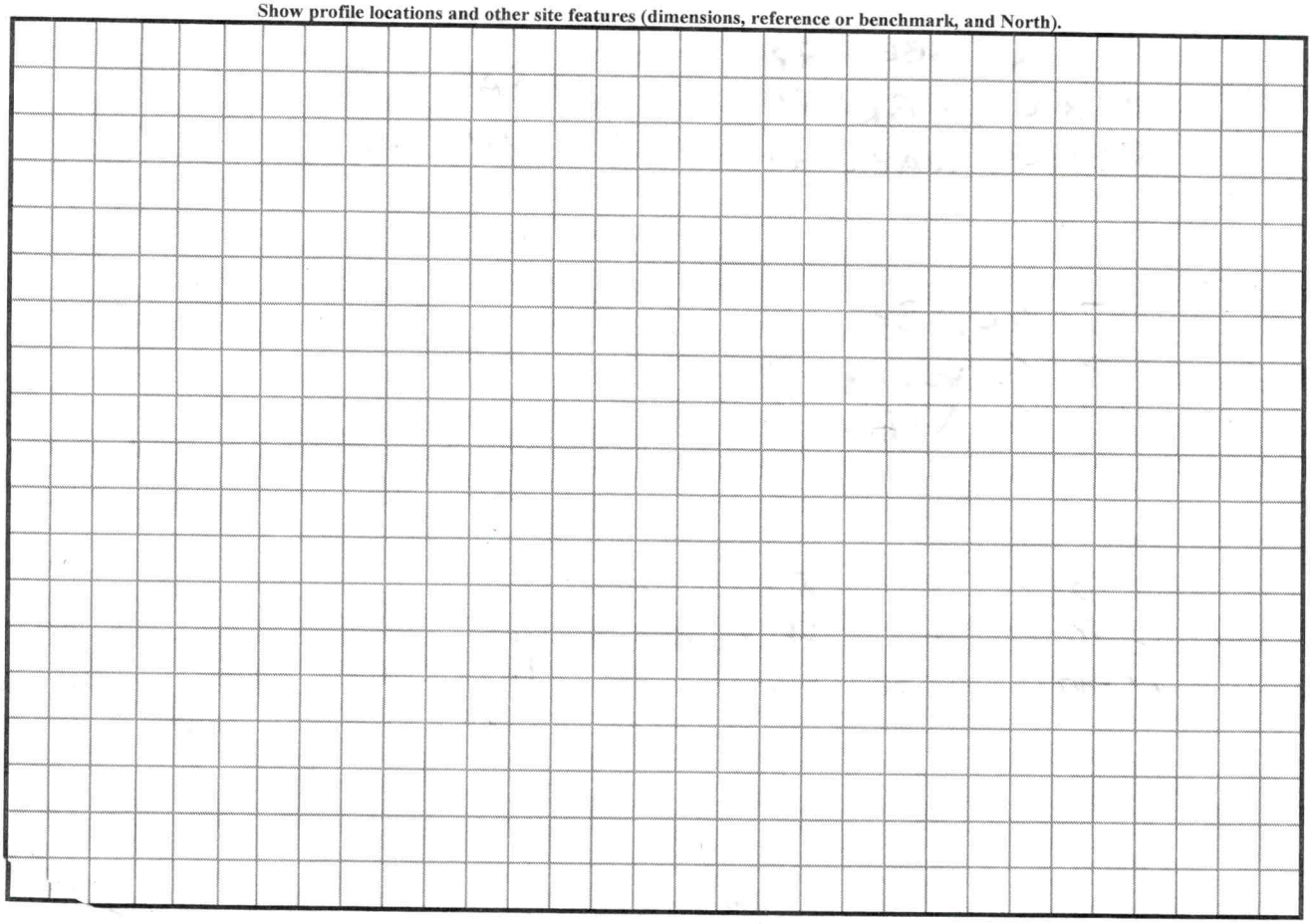
NOTES

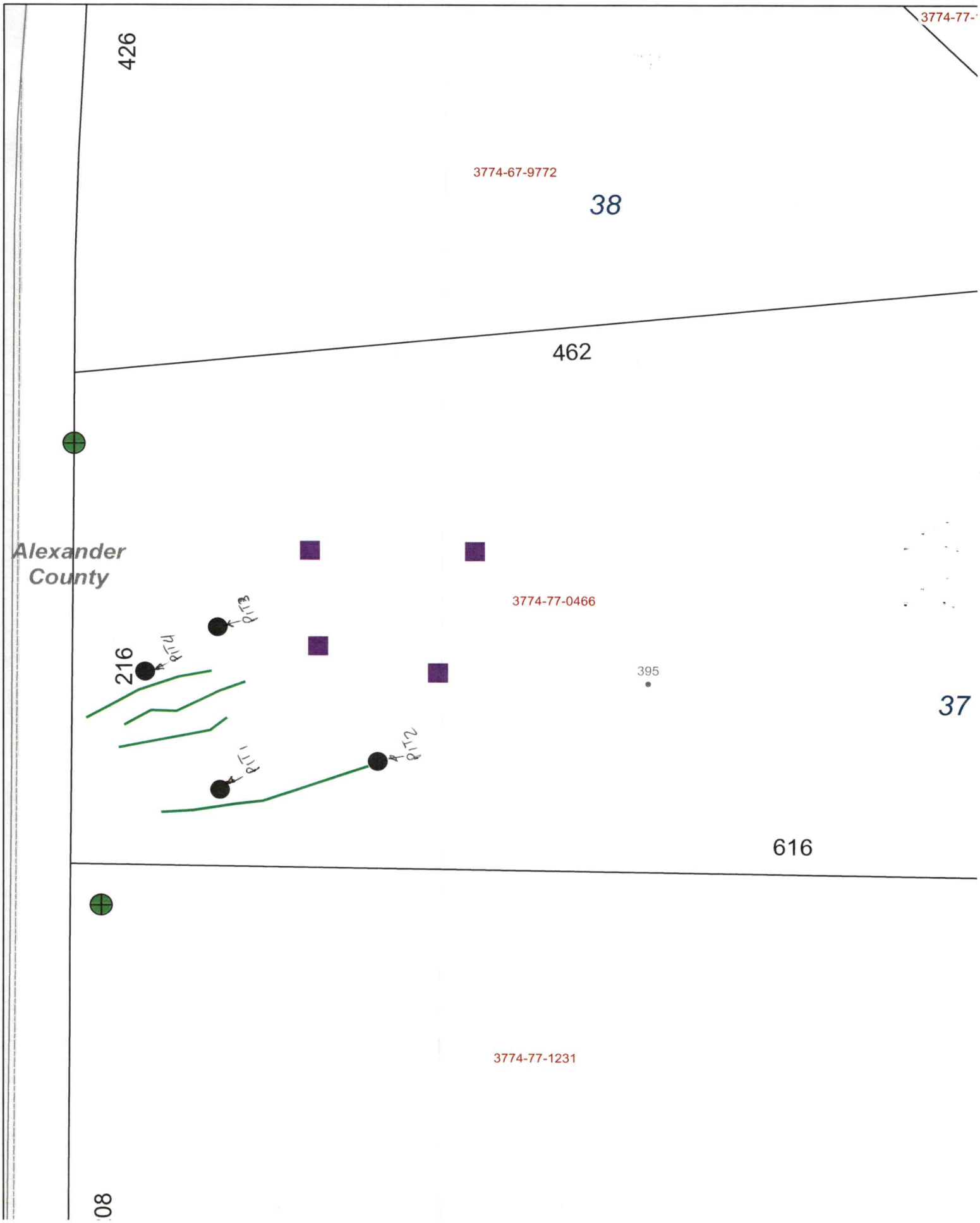
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




3774-77-
426
3774-67-9772
38
462
Alexander
County
3774-77-0466
216
PIT4
PIT3
395
37
PIT1
PIT2
616
3774-77-1231
08

RECEIVED APR 8 - 2022

Paid $500.00

BW

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

AP- 327362

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: Jeffery G. Norman Address: 4336 Jenkins Rd Chver, SC Zip: 29710
Applicant Email: garrettxrnn@gmail.com Phone: 803-526-8818 Alt. Phone: _____
Owner Name: James & Kim Smith Address: 244 Whippoorwill Rd - Mooresville, NC Zip: 28117
Owner Email: _____ Phone: 704-779-7430 Alt. Phone: _____

Property Information:

Street Address: 395 Stewart Rock Rd Stony Point, NC 28678
Subdivision Name: Riverwalk Section/Phase: 1 Lot Number: 37
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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) 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: _____ 3-27-2022
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

(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, Jim & Kim Smith, am the legal owner(s) of the property located at 395 Stewart Rock Rd Stony Point, NC 28678, identified as PIN (Parcel Identification Number) 3774-77-0466.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeffery Norman _____, 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.

Jim & Kim Smith
Signature of Owner(s)

3/28/2022
Date

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

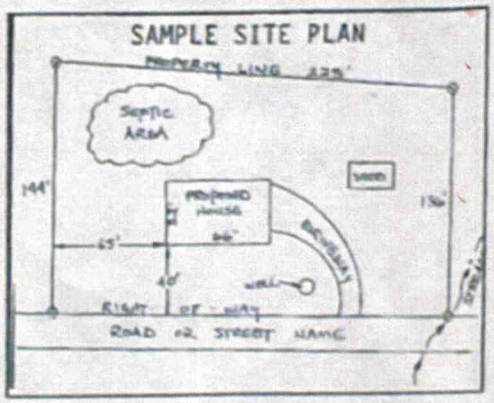
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

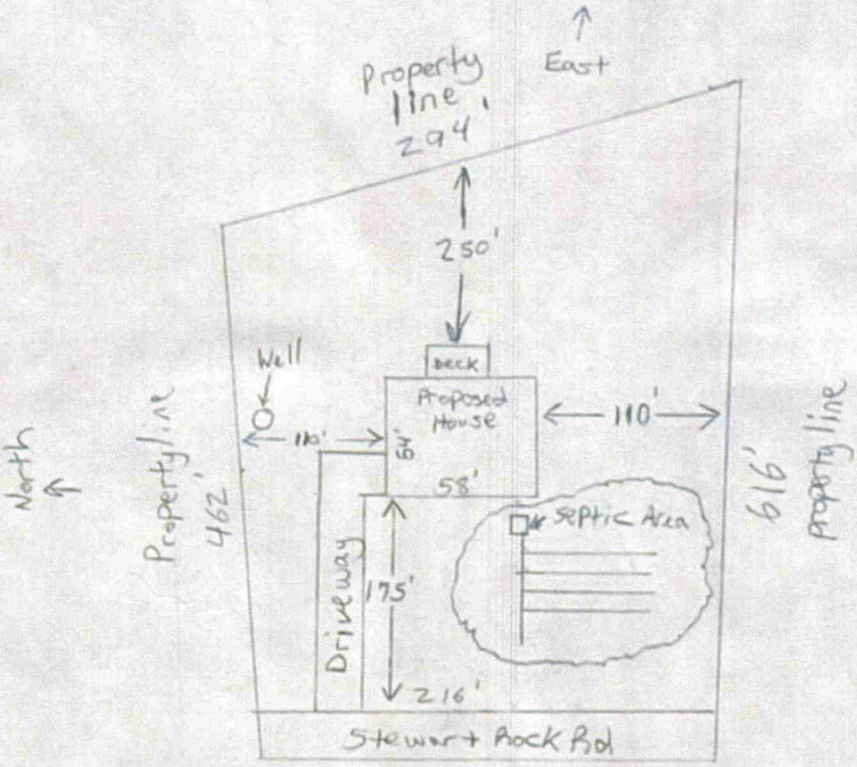
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other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



Signature: Jeffrey D Moore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-27-2022
DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327362 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774770466.000	395 STEWART ROCK RD	Iredell County

Owner Information	Applicant Information
Name: SMITH JAMES J+KIMBERLY C	Name: Jeffery Norman
Address:	Address: 4336 Jenkins Rd
,	Clover , SC 29710
Phone:	Phone: (803)526-8818

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.905	35	35	15	15	WSIV-CA Lookout Shoals	NO

Remarks
sfd/need disc

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: 04/05/2022

Signature of Owner/Contractor

Permit Number	327362	TOTAL FEES:	$77.25

RIVER WALK SEC 1 LOT 37

PERMIT SNAPSHOT REPORT OSWP-2023-35974 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant
App Date: 09/06/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: Authorization to construct needed. Improvement permit on file: AP-327362 BRYANT ISSUED IP

Parcel: 3774770466.000 Main
Address: 395 Stewart Rock Rd Main
Stony Point, NC 28678
Zone: RA(Residential Agricultural District)

Property Owner
Jeffery G Norman
Mobile: (803) 526-8818

Applicant/Authorized Agent
Jeffery Norman (Huff Homes)
Norman Jeffery
4336 Jenkins Rd
Clover, SC 29710
Business: (803) 526-8818

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Authorization to Construct	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	Home: 60x61 Storage building: 16x20
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	4
If other Addition/Structure, please explain	16x20 Storage Building	Number of Occupants	2	Foundation Type	Concrete Slab Foundation
Residential/Business/Other	Residential	Water Supply	New Well	Desired Septic System Type	Conventional (most common)
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Norman_Jeffery_9/6/2023.jpg	09/06/2023 16:39	Jeffery, Norman		Uploaded via CSS
DOC TO AUTHORIZE AN OWNER 3_18_v1.pdf	09/07/2023 16:55	Nebel, Barbara	Available Online	Authorize to Act as Agent

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/07/2023 16:56	09/07/2023 16:57
Confirm application complete v.1	Generic Action		09/07/2023 16:57
Environment Health Inspections v.1			
Operation Permit Inspection v.1	Inspection		
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		
OSWP Tanks Checked v.1	Inspection		
~~Fees v.1~~			09/07/2023 16:56
~~Issue Invoice v.1~~	Generic Action		09/07/2023 16:56
~~Fees Paid v.1~~	Generic Action		09/07/2023 16:56

PERMIT SNAPSHOT REPORT (OSWP-2023-35974)

~~Zoning Review v.1~~		09/07/2023 16:56
~~Floodplain Admin Overview v.1~~	Task	09/07/2023 16:56
~~Issue Invoice v.1~~	Generic Action	09/07/2023 16:56
~~Fees Paid v.1~~	Generic Action	09/07/2023 16:56
Lot Readiness Verification v.1		
OSWP Septic Preliminary Site Visit v.1	Inspection	
OSWP Site Evaluation v.1	Inspection	
Issue Improvement Permit v.1		
Issue Invoice v.1	Generic Action	
Fees Paid v.1	Generic Action	
Issue Permit v.1	Generic Action	
Permit Completion Process v.1		
Authorization to Construct Permit v.1	Create Sub Permit	
Issue Authorization to Construct v.1	Generic Action	

Please Complete for Environmental Health if on Septic and/or Well:

Water Source: New Well ☑ Existing Well ☐ Permit on File: AP-327362

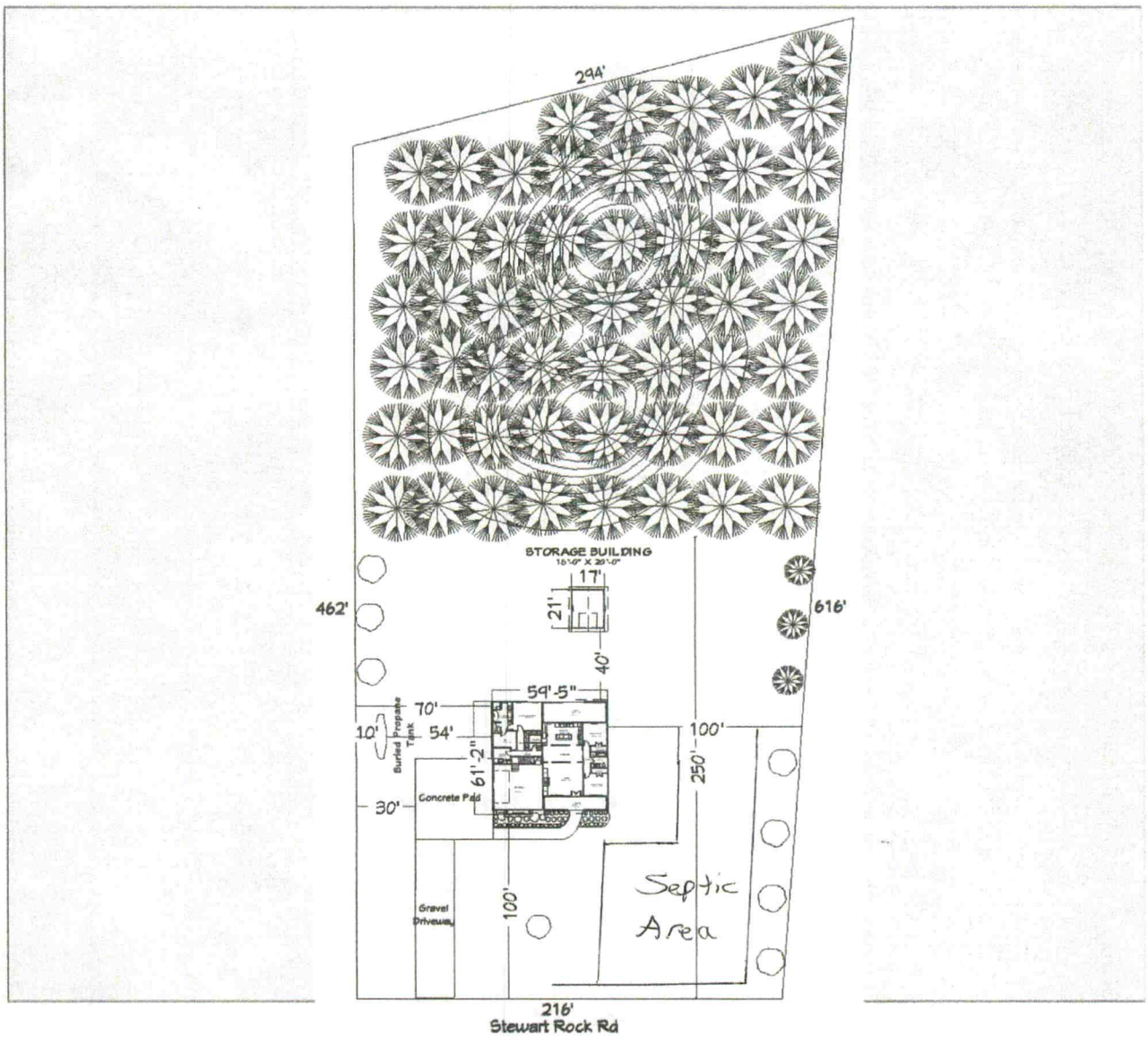
Is there an Existing Septic System on the Property: Yes ☐ No ☑

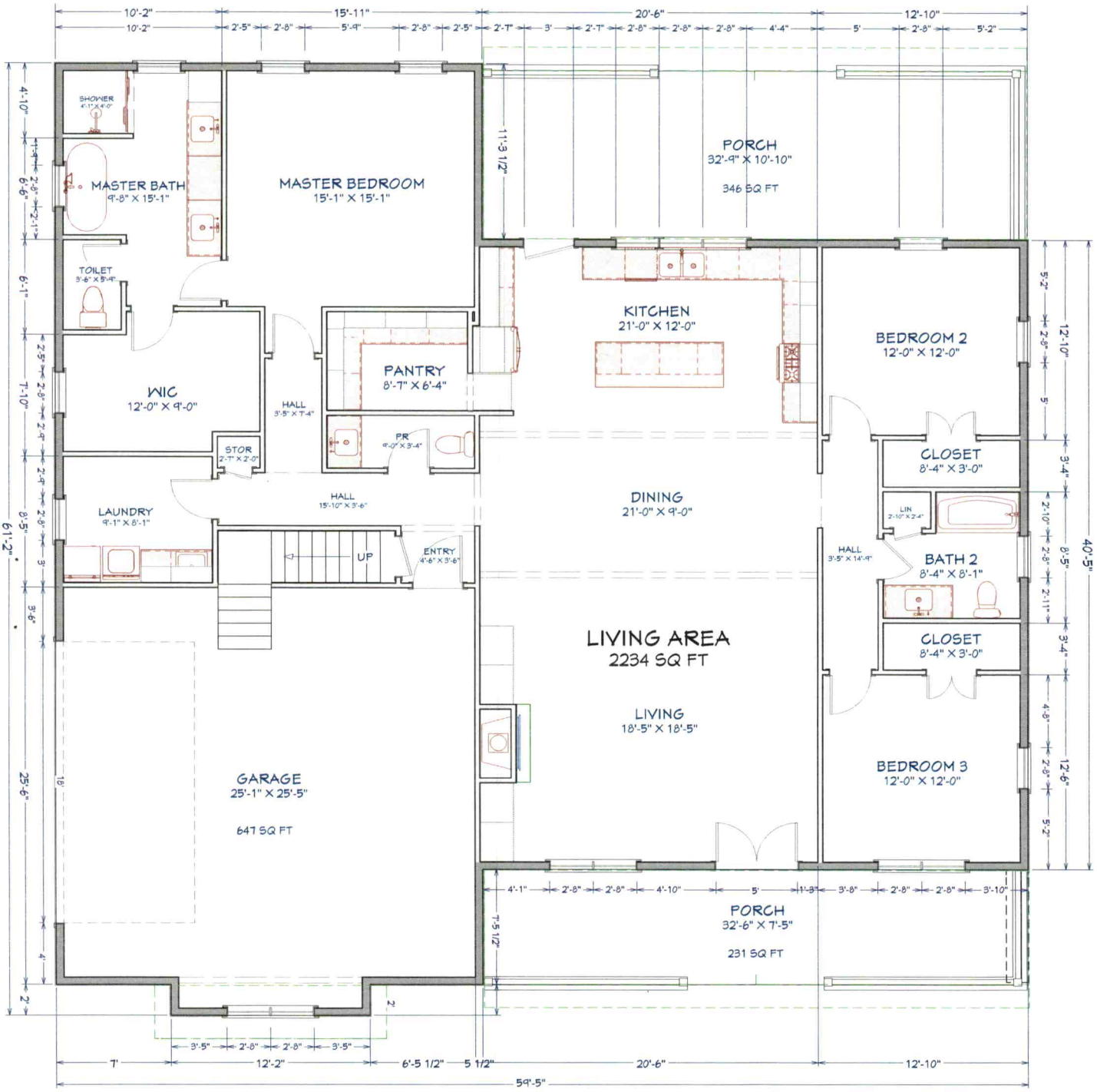
If Yes, Do you plan to use the Existing System: Yes ☐ No ☑

Do you plan to Expand or Relocate the Existing System: Yes ☐ No ☑

Site Plan Drawing

Please include a drawing of the property including existing buildings and structures, intended buildings and structures, property lines, dimensions, and separation distances.

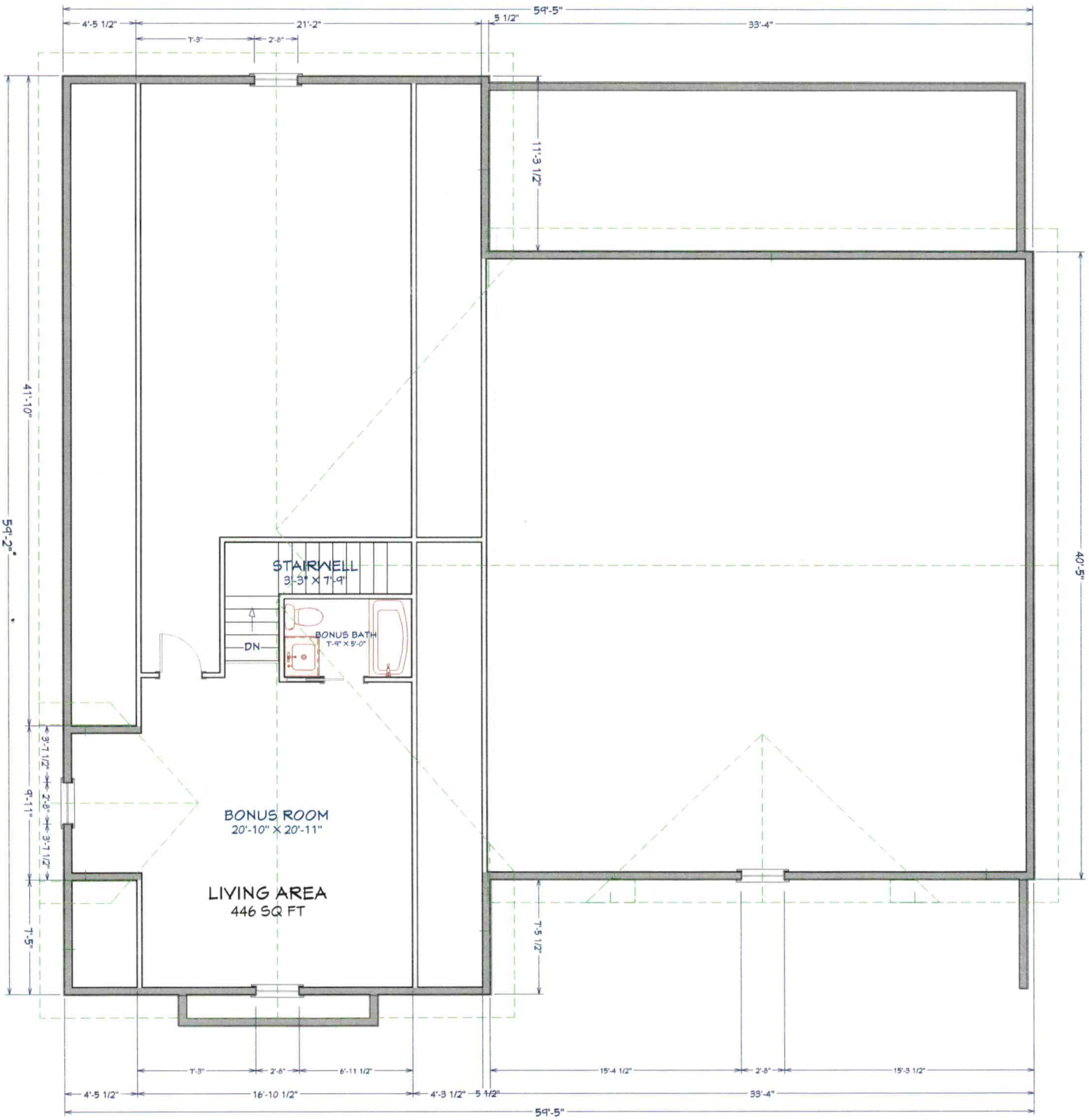




1st Floor

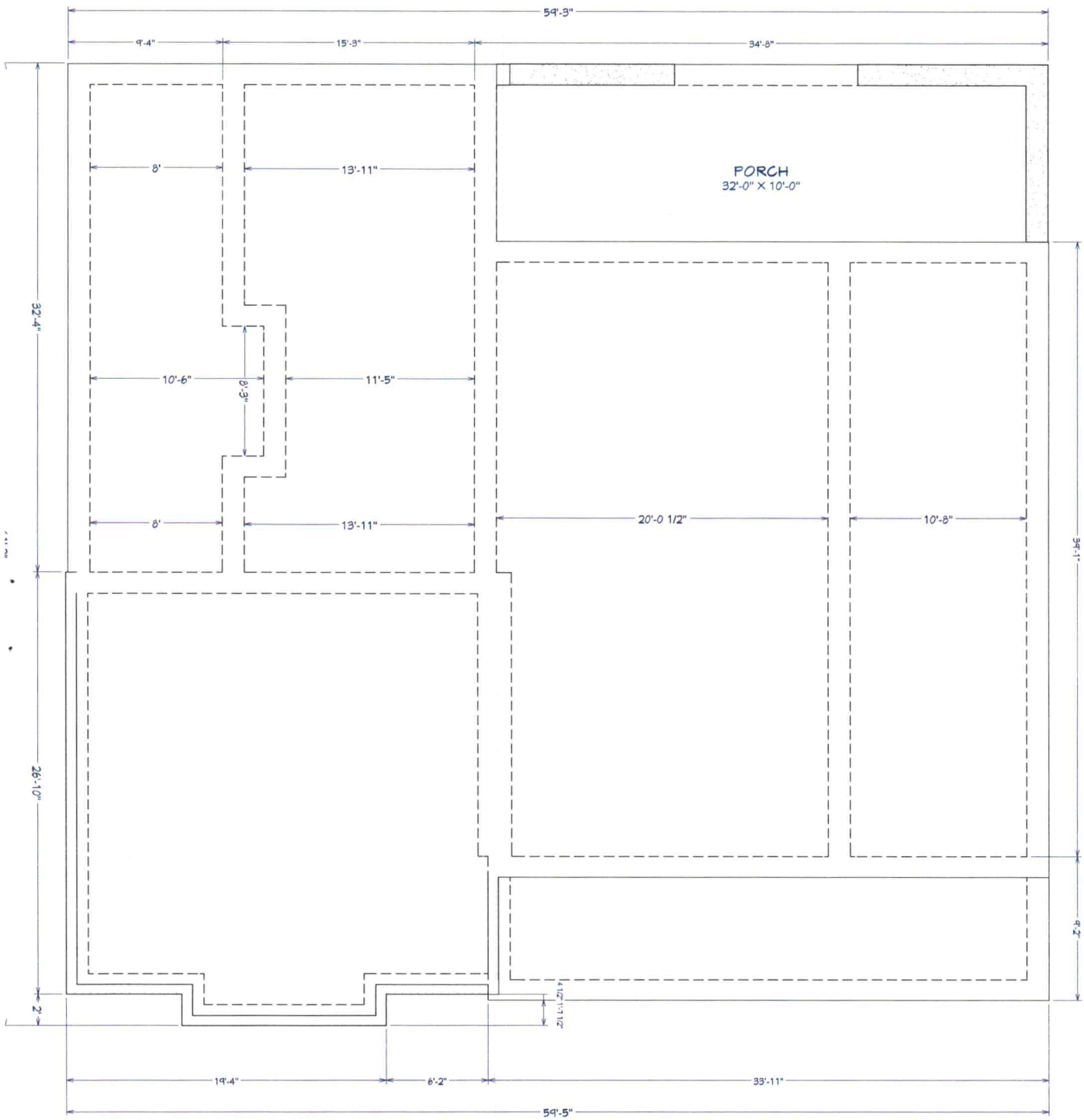
Total Living Area: 2280 SQ FT
Under Roof: 3457 SQ FT

SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY:	PROJECT DESCRIPTION:	SHEET TITLE:	NO.	DESCRIPTION	BY	DATE	
A-1	1/4 in.	5/7/2023	Garrett Norman	395 Stewart Rock Rd.	Main Level					10 ft. Ceilings



2nd Floor

SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY:	PROJECT DESCRIPTION:	SHEET TITLE:	NO.	DESCRIPTION	BY	DATE	
A-2	1/4 in.	5/7/2023	Garrett Norman	395 Stewart Rock Rd.	Bonus Room					9 ft. Ceiling



Foundation

SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY:	PROJECT DESCRIPTION:	SHEET TITLE:	NO.	DESCRIPTION	BY	DATE	
A-3	1/4 in.	5/7/2023	Garrett Norman	395 Stewart Rock Rd.	Foundation					Slab

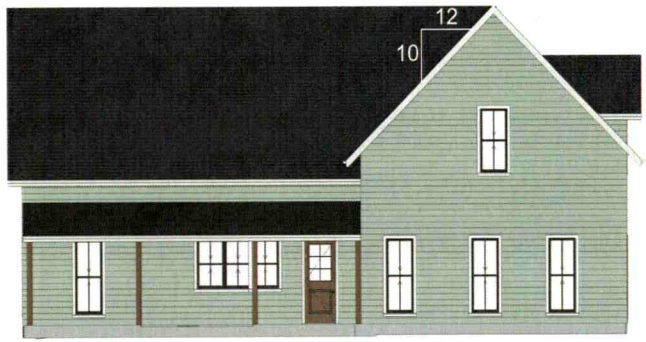


Elevation 1

SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY:	PROJECT DESCRIPTION:	SHEET TITLE:	NO.	DESCRIPTION	BY	DATE
A-4	1/4 in.	5/7/2023	Garrett Norman	395 Stewart Rock Rd.	Front Elevation				



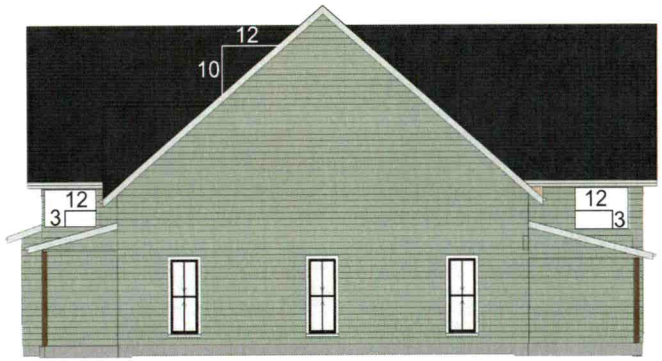
Elevation 1



Elevation 2



Elevation 3



Elevation 4

NO.	DESCRIPTION	BY	DATE

SHEET TITLE: Elevations

PROJECT DESCRIPTION: 395 Stewart Rock Rd.

DRAWINGS PROVIDED BY: Garrett Norman

DATE: 5/7/2023

SCALE: 1/8 in.

SHEET: A-5