RJB 2:00

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319226

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

PIN # 3774-83-4490

APPLICANT/OWNER: Catherine Shaw APPLICANT ADDRESS: 203 S. Greenbriar Rd Statesville, NC 28625

SITE ADDRESS: 151 Oak Point Ln Stony Pt., NC 28678 PHONE: 704 657-3136 ALT. PHONE 704 878-7796

SITE DIRECTIONS: I-40 w to Sharon School Rd (TR) TL Stewart Rock to Fulbright to Gardner Pt TR Oak Point Ln on R

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Riverwalk SECTION: 5 LOT # 45 LOT AREA: 2.01Ac. DESIGN FLOW: 360gpd L.T.A.R.: .3gpd/.25Rep

Septic Tank	1000 (gal)	STB	760	Date	2-24-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	3-4-22	System Description:	Pump-PM-25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	Hart PPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	300ft	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	max 30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

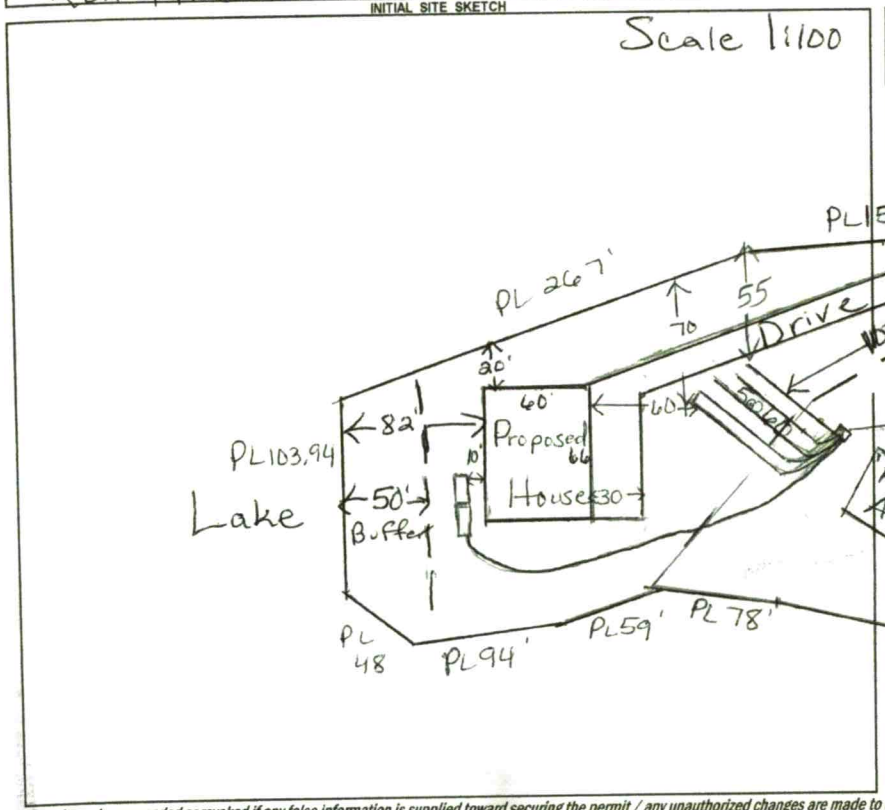
☒ Residence No. Bedrooms 3 | ☐ Business No. Persons 6 | ☐ Other No. Employees | ☐ Slab ☐ Crawl Space | ☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Use 1/2" sch 40 taps 2ft pressure
35.55g dose volume - 136.5 Drawdown 6.5"
Run time 5.1 minutes

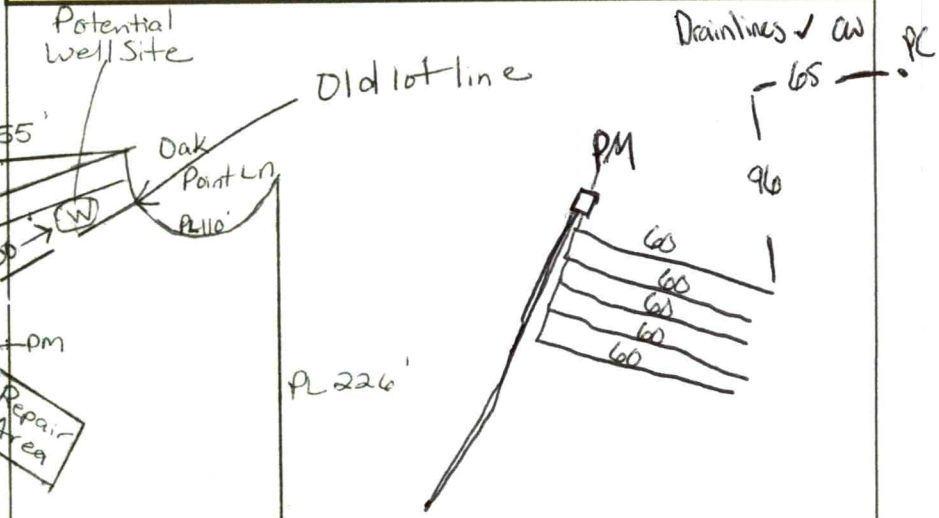
ST - 1ft to House
Red filter installed in ST 4/25/22 mo

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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

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

Owner / Applicant Signature: Catherine Shaw Date: 8/27/21 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/23/21 OPERATION PERMIT by: Sydney Holland Date: 3/2/23

AUTHORIZATION TO CONSTRUCT by: Brian A Bell Date: 4/13/22 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? _____	

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

Sheet ___ of ___
PROPERTY ID #: 3774834490
COUNTY: Iredell

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

OWNER: Catherine Shaw
ADDRESS: 2035 Greenbriar Rd Statesville, NC 28625
PROPOSED FACILITY: House
LOCATION OF SITE: 151 Oak Pt Ln Sloan Pt, NC Riverwalk 4/5
APPLICATION DATE
DATE EVALUATED: 8/6/21
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE:
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .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	15%	0-8	Brw SiL	w SBK SS, SP, Sexp, FR					PS
		8-26	RCm-L	w SBK SS, SP, Sexp, Fi-FR w/few Rock Incl's					
		26-54	RC	w SBK SS, SP, Sexp, FR w/few to many SAP Inclus	—	54"	—	—	.3
2	20%	0-9	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		9-22	RCm-L	w SBK SS SP, Sexp, FR					
		22-52	RC	w SBK SS, SP, Sexp, FR w/few to many SAP Inclus	—	52"	—	—	.3
3	24% Repair	0-7	Brw SiL	w SBK SS, SP, Sexp, FR					PS
		7-25	RCm-L	w SBK SS, SP, Sexp, FR					
		25-46	RC	w SBK SS SP, Sexp, FR w/few to many SAP Inclus					.3
		46-60	L/SL	SAP massive, FR	—	46"	PS	—	
4	18% Repair	0-6	Brw SiL	w SBK SS, SP, Sexp, FR					PS
		6-16	RCm-L	w SBK SS SP, Sexp, FR					
		16-36	RC	w SBK SS SP, Sexp, FR w/few to many SAP Incl's & few Rock					.25
		36-48	RC	w SBK SS SP, Sexp, FR w/many SAP & Rock	—	48"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Watson
OTHER(S) PRESENT: Cathe... Shaw

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)	0.4 - 0.1	0.2 - 0.05	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	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.

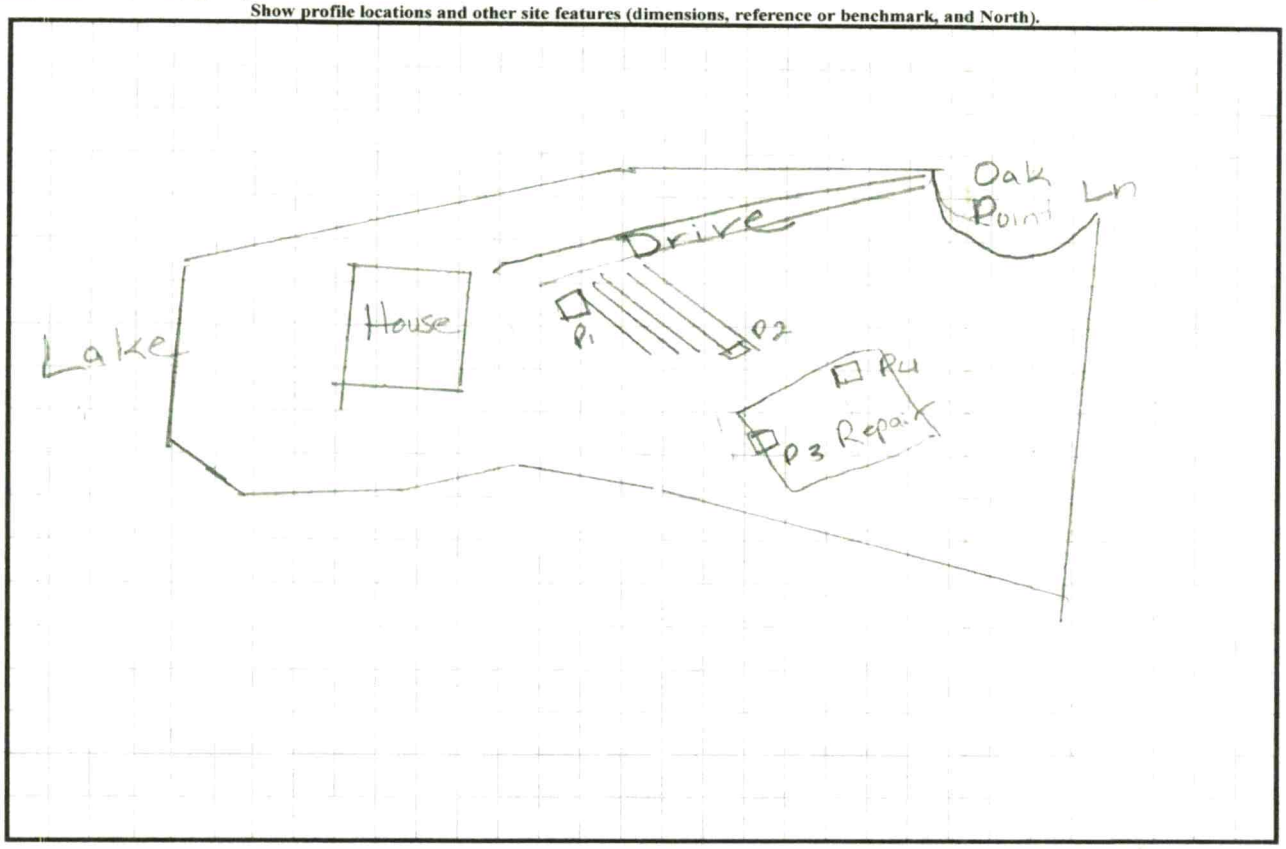
NOTES

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).



ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319226

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

PIN # 3774--83--4490

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SITE ADDRESS: 151 Oak Point Ln Stony Pt., NC 28678 PHONE: 704 657-3136 ALT. PHONE 704 878-7796

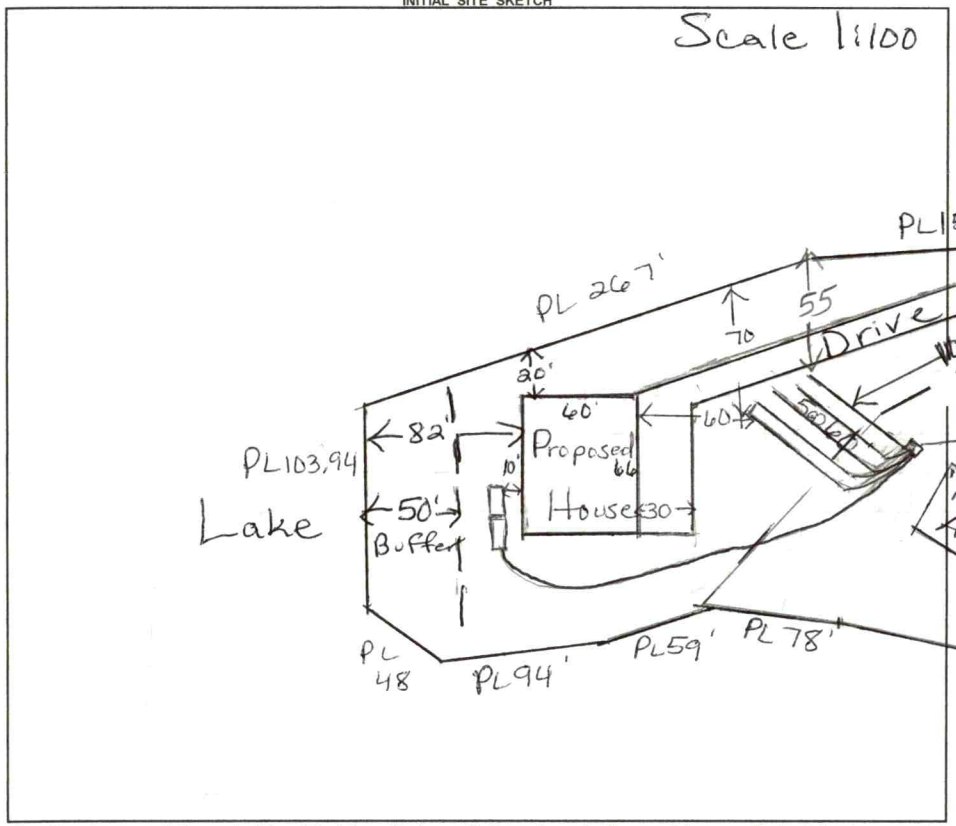
SITE DIRECTIONS: I-40 W to Sharon School Rd (TR) TL Stewart Rock to Fulbright to Gardner Pt TR Oak Point Ln on end SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Riverwalk SECTION: 5 LOT# 4/5 LOT AREA: 2.01Ac DESIGN FLOW: 3 bdrpd L.T.A.R.: .3gpd/.25Rep

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	Pump-PM-25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make			Model		Serial #		Repair System Description:	Hart PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	5	Linear Ft	300ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(~~Low side~~)	max 30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Use 1/2" sch 40 taps 2ft pressure
35.55g dose volume - 136.5 Drawdown 6.5"
Run time 5.1 minutes

INITIAL SITE SKETCH



AS BUILT SKETCH

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the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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Owner / Applicant Signature: Catherine Shaw Date: 8/27/21 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/23/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: ~~8~~/13/22 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? _____	

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

Sheet ___ of ___
PROPERTY ID #: 3774834490
COUNTY: Iredell

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

OWNER: Catherine Shaw — APPLICATION DATE
ADDRESS: 203 S. Greenbriar Rd Statesville NC 28625 — DATE EVALUATED: 8/6/21
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE:
LOCATION OF SITE: 151 Oak Ft Ln Stony Pt, NC Riverwalk 4/5 — PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	15%	0-8	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		8-26	RCm-L	w SBK SS, SP, Sexp, Fi-FR					
			w/ few Rock Inclus						
		26-54	RCL	w SBK SS, SP, Sexp, FR w/ few to many SAP Inclus	—	54"	—	—	.3
2	20%	0-9	Brw SCL	w SBK SS, SP, Sexp, FR					PS
		9-22	RCm-L	w SBK SS SP, Sexp, FR					
		22-52	RCL	w SBK SS, SP, Sexp, FR w/ few to many SAP Inclus	—	52"	—	—	.3
3	24% Repair	0-7	Brw SCL	w SBK SS, SP, Sexp FR					PS
		7-25	RCm-L	w SBK SS, SP, Sexp FR					
		25-46	RCL	w SBK SS SP, Sexp FR w/ few to many SAP Inclus					.3
		46-60	L/SL	SAP massive FR	—	46"	PS	—	
4	18% Repair	0-6	Brw SCL	w SBK SS, SP, Sexp FR					PS
		6-16	RCm-L	w SBK SS SP, Sexp, FR					
		16-36	RCL	w SBK SS SP, Sexp, FR w/ few to many SAP Incl 15 & 48"	—		—	few Rock	.25
		36-48	RCL	w SBK SS SP, Sexp, FR w/ many SAP & Rock					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Catherine Shaw

COMMENTS:

LEGEND

use the following standard abbreviations

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D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

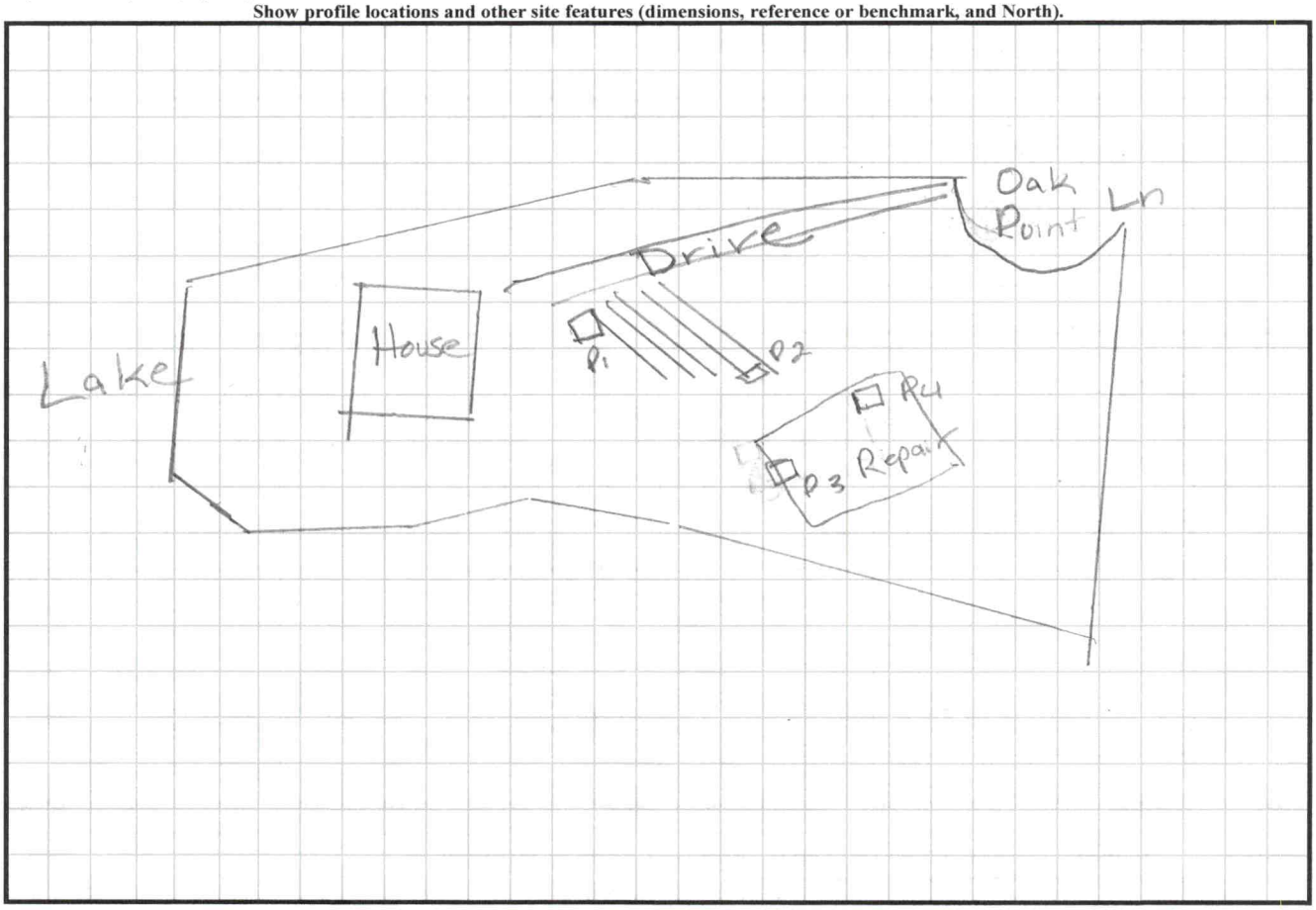
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Evaluation of saprolite shall be by pits.

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

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



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*

Application For: ( ) 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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: ~~America's~~ Home Place **Address:** 1206 Greenford dr Statesville **Zip:** 28677
Applicant Email: SSherlin@americashomeplace.com **Phone:** 704-798-5107 **Alt. Phone:**
Owner Name: Catherine Shaw **Address:** 203 S. Greenford Rd Statesville **Zip:** 28625
Owner Email: Catherine.Shaw203@gmail.com **Phone:** 704-657-3136 **Alt. Phone:**

Property Information:

Street Address: 151 Oak point ln Stony point N C
Subdivision Name: River walk **Section/Phase:** **Lot Number:**
Driving Directions: I40 w to Sharon school Rd(TR) TL Steward Rock to fulbright to Gardner Pt TR Oak Point Ln @ end.

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: 2
( ) 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: Steven Sherlin 4/13/2022
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, CATHERINE SHAW, am the legal owner(s) of the property located at 161 Oak Point In Stony Point NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) (Steven Sherlin America's Home Place, 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.

Catherine Shaw
Signature of Owner(s)

4/13/22
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

Scanned with CamScanner

RECEIVED JUN 2 9 2021 Friday

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-319226 $000.00

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(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: CATHERINE SHAW Address: 203 S. GREENBRIAR RD Zip: 28625
Applicant Email: catherine.shaw203@gmail.com Phone: 704-657-3136 Alt. Phone: 704-878-7796
Owner Name: CATHERINE TAYLOR Address: PO BOX 4025 MADISON, CT Zip: 06443
Owner Email: catherine.shaw203@gmail.com Phone: 704-657-3136 Alt. Phone: 704-878-7796

Property Information:

Street Address: 151 OAK POINT LANE, STONY POINT, NC 28678
Subdivision Name: RIVERWALK Section/Phase: 5 Lot Number: 4/5
Driving Directions: I-40W, EXIT 141 (SHARON SCHOOL ROAD), TURN R. AT 3.7 MILES TURN LEFT ON STEWART ROCK RD, 0.6 MILES TO FULBRIGHT RD. RIVERWALK ENTRANCE, 0.9 MILE OAK PT @ END

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: 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

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: 1 Number of Persons: 4
(✓) 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 (3) Alternative (1) Conventional (4) Innovative (2) 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: Catherine S Shaw 6/27/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 524C408F-D867-4996-89CC-77DCD5C7427F

Public Health
Iredell County Health Department

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, Catherine Taylor, am the legal owner(s) of the property located at 151 Oak Point Lane, Stony Point, NC 28678, identified as PIN (Parcel Identification Number) 3774834490, located in Iredell County, North Carolina.

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

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

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

DocuSigned by:
Catherine D Taylor
E38FF11172434AD...
Signature of Owner(s)

6/28/2021 | 11:56 AM EDT
Date

Catherine D Taylor

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

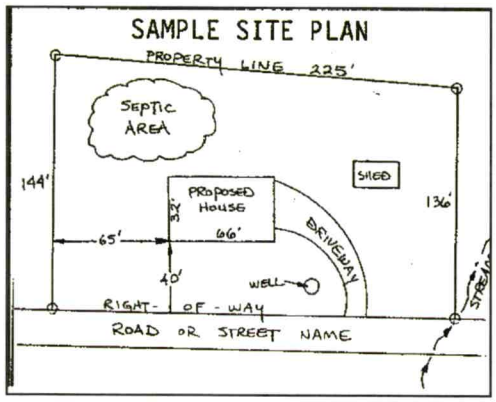
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

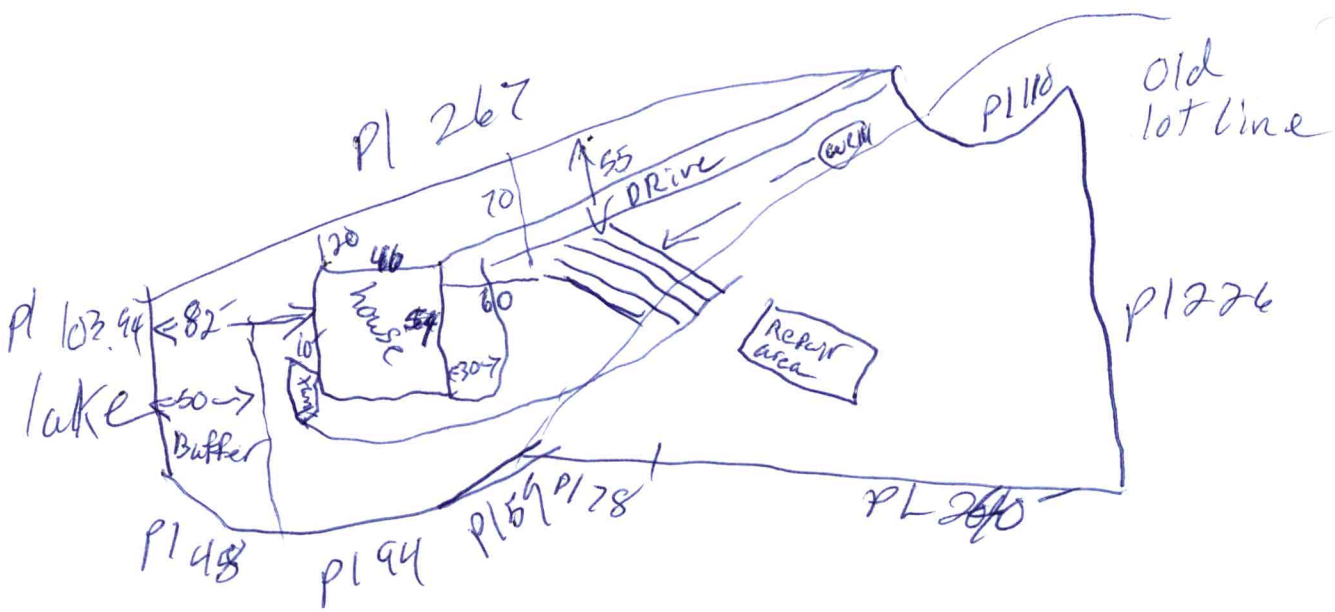
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

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

4/13/2022

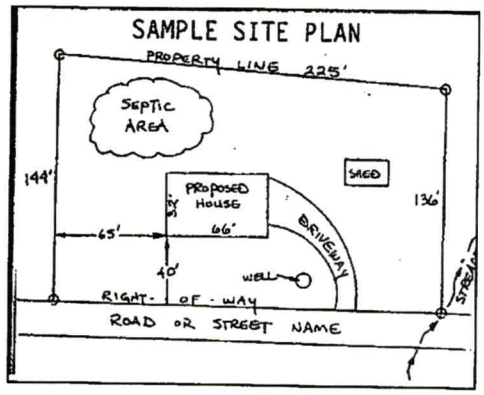
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

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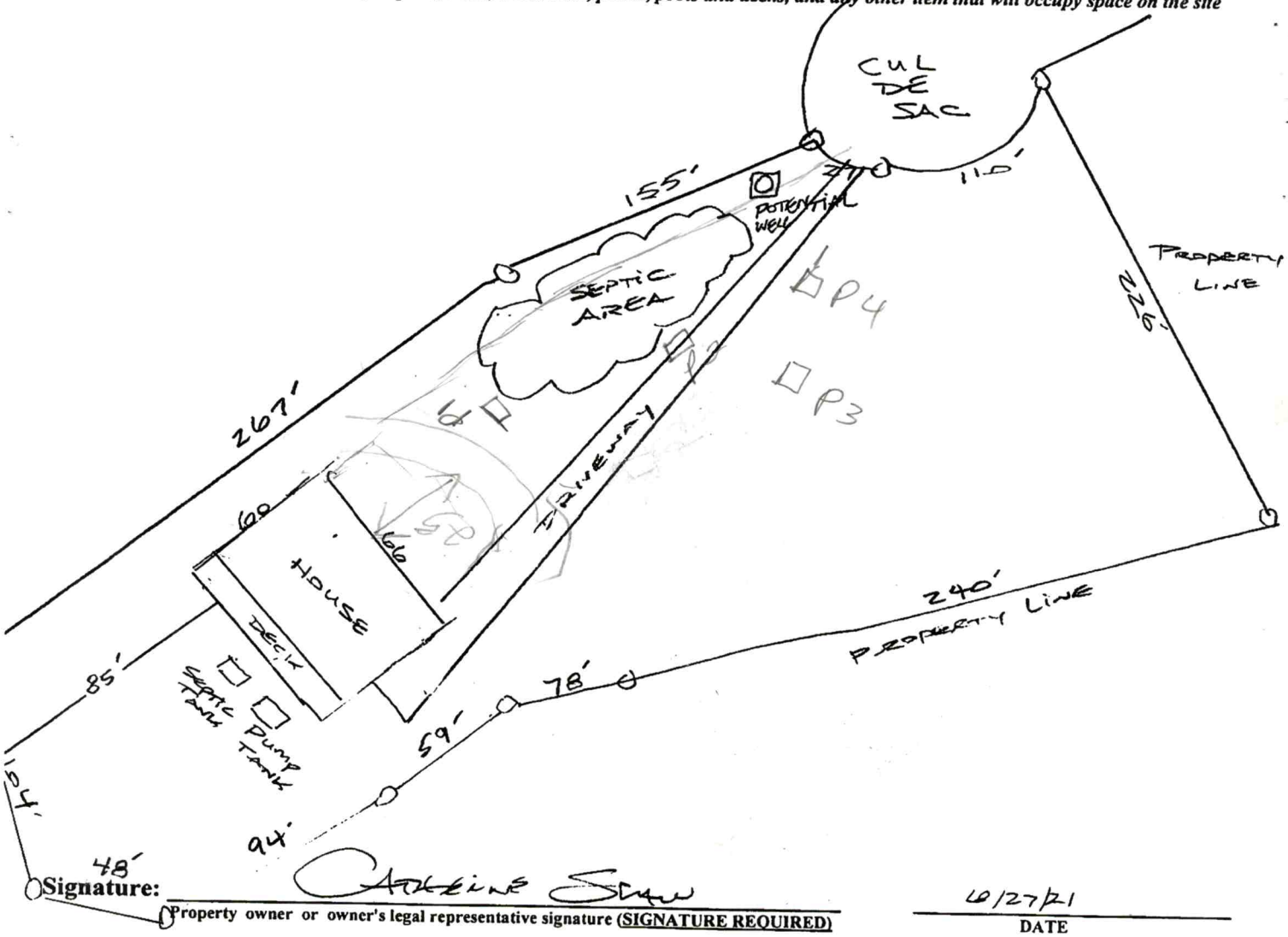
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USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Caroline Shaw

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

10/27/21

DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319226 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774834490.000	151 OAK POINT LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: TAYLOR CATHERINE D	Name: TAYLOR CATHERINE D
Address: PO BOX 4025	Address: PO BOX 4025
MADISON, CT 06443	MADISON, CT 06443
Phone: (704)657-3136	Phone: (704)657-3136

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.009	35	50	15	35	WSIV-CA Catawba/Lake Norman	YES

Remarks
MODULAR

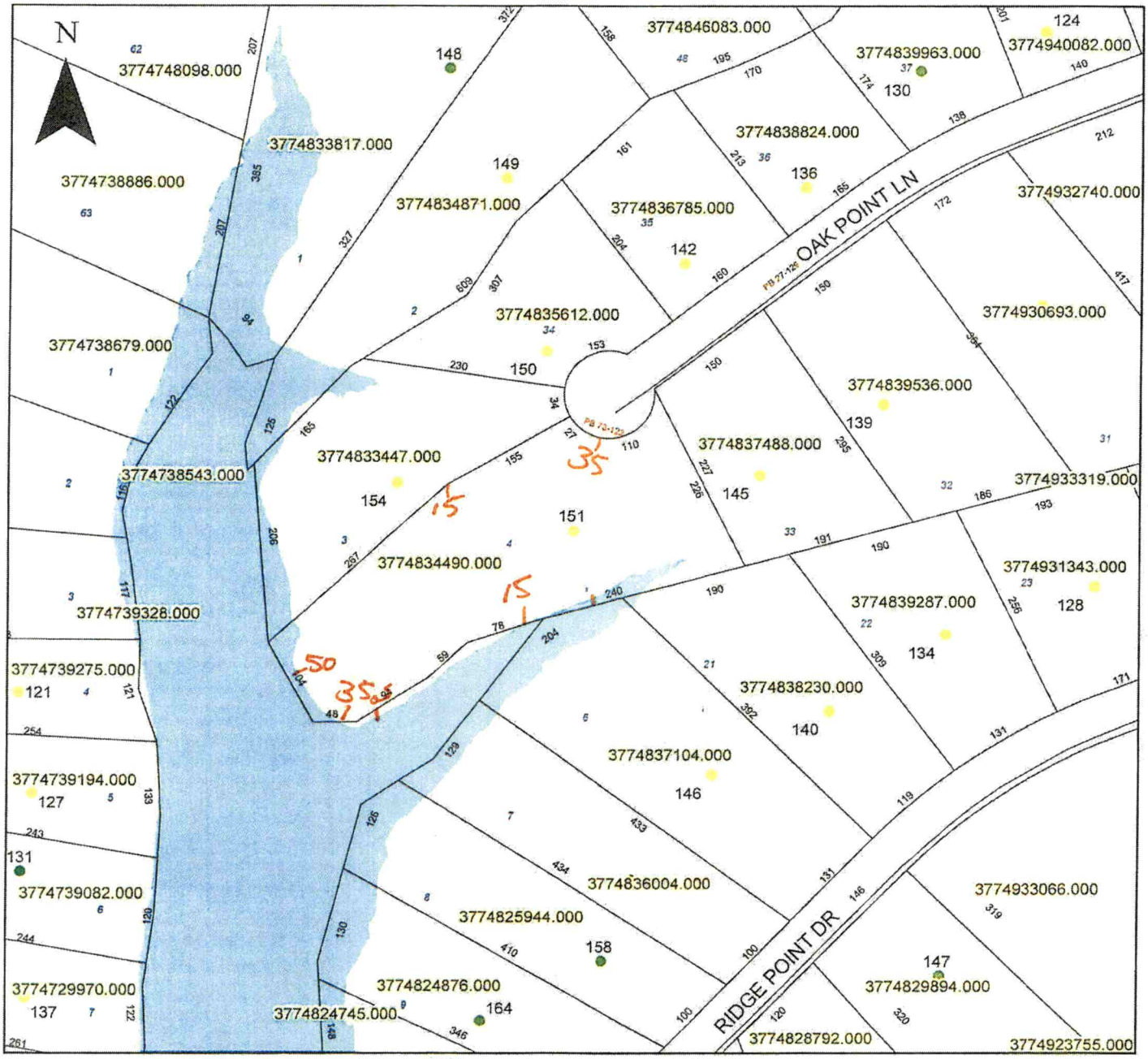
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 06/28/2021

Signature of Owner/Contractor

Permit Number	319226	TOTAL FEES:	$77.25

ZONING DISCLAIMER

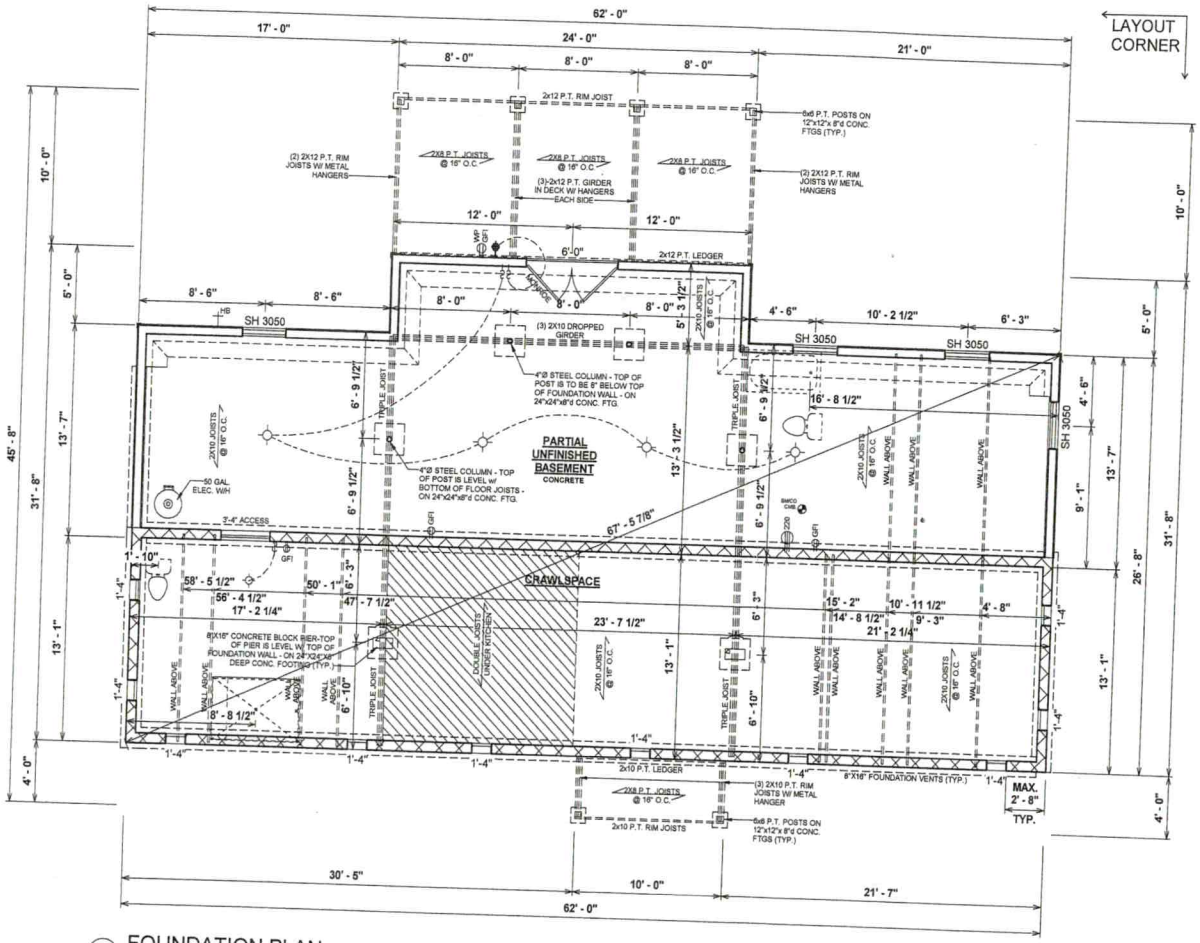


Property Address 151 Oak Point Lane

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Applicant

6/23/21
Date



1 FOUNDATION PLAN
1/8" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Date 4/13/22
Date 4/13/22

BASEMENT FOUNDATION NOTES

- TYPICAL FOUNDATION WALL: BASEMENT 8'-8" x 8" BLOCK (13 COURSES + 2 ADDITIONAL (15 TOTAL)) - ON TOP OF 24"x 24"x 8"d POURED CONCRETE FOOTING
- ALL GIRDER BREAKS MUST BE ON PIERS OR POSTS
- NOTCH SILL PLATE AROUND DROPPED BEAM
- FILL ALL CELLS SOLID UNDER BEAM POCKET BEARING POINT
- GRAVEL REQ'D UNDER BASEMENT SLAB
- POLY REQ'D UNDER BASEMENT SLAB
- GRAVEL REQ'D UNDER GARAGE SLAB
- POLY REQ'D UNDER GARAGE SLAB

Revision Schedule		
Revision Number	Revision Description	Revision Date

AREAS:		
FIRST FLOOR HEATED	1,773 SF	1,773 SF
UNFINISHED BASEMENT	962 SF	
COVERED PORCH	40 SF	
TOTAL UNDER ROOF	1,002 SF	2,775 SF
REAR DECK	240 SF	
TOTAL UNCOVERED	240 SF	

THE: PLEASANTVIEW A

FOR: SHAW, CATHERINE & GARRY

151 OAK POINT LANE STONY POINT NC 28678 ALEXANDER - NC

OFFICE: STATESVILLE

SOLD BY: J. SCHOOLEY

DRAWN BY: G. OLIVERA

CHECKED BY: JS

PRINT DATE: 3/25/2022 9:01:54 AM

JOB# 87-21-066

2x4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWL SPACE

PROPERTY OF:

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FOUNDATION PLAN

SHEET NUMBER: F-1

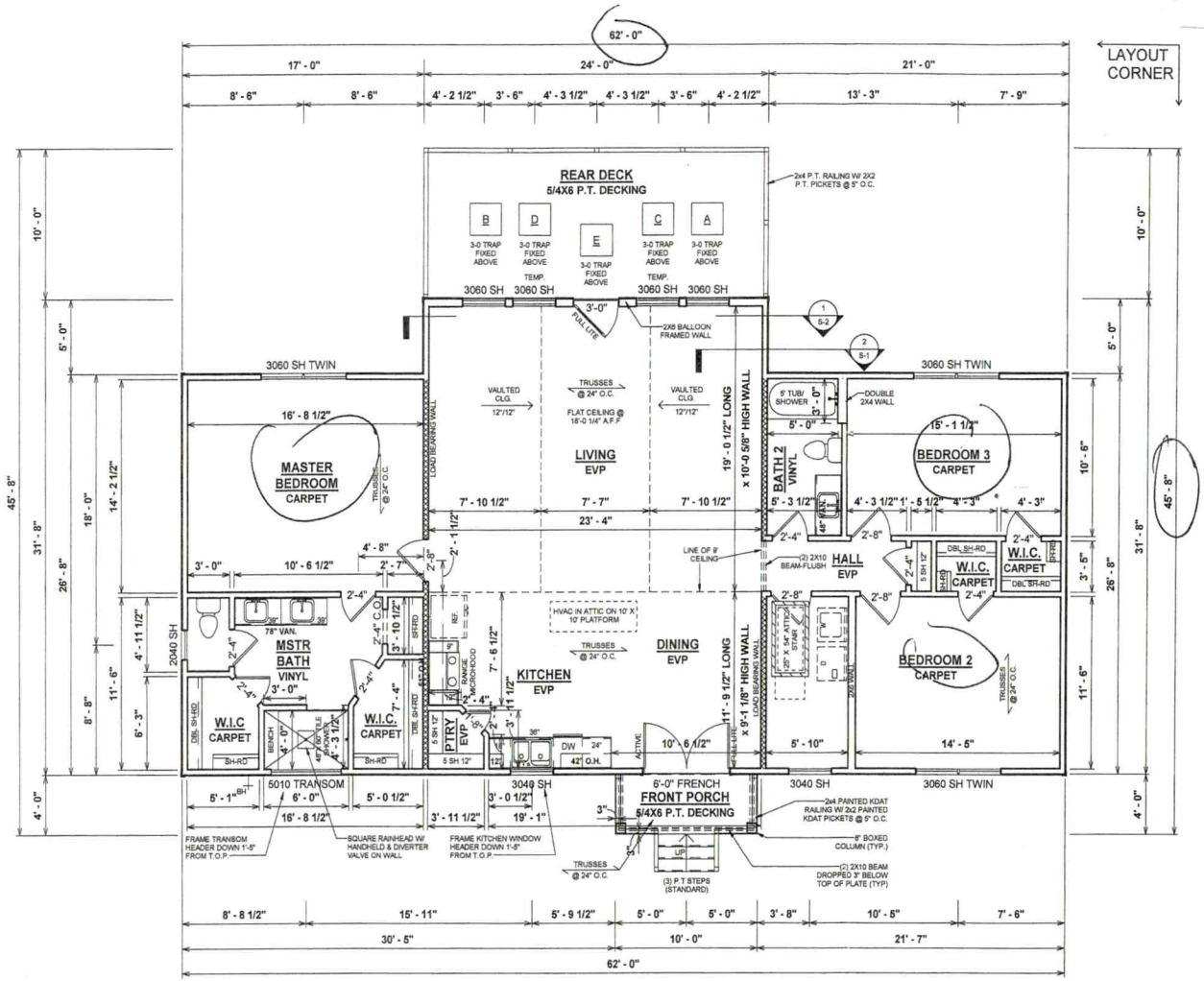
EPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
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OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

PAPER SIZE: 11" x 17" SCALE: 1/8" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Steven Smith Date 4/13/2022
BDS Date 9/13/22



GENERAL NOTES

- MIN 9'-1 1/8" CEILING HEIGHT ON FIRST FLOOR
- ALL LOAD BEARING WALLS & EXT. OPENINGS TO HAVE (2) 2X10 HEADERS UNLESS OTHERWISE NOTED
- STANDARD FIRST FLOOR WINDOW HEADERS TO BE FRAMED DOWN 2'-2" FROM T.O.P. EXCEPT AS NOTED
- 7/16" O.S.B. AND HOUSEWRAP REQUIRED
- DIMENSIONS ARE TO SHEATHING EXTERIOR; SUBTRACT 1/2" FROM DIMENSIONS FOR EXTERIOR WINDOW AND DOOR FRAMING LOCATION IF OPENINGS ARE FRAMED BEFORE SHEATHING INSTALLATION
- ALL INTERIOR DOORS ARE EITHER CENTERED ON WALLS OR R.O. STARTED MIN OF 4" FROM ADJOINING WALL UNLESS OTHERWISE DIMENSIONED
- NUMBER OF EXTERIOR OR GARAGE STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR:
  SINGLE - 68"
  DOUBLE - 42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AND LOCATION ONLY. ACTUAL STYLE AND BRAND OF FIXTURES MAY VARY PER OFFICE LOCATION
- ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE
- INSTALL A 24" WIDE WALKWAY FROM ATTIC ACCESS TO FURNACE PLATFORM
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH
- STAIR LOCATION T.B.D.

SPECIAL NOTES

- LEVEL 2 GRANITE (LEATHERED)
- MONROE STYLE DOORS
- REMI LEVER HARDWARE THROUGHOUT
- FLAT CRAFTSMAN TRIM THROUGHOUT
- CONTACT CUSTOMER PRIOR TO INSTALLATION OF PANTRY AND CLOSET SHELVING

AREAS:	
FIRST FLOOR HEATED	1,773 SF
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UNFINISHED BASEMENT	962 SF
COVERED PORCH	40 SF
TOTAL UNDER ROOF	1,002 SF 2,775 SF
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151 OAK POINT LANE STONY POINT NC 28678 ALEXANDER - NC

OFFICE: STATESVILLE

SOLD BY: J. SCHOOLEY

JOB# 87-21-066

2x4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: G. OLIVERA

CHECKED BY: JS

PRINT DATE: 9/25/2022 9:01:55 AM

PROPERTY OF:

SHEET NUMBER: F-2

FIRST FLOOR PLAN

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL CONSTRUCTION PLANS

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