ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 315979

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

PIN # 3774 -- 94 --9440

APPLICANT/OWNER: William Clark APPLICANT ADDRESS: 10517 Dansway Lane Cornelius

SITE ADDRESS: 317 Cedar Point Drive Stony Point NC 28678 PHONE: 980-422-4484 ALT. PHONE -

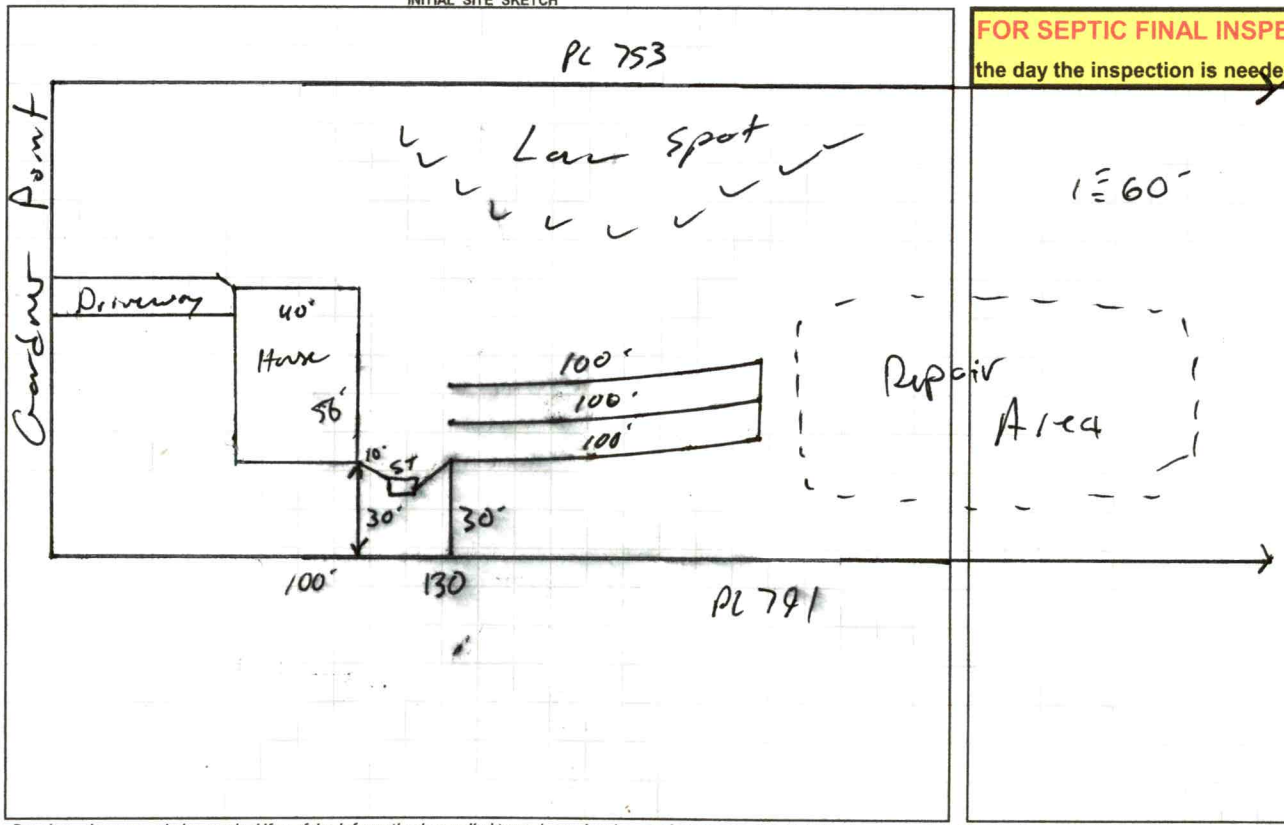
SITE DIRECTIONS: Stewart Rock L on Fulbright R on Cedar Point lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverwalk SECTION: B LOT # 6 LOT AREA: 2.66 DESIGN FLOW: 360gpd L.T.A.R.: .3

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		(gal)	PT		Date		System Description:	25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make		Model			Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)		Max 36	Gravel Depth	–	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on contour of land use Serial distribution.

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"=60'

Installed as shown

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: William R Clark Date: 7-14-21 Installed by: TB Grading

IMPROVEMENT PERMIT by: [signature] Date: 5-20-21 OPERATION PERMIT by: Sydney Holland Date: 12-20-22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5-20-21 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 1 of 1
PROPERTY ID #: 37494410
COUNTY: Indy

9481

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

OWNER: William Clark
ADDRESS: 10517 Dawn Rd Lot
PROPOSED FACILITY: SFR
LOCATION OF SITE: 317 Cedar Point

APPLICATION DATE 3-14-2021
DATE EVALUATED: 5-3-2021
PROPERTY SIZE: 2.66
PROPERTY RECORDED: Y

PROPOSED DESIGN FLOW (.1949): 360gpd

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	SS 12%	0-6	Fr SSL	SBK FCC	N/A	48+	N/A	N/A	PS .3
		6-24		SBK C					
		24-48		SBK CL					
2	SS 12%	0-6			N/A	48+	N/A	N/A	PS .3
		6-24							
		24-48							
3	SS 12%	0-6			N/A	48+	N/A	Wp	PS .3
		6-18							
		18-48							
4	SS 12%	0-6			N/A	48+	N/A	Rock Fr 040"	PS .3
		6-18							
		18-48							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	25% Reduction	25% Reduction
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
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.

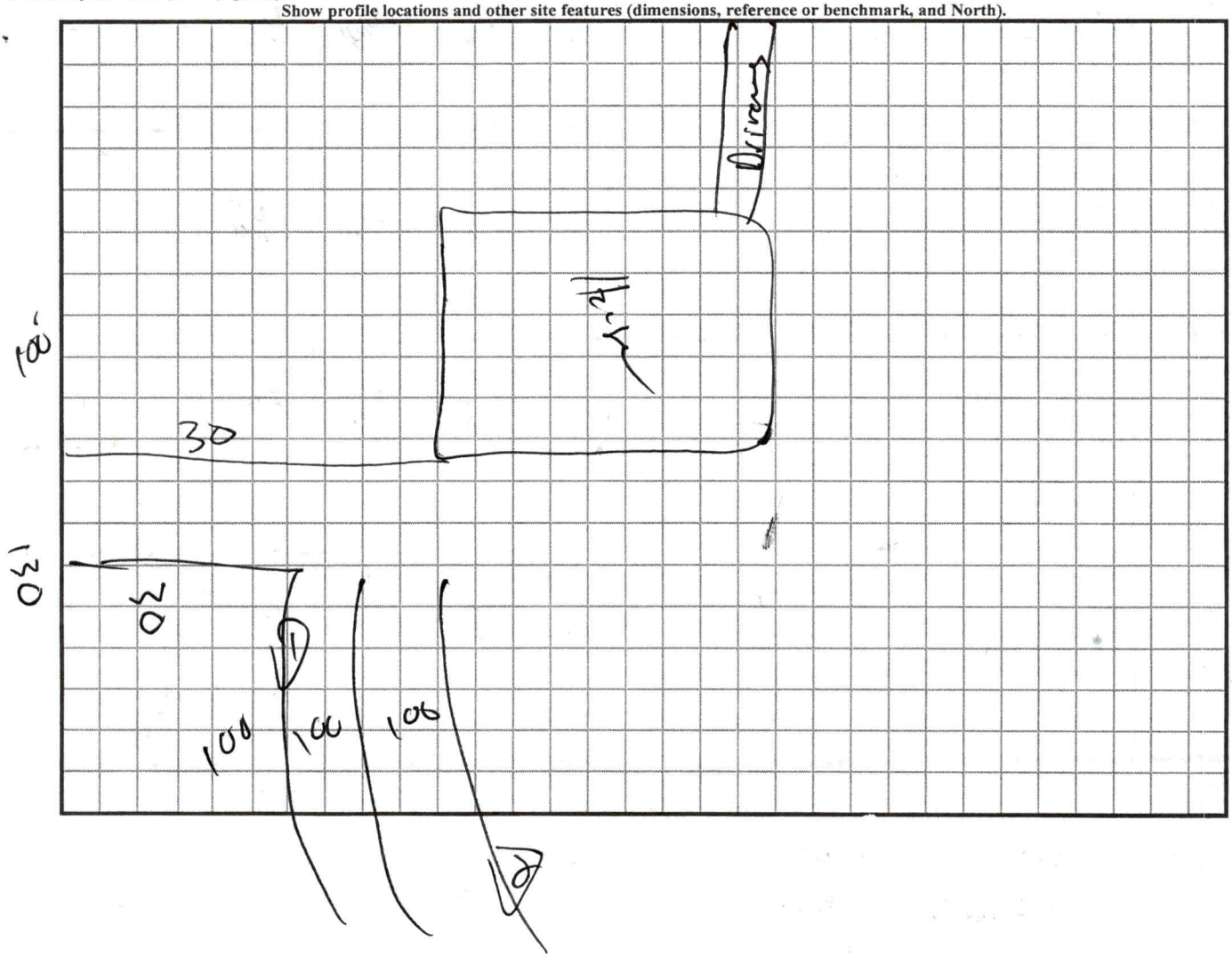
NOTES

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).



RECEIVED MAR 2 2 2021

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-313979 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System ( ) Septic System Repair Inspection

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: William Clark / Melissa Ross Address: 10517 Danesway Lane Cornelius NC Zip: 28031

Applicant Email: bill.clark@generalshale.com Phone: 9804224484 Alt. Phone: _____

Owner Name: _____ Address: _____

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

Property Information:

Street Address: 317 Gardner Point Drive Stony Point NC 28678

Subdivision Name: River Walk Slide/Phase: 27 Page Number: 127

Driving Directions: PIN 3774836785 L6 RIVERWALK SEC 8 PB28-131 Deed 1042 Page 901

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

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

Non-Residential Site Development: Type of Business: _____

Square Footage of Building: 2,100 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: 2

(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: _____
(X) No Preference ( ) Alternative ( ) 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: William R Clark 3/14/21
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)* Will Clark

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, William Clark, am the legal owner(s) of the property located at 317 Gardner Point Drive Stoney Point NC 28678, identified as

PIN (Parcel Identification Number) 3774949440, 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.

Will Clark
Signature of Owner(s)

3-18-21
Date

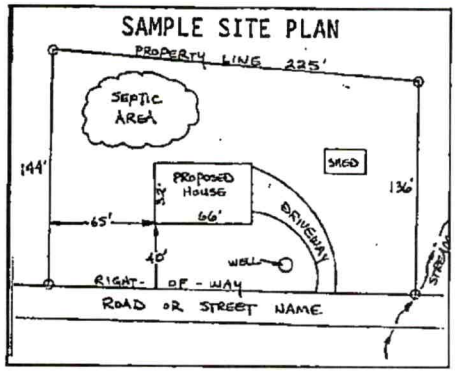
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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



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

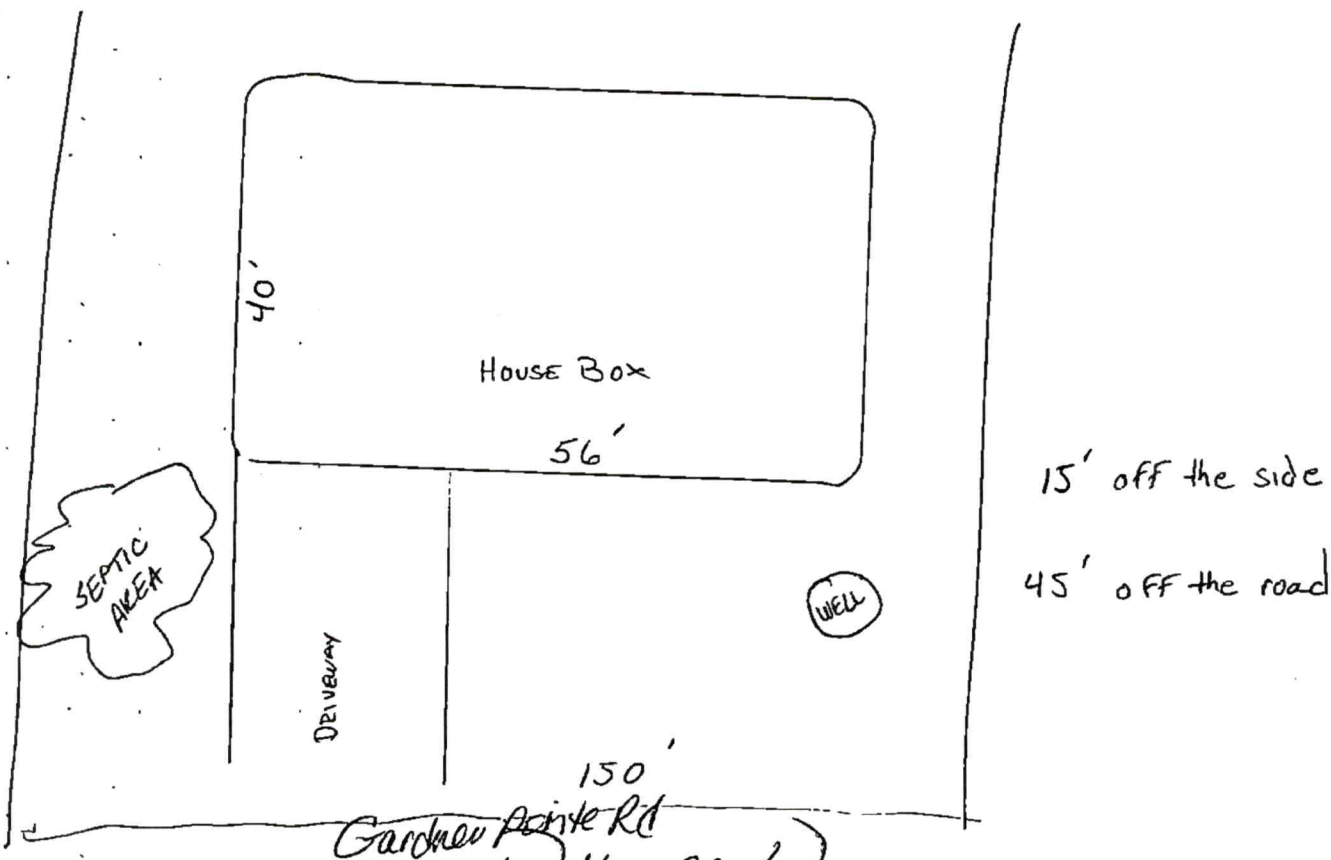
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: ___**William R Clark** William Clark _____ **3/14/2021**_____

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

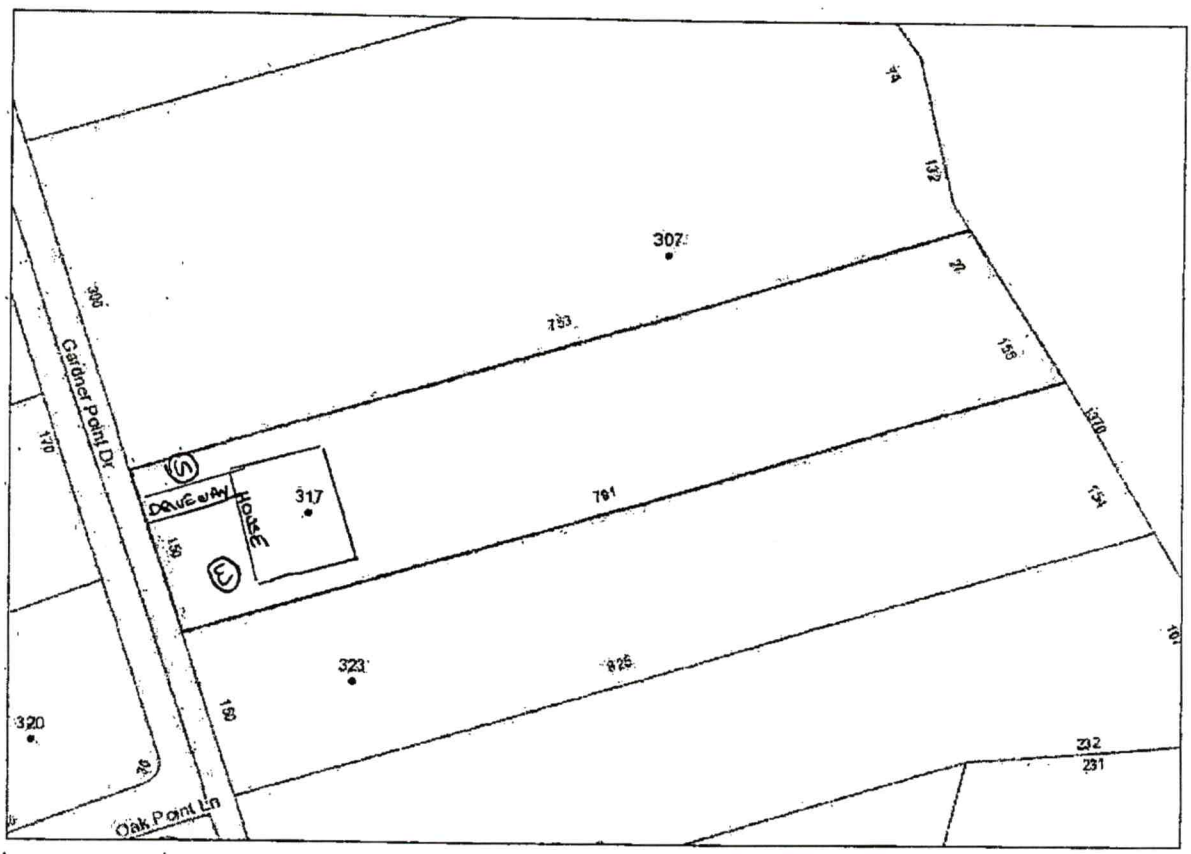
Iredell County

Property Data

Parcel Number: 3774949440.000
Inquiry Date: 1/23/2021

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 77388304
Old Parcel Number:
Owner Name: CALVASINA GERALD E+KAREN L
Mailing Address: 2205 N HAWTHORNE LN CEDAR CITY UT 84720
Property Location: GARDNER POINT DR
Lot Number: 6
Legal Description: RIVERWALK S8 PB28-131-132

Municipal Information

Township Code: 14
City Code: Null
Neighborhood Code: 14037

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 25500
Tax Assessed Value: 25500
Deferred: 0

Land Information - Register of Deeds Online Search

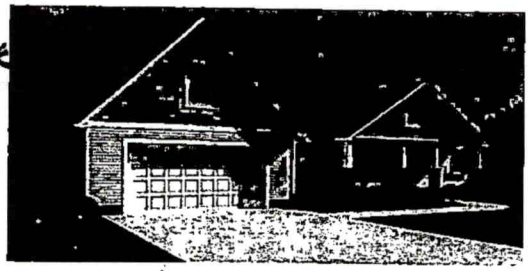
317 GARDNER POINT DRIVE

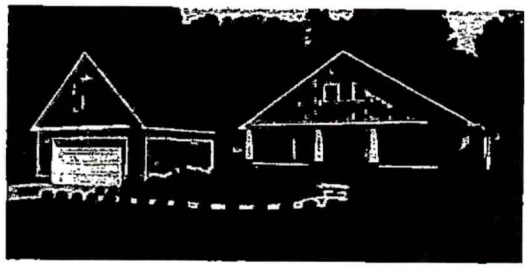
GATE # 9486

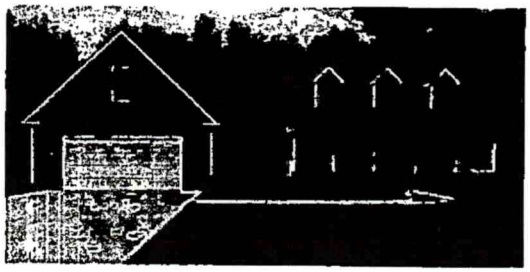
(S) = Preferred Septic

(W) = Preferred Water

House Photo →

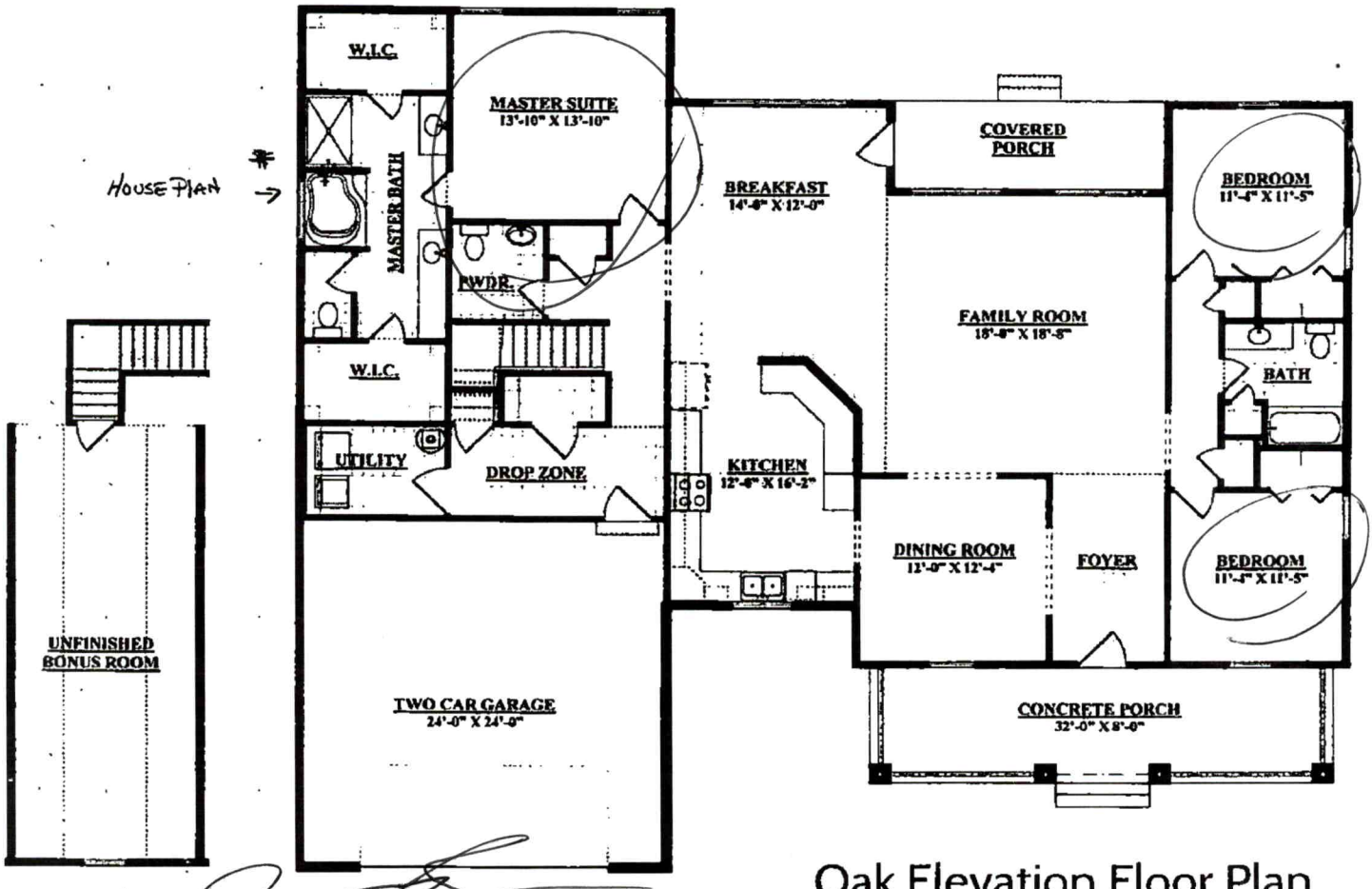








House Plan →



5-11-21

3/19/21

Oak Elevation Floor Plan

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Please see sales agent for plan differences.

These drawings are for illustration purposes only. All dimensions are approximate and elevations may reflect optional features and colors. Square footage may vary by elevation.

BBB ACCREDITED BUSINESS
EQUAL HOUSING OPPORTUNITY
NAHB

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315979 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3774949440.000	317 GARDNER POINT DR	

Owner Information	Applicant Information
Name: CLARK WILLIAM R JR	Name: CLARK WILLIAM R JR
Address: 10517 DAVESWAY LN	Address: 10517 DAVESWAY LN
CORNELIUS , NC 28031	CORNELIUS, NC 28031
Phone: (980)422-4484	Phone: (980)422-4484

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	0	0	0	0		

Remarks

SFD

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

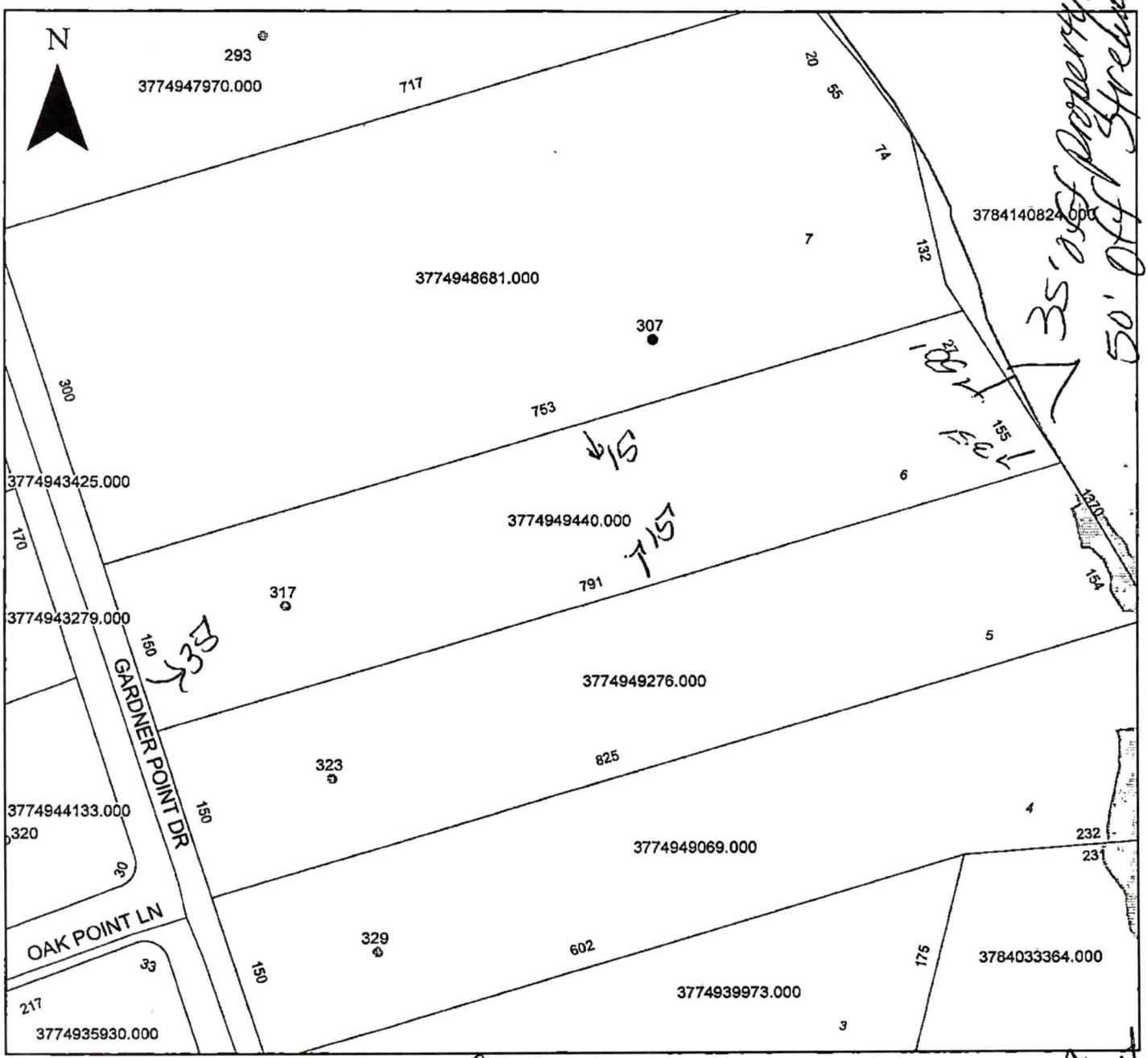
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 03/19/2021

Signature of Owner/Contractor

Permit Number	315979	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 317 Gardner Pointe

2.06 RA IVCA Lookout Shoals

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

Applicant

3-19-21

Date

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 315979

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

PIN # 3774 -- 94 -- 9440

APPLICANT/OWNER: William Clark APPLICANT ADDRESS: 10517 Dearcorn Lane Cornelius

SITE ADDRESS: 317 Cedar Point Drive Stony Point NC 28678 PHONE: 336-702-4484 ALT. PHONE:

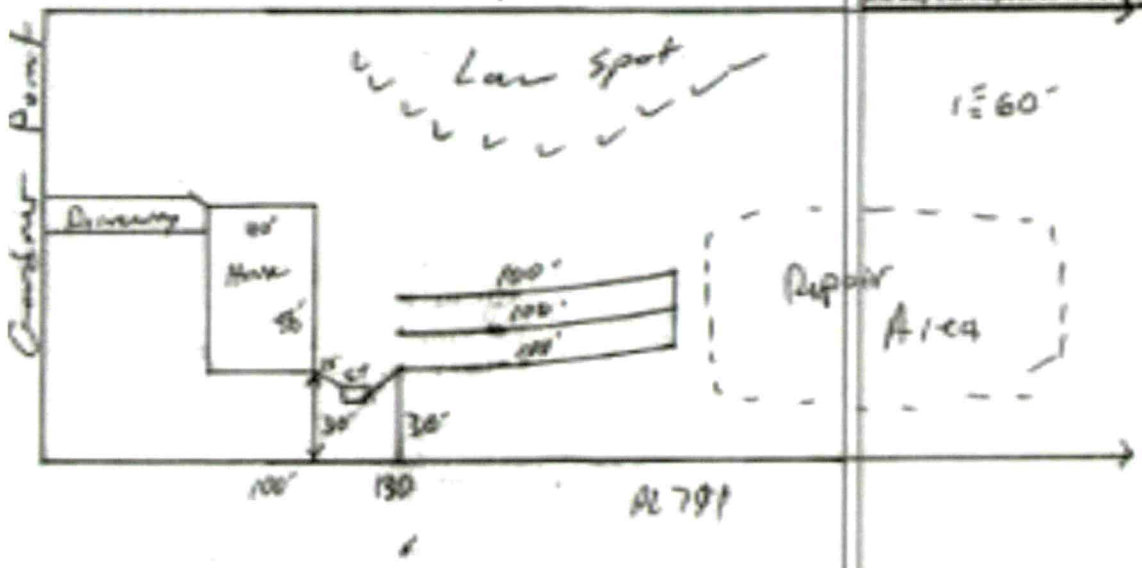
SITE DIRECTIONS: Stewart Rock L on Fulbright R on Cedar Point Lot on L WP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverwalk SECTION: - LOT # 6 LOT AREA: 2.66 DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank: 1000	gal	STS		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V	☒ Residence	No. Bedrooms: 3	Water Supply: ☒ Private
Pump Tank	gal	PT		Date	System Description: 300' Bed				☐ Business	No. Persons: 6	☐ Public
Pump Make		Model		Serial #	Repair System Description: 300' Bed				☐ Other	No. Employees	☐ Community
# Distribution Fields: 1	# Lines: 3	Lines Ft: 300'			Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	
Trench Width: 36"	Trench Bottom Depth(s) (average): Min 36		Gravel Depth: -			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Building on center of lot use Serial Distribution.

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.



JOB 0321011

☐ IMPROVEMENT PERMIT with plot: valid without expiration ☒ IMPROVEMENT PERMIT with site plan: valid for 60 months ☒ AUTHORIZATION TO CONSTRUCT: valid for period required on IMPROVEMENT PERMIT—not to exceed 60 mo.

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 5-20-21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 5-20-21 Existing System Inspected by: Date:

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