BLDR 2025-698604

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

@ IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 152435 PIN # ~~3783-33-9993.~~ /3783430531 DATE 16 December 08

OWNER or APPLICANT River Rock Development PHONE: Business 704-799-8641 Home:

OWNER or APPLICANT ADDRESS ~~127 B Provencale Dr~~

LOCATION / DIRECTIONS N. on 49 W TR shamrock School rd. TL Walnut trace - TL Pumice

SUBDIVISION River Rock BLOCK / SECTION LOT # 22 LOT AREA 0.64 DESIGN FLOW 480 gpd L.T.A.R. ~~0.8~~ 0.3 gpd/ft²

Septic Tank 1000 Gallons: STB 2170 Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 5 Linear Feet 400

Trench Width Max. Trench Bottom Depth Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% Reduction LPP PDP3

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

Install according to Attached plans designed by Same.

1600 Pumice Dr Statesville NC 28625

AS BUILT SKETCH

Non-Expiring Permit 2725# GATE CODE

OSWP 2025-68148 AC

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.

☑ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☑ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☑ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: Date 4/16/09

Improvement Permit by: , R.S. Date 16 Dec. 08

Authorzation to Construct by: Date 2/15/25

Installed by: Gary Featherman

Operation Permit by: Date: 9/23/25

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

@ IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 152435 PIN # 3783-33-9993.022 DATE 16 December 08

OWNER or APPLICANT River Rock Development PHONE: Business 704-799-8641 Home:

OWNER or APPLICANT ADDRESS 127 B Promenade Dr.

LOCATION / DIRECTIONS Hwy 40 W TR shown School Rd. TL Walnut Cove - TL Pumice

SUBDIVISION River Rocks BLOCK / SECTION LOT # 22 LOT AREA 0.64 DESIGN FLOW 480 gpd L.T.A.R. 0.3 gpd/sf

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 5 Linear Feet 400

Trench Width Max. Trench Bottom Depth Gravel Depth

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: 25% Reduction LPPPDPS

Repair System Description:

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions

Comments / Conditions

INITIAL SITE SKETCH

Install according to Attached plans designed by SdME.

AS BUILT SKETCH

Non-Expiring Permit

- IMPROVEMENT PERMIT ONLY -

DO NOT ISSUE BUILDING PERMIT

Floor Plan Still Needed

AC Inspection Required

New Zoning Permit Required

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.

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

Owner / Applicant Signature: Date 4/10/09

Improvement Permit by: , R.S. Date 16 Dec. 08

Authorzation to Construct by: Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

To: Iredell County Environmental Health

From: S&ME, Inc.
Paul G. Penninger, LSS
Patrick L. Mitchell, RS, LSS-IT

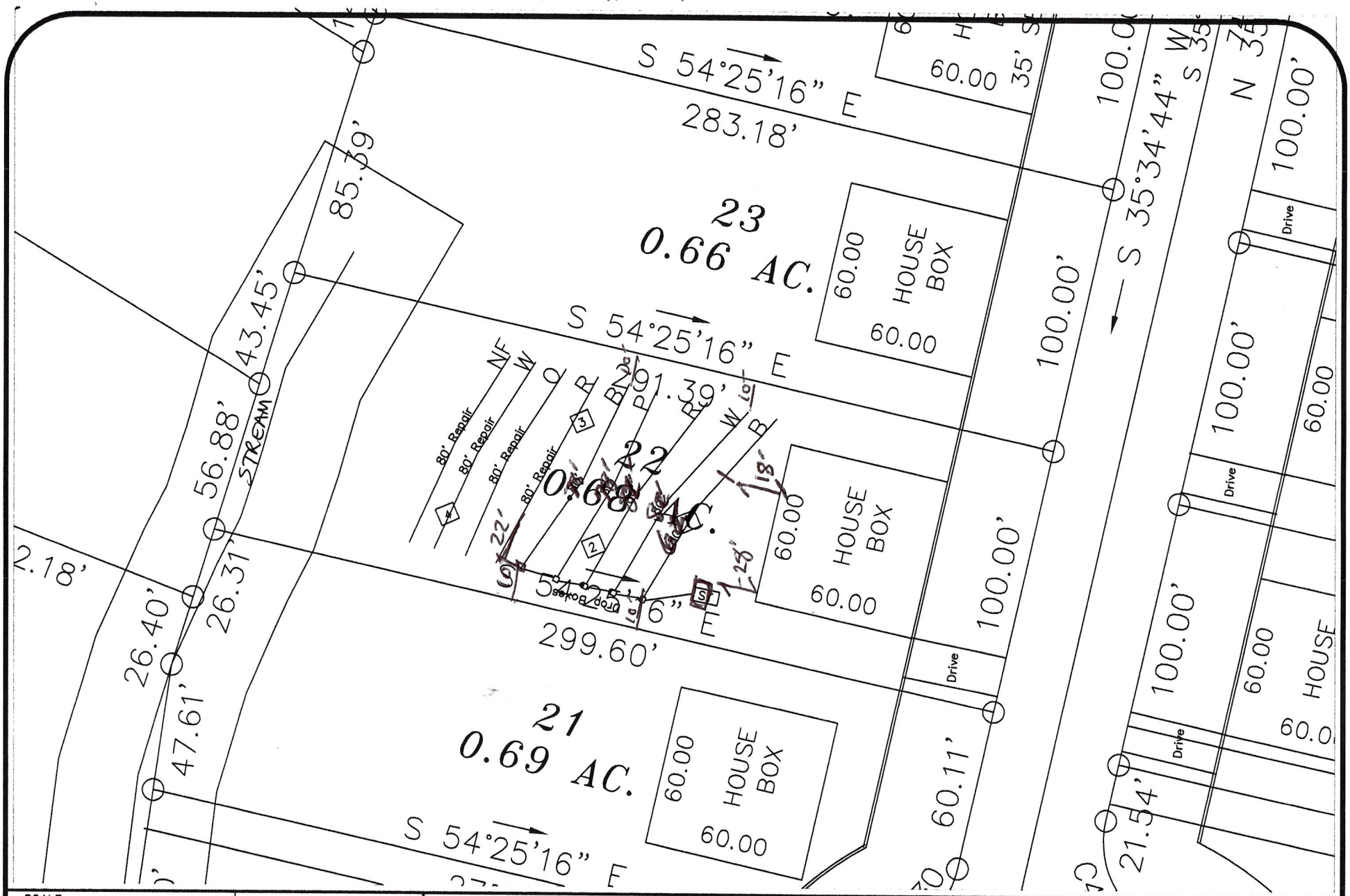
RE: River Rock, LLC
River Rock Subdivision – Lot 22 Fast Track

Date: August 20, 2008

Attached is the Fast Track information required to place the above referenced lot in River Rock Subdivision on your fast track work list to review the septic system layouts. Base maps with house boxes were provided by Don Allen Surveying. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Health Department (ICHD) with the site evaluation. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the sole use of River Rock, LLC in acquiring permits under the Fast Track Program. It is ultimately the Iredell County Health Department's responsibility to verify all soil information and specifications before permitting and/or septic system installation.



SCALE: 1" = 50'	DATE: August, 2008	S&ME	3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7180 FAX. 336-288-8980 WWW.SMEINC.COM	Lot 22 River Rock Subdivision – Walnut Tree Rd. Iredell County, NC	FIGURE NO. 1
PROJECT NO. 1588-08-046	DRAWN BY: KMS				
	CHECKED BY: PGP				

Lot 22 River Rock Subdivision — Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl**
Design Flow (gpd)	**480**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.3**
Total Ft. Line	400
No. Lines	5 (See Table)
Max Trench Depth (in.):	36"
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	LP PPBPS
Total Ft. Line	320'
Repair LTAR	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	**System**	**Blue**	**25% Reduction**	**80**
2	**System**	**White**	**25% Reduction**	**80**
3	**System**	**Red**	**25% Reduction**	**80**
4	**System**	**Pink**	**25% Reduction**	**80**
5	**System**	**Blue**	**25% Reduction**	**80**
6	Repair	Red	LP PPBPS	80
7	Repair	Orange	LP PPBPS	80
8	Repair	White	LP PPBPS	80
9	Repair	NF	LP PPBPS	80
				Total System: 400'
				Total Repair: 320'

Tank	Red	1000 gal (2 compartment)
House	Orange	

NOTES:

S&ME, INC.
SITE/SOIL EVALUATION

Project No. _____ **Phone No.** _____ **Date:** _____
Location _____ **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: _____ **Water Supply:** **On-Site Well** ☐ **Evaluation:** **Auger Boring** ☐
PGP **Community** ☐ **Pit** ☐
Public ☐ **Cut** ☐

Weather: Light Rain **Antecedent Moisture** _____ **Surface Water:** _____

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
Landscape Position %	L-2nd	L-2nd	L	L
Horizon Depth I	0-10	0-12	0-12	0-6
Color Munsell	10YR		10YR	10YR
Texture	SL-SCL	L	SL	SCL
Structure	GR		GR	GR
Consistence	FR		FR	FR
	C Rain Runoff		C Rain Runoff	SG SS
Boundary				
Horizon Depth II	10-36	12-36	12-36	6-32
Color – Munsell	N		10YR	N
Texture	C	S	SCL	C/CL
Mottles			C FM	
Structure	MSBK		WSBK	MSBK
Consistence	FR SS/SP		FR SS/SP	FR SS/SP
Boundary				
Horizon Depth III	36-49+BC	36-50+	36-50	36-41
Color – Munsell	N		N	10YR N
Texture	SCL		C	SCL
Mottles	F-C 5YR	F-C 5YR	F-M 5YR	C 5YR
Structure	MSBK		MSBK	WSBK
Consistence	FR SS/SP		FR SS/SP	FR SS/SP
Boundary				
Horizon Depth IV				41-50
Color – Munsell				10YR N
Texture				SCL
Mottles				C 5YR
Structure				MSBK
Consistence				FR SS/SP
Boundary				
Soil Wetness				
Restrictive Horizon				
Bedrock				
SHWT	3'	3'	3'	3'
Classification	P1	P2	P5	P5

DESIGN 0.3 LTAR

LEGEND

LANDSCAPE POSITION

R	Ridge Interfluve
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Conclave Slope
Cv	Convex Slope
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	Loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay loam
cl	clay loam
scl	sandy clay loam
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE WET

Ns	non-sticky
Ss	slightly sticky
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly plastic
P	plastic
Vp	very plastic

MOIST

vfr	Very friable
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grain
m	massive
cr	crumb
gr	granular
sab	subangular blocky
ab	angular blocky
pl	platy

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System 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)

1. APPLICATION FOR: (X) Improvement Permit ( ) Authorization To Construct ( ) BOTH ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: *Place check ( ) beside whichever is submitted if applicable*
   ( ) Survey Plat, Scaled no more than 1 Inch = 60 Feet
   (X) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	~~Home Phone~~	~~Work Phone~~
River Rock Dev., LLC	127 B Promenade Dr.	Mooresville, NC	28115
Owner Name	Mailing Address	~~Home Phone~~	Work Phone
Same	"		704-799-8641

* contact: S+ME, Inc. 704-998-8047

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	River Rock	Lot 22

Driving Directions: I-40 W., (R) Sharon School Rd., (L) Walnut Tree, Subdivision on Left.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional (X) Innovative ( ) Modified Conventional (X) Other Accepted ( ) No Preference

****

8. **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. industry) 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.

9. Signature: [signature] - S+ME, Inc. 08/29/08

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

IREDELL COUNTY HEATLH DEPARTMENT

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…
- *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- ____ Front and side setbacks from property line…
- ____ Preferred driveway location and configuration, preferred 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:

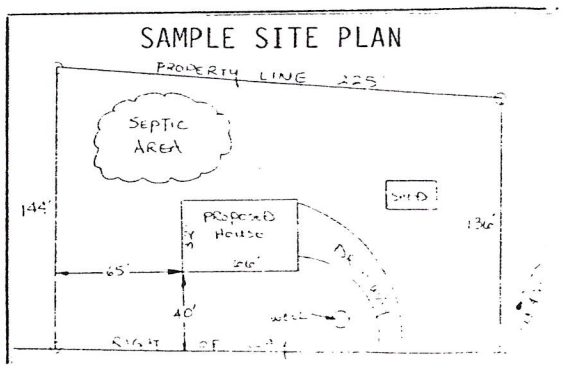
- ____ Location of septic systems and wells within 100' of your property… N/A
- ____ Location of easements and rights of ways on your property… N/A
- ____ Location of any designated wetlands on the property… N/A

Signature: [signature] - S+ME, Inc. 08/29/08

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

* See Attached Site Plan.



HEALTH DEPARTMENT REQUIREMENTS

The following numbered items must be completed prior to the submittal of the Improvement Permit / Authorization to Construct / Existing System application packet. Questions? Call the Iredell County Health Department between 8-9am, Monday-Friday. Statesville Office 704 878-5305, Mooresville Office 704 664-5281

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1. Complete **all** Health Department forms: septic system application, site plan, signed green sheet and water well application (if applicable). Include in submittal a copy of the zoning permit (not required for septic system repair or expansion where no addition is made to the building structure).

2. Clearly mark **all** property corners. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.

3. Stake or flag the footprint of the building structure.

4. Where an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for a subdivision lot (if not already on file at the Health Dept.) and also include 2 legible copies of a basic floor plan not larger than 11" x 17" for each floor in the structure.

5. Any site not having adequate visibility (50' in any direction) must be cleared of "undergrowth" to allow access and provide good visibility.

6. All completed paperwork must be submitted to the Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter, postage will be charged (return receipt) and any permit not picked up by the deadline in the letter will be voided. **All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature: [signature] - SHMEP **Date:** 08/25/08

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	152435ZO	Subdivision:	River Rock
Proposed Use:	Single Family	Township:	1400 Shiloh
Location of Property:	000 PUMICE DR STATESVILLE NC 28625		
Parcel #:	3783339993.022	Zoning:	RA
Lot #:	22 Size: 0.68	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	River Rock Development, LLC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	127 B Promenade Dr. Mooresville, NC 28117
Phone:	704-662-8625	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

SFD - HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

DEVELOPER PERMIT

Directions:

LOOKOUT DAM RD, LFT ON WALNUT, RT ON PUMICE, LOT ON RT

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$335.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$390.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

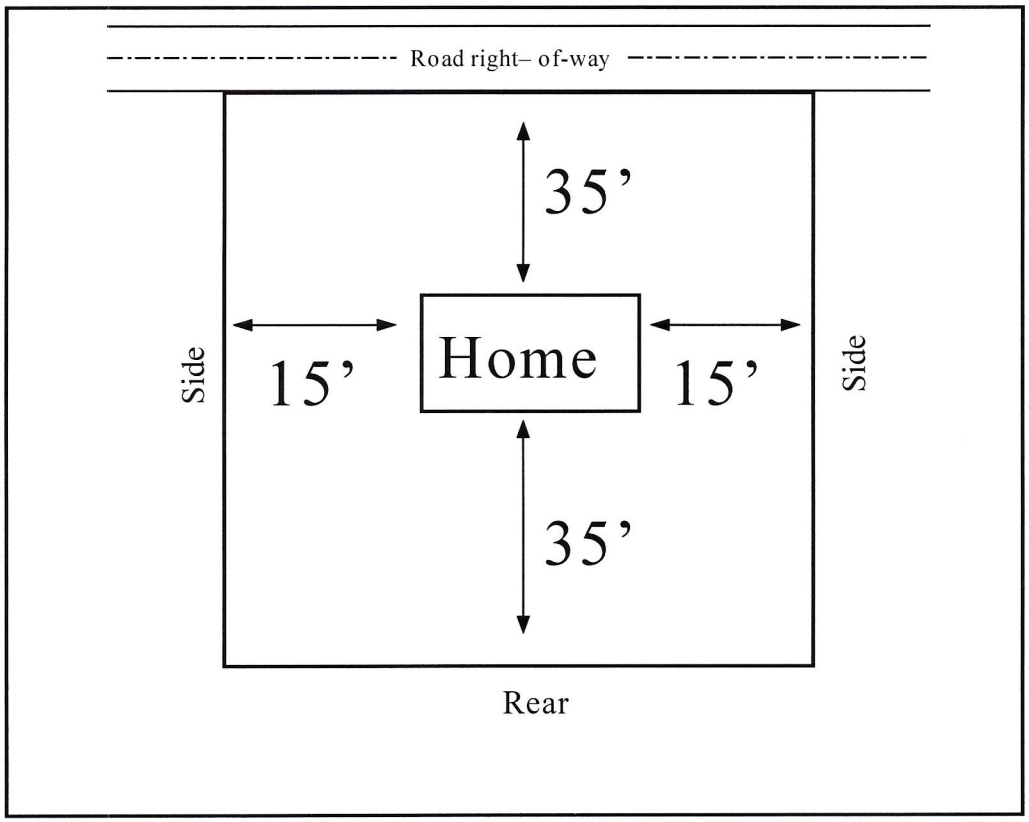
PAULA WOODY Printed: 8/26/2008

ZONING DISCLAIMER

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 Date

STREET NAME : LOT 22, PUMICE DRIVE



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.