ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (BB) PERMIT # AP 315842

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

PIN # 3783--43--5513

APPLICANT/OWNER: Cornerstone Properties APPLICANT ADDRESS: 118 East Kingston AVE Clt 28203

SITE ADDRESS: 149 Pumice Drive Statesville NC ~~28677~~ 28625 PHONE: 704-301-3229 ALT. PHONE -

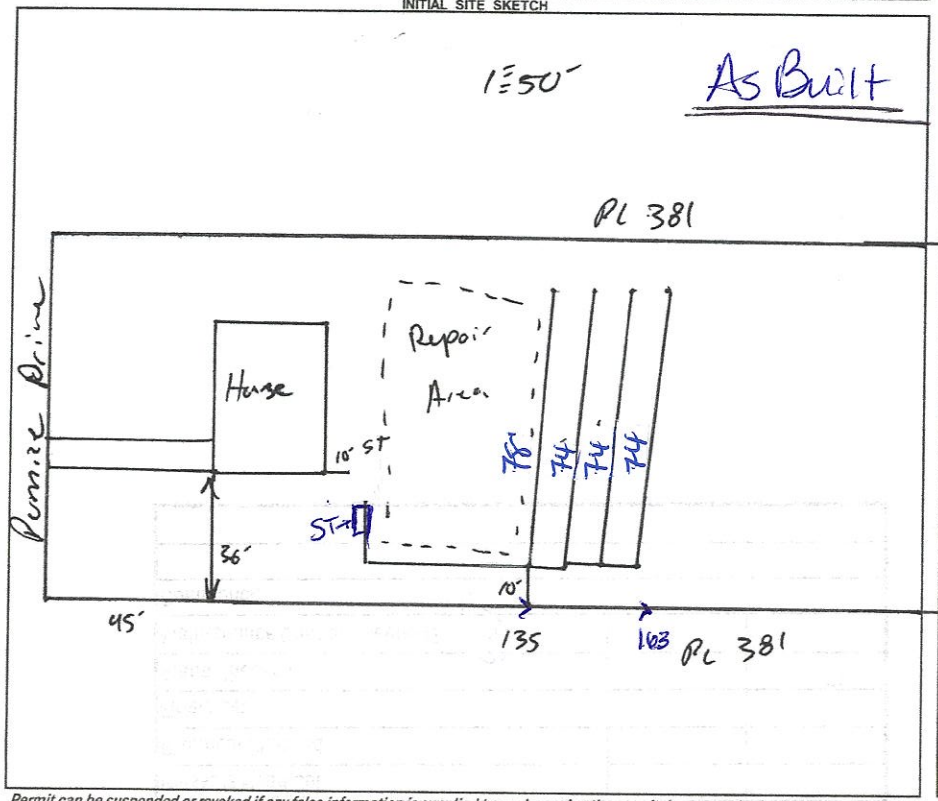
SITE DIRECTIONS: Sharon school Road L on Walnut tree L on Pumice Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Rock SECTION: 2 LOT # 9 LOT AREA: 0.87 Acres DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB ~~STORF 700~~	Date 10/18/21	☒ 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: 50% Reduction		☐ Other	No. Employees	☒ Public	
# Nitrification Fields	1	# Lines 4	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 Drainline 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.

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: Stan Pruitt Date: 7/2/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 6-17-2021 OPERATION PERMIT by: D. Meberg Date: 12/14/21

AUTHORIZATION TO CONSTRUCT by: Date: 6-17-2021 Existing System Inspected by: Date:

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

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

Lot needs to be clean

Sheet 1 of 1
PROPERTY ID #: 378435513
COUNTY: Iredell

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

OWNER: Cornerstone Properties
ADDRESS: 118 East Kingston Ave
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 140 Penrice
APPLICATION DATE 3-15-2021
DATE EVALUATED: 4-16-2021
PROPERTY SIZE: 0.87
PROPERTY RECORDED: Yes

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	6-7% SS	0-6	SBK SCL	FR SS SP SeaO				Rock Inc throughout	PS .25 Shallow
		6-32	SBK C						
		32-48	SBK CL						
		48	Rock						
2	6-7% SS	0-6	SBK SCL						PS .3
		6-33	SBK C						
		33-48	SBK CL						
3	6-7% SS	0-6	SBK SCL						PS .3
		6-32	SBK C						
		32-48	SBK CL						
4	6-7% SS	0-6	SBK SCL						PS .3
		6-36	SBK C						
		36-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	240
System Type(s)	2SS	5SS
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bessc
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) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	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)

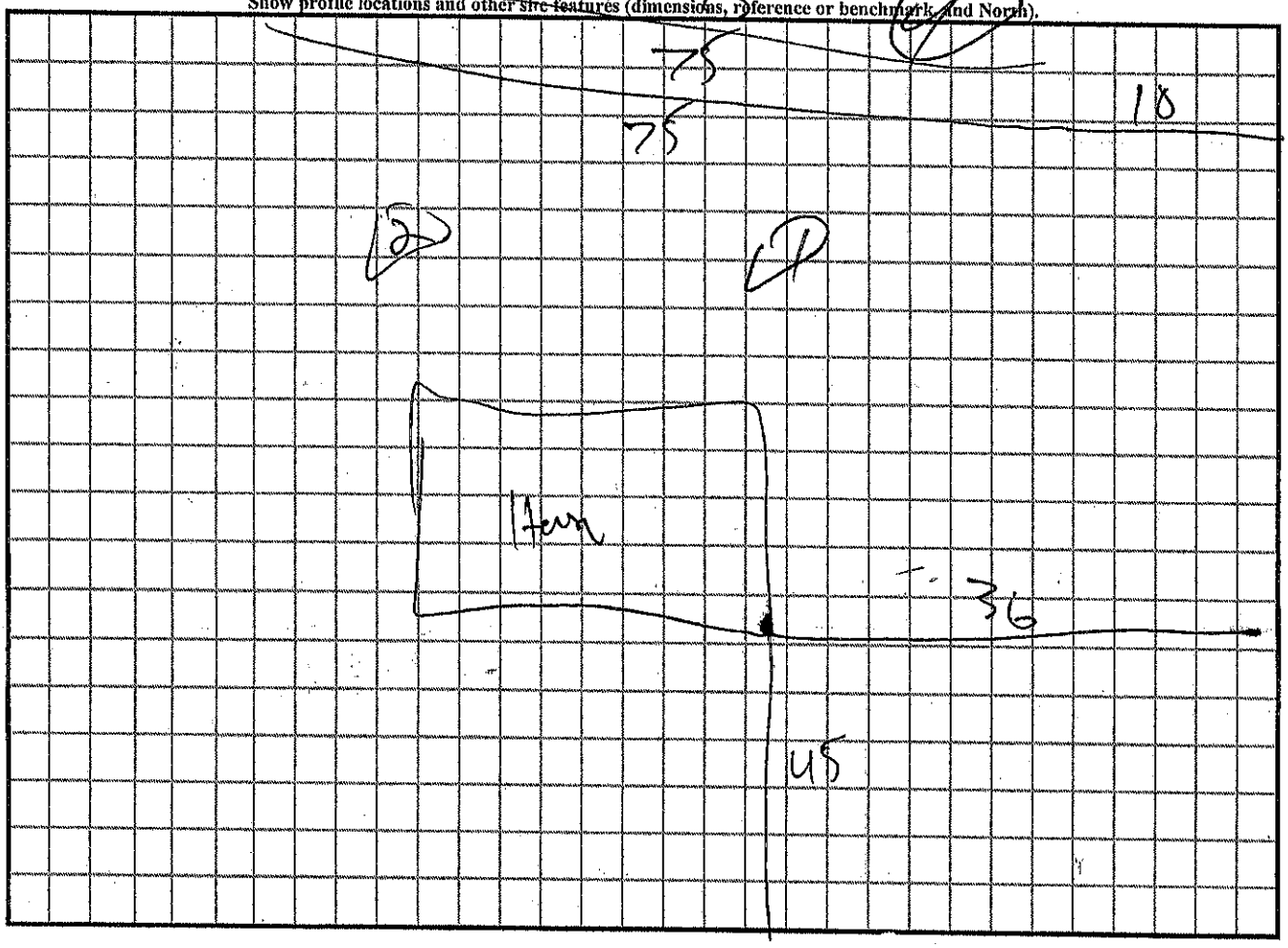
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

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).



RECEIVED MAR 2 5 2021

Paid $500.00

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

Iredell County Health Department – Environmental Health Division

AP- 315842

SEPTIC

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: CORNERSTONE III PROPERTIES Address: 118 EAST KINGSTON AVE, CLT. Zip: 28203

Applicant Email: STAN@CORNERSTONEJP.COM Phone: 704 301 3229 Alt. Phone: X

Owner Name: BUTLER RIVER DEVELP. Address: 725 CHERRY RD. Rock Hill SC Zip: 29732

Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 149 PUMICE DRIVE #3783 4355 13.

Subdivision Name: RIVER ROCK Section/Phase: _____ Lot Number: 9

Driving Directions: NORTH on WALNUT TREE / LEFT onto PUMICE DRIVE / RIGHT onto PUMICE

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 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: Stan Conley 3/13/21

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*) _____

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, PAM HARDING/BUTLER RIVER, am the legal owner(s) of the property located at 149 PUMICE DRIVE, identified as

PIN (Parcel Identification Number) 3783 4355 13, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STAN PRESSLEY/CORNERSTONE III _____, 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.

Pam Harding/Butler River Developer — 3/13/25

Signature of Owner(s) — Date

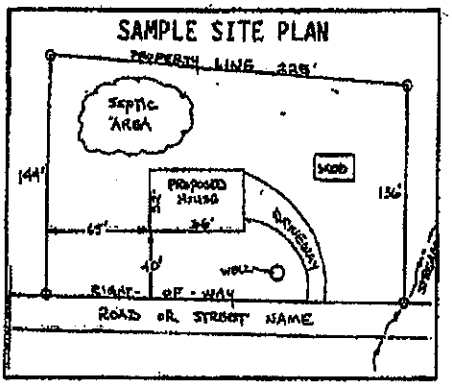
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

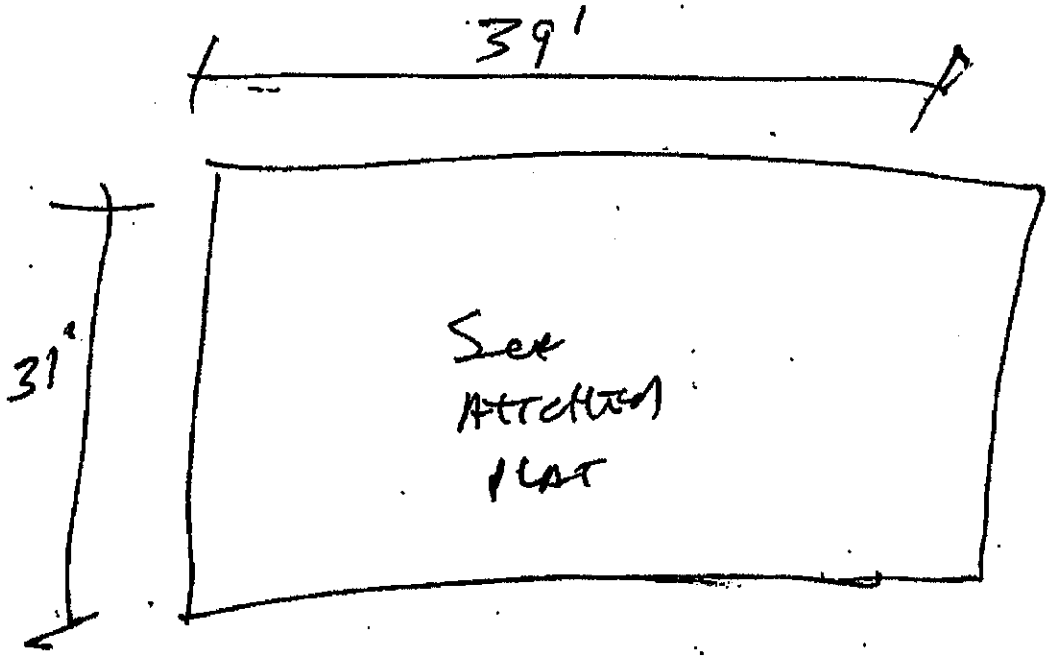
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

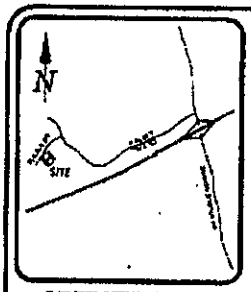
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Stan Crawley

3/13/20

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



VICINITY MAP
(Not to Scale)

NOTES

LEGEND

GRAPHIC SCALE

PHYSICAL SURVEY

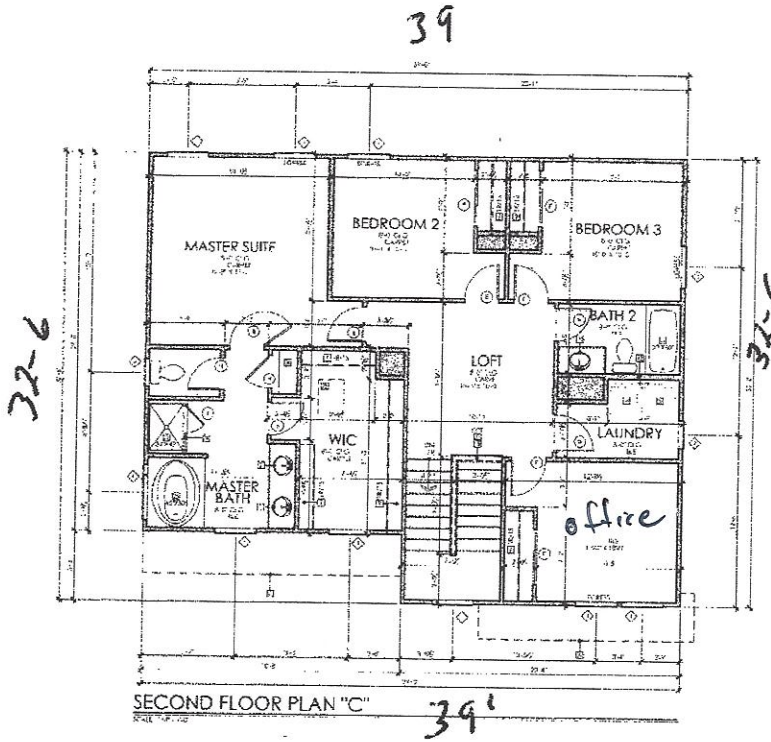
AT PROPERTY KNOWN AS
149 PUMICE DRIVE
LOT 9, RIVER ROCK, PHASE 2
PB 55 PG 81, DB 2952 PG 2156
TAX # 3783495613.000
SHILOH TOWNSHIP, IREDELL COUNTY, NC
FOR: BULLER RIVER

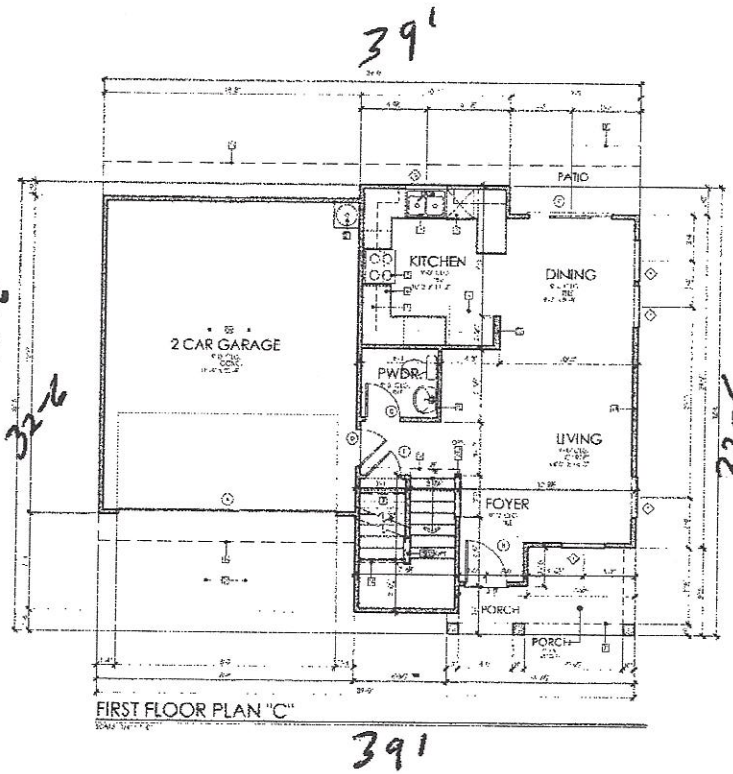
SITE NOTES:

FLOOD NOTE:

METROLINA
LAND SURVEYING, INC.
SURVEYING • MAPPING • PLANNING
4121-C ROSE LAKE DRIVE
CHARLOTTE, NC 28217

SEAL
L-5013





FLOOR PLAN NOTES

DOOR SCHEDULE

WINDOW SCHEDULE

AREA CALCULATION	
FIRST FLOOR HEATED	1,193
SECOND FLOOR HEATED	1,080
TOTAL GROSS LIVING AREA	2,602 SF
GARAGE	541
PORCHES	454

Acknowledgement Of Plans Submittal ONLY!

Date 6-16-2021

Date 7/2/21

CHARLOTTE, NC

REVISIONS

FLOOR PLANS

BEDFORD
ELEVATION 'C'

CORNERSTONE III *PROPERTIES*
4609 Faith Church Road
Indian Trail, NC 28079

A1-3.0

PLOTTED: Nov 15, 2017 / Floors / BEDFORD Cpy.dwg

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315842 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3783435513.000	149 PUMICE DR	Iredell County

Owner Information	Applicant Information
Name: CHARLES GREGORY B+TERESA G	Name: CORNERSTONE III PROPERTIES
Address:	Address: 4509 FAITH CHURCH INDAIN TRAIL, 28 28203
Phone:	Phone: (704)906-6212

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD need 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. 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.

Signature of Owner/Contractor

Date: 03/17/2021

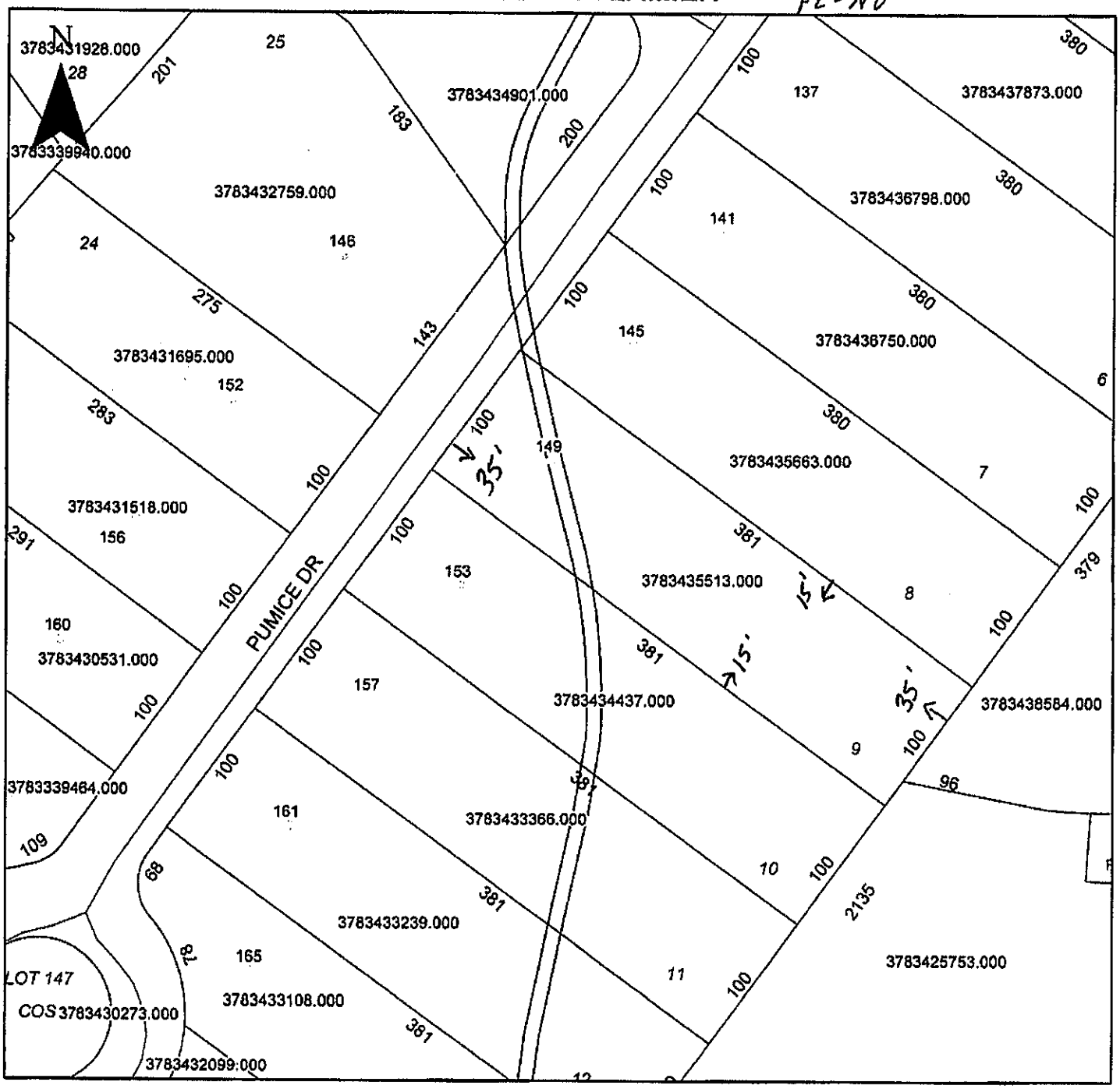
Permit Number	315842

TOTAL FEES:	

315842

RA .87AC
WS IV CA C/LN
FL-NO

ZONING DISCLAIMER



Property Address 149 Pumice Dr.

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