ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309279

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

PIN # 3784 - 95 - 4574

APPLICANT/OWNER: Americas Home Place - B. Nance | APPLICANT ADDRESS: 1206 Greenland Dr, Statesville

SITE ADDRESS: 258 New Sterling Rd, Stony Point 28678 | PHONE: 704-746-7094 | ALT. PHONE —

SITE DIRECTIONS: Sharon School Rd → R New Sterling → on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 12.98 ac | DESIGN FLOW: 240 gpd | L.T.A.R.: .225

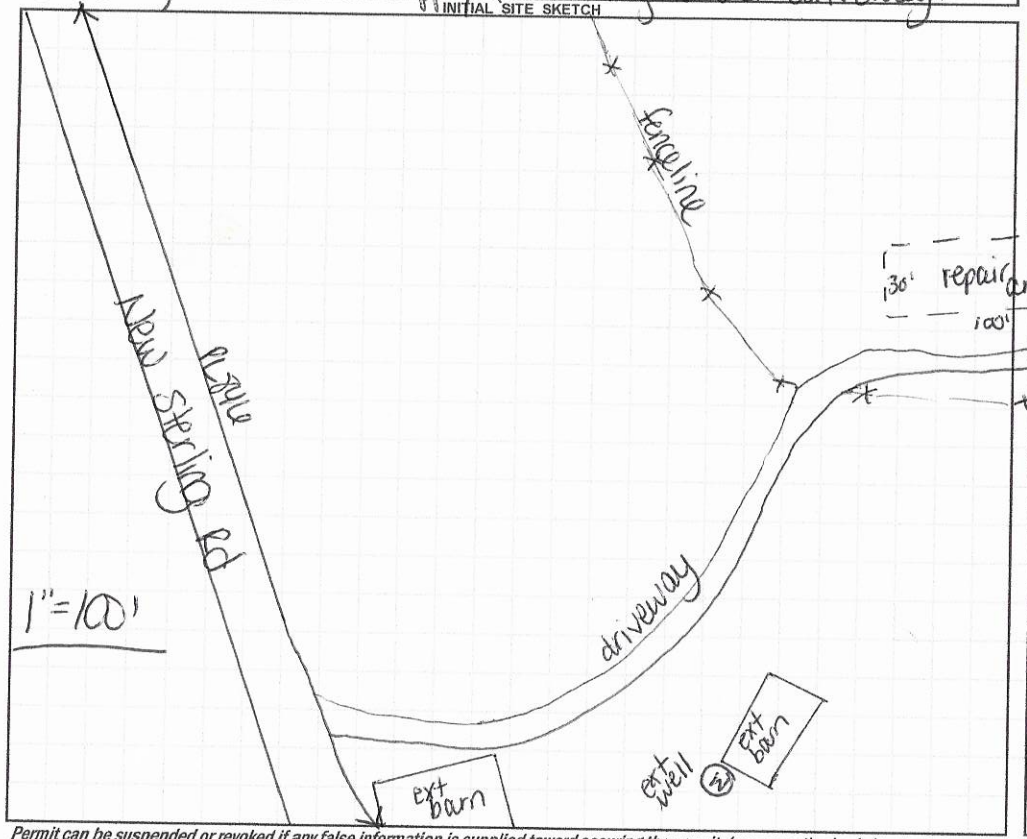
Septic Tank	1000 (gal)	STB	760	Date	6-30-	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft:	268'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	18" ★	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ext ☐ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max depth of 23". Set tank away from driveway to avoid supply line being under driveway.

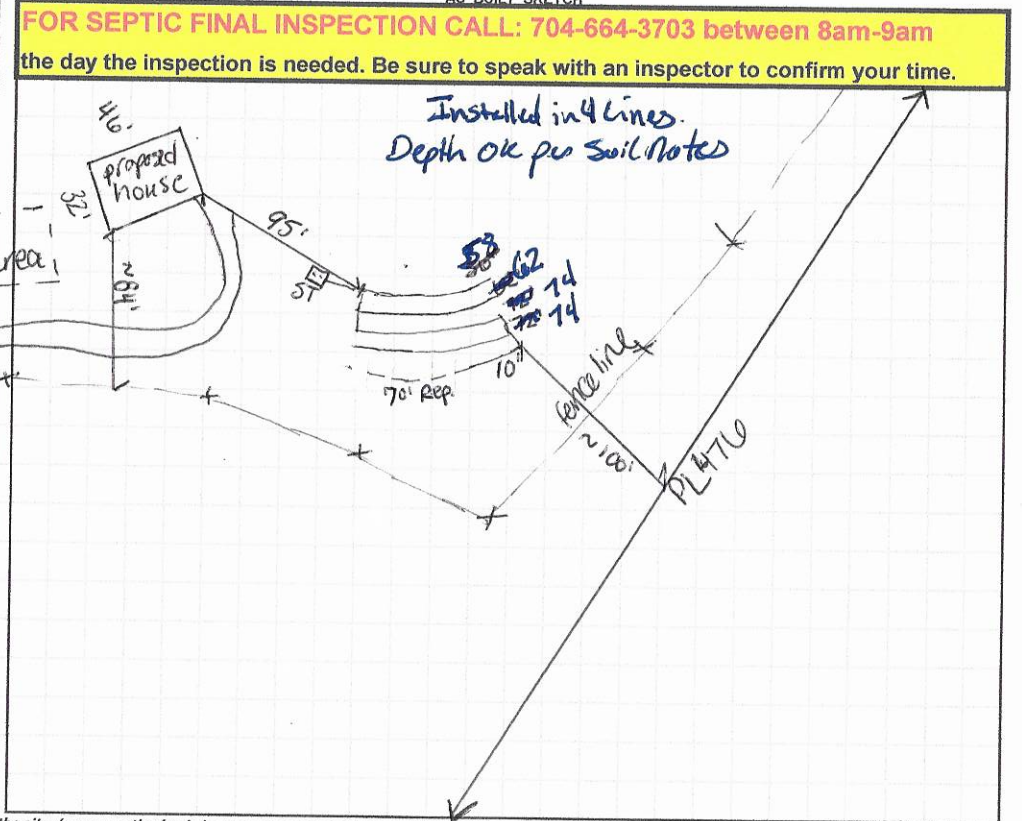
★ Power line is NOT to be ran over/through any part of drainfield (initial or repair)

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: [signature] Date: 8/14/2020 Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 8-11-20 OPERATION PERMIT by: Benjamin A Bullock Date: 3/29/2021

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 8-11-20 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

Sheet 1 of 1
PROPERTY ID #: 3784954
COUNTY: Iredell

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

OWNER: Beamon Nance / AHP
ADDRESS: 1200 Greenland Dr.
PROPOSED FACILITY: 2BR
LOCATION OF SITE: 258 New Sterling
APPLICATION DATE: 7-30-20
DATE EVALUATED: 8-10-20
PROPOSED DESIGN FLOW (.1949): 240gpd
PROPERTY SIZE: 12.98
PROPERTY RECORDED: Y
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	L 10%	0-22	SBK C	Fr SS SP SBK	many sap inc in LL, some firm	52" (still / disturbable)	–	–	PS .225
		22-52	SBK CL	" "					
2	L 10%	0-28	SBK C	Fr SS SP SBK	some firm sap, stay above	48"	–	–	PS .25
		28-48	ABK CL	" "					
3	L 12%	0-24	SBK C	Fr SS SP SBK	→ sap inc throughout some firm	44"	4	–	PS .225
		24-44	SBK CL	" "					
		44-48	M SAP	VFi.					
4	L 12%	0-20	SBK C	Fr SS SP SBK	sap inc throughout, some firm, stay shallow	–	–	–	PS .25
		20-52	ABK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	268'	268'
System Type(s)	2S%	2S%
Site LTAR	.225	.225

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
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) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

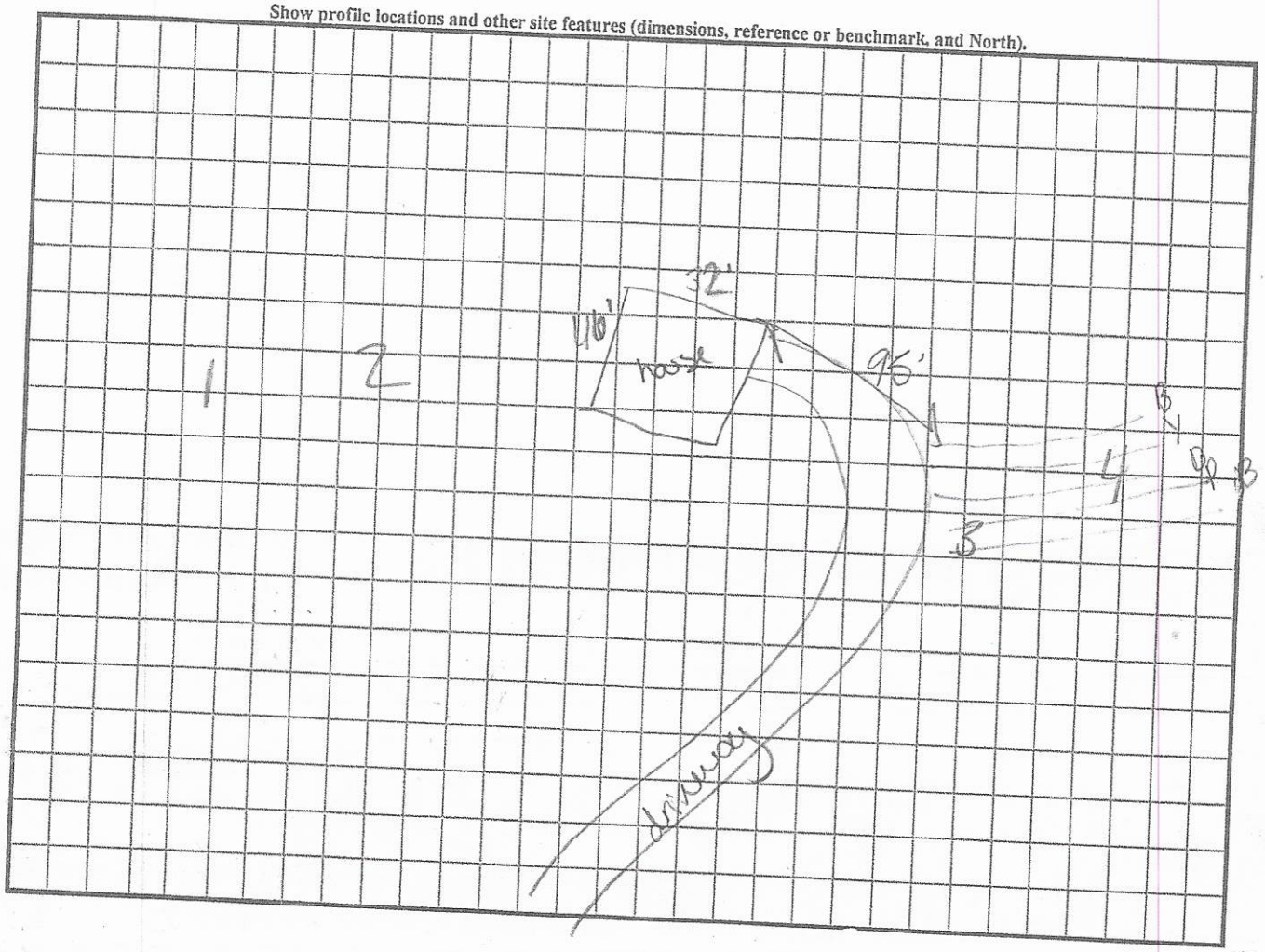
*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

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).



5 lines

1 - 56'
2 - 62'
3 - 72'
4 - 79/72
5 - 80'

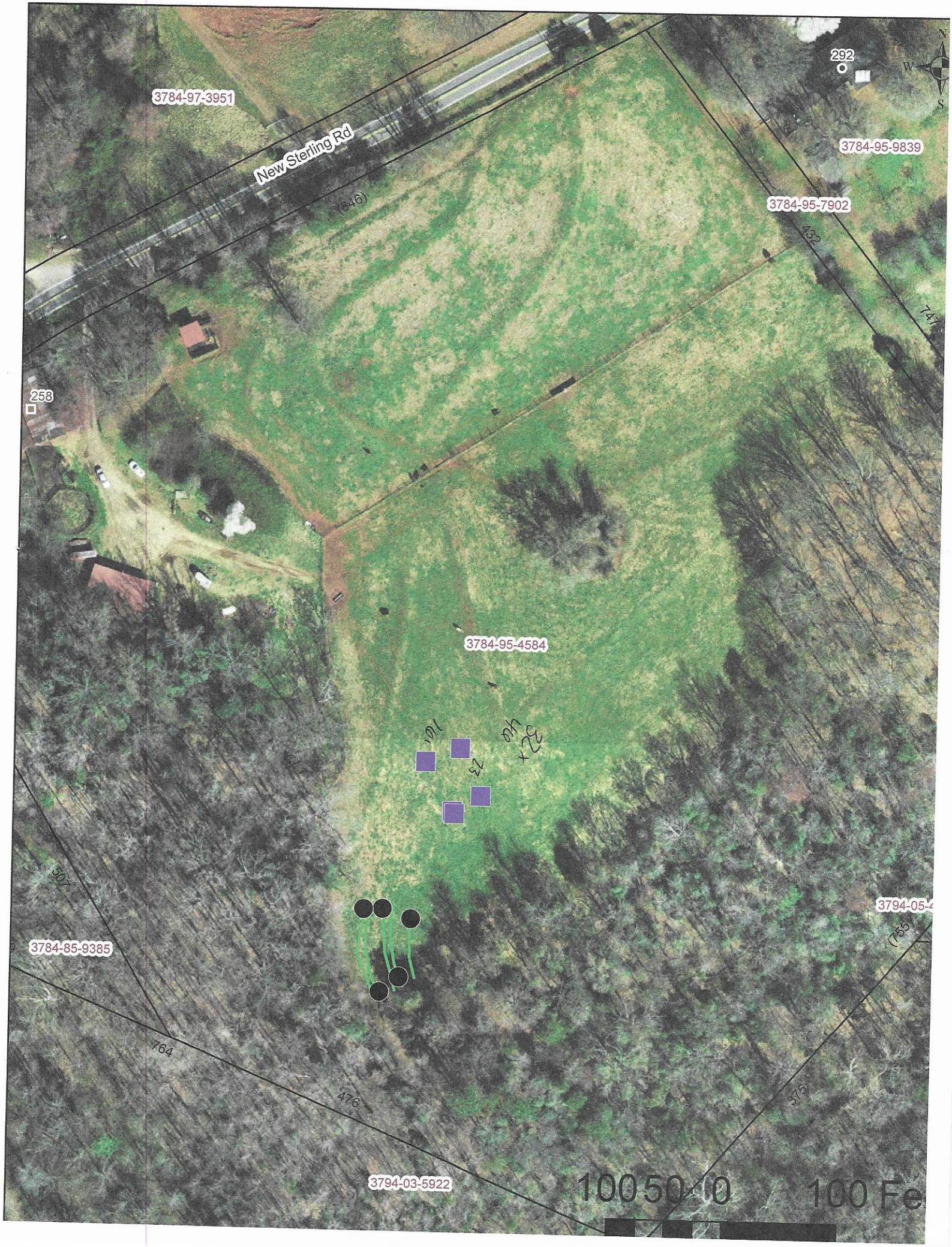
54

56
56
56

207

262

(14)


3784-97-3951
New Sterling Rd
(846)
292
3784-95-9839
3784-95-7902
432
747
258
3784-95-4584
10'
13'
32' x 40'
507
3784-85-9385
764
476
3794-03-5922
575
(755)
100 50 0 100 Fe

RECEIVED JUL 3 0 2020

AP-309279
$500.00

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: (X) 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 Inc Address: 1206 Greenland Dr Statesville Zip: 28677
Applicant Email: ckholloway@ahphomes.com Phone: 704-746-7094 Alt. Phone: 704-872-4400
Owner Name: Beaman Vance Address: 220 W Bell St. Statesville NC Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 258 New Sterling Rd Stoney Point NC 28678
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Interstate Exit 141 Sharon School Rd TR onto New Sterling. Driveway in curve on Right

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

(X) 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: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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 (X) 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: _____ 7/21/2020
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, Cullowhee NC, am the legal owner(s) of the property located at 258 New Sterling Rd Stony Point, NC 28678, identified as PIN (Parcel Identification Number) 3784954584, located in Iredell County, North Carolina.

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

Cullowhee NC
_____ 5/30/2026
Signature of Owner(s) Date

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

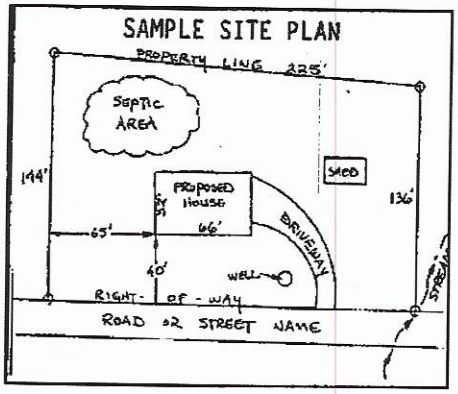
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and 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

USE THIS SPACE TO DRAW YOUR SITE PLAN

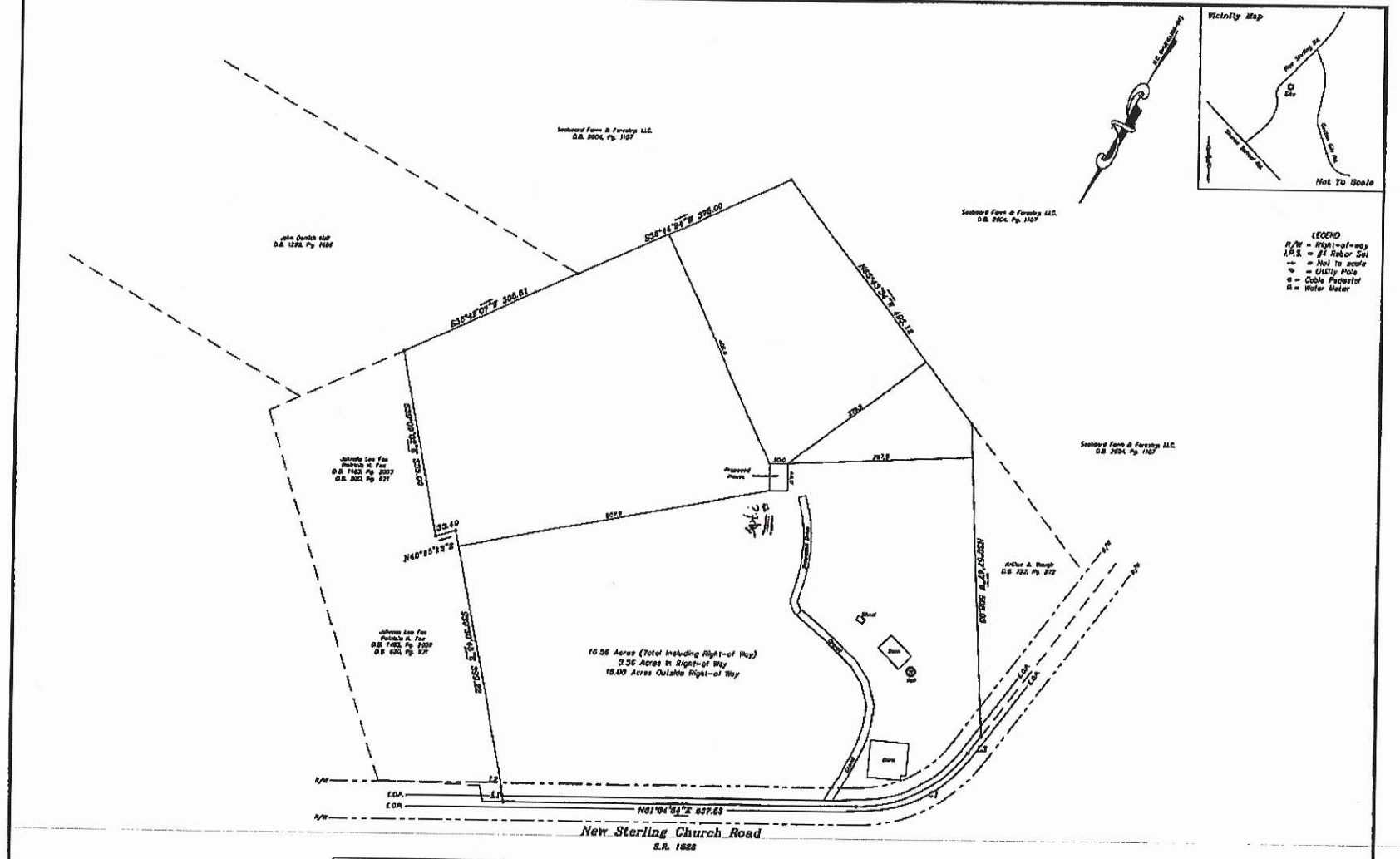
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached Survey

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

7/21/2020
DATE

Original in file



LINE TABLE		
LINE	LENGTH	BEARING
L1	34.00	N 39°12'40"W
L2	24.74	N 30°24'12"W
L3	33.74	S 28°27'19"W

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	208.78	234.45	201.33	S 34°58'06"W

GRAPHIC SCALE

(IN FEET)
1 Inch = 100 ft.

NOTES:
1) This property may be subject to any easements and/or Rights-of-way of record.
2) Boundary information based on Deed Book 795 at Page 923, as recorded in the Iredell County Register of Deeds and Boundary Survey performed by J. Brett Abernathy Dated: 11/5/2004 provided by L. Beamon Nance
3) Area by coordinate method.
4) Iron pins set at all corners unless otherwise noted

Site Plan
of
L. Beamon Nance & Cully Jenkins Nance Property
285 Near Sterling Church Rd.
Shiloh Township, Iredell County, N.C.

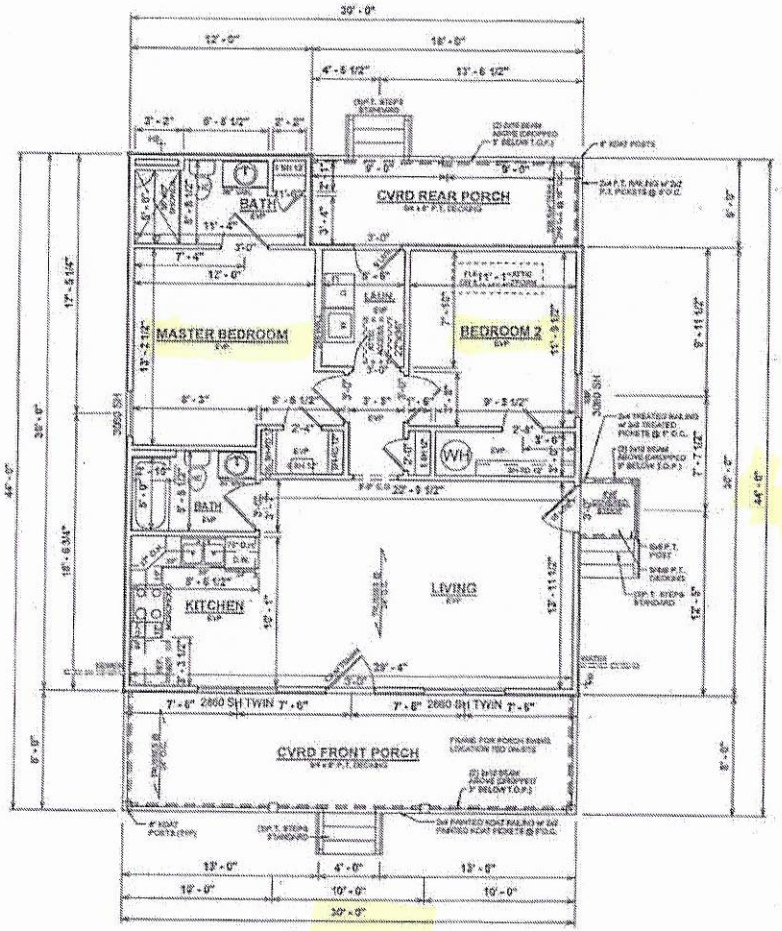
Owner/Developer:

Tax Map Reference: 3784254584

Date of Survey: 7/15/2020
Date of Map: 7/15/2020
Scale: 1" = 100'
Drawn By: LDS
Job Number: 2020-168

Land Surveyor:
Schambeck Surveying, P.A.
P.O. Box 4143
Mooresville, N.C. 28117

original in file



1 First Floor Plan
1/8" = 1'-0"

Acknowledgement Of Plans Submitted ONLY!
Chad Hall Date 7/21/2020
Carla C. Nealis 8-11-20

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 STAIR TREADS & RISERS MAY VARY AS A RESULT OF LOCAL BUILDING CODES, STANDARDS AND FINAL GRADE
- CLOSET SHELF HEIGHT OFF FLOOR
  SINGLE-66"
  DOUBLE-42" & 84"
- ALL PLUMBING FIXTURES SHOWN ARE A REPRESENTATION OF SIZE AN 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
- PORCH, STOOP, & DECK HANDRAILS NOT INCLUDED W/ SLAB FOUNDATION
- RAILINGS ARE A FORCED OPTION WHEN PORCH IS OVER 30" HIGH

SPECIAL NOTES

- LEVERED INTERIOR DOOR HANDLES

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	FINALS	7/21/20

AREAS	
FIRST FL DOR HEATED	972 SF
	972 SF
CVRD FRONT PORCH	245 SF
CVRD REAR PORCH	108 SF
STAIRCASE STOOP	34 SF
STAIRCASE STOOP	34 SF
TOTAL UNDER ROOF	1,336 SF

PLAN: CHEROKEE MODERN FARMHOUSE
ELEV: NANCE, BEAMAN & CULLY
ADDRESS: 258 NEW STERLING ROAD STONY POINT, NC 28678
OFFICE: STATESVILLE SALES
SQ FT/SQ: 25

DRAWN BY: BDB	JOB#: 87-20-045	FOUNDATION TYPE: CRAWLSPACE	
DESIGNED BY:	FRAME: 2X4 EXTERIOR WALLS		
PRINT DATE: 7/21/2020 11:10:00 AM			

PROPERTY OF: [redacted]
SHEET NUMBER: F-2
SHEET TITLE: FIRST FLOOR PLAN

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

FINAL CONSTRUCTION PLANS

TO REPORT COPYRIGHT VIOLATIONS CALL (770)522-1128 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.
© COPYRIGHT. ALL RIGHTS RESERVED. NOTE: VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

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

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

APPLICATION NUMBER
309279 Issue Date: 07/21/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3784954584.000	258 NEW STERLING RD	Iredell County

Owner Information	Applicant Information
Name: NANCE L BEAMAN+CULLY J	Name: AMERICA'S HOME PLACE INC
Address:	Address: 1206 GREEN LAND DRIVE STATESVILLE, NC 28677
Phone:	Phone: (704)872-4400

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.98	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
SFD

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.

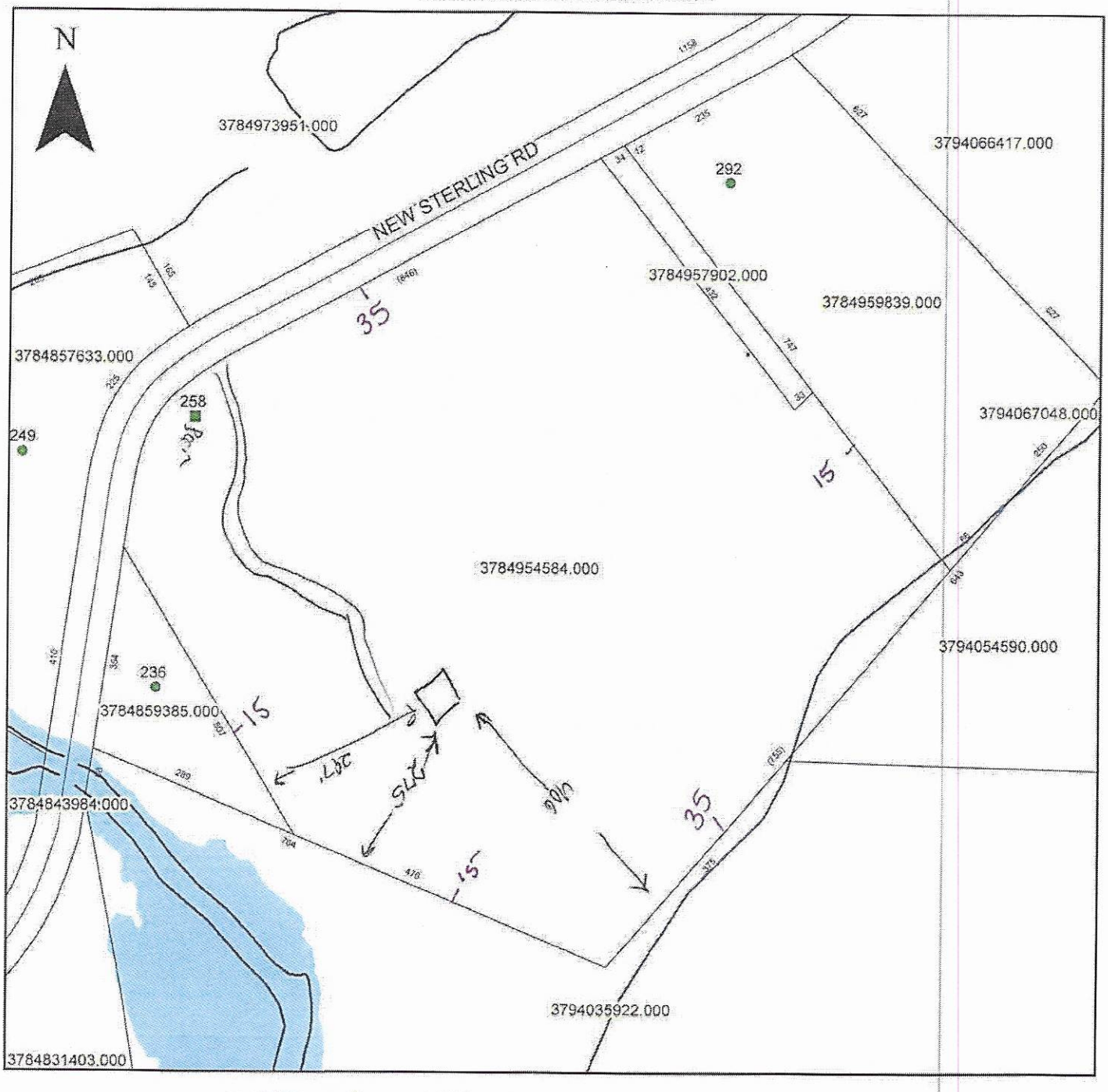
Signature of Owner/Contractor

Date: 07/21/2020

Permit Number	309279

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 258 New Sterling

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

7/21/2020
Date