ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 229087

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

PIN # 4615 -81 -9380

APPLICANT/OWNER: David Walters APPLICANT ADDRESS: 432 Stonemanor Rd. Mooresville NC 28117.

SITE ADDRESS: 436 Stonemanor Rd Mooresville NC 28117. PHONE: / ALT. PHONE 336-978-8812

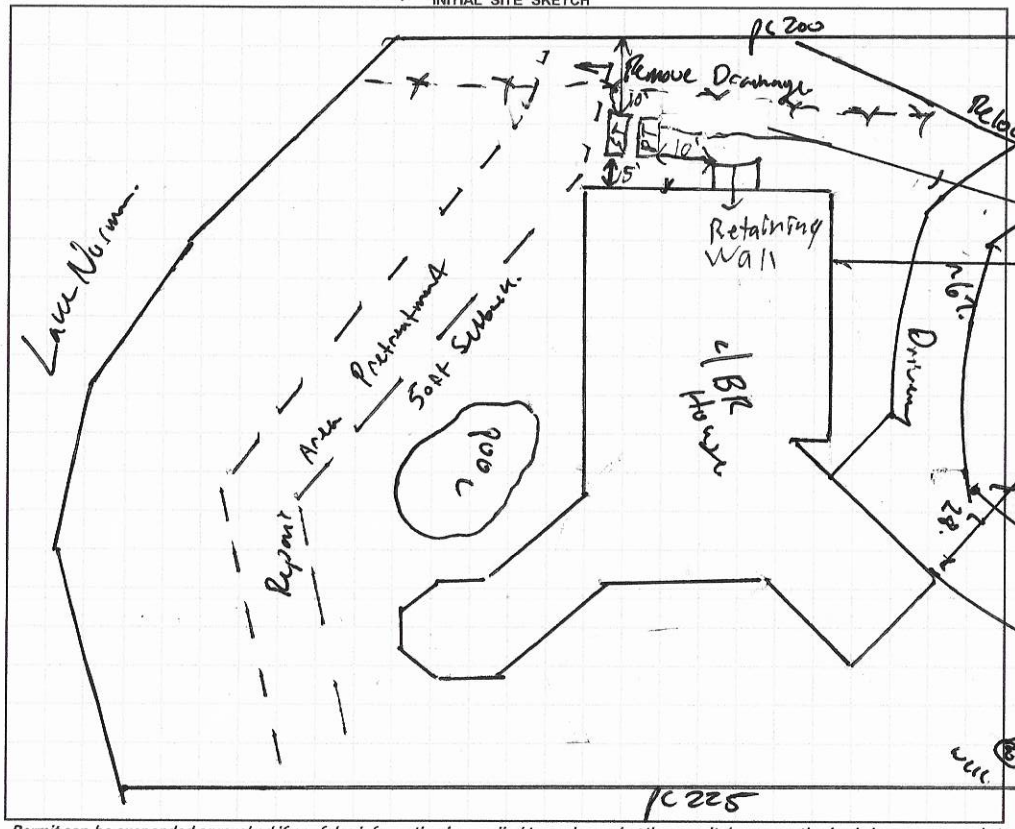
SITE DIRECTIONS: Brawley School Rd to Stonemanor SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLT SECTION: 6 LOT # 133 LOT AREA: .86 Acres DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description: LP-Panel Block - 50% Reduction				☐ Business	No. Persons	8	☒ Private
Pump Make	-	Model		Serial #	Repair System Description: Pre treatment PPBP2				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 267	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24	Trench Bottom Depth	36 max	Gravel Depth		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☒ Basement w/o plumbing

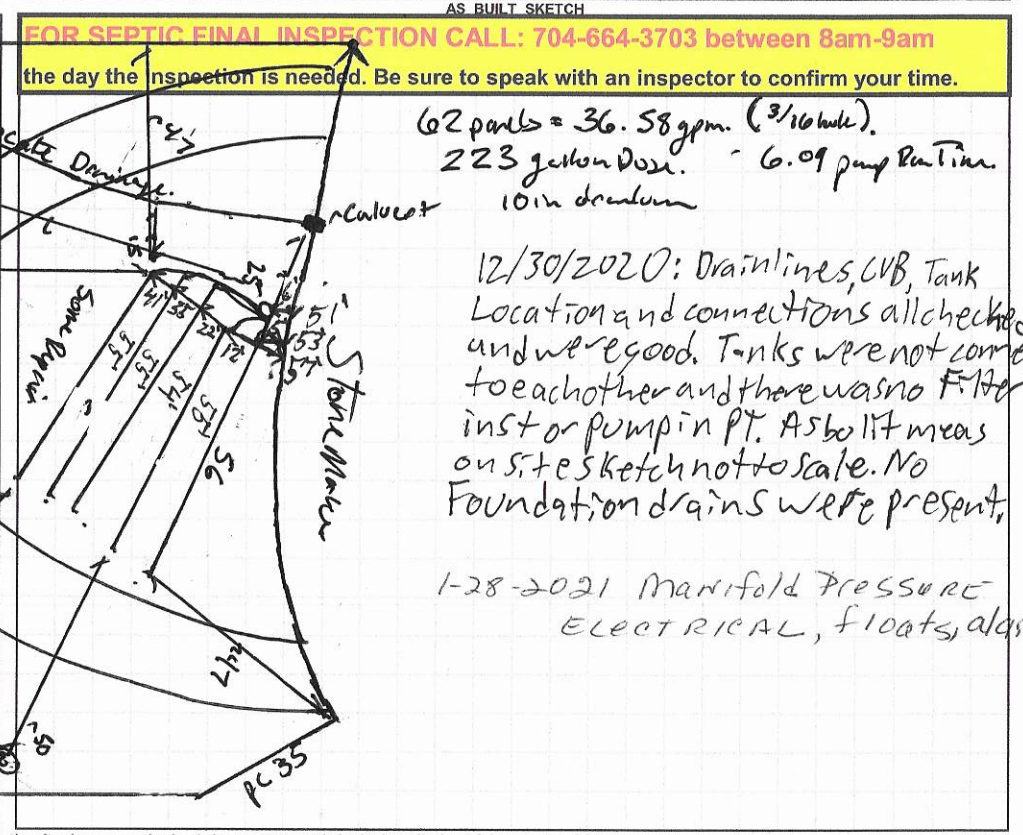
Comments / Conditions: Drill 3/16 Hole use In-Line Pump Filter. Manufacture Soft Fill wells - Relocate Stonemanor Pipe 15 ft away From Septic. Pressure line Must be 30 inch below Driveway or Sleeved.

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: David Walters Date: 12/5/20 Installed by: Richard Abernathy Co. LLC

IMPROVEMENT PERMIT by: Benjamin A Bolick Date: Nov 4 2020 OPERATION PERMIT by: James Boggs Date: 1-28-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolick Date: Nov 4 2020 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Walters APPLICATION DATE ____

ADDRESS: ____ DATE EVALUATED: 8/17/17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 4BDgpd PROPERTY SIZE: ____

LOCATION OF SITE: 436 Stonemarker 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	4-5%	0-10	Rd/Brw SCL	WSBK SS, SP, SExP					PS .3
		10-22	RC	MSBK SS, SP, SExP, FR					
		22-45	RCL	WSBK SS, SP, SExP, FR					
	4-5%	0-12	Rd/Brw SCL	SS, SP, SExp, FR					PS .3
		12-20	RC	MSBK SS, SP, SExp, FR					
		20-44	RCL	WSBK SS, SP, SExp, FR					
	4%	0-12	Rd/Brw SCL	SS, SP, SExp, FR					PS .3
		12-28	RC	MSBK SS, SP, SExp, FR					
		28-48	RCL	WSBK SS, SP, SExp, FR					
	4%	0-10	Rd/Brw SCL	WSBK SS, SP, SExp, FR					PS .3
		10-20	RC	MSBK SS, SP, SExp, FR					
		20-48	RCL	WSBK SS, SP, SExp, FR					

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

OTHER FACTORS (.1946): ____

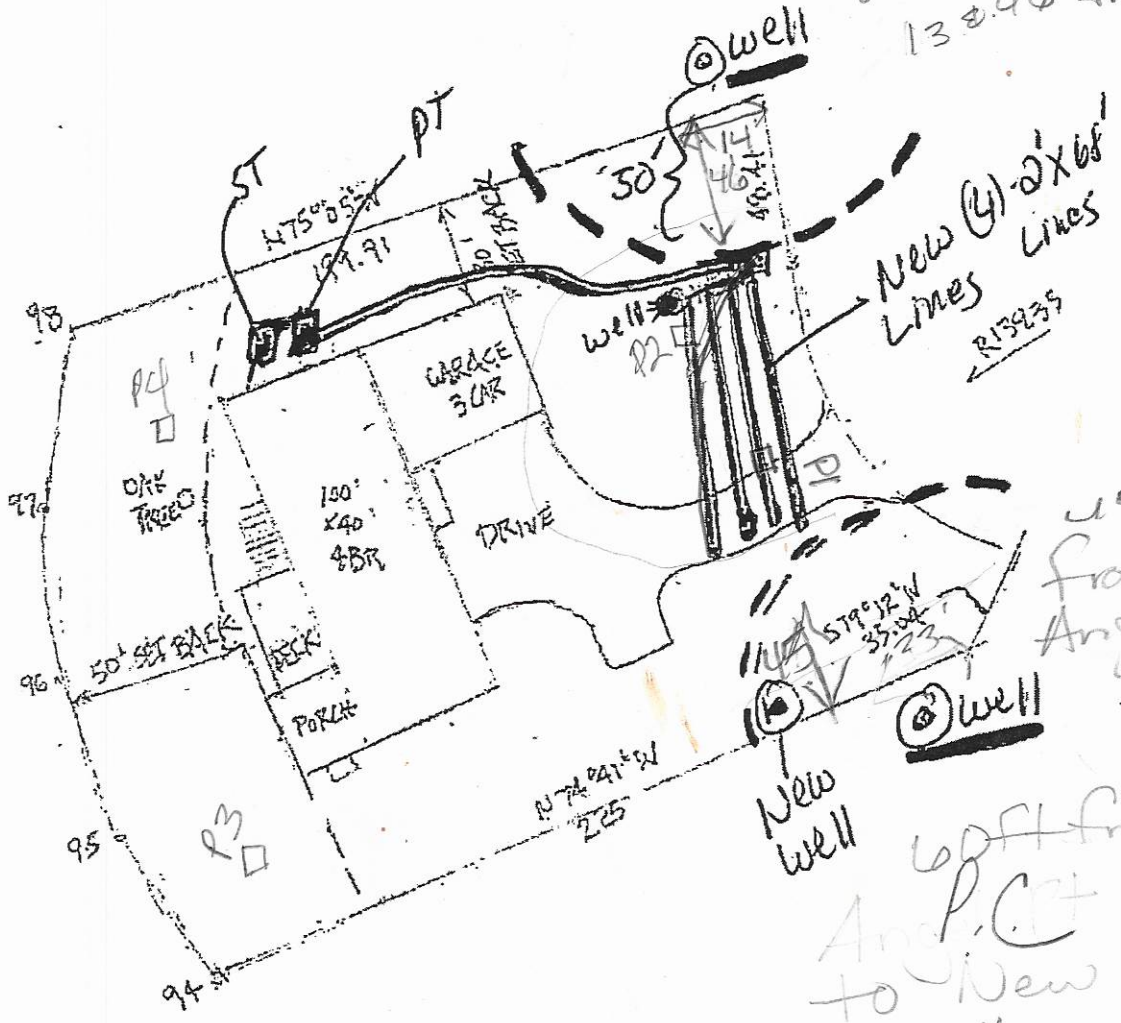
SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: Russell Williams & Dave Walters

COMMENTS: ____

Soil / Backhoe Pit locations



94 N2°51E ~ 53.13
95 N28°51E - 32.13
96 N48°21E - 34.59
97 N60°21E - 61.39
98 N32°06E - 95.22

WALTERS
7/7/2017

436 Stonemaker Rd
CRESCENT LAND & TIMBER CORP
SECTION 6
LOT 133, 0.86 ACRE
77471515 Montez Morris
PROPOSED RE-BUILD
PRELIMINARY PLAN
FOR SEPTIC PERMIT

RECEIVED OCT 1 5 2020

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

Iredell County Health Department – Environmental Health Division AP-229087

PAGE 1: *APPLICATION FORM*

(AP-303929-Fees only)

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

$320.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: David Walters Address: 432 Stonemarker Rd Zip: 28117
Applicant Email: dwalters@new-atlantic.net Phone: 336-978-8812 Alt. Phone:
Owner Name: David Walters Address: 432 Stonemarker Rd Zip: 28117
Owner Email: dwalters@new-atlantic.net Phone: 336-978-8812 Alt. Phone:

Property Information:

Street Address: 436 Stonemarker Rd., Mooresville NC, 28117
Subdivision Name: CLAT ? Section/Phase: Sec 6 Lot Number: 133
Driving Directions: Brawly School Rd. to Stonemarker

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: 4
Maximum Number of Occupants: 2
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
(X) 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: 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:
(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.

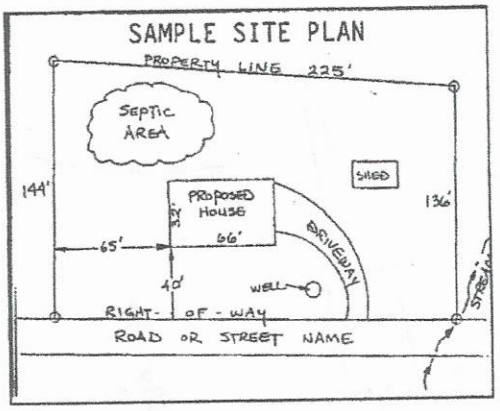
Signature: David Walters 10/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**
- (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**
- (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

Please reference the following attachments -

Attachment 1 - Description of change
Attachment 2 - Original Application
Attachment 3 - Boundary Survey and Interior Plan View
Attachment 4 - Original Septic Layout
Attachment 5 - Revised Septic Layout

Signature: David Walters

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

10/13/2020

DATE

DAS

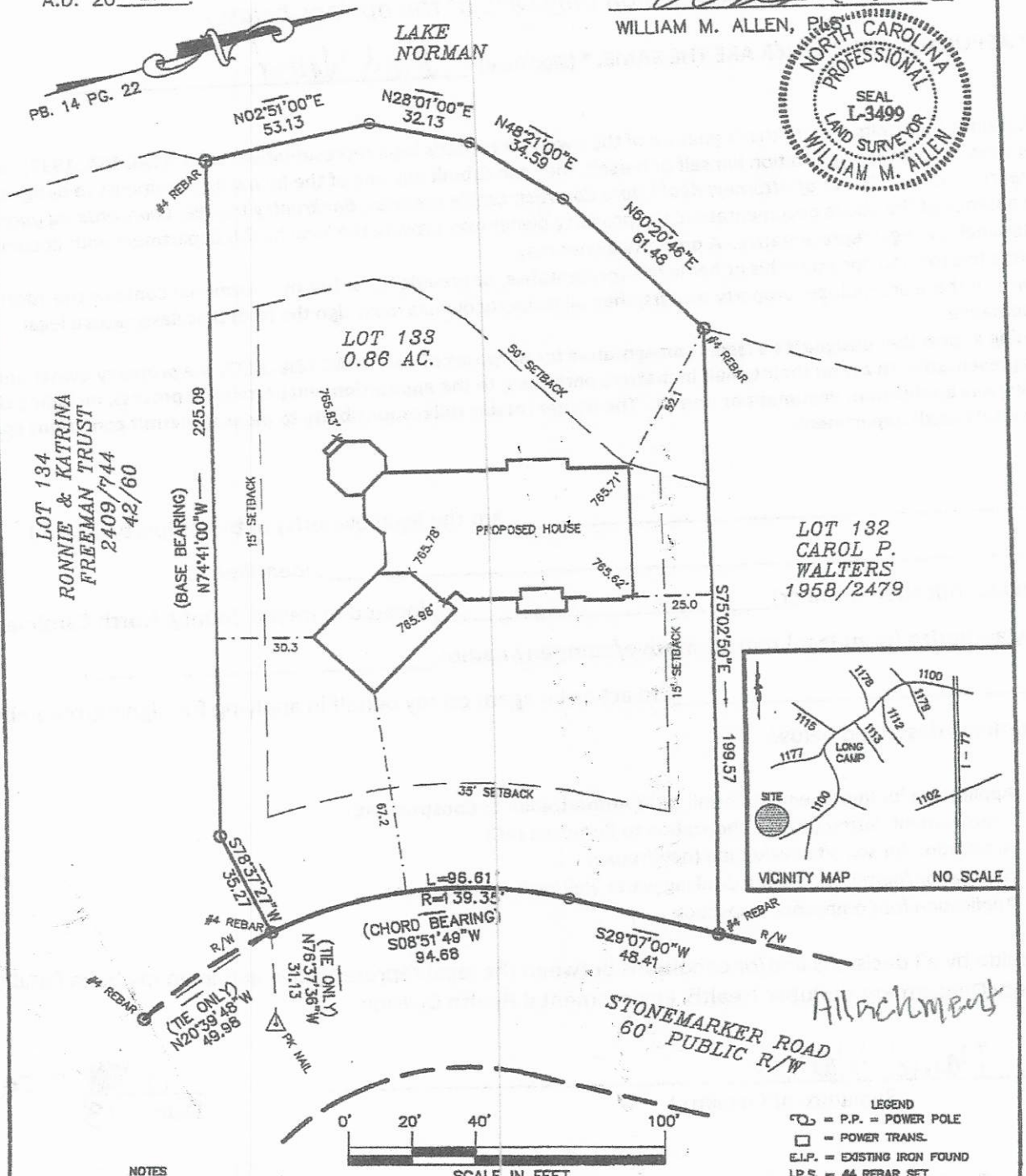
DON ALLEN & ASSOCIATES, P.A
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2513, page 2324, and/or plat book 14, page 22, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 9, day of MARCH, A.D. 20 20.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) OVERHEAD POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
LP = LIGHT POLE
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

SCALE 1" = 40'

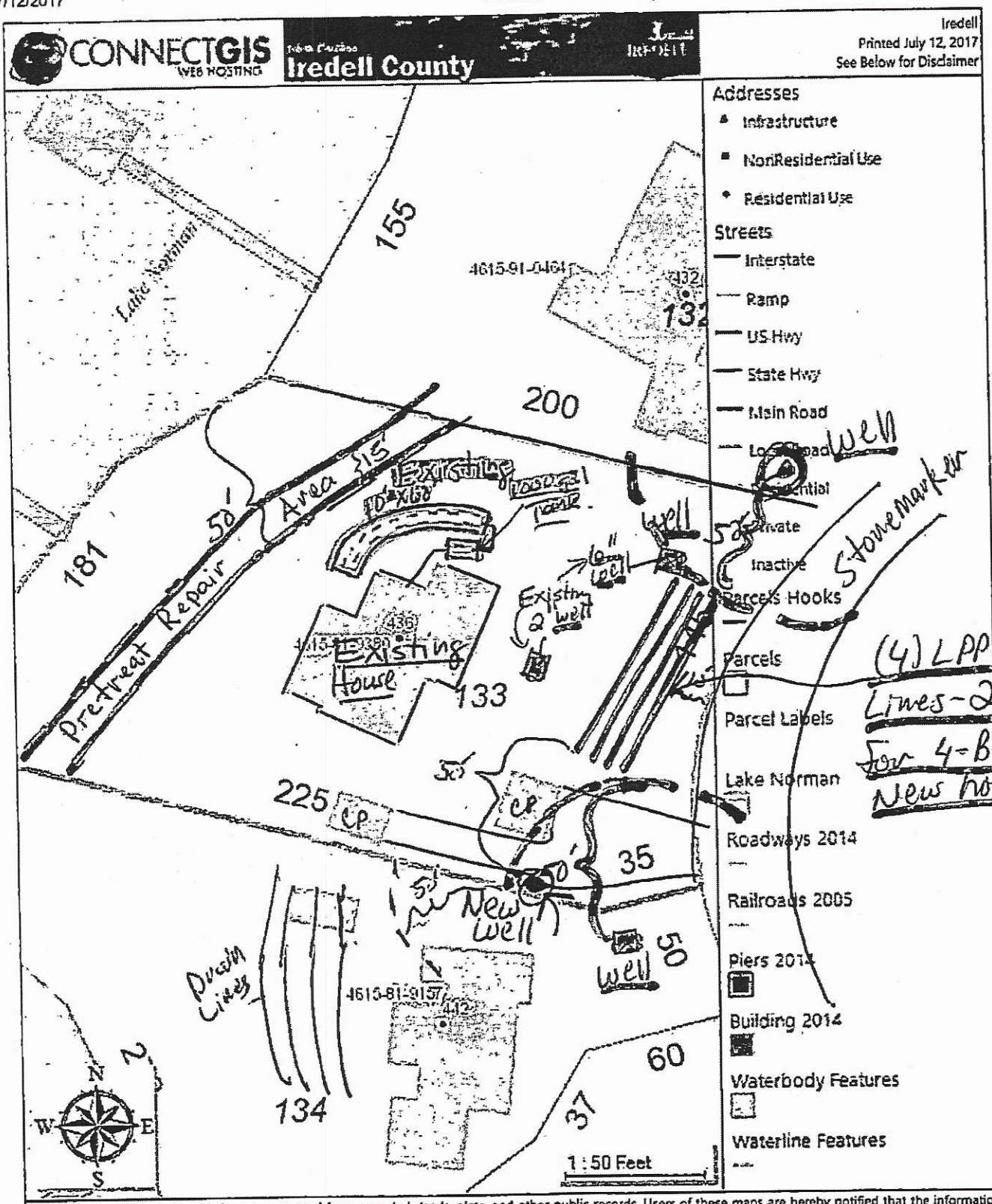
ACQUIRED BY: CAROL P. WALTERS

PLOT PLAN / BOUNDARY SURVEY

OF
436 STONEMARKER ROAD
LOT 133 CRESCENT LAND & TIMBER CORP., SECT. 6
DAVIDSON TWSP., IREDELL CO., N.C.

FIELD BOOK:
FILE: CLT 133 S6
DC FILE:
TAX MAP NO: 4615819380

Attachment 3

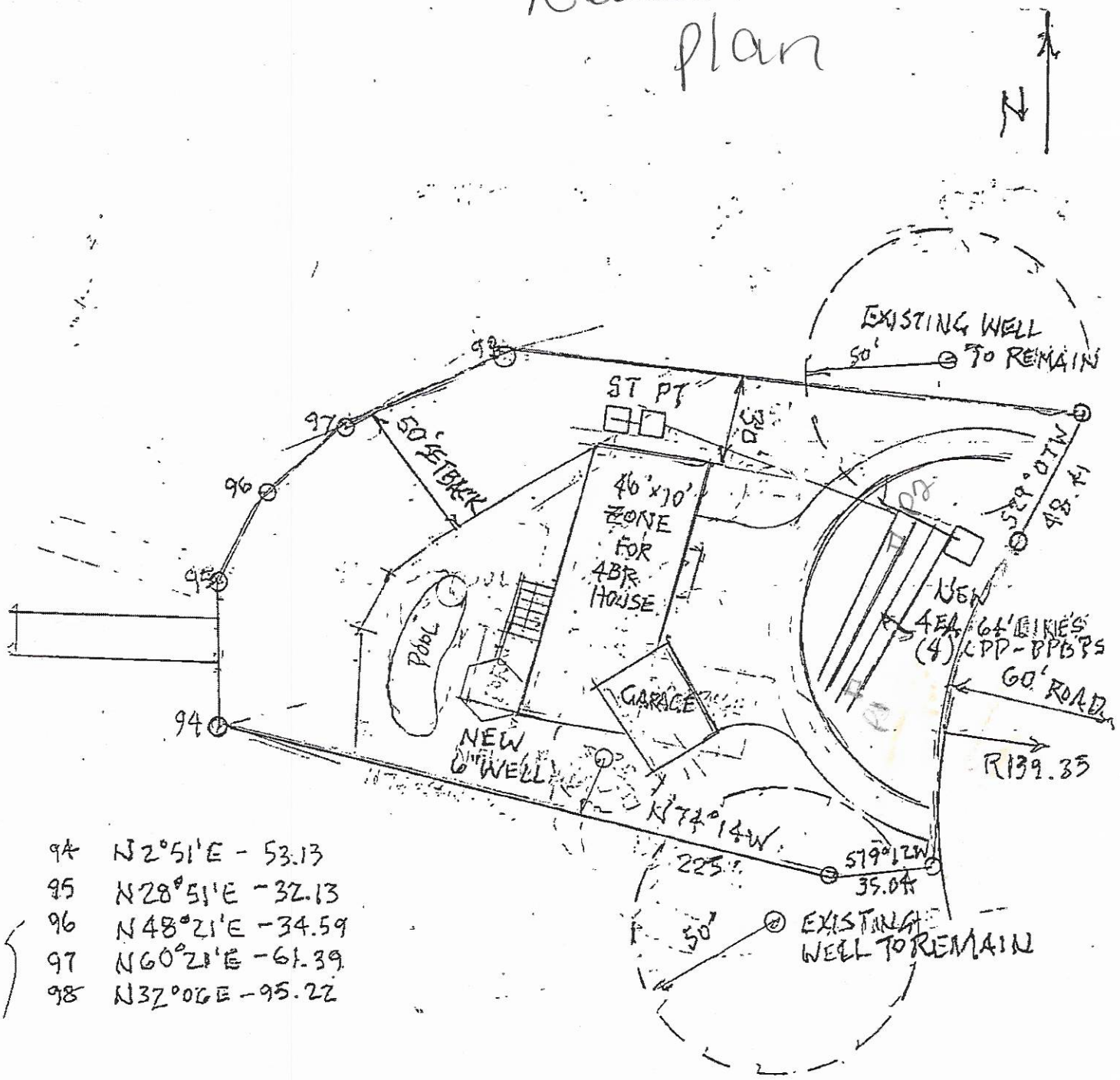


(4) LPP-PPBPS Lines - 2' x 68' For 4-Bedroom New house

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Septic Site Plan for 436 Stonemarker Rd. Mooresville
Existing 2" & 6" well would have to be abandoned.
New house would would extend from the 50' setback on the Lake to within 25' of New T+J Panel Lines.

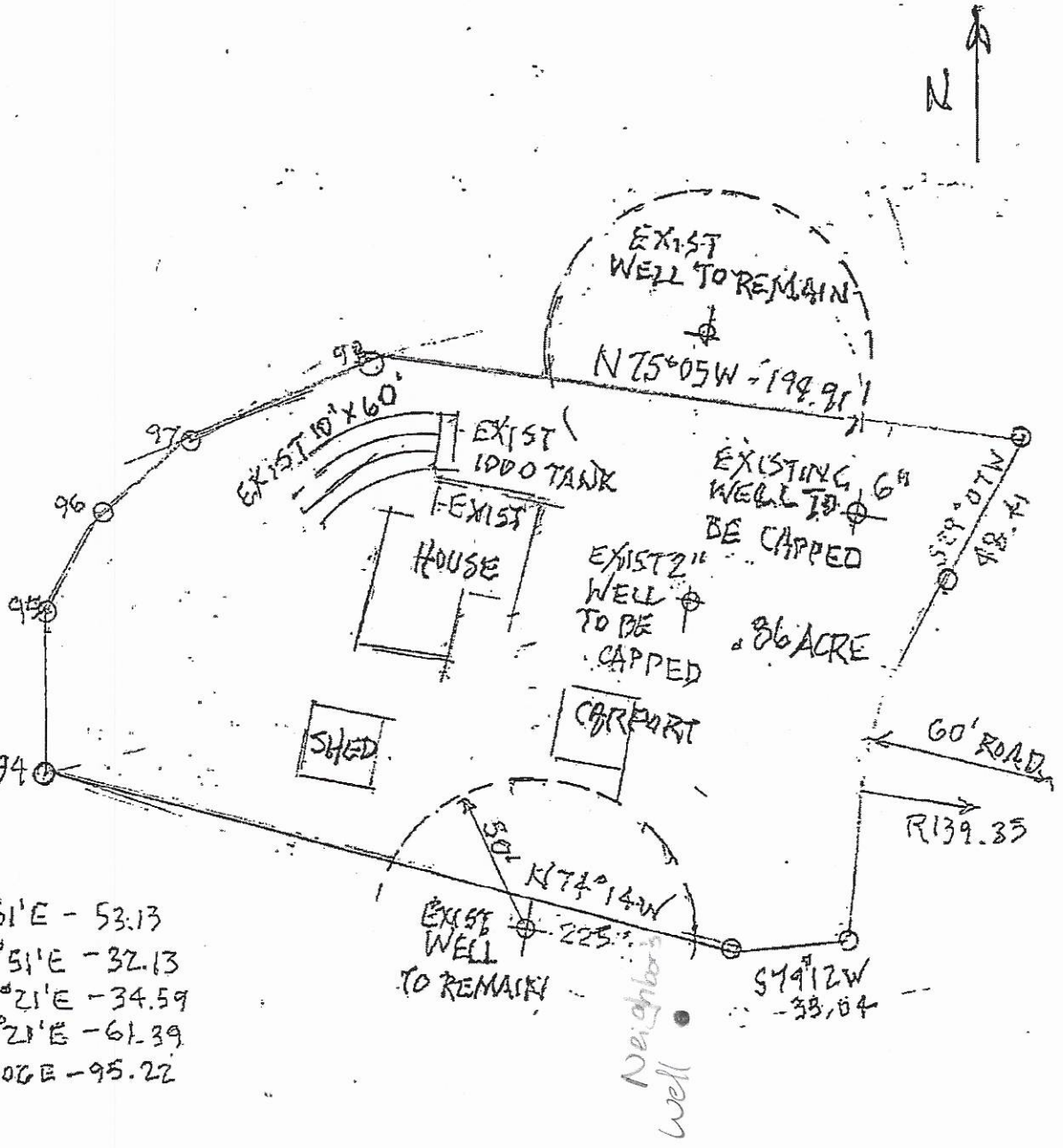
Newest Site plan



94	N2°51'E - 53.13
95	N28°51'E - 32.13
96	N48°21'E - 34.59
97	N60°21'E - 61.39
98	N37°06E - 95.22

CAROL P WALTERS
436 STONEMARKER - NEW CONSTRUCTION
~~PROPOSED RE-BUILD~~
7/17/2017
DWG 2

CRESCENT LAND & TIMBER
MAP OF LOTS JAN 14, 1976
SECTION 6
LOT 133
436 STONEMARKER RD
77471515
OWNER MONTEZ MORRIS



94 N2°51'E - 53.13
95 N28°51'E - 32.13
96 N48°21'E - 34.59
97 N60°21'E - 61.39
98 N32°06E - 95.22

~~EXISTING STRUCTURES~~
~~TO BE REMOVED~~
CAROL P WALTERS
7/17/2017
DWG 1

CRESCENT LAND & TIMBER
MAP OF LOTS JAN 14, 1976
SECTION 6
LOT 133
1" = 50'
436 STONEMARKER RD
7747515
OWNER MONTEZ MORRIS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-5825 PERMIT # [illegible]

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM M A D.

PIN # 4615819380

APPLICANT/OWNER: David Walters APPLICANT ADDRESS: 432 Stonemarker Mooresville, NC 28117

SITE ADDRESS: 436 Stonemarker Rd Mooresville, NC PHONE: 336 978 8812 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Stonemarker go straight @ fork on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: L & T SECTION: 10 LOT # 133 LOT AREA: .86 Acre DESIGN FLOW: 480 gpd 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 4
Pump Tank	1000 (gal)	PT	Date	System Description: LP - PPBPS				☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: Pretreatment PPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 267'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	min. 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

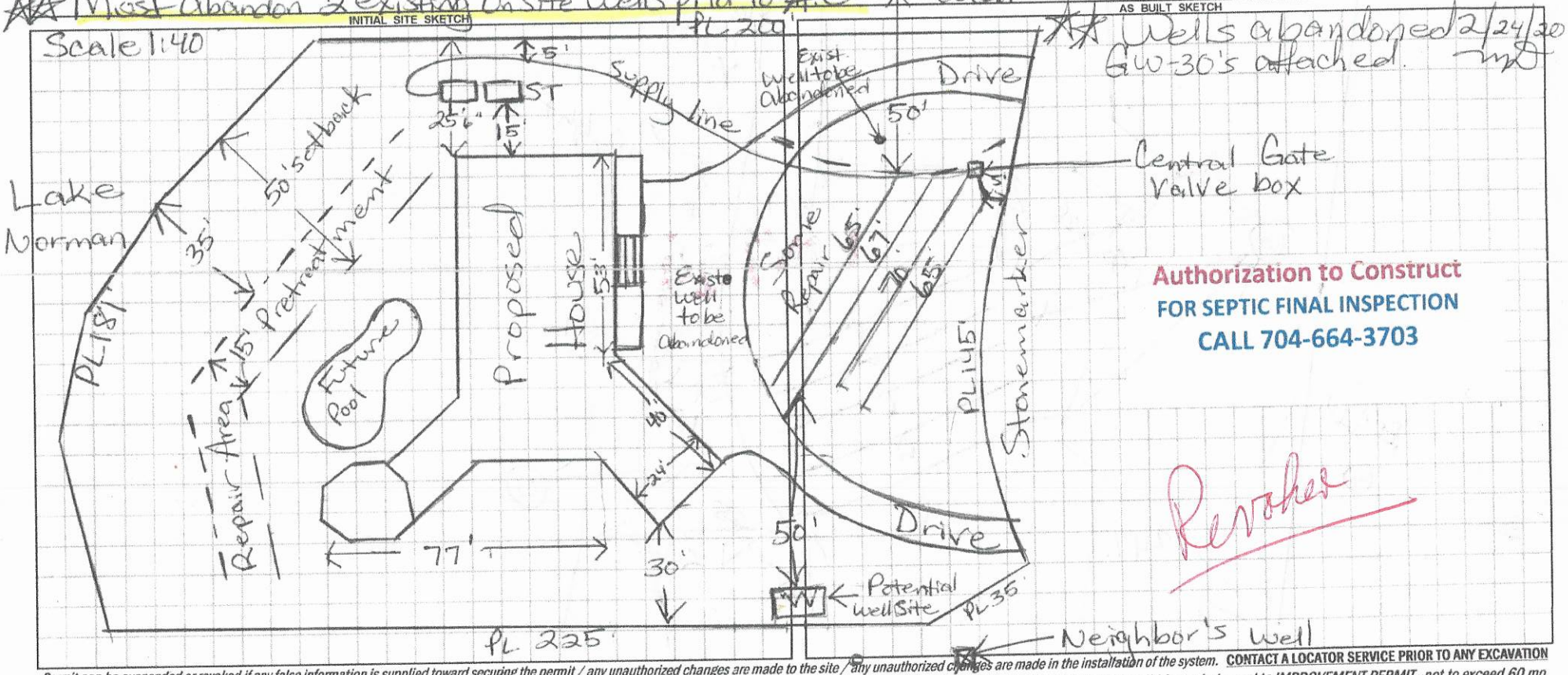
Comments / Conditions: Drill 3/16" hole, use In-line filter in PT. Divert Storm/surface water away from Septic System

** Must Keep Septic System (including Supply line) at least 50FT from any well.

* Neighbor's Well

** Must Abandon 2 existing On site wells prior to A.C

INITIAL SITE SKETCH



AS BUILT SKETCH

** Wells abandoned 2/24/20 GW-30's attached. MD

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Revoked

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: Date:

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/29/17

AUTHORIZATION TO CONSTRUCT by: D Walters Date: 9/8/17

C. Maria Dotson 2-[illegible]-2020

Installed by:

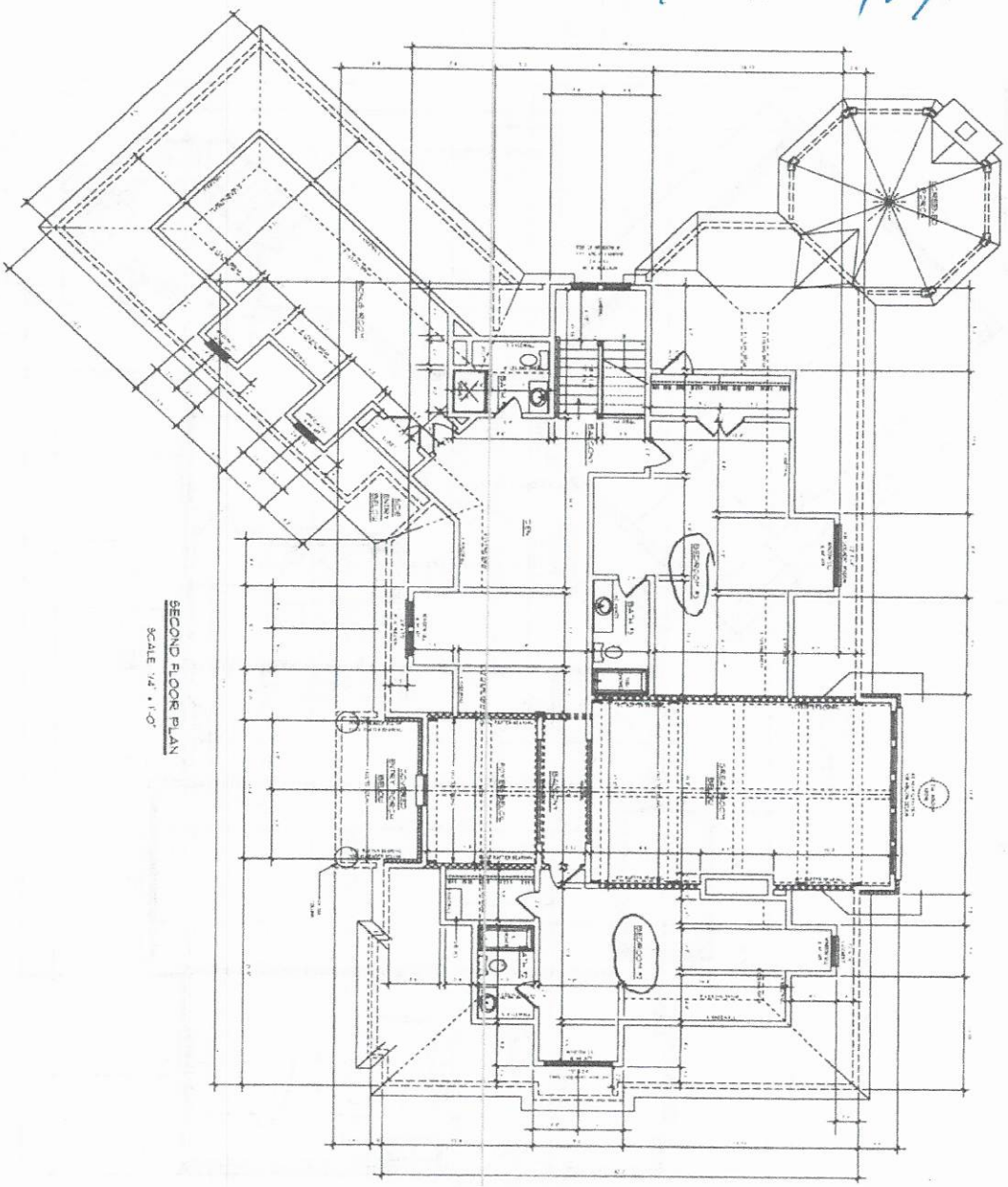
OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

Kayla Watson

2-6-20

David Walters 2/24/20



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

GENERAL NOTES

HOUCK

LIAL TERS RESIDENCE

SECOND FLOOR PLAN

6 OF

Barbara Walters Date 2-6-20

Date David Walters 2/24/20

MAIN FLOOR PLAN

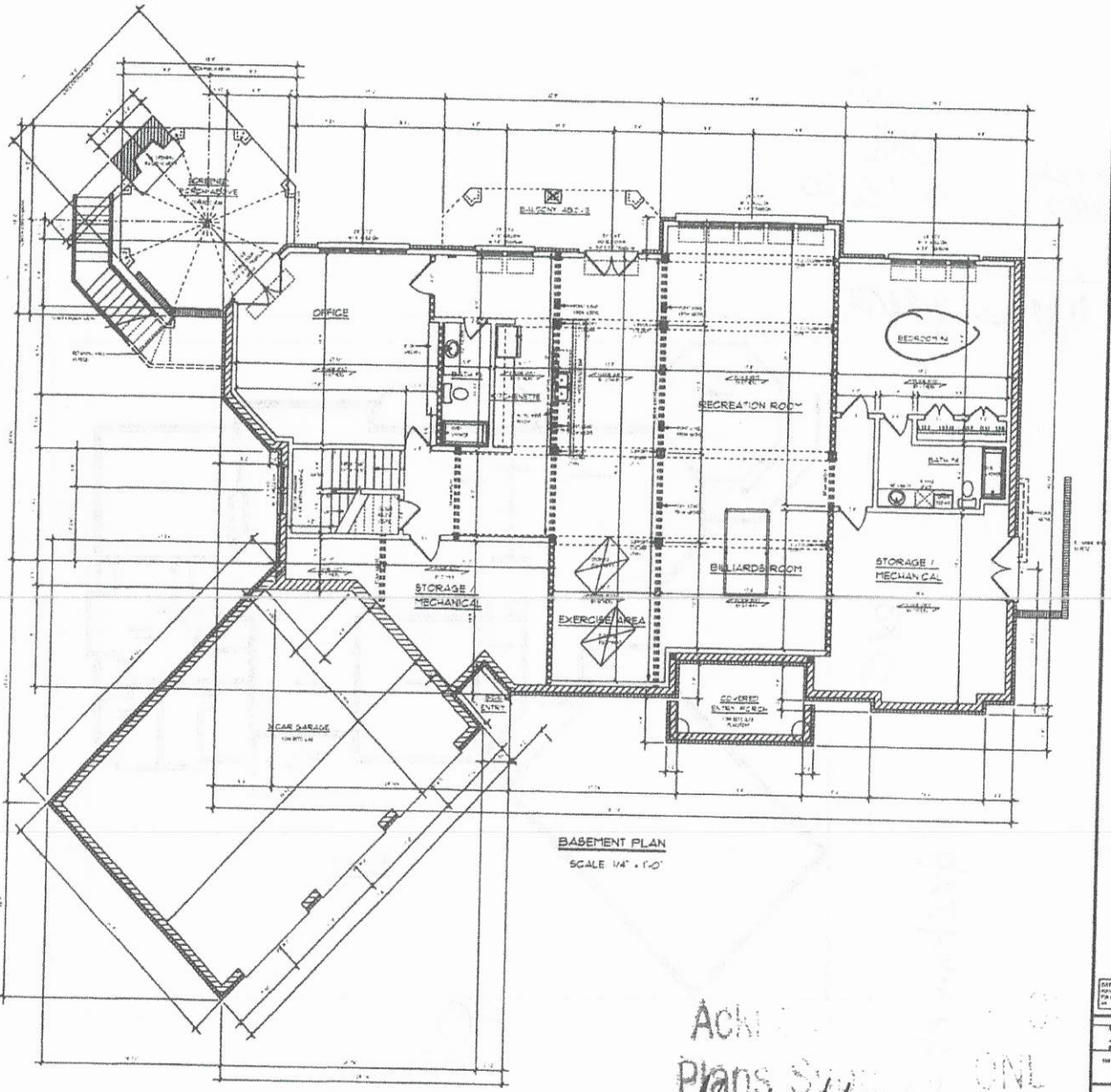
SCALE 1/4" = 1'-0"

HOUCK

WALTERS RESIDENCE

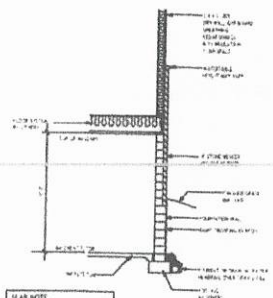
MAIN FLOOR PLAN

GENERAL NOTES



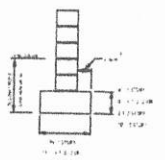
BASEMENT PLAN

SCALE 1/4" = 1'-0"



MAIN NOTE

4" CONC. SLAB
6 MIL POLY
4" SUB BASE
R-5 PERIMETER VINYL
AS REQ'D



MINIMUM FOUNDATION REQUIREMENTS

GENERAL NOTES

FINISHED BASEMENT	2106 SQ FT
UNFINISHED BASEMENT	67 SQ FT
TOTAL BASEMENT	3318 SQ FT

Ackl
Plans S ONL
Date 2-6-20
Kayla Walters
David Walters
Date 2/24/20

HOUCK RESIDENTIAL DESIGNERS

WALTERS RESIDENCE
LAKE NORMAN

BASEMENT PLAN

1/4" = 1'-0" | SEPT | MCH | TOTAL SHEETS
1/21/2020 | BY: | 4 OF 7