PJB

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 315971

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

PIN # 4624-39-5119

APPLICANT/OWNER: James Blackham Bluefield | APPLICANT ADDRESS: 126 Stonemarker Rd Mooresville, NC 28117

SITE ADDRESS: 138 Stonemarker Rd Mooresville, NC | PHONE: Bluefield 7047463536 | ALT. PHONE 980 722-6134

SITE DIRECTIONS: Brawley School Rd TR Stonemarker on right | SAP CONTROLLED: ☐ YES ☒ NO

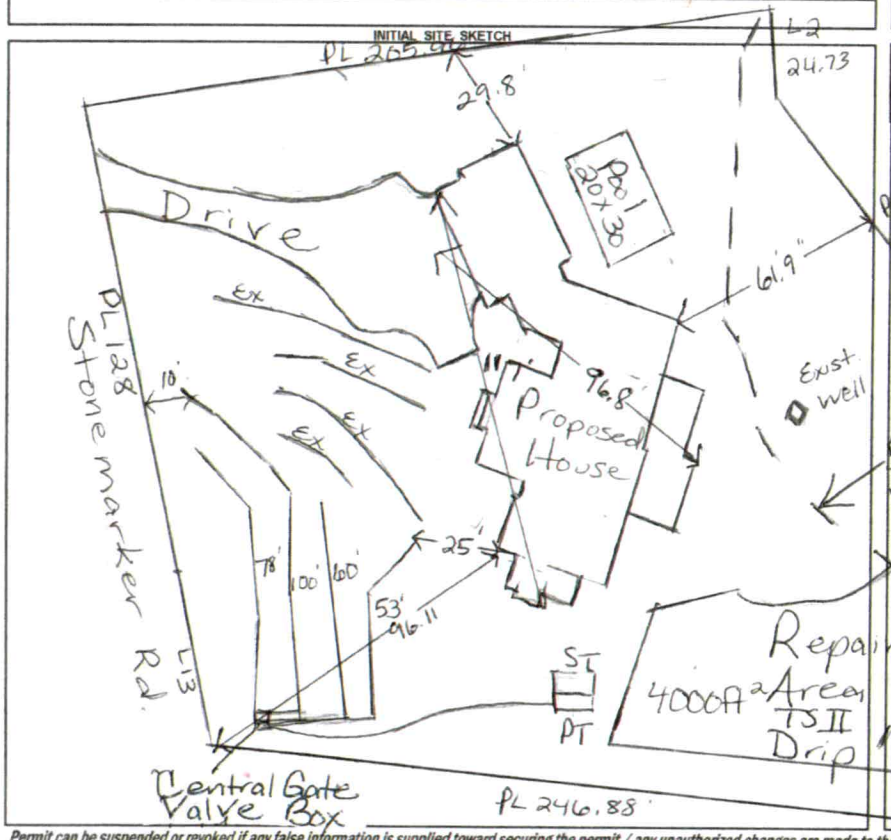
SUBDIVISION: C&T | SECTION: 6 | LOT # 169-2 | LOT AREA: 1.13 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	347	Date	9/20/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	306	Date	9/24/22	System Description:	LP Hot PPBPS			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	TS II Drip			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	291	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	max 24"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * minimum 267' required

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.

Scale 1:50

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

Lake Norman

As Built Attached

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: J Hardy | Date: 9/1/21 | Installed by: Richard Abernathy

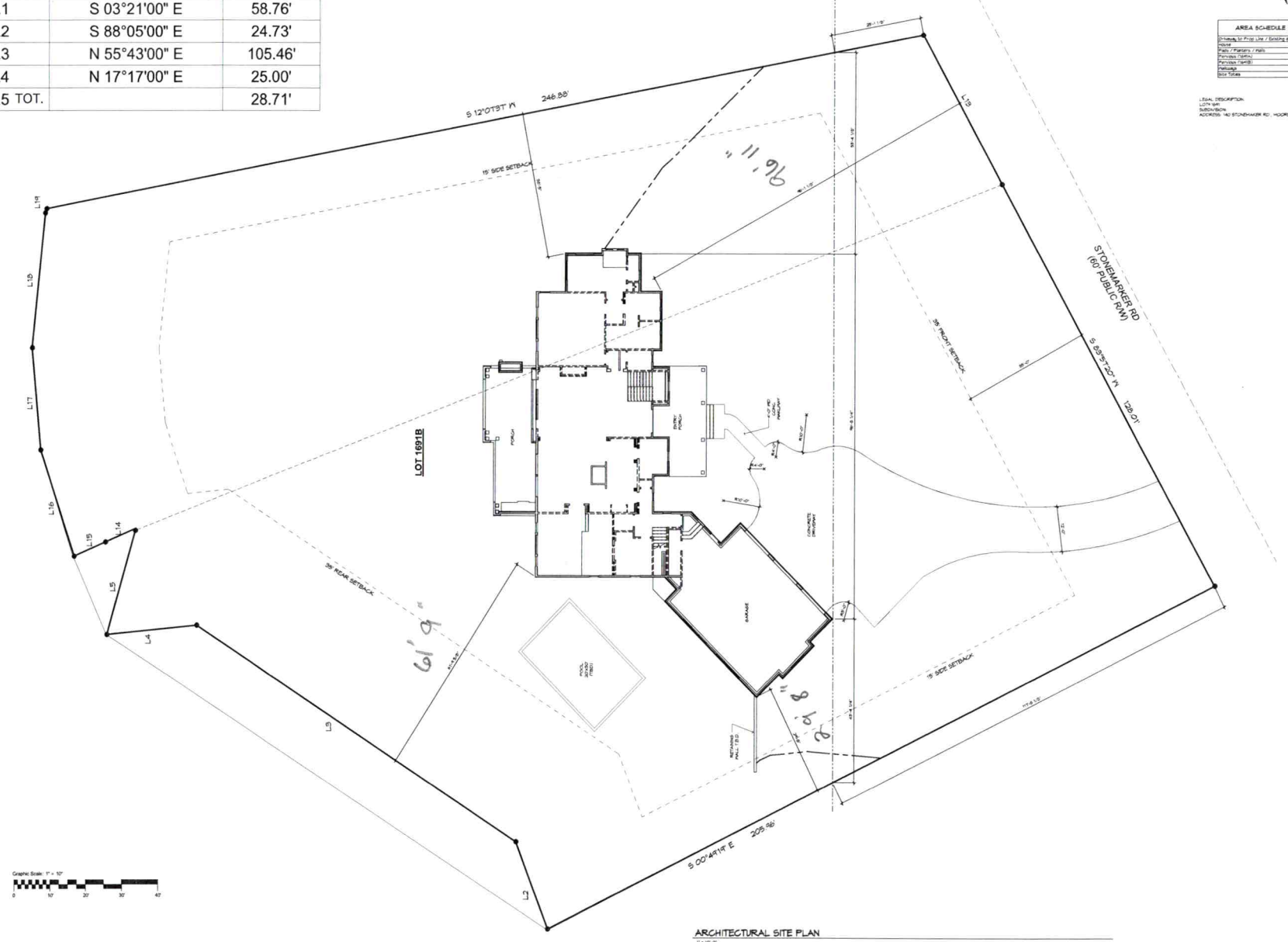
IMPROVEMENT PERMIT by: Maria L Colon | Date: 8/30/21 | OPERATION PERMIT by: [illegible] | Date: 1/9/23

AUTHORIZATION TO CONSTRUCT by: Maria L Colon | Date: 8/30/21 | Existing System Inspected by: | Date:

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

TABLE FOR PROPERTY LINE

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 03°21'00" E	58.76'
L2	S 88°05'00" E	24.73'
L3	N 55°43'00" E	105.46'
L4	N 17°17'00" E	25.00'
L5 TOT.		28.71'



Graphic Scale: 1" = 10'

ARCHITECTURAL SITE PLAN

1" = 10'-0"

AREA SCHEDULE - SITE

D-Heavy, Sc Prop Line / Existing Gravel	3607
House	4157
Pads / Planters / Walls	13
Pervious Paving	4276
Pervious Paving	4073
Pathways	41
Site Totals	34944

LEGAL DESCRIPTION
LOT# 1691
SUBDIVISION
ADDRESS: 140 STONEMARKER RD. HOOPERSVILLE, NC 28177

A CUSTOM PLAN FOR THE BLACKHAM RESIDENCE

Prep Bluefield Builders, Inc.
Crescent Land & Timber Corp. Section
6, Lot 1691

SITE PLAN

3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

April 10, 2017

Mr. Jimmy Shoaf
Shoaf Precast, Inc.
4130 West US Highway 64
Lexington, NC 27295

Subject: Modified Reinforcement Schedule and Increased Burial Depth

Dear Mr. Shoaf:

The following tanks will be designed with a six inch think top, additional reinforcement, and 5,000 psi concrete and have a maximum burial depth of 60 inches:

SHOAF-STB-760-1000
SHOAF-STB-964-1500
SHOAF-STB-347-1000
SHOAF-STB-390-1500
SHOAF-PT-363-1000
SHOAF-PT-306-1275
SHOAF-PT-353-1500

Effluent filters, outlet pipe penetration seals, risers, and all other appurtenances must be state approved and installed as per the approved plans and specifications. This approval applies only to tanks constructed in accordance with their approved plans and specifications, and if found in noncompliance an Operation Permit will not be issued for the installed wastewater system. Tanks shall be watertight and may be subject to a watertightness test, per local and state environmental health guidelines.

All tank manufacturers having North Carolina state approval of septic or pump tanks are subject to periodic, unannounced inspections of their tanks and manufacturing process by state and local environmental health officials. Should tanks be found to not be in compliance with their state-approved plans or state sewage rules (15A NCAC 18A .1900, et seq.), such tanks may be permanently identified as being unacceptable for use in North Carolina on-site wastewater systems and the manufacturer of such tanks may face suspension or revocation of state approval for their tanks.

If you have any questions pertaining to this approval or if we may be of further service, please feel free to contact me.

Sincerely,

Tricia Angoli, PE
On-Site Wastewater Engineering

WWW.NCDHHS.GOV
TEL 919-707-5874 • FAX 919-845-3972
LOCATION: 5605 SIX FORKS RD • RALEIGH, NC 27609
MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RALEIGH, NC 27699-1642
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Need letter

for deep install

of tanks

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Rau
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 2/6/13
LOCATION OF SITE: 138 Stonemarker PROPERTY SIZE: _____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

SE = Slightly Exp.

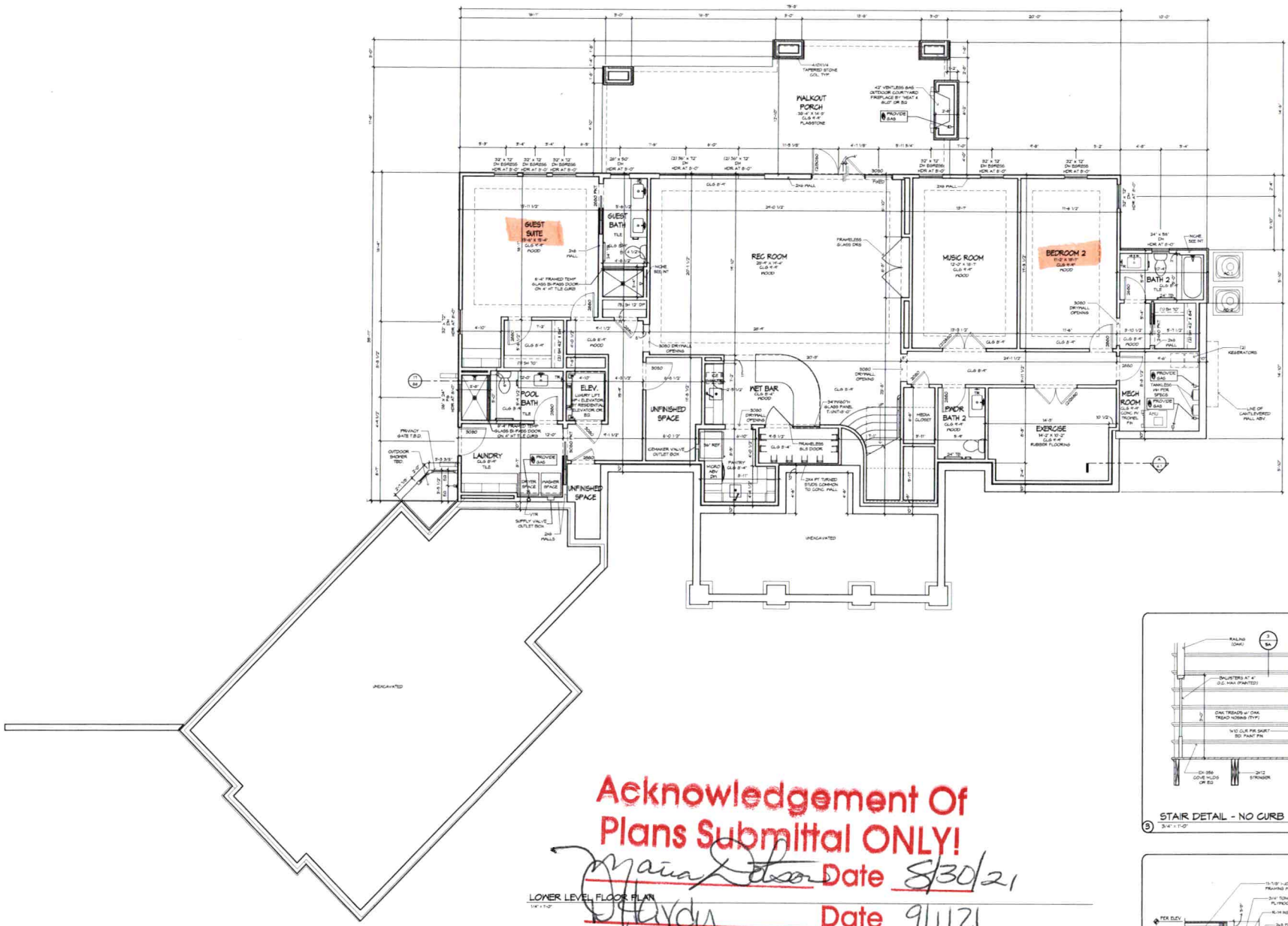
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1		0-8"	Brw SCL	wSBK	SS, SP, SE, FR				PS
		8-24"	Brw-CL	wSBK	SS, SP, SE, FR				.25 to .24
		24-36"	Brw to Rd/Brw CL		SS, SP, SE, FR	48"			
		36-48"	R C/CL	m-wSBK	SS, SP SE, FR				.3 > 24"
2		0-24	Brw SCL	wSBK	SS, SP, SE, FR				PS
			some fill mixed in 12-18"						
		24-48	Rd to Rd/Brw C/CL	m-wSBK	SS, SP, SE, FR	48"			.3
3		0-4"	Brw SCL						PS
		4-15"	Rd C/CL	m-wSBK	SS, SP, SE, FR				
		15-40"	Rd/Brw CL	wSBK	SS, SP, SE, FR				.3+
		40-48"	LS	massive	FR	40"			
				SS, SP, SE					
4		0-12"	Brw SCL	SS, SP, SE, FR	w/Some Fill				PS
		12-48	Brw C/CL	m-wSBK	SS, SP, SE, FR				
						48"			.25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.25

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____

75'8"



LOWER LEVEL FLOOR PLAN
1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Maria Date 8/30/21
Date 9/1/21

3 STAIR DETAIL - NO CURB
3/4" = 1'-0"

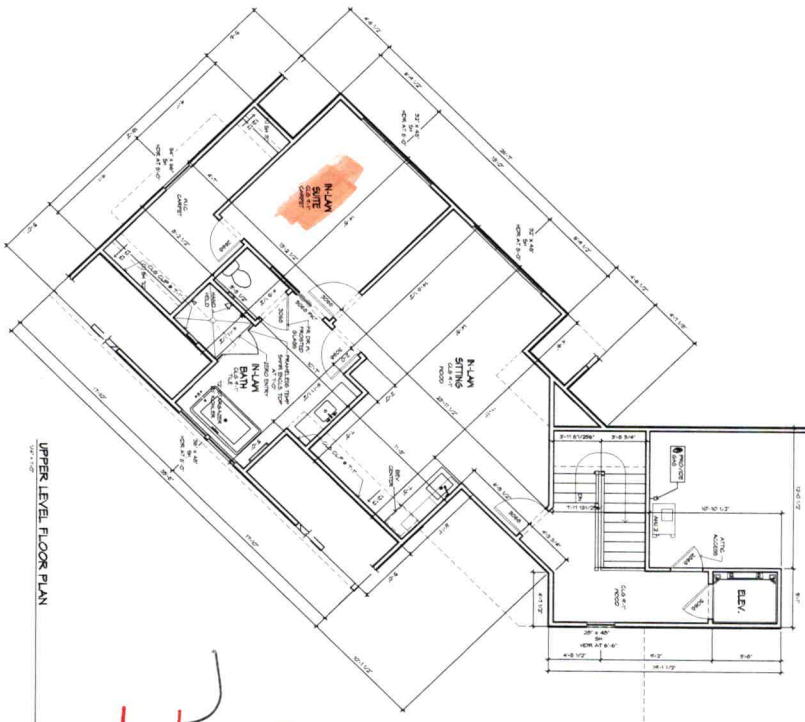
2 RECESSED FLOOR DETAIL
3/4" = 1'-0"

RHOMES

A CUSTOM PLAN FOR THE BLACKHAM RESIDENCE
#80 Bluefield Builders, Inc.
Crescent Land & Timber Corp. Section
41, Lot 16P1

LOWER LEVEL FLOOR PLAN

5

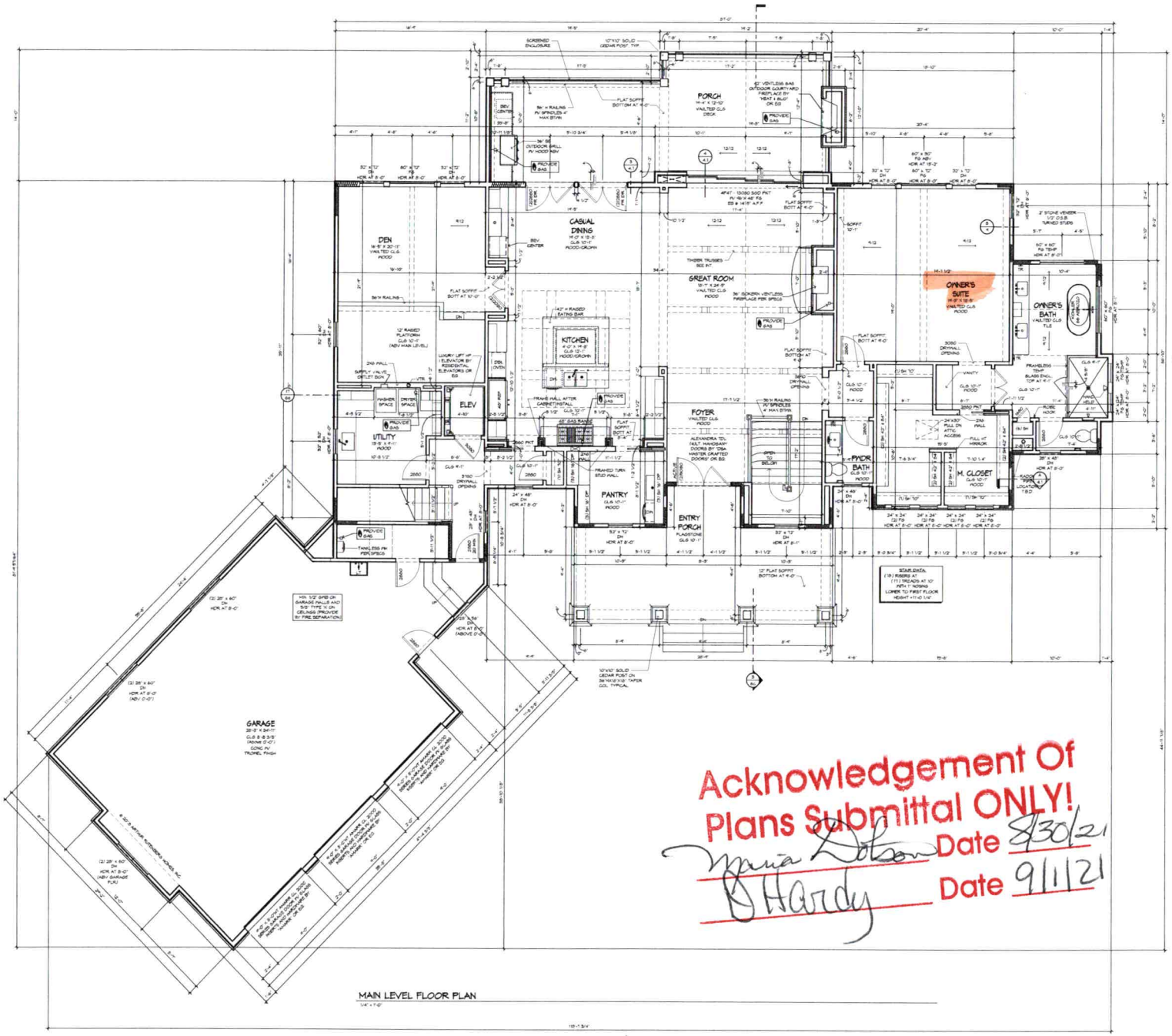


UPPER LEVEL FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 8/30/21

Date 9/1/21



MAIN LEVEL FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date 8/30/21

Date 9/1/21

AREA SCHEDULE - FRAME LIVABLE	
Lower Level Living	2630
Main Level Living	2770
Upper Level Living	1616
Total	6416

AREA SCHEDULE - FRAME	
Lower Level Living	2899
Walkout Porch	424
Unfinished Basement	0
Entry Porch	306
Garage	0
Main Level Living	2770
Porch	467
Unfinished Basement	134
Upper Level Living	1616
Total	9716

GENERAL NOTES:

VERIFY ALL HOH & DR ROUGH OPNGS W/ MFR SPECS. SEE PLAN FOR HOH HTS.

ALL POCKET DOOR FRAMES TO BE SHEATHED WITH OSB

VERIFY DEPTH AND WIDTH OF SLAB RECESS AT ALL DOORS TO ACCOMMODATE PROPER ALIGNMENT WITH THRESHOLDS AND DOOR TRACKS WITH MFR. REQUIREMENTS IN RELATION TO FINISH FLOOR MATERIALS.

REC CLG SURFACES: BOTH HORIZONTAL AND VERTICAL, SHALL HAVE SMOOTH FIN.

SEE SHEET 6 FOR SPECIFIC ELEV. DETAILS

RHOMES

A CUSTOM PLAN FOR THE BLACKHAM RESIDENCE

MAIN LEVEL FLOOR PLAN

5a

RECEIVED AUG 2 4 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-315971 $105.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (X) 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: Bluefield Builders Address: 127 Promenade dr. Ste B Zip: 28117
Applicant Email: dhardy@arhomes.com Phone: 704-746-3536 Alt. Phone: _____
Owner Name: Peter Blackham Address: 126 Stonemarker Rd Zip: 28117
Owner Email: _____ Phone: 980-722-6134 Alt. Phone: _____

Property Information:

Street Address: 138 Stonemarker Rd Mooresville NC 28117
Subdivision Name: Crescent Land + Timber Section/Phase: 6 Lot Number: 1691
Driving Directions: Brawley School rd to Stonemarker on right

Site Development Information: *(check or complete ALL that apply)* 8/25/21

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 10 8
( ) Accessory Building — (X) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

( ) Crawl Space Foundation
( ) 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 (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: _____
( ) 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.

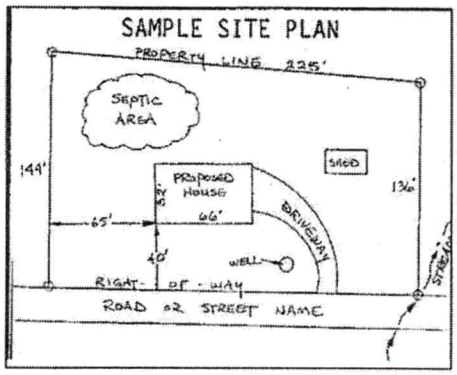
Signature: _____ 7/27/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (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 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

See attached

Signature: _____ 7/27/21

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, J. Cook Buckham, am the legal owner(s) of the property located at 138 Stonemarker Rd, identified as PIN (Parcel Identification Number) 4624394117, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dawn Hardy, Bluefield Builders, 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.

_____ 5/7/21

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

DH ✓ **Complete all Environmental Health forms**:

- ____ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

DH **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

DH **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

DH **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

RH **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7/27/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625