# IREDELL COUNTY HEALTH DEPARTMENT

Site Address: 597 Stillwater Rd. Irtn

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

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

PERMIT# 17080 PIN# 4629-84-1655

OWNER OR CONTRACTOR DAVID SEPBERRY DATE 1-20-04

ADDRESS 69 SCALY BARK TRAIL, CONCORD NC 28027 PHONE: Business 704-517-5673 Home 336-658-3064

LOCATION 21 SOUTH (R) PERTH (R) STATE PARK (L) MORRISON FARM (L) DAYJAN LT CUT (R) STILLWATER, HARD LEFT TURN ON LEFT

SUBDIVISION DUKE POWER BLOCK / SECTION 17 LOT 874 LOT AREA 1.05 AC SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 794 Date 8-27-04

Pump Tank: 1000 Gallons: PT 27 Date 9-12-04

Pump Make: Little Giant Model 9EH Serial No.

Nitrification Field: No Fields 1 Square Feet 60 x 1200 Linear Feet 300'

No Lines 6 x 50' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: PUMP 25% REDUCT

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2½ No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

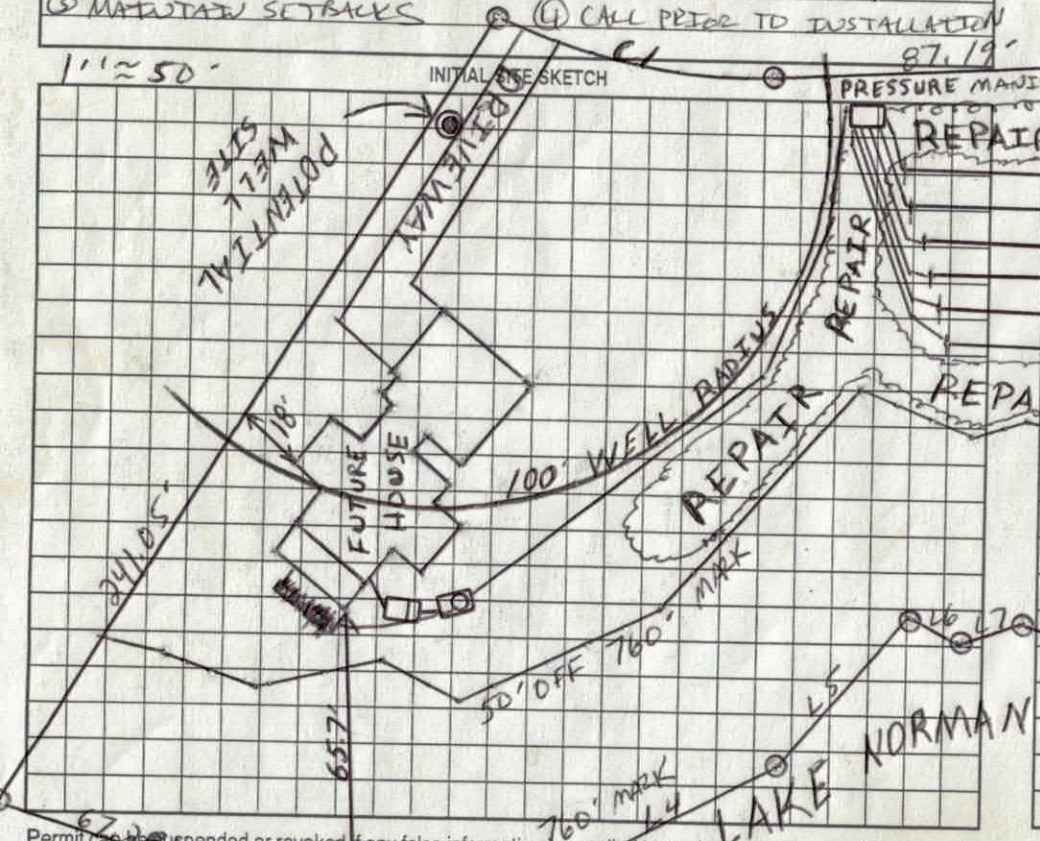
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions: ① HOUSE SITE & P/L'S MARKED & PLATTED BY A SURVEYOR ② SYSTEM IS FLAGGED OUT COMPLETELY ③ MAINTAIN SETBACKS ④ CALL PRIOR TO INSTALLATION

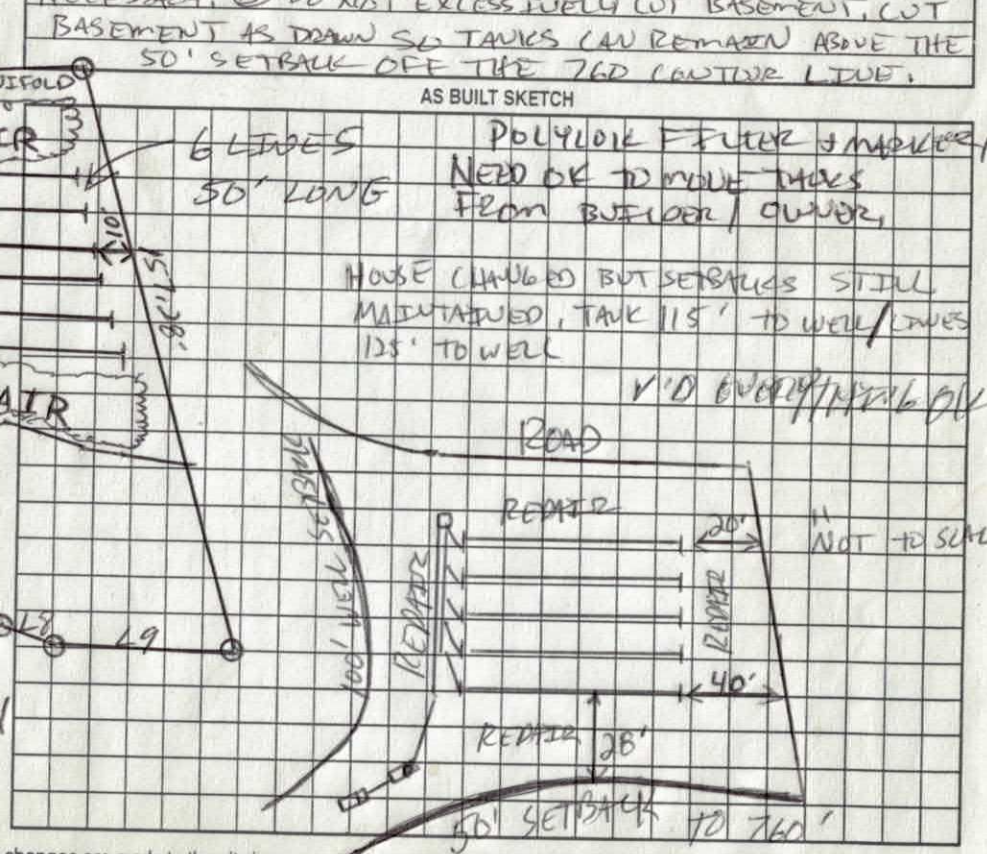
Comments:/Conditions: FOR PUMP SIZING DIAGRAM & SPECS IF NECESSARY. ⑤ DO NOT EXCESSIVELY CUT BASEMENT, CUT BASEMENT AS DRAWN SO TANKS CAN REMAIN ABOVE THE 50' SETBACK OFF THE 760 CONTOUR LINE.

1" ≈ 50'

INITIAL SITE SKETCH




AS BUILT SKETCH




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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 1-20-04

Improvement Permit by: _____ date 1-20-04

Authorization to Construct by: _____ date 1-20-04

Installed by: RICHARD ABERNATHY

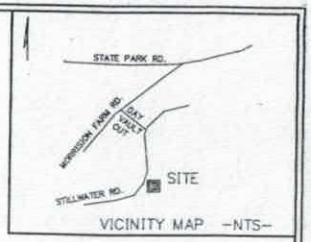
Operation Permit by: _____ date 5-9-05

Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

| Curve | Radius | Chord Bearing and Distance | | Arc Length |
|---|---|---|---|---|
| C1 | 161.69' | S 8° 53' 27" E | 73.66' | 74.31' |

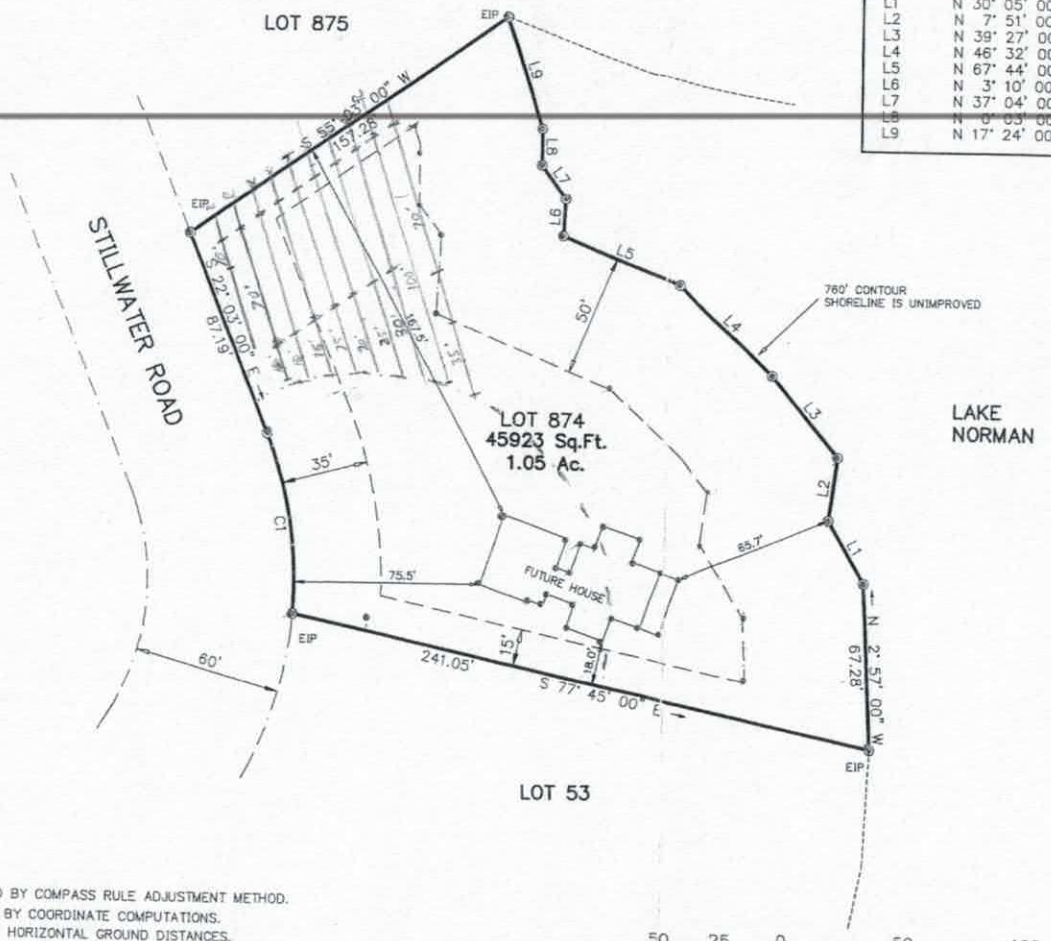
## RECREATION LOTS SECTION 17
PLAT BK. 17 PG. 57



VICINITY MAP –NTS–

| Line | Bearing | Distance |
|---|---|---|
| L1 | N 30° 05' 00" W | 29.17' |
| L2 | N 7° 51' 00" E | 25.76' |
| L3 | N 39° 27' 00" W | 42.70' |
| L4 | N 46° 32' 00" W | 52.34' |
| L5 | N 67° 44' 00" W | 51.49' |
| L6 | N 3° 10' 00" E | 15.04' |
| L7 | N 37° 04' 00" W | 16.76' |
| L8 | N 0° 03' 00" W | 14.87' |
| L9 | N 17° 24' 00" W | 47.30' |

NORTH
PLAT BK. 17 PG. 57




I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; that the actual ratio of precision exceeds 1:10,000; and that this plat represents an existing parcel of land. Witness my original signature, seal, and license number this the 23rd day of December, 2003

Michael R Bowden
Professional Land Surveyor L-3811

NORTH CAROLINA PROFESSIONAL SEAL L-3811 LAND SURVEYOR MICHAEL R. BOWDEN

NOTES:

1. TRAVERSE ADJUSTED BY COMPASS RULE ADJUSTMENT METHOD.
2. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.

REFERENCES: DEEDS AND MAPS SHOWN HEREON.

50 25 0 50 100
SCALE OF DRAWING IS 1 INCH = 50 FEET

Plot Plan For:

*RION HOMES*

LOT 874 STILLWATER ROAD
DAVIDSON TOWNSHIP
IREDELL CO., N. C.

*Project # 030105-1* *Date: 21 DECEMBER, 2003*


BOWDEN SURVEYING & MAPPING (704) 506-2247
317 SOUTH LAUREL ST.
LINCOLNTON, N.C., 28092

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 117080
COUNTY: 4629-84-1655

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: CHARLES MALONE APPLICANT: DAVID SEDBERRY
ADDRESS: 69 SALT BARK TR CONCORD 28027 APPLICATION DATE: 11-10-03 DATE EVALUATED: MANY 11-04
PROPOSED FACILITY: HOUSE PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 1.05 AC
LOCATION OF SITE: DUKE POWER SECTION 17 LOT 374 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) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFIL CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 22% L | 0-4" | scl wk gr | f ns np nep | | 748" | | | PS .35 |
| | | 4-10" | c med sbk | fi s p sep | | | | | |
| | | 10-48" | sicl med sbk | f ss sp sep | | | | | |
| 2 | 27% L | 0-4" | scl wk gr | f ns np nep | | 748" | | | PS .3 |
| | | 4-36" | c med sbk | fi s p sep | | | | | |
| | | 36-48" | sicl med sbk | f ss sp sep | | | | | |
| | | | Lt sap inclusions < 50% | | | | | | |
| 3 | 25% L | 0-4" | scl wk gr | f ns np nep | | 748" | | | PS .35 |
| | | 4-10" | c med sbk | fi s p sep | | | | | |
| | | 10-48" | sicl med sbk | f ss sp sep | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | YES | YES |
| System Type(s) | PUMP 25% | LP PANEL |
| Site LTAR | .3 | .3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: L. COOK
OTHER(S) PRESENT:

# LEGEND

*use the following standard abbreviations*

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR | LPP .1957 LTAR | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | NEXP (Non-expansive)<br>SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | SI (Silt)<br>SICL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SLC (Silt Loam Clay) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | | | | | MOIST | WET |
| | IV | SC (Sandy Clay)<br>SIC (Silty Clay) | 0.4 - 0.1 | 0.2 - 0.05 | VFR (Very Friable)<br>FR (Friable)<br>FI (Firm)<br>VFI (Very Firm v. Very Sticky)<br>EFI (Extremely Firm) | NS (Non-sticky)<br>SS (Slightly Sticky)<br>S (Sticky)<br>VS (Very Sticky)<br>NP (Non-plastic)<br>SP (Slightly Plastic)<br>P (Plastic)<br>VP (Very Plastic) |
| | | O (Organic) | None | | | |

***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)

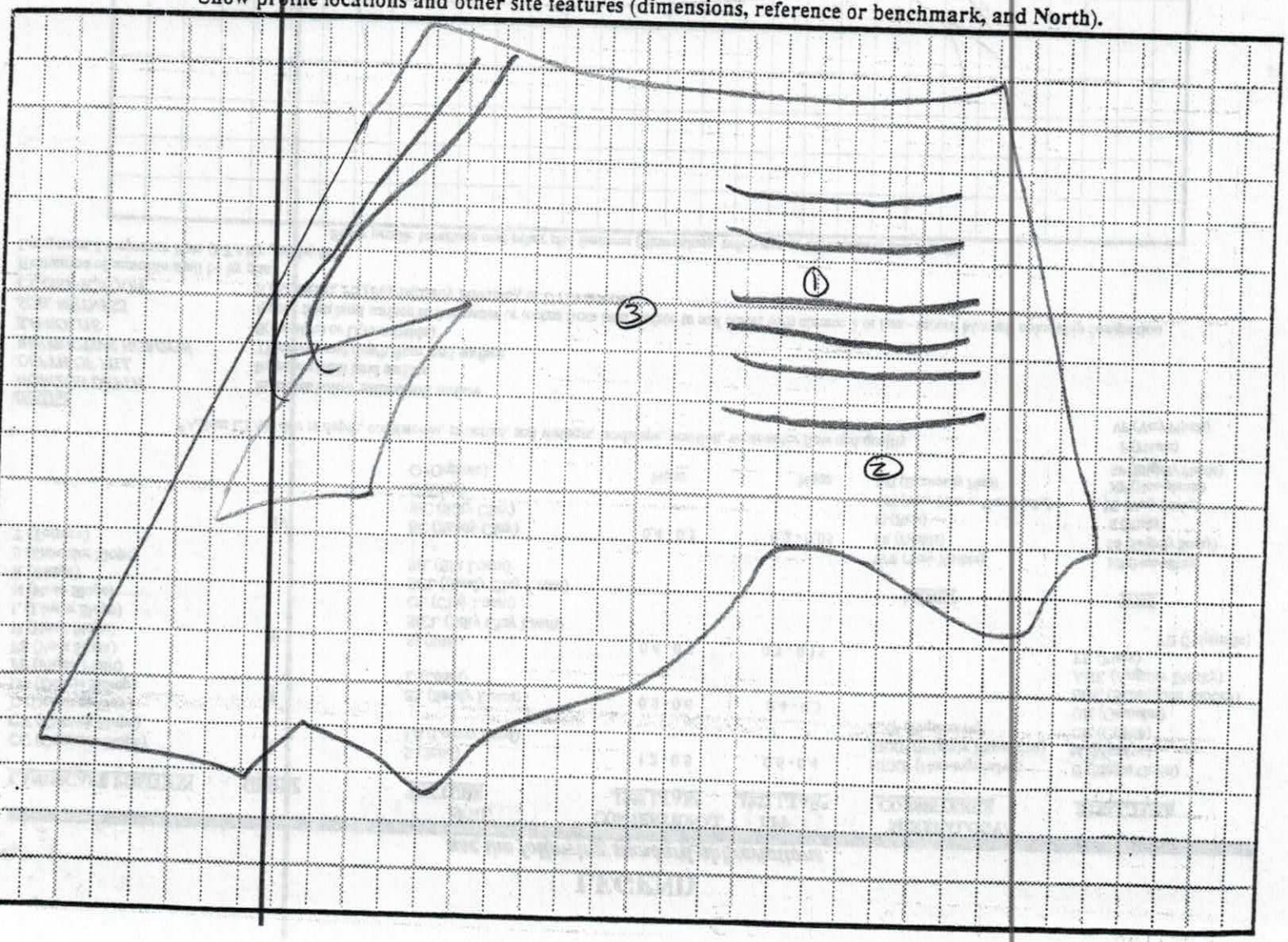
*SOIL WETNESS* — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

*CLASSIFICATION* — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR) gal/day/ft²

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



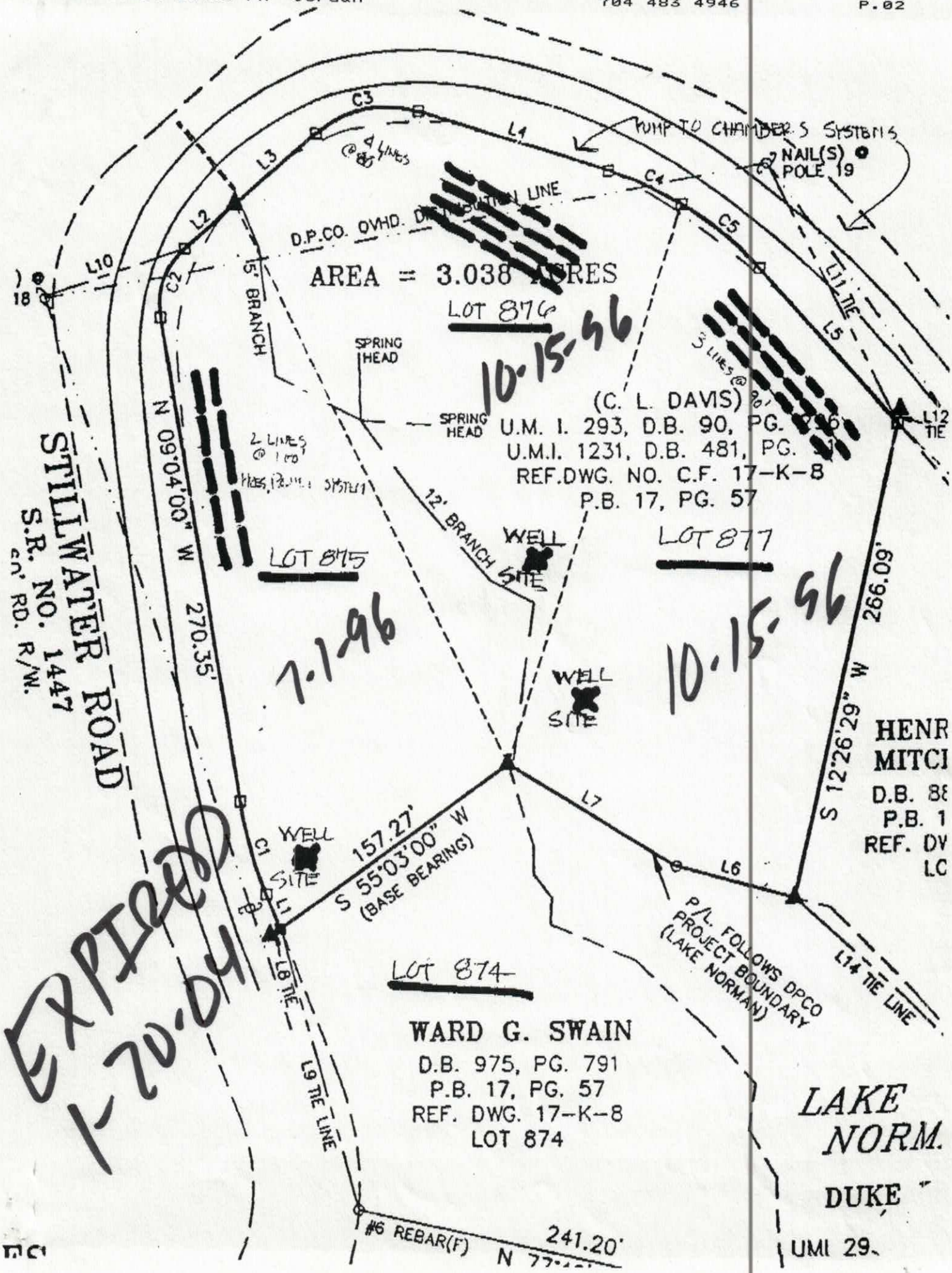
**From:** "Sedberry, David - David L" <David.L.Sedberry@Lowes.com>
**To:** "Nicole Goolsby" <rionhomes@email.com>
**CC:**
**Subject:**
**Date:** Fri, 3 Dec 2004 09:02:46 -0500

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Nicole,

Per our discussion yesterday, use this eMail as my approval on the relocation of the septic tanks and lines. It never made sense to me why it was located where it was in the first place. Let me know if you need anything else.

David L. Sedberry, C.P.M.
IT Procurement
Lowe's Companies, Inc
Phone 336.658.3064
eFax 336.217.8769


C3
L1
PUMP TO CHAMBERS SYSTEMS
NAIL(S)
POLE 19
C4
C5
L3
L2
L10
L11
C2
D.P.CO. OVHD.
SOUTH LINE
AREA = 3.038 ACRES
LOT 876
15' BRANCH
SPRING HEAD
10-15-96
(C. L. DAVIS)
U.M. I. 293, D.B. 90, PG.
U.M.I. 1231, D.B. 481, PG.
REF.DWG. NO. C.F. 17-K-8
P.B. 17, PG. 57
L11 TIE
L5
L12 TIE
12' BRANCH
WELL SITE
LOT 875
LOT 877
7-1-96
10-15-96
N 09°04'00" W 270.35'
STILLWATER ROAD
S.R. NO. 1447
60' RD. R/W.
S 12°26'29" W 266.09'
HENR
MITCI
D.B. 8
P.B. 1
REF. DV
LC
L7
L6
C1
L1
157.27'
S 55°03'00" W
(BASE BEARING)
L8 TIE
P/L FOLLOWS DPCO
PROJECT BOUNDARY
(LAKE NORMAN)
L14 TIE LINE
LOT 874
WARD G. SWAIN
D.B. 975, PG. 791
P.B. 17, PG. 57
REF. DWG. 17-K-8
LOT 874
L9 TIE LINE
#6 REBAR(F)
241.20'
LAKE
NORM.
DUKE
UMI 29-
EXPIRED
1-20-04

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**

**ALL** items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

| David Sedberry | 704-517 5673 | 69 Scalybark Trail | Concord | NC | 28027 |
|---|---|---|---|---|---|
| Applicant | Phone # | Mailing Address | City | State | Zip Code |

| C.D. Malone | 735 Sylvan Rd | Winston Salem | NC | 27104 |
|---|---|---|---|---|
| Current Property Owner | Mailing Address | City | State | Zip Code |

PROPERTY INFORMATION:

| ~~Duke~~ Duke Sec 17 | 54 | Parcel # 4629-84-1655 Duke Section 17 | Stillwater Rd |
|---|---|---|---|
| (Proposed) Subdivision Name | (Proposed) Lot # | (Proposed) Block/Section # | State Road # |

| Private Well | | |
|---|---|---|
| (Proposed) Water Supply: Public, Private Well | **Preliminary Plat Approval Date** (DEVELOPERS ONLY) | Tax Map # |

Specific Directions to Property 150 West to Right on Perth to Left on State Park Rd to left on Mocksion Farm Road to Left on Stillwater Rd. Lot on left

TYPE OF FACILITY: (use check (X) or number as appropriate)

House ✓ Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 3 1/2

No. Persons or Employees (commercial only) 2 Basement _____ Basement with Plumbing ✓

Crawl Space _____ Concrete Slab _____ Garbage Disposal no Jaccuzi or spa no

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

11/11/03 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

# IREDELL COUNTY HEALTH DEPARTMENT

Authorization To Construct

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

## IMPROVEMENT PERMIT / [redacted] / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 22383 DATE 11-2-95 TAX MAP NO. 3C-2-A-5 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Ward Graham Swann PHONE: Business _____ Home 528-0901

ADDRESS 464 Stillwater Rd. Troutman, N.C. 28166

LOCATION From Troutman take Perth Rd. TR State Park Rd. TL Morrison Farm Rd. TL Devault Cut TR Stillwater Rd. Lot - ½ mile on L

SUBDIVISION Crescent Properties BLOCK / SECTION 18 LOT 874 LOT AREA _____ SITE CLASS. P.S. DESIGN FLOW 360 L.T.A.R. _____

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Pump To Chamber Graveless

Repair System Description: " " "

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 3

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

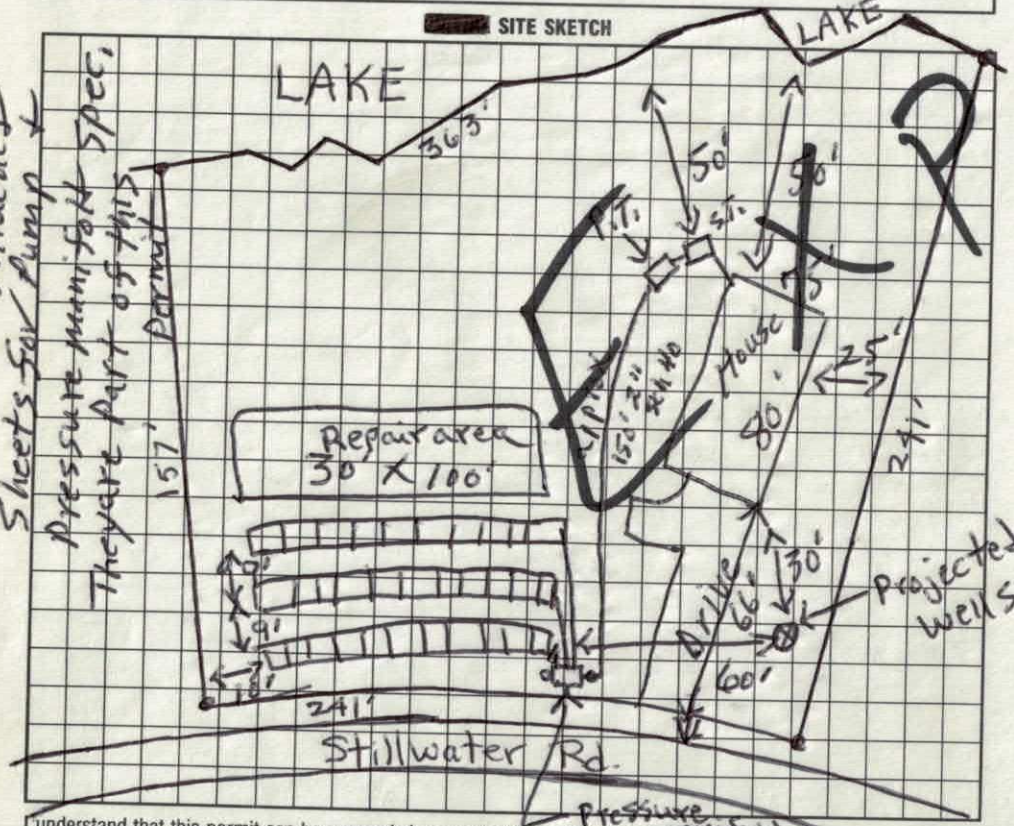
Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Inspection Port Should be installed on each line amount of line is Equal to 400' of convortional

Comments:

APPROVED

[redacted] SITE SKETCH




AS BUILT SKETCH

I understand that this 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. Authorization To Construct is valid five (5) years from date of issuance. Improvement Permit has no expiration date.

Signed: X Ward & Swann

Improvement Permit by: E. C. Moore date 11-2-95

Authorization To Construct by: [redacted] E. C. Moore date 11-2-95

Installed by: _____

Operation Permit by: [redacted] date _____

Existing System Inspection: [redacted] date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

**IREDELL COUNTY HEALTH DEPARTMENT**
**ENVIRONMENTAL HEALTH DIVISION**
**Application For Improvement Permit**
**Site Plan Form**

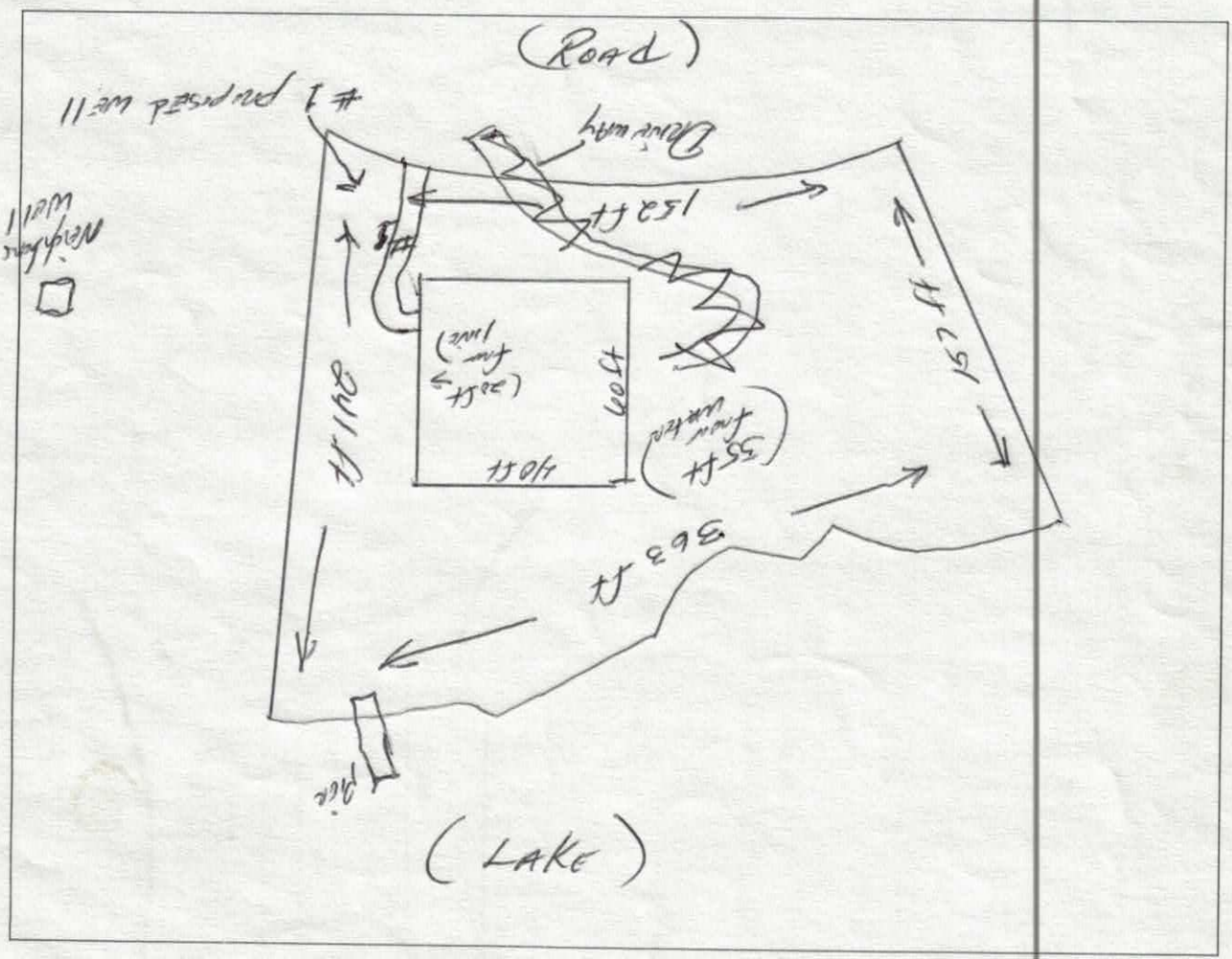
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INSTRUCTIONS TO APPLICANT: (Items in Parentheses are to be performed by DEVELOPERS ONLY)

All property corners must be staked and flagged with dimensions matching those shown on an approved final (preliminary) plat (**and** proposed house dimensions must be staked and flagged) before the Iredell County Health Department can begin review work on this proposed site. An application for an Improvement Permit is considered complete **only** when this site plan form is completed, signed, and attached to the application form.

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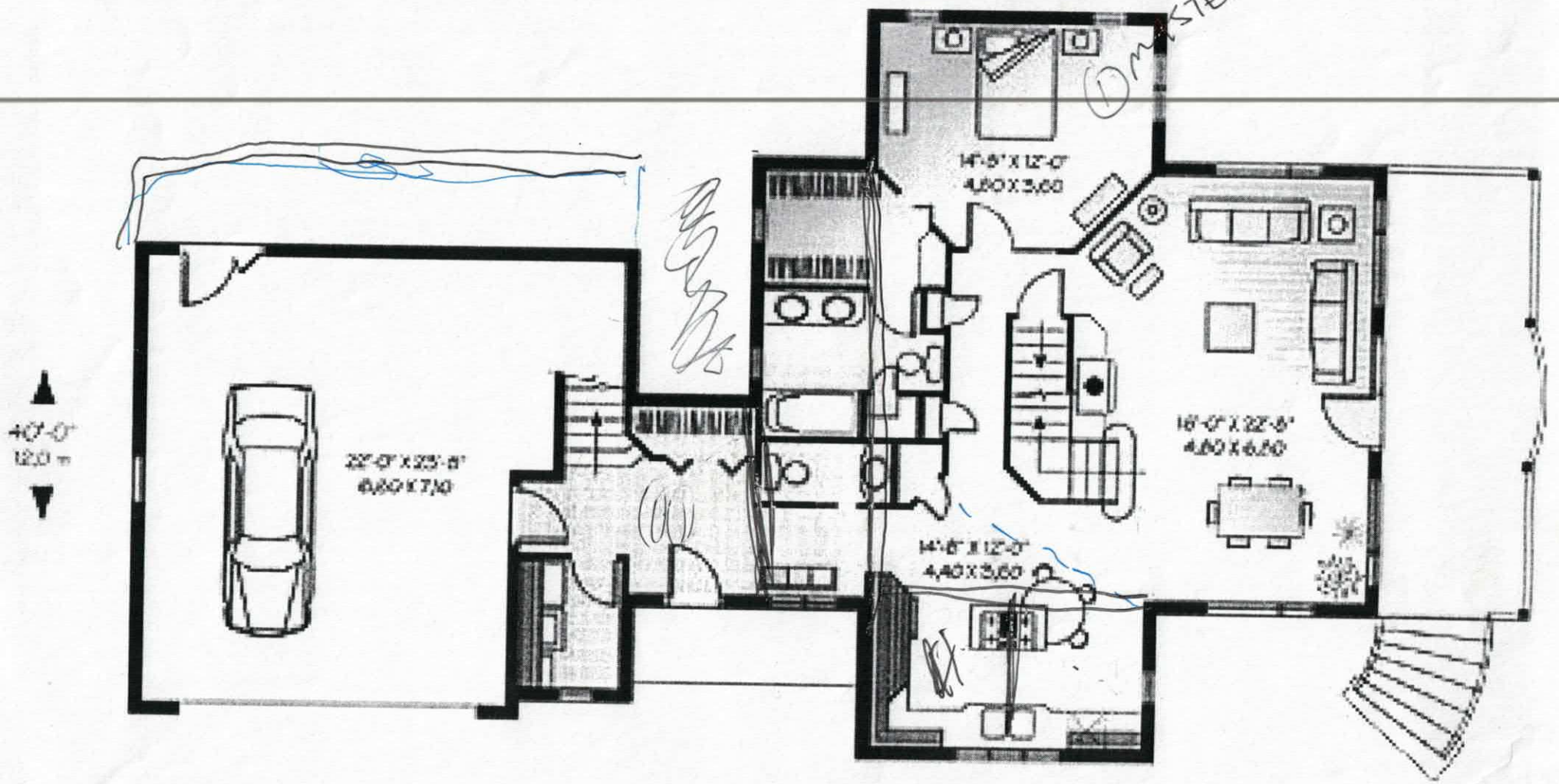
**As Close To Scale As Is Possible:** 1. Draw in the proposed lot showing **all** proposed lot dimensions and orientation to proposed streets or roads. 2. Draw in the proposed structure showing dimensions and distances to property lines (include decks, walkways, etc.). E. Draw in the proposed driveway location. 4. Draw in all wells, both existing and proposed, including those on adjacent property (if known). 5. Draw in any other structure ie. sheds, outbuildings, pools, etc. which will occupy space on the proposed lot.




I hereby convenant that the above representation is correct to the best of my knowledge and ability.

11/11/03 Date _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

DABE 1




1ST FLOOR

Acknowledgement Of
Plans Submittal ONLY!

Date 1-20-04

Date 1-21-04

APPROVED 3 BEDROOM PLAN

PAGE 2

# 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 #: 117080zo
Proposed Use: Single Family
Location of Property: Stillwater Rd. Troutman NC 28166
Parcel #: 4629-84-1655
Lot #: 54 Size: 1.05
Applicant: David Sedberry
Address: 69 Scalybark Tr
Concord NC 28027
Phone: 704-517-5673
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Duke Sect 17
Township: 1500 Fallstown
Zoning: RR
Flood Plain: No Watershed: WSIV-CA
Owner: Charles D Malone
Address: 735 Sylvan Rd
Winston Salem, NC 27104
Phone:
Community Water: No 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: 25000 Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 50 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Directions:

State Park Rd, left on Morrison Farm Rd, left on Still Water Rd, on left

**FEES**

| | | |
|---|---|---|
| Zoning Permit/Inspection Fee | ☑ | $45.00 |
| Site Plan Review Fee | ☐ | $0.00 |
| Environmental Health New System | ☑ | $200.00 |
| Environmental Health Existing System | ☐ | $0.00 |
| Total Fees: | | $245.00 |

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.

STEPHANIE WHITLOCK

Printed: 11/6/03