IREDELL COUNTY HEALTH DEPARTMENT

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

MR

PERMIT # 235090

PIN # 4638188389

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

APPLICANT/OWNER: Cornerstone Properties | APPLICANT ADDRESS: 4509 Faith Ch Road Indian Trail, NC

SITE ADDRESS: 676 Kenway Loop Mooresville, NC 28117 | PHONE: 704-301-3229 | ALT. PHONE 803-325-1925

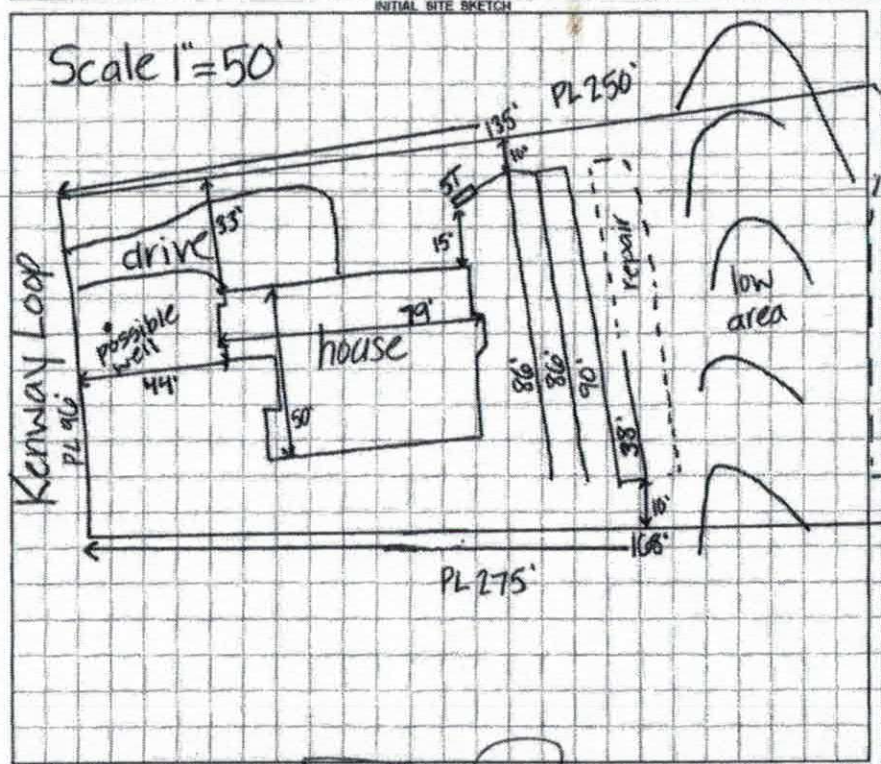
SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Fernleaf | SECTION: 2 | LOT # 25 | LOT AREA: .696 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .31.225 repair)

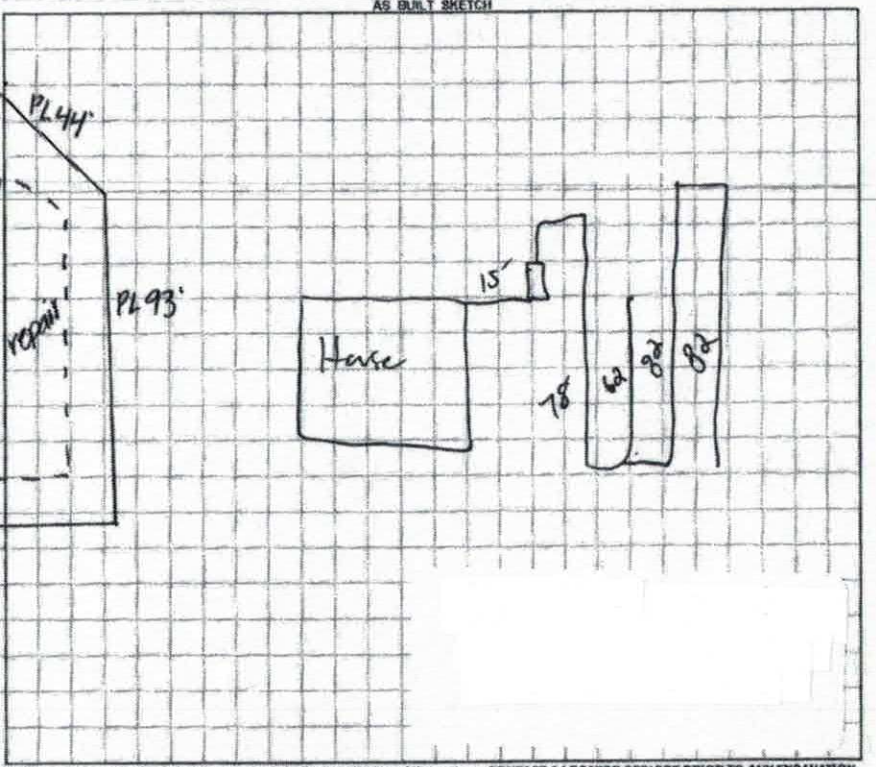
Septic Tank 1000 (gal)	STB 794	Date 3-18-19	☑ New System ☐ Repair ☐ Expansion System Type: I II ◉ IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% reduction	☐ Business	No. Persons 6	☑ Private
Pump Make	Model	Serial #	Repair System Description: LP PPBPS	☐ 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) 30"/36" high side	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

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. **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: 2/25/19 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-25-18 OPERATION PERMIT by: [signature] Date: 5-8-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-25-18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.


Acres
Sq. Ft.
2"E
Approved
ICHD
6-10-11
gm
15' SS
S34°17'17"E 269.15' Total
163.67'
105.48'
Septic Area
Septic Area
L26
L27
L30
5
S33°08'08"E
S33°
92.63'
Add. Repair
100.02'
L29
L28
35' RS
35' RS
35' RS
17.42'
OK
6-7-11
Low Area
N55°42'43"E 301.76'
S51°45'37"W 237.08'
N51°45'37"E 250.11'
S57°56'56"W 275.53'
W 56' Repair
90' Repair
90' Repair
85' 07'
85'
85'
Drop Boxes
Lot #27
Lot #26
Lot #25
Lot #24
1 R
50
ST
60'
18'
80'
45'
35' FS
35' FS
35' FS
35' FS
well
Drive
PP
38.70'
100.00'
59.09'
C18
#4(RF)
N38°15'00"W
197.79' Total
#4(RF)
C17
C16
Kenway Loop
OHE
1"=50'
PP

Lot 25 Fern Leaf Subdivision Fast Track

Number of Bedrooms	**3**
Basement or Crawl	**Basement w/ Plumbing**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	305
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes
Tank Size	1000 gallon tank
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	10' of 2" SCH 40 PVC
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	236
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	50 endfed
2	System	Pink	25% Reduction	85 endfed
3	System	Orange	25% Reduction	85 endfed
4	System	Red	25% Reduction	85 endfed
5	Repair	Pink	LP PPBPS	90
6	Repair	Orange	LP PPBPS	90
7	Repair	White	LP PPBPS	56
				Total System: 305'
				Total Repair: 236'

Note: Remove berms to prevent upslope ponding
Additional Repair located in rear of lot
Use caution when grading for basement; protect septic area from disturbance

Project #:
Property ID #:
County: Iredell

SOIL/SITE EVALUATION

Sheet: 1 of 1
Date Evaluated: 1/22/11

Owner or Client: Woodbridge Partners, LLC
Proposed Facility: House Design Flow: 360
Location of Site: Lot 25
Soil Described By: KMS Others Present: APS
Antecedent Moisture: Dry Weather: 40°F Cloudy

Property Size:
Site LTAR: Int. 0.3 Rep. 0.3
Site Classification: PS

Initial: 25% Reduction
Repair: LP PPBPS

Water Supply: [ ] Public [ ] Community [X] On-Site Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY Structure/ Texture	SOIL MORPHOLOGY Consistence Mineralogy	PROFILE FACTORS Inclusions	PROFILE FACTORS Matrix Color	PROFILE FACTORS Mottles	PROFILE FACTORS Profile Notes (Restr Horiz, Soil Depth, Coarse Frag, etc...)	Profile Class & LTAR
1	L 16%	0-15	Mo SBK C	FR SS/SP		Red			0.3 OK Pit
		15-38	WK SBK CL	FR SS/SP	F/C Sap	Red		F/C yel Br WR	
		38-58	MA L Sap	FR SS/SP		yel Red			
2	L 15%	0-3	Mo GR SL	FR SS/SP		Br			0.3 OK
		3-24	Mo SBK C	FR SS/SP		Red			
		24-48	WK SBK CL	FR SS/SP	C Sap	Red			
3 (Shallow seasonal only additional Repair)	L 7%	0-24	Mo SBK C	FR SS/SP		Red			0.25 to 45" 24" TB
		24-45	WK SBK CL	FR SS/SP	F Sap	Red	F yel Br		
		45-48	WK SBK CL	FR SS/SP		Red	C 2 chroma		
4 (Additional Repair)	L 6%	0-3	Mo GR L	FR SS/SP		DK Br			0.225
		3-24	Mo SBK C	FR SS/SP		Red			
		24-37	WK SBK C	FR SS/SP		Red	F yel Br		
		37-50	WK SBK CL	FR SS/SP	F Sap	Red	C yel Br		
5	15% L	0-	C	fr					.3 Judy Kathleen
			CL	fr	C Sap				
		53	L	fr					
6									

COMMENTS:

Approved ICHD
6-10-11 gm

RECEIVED MAY 16 2018

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Ac w/ Inspection #235090

(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)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

2. 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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CORNERSTONE III PROPERTIES	4569 FAITH CH RD	TROUTMAN NC	7043013229
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
BUTLER RIVER DEVELOPMENT	725 CHERRY RD.	ROCK HILL SC 29732	803 325 1925

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
676 KENWAY LOOP	FERNLEAF	LOT-25

Driving Directions: FERNHILL RD NORTH / RIGHT ON KENWAY LOOP

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ~~Square Footage of Building~~ ~~Maximum Number of Employees~~ ~~Maximum Number of Seats~~

6. Proposed Water Supply:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM Installed _____ *Year*
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Stan Cuenly 4/25/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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(0 FOR DETAILS)

1. **APPLICATION FOR:** X **Improvement Permit** ___**Authorization To Construct** ___**BOTH** ___**Existing System Inspection**

2. **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 check ( ) beside whichever is submitted if applicable X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**
   Non Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Woodbridge Partners LLC	PO Box 3608 Mooresville, NC 28117		
Same		Contact Kathleen Saunders, LSS	
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
			704-578-4951

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Fern Leaf	Lot # 25

Driving Directions: Hwy 150, R Perth, L Fern Hill Rd, L 2nd Kenway Loop, on Left

****

5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** ***(You may rank in order of preference, if any)***

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. **Signature:** Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

~~6/10/11~~ 6/1/11
DATE

STATE OF NORTH CAROLINA MECKLENBURG COUNTY

"I, MARK C. CARTER, CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 1902, PAGE 1112 OR OTHER REFERENCE SOURCE_____); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN BOOK 58, PAGE 116 OR OTHER REFERENCE SOURCE_____; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS _____, AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 20th DAY OF APRIL, 2018.

PROFESSIONAL LAND SURVEYOR

PRELIMINARY
NOT FOR SALES OR CONVEYANCES

CURVE	ARC LENGTH	RADIUS	CHORD BEARING	CHORD LENGTH
C1	57.56	532.19	N 35°06'58" W	57.53

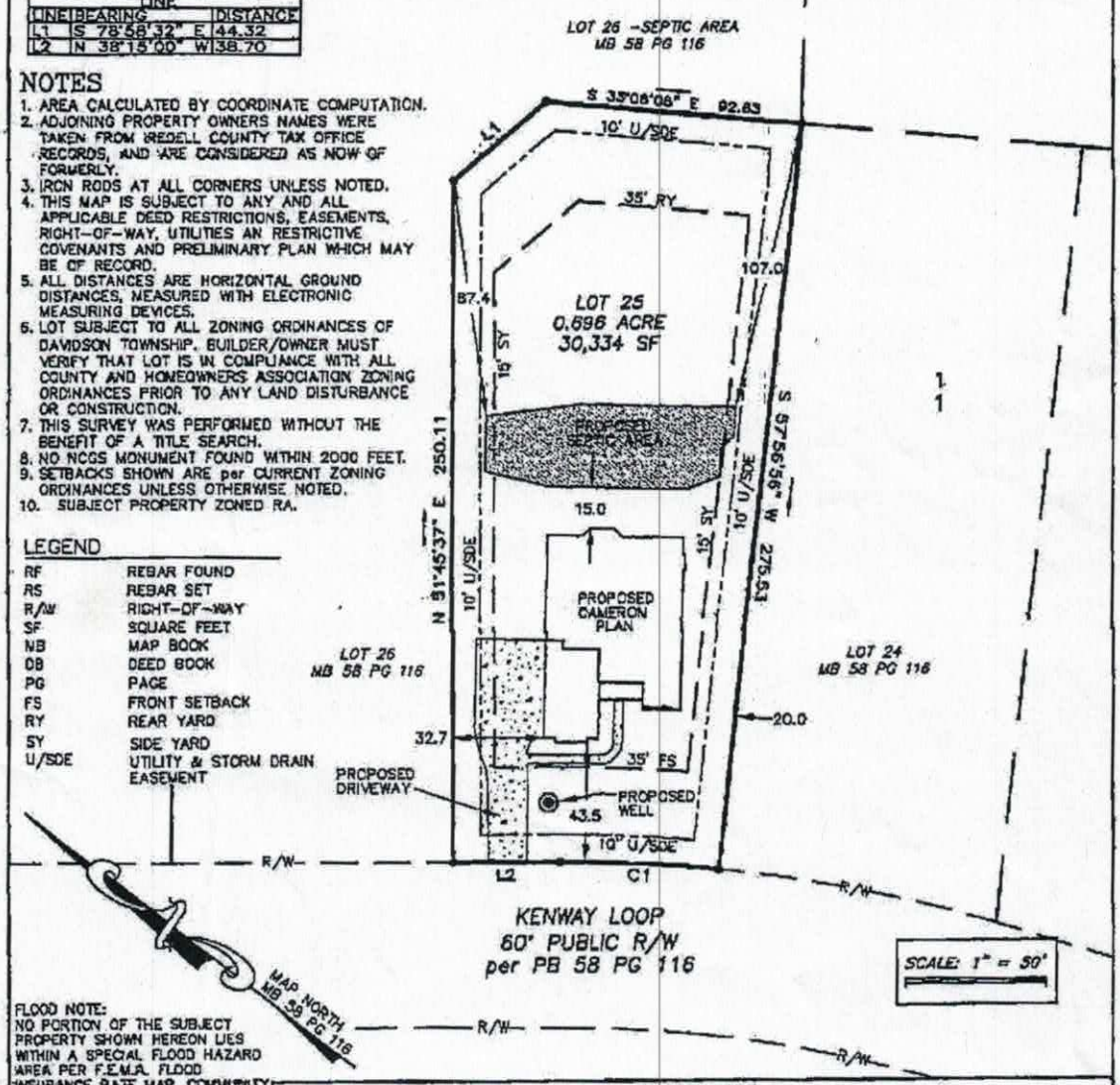
LINE	BEARING	DISTANCE
L1	S 78°58'32" E	44.32
L2	N 38°15'00" W	38.70

NOTES

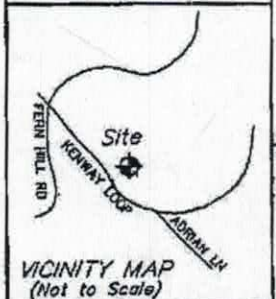
1. AREA CALCULATED BY COORDINATE COMPUTATION.
2. ADJOINING PROPERTY OWNERS NAMES WERE TAKEN FROM IREDELL COUNTY TAX OFFICE RECORDS, AND ARE CONSIDERED AS NOW OF FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AN RESTRICTIVE COVENANTS AND PRELIMINARY PLAN WHICH MAY BE OF RECORD.
5. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES, MEASURED WITH ELECTRONIC MEASURING DEVICES.
6. LOT SUBJECT TO ALL ZONING ORDINANCES OF DAVIDSON TOWNSHIP. BUILDER/OWNER MUST VERIFY THAT LOT IS IN COMPLIANCE WITH ALL COUNTY AND HOMEOWNERS ASSOCIATION ZONING ORDINANCES PRIOR TO ANY LAND DISTURBANCE OR CONSTRUCTION.
7. THIS SURVEY WAS PERFORMED WITHOUT THE BENEFIT OF A TITLE SEARCH.
8. NO NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA.

LEGEND

RF	REBAR FOUND
RS	REBAR SET
R/W	RIGHT-OF-WAY
SF	SQUARE FEET
MB	MAP BOOK
DB	DEED BOOK
PG	PAGE
FS	FRONT SETBACK
RY	REAR YARD
SY	SIDE YARD
U/SDE	UTILITY & STORM DRAIN EASEMENT



FLOOD NOTE:
NO PORTION OF THE SUBJECT PROPERTY SHOWN HEREON LIES WITHIN A SPECIAL FLOOD HAZARD AREA PER F.E.M.A. FLOOD INSURANCE RATE MAP, COMMUNITY PANEL 3710483800J, DATED: MARCH 18, 2008.



VICINITY MAP
(Not to Scale)

PLOT PLAN
AT PROPERTY KNOWN AS
#676 KENWAY LOOP
LOT 25, FERNLEAF SUBDIVISION PHASE 2
PARCEL ID# 4638188389.000, MB 58 PG 116, DB 1902 PG 1112
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
FOR
CORNERSTONE III PROPERTIES

PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1855
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying
Land Planning

FIELD WORK: JF,DW MAPPING: JDF
PROJ # 1051-69-01 LOT 25 FERNLEAF

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, PAM HARDING, am the legal owner(s) of the property located at 676 KENWAY LOOP, identified as PIN (Parcel Identification Number) 4638188389, located in Iredell County, North Carolina.

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

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

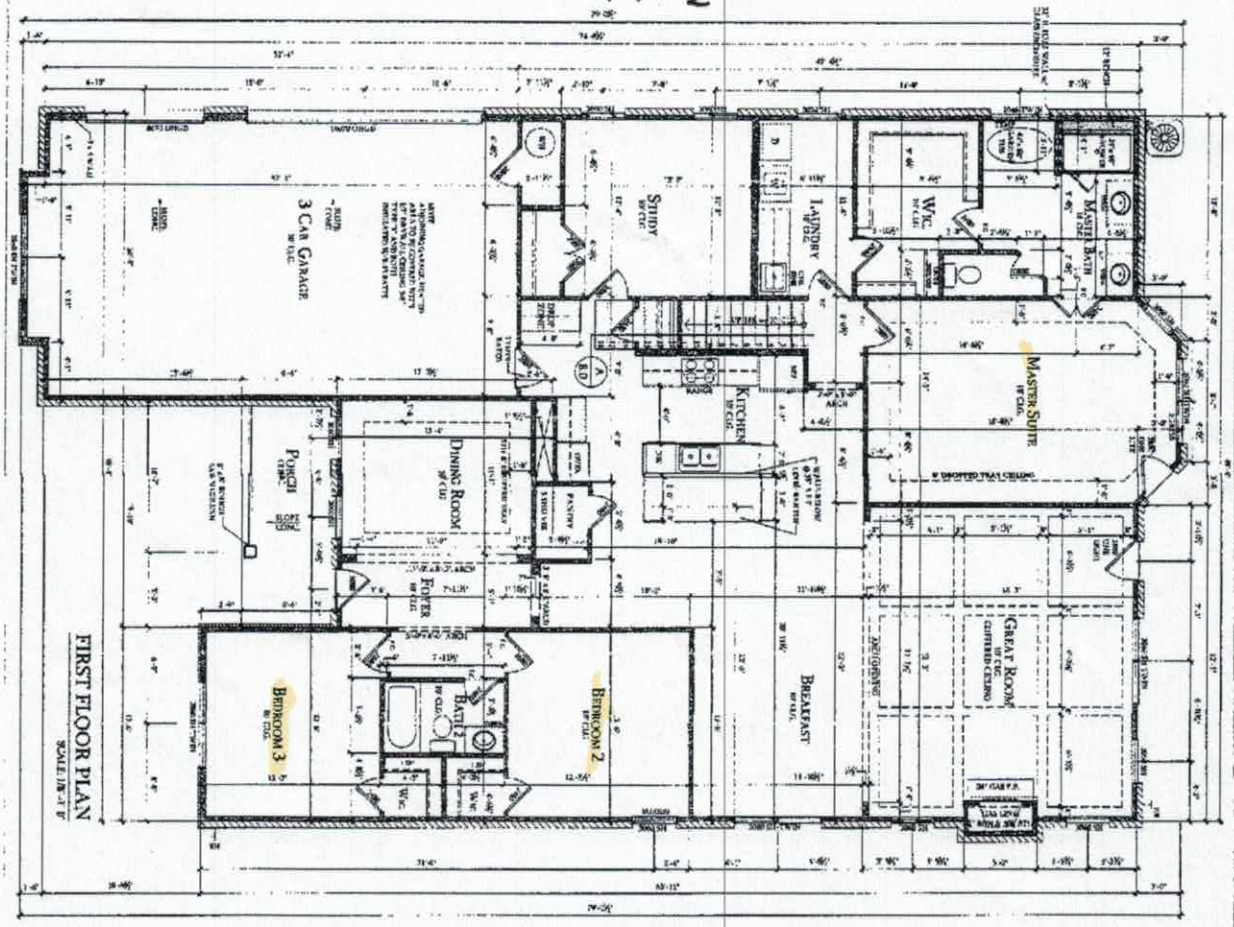
Statesville - Environmental Health
adrienne.shes@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Kayla Wilfong Date 5-25-18

Staci Beaty Date 2/22/19

79'2"



79'2"

47,05

GENERAL NOTES

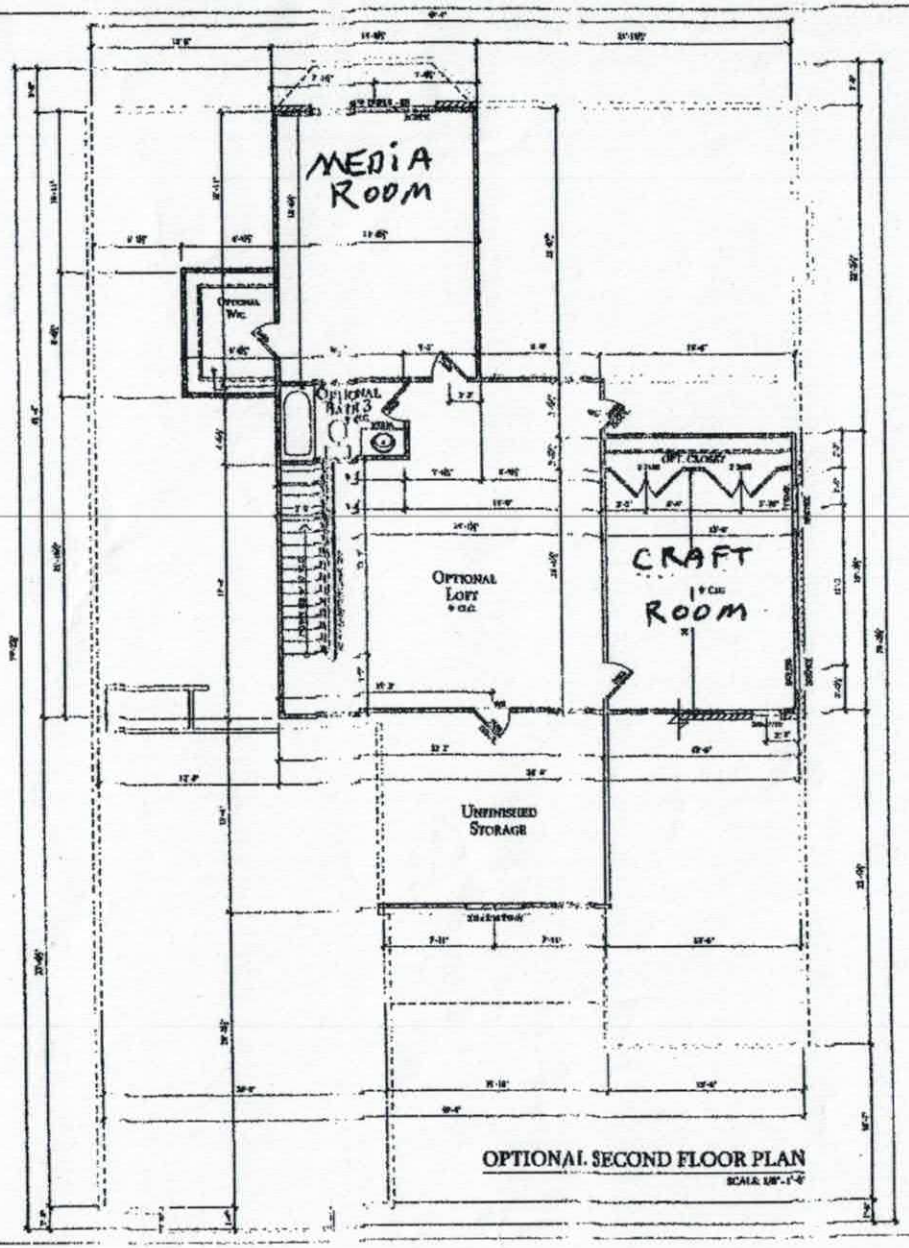
WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BEARING WALL
- HALF WALL
- EXTERIOR WALL w/ BRICK VENEER
- EXTERIOR WALL w/ STONE VENEER

Cornerstone Properties, III
4509 Faith Church Road
Indian Trail, NC 28079

3.0
FIRST FLOOR PLAN

*Lot-25 *676 Kerway Loop*



OPTIONAL SECOND FLOOR PLAN

GENERAL NOTES

WALL & SYMBOL LEGEND

- TYP. FRAME WALL
- INTERIOR BRACING WALL
- HALF WALL
- INTERIOR WALL w/ BRICK VENEER
- INTERIOR WALL w/ STONE VENEER

Acknowledgement of Plans Submittal ONLY!
Date 5-25-18
Date

Cornerstone Properties, III
4509 Faith Church Road
Indian Trail, NC 28079

5.0

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

SOIL EROSION NEEDED

Zoning Permit

Permit Number: 166699ZO

Printed: 5/17/2011

Master #: 166699

Associated Permits:
166699ZO Zoning

Applicant

Name: Kathleen Saunders
Address:

Phone: 704-578-4951

Parcel

Parcel Number: 4638188389.000
Address: 000 Kenway Lp.
Mooresville, NC 28117
Subdivision: Fernleaf
Directions to Parcel: Fern Hill to Kenway Loop

Zoning: RA
Township: 1700
Area: .908
Lot(s): 25

Owners

Name: Woodbridge Partners LLC
Address: PO Box 3608
MOORESVILLE, NC 28117

Phone: 704-799-9770

Contractors

Contractor Type: Not Liscensed
Name: Kathleen Saunders
Address:

Phone: 704-578-4951

Fees and Receipts:

Number	Description	Amount
FEE-230388-07	Zoning - Permit / Inspection	$75.00
FEE-230389-07	Technology and Administrative Fee	$2.25
FEE-230390-07	Environmental Health - Type I or II Fast Track	$335.00

ZONING DISCLAIMER



PROPERTY ADDRESS:_____ #25 Kenway Loop (Fernleaf ph2)

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