IREDELL COUNTY HEALTH DEPARTMENT

PJB

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 210001

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

PIN # 4639425153 ✓

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 4509 Faith Church Rd. Indian Trail, NC

SITE ADDRESS: 214 Kenway Loop Mooresville, NC ✓ PHONE: 704-301-3229 ALT. PHONE —

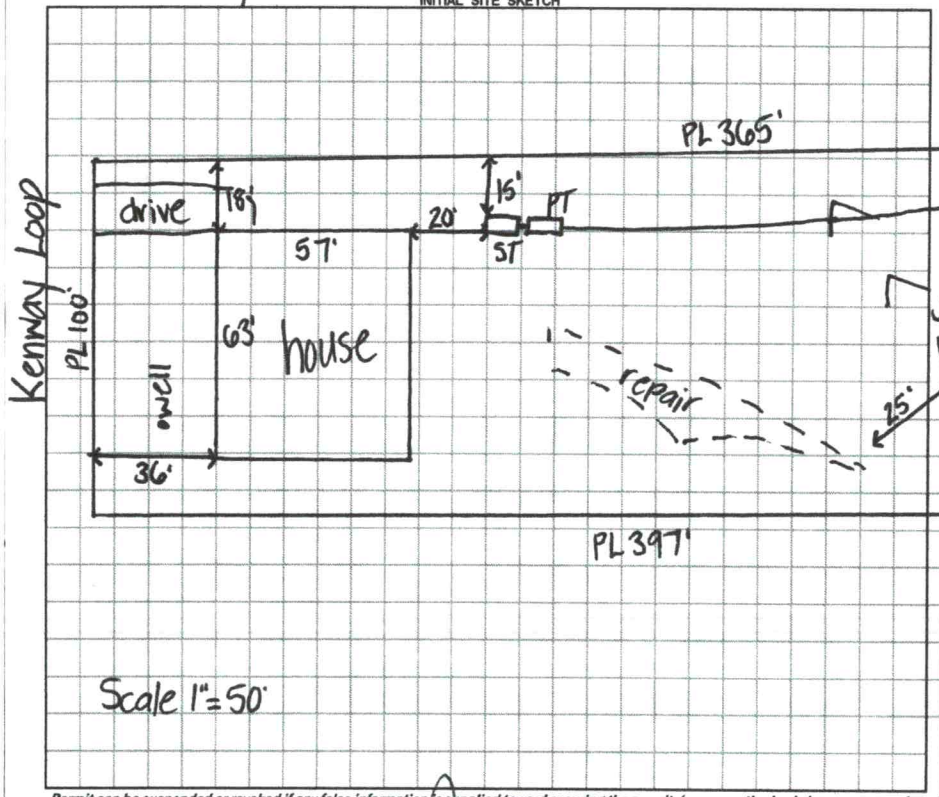
SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Woodleaf ✓ SECTION: — LOT # 40 ✓ LOT AREA: .876ac DESIGN FLOW: 480gpd L.T.A.R.: .3

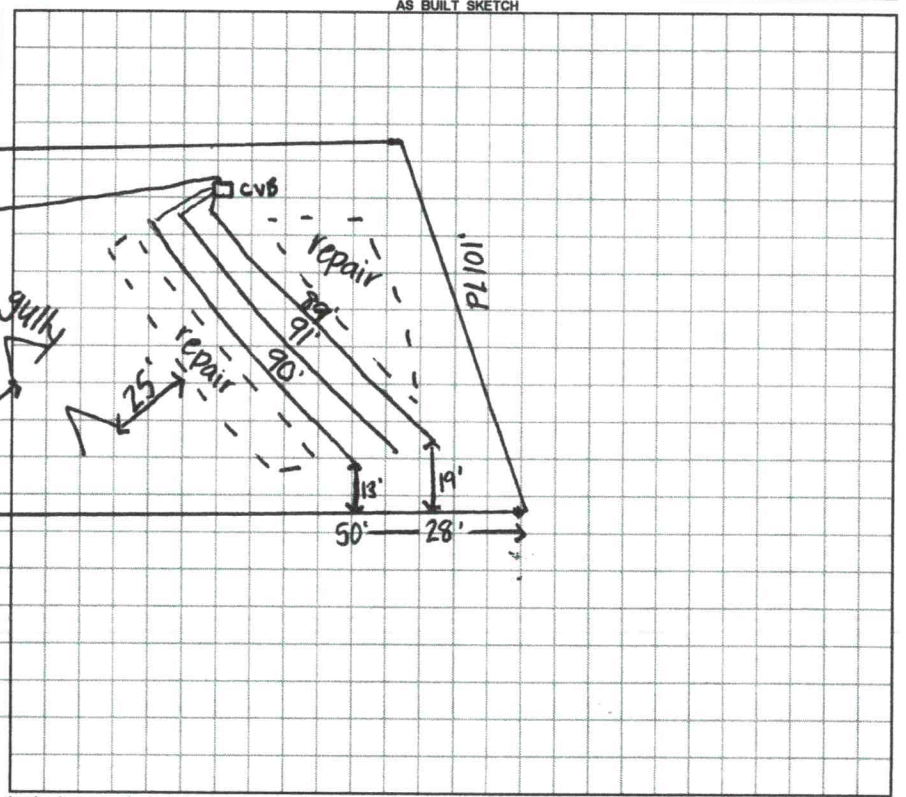
Septic Tank 1000 (gal)	STB IM 1060	Date infiltrator	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI			☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT IM 1060	Date infiltrator	System Description: LP PPBPS			☐ Business	No. Persons 8	☑ Private
Pump Make —	Model —	Serial # —	Repair System Description: LP PPBPS			☐ Other	No. Employees —	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 270'	Maintenance Agreement Required: ☑ YES ☐ NO			☐ Slab	☑ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth (~~Low side~~) MAX 36"	Gravel Depth —	☐ GRAVITY ☑ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: The purpose of this permit is to replace a previous permit that has expired. The tanks and drain lines have already been installed.

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: 2/21/20 Installed by: Lago Vista

IMPROVEMENT PERMIT by: Kayla Wilson Date: 2-12-20 OPERATION PERMIT by: [signature] Date: 4-27-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 2-12-20 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.

Dennis: 704-747-8266
Doug: 704-906-6212

	Date	Initials
Drain Lines Checked	1/10/2020	PJB
Tanks Checked	1/10/2020	PJB
Pressure Manifold or Valve Box Checked	1/10/2020	PJB
Pressure Head Set	1/10/2020	PJB
Electrical Checked		
Floats Set	1/10/2020	PJB
Alarm Checked		
Maintenance Contract (Y) / N		

*NEW INTERMEDIATE LAYOUT * 2/5/20 SEPTIC *

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

AP-210001

$320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 4509 FAITH CH ROAD INDIAN TRAIL NC Zip: 28079
Applicant Email: STANDCONNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUTLER RIVED DEVELOPMENT Address: 225 CHERRY RD. ROCK HILL SC Zip: 29732
Owner Email: PAM@BRDEVELOP.COM Phone: 803 325 1925 Alt. Phone: X

Property Information:

Street Address: 214 KENWAY LOOP
Subdivision Name: WOODLEAF Section/Phase: _____ Lot Number: 40
Driving Directions: FERN HILL RD. NORTH / RIGHT ONTO KENWAY LOOP ROAD

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

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

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

2/5/20
DATE

* SEPTIC *

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CORNERSTONE III PROPERTIES	4509 FAITH CH ROAD IRON TRAIL, NC	7043013229	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
BULLER RIVER DEVELOPMENT	725 CHERRY RD. ROCK HILL SC 29732	803 325 1925	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
214 KELLWAY Loop	WOOD LEAF ~~FERNLEAF~~	40

Driving Directions: FERN HILL RD. NORTH / RIGHT TO KELLWAY LOOP ROAD

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 4
Maximum Number of Occupants 8
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: _____ 6/7/19
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

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 HARRING, am the legal owner(s) of the property located at 214 KENWAY Loop, identified as PIN (Parcel Identification Number) 4639 42 5153, 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.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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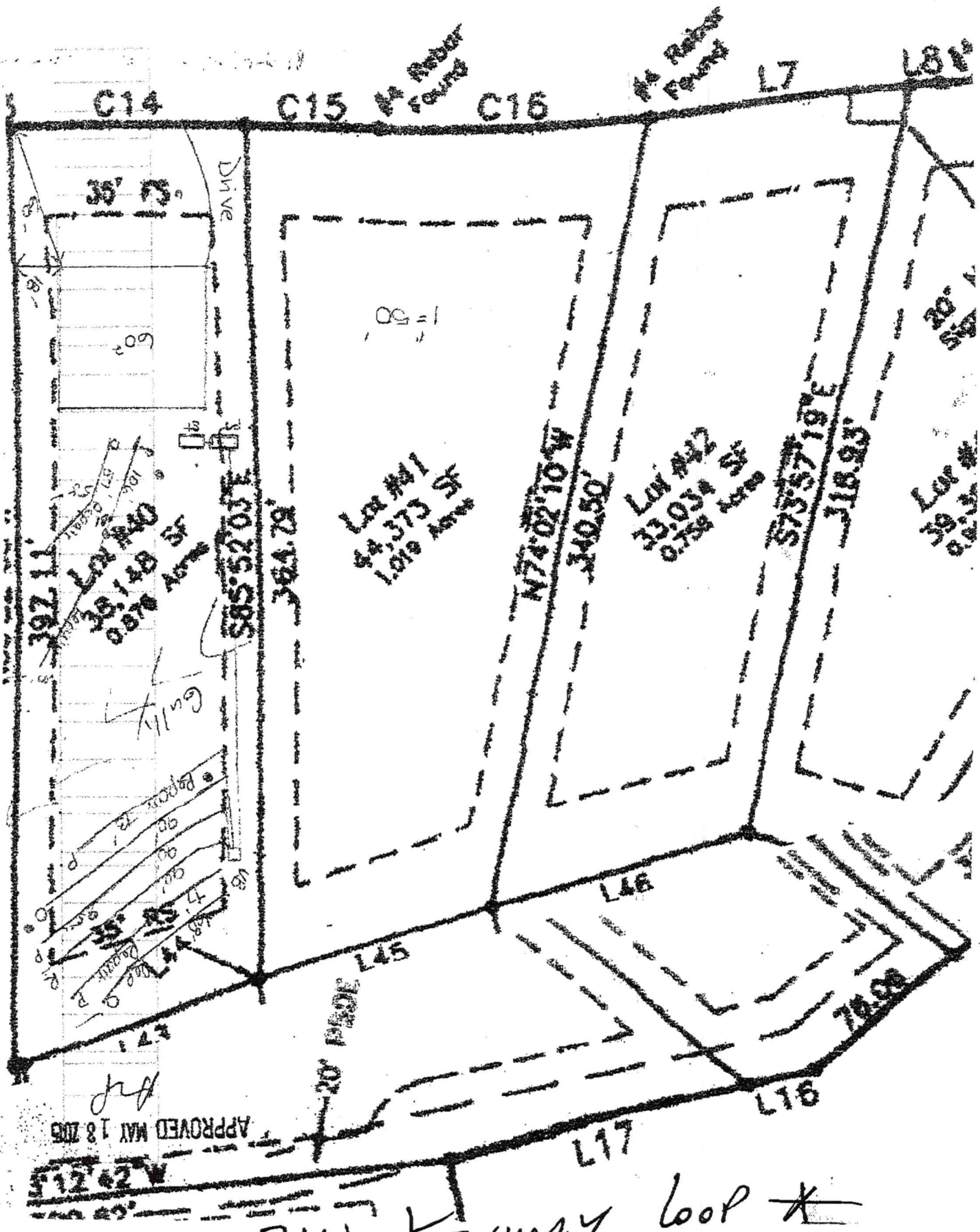
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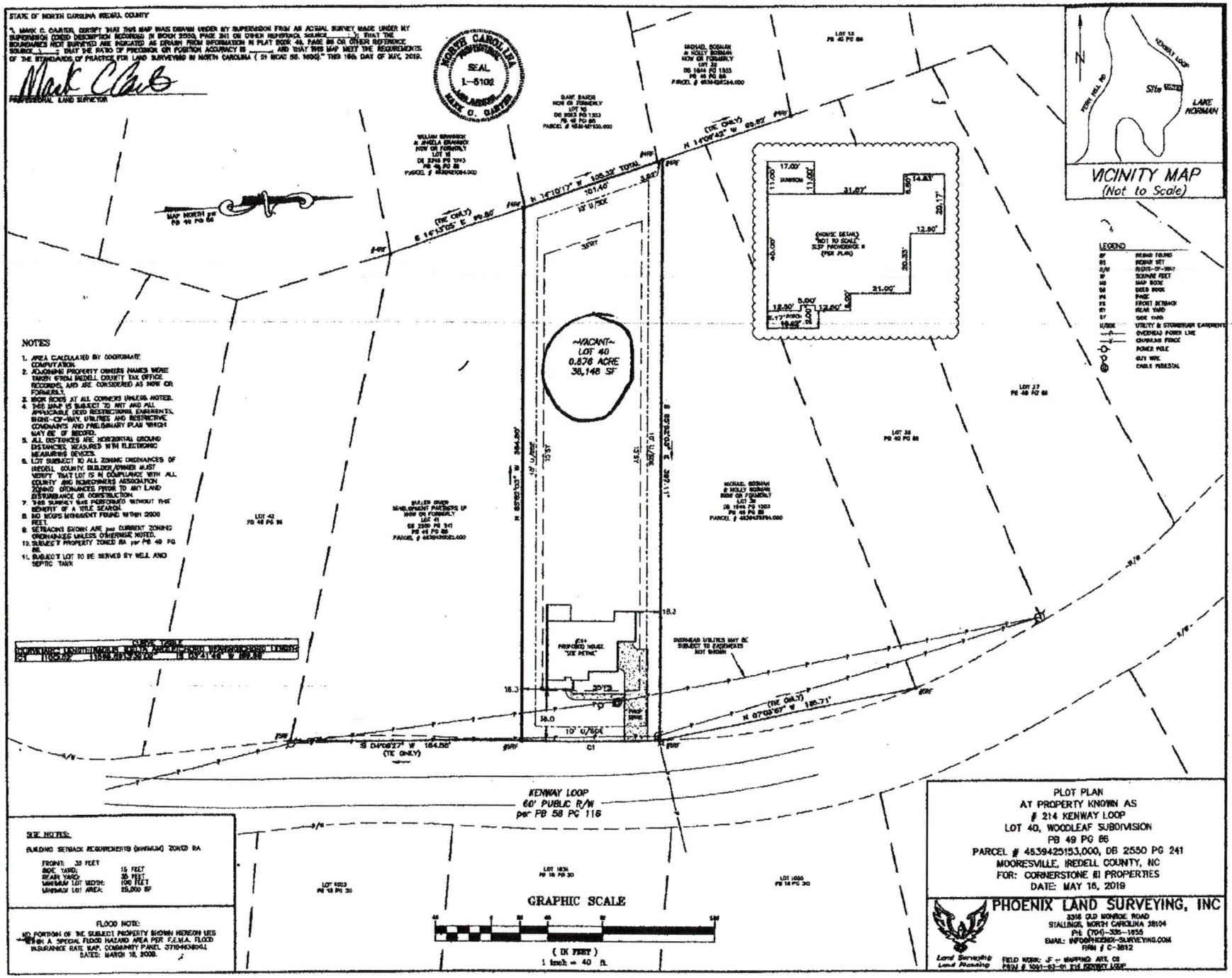
Signature of Owner(s) Date — Signature of Witness 2/5/20 Date

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


C14
C15
C16
L7
L8
35' RS
Drive
392.11'
Lot #40
38,148 SF
0.876 Acres
S85°52'03"E
364.78'
Lot #41
44,373 SF
1.019 Acres
N74°02'10"W
340.50'
Lot #42
33,034 SF
0.758 Acres
S73°57'16"E
318.93'
Lot #
39
0.7
20'
Sid
Gully
35' RS
L44
L45
L46
L47
20' Public
78.88'
L16
L17
S12°42'W
APPROVED MAY 18 2005
214 Kenway Loop


STATE OF NORTH CAROLINA IREDELL 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 2550, PAGE 241 OR OTHER REFERENCE SOURCE); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN PLAT BOOK 49, PAGE 86 OR OTHER REFERENCE SOURCE ; THAT THE RATIO OF PRECISION OR POSITION ACCURACY IS ; AND THAT THIS MAP MEET THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56. 1600)." THIS 16th DAY OF MAY, 2019.
PROFESSIONAL LAND SURVEYOR
NORTH CAROLINA REGISTERED SEAL L-5102 LAND SURVEYOR MARK C. CARTER
VICINITY MAP (Not to Scale)
Site
KENWAY LOOP
LAKE NORMAN
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 OR FORMERLY.
3. IRON RODS AT ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONAL EASEMENTS, RIGHTS-OF-WAY, UTILITIES AND 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 IREDELL COUNTY. 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 NGS/IGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA per PB 49 PG 86.
11. SUBJECT LOT TO BE SERVED BY WELL AND SEPTIC TANK
~VACANT~ LOT 40 0.876 ACRE 38,148 SF
PROPOSED HOUSE "SEE DETAIL"
(HOUSE DETAIL) NOT TO SCALE 3539 HEATED SQ. FT. (PER PLAN)
KENWAY LOOP 60' PUBLIC R/W per PB 58 PC 116
LEGEND
SITE NOTES:
BUILDING SETBACK REQUIREMENTS (MINIMUM) ZONED RA
FRONT: 35 FEET
SIDE YARD: 15 FEET
REAR YARD: 35 FEET
MINIMUM LOT WIDTH: 100 FEET
MINIMUM LOT AREA: 25,000 SF
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 3710463800J, DATED: MARCH 18, 2008.
GRAPHIC SCALE
(IN FEET)
1 inch = 40 ft.
PLOT PLAN
AT PROPERTY KNOWN AS
214 KENWAY LOOP
LOT 40, WOODLEAF SUBDIVISION
PB 49 PG 86
PARCEL # 4539425153.000, DB 2550 PG 241
MOORESVILLE, IREDELL COUNTY, NC
FOR: CORNERSTONE 61 PROPERTIES
DATE: MAY 16, 2019
PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-385-1855
EMAIL: INFO@PHOENIXSURVEYING.COM
FIRM # C-3612
Land Surveying Land Planning
FIELD WORK: JF -- MAPPING: ART, CS
PROJ # 1091-03-01 214 KENWAY LOOP

Acknowledgement of
Plans Submittal ONLY!

Date 6-17-19

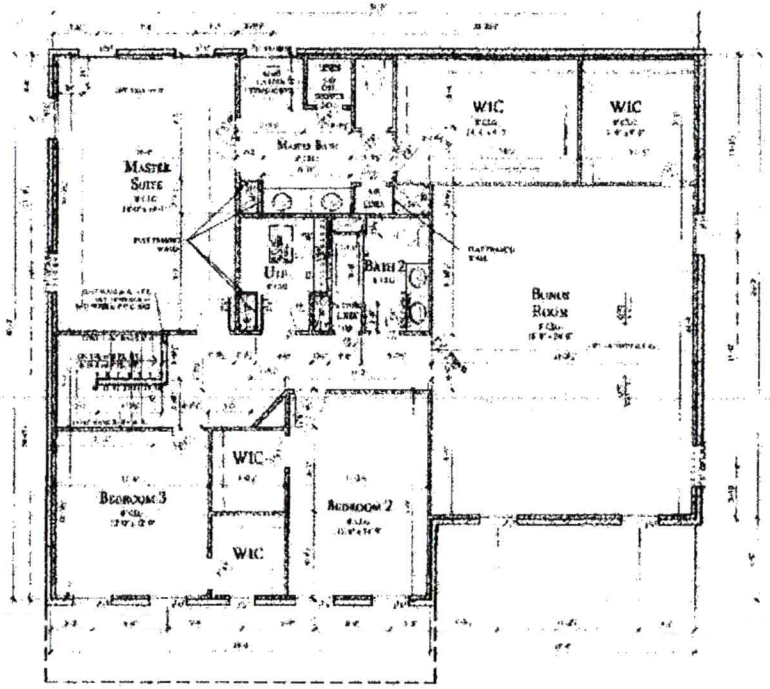
Date 6/18/19

* 214 Kenway
Lot P *
Lot- 40

51-0

46-0

40'-0



51-5

CORNERSTONE III PROPERTIES
[illegible] FAITH CHURCH RD.
INDIAN TRAIL, NC 28079
(704) 577 4082

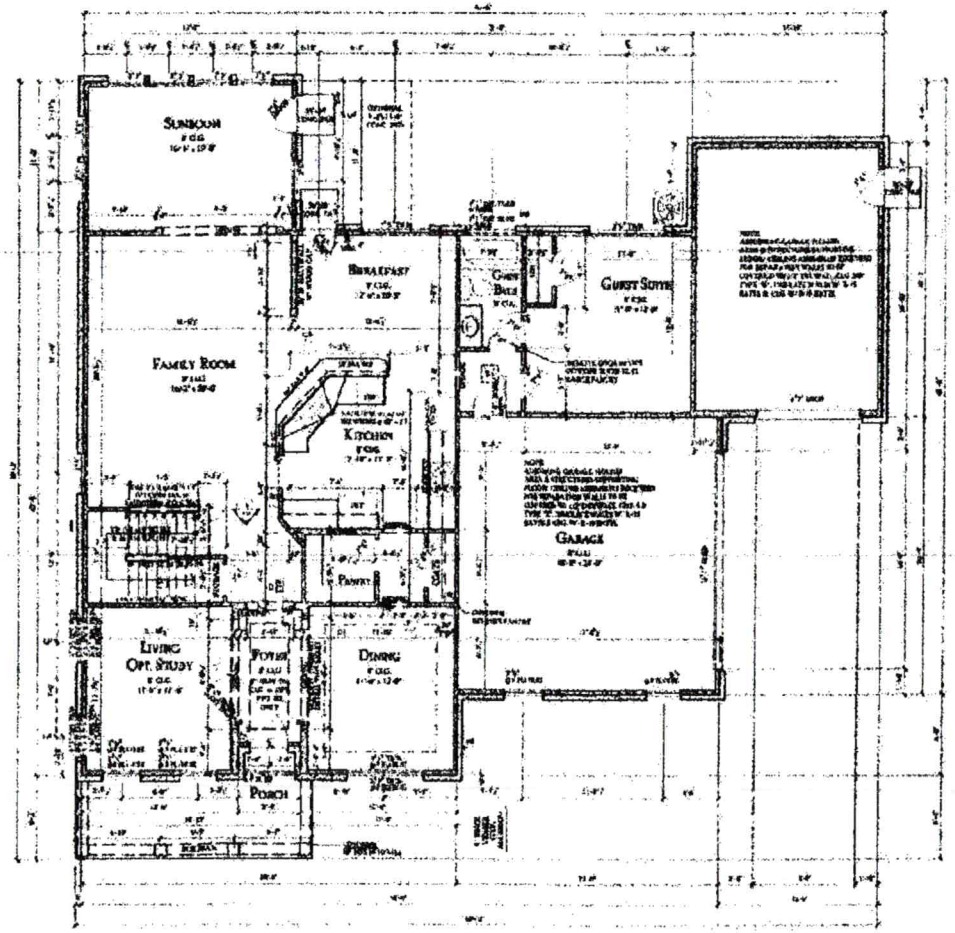
SECOND FLOOR PLAN

#214 Kennet Loop
LOT=40

63-6

Acknowledgement of Plans Submittal ONLY!
Date 6-7-19
Date 2/19/19

57-4



57-4

63-11

FIRST FLOOR PLAN
SCALE: 1/8"=1'-0"

SQUARE FOOTAGE TABLE
BASE PLAN
FIRST FL. LIVING: 1649 sf
SECOND FL. LIVING: 1788 sf
TOTAL LIVING: 3437 sf
GARAGE: 587 sf
FRONT PORCH/COVERED ENTRY: 388 sf
OPTIONS
SUNROOM/SCREEN PORCH: 168 sf
BREAKFAST EXPANSION: 48 sf
THIRD FLOOR VAULTED - FULL WIDTH: 388 sf
THIRD FLOOR VAULTED - HALF WIDTH: 388 sf

3237 Providence II
CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 917-4002

A-3.0c
FIRST FLOOR PLAN