IREDELL COUNTY HEALTH DEPARTMENT

PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210002

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

PIN # 4639426022

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

SITE ADDRESS: 220 Kenway Loop Mooresville, NC PHONE: 704-301-3229 ALT. PHONE ——

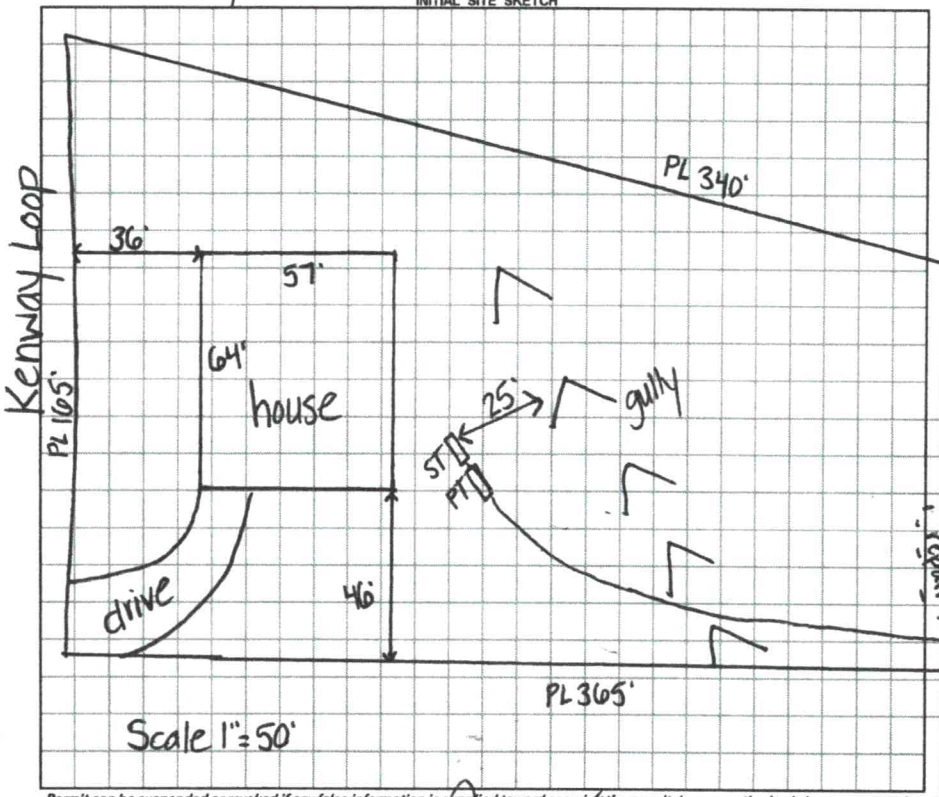
SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Woodleaf SECTION: — LOT # 41 LOT AREA: 1.019 ac DESIGN FLOW: 480gpd L.T.A.R.: .3

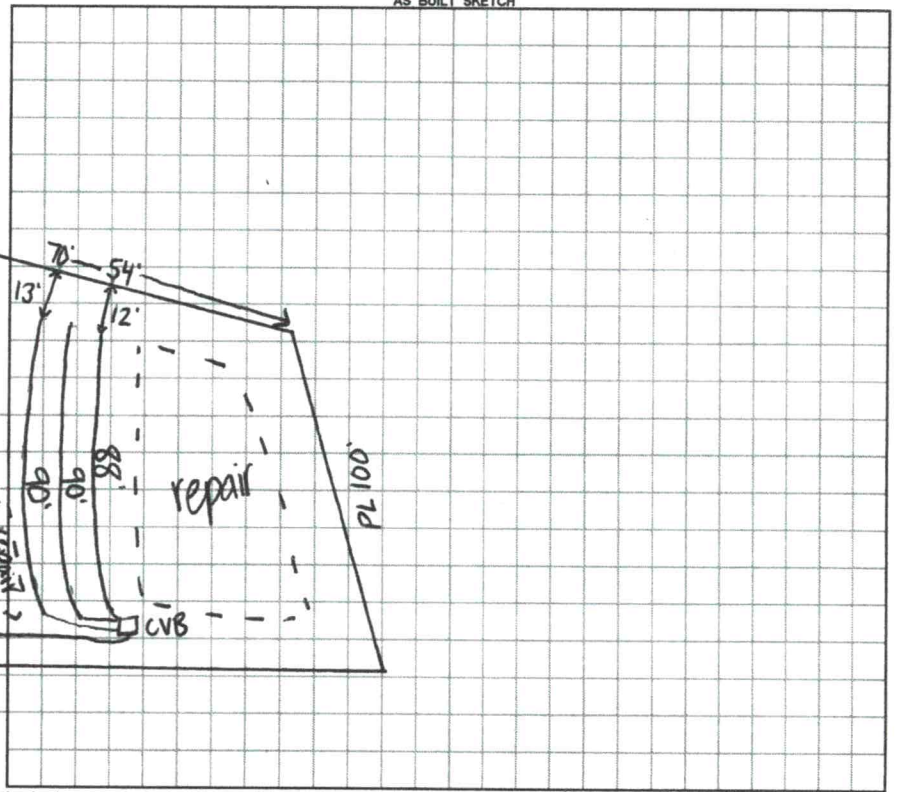
Septic Tank 1000 (gal)	STB IM 1060	Date Infiltrator	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT IM 1060	Date Infiltrator	System Description: LP PPBPS		☐ Business	No. Persons 8	☑ Private
Pump Make	Model	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines 3	Linear Ft 268'	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth (Low side) MAX 33"	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: Stan Newby Date: 2/21/20 Installed by: Lago Vista

IMPROVEMENT PERMIT by: Kayla Weber Date: 2-12-20 OPERATION PERMIT by: Date: 4-27-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Weber 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.

*NEW INTERMEDIATE LAYOUT * 2/5/20

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

AP-210002
$320.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) 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: CORNERSTONE III PROPERTIES Address: 4509 FAITH CH ROAD INDIAN TRAIL NC Zip: 28079
Applicant Email: STAN@CORNERSTONE3P.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: 220 KENWAY LOOP
Subdivision Name: WOODLEAF Section/Phase: _____ Lot Number: 41
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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 Pressley 2/5/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

#210002 $0
6.21.19

* 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: 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
220 KENWAY LOOP	WOODLEAF	41

Driving Directions: FERN HILL RD. NORTH / RIGHT TO KENWAY 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 To The Best of Your Ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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: ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/17/19
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 HARDING, am the legal owner(s) of the property located at 220 KELLEY LOOP, identified as PIN (Parcel Identification Number) 4639 42 6022, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN PRESSLEY CORNERSTONE 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
			2/5/20

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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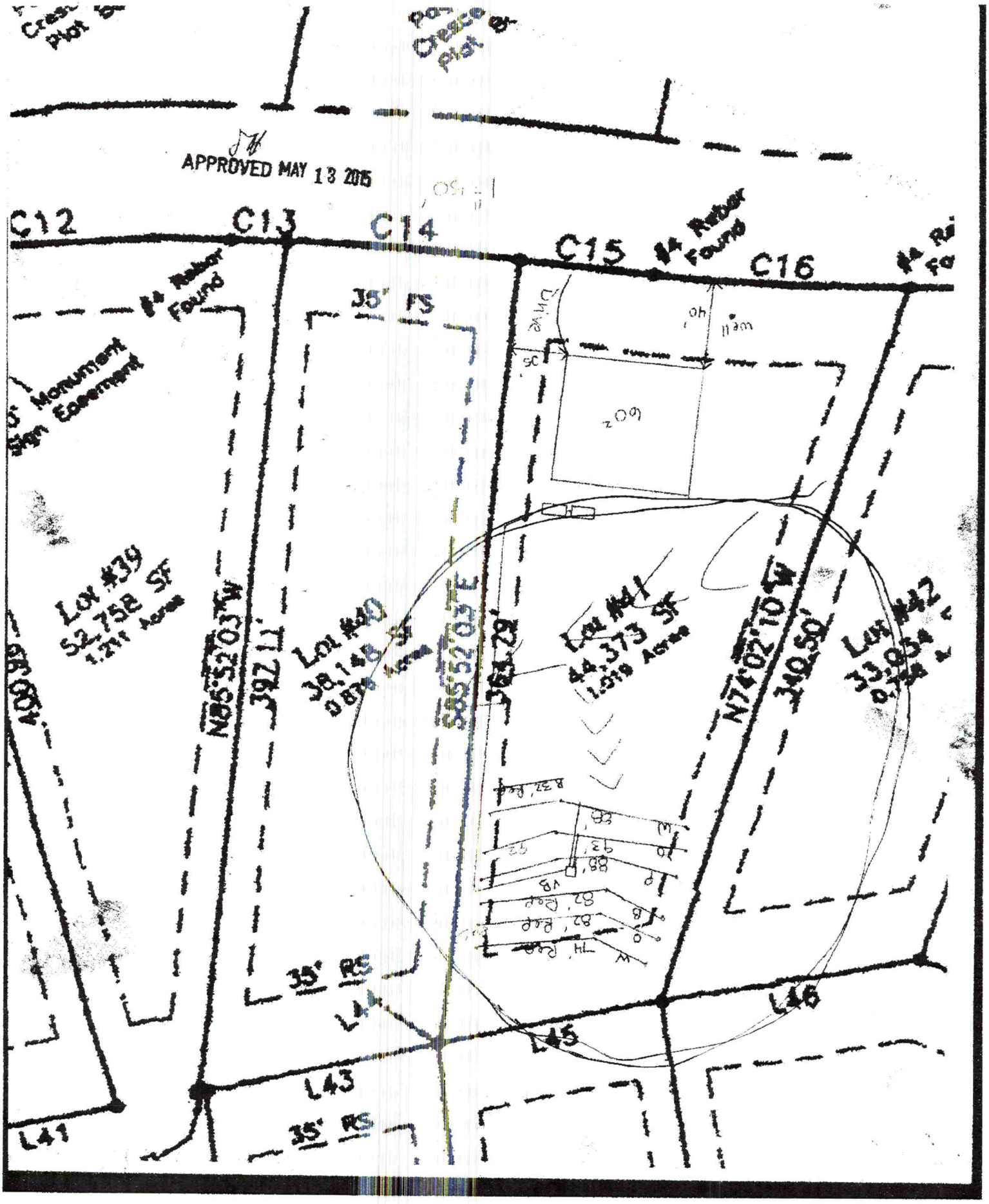
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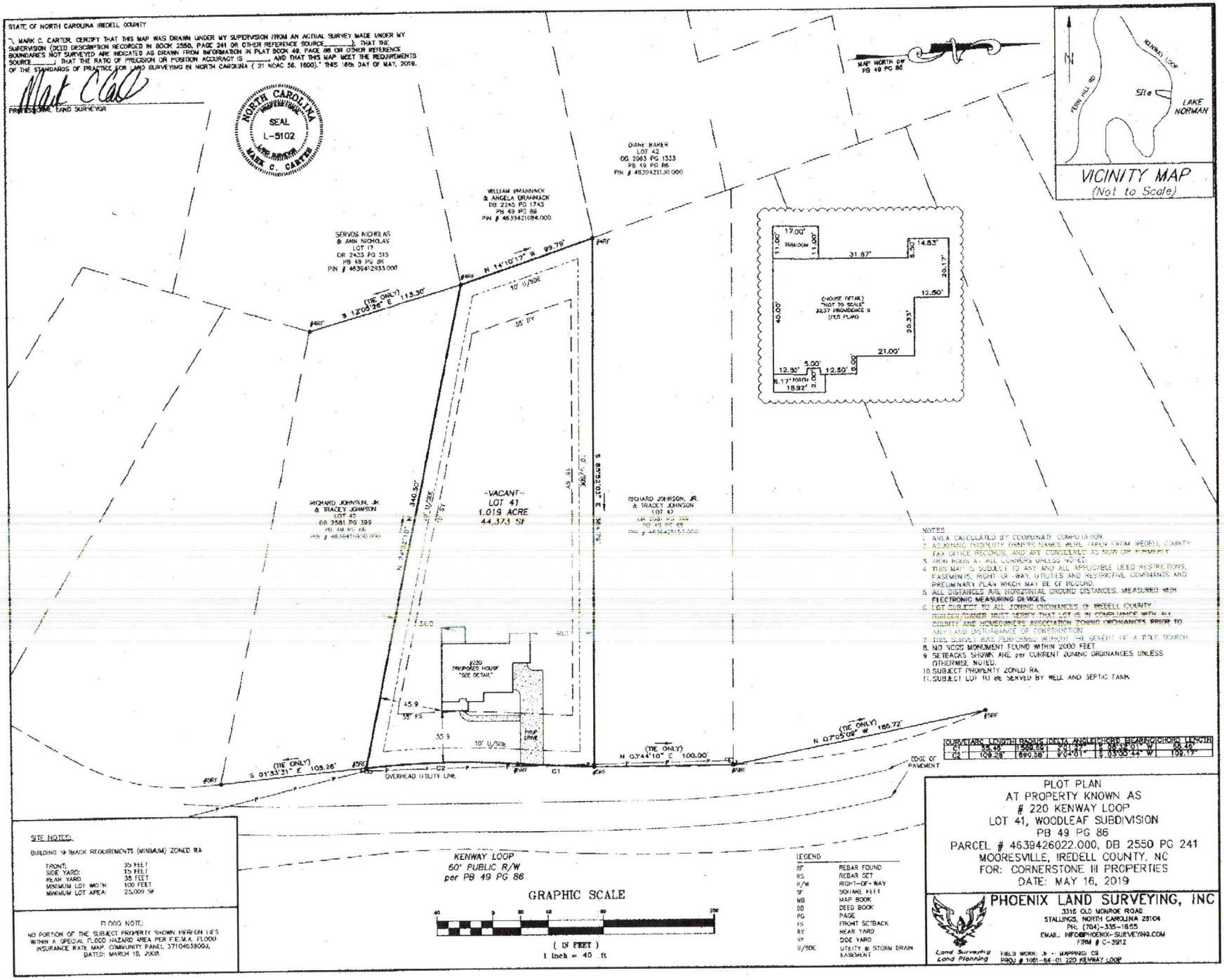
Signature of Owner(s) Date 6/12/19 Signature of Witness Date

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

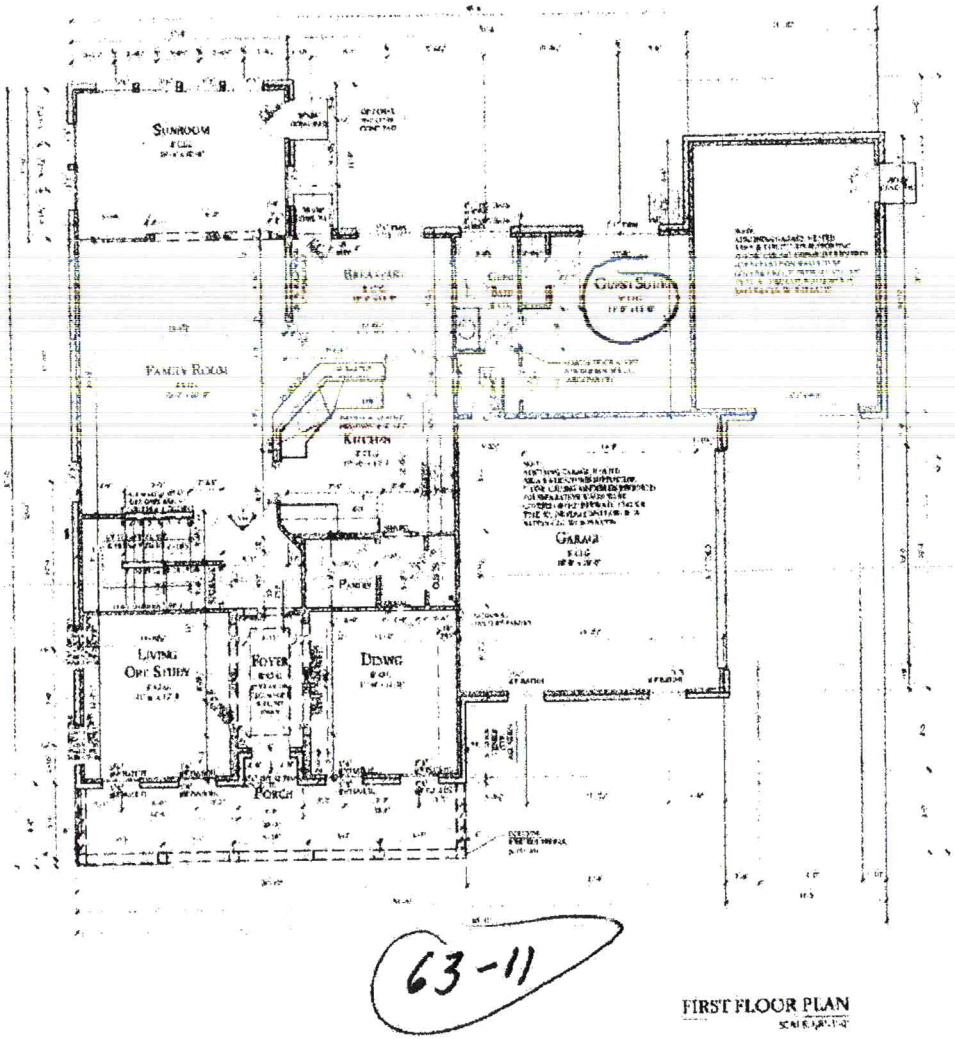
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


APPROVED MAY 13 2015
C12
C13
C14
C15
C16
½" Rebar Found
35' PS
5' Monument Sign Easement
Lot #39
52,758 SF
1.211 Acres
Lot #40
38,148 SF
0.876 Acres
Lot #41
44,373 SF
1.019 Acres
Lot #42
33,034 SF
0.758 Acres
N86°52'03"W
392.11'
S86°52'03"E
364.29'
N74°02'10"W
340.50'
400.66'
L41
L43
L45
L46
35' PS


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 PROFESSIONAL SEAL L-5102 LAND SURVEYOR MARK C. CARTER
MAP NORTH PB 49 PG 86
VICINITY MAP (Not to Scale)
N
KENWAY LOOP
FERN HILL RD
Site
LAKE NORMAN
DIANE BAKER LOT 42 DB 2063 PG 1333 PB 49 PG 86 PIN # 4639421130.000
WILLIAM BRANNACK & ANGELA BRANNACK DB 2245 PG 1743 PB 49 PG 86 PIN # 4639421084.000
SERVOS NICHOLAS & ANN NICHOLAS LOT 19 OR 2433 PG 515 PB 49 PG 86 PIN # 4639412933.000
N 14°10'17" W 99.79'
S 12°04'26" E 113.30' (TIE ONLY)
10' U/SIDE
35' FS
-VACANT- LOT 41 1.019 ACRE 44,373 SF
RICHARD JOHNSON, JR & TRACEY JOHNSON LOT 42 DB 2581 PG 399 PB 49 PG 86 PIN # 4639417950.000
RICHARD JOHNSON, JR & TRACEY JOHNSON LOT 42 OR 2581 PG 399 PB 49 PG 86 PIN # 4639426153.000
N 14°10'17" W 340.50'
S 10°52'39" E 306.70'
34.0'
45.9'
33.9'
±220 PROPOSED HOUSE "SIDE DETAIL"
HOUSE DRIVE
S 01°33'31" E 105.26' (TIE ONLY)
OVERHEAD UTILITY LINE
C1
C2
N 03°44'10" E 100.00' (TIE ONLY)
N 07°05'08" W 180.72' (TIE ONLY)
EDGE OF PAVEMENT
(HOUSE DETAIL) "NOT TO SCALE" 3237 PROVIDENCE II (PER PLAN)
17.00'
11.00'
11.00'
GARAGE
31.67'
14.83'
6.50'
20.17'
12.50'
20.33'
40.00'
21.00'
8.00'
5.00'
12.50'
2.00'
6.17' NORTH
18.92'
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 SET ALL CORNERS UNLESS NOTED.
4. THIS MAP IS SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-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 NCGS MONUMENT FOUND WITHIN 2000 FEET.
9. SETBACKS SHOWN ARE per CURRENT ZONING ORDINANCES UNLESS OTHERWISE NOTED.
10. SUBJECT PROPERTY ZONED RA.
11. SUBJECT LOT TO BE SERVED BY WELL AND SEPTIC TANK.
CURVE | ARC LENGTH | RADIUS | DELTA ANGLE | CHORD BEARING | CHORD LENGTH
C1 | 33.49' | 1508.05' | 1°16'24" | S 04°46'44" W | 33.49'
C2 | 109.28' | 690.38' | 9°04'01" | S 03°55'44" W | 109.17'
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 3710463900J, DATED: MARCH 18, 2008.
KENWAY LOOP
50' PUBLIC R/W
per PB 49 PG 86
GRAPHIC SCALE
40 0 20 40 80 100
(IN FEET)
1 inch = 40 ft
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
PLOT PLAN
AT PROPERTY KNOWN AS
220 KENWAY LOOP
LOT 41, WOODLEAF SUBDIVISION
PB 49 PG 86
PARCEL # 4639426022.000, DB 2550 PG 241
MOORESVILLE, IREDELL COUNTY, NC
FOR: CORNERSTONE III PROPERTIES
DATE: MAY 16, 2019
PHOENIX LAND SURVEYING, INC
3316 OLD MONROE ROAD
STALLINGS, NORTH CAROLINA 28104
PH: (704)-335-1655
EMAIL: INFO@PHOENIX-SURVEYING.COM
FIRM # C-3912
Land Surveying Land Planning
FIELD WORK 3 -- MAPPING CB
PROJ # 1061-84-01 220 KENWAY LOOP

*220 Kenway Loop * Lt-41
63-6

Acknowledgement of Plans Submittal ONLY!
Stan Pravda Date 6/25/19
[signature] Date 6/24/19



57-2

57'

63-11

FIRST FLOOR PLAN

SQUARE FOOTAGE TABLE

BASE PLAN

FIRST FLOOR LIVING	1499 SF
SECOND FLOOR LIVING	1789 SF
TOTAL LIVING	3288 SF
GARAGE	582 SF
PATIO (NOT INCLUDED IN TOTAL)	195 SF

OPTIONS

SUNROOM/KITCHEN BUMP OUT		182 SF
BREAKFAST EXTENSION		48 SF
THIRD FLOOR WALK UP	FULL BATH/TEL	308 SF
THIRD FLOOR WALK UP	HALF BATH/TEL	168 SF

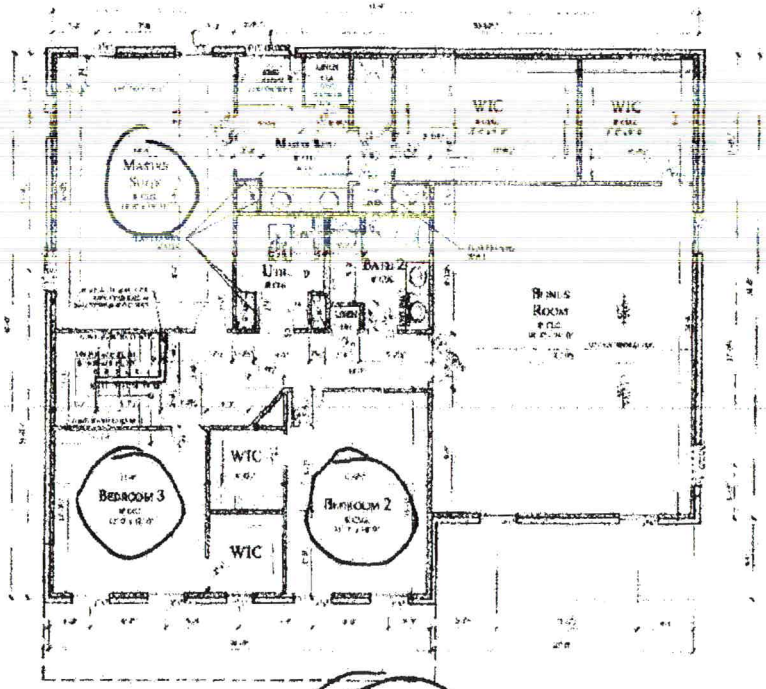
CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577-4087

1/8" = 1'-0"

Acknowledgement of Plans Submittal ONLY!
Stan Date 6/25/19
Date 6/24/19

* 220 Kanuga Loop * Lot-41

51-0



46'

40'

51-5

CORNERSTONE III PROPERTIES

SECOND FLOOR PLAN

1/0"