ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 311074

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

PIN # 4654 -58 -6817

APPLICANT/OWNER: Sherman Stone | APPLICANT ADDRESS: 365 Midway Lake Road Mooresville NC 28115

SITE ADDRESS: 126 Stonehaven Drive Mooresville NC 28115 | PHONE: | ALT. PHONE 828-406-0782

SITE DIRECTIONS: Charlotte Hwy to Presbyterian Rd to Stonehaven Site on Right | SAP CONTROLLED: [X] YES [ ] NO

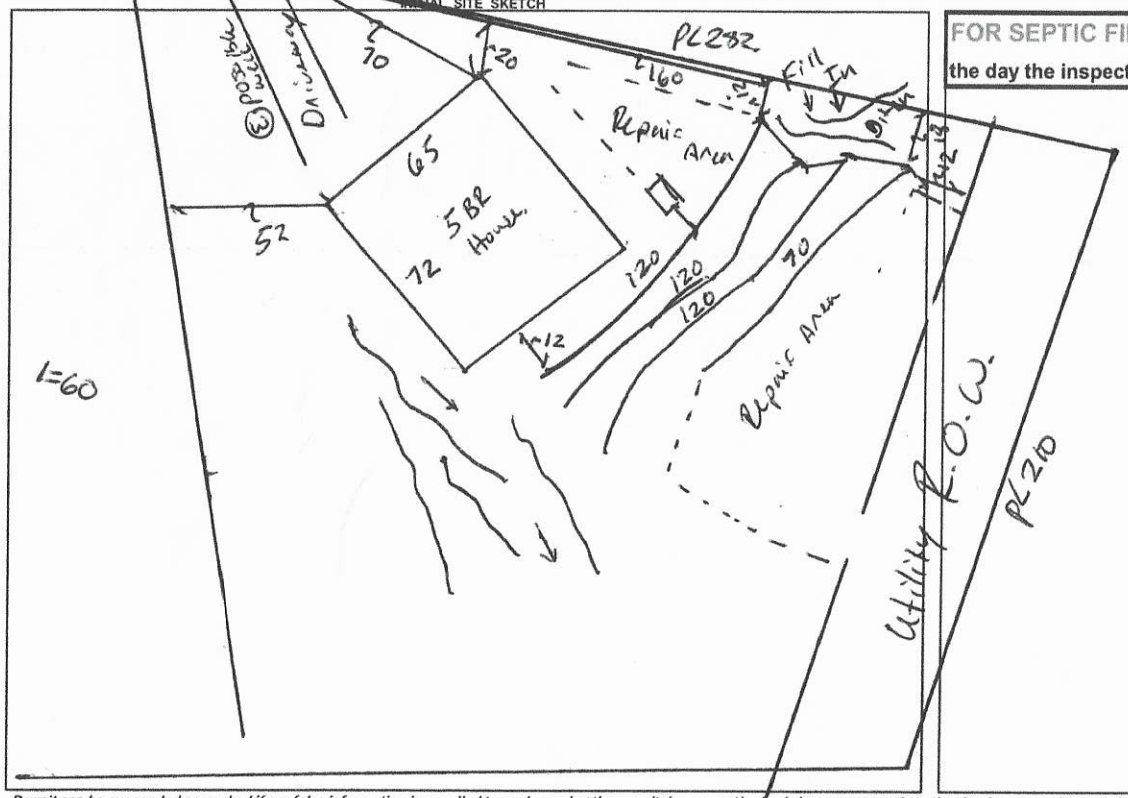
SUBDIVISION: ANN P. Stone | SECTION: — | LOT # 3 | LOT AREA: — | DESIGN FLOW: 600 | L.T.A.R.: .35

Septic Tank	1250 (gal)	STB	853	Date	4-30-21	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[ ] Residence	No. Bedrooms 5
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity - 25% Reduction	[ ] Business	No. Persons 10
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPP PBPPS - 50% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	430	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36.	Trench Bottom Depth	30 Low	Gravel Depth	—		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: * Install Septic Drawings on the contour of the land while in Serial distribution. Do not Drive, park, pave, grade or bring while is drainfield area. Fill Ditch where shown / Direct water away from Drainfield.

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.

Installed as Drawn

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Sherman Stone Date: 10-9-20 Installed by: Al Backhoe

IMPROVEMENT PERMIT by: Benjamin A Rogers Date: 10/11/2020 OPERATION PERMIT by: [signature] Date: 8-16-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11/30/20 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 311074

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

PIN # 4654 -58 -6817

APPLICANT/OWNER: Sherman Stone

APPLICANT ADDRESS: 365 Midway Lake Road Mooresville NC 28115

SITE ADDRESS: 126 Stonehaven Drive Mooresville NC 28115

PHONE:

ALT. PHONE 828-406-0782

SITE DIRECTIONS: Charlotte Hwy to Presbyterian Rd to Stonehaven Site on Right

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: ANN P. Stone

SECTION: — LOT # — LOT AREA:

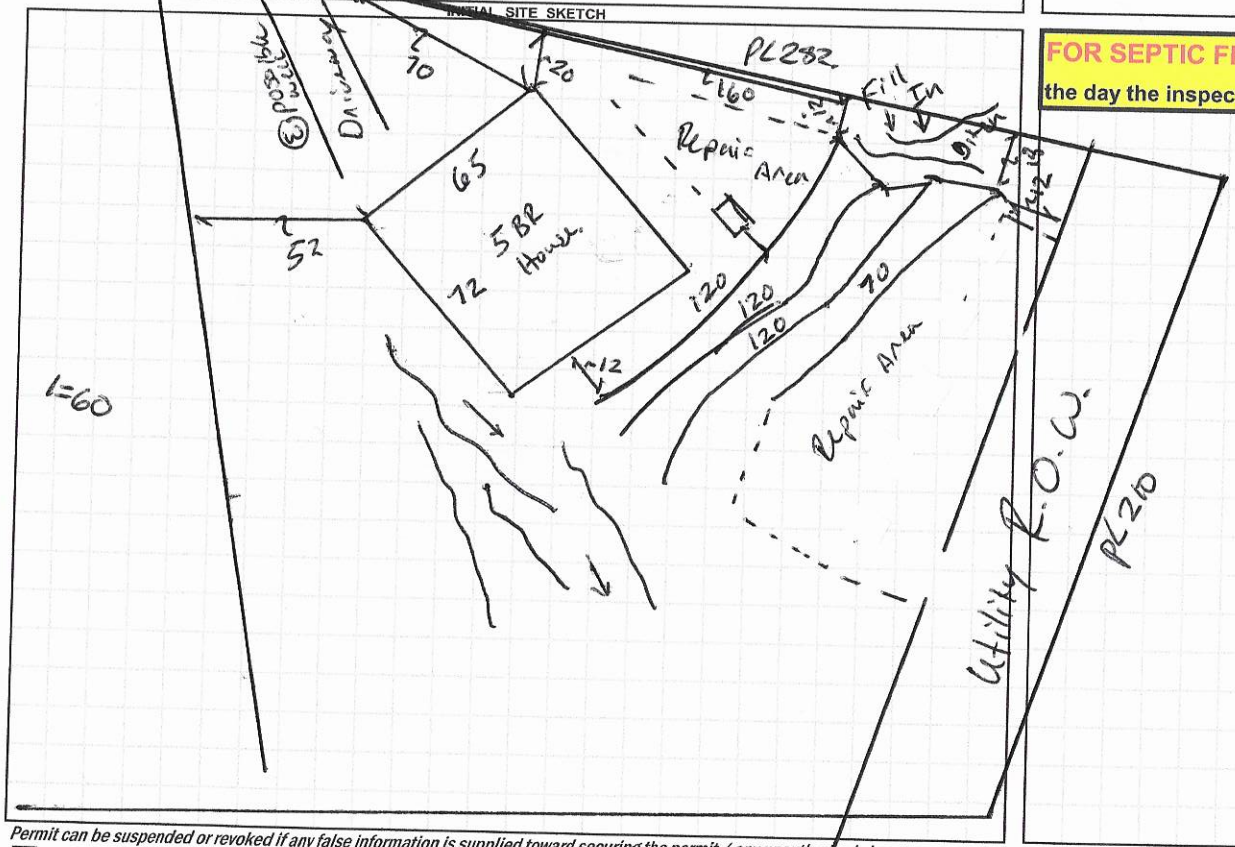
DESIGN FLOW: 600 L.T.A.R.: .35

Septic Tank	1250 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	Date	System Description:	County - 25% Reduction		
Pump Make	—	Model	Serial #	Repair System Description:	LPP PBPPS - 50% Reduction		
# Nitrification Fields	1	# Lines	4	Linear Ft:	430	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36.	Trench Bottom Depth (Trench)	30 low	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons	10	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: * Install Septic Drainfield on the contour of the land within the areas as shown on the initial site sketch. Fill Ditch where pipe crosses driveway. Do not Drive, park, pave, grade or bang utilities in drainfield area. Fill Ditch where shown / Divert water away from Drainfield.

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.

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: Sherman Stone Date: 10-9-20 Installed by:

IMPROVEMENT PERMIT by: Date: 10/6/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 11/30/20 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4654586817
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Shannon Stone
ADDRESS: 126 Stonehaven Down MVL. APPLICATION DATE 9/21/2020
PROPOSED FACILITY: SBR Home PROPOSED DESIGN FLOW (.1949): 600gpd DATE EVALUATED: 10/2/2020
LOCATION OF SITE: 126 Stonehaven PROPERTY SIZE:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: Yes
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 12%	0-18	cl WSBk	SS Sp FR IEM	7.5YR 6/6	18	PS	MM conc	PS .35
		18-60	LSap M	NS Mp VFR					
2	Side 15%	0-29	c SBk	SS Sp FR SEM	7.5YR 4/6	50	N/A	N/A	PS .35
		29-50	cl WSBk	SS Sp FR					
3	Side 6-11%	0-8	C SBk	SS Sp FR SEM	7.5YR 4/6	20	PS	N/A	PS .35
		8-20	cl WSBk	SS Sp FR					
		20-60	LSap M	NS Mp VFR					
4	Ridge 8%	0-10	C SBk	SS Sp FR SEM	2.5YR 4/6	49	—	N/A	PS .35
		10-49	cl WSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	428 L.f.	285 L.f.
System Type(s)	III Gm 25%	IV LP-PBPD
Site LTAR	.35	.35

OTHER FACTORS (.1946): Fill Gully / Divert H2O
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS: Divert H2O Away from System

35 428 285

Updated February 2014

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

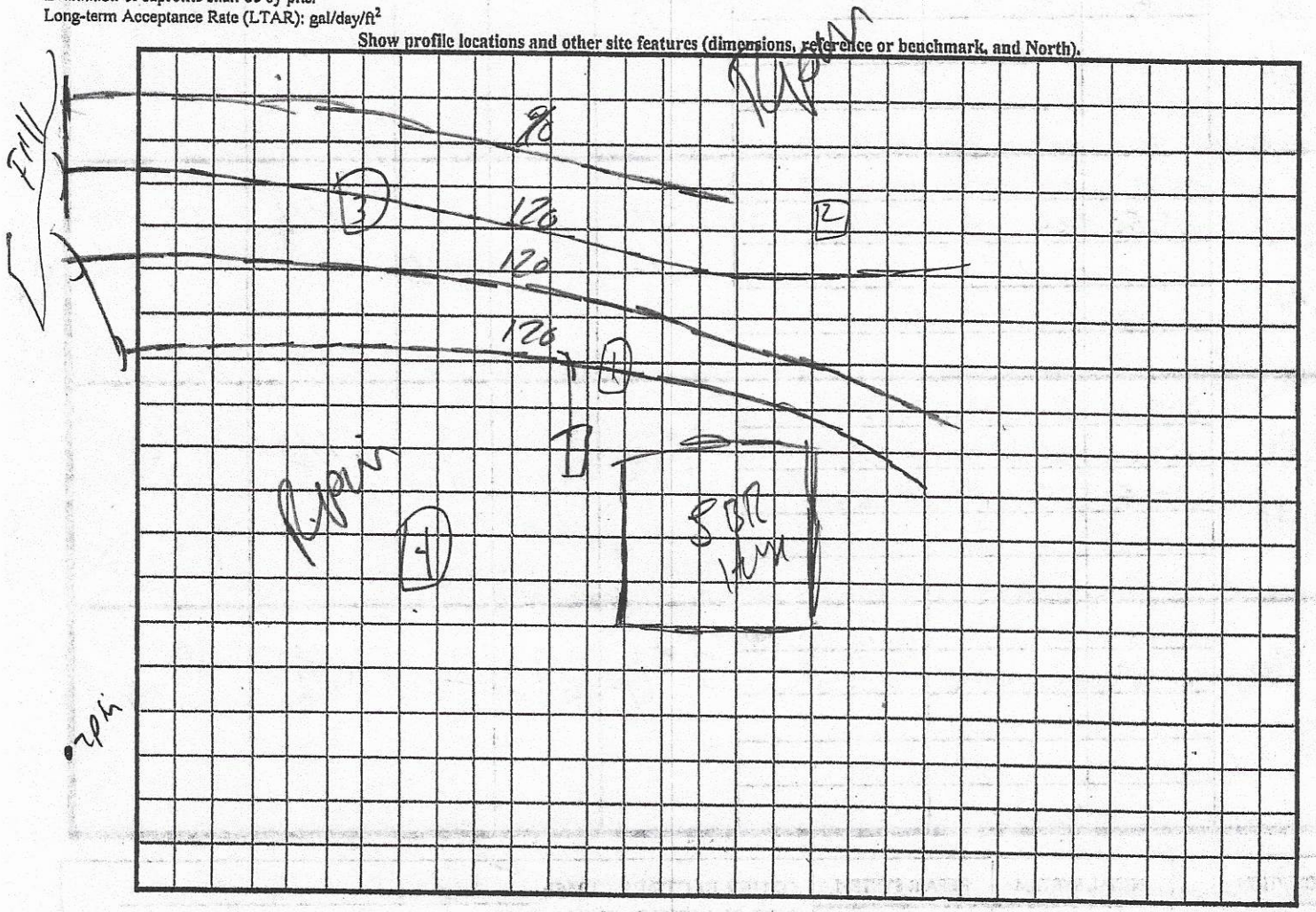
NOTES

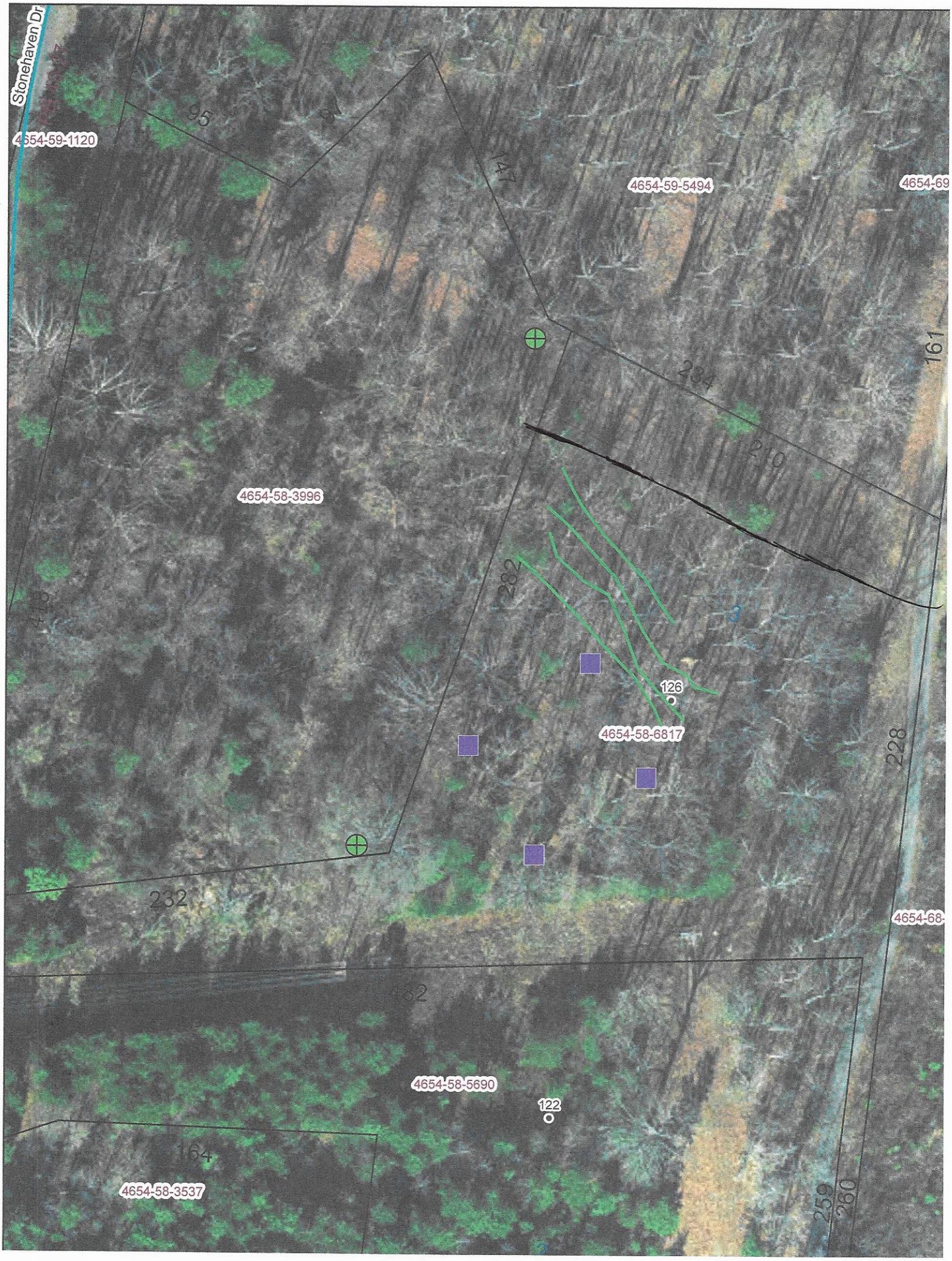
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft^2

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




Stonehaven Dr
4654-59-1120
95
147
4654-59-5494
4654-69
161
284
210
4654-58-3996
282
126
4654-58-6817
228
232
4654-68-
82
4654-58-5690
122
164
4654-58-3537
259
260

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

( ) Septic Improvement Permit (X) 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: Greybrook Homes Address: 11220 Elm Ln. Suite 109 Zip: 28277

Applicant Email: nick@greybrookhomes.com Phone: 704-507-6327 Alt. Phone: _____

Owner Name: Greybrook Homes Address: 11220 Elm Ln. Suite 109 Zip: 28277

Owner Email: Joe@greybrookhomes.com Phone: 803-381-5921 Alt. Phone: _____

Property Information:

Street Address: 126 Stonehaven Dr. Mooresville NC 28115

Subdivision Name: Stonehaven Section/Phase: _____ Lot Number: 3

Driving Directions: Shearers Rd- Right on Presbyterian Rd- Right onto Stonehaven Dr.

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: 8
( ) 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: Nick Belk 11/16/20

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*) Nick Belk

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, Nick Belk, am the legal owner(s) of the property located at 126 Stonehaven Dr., identified as PIN (Parcel Identification Number) 4654-58-6817, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

Nick Belk
_____ 11/16/20
Signature of Owner(s) Date

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

RECEIVED SEP 2 1 2020

AP-311074
$500.00

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: X 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 #
SHERMAN STONE	365 Midway Lake Rd MOORESVILLE NC 28115	828-406-0782	—
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Ann P. STONE	155 STONEHAVEN DR MOORESVILLE NC 28115	704-495-0940	—

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
126 STONEHAVEN DR. MOORESVILLE NC. 28115	FAMILY SUBDIVISION	Lot #3

Driving Directions: CHARLOTTE Hwy. to PRESBYTERIAN RD. – FIRST St. – STONEHAVEN DR. ON LEFT – go down GRAVEL RD. – ON Right.

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 due to _____
- ( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) 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:

(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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: Sherman Clayton Stone
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-20-20
DATE

311074

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Ann P. Stone, am the legal owner of the property located at 126 Stone Haven Dr. Mooresville NC 28115 identified as PIN(Parcel Identification Number) 4654-58-[redacted] 6819, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) SHERMAN STONE, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Ann P. Stone — Signature of Owner — 9-20-20 — Date

Sherman Stone — Signature of Witness — 9-20-20 — 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

or

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

311074

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, Ann P. Stone, am the legal owner(s) of the property located at 120 STONEHAVEN DR, MOORESVILLE NC 28115, identified as PIN (Parcel Identification Number) 4654-58-[redacted] 6817, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SHERMAN STONE, _____, 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.

Ann P. Stone 9-20-20 Sherman Stone 9-20-20

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

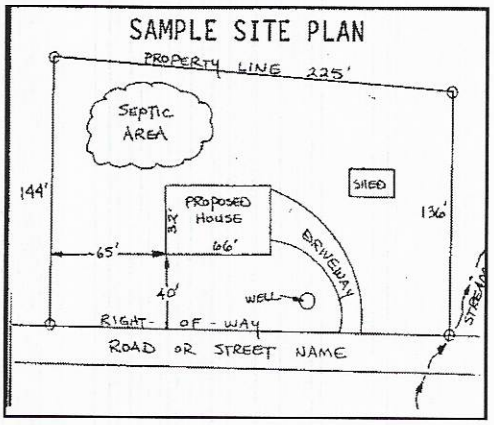
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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 Plot Plan

Signature: Nick Belk

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/16/20

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 311[illegible]-4

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

PIN # 4654 -58 -6817

APPLICANT/OWNER: Sherman Stone APPLICANT ADDRESS: 365 Midway Lake Road Mooresville NC 28115

SITE ADDRESS: 126 Stonehaven Drive Mooresville NC 28115 PHONE: ALT. PHONE 828-406-0782

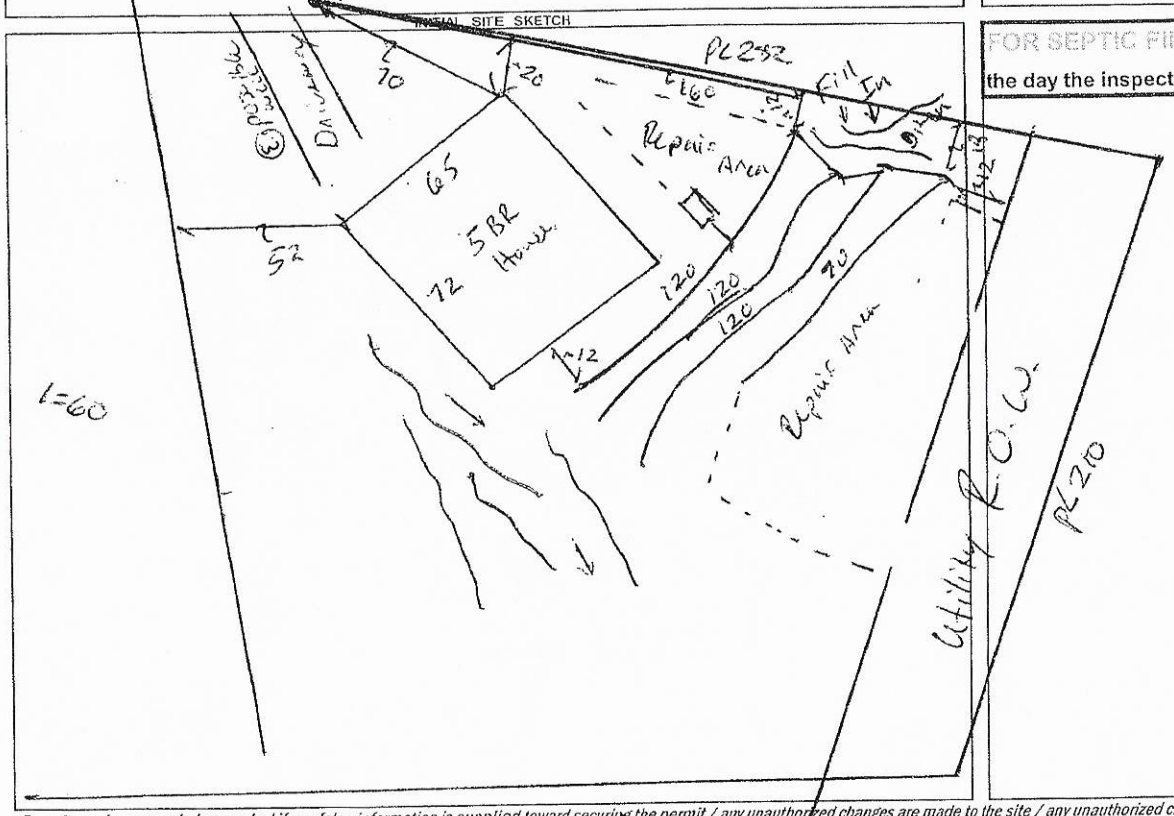
SITE DIRECTIONS: Charlotte Hwy to Presbyterian Rd to Stonehaven Site on Right SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: DESIGN FLOW: 600 L.T.A.R.: .35

Septic Tank	1250	(gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	5	Water Supply
Pump Tank	—	(gal)	PT	Date	System Description: Gravity - 25% Reduction				[ ] Business	No. Persons	10	[X] Private
Pump Make	—	Model	—	Serial #	Repair System Description: LPP PBPDS - 50% Reduction				[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft.	430	Maintenance Agreement Required:	[ ] YES	[X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36	Trench Bottom Depth	30 Low	Gravel Depth	—		[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: * Install Septic Drawings on the center of the lot * Utilities is drawn Field Dirt where shown / Direct water away from Drainfield. utilities, Serial distribution, Direct Drive, Pump, pave, grade or bag

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.

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,* [X] **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: Sherman Stone Date: 10-9-20 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Bell Date: 10/11/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

3110714

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

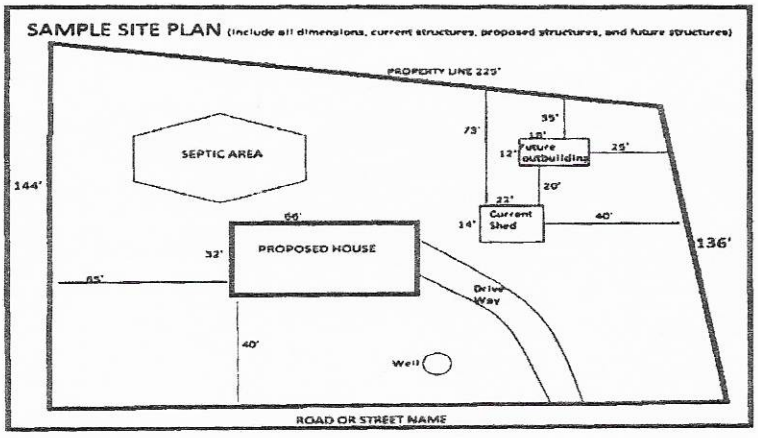
- X Property Line measurements are clearly identified…
- X All proposed structures are indicated…

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

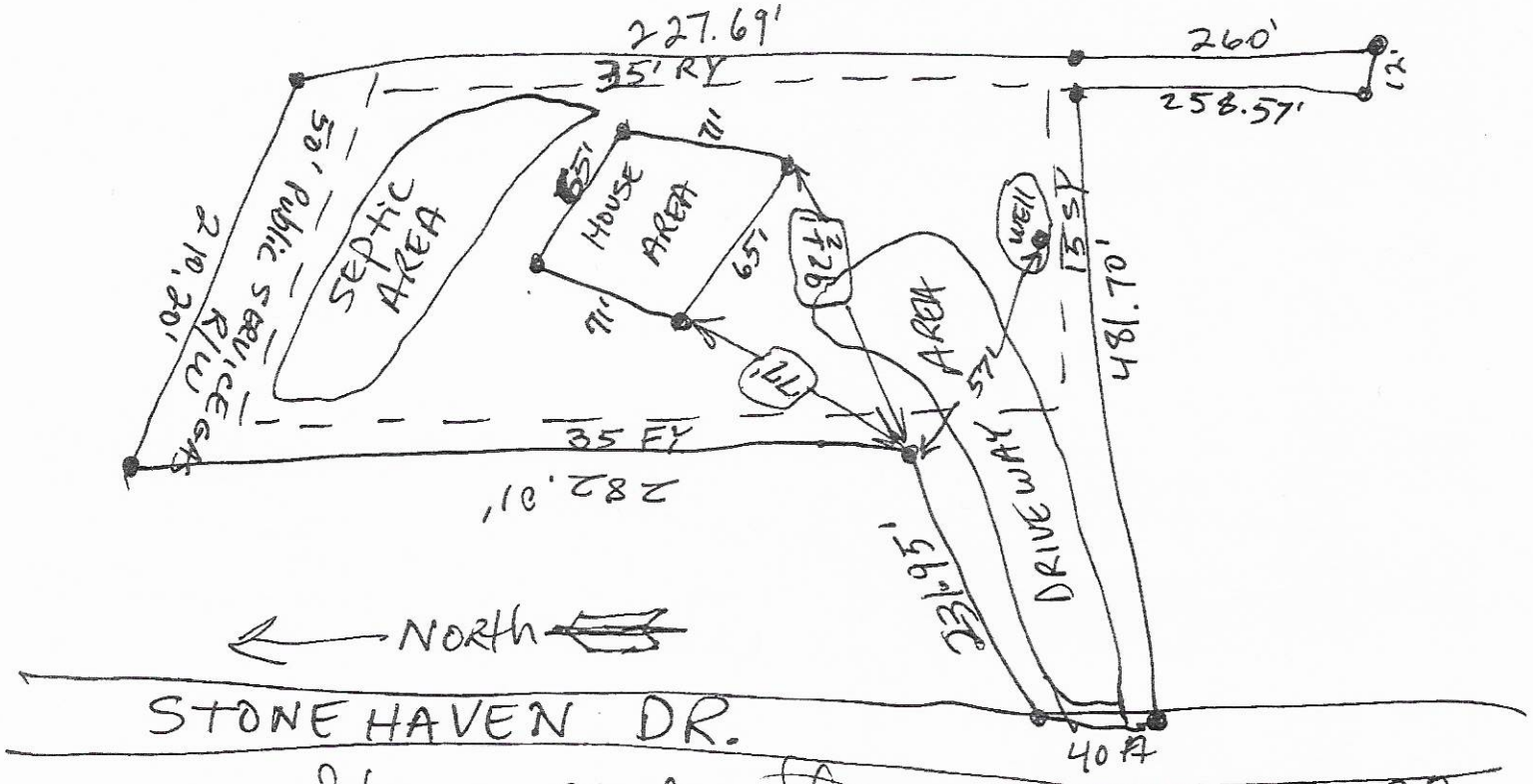
- X Front and side setbacks from property line…
- X Area you prefer your septic system to be placed…
- X Preferred driveway location and configuration, preferred well location…
- X North arrow, or other sufficient indicator of direction…

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



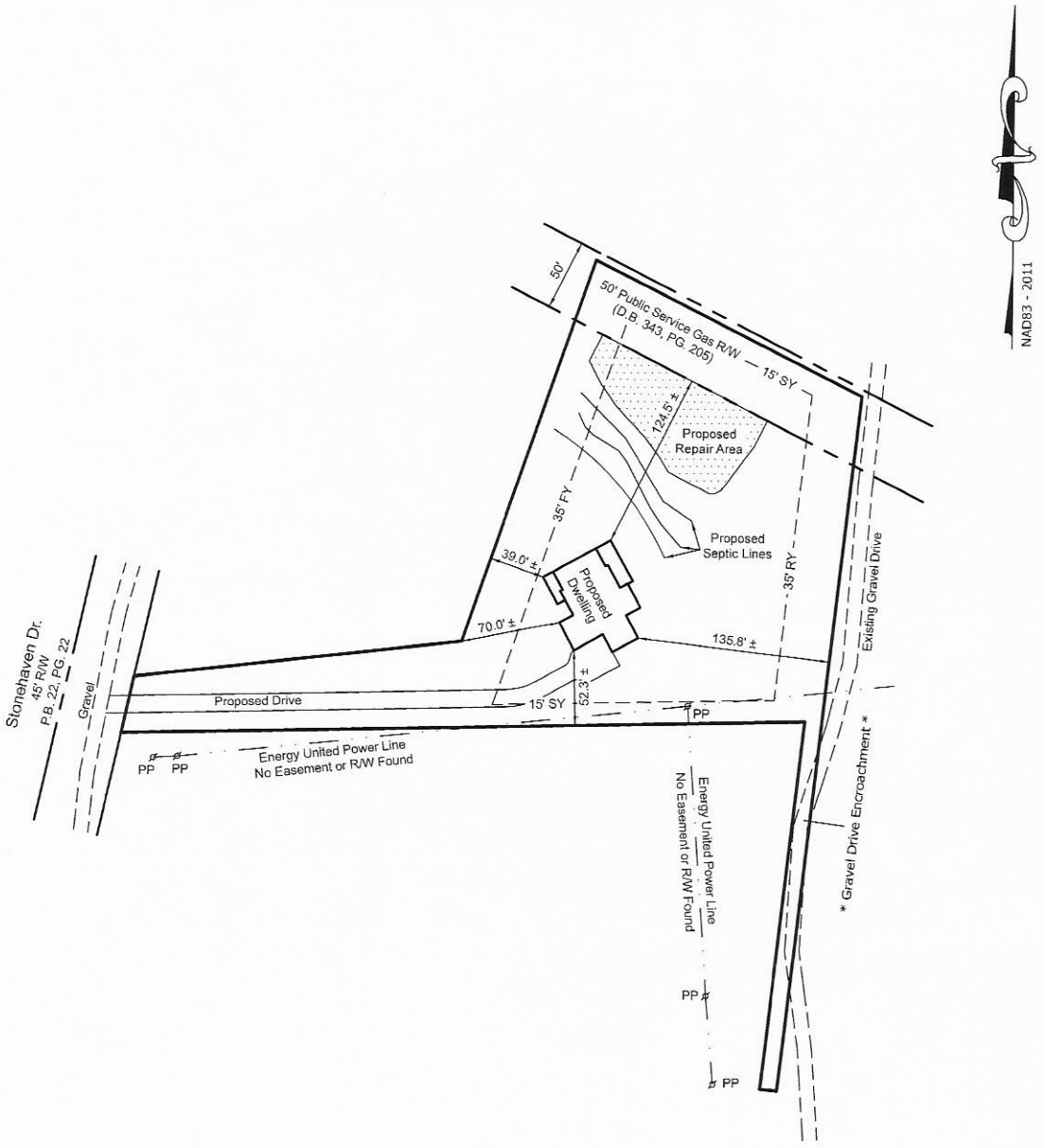
Signature: Sherman Clayton Sloan

REQUIRED property owner or owner's legal representative signature.

9-20-20

DATE

PRELIMINARY FOR REVIEW ONLY



REFERENCE:

BEING ALL OF LOT 3 - FAMILY DIVISION FOR ANN P. STONE PROPERTY - AS RECORDED IN P.B. 72, PG. 90 - IREDELL COUNTY REGISTRY.

SETBACKS:

PROPERTY ZONED: RA (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) AS RECORDED IN P.B. 72, PG. 90.

PROPERTY IS SUBJECT TO A 50' PUBLIC SERVICE GAS R/W PER D.B. 343, PG. 205.

THE PROPOSED SEPTIC LINES & PROPOSED SEPTIC REPAIR AREA WAS COMPUTED GRAPHICALLY FROM A PROVIDED SEPTIC PERMIT DATED 10-09-20

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710465400L EFFECTIVE DATE 11/16/2018.

0 80 160 240

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE
PP	POWER POLE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:

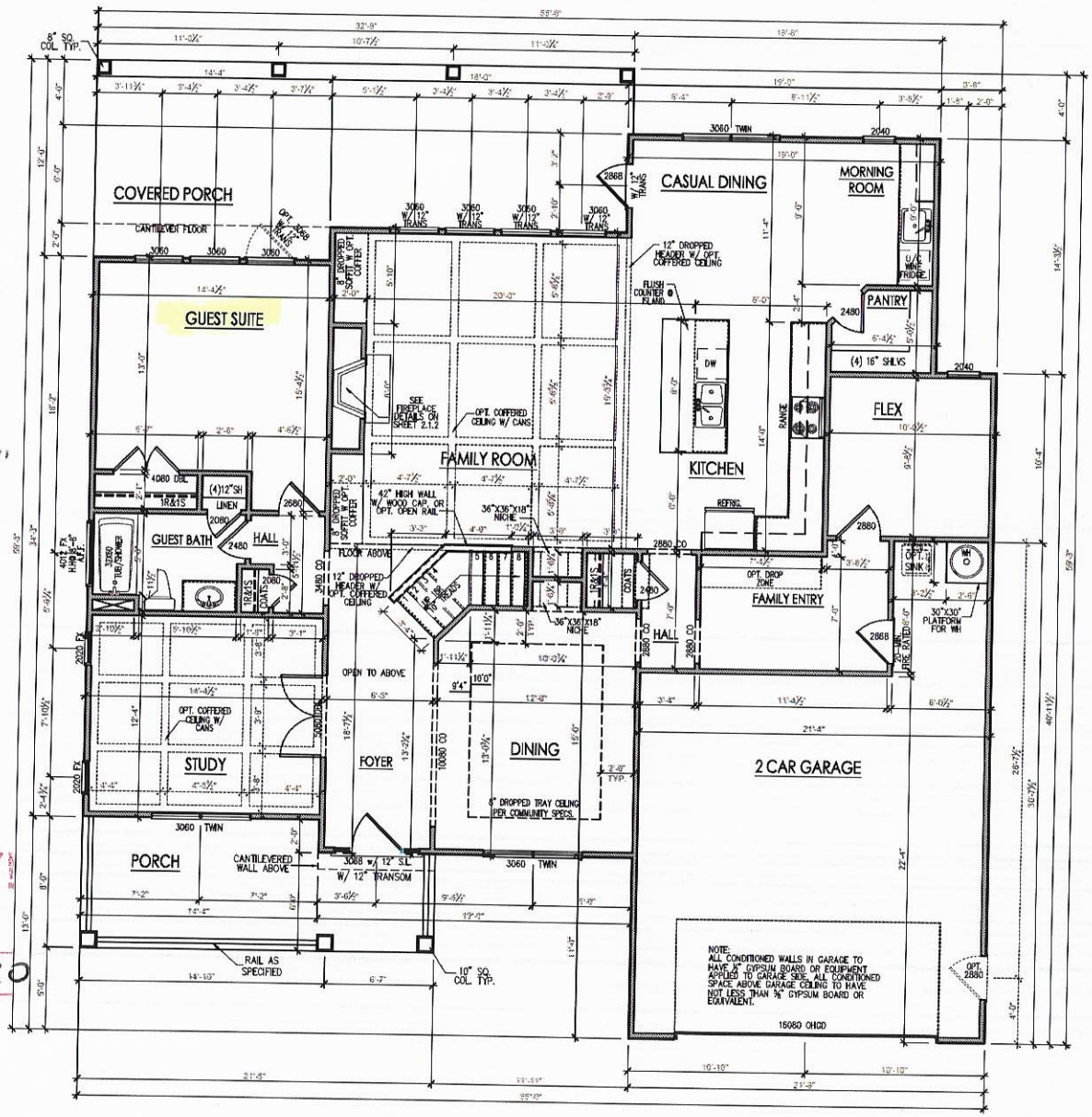
Graybrook Homes

DRAWN BY: JWE	CHECKED BY: MIG	SCALE: 1" = 80'
PIN NO: 4654-58-6817		
DEED REF: 2738 - 2098		
DATE OF MAP: 11-12-20	SURVEY DATE: 08-18-20	
REVISION:	DRAWING FILE: 20201123	

126 Stonehaven Dr, Mooresville, NC 28117
Coddle Creek TWSP - Iredell County - North Carolina

55'

59'3"



FIRST FLOOR PLAN 'A'
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

Acknowledgement of Plans Submittal ONLY!

Date 12/2/20

Date 11/30/20

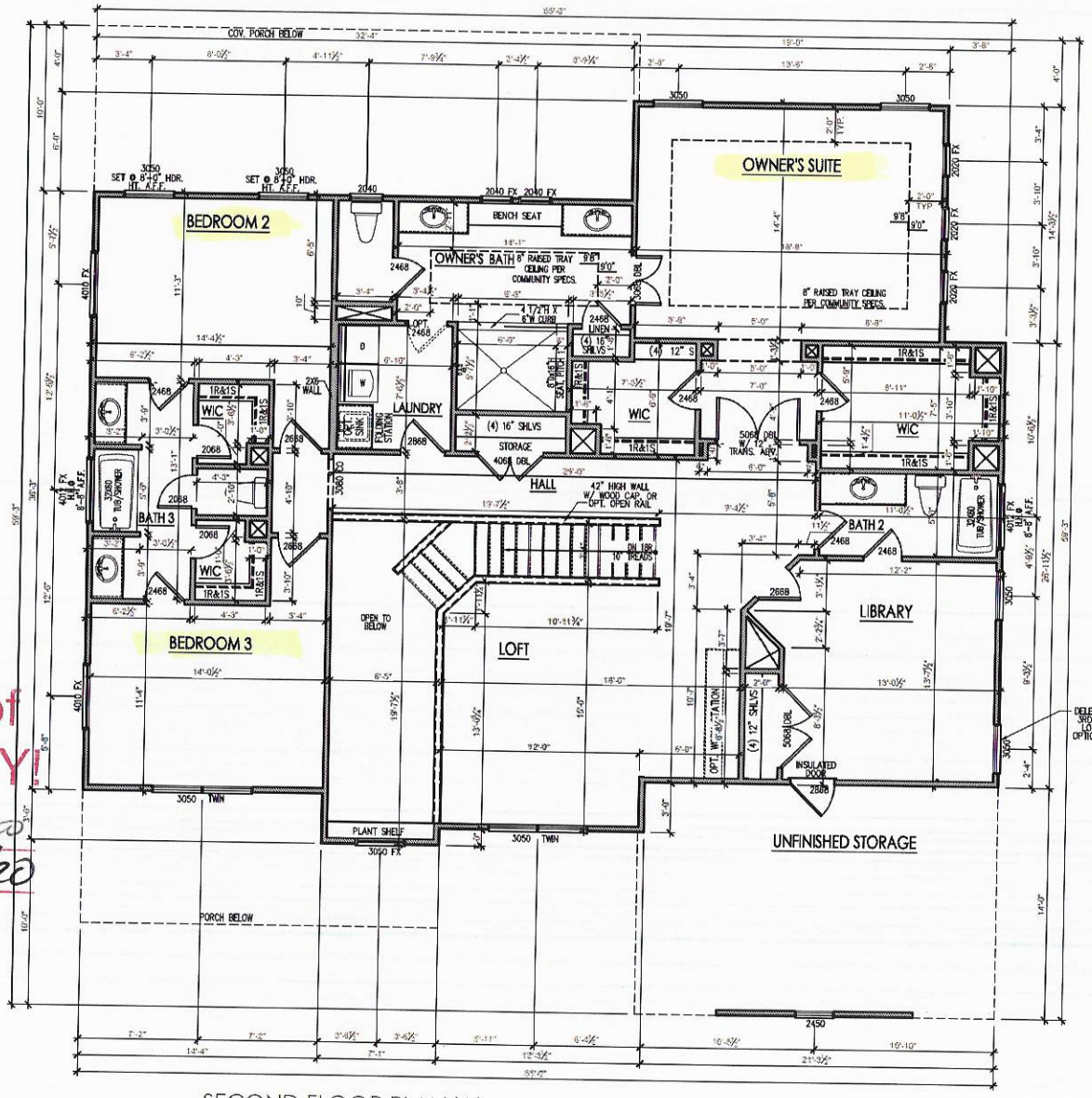
SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Concept Homes

REV.#	DESCRIPTION	DATE
1	---	---
2	---	---
3	---	---
4	---	---
5	---	---
6	---	---
7	---	---
8	---	---

3141 - HARVARD - RH
SIGNATURE COLLECTION
First Floor Plan 'A'

DRAWN BY: South Designs
ISSUE DATE: 10/31/2018
CURRENT REVISION DATE: 10/31/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.1a



SECOND FLOOR PLAN 'A'
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

Acknowledgement of Plans Submittal ONLY!

Date 12/2/20

Date 11/30/20

SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2228
www.southdesigns.com

Concept Homes

REV.#	DESCRIPTION	DATE
1	---	---
2	---	---
3	---	---
4	---	---
5	---	---
6	---	---
7	---	---
8	---	---

3141 - HARVARD - RH
SIGNATURE COLLECTION
Second Floor Plan 'A'

DRAWN BY: South Designs
ISSUE DATE: 10/31/2018
CURRENT REVISION DATE: 10/31/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.2a

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
311074
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4654586817.000	126 Stone Haven Dr Mooresville NC 28115	Iredell County

Owner Information	Applicant Information
Name: STONE ANN P	Name: STONE ANN P
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.8761	35	35	15	15		NO

Remarks
SFD

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. The applicant further acknowledges that 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.

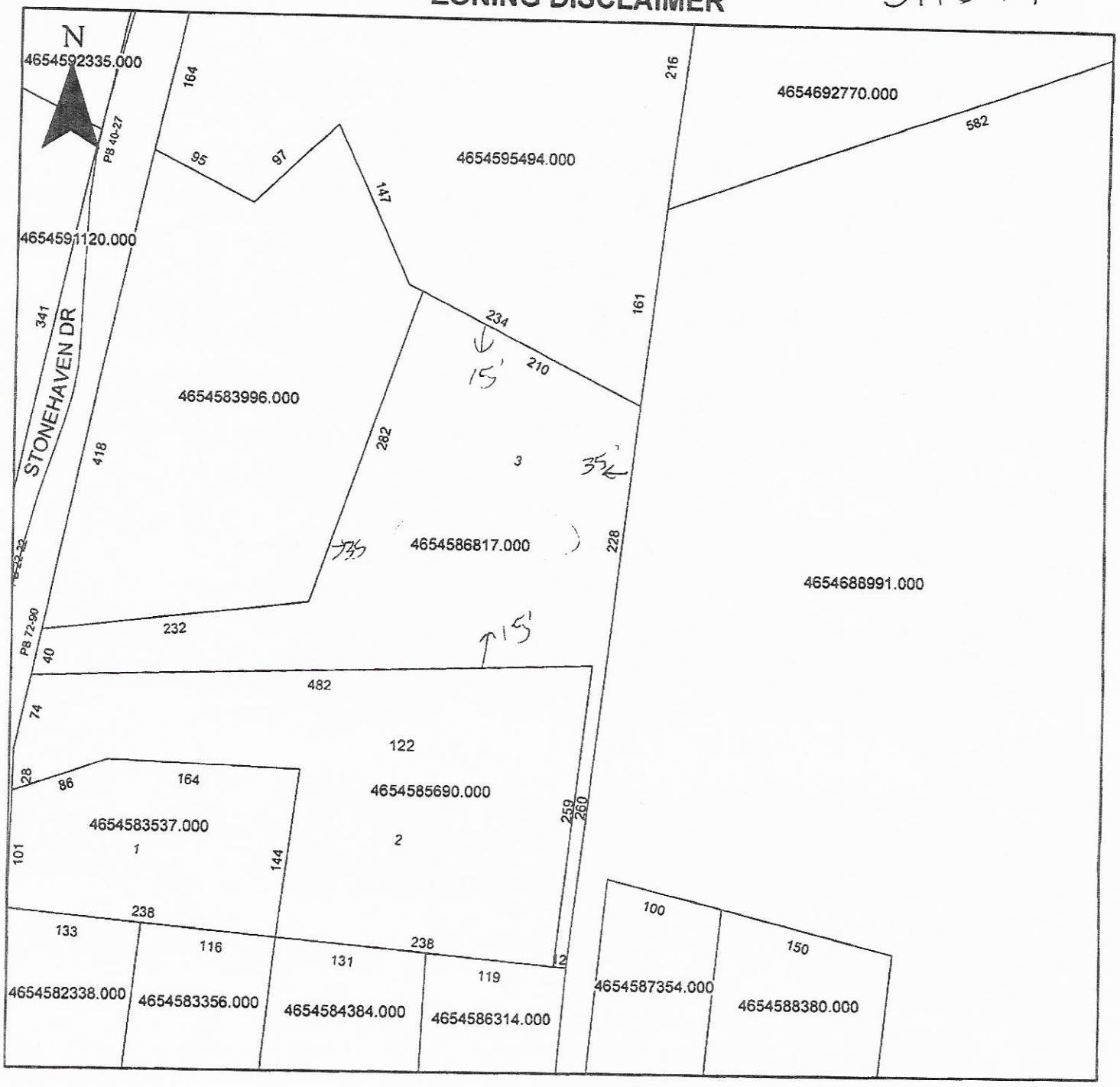
Signature of Owner/Contractor

Date: 09/21/2020

Permit Number	311074	TOTAL FEES:	$77.25

ZONING DISCLAIMER

311074



Property Address 126 Stonehaven

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.

V Sherman Flow

Applicant

V 9-21-20

Date