ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 CLW Mooresville Office (704) 660-3625 PERMIT # AP 303796.

PIN # 4664883437

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

APPLICANT/OWNER: Iredell Anniston Holdings LLC APPLICANT ADDRESS: 11220 Elm Ln Suite 107 Charlotte, NC 28277

SITE ADDRESS: 135 Riverstone Drive Davidson, NC 28036 PHONE: 803-381-5921 ALT. PHONE —

SITE DIRECTIONS: Shearers Rd S TL on Anniston Way TR on Burnell TL Wavering House On Riverstone SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Riverstone @ Anniston SECTION: — LOT # 3 LOT AREA: 1.291 acres DESIGN FLOW: 480 L.T.A.R.: .40

Septic Tank	1000 (gal)	STB	854	Date	3-11-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	169	Date	8-28-20	System Description:	Pressure manifold - 50% Reduction			☐ Business	No. Persons 8
Pump Make	Ewald's	Model	WE0512	Serial #	—	Repair System Description:	EP - Panel - 50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☒ Crawl Space
Trench Width	24	Trench Bottom Depth	45 Max	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Trench Bottom to be installed a Max of 45 inches
Fill Gully below lowest Drainfield Repair Line.

INITIAL SITE SKETCH

See attached Proposal and site Design by: Carolina Soil and Septic Consulting, PLLC.

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	5-14	
Tanks Checked	5-7-2021	
Pressure Manifold or Valve Box Checked	5-14	
Pressure Head Set	5-14	
Electrical Checked	7/9/21	DW
Floats Set	5-14	
Alarm Checked	7/9/21	DW
Maintenance Contract Y (N)		
Comments:		

fed 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**

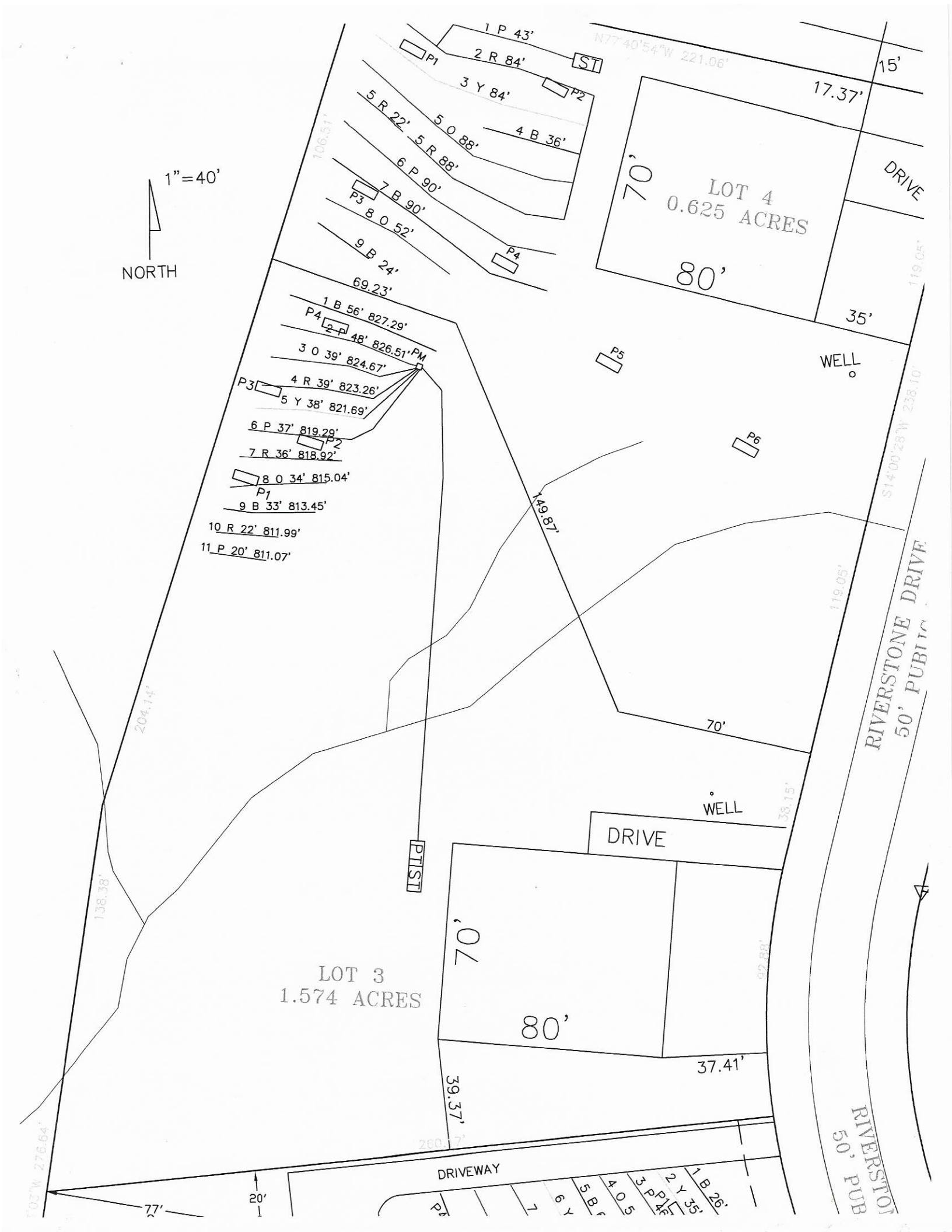
PERMIT *with plat* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

gnature: Acceptance of Permit Recvd Date: 5.12.2020 Installed by: Rick A-1 Backhoe

IIT by: Benjamin A Bottini Date: 2/24/2020 OPERATION PERMIT by: D. Wiebery Date: 7/9/21

ONSTRUCT by: Patrick J Boyle III Date: 12/1/2020 Existing System Inspected by: Date:

R 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.


1"=40'
NORTH
1 P 43'
2 R 84'
3 Y 84'
4 B 36'
5 O 88'
5 R 22'
5 R 88'
6 P 90'
7 B 90'
8 O 52'
9 B 24'
69.23'
1 B 56' 827.29'
2 P 48' 826.51'
3 O 39' 824.67'
4 R 39' 823.26'
5 Y 38' 821.69'
6 P 37' 819.29'
7 R 36' 818.92'
8 O 34' 815.04'
9 B 33' 813.45'
10 R 22' 811.99'
11 P 20' 811.07'
P1
P2
P3
P4
P5
P6
ST
PTIST
N77°40'54"W 221.06'
106.51'
15'
17.37'
DRIVE
70'
LOT 4
0.625 ACRES
80'
35'
119.05'
WELL
S14°00'28"W 238.10'
149.87'
70'
204.74'
138.38'
LOT 3
1.574 ACRES
WELL
DRIVE
38.15'
70'
80'
37.41'
39.37'
92.88'
RIVERSTONE DRIVE
50' PUBLIC
DRIVEWAY
20'
77'
N13°20'W 276.64'
260.17'

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Attached is a proposed design for a PPBPS Septic System with PRESSURE MANIFOLD distribution for a 4 bedroom single family residence on Lot 3 of Riverstone at Anniston, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
- Install Specifications---------- 2
- Field Layout Specifications---------- 3
- Pressure Manifold Tapsheet---------- 4

Typical Pressure Manifold Diagram---------- 5

Site Plan/System Plan---------- 6

Dosing Calculations---------- 7

Profile Descriptions---------- 8

December 31, 2019
Job Number: 17076
Design By: Ben Aldridge, REHS

INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with Pressure Manifold Distribution.**
- **Repair is specified as Low Pressure PPBPS system.**
- **This design perculdes the use of foundation drains around the house.**
- **If grading for a slab do not cut any soil off of septic system initial or repair area, do not create a 2 ft. or greater cuts within 15 ft. of any septic or repair line and do not backfill over any of the proposed septic drainfield area unless otherwise specified.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Location:	RIVERSTONE AT ANNISTON LOT 3
Owner:	Rufus Road Partners LLC
Address:	11220 Elm Ln., Suite 107 Charlotte, NC 28277
Client:	Joe Dority
Telephone Number:	803-381-5921
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.4
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	200
Total Lateral Length Required:	200
Trench Depth:	45 in.
Trench Width:	24 in.
Trench Bottom Area:	600
Trench Spacing:	8
Repair Trench Depth:	45 in.
Repair Trench Spacing:	8 ft.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	175
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	30.45
Dosing Volume:	169.20
Pump Tank Draw Down:	8.1
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	27.00
Total Dynamic Head:	38.54
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	**NO**
Additional Comments:	Soil suitability was performed by Carolina Soil & Septic Consulting, PLLC

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

FIELD LAYOUT SPECIFICATIONS
RIVERSTONE AT ANNISTON LOT 3

LAYOUT FOR 4 BEDROOM HOME — December 31, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					813.58		
INSTR. 1							
HOUSE					806.06		
TANK					805.12		
1	BLUE				827.29	56	56
2	***PINK***				***826.51***	***48***	***48***
3	***ORANGE***				***824.67***	***43***	***39***
4	***RED***				***823.26***	***41***	***38***
5	***YELLOW***				***821.69***	***41***	***38***
6	***PINK***				***819.29***	***37***	***37***
7	RED				818.92	36	36
8	ORANGE				815.04	34	34
9	BLUE				813.45	33	33
10	RED				811.99	22	22
11	PINK				811.07	20	20
					Total	**411**	**401**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***200***	***MOD.***	***0.400***	***PPBPS***	**PRESSURE MANIFOLD**
Repair	201	MOD.	0.400	PPBPS	LOW PRESSURE

Notes:
** TBM located at front left corner of lot 2.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: Fill gullys below the lowest drainline to achieve 15' separation.
All pin flags were located by GPS and elevations recorded via GPS.
Iredell County Environmental Health has CS&SC's permission to move or relocate distribution devices and tank locations.

PRESSURE MANIFOLD TAPSHEET - LOT 3 RIVERSTONE AT ANNISTON

SYSTEM

Line #	Color	Elevation	Length	Pipe Size	Flow/Tap	Line GPD	Line Capacity	Line Trench Area	Flow/Line	Line LTAR	# of Panels
1	*PINK*	*826.51*	*48*	*SCH 40 1/2*	*7.11*	*41.44*	*39.88*	*96*	*0.86*	*0.43*	*11*
2	*ORANGE*	*824.67*	*39*	*SCH 80 1/2*	*5.48*	*31.94*	*32.40*	*78*	*0.82*	*0.41*	*9*
3	*RED*	*823.26*	*38*	*SCH 80 1/2*	*5.48*	*31.94*	*31.57*	*76*	*0.84*	*0.42*	*9*
4	*YELLOW*	*821.69*	*38*	*SCH 80 1/2*	*5.48*	*31.94*	*31.57*	*76*	*0.84*	*0.42*	*9*
5	*PINK*	*819.29*	*37*	*SCH 80 1/2*	*5.48*	*31.94*	*30.74*	*74*	*0.86*	*0.43*	*9*
											47
		total feet =	**200**	**gal/min =**	**29.03**						
			Des. Flow	**480**							
			Pump Run=	**5.83**							
			soil LTAR	**0.40**							

CALCULATIONS

Location	RIVERSTONE AT ANNISTON	
Lot Number	3	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.4	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	175	ft.
Supply Line Volume	30.45	gal.
Required Feet of Line	200	ft.
Amount of Line from Layout	200	ft.
Gallons per Minute	29.03	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	47	
Dosing Volume	169.20	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel

Tank Draw Down	8.1	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.83	minutes
Elevation Head	27	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	3.12	ft.
Total Dynamic Head (+20%)	38.54	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Sheet 1 OF 1
PROP. ID #: 4664883443
COUNTY: IREDELL

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

OWNER: IREDELL ANNISTON HOLDINGS LLC
ADDRESS: 11220 ELM LANE SUITE 107 CHARLOTTE NC 28277
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 135 RIVERSTONE DRIVE DAVIDSON NC 28036
WATER SUPPLY: PRIVATE PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE:
DATE EVALUATED: 11/6/2019
PROPERTY SIZE: 0.951
PROPERTY RECORDED: YES

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS 22%	0-14	R L WSBK	VFR SS SP SEXP	N/A	14"	S	N/A	0.4
		14-61	VAR L SAP M	VFR SS SP SEXP					
		93.							
2	LS 22%	0-8	R CL WSBK	VFR SS SP SEXP	N/A	38"	FEW TO COM 8-38" S	N/A	0.4
		8-38	R L WSBK	VFR SS SP SEXP					
		38-62	VAR L SAP M	VFR SS SP SEXP					
		79							
3	LS 22%	0-15	R CL WSBK	FR SS SP SEXP	N/A	15"	S	N/A	0.4
		15-60	VAR L SAP M	VFR SS SP SEXP					
		77							
4	LS 6% c29	0-17	R C MSBK	FR SS SP SEXP	N/A	26"	S	N/A	0.4
		17-26	R CL WSBK	FR SS SP SEXP					
		26-~~63~~ 70	VAR L SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)		
SYSTEM TYPE(S)		
SITE LTAR		
COMMENTS		

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD, DAVID BEANE

RECEIVED OCT 2 9 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-303796

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Nick Belk Address: 11220 Elm Ln #109 Charlotte Zip: 28277
Applicant Email: Nick@greybrookhomes.com Phone: 704 507 6327 Alt. Phone: _____
Owner Name: Rufus Road LLC Address: 11220 Elm Lane # 109 Charlotte NC Zip: 28277
Owner Email: joe@greybrookhomes.com Phone: 803 381 5921 Alt. Phone: 704 507 6327

Property Information:

Street Address: 135 Riverstone Dr Davidson, NC 28036
Subdivision Name: Anniston Riverstone Section/Phase: _____ Lot Number: 3
Driving Directions: Shearers Rd to Anniston Way to Burnell PL to Walking Horse Tr to Riverstone Dr

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

(X) 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: _____
(X) 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: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( )
Other: _____

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. industrial) 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.

Signature: _____ 10/20/20

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, IREDELL ANNISTON HOLDINGS LLC, am the legal owner(s) of the property located at 135 RIVERSTONE DR. DAVIDSON, identified as PIN (Parcel Identification Number) 4664883443, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PRUETT, CS&SC, 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
[signature]	2/22/18	Kim R. Bradam	2/22/18

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

X

RECEIVED FEB 05 2020 AP-303796

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

2-6-2020 $350. on $550

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: IREDELL ANNISTON HOLDINGS LLC/CS&SC Address: 11220 ELM LN., SUITE 107, CHARLOTTE, NC Zip: 28277

Applicant Email: joe@myconcepthome.com Phone: 803-381-5921 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 135 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 3

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE,LOT ON LEFT

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

CHECK FOUNDATION TYPE

(✓) 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: _____

(✓) 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: BA Oli 1/27/20

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

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*) _____

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, Joe Rority, am the legal owner(s) of the property located at 135 Rivrstone Dr Davidson NC 28036, identified as

PIN (Parcel Identification Number) 4644-88-6661, located in Iredell County, North Carolina.

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

_____ 10/27/20
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

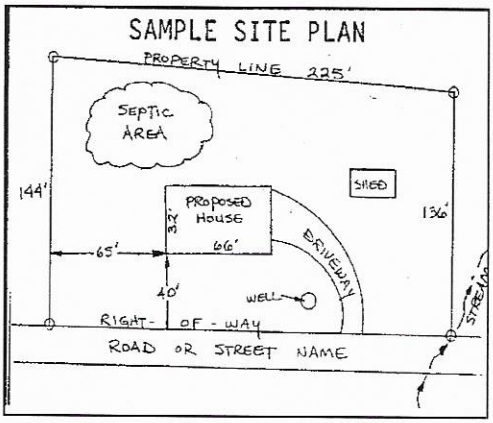
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

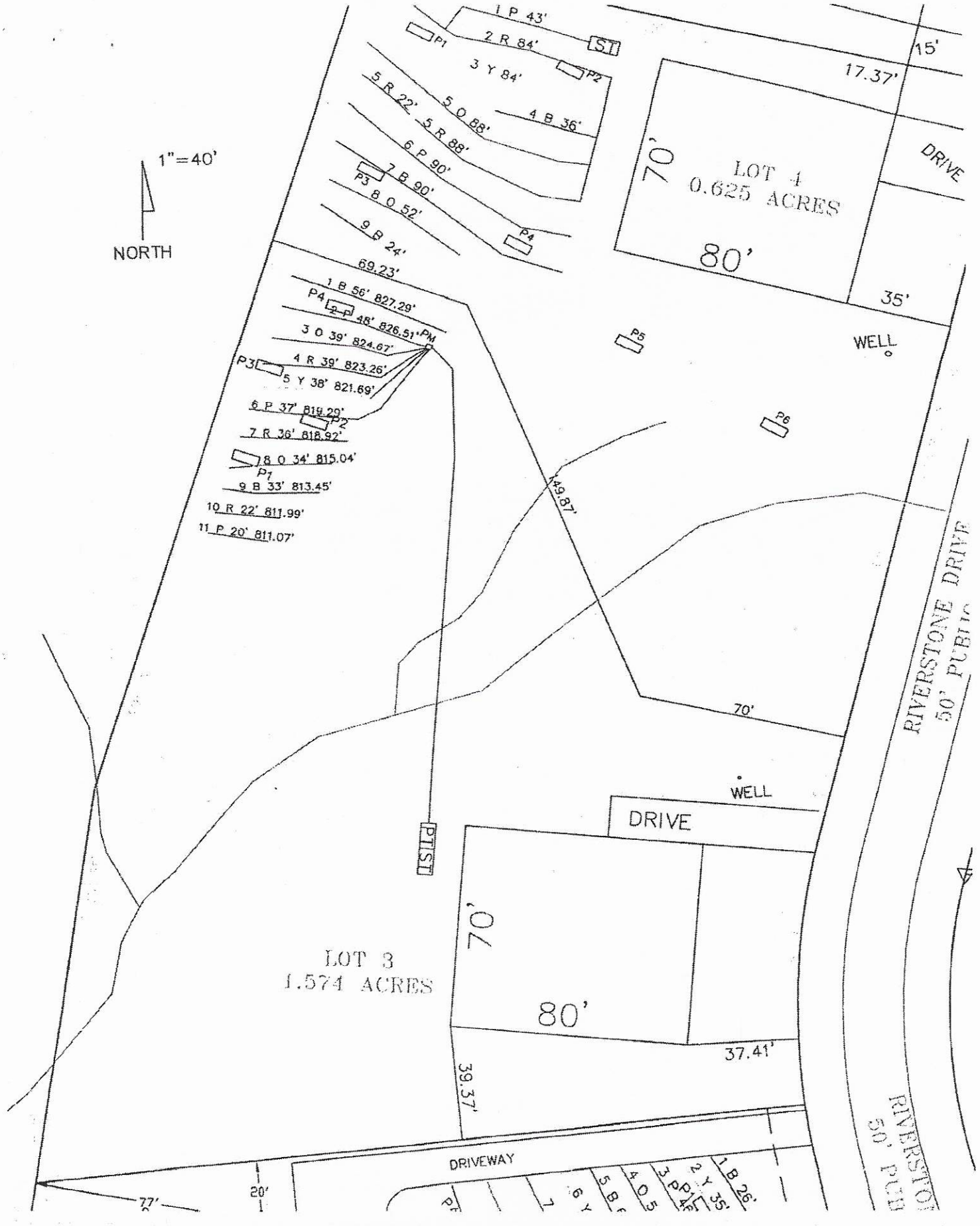
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 ATTACHED SITE PLAN AND DESIGN

Signature: BA Oli _____ 1/27/20

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

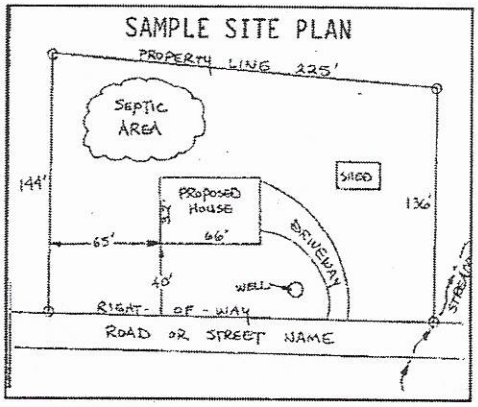

1"=40'
NORTH
1 P 43'
2 R 84'
3 Y 84'
4 B 36'
5 O 88'
5 R 22'
5 R 88'
6 P 90'
7 B 90'
8 O 52'
9 B 24'
69.23'
1 B 56' 827.29'
2 P 48' 826.51'
3 O 39' 824.67'
4 R 39' 823.26'
5 Y 38' 821.69'
6 P 37' 819.29'
7 R 36' 818.92'
8 O 34' 815.04'
9 B 33' 813.45'
10 R 22' 811.99'
11 P 20' 811.07'
P1
P2
P3
P4
P5
P6
P7
S.T.
PT.S.T.
15'
17.37'
DRIVE
70'
LOT 4
0.625 ACRES
80'
35'
WELL
149.87'
70'
RIVERSTONE DRIVE
50' PUBLIC
WELL
DRIVE
70'
LOT 3
1.574 ACRES
80'
37.41'
39.37'
DRIVEWAY
20'
77'

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

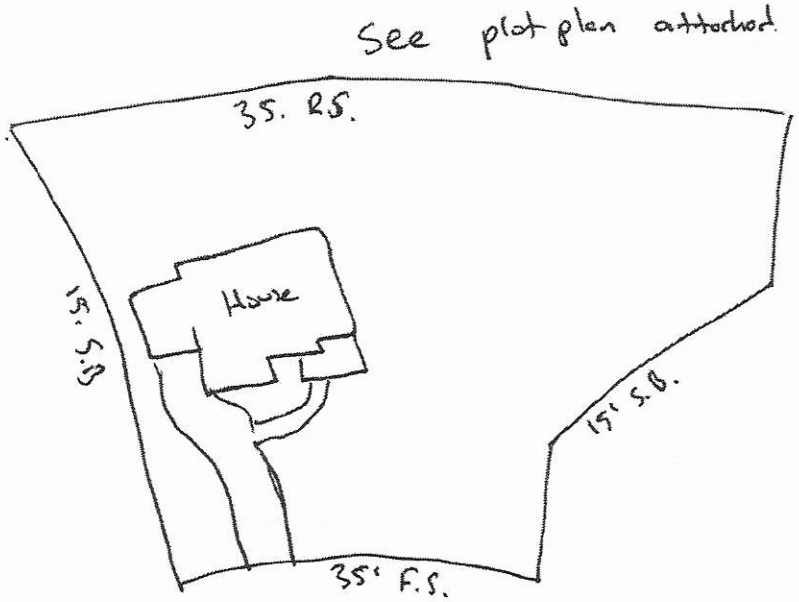
(X) Property Line measurements are clearly identified
(X) All proposed structures are indicated
(X) Front and side setbacks from property line
( ) Preferred driveway location
(X) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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Location of easements and rights of ways on your property
Location of any designated wetlands on the property

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



Signature: _____ 10/27/20

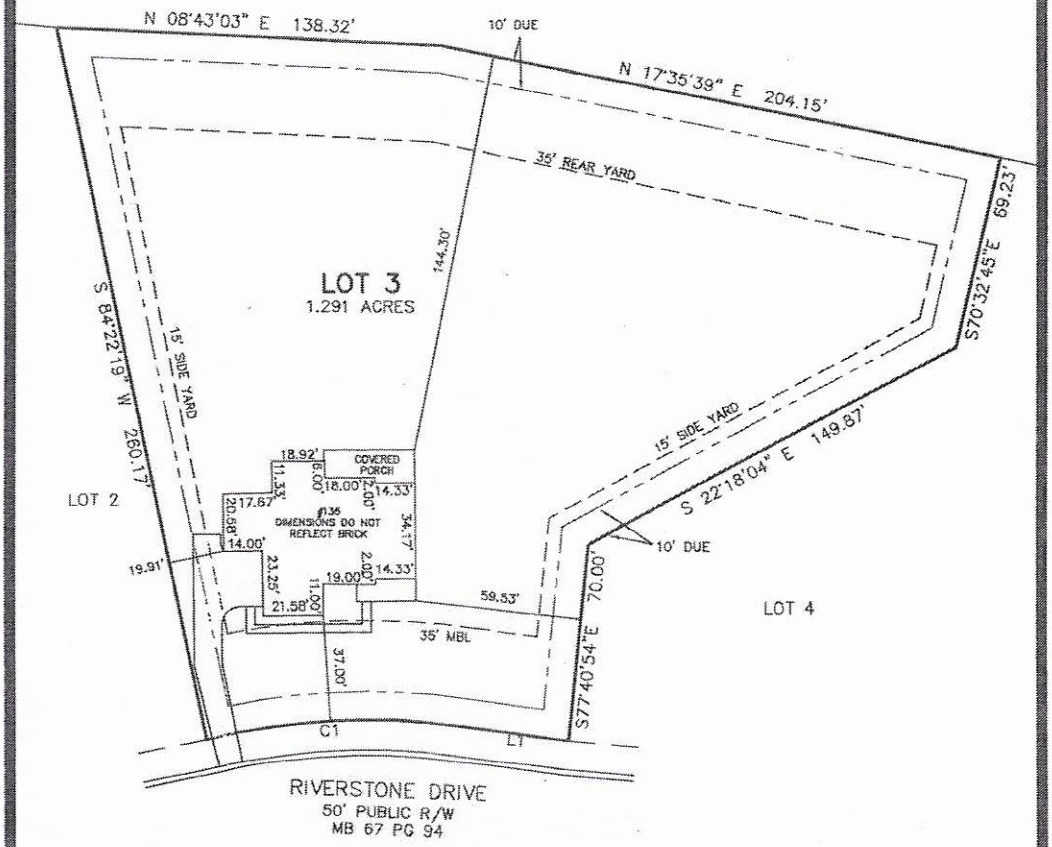
SITE PLAN DEVELOPMENT

PREPARED BY:
DELTA LAND SERVICES, INC.
FIRM LICENSE #C-735
608-C Matthews Mint Hill Road
MATTHEWS, NORTH CAROLINA 28105
(704) 847-4700

THIS SITE PLAN IS TO SHOW THE PROPOSED LOCATION OF THE HOUSE ON THE LOT AND IS NOT TO BE RELIED UPON FOR CONSTRUCTION.

MB 71 PG 123

SCALE: 1" = 50'



LINE	BEARING	DISTANCE
L1	S 14°00'28" W	38.15'

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	92.93'	234.92'	22°39'59"	S 03°08'49" W	92.33'

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision REVISED PLAT RIVERSTONE AT ANNISTON LOTS 3,4 AND 9-13 County IREDELL
Address 135 RIVERSTONE DRIVE Owner CONCEPT
Lot 3 Block ___ Plan HARVARD Elevation A Drive (Left) X (Right) ___ (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) ___ (3 Car) X Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other REAR COVERED PORCH

REVISED: MODEL CHANGE DWN: TMM CKD: DATE: 10/ 23/ 20

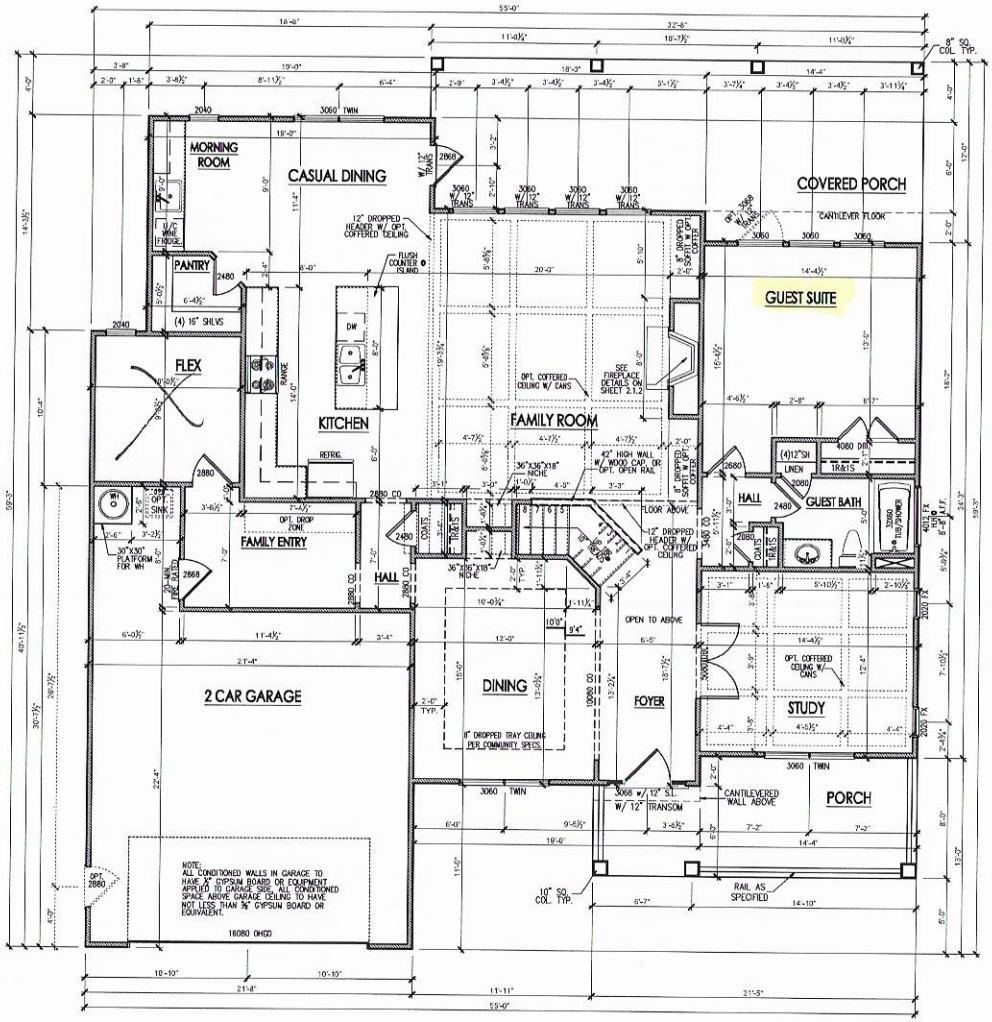
General Floor Plan Notes

General Floor Plan Notes shall apply unless noted otherwise on plan.

1. Wall Heights: Typically 10'-1-1/2" at first floor, and 9'-1-1/2" at second floor U.N.O. All walls are constructed using a double top plate. Splices at Double Top Plate do not need to occur at Vertical Studs but must be at least 24" apart from Joint in other Top Plate layer. Special wall heights are noted on plans where they occur.
2. Wall Thickness is typically 4" at exterior walls, 3-1/2" at interior. 2x6 frame shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing or greater and will be noted as a special condition where it occurs on plan.
3. Header height shall be 8'-0" AFF at First Floor, and 7'-6" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 8'-6" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 5'-6" wide shall have (2) 2x4 jack studs SPF on each side.
5. Soffits, Coffered Ceilings, Trey Ceilings and other significant ceiling plan elements are shown on the floor plans and are denoted as single dashed lines. Unless specifically call out as included, Kitchens **do not** include soffits over wall cabinetry.
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7. Windows: Shall have at least (1) window in each sleeping room, that meets egress. Shall be provided with tempered glass at hazardous glazing areas. False windows shall be installed with obscure glazing.
8. Closets for clothing or coat storage shall be equipped with 1 rod/shelf, open wire. Closets for linen shall have 3 open wire shelves. Closets for pantries shall have 5 wood shelves, painted.
9. Stair treads shall be 10" deep, risers shall be a maximum of 7-3/4", unless noted otherwise.
10. Handrails and Guards at stairs shall be 34" above the finished surface of the ramp surface of the stair. Handrails at landings and overlooks of multilevel spaces shall be 36" above finished floor. Guards (pickets or balisters) shall be spaced with no more than 4" between guards.
11. Attic Access shall be provided at all attic area with a height greater than 30". Minimum clear attic access shall be 20" x 30". Pull down stairs and access doors in knee walls meeting minimum criteria are also acceptable.
12. Garage Door to Living Space shall be 2'-8" x 6'-8" minimum size and shall be 20 minute fire rated and weather sealed.
13. Garage Walls, as a minimum, shall be separated from living space by installing 1/2" gypsum board on the garage side of the wall. With habitable space above, the inside of all garage walls require 1/2" GWB supporting 5/8" type X GWB on ceiling.

55' + 14' = 69' wide

59' 3" deep



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

Acknowledgement Of Plans Initial ONLY
Date 12/2/20
Patrick J Bartlett Date 12/1/2020

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

Concept Homes

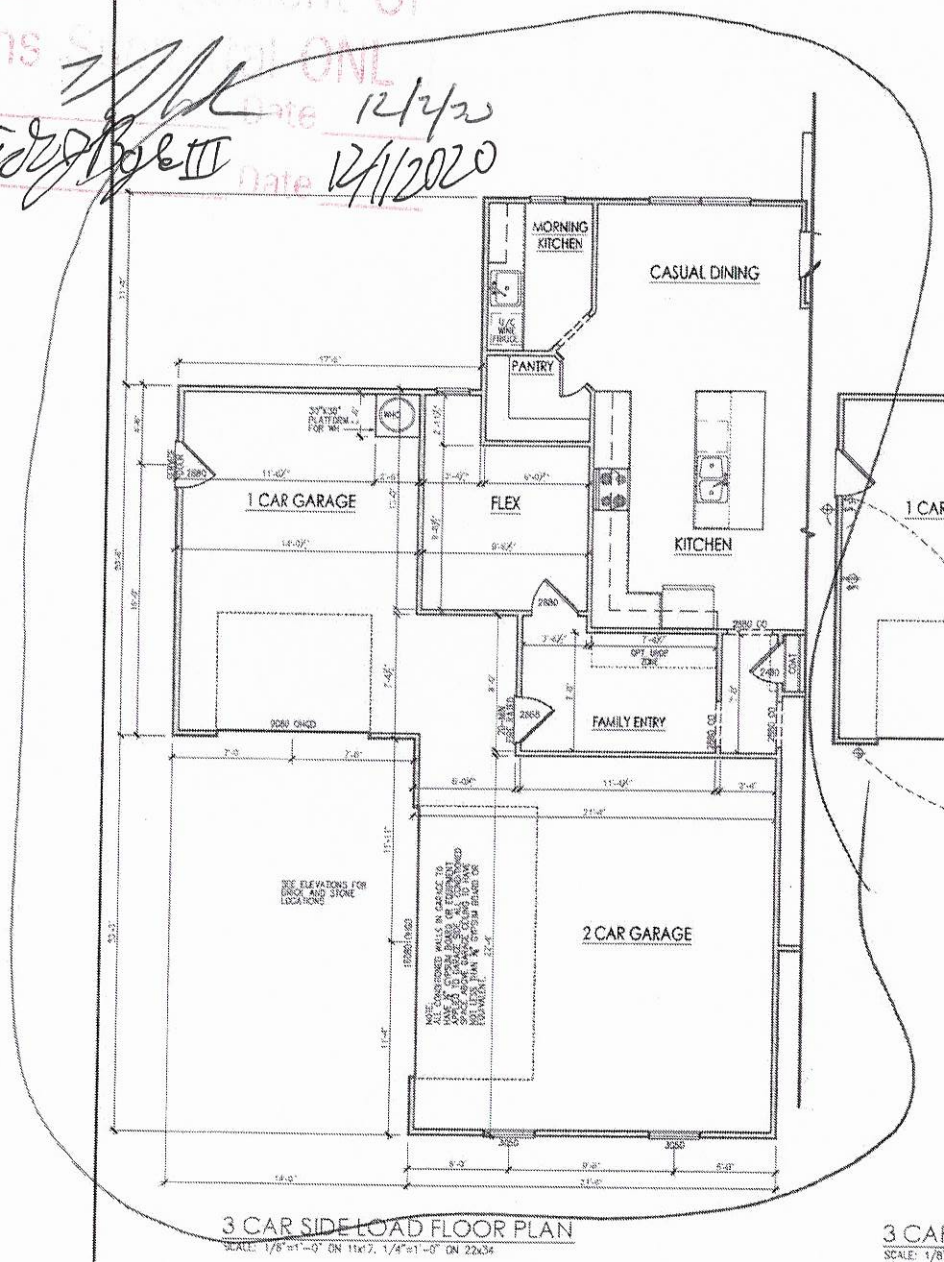
REV #	DESCRIPTION	DATE
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3141 - HARVARD - LH
SIGNATURE COLLECTION
First Floor Plan 'A'

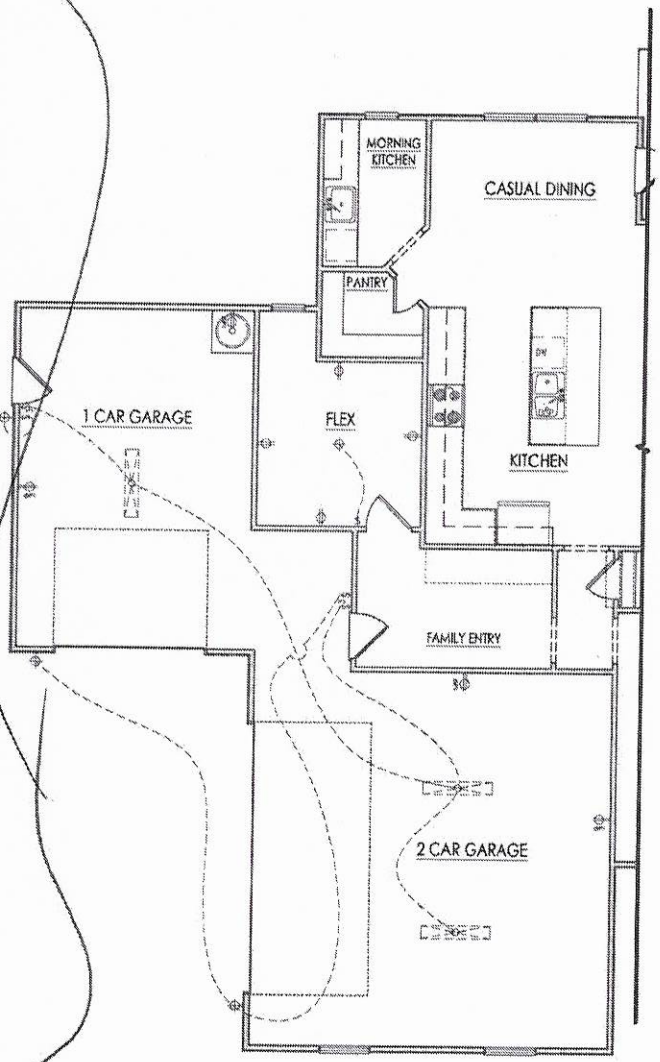
DRAWN BY: South Designs
ISSUE DATE: 10/1/2018
CURRENT REVISION DATE: 10/1/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.1a

135 Riverstone

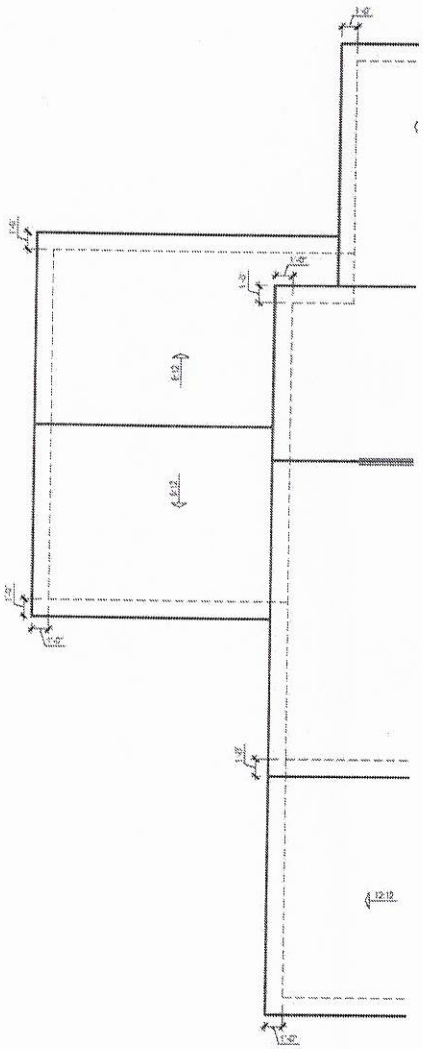
Acknowledgement Of
Plans Submitted ONLY
Date 12/4/20
Patrick Boyle III Date 12/1/2020



3 CAR SIDE LOAD FLOOR PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34



3 CAR SIDE LOAD ELECTRICAL PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

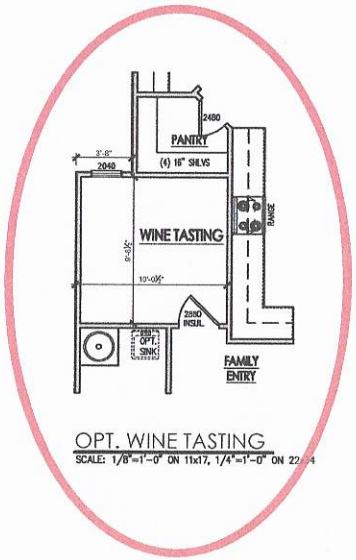


3 CAR SIDE LOAD - ROOF
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

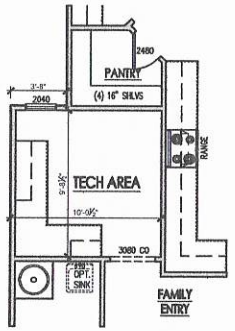
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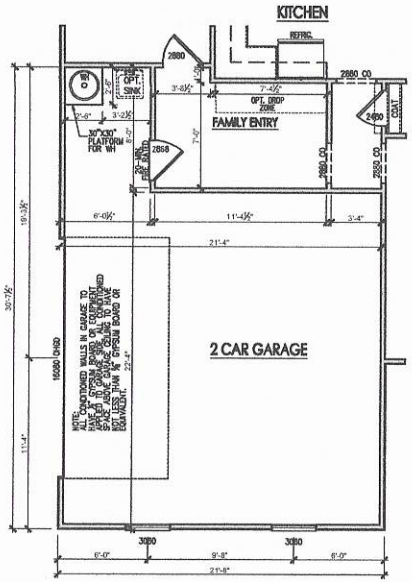
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OPT. WINE TASTING
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

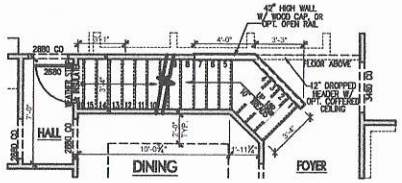


OPT. TECH AREA
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34



OPT. SIDE LOAD GARAGE
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

In place of Flex Room.



OPT. STAIRS TO BASEMENT
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

Acknowledgement Of Plans Email ONLY

Date 12/2/20

Patrick J Byrne III Date 12/1/2020

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Concept Homes

REV. #	DESCRIPTION	DATE
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3141 - HARVARD - LH
SIGNATURE COLLECTION
First Floor Options 'A'

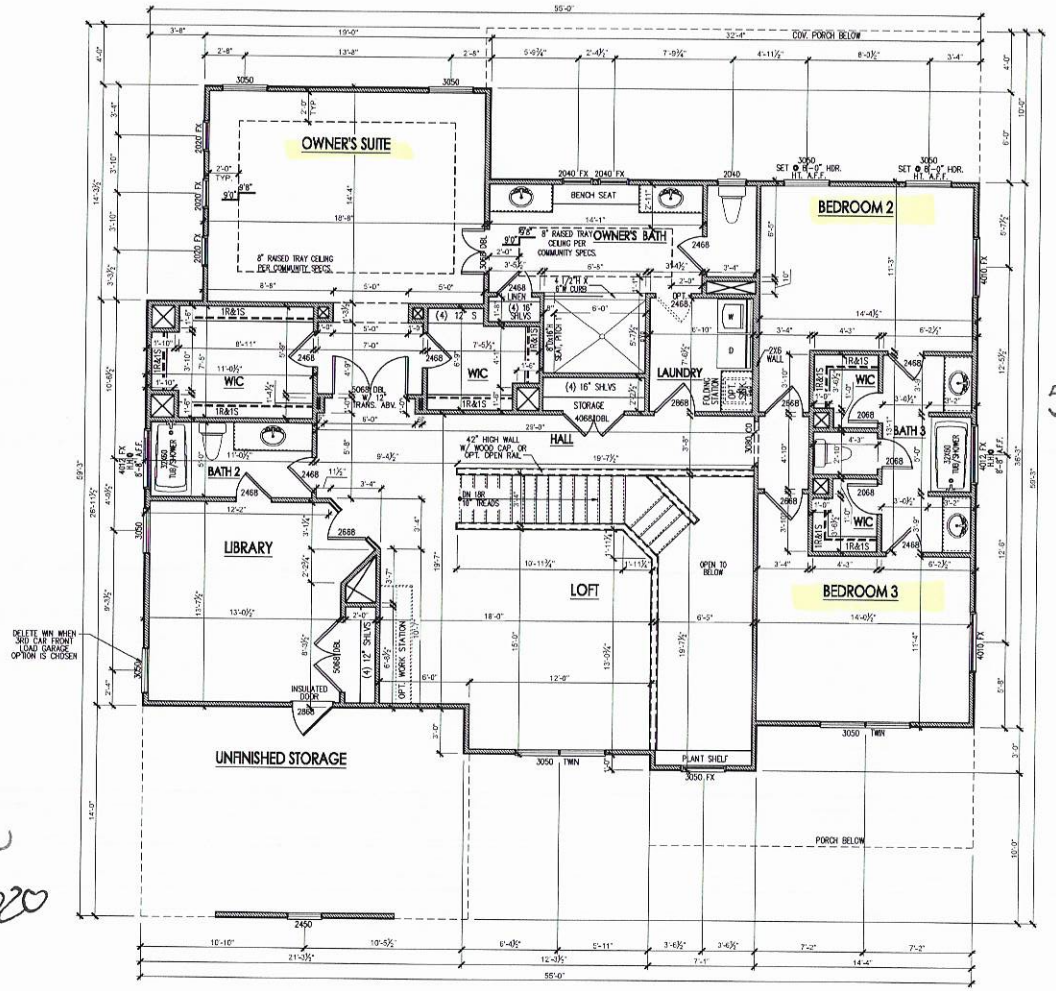
DRAWN BY: South Designs
ISSUE DATE: 10/31/2018
CURRENT REVISION DATE: 10/31/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.1.1a

General Floor Plan Notes

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55'



59' 3

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

55'

Acknowledgement Of Plans Approval ONL
Date 12/2/20
Patrick J Byrd III Date 12/1/2020

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

Concept Homes

REV #	DESCRIPTION	DATE
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3141 - HARVARD - LH
SIGNATURE COLLECTION
Second Floor Plan 'A'

DRAWN BY: South Designs
ISSUE DATE: 10/1/2018
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
303796 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4664883443.000	135 RIVERSTONE DR	Iredell County

Owner Information	Applicant Information
Name: IREDELL ANNISTON HOLDINGS LLC	Name: CS&SC
Address: 11220 ELM LANE SUITE 107	Address: P.O. BOX 1703
CHARLOTTE, NC 28277	MOORESVILLE, NC 28115
Phone:	Phone: (704)202-5791

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.951	35	35	15	15	N/A	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: 01/27/2020

Permit Number	303796

TOTAL FEES:	$77.25