IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878 5305 Mooresville Office (704) 660 3625 PERMIT # 237522

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

PIN # 4660488 4981

APPLICANT/OWNER: Rufus Rd. Partners APPLICANT ADDRESS: 11220 Elm Ln. Suite 107 Charlotte, NC

SITE ADDRESS: 159 Riverstone Dr. Davidson, NC PHONE: 803-381-5921 ALT. PHONE 704-707-5791

SITE DIRECTIONS: Shearers Rd(S) → L on Anniston → R on Burnell → L on Walking Horse → L on Riverstone → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Riverstone at Anniston SECTION: — LOT # 6 LOT AREA: .573 ac DESIGN FLOW: 480gpd L.T.A.R. .3(.3 reqd)

Septic Tank 1000 (gal)	STB 794	Date 7-22-19	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 283	Date	System Description: LP PPBPS		☐ Business	No. Persons 8	☑ Private
Pump Make Goulds	Model WE0312M	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 267'	Maintenance Agreement Required: ☑ YES ☐ NO		☑ Slab	☐ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth(Low side) 34"/36" high side		☐ GRAVITY ☑ PRESSURE	Gravel Depth —	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	8-26	KW
Tanks Checked	8-26	KW
Pressure Manifold or Valve Box Checked	9/26/19	MD
Pressure Head Set	9/26/19	MD
Electrical Checked		
Floats Set		
Alarm Checked	9/26/19	MD
Maintenance Contract Y / N		

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: _____ Date: 11-7-18 Installed by: Larry Hinkle

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-24-18 OPERATION PERMIT by: Myia Dotson Date: 6/22/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 8-28/19 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 inspector to confirm your inspection time.

APPROVED AUG 2 4 2018
KW



LOW PRESSURE PPBPS SYSTEM
INSTALL SPECIFICATIONS

Location RIVERSTONE AT ANNISTON LOT 6

Owner: RUFUS ROAD PARTNERS LLC
Address: 11220 ELM LN. SUITE 107
CHARLOTTE, NC 28277
Client: JOE DORITY
Phone Number: 803-381-5921

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: 25.42

Design Specifications

Drainfield Size: 267
Required Drainfield Size: 266.6666667
Loading Rate (gpd/ft.^{2}): 0.3
Depth of Gravel in Trench: NA (PPBPS)
Gravel Size: NA (PPBPS)
Trench Depth: 36 in.
Trench Width: 24 in.

Septic Tank Size: 1000
Pump Tank Size: 1000

Repair Trench Width: 24 in.
Repair Trench Depth: **60 in.**

Estimated Supply Line Length: 23
Supply Line Diameter: 2 in. SCH 40 PVC
Supply Line Volume: 4.00
Dosing Volume: 223.20

Recommended Pump: Iredell County Approved Pump
Recommended Float Controls: Iredell County Approved Controls
Recommended Control Panel: Iredell County Approved Control Panel

APPROVED AUG 2 4 2018
KW

Pressure Head: 2 ft.
Friction Head: 0.29
Elevation Head: 3.58
Total Dynamic Head: 7.05

Threaded Union: In Tank
Gate Valves: 1 in Tank
1 per lateral
Check Valves: In Tank
Anti-Siphon Hole: **N/A**
Additional Comments: Soil suitability performed by Carolina Soil & Septic Consulting, PLLC

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

RIVERSTONE AT ANNISTON LOT 6
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME — August 15, 2018

LINE #	FLAG COLOR	IH	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM				840.87		
INSTR. 1						
HOUSE CNR				841.84		
P. TANK				842.28		
1	RED			838.77	77	77
2	YELLOW			839.32	85	85
3	ORANGE			839.67	96	96
4	***RED***			***839.96***	***61***	***61***
5	***BLUE***			***840.30***	***69***	***69***
5	BLUE			840.30	28	28
6	***RED***			***840.72***	***76***	***76***
7	***PINK***			***840.88***	***61***	***61***
				Total	**553**	**553**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***267***	***MOD.***	***0.300***	***PPBPS***	***LOW PRESSURE***
Repair	286	MOD.	0.300	PPBPS	LOW PRESSURE

Notes: ** TBM located top of ground at EIP at rear left corner of lot (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**IH, and FS indicate rod readings

Comments: **System must be installed as shown.**
Vent stacks are required on repair system upon installation as required per manufacture.
Iredell County has permission from CS&SC to change tank and distribution device locations.

APPROVED AUG 24 2018
KW

LOW PRESSURE PPBPS TAPSHEET
RIVERSTONE AT ANNISTON LOT 6
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
4	*RED*	*839.30*	*61*	0.156	**0.41**	183	14
5	*BLUE*	*840.30*	*69*	0.156	**0.41**	207	16
6	*RED*	*840.72*	*76*	0.156	**0.41**	228	18
7	*PINK*	*840.88*	*61*	0.156	**0.41**	183	14
							62 TOTAL
	total	**feet =**	**267**	**gal/min =**	**25.42**		
			Des. Flow	**480**			
			Pump Run=	**8.78**			
			soil LTAR	**0.3**			

.156 equals 5/32 inch hole

APPROVED AUG 2 4 2018
KW

DOSING CALCULATIONS

APPROVED AUG 24 2018
KW

Location RIVERSTONE AT ANNISTON

Lot No: 6

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	23	ft.
Supply Line Volume	4.002	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	267	ft.
Gallons per Minute	25.42	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	62	
Dosing Volume	223.20	gal.

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

Tank Draw Down	10.6	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	3.58	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	0.29	ft.
Total Dynamic Head (+20%)	7.05	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

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.
- Design precludes use of foundation drains on the residence.
- 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 Low Pressure Distribution.**
- **Repair is specified as a Deep PPBPS with Low Pressure Distribution.**
- **If grading for a slab occures, do not create a greater than 2 ft. cut within 15 ft. of any septic component. Do not back fill over any septic component.**
- **Vent stacks required on repair system per manufactures specifications.**

APPROVED AUG 2 4 2018
KW

Sheet 1 OF 1
PROP. ID #: 4664884981
COUNTY: IREDELL

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

OWNER: RUFUS ROAD PARTNERS, LLC.
ADDRESS: 11220 ELM LN. SUITE 107 CHARLOTTE, NC 28277
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 6

APPLICATION DATE: 7/20/2018
DATE EVALUATED: 7/12/2018
PROPERTY SIZE: .573 AC
PROPERTY RECORDED: YES

WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

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/5%	0-18	RC,S,ABK	FI,S,P,SEXP	CH2 12-36 ↓ 38"	18-87	PS/FEW 40-68/COMM 68-87		.3>35"
		18-35	RC,S/M,ABK	FI,S,P,SEXP					
		35-40	RC,M,ABK	FI,S,P,SEXP					
		40-68	RCL,W,SBK	FR,SS,SP,SEXP					
		68-87	RCL,W,SBK	FR,SS,SP,SEXP					
		87-103	YRLSAP	FR,SS,SP,SEXP					
2	LS/5%	0-20	RC,S,ABK	FI,S,P,SEXP	CH2 18-37	84	PS/FEW 38-62/COMM 62-84	0-38	.3>38"
		20-38	RC,M,ABK	FI,S,P,SEXP					
		38-62	RCL,W,SBK	FR,SS,SP,SEXP					
		62-84	RCL,W,SBK	FR,SS,SP,SEXP					
		84-98	VARLSAP,M	FR,SS,SP,SEXP					
3	LS/5%	0-21	RC,S,ABK	FI,S,P,SEXP	NA	54	NA	54+	0.3
		21-31	RC,M,SBK	FI,S,SP,SEXP					
		31-54	RCL,W,SBK	FR,SS,SP,SEXP					
4	LS/5%	0-21	RC,S,ABK	FI,S,P,SEXP	NA	54	NA	54+	0.3
		21-39	RC,M,SBK	FI,S,SP,SEXP					
		39-54	RCL,W,SBK	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	LP PPBPS	LP PPBPS
SITE LTAR	0.3	0.3

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE, ADRIAN PRUETT
OTHER(S) PRESENT	JACOB CONRAD, DAVID BEANE

Sheet 1 OF 1
PROP. ID #: 4664884981
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for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

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1	LS/5%	0-18	RC,S,ABK	FI,S,P,SEXP	CH2 12-38	18-87	PS/FEW 40-68/COMM 68-87		.3>35"
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		35-40	RC,M,ABK	FI,S,P,SEXP					
		40-68	RCL,W,SBK	FR,SS,SP,SEXP					
		68-87	RCL,W,SBK	FR,SS,SP,SEXP					
		87-103	YRLSAP	FR,SS,SP,SEXP					
2	LS/5%	0-20	RC,S,ABK	FI,S,P,SEXP	CH2 18-37	84	PS/FEW 38-62/COMM 62-84	0-38	.3>38"
		20-38	RC,M,ABK	FI,S,P,SEXP					
		38-62	RCL,W,SBK	FR,SS,SP,SEXP					
		62-84	RCL,W,SBK	FR,SS,SP,SEXP					
		84-98	VARLSAP,M	FR,SS,SP,SEXP					
3	LS/5%	0-21	RC,S,ABK	FI,S,P,SEXP	NA	54	NA	54+	0.3
		21-31	RC,M,SBK	FI,S,SP,SEXP					
		31-54	RCL,W,SBK	FR,SS,SP,SEXP					
4	LS/5%	0-21	RC,S,ABK	FI,S,P,SEXP	NA	54	NA	54+	0.3
		21-39	RC,M,SBK	FI,S,SP,SEXP					
		39-54	RCL,W,SBK	FR,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	LP PPBPS	LP PPBPS
SITE LTAR	0.3	0.3

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE, ADRIAN PRUETT
OTHER(S) PRESENT	JACOB CONRAD, DAVID BEANE

237522

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: RUFUS RD PARTNERS/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: 159 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 6

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 7th 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: _____ 8-20-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AC 1/29/19 Lot 6

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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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: Concept Homes, LLC Address: 11220 Elm Ln. Suite 109 Zip: 28277

Applicant Email: nbelke@myconcepthome.com Phone: 704-507-6327 Alt. Phone: _____

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

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

Property Information:

Street Address: 159 Riverstone Dr. Davidson

Subdivision Name: Riverstone @ Anniston Section/Phase: _____ Lot Number: 6

Driving Directions: Shearers Rd to Anniston.

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

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: _____

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( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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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:

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( ) 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.

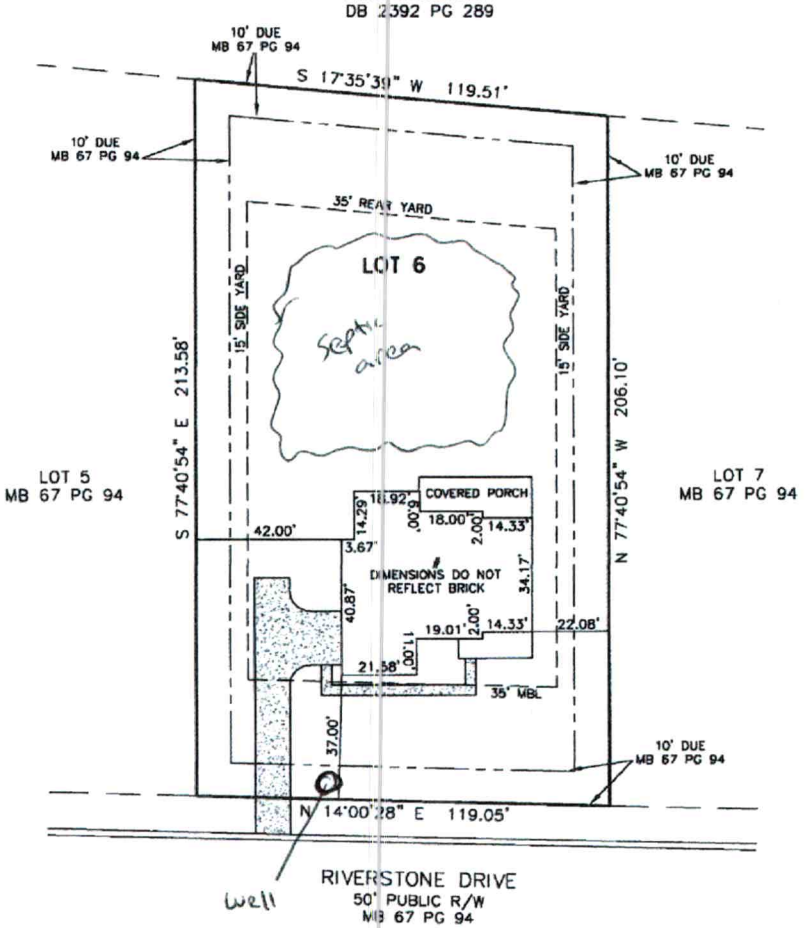
Signature: _____ 1/23/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

SITE DEVELOPMENT PLAN

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

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

SCALE: 1" = 40'



ESTIMATED IMPERVIOUS
AREA = 3966 SQ. FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision RIVERSTONE AT ANNISTON County IREDELL
Address RIVERSTONE DRIVE Owner CONCEPT
Lot 6 Block ___ Plan HARVARD Elevation A Drive (Left) SIDE (Right) ___ (Courtyard) ___ Deck ___
Patio ___ Fireplace ___ Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other COVERED PORCH

REVISED:

DWN: JDA CKD: DMA DATE: 01/ 24/ 19

T:\Drawings\anniston\AN 0006.dwg

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, RUFUS RD PARTNERS, am the legal owner(s) of the property located at 159 RIVERSTONE, identified as PIN (Parcel Identification Number) 4664-85-4981, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) ADRIAN PEUETT, 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. Buchan	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

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, X _____, am the legal owner(s) of the property located at 159 Riverstone Dr. Davidson _____, identified as PIN (Parcel Identification Number) 4664-88-~~[illegible]~~4981, located in Iredell County, North Carolina.

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

x _____ _____ 1/23/19

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

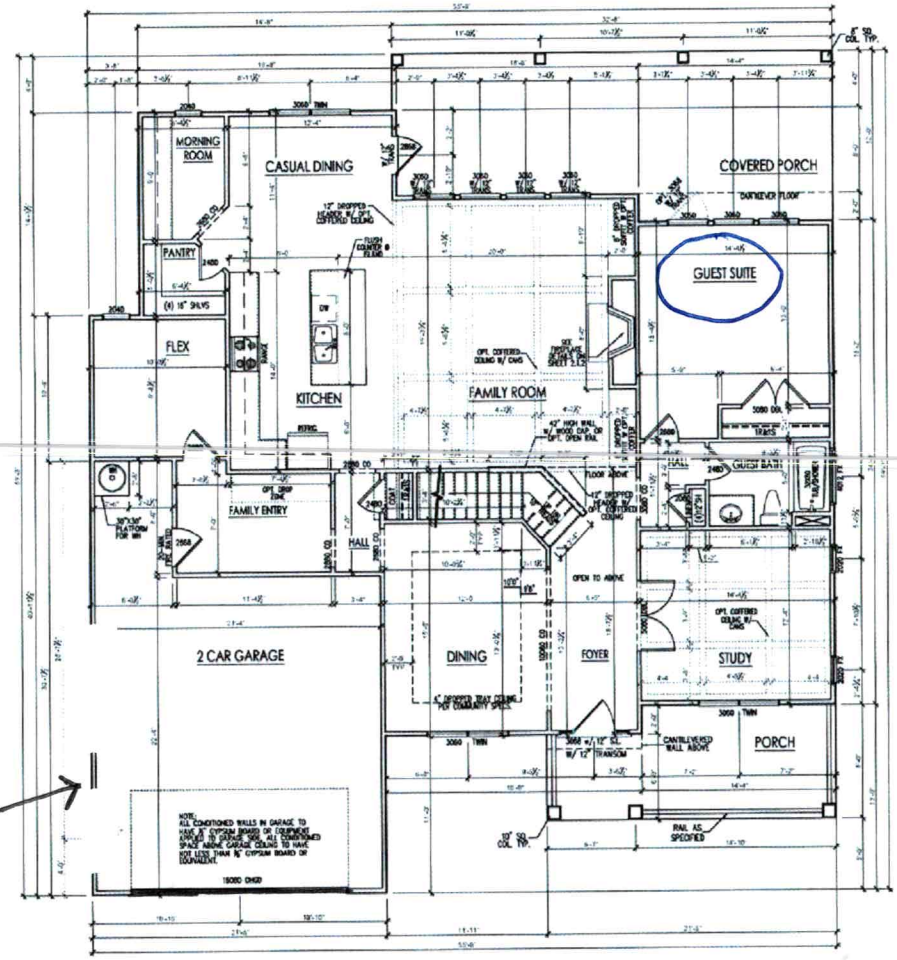
General Floor Plan Notes

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 Solid in other Top Plate layer. Special wall heights are noted on plans where they occur.
2. Wall thickness is typically 4" at exterior walls, 5-1/2" 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'-0" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 3'-4" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-4" wide shall have (2) 2x4 jack studs SPF on each side.
5. Soffit, Coffered Ceilings, Tray 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 soffit over wall cabinetry.
6. Door & Window frames, where occurring near corners, shall be a maximum of 4-1/2" from corner. Except for walk-in closets with doors near a corner, doors of closets shall be centered on closet.
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 5 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 of stairs shall be 34" above the finished surface of the ramp surface of the stair. Handrails at landings and overboards of multilevel spaces shall be 36" above finished floor. Guards (pickets or balisters) shall be spaced with no more than 4" between centers.
11. Attic Access shall be provided of all attic area with a height greater than 30". Minimum clear attic access shall be 22" x 30". Pull down stairs and access doors in knee walls meeting minimum criteria are also acceptable.
12. Garage floor to Living Space shall be 5'-0" x 5'-0" 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 5/8" GWB supporting 5/8" Type X GWB ceiling.

← 55' →

← 59'-3" →



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

Plan Department Of
Plan Approval ONLY!
Date 2/19/19
Date 2/5/19

Garage shall be side loading.

1/28/19

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

Concept Homes

DATE	DESCRIPTION	REV #
		1
		2
		3
		4
		5
		6

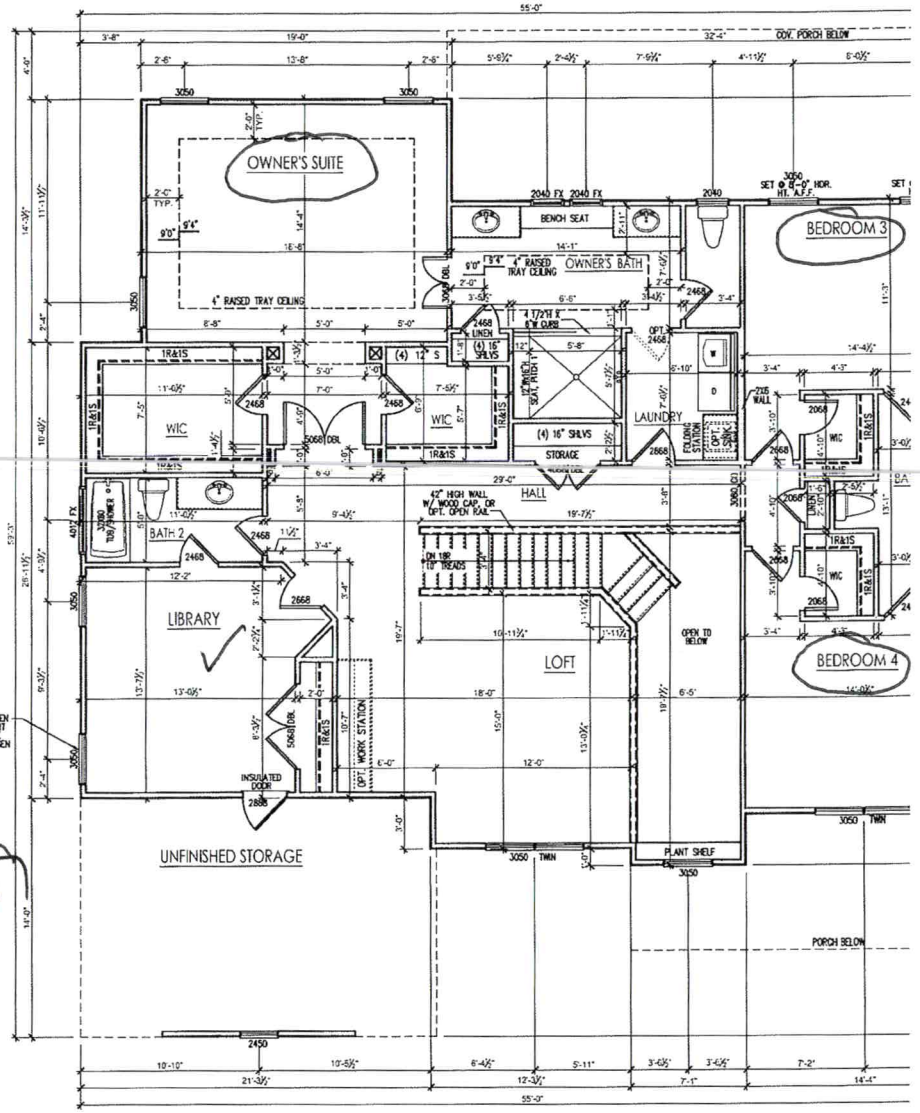
3181 - HARVARD - LH
SIGNATURE COLLECTION
First Floor Plan 'A'

DRAWN BY: South Designs
ISSUE DATE: 10/01/2018
CURRENT REVISION DATE: 10/01/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.1a

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 3'-4" wide shall have (1) 2x4 jack stud SPF on each side. Openings greater than 3'-4" 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.
6. Door & Window Frames, where occuring near corners, shall be a minimum of 4-1/2" from corner. Except for walk-in closets with doors near a corner, doors at closets shall be centered on closet.
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 5 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 at multi-level 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.



SECOND FLOOR PLAN 'A'

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

Lot 6

Acknowledgement Of Plans Submittal ONLY!

Date 2/6/2019

Date 2/8/19

2/5/19

IREDELL COUNTY

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

APPLICATION NUMBER
237522
Issue Date: 07/24/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664884981.000	159 RIVERSTONE DRIVE, DAVIDSON, NC 28036	

Owner Information	Applicant Information
Owner: RUFUS ROAD PARTNERS LLC	Applicant: CAROLINA SOIL SEPTIC C
Address: 242 JOHNSON DAIRY ROAD	Address: 162 WEST B ST
MOORESVILLE, NC 28115	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

FEES PAID ON PERMIT 236062

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.

Applicant: _____ Date: _____

Permit Number	146689	TOTAL FEES:	$