ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 309224

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

PIN # 4664884981

APPLICANT/OWNER: Brad Cook | APPLICANT ADDRESS: 159 Riverstone Dr Davidson NC 28036

SITE ADDRESS: 159 Riverstone Dr Davidson NC 28036 | PHONE: 704-929-8312 | ALT. PHONE —

SITE DIRECTIONS: NC3 N to R on Rocky River Rd, L on Shearers Rd, L on Anniston Way, R on Burnell Pl, L on Walking Horse, L on Riverstone Dr, Lot on L

SUBDIVISION: Riverstone at Anniston | SECTION: — | LOT # 6 | LOT AREA: 0.573 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480GPD | L.T.A.R.: .3

Septic Tank	Existing (gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	Existing (gal)	PT		Date		System Description: LPPPBPS		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: Deep LPPPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	267'	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	34"/36"	Gravel Depth	—	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

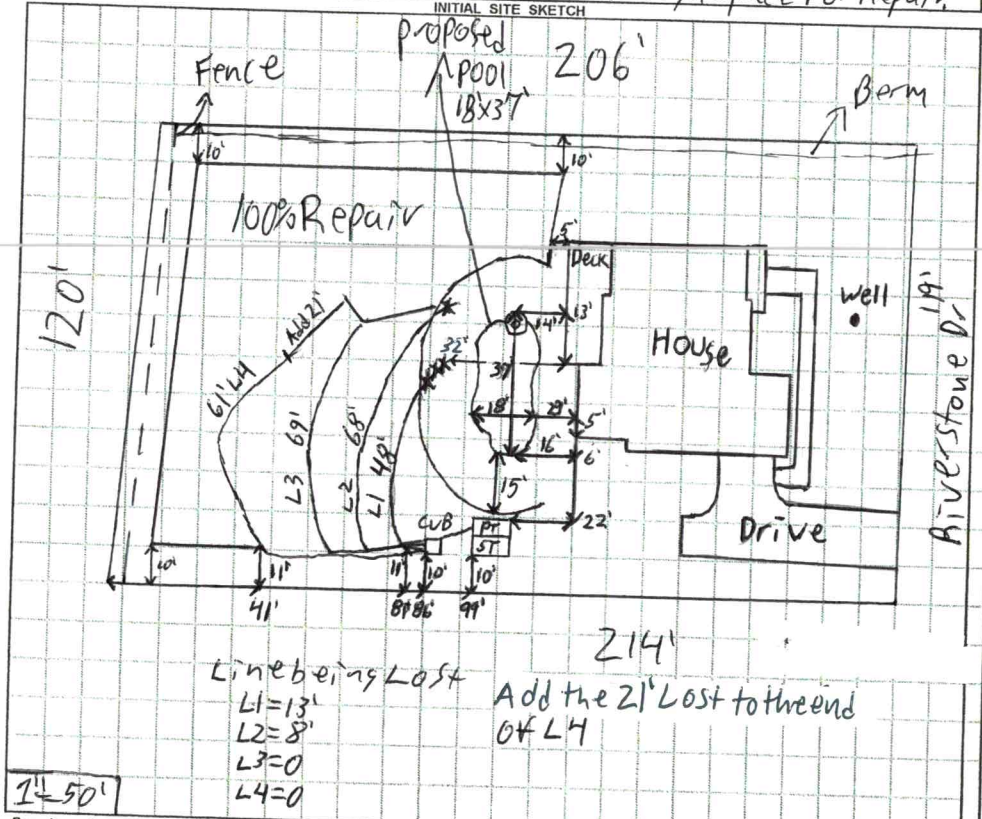
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: The Purpose of this permit is to show the new addition of a pool and show the relocation of part of the existing drainfield and show there is enough space for Repair.

Any part of Septic must be 15' off of water's edge of pool. When repair is needed to be installed it must be properly Landscaped to promote positive drainage, A 3' Earthen dam must be constructed in lines that have Parts being Abandond

8/26/2020 Checked lines & set pressure

INITIAL SITE SKETCH



Line being Lost
L1=13'
L2=8'
L3=0
L4=0

Add the 21' Lost to the end of L4

1" = 50'

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Brad Cook

IMPROVEMENT PERMIT by: Patrick Boyle III | Date: 8/20/2020

AUTHORIZATION TO CONSTRUCT by: Patrick Boyle III | Date: 8/19/2020

Installed by: Greenway Waste Solutions

OPERATION PERMIT by: Mona Robson | Date: 8/26/2020

Existing System Inspected by: | Date: 8/19/2020

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 766488409
COUNTY: Iredell

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

OWNER: Brad cook
ADDRESS: 159 Riverstone
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 159 Riverstone

APPLICATION DATE 7/14/2020
DATE EVALUATED: 8/12/2020
PROPERTY SIZE: 0.543acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS	0-6	Fill	—	—	97"	Litho including Mott common at bottom		PS; .3
		6-16	C SBK/ABK	Fr SS SP SPL					
		16-38	C SBK	Fr SS SP SPL					
		38-87	CL SBK	Fr SS SP SPL					
		87-96	Loamy Sap Mass	VFr					
2	SS	0-41	CABK	Fr SS SP SPL	Chroma 2 sto 39" 5Y 5/1	88"	Litho including to Loamy Sap+ 88"	Chroma 2 sto 39" stump hole+ endorph	Below 39" .3 Valous
		41-88	CL SBK	Fr SS SP SPL					
		88-91	Loamy Sap Mass	VFr					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267'	267'
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Sunny

Updated February 2014

RECEIVED JUL 2 0 2020

AP-309224
$500.00

Please CALL prior to inspection

Name: Brad DOGS
Number: 704-929-8312

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
R IT WILL NOT BE PROCESSED

ealth Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: Relocation ( ) 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: Brad Cook Address: 159 Riverstone Dr. Davidson, NC Zip: 28036
Applicant Email: bhcook1917@gmail.com Phone: 704-929-8312 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 159 Riverstone Dr. Davidson, NC 28036
Subdivision Name: Anniston Section/Phase: _____ Lot Number: ~~6~~ 5 BC
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) 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.

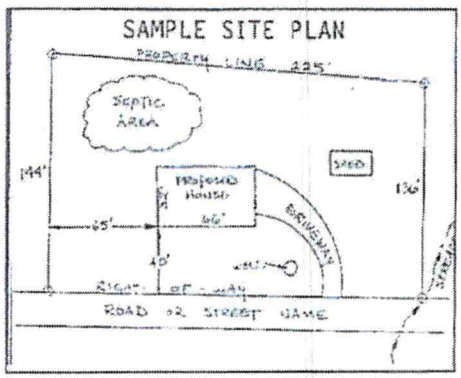
Signature: Brad Cook 7/14/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

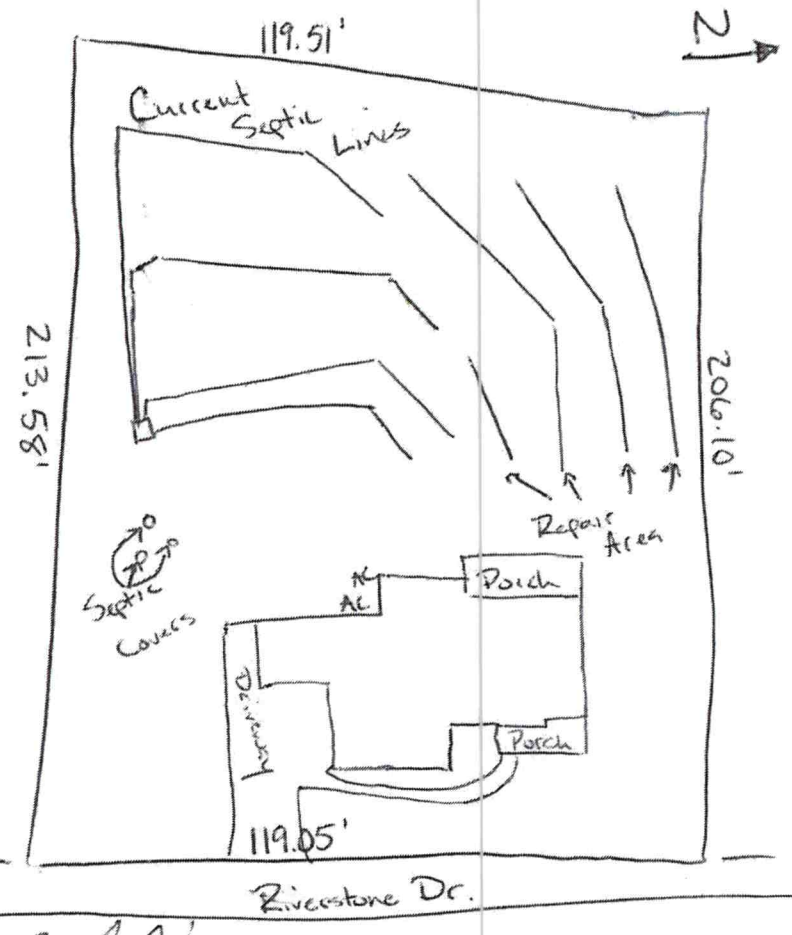
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
(X) North arrow, or other sufficient indicator of direction

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

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 attachments

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

7/14/2020
DATE

30.7 X 18.1

PREPARED FOR CONCEPT HOMES

THIS PROPERTY IS NOT GRAPHICALLY LOCATED WITHIN ANY FEMA DESIGNATED SPECIAL FLOOD HAZARD AREA AS IDENTIFIED ON COMMUNITY PANEL #370313-3710466400M, DATED 11-16-18.

AREA DETERMINED BY COORDINATE COMPUTATION

PROPERTY IS SUBJECT TO DECLARATION OF COVENANTS, CONDITIONS AND RESTRICTIONS RECORDED OR UNRECORDED.

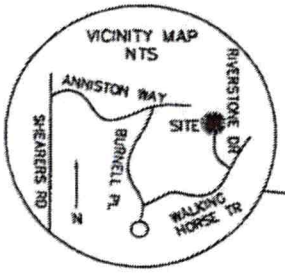
THIS SURVEY NOT INTENDED TO MEET GS 47-30 REQUIREMENTS. THIS SURVEY WAS PERFORMED PER THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA WITH AN ERROR OF CLOSURE THAT MEETS MINIMUM STANDARD OF 1:10,000

THIS SURVEY PERFORMED WITHOUT BENEFIT OF FULL AND COMPLETE TITLE SEARCH

DATE OF FIELD SURVEY: 09-17-19.

OWNER AT TIME OF SURVEY: CONCEPT HOMES LLC, DB 2578 PG 1552

THIS PLAT IS SUBJECT TO ANY EASEMENTS, OR RIGHTS-OF-WAY OF RECORD PRIOR TO DATE OF THIS PLAT, WHICH WAS NOT VISIBLE AT THE TIME OF OUR INSPECTION





SCALE: 1" = 40'

NOW OR FORMERLY
WILLIAM BARRY & GAYE
LYNN McALLISTER
DB 2392 PG 289

10' DUE MB 67 PG 94

S 17°35'39" W 119.51'

EIR

10' DUE MB 67 PG 94

EIR

10' DUE MB 67 PG 94

Existing 54" high black aluminum pool fence

35' REAR YARD

LOT 6
0.573 ACRES±

15' SIDE YARD

15' SIDE YARD

ICV

SEPTIC COVERS

Length 30'7"

Pool equipment location

S 77°40'54" E 213.58'

N 77°40'54" W 206.10'

38'

45'

9' 6"

LOT 5
MB 67 PG 94

LOT 7
MB 67 PG 94

AC

18.9'

COVERED PORCH

26.0'

17.7'

5.1'

0.9'

18.0'

2.0'

14.3'

#159
2 STORY FRAME

20.2'

14.0'

34.2'

19.0'

2.0'

14.3'

COVERED

23.7'

1.0'

21.6'

22.1'

35' MBL

37.0'

10' DUE MB 67 PG 94

SIR

EIR

N 14°00'28" E 119.05'

RIVERSTONE DRIVE
50' PUBLIC R/W
MB 67 PG 94

TIE LINE-MAG NAIL
N48°59'31"W
38.33'

BML

NOTATION LEGEND

EIR	EXISTING IRON ROD
SIR	SET IRON ROD
MBL	MINIMUM BUILDING LINE
R/W	RIGHT-OF-WAY
MB	MAP BOOK
PG	PAGE
DB	DEED BOOK
NTS	NOT TO SCALE
CONC	CONCRETE
AC	AIR CONDITIONER
EB	ELECTRICAL BOX
UP	UTILITY PEDESTAL
DUE	DRAIN & UTILITY EASEMENT
WP	WATER PUMP

ESTIMATED IMPERVIOUS AREA = 4,744 SQ. FT.±

NORTH CAROLINA PROFESSIONAL SEAL L-4821

Scale: 40" = 1 ft

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*) Bob Cook

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

Bob Cook _____ 7/14/2020

Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309224 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4664884981.000	159 RIVERSTONE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: COOK BRADLEY M+HEATHER L	Name: COOK BRADLEY M+HEATHER L
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
SWIMMING POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.573	0	10	10	10		NO

Remarks

INGROUND POOL 30.7 X 18.1

Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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.

Date: 07/20/2020

Signature of Owner/Contractor

Permit Number	309224	TOTAL FEES:	$77.25