# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # V233533

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

PIN # 4666488666

APPLICANT/OWNER: Rufus Rd Partners | APPLICANT ADDRESS: 11220 Elm Ln. Ste. 107 Charlotte, NC 28277

SITE ADDRESS: 140 Riverstone Dr. Davidson, NC 28036 | PHONE: 803.381-5921 | ALT. PHONE

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Burnell TL Walking Horse TL Riverstone on right | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Riverstone @ Anniston | SECTION: | LOT # 19 | LOT AREA: .56 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 4-26-19 | Date 794 | [X] New System [ ] Repair [ ] Expansion | System Type: I II III IV V VI | [X] Residence | No. Bedrooms | 4 | Water Supply |
| Pump Tank | 1000 (gal) | PT 3-2419 | Date 283 | System Description: | Pump-PM-LPPBPS | [ ] Business | No. Persons | 8 | [X] Private |
| Pump Make | | Model | | Serial # | Repair System Description: LPPBPS | [ ] Other | No. Employees | | [ ] Public |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft: 272 | Maintenance Agreement Required: [ ] YES [X] NO | [X] Slab | [X] Crawl Space | | [ ] Community |
| Trench Width | 24" | Trench Bottom Depth(Low side) | 34" | Gravel Depth | N/A [ ] GRAVITY [X] PRESSURE | [ ] Basement w/plumbing | | | [ ] Basement w/o plumbing |

Comments / Conditions:

Pressure Manifold info.
65ft lines use Sch 80 3/4" tap
62ft line use Sch 80 3/4" tap
45ft line use Sch 40 1/2" tap
35ft line use Sch 80 1/2" tap

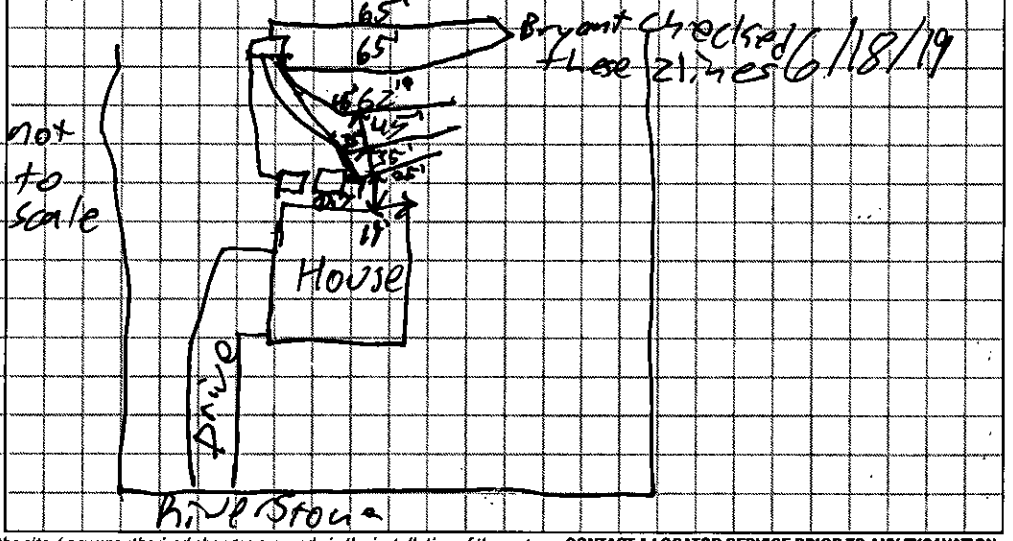
Tanks installed behind house however house not as deep as shown

06/20/19: checked last 3 lines all were good Bryant checked furthest 2 from House

INITIAL SITE SKETCH

See attached, approved Septic plan by Carolina Soil & Septic Consulting, PLLC (dated 2/18/18)

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.* [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: [signature] Date: 9/24/18 | Installed by: Larry Henkle

IMPROVEMENT PERMIT by: [signature] Date: 3/6/18 | OPERATION PERMIT by: Patrick G. Boggs III Date: 06/20/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4-24-18 | Existing System Inspected by: Date:

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 06/20/19 | PJB |
| Tanks Checked | YMD | 6/5/19 |
| Pressure Manifold or Valve Box Checked | 06/20/19 | PJB |
| Pressure Head Set | 06/20/19 | PJB |
| Electrical Checked | 06/20/19 | PJB |
| Floats Set | 06/20/19 | PJB |
| Alarm Checked | 06/20/19 | PJB |
| Maintenance Contract Y / (N) | 6/20/19 | PJB |

## PRESSURE MANIFOLD SYSTEM
## DESIGN SPECIFICATIONS

| | |
|---|---|
| **Location:** | RIVERSTONE AT ANNISTON LOT 19 |
| **Owner:** | Rufus Road Partners LLC |
| **Address:** | 11220 Elm Ln., Suite 107<br>Charlotte, NC 28277 |
| **Client:** | Joe Dority |
| **Telephone Number:** | 803-381-5921 |
| **Drainfield Design Flow (gpd):** | 480 |
| **Loading/Soil Application Rate (gpd/ft.$^2$):** | 0.3 |
| **Depth of Gravel in Trench:** | NA (PPBPS ) |
| **Gravel Size:** | NA (PPBPS ) |
| **Total Lateral Length From Layout:** | 272 |
| **Total Lateral Length Required:** | 266.6666667 |
| **Trench Depth:** | 34 in. LOW SIDE |
| **Trench Width:** | 24 in. |
| **Trench Bottom Area:** | 816 |
| **Trench Spacing:** | 8 |
| **Repair Trench Depth:** | 36 in. |
| **Repair Trench Spacing:** | 8 ft. |
| **Septic Tank Size:** | 1000 |
| **Pump Tank Size:** | 1000 |
| **Estimated Supply Line Length:** | 30 |
| **Supply Line Diameter:** | 2 in. SCH 40 PVC |
| **Supply Line Volume:** | 5.22 |
| **Dosing Volume:** | 223.20 |
| **Pump Tank Draw Down:** | 10.6 |
| **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:** | 3.48 |
| **Elevation Head:** | 5.42 |
| **Total Dynamic Head:** | 10.16 |
| **Threaded Union:** | In Tank |
| **Gate Valves:** | 1 in Tank<br>1 at Pressure Manifold |
| **Check Valves:** | In Tank |
| **Anti-Siphon Hole:** | NA |
| **Additional Comments:** | Soil suitability was performed by Adrian L. Pruett, LSS |

Approved
3/6/18
MD

**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 19

LAYOUT FOR 4 BEDROOM HOME — February 18, 2018

| LINE # | FLAG COLOR | BS | HI | FS | ELEVATION | FLAGGED LINE LENGTH | DESIGN LINE LENGTH |
|---|---|---|---|---|---|---|---|
| TBM | | | | | 839.11 | | |
| INSTR. 1 | | | | | | | |
| HOUSE | | | | | 838.94 | | |
| TANK | | | | | 839.08 | | |
| 1 | YELLOW | | | | 841.53 | 16 | 16 |
| 2 | RED | | | | 841.25 | 36 | 36 |
| 3 | ORANGE | | | | 840.80 | 55 | 55 |
| 4 | PINK | | | | 840.35 | 72 | 72 |
| 5 | BLUE | | | | 840.06 | 91 | 91 |
| ***6*** | ***YELLOW*** | | | | ***839.50*** | ***90*** | ***65*** |
| ***7*** | ***RED*** | | | | ***839.00*** | ***76*** | ***65*** |
| ***8*** | ***ORANGE*** | | | | ***838.42*** | ***62*** | ***62*** |
| ***9*** | ***PINK*** | | | | ***837.91*** | ***45*** | ***45*** |
| ***10*** | ***BLUE*** | | | | ***837.59*** | ***35*** | ***35*** |
| | | | | | **Total** | **578** | **542** |

Approved
3/6/18
MD

| | LINE LENGTH | SYSTEM TYPE | SOIL LTAR GPD/FT[1] | TRENCH SYSTEM | DISTRIBUTION |
|---|---|---|---|---|---|
| ****System*** | ***272*** | ***MOD.*** | ***0.300*** | ***PPBPS*** | **PRESSURE MANIFOLD** |
| Repair | 270 | MOD. | 0.300 | PPBPS | LOW PRESSURE |

**Notes:** ** TBM located at right rear corner.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: 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.

Approved 3/6/18

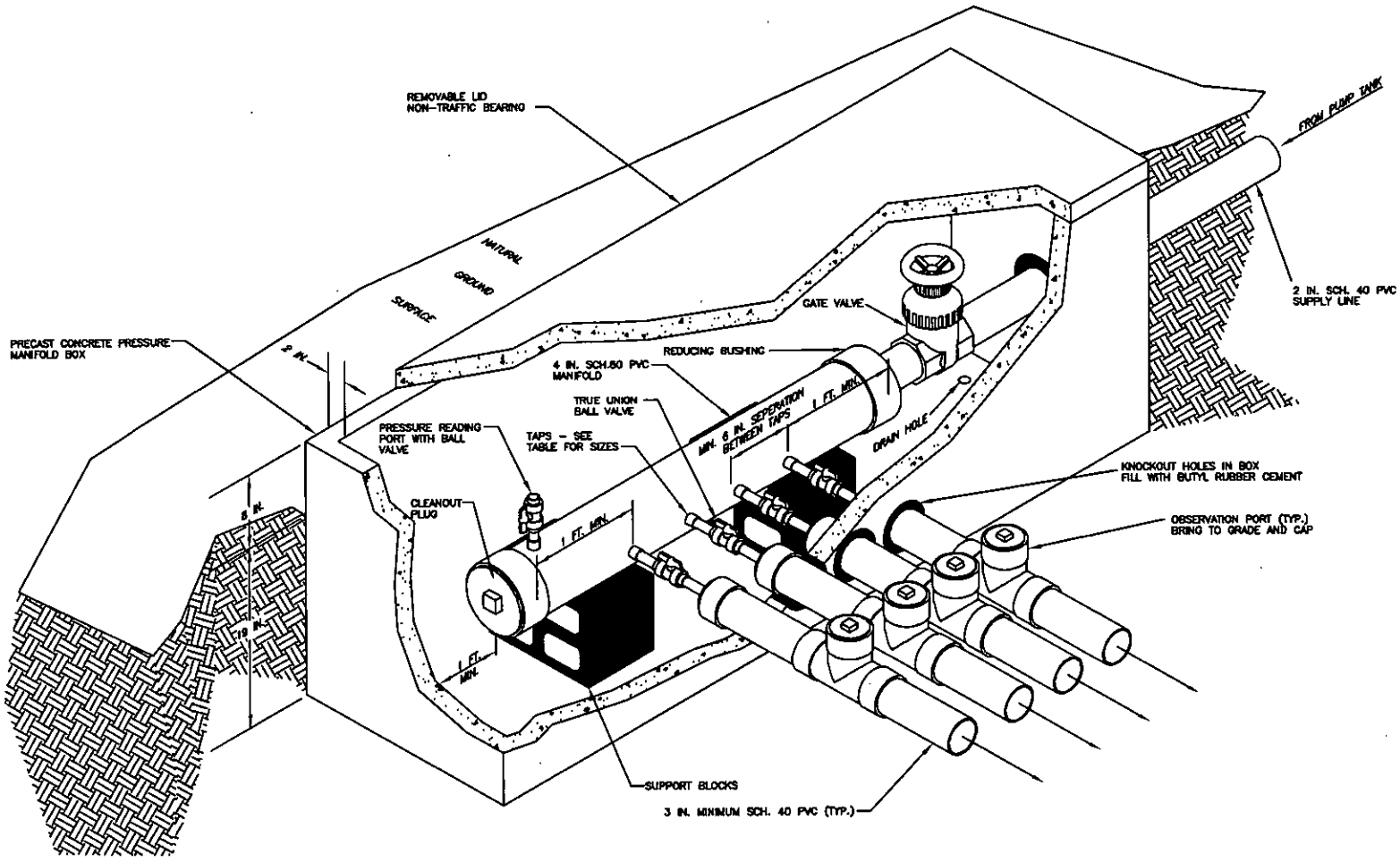
# PRESSURE MANIFOLD TAPSHEET - LOT 19 RIVERSTONE AT ANNISTON

## SYSTEM

| Line # | Color | Elevation | Length | Pipe Size | Flow/Tap | Line GPD | Line Capacity | Line Trench Area | Flow/Line | Line LTAR | # of Panels |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *6* | *YELLOW* | *839.50* | *65* | *SCH 80 3/4* | *10.1* | *52.56* | *54.00* | *130* | *0.81* | *0.40* | *15* |
| *7* | *RED* | *839.00* | *65* | *SCH 80 3/4* | *10.1* | *52.56* | *54.00* | *130* | *0.81* | *0.40* | *15* |
| *8* | *ORANGE* | *838.42* | *62* | *SCH 80 3/4* | *10.1* | *52.56* | *51.51* | *124* | *0.85* | *0.42* | *14* |
| *9* | *PINK* | *837.91* | *45* | *SCH 40 1/2* | *7.11* | *37.00* | *37.38* | *90* | *0.82* | *0.41* | *10* |
| *10* | *BLUE* | *837.59* | *35* | *SCH 80 1/2* | *5.48* | *28.52* | *29.08* | *70* | *0.81* | *0.41* | *8* |
| | | | | | | | | | | | 62 |

| | | | |
|---|---|---|---|
| total feet = | 272 | gal/min = | 42.89 |
| | Des. Flow | 480 | |
| | Pump Run= | 5.20 | |
| | soil LTAR | 0.30 | |

# TYPICAL PRESSURE MANIFOLD DETAIL




RIVERSTONE DRI
50' PUBLIC R/W
LOT 19
0.560 ACRES
LOT 20
1.297 ACRES
DRIVE
WELL
S14°00'28"W 236.10'
S77°40'54"E 194.84'
S78°13'43"E 198.54'
S81°15'35"E 266.49'
841.05'
840.42'
839.08'
838.94'
842.70'
832.26'
832.50'
820.63'
123.10'
122.69'
125.05'
119.05'
TBM 839.11'
Found
#4 Rebar
NORTH
1" = 40'
Approved
8/13/18

## CALCULATIONS

Approved
3/6/18

| | | |
|---|---|---|
| Location | RIVERSTONE AT ANNISTON | |
| Lot Number | 19 | |
| No. of Bedrooms | 4 | |
| Design Flow | 480 | $^{gal}/_{day}$ |
| LTAR | 0.3 | $^{gpd/ft^2}$ |
| PPBPS RED.? (YES OR NO) | YES | |
| Supply Line Length | 30 | ft. |
| Supply Line Volume | 5.22 | gal. |
| Required Feet of Line | 266.6667 | ft. |
| Amount of Line from Layout | 272 | ft. |
| Gallons per Minute | 42.89 | $^{gal}/_{min}$ |
| Required Septic Tank Capacity | 1000 | gal. |
| Minimum Standard Tank Size | 1000 | |
| Panel Volume | 3.6 | |
| Number of Panels | 62 | |
| Dosing Volume | 223.20 | gal. |
| | *Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel* | |
| Tank Draw Down | 10.6 | *Generic Draw Down of 21 gal.per in.* |
| Pump Run Time | 5.20 | minutes |
| Elevation Head | 5.42 | ft. |
| Pressure Head | 2 | ft. |
| Friction Factor | 3.48 | ft./100 ft. *(From the interpolater.)* |
| Friction Head | 1.04 | ft. |
| Total Dynamic Head (+20%) | 10.16 | 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 |

Approved 3/6/18 MD


PROPERTY ID #: 4664886661
COUNTY: IREDELL

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

OWNER: RUFUS ROAD PARTNERS, LLC APPLICATION DATE
ADDRESS: 11220 ELM LN., SUITE 107, CHARLOTTE, NC 28277 DATE EVALUATED: 1/23/18
PROPOSED FACILITY: RESIDENTIAL PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.56 AC
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 19 PROPERTY RECORDED: YES
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: 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/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| P 1 | LSS 4% | 0-14 | R C MFSBK/ABK | FI S P SEXP | N/A -COM SAP | 43" | PS | N/A | PS |
| | | 14-43 | R CL WFSBK | FR SS SP SEXP | | | | | |
| | | 43-61 | VAR L SAP M | FR SS SP SEXP | | | | | 0.325 GPD/SQFT |
| | | | | | | | | | |
| | | | | | | | | | |
| P 2 | LSS 6% | 0-14 | R C MFSBK | FI S P SEXP | N/A -COM SAP | 44" | PS | N/A | PS |
| | | 14-44 | R CL WFSBK | FR SS SP SEXP | | | | | |
| | | 44-65 | VAR L SAP M | FR SS SP SEXP | | | | | 0.325 GPD/SQFT |
| | | | | | | | | | |
| | | | | | | | | | |
| P 3 | LSS 2% | 0-30 | R C MFSBK | FI S P SEXP | N/A -COM SAP | 59" | PS | N/A | PS |
| | | 30-59 | R CL WFSBK | FR SS SP SEXP | | | | | |
| | | 59-63 | VAR L SAP M | FR SS SP SEXP | | | | | 0.3 GPD/SQFT |
| | | | | | | | | | |
| | | | | | | | | | |
| P 4 | LSS 4% | 0-22 | R C MFSBK/ABK | FI S P SEXP | N/A -COM SAP | 55" | PS | N/A | PS |
| | | 22-55 | R CL WFSBK | FR SS SP SEXP | | | | | |
| | | 55-67 | VAR L SAP M | FR SS SP SEXP | | | | | 0.3 GPD/SQFT |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | PM PPBPS | LP PPBPS |
| Site LTAR | 0.35 | 0.3 |

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: CS&SC
OTHER(S) PRESENT: DAVID BEANE

COMMENTS:

RECEIVED FEB 23 2018

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

Paid $350.00

**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** #233533

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) Paid $500.00 4-24-18

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: 146 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 19

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 3RD LOT ON R PAST POWER LINES

**********

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

**CHECK FOUNDATION TYPE**

(✓) New Single Family Residence Maximum Number of Bedrooms: 4 (✓) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 8 (✓) Concrete Slab Foundation
( ) Accessory Building ( ) 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 ( ) 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:** _____ 2-21-18
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**

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 146 Riverstone Dr, Davidson NC 28036, identified as PIN (Parcel Identification Number) 4664886641, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) 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. Bracken | 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

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

| APPLICATION NUMBER |
|---|
| 233533 |
| Issue Date: 02/20/2018 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4664886661.000 | 146 RIVERSTONE DRIVE, DAVIDSON, NC 28036 | IREDELL |

| 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 | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| | 35.00 | 35.00 | 15.00 | 15.00 | | |

**Remarks:**

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 | 129300 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 233533 |
| Issue Date: 02/20/2018 |

## Permit Type: IMPROVEMENT PERMIT APPLICATION

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4664886661.000 | 146 RIVERSTONE DRIVE | IREDELL |

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

**Project Description**

NEW SINGLE FAMILY - IREDELL

**Scope of Work**

SFD

**Permit Details:**

| | | | |
|---|---|---|---|
| EFT | IMPROVEMENT PERMIT FEE | Amount: | 350.00 |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |
| | | Amount: | |

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

**Date:** 02/20/2018

Signature of Owner/Contractor

***ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.***

| Permit Number | 129301 | TOTAL FEES: | $ 350.00 |
|---|---|---|---|

RECEIVED APR 2 4 2018

# 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**

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: Nick Belk Address: 11220 Elm Ln Suite 109 Zip: 28277
Applicant Email: nbelk@myconcepthomes.com Phone: 704-507-6327 Alt. Phone:
Owner Name: Concept Homes, LLC Address: 11220 Elm Ln. Suite 109 Zip: 28277
Owner Email: Joe@myconcepthomes.com Phone: 803-381-5921 Alt. Phone:

**Property Information:**

Street Address: 146 Riverstone Dr. Davidson
Subdivision Name: Riverstone @ Anniston Section/Phase: Lot Number: 19
Driving Directions: Shearers Rd to Anniston Way. (R) on Burnell Pl. (L) on walking Trail. (L) on Riverstone 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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

**CHECK FOUNDATION TYPE**

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

**Water Supply:** ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed:
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

**Please answer the following to the best of your ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.*

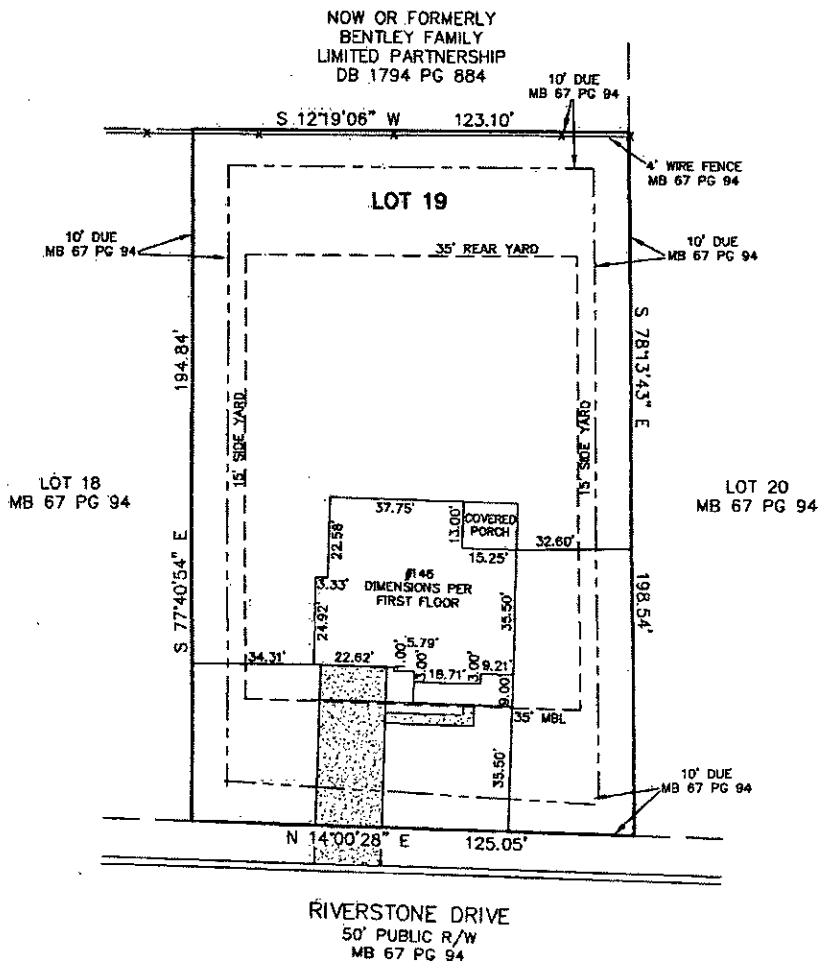
**Signature:** _____ 4/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# SITE DEVELOPMENT PLAN

PREPARED BY:
**DELTA LAND SERVICES, INC.**
FIRM LICENSE #C-735
608-G 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.

SCALE: 1" = 40'




ESTIMATED IMPERVIOUS
AREA = 3808 SQ. FT.±

STAKEOUT ☐

**NOT FOR RECORDATION, CONVEYANCES OR SALES**

Subdivision RIVERSTONE AT ANNISTON County IREDELL
Address 146 RIVERSTONE DRIVE Owner CONCEPT
Lot 19 Block ___ Plan PRINCETON Elevation B Drive (Left) X (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: DATE: 04/ 16/ 18

T:\Drawings\anniston\AN-0019.dwg


17.37'
WELL
35'
100'
DRIVE
80'
841.05'
S77°40'54"E 194.84'
840.42'
125.00'
1" = 40'
839.08'
842.70'
DRIVE
125.05'
838.94'
70'
LOT 19
35'
80'
WELL
WELL
S78°13'43"E 198.54'
15'
123.10'
TBM 839.11'
Found
#4 Rebar
S81°15'35"E 2
DRIVE
122.69'
832.26'
70'
35'
80'
820.63'
PT 7+63.87

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, James McKinney, am the legal owner(s) of the property located at River Stone at Annisto, identified as PIN (Parcel Identification Number) 466.488.6661.000, located in Iredell County, North Carolina.

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

| Signature of Owner(s) | Date | Signature of Witness | Date |
|---|---|---|---|
| James E. McKinney | 4-18-18 | | 4/18/18 |

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

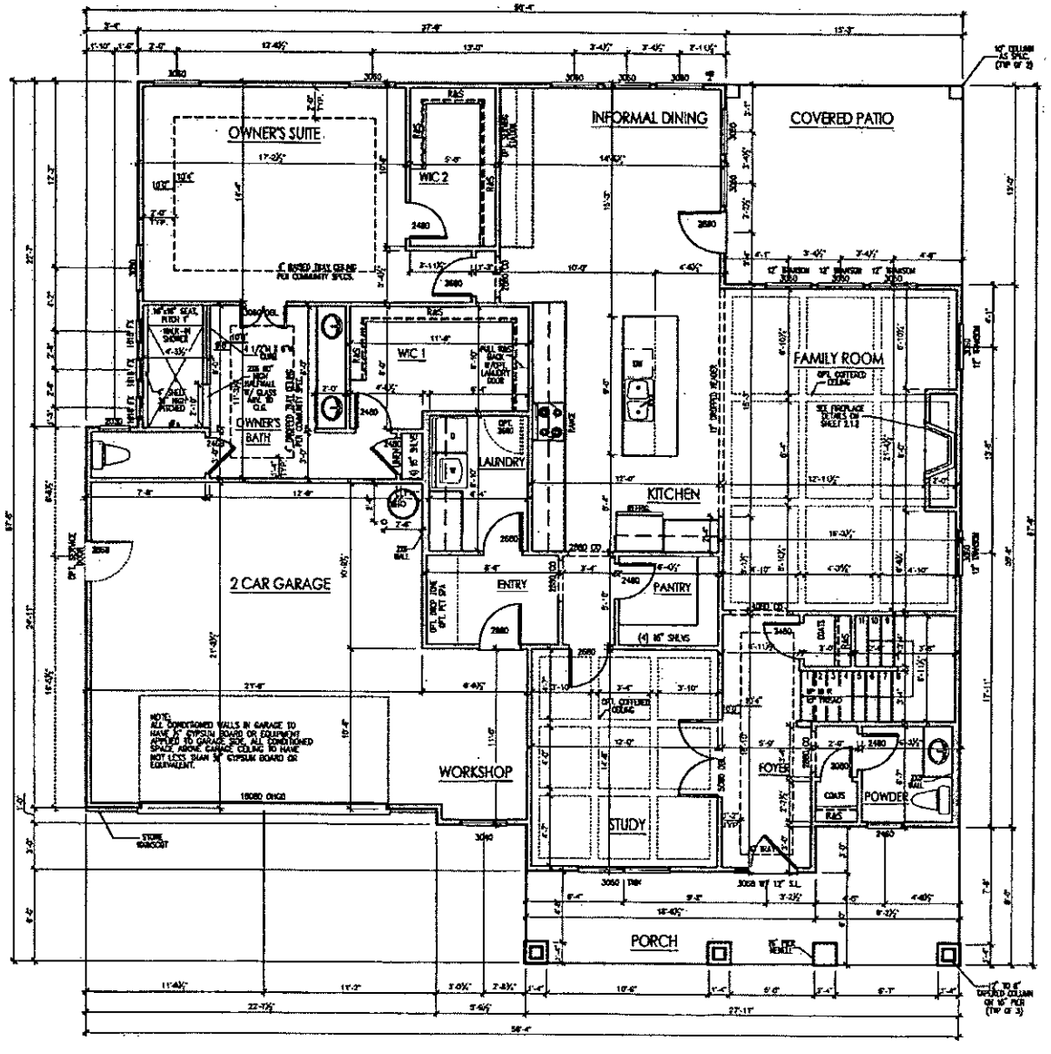
## General Floor Plan Notes

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

1. **Wall Heights:** Typically 9'-1-1/8" at 1st floor and second floor, and 8' 1-1/8" at attics F.N.O. All walls are constructed using a double top plate. Splices of Double Top Plate do not need to occur at Vertical Studs but must be at least 24" apart from Joist to other Top Plate layer. Special wall heights are noted on plans where they occur.
2. **Wall Thickness** is typically 6" at exterior walls, 2-1/2" at interior. 2x6 beams shall be used at walls that break up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing or greater and will be noted on a special condition where it occurs on plan.
3. **Header** height shall be 7'-0" AFF at 1st floor, and 6'-10" AFF at Second floor unless noted otherwise.
4. **Jacks:** Openings up to 5'-4" wide shall have (1) 2x6 jack stud SPF on each side. Openings greater than 5'-4" wide shall have (2) 2x6 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 bulkhead, Elevations do not include soffits over wall continuity.
6. **Door & Window Frames,** where occurring near corners, shall be a minimum of 4-1/2" from corner. Except for multiple closets with doors near a corner, doors of closets shall be centered at 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 bulkhead with obscure glazing.
8. **Closets** for clothing or coat storage shall be equipped with 1 rod/shelf, open wire. Closets for linen shall have 6 open wire shelves. Closets for pantries shall have 6 wood shelves, painted.
9. **Slab Treads** shall be 10" deep, riser shall be a maximum of 7-3/4", unless noted otherwise.
10. **Handrails and Guards** at slabs shall be 34" above the finished surface at the nosing surface of the slab. Handrails at landings and crestwork at mutilion of 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 areas with a height greater than 30". Minimum clear attic access shall be 22" x 30". Pull down stairs and access doors in fame walls meeting minimum criteria are also acceptable.
12. **Garage Door** to living Space shall be 3'-0" 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 spaces and living space attic by installing 1/2" gypsum board on the garage side of the wall.

56'4"

57'6"




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

## Acknowledgement of Plans Submittal ONLY!

Date 4/24/18

Date 4-24-18

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

Concept Homes

| DATE | DESCRIPTION | REV. # |
|---|---|---|
| - | - | - |
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| - | - | - |

3151 - PRINCETON-LH
SIGNATURE COLLECTION
First Floor Plan 'B'

| | |
|---|---|
| DRAWN BY | South Designs |
| ISSUE DATE | XXXXXXXX |
| CURRENT REVISION DATE | XXXXXXXX |
| SCALE | 1/8" = 1'-0" |
| SHEET | 2.1b |

## General Floor Plan Notes

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

1. Wall Heights: Typically 9'-1-1/2" at 1st floor and second floor, and 8'-1-1/2" at office 8.0 O.C. 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 6" at exterior walls 2-1/4" at interior. 2nd Interior shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2nd bearing or greater and will be noted on a special condition where it occurs on plan.

3. Header height shall be 7'-0" AFF at 1st floor, and 8'-10" AFF at 2nd floor unless noted otherwise.

4. Jambs: Openings up to 3'-0" wide shall have (1) 2nd jamb stud 3FF on each side. Openings greater than 3'-0" wide shall have (2) 2nd jamb studs 3FF on each side.

5. Soffit, Coffered Ceilings, Ivy Ceilings and other significant ceiling plan elements are shown on the floor plans and are dimensioned on single dashed lines. Unless specifically said out as indicated. Distance @ (2) locations walls over said applicable.

6. Door & Window Jambs, where occurring near corners, shall be a minimum of 6-1/2" from corner. Except for walls in closets with doors near a corner, doors at closet shall be centered on closet.

7. Windows: Wall heavy at least (1) window in each sleeping room, shall meet egress. Shall be provided with tempered glass at hazardous glazing areas. Patio windows shall be installed with obscure glazing.

8. Closets for clothing or coat storage shall be equipped with 1 rod/shelf, upper w/in. Closets for linen shall have 5 open adjustable shelves. Closets for pantries shall have 5 wood shelves, painted.

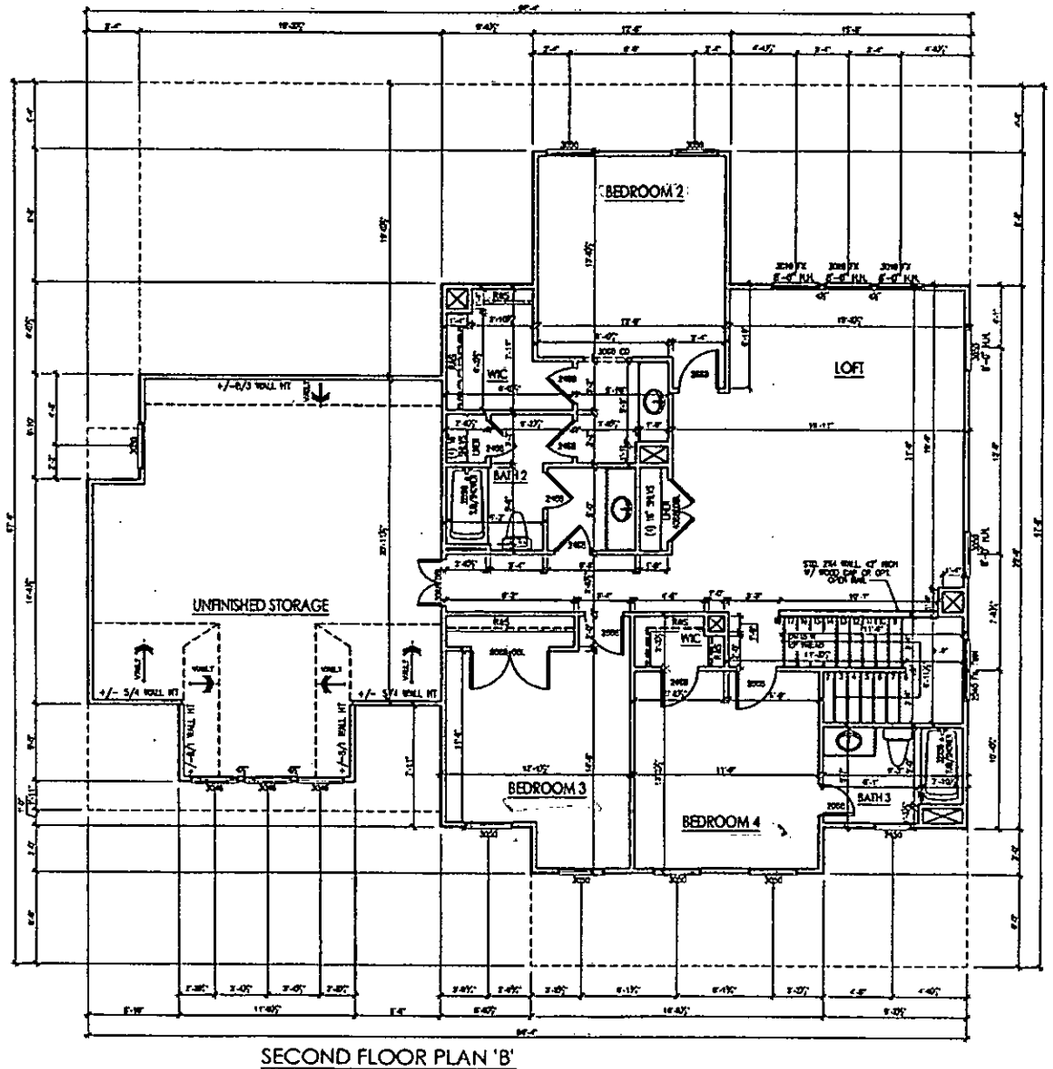
9. Tub Inserts shall be 19" deep, done shall be a minimum of 7-0/4", unless noted otherwise.

10. Handrails and Guards at stairs shall be 34" above the finished surface of the ramp surface of the slab. Handrails at landings and overheads at continued openings shall be 36" above finished floor. Guards (guard rails or balusters) shall be spaced with no more than 4" between guards.

11. Attic Access shall be provided at all attic areas with a height greater than 30". Minimum attic office access shall be 22" x 30". Pull down stair and access doors to have walls mounting minimum attic as also acceptable.

12. Garage Door to Living Spaces shall be 3'-0" 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 spaces and living spaces attic by installing 1/2" gypsum board on the garage side of the wall.




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

Acknowledgement of Plans Submittal ONLY!

Date 9/24/18

Date 4-24-18

SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2223
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| DATE | DESCRIPTION | REV # |
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3151 - PRINCETON-LH
SIGNATURE COLLECTION
Second Floor Plan 'B'

DRAWN BY:
South Designs
ISSUE DATE:
00/00/0000
CURRENT REVISION DATE:
00/00/0000
SCALE:
1/4" = 1'-0"
SHEET
2.2b