IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # 235532

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

PIN # 4106488678 3

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

SITE ADDRESS: 152 River Stone Dr Davidson, NC PHONE: ALT. PHONE 803-381-5921

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

SUBDIVISION: Riverstone @ Anniston SECTION: LOT # 18 LOT AREA: .554 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 794	Date 4-4-19	[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 283	Date 4-1-19	System Description: Pump-PM-PPBPS				[ ] Business	No. Persons 8	[X] Private
Pump Make	GOULD	Model WSD312M4	Serial # -	Repair System Description: LP PPBPS				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines 5	Linear Ft: 270'	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: Divert Storm/surface water away from Septic System.
★ Do not cut down for slab.

Use Sch 80 1/2 taps for all lines.

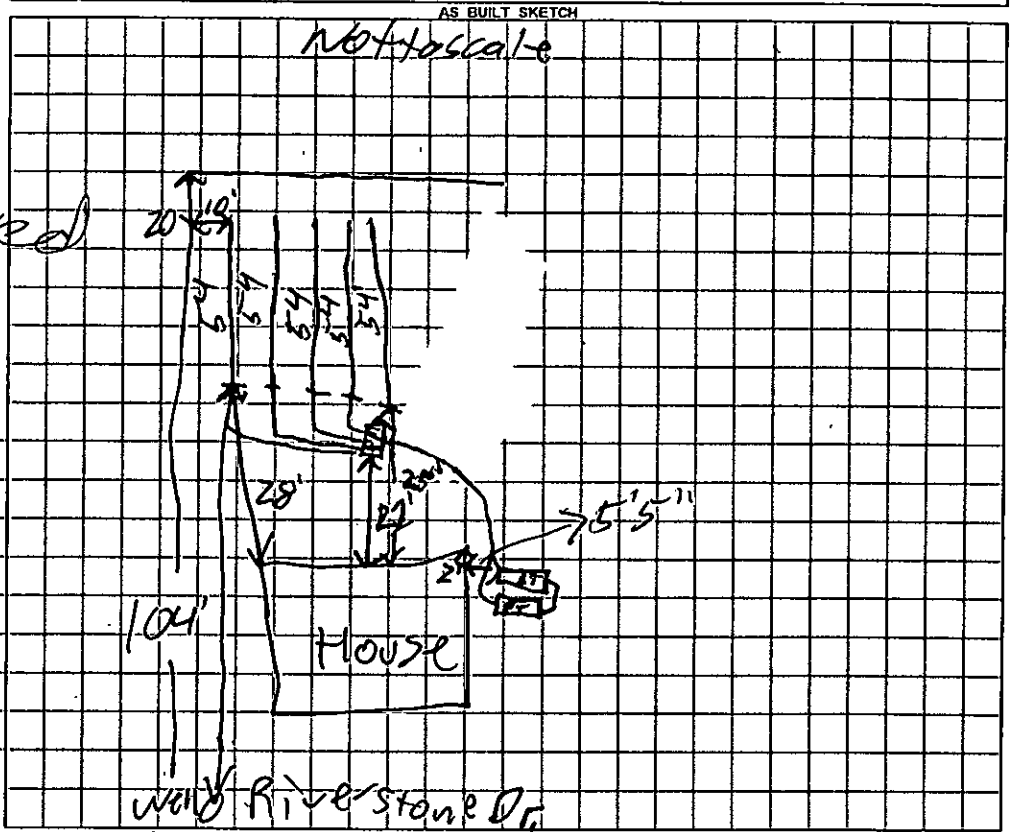
INITIAL SITE SKETCH

	Date	Initials
Drain Lines Checked	05/17	RJB
Tanks Checked	05/17	RJB
Pressure Manifold or Valve Box Checked	6-17	BW
Pressure Head Set	6-17	BW
Electrical Checked	6-17	BW
Floats Set	6-17	BW
Alarm Checked	6-18	BW
Maintenance Contract Y (N)	6-17	BW

roved

(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: Date: 11/7/18 Installed by: Larry Henkle

IMPROVEMENT PERMIT by: Date: 3/2/18 OPERATION PERMIT by: Bernhardt C. White Date: 6-18-19

AUTHORIZATION TO CONSTRUCT by: Date: 10/31/18 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233532

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

PIN # 4706488678 3

APPLICANT/OWNER: Rufus Rd Partners/Concept Homes APPLICANT ADDRESS: 11220 Elm Ln Suite 107 Charlotte NC

SITE ADDRESS: 152 Riverstone Dr Davidson NC PHONE: ALT. PHONE 803-381-5921

SITE DIRECTIONS: Sheares Rd TL Anniston Way TR Burnell TL Walking Horse TL Riverstone on Rt SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Riverstone @ Anniston SECTION: LOT # 18 LOT AREA: .554 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 744	Date 4-4-19	☒ 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 4-4-19	System Description: Pump-PM-PDBPS		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: LP PDBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 270'	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☒ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth(Low side) 34"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

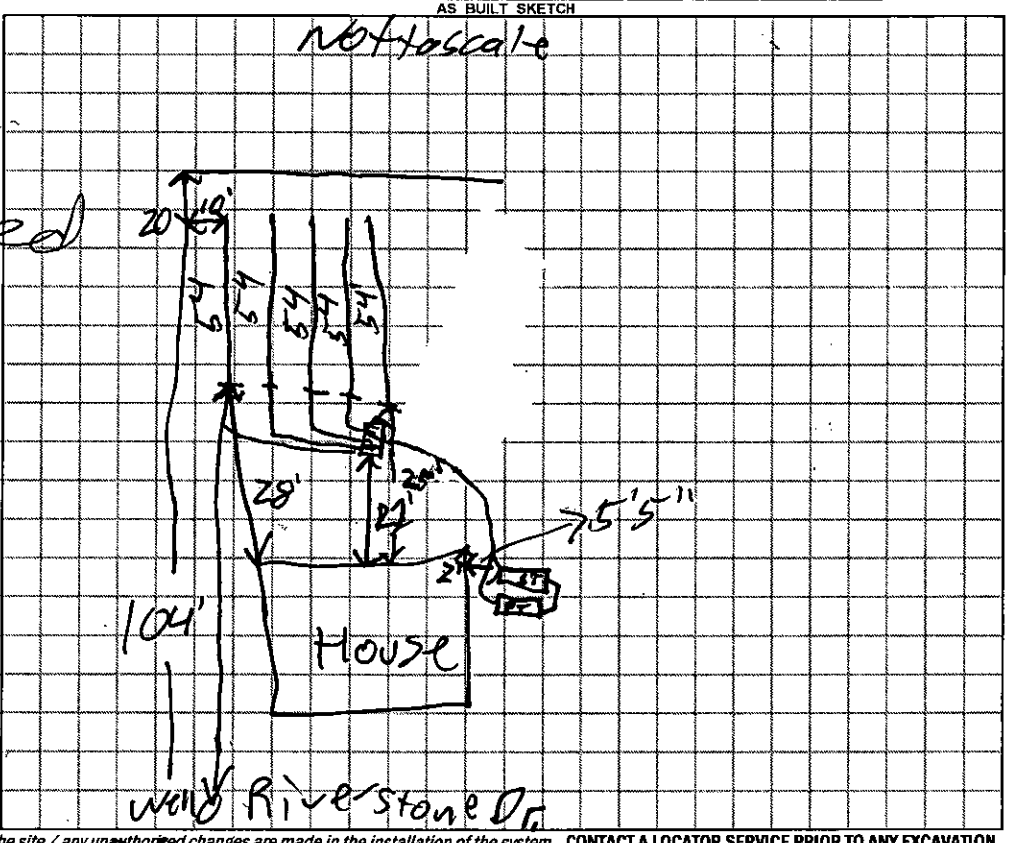
Comments / Conditions: Divert Storm/surface water away from Septic System. ★Do not cut down for slab.

Use Sch 80 1/2 taps for all lines.

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* ☒ 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 Henkle

IMPROVEMENT PERMIT by: Date: 3/2/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 10/31/18 Existing System Inspected by: Date:

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Location:	RIVERSTONE AT ANNISTON LOT 18
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}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	270
Total Lateral Length Required:	266.6666667
Trench Depth:	34 in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	810
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:	216.00
Pump Tank Draw Down:	10.3
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:	5.68
Total Dynamic Head:	9.86
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	**YES**
Additional Comments:	Soil suitability was performed by Adrian L. Pruett, LSS

Approved
3/2/18
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 18

February 18, 2018

LAYOUT FOR 4 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					842.70		
INSTR. 1							
HOUSE					841.05		
TANK					840.42		
1	PINK				842.59	57	57
2	YELLOW				842.20	101	101
3	RED				841.66	114	114
4	BLUE				841.25	30	30
5	ORANGE				840.98	22	22
6	***BLUE***				***841.10***	***58***	***54***
7	***ORANGE***				***840.56***	***58***	***54***
8	***PINK***				***840.11***	***59***	***54***
9	***YELLOW***				***839.66***	***57***	***54***
10	***RED***				***839.27***	***58***	***54***
					Total	**614**	**594**

Approved
MD
3/2/18

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
** System*	*270*	***MOD.***	*0.300*	***PPBPS***	**PRESSURE MANIFOLD**
Repair	324	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.

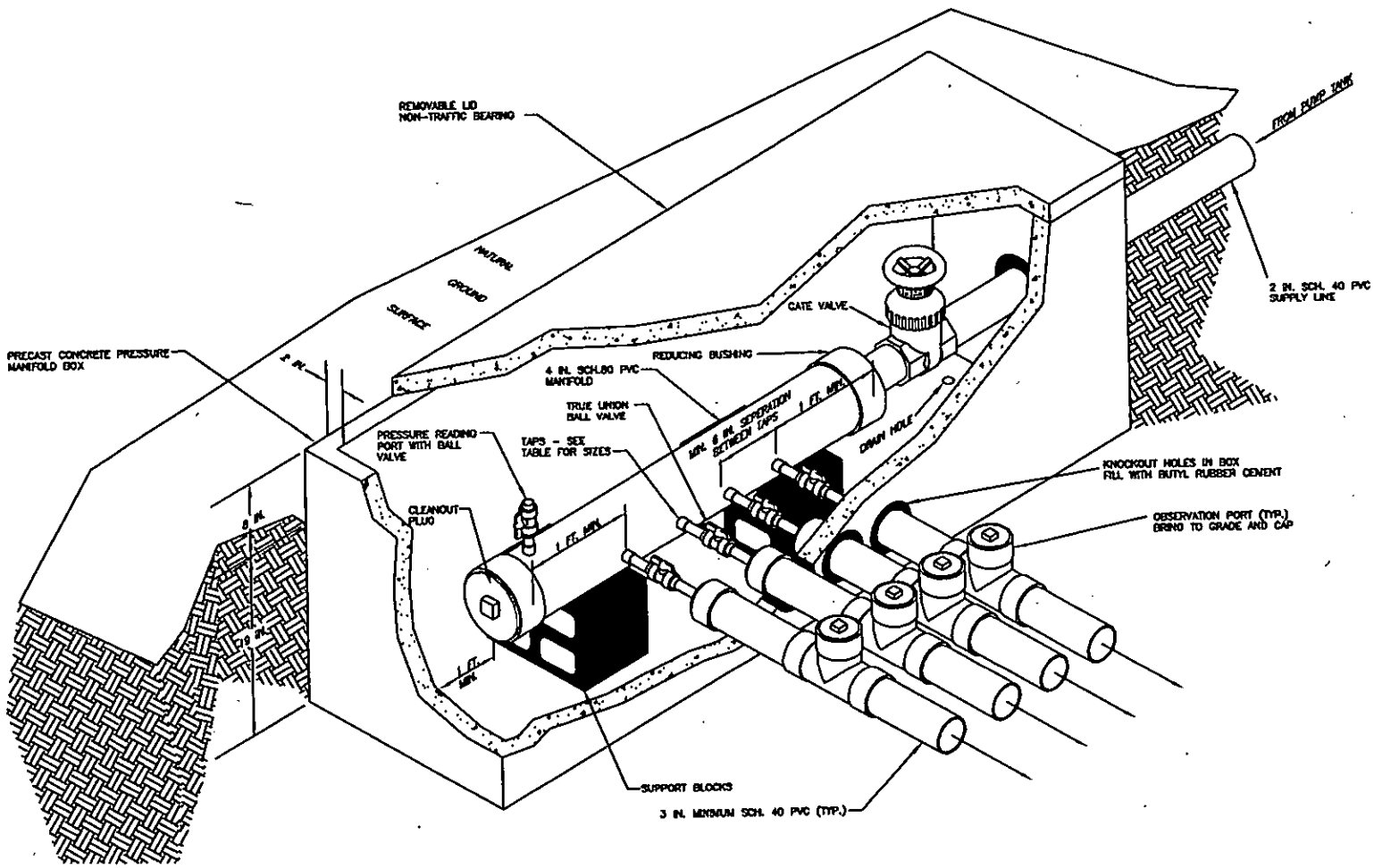
PRESSURE MANIFOLD TAPSHEET - LOT 18 RIVERSTONE AT ANNISTON

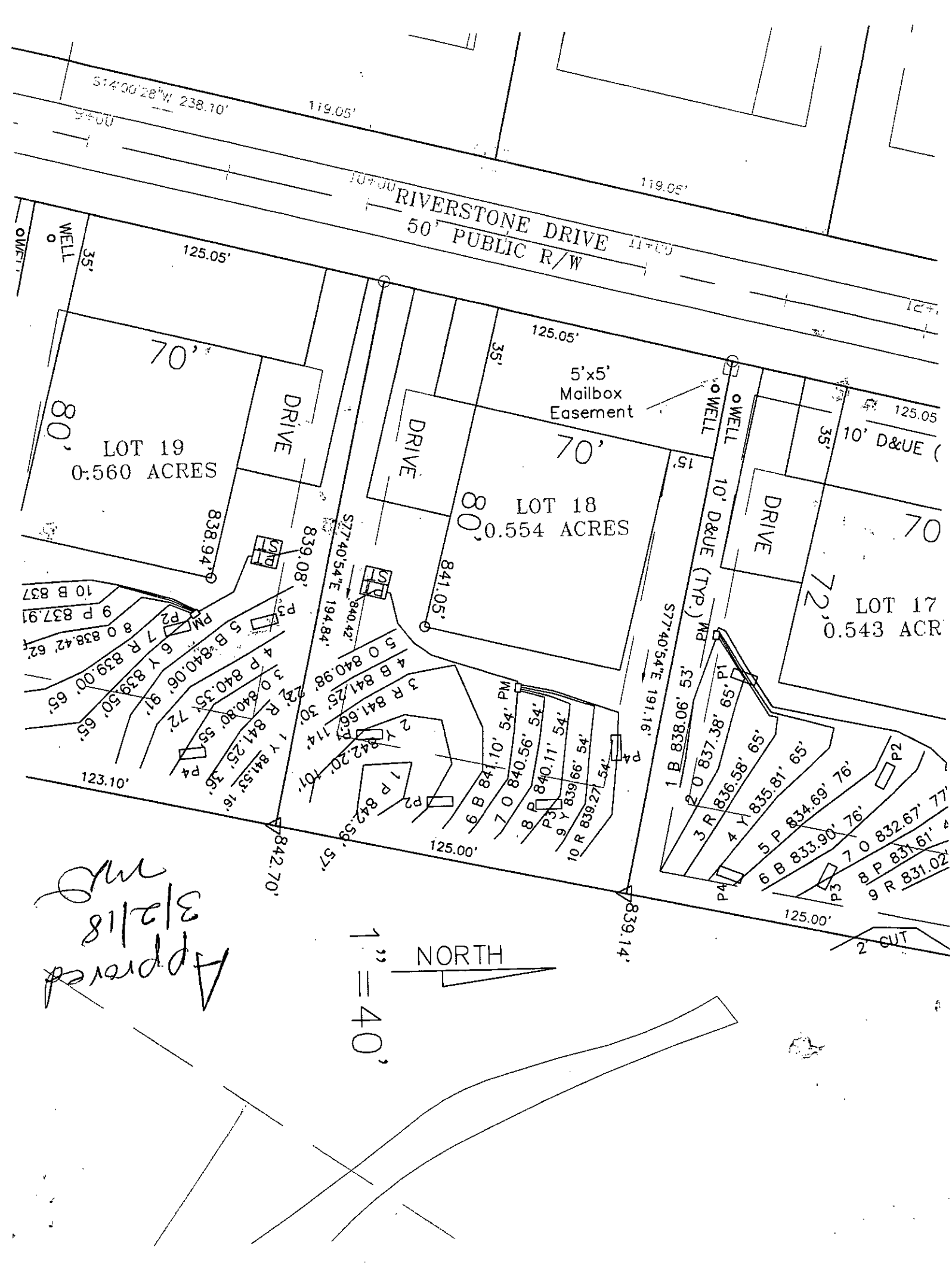
SYSTEM

Line #	Color	Elevation	Length	Pipe Size	Flow/Tap	Line GPD	Line Capacity	Line Trench Area	Flow/Line	Line LTAR	# of Panels
6	BLUE	841.10	54	SCH 80 1/2	5.48	43.20	44.86	108	0.80	0.40	12
7	ORANGE	840.56	54	SCH 80 1/2	5.48	43.20	44.86	108	0.80	0.40	12
8	PINK	840.11	54	SCH 80 1/2	5.48	43.20	44.86	108	0.80	0.40	12
9	YELLOW	839.66	54	SCH 80 1/2	5.48	43.20	44.86	108	0.80	0.40	12
10	RED	839.27	54	SCH 80 1/2	5.48	43.20	44.86	108	0.80	0.40	12
											60
		total feet =	270	gal/min =	27.4						
			Des. Flow	480							
			Pump Run=	7.88							
			soil LTAR	0.30							

Approved
3/2/18
MD

TYPICAL PRESSURE MANIFOLD DETAIL




RIVERSTONE DRIVE
50' PUBLIC R/W
S14°00'28"W 238.10'
119.05'
119.05'
WELL
35'
125.05'
70'
80'
LOT 19
0.560 ACRES
DRIVE
838.94'
839.08'
S27°40'54"E 194.84'
840.42'
125.05'
35'
5'x5'
Mailbox
Easement
WELL
70'
80'
LOT 18
0.554 ACRES
DRIVE
841.05'
15'
10' D&UE (Typ.)
S77°40'54"E 191.16'
125.05
35'
10' D&UE
DRIVE
70
72'
LOT 17
0.543 ACR
123.10'
842.70'
125.00'
839.14'
125.00'
2' CUT
NORTH
1" = 40'
Approved
3/2/18

CALCULATIONS

Approved
3/2/18
MD

Location	RIVERSTONE AT ANNISTON
Lot Number	18
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	270 ft.
Gallons per Minute	27.4 $^{gal}/_{min}$
Required Septic Tank Capacity	1000 gal.
Minimum Standard Tank Size	1000
Panel Volume	3.6
Number of Panels	60
Dosing Volume	216.00 gal.

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

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

Tank Draw Down	10.3 *Generic Draw Down of 21 gal.per in.*
Pump Run Time	7.88 minutes
Elevation Head	5.68 ft.
Pressure Head	2 ft.
Friction Factor	1.78 ft./100 ft. *(From the interpolater.)*
Friction Head	0.53 ft.
Total Dynamic Head (+20%)	9.86 ft.

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 #233532

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: 152 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 18

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 4TH 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

PROPERTY ID #: 4664886783
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: RESIDENTIAL PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 18

APPLICATION DATE
DATE EVALUATED: 1/23/18
PROPERTY SIZE: 0.554 AC
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

Approved 3/2/18 MD

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	NS 5%	0-31	R C MFSBK	FI S P SEXP	N/A -COM SAP	58"	PS	N/A	PS 0.3 GPD/SQFT
		31-58	R CL WFSBK	FR SS SP SEXP					
		58-62	VAR L SAP M	FR SS SP SEXP					
P 2	LSS 5%	0-21	R C MFSBK	FI S P SEXP	N/A -COM SAP	50"	PS	N/A	PS 0.3 GPD/SQFT
		21-50	R CL WFSBK	FR SS SP SEXP					
		50-70	VAR L SAP M	FR SS SP SEXP					
P 3	LSS 5%	0-13	R C MFSBK/ABK	FI S P SEXP	N/A -COM SAP	44"	PS	N/A	PS 0.325 GPD/SQFT
		13-44	R CL WFSBK	FR SS SP SEXP					
		44-66	VAR L SAP M	FR SS SP SEXP					
P 4	LSS 5%	0-11	R C MFSBK	FI S P SEXP	N/A -COM SAP	39"	PS	N/A	PS 0.325 GPD/SQFT
		11-39	R CL WFSBK	FR SS SP SEXP					
		39-67	VAR L SAP M	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM PPBPS	LP PPBPS
Site LTAR	0.325	0.3

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

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

COMMENTS:

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 152 Riverstone Dr., Davidson NC 28036, identified as PIN (Parcel Identification Number) 4664986783, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) LS&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

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

APPLICATION NUMBER
233532
Issue Date: 02/20/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664886783.000	152 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	129298	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
233532
Issue Date: 02/20/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4664886783.000	152 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 License Number
		UNLI

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.

Signature of Owner/Contractor

Date: 02/20/2018

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	129299	TOTAL FEES:	$ 350.00

General Floor Plan Notes

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

1. Wall Heights: Typically 9'-1-1/2" at first floor and second floor, and 8 1-1/2" at attics 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 either 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 frame shall be used at walls that back up to plumbing fixtures. Walls greater than 10' high shall be framed with 2x6 framing at greater and will be noted as a special condition where it occurs on plan.
3. Header height shall be 7'-0" AFF at First Floor, and 6'-10" AFF at Second Floor unless noted otherwise.
4. Jacks: Openings up to 3'-4" wide shall have (1) 2x4 jack stud STF on each side. Openings greater than 3'-4" wide shall have (2) 2x4 jack studs STF on each side.
6. Soffits, Coffered Ceilings, Tray Ceilings and other significant ceiling plan elements are shown on the floor plans and are sketched at slight dashed lines. Unless specifically call out as included, Kitchens do not include soffits over wall cabinetry.
4. Door & Window Frames, where occurring near corners, shall be a minimum of 4-1/2" from corner. Except at 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. Rated 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 7-8/8", 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 multilevel spaces shall be 36" above finished floor. Guards (pickets or balusters) 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 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 space and living space attic by installing 1/2" gypsum board on the garage side of the wall.

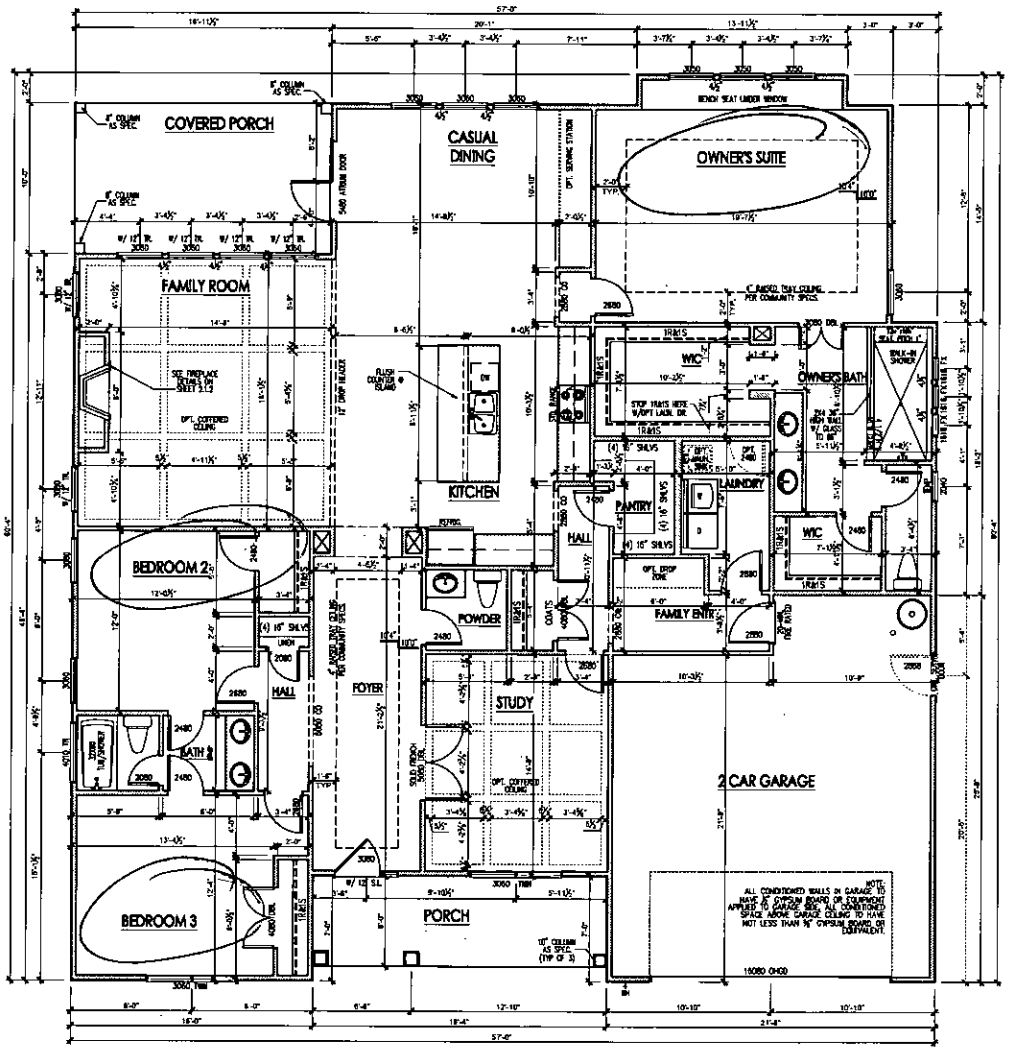
Acknowledgement of Plans Submittal ONLY!

Date 10/31/18

Date 11/7/18

57.4

60.4



FIRST FLOOR PLAN 'B'

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

SOUTH DESIGNS
(O) 919-556-2225
(F) 919-556-2228
www.southdesigns.com

Concept Homes

REV.#	DESCRIPTION	DATE
1	PRINTSHOP RMKS (DRIVER, ELECTRICAL, ROOF) FROM PRINTSHOP	10/16/2018
2		
3		
4		
5		
6		
7		
8		

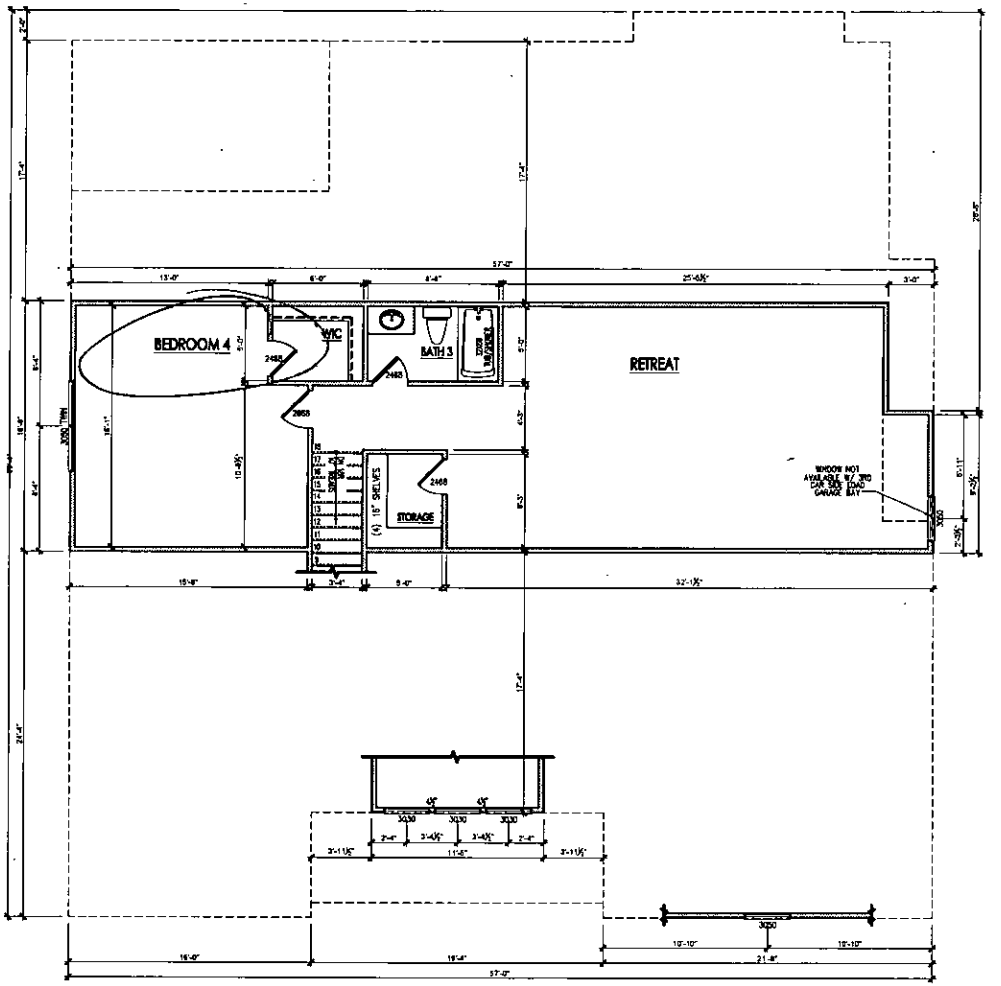
3141 - COLUMBIA - RH
SIGNATURE COLLECTION
First Floor Plan 'B'

DRAWN BY: South Designs
ISSUE DATE: 10/16/2018
CURRENT REVISION DATE: 10/16/2018
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 first floor and second floor, and 8'-1-1/2" at attics U.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 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, 6-1/2" at interior. 2x6 bathroom 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 7'-0" AFF at First 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 included, Kitchen do not include soffit 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 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. Note: Windows shall be installed with obscure glazing.
8. Closets for clothing or coat storage shall be equipped with 1 rod/shelf open site. 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 7-8/16", unless noted otherwise.
10. Handrails and Guards at stairs shall be 34" above the finished surface of the ramp surface at the plan. Handrails at landings and overlooks at multilevel spaces shall be 36" above finished floor. Guards (pickets or balisters) shall be spaced with no more than 4" between pickets.
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 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 space and living space attic by installing 1/2" gypsum board on the garage side of the wall.



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

Acknowledgement of Plans Submittal ONLY!

Date 10/31/18

Date 11/7/18

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

Concept Homes

REV.#	DESCRIPTION	DATE
1	PRELIMINARY RELEASE (OPENING, ELECTRICAL, ADDED BONUS ROOM OPT)	10/15/18
2		
3		
4		
5		
6		
7		
8		

3141 - COLUMBIA - RH
SIGNATURE COLLECTION
Second Floor Options 'B'

DRAWN BY: South Designs
ISSUE DATE: 10/15/2018
CURRENT REVISION DATE: 10/15/2018
SCALE: 1/8" = 1'-0"
SHEET: 2.2.1b

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: Concept Homes, LLC Address: 11220 Elm Ln. Suite 109 Zip: 28277
Applicant Email: nbelk@myconcepthome.com Phone: 704-507-6327 Alt. Phone: _____
Owner Name: Rufus R2, LLC Address: 11220 Elm Ln. Suite 109 Zip: 28277
Owner Email: Joe@myconcepthome.com Phone: 704-494-7216 Alt. Phone: _____

Property Information:

Street Address: 152 Riverstone Dr. Davidson, NC
Subdivision Name: Anniston of Riverstone Section/Phase: _____ Lot Number: 18
Driving Directions: Sheavers Rd to Anniston Way (R) on Burnell PL (L) on Water Trl

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: _____ 10/26/18
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

(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, (See previous Signature), am the legal owner(s) of the property located at Riverstone at Amsitow, identified as

PIN (Parcel Identification Number) 4664886783.000, 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.

(See previous Signature) _____
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