IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233534

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

PIN # 4664887457

APPLICANT/OWNER: Rufus Rd Partners LLC (Concept Homes) APPLICANT ADDRESS: 11220 Elm Ln Ste 107 Charlotte, NC

SITE ADDRESS: 140 Riverstone Davidson, NC PHONE: 8033815921 ALT. PHONE

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Burnell TL Walking Horse TL Riverstone on rt

SUBDIVISION: Riverstone @ Anniston SECTION: — LOT # 20 LOT AREA: 1.297 Ac

SAP CONTROLLED: ☐ YES ☒ NO DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	854	Date	11-26-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	769	Date	9-13-19	System Description:	Pump-PM-25% Reduction			☐ Business	No. Persons 8
Pump Make	Gould	Model	WE0312M1	Serial #	A00129C	Repair System Description:	LPPBPS (Shallow)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	402	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Lowside)	max 26"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ★ note: 40ft required

Pressure Manifold
58ft lines use sch 80 1½ tap
128ft lines use sch 40 ¾ tap
100ft lines use sch 80 ¾ tap

INITIAL SITE SKETCH

See attached, approved Septic plan by Carolina Soil & Septic Consulting, PLLC (dated 2/19/18)

AS BUILT SKETCH

INSTALLED AS PERMITTED

38FT LINE INSTALLED AT 36IN TRENCH BOTTOM (NOT SAP) SEE PIT 1

5/12/2020: pressure set, Alarm and Floats checked.

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

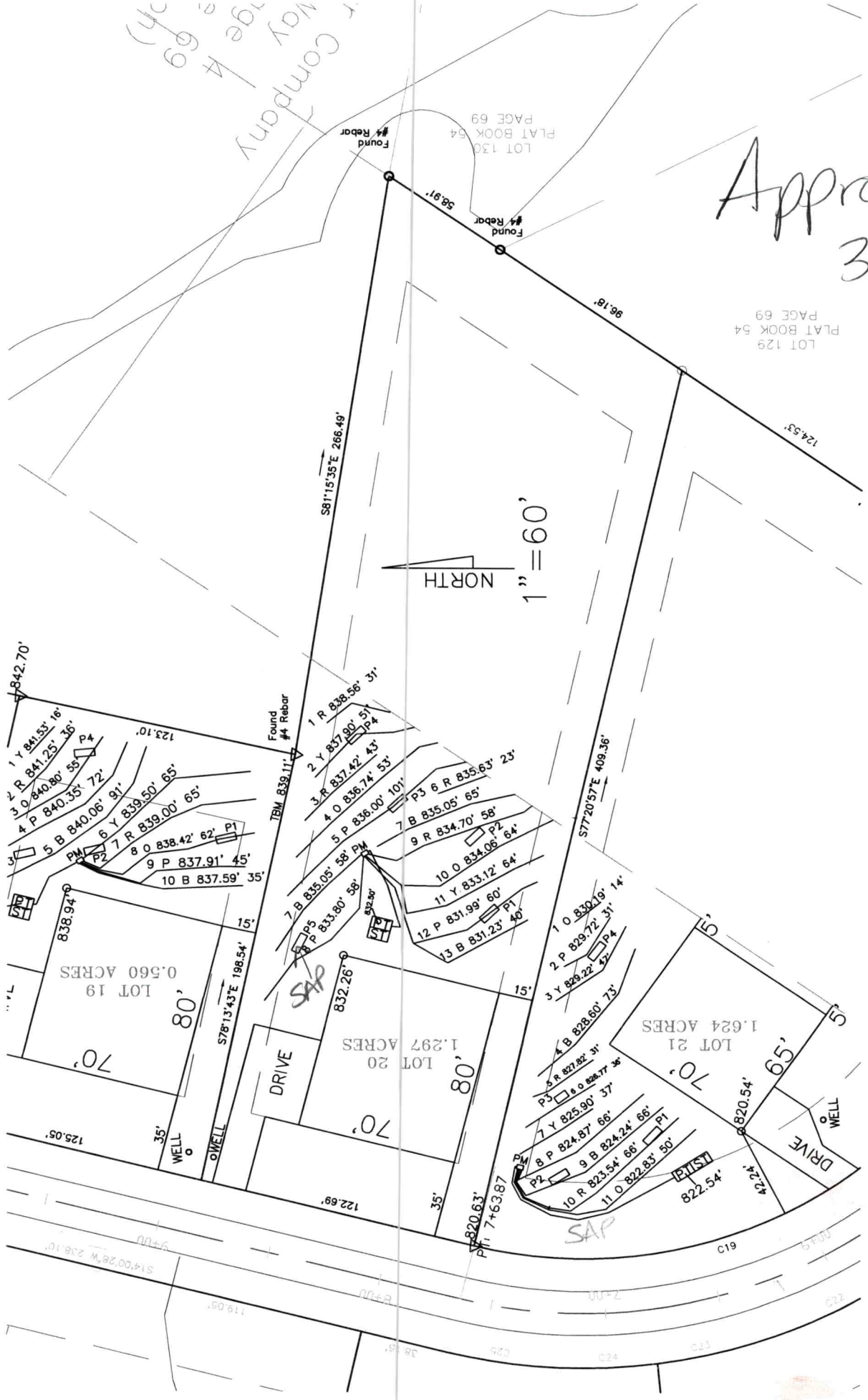
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/18/19 Installed by: A1 - BACKHOE

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/6/18 OPERATION PERMIT by: Patrick J Byrne III Date: 7/21/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/8/19 Existing System Inspected by: Date:

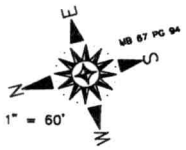
	Date	Initials
Drain Lines Checked	4/17/2020	BW
Tanks Checked	4/17/2020	BW
Pressure Manifold or Valve Box Checked	4/17/2020	BW
Pressure Head Set	5/12/2020	PJB
Electrical Checked	7/24/2020	PJB
Floats Set	5/12/2020	PJB
Alarm Checked	5/12/2020	PJB
Maintenance Contract Y / (N)	11/24/2020	PJB
Comments:		


Approved
3/6/18
mD
NORTH
1"=60'
Found #4 Rebar
58.97'
98.18'
124.53'
S81°15'35"E 266.49'
S77°20'57"E 409.36'
S78°13'43"E 198.54'
842.70'
123.10'
TBM 839.11'
1 Y 841.53' 16'
2 R 841.25' 36'
3 O 840.80' 55'
4 P 840.35' 72'
5 B 840.06' 91'
6 Y 839.50' 65'
7 R 839.00' 65'
8 O 838.42' 62'
9 P 837.91' 45'
10 B 837.59' 35'
1 R 838.56' 31'
2 Y 837.90' 51'
3 R 837.42' 43'
4 O 836.74' 53'
5 P 836.00' 101'
6 R 835.63' 23'
7 B 835.05' 65'
9 R 834.70' 58'
10 O 834.06' 64'
11 Y 833.12' 64'
12 P 831.99' 60'
13 B 831.23' 40'
7 B 835.05' 58'
8 P 833.80' 58'
832.50'
832.26'
838.94'
1 O 830.19' 14'
2 P 829.72' 31'
3 Y 829.22' 42'
4 B 828.60' 73'
5 R 827.82' 31'
6 O 828.77' 36'
7 Y 825.90' 37'
8 P 824.87' 66'
9 B 824.24' 66'
10 R 823.54' 66'
11 O 822.83' 50'
822.54'
820.54'
820.63'
Pt. 7+63.87
LOT 19
0.560 ACRES
LOT 20
1.297 ACRES
LOT 21
1.624 ACRES
DRIVE
WELL
80'
70'
65'
15'
35'
5'
122.69'
125.05'
42.24'
C19
PLAT BOOK 54
PAGE 69
LOT 130
PLAT BOOK 54
PAGE 69
LOT 129
SAP
SAP

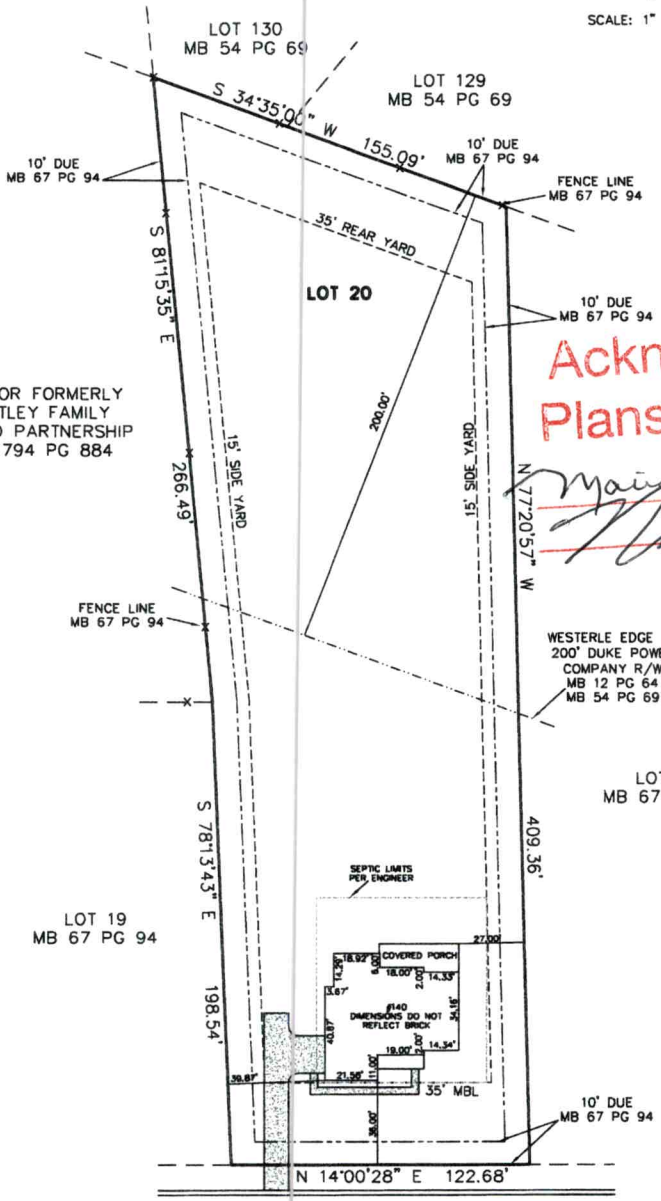
SITE DEVELOPMENT PLAN

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" = 60'



Acknowledgement of Plans Submittal ONLY!
Maiya Dolson Date 3/8/19
Date 9/18/19

ESTIMATED IMPERVIOUS AREA = 3918 SQ. FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision RIVERSTONE AT ANNISTON County IREDELL
Address 140 RIVERSTONE DRIVE Owner CONCEPT
Lot 20 Block ___ Plan HARVARD Elevation B Drive (Left) SIDE (Right) ___ (Courtyard) ___ Deck ___
Patio X Fireplace ___ Garage (1 Car) ___ (2 Car) X (3 Car) ___ Brick ___ Basement ___ Curtain Wall ___
Crawl ___ Slab X Other COVERED PORCH

REVISED: MODEL CHANGE DWN: JDA CKD: DATE: 02/ 08/ 19

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Location:	RIVERSTONE AT ANNISTON LOT 20
Owner:	Rufus Road Partners LLC
Address:	11220 Elm Ln., Suite 107 Charlotte, NC 28277
Contact:	Joe Dority
Phone:	803-381-5921
County:	Iredell
Location:	LOT 20 OF RIVERSTONE AT ANNISTON

Approved
MD
3/6/18

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	402
Total Lateral Length Required:	400
Trench Depth:	26 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1206
Repair Trench Spacing:	9 ft. on center
Repair Trench Depth:	33 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	43
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	7.48
Dosing Volume:	183.75
Pump Tank Draw Down:	8.8
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 County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	3.03
Elevation Head:	7.55
Total Dynamic Head:	13.02
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

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

Approved 3/6/18

LOT 20 OF RIVERSTONE AT ANNISTON
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM HOME

February 19, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					839.11		
INSTR. 1							
HOUSE					832.26		
TANK					832.50		
1	RED				838.56	31	31
2	YELLOW				837.90	51	51
3	RED				837.42	43	43
4	ORANGE				836.74	53	53
5	PINK				836.00	101	101
6	RED				835.63	23	23
7	BLUE				835.05	65	65
7	***BLUE***				***835.05***	***64***	***58***
8	***PINK***				***833.80***	***59***	***58***
9	***RED***				***834.70***	***68***	***58***
10	***ORANGE***				***834.06***	***76***	***64***
11	***YELLOW***				***833.12***	***66***	***64***
12	***PINK***				***831.99***	***60***	***60***
13	***BLUE***				***831.23***	***40***	***40***
					Total	**800**	**769**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
**** System***	***402***	***ACCEPT.***	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	367	MOD.	0.250	PPBPS	LOW PRESSURE

Notes: ** TBM located at Lot 19 right rear/Lot 20 angle point (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: Iredell County Environmental Health has CS&SC's permission to move or relocate

Approved 7
3/6/18
MD

PRESSURE MANIFOLD TAPSHEET - LOT 20 RIVERSTONE AT ANNISTON

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
7	***BLUE***	***835.05***	***58***	SCH 80 1/2	**5.48**	25.79	174	0.15
8	***PINK***	***833.80***	***58***	SCH 80 1/2	**5.48**	25.79	174	0.15
9	***RED***	***834.70***	***58***	SCH 80 1/2	**5.48**	25.79	174	0.15
10&11	***O&Y***	***834.06***	***128***	SCH 40 3/4	**12.5**	58.84	384	0.15
12&13	***P&B***	***831.99***	***100***	SCH 80 3/4	**10.1**	47.54	300	0.16
	total	**feet =**	**402**	**gal/min =**	**39.04**			
			Des. Flow	**480**				
			Pump Run=	**4.71**				
			LTAR	**25% RED.**				

Some lines flagged longer in the field, shorten to lengths shown here.

CALCULATIONS

Approved
3/6/18
MD

Location RIVERSTONE AT ANNISTON

Lot No: 20

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	43	ft.
Supply Line Volume	7.482	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	402	ft.
Gallons per Minute	39.04	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	262.506	gal.
Dosing Volume	183.75	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	8.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	4.71	minutes
Elevation Head	7.55	ft.
Pressure Head	2	ft.
Friction Factor	3.03	ft./100 ft. *(From the interpolater.)*
Friction Head	1.30	ft.
Total Dynamic Head (+20%)	13.02	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

PROPERTY ID #: 4664887457
COUNTY: IREDELL

Approved 3/6/18

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: 1.297 AC
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 20
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	LSS 8%	0-4	B SCL MFSBK	FR SS SP SEXP	N/A	61"	N/A	N/A	PS
		4-37	R C MFSBK/ABK	FR S P SEXP					
		37-61	R CL WFSBK	FR SS SP SEXP	-FEW/COM SAP INCL.				0.3 GPD/SQFT
P 2	LSS 4%	0-20	RB SCL WFSBK	FR SS SP SEXP	N/A	65"	N/A	N/A	PS
		20-40	R C MFSBK/ABK	FI S P SEXP					
		40-65	R CL WFSBK	FR SS SP SEXP	-FEW SAP				0.3 GPD/SQFT
P 3	LSS 7%	0-6	B SCL WFSBK	FR SS SP SEXP	N/A	61"	N/A	N/A	PS
		6-18	R C MFSBK	FI S P SEXP					
		18-31	R C MSSBK	FI S P SEXP	-FEW YB				
		31-37	R C MFSBK	FI S P SEXP					0.25 GPD/SQFT
		37-61	R CL WFSBK	FR SS SP SEXP	-COM SAP				
P 4	LSS 5%	0-5	B SCL WFSBK	FR SS SP SEXP	N/A	44"	N/A	N/A	PS
		5-22	R C MFSBK	FI S P SEXP					
		22-44	R CL WFSBK	FR SS SP SEXP	-COM SAP				
		44-61	VAR L SAP M	FR SS SP SEXP					0.325 GPD/SQFT

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25% RED.	LP PPBPS
Site LTAR	0.3	0.25

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

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

COMMENTS:

SOIL/SITE EVALUATION

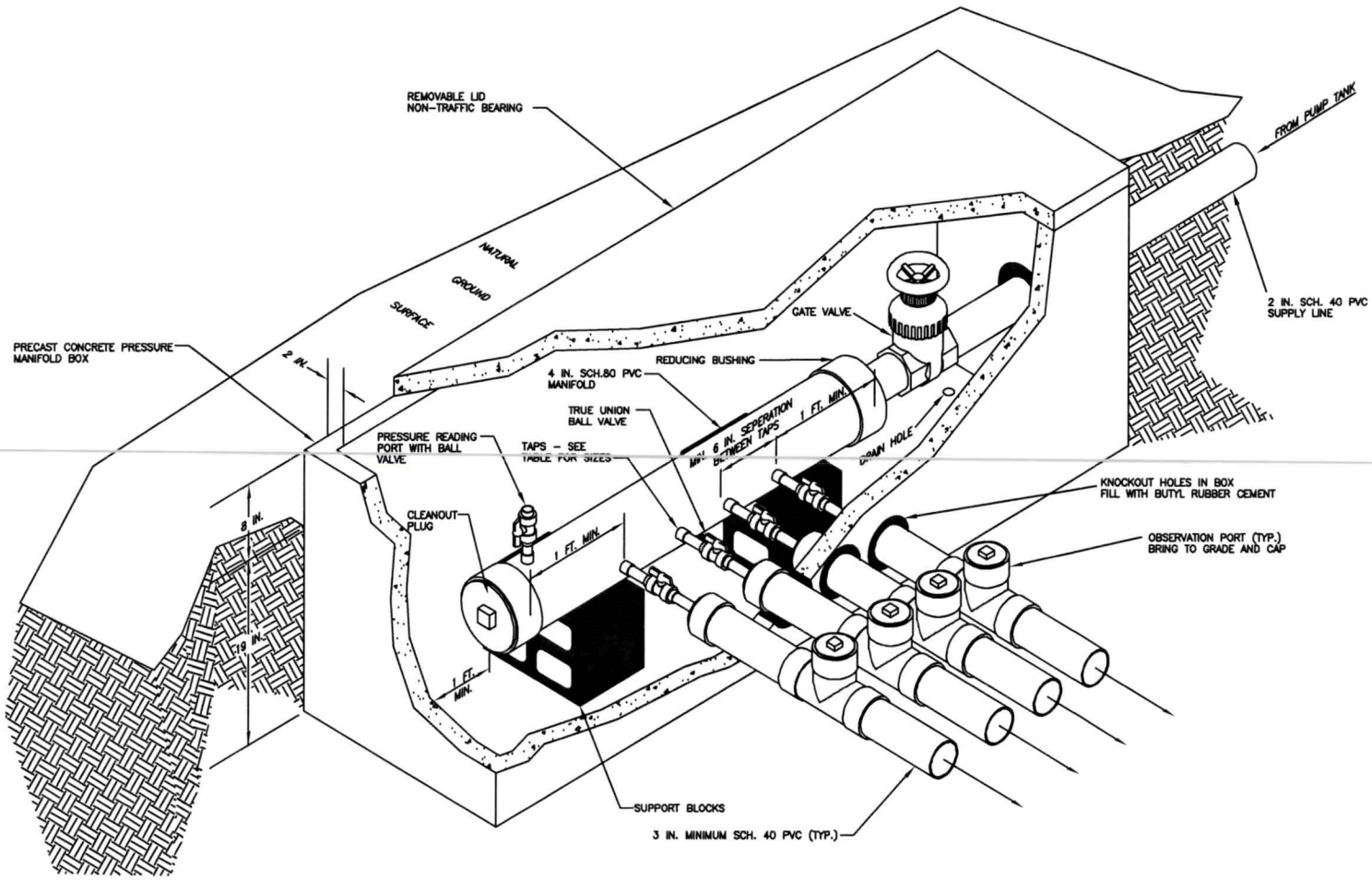
(Continuation Sheet-Complete all field in full)

Approved
3/6/18
MD

PROPERTY ID #: 4664887457
DATE OF EVALUATION: 1/23/18
COUNTY: IREDELL

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 5	LSS 11%	0-11	R C MFSBK/ABK	FI S P SEXP	N/A -COM SAP	40"	PS	N/A	PS
		11-40	R CL WFSBK	FR SS SP SEXP					
		40-67	VAR L SAP M	FR SS SP SEXP					0.325 GPD/SQFT

TYPICAL PRESSURE MANIFOLD DETAIL



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 #233534

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: 140 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON **Section/Phase:** _____ **Lot Number:** 20

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 2ND 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**

AC

Harvard "B" (20)

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 Rd, LLC Address: 11220 Elm Ln. Suite 107 Zip: 28277
Owner Email: Joe@myconcepthome.com Phone: 803-381-5921 Alt. Phone: _____

Property Information:

Street Address: 140 Riverstone Dr. Davidson NC 28078
Subdivision Name: Anniston Section/Phase: _____ Lot Number: 20
Driving Directions: Shearers Rd - Anniston Way - Burton - Walking Horse Trail - Riverstone

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: _____

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: _____ 2/7/19
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, Rufs Rd Partners, am the legal owner(s) of the property located at 140 Riverstone Dr, Davidson NC 28036, identified as PIN (Parcel Identification Number) 4664887457, 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. Bradam	2/22/18

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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*) Concept Homes, LLC

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, X Joe Dority / Concept Homes, am the legal owner(s) of the property located at 140 Riverstone Dr. Davidson, identified as

PIN (Parcel Identification Number) 4664-88-7457, 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.

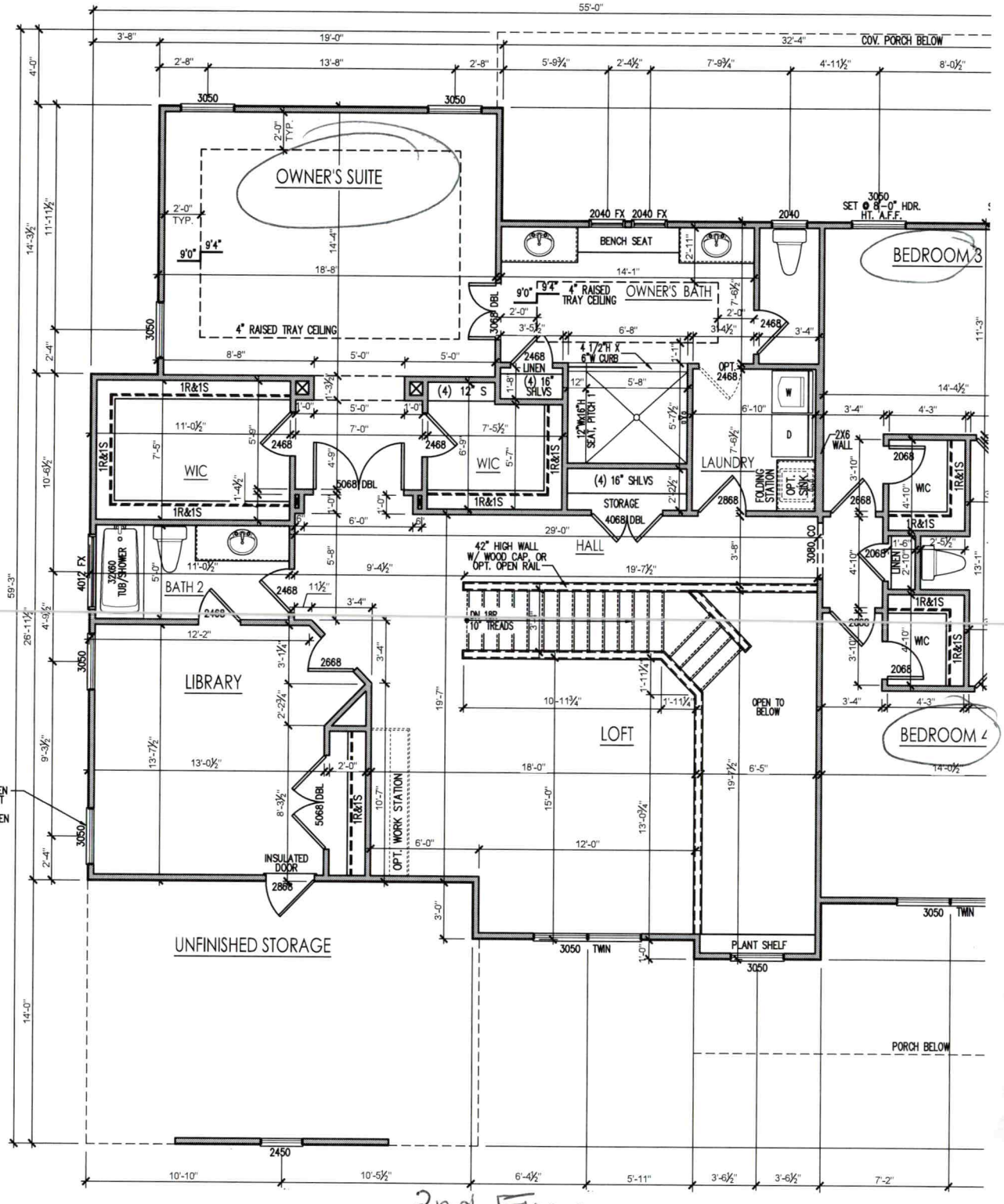
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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 _____ X 2/12/19
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



Acknowledgement of
Plans Submittal ONLY!

Date 3/8/19

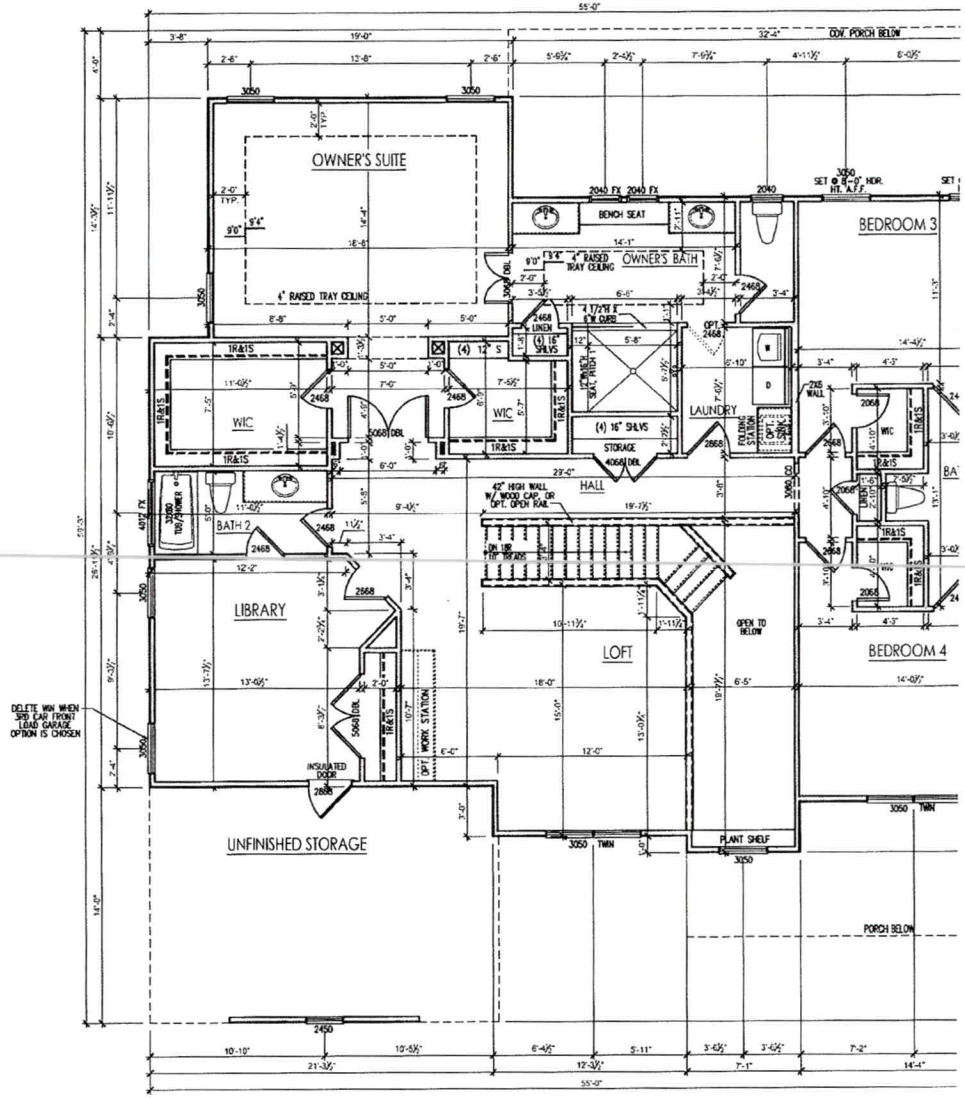
Date 9/19/19

2nd Floor

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 of multilevel spaces shall be 36" above finished floor. Guards (pickets or balisters) shall be spaced with no more than 4" between guards.
11. Attic Access shall be provided at all attic area with a height greater than 30". Minimum clear attic access shall be 20" x 30". Pull down stairs and access doors in knee walls meeting minimum criteria are also acceptable.
12. Garage Door to Living Space shall be 3'-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.

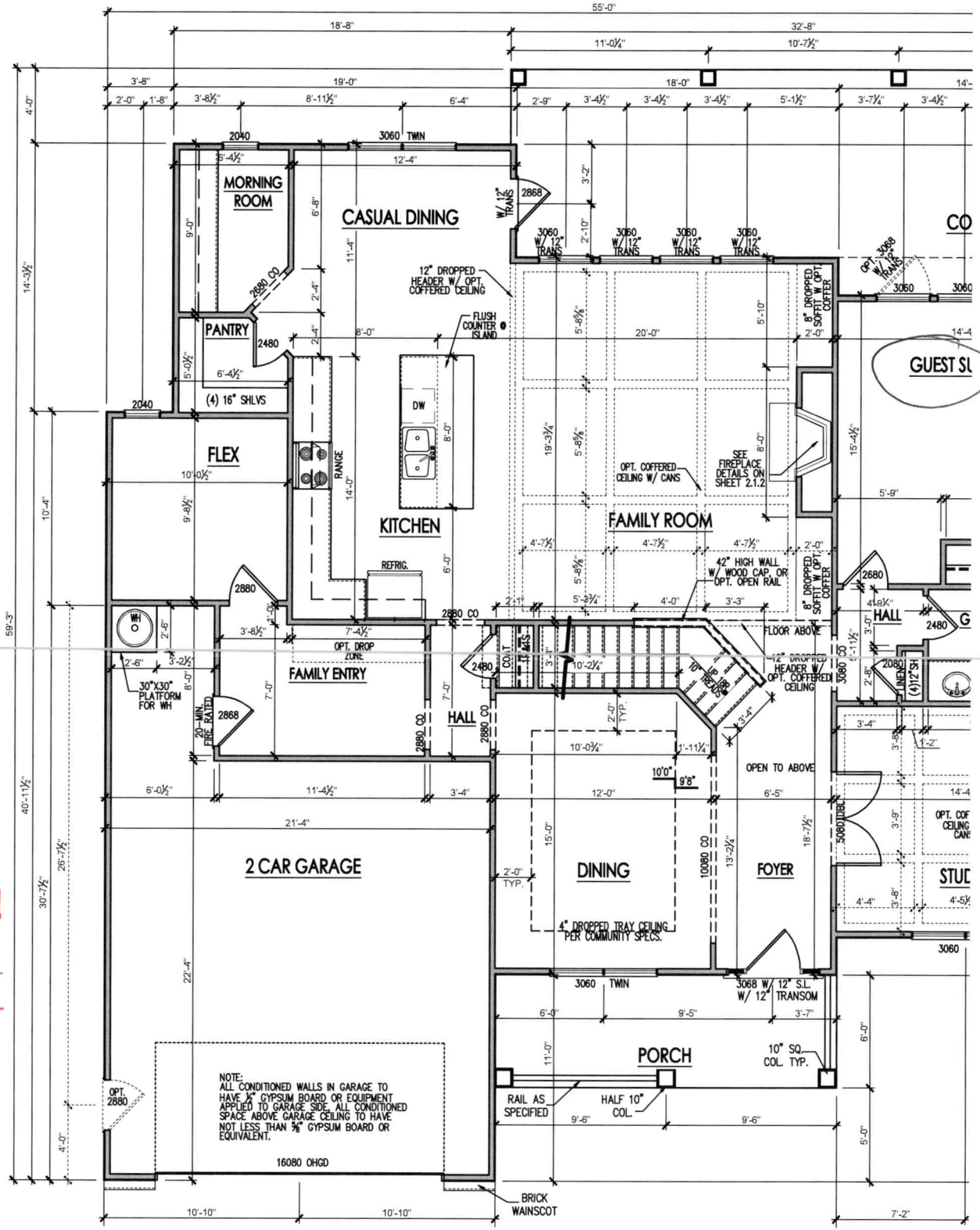


SECOND FLOOR PLAN 'A'

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

Lot 6

NR 2/5/19



Acknowledgement of Plans Submittal ONLY!

Date 3/8/19

Date 3/8/19

1st Floor

IREDELL COUNTY

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

APPLICATION NUMBER
233534
Issue Date: 02/20/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664887457.000	140 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	129302	TOTAL FEES:	$ 77.25