IREDELL COUNTY HEALTH DEPARTMENT PERMIT # 233531

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4664887815

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

SITE ADDRESS: 158 Riverstone Dr Davidson, NC PHONE: 803 381-5921 ALT. PHONE

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

SUBDIVISION: Riverstone @ Anniston SECTION: LOT # 17 LOT AREA: .543 Ac. DESIGN FLOW: 480 gpd L.T.A.R.: .325

Septic Tank	1000 (gal)	STB	794	Date	4/27/19	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	3/27/19	System Description:	Pump-PM-PPBPS			[ ] Business	No. Persons 8
Pump Make	Gould Model	WE03E	Serial #			Repair System Description:	LP PPBPS			[ ] Other	No. Employees
# Nitrification Fields	# Lines 4		Linear Ft: 248			Maintenance Agreement Required:	[ ] YES	[X] NO		[X] Slab	[X] Crawl Space
Trench Width 24"	Trench Bottom Depth(Low side) 34"		Gravel Depth N/A				[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Divert water away from Septic System.

Tap Sizes for Manifold
53 ft line = SCH 80 1/2" tap
65 ft lines = SCH 40 1/2" tap

INITIAL SITE SKETCH

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

AS BUILT SKETCH

6/5/19 Checked tanks off from house
- PRESSURE MANIFOLD & SUPPLY LINE TO BE MOVED TO 10ft OFF WELL
- BOTTOM 2 LINES TO BE GRADED DOWN 4" TO 6" ON HOUSE END TO AVOID VENTING
BCW 6-17-19
FIXED 6-18-19

INITAL IS NOW SAP CONTROLLED

	Date	Initials
Drain Lines Checked	BW	6-17-19
Tanks Checked	MD	6/5/19
Pressure Manifold or Valve Box Checked	BW	6
Pressure Head Set	BW	
Electrical Checked	BW	
Floats Set	BW	
Alarm Checked	BW	
Maintenance Contract W/		

REPAIR REMAINS NON-SAP CONT.

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 ...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] **AUT** ...**CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/24/18 Installed by: Larry Henkle

IMPROVEMENT PERMIT by: Date: 3/2/18 OPERATION PERMIT by: Date: 6-18-19

AUTHORIZATION TO CONSTRUCT by: Date: 4-24-18 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233531

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

PIN # 4664887815

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

SITE ADDRESS: 158 Riverstone Dr Davidson, NC PHONE: 803 381-5921 ALT. PHONE

SITE DIRECTIONS: Shearers Rd TL Anniston Way TR Burnell TL Walking Horse Trail TL Riverstone 5th lot on Rt SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverstone @ Anniston SECTION: LOT # 17 LOT AREA: .543 Ac. DESIGN FLOW: 480gpd L.T.A.R.: .325

Septic Tank	1000 (gal)	STB	794	Date	4/27/19	☒ 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	3/27/19	System Description: Pump-PM-PPBPS				☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description: LP PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	248	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 water away from Septic System.

Tap sizes for Manifold
53ft line = SCH 80 1/2" tap
65ft lines = SCH 40 1/2" tap

INITIAL SITE SKETCH

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

AS BUILT SKETCH

6/5/19 Checked tanks left from house.

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: 4/24/18 Installed by: Larry Henkle

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/2/18 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4-24-18 Existing System Inspected by: _____ Date: _____

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Location:	RIVERSTONE AT ANNISTON LOT 17
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}):	0.325
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	248
Total Lateral Length Required:	246.1538462
Trench Depth:	34 in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	744
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:	101
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	17.57
Dosing Volume:	205.20
Pump Tank Draw Down:	9.8
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 Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	9.68
Total Dynamic Head:	16.17
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.*

Approved 3/2/18 MD

FIELD LAYOUT SPECIFICATIONS
RIVERSTONE AT ANNISTON LOT 17

LAYOUT FOR 4 BEDROOM HOME

February 18, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					839.14		
INSTR. 1							
HOUSE					834.00		
TANK					833.38		
1	***BLUE***				*838.06*	*53*	*53*
2	***ORANGE***				*837.38*	*87*	*65*
3	***RED***				*836.58*	*65*	*65*
4	***YELLOW***				*835.81*	*70*	*65*
5	PINK				834.69	76	76
6	BLUE				833.90	76	76
7	ORANGE				832.67	77	77
8	PINK				831.61	42	42
9	RED				831.02	26	26
					Total	**572**	**545**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
** System*	*248*	***MOD.***	*0.325*	***PPBPS***	**PRESSURE MANIFOLD**
Repair	297	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

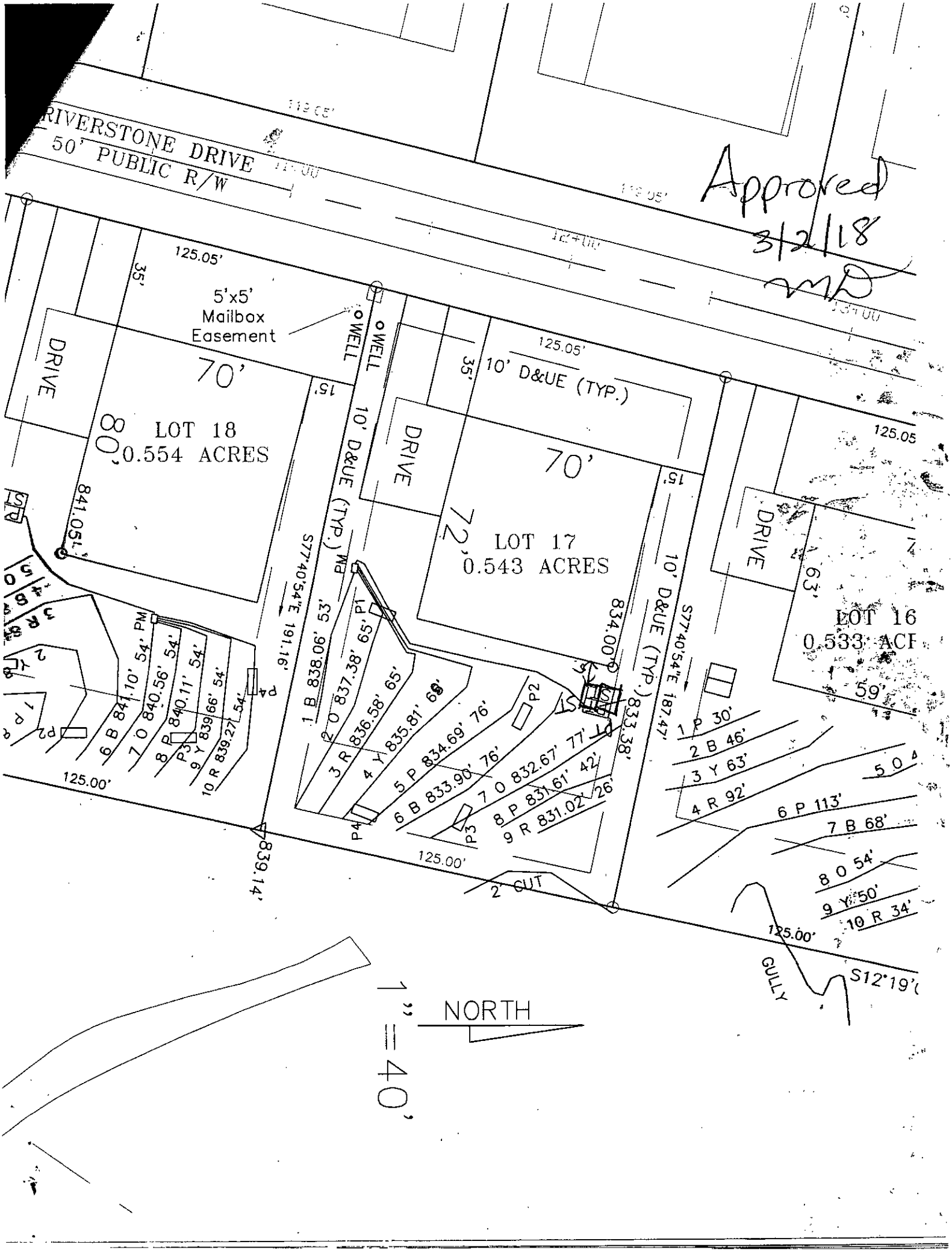
Comments: All pin flags were located by GPS and elevations recorded via GPS. Iredell County Environmental Health has CS&SC's permission to move or relocate distribution devices and tank locations.

Approved 3/21/18 MD

PRESSURE MANIFOLD TAPSHEET - LOT 17 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
1	BLUE	838.06	53	SCH 80 1/2	5.48	41.94	44.03	106	0.79	0.40	12
2	ORANGE	837.38	65	SCH 40 1/2	7.11	54.42	54.00	130	0.84	0.42	15
3	RED	836.58	65	SCH 40 1/2	7.11	54.42	54.00	130	0.84	0.42	15
4	YELLOW	835.81	65	SCH 40 1/2	7.11	54.42	54.00	130	0.84	0.42	15
											57
		total feet =	248	gal/min =	26.81						
			Des. Flow	480							
			Pump Run=	7.65							
			soil LTAR	0.325							


RIVERSTONE DRIVE
50' PUBLIC R/W
Approved
3/2/18
5'x5'
Mailbox
Easement
70'
LOT 18
0.554 ACRES
841.05'
LOT 17
0.543 ACRES
10' D&UE (TYP.)
S77°40'54"E 191.16'
S77°40'54"E 187.47'
834.00'
833.38'
839.14'
125.00'
125.05'
LOT 16
0.533 ACR
63'
59'
2' CUT
GULLY
S12°19'(
1" = 40'
NORTH

CALCULATIONS

Approved
3/2/18
MD

Location	RIVERSTONE AT ANNISTON	
Lot Number	17	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.325	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	101	ft.
Supply Line Volume	17.574	gal.
Required Feet of Line	246.1538	ft.
Amount of Line from Layout	248	ft.
Gallons per Minute	26.81	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	57	
Dosing Volume	205.20	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	9.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	7.65	minutes
Elevation Head	9.68	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.80	ft.
Total Dynamic Head (+20%)	16.17	ft.

PROPERTY ID #: 4664887815
COUNTY: IREDELL

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

Approved 3/2/18 MD

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: 0.543 AC
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 17 — 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 5%	0-16	R C MFSBK	FI S P SEXP	N/A -COM SAP	48"	PS	N/A	PS
		16-48	R CL WFSBK	FR SS SP SEXP					
		48-67	VAR L SAP M	FR SS SP SEXP					0.325 GPD/SQFT
P 2	LSS 8%	0-22	R C MFSBK	FI S P SEXP	N/A -COM SAP	53"	PS	N/A	PS
		22-53	R CL WFSBK	FR SS SP SEXP					
		53-63	VAR L SAP M	FR SS SP SEXP					0.325 GPD/SQFT
P 3	LSS 13%	0-7	R C COMP.		N/A -COM SAP	69"	N/A	N/A	PS
		7-31	R C MFSBK/ABK	FI S P SEXP					
		31-69	R CL WFSBK	FR SS SP SEXP					0.3 GPD/SQFT
P 4	LSS 11%	0-19	R C MFSBK/ABK	FI S P SEXP	N/A -COM SAP	55"	PS	N/A	PS
		19-55	R CL WFSBK	FR SS SP SEXP					
		55-70	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 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:

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 #233531

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: 158 RIVERSTONE DR., DAVIDSON, NC 28036

Subdivision Name: RIVERSTONE AT ANNISTON Section/Phase: _____ Lot Number: 17

Driving Directions: SHEARERS RD. S., TL ON ANNISTON WAY, TR ON BURNELL, TL ON WALKING HORSE, TL ON RIVERSTONE, 5TH 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 158 Riverstone Dr, Davidson NC 28036, identified as PIN (Parcel Identification Number) 4664887815, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CSESC, _____, 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]	2/22/18	Kim R. Bracken	2/22/18
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY

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

APPLICATION NUMBER
233531
Issue Date: 02/20/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4664887815.000	158 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	129295	TOTAL FEES	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
233531
Issue Date: 02/20/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4664887815.000	158 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	129296	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

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

Property Information:

Street Address: 158 Riverstone Dr. Davidson
Subdivision Name: Riverstone @ Anniston Section/Phase: Lot Number: 17
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:

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?

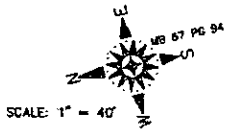
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

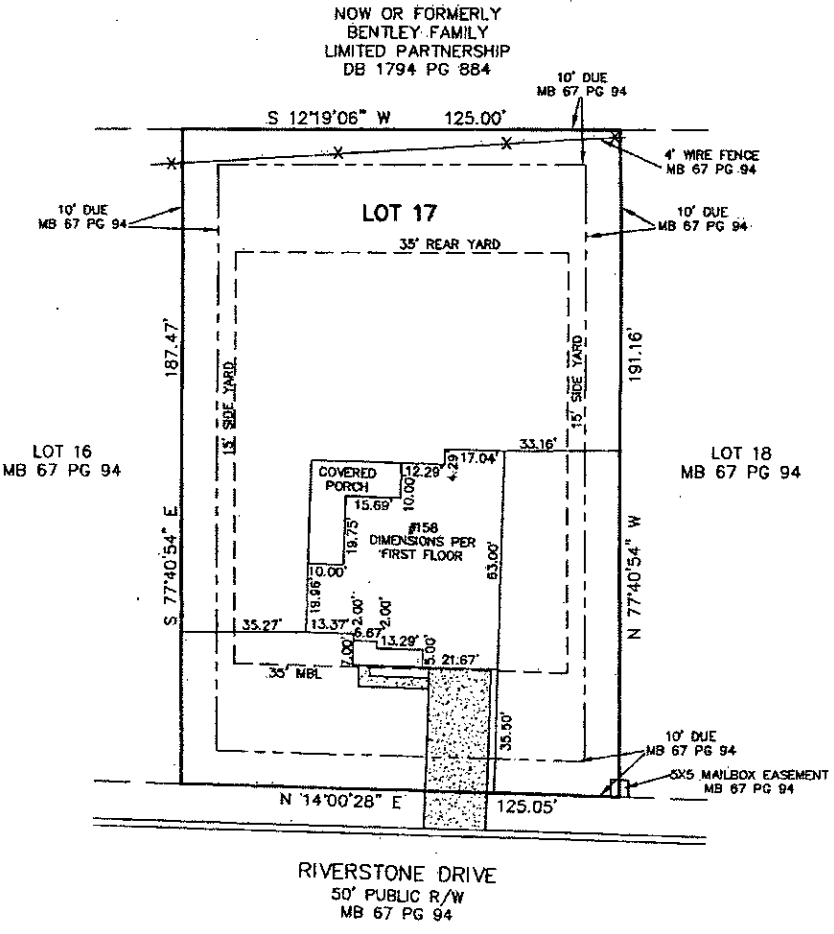
Signature: _____ 4/12/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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.





ESTIMATED IMPERVIOUS
AREA = 3895 SQ. FT.±

STAKEOUT ☐

NOT FOR RECORDATION, CONVEYANCES OR SALES

Subdivision RIVERSTONE AT ANNISTON County IREDELL
Address 158 RIVERSTONE DRIVE Owner CONCEPT
Lot 17 Block ___ Plan BERKELEY Elevation B Drive (Left) ___ (Right) X (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-0017.dwg

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, JAMES McKinney, am the legal owner(s) of the property located at Riverstone at Amnicola, identified as PIN (Parcel Identification Number) _____, 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
[signature]	4-18-18	[signature]	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 first floor and second floor, and 8'-1-1/2" at attic @ 6.8 O.C. All walls are constructed using a double top plate. Splices of Double Top Plate do not occur in center of Vertical Stud; 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 7'-0" AFF at First Floor, and 6'-10" AFF at Second Floor unless noted otherwise.
4. **Jacks:** Openings up to 3'-0" wide shall have (1) 2x4 jack stud 12" on each side. Openings greater than 3'-0" wide shall have (2) 2x4 jack studs 12" 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. Below specifically call out as included, Kitchens are not included with over wall cabinetry
6. **Door & Window Framers,** where occurring 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. Fabric 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 6 wood shelves, painted.
9. **Stair treads** shall be 10" deep, riser 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 sections of multilevel spaces shall be 36" above finished floor. Guards (Railings or balusters) shall be spaced with no more than 4" between panels.
11. **Attic Access** shall be provided at all attic areas 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 spaces and living space attic by installing 1/2" gypsum board on the garage side of the wall.

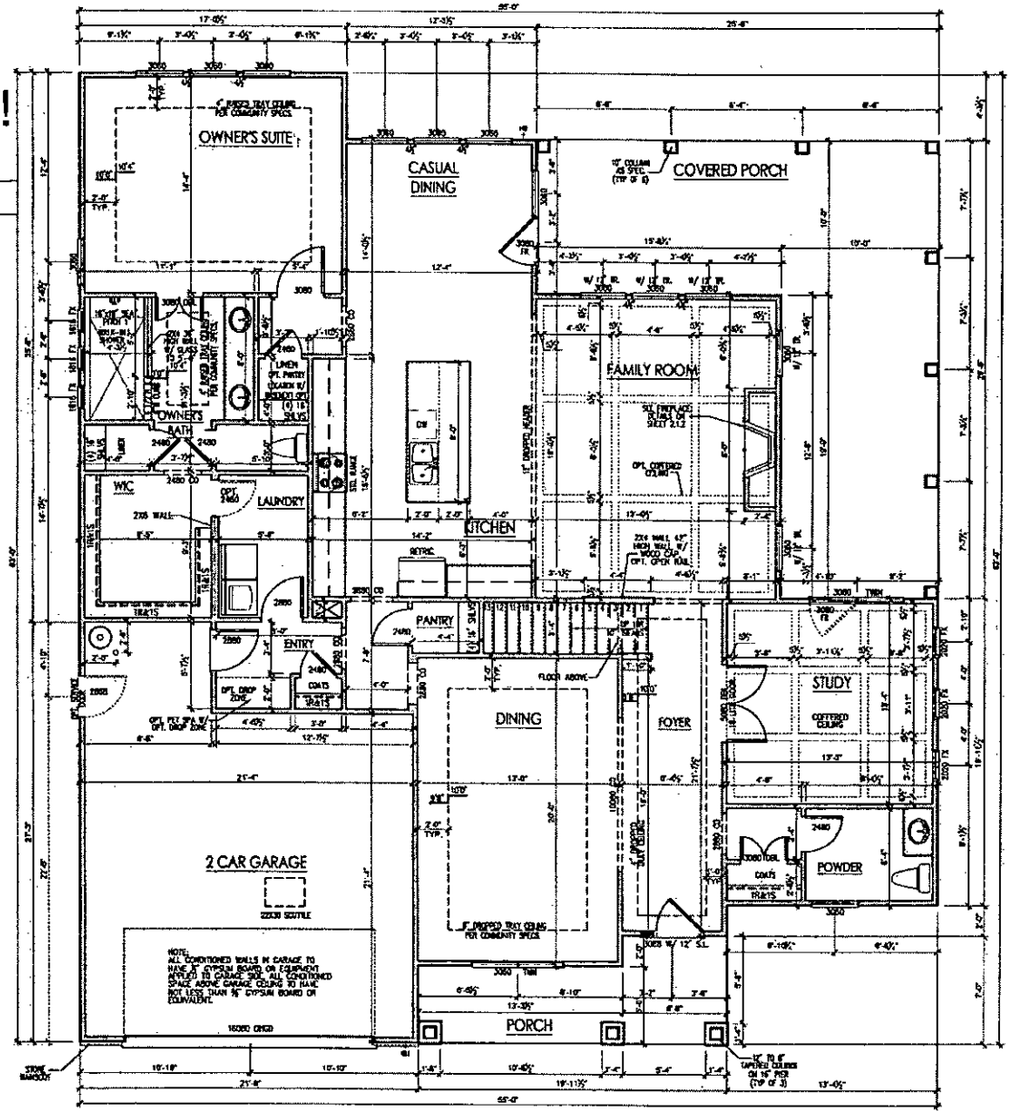
Acknowledgement of Plans Submittal ONLY!

Date 4/24/18

Date 4-24-18

55'

63'



FIRST FLOOR PLAN 'B'

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

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

Concept Homes

REV #	DESCRIPTION	DATE
1	-	-
2	-	-
3	-	-
4	-	-
5	-	-
6	-	-
7	-	-
8	-	-

3171 - BERKELEY-LH
SIGNATURE COLLECTION
First Floor Plan 'B'

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

General Floor Plan Notes

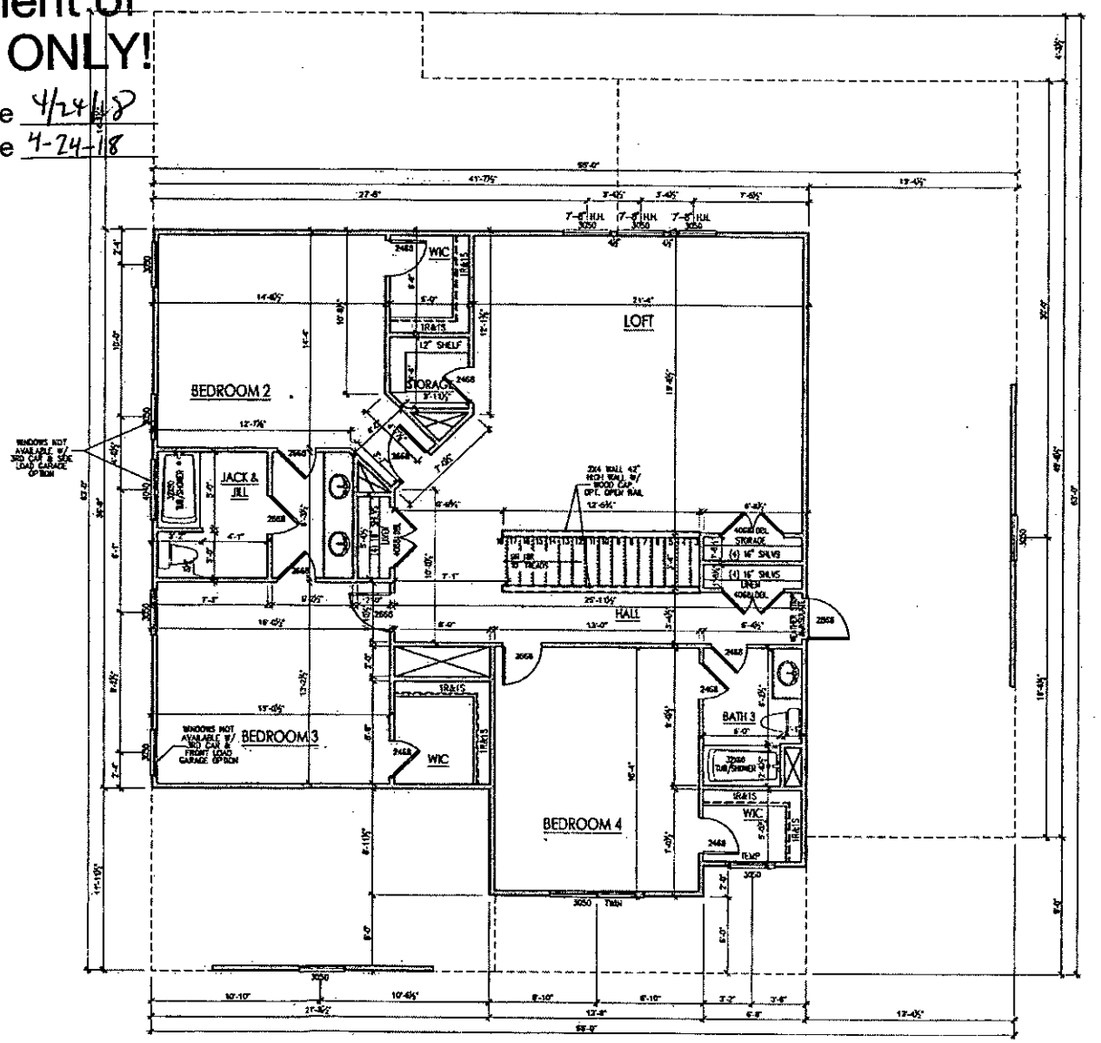
General Floor Plan Notes shall apply unless noted otherwise on plan.

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 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, 3-1/2" at interior. 2x6 frame shall be used at walls that back up to plumbing fixtures. Walls greater than 16' 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 First floor, and 6'-10" AFF at Second floor unless noted otherwise.
4. **Jacks:** Openings up to 3'-0" wide shall have (1) 2x4 jack stud 3/4" on each side. Openings greater than 3'-0" wide shall have (2) 2x4 jack studs 3/4" on each side.
5. **Soffit, Coffered Ceilings, Tray Ceilings** and other significant ceiling plan elements are shown on the floor plans and are dimpled on single dashed lines. Unless specifically said not included, Kitchens are not typically soffit over wall cabinetry.
6. **Door & Window** frames, where occurring next 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, final counts approx. 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 linens shall have 4 open wire shelves. Closets for pantries shall have 5 wood shelves, painted.
9. **Hall** hands shall be 12" deep, stone shall be a minimum 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 plat. Handrails of landings and guardrails at unfinished openings 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 areas 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 spaces and living space attic by installing 1/2" gypsum board on the garage side of the wall.

Acknowledgement of Plans Submittal ONLY!

Date 4/24/18

Date 4-24-18



SECOND FLOOR PLAN 'B'

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

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

Concept Homes

REV. #	DATE	DESCRIPTION
1	-	-
2	-	-
3	-	-
4	-	-
5	-	-
6	-	-
7	-	-
8	-	-

3171 - BERKELEY-LH
SIGNATURE COLLECTION
Second Floor Plan 'B'

DRAWN BY: South Designs
ISSUE DATE: XX/XX/XXXX
CURRENT REVISION DATE: XX/XX/XXXX
SCALE: 1/8" = 1'-0"
SHEET: 2.2b