PJB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 234492

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

PIN # 4664.89-70-79

APPLICANT/OWNER: Grey Brook Homes LLC | APPLICANT ADDRESS: 11220 Elm Ln #109 Charlotte, NC 28277

SITE ADDRESS: 170 RiverStone Dr. Davidson, NC 28036 | PHONE: 704 507-6327 | ALT. PHONE

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

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Riverstone @ Anniston | SECTION: | LOT # 15 | LOT AREA: .522 Acres | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

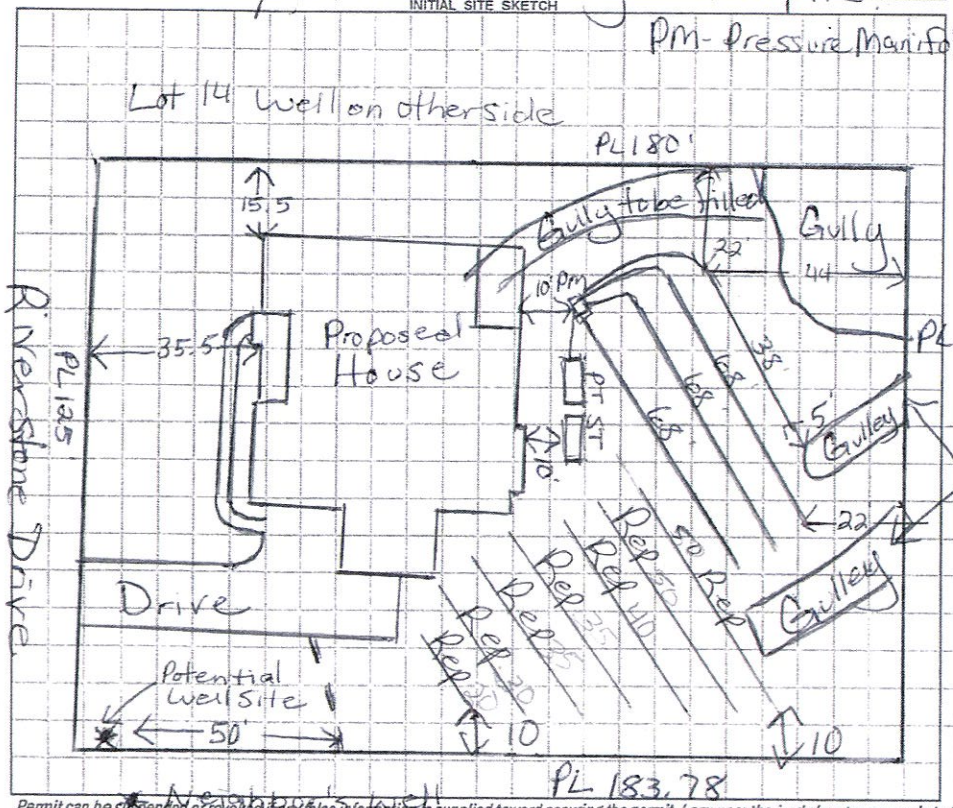
Septic Tank	1000 (gal)	STB	854	Date	10-4-21	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	169	Date	7-22-21	System Description:	Pump-PM-PPBPS (vert.)	☐ Business	No. Persons 6
Pump Make	Goulds	Model	WFO3I2mU	Serial #		Repair System Description:	Hort. LPPPBPS + Cap	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	242	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	min 24"	Trench Bottom Depth(Low side)	33"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Minimum of 240 Max ft required drain line
Must properly fill all gullies within 15ft of Septic System
Divert Storm/Surface water away from Septic

Pressure manifold: 68-ft lines - Sch80 3/4 inch tap
38 ft line - Sch80 1/2 inch tap

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Scale 1:40 Installed as Drawn

Must be properly filled.

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: 4/28/21 | Installed by: A-1 Backhoe

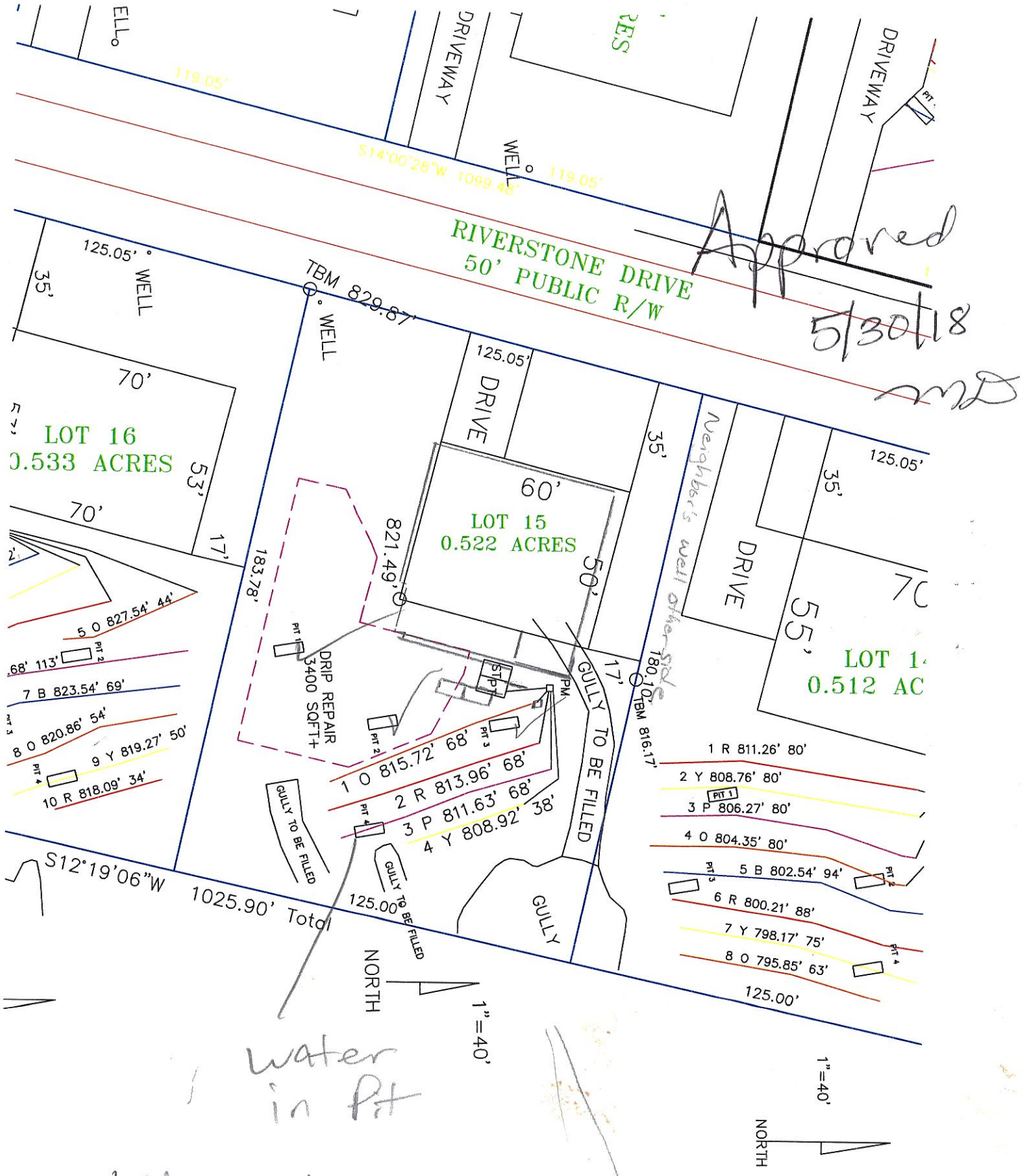
IMPROVEMENT PERMIT by: Maria Dotson Date: 3/22/21 | OPERATION PERMIT by: _____ Date: 2-10-2022

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/24/21 | Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	2-16-22	
Tanks Checked	2-16-22	
Pressure Manifold or Valve Box Checked	2-16-22	
Pressure Head Set	2-16-22	
Electrical Checked	2-16-22	
Floats Set	2-16-22	
Alarm Checked	2-16-22	
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


RIVERSTONE DRIVE
50' PUBLIC R/W
S14°00'28"W 1099.43'
119.05'
DRIVEWAY
WELL
125.05'
35'
70'
LOT 16
0.533 ACRES
53'
17'
TBM 829.87'
821.49'
183.78'
60'
LOT 15
0.522 ACRES
50'
DRIVE
Neighbor's well other side
180.10'
TBM 816.17'
55'
LOT 14
0.512 AC
DRIP REPAIR
3400 SQFT+
GULLY TO BE FILLED
GULLY
PM
PIT 1
PIT 2
PIT 3
PIT 4
5 O 827.54' 44'
7 B 823.54' 69'
8 O 820.86' 54'
9 Y 819.27' 50'
10 R 818.09' 34'
1 O 815.72' 68'
2 R 813.96' 68'
3 P 811.63' 68'
4 Y 808.92' 38'
1 R 811.26' 80'
2 Y 808.76' 80'
3 P 806.27' 80'
4 O 804.35' 80'
5 B 802.54' 94'
6 R 800.21' 88'
7 Y 798.17' 75'
8 O 795.85' 63'
S12°19'06"W 1025.90' Total
125.00'
NORTH
1"=40'
Approved
5/30/18
MD
water in pit
4Bd 320' PPBPs
D. 25

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Attached is a proposed design for a PPBPS Septic System with PRESSURE MANIFOLD distribution for a 3 bedroom single family residence on Lot 15 of Riverstone at Anniston, Iredell County, North Carolina.

Contents: **Page**

Installer Information---------- 1

Design Information
- Install Specifications---------- 2
- Field Layout Specifications---------- 3
- Pressure Manifold Tapsheet---------- 4

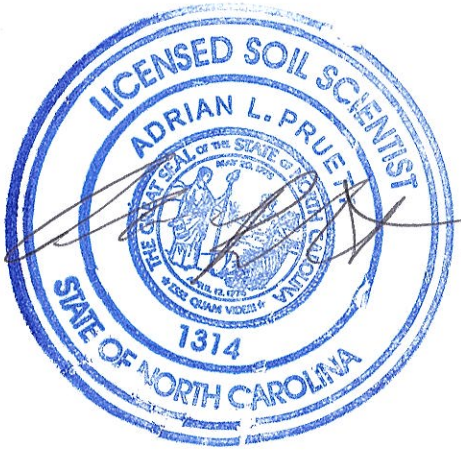
Typical Pressure Manifold Diagram---------- 5

Site Plan/System Plan---------- 6

Dosing Calculations---------- 7

Profile Descriptions---------- 8

March 21, 2018
Job Number: 17076
Design By: Ben Aldridge, REHS



INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Design precludes use of foundation drains on the residence.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with Pressure Manifold Distribution.**
- **Repair is specified as a TS-1 DRIP IRRIGATION system.**
- **If grading for a slab do not cut any soil off of septic system initial or repair area, do not create a 2 ft. or greater cuts within 15 ft. of any septic or repair line and do not backfill over any of the proposed septic drainfield area unless otherwise specified.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Location:	RIVERSTONE AT ANNISTON LOT 15
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):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.25
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	242
Total Lateral Length Required:	240
Trench Depth:	33 in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	726
Trench Spacing:	8
Repair Trench Depth:	6 in.
Repair Trench Spacing:	2 ft.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	12
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	2.09
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:	2.37
Elevation Head:	9.68
Total Dynamic Head:	14.36
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
5/30/18
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 15

LAYOUT FOR 3 BEDROOM HOME

March 21, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					829.87		
INSTR. 1							
HOUSE					821.49		
TANK					817.49		
1	*ORANGE*				*815.72*	*68*	*68*
2	*RED*				*813.96*	*68*	*68*
3	*PINK*				*811.63*	*68*	*68*
4	*YELLOW*				*808.92*	*38*	*38*
5	PINK				816.58	3400 SQFT	3400 SQFT
					Total	**242**	**242**

Approved
MD
5/30/18

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
** System*	*242*	*MOD.*	*0.250*	*PPBPS*	**PRESSURE MANIFOLD**
Repair	3400 SQFT+	INNOV.	0.125	DRIP	LOW PRESSURE

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

Comments: **Fill gullys as shown on site plan.**
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 15 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	*ORANGE*	*838.06*	*68*	*SCH 80 3/4*	*10.1*	*57.92*	*56.49*	*136*	*0.85*	*0.43*	*16*
2	*RED*	*837.38*	*68*	*SCH 80 3/4*	*10.1*	*57.92*	*56.49*	*136*	*0.85*	*0.43*	*16*
3	*PINK*	*836.58*	*68*	*SCH 80 3/4*	*10.1*	*57.92*	*56.49*	*136*	*0.85*	*0.43*	*16*
4	*YELLOW*	*835.81*	*38*	*SCH 80 1/2*	*5.48*	*31.43*	*31.57*	*76*	*0.83*	*0.41*	*9*
											57

total feet =	242	gal/min =	35.78
	Des. Flow	480	
	Pump Run=	5.74	
	soil LTAR	0.250	

Approved
5/30/18
MD

CALCULATIONS

Approved
5/30/18
MD

Location	RIVERSTONE AT ANNISTON	
Lot Number	15	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.25	gpd/ft^2
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	12	ft.
Supply Line Volume	2.088	gal.
Required Feet of Line	240	ft.
Amount of Line from Layout	242	ft.
Gallons per Minute	35.78	$^{gal}/_{min}$
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

Tank Draw Down	9.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.74	minutes
Elevation Head	3.23	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	0.28	ft.
Total Dynamic Head (+20%)	6.62	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

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

PROPERTY ID #: 4664897079
COUNTY: IREDELL

Approved 5/30/18 mD

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

OWNER: RUFUS RD. PARTNERS LLC
ADDRESS: 11220 ELM. LN. SUITE 107, CHARLOTTE, NC 28277
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: RIVERSTONE AT ANNISTON LOT 15

APPLICATION DATE 3-20-18
DATE EVALUATED: 3-19-18
PROPERTY SIZE: .522 AC
PROPERTY RECORDED: YES

WATER SUPPLY: Ξ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring Ξ Pit ☐ Cut
TYPE OF WASTEWATER: Ξ 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	
PIT 1	LSS 6%	0-4	BRSCL,W,SBK	FR,SS,SP,SEXP	CH2 @ 37-47"	60	COM INC @ 44-60"	37"	.3 TO 37"
		4-30	RC,M,SBK	FR,SS,SP,SEXP					
		30-44	RC,S,ABK	FI,S,SP,SEXP					
		44-60	RC,M,SBK	FI,S,SP,SEXP					
PIT 2	LSS 5% water in pit	0-23	RC,M,SBK	FR,SS,SP,SEXP	CH2 @ 45-51" WATER LEAKING IN PIT @ 38"	51"	NA	45"	.25 TO 45"
		23-51	RC,S,ABK	FI,S,SP,SEXP					
PIT 3	LSS 4%	0-10	FILL		NA	43"	NA	53"	.25
		10-27	BR/RC,W,SBK	FR,SS,SP,SEXP					
		27-53	RC,S,ABK	FI,S,SP,SEXP					
PIT 4	LSS 12%	0-12	BRSCL,W,SBK	FR,SS,SP,SEXP	NA	61"	NA	61"	.25
		12-25	RC,M,SBK	FR,SS,SP,SEXP					
		25-61	RC,S,ABK	FI,S,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM PPBPS	DRIP
Site LTAR	.25	.125

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

EVALUATED BY: BEN ALDRIDGE
OTHER(S) PRESENT: JACOB CONRAD, DAVID BEANE

COMMENTS:

Revised

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-23492
AP-31423
Fees $320.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: GreyBrook Homes LLC **Address:** 11220 Elm Ln, # 109 Charlotte NC **Zip:** 28277

Applicant Email: nick@greybrookhomes.com **Phone:** 704 507 6327 **Alt. Phone:**

Owner Name: Iredell Anniston Holdings LLC Address: 11220 Elm Land # 109 Charlotte NC Zip: 28277

Owner Email: joe@greybrookhomes.com **Phone:** 803 381 5921 **Alt. Phone:**

Property Information:

Street Address: 170 Riverstone Dr Davidson, NC 28036

Subdivision Name: Anniston **Section/Phase:** **Lot Number:** 15

Driving Directions: Shearers Rd to Anniston Way to Burnell Pl to Walking Horse Tr to Riverstons Dr

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

CHECK FOUNDATION TYPE

(X) 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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) 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:

(X) 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:
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

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

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

Signature: Nick Belk 1/19/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Nick Belk 2/20/2021

RECEIVED MAR 1 6 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-234492
AP-314423
Feed $105.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Applicant Email: nick@greybrookhomes.com Phone: 704 507 6327 Alt. Phone: _____

Owner Name: Iredell Anniston Holdings LLC Address: 11220 Elm Land # 109 Charlotte NC Zip: 28277

Owner Email: joc@greybrookhomes.com Phone: 803 381 5921 Alt. Phone: _____

Property Information:

Street Address: 170 Riverstone Dr Davidson, NC 28036

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Driving Directions: Shearers Rd to Anniston Way to Burnell Pl to Walking Horse Tr to Riverstons Dr

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CHECK FOUNDATION TYPE

(X) New Single Family Residence
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( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3 (X) Crawl Space Foundation
Maximum Number of Occupants: 6 ( ) Concrete Slab Foundation
( ) Swimming Pool ( ) Basement with Plumbing
( ) Other Addition/Structure: _____ ( ) 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: _____

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

Please answer the following to the best of your ability:

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

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

Signature: Nick Belk 1/19/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Nick Belk 2/20/2021

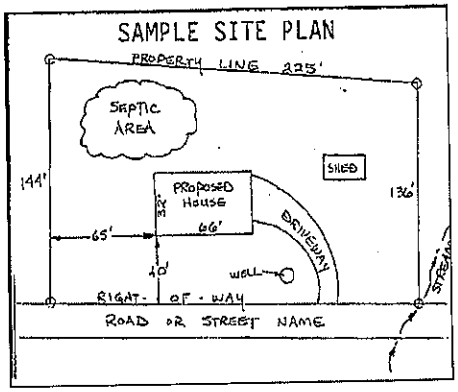
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

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



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

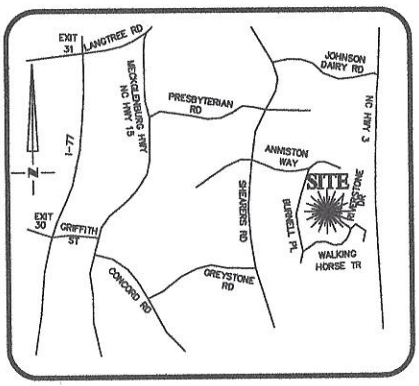
Signature: Nick Bell

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

1/14/2021

DATE

NOTE:
1. BUILDER ASSUMES RESPONSIBILITY FOR GRADING LOT AND/OR DESIGNING STEPS, PORCHES, DECKS, ETC. AS NECESSARY TO PREVENT ENCROACHMENT INTO SETBACKS.
2. HOUSE DIMENSIONS AND OPTIONS SHOULD BE VERIFIED WITH CONTRACTOR PRIOR TO CONSTRUCTION.
3. SETBACKS/ EASEMENTS SHOULD BE VERIFIED WITH DEVELOPER AND LOCAL OFFICIALS PRIOR TO CONSTRUCTION.
4. THIS IS A CONCEPTUAL DRAWING AND CONTENTS SHOWN HEREON ARE SUBJECT TO CHANGE UPON FINAL CONSTRUCTION.



VICINITY MAP
Not To Scale

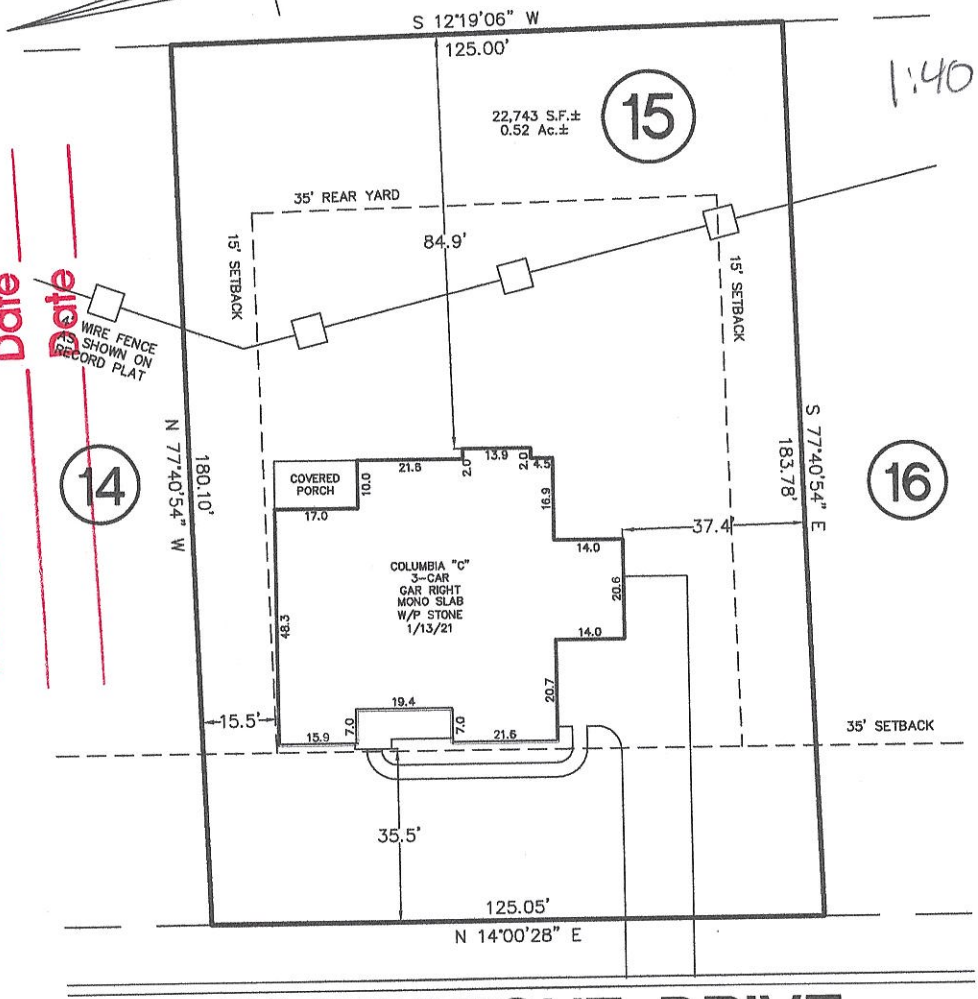
MB. 67 PG 94

IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
HOUSE w/ PORCH	3,628 S.F.
PATIO/AC/MISC.	9 S.F.
DRIVEWAY & WALKS	1,360 S.F.
TOTAL LOT AREA	22,743 S.F.
TOTAL IMPERVIOUS(PROPOSED)=	4,997 S.F.

NOW OR FORMERLY
BENTLEY FAMILY
LIMITED PARTNERSHIP
DEED BOOK 1794
PAGE 884

REVISIONS

REV. #	DATE	COMMENT
REV. #1	3/5/21	CHANGED TO COLUMBIA C/ADDED 3RD CAR



RIVERSTONE DRIVE
50' PUBLIC R/W

ALL LOT LINES ARE SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ON EACH SIDE OF ALL PROPERTY LINES

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES.

30 0 30
SCALE: 1" = 30'

EASTOVER
LAND SURVEYING COMPANY, P.A.
LAND SURVEYORS - PLANNERS - (C-1833)
10430 PARK ROAD, SUITE #300
CHARLOTTE, NORTH CAROLINA 28210
PHONE (704) 927-8080
FAX (704) 889-0105

HOUSE LOCATION PLOT PLAN
FOR
LOT 15, RIVERSTONE AT ANNISTON
CODDLE CREEK TWSP., IREDELL COUNTY, NC
PROPERTY OF: GREYBROOK HOMES
MAP BOOK 67 PAGE 94 DEED REFERENCE

DRAWN BY: AAB | DATE: JANUARY 18, 2021

Acknowledgement Of
Plans Submittal ONLY!
Date
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, Joe Dority, am the legal owner(s) of the property located at 170 Riverstone Dr Davidson, NC 28036, identified as PIN (Parcel Identification Number) 4664-89-7079, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Nick Belk, GreyBrook Homes, 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.

_____ 1/19/21
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

General Floor Plan Notes

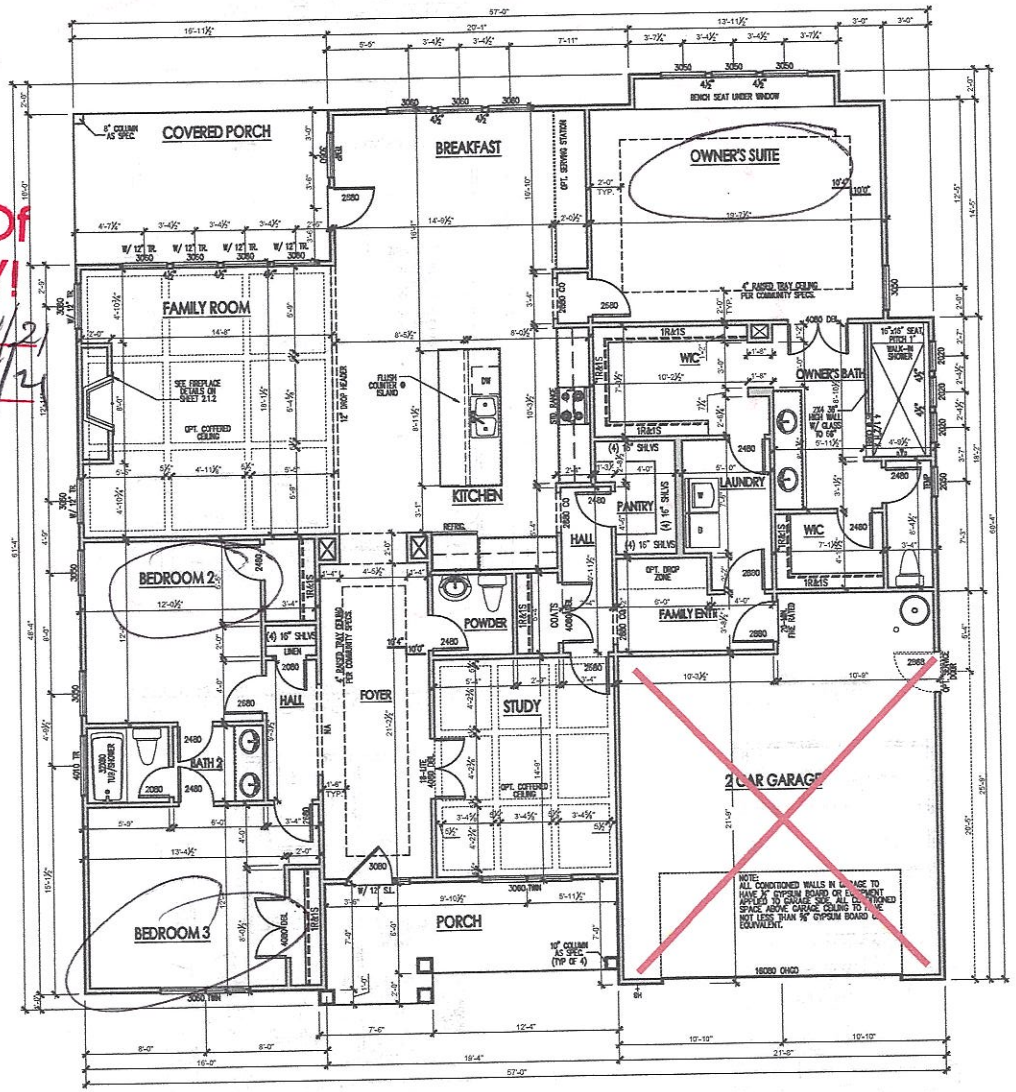
General Floor Plan Notes shall apply unless noted otherwise on plan.

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 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'-8" 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 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 will include soffits over wall cabinetry.
6. Door & Window Frames, 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. 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 2'-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 and living space attic by installing 1/2" gypsum board on the garage side of the wall.

Acknowledgement Of Plans Submittal ONLY!

Date 3/24/2

Date 4/20/2



FIRST FLOOR PLAN 'C'

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

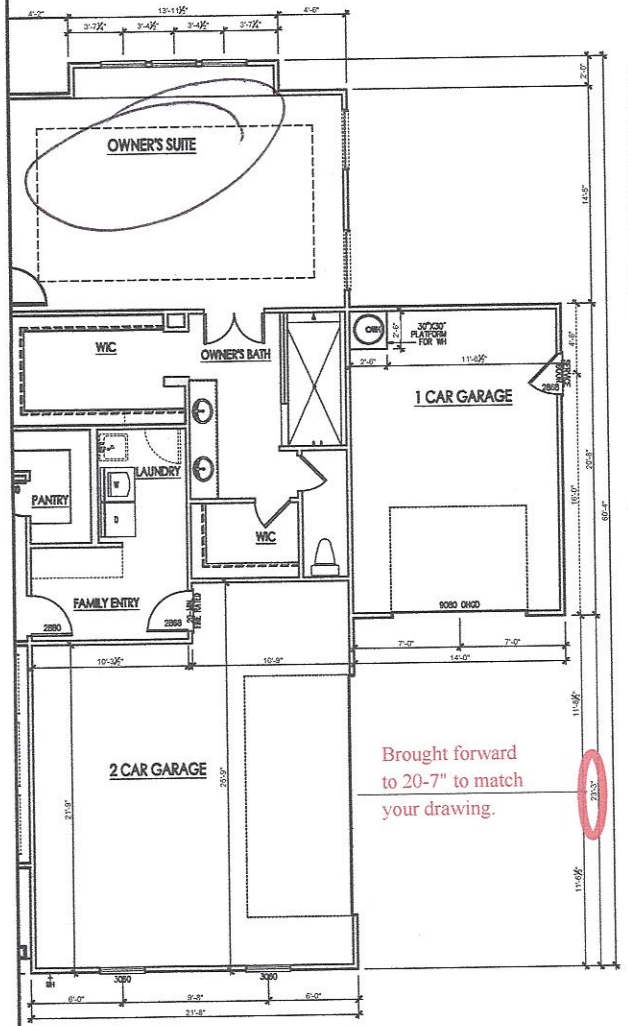
Concept Homes

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

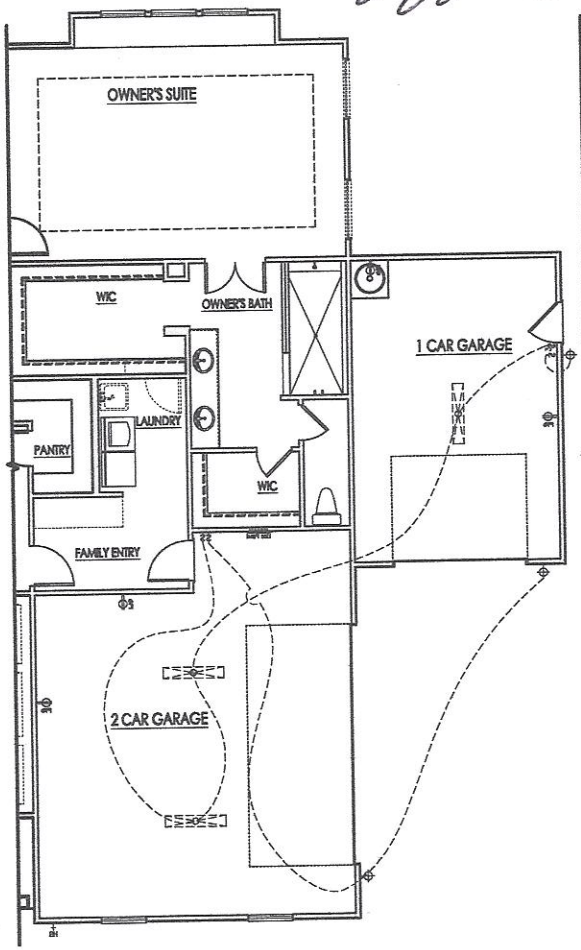
3141 - COLUMBIA - RH
SIGNATURE COLLECTION
First Floor Plan 'C'

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

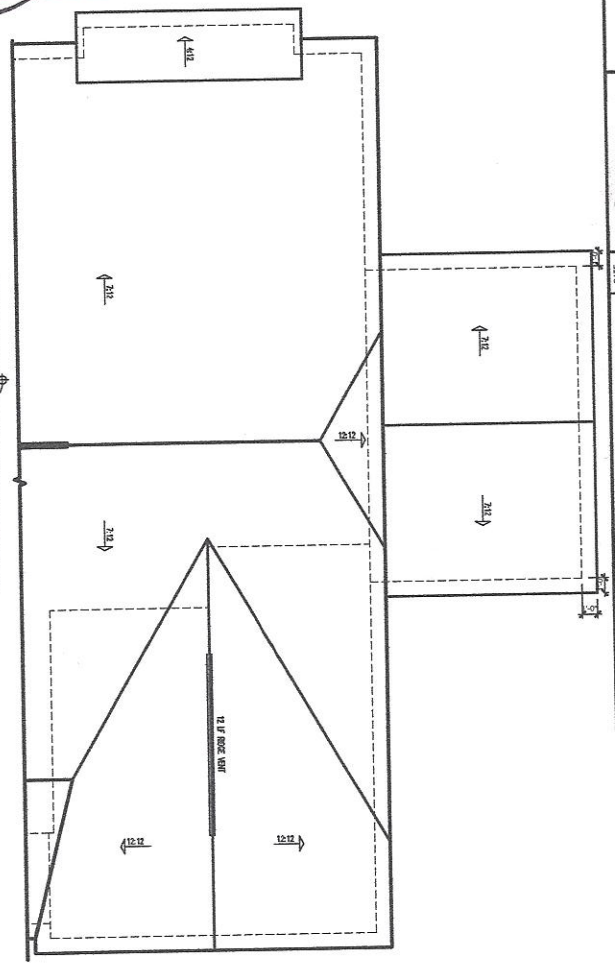
Acknowledgement Of
Plans Submittal ONLY!
Date 3/24/2021
Date 4/28/21



3 CAR SIDE LOAD FLOOR PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34



3 CAR SIDE LOAD ELECTRICAL PLAN
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34



3 CAR SIDE LOAD - ROOF PLAN 'C'
SCALE: 1/8"=1'-0" ON 11x17, 1/4"=1'-0" ON 22x34

SOUTH DESIGNS
(O) 919-556-2226
(F) 919-556-2228

GREYBROOK HOMES

REV #	DESCRIPTION	DATE
1	PROTOTYPE WALK CHANGES, ELECTRICAL, ADDED ACRE POND LOT	10/15/2015
2	Updated Tray Ceiling at Foyer/Dining Area	10/27/2015
3		
4		
5		
6		
7		
8		

3141 - COLUMBIA - RH
SIGNATURE COLLECTION
Side Load Utility (3rd Car Garage) 'C'

DRAWN BY: South Designs
ISSUE DATE: 05/01/2015
CURRENT REVISION DATE: 10/16/2015
SCALE: 1/8" = 1'-0"
SHEET: 2.9c

IREDELL COUNTY

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

APPLICATION NUMBER

234492

Issue Date: 03/29/2018

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4664897079.000	170 RIVERSTONE DRIVE	

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

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

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

Date: 03/29/2018

Signature of Owner/Contractor

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

Permit Number	133847	TOTAL FEES:	$ 350.00