ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-303939

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

PIN # 4702718460

APPLICANT/OWNER: STEPHEN L. ROBERTSON

APPLICANT ADDRESS: 19215 PENINSULA SHORE DRIVE, CORNELIUS, N.C. 28031

SITE ADDRESS: 1025 LEWIS FERRY ROAD, STATESVILLE, NC. 28677

PHONE: 704-728-9048

ALT. PHONE 704-895-7343

SITE DIRECTIONS: (W) ON 40, (L) ON OLD MOUNTAIN ROAD, (R) ON LEWIS FERRY, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 108.18 AC

DESIGN FLOW: 360 GPD L.T.A.R.: .2275/.225 REP

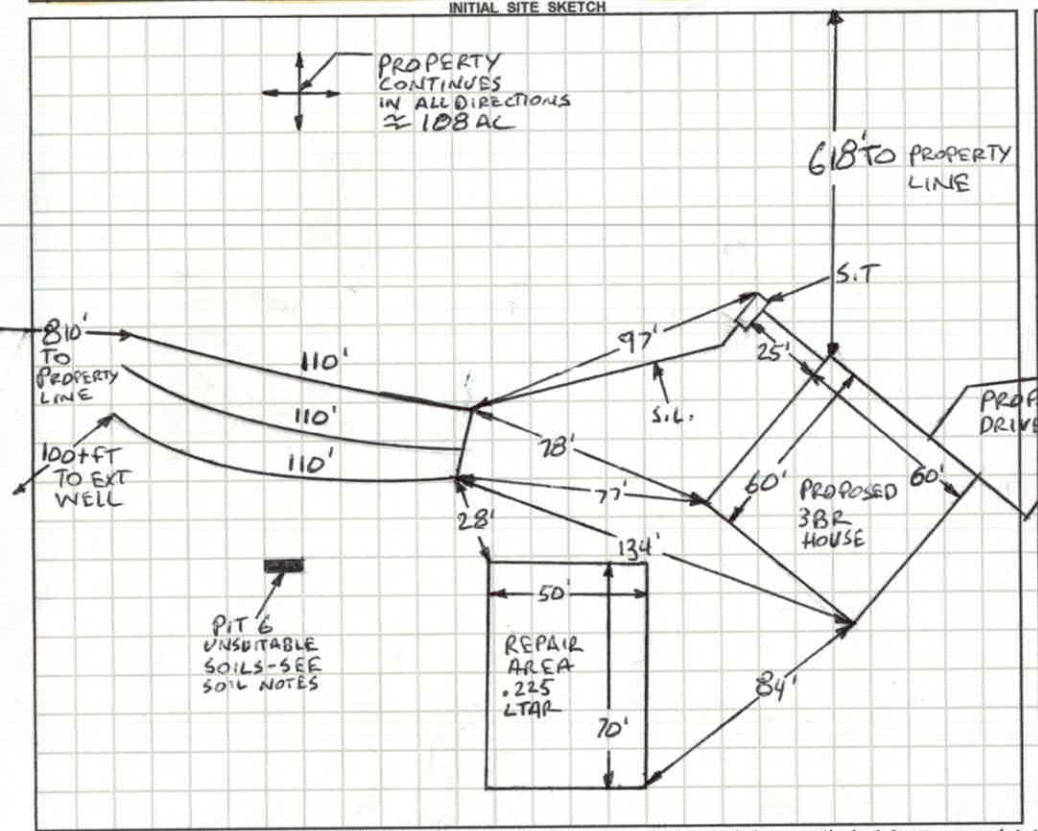
Septic Tank	1000	(gal)	STB	1012	Date	4-6-20	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	3		Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☑ Private EXISTING WELL
☐ Other	No. Employees	—	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

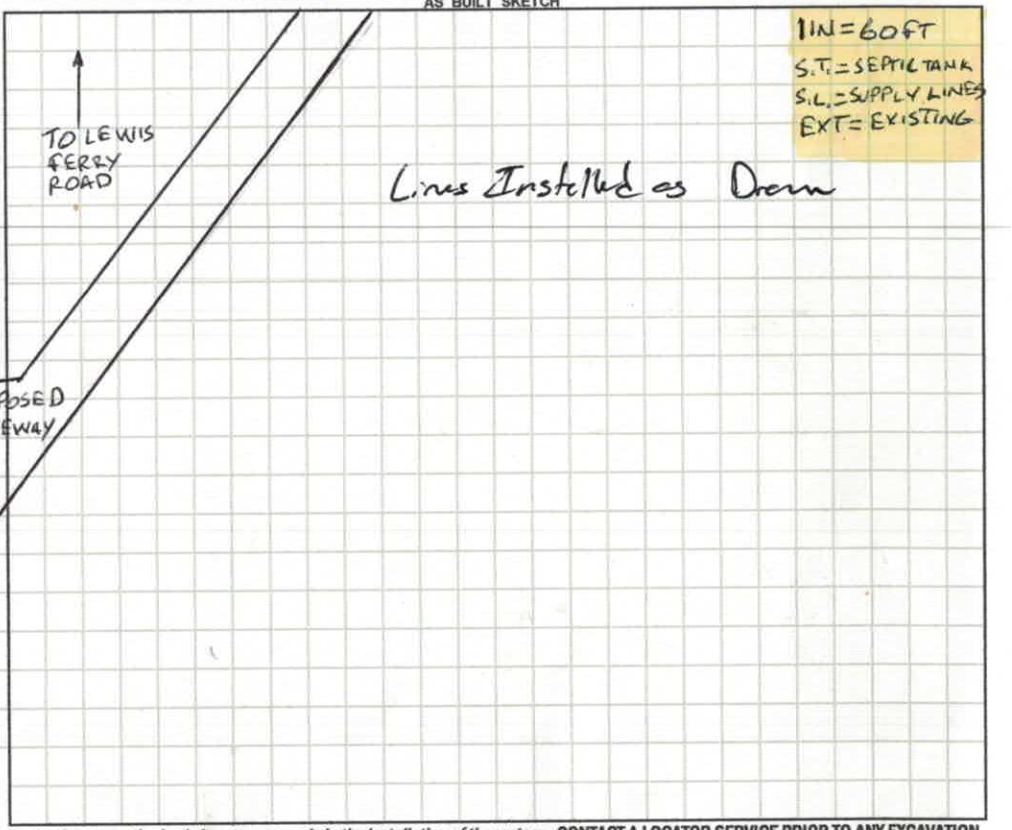
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 100FT FROM ALL WELLS, PRECONSTRUCTION MEETING REQUIRED TO VERIFY HOUSE AND SEPTIC ARE IN CORRECT AREA.

PRECONSTRUCTION MEETING COMPLETED 6-17-2020
TANK LOCATION TO BE MOVED, IF INSTALLED IN LOW AREA
~~STORM~~ SURFACE WATER TO BE DIVERTED.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: [signature] Date: 2/7/2020 Installed by: Alexander Precast

IMPROVEMENT PERMIT by: Burkhart C. White Date: 2-7-2020 OPERATION PERMIT by: [signature] Date: 7-10-2020

AUTHORIZATION TO CONSTRUCT by: Burkhart C. White Date: 2-7-2020 Existing System Inspected by: Date:

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

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

PROPERTY ID #: 4702718
COUNTY: IREDELL

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

OWNER: STEPHEN L. ROBERTSON
ADDRESS: 19215 PENINSULA SHORE DRIVE, CORNELIUS, N.C 28031 APPLICATION DATE: 1-7-20
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 GPD DATE EVALUATED: 1-16-20
LOCATION OF SITE: 1025 LEWIS FERRY ROAD, STATESVILLE, N.C. 28677 PROPERTY SIZE: 108.18 AC
WATER SUPPLY: ☒ ~~Private~~ ☐ ~~Public~~ ☒ Well ☐ Spring ☐ Other PROPERTY RECORDED: YES
EVALUATION METHOD: ☐ Auger Boring ☒ Pit (EXT) ☐ Cut TYPE OF WASTEWATER: ☒ 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	
1									
2					SEE PAGES 2+3				
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.275	0.225

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4702718460
DATE OF EVALUATION: 1-16-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 5%	0-6	~~SCL~~ O.M	ORGANIC	2.5Y 7/1 @ 20" GLEY W/ FE CONC. 45+	68"+	NA	45" EXP	PS .1 DRIP
		6-21	SCL, SBK	FR, SS, SP, SEXP					
		21-45	SC, SBK	FR, S, P, SEXP					
		45-68	C, ABK	FI, VS, VP, EXP					
2	LINEAR SIDE 5%	0-10	SCL, SBK	FR, SS, SP, SEXP	2.5Y 7/2 @ 20" CHROMA 2+1 20"+ INC. SEVR	51"+	NA	NA	PS .1 DRIP
		10-36	SC, SBK	FR, S, P, SEXP					
		36-51	C, ABK	FI, VS, P, SEXP					
3	LINEAR SIDE 5%	0-7	SCL, SBK	FR, SS, SP, SEXP	2.5Y 7/2 @ 25" CHROMA 1+2 PAST 25"	51"+	NA	NA	PS .225
		7-24	SC, SBK	FR, S, P, SEXP					
		24-51	C, ABK	FI, VS, P, SEXP					
4	HEAD 5%	0-14	SCL, SBK	FR, SS, SP, SEXP	2.5Y 7/2 @ 35" CHROMA 1+2	55"+	NA	NA	PS .25
		14-36	SC, SBK	FR, S, P, SEXP					
		36-55	C, ABK	FI, VS, P, SEXP					
5	NOSE 8%	0-8	SCL/SBK	FR, SS, SP, SEXP	SAP IN CL CHROMA 4S @ 16"	51"+	NA	NA	PS .275
		8-34	C/SBK	FR, S, P, SEXP					
		34-51	CL/ABK	FI, SS, SP, SEXP					

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4702718460
DATE OF EVALUATION: 1-16-2020
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
6	LINEAR SIDE 8%	0-48	C, ABK	FI, VS. P, SEXP	2.5Y 7/2 @ 16" CHROMA 1+2 THRU OUT	48"+	NA	NA	U
7	LINEAR SIDE 8%	0-25	C, SBK	FR, S, P, ~~SEXP~~	Y/B MOTS @ C-CL INTERFACE SAPING IN CL	53"+	NA	~~NA~~ NA	PS .275
		25-53	CL, MSB ~~VK~~	FI, SS, SP, SEXP					

COMMENTS:


PIT1
PIT2
PIT3
PIT4
PIT5
PIT6
PIT7
4702-71-8460

$500.00
AP-303939
1/7/2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) 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: ~~Steve~~ STEPHEN Robertson Address: 19215 Peninsula Shores Dr. Cornelius NC Zip: 28031
Applicant Email: robertsonholdingsllc@gmail.com Phone: 704-728-9048 Alt. Phone: 704-895-7343
Owner Name: Steve Robertson Address: 19215 Peninsula Shores Dr. Cornelius NC Zip: 28031
Owner Email: robertsonholdingsllc@gmail.com Phone: 704-728-9048 Alt. Phone: 704-895-7343

Property Information:

Street Address: 1025 Lewis Ferry Rd. Statesville, NC 28677
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: GPS/Google maps will work. Nearest intersection Lewis Ferry Rd + Eufola Rd.

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

(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:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: 1450 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2019
( ) No Preference ( ) Alternative (X) 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.

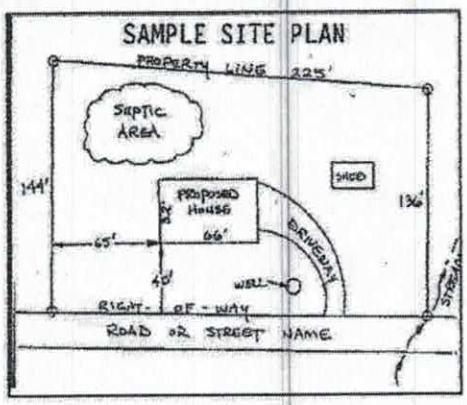
Signature: _____ 1/7/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
- (X) Area you prefer your septic system to be placed
- (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

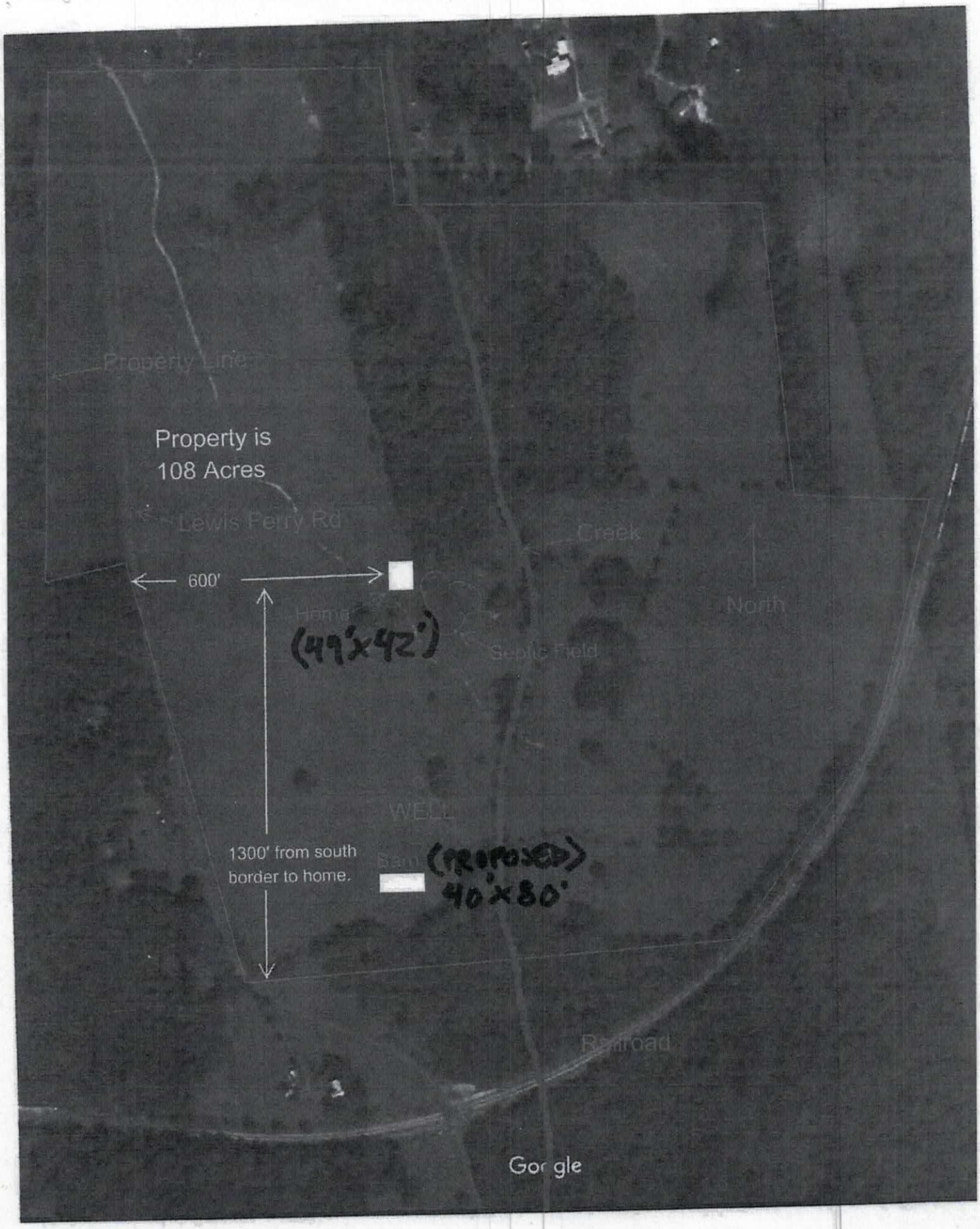
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached

Signature: _____ 1/7/20

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


Property Line
Property is
108 Acres
Lewis Ferry Rd
600'
Creek
North
Home
(49'x42')
Septic Field
WELL
1300' from south
border to home.
Barn
(PROPOSED)
40'x80'
Railroad
Google

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – (704) 878-5305 x3456 Mooresville Office (704) 660-3625

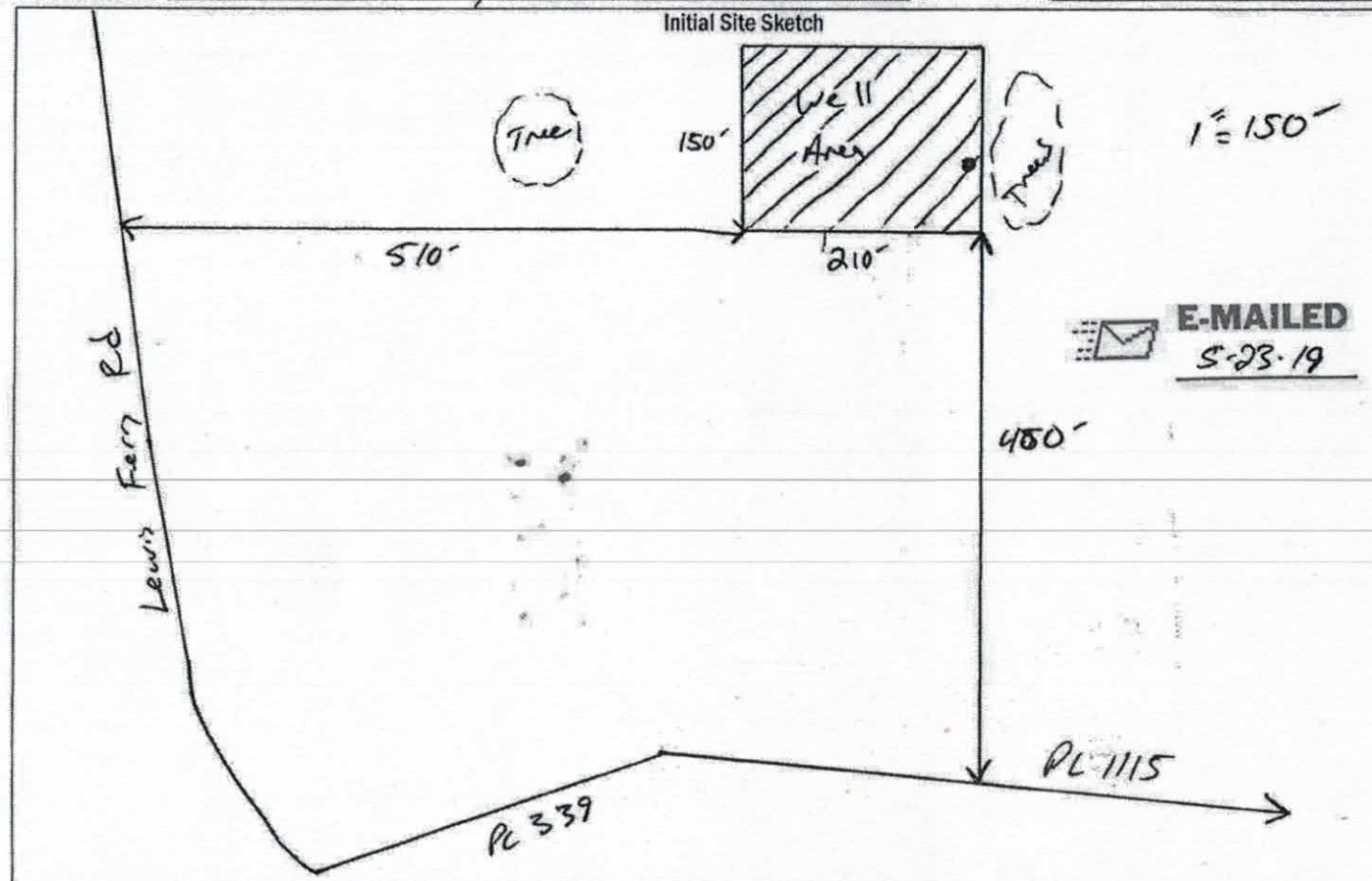
PRIVATE DRINKING WATER WELL PERMIT # 244574 **PIN #** 4702718460 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: Stephen Robertson ADDRESS: 19215 Peninsula Shores Dr Cornelius NC PHONE: 704-728-9048

DIRECTIONS TO SITE: South on Lewis Ferry Past Eufola Rd ¼ Mile from dead in on L

SITE ADDRESS: 1025 Lewis Ferry Rd Statesville NC 28677 SUBDIVISION: – SECTION/LOT: –

Initial Site Sketch



E-MAILED 5-23-19

GROUTING RESULTS

Total Depth _____

Depth of Casing 93'

Yield _____

Notes:

Still Drilling

30' grout depth

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well Rules. Drillonly in well Area.

WELL PERMIT ISSUED BY: [signature] DATE: 5-23-19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Yadkin Well CONTRACTOR CERT #: 3036A GROUT INSPECTION BY: [signature] DATE: 6-3-19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: [signature] DATE: 7-17-19

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☑ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☑ SAMPLE PORT ☑

ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: [signature] DATE: 8-21-19

Attachments: Form GW-1a (required except for abandonment) ☑ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

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*) Steve

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, STEPHEN Steve Robertson, am the legal owner(s) of the property located at 1025 Lewis Ferry Rd Statesville NC 28677, identified as PIN (Parcel Identification Number) 4702-71-8460, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, 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

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

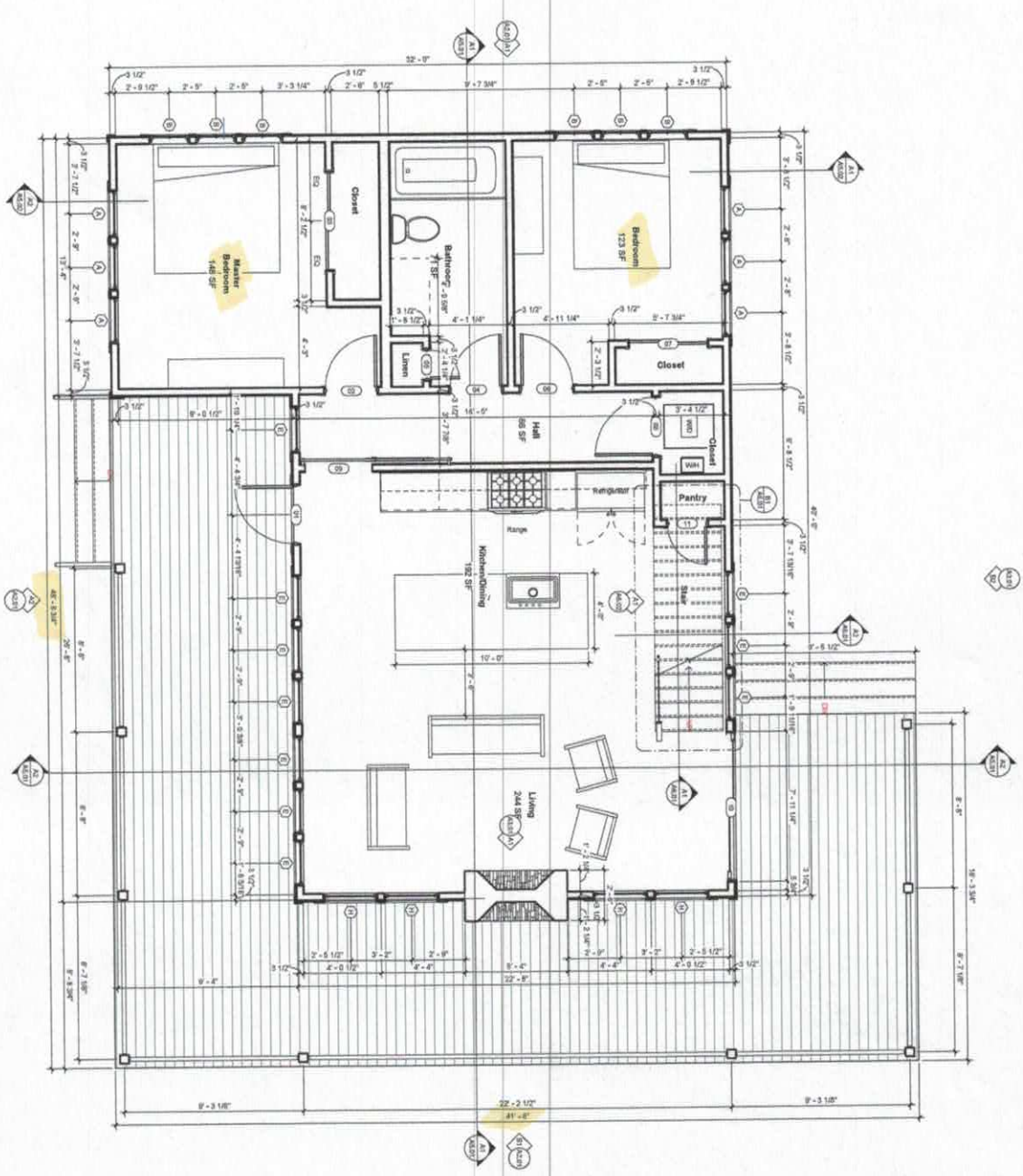
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

1/5/2020 11:24:34 PM

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A1 First Floor Plan
3/8" = 1'-0"



Building Plan Notes

1. All dimensions are to face of stud framing unless otherwise noted.
2. "TYP" indicates dimension to face of gypsum wall board.
3. All walls within eleven on building plans to be Type "J" unless otherwise noted.

Building Plan Legend

Room name — Room name and number designation.

101

Door number designation, see Door Schedule sheet.

100

Wall type designation, see Wall Types on Sheet A0.21. Unless noted otherwise, all walls within Unit Plans are to be Type 6¼. See Building Plans for wall types at demising walls between condo units, exterior walls and other walls within units.

Acknowledgement Of
Plans Submittal ONLY!

Date 2/2/2020

Date 2-6-2020

Design Development Package for

Robertson Family Cabin

1025 Lewis Ferry Rd.
Statesville, NC 28677

NOT FOR CONSTRUCTION

PLR
Peter L. Rivera, Architect
10219 Hideout Circle
Huntersville, NC 28078
(p) 704-438-7271

REVISIONS		
Number	Description	Date

1901
01/05/2020 - Design Development

SHEET NAME
First Floor Plan

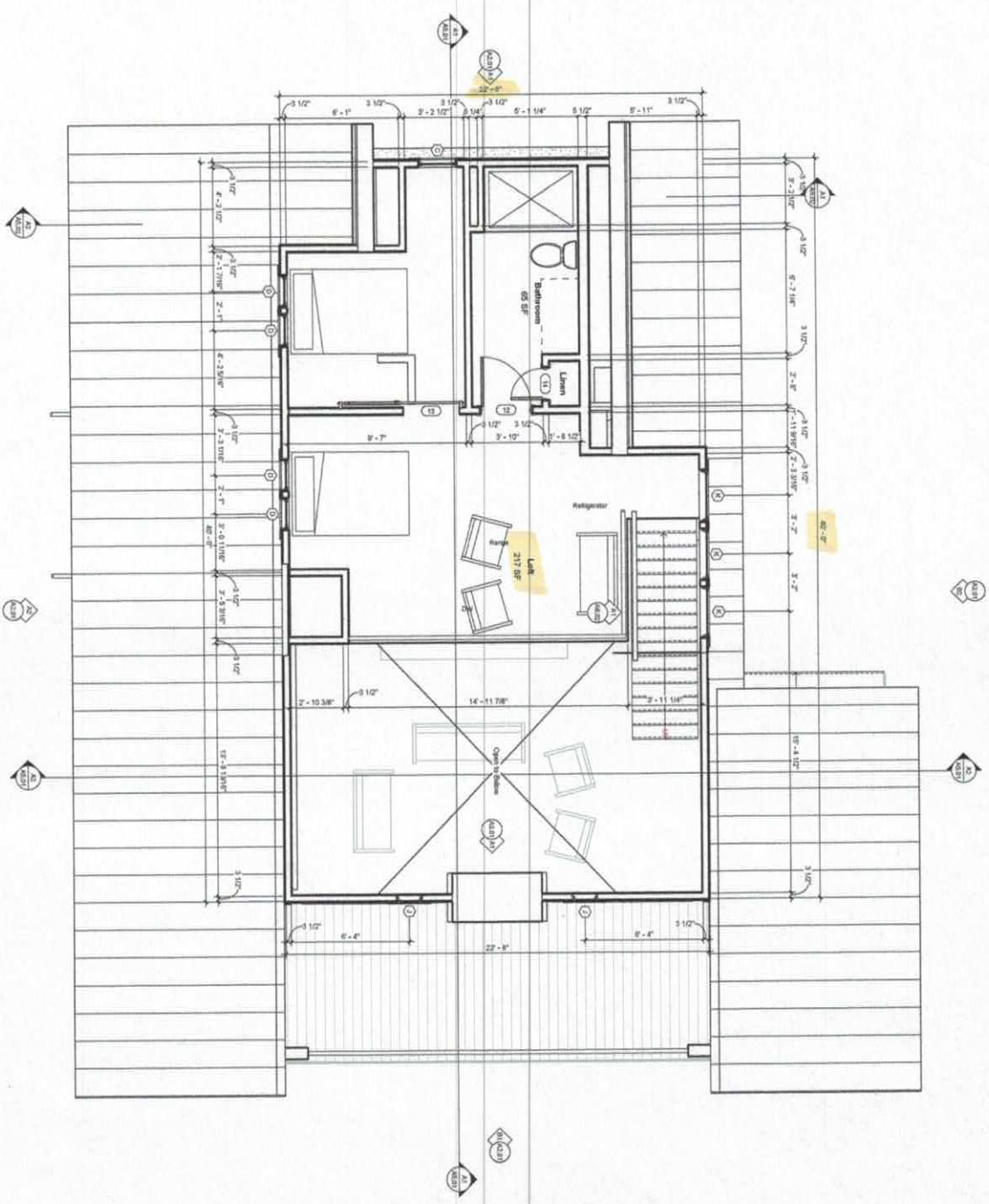
SHEET NUMBER
A1.01

1/3/2020 11:04:57 PM

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(A1) Loft Floor Plan
3/8" = 1'-0"



Acknowledgement Of
Plans Submittal ONLY!

Date 2/7/2020

Date 2-6-2020

Design Development Package for

Robertson Family Cabin

1025 Lewis Ferry Rd.
Statesville, NC 28677

NOT FOR CONSTRUCTION

Building Plan Notes

1. All dimensions are to face of stud framing unless otherwise noted.
2. "TOS" indicates dimension to face of gypsum wall board.
3. All walls within shower on building plans to be "Type 2" unless otherwise noted.

Building Plan Legend

Room name — Room name and number designation.

101 — Door number designation, see Door Schedule sheet.

(10) — Color number designation, see Wall Finish on Sheet A0.31. Unless noted otherwise, all walls within Unit Plans are to be Type 4a. See Building Plans for wall types at demising walls, corridors, corridor walls, exterior walls and other walls not noted.

PLR
Peter L. Rivera, Architect
10210 Elderon Circle
Huntersville, NC 28078
(p) 704-835-7471

REVISIONS		
Number	Description	Date

1901
01/03/2020 - Design Development
SHEET NAME
Second Floor Plan (Loft)

SHEET NUMBER
A1.02

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303939 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4702718460.000	1025 LEWIS FERRY RD	

Owner Information	Applicant Information
Name: ROBERTSON STEPHEN L	Name: ROBERTSON STEPHEN L
Address: 19215 PENINSULA SHORES DR	Address: 19215 PENINSULA SHORES DR
CORNELIUS, NC 28031	CORNELIUS, NC 28031
Phone:	Phone:

Use Requested	Zone Code
	ra

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		

Remarks
sfd

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.

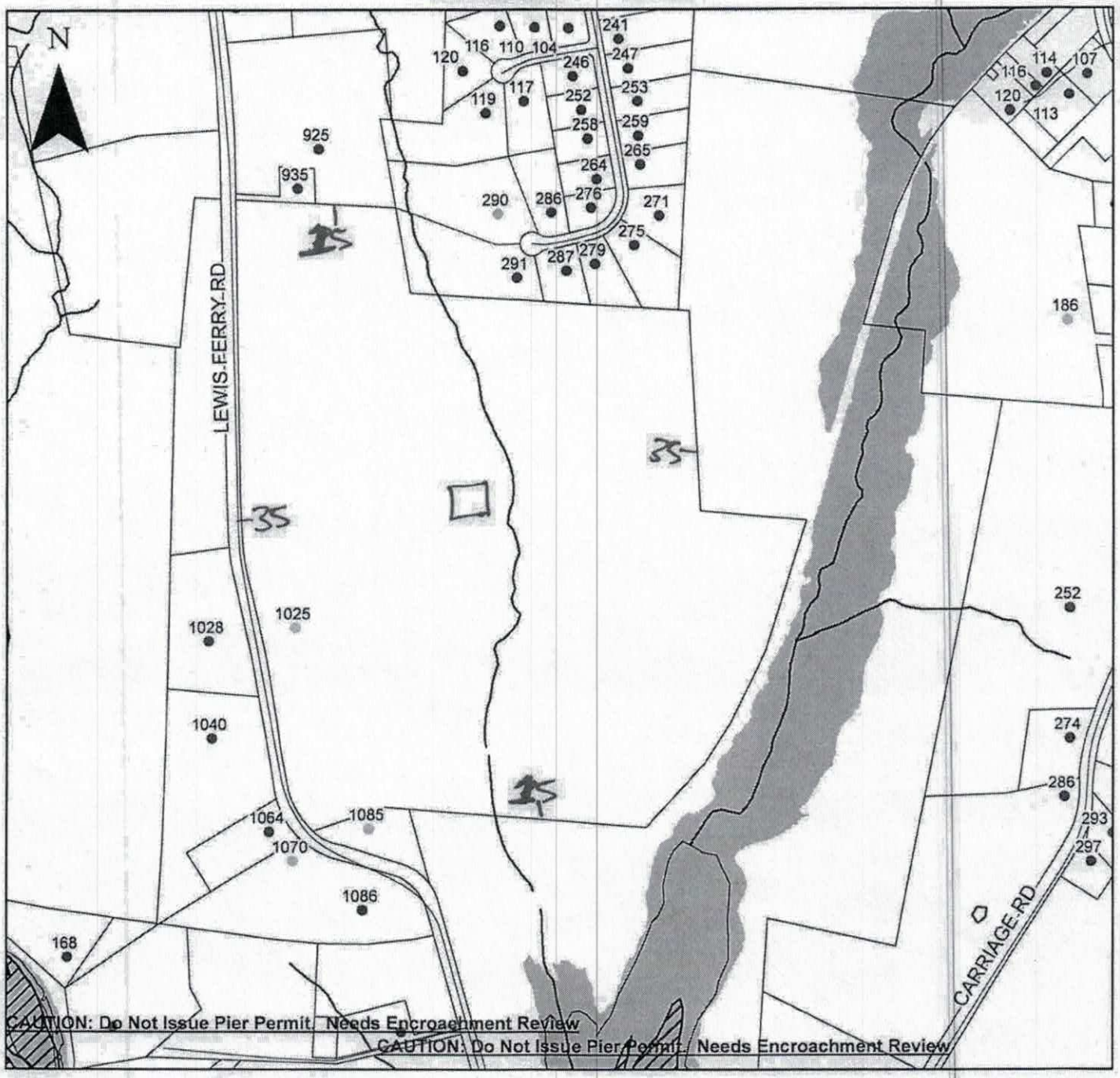
Date: 01/07/2020

Signature of Owner/Contractor

Permit Number	303939

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1025 Lewis Ferry

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. Applicant further acknowledges that the 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

1/7/20

Date