BDR-2022-11070

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321822

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

PIN # 4705 -- 76 -- 9337

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 234 Kingsley Park Drive Ft Mill SC 29715

SITE ADDRESS: 145 Gemstone Drive Statesville NC 28625 PHONE: 704-301-3229 ALT. PHONE

SITE DIRECTIONS: Lipcad From Rd Nicon RT on Zircon Drive Left on Gemstone SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stone Edge SECTION: - LOT # 9 LOT AREA: .459 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB 854	Date 12-9-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: Gravity - 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #	Repair System Description: Aerobic Drip				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	7	Linear Ft 300	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	32 in	Gravel Depth -	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Alternative Septic Services LLC

LSS # 1254 Dated. Sept 12, 2021

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.

SEE ATTACHED

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] I. 6-3-22 ...stalled by: A-1 BACKHOE

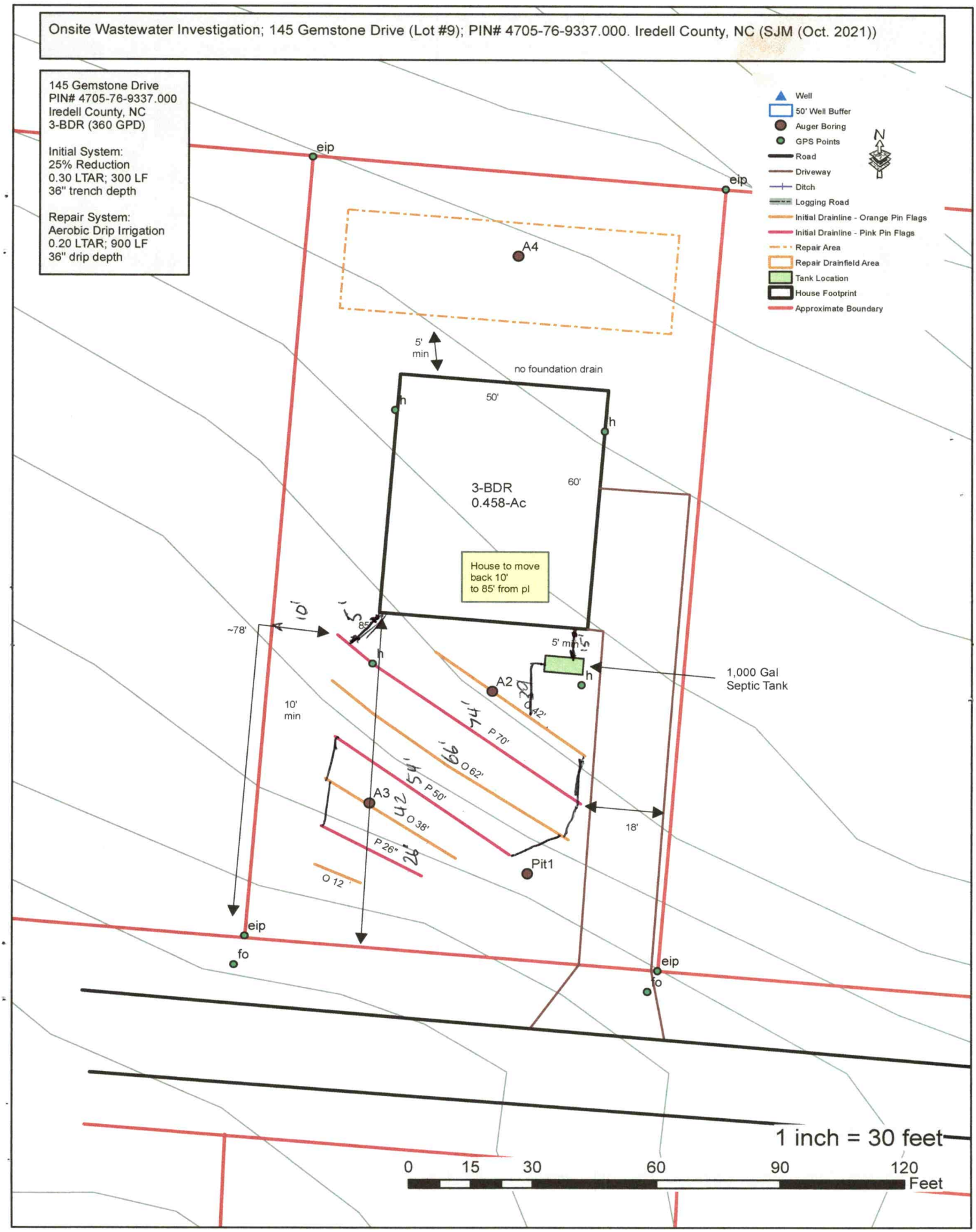
IMPROVEMENT PERMIT by: [signature] Date: 10-18-2021 OPERATION PERMIT by: [signature] Date: 3-21-2023

AUTHORIZATION TO CONSTRUCT by: [signature] Date 6/2/2022 ...ting 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
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? _____	


Onsite Wastewater Investigation; 145 Gemstone Drive (Lot #9); PIN# 4705-76-9337.000. Iredell County, NC (SJM (Oct. 2021))
145 Gemstone Drive
PIN# 4705-76-9337.000
Iredell County, NC
3-BDR (360 GPD)
Initial System:
25% Reduction
0.30 LTAR; 300 LF
36" trench depth
Repair System:
Aerobic Drip Irrigation
0.20 LTAR; 900 LF
36" drip depth
Well
50' Well Buffer
Auger Boring
GPS Points
Road
Driveway
Ditch
Logging Road
Initial Drainline - Orange Pin Flags
Initial Drainline - Pink Pin Flags
Repair Area
Repair Drainfield Area
Tank Location
House Footprint
Approximate Boundary
N
eip
eip
A4
5' min
no foundation drain
50'
60'
3-BDR
0.458-Ac
House to move
back 10'
to 85' from pl
~78'
10'
85'
5' min
1,000 Gal
Septic Tank
A2
10' min
A3
Pit1
18'
eip
fo
eip
fo
1 inch = 30 feet
0 15 30 60 90 120
Feet

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE, FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

ON-SITE SOIL AND SITE EVALUATION

145 Gemstone Drive
Lot #9 – Stones Edge Subdivision
Session Law Permitting
Iredell County, North Carolina
Parcel ID# 4705-76-9337.000
3-Bedroom (360 GPD)

Prepared for:

Prepared by:
Alternative Septic Services, LLC
15 Lone Coyote Ridge
Fletcher, NC 28732



Steven J. Melin #1254

Steven J. Melin, LSS

September 12, 2021

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE; FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

145 Gemstone Drive (Lot #9) **09/12/2021**
PIN# 4705-76-9337.000 (Iredell County, NC (3-BDR))
Saprolite System: No

Onsite Wastewater Septic System Overview:

The following report has been prepared by Alternative Septic Services, LLC (Steve Melin, LSS #1254) for 145 Gemstone Drive in Statesville (Iredell County), North Carolina. A 3-bedroom house is proposed. Please note that the following report prepared is intended to be permitted under Session Law 2018-Section 11.c. **The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).**

Application Type:	Session Law IP/AC 3-BDR					
Number of Bedrooms:	Proposed Septic System	**GPD**	**Soil Group**	**Soil Texture**	**LTAR**	**Linear Feet Required Calculation (in Square and Linear Feet)**
Initial Septic System:	25% Reduction	360	IV	Clay	0.30	360 gpd / 0.30 gpd/ft^2 = 1,200 ft^2 1,200 ft^2/4. ft trench eq. = 300 ft (See calculations below)
Repair Septic System:	Aerobic Drip Irrigation	360	III	Clay Loam	0.20	360 gpd / 0.20 gpd/ft^2 = 1,800 ft^2 or 900 linear feet of drip tubing 2' off center (See calculations below)
Easement Required:	NO					

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE; FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

Onsite Wastewater Septic System Configuration and Recommendations:

The following recommendations are proposed by Alternative Septic Services for 145 Gemstone Drive (Lot #9) in Statesville (Iredell County), North Carolina. The proposed system design/layout is for a 3-bedroom house (360 gallons per day). The septic area has been evaluated and determined to contain Group IV soils (the most restrictive texture being clay). A long-term acceptance rate (LTAR) of 0.30 has been assigned to these soils (0.20 for the repair drip LTAR (Group III) *(See attached soil descriptions).*

It is recommended to utilize a 25% Reduction type system for the septic drainfield. The (initial) septic system will require 300 linear feet of material to accommodate the 3-bedroom septic system. The recommended trench depth is 32" (max 36"). It is anticipated that gravity flow can be maintained to the drainfield. The square and linear footage required for installation of this system is illustrated below.

3 bedrooms x 120 gallon/day/bedroom = 360 gallons per day (gpd)
Group IV, Clay, 0.30 gallons per square foot per day (LTAR)
Square Footage required: 360 gpd / 0.30 LTAR = 1,200 square feet
1,200 ft^2/4.0' trench equivalency= 300 Linear Feet
NOTE: Not a Saprolite System

It is recommended to utilize an aerobic drip irrigation type system for the repair septic drainfield. The repair system will require 900 linear feet of material to accommodate the 3-bedroom repair septic system. The recommended drip tubing depth is 36 inches. The square and linear footage required for installation of this system is illustrated below.

3 bedrooms x 120 gallon/day/bedroom = 360 gallons per day (gpd)
Group III, Clay Loam, 0.30 gallons per square foot per day (0.20 Drip LTAR)
Square Footage required: 360 gpd / 0.20 LTAR = 1,800 square feet or 900 linear feet of tubing 2' o/c
NOTE: Not a Saprolite System

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE; FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

The proposed septic system area has been delineated in the field. It is recommended to utilize 300 linear feet of material for the septic drainfield. *(See attached site plan for detail.)* It is also recommended to delineate the system again prior to installation.

Onsite Wastewater Septic System Setbacks (Buffers) and Site Recommendations:

The following items are recommended to preserve the integrity of the proposed site and surrounding area.

1. It is recommended to encase all septic system supply lines where they cross roads, drives and/or power lines (*pursuant to Laws and Rules for Sewage Treatment, and Disposal Systems 15A NCAC 18A .1900*)

2. It is recommended to divert stormwater runoff away from all proposed septic areas.

3. A minimum 1,000 gallon septic tank is recommended / required. The septic tank is proposed to feed three-hundred feet (300') of drainline by serial distribution (see attached site plan).

4. Please notify us if there are any changes to the site plan.

5. The proposed septic system designs/layouts are based on dodging large trees or other obstacles that may hinder the installation or operation of the septic system.

6. The proposed onsite wastewater system is based off of theoretical calculations based on data obtained at the site. Actual system performance is not guaranteed.

7. The proposed initial septic system and repair system must maintain a setback (Buffer), specified by North Carolina Department of Environment and Natural Resources (NCDENR), including: 5' horizontal from the house and all foundations, 50' horizontal from any surface water, 100' horizontal minimum from all wells, 10' horizontal from all property lines and water lines, 20' horizontal from any other septic system (except repair) and 15' horizontal from cut banks (unless filled and compacted, 5' horizontal setback)

Alternative Septic Services, LLC

15 Lone Coyote Ridge
Fletcher, NC 28732

145 Gemstone Drive (Lot #9 - Stones Edge Subdivision) 9/12/2021
360 Gallons per Day (3-BDR)
PIN# 4705-76-9337.000 (Iredell County, NC)
Saprolite System: No

Septic System Calculation Worksheet

Initial System: 25% Reduction

Recommended Trench Bottom Depth: 32" (max 36")

Gal / Day	Trench Width (Inches)	Trench Equivalency (Feet)	Soil Depth on 0% Slope
360	36	4	44

Slope	Auger #	Soil Depth (in.)	Total Suitable Pit Depth/ Sap. Depth (in.)	Soil Needed (slope adjusted) (in.)	[1] Total Depth of Saprolite Required (2:1 ratio) factoring Soil Depth (in.)	Fill Material Required (in.)	Morphological Based Field LTAR
10%	1	48	48	47.6	N/A	0	0.3
8%	2	52	52	46.9	N/A	0	0.3
8%	3	52	52	46.9	N/A	0	0.3
8%	4	54	54	46.9	N/A	0	0.3
					LTAR Utilized		**0.30**
					Linear Feet Required		**300**

Repair System: Aerobic Drip Irrigation

Recommended Drip Tubing Depth: 36"

Gal / Day	Trench Width (Inches)	Trench Equivalency (Feet)	Soil Depth on 0% Slope
360			48

Slope	Pit/Auger#	Soil Depth (in.)	Total Suitable Pit Depth/ Sap. Depth (in.)	Soil Needed (slope adjusted) (in.)	[1] Total Depth of Saprolite Required (2:1 ratio) factoring Soil Depth (in.)	Fill Material Required (in.)	Morphological Based Field LTAR
10%	1	48	48	48.0	N/A	0	0.3
8%	2	52	52	48.0	N/A	0	0.3
8%	3	52	52	48.0	N/A	0	0.3
8%	4	54	54	48.0	N/A	0	0.3
					LTAR Utilized		**0.20**
					Linear Feet Required		**900**

[1] [(soil depth needed-soil depth) x 2] + Soil depth = sap. Depth needed.
Above equation only to be used if the difference in soil depth needed and actual soil depth present = 12" or less

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE; FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

September 12, 2021

To: Owner – 145 Gemstone Drive (Lot #9)

Re: **Site/Soil Investigation(s) for 145 Gemstone Drive (Lot #9) in Statesville (Iredell County, North Carolina).**

I, STAN W. PRESSLEY, acknowledge that "The LSS Evaluation attached is this application is to be used to produce, design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Sincerely,

Steve Melin, LSS
Soil Scientist
Alternative Septic Services, LLC

Client:

Accepted: STAN W. PRESSLEY

Date:
9-22-21

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

145 Gemstone Dr

PROPERTY ID #: ____
DATE OF EVALUATION: 9-9-24
COUNTY: Transylvania

LICENSED SOIL SCIENTIST STEVEN J. MELTON 1251 STATE OF NORTH CAROLINA

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P1	Bt Lmw Bt1 10% Bt2	0-4 4-23 23-50	1msc / L 2msbk / cL ½msbk / scL	FR FR (SS PL) FR	5Y 4/2 10YR 5/4 2.5Y 4/6 redox	>48"			IV 0.3 36" Depth
P2	AB Lmw Bt1 Bt Bt2	0-8 8-27 27-52	1msgr / L 2msbk / C ½msbk / scL	FR FR (ST PL) FR (SS PL)	5Y 3/3 10YR 5/4 10YR 5/6 redox	>52"			IV 0.3 36" Depth
			36" Depth						
P3	BA Lmw Bt1 St Bt2	0-8 8-27 27-52	1msc / L 2msbk / C ½msbl / scL	FR FI (ST PL) FR (SS PL)	5Y 4/4 10YR 5/8 2.5Y 5/6	>52"			IV 0.3 36" Depth
P4	BA Lmw Bt1 St Bt2	0-10 10-30 30-54	1FSbk / L 2msbk / C ½msbl / cL	FR FI (ST PL) FR (SS PL)	5Y 3/4 10YR 5/4 2.5Y 5/6 redox	>54"			IV 0.3
			36" Depth						

COMMENTS:

4705-76-9337 Statewide?

Stones Fl Sbrl Lot #9

2

RECEIVED SEP 27 2021

BD

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*

AP-321822 $500.00

S.L SEPTIC

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 234 KINGSLEY PARK DR. FT. MILL SC Zip: 29715
Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704-301 3229 Alt. Phone: X
Owner Name: BULLOCH RIVER DEVELOPMENT Address: 234 KINGSLEY PARK DR. FT MILL SC Zip: 29715
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 145 GEMSTONE DR PIN# 4705 76 9337
Subdivision Name: STONE EDGE Section/Phase: _____ Lot Number: 9
Driving Directions: LIPPARD FARM RD. NORTH / RT. ON ZIRON DR / LEFT ON GEMSTONE

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: 3
Maximum Number of Occupants: 3
( ) 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: 1 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] 9/22/21

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, Pam Harding, am the legal owner(s) of the property located at 145 GEMSTONE DR., identified as PIN (Parcel Identification Number) 4705 76 9337, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** STAN PRESSLEY/CORNERSTONE III, 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.

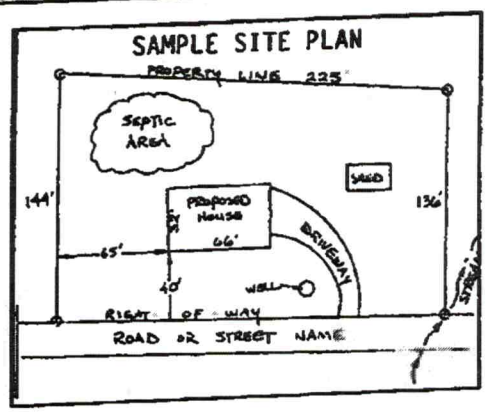
Pam Harding / BULLER RIVER DEVELOPMENT — 9/22/24
Signature of Owner(s) — Date

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

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:

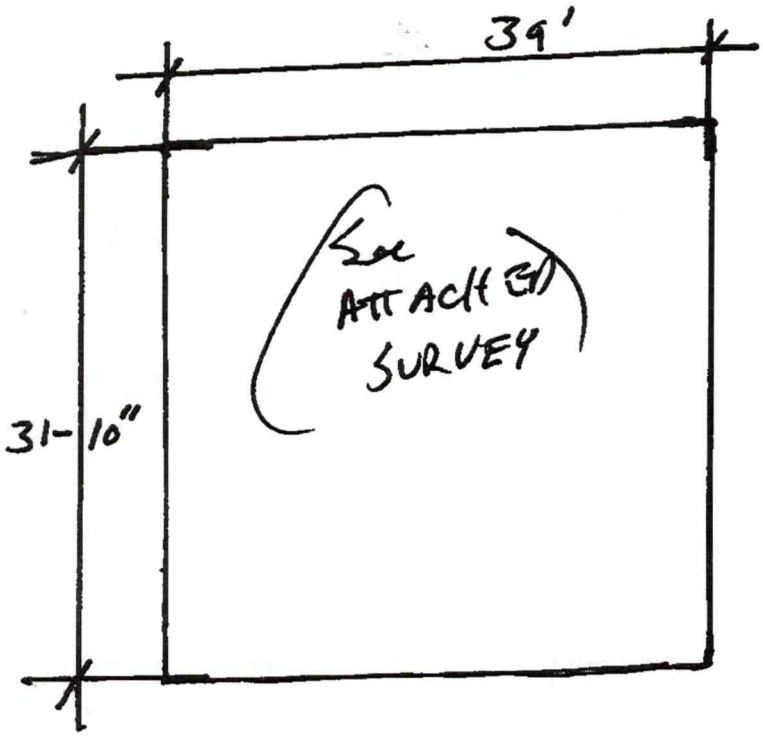
- X **Property Line measurements are clearly identified**
- X **All proposed structures are indicated**
- X **Front and side setbacks from property line**
- X **Preferred driveway location and well location**
- X **Area you prefer your septic system to be placed**
- X **North arrow, or other sufficient 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



Signature: Stan Presley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/22/21
DATE

DocuSign Envelope ID: F1D99999-A8B4-4EB4-939A-68FC28E92DC7

NOTICE

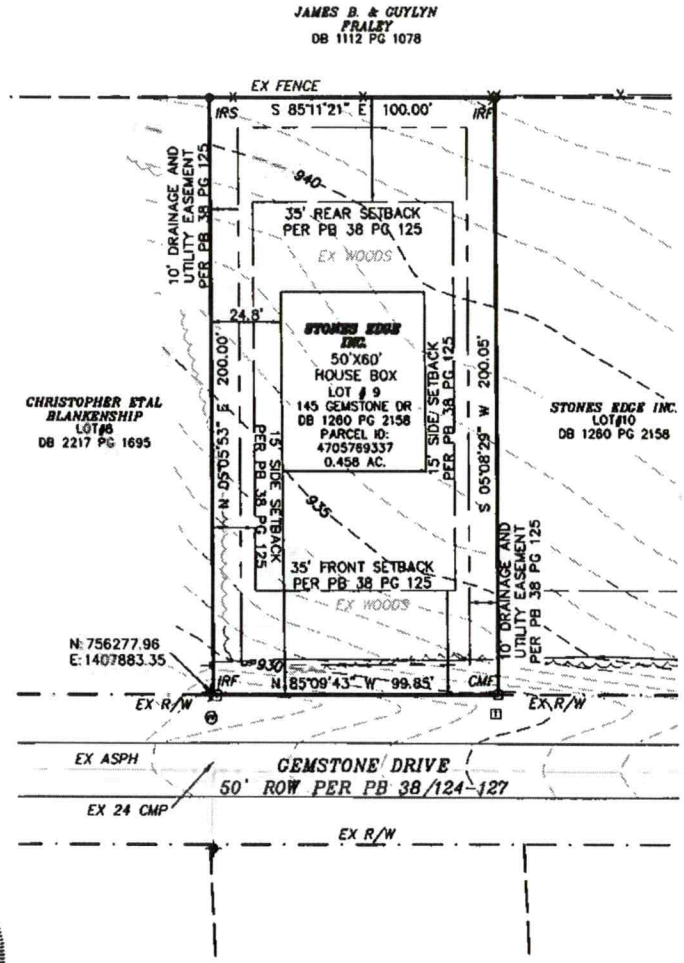
- ALL DISTANCES ARE HORIZONTAL GROUND IN U.S. SURVEY FEET UNLESS OTHERWISE SHOWN.
- BEARINGS BASED ON NAD83, VERTICAL ELEVATIONS BASED NAVD88.
- REFERENCES: PB 38 PG 125
- SURVEYOR HAS MADE NO INVESTIGATION OR INDEPENDENT SEARCH FOR EASEMENTS OF RECORD, ENCUMBRANCES, RESTRICTIVE COVENANTS, OWNERSHIP, TITLE EVIDENCE, OR ANY OTHER FACTS THAT AN ACCURATE AND CURRENT TITLE SEARCH MAY DISCLOSE.
- UNDERGROUND UTILITIES ARE SHOWN ONLY WHERE ABOVEGROUND SERVICES WERE VISIBLE.
- SUBSURFACE AND ENVIRONMENTAL CONDITIONS WERE NOT EXAMINED OR CONSIDERED AS A PART OF THIS SURVEY. NO STATEMENT IS MADE CONCERNING THE EXISTENCE OF UNDERGROUND OR OVERHEAD CONTAINERS OR FACILITIES THAT MAY AFFECT THE USE OR DEVELOPMENT OF THIS TRACT.
- THE EXISTENCE OR NONEXISTENCE OF WETLANDS ON SUBJECT PROPERTY HAS NOT BEEN DETERMINED BY THIS SURVEY.
- SUBJECT TO ALL EASEMENTS, RIGHT OF WAYS, AND OR ENCUMBRANCES THAT MAY EFFECT THIS PROPERTY.
- THIS PLAT WAS DRAWN FOR THE EXCLUSIVE USE OF PARTY NAMED HEREON. SAID CERTIFICATES DO NOT EXTEND TO ANY UNNAMED PERSON WITHOUT AN EXPRESS REFORTIFICATION BY THE SURVEYOR NAMING SAID PERSON.
- THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY THAT MEETS OR EXCEEDS THE MINIMUM REQUIREMENTS OF A CLASS C SURVEY IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA ACCORDING TO NORTH CAROLINA ADMINISTRATIVE CODE TITLE 21, CHAPTER 56, SECTION 1600.

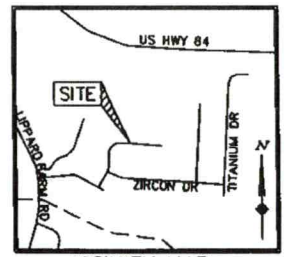
I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK AS SHOWN); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DASHED LINES; THAT THE RATIO OF PRECISION OR POSITIONAL ACCURACY IS 1:10,000; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600).

THIS 21TH DAY OF JUNE, 2021

DocuSigned by:
W. Andrew Eades
4A3B0B27B0A3462...

W. ANDREW EADES L-3413
PROFESSIONAL LAND SURVEYOR





VICINITY MAP
NOT TO SCALE

NC GRID (NAD 83)

LEGEND

- IRON PIPE FND
- IRON ROD FND
- IRON ROD SET
- TELEPHONE PEDESTAL
- POWER POLE
- FIBER OPTIC MARKER
- BOUNDARY LINE
- ADJOINER LINE
- RIGHT-OF-WAY
- EDGE OF PAVEMENT
- FENCE
- ROADWAY ℄
- EX WOODED AREA

NORTH CAROLINA PROFESSIONAL SEAL L-3413 LAND SURVEYOR W. ANDREW EADES

40 0 40 80
GRAPHIC SCALE (IN FEET)
1 inch = 40 ft.

LOT SURVEY FOR:
BULLER RIVER DEVELOPMENT PARTNERS, LP

STONES EDGE
LOT #9
CONCORD TOWNSHIP IREDELL COUNTY, NC

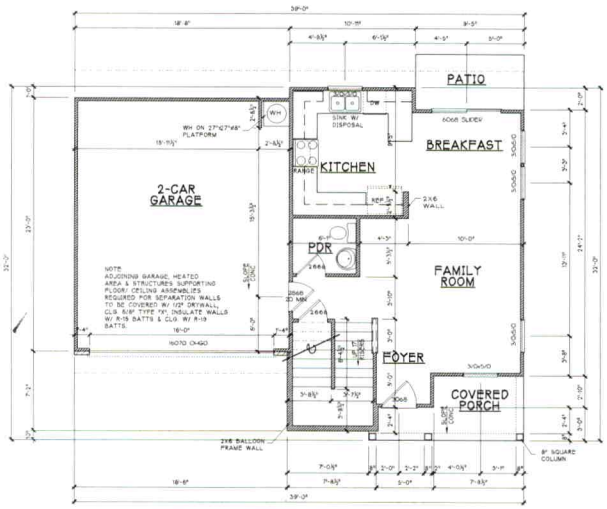
SCALE: 1" = 40' | DATE: 06/21/2021
PLS WAE
TECH ALR
CHKED WEH

McKIM&CREED
8020 TOWER POINT DRIVE
CHARLOTTE, NORTH CAROLINA 28227
TELEPHONE: (704) 841-2585
FAX: (704) 841-2567
NORTH CAROLINA FIRM LICENSE NUMBER: F-1222

JOB NO. 083450001
SHEET NO. 1 OF 1

39' /

32



1 / 40A ELEV. "A" FIRST FLOOR PLAN

SCALE: 1/4"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (12"x36" SHEET SIZE)



2 / 40A ELEV. "A" SECOND FLOOR PLAN

SCALE: 1/4"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (12"x36" SHEET SIZE)

FIRST FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL MUST BE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALLS ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE.
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING. INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD.
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE!
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT.
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS OF TUBS, SHOWERS, STAIRS & FIREPLACES SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF, OR EQUAL TO OR GREATER THAN 72" AFF, MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE.
- ALL SHEETROCK OPENING SHALL BE 12" BELOW CEILING TYP. U.N.O.
- ALL PANTRY/LINEN SHALL HAVE (5) 12" SHELVES TYP. U.N.O.

SQUARE FOOTAGE:

1ST FLR	567 SQ. FT
2ND FLR	178 SQ. FT
TOTAL HEATED:	1745 SQ. FT
FRONT PORCH	52 SQ. FT
REAR PATIO	47 SQ. FT
1-CAR GARAGE	428 SQ. FT
TOTAL UNHEATED	528 SQ. FT
TOTAL UNDER ROOF	2273 SQ. FT

Acknowledgement Of Plans Submitted ONLY!

Stan Date 10/21/21

Benjamin Burke Date 10/11/21

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
BEDFORD PLAN

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY:
CHECKED BY:
FILE NUMBER:

SHEET TITLE
FLOOR PLAN

SHEET NUMBER
4.0A

C:\2021 PROJECTS\21-18 BEDFORD II-HOUSE - Cornerstone III Sheets\Floor Plans\Floor Plans.dwg, 8/9/2021 10:44:20 AM, AutoCAD PDF (General Documentation).pc3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
321822 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705769337.000	145 GEMSTONE DR	Iredell County

Owner Information	Applicant Information
Name: STONE EDGE INC	Name: CORNERSTONE III PROPERTIES INC use this one
Address: C/O DARYL SUTHER 2200 OLD SALISBURY RD CONCORD, NC 28025	Address: 4509 FAITH CHURCH INDAIN TRAIL, 28 28203
Phone:	Phone: (704)906-6212

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.459	35	35	15	15	N/A	NO

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: 09/27/2021

Signature of Owner/Contractor

Permit Number	321822	TOTAL FEES:	$77.25

RECEIVED MAR 7 - 2022

RE APPLYING SMALLER PLAN

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*

SEPTIC

Application For: (✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Connected III Properties Address: 234 Kinsley Park Dr. Ft. Mill SC Zip: 29715

Applicant Email: Stan@Connected3P.com Phone: 704-301-3229 Alt. Phone: X

Owner Name: Buller River Development Address: 234 Kinsley Park Dr. Ft Mill SC Zip: 29715

Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 145 Gemstone Dr PIN# 4705 76 9337

Subdivision Name: Stone Edge Section/Phase: ____ Lot Number: 9

Driving Directions: Lipard Farm Rd. North / Rt. on Ziron Dr / Left on Gemstone

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: 3
Maximum Number of Occupants: 3
( ) 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: Max. Number of Seats/Beds/Other:
Square Footage of Building: Max. Number of Employees:

Water Supply: ( ) Replacement Well – Reason: Number of Persons:
( ) Multi-connection Well Number of Houses: 1
(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.

Stan Prenley 3/2/22

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

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

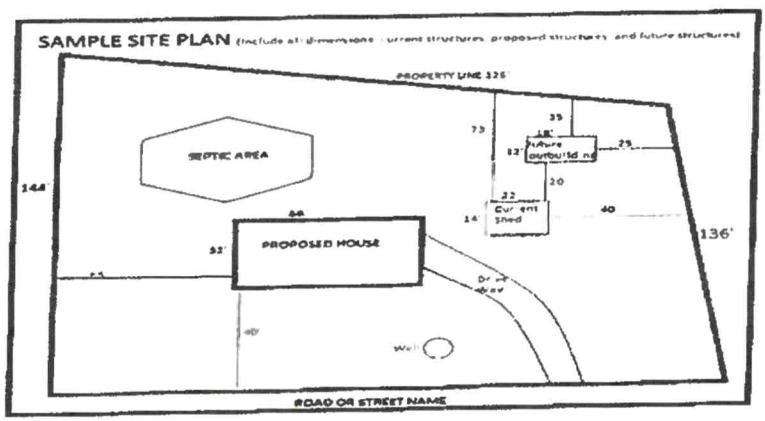
_X_ Front and side setbacks from property line... **_X_ Preferred driveway location and configuration, preferred well location...**

_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:

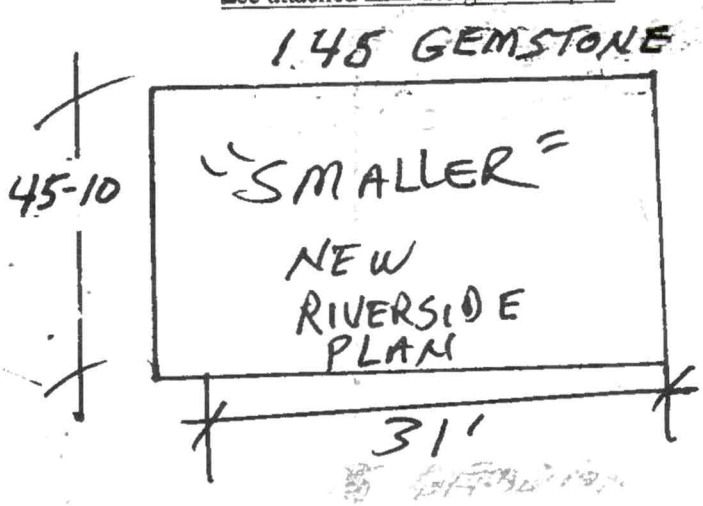
_____ Location of septic systems and wells within 100' of your property... N/A

_____ 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

"PREVIOUS"
See attached **LSS** designed site plan



Signature: Stan Prentup
***REQUIRED* property owner or owner's legal representative signature.**

3/3/22
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

Public 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, Pam Harding, am the legal owner(s) of the property located at 145 GEMSTONE DR., identified as PIN (Parcel Identification Number) 4705 76 9337, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN PRESSLEY/CORNERSTONE III, 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.

Pam Harding / Buller River Development — Signature of Owner(s)

3/3/22 — 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

SWL **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

SWL **Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SWL **Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified prior to application submittal (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SWL **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed** structure, etc. must be staked out on the property as per the site plan.

SWL **If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and** a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- **The applicant/agent is responsible for securing these services**
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Stan W. Lowery **Date** 3.13.22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED APR 5 - 2022

X-RE APPLYING SMALLER PLAN X

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*

SEPTIC

Application For: ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Cornerstone III Properties Address: 234 Knowles Park Dr. Ft. Mill SC Zip: 29715
Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704-301-3229 Alt. Phone: X
Owner Name: Stoller River Development Address: 234 Knowles Park Dr. Ft Mill SC Zip: 29715
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 145 GEMSTONE DR PIN# 4705 76 9337
Subdivision Name: STONE EDGE Section/Phase: _____ Lot Number: 9
Driving Directions: LIPPARD FARM RD. NORTH / RT. ON ZIRON DR / LEFT ON GEMSTONE

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: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____ Max. Number of Seats/Beds/Other: _____
Square Footage of Building: _____ Max. Number of Employees: _____

Water Supply: ( ) Replacement Well – Reason: _____ Number of Houses: 1 Number of Persons: _____
( ) Multi-connection Well ( ) Community Well ( ) City Water ( ) Other Public Water
New Well ( ) Existing Well

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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.

Stan Prunty 3/30/22

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...

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

_X_ Front and side setbacks from property line...

_X_ Area you prefer your septic system to be placed...

_X_ Preferred driveway location and configuration, preferred well location...

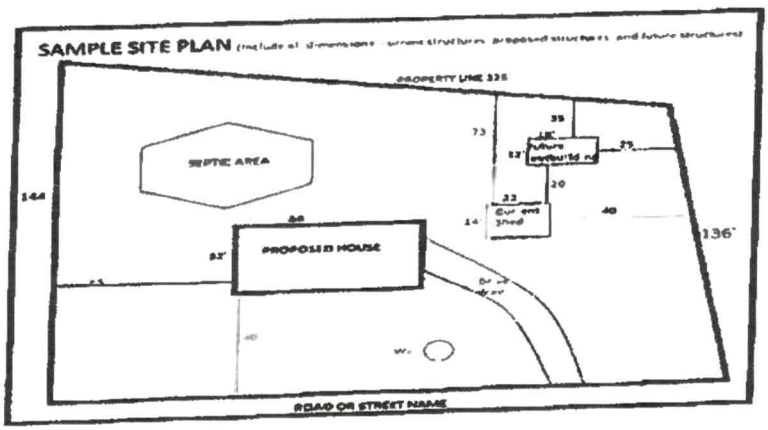
_X_ North arrow, or other sufficient indicator of direction...

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

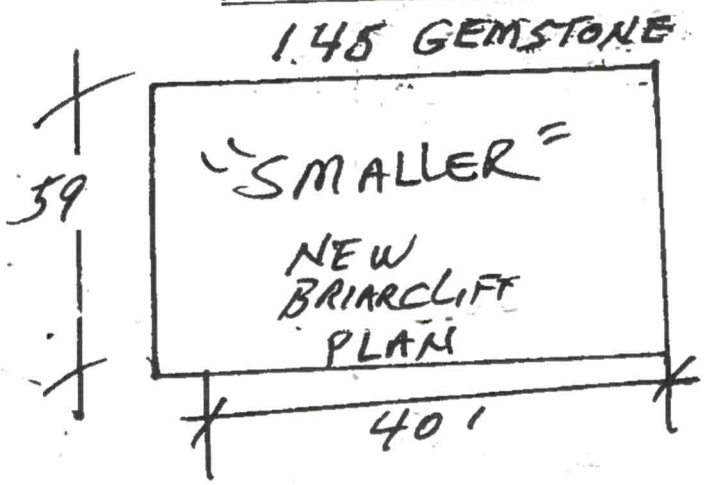
_____ Location of any designated wetlands on the property... N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

"PREVIOUS"

See attached **LSS** designed site plan



ignature: Stan Crumley — 3/30/22

_____ personal representative signature. **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

Public 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*) _____

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2. I, Pam Harding, am the legal owner(s) of the property located at 145 GEMSTONE DR., identified as PIN (Parcel Identification Number) 4705 76 9337, located in Iredell County, North Carolina.

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- Improvement Permit (IP) / Authorization to Construct (AC)
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- 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.

Pam Harding / Bullock River Development — 3/30/22

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

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_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

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- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Stan W. Pressley Date 3/30/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3825

Acknowledgement Of Plans Submittal ONLY!

Date 6-2-2022

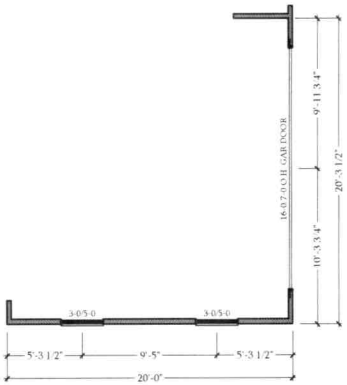
Date 6-3-22



OPT SUNROOM

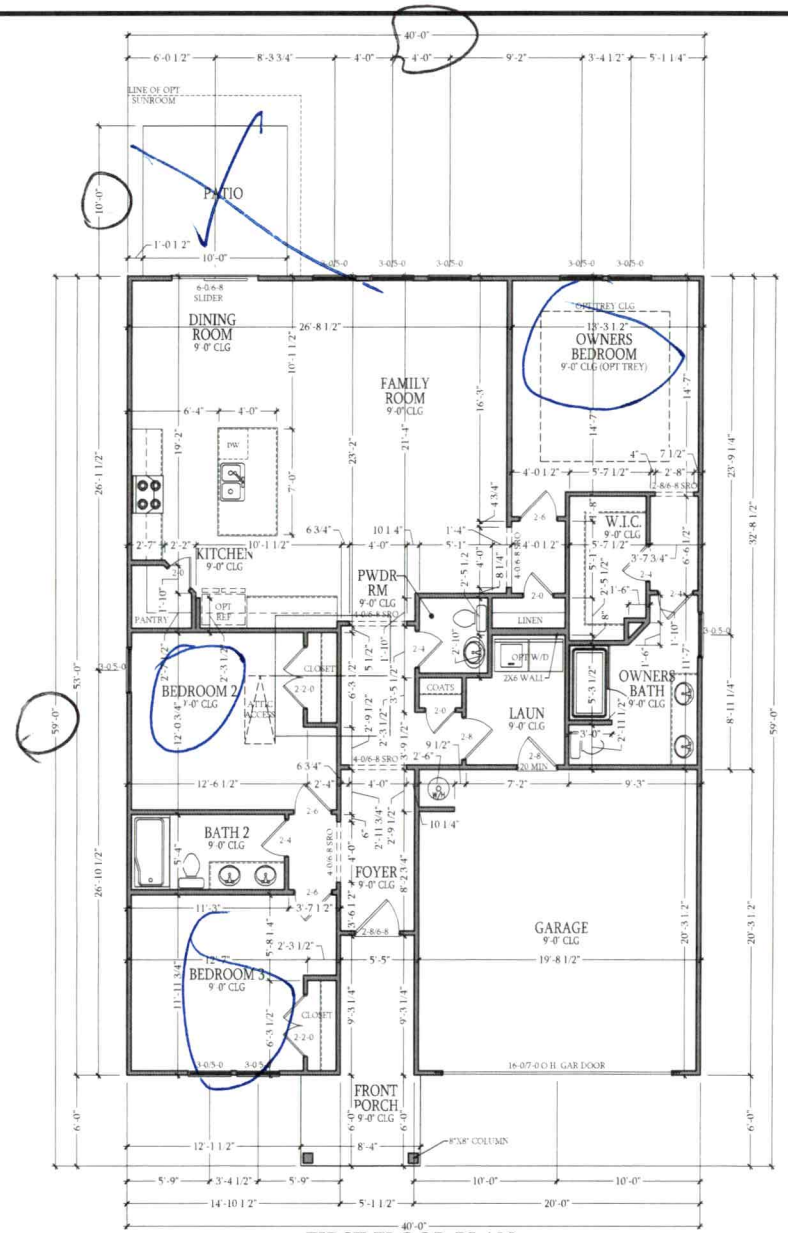
SCALE: 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17

No Patio



OPT SIDE LOAD GARAGE

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



FIRST FLOOR PLAN

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

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 5322
Clover, SC 29710
803 866 2724
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CornerStone PROPERTIES

BRIARCLIFF

Elevation-A

FIRST FLOOR PLAN

REVISIONS	
DATE	DRAWN BY

DESIGNED BY:	CBG
DRAWN BY:	CBG
DATE:	XX-XX-XX
JOB #:	21-700
SHEET #:	5.10