MANF - 2024 - 58416

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322332

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

PIN # 4705 -- 85 -- 1594

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

SITE ADDRESS: 130 Ziscon Drive Statesville NC PHONE: ALT. PHONE

SITE DIRECTIONS: Lippard Farm Rd North / RT on Ziscon Drive SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stone Edge SECTION: - LOT # 104 LOT AREA: .495 DESIGN FLOW: 360 L.T.A.R.: .5

Septic Tank 1000 (gal) STB 760 Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 180

Trench Width 36 in Trench Bottom Depth(~~Low side~~) ~~*See Notes*~~ Gravel Depth 5

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: High Capacity Chambers

Repair System Description: High Capacity Chambers

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: No Foundation Drawn to be atop house with Septic Components

New Floorplan + Site location of home does not impact Syst Area + Meets required Setbacks

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:

Davis Horizons

LSS # 1347 Dated Sept 27, 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 for line lengths

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: 6-3-22 Installed by: A1 Backhoe Cog Hill

IMPROVEMENT PERMIT by: Date: 11-16-2021 OPERATION PERMIT by: Date: 10/30/24

AUTHORIZATION TO CONSTRUCT by: Date: 7/3/2024 ng 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? _____	

Cornerstone III Properties

234 Kingsley Park
Suite 110
Fort Mill, SC 29715
704-301-3229
Stan@cornerstone3p.com

Date 10/4/21

Stone's Edge (7 Sites) - 114 Zircon Drive, 122 Gemstone Drive, 130 Zircon Drive, 138 Zircon Drive, 144 Peridot Drive, 147 Titanium Drive, 159 Titanium Drive

Please note: The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11(C) .

Regards

Stan W. Pressley

Stan Pressley / Cornerstone III Properties

CORNERSTONE III
PROPERTIES



SOIL REPORT

Pressley - 130 Zircon Drive

September 27, 2021

Prepared By:
Tyler Sgro, L.P.S.C. #119, South Carolina
Davis Horizons
843-754-6307
tyler@davishorizons.com

LICENSED SOIL SCIENTIST
TYLER SGRO
1347
STATE OF NORTH CAROLINA

DAVIS HORIZONS
SOIL • ENVIRONMENTAL • GIS

Site Location and Characteristics

The project site is located at 130 Zircon Drive in Iredell County, North Carolina, identified by Tax ID number 4705851594.0000. Data was recorded on September 24, 2021, utilizing a soil auger. Elevation data recorded at these locations shows elevations ranging no more than 86 inches between sample points.

Soil Sampling Methodology

In order to measure site elevations, a Trimble R10-2 external GNSS receiver was used to measure elevations at each soil boring location. Fixed real-time kinematic (RTK) positioning was obtained in order to maximize data accuracy. Elevation error was measured to not exceed 1 inch, based on data provided from the GNSS receiver. Orthometric elevation data was recorded at each data point and recorded on the subsequent data sheet. Elevation ranges between the soil borings were obtained by computing the difference between elevation points. In total, 5 data points were recorded for the purposes of finalizing the footprint of the proposed drainfield and associated repair area.

Applicable Regulations

Recorded soil documentation, included suitability considerations, were observed based on criteria found in the North Carolina Administrative Code, Subchapter 18A, Section 1900, titled "Sewage Treatment and Disposal Systems." Soil conditions such as soil texture, soil structure, soil consistency, soil mineralogy, soil color, soil wetness, observed soil depth, saprolite class, restrictive horizon presence, and subsequent loading rates were identified in accordance with this Section.

This report and subsequent design are being submitted for review under North Carolina Session Law 2018-114 (HB374). As such, the following required statement is included to meet the requirement of the law: **"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."**

Design Criteria and Recommendations

Soil wetness conditions were observed at a depth of >50 inches. No restrictive horizon was observed in the soil profile. A minimum of a twelve inch separation between soil wetness/restrictive horizons and trench bottoms must be maintained. Horizons with more than trace amounts of organic carbon content existed to maximum depths of 6 inches. The aforementioned soil horizons with more than trace amounts of soil organic carbon do not need to be removed. However, the root mat should be removed prior to adding fill material if required.

A long-term acceptance rate (LTAR) of 0.5 gallons per day (GPD)/square foot (SF) will be utilized for the loading rate[2]. At the completion of the construction of the drain field/disposal area, the fill material over this area will be immediately seeded and protected with straw or mulch or sodded to establish a permanent vegetative cover. Any concerns regarding surface water flow and/or improvement of subsurface drainage conditions should be taken into account by the installer prior to system installation. If questions regarding the final drainage plan arise, this office should be notified for consultation prior to the initiation of work.

Based on the observed soil conditions and applicable regulations, it was determined that a IIa. Conventional Septic System (single-family or 480gpd or less would be applicable for this site. Based on an expected flow rate of 360 gpd, the minimum linear footage required for the system is 240 total linear feet. However, the proposed design intends to incorporate the usage of alternative aggregate product. As such, the aforementioned required total linear footage will be reduced by 25%. Lastly it will be required that a licensed septic installer authorized by Infiltrator complete the installation of this system.

The proposed system will utilize 3-foot wide trenches will utilize 14-inch Infiltrator High Capacity chambers. The system should be installed at a depth of 36 inches at DP-1, 35 inches at DP-2, and 36 inches at DP-3 and DP-4. The system should be installed level and along the contour lines, as referenced in the associated site plan included with this report. For the repair area, any future repairs would constitute a system design comprised of 14-inch Infiltrator High Capacity chambers. In addition, maximum installation depth would not exceed 36 inches, as referenced by soil data at DP-5. Repair lines would be installed level and along contour lines, as referenced in the associated site plan included with this report. Serial distribution would be utilized for any future repair. The total linear footage needed for a future repair would be equal to the length of the proposed drainfield.

Soil Classification & Site Suitability

The soils in this area formed from metamorphic rock typical of the Piedmont and in relation to the site's geomorphic position on the landscape. Thus, the soil conditions reflect drainage characteristics typical of soils of the mapped series below. This soil classification was based on the observed soil morphology in the excavated soil profile. Descriptions to further depths are not necessary to make interpretations for onsite wastewater disposal systems. The soil observations provided in this report and the below classification are derived by soil conditions in the observed sampled locations/area only. It should be noted that the below classification does not take into account any inclusions that might exist with the sampled area. Based on the recorded soil data, related soil classification below, and applicable suitability parameters listed in Section .1900, it is recommended that this site be considered **Provisionally Suitable (PS)** for the placement of the engineered designed septic system.

Similar to soils of the Tomlin series: Fine, kaolinitic, mesic Rhodic Kanhapludults

Other Considerations



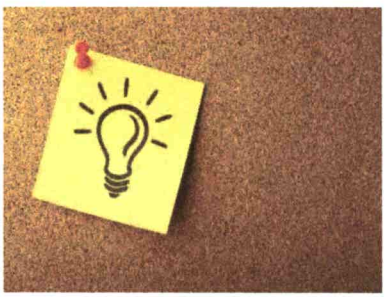
Adherence to Report:

The depth to the soil wetness conditions, restrictive horizon(s), trench bottom separation, LTAR, and the land preparation prescriptions outlined in this report are site condition minimums that must be adhered to in the design and installation of an onsite wastewater disposal system. Any expenses incurred due to deviations from the soil prescriptions outlined in this report that result in system malfunctions or repairs will be the liability of the responsible party completing the onsite installation and/or grading work.



Notification Regarding Wetlands:

It is the responsibility of the landowner and/or equipment operators to avoid regulated impacts to waters of the United States (WOTUS), including wetlands. Should any part of the proposed onsite wastewater system be located in WOTUS, including wetlands, approval from the appropriate State and/or Federal agency [i.e., US Army Corps of Engineers, NC Div. of Coastal Management, etc.] must accompany the application for an engineered onsite wastewater system. It is recommended that the landowner and/or equipment operators contact the applicable State and/or Federal agencies prior to initiating site work in order to avoid regulated impacts to WOTUS, including wetlands.



Footnotes:

1. Fill material must be inspected and approved by Tyler Sgro prior to placement of material and system installation, if required.

2. Long-term acceptance rates (LTAR) are **estimated** using the South Carolina Department of Health and Environmental Control, Bureau of Environmental Health Long Term Acceptance Rate Standard for Onsite Wastewater Systems. The long-term acceptance rate is based on the most hydraulically limiting naturally occurring soil texture from the ground surface to 12 inches below the bottom of the proposed absorption trenches/disposal tubing. Estimates on the acceptance rates are based on soil texture and other applicable soil morphology.

DAVIS HORIZONS

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

PROPERTY ID #: 4705851594.0000
PROJECT NAME: Pressley - 130 Zircon Drive
COUNTY:

OWNER: Stone Edge Inc
ADDRESS: 130 Zircon Drive
PROPOSED FACILITY: Dwelling
SITE LOCATION: 130 Zircon Drive
PROPOSED DESIGN FLOW (.1949): 360 gpd

APPLICATION DATE:
DATE EVALUATED: September 24, 2021
PROPERTY SIZE (in acres): 0.5
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other:
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %/MEASURED ELEVATIONS (in ft.)	SOIL HORIZONATION	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS					
				.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL COLOR	.1942 SOIL WETNESS (CONCENTRATIONS) (DEPLETIONS)	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTRICTIVE HORIZON	PROFILE CLASS & LTAR
1	Convex Slope / 5-10% / 890.632076990951 ft.	A	0-6	GR / L	VFR / SEXP	5r 3/3		>50"	/	/	0.5 / PS
1	Convex Slope / 5-10% / 890.632076990951 ft.	Bw	6-12	GR / L	FR / SEXP	5r 4/6		>50"	/	/	0.5 / PS
1	Convex Slope / 5-10% / 890.632076990951 ft.	Bt	12-50	SBK / CL	FI / SEXP	5r 4/6		>50"	/	/	0.5 / PS
2	Convex Slope / 5-10% / 890.599268657618 ft.	A	0-6	GR / L	VFR / SEXP	5r 3/3		>50"	/	/	0.5 / PS
2	Convex Slope / 5-10% / 890.599268657618 ft.	Bw	6-14	GR / L	FR / SEXP	5r 4/6		>50"	/	/	0.5 / PS
2	Convex Slope / 5-10% / 890.599268657618 ft.	Bt	14-50	SBK / CL	FI / SEXP	5r 4/6		>50"	/	/	0.5 / PS
3	Convex Slope / 5-10% / 885.989697824332 ft.	A	0-5	GR / L	FR / SEXP	5r 3/3		>50"	/	/	0.5 / PS
3	Convex Slope / 5-10% / 885.989697824332 ft.	Bt1	5-20	SBK / CL	FI / SEXP	5r 4/6		>50"	/	/	0.5 / PS
3	Convex Slope / 5-10% / 885.989697824332 ft.	Bt2	20-50	ABK / CL	FI / SEXP	5r 4/6		>50"	/	/	0.5 / PS
4	Convex Slope / 5-10% / 885.9 ft.	A	0-3	GR / L	VFR / SEXP	5r 3/3		>50"	/	/	0.5 / PS
4	Convex Slope / 5-10% / 885.9 ft.	Bw	3-10	GR / L	FR / SEXP	5r 4/6		>50"	/	/	0.5 / PS
4	Convex Slope / 5-10% / 885.9 ft.	Bw	10-22	GR / CL	FI / SEXP	5r 5/6		>50"	/	/	0.5 / PS
4	Convex Slope / 5-10% / 885.9 ft.	Bt2	22-50	ABK / CL	FI / SEXP	5r 4/6		>50"	/	/	0.5 / PS
5	Convex Slope / 5-10% / 883.5 ft.	A	0-6	GR / L	VFR / SEXP	5r 3/3		>50"	/	/	0.5 / PS

5	Convex Slope / 5-10% / 883.5 ft.	Bt1	6-20	SBK / CL	FI / SEXP	5r 4/6		>50"	/	/	0.5 / PS
5	Convex Slope / 5-10% / 883.5 ft.	Bt2	20-50	SBK / CL	FI / SEXP	5r 5/6		>50"	/	/	0.5 / PS

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	yes	yes
System Type(s)	IIa. Conventional Septic System (single-family or 480gpd or less)	IIa. Conventional Septic System (single-family or 480gpd or less)
Site LTAR	0.5	0.5

Other Factors (.1946):

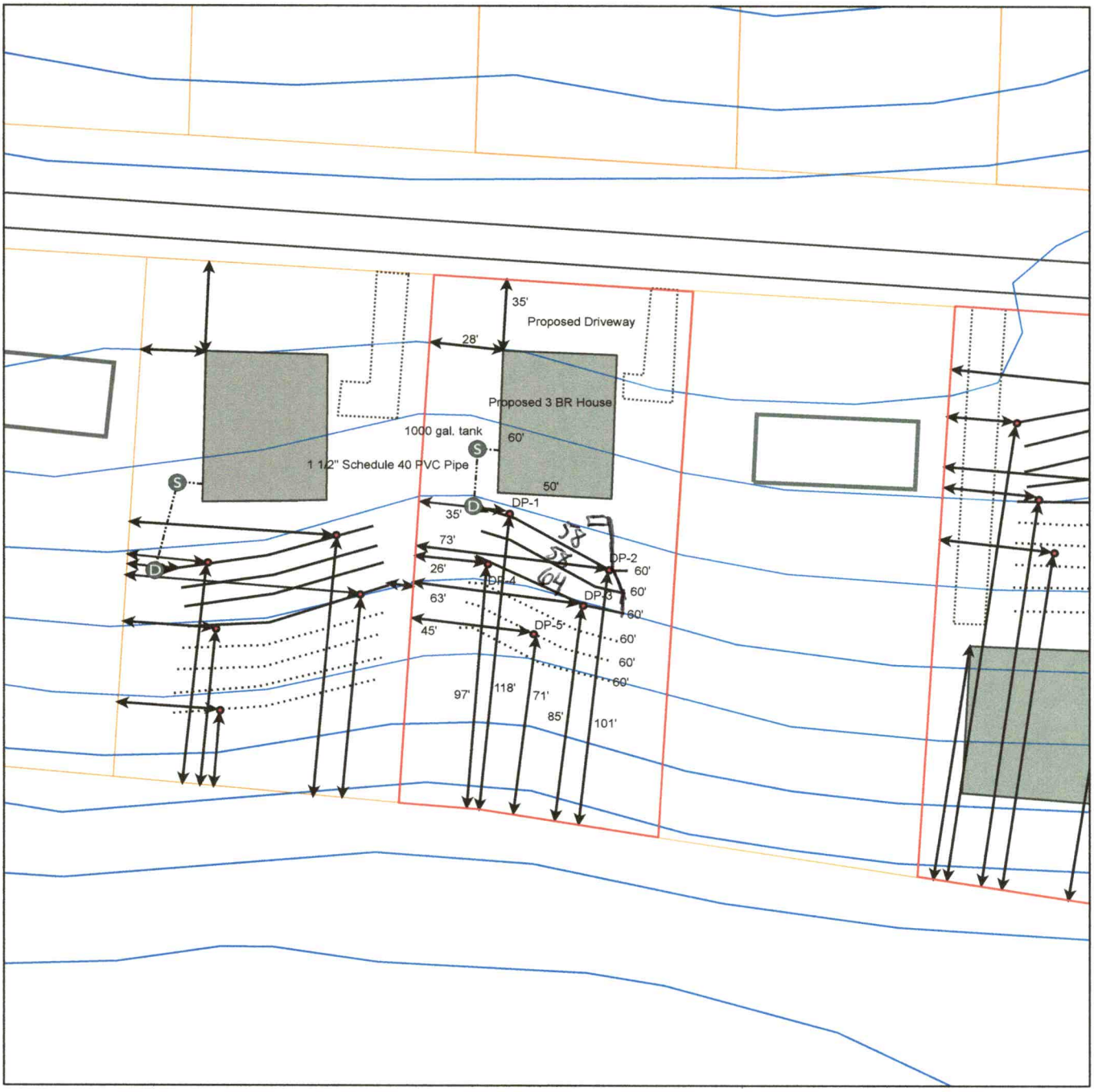
Site Classification (.1948): Provisionally Suitable (PS)

Evaluated By: Tyler Sgro, LSS # 1347

Others Present:

Comments: some clay fragments in Bt horizons (<10%)

Pressley - 130 Zircon Drive



9/27/2021, 7:46:59 PM

1:564

0 25 50 100 ft

0 5 10 20 m

- NC Soil Data Form
- Project_Area_4301

Septic_Design_8153

- Septic Tank
- Distribution Box

Septic_Design_804

- Distance/Setback
- Drain Lines
- Repair Lines
- Distribution Line

Septic_Design_9782

- House
- Driveway
- NC 2' Contours
- NC1Map_Parcels_4875

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Created By: Davis Horizons

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RECEIVED OCT 2 1 2021 AL

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

S.L.

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

AP-322332 $500.00

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Cornerstone III Properties	234 Kingsley Park Suite 110	X	704 301 3229
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Stone Edge Inc	234 Kingsley Park	X	704 301 3229

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
130 Zircon Drive	Stone Edge	

Driving Directions: Lippard Farm Rd. North / Rt on Zircon Drive

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

~~IF Non- Residential Site Development:~~ X

Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) County Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

(✓) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Stan W. Punky

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

9/7/21
DATE

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

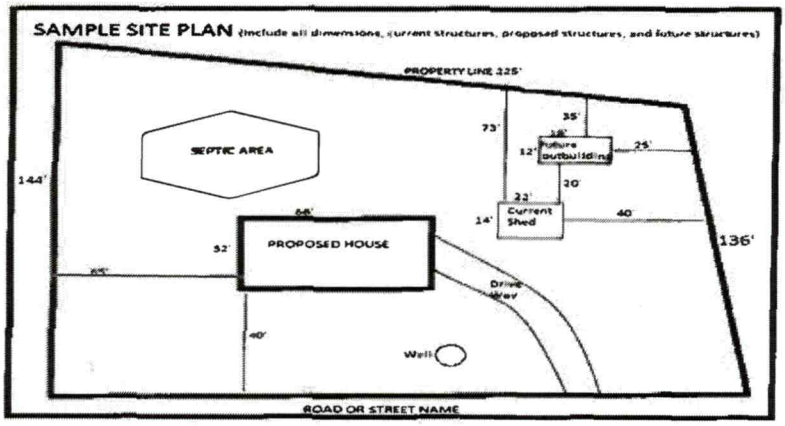
_X_ Front and side setbacks from property line... **_X_ Preferred driveway location and configuration, preferred well location...**

_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

See attached **LSS** designed site plan

Signature: Stan Prentup

REQUIRED **property owner or owner's legal representative signature.**

9/7/21

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

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

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

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

I, Pam Harding / Stone Edge Inc, am the legal owner(s) of the property located at 158 Zircon Drive, identified as PIN (Parcel Identification Number) 4705851594.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TYLER SGRO / DAVIS HORIZONS, 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 _____ Stan Purvis 9/7/21

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

***** Initial each statement to indicate you have read and agree. *****

SWP ___ **Complete all Environmental Health forms:** septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

SWP ___ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

SWP ___ Clearly **mark all property corners by locating existing iron or concrete markers.** Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

SWP ___ **Stake or flag the footprint of the proposed building structure or addition to match site plan application.** Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

SWP ___ Where an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

SWP ___ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Stan Purdy **Date** 9/7/21

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322332 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705851594.000	130 ZIRCON 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
0.495	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: 10/14/2021

Signature of Owner/Contractor

Permit Number	322332	TOTAL FEES:	$77.25

* RE APPLYING, SMALLER PLAN *

RECEIVED MAR 2 - 2022

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___ **Improvement Permit** V **Authorization To Construct** ___ **Existing System Inspection**

2. ***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 check ( ) beside whichever is submitted if applicable ___ **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
CORNERSTONE III PROPERTIES	234 KINGSLEY PARK SUITE 110	X	704 301 3229
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Stone Edge Inc	234 KINGSLEY PARK	X	704 301 3229

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
130 ZIRCON DRIVE	STONE EDGE	104

Driving Directions: LIPPARD FARM RD. NORTH / RT ON ZIRCON DRIVE

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: X
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water (County)

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) **EXISTING SYSTEM installed** _____ (Year)

(✓) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. **Please Answer The Following** ( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) Yes (✓) No **Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Stan W. Purdy
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/3/22
DATE

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…**

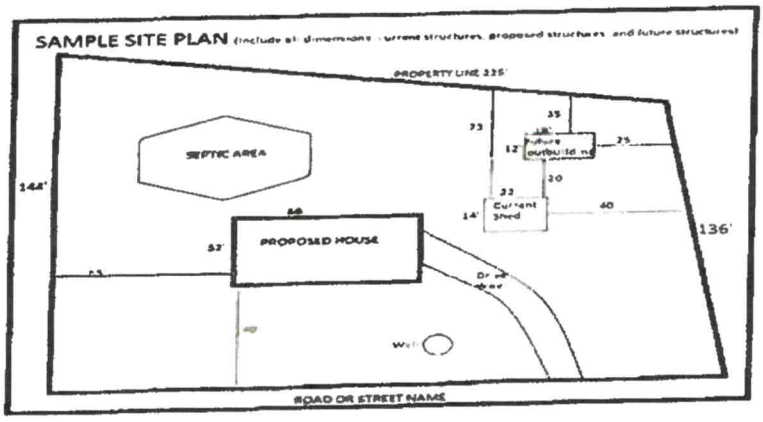
__X__ **North arrow, or other sufficient indicator of direction…**

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**

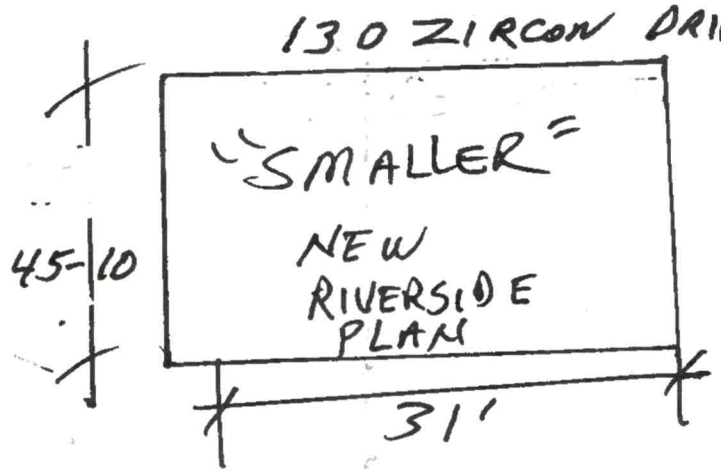
_____ **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

"PREVIOUS"

See attached LSS designed site plan



Signature: Stan Crenshaw

***REQUIRED* property owner or owner's legal representative signature.**

3/3/22

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

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

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

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

I, Pam Harding / Stone Edge Inc, am the legal owner(s) of the property located at 180 Zircon Drive, identified as PIN (Parcel Identification Number) 4705851594.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) TYLER SGRO / DAVIS HORIZONS, 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 — Signature of Owner(s) — Date

Stan Pruitt 3/3/22 — Signature of Witness — Date

Please return this signed form to the appropriate office:

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

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

RECEIVED APR 4 - 2022

* RE APPLYING, SMALLER PLAN *

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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1. APPLICATION FOR: ___ Improvement Permit **✓ Authorization To Construct** ___ Existing System Inspection

2. 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
Please check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
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Driving Directions: LIPPARD FARM RD. NORTH / RT ON ZIRCON DRIVE

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Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water County

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

(✓) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
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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.

9. Signature: Stan W. Pauley
Property owner or owner's legal representative/agent (SIGNATURE REQUIRED)

3/30/22
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

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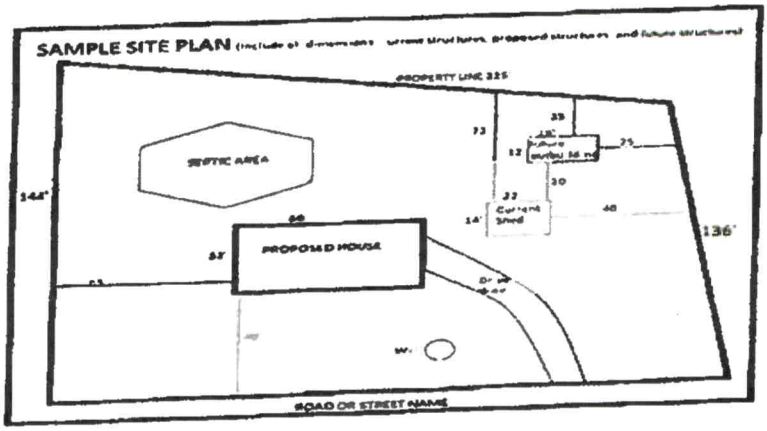
_X_ North arrow, or other sufficient indicator of direction…

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

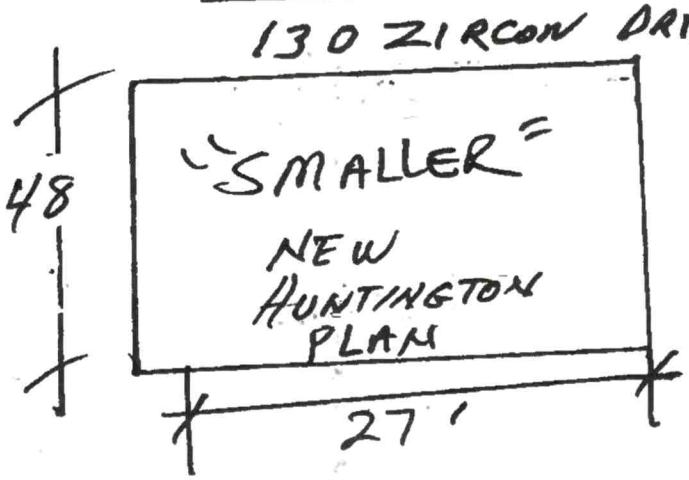


USE THIS SPACE TO DRAW YOUR SITE PLAN

"PREVIOUS"

See attached **LSS** designed site plan

130 ZIRCON DRIVE



Signature: Stan Crump — owner or owner's legal representative signature.

3/30/22

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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

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

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

I, Pam Harding / Stone Edge Inc, am the legal owner(s) of the property located at 180 Zircon Drive, identified as PIN (Parcel Identification Number) 4705851594.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) TYLER SGRO / DAVIS HORIZONS, 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)
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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 _____
Signature of Owner(s) Date

Stan Pruitt 3/30/22
Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ***

SWP **Complete all Environmental Health forms:** septic system application, site plan, new well water application (if applicable), and sign this green sheet after you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

SWP **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

SWP Clearly **mark all property corners by locating existing iron or concrete markers.** Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

SWP **Stake or flag the footprint of the proposed building structure or addition to match site plan application.** Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

SWP Where an **Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

SWP In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Stan Purdy **Date** 3/30/22

Questions? Call between 8:00-9:00a.m.. to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 5322
Clover, SC 29710
803-866-2224
www.Cornerstone.Carolina.com

Cornerstone PROPERTIES

HUNTINGTON

Elevation-B

FIRST FLOOR PLAN

REVISIONS	
DATE	DRAWN BY

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

Cornerstone PROPERTIES

HUNTINGTON

Elevation-B

SECOND FLOOR PLAN

REVISIONS	DRAWN BY
DATE	