MANF-2023-18672

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322403

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

PIN # 4705 --85 --2832

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

SITE ADDRESS: 131 Zircon Drive Statesville NC PHONE: 704-301-3229 ALT. PHONE

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

SUBDIVISION: Stone Edge SECTION: - LOT # 30 LOT AREA: .563 Ac DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 854 Date 2/13/23 ☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI ☒ Residence No. Bedrooms 3 Water Supply

Pump Tank (gal) PT Date ☐ Business No. Persons 6 ☐ Private

Pump Make Model Serial # System Description: Gravity - 25% Reduction ☐ Other No. Employees ☒ Public

Nitrification Fields 1 # Lines 4 Linear Ft 360 Repair System Description: PPBPS - 50% Reduction ☐ Slab ☒ Crawl Space ☐ Community

Trench Width 36 in Trench Bottom Depth (~~Low Side~~) 32 inches Gravel Depth - Maintenance Agreement Required: ☐ YES ☒ NO ☒ GRAVITY ☐ PRESSURE ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: No foundation drains along front of House

INITIAL SITE SKETCH

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

Alternative Septic Services, LLC

LSS # 1254 Dated Sept 23, 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

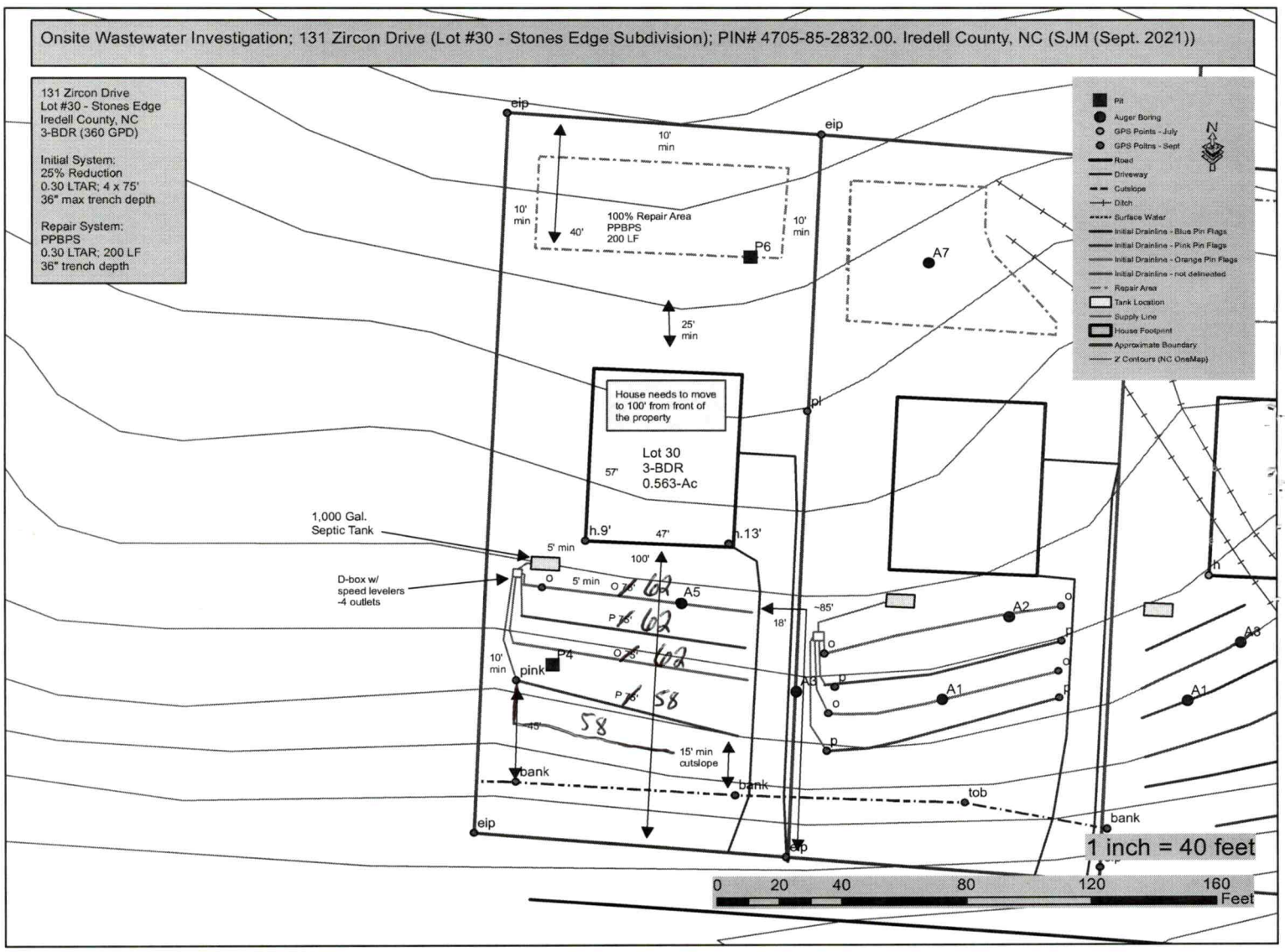
IMPROVEMENT PERMIT by: Benjamin A Butts Date: 11-4-2021 OPERATION PERMIT by: Tony Whit Date: 5/19/23

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butts Date: 6/2/2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
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; 131 Zircon Drive (Lot #30 - Stones Edge Subdivision); PIN# 4705-85-2832.00. Iredell County, NC (SJM (Sept. 2021))
131 Zircon Drive
Lot #30 - Stones Edge
Iredell County, NC
3-BDR (360 GPD)
Initial System:
25% Reduction
0.30 LTAR; 4 x 75'
36" max trench depth
Repair System:
PPBPS
0.30 LTAR; 200 LF
36" trench depth
Pit
Auger Boring
GPS Points - July
GPS Poitns - Sept
Road
Driveway
Cutslope
Ditch
Surface Water
Initial Drainline - Blue Pin Flags
Initial Drainline - Pink Pin Flags
Initial Drainline - Orange Pin Flags
Initial Drainline - not delineated
Repair Area
Tank Location
Supply Line
House Footprint
Approximate Boundary
2' Contours (NC OneMap)
N
eip
10' min
10' min
40'
100% Repair Area
PPBPS
200 LF
10' min
P6
25' min
House needs to move to 100' from front of the property
Lot 30
3-BDR
0.563-Ac
57'
pl
1,000 Gal. Septic Tank
5' min
h.9'
47'
h.13'
D-box w/ speed levelers -4 outlets
100'
5' min
A5
18'
~85'
A2
A3
A8
A1
P4
10' min
pink
15' min cutslope
bank
bank
tob
bank
eip
eip
eip
A7
1 inch = 40 feet
0
20
40
80
120
160
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

131 Zircon Drive
Lot #30 – Stone's Edge Subdivision
Session Law Permitting
Iredell County, North Carolina
Parcel ID# 4705-85-2832.00
3-Bedroom (360 GPD)

Prepared for:

Prepared by:
Alterative Septic Services



Steven J. Melin #1254

Steven J. Melin, LSS

September 23, 2021

Alternative Septic Services, LLC

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

September 23, 2021

To: Owner – 131 Zircon Drive (Lot #30)

Re: **Site/Soil Investigation(s) for 131 Zircon Drive (Lot #30) in Statesville (Iredell County, North Carolina).**

I, STAN 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 M Pressley

Date: 10/01/21

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 on the attached map. It is recommended/required to utilize 4 x 75' linear feet of material for the septic drainfield. *(See attached site plan for detail.)* It is also required 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 .12,000*)
2. It is recommended to divert all 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 a distribution box with speed levelers (4 x 75').
4. Rake and lime the sidewall of the trenches
5. Install the system prior to site construction.
6. Please notify us if there are any changes to the site plan.
7. 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.
8. The proposed onsite wastewater system is based off of theoretical calculations based on data obtained at the site. Actual system performance is not guaranteed.
9. 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 (can be reduced to 50' under circumstances), 5' horizontal from all property lines and water lines, 10' horizontal from any other septic system (except repair) and 8' horizontal from cut banks (unless filled and compacted, 5' horizontal setback).

Alternative Septic Services, LLC

15 Lone Coyote Ridge
Fletcher, NC 28732

131 Zircon Drive (Lot #30)
PIN# 4705-85-2832.000 (Iredell County)
3-BDR (360 GPD)
Saprolite System: No

9/23/2021

Septic System Calculation Worksheet

Initial System = 25% Reduction

Recommended Trench Depth: 32"

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

Slope	Auger#	Suitable Soil Depth (in.)	Total Suitable 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
11%	A3	55	55	48.0	N/A	0	0.3
12%	Pit 4	52	52	48.3	N/A	0	0.3
10%	A5	54	54	47.6	N/A	0	0.3
10%	Pit 6	55	55	47.6	N/A	0	0.3
12%	A7	52	52	48.3	N/A	0	0.3
						LTAR Utilized	**0.30**
						Linear Feet Required	**300**

Repair System = PPBPS

Recommended Trench Depth: 36"

Gal / Day	Trench Width (Inches)	Trench Equivalency (Feet)	Soil Depth on 0% Slope
360	24	6	48

Slope	Auger#	Suitable Soil Depth (in.)	Total Suitable 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
11%	A3	55	55	50.6	N/A	0	0.3
12%	Pit 4	52	52	50.9	N/A	0	0.3
10%	A5	54	54	50.4	N/A	0	0.3
10%	Pit 6	55	55	50.4	N/A	0	0.3
12%	A7	52	52	50.9	N/A	0	0.3
						LTAR Utilized	**0.30**
						Linear Feet Required	**200**

[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

131 Zircon Drive (Lot #30 – Stone's Edge Subdivision) **09-23-2021**
PIN# 4705-85-2832.00 (Iredell County, NC)
Saprolite System: No

Onsite Wastewater Septic System Overview:

The following report has been prepared by Alternative Septic Services (Steve Melin, LSS #1254) for a 0.563-acre lot at 131 Zircon Drive in Statesville (Iredell County), NC. Please note that a 3-bedroom house is proposed (360 GPD). 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 (2018) (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:	Prefabricated Permeable Block Panel System (PPBPS)	360	IV	Clay	0.30	360 gpd / 0.30 gpd/ft^2 = 1,200 ft^2 1,200 ft^2/6. ft trench eq. = 200 ft (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 a 0.563-acre lot at 131 Zircon Drive in Statesville (Iredell County), NC. The proposed system design/layout is for a three-bedroom house. 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 (*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-inches ((max 36") on contour). It is anticipated that gravity flow can be maintained from the septic tank 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 ft²/4.0' trench equivalency= 300 Linear Feet
NOTE: Not a Saprolite System

It is recommended to utilize a PPBPS (T&J Panel Block) type system for the repair septic drainfield. The (repair) septic system will require 200 linear feet of material to accommodate the 3-bedroom septic system. The recommended trench depth is 36 inches (on contour). 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 ft²/6.0' trench equivalency= 200 Linear Feet
NOTE: Not a Saprolite System

RECEIVED OCT 2 1 2021

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-322403 $500.00

SL 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: STEVE@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X

Owner Name: BULLER 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: 131 ZIRCON DRIVE # 4705 85 2832

Subdivision Name: STONE EDGE Section/Phase: ____ Lot Number: 30

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

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 Pro

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: ____

Non-Residential Site Development: Type of Business: ____
Square Footage of Building: ____ Max. Number of Employees: ____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation

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

( ) New Well ( ) Existing Well ( ) Community Well (

Desired Septic System Type: *(you may rank in order of preference)*
(✓) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modi

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contai
( ) Yes (✓) No Is any non-domesti
( ) Yes (✓) No Is the site subject to

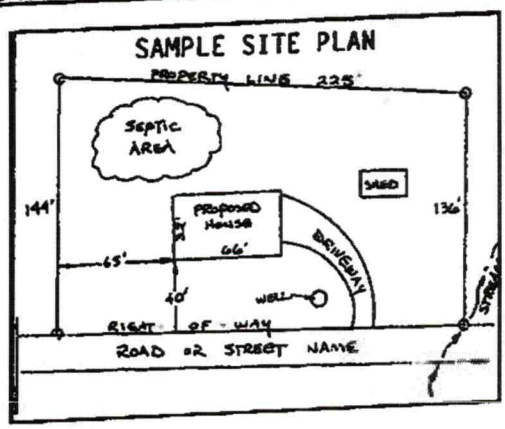
Missing Owner Signed Form
- Soil Notes - Remove DHHS
- No Layout

I have read this application and certify that the information provided herein is true, complete, and ____ applicable laws 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] 10/15/21

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:

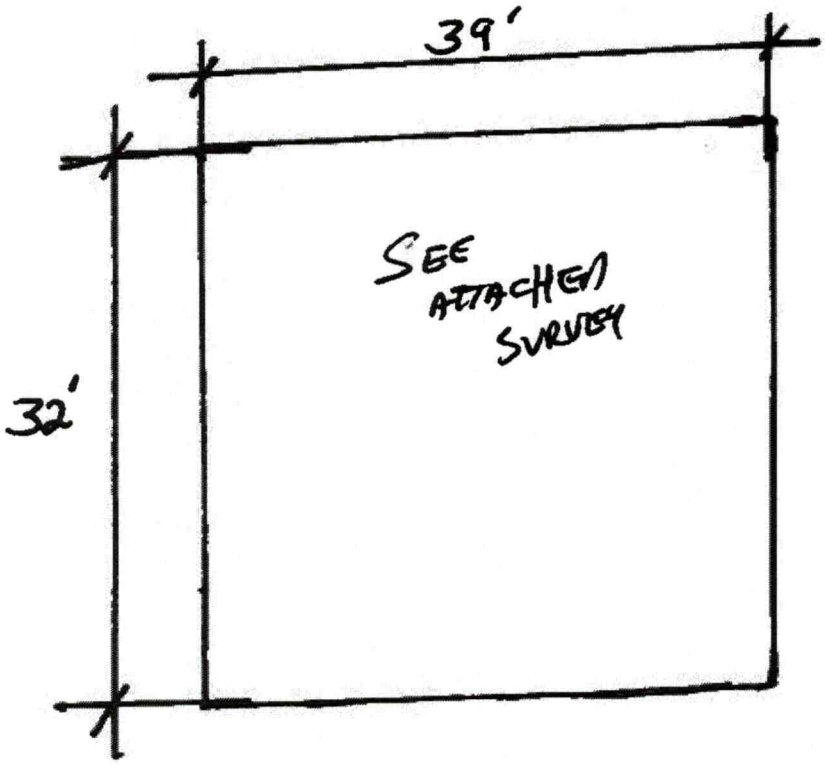
- [X] Property Line measurements are clearly identified
- [X] All proposed structures are indicated
- [X] Front and side setbacks from property line
- [X] Preferred driveway location and well location
- [X] Area you prefer your septic system to be placed
- [X] North arrow, or other sufficient indicator 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: Tom Presley
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/15/28
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, Pam Harding, am the legal owner(s) of the property located at 131 Zircon DR, identified as PIN (Parcel Identification Number) 4705 85 2832 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
Signature of Owner(s)

10/15/21
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. Pauley **Date** 10/15/21

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

DocuSign Envelope ID: 6EC0C44C-FF6A-46FB-8B0E-7606DBB81289

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 126
- 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.

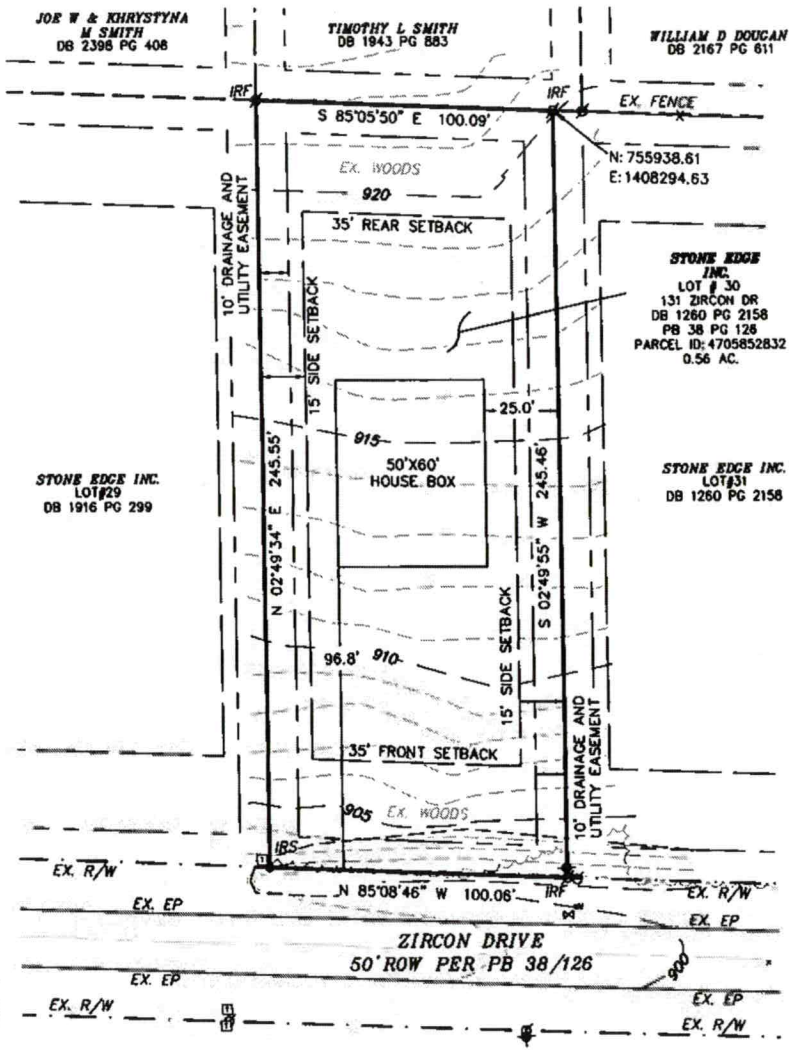
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THIS 10TH DAY OF JUNE, 2021

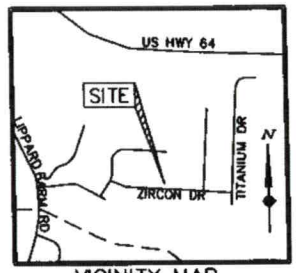
DocuSigned by:
W. Andrew Eades

W. ANDREW EADES L-3413
PROFESSIONAL LAND SURVEYOR

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







VICINITY MAP
NOT TO SCALE

LEGEND

- IRON PIPE FND
- IRON ROD FND
- IRON ROD SET
- TELEPHONE PEDESTAL
- POWER POLE
- WATER VALVE
- FIRE HYDRANT
- BOUNDARY LINE
- ADJOINER LINE
- RIGHT-OF-WAY
- EDGE OF PAVEMENT
- STORM PIPE
- FENCE
- ROADWAY
- EX WOODED AREA

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

LOT SURVEY FOR:
BULLER RIVER DEVELOPMENT PARTNERS, LP

STONES EDGE
LOT #30
CONCORD TOWNSHIP IREDELL COUNTY, NC

SCALE: 1" = 40'
DATE: 06/10/2021
PLS WAE
TECH ALR
CHKED WEH

McKIM&CREED
8020 TOWER POINT DRIVE
CHARLOTTE, NORTH CAROLINA 28227
TELEPHONE: (704) 841-2588
FAX: (704) 841-2567
NORTH CAROLINA FIRM LICENSE NUMBER: F-1222

JOB NO. 0834500
SHEET NO
1 OF

31.4705-85-3821.000135 **SOIL/SITE EVALUATION** Sheet ___ of ___

(Continuation Sheet)

Zion Dr Stem SD

PROPERTY ID #:

DATE OF EVALUATION: 9-22-21

COUNTY: Jones

STEVEN J. MELIN LICENSED SOIL SCIENTIST 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Low 10+ Fr-Sm	BA	0-9	lmsbk/scl	Fr	5Y 7/4	>52"			IV 0.3
		B1	9-35	2msbk/c	Fi	2.5Y 7/4				
		B12	35-52	1msbk/scl	Fr	5Y 5/4				
2	Low 12+	B11	0-21	2msbk/c	Fi	2.5Y 5/4	>52"			IV 0.3
		B12	21-57	2msbk/cl	Fr	5Y 5/4				
3	Low 11+	B11	0-25	2msbk/c	Fi (Few Pf)	2.5Y 5/4	>55"			IV 0.3
		B12	25-57	2msbk/c	Fi	5Y 7/4				
4	Low 12+	BA	0-8	1msbk/cl	Fr	5Y 5/4	>52"			IV 0.3
		B1	8-57	2msbk/c	Fi (Few Pf)	10YR 5/4				
5	Low 10+	BA	0-12	1msbk/cl		5Y 5/4	>51"	-	-	IV 0.3
		B21	12-29	2msbk/c	Fi	2.5Y 4/3				
		B22	29	2msbk/cl	Fr (Few Pf)	5Y 5/4				

COMMENTS:

Low 10+ Fr-Sm 1/4 0.3

BA 0-10 1msbk 5Y 5/4
B1 10-55+ 2.5Y 4/3 C
2msbk/sbk

A1 0-8 1msbk 5Y 4/1
Low 8-52 2msbk 10YR 5/4 Fi
12+

0.3 ITAL

DocuSign Envelope ID: 6FE4B7EA-0861-4D94-AEEE-FCD9C7061592

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 126
- ☐ 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.

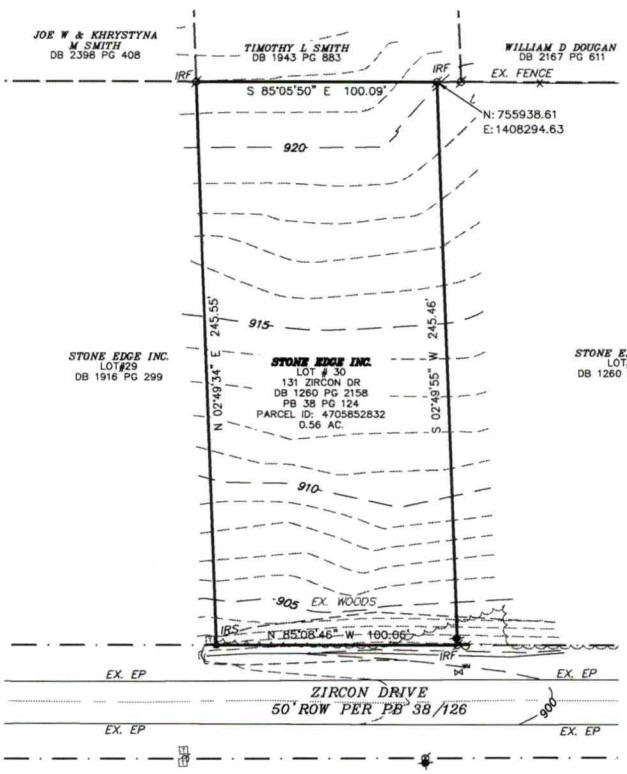
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THIS 14TH DAY OF MAY, 2021

DocuSigned by:
W. Andrew Eades
44398B971BA3482...

W. ANDREW EADES L-3413
PROFESSIONAL LAND SURVEYOR

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







VICINITY MAP
NOT TO SCALE

LEGEND

- IRON PIPE FND
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- ROADWAY ℄
- EX WOODED AREA

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

LOT SURVEY FOR:
BULLER RIVER DEVELOPMENT PARTNERS, LP

STONES EDGE
LOT #30
STATESVILLE IREDELL COUNTY, NC

SCALE: 1" = 40' | DATE: 05/14/2021
PLS WAE
TECH ALR
CHKED WEH

McKIM&CREED
8020 TOWER POINT DRIVE
CHARLOTTE, NORTH CAROLINA 28227
TELEPHONE: (704) 841-2588
FAX: (704) 841-2567
NORTH CAROLINA FIRM LICENSE NUMBER: F-1222

JOB NO. 083450001
SHEET NO. 1 OF 1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322403 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705852832.000	131 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
0.563	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: 10/18/2021

Signature of Owner/Contractor

Permit Number	322403	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes No If residence how many bedrooms? 3 and stories? 2

If an addition, please describe project: NEW SNGL FAMILY

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: IREDELL

Does the property have community sewer? Yes (No) If yes, please list who provides it: SEPTIC

Owner Information

Property Owner's Name BULLER RIVER DEVELOPMENT Phone # 704 301 3229

Owner's Current Address 234 KINGSLEY PARK DR. FT. MILL, SC 29715

Property Information

Property Address 131 ZIRCON DRIVE Parcel # 4705 85 2832

Subdivision: STONE EDGE Lot: 30 Zoning: R Watershed: Y or (N) Flood Plain: Y or (N) Township: ___

Directions to property (from a MAIN ROAD) LIPPARD FARM RD NORTH / RT ON ZIRCON DRIVE

Application Information

Applicant's Name or Company STAN PRESSLEY CORNERSTONE III PROPERTIES Applicant's Phone # 704 301 3229

Applicant's Address 234 KINGSLEY PARK DR. FT MILL, SC 29715

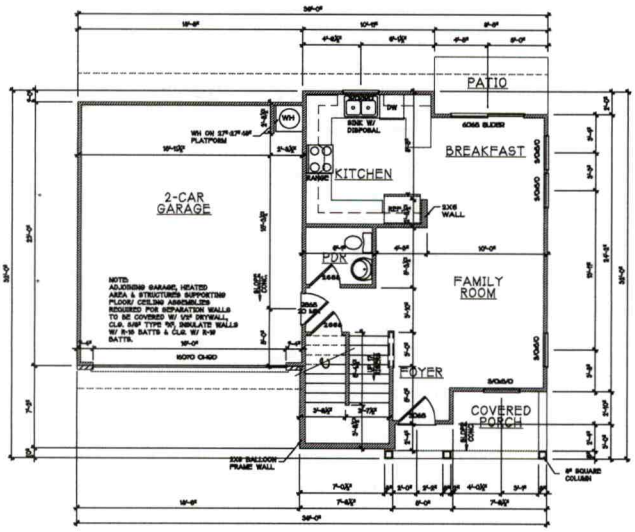
If Company, Representative's Name and Title STAN W. PRESSLEY / CONTRACTOR

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

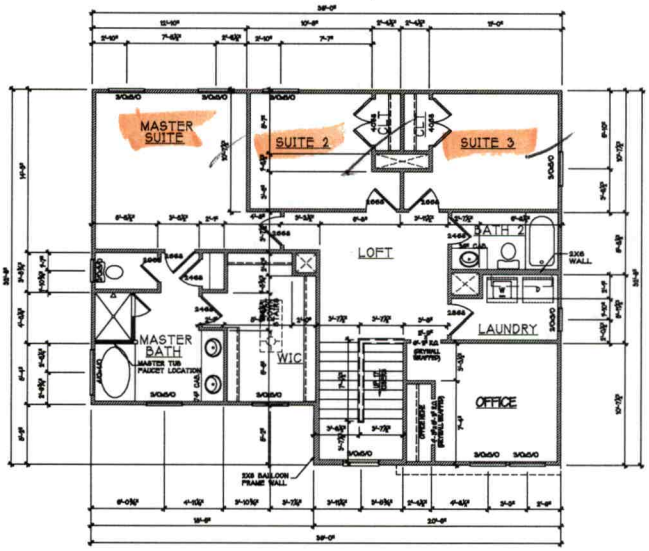
SIGNATURE OF APPLICANT Stan W. Pressley DATE 10/15/21

39'

3.2'



1 / 4.0C ELEV. "C" FIRST FLOOR PLAN



2 / 4.0C ELEV. "C" SECOND FLOOR PLAN

FIRST FLOOR NOTES:

- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMING SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL 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
- MANTEL 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" BFF. 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 BE 12" SHELVES TYP, U.N.O.

SQUARE FOOTAGE:

1ST FLR.	867 SQ. FT.
2ND FLR.	573 SQ. FT.
TOTAL HEATED=	1740 SQ. FT.
FRONT PORCH	60 SQ. FT.
REAR PATIO	47 SQ. FT.
2-CAR GARAGE	439 SQ. FT.
TOTAL UNHEATED=	546 SQ. FT.
TOTAL UNDER ROOF=	2379 SQ. FT.

CORNERSTONE II PROPERTIES
4508 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
BEDFORD PLAN

ISSUE DATE

DRAWING DATA

SHEET TITLE
FLOOR PLAN

SHEET NUMBER
4.0C

Acknowledgement of Plans Submittal ONLY!

11-15-2021

Date

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB15985

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-322403 Address: 131 ZIRCON DR APN: 4705852832.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT: WEB15985			**$577.25**

Date Paid: Monday, October 18, 2021

Paid By: CORNERSTONE III PROPERTIES INC use this one

Cashier: ECON

Pay Method: CREDIT 601180

* 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: ( ) 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: [illegible] Address: 234 Kingsley Park Dr. Ft. Mill SC Zip 29715
Applicant Email: [illegible] Phone: 704 301 3229 Alt. Phone: X
Owner Name: Fuller 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: 131 ZIRCON DRIVE # 4705 85 2832
Subdivision Name: STONE EDGE Section/Phase: _____ Lot Number: 30
Driving Directions: Lippard Farm Rd North / Rt. on ZIRCON DRIVE

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.

Stan Fuller 3/3/22

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

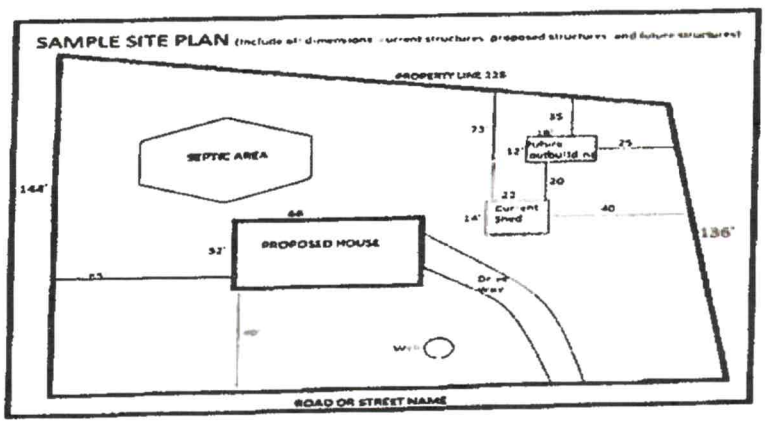
_X_ Front and side setbacks from property line… **_X_ Preferred driveway location and configuration, preferred well location…**

_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:

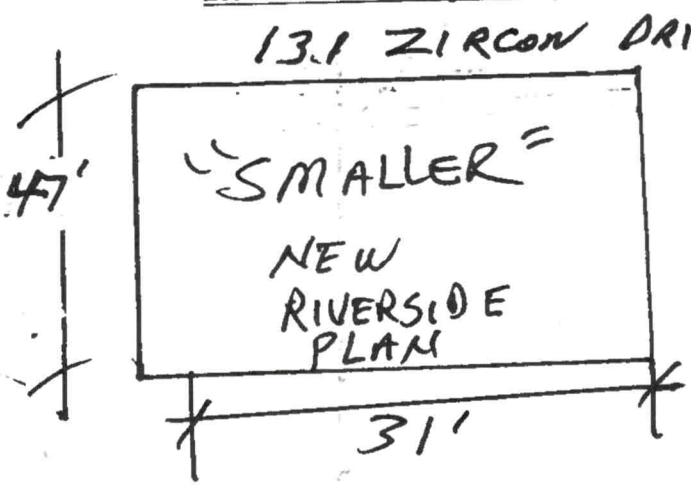
_____ Location of septic systems and wells within 100' of your property… N/A

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

3/3/22
DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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, Ron Harding, am the legal owner(s) of the property located at 131 Zircon Dr. identified as PIN (Parcel Identification Number) 4705 85 2832 located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN PRESSLEY/CAMERON 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.

Ron Harding
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) as well as 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. Pressley Date 3/3/22

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 4 - 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: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: [illegible] Address: 284 Kinsley Park Dr. Ft. Mill SC Zip: 29715
Applicant Email: [illegible] Phone: 704 301 3229 Alt. Phone: X
Owner Name: Rutter River Development Address: 284 Kinsley Park Dr. Ft Mill SC Zip: 29715
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 131 ZIRCON DRIVE # 4705 85 2832
Subdivision Name: STONE EDGE Section/Phase: _____ Lot Number: 30
Driving Directions: Lippard Farm RD North / Rt. on ZIRCON DRIVE

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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.

Stan Rumley 3/30/22

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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, Ron Harding, am the legal owner(s) of the property located at 131 Zircon Dr. identified as

PIN (Parcel Identification Number) 4705 85 2832 located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STAN Pressley/Cameron 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.

Ron Harding _____ 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

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...

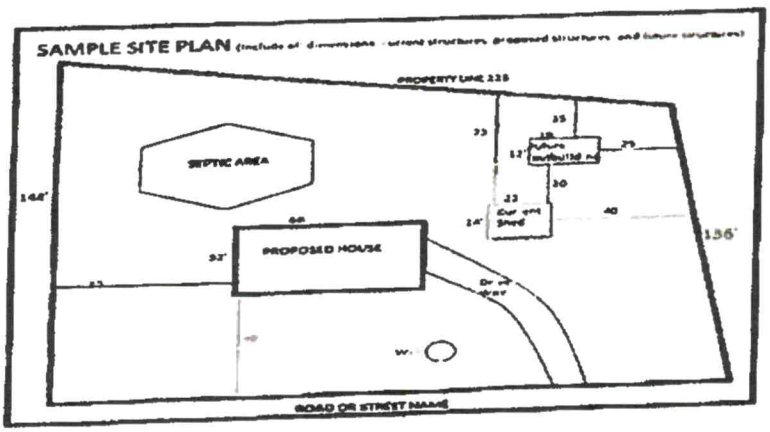
_X_ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

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

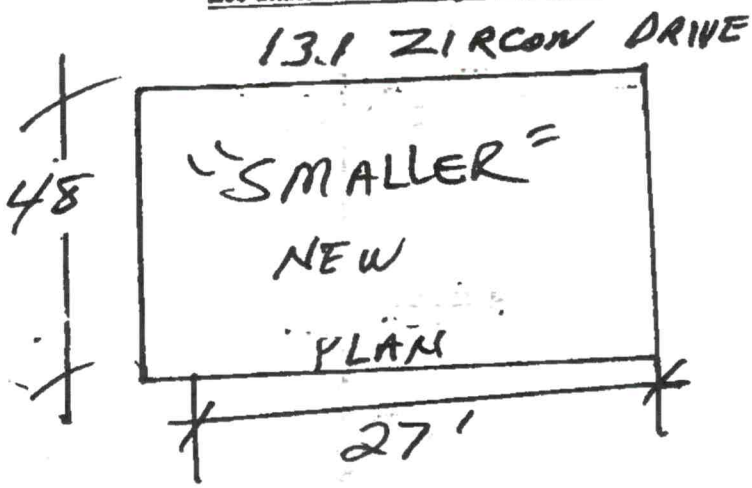
_____ Location of easements and rights of ways on your property... N/A

_____ 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



Signature: Stan Crump — 3/30/22

_____'s legal representative signature. **DATE**

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 <u>prior to application submittal</u> (exception <u>may</u> 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 <u>$100 site re-visit fee</u> charged.**

SWL **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. <u>must be staked</u> 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 <u>$100 site revisit fee</u> 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 <u>applicant/agent is responsible for securing these services</u>**
- **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.**

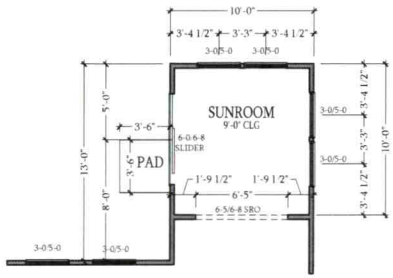
By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Stan W. Pursley Date 3/30/22

Questions? Contact the Environmental Health Offices below:

<u>Statesville Office</u>
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5905 ext. 3456

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



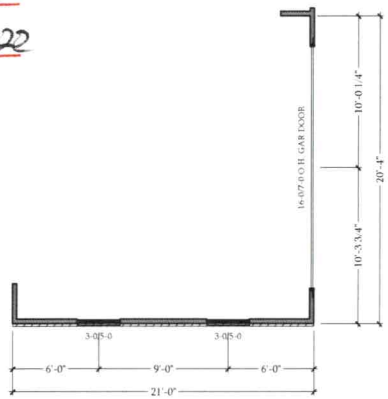
OPT SUNROOM

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

Acknowledgement Of Plans Submittal ONLY!

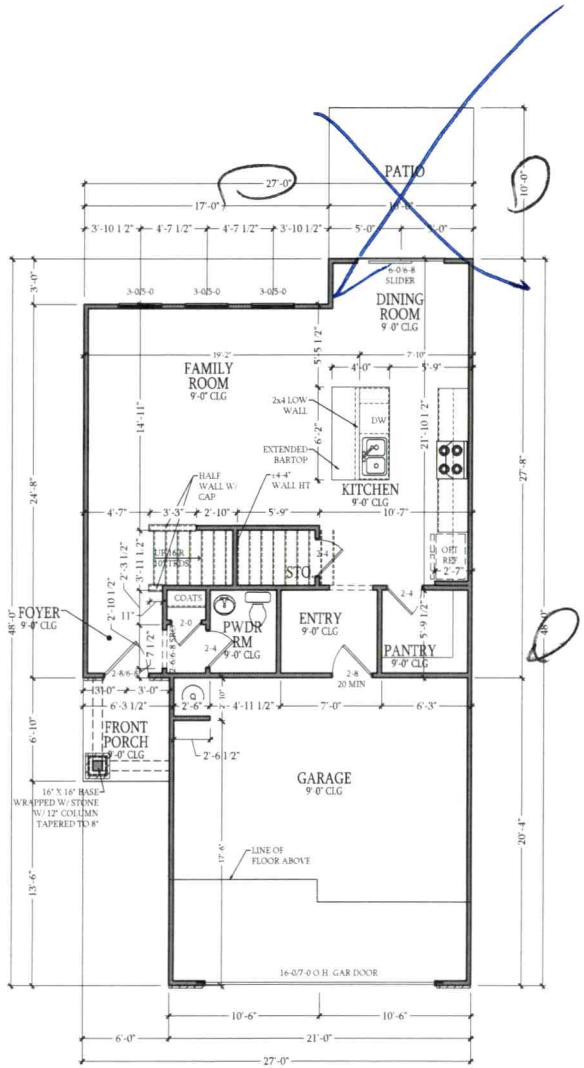
Date 6-2-22

Date 6-3-22



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

No Patio.

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 5322
Clover, SC 29710
803.866.2724
www.CornerstoneCarolina.com

CornerStone PROPERTIES

HUNTINGTON

Elevation-C

FIRST FLOOR PLAN

REVISIONS:

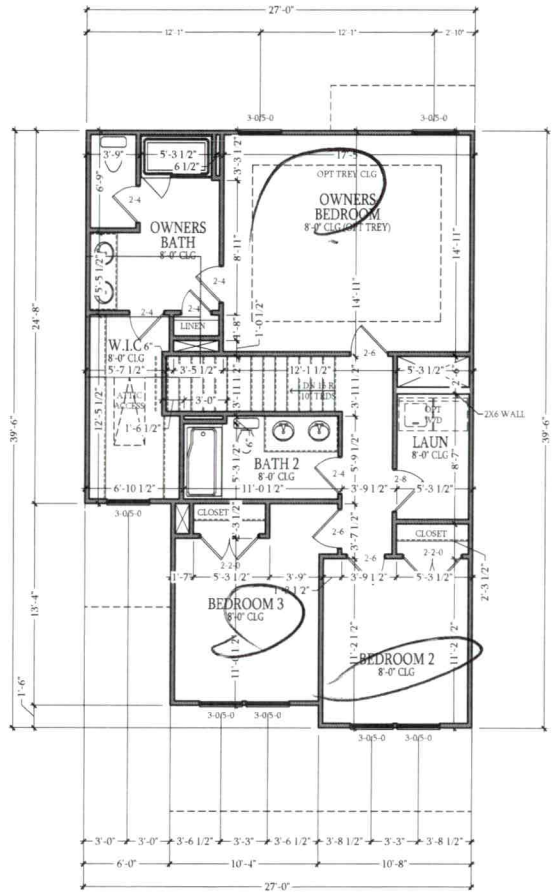
DATE	DRAWN BY

DESIGNED BY: CBG
DRAWN BY: CBG
DATE: XX-XX-XX
JOB #: 21-701
SHEET #:
5.10

Acknowledgement Of
Plans Submittal ONLY!

Date 6-2-2022.

Date 6-3-22



SECOND 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
www.CornerstoneCarolina.com

CornerStone PROPERTIES

HUNTINGTON
Elevation-C
SECOND FLOOR PLAN

REVISIONS

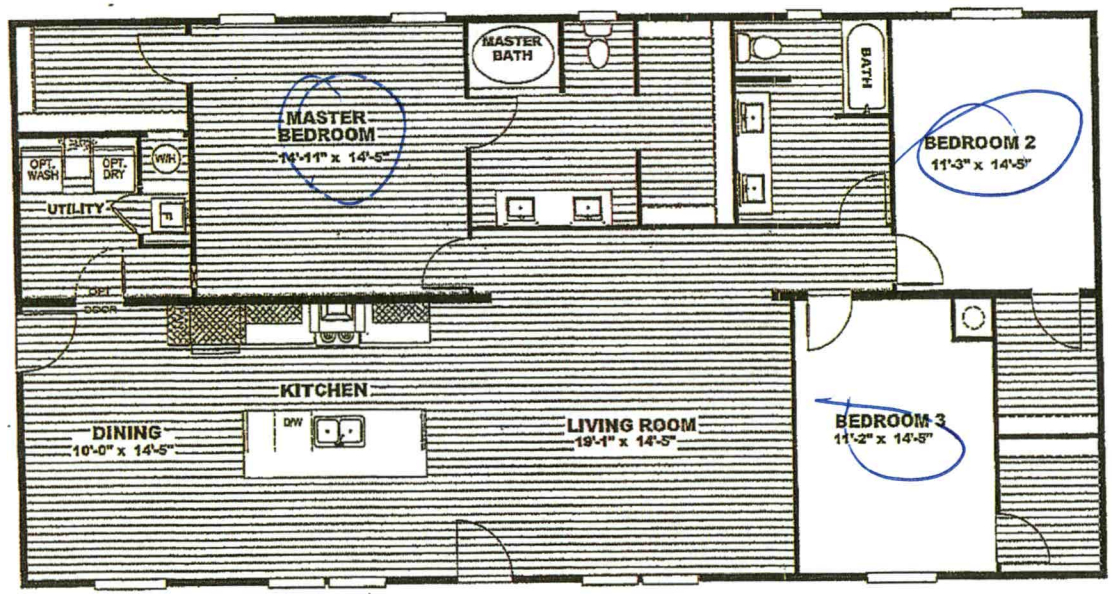
DATE	DRAWN BY

DESIGNED BY: CBG
DRAWN BY: CBG
DATE: XX-XX-XX
JOB #: 21-701
SHEET #:
5.20

Acknowledgement Of
Plans Submittal ONLY!
BAB Date 3-30-2023
Date

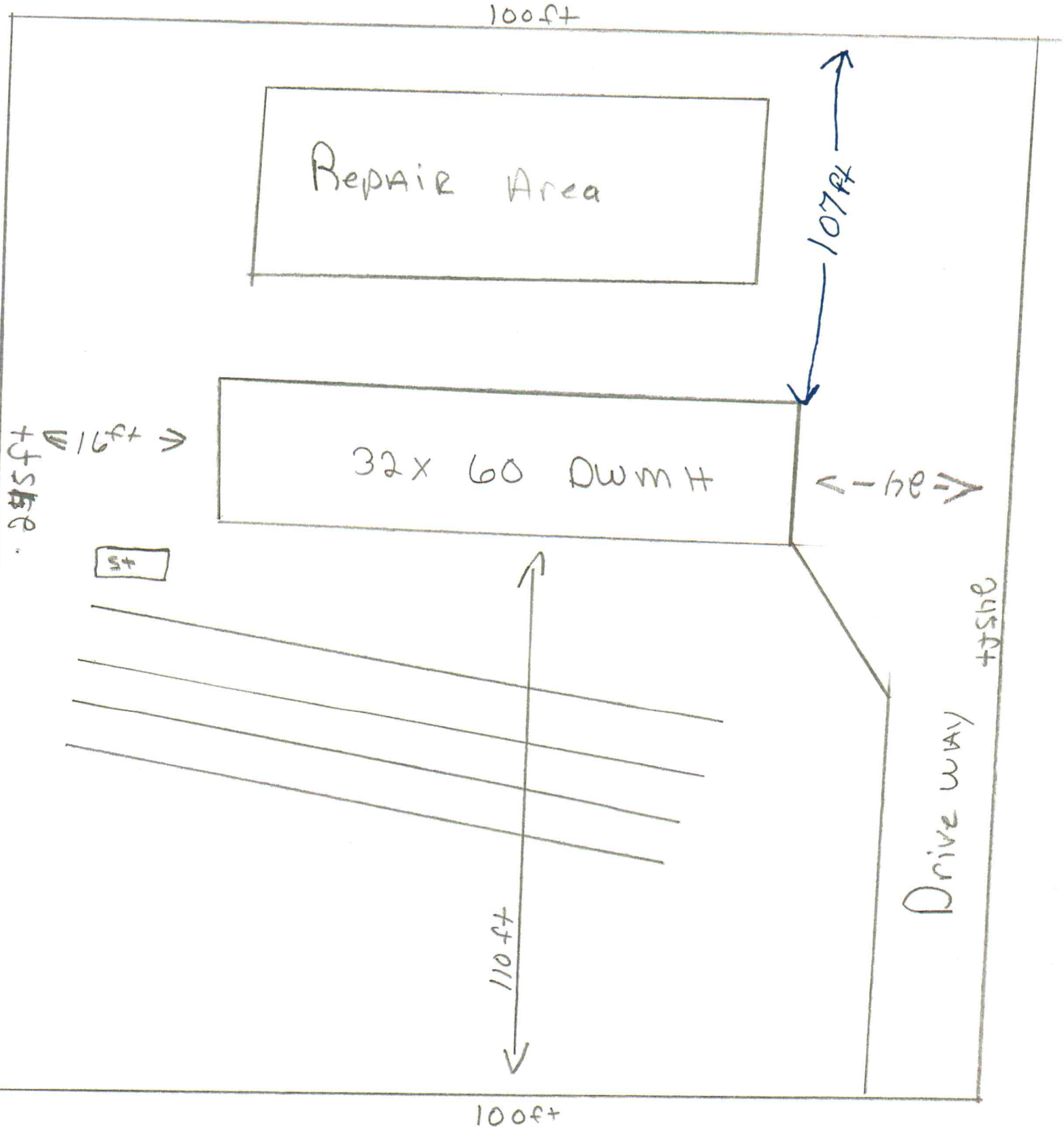
1ST CHOICE HOUSING, INC
119 Beechnut Lane
Statesville, NC 28625

RECEIVED MAR 2 9 2023



MODEL #CEE32603AH
DRAWING # CE-M023-60-3

32'X60' SAFARI

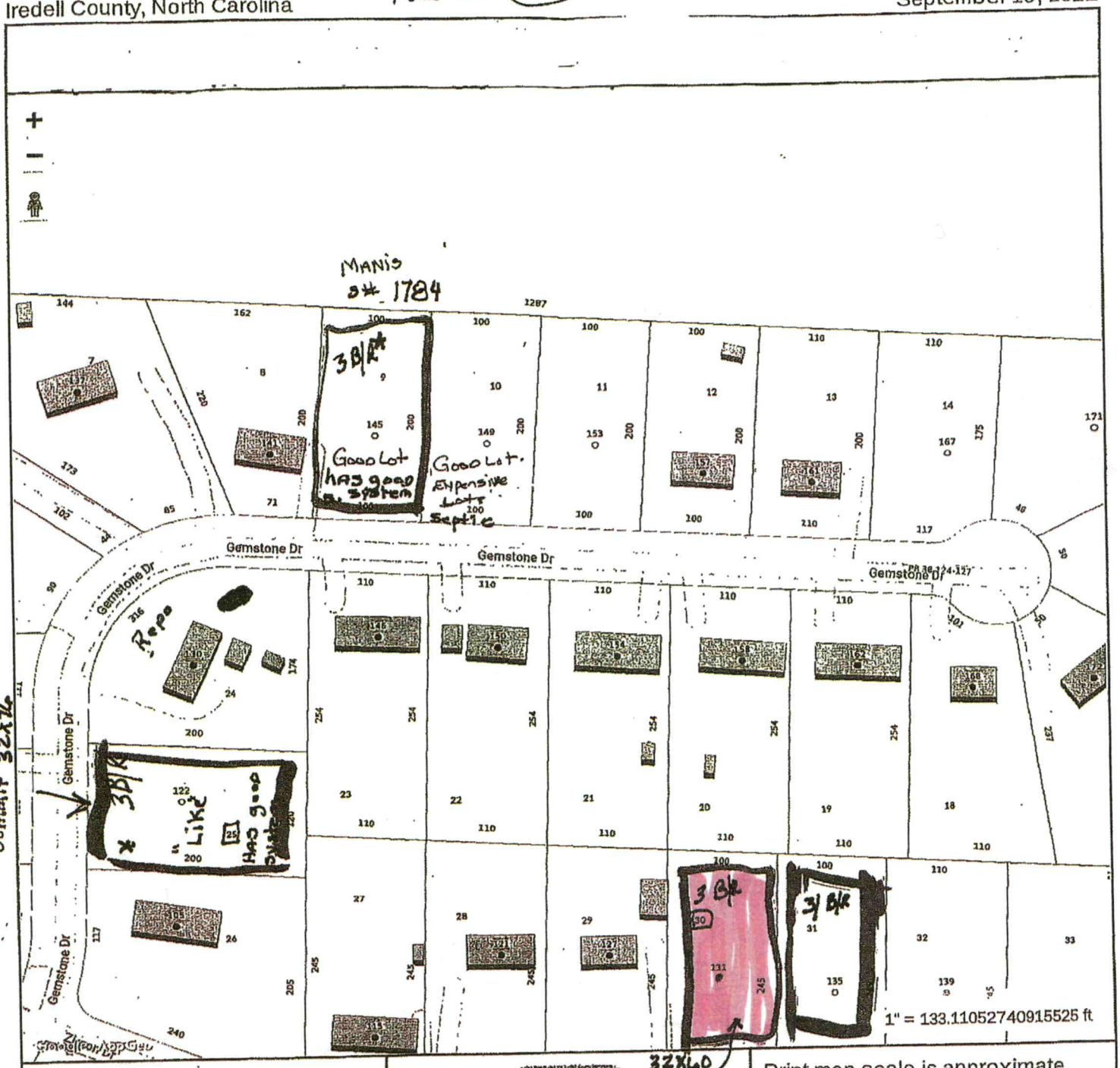

100ft
Repair Area
107ft
16ft
32x 60 DWMH
20ft
5ft
Drive way
25ft
110ft
100ft

131 ZIRCON

Iredell County, North Carolina

For Lot (30)

September 19, 2022



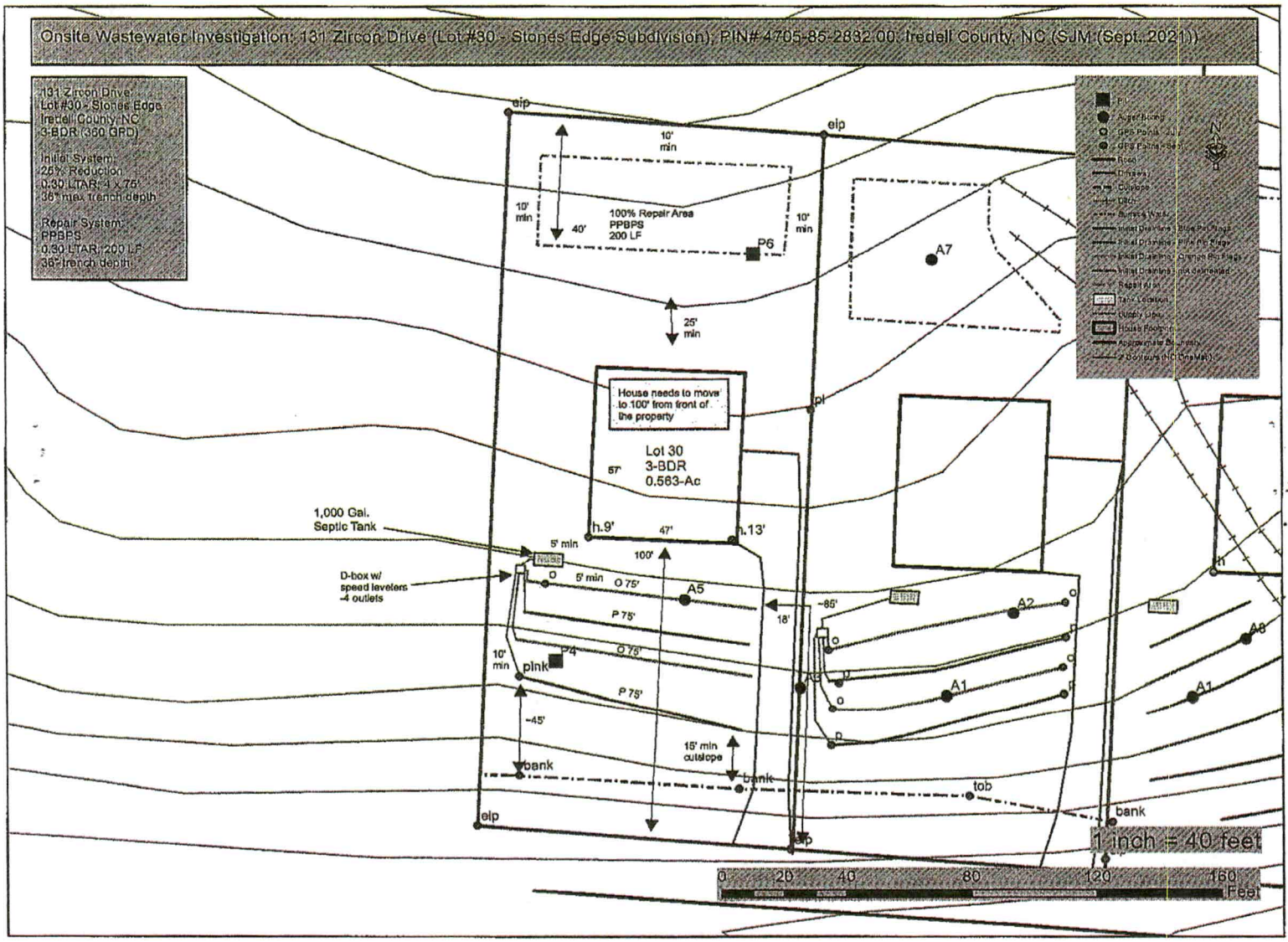
32X60
SAFARI
#5255

IREDELL

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.


Onsite Wastewater Investigation: 131 Zircon Drive (Lot #30 - Stones Edge Subdivision), PIN# 4705-85-2832.00, Iredell County, NC (SJM (Sept. 2021))
131 Zircon Drive
Lot #30 - Stones Edge
Iredell County, NC
3-BDR (360 GPD)
Initial System:
25% Reduction
0.30 LTAR; 4 x 75'
36" max trench depth
Repair System:
PPBPS
0.30 LTAR; 200 LF
36" trench depth
eip
10' min
10' min
40'
100% Repair Area
PPBPS
200 LF
10' min
P6
A7
25' min
House needs to move to 100' from front of the property
Lot 30
3-BDR
0.563-Ac
57'
pl
1,000 Gal. Septic Tank
D-box w/ speed levelers -4 outlets
5' min
h.9'
47'
h.13'
100'
5' min
O 75'
A5
P 75'
18'
~85'
A2
A8
10' min
P4
pink
O 75'
P 75'
A1
~45'
15' min outslope
bank
bank
tob
bank
eip
pl
1 inch = 40 feet
0
20
40
80
120
160
Feet