BLDR-2024-54073

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # OSWP 2024-54160

PIN # 4705 -- 95 -- 6413

APPLICANT/OWNER: Piedmont Environmental

APPLICANT ADDRESS: 216 S. Swing Rd, Suite 1, Greensboro, NC 27409

SITE ADDRESS: 106 Titanium Drive, Statesville, NC 28625

PHONE: 704-301-3229

ALT. PHONE:

SITE DIRECTIONS: W US 64 -> L Lippard Farm -> L Stones Edge -> L Gemstone -> R Zircon -> L Titanium -> lot on R

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Stones Edge

SECTION: n/a

LOT # 91

LOT AREA: 0.534

DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.3

L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB 7600 Date

Pump Tank 1000 (gal) PT 3603 Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 300

Trench Width 36 *Max. Trench Depth(Initial) 34 *Max. Trench Depth(Repair) 34 Gravel Depth n/a

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction - IIIb

Repair System Description: VPPBPS - IIIb

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

Usable Depth to LC (Initial): 55

☑ Residence ☐ Business ☐ Other ☑ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

Usable Depth to LC (Repair): 67

Water Supply: ☐ Private ☑ Public ☐ Community

Limiting Condition

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

DO NOT EXCEED 36" MAXIMUM DEPTH OR REDUCTION WILL BE LOST

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Eric Bailey

LSS# 1305

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10026E

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.

Checked

Top 2 lines MW 11/7/24

Bottom lines

Tanks CW 11/8/24

Floats

Alarm

Electrical SH 3/21/25

DBox / PH

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: Online Signature Date:

Installed by: Galle Excavating

IMPROVEMENT PERMIT by: D. Wieberg Date: 8/29/24

OPERATION PERMIT by: Sydney Holland Date: 3/21/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 8/29/24

Existing System Inspected by: Date:

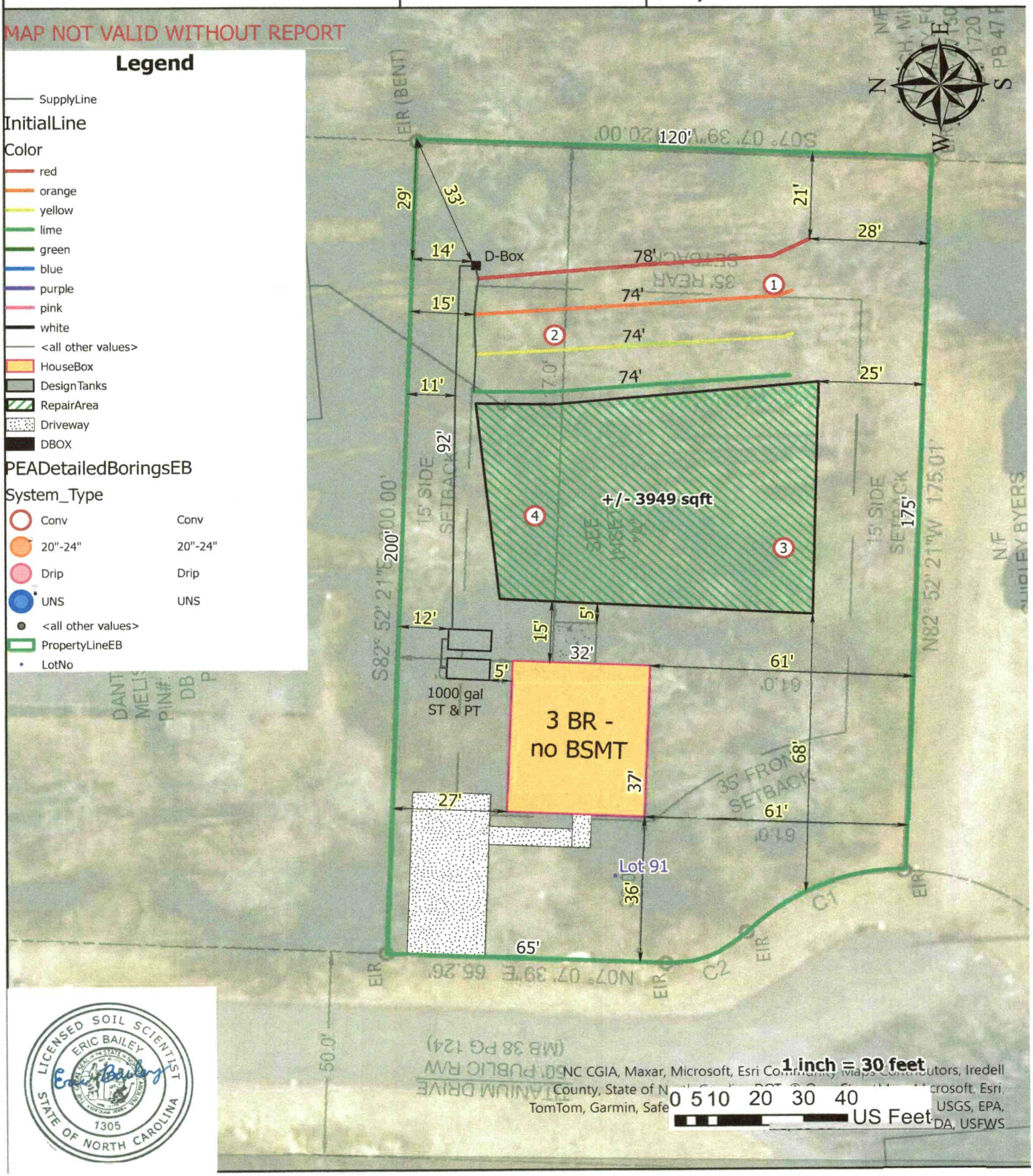
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Site Plan/Layout - Lot 91 - 106 Titanium Drive

216 S. Swing Rd. Suite 1
Greensboro, NC 27409
piedmontsoil.com

Job# 5708
Date: 8/14/2024
Client: Cornerstone III Properties
County: Iredell

MAP NOT VALID WITHOUT REPORT



NC CGIA, Maxar, Microsoft, Esri Community Maps Contributors, Iredell County, State of North Carolina, DOT, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, USGS, EPA, NPS, USDA, USFWS

LICENSED SOIL SCIENTIST
ERIC BAILEY
1305
STATE OF NORTH CAROLINA

Permit/File: OSWP-2024-54160

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ Fee $_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4705956413.000

Issued To: Cornerstone III Properties

Property Location: 106 Titanium Dr

Subdivision (if applicable) Stone Edge Lot #: 91 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Eric Bailey #1305

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Facility Type: single family dwelling

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Design Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3

Proposed Wastewater System Type*: IQ4 Chamber (III b) (Initial) Pump Required: ☑ Yes ☐ No ☐ May be required

Proposed Wastewater System Type*: Vertical PPBPS (III b) (Repair) Pump Required: ☑ Yes ☐ No ☐ May be required

Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Saprolite System (Initial): ☐ Yes ☑ No Saprolite System (Repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (Repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Depth to LC (Initial)[x]: 55 Usable Depth to LC (Repair)[x]: 67 ***[x] Limiting Condition***

Max. Trench Depth (Initial)[‡]: 34 Max. Trench Depth (Repair)[‡]: 34 ***[‡] Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .0508: Yes ☑ No ☐ Drainfield location meets requirements of Rule .0601: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
See attached conditions.

Licensed Soil Scientist Print Name: Eric Bailey

Licensed Soil Scientist Signature: Eric Bailey Date: 8-15-24

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54160

This Section for Local Health Department Use Only

Initial submittal received: 8/28/24 *Date* by DW *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date: 8/29/24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 8/29/29

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54160

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell **Pre-Construction Conference Required:** Yes ☑ No ☐

PIN/Lot Identifier: 4705956413.000

Issued To: Cornerstone III Properties

Property Location: 106 Titanium Dr

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Eric Bailey #10026E

Facility Type: single family dwelling

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Crawl Space? ☐ Yes ☑ No Slab Foundation? ☑ Yes ☐ No

Type of Wastewater System* IQ4 Chamber (III b) (Initial) Vertical PPBPS (III b) (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Effluent Standard: ☑ DSE ☐ HSE ☐ NSF/ANSI 40 ☐ TS-I ☐ TS-II ☐ RCW

Type of Water Supply: ☐ Private well ☐ Public well ☐ Shared well ☑ Municipal Supply ☐ Spring ☐ Other: _____

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 300 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)ˣ: 55 ˣ***Limiting condition***

Soil Cover: 22 inches Slope Corrected Maximum Trench/Bed Depth‡: 34 inches ‡ ***Measured on the downhill side of the trench***

Pump Tank Size (if applicable): 1000 gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: 18.4 ft. TDH vs. 21 GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: ☐ Yes ☑ No Declaration of Restrictive Covenants: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: ☐ Yes ☑ No

Management Entity Required: ☐ Yes ☑ No Minimum O&M Requirements: _____

Permit conditions:
See attached conditions.

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print Name: Eric Bailey

AOWE/PE Signature: Eric Bailey Date: 8-15-24

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-54160

This Section for Local Health Department Use Only

Initial submittal received: 8/28/24 (*Date*) by DW (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 8/29/24

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 8/29/29

See attached site sketch

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

August 14, 2024

Project # 5708

Session Law 2023-90 (H628)

Client:

Cornerstone III Properties

Site:

Lot 91 – Stone Edge

106 Titanium Dr

Iredell County, NC

PIN: 4705956413.000

Prepared by:

Eric Bailey

NC Licensed Soil Scientist # 1305

NC Onsite Wastewater Evaluator #10026E

ATTENTION: The State of NC revises the Common Form annually.
Please submit this packet to your local Environmental Health Department as soon as possible.

216 S. Swing Rd, Suite 1, Greensboro, NC 27409

Table of Contents:

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Permit Parameters and Conditions

- Design flow with residential systems utilizes the number of bedrooms and assumes no more than two residents per bedroom at 60 gallons per resident or 120 gallons per bedroom. This is how the design flow of 360 gallons per day is calculated. The wastewater system is designed to handle a maximum flow of 360 gallons per day. This flow shall not be maintained for any sustained length of time or oversaturation can occur in the trenches. An average daily water usage of 50% is recommended for peak performance.
- No garbage disposals shall be added to the wastewater stream.
- Water softener waste shall not be added to the wastewater stream.
- Fats, oils and greases or FOG shall not be added to the wastewater stream and can cause premature failure. Dispose of fats, oils, greases and garbage properly in household waste.
- There shall be no traffic over the wastewater system area.
- Piedmont Environmental requires a preconstruction conference with AOWE prior to any installation to ensure that the system is placed in the correct area once the site is cleared of vegetation.
- Please note that mechanical clearing that is done in wet conditions or done by someone not following best management practices can render an otherwise usable site unsuitable.
- Piedmont Environmental Associates, PA highly recommends using a reputable septic system installer that is licensed in North Carolina to perform or oversee any clearing.
- All installation work shall be performed by a licensed Wastewater System Installer
- Do not install during wet conditions
- Pump tank every three years. All records shall be maintained
- Landscape promptly to obtain a good grass cover to prevent erosion over new part of system
- All setbacks listed in this packet
- All tanks are 1000 gallons
- Serial distribution
- All dams shall have the last 3 inches of earth removed with a shovel

Disclaimer

This report discusses the general location of potentially usable soils for on-site wastewater disposal and the soil and site limitations on the property that exists at the time of the evaluation. Piedmont Environmental Associates, PA ("Piedmont") provides professional consulting specializing in the practice of soil science and wastewater management. Piedmont is therefore hired for its professional opinion regarding these matters. This report is being prepared as part of a packet to obtain an improvement permit Session Law 2023-90 (H628) and GS 130A-335 and GS 130A-336.

Piedmont Environmental Associates provides no warranty either written or implied regarding the lifespan of any type of septic system. Piedmont Environmental Associates utilizes accepted soil science practices and assigns LTAR's and proposes trench depths based on field observation, law, rule, published data and accepted practice of the profession. Piedmont Environmental Associates however cannot guarantee the life span of any type of septic system component, trench media, pretreatment device, distribution device, distribution method, or installation method as there are simply too many variables that are not within the control of Piedmont Environmental Associates.

If you have any further questions, please feel free to call 336-596-7585. Thank you for the opportunity to serve.

Sincerely,





Eric Bailey
NC Licensed Soil Scientist
NC Licensed Onsite Wastewater Evaluator
Piedmont Environmental Associates, PA

Attachment I

TABLE IX: Minimum setbacks from all wastewater systems to site features Site Features	Setback (Feet)
Any transient or non-transient non-community water supply well, community well, shared water supply well, well that complies with 15A NCAC 18A .1700, or water supply spring	100
A private drinking water well or upslope spring serving a single family dwelling unit	50
Any other well or source not listed in this table, excluding monitoring wells	50
Surface waters classified WS-I, from ordinary high-water mark	100
Waters classified SA, from mean high-water mark	100
Any Class I or Class II reservoir, from normal water level	100
Lake or pond, from normal water level	50
Any other stream, non-water supply spring, or other surface waters, from the ordinary high-water mark	50
Tidal influenced waters, such as marshes and coastal waters, from mean high-water mark	50
Permanent stormwater retention basin, from normal water level	50
Any water line, unless the requirements of Paragraph (i) have been met	10
Closed loop geothermal wells	15
Building foundation and deck supports	5
Patio, porch, stoop, lighting fixtures, or signage, including supporting structures such as posts or pilings	1
Any basement, cellar, or in-ground swimming pool	15
Buried storage tank or basin, except stormwater	10
Above ground swimming pool and appurtenances that require a building permit	5
Top of slope of embankment or cuts of two feet or more vertical height with a slope greater than 50 percent	15
Top of slope of embankment or cuts of two feet or more vertical height with a slope greater than 33 percent and less than or equal to 50 percent. If the site has suitable soil depth that extends for a minimum horizontal distance of 15 feet from the edge of the dispersal field, no minimum setback is required.	15
Top of slope of embankment or cuts of two feet or more vertical height with a slope less than 33 percent	0
Groundwater lowering system, as measured on the ground surface from the edge of the feature	25
Downslope interceptor drains and surface water diversions with a vertical cut of more than two feet, as measured on the ground surface from the edge of the feature	15
Upslope and sideslope interceptor drains and surface water diversions with a vertical cut of more than two feet, as measured on the ground surface from the edge of the feature	10
A stormwater collection system as defined in 15A NCAC 02H .1002(48), excluding gutter drains that connect to a stormwater collection system, with a vertical cut of more than two feet as measured from the center of the collection system	10
Bio-retention area, injection well, infiltration system, or dry pond	25
Any other dispersal field, except designated dispersal field repair area for project site	20
Any property line	10
Burial plot or graveyard boundary	10
Above ground storage tank from dripline or foundation pad, whichever is more limiting	5
Utility transmission and distribution line poles and towers, including guy wires, unless a greater setback is required by the utility company	5
Utility transformer, ground-surface mounted	5
Underground utilities	5

Note: Systems over 3000 GPD or an individual nitrification fields with a capacity of 1500 GPD or more have more restrictive setback requirements, see 15A NCAC 18E for specifics.

ATTENTION: The State of NC revises the Common Form annually.
Please submit this packet to your local Environmental Health Department as soon as possible.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Chief Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submitted in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:
☑ (a2) Improvement Permit ☑ (a2) Construction Authorization ☐ (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):
☐ Accepted ☐ Conventional ☐ Innovative ☐ Other _____ ☑ Any

☑ New Construction ☐ Expansion ☐ System Relocation ☐ Change of Use ☐ Repair
☑ 5-Year Expiration Requested (site plan provided) ☐ Non-Expiring Permit Requested (plat provided, defined in G.S.130A-334(7a)
Requesting DHHS review? (systems >3000 GPD or IPWW) ☐ Yes ☑ No

Applicant: Cornerstone III Properties
Mailing Address: 3020-I Prosperity Church Road, #252
City: Charlotte
State: NC Zip: 28269
Phone #: 704-577-5029
Email: matt@cornerstone3p.com

Owner: same as applicant
Mailing Address:
City:
State: Zip:
Phone #:
Email:

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

☐ Yes	☑ No	Does the site contain any jurisdictional wetlands?
☐ Yes	☑ No	Is any wastewater going to be generated on the site other than domestic sewage?
☐ Yes	☑ No	Is the site subject to approval by any other public agency?
☐ Yes	☑ No	Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. ***I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.***

Applicant Signature: STANLEY PRESSLEY Date: 8-15-24

Owner's Signature: STANLEY PRESSLEY Date:

Client: Cornerstone III Properties
Lot Number: 91
Parcel#: 4705956413.000
DATE: 8/13/2024
LSS: Eric Bailey
Eval Method: Pits
Facility/Flow: 3 BR/360 GPD

Site Classification: S
Initial System: IQ4 Chamber
Initial System LTAR: 0.3
Repair System: VPPBPS
Repair System LTAR: 0.3
Others Present: TH
Water Supply: Public

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Horizon4	Landscape	Slope
1	55	0.3	Conv	0-5 scl wfg ss sp fr sexp	5-23 c mfsbk s p fi sexp	23-58 cl wfsbk ss sp fr sexp		Ls	8
2	62	0.3	Conv	0-6 cl wfg ss sp fr sexp	6-19 c mmsbk s p fi sexp	19-42 cl wfsbk ss sp fr sexp	42-65 scl wfsbk ss sp fr sexp	Ls	8
3	69	0.3	Conv	0-6 scl wfg ss sp fr sexp	6-36 c mfsbk s p fi sexp	36-72 cl wfsbk ss sp fr sexp		Ls	8
4	67	0.3	Conv	0-7 scl wfg ss sp fr sexp	7-43 c mfsbk s p fi sexp	43-70 cl wfsbk ss sp fr sexp		Ls	8

Notes: Soil Wetness - Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - Record Munsell color chip designation.
Classification - S - Suitable, PS - Provisionally Suitable, U - Unsuitable
LTAR - Long Term Acceptance Rate
Landscape Position: SU - summit, SH - shoulder, BS - backslope, FS - footslope, TS - toeslope, SS - sideslope, HS - headslope
Mineralogy: SE - slightly expansive, EXP - expansive

Septic System Layout Specifications

Lot 91 - 106 Titanium Dr - Iredell County, NC

Piedmont Environmental Associates Job #5708

Layout for a 3-BR home

LINE #	FLAG COLOR		DESIGN LINE LENGTH (ft)
TBM			
INSTR. 1			
1	red		78
2	orange		74
3	yellow		74
4	lime		74
		Total:	300

	DESIGN LINE LENGTH (ft)	SOIL LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION MEDIA	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
System	**300**	**0.3**	**Accepted**	**IQ4 Chamber**	**Pump to serial**	**360**
Repair	-	0.3	PPBPS	VPPBPS	Pump to serial	360

Notes:

**All measures in feet.

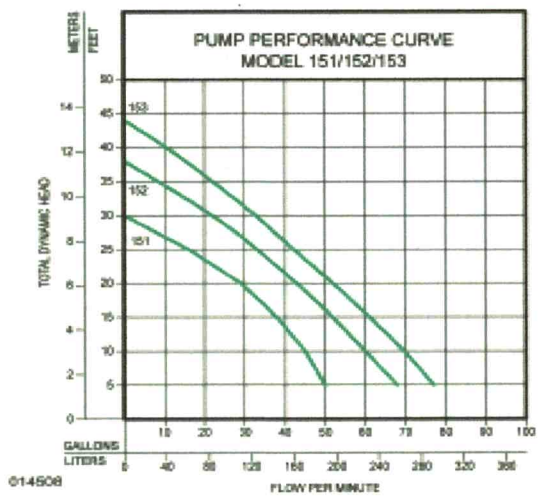
**Nitrification lines are demonstrated on contour via colored pin flags.

**Soil evaluated by private LSS

**REPAIR IS BASED ON AVAILABLE SPACE

Pump Sizing Sheet, Pump to Serial Distribution

Site Information		
Bedrooms:	3	
LTAR:	0.3	
Daily Flow (gpd):	360	
25% Reduction?	Yes	
Trench Length (ft):	300	
Septic Tank Size (gal):	1000	
Pump Tank Size (gal):	1000	
Supply Line Length (ft):	92	
Supply Line Dia. (in):	2	
Total Design Flow:	360	
Total Drainfield Length:	300	
4" Pipe:	0.65079	
Total Drainfield Vol.:	195.24	
Percent of Dose Vol.:	0.66	(from .1900 rules)
Dosing Vol. (gal):	128.9	
Pump Tank (gal/in):	21.0	(average)
Drawdown (in):	6.1	
Ground Elev. at Pump Tank (ft):	905	
Pump Tank Install Depth (ft):	1	
Pump Tank Elevation (ft):	904	
Pump Elev. Difference (ft):	5	(typical configuration)
Pump Elev. (ft):	899	
Elev. of Highest Drainline (ft):	916	
Elev. Head (ft):	**17.0**	
Friction Head (ft):	**1.40**	
Pressure Head (ft):	**0.0**	
Total Dynamic Head:	**18.4**	
TDH Capacity (ft):	**18.4**	
Flow Capacity (GPM):	**21**	(typical value)
Pump Run (min./dose):	**6.14**	
Recommended Pump:	**Zoeller Model 151**	**or approved equivalent**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/30/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Younts Insurance Agency Inc
121 N Talbert Blvd
Lexington NC 27292

CONTACT NAME: Valerie Leonard
PHONE (A/C, No, Ext): 336-238-1053 **FAX (A/C, No):** 336-238-1054
E-MAIL ADDRESS: valerie@yountsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Continental Casualty Company	20443
INSURER B : Penn National Mutual Casualty Insurance Company	14990
INSURER C : Ohio Casualty Insurance Company	24074
INSURER D :	
INSURER E :	
INSURER F :	

INSURED PIEDENV-02
Piedmont Environmental Associates, PA
216-1 S. Swing Road
Greensboro NC 27409

COVERAGES **CERTIFICATE NUMBER:** 562947074 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT [ ] LOC OTHER:			BP9 0741038	6/1/2024	6/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 2,000,000 $ 300,000 $ 10,000 $ 2,000,000 $ 4,000,000 $ 4,000,000 $
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X 19 SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			AU90741038	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical Payments	$ 1,000,000 $ $ $ $ 2,000
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			UL9 0741038	6/1/2024	6/1/2025	EACH OCCURRENCE AGGREGATE 	$ 1,000,000 $ 1,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		XWO55203240	6/1/2024	6/1/2025	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Professional Liability			EEH288330253	6/1/2024	6/1/2025	Each Claim Aggregate Deductible	2,000,000 2,000,000 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

*****FOR CLIENT PURPOSES ONLY*****

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Diana Evans

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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, I AM HARDING/BULLER RIVER am the legal owner(s) of the property located at 106 TITANIUM DRIVE, identified as PIN (Parcel Identification Number) 4705 95 6413 located in Iredell County, North Carolina.

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

I am Harding 5/21/24

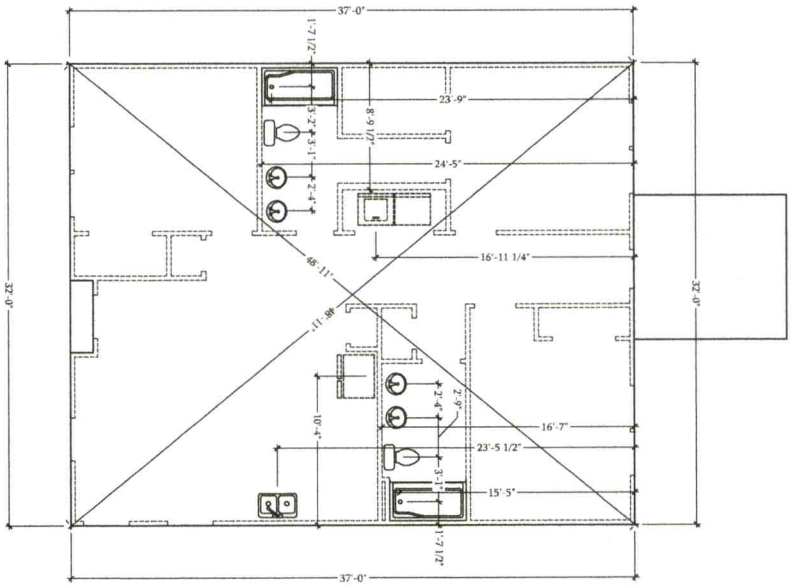
Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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

SLAB INTERFACE PLAN

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



REVISIONS	
DATE:	DRAWN BY:
DESIGNED BY:	CBG
DRAWN BY:	CBG
DATE:	04-03-23
JOB #:	23-004
SHEET #:	4.00

Belmont

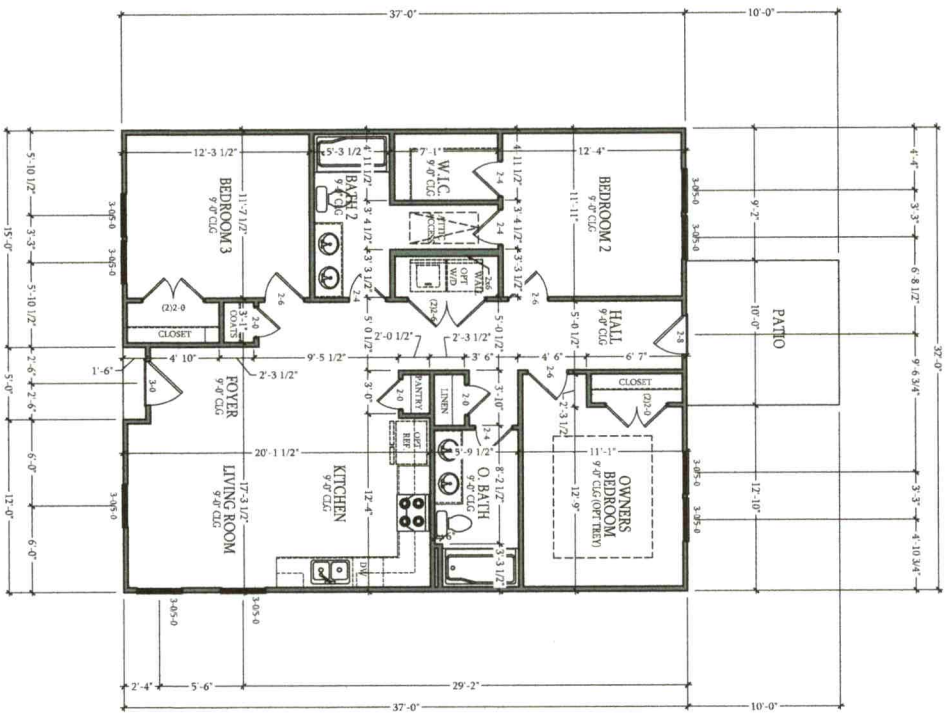
Elevation-A

SLAB INTERFACE PLAN

CornerStone PROPERTIES

CORNERSTONE BUILDERS GROUP
DESIGN · BUILD · RENOVATE

PO Box 5322
Clover, SC. 29710
P. 919-630-6919 P. 704-201-8489
www.CornerstoneCarolina.com



FIRST FLOOR
PLAN

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

REVISIONS	
DATE	DRAWN BY

DESIGNED BY:	CBG
DRAWN BY:	CBG
DATE:	04-03-23
JOB #:	23-084
SHEET #:	5.10

Belmont

Elevation-A

FIRST FLOOR PLAN

CornerStone PROPERTIES

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