BLDR 2024-54070

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP 2025-68009

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

PIN # 4705-- 97 -- 7471

APPLICANT/OWNER: Stan Pressley

APPLICANT ADDRESS: 4509 Faith Church Rd, Indian Trail, NC 28079

SITE ADDRESS: 205 Titanium Drive, Statesville, NC 28625

PHONE: 704-301-3229

ALT. PHONE:

SITE DIRECTIONS: W Hw6 64 -> L Lippard Farm -> L Stones Edge -> L Gemstone -> R Zircon -> L Titanium -> lot on L

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Stones Edge SECTION: n/a LOT # 69 LOT AREA: 0.593 DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.325 L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 278

Trench Width 36 *Max. Trench Depth(Initial) 34 *Max. Trench Depth(Repair) 20 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 - PM - IIIb

Repair System Description: HPPBPS - IIIbe

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

Usable Depth to LC (Initial): 52

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 32 *Limiting Condition*

Water Supply

☐ Private

☑ Public

☐ Community

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

DO NOT EXCEED 36" MAXIMUM DEPTH ON HIGH SIDE OR ANY POINT OR REDUCTION WILL BE LOST

Pump to d-box then serial feed from there per LSS/AOWE - d-BOX MUST HANDLE FULL FLOW WITHOUT OVERFLOWING

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.

LINES INSTALLED AS DRAWN
TANKS SW 2/4/2025
Floats
Alarm
Pump run to D-Box for cilated time 4/3/25 MW
Effluent

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:

IMPROVEMENT PERMIT by: D. Wieberg Date: 1/13/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 1/13/25

Installed by: GALVE EXCAVATION

OPERATION PERMIT by: Date: 4/3/25

Existing System Inspected by: Date:

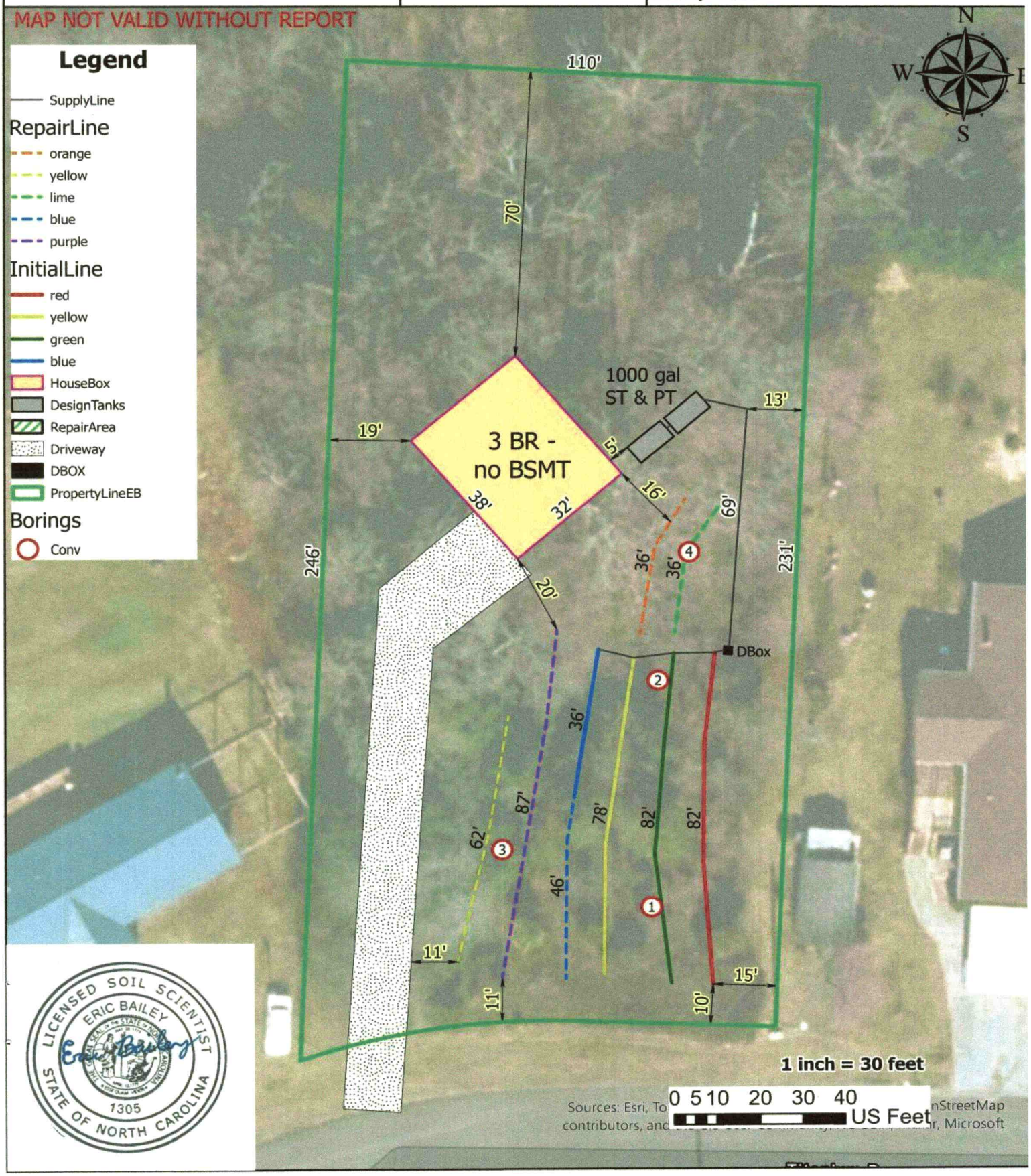
PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Layout Diagram/Site Plan - 205 Titanium Dr

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

Job# 6079
Date: 12/23/2024
Client: Cornerstone III Properties
County: Iredell

MAP NOT VALID WITHOUT REPORT



LICENSED SOIL SCIENTIST
ERIC BAILEY
1305
STATE OF NORTH CAROLINA

Permit/File #: OSWP-2025-68009

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: 4705977471.000
Issued To: Cornerstone III Properties
Property Location: 205 Titanium Dr
Subdivision (if applicable) Stones Edge Lot #: 69 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): 0.325 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*: HPPBPS (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]: 52 Usable Depth to LC (Repair)[x]: 32 ***[x] Limiting Condition***
Max. Trench Depth (Initial)[‡]: 34 Max. Trench Depth (Repair)[‡]: 20 ***[‡] 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: 12-26-24

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-2025-68009

This Section for Local Health Department Use Only

Initial submittal received: 1/13/25 *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: 1/13/25

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: 1/13/30

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-68009

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

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

PIN/Lot Identifier: 4705977471.000

Issued To: Cornerstone III Properties

Property Location: 205 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) HPPBPS (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: 278 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.325 gpd/ft² Usable Depth to LC (Initial)ˣ: 52 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: 9.1 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: 12-26-24

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-2025-68009

This Section for Local Health Department Use Only

Initial submittal received: 1/13/25 *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: 1/13/25

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: 1/13/30

See attached site sketch

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

December 23, 2024

Project # 6079

Session Law 2023-90 (H628)

Client:

Cornerstone III Properties

Site:

205 Titanium Dr

Lot 69 – Stones Edge

Iredell County, NC

PIN: 4705977471.000

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 3 6 0 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 and all records shall be kept.
- 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	Setback (Feet)
Site Features	
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 .060 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 Rd #252
City: Charlotte
State: NC Zip: 28269
Phone #: 704-577-5029
Email: matt@cornerstone3p.com

Owner: _____
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: 12-26-24
Owner's Signature: STANLEY PRESSLEY Date: 1/9/25

Client: Cornerstone III Properties
Lot Number: 69
Parcel#: 4705977471
DATE: 12/20/2024
LSS: Eric Bailey
Eval Method: Auger
Facility/Flow: 3 BR/360 GPD

Site Classification: S
Initial System: IQ4 CHAMBER
Initial System LTAR: 0.325
Repair System: HPPBPS
Repair System LTAR: 0.3
Others Present: TH
Water Supply: Public

PIEDMONT ENVIRONMENTAL ASSOCIATES, P.A.

Number	UsableDep	LTAR	Boring Type	Horizon1	Horizon2	Horizon3	Landscape	Slope
1	52	0.325	Conv	0-4 scl wfsbk ss sp fr sexp	4-54 c mmsbk s p fi sexp	<Null>	Ls	4
2	52	0.325	Conv	0-11 scl wfg ss sp fr sexp	11-23 c mfsbk s p fi sexp	23-54 scl wfsbk ss sp fr sexp	Ls	4
3	52	0.325	Conv	0-6 scl wfg ss sp fr sexp	6-32 c mfsbk s p fi sexp	32-54 scl wfsbk ss sp fr sexp	Ls	4
4	32	0.3	Conv	0-6 sl wfg ss sp fr sexp	6-34 c mfsbk s p fi sexp	Rock	Ls	4

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 69 Stones Edge, 205 Titanium Dr - Iredell County, NC

Piedmont Environmental Associates Job #6079

Layout for a 3-BR home

LINE #	FLAG COLOR		DESIGN LINE LENGTH (ft)
TBM			
INSTR. 1			
1	**red**		**82**
2	**green**		**82**
3	**yellow**		**78**
4	**blue**		**36**
5	blue		46
6	purple		87
7	yellow		62
8	lime		36
9	orange		36
		Total:	**545**

	DESIGN LINE LENGTH (ft)	SOIL LTAR GPD/FT^2	SYSTEM TYPE	DISTRIBUTION MEDIA	DISTRIBUTION METHOD	DESIGN FLOW (GPD)
System	**278**	**0.325**	**Accepted**	**IQ4 Chamber**	**Pump to serial**	**360**
Repair	267	0.3	PPBPS	HPPBPS	Pump to serial	360

Notes:

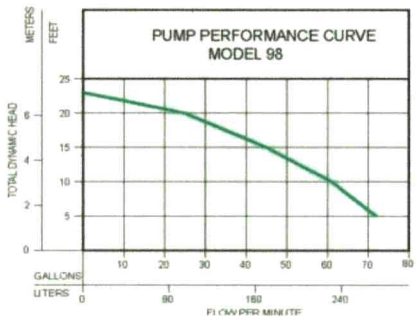
**All measures in feet.

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

**Soil evaluated by private LSS

Pump Sizing Sheet, Pump to Serial Distribution

Site Information		
Bedrooms:	3	
LTAR:	0.325	
Daily Flow (gpd):	360	
25% Reduction?	Yes	
Trench Length (ft):	278	
Septic Tank Size (gal):	1000	
Pump Tank Size (gal):	1000	
Supply Line Length (ft):	69	
Supply Line Dia. (in):	2	
Total Design Flow:	360	
Total Drainfield Length:	340	
4" Pipe:	0.65079	
Total Drainfield Vol.:	221.27	
Percent of Dose Vol.:	0.66	
Dosing Vol. (gal):	146.0	
Pump Tank (gal/in):	21.0	(average)
Drawdown (in):	7.0	
Ground Elev. at Pump Tank (ft):	952	
Pump Tank Install Depth (ft):	1	
Pump Tank Elevation (ft):	951	
Pump Elev. Difference (ft):	5	(typical configuration)
Pump Elev. (ft):	946	
Elev. of Highest Drainline (ft):	954	
Elev. Head (ft):	**8.0**	
Friction Head (ft):	**1.05**	
Pressure Head (ft):	**0.0**	
Total Dynamic Head:	**9.1**	
TDH Capacity (ft):	**9.1**	
Flow Capacity (GPM):	**21**	(typical value)
Pump Run (min./dose):	**6.95**	



Recommended Pump: **Zoeller Model 98** **or approved equivalent**

Pump and controls must meet section .1100

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			BP9 0741038	6/1/2024	6/1/2025	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY X PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
B	**AUTOMOBILE LIABILITY**			AU90741038	6/1/2024	6/1/2025	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
	X 19						Medical Payments	$ 2,000
B	X **UMBRELLA LIAB** X OCCUR			UL9 0741038	6/1/2024	6/1/2025	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED X RETENTION $ 0							$
C	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N	N / A		XWO55203240	6/1/2024	6/1/2025	X PER STATUTE / OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)**						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 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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REVISION: ROTATED HOUSE PER CLIENTS REQUEST. 07/18/24 TMM
REVISION: ADJUSTED HOUSE PER FIELD. 08/12/24 TMM
REVISION: ADJUSTED PER CLIENTS REQUEST. 08/15/24 TMM

LEGEND

- ● RBS - REBAR SET (#5 UNLESS NOTED OTHERWISE)
- O EIP/EIR
- ⊗ COMPUTED POINT
- —— — —— ADJOINING PROPERTY

EIR - EXISTING IRON ROD	N/F - NOW OR FORMERLY
EIP - EXISTING IRON PIPE	R/W - RIGHT OF WAY
DB - DEED BOOK	EP - EDGE OF PAVEMENT
PB - PLAT BOOK	BC - BACK OF CURB
PG - PAGE	DW - CONCRETE DRIVEWAY
(T) - TOTAL	SW - CONCRETE SIDEWALK
SF - SQUARE FEET	P - CONCRETE PATIO
AC - ACRE	CPO - COVERED PORCH

BUILDING SETBACKS:
(PER MB 38 PG 124)
FRONT: 35'
SIDE: 15'
REAR: 35'

CURVE TABLE				
CURVE#	LENGTH	RADIUS	BEARING	CHORD
C1	63.93'	175.00'	S84° 19' 58"W	63.58'

US HIGHWAY 64

S83° 48' 30"E 110.01'

LOT INFORMATION:
OWNER(S):
CORNERSTONE-RCG DEVELOPMENTS, GP
PIN#: 4705977471.000
DB 3071, PG 2075
PB 38 PG 124
LOT 69
TOTAL LOT AREA = 0.593 AC.
25,830 SF

MB 38 PG 124

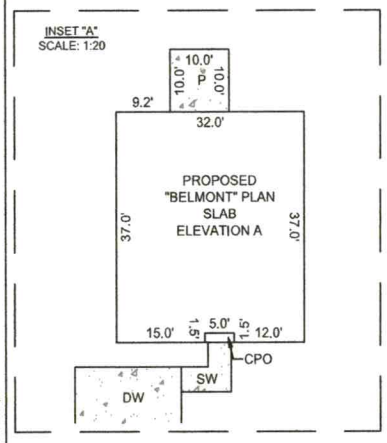
71.4'
35' REAR SETBACK
68.4'
18.3'
SEE INSET "A"
43.1'
43.6'
N05° 38' 36"E 245.55'
S05° 38' 36"W 231.33'
15' SIDE SETBACK
15' SIDE SETBACK
114.8'
35' FRONT SETBACK
N85° 12' 05"W 47.66'
C1
R/W

N/F
VICTOR M HERNANDEZ &
ALEJANDRO G HERNANDEZ
PIN#: 4705975490.000
DB 2019 PG 1179
PB 38 PG 124
LOT# 68

N/F
DONALD CAMPBELL &
CAROL CAMPBELL
PIN#: 4705978481.000
DB 1800 PG 1076
PB 38 PG 124
LOT# 70

TITANIUM DRIVE
50' PUBLIC R/W
(MB 38 PG 124)

INSET "A"
SCALE: 1:20



PROPOSED IMPERVIOUS:
TOTAL IMPERVIOUS = 3,549 SF
HOUSE : 1,177 SF
DW: 2,214 SF
SW: 50 SF
CPO: 8 SF
PATIO: 100 SF
TOTAL LOT AREA = 0.593 AC / 25,830 SF
PERCENT IMPERVIOUS = 13.74%

BUILDER TO VERIFY HOUSE LOCATION, DIMENSIONS AND REVIEW TOTAL IMPERVIOUS NOTED ON THIS PLOT PLAN.

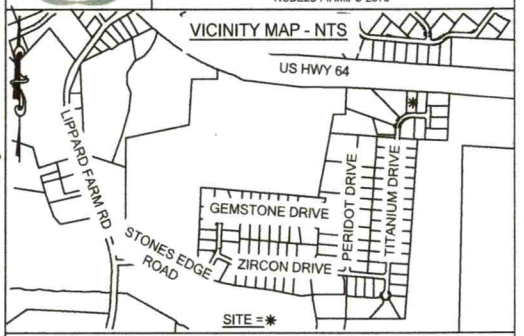
SCALE:
1" = 40 ft.

NOTES
1. PROPERTY LINES SHOWN WERE TAKEN FROM EXISTING FIELD EVIDENCE, EXISTING DEEDS AND/OR PLATS OF PUBLIC RECORD, AND INFORMATION SUPPLIED TO THE SURVEYOR BY THE CLIENT.
2. THE PROPERTY LIES IN ZONE 'X' PER NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP # 3710470400J DATED 03/18/2008.
3. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES AND ALL BEARINGS ARE BASED ON MB 38 PG 124, UNLESS OTHERWISE NOTED.
4. AREAS COMPUTED BY COORDINATE METHOD.
5. SITE ZONED "RA" PER IREDELL COUNTY GIS.
6. NO GRID MONUMENTS FOUND WITHIN 2000' PER REFERENCE.
7. THIS MAP IS NOT FOR RECORDATION AND SHOULD BE REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH APPLICABLE LAND DEVELOPMENT REGULATIONS.
8. THIS PLAN HAS BEEN PREPARED FOR LAYOUT AND PERMITTING PURPOSES ONLY.
9. SURVEY 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.
10. THIS LOT IS SUBJECT TO A 10' DRAINAGE & UTILITY EASEMENT ON ALL PROPERTY LINES OF THE LOT PER MB 38 PG 124.

P:\2021 Projects\STONES EDGE PLOT PLANS\DWG\STONES EDGE LOTS COMBINED(AS EDITS).dwg, DWG To PDF.pc3

BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2524 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-1081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS



I, MICHAEL A. SCHMIDT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY DIRECT SUPERVISION FROM A SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN DEED BOOK 3071, PAGE 2075); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION LISTED UNDER REFERENCES; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARD OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA.

PRELIMINARY

MICHAEL A. SCHMIDT, PLS — DATE
NC LICENSE NUMBER L-5416

THIS MAP IS OF AN EXISTING PARCEL OF LAND AND IS ONLY INTENDED FOR THE PARTIES AND PURPOSES SHOWN. THIS MAP NOT FOR RECORDATION. NO TITLE REPORT PROVIDED.

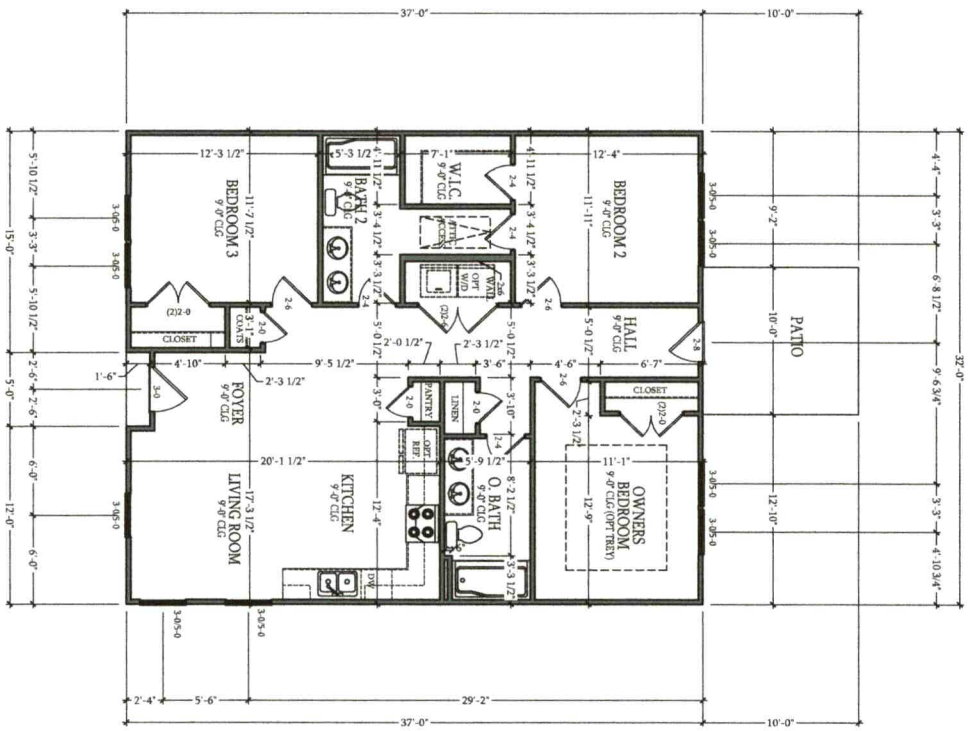
THIS MAP IS CONSIDERED PRELIMINARY, NOT FOR RECORDATION, CONVEYANCE OR SALES UNLESS SIGNED AND SEALED BY THE LICENSED SURVEYOR.

PROJECT# 220229

Plot Plan
Exclusively For:
CORNERSTONE III PROPERTIES

205 TITANIUM DRIVE
CITY OF STATESVILLE, NC 28625
CONCORD TOWNSHIP, IREDELL COUNTY

DRAWN BY: BSH CHECKED BY: MAS DATE: 05/30/2024
REFERENCE: MB 38, PG 124 SCALE:1"=40'



FIRST FLOOR PLAN

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

Belmont

Elevation-A

FIRST FLOOR 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

REVISIONS	
DATE	DRAWN BY

DESIGNED BY: CBG
DRAWN BY: CBG
DATE: 04-03-23
JOB #: 23.004
SHEET #: 5.10





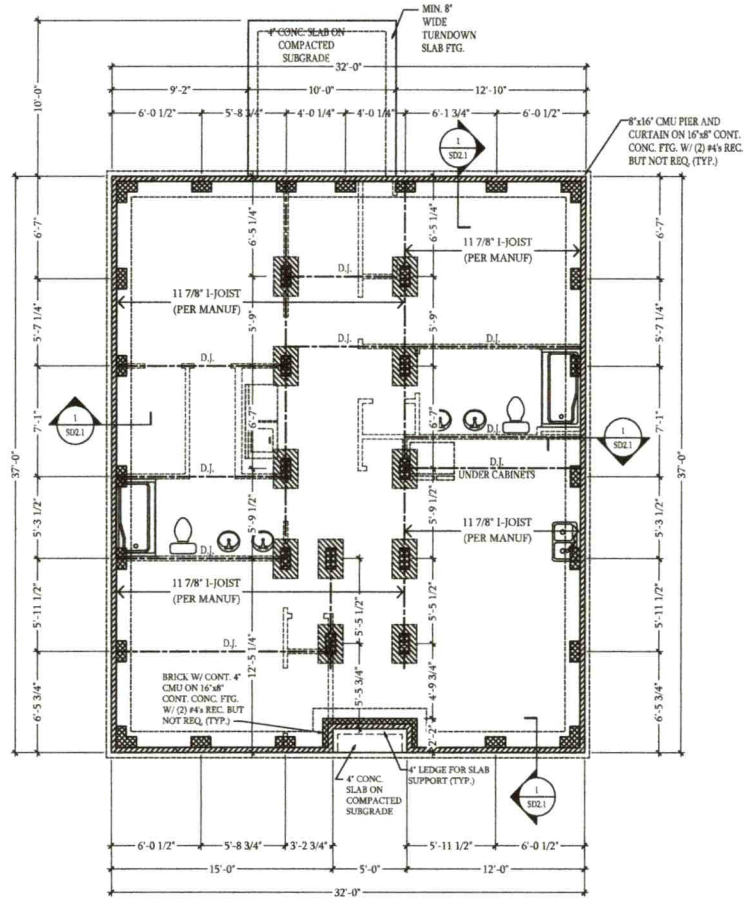
RESIDENTIAL STRUCTURES, P.C.
3410 N. Davidson St.
Charlotte, N.C. 28205
Seal For Structural Only

FOUNDATION NOTES:

- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE
- PROVIDE 6-MIL POLY-VAPOR BARRIER BELOW ALL CONCRETE SLABS
- WHEN HOUSE IS REVERSED: WASHER & DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT & DRYER ON RIGHT
- CONTRACTOR TO VERIFY ALL DIMENSIONS
- FOUNDATION DIMENSIONS ARE MEASURED FROM OUT TO OUT OF BRICK. SEE FRAMING PAGES FOR FRAMING DIMENSIONS
- DO NOT SCALE DIMENSIONS FROM PRINTS. PLANS & DETAILS ARE NOT ALWAYS DRAWN TO SCALE. USE DIMENSIONS GIVEN

NOTE:
- PIER AND CURTAIN PERIMETER BAND TO BE SINGLE 1 3/4" X 11 7/8" LVL
- ALL PIERS TO BE ON 8" X 16" CMU ON 24"x12" CONC FOOTINGS, U.N.O.
- ALL JOIST SHOULD BE ATTACHED W/ HANGERS
- BRICK CURTAIN WALL SHOULD NOT BE LESS THAN 3 3/8" THICK

TOTAL CRAWL SPACE AREA:	1176	S.F.
TOTAL VENTING REQUIRED:	1176 x 1/150 (.0067) = 7.8	S.F.
TOTAL VENTING PROVIDED:	18	S.F.
NET VENTING AREA PER UNIT:	0.45	S.F.
TOTAL NET VENTING AREA PROVIDED:	8.1	S.F.



CRAWL FOUNDATION

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

CORNERSTONE BUILDERS GROUP
DESIGN · BUILD · RENOVATE
PO Box 5322
Clover, SC 29710
P. 919-630-6919 P. 704-201-8489
www.CornerstoneCarolina.com

CornerStone PROPERTIES

Belmont
Elevation-A
CRAWL SPACE FOUNDATION

REVISIONS:

DATE:	DRAWN BY:

DESIGNED BY:	CBG
DRAWN BY:	CBG
DATE:	04-03-23
JOB #:	23-084
SHEET #:	S-1