ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 CW Mooresville Office (704) 660-3625 PERMIT # AP 3231616

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

PIN # 4711 -- 16 -- 5490

APPLICANT/OWNER: David M Honeycutt APPLICANT ADDRESS: 8880 Paul Payne Store Rd. Stony Point, NC 28678

SITE ADDRESS: 116 Grayrock Shoals Dr. Statesville 28677 PHONE: 704 880 5661 ALT. PHONE 704-880-1077

SITE DIRECTIONS: Buffalo Shoals Rd → Grayrock Shoals Dr SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Grayrock Shoals SECTION: ___ LOT # 3 LOT AREA: 1.9 ac DESIGN FLOW: 360gpd L.T.A.R.: 0.275/0.1 (R)

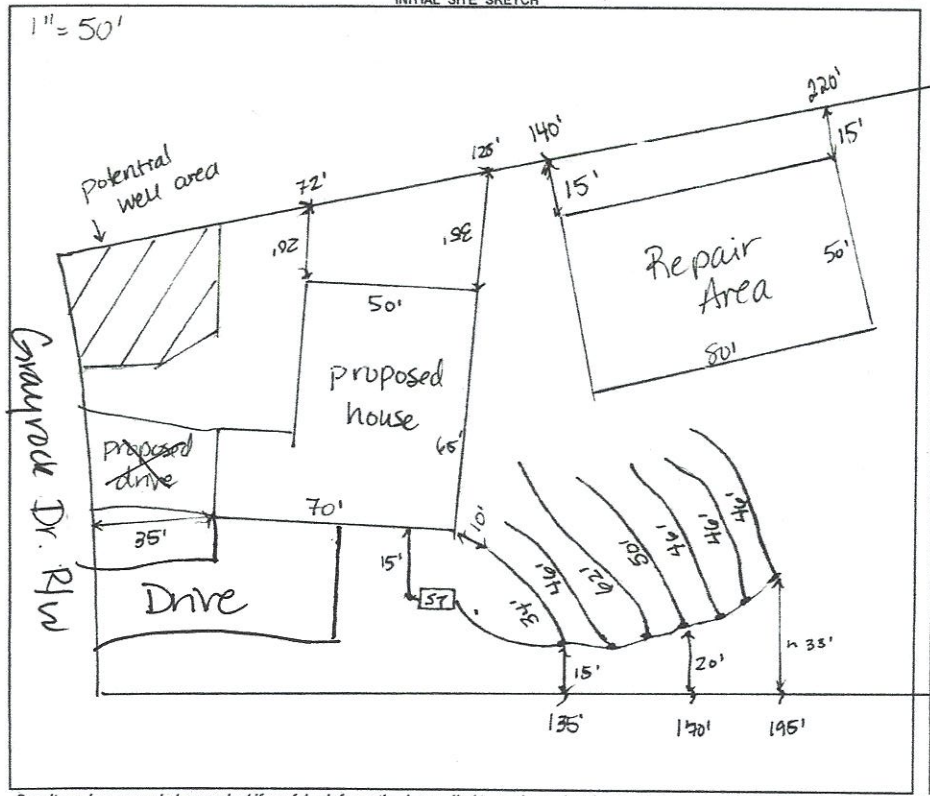
Septic Tank	1000 (gal)	STB 160	Date 5/22/22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	Drip - 3600 sqft	☐ Other	No. Employees
# Nitrification Fields	1	# Lines 7	Linear Ft 328'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	28"	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield area. Divert all drainage from drainfield areas. Install on contour, use serial distribution.

Do not exceed 36" max trench bottom (may shallow to 26" if necessary on low side)

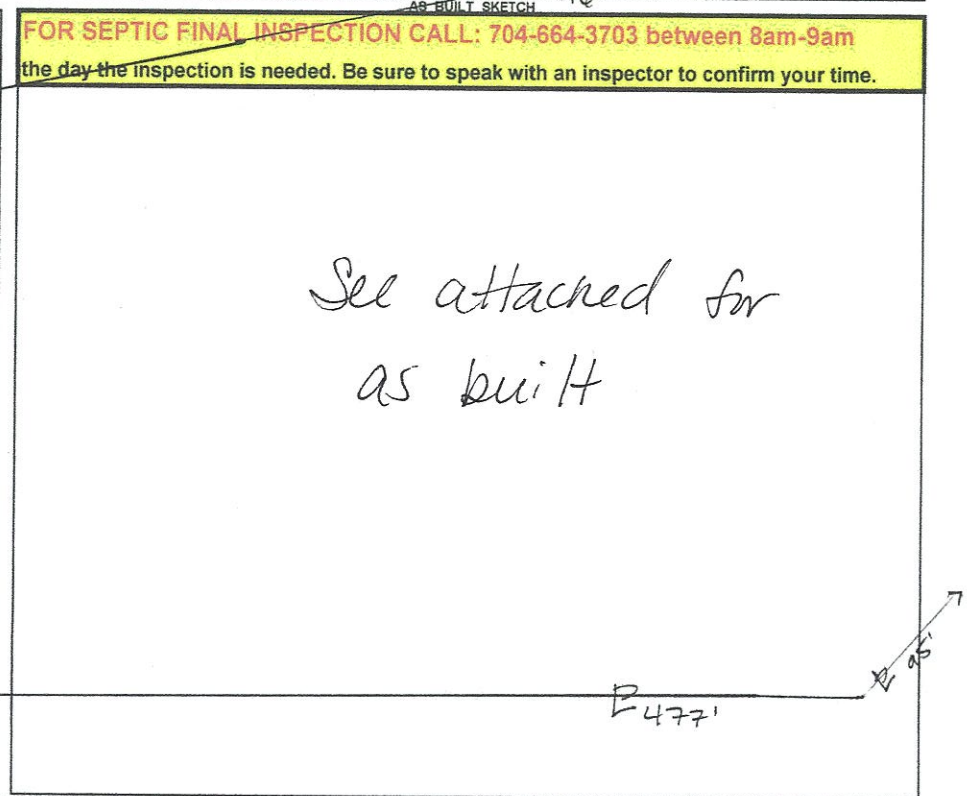
INITIAL SITE SKETCH



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 as built



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1-7-22 Installed by: Cothren & Sons

IMPROVEMENT PERMIT by: D. Mieberg Date: 12/23/21 OPERATION PERMIT by: D Mieberg Date: 7/22/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 1/5/22 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4711 16 5496
COUNTY: Iredell

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

OWNER: Mike Honeycutt
ADDRESS: 3850 Hwy 21 North Store Rd Stony Point NC
PROPOSED FACILITY: SFDR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 116 Grayrock Drive, Statesville
APPLICATION DATE: 11/24/21
DATE EVALUATED: 12/20/21
PROPERTY SIZE: 1.9 ac
PROPERTY RECORDED: Yes

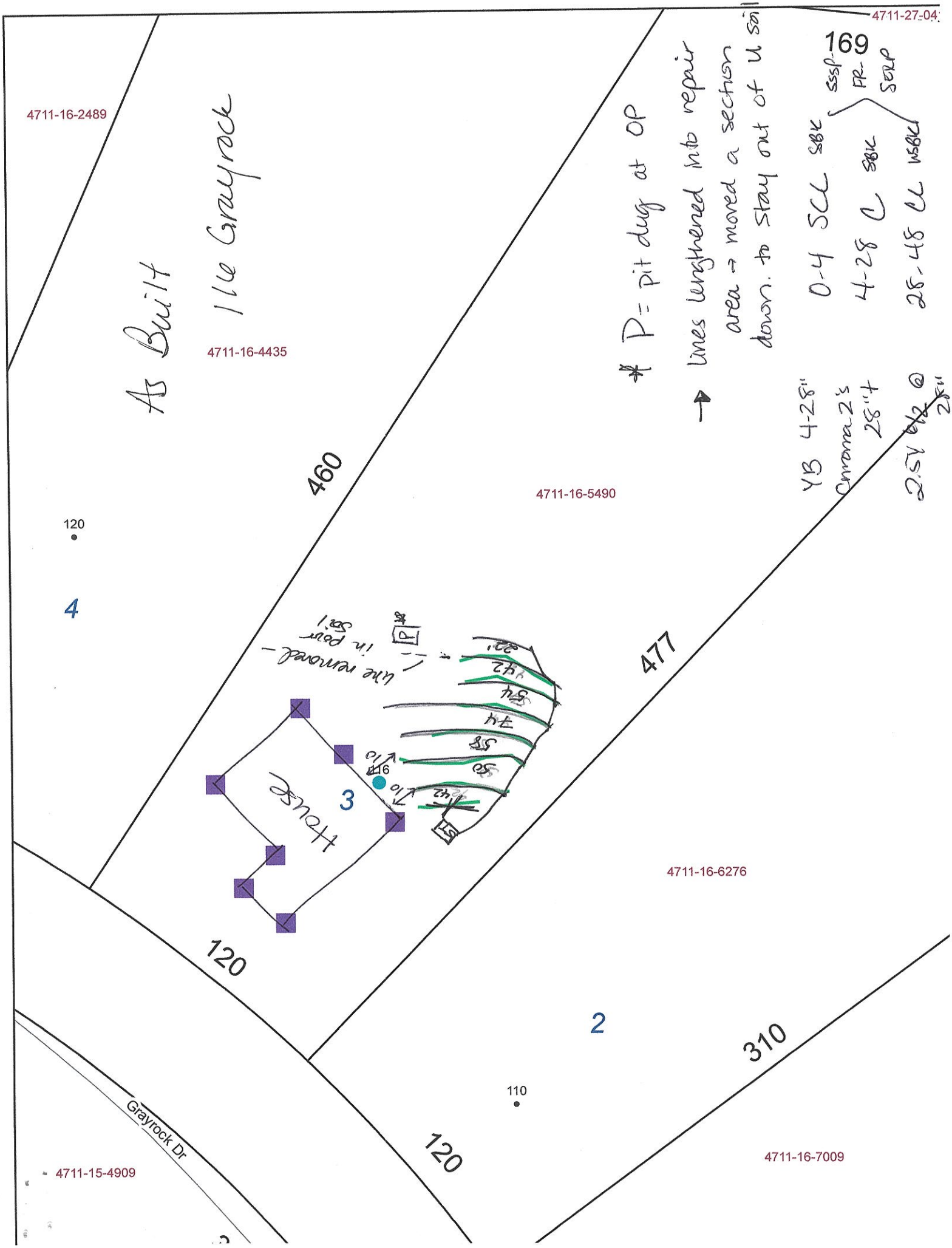
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

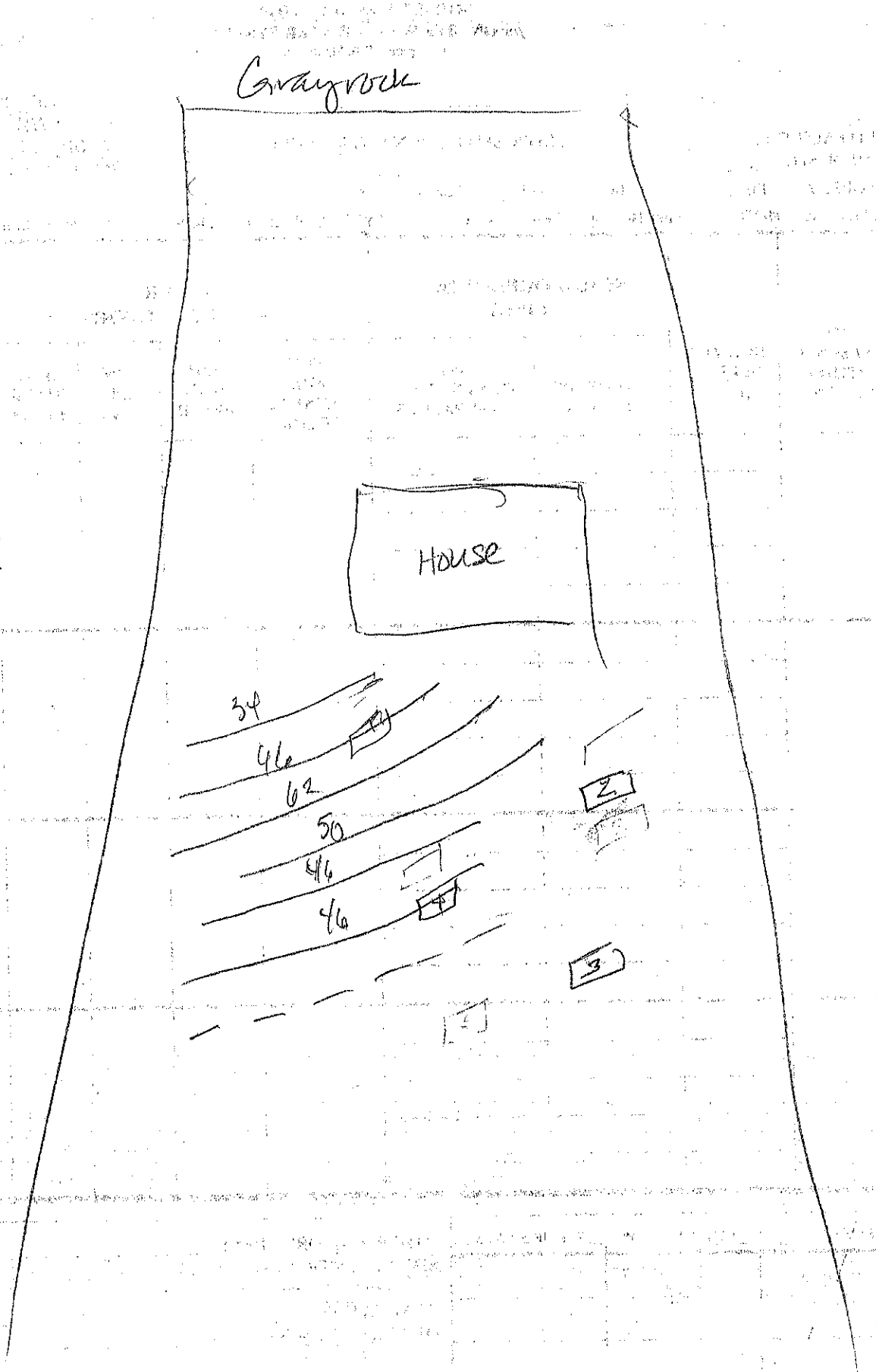
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 15%	0-6	CL - SBK	SSSP-FR-SECP	mica common 28"+, minor sap incl 28"+	48"	N/A	N/A	PS 0.3
		6-28	C - SBK	SSSP-FR-SECP					
		28-48	CL - WSBK	SSSP-FR-SCP					
2	LS 15	0-10	SCL - SBK	SSSP-FR-SCLP	2.5Y 6/2 @ 34"+ YB 28"+	48"	N/A	N/A	PS 0.25
		10-28	CL - SBK/ABK	↓					
		28-48	C - SBK/ABK	↓					
3	LS 15	0-6	SCL - SBK	SSSP-FR SCLP	2.5Y 6/2	30"+ 48"	N/A	N/A	PS 2.5
		6-30	C - SBK	"					
		30-48	CL/C - ABK/SBK	SSSP-FI/FR SCLP					
4	LS 19%	0-6	SCL - SBK	SSSP-FR-SCLP	minor Mn, few YB to 30"	48"	N/A	N/A	PS 0.275
		6-30	C - SBK/ABK	↓					
		30-48	CL - SBK	↓					

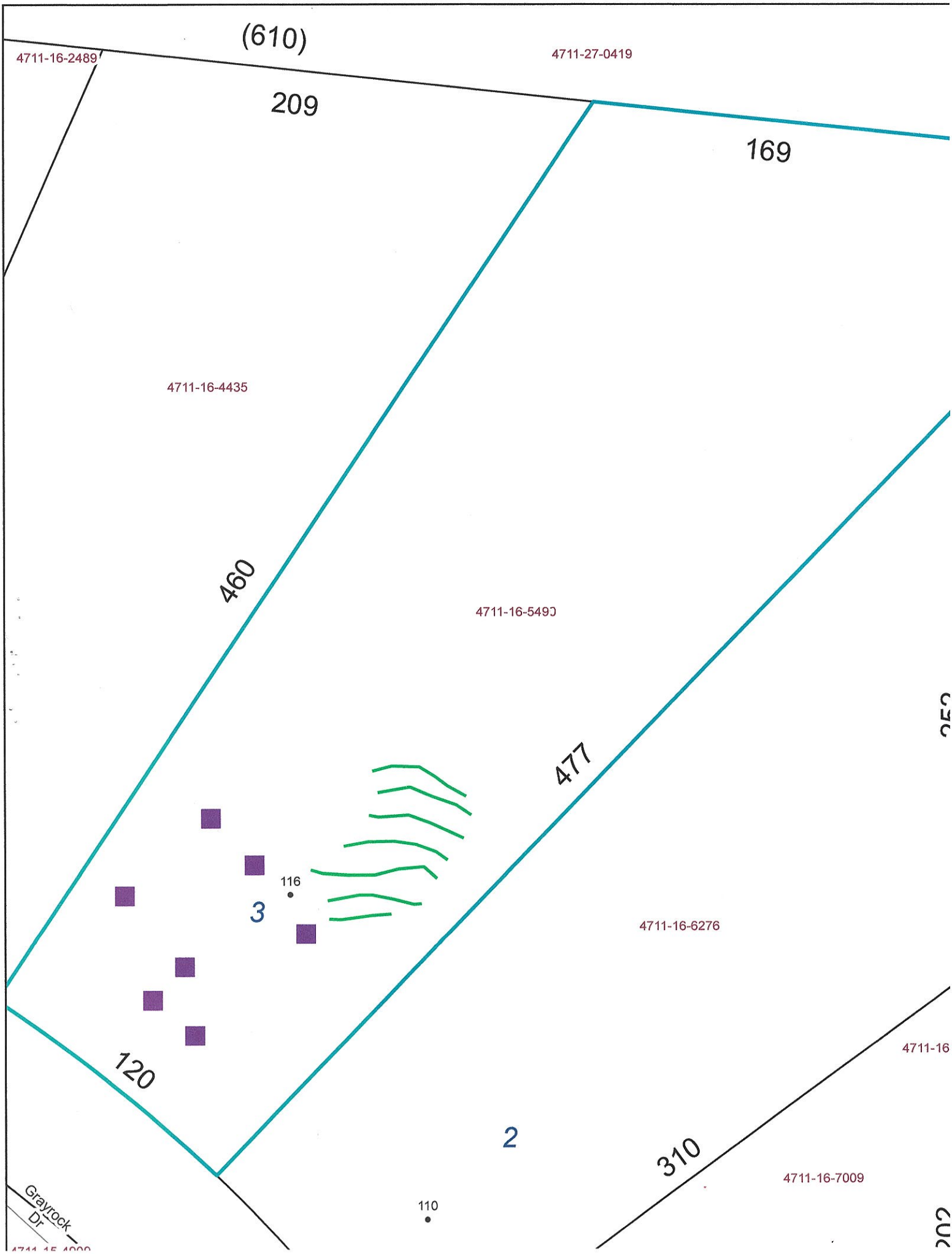
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328	3600 FF
System Type(s)	25% red	~~trad~~ dnp
Site LTAR	0.275	0.25 (0.1)

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Wiebers
OTHER(S) PRESENT: M. Honeycutt

COMMENTS:


4711-27-04
169
4711-16-2489
As Built
11ve Grayrock
4711-16-4435
460
* P= pit dug at OP
* lines lengthened into repair area → moved a section down. to stay out of U soil
0-4 SCL SBK
4-28 C SBK
28-48 LC WSBK
SSSP-PR-SCLP
YB 4-28"
Cmama 2's
28"+
24" @ 24" 1s's
4711-16-5490
120
4
477
line removed - in pour Sch
P
house
3
16
10
10
42
42
42


Graybrook
House
34
46
62
50
46
46
2
3
1


(610)
4711-16-2489
4711-27-0419
209
169
4711-16-4435
460
4711-16-5490
477
116
3
4711-16-6276
120
2
310
4711-16
4711-16-7009
110
Grayrock Dr

9
12/20

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-323166 $1000.00

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: David M Honeycutt Address: 8880 Powell Payne Store Rd Statesville NC Zip: 28677
Applicant Email: honeycutt michael@bellsouth.net Phone: 704 880 5661 Alt. Phone: 704 880 1097
Owner Name: SAME Above Address: SAME Zip:
Owner Email: SAME Phone: SAME Alt. Phone:

Property Information:

Street Address: 116 Grayrock Shoals Drive Statesville NC 28677
Subdivision Name: Grayrock Shoals Section/Phase: Lot Number: 3
Driving Directions: Buffalo Shoals Rd, Grayrock Shoals 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: 2
( ) 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: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: David M Honeycutt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-16-21
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, David M Honeycutt, am the legal owner(s) of the property located at 116 Granrock Shoals Drive, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

_____ 11-16-21

Signature of Owner(s) Date

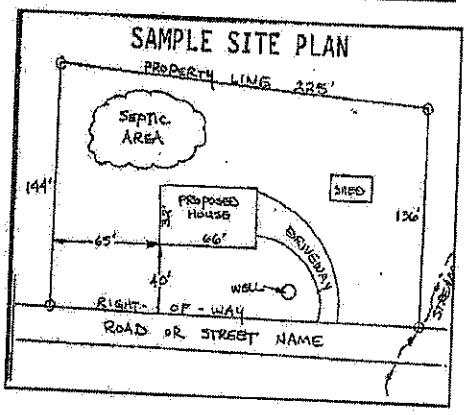
Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

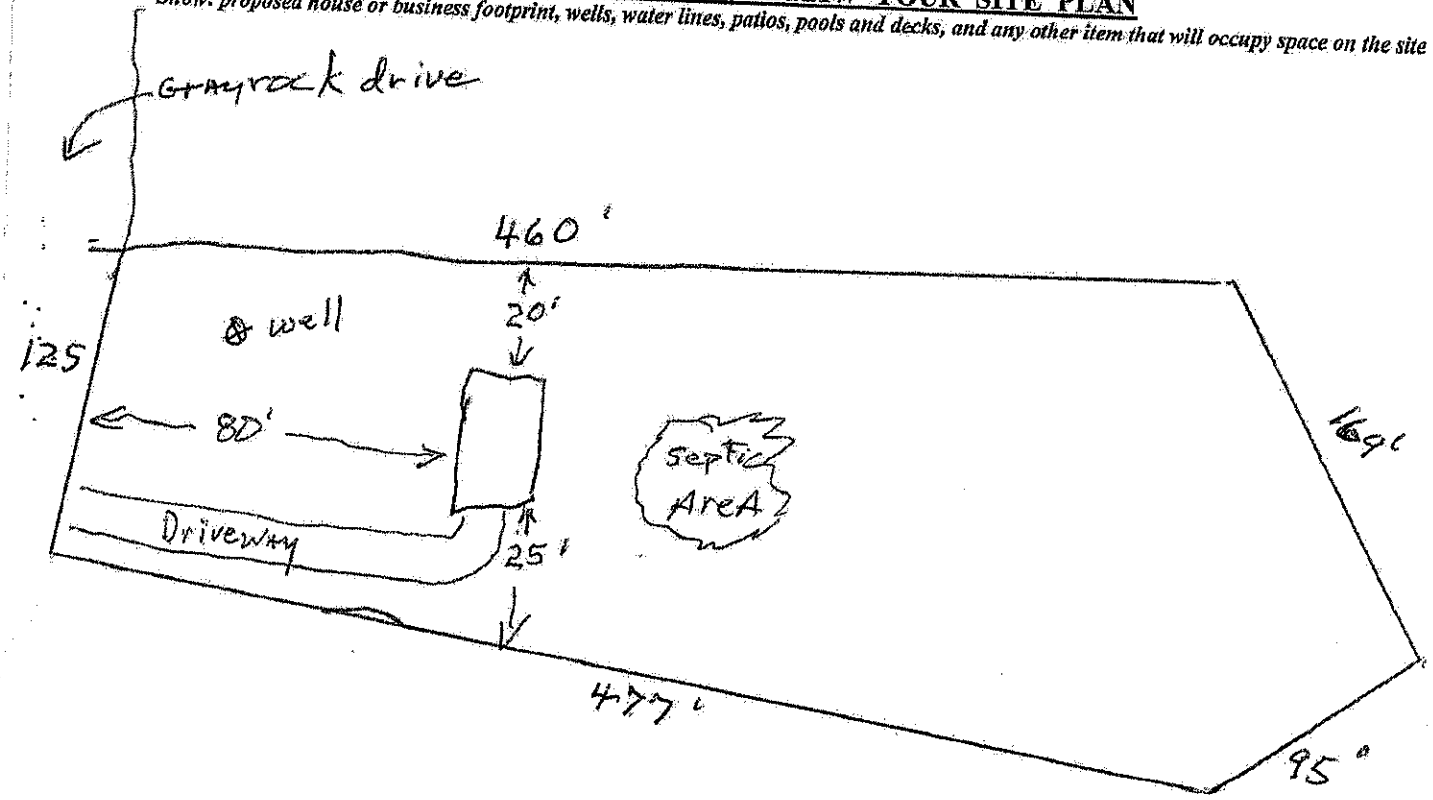
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

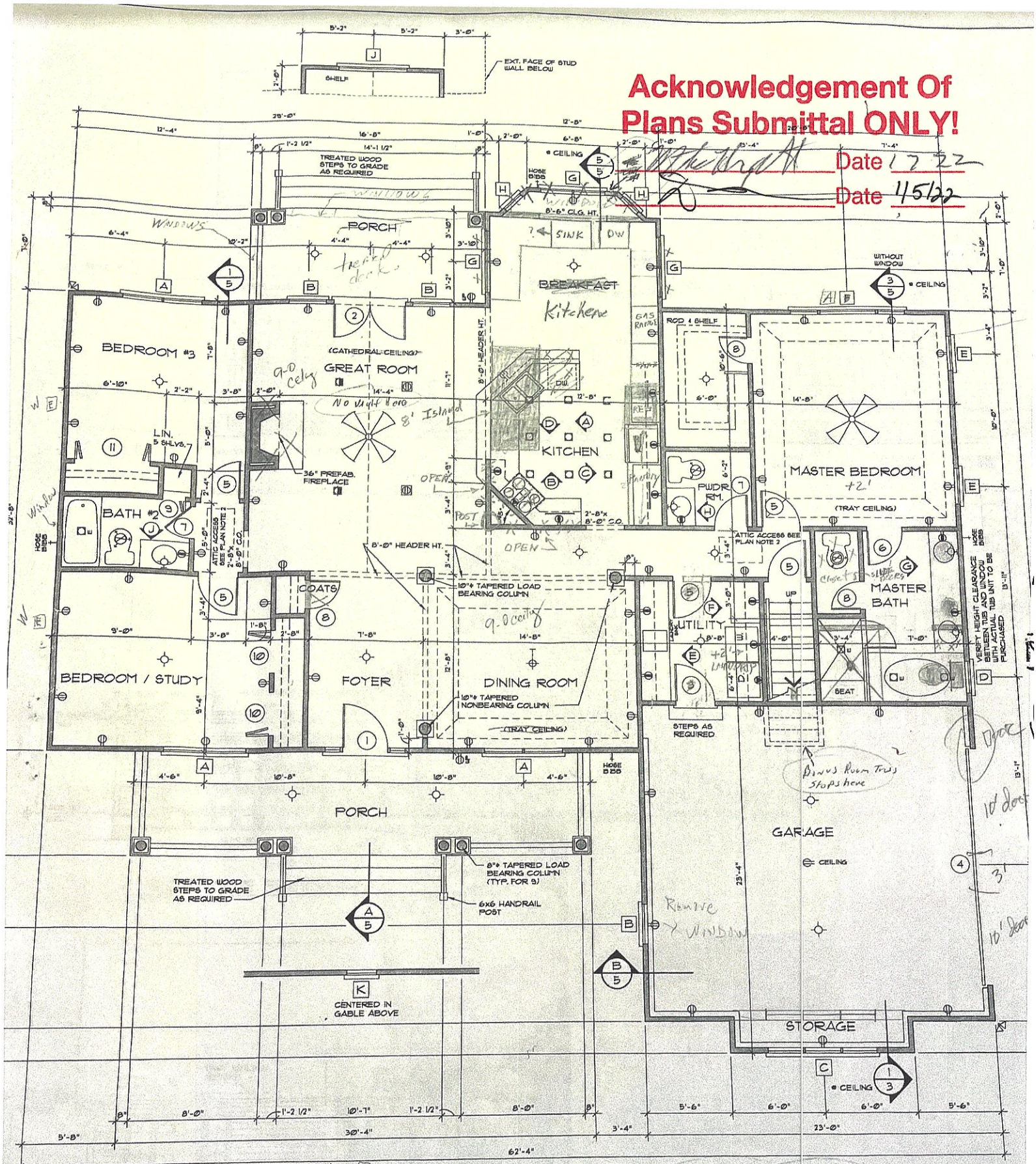
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

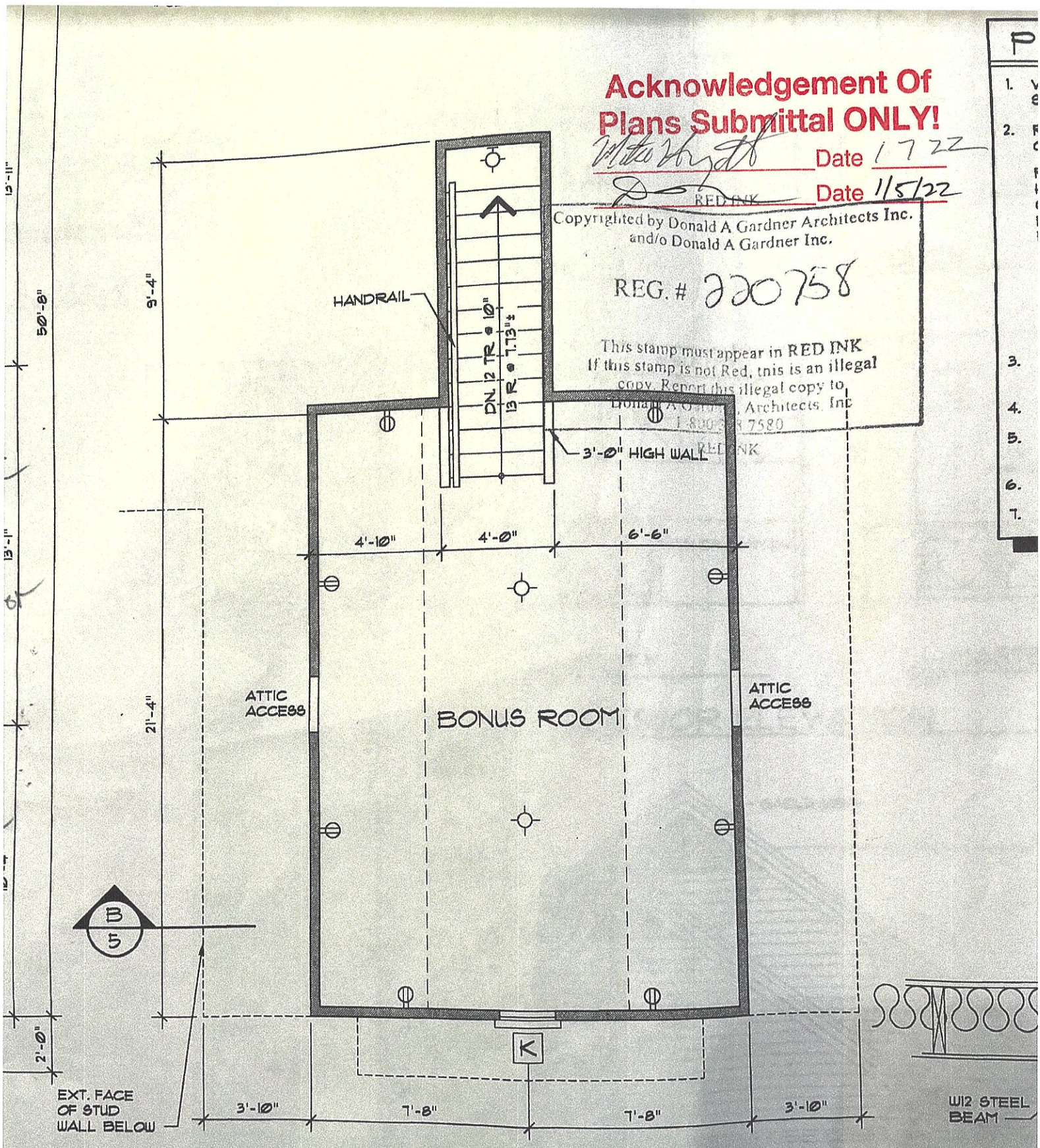


Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-16-21
DATE


Acknowledgement Of
Plans Submittal ONLY!
Date 1 7 22
Date 1/5/22
PORCH
BREAKFAST
Kitchen
SINK
DW
BEDROOM #3
GREAT ROOM
(CATHEDRAL CEILING)
KITCHEN
MASTER BEDROOM
+2'
(TRAY CEILING)
BATH #2
LIN.
5 SHLVS.
36" PREFAB.
FIREPLACE
MASTER
BATH
BEDROOM / STUDY
FOYER
COATS
DINING ROOM
10"ø TAPERED LOAD
BEARING COLUMN
10"ø TAPERED
NONBEARING COLUMN
8'-0" HEADER HT.
UTILITY
LAUNDRY
PWDR
RM.
ROD & SHELF
GAS
RANGE
REF
STEPS AS
REQUIRED
Bonus Room Truss
Stops here
GARAGE
CEILING
PORCH
TREATED WOOD
STEPS TO GRADE
AS REQUIRED
8"ø TAPERED LOAD
BEARING COLUMN
(TYP. FOR 3)
6X6 HANDRAIL
POST
CENTERED IN
GABLE ABOVE
STORAGE
Remove
Window
10' door
116 Grayrock Drive
FLOOR PLAN
1/4" = 1'-0"
TOTAL LIVING — 2037 sq. ft.
GARAGE & STORAGE — 514 sq. ft.
BONUS ROOM — 361 sq. ft.
Mike Honeycutt
5½" Heels
10½" Cant out
must match all the way around house

Acknowledgement Of
Plans Submittal ONLY!
Date 1 7 22
RED INK Date 11/5/22
Copyrighted by Donald A Gardner Architects Inc.
and/o Donald A Gardner Inc.
REG. # 220758
This stamp must appear in RED INK
If this stamp is not Red, this is an illegal
copy. Report this illegal copy to
Donald A Gardner Architects Inc
1-800-388-7580
RED INK



BONUS ROOM FLOOR PLAN 1/4" = 1'-0"

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

APPLICATION NUMBER
323166 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711165490.000	116 GRAYROCK DR	Iredell County

Owner Information	Applicant Information
Name: HONEYCUTT DAVID+JUDY	Name: HONEYCUTT DAVID+JUDY
Address: 8880 Paul Payne Store Rd	Address: 8880 Paul Payne Store Rd
Stony Point, NC 28678	Stony Point, NC 28678
Phone: (704)880-5661	Phone: (704)880-5661

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.9	35	35	15	15	WSIV-CA Catawba/Lake Norman	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.

Signature of Owner/Contractor

Date: 11/16/2021

Permit Number	323166

TOTAL FEES:	$77.25