ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-305612

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

PIN # 4731-22-3723

APPLICANT/OWNER: CORNERSTONE III PROPERTIES | APPLICANT ADDRESS: 118 EAST KINGSTON AVENUE, CHARLOTTE, N.C. 28203

SITE ADDRESS: 126 TALLEY RIDGE DRIVE, TROUTMAN, N.C. 28166 | PHONE: 704-301-3229 | ALT. PHONE: —

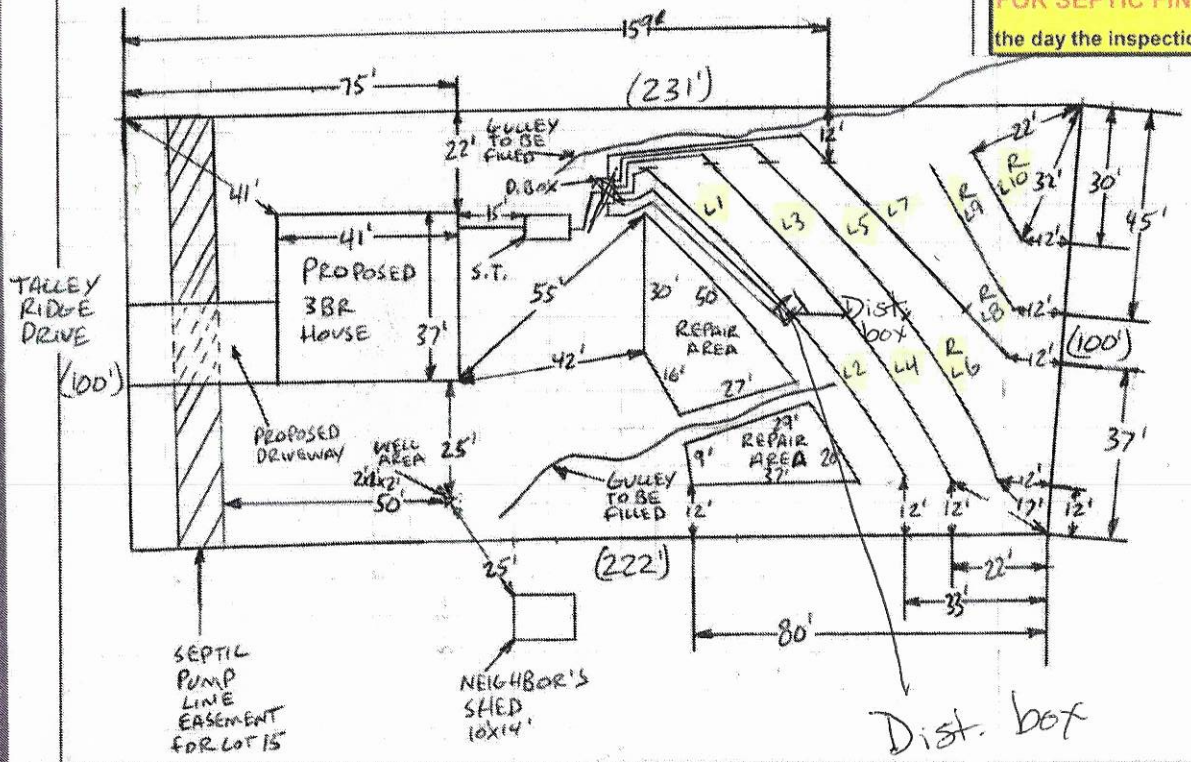
SITE DIRECTIONS: ① ON 21, ② ON TALLEY STREET, STRAIGHT ON TALLEY ROAD, ③ ON TALLEY RIDGE, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: TALLEY RIDGE | SECTION: — | LOT # 6 | LOT AREA: 0.52 AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	5/17	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	50% REDUCTION-PPBPS	☐ Business	No. Persons 6	☑ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION-PPBPS	☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	270 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	24 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE EQUAL DISTRIBUTION VIA D-BOX, DO NOT EXCEED A MAX TRENCH BOTTOM OF 36 IN, MAINTAIN SOFT FROM ALL WELLS

INITIAL SITE SKETCH



L1 = 45 FT
L2 = 45 FT
L3 = 45 FT
L4 = 45 FT
L5 = 45 FT
L6 = 42 FT REPAIR
L7 = 45 FT
L8 = 15 FT REPAIR
L9 = 35 FT REPAIR
L10 = 15 FT REPAIR

1 IN = 40 FT
S.T. = SEPTIC TANK
R = REPAIR

7ft from deck ST
Red filter
Distribution box set level w/ water

AS-BUILT SKETCH

3ft from ST to top line Installed as shown

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.

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: 2/1/21 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bridget C. White Date: 1-19-2021 OPERATION PERMIT by: Maina Dotson Date: 7/13/21

AUTHORIZATION TO CONSTRUCT by: Bridget C. White Date: 1-25-2021 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 #: 4731223723
COUNTY: IREDELL

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

OWNER: CORNERSTONE III PROPERTIES — APPLICATION DATE 9-24-2020
ADDRESS: 118 EAST KINGSTON AVENUE, CHARLOTTE, N.C. 28203 — DATE EVALUATED: 11-2-2020
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 0.52 AC
LOCATION OF SITE: 126 TALLEY RIDGE DRIVE, TROUTMAN, N.C. 28166 — 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 7%	0-10	SCL, SBK	VFR, SS, SP, SEXP	Y/B MOT 20"+ CHROMA 3S+4S	52"+	NA	NA	PS .25
		10-36	C, ABK	FR, S, P, SEXP					
		36-52	SC, WABK	FI, S, P, SEXP					
2	LINEAR SIDE 8%	0-8	SCL/SBK	FR, SS, SP, SEXP	Y/B MOTS 3S+4S 8"-42" SAP INC THRU OUT	52"+	NA	NA	PS .25
		8-39	C, ABK	FR, S, P, SEXP					
		39-52	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B MOTS 4S+5S 8"-36"	50"+	NA	NA	PS .275
		8-34	C, ABK	FR, S, P, SEXP					
		34-50	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE ~~4~~ 6%	0-14	~~SL~~ WSBK, COLLUVIAL	~~FR~~ FR, SS, SP, SEXP	FEW Y/B 14"-20" 4S-5S	52"+	NA	NA	PS .275
		~~14~~ 14-35	C, ABK	FR, S, P, SEXP					
		35-52	CL, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

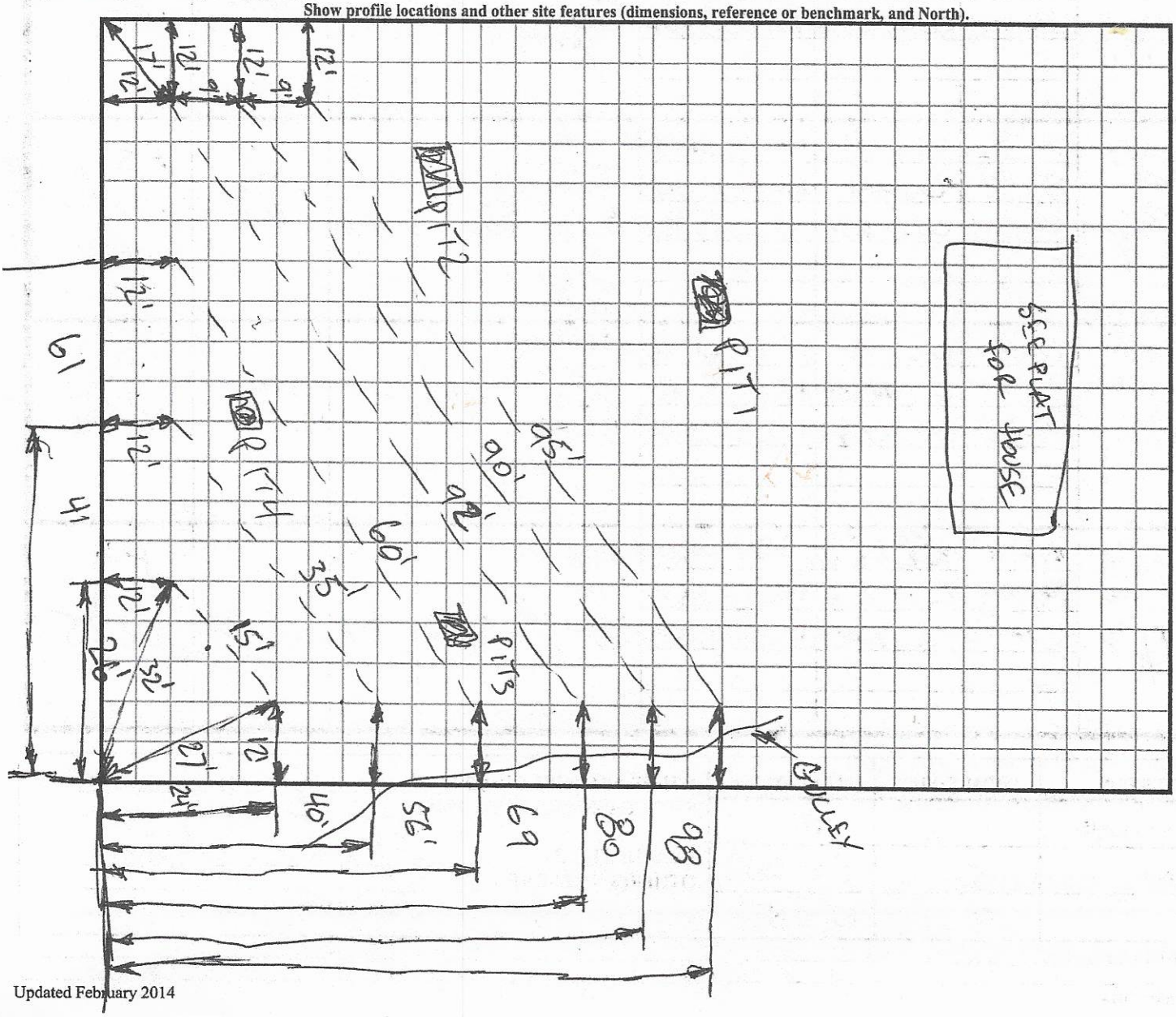
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
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), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

SEPTIC PAGE 1: *APPLICATION FORM*

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 118 EAST KINGSTON AVE, CLT. Zip: 28203
Applicant Email: STAN@CORNERSTONEJP.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUTLER RIVER DEVELP. Address: 725 CHERRY RD. Rock Hill, SC Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 126 TALLEY RIDGE DRIVE
Subdivision Name: TALLEY RIDGE Section/Phase: _____ Lot Number: 6
Driving Directions: NORTH on EAST MONROE ROAD/ RT. onto TALLEY STREET/ RIGHT onto TALLEY DRIVE (SWP)

Site Development Information: *(check or complete ALL that apply*

(X) New Single Family Residence Maximum Number of Bedrooms: 3 / 3 (X) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 3 / 3 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

CHECK FOUNDATION TYPE

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

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

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

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

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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.

APPROVED JAN 25 2021

Signature: Stan Cranley 9/24/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
(SWP) 1/21/21

RECEIVED OCT 2 1 2020

AP- 300612 $500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

SEPTIC

PAGE 1: *APPLICATION FORM*

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( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X

Owner Name: BUTLER RIVER DEVELP. Address: 725 CHERRY RD. Rock Hill, SC Zip: 29732

Owner Email: N/A Phone: N/A Alt. Phone: N/A

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Driving Directions: NORTH on EAST MONRO ROAD/ RT. onto TALLEY STREET/ RIGHT onto TALLEY DRIVE

Site Development Information: *(check or complete ALL that apply)*

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( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

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: _____

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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: Stan Cranley 9/24/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

305612

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

CURVE TABLE

CURVE	RADIUS	LENGTH	CHORD	BEARING	DELTA

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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

2. I, PAM HARDING/BULLER RIVER, am the legal owner(s) of the property located at 126 TALLEY RIDGE DR, identified as

PIN (Parcel Identification Number) 4731-22-3723, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STAN PRESSLEY/CORNERSTONE III _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Pam Harding/Buller River Dev. Dept. _____ 9/27/12
Signature of Owner(s) Date

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

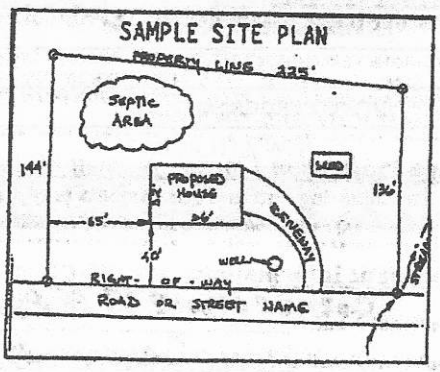
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

305612

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



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

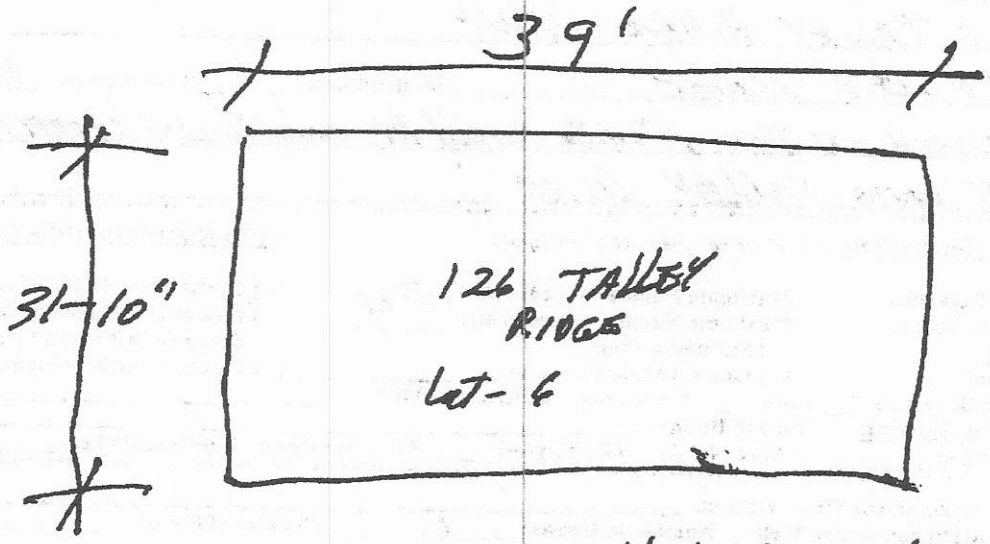
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

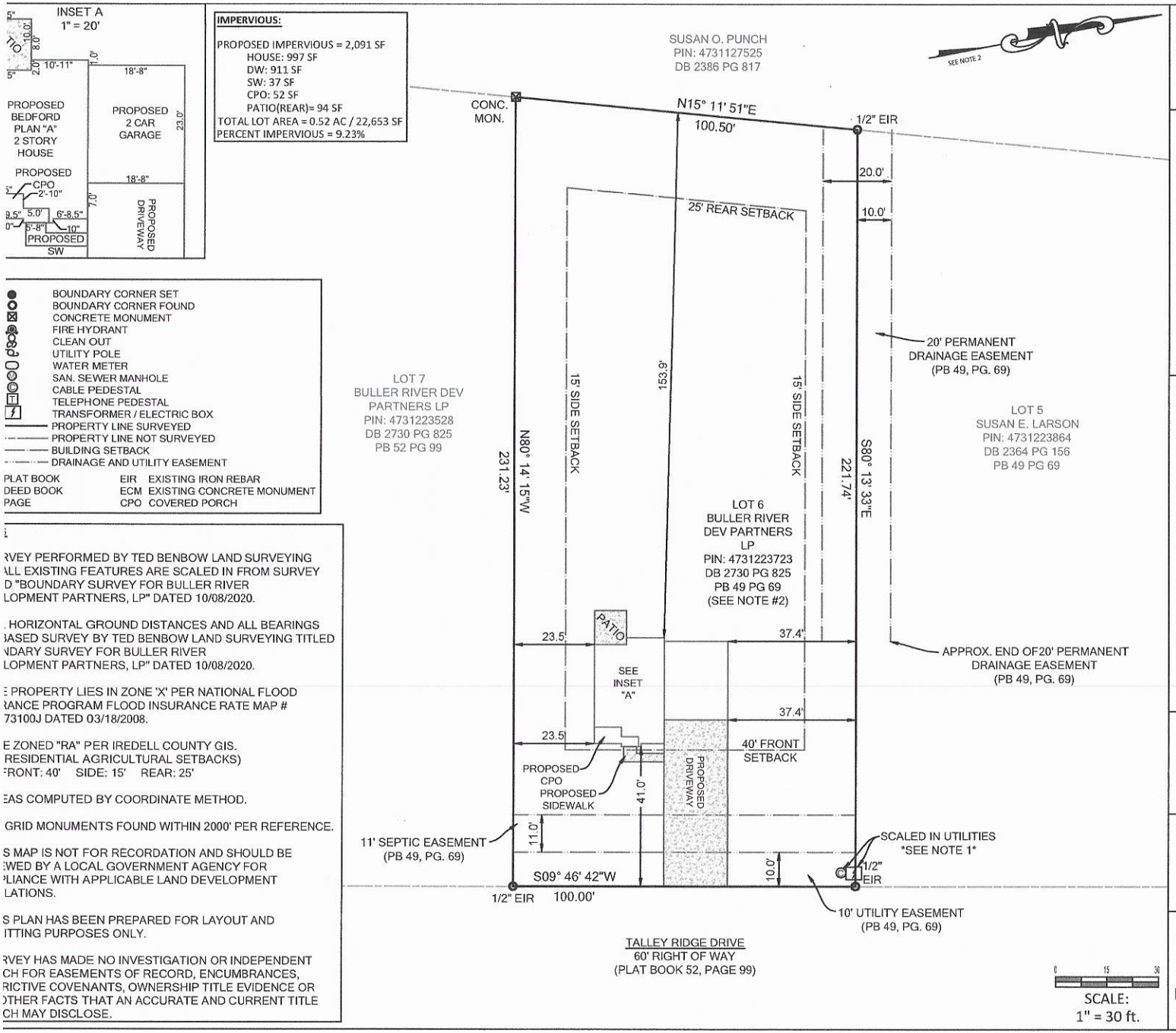
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



* SEE ATTACHED SURVEY *

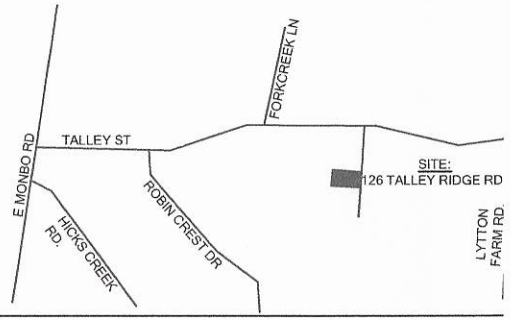
Signature: Stan Crawley **9/24/20**

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



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

VICINITY MAP - NTS



PRELIMINARY

1IN=40 T

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.

SURVEY PLOT PLAN

EXCLUSIVELY FOR

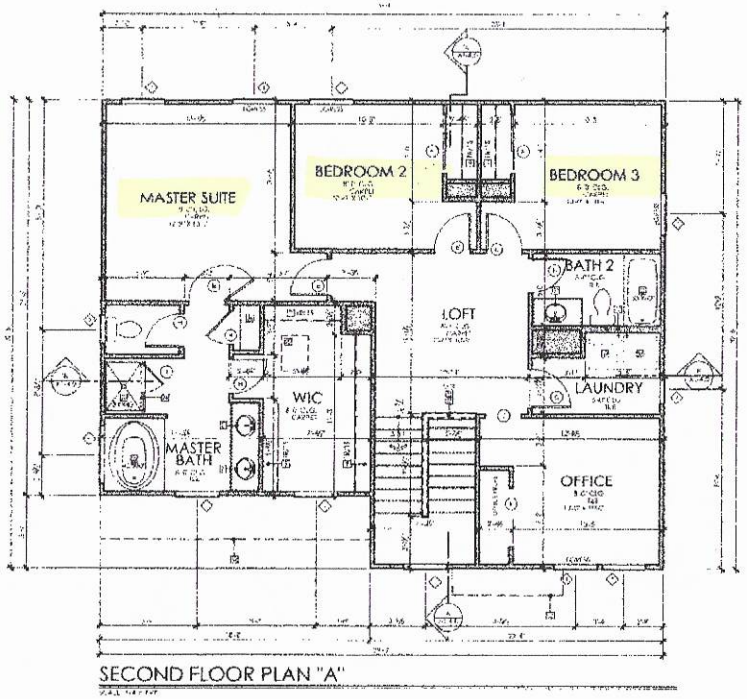
BULLER RIVER DEVELOPMENT PARTNERS, L

TALLEY RIDGE SUBDIVISION - LOT 6
126 TALLEY RIDGE DRIVE, STATESVILLE, NC
FALLSTOWN TOWNSHIP, IREDELL COUNTY

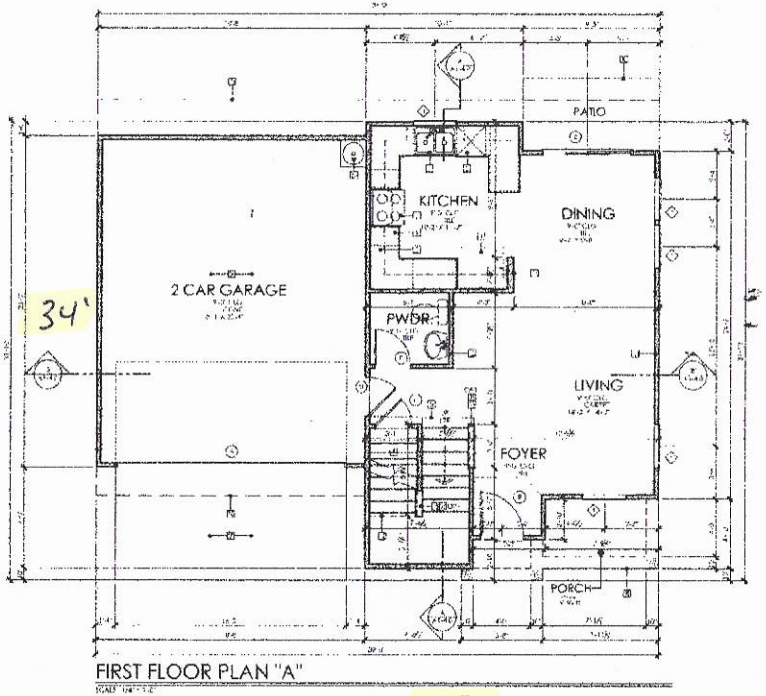
DATE: 11/24/20 DRAWN BY: GCS CHECKED BY:

REFERENCE: SEE NOTE 2 BCS# 200690 SCALE: 1" =

* 126 TALLEY RIDGE LOT-6



SECOND FLOOR PLAN "A"



FIRST FLOOR PLAN "A"

39'

* 3BD w/OFFICE *

FLOOR PLAN NOTES

DOOR SCHEDULE

DRYWALL WRAPPED OPENING SCHEDULE

WINDOW SCHEDULE

AREA CALCULATION

FIRST FLOOR GROSS	1,613
SECOND FLOOR GROSS	1,060
TOTAL GROSS LIVING AREA	2,673
PORCH	143
GARAGE	576

CHARLOTTE, NC

REVISIONS

FLOOR PLANS - BEDFORD ELEVATION 'A'

CORNERSTONE III PROPERTIES
4909 Faith Church Road
Indian Trail, NC 28079

SHEET NO. A1-1.0

Acknowledgement Of Plans Submittal ONLY!
Date 2/1/24
Date 1-25-2021

~~Acknowledgement Of Plans Submittal ONLY!~~
~~Date~~
~~Date~~

Zoning Permit # 305612

Fee Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	10/07/20	Tax Parcel #	4731223723.000
	Business Name or Property Owner	DOTZEL NICHOLAS+ROCHELLE L		
	Street Address & Lot Number	126 TALLEY RIDGE DR		
	Business Type and/or Project Description	SEPTIC PERMIT REVIEW		
APPLICANT	Applicant		Preferred Phone	
	Address City/State/Zip	,		
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only					
	Zoning District(s)	RS	TL: NO | ETJ: YES	Plans Attached	YES
	Utilities			Floodplain	NO
	Permitted Use of Property	SEPTIC PERMIT REVIEW			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments: SEPTIC PERMIT ONLY/HOLD ALL OTHER PERMITS UNTIL ZONING IS APPROVED.				

I hereby certify that all of the information provided for this application is to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.