ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 316365

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

PIN # 4751 -- 02 -- 7284

APPLICANT/OWNER: Cornerstone 3 Properties APPLICANT ADDRESS: 259 Textile Way Ft. Mill, SC 29715

SITE ADDRESS: 111 Stillmeadow Ln Mooresville NC PHONE: 704 301-3229 ALT. PHONE

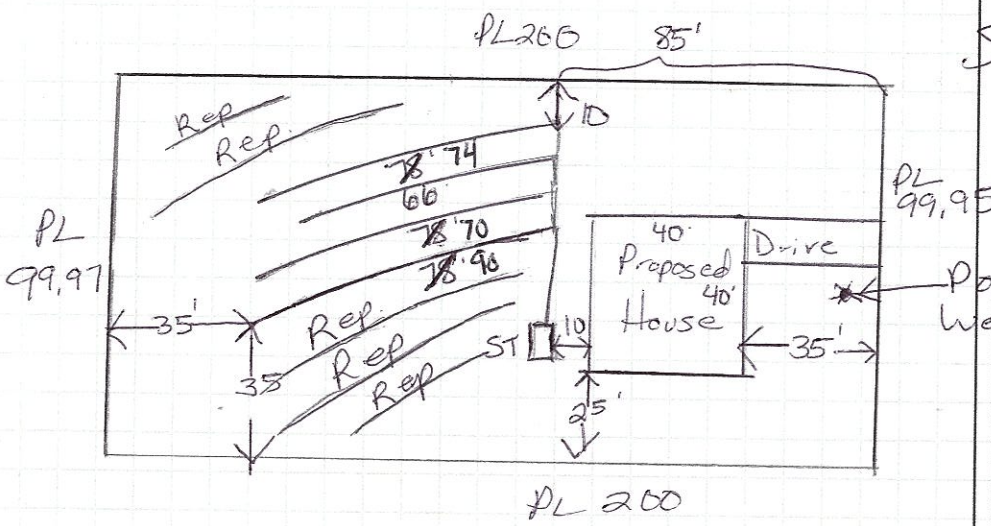
SITE DIRECTIONS: Oswalt Amity Rd TL Stillmeadow on left. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stillmeadow Estates SECTION: LOT # 6 LOT AREA: .46 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	5/21/22	☒ 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:	Gravity - 25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make			Model		Serial #		Repair System Description:	PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	min 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth (~~Low side~~) max	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Divert storm/surface water away from Septic System.

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.

Scale 1:50

Installed as Drawn

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: Stan Pruitt Date: 7/19/21 Installed by: Lentz

IMPROVEMENT PERMIT by: Maria Colon Date: 7/12/21 OPERATION PERMIT by: Cary Hill Date: 7/1/22

AUTHORIZATION TO CONSTRUCT by: Maria Colon Date: 7/13/21 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 ___ of ___
PROPERTY ID #: 4751028728
COUNTY: Iredell

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

OWNER: Cornerstone Prop.
ADDRESS: 259 Textile Loop Ft Mill, SC 29715
PROPOSED FACILITY: House
LOCATION OF SITE: Lot Stillmeadow / Stillmeadow Lot 6
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 3/25/2
DATE EVALUATED: 4/30/2
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.46 ac.
PROPERTY RECORDED: ✓
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-6	BrwSCL	wSBK SS, SP, SExP, FR					PS .3
		6-25	RCmSCL	wSBK SS, SP, SExP, FR					
		25-49	RCL	wSBK SS, SP, SExP, FR-FR					
			w/SAP	Inclus					
2	16%	0-8	BrwSCL	wSBK SS, SP, SExP, FR					PS .3
		8-22	RCmSCL	wSBK SS, SP, SExP, FR					
		22-42	RCL	wSBK SS, SP, SExP, FR					
			w/few to	many SAP Inclus					
		42-60	L/SA	massive, FR					
3	10%	0-6	BrwSCL	wSBK SS, SP, SExP, FR					PS .3
		6-48	RCm	SBK SS, SP, SExP, FR					
		48+	RCL	wSBK SS, SP, SExP, FR					
			w/few to many	SAP Inclus					
		48+	L/SA	massive, FR					
4	15%	0-10	BrwSCL	wSBK SS, SP, SExP, FR					PS .3
		10-35	RCm-L	wSBK SS, SP, SExP, FR					
		35-60	RCL	wSBK SS, SP, SExP, FR					
			w/Common	Mica					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	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.

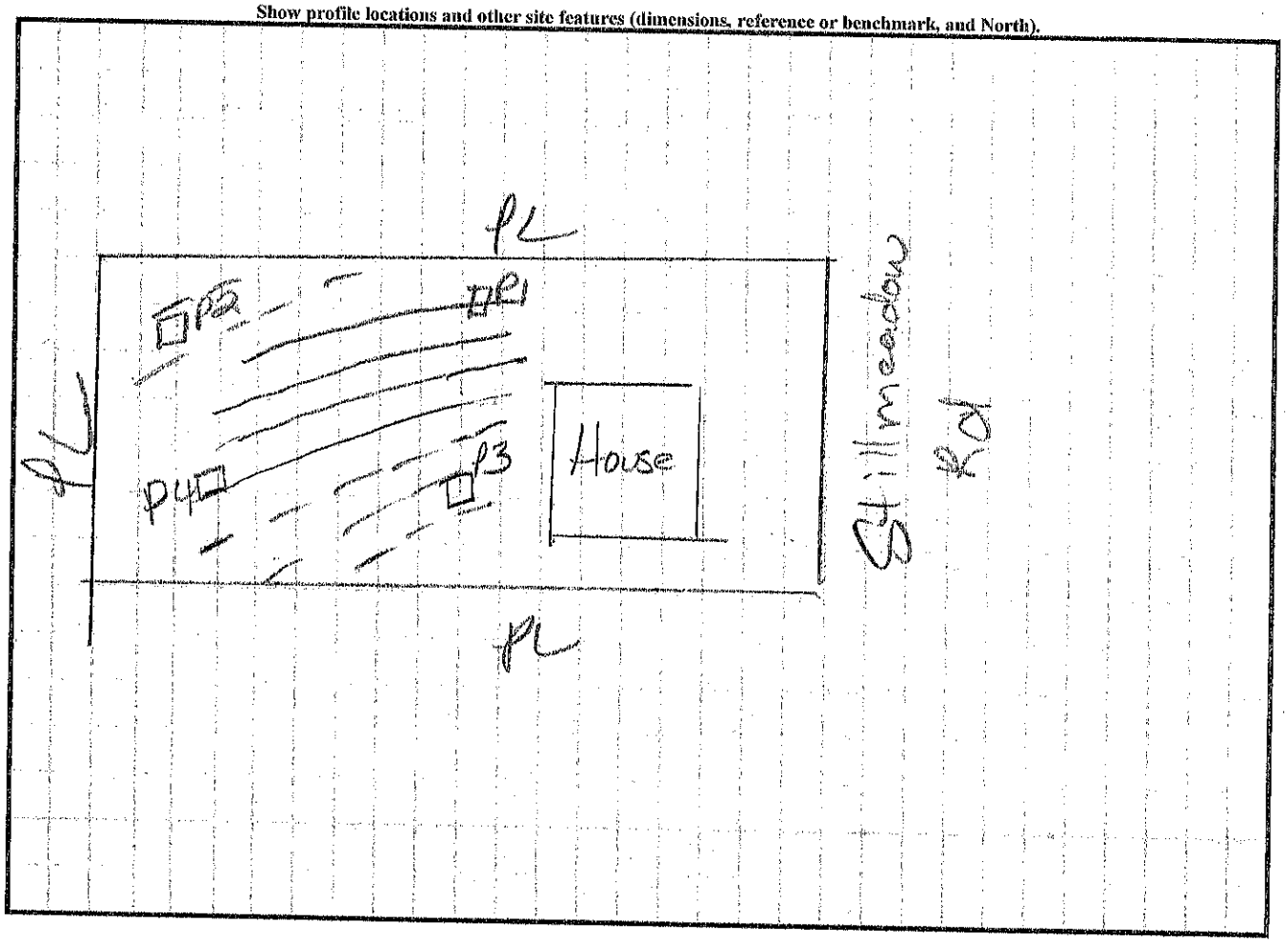
NOTES

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).



RECEIVED APR 1 4 2021

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*

AP-316365 $500.00

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 259 TEXTILE WAY FT MILL SC Zip: 29715
Applicant Email: STAN@CORNERSTONEJR.COM Phone: 704 361 3229 Alt. Phone: X
Owner Name: BUFFER RIVER DEVELP. Address: 259 TEXTILE WAY FT MILL, SC Zip: 29715
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 111 STILLMEADOW LANE PIN# 4751-02-7284
Subdivision Name: STILLMEADOW Section/Phase: _____ Lot Number: 6
Driving Directions: NORTH I-77 / RT OSWALT AMMITY / LEFT ON STILLMEADOW LN.

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

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

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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

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

Signature: Stan Cowley 3/25/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

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

2. I, PAM HARDING/BULLER RIVER, am the legal owner(s) of the property located at 111 STILLMEADOW LANE, identified as

PIN (Parcel Identification Number) 4751-02-7284, 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 Dartmont — 3/25/21

Signature of Owner(s) — Date

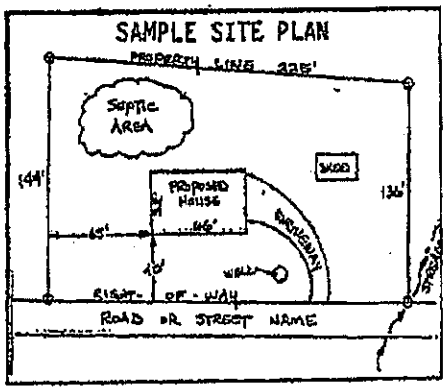
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

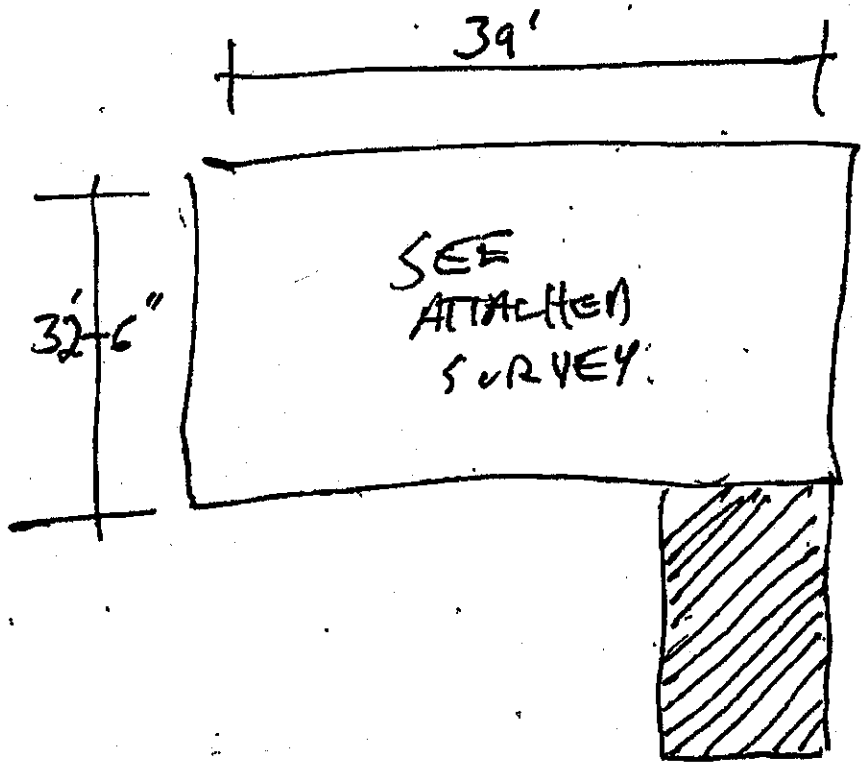
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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



Signature: Stan Crawley 3/25/21

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

Notice

- Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.
- This survey is subject to any facts that may be disclosed by a full and accurate title search.
- This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to remain alert for the existence of such unrecorded burdens not shown hereon.
- This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.
- This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.
- The ratio of precision before any adjustments is 1:13,745.
- Area determined by coordinate computations.
- No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

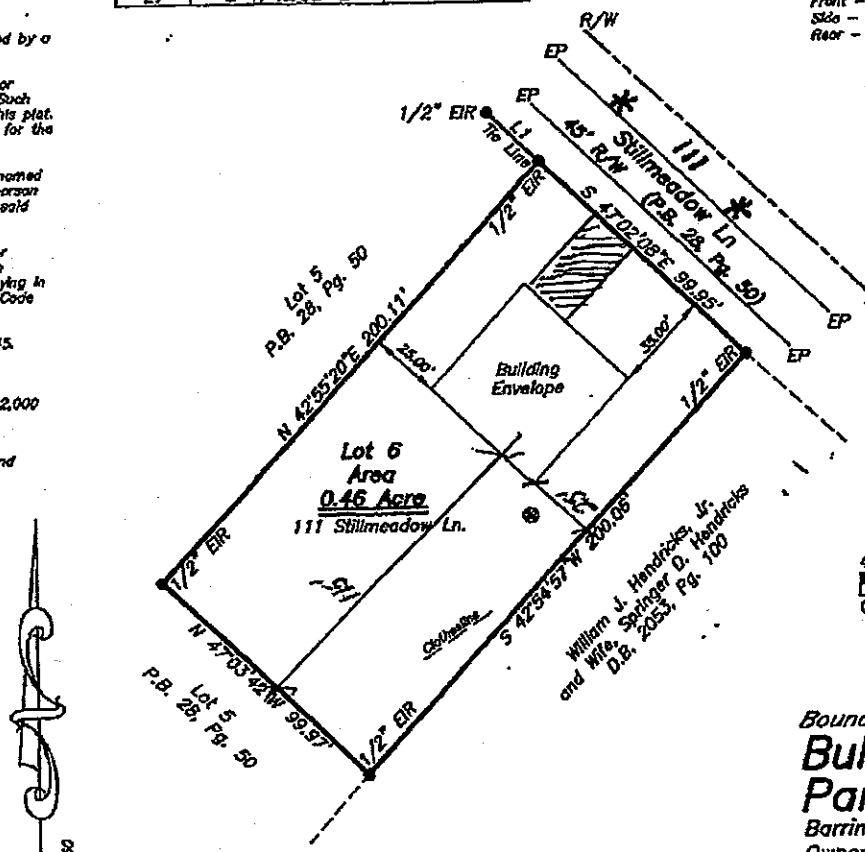
Witness this my original signature, registration number and seal this 9 day of MARCH, 2021 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1568

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

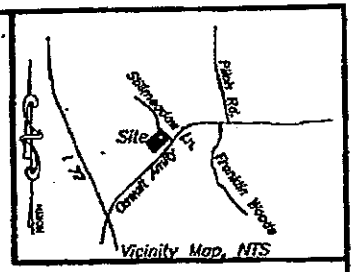
TED BENBOW Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 876-9661
www.boundarydevelopment.com

Course	Bearing	Distance
L1	S 47°12'52" E	25.18'



Zoning

ZONING:RA (Iredell County)
Building Setbacks
Front - 35'
Side - 15'
Rear - 35'



Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EIR ..... EXISTING IRON ROD AS SHOWN
- PIN ..... PARCEL IDENTIFICATION NUMBER
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- SPIGOT
- LINE SURVEYED
- TIE LINE SURVEYED
- LINE NOT SURVEYED
- RIGHT-OF-WAY LINE
- CLOTHESLINE

40 0 40 80 120
GRAPHIC SCALE - 1" = 40'

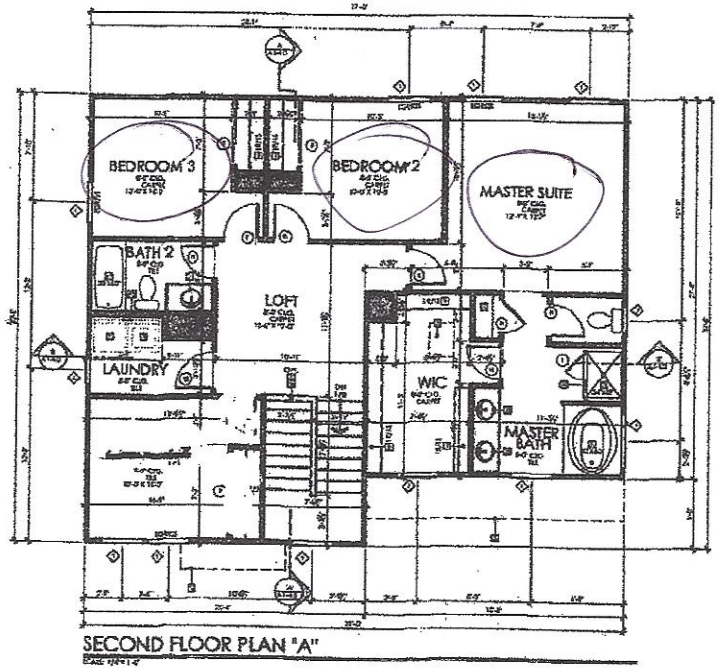
Flood Hazard Area Certificate

According to mapping provided by the Federal Emergency Management Agency and shown on the Digital Flood Insurance Rate Map (DFIRM) Panel 9518, Iredell County, North Carolina, effective date: 3/18/2008, the property shown hereon is not located within a special flood hazard area. The property is entirely within an area designated "Zone X - other areas". Areas determined to be outside the 0.2% annual chance floodplain: areas outside future conditions 1% annual chance floodplain.

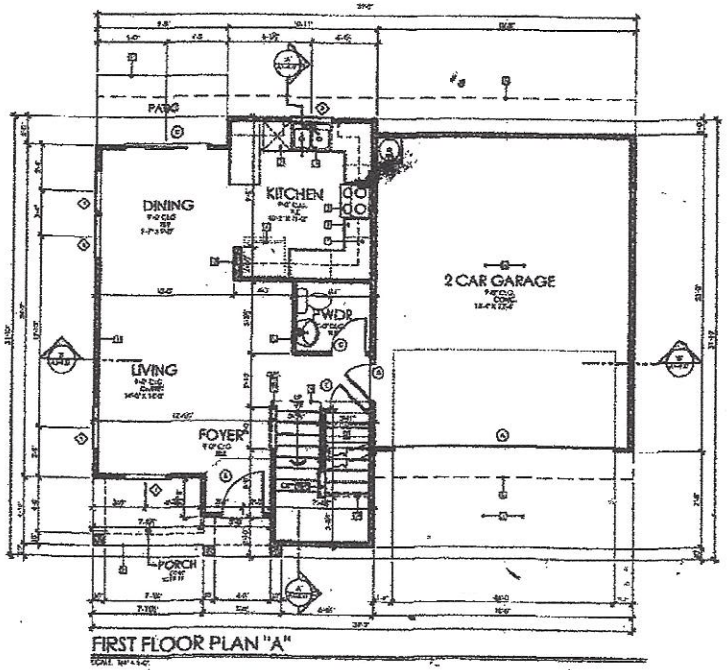
Boundary Survey For:

Buller River Development Partners, LP

Barringer Township, Iredell County, NC
Owners of Record: Thomas R. Collins and Andrew B. Collins
Deed Reference: D.B. 1763, Pg. 1340
Plat Reference: P.B. 28, Pg. 50
PIN: 4751-02-7284
Job Number: 210353.DWG (210353A.CRD)
Field Work: 3/5/2021
Plat Date: 3/9/2021



SECOND FLOOR PLAN "A"



FIRST FLOOR PLAN "A"

FLOOR PLAN NOTES

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DOOR SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARKS
DOOR SCHEDULE				
A	16'-0"	7'-0"	1	INSULATED STEEL GARAGE DOOR
B	2'-6"	6'-8"	1	SOLID CORE PAINTED INTERIOR DOOR
C	6'-0"	6'-8"	1	SWING GLASS DOOR
D	5'-0"	6'-8"	1	SLIDING GLASS DOOR W/ BLINDS
E	2'-6"	6'-8"	7	HOLLOW CORE PAINTED DOOR
F	4'-0"	6'-8"	3	HOLLOW CORE BI-PASS DOOR
G	2'-0"	6'-8"	1	HOLLOW CORE PAINTED DOOR
H	2'-6"	6'-8"	2	HOLLOW CORE PAINTED DOOR
I	3'-0"	6'-8"	1	SOLID GLASS ENTRY DOOR

WINDOW SCHEDULE

MARK	WIDTH	HEIGHT	QUANTITY	REMARKS
WINDOW SCHEDULE				
1	3'-0"	5'-0"	13	SINGLE HUNG - EGRESS
B	3'-0"	2'-0"	2	SINGLE HUNG
J	5'-0"	3'-0"	2	SINGLE HUNG
K	6'-0"	2'-6"	1	FIXED GLASS - TEMPERED

AREA CALCULATION

1ST FLOOR LIVING	[illegible]
2ND FLOOR LIVING	[illegible]
TOTAL GROSS LIVING AREA	2502 SF
PORCH	72 SF
GARAGE	616 SF

Acknowledgement Of
Plans Submittal ONLY!

Date 7/13/21

Date 7/19/21

REVISIONS

CHARLOTTE, NC

FLOOR PLANS

BEDFORD
ELEVATION 'A'

CORNERSTONE III PROPERTIES
4509 Faith Church Road
Indian Trail, NC 28079

SHEET NO.
A1-1.0R

PLOTTED: May 15, 2017 / Kaka / BEDFORD CD'S 11 17.DWG

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316365 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751027284.000	111 STILLMEADOW LN	Iredell County

Owner Information	Applicant Information
Name: COLLINS THOMAS R+ANDREW B	Name: CORNERSTONE III PROPERTIES
Address:	Address: 4509 FAITH CHURCH INDAIN TRAIL, 28 28203
Phone:	Phone: (704)906-6212

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.46	35	35	15	15	N/A	NO

Remarks
SFD need discl

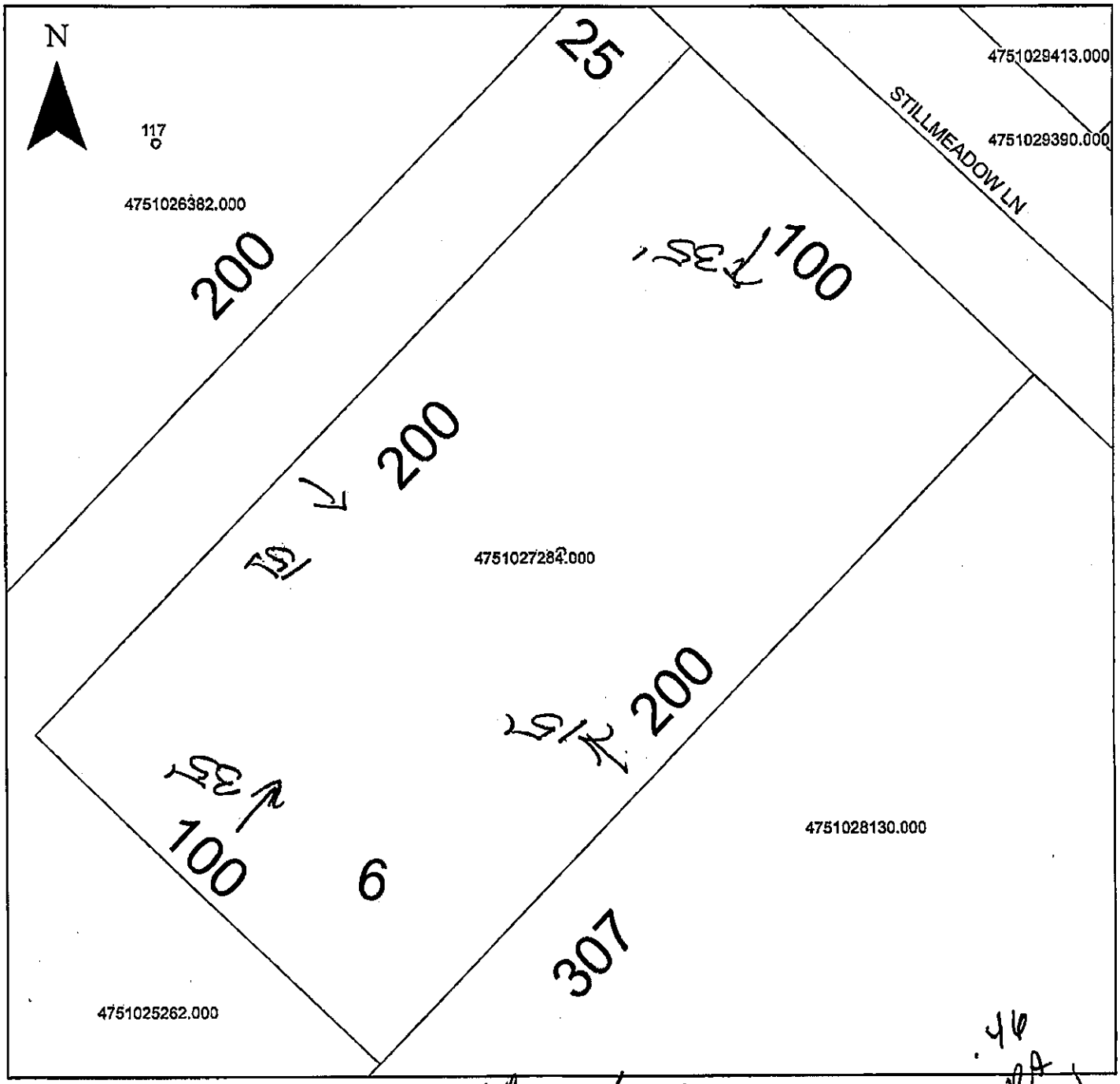
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 04/01/2021

Signature of Owner/Contractor

Permit Number	316365	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 111 Still Meadow

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. Applicant further acknowledges that the 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.

Applicant

Date