ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-312527

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

PIN # 4765 - 56 - 4003

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

SITE ADDRESS: 119 STOCKBRIDGE LANE, STATESVILLE, N.C. 28625 | PHONE: 704-301-3229 | ALT. PHONE —

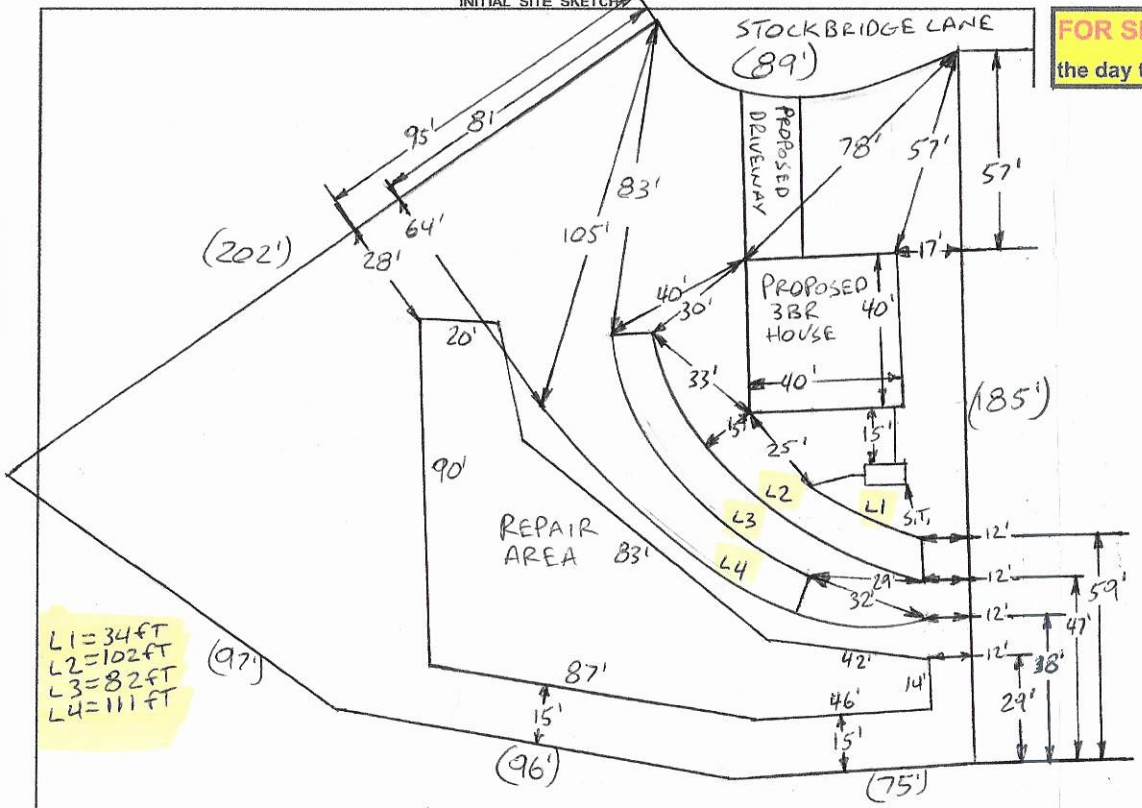
SITE DIRECTIONS: (W) ON 64, (L) ON RIVER HILL, (R) ON OAK HAVEN, (R) ON STOCK BRIDGE, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: COUNTRY WOODS ESTATES | SECTION: — | LOT # 2 | LOT AREA: 0.739 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275 (0.2) REPAIR

Septic Tank	1000 (gal)	STB 363	Date 5-30-21	☑ 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:		25% REDUCTION		☐ Business	No. Persons 6	☐ Private	
Pump Make	—	Model —	Serial # —	Repair System Description:		DRIP		☐ Other	No. Employees —	☑ Public	
# Nitrification Fields	1	# Lines 4	Linear Ft: 329FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS DO NOT EXCEED A MAX TRENCH DEPTH OF 30IN, MAINTAIN 50FT FROM ALL WELLS.

INITIAL SITE SKETCH



L1 = 34FT
L2 = 102FT
L3 = 82FT
L4 = 111 FT

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.

1 IN = 50FT
S.T. = SEPTIC TANK

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 plan 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: 2/1/21 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Bryant C. White | Date: 1-15-2021 | OPERATION PERMIT by: [signature] | Date: 8-6-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 1-21-2021 | Existing System Inspected by: | Date:

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

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 (✓) 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: 119 STOCKBRIDGE LANE PIN # 4765 56 4003
Subdivision Name: COUNTRY WOOD ESTATES Section/Phase: _____ Lot Number: 2
Driving Directions: RIVER HILLS ROAD NORTH / RIGHT ON OAKHAVEN DR. / RT. ONTO STOCKBRIDGE LANE

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

(✓) 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~~ 3
Maximum Number of Occupants: ~~5~~ 3
( ) 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 APPROVED JAN 25 2021 ~~11/7/20~~
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE
APPROVED JAN 25 2021 (SWP) 1/21/21

RECEIVED NOV 1 1 2020

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

AP-312527
$500.00

Iredell County Health Department – Environmental Health Division

SEPTIC

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Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUFFER 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: 119 STOCKBRIDGE LANE PIN # 4765 56 4003
Subdivision Name: COUNTRY WOOD ESTATES Section/Phase: _____ Lot Number: 2
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Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
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( ) 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?
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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 11/7/20
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 119 STOCKBRIDGE CT., identified as

PIN (Parcel Identification Number) 4765 56 4003, 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 Developer — 11/7/20

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

SOIL/SITE EVALUATION

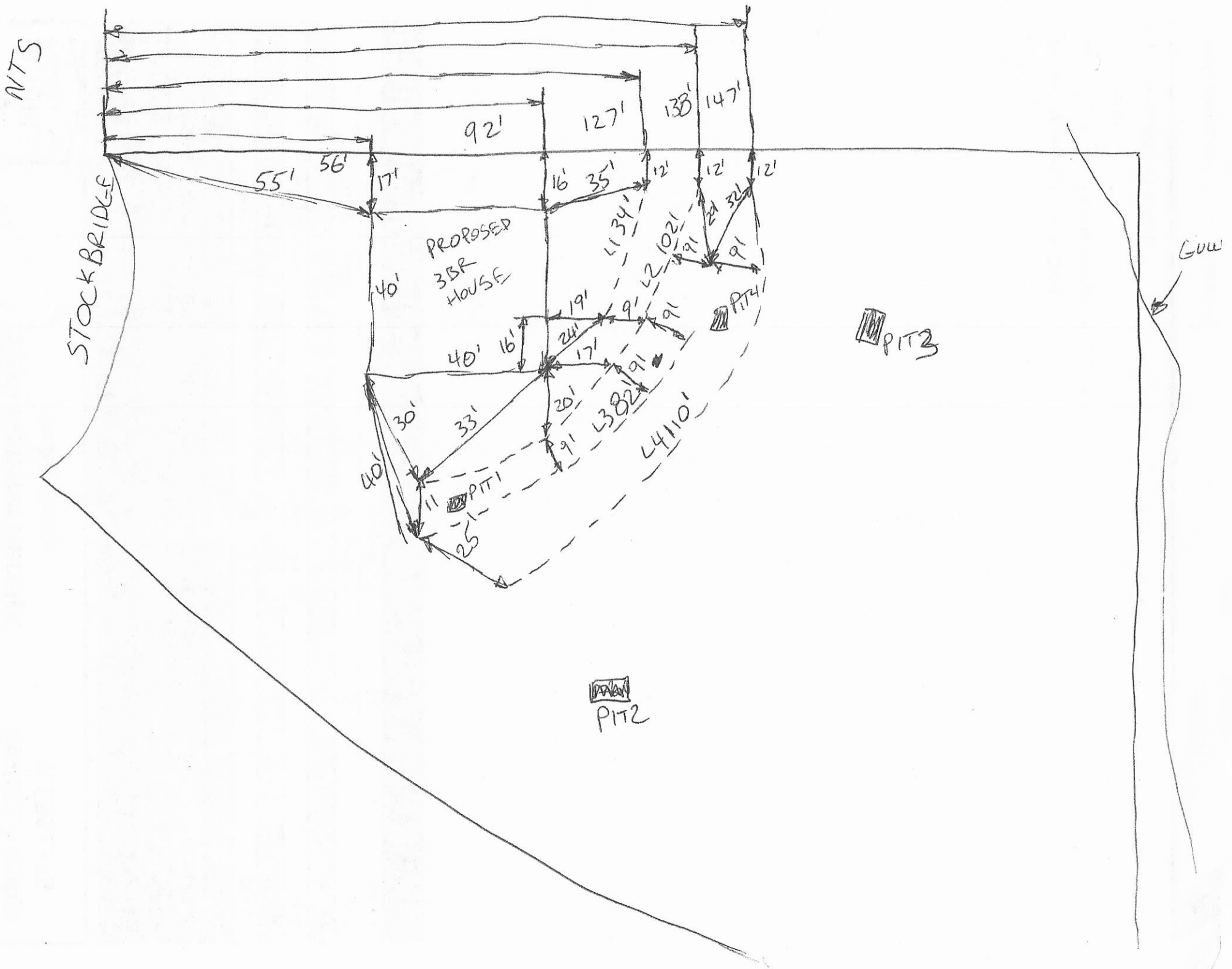
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4765564003
DATE OF EVALUATION: 12-29-2020
COUNTY: IREDELL

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 3%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT O.M., 0" 12"	54"+	NA	NA	PS .3
		8-36	C, SBK	FR, S, P, SEXP					
		36-54	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 8%	0-12	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS THRU OUT 10YR 6/2 @ 26"+ 10YR 7/1 @ 32"+	54"+	NA	NA	PS .2 ABOVE 26"
		12-32	C, SBK	FR, S, P, SEXP					
		32-54	CL, ABK	FI, SS, VP, SEXP					
3	LINEAR SIDE 15%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	42"	PS II & ~~A/A~~ SL	NA	PS .3
		6-24	C, SBK	FR, S, P, SEXP					
		24-42	CL, WSBK	FI, SS, SP, SEXP					
		42-49	SAP, MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE	0-10	SCL, SBK/GR	FR, SS, SP, SEXP	SAP INC THRU Y/B OUT WET MIXED WITH SAP, INC	49"+	NA	NA	PS .275
		10-35	C, SBK	FR, S, P, SEXP					
		35-49	CL, WABK	FI, SS, SP, SEXP					

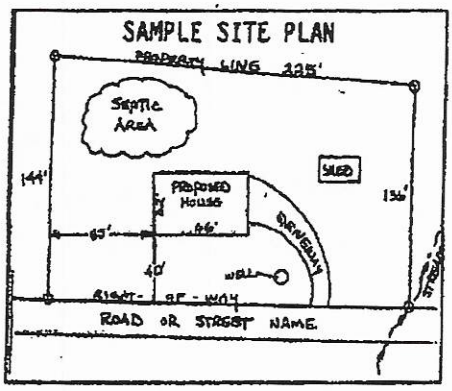
COMMENTS:


NTS
STOCKBRIDGE
PROPOSED
3BR
HOUSE
92'
127'
133'
147'
55'
56'
17'
16'
35'
12'
12'
12'
40'
40'
16'
19'
9'
9'
24'
17'
L1 34'
L2 102'
21
32'
91
91
91
91
91
PIT4
PIT3
PIT2
PIT1
30'
33'
20'
9'
L3 82'
L4 110'
40'
11'
25'
Gull

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

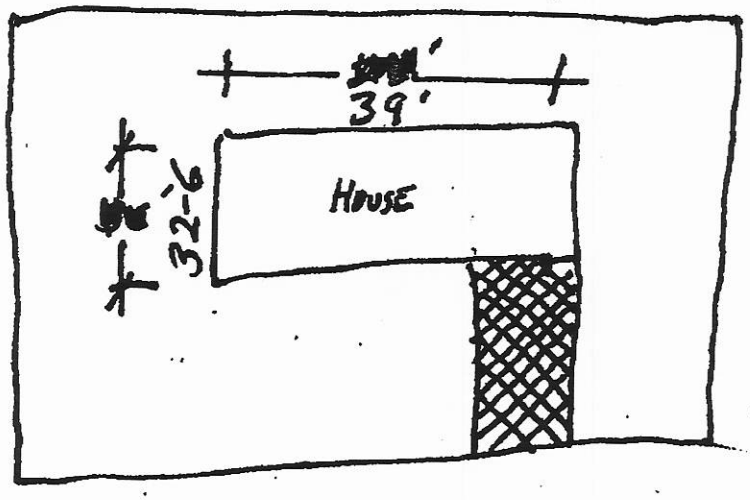
Circle N/A on the following if appropriate:

- 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 *

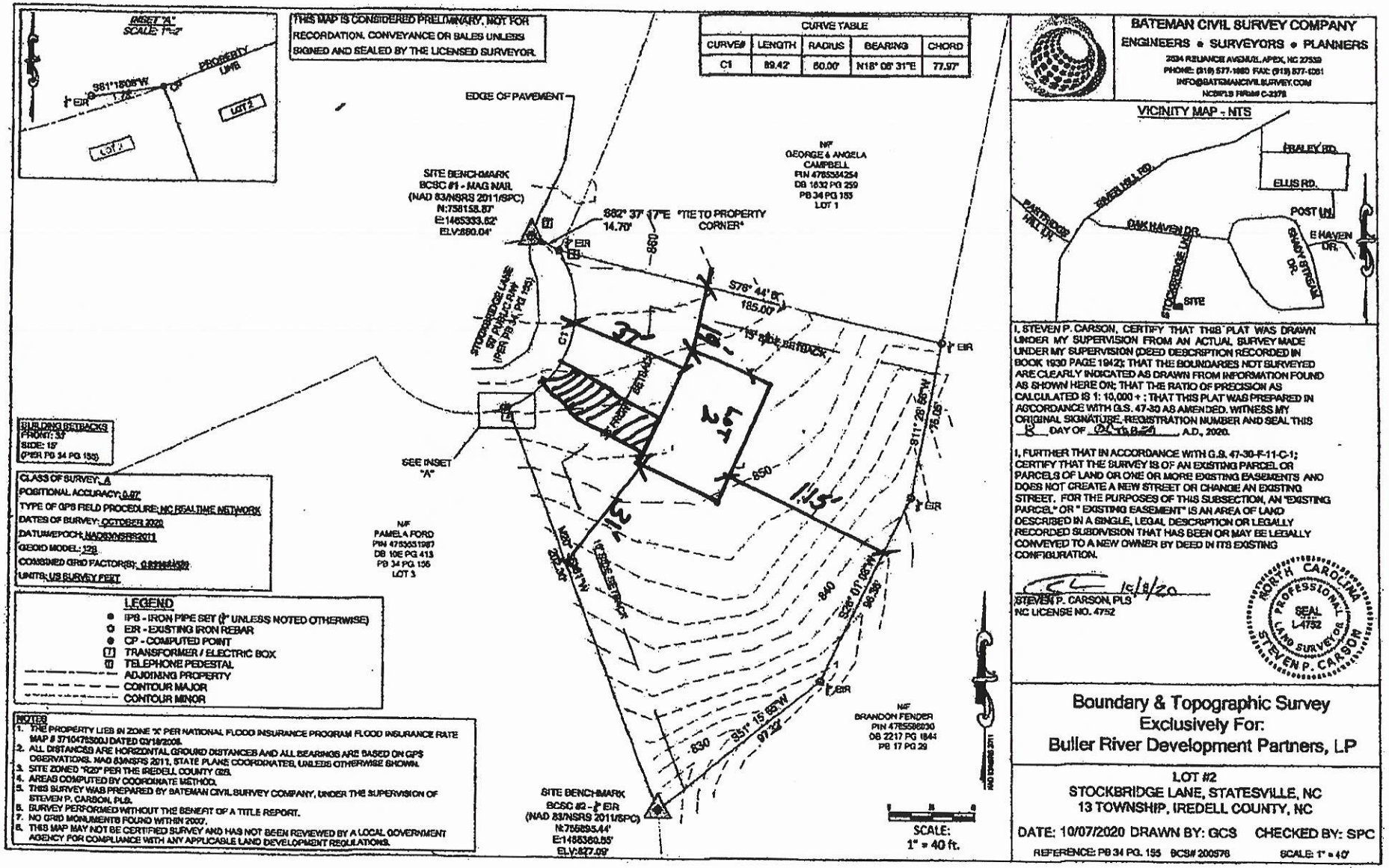


Signature: Stan Conley 11/7/20

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

LOT-2

* 119 STOCKBRIDGE LANE *



BATEMAN CIVIL SURVEY COMPANY
ENGINEERS • SURVEYORS • PLANNERS
2334 RELIANCE AVENUE, APEX, NC 27539
PHONE: (919) 577-1080 FAX: (919) 577-0081
INFO@BATEMANCIVILSURVEY.COM
NCBELS FIRM# C-2378

VICINITY MAP - NTS

I, STEVEN P. CARSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 1930 PAGE 1942); THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND AS SHOWN HERE ON; THAT THE RATIO OF PRECISION AS CALCULATED IS 1: 10,000 + ; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 8 DAY OF OCTOBER, A.D., 2020.

I, FURTHER THAT IN ACCORDANCE WITH G.S. 47-30-F-11-C-1; CERTIFY THAT THE SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND OR ONE OR MORE EXISTING EASEMENTS AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET. FOR THE PURPOSES OF THIS SUBSECTION, AN "EXISTING PARCEL" OR " EXISTING EASEMENT" IS AN AREA OF LAND DESCRIBED IN A SINGLE, LEGAL DESCRIPTION OR LEGALLY RECORDED SUBDIVISION THAT HAS BEEN OR MAY BE LEGALLY CONVEYED TO A NEW OWNER BY DEED IN ITS EXISTING CONFIGURATION.

10/8/20
STEVEN P. CARSON, PLS
NC LICENSE NO. 4752

NORTH CAROLINA PROFESSIONAL SEAL L-4752 LAND SURVEYOR STEVEN P. CARSON

Boundary & Topographic Survey
Exclusively For:
Buller River Development Partners, LP

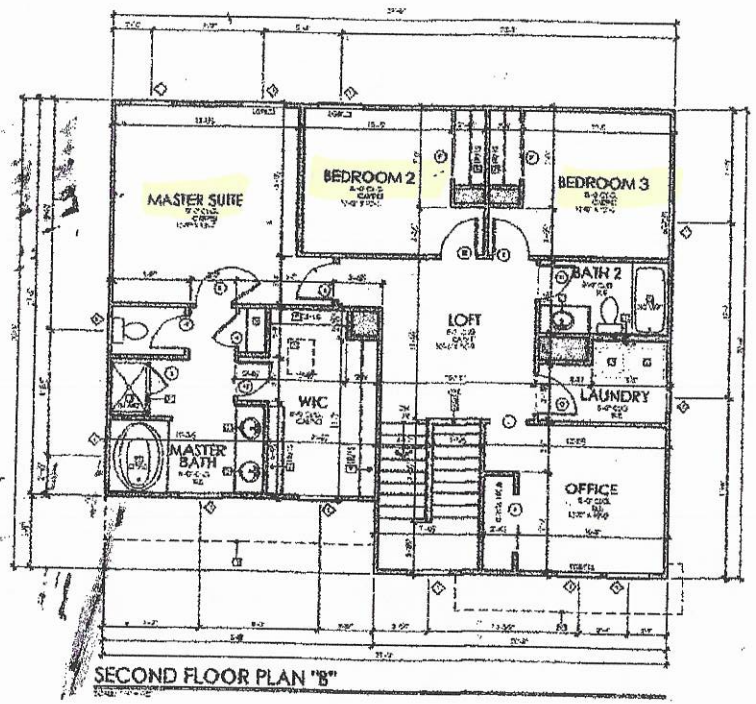
LOT #2
STOCKBRIDGE LANE, STATESVILLE, NC
13 TOWNSHIP, IREDELL COUNTY, NC

DATE: 10/07/2020 DRAWN BY: GCS CHECKED BY: SPC

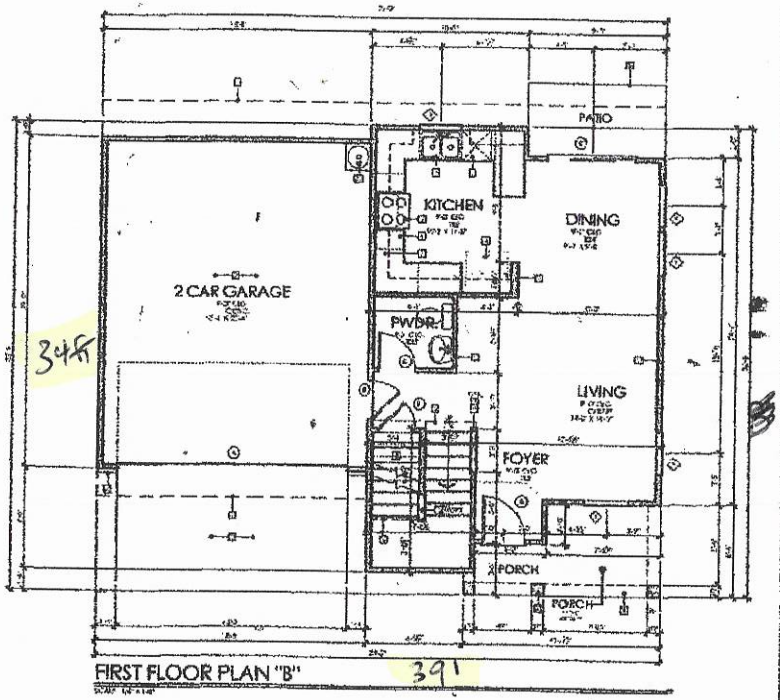
REFERENCE: PB 34 PG. 155 BCS# 200576 SCALE: 1" = 40'

* 119 STOCKBRIDGE LANE *

LOT-02



SECOND FLOOR PLAN "B"


PATIO
KITCHEN
DINING
2 CAR GARAGE
PWDR.
LIVING
FOYER
PORCH
PORCH
FIRST FLOOR PLAN "B"

345

391

FLOOR PLAN NOTES

DOOR SCHEDULE

DRYWALL WRAPPED OPENING SCHEDULE

WINDOW SCHEDULE

AREA CALCULATION

FIRST FLOOR (GROSS)	2,173
SECOND FLOOR (GROSS)	1,000
TOTAL GROSS LIVING AREA	2503
PORCH	194
GARAGE	636

* 3 BD. W/OFFICE

Acknowledgement Of Plans Submittal ONLY!

Builder Date 2/9/21

Buyer Date 1-25-2021

REVISIONS

CHARLOTTE, NC

FLOOR PLANS

BEDFORD

ELEVATION "B"

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

SHEET NO.
A1-2.0

PLOTTED: May 15, 2017 / Katie / BEDFORD CD 05 11 17.DWG

IREDELL COUNTY

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

APPLICATION NUMBER
312527 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765564003.000	119 STOCKBRIDGE LN	Iredell County

Owner Information	Applicant Information
Name: DACOSTA JOAO C+ANA P DELIMA	Name: CORNERSTONE III PROPERTIES
Address:	Address: 4509 FAITH CHURCH
,	INDAIN TRAIL, 28 28203
Phone:	Phone: (704)301-3229

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.739	35	35	15	15	N/A	NO

Remarks
SFD need disclaimer

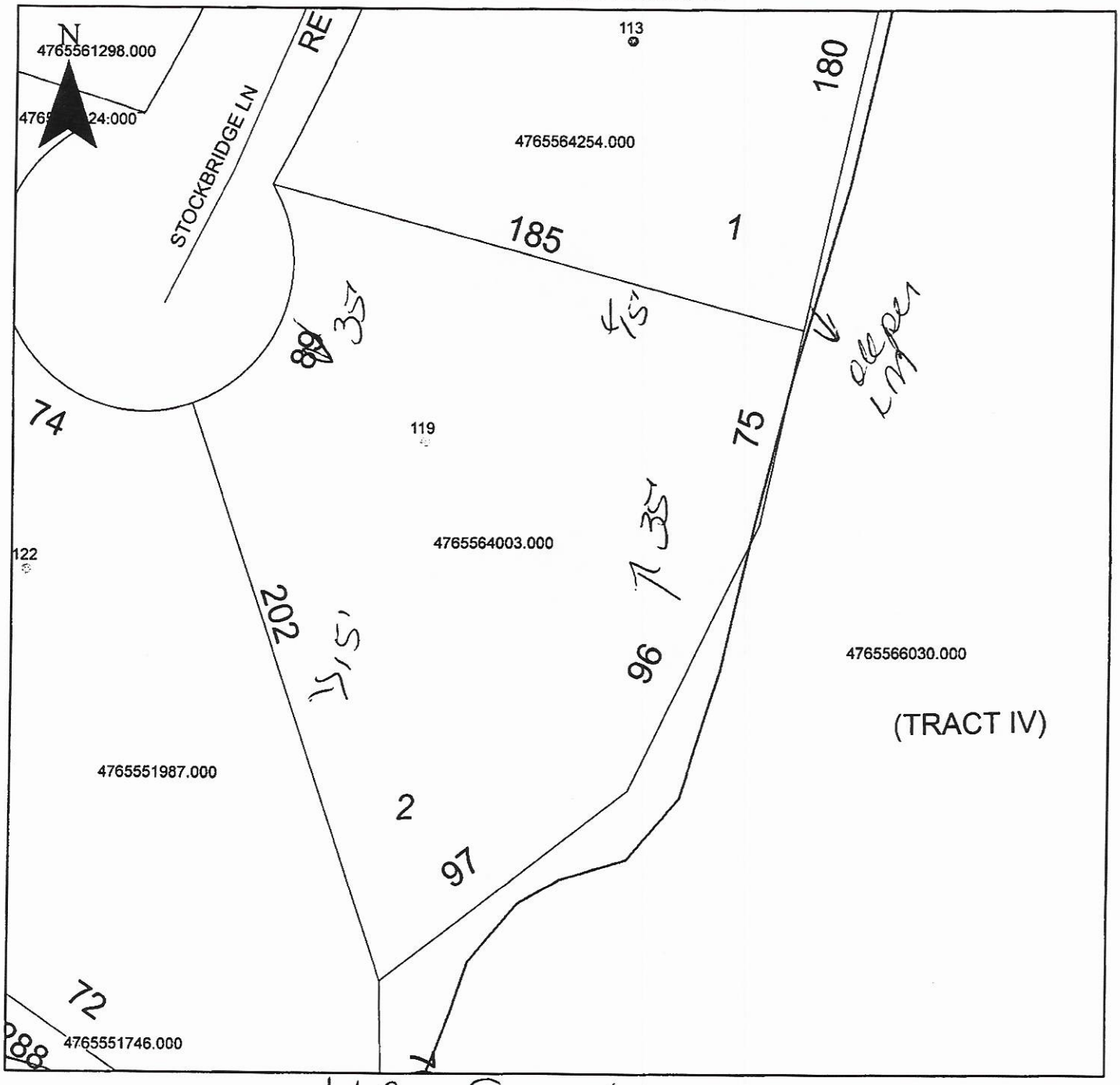
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 11/10/2020

Signature of Owner/Contractor

Permit Number	312527	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 119 Stockbridge

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Applicant

Date