ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305

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

PIN # 4766 -- 74 -- 3646.

APPLICANT/OWNER: Cornerstone III Properties | APPLICANT ADDRESS: 118 E Kingston Ave Unit 16 Charlotte NC 28203

SITE ADDRESS: 410 Seven Springs Loop, Statesville NC 28625 | PHONE: 704-577-4002 | ALT. PHONE —

SITE DIRECTIONS: Old Mocksville Rd, Chestnut Grove Rd, Seven Springs Loop | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Seven Springs | SECTION: — LOT # 61 | LOT AREA: .78 AC | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank 1000 (gal) | STB | Date

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

Nitrification Fields 1 | # Lines 4 | Linear Ft: 300

Trench Width 36 | Trench Bottom Depth(Low side) 28 in | Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: LD-PPBPS - 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas PA.

LSS # 1231 Dated Nov. 15th 2021

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.

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 Pruett Date: 12/2/21

IMPROVEMENT PERMIT by: Benjamin A. Batts Date: 11-30-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Batts Date: 11-30-2021

Installed by: Lantz Wastewater Date: 8/26/22

OPERATION PERMIT by: Dan Hinn Date:

Existing System Inspected by:

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

PROPERTY ID #: 4766743646
COUNTY: Iredell

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

OWNER: Joan Tuten (Buyer) Todd Lange (Buyers Agent) APPLICATION DATE
ADDRESS: 5518 N Grandiahall Circle, Carmel NC 46033 DATE EVALUATED: 04/02/2021
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 0.78 ac
LOCATION OF SITE: 410 Seven Springs Loop Statesville NC 28625 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
B 1	L/8%	0-5	BCL wfsbk	Fr SS SP SEXP	c.SAP	43	—	—	PS .325
		5-24	RC wmsbk	Fr SS SP					
		24-43	RBCL wfsbk	Fr SS SP					
		43-56	VAR. L. MASS	Fr SS SP					
B 2	L/6-8%	0-4	BCL wfsbk	Fr SS SP SEXP	c.SAP	47	—	—	PS .325
		4-22	RC wmsbk	Fr SS SP					
		22-47	RBCL wfsbk	Fr SS SP					
		47-50	VAR. SL MASS	Fr SS SP					
B 3	L/4-6%	0-3	BL Gr	Fr SS SP SEXP	c.SAP	44	—	—	PS .325
		3-30	RC wmsbk	Fr SS SP					
		30-44	RBCL wfsbk	Fr SS SP					
		44-50	VAR. L MASS	Fr SS SP					
B 4	L/4-6%	0-8	BSCL wfsbk	Fr SS SP SEXP	Few to c.SAP	50	—	—	PS .3
		8-50	RC wmsbk	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBAS
Site LTAR	0.3-.325	0.3-.325

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: C. Wagner

COMMENTS:

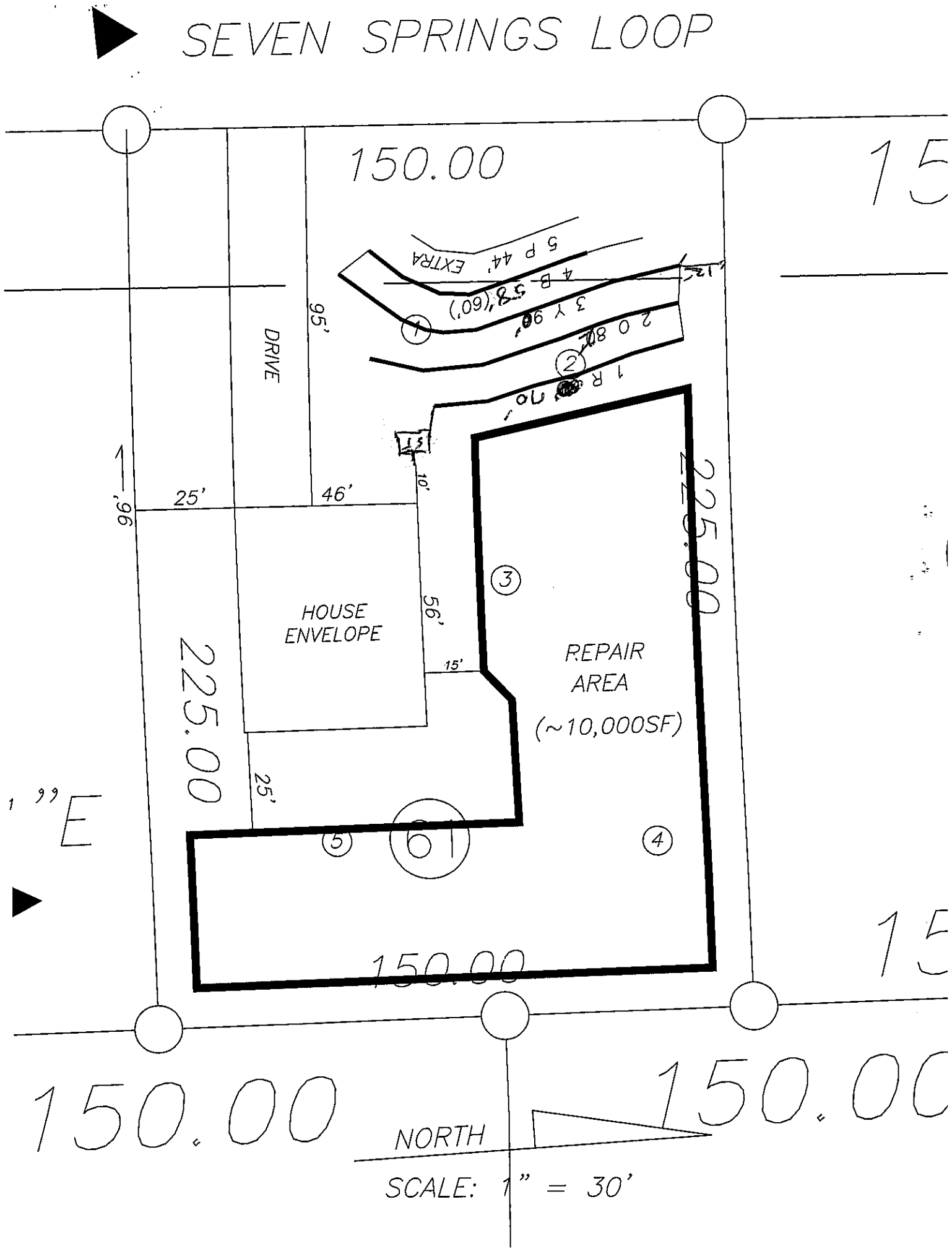
SOIL/SITE EVALUATION

(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 #: 476674364
DATE OF EVALUATION: 4/2/21
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
B5	L/46%	0-6	BSCL wfsbk	Fr ss sp sexp		50	—	—	PS .3
		6-47	RC wmsbk	Fr ss sp					
		47-50	RBCL wfsbk	Fr ss sp					


SEVEN SPRINGS LOOP
150.00
DRIVE
95'
25'
46'
96'
HOUSE
ENVELOPE
56'
15'
10'
225.00
225.00
REPAIR
AREA
(~10,000SF)
25'
150.00
150.00
150.00
NORTH
SCALE: 1" = 30'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0119
November 15th, 2021

CORNERSTONE III PROPERTIES
Attn: *Matt Oljeski*
Email: matt@cornerstone3p.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 410 Seven Springs Loop, Statesville NC 28625, Seven Springs Lot 61, PIN # (4766743646), Iredell County.

Mr. Oljeski:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions
At the time of our evaluation land cover on the property was mostly wooded. Topography within the evaluated area was gently slope near the house site and proposed drainfield area. Property corners were marked at the time of the evaluation by a licensed surveyor. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. The house envelope was rough flagged by tape measure.

Methodology
We evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five boring locations on the property flagged and located via GPS. All five of the soil borings are located in or adjacent to the proposed septic layout and repair area. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. An on-ground layout of primary system was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. The Repair area is based upon square footage of usable soil. Detailed system & repair information is summarized in the following paragraph for this Lot.

410 Seven Springs Loop (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 360 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 28 inches. The repair system is proposed as 200 linear feet of PPBPS (50% Reduction) drainfield with low pressure distribution. There is approximately 10000 SF of area available for repair. Trench depth (Low Side) is specified at 29 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner

Print Name Pam Harding

Signature Pam Harding

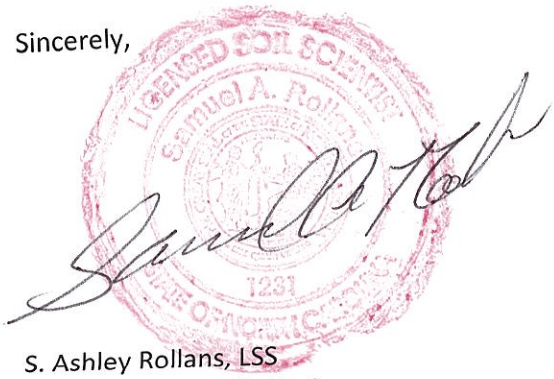
Date 11/15/21

The LSS Evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 410 Seven Springs Loop, Statesville, NC 28625 (Seven Springs Lot 61) may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,



S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence at 410 Seven Springs Lp, Lot 61, Seven Springs Subdivision PIN#(4766743646) Statesville 28625, Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Septic Application---------- 9-10

Agent Authorization---------- 11

Green Sheet---------- 12



November 15, 2021
Project #: 20-0119
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS 50% reduction installation w/ low pressure distribution.

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant: Cornerstone III Properties

Address: 118 E. Kingston Ave. Unit 16
Charlotte, NC 28203

Phone: 704.577.4002

County: Iredell

Location: 410 Seven Springs Loop
Statesville NC 28625

Source of Wastewater Flow: 3 Bedroom Single Family Residence

Estimated Gallons Per Day Flow: 360

System Flow: N/A

Design Specifications

Drainfield Size: 300

Loading Rate (gpd/ft.^{2}): 0.3

Depth of Gravel in Trench: N/A

Gravel Size: N/A

Max.Trench Depth (LOW SIDE): 28 in. Repair Trench Bottom 29 in.

Trench Width: 36 in.

Septic Tank Size: 1000

Estimated Supply Line Length: 11

Supply Line Diameter: 4 in. SCH 40 PVC

Supply Line Volume: 7.18

Dosing Volume: N/A

Supply Manifold: N/A

Supply Manifold Length: N/A

Supply Manifold Volume: N/A

Recommended Float Controls: N/A

Recommended Control Panel: N/A

Pressure Head: N/A

Friction Head: N/A

Elevation Head: N/A

Total Dynamic Head: N/A

Threaded Union: N/A

Gate Valves: N/A

Check Valves: N/A

Anti-Siphon Hole: N/A

Additional Comments: Soil suitability was performed by Soil & Forestry *Services of the Carolinas, PA*

410 Seven Springs Loop

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	900
TOTAL LATERAL LENGTH:	300
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	300
SUPPLY LINE LENGTH:	11
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 410 Seven Springs Lp

Project #: 20-0119

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	############## DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					*64*	*64*
2	***ORANGE***					*80*	*80*
3	***YELLOW***					*96*	*96*
4	***BLUE***					*76*	*60*
5	***PINK***					*44*	*44*
(Repair)	SFT					~10,000 SFT	~10,000 SFT
					Total	360	344

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	*300*	*0.300*	*ACCEPT.*	*0.300*	*25% RED*	*GRAVITY*
Repair	~10,000 SFT	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE

Notes:

**All measures in feet

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

**Nitrification lines were located by tape measures & GPS.

**Property lines, corners & house were located by a Professional Land Surveyor.

CALCULATIONS

Location 410 Seven Springs Loop
Statesville, NC 28625
Project Number 21-0027

Lot No: 61

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.300 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) NO

Supply Line Length 11 ft.

Supply Line Volume 7.183 gal.

Required Feet of Line 300 ft.
Amount of Line from Layout 300 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

RECEIVED NOV 19 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-323268 Paid $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 Session Law

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 E Kingston Ave Unit 16, Charlotte NC **Zip:** 28203
Applicant Email: _____ **Phone:** 704-577-4002 **Alt. Phone:** _____
Owner Name: Joan Tuten **Address:** 5518 N Grandin Hall Circle, Carmel NC **Zip:** 46033
Owner Email: _____ **Phone:** 313-473-8138 **Alt. Phone:** _____

Property Information:

Street Address: 410 Seven Springs Loop, Statesville NC 28625
Subdivision Name: Seven Springs **Section/Phase:** _____ **Lot Number:** 61
Driving Directions: Old Mocksville Rd, Chestnut Grove Rd, Seven Springs Loop

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: 6
( ) 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: Accepted

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.

Signature: _____ 11/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Joan Tuten, am the legal owner(s) of the property located at 410 Seven Springs Loop, Statesville NC, identified as PIN (Parcel Identification Number) 4766674364 6, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS/Ashley Rollans, 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.

* Joan Tuten 11/15/21
Signature of Owner(s) Date

Stan Pruett 11/15/21
Signature of Witness Date

Please return this signed form to the appropriate office:

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

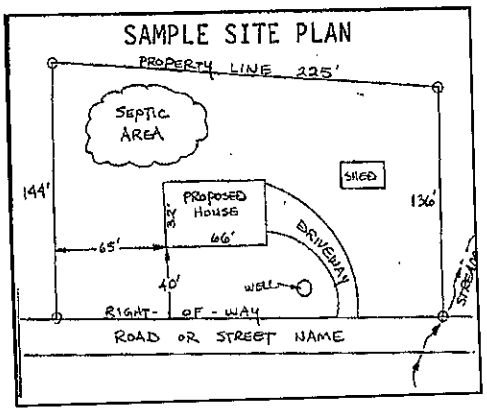
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

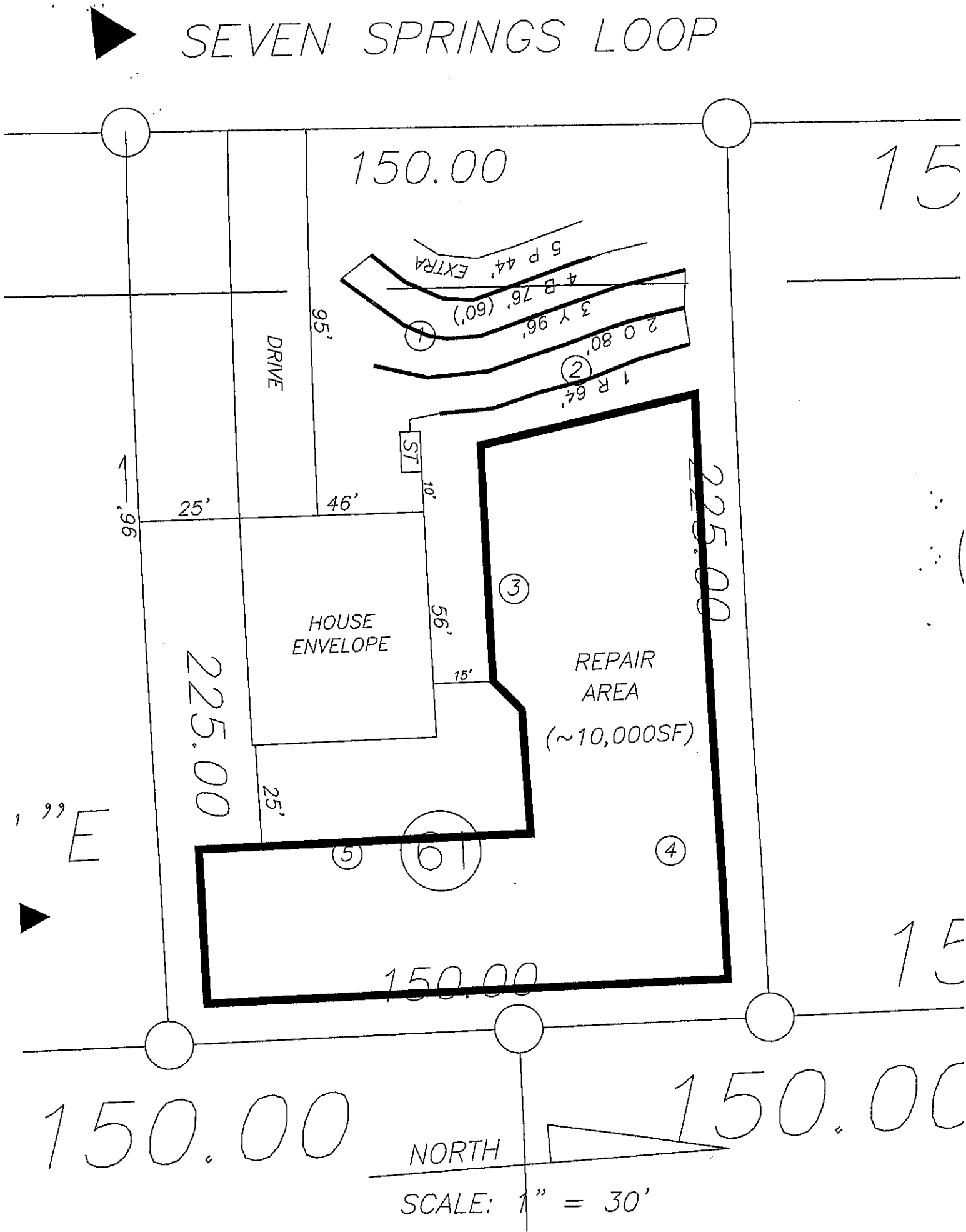
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

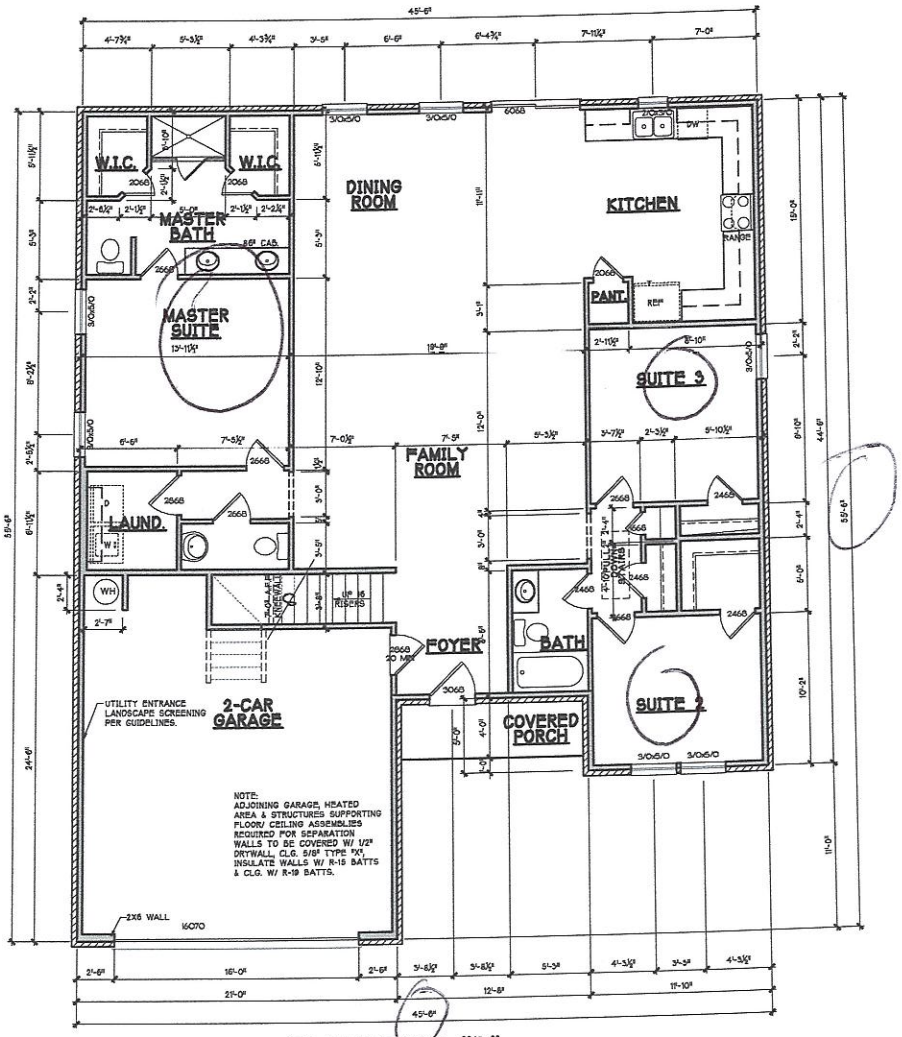
See Attached

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

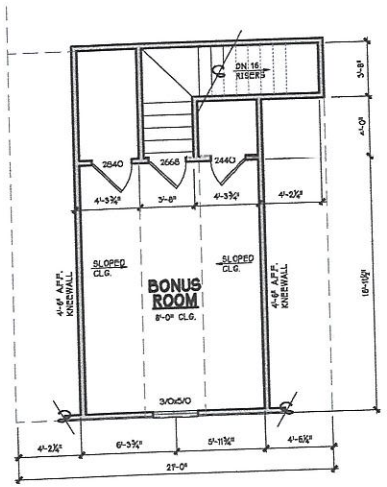
11/15/21
DATE


SEVEN SPRINGS LOOP
150.00
5 P 44' EXTRA
4 B 76' (60')
3 Y 96'
2 O 80'
1 R 64'
DRIVE
95'
ST
10'
25'
46'
96'
225.00
HOUSE ENVELOPE
56'
15'
REPAIR AREA
(~10,000SF)
225.00
25'
150.00
150.00
150.00
NORTH
SCALE: 1" = 30'

Acknowledgement Of
Plans Submittal ONLY!
Stan Presley Date 12/2/21
BAB Date 11/30/2021



1 4.0 ELEVATION "B" FIRST FLOOR PLAN
SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)



2 4.0 SECOND FLOOR PLAN
SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)

FIRST FLOOR NOTES:
- FULL 4" OR 6" EXTERIOR WALL WERE USED IN DETERMINING DIMENSIONS ON PLANS.
- FRAMERS SHALL START ALL WALL LAYOUTS FROM THE REAR OF THE HOUSE
- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES UNLESS NOTED OTHERWISE.
- ALL OVERALL DIMENSIONS SHALL BE FROM OUT TO OUT OF FRAMING, INTERIOR DIMENSIONS SHALL BE FROM ONE SIDE OF STUD
- ALL INTERIOR DOORS ARE 4" FROM WALL UNLESS NOTED OTHERWISE.
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- MASTER MOUNTS SHALL BE PLACED ON ALL EXTERIOR LIGHTS AND HOSE BIBBS.
- FRAMED CAVITY WALLS (IE. TUBS, SHOWERS, STAIRS & FIREPLACES) SHALL BE INSULATED WITH AIR BARRIER PER ENERGY CODE.
- ANY WINDOW W/ A SILL OF LESS THAN 24" AFF. OR EQUAL TO OR GREATER THAN 72" BFF. MUST HAVE WOOD & MAY BE SUBJECT TO FALL PROTECT RULE.
- ALL SHEETROCK OPENING SHALL BE 12" BELOW CEILING TYP., U.N.O.
- ALL PANTRY/LINEN SHALL HAVE (5) 12" SHELVES TYP., U.N.O.

SQUARE FOOTAGE:

1ST FLR:	1907 SQ. FT.
2ND FLR:	325 SQ. FT.
TOTAL HEATED:	2232 SQ. FT.
FRONT PORCH:	44 SQ. FT.
TOTAL UNHEATED:	44 SQ. FT.
2-CAR GAR:	488 SQ. FT.
TOTAL UNDER ROOF:	2764 SQ. FT.

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
ST. CHARLES RESIDENCE

PROJECT NUMBER
ISSUE DATE

DRAWING DATA
DRAWN BY: CORNERSTONE III
CHECKED BY: STAN PRESLEY
FILE NUMBER: 20-23ST.CHARLES

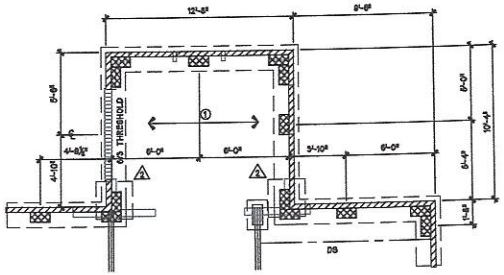
SHEET TITLE
ELEV. "B"
FLOOR PLAN

SHEET NUMBER
4.0B

Acknowledgement Of
Plans Submittal ONLY!

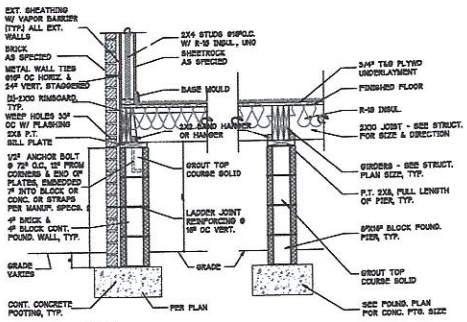
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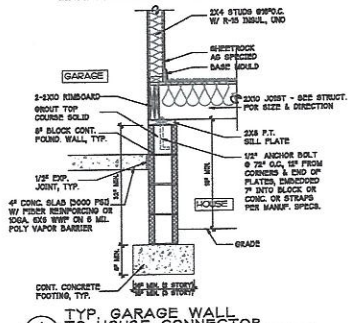
2/20 OPT. SUNROOM FOUNDATION PLAN

SCALE: 1/8"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (24"x36" SHEET SIZE)

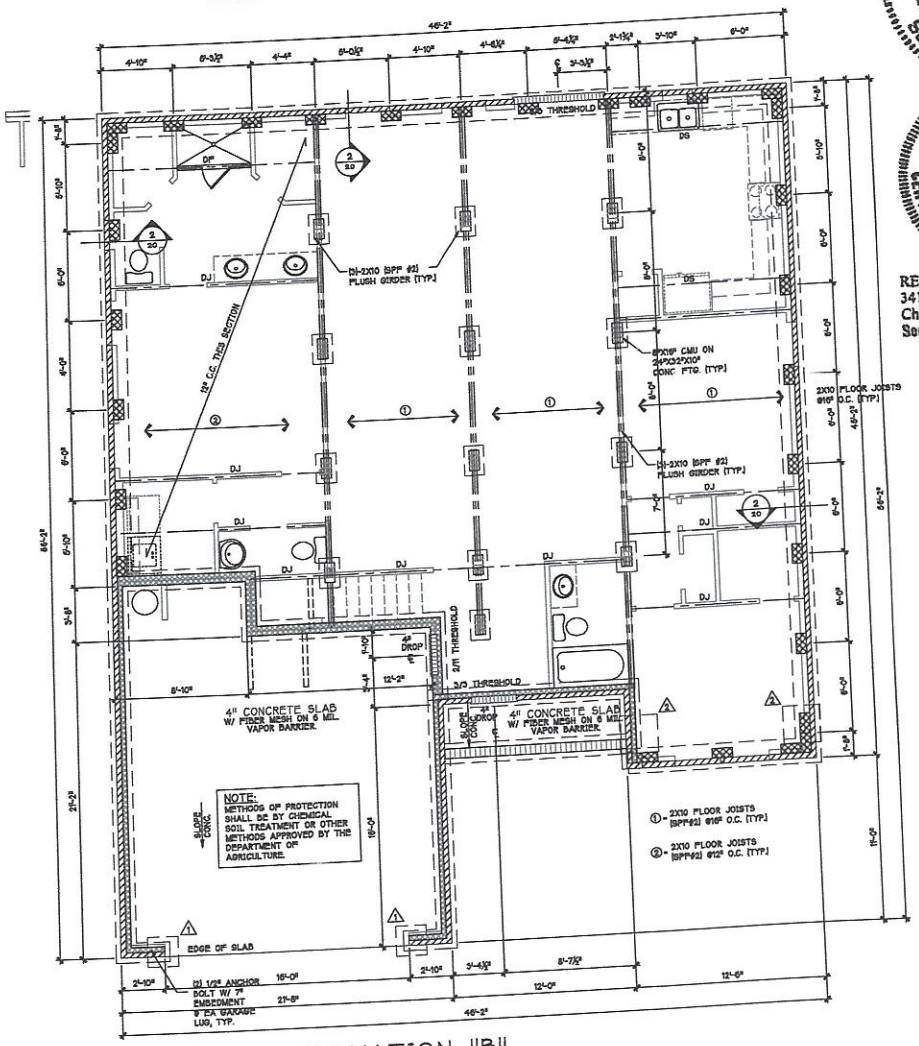


NOTE:
BOND FOUNDATION WALL (STRUCTURAL TIES)
MAX. DISTANCE 16" VERTICAL W/ 8" BRICK
MAX. DISTANCE 24" HORZ. W/ STRUCTURAL TIES

3/20 MAIN HOUSE - CRAWL W/ BRICK DETAIL



4/20 TYP. GARAGE WALL TO HOUSE CONNECTOR



1/20 ELEVATION "B" FOUNDATION PLAN

SCALE: 1/8"=1'-0" (11"x17" SHEET SIZE)
SCALE: 1/4"=1'-0" (24"x36" SHEET SIZE)

LEGEND

- 1 = 24"x24"x12" CONC. FTG.
- 2 = 30"x30"x12" CONC. FTG. W/ 4-#4's EW.
- 3 = 32"x32"x12" CONC. FTG. W/ 4-#4's EW.
- 4 = 36"x36"x12" CONC. FTG. W/ 4-#4's EW.
- 5 = 42"x36"x12" CONC. FTG. W/ 4-#4's EW.
- 6 = 42"x42"x14" CONC. FTG. W/ 5-#4's EW.
- 7 = 36"x60"x12" CONC. FTG. W/ #4's @ 8" O.C. EW.
- 8 = 48"x48"x15" CONC. FTG. W/ #4's @ 8" O.C. EW.
- = 48" M REBAR, TYP.

FOUNDATION NOTES:

- ALL ANGLED WALL ARE 45 DEGREES OR 90 DEGREES (UNLESS NOTED OTHERWISE)
- GARAGE SLAB TO BE 4" THICK CONCRETE (3000 PSI MIN) W/ FIBER MESH ON 6 MIL. VAPER BARRIER.
- PROVIDE 6-MIL. POLY-VAPOR BARRIER BELOW ALL CONCRETE SLABS.
- WHEN HOUSE IS REVERSED, WASHER AND DRYER HOOKUPS TO REMAIN ORIENTED WITH WASHER ON LEFT AND DRYER ON RIGHT
- CONTRACTOR TO VERIFY ALL DIMENSIONS.
- FOUNDATION DIMENSIONS ARE MEASURED FROM CUT TO CUT 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.

NORTH CAROLINA PROFESSIONAL SEAL 041509 ENGINEER SETH J. WHEELER 9/23/21

NORTH CAROLINA RESIDENTIAL STRUCTURES PC No. 3295 CERTIFICATE OF AUTHORIZATION

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

CORNERSTONE III PROPERTIES
4509 FAITH CHURCH RD
INDIAN TRAIL, NC 28079
(704) 577 - 4002

PROJECT TITLE
ST. CHARLES RESIDENCE

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DRAWN BY: CORNERSTONE III
CHECKED BY: STAN PRESLEY
FILE NUMBER: 20-33ST.CHARLES

SHEET TITLE
ELEV. "B" FOUNDATION PLAN

SHEET NUMBER
2.0B

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IREDELL COUNTY · NC

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

APPLICATION NUMBER

323268
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4766743646.000	410 SEVEN SPRINGS LOOP	Iredell County

Owner Information	Applicant Information
Name: TUTEN JOAN S	Name: CORNERSTONE III PROPERTIES INC use this one
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
0.78	35	35	15	15	N/A	NO

Remarks

sfd/need disc

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: 11/19/2021

Signature of Owner/Contractor

Permit Number	323268	TOTAL FEES:	$77.25