ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (CW) Mooresville Office (704) 660-3625 PERMIT # AP 314895

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

PIN # 4775 -- 15 -- 3725

APPLICANT/OWNER: Lentz Wastewater APPLICANT ADDRESS: 463 Lentz Rd

SITE ADDRESS: 154 Spring Forest Dr, Statesville 28625 PHONE: 980-829-3278 ALT. PHONE –

SITE DIRECTIONS: Hwy 64 - Slain Rd - Spring Forest SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Spring Forest SECTION: – LOT # 90 LOT AREA: 1.25 acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	11-16-2021	☒ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT	363	Date	12-24-2021	System Type: I II (III) IV V VI		
Pump Make	Geotech		Model	WEO5 12HHU	Serial #		System Description:	PM - 25% reduction	
# Nitrification Fields	1		# Lines	6	Linear Ft:	404'	Repair System Description:	LP PPBPS	
Trench Width	36 in		Trench Bottom Depth(~~Low side~~)	26 in (max)	Gravel Depth	–	Maintenance Agreement Required:	☐ YES ☒ NO	
								☐ GRAVITY ☒ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

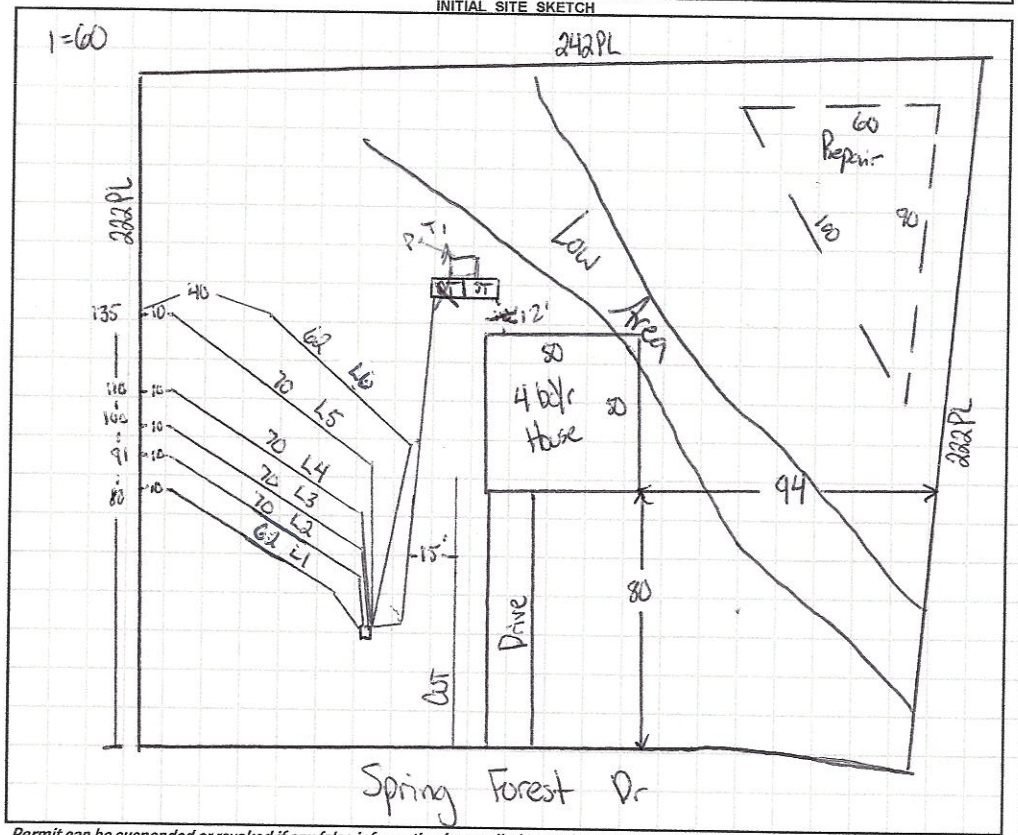
No. Bedrooms 4 No. Persons 8 No. Employees ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install Septic drainlines on contour of land. Do not drive, park, or grade septic area.

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.

L1 & 6 = ½ sch 80
L2 - L5 = ½ sch 40
Dose = 183.8 gallons
Flow = 31.4 gpm
Time = 4.6 minutes
Drawdown = 8.75 in

~~1-7-2022~~ BCM - TANKS CHECKED
Lines
PM
Pressure Head CW 1/11/22
Floats
Alarm

Check seal in Alarm Box

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: Carla C. Nesbitt Date: 1/6/22 Installed by: LENTZ WASTEWATER

IMPROVEMENT PERMIT by: Cary Link Date: 12/29/21 OPERATION PERMIT by: Brent Hall Date: 3-18-22

AUTHORIZATION TO CONSTRUCT by: Cary Link Date: 12/29/21 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 1 of 1
PROPERTY ID #: 4775115720
COUNTY: Johnston

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

184.

OWNER: Cornerstone Properties
ADDRESS: 114 Executive Dr Clayton NC 27520
PROPOSED FACILITY: 4 BR House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 154 Swift Farm Rd
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE: 3/2021
DATE EVALUATED: 4-2021
PROPERTY SIZE:
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side Slope 12%	0-20	C SBK	SSSp FR SEXP	2.5YR 4/6	40	—	Some MN conc	PS .30
		20-40	CC WSBK	SSSp FR					
		40-48	RC - FIRM	—					
2	Side Slope 12%	0-26	C SBK	SSSp FR SEXP		48+		FM Rock pocket @ 30-34 Trace, accounts 25% NRT	PS .275
		26-48	CC WSBK	SSCp FR					
3	Side Slope	0-10	SL		Yellow Brn 10YR 5/6 C38				PS .30 Shallow MN 24
		10-30	C SBK	SSSp FR SEXP					
		30-50	CL SBK	SSSp FR					
4	Side Slope	0-12	SL						PS .30
		12-38	C ABK	SSSp FR SEXP					
		38-55	CL ABK	SSSp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	291
System Type(s)	I	I
Site LTAR	.30	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Dustin
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) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

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

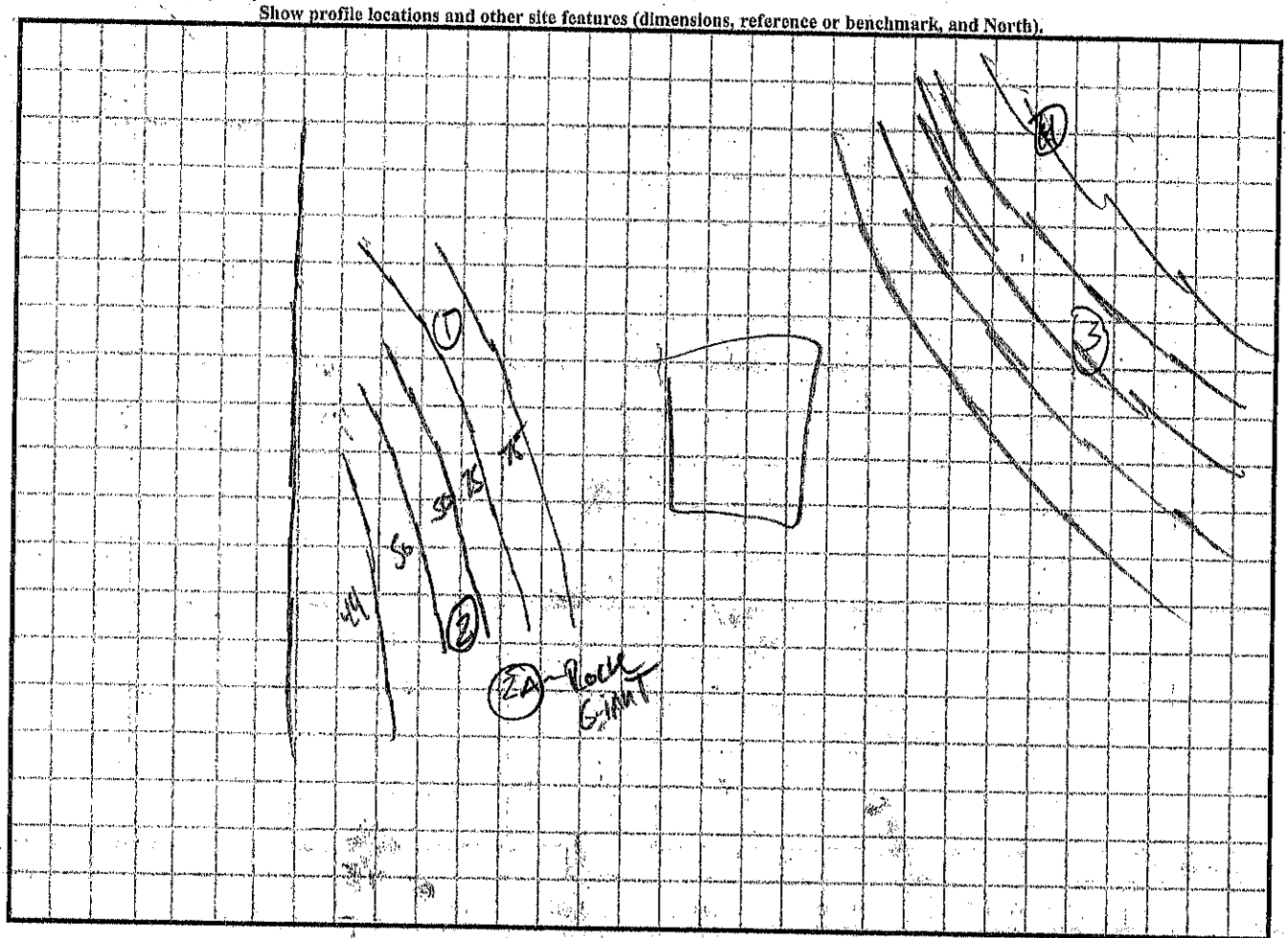
NOTES

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)

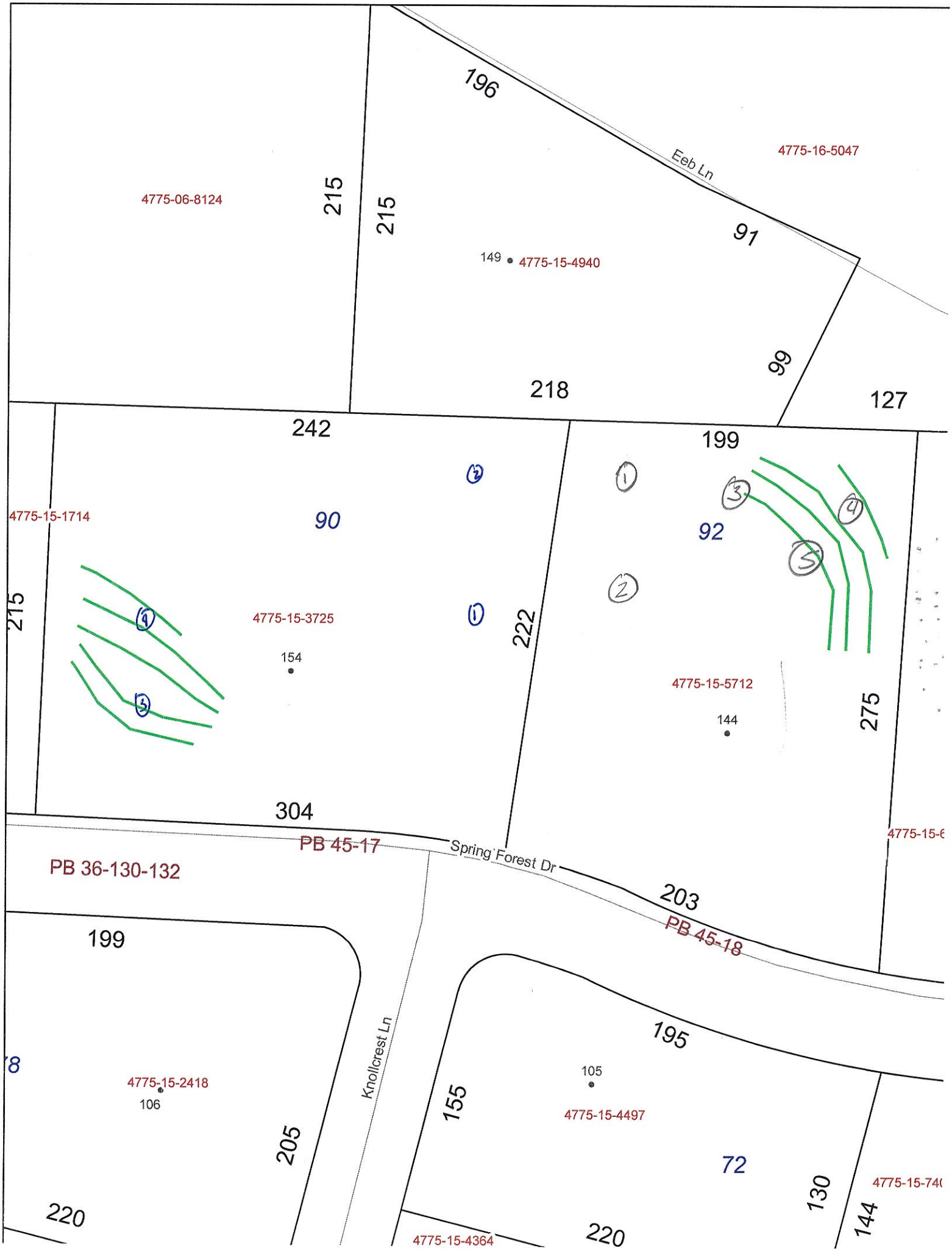
Evaluation of saprolite shall be by pits.

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

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



* See GIS MAP.


4775-06-8124
215
215
196
Eeb Ln
4775-16-5047
91
149
4775-15-4940
99
218
127
242
199
4775-15-1714
90
92
215
4775-15-3725
154
222
4775-15-5712
144
275
304
PB 45-17
Spring Forest Dr
PB 36-130-132
203
PB 45-18
199
Knollcrest Ln
195
4775-15-2418
106
105
155
4775-15-4497
72
205
220
130
144
4775-15-4364
220

9

CW

int relayout

RECEIVED DEC C 3 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-314895 $320.00

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: Lentz Wastewater Address: 413 Lentz Rd Zip: _____
Applicant Email: carla@lentzwastewater.com Phone: 980-829-3278 Alt. Phone: _____
Owner Name: Cornerstone III Properties Address: 118 E. Livingston Ave, CLT Zip: _____
Owner Email: _____ Phone: 980-303-2070 Alt. Phone: _____

Property Information:

Street Address: 154 Spring Forest Dr, SVL
Subdivision Name: Spring Forest Section/Phase: — Lot Number: 90
Driving Directions: 64 → L on Sain Rd → L on Spring Forest → on R

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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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

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

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: Carla C Nicks 11/29/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Doc ID: a6e523d52d1382f4afb0e1a2faf7890733e30f00

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, Cornerstone Builder River Dev, am the legal owner(s) of the property located at 154 Spring Forest Dr, identified as PIN (Parcel Identification Number) 4775153725, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Carla Nicks, Lentz Wastewater, 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.

T. Sykes — 11 / 29 / 2021

Signature of Owner(s) — Date

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

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

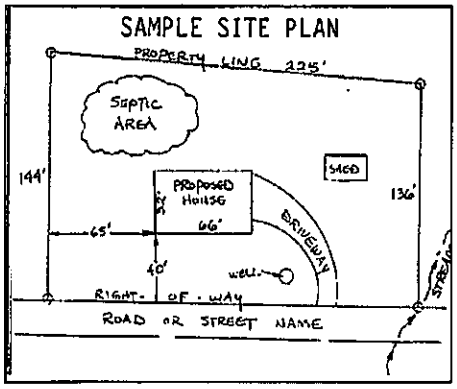
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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

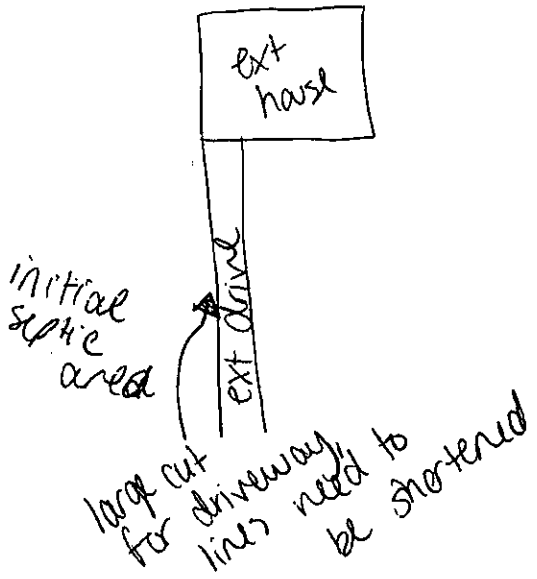
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



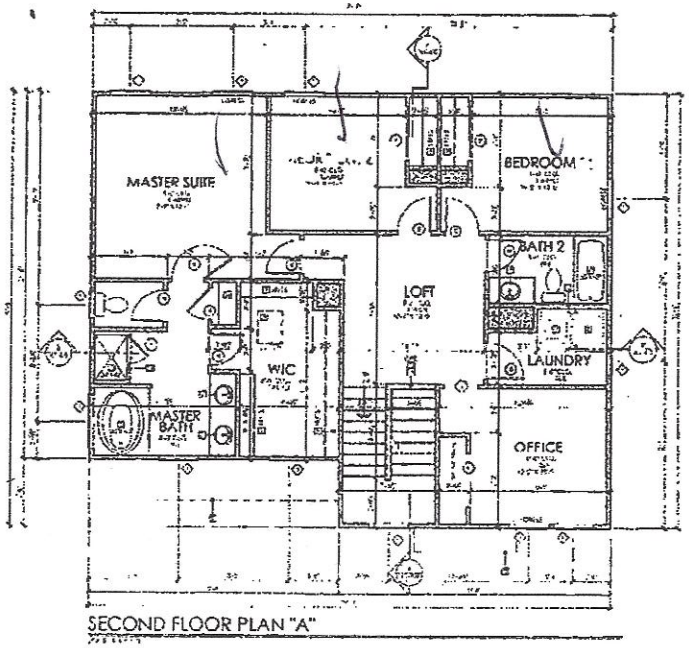
Signature: Carla C. Nicks

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

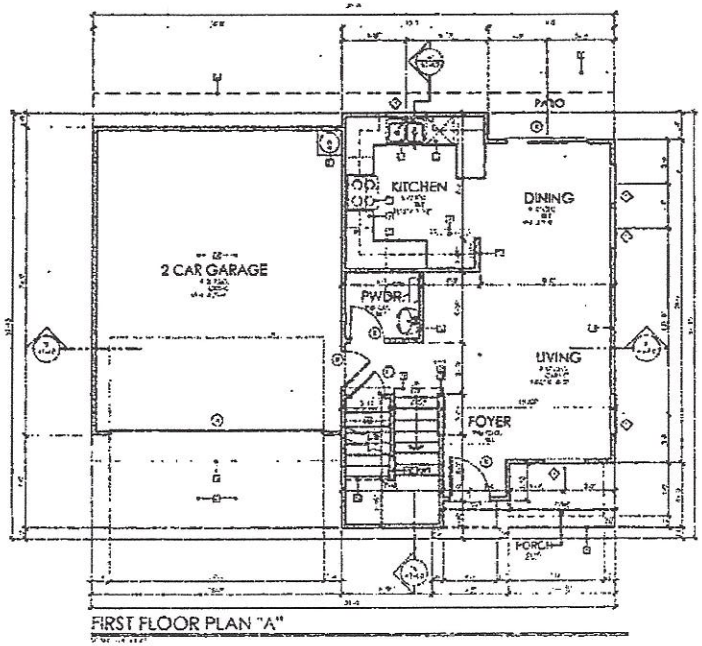
11/29/21

DATE

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SECOND FLOOR PLAN "A"



FIRST FLOOR PLAN "A"

FLOOR PLAN NOTES

DOOR SCHEDULE

DRYWALL WRAPPED OPENING SCHEDULE

WINDOW SCHEDULE

AREA CALCULATION	
TOTAL GROSS LIVING AREA	2567 SF

Acknowledgement Of
Plans Submittal ONLY!

Date 4-14-21

Stan Pawley Date 4/20/21

CHARLOTTE NC

REVISIONS

FLOOR PLANS
BEDFORD
ELEVATION 'A'

CORNERSTONE III PROPERTIES
4809 Faith Church Road
Indian Trail, NC 28079

A1-1.0

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314895 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4775153725.000	154 SPRING FOREST DR	Iredell County

Owner Information	Applicant Information
Name: ELLIS J TODD+PAMELA A MARLOWE	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	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.251	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.

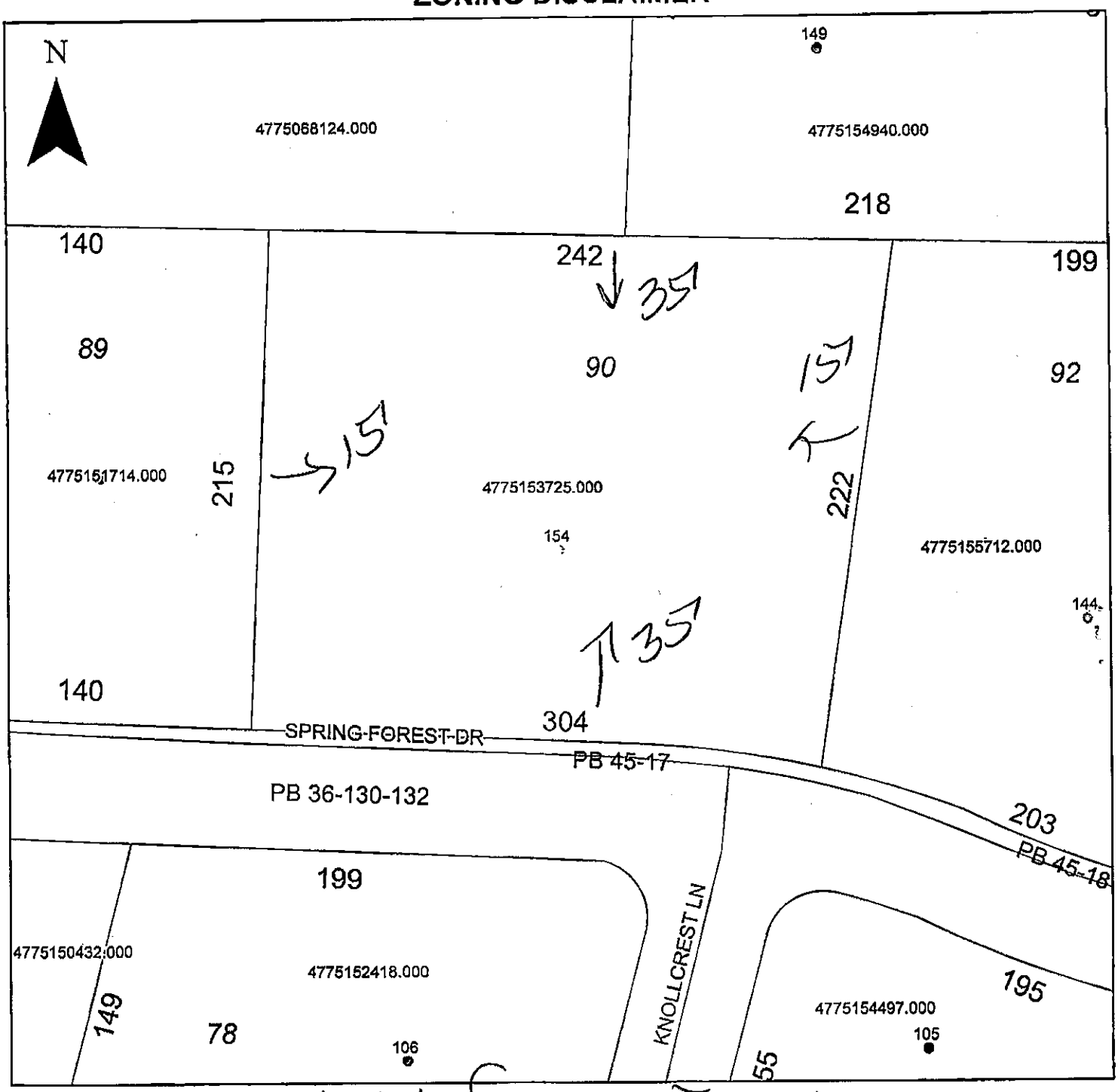
Date: 02/11/2021

Signature of Owner/Contractor

Permit Number	314895

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 154 Spring Forest

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