ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314884

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

PIN # 4775 --15 --5712

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 118 Eastmoreland Ave Charlotte NC 28203

SITE ADDRESS: 144 Spring forest Drive Statesville NC 28625 PHONE: 704-301-3229 ALT. PHONE

SITE DIRECTIONS: North Scan Rd L on Spring Forest SAP CONTROLLED: ☐ YES ☒ NO

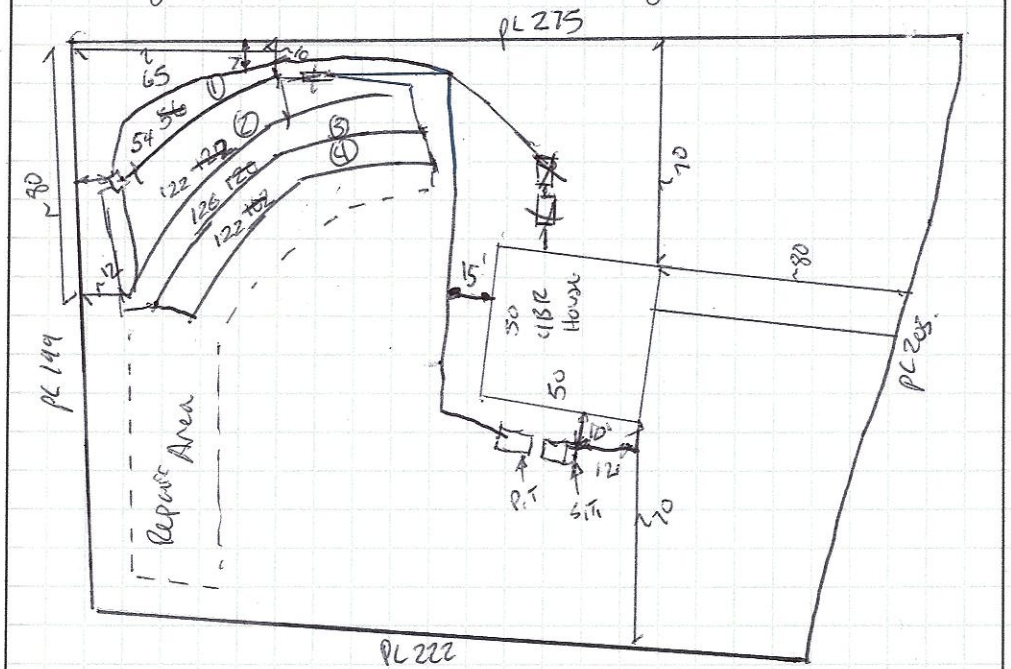
SUBDIVISION: Spring forest SECTION: - LOT # 92 LOT AREA: 1.13 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	11-16-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	11-3-2021	System Description:	RM - 25% Reduction			☐ Business	No. Persons 8	☐ Private
Pump Make	-	Model		Serial #		Repair System Description:	LP - PPRPS - 50% Reduction			☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36.	Trench Bottom Depth ~~(Low Side)~~	Max 24in.	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on the Contour of the land and utilize Pressure manifold. Do not exceed max depth of 24 inches. Do not Drive, park, pave, grade or buy utilities in drainfield area.

INITIAL SITE SKETCH

Line 1+2 = Some Tap 3/4 sch 80 Tap @ 10.1
1=60 Line 3+4 = Some Tap 3/4 sch 40 Tap @ 12.5
182 gallon Dose 8.6 in Drawdown 22.6 gpm Flow Rate



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.

1-7-2022 BLM - TANKS CHECKED

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 Ruff Date: 4/20/21 Installed by: LEVEL 2 WASTE WATER

IMPROVEMENT PERMIT by: Benjamin A Boyd Date: 4/15/2021 OPERATION PERMIT by: Date: 2-4-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Boyd Date: 4/15/2021 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 #: 4775155718
COUNTY: Iredell

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

144

OWNER: Conversion III
ADDRESS: 119 Eastwinston Ave
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 144 Spris Fork Statesville NC

APPLICATION DATE: 2/6/
DATE EVALUATED: 3/2021
PROPERTY SIZE: 1.13
PROPERTY RECORDED: Yes

PROPOSED DESIGN FLOW (.1949): 480

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

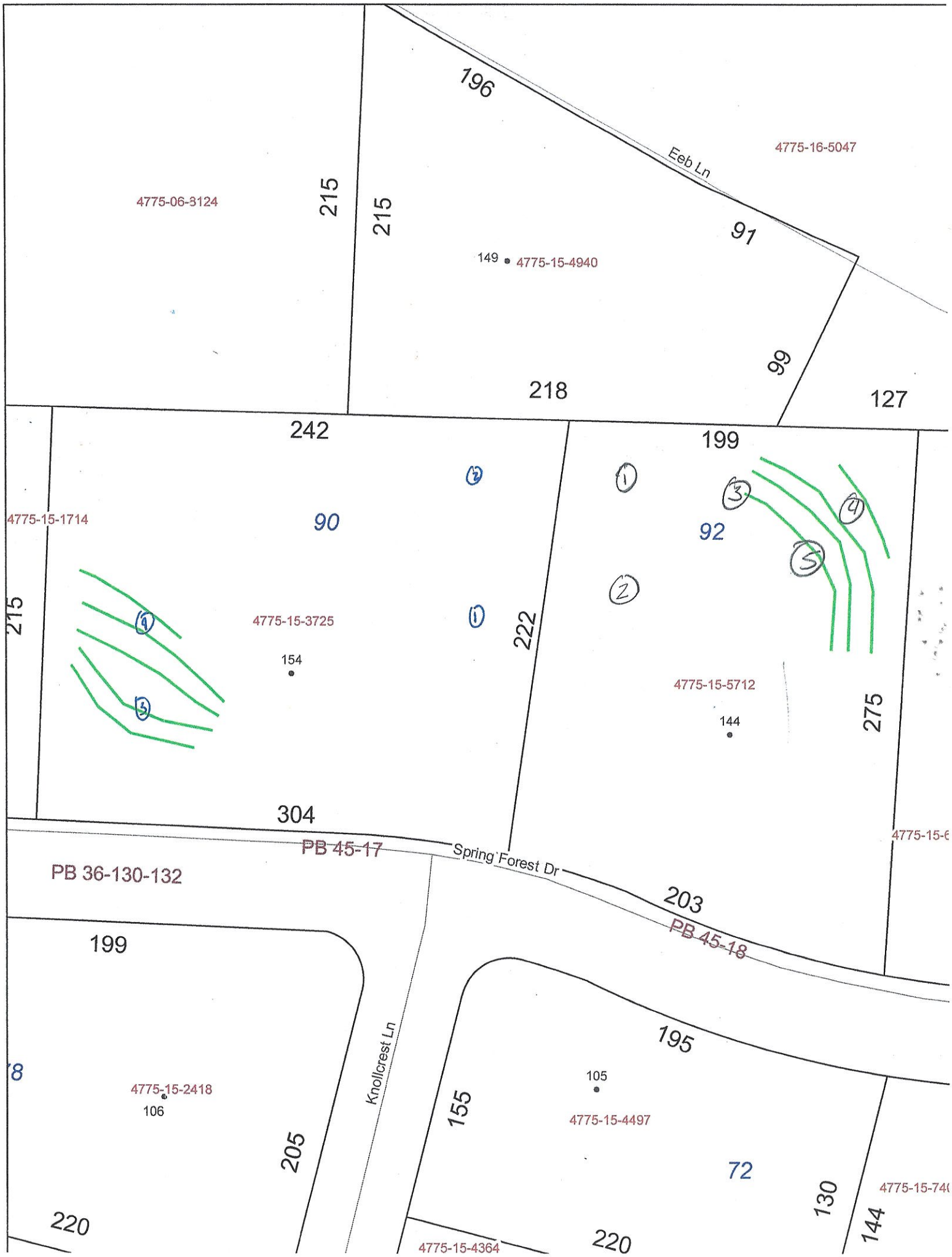
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

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	Side 10%	0-29	C ABk	SS Sp FR		50		30cm FM SAP Increase w/ Depth	PS .30
		29-50	CL wSAK	SS Sp FR					
2	Side 10%	0-14	C	SS Sp FR		14		Similar to Rock	NJ
		14-49	Rock	FM					
3	Side 10%	0-29	C ABk	SSS Sp FR SEP		50			PC .3
		29-50	CL wSAK	SS Sp FR					
4	Side 10%	0-6	SC SBk	SS Sp FR (Exc)		50			PS .30
		6-30	C ABk/SBk	SS Sp FR					
		30-50	CL ABk/SBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	LPP	LPP-w/ com
Site LTAR	.30	.30

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Batin
OTHER(S) PRESENT: pit 5 on Back

COMMENTS: See GIS Print out


196
Eeb Ln
4775-16-5047
4775-06-3124
215
215
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
195
Knollcrest Ln
4775-15-2418
106
105
155
4775-15-4497
205
72
130
144
220
4775-15-4364
220

RECEIVED MAR 1 1 2021

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

AP 314884

Iredell County Health Department – Environmental Health Division

SEPTIC

PAGE 1: *APPLICATION FORM*

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

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@CORNERSTONEP.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: 144 SPRING FOREST DR. PIN# 4775-15-5712
Subdivision Name: SPRING FOREST Section/Phase: _____ Lot Number: 92
Driving Directions: NORTH SAIN RD / LEFT SPRING FOREST

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: _____
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 Cumley 2/6/20
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 144 SPRING FOREST DR., identified as

PIN (Parcel Identification Number) 4775-15-5712, 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. Signature of Owner(s) — 2/6/24 Date

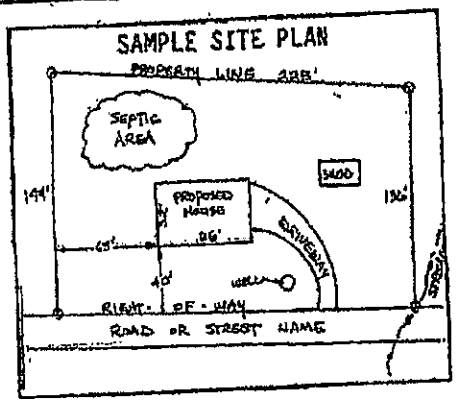
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

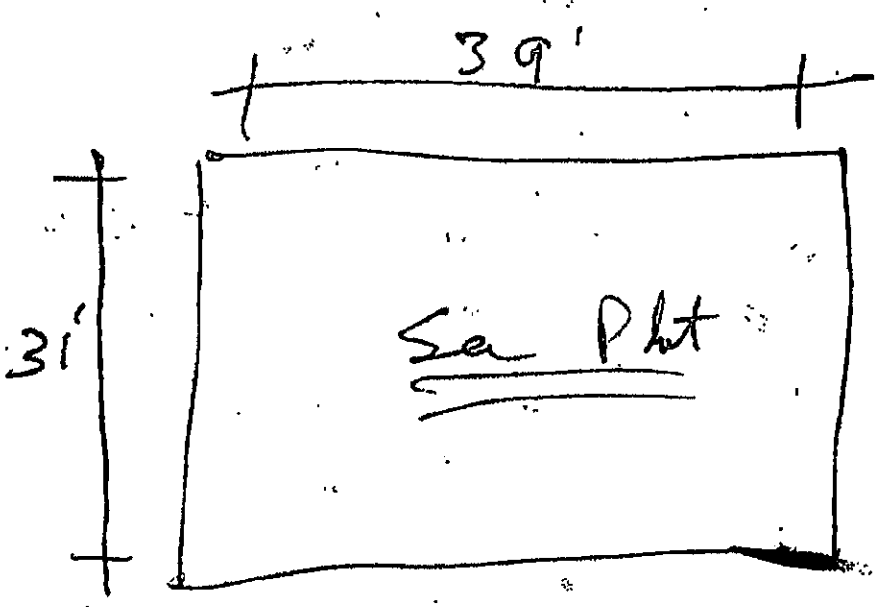
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

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

DATE 2/6/26

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: 42,176.

* 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 29 day of Dec., 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

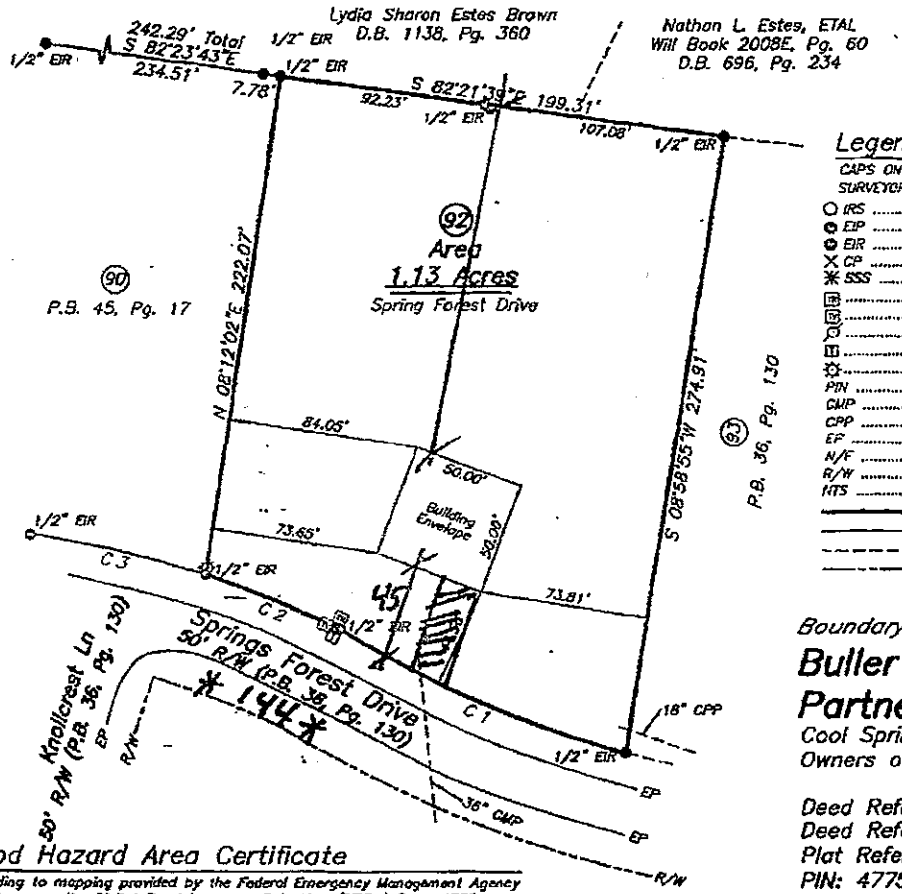
NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

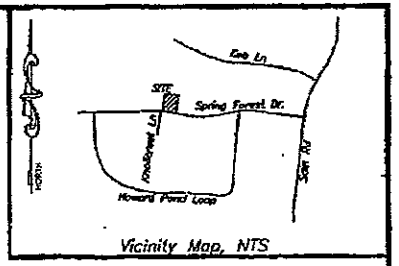
TED BENBOW Land Surveying
Proudly Surveying Iredell County
Since 1989
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9661
www.boundarydevelopment.com

Zoning

ZONING: R-20(Iredell County)
Building Setback
Front – 35'
Side – 15'
Rear – 35'

Curve	Radius	Length	Chord	Chord Bear.
C1	500.00'	138.71'	138.26'	N 66°47'34" W
C2	450.00'	63.86'	63.80'	N 68°08'54" W
C3	450.00'	79.86'	79.76'	S 77°18'02" E





Legend

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

- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- EIP ..... EXISTING IRON PIPE AS SHOWN
- EIR ..... EXISTING IRON ROD AS SHOWN
- CP ..... COMPUTED POINT
- SSS ..... SURVEY SPIKE SET
- ..... TRANSFORMER
- ..... CATV PEDESTAL
- ..... UTILITY POLE
- ..... TELEPHONE PEDESTAL
- ..... LIGHT POLE
- PIN ..... PARCEL IDENTIFICATION NUMBER
- CMP ..... CORRUGATED METAL PIPE
- CPP ..... CORRUGATED PLASTIC PIPE
- EP ..... EDGE OF PAVEMENT
- N/F ..... NOW OR FORMERLY
- R/W ..... RIGHT OF WAY
- NTS ..... NOT TO SCALE
- ——— LINE SURVEYED
- ——— TIE LINE SURVEYED
- - - - - LINE NOT SURVEYED
- ——— RIGHT-OF-WAY LINE



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 4775, 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.

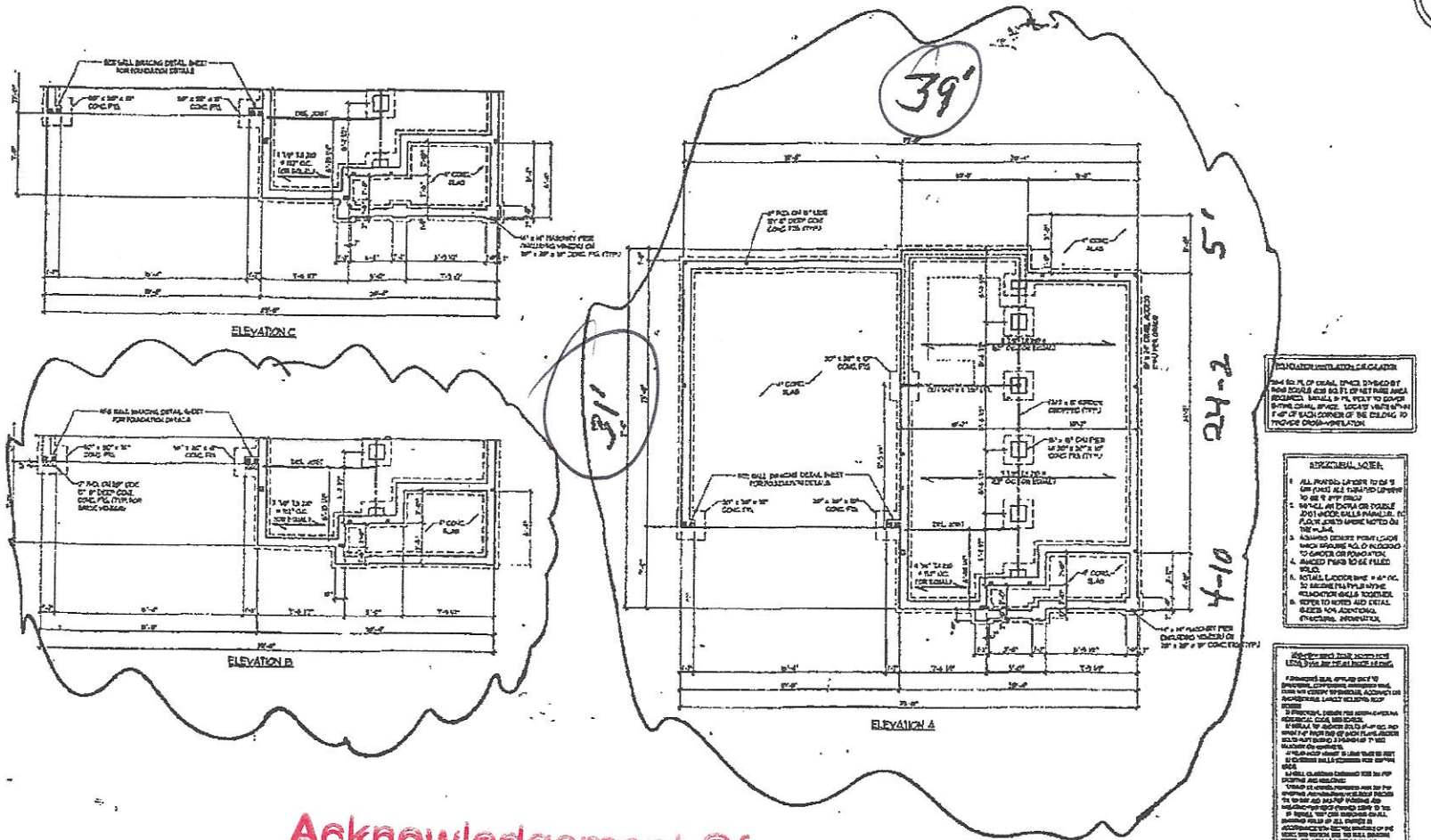
Boundary Survey For:

Buller River Development Partners, LP

Cool Springs Township, Iredell County, NC
Owners of Record: Pamela A. Marlowe, and J. Todd Ellis
Deed Reference: D.B. 2422, Pg. 1298
Deed Reference: D.B. 2153, Pg. 667
Plat Reference: P.B. 45, Pg. 17
PIN: 4775-15-5712
Job Number:2012233.DWG (2012232.CRD)
Field Work: 12-21-2020
Plat Date: 12-29-2020

* 144 SPRING FOREST DR., Lot-92 *

* DOING BEDFORD-B *



Acknowledgement Of
Plans Submittal ONLY!
BMB
Date 4/15/2021

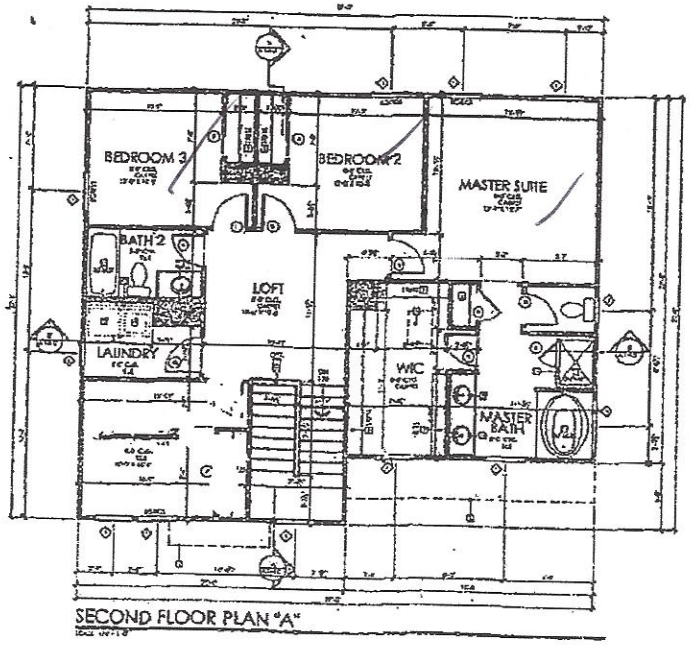
_____ Date _____

J.S. THOMPSON ENGINEERING, INC

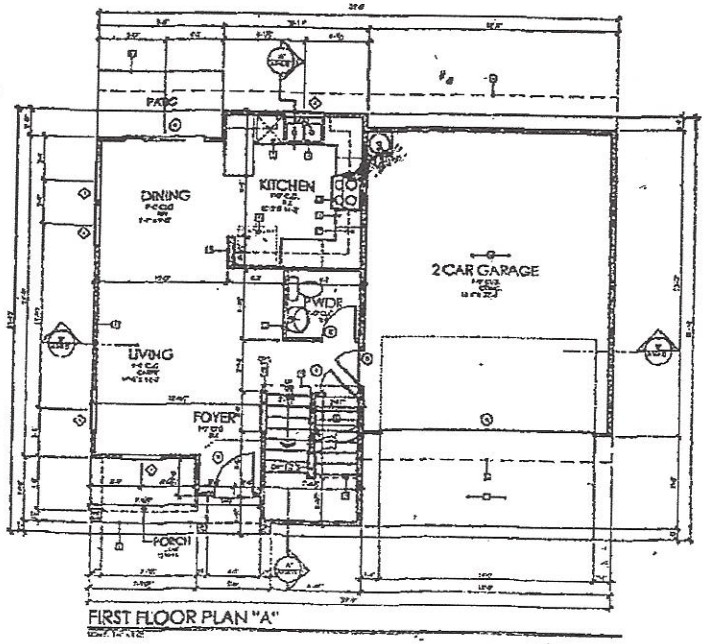
BEDFORD-L
CORNERSTONE III PROPERTIES

S-1a
CRAWL FOUNDATION PLAN

LOT-92



SECOND FLOOR PLAN "A"



FIRST FLOOR PLAN "A"

FLOOR PLAN NOTES

DOOR SCHEDULE

WINDOW SCHEDULE

AREA CALCULATION

TOTAL GROSS LIVING AREA	2932SF

Acknowledgement Of
Plans Submittal ONLY!

BAB Date 4/15/2021.

Stan Purdy Date 4/20/21

PLOTTED: May 13, 2017 / Save / BEDFORD CS 11 17.DWG

CHARLOTTE, NC

REVISIONS

FLOOR PLANS

BEDFORD
ELEVATION 'A'

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

SHEET NO.
A1-1.0R

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314884 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4775155712.000	144 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
1.13	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.

Signature of Owner/Contractor

Date: 02/11/2021

Permit Number	314884

TOTAL FEES:	$77.25