ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317002

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

PIN # 4775470157

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

SITE ADDRESS: 176 Nottingham Circle Statesville NC 28625 PHONE: 704-577-4002 ALT. PHONE

SITE DIRECTIONS: 64 E LT on Simonton Rd on Nottingham SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fox Creek SECTION: - LOT # 28 LOT AREA: 1.03 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	11-28-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	11-21-21	System Description:	PM-25% Reduction			
Pump Make	Zoeller	Model	N140		Serial #		Repair System Description:	PM-25% Reduction			
# Nitrification Fields	1	# Lines	3		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth (Maximum)	30 Max		Gravel Depth	-		☐ 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 April 16th, 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.

	Date	Initials
Drain Lines Checked	1-5-22	
Tanks Checked	1-5-22	
Pressure Manifold or Valve Box Checked	1-5-22	
Pressure Head Set	2/18/22	DW
Electrical Checked	↓	↓
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)		
Comments:		

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: Tom Cruse Date: 5/28/202 Installed by: Gale Excavation

IMPROVEMENT PERMIT by: Date: 5/27/2021 OPERATION PERMIT by: D. Mieberg Date: 2/18/22

AUTHORIZATION TO CONSTRUCT by: Date: 5-27-2021 Existing System Inspected by: Date:

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

right of way on record,
by.

may be disclosed by a

recorded, written or
encumbrances. Such
not appear on this plat.
to remain alert for the
shown hereon.

e of the party named
any unnamed person
urveyor naming said

ey that meets or
Class C Survey in
for Land Surveying in
Administrative Code

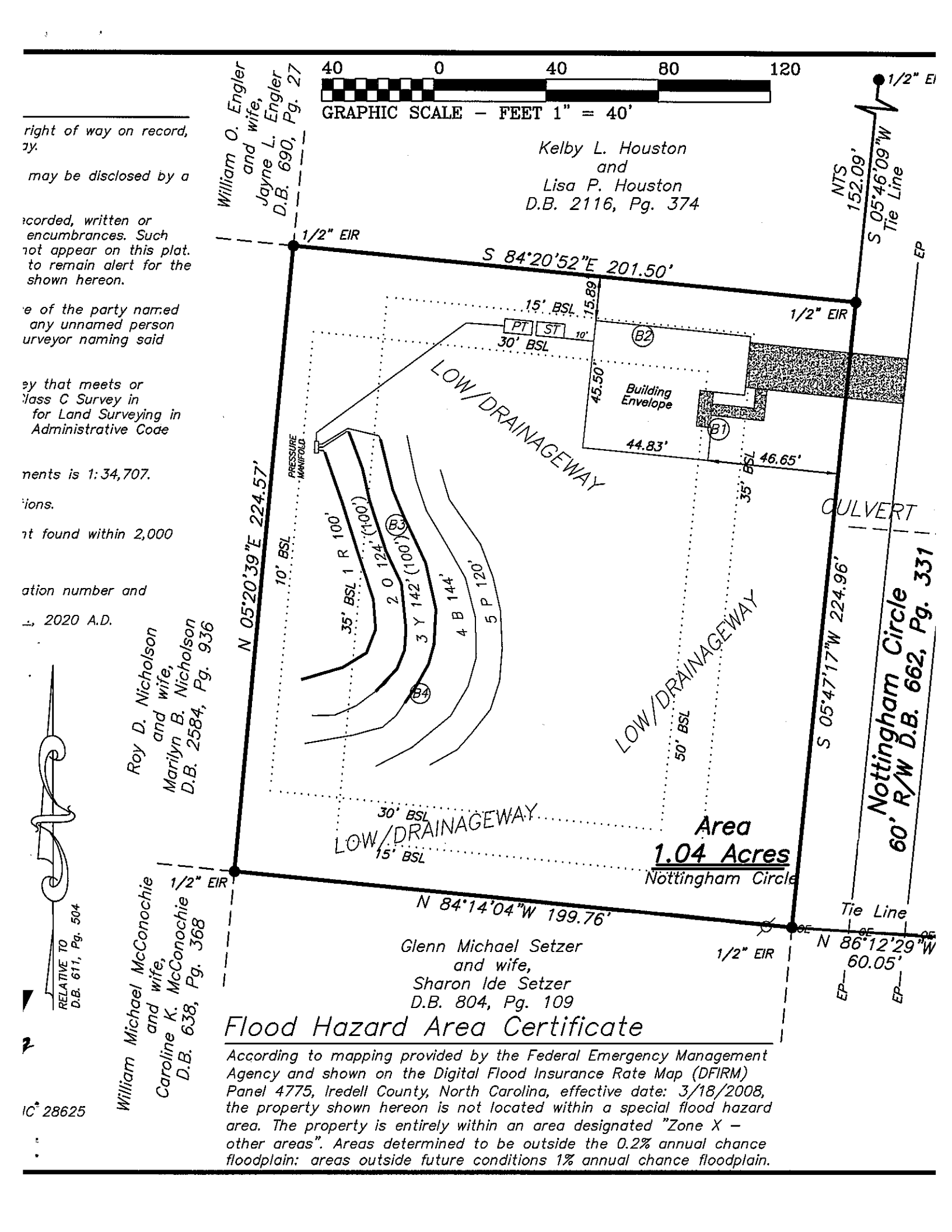
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, 2020 A.D.



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.

IC 28625

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0119
April 16th, 2021

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

RE: Soil & Site Evaluation for a 3 Bedroom Residence on Fox Creek Subdivision Lot 28, Nottingham Circle, Statesville NC 28625, PIN # (4775470157), 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 partially wooded and partially cleared. Topography within the evaluated area was gentle to moderate slope near the house site and proposed drainfield area. Property corners were marked at the time of the evaluation by Benbow Surveying. The Surveyor provided an Autocad File of the survey as a basemap. The proposed septic layout was located via GPS and used to produce the attached *Site Plan*. The house envelope was surveyed on the lot and is illustrated on our *Site Plan*.

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 four boring locations on the property flagged and located via GPS. Two of the four soil borings are located in the proposed septic 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 system and repair was performed using a laser level. Pin flag locations of the layout were also located by GPS. The Detailed system & repair information is summarized in the following paragraph for this Lot.

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 4 bedroom single family residence on Fox Creek Subdivision Lot 28, (PIN #:4775470157), Statesville NC, 28625.

Contents:

	Page
Information for the Installer	1
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Layout Specifications	4
System Tapsheet	5
Pressure Manifold Diagram	6
Site Plan/System Plan	7
Calculations	8
Profile Descriptions	9
Application	10-11
Agent Authorization Form	12
Green Sheet	13

LICENSED SOIL SCIENTIST
Samuel A. Rollano
1231
STATE OF NORTH CAROLINA

April 16, 2021
Project No. 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 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.
- 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.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as an Accepted 25% reduction installation w/Pressure Manifold.
- Repair is specified as an Accepted 25% reduction installation w/Pressure Manifold.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.

PRESSURE MANIFOLD 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:	Fox Creek- Lot 28

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	21.33

Design Specifications

Drainfield Size:	300
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Max. Trench Depth :	30 in. Repair Trench Depth 30 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	84
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	14.62
Dosing Volume:	137.13
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.07
Elevation Head:	10.00
Total Dynamic Head:	15.03
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	1 in Tank
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.

Layout Specifications - Fox Creek Lot 28

Project #: 20-0119

LAYOUT FOR 3 BEDROOM HOME

April 16, 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
HOUSE					873.00		
PUMP TANK					872.50		
INSTR. 1							
1	***RED***				***877.00***	***100***	***100***
2	***ORANGE***				***875.00***	***124***	***100***
3	***YELLOW***				***873.20***	***142***	***100***
4	BLUE				871.40	144	144
5	PINK				869.50	120	120
					Total	630	564

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
****System***	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***PRESSURE MANIFOLD***
Repair	332	0.300	ACCEPT.	0.300	25% RED	PRESSURE MANIFOLD

Notes: **All measures in feet

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

**Nitrification lines were located by GPS.

PRESSURE MANIFOLD TAPSHEET - Fox Creek Lot 28

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
1	***RED***	***877.00***	100	SCH 40 1/2	**7.11**	300	0.15
2	***ORANGE***	***875.00***	100	SCH 40 1/2	**7.11**	300	0.15
3	***YELLOW***	***873.20***	100	SCH 40 1/2	**7.11**	300	0.15

total	**feet =**	**300**	**gal/min =**	**21.33**
		Des. Flow	**480**	
		Pump Run=	**6.43**	
		soil LTAR	**0.3**	
		LTAR +5%	**0.315**	
		LTAR with ACCEPTED	**0.4**	
		LTAR with ACCEPTED + 5%	**0.42**	

CALCULATIONS

Location	Fox Creek Lot 28	
Project Number	20-0119	
Lot No:	28	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	84	ft.
Supply Line Volume	14.616	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	21.33	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	137.13	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	6.5	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.43	minutes
Elevation Head	10	ft.
Pressure Head	2	ft.
Friction Factor	1.27	ft./100 ft. *(From the interpolater.)*
Friction Head	1.07	ft.
Total Dynamic Head (+15%)	15.03	ft.

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

Sheet 1 of 1
PROPERTY ID #: 4775470159
COUNTY: Iredell

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

OWNER: Rockstar Capital Dev. Group — APPLICATION DATE
ADDRESS: 110333 Windy Trail Bentonville AR 72712 — DATE EVALUATED: 12/11/2020
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 1.03 Ac
LOCATION OF SITE: Nottingham Circle, Statesville 28625 Fox Creek Lot 28 — PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

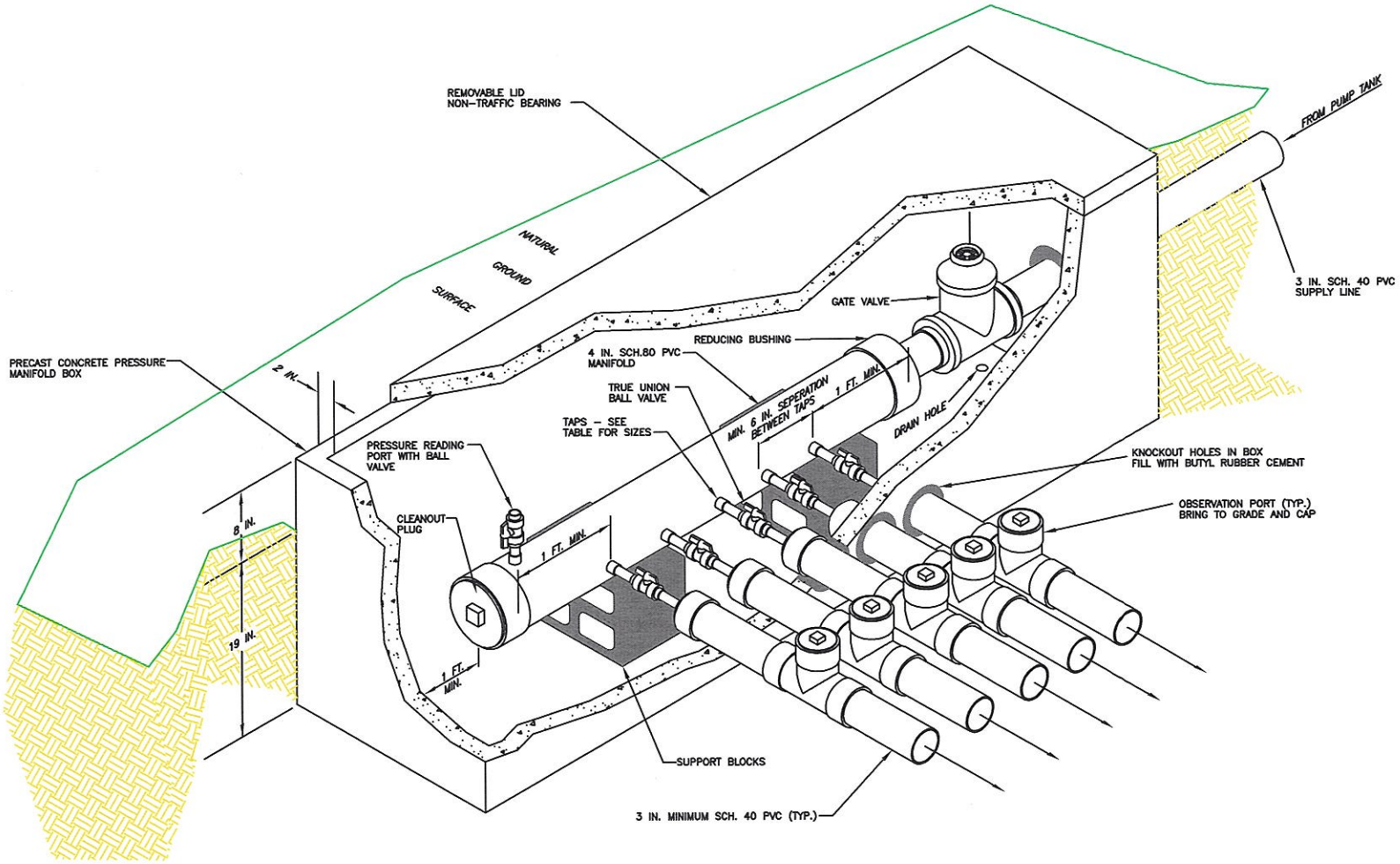
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
B1	L/10%	0-8	BSCL wfsbk	Fr SS SP SEXP	SAP Inclu.	50"	—	—	PS .3
		8-36	RC wmsbk	Fr SS SP					
		36-50	RBCL wfsbk	Fr SS SP					
B2	L/8%	0-10	BSL Gr	Fr SS SP SEXP	Few Fe Depl @ 39"	50"	—	—	PS .25-.275
		10-44	RC wmsbk	Fr SS SP	C. Fe Depl				
		44-50	RBCL wfsbk	Fr SS SP					
B3	L/12%	0-8	BSL Gr	Fr SS SP SEXP		50"	—	—	PS .3
		8-42	RC wmsbk	Fr SS SP					
		42-50	RBCL wfsbk	Fr SS SP					
B4	L/22%	0-5	BSL Gr	Fr SS SP SEXP		50"	—	—	PS .3
		5-50	RC wmsbk	Fr SS SP					

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

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

COMMENTS:

TYPICAL PRESSURE MANIFOLD DETAIL



Fox Creek Subdivision Lot 28 *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 630 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with pressure manifold distribution. Trench depth is specified at 30 inches. The repair system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with pressure manifold distribution. Trench depth is specified at 30 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 Date

* Print Name Kevin Burrell
* Signature [redacted] 4/16/21

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 Fox Creek Subdivision Lot 28, PIN # 4775470157, Nottingham Circle, Statesville, NC 28625 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,

LICENSED SOIL SCIENTIST
Samuel A. Rollans
1237
SOIL CLASSIFICATION

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

RECEIVED MAY 7 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317002 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 E Kingston Ave, Unit 160, Charlotte NC **Zip:** 28203
Applicant Email: matt@cornerstone3p.com **Phone:** 704.577.4002 **Alt. Phone:** _____
Owner Name: Buller River Dev Partners **Address:** P.O. Box 5008 Statesville NC **Zip:** 28687
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 176 Nottingham Circle Statesville NC 28625
Subdivision Name: Fox Creek **Section/Phase:** _____ **Lot Number:** 28
Driving Directions: 64E, Lt on Sain, Rt on Nottingham

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: _____

CHECK FOUNDATION TYPE

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: Access Mound

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: _____ 4/16/21
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

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, Butler River Dev Partners LP, am the legal owner(s) of the property located at Northingham Circle Statesville NC 28625 Fox Creek Lot 28, identified as PIN (Parcel Identification Number) 4775470157, located in Iredell County, North Carolina.

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

* _____ 4/14/21
~~Signature of Owner(s)~~ Date

_____ _____
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

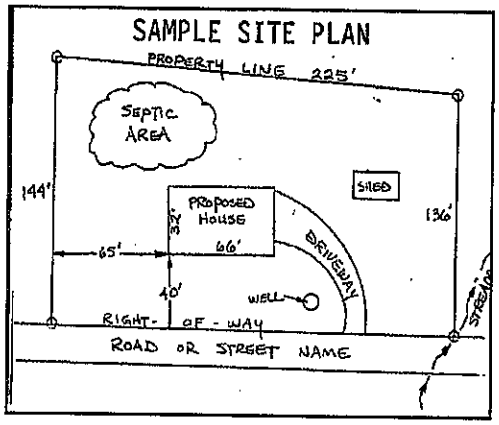
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

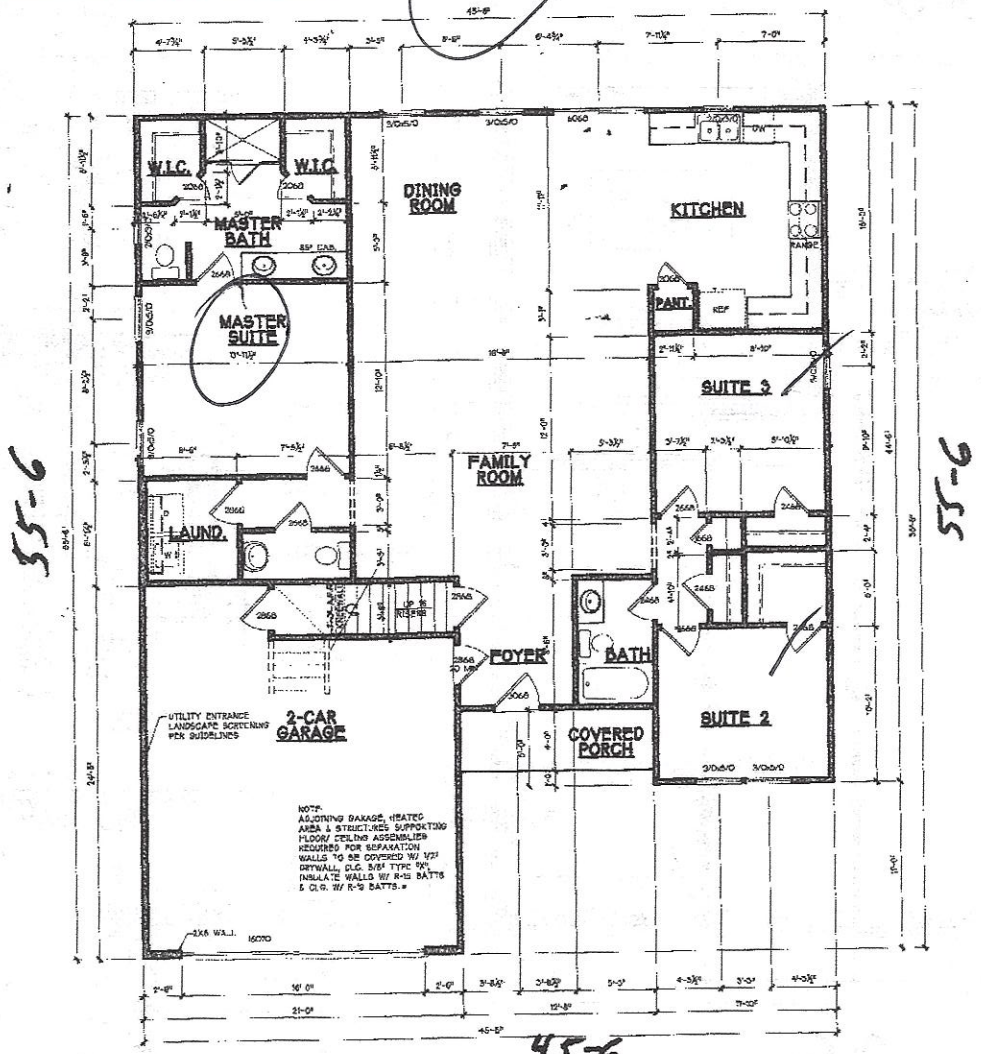
Signature: _____

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

4/16/21
DATE

Acknowledgement Of
Plans Submittal ONLY!
Stan Presley Date 5/28/24
Date

45-6



55-6

55-6

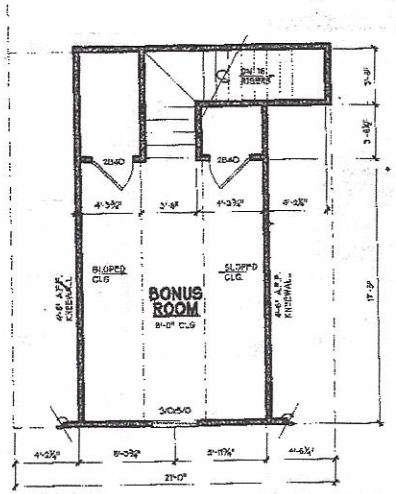
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1 4.0 FIRST FLOOR PLAN

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 CUT TO CUT 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 (TUB, 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" ABV. 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.



2 4.0 SECOND FLOOR PLAN

SCALE: 1/8"=1'-0" (11"X17" SHEET SIZE)
SCALE: 1/4"=1'-0" (22"X36" SHEET SIZE)

SQUARE FOOTAGE:

1ST FLR.	1848 SQ. FT.
2ND FLR	325 SQ. FT.
TOTAL HEATED	2174 SQ. FT
FRONT PORCH	44 SQ. FT.
TOTAL UNHEATED	44 SQ. FT.
2-CAR GAR.	482 SQ. FT
TOTAL UNDER ROOF:	2565 SQ. FT.

CORNERSTONE III PROPERTIES
4508 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-ST.CHARLES

SHEET TITLE
ELEV "
FLOOR PLAN

SHEET NUMBER
4.0A

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317002 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4775470157.000	176 NOTTINGHAM CIR	

Owner Information	Applicant Information
Name: ROCKSTAR CAPITAL DEV GROUP LP	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
1.03	35	35	15	15		

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: 04/21/2021

Signature of Owner/Contractor

Permit Number	317002	TOTAL FEES:	