FEE $ 400.00

APPALACHIAN DISTRICT HEALTH DEPARTMENT

Alleghany (336) 372-8813 Ashe (336) 246-3356 Watauga (828) 264-4995

WASTEWATER IMPROVEMENT PERMIT

PERMIT # 561680

(NOT AN AUTHORIZATION FOR BUILDING PERMIT OR WASTEWATER SYSTEM INSTALLATION)

Owner Waterfront Group Tax Map Reference # 18298-364-012 County Ashe

Directions to Property Hwy. 16N. T/L Flatrock Rd. T/L into Graystone, Lot #42 on left.

Subdivision Graystone Lot # 42 Section # N/A Lot Size 3.0 AC.

SYSTEM APPLIED FOR: Residential House # of Bedrooms 3 # of Units 1

Business/Other N/A Type N/A # Employees N/A

Special Fixture(s) N/A GPD Design Daily Flow 360 GPD

Basement: Yes [X] No [ ] Fixtures in Basement: Yes [X] No [ ]

INITIAL SYSTEM TYPE: 10" LDP w/CAP Repair Area Required: Yes [X] No [ ] Repair System Type: 10" LDP w/CAP

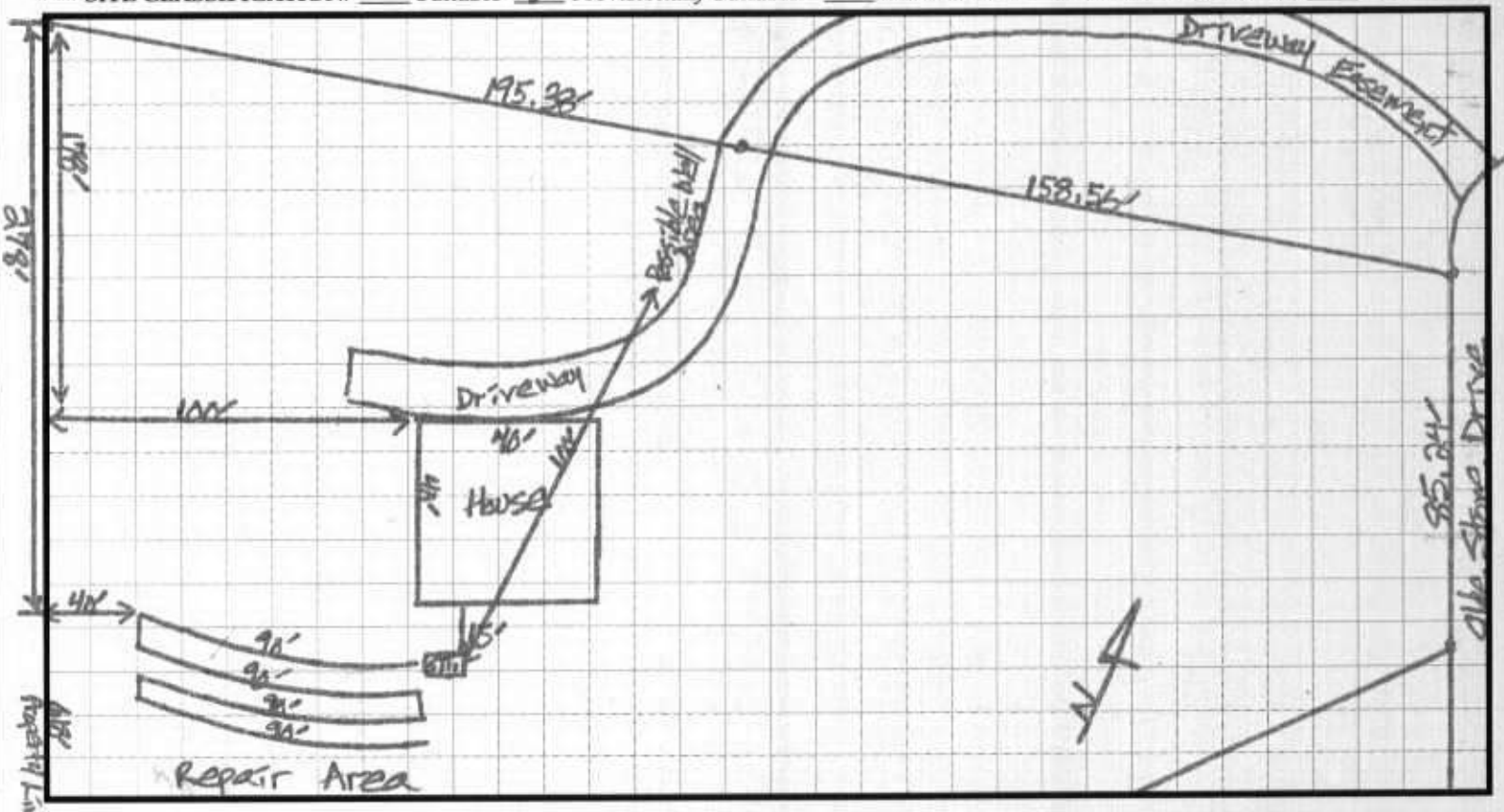
SOIL/SITE EVALUATION: Soil Group III Texture Cl/Sap Soil Depth 32" (IN)

Slope 22-38 % Depth to Restrictive Horizon N/A (IN)

LTAR 0.4 Depth to Soil Wetness N/A (IN) Other N/A (IN)

TYPE OF WATER SUPPLY: Well **WELL PERMIT #** N/A

*****SITE CLASSIFICATION:** ___ Suitable ✓ Provisionally Suitable ___ Unsuitable ** Site Plan Attached Yes ___ No X



THE IMPROVEMENT PERMIT SHALL BE VALID FOR A PERIOD OF FIVE YEARS IF A SITE PLAN IS SUBMITTED, OR VALID WITHOUT EXPIRATION IF ACCOMPANIED WITH A SCALED PLAT PREPARED BY RLS, AND UPON A SATISFACTORY SHOWING TO THE HEALTH DEPARTMENT THAT THE SITE AND SOIL CONDITIONS AS DESCRIBED ON THE DATE OF ISSUANCE ARE UNALTERED; THAT THE FACILITY, DESIGN WASTEWATER FLOW, AND WASTEWATER CHARACTERISTICS ARE NOT INCREASED AND THAT THE WASTEWATER SYSTEM CAN BE INSTALLED TO MEET THE REQUIREMENTS AS LISTED ABOVE.

RE HS — 6/12/13

ENVIROMENTAL HEALTH SPECIALIST — DATE

I CERTIFY THAT I HAVE REVIEWED AND AGREE TO THE PROVISIONS/CONDITIONS OF THIS PERMIT AND ANY CHANGES WILL BE MADE ONLY WITH PRIOR HEALTH DEPARTMENT APPROVAL.

[signature] — 6-18-13

OWNER/AUTHORIZED AGENT — DATE

Pd. CK #11654 IP Only 541680

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 846-1039 (fax)
(336) 246-3356

ALLEGHANY COUNTY
P.O. BOX 309
SPARTA, NC 28675
(336) 372-7793(fax)
(336) 372- 8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4997 (fax)
(828) 264-4995

APPLICATION FOR WELL AND ON-SITE WASTEWATER PERMITS

MOB
Date Received: 5-22-13
Health Department Use Only

SECTION 1 *INITIAL THE APPROPRIATE LINE(S) FORWHAT THIS APPLICATION IS FOR:*

- X ~~NEW WELL CONSTRUCTION PERMIT~~
- ___ WELL ABANDONMENT
- ___ WELL CAMERA INSPECTION
- ___ REPAIR (Well / Septic)
- ___ RELOCATION OF SEPTIC TANK
- ___ NAME CHANGE
- X NEW SEPTIC SYSTEM (Improvement Permit)
- X ~~AUTHORIZATION to CONSTRUCT~~ (Septic permit required to get a building permit)
- ___ COMPLIANCE INSPECTION (for proposed construction location only)
- ___ RENEWAL OF PERMIT (Septic-- non-expired only) (Well - -Expired / Non-expired)
- ___ EXPANSION OF AN EXISITNG SEPTIC SYSTEM
- ___ CHANGE OF EXISTING PERMIT (Well / Septic) (Limited / Comprehensive)

SECTION 2

Owner of Property: Waterfront Group - Chad Turner Call # when ready Phone: 704-896-9888 (Home) N/A (Cell)

Mailing Address: 19421 Liverpool Pkwy, Cornelius, NC 28031 Email: cturner@waterfrontgroup.com

Applicant: " " Phone: " " (Home) N/A (Cell)

Mailing Address: " " Email: " "

Agent: N/A Phone: ___ (Home) ___ (Cell)
** see page 3

Mailing Address: ___ Email: ___

INFORMATION ON THE PROPERTY TO BE EVALUATED

DETAILED Directions to Property: HWY 16/221 MAKE (L) on Flat rock Enter GREYSTONE GATE CODE # 2367

Property Size: 3.0 ACRES Parcel ID/ PIN: TBD 1528B-34-042 County of Property: ASHE

Subdivision Name: GREYSTONE Lot #: 42 Section: N/A Date Platted** 2013
**Date property recorded with the county as it currently exists.

___ YES X NO Is any part of the property in the 100 flood plain?

___ YES X NO Are there any drinking water supplies within 100 feet of this property? (If yes show them on the site plan.)

___ YES X NO Is this property subject to watershed restrictions?

SECTION 3 **STRUCTURE INFORMATION**

DESCRIBE THE EXISTING OR PROPOSED STRUCTURE:

- X HOUSE
- X GARAGE APARTMENT
- ___ MOBILE HOME
- ___ BUSINESS / OTHER
- ___ APARTMENTS / TOWNHOMES
- ___ CONSTRUCTION DESCRIBED BELOW

X YES ___ NO Basement

X YES ___ NO Water Fixtures in Basement

Number of Bedrooms: 3

Special Fixtures: **Circle all that apply:** Garbage Disposal, Oversized Tubs, Multi-head showers, Multiple Master Bathrooms or Kitchens

Special Fixture Description: N/A

Business / Other Description: ___

Number of Employees: ___ Square footage of Commercial Building: ___ Hours of Operation: ___

Compliance Inspection (for proposed construction only):
Describe the proposed construction and show the location of any existing structures, proposed additions, excavation or other improvements to the property on the site plan.

Describe: ___

If you have an existing septic system, what year was it installed and under whose name was it permitted? ___

SECTION 4 **SECTION TO REQUEST AN ON-SITE WASTEWATER SYSTEM TYPE:**

Please Indicate Desired System Type(s) *(Systems can be ranked in order of your preference)*:

X Any System Type ☐ Accepted ☐ Alternative X Conventional ☐ Innovative ☐ Other ___

SECTION 5 — WATER SUPPLY INFORMATION

(SHOW LOCATION ON SITE PLAN)

☐ YES ☒ NO Is water provided by a public water supply? Name of water supply system: _____ If yes then please **skip** to Section 8.

The following information applies to a: ☐ Proposed Well ☐ Existing Well Year the well was drilled: _____

☐ Existing Spring *(skip to section 8)* ☐ Proposed Spring *(skip to section 8)*

Well will be used for:

☒ Private Well ☐ Shared Well ☐ Other *(Describe below)*

Other Includes: Business, Restaurant, Daycare, Migrant housing, etc. Description: _____

_____

If different than the property described above, property the drinking water supply is located on. LOT #: _____ Parcel ID #: _____

Directions to the Water Supply: _____

SHARED WELL INFORMATION

What is number of the existing and/or possible future connections to this well? _____ If more than one (1) connection, list the connections by Lot # and / or Parcel ID #: _____

SECTION 6 — WELL SITING INFORMATION

☐ YES ☐ NO Is there or are you proposing to place a fuel tank(s) on the property? *(Not including propane or natural gas tanks.)*

☐ YES ☐ NO Is there a fuel tank(s) on the adjacent properties?

☐ YES ☐ NO Are there any easements, or right of ways recorded on this property? If yes describe and attach a copy of the easement and / or right of way documentation to this application: _____

_____

If you have an existing septic system, what year was it installed and under whose name was it permitted? _____

SECTION 7 — WELL ABANDONMENT or WELL CAMERA INSPECTION

Year the well was drilled: _____ Depth of the existing well: _____ Casing depth of the existing well: _____

Describe why the well is being abandoned: _____

Is there any contamination of the water in the well? _____

SECTION 8

☒ YES ☐ NO Property corners clearly and correctly identified

☒ YES ☐ NO Plat attached

☒ YES ☐ NO Proposed structures staked onsite

☒ YES ☐ NO Proposed well site staked

☒ YES ☐ NO Holes dug

Permit	Expiration
Improvement (IP)	5years
Construction Authorization (CA) *(not to exceed the IP)*	5 years
Well Construction	5 years
Compliance Inspections	1 year

TO COMPLETE THE APPLICATION DRAW A DIAGRAM OF THE PROPOSED CONSTRUCTION ON THE SITE PLAN PAGE PROVIDED.

Applicant must notify this department if this site is subject to approval by other public agencies (other than the planning and inspection department) or wastewater other than sewage will be generated.

THIS APPLICATION AND FEES PAID WILL BE VALID FOR A PERIOD OF TWELVE MONTHS FROM DATE OF RECEIPT. AFTER 12 MONTHS THE APPLICATION IS VOID AND THE APPLICATION FEE IS NON-REFUNDABLE.

ALL HEALTH DEPARTMENT PERMITS ARE SUBJECT TO SUSPENSION OR REVOCATION IF THE SITE PLAN OR THE INTENDED USE CHANGES.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT AND WILL NOT BE ALTERED WITHOUT PRIOR HEALTH DEPARTMENT APPROVAL.

Chad Lunn — 5-22-13

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT **DATE**

APPALACHIAN DISTRICT HEALTH DEPARTMENT

ASHE COUNTY
P.O. BOX 208
JEFFERSON, NC 28640
(336) 846-1039 (fax)
(336) 246-3356

ALLEGHANY COUNTY
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SPARTA, NC 28675
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(336) 372- 8813

WATAUGA COUNTY
126 POPLAR GROVE CONNECTOR
BOONE, NC 28607
(828) 264-4997 (fax)
(828) 264-4995

PROPERTY TO BE EVALUATED

MUST FILL OUT COMPLETELY

Owner of Property: WATERFRONT GROUP Chad Turner Parcel ID / PIN #: TBD

Subdivision Name: GREYSTONE Lot #: 42 Section #: N/A

PROPERTY OWNER'S AUTHORIZATION FOR APPLICANT *(Potential Buyer)*

I, _____ *(name of property owner)*, being the owner or the legal representative of the business which owns the property specifically described above, do hereby authorize _____ *(name of applicant)* or their legal representative to pursue permits issued by the Appalachian District Health Department. I understand that this authorization includes but is not limited to: (1) Applying for Health Department permits, (2) Preparing the site for on-site soil evaluations, (3) Accomplishing other necessary actions as required by the Appalachian District Health Department (i.e backhoe pits, surveying, clearing the lot of underbrush), (4) Locating or gaining knowledge of all pertinent fuel storage tanks, wells, springs, septic systems, etc…

This authorization will be in effect until a written notice of revocation is received by this office from the owner, or until one year from date of signature by owner.

_____ _____

(Owner's signature) (D ate)

APPLICANT'S AUTHORIZATION FOR AN AGENT TO ACT AS THEIR LEGAL REPRESENTATIVE

I, _____(name), being the applicant for an Improvement Permit / Authorization for Wastewater System Construction and/or a Well permit do hereby authorize _____(name) to act as an agent on my behalf to do the following: (1) Apply for Health Department permits, (2) Prepare the site for on-site soil evaluations, (3) Accomplish other necessary actions as required by the Appalachian District Health Department (i.e. backhoe pits, surveying, clearing the lot of underbrush), (4) Locate or gain knowledge of all pertinent fuel storage, wells, springs, septic systems, etc…

I understand that I or my *legal representative* must sign for all permits issued by the Health Department.

This authorization will be in effect until a written notice of revocation is received by this office from the applicant.

_____ _____

(Applicant's signature) (Date)

_____ _____

(Authorized agent's signature) (Date)

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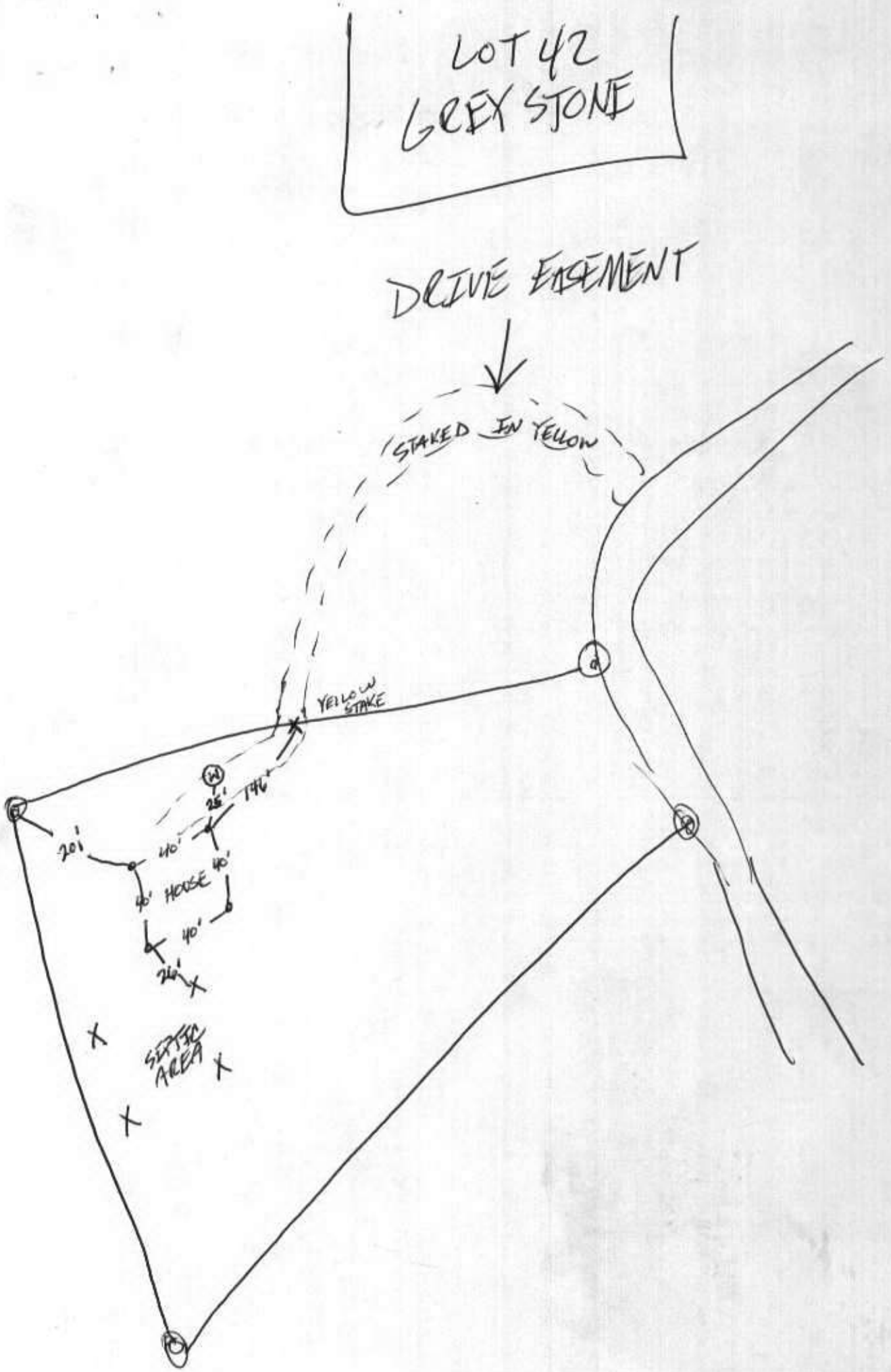
SITE PLAN

(MEASUREMENTS MUST BE ACCURATE. SEE EXAMPLE)

NAME: Chad Turner DATE: _____

See Attached


LOT 42
CREEK STONE
DRIVE EASEMENT
STAKED IN YELLOW
YELLOW STAKE
25'
146'
20'
40'
40'
40'
HOUSE
40'
26'
SEPTIC AREA

Land Resource Management

3 Lockhart Lane, Swannanoa, NC 28778

828.231.1663 www.landrm.com

PROJECT NO. AND NAME:

PIT:	LOT:	COUNTY:	DATE:
PERCENT SLOPE (Rule .1940):		CLAY MINERALOGY (Rule .1941): N/A SE MX EX	
LANDSCAPE POSITION (Rule .1940):		SOIL DEPTH (Rule .1943):	
TOPOGRAPHY (Rule .1940): Uniform		RESTRICTIVE HORIZON (Rule .1944):	
PARENT MATERIAL: AL CO RE A/C A/R C/R		SEASONAL HIGH WATER TABLE (Rule .1942):	
SOIL GROUP (Rule .1955):		TYPE OF WATER TABLE (Rule .1942):	
SAPROLITE GROUP (Rule .1956):		CLASSIFICATION (Rule .1948): PS US	
NOTES:		RECLASSIFIED (Rule .1948): N/A PS	

	inches = trench depth inches = slope correction soil depth inches = regulated soil depth	Calculated for :
+	inches = regulated saprolite depth	
	inches total depth needed	

FIELD ESTIMATES

HORIZON (Rule .1939)	DEPTH (inches)	MOIST COLOR MATRIX	MOIST COLOR MOTTLES	TEXTURE (Rule .1941)	STRUCTURE (Rule .1941)	CONSISTENCE (Rule .1941)	CLAY (%)	LTAR AEROBIC DRIP (Rule .1969)	LTAR CONV. (Rule .1955)

LRM- NC Revised 10/2012

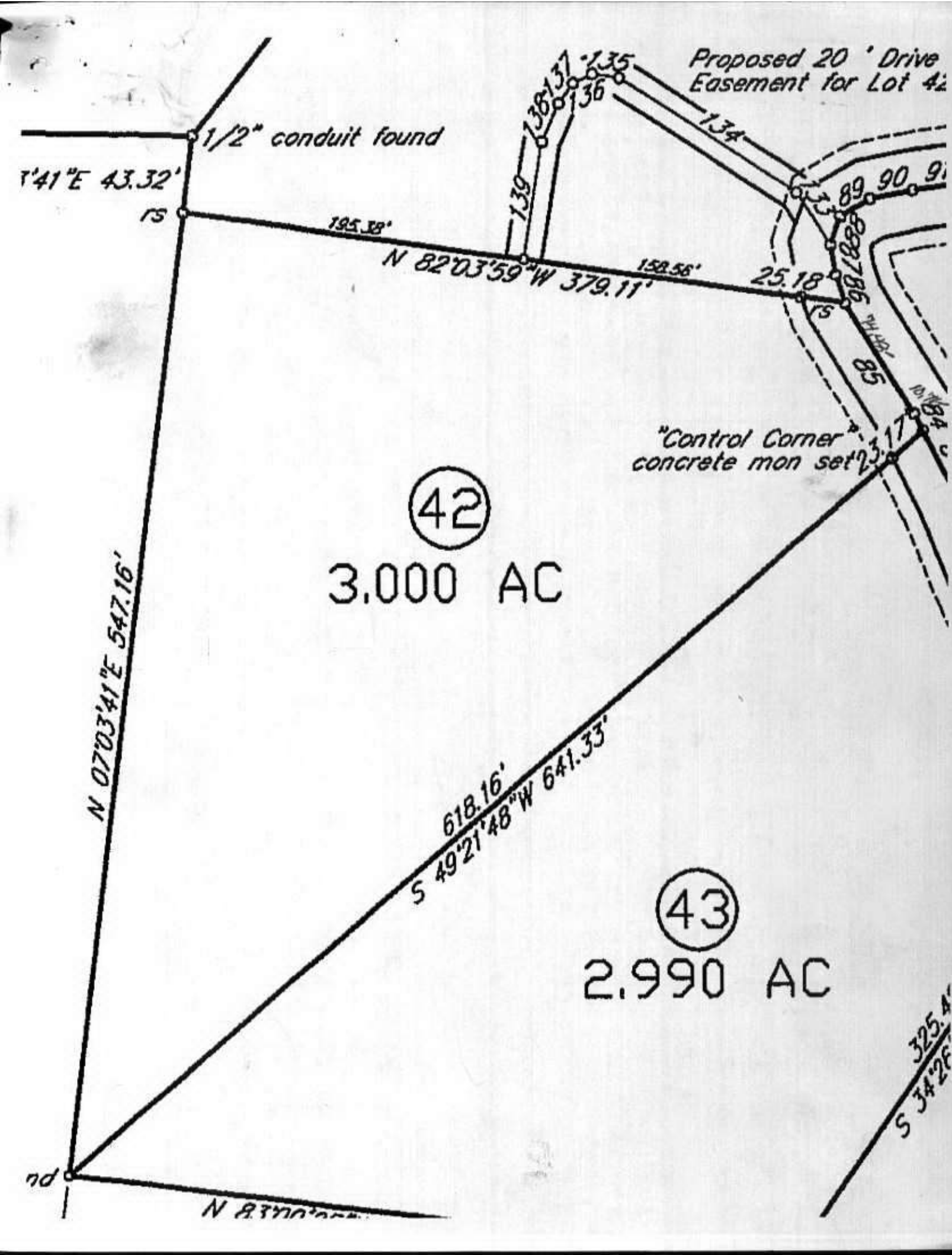
MCA = Multicolored Alluvium
MCC = Multicolored colluvium
MCS = Multicolored saprolite

LTAR = Long Term Acceptance Rate in gallons per square foot per day
RF = Rock fragments

RLHB = Restrictive layer – Hard bedrock
RLWB = Restrictive layer – Weathered bedrock
SBRF = Stopped by rock fragments

DESCRIBED BY:

CHECKED BY:


Proposed 20 ' Drive
Easement for Lot 42
1/2" conduit found
T'41"E 43.32'
195.38'
N 82°03'59"W 379.11'
158.56'
25.18'
"Control Corner"
concrete mon set
23.17'
42
3.000 AC
N 07°03'41"E 547.16'
618.16'
S 49°21'48"W 641.33'
43
2.990 AC
S 34°2
135
136
137
138
139
134
89
90
88
87
85

Appalachian District
Health Department

SOIL/SITE EVALUATION FOR
ON-SITE WASTE WATER

Applicant: Waterfront Grove Design Flow: 360gpd Property Size 3.0AC.
DATE EVAL.: 6/1/13 Permit # 561480 PLAT DATE: _____ EVAL. BY: AUGER X
Location: Greystone #42 PIT ___

FACTORS		PROFILES									
		1	2	3	4	5	6	7	8	9	10
LANDSCAPE POSITION	.1940	LN	LN	L	L						
SLOPE (%)	.1940	22%	28%	38%	32%						
HORIZON 1 DEPTH		0-16	0-26	0-22	0-26						
TEXTURE GROUP	.1941(A)(1)	CL	CL	CL	CL						
CONSISTENCE	.1941	FR	FR	FR	FR						
STRUCTURE	.1941(A)(2)	SBK	SBK	SBK	SBK						
MINEROLOGY	.1941(A)(3)	SE	SE	SE	SE						
HORIZON 2 DEPTH		16-36	26-36	22-34	26-32						
TEXTURE GROUP	.1941(A)(1)	CL/SaCL	CL/SaCL	CL/SaCL	CL/SaCL						
CONSISTENCE	.1941	FR	FR	FR	FR						
STRUCTURE	.1941(A)(2)	WSBK	WSBK	WSBK	WSBK						
MINEROLOGY	.1941(A)(3)	SE	SE	SE	SE						
HORIZON 3 DEPTH		36+	36+	34+	32+						
TEXTURE GROUP	.1941(A)(1)	Sap	Water	Sap	Sap						
CONSISTENCE	.1941										
STRUCTURE	.1941(A)(2)										
MINEROLOGY	.1941(A)(3)										
HORIZON 4 DEPTH											
TEXTURE GROUP	.1941(A)(1)										
CONSISTENCE	.1941										
STRUCTURE	.1941(A)(2)										
MINEROLOGY	.1941(A)(3)										
SOIL WETNESS	.1942										
RESTRICTIVE HORIZON	.1944										
SAPROLITE	.1943/.1956										
CLASSIFICATION	.1948	PS	PS	PS	PS						
LONG TERM ACCEPTANCE RATE	.1955	.4	.4	.4	.4						
MAXIMUM TRENCH DEPTH		24=18"	24=18"	18=19"	18=16"						
EHS INITIALS		JH	JH	JH	JH						

AVAILABLE SPACE (.1945):
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):

L.T.A.R. : (Initial) (Repair)
MAX. TRENCH DEPTH: (Initial) (Repair)
SYSTEM TYPE: (Initial) (Repair)

COMMENTS:

Evaluated after heavy rain, some standing water in hole (2)

22%
3' = 8"
2' = 5.5"
1' = 3"

38%
1' = 5"
2' = 9"

32%
1' = 4"
2' = 8"

3hr@.4 = 360 10"LDP = 4-90' w/CAP

Pits for Sap could change system type and MTD

8-166

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL 1955 LTAR*	LPP MINERALOGY/ 1957 LTAR*
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
	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
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None

CONSISTENCE	STRUCTURE
NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
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)

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

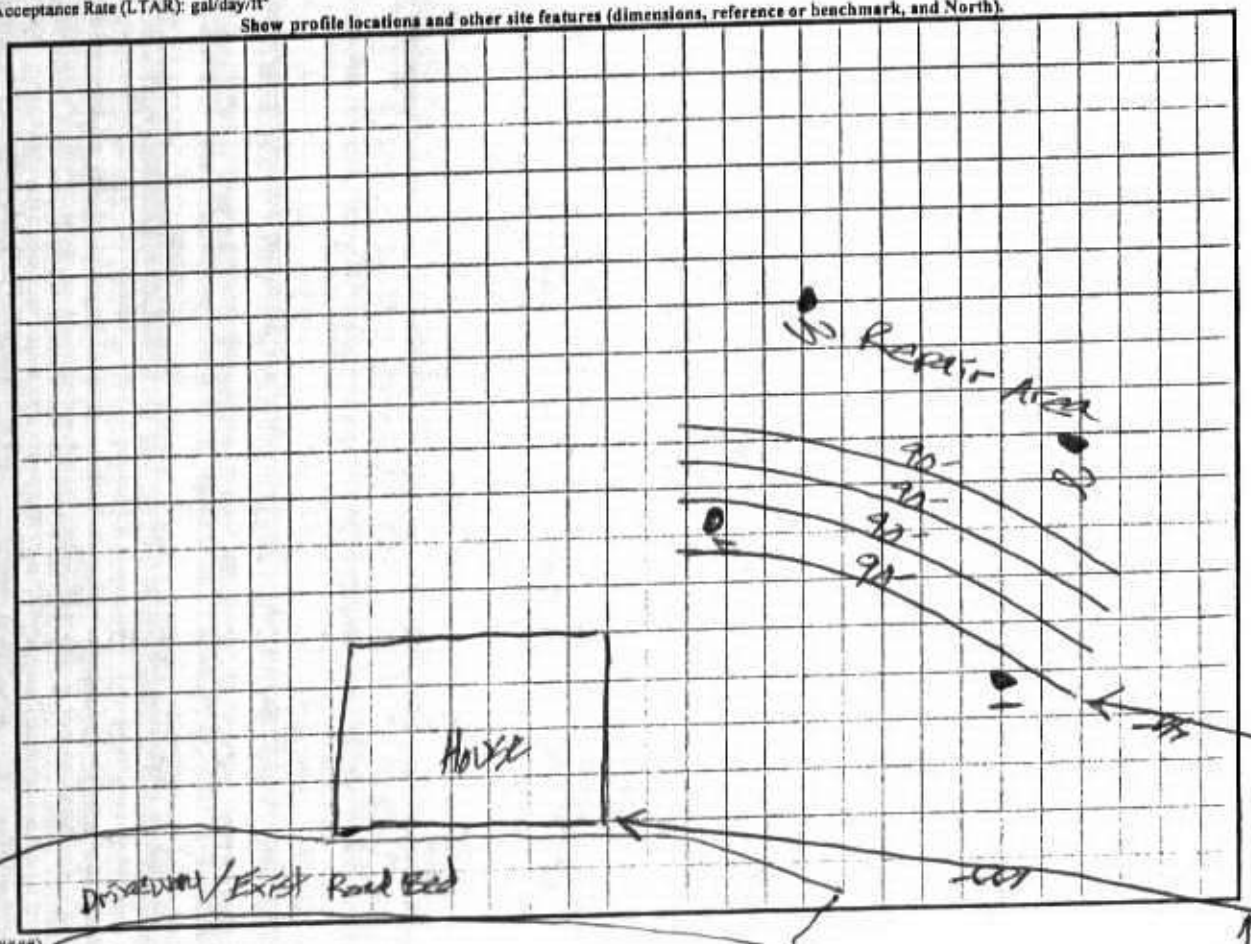
NOTES

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).



DENR (######)
Review (######)

Ashe County, North Carolina

- 500 Year Flood
- Buildings
- City Limits
- Farm Preservation
- Flood Way
- Flood Zone
- Parcels
- Roads
- Water
- County

Results

Fire Zones

JEFFERSON/NEW RIVER FD

Parcels

Owner: BELLE ISLE INVESTMENTS, LLC **Address**: 19421 LIVERPOOL PKWY **City**: CORNELIUS **State**: NC **Zip**: 28031 **Parcel ID**: 18298-364-042 **Size**: 3.000 acres **Bldg Value**: 0 **Total Value**: 0 **Deed Book**: 439 **Deed Page**: 2138 **Plat Book**: 8 **Plat Page**: 166 **Gpin**: 2989840661 **Xfer Date**: 4/5/2013

Townships

- 1 WALNUT HILL
- 2 JEFFERSON

Voting Districts

JEFFERSON