IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-302166

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

PIN # 4705506979

APPLICANT/OWNER: MELISSA + KENNETH CONNOR

APPLICANT ADDRESS: 116 QUAIL SPRINGS ROAD, STATESVILLE, NC, 28677

SITE ADDRESS: 305 LIPPARD FARM ROAD, STATESVILLE, NC, 28625

PHONE: 931-338-1032

ALT. PHONE 931-338-1142

SITE DIRECTIONS: (W) ON 40, (R) STAMEY FARM, (L) ON ISLAND FORD, (R) ON LIPPARD FARM, LOT ON (L)

SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: —

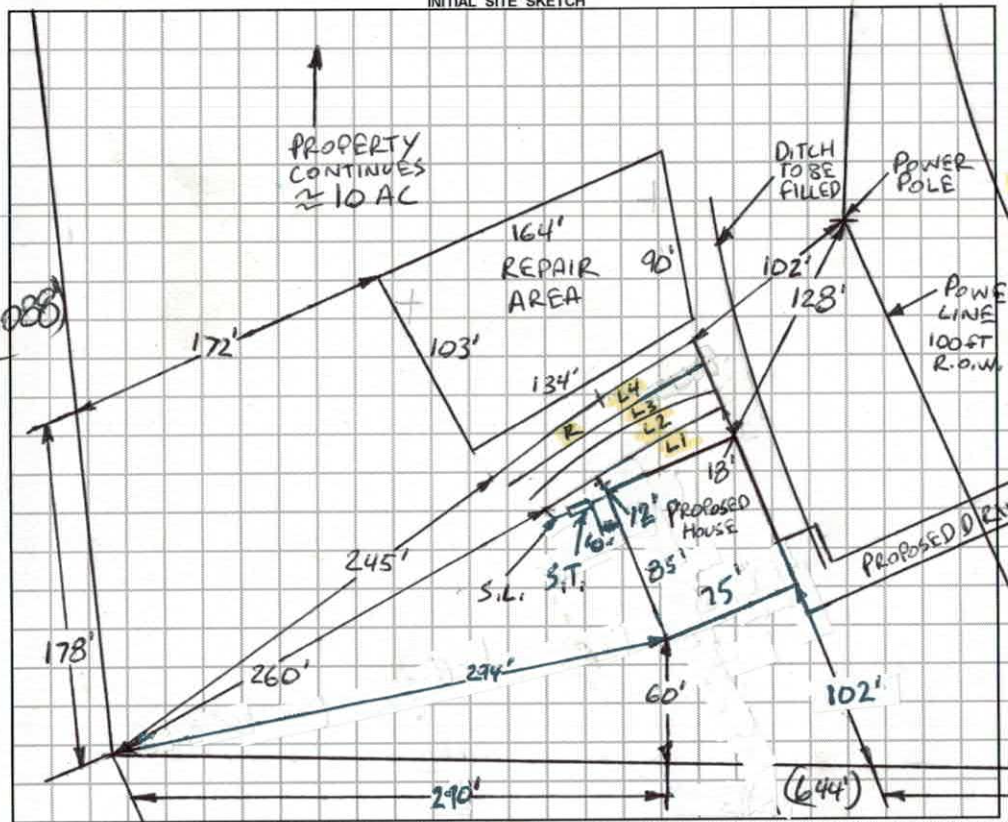
SECTION: — LOT # — LOT AREA: 10.016 AC

DESIGN FLOW: 480GPD L.T.A.R.: 0.3

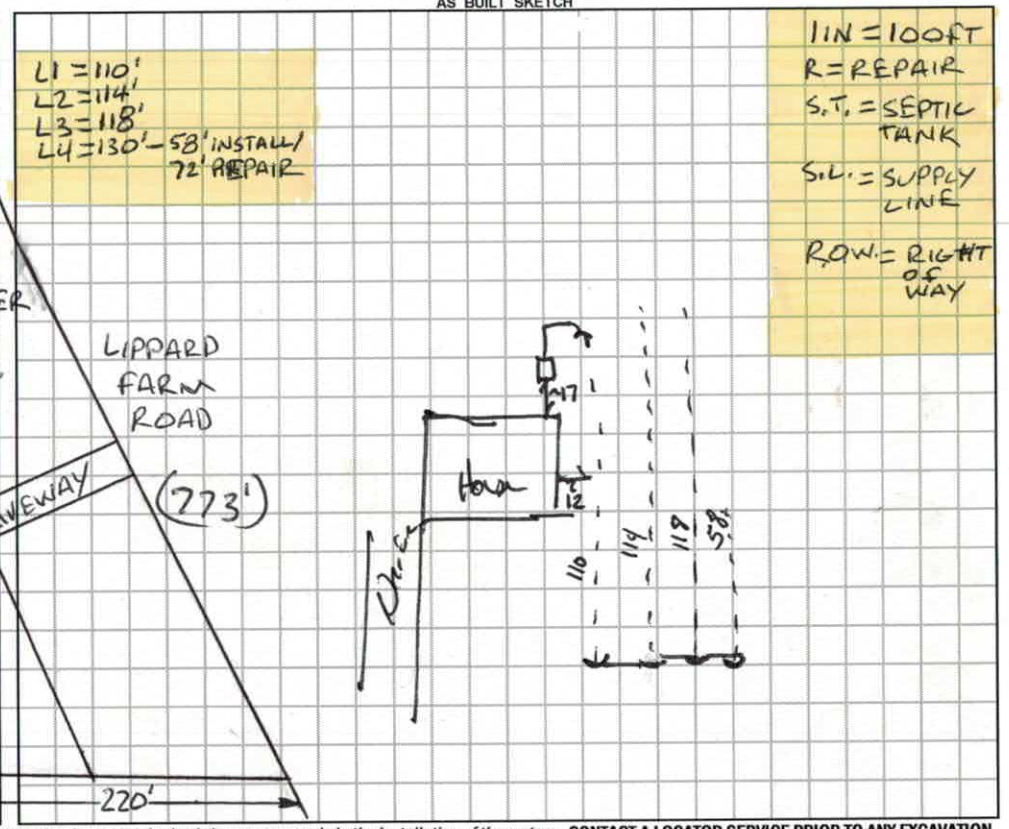
Septic Tank	1000	(gal)	STB	Infiltrator 1060	Date		[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			[ ] Business	No. Persons	8	[ ] Private
Pump Make	—	Model	—	Serial #	—		Repair System Description:	25% REDUCTION			[ ] Other	No. Employees	—	[x] Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400FT		Maintenance Agreement Required:	[ ] YES	[x] NO		[ ] Slab	[x] Crawl Space		[ ] Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—			[x] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, UTILIZE A SOIL STABILITY PLAN AFTER INSTALL

INITIAL SITE SKETCH



AS BUILT SKETCH



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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kenneth Connor Date: 12-9-2019 Installed by: Brad Cardwell Grading

IMPROVEMENT PERMIT by: Benjamin C. White Date: 12-5-2019 OPERATION PERMIT by: Benjamin Abbott Date: 3-11-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White Date: 12-9-2019 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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 #: 4705506979
DATE OF EVALUATION: 11-8-2019
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
1	LINEAR SIDE 15%	0-5	MIXED FROM CLEARING		SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		5-10	C, SBK	FR, S, SP, SEXP					
		10-48	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 10%	0-5	MIXED FROM CLEARING		SAP INC THRU OUT MICA COMMON	48"	PS II SL	NA	PS .3
		5-18	C, SBK	FR, S, P, SEXP					
		18-48	CL, WSBK	FR, SS, SP, SEXP					
		48-60	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE 10%	0-5	MIXED FROM CLEARING		SAP INC THRU OUT MICA COMMON	48"	PS II SL	NA	PS .3
		5-24	C, SBK	FR, S, P, SEXP					
		24-48	CL, WSBK	FR, SS, SP, SEXP					
		48-60	SAP, MAS	VFR, NS, NP, SEXP					
4	LINEAR SIDE NOSE 20%	0-5	MIXED FROM CLEARING		SAP INC IN CL MICA COMMON	30"	PS II L 30-48 PS II SL 48-66	NA	PS .35
		5-30	CL / WSBK	FR / SS, SP, SEXP					
		30-48	SAP, MAS	VFR, NS, NP, SEXP					
		48-66	SAP, MAS	VFR, NS, NP, SEXP					

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 4705506979
COUNTY: IREDELL

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

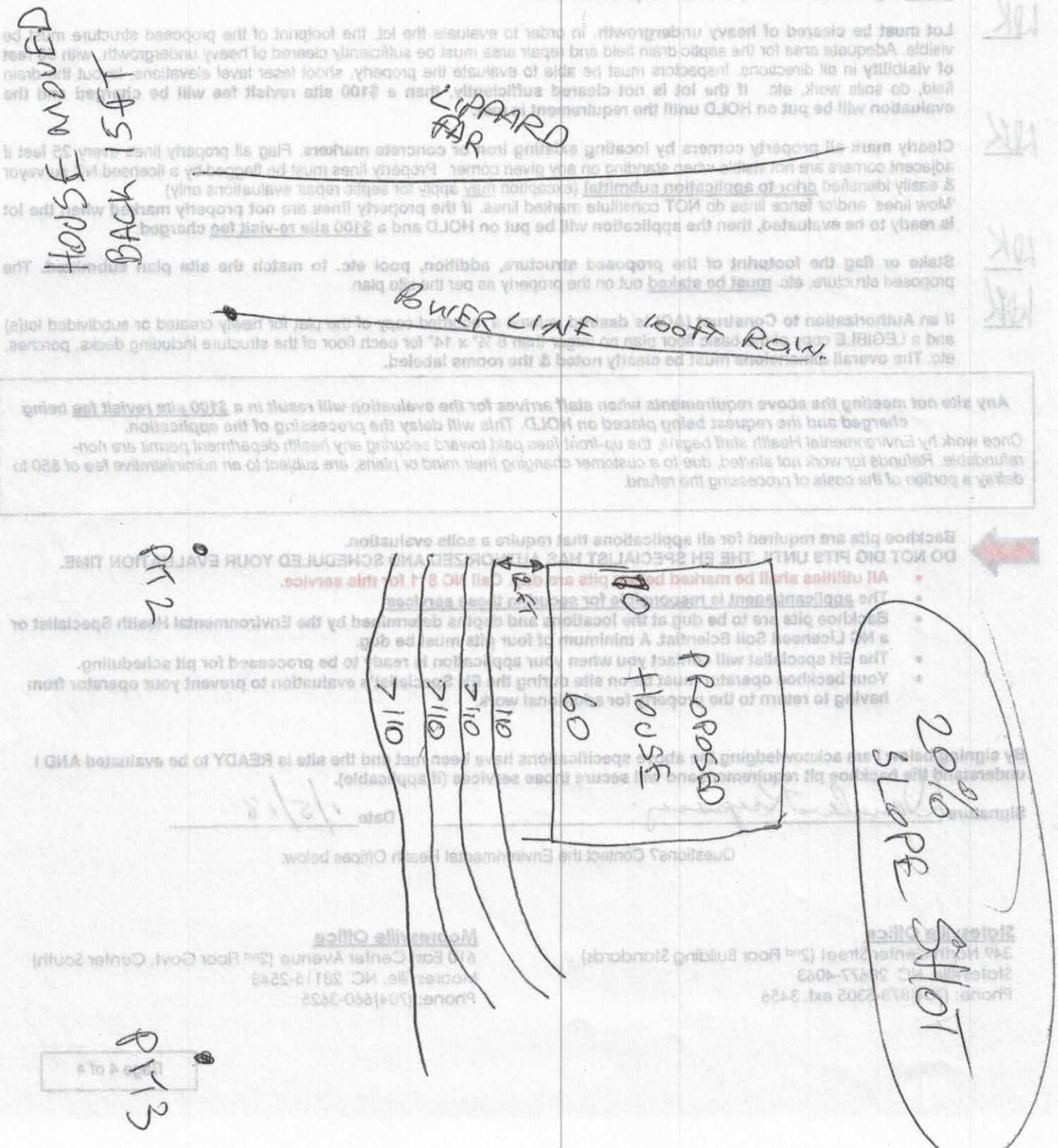
OWNER: MELISSA & KENNETH CONNOR
APPLICATION DATE: 9-18-19
ADDRESS: 116 QUAILSPRINGS ROAD, STATESVILLE, N.C. 28677
DATE EVALUATED: 11-8-19
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 10.016
LOCATION OF SITE: 305 LIPPARD FARM ROAD, STATESVILLE, N.C. 28625
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

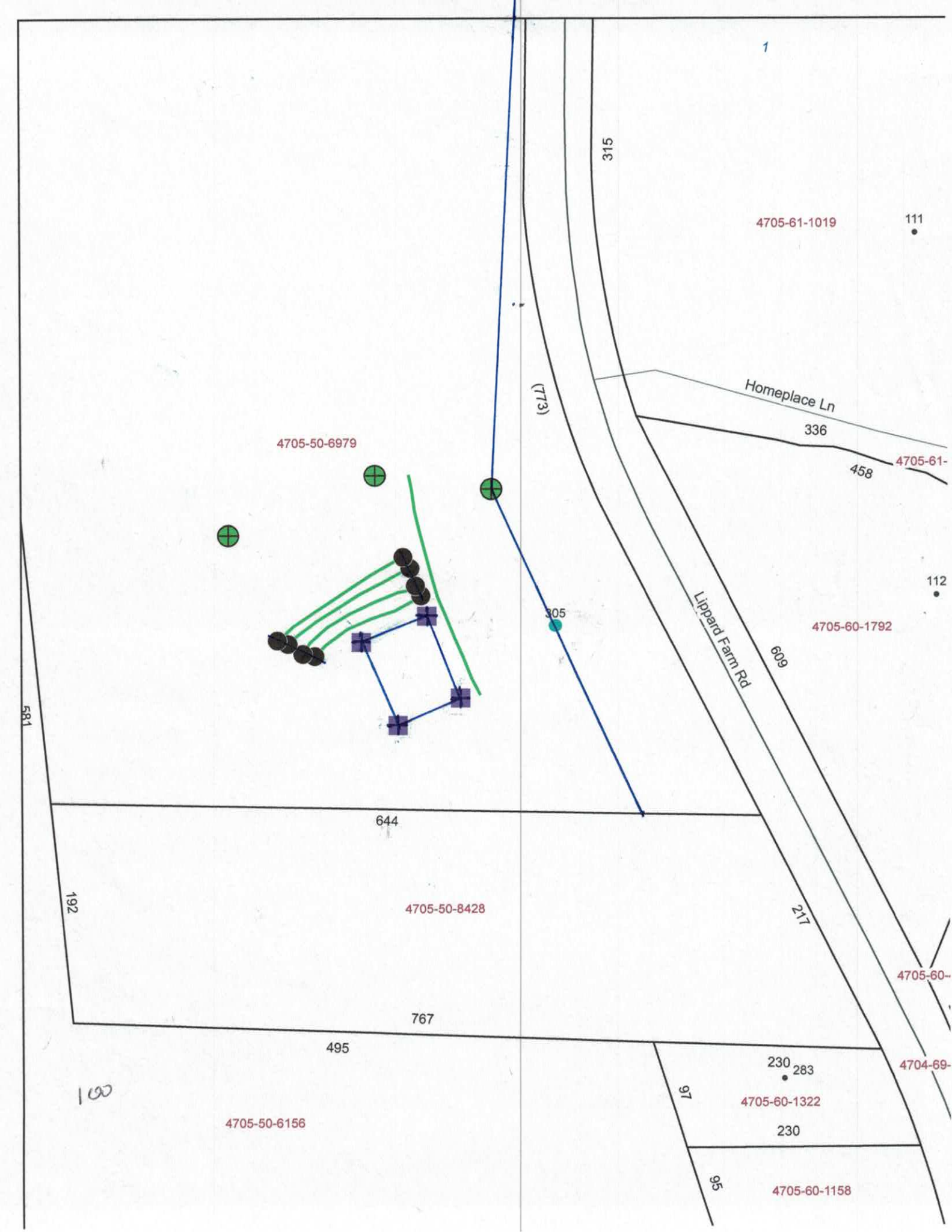
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1									
2				SF	PA C F				
3					2				
4									

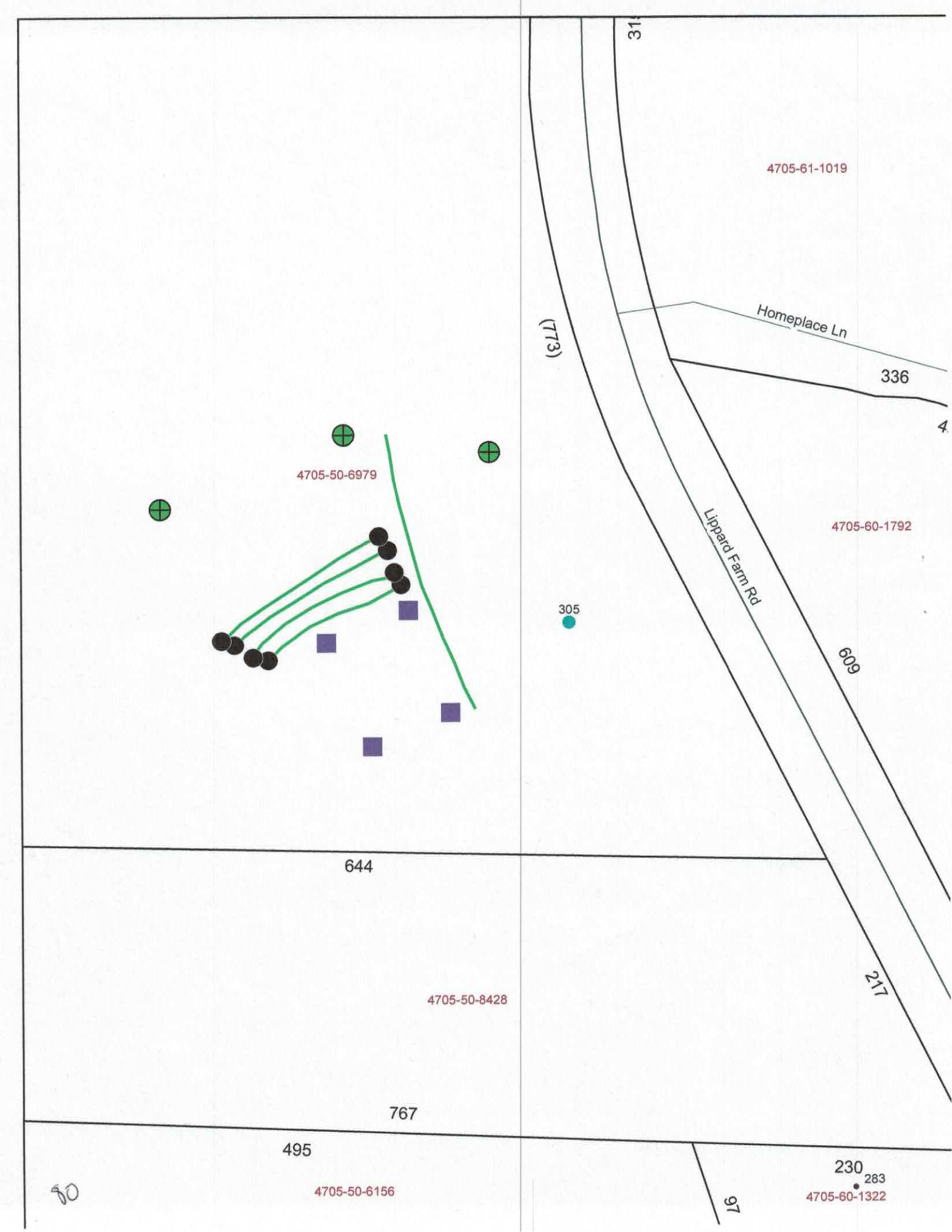
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

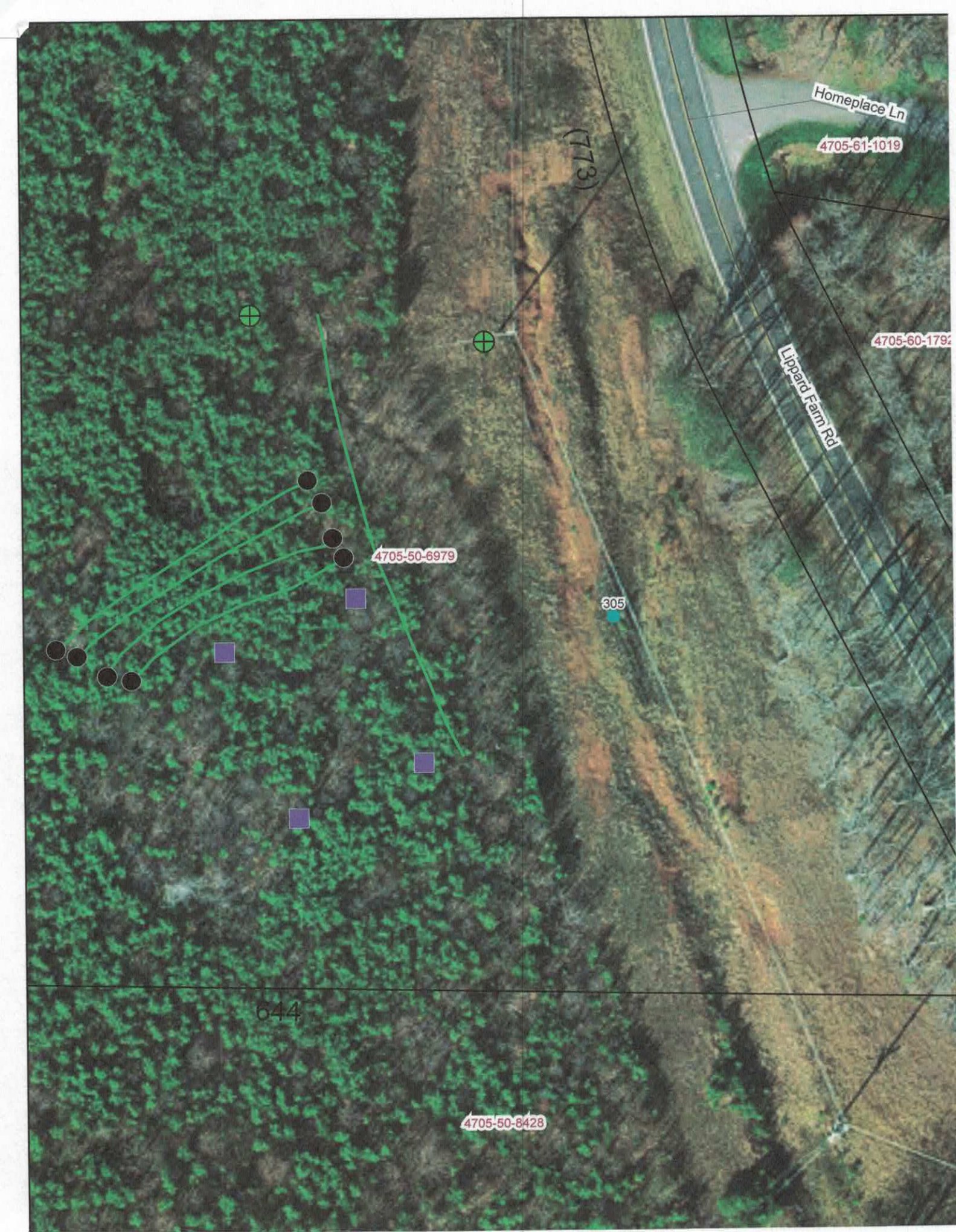
OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkett C. Inhiede
OTHER(S) PRESENT:

COMMENTS:


HOUSE MOVED
BACK 15FT
LIPPARD
RAR
POWER LINE
100FT R.O.W.
PIT 2
PIT 3
12FT
110
110
110
110
60
60
PROPOSED
HOUSE
20%
SLOPE
SHOT


1
315
4705-61-1019
111
Homeplace Ln
(773)
336
458
4705-61-
4705-50-6979
112
305
4705-60-1792
Lippard Farm Rd
609
581
644
192
4705-50-8428
217
4705-60-
767
495
230
283
4704-69-
97
4705-60-1322
230
4705-50-6156
95
4705-60-1158


4705-61-1019
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4705-50-6156


Homeplace Ln
4705-61-1019
(773)
4705-60-1792
Lippard Farm Rd
4705-50-6979
305
644
4705-50-8428

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

AP-302166
10.29.19
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Melissa Connor Address: 116 Quail Springs Rd Zip: 28677
Applicant Email: melcalie_co@yahoo.com Phone: 9313381142 Alt. Phone: 9313381032
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 305 Lippard Farm Road
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(X) 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
(X) Swimming Pool
(X) Other Addition/Structure: Workshop

CHECK FOUNDATION TYPE

(X) 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 (X) Other Public Water

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

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?

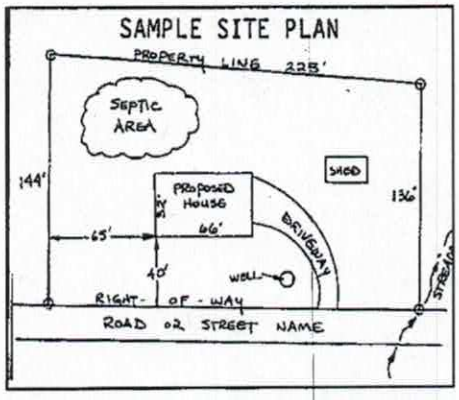
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Melissa Connor 20190918
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

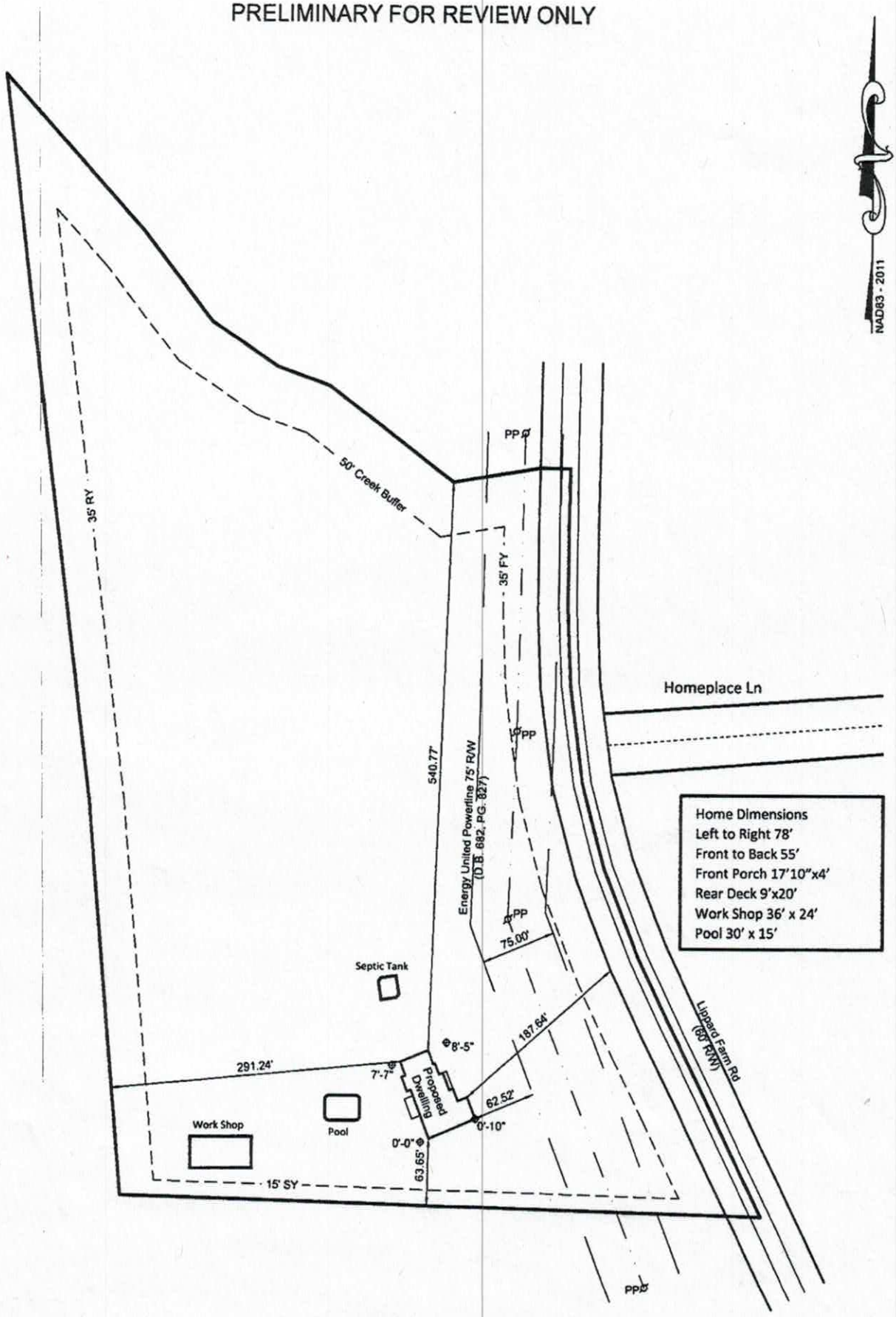
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

Signature: Melissa Conner 20190918

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

PRELIMINARY FOR REVIEW ONLY



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*) Melissa Connor

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, Melissa Connor, am the legal owner(s) of the property located at 305 Lippard Farm Road, 28625 identified as

PIN (Parcel Identification Number) 18 31-800, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

Melissa Connor _____ _____

Signature of Owner(s) Date

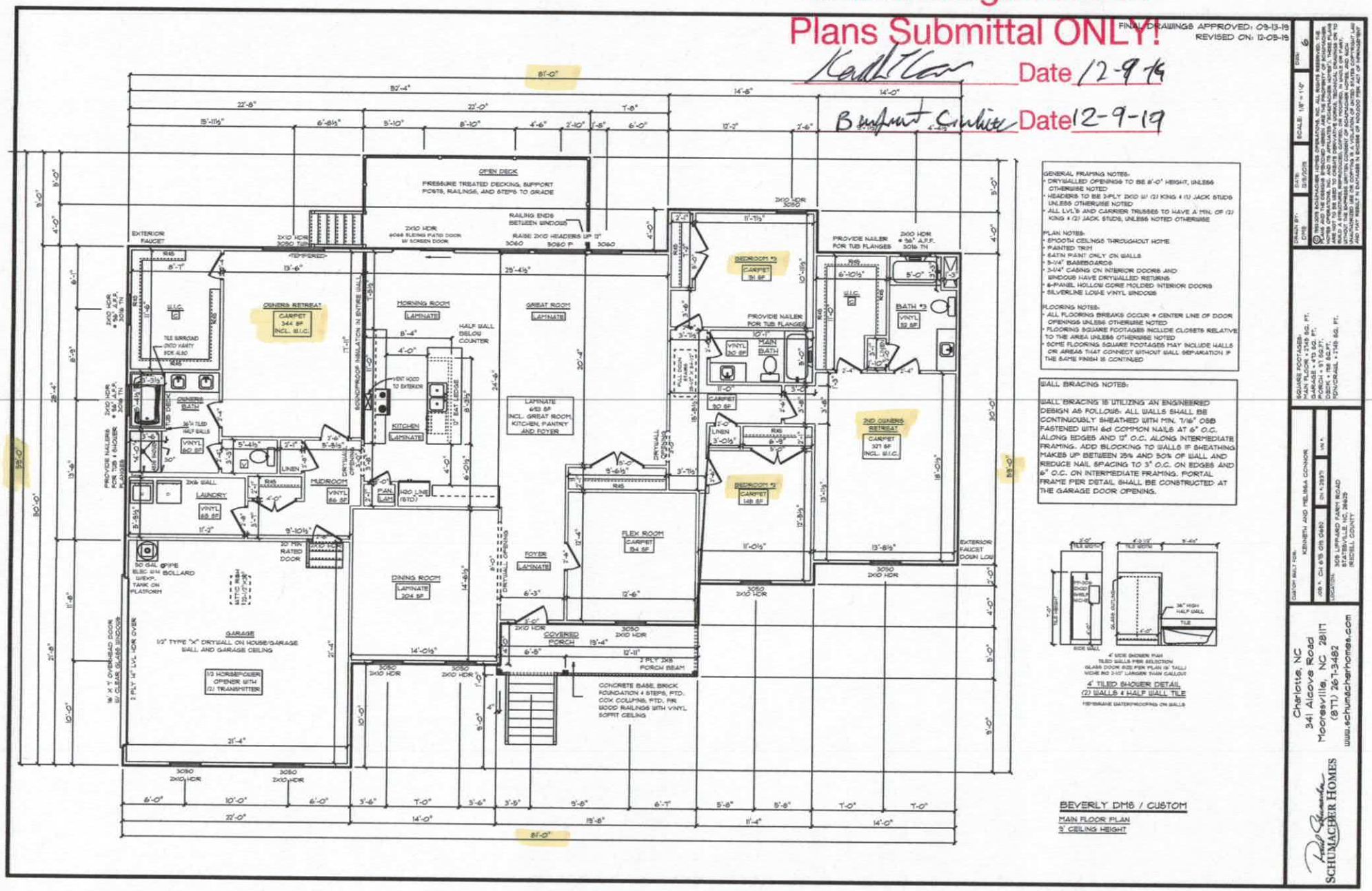
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!

Kadd Lee Date 12-9-19

Builder Signature Date 12-9-19



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT, UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED TRIM
- SATIN PAINT ONLY ON WALLS
- 5-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 6-PANEL HOLLOW CORE MOLDED INTERIOR DOORS
- SILVERLINE LOW-E VINYL WINDOWS

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

4' SIDE SHOWER PAN
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN (6' TALL)
NICHE IND 3-1/2" LARGER THAN CALLOUT

4' TILED SHOWER DETAIL
(2) WALLS & HALF WALL TILE

MEMBRANE WATERPROOFING ON WALLS

BEVERLY DM8 / CUSTOM

MAIN FLOOR PLAN

9' CEILING HEIGHT

FINAL DRAWINGS APPROVED: 09-13-19
REVISED ON: 12-03-19

SCALE: 1/8" = 1'-0"

DRAWN BY: DM8

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SQUARE FOOTAGES:
LIVING AREA = 1,749 SQ. FT.
GARAGE = 413 SQ. FT.
PORCH = 97 SQ.FT.
DECK = 158 SQ.FT.
POWDER = 1749 SQ. FT.

CUSTOM BUILT FOR: KENNETH AND MELISSA CONNOR

JOB #: CH 615 015 0482 | CH 4.2937 | LOT #:

LOCATION: 308 LIMPKIND FARM ROAD (RECTOR COUNTY) 28625

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302166 Issue Date: 10/29/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4705506979.000	305 LIPPARD FARM RD	

Owner Information	Applicant Information
Name: CONNOR KENNETH T+MELISSA I	Name: CONNOR KENNETH T+MELISSA I
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10	35	35	15	15		

Remarks
SFD

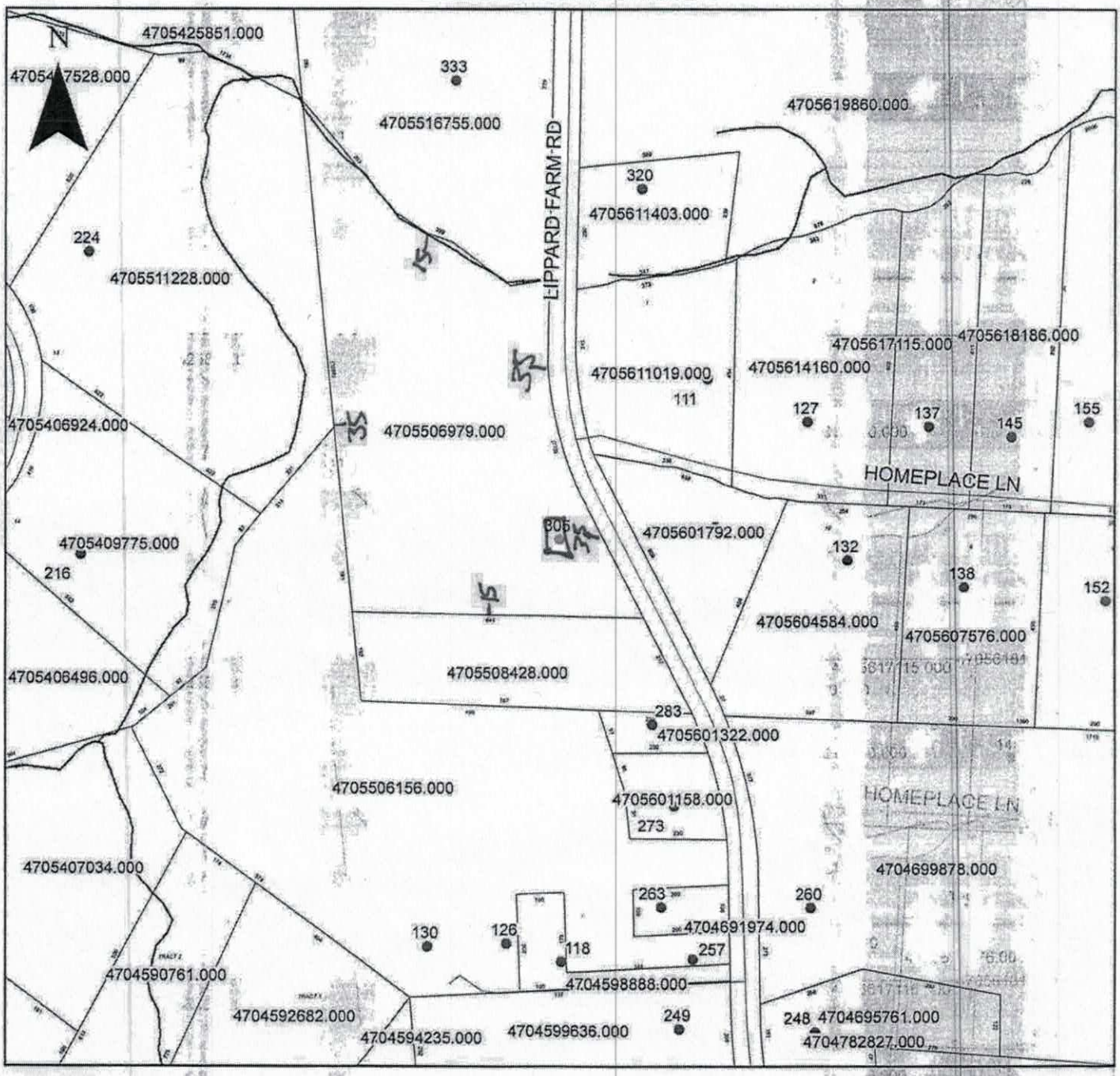
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/29/2019

Signature of Owner/Contractor

Permit Number	000672	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 305 Lippard Farm Rd.

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.

Melissa Connor
Applicant

2019 10 29
Date