IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 (2:30) PERMIT # AP-301244

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

PIN # 4705526231

APPLICANT/OWNER: JAMES A. GROVER APPLICANT ADDRESS: 139 MEADOW OAKS DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 359 LIPPARD FARM ROAD, STATESVILLE, N.C. 28625 PHONE: 336-575-0236 ALT. PHONE 704-929-0602

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

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: LIPPARD FARM ESTATES SECTION: — LOT# 1 & 2 LOT AREA: 3.549 AC DESIGN FLOW: 600 GPD L.T.A.R.: 0.3

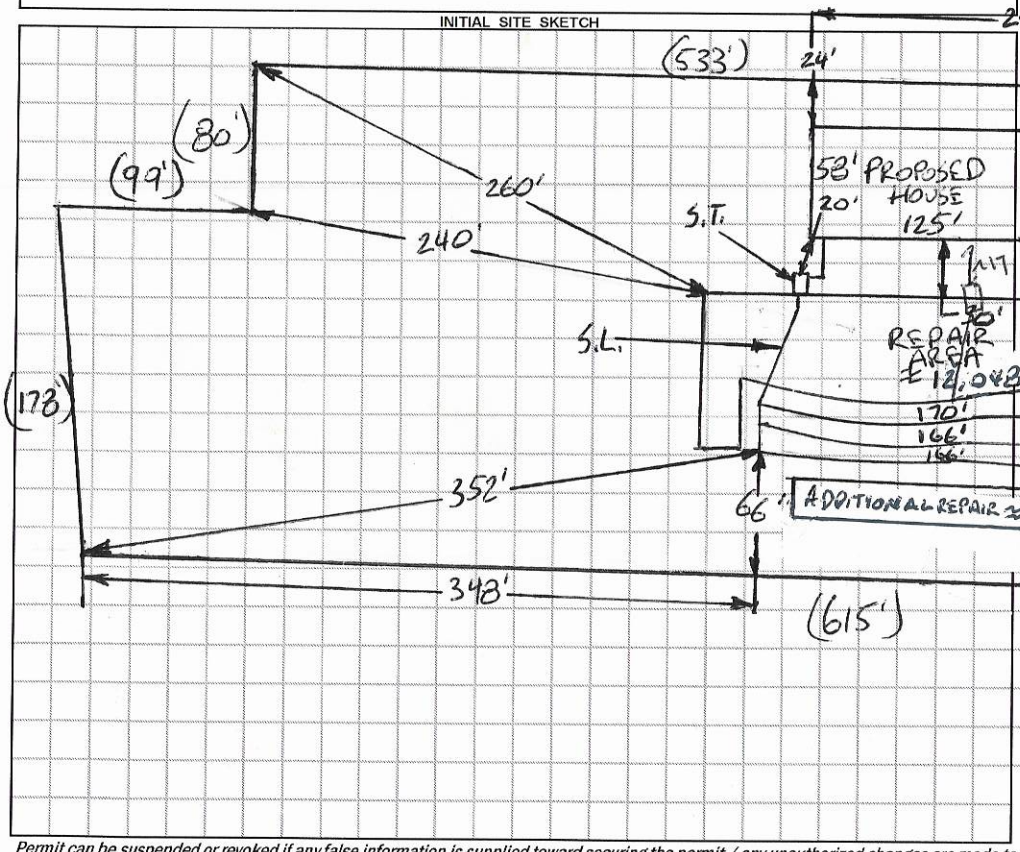
Septic Tank	1250	(gal)	STB	189	Date	12-20	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	3		Linear Ft:	500 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)				30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

☑ Residence	No. Bedrooms	5	Water Supply		
☐ Business	No. Persons	10	☐ Private		
☐ Other	No. Employees	—	☑ Public		
☐ Slab	☐ Crawl Space		☐ Community		
☑ Basement w/plumbing			☐ Basement w/o plumbing		

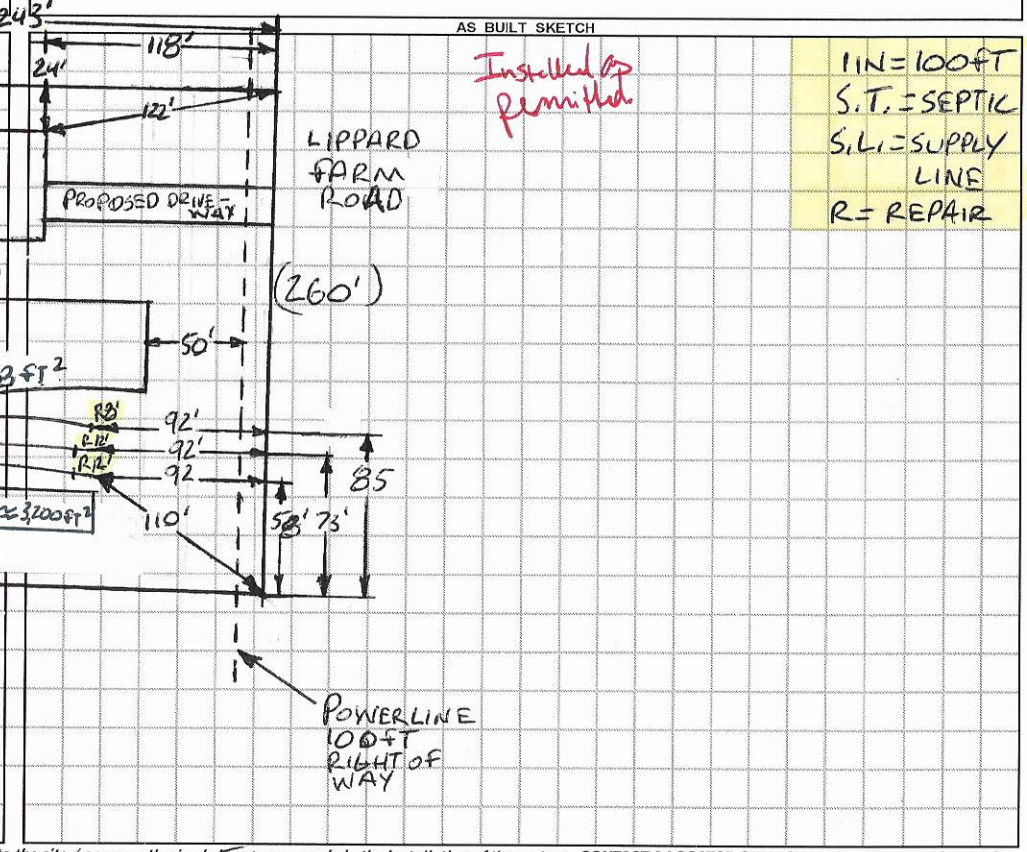
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT, UTILIZE SERIAL DISTRIBUTION

* House Box includes Pool Footprint *

INITIAL SITE SKETCH



AS BUILT SKETCH



Installed & permitted

1 IN = 100 FT
S.T. = SEPTIC
S.L. = SUPPLY LINE
R = REPAIR

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: Curtis Barbour Date: Installed by: Kelly Crawley

IMPROVEMENT PERMIT by: Burkett C. White Date: 10-28-19 OPERATION PERMIT by: Benjamin A Bolling Date: 1-14-2020

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 10-28-19 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.

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

Sheet 1 of 1
PROPERTY ID #: 4705526231
COUNTY: IREDELL

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

OWNER: JAMES A. GROVER
ADDRESS: 139 MEADOW OAKS DRIVE, STATESVILLE, N.C. 28625 — APPLICATION DATE 9-20-19
PROPOSED FACILITY: 5 BR — PROPOSED DESIGN FLOW (.1949): 600 GPD — DATE EVALUATED: 10-10-19
LOCATION OF SITE: 359 LIPPARD FARM ROAD, STATESVILLE, N.C. 28625 — PROPERTY SIZE: 3.549 AC
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other _____ — PROPERTY RECORDED: YES
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	
1									
2			SEE		PAGE 2				
3									
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: Bryant C. White
OTHER(S) PRESENT: _____

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

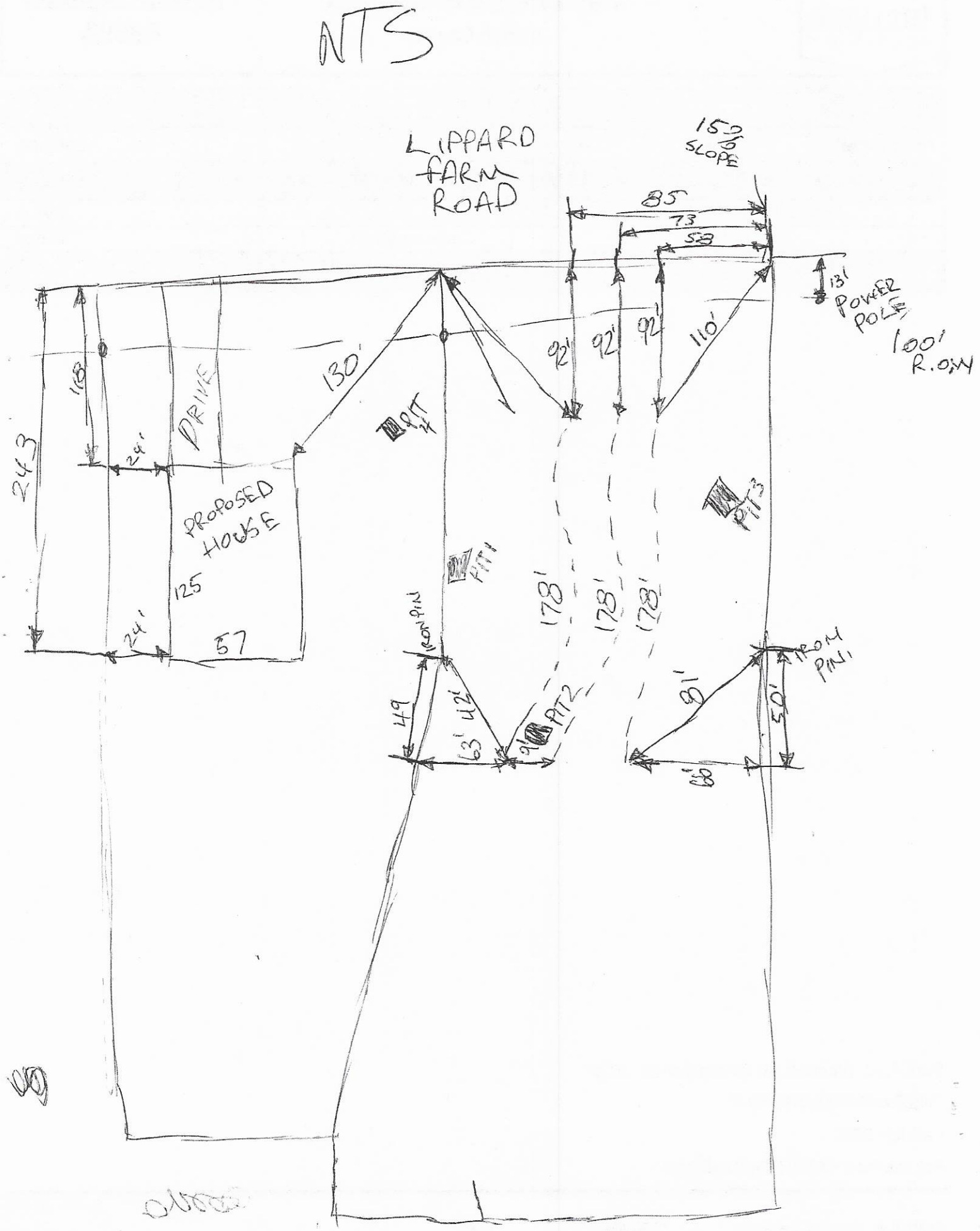
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4705526231
DATE OF EVALUATION: 10-10-2019
COUNTY: IREDELL

SEE PAGE1

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	NOSE 10%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		33-60	CL I WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	61"+	NA	NA	PS .3
		33-61	CL, I/4 SBK	FR, SS, SP, SEXP					
3	HEAD 10%	0-50	C, SBK	FR, S, P, SEXP	SAP INC COMMON PAST 36" MICA COMMON	50"+	NA	NA	PS .3
4	LINEAR SIDE 12%	0-49	C, SBK	FR, S, P, SEXP	SAP INC COMMON PAST 32" MICA COMMON	49"	NA	NA	PS .3

COMMENTS:


NTS
LIPPARD FARM ROAD
15% SLOPE
85
73
53
13'
POWER POLE
100' R.O.W.
92'
92'
92'
110'
130'
PIT 4
PIT 3
PIT 1
PIT 2
DRIVE
24'
PROPOSED HOUSE
125
57
24'
243
178'
178'
178'
IRON PIN
IRON PIN
49
42'
63'
9'
91'
50'
58'

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*

301244

$500

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: James A Grover Address: 139 Meadow Oaks Dr. Zip: 28625
Applicant Email: Jim@I-TECHSNS.com Phone: 336-575-0236 Alt. Phone: _____
Owner Name: Crystal S. HARRIS Address: 139 Meadow Oaks Dr Zip: 28625
Owner Email: Cstoneharris5te@gmail.com Phone: 704-929-0602 Alt. Phone: _____

Property Information:

Street Address: 359 Lippard Farm Rd.
Subdivision Name: Lippard Farm Estates Section/Phase: _____ Lot Number: #2
Driving Directions: I-40 to old Mt Road Exit Turn Right. Turn Right on Island Ford Rd. Right on Lippard farm, about 2miles on left.

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: 5
Maximum Number of Occupants: 5
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) City Water (X) Other Public Water

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

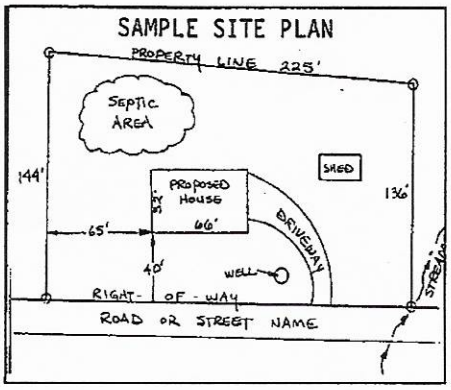
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Crystal S. Harris James A Grover 9/20/19
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:

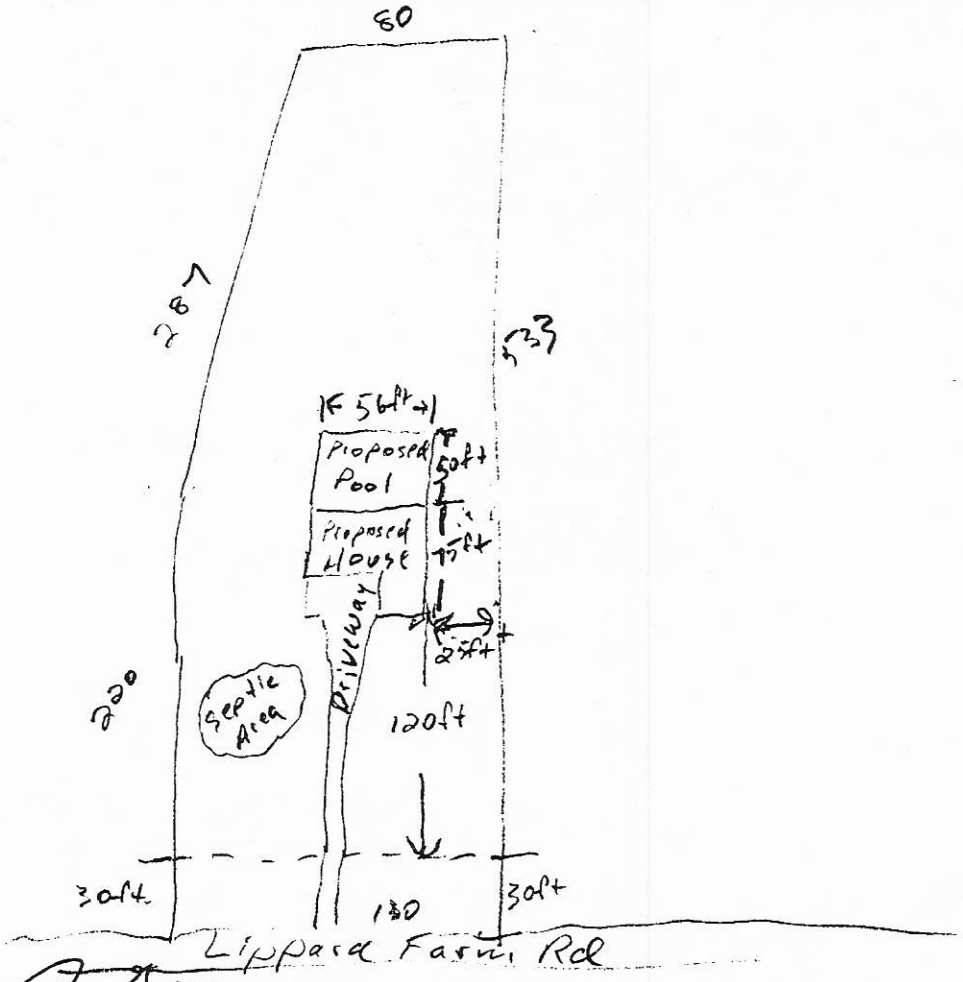
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

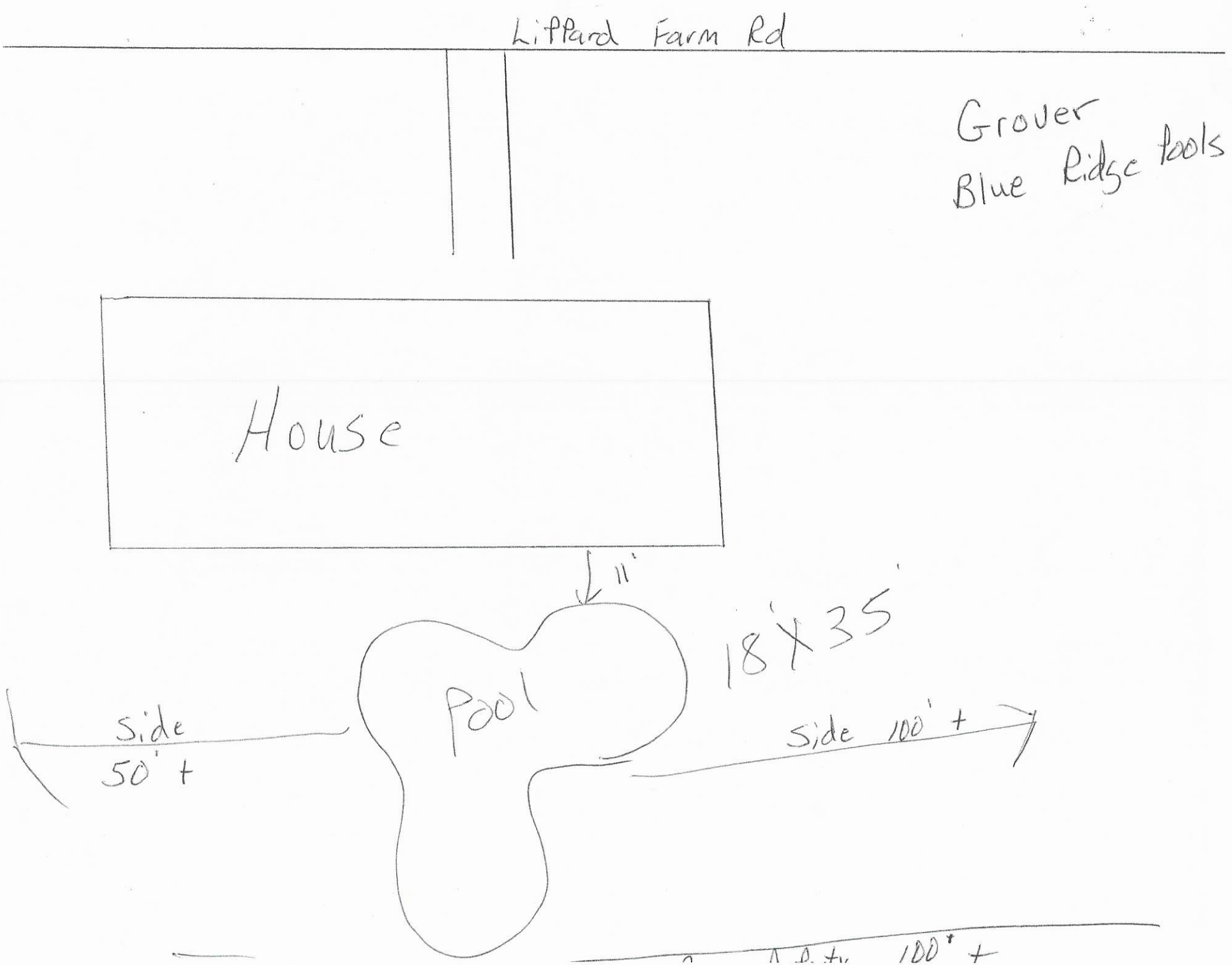
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ _____

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


Liffard Farm Rd
Grover
Blue Ridge Pools
House
11'
18'X35'
Pool
Side
50' +
Side 100' +
100' +

353
358

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)* James Grover

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, James Grover, am the legal owner(s) of the property located at 359 Lippard Farm Rd, identified as PIN (Parcel Identification Number) 4705526288 + 4705525196 Curtis Barlowe 10-10-19, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Barlowe Brothers LLC, 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

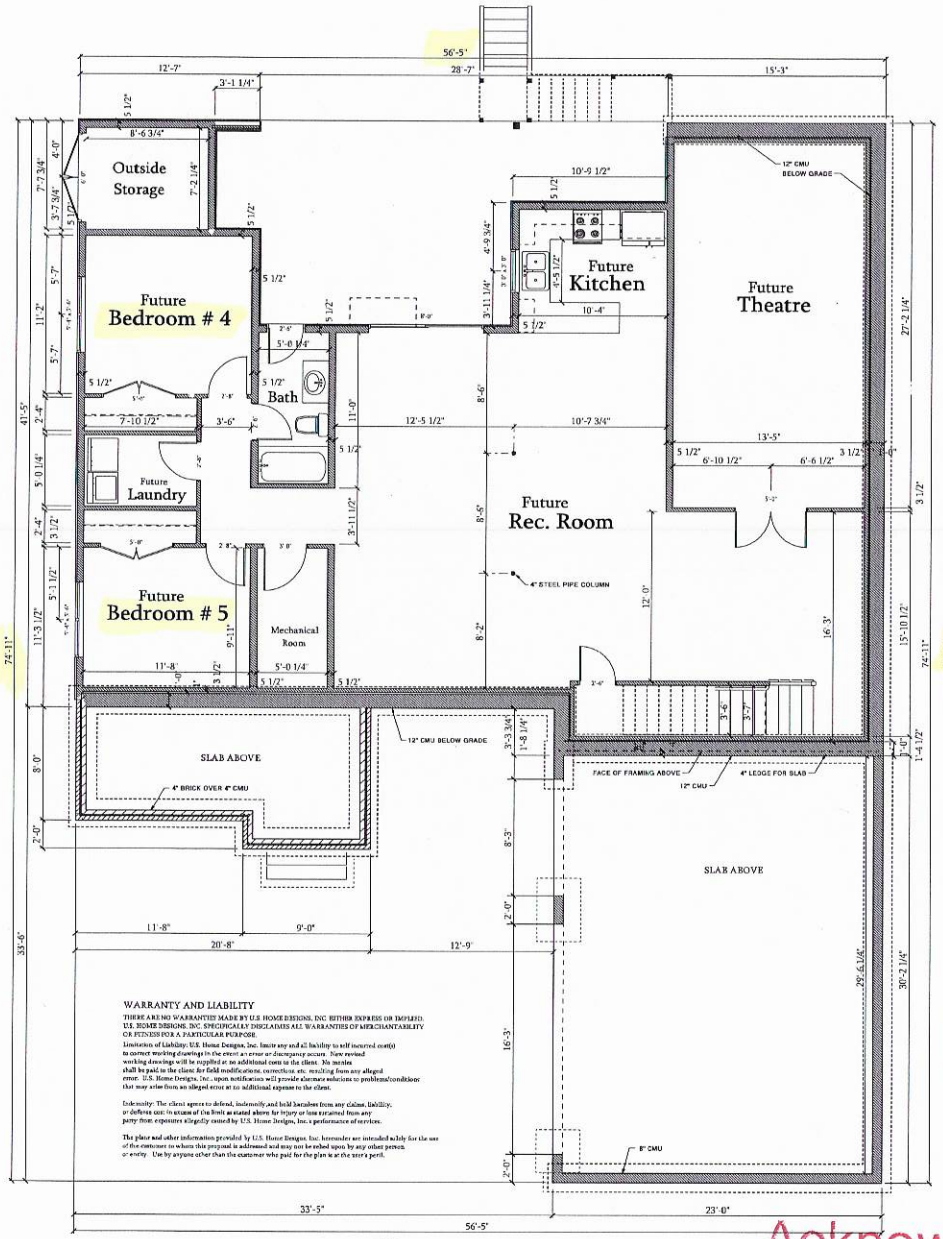
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

James Grover
Signature of Owner(s)

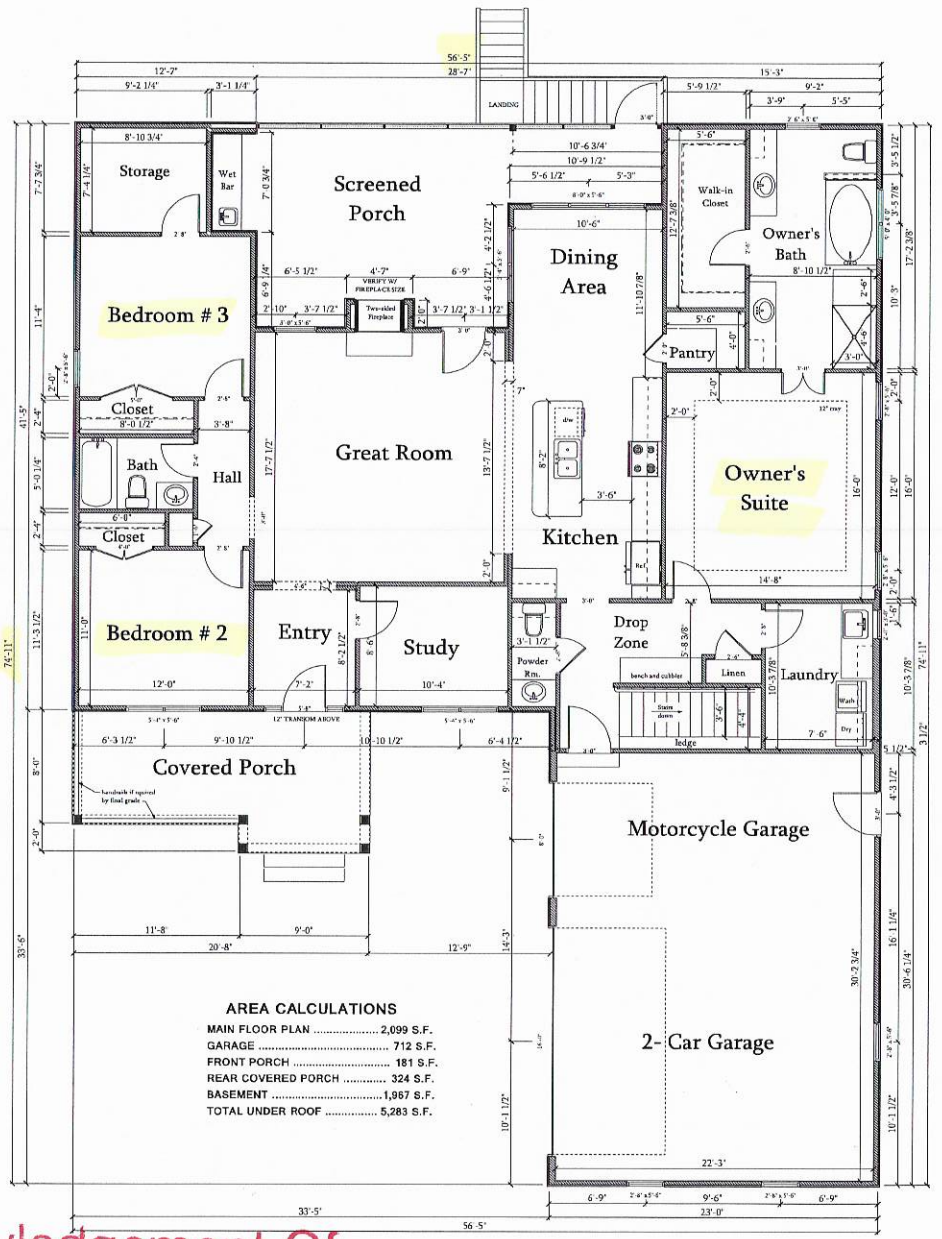
5/21/19
Date

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



2 A-1 BASEMENT PLAN
SCALE: 1/4" = 1'-0"



1 A-1 MAIN FLOOR PLAN
SCALE: 1/4" = 1'-0"

WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC. EITHER EXPRESS OR IMPLIED. U.S. HOME DESIGNS, INC. SPECIFICALLY DISCLAIMS ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: U.S. Home Designs, Inc. limits any and all liability to self incurred cost(s) to correct working drawings in the event an error or discrepancy occurs. New revised working drawings will be supplied at no additional costs to the client. No monies shall be paid to the client for field modifications, corrections etc. resulting from any alleged error. U.S. Home Designs, Inc., upon notification will provide alternate solutions to problems/conditions that may arise from an alleged error at no additional expense to the client.

Indemnity: The client agrees to defend, indemnify, and hold harmless from any claims, liability, or defense cost/s in excess of the limit as stated above for injury or loss sustained from any party from exposures allegedly caused by U.S. Home Designs, Inc.'s performance of services.

The plans and other information provided by U.S. Home Designs, Inc. hereunder are intended solely for the use of the customer to whom this proposal is addressed and may not be relied upon by any other person or entity. Use by anyone other than the customer who paid for the plan is at the user's peril.

AREA CALCULATIONS

MAIN FLOOR PLAN	2,099 S.F.
GARAGE	712 S.F.
FRONT PORCH	181 S.F.
REAR COVERED PORCH	324 S.F.
BASEMENT	1,967 S.F.
TOTAL UNDER ROOF	5,283 S.F.

Acknowledgement Of Plans Submittal ONLY!

Curtis Parker Date 12-5-19

Burfont C. White Date 10-28-2019

U.S. HOME DESIGNS, INC.
2005 Hazelwood Dr., Statesville, NC 28625 Phone: 704-309-0762
Designer: Stephen W. Turney
www.ushomedesigns.com

GROVER RESIDENCE

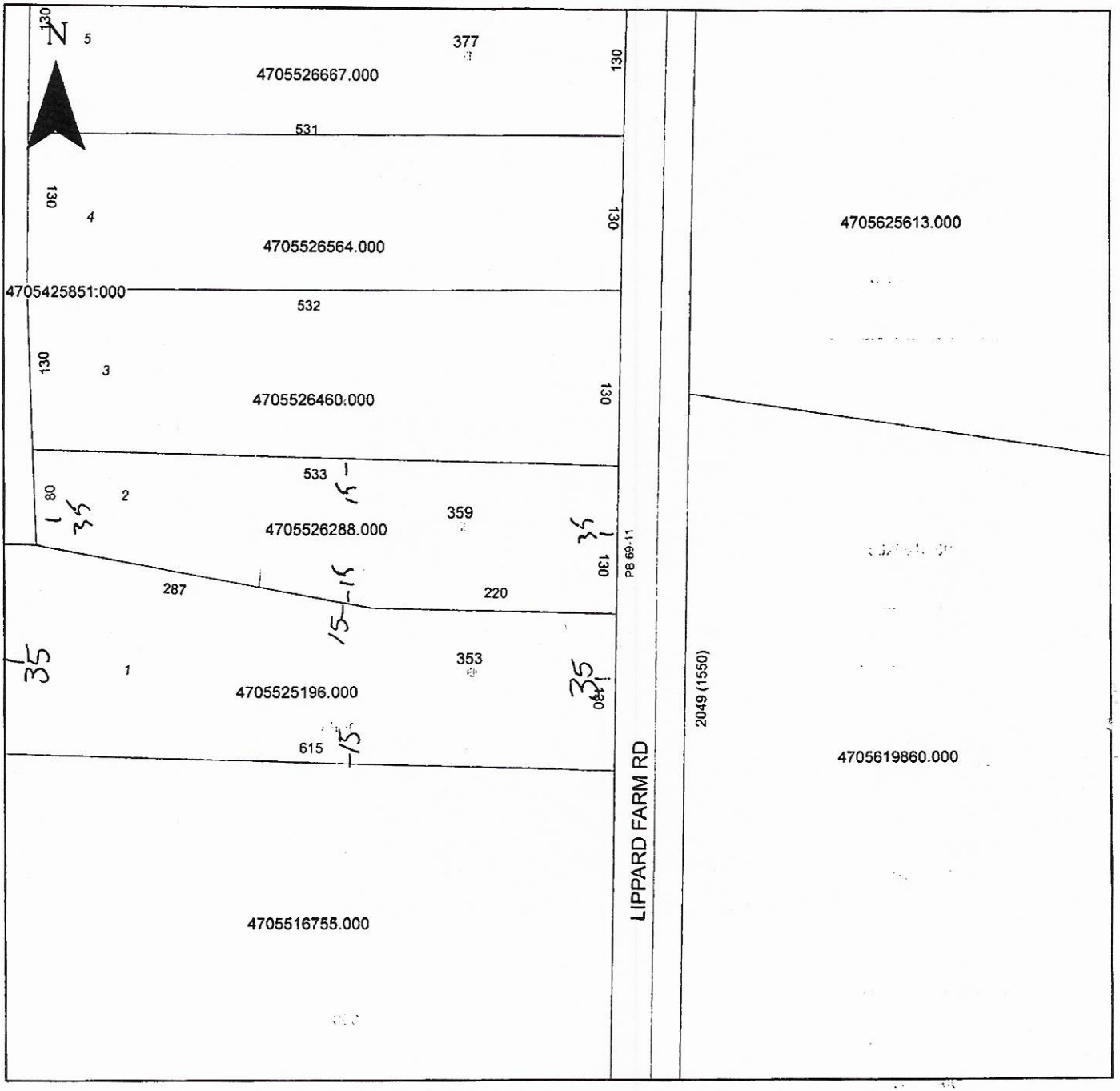
FLOOR PLANS
SCALE: 1/4" = 1'-0"

7-23-19

SHEET No. A-1

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ZONING DISCLAIMER



Property Address 359 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.

James Hoover

Applicant

9/21/19

Date