IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 300932

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

PIN # 4705526667

APPLICANT/OWNER: Jeff + Tammy Bowie | APPLICANT ADDRESS: 207 Another Drive Statesville NC 28677

SITE ADDRESS: 377 Lippard Farm Statesville NC 28677 | PHONE: 704-902-1145 | ALT. PHONE 704-682-1166

SITE DIRECTIONS: Island Ford Road to Lippard Farm Rd Property two miles on

SUBDIVISION: — | SECTION: — | LOT # 5 | LOT AREA: 1.58 | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd | L.T.A.R.: .3

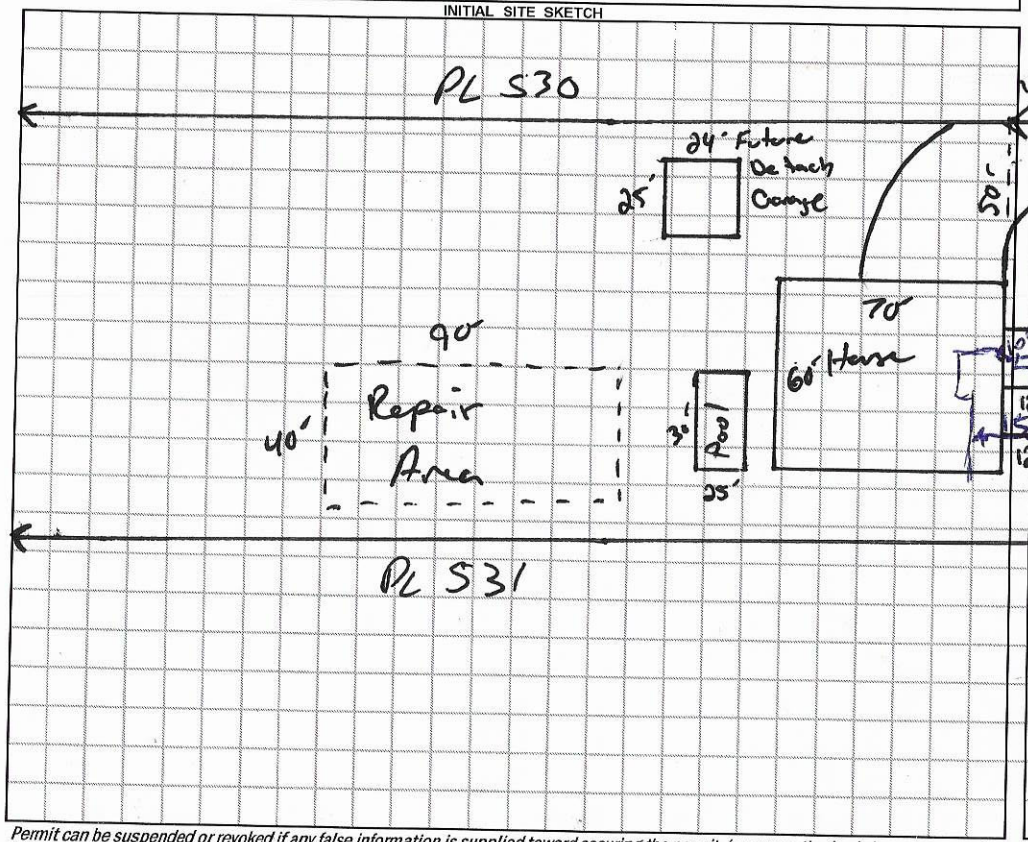
Septic Tank	1000 (gal)	STB	854	Date	11-26-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~low side~~)	Max 36"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

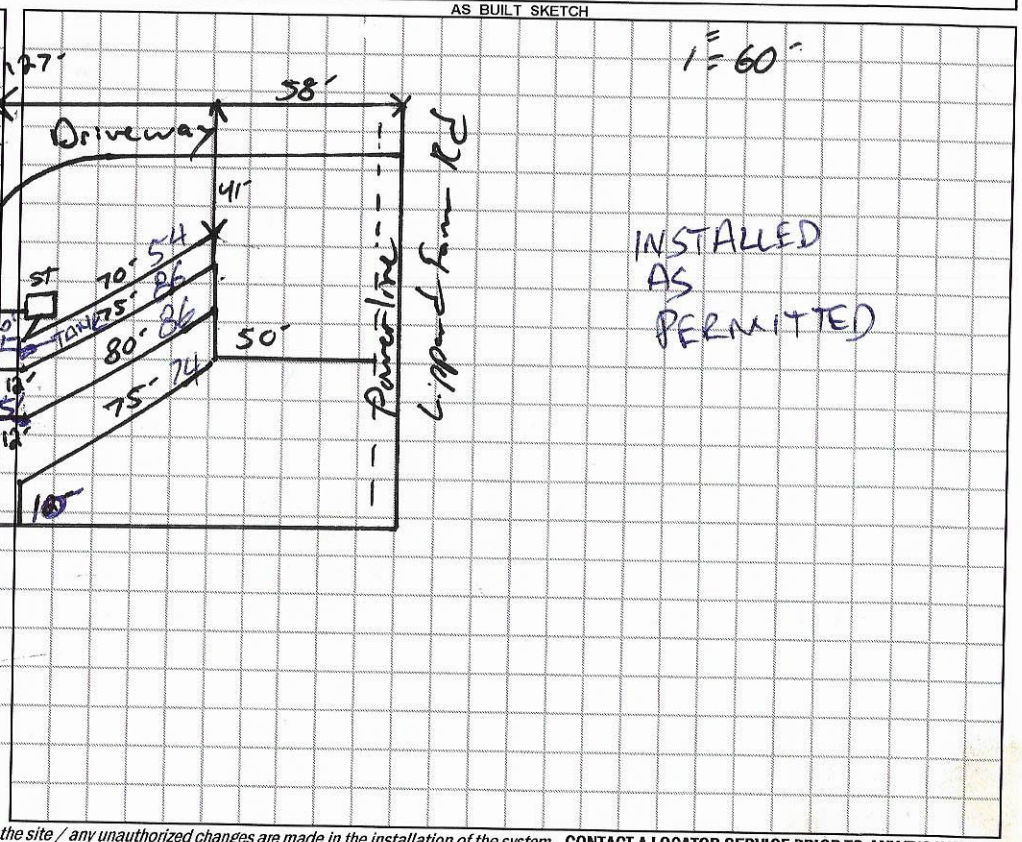
Comments / Conditions: Install Drainlines on contour of land and use Serial Distribution

* Maintain 50' off Powerline, 100' Powerline right of way *

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.* ☑ **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: Tammy C Bowie | Date: 12/17/19 | Installed by: A1 - BACKHOE

IMPROVEMENT PERMIT by: [signature] | Date: 10-14-19 | OPERATION PERMIT by: Burnett C. White | Date: 4-7-2020

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 10-14-19 | 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 #: 4705526667
COUNTY: Iredell

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

OWNER: Jeff & Tammy Bevis
ADDRESS: 207 Antler Drive
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 377 Hopewell Farm
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 9-13-19
DATE EVALUATED: 10-11-19
PROPERTY SIZE: 1.58
PROPERTY RECORDED: Yes

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	3% SS	0-6	SiBk SCL	fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		6-27	SiBk C	fr SSSP Serp					
		27-48	SiBk CL	fr SSSP Serp					
2	3% SS	0-6	SiBk SCL	fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		6-28	SiBk C	fr SSSP Serp					
		28-48	SiBk CL	fr SSSP Serp					
3	3% SS	0-6	SiBk SCL	fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		6-36	SiBk C	fr SSSP Serp					
		36-48	SiBk CL	fr SSSP Serp					
4	3% SS	0-6	SiBk SCL	fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		6-37	SiBk C	fr SSSP Serp					
		37-48	SiBk CL	fr SSSP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	2S%	0S%
Site LTAR	.3	.3

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	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	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	

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)

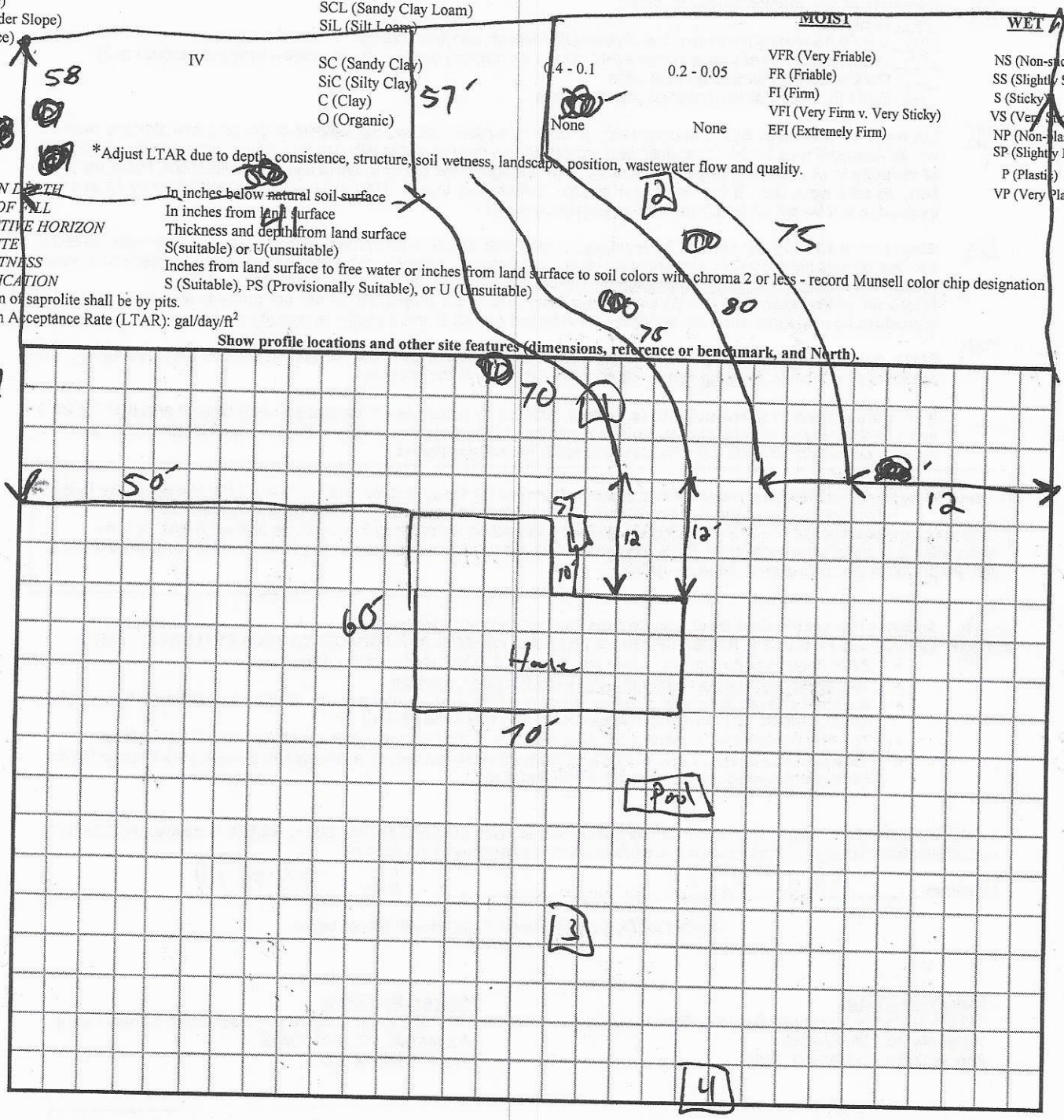
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



AP 300932

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

$500

(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)

1. **APPLICATION FOR:** ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. **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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jeff & Tammy Bowie	207 Antler Drive	704-838-0044	704-682-1166
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Perry Jenkins	2740 Wilkesboro Hwy	704-402-1145	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
327 Lippard Farm Rd	Lippard Springs Phase 2	Lot # 5

Driving Directions: Island Ford Road to Lippard Farm Rd. Property about 2 miles on left.

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** Tammy C Bowie Jeff L Bowie — 9-13-19
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

✓ Property Line measurements are clearly identified...

✓ All proposed structures are indicated...

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

✓ Front and side setbacks from property line...

✓ Preferred driveway location and configuration, preferred well location...

✓ Area you prefer your septic system to be placed...

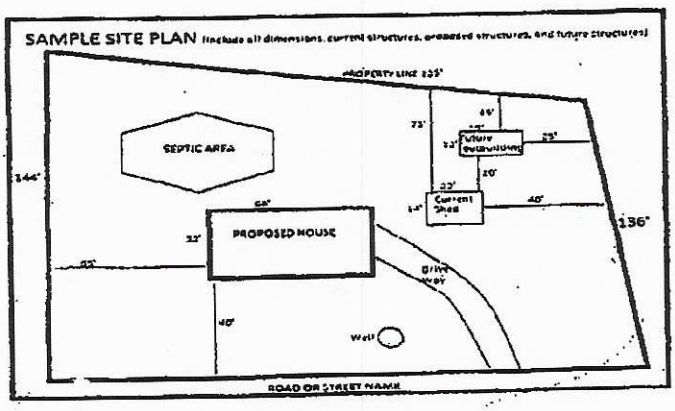
✓ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

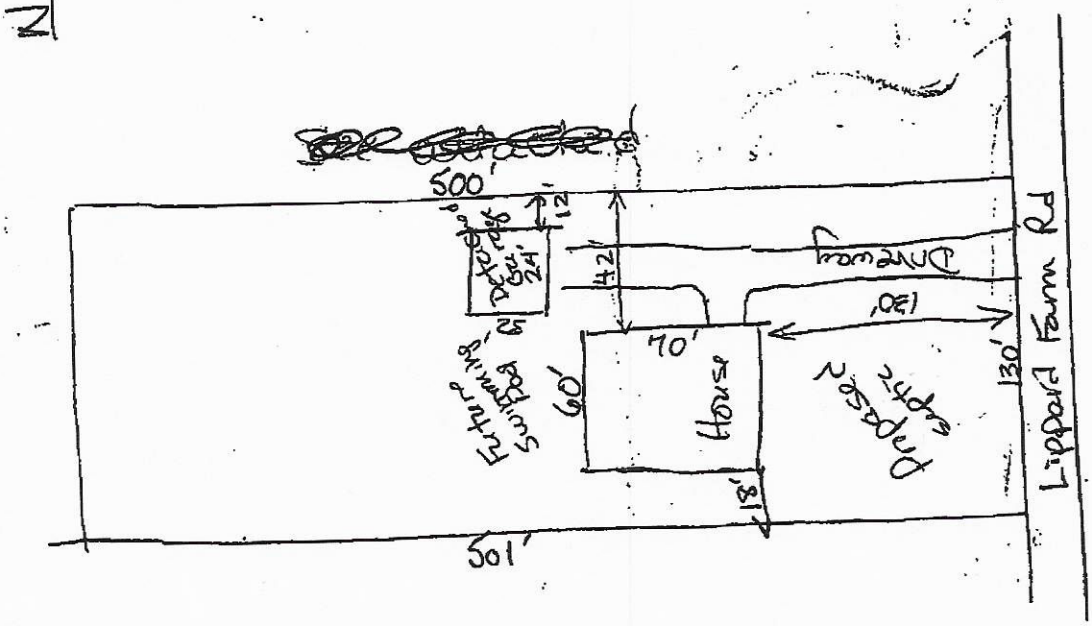
____ Location of septic systems and wells within 100' of your property... (N/A)

____ 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



Signature: Jimmy C Bowie

REQUIRED property owner or owner's legal representative signature.

9-13-19

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, Perry Jenkins, am the legal owner(s) of the property located at 377 Lippard Farm Rd, identified as PIN (Parcel Identification Number) 4705526467.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dixie land Inc Jeff and Tammy Bowie, 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.

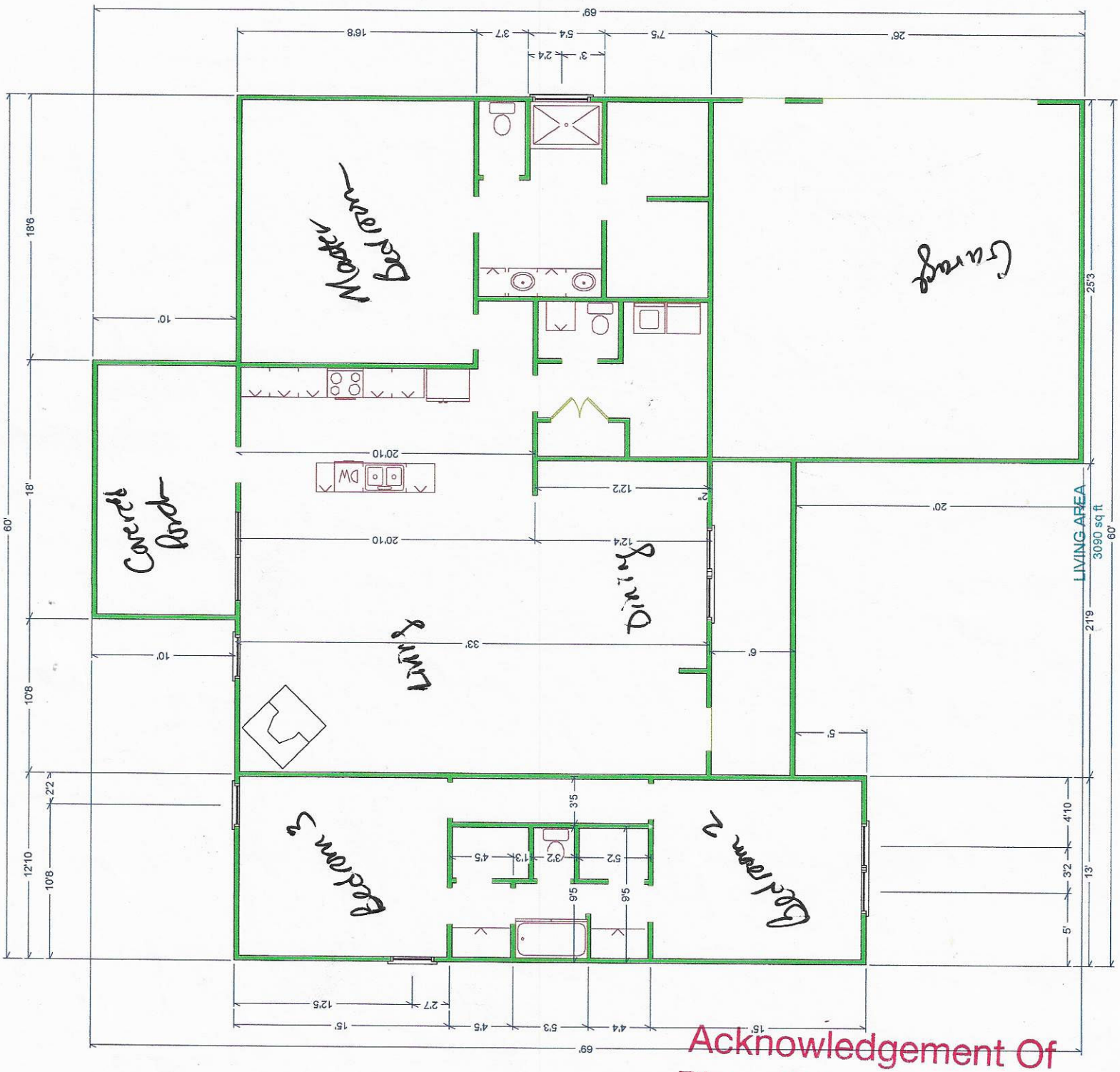
Perry W Jenkins 9/12/19
Signature of Owner(s) Date

Jeff L Bowie 9/12/19
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



Acknowledgement Of
Plans Submittal ONLY!

Date 10-14-19

Regina C Dudley Date 12/17/19

IREDELL COUNTY · NC

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

APPLICATION NUMBER
300932 Issue Date: 09/16/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4705526667.000	377 Lippard Farm	IREDELL COUNTY

Owner Information	Applicant Information
Name: JENKINS PERRY W+SONJA S	Name: TWAMMY & JEFF BOWIE
Address:	Address: 207 ANTLER DR STATESVILLE, NC 28625
Phone:	Phone: (704)838-0044

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.584	35	35	15	15	N/A	NO

Remarks
SFD

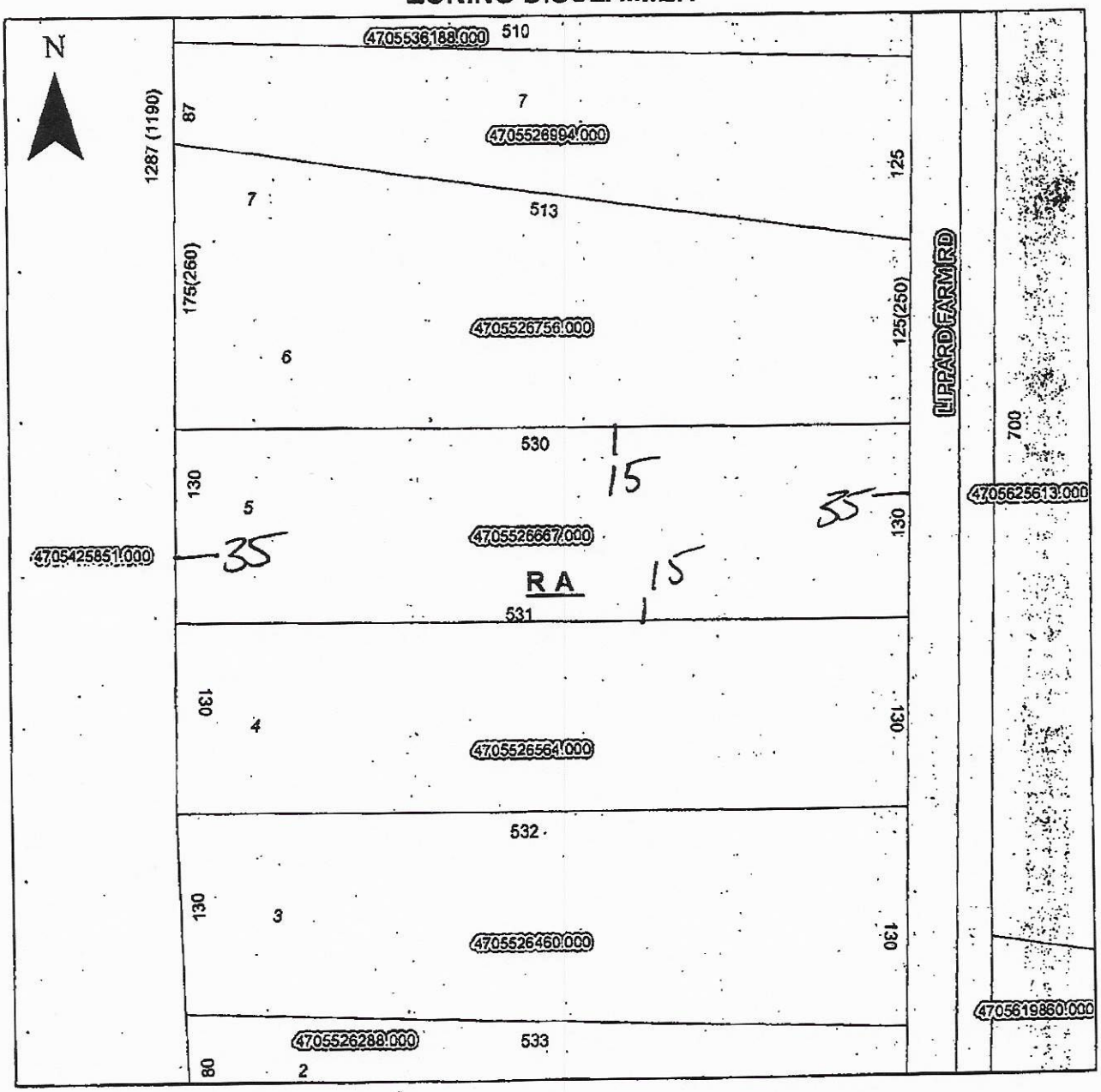
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 09/16/2019

Signature of Owner/Contractor

Permit Number	000281	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 377 Lipard 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.

Tammy Bowie
Applicant

9-16-19
Date