(MW) BIDR-2023-17232

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP -327127

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

PIN # 4705 -- 53 -- 6188

APPLICANT/OWNER: SHANNON O. GOODIN APPLICANT ADDRESS: 105 MILLER FARM ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 395 LIPPARD FARM ROAD, STATESVILLE, N.C. 28625 ✓ PHONE: 704-682-2155 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN, (R) ON ISLAND FORD, (L) ON LIPPARD FARM, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

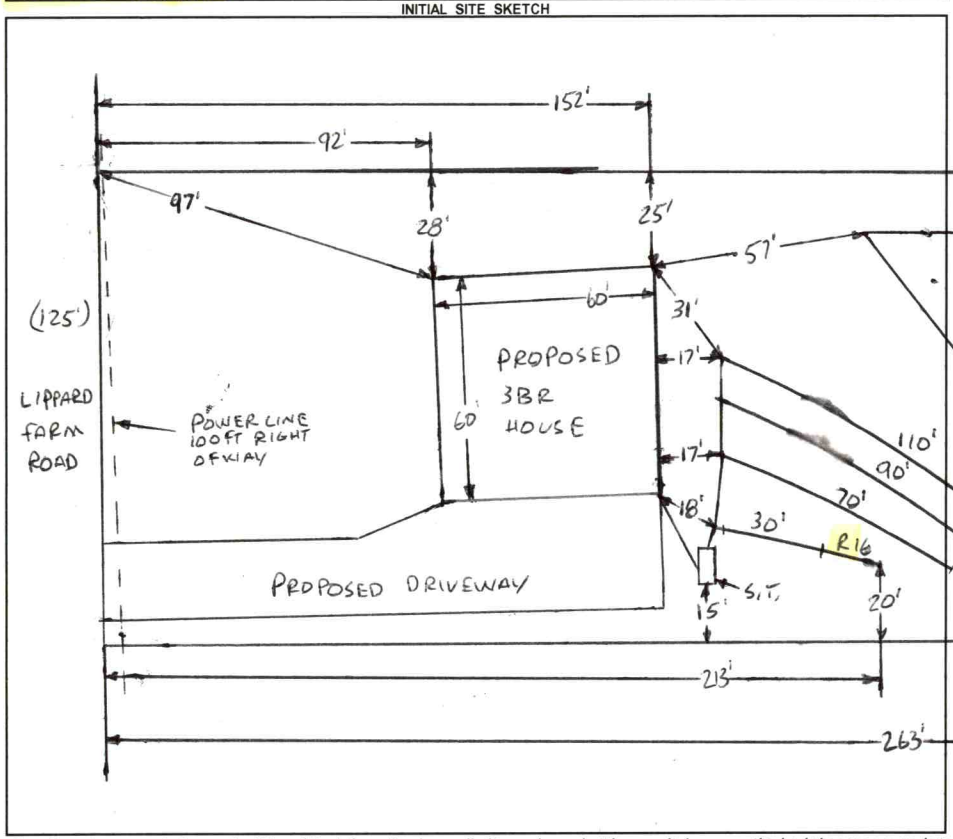
SUBDIVISION: — ✓ SECTION: — LOT # — — LOT AREA: 1.46 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	4-25-23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			☐ Business	No. Persons	6	☐ Private	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	25% REDUCTION			☐ Other	No. Employees	—	☑ Public	
# Nitrification Fields	1	# Lines	4		Linear Ft	300 ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)			32 IN	Gravel Depth	—	☑ 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 36 IN MAX TRENCH DEPTH

ATTACHED NEW SITE PLAN APPROVED 2-15-2023
ATTACHED GARAGE TO EXTEND OUT OF PROPOSED HOUSE BOX 24FT, DOES NOT AFFECT SEPTIC SYSTEM, DONE TO KEEP FALL TO TANK.

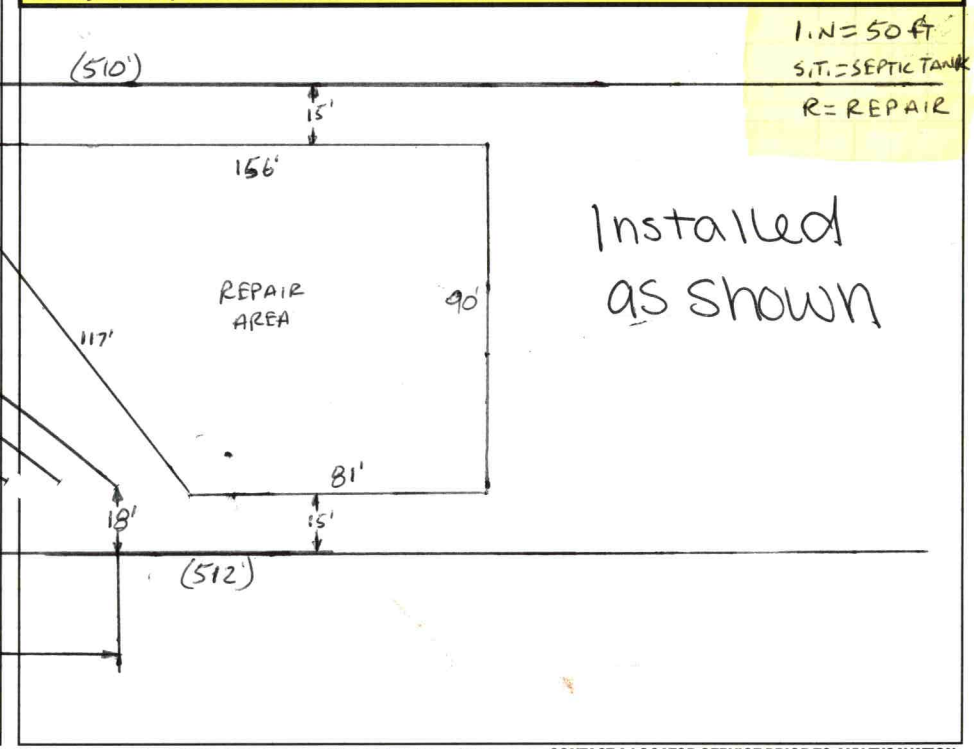
INITIAL SITE SKETCH



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.

1 IN = 50 FT
S.T. = SEPTIC TANK
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: Shannon Adam Goodin Date: 6-10-22 Installed by: Jake Williams

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-8-2022 OPERATION PERMIT by: Sydney Holland Date: 6/28/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 2-15-2023 Existing System Inspected by: Date:

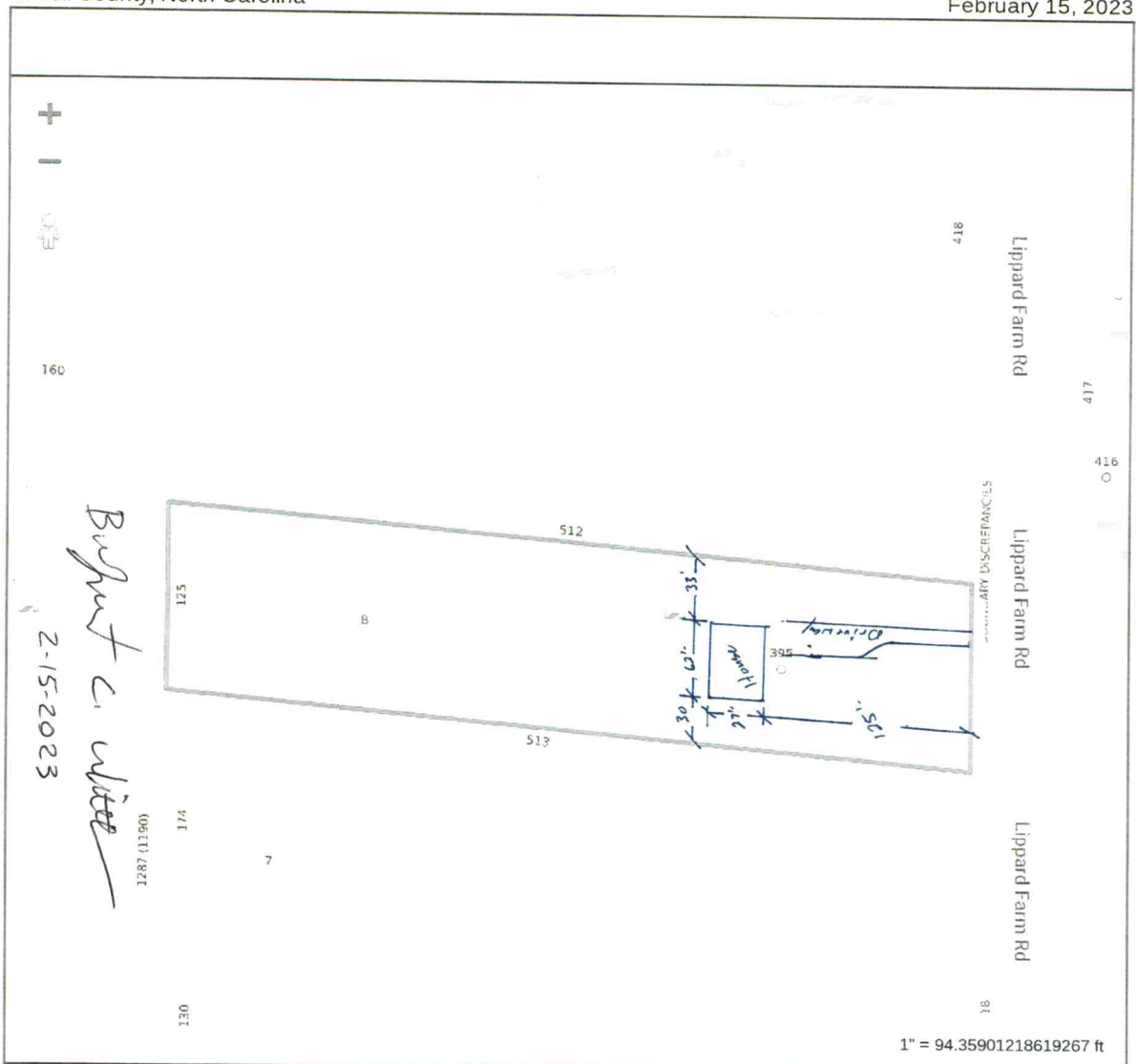
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Iredell County, North Carolina

February 15, 2023



1" = 94.35901218619267 ft

Tax Map Information

• PIN	4705536188.000
• Address	395 LIPPARD FARM RD
• Account #	Acct 80092030
• Tax Owner	GOODIN SHANNON OSBORNE
• Mailing Address	105 MILLER FARM RD
•	STATESVILLE, NC 28625
• GIS Owner	GOODIN SHANNON O
• Deed Info	2971 / 315 - WD - 20230120
• Tax Acres	1.46 AC
• Lot #	
• Description	SR1521 FR R L MALO
• Zoning	RA
• Old Parcel #	1408T00000A022
• Bldg Value	$0
• OBXF Value	$0
• Land Value	$10,000
• Total Value	$10,000
• Defer Value	$0
• Tax Districts	-- -

IREDELL COUNTY, NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

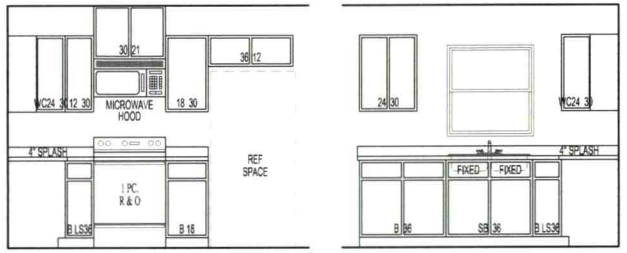
Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

ISSUED FOR CONSTRUCTION

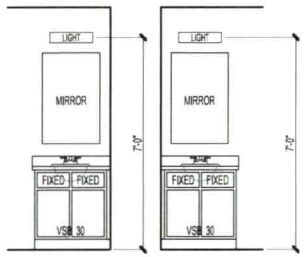
CLIENT APPROVAL

CLIENT INITIALS	DATE
CLIENT INITIALS	DATE



KITCHEN

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



MASTER BATH

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

BATH 2

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

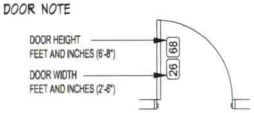
FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF OUTSIDE FACE OF WALL STUD, CONCRETE WALL OR C.M.U. WALL. NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. LOCATE HVAC UNITS AND WATER HEATER AT SITE IF NOT SHOWN ON PLANS
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. SINGLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

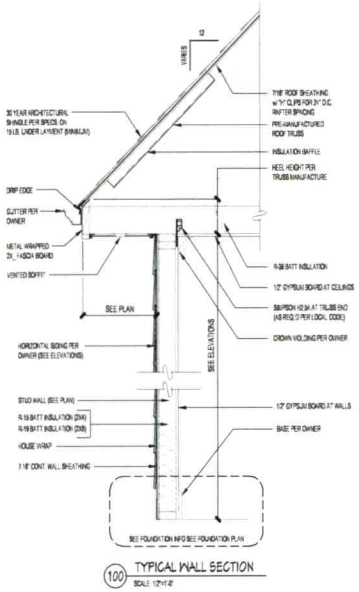
SQUARE FOOTAGES

FIRST FLOOR	923 SQ.FT.
TOTAL LIVING	923 SQ.FT.
GARAGE	516 SQ.FT.
FRONT PORCH	84 SQ.FT.
TOTAL NON-LIVING	600 SQ.FT.
TOTAL UNDER ROOF	1523 SQ.FT.

DOOR NOTE

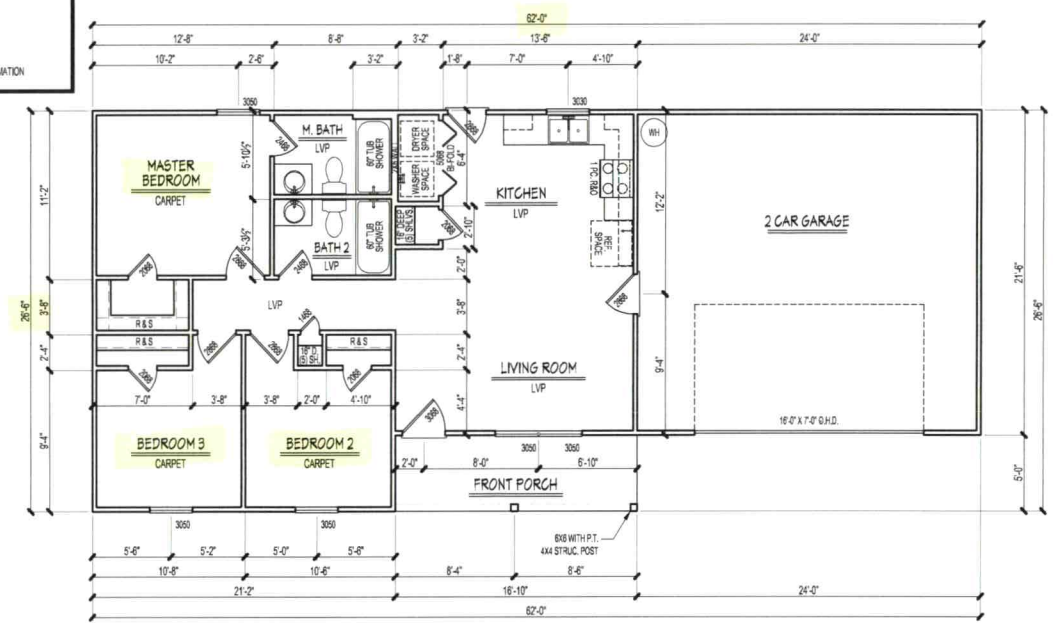


1. PROVIDE WEATHER STRIPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION



100 TYPICAL WALL SECTION

SCALE: 1/2"=1'-0"



OSBORNE RESIDENCE

3415 Lippard Farm Rd. — Statesville, NC

FIRST FLOOR PLAN

REVISIONS

DESIGN NO: 10-22-119
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: MOCKSVILLE (MIRROR)
BASE PLAN LINE: AMERICAN TRADITIONS
DATE DRAWN: 07/28/22

A2.0

Holloway Family HOMES
Statesville Office
(704) 872-5510
1270 Northside Drive
Statesville, NC

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

Burfect c. white 2-15-2023

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 #: 4705-53-6188
DATE OF EVALUATION: 5-2-2022
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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 3%	0-10	FILL	MIXED	SAP INC THRU OUT	48"+	NA	NA	PS .3
		10-33	C, SBK	FR, S, P, SEXP					
		33-48	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 2%	0-31	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		31-48	CL, WSBK	FI, SS, SP, SEXP					
3	LINEAR SIDE 2%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		33-48	CL, WSBK	FI, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		24-48	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:

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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	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.

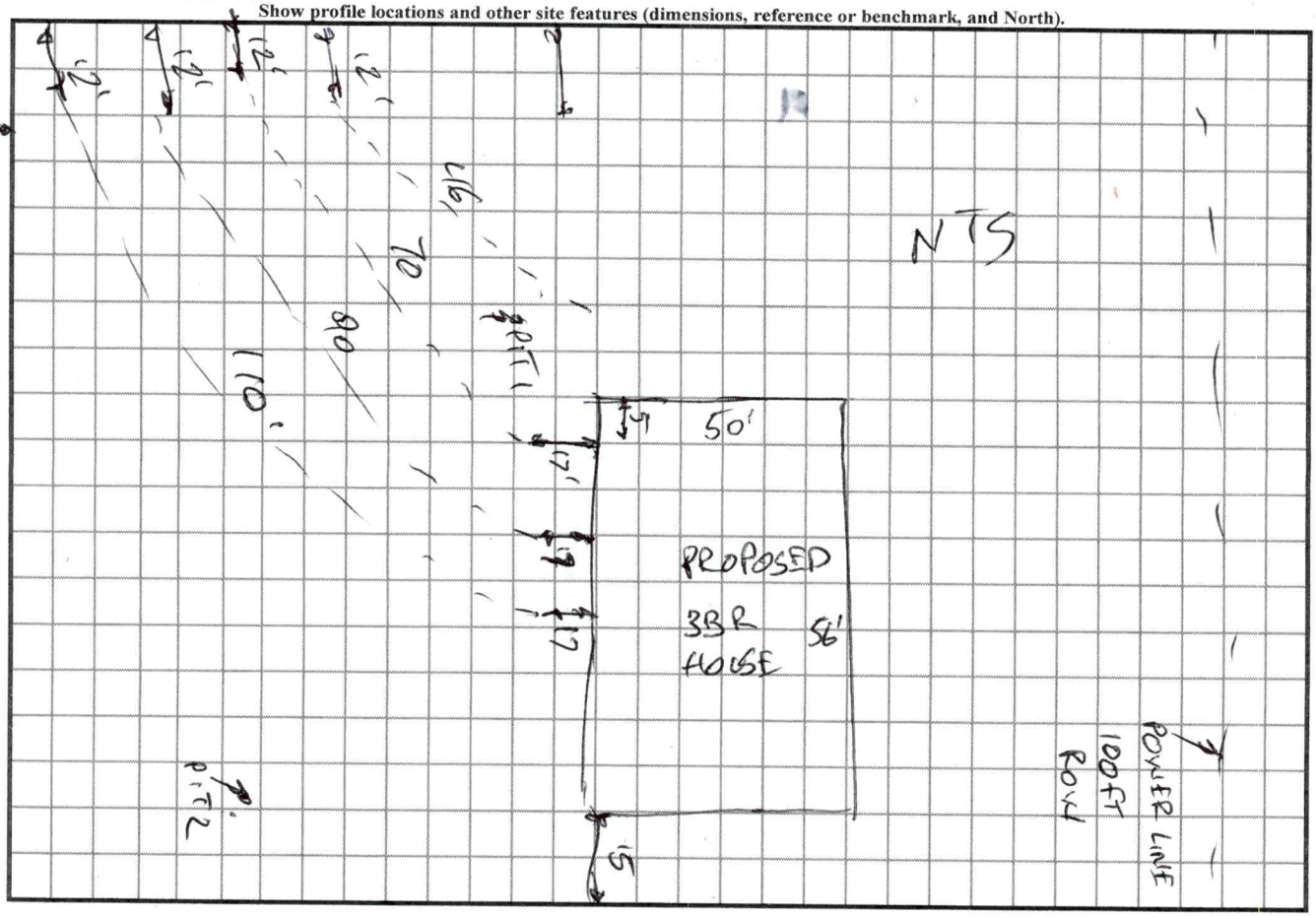
NOTES

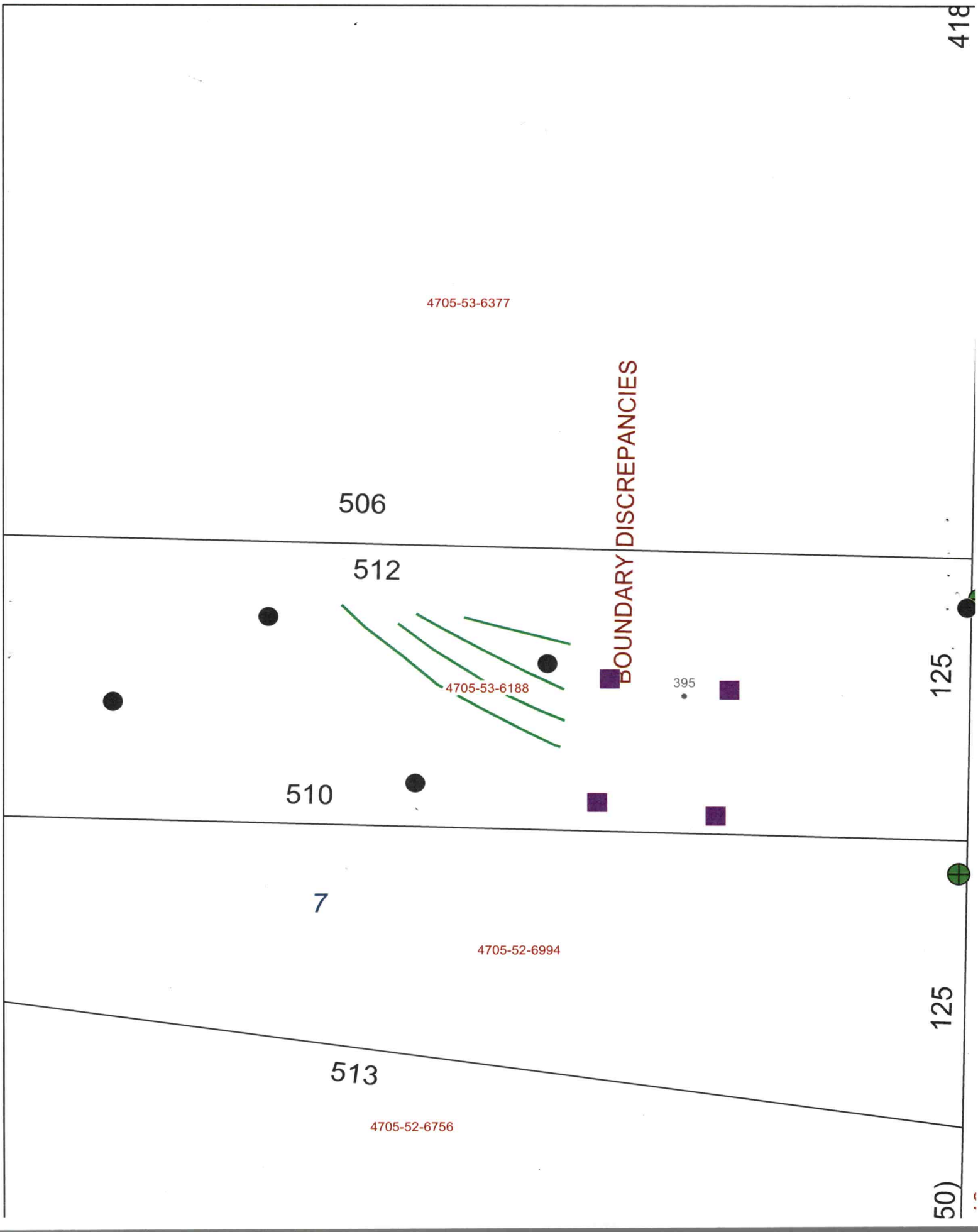
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




418
4705-53-6377
BOUNDARY DISCREPANCIES
506
512
125
4705-53-6188
395
510
7
4705-52-6994
125
513
4705-52-6756
50)

RECEIVED MAR 3 0 2022

BW

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* AP-327127 $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: Shannon O. Goodin **Address:** 105 Miller Farm Rd, Statesville **Zip:** 28625
Applicant Email: 79sosborne@gmail.com **Phone:** 704-682-2155 **Alt. Phone:** _____
Owner Name: Shannon O. Goodin **Address:** 105 Miller Farm Rd Statesville **Zip:** 28625
Owner Email: 79sosborne@gmail.com **Phone:** 704-682-2155 **Alt. Phone:** _____

Property Information:

Street Address: 395 Lippard Farm Rd Statesville, NC 28625
Subdivision Name: N/A **Section/Phase:** N/A **Lot Number:** N/A
Driving Directions: 1/4 mile south of Massey Deal Rd on right or 3rd lot on left going North past 377 (Lippard Farm Rd

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
( ) 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: _____

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: Shannon O. Goodin 3/30/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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*) Shannon O. Goodin

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, Shannon O. Goodin, am the legal owner(s) of the property located at x Lippard Farm Rd Statesville NC, identified as PIN (Parcel Identification Number) 4705536188.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tracie Dishman Martin Real Estate Attorney, 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.

Shannon O. Goodin
Signature of Owner(s)

3/30/22
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

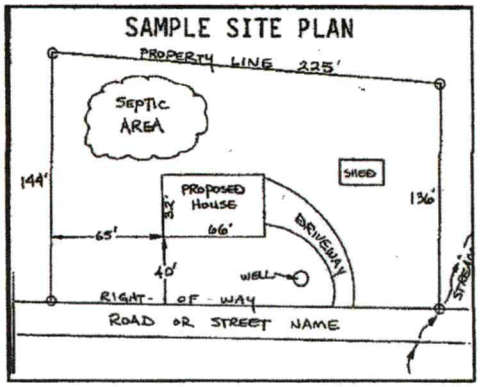
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

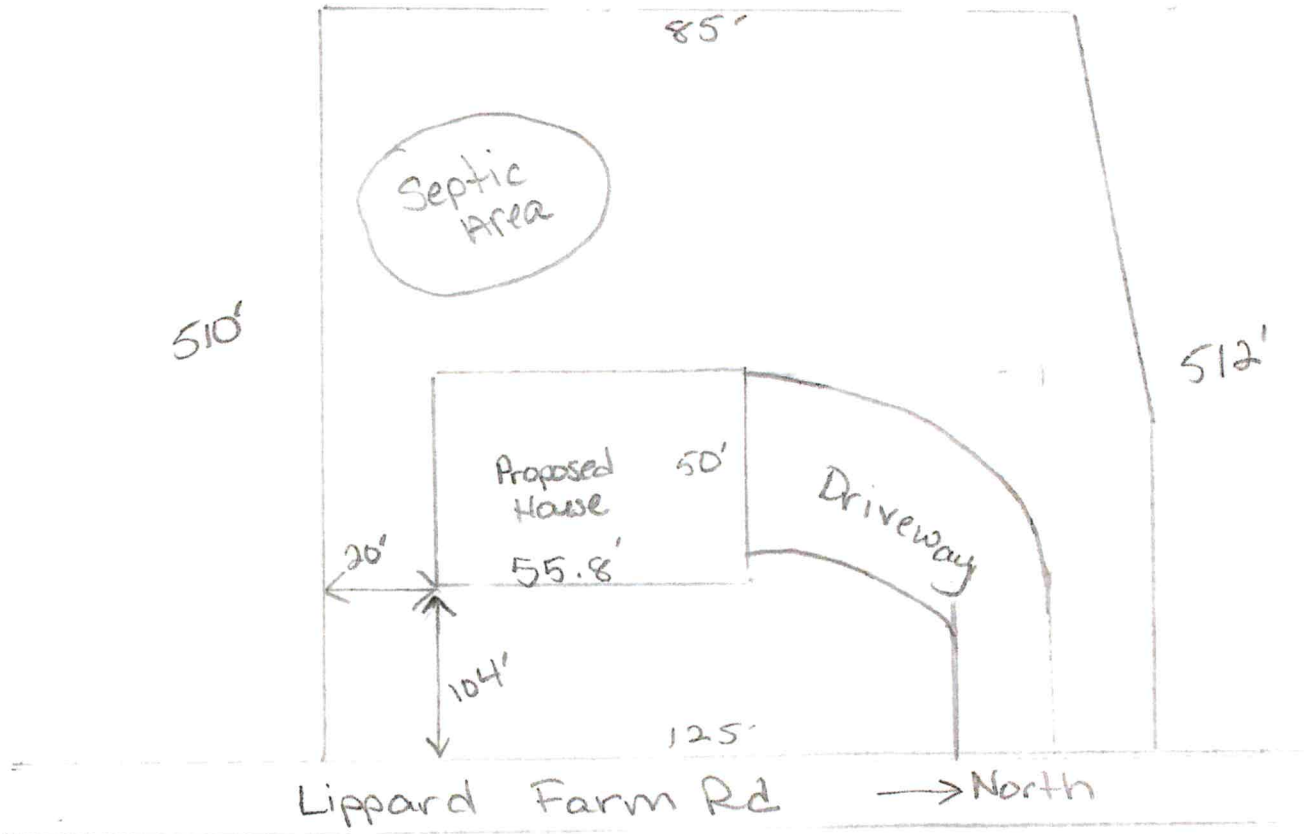
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other 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

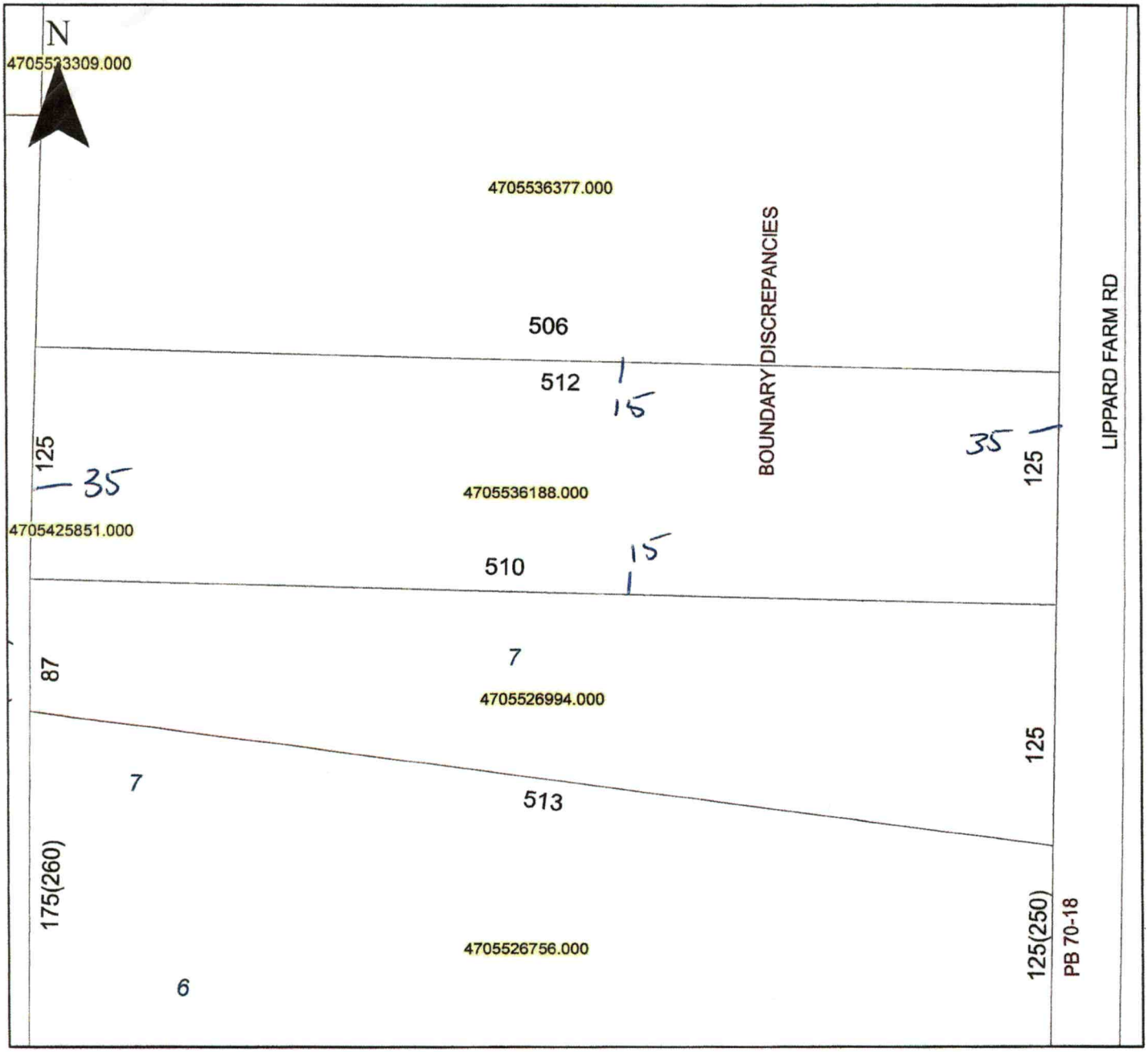
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Maureen O. Goodin
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/30/22
DATE

ZONING DISCLAIMER



Property Address 395 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.

Shannon O. Hoodless
Applicant

3/30/22
Date

PERMIT SNAPSHOT REPORT OSWP-2023-15377 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Authorization to Construct
Status: In Progress
Valuation: $0.00
Description: IP under AP-327127

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 02/02/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4705536188.000 Main

Address: 395 Lippard Farm Rd Statesville, NC 28625 Main

Zone: RA(Residential Agricultural District)

Applicant/Authorized Agent
Holloway Family Homes North Carolina, LLC
1270 Northside Drive
Statesville, NC 28625
Business: (704) 224-1440

Applicant/Authorized Agent
Doug Gaither
Home: (704) 253-8080
Mobile: (704) 253-8080

Property Owner
SHANNON O GOODIN

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	60' x 60'	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	3	Number of Occupants	6
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Kenton_Jackson_2/2/2023.jpg	02/02/2023 11:46	Jackson, Kenton		Uploaded via CSS
Autherized Agent_v1.jpg	02/06/2023 8:15	Nebel, Barbara	Available Online	Authorize to Act as Agent
Info_v1.pdf	02/06/2023 8:15	Nebel, Barbara	Available Online	Additional Supporting Information

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/06/2023 8:59	02/06/2023 8:59
Confirm application complete v.1	Generic Action		02/06/2023 8:59
Zoning Review v.1			
Iredell County Zoning Approval v.1	Task		
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Review v.1			
OSWP Review v.1	Receive Submittal		
Issue Permit v.1			
Issue Permit v.1	Generic Action		

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Holloway Family Homes Address: 1270 Northside Dr. Statesville NC Zip: 28625
Applicant Email: Olga@hollowayfamilyhomes.com Phone: 704 253 8080 Alt. Phone: 704 872 5510
Owner Name: Shannon Goodin Address: 395 Lippard Farm RD, Statesville NC Zip: 28625
Owner Email: 79SOSBORNE@gmail.com Phone: 704 682 2155 Alt. Phone: _____

Property Information:

Street Address: 395 Lippard Farm Road Statesville NC 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____

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.

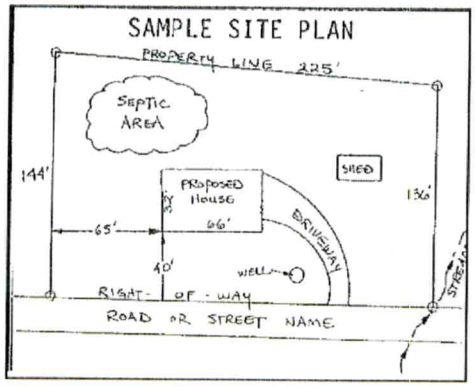
Signature: _____ 2-1-23
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

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 Existing Layout

Signature: _____

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

2-1-23

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

____ **Complete all Environmental Health forms**:

DG Application
DG Site Plan including the dimensions of proposed structure, addition, pool etc.
DG Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
DG Copy of Zoning Permit when applicable
DG Sign this sheet after you have completed all items

DG **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

DG **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

DG **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

DG **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2-1-23

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625