BLDR 2025-68612

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT # OSWP 2025-68377

PIN # 4705 -- 62 -- 1415

APPLICANT/OWNER: Soil & Forestry Services LLC

APPLICANT ADDRESS: 126 3rd Creek Rd, Statesville, NC 28677

SITE ADDRESS: 368 Lippard Farm Rd, Statesville, NC 28625

PHONE: 980-223-2352

ALT. PHONE:

SITE DIRECTIONS: Old Mountain -> R Island Ford -> L Lippard Farm -> lot on R

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Troutman Land Acquisitions

SECTION: n/a LOT # 3 LOT AREA: 0.697 DESIGN FLOW: 360 gpd

L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB 760 Date 3-24-25

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 201

Trench Width 24 *Max. Trench Depth(Initial) 32 *Max. Trench Depth(Repair) 32 Gravel Depth n/a

* Measured on the downhill side of the trench

Effluent Standard: ☑ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: VPPBPS - IIIe

Repair System Description: LPHPPBPS - IVa

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Usable Depth to LC (Initial): 50

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☑ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Usable Depth to LC (Repair): 50 *Limiting Condition*

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilties in drainfield.

INITIAL SITE SKETCH

Improvement permit issued pursuant to: G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Ashley Rollans

LSS# 1231

Construction authorization issued pursuant to: G.S. 130A-335(a2) & (a5)

AOWE# 10027E

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.

Tanks - SH 6/9/25

LINES D-BOX SW 6/10/25

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: Online Signature Date:

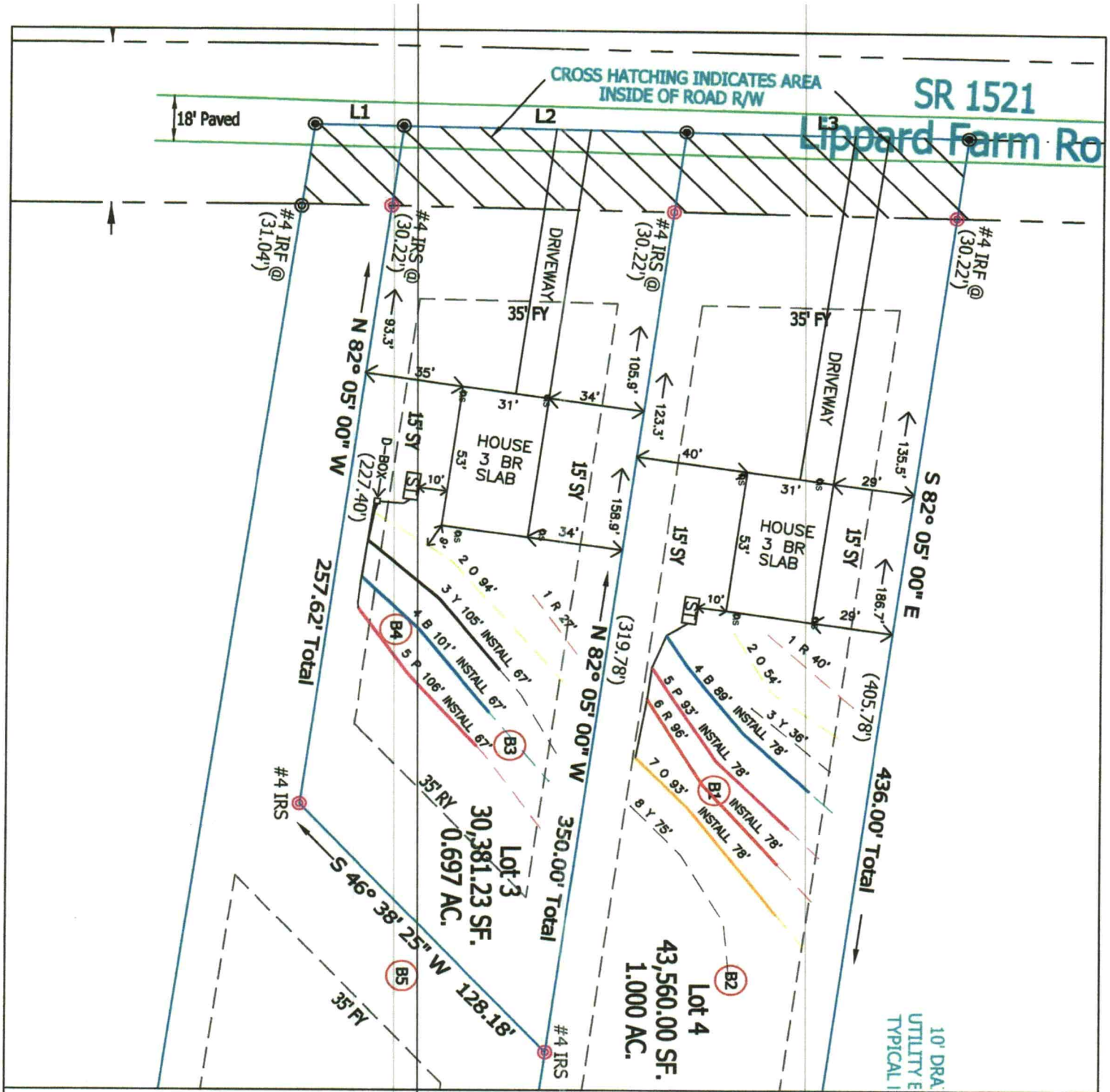
IMPROVEMENT PERMIT by: D. Wieberg Date: 1/22/25

AUTHORIZATION TO CONSTRUCT by: D. Wieberg Date: 1/22/25

Installed by: Michael Powell

OPERATION PERMIT by: Sarah Williams Date: 6/10/2025

Existing System Inspected by: Date:



LEGEND

Areas contain at least 36 inches of usable material and have potential for accepted, modified conventional and conventional type septic systems.

Not Evaluated/Unsuitable Topo (labeled).

B5 **Boring Locations.**

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES.
THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 5872
STATESVILLE, NC 28687
PHONE: (704) 746 - 5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: SEPTIC LAYOUT & DESIGN

PROJECT NAME: EVE KUMMERT / LIPPARD FARM ROAD

LOCATION/DATE: LIPPARD FARM ROAD LOT 3, IREDELL COUNTY, NORTH CAROLINA, DECEMBER 2024

JOB # :	24-0101
FILE:	C:\JOBS\24-0101
PROJECT MGR.:	S.A.R.
FIELD WORK:	S.A.R.
DRAWN BY:	S.A.R. & C.W.

Permit/File #: OSWP-2025-68377

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes; [X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] Fee $

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell
PIN/Lot Identifier: 4705621415
Issued To: Inseparable Sisters LLC
Property Location: 368 Lippard Farm Rd
Subdivision (if applicable): Troutman Land Acquisition LLC Lot#: 3 Block: Section:
LSS Report Provided: Yes [X] No [ ]
If yes, name and license number of LSS: Samuel Ashley Rollans #1231
New [X] Expansion [ ] System Relocation [ ] Change of Use [ ]
Facility Type: Residential
Number of bedrooms: 3 Number of Occupants: 6 Other:
Design Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process Wastewater
Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.3 Proposed LTAR (Repair): 0.3
Proposed Wastewater System Type*: IIIe (VPPBPS 8') GRAVITY (Initial) Pump Required: [ ] Yes [X] No [ ] May be required
Proposed Wastewater System Type*: ~~IIIe~~ IVa (VPPBPS 8') LPP (Repair) Pump Required: [X] Yes [ ] No [ ] May be required
**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*
Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW
Saprolite System (Initial): [ ] Yes [X] No Saprolite System (Repair): [ ] Yes [X] No
Fill System (Initial): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Fill System (Repair): [ ] Yes [X] No If yes, specify: [ ] New [ ] Existing (when adding more than 6 inches of fill to system area provide a fill plan)
Usable Depth to LC (Initial)*: 50 Usable Depth to LC (Repair)*: 50 ** Limiting Condition*
Max. Trench Depth (Initial)ǂ: 32 Max. Trench Depth (Repair)ǂ: 32 *ǂ Measured on the downhill side of the trench*
Artificial Drainage Required: [ ] Yes [X] No If yes, please specify details:
Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:
Drainfield location meets requirements of Rule .0508: Yes [X] No [ ] Drainfield location meets requirements of Rule .0601: Yes [X] No [ ]
Permit valid for: [X] Five years [site plan submitted pursuant to GS 130A-334(13a)] [ ] No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)
Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)
See Design for any additional details

Licensed Soil Scientist Print Name: Samuel Ashley Rollans
Licensed Soil Scientist Signature: Samuel A Rollans Date: 1/13/2025

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-68377

This Section for Local Health Department Use Only

Initial submittal received: 1/21/25 *Date* by DW *Initials*

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ *Date*

State Authorized Agent: _____ Date: _____

■ Complete

State Authorized Agent: D. Wieberg Date: 1/22/25

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 1/22/30

See attached site sketch

NCDHHS

Permit/File #: OSWP-2025-68377

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

Pre-Construction Conference Required: [ ] Yes [X] No

PIN/Lot Identifier: 4705621415

Issued To: Inseparable Sisters LLC

Property Location: 368 Lippard Farm Rd, Lot#3

AOWE/PE Plans/Evaluations Provided: Yes [X] No [ ] If yes, name and license number of AOWE/PE: Samuel Ashley Rollans #10027E

Facility Type: Residential

Number of bedrooms: 3 Number of Occupants: 6 Other:

[X] New [ ] Expansion [ ] Repair [ ] System Relocation [ ] Change of Use

Basement? [ ] Yes [X] No Basement Fixtures? [ ] Yes [ ] No

Crawl Space? [ ] Yes [X] No Slab Foundation? [X] Yes [ ] No

Type of Wastewater System* IIIe (VPPBPS 8') GRAVITY (Initial) N/A ~~IIIe~~ (VPPBPS 8') LPP (Repair)

**Please include system classification for proposed wastewater system types in accordance with Rule .1301 Table XXXII*

Design Daily Flow: 360 GPD Wastewater Strength: [X] Domestic [ ] High Strength [ ] Industrial Process WW

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? [ ] Yes [X] No
(if yes, please provide engineering documentation)

Effluent Standard: [X] DSE [ ] HSE [ ] NSF/ANSI 40 [ ] TS-I [ ] TS-II [ ] RCW

Type of Water Supply: [ ] Private well [ ] Public well [ ] Shared well [X] Municipal Supply [ ] Spring [ ] Other:

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 201 feet Trench/Bed Spacing: 8 feet on center

Trench/Bed Width: 24 inches LTAR: 0.3 gpd/ft² Usable Depth to LC (Initial)*: 50 *Limiting condition

Soil Cover: 10 inches Slope Adjusted Maximum Trench/Bed Depth†: 32 inches *† Measured on the downhill side of the trench*

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? [ ] Yes [X] No

Pump Requirements: N/A ft. TDH vs. N/A GPM Grease Trap Size (if applicable): gallons

Distribution Method: [X] Serial [ ] D-Box or Parallel [ ] Pressure manifold(s) [ ] LPP [ ] Other

Artificial Drainage Required: Yes [ ] No [X] If yes, please specify details:

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.0204(g)]: [ ] Yes [X] No Declaration of Restrictive Covenants: [ ] Yes [X] No

Easement, Right-of-Way, or Encroachment Agreement Required [.0301(b)]: [ ] Yes [X] No

Management Entity Required: Yes [ ] No [X] Minimum O&M Requirements:

Permit conditions:

Proposed septic areas are to remain undisturbed (no grading, no utilities installation)

Proposed septic areas should be fenced/protected from disturbance (vehicle traffic, debris, etc...)

See Design for any additional details

The requirements of 15A NCAC 18E are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached site sketch. *This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes.* The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of 15A NCAC 18E, or 15A NCAC 18A .1900, as applicable, and to the conditions of this permit.

AOWE/PE Print name: Samuel Ashley Rollans Expiration Date: 1/13/2030

AOWE/PE Signature: Date: 1/13/2025

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2025-68377

This Section for Local Health Department Use Only

Initial submittal received: 1/21/25 (*Date*) by DW (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☐ Complete

State Authorized Agent: D. Wieberg Date of Issuance: 1/22/25

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 1/22/30

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 24-0101
January 10th, 2025

Eve Kummert
Attn: *Eve Kummert*
Email: eve.kummert@gmail.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 368 Lippard Farm Rd, Statesville, NC 28625, PIN # (4705621415), Iredell County.

Mrs. Kummert:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation the property had pine/hardwood vegetation. The house/septic area was cleared for the septic layout. Topography within the evaluated area was gentle slope near the house site and proposed drainfield area. Property lines and corners were marked at the time of the evaluation by Jordan-Grant and Associates Land Surveying. The client provided an Autocad File of the survey as a basemap. The proposed septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*.

Methodology

We evaluated soil areas through the use of auger borings. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with two boring locations on the property flagged and located via GPS. Both soil borings are located in the proposed septic layout. Soil suitability was determined by referencing 15A NCAC 18E "Wastewater Treatment & Dispersal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring. The client will provide a floor plan for the new proposed house. An on-ground layout of system and repair was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

dotloop signature verification: dtlp.us/NtHM-B7zx-8JJF

368 Lippard Farm Rd (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 433 linear feet of line. The primary system is proposed as 201 linear feet of Modified Conventional VPPBPS (50% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 32 inches.The repair system is proposed as 200 linear feet of Modified Conventional VPPBPS (50% Reduction) drainfield with low pressure distribution. Trench depth (Low Side) is specified at 32 inches.

Session Law Requirements

All information needed to issue the IP must be submitted with the application. The application shall include all information described in 15A NCAC 18E .0202 and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner

Date

Print Name Cathryn Hocking
Signature Cathryn Hocking dotloop verified 01/15/25 4:15 PM CST BT1R-6ICH-JWBZ-S5N8

The LSS evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."*Any site modifications that impact the proposed septic areas at 368 Lippard Farm Rd, Statesville NC 28625 may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss.Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST SAMUEL ASHLEY ROLLANS STATE OF NORTH CAROLINA

S. Ashley Rollans, LSS
Attachment: *Septic Design*

dotloop signature verification: dtlp.us/NtHM-B7zx-8JjF

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

1/13/2025

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Improvement Permit & CA Submittal for 368 Lippard Farm Rd (Lot #3)

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3 bedroom house VPPBPS 8' system using GRAVITY distribution.

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

"The plans or evaluations attached to this application are to be used to issue a Construction Authorization in accordance with G.S. 130A-335(a2), (a5) and (a6)."

Owner/Applicant: Inseparable Sisters LLC

Signature: Cathryn Hocking dotloop verified 01/15/25 4:15 PM CST R59N-P5XA-ERYB-TIHS

Date: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of GS 130A-335(a2)." This Improvement Permit is issued pursuant to G.S. 130A-335(a2),(a3), and (a4) using the signed and sealed LSS evaluation attached here". "This AOWE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5)"

"This Construction Authorization is issued pursuant to G.S. 130A-335 (a2), and (a5) and (a6) using the signed and sealed plans or evaluations attached here."

S. Ashley Rollans

Signature: _____

Date: 1/13/2025 Seal:

LICENSED SOIL SCIENTIST SAMUEL ASHLEY ROLLANS 1291 STATE OF NORTH CAROLINA

NC ONSITE WASTEWATER SYSTEM EVALUATOR Certificate Number 10027E

dotloop signature verification: dtlp.us/NtHM-B7zx-8jjF

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Application for Services

This application, in conjunction with the common form established in G.S. 130A-335(a3) and (a5), is optional for local health departments to be used for applications submited in accordance with G.S. 130A-335(a2), (a3), and (a5).
[hereinafter, G.S. 130A-335(a3) and (a5) permits referred to as (a2) Improvement Permit and (a2) Construction Authorization]

Applying for:

[X] (a2) Improvement Permit [X] (a2) Construction Authorization [ ] (a2) Repair/Construction Authorization

If applying for a Construction Authorization, please indicate desired system type(s):

[X] Accepted [ ] Conventional [ ] Innovative [ ] Other _____ [ ] Any

[X] New Construction [ ] Expansion [ ] System Relocation [ ] Change of Use [ ] Repair

[X] 5 Year Expiration Requested (site plan provided) [ ] Non-Expiring Permit Requested (plat provided, as defined in G.S. 130A-334(7a)

Requesting DHHS review? (systems >3000 GPD or IPWW) [ ] Yes [X] No

Applicant:	Ashley Rollans// Soil & Forestry Services, PA"
Mailing Address:	P.O. Box 5872
City:	Statesville
State:	North Carolina
Zip:	28687
Phone #:	980-223-8352
Email:	sfsstatesvillenc@gmail.com

Owner:	Inseparable Sisters LLC
Mailing Address:	203 Berry St
City:	Statesville
State:	NC
Zip:	28677
Phone #:	704-651-4607
Email:	eve.kummert@gmail.com

If the answer to any of the following questions is "yes", applicant must attach supporting documentation.

[ ] Yes [X] No Does the site contain any jurisdictional wetlands?
[ ] Yes [X] No Is any wastewater going to be generated on the site other than domestic sewage?
[ ] Yes [X] No Is the site subject to approval by any other public agency?
[ ] Yes [X] No Are there any easements or right of ways on this property?

I understand that the documentation and fees, as required in G.S. 130A-335(a2), (a3), (a5), and (a6), attached to this application are to be used to issue an Improvement Permit and/or Construction Authorization pursuant to G.S. 130A-335(a2),(a3), and (a5). I understand that authorized county and state officials are granted right of entry to the property indicated on this application to conduct necessary inspections to determine compliance with applicable laws and rules. *I understand that if the information in the application for an Improvements Permit and/or Construction Authorization is falsified, changed, or the site is altered, then the Improvement Permit and Construction Authorization shall become invalid.*

Applicant Signature: _____ Date: 1/13/2025

Owner's Signature: Cathryn Hocking dotloop verified 01/15/25 4:15 PM CST ABHN-NLLU-EAQ9-MEKD Date: _____

Soil & Forestry Services of the Carolinas, PA
S. Ashley Rollans
P.O. Box 5872
Statesville, NC 28687
SoilAndForestryServices.com

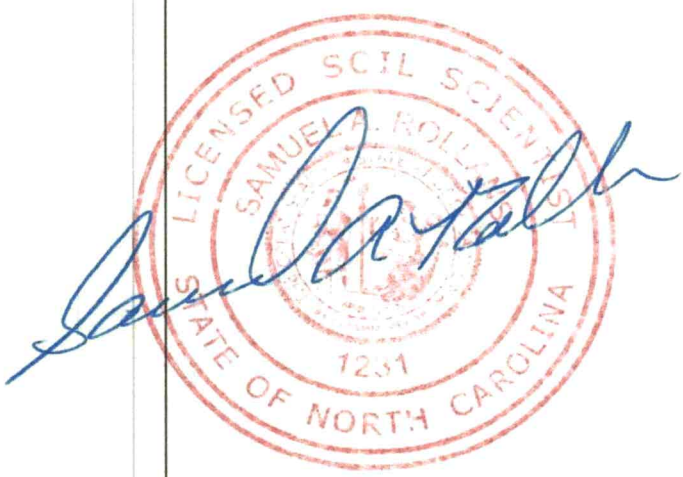
Project# 24-0101

Septic System Design for a 3 bedroom house
VPPBPS 8' using GRAVITY distribution
Site location: 368 Lippard Farm Rd, Lot # 3

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Site Plan	4
Calculations	5
Soil Descriptions	6
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Jan 2025
Design By: Ashley Rollans



Page 1	INFORMATION FOR THE INSTALLER	Project #24-0101

VPPBPS 8' using GRAVITY distribution
Site location: 368 Lippard Farm Rd, Lot # 3

* **CALL 811 BEFORE DIGGING**
* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.
* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Septic tank riser shall be a minimum of 6" above finished grade.

* **System specified as VPPBPS 8' type using GRAVITY distribution**
* **Repair specified as VPPBPS 8' type using LPP distribution**
* **System trench depth specified at 32"**
* **System trenches installed on 8' minimum; 24" wide trenches**
* **Installation does not require a soil cap**

DESIGN SPECIFICATIONS **Project #24-0101**

VPPBPS 8' using GRAVITY distribution
Site location: 368 Lippard Farm Rd, Lot # 3

Business (if applicable):	N/A
Contact:	Inseparable Sisters LLC
Phone:	704-651-4607
Email:	eve.kummert@gmail.com
County:	Iredell
Location:	368 Lippard Farm Rd
Source of Wastewater Flow:	3 bedroom house
Estimated Daily Wastewater Production:	360 gpd
Drain field Size:	201 lf
Loading Rate:	0.3 $gpd/ft.^2$
Trench Depth:	32 in
Trench Width:	24 in
Soil Cap:	0 in
Septic Tank Size:	1000 gal

LAYOUT SPECIFICATIONS

Project #24-0101

VPPBPS 8' using GRAVITY distribution
Site location: 368 Lippard Farm Rd, Lot # 3

Daily Flow (gpd) 360

1/10/2025

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH	END CAP LENGTH	TOTAL LENGTH
TBM INSTR. 1		0.0	100.0		100.0				
			SYSTEM						
3	Yellow			0.0	100.0	105	67	0	67
4	Blue			0.0	100.0	101	67	0	67
5	Pink			0.0	100.0	106	67	0	67
			REPAIR						
1	Red			0.0	100.0	27	27	0	27
2	Orange			0.0	100.0	94	94	0	94

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH	SOIL CAP
SYSTEM	201	0.300	VPPBPS 8'	50%	GRAVITY	32	0
REPAIR Plus Extra	232 Y, B, & P	0.300	VPPBPS 8'	50%	LPP	32	0

Notes:
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

Page 4	SYSTEM FLOW	Project #24-0101

VPPBPS 8' using GRAVITY distribution
Site location: 368 Lippard Farm Rd, Lot # 3

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
3	Yellow	0.0	67	N/A	N/A	134	15
4	Blue	0.0	67	N/A	N/A	134	15
5	Pink	0.0	67	N/A	N/A	134	15
			0				
	total	**feet =**	**201**	**gal/min =**	**N/A**		**45**

Design Flow	**360**
Soil LTAR	**0.3**
Accepted LTAR	**0.6**

CALCULATIONS	Project #24-0101
VPPBPS 8' using GRAVITY distribution Site location: 368 Lippard Farm Rd, Lot # 3	

PROJECT INFO	Designer	Ashley Rollans
	Project #	24-0101
	Project MM YYYY	1/10/2025
	County	Iredell
	Project Location	368 Lippard Farm Rd
	Lot # (if applicable)	3
	Subdivision (if applicable)	Troutman Land Acquisition LLC
	Parcel #	4705621415
	Lot size (acres)	0.697
	Easement(s) on parcel?	No
	Business (if applicable)	N/A
	Current Owner (for AA)	Inseparable Sisters LLC
	Electronic Signature OK?	N/A
	Name	Inseparable Sisters LLC
	Mailing Address	203 Berry St
	City	Statesville
	State	NC
	Zip	28677
	Phone	704-651-4607
	Email	eve.kummert@gmail.com
	Facility Type	Residential
	Facility	House
	Bedroom	3
	Water Source	Municipal Supply
	Foundation Type	Slab
	Daily Flow (gallons)	360
SYSTEM	System LTAR	0.3
	System Type	VPPBPS 8'
	System Distribution	GRAVITY
	System Trench Center Distance (feet)	8
	System Trench Width (inches)	24
	System Trench Depth (inches)	32
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Media Height (inches)	22
	Tank Size (gallons)	1000
	Required Feet of Line (system)	200
	Designed Feet of Line (system)	201
	Saprolite system?	No
REPAIR	Repair LTAR	0.3
	Repair Type	VPPBPS 8'
	Repair Distribution	LPP
	Repair Trench Center Distance (feet)	8
	Repair Trench Width (inches)	24
	Repair Trench Depth (inches)	32
	Soil Cap (inches)	0
	Usable Soil Depth (inches)	50
	Tank Size (gallons)	1000
	Required Feet of Line (repair)	200
	Designed Feet of Line (repair)	232
	Saprolite system?	No

Sheet 1 of 1

PROPERTY ID #: 4705621415

COUNTY: Iredell

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

OWNER: Inseparable Sisters LLC

ADDRESS: 203 Berry St Staesville NC 28625

PROPOSED FACILITY & Design Flow(.0400): 3 Bedromm Residential Home- 360 GPD

LOCATION OF SITE: 368 Lippard Farm Rd Statesville NC 28625

DATE EVALUATED: 9/13/2024

PROPERTY SIZE: 0.697 AC

PROPERTY RECORDED: Yes

Water supply setback: N/A

WATER SUPPLY: ☑ Public ☐ Single Family Well ☐ Shared Well ☐ Spring ☐ Other

EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☑ Domestic ☐ High Strength ☐ IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPR CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR	.0502(d) SLOPE CORRECTION
3	L/6%	0-15 15-50	RBCL WFSBK BRCL WFSBK	FR SS SP FR SS SP	fsap	50	S		S 0.3	1.44"
4	L/6%	0-8 8-50	RBCL WFSBK BRC WMSBK	FR SS SP FR SS SP		50	S		S 0.3	1.44"
4										
5										
6										
7										
8										
9										
10										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.508)	Suitable	Suitable
System Types(s)	VPPBPS 50%- Gravity	VPPBPS 50%- Low Pressure
Site LTAR	0.3	0.3
Maximum Trench Depth	32"	32"

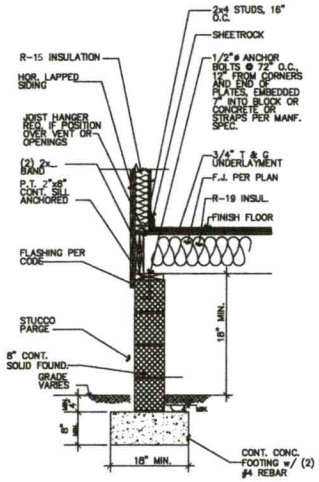
SITE CLASSIFICATION (.509): Suitable

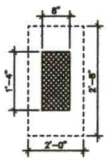
EVALUATED BY: Ashley Rollans

OTHER(S) PRESENT: Chad Wagner

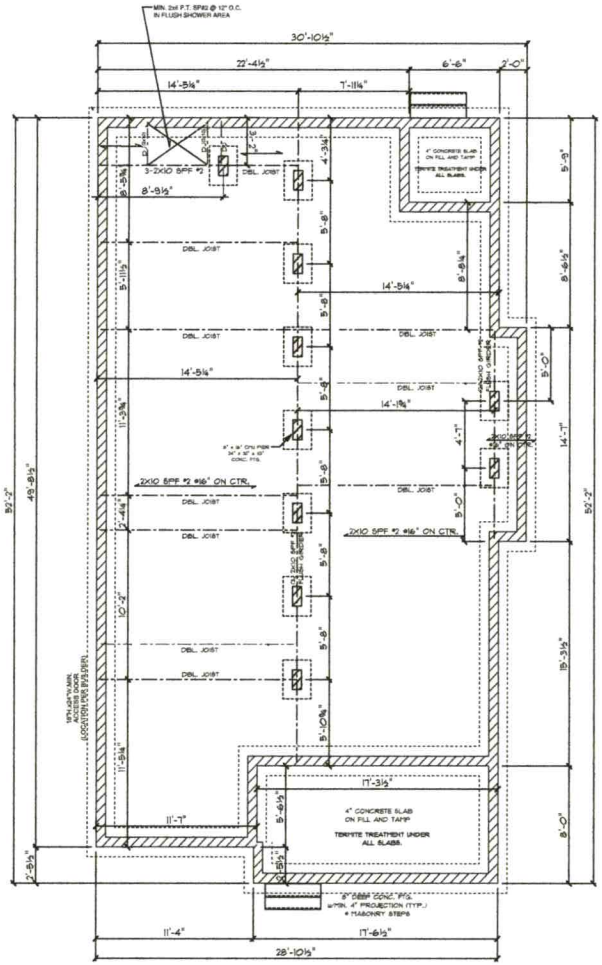
COMMENTS:

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
1231
STATE OF NORTH CAROLINA





PIER/FOOTING



FOUNDATION NOTES:
1. ALL DIMENSIONS TO BE VERIFIED AGAINST THE ARCH. PLANS
2. ALL SOIL TO BE 2000 PSF BEARING CAPACITY, MINIMUM
3. ALL CONCRETE TO BE 3000 PSI, MINIMUM
4. SEE DETAILS FOR FOUNDATION SIZE & REINFORCING
5. ALL FOOTINGS TO BEAR MINIMUM 12" BELOW GRADE

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 040509 9/3/20 KEITH J. WHEELER

NORTH CAROLINA RESIDENTIAL STRUCTURES PC No. 3295 CERTIFICATE OF AUTHORIZATION

RESIDENTIAL STRUCTURES, P.C.
3410 N. Davidson St.
Charlotte, N.C. 28205
Seal For Structural Only

GENERAL NOTES:

1. FLOOR JOIST SHALL BE 2X10 SPF #2 @ 16"O.C. U.N.O.
2. DOUBLE JOIST UNDER ALL PARALLEL PARTITION WALLS GREATER THAN 5'-0" IN LENGTH.
3. 8" X 16" C.M.U. PIER ON 24" X 32" X 10" CONC. FOOTING (TYP.)
4. CONCRETE TO HAVE 3000 PSI. MIX (MIN.)
5. ALL SOIL TO HAVE 2000 PSF. BEARING CAPACITY

VENTILATION NOTE:

THE MINIMUM NET AREA OF VENTILATION OPENINGS SHALL NOT BE LESS THAN 1 SQ. FT. FOR EACH 150 SQ.FT. OF UNDER FLOOR AREA. ONE SUCH VENTILATING OPENING SHALL BEWITH IN 3' OF EACH CORNER OF SAID BUILDING

ATTENTION

1 - ALL WORK SHALL MEET ALL LOCAL, STATE, AND NATIONAL BUILDING CODES THAT APPLY.
2 - THE CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE STARTING CONSTRUCTION.
3 - ALL DIMENSIONS SHOULD BE READ OR CALCULATED, NOT SCALED.
4 - NOT RESPONSIBLE FOR ERRORS DISCOVERED AFTER CONSTRUCTION HAS STARTED.

FOUNDATION PLAN

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

"THE OAKWOOD"

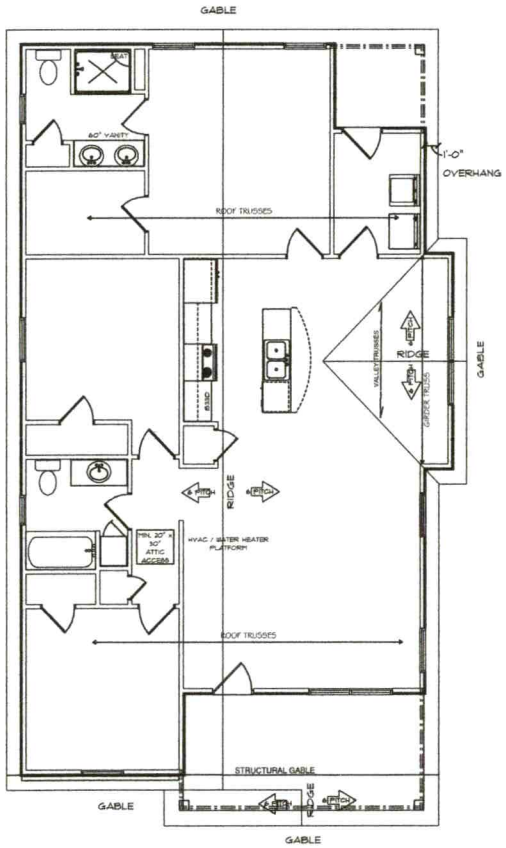
REVISIONS: 05-13-2018

DATE DRAWN: 05-13-2018

A-2

Every Effort has been made in the preparation of these plans to avoid errors. There is no guarantee by the designer against error. The Contractor and/or Owner is responsible for verifying all dimensions and conditions. Any error or omissions should be reported to the designer for correction before proceeding with the work affected. Failure to report errors and omissions may invalidate any claim against the designer and assumes responsibility for errors that are not reported.

This Developer accepts no responsibility, liability or part of any legal action related to the construction of these plans. Any use of these plans by the owner or contractor shall not be construed as a publication in derogation of the designer's copyright and as required by law, the Contractor and/or Owner has obtained approval from any originating copyright owner(s) (know or unknown to designer).



ROOF PLAN

ROOF FRAMING NOTES:

1. R.T. = ROOF TRUSSES PER MANUFACTURER 24" O.C., MAX U.N.O.
2. G.T. = GIRDER TRUSS
3. V.T. = VALLEY TRUSS
4. TRUSSES TO BEAR ON EXTERIOR WALLS ONLY, U.N.O.
5. OVERBUILD/OVERFRAMED SHADED AREAS W/2x8 (SPF#2) @ 16" O.C.
6. APPLY/INSTALL LADDER BLOCKING BETWEEN TRUSSES SPACED GREATER THAN 24" O.C. PER MANUFACTURER'S RECOMMENDATIONS.

ROOF TRUSS DESIGNER TO DISCUSS ATTIC PLATFORM w/ BUILDER PRIOR TO MANUFACTURING.

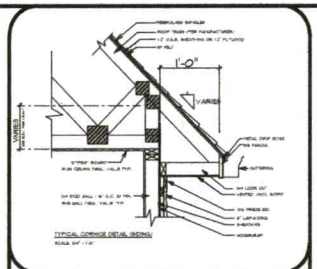
ATTIC ACCESS ASSUMED TO BE APPLIED IN PARALLEL DIRECTION TO TRUSS SPAN U.N.O.

ROOF TRUSS DESIGNER TO INCLUDE ALL CORNERSETS AND OVERHANG TYP.

ROOF TRUSS DESIGNER/MANUF. IS REPONSIBLE FOR ALL TRUSS BEARING/UPLIFT CONNECTIONS

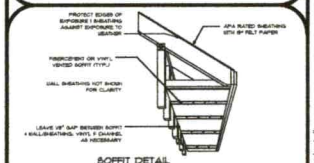
ALL ROOF SECTIONS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO ALL FRAMING MEMBERS w/ 8d NAILS AT 6" OC EDGE AND 12" max OC FIELD.

TRUSS MANUFACTURER TO NOTIFY RESIDENTIAL STRUCTURES, PC SHOULD ANY PORTION OF THE TRUSS LAYOUT DIAGRAM DIFFER FROM THE CONCEPTUAL RENDERING ILLUSTRATED ON THIS PAGE



STRUCTURAL NOTES:

1. R.T. = ROOF TRUSS PER MANUFACTURER @ 24" O.C. MAX.
2. G.T. = GIRDER TRUSS PER MANUFACTURER
3. DESIGN AND LAYOUT OF ROOF TRUSSES SHALL BE PROVIDED BY MANUFACTURER. INSTALLATION SHALL BE PER MANUFACTURERS INSTRUCTIONS.
4. ROOF TRUSS STRUCTURAL DESIGN FOR EXTERIOR WALL BEARING ONLY. CONSULT WITH ENGINEER OF RECORD SHOULD INTERIOR SUPPORT BE NECESSARY



SOFFIT DETAIL

VENTILATION NOTE:
BUILDER TO CONFIRM THE SQ. IN./FT. VENTED AREA w/ THEIR MANUF. OF VENTING PRODUCTS USED FOR THIS CONSTRUCTION SO THEY WILL COMPLY w/ THE CALCULATED SQ. IN./FT. OF VENTED AREA REQUIRED.
PROVIDE 12" OVERHANG THROUGHOUT U.N.O.

NOTE:

BUILDER TO CONFIRM THE SQ. IN./FT. VENTED AREA w/ THEIR MANUF. OF VENTING PRODUCTS USED FOR THIS CONSTRUCTION SO THEY WILL COMPLY w/ THE CALCULATED SQ. IN./FT. OF VENTED AREA REQUIRED.

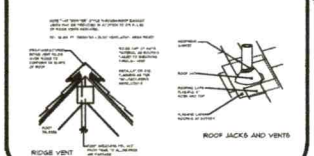
PROVIDE 16" OVERHANG THROUGHOUT U.N.O.

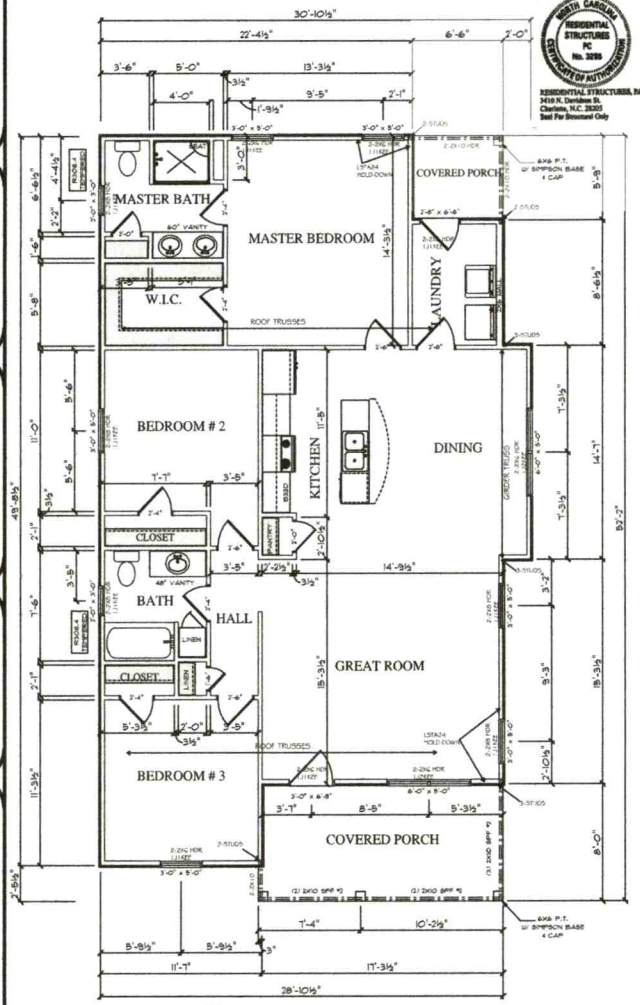
ROOF VENTILATION CALCULATIONS

2" CONT. ALUM. SOFFIT VENT = 8 SQ. IN./FT. OF VENT AREA RIDGE VENT - 12.5 SQ. IN./FT. OF VENT AREA

MAIN BUILDING (AS PERSECTION R806.2 OF 2009 NCRC):

ATTIC VENTILATED AREA: 144 SQ. IN. x 1/300 = SQ. IN. VENT





1ST FLOOR WALLS & CEILING NOTES:
1. ALL EXTERIOR LAOD BEARING HEADERS PER PLAN.
2. ALL INTERIOR LOAD BEARING HEADERS PER PLANS.
3. #JACKS = NUMBER OF JACK STUDS & NUMBER OF KING STUDS AT EACH END OF HEADER OR BEAM
4. ROOF TRUSSES = ROOF TRUSSES @ 24" O.C. MAX SPACING PER MANUFACTURER.

1ST FLOOR PLAN

NORTH CAROLINA REGISTERED 041808 PROFESSIONAL SEAL 4/15/18 ENGINEER WITH A WHEELER

NORTH CAROLINA RESIDENTIAL STRUCTURES PC No. 3295 CERTIFICATE OF AUTHORIZATION

RESIDENTIAL STRUCTURES, P.C.
3410 N. Davidson St.
Charlotte, N.C. 28205
Seal For Structural Only

TYPICAL HANGERS

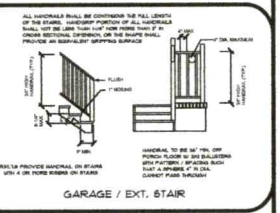
MEMBER	HANGER
2X6	LUS26
2X8	LUS28
2X10	LUS210
2X12	LUS212
(2) 2X6	HUS26-2
(2) 2X8	HUS210-2
(2) 2X10	HUS210-2
(2) 2X12	HUS212-2
(3) 2X6	LUS26-3
(3) 2X8	LUS28-3
(3) 2X10	LUS210-3
(3) 2X12	LUS210-3
(2) 1¾" / (3) 1¼" LVL	HGUS46
(2) 14" / (3) 16" / (2) 18" LVL	HGUS410
(3) 1¾" LVL	HGUS46-2/TO
(3) 14" / (3) 16" / (2) 18" LVL	HGUS410-2/TO
(4) 1¾" LVL	HGUS67.25/TO
(4) 14" / (4) 16" / (2) 18" LVL	HGUS610-2/TO

WALL STUD REQUIREMENTS

EXT. WALL HT. (h)	STUD SIZE AND SPACING
h. ≤ 10'-0"	2X4 @ 16" (O.C.)
10'-0" < h. < 11'-0"	2X4 @ 12" (O.C.)
11'-0" < h. < 18'-0"	2X6 @ 16" (O.C.)
h. > 18'-0"	CONSULT ENGINEER

NOTE: THE WALL BRACING FOR THIS STRUCTURE HAS BEEN DESIGNED TO MEET OR EXCEED THE INTENT OF THE 2018 NCRC REVISED WALL BRACING PROVISIONS AS ALLOWED BY SECTION R802.10.1 OF THE REVISED WALL BRACING PROVISIONS.

3. HATCHED AREAS INDICATE DROPPED CEILINGS
4. ALL CASED OPENINGS @ 7'-11" H



GARAGE / EXT. STAIR

SQUARE FOOTAGE
1st. 1331 sqft.
Total Heated 1331 sqft.
Front Porch 138 sqft. REAR Porch 37 sqft.
Total Under Roof 1506 sqft.

ATTENTION

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

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The Designer accepts no responsibility, liability or part of any legal action related to the construction of these plans that are altered in any way by another party. No revisions to this drawing may be made without the written permission of the Designer and the Designer will not be required to defend any lawsuit resulting from unauthorized changes. Any unauthorized changes will be required by law. The Contractor and/or Owner has additional approval from any engineering copyright owner(s) known or unknown by designer.

"THE OAKWOOD"

REVISIONS: 05-13-2018

DATE DRAWN: 05-13-2018

A-3

dotloop signature verification: dtlp.us/NtHM-B7zx-8JJF

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)* _____

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, Inseparable Sisters LLC, am the legal owner(s) of the property located at 3661 Lippard Farm Rd Lot #3, identified as PIN (Parcel Identification Number) 4705621415, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Ashley Rollans, Soil + Forestry Services, 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.

* Cathryn Hocking dotloop verified 01/15/25 4:15 PM CST 6KGR-W1KG-DU5M-8KY0

Signature of Owner(s)

* _____ Date

Mooresville - Environmental Health
latasha.fleming@iredellcountync.gov
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@iredellcountync.gov
debra.comeaux@iredellcountync.gov
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677