ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 31995

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

PIN # 4722 --66 --1997.

APPLICANT/OWNER: Cornerstone III Properties APPLICANT ADDRESS: 118 E Kingston Ave Unit 16 Charlotte NC 28203

SITE ADDRESS: 143 Lippard Springs Circle Statesville NC 28677. PHONE: 704-577 4002 ALT. PHONE -

SITE DIRECTIONS: Old Mtn Rd to Lippard Springs Circle SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Lippard Springs. SECTION: - LOT # 134 LOT AREA: 1.22 AC DESIGN FLOW: 360 L.T.A.R.: .40

Septic Tank 1000 (gal)	STB	Date	[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 50% Reduction		[ ] Business	No. Persons 6	[X] Private
Pump Make	Model	Serial #	Repair System Description: Drip		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields 1	# Lines 3	Linear Ft 150	Maintenance Agreement Required:	[ ] YES [X] NO	[X] Slab	[ ] Crawl Space	[ ] Community
Trench Width 36 in	Trench Bottom Depth(Low side) 30 in	Gravel Depth -	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas

LSS # 1231 Dated June 8, 2021. PA

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.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-4-22 Installed by: Gayle Excavation

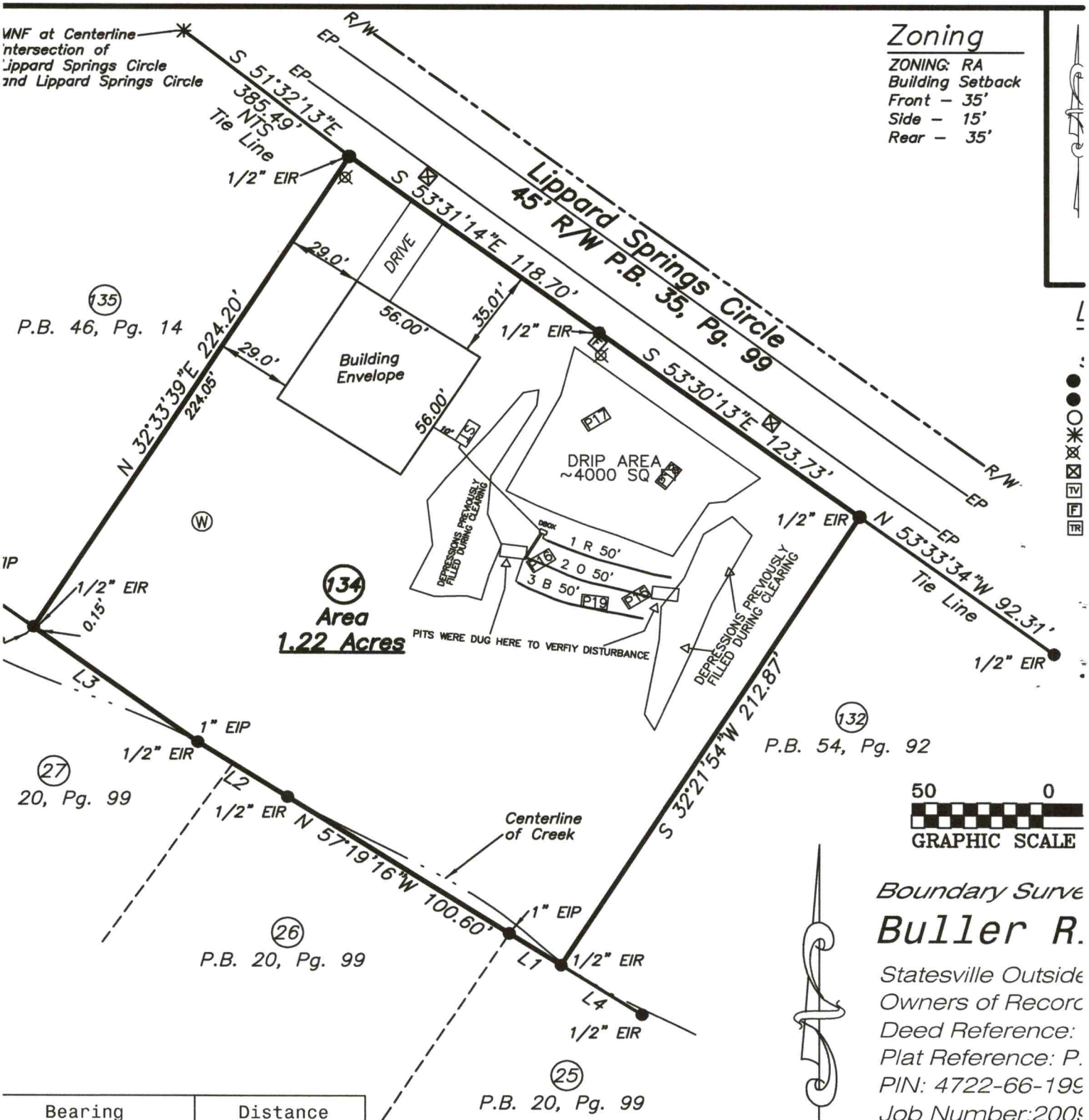
IMPROVEMENT PERMIT by: Benjamin D Bolick Date: 6/6/2021 OPERATION PERMIT by: Sydney Holland Date: 3/16/23

AUTHORIZATION TO CONSTRUCT by: Benjamin Bolick Date: 2/25/22 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? _____	



Bearing	Distance	
N 57°16'31" W	23.51'	
N 57°19'16" W	40.74'	
N 53°49'05" W	77.89'	
N 57°16'31" W	36.81'	Tie Line
S 53°49'05" E	31.51'	Tie Line

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 20-0119
June 8th, 2021

CORNERSTONE III PROPERTIES
Attn: *Matt Oljeski*
Email: matt@cornerstone3p.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence at 148 Lippard Springs Circle, Statesville NC 28677, PIN # (4722661997), Iredell County.

Mr. Oljeski:

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 land cover on the property was partially cleared on the front half of the property and wooded near the creek. Topography within the evaluated area was moderate slope near the house site and proposed drainfield area. Property corners were marked at the time of the evaluation by Ted Benbow Land Surveying. The Surveyor provided an Autocad File of the survey as a basemap. The proposed primary layout and drip repair area were located via measuring tape/GPS and used to produce the attached *Site Plan*. The house envelope located via survey. The Survey from Ted Benbow is attached to our design.

Methodology

We evaluated soil areas through the use of pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with five pit locations on the property and located via tape measure/GPS. All of the pits are located in the proposed septic layout or drip area. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each pit. An on-ground layout of system was performed using a laser level. Pin flag locations of the layout were also located by tape measure and GPS. The drip repair area was based upon square footage. Detailed system & repair information is summarized in the following paragraph for this Lot.

148 Lippard Springs Circle *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 150 linear feet of line. The primary system is proposed as 150 linear feet of PPBPST(50% Reduction) drainfield with gravity distribution. Trench depth is specified at 30 inches (Max Low Side). Trench width on the primary is specified at 36 inches. The repair system is proposed as 4000 Square Feet of Innovative (Drip Irrigation) drainfield with low pressure distribution. Trench depth is specified at 10 inches.

Session Law Requirements

An LSS Evaluation may be submitted in conjunction with a complete application to the LHD. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).".

Owner Date

* Print Name Ryan Burrell
* Signature Ryan Burrell 6/16/21

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 SL 2018-114 Section 11.(c)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).* Any site modifications that impact the proposed septic areas at 148 Lippard Springs Circle, Statesville, NC 28677 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,

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

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Modified Conventional Septic System with gravity dist. for a 3 bedroom single family residence at 148 Lippard Springs Circle, Lot 134, PIN#(4722661997) Statesville 28677, Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Application---------- 9-10

Green Sheet---------- 11

Agent Authorization Form---------- 12

May 4, 2021
Project #: 20-0119
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

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 NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- 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 structure.
- 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 for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity PPBPS installation w/dbox
- Repair is specified as Drip Irrigation with low pressure distribution installation.
- **Trench width on primary system is specified at 36 inches.**

GRAVITY PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Cornerstone III Properties
Address:	118 E. Kingston Ave. Unit 16 Charlotte, NC 28203
Phone:	704.577.4002
County:	Iredell
Location:	148 Lippard Springs Circle Statesville, NC 28677
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	150
Loading Rate (gpd/ft.^{2}):	0.4
Depth of Gravel in Trench:	N/A
Gravel Size:	N/A
Max.Trench Depth (LOW SIDE):	30 in. Repair Trench Bottom 10 in.
Trench Width:	**36 in.**
Septic Tank Size:	1000
Estimated Supply Line Length:	48
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	1.31
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas

148 Lippard Springs Circle

PPBPS SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.4
TOTAL AREA TRENCH BOTTOM:	450
TOTAL LATERAL LENGTH:	150
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	150
SUPPLY LINE LENGTH:	48
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	N/A

Layout Specifications - 148 Lippard Springs Circle-Lot 134

Project #: 20-0119

LAYOUT FOR 3 BEDROOM HOME

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	5/26/2021 DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	***RED***					***50***	***50***
2	***ORANGE***					***50***	***50***
3	***BLUE***					***50***	***50***
4	DRIP IRRIG.					~4000 SFT	~4000 SFT
					Total	150	150

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	TRENCH DEPTH
* *System*	*150*	*0.400*	MOD. CONV	*0.400*	*PPBPS*	*GRAVITY*	30"
Repair	~3900 SFT	0.125	DRIP IRRIG.	0.125		LOW PRESSURE	10"

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located via GPS

GRAVITY PPBPS SPECIFICATIONS - 148 Lippard Springs Circle

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	# of Panels
1	***RED***	*N/A*	*50*	*N/A*	*N/A*	150	12
2	***ORANGE***	*N/A*	*50*	*N/A*	*N/A*	150	12
3	**BLUE**	*N/A*	*50*	*N/A*	*N/A*	150	12
						450	36

total	**feet =**	**150**	**gal/min =**	**N/A**
		Des. Flow	**360**	
		Pump Run=	**N/A**	
		soil LTAR	**0.4**	
		LTAR +5%	**0.42**	
		LTAR with mod.	**0.8**	
		LTAR with mod.. + 5%	**0.84**	

CALCULATIONS

Location 148 Lippard Springs Circle
Statesville, NC 28677
Project Number 20-0119

Lot No: 134

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.400 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) YES

Supply Line Length 48 ft.

Supply Line Volume 31.344 gal.

Required Feet of Line 150 ft.
Amount of Line from Layout 150 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	f
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

Sheet 1 of 2
PROPERTY ID #: 47926[illegible]
COUNTY: Iredell

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

OWNER: Rock Star Capital Group
ADDRESS: 10333 Windy Trail Bentonville AR 72712
APPLICATION DATE
PROPOSED FACILITY: 3 BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
DATE EVALUATED: 5/[illegible]/2[illegible]
LOCATION OF SITE: 148 Lippard Spring Circle Statesville NC 28677 Lot 134
PROPERTY SIZE: 1.22 AC
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH, (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P15	L/10-15%	0-20	CL vnfsbk	Fr SS SP SE vP	C.SAP	20"	PS	-	PS .4
		20-60	VAR. SL MASS	Fr SS SP					
P16	L/10-15%	0-10	SC vmsbk	Fr SS SP SE vP	C.SAP	24"	PS	-	PS .4
		10-24	RCL vnmsbk	Fr SS SP					
		24-60	VAR. L MASS	Fr SS SP					
P17	L/6-10%	0-31	RYCL vmsbk	Fr SS SP SE vP	C.SAP	31"	PS	-	PS .4
		31-60	VAR. CL MASS	Fr SS SP					
P18	L/10%	0-5	SRC vmsbk	Fr SS SP	Compacted C.SAP	24"	PS		PS .25
		5-24	RSCCL vfsbk	Fr SS SP					
		24-51	VAR. SL MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPAPS	Infiltration
Site LTAR	0.4	0.1

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

COMMENTS: 2 additional Pits dug on adjacent lot

Updated February 2014

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full).

Sheet 2 of 2

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

PROPERTY ID #: 4/22/2019
DATE OF EVALUATION: [illegible]
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P19	4/18/19	0-4	BSL wmsbk	Fr SS SP	Compacted				PS .4
		4-13	BRC wmsbk/abk	F SS SP					
		13-24	RBCL/C wmsbk	Fr SS SP	Many SAP Inclusions	24"	FS		
		24-70	VAR. FSL MASS	Fr SS SP					

RECEIVED FEB 17 2021

* ALREADY PERMITTED, CHANGED PLAN *

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*

* SEPTIC *

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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: CORNERSTONE III PROPERTIES Address: 118 EAST KINGSTON AVE, CLT. Zip: 28203
Applicant Email: STAN@CORNERSTONE3P.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BUTLER RIVER DEVELP. Address: 725 CHERRY RD. Rock Hill, SC Zip: 29732
Owner Email: N/A Phone: N/A Alt. Phone: N/A

Property Information:

Street Address: 148 LIPPARD SPRINGS CIRCLE
Subdivision Name: LIPPARD SPRINGS Section/Phase: _____ Lot Number: 134
Driving Directions: OLD MOUNTAIN RD NORTH / RT. ONTO RUMPLE HILL DR. RT. ONTO LIPPARD SPRINGS CIRCLE

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: _____

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

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 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: Stan Cowley ...ntative signature (SIGNATURE REQUIRED) 2/9/22 DATE

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, PAM HARDING/BUFFER RIVER, am the legal owner(s) of the property located at 148 LIPPARD SPRINGS CIRCLE, identified as PIN (Parcel Identification Number) 4722-66-1997, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) STAN PRESSLEY/CORNERSTONE III _____, 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.

Pam Harding/Buffer River Dockyard _____ 2/9/12
Signature of Owner(s) Date

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

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

RECEIVED JUN 2 1 2021

Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Session Law AP-311995

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: Cornerstone III Properties **Address:** 118 E Kingston Ave, Unit 16, Charlotte NC **Zip:** 28203

Applicant Email: matt@cornerstone3p.com **Phone:** 704.577.4002 **Alt. Phone:**

Owner Name: Buller River Dev Partners **Address:** P.O. Box 5008 Statesville NC **Zip:** 28687

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 148 Lippard Springs Circle Statesville NC 28677

Subdivision Name: Lippard Springs **Section/Phase:** **Lot Number:** 134

Driving Directions: see Address

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:

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: Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE** 6/8/21

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, Buller River Dev Partners LP, am the legal owner(s) of the property located at 148 Leppard Springs Circle Statesville NC 28677, identified as PIN (Parcel Identification Number) 4722661997, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** SFS / Ashley Rollins, _____, 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.

* Sam Buller Buller River 6/14/21
Signature of Owner(s) Date

STam Prouty 6/16/21
Signature of Witness Date

Please return this signed form to the appropriate office:

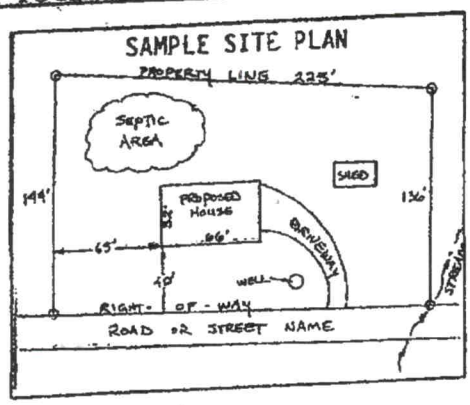
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!



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

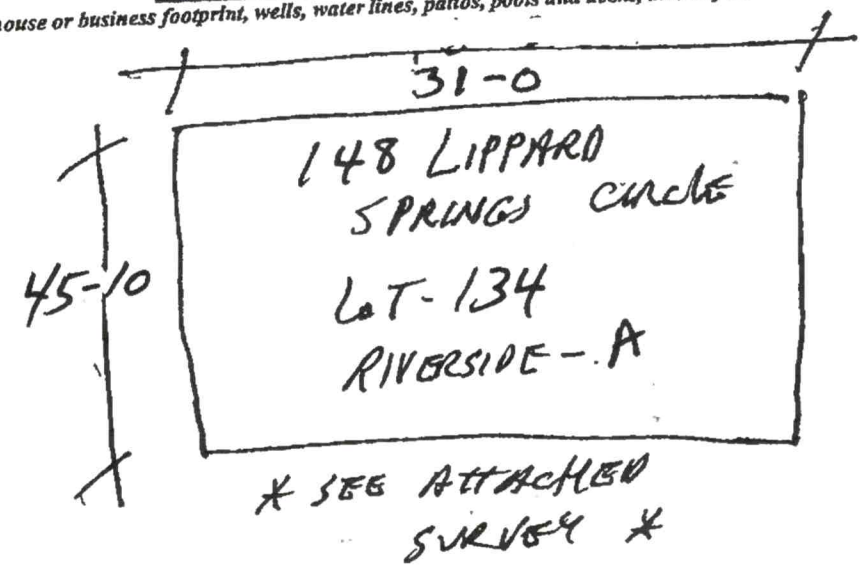
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Stan Crawley

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

2/9/22

DATE

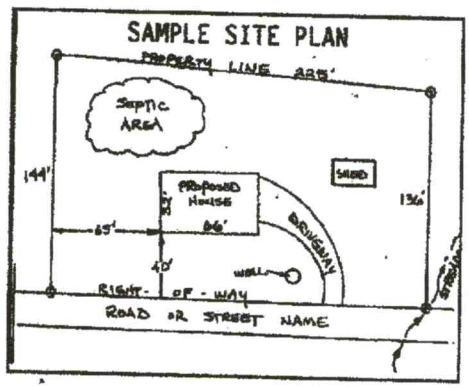
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

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

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



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

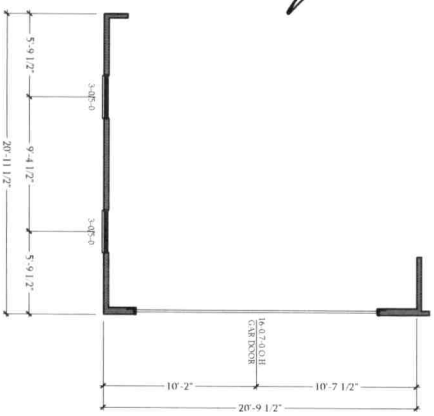
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/8/21
DATE

Acknowledgement Of
Plans Submittal ONLY!

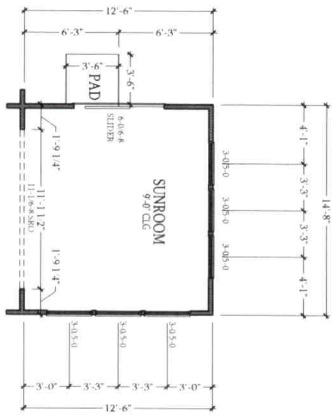
BAB Date 2-25-22.

Date 3-4-22



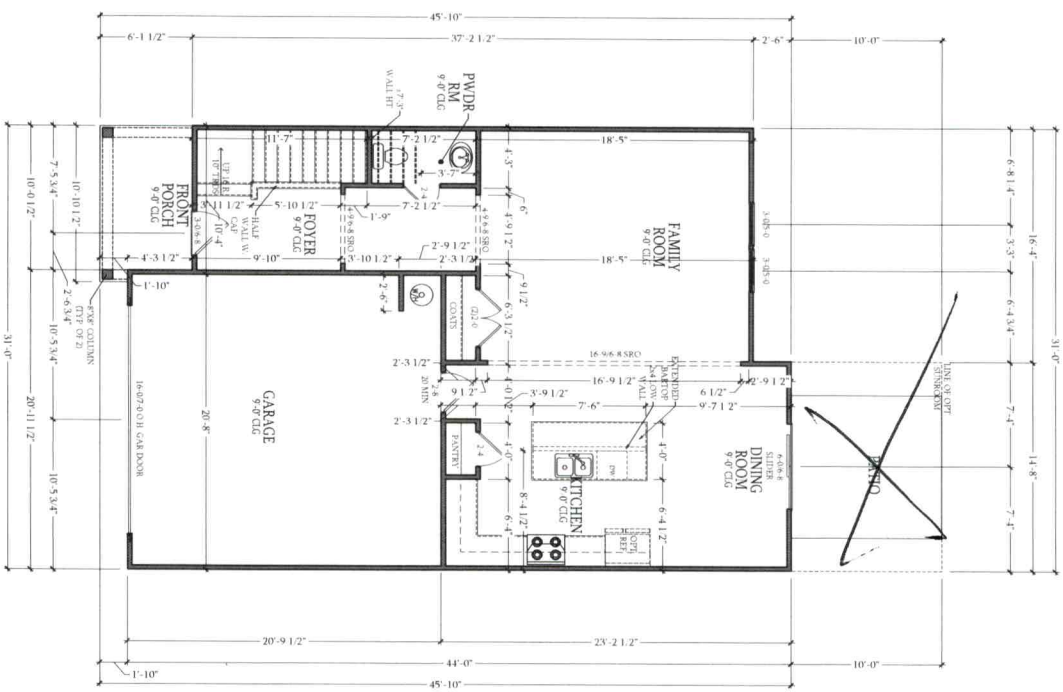
OPT SIDE LOAD GARAGE
FLOAR PLAN

SCALE 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17



OPT SUNROOM
FLOOR PLAN

SCALE 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17



FIRST FLOOR PLAN

SCALE 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17

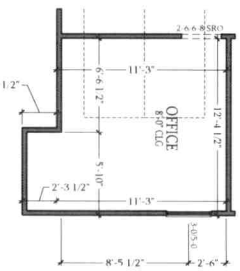
REVISIONS		RIVERSIDE	CornerStone PROPERTIES
DATE	DRAWN BY	Elevation-A	
DESIGNED BY: CBG		FIRST FLOOR PLAN	
DRAWN BY: CBG			
DATE: XX.XX.XX			
JOB #: 21702			
SHEET #: 5.10			

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com
PO Box 5322
Clover, SC. 29710
803 866 2724
www.CornerstoneCarolina.com

Acknowledgement Of
Plans Submittal ONLY!

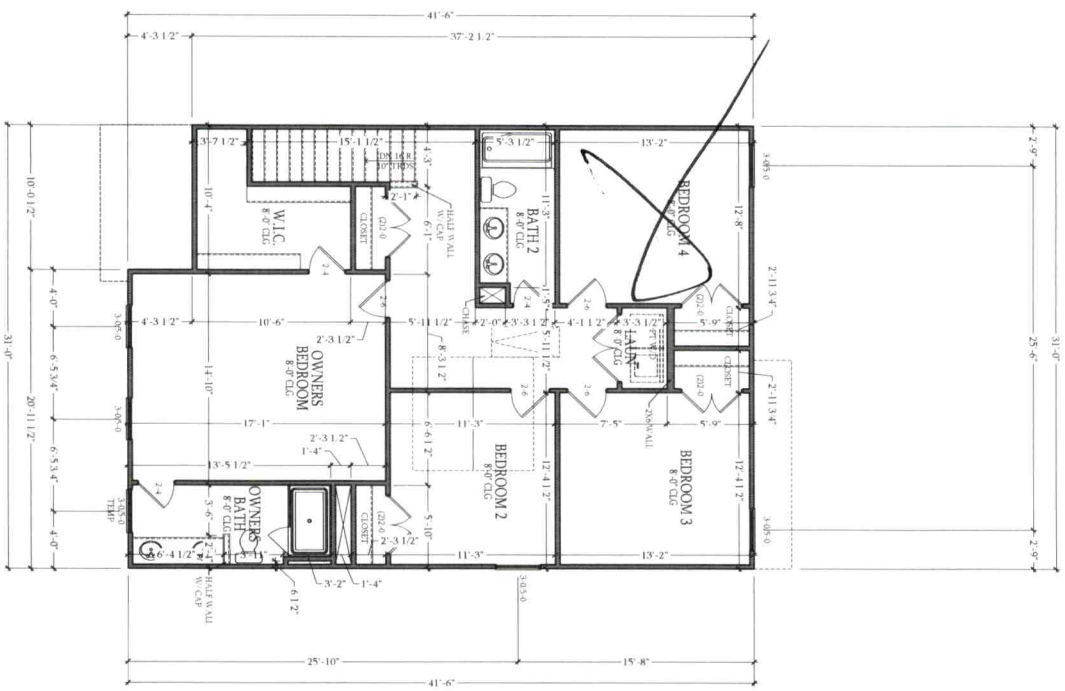
Date 2-25-22

Date 3-4-22



OPT OFFICE
FLOOR PLAN

SCALE 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17



SECOND FLOOR PLAN

SCALE 1/4"=1'-0" ON 22x34 AND 1/8"=1'-0" ON 11x17

REVISIONS	
DATE	
DRAWN BY	
DESIGNED BY	CBG
DRAWN BY	CBG
DATE	XX-XX-XX
FOR #	21-702
SHEET #	5.20

RIVERSIDE

Elevation-A

SECOND FLOOR PLAN

CornerStone PROPERTIES

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com

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