ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 311983

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

PIN # 4722 -- 66 -- 3857

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

SITE ADDRESS: 150 Clippard Springs Circle, Statesville NC 28677 | PHONE: 704-577-4002 | ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd, Rumple Hill, Clippard Spring Circle | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Clippard Springs | SECTION: — | LOT # 132 | LOT AREA: .75 AC | DESIGN FLOW: 360 | L.T.A.R.: .25

Septic Tank 1000 (gal)	STB 7160	Date 11-30-22	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms 3	**Water Supply**
Pump Tank 1000 (gal)	PT 3683	Date 1-14-22	System Description: PM - PPBPS - 50% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: Drip Irrigation		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 6	Linear Ft: 240	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 24 in	Trench Bottom Depth(Low side) 30 in	Gravel Depth —	☐ 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 PH

LSS # 1231 June 8th 2021.

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.

Checked first 4 lines 3/15/23 - SH
PM - 3/16/23 } SH
Tanks - 3/16/23 }
Checked last 2 lines - 3/16 - SH
PH
Floats OW 4/18/23
Electrical
Alarm

Installed as Shown

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 soil 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: [signature] Date 11-4-22 Installed by: Gravley Excavation

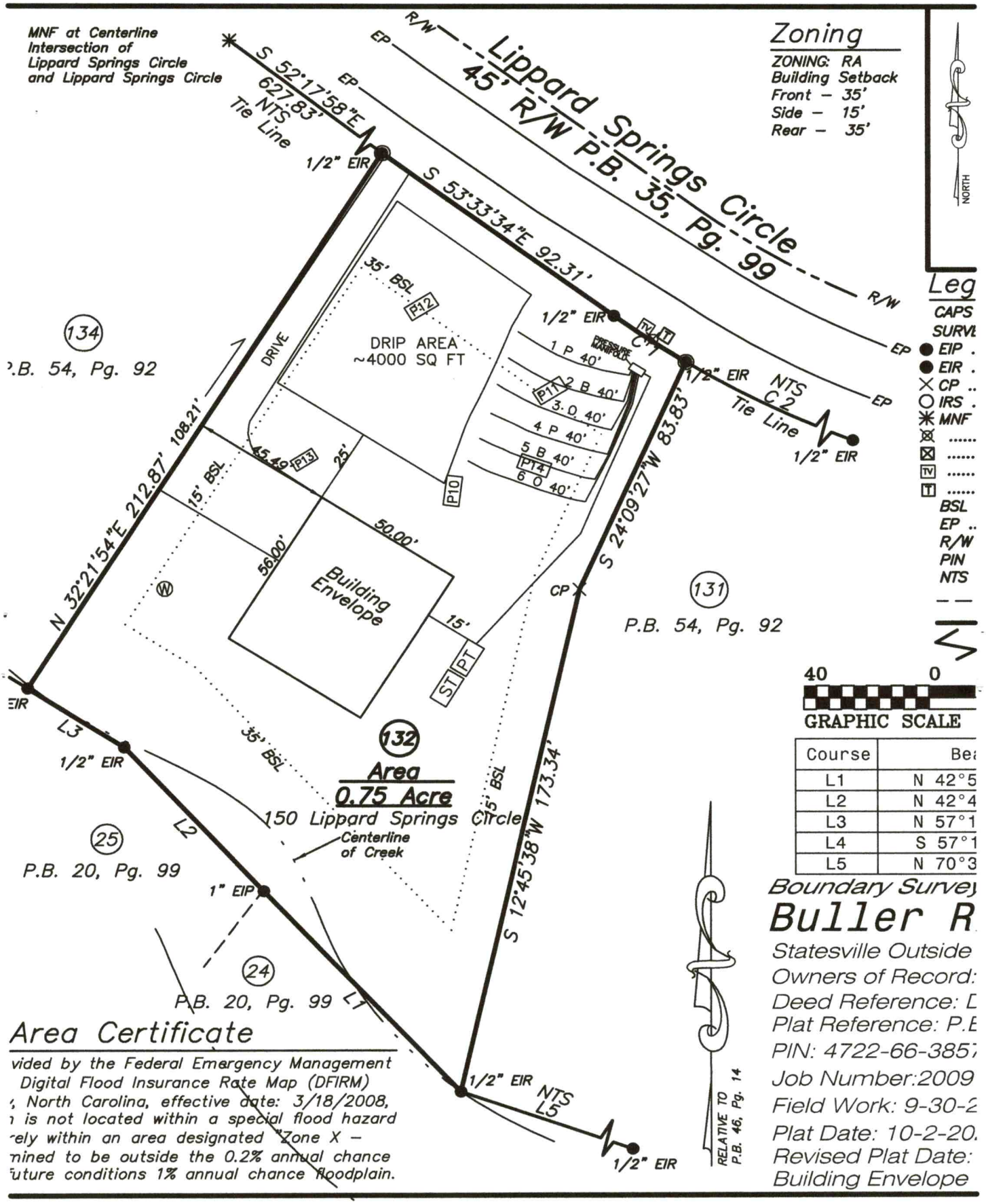
IMPROVEMENT PERMIT by: [signature] Date: 1/2/2021. OPERATION PERMIT by: [signature] Date: 4/18/23

AUTHORIZATION TO CONSTRUCT by: [signature] 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? _____	



Area Certificate

vided by the Federal Emergency Management Digital Flood Insurance Rate Map (DFIRM) ; North Carolina, effective date: 3/18/2008, ı is not located within a special flood hazard ·ely within an area designated "Zone X – ·mined to be outside the 0.2% annual chance ·uture conditions 1% annual chance floodplain.

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 150 Lippard Springs Circle, Statesville NC 28677, PIN # (4722663857), 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 Survey from Ted Benbow was utilized to produce the Site Plan for 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. Three of the five 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.

150 Lippard Springs Circle

PRESSURE MANIFOLD PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	480
TOTAL LATERAL LENGTH:	240
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	240
SUPPLY LINE LENGTH:	110
TOTAL DYNAMIC HEAD:	27.15
MANIFOLD SIZE:	N/A
DOSING VOLUME:	194.40
PUMP TANK DRAW DOWN*:	9.3
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

Layout Specifications - 150 Lippard Springs Circle-Lot 132

Project #: 20-0119

LAYOUT FOR 3 BEDROOM HOME

May 26, 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE CNR	(LEFT FRONT)				905.60		
P. TANK					902.00		
1	***PINK***				***915.40***	***40***	***40***
2	***BLUE***				***914.30***	***40***	***40***
3	***ORANGE***				***913.00***	***40***	***40***
4	***PINK***				***911.60***	***40***	***40***
5	***BLUE***				***910.40***	***40***	***40***
6	***ORANGE***				***909.00***	***40***	***40***
DRIP	REPAIR					~4000 SF	~4000 SF
					Total	**240**	**240**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
** System*	*240*	*0.250*	*MOD. CONV.*	*0.250*	***PPBPS***	**PRESSURE MANIFOLD**
Repair	*~4000SF*	*0.1-0.125*	*INNOV*	*0.1-0.125*	***DRIP IRRIGATION***	**LOW PRESSURE**

Notes:

****All septic lines and pits located via GPS/Tape Measures**

**All measures in feet

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

PRESSURE MANIFOLD PPBPS TAPSHEET -150 Lippard Springs Circle

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	No.of Panels
1	*PINK*	*915.40*	*40*	*SCH 80 1/2*	*5.48*	*80*	*9*
2	*BLUE*	*914.30*	*40*	*SCH 80 1/2*	*5.48*	*80*	*9*
3	*ORANGE*	*913.00*	*40*	*SCH 80 1/2*	*5.48*	*80*	*9*
4	*PINK*	*911.60*	*40*	*SCH 80 1/2*	*5.48*	*80*	*9*
5	*BLUE*	*910.40*	*40*	*SCH 80 1/2*	*5.48*	*80*	*9*
6	*ORANGE*	*909.00*	*40*	*SCH 80 1/2*	*5.48*	*80*	*9*
	total	**feet =**	**240**	**gal/min =**	**32.88**		**54**

Des. Flow	**360**
Pump Run=	**5.91**
soil LTAR	**0.25**
LTAR +5%	**0.2625**
LTAR with mod.	**0.5**
LTAR with mod.. + 5%	**0.525**

CALCULATIONS

Location 150 Lippard Springs Circle
Statesville NC 28677

Project Number 20-0119

Lot No: 132

No. of Bedrooms 3

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

LTAR 0.25 $^{gal}/_{ft^2\,day}$

PPBPS? (YES OR NO) YES

Supply Line Length 110 ft.

Supply Line Volume 19.14 gal.

Required Feet of Line 240 ft.
Amount of Line from Layout 240 ft.

Gallons per Minute 32.88 $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Pump Tank Capacity 1000 gal.

Panel Volume 3.6 gal.
# of Panels 54
Dosing Volume 194.40 gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

Tank Draw Down 9.3 *Generic Draw Down of 21 gal.per in.*

Pump Run Time 5.91 minutes

Elevation Head 19 ft.
Pressure Head 2 ft.
Friction Factor 2.37 ft./100 ft. *(From the interpolater.)*
Friction Head 2.61 ft.

Total Dynamic Head (+15%) 27.15 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

150 Lippard Springs Circle (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 240 linear feet of line. The primary system is proposed as 240 linear feet of PPBPS (50% Reduction) drainfield with pressure manifold 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 6 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 Pam Burrell
Signature Pam 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 150 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 Rollins, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for a PPBPS Septic System w/Pressure Manifold distribution for a 3 bedroom single family residence at 150 Lippard Springs Circle, Lot#132, (PIN# 4722663857), Statesville NC, 28677, Iredell County.

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6

Calculations---------- 7

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Septic Application---------- 10-11

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

Green Sheet---------- 13

May 26, 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.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation with pressure manifold distribution.
- Repair is specified as an Innovative Drip Irrigation installation with low pressure dist.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.

PRESSURE MANIFOLD PPBPS SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Cornerstone III Properties
Current Address:	118 E. Kingston Ave. Unit 16 Charlotte, NC 28203
Phone:	704.577.4002
County:	Iredell
Location:	150 Lippard Springs Circle Statesville, NC 28677
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360 gpd
System Flow:	32.88 gpm

Design Specifications

Drainfield Size:	240
Loading Rate (gpd/ft.^{2}):	0.25
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Max.Trench Depth (LOW SIDE):	30 in., Repair 6 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	110
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	19.14
Dosing Volume:	194.40
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	2.61
Elevation Head:	19.00
Total Dynamic Head:	27.15
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

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

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

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

OWNER: RockStar Capital Group — APPLICATION DATE: ____
ADDRESS: 10333 Windy Trail, Bentonville AR 72712 — DATE EVALUATED: 5/2021
PROPOSED FACILITY: 3 BR — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.75 AC
LOCATION OF SITE: 150 Lippard Springs Circle, Statesville NC 28677 I-77 M 132 — 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P10 1	L/10-20%	0-11	BVCSL wmsbk	Fr SS SP SEXP	[illegible]	54	-	-	PC to 36" 0.25
		11-27	RC wmsbk/Abk	Fr SS SP					
		27-54	VARC wmsbk	F S SP SEXP					
P11 2	L/10-15%	0-29	RC wmsbk/Abk	Fr SS SP SEXP	C SAP	43	PS	-	PS 0.3-.35
		29-43	BBCL wmsbk	Fr SS SP					
		43-60	VAR SL MASS	Fr SS SP					
P12 3	L/10-15%	0-20	RCL wmsbk	Fr SS SP SEXP	FW SAP	80	PS	-	PS 0.4 0.125 DRIP
		20-60	VAR L MASS	Fr SS SP					
P13 4	L/15-20%	0-20	RC mmAbk	Fr SS SP SEXP	C SAP [illegible]	32	PS	-	PS 0.35 >32" CAT DRIP
		20-32	RVCL wmsbk	Fr SS SP SEXP					
		32-65	VAR L MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1C	0S
System Type(s)	PPRPS	Subs Drip
Site LTAR	0.35	0.1-.125

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): SS
EVALUATED BY: S. Avery Rollins
OTHER(S) PRESENT: Chad Wagner

COMMENTS: ____

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 #:
DATE OF EVALUATION:
COUNTY:

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
P1	L/15%	0-15	BSC w/ weak/ABK	F SS P SEP	Compared to 3	15	PS	—	PS .4+
		15-70	VAR LS MASS	F NS NP NSW					

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 (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair
( ) Septic Improvement Permit

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@CORNERSTONEIIP.COM Phone: 704 301 3229 Alt. Phone: X
Owner Name: BULLER 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: 150 LIPPARD SPRINGS CIRCLE
Subdivision Name: LIPPARD SPRINGS Section/Phase: _____ Lot Number: 132
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*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

CHECK FOUNDATION TYPE
(X) 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: _____ Number of Houses: _____ Number of Persons: _____
( ) Multi-connection Well ( ) Community Well ( ) City Water ( ) Other Public Water
( ) New Well ( ) Existing Well Year existing system installed: _____

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Stan Cowley *or legal representative 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/BUTLER RIVER, am the legal owner(s) of the property located at 150 LEPPARD SPRINGS CIRCLE, identified as PIN (Parcel Identification Number) 4722-66-3857, 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/Butler River Development — 2/9/22

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 23 2021

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500 $700.00 AP-311983

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:** 704.577.4062 **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: 150 Lippard Springs Circle, Statesville NC 28677
Subdivision Name: Lippard Springs **Section/Phase:** **Lot Number:** 132
Driving Directions: Old Mountain Rd, Rumple Hill Dr, Lippard Springs Circle

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: 6
( ) 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: 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? #PPBS
( ) 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?

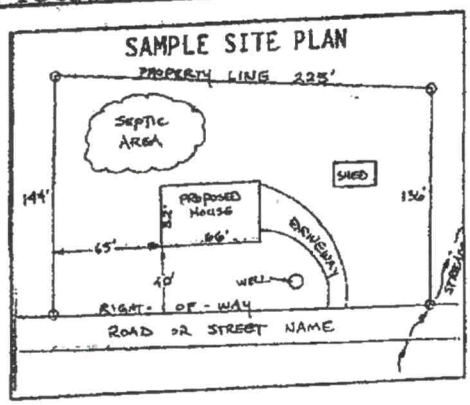
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 6/9/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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



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

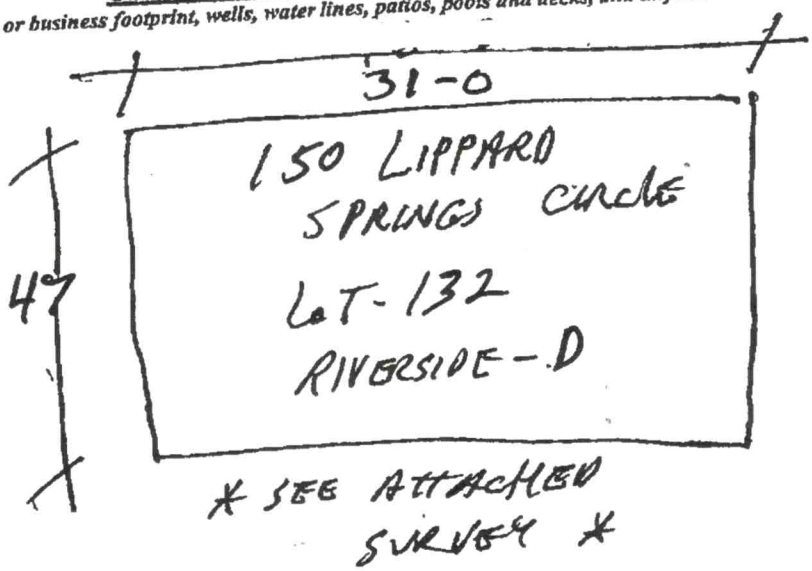
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Stan Crawley

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

DATE 2/9/22

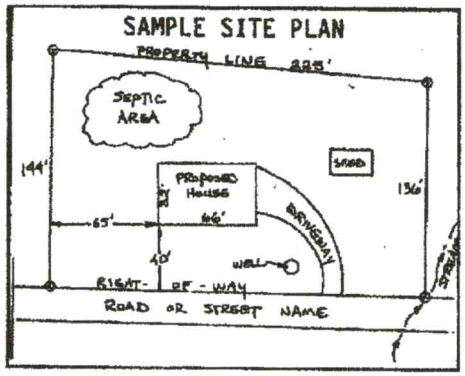
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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) **DATE**

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Butler River Dev Partners LP, am the legal owner(s) of the property located at 150 Lippard Springs Circle, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4722663957, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) SFS / Ashley Rollans, _____, 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 Bonnell / Butler River 6/16/21 — Stan Purdy 6/16/21

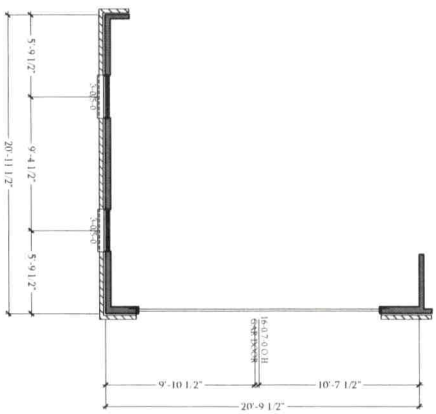
Signature of Owner(s) Date — Signature of Witness Date

Please return this signed form to the appropriate office:

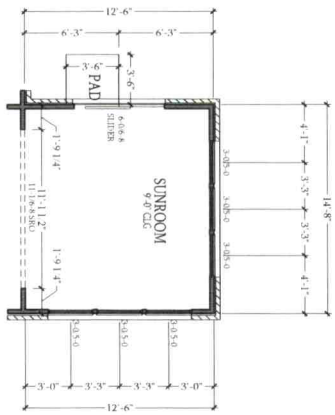
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

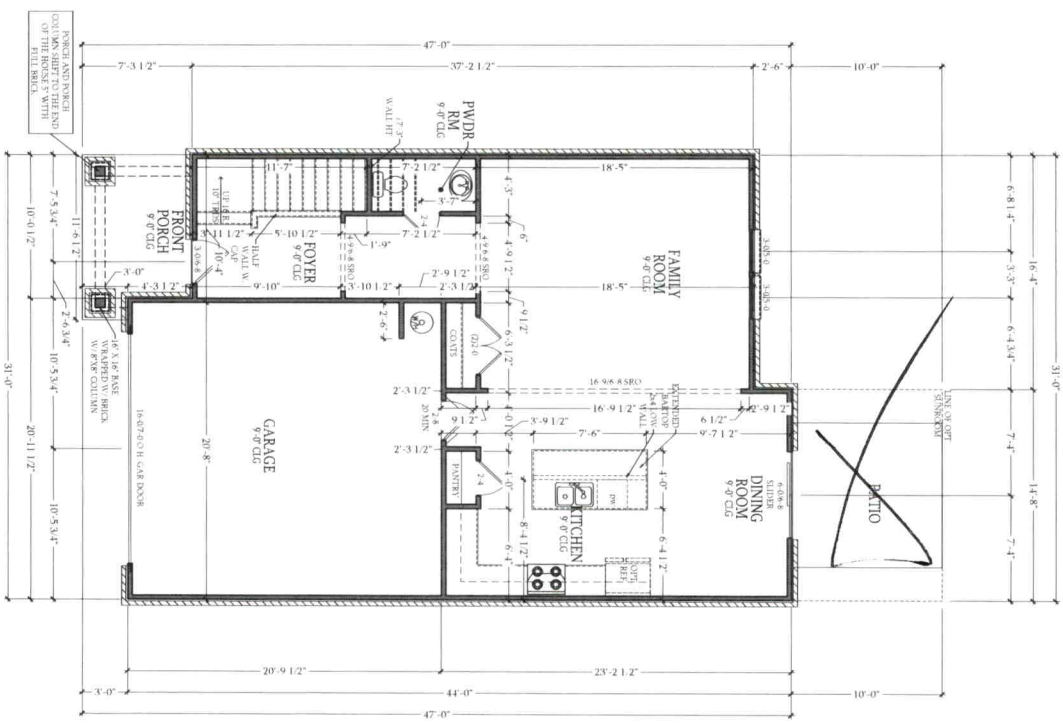
Acknowledgement Of
Plans Submittal ONLY!
Date 2-25-22.
Date 3-4-22



OPT SIDE LOAD GARAGE
FLOOR 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		
NO.	DATE	DRAWN BY
DESIGNED BY		CBG
DRAWN BY		CBG
DATE		12-09-21
JOB #		21-703
SHEET #:		5.10

RIVERSIDE
Elevation-D
FIRST FLOOR PLAN

CornerStone PROPERTIES

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

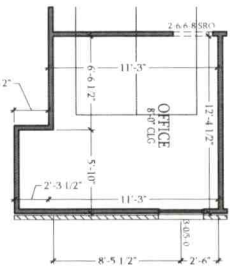
Acknowledgement Of Plans Submittal ONLY!

BAB Date 2-25-22.

Date 3-4-22

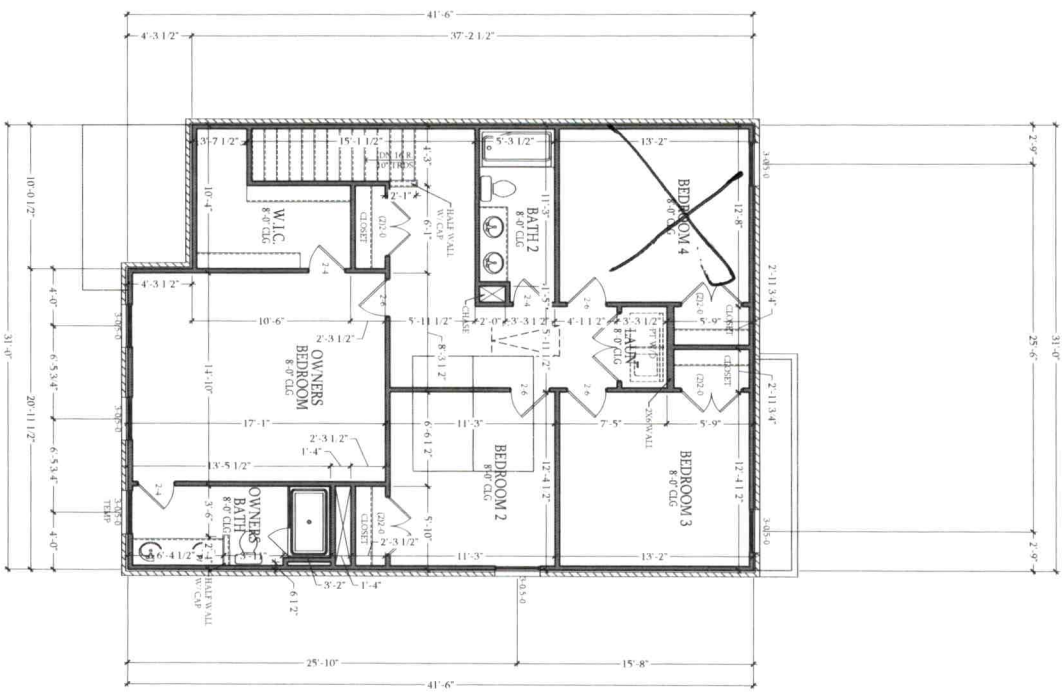
OPT OFFICE FLOOR PLAN

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



SHEET #:	5.20
PLOT:	21703
DATE:	12-09-21
DRAWN BY:	CBG
DESIGNED BY:	CBG
REVISIONS	
DATE	

RIVERSIDE

Elevation-D

SECOND FLOOR PLAN

CornerStone PROPERTIES

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com

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Clover, SC. 29710
803-866-2724
www.CornerstoneCarolina.com