EDELL COUNTY HEALTH DEPARTMENT

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

BB 2:00

PERMIT # 224948

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

PIN # 4722669866

APPLICANT: Jack Michael Southers APPLICANT ADDRESS: 690 Old Mountain Rd Statesville NC 28677

SITE ADDRESS: 170 Lippard Springs Cir. Statesville NC PHONE: 704-902-1272 ALT. PHONE: N/A

SITE DIRECTIONS: 21 S T/R Old Mountain Rd T/R Rumple Hill Dr T/R Lippard Springs Cir lot on right

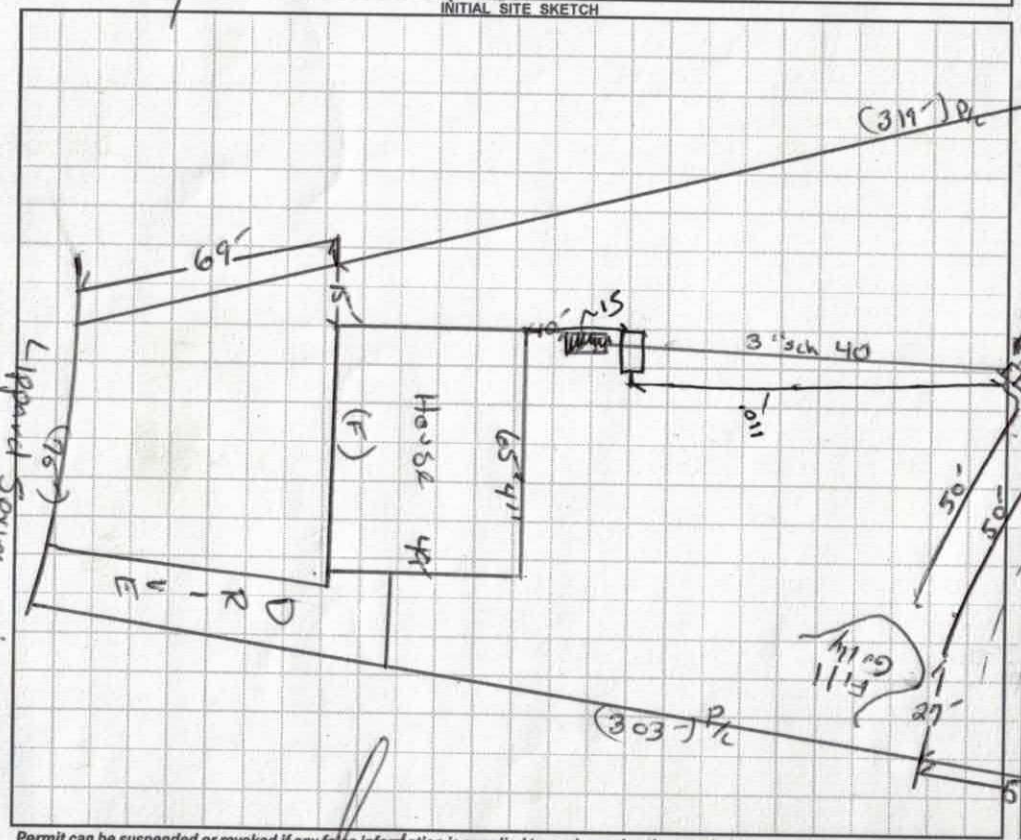
SUBDIVISION: Lippard Springs SECTION: 1 LOT # 127 LOT AREA: 1.07ac DESIGN FLOW: 360 L.T.A.R.: 0.7

Septic Tank	1000 (gal)	STB 825	Date 11/29/2017	[X] New System [ ] Repair [ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	Gravity 50% reduction	[ ] Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	50% reduction	[ ] Other	No. Employees
# Nitrification Fields	1 # Lines 4		Linear Ft: 200	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space
Trench Width	24" Max. Trench Bottom Depth 36"		Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

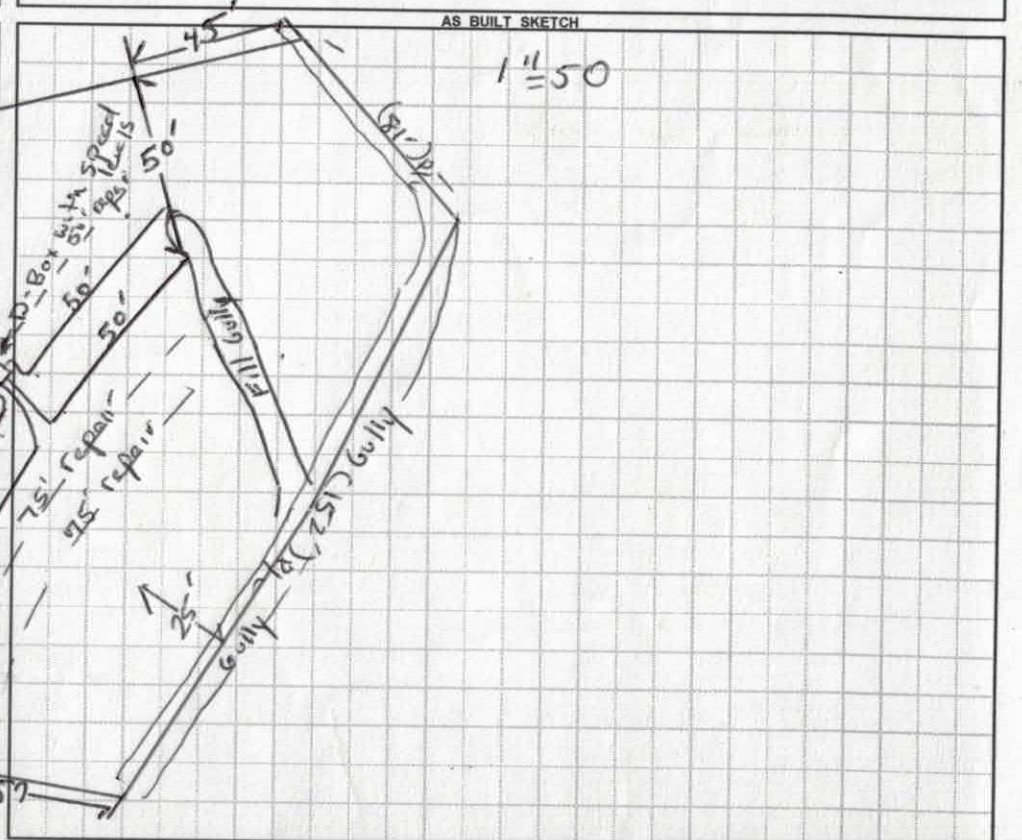
Comments / Conditions: Install 50% reduction on contour with parallel distribution. Fill gullys after installation to maintain 2nd set back off any filled area

INITIAL SITE SKETCH



AS BUILT SKETCH

1" = 50'



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: 04/03/17 Installed by: Rowan Septic Tank

IMPROVEMENT PERMIT by: Date: 03/3/17 OPERATION PERMIT by: Benjamin D. Bottoms Date: 3/15/2018

AUTHORIZATION TO CONSTRUCT by: Date: 03/3/117 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 47226[illegible]
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

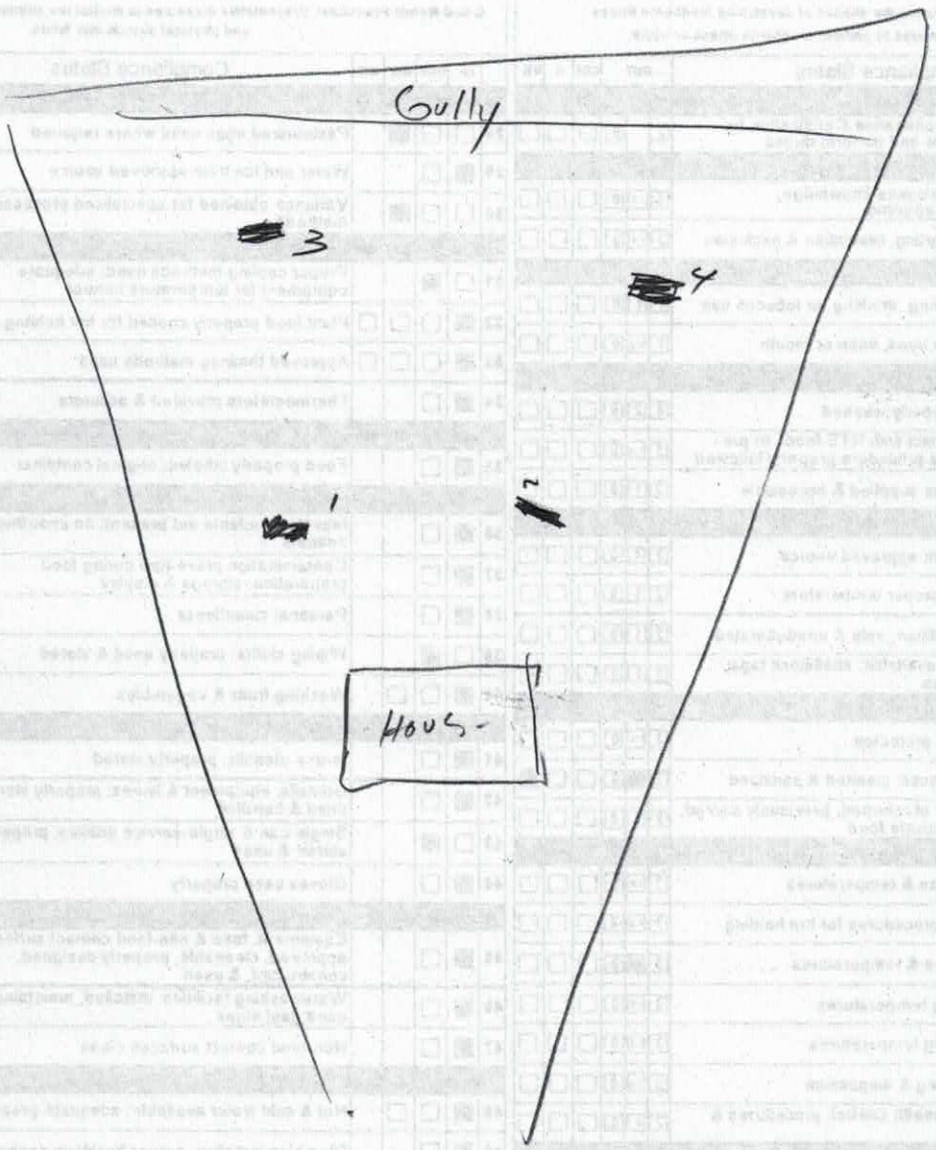
OWNER: Michael Southers
ADDRESS: 170 Upper Squires Cr
PROPOSED FACILITY: SFD PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 218 TR old Mountain TR into Upper Squires TR Upper
APPLICATION DATE 2-13-17
DATE EVALUATED: 03/31/17
PROPERTY SIZE: 1.070 ac
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-6	GrSCL		PS	PS	46"	W/A	PS .3
		6-13	SBK C						
		13-46	WSBK BC						
		46-65	Mass Saprl						
2	L 10%	0-4	Manip	—	PS	PS	48"	W/A	PS .3
		4-24	SBK C						
		24-48	WABK BC						
		48-60	Mass Saprl						
3	L 15%	0-22	WSBK C		PS	PS	42"	W/A	PS .3
		22-42	WSBK BC						
		42-60	Mass Saprl						
4	L 16%	0-9	WSBK C		PS	PS	21"	W/A	PS .3
		9-21	WABK BC						
		21-60	Mass Saprl						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	II	II
System Type(s)	3	3
Site LTAR	PS	PS

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

COMMENTS:


Gully
3
4
1
2
HOUS-

03/21/17 PMS 10:00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jack Michael Southern	690 old Mtn Rd Statesville	704 902 6272	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jack Michael Southern	690 old Mtn Rd Statesville NC	704 902 6272	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
170 Lippard Springs Cir.		Lot #170

Driving Directions: _____

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

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

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

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

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

6. Proposed Water Supply:

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

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

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

9. Signature: _____ 2-13-17
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, Jack Michael Southers, am the legal owner(s) of the property located at 170 LIPPARD SPRINGS CIRCLE, STATESVILLE, NC 28677, identified as PIN (Parcel Identification Number) 170, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) I MARK L. MOORE JMS ROOFING & MAT MARK, J, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	1-13-2017		

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

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

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

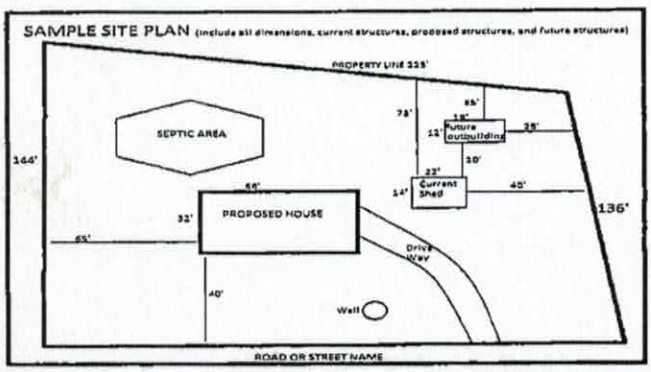
(X) Property Line measurements are clearly identified...
____ All proposed structures are indicated...

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

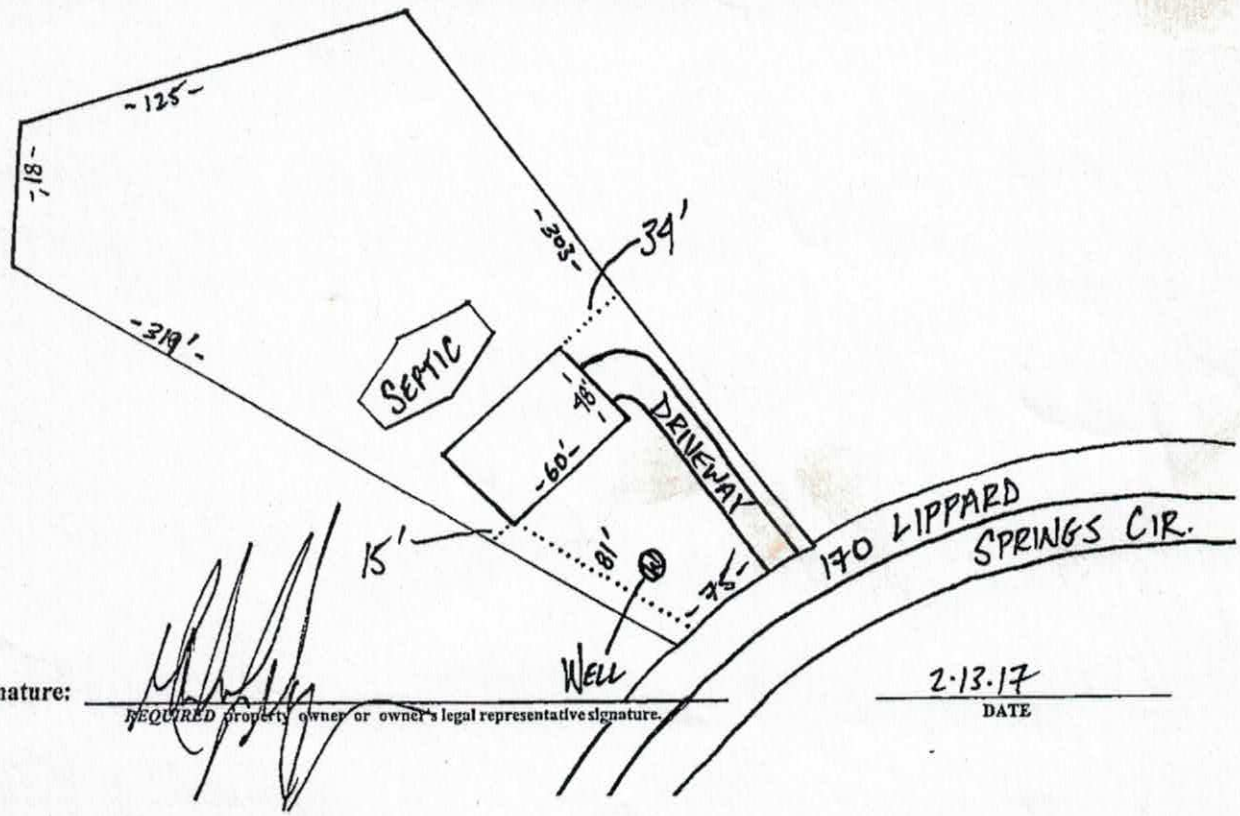
(X) Front and side setbacks from property line...
(X) Area you prefer your septic system to be placed...
(X) Preferred driveway location and configuration, preferred well location...
(X) North arrow, or other sufficient indicator of direction...

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



Signature: _____ 2.13.17
REQUIRED property owner or owner's legal representative signature. **DATE**

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

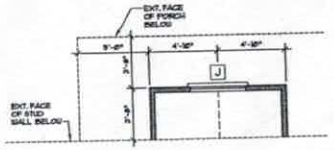
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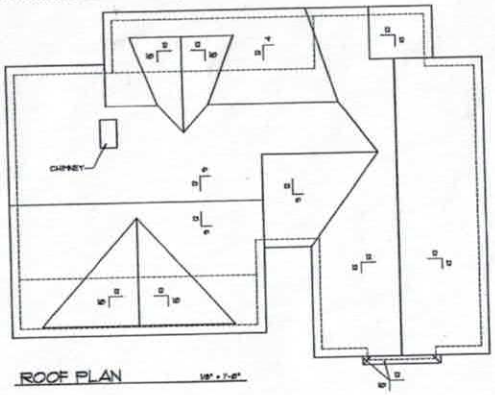
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For questions call 1-800-999-7593



GABLE PLAN 1/4" = 1'-0"



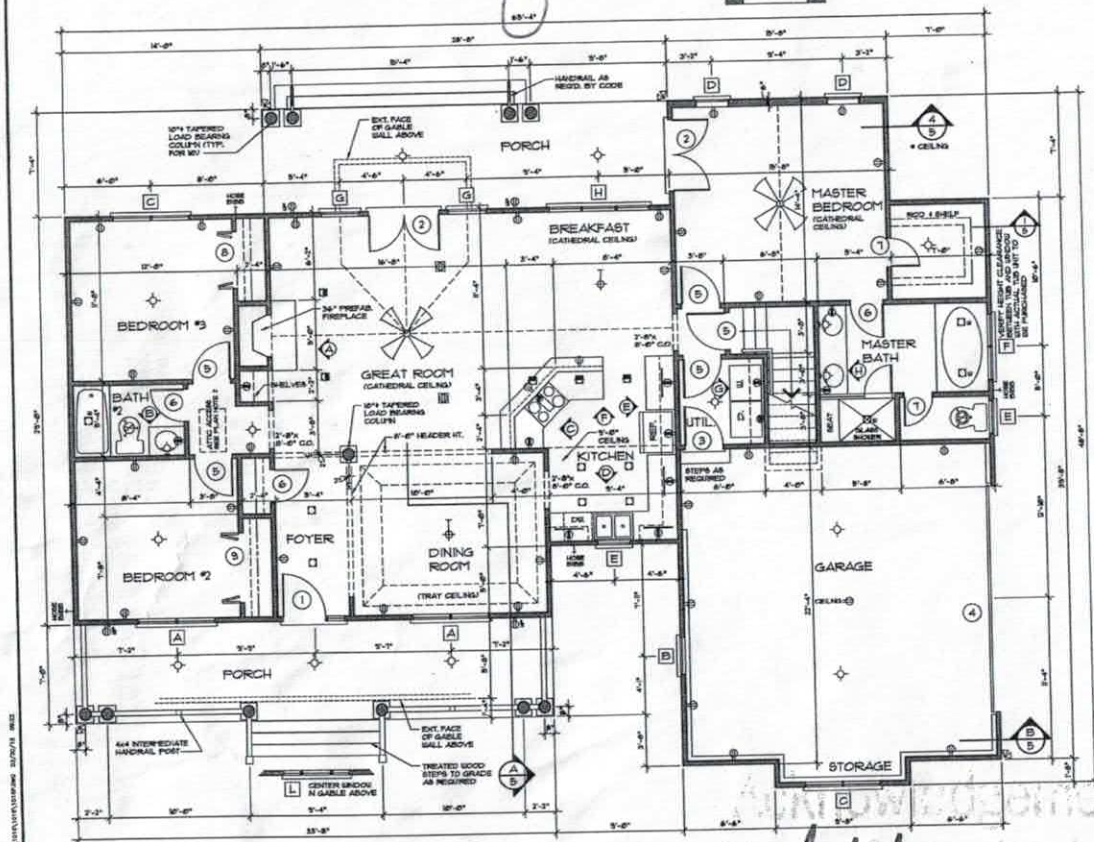
ROOF PLAN 1/8" = 1'-0"

WINDOW SCHEDULE

SYMBOL □

MARK	SIZE	QUAN.	DESCRIPTION
A	(2) 2'-8" x 6'-5"	2	D.H.
B	2'-8" x 5'-6"	1	D.H.
C	(2) 2'-8" x 5'-6"	2	D.H.
D	2'-4" x 5'-6"	3	D.H.
E	2'-4" x 4'-3"	3	D.H.
F	(2) 2'-4" x 5'-3"	1	D.H.
G	2'-8" x 6'-6"	2	D.H.
H	(3) 2'-4" x 6'-6"	1	D.H.
J	4'-0" DIA.	1	HALF CIRCLE
K	4'-0" DIA.	1	HALF CIRCLE
L	1'-3" x 3'-2" 2'-0" x 3'-2" 1'-3" x 3'-2"	2	D.H. W/ 2'-0" DIA HALF CIRCLE TRANSOM *

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.
* SEE ELEVATION FOR TRANSOM.



FLOOR PLAN 1/4" = 1'-0"

TOTAL LIVING — 1660 sq. ft.
GARAGE & STORAGE — 520 sq. ft.
BONUS ROOM — 374 sq. ft.

DOOR SCHEDULE

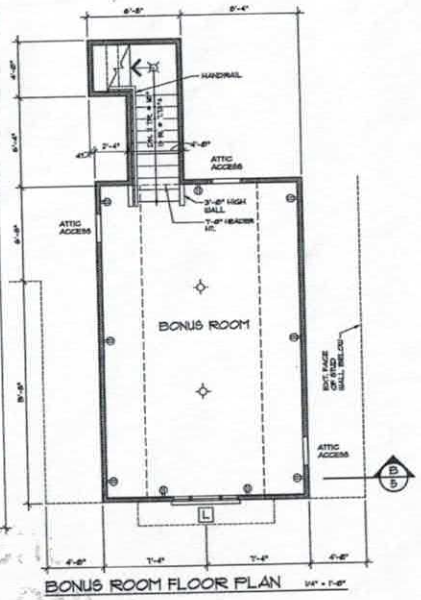
SYMBOL ○

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 6'-8"	1	EXT. THREE-QUARTER GLASS W/ 14" SIDELITE & ELLIPTICAL TRANSOM #
2	(2) 2'-6" x 6'-8"	3	EXT. FULL GLASS W/ 12" TRANSOM
3	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
4	16'-0" x 7'-0"	1	GARAGE
5	2'-8" x 6'-8"	5	INT.
6	2'-4" x 6'-8"	3	INT.
7	2'-6" x 6'-8"	2	INT.
8	(2) 2'-0" x 6'-8"	1	INT. BIFOLD
9	(2) 2'-6" x 6'-8"	1	INT. BIFOLD

SEE ELEVATION FOR TRANSOM.

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNITS) WITH THE OWNER PRIOR TO CONSTRUCTION. VERIFY LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURERS REQUIREMENTS FOR ATTIC CRAWL SPACE, OR GARAGE LOCATIONS.
   HVAC EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL 2x4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.



BONUS ROOM FLOOR PLAN 1/4" = 1'-0"

ELECTRICAL LEGEND

SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET ON CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN w/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN LIGHT, AND HEATER

DO NOT SCALE DRAWINGS.
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ALL FEDERAL, STATE, AND LOCAL CODES, ORDINANCES, REGULATIONS AND MANUFACTURER'S INSTRUCTIONS ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS FOR THIS BUILDING AND SHALL TAKE PRECEDENCE OVER ANYTHING SHOWN, DESCRIBED, OR IMPLIED WHERE SAME ARE AT VARIANCE. THESE PLANS ARE NOT DRAWN FOR ANY PARTICULAR LOCALE. YOU ARE RESPONSIBLE FOR DETERMINING AND ENSURING COMPLIANCE WITH ALL APPLICABLE CODES AND MANUFACTURERS REQUIREMENTS.

STANDARD DESIGN DOCUMENT

STATE OF SOUTH CAROLINA — DONALD A. GARDNER — REGISTERED ARCHITECT

DONALD A. GARDNER, INC.®
P.O. BOX 28178 • GREENVILLE S.C. • 29616
864 • 288 • 7560
www.dongardner.com

DESIGN NO. 1016
SHEET 3 OF 6 REA
FLOOR PLAN

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!

1660
374
2034
2034 520/374

Plans Submitted ON
Date 2-13-17

Date 03/31/17

IREDELL COUNTY

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

APPLICATION NUMBER
224948
Issue Date: 02/14/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4722669866.000	170 LIPPARD SPRINGS CIRCLE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SOUTHERS JACK MICHAEL	Applicant: SOUTHERS JACK MICHAEL
Address: P O BOX 99 STATESVILLE, NC 28010	Address: 690 OLD MOUNTAIN RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.070	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	93280	TOTAL FEES:	$ 77.25