ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP312001

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

PIN # 4722 -- 67 -- 0141

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

SITE ADDRESS: 132 Lippard Springs Circle Statesville NC 28677 PHONE: 704-577 4002 ALT. PHONE

SITE DIRECTIONS: Old Mountain Rd to Rumple Hill to Lippard Springs SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lippard Springs SECTION: — LOT # 135 LOT AREA: .61 AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	7/12/22	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	364	Date	8/1/22	System Description:	PM-25% Reduction	☐ Business	No. Persons 6
Pump Make	Zoeller	Model	BN153	Serial #	1/2 HP	Repair System Description:	LP-50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft.	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36in	Trench Bottom Depth(Low side)	24in	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

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, PA

LSS # 1231 Dated 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.

Tanks MW 9/16/22
Lines MW 9/16/22

Permit can… 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: Date: 3-4-22 Installed by: Gaile Grading

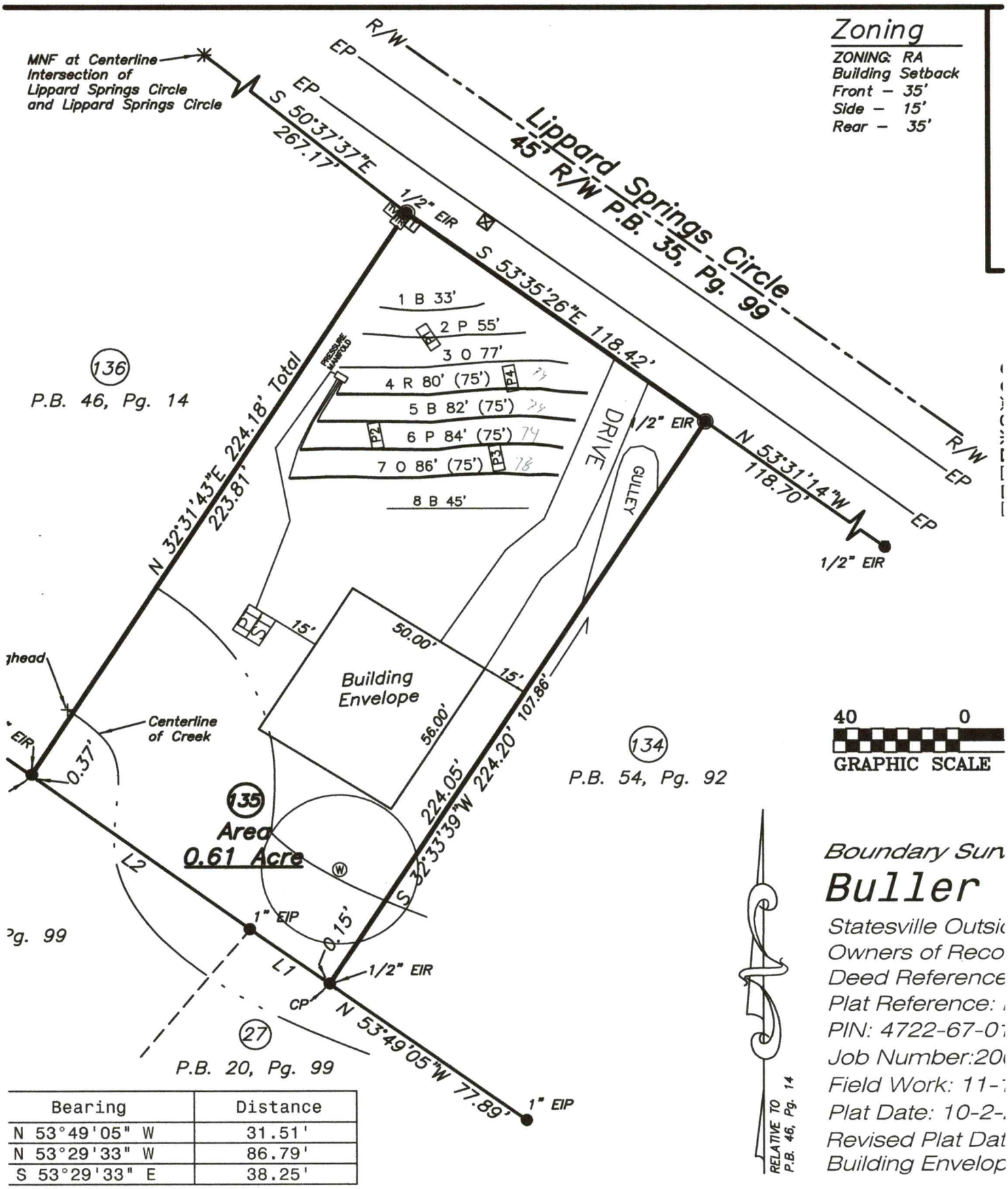
IMPROVEMENT PERMIT by: Date: 7/2/2021 OPERATION PERMIT by: Sarah Bracken Date: 5/10/23

AUTHORIZATION TO CONSTRUCT by: 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 53°49'05" W	31.51'
N 53°29'33" W	86.79'
S 53°29'33" E	38.25'

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 132 Uppard Springs Circle, Statesville NC 28677, Lot 135, PIN # (47226770141), 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 septic layout was located via measuring tape/GPS and used to produce the attached *Site Plan*. The Survey from Ted Benbow was utilized for our Site Plan.

Methodology

We evaluated soil areas through the use of pits. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with four pit locations on the property and located via tape measure/GPS. All of the pits are located in the proposed septic layout 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 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.

132 Lippard Springs Circle (*See Attached Design*)
The septic layout for this lot (9' centers) yielded a total of 542 linear feet of line. The primary system is proposed as 300 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth is specified at 24 inches (Max Low Side). The repair system is proposed as a PPBPS system with low pressure distribution. Trench depth is specified at 30 inches (Max Low Side). Tanks must be set and verified to be 50' from the creek.

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 6/14/21

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 132 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 Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 3 bedroom single family residence at 132 Lippard Springs Circle Lot 135, (PIN #:4722670141), Statesville NC, 28677.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5
- Pressure Manifold Diagram---------- 6

Site Plan/System Plan---------- 7

Calculations---------- 8

Profile Descriptions---------- 9

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

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

May 26, 2021
Project No. 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 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.
- 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 an Accepted 25% reduction installation w/Pressure Manifold.
- Repair is specified as a PPBPS installation w/Low Pressure Distribution.

PRESSURE MANIFOLD SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Cornerstone III Properties
Address:	118 E. Kingston Ave. Unit 16 Charlotte, NC 28203
Phone:	704.577.4002
County:	Iredell
Location:	132 Lippard Springs Circle Statesville NC 28677
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	28.44

Design Specifications

Drainfield Size:	300
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Max. Trench Depth (LOW SIDE):	24 in. Repair Trench Depth 30 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	90
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	15.66
Dosing Volume:	146.93
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
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:	1.60
Elevation Head:	22.00
Total Dynamic Head:	29.44
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	1 in Tank
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA.

132 Lippard Springs Circle
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	360	
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	900	
TOTAL LATERAL LENGTH:	300	
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	300	
SUPPLY LINE LENGTH:	90	
TOTAL DYNAMIC HEAD:	29.44	
MANIFOLD SIZE:	4 in.SCH 80 PVC	
DOSING VOLUME:	146.93	
PUMP TANK DRAW DOWN*:	7.0	
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 - 132 Lippard Springs Circle

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							
HOUSE					911.50		
PUMP TANK					911.00		
INSTR. 1							
1	BLUE				931.00	33	33
2	PINK				929.60	55	55
3	ORANGE				928.20	77	77
4	***RED***				***927.30***	***80***	***75***
5	***BLUE***				***926.00***	***82***	***75***
6	***PINK***				***924.70***	***84***	***75***
7	***ORANGE***				***923.10***	***86***	***75***
8	BLUE				921.80	45	45
					Total	542	510

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
** System*	***300***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***PRESSURE MANIFOLD***
Repair	210	0.300	MOD. CONV.	0.300	50% RED	LOW PRESSURE

Notes: **All measures in feet

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

**Nitrification lines were located by GPS.

PRESSURE MANIFOLD TAPSHEET - 132 Lippard Springs Circle

SYSTEM

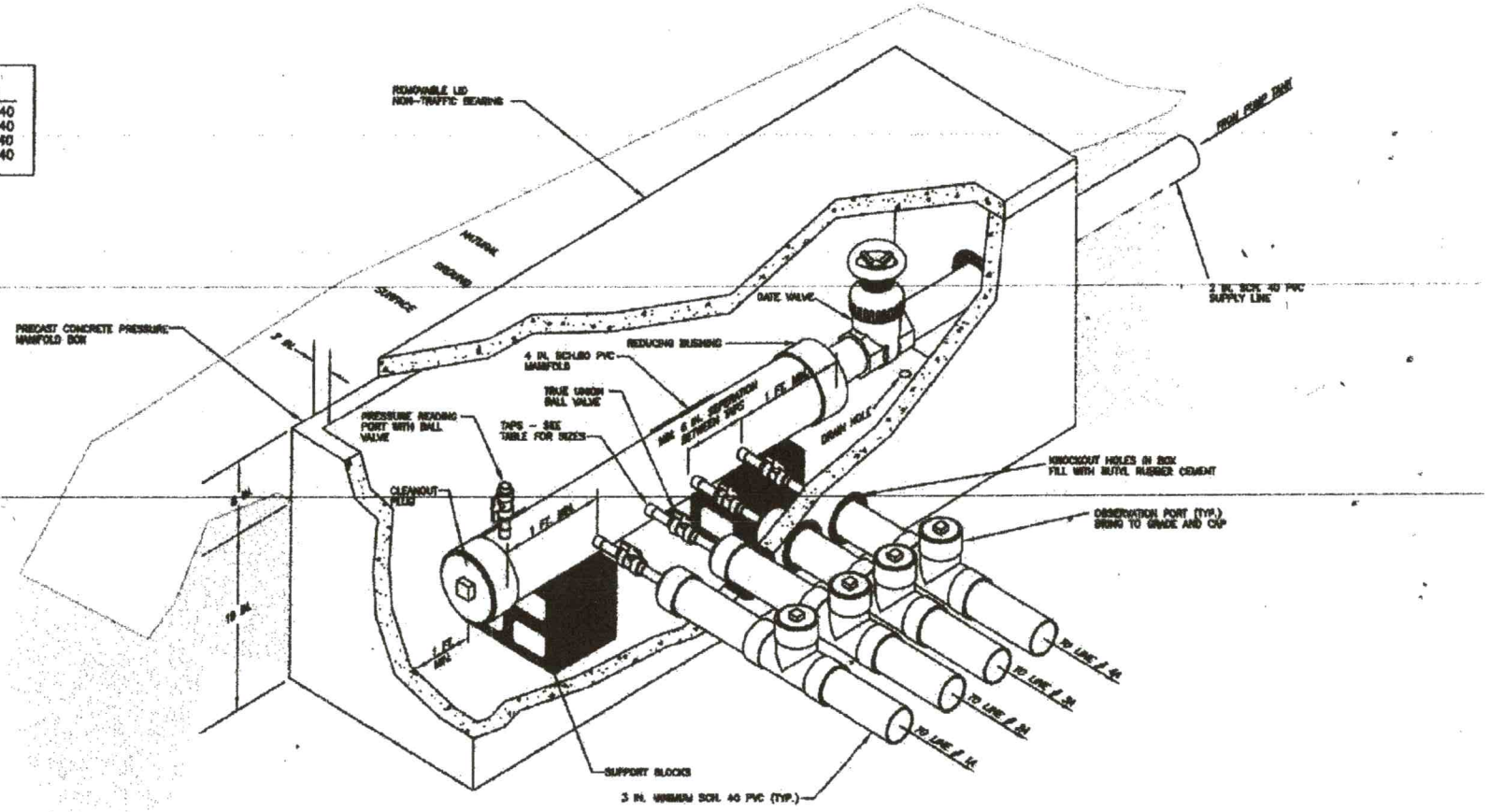
Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
4	***RED***	***927.30***	***75***	SCH 40 1/2	7.11	225	0.16
5	***BLUE***	***926.00***	***75***	SCH 40 1/2	7.11	225	0.16
6	***PINK***	***924.70***	***75***	SCH 40 1/2	7.11	225	0.16
7	***ORANGE***	***923.10***	***75***	SCH 40 1/2	7.11	225	0.16
	total	**feet =**	**300**	**gal/min =**	**28.44**		

Des. Flow	**360**
Pump Run=	**5.17**
soil LTAR	**0.3**
LTAR +5%	**0.315**
LTAR with ACCEPTED	**0.4**
LTAR with ACCEPTED + 5%	**0.42**

PRESSURE MANIFOLD DETAILS
FOR
132 LIPPARD SPRINGS CIRCLE -- SEPTIC SYSTEM

TAP SIZES

LINE No.	TAP SIZE
4	1/2" SCH. 40
5	1/2" SCH. 40
6	1/2" SCH. 40
7	1/2" SCH. 40



CALCULATIONS

Location 132 Lippard Springs Circle
Statesville NC 28677
Project Number 20-0119

Lot No:	135	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	90	ft.
Supply Line Volume	15.66	gal.
Required Feet of Line	300	ft.
Amount of Line from Layout	300	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	195.9	gal.
Dosing Volume	146.93	gal.

Note: Dosing Volume based on 75% of lateral line volume

Tank Draw Down	7.0	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.17	minutes
Elevation Head	22	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.60	ft.
Total Dynamic Head (+15%)	29.44	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 ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of
PROPERTY ID #: 1722-57-7[illegible]
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Rock Star Capital Group
ADDRESS: 10333 Windy Trail Bentonville AR 72712
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 130 Lippard Springs Circle Statesville NC 28677 Lot 135
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 5/19/21
PROPERTY SIZE: 0.61 AC
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	L/13%	0-6	BSCL w/mSBK	F SS SP	Compacted	60			PS 3
		6-37	BRC w/mSBK/MAK	Fr SS SP					
		37-60	RBCL/SCL w/SBK	Fr SS SP	Few Sapro				
P 2	L/13%	0-5	BSCL w/mSBK	F SS SP		46			PS .3-.32
		5-23	BRC w/mSBK/MAK	Fr SS SP					
		23-46	RBCL/SCL w/SBK	Fr SS SP	Few Sapro				
		46-60	VAR SL. MASS	Fr SS SP					
P 3	L/13%	0-5	BSCL w/mSBK	F SS SP	Compacted	46			PS .3-.32
		5-27	BRC w/mSBK/MAK	F SS SP					
		27-46	RBCL w/SBK	Fr SS SP	Few Sapro				
		46-60	VAR SL. MASS	Fr SS SP					
P 4	L/13%	0-8	BSCL w/mSBK/MAK	F SS SP	Compacted	49			PS .3
		8-36	BRC w/mSBK/MAK	Fr SS SP					
		36-49	RBCL/SCL w/SBK	Fr SS SP	Few Sapro				
		49-60	VAR SL. MASS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PP & PS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: E. Wagner

COMMENTS:

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 (✓) 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@CORNERSTONEIP.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: 132 LIPPARD SPRINGS CIRCLE
Subdivision Name: LIPPARD SPRINGS Section/Phase: _____ Lot Number: 135
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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Water Supply: ( ) Replacement Well – Reason: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: 1
( ) 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 (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/BULLER RIVER, am the legal owner(s) of the property located at 132 LIPPARD SPRINGS CIRCLE, identified as PIN (Parcel Identification Number) 4722-67-0141, 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/Buller River Dairy Farm _____ 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 23 2021

Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-312001 Paid $500.00 $700.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: 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: 132 Lippard Springs Circle Statesville NC 28677
Subdivision Name: Lippard Springs **Section/Phase:** **Lot Number:** 135
Driving Directions: See Address

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

(✓) 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:**

CHECK FOUNDATION TYPE

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: Accepted

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: Steven A Keller — 6/8/21
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 132 Leopard Springs Circle Statesville NC 28677, identified as PIN (Parcel Identification Number) 4722670141, 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.

Signature of Owner(s) — Date 6/16/21

Signature of Witness — Date 6/16/21

Please return this signed form to the appropriate office:

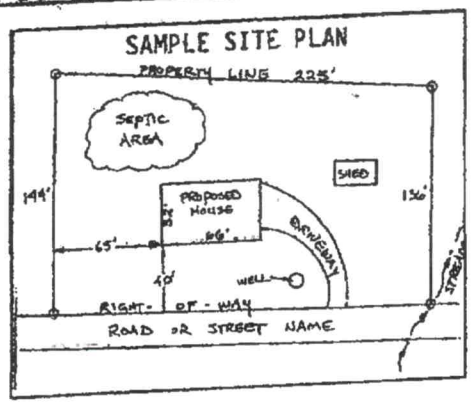
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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:

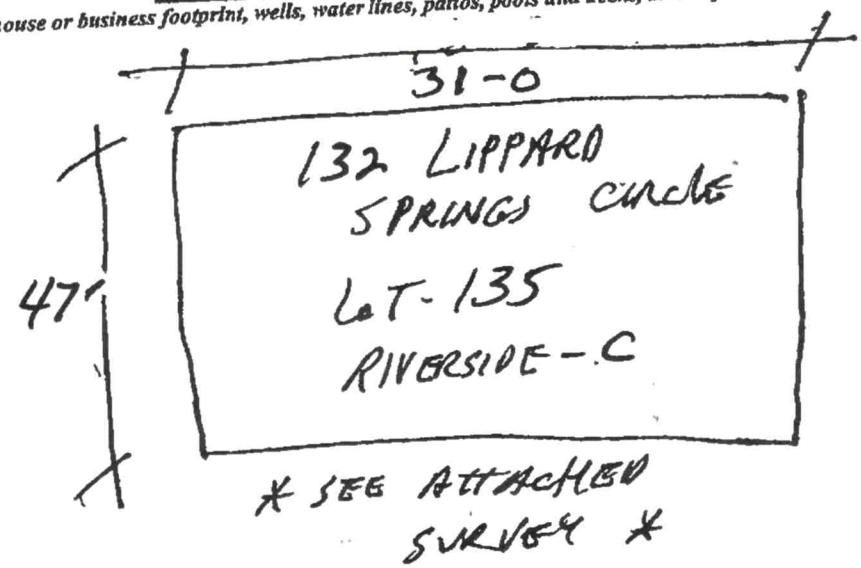
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

2/9/22
DATE

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

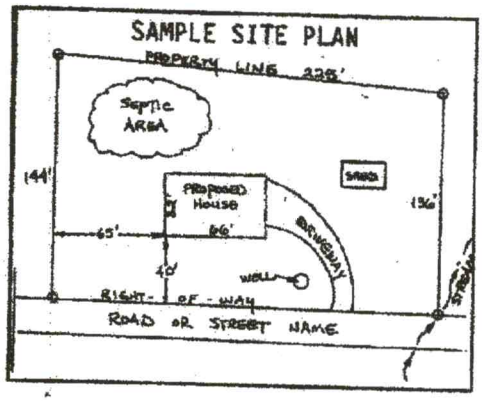
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

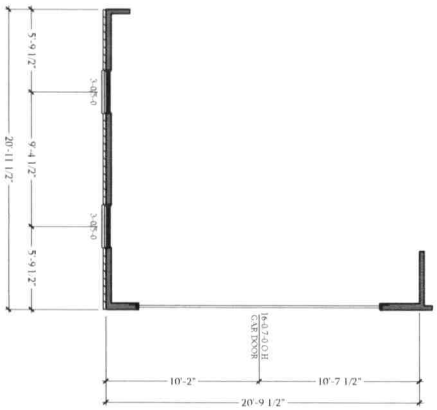
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/8/21
DATE

Acknowledgement Of
Plans Submittal ONLY!

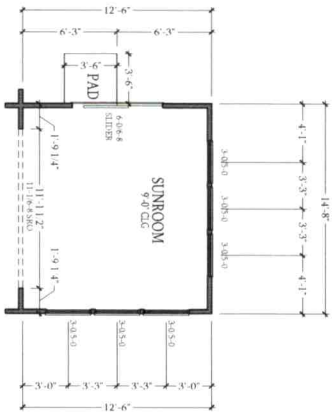
BAB Date 2-25-22.

Date 3-4-22



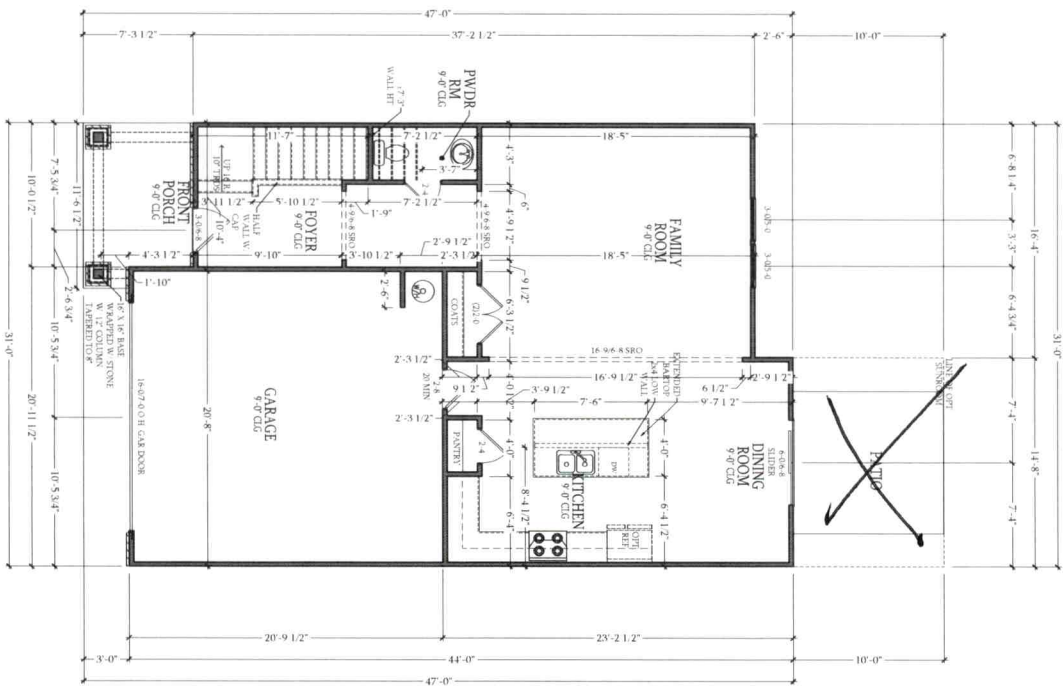
OPT SIDE LOAD GARAGE
FLOOR PLAN

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		
	DATE	DRAWN BY

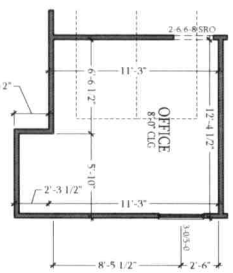
Acknowledgement Of
Plans Submittal ONLY!

BAD Date 2-28-22

Date 3-4-22

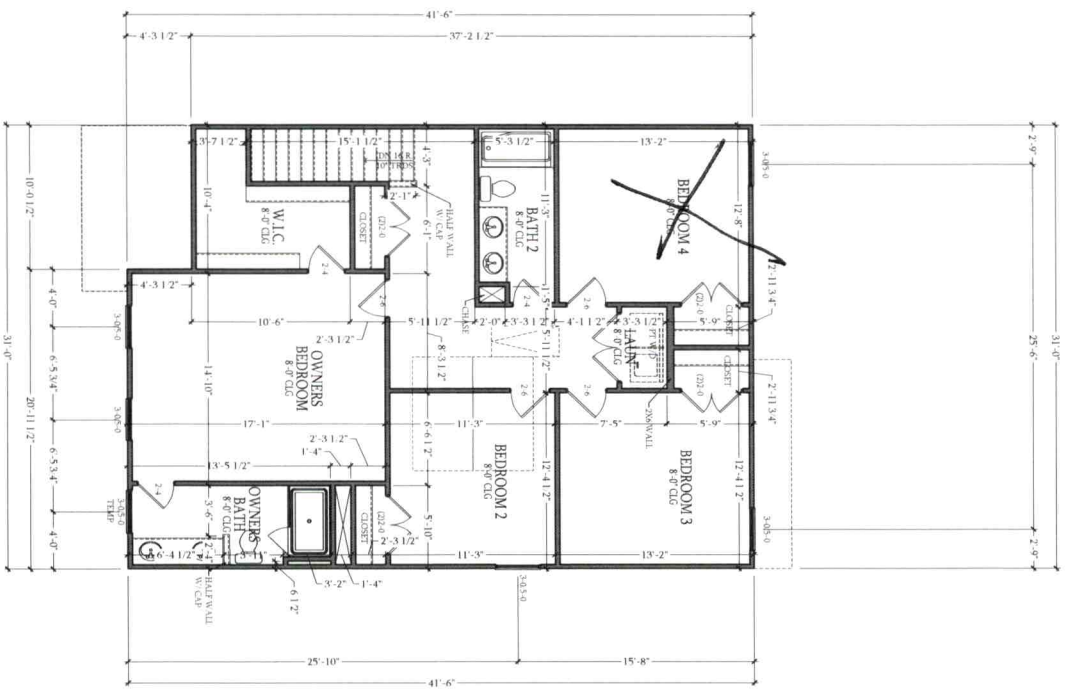
OPT OFFICE
FLOOR PLAN

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: CRG
DRAWN BY: CRG
DATE: XX-XX-XX
JOB #: 21-702
SHEET #: 5.20

RIVERSIDE

Elevation-C

SECOND FLOOR PLAN

CornerStone PROPERTIES

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