# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 312000

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

PIN # 4722 --67 --2474

APPLICANT/OWNER: CornerStone Properties III APPLICANT ADDRESS: 118 East Kingston Ave CLT 28203.

SITE ADDRESS: 225 Lippard Springs Circle Statesville NC PHONE: 704/301/3229 ALT. PHONE

SITE DIRECTIONS: Old Mountain Road @ Rumple Hill @ Lippard Springs Circle SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lippard Springs SECTION: - LOT # 142 LOT AREA: .61AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 11-4-22 ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

Pump Tank 1000 (gal) PT 363 Date 11-14-22 System Description: PM - 25% Reduction

Pump Make Zoeller Model BN152-D Serial # ZK22313X Repair System Description: Aerobic Drip

# Nitrification Fields 1 # Lines 4 Linear Ft 300 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36 Trench Bottom Depth (Deepest) 18 inches Gravel Depth ☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

**Water Supply** ☒ Private ☐ Public ☐ Community

Comments / Conditions: Pressure manifold to be left from Property Line

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:**

Alternative Septic Services, LLC

LSS # 1254 Date May 12, 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.**

LSS specified to pump to D-Box in notes

Lines 1 & 4 serial
2 & 3 serial

Lengths are installed as shown

Check 2nd line from top for enough cover after backfill

Checked:
Lines : MW 12/21/22
Tank : MW 12/21/22
D-Box : MW 12/21/22
Alarm : SH 3/31/23

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

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

Owner / Applicant Signature: [signature] Date: 3-4-22

IMPROVEMENT PERMIT by: [signature] Date: 6/22/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2/25/22

Installed by: AJ Pope

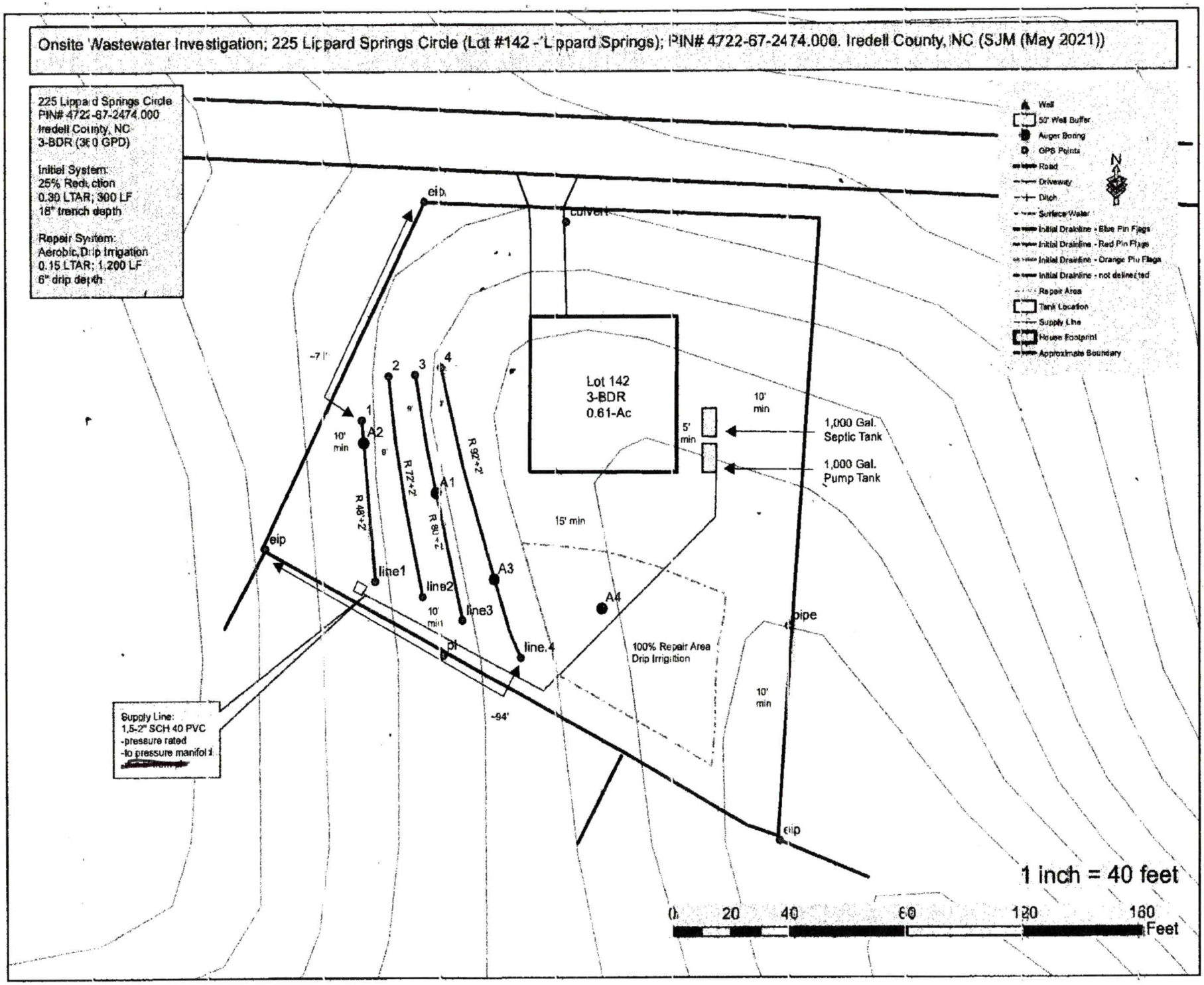
OPERATION PERMIT by: [signature] Date: 4/18/23

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? _____ | |


Onsite Wastewater Investigation; 225 Lippard Springs Circle (Lot #142 - Lippard Springs); PIN# 4722-67-2474.000. Iredell County, NC (SJM (May 2021))
225 Lippard Springs Circle
PIN# 4722-67-2474.000
Iredell County, NC
3-BDR (300 GPD)
Initial System:
25% Reduction
0.30 LTAR; 300 LF
18" trench depth
Repair System:
Aerobic, Drip Irrigation
0.15 LTAR; 1,200 LF
6" drip depth
Well
50' Well Buffer
Auger Boring
GPS Points
Road
Driveway
Ditch
Surface Water
Initial Drainline - Blue Pin Flags
Initial Drainline - Red Pin Flags
Initial Drainline - Orange Pin Flags
Initial Drainline - not delineated
Repair Area
Tank Location
Supply Line
House Footprint
Approximate Boundary
N
eip
culvert
Lot 142
3-BDR
0.61-Ac
1,000 Gal.
Septic Tank
1,000 Gal.
Pump Tank
10' min
5' min
15' min
1
2
3
4
A1
A2
A3
A4
R 48'+2'
R 72'+2'
R 80'+2'
R 92'+2'
line1
line2
line3
line.4
pl
pipe
100% Repair Area
Drip Irrigation
-94'
Supply Line:
1.5-2" SCH 40 PVC
-pressure rated
-to pressure manifold
1 inch = 40 feet
0
20
40
60
120
160
Feet

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE; FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

# ON-SITE SOIL AND SITE EVALUATION

## 225 Lippard Springs Circle
## Lot #142 – Lippard Springs Subdivision
## Session Law Permitting
## Iredell County, North Carolina
## Parcel ID# 4722-67-2474.000
## 3-Bedroom (360 GPD)

Prepared for:

Prepared by:
***Alterative Septic Services***




Steven J. Melin #1254

Steven J. Melin, LSS

May 12, 2021

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE; FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

**225 Lippard Springs Circle (Lot #142 – Lippard Springs)** **05-12-2021**
**PIN# 4722-67-2474.000 (Iredell County, NC)**
**Saprolite System: No**

**Onsite Wastewater Septic System Overview:**

The following report has been prepared by Alternative Septic Services (Steve Melin, LSS #1254) for a 0.61-acre lot at 225 Lippard Springs Circle in Statesville (Iredell County), NC. Please note that a 3-bedroom house is proposed (360 GPD). Please note that the following report prepared is intended to be permitted under Session Law 2018-Section 11.c. **The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).**

| **Application Type:** | Session Law (2018) ~~(3-BDR)~~ | | | | | |
|---|---|---|---|---|---|---|
| **Number of Bedrooms:** | Proposed Septic System | **GPD** | **Soil Group** | **Soil Texture** | **LTAR** | **Linear Feet Required Calculation (in Square and Linear Feet)** |
| **Initial Septic System:** | 25% Reduction | 360 | IV | Clay | 0.30 | 360 gpd / 0.30 gpd/$ft^2$ = 1,200 $ft^2$<br>1,200 $ft^2$/4. ft trench eq. = ~~300~~ ft<br>(See calculations below) |
| **Repair Septic System:** | Aerobic Drip Irrigation | 360 | IV | Sandy Clay | 0.15 drip LTAR | 360 gpd / 0.15 gpd/$ft^2$ = 2,400 $ft^2$<br>or<br>1,200 linear feet of drip tubing 2' off center<br>(See calculations below) |
| **Easement Required:** | No | | | | | |

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

**Onsite Wastewater Septic System Configuration and Recommendations:**

The following recommendations are proposed a 0.61-acre lot at 225 Lippard Springs Circle in Statesville (Iredell County), NC. The proposed system design/layout is for a three-bedroom house. The septic area has been evaluated and determined to contain Group IV soils (the most restrictive texture being clay). A long-term acceptance rate (LTAR) of 0.30 has been assigned to these soils for the initial system area (0.15 for the repair aerobic drip irrigation LTAR) (*See attached soil descriptions).*

It is recommended to utilize a 25% Reduction type system for the septic drainfield. The (initial) septic system will require 300 linear feet of material to accommodate the 3-bedroom septic system. The recommended trench depth is 18-inches (on contour). It is anticipated that a pump tank setup will be required to supply effluent to the drainfield. The square and linear footage required for installation of this system is illustrated below.

***3 bedrooms x 120 gallon/day/bedroom = 360 gallons per day (gpd)***
***Group IV, Clay, 0.30 gallons per square foot per day (LTAR)***
***Square Footage required: 360 gpd / 0.30 LTAR = 1,200 square feet***
***1,200 ft²/4.0' trench equivalency= 300 Linear Feet***
***NOTE: Not a Saprolite System***

It is recommended to utilize an aerobic drip irrigation type system for the repair septic drainfield. The (repair) septic system will require 1,200 linear feet of drip tubing to accommodate the 3-bedroom septic system. The recommended drip tubing depth is 6 inches (on contour). The square and linear footage required for installation of this system is illustrated below.

***3 bedroom home x 120 gallon per bedroom per day = 360 gallons per day (gpd)***
***Group IV, Sandy Clay, 0.30 gallons per square foot per day (0.15 Drip LTAR)***
***Square Footage required: 360 gpd / 0.15 LTAR = 2,400 square feet or 1,200 linear feet 2' o/c***
***Note: Not a Saprolite System***

Alternative Septic Services, LLC

15 LONE COYOTE RIDGE, FLETCHER, NC 28732
EMAIL: SJMELIN@GMAIL.COM CELL: (828) 551-9903

The proposed septic system area has been delineated on the attached map. It is recommended/required to utilize 300 linear feet of material for the septic drainfield. *(See attached site plan for detail.)* It is also required to delineate the system again prior to installation.

**Onsite Wastewater Septic System Setbacks (Buffers) and Site Recommendations:**

The following items are recommended to preserve the integrity of the proposed site and surrounding area.

1. It is recommended to encase all septic system supply lines where they cross roads, drives and/or power lines (*pursuant to Laws and Rules for Sewage Treatment, and Disposal Systems 15A NCAC 18A .12,000*)

2. It is recommended to divert all stormwater runoff away from all proposed septic areas.

3. A minimum 1,000 gallon septic tank is recommended / required. The septic tank ~~is proposed to feed three-hundred feet (300') of drainline by a pressure manifold~~ or distribution box with speed levelers (2 outlets feeding top lines that serial feed (top to lowest) and connect middle two lines)) (see attached site plan).

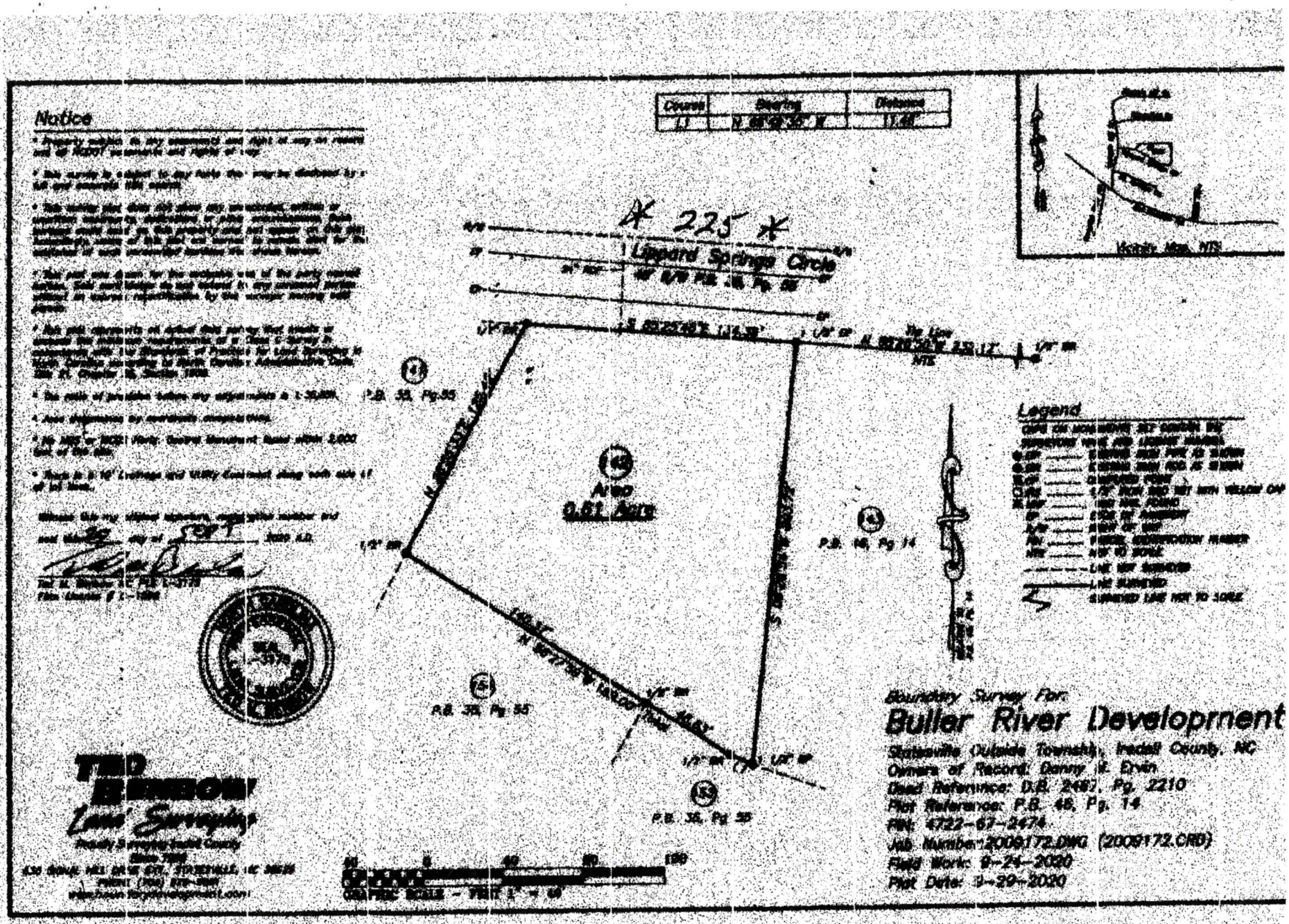
4. The trenches will need to be raked and limed.

5. Please notify us if there are any changes to the site plan.

6. The proposed septic system designs/layouts are based on dodging large trees or other obstacles that may hinder the installation or operation of the septic system.

7. The proposed onsite wastewater system is based off of theoretical calculations based on data obtained at the site. Actual system performance is not guaranteed.

8. The proposed initial septic system and repair system must maintain a setback (Buffer), specified by North Carolina Department of Environment and Natural Resources (NCDENR), including: 5' horizontal from the house and all foundations, 50' horizontal from any surface water, 100' horizontal minimum from all wells (can be reduced to 50' under circumstances), 5' horizontal from all property lines and water lines, 10' horizontal from any other septic system (except repair) and 8' horizontal from cut banks (unless filled and compacted, 5' horizontal setback).


Notice
Course
Bearing
Distance
A 225 A
Lippard Springs Circle
Area
0.61 Acre
Legend
Boundary Survey For:
Buller River Development
Statesville Outside Township, Iredell County, NC
Owners of Record: Danny R. Ervin
Deed Reference: D.B. 2487, Pg. 2210
Plot Reference: P.B. 48, Pg. 14
PIN: 4722-67-2474
Job Number: 2009172.DWG (2009172.CRD)
Field Work: 9-24-2020
Plot Date: 9-29-2020
Ted Ellison
Land Surveying

Alternative Septic Services, LLC

15 Lone Coyote Ridge
Fletcher, NC 28732

**225 Lippard Springs Circle (Lot #142)**
**PIN# 4722-67-2474.000 (Iredell County)**
**3-BDR (360 GPD)**
**Saprolite System: No**

5/12/2021

## Septic System Calculation Worksheet

### Initial System = 25% Reduction

**Recommended Trench Depth: 18"**

| Gal / Day | Trench Width (Inches) | Trench Equivalency (Feet) | Soil Depth on 0% Slope |
|---|---|---|---|
| 360 | 36 | 4 | 30 |

| Slope | Auger# | Suitable Soil Depth (in.) | Total Suitable Depth/ Sap. Depth (in.) | Soil Needed (slope adjusted) (in.) | [1] Total Depth of Saprolite Required (2:1 ratio) factoring Soil Depth (in.) | Fill Material Required (in.) | Morphological Based Field LTAR |
|---|---|---|---|---|---|---|---|
| 10% | A1 | 53 | 53 | 33.6 | N/A | 0 | 0.3 |
| 12% | A2 | 48 | 48 | 34.3 | N/A | 0 | 0.4 |
| 11% | A3 | 40 | 40 | 34.0 | N/A | 0 | 0.3 |
| | | | | | LTAR Utilized | | 0.30 |
| | | | | | Linear Feet Required | | 300 |

### Repair System = Aerobic Drip Irrigation

**Recommended Drip Tubing Depth: 6"**

| Gal / Day | Trench Width (Inches) | Trench Equivalency (Feet) | Soil Depth on 0% Slope |
|---|---|---|---|
| 360 | | | 18 |

| Slope | Auger# | Suitable Soil Depth (in.) | Total Suitable Depth/ Sap. Depth (in.) | Soil Needed (slope adjusted) (in.) | [1] Total Depth of Saprolite Required (2:1 ratio) factoring Soil Depth (in.) | Fill Material Required (in.) | Morphological Based Field LTAR |
|---|---|---|---|---|---|---|---|
| 10% | A1 | 53 | 53 | 18.0 | N/A | 0 | 0.3 |
| 12% | A2 | 48 | 48 | 18.0 | N/A | 0 | 0.3 |
| 11% | A3 | 40 | 40 | 18.0 | N/A | 0 | 0.3 |
| 13% | A4 | 20 | 20 | 18.0 | N/A | 0 | 0.3 |
| | | | | | LTAR Utilized | | 0.15 |
| | | | | | Linear Feet Required | | 1200 |

[1] [(soil depth needed-soil depth) x 2] + Soil depth = sap. Depth needed.
Above equation only to be used if the difference in soil depth needed and actual soil depth present = 12" or less

Lot 17a

4722-67-2474.000

OGI-Ac

# SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

225
Lippard Springs Ct.

PROPERTY ID #:
DATE OF EVALUATION: 5-6-21
COUNTY: Iredell

LICENSED SOIL SCIENTIST
STEVEN J. MURPHY
STATE OF NORTH CAROLINA

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON | DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Linv 10% | Bt1 | 0-13 | 1fmsbl /sil | FR | 5Y 4/4 | >53" | | | IV 0.3 |
| | | Bt2 | 13-30 | 2msbk /c | FR (35%) | 2.5Y 4/4 | | | | |
| | | Bt3 | 30-53+ | 2msbk /cl | FR | 5Y 5/6 mp | | | | |
| 2 | Linv 12% | Bt1 | 0-19 | 1fsbl/cl | FR | 5Y 5/4 | >48" | | | IV 0.3 |
| | | Bt2 | 19-48+ | 2msbk /c | fi (35%) | 2.5Y 4/6 | | | | |
| 3 | Linv/ Cvs 11% | Bt1 | 0-18 | 1msbk / | FR | 5Y 5/4 | >40" | — | — | IV 0.3 |
| | | Bt2 | 18-40 | 1msbk /sc | FR (35%) | 5Y 4/6 | | | | |
| | | Bt3 | 40+ | 1msbk /c | fi (35%) | 5Y 4/6 mp | | | | |
| 4 | Linv 13% | A1 | 0-7 | 1msg /sl | FR | 10Y 3/2 | >20" | | | IV 0.3 |
| | | BA | 7-16 | 1msbk/scl | fr | 5Y 4/6 | | | | |
| | | Bt | 16-20+ | 2msbk /sc | fr (15%) | 2.5Y 4/6 | | | | |
| | | | | | | | | | | |

COMMENTS:

18" Rock Refusal + Lim 52 75

93

# WAKE COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES
# RESIDENTIAL PRESSURE MANIFOLD DESIGN

**Name:** Alternative Septic Services **P.I.N. #:** 4722-67-2474.000 **Permit #** N/A

**Address:** 225 Lippard Springs Circle **Subdiv:** Lippard Springs **Lot#:** 142

**# of BDR:** 3 **Daily Flow:** 360 **gal/day** **L.T.A.R.:** 0.30 **gal/day/sq.ft**

**Septic Tank:** 1000 **gals** **Pump Tank:** 1000 **gals** **Sq. Foot:** 900 **Aggregate Depth** 12

**Number of Taps:** 4 **Length of Trenches:** 300 **ft(See Tap Chart for Details)**

**Depth of Trenches:** 18 **in** **Manifold Length:** 42 **in**

**Manifold Diameter:** 4in sch 80pvc **Tap Configuration: 6 in spacing** 1 **side(s) of manifold**

**Supply Line: length:** 160 **ft** **Diameter:** 2 **in sch 40pvc**

**Friction Loss + Fitting Loss:** 8.11 **ft(supply line length + 70' for fittings in pump tank)**

**Design Head:** 2 **ft** **Elevation Head:** 9.50 **ft**

**Total Head:** 19.61 **ft** **Pump to Deliver:** 39.81 **gals/min at** 19.61 **ft head**

**Dosing Volume:** 120 **gals,**

**Drawdown:** 120 **gals divided by** 20 **gals/in =** 6.0 **inches**

**Simplex Control Panel required; elapsed time meter and cycle counter required; Floats to be determined by type of pump tank used. A septic tank filter,is required.**

## TAP CHART

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Bench Mark** | | is = 100.00 | set at | | | | **Design Head:** | 2 | |
| **Pump tank elev.** | | 3.5 | 96.50 | **Pump elev.** | 91.50 | | **Manifold elev.** | 101.00 | |
| **line** | **color** | **rod read** | **Elevation** | **length** | **hole size** | **flow/tap** | **gal/day** | **trench area** | **LINE LTAR** |
| 1 | Red | | 100.00 | 50 | 1/2in SCH 40 | 7.11 | 64.30 | 150 | 0.429 |
| 2 | Red | | 100.00 | 74 | 3/4in SCH 80 | 10.1 | 91.33 | 222 | 0.411 |
| 3 | Red | | 100.00 | 82 | 3/4in SCH 80 | 10.1 | 91.33 | 246 | 0.371 |
| 4 | Red | | 100.00 | 94 | 3/4in SCH 40 | 12.5 | 113.04 | 282 | 0.401 |
| 5 | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! |
| 6 | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! |
| 7 | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! |
| 8 | | | 100.00 | | | 0 | 0.00 | 0 | #DIV/0! |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | **total** | **feet =** | **300** | **gal/min =** | **39.81** | **LTAR =** | **0.30** |
| **% of Dose Vol.** | 61.5 | | **Des. Flow** | 360 | | **(ltar + 5%)** | 0.32 |
| **Dose Volume** | 120 | | **Pump Run=** | 9.04 | | **(ltar W/ INOV)** | 0.40 |
| **Dose Pump Time** | 3.01 | | **Tank Gal/IN** | 20 | | **(ltar + 5%)** | 0.42 |
| **Drawdown in Inches** | 6.0 | | **Elev. Head** | 9.50 | | | |
| **Supply Line Length** | 160 | | | | | | |

**Comments:**

information to be verified by the installer, some information is contigent upon tank placement (and if plumbing is stubbed out in sp

**Hydraulic Profile**

| | | |
|---|---|---|
| Manifold Elevation | 101.00 | 160 |
| Pump tank elev. | 96.50 | 2 |
| Pump elev. | 91.50 | 0 |

**Hydraulic Profile**

| | | |
|---|---|---|
| Manifold Elevation | 101.00 | 160 |
| Pump tank elev. | 96.50 | 2 |
| Pump elev. | 91.50 | 0 |

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**

* SEPTIC *

**PAGE 1: *APPLICATION FORM***

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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@CORNERSTONEJP.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: 225 LIPPARD SPRINGS CIRCLE
Subdivision Name: LIPPARD SPRINGS Section/Phase: _____ Lot Number: 142
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: _____
( ) 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 (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 Cumley 2/9/22
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

*(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 225 LEOPARD SPRINGS CIRCLE, identified as

PIN (Parcel Identification Number) 4722-67-2474, 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 Dev. Corp. — Signature of Owner(s)

2/19/12 — 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 MAY 27 2021

# APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

AP-312000
$500.00

## Iredell County Health Department – Environmental Health Division

S.L. *SEPTIC*

PAGE 1: *APPLICATION FORM*

**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 EAST KINGSTON AVE, CLT. Zip: 28203
Applicant Email: STAN@CORNERSTONEJP.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: 225 LIPPARD SPRINGS CIRCLE
Subdivision Name: LIPPARD SPRINGS Section/Phase: _____ Lot Number: 142
Driving Directions: OLD MOUNTAIN ROAD NORTH / RT ONTO RUMPLE HILL DR. / RT ONTO LIPPARD SPRINGS CIRCLE

**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: 3 — ( ) 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: 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 10/16/20
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

*(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 225 LIPPARD SPRINGS CIRCLE, identified as

PIN (Parcel Identification Number) 4722-67-2474 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 Developer — 10/16/2
Signature of Owner(s) — Date

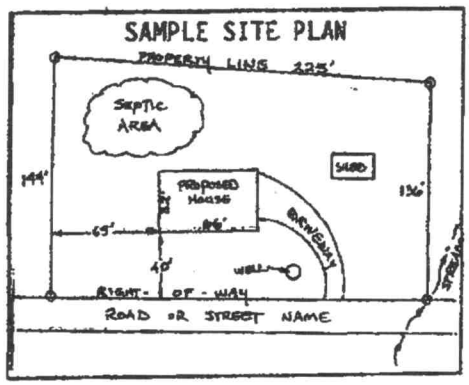
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349 N. Center Street, Statesville, NC 28677

# 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:**

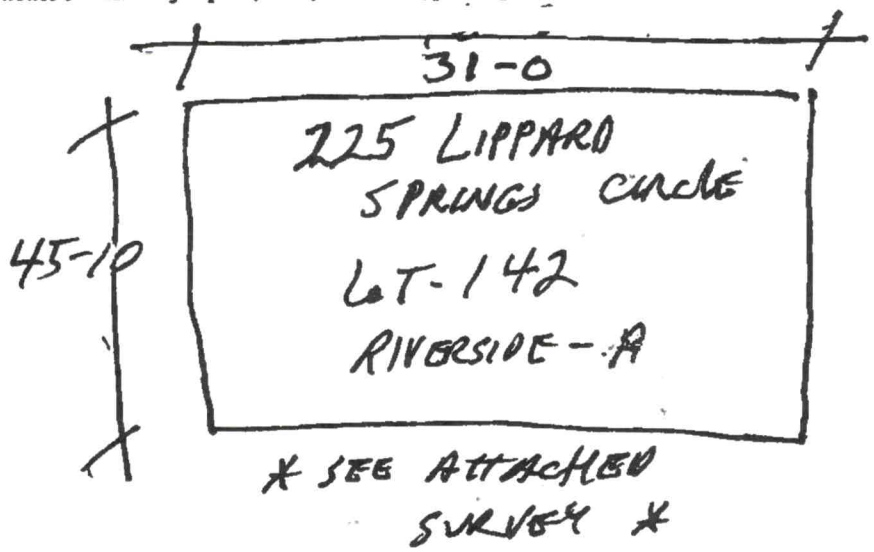
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

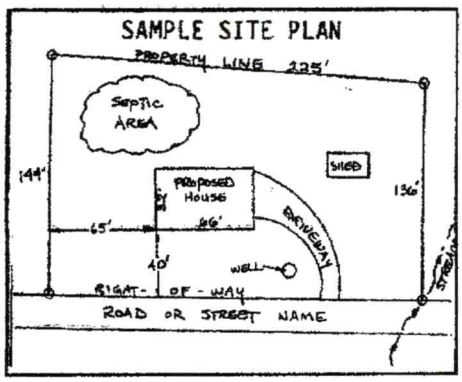
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

**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:**

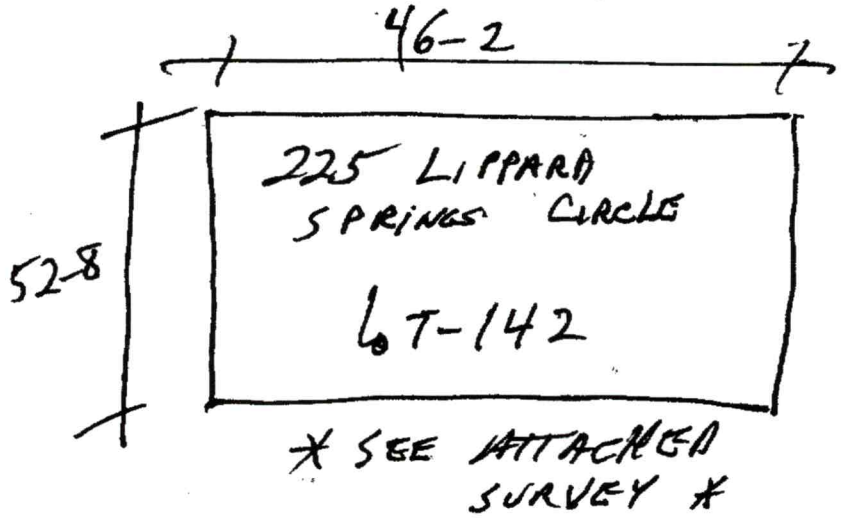
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other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




**Signature:** Stan Crawley **10/16/20**

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

## Notice

* Property subject to any easements and right of way on record, and all NCDOT easements and rights of way.

* This survey is subject to any facts that may be disclosed by a full and accurate title search.

* This survey plat does not show any unrecorded, written or unwritten easements, dedications or other encumbrances. Such burdens could exist on this property and not appear on this plat. Accordingly, users of this plat are warned to retain alert for the existence of such unrecorded burdens not shown hereon.

* This plat was drawn for the exclusive use of the party named hereon. Said certificates do not extend to any unnamed person without an express recertification by the surveyor naming said person.

* This plat represents an actual field survey that meets or exceeds the minimum requirements of a Class C Survey in accordance with the Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

* The ratio of precision before any adjustments is 1:30,651.

* Area determined by coordinate computations.

* No NGS or NCGS Horiz. Control Monument found within 2,000 feet of the site.

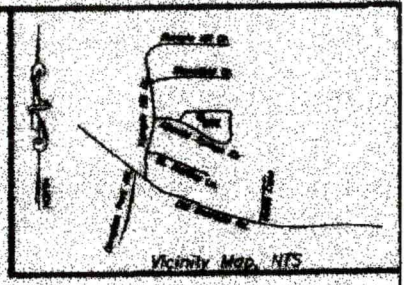
* There is a 10' Drainage and Utility Easement along each side of all lot lines.

Witness this my original signature, registration number and seal this 29 day of SEPT 2020 A.D.

Ted M. Benbow NC PLS L-3175
Firm License # C-1588

NORTH CAROLINA PROFESSIONAL SEAL L-3175 LAND SURVEYOR TED M. BENBOW

| Course | Bearing | Distance |
|---|---|---|
| L1 | N 66°49'35" W | 1.48' |







## Legend

CAPS ON MONUMENTS SET CONTAIN THE SURVEYORS NAME AND LICENSE NUMBER.

- EP ..... EXISTING IRON PIPE AS SHOWN
- ER ..... EXISTING IRON ROD AS SHOWN
- CP ..... COMPUTED POINT
- IRS ..... 1/2" IRON ROD SET WITH YELLOW CAP
- MAG ..... MAG NAIL FOUND
- EP ..... EDGE OF PAVEMENT
- R/W ..... RIGHT OF WAY
- PIN ..... PARCEL IDENTIFICATION NUMBER
- NTS ..... NOT TO SCALE
- ——— LINE NOT SURVEYED
- ——— LINE SURVEYED
- SURVEYED LINE NOT TO SCALE


**TED BENBOW Land Surveying**
Proudly Surveying Iredell County Since 1998
630 SIGNAL HILL DRIVE EXT., STATESVILLE, NC 28625
PHONE (704) 878-9681
www.boundarydevelopment.com


GRAPHIC SCALE - 1" = 40'

Boundary Survey For:

# Buller River Development

Statesville Outside Township, Iredell County, NC
Owners of Record: Danny M. Ervin
Deed Reference: D.B. 2467, Pg. 2210
Plat Reference: P.B. 46, Pg. 14
PIN: 4722-67-2474
Job Number:2009172.DWG (2009172.CRD)
Field Work: 9-24-2020
Plat Date: 9-29-2020

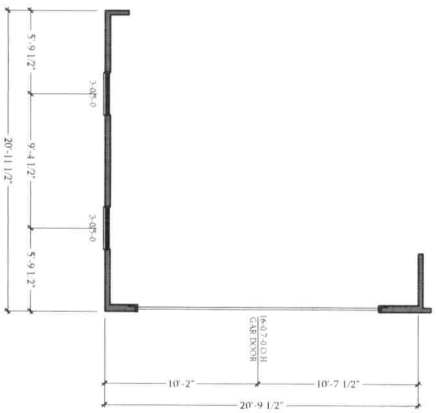
Acknowledgement Of
Plans Submittal ONLY!

BNB. Date 2-25-22

Date 3-4-22

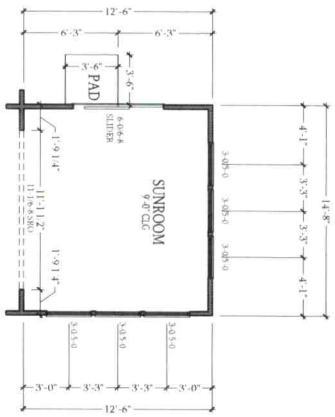
## OPT SIDE LOAD GARAGE FLOOR PLAN

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



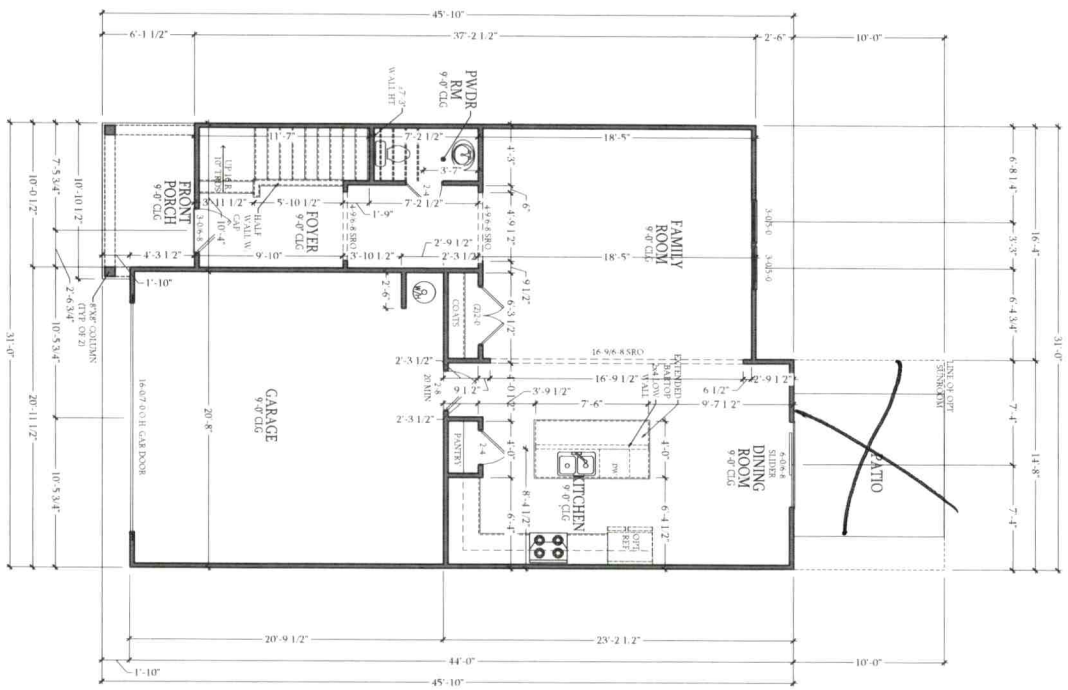

## OPT SUNROOM FLOOR PLAN

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




| | |
|---|---|
| SHEET #: | 5.10 |
| DOR #: | 21-702 |
| DATE: | XX/XX/XX |
| DRAWN BY: | CBG |
| DESIGNED BY: | CBG |

| REVISIONS | |
|---|---|
| DATE | DRAWN BY |

# RIVERSIDE

Elevation-A

FIRST FLOOR PLAN

CornerStone PROPERTIES


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

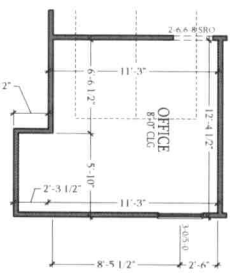
**Acknowledgement Of Plans Submittal ONLY!**

BOB Date 2-25-22.

Date 3-4-22

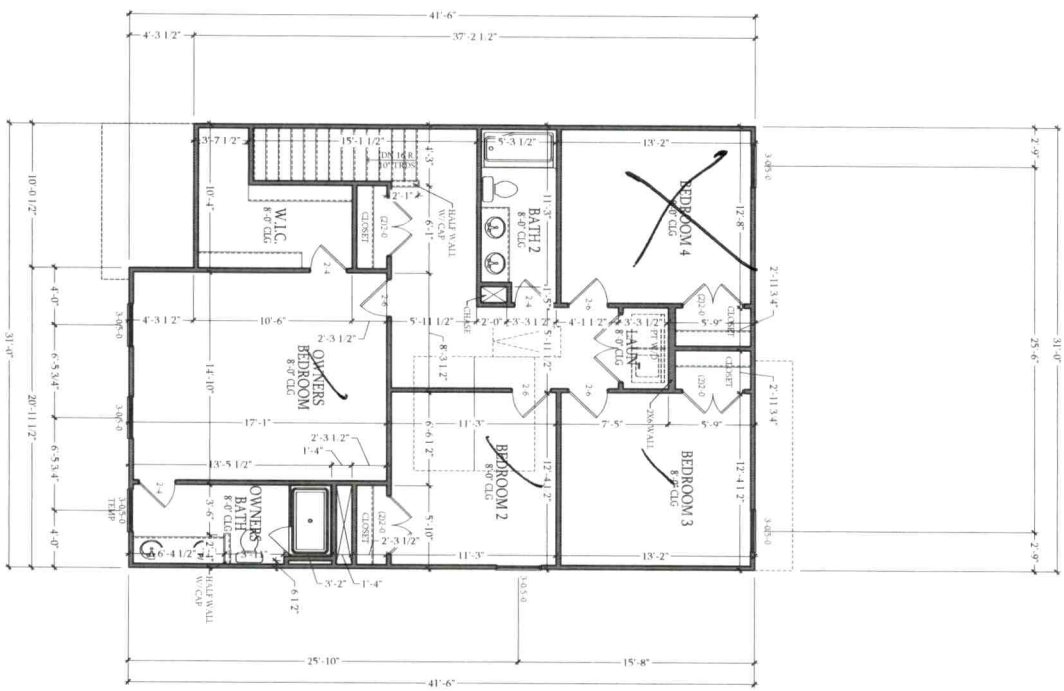
## OPT OFFICE FLOOR PLAN

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 |
| JOB #: | 21-702 |
| DATE: | XX-XX-XX |
| DRAWN BY: | CBG |
| DESIGNED BY: | CBG |

| REVISIONS | |
|---|---|
| DATE | DRAWN BY |

# RIVERSIDE

Elevation-A

SECOND FLOOR PLAN

CornerStone PROPERTIES

CORNERSTONE BUILDERS GROUP
www.CornerstoneCarolina.com

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

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 312000<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4722672474.000 | 225 LIPPARD SPRINGS CIR | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: ERVIN DANNY M | Name: CORNERSTONE III PROPERTIES |
| Address: PO BOX 476 | Address: 118 E KINGSTON AVE |
| TROUTMAN, NC 28166 | CHARLOTTE, NC 28203 |
| Phone: | Phone: (704)301-3229 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.61 | 35 | 35 | 15 | 15 | N/A | NO |

| Remarks |
|---|
| SFD |

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.

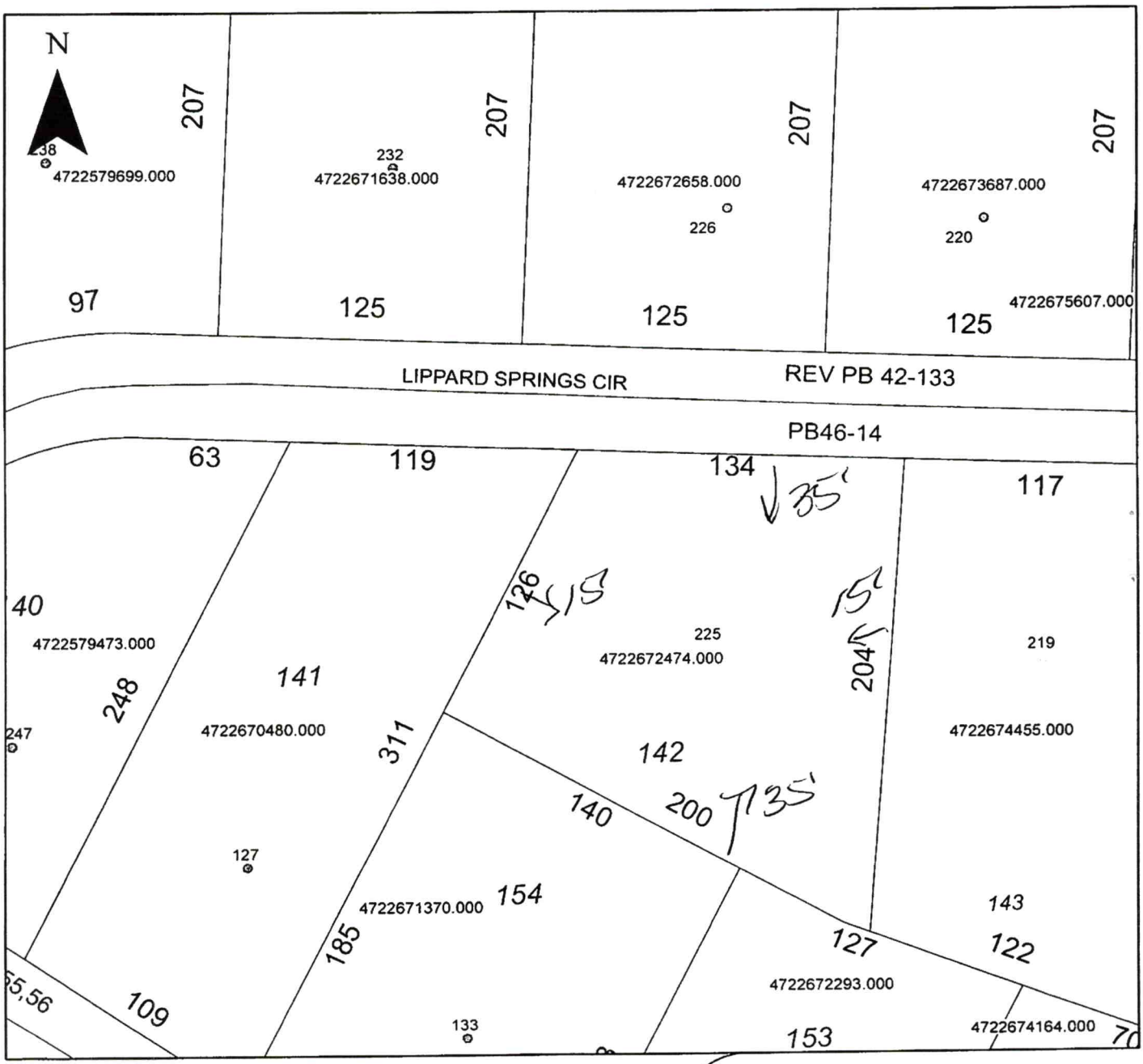
PA[illegible]INE
DATE:

**Date:** 10/21/2020

Signature of Owner/Contractor

| Permit Number | 312000 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 225 Lippard Springs

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. Applicant further acknowledges that the 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