ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-313318

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

PIN # 4843-21-3304

APPLICANT/OWNER: CLARA J. CONNORS & SHAWN I. SNOWBERGER | APPLICANT ADDRESS: 390 BROOKFIELD DRIVE, STATESVILLE, N.C. 28625

SITE ADDRESS: 590 INDIAN HILL ROAD, OLIN, N.C 28660 | PHONE: 704-860-2730 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (L) ON INDIAN HILL, LOT ON (L) | SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 39.395 AC | DESIGN FLOW: 480GPD | L.T.A.R.: 0.3 (0.125) REPAIR

Septic Tank	1000 (gal)	STB 760	Date 2-17-22	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms 4
Pump Tank	— (gal)	PT —	Date —	System Description:			25% REDUCTION	[ ] Business	No. Persons 8
Pump Make	—	Model —	Serial # —	Repair System Description:			TYPE II DRIP IRRIGATION	[ ] Other	No. Employees —
# Nitrification Fields	1	# Lines 4	Linear Ft: 408FT	Maintenance Agreement Required:	[ ] YES	[x] NO		[ ] Slab	[x] Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	22 IN	Gravel Depth —	[x] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

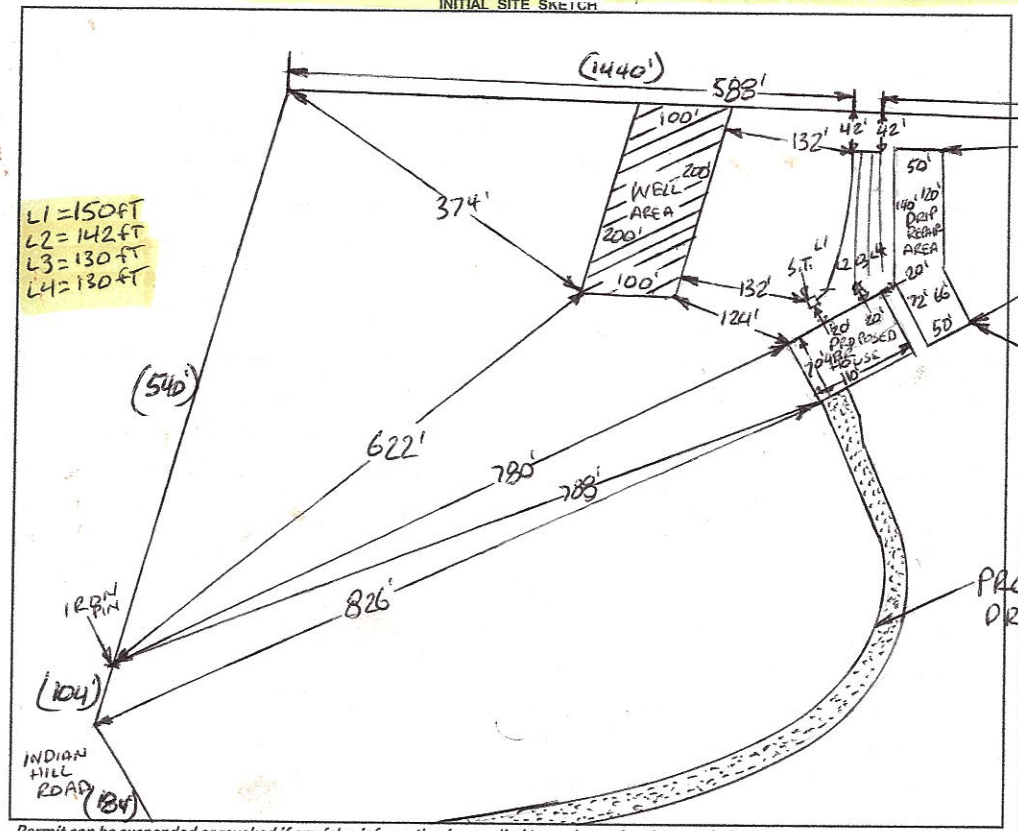
Water Supply: [x] Private [ ] Public [ ] Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS UTILIZE SERIAL DISTRIBUTION, TANK TO BE SET SHALLOW & MAY BE BACK FILLED AROUND IF NECESSARY, DO NOT EXCEED A 30IN MAX TRENCH BOTTOM

IF PLUMBING IS STUBBED OUT TO DEEP, RE-DRAW PERMIT IS REQUIRED TO MOVE TO PUMP SYSTEM.

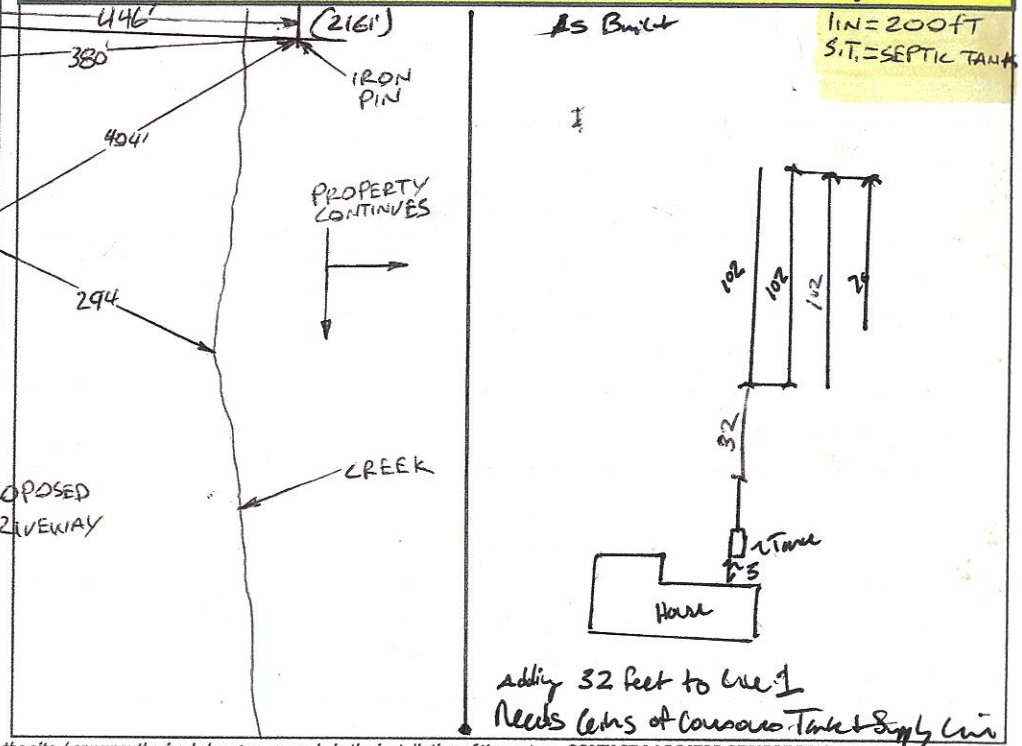
PRE-CONSTRUCTION MEETING REQUIRED TO VERIFY LOCAT

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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

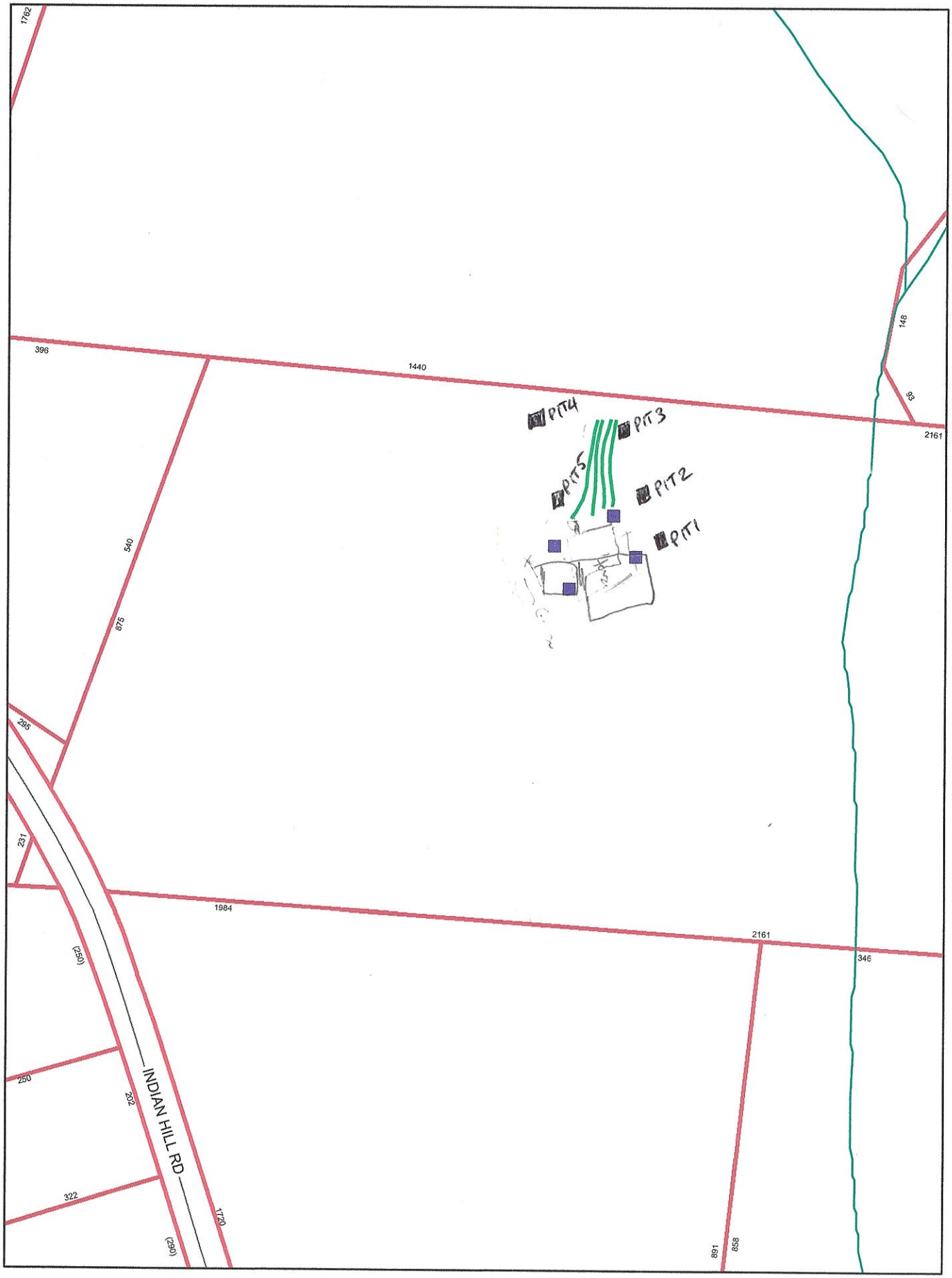
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Clara Connors | Date: 3/9/21 | Installed by: Jake Williams Excavation

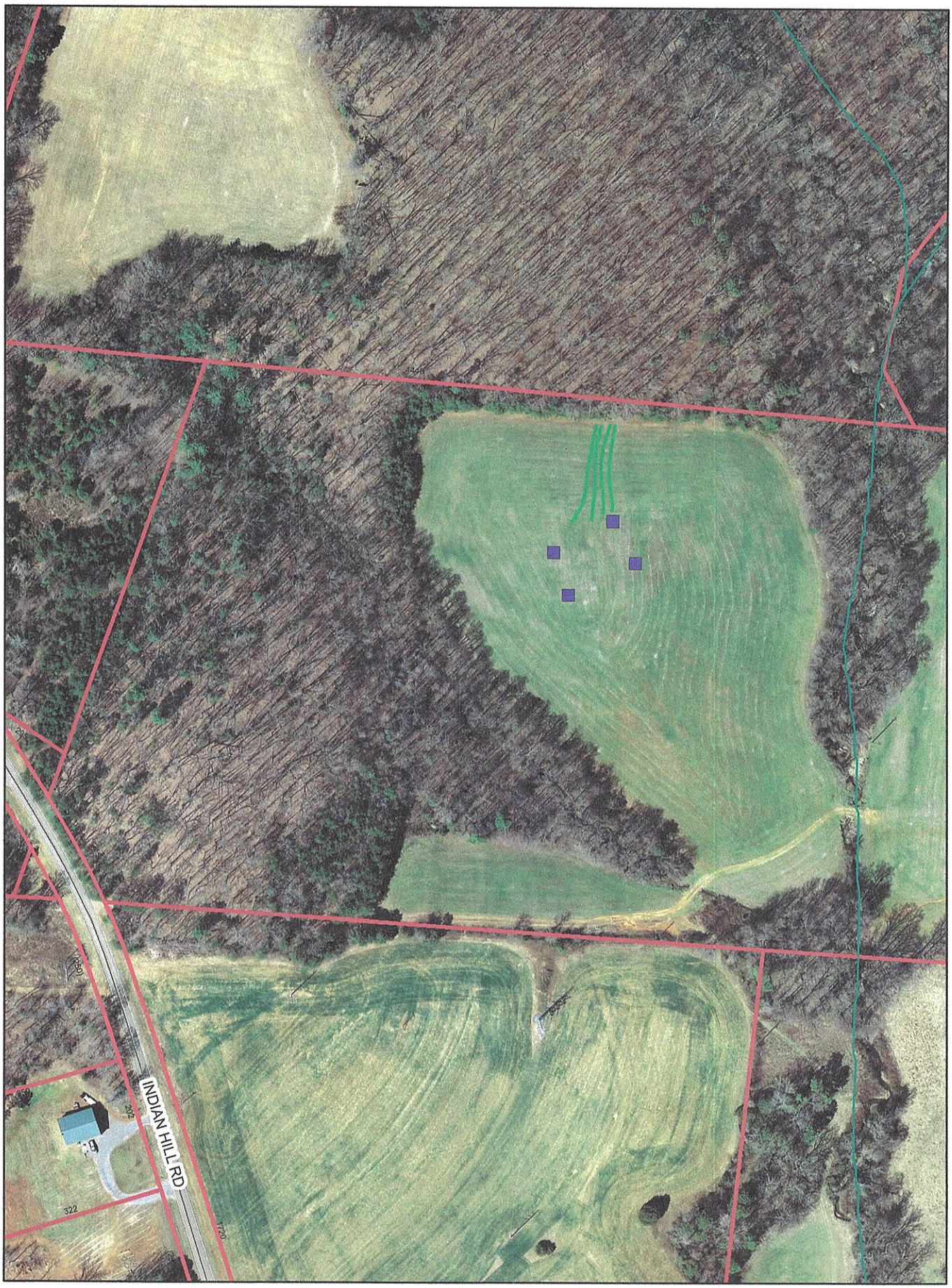
IMPROVEMENT PERMIT by: Bryant C. White | Date: 3-26-2021 | OPERATION PERMIT by: Benjamin A Bost | Date: 5/4/2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 4-6-2021 | Existing System Inspected by: | Date:

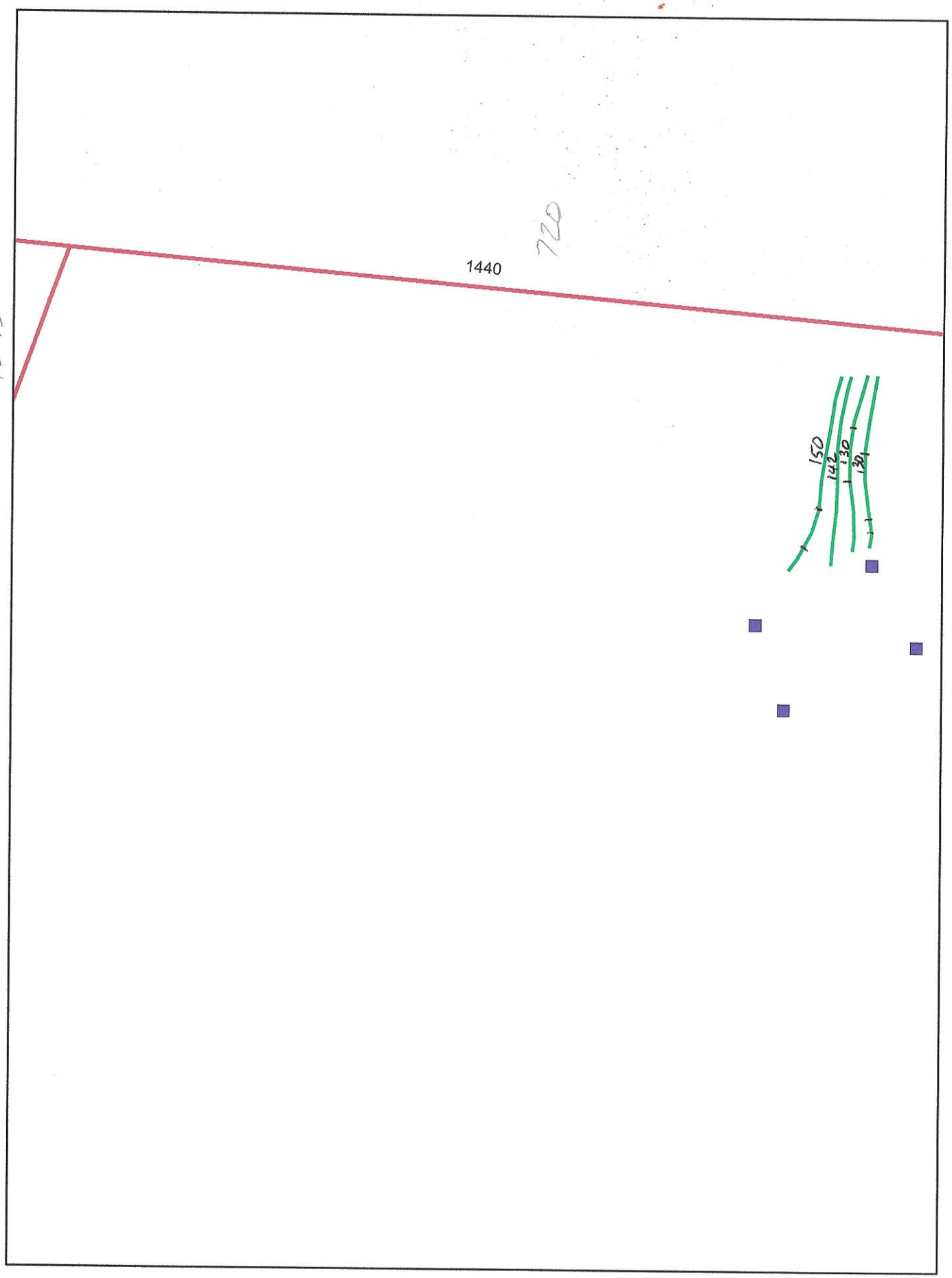
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



1 inch = 200 feet



1 inch = 200 feet



1 inch = 100 feet



1 inch = 100 feet

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

Sheet 1 of 2
PROPERTY ID #: 4843-21-3804
COUNTY: IREDELL

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

OWNER: CLARA CONNORS
APPLICATION DATE 12-15-2020
ADDRESS: 390 BROOKFIELD DRIVE, STATESVILLE, N.C. 28625
DATE EVALUATED: 12-31-2020
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 39.395 AC
LOCATION OF SITE: 590 INDIAN HILL ROAD, OLIN, N.C. 28660
PROPERTY RECORDED: YES
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SHOULDER 25%	0-8	MIXED FROM PLOWING		Vfi SAP INC THRU OUT 0-8 GRAVELLY C VIENS IN SAP	30"	U II SL (Vfi)	30" vfi SAP	PS .25 ABOVE 30
		8-~~24~~	C, SBK	FR, S, P, SEXP					
		~~24~~-30	CL, WABK	fi, SS, SP, SEXP					
		30-42	SAP, RC	VFI, NS, NP, SEXP					
		42+	BHR	ROCK					
2	LINEAR SIDE 15%	0-21	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT ~~FEW~~ Vfi	33"	PS II SL 33-36 36-48 (Vfi) II SL	36" Vfi SAP	PS .275 ABOVE 36"
		21-33	CL, WABK	FR, SS, SP, SEXP					
		33-36	SAP, MAS	fi, NS, NP, SEXP					
		36-48	~~B~~AP, RC	VFI, NS, NP, SEXP					
		48+	BHR	ROCK					
3	LINEAR SIDE 20%	0-13	SCL, SBK	FR, SS, SP, SEXP	FEW SAP INC 24"+ MICA COMMON SCL-GRAVELLY	51"+	NA	NA	PS .3
		13-33	C, SBK	FR, S, P, SEXP					
		33-51	CL, WABK	fi, SS, SP, SEXP					
4	RIDGE/ SHOULDER 10%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT VFI SAP VIEN NON-CONTINUOS 33"-37"	55"+	NA	NA	PS .3
		8-24	C, SBK	FR, S, P, SEXP					
		24-55	CL, WABK	fi, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4848-21-3304
DATE OF EVALUATION: 12-31-2020
COUNTY: IREDELL

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
5	~~LINEAR~~ RIDGE/ SHOULDER 8%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI	34"	PS II SL	NA	PS .3
		8-25	CL, SBK	FR, S, P, SEXP					
		25-34	CL, WABK	FI, SS, SP, SEXP					
		34-50	SAP, MAS	FR, NS, NP, SEXP					

4

DocuSign Envelope ID: FBC6AD32-A538-49B5-A955-BB1A6346F485

RECEIVED DEC 15 2020

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

AP-313318
$500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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(I) 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: Clara J. Conner Address: 390 Brookfield Drive Statesville Zip: 28625

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Purser Bros Holdings One LLC Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 590 Indian Hill Rd parcel# 4843-21-3304

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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: 4
Maximum Number of Occupants: 2
( ) 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: _____ Number of Persons: _____

(X) 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: Clara Conner 12/10/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: FBC6AD32-A538-49B5-A955-BB1A6346F485

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, Purser Bros. Holdings One LLC, am the legal owner(s) of the property located at 39.4 acres Indian Hill Rd Olin 28660, identified as PIN (Parcel Identification Number) 4843-21-3304, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Chris J. Conner, 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.

DocuSigned by:
Jeffrey L Purser
Signature of Owner(s)

12/9/2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

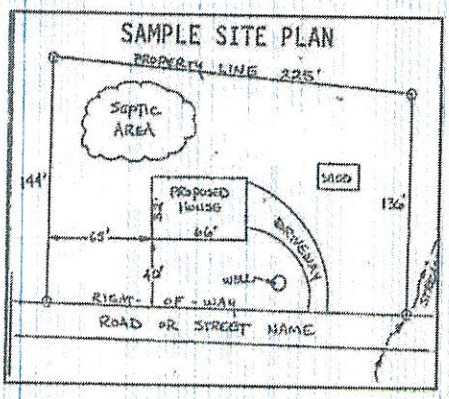
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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) 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

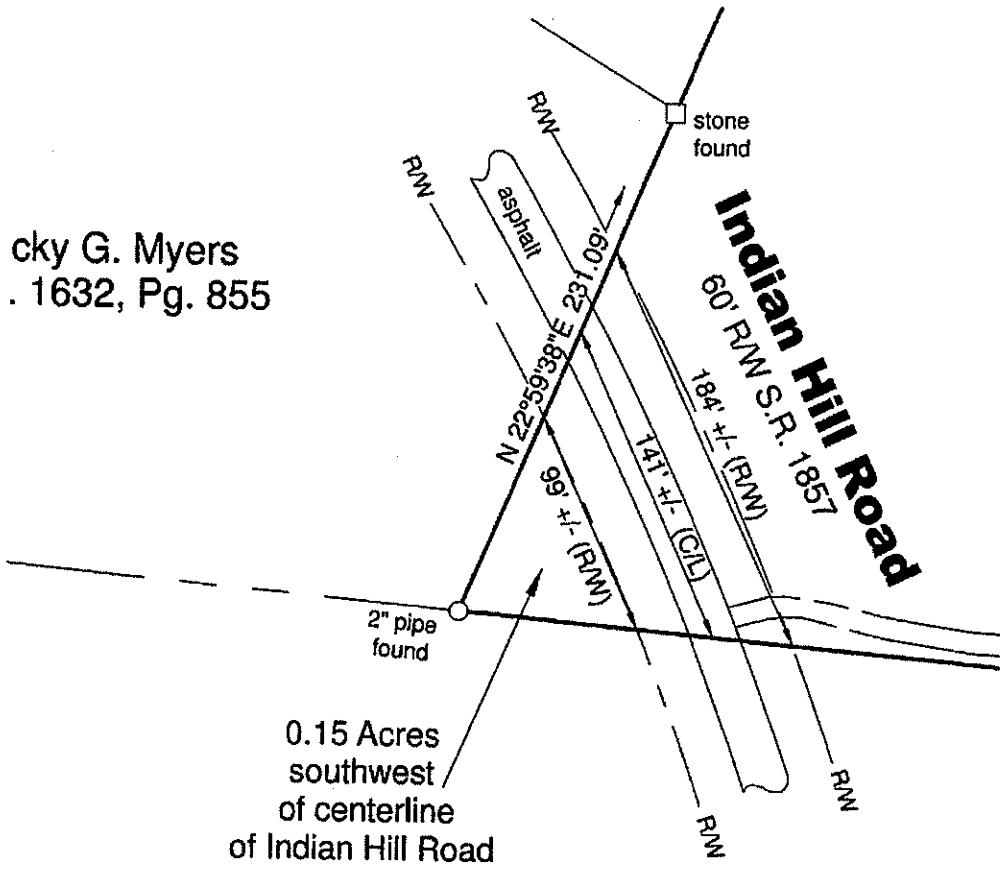
Signature: Chara Conner

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

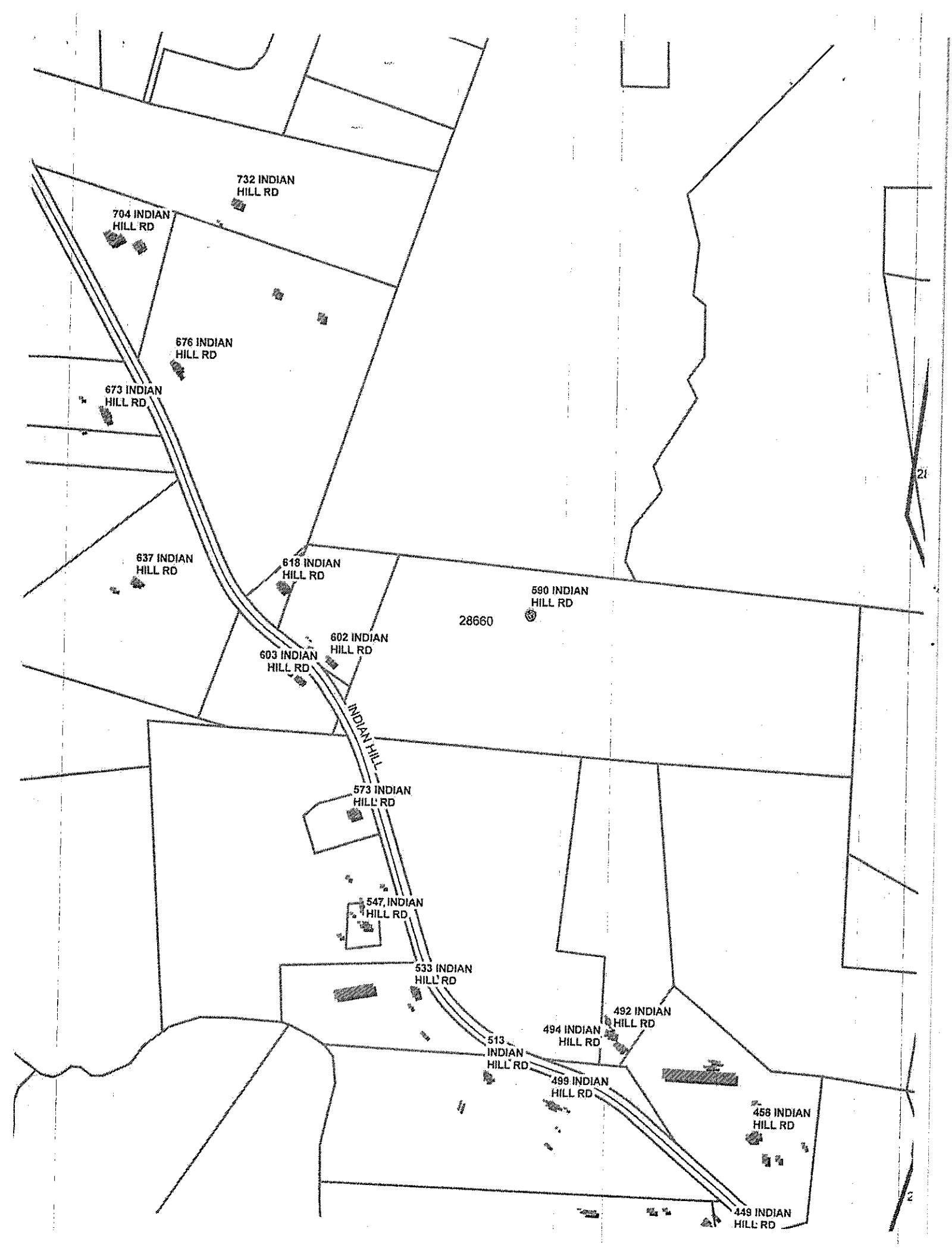
12/10/2020

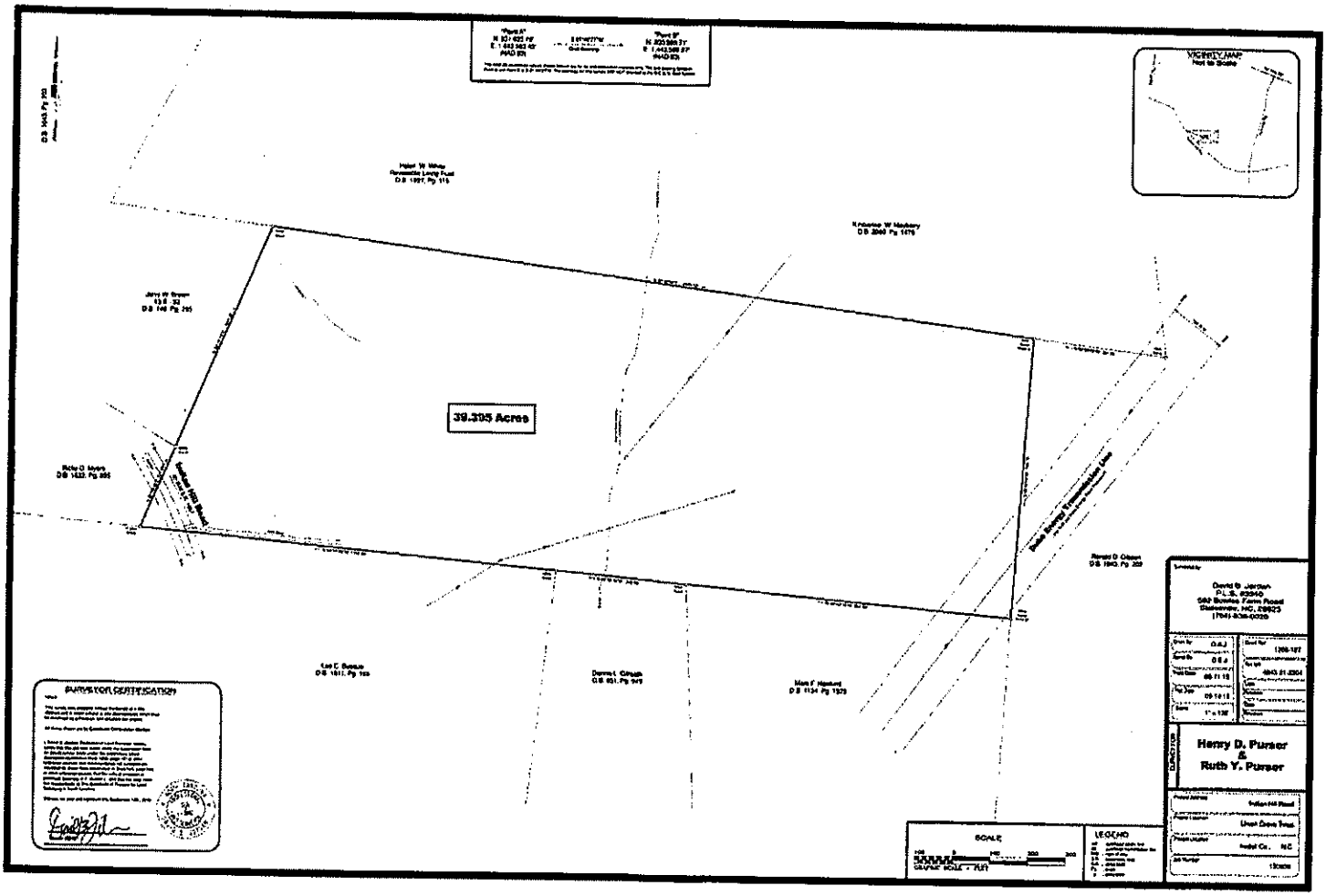
DATE

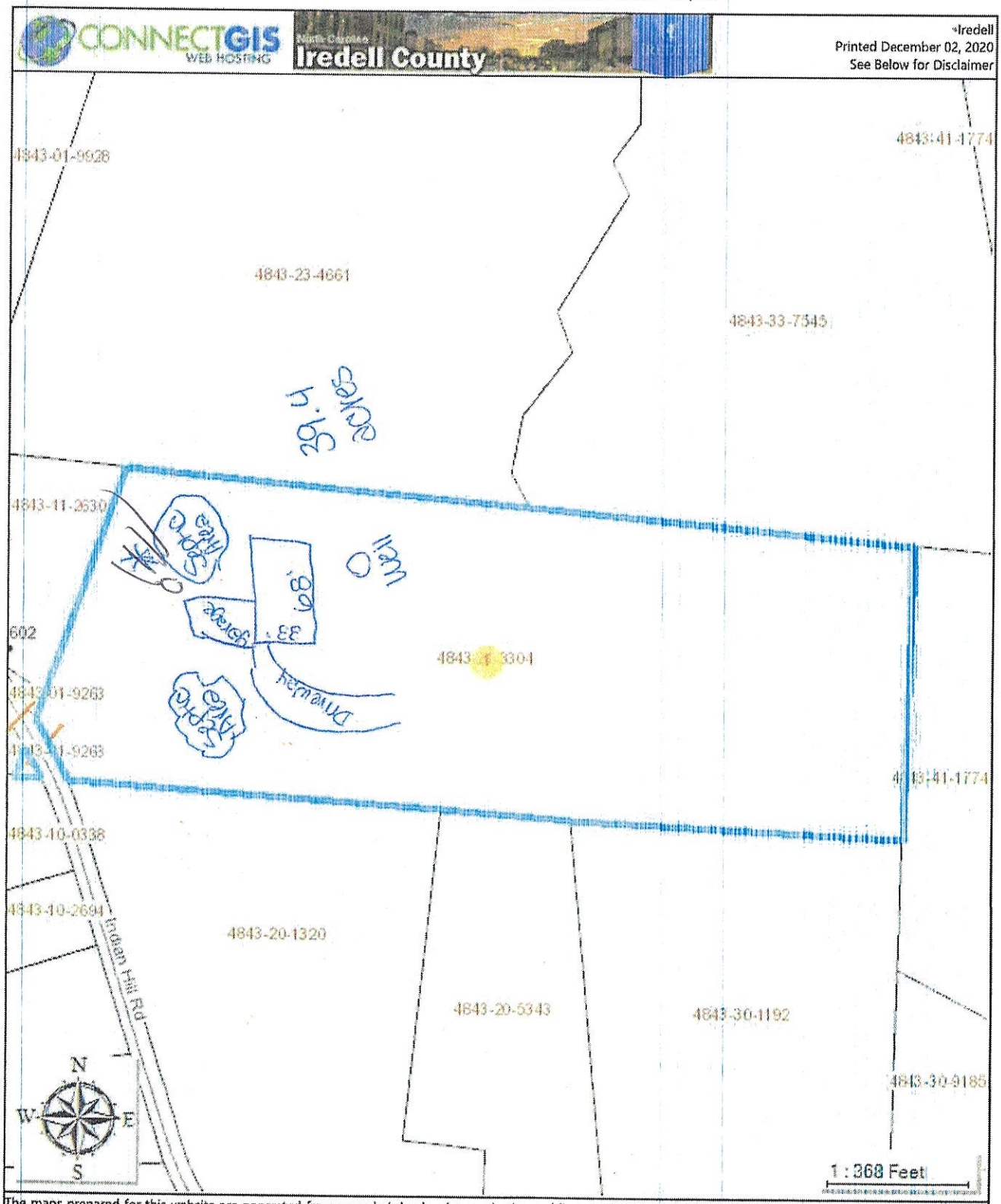
cky G. Myers
. 1632, Pg. 855



Preliminary Plat for Review Purposes

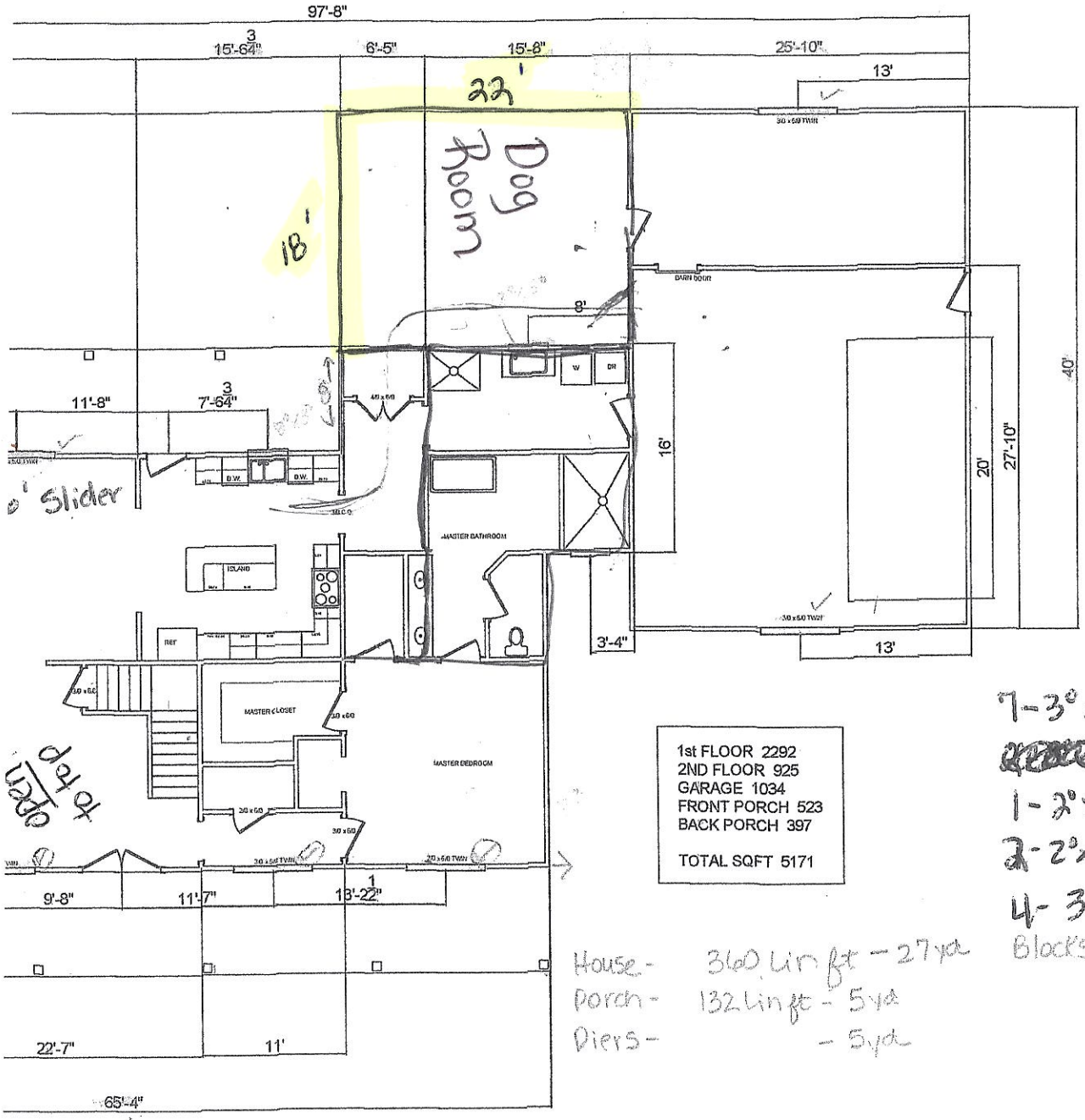

732 INDIAN HILL RD
704 INDIAN HILL RD
676 INDIAN HILL RD
673 INDIAN HILL RD
637 INDIAN HILL RD
618 INDIAN HILL RD
590 INDIAN HILL RD
28660
602 INDIAN HILL RD
603 INDIAN HILL RD
INDIAN HILL
573 INDIAN HILL RD
547 INDIAN HILL RD
533 INDIAN HILL RD
492 INDIAN HILL RD
494 INDIAN HILL RD
513 INDIAN HILL RD
499 INDIAN HILL RD
458 INDIAN HILL RD
449 INDIAN HILL RD


39.395 Acres
VICINITY MAP
Not to Scale
Henry D. Purser
&
Ruth Y. Purser
SURVEYOR CERTIFICATION
SCALE
LEGEND



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

3133 18



1st FLOOR 2292
2ND FLOOR 925
GARAGE 1034
FRONT PORCH 523
BACK PORCH 397

TOTAL SQFT 5171

Comfort, View

7- 3° x 50

~~2- 2° x 3° twin~~

1- 2° x 2° Fixed-Clear

2- 2° x 2° Tripie

4- 3° x 4°

House - 360 Lin ft - 27 yd
Porch - 132 Lin ft - 5 yd
Piers - - 5 yd

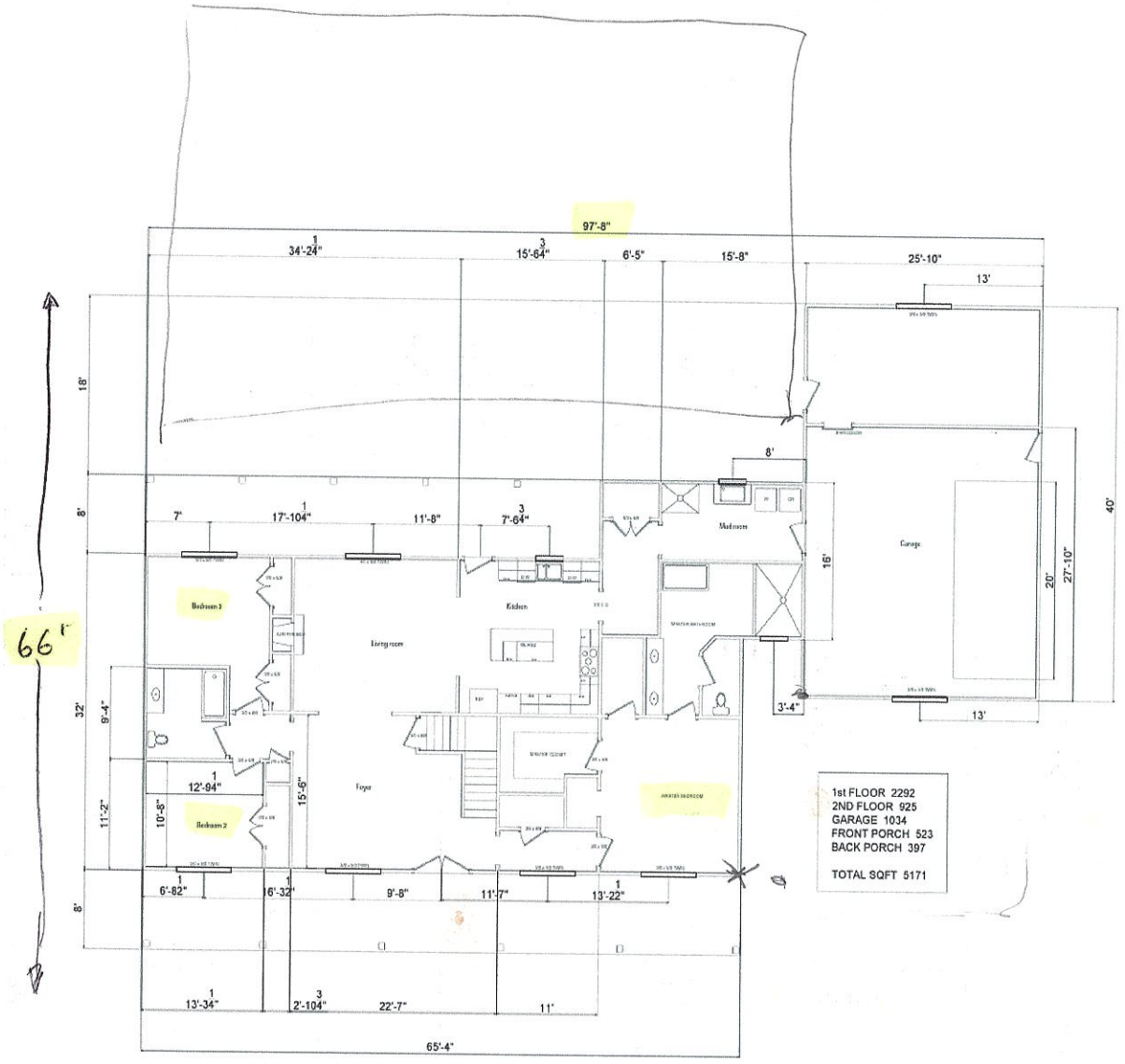
Blocks - 1620 / 50 bags
9 tons
514 18 bags
3 tons

590 Indian Hill Rd
Olin, NC 28660
Custom Homes By Lisa, INC
704-902-0733

Acknowledgement Of
Plans Submittal ONLY!

Lisa WMD Date 10-8-21

Date 10/11/21



Acknowledgement Of Plans Submittal ONLY!

Clara Conner Date 4/9/21

Bryant C. Miller Date 4-6-2021

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
313318 Issue Date: 12/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4843213304.000	590 Indian Hill Rd.	Iredell County

Owner Information	Applicant Information
Name: PURSER BROTHERS HOLDINGS ONE LLC	Name: CLARA CONNER
Address:	Address: 390 BROOKFIELD DR STATESVILLE, NC 28625
Phone:	Phone: (704)860-2730

Use Requested	Zone Code
Single Family Dwelling	R-20,RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
32	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.

SEE ATTACHED

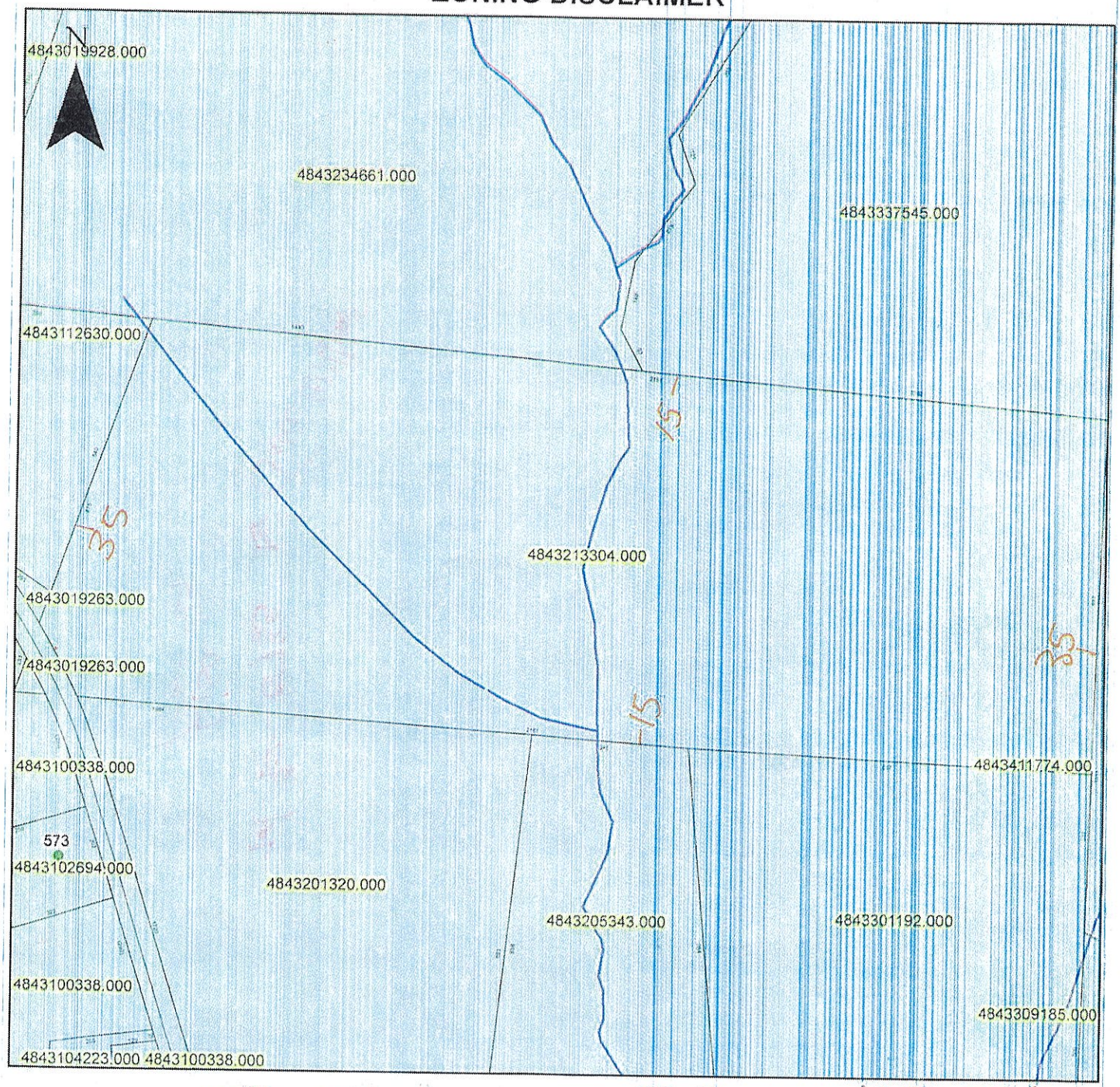
Signature of Owner/Contractor

PAID Credit 12-10-20

Date: 12/10/2020

Permit Number	313318	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 590 Indian Hill Rd

Leslie said not in a protected or critical watershed - So no additional Setbacks on Stream. BK.

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.

32.03 R20 RA NB

Diana J Cormier

Applicant

12/10/2020

Date