ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 304713

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

PIN # 4864508089

APPLICANT/OWNER: Clayton Hanes / Chuck Lippard APPLICANT ADDRESS: 2026 Northside Dr Statesville

SITE ADDRESS: 197 Old Wesley Rd, Hamptonville 27020 PHONE: 704-929-1552 ALT. PHONE —

SITE DIRECTIONS: 901 → R on Mullis → R on Mullis → L on Trivette → R on Union Grove → L on Old Wesley, on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 15.94ac DESIGN FLOW: 360 gpd L.T.A.R.: .275 (.225 R)

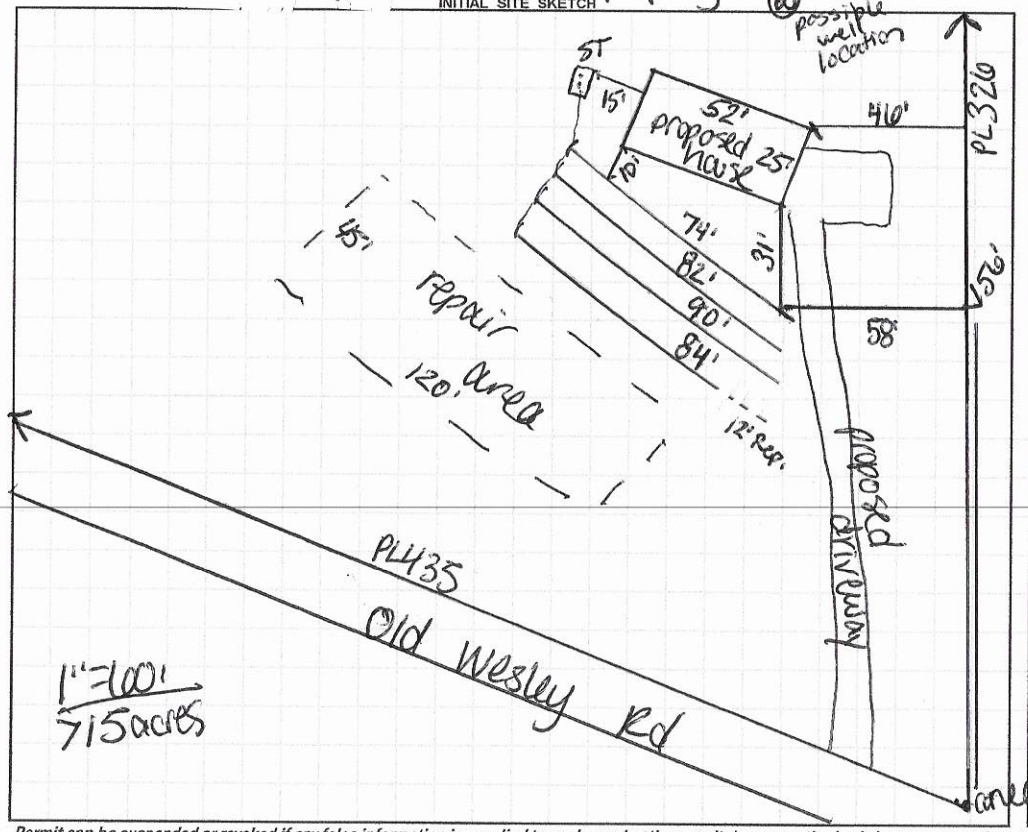
Septic Tank	1000	(gal)	STB 1012	Date	2-20-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:			25% reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:			25% reduction (below 21")	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	330'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	26" / 30" high	Gravel Depth	—			☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Do not pave/drive on/grade septic area. Additional repair on back of property.

* Back of property may no longer be accessed through septic area, must drive around!

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as Drawn

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: Date: 3-4-20 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 3-2-20 OPERATION PERMIT by: Date: 9-4-2020

AUTHORIZATION TO CONSTRUCT by: Carla C Nicks Date: 3-2-20 Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4804508789
COUNTY: Iredell

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

OWNER: Clayton / Chuck Lippard
ADDRESS: 2026 Northside Dr
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 197 Old Wesley Rd
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE: 2-5-20
DATE EVALUATED: 2-28-20
PROPERTY SIZE: 15.94 ac
PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-7	GR SCL	Fr SS SP SBK	few yl ps @ 36" (10YR 6/6)	49"	–	–	PS .275
		7-34	SBK C	" "					
		34-49+	SBK CL	" "					
2	L 10%	0-8	GR SCL	Fr SS SP SBK	10YR 6/6 12-29 yl/ps @ 41"	48"	–	–	PS .25
		8-38	SBK C	" "					
		38-48	SBK CL	" "					
3	L 8%	0-9	GR SCL	Fr SS SP SBK	14-22 platy 17-23 yl/ps @ 38"	49"	–	–	PS .225
		9-36	SBK C	" "					
		36-49	SBK/ABK CL	" "					
4	L 10%	0-7	GR SCL	Fr SS SP SBK	–	49"	–	–	PS .3
		7-37	SBK C	" "					
		37-49	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	400'
System Type(s)	25%	25%
Site LTAR	.275	.225

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT: N/A

COMMENTS: 5) 0-7, 7-37, 37-49 .3

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 #: 486450 8089
DATE OF EVALUATION: 2-28-20
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	L 1390	0-7	GR SCL	FR SS SP SOP	—	49"	—	—	PS .3
		7-37	SBK C	" "					
		37-49	SBK CL	" "					

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4
V (Convex Slope)		LS (Loamy Sand)		
(Drainage Way)				
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3
P (Flood Plain)		L (Loam)		
S (Foot Slope)				
(Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15
(Linear Slope)		SiCL (Silty Clay Loam)		
(Nose Slope)		CL (Clay Loam)		
(Ridge)		SCL (Sandy Clay Loam)		
(Shoulder Slope)		SiL (Silt Loam)		
(Terrace)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05
		SiC (Silty Clay)		
		C (Clay)		
		O (Organic)	None	None

MINERALOGY/ CONSISTENCE	STRUCTURE
SEXP (Slightly Expansive)	G (Single Grain)
EXP (Expansive)	M (Massive)
	CR (Crumb)
	GR (Granular)
	SBK (Subangular Blocky)
	ABK (Angular Blocky)
	PL (Platy)
	PR (Prismatic)

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

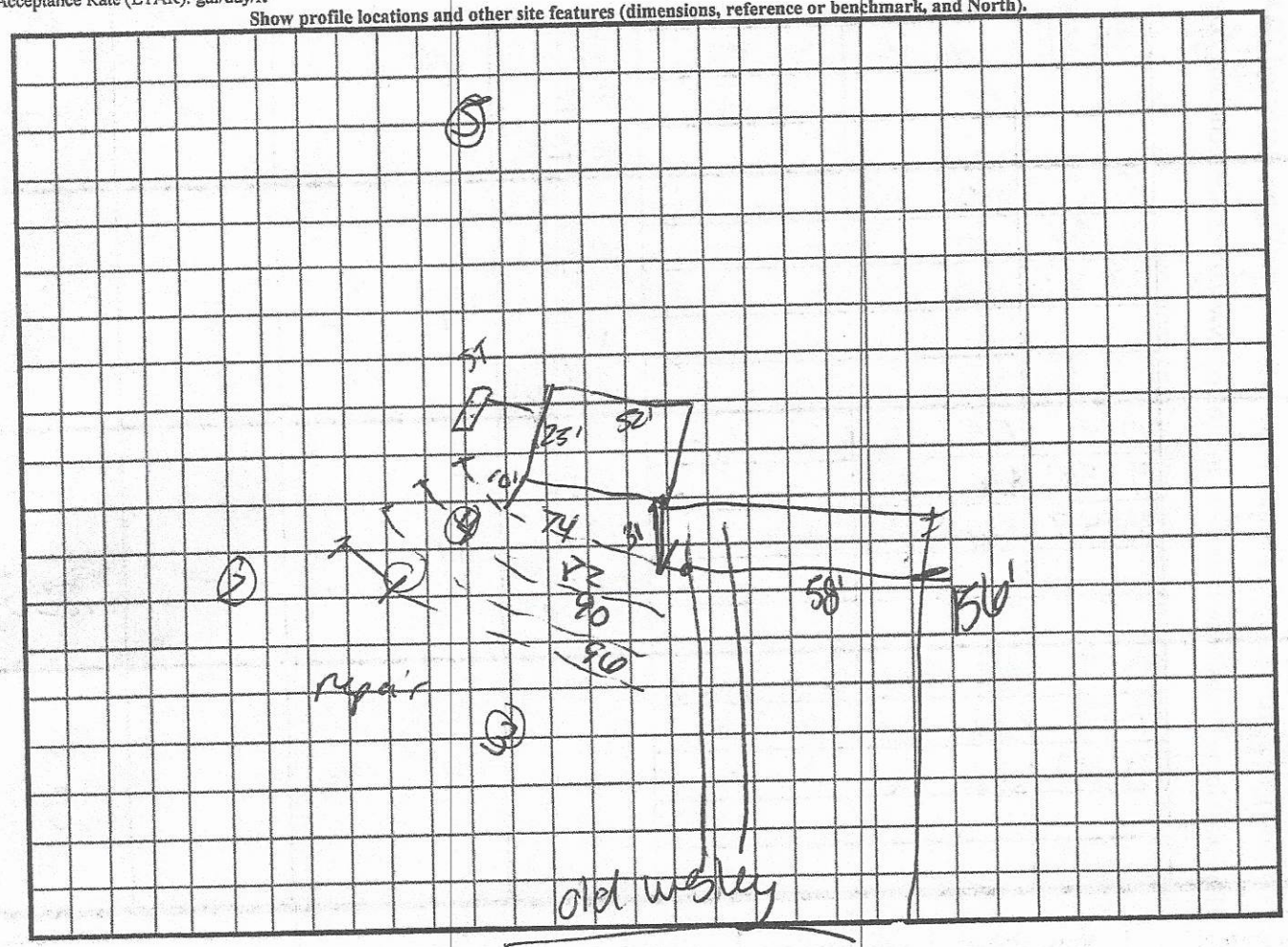
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



342'

330

74

AP-804713
$500.00

RECEIVED FEB 05 2020

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*

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: CLAYTON Homes STATESVILLE LLC Address: 2026 AMETHYSTE DR STATESVILLE Zip: 28625

Applicant Email: adari.casstevens@clayton homes.com Phone: 704 929 1552 Alt. Phone: 704 878 2547

Owner Name: CHUCK LIPPARD Address: _____ Zip: _____

Owner Email: _____ Phone: 336 466 7038 Alt. Phone: _____

Property Information:

Street Address: 197 OLD WESLEY RD HARMONY

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

Driving Directions: _____

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: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

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

Non-Residential Site Development:
Square Footage of Building: _____ Type of Business: _____
Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: 25% reduction
Year existing system installed: _____

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: Chuck Lippard Carrie Lee 7-15-19 7/15/19

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

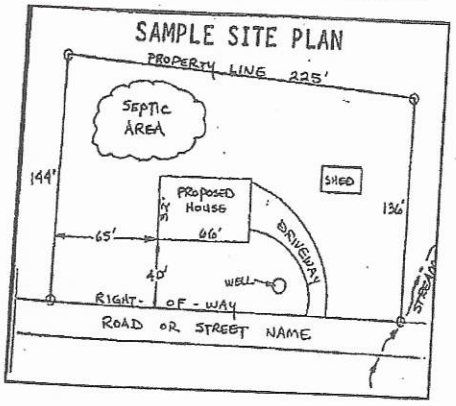
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

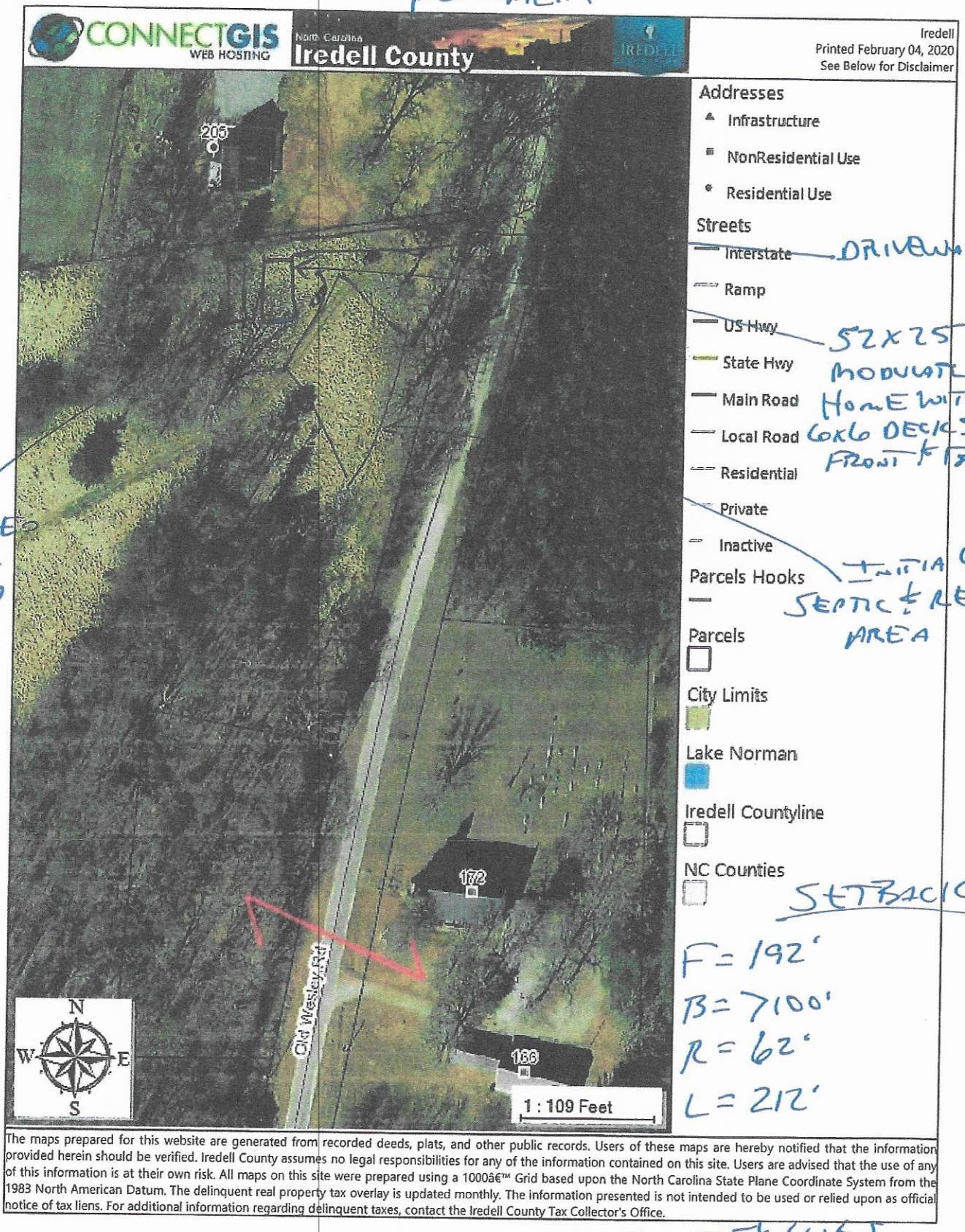
Signature: Chuck & Lippard Carrie Lippard

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

7/15/19

DATE

CLOSE UP OF HOME PLACEMENT



DRIVEWAY

52X25 MODULAR HOME WITH 6X6 DECKS FRONT & BACK

PROPOSED WELL AREA

INITIAL SEPTIC & REPAIR AREA

SETBACKS

F = 192'

B = 7100'

R = 62'

L = 212'

PROPERTY LINES ARE MARKED

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.

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, CHUCK LIPPARD, am the legal owner(s) of the property located at 197 OLD WESLEY RD MOORESVILLE, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CLAYTON HOMES STATESVILLE/ADAM CASSIDY, 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

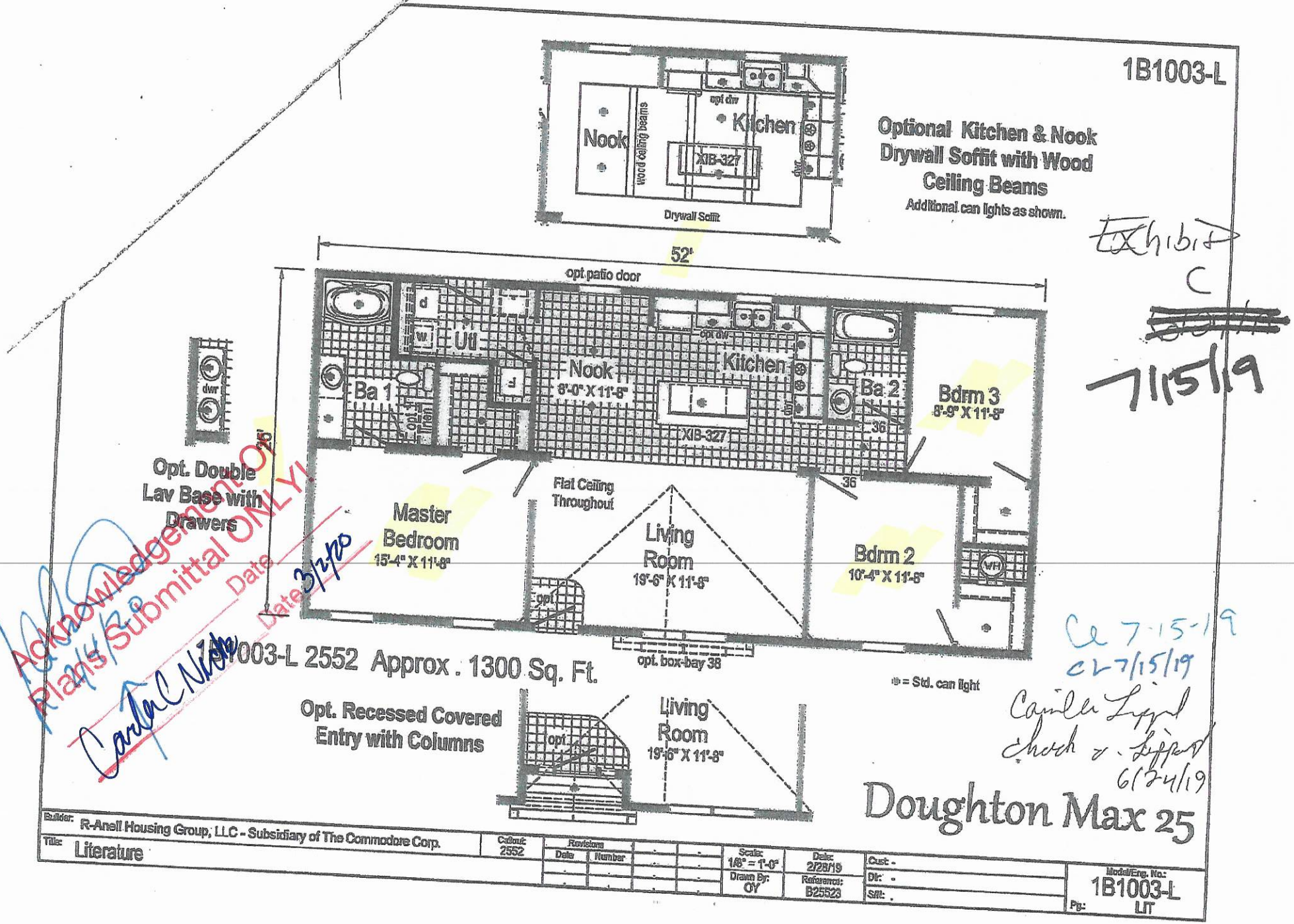
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Chuck V. Lippard Cam Lippard
Signature of Owner(s)

7/5/19
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


1B1003-L
Nook
wood ceiling beams
opt dw
Kitchen
XIB-327
dw
Drywall Soffit
Optional Kitchen & Nook
Drywall Soffit with Wood
Ceiling Beams
Additional can lights as shown.
Exhibit
C
7/15/19
52'
opt patio door
d
w
Ut
Ba 1
opt linen
F
Nook
8'-0" X 11'-8"
opt dw
Kitchen
XIB-327
Ba 2
Bdrm 3
8'-8" X 11'-8"
36
dwr
Opt. Double
Lav Base with
Drawers
26'
Flat Ceiling
Throughout
Master
Bedroom
15'-4" X 11'-8"
Living
Room
19'-6" X 11'-8"
opt
Bdrm 2
10'-4" X 11'-8"
WH
opt. box-bay 38
= Std. can light
Acknowledgement Of
Plans Submittal ONLY!
Date 3/7/19
1B1003-L 2552 Approx. 1300 Sq. Ft.
Opt. Recessed Covered
Entry with Columns
opt
Living
Room
19'-6" X 11'-8"
CL 7-15-19
CL 7/15/19
Cajuela Lippel
Check v. Lippel
6/24/19
Doughton Max 25
Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.
Title: Literature
Cabinet: 2552
Revisions
Date
Number
Scale: 1/8" = 1'-0"
Drawn By: OY
Date: 2/28/19
Reference: B25523
Cust: -
Dlr: -
Srl: -
Model/Eng. No.: 1B1003-L
Pg: LIT

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304713 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4864508689.000	197 OLD WESLEY RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: LIPPARD CHUCKIE A+CAMILLA H	Name: CLAYTON HOMES OF STATESVILLE
Address:	Address: 2026 NORTHSIDE DR
,	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
15.94	35	35	15	15	WSII-BOW Back Creek	NO

Remarks
MODULAR

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.

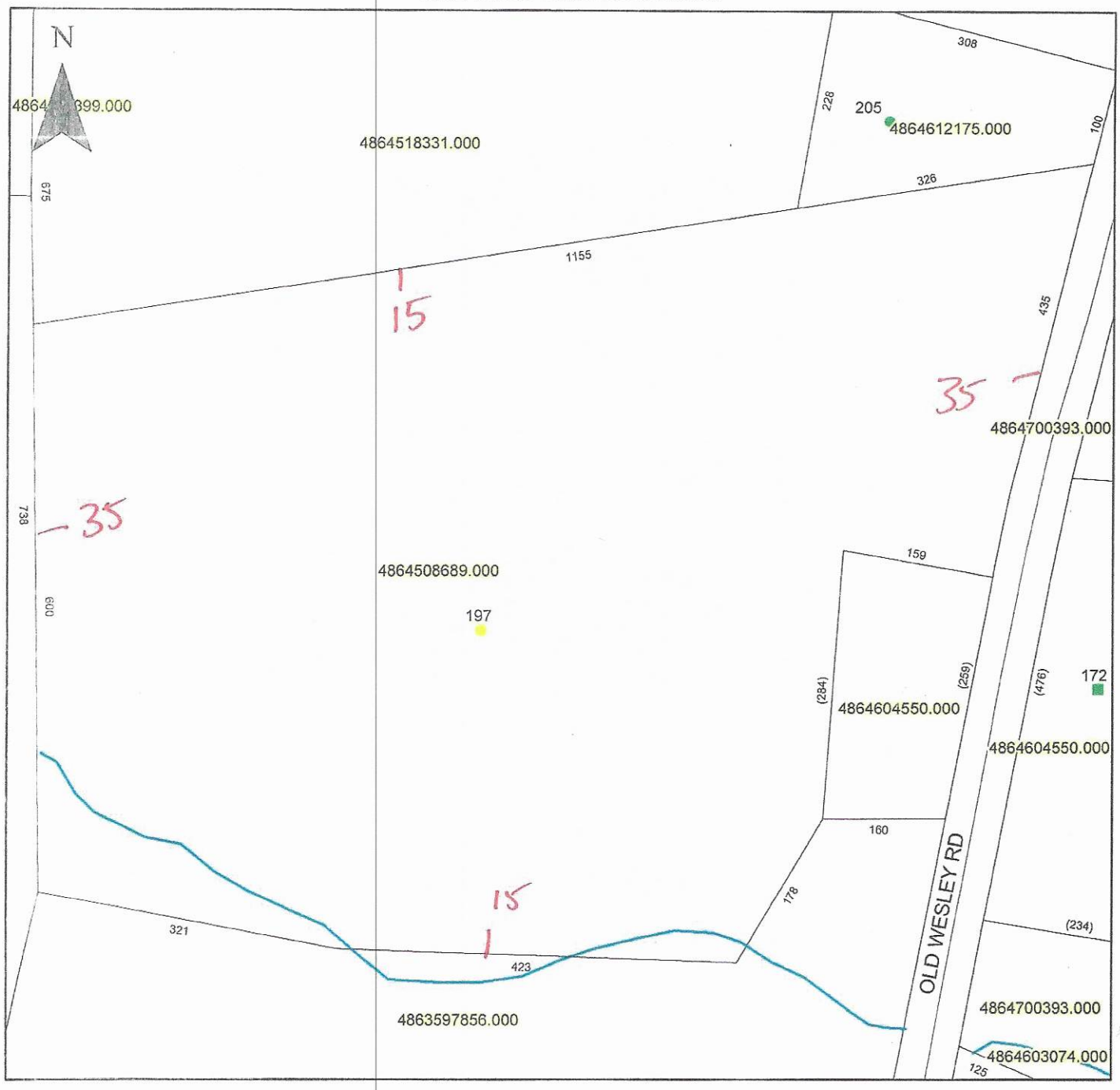
Date: 02/04/2020

Signature of Owner/Contractor

Permit Number	304713

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 197 Old Wesley Rd.

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

2/4/20
Date