IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

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

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Rollans Soil	P.O. Box 832 Mooresville NC 28115		704 746 5046
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Art Hodges	353 Sloans Mill Rd., Olin NC 28660		805.501.1370
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

131 Arapaho Trail, Statesville NC 28677	River Oaks	Lot 86
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Mock Mill Rd, Rt on Broken Arrow, Rt on Arapaho Trail Lot on Lt.

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to
- (✓) Other Upgrade From 4BR to 5BR. Intermediate Relayout

Maximum Number of Bedrooms 5 4
Maximum Number of Occupants 10 8
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply:

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

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

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

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

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

9. Signature: [signature] 6/1/16

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, Nicole Hodges, am the legal owner(s) of the property located at 131 Arapaho Ct, identified as PIN (Parcel Identification Number) 379 33 12 752, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollins/Rollins Soil, 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) 6/1/16 Date — Signature of Witness 6/1/16 Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

9-8-16 (Date)

Owner: ART HODGES
Address: 353 SLOANS MILL RD
OLIN, NC 28660

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
#21539b
131 Arapaho Trail

I, A. Hodges (print full name), voluntarily relinquish my rights to pursue a formal appeal through the Office of Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 6/9/16 (date) for a system

50% reduction PPBPS -
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

COPY

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Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

09/08/2016

Owner: Artur Hodges
Address: 353 Sloans Mill Rd Olin NC

Subject: Notice of Intent to Revoke/Suspend 131 Arapaho Ct Statesville NC

Dear Artur Hodges (Owner's Name):

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 131 Arapaho Ct Statesville NC for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization III determined the following violations:

Violation	Law or Rule Citation
Retaining wall encroached upon designed tail lines.	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 09/08/16. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 215386

PIN # 3793-31-2752

APPLICANT: Rollans Soil

APPLICANT ADDRESS: P.O. Box 832 Mooresville, NC 28115

SITE ADDRESS: 131 Arapaho Trail Statesville, NC 28677

PHONE: 704-746-5046 ALT. PHONE:

SITE DIRECTIONS: I-40 W to Exit #41 → Left on Shavon School Rd → Left on Mock Mill Rd → Right on Broken Arrow Dr → R on Arapaho Lane → on left

SUBDIVISION: Buffalo Shoals Natl. Golf Club Estate SECTION: LOT # 86 LOT AREA: 0.52 acres DESIGN FLOW: 600 gpd L.T.A.R.: 0.30

Septic Tank	1500 (gal)	STB	Date		
Pump Tank	— (gal)	PT	— Date	—	
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	7	Linear Ft:	350
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 50% Reduction PPBPS-Parallel Distribution

Repair System Description: 50% Reduction LP-PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 5 No. Persons 10 No. Employees ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached plans from Rollans Soil + Environmental Services, PA

Ashley Rollans LSS #1231

* This permit replaces the previous ICHD permit #215386 issued 2/3/2016 (see revocation letter dated 6-9-16)

AS BUILT SKETCH

- House layout ~~shape~~ not changing.
- Sink added to garage necessitating 5BR capacity per owner.

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.*

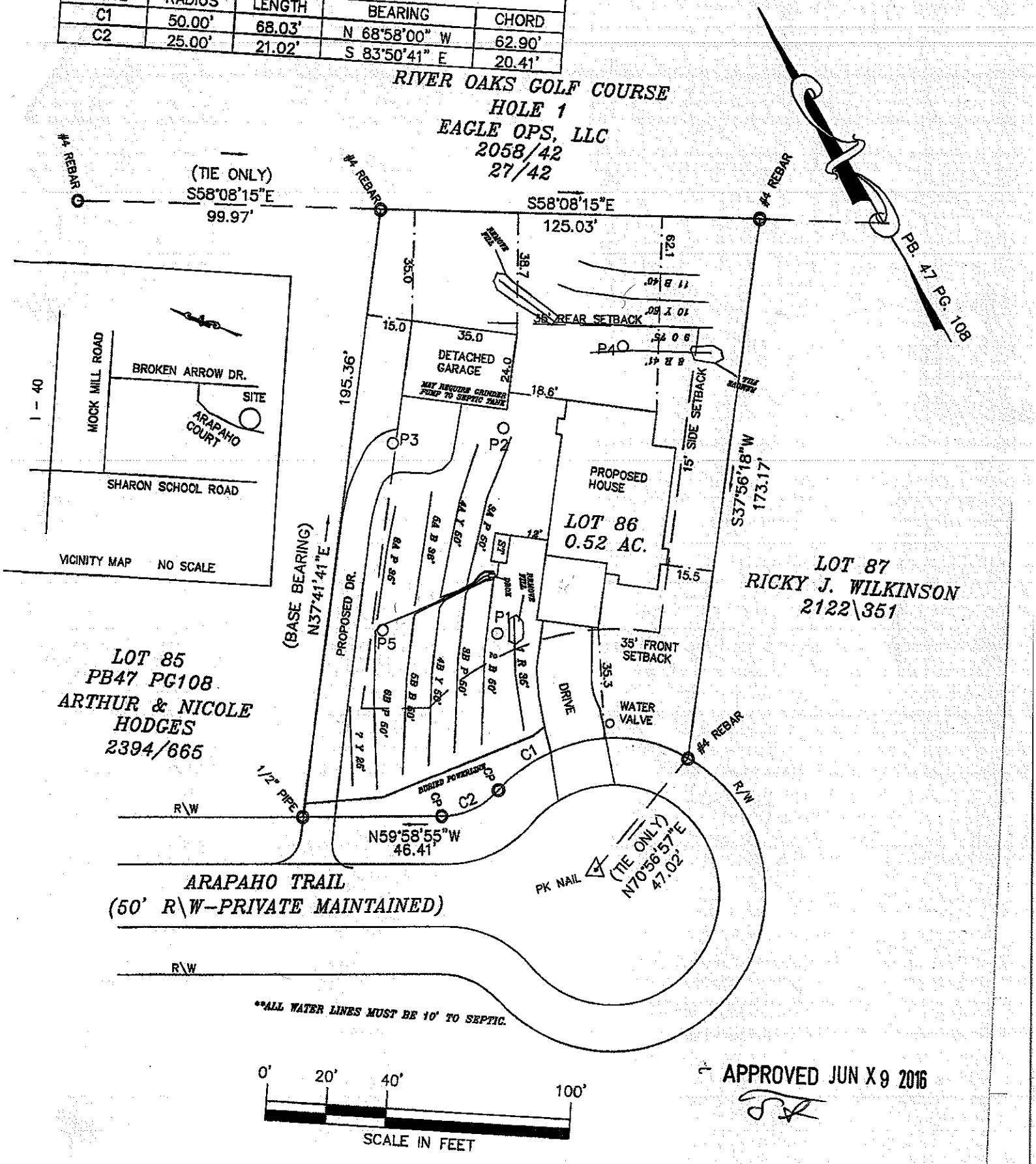
Owner / Applicant Signature: Date: 6-30-16 Installed by:

IMPROVEMENT PERMIT by: Thomas Shuck Date: 6-9-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Thomas Shuck Date: 6-16-16 Existing System Inspected by: Date:

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	68.03'	N 68°58'00" W	62.90'
C2	25.00'	21.02'	S 83°50'41" E	20.41'



APPROVED JUN X 9 2016

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
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Notice of Intent to REVOKE Construction Authorization - Improvement Permit #215386
June 9, 2016

Owner: Art Hodges
Address 353 Sloans Mill Rd.
Olin, NC 28660

Subject: Notice of Intent to Revoke Buffalo Shoals National Golf Course Estates Lot 86/ 131 Arapaho Lane, Statesville, NC 28677 **PIN: 3793-31-2752** Construction Authorization - Improvement Permit #215836 (Issued February 3, 2016)

Dear Mr. Hodges:

The Iredell County Health Department (ICHD) received a modified application for a proposed on-site wastewater system at the above referenced location & evaluated for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit III #215386 conditions (issued 2-3-2016). As a result, the Department has determined the following violation:

Violation	Law or Rule Citation
15A NCAC 18A.137 (g)	"...**if the information submitted in the application** for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or **changed** or the site is altered, the IP/CA shall become invalid and may be suspended or **revoked.**"

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to revoke your Improvement Permit 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit and meet the requirements of the current laws and rules necessary to obtain a new IP.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at

http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER. The date of this letter is June 9, 2016**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact me at 704-902-4489 or by fax at 704-662-3239.

Sincerely,

Tom Shuck

Thomas Shuck REHS

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
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Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

JUNE 1, 2016 (Date)

Owner: ART + NICOLE HODGES
Address: 3538 LANS MILL RD
OLIN NC 28660

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
21538G / ART + NICOLE HODGES
131 ALAPATIO CT, STATESVILLE NC 28677
PARCEL ID # 3793312752

I, NICOLE HODGES, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12/9/15 (date) for a system

GRAVITY 25% REDUCTION
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 015086

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

PIN # 3793312752

APPLICANT: Arthur Hodges APPLICANT ADDRESS: 353 Sloans Mill Rd Olin NC

SITE ADDRESS: 131 Arapaho Ct Statesville NC 28677 PHONE: 805-501-1370 ALT. PHONE: N/A

SITE DIRECTIONS: 40 W T/L Sharon School Rd T/L Mock Mill Rd T/R Broken Arrow T/R Arapaho Ct

SUBDIVISION: Buffalo Shoals National Golf Club Est SECTION: N/A LOT # 86 LOT AREA: 0.52ac DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	50% Reduction			
# Nitrification Fields	1	# Lines	4	Linear Ft:	400		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE			

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

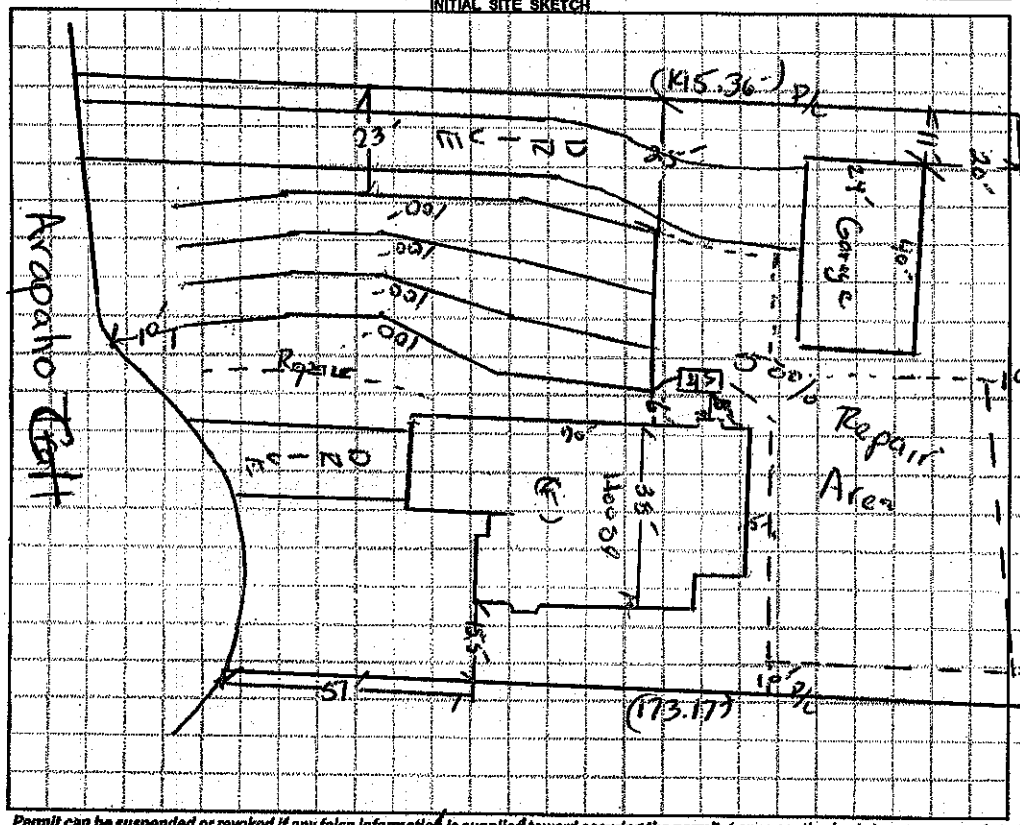
No. Bedrooms 4 No. Persons 8 No. Employees ____ ☐ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install 25% reduction on contour with serial distribution. Install 30" deep on high side.

INITIAL SITE SKETCH



AS BUILT SKETCH

REVOKED

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: 2-3-16 Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 02/03/16 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 02/03/16 Existing System Inspected by: _____ Date: _____

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