ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-313857

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

PIN # 3793 -- 54 -- 1461

APPLICANT/OWNER: OPTIMISTIC VENTURES GROUP, LLC. APPLICANT ADDRESS: 201 NORTH MCDOWELL STREET, SUITE 33306, CHARLOTTE, NC. 28233

SITE ADDRESS: 123 BIG BERTHA DRIVE, STATESVILLE, N.C. 28677 PHONE: 980-215-3837 ALT. PHONE: —

SITE DIRECTIONS: (W) ON 40, (L) ON SHARON SCHOOL, (L) ON MOCK MILL (R) ON TITLEIST, (R) ON BIG BERTHA, LOT ON (L) SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: AUGUSTA GREENS SECTION: 2 LOT # 36 LOT AREA: 0.775 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	160.	Date	6-7.	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	319.	Date	5-7.	System Description:	50% REDUCTION - PPBPS - P.M.
Pump Make	Little Giant	Model	9EC 4/10HP	Serial #		Repair System Description:	50% REDUCTION
# Nitrification Fields	1	# Lines	4	Linear Ft	228 ft	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	24 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—	☐ GRAVITY ☑ PRESSURE	

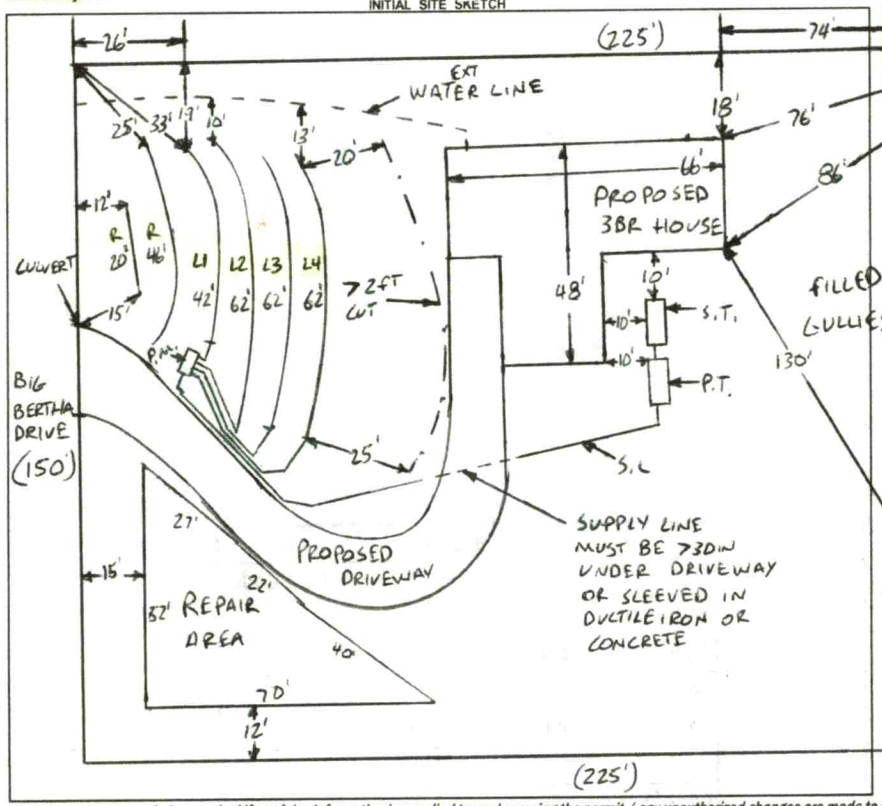
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT GRADE CUT ANY FURTHER, IF RETAINING WALL IS INSTALLED NO DRAINAGE IS NOT TO BE INSTALLED ON IT

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.

* Proposed Garage Does not impact Septic.. 7-13-2022 *

- Tanks / Lines / Manifold
- Alarm - Floats.
- Pressure head CW
- Electrical 8/11/23

(150')

1IN = 40FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD
EXT = EXISTING
R = REPAIR

TAPS
L1 = 1½ SCH 80
L2 = 1½ SCH 40
L3 = 1½ SCH 40
L4 = 1½ SCH 40

OF PANELS = 51
DOSE VOLUME = 183 GAL
GPM = 26.81
RUN TIME = 7 MIN
DRAW DOWN = 8.75 IN
PRESSURE HEAD = 2 FT
SUPPLY LIN = 2 IN

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: Jeanne M. Moulton Date: 7/7/2022 Installed by: Master Grading Corp Wil Date: 8/11/23

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-6-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-6-2022 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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-313857

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

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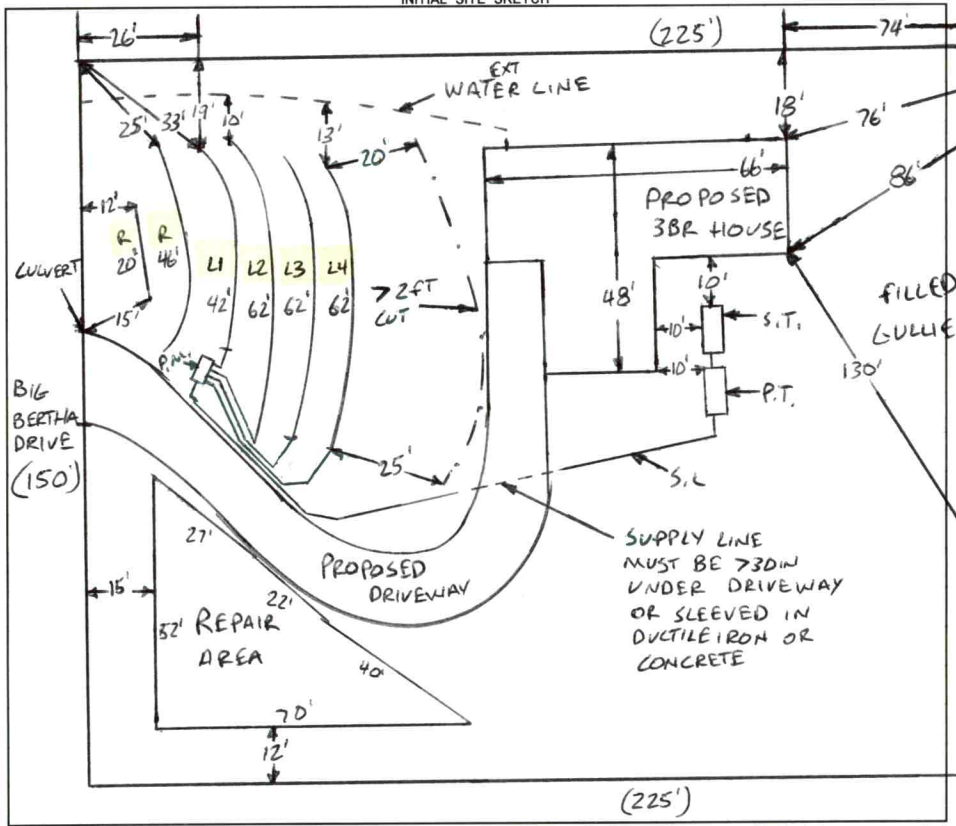
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SUBDIVISION: AUGUSTA GREENS SECTION: 2 LOT # 36 LOT AREA: 0.775 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	Date	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	50% REDUCTION-PPBPS-P.M.			[ ] Business	No. Persons	6	[ ] Private
Pump Make		Model	Serial #	Repair System Description:	50% REDUCTION			[ ] Other	No. Employees	-	[x] Public
# Nitrification Fields	1	# Lines	4	Linear Ft 228 ft	Maintenance Agreement Required:	[ ] YES	[x] NO	[ ] Slab	[x] Crawl Space		[ ] Community
Trench Width	24 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth -	[ ] GRAVITY	[x] PRESSURE		[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT GRADE CUT ANY FURTHER, IF RETAINING WALL IS INSTALLED NO DRAINAGE IS NOT TO BE INSTALLE ON IT

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AS BUILT SKETCH

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* Proposed Garage Does not impact Septic. - 7-13-2022 *

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Owner / Applicant Signature: Jeanne M. Moulton Date: 7/7/2022 Installed by:

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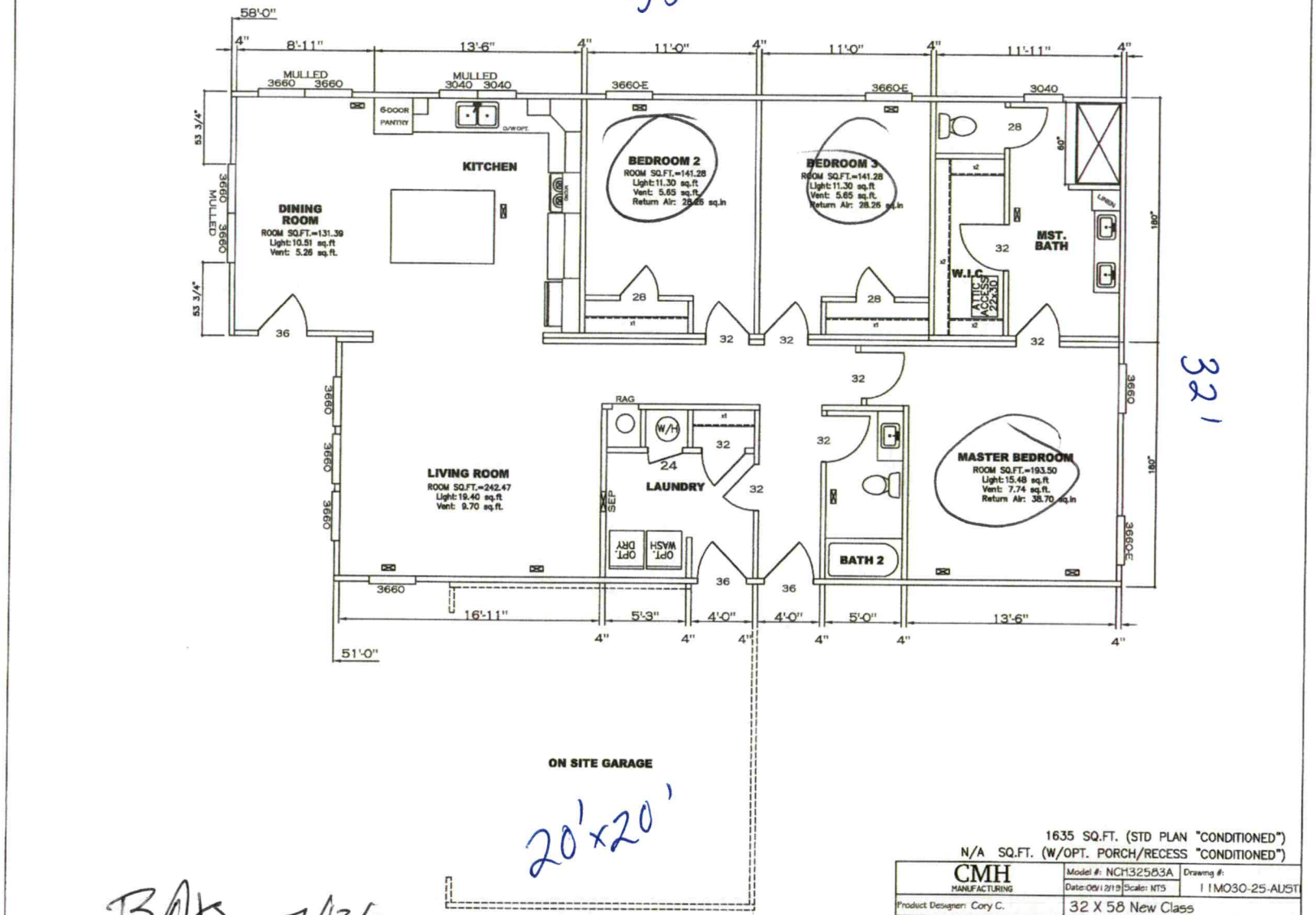
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Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

123 Big Bertha Dr.

58'



32'

20'x20'

1635 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: NCH32583A	Drawing #:
	Date: 06/12/19 Scale: NTS	11MO30-25-AUST
Product Designer: Cory C.	32 X 58 New Class	
FLOOR PLAN		

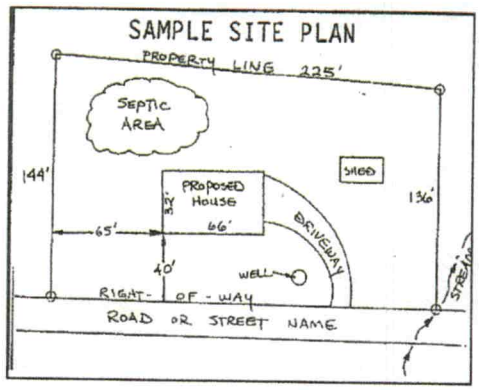
BAP 7/13/22

Jeanne M. Moulton 7/11/2022

Clayton Keeneland

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:

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

Signature: Jeanne M Moulton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/11/2022
DATE

Ronda Hart

From: Jeanne Moulton <jeanne@peakmgtgroup.com>
Sent: Tuesday, July 12, 2022 11:18 AM
To: Ronda Hart
Subject: Re: Septic Permit - 123 Big Bertha Dr.

Ronda, you are correct. It is the same floor plan. We decided to proceed with the garage. The garage dimensions are 20x20.

Thanks,
Jeanne

On Tue, Jul 12, 2022 at 9:39 AM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

> This looks like the same floor plan that had the garage X'd out (attached). What are the dimensions of the garage?
>
> **From:** Jeanne Moulton <jeanne@peakmgtgroup.com>
> **Sent:** Monday, July 11, 2022 10:13 PM
> **To:** Ronda Hart <ronda.hart@co.iredell.nc.us>
> **Cc:** Barbara Nebel <barbara.nebel@co.iredell.nc.us>; Chrystal Sloan <chrystal.sloan@co.iredell.nc.us>
> **Subject:** Re: Septic Permit - 123 Big Bertha Dr.
>
> Hi Ronda,
>
> Please find Site Plan and House plan with Garage attached.
>
> Thank you!
>
> Jeanne Moulton
>
> On Mon, Jul 11, 2022 at 4:34 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:
>
> > Please provide a site plan showing the dimensions of the garage addition. The garage is crossed off the signed floor plans so we will need to verify the overall dimensions. Thank you,

Thank you!

Jeanne Moulton

---------- Forwarded message ---------
From: **Jeanne Moulton** <jeanne@peakmgtgroup.com>
Date: Fri, Jul 8, 2022 at 9:57 AM
Subject: Septic Permit - 123 Big Bertha Dr.
To: Ronda Hart <ronda.hart@co.iredell.nc.us>, <Chrystal.sloan@co.iredell.nc.us>

Hi Ronda,

I hope you are well! I was in the office yesterday and Chrystal was helping me out with my building permit and addition permit (Garage) for 123 Big Bertha. The Addition permit was placed on hold until we could confirm with you or someone from the environmental department that the Garage was in fact included in the square footage. It looks to me that it was based on Bryant's drawing, but we needed to double check this with the Environmental Team before the Garage permit could be issued.

Can you please have a look and let us know? I have attached it here.

Thank you for the help!

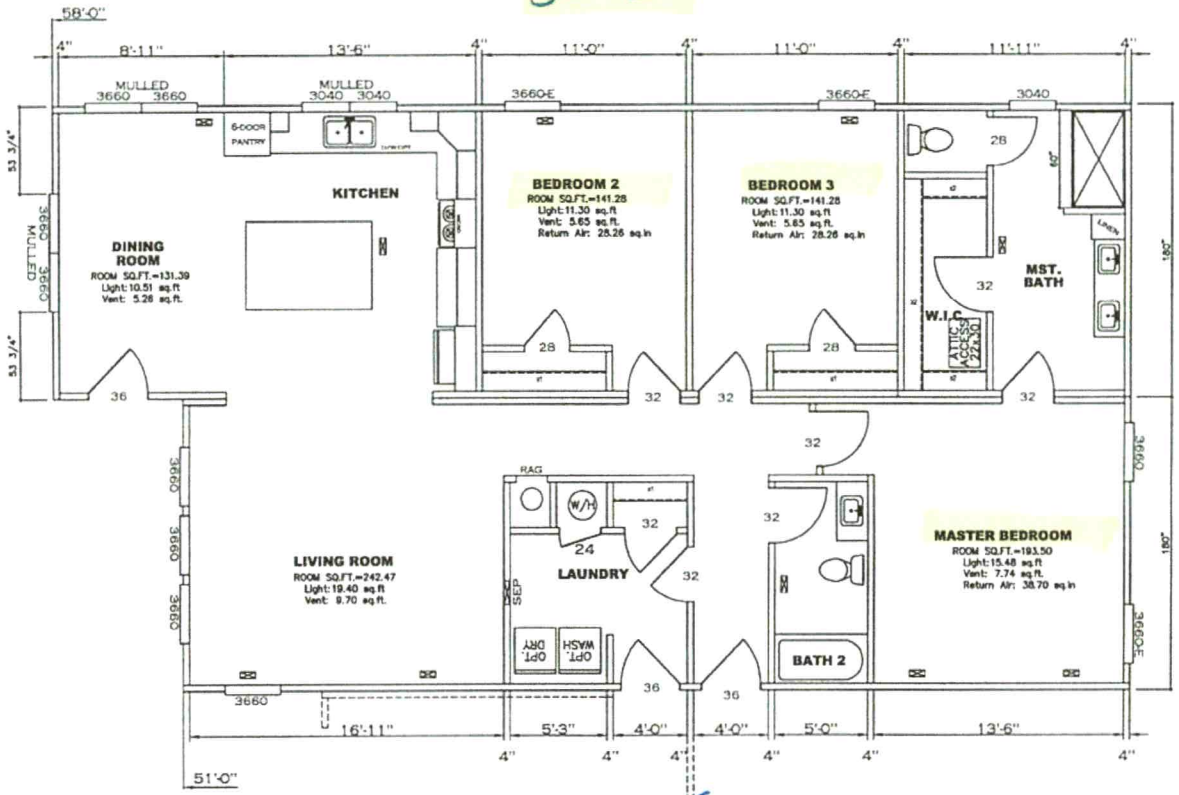
Jeanne Moulton

980-215-3837

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CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless

58'L



Front

32'W

Acknowledgement Of
Plans Submittal ONLY!

Date 1-4-24

Bryant C. White Date 7-6-2022

ON SITE GARAGE

1635 SQ.FT. (STD PLAN "CONDITIONED")
N/A SQ.FT. (W/OPT. PORCH/RECESS "CONDITIONED")

CMH MANUFACTURING	Model #: NCH32583A	Drawing #: 11M030-25-AUST
	Date: 06/12/19 Scale: NTS	
Product Designer: Cory C.	32 X 58 New Class	
FLOOR PLAN		

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

Sheet 1 of 1
PROPERTY ID #: 3793-54-1461
COUNTY: IREDELL

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

OWNER: OPTIMISTIC VENTURE GROUP, LLC. APPLICATION DATE 1-4-2021
ADDRESS: 201 NORTH MCDOWELL STREET, SUITE 33306, DATE EVALUATED: 3-29-2021/5-31-2022
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360GPD PROPERTY SIZE: 0.775AC
LOCATION OF SITE: 123 BIG BERTHA DRIVE, STATESVILLE, N.C. 28677 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	LINEAR SIDE 20%	0-27	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	46"	PS II L	NA	PS .3
		27-46	CL, WABK	FR, SS, SP, SEXP					
		46-66	SAP, MAS	VFR, NS, NP, SEXP					
2	~~ETNE~~ OLD ROAD BED 20%	0-7	C, ABK	COMPACTED	SAP INC THRU OUT MICA COMMON	50"	PS II L	NA	PS .3
		7-21	CL, ABK	FR, S, P, SEXP					
		21-50	CL, WABK	FR, SS, SP, SEXP					
		50-78	SAP, MAS	VFR, NS, NP, SEXP					
3	LINEAR SIDE/ FILL PILE 15%	0-6	FILL	MIXED	SAP INC THRU OUT FEW V/B @ C-CL INTERSECT	60"+	NA	NA	PS .275
		6-~~22~~ 12	SCL, ABK	FR, SS, SP, SEXP					
		~~24~~ 12-~~60~~ 34	C, ABK	FR, S, P, SEXP					
		34-60	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 18%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	58"+	NA	NA	PS .3
		6-21	C, ABK	FR, S, P, SEXP					
		21-58	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%-PM	50% LPP
Site LTAR	0.275	0.275

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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/ft²

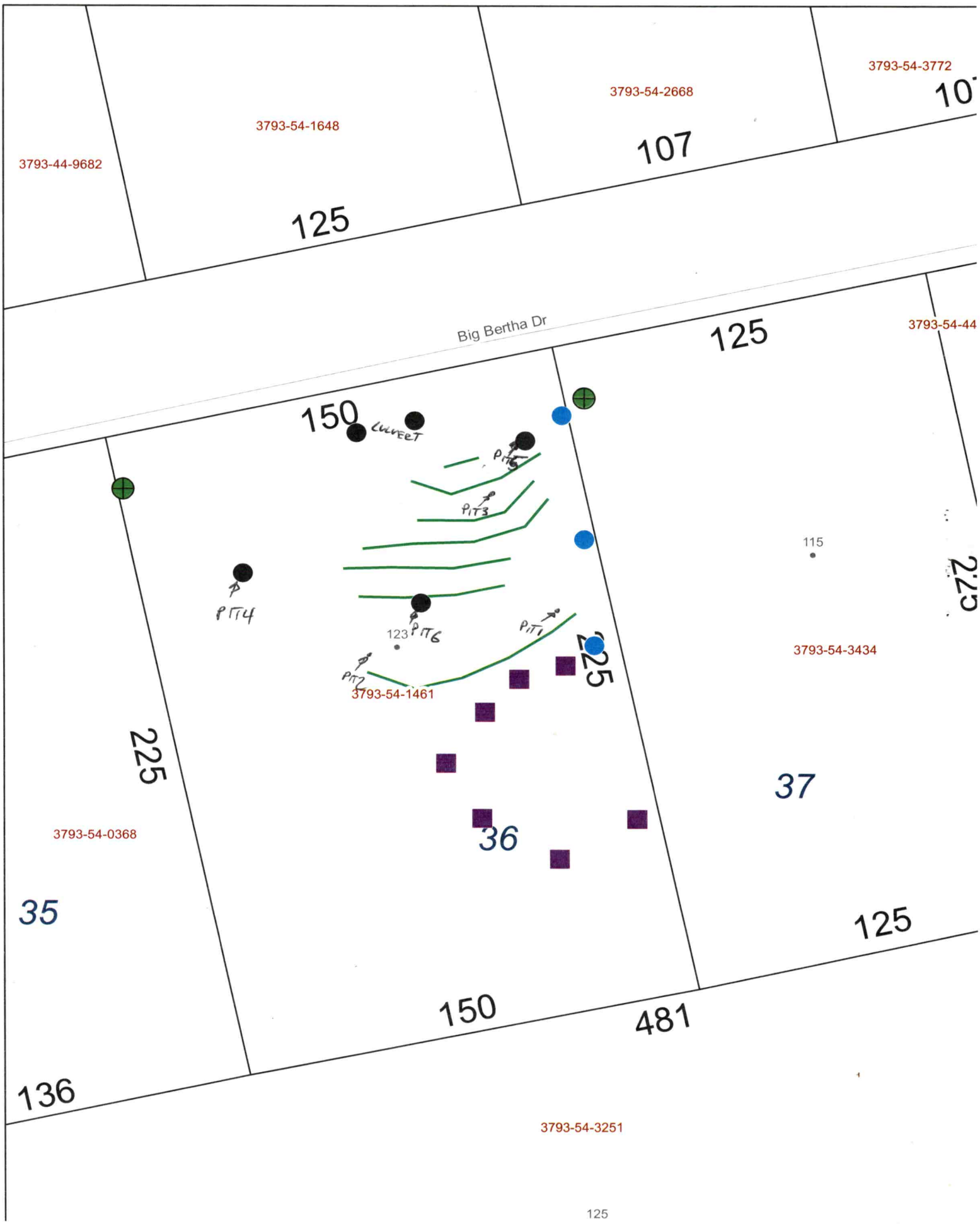
Show profile locations and other site features (dimensions, reference or benchmark, and North).

5-31-22

PIT 5 LINEAR 0-24 CL, SBK | fl, S, P, SEXP SAP INC THRU OUT 54"+ NA NA PS .3
SIDE 24-54 CL, WSBK | FR, SS, SP, SEXP
12%

PIT 6 LINEAR 0-7 FILL MIXED COMPACTED
SIDE 7-34 CL, SBK fl, S, P, SEXP SAP INC THRU OUT 61"+ NA NA PS .3
8% 34-61 CL, WSBK FR, SS, SP, SEXP

SEE ATTACHED


3793-54-3772
3793-54-2668
3793-54-1648
3793-44-9682
107
125
Big Bertha Dr
125
3793-54-44
150
culvert
PIT5
PIT3
PIT4
115
PIT6
123
PIT1
PIT2
225
225
3793-54-3434
3793-54-1461
37
36
3793-54-0368
35
125
150
481
136
3793-54-3251
125

RECEIVED FEB 3 - 2021

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-313857

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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
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: Optimistic Venture Group, LLC. Address: 201 N McDowell St., #33306 Zip: 28233
Applicant Email: jeanne@peakmgtgroup.com Phone: 980-215-3837 Alt. Phone: _____
Owner Name: Juan Pasco Address: _____ Zip: _____
Owner Email: juan.pasco@aol.com Phone: 516-410-6040 Alt. Phone: _____

Property Information:

Street Address: 123 Big Bertha, Statesville, NC 28677
Subdivision Name: Augusta Greens Section/Phase: _____ Lot Number: 36
Driving Directions: I40W to Exit 144; R on Beulah, L on Titleist, R on Big Bertha

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~~ 3
Maximum Number of Occupants: ~~8~~ 6
( ) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) 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: _____

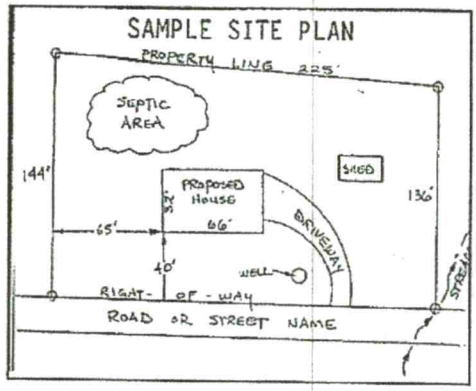
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: Jeanne M Moulton 1-4-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

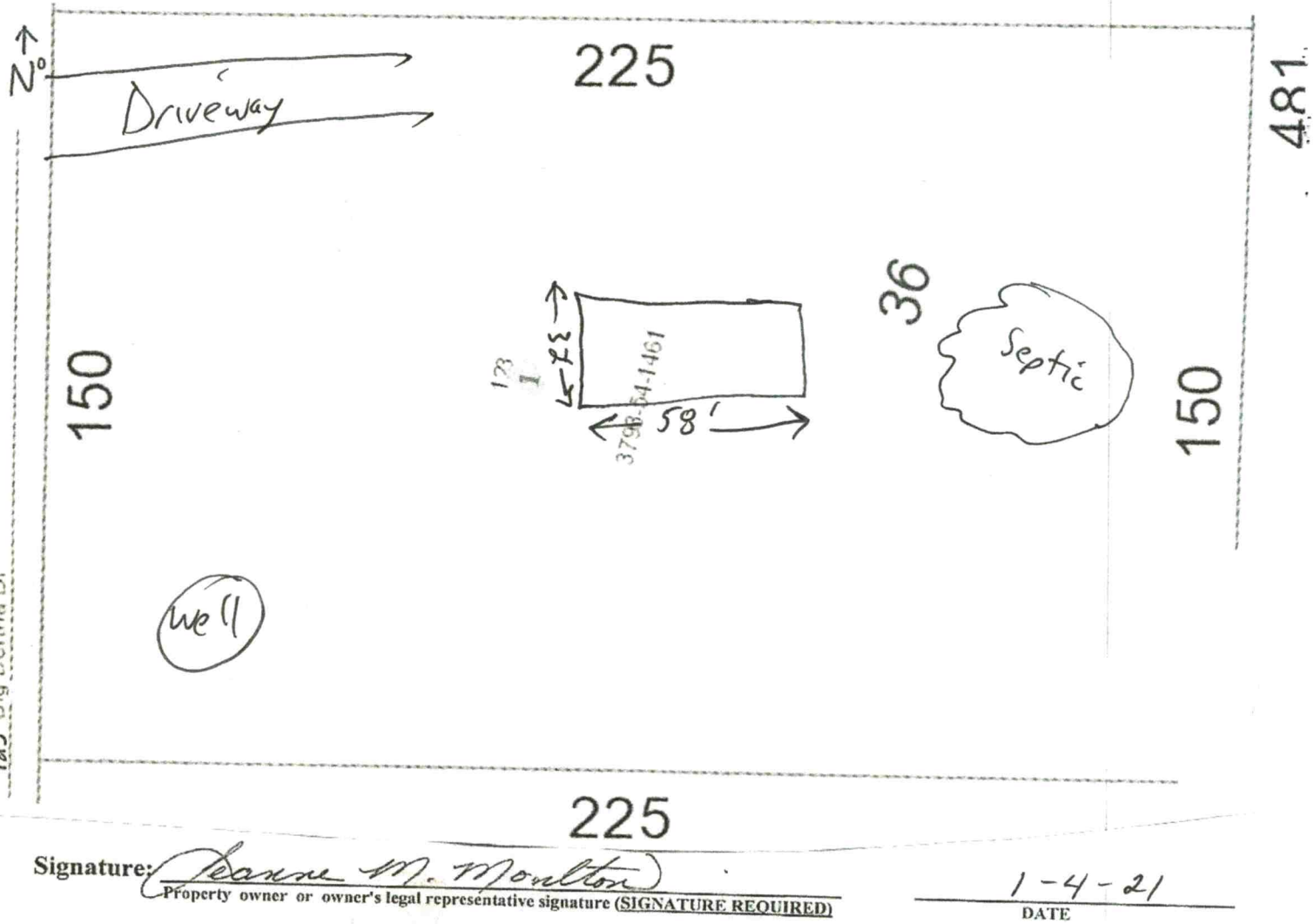
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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: Leanne M. Moulton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-4-21
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, Juan Pasco, am the legal owner(s) of the property located at 123 Big Bertha Dr, Statesville NC 28677, identified as PIN (Parcel Identification Number) 3793-54-1461, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Moulton, Optimistic Venture Group, LLC, 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.

Juan Pasco
Signer ID: 1U9PYXM8G4
29 Dec 2020, 12:19:23, PST
Signature of Owner(s)

12/29/2020
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

JM **Complete all Environmental Health forms:**

JM Application
JM Site Plan including the dimensions of proposed structure, addition, pool etc.
JM Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
JM Copy of Zoning Permit when applicable
JM Sign this sheet after you have completed all items

JM **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JM **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

JM **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

JM **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Jeanne M Moulton Date 1-4-21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313857 Issue Date: 01/05/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3793541461.000	123 BIG BERTHA DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PASCO JUAN R+DIANE	Name: OPTIMISTIC VENTURE GROUP LLC
Address:	Address: 1163 SHINNVILLE RD
,	STATESVILLE, NC 28677
Phone:	Phone: (704)996-0134

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.775	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR

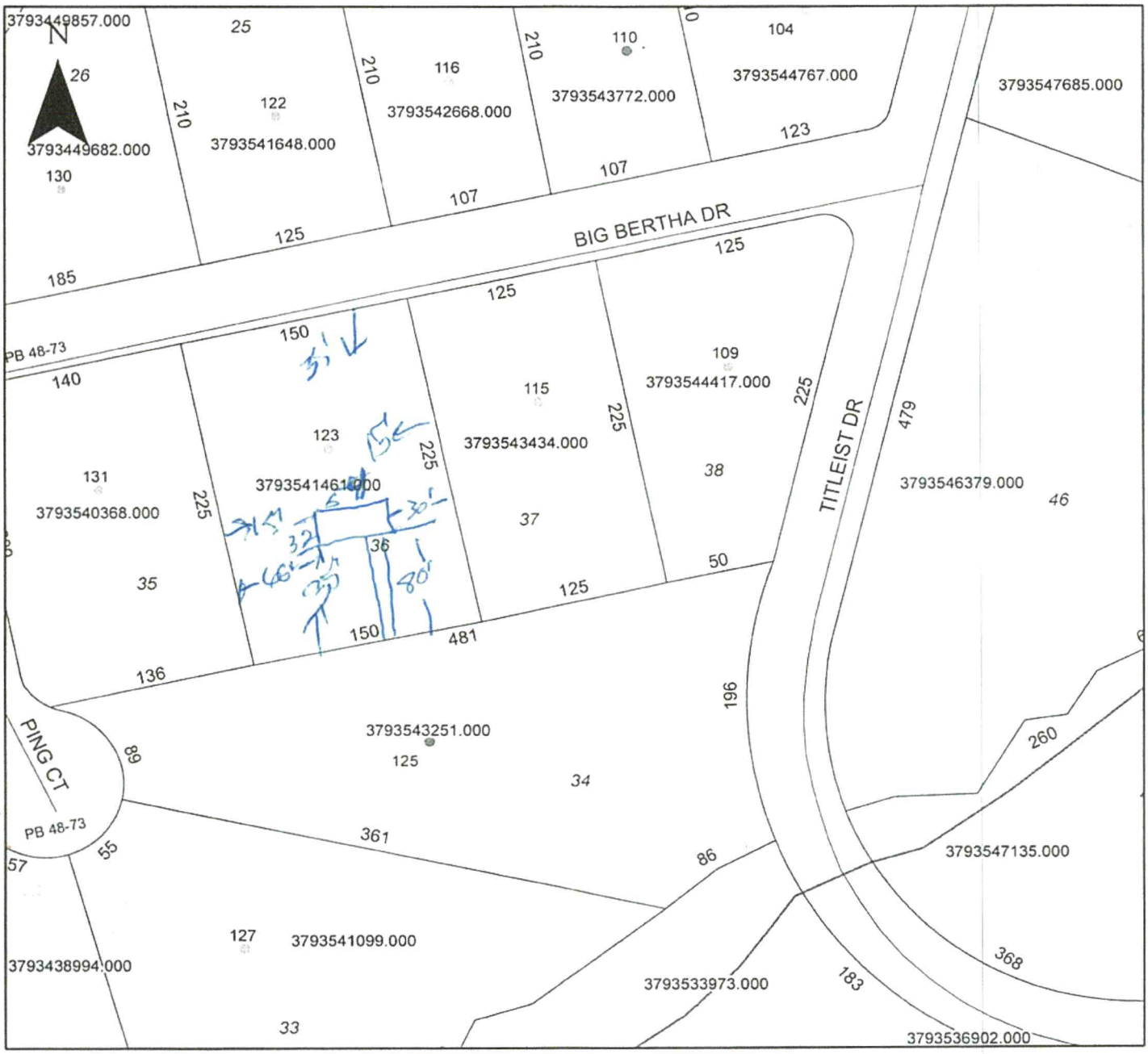
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/05/2021

Signature of Owner/Contractor

Permit Number	313857	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 123 Big Bertha

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

1-4-21

Date

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) **No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular X Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

No

Is there a septic tank on the property? Yes / No If residence how many bedrooms? ___ and stories? ___

Please describe project (Details, Purpose, or Use): Put new modular on lot

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only):

Does the property have community water? Yes / No If yes, please list who provides it:

Does the property have community sewer? Yes / No If yes, please list who provides it:

Owner Information

Property Owner's Name Juan Pasco Phone #

Owner's Current Address

Property Information

Property Address 123 Big Bertha Dr, Statesville Parcel # 3793-54-1461

Subdivision: Magnolia Green Lot: Zoning: Watershed: Y / N Flood Plain: Y / N Township:

Directions to property (from a MAIN ROAD)

Application Information

Applicant's Name or Company Optimistic Venture Applicant's Phone # 704-988-4737

Applicant's Address 301 N Mcdowell St, Charlotte 28233

If Company, Representative's Name and Title Ed Menchaca Project Manager

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Juan Pasco DATE 1-4-21

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB9172

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,154.50**
AP-313856 Address: 108 SPALDING CT	**APN: 3793642041.000**		**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
AP-313857 Address: 123 BIG BERTHA DR	**APN: 3793541461.000**		**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT: WEB9172			**$1,154.50**

Date Paid: Tuesday, January 05, 2021

Paid By: Jeanne Moulton

Cashier: EPRS

Pay Method: CREDIT 09007G