ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 322132

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

PIN # 4614 -- 92 -- 1929

APPLICANT/OWNER: Christie & Tom Anderson APPLICANT ADDRESS: 9643 Ashley Green Ct

SITE ADDRESS: 176 Ballycastle Rd, Mooresville 28117 PHONE: 704-953-6851 ALT. PHONE 301-471-5974

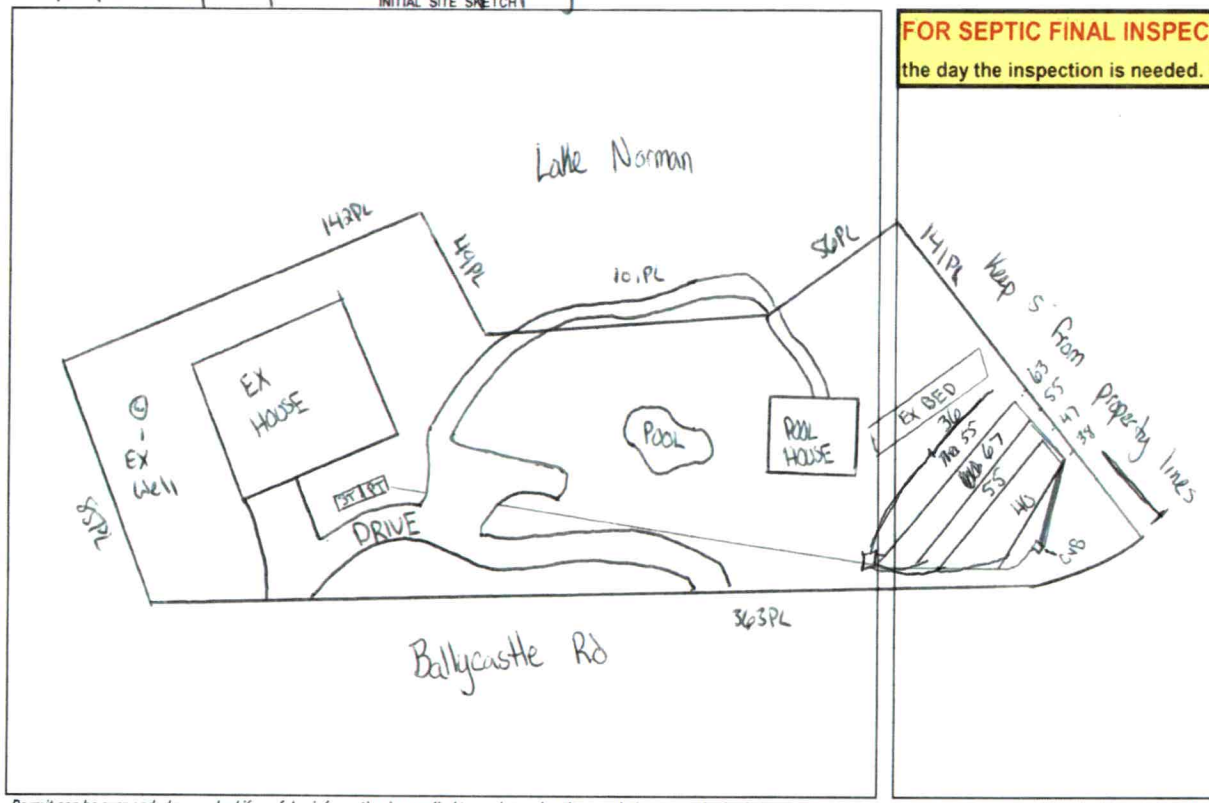
SITE DIRECTIONS: Brawley School - Tuskarora Trail - Syllabub - Ballycastle SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 56 LOT # 335 LOT AREA: 0.81 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	EX	(gal)	PT	Date	System Description:	—			☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #	Repair System Description:	LP - PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 225'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on contour with the land. Do not drive, park, or grade septic area. Septic is only sized for 6 people. Keep septic 5' from property lines.

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.

53 panels
3/16 hole
2 ft head
2 in supply

Dose = 191
Flow = 26
Drawdown = 9
Time = 7.25

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: Christie Anderson Date: 9/19/22 Installed by: R&H of Lake Norman (Chris Hedrick)

IMPROVEMENT PERMIT by: Cory Hill Date: 9/16/22 OPERATION PERMIT by: Cory Hill Date: 9/26/22

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 9/16/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # **AP** 322132

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

PIN # 4614 -- 92 -- 1929

APPLICANT/OWNER: Christie & Tom Anderson | APPLICANT ADDRESS: 9643 Ashley Green Ct

SITE ADDRESS: 176 Ballycastle Rd, Mooresville 28117 | PHONE: 704-953-6851 | ALT. PHONE 301-471-5974

SITE DIRECTIONS: Brawley School - Tuskarora Trail - Syllabub - Ballycastle | SAP CONTROLLED: ☐ YES ☒ NO

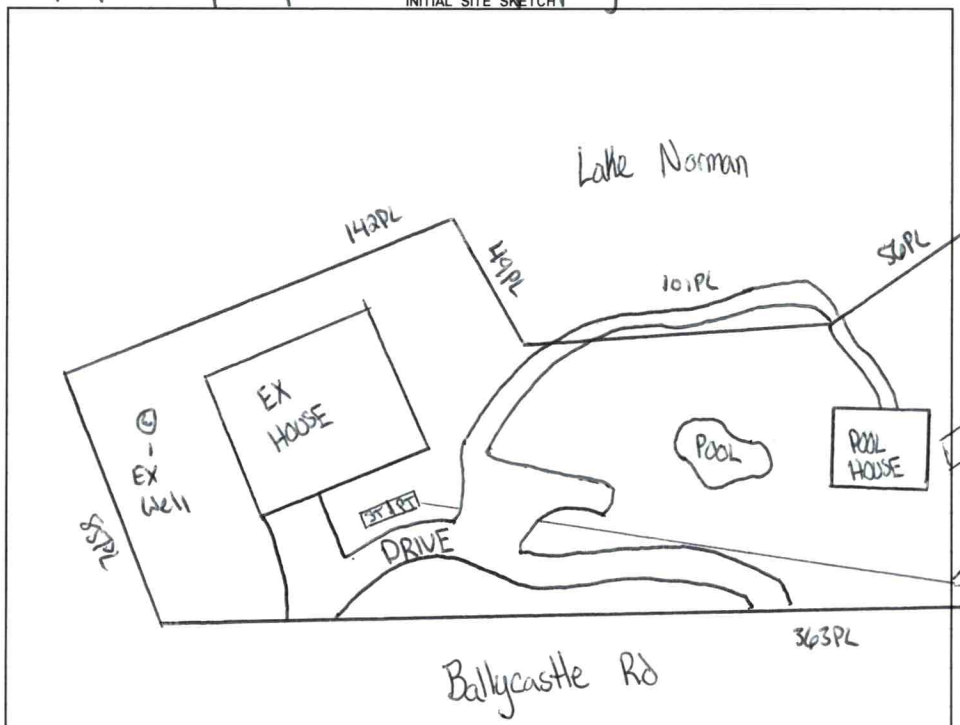
SUBDIVISION: CL & T | SECTION: 56 | LOT # 335 | LOT AREA: 0.81 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	EX	(gal)	STB	Date	☐ New System ☒ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	3
Pump Tank	EX	(gal)	PT	Date	System Description: –		☐ Business	No. Persons	6
Pump Make		Model		Serial #	Repair System Description: LP - PPBPS		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft 225'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	
Trench Width	24 in	Trench Bottom Depth(~~Low side~~)		36" max	Gravel Depth –	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour with the land. Do not drive, park, or grade septic area. Septic is only sized for 6 people. Keep septic 5' from property lines.

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.

53 panels
3/16 hole
2 ft head
2 in supply

Dose = 191
Flow = 26
Drawdown = 9
Time = 7.25

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: Christie Anderson | Date: 9/19/22 | Installed by:

IMPROVEMENT PERMIT by: Cary Wil | Date: 9/16/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cary Wil | Date: 9/16/22 | Existing System Inspected by: | Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 1105299 PIN # 4614 92 1929 DATE 1-25-2011

OWNER or APPLICANT Bobby & Janet Faulk / Shaun Daden PHONE: Business 704 309-6810 Home: 704 662-3122

OWNER or APPLICANT ADDRESS P.O. Box 1281 Davidson, NC 28036

LOCATION / DIRECTIONS Brawley School Rd TR Tuskarora TL Sylabub TR Bally Castle on right

SUBDIVISION C&T (Meck Nerk) BLOCK / SECTION 6 LOT # 335 LOT AREA .81Ac DESIGN FLOW ___ L.T.A.R. ___

Septic Tank Exist Gallons: STB ___ Date ___

Pump Tank Exist Gallons: P T ___ Date ___

Pump Make ___ Model ___ Serial # ___

Nitrification Field No Fields ___ No Lines ___ Linear Feet ___

Trench Width ___ Max. Trench Bottom Depth Exist Gravel Depth ___

☐ New System ☐ Repair ☐ Expansion System Type I II III IV V VI 3B

System Description: Exist. Pump to Gravel Bed

Repair System Description Dead Prior to 1983 in Meck Co

Maintenance Agreement Required ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons ___

☐ Other No. Employees ___

☐ Slab ☐ Crawl Space

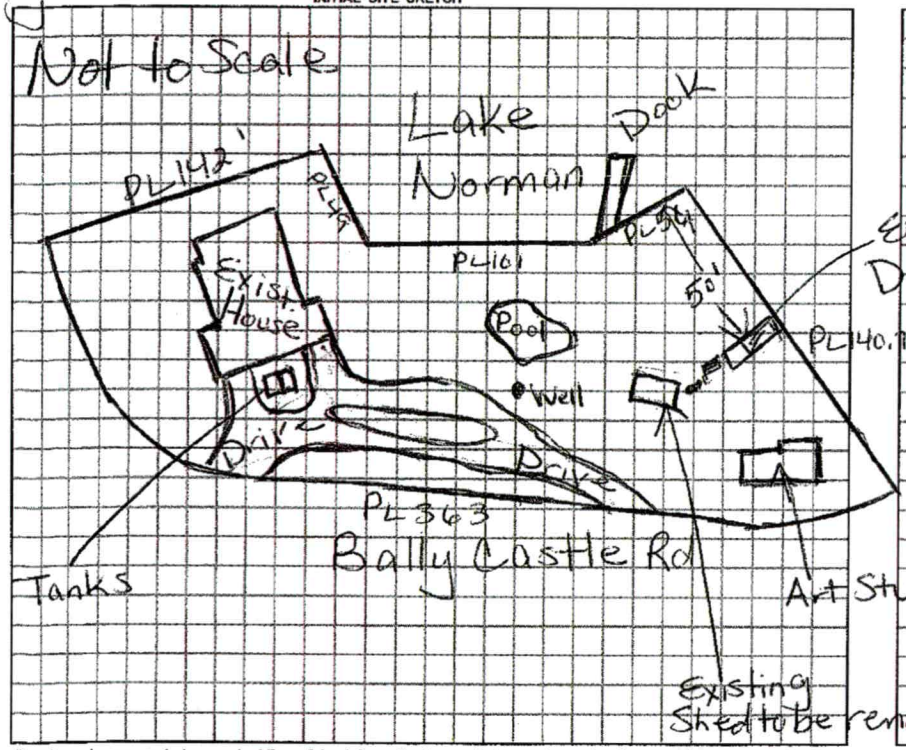
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of Inspection. However Drainfield is very deep 5ft & greater so all of it was not found.

Comments / Conditions: Pool House to replace Existing Shed (where former Mtt was) Must keep only Bldg. at least (5ft) from Septic System. *All Sewage must go to Approved STS PT prior to Drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

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.

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

Owner / Applicant Signature: X Bobby Faulk Date 1-26-11

Improvement Permit by: ___ Date ___

Authorization to Construct by: ___ Date ___

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by: ___

Operation Permit by: ___ Date: ___

Existing System Inspected by: Maria H Dolan Date: RE-HS 11/25/2011

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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

Sheet 1 of 1
PROPERTY ID #: 4649219299
COUNTY: Iredell

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

OWNER: Christie & Tom Anderson
ADDRESS: 9643 Ashley Green Ct
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: 176 Ballycastle

APPLICATION DATE 10/26/21
DATE EVALUATED: 10/26/21
PROPERTY SIZE: _____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 6%	0 - 5	SCL SBK	SS SP FR SE	—	48	—	—	.3 PS
		5 - 20	C SBK	SS SP FR SE					
		20 - 48	CL SBK	SS SP FR SE					
2	Linear 6%	0 - 6	SCL SBK	SS SP FR SE	—	48	SAP inc in CL layer	—	.3 PS
		6 - 19	C SBK	SS SP FR SE					
		19 - 48	CL SBK	SS SP FR SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Cory Wrucker
OTHER(S) PRESENT: _____

COMMENTS: _____

Updated February 2014

RECEIVED OCT 2 6 2021

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*

Repair AP- 322132

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Christie & Tom Anderson Address: 9643 Ashley Green Ct. Zip: 28027
Applicant Email: Christie@bytesuccess.com Phone: 704-953-6851 Alt. Phone: 301-471-5974
Owner Name: Christie & Tom Anderson Address: 176 Ballycastle Rd, Mooresville Zip: 28117
Owner Email: christie.Anderson@bytesuccess.com Phone: 704-953-6851 Alt. Phone: 706-906-3982

Property Information:

Street Address: 176 Ballycastle Rd, Mooresville NC, 28117
Subdivision Name: Crescent Land + Timber Corp Section/Phase: S6 Lot Number: 335
Driving Directions: Heading North on I-77, Take exit 35 for Brawley School Road toward Charlotte Highway, Keep left at the fork, merge Left onto NC-1100/Brawley School Rd,At the traffic circle, take the 2nd exit onto NC-1100, Turn right onto Tuskarora Trail, Turn left onto Syllabub Ln, Turn right onto Ballycastle RD, Destination will be on the right.

Site Development Information: *(check or complete ALL that apply*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Effluent Surfacing

Maximum Number of Bedrooms: 4 5
Maximum Number of Occupants: _____
(X) Swimming Pool Existing
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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

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

Signature: Russell B. Williams 10-6-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Christie Anderson, am the legal owner(s) of the property located at 176 Ballycastle Rd. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4614-92-1929, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Russell B. Williams Wastewater Solutions & Design, 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.

Russell B. Williams
Signature of Owner(s)

10-6-21
Date

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

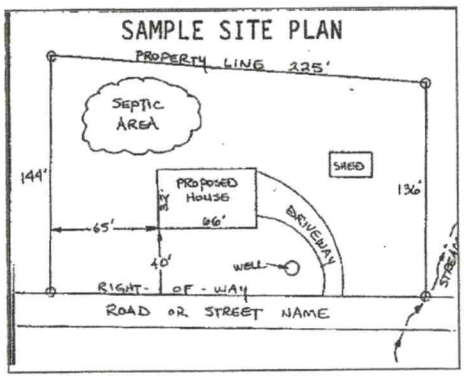
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

176 Ballycastle

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 105299 PID # 4614 92 1929 DATE 1-25-2011

OWNER or APPLICANT Bobbie Janet Faulk / Shawn Ogden PHONE Business 704 309-6810 Home: 704 662-3122

OWNER or APPLICANT ADDRESS P.O Box 1281 Davidson, NC 28036

LOCATION / DIRECTIONS Brawley School Rd TR Tuskarora TL Stylabub TR Ballycastle on right

SUBDIVISION Clint (Mecklenburg) BLOCK / SECTION C LOT # 335 LOT AREA .81Ac DESIGN FLOW ____ LTAR ____

Septic Tank Exist. Gallons: STB Date
Pump Tank Exist Gallons: PT Date
Pump Make Model Serial #
Notification Field No Fields No Lines Linear Feet
Trench Width Max Trench Depth Gravel Caps

New System Repair Expansion System Type I II III IV V 38
System Description Exist. Pump to Gravel Bed Dual Prior to 1983 in Meck Co
Repair System Description
Maintenance Agreement Required YES NO
GRAVITY PRESSURE

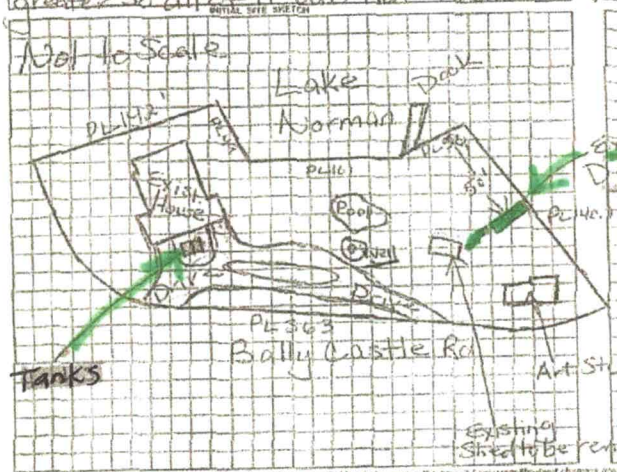
Residence No. Bedrooms 3
Business No. Persons
Other No. Employees
Slab Crawl Space
Basement w/plumbing Basement w/o plumbing

Water Supply: Private, Public, Community

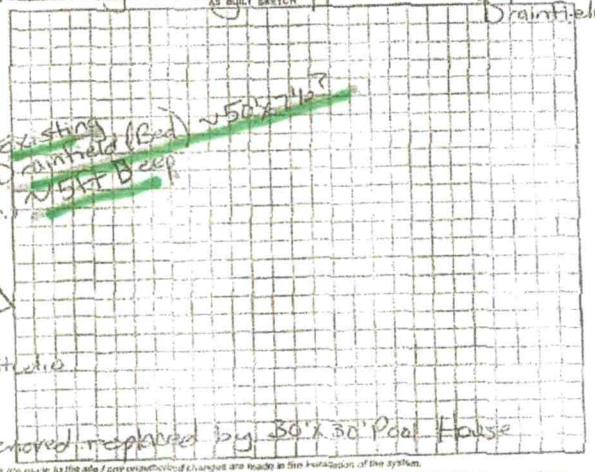
Comments / Conditions: Existing Septic System "appears" to be functioning okay at time of inspection. However Drainfield is very deep 5ft+ a greater so all of it was not found

Comments / Conditions: Pool House to replace Existing Shed (where former MH was) Must keep only bdrm at least (5ft) from Septic System. All sewage must go to Approved STa PT prior to Drainfield.

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AS BUILT SKETCH



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☐ IMPROVEMENT PERMIT or Site Plan valid without expiration ☐ IMPROVEMENT PERMIT or Site plan Valid for 60 mos ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT not to exceed 60 mos

Owner / Applicant Signature X Bobbie Faulk Date 1-26-11 Installed by:

Improvement Permit by: Date Operation Permit by:

Authorization to Construct by: Date Existing System Inspected by: Date 1/25/2011

WHITE COPY: Environmental Health YELLOW COPY (Field) Owner / Applicant PINK COPY (field) Owner / Applicant

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Signature: _____ _____

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

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 ***

RW **Complete all Environmental Health forms**:

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

RW ✓ **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.**

RW **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**.

Repair NA **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.

✓ **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 Russell Wilkins **Date** 10-6-21

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