IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232395

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

PIN # 4626-07-~~4826~~ 1906

APPLICANT/OWNER: Paul Kumar / CS+SC APPLICANT ADDRESS: P.O. Box 1703 Mooresville, NC 28115

SITE ADDRESS: 118 Spears Creek Dr. Mooresville, NC PHONE: 704-202-5792 ALT. PHONE Paul: 704-634-1263

SITE DIRECTIONS: BSR towards Lake Norman → R on McKendree → R on Spears Creek Dr. → site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms SECTION: 4 LOT # 470 LOT AREA: 0.757 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000 gal min	STB	444	Date	5-16-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)	
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% Reduction (CPP BPS)		
# Nitrification Fields	1	# Lines	5	Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	23"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: * State law requires a minimum of 1000-gallon septic tank size. See HOA requirements regarding tank size * Recommend pumping septic tank every 3-5 years.

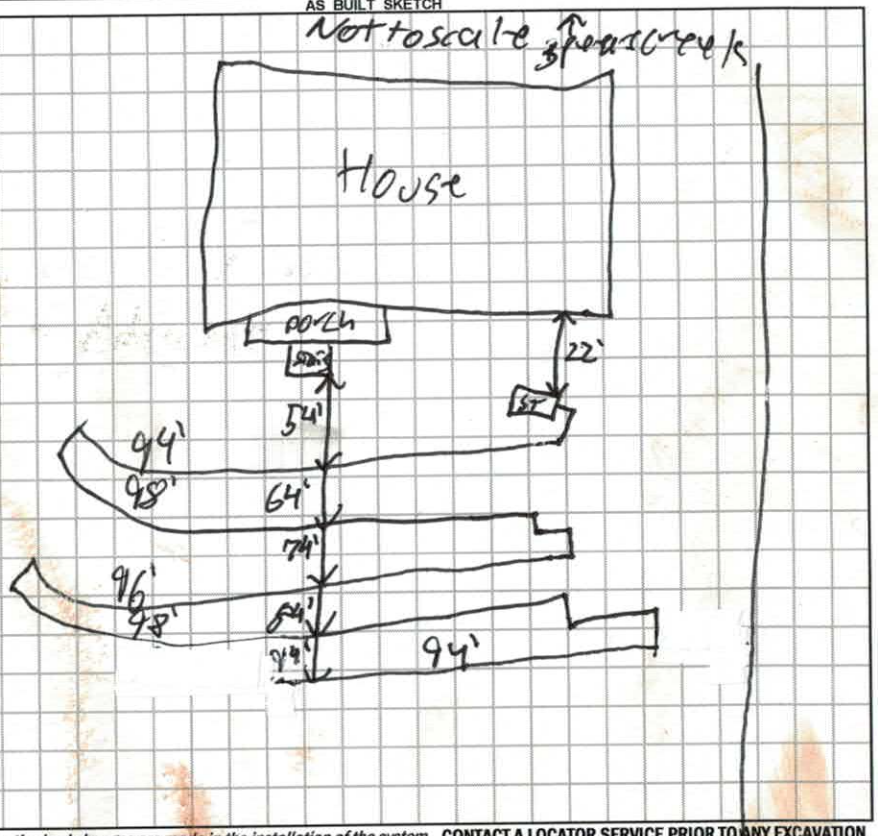
INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consulting, PLLC

Dated: 8-16-2018 Adrian Pruett LSS 1314

See approved floorplans dated 3/4/19

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. **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: 4/17/2019

IMPROVEMENT PERMIT by: Tom Shuck Date: 9/18/2018

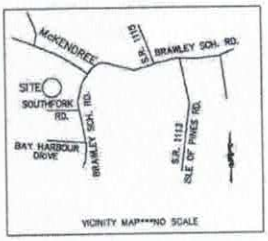
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/4/2019

Installed by: Lago Vista

OPERATION PERMIT by: Patrick J Bagley III Date: 08/01/19

Existing System Inspected by: Date:

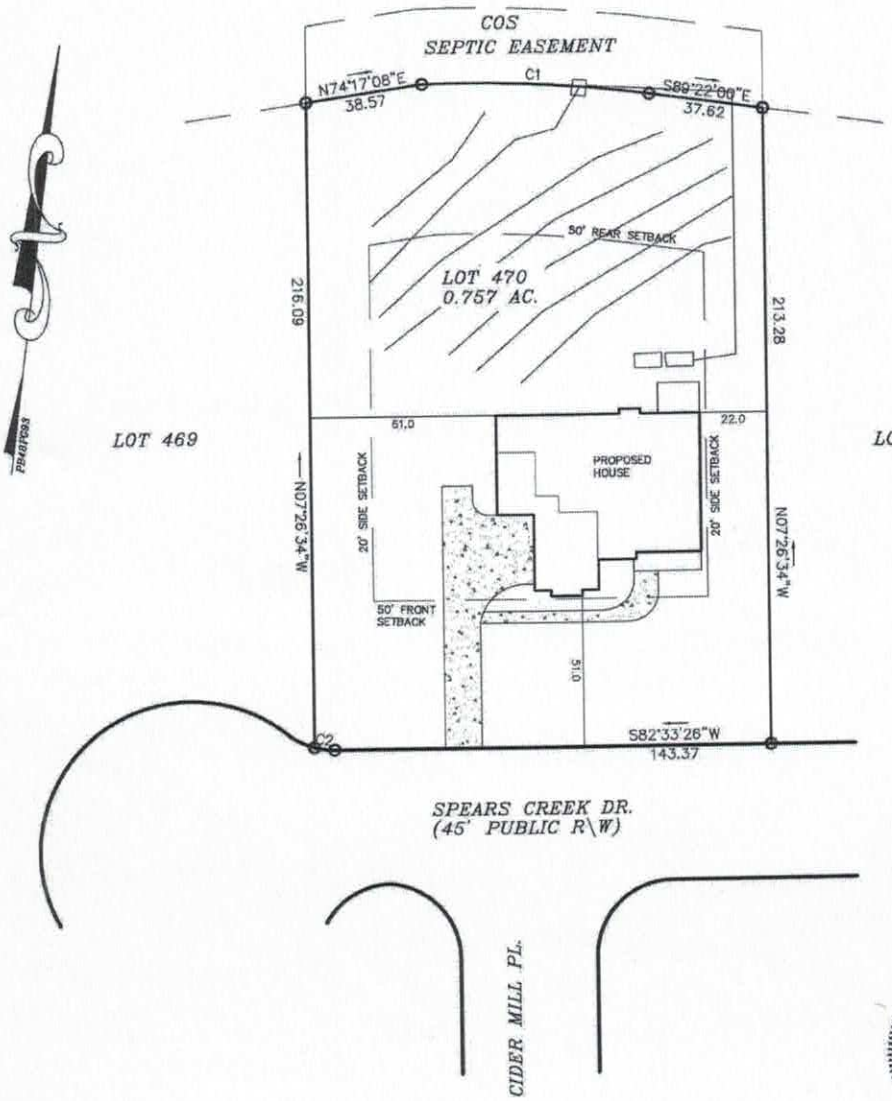
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	425.90'	74.79'	S 85°36'11" W	74.69'
C2	25.00'	6.71'	S 89°45'03" E	6.69'

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) PARCEL # 4626071906
6) DEED REF. BOOK 2493 PAGE 1689
7) PLAT BOOK 48 PAGE 93
8) ADDRESS 118 SPEARS CREEK DR.



NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

12/12/17

LEGEND

P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

PLOT PLAN
OF

LOT 470 THE FARMS PHASE 4 MAP 1

DAVIDSON TWSP., IREDELL CO., N.C.
SCALE = 1" = 40' DATE: DEC. 11, 2017

OWNER: CYRAS CUSTOM HOMES

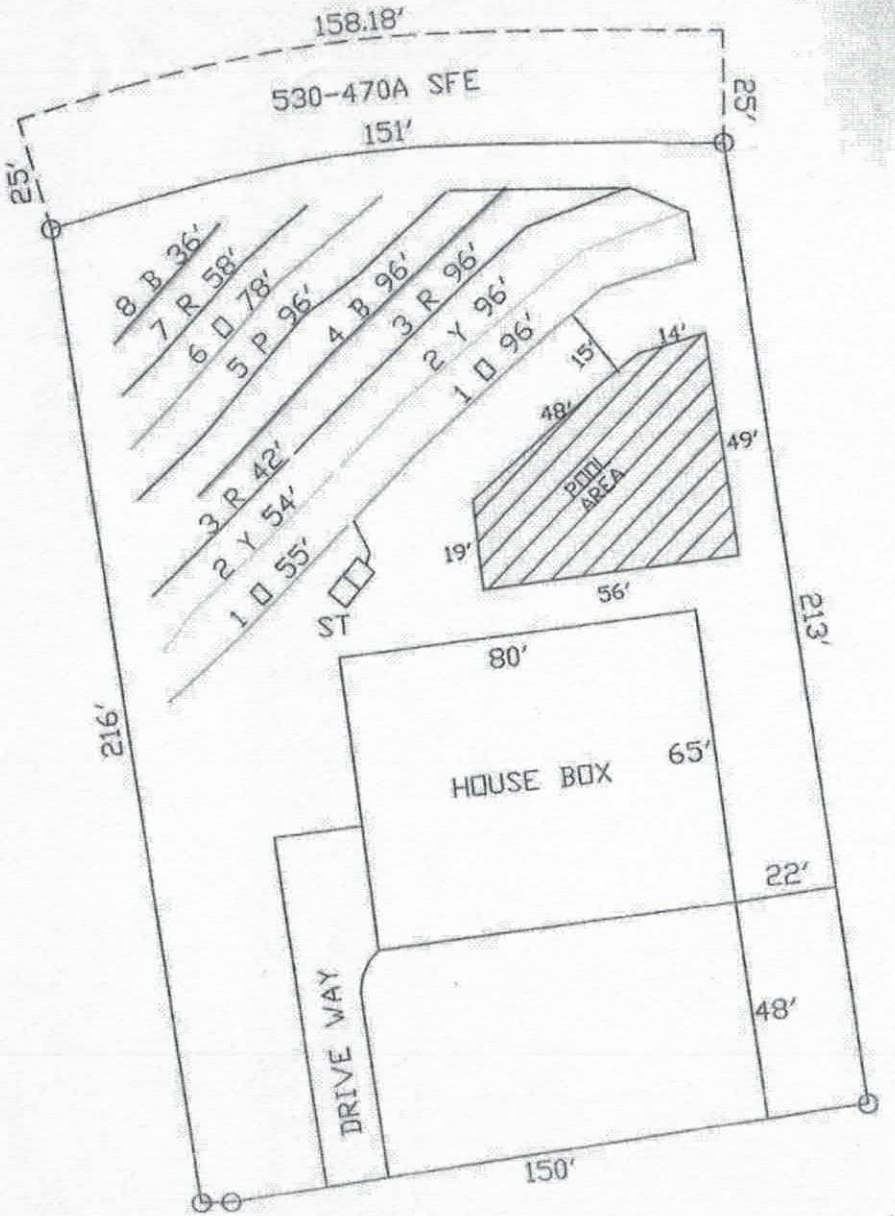
DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 CROSSLAKE PARK DR. SUITE 102* Mooresville , N.C. 28117
(704) 664-7029 (704) 664-8041 Fax

GRAPHIC SCALE

40 0 20 40 80 160

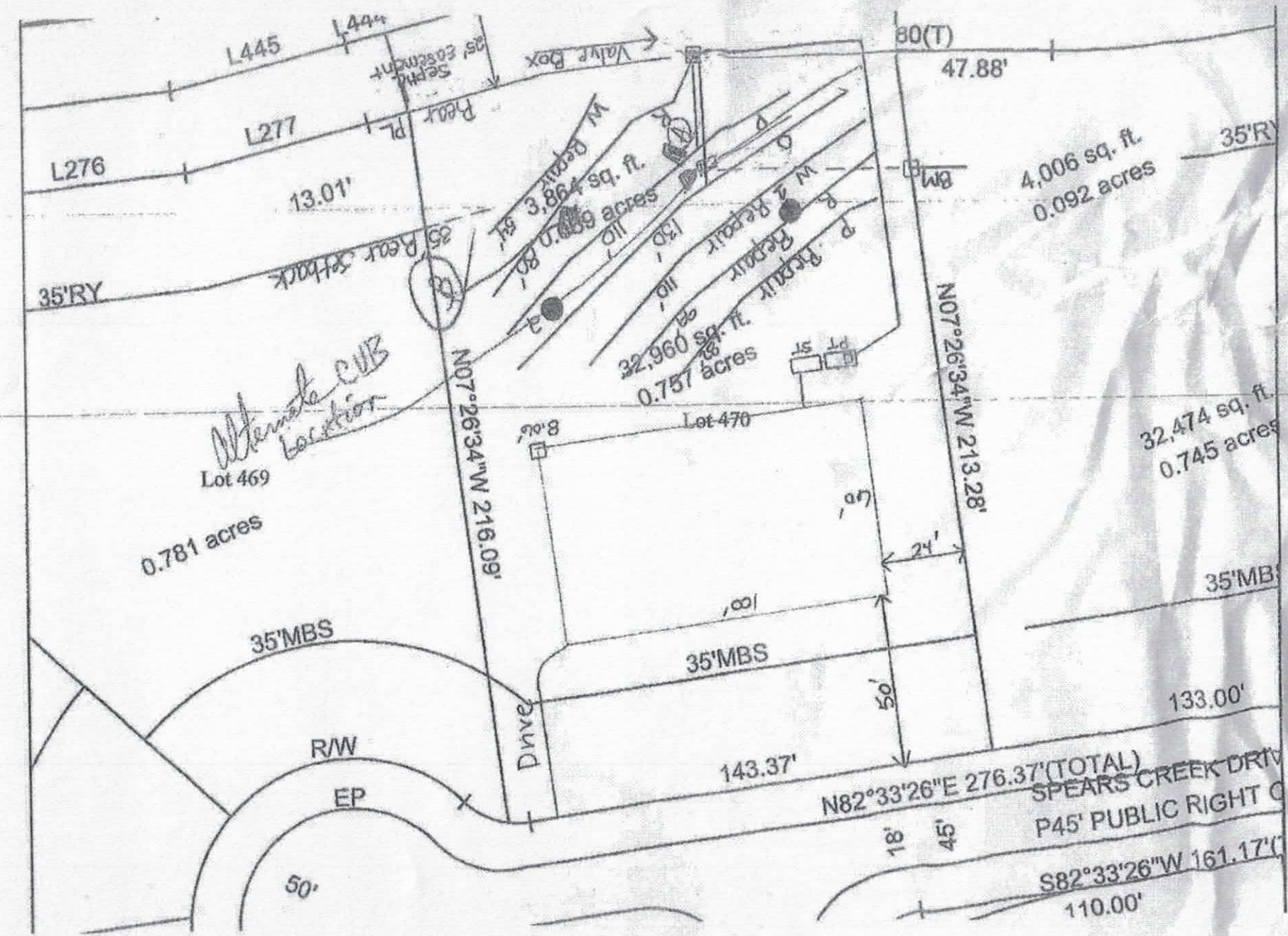
(IN FEET)
1 inch = 40 ft.

THE FARMS
LOT 470
.757 AC
SCALE 1"=40'



NORTH

SPEARS CREEK DR.


L445
L444
L277
L276
13.01'
35'RY
25' Rear Setback
Valve Box
W Repair
3,864 sq. ft.
0.089 acres
W & Repair
Repair
32,960 sq. ft.
0.757 acres
Alternate CUB Location
Lot 469
0.781 acres
N07°26'34"W 216.09'
Lot 470
N07°26'34"W 213.28'
80(T)
47.88'
4,006 sq. ft.
0.092 acres
35'RY
32,474 sq. ft.
0.745 acres
35'MBS
35'MBS
35'MBS
24'
50'
133.00'
143.37'
N82°33'26"E 276.37'(TOTAL)
SPEARS CREEK DRIV
P45' PUBLIC RIGHT O
S82°33'26"W 161.17'(T
110.00'
R/W
EP
50'
45'
18'
Drive

No. Lines	1 @ 130' centerfed 1 @ 110' centerfed 1 @ 80' endfed
Total Ft. Line	320
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Repair System	LP PPBPS
Total Ft. Line	345
Elevations (Rod Readings)	
Upper Line	Pink 6.2'
Lower Line	White 11.07'
Tank	3.94'
House Corner	8.06'
Benchmark	6.76'

DOSING CALCULATIONS

Location THE FARMS

Lot No: 470

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED.? (YES OR NO)	YES
Supply Line Length	11 ft.
Supply Line Volume	3.96 gal.
Required Feet of 25% RED. Line	480 ft.
Amount of Line from Layout	480 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	313.44 gal.

APPROVED SEP 18 2018

OWNER INFORMATION

Owner: Cyrus Custom Homes
Address: 4436-B South Blvd.
Charlotte, NC 28209
Phone:
County: Iredell
Location: THE FARMS LOT 470

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 480
Total Lateral Length Required: 480
Trench Depth: 23 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1440

Trench Spacing on Center: 9 ft.
Repair Trench Spacing on Center: 8 ft.
Repair Trench Depth: 28 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 11
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 3.96
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments:

APPROVED SEP 18 2018

THE FARMS LOT 470
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

August 16, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***ORANGE***	*NA*	*NA*	*96*	*96*
1	ORANGE	NA	NA	55	55
2	***YELLOW***	*NA*	*NA*	*96*	*96*
2	YELLOW	NA	NA	54	54
3	***RED***	*NA*	*NA*	*96*	*96*
3	RED	NA	NA	42	42
4	***BLUE***	*NA*	*NA*	*96*	*96*
5	***PINK***	*NA*	*NA*	*96*	*96*
6	ORANGE	NA	NA	78	78
7	RED	NA	NA	58	58
8	BLUE	NA	NA	36	36
			Total	**803**	**803**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
System	*480*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	323	*MOD.*	0.250	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

APPROVED SEP 18 2018

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: The Farms, LLC APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/3
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 470 PROPERTY RECORDED: _____
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 4-6%	0-5	Mo GR SL	SS SP FR	DK Br				.3
		5-12	WK SBK SCL	SS SP FR	Br				
		12-28	Mo SBK C	SS SP FR	Red				
		28-48	WK SBK CL	SS SP FR	Red; F Sap; F Yel br Relic				
2	Linear 4-6%	0-3	MO GR L	SS SP FR	DK Br				.35-.5
		3-22	WK ABK C	SS SP FR	Red; F Yel br Relic; Wavy boundary				
		22-48	MO SBK CL	SS SP FR	Red; C Weathered rock, druse, veins translocated clay				
				Bank of Pit	16"-30" weathered rock				
A		0-9	gr wk sbk brn sl	fr sss p					.025
B		9-30	m-sbk rc	fr sss ps o p					
		30-48	wk sbk yel cl to sap	fr sss p					
			common w. rock open S, wall & pit						
B	8% L	0-3	gr brn sl/sl	fr					.025
4		3-26	mk sbk rc	fr sss ps o p					
		26-49	wk sbk Red + Sap +	mostly fr sss p W. Redc					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____

Iredell Permit # 232 ~~305~~ 395 AC (8/6/21)

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 X 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: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Harris Court Group LLC	9935-D Rea Rd Ste 210 Charlotte NC 28277	704 295 0094	704 202 3797
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
KAPA Properties, LLC	SAME	704 295 0094	704-202-3797
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

118 Spears Creek Dr Mooresville, NC 28117	Lot 470 Farms	470
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Brawley School - Right on McKendree, Right on Spears Creek Dr

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

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

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

(X) 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 (X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 2/22/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

23235

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(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: PAUL KUMAR/CS&SC Address: PO BOX 1703 MOORESVILLE, NC Zip: 28115
Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-202-5792 Alt. Phone: PAUL 704-634-1263
Owner Name: CYRAS CUSTOM HOMES Address: 4436-B SOUTH BLVD. CHARLOTTE, NC Zip: 28209
Owner Email: PAUL@CYRASCUSTOMHOMES.COM Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 118 SPEARS CREEK DR. MOORESVILLE, NC 28117
Subdivision Name: THE FARMS Section/Phase: _____ Lot Number: 470
Driving Directions: BRAWLEY SCHOOL RD, TR MCKENDREE, TR SPEARS CREEK, ON R

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 9-14-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JAN 10 2018

No charge

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AC w/ Inspection - Old Permit

Application For:

(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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****

#232395

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: Haris Construction Group, LLC **Address:** 9935-D Rea Rd ST 210 Charlotte NC **Zip:** 28277

Applicant Email: accounting@crossroadshomes.com **Phone:** 704 295 0094 **Alt. Phone:** 704 202 3797

Owner Name: _____ **Address:** 9935-D Rea Rd ST 210 Charlotte NC **Zip:** 28277

Owner Email: accounting@crossroadshomes.com **Phone:** 704 295 0094 **Alt. Phone:** 704 202 3797

****

Property Information:

Street Address: 118 Spears Creek Drive

Subdivision Name: Farms **Section/Phase:** 4 **Lot Number:** 470

Driving Directions: Brawley School Road, neighborhood

****

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) 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 (X) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?

( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?

( ) Yes (X) No Is the site subject to approval by any other public agency?

****

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

Signature: _____ 704 202 3797

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

1/8/2018 DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** X Improvement Permit ___Authorization To Construct ___BOTH ___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:**

The Farms, LLC (Applicant Name)	2814 Brawley School Rd, Mooresville, NC 28117 (Mailing Address)	____ (Home Phone)	704-660-1185 (Work Phone)
The Farms, LLC (Owner Name)	same (Mailing Address)	____ (Home Phone)	same (Work Phone)

4. **Property Information:**

____ (Street Address)	The Farms (Subdivision Name)	Ph 4 / Lot 470 (Section/Phase and Lot Number)

Driving Directions: Brawley School Rd, R on McKendree, on Right

****

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

- X New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- X 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 X Community Well ( ) City Water ( ) Other Public Water

****

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

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other____ ( ) No Preference

****

8. **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. industry) 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.

9. **Signature:** Kathleen Haver — 6/2/05
   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, Pavan Kumar, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Harris Construction 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.

_____ _____ 2/22/2019

Signature of Owner(s) Date Signature of Witness 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

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I, [signature], am the legal owner(s) of the property located at 118 SPEARS CREEK DR. Mooresville NC, identified as PIN (Parcel Identification Number) 4626071906, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Adrian Pruett Carolina Soil and septic consultants to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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[signature] 7/2/2018
Signature of Owner(s) Date

[signature] 7/2/2018
Signature of Witness Date

Please return this signed form to the appropriate office:

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ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
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Signature of Owner(s) — Date: 1/2/2018

Signature of Witness — Date: 1/2/2018

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