ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 DW Mooresville Office (704) 660-3625 PERMIT # AP 3258666

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

PIN # 4627 -88 -2453

APPLICANT/OWNER: Jacob Blotter APPLICANT ADDRESS: 17136 Knoxwood Dr Huntersville, NC 28078

SITE ADDRESS: 167 Greenbay Rd Mooresville, NC PHONE: 980 242 7470 ALT. PHONE 7046578977 Matt (Builder)

SITE DIRECTIONS: Hwy 150 W. TL Paradise Pennisula TL Greenbay Rd on left. SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Greenbay Forest SECTION: LOT # 7 LOT AREA: .91 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	Infiltrator	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply		
Pump Tank		(gal)	PT		Date	System Description:	Gravity / Panel Block			☐ Business	No. Persons	8	☒ Private		
Pump Make		Model			Serial #	Repair System Description:	1500 Pretreatment / Panel Blk			☐ Other	No. Employees		☐ Public		
# Nitrification Fields	1	# Lines	4		Linear Ft: 268	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community		
Trench Width	min. 24"	Trench Bottom Depth (Low side) max			30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing		

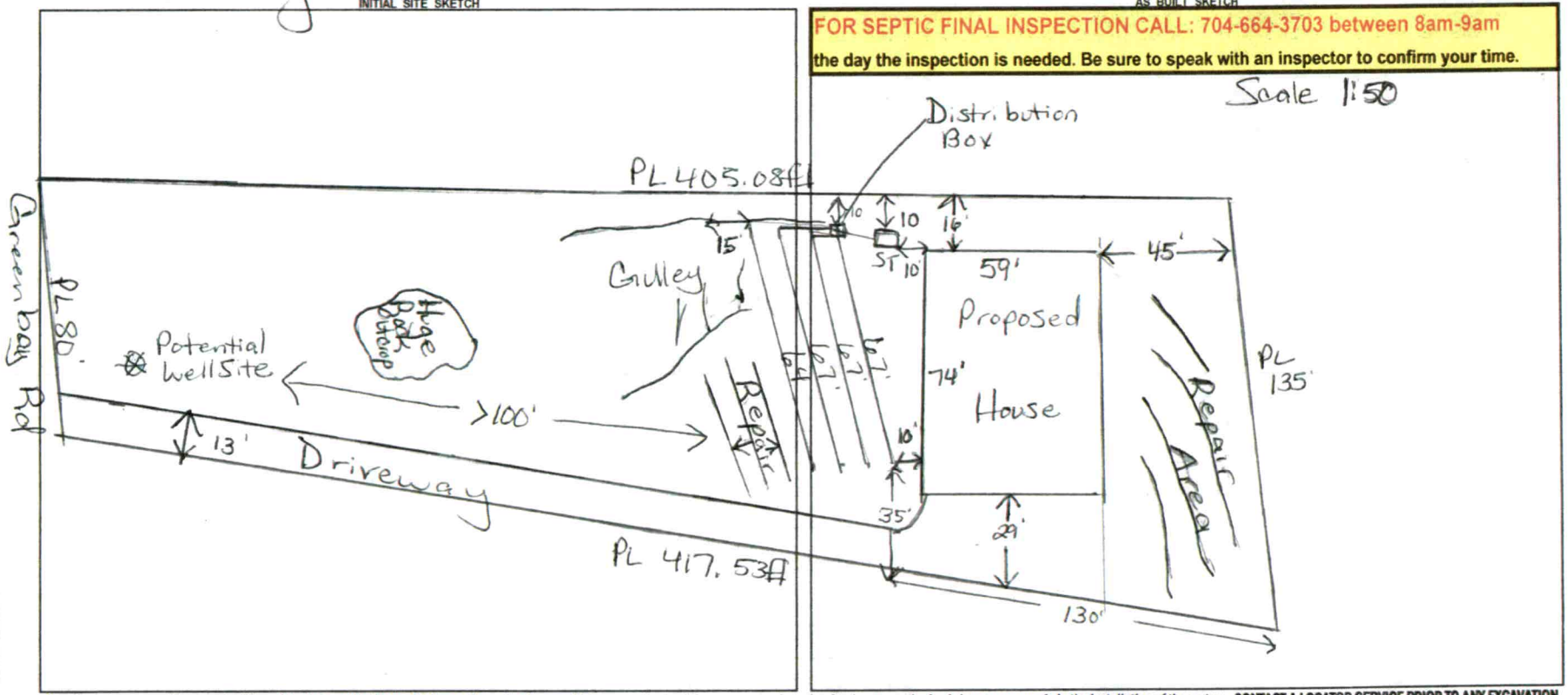
Comments / Conditions: Keep well 100ft from Septic. Must keep Septic at least 15ft from any Cut 2ft or greater.

MUST Keep garage as side load

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.



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: Jacob Blotter Date: 4/29/22 Installed by: Stevens Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/26/22 OPERATION PERMIT by: Matt Wier Date: 3/17/23

AUTHORIZATION TO CONSTRUCT by: D. Wrebery Date: 5/10/22 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? _____	

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

Sheet ___ of
PROPERTY ID #: 4627882453
COUNTY: Iredell

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

OWNER: Jacob C Blotter — APPLICATION DATE: 2/16/22
ADDRESS: 17136 Lynnwood Dr Huntersville NC — DATE EVALUATED: 3/30/22
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 9.91 Ac.
LOCATION OF SITE: Greenbay Forest #7 / 167 Greenbay Rd — PROPERTY RECORDED: Y
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	20%	0-18	Brn SL/SCL GR	NS-SS, NP-SP, Sexp, FR					PS .3
		18-37	Brn/Rd SCL	W-mSBK SS, SP, Sexp, FR					
		37-49	R to 1/R SCL	M SS, SP, Sexp, FR w/ common SAP Inclus	—	49"	—	—	
2	20%	0-32	Brn SL	GR SS, SP, Sexp, FR					PS .3
		32-52	SL SAP	massive, FR	—	32"	PS	—	
3	20%	0-24	Brn SCL/SL	NS, NP, Nexp, FR					PS .3 to 48"
		24-48	Brn SCL	M gr SS, SP, Sexp, FR					
		48-56	Brn SCL/SAP	S, P, Sexp, FI-FR	—	56"	PS	—	
4	15%	0-25	Brn SL/SCL	gr SS, SP, Sexp, FR					PS .3 to 41" >41" .25
		25-41	R/Y SCL	W SBK SS, SP, Sexp, FR					
		41-81	R/Brn SC	m-w SBK SS, SP, Sexp, FI-FR w/ Yel/Brn mottles	—	41"	PS	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Jeremy w/ Blue brook Homes

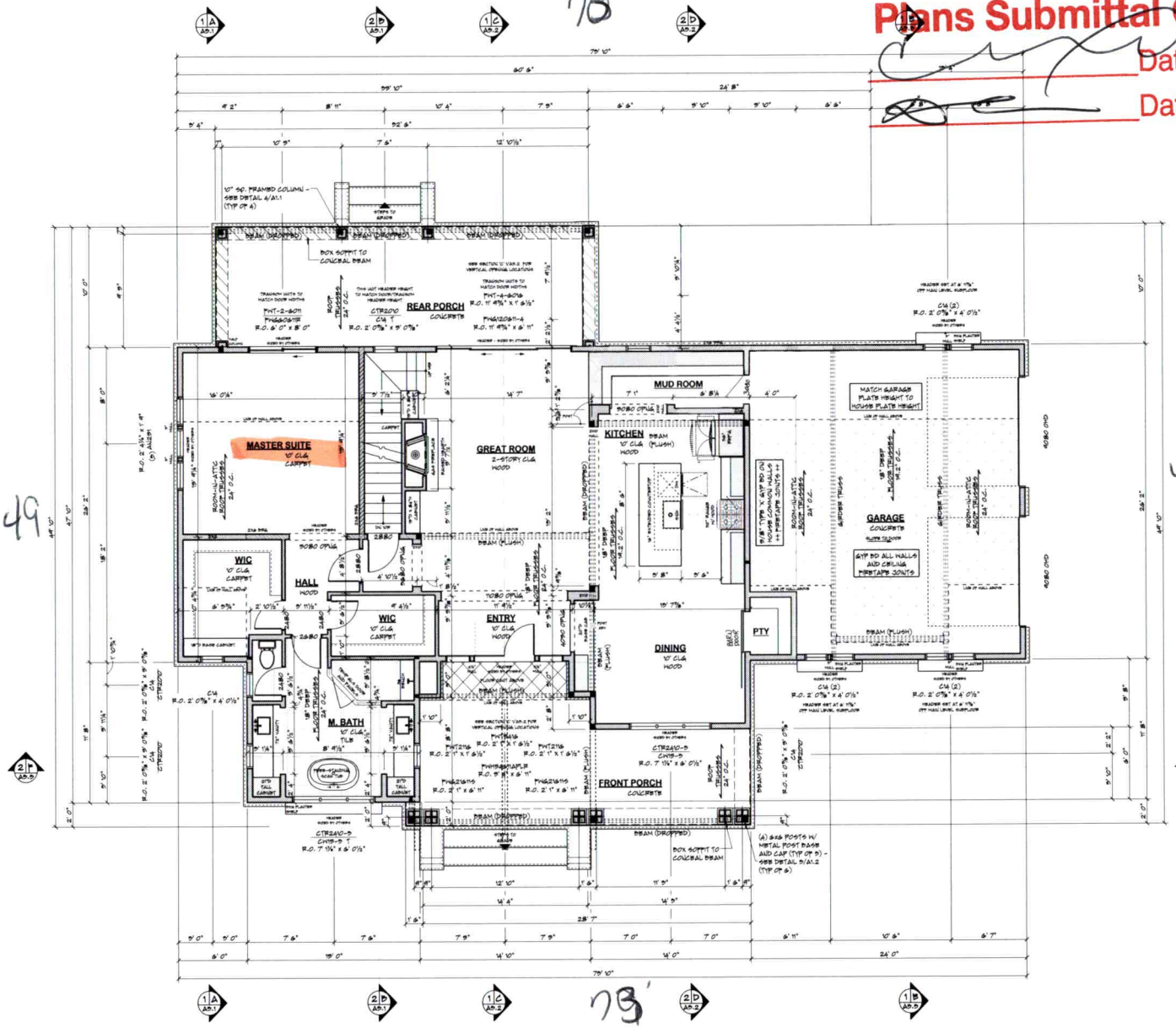
COMMENTS: ___

Acknowledgement Of Plans Submittal ONLY!

Date

Date 5/10/22

78'



AREA TABULATION

MAIN LEVEL	1738 SF
UPPER LEVEL	1481 SF
TOTAL FINISHED	3219 SF
GARAGE	616 SF
FRONT PORCH	202 SF
REAR PORCH	317 SF

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO INSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY VARIATIONS OF SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION SIZING, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR DESIGN REVIEW AND BIDDING PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS

- ANDERSEN 400 SERIES
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 7'-11-5/8" (U.N.O.)
- ROUGH OPENINGS LISTED ARE MANUFACTURER'S MINIMUM REQUIREMENTS. BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MAX L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 10' 1-1/8" PLATE HEIGHT (U.N.O.)
- 2x6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ - INDICATES BEARING POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

+++ DOOR SIZE CALLOUTS +++

EXAMPLE:
2668 INDICATES 2' 6" WIDE x 6' 8" HIGH

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILDING STRUCTURE.

1 MAIN LEVEL FLOOR PLAN

A2.2

SCALE: 1/4" = 1'-0"

100% SCALE @ 36"x24"

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CL-20-003
THE PEBBLE CREEK
CRAWL SPACE
2 CAR SIDE REVERSE

Please scan or visit www.royaloaksdesign.com to see more of our plans or to request modifications.

Document Date: 6/3/2021

Document Phase:

Drawn by: BJJ

ISSUE	DATE	REMARK
1	01/18/21	FOUNDATION CONC - 8.22
	6/3/2021	FOUNDATION CONC MIN - 3%

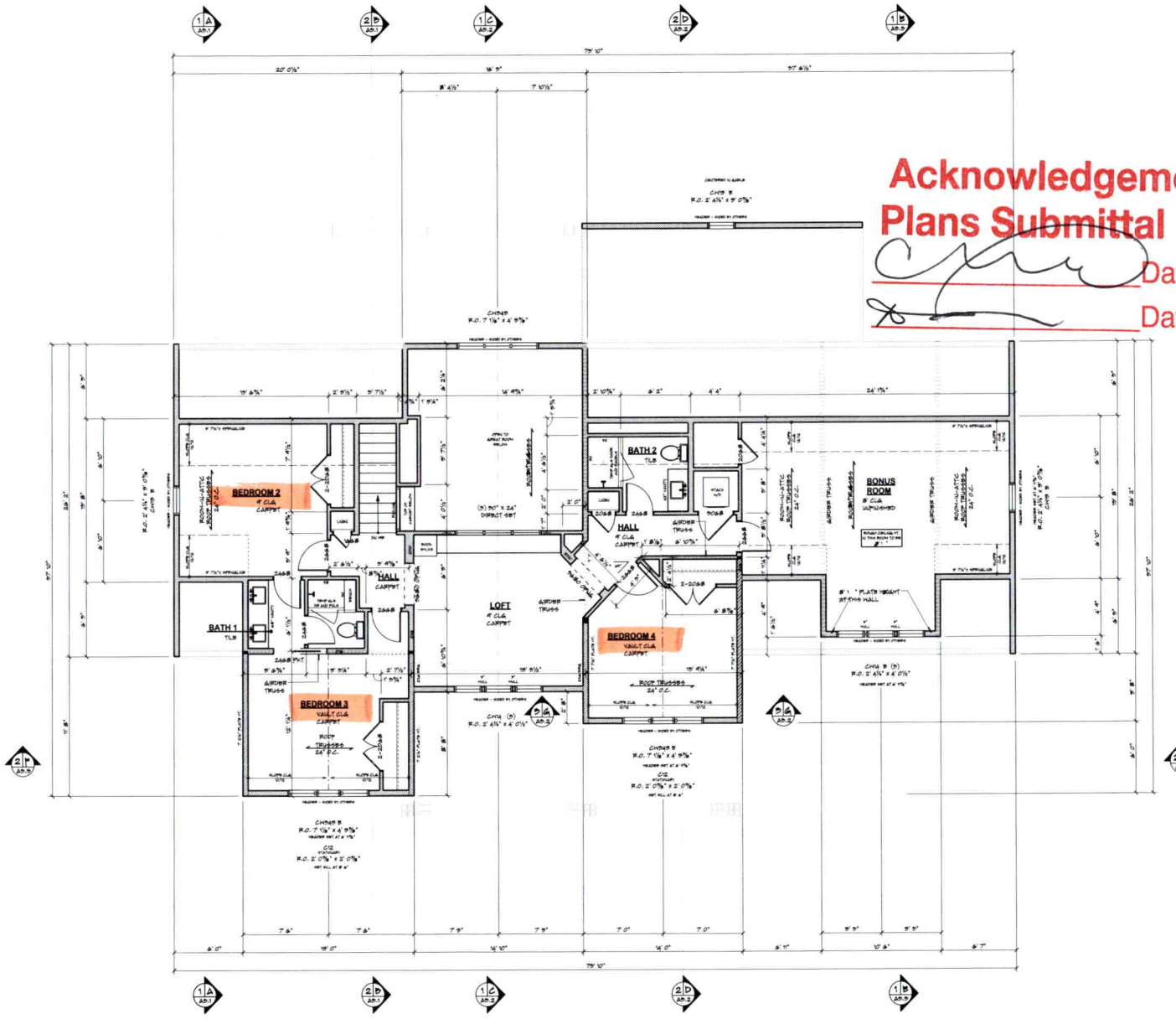
MAIN LEVEL FLOOR PLAN

4 **A2.2** 9

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UPPER LEVEL FLOOR PLAN

1 / A2.3

SCALE : 1/4" = 1' 0"

100% SCALE @ 36"x24"

AREA TABULATION	
MAIN LEVEL	1735 SF
UPPER LEVEL	481 SF
TOTAL FINISHED	2059 SF
GARAGE	616 SF
FRONT PORCH	102 SF
REAR PORCH	317 SF

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

Acknowledgement Of Plans Submittal ONLY!

Date ____

Date 5/10/22

GENERAL NOTES

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WINDOWS

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- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 9' 1-1/8" PLATE HEIGHT (U.N.O.)
- 2X8 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ - INDICATES BEARING POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

+++ DOOR SIZE CALLOUTS +++

EXAMPLE:
2668 INDICATES 2' 6" WIDE x 6' 8" HIGH

+++ STRUCTURAL NOTES +++

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORAGE REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILT-IN STRUCTURES.

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CL-20-003
THE PEBBLE CREEK
CRAWL SPACE
2 CAR SIDE REVERSE

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Document Date: 6/3/2021

Document Phase:

Drawn by: BJJ

ISSUE	DATE	REMARK
1	01/04/21	FOUNDATION CODE - R-33
	6/3/2021	FOUNDATION CODE REV - 2018

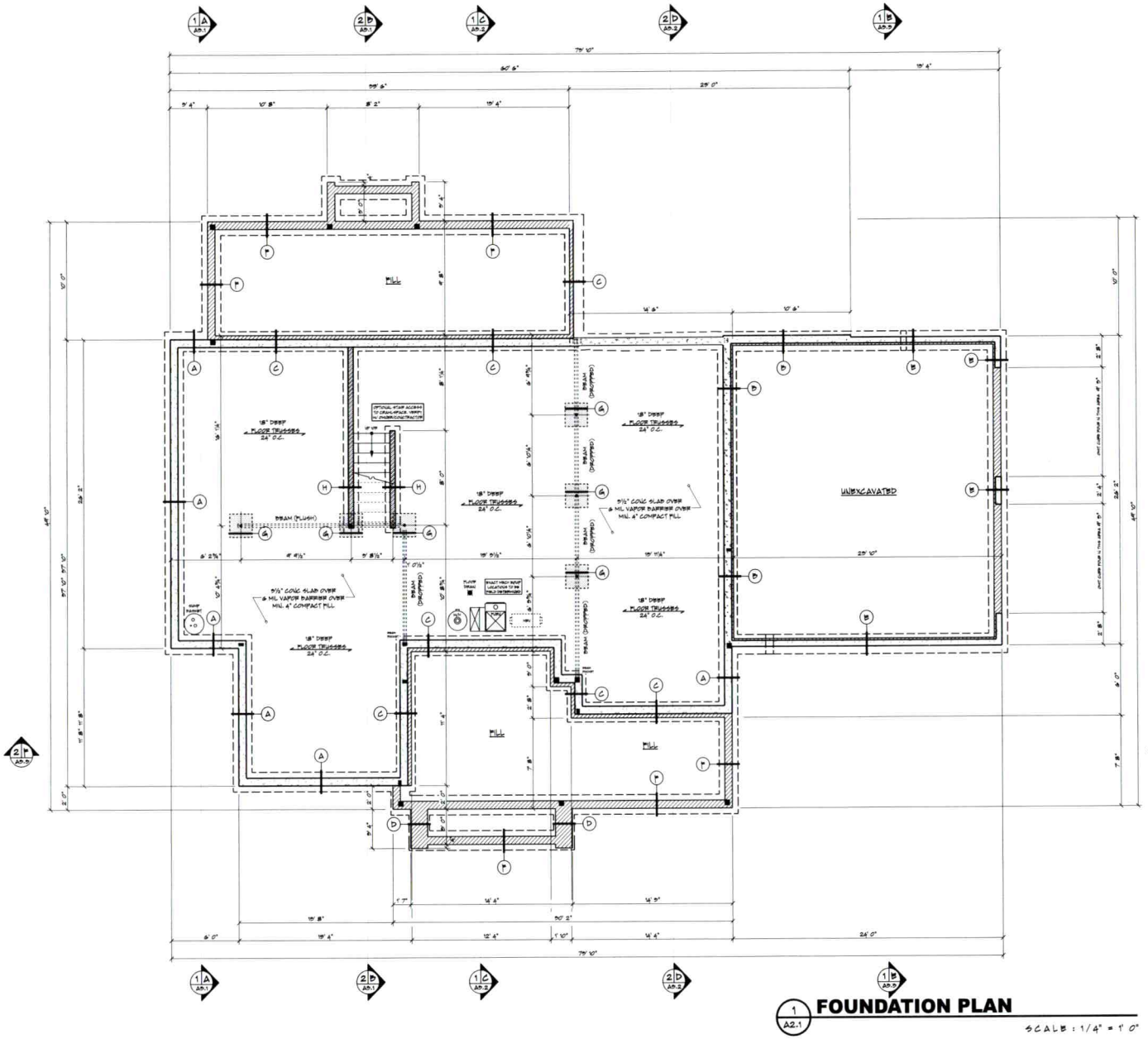
UPPER LEVEL FLOOR PLAN

5 **A2.3** 9

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FOUNDATION PLAN

1 A2.1

SCALE : 1/4" = 1' 0"

AREA TABULATION	
MAIN LEVEL	1738 SF
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FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

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FOUNDATION LEGEND

- (A) 8"H x 9' 0"H POURED ON 20" x 8" CONC FOOTING
- (B) 8"H x 8"H POURED ON 10"H x 6' 4"H POURED ON 20" x 8" CONC FOOTING - 2"H x 8"H EXT. LEDGER
- (C) 8"H x 8"H POURED ON 12"H x 6' 4"H POURED ON 20" x 8" CONC FOOTING - 4"H x 8"H EXT. LEDGER
- (D) 18"H x 6' 4"H POURED ON 22" x 8" CONC FOOTING
- (E) 6"H x 8"H POURED ON 8"H x 6' 4"H POURED ON 20" x 8" CONC FOOTING - 2"H x 8"H INT. LEDGER
- (F) 8"H x 6' 4"H POURED ON 20" x 8" CONC FOOTING
- (G) 5"ø ADJUSTABLE STEEL COLUMN ON SPREAD FOOTING. SIZE AND REINFORCING BY OTHERS
- (H) 2x8 BEARING WALL ON 6"H x 4'H POURED CONC CURB ON 16" x 8" CONC FOOTING

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF CONCRETE FOUNDATION WALLS AND CENTERLINE OF INTERIOR BEARING WALLS, POSTS AND BEAMS.
- FOUNDATION CONTRACTOR TO VERIFY ALL ROUGH-IN PLUMBING LOCATIONS AND ANY OTHER PENETRATIONS THRU CONCRETE FLOOR PRIOR TO CONSTRUCTION.
- BUILDER/FOUNDATION CONTRACTOR TO VERIFY FOOTING SIZE AND REINFORCEMENT REQUIREMENTS BASED ON EXISTING SOIL CONDITIONS PRIOR TO CONSTRUCTION.
- WHILE EVERY EFFORT HAS BEEN MADE TO INSURE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
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- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 8' 10" ROUGH CEILING HEIGHT
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ - INDICATES BEARING POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

+++ DOOR SIZE CALLOUTS +++

EXAMPLE:
2668 INDICATES 2' 6" WIDE x 6' 8" HIGH

+++ STRUCTURAL NOTICE +++

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CL-20-003
THE PEBBLE CREEK
CRAWL SPACE
2 CAR SIDE REVERSE

Please scan or visit www.royaloaksdesign.com to see more of our plans or to request modifications.

Document Date: 6/3/2021

Document Phase:

Drawn by: BJJ

ISSUE	DATE	REMARK
1	01/19/21	FOUNDATION CONC - PDS
	6/3/2021	FOUNDATION CONC REV - CPM

FOUNDATION PLAN

3 **A2.1** 9

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100% SCALE @ 36"x24" 0' 2' 4' 8' 16'

RECEIVED FEB 2 1 2022.

MD

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 325864 $500.00

Application For: ● New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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.

Need Dimensions of House

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: Jacob C. Blotter **Address:** 17136 Knoxwood DR **Zip:** 28078
Applicant Email: MCKinneyBlotter@gmail.com **Phone:** 980-242-7476 **Alt. Phone:** 312-919-5613
Owner Name: _____ **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 167 Greenbay RD #7 Mooresville NC 28117
Subdivision Name: Greenbay Forest **Section/Phase:** _____ **Lot Number:** #7
Driving Directions: _____

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

● New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) 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 ( ) Existing Well ( ) 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 ( ) 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.

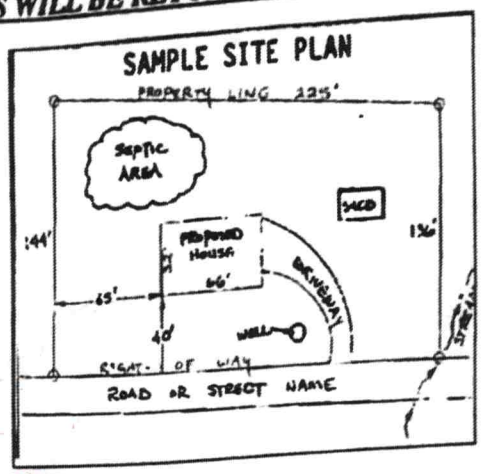
Signature: _____ 2/16/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

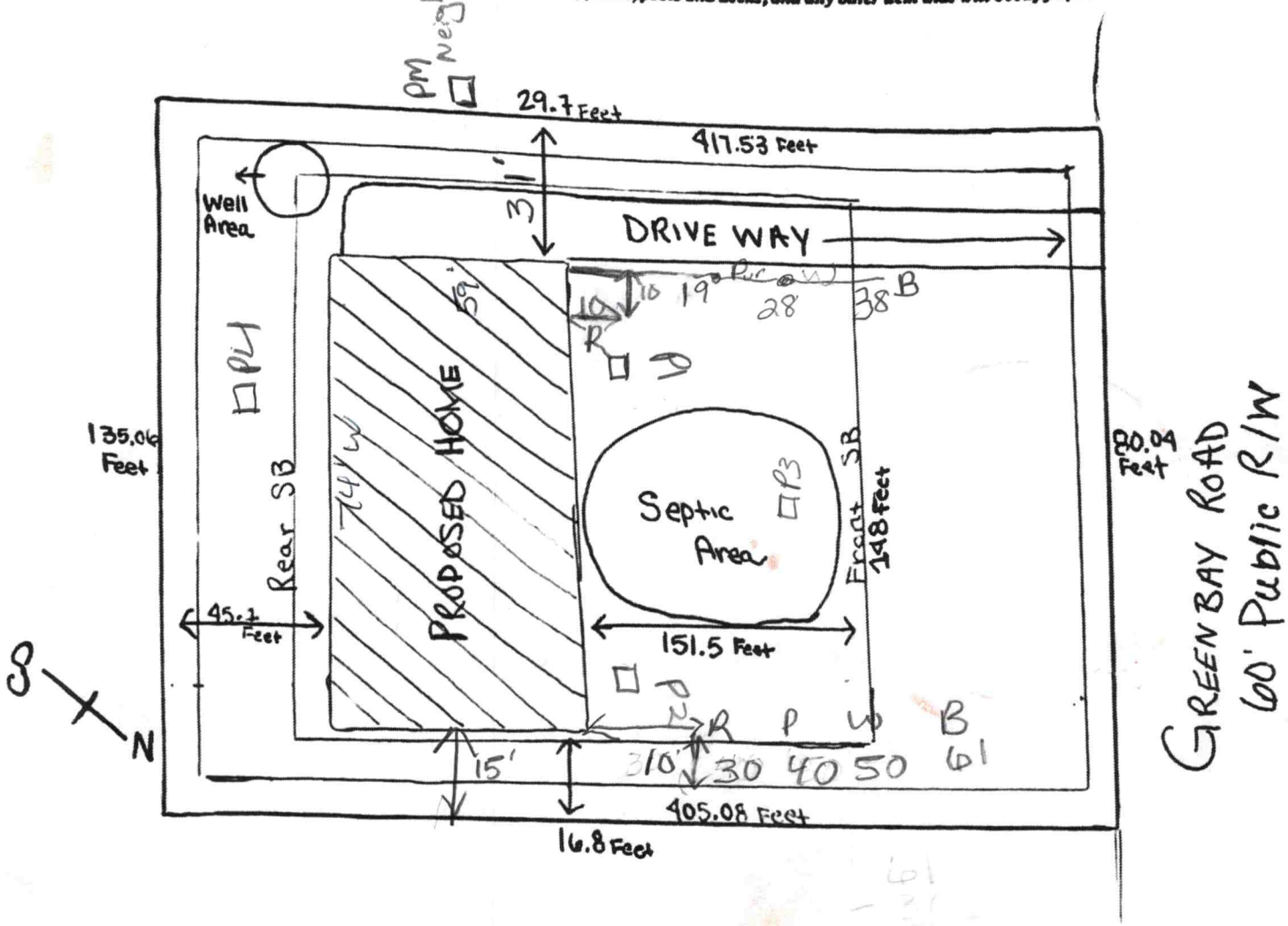
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **North arrow, or other 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: _____

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

2/16/2022

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, _____, am the legal owner(s) of the property located at 167 Greenbay RD. Mooresville NC 28117, identified as N (Parcel Identification Number) 4627-88-2453.000 located in Iredell County, North Carolina. Io hereby authorize **(print legal representative/company name)** Jacob Blotter, Applicant/Purchaser, to act as an agent on my behalf in applying for/signing/obtaining any 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

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

_____ 2/16/2022
Signature of Owner(s) Date

ıoresville - Environmental Health
Fax: 704-662-3239
) 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 *****

X **Complete all Environmental Health forms:**

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

X **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.**

X **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 <u>prior to application submittal</u> (exception <u>may</u> 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 <u>$100 site re-visit fee</u> charged.**

X **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The propos structure, etc. <u>must be staked</u> 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) a 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 <u>$100 site revisit fee</u> 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 <u>applicant/agent is responsible for securing these services</u>
- 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 _____ **Date** 2/16/2022

Questions? Contact the Environmental Health Offices below:

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

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