BCM

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 327583

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

PIN # 4628 -- 50 -- 1052

APPLICANT/OWNER: Wade Mosby | APPLICANT ADDRESS: 408 Preston Rd, Mooresville

SITE ADDRESS: 153 High Hills Dr., Mooresville 28115 | PHONE: 434-609-2580 | ALT. PHONE: -

SITE DIRECTIONS: 150 W - High Hills | SAP CONTROLLED: ☐ YES ☒ NO

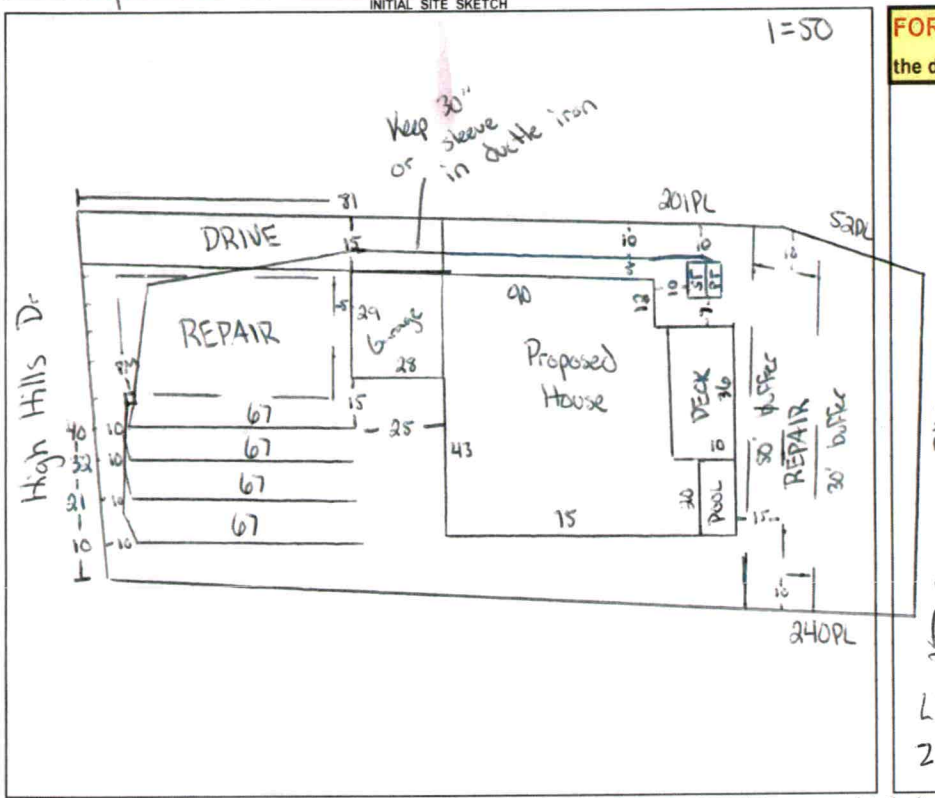
SUBDIVISION: Pinnacle Shores | SECTION: 4 | LOT # 32 | LOT AREA: | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

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	1000 (gal)	PT Infiltrator	Date	System Description: VPPBPS		☐ Business	No. Persons 8	☐ Private	
Pump Make		Model	Serial #	Repair System Description: LPPPBPS		☐ Other	No. Employees	☐ Public	
# Nitrification Fields	1	# Lines 4	Linear Ft 267'	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 drainlines on contour of the land. Do not exceed 36" trench bottom. Do not grade, park, or drive on septic area.

Keep all septic components 10' from property line.

INITIAL SITE SKETCH

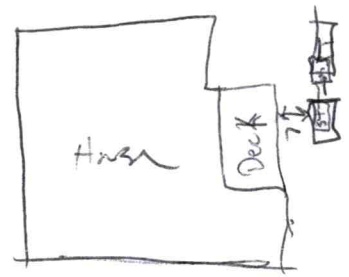


AS BUILT SKETCH

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.

(4) 1½ sch 80
15 panels each line

2No = Dose
21.92 = Flow
9.8 = Time
10.2 = Drawdown
2 in supply
2 ft head



Floats - STH PH - STH Electrical - STH
PM - STH Alarm - STH
2" pressure line under drive - STH

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: [signature] Date: 7-29-2022 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: [signature] Date: 6/28/22 OPERATION PERMIT by: Sydney Holland Date: 3/4/24

AUTHORIZATION TO CONSTRUCT by: D Wiebern Date: 9/28/22 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4628581052
COUNTY: Iredell

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

OWNER: Wade Mosby
ADDRESS: 408 Preston Rd
PROPOSED FACILITY: 4 bdr home
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 153 High Hills Dr, Mooresville
APPLICATION DATE: 5/9/22
DATE EVALUATED: 6/20/22
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	0 - 8	SCL SBK	SS SP FR SE	–	56	SAP CL	inc in layer	.3 PS
		8 - 32	C SBK	SS SP FR SE					
		32 56	CL SBK	SS SP FR SE					
2	Linear	0 - 10	SCL SBK	SS SP FR SE	–	57	–	–	.3 PS
		10 - 30	C SBK	SS SP FR SE					
		30 - 57	CL SBK	SS SP FR SE					
3	Linear	0 - 8	SCL SBK	SS SP FR SE	–	54	–	–	.3 PS
		8 - 28	C ABK	SS SP FR SE					
		28 - 54	CL SBK	SS SP FR SE					
4	Linear	0 - 7	SCL SBK	SS SP FR SE	–	24	–	–	.35 PS
		7 - 24	C WSBK	SS SP FR SE					
		24 - ~~80~~ 55	SAP LS	FR					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Winkler
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

PIT 5 0 - 20 C SBK SS SP FR SE .35
20 - 48 CL WSBK SS SP FR SE PS

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.

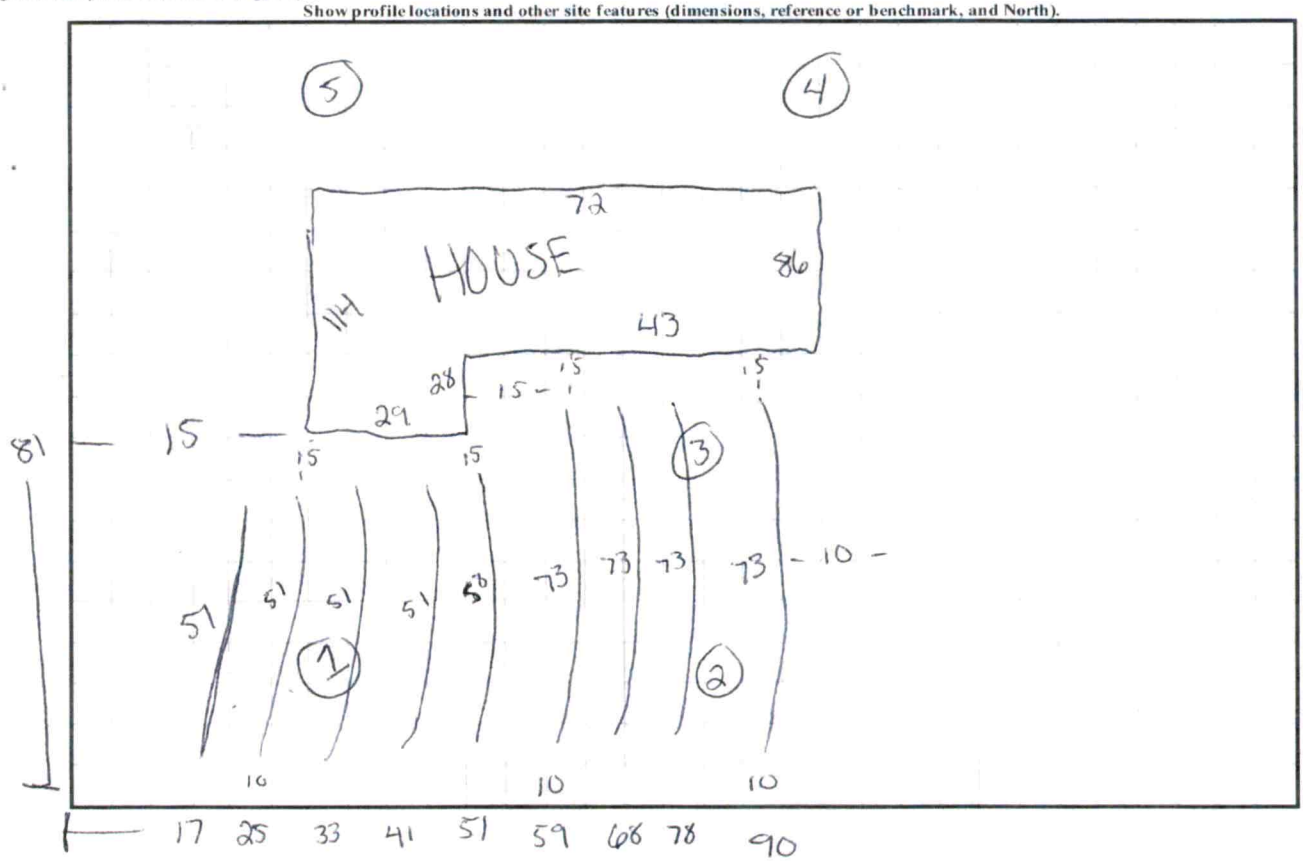
NOTES

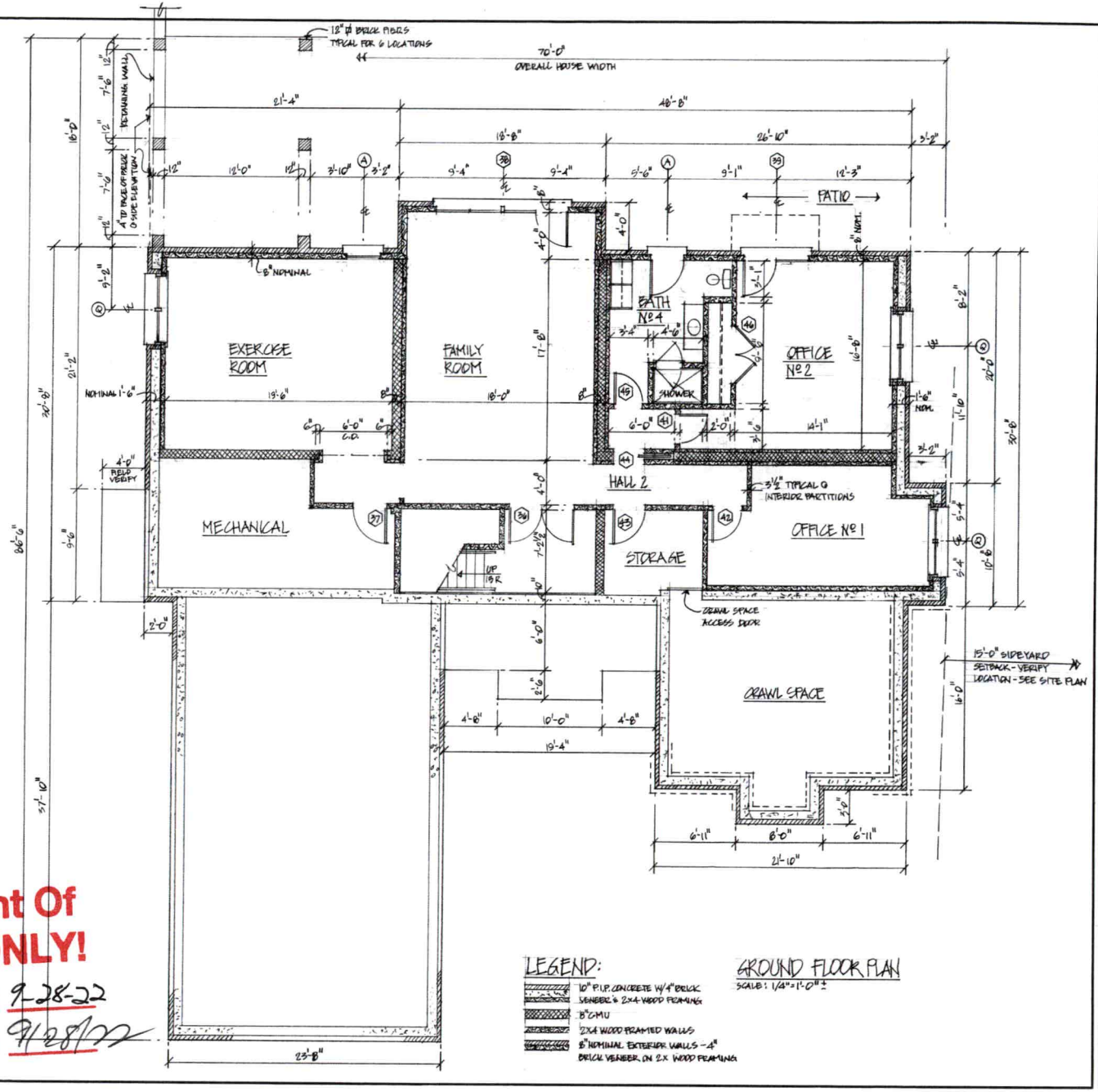
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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/ft^2

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





GROUND FLOOR PLAN
SCALE: 1/4"=1'-0" ±

Acknowledgement Of Plans Submittal ONLY!

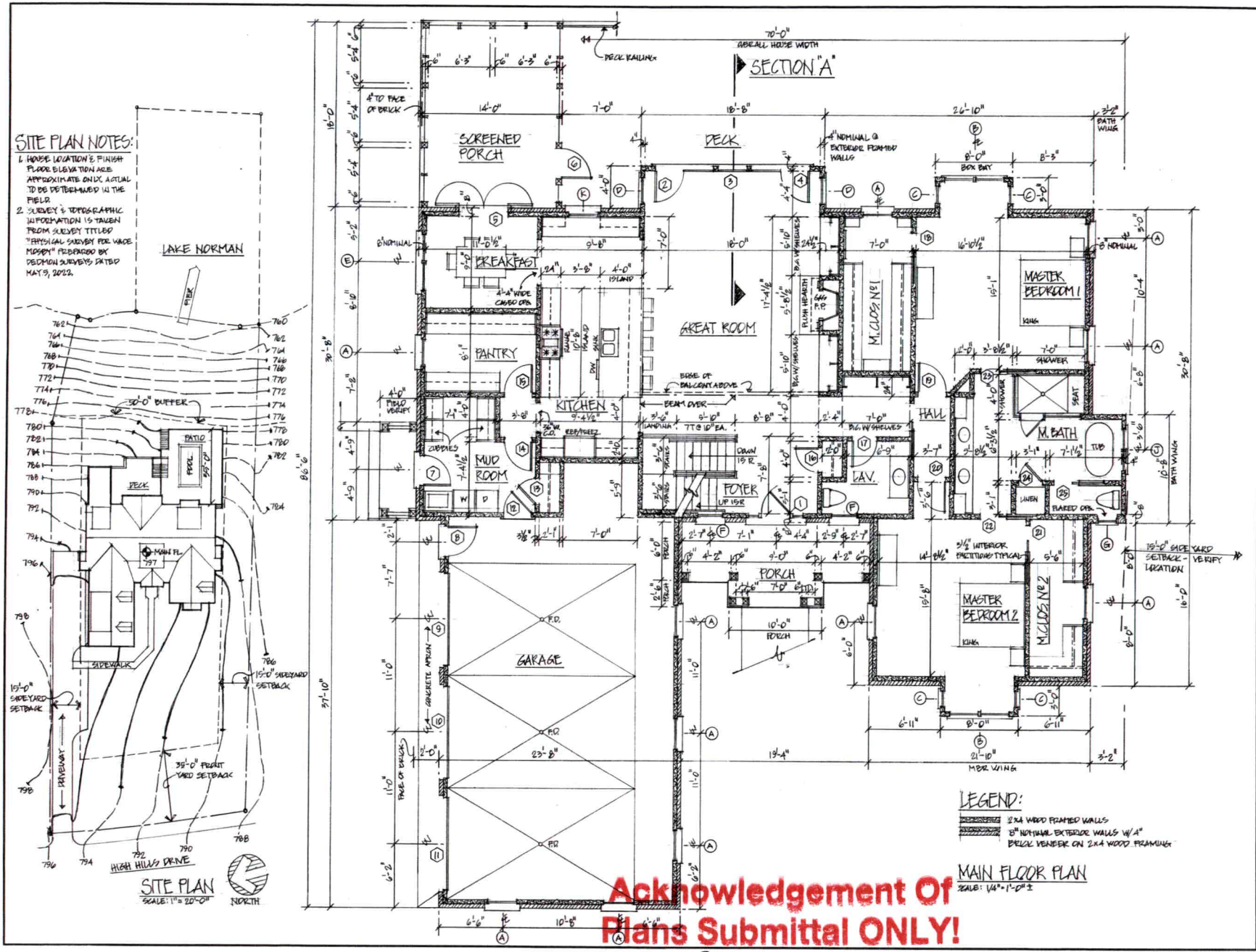
Date 9-28-22

Date 9/28/22

REVISIONS	BY

New Residence for:
Alex Glass & Wade Mosby
153 High Hills Drive
Mooresville, NC

Date 9/20/22
Scale NOTED
Drawn
Job
Sheet A-3
Of Sheets



Acknowledgement Of Plans Submittal ONLY!

Date 9-28-22

Date 9/28/22

153 High Hills
Wade Mosley

REVISIONS | BY

New Residence for::
Alex Glass & Wade Mosby
153 High Hills Drive
Mooresville, NC

Date 9/20/22
Scale AS NOTED
Drawn
Job
Sheet A-1
Of Sheets

DOOR SCHEDULE

NO.	NOMINAL SIZE	TYPE/MAKE	REMARKS
1	3'-6" x 7'-4" DOOR	ENTRANCE DOOR W/ SIDELITES 12" W. EACH	AS SELECTED BY OWNER. SUBMIT SHOP DWGS FOR APPROVAL PRIOR TO FABRICATION
2	FR. 5'-0" x 7'-0"	FRENCH	* 7'-0" H. TRANSOM OVER
3	4'-0" x 7'-0"	FRENCH (FIXED)	* 7'-0" H. TRANSOM OVER
4	FR. 5'-0" x 7'-0"	FRENCH	* 7'-0" H. TRANSOM OVER
5	FR. 2'-6" x 6'-8"	FRENCH	
6	3'-0" x 6'-8"	SCREENED DOOR	
7	3'-0" x 6'-8"	FRENCH	
8	3'-0" x 6'-8"	1/2 LITE OVER RAISED PANEL	
9	16'-0" x 7'-0"	GARAGE CARRIAGE STYLE	ELECTRIC OPERATION W/ REMOTE
10	16'-0" x 7'-0"	GARAGE CARRIAGE STYLE	ELECTRIC OPERATION W/ REMOTE
11	16'-0" x 7'-0"	GARAGE CARRIAGE STYLE	ELECTRIC OPERATION W/ REMOTE
12	3'-0" x 6'-8"	INSULATED METAL OUTS RAISED PANEL	PAINTED AS REQUIRED
13	2'-6" x 6'-8"	RAISED PANEL	
14	2'-6" x 6'-8"	RAISED PANEL	
15	2'-6" x 6'-8"	RAISED PANEL	
16	2'-6" x 6'-8"	RAISED PANEL	
17	2'-6" x 6'-8"	RAISED PANEL	
18	2'-6" x 6'-8"	RAISED PANEL POCKET	
19	2'-10" x 6'-8"	RAISED PANEL	
20	2'-10" x 6'-8"	RAISED PANEL	
21	2'-6" x 6'-8"	RAISED PANEL POCKET	
22	2'-10" x 6'-8"	RAISED PANEL POCKET	
23	2'-10" x 6'-8"	RAISED PANEL POCKET	
24	2'-6" x 6'-8"	RAISED PANEL	
25	2'-10" x 6'-8"	RAISED PANEL POCKET	
26	FR. 5'-0" x 6'-8"	RAISED PANEL	
27	2'-8" x 6'-8"	RAISED PANEL	
28	2'-6" x 6'-8"	RAISED PANEL	
29	2'-6" x 6'-8"	RAISED PANEL	
30	FR. 5'-0" x 6'-8"	RAISED PANEL	
31	2'-8" x 6'-8"	RAISED PANEL	
32	2'-6" x 6'-8"	RAISED PANEL	
33	2'-6" x 6'-8"	RAISED PANEL	
34	2'-8" x 6'-8"	RAISED PANEL	*ADJUST HEIGHT AS REQ'D.
35	2'-8" x 6'-8"	RAISED PANEL	*ADJUST HEIGHT AS REQ'D.
36	FR. 5'-0" x 6'-8"	RAISED PANEL	
37	5'-0" x 6'-8"	RAISED PANEL	
38	(2) 3'-0" x 7'-0"	*FRENCH	*(2) OPERABLE, (1) FIXED
39	FR. 5'-0" x 6'-8"	FRENCH	
40	2'-6" x 6'-8"	RAISED PANEL	
41	2'-8" x 6'-8"	RAISED PANEL	
42	2'-8" x 6'-8"	RAISED PANEL	
43	5'-0" x 6'-8"	RAISED PANEL	
44	5'-0" x 6'-8"	RAISED PANEL POCKET	
45	2'-6" x 6'-8"	RAISED PANEL	

NOTES:

1. FRENCH DOOR UNITS NOTED ARE BASED ON MARVIN CLAD ULTIMATE SWINGING FRENCH DOOR UNITS (COLOR AS SELECTED BY OWNER FROM STANDARD COLOR COLLECTION), DOUBLE PANE INSULATING LOW E GLASS, SDL W/ SPACER BARS, MUNTIN PATTERNS AS INDICATED ON ELEVATIONS OR AS OTHERWISE DIRECTED BY OWNER.

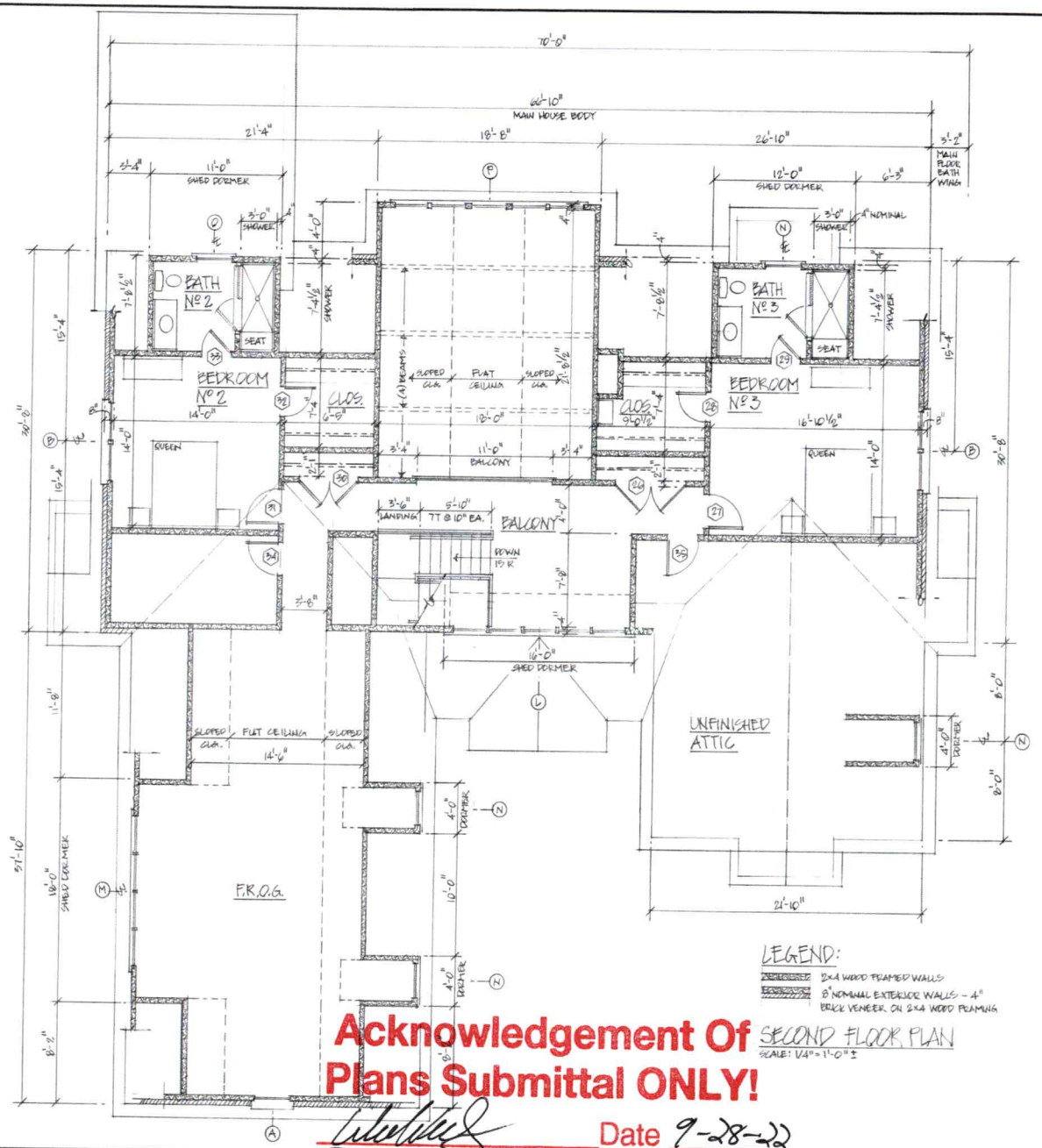
2. GARAGE DOORS NOTED: ARE BASED ON DESIGNER DOORS REGENCY LINE, ARTISAN CUSTOM WOODWORKS LANDMARK SERIES, OR OTHER APPROVED EQUAL AS SELECTED BY OWNER, PANEL & LITE PATTERNS AS DIRECTED.

3. KEENEY DOOR SYSTEM OR PINNACLE OR EQUAL AS SELECTED.

4. RURAL CT PANEL DOORS NOTED ARE BASED ON TRUSTILE WOOD TS SERIES, WIDTHS & HEIGHTS AS INDICATED ON DOOR SCHEDULE, STYLES AS SELECTED, PORCH STYLE TS2000, SQUARE SIDE STILE WITH HOT PEST PANEL, HARDWARE AS SELECTED BY OWNER, VERIFY HEIGHT & WIDTH SELECTIONS PRIOR TO ORDER.

5. ALTERNATE DOOR MAKES ACCEPTABLE WILL BE CONSIDERED AS APPROVED BY OWNER.

46	FR. 2'-6" x 6'-8"	RAISED PANEL	



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0" ±

Acknowledgement Of Plans Submittal ONLY!

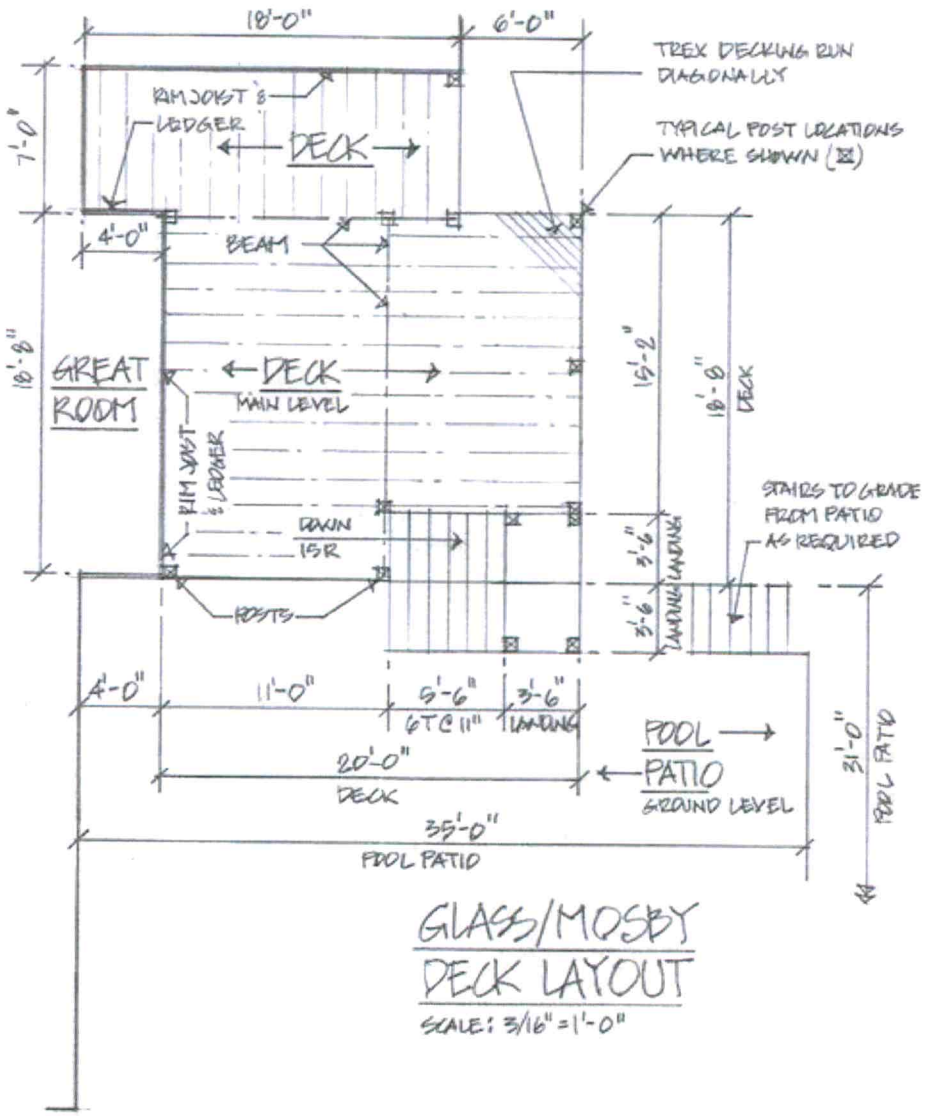
Date 9-28-22

Date 9/28/22

REVISIONS	BY

New Residence for:
Alex Glass & Wade Mosby
153 High Hills Drive
Mooresville, NC

Date 9/20/22
Scale AS NOTED
Drawn
Job
Sheet A-2
Of Sheets



GLASS/MOSBY DECK LAYOUT

SCALE: 3/16" = 1'-0"

9

6/20/22 9:00

RECEIVED MAY 09 2022

CW

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* AP-327583 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: WADE MOSBY Address: 408 PRESTON RD MOORESVILLE, NC Zip: 28117
Applicant Email: BAD95Z71@AOL.COM Phone: 434-609-2580 Alt. Phone: N/A
Owner Name: RICHARD & PATRICIA EVANS Address: 239 S HARBOR WATCH DR. STATESVILLE, NC Zip: 28677
Owner Email: EVANS6521@MAC.COM Phone: 704-491-8735 Alt. Phone: N/A

Property Information:

Street Address: 153 HIGH HILLS DRIVE MOORESVILLE, NC 28117
Subdivision Name: PINNACLE SHORES Section/Phase: 4 Lot Number: 32
Driving Directions: HWY 150 WEST, TURN LEFT ON HIGH HILLS DR, ¼ MILE ON LEFT

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: 5
Maximum Number of Occupants: 4
(X) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

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 (4)(X) Conventional (3)(X) Innovative (2)(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.

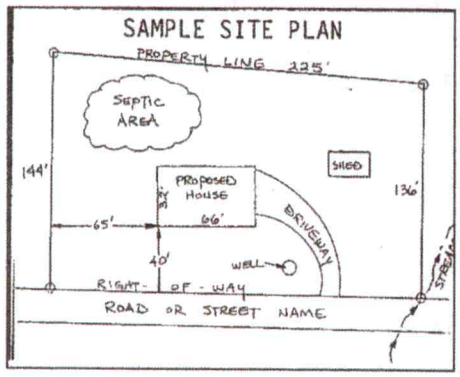
Signature: _____ 4-22-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

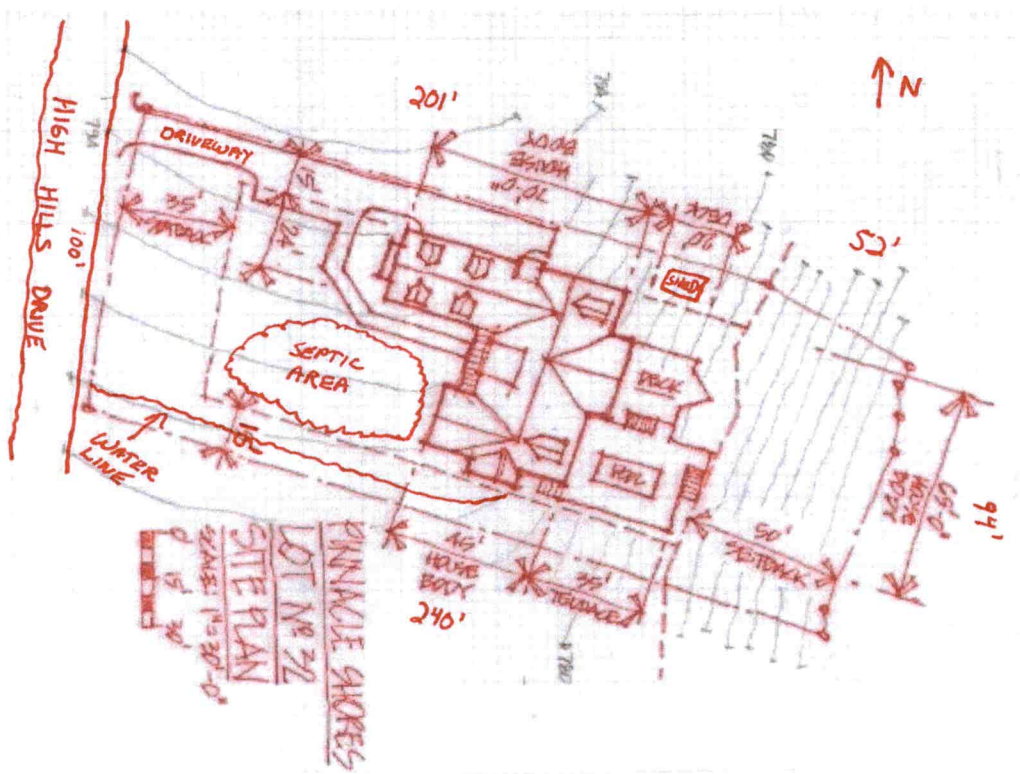
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

4-22-2022

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.

Richard Evans

☒ **2.** I, Patricia Evans, am the legal owner(s) of the property located at 153 HIGH HILLS DRIVE, identified as PIN (Parcel Identification Number) 4628501052, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WADE MOSBY, _____, 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.

Richard Evans & Patricia Evans — Signature of Owner(s)

04/21/2022 — 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 ****

WSM **Complete all Environmental Health forms**:

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

WSM **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.**

WSM **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**.

WSM **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.

WSM **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 _____ **Date** 4-22-2022

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