ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-27114 327290

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

PIN # 4624 -- 85 -- 5751

APPLICANT/OWNER: Manuel Lopez APPLICANT ADDRESS: 152 Gage Dr, Mooresville

SITE ADDRESS: 416 Stillwater Rd, Troutman 28166 PHONE: 704-201-0950 ALT. PHONE -

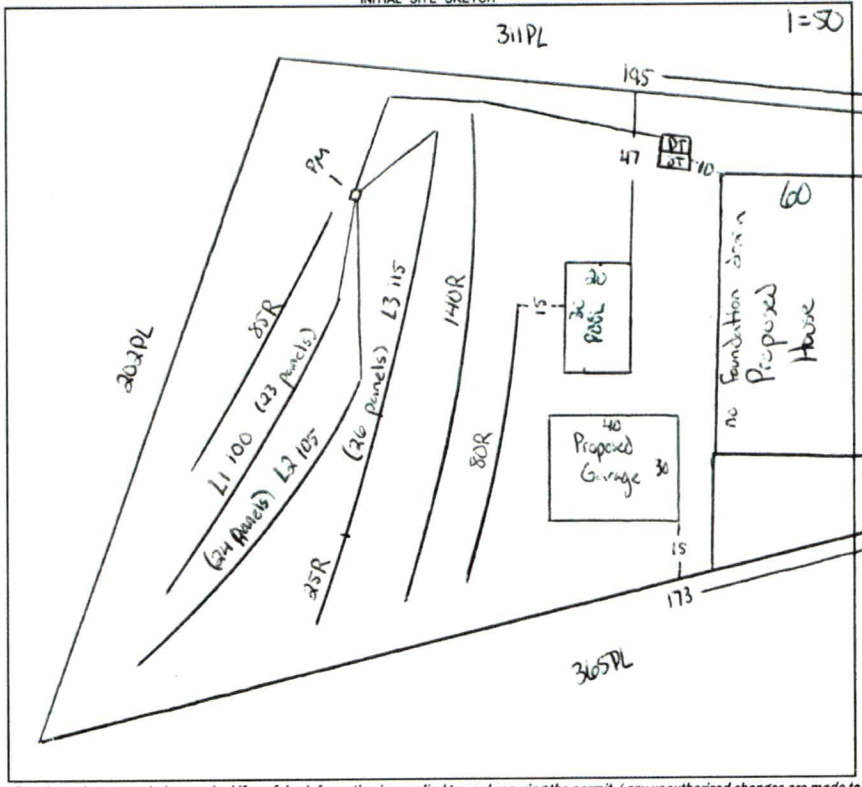
SITE DIRECTIONS: State Park - Morrison Farm - Daywault Cut - Stillwater SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Falls Park SECTION: - LOT # 5 LOT AREA: 1.054 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	Date	System Description:	VPPBPS			☐ Business	No. Persons	8	☐ Private
Pump Make			Model	Serial #	Repair System Description:	LPPBPS			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1		# Lines	3	Linear Ft	320'	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 on septic area.

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.

Dose = 262.8
Flow = 32.7
Time = 8.03
Drawdown = 12.5
2 in supply
2 ft head

L1 = 3/4 sch 80
L2 = 3/4 sch 80
L3 = 3/4 sch 40

FLOATS SW 10/26/23
ALARM
ELECTRICAL
PRESSURE

As Built Attached.

See also Email regarding Panel design

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: Online Signature Date: Installed by: Galle Grading

IMPROVEMENT PERMIT by: Cory Whit Date: 10/15/23 OPERATION PERMIT by: Scott Williams Date: 10/26/23

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 10/15/23 Existing System Inspected by: Date:

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

327290

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 2023-27114

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

PIN # 4629 -- 85 -- 5751

APPLICANT/OWNER: Manuel Lopez APPLICANT ADDRESS: 152 Gage Dr., Mooresville

SITE ADDRESS: 416 Stillwater Rd, Troutman 28166 PHONE: 704-201-0950 ALT. PHONE -

SITE DIRECTIONS: State Park - Morrison Farm - Dayvault Cut - Stillwater SAP CONTROLLED: ☐ YES ☒ NO

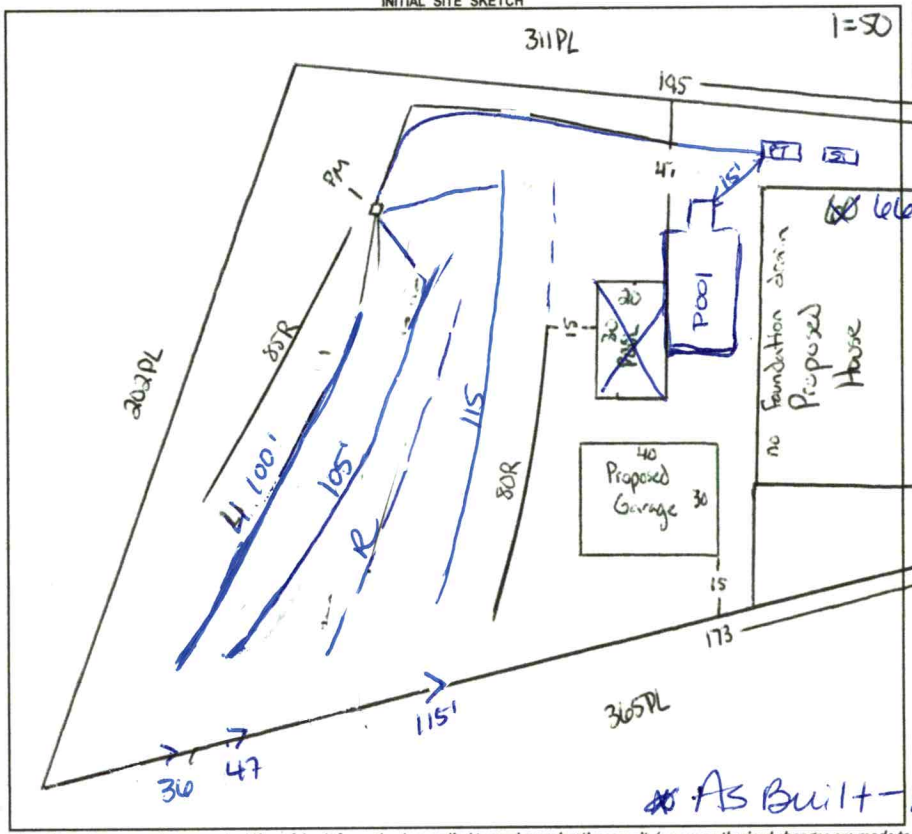
SUBDIVISION: Falls Park SECTION: - LOT # 5 LOT AREA: 1.054 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	740	Date	7/~~27~~/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	343	Date	7/24/23	System Description:	VPPBPS			
Pump Make			Model		Serial #		Repair System Description:	LPPBPS			
# Nitrification Fields	1		# Lines	3	Linear Ft	320'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24 in		Trench Bottom Depth ~~(Low side)~~			36" max	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: Install on contour with the land. Do not drive, park, or grade on septic area.

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.

Dose = 262.8
Flow = 32.7
Time = 8.03
Drawdown = 12.5
2 in supply
2 ft head

L1 = 3/4 sch 80
L2 = 3/4 sch 80
L3 = 3/4 sch 40

T & J Panel email attached approving Manifold for lines 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: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Cory Whit Date: 6/15/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 6/15/23 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	9/6/23	DW
Tanks Checked	9/6/23	DW
Pressure Manifold or Valve Box Checked	9/6/23	DW
Pressure Head Set	10/26/23	SW
Electrical Checked	10/26/23	SW
Floats Set	" "	SW
Alarm Checked	" "	SW
Maintenance Contract Needed? Y / N	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? _____	

Danielle Wieberg

From: Brad Johnson <tj_panel@yahoo.com>
Sent: Friday, September 8, 2023 7:29 AM
To: Danielle Wieberg
Subject: Re: 416 Stillwater

Hi Danielle,

This email is In regards to the design and installation of the PPBPS at 416 Stillwater. This system has been reviewed and approved to meet all standards that would make this system fully functional. For any further questions or information regarding this email/letter please give us a call our office at (704)914-8600.

Thank you,

Brad Johnson
T & J Panel Inc.

> On Sep 7, 2023, at 12:42 PM, Danielle Wieberg <danielle.wieberg@co.iredell.nc.us> wrote:
>
> Brad -
> I have attached a copy of the permit that we discussed yesterday that has lines exceeding 85' set on a pressure manifold. If you would kindly provide a written approval of this design for the file, I would greatly appreciate it. Page 1 is the original permit & the second page shows my notes regarding the as built.
>
> Thank you, as always, for your assistance.
>
> Regards -
> Danielle Wieberg
> Environmental Health Specialist – OSWW
> Iredell County Health Department
> 610 E. Center Avenue
> Mooresville , NC 28115
> 704-902-4482
>
> **Please tell us how we are doing:**
> Take Our Survey
>
> <image001.png>
>
> <image002.png>
> Pursuant to North Carolina General Statues Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You
>
> <416 Stillwater.pdf>

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-327290 2023-27114

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

PIN # 4629 -- 85 -- 5751

APPLICANT/OWNER: Manuel Lopez APPLICANT ADDRESS: 152 Gage Dr, Mooresville

SITE ADDRESS: 416 Stillwater Rd, Troutman 28166 PHONE: 704-201-0950 ALT. PHONE -

SITE DIRECTIONS: State Park - Morrison Farm - Dayvault Cut - Stillwater SAP CONTROLLED: ☐ YES ☒ NO

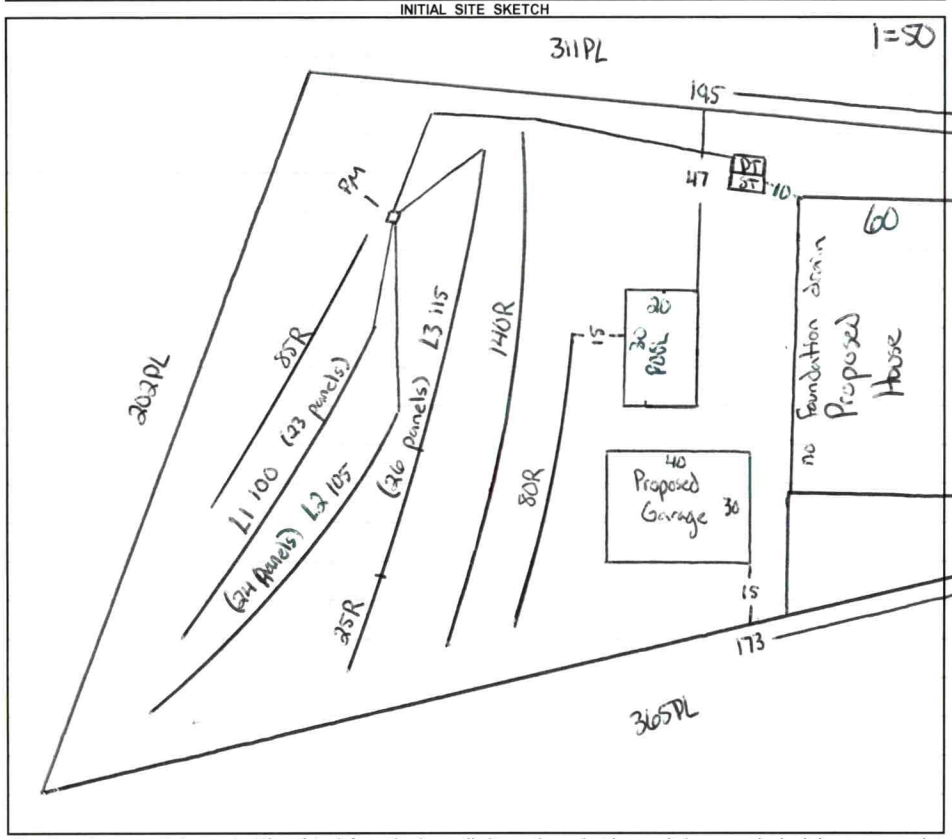
SUBDIVISION: Falls Park SECTION: - LOT # 5 LOT AREA: 1.054 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	VPPBPS			
Pump Make			Model		Serial #		Repair System Description:	LPPBPS			
# Nitrification Fields	1		# Lines	3	Linear Ft	320'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24in		Trench Bottom Depth ~~(Low side)~~	36" max	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: Install on contour with the land. Do not drive, park, or grade on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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Flow = 32.7
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2 in supply
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L1 = 3/4 sch 80
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Owner / Applicant Signature: Online Signature Date: Installed by:

IMPROVEMENT PERMIT by: Cory Whit Date: 6/15/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Whit Date: 6/15/23 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 1 of 1
PROPERTY ID #: 4629855751
COUNTY: Iredell

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

OWNER: Manuel Lopez
ADDRESS: 152 Gauge Dr Mooresville
PROPOSED FACILITY: 4 bd/r home
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 416 Stillwater Rd, Troutman
APPLICATION DATE 12/6/21
DATE EVALUATED: 12/20/21
PROPERTY SIZE: 1.054
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 8%	0-17	SCL/SBK	SS,SP,SExP,FR					P.S .3
		17-32	C/SBK	SS,SP,SExP,FR					
		32-48	CL/SBK	SS,SP,Sexp,FI					
2	Linear 9%	0-13	SCL/SBK	SS,SP,Sexp,FR			Litho inc in C/CL layer		P.S .3
		13-23	C/SBK	SS,SP,Sexp,FR					
		23-48	CL/SBK	SS,SP,Sexp,FI					
3	Linear 9%	0-14	SCL/SBK	SS,SP,Sexp,FR					P.S .3
		14-40	C/SBK	SS,SP,Sexp,FR					
		40-48	CL/SBK	SP,SS,Sexp,FI					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.25	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Coy Whicker
OTHER(S) PRESENT: Matthew Wilkenson, Sydney Holland

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

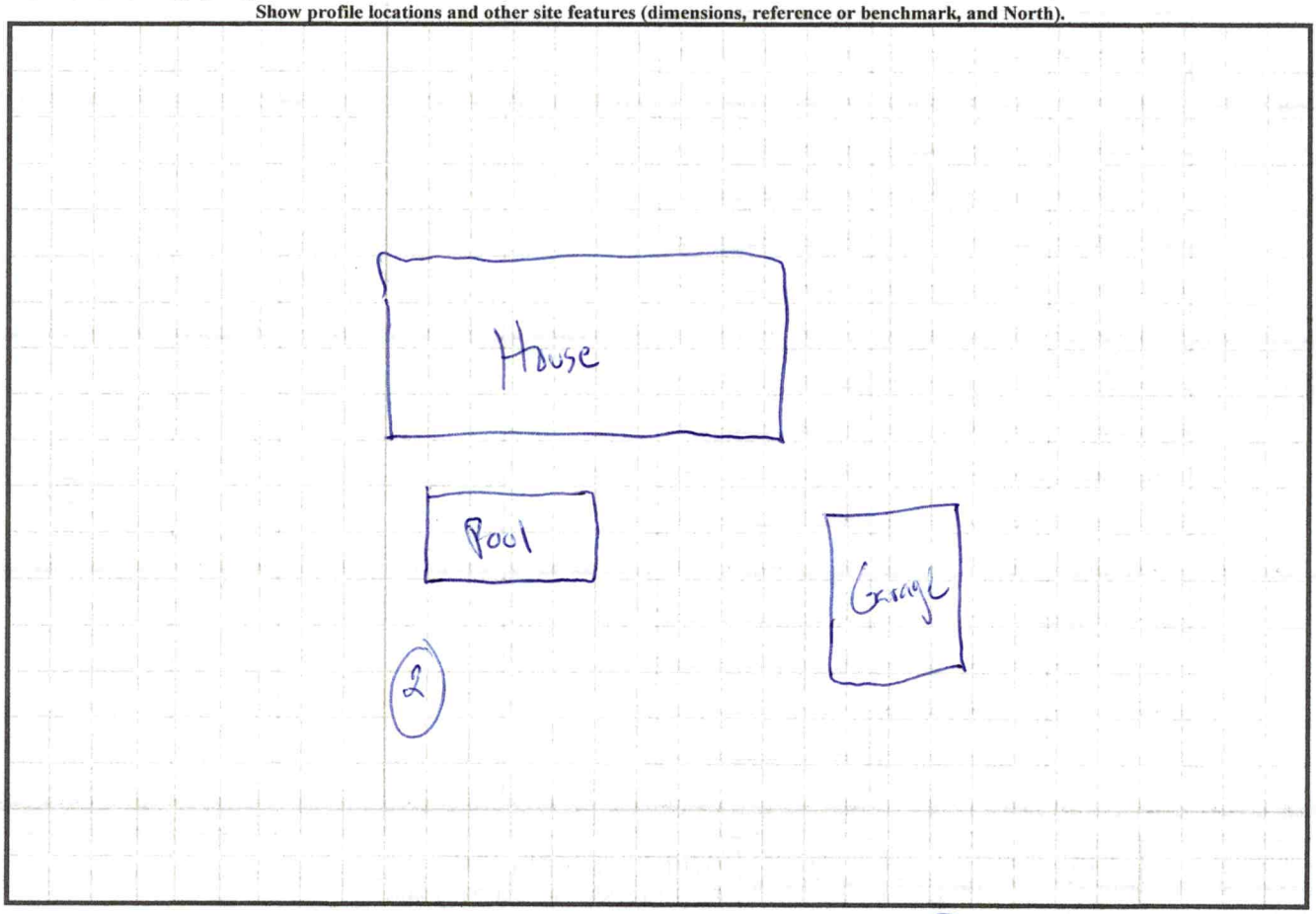
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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



3

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

Sheet 1 of 1
PROPERTY ID #: 4629855751
COUNTY: Iredell

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

OWNER: Manuel Lopez
ADDRESS: 152 Gage Dr Mooresville
PROPOSED FACILITY: New Single fam PROPOSED DESIGN FLOW (.1949): 3 bdrms 600GPD
LOCATION OF SITE: 476 Stillwater

APPLICATION DATE 4/8/2021
DATE EVALUATED: 6/10/2021
PROPERTY SIZE: 1.054 acres
PROPERTY RECORDED: YES

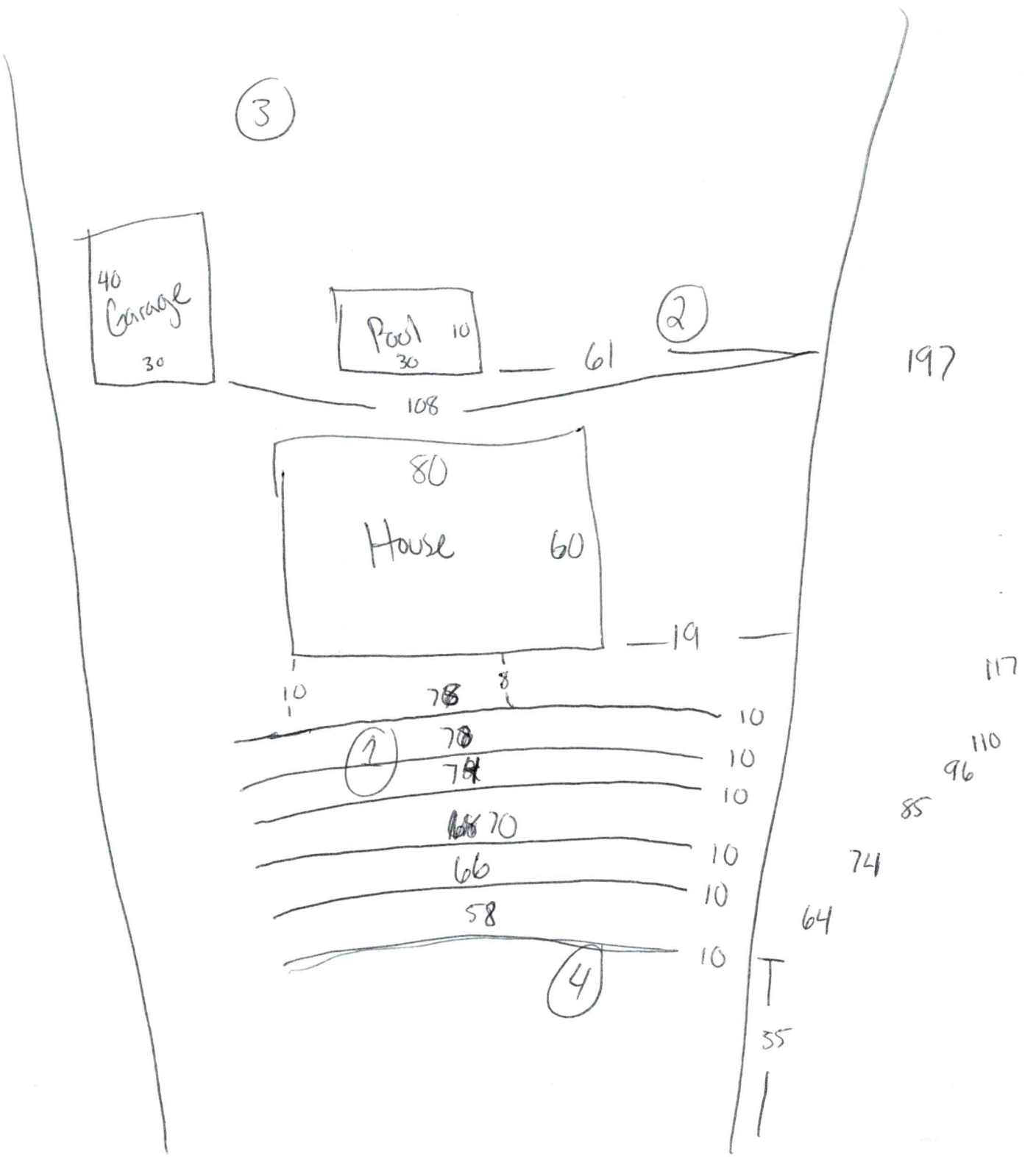
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other City water
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

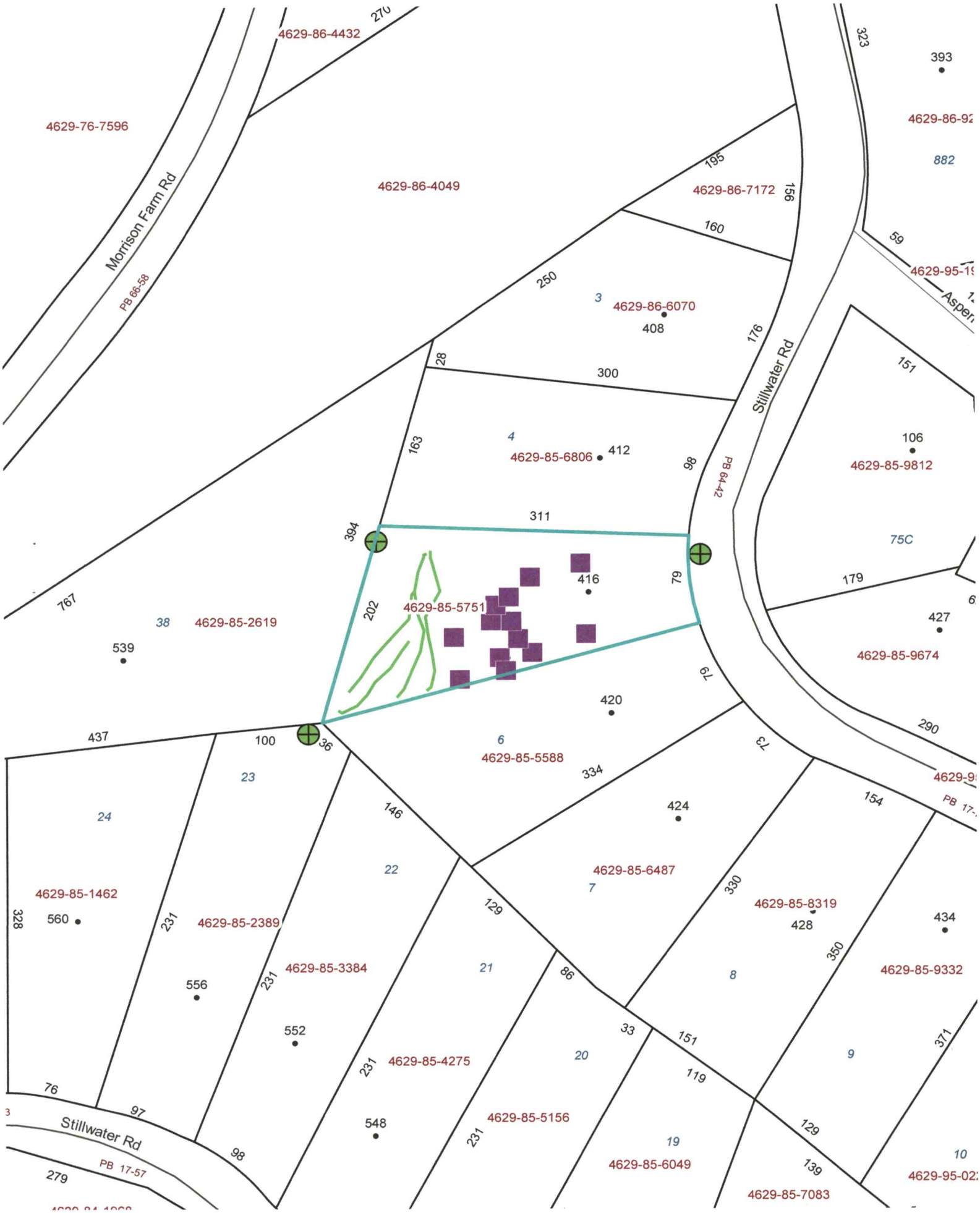
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS Front yard	0-10	SCL WSBK	Fr SSSP SOXP	—	60"	Litho inclusions at bottom	—	PS.3
		10-28	C SBK/ABK	Fr SSSP SOXP					
		28-60	CL SBK	Fr SSSP SOXP					
2	SS Front yard	0-9	SCL WSBK	Fr SSSP SOXP	YB mottling common chroma 2 at bottom	60"	some percent BR at bottom	many FE common at bottom	PS.25
		9-60	C ABK	Fr SSSP SOXP					
3	Back yard	0-9	Topsoil	—	—	60"	Litho inclusions common at bottom	some Rock inclusions at bottom	PS.3
		9-21	SC WSBK	Fr SSSP SOXP					
		21-36	C SBK/ABK	Fr SSSP SOXP					
		36-60	CL SBK	Fr SSSP SOXP					
4	Back yard	0-7	SCL WSBK	Fr SSSP SOXP	—	60	Litho inclusions common at bottom	few Rocks at bottom	PS.3
		7-33	C SBK/ABK	Fr SSSP SOXP					
		33-60	CL SBK	Fr SSSP SOXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Cory W

COMMENTS: Sunny, Understories


3
40
Garage
30
Pool
10
30
61
2
197
108
80
House
60
19
117
10
78
8
10
1
78
10
110
78
10
96
85
70
10
74
66
10
58
64
10
4
T
35
1


4629-86-4432
270
4629-76-7596
Morrison Farm Rd
PB 66-58
4629-86-4049
195
4629-86-7172
156
160
323
393
4629-86-92
882
59
4629-95-19
Aspen
250
3
4629-86-6070
408
176
Stillwater Rd
28
300
163
4
4629-85-6806
412
98
PB 64-42
151
106
4629-85-9812
75C
179
311
394
416
79
202
4629-85-5751
767
38
4629-85-2619
539
427
4629-85-9674
79
420
437
100
36
6
4629-85-5588
334
73
290
4629-9
PB 17-
23
24
146
424
154
22
4629-85-6487
7
4629-85-1462
560
328
231
4629-85-2389
330
4629-85-8319
428
434
129
231
4629-85-3384
556
21
86
8
350
4629-85-9332
552
33
151
231
4629-85-4275
20
9
371
119
76
97
548
231
4629-85-5156
129
Stillwater Rd
PB 17-57
98
19
4629-85-6049
10
279
139
4629-95-02
4629-85-7083

n-site Wastewater Section

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Lot #: 5
File #:
AppID:

APPROVED OCT 14 2016

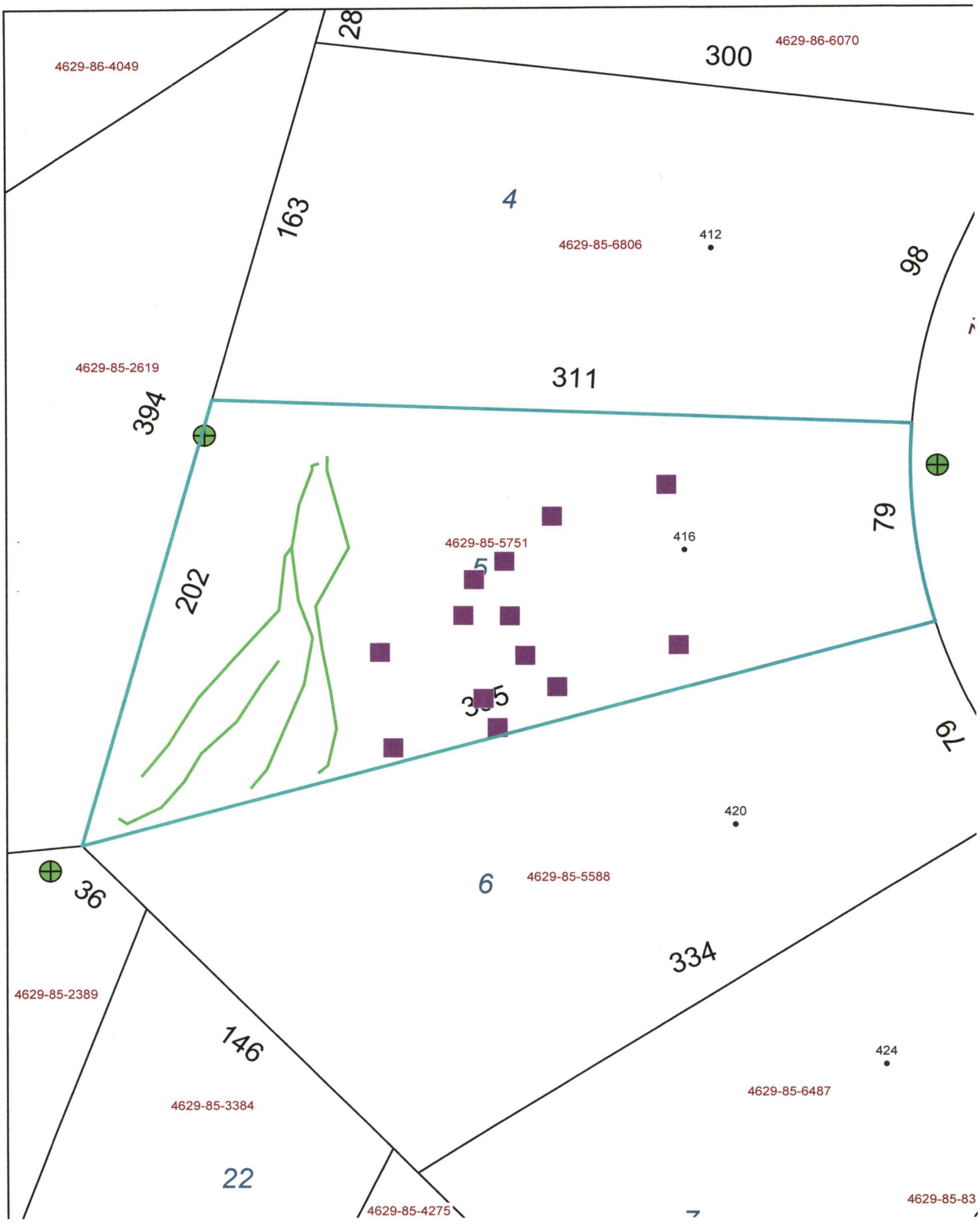
Owner: Falls Park, LLC
Applicant:
Address:
Date Evaluated: 3/19/14
Proposed Facility: SFR Design Flow (.1949) 600
Property Size: 1.05 ±
Location of Site: Falls Park Lot 5
Property Recorded: post 81

Water Supply: [X] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L 8%	0-5	WK SBK SCL	FR SS/SP	Red Br	48+	N/A	N/A	0.3
		5-25	Mo SBK C	FR SS/SP	Red				
		25-48	WK SBK C	FR SS/SP	Red; C sap				
2	L 8%	0-9	MA SL SCL	(compacted)	Br	50+	N/A	N/A	0.25
		9-34	WK ABK C	Fi SS/SP	Red; F sap Br				
		34-50	WK SBK C	Fi SS/SP	Red; C sap				
3	L 8%	0-4	WK GR SL	Fi NS/NP	Br	48+	N/A	N/A	0.3
		4-34	Mo SBK C	FR SS/SP	Red; F sap				
		34-48	WK SBK C	FR SS/SP	Red; C sap; C Quartz				
4	L 8%	0-40	Mo SBK C	FR SS/SP	Red	48+	N/A	N/A	0.3
		40-48	WK SBK CL	FR SS/SP	Red; F sap				

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% Red	LP PPBPS
Site LTAR	0.3	0.25

Other Factors (.1946): Remove Berms
Soil Evaluation By: KMS
Others Present: DB
Site Classification (.1948): PS
Site Evaluation By: KMS
Others Present: GH


4629-86-4049
28
300
4629-86-6070
163
4
4629-85-6806
412
98
4629-85-2619
311
394
202
4629-85-5751
5
416
79
420
6
4629-85-5588
36
334
4629-85-2389
146
4629-85-3384
424
4629-85-6487
22
4629-85-4275
4629-85-83

RECEIVED MAY 1 2 2022

Paid $105.00

AP- 317018

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*

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 .1967(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

This following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Please put 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: [illegible] Address: 157 Towne Ln #107 Zip: 2817

Applicant Email: [illegible] Phone: 980-722-5059 Alt. Phone: _____

Owner Name: [illegible] Address: 157 Jordan Ln #107 Zip: 28117

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 716 Edgewater Rd Troutman NC

Subdivision Name: [illegible] Section/Phase: _____ Lot Number: 5

Driving Directions: [illegible]

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: 11
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) 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 ( ) 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: _____ 5/11/22
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)

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

require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the application himself or herself, they can submit any one of the following documents to designate their *Power of Attorney, Real Estate Contract, Estate executor, Bankruptcy trustee, Court ordered guardianship* documentation, the property owner may provide the local health department with documentation presentative. A property owner may document his or her legal representative, or provide his or her own form that contains the information in multiple property owners, then all property owners must sign the form that designates a legal

hat designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes ive to act on their behalf in matters pertaining to the application and permitting process, including signing or y application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ I, _____, 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**) _____, _____, 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.

_____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health

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

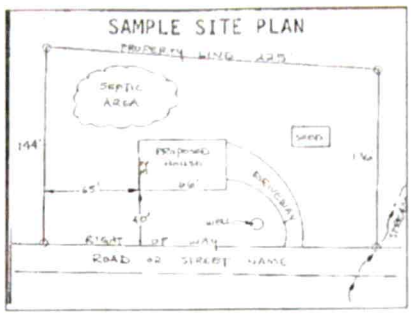
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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**
- **Proposed driveway location and well location**
- **Septic system to be placed**
- **North arrow (or other sufficient indicator of direction**

Circle N/A for any of the following if appropriate:

- **Easements and wells within 100' of your property** **N/A**
- **Easements and rights of ways on your property** **N/A**
- **Designated wetlands on the property** **N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Include all business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: Elba Balboa

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

5/11/22

DATE