BCW AP 316358

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

PERMIT ; OSWP 2024-48567

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

PIN # 4636 - 15 - 2408

APPLICANT/OWNER: Eugene McCarty | APPLICANT ADDRESS: 110 Rollingwood Ln Mooresville

SITE ADDRESS: 104 Isle of Pines Rd, Mooresville 28117 | PHONE: 980-240-7612 | ALT. PHONE -

SITE DIRECTIONS: Brawley School - Isle of Pines | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: LKN Carriage Homes LLC | SECTION: - | LOT # 1 | LOT AREA: 0.735 | DESIGN FLOW: 240 gpd | L.T.A.R.(Initial): 0.3 | L.T.A.R (Repair): 0.3

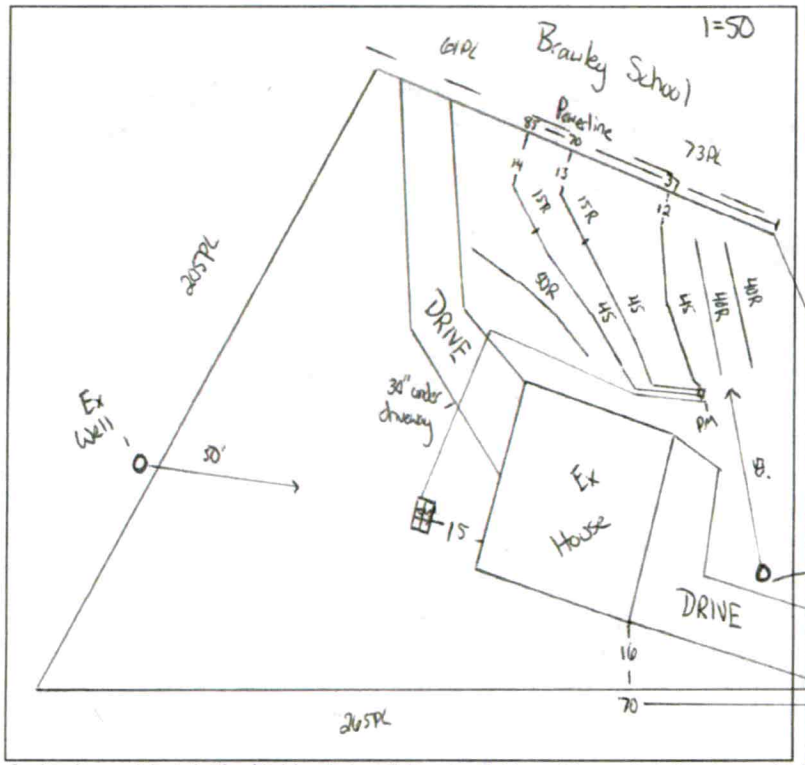
Septic Tank	1000	(gal)	STB	7160	Date	2-10-24	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	3163	Date	2-5-24	System Description:	VPPBPS			
Pump Make	Gouds	Model	WE0312MV	Serial #	L234179116		Repair System Description:	LP-PPBPS			
# Nitrification Fields	1	# Lines	3	Linear Ft	135'		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24 in	*Max. Trench Depth(Initial)	33 in	*Max. Trench Depth(Repair)	33 in	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE		

* Measured on the downhill side of the trench | Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): 48 in | Usable Depth to LC (Repair): 48 in | *Limiting Condition*

☒ Residence	No. Bedrooms	2	Water Supply	
☐ Business	No. Persons	4	☒ Private	
☐ Other	No. Employees		☐ Public	
☒ Slab	☐ Crawl Space		☐ Community	
☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Do not drive, park, or grade septic area. Do not shallow up.

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.

(3) 1½ sch40

Tanks
Supply Line
P.M
} STH 4/8/24

Dose = 118.8
Flow = 21.33
Time = 5.6
Drawdown = 5.6
2 in ø supply
2 ft head

4-15-2024 BCW
- P.H
- FLOATS
- ALARM
- ELECTRICAL
- DRAINLINES

- DRAIN LINES INSTALLED AS SHOWN

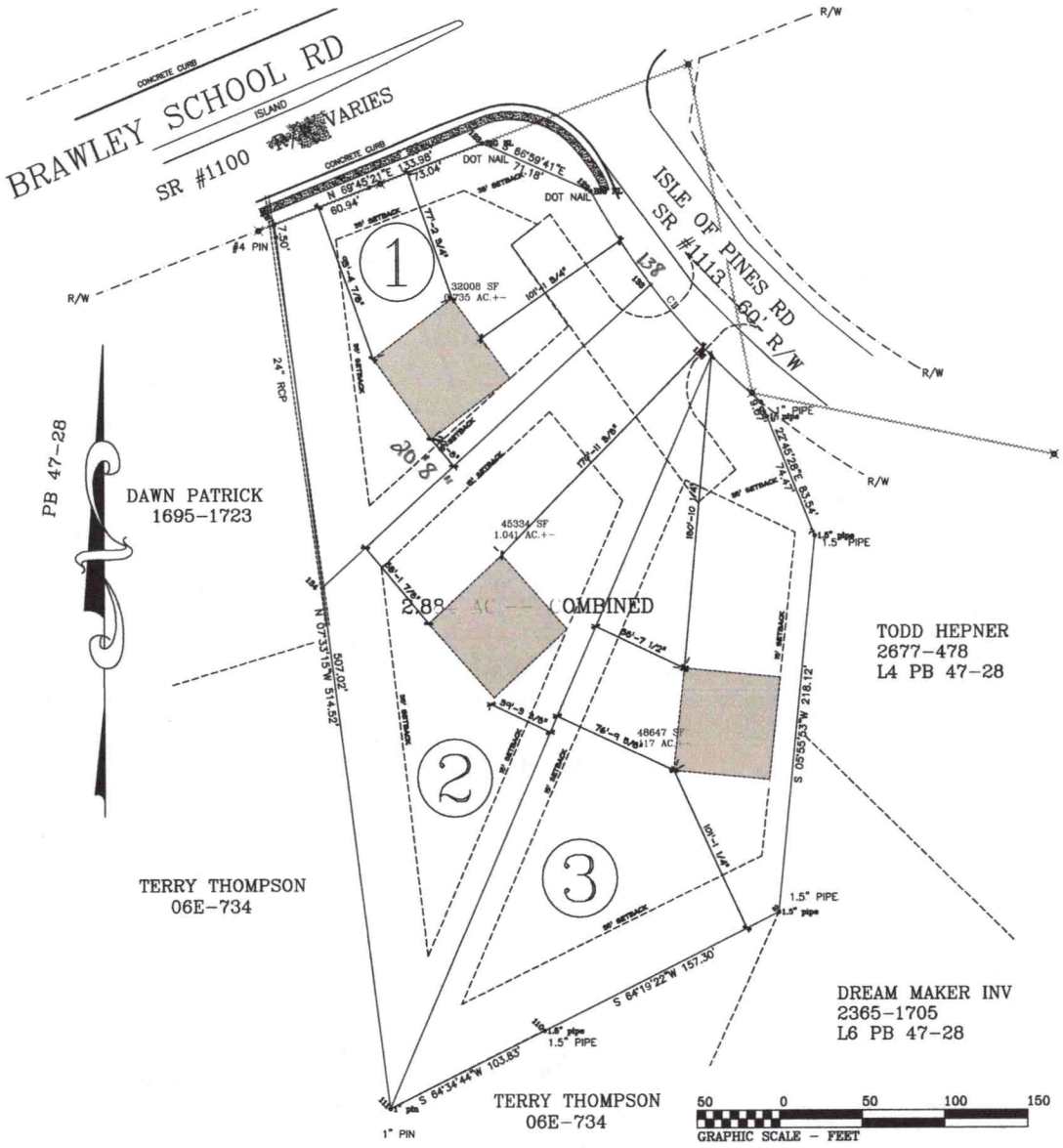
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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 | Date: | Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Cory Hill | Date: 3/8/24 | OPERATION PERMIT by: Burgett C. White | Date: 4-15-2024

AUTHORIZATION TO CONSTRUCT by: Cory Hill | Date: 3/8/24 | Existing System Inspected by: | Date:



PRELIMINARY
NOT FOR CONSTRUCTION

MARK SIEMIENIEC
REGISTERED ARCHITECT
12767
NORTH CAROLINA
MOORESVILLE, NC

Project Number: 020-2020

CARRIAGE HOUSE FOR
EUGENE MCCARTY
XXXXXXXXX
MOORESVILLE, NC 28166

MARK
SIEMIENIEC
ARCHITECTURE
290 DIEMO CIRCLE
MOORESVILLE, NC 28115
P. 704. 876. 8840
mail@mmarch.com

NO.	CAD BY	
	CHECK BY	
	ISSUE / REVISION	DATE
01	REVIEW	09/09/2021

SHEET NAME & NUMBER
SITE PLAN
A1.0

© 2021 MS-ARCHITECTURE

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

Sheet ___ of
PROPERTY ID #: 4636152311
COUNTY: Iredell

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

OWNER: Mashburn Dev.
ADDRESS: 18253 John Conner Rd Cornelius NC 28031
PROPOSED FACILITY: Garage/Apt PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: 104 Isle of Pines

APPLICATION DATE ___
DATE EVALUATED: 9/15/21
PROPERTY SIZE: .735 Ac
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) .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	4% Not in system area	0-6	Brw SCL w SBK	SS, SP, SExP, FR					PS .3
		6-14	RCm-w SBK	SS, SP, SExP, FR					
		14-50	R-to-Rd/brw CL w SBK	SS, SP, SExP, FR w/ few to many SAP Incls		56"	PS	—	
		50-56	LLS	SAP Massive FR					
2	5%	0-17	FILL/Compacted	Brw SCL					PS .3
		17-24	RCm-w SBK	SS, SP, SExP, FR					
		24-56	RCl w SBK	SS, SP, SExP, FR	—	56"	—	—	
3	5%	0-30	RCl/Clm-w SBK	SS, SP, SExP, FR					PS .3
		30-57	RCl-to-Sl/RCl w	SBK SS, SP, SExP, FR	—	57"	—	—	
4	6%	0-6	Brw SCL w SBK	SS, SP, SExP, FR					PS .3
		6-24	RCm-w SBK	SS, SP, SExP, FR					
		24-49	RCl w SBK	SS, SP, SExP, FR w/ common Mica & some SAP Incls	—	49"	—	—	

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

COMMENTS: ___

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.

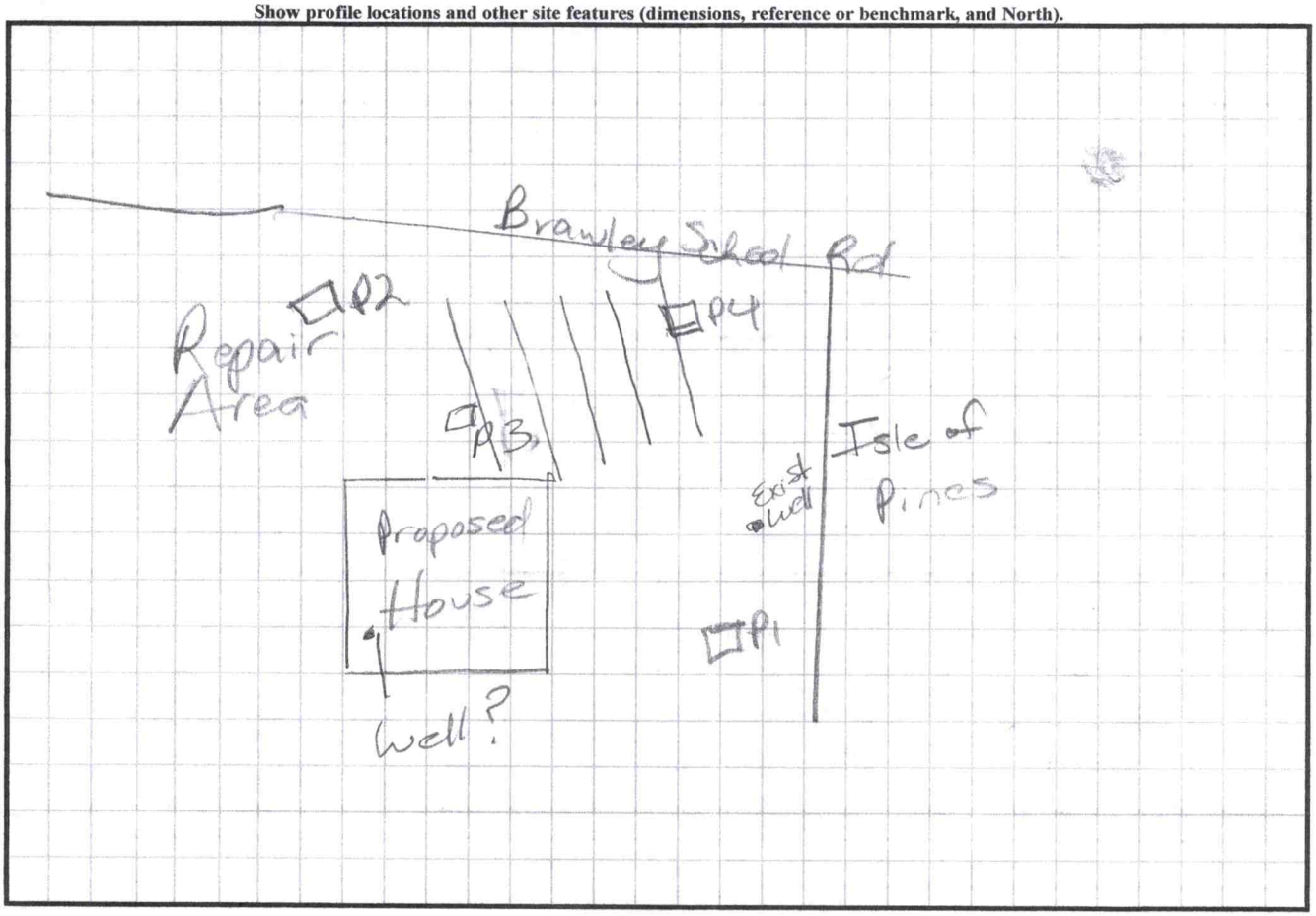
NOTES

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).



ICHD – Environmental Health Division

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 316358

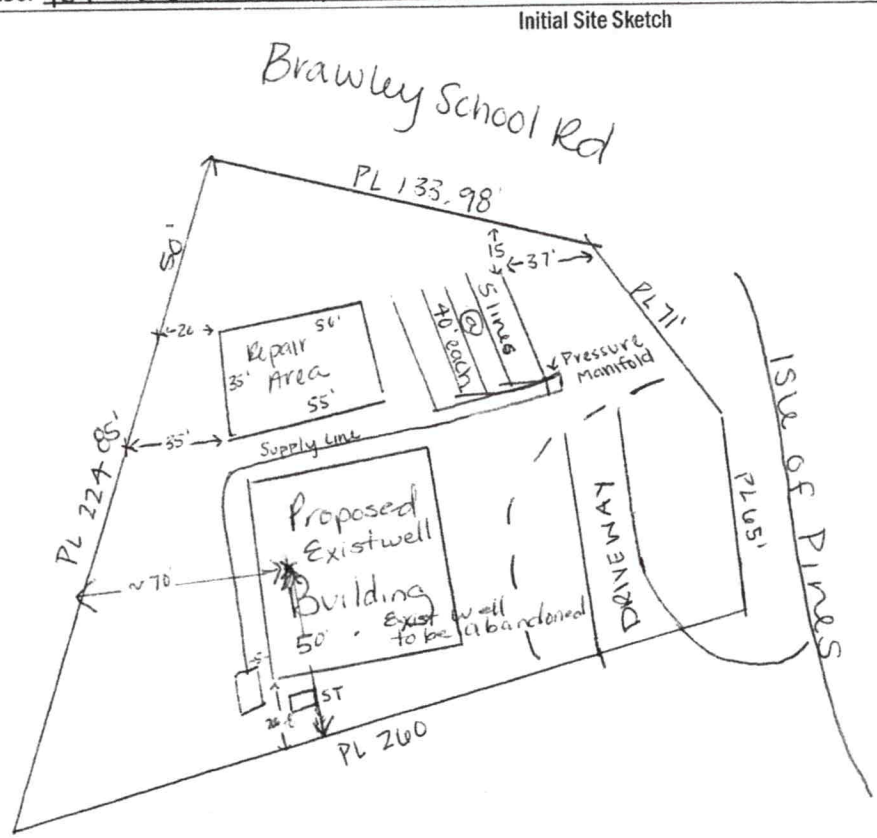
PRIVATE DRINKING WATER WELL PERMIT PIN # 4636-15-2311 Type of Permit (circle one): New Repair **Abandonment**

APPLICANT/OWNER NAME: Mashburn Development ADDRESS: 18253 John Connor Rd Cornelius NC 28031 PHONE: 704-576-4907

DIRECTIONS TO SITE: Brawley School Rd - (L) Isle of Pines - Lot on (R)

SITE ADDRESS: 104 Isle of Pines Mooresville NC 28117 SUBDIVISION: LKN Carriage Homes SECTION/LOT: - 11

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes: 100ft well Abandoned with Bentonite Grout

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow NCAC 2C rules for Abandoning wells.

WELL PERMIT ISSUED BY: Maria Dotson DATE: 4/8/22 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Frances well Drilling CONTRACTOR CERT #: 2473A GROUT INSPECTION BY: Bryant Bass DATE: 4/29/22

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: 6/1/22 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY

1. Well Contractor Information:

Michael Francis

Well Contractor Name (or well owner personally abandoning well on his/her property)

2473-A

NC Well Contractor Certification Number

Francis Well & Pump Co.

Company Name

2. Well Construction Permit #: 316358

If all applicable well permits (i.e. County, State, Variance, Injection, etc.) are unknown

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal-Public
☐Geothermal (Heating Cooling Supply)	☒Residential Water Supply (single)
☐Industrial Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 4-28-22

5a. Well location:

Mashburn Development

Facility/Owner Name — Facility ID# (if applicable)

104 Isle of Pines Mooresville N.C. 28117

Physical Address, City, and Zip

Iredell — County

4636-15-2311 — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

*Attach well construction record(s) if available. For multiple injection or non-water supply wells **ONLY** with the same construction/abandonment, you can submit one form.*

6a. Well ID#: N/A

6b. Total well depth: 95 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 40 (ft.)

6e. Outer casing length (if known): N/A (ft.)

6f. Inner casing/tubing length (if known): N/A (ft.)

6g. Screen length (if known): N/A (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

*For multiple injection or non-water supply wells **ONLY** with the same construction/abandonment, you can submit one form.*

7b. Approximate volume of water remaining in well(s): 90 (gal)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: 1 cup

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☒ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

1200 lbs

7g. Provide a brief description of the abandonment procedure:

slowly by hand

8. Certification:

Michael Francis — Signature of Certified Well Contractor or Well Owner

4-28-22 — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standard and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

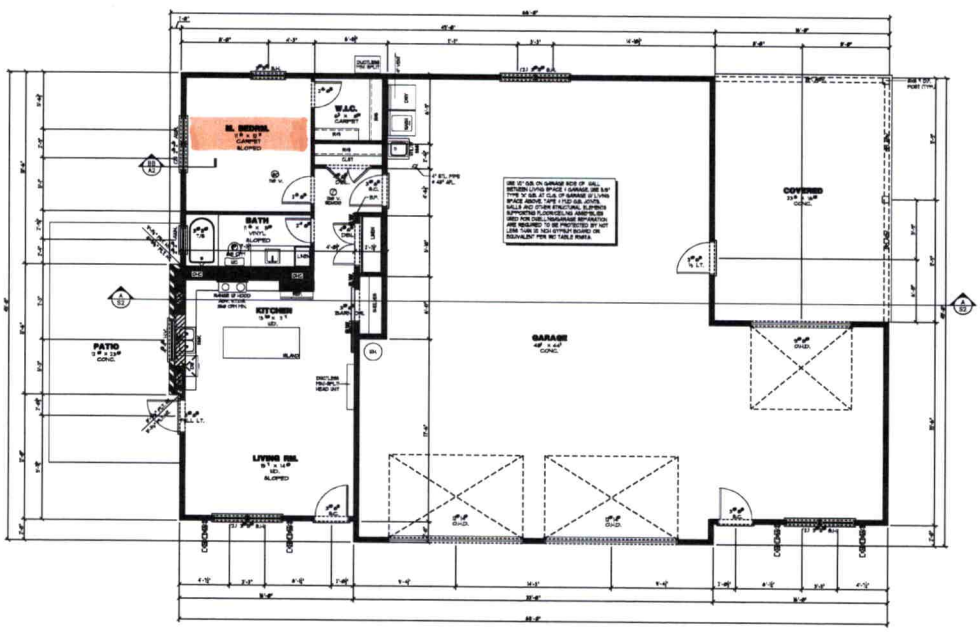
10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617**

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

**Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636**

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.



MAIN FLOOR PLAN

SCALE 1/4" = 1'-0"

Shop 13 Plan # 22-1078

REVISIONS | DATE | BY

MAIN FLOOR PLAN

JWR Designs, Inc. JWR.Plans@gmail.com

JWR

DRAWN LJM
DATE 3-22-22
SCALE AS NOTED
DESIGN J.W.R.
SHEET A3 of A3

FLOOR PLAN NOTES:

1. HVAC TRAPS (INDOOR TYPICAL, ROOF OPENINGS MAY VARY, VERIFY PER TRS SPECS.
2. CABINET DESIGN BY OTHERS TO BE VERIFIED W/ ACTUAL TRAPED (AS BUILT) DIMENSIONS ON SITE.
3. FOR ALL BEAM SIZES / LOCATIONS REFER TO STRUCTURAL FRAMING PLANS / ENGINEERING CALCS DURING CONSTRUCTION.
4. SEE STRUCTURAL PLANS FOR(CONTINUOUS FRAMING / SHEAR WALL SHEETS FOR ALL BYPASS HOLD DOWNS AND STRAPS AND LOCATIONS.

FRAMING NOTE:
FOR ALL BEAM SIZES & LOCATIONS REFER TO STRUCTURAL FRAMING PLANS & ENGINEERING CALCS. DURING FRAMING CONSTRUCTION.

GUARDRAIL NOTE:
SHOP DRAWINGS, SIGNED & SEALED BY A REGISTERED DESIGN PROFESSIONAL, WILL BE REQUIRED FOR THE GUARDRAIL SYSTEMS AT THE STAIRS & DECK.

CHIMNEY NOTE:
BALLOON-FRAME CHIMNEY FROM MAIN FLOOR PLATFORM

SQUARE FOOTAGE

LIVING SPACE:	1564 S.F.
GARAGE:	1113 S.F.
TOTAL	2,491 S.F.
COVERED:	376 S.F.

Acknowledgement Of Plans Submittal ONLY!

Date 6-2-22

Date 6/1/22

10th Lode of Pines

RECEIVED MAY 19 2021

AP-316358
$500.00

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Meshburn Development	12753 John Connor Rd	704-576-4907 (Andrew)	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Eugene McCurry	110 Rollingwood Ln	980-240-7612	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
104 Isle of Pines Rd	UKW Carriage Homes	1

Driving Directions:
Bradley Gilead Rd, (R) on Isle of Pines, lots on Right

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 2 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — (X) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

( ) 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:** _____ 4/8/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

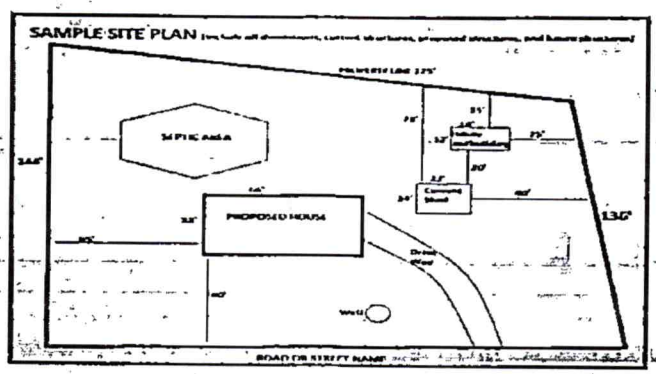
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

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:

X **Location of septic systems and wells within 100' of your property... N/A**

X **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

See attachmt

Signature: _____ 4/8/21

REQUIRED **property owner or owner's legal representative signature.** **DATE**

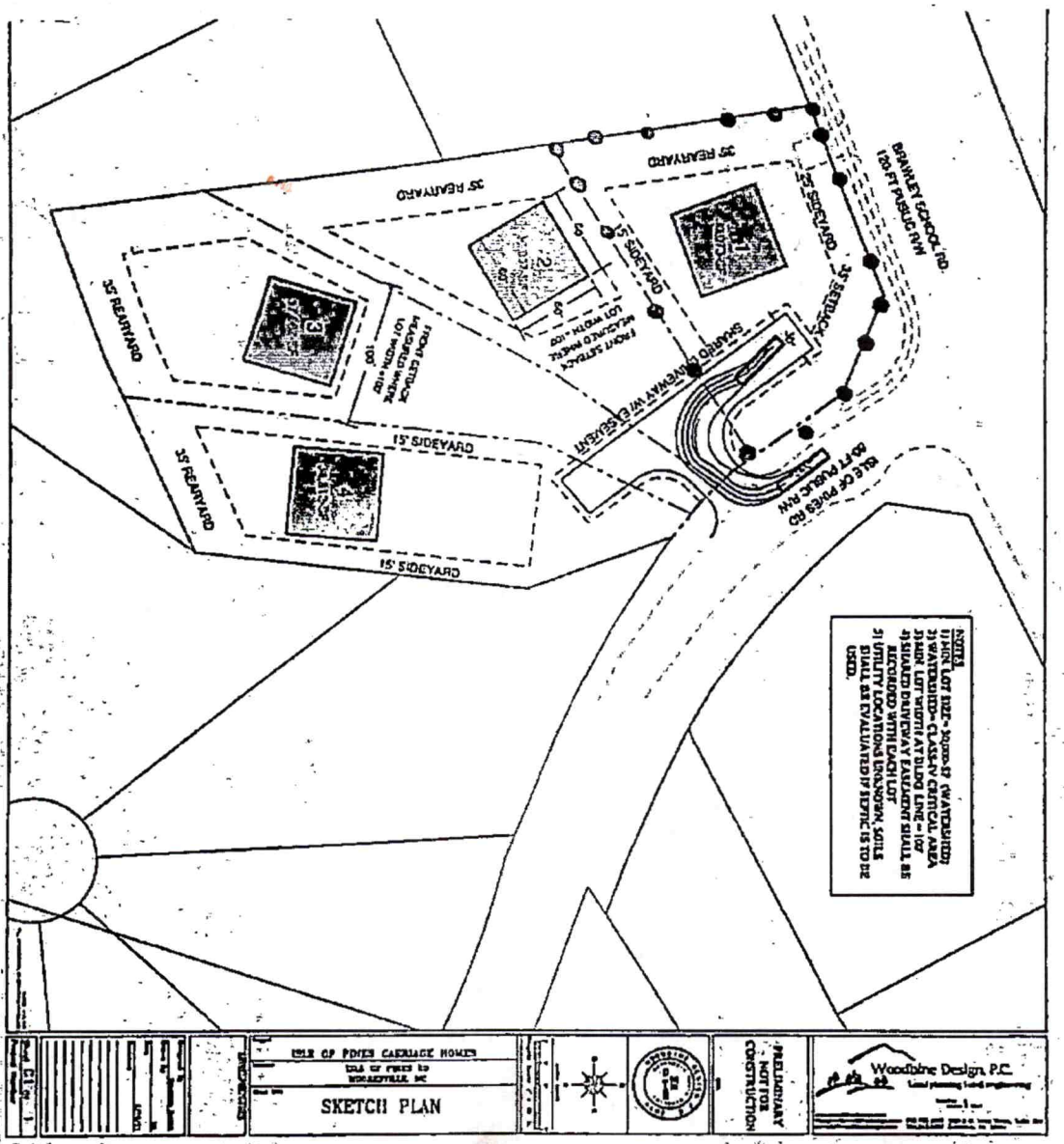
Preliminary Approval – Proposed Minor Subdivision (Gordon Property)

Regarding parcel #'s 4636153331 & 4636152311, located at the corner of Brawley School Road and Isle of Pines Road, it is permissible to issue both the Zoning and Environmental Health Permits to allow for the septic evaluation to be applied for, yet a hold shall be placed on both the Building Permit and Improvement Permit until the lots are recorded the Register of Deeds.

William Allison – Senior Planner

2-24-21

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, Bryne McCarty, am the legal owner(s) of the property located at 104 Isle of Pines Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Meadows Developt Inc, 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: 4/8/21 — Signature of Witness — Date: 4/8/21

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
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349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ***

✓ **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet after you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

✓ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

✓ Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

✓ **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

✓ Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

✓ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ **Date** 4/8/21

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.