ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309904

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

PIN # 4637-4757

APPLICANT/OWNER: Ronnie Smith | APPLICANT ADDRESS: 411 Morrison Farm Road Troutman 28166

SITE ADDRESS: 1147 Brawley School Mooresville NC | PHONE: 704-363-8888 | ALT. PHONE 704-663-7223

SITE DIRECTIONS: Brawley School Road Post Stutts Road Intersection on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brawley Business Park | SECTION: - | LOT # 7 | LOT AREA: 2.2 Acre | DESIGN FLOW: 400gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 1012-1000	Date	2-1-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines	3	Linear Ft	334'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(~~low side~~)	Max 36"	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	

☐ Residence ☒ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms | No. Persons | No. Employees 16 | ☐ Crawl Space | ☐ Basement w/o plumbing

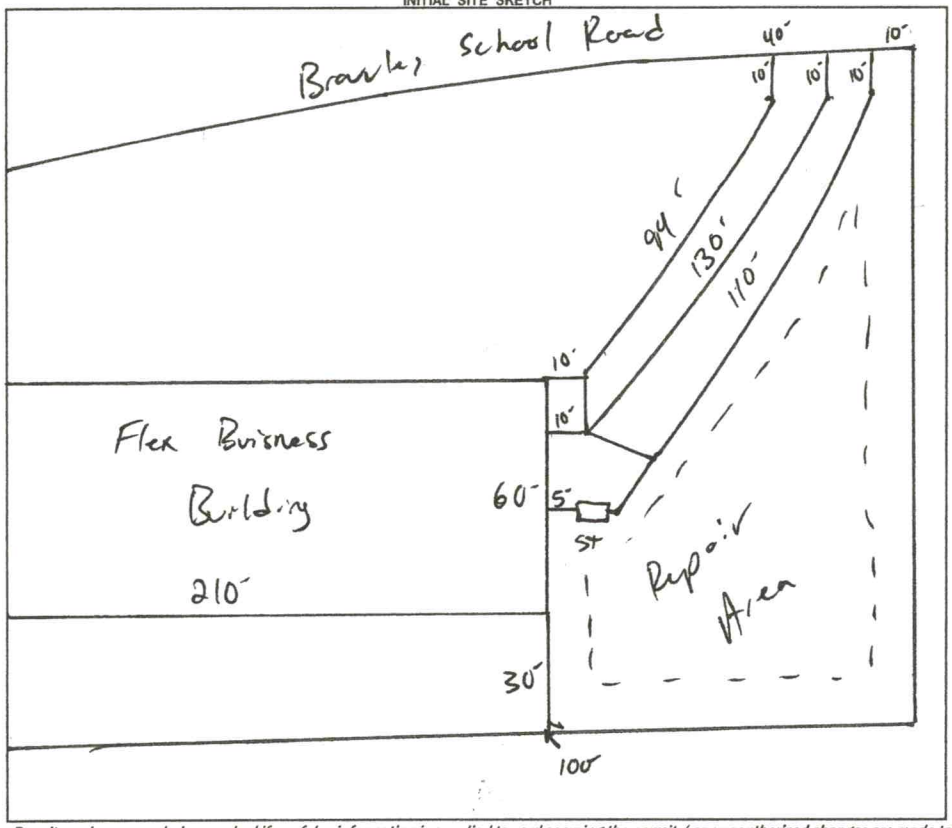
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Drainlines on contour of land and use Serial Distribution System permitted for Domestic wastewater only.

* Preconstruction Meeting Required before Install *

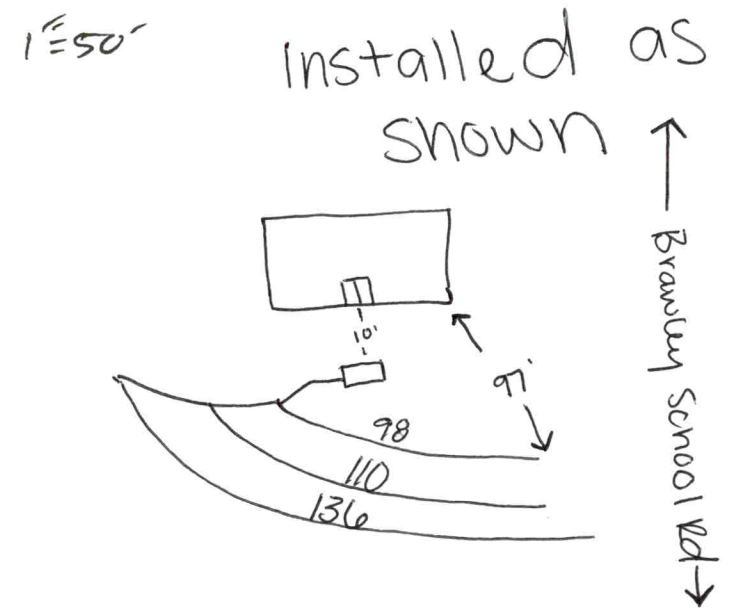
Set Pump to maintain gravity fall

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: [signature] Date: 10-6-2020 | Installed by: Craig Baldwin

IMPROVEMENT PERMIT by: [signature] Date: 10-6-2020 | OPERATION PERMIT by: Sydney Holland Date: 4/12/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-6-2020 | Isting System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 30[illegible]

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

PIN # 4637-4257

APPLICANT/OWNER: Ronnie Smith | APPLICANT ADDRESS: 411 Morrison Farm Road Troutman 28166

SITE ADDRESS: 1165 Brawley School Mooresville NC | PHONE: 704-363-8888 | ALT. PHONE 704-663-7223

SITE DIRECTIONS: Brawley School Road Post Shuffs Road Intersection on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brawley Business Park | SECTION: - | LOT # 7 | LOT AREA: 2.2 Acre | DESIGN FLOW: 400gpd | L.T.A.R.: .3

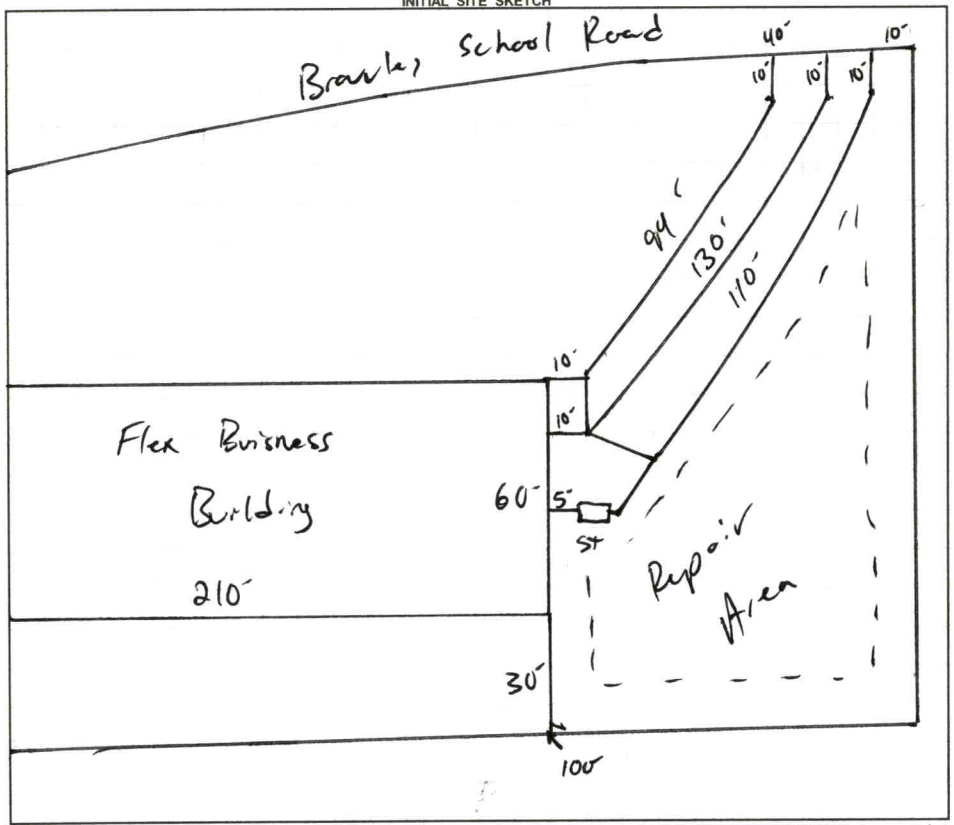
Septic Tank	1000	(gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms		Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction	☒ Business	No. Persons		☒ Private
Pump Make			Model		Serial #		Repair System Description:	25% Reduction	☐ Other	No. Employees	16	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	334'		Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install all Drainlines on contour of land and use Serial Distribution System permitted for Domestic wastewater only.

* Preconstruction Meeting Required before Install *

Set Plumbing to maintain gravity fall

INITIAL SITE SKETCH



AS BUILT SKETCH

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1"=50'

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

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: 10-6-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: 10-6-2020 isting System Inspected by: _____ Date: _____

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

GENERAL NOTES

1. WORK INTERFERENCES SHALL BE ESTABLISHED AND VERIFIED BEFORE SANITARY PIPING IS INSTALLED IN ORDER THAT PROPER SLOPES WILL BE MAINTAINED. SLOPE SANITARY PIPING 2" AND SMALLER AT 1/4" PER FOOT MINIMUM, AND SLOPE SANITARY PIPING 3" AND LARGER AT 1/8" PER FOOT MINIMUM.

2. WHERE SANITARY PIPING IS EXPOSED IN TOILET ROOMS, PROVIDE CHROME-PLATED BRASS PIPING WITH ESCUTCHEON CENTERPIECES, PROVIDE REMOVABLE TRAPS WITH INTEGRAL CLEANOUT PLUG FOR ALL LAVATORIES AND SINKS.

3. INSTALL CLEANOUTS IN A LOCATION THAT PERMITS ACCESS FOR SERVICE WITHOUT DAMAGE TO THE BUILDING OR FINISHED MATERIALS. CLEANOUT PLUGS SHALL BE INSTALLED IN ACCORDANCE WITH PLUMBING CODE REQUIREMENTS. PROVIDE CLEANOUTS IN HORIZONTAL PIPING AND WHERE DRAIN LINE MEET APPLIED, AT THE BASE OF ALL SOIL AND WASTE STACKS, AND FOR EVERY FOUR 45° CHANGES LOCATED IN SERIES (A LONG SWEEP IS EQUIVALENT TO TWO 45° BENDS).

4. ON SLOPED ROOFS, PAINT SANITARY VENT PIPING ABOVE ROOF TO MATCH ROOF COLOR.

5. STORM DRAIN PIPING:

   A. WORK INCLUDES ROOF DRAINS AND PIPING TO A POINT 5'-0" OUTSIDE OF THE BUILDING. ALL PIPING SHALL BE CONCEALED IN THE BUILDING CONSTRUCTION WHERE POSSIBLE.

   B. INVERT ELEVATIONS SHALL BE ESTABLISHED AND VERIFIED BEFORE STORM PIPING IS INSTALLED IN ORDER THAT PROPER SLOPES WILL BE MAINTAINED. SLOPE STORM PIPING AT 1/8" PER FOOT MINIMUM.

   C. STORM DRAIN PIPING BELOW GROUND:

      1. ASTM A 74, SERVICE WEIGHT, HUB AND SPIGOT, CAST IRON SOIL PIPE AND FITTINGS AND GASKETED JOINTS. ALL PIPE AND FITTINGS SHALL BE MARKED WITH THE COLLECTIVE TRADEMARK OF THE CAST IRON SOIL PIPE INSTITUTE, AND LISTED BY NSF INTERNATIONAL.

      2. IF PERMITTED BY LOCAL CODES, ASTM D 2665 SCHEDULE 40 SOLID WALL PVC PIPE WITH ASTM D 2665 SCHEDULE 40 SOCKET-TYPE FITTINGS MUST BE USED.

   D. STORM DRAIN PIPING ABOVE GROUND:

      1. ASTM A 888 AND CISPI 301, HUBLESS, CAST IRON SOIL PIPE AND FITTINGS, AND HEAVY DUTY STAINLESS STEEL COUPLINGS. ALL PIPE AND FITTINGS SHALL BE MARKED WITH THE COLLECTIVE TRADEMARK OF THE CAST IRON SOIL PIPE INSTITUTE, AND LISTED BY NSF INTERNATIONAL.

      2. IF PERMITTED BY LOCAL CODES, ASTM D 2665 SCHEDULE 40 SOLID WALL PVC PIPE WITH ASTM D 2665 SCHEDULE 40 SOCKET-TYPE FITTINGS MAY BE USED. PVC PIPING INSTALLED IN PLENUMS AND PLENUMS MUST BE PROTECTED WITH 3M FIRE BARRIER PLENUM WRAP 5A+, OR SIMILAR PRODUCT.

   E. CLEANOUTS IN A LOCATION THAT PERMITS ACCESS FOR SERVICE WITHOUT DAMAGE TO THE BUILDING OR FINISHED MATERIALS. CLEANOUT PLUGS SHALL BE INSTALLED IN ACCORDANCE WITH PLUMBING CODE REQUIREMENTS. PROVIDE CLEANOUTS IN HORIZONTAL PIPING AT NOT MORE THAN 100 FEET APART, AT THE BASE OF ALL RAINWATER CONDUCTORS, AND FOR EVERY FOUR 45° CHANGES LOCATED IN SERIES (A LONG SWEEP IS EQUIVALENT TO TWO 45° BENDS).

6. INSULATION, JACKETS, COVERINGS, HEATERS, BOILERS, AND ADHESIVES SHALL NOT EXCEED 25 FLAME SPREAD RATING OF 25 AND A SMOKE DEVELOPED RATING OF 50 WHEN TESTED IN ACCORDANCE WITH ASTM E 84.

7. INSULATION SHALL RUN CONTINUOUSLY THROUGH FLOORS, WALLS, AND PARTITIONS.

8. DOMESTIC WATER PIPING:

   A. PROVIDE METALLIC AND AUTOMATIC CIRCULATING HOT WATER SYSTEM WATER PIPING BELOW GRADE (EXCEPT EXPOSED CONNECTIONS TO PLUMBING FIXTURES) WITH 1" THICK CHLORIDE FOAM INSULATION, OR 1" FIBERGLASS PIPE INSULATION WITH FACTORY-APPLIED ALL SERVICE JACKETING. 1/2" INSULATION MAY BE USED FOR DOMESTIC PIPING 4" AND LESS.

9. STORM DRAIN:

   A. PROVIDE STORM PIPING ABOVE GRADE AND ROOF DRAIN BODIES WITH 1" ELASTOMERIC INSULATION, OR 1" FIBERGLASS PIPE INSULATION WITH FACTORY-APPLIED ALL SERVICE JACKETING. THIS INCLUDES THE PRIMARY AND SECONDARY STORM DRAIN SYSTEMS.

10. UTILITY REQUIREMENTS FOR WATER SERVICE:

    A. PROVIDE BACKFLOW PREVENTER REQUIREMENTS OF LOCAL AUTHORITY AND PROVIDE BACKFLOW PREVENTER IF REQUIRED, IF NOT PROVIDED BY SITE UTILITY CONTRACTOR.

11. GAS SERVICE REQUIREMENTS:

    A. GAS METER REQUIREMENTS OF LOCAL AUTHORITY, AND OWNER, AND PROVIDE GAS METER IF REQUIRED, IF NOT PROVIDED BY SITE UTILITY CONTRACTOR.

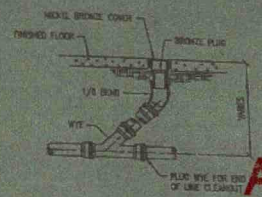
12. SUPPORT AND BRACE VERTICALLY AND HORIZONTALLY ALL PIPING, APPARATUS, AND EQUIPMENT IN ACCORDANCE WITH APPLICABLE CODES TO PREVENT EXCESSIVE MOVEMENT UNDER SEISMIC CONDITIONS.

PLUMBING EQUIPMENT SCHEDULE

MARK	EQUIPMENT	MANUFACTURER & MODEL NO.	SPECIFICATION
RD	ROOF DRAIN	ZURN ZA490	15" DIAMETER, SUMP-COATED CAST IRON BODY WITH COMBINATION MEMBRANE FLASHING CLAMP/CURBING, DOME, ALUMINUM DOME.
FCO	FLOOR CLEAN OUT	ZURN ZN1400-BP	ADJUSTABLE, COATED CAST IRON BODY, ROUND SCORIATED NICKEL BRONZE TOP, BRONZE PLUG.

PLUMBING LEGEND

	DOMESTIC COLD WATER PIPING (CW)
	SANITARY PIPING (SAN)
	STORM PIPING
	BALL VALVE
	CAP
	FLOOR CLEANOUT (FCO)
	PIPE DOWN
	PIPE UP
AFAP	AS HIGH AS POSSIBLE
BLDG	BUILDING
CO	CLEANOUT
DN	DOWN
DS	DOWNSPOUT
DSR	DOWNSPOUT ROOT
DSN	DOWNSPOUT NOZZLE
IE, INV ELEV	INVERT ELEVATION
ORD	OVERFLOW ROOF DRAIN
P.C.	PLUMBING CONTRACTOR
RWC	RAINWATER CONDUCTOR
VTR	VENT THROUGH ROOF
W	WASTE



2 FLOOR CLEANOUT DETAIL
A-B1 NOT TO SCALE

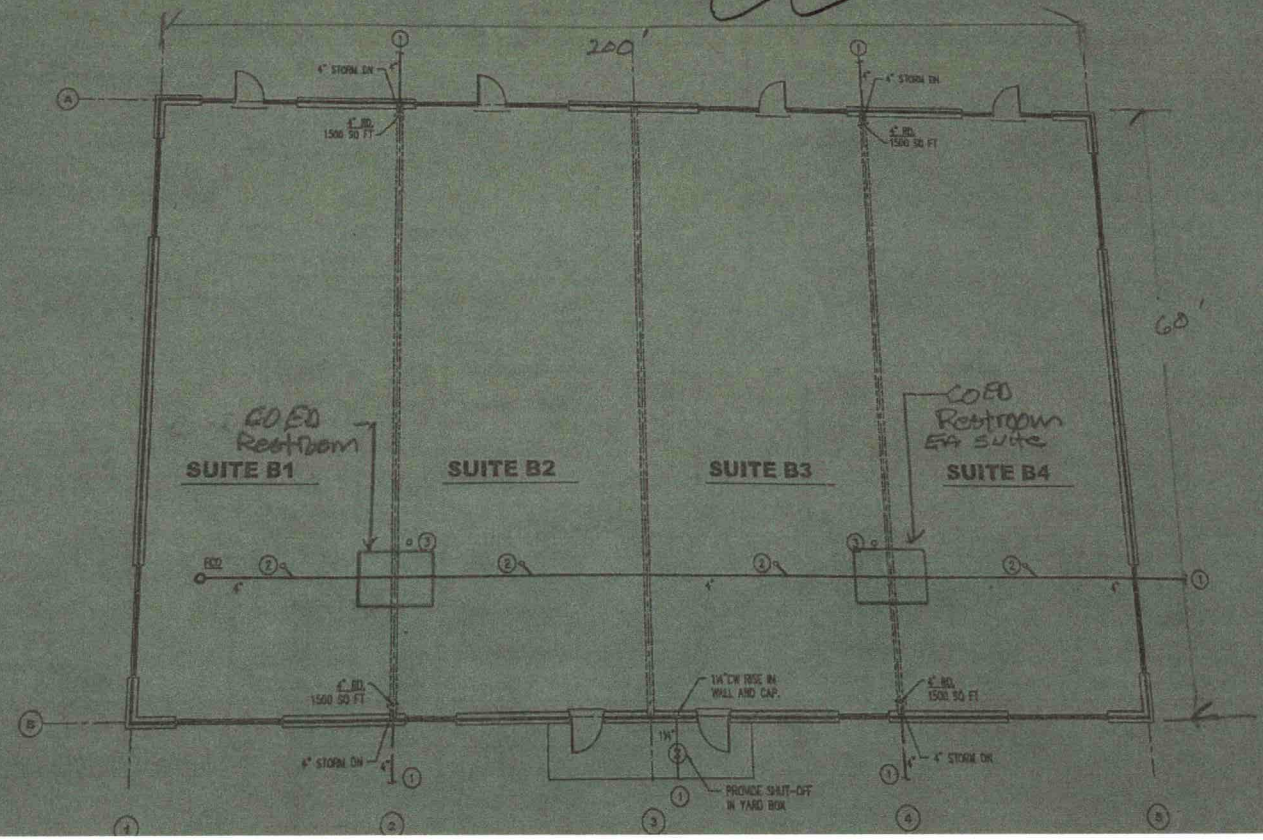
KEYED NOTES THIS SHEET

1. SEE CIVIL SITE PLAN FOR CONTINUATION.
2. STUB-OUT 4" DWV WASTE MINIMUM 3'-0" ABOVE FINISHED FLOOR.
3. 3" V UP TO SOVEL.

Acknowledgement Of
Plans Submittal ONLY!

Date 10-6-2020

Date 10/7/20



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

Sheet 1 of 1
PROPERTY ID #: 4636374857
COUNTY: Iredell

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

OWNER: Ronnie Smith
ADDRESS: 165 411 Morrison Farm Road
PROPOSED FACILITY: Business
LOCATION OF SITE: 165 Brandy School Road
APPLICATION DATE 8-3-20
DATE EVALUATED: 9-15-20
PROPOSED DESIGN FLOW (.1949): _____
PROPERTY SIZE: 2.2 Acs
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 1-2%	0-6	SBK SCL	Fr SS SPS sap	N/A	48+	N/A	N/A	PS .3
		6-21	SBK C						
		21-48	SBK CL						
2	SS 1-2%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-15	SBK C						
		15-48	SBK CL						
3	SS 1-2%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-14	SBK C						
		14-48	SBK CL						
4	SS 1-2%	0-6	SBK SCL		4/B mottles @ 24"	48+	N/A	N/A	PS .3
		6-24	~~ABK~~ SBK C						
		24-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	334'	334'
System Type(s)	Trad	Trad
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boss
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

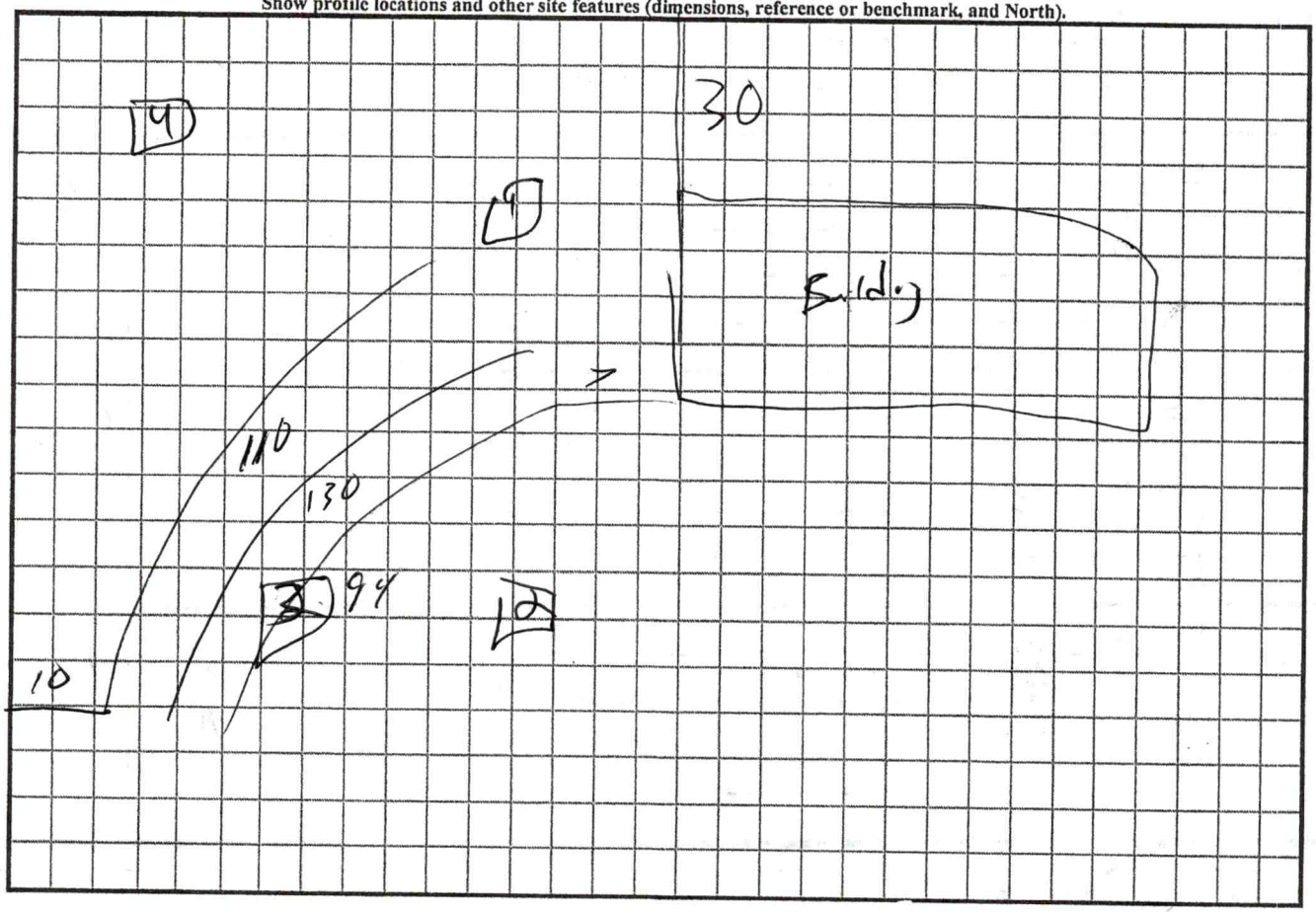
NOTES

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^2 600 ~~200~~

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



p.4 9-15

RECEIVED AUG 13 2020

AP-309904
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Ronnie L. Smith Address: 411 Morrison Farm Rd Troutman NC Zip: 28166

Applicant Email: rsmith4679@aol.com Phone: 704-363-8886 Alt. Phone: 704-663-7223

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 1165 Brawley School Rd.

Subdivision Name: Brawley Business Park Section/Phase: _____ Lot Number: 7

Driving Directions: Brawley School W. To 800' past Shutts Rd intersection Property is on Left before Blume Rd.

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: _____ ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool ( ) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: Flex _____
Square Footage of Building: 12,000 Max. Number of Employees: 16 Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: 16

( ) New Well (X) 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 (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: Ronnie L. Smith 8-3-2020

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

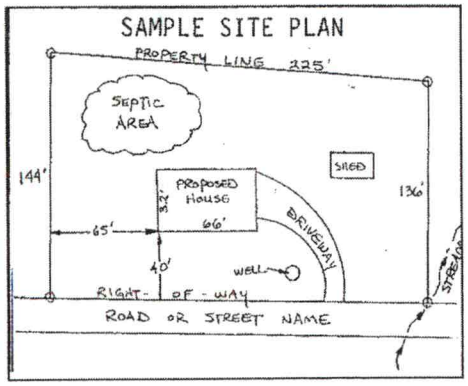
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (✓) Preferred driveway location
- (✓) Preferred well location
- (✓) Preferred septic system location
- (✓) 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

Please see Attached

Signature: _____

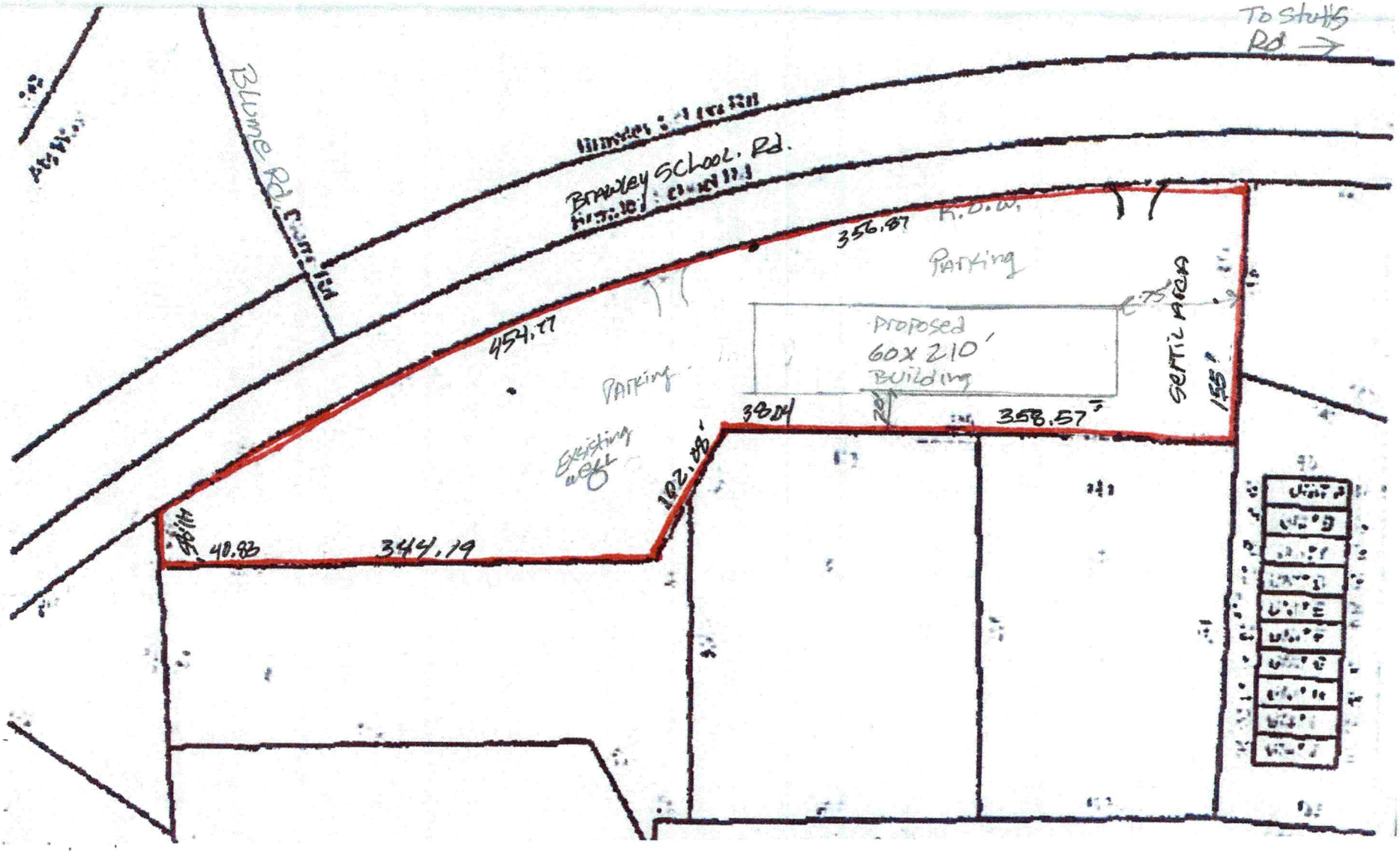
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-3-2020

DATE

1" = 75'

N


To Stutts Rd
Blume Rd
Brawley School Rd.
356.87
R.O.W.
Parking
454.77
Proposed
60 x 210'
Building
75
Septic Area
155'
Parking
Existing well
38.04
20
358.57
192.88
40.88
344.19

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*) Ronnie L. Smith

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, Ronnie L. Smith, am the legal owner(s) of the property located at 1165 Brawley School Rd Mooresville NC., identified as

PIN (Parcel Identification Number) 4636-37-4257, located in Iredell County, North Carolina.

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

Ronnie L. Smith
Signature of Owner(s)

6-3-2020
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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 ***

RLS **Complete all Environmental Health forms:**

_____ Application
_____ Site Plan with dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

RLS **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.**

RLS **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.**

RLS **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.

RLS 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 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.

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** 6-3-2020

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

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
309904 Issue Date: 08/11/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4636374257.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: SMITH RONNIE L+LEE	Name: SMITH RONNIE L+LEE
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
COMMERCIAL	GB

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.2	30	20	10	10	WSIV-CA Catawba/Lake Norman	NO

Remarks
Retail/Office/Warehouse This is for septic approval only. A site plan must be submitted prior to any other permits being issued.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 08/11/2020

Permit Number	309904	TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB6308

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$500.00**
AP-309904 Address: APN: 4636374257.000			**$500.00**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
TOTAL FEES PAID BY RECEIPT: WEB6308			**$500.00**

Date Paid: Wednesday, August 12, 2020

Paid By: LEE SMITH

Cashier: EPRS

Pay Method: CREDIT 04439Z

SUPERION

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB6285

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$77.25**
AP-309904 Address: APN: 4636374257.000			**$77.25**
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT: WEB6285			**$77.25**

Date Paid: Tuesday, August 11, 2020

Paid By: LEE SMITH

Cashier: EPRS

Pay Method: CREDIT 01954Z