244337

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-22134

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

PIN # 4636-94-7216 ✓

APPLICANT / OWNER: Thomas Hiene

APPLICANT ADDRESS: 13103 Palisades Shoals Rd Charlotte NC 28278

SITE ADDRESS: 172 BROADBILL DR, MOORESVILLE, NC 28117 ✓

PHONE: 980-946-2051 ALT. PHONE: -

SITE DIRECTIONS: Brawley School Rd to Conesboro to Broadbill on left

SUBDIVISION: Wood Land Hills ✓

SAP CONTROLLED: YES ☐ NO ☒

SECTION: - LOT #: 81 ✓ LOT AREA: .5AC DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank: (gal) 1000	STB: 760	Date: 2-22-2023	☐ New System ☐ Repair ☐ Expansion	System Type: II	☒ Residence	No. Bedrooms: 3	Water Supply: Community Well
Pump Tank: (gal) 1000	PT: 363	Date: 3-10-2023	System Description: PPBPS-50% Reductn		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: PPBPS-50% Reductn		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: 3	Linear Ft.: 200	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☒ Crawl Space	marked incorrectly as basement - should be crawl
Trench Width: 24in	Trench Bottom Depth (Low side): 36in		Gravel Depth: -	☐ GRAVITY ☒ PRESSURE	☒ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

See attached Site Plan and Design by Michael Athmas + Associates

AS BUILT SKETCH

INSTALLED AS SHOWN

Need MA

See attached list 5/23/23

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:

IMPROVEMENT PERMIT by: Benjamin A Robbins Date: 4-26-2023

AUTHORIZATION TO CONSTRUCT by: Benjamin A Robbins Date: 4-26-2023

Installed By: SPECIALTY SEPTIC

OPERATION PERMIT by: D Imeberg Date: 6/1/23

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	5-3-2023	BCW
Tanks Checked	5-3-2023	BCW
Pressure Manifold or Valve Box Checked	5-3-2023	BCW
Pressure Head Set	5/23/23	DW
Electrical Checked	↓	↓
Floats Set	↓	↓
Alarm Checked	↓	↓
Maintenance Contract Needed? (Y) / N		
Comments:		
Need pool moved 5' away from tanks 5/25/23 DW		

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? _____	

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
4/11/2023



Reference: Data Sheet for 172 Broadbill Dr, Woodland Hills Lot 81
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS (8' on center)
Proposed Repair System Type: PPBPS (8' on center)
Distribution: Low Pressure – Central Valve Box
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 27.7 GPM
Dosing Volume: 169.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 22.4'
Friction Head: 2.8'
Pressure Head: 2'
Total Dynamic Head: 27.2'
Supply Line Length: 150' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1			30'	2.0'
White 2			55'	3.5'
Yellow 3	**30'**/35'	**7**	**70'**	**4.9'**
Pink 4	**85'**	**20**	**85'**	**6.4'**
Orange 5	**85'**	**20**	**85'**	**7.9'**
White 6			80'	10.0'

Initial System: 200'
Repair System: 200'
Pump Tank: 22.3'
House Corner: 11.35'
Benchmark: 5.1'

Comments:
The septic lines were surveyed to ensure accuracy. The septic area must be fenced and protected during construction. Damage to the septic area could result in the revocation of the permit.

PROPERTY ID #: 4636947216
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Thomas Heine
ADDRESS: 13103 Palisades Shoals Rd, Charlotte, NC 28278
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 172 Broadbill Dr, Woodland Hills Lot 81
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED:

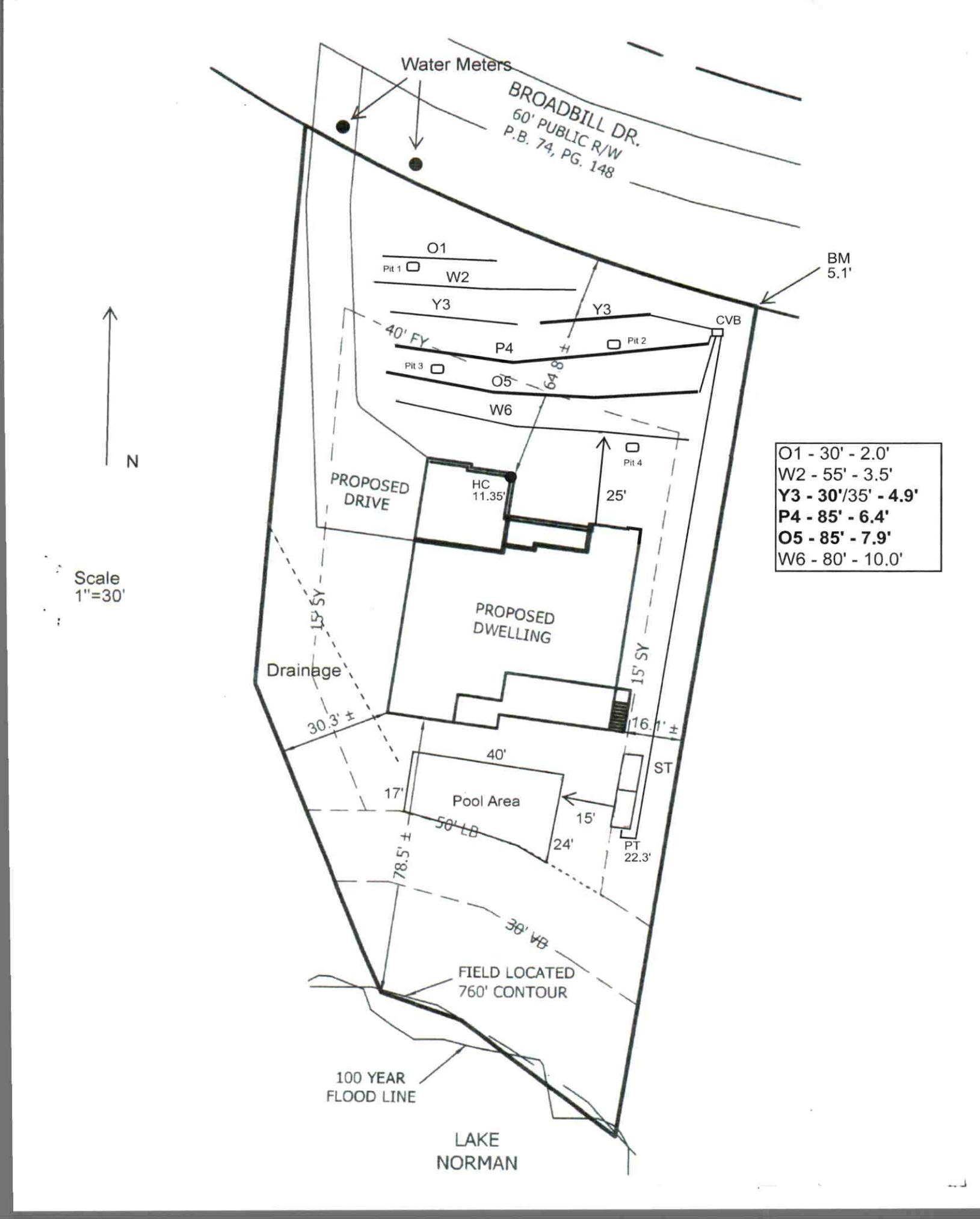
WATER SUPPLY: Private X Public X Well Spring Other
EVALUATION METHOD: Auger Boring X Pit Cut
TYPE OF WASTEWATER: X Sewage Industrial Process Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 12%	0-43	R C SBK	FR SS SP SXP	N/A	63"	Few SAP @ 51"	N/A	PS 0.3
		43-63	R CL WSBK	FR SS SP SXP					
2	LS 12%	0-4	Br CL WSBK	FR SS SP SXP	N/A	63"	N/A	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SXP					
		34-63	R CL WSBK	FR SS SP SXP					
3	LS 12%	0-30	R C SBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3
		30-55	R CL WSBK	FR SS SP SXP					
4	LS 12%	0-10	FILL		N/A	56"	N/A	N/A	PS 0.3
		10-34	R C SBK	FR SS SP SXP					
		34-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 FT^2	400 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:


Water Meters
BROADBILL DR.
60' PUBLIC R/W
P.B. 74, PG. 148
BM
5.1'
O1
Pit 1
W2
Y3
Y3
CVB
40' FY
P4
Pit 2
Pit 3
O5
64.8'
W6
Pit 4
N
PROPOSED
DRIVE
HC
11.35'
25'
O1 - 30' - 2.0'
W2 - 55' - 3.5'
Y3 - 30'/35' - 4.9'
P4 - 85' - 6.4'
O5 - 85' - 7.9'
W6 - 80' - 10.0'
Scale
1"=30'
15' SY
PROPOSED
DWELLING
Drainage
15' SY
30.3' ±
16.1' ±
40'
ST
17'
Pool Area
15'
50' LB
24'
PT
22.3'
78.5' ±
30' VB
FIELD LOCATED
760' CONTOUR
100 YEAR
FLOOD LINE
LAKE
NORMAN

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
4/26/2023

Owner: Thomas Hiene
Address:____13103 Palisades Shoals Rd Charlotte NC 28278 _____

Subject: Notice of Intent to Revoke/Suspend _:_____172 Broadbill Dr. Mooresville NC 28117 _____

Dear Thomas Heine :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 135 Stillwater Rd for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization __IV____ determined the following violations:

Violation	Law or Rule Citation
Change in System design	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General

Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 4/26/2023. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 244337

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

PIN # 4636 --94 --7215

APPLICANT/OWNER: Thomas Hiene | APPLICANT ADDRESS: 3103 Palisades Shoals Rd Charlotte, NC 28278

SITE ADDRESS: 172 Broadbill Dr Mooresville, NC 28117 | PHONE: 986-9466-205 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Canvasback TL Broadbill on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Woodland Hills | SECTION: 5 | LOT # 81 | LOT AREA: .5 Ac. | DESIGN FLOW: 360gpd | LT.A.R.: .3

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:	Pump-PM 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	13 II Pretreat. PPBPS		
# Nitrification Fields	1	# Lines	3	Linear Ft	201'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

☒ Residence | No. Bedrooms: 3 | Water Supply: ☐ Private
☐ Business | No. Persons: 6 | ☐ Public
☐ Other | No. Employees: | ☒ Community
☐ Slab | ☒ Crawl Space
☐ Basement w/ plumbing | ☐ Basement w/o plumbing

Comments / Conditions: Direct storm/surface water away from Septic

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas dated 5/13/22

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

Revoked

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: 6/17/22 | Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 6/10/22 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 6/10/22 | Existing System Inspected by: Date:

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

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
5/13/2022

Reference: Data Sheet for 172 Broadbill Dr, Woodland Hills Lot 81
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Community well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Pretreatment PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 162 gallons
Pump Run Time: 7.6 minutes
Elevation Head: 21.5'
Friction Head: 2'
Pressure Head: 2'
Total Dynamic Head: 25.5'
Supply Line Length: 150' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



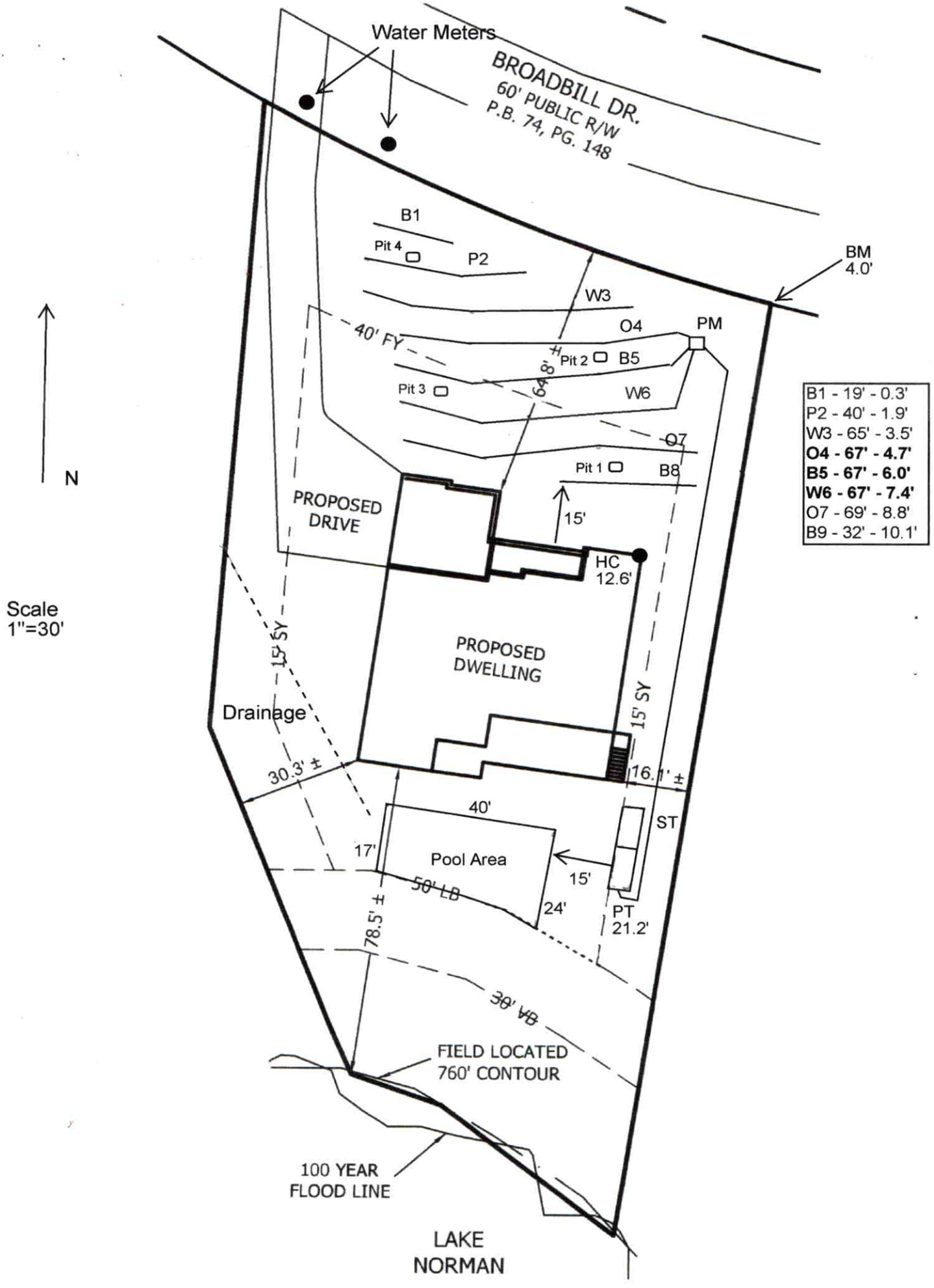
Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1			19'	0.3'
Pink 2			40'	1.9'
White 3			65'	3.5'
Orange 4	**67'**	**15**	**74'**	**4.7'**
Blue 5	**67'**	**15**	**74'**	**6.0'**
White 6	**67'**	**15**	**74'**	**7.4'**
Orange 7			69'	8.8'
Blue 8			32'	10.1'

Initial System: 201'
Pump Tank: 21.2'
Benchmark: 4.0'
Repair System: 225'
House Corner: 12.6'

Comments:

The house location has been moved toward the road. MA&A propose to pretreat the repair system to encroach on the house setback to 15'.

Please note this design is only intended for the use of two people per bedroom for a total design flow of 360 GPD and a total occupancy of 6 people. It is intended for residential use only, no commercial use. Please note once a septic system reaches 80% of the designed flow you are reaching the maximum ability of the septic system. Additional occupancy could lead to premature failure of the septic system.


Water Meters
BROADBILL DR.
60' PUBLIC R/W
P.B. 74, PG. 148
B1
Pit 4
P2
BM
4.0'
W3
O4
PM
40' FY
64.8' ±
Pit 2
B5
Pit 3
W6
O7
Pit 1
B8
PROPOSED
DRIVE
15'
HC
12.6'
N
Scale
1"=30'
15' SY
PROPOSED
DWELLING
15' SY
Drainage
30.3' ±
16.1' ±
40'
ST
17'
Pool Area
15'
50' LB
24'
PT
21.2'
78.5' ±
30' VB
FIELD LOCATED
760' CONTOUR
100 YEAR
FLOOD LINE
LAKE
NORMAN
B1 - 19' - 0.3'
P2 - 40' - 1.9'
W3 - 65' - 3.5'
O4 - 67' - 4.7'
B5 - 67' - 6.0'
W6 - 67' - 7.4'
O7 - 69' - 8.8'
B9 - 32' - 10.1'

PROPERTY ID #: 4636947216
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Thomas Heine
APPLICATION DATE
ADDRESS: 13103 Palisades Shoals Rd, Charlotte, NC 28278
DATE EVALUATED:
PROPOSED FACILITY: 3 BDRM PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE:
LOCATION OF SITE: 172 Broadbill Dr, Woodland Hills Lot 81
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private X Public X 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 12%	0-43	R C SBK	FR SS SP SXP	N/A	63"	Few SAP @ 51"	N/A	PS 0.3
		43-63	R CL WSBK	FR SS SP SXP					
2	LS 12%	0-4	Br CL WSBK	FR SS SP SXP	N/A	63"	N/A	N/A	PS 0.3
		4-34	R C SBK	FR SS SP SXP					
		34-63	R CL WSBK	FR SS SP SXP					
3	LS 12%	0-30	R C SBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3
		30-55	R CL WSBK	FR SS SP SXP					
4	LS 12%	0-10	FILL		N/A	56"	N/A	N/A	PS 0.3
		10-34	R C SBK	FR SS SP SXP					
		34-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	402 FT^2	450 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

RECEIVED MAY 19 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-244337 $350.00

ER Comp.

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Thomas Hiene **Address:** 13103 Palisades Shoals Rd, Charlotte, NC **Zip:** 28278

Applicant Email: _____ **Phone:** Foundation Homes 980-946-2051 **Alt. Phone:** _____

Owner Name: Same as Applicant **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 172 Broadbill Dr

Subdivision Name: Woodland Hills **Section/Phase:** _____ **Lot Number:** 81

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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: _____
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 (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 ( ) Conventional ( ) Innovative (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: _____ 5/18/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

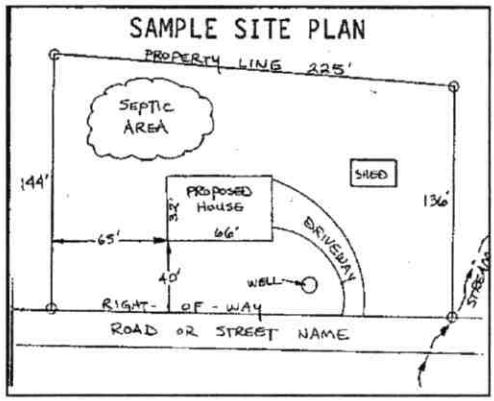
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached Plan

Signature: _____ 5/18/2022

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

DocuSign Envelope ID: FCE9EFB9-3CBD-44DC-ACF2-867DADE6211C

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Tom & Marie Heine, am the legal owner(s) of the property located at 172 Broadbill Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636-94-7215, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens, Michael Athanas & Associates Foundation Homes Residential LLC 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.

DocuSigned by: 2/2/2022
9AEC0EDA4C2240E...

DocuSigned by: 2/2/2022
A90798F23D0D40B...

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

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 ****

✓ **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

✓ **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.**

✓ **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**.

✓ **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.

✓ 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** 5/18/2022

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

DocuSign Envelope ID: FCE9EFB9-3CBD-44DC-ACF2-867DADE6211C

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2/1/2022 (Date)

Owner: Tom & Marie Heine
Address: 13103 Palisades Shoals Rd
Charlotte NC 28278

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

#172 Broadbill Drive Mooresville NC 28117
PIN: 4686-94-7215

I, Tom & Marie Heine voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 2/4/2022 (date) for a system

LP PPBPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

DocuSigned by:
2/2/2022
0AEC0EDA4C2246E...
Signature of Property Owner

DocuSigned by:
2/2/2022
A90798F23D0D40B...

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

6/10/22 **(Date)**

Owner: Thomas Hiene
Address: 13103 Palisades Shoals Rd
Charlotte, NC 28278

Subject: Notice of Intent to Revoke/Suspend Woodland Hills 5 Lot #81
(specify name/location) Improvement Permit/Construction Authorization

Dear Thomas Hiene:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 172 Broadbill Dr (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 6/10/22. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maina Dotson

Signature of DHHS Authorized Agent

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 244337

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

PIN # 4636 -- 94 -- 7213

APPLICANT/OWNER: Kathleen Saunders / Toney Jacobs | APPLICANT ADDRESS: 121 Holt Ln Mooresville, NC 28117

SITE ADDRESS: 172 Broadbill Mooresville, NC 28117 | PHONE: 704582-9219 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Canvasback TL Broadbill on left | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Woodland Hills | SECTION: 5 | LOT # 81 | LOT AREA: .5 Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000g (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms 3
Pump Tank	1000g (gal)	PT	Date	System Description:	Pump-up-PPBPS			[ ] Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	PPBPS			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines 3	Linear Ft (Min) 200'	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space
Trench Width	min. 24	Trench Bottom Depth ~~(Low side)~~ (max)	36"	Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by: The Oaks Group PA

Kathleen Saunders

LSS # 1313

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.

Revoked

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/7/22 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/4/2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/4/2022 Existing System Inspected by: Date:

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

Understanding of Septic System Permitting

The owners of 172 Broadbill Drive, Mooresville NC Toney C. and Patricia M. Jacobs know that this permit was obtained

Pursuant to: Section Law 2018-114 (HB374) Sections 9 through 12

Discussion and Rationale:

Session Law 2018-114 (HB 374) amends multiple public health laws that affect 15A NCAC 18A.1900. This document is intended to provide the Division's understanding of the language in the law to local health departments (LHDs) so that they can implement the mandates appropriately. This information is presented according to the Section in the Session Law that addresses each issue.

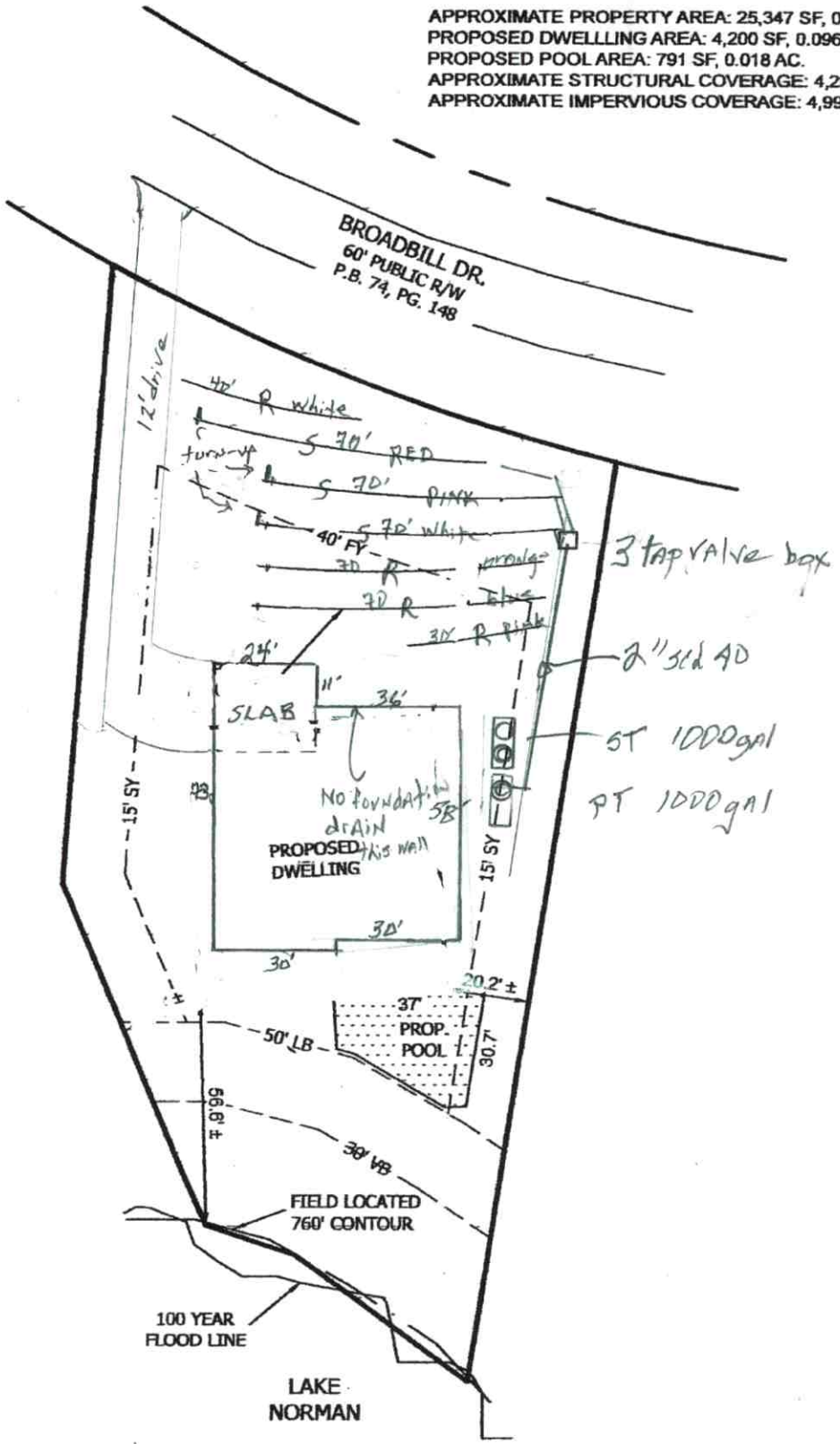
Tonny C Jacobs / 1/18/2022 *date*

Patricia M Jacobs / 1-18-22 *date*

NAD83 - 2011

APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

APPROXIMATE PROPERTY AREA: 25,347 SF, 0.582 AC.
PROPOSED DWELLLING AREA: 4,200 SF, 0.096 AC.
PROPOSED POOL AREA: 791 SF, 0.018 AC.
APPROXIMATE STRUCTURAL COVERAGE: 4,200 SF, 0.
APPROXIMATE IMPERVIOUS COVERAGE: 4,991 SF, 0.1



FERENCE:

ING ALL OF LOT 1 - RECOMBINATION PLAT FOR LOT 81 & 82 WOODLAND
.LS SECTION 5 - AS RECORDED IN P.B. 74, PG. 148 - IREDELL COUNTY
GISTRY.

OPERTY IS SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 627 -

SETBACKS:

PROPERTY CURRENTLY ZONED: R-20 (IREDELL COUN

172 Broadbill Dr Septic System Information

Number of Bedrooms	3
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	360
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Minimum Linear Feet	200
Total Linear Feet	210
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	Max 36"
Pump Required	Yes
Distribution Device	Gate Valve Box w/LPP Distribution 3 valves
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	65' of **2**" SCH 40 PVC
Size of laterals	1 1/2" SCH 40 PVC
Flow Rate through the system	24 gpm
Elevation head	Approx: 26 ft
Pressure head	3 ft
Friction head	3.0 ft
20% Contingency	6.4 ft
Total Head	38.4 ft
Pump Requirements	24 gpm @ 39' of head To be designed by installer.
Maximum Dosing Volume	180 gal -2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.5 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

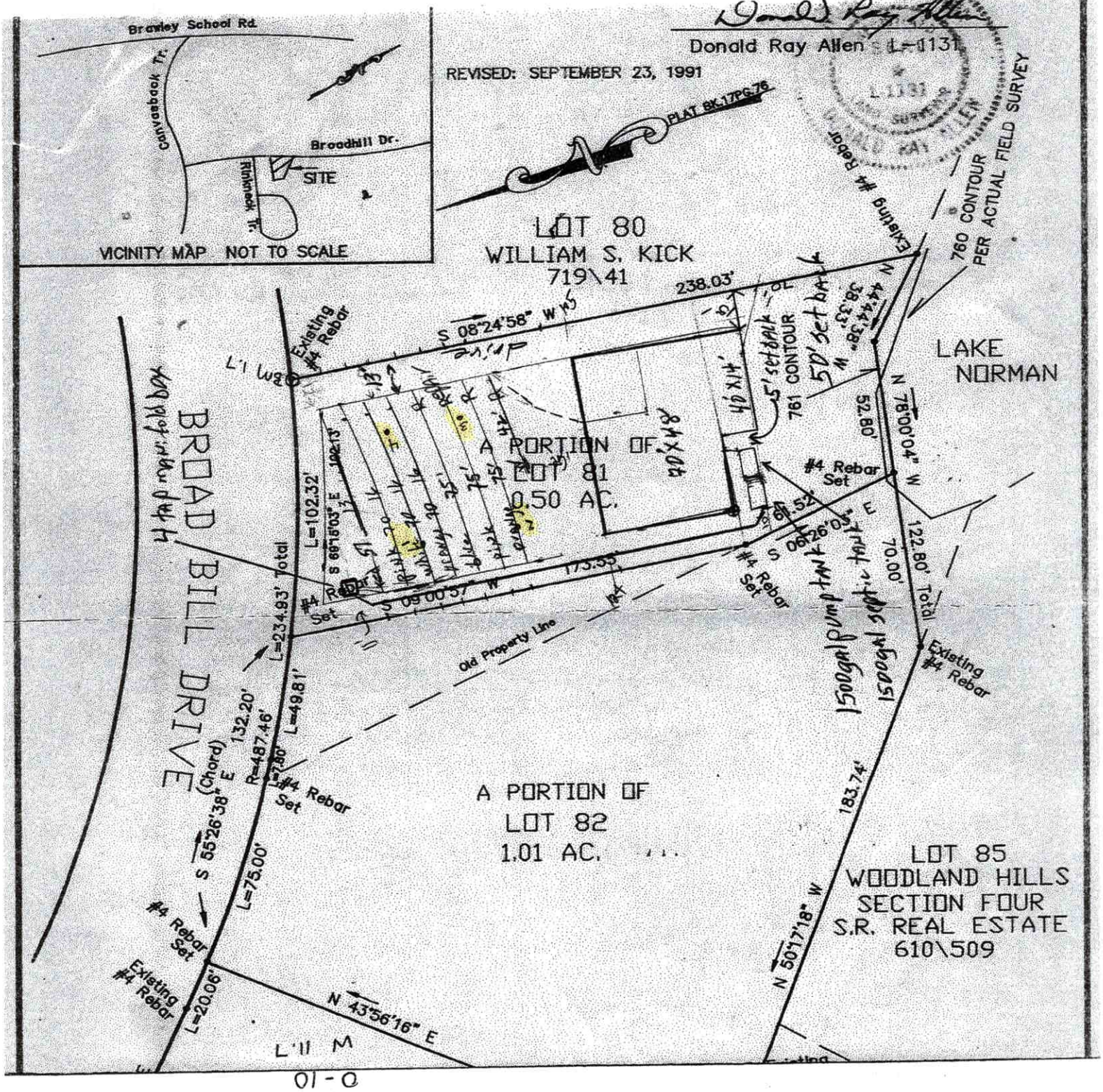
Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	White	LPPPBPS	40	0.8				
2	System	Red	LPPPBPS	70 endfed	1.9	16	16	1 per panel	5/32"
3	System	Pink	LPPPBPS	70 endfed	3	16	16	1 per panel	5/32"
4	System	White	LPPPBPS	70 endfed	4.5	16	16	1 per panel	5/32"
5	Repair	Orange	LPPPBPS	70	5.9				
6	Repair	Blue	LPPPBPS	70	7.3				
7	Repair	Pink	LPPPBPS	30	8.4				
						Total: 48	Total: 48 (1 in each panel turned up)		

Total System:	210'
Total Repair:	200'

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	24.10
House	blue	Left Front corner	11.70

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Site work provided by Toney Jacobs, LSS

Soil Boring Locations Lot 81. 172 Broadbill Dr. Mooresville 28117



1" = 50'

R - 1.9
P - 3.0
W - 45
D - 5.9
R - 7.3
P - 8.4
D - 10

T = 22.8
HG - 20.1

Mod 267

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Toney Jacobs
ADDRESS: 162 Broadbill Dr 28117
PROPOSED FACILITY: SFR
LOCATION OF SITE: 172 Broadbill Dr
APPLICATION DATE
DATE EVALUATED: 5/4/19
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.5
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	L 15%	0-5	Mo GR SL	FR ns/np	Br	48+	N/A	N/A	0.3
		5-48	Mo SBK C	FR SS/SP	R; F sap				
2	L 15%	0-4	Mo GR SL	FR ns/np	Br	36"	PS	N/A	0.3
		4-22	Mo SBK C	FR SS/SP	R				
		22-36	WK SBK CL	↓	R; C sap				
		36-48	MA L Sap	↓	Multi				
3	L 15%	0-4	Mo GR SL	FR ns/np	Br	48+	N/A	N/A	0.3
		4-40	Mo SBK C	FR SS/SP	R				
		40-48	WK SBK C	↓	R; F sap				
4	L 15%	0-5	Mo GR SL	FR ns/np	Br	48+			0.3
		5-48	Mo SBK C	FR SS/SP	R; F sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LP PPBPS	Horizontal LP PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): Yellow Sap.
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
STATE OF NORTH CAROLINA
1313

COMMENTS: Kathleen Saunders

Updated February 20

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

RECEIVED JAN 3 1 2022 Session Law

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-244337 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kathleen Saunders / Toney Jacobs Address: 121 Holt Ln 28117 Zip: _____
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: Toney C Jacobs Address: 169 Broadbill Dr Mooresville Zip: 28117
Owner Email: ~~toney~~ jacobs@gmail.com Phone: 704-582-9219 Alt. Phone: _____

Property Information:

Street Address: 172 Broadbill Dr Mooresville 28117
Subdivision Name: Woodland Hills Section/Phase: 5 Lot Number: 81
Driving Directions: SR Brawley School, TL Connerbrook Rd, TL Broadbill, on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: Pipes

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

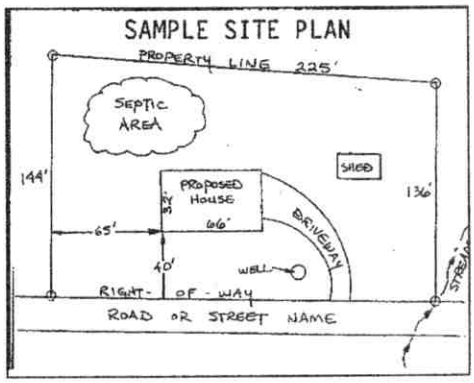
Signature: Kathleen Saunders 1/30/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **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: Kathleen Saunders

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

1/30/22

DATE

DocuSign Envelope ID: FCE9EFB9-3CBD-44DC-ACF2-867DADE6211C

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ 2. I, Tom & Marie Heine, am the legal owner(s) of the property located at 172 Broadhill Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636-94-7215, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens Foundation Homes Residential LLC 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.

2/2/2022 | 2/2/2022

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

DocuSign Envelope ID: FCE9EFB9-3CBD-44DC-ACF2-867DADE6211C

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2/1/2022 (Date)

Owner: Tom & Marie Heine
Address: 18103 Palisades Shoals Rd
Charlotte NC 28278

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):

172 Broadbill Drive Mooresville NC 28117
PIN: 4636-94-7215

I, Tom & Marie Heine voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)

_____
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

DocuSigned by:
2/2/2022
DocuSigned by:
2/2/2022
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*
In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, Tonya C & Pat Jayne, are ~~am~~ the legal owner(s) of the property located at 172 Broadbill Dr, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kathleen Saunders for S @ Oaks Camps PA, 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.

Tonya C & Pat Jayne
Signature of Owner(s)

11/3/20
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 ****

✓ **Complete all Environmental Health forms**:

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

✓ **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.**

✓ **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**.

✓ **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.

✓ **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 Kathleen Saunders **Date** 1/30/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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 HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

_____ (Date)

Owner: Terry + Pat Jacobs
Address: 168 Broadbill Dr
Mooresville NC 28117

Subject: *Voluntary Relinquishment of Administrative Appeal Rights*

(specify Permit ID/owner's name/property location/site legal description):
172 Broadbill Dr
Woodland Hills ph 5 Lot 81

I, Terry C. Jacobs, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)

_____
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Terry C Jacobs
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 172 Broadbill Dr

Date: January 30, 2022

Attached is the septic specification information required to permit 172 Broadbill Dr for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

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: (X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Residential, LLC **Address:** 438 Williamson Road, Suite C, Mooresville NC **Zip:** 28117

Applicant Email: mitzi@foundationhomeslkn.com **Phone:** 704-360-2251 **Alt. Phone:**

Owner Name: Toney & Patricia Jacobs **Address:** 168 Broadbill Dr **Zip:** 28117

Owner Email: Toneyc.Jacobs@gmail.com **Phone:** 704-582-9219 **Alt. Phone:**

****

Property Information:

Street Address: 172 Broadbill Dr Mooresville Nc 28117

Subdivision Name: Woodland Hills **Section/Phase:** **Lot Number:** 81

Driving Directions: Brawley School Road west, L on Canvasback, L on Broadbill, lot on R past Ringneck Trail

****

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

CHECK FOUNDATION TYPE

(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: 3
Maximum Number of Occupants:
(X) Swimming Pool
( ) Other Addition/Structure:

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

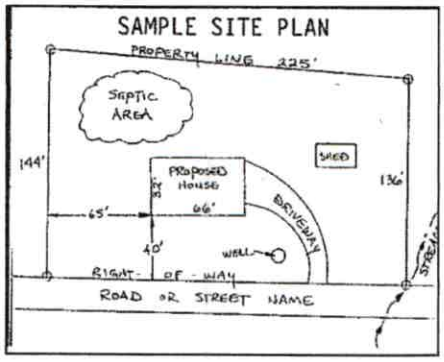
2/4/2022
DATE

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:

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

see attached

Signature: _____

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

2/4/22

DATE

PRELIMINARY FOR REVIEW ONLY

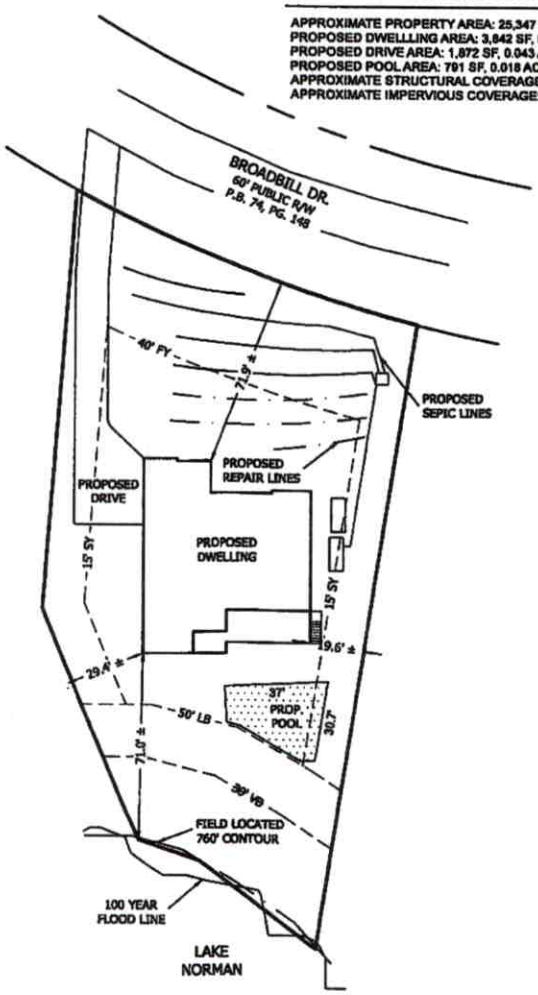
*** NOT AN ACTUAL SURVEY ***

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.

NAD83 - 2011

APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

APPROXIMATE PROPERTY AREA: 25,347 SF, 0.582 AC.
PROPOSED DWELLING AREA: 3,842 SF, 0.088 AC.
PROPOSED DRIVE AREA: 1,872 SF, 0.043 AC.
PROPOSED POOL AREA: 791 SF, 0.018 AC.
APPROXIMATE STRUCTURAL COVERAGE: 3,842 SF, 0.088 AC, 15.16%
APPROXIMATE IMPERVIOUS COVERAGE: 6,505 SF, 0.149 AC, 25.66%



REFERENCE:

BEING ALL OF LOT 1 - RECOMBINATION PLAT FOR LOT 81 & 82 WOODLAND HILLS SECTION 5 - AS RECORDED IN P.B. 74, PG. 148 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 627 - PG. 181, D.B. 838 - PG. 982, D.B. 718 - PG. 913, D.B. 733 - PG. 716, D.B. 735 - PG. 160, D.B. 748 - PG. 605, D.B. 812 - PG. 418, D.B. 812 - PG. 811, & D.B. 944 - PG. 2171.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

SETBACKS:

PROPERTY CURRENTLY ZONED: R-20 (IREDELL COUNTY)

PROPERTY SUBJECT TO A 40' FRONT YARD (FY), AS RECORDED IN D.B. 718, PG. 913.

PROPERTY SUBJECT TO A 15' SIDE YARD (SY), 30' VEGETATIVE BUFFER (VB), & 50' LAKE BUFFER PER IREDELL COUNTY ZONING ORDINANCE.

0 40 80 120

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
LB	LAKE BUFFER
VB	VEGETATIVE BUFFER
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

THE SUBJECT PROPERTY IS LOCATED IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710463800J EFFECTIVE DATE 3/18/2008.

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
2351 SIMONTON RD, STATESVILLE, NC 28625
MATT.GRANT@JORDAN-GRANT.COM
704-928-7919
FIRM # P-1227

PLOT PLAN FOR:

Foundation Homes

DRAWN BY: JWE	CHECKED BY: MJG	SCALE: 1" = 40'
PIN NO: 4636-94-7215		
DEED REF: D.B. 941, PG. 586		
DATE OF MAP: 01-05-22	SURVEY DATE: 12-16-21	
REVISION:	DRAWING FILE: 20211224_01-03-22	

172 Broadbill Dr, Mooresville, NC 28117
Davidson TWSP - Iredell County - North Carolina

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 ****

MCO **Complete all Environmental Health forms**:

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

MCO **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.**

MCO **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**.

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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 Whitney Owens **Date** 2/4/2022

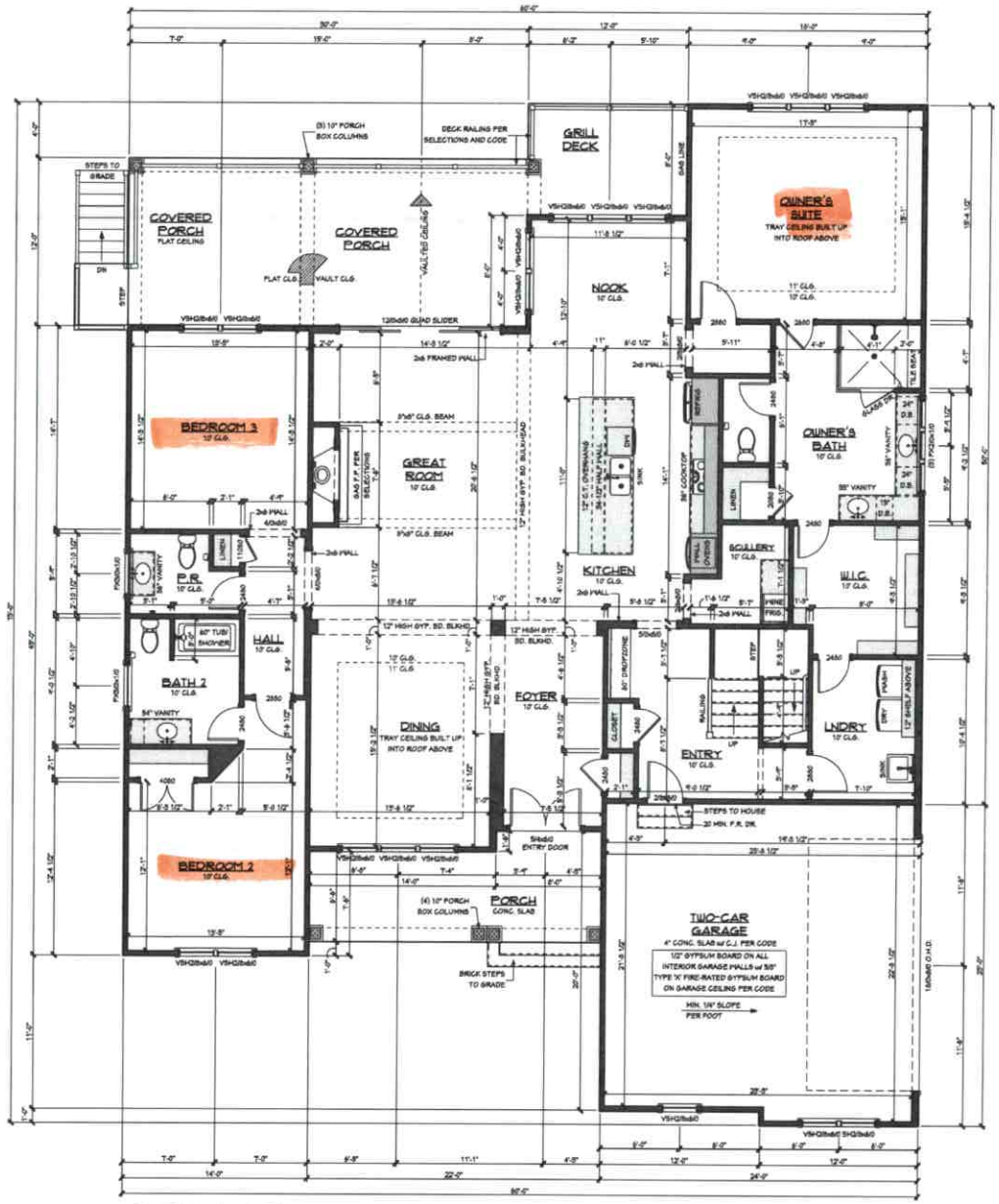
Questions? Contact the Environmental Health Offices below:

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

60'

73'



1 / A2.0 FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
PWALL HEIGHT: 10'-1 1/8" U.N.O.
WINDOW HEADERS: 6'-8" U.N.O.

1 / A3.0 SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
PWALL HEIGHT: 8'-1 1/8" U.N.O.
WINDOW HEADERS: 7'-0" U.N.O.

TYPICAL HANGERS

MEMBER	HANGER
2x8	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x8	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x8	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HU212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGUS410
(2) 14" - (2) 18" LVL	HGUS414
(3) 9-1/4" - (3) 11-7/8"	HGUS65.50/10
(3) 14" - (3) 18" LVL	HGUS65.50/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGUS7.25/10
(4) 14" - (4) 18" LVL	HGUS7.25/14

EXTERIOR WALL HGT. (H)	STUD SIZE/SPACING
H ≤10'-0"	2x4 @ 16" O.C.
10'-1" ≤ H ≤ 11'-0"	2x4 @ 12" O.C.
11'-1" ≤ H ≤18'-0"	2x6 @ 16" O.C.
H ≥ 18'-0"	CONSULT ENGINEER

FRAMING NOTES:

- FRAMING AS GENERAL NOTES
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL PARTITION WALLS GREAT THAN 5'-0" LONG.
- TRANSFER ALL POINT LOADS FROM ABOVE TO THE FOUNDATION BELOW w/ EQUAL # OF STUDS.
- ALL EXTERIOR WALLS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO FRAMING w/ 8d NAILS AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE BLOCKING AT ALL PANEL SPLICES
- ALL ANGLED WALLS ARE 45° U.N.O.

WALL BRACING NOTE:

DESIGN LATERAL LOAD: WIND 115 MPH EXPOSURE II
THIS STRUCTURE HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED (CS-WSP METHOD) 3/8" APA RATED OSB SHEATHING FASTENED w/ 8d NAILS SPACED AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG THE INTERIOR SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT.
FOR MORE INFO. REFER TO THE 2018 NC RESIDENTIAL BUILDING CODE SECTION 602.10.5.

438 Williamson Road
Suite C
Mooresville, NC 28117
704-360-2231
www.foundationsbuilt.com

Township/County: TOWNSHIP COUNTY

Engineer:
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
SUITE 200
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal:

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY

Project Name/Owner:
THE ZACHARY
CUSTOM ELEVATION
TOM AND MARIE HEINE
172 BROADBILL DR.
MOORESVILLE, NC 28117

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Date: 1/17/2022
Drawn By: RES
Reviewed By: ---
Plan Set Scale: 24x36 sheet 1/8" = 1'-0" / 11x17 sheet 1/16" = 1'-0"
Sheet Title Description: FIRST & SECOND FLOOR PLAN

Sheet Number: **A2.0**
Master Plan Version: v1.0

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24337

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

PIN # 4636947213.000

APPLICANT/OWNER: Toney Jacobs APPLICANT ADDRESS: 168 Broadbill Drive Mooresville NC 28117

SITE ADDRESS: 172 Broadbill Drive Mooresville NC 28117. PHONE: 704 582-9219 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd @ on Caversbrook @ Broadbill Sit Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Woodland Hills SECTION: LOT # 81 LOT AREA: .500 DESIGN FLOW: 480 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	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	Pressure Manifold PPBPS			☐ Business	No. Persons	8	☐ Private
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	267		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☒ Community
Trench Width	3 min	Trench Bottom Depth	[redacted]	36 Max	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Per Plan By The Oaks Group, PA

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the Signed and Sealed LSS Evaluation attached See plan by The Oaks Group, PA.

AS BUILT SKETCH

Revoked

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: Toney C Jacobs, LSS Date: 6/29/19 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 5/14/19. OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Woodland Hills Lot 81 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**PPBPS**
No. Lines	4 (See Table)
Minimum Linear Feet	267
Total Linear Feet	267
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth (low side)	MAX. 36"
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	155' of 2" SCH 40 PVC
Size of laterals	(1) 1/2" SCH 80 PVC 57'
	(3) 1/2" SCH 40 PVC (3) 70'
Flow Rate through the system	30.5 gpm
Elevation head	Approx: 26.9 ft
Pressure head	3 ft
Friction head	2.8 ft
20% Contingency	6.54 ft
Total Head	39.24 ft
Pump Requirements	30.5 gpm @ 39.2' of head To be designed by installer.
Maximum Dosing Volume	219.6 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	267
Repair LTAR	0.3

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Red	PPBPS	57 endfed	1.9	13	13	1 per panel	5/32"
2	System	Pink	PPBPS	70 endfed	3	16	16	1 per panel	5/32"
3	System	White	PPBPS	70 endfed	4.5	16	16	1 per panel	5/32"
4	System	Orange	PPBPS	70 endfed	5.9	16	16	1 per panel	5/32"
5	Repair	Blue	LPPPBPS	75	7.3				
6	Repair	Pink	LPPPBPS	75	8.4				
7	Repair	Orange	LPPPBPS	75	10				
8	Repair	White	LPPPBPS	42	11.7				
						Total: 61	Total: 61 (1 in each panel turned up)		
				Total System: 267'					
				Total Repair: 267'					

Tank	Red	1500 gal (2 compartment)	
Pump Tank	Red	1500 gal.	22.80
House	blue		20.10

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Site work provided by Toney Jacobs, LSS

#244337
$1200.00
Pump - 5-7-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Toney Jacobs Address: 168 Broadhill Dr Mooresville Zip: 28117
Applicant Email: toneyc.jacobs@gmail.com Phone: 704 582 9219 Alt. Phone: —
Owner Name: "As Above" Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 172 Broadhill Dr Mooresville 28117
Subdivision Name: Woodland Hills Section/Phase: _____ Lot Number: 61
Driving Directions: SW Brawley School Rd, TL Cornsbrook Rd, TL Broadhill, on right

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

CHECK FOUNDATION TYPE

(✓) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other: Ind Aerobic

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 5/3/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

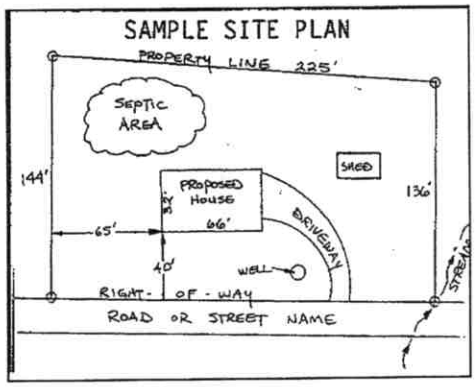
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Section LAW Plan
Katken Sanders, LSS

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

5/3/19
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at 172 Broadhill Dr Mooresville, 28117 identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kathleen Sanders, LS

The Oaks Corp, 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)

5/3/19 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 ****

Complete all Environmental Health forms:

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

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.**

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**.

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.

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** 5/3/19

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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 172 Broadbill Dr

Date: May 7, 2019

Attached is the septic specification information required to permit 172 Broadbill Drive for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/A/A, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders