ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 323527

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

PIN # 4637 -- 00 -- 4335

APPLICANT/OWNER: Bacon Development | APPLICANT ADDRESS: 1240 Fernwood Ln, Mooresville

SITE ADDRESS: 152 Direct Dr, Mooresville 28117 | PHONE: 423-782-7633 | ALT. PHONE: -

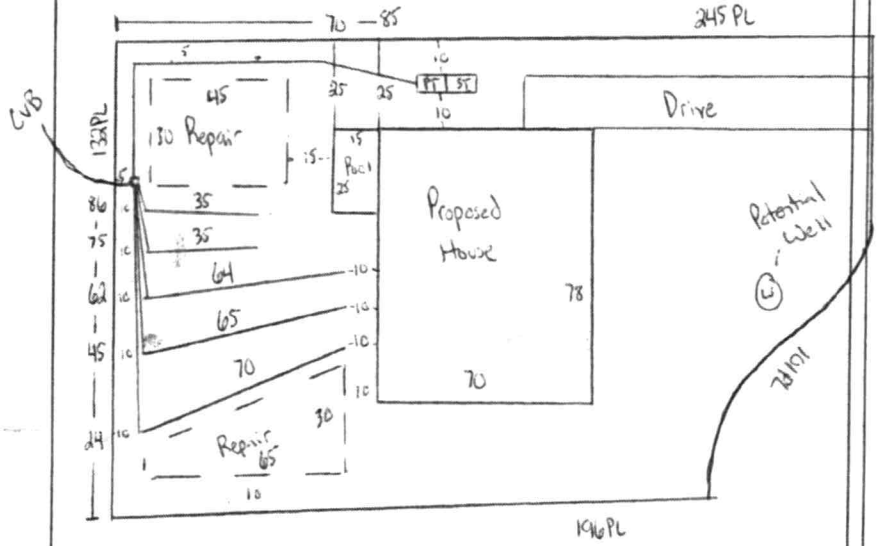
SITE DIRECTIONS: Brawley School - Plume - Beaten Path - Direct | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeview Haven | SECTION: - | LOT # 9 | LOT AREA: 0.697 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	6/13/22	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4
Pump Tank	1000 (gal)	PT	578	Date	6/22/22	System Description: LPPBPS	☐ Business	No. Persons	8
Pump Make	Zoeller	Model	115V/1HP	Serial #	BA1151-D	Repair System Description: LPPBPS	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	5	Linear Ft	369	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space	Water Supply: ☒ Private ☐ Public ☐ Community
Trench Width	24 in	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	-	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on contour of the land. Remove terrace before install. Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

5/32" Hole size Flow = 26.24
Dose = 223.2
Drawdown = 10.6

Checked:

Tank MW 10/21/22

Lines MW 10/21/22

Supply Line MW 10/21/22

electrical SH 3/2/23

Alarm SH 3/2/23

*needs maintenance agreement

floats SH 3/2/23

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: 1-20-22 Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Cory Whitt Date: 1/13/22 OPERATION PERMIT by: Sarah Bracken Date: 3/29/2023

AUTHORIZATION TO CONSTRUCT by: Cory Whitt Date: 1/13/22 Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 1
PROPERTY ID #: 4637004335
COUNTY: Iredell

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

OWNER: Bacon Development
ADDRESS: 1240 Fernwood Ln
PROPOSED FACILITY: 4 bd/r home PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 152 Direct Dr

APPLICATION DATE 12/6/21
DATE EVALUATED: 1/10/22
PROPERTY SIZE: 0.697
PROPERTY RECORDED: yes

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 7%	0 - 6	SCL SBK	SS SP FR SE	—	49	Common SAP inc in CL layer		.3 PS
		6 - 28	C SBK	SS SP FR SE					
		28 - 49	CL SBK	SS SP FR SE					
2	Linear 8%	0 - 8	SCL SBK	SS SP FR SE	—	55	Common SAP inc in CL layer		.3 PS
		8 - 25	C SBK	SS SP FR SE					
		25 - 55	CL SBK	SS SP FR SE					
3	Linear 8%	0 - 8	SCL SBK	SS SP FR SE	—	50	SAP inc in CL layer		.3 PS
		8 - 37	C SBK	SS SP FR SE					
		37 - 50	CL SBK	SS SP FR SE					
4	Linear 7%	0 - 24	FILL	MIXED	—	80	Litho inc in CL layer		.3 PS Grade top
		24 - 48	C SBK	SS SP FR SE					
		48 - 80	CL SBK	SS SP FR SE					

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

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

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

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

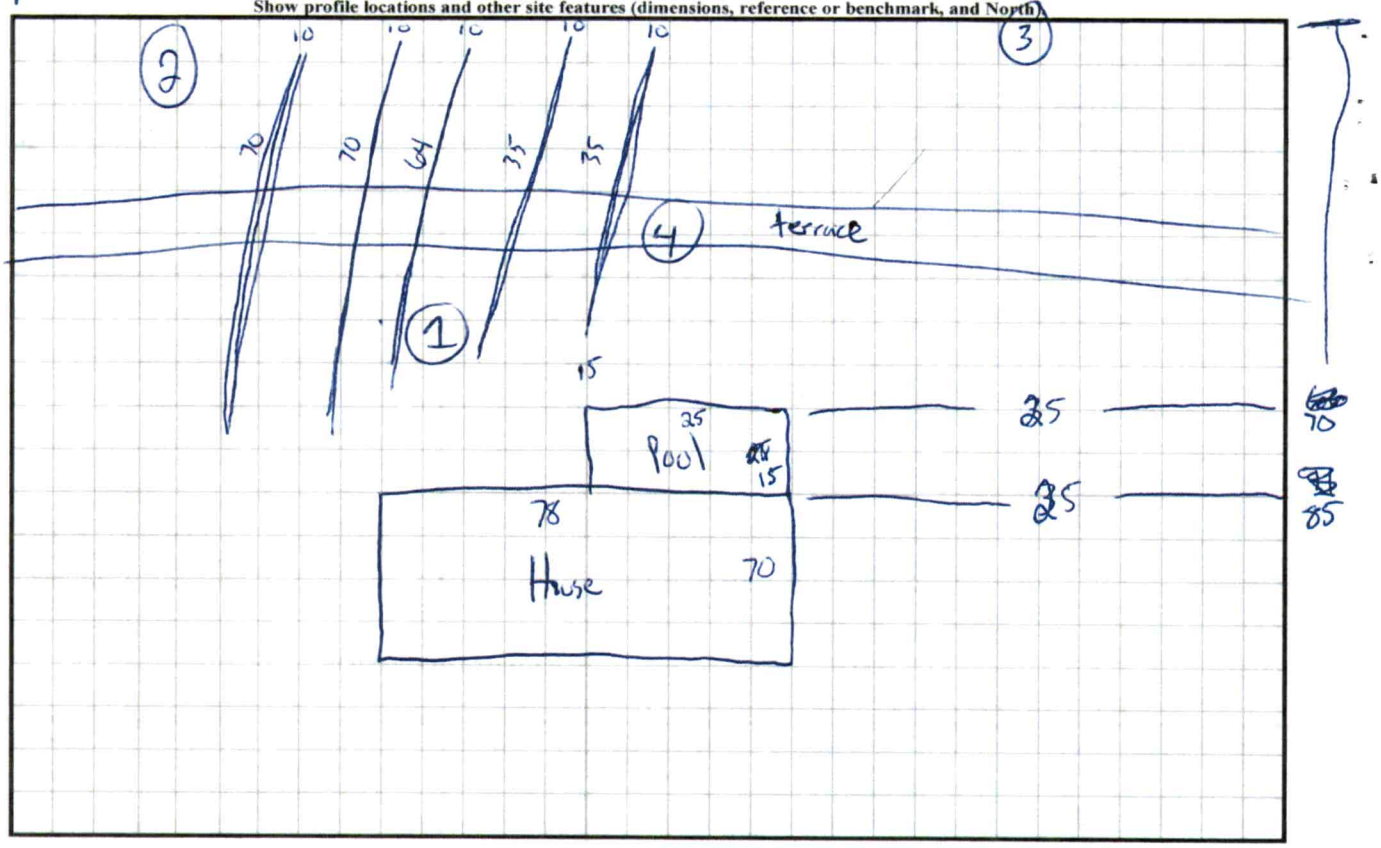
NOTES

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

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft² 24 — 45 — 62 — 75 — 86

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



9
9
15
15
16

Iredell County Environmental Health On-Site Water Protection Program

A. Private Drinking Water Well Program Assessment

The current accreditation process in which the Iredell County Health Department is involved requires a program evaluation from the state on each of our Environmental Health programs. John Brooks, Regional Well Specialist, conducted the review of the Well Program. The following items have been identified for improvement and must be addressed as a result of the review:

1. All applications must include a completed, detailed site plan or plat. A site plan shall show the existing or proposed property lines with all dimensions, the location of the proposed facility and other appurtenances, the proposed or actual location of the septic system with setbacks to property lines or other fixed reference points, the location of surface waters and any source of pollution as specified on the application form, and the location of the proposed water supply. This information should be provided before an application is accepted and definitely before a site visit is made. Also, the applicant is required to give the intended use of the well.

2. The site sketch must state setbacks from fixed reference points to the well area. The well area must be clearly marked on every well permit. As much as possible, dimensions should be given for a well area. Property lines lengths must be designated.

3. The well area must show setbacks from all potential sources of contamination relevant to the well. In addition to being written in the comments section, separation distances should also be specified on the site sketch.

4. Several permits had no sketch on the permit itself, but instead referenced an attached drawing. There are some concerns with this practice such as inconsistency in the quality of the sketches; lack of detail such as identification of adequate setbacks; and the potential to lose attached sheets. In general, the best scenario is a properly drawn sketch on the actual permit itself.

5. Many permits showed a 50' setback between the well area and the septic system. This should be the exception and not the norm. 2C .0100 only allows for the encroachment on the 100' separation between well and septic for single-family dwelling with fixed lot conditions. Anything else must maintain 100'. When we do have to encroach for a single family dwelling, we should be maintaining the maximum distance possible and not automatically dropping to 50'.

6. Every certificate of completion is required to have an *as built* drawing of the well location. This drawing should have measurements to pertinent reference points such as the building foundation, septic system and any other source of pollution.

B. Corrective Action Plan

These are the steps and the timeframe in which improvements will be implemented in order for the Well Program to become compliant:

1. **All well applications must be reviewed for completeness by OSWP staff or the Administrative Assistant <u>prior</u> to placement on the service request list. The site plan or plat must include property line lengths, the location of**

proposed or existing structures, the proposed or actual location of the septic system with setbacks to property lines or other fixed reference points, the location of surface waters or any other source of contamination as specified on the application form, and the location of the proposed well. The intended use must be indicated on the application. All this information will be provided at the time of application submittal. A site visit will not be made until a properly completed application is received. *Implementation date: September 28, 2009.*

2. **The site sketch must contain a clearly defined well area with setbacks indicated to fixed reference points. Property line lengths shall be shown, and where possible, dimensions should be given for the well area. *Implementation date: September 28, 2009*.**

3. **The well area shown on the site sketch must include drawn setbacks from any potential source of contamination in addition to any comments made in that regard. *Implementation date: September 28, 2009*.**

4. **The site sketch shown on the permit document will be utilized instead of a site sketch on a separate attachment unless the space provided for the site sketch on the permit document is insufficient in size to capture all the required detail. *Implementation date: September 28, 2009*.**

5. **The maximum possible distance, but not less than 50 feet, shall be shown on a well permit for a single family dwelling where fixed lot conditions would allow a distance of less than 100 feet to be permitted. *Implementation date: September 28, 2009*.**

6. **An *As Built Sketch* must be completed showing the actual location of the well and any other structures. Include measurements from property lines and other fixed reference points, building foundations, septic systems, and any potential source of contamination. If everything goes in exactly as shown on the *Initial Site Sketch*, a statement to that fact must be written in the *As Built Sketch* area. *Implementation date: September 28, 2009*.**

All of these steps will be implemented by September 21, 2009. Permit documents will be reviewed for compliance by the immediate supervisor or the EH Program Specialist prior to release to the client. The reviewer will initial the top right hand corner of the permit document. In addition, the Division Supervisor will review these items with the OSWP staff during the week of September 21, 2009.

These items are easily correctible. Anyone having questions should contact their immediate supervisor.

DocuSign Envelope ID: CB611D52-1B79-4B75-870B-14A12A04A6F1

D L ENVIRONMENTAL SERVICES

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

DLynchEnviro@gmail.com
(828) 234-9451

MAINTENANCE CONTRACT

COUNTY **Iredell** PERMIT # **AP323527**

Street Address **152 Direct Drive**

City **Mooresville** State **NC** ZIP **28117**

CLIENT NAME **John & Beth Collins**

THIS AGREEMENT is made and entered into this _____

between **John & Beth Collins** (hereinafter the "Owner")

and David Lynch (D L ENVIRONMENTAL SERVICES) (hereinafter the "Contractor").

WHEREAS, the Owner owns or controls this property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV-A system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A, 1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system, and

WHEREAS, 15A N.C. Admin. Code 18A. 1961 requires that a condition of the Operation Permit for said system be that a property executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A. 1961 to manage a Type IV-A system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

DocuSign Envelope ID: CB611D52-1B79-4B75-870B-14A12A04A6F1

2. The Owner's Obligations.

B. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system **$ 75** per hour, with minimum of one hour, plus cost of material(s) as a result of nonscheduled service or maintenance calls. All fees for nonscheduled service or maintenance are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

C. The Owner shall keep the area of the septic system drain field properly mowed and protected from traffic. The Owner shall keep the designated repair area reserved for future repair to the septic system.

D. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this agreement.

3. TERM. This agreement shall remain in effect until termination.

A. Automatic Termination
This Agreement shall automatically terminate of the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

B. Termination by Mutual Consent
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local Health Department thirty (30) days in advance of the date of termination.

C. Termination by the Owner
The Owner may terminate this Agreement by giving notice to the Contractor and to the local Health Department thirty (30) days in advance of the date of termination.

D. Termination by the Contractor

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local Health Department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or
(b) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4 below.

8. Notice (continued)

To the Local Health Department: **Iredell County Health Department**
610 E. Center Street
Mooresville, NC 28117

The date of any Notice shall be the date of delivery. Changes in the respective addresses to where notice may be directed may be made from time to time by either Party by notice to the other Party.

9. Place of Agreement

This Agreement and any questions concerning its validity, construction of and performance shall be governed by the laws of the State of North Carolina, notwithstanding the place of execution of the order in which the signatures of the Parties are affixed.

10. Entire Agreement and Amendment

This agreement supersedes all prior negations, agreements, and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

11. Severability

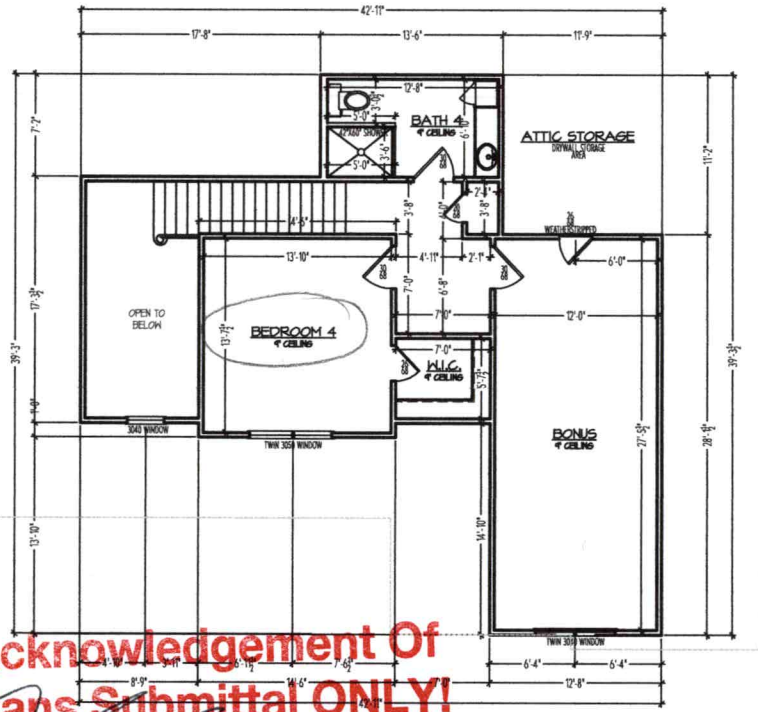
In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith, and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination implement and give effect to the intentions of the Parties as reflected in this Agreement, and in other provisions of this Agreement shall as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate and originals, one of which is retained by each of the Parties, the day and year first above written.

(OWNER:) **John & Beth Collins** DocuSigned by: John & Beth Collins 7E2F6FA8A3124E5... 3/27/2023

(CONTRACTOR:) **David Lynch**
(D L Environmental Services)

Residential Designer will not be responsible for structure. Details & Notes are provided for reference only. Consult with a licensed structural engineer to verify all construction details, footing sizes, point loads, joist size and direction, etc.



Acknowledgement Of Plans Submittal ONLY!

SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"

Date

1/13/22 Date

DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-5641
www.dthomeplans.com

BRCON

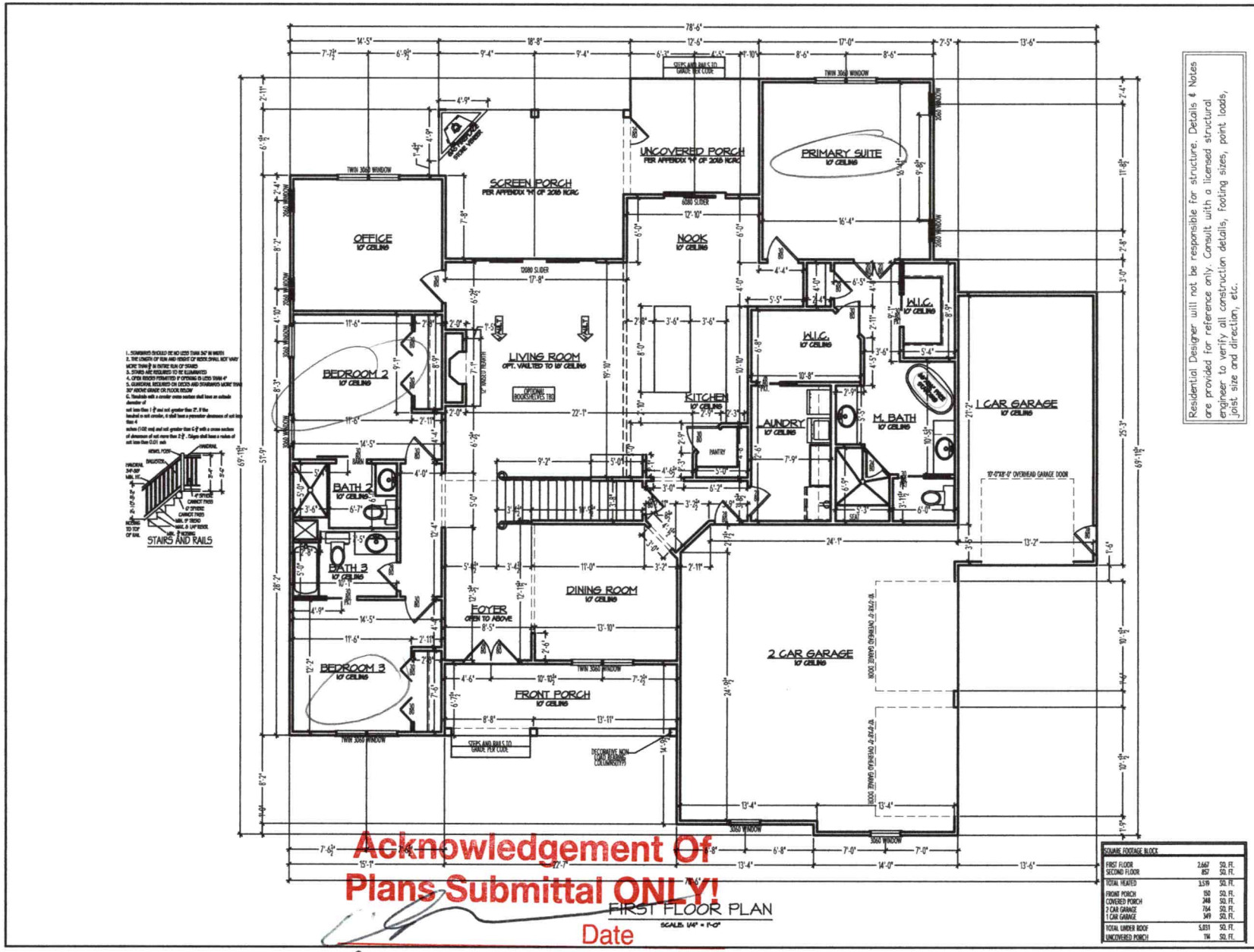
Collins Plan
Mooresville, NC

CLIENT NO.
JOB NO. 2021-51
DRAWN BY: MWH
CHECKED BY: CAD

REVISIONS:

DATE: 7.26.21

SHEET NO.
3.0



Residential Designer will not be responsible for structure. Details & Notes are provided for reference only. Consult with a licensed structural engineer to verify all construction details, footing sizes, point loads, joist size and direction, etc.

SQUARE FOOTAGE BLOCK		
FIRST FLOOR	2,662	SQ. FT.
SECOND FLOOR	857	SQ. FT.
TOTAL HEATED	3,519	SQ. FT.
FRONT PORCH	150	SQ. FT.
COVERED PORCH	248	SQ. FT.
2 CAR GARAGE	714	SQ. FT.
1 CAR GARAGE	349	SQ. FT.
TOTAL UNDER ROOF	5,031	SQ. FT.
UNCOVERED PORCH	114	SQ. FT.

Acknowledgement Of Plans Submittal ONLY!

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

Date

Date 1/13/22

DESIGN TIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-5944
www.dtfloorplans.com

BACON CUSTOM BUILDERS

PRESENT Homes Construction & Design Solutions Inc.

Collins Plan
Mooresville, NC

CAD#s NO.	
JOB NO.	2021-51
DRAWN BY:	MWH
CHECKED BY:	CAD

REVISIONS:

DATE: 7.26.21

SHEET NO.

2.0

RECEIVED DEC 0 6 2021

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-323527 $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: Bacon Development Address: 124c Fernwood Ln. Mooresville NC Zip: 28117
Applicant Email: chad@crosscreekcds.com Phone: 423-782-7633 Alt. Phone: _____
Owner Name: John Collins Address: 152 Direct Dr. Mooresville NC Zip: 28117
Owner Email: chad@crosscreekcds.com Phone: 423-782-7633 Alt. Phone: _____

Property Information:

Street Address: 152 Direct Dr.
Subdivision Name: Lakeview Haven Section/Phase: _____ Lot Number: 9
Driving Directions: _____

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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 2
(✓) 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: _____

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.

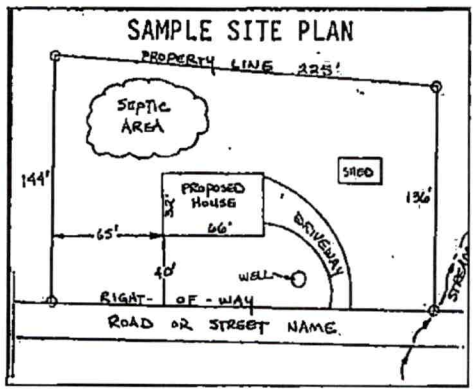
Signature: _____ 11-30-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

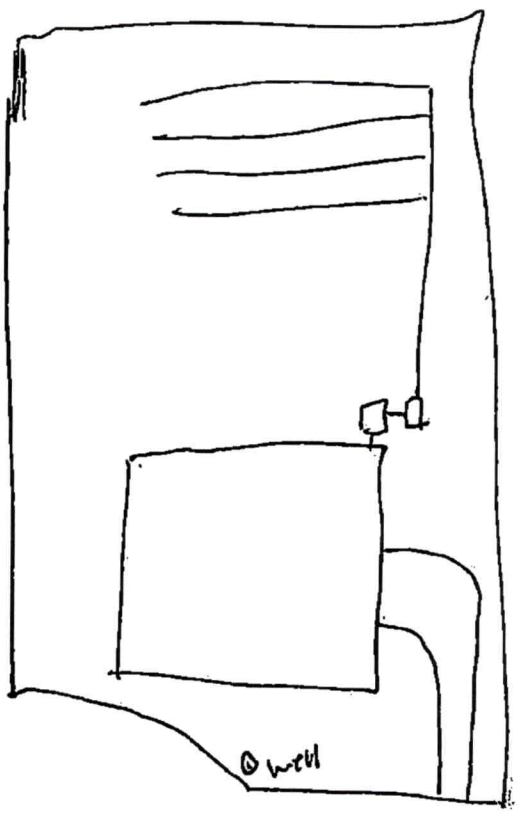
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____ _____

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 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, John Collins, am the legal owner(s) of the property located at 152 Direct Dr., identified as PIN (Parcel Identification Number) 4637-00-4335, located in Iredell County, North Carolina.

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

_____ 11-30-21
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 ****

OZ 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

AU **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.**

OZ **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 _____ Date 11-31-21

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