MW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # AP 2023 14055

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

PIN # 4637 -- 00 -- 5143

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

SITE ADDRESS: 156 Direct Dr, Mooresville 28117 | PHONE: 423-782-7633 | ALT. PHONE: -

SITE DIRECTIONS: Brawley School - Blume - Baxter Path - Direct | SAP CONTROLLED: [ ] YES [X] NO

SUBDIVISION: Lakeview Haven | SECTION: - | LOT # 11 | LOT AREA: 0.688 acres | DESIGN FLOW: 480 gpd | L.T.A.R. 0.5

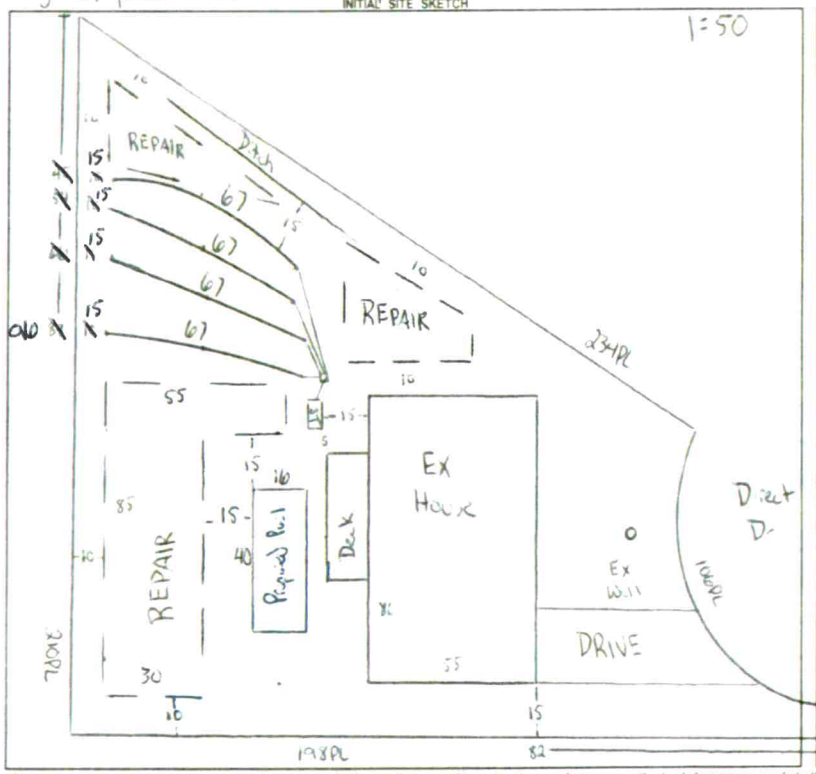
Septic Tank	1000 (gal)	STB	760	Date	2/2/23	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	VPPBPS	[ ] Business	No. Persons 3
Pump Make		Model		Serial #		Repair System Description:	LPPBPS	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	267	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space
Trench Width	24 in	Trench Bottom Depth(Low side)	23 in	Gravel Depth	-		[X] GRAVITY [ ] PRESSURE	[ ] Basement w/ plumbing	[X] Basement w/o plumbing

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

Comments / Conditions: Install drainlines on contour with the land. Do not exceed max of 28" or will be SAP controlled. Do not grade, park, or drive on septic area.

5' of ICHD user will be required. Ditch must be removed prior to OP.

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.

Installed as Drawn

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

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [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: Online Signature | Date | Installed by: Jake Williams

IMPROVEMENT PERMIT by: Cory Hill | Date: 2/14/23 | OPERATION PERMIT by: Cory Hill | Date: 4/4/23

AUTHORIZATION TO CONSTRUCT by: Cory Hill | Date: 2/14/23 | Existing System Inspected by: | Date:

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

323531

MW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2023-14055

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

PIN # 4637 -- 00 -- 5143

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

SITE ADDRESS: 156 Direct Dr, Mooresville 28117 | PHONE: 423-782-7633 | ALT. PHONE: -

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

SUBDIVISION: Lakeview Haven | SECTION: - | LOT # 11 | LOT AREA: 0.688 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

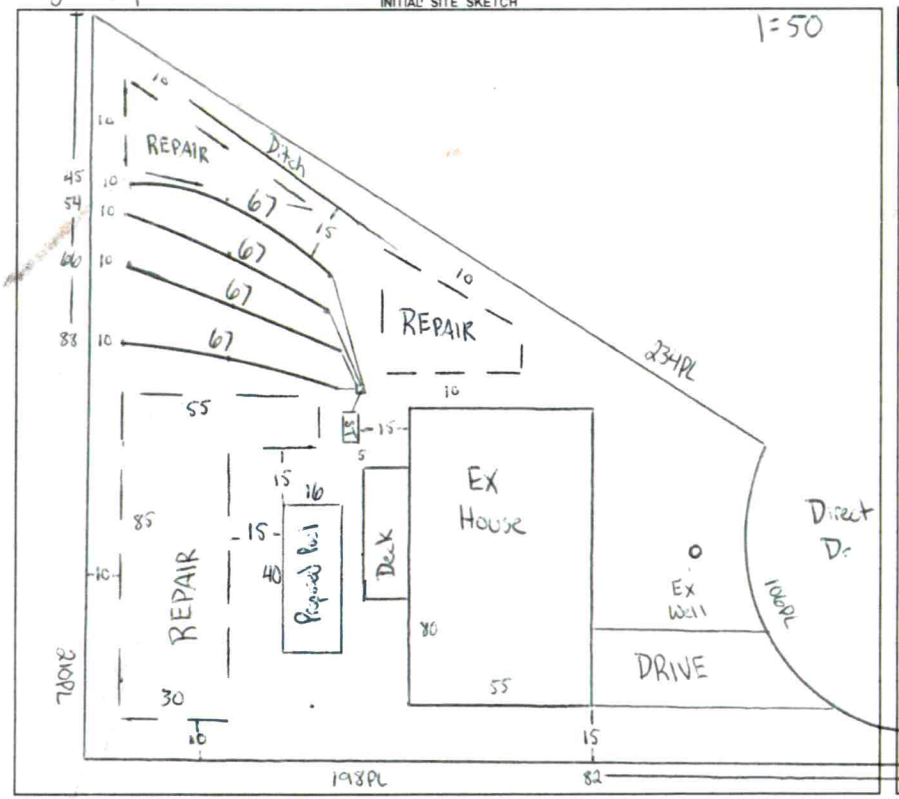
Septic Tank	1000 (gal)	STB	7160	Date	3/2/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	VPPBPS	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LPPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	267'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	24 in	Trench Bottom Depth(Low side)	23 in	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install drainlines on contour with the land. Do not exceed max of 28" or will be SAP controlled. Do not grade, park, or drive on septic area.

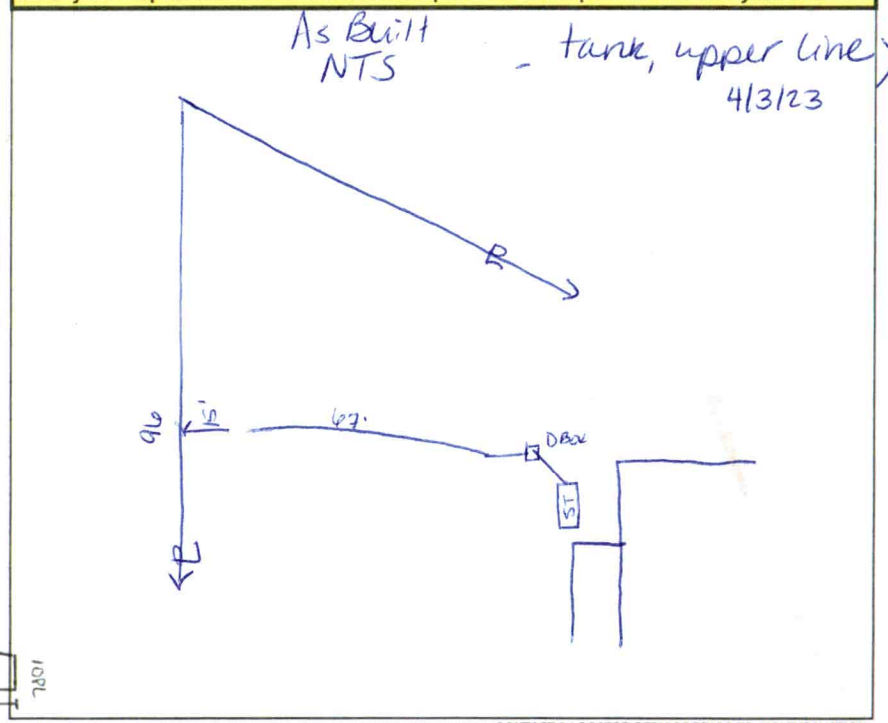
5" of ICHD cover will be required. Ditch must be removed prior to OP.

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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

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

Owner / Applicant Signature: Online Signature | Date: | Installed by: Jake Williams

IMPROVEMENT PERMIT by: Cory Hill | Date: 2/14/23 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill | Date: 2/14/23 | Existing System Inspected by: | Date:

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

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Bacon Development
Address: 1240 Fernwood Ln, Mooresville, NC 28117

Date: 2/17/2023

Subject: Notice of Intent to Revoke: Address : 156 Direct Dr, Mooresville, NC 28117 Permit 323531 (Improvement Permit/Construction Authorization

Dear **Bacon Development**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 156 Direct Dr, Mooresville, NC 28117 Permit 323531 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 _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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 2/17/2023 . 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

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

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

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

2/17/2023

Owner: Bacon Development
Address: 1240 Fernwood Ln, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 156 Direct Dr, Mooresville, NC 28117 Permit 323531

I, _____, 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:
(permit date)

Type III_ at Address : 156 Direct Dr, Mooresville, NC 28117 Permit 323531

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

_____
Signature of Property Owner

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | DW Mooresville Office (704) 660-3625 | PERMIT # AP 323531

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

PIN # 4637 -- 00 -- 5143

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

SITE ADDRESS: 156 Direct Drive, Mooresville 28117 | PHONE: 423-782-7633 | ALT. PHONE —

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

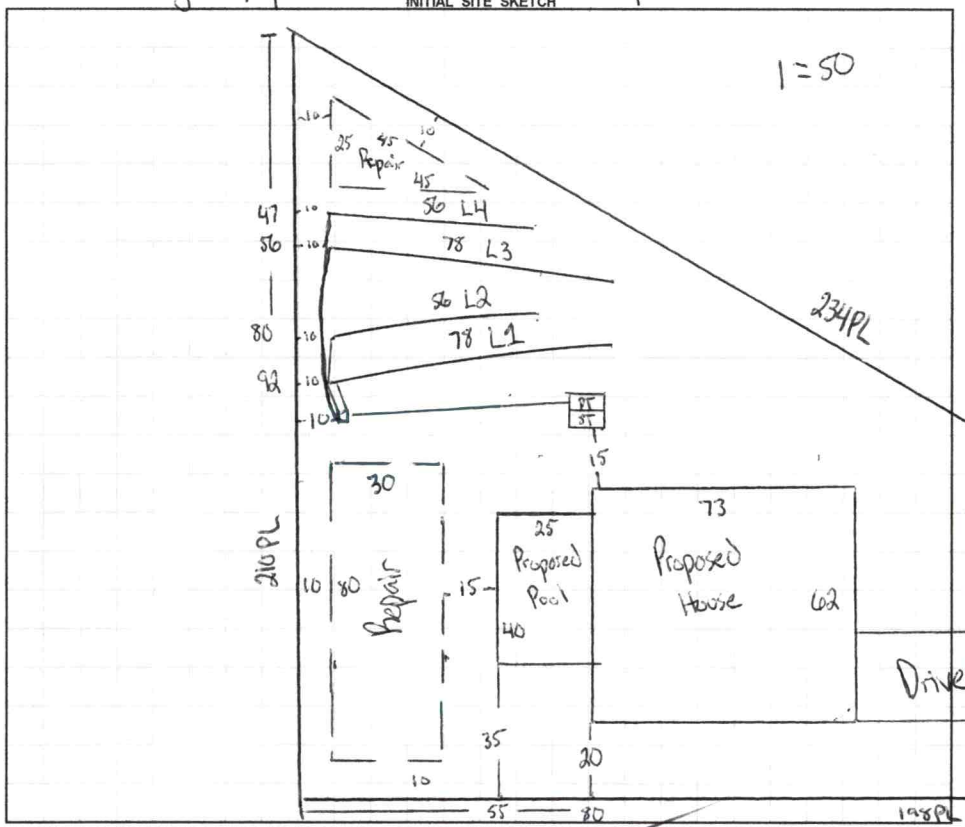
SUBDIVISION: Lakeview Haven | SECTION: — | LOT # 11 | LOT AREA: 0.688 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

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: PPBPS (pm)				☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #	Repair System Description: LPPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 267	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	24 in	Trench Bottom Depth(Low side)		23 in	Gravel Depth —	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install drainlines on contour of the land.
Do not exceed max of 28 inches or will be SAP system.
Do not grade, park, or drive on septic area.

5" of ICHD cover will be required

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.

L1 & 3 = 3/4 sch 80
L2 & 4 = 1/2 sch 40

Dose = 223.2
Flow = 34.4
Time = 6.49
Drawdown = 10.6
2 inch supply
2 ft head

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: _____

IMPROVEMENT PERMIT by: Cory Wall Date: 1/13/22 | OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Cory Wall Date: 1/18/22 | 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 #: 4637005143
COUNTY: Iredell

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

OWNER: Bacon Development
ADDRESS: 1240 Fernwood Ln
APPLICATION DATE 12/3/21
DATE EVALUATED: 1/10/22
PROPOSED FACILITY: 4 bdr home
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.1688 acres
LOCATION OF SITE: 156 Direct Dr
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear N/A 20%	0 - 25	C SBK	SS SP FR SE	-	53	Litho inc in CL layer		.3 PS
		25 - 53	CL SBK	SS SP FR SE					
2	Linear 15%	0 - 40	CL SBK	SS SP FR SE	-	40	Litho inc in CL layer		.35 PS
		40 - 60	SAP LS	VFR					
3	Linear 9%	0 - 24	C SBK	SS SP FR SE	-	48	Litho inc in CL layer		.3 PS
		24 - 48	CL SBK	SS SP FR SE					
4	Linear 12%	0 - 26	C SBK	SS SP FR SE	-	50	SAP inc in CL layer		.3 PS
		26 - 50	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:

RECEIVED DEC C 3 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-323531 $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@crescentdls.com Phone: 423-782-7633 Alt. Phone: _____
Owner Name: B+G Properties Address: 124 Fernwood Ln, Mooresville NC Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 156 Direct Dr. Mooresville, NC 28117
Subdivision Name: Lakeview Haven Section/Phase: - Lot Number: 11
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: 4
(✓) 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: 3410 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: _____

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.

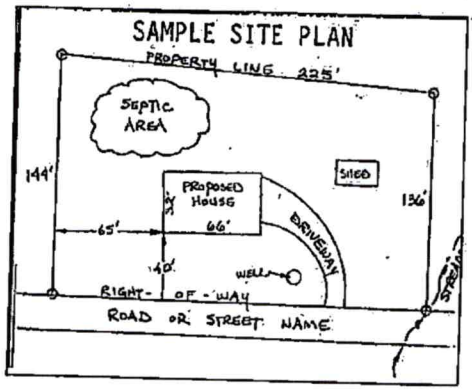
Signature: _____ 11-30-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

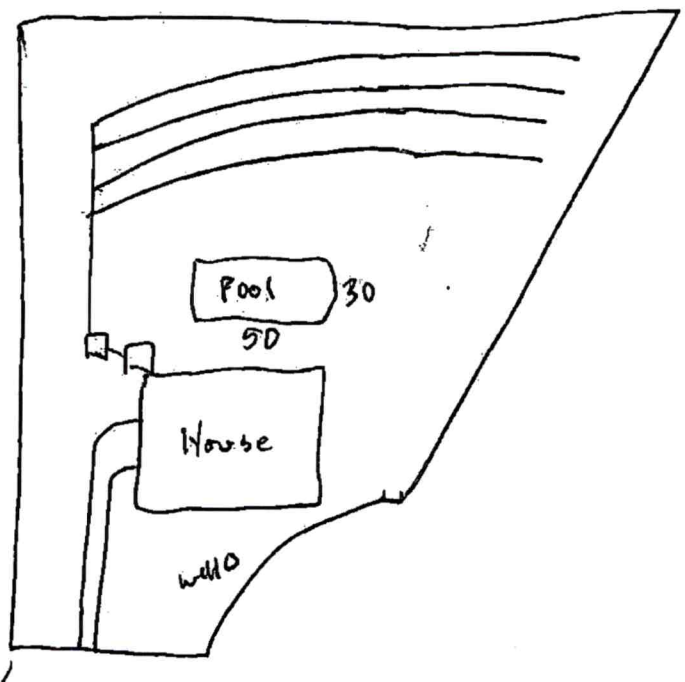
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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)

11-30-21

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, B+G Properties / Chad Bacon, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4637-00-5143, located in Iredell County, North Carolina.

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

CJZ **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

SP **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.**

CJ **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.**

SJ **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.

SV **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).

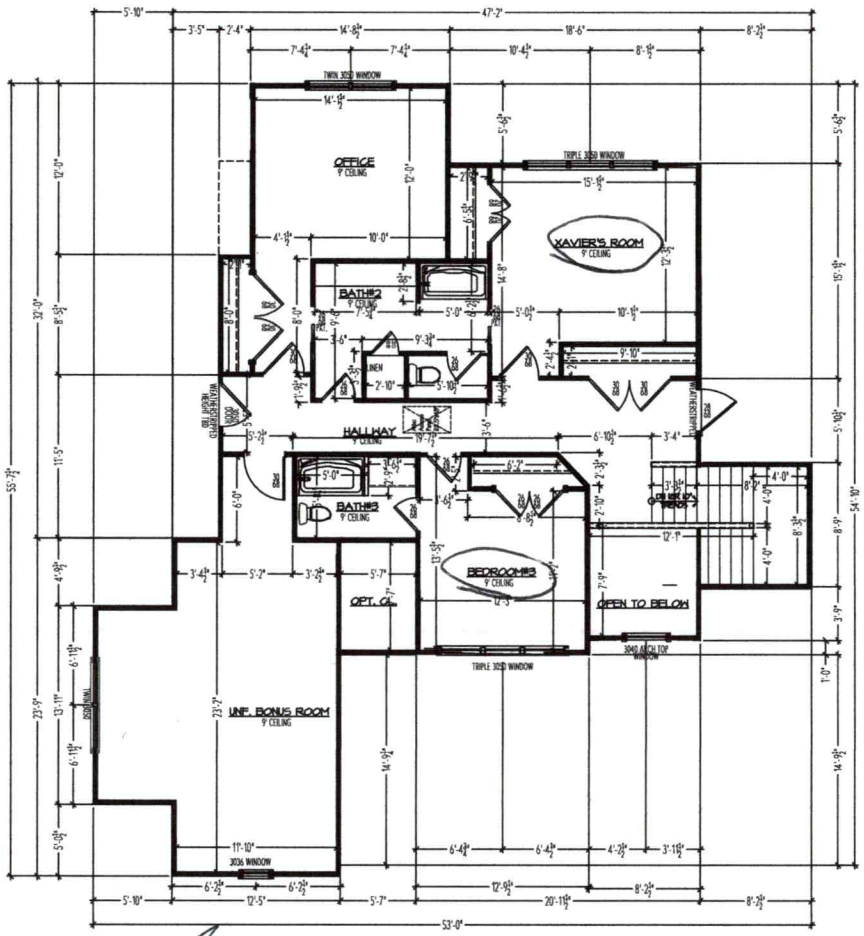
Signature _____ Date 11-30-21

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

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.



SECOND FLOOR PLAN

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

1-20-22

Cory White 1/18/22

DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-5441
www.designtimeplans.com

BACON CUSTOM HOMES

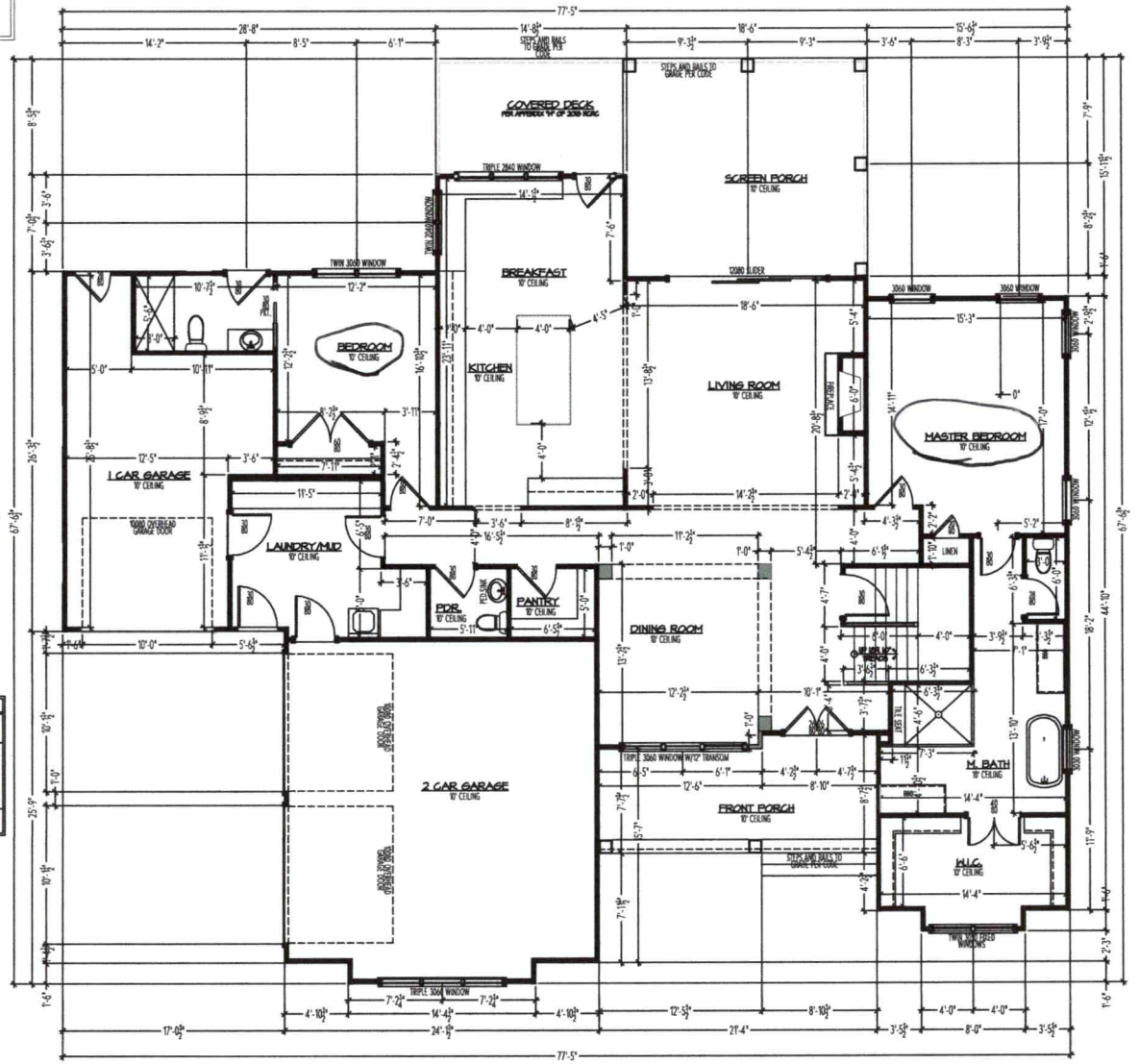
PRESENT Construction & Design Solutions Inc.

Rossi Residence
Mooresville, NC

CSSM NO.	JOB NO. 2021-58	DRAWN BY: MWH	CHECKED BY: CAD
REVISIONS:			
DATE: 8.15.21			

SHEET NO.
3.0

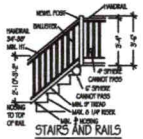
Residential Designer will not be responsible for structure. Details & Notes are provided for reference only. Consult with a licensed structural engineer to verify all construction details, footing sizes, point loads, joist size and direction, etc.



FIRST FLOOR PLAN

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

1. STAIRWAYS SHOULD BE NO LESS THAN 36" IN WIDTH
2. THE LENGTH OF RUN AND HEIGHT OF RISER SHALL NOT VARY MORE THAN 3/8" IN ENTIRE RUN OF STAIRS
3. TREADS ARE REQUIRED TO BE ILLUMINATED
4. OPEN RISERS PERMITTED IF OPENING IS LESS THAN 4"
5. GUARDRAIL REQUIRED ON DECKS AND STAIRWAYS MORE THAN 30" ABOVE GRADE OR FLOOR BELOW
6. Handrails with a circular cross-section shall have an outside diameter of not less than 1 1/4" and not greater than 2". If the handrail is not circular, it shall have a perimeter dimension of not less than 4 inches (102 mm) and not greater than 6 5/8" with a cross section of dimension of not more than 2 1/4". Edges shall have a radius of not less than 0.01 inch



STAIRS AND RAILS

SQUARE FOOTAGE BLOCK		
FIRST FLOOR	2,291	SQ. FT.
SECOND FLOOR	1,195	SQ. FT.
TOTAL HEATED	3,486	SQ. FT.
FRONT PORCH	172	SQ. FT.
UNF. BONUS ROOM/2 CAR	329	SQ. FT.
SCREEN PORCH	295	SQ. FT.
2 CAR GARAGE	586	SQ. FT.
1 CAR GARAGE	323	SQ. FT.
TOTAL UNDER ROOF	5,171	SQ. FT.
DECK	125	SQ. FT.

DESIGNTIME RESIDENTIAL
CHARLOTTE - NORTH CAROLINA 704-877-4541
www.dthomeplans.com

BACON CUSTOM HOMES

DESIGN
Construction & Design Solutions Inc.

Rossi Residence
Mooresville, NC

CDMA NO.	JOB NO.	DRAWN BY:	CHECKED BY:
	2021-58	MWH	CAD

REVISIONS:

DATE: 8.15.21

SHEET NO.
2.0

1.20-22 Cory Wilds 1/18/22