BLDR-2023-12731

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319973

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

PIN # 4637--67--9066

APPLICANT/OWNER: Benjamin Mercado | APPLICANT ADDRESS: 151 Capital Ave, # 1206, Mooresville NC 28117

SITE ADDRESS: 188 Kendra Dr., Mooresville NC 28117 | PHONE: 704-881-2326 | ALT. PHONE

SITE DIRECTIONS: (W) NC150 → (L) Kendra → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

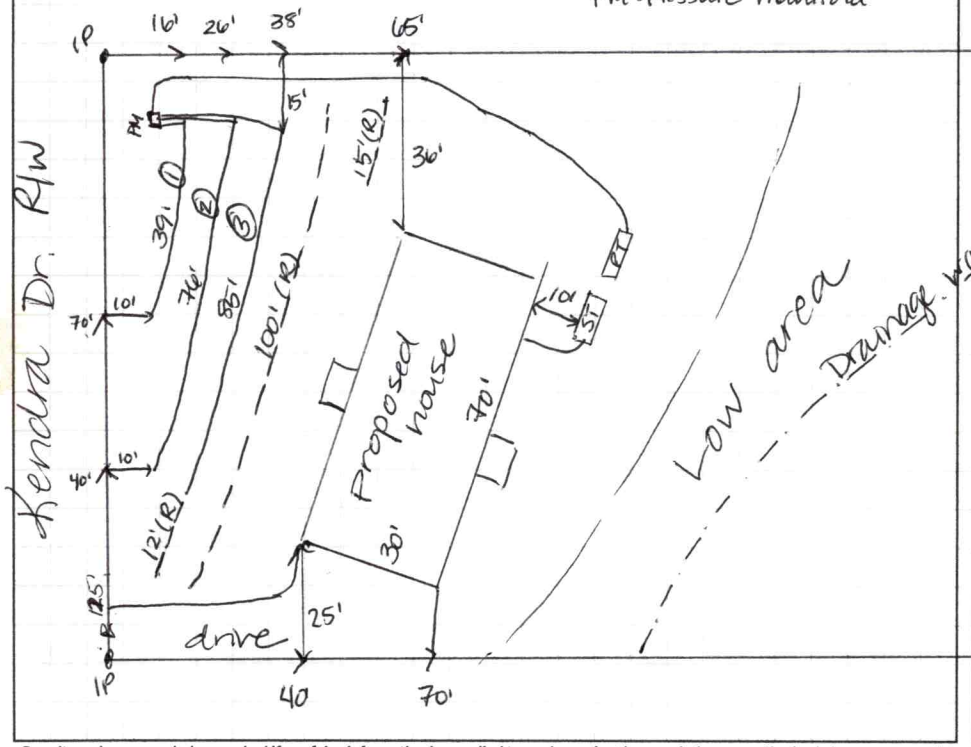
SUBDIVISION: Doolie Meadows | SECTION: N/A | LOT # 14 | LOT AREA: 0.72 | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	4/26/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	7/31/23	System Description:	RPPBPS - PM			☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	Pre-Treated 50% + T&I Drip			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	200'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Do not grade or bury utilities in drainfield. Stay 25' from front of house, PM 10' off prop. line. Divert all drainage - finish system to shed water

House cannot move forward on lot - permit will be revoked - house may move back on lot

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.

Pressure manifold = 2" supply
2' pressure head
① = 9 panels, 1/2" SCH 80 tap
② = 17 panels, 3/4" SCH 80 tap
③ = 19 panels, 3/4" SCH 40 tap

Dose = 162 g | Flow = 28.08 gpm
Drawdown = 7.7" | Run = 5.75 min

DW Supply, tanks, bottom 2 lines 8/14/23

See attached As Built

Alarm Floats PM Electrical → SH 8/16/23

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: Kimberly Lange | Date: 6/15/2022 | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: D. McBerg | Date: 6/12/22 | OPERATION PERMIT by: Sydney Hallard | Date: 8/16/23

AUTHORIZATION TO CONSTRUCT by: D. McBerg | Date: 6/12/22 | 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 #: 4637679066
COUNTY: Iredell

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

10" fill removed 6/8/22

OWNER: Benjamin Mercado
ADDRESS: 151 Capital Ave Apt 1206 Mooresville NC 28117
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 188 Kendra Mooresville
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 7/28/21
DATE EVALUATED: 8/27/21
PROPERTY SIZE: 0.72
PROPERTY RECORDED: Y

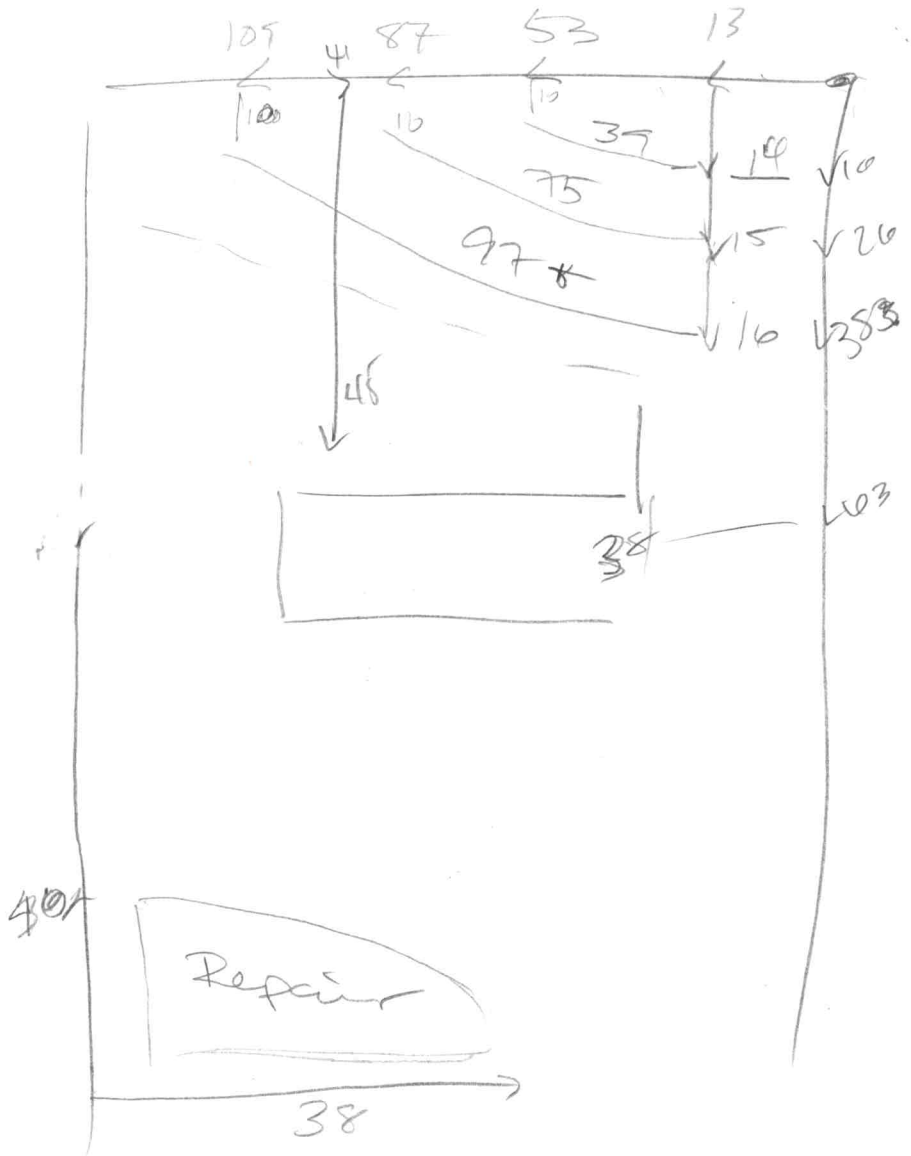
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10-15	0-20	FILL	—	2.5Y 6/3 @ 22	70"		N/N	PS
		20-43	CL - SBK	SSSP - FR - SE XP					
		43-70	L - WSBK	SS NP - FR SE XP	5/2 @ 16"				0.3
					Chroma 3's to 26"				
2	LS 10-15	0-16	FILL	—	Chroma 2's throughout fill			N/A	PS
		16-36	CL SBK	SSSP - FR - SE XP					
		36-66	L - SBK	SSNP - FR - SE XP	mn common				0.3
						66"			
					Heavy sap content				
3	LS 15"	0-5	SCL - SBK	SSSP - FR - SE XP		48"	N/A	N/A	U
		5-12	C - SBK	↓	Chroma is ?				
		12-48	CL - SBK	↓	14" + 10YR 6/2		(HS 28")		
			sap incl 12"+		Heavy Chroma 2's & 3's 28"+				
4	LS 15"	0-10	SCL - SBK	SSSP - FR SE XP					PS
		10-27	C - SBK	↓	2.5Y 7/1 27"+ prevalent				
		27-48	CL/SCL SBK	↓					0.1

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	128' + 1300 SF
System Type(s)	50% PM	TS-11 TET + drip
Site LTAR	0.3	0.3/0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Wiebers
OTHER(S) PRESENT: S. McIntosh

COMMENTS: Bottom of H2O Meter 5'7" Pit #2 8'7" Pit #1 8'9"

Kendra



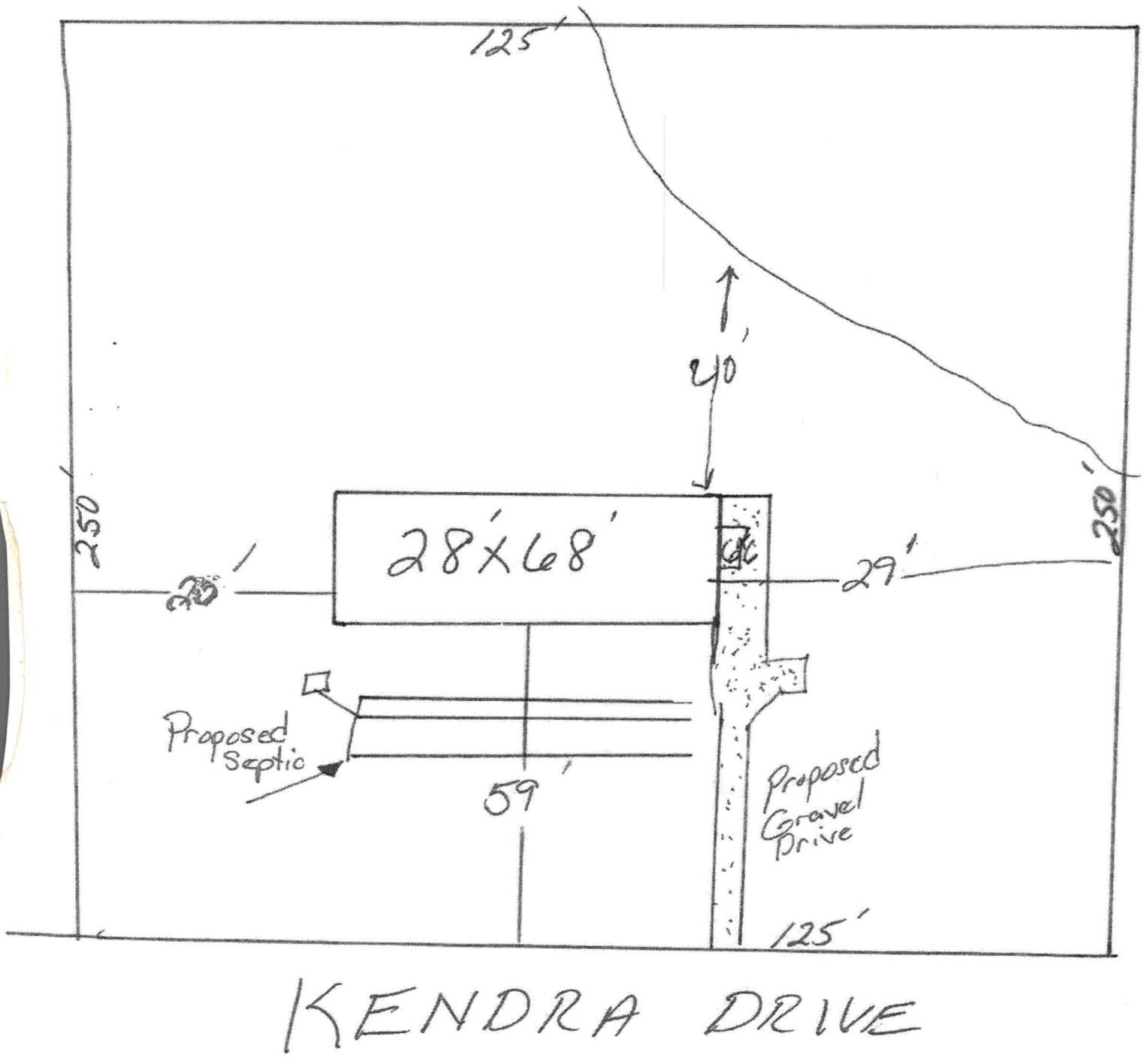
He exactly 25'
from house

PLOT PLAN

N.T.S.

MERCADO

TBD KENDRA DRIVE
MOORESVILLE



FILED
IREDELL COUNTY
96 JAN 26 PM 2:40
BK 26, PG 11
BRENDA D. BELL
REGISTER OF DEEDS

For Maintenance Purposes the following Roads in this Subdivision are hereby declared Private and Shall Not be maintained by the N. C. Department of Transportation. The Maintenance of roads in this Subdivision shall be the responsibility of THE PROPERTY OWNERS and it shall be their responsibility to bring the Roads up to the Standards of the N. C. Department of Transportation before any Private Road shown on this Plat is included, at any time after approval of this Plat, into the N. C. Department of Transportation Maintenance System.

N. C. Grid North

Property Owner

Laurene M. McAllister
Will No. 84E – 186

To EIR — Outparcel — 2.876 Acres — S 01°46'15"W — 2466.92' Total

S 01°41'00"W — 2251.23' Total

KENDRA DRIVE — 50' Right of Way — R=20.00'

N 01°41'00"E — 1775.44'

S 01°41'00"W — 1946.38'

N 01°41'15"E — 1805.32' Total

Ex. Iron Stake

N 02°10'15"E — 884.45' Total

EIR — 400.00' To Poplar Tree

Steel Tower

Overhead Transmission Line

Duke Power Co.

Well Site

Well Site

Lot 24
4.263 Acres
Not a Building Lot

Overhead Powerline
397.20'

Katherine K. Laving
Lot 99

Frances L. Nantz
Will No. 78E – 373

Levenia Thompson
210 – 94

Existing Pavement

Recommended Road Connection

50' Right of Way

Roads Minimum Typical Cross Section

Base, Pavement and Erosion Control to meet N. C. D.O.T. Specifications

STATE OF NORTH CAROLINA, COUNTY OF Iredell

Dale B. Hilderbran CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DEED DESCRIPTION RECORDED IN BOOK 999 PAGE 1282 AND/OR PAGE ...) AND THAT THE RATIO OF PRECISION AS CALCULATED IS 1:20,000+ THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES, THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL THIS 19th DAY OF September, 95

Dale B. Hilderbran L-2861
REGISTERED LAND SURVEYOR

STATE OF NORTH CAROLINA, COUNTY OF Iredell

I, Katrina J. Hewitt, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID, CERTIFY THAT Dale B. Hilderbran REGISTERED LAND SURVEYOR PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL STAMP OR SEAL THIS 19th DAY OF September, 1995

Katrina J. Hewitt
NOTARY PUBLIC
MY COMMISSION EXPIRES 10-25-99

Subdivision Plat Sheet No. Two Of

DOOLIE MEADOWS

Davidson Township — Iredell County — North Carolina
Scale 1" = 100' — September 5, 1995

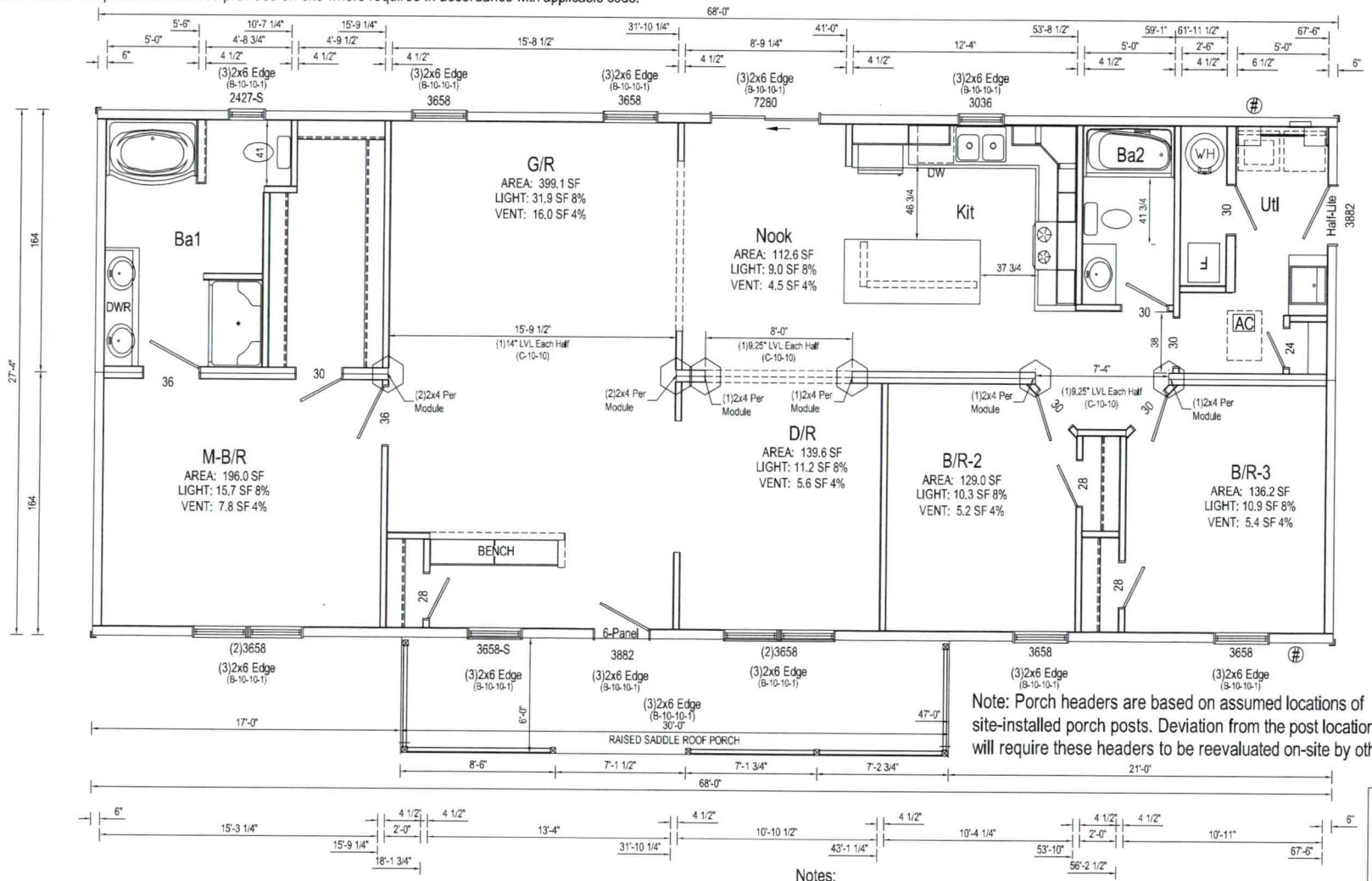
Graphic Scale
0 10 25 50 100 200 300

HILDERBRAN SURVEYING COMPANY
Statesville, North Carolina
Phone (704) 872-5066

James W. Rand/pt
12-15-95

Sheet Two of Two

Note: Window fall protection must be provided on-site where required in accordance with applicable code.



Note: Porch headers are based on assumed locations of site-installed porch posts. Deviation from the post locations shown will require these headers to be reevaluated on-site by others.

Floor Plans in EnerGov
ok per DM 1-6-23

APPROVED BY
NTA
10/29/2021
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
Kip Whitehead

See Schedules and General Notes Page
⬡ = Column Support Location
AC = Attic Access

Note:
* LVLs noted must extend past column on at least one end 24" minimum and be overlayed with OSB sheathing.

Notes:
1. Exterior opening headers and jack studs are SPF #2 unless otherwise noted.
2. Sidewall headers may use alternate construction per section B-10 of Systems Manual.
3. LVL's where specified to be minimum of 1 1/2" wide, M.O.E. = 2.0 and fb = 2900 PSI.
4. See C-10-45 for stair opening framing.
5. See C-10-105 for dormer opening framing.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 2868	Revisions	Scale: 3/16" = 1'-0"	Date: 10/28/2021	Cust: MERCADO
Title: Floor Plan		Drawn By: NE	Reference: B28681-A		Dlr: Freedom Homes
					S/N: 43388

Model/Eng. No.: 1B1008-R11
Pg.: FP

N:\R-ANELL\1B\1B1008-R11\

Footing size (in.)	Footing max. load (lbs.) for 8" x16" pier		
	1500 PSF	2000 PSF	2500 PSF
*16x16x6	2.5K	3.4K	4.3K
*20x20x6	4.0K	5.3K	6.7K
24x24x8	5.6K	7.6K	9.6K
30x30x10	8.5K	11.7K	14.8K
36x36x12	12.4K	16.7K	20.7K
42x42x14	16.5K	22.4K	28.2K
48x48x14	21.2K	N/A	N/A

* = A 4" thick pre-cast footer of equivalent width and length may be used in place of a 6" thick cast in place footer.

Footer size must be designed by others to site conditions if noted kip load exceeds capacities listed above

COLUMNS & FOOTINGS MUST BE RATED TO MEET THE CENTER LINE LOADS LISTED

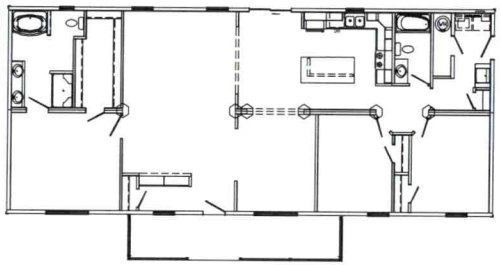
GROUND SNOW LOAD **20 PSF**

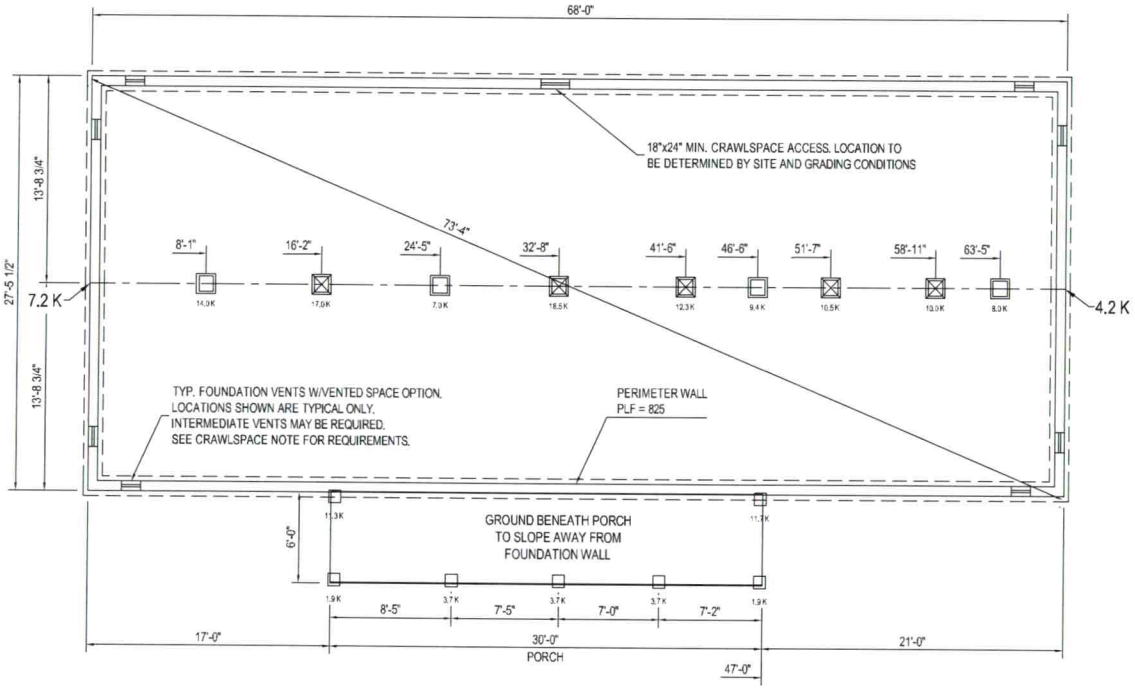
Kip loads noted are based on allowable stress design (ASD). Capacity of supports (columns, footings, etc.) must exceed noted Kip loads.

SELF-WEIGHT ON FOOTERS NOT INCLUDED IN LOADS SHOWN.
◆ = IF APPLICABLE, REPRESENTS TIE DOWN LOADS FROM BRACE WALLS TO FOUNDATION. TO BE DESIGNED ON SITE BY OTHERS.

FOR CONNECTION OF THE HOME TO FOUNDATION AT BRACING WALLS, REFER TO "BRACED WALLS-CALCULATED" PAGE, IF APPLICABLE. WHEN THIS PAGE IS PRESENT, HORIZONTAL AND OVERTURNING (RACKING) LOADS AT BRACING WALL LOCATIONS ARE INDICATED FOR THESE FOUNDATION CONNECTIONS. THESE LOADS MAY BE RECALCULATED AND REDESIGNED PER LOCAL CODES TO CONFORM TO SITE CONDITIONS AS REQUIRED. REFER TO CHAPTER 3 (3.9 TIE DOWN TO FOUNDATION) OF THE "MODULAR HOME INSTALLATION MANUAL" FOR ADDITIONAL INFORMATION. REFER TO APPLICABLE CODES FOR CONNECTION OF HOME TO FOUNDATION WHEN "BRACED WALLS-PRESCRIPTIVE" PAGE IS APPLICABLE.

FOUNDATION SHOWN MUST BE DESIGNED BY OTHERS TO THE SITE CONDITIONS. THIS INCLUDES SEISMIC DESIGN AND ATTACHING THE HOME TO THE FOUNDATION, ALONG WITH RESISTANCE TO LATERAL, LONGITUDINAL SHEAR, UPLIFT AND DOWNLIFT FORCES IN BOTH DIRECTIONS.





- 2X10 OR TRUSS FLOOR NOTES -

1. FOUNDATION LAYOUT IS APPLICABLE TO NOTED MAXIMUM SNOW LOADING AND MINIMUM SOIL BEARING PRESSURE. REFER TO INSTALLATION MANUAL FOR OTHER APPLICABLE INFORMATION. CONSULT LOCAL OFFICIALS AND THE APPLICABLE LOCAL CODES FOR OTHER REQUIREMENTS (I.E. DRAINAGE, DAMP-PROOFING, BACKFILL SUPPORT, ETC.).
2. WIDTH DIMENSIONS SHOWN INCLUDE A 3/4" ALLOWANCE PER HOME SECTION FOR HOMES WITH FACTORY-INSTALLED O.S.B. ON THE MARRIAGE WALL MATE LINE. THIS ALLOWANCE TAKES INTO ACCOUNT THE 7/16" O.S.B. MATERIAL INSTALLED ON EACH MARRIAGE WALL PLUS ALLOWANCE DUE TO OTHER FACTORS. IF HOME DOES NOT INCLUDE O.S.B. ON THE MARRIAGE WALL MATE LINE, FOUNDATION WIDTH IS TO BE SIZED EQUAL TO ACTUAL MANUFACTURED FLOOR WIDTH. LESSER DIMENSION, IF SHOWN, INDICATES ACTUAL FLOOR WIDTH. THESE DIMENSIONS DO NOT ALLOW FOR ANY VARIANCE THAT MAY OCCUR IN SITE INSTALLATION SUCH AS GAPPING, OFF CENTER SET OR OTHER FIELD-ENCOUNTERED VARIABLES. ANY ADJUSTMENTS NEEDED IN FOUNDATION WIDTH DUE TO SUCH VARIANCES ARE AT THE DISCRETIONOF THE INSTALLER.
3. FOR DEVIATIONS &/OR OTHER FOUNDATION DESIGNS CONSULT A LOCAL PROFESSIONAL ENGINEER & YOUR LOCAL BUILDING OFFICIAL.
4. SILL PLATE FASTENING TO BE PER INSTALLATION MANUAL AND/OR LOCAL CODES. SILL FASTENING REQUIREMENT IS PER APPLICABLE WIND SPEED AND SEISMIC ZONES. SEE YOUR HOME DATA PLATE FOR APPLICABLE ZONES.
5. CONCRETE COMPRESSIVE STRENGTH (FC'): 2500 PSI MINIMUM.
6. CENTERLINE LINE SUPPORTS AND SPACING ARE BASED ON (2) 2X10's SPF#2 ON EACH HALF (4-2X10'S TOTAL).
7. CRAWLSPACE VENTILATION IS NOT REQUIRED WHEN INSULATION IS APPLIED TO CRAWLSPACE WALLS AS REQUIRED BY RESCHECK (CONDITIONED AIR). INSTALLATION OF VENTS IN CRAWLSPACE WALLS WOULD MANDATE INSULATING THE FLOOR SYSTEM PER APPLICABLE THERMAL CALCULATIONS. REFER TO APPLICABLE PRESCRIPTIVE CODES & GUIDELINES. WHEN REQUIRED, ONE VENT SHALL BE PROVIDED WITHIN 3 FEET OF EACH CORNER.
8. FOUNDATION CONSTRUCTION AND TIE DOWN REQUIREMENTS FOR HOMES LOCATED IN 90 MPH OR LESS WIND ZONES MAY USE APPLICABLE PRESCRIPTIVE CODES & GUIDELINES UNLESS NOTED OTHERWISE.

Note: Porch pier loads and locations are based on assumed locations of site-installed porch posts (Ref. FP). Deviation from the post locations shown will require these footing loads/locations to be reevaluated on-site by others.

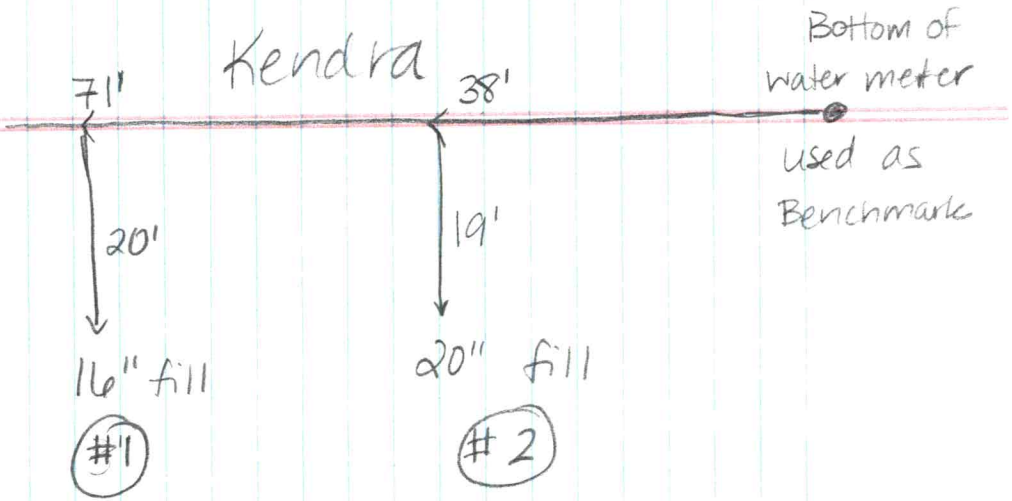
APPROVED BY
NTA
10/29/2021
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
Kip Whitehead

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.
Title: Foundation 2x10 Marriage Line without Stair

Callout: 2868	Revisions	Scale: 1/8" = 1'-0"	Date: 10/28/2021	Cust:MERCADO	Model/Eng. No.: 1B1008-R11
				Dlr: Freedom Homes	
	Drawn By: NE	Reference: B28681-A		S/N: 43388	Pg: FD20#

N:\R-ANELL\1B\19-1B1008-R11\

Due to Crawl Space height - not pursuing lot (per Kim Frye @ Freedom)



#1 = 3' elevation difference from benchmark

#2: 3'2" elevation difference

→ take 12" across the entire front of lot (above house) 25'

0/27/730

RECEIVED JUL 2 8 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

0/28/80

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-319973 $300.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/Kimberly Frye **Address:** 1124 Charlotte Hwy Troutman NC **Zip:** 28166
Applicant Email: Kimsneed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:**
Owner Name: Benjamin mercado **Address:** 151 Capital Ave Apt 1206 Mooresville **Zip:** 28117
Owner Email: **Phone:** 704-451-5619 **Alt. Phone:**

Property Information:

Street Address: 188 Kendra Drive Mooresville NC 28117
Subdivision Name: Doolie Meadows **Section/Phase:** **Lot Number:** 14
Driving Directions: I-77 toward charlotte, Exit 36 toward Macolnton, Onto Kendra Dr, 188 Kendra Dr is on the right.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:**

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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

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

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

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

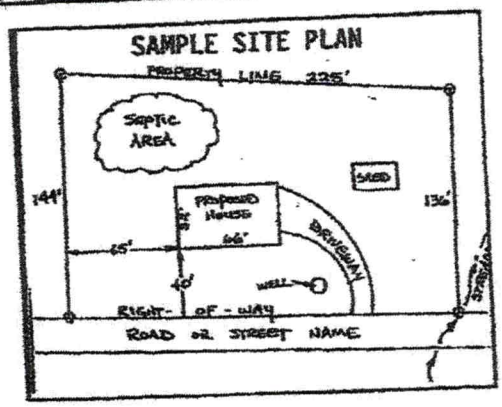
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

Signature: Kimberly Frye 7-28-2021
Property owner or owner's legal representative signature **(SIGNATURE REQUIRED)** **DATE**

Not pursuing lot - see notes per Kim Frye

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:

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

Circle N/A on the following if appropriate:

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

Attached

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

7-22-2021
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Benjamin Ottoniel Mercado, am the legal owner(s) of the property located at 188 Kenova Dr, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4637607906l6, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) CMH, Inc dba Freedom Homes, 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.

X BO. Mercado 6-18-21 [signature] 06-18-21

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC 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*** **

KB **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

KB **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.**

KB **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.**

KB **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.

KB **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.

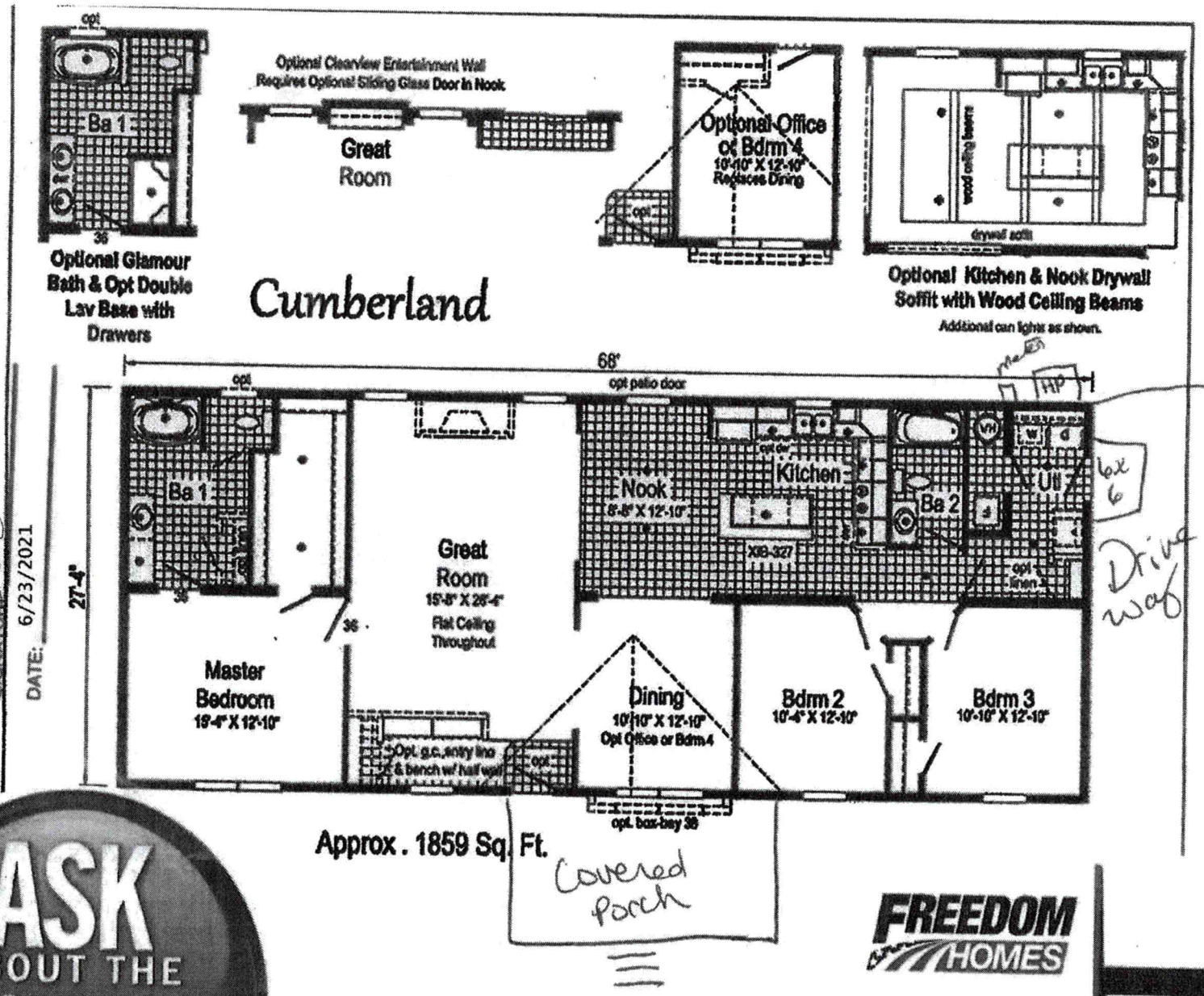
By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Kimberly Bryce **Date** 7-22-2021

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



APPROVED

SIGNATURE

DATE: 6/23/2021

ASK ABOUT THE ENERGY SMART HOME™

FREEDOM HOMES

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28X68

*Kimberly Frye 7-22-21

D. Wieberg 6/12/22

DocuSign Envelope ID: 09A0D017-1BDC-4B0C-A487-CDFBBF1DCB03