ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

aw

BLDR 2025-705666

PERMIT : OSWP 2024-64911

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

PIN # 4639 -- 13 -- 0430 ✓

APPLICANT/OWNER: MSL Custom Homes | APPLICANT ADDRESS: 678 Isle of Pines Rd Mooresville NC 28117

SITE ADDRESS: 253 Bullfinch Rd Mooresville NC 28117 ✓ | PHONE: 704 235 8211 | ALT. PHONE

SITE DIRECTIONS: Perth → R Fern Hill → R Bullfinch | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Beacon Pointe | SECTION: 2 ✓ | LOT # 18 ✓ | LOT AREA: 1.03 | DESIGN FLOW: 480 | L.T.A.R.(Initial): — | L.T.A.R (Repair): 0.3

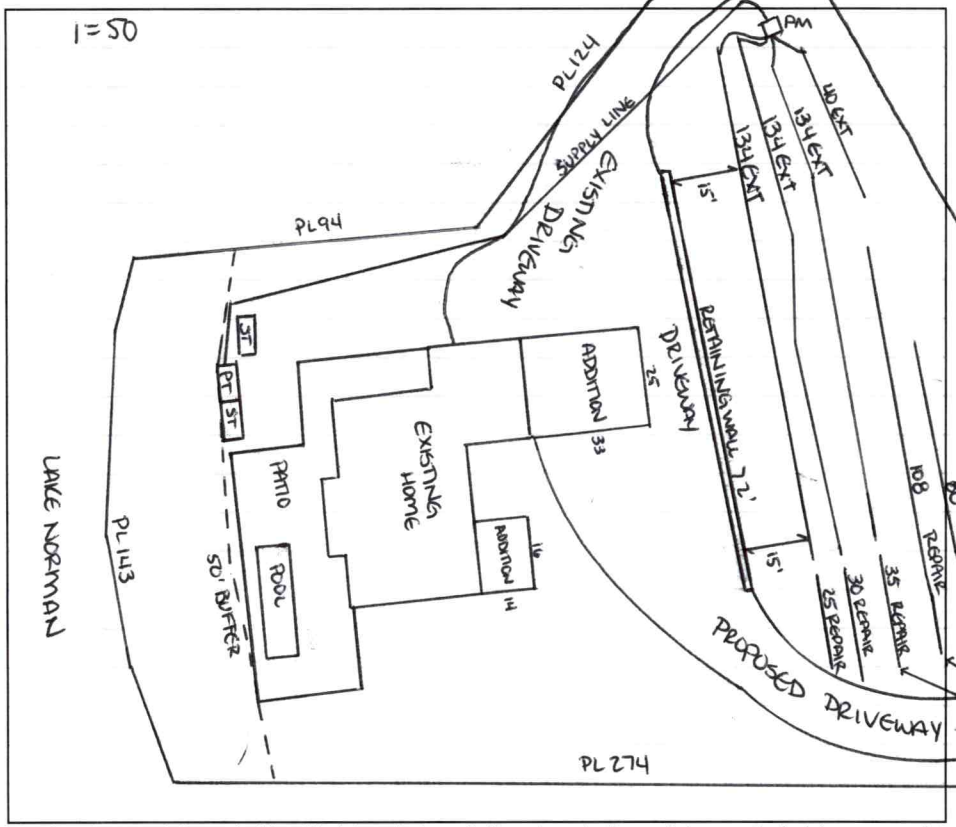
Septic Tank ___ (gal) STB ___ Date ___	☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank ___ (gal) PT ___ Date ___	System Description: EXISTING 25% REDUCTION ✓	☐ Business	No. Persons 8
Pump Make ___ Model ___ Serial # ___	Repair System Description: LPVPPBPS	☐ Other	No. Employees —
# Nitrification Fields — # Lines — Linear Ft —	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width — *Max. Trench Depth(Initial) — *Max. Trench Depth(Repair) 32" Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing
* Measured on the downhill side of the trench	Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40	Usable Depth to LC (Initial): —	Usable Depth to LC (Repair): 48" Limiting Condition

Water Supply: ☐ Private ☐ Public ☒ Community

EXISTING

Comments / Conditions: Repair Relocation for retaining wall.
Keep wall 15' where > 2' in height of cut.

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 | Date: — | Installed by: TIM AMMONS

IMPROVEMENT PERMIT by: Sarah Williams | Date: 11/27/24 | OPERATION PERMIT by: JAMES BOGGS | Date: 8/13/2021 ✓

AUTHORIZATION TO CONSTRUCT by: Sarah Williams ✓ | Date: 11/27/24 | Existing System Inspected by: | Date:

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

PERMIT SNAPSHOT REPORT OSWP-2024-64911 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	11/07/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Williams, Sarah	**Approval Expire Date:**	

Description: Intermediate redraw - we would like totally move the 45' and 40' repair lines that are close to the proposed retaining wall to allow for further grading and allow for a taller retaining wall above the 2' cut we initially proposed. We have shifted the new proposed driveway location closer to the left lot line which allows more room in the front to extend the current repair lines . The other alternative would be to add onto the existing septic lines between the ends of the lines and the existing driveway.

Parcel:	4639130430.000 Main	**Address:**	253 Bullfinch Mooresville, NC 28117 Main	**Zone:**	RR(Resort Residential District)

Applicant/Authorized Agent
MSL Custom Homes, Inc
678 Isle of Pines Rd 678 ISLE OF PINES RD
Mooresville, NC 28117
Business: (704) 235-8211
Mobile: (704) 235-8211

Property Owner
RICHARD C+REBECCA L L WEBB

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Intermediate Re-Layout, Move a repair area to accommodate added structures	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	adding 33'x25' to the front of the existing garage adding 14'x16'4' to the left front of the house adding 7'x9'3" to front porch
What are the proposed structures	Other Addition/Structure	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	4
If other Addition/Structure, please explain		Number of Occupants	8	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Community Well	Desired Septic System Type	No Preference
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions	we arent changing anything about the existing installed system. Only need to relocate the lower two repair lines.	Permit type(s)	Authorization to Construct
Additional Unique Setbacks Apply	No				

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Martha_Landis_11/7/2024.jpg	11/07/2024 16:17	Landis, Martha		Uploaded via CSS
Webb - Authorization Form - 11-14-24_v2.pdf	11/18/2024 16:16	Landis, Martha	Available Online	

PERMIT SNAPSHOT REPORT (OSWP-2024-64911)

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-266179	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	11/21/2024	11/22/2024 0:00	11/22/2024 0:00	11/22/2024 7:54	11/22/2024 7:54

Inspectors: Freeman, Brady (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. Home owner will call me back when property is ready for me to inspect.	Peter Mravetz	11/19/2024 12:45

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00038224	Intermediate Re-layout	$320.00	$320.00
	Total for Invoice INV-00038224	$320.00	$320.00
	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		11/18/2024 16:17	11/18/2024 16:18
Confirm application complete v.1	Generic Action		11/18/2024 16:18
~~**Zoning Review v.1**~~			11/18/2024 16:18
~~Floodplain Admin Overview v.1~~	Task		11/18/2024 16:18
~~Iredell County Zoning Approval v.1~~	Task		11/18/2024 16:18
~~Issue Invoice v.1~~	Generic Action		11/18/2024 16:18
~~Fees Paid v.1~~	Generic Action		11/18/2024 16:18
Fees v.1		11/18/2024 16:18	11/19/2024 7:59
Issue Invoice v.1	Generic Action		11/18/2024 16:18
Fees Paid v.1	Generic Action		11/19/2024 7:59
Lot Readiness Verification v.1		11/21/2024 15:47	
OSWP Septic Preliminary Site Visit v.1	Inspection	11/21/2024 15:47	11/21/2024 15:47
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

IREDELL

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

PIN # 4639 - 13 - 0430

APPLICANT/OWNER: MSL Custom Homes | APPLICANT ADDRESS: 678 Isle of Pines Rd Mooresville NC 28117

SITE ADDRESS: 253 Bullfinch Rd Mooresville NC 28117 | PHONE: 7042358211 | ALT. PHONE

SITE DIRECTIONS: Perth → (R) Fern Hill → (R) Bullfinch → Lot on (L)

SUBDIVISION: Beacon Pointe | SECTION: 2 | LOT # 18 | LOT AREA: 1.03 | DESIGN FLOW: 480

SAP CONTROLLED: ☐ YES ☒ NO

L.T.A.R.(Initial): — | L.T.A.R (Repair): 0.3

Septic Tank (gal) STB — Date
Pump Tank (gal) PT EXISTING — Date
Pump Make — Model — Serial #
Nitrification Fields EXT | # Lines EXT | Linear Ft EXT
Trench Width 36" | *Max. Trench Depth(Initial) EXT | *Max. Trench Depth(Repair) 32" | Gravel Depth —
* Measured on the downhill side of the trench
Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: EXISTING
Repair System Description: LP VPPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE
Usable Depth to LC (Initial): —
Usable Depth to LC (Repair): 48" *Limiting Condition*

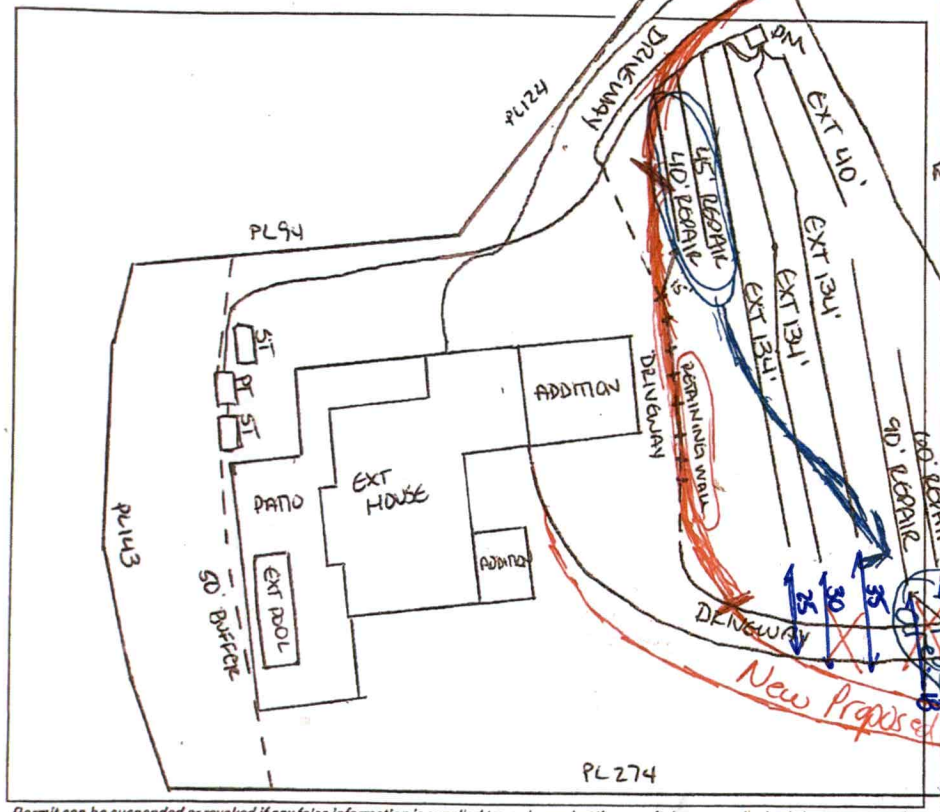
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 4 | No. Persons 8 | No. Employees —

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: The purpose of this permit is to relocate partial repair area to meet setback to retaining wall 2' cut.

Irrigation capped before AC. See attached previous permits.

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.

The retaining wall will be the tallest in the area in front of the new garage but will curve up toward the road on each end and taper down to 1' or less, The tallest part would be 3-3.5'

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 | Date: — | Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Sarah Williams | Date: 10/28/2024 | OPERATION PERMIT by: JAMES BOGGS | Date: 8/3/2021

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 10/28/2024 | Existing System Inspected by: | Date:

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

PROPERTY ID #: 4639-13-0430
COUNTY: IREDELL

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: Richard Webb DATE EVALUATED: 10/15/24
ADDRESS: 253 Bullfinch Rd Mooresville NC 28117
PROPOSED FACILITY: ADDITION PROPOSED DESIGN FLOW (.0400): 480 PROPERTY SIZE:
LOCATION OF SITE: 253 Bullfinch PROPERTY RECORDED: Y
WATER SUPPLY: Public Single Family Well (Shared Well) Spring Other — WATER SUPPLY SETBACK: 100
EVALUATION METHOD: Auger Boring (Pit) Cut TYPE OF WASTEWATER: (Domestic) High Strength IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .0505 SOIL DEPTH	OTHER PROFILE FACTORS .0506 SAPRO CLASS	OTHER PROFILE FACTORS .0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
1	LS 6-9%	0-10	FILL MIXED -			(51)		—	S 0.3	4"
		10-34	C ABK	SS SPSE FR						
		34-51	CL ABK	↓						
					heavy SAP incl in CL					
2										
3										
4										

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)		267'
System Type(s)		LPP VPPBPS
Site LTAR		0.3
Maximum Trench Depth		32"

SITE CLASSIFICATION (.0509): 0.3
EVALUATED BY: S. Williams
OTHER(S) PRESENT:

Comments:

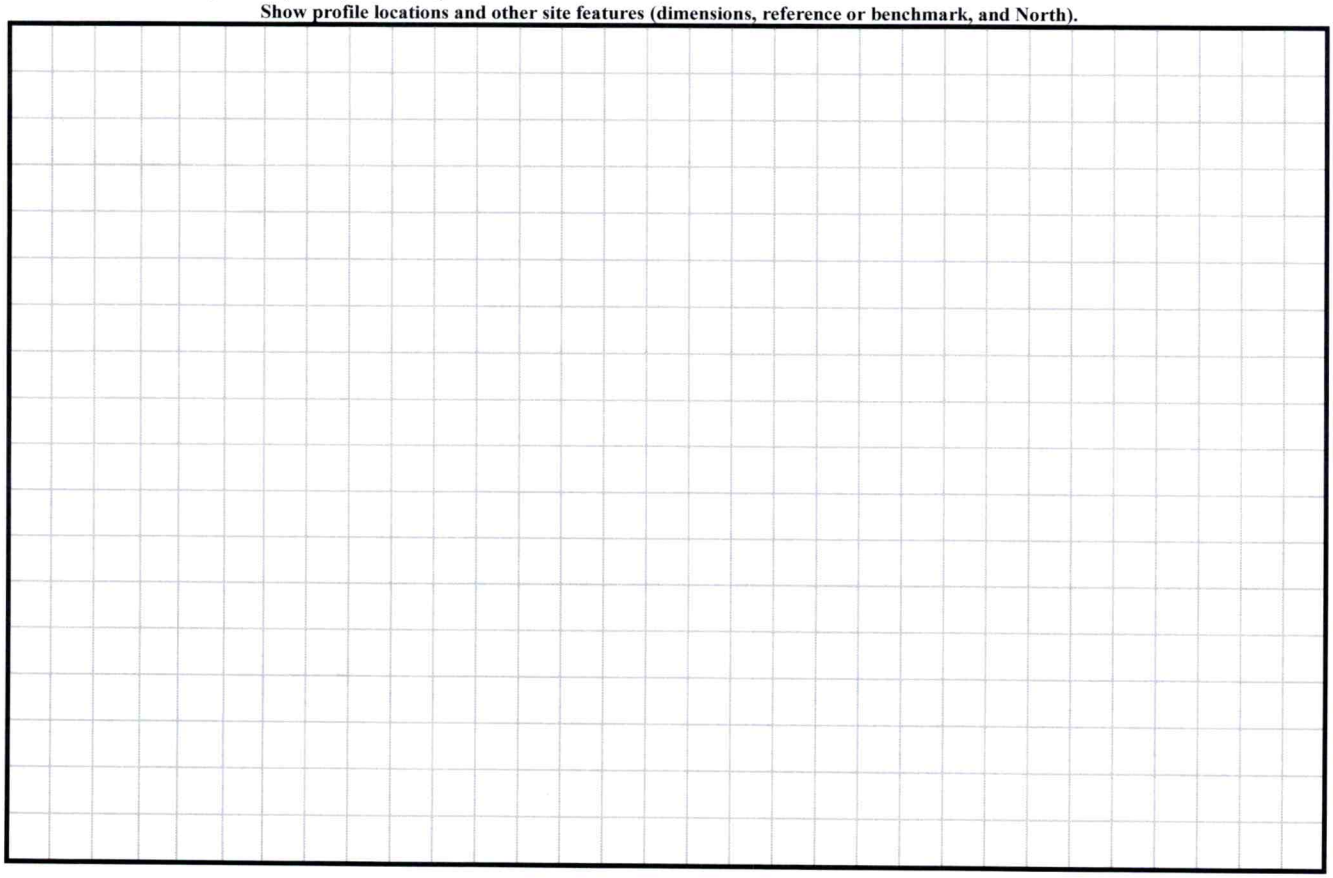
LEGEND

LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

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); Evaluation of saprolite shall be by pits.
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) or U (Unsuitable)

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



File/Permit #: OSWP 2024-52881

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

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

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☒ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☐ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: MSL Custom Homes Inc.
Mailing Address: 6781 Isle of Pines Rd
City: Mooresville
State: NC Zip: 28117
Phone #: 704-235-8211
Email: RLANDIS4@AOL.COM

Owner: Richard Webb
Mailing Address: 253 Bullfinch Rd
City: Mooresville
State: NC Zip: 28117
Phone #: 919-522-7747
Email:

PIN/Lot Identifier: 4639-13-0430
Property Location/Address: 253 Bullfinch Rd Mooresville NC 28117
Facility Type: ☒ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: 320884 Design Daily Flow: 480 GPD
Number of Bedrooms: 4 Max # Occupants: 8 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☒ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Addition to home - not to include bedrooms

All of the following must be checked for approval:

***For Reconnections:**
- ☐ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☐ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☐ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☐ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☐ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☒ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System functioning properly at time of inspection. Driveway is not to encroach on septic area. See all attached previous permits.

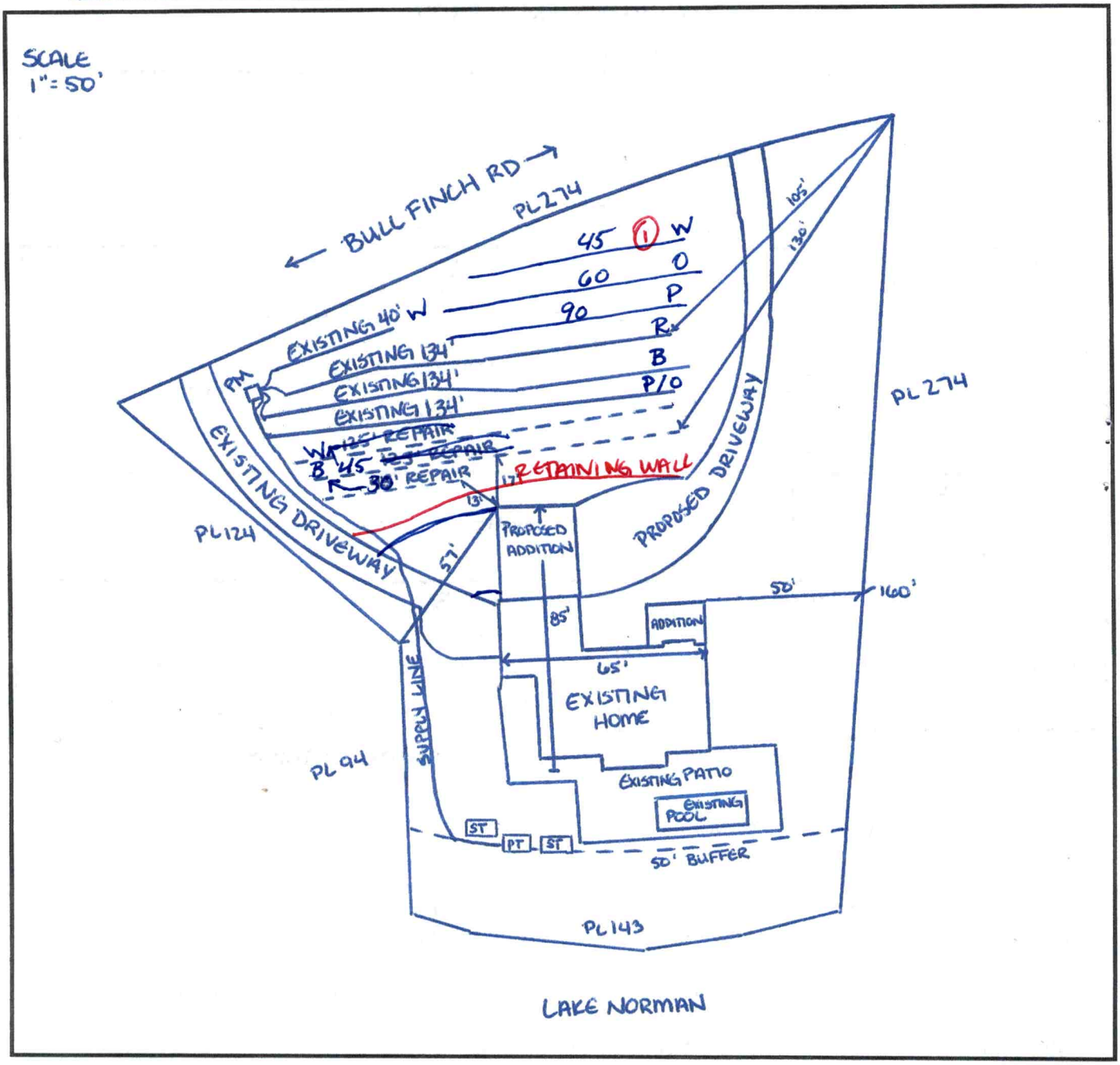
Inspector's Printed Name: Sarah Williams Inspector Certification #: 3208
Inspector's Signature: Sarah Williams Date: 6/6/2024

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: 320884 PIN/Lot Identifier: 4639-13-0430

Owner: Richard Webb Property Location/Address: 253 Bullfinch Rd Mooresville



Include the existing and proposed structures and applicable setbacks.

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

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

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

POB

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 320884

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

PIN # 4639-13-0430

APPLICANT/OWNER: Richard Webb | APPLICANT ADDRESS: 253 Bullfinch Rd, Mooresville NC 28117

SITE ADDRESS: 253 Bullfinch Rd Mooresville NC 28117 | PHONE: 919-522-7747 | ALT. PHONE 919-599-4505

SITE DIRECTIONS: (N) Perth → (L) Elm Hill → (R) Bullfinch → lot on (L) | SAP CONTROLLED: [X] YES / 15 [ ] NO

SUBDIVISION: Beacon Pointe | SECTION: M2 | LOT # 18 | LOT AREA: 1.03 | DESIGN FLOW: 480 gpd | L.T.A.R.: EXISTING

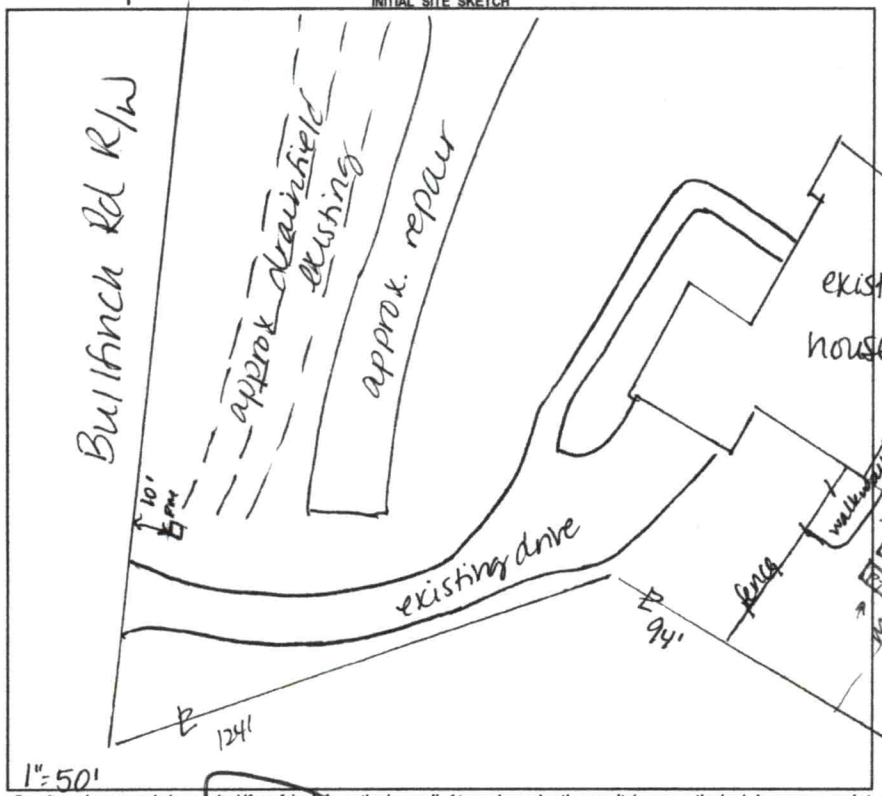
Septic Tank	1000 (gal)	STB Plastic	Date Info Unav	[ ] New System [X] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description: EXISTING		[ ] Business	No. Persons 8	[ ] Private
Pump Make		Model	Serial #	Repair System Description: TANK REPLACEMENT		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[ ] Crawl Space	[X] Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		[ ] GRAVITY [X] PRESSURE	[X] Basement w/plumbing		[ ] Basement w/o plumbing

Comments / Conditions: Pump crush & fill existing tanks, connect to existing pump line w/ pressure rated pipe. Must check pressure head once re-connected

Ensure 50' buffer is marked before install.

Any Active pool will need to have 15' from water's edge to back.

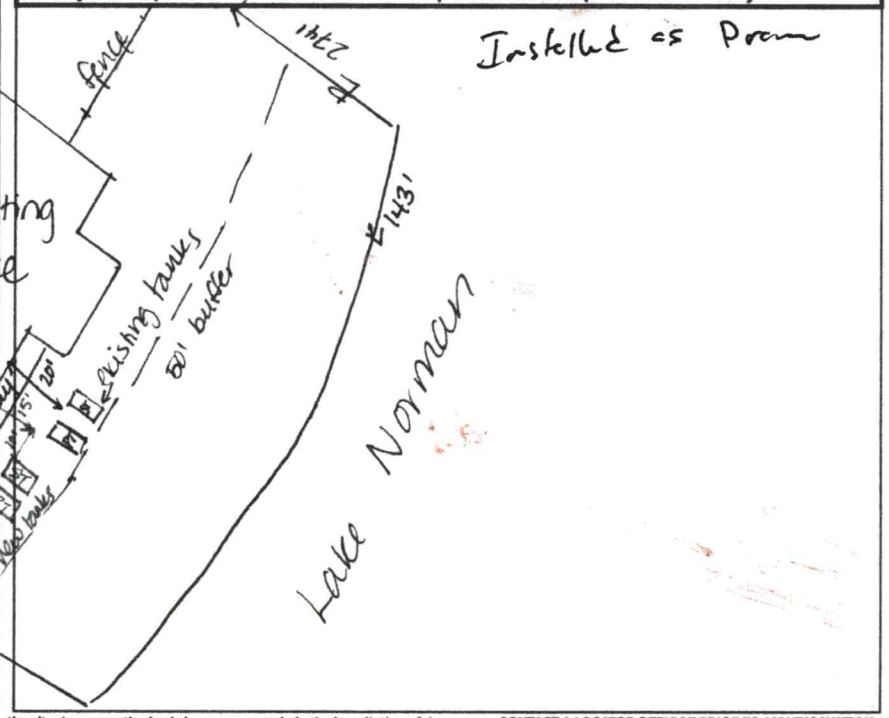
INITIAL SITE SKETCH



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 Prem



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: R/C Webb | Date: 9/1/21 | Installed by: TW Simmons Septic Service

IMPROVEMENT PERMIT by: D. Wiebers | Date: 9/1/21 | OPERATION PERMIT by: | Date: 9-3-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiebers | Date: 9/1/21 | 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

RECEIVED AUG 2 6 2021

DW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 320884 Repair Exal

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: RICHARD C. WEBB Address: 253 BULLFINCH RD MOORESVILLE Zip: 28117
Applicant Email: RICK@RICKWEBBASSOCIATES.COM Phone: 919-522-7747 Alt. Phone: 919-599-4505
Owner Name: RICHARD C. WEBB Address: 253 BULLFINCH RD MOORESVILLE Zip: 28117
Owner Email: RICK@RICKWEBBASSOCIATES.COM Phone: 919-522-7747 Alt. Phone: 919-599-4505

Property Information:

Street Address: 253 BULLFINCH ROAD MOORESVILLE, NC 28117
Subdivision Name: BEACON POINT Section/Phase: 1 Lot Number: 18
Driving Directions: TURN OFF PERTH ROAD TO FERN HILL RD - TURN RIGHT AT FERN HILL BAPTIST CHURCH ON BULLFINCH RD TO 253 - LEFT SIDE

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: 2 ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (X) 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 AQUA ( ) 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: R C Webb 8/26/2021
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, _____, am the legal owner(s) of the property located at _____, identified as

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

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

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Statesville - Environmental Health
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