ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326165

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

PIN # 4639-23-9407

APPLICANT/OWNER: Desiree Barragon APPLICANT ADDRESS: 18810 Coachmans Trace, Cornelius, NC 28031

SITE ADDRESS: 116 Frostcliff Lane, Mooresville NC 28117 PHONE: 805-704-9588 ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (L) Fern Hill → (R) Frostcliff → lot on (R) SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Beacon Pointe SECTION: 4 LOT # 3 LOT AREA: 1.43 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

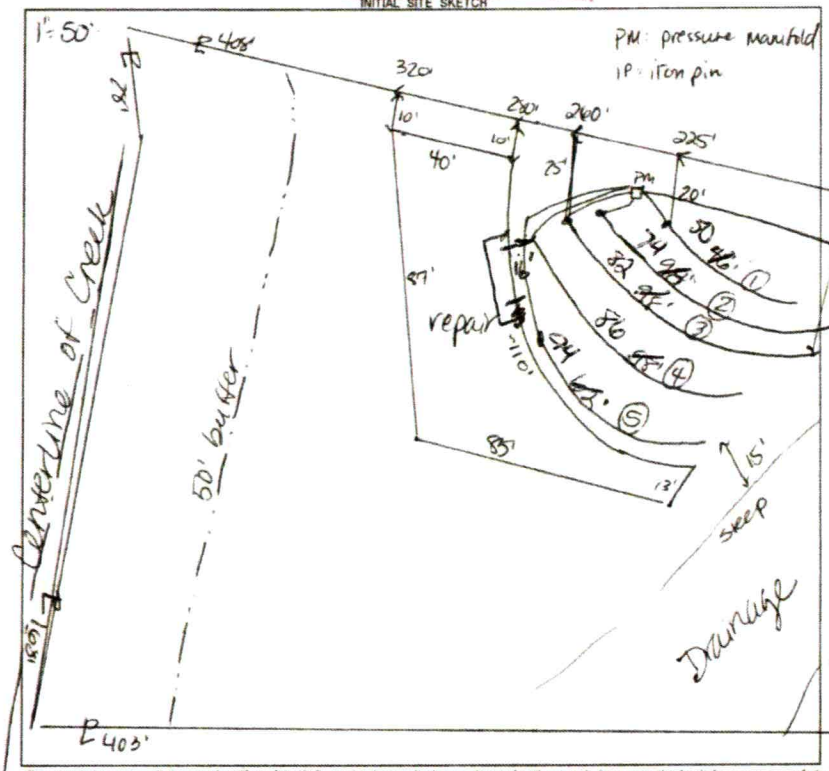
Septic Tank	1000 (gal)	STB	2152	Date	INFILTRATOR	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI
Pump Tank	1000 (gal)	PT	2149	Date	INFILTRATOR	System Description:	25% Reduction - PM		
Pump Make	LIBERTY	Model	280	Serial #		Repair System Description:	50% Reduction		
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE	

[X] Residence	No. Bedrooms	4	Water Supply	
[ ] Business	No. Persons	8	[X] Private	
[ ] Other	No. Employees		[ ] Public	
[ ] Slab	[ ] Crawl Space		[ ] Community	
[X] Basement w/ plumbing			[ ] Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drain field area. Divert all drainage. Install on contour. Do not exceed 36" trench bottom.

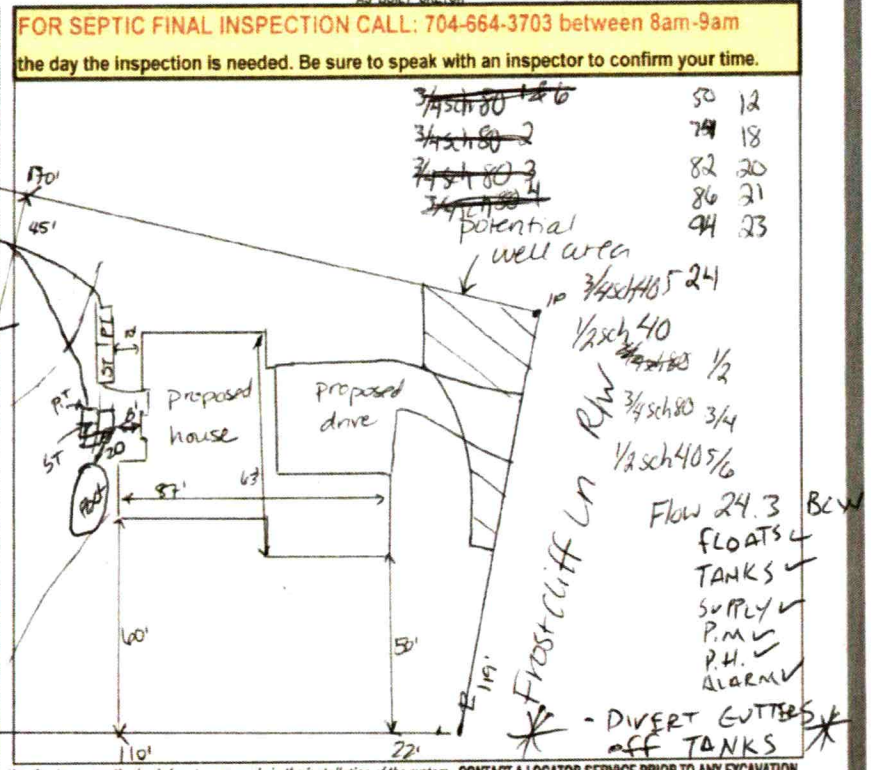
Pressure manifold = 2" supply, 2' pressure head.
① = 1½ SCH 80 ⑤ = 1½ SCH 40 Dose: 182g Flow: 42.7 gpm
②, ③, & ④ = ¾" SCH 80 (each) Drawdown: 9.7" Run: 4.25 min

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.* [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: Desiree R. Barragon Date: 6/29/22 Installed by: Stevens Septic

IMPROVEMENT PERMIT by: D. Weberg Date: 6/14/22 OPERATION PERMIT by: Sydney Holland Date: 10/16/23

AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 6/14/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 326165

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

PIN # 4639--23--9407

APPLICANT/OWNER: Desiree Barragan | APPLICANT ADDRESS: 18810 Coachmans Trace, Cornelius, NC 28031

SITE ADDRESS: 116 Frostcliff Lane, Mooresville NC 28117 | PHONE: 805-704-9588 | ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (L) Fern Hill → (R) Frostcliff → lot on (R)

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Beacon Pointe | SECTION: 4 | LOT # 3 | LOT AREA: 1.43 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

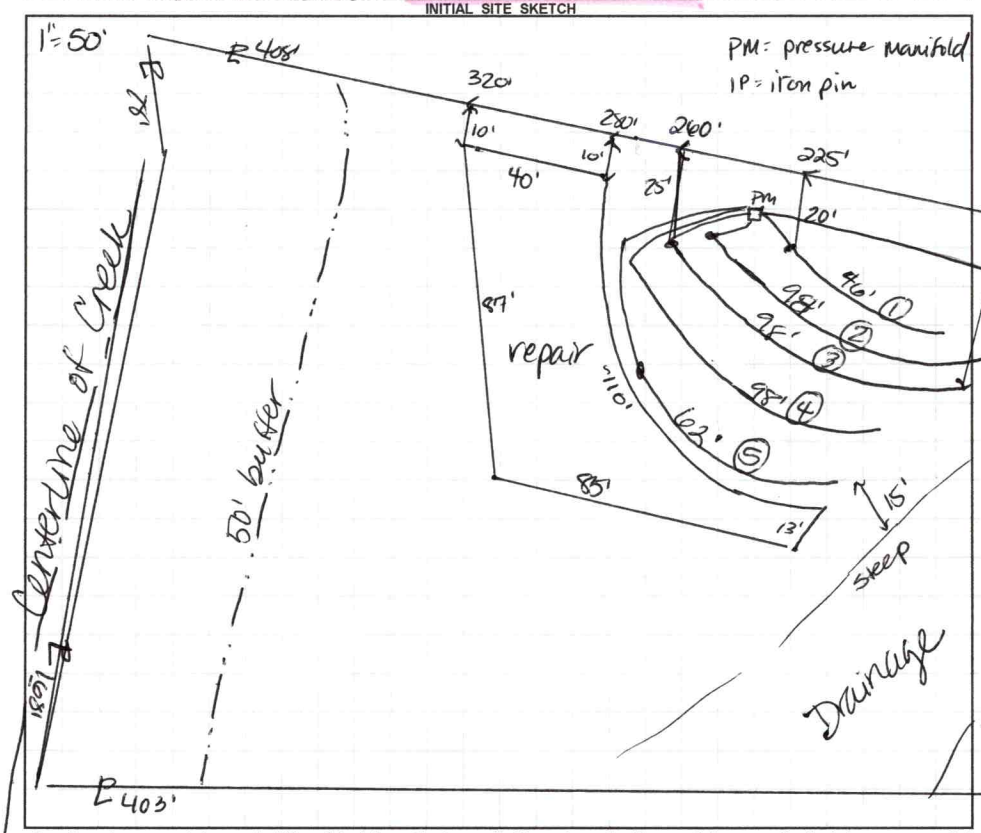
Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	25% Reduction - PM			[ ] Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	50% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines 5	Linear Ft: 400	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	N/A	[ ] GRAVITY	[X] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drain field area. Divert all drainage, install on contour. Do not exceed 36" trench bottom.

Pressure manifold = 2" supply, 2' pressure head.
① = 1½" SCH 80 ⑤ = 1½ SCH 40
②, ③, & ④ = ¾" SCH 80 (each)
Dose: 182g Flow: 42.7gpm
Drawdown: 8.7" Run: 4.25min

INITIAL SITE SKETCH



AS BUILT SKETCH

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Owner / Applicant Signature: Desiree R. Barragan Date: 6/29/22 Installed by:

IMPROVEMENT PERMIT by: D. meberg Date: 6/14/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. meberg Date: 6/14/22 Existing System Inspected by: Date:

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

PRELIMINARY FOR REVIEW ONLY

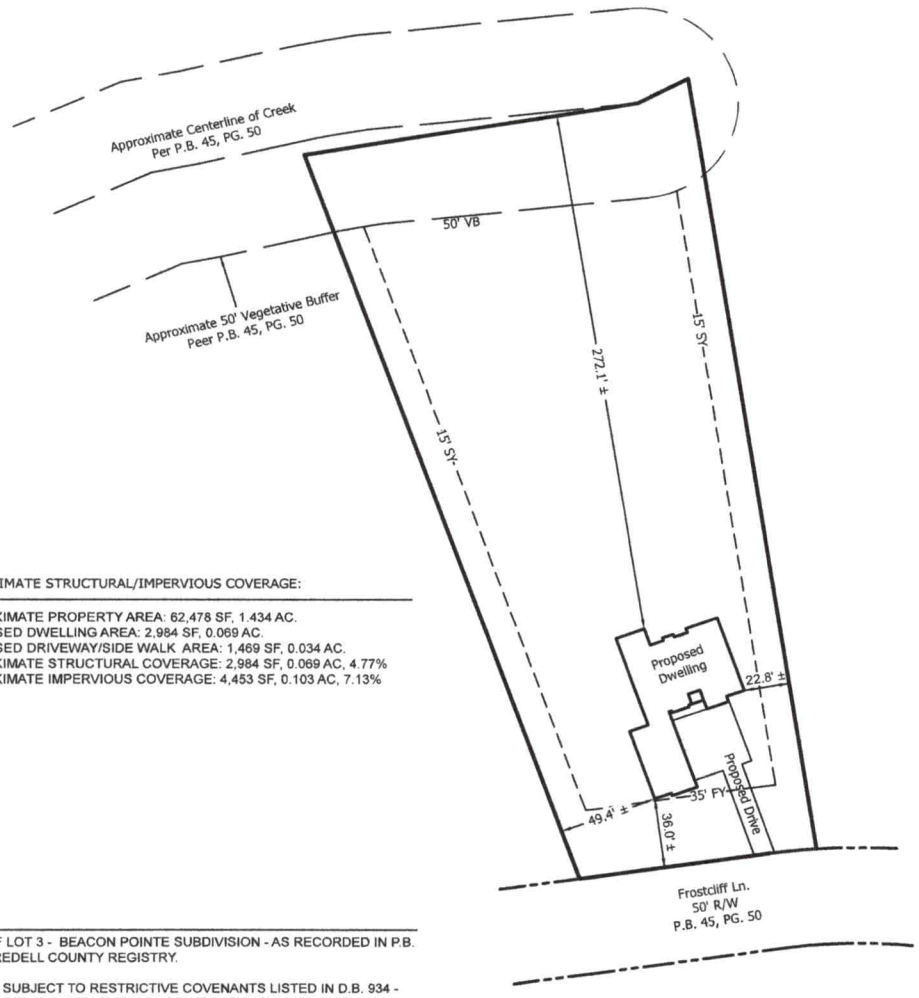
* NOT AN ACTUAL SURVEY *

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

P.B. 45, PG. 50

NOTES:

BOUNDARY DATA WAS COMPUTED FROM DEEDS/PLATS AND A SURVEY HAS NOT BEEN PERFORMED AT THIS TIME.



APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

APPROXIMATE PROPERTY AREA: 62,478 SF, 1.434 AC.
PROPOSED DWELLING AREA: 2,984 SF, 0.069 AC.
PROPOSED DRIVEWAY/SIDE WALK AREA: 1,469 SF, 0.034 AC.
APPROXIMATE STRUCTURAL COVERAGE: 2,984 SF, 0.069 AC, 4.77%
APPROXIMATE IMPERVIOUS COVERAGE: 4,453 SF, 0.103 AC, 7.13%

REFERENCE:

BEING ALL OF LOT 3 - BEACON POINTE SUBDIVISION - AS RECORDED IN P.B. 45, PG. 50 - IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 934 - PG. 1972, D.B. 935 - PG. 1978, D.B. 936 - PG. 1105, D.B. 992 - PG. 1302, D.B. 1198 - PG. 1720, D.B. 1490 - PG. 1103, D.B. 1501 - PG. 1148, D.B. 1526 - PG. 720, D.B. 2468 - PG. 1511, D.B. 2564 - PG. 2020, D.B. 2564 - PG. 2034, D.B. 2624 - PG. 183.

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

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710463900J EFFECTIVE DATE 3/18/2008.

0 60 120 180

SETBACKS:

PROPERTY CURRENTLY ZONED: RA (IREDELL COUNTY)

PROPERTY LIES WITHIN LAKE NORMAN/CATAWBA RIVER WATERSHED OF "WS-IV CA".

PROPERTY SUBJECT TO A 35' FRONT YARD (FY) AS, 15' SIDE YARD (SY), 35' REAR YARD (RY) & 50' VEGETATIVE BUFFER (VB) AS PER P.B. 45 - PG. 50.

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

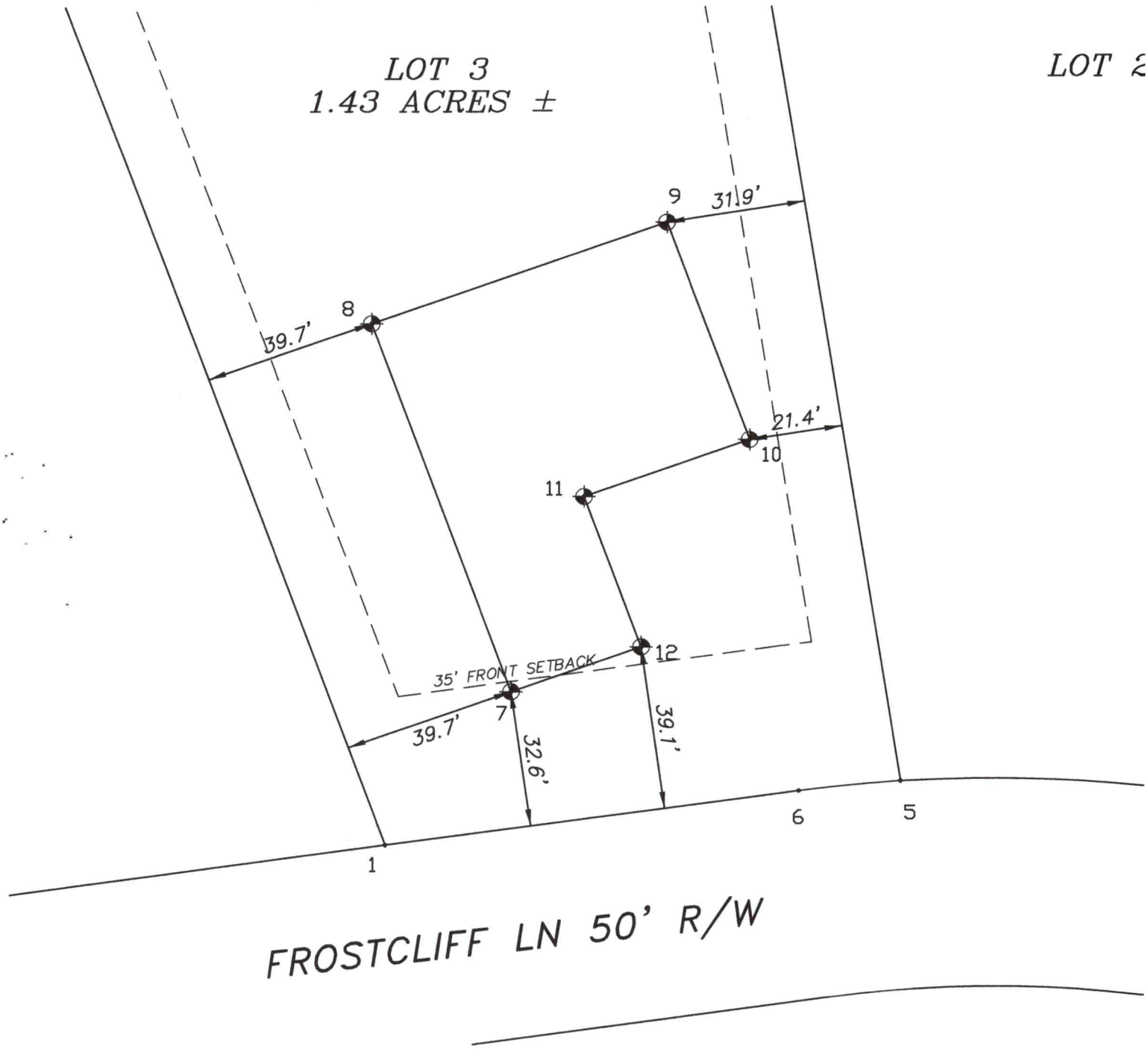
JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
2351 SIMONTON RD, STATESVILLE, NC 28625
MATT.GRANT@JORDAN-GRANT.COM
704-928-7919
FIRM # P-1227

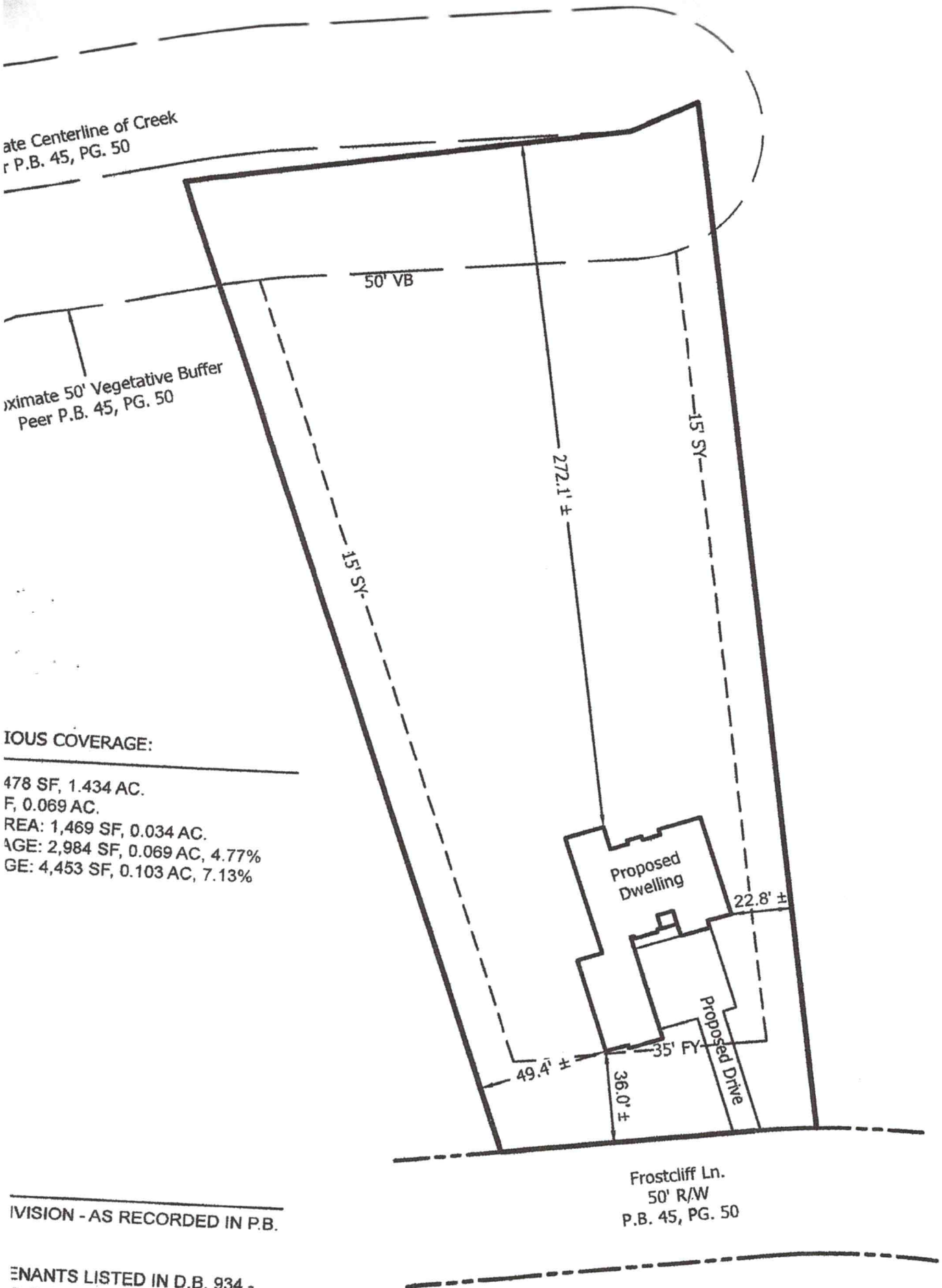
PLOT PLAN FOR:

Barragan

DRAWN BY: NS	CHECKED BY: JWE	SCALE: 1" = 60'
PIN NO: 4639-23-9407		
DEED REF: 2803-2044		
DATE OF MAP: 04-19-22	SURVEY DATE:	
REVISION: 05-25-22	DRAWING FILE: 20220439_05-25-22	

116 Frostcliff Ln, Mooresville, NC 28117
Fallstown Twsp - Iredell County - North Carolina


LOT 3
1.43 ACRES ±
LOT 2
9
31.9'
8
39.7'
21.4'
10
11
12
35' FRONT SETBACK
7
39.7'
32.6'
39.1'
6
5
1
FROSTCLIFF LN 50' R/W



IOUS COVERAGE:

478 SF, 1.434 AC.
F, 0.069 AC.
REA: 1,469 SF, 0.034 AC.
AGE: 2,984 SF, 0.069 AC, 4.77%
GE: 4,453 SF, 0.103 AC, 7.13%

IVISION - AS RECORDED IN P.B.

ENANTS LISTED IN D.B. 934 -
5, D.B. 992 - PG. 1302,
1501 - PG. 1148, D.B. 1526 - PG.

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

Sheet 1 of 1
PROPERTY ID #: 4639733407
COUNTY: Iredell

10/10

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

OWNER: Desiree Barragon
ADDRESS: 8810 Coachmans Trail, Cornelius
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 116 Frostcliff Ln, Mooresville 28117
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

updated
APPLICATION DATE 5/11/22
DATE EVALUATED: 6/10
PROPERTY SIZE: 1.43
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 22%	0-5	CL - SBK	SSSP-FR-SE VP		40"	S	N/A	PS
		5-20	C - SBK	↓					
		20-40	CL - WSBK	↓					
		40-57	SAP-L/SL	SSMP-FR	large sap veins CL		M		0.3
2	LS 25%	0-5	CL - SBK	SSSP-FR-SE VP		52"	N/A	N/A	PS
		5-25	C - SBK	↓					
		25-52	CL - WSBK	↓					0.3
					large bands of sap @ 43"+				
3	LS 25%	OF 11	SCL - SBK	SSMP-FR-SE VP		44"	S	N/A	PS
		11-26	C - SBK	SSSP-FR-SE VP					
		26-44	CL WSBK	"					0.3
		44-57	SAP-S/LS-M	SSMP-FR-SE VP					
4	(HS) 0-60 (LS) 0-38 36%	0-60	Sap-S-M	NSMP-WR S		0"	S	N/A	PS
		0-38	CL-SBK	SSSP FR SE VP					
		38-50	SAP-S-M	NSMP-FR					0.3
					sap content 38"+				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	402'	267'
System Type(s)	25% PM	50% DM
Site LTAR	0.3	0.3

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

COMMENTS:

51 1/2"

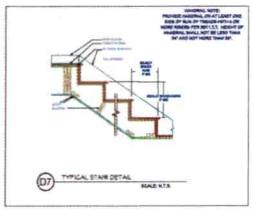


86'9"

43'2 1/2"

60' 11 1/2"

SQUARE FOOTAGE	
1ST FLOOR HEATED	2074
2ND FLOOR HEATED	1286
TOTAL HSF	3360
PORCHES	35
GARAGE	876
TOTAL UNDER ROOF	4271



FHR PROPERTY

Acknowledgement Of Plans Submittal ONLY!

Date 6/22/22

Date 6/14/22

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

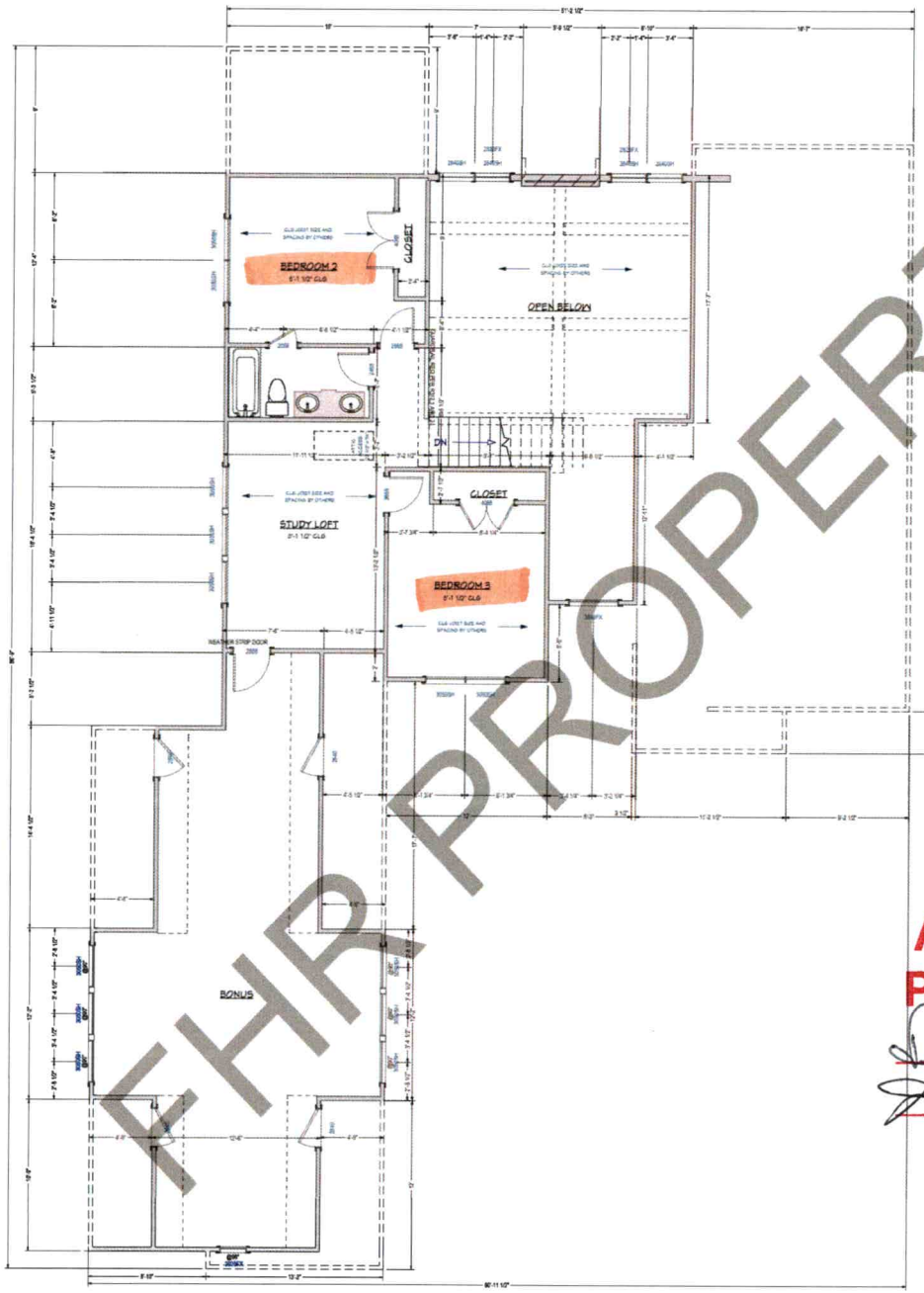
NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FOUNDATION HOMES
KENDALL

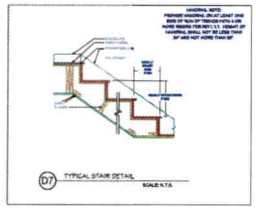
DATE:
1/20/2022

SCALE:

SHEET:
A-6



SQUARE FOOTAGE	
1ST FLOOR HEATED	2074
2ND FLOOR HEATED	1286
TOTAL HSF	3360
PORCHES	35
GARAGE	876
TOTAL UNDER ROOF	4271



WINDOW AND GLAZING NOTE:

FHR PROPERTY

Acknowledgement Of Plans Submittal ONLY!

Date 6/19/22

Date 6/14/22

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FOUNDATION HOMES
KENDALL

ViscaDesignArchDrafting@gmail.com

DATE: 1/20/2022

SCALE:

SHEET: A-7

RECEIVED MAR 03 2022

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-326165 $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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.

Paid $700. @ 6/20/22

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: Deserie Barragan **Address:** 18810 Coachmans Trce Cornelius, NC **Zip:** 28031
Applicant Email: dlbarragan1@gmail.com **Phone:** 8057049588 **Alt. Phone:** 9515326094
Owner Name: Luis + Deserie Barragan **Address:** 18810 Coachmans Tr Cornelius NC **Zip:** 28031
Owner Email: same **Phone:** same **Alt. Phone:** 9515326094

Property Information:

Street Address: 116 Frostcliff Ln
Subdivision Name: Beacon Pointe **Section/Phase:** 4 **Lot Number:** 3
Driving Directions: Take Left on Fern Hill from Perth - then Right on Frostcliff Lane - 116 Frostcliff Lane is on 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:**
Maximum Number of Bedrooms: 4 or less
Maximum Number of Occupants: 5 or less
(X) 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
(X) Basement with Plumbing
( ) Basement without Plumbing

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

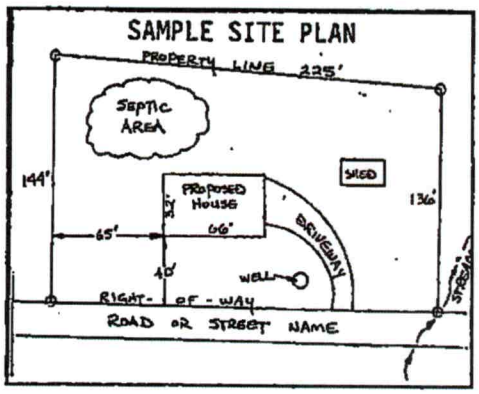
Signature: _____ 3/1/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

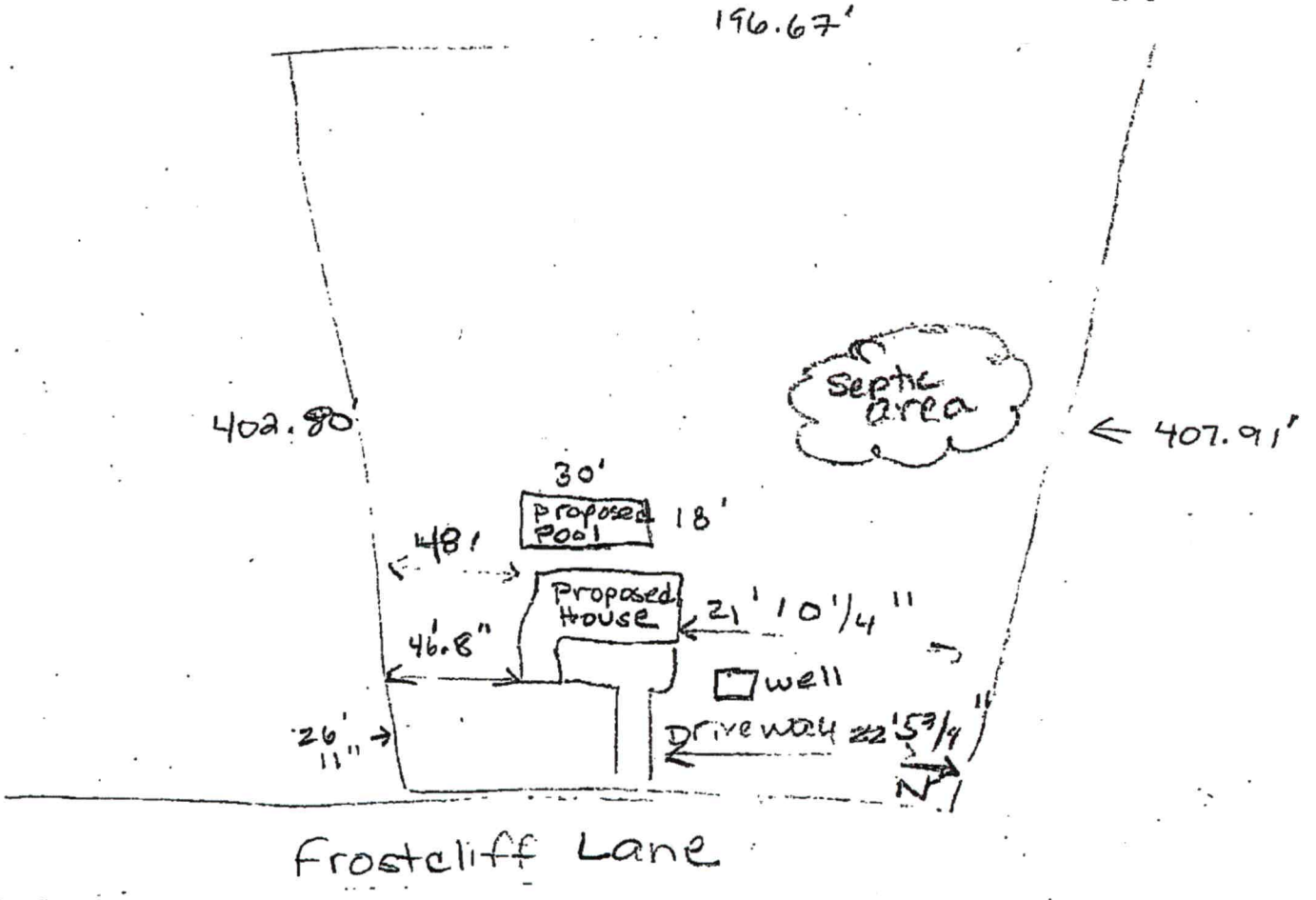
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Doreen R Barragan

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

3/1/22

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 315.00 MOORESVILLE 704-664-5281 575

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

PERMIT# 19058 PIN# 4639-23-5078,003 DATE June 24, 04

OWNER OR CONTRACTOR Beacon Pt. Partners, LLC PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608 Mooresville, N.C. 28117

LOCATION North Rd. N. to Fern Hill TR Frostcliff 3rd lot on Right

SUBDIVISION Beacon Pt. BLOCK / SECTION 4 LOT 3 LOT AREA 1.434 ac SITE CLASS 5 DESIGN FLOW 480 gpd L.T.A.R. .3

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 540 810 Linear Feet 270

No Lines 3@90' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: LPP BDS

Repair System Description: LPP BDS

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

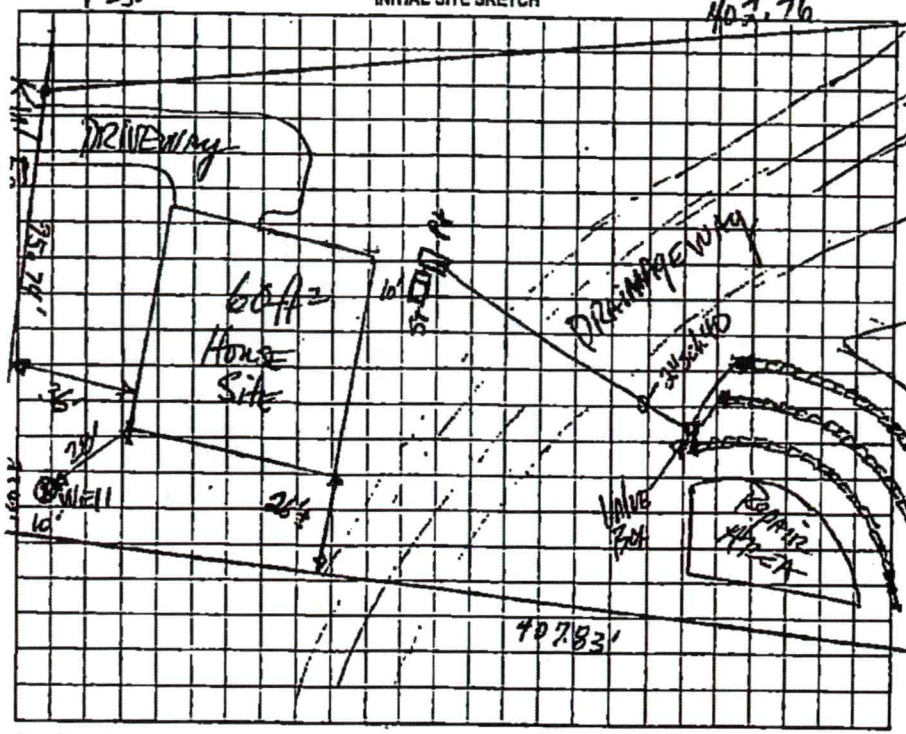
Comments/Conditions: OR 36" MAG 9'ev

100' Minimum Well/Septic System Separation Required.

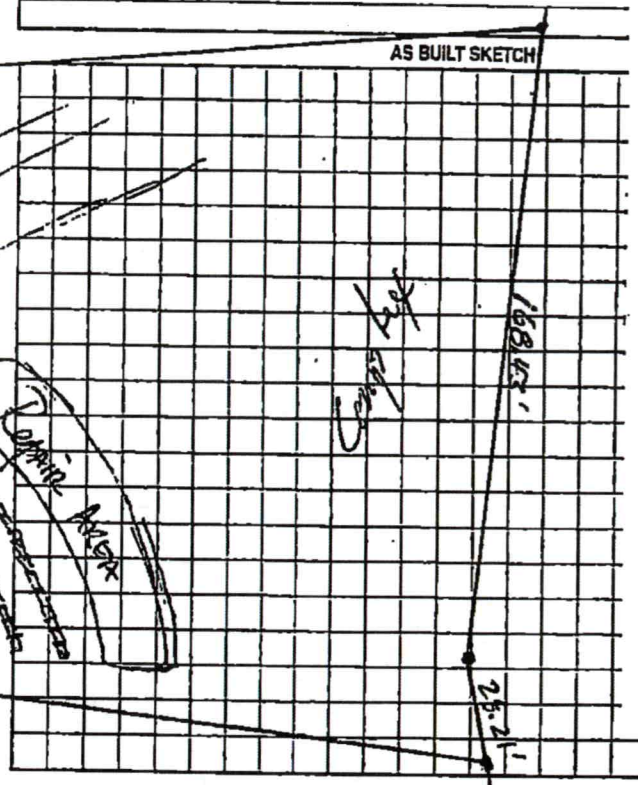
Comments/Conditions:

1"=50'

INITIAL SITE SKETCH



AS BUILT SKETCH



Improvement Permit Only - Do Not Issue Building Permit

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: _____ date 7-12-04 Installed by: _____

Improvement Permit by: _____ date 6-24-04 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

cvetied

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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, Luis and Deserie Barragan, am the legal owner(s) of the property located at 116 Frostcliff Lane, Mooresville NCD 28117, identified as PIN (Parcel Identification Number) 4639-23-9407, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens, Foundation Homes Residential, LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by: Deserie Barragan D0382FA88E8B41D... DocuSigned by: Luis Barragan 1A81135B9C90414...
Signature of Owner(s)

05/05/2022
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

Complete all Environmental Health forms:

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

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

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

Signature _____ **Date** 3/1/22

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