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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. **APPLICATION FOR:** ___ Improvement Permit (X) Authorization To Construct ___ BOTH ___ Existing System Inspection

2. **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
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

ED, LLC (Erin Okoniewski) P.O. Box 1529 Denver NC 28037 704-788-8831
Applicant Name / Mailing Address / Home Phone # / Alternate Phone #

Franklin McCarter 133 Trent Pines Dr. Mooresville NC 28117 704-508-1496
Owner Name / Mailing Address / Home Phone # / Alternate Phone #

4. **Property Information:**

133 Trent Pines Drive Mooresville NC 28117 — Woodleaf — Lot 72
Street Address / Subdivision Name / Section/Phase and Lot Number

Driving Directions: ~~Brawley~~ Hwy 150 to Perth Rd. go North on Perth Rd, (L) on Fernhill Rd, (L) on Trent Pines Dr. House on (L)

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
(X) Other In-ground concrete swimming pool

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

If Non-Residential Site Development: Type of Business / Square Footage of Building / Maximum Number of Employees / Maximum Number of Seats

6. **Proposed Water Supply:**

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. **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. industry) 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.

9. **Signature:** Erin Okoniewski — 11/2/15
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:

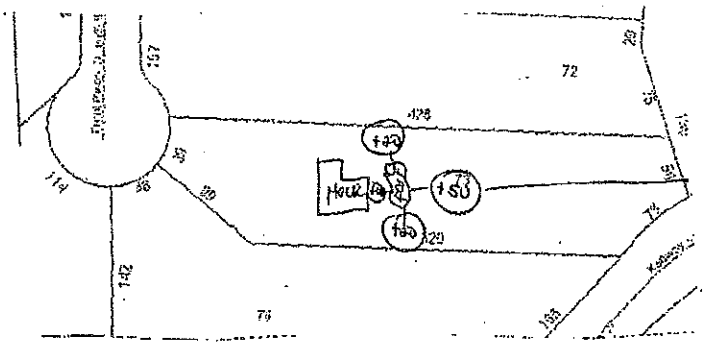
___ Property Line measurements are clearly identified...
___ All proposed structures are indicated...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
___ Front and side setbacks from property line...
___ Preferred driveway location and configuration, preferred 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

Signature: _____ 11/2/15
REQUIRED property owner or owner's legal representative signature. DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant

completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.

✓ Lots must be cleared to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.

✓ Clearly mark all property corners. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

✓ Stake or flag the footprint of the proposed building structure or addition to match site plan application. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

✓ Where an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

✓ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that you are responsible for securing these services. This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature _____ Date 11/2/15

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2540
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 141290 PIN# 4639218089.072 4639 31 1518 DATE 6-4-07

OWNER OR APPLICANT Woodbridge Partners LLC / Lakeshore PHONE: Business Home

ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION Perth Rd N TL Fern Hill TL Trent Pines on left

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 72 LOT AREA .992 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .25gpd/ft2

Septic Tank: 1000 Gallons: STB 794 Date 4-24-13
Pump Tank: 1000 Gallons: PT 283 Date 4-23-13
Pump Make: Goulds Model WE-05 Serial No.
Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320
No Lines 3 Trench Width 24" min Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: LP PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees
☐ Other

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: 6/4/13 Checked tanks
6/5/13 Checked drainlines
3/16" hole drilled

INITIAL SITE SKETCH

See Plan from SAME

Comments/Conditions: Note: Hit vein of rock about midway on all trenches, machine was able to dig into it
7/15/13 Set pressure (Checked electrical alarm
7/17/13 PT riser-OK

BUILT SKETCH

Note: Deck posts exactly 5ft from PT

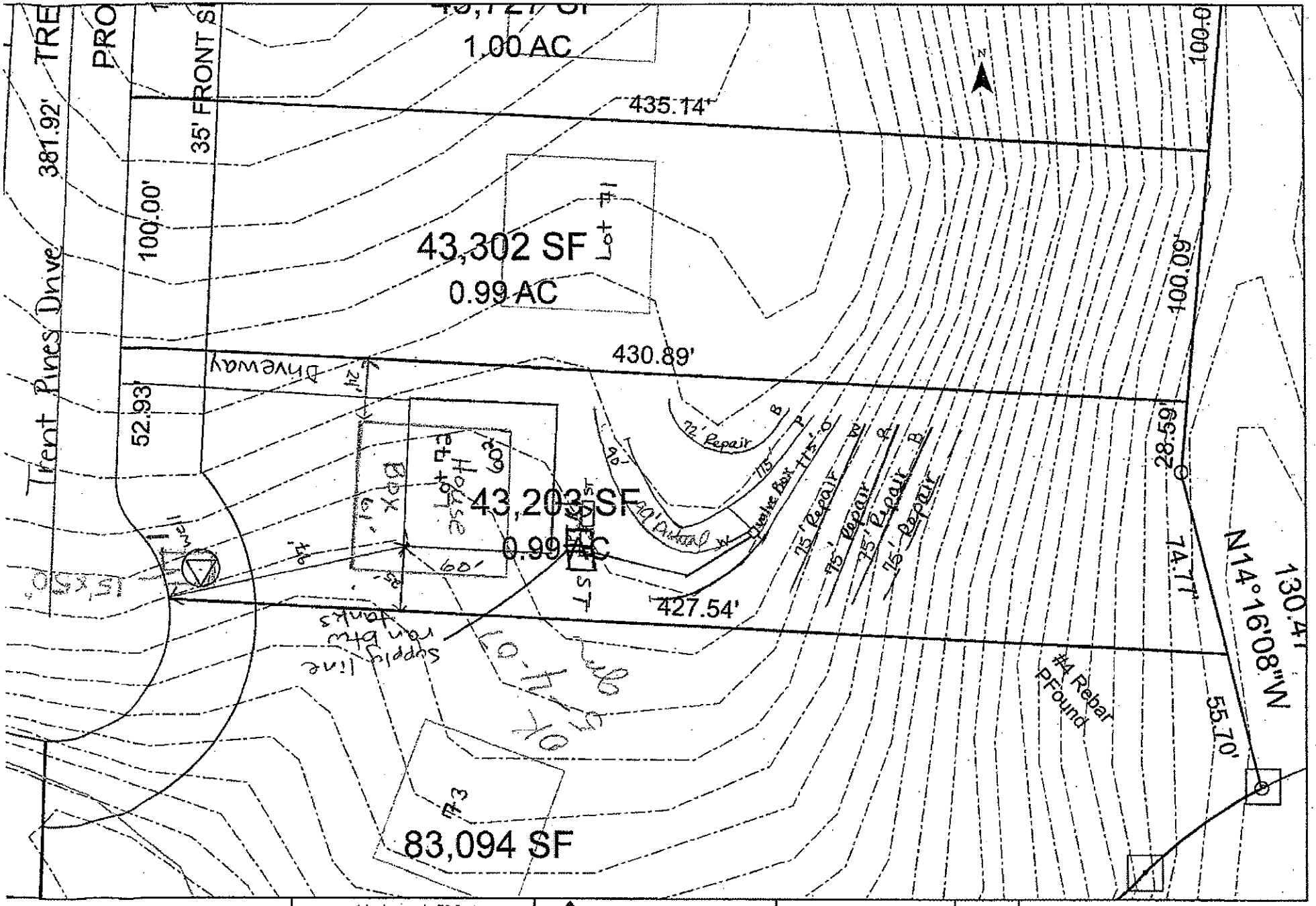
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Karen M. Dunn date 6/12/07 Installed by: Stanley Septic

Improvement Permit by: Andy Melville date 6-4-07 Operation Permit by: Mark Dobson date 7/19/13

Authorization to Construct by: Andy Melville date 2-25-13 Existing System Inspection by: date

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



Scale: 1 inch equals 50 feet	S&ME	Woodleaf Phase 2	FIGURE
Drawn by: JBP		Lot 72	1
Reviewed by: PGP		Iredell County, NC	
Date: April, 2007	ENVIRONMENTAL SERVICES - ENGINEERING - TESTING	S&ME Project #1588-06-077	

Woodleaf Lot 72

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Frank McCarter, am the legal owner(s) of the property located at 133 Trent Pines Dr., identified as PIN (Parcel Identification Number) 72, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dan Okoneiwski, Ozone Pools, 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.

Frank McCarter	11/24/15		11/24/15
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
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677