ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 300529

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

PIN # 4639714876

APPLICANT/OWNER: Brian Harper | APPLICANT ADDRESS: 127 Tea Olive Ln Mooresville, NC 28117

SITE ADDRESS: 127 Tea Olive Ln Mooresville, NC 28117 | PHONE: 704 223 7048 | ALT. PHONE —

SITE DIRECTIONS: Perth Rd N. TL Liva Ln TR Bay Crossing TR Tea Olive Ln on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing | SECTION: 1 | LOT #: 70 | LOT AREA: .74 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (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: Gravity - 25% Reduction		☐ Business	No. Persons 8
Pump Make	—	Model	—	Serial #	—	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	1	Linear Ft	100	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (~~Low side~~)			36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Exist ☐ Public ☐ Community

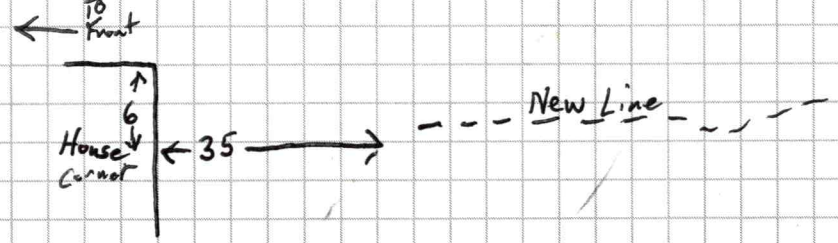
Comments / Conditions: Relocation max of 1 Septic drainline to accomodate in ground pool. "Properly" abandon Septic drainline that's less than 15ft from pool. Must keep pool "cut" a minimum of 15ft from Septic. ~~AA~~ Watch depth of stone over ST, to much stone may cause collapse.

INITIAL SITE SKETCH

See attached, approved Septic System Plan submitted by Soil & Forestry Services (submitted 3/27/2020)

AS BUILT SKETCH

6/4/2020 102 LF IQ4W installed @ 36"
4-6" shallower @ Distal End to ensure setback to repo[illegible]a. Verified OK by laser.
- Capped to DF lateral @ Drop Box.



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: Acceptance of Permit Recd | Date: 4.20.2020 | Installed by: Joe Hughes [Ultimate Plumbing]

IMPROVEMENT PERMIT by: Maria Dotson | Date: 4/15/2020 | OPERATION PERMIT by: Tom Shuck | Date: 6/4/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 4/15/2020 | Existing System Inspected by: | Date:

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

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I. BRIAN HARPER, am the legal owner or the agent of the property located at 127 TEA OLIVE LN., MOORESVILLE, NC 28117, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.
Permit # _____.

I do hereby agree to the permit design and the conditions of this permit.

Brian Harper 4-20-20
Signature of Owner/Authorized Agent Date

Ian Harper 4-20-20
Signature of Witness Date

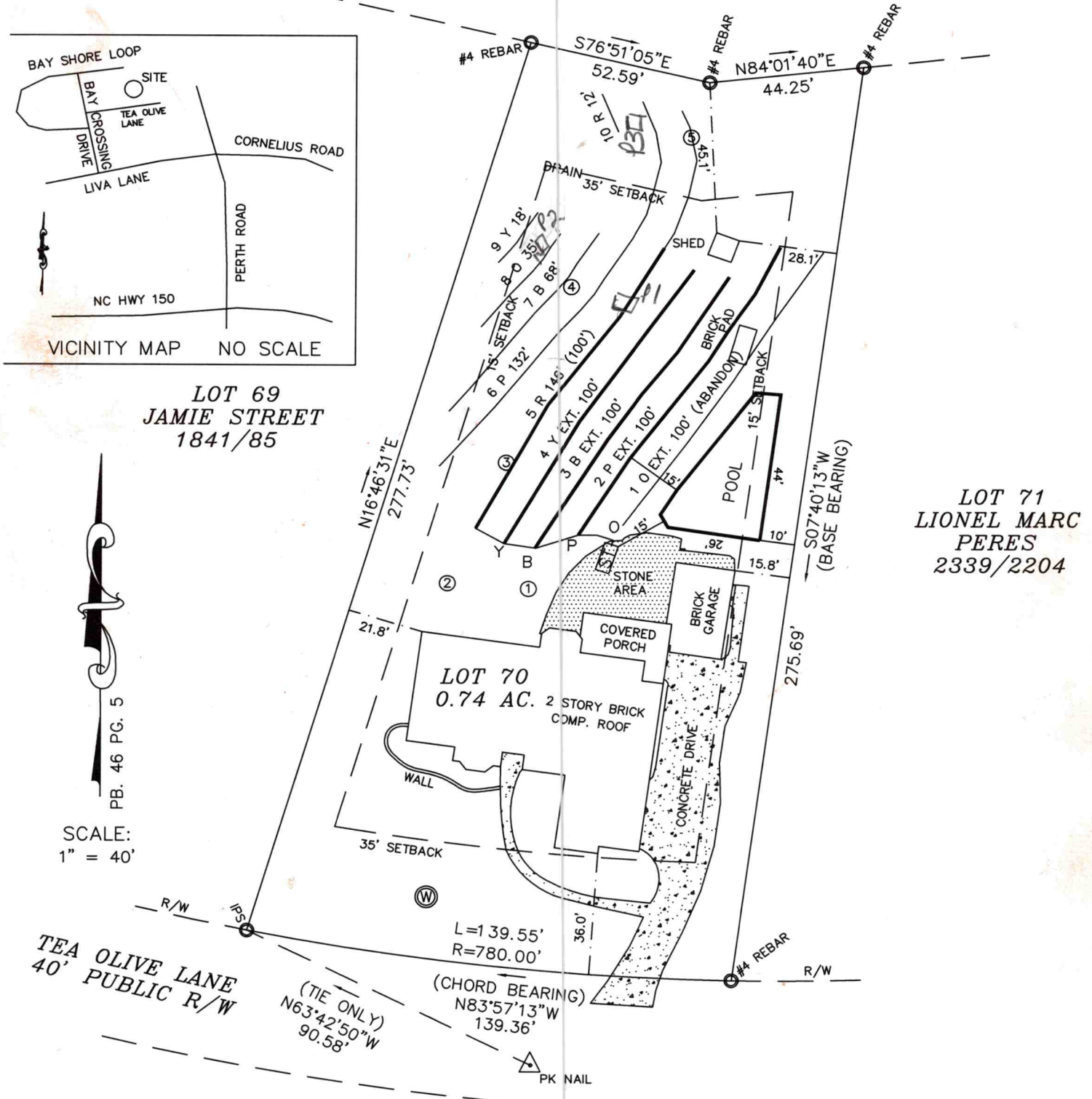
BHARPER874@GMAIL.COM
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

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

http://www.co.iredell.nc.us/Departments/Health/


LOT 64
JANET NATOLI
2054/2039
47/33
#4 REBAR
S76°51'05"E
52.59'
#4 REBAR
N84°01'40"E
44.25'
#4 REBAR
BAY SHORE LOOP
SITE
BAY CROSSING DRIVE
TEA OLIVE LANE
CORNELIUS ROAD
LIVA LANE
PERTH ROAD
NC HWY 150
VICINITY MAP NO SCALE
10 R 1.2'
45.1'
PLAIN 35' SETBACK
9 Y 18'
8 O 35'
7 B 68'
15' SETBACK
6 P 132'
5 R 145' (100')
4 Y EXT. 100'
3 B EXT. 100'
2 P EXT. 100'
1 O EXT. 100' (ABANDON)
SHED
28.1'
BRICK PAD
15' SETBACK
POOL
44'
15'
10'
15.8'
S07°40'13"W
(BASE BEARING)
275.69'
LOT 71
LIONEL MARC
PERES
2339/2204
LOT 69
JAMIE STREET
1841/85
N16°46'31"E
277.73'
PB. 46 PG. 5
SCALE:
1" = 40'
STONE AREA
BRICK GARAGE
COVERED PORCH
21.8'
LOT 70
0.74 AC.
2 STORY BRICK
COMP. ROOF
WALL
CONCRETE DRIVE
35' SETBACK
R/W
IPS
L=139.55'
R=780.00'
36.0'
#4 REBAR
R/W
TEA OLIVE LANE
40' PUBLIC R/W
(TIE ONLY)
N63°42'50"W
90.58'
(CHORD BEARING)
N83°57'13"W
139.36'
PK NAIL

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS system with low pressure distribution.
- **Requirements: abandon Line 1 (100') and adding Line 5 (100'), gravity 25%.**

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Brian Harper
Address:	127 Tree Olive Ln Mooresville, NC 28117
Phone:	
County:	Iredell
Location:	127 Tree Olive Ln- Lot 70 Mooresville, NC 28117
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	400	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	36 in.	Repair Trench Bottom 32 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	
Estimated Supply Line Length:	12	
Supply Line Diameter:	4 in. SCH 40 PVC	
Supply Line Volume:	7.84	
Dosing Volume:	N/A	
Supply Manifold:	N/A	
Supply Manifold Length:	N/A	
Supply Manifold Volume:	N/A	
Recommended Float Controls:	N/A	
Recommended Control Panel:	N/A	
Pressure Head:	N/A	
Friction Head:	N/A	
Elevation Head:	N/A	
Total Dynamic Head:	N/A	
Threaded Union:	N/A	
Gate Valves:	N/A	
Check Valves:	N/A	
Anti-Siphon Hole:	N/A	
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA	

127 Tree Olive Ln- Lot 70

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	12
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - 127 Tree Olive Ln. Lot 70

Project #: 20-0024

LAYOUT FOR 4 BEDROOM HOME

March 27, 2020

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	ORANGE EXT.	(ABANDON)				100	100
2	***PINK***	***(EXISTING)***				***100***	***100***
3	***BLUE***	***(EXISTING)***				***100***	***100***
4	***YELLOW***	***(EXISTING)***				***100***	***100***
5	***RED***	***(INSTALL)***				***146***	***100***
5	RED					46	43
6	PINK					132	132
7	BLUE					68	68
8	ORANGE					35	35
9	YELLOW					18	18
10	RED					12	12
					Total	857	808

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	308	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by survey & tape measures.

CALCULATIONS

Location	127 Tree Olive Ln Mooresville, NC 28117	
Project Number	20-0024	
Lot No:	70	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	12	ft.
Supply Line Volume	7.836	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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

Sheet 1 of 2
PROPERTY ID #: 4639719848
COUNTY: Iredell

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

OWNER: Brian Harper
ADDRESS: 127 Tree Olive Ln, Mooresville NC 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 127 Tree Olive Ln, Mooresville NC 28117
APPLICATION DATE
DATE EVALUATED: 2/26/20
PROPERTY SIZE: .74 AC
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	L/5%	0-26	Fill			10"	–	–	UN
		26-36	BRC wmsbk	Fr SS SP	Few Mag.				
B 2	L/5%	0-16	Fill			45"	–	–	PS .25 or .3 Deep
		16-48	BRC wmsbk	Fr SS SP	C. Mag.				
		48-61	RBCL wfsbk	Fr S SP					
B 3	L/6-7%	0-9	Fill			51"	–	–	PS .3
		9-48	BRC wmsbk	Fr SS SP					
		48-60.	RBCL wmsbk	Fr SS SP					
B 4	L/7%	0-3	BSL Gr	Fr SS SP		51"	–	–	PS .3
		3-11	RBCL wfsbk	Fr SS SP					
		11-35	BRC wmsbk	Fr SS SP					
		35-51	RBCL wfsbk	Fr SS SP	Few SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted/35%	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT: Chad Wagner

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4639714816
DATE OF EVALUATION: 2/26/20
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 5	4/8%	0-3	BSL Gr	Fr SS SP		46"			PS .3
		3-33	BRC wmsbk	Fr SS SP					
		33-46	RBCL wfsbk	Fr SS SP					
		46-48	VARL. MASS	Fr SS SP					

COMMENTS: _____

[illegible] OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4639714876
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Brian Harper
ADDRESS: 127 Tea Olive Ln Mooresville, NC
PROPOSED FACILITY: House
LOCATION OF SITE: Lot 70 Bay Crossing
APPLICATION DATE 3/27/2020
DATE EVALUATED: 9/13/20
PROPERTY SIZE: .74 Acre
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 480gpd
WATER SUPPLY: X Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	V 7%	0-10	Brw SCL SS, SP, SExP, FR						PS
		10-31	RCm-W SBK SS, SP, SExP, FR						
		31-52	RCr W SBK SS, SP, SExP FR						
			few SAP Inclus		>43"	52"	—	—	.3
2	V 7%	0-9	Brw SCL SS, SP, SExP, FR						PS
		9-32	RCm-W SBK SS, SP, SExP, FR						
		32-47	RCr W SBK SS, SP, SExP, FR						.3
		47-57	RCr W SBK SS, SP, SExP, FR						
			wf Wr Rock & SAP Inclus			57"	—	—	
3	V 8%	0-7	Brw SCL SS, SP, SExP, FR						PS
		7-33	RCm-W SBK SS, SP, SExP, FR						
		33-56	RCr W SBK SS, SP, SExP, FR						
			wf few SAP Inclus						
		56-59	Yel Brw Hard SAP		—	56"	—	—	.3
4			Massive						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean, Ashley Rollins

COMMENTS:

RECEIVED APR 3 - 2026

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Relocation Paid $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(X) Swimming Pool

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 #AP-300529

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: Brian Harper **Address:** 127 Tree Olive Ln. Mooresville NC **Zip:** 28117
Applicant Email: bharper874@gmail.com **Phone:** 704.223.7048 **Alt. Phone:**
Owner Name: Brian Harper **Address:** 127 Tree Olive Ln, Mooresville NC **Zip:** 28117
Owner Email: bharper874@gmail.com **Phone:** 704.223.7048 **Alt. Phone:**

****

Property Information:
Street Address: 127 ~~Tree~~ Tea Olive Ln. Mooresville NC 28117
Subdivision Name: Bay Crossing **Section/Phase:** **Lot Number:** 70
Driving Directions: Perth Rd, Liva Ln, Bay Crossing Dr, Right onto Tree Olive Ln, 127 Tree Olive Ln will be on left.

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:**

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:

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

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

****

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 2/9/06
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: 25% Red.

****

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: _____ 3/27/26
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

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, BRIAN HARPER, am the legal owner(s) of the property located at 127 TEA OLIVE LANE MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4639714876, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans, Rollans Soil & Environmental Services, 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.

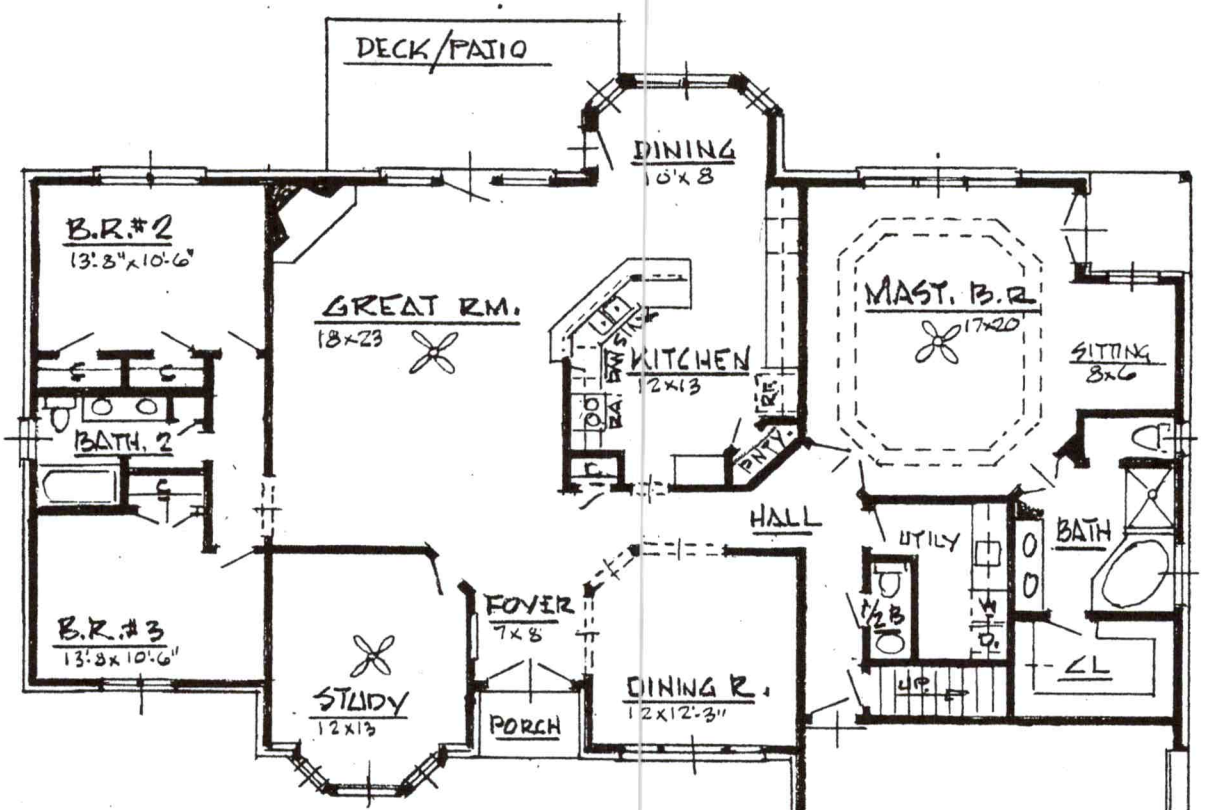
Brian Harper 3-20-20

Signature of Owner(s) Date Signature of Witness Date

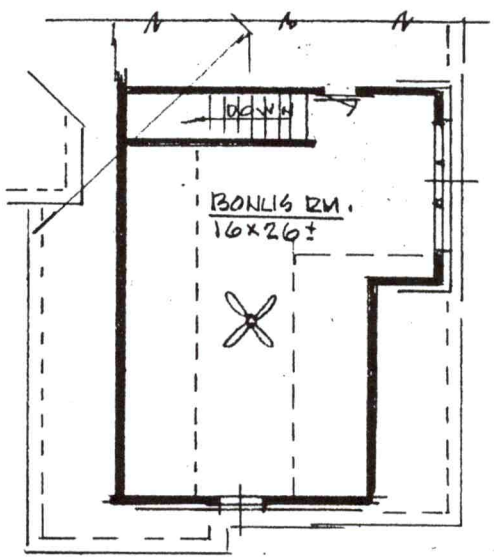
Please return this signed form to the appropriate office:

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



FLOOR PLAN



4 BDRM.

BONUS RM.

Acknowledgement Of
Plans Submittal ONLY!
W Lewis RS. Date 8/19/05
Date

The Arlington

LAKEMONT HOMES #2946

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
300529 Issue Date: 09/03/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4639714876.000	127 TEA OLIVE LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: HARPER BRIAN M+JAN B	Name: HARPER BRIAN M+JAN B
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.73	0	10	10	10		

Remarks

Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10' from side & rear property line. Lake lots must meet the 50' setback from the 760 contour line AND the 35' setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10'. Fenced with a minimum 4' in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4' in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 09/03/2019

Signature of Owner/Contractor

Permit Number	000146	TOTAL FEES:	$77.25