ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319356

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

PIN # 4639 -- 84 -- 3407

APPLICANT/OWNER: Foundation Homes APPLICANT ADDRESS: 348 Williamson Rd, Mooresville, NC 28117

SITE ADDRESS: 149 Streamside Estates Dr Mooresville NC 28117 PHONE: 704-360-2251 ALT. PHONE

SITE DIRECTIONS: (N) Perth → (L) Fern Hill → (L) Streamside Est → lot on (L)

SUBDIVISION: Streamside Estates SECTION: — LOT # 11 LOT AREA: 0.797 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: 0.3(F)/0.3(R)

Septic Tank	1000 (gal)	STB	60	Date	11/3/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	363	Date	11/1/22	System Description:	50% Red. - LP PPBPS - Vertical
Pump Make		Model		Serial #		Repair System Description:	50% Red. - LPPPBPS - Vertical
# Nitrification Fields	1	# Lines	3	Linear Ft	267'	Maintenance Agreement Required:	☒ YES ☐ NO
Trench Width	24"	Trench Bottom Depth (Elevation)	36" max	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE

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

Comments / Conditions: Do not pave, grade, park, drive or bury utilities in drainfield. Pool area must be marked at time of installation. Divert Drainage from drainfield

Use 3/16" holes Run Time 16.1 min 2' pressure head
Dose 223.2 g Flow per orifice = 0.59 gpm 2" supply line
Note: Application & Floor plans Show 3 Bedrooms, Septic plan for 4 Bedrooms JMC

INITIAL SITE SKETCH

See attached design & Site plan by Michael Athanas & Associates 7/11/21

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

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.

Checked
Tanks : 12/21/22
Lines : 12/21/22

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: Date: 9/3/21 Installed by: Specialty

IMPROVEMENT PERMIT by: D. Wiebey Date: 7/11/21 OPERATION PERMIT by: D. Wiebey Date: 2/9/23

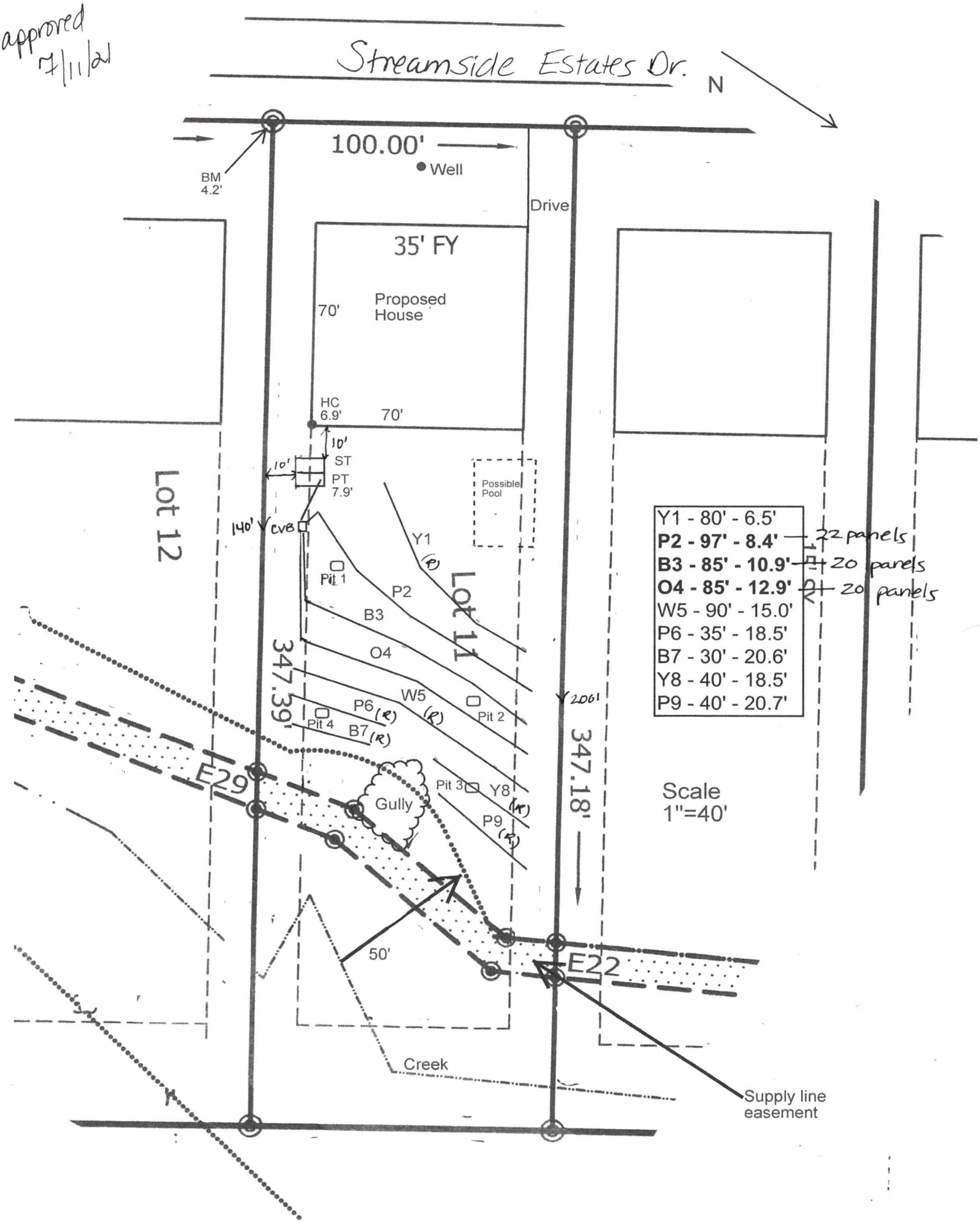
AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/2/21 Existing System Inspected by: Date:

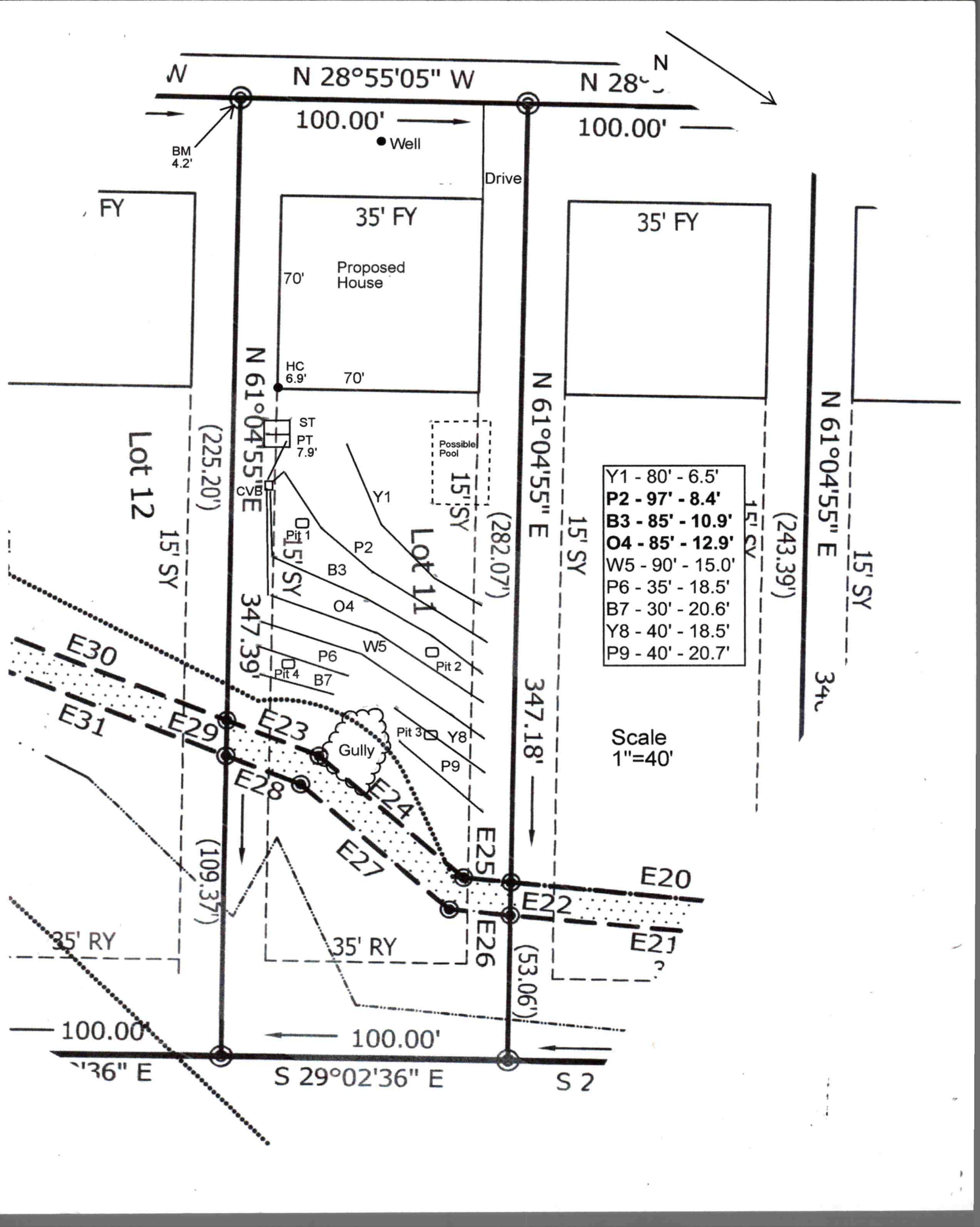
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

	Date	Initials
Drain Lines Checked	12/21/22	MW
Tanks Checked	12/21/22	MW
Pressure Manifold or Valve Box Checked	1/13/23	DW
Pressure Head Set	1/13/23	DW
Electrical Checked	1/13/23	DW
Floats Set	1/13/23	DW
Alarm Checked	1/13/23	DW
Maintenance Contract Y / N		

Dead Staked 1/13/23 DW

approved
7/11/21




N 28°55'05" W
100.00'
BM
4.2'
Well
Drive
35' FY
Proposed
House
70'
HC
6.9'
70'
N 61°04'55" E
ST
PT
7.9'
CVB
Possible
Pool
15' SY
Y1
Pit 1
P2
B3
O4
W5
P6
Pit 2
B7
Pit 4
Pit 3
Y8
P9
Gully
Lot 11
Lot 12
(225.20')
(282.07')
(243.39')
347.39'
347.18'
(109.37')
(53.06')
E30
E31
E29
E23
E28
E24
E27
E25
E26
E20
E22
E21
35' RY
Y1 - 80' - 6.5'
P2 - 97' - 8.4'
B3 - 85' - 10.9'
O4 - 85' - 12.9'
W5 - 90' - 15.0'
P6 - 35' - 18.5'
B7 - 30' - 20.6'
Y8 - 40' - 18.5'
P9 - 40' - 20.7'
Scale
1"=40'
S 29°02'36" E

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
6/3/2021

Reference: Data Sheet for 149 Streamside Estates Dr, Streamside Estates Lot 11
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: ~~37.2 GPM~~ 36.6
Dosing Volume: ~~226.8~~ gallons 223.2
Pump Run Time: 6.1 minutes
Elevation Head: 5.0'
Friction Head: 0.3'
Pressure Head: 2'
Total Dynamic Head: 7.3'
Supply Line Length: 10' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1			80'	6.5'
Pink 2	**97'**	**22**	**105'**	**8.4'**
Blue 3	**85'**	**20**	**87'**	**10.9'**
Orange 4	**85'**	**20'**	**87'**	**12.9'**
White 5			90'	15.0'
Pink 6			35'	18.5'
Blue 7			30'	20.6'
Yellow 8			40'	18.5'
Pink 9			40'	20.7'

Initial System: 267'
Pump Tank: 7.9'
Benchmark: 4.2'

Repair System: 313'
House Corner: 6.9'

Comments:
The gully should be filled with clean fill dirt.

PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foundation Homes Developing LLC _____ APPLICATION DATE _____
ADDRESS: 438 Williamson Rd, Mooresville, NC 28117 _____ DATE EVALUATED: 6/2021
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.798 AC
LOCATION OF SITE: 149 Streamside Estates Dr, Streamside Lot 11 _____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

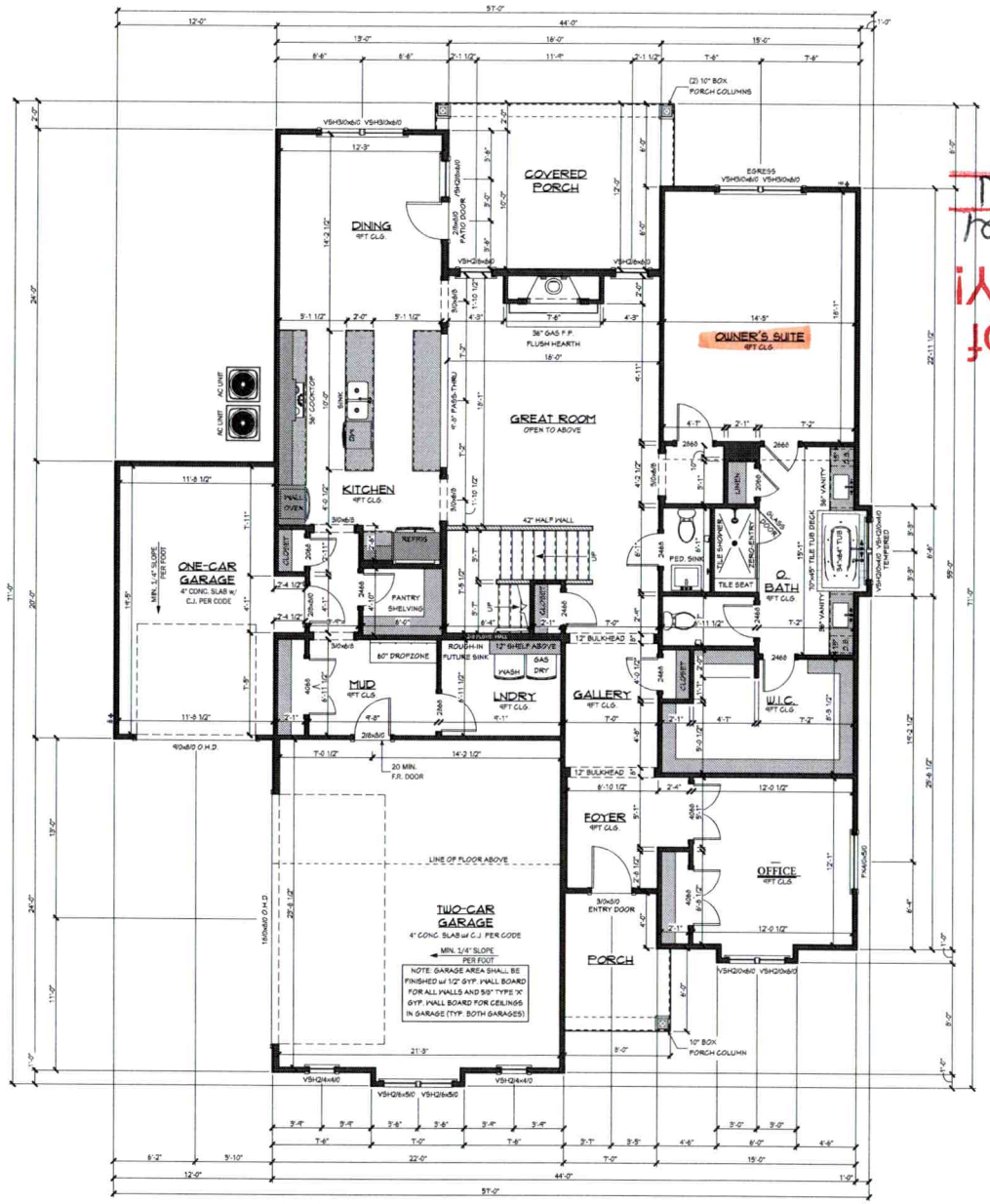
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 8%	0-10	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		10-33	R C SBK	FR SS SP SXP					
		33-56	R CL WSBK	FR SS SP SXP					
PIT 2	LS 10%	0-6	FILL		N/A	53"	SAP Inc @ 46"	N/A	PS 0.3
		6-13	Br CL WSBK	FR SS SP SXP					
		13-25	R C SBK	FR SS SP SXP					
		25-56	R CL WSBK	FR SS SP SXP					
PIT 3	LS 15%	0-12	Br CL WSBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		12-40	R C SBK	FR SS SP SXP					
		40-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 15%	0-10	Br CL WSBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		10-24	R C SBK	FR SS SP SXP					
		24-60	R CL WSBK	FR SS SP SXP					

Sap in 24-60
NP

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	534 FT^2	626 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: _____

COMMENTS: _____



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-1 1/8"
WINDOW HEADERS @ 8'-0" A.F.F.

71'

37'

Acknowledgement of Plans Submittal ONLY!

Date 9/3/21

Date 9/3/21

TYPICAL HANGERS

MEMBER	HANGER
2x8	LUS28
2x10	LUS210
2x12	LUS212
(2) 2x8	HUS28-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x8	LUS28-3
(3) 2x10	LUS210-3
(3) 2x12	HU212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGUS410
(2) 14" - (2) 18" LVL	HGUS414
(3) 9-1/4" - (3) 11-7/8"	HGUS5.50/10
(3) 14" - (3) 18" LVL	HGUS5.50/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGUST25/10
(4) 14" - (4) 18" LVL	HGUST25/14

EXTERIOR WALL HGT. (H)	STUD SIZE/SPACING
H ≤ 10'-0"	2x4 @ 16" O.C.
10'-1" ≤ H ≤ 11'-0"	2x4 @ 12" O.C.
11'-1" ≤ H ≤ 18'-0"	2x6 @ 16" O.C.
H ≥ 18'-0"	CONSULT ENGINEER

FRAMING NOTES:

- FRAMING AS GENERAL NOTES.
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL PARTITION WALLS GREAT THAN 5'-0" LONG.
- TRANSFER ALL POINT LOADS FROM ABOVE TO THE FOUNDATION BELOW w/ EQUAL # OF STUDS.
- ALL EXTERIOR WALLS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO FRAMING w/ 8d NAILS AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE BLOCKING AT ALL PANEL SPLICES
- ALL ANGLED WALLS ARE 45° U.N.O.

WALL BRACING NOTE:

DESIGN LATERAL LOAD: WIND 115 MPH EXPOSURE B

THIS STRUCTURE HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED (CS-WSP METHOD) 3/8" APA RATED OSB SHEATHING FASTENED w/ 6d NAILS SPACED AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG THE INTERIOR SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT. FOR MORE INFO. REFER TO THE 2018 NC RESIDENTIAL BUILDING CODE SECTION 602.10.3.

438 Williamson Road
Suite C
Mooresville, NC 28117
704-360-2251
www.foundationhomesllc.com

Township/County: TOWNSHIP COUNTY

Engineer:

INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal: PRELIMINARY — NOT FOR CONSTRUCTION FOR PRICING ONLY

Project Name/Owner:

THE CALEB A

STREAMSIDE ESTATES
LOT #____

149 STREAMSIDE ESTATES DRIVE
MOORESVILLE, NC 28117

STUART & KATHY PRESTON

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Date: 8/21/2021

Drawn By: RES

Reviewed By: —

Plan Set Scale:
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project Plan Code: —

Drawing Set: FOR CONSTRUCTION

Sheet Title Description: FIRST FLOOR PLAN

Sheet Number: **A3.0**

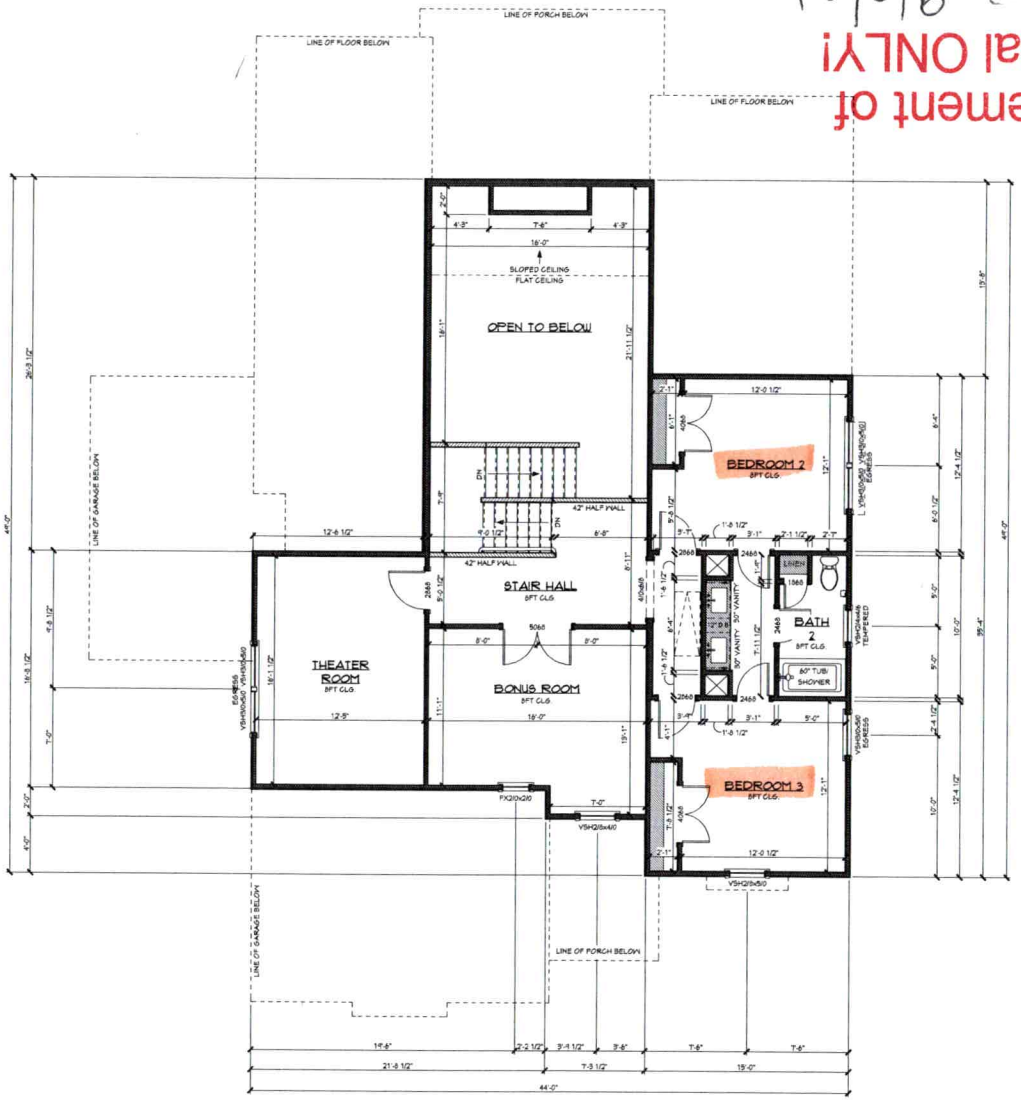
Master Plan Version: v1.0

C:\Revit Local\Projects\Personal\Q4_CALEB A FH 21_...\CALEB FOUNDATION HOMES_MYSTERY RESIDENCE.rvt — 8/3/2021 8:07:13 AM

Acknowledgement of Plans Submittal ONLY!

Date 9/3/21

Date 9/3/21



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 8'-1 1/8"
WINDOW HEADERS @ 7'-0" A.F.F.

TYPICAL HANGERS	
MEMBER	HANGER
2x8	LUS28
2x10	LUS210
2x12	LUS212
(2) 2x8	HUS28-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x8	LUS28-3
(3) 2x10	LUS210-3
(3) 2x12	HU212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGUS410
(2) 14" - (2) 18" LVL	HGUS414
(3) 9-1/4" - (3) 11-7/8"	HGUS5.50/10
(3) 14" - (3) 18" LVL	HGUS5.50/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGUS7.25/10
(4) 14" - (4) 18" LVL	HGUS7.25/14

EXTERIOR WALL HGT. (H)	STUD SIZE/SPACING
H ≤ 10'-0"	2x4 @ 16" O.C.
10'-1" ≤ H ≤ 11'-0"	2x4 @ 12" O.C.
11'-1" ≤ H ≤ 18'-0"	2x6 @ 16" O.C.
H > 18'-0"	CONSULT ENGINEER

FRAMING NOTES:

- FRAMING AS GENERAL NOTES
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL PARTITION WALLS GREAT THAN 5'-0" LONG.
- TRANSFER ALL POINT LOADS FROM ABOVE TO THE FOUNDATION BELOW w/ EQUAL # OF STUDS.
- ALL EXTERIOR WALLS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO FRAMING w/ 8d NAILS AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE BLOCKING AT ALL PANEL SPLICES
- ALL ANGLED WALLS ARE 45° U.N.O.

WALL BRACING NOTE:

DESIGN LATERAL LOAD: WIND 115 MPH EXPOSURE B
THIS STRUCTURE HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED (CS-WSP METHOD) 3/8" APA RATED OSB SHEATHING FASTENED w/ 6d NAILS SPACED AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG THE INTERIOR SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT. FOR MORE INFO. REFER TO THE 2018 NC RESIDENTIAL BUILDING CODE SECTION 602.103.

438 Williamson Road
Suite C
Mooresville, NC 28117
704-360-2251
www.foundationhomesnc.com

Township/County: TOWNSHIP COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#264
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY

Project Name/Owner
THE CALEB A
STREAMSIDE ESTATES
LOT # ____
149 STREAMSIDE ESTATES DRIVE
MOORESVILLE, NC 28117
STUART & KATHY PRESTON

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Date: 8/21/2021
Drawn By: RES
Reviewed By: —
Plan Set Scale: 24x36 sheet 1/4" = 1'-0" / 11x17 sheet 1/8" = 1'-0"
Project Plan Code: —
Drawing Set: FOR CONSTRUCTION
Sheet Title Description: SECOND FLOOR PLAN

Sheet Number: **A4.0**

Master Plan Version: v1.0

C:\Users\matt\Desktop\Personal\04_CAD FILES\1_JOBS\FOUNDATION HOMES\PRESTON RESIDENCE\CALEB A_PRESTON RESIDENCE.dwg 2nd floor, 11"x17" (1/8" = 1'-0" 24"x36" (1/4" = 1'-0" plot date: Saturday, August 21, 2021 08:13 AM

mark pool @ install

RECEIVED JUL 2 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP-319356

Application For: ( ) 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.

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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Foundation Homes **Address:** 348 Williamson Rd, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 704-360-2251 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 149 Streamside Estates Dr

Subdivision Name: Streamside Estates **Section/Phase:** _____ **Lot Number:** 11

Driving Directions: Perth Rd N, TL Fern Hill, TL Streamside Estates, on LT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) 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: _____

(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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 7/2/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

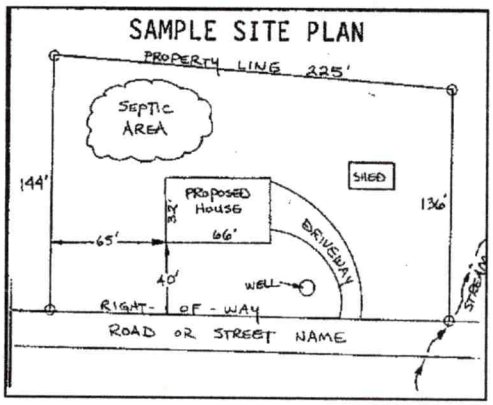
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) 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

See Attached Plan

Signature: _____ 7/2/2021

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

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, Jonathan Smith, am the legal owner(s) of the property located at 149 Streamside Estates Dr Streamside Estates Lot 11, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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.

_____	5/12/2021	_____	5/12/2021
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

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 with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ 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 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.

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** 7/2/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625