IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238886

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

PIN # 4646-43-4808 ✓

APPLICANT/OWNER: Eddie Brotherton / CS+SC APPLICANT ADDRESS: 233 Ponderosa Cir. Mooresville, NC

SITE ADDRESS: 181 Ponderosa Cir. Mooresville, NC 28117 ✓ PHONE: 704-363-1865 ALT. PHONE

SITE DIRECTIONS: Williamson Rd South from BSR → R on Ponderosa → Lot on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lake Norman Bonanza ✓ SECTION: 2 ✓ LOT # 16 ✓ LOT AREA: ≃ 0.48 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.250

Septic Tank	1000 (gal)	STB	Infiltrator	Date	IM-1060 series	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (serial distribution)	☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Exempt	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	8	Linear Ft	480	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	*16*	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: See design notes regarding cover (must be a loam or clay loam). Recommend pumping septic tank every 3-5 years

INITIAL SITE SKETCH

See attached plans from Carolina Soil + Septic Consultants PLLC

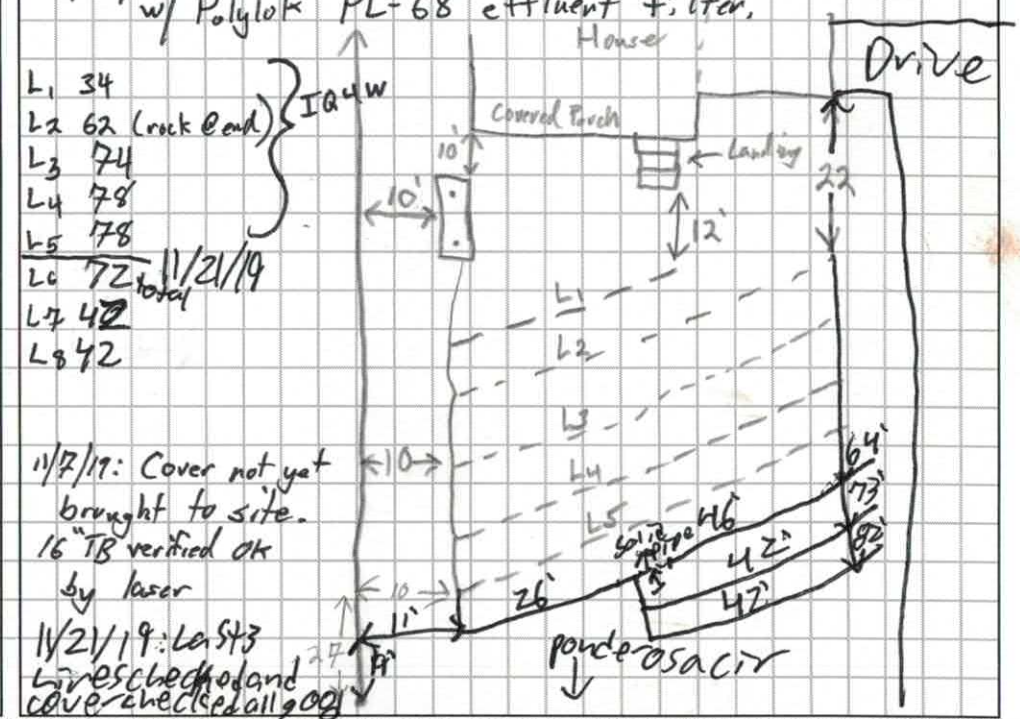
Dated 9/14/18

Revised 9/26/18 [pages 1-3]

AS BUILT SKETCH

11/7/19: Infiltrator IM-1060 plastic tank w/ Polylok PL-68 effluent filter.

L1 34
L2 62 (rock @ end) } IQ4W
L3 74
L4 78
L5 78
L6 72 total 11/21/19
L7 42
L8 42



11/7/19: Cover not yet brought to site. 16" TB verified ok by laser

11/21/19: Ls 5+3 lines checked and cover checked all good

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**

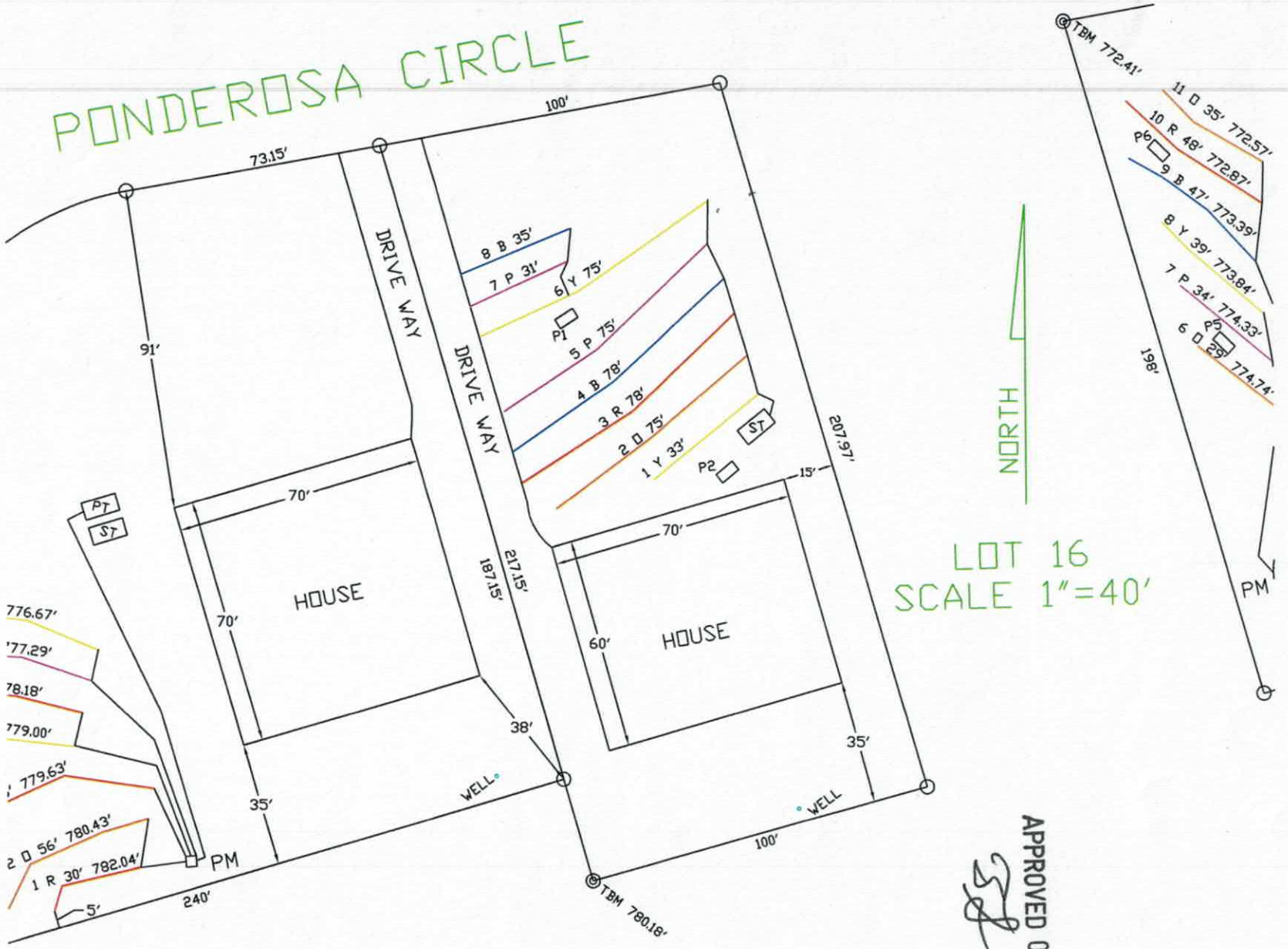
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Marvin Brotherton Date: 11-8-18 Installed by: Joe Thompson

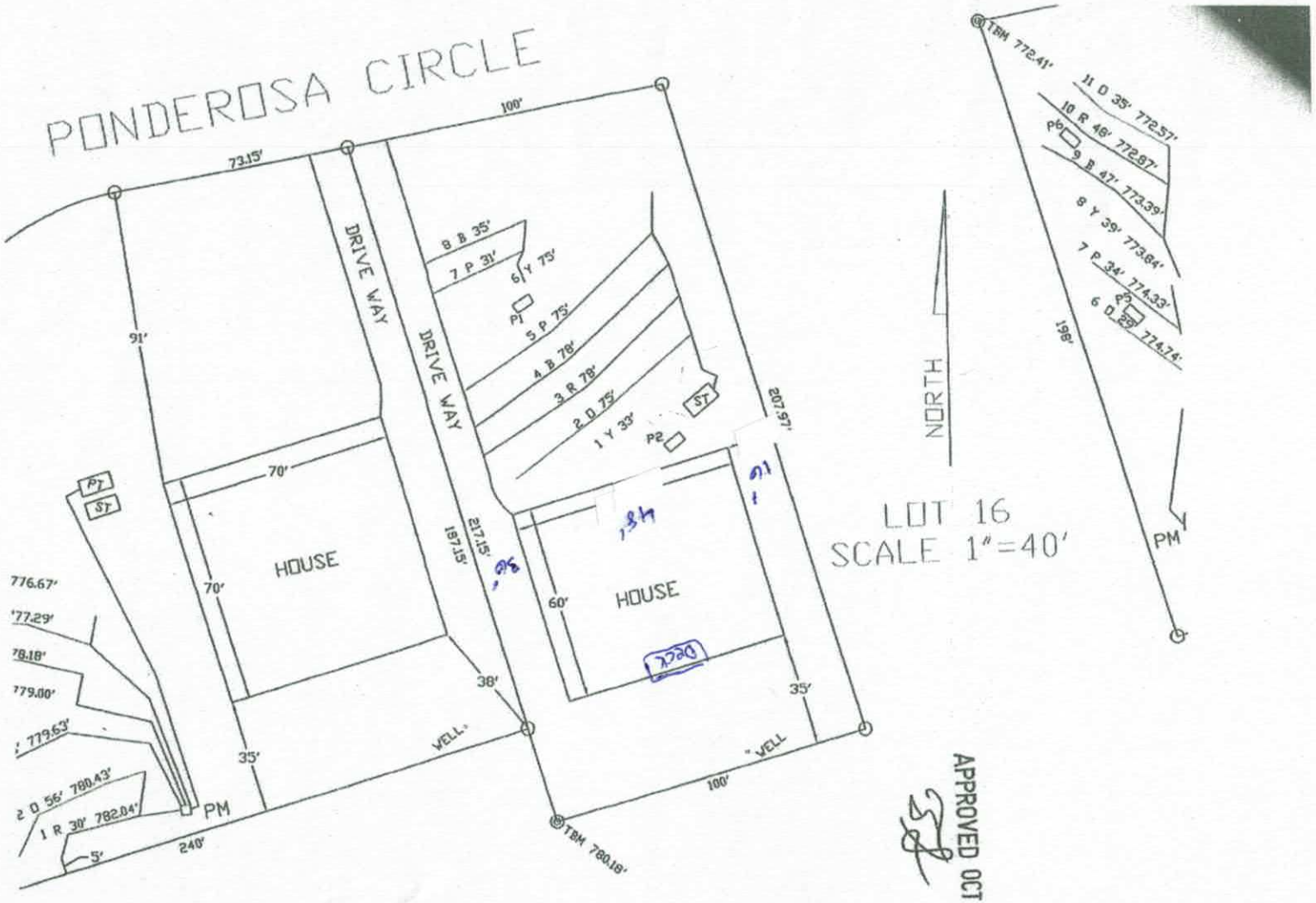
IMPROVEMENT PERMIT by: Tom Shuch Date: 10/24/18 OPERATION PERMIT by: Patrick Bagley III Date: 11/21/19

AUTHORIZATION TO CONSTRUCT by: Patrick Bagley III Date: 06/05/19 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.



APPROVED OCT 24 2018


PONDEROSA CIRCLE
100'
73.15'
91'
DRIVE WAY
DRIVE WAY
8 B 35'
7 P 31'
6 Y 75'
5 P 75'
4 B 78'
3 R 78'
2 O 75'
1 Y 33'
P1
P2
ST
207.97'
70'
HOUSE
217.15'
197.15'
60'
HOUSE
776.67'
777.29'
778.18'
779.00'
779.63'
2 O 56' 780.43'
1 R 30' 782.04'
5'
240'
PM
35'
WELL
38'
35'
WELL
100'
TBM 780.18'
NORTH
LOT 16
SCALE 1"=40'
TBM 772.41'
11 O 35' 772.57'
10 R 46' 772.87'
9 B 47' 773.39'
8 Y 39' 773.84'
7 P 34' 774.33'
6 O 29' 774.74'
196'
PM
APPROVED OCT 24 2018
Owner / Applicant
IMPROVEMENT PERMIT by:
AUTHORIZATION TO CONSTRUCT by:
FOR SEPTIC FINAL

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.

APPROVED OCT 24 20

- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- 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 pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- **Lot is REPAIR EXEMPT, PLATED OCTOBER 10, 1963.**
- **BRING IN MINIMUM 2" OF COUNTY APPROVED COVER**
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner:	Harry Brotherton Jr.
Address:	437 E. Frenchmans Bend Rd. Monroe, LA 71203
Contact:	Eddie Brotherton
Phone:	704-363-1865
County:	Iredell
Location:	LAKE NORMAN BONANZA LOT 16
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.250
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	480
Total Lateral Length Required:	480
Trench Depth:	16 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1440
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	NA
Repair Trench Depth:	NA
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	10
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	3.60
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by BEN ALDRIDGE, REHS

APPROVED OCT 24 2018

LAKE NORMAN BONANZA LOT 16
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

September 14, 2018

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	*YELLOW*	*NA*	*NA*	*77*	*33*
2	*ORANGE*	*NA*	*NA*	*75*	*75*
3	*RED*	*NA*	*NA*	*78*	*78*
4	*BLUE*	*NA*	*NA*	*78*	*78*
5	*PINK*	*NA*	*NA*	*75*	*75*
6	*YELLOW*	*NA*	*NA*	*75*	*75*
7	*PINK*	*NA*	*NA*	*31*	*31*
8	*BLUE*	*NA*	*NA*	*35*	*35*
			Total	**524**	**480**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*480*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	NA	*NA*	NA	NA	NA

APPROVED OCT 24 2018

Notes:
** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Lot is Repair System Exempt, Plated October 10, 1963.**
BRING IN A MINIMUM OF 2" OF COUNTY APPROVED COVER.
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location LAKE NORMAN BONANZA

Lot No: 16

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.250	$^{gal}/_{ft^2\ day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	10	ft.
Supply Line Volume	3.6	gal.
Required Feet of 25% RED. Line	480	ft.
Amount of Line from Layout	480	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	313.44	gal.

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

Sheet 1 OF 1
PROP. ID #: 4646434808
COUNTY: IREDELL

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

OWNER: EDDIE BROTHERTON
ADDRESS: 233 PONDEROSA CIRCLE MOORESVILLE, NC 28115
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: BONANZA LOT 16

APPLICATION DATE: 9/14/2018
DATE EVALUATED: 9/12/2018
PROPERTY SIZE:
PROPERTY RECORDED: YES

WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS/6%	0-4	SCL,W,SBK	FI,S,SP,SEXP	Y/BR @ 25"	34	U	34	.25 TO 25"
		4-15	RC,S,ABK	FI,S,SP,SEXP					
		15-22	RC,M,SBK	FI,S,SP,SEXP					
		22-34	Y/RCL,W,SBK	FR,SS,SP,SEXP					
		34-53	LSAP,VAR	FI,SS,SP,SEXP					
2	LS/6%	0-4	SCL,W,SBK	FI,SS,SP,SEXP	CH2 @ 34" 30"-31"	52	COMMON INC @ 34-52	34	.25 TO 34"
		4-16	RC,S,ABK	FI,S,SP,SEXP					
		16-34	Y/RC,M,ABK	FI,S,SP,SEXP					
		34-52	R/YSCL,W,SBK	FR,SS,SP,SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	NA
SYSTEM TYPE(S)	25% REDUCTION	NA
SITE LTAR	0.25	NA
COMMENTS		

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	JACOB CONRAD, DAVID BEANE

APPROVED OCT 24 2018

#238886
EFT: $550 @ 5-22-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: Grande Homes Address: 555 Delburg St. Zip: 28036
Applicant Email: grandehomes@icloud.com Phone: 704 400 1710 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 181 Ponderosa Circle
Subdivision Name: Lake Norman Bonanza Section/Phase: _____ Lot Number: 16
Driving Directions: From Williamson Rd turn onto Ponderosa to lot on left (next to new house under construction)

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

(✓) 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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 ( ) 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 ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: M McMullen 5-7-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

238886

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: (X) 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: EDDIE BROTHERTON/CS&SC Address: 233 PONDEROSA CIR., MOORESVILLE Zip: 28117

Applicant Email: MRBEE952@AOL.COM Phone: 704-363-1865 Alt. Phone: _____

Owner Name: HARRY BROTHERTON Address: 203 PONDEROSA CIR. MOORESVILLE, NC Zip: 28117

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

Property Information:

Street Address: 181 PONDEROSA CIR. MOORESVILLE, NC 28117

Subdivision Name: LAKE NORMAN BONANZA Section/Phase: _____ Lot Number: 16

Driving Directions: WILLIAMSON, TR PONDEROSA, ON LEFT

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: _____
(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: _____ 9-17-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: 7FDA4980-2167-4BEC-B6E7-1170734B1AB7

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, Harry Brotherton, Jr. and Deborah Brotherton, am the legal owner(s) of the property located at 181 Ponderosa Circle, Mooresville, NC 28117 (Lot 16), identified as PIN (Parcel Identification Number) 4646-43-4808, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Grande Homes, Matt McMullen, 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.

Harry Brotherton, Jr. Deborah Brotherton
Signature of Owner(s)

05-09-2019
Date

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

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, Harry O Brotherton Jr, am the legal owner(s) of the property located at 60 T 16 Ponderosa Circle S-2, identified as PIN (Parcel Identification Number) 4646434808.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Adrian Pruett, Carolina Soil + Septic Consulting PLLC, 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.

Harry O Brotherton Jr — 8/26/18
Signature of Owner(s) — Date

[signature] — 8/26/18
Signature of Witness — Date

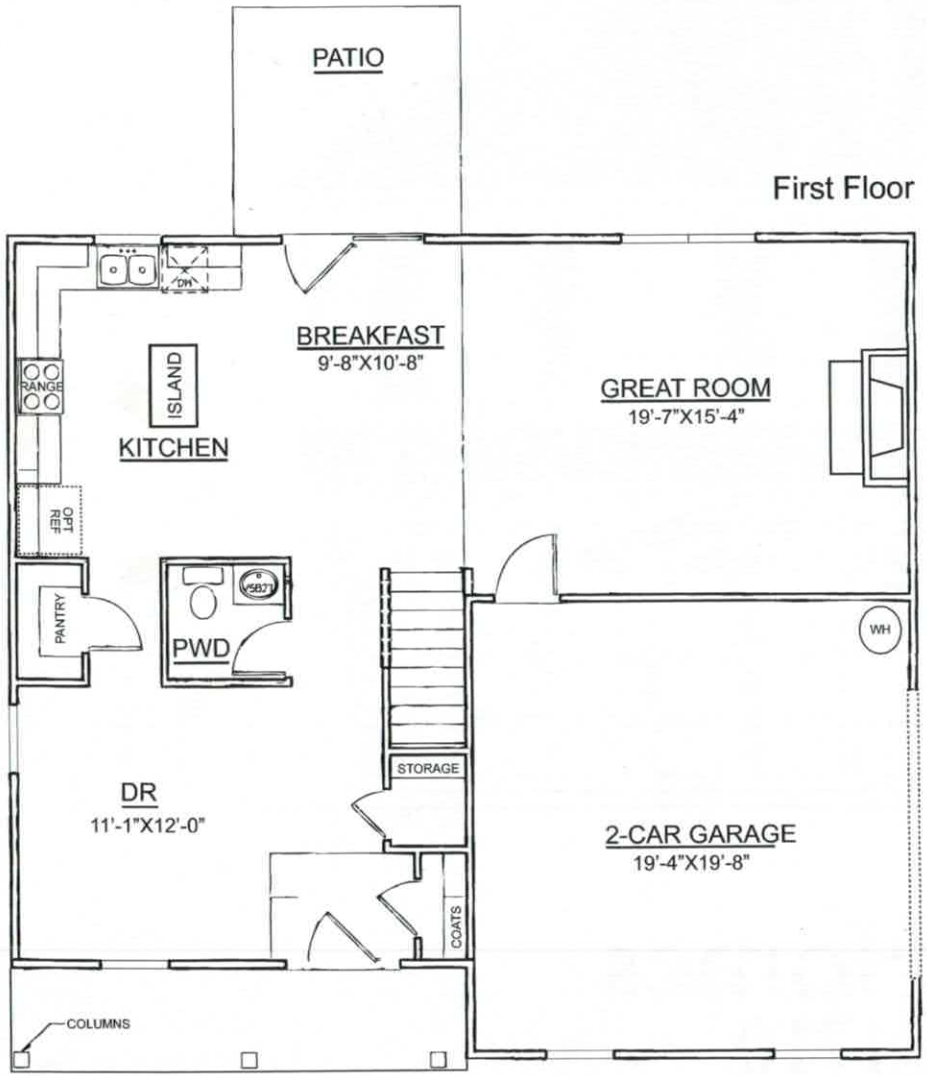
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

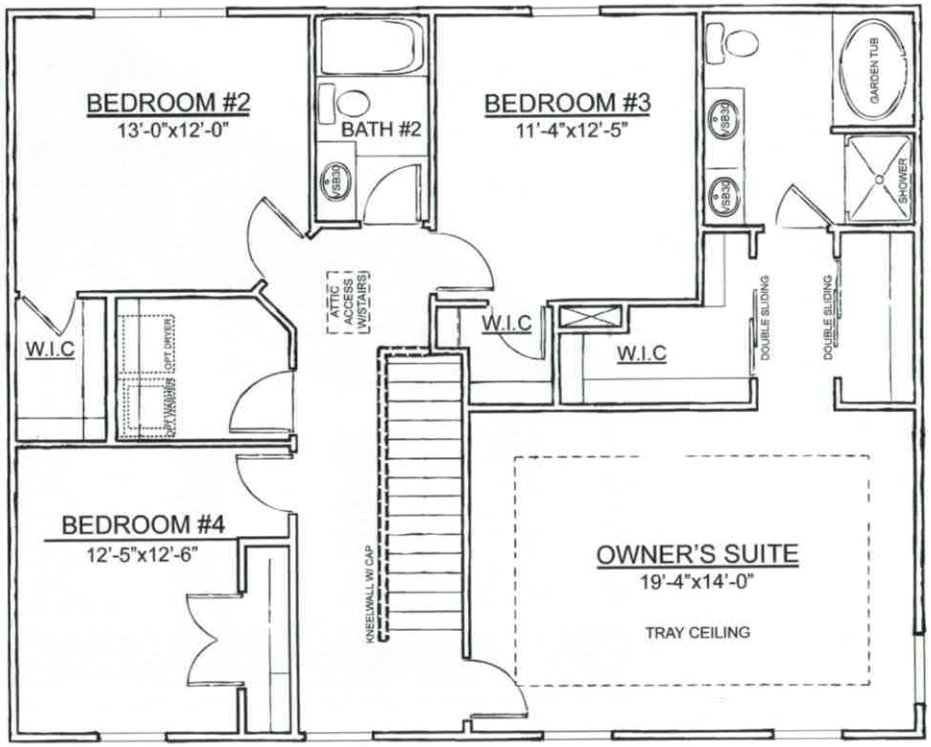
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Grande Homes
704-400-1710

First Floor



Second Floor



2,257 Finished SF
4 Large Bedrooms!
2.5 Baths (Includes Deluxe Master Bath)
Lots of Closet Space!
Large Kitchen with Island!
Tray Ceiling in Master Bedroom!
& MUCH, MUCH MORE!

Acknowledgement of Plans Submittal ONLY!

Date 5-14-19

Date 06/05/19

This marketing diagram is for illustrative purposes only and isn't intended, nor to be used as part of the contract. Dimensions displayed are approximate. Grande Homes reserves the right to make changes without notification.

IREDELL COUNTY

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

APPLICATION NUMBER
238886
Issue Date: 09/17/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4646434808.000	181 PONDEROSA CIRCLE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: BROTHERTON HARRY JR+DEBORAH	Applicant: CAROLINA SOIL SEPTIC C
Address: 194	Address: 162 WEST B ST
IREDELL CO, NC 28625	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	CA	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	152788	TOTAL FEES:	$ 77.25