# ICHD - ENVIRONMENTAL HEALTH DIVISION

DW Statesville Office (704) 878-5305 | Relocation Mooresville Office (704) 660-3625 | PERMIT # AP 325762

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

PIN # 4649 -- 05 -- 9292

APPLICANT/OWNER: Daniel Carsten | APPLICANT ADDRESS: 143 Orchard Farm Rd Mooresville, NC 28117

SITE ADDRESS: 143 Orchard Farm Ln Mooresville, NC 28117 | PHONE: 314598-0123 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TR Flowering Cherry TL Orchard Farm on left near end | SAP CONTROLLED: ☐ YES ☒ NO

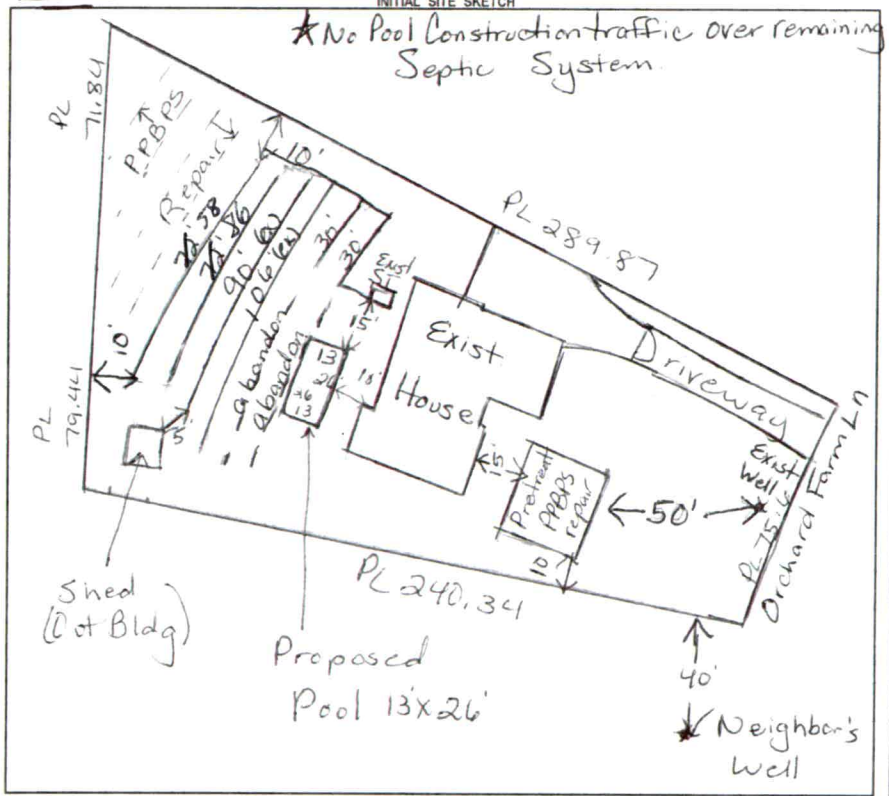
SUBDIVISION: The Orchard | SECTION: | LOT # 8 | LOT AREA: .67 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank: Exist (1000) (gal) | STB | Date | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms: 4 | Water Supply: ☒ Private |
| Pump Tank (gal) | PT | Date | System Description: Gravity - 25% Reduction | | ☐ Business | No. Persons: 8 | ☐ Public |
| Pump Make | Model | Serial # | Repair System Description: Pretreat — PPBPS | | ☒ Other Pool | No. Employees | ☐ Community |
| # Nitrification Fields: 1 | # Lines: 2 | Linear Ft: 144' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☒ Slab | ☐ Crawl Space | |
| Trench Width: 36" | Trench Bottom Depth(Low side): Max 36" | Gravel Depth: N/A | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: Abandoned Septic Drainfield ∠15ft from pool "cut". Keep first 30ft of upper 2 drainfields abandon rest of drainlines, Add 2 new 72' drainlines

Keep Septic Drainfield at least 5ft from Shed, Pool Equipment water lines must be a minimum of 10ft from Septic.

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.

★Must relocate Septic prior to Pool Construction.

Installed as Drawn

*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: Daniel Carsten Date: 4/4/22 Installed by: Lentz

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/31/22 OPERATION PERMIT by: Cory Wilt Date: 4/27/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/31/22 Existing System Inspected by: Date:

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

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

Sheet ___ of
PROPERTY ID #: 4649059292
COUNTY: Iredell

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

Relocation for Pool

OWNER: Daniel Carsten
APPLICATION DATE: 2/21/22
ADDRESS: 143 Orchard Farm Ln M'ville, NC
DATE EVALUATED: 3/17/22
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: _____
LOCATION OF SITE: 143 Orchard Farm Ln / The Orchard # 8
PROPERTY RECORDED: _____
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 |
|---|---|---|---|---|---|---|---|---|---|
| 1A | 9% | 0-10 | Brw SCL | w SBK SS, SP, SExP, FR | | | | | PS |
| | | 10-38 | RC m-c | w SBK SS, SP, SExP, FR | | | | | .3 |
| | | 38-50 | RCL | w SBK SS, SP, SExP, FR | | | | | |
| | | | | | — | 50" | — | — | |
| 1B | 8% | 0-12 | Brw SCL | w SBK SS, SP, SExP, FR | | | | | PS |
| | | 12-26 | RC m-c | w SBK SS, SP, SExP, FR | | | | | .3 |
| | | 26-48 | RCL | w SBK SS, SP, SExP, FR w/ few SAP Inclus | | | | | |
| | | | | | — | 48" | — | to many | |
| 1C | 10% | 0-24 | RC m-c | w SBK SS, SP, SExP, FR | | | | | PS |
| | | 24-44 | RCL | w SBK SS, SP, SExP w/ few to many SAP Inclus, FR | | | | | .3 |
| | | 44-52 | L/SL | SAP Massive FR | — | 44" | PS | — | |
| 4 | | | | | | | | | |

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Daniel Carsten

COMMENTS: _____

Updated February 2014

# LEGEND

***use the following standard abbreviations***

| LANDSCAPE POSITION | GROUP | SOIL TEXTURE | CONVENTIONAL .1955 LTAR* | LPP .1957 LTAR* | MINERALOGY/ CONSISTENCE | STRUCTURE |
|---|---|---|---|---|---|---|
| CC (Concave Slope) | I | S (Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive) | G (Single Grain) |
| CV (Convex Slope) | | LS (Loamy Sand) | | | EXP (Expansive) | M (Massive) |
| D (Drainage Way) | | | | | | CR (Crumb) |
| DS (Debris Slump) | II | SL (Sandy Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | GR (Granular) |
| FP (Flood Plain) | | L (Loam) | | | | SBK (Subangular Blocky) |
| FS (Foot Slope) | | | | | | ABK (Angular Blocky) |
| H (Head Slope) | III | Si (Silt) | 0.6 - 0.3 | 0.3 - 0.15 | | PL (Platy) |
| L (Linear Slope) | | SiCL (Silty Clay Loam) | | | | PR (Prismatic) |
| N (Nose Slope) | | CL (Clay Loam) | | | | |
| R (Ridge) | | SCL (Sandy Clay Loam) | | | **MOIST** | **WET** |
| S (Shoulder Slope) | | SiL (Silt Loam) | | | | |
| T (Terrace) | | | | | VFR (Very Friable) | NS (Non-sticky) |
| | IV | SC (Sandy Clay) | 0.4 - 0.1 | 0.2 - 0.05 | FR (Friable) | SS (Slightly Sticky) |
| | | SiC (Silty Clay) | | | FI (Firm) | S (Sticky) |
| | | C (Clay) | | | VFI (Very Firm v. Very Sticky) | VS (Very Sticky) |
| | | O (Organic) | None | None | EFI (Extremely Firm) | NP (Non-plastic) |
| | | | | | | SP (Slightly Plastic) |
| | | | | | | P (Plastic) |
| | | | | | | VP (Very Plastic) |

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

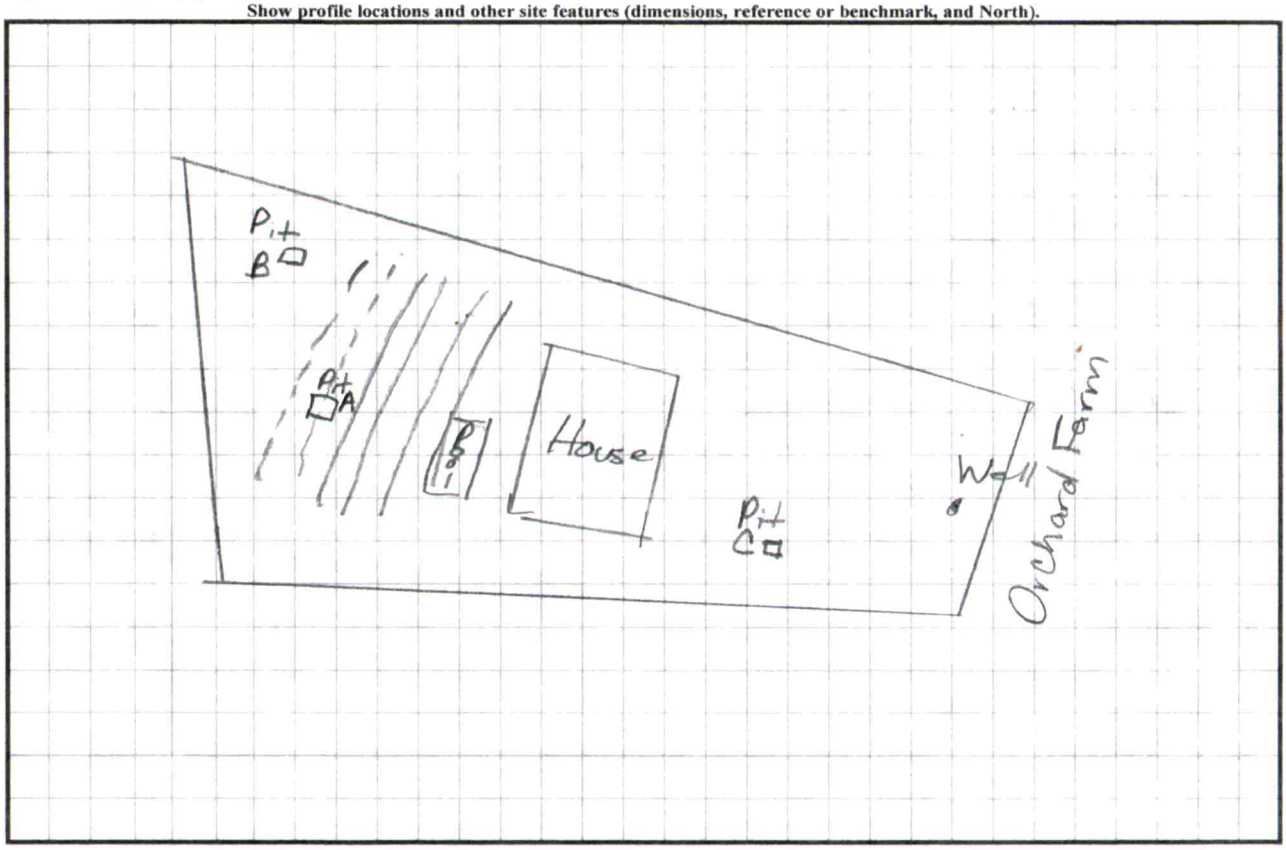
***NOTES***

| | |
|---|---|
| *HORIZON DEPTH* | In inches below natural soil surface |
| *DEPTH OF FILL* | In inches from land surface |
| *RESTRICTIVE HORIZON* | Thickness and depth from land surface |
| *SAPROLITE* | S(suitable) or U(unsuitable) |
| *SOIL WETNESS* | Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation |
| *CLASSIFICATION* | S (Suitable), PS (Provisionally Suitable), or U (Unsuitable) |

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft$^2$

**Show profile locations and other site features (dimensions, reference or benchmark, and North).**



# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216920

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

PIN # 4649059292

APPLICANT: Lewis Carpenter APPLICANT ADDRESS: P.O. Box 690027 Mooresville NC 28227

SITE ADDRESS: 143 Orchard Farm Ln Mooresville, NC PHONE: 7045454652 ALT. PHONE: 7046194232

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TR Wild Cherry Ln TL-Orchard Farm Ln on left near end

SUBDIVISION: The Orchard SECTION: — LOT # 58 LOT AREA: .167 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 4-4-17
Pump Tank (gal) PT Date
Pump Make Model Serial #
# Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth ~~36~~ 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Gravity – 25% Reduction
Repair System Description: Same
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

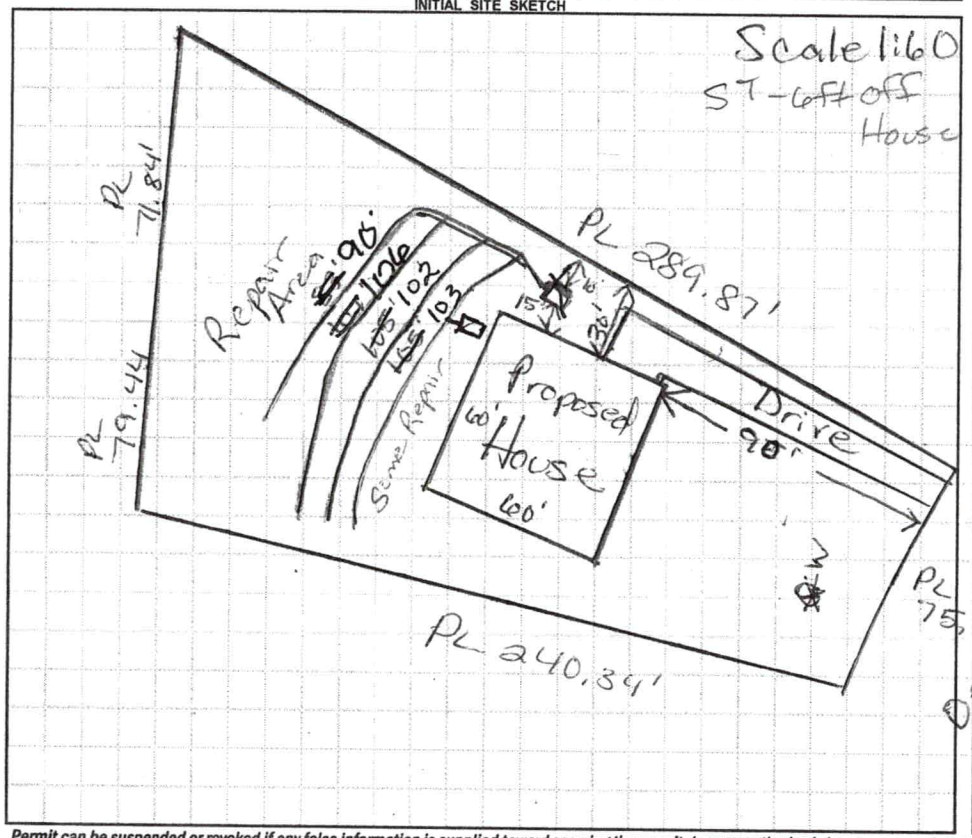
☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

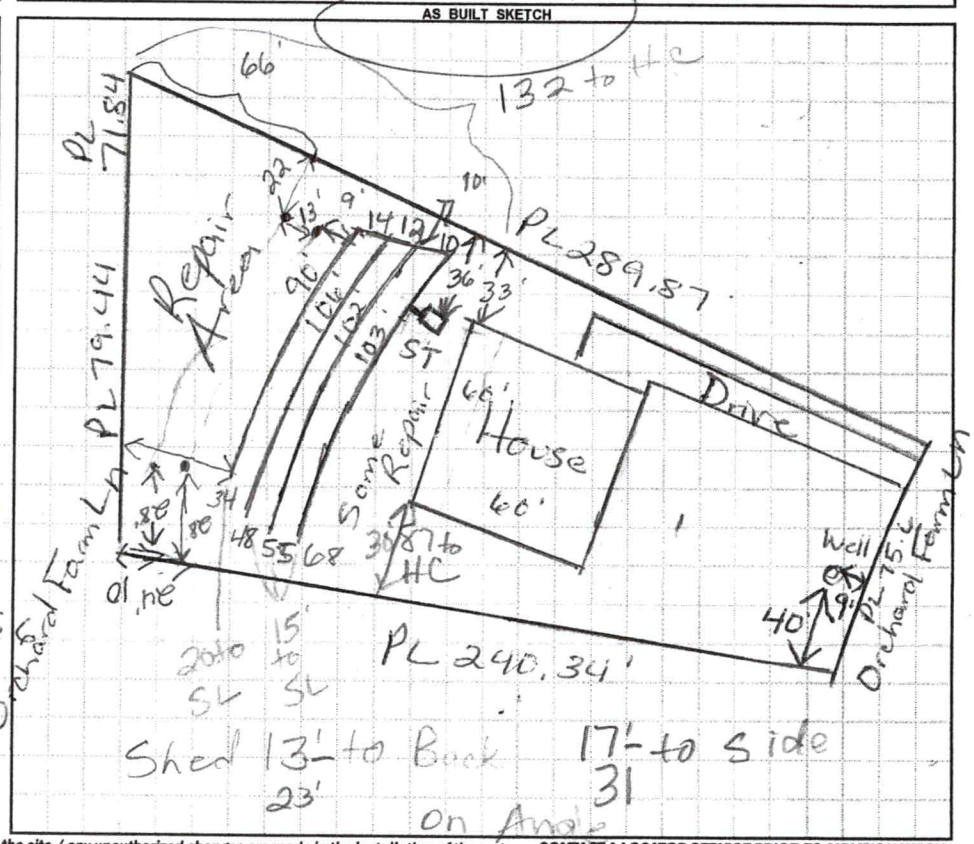
Comments / Conditions: ~~X~~ Do Not Cut down for basement

5/9/17 Checked ST & Upper 2 lines
5/16/17 Checked last 2 lines

INITIAL SITE SKETCH




AS BUILT SKETCH




*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: Lew Carp Date: 4-22-16

IMPROVEMENT PERMIT by: Maria L Edson RS Date: 4/16/16

AUTHORIZATION TO CONSTRUCT by: Maria L Edson RS Date: 4/16/16

Installed by: Precision Excavation

OPERATION PERMIT by: Maria L Edson Date: 5/10/17

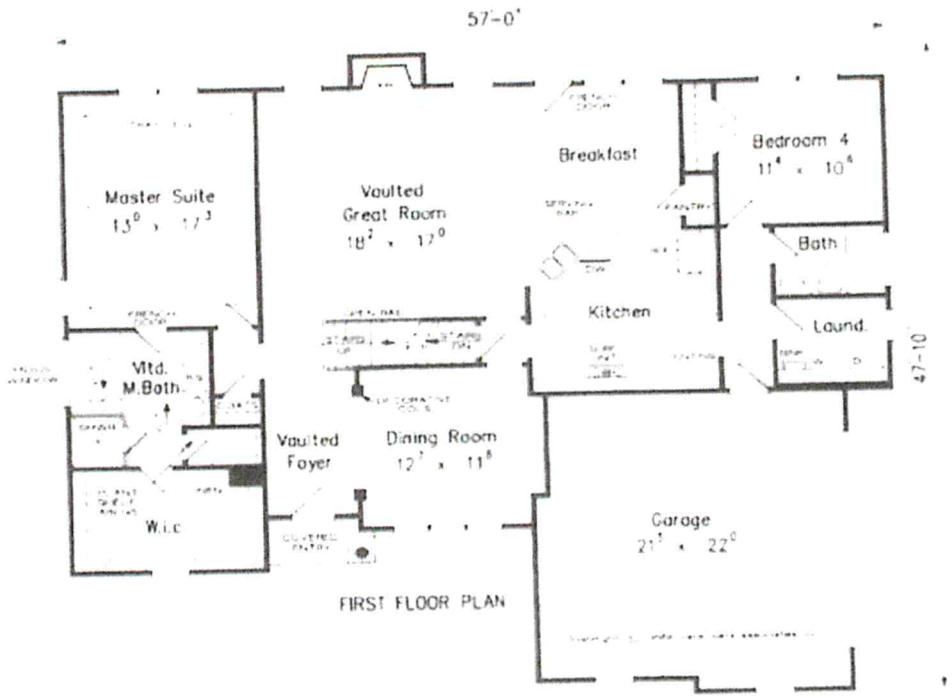
Existing System Inspected by: Date:

Health Dept. Copy WHITE Applicant (Final Approval) YELLOW Applicant (Conditional Approval) PINK

FRANK BETZ ASSOCIATES INC

**HOMEPLANS** *Designed for Today's Market.*

# NAGS HEAD - Main Floor




*Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions.*

Acknowledgement of
Plans Submittal ONLY!

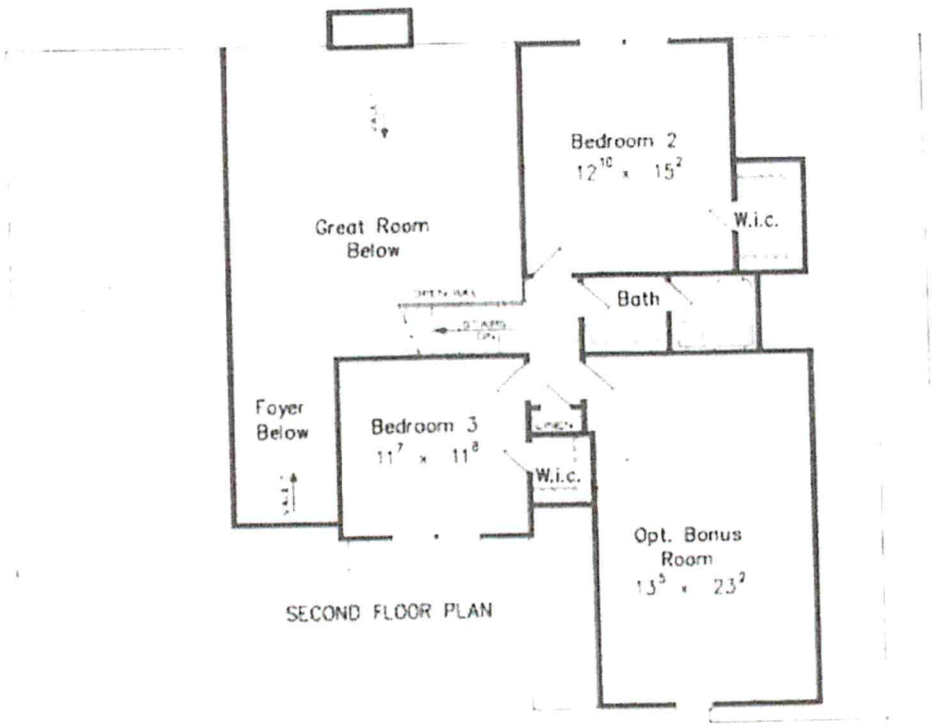
Date 3-15-16

Date 4/16/16

FRANK BETZ ASSOCIATES INC

**HOMEPLANS** *Designed for Today's Market.*

# NAGS HEAD - Upper Floor




SECOND FLOOR PLAN

*Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions*

Acknowledgement of
Plans Submittal ONLY!

Date 1

Date 11/16/16

Thurs 3/17/22 4m 3/9/22
RECEIVED FEB 23 2022 @ 10am Re: Backhoe Pits

ND

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE**
**OR IT WILL NOT BE PROCESSED** AP-325762 - $500.00

# Iredell County Health Department – Environmental Health Division

**PAGE 1: *APPLICATION FORM***

Relocation

**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:** Daniel Carsten **Address:** 143 Orchard Farm Ln, Mooresville, NC **Zip:** 28117
**Applicant Email:** dancarsten05@outlook.com **Phone:** 314-598-0123 **Alt. Phone:**
**Owner Name:** Daniel Carsten **Address:** 143 Orchard Farm Ln, Mooresville, NC **Zip:** 28117
**Owner Email:** dancarsten05@outlook.com **Phone:** 314-598-0123 **Alt. Phone:**

**Property Information:**

**Street Address:** 143 Orchard Farm Ln. Mooresville, NC 28117

**Subdivision Name:** The Orchard **Section/Phase:** **Lot Number:** 8

**Driving Directions:** Hwy 150 W, Turn Right on Perth Rd, Turn Right on Flowering Cherry, Turn Left on Orchard Farm Ln, House on left near end of cul de sac.

**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:
**Non-Residential Site Development:** Type of Business:
**Square Footage of Building:** **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

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

**CHECK FOUNDATION TYPE**
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

**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:** 2016
( ) 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.***

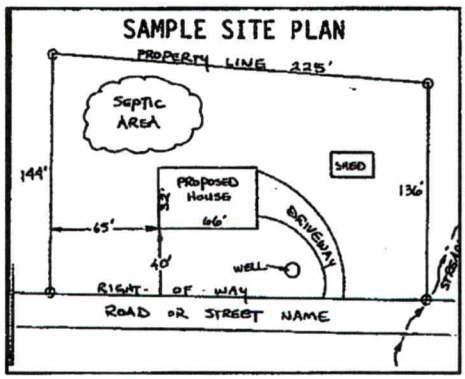
**Signature:** Daniel Carsten 21-FEB-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **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:** David Caste
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

23-FEB-2022
**DATE**

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*) Daniel Carter

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ _____
Signature of Owner(s) 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 ****

DC **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

DC **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.**

DC **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**.

DC **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.

DC **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** 23 Feb 2022

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