ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317581

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

PIN # 4654--68--7138

APPLICANT/OWNER: Oaksprings, LLC APPLICANT ADDRESS: PO Box 580 Mooresville,

SITE ADDRESS: 139 Byleigh Dun Place PHONE: 704-799-7609 ALT. PHONE

SITE DIRECTIONS: South on Mecklenburg Hwy - Lt Presbyterian Rd - Lt Byleigh Dun Place SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond SECTION: - LOT # 2 LOT AREA: 1.39 acres DESIGN FLOW: 480 GPD L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	11-13-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	363	Date	12-4-2022	System Description:	25% reduction (Dump)			
Pump Make	Zoeller	Model	BN152-D		Serial #		Repair System Description:	Low Profile Chambers.			
# Nitrification Fields	1	# Lines	7		Linear Ft.	504 LF	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth	30 in (max)		Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		

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

Comments / Conditions: Install drainlines on contour. Do not exceed 36 inch trench bottom. Do not park, drive, or grade septic area.

INITIAL SITE SKETCH

See attached Site Plan & Design by Paul Pennington & ICHD date 7-2-21

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.

Dose Vol = 229.3
Flow Rate = 38.4
Drawdown = 10.9
Time = 5.97
Taps (7) 1½" with 30 (5.48)

TANKS CHECKED
1-20-2023
BCW

Lines checked
1/30/23 plumbing
MW 1/31/23 DW

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: [signature] Date: 9/23/21 Installed by: STUTTS GRADING

IMPROVEMENT PERMIT by: [signature] Date: 9/23/2021 OPERATION PERMIT by: [signature] D. Wiebey Date: 2/28/23

AUTHORIZATION TO CONSTRUCT by: [signature] D. Wiebey Date: 6/16/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 317581

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

PIN # -- --

APPLICANT/OWNER: Oaksprings, LLC APPLICANT ADDRESS: PO Box 5350 Mooresville,

SITE ADDRESS: 109 Bylelgh Dan Place PHONE: 704-799-7609 ALT. PHONE

SITE DIRECTIONS: South on Mecklenburg Hwy - Lt Presbyterian Rd - Lt Bylelgh Dan Place SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond SECTION: - LOT # 2 LOT AREA: 1.39 acres DESIGN FLOW: 480 GPD L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	7	Linear Ft	504 FT			
Trench Width	36 in		Trench Bottom Depth (from existing)	30 in (max)	Gravel Depth	-			

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction (Dump)

Repair System Description: Low Profile Chambers.

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: Install drainlines on contour. Do not exceed 36 inch trench bottom. Do not park, drive, or grade septic area.

INITIAL SITE SKETCH

See attached Site Plan & Design by Paul Pennington & ICHD date 7-2-21

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.

Dose Vol = 229.3
Flow Rate = 38.4
Drawdown = 10.9
Time = 5.97
TAPS (7) 1½" sch 80 (5.48)

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: Chris Dane Date: 9/23/21 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 9/23/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Inabeg Date: 6/16/22 Existing System Inspected by: Date:

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



Oaksprings, LLC – Davidson Pond Subdivision – Lot 2 Septic Site Plan 7.2.21

GRAPHIC SCALE

0 30 60 120

1 inch = 60 feet

Base site plan from PDAPA. House pad and lot lines staked by PDAPA. Approx. proposed septic lines sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Any proposed well or septic system must be approved and permitted by the ICHD. Refer to ICHD permit for system type and specifications.

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

Lot 2

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Oaksprings LLC
ADDRESS: 109 PO Box 5350 Mooresville
PROPOSED FACILITY: 4 Bdr Home
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 109 Ryleigh Dan Place
APPLICATION DATE 5/10/21
DATE EVALUATED: June 2021
PROPERTY SIZE: 1.39 acres
PROPERTY RECORDED: No

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

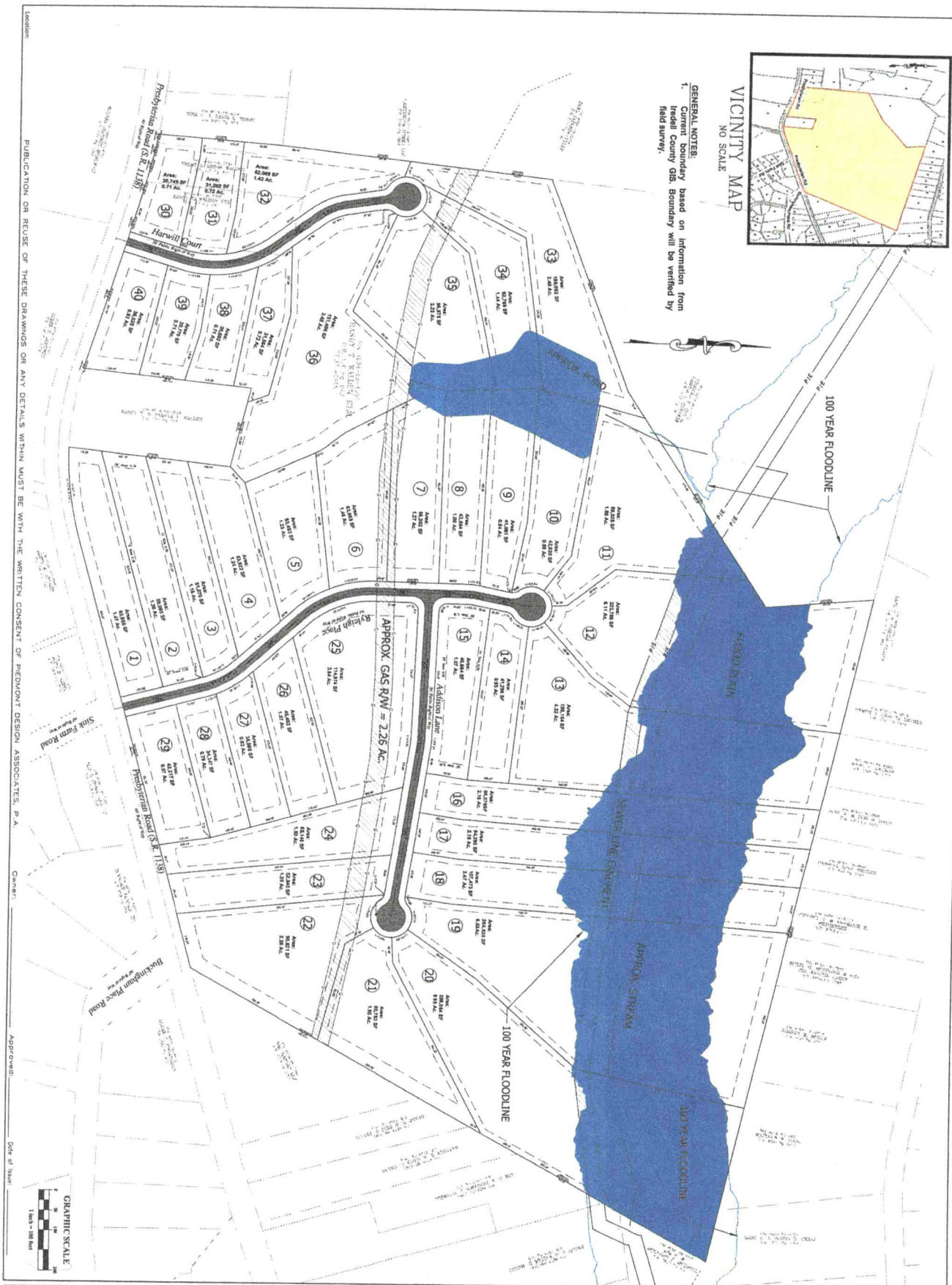
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0 - 10	SCL wSBK	SS SP FR SE	10 gr 7/1 at 30	55			.25 Shallow
		10 - 30	C ABK	SS SP FR SE					
		30 - 55	C ABK	SS SP FR SE					
2		0 - 7	SCL SBK	SS SP FR SE	Chroma 1 at 27 in 10 YR 6/3 at 26in	48		Heavy mang 26+	.25 Shallow
		7 - 26	C SBK	SS SP FR SE					
		26 - 48	C ABK/SBK	SS SP FR SE					
3		0 - 9	SCL SBK	SS SP FR SE		65			.3
		9 - 34	C SBK	SS SP FR SE					
		34 - 65	CL ABK	SS SP FR SE					
4		0 - 8	SCL SBK	SS SP FR SE	Good Past 44				.25
		8 - 44	C SBK	SS SP FR SE					
		44 - 58	CL ABK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	25% red
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Ben Botkins, Cory Whitter, Paul Perringer
OTHER(S) PRESENT:

COMMENTS:

U:\Engineering\1 Projects\2020\Feldman Presbyterian\dwg\MasterBase-011521-Alt.dwg, 1/18/2021 2:14:31 PM, cfoster



PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Location: _____ Owner: _____ Approved: _____ Date of Visit: _____

PRELIMINARY SUBDIVISION
DAVIDSON POND SUBDIVISION
PRESBYTERIAN ROAD – CODDLE CREEK TWNSP
Mooresville, Iredell Co., North Carolina

REVISIONS | BY

Date: 12/30/20
Scale: 1"=100' FT
Project: DLM
Checked: 2021-01-08
Sheet: P-1 of 2 Sheets

PREPARED FOR:
OAKSPRINGS, LLC
PO BOX 5350
MOORESVILLE, NC 28117
(919) 389-4500

PIEDMONT DESIGN
ENGINEERING SURVEYING PLANNING
Associates, P.A.
Suite 101 Westfield Center, 125 East Plaza Drive
Mooresville, North Carolina 28115
Phone (704) 664-7885 Fax (704) 664-1775 www.pdapa.com
NC BELS License # C-1007

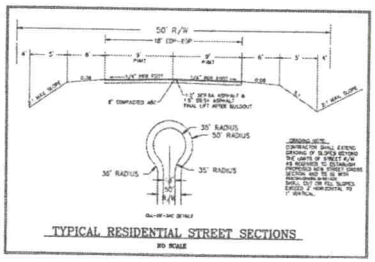
PARCEL NOTES:
* PARCEL TAX ID: 4654-69-9931
* PARCEL SIZE: 78.27 ACRES CODDLE CREEK TWSP.
* PARCEL ZONED: RA (ADJOINING LOTS ARE ZONED RA.)
* PARCEL OWNER: RANDY HOLLAR ETAL, DEED 1767/643
* A PORTION OF THE NORTHERN END OF THIS PARCEL LIES IN A SPECIAL FLOOD HAZARD ZONE AS IDENTIFIED ON PANEL 4654 DATED 11-16-2005.
* THERE ARE PERENNIAL WATERS ON THIS PARCEL.

ZONING NOTES FOR RA DISTRICT (SEE LOT 2 & 15 FOR TYPICAL SETBACKS):
* MINIMUM LOT SIZE: 40,000 SF
* MINIMUM LOT WIDTH: 100'
* FRONT SETBACK: 35'
* SIDE YARD SETBACK: 15' (25' STREET SIDE YARD SETBACK)
* REAR YARD SETBACK: 35'
* MAXIMUM BUILDING HEIGHT: 35'
* ALL CORNER LOTS MUST PROVIDE AN EXTRA 10' OF STREET SIDE YARD SETBACK.

SUBDIVISION DESIGN NOTES:
* ALL LOTS MUST HAVE A MINIMUM 25' FRONTAGE ON A PUBLIC RW.
* SIDE LOT LINES SHALL BE SUBSTANTIALLY AT RIGHT ANGLES OR RADIAL TO ROAD RIGHT OF WAY LINES.
* DOUBLE FRONTAGE LOTS WHERE UNAVOIDABLE SHALL FRONT INWARD TO THE PROJECT.
* PANHANDLE LOT ACCESS STRIPS SHALL NOT EXCEED 200', AND SHALL NOT BE INCLUDED IN DETERMINING LOT SIZE, WIDTH OR SETBACK LINES.
* A UTILITY EASEMENT OF NO LESS THAN 10' SHALL BE PROVIDED ALONG ALL SIDE AND REAR LOT LINES WHICH SHALL BE A TOTAL OF 20' ALONG THIS PROPERTY'S LINES.
* A UTILITY EASEMENT OF NO LESS THAN 10' SHALL BE PROVIDED ALONG ALL FRONT PROPERTY LINES.
* ALL ROADS MUST MEET NCDOT STANDARDS.
* ALL LOTS TO BE SERVED BY INDIVIDUAL WELL AND SEPTIC SYSTEMS.

DEVELOPMENT NOTES:
* SITE SIZE: 78.27 ACRES
* TOTAL LOTS: 40 RES. LOTS
* SMALLEST LOT: LOT 32 35,749 SF
* AVG LOT SIZE: 89,683 SF
* LOTS PER ACRE: 1.98 PER ACRE
* TOTAL LF OF STREETS TO BE DEDICATED TO THE NCDOT SYSTEM: 2,861 LF
* AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL CO. HEALTH DEPT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED. THE SITE AND THIS PRELIM PLAN HAVE BEEN EVALUATED IN TERMS OF SOILS AND SEPTIC SYSTEM LOCATIONS BY A PRIVATE SOILS CONSULTANT.
* AN EROSION CONTROL PLAN WILL BE SUBMITTED TO IREDELL COUNTY FOR PERMITTING UPON APPROVAL OF THE PRELIM PLAN. A COPY OF THE EC PLAN WILL BE PROVIDED PRIOR TO FINAL PLAT.
* LOTS WITHIN THIS SUBDIVISION WILL NOT BE AVAILABLE FOR FURTHER SUBDIVISION.

NOTE: FULL CERTIFICATIONS PER IREDELL CO SUBDIVISION ORDINANCE WILL BE DISPLAYED ON ON THE FINAL PLAT.



TYPICAL RESIDENTIAL STREET SECTIONS

NO SCALE

Review Officer Certificate

I, _____ Review Officer of Iredell County, Certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

_____ _____
Review Officer Date

* THIS PARCEL, TO THE BEST OF MY KNOWLEDGE, DOES NOT LIE IN A WATERSHED, AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

_____ _____
SUBDIVISION ADMINISTRATOR Date

Appendix B Certificates & Statements for Preliminary Plats

1. Certificate of Ownership & Dedication

On the face of the final Plat, there shall appear a certificate of ownership and dedication acknowledged before an officer authorized to take acknowledgements and executed by the person making the acknowledgement. The certificate shall include a statement of ownership of the property shown on the plat, of its location within the County's subdivision jurisdiction, and of the free consent with which this Ordinance's requirements are met as to setbacks and dedications. If sanitary sewers, storm sewers, and water lines are to be included in the subdivision, the certificate shall also include a statement of their dedication to the County or a public utility designated by the County. The certificate shall state:

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines, and dedicate all roads, alleys, walks, parks, and other sites and easements to public or private use as noted.

Furthermore, I hereby (certify that no sanitary sewers, storm sewers, or water lines are to be included in the subdivision) (dedicate all sanitary sewer to _____, all storm sewer system to _____ and all water lines to _____).

I further certify that:
a. there are no deed restrictions which will be violated by the requested subdivision; and
b. there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is NOT the responsibility of Iredell County, will NOT be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

_____
Owner

North Carolina
_____ County

I, a Notary Public for said County and State, do hereby certify that _____ owner(s) personally appeared before me this day, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this _____ day of _____, 20___.

_____
Notary Public

My Commission Expires: _____."

2. Certificate of Survey and Accuracy

In Accordance With North Carolina General Statutes Chapter 40, Section 30, as amended and With the Standards of Practice for Land Surveying in North Carolina:

There shall appear on each plat a certificate by the person under whose supervision the survey or plat was made, stating the origin of the information shown on the plat, including recorded deed and plat references shown thereon. The ratio of precision before any adjustments must be shown. Any lines on the plat that were NOT actually surveyed must be clearly indicated and a statement included revealing the source of information. Where a plat consists of more than one sheet, only one sheet must contain the certification and all other sheets must be signed and sealed.

The certificate required above shall include the source of information for the survey and data indicating the ratio of precision of the survey before adjustments and shall be in substantially the following form:

I, _____, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book ____, page ____, etc.) (other); that the boundaries not surveyed are clearly indicated as drawn from information found in Book ____, page ____; that the ratio of precision as calculated is 1: _____; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this _____day of _____, A.D., 20___.

Seal or Stamp

_____
Surveyor

_____
Registration Number

3. Water Supply Watershed Certificate

All subdivisions of land shall have a statement signed by the Subdivision Administrator indicating whether or not a subdivision lies within a designated Water Supply Watershed. Said statement shall take one of the following forms, as appropriate:

(a) The [name of subdivision] Subdivision, to the best of my knowledge, does not lie within a Water Supply Watershed designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County.

_____ _____
Date Subdivision Administrator

(b) Lots [fill in appropriate lot numbers] of the [name of subdivision] Subdivision, to the best of my knowledge, lie within the [classification of watershed] of the [name of body of water], as designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County. Lots [fill in appropriate lot numbers] of the [name of subdivision] do not lie within a water supply watershed.

_____ _____
Date Subdivision Administrator

(c) All lots within The Woodlands at Fern Hill, both the WSIV-CA & PA of the Lake Norman/Catawba Watershed as designated by the Environmental Management Commission and as appears on the Watershed Protection Map of Iredell County. to the best of my knowledge, lie within

_____ _____
Date Subdivision Administrator

4. Certificate of Approval for Preliminary Plat

If the Subdivision Administrator approves the Preliminary Plat or if the plat is approved on appeal to the Planning Board or to the Board of Commissioners, such approval shall be shown on each copy of the plat by the following signed certificate:

I hereby certify that the preliminary subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator.

_____ _____
Date Subdivision Administrator

5. Private Water/Sewer Statement

As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued.

PIEDMONT DESIGN
ENGINEERING SURVEYING PLANNING
Associates, P.A.
Suite 100 Westfield Center 151 East Post Drive
Mooresville, North Carolina 28115
Phone (704) 664-4673 Fax (704) 664-4677 www.pdpa.com
NCBELS Licensed # C-1097

PREPARED FOR:
OAKSPRINGS, LLC
PO BOX 5350
MOORESVILLE, NC 28117
(919) 389-4500

PRELIMINARY SUBDIVISION
DAVIDSON POND SUBDIVISION
PRESBYTERIAN ROAD - CODDLE CREEK TWNSP
Mooresville, Iredell Co., North Carolina

REVISIONS	BY

Date: 12/03/20
Scale: 1"=100 FT
Drawn: CLF
Checked: DLM
Project: 2021-01-08
Job:
Sheet: P-2
of 2 Sheets

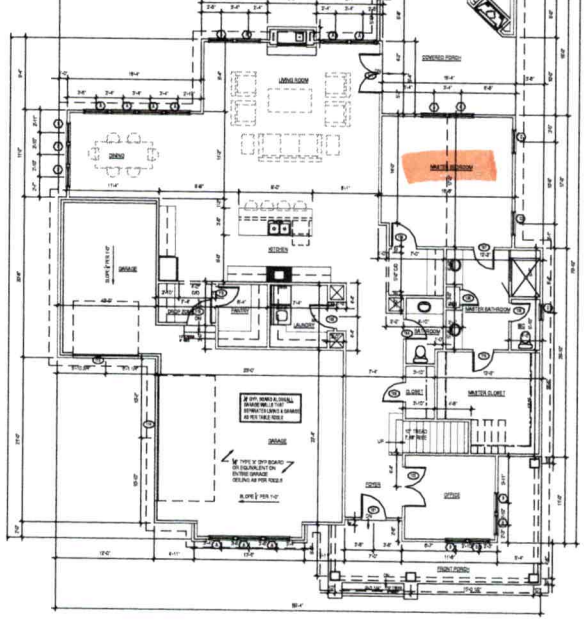
Location:

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Owner: _____ Approved: _____ Date of Issue: _____

59'4"

70'10"



1 PROPOSED FIRST FLOOR PLAN
3/16" = 1'-0"

WINDOW SCHEDULE

	SIZE	HEADER HEIGHT	TYPE
A	3'-0" X 5'-0"	8'-0"	SINGLE HUNG
B	3'-0" X 5'-0"	8'-0"	SINGLE HUNG
C	3'-0" X 5'-0"	8'-0" (E) FLOOR; 7'-6" (BOT) FLOOR	SINGLE HUNG
D	3'-0" X 5'-0"	8'-0" EGG ELEVATIONS	FIXED
E	3'-0" X 5'-0"	7'-0"	SINGLE HUNG

NOTE:
1. MATCH TRIM DETAILS WITH METAL DRIP CAP (WITH FLASHING & WOOD BACK TRIM) THROUGHOUT.
2. SEE ELEVATIONS FOR MUNTIN PATTERNS. EGRESS AND TEMPERING REQUIREMENTS TO BE VERIFIED BY GLASS CONTRACTOR.
3. ALL WINDOWS TO BE TEMPERED.
4. PROVIDE FULL PRESSURE SPAN WHERE THE WINDOW HEIGHT EXCEEDS THE MAXIMUM ALLOWED AS PER THE TABLE. ADD ADDITIONAL MULLIONS AS REQUIRED.

5. WINDOW NOTES:
5.1. ENERGY EFFICIENCY - DIMENSIONS BASED ON ACCEPTABLE TABLE VALUES FOR ENERGY EFFICIENCY AND FLASHING. SEE ELEVATIONS FOR MUNTIN PATTERN. VERIFY ANY REQUIREMENTS FOR EGRESS OR TEMPERED GLASS.
5.2. WINDOW MANUFACTURER & SCHEDULE - MATCH EXISTING WINDOW & DOOR MANUFACTURER'S SPECIFICATION AND FLASHING. SEE ELEVATIONS FOR MUNTIN PATTERN. VERIFY ANY REQUIREMENTS FOR EGRESS OR TEMPERED GLASS.
5.3. (E) = EXISTING WINDOW

FIRST FLOOR DOOR SCHEDULE

	OPENING	DOOR SIZE
100	FRONT 6'-0" WITH 12" SIDE LIGHTS	FRONT DOOR
101	FRONT 2'-8"	OFFICE
102	FRONT 2'-8"	LAUNDRY
103	2'-8" x 6'-8"	BATHROOM
104	2'-8" x 6'-8"	CLOSET
105	3'-0" x 6'-8"	MASTER BEDROOM
106	2'-8" x 6'-8"	MASTER BATHROOM
107	5'-0" x 6'-8"	MASTER BATHROOM (WIDE)
108	2'-8" x 6'-8"	WIC
109	2'-8" x 6'-8"	MASTER CLOSET
110	FRONT 2'-8"	LIVING ROOM EXTERIOR
111	2'-8" x 6'-8"	PANTRY
112	5'-0" x 6'-8" (W/ BIFOLD DOORS)	STEP ZONE
113	16'-0" x 8'-0"	GARAGE
114	9'-0" x 8'-0"	GARAGE

GENERAL NOTES:
1. ALL PROPERTY LINES TO BE VERIFIED BY SURVEYOR.
2. ALL BUILDING LOCATIONS TO BE VERIFIED BY SURVEYOR.
3. FINISH GRADE TO BE COORDINATED BY CONTRACTOR AND OWNER BASED ON EXISTING SITE CONDITIONS.
4. ALL FINISH FLOOR HEIGHTS TO BE VERIFIED AT SITE & PRIOR TO CONSTRUCTION.
5. FACE OF PLYWOOD SHEATHING TO ALIGN WITH FACE OF CONCRETE WALL & SLAB.
6. TIE BLOCK @ FLUSH & CUT BIB PER CODE.
7. ALL DIMENSIONS ARE TO FACE OF STUD & CONCRETE FOUNDATION.
8. STAIR RISE & TREAD DEPTH TO BE VERIFIED ON SITE BY STAIR COMPANY PRIOR TO PRODUCTION.
9. INTERIOR & EXTERIOR STAIR NOSING SHALL CONFORM TO R311.7.5.3 PROFILE - CURVATURE OF THE NOSING SHALL BE NO GREATER THAN ½".
10. ALL RISERS TO BE SOLID.
11. ALL CASED OPENINGS TO MATCH DOOR MFG. - CONTRACTOR TO COORDINATE.
12. RAILS TO BE 36" IN HEIGHT.
13. ALL EXTERIOR COLUMNS TO BE SQUARE COLUMNS - SEE DRAWINGS FOR ALL SIZES & HEIGHTS.
14. NO RAIL REQUIRED IF GRADE TO STOOPS & PORCHES IS LESS THAN 30" IN HEIGHT.
15. USE DOUBLE FELT FOR ALL PITCHES OF 4:12 OR LESS.
16. ALL EAVES TO BE 2'-0" U.N.O.
17. ALL FASCIAS TO BE 8".
18. CONTRACTOR TO COORDINATE GUTTER & DOWNSPOUT LOCATIONS.
19. CONTINUOUS EAVE VENT U.N.O.

STAIRS, RAILING & GUARD NOTES:
1. R311.7.1 WIDTH - STAIRWAYS SHALL NOT BE LESS THAN 36 INCHES IN CLEAR WIDTH AT ALL POINTS ABOVE THE PERMITTED HANDRAIL HEIGHT. -SEE PLANS FOR CLEAR WIDTH-
1.1. EXCEPTION: DOES NOT APPLY TO THIS PROJECT.
2. R311.7.4.1 RISER HEIGHT - THE MAXIMUM RISER HEIGHT SHALL BE 8¼ INCHES.
2.1. ALS SPECIFIED MAXIMUM RISER HEIGHT SHALL BE 8 INCHES FOR THIS PROJECT.
3. R311.7.5.2 TREAD DEPTH- THE MINIMUM TREAD DEPTH SHALL BE 9 INCHES.
4. R311.7.8 HANDRAILS - HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH CONTINUOUS RUN OF TREADS OR FLIGHT OF STAIRS WITH FOUR OF MORE RISERS.
5. R311.7.8.1 HANDRAIL HEIGHT- HANDRAIL HEIGHT SHALL NOT BE LESS THAN 34 INCHES AND NOT MORE THAN 38 INCHES IN HEIGHT.
6. R312.1.2 GUARD HEIGHT - GUARDS SHALL NOT BE LESS THAN 36 INCHES
6.1. EXCEPTIONS 1 & 2 APPLY TO PROJECT - GUARD HEIGHT SHALL NOT BE LESS HAN 34 INCHES (F ON THE OPEN SIDE OF STAIR & SERVES AS THE RAILING.
7. R312.1.3 OPENING LIMITATIONS - REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM THE WALKING SURFACE TO THE REQUIRED GUARD HEIGHT WHICH ALLOW PASSAGE OF A SPHERE 4 INCHES IN DIAMETER.
7.1. EXCEPTIONS 1 & 2 APPLY TO PROJECT - OPEN SIDE OF STAIR SHALL NOT ALLOW PASSAGE OF A 6 INCH SPHERE IN DIAMETER AT THE TRIANGULAR OPENINGS BETWEEN BOTTOM RAIL, TREAD AND RISER.
GUARDS SHALL NOT ALLOW PASSAGE OF A 4⅜ DIAMETER SPHERE ON OPEN SIDE OF STAIR.

NOTE:
1. REUSE OR MODIFICATION OF THESE CONSTRUCTION DOCUMENTS BY THE CLIENT, WITHOUT ALS DESIGN, INC. PERMISSION, SHALL BE AT THE CLIENT'S SOLE RISK, AND THE CLIENT AGREES TO INDEMNIFY AND HOLD ALS DESIGN, INC. HARMLESS FOR ALL CLAIMS, DAMAGES AND EXPENSES, INCLUDING ATTORNEY FEES ARISING OUT OF SUCH REUSE BY CLIENT OR BY OTHERS ACTING THROUGH CLIENT.
2. THESE DRAWINGS ARE NOT TO BE SCALED FOR ANY REASON. ALL DIMENSIONS TO BE FIELD VERIFIED. IF DIMENSIONS ARE IN QUESTION, OBTAIN CLARIFICATION FROM ALS DESIGN, INC.

NOTE:
12" CONCRETE
STUD WALL
FURRED WALL
4" MASONRY WALL

NORTH

ALB
ALB DESIGN, INC
301 BERRYHILL RD
CHARLOTTE NC 28208
P (704)503-9593
ALBDESIGN.NC@ICLOUD.COM

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COPPER BUILDERS

Designed Exclusively For the:
COPPER BUILDERS
Lot 2, Davidson, NC 28036

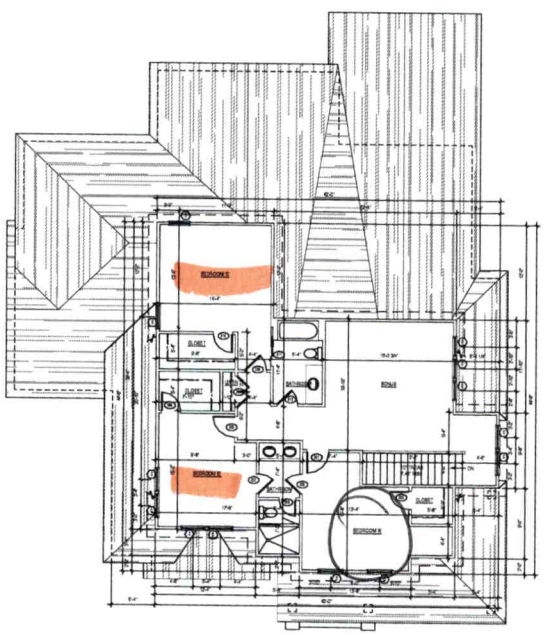
PROJECT # 22012
ISSUE DATE: MAY 2 2022
REVISIONS

PROPOSED 1ST FLOOR PLAN
A-2.1
OF NINE

Acknowledgement of
Plans Submittal ONLY!

Date _____
Date 6/16/22

109 Rayleigh Dam



① PROPOSED SECOND FLOOR PLAN
3/16" = 1'-0"

WINDOW SCHEDULE			
	SIZE	HEADER HEIGHT	TYPE
A	3'-0" X 5'-0"	8'-0"	SINGLE HUNG
B	3'-0" X 5'-0"	8'-0"	SINGLE HUNG
C	3'-0" X 5'-0"	8'-0"	SINGLE HUNG
D	3'-0" X 5'-0"	8'-0" EGRESS CASEMENT	CASEMENT
E	3'-0" X 5'-0"	7'-0"	SINGLE HUNG

NOTE:
1. MATCH TRIM DETAILS WITH METAL DRIP CAP (WITH FLASHING) & EACH SHAPE TRIM STRUCTURE.
2. SEE ELEVATIONS FOR HEIGHTS IN RELATION TO FLOOR. EGRESS APP. REQUIREMENTS FOR LIVING AREA WINDOWS.
3. ALL GLASS WITHIN 24" OF DOOR GLASS OR MORE THAN 9'-0" ABOVE FLOOR OR GRADE SHALL BE TEMPERED.
4. PROVIDE FALL PROTECTION WHERE THE WINDOW SILL IS LESS THAN 24" ABOVE FLOOR OR GRADE AND GREATER THAN 72" ABOVE GRADE OR ROOF BELOW.
5. WINDOW SIZES
   GENERAL CONTRACTOR - DIMENSIONS BASED ON ROUGH OPENINGS
   SUBCONTRACTOR - MATCH EXISTING WINDOW & DOOR OPENINGS. VERIFY SIZE OF ROUGH OPENINGS. SEE ELEVATIONS FOR MULTIPLE PATTERNS. VERIFY ANY REQUIREMENTS FOR EGRESS OR TEMPERED GLASS.
   W = WIDTH, H = HEIGHT

SECOND FLOOR DOOR SCHEDULE		
MARK	OPENING	LOCATION
101	3'-0" x 6'-8"	BEDROOM 'B'
102	3'-0" x 6'-8"	BEDROOM 'A' CLOSET
103	3'-0" x 6'-8"	BEDROOM 'B' CLOSET
104	3'-0" x 6'-8"	EXISTING BATHROOM
105	FROM 2 x 6'-8"	LINEN
106	3'-0" x 6'-8"	BEDROOM 'B'
107	3'-0" x 6'-8"	BEDROOM 'B' CLOSET
108	3'-0" x 6'-8"	EXISTING BATHROOM
109	3'-0" x 6'-8"	EXISTING BATHROOM
110	3'-0" x 6'-8"	BEDROOM 'C'
111	3'-0" x 6'-8"	BEDROOM 'C' CLOSET
112	2'-6" x 6'-8" (POCKET DOOR)	BATHROOM
113	2'-6" x 6'-8"	BATHROOM

GENERAL NOTES:
1. ALL PROPERTY LINES TO BE VERIFIED BY SURVEYOR.
2. ALL BUILDING LOCATIONS TO BE VERIFIED BY SURVEYOR.
3. FINISH GRADE TO BE COORDINATED BY CONTRACTOR AND OWNER BASED ON EXISTING SITE CONDITIONS.
4. ALL FINISH FLOOR HEIGHTS TO BE VERIFIED AT SITE & PRIOR TO CONSTRUCTION.
5. FACE OF PLYWOOD SHEATHING TO ALIGN WITH FACE OF CONCRETE WALL & SLAB.
6. 8" CMU BLOCK @ FLOOR 1 COURSE BELOW GRADE.
7. ALL DIMENSIONS ARE TO FACE OF STUD & CONCRETE FOUNDATION.
8. STAIR RISE & TREAD DEPTH TO BE VERIFIED ON SITE BY STAIR COMPANY PRIOR TO PRODUCTION.
9. INTERIOR & EXTERIOR STAIR NOSING SHALL CONFORM TO R311.7.5.3 PROFILE - CURVATURE OF THE NOSING SHALL BE NO GREATER THAN ½".
10. ALL RISERS TO BE SOLID.
11. ALL CASED OPENINGS TO MATCH DOOR MFG. - CONTRACTOR TO COORDINATE.
12. RAILS TO BE 36" IN HEIGHT.
13. ALL EXTERIOR COLUMNS TO BE SQUARE COLUMNS - SEE DRAWINGS FOR ALL SIZES &HEIGHTS.
14. NO RAIL REQUIRED IF GRADE TO STOOPS & PORCHES IS LESS THAN 29" IN HEIGHT.
15. USE DOUBLE FELT FOR ALL PITCHES OF 4:12 OR LESS.
16. ALL EAVES TO BE 2'-0" U.N.O.
17. ALL FASCIAS TO BE 8".
18. CONTRACTOR TO COORDINATE GUTTER & DOWNSPOUT LOCATIONS.
19. CONTINUOUS EAVE VENT U.N.O.

STAIRS, RAILING & GUARD NOTES:
1. R311.7.1 WIDTH - STAIRWAYS SHALL NOT BE LESS THAN 36 INCHES IN CLEAR WIDTH AT ALL POINTS ABOVE THE PERMITTED HANDRAIL HEIGHT. -SEE PLANS FOR CLEAR WIDTH.
   1.1. EXCEPTION DOES NOT APPLY TO THIS PROJECT.
2. R311.7.5.1 RISER HEIGHT - THE MAXIMUM RISER HEIGHT SHALL BE 8¼ INCHES.
   2.1. ALB SPECIFIES MAXIMUM RISER HEIGHT SHALL BE 8 INCHES FOR THIS PROJECT.
3. R311.7.5.2 TREAD DEPTH - THE MINIMUM TREAD DEPTH SHALL BE 9 INCHES.
4. R311.7.8 HANDRAILS - HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH CONTINUOUS RUN OF TREADS OR FLIGHT OF STAIRS WITH FOUR OF MORE RISERS.
5. R311.7.8.1 HANDRAIL HEIGHT - HANDRAIL HEIGHT SHALL NOT BE LESS THAN 34 INCHES AND NOT MORE THAN 38 INCHES IN HEIGHT.
6. R312.1.2 GUARD HEIGHT - GUARDS SHALL NOT BE LESS THAN 36 INCHS
   6.1. EXCEPTIONS 1 & 2 APPLY TO PROJECT - GUARD HEIGHT SHALL NOT BE LESS HAN 34 INCHES IF ON THE OPEN SIDE OF STAIR & SERVES AS THE RAILING.
7. R312.1.3 OPENING LIMITATIONS - REQUIRED GUARDS SHALL NOT HAVE OPENINGS FROM THE WALKING SURFACE TO THE REQUIRED GUARD HEIGHT WHICH ALLOW PASSAGE OF A SPHERE 4 INCHES IN DIAMETER.
   7.1. EXCEPTIONS 1 & 2 APPLY TO PROJECT - OPEN SIDE OF STAIR SHALL NOT ALLOW PASSAGE OF A 6 INCH SPHERE IN DIAMETER AT THE TRIANGULAR OPENING BETWEEN BOTTOM RAIL, TREAD AND RISER; GUARDS SHALL NOT ALLOW PASSAGE OF A 4⅜ DIAMETER SPHERE ON OPEN SIDE OF STAIR.

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NOTE:
10" CONCRETE
STUD WALL
FURRED WALL
4" WALL

NORTH

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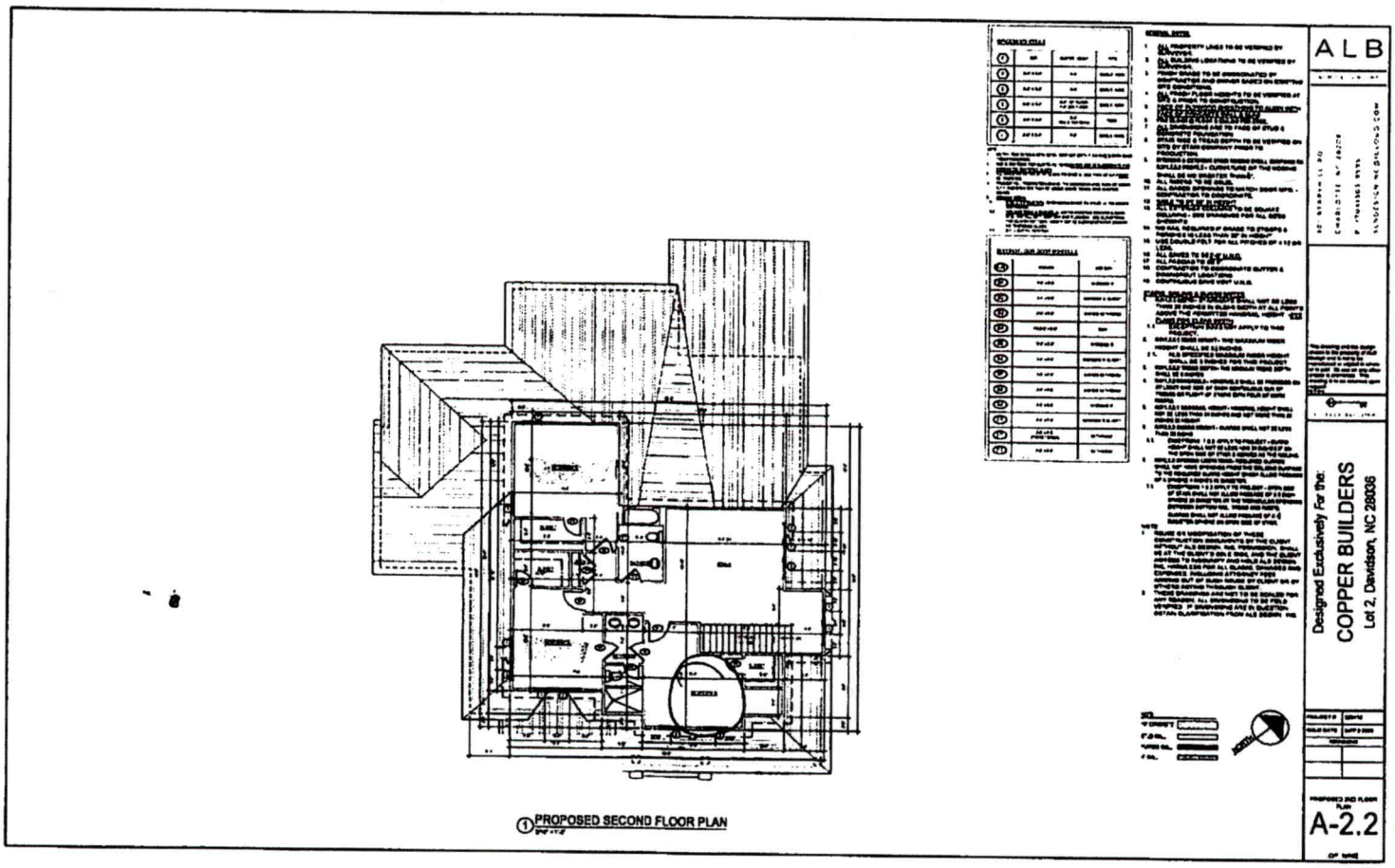
PROJECT # 220512
ISSUE DATE: MAY 3 2022
REVISIONS:

PROPOSED 2ND FLOOR PLAN
A-2.2
OF NINE

Acknowledgement of Plans Submittal ONLY!

Date _____

Date 5/16/22



Acknowledgement of
Plans Submittal ONLY!

Date 6/22/22

Date 6/16/22

RECEIVED MAY 10 2021

call Paul Penninger for site visit 704.996.6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317581 $500.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Oaksprings, LLC **Address:** PO Box 5350 Mooresville, NC **Zip:** 28117

Applicant Email: lakemisthomes@yahoo.com> **Phone:** 704-799-7609 **Alt. Phone:** _____

Owner Name: same as applicant **Address:** _____ **Zip:** _____

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

****

Property Information:

Street Address: 109 Ryleigh Dan Place

Subdivision Name: Davidson Pond **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: South on Mecklenburg Highway, TL Presbyterian Rd, Ryleigh Dan Place on Left

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence **Maximum Number of Bedrooms:** 4
( ) New Multi-Family Residence **Maximum Number of Occupants:** 8
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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:** _____

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

****

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: _____ 5-9-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

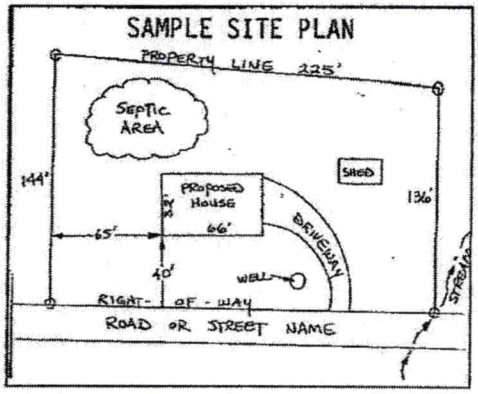
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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
- (X) Preferred well location
- (X) Preferred septic system location
- (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

See attached site plan.

Signature: _____ 5-9-21

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

(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, Oaksprings, LLC / Aaron Feldman, am the legal owner(s) of the property located at Lots 1-40 Davidson Pond Subdivision, identified as

PIN (Parcel Identification Number) 4654688991.000, located in Iredell County, North Carolina.

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

_____ 5-7-21

Signature of Owner(s) 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

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.

NA 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** 5-9-21

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