ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327007

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

PIN # 4657--78--2619

APPLICANT/OWNER: John Rutherford / Jason Fobbs APPLICANT ADDRESS: 3616 Rinehardt Rd Mooresville NC 28115

SITE ADDRESS: 348 Rinehardt Rd Mooresville NC 28115 PHONE: 704-904-4149 ALT. PHONE

SITE DIRECTIONS: (E) NC 150 → (L) Rinehardt + lot on (L) SAP CONTROLLED: [X] YES [ ] NO

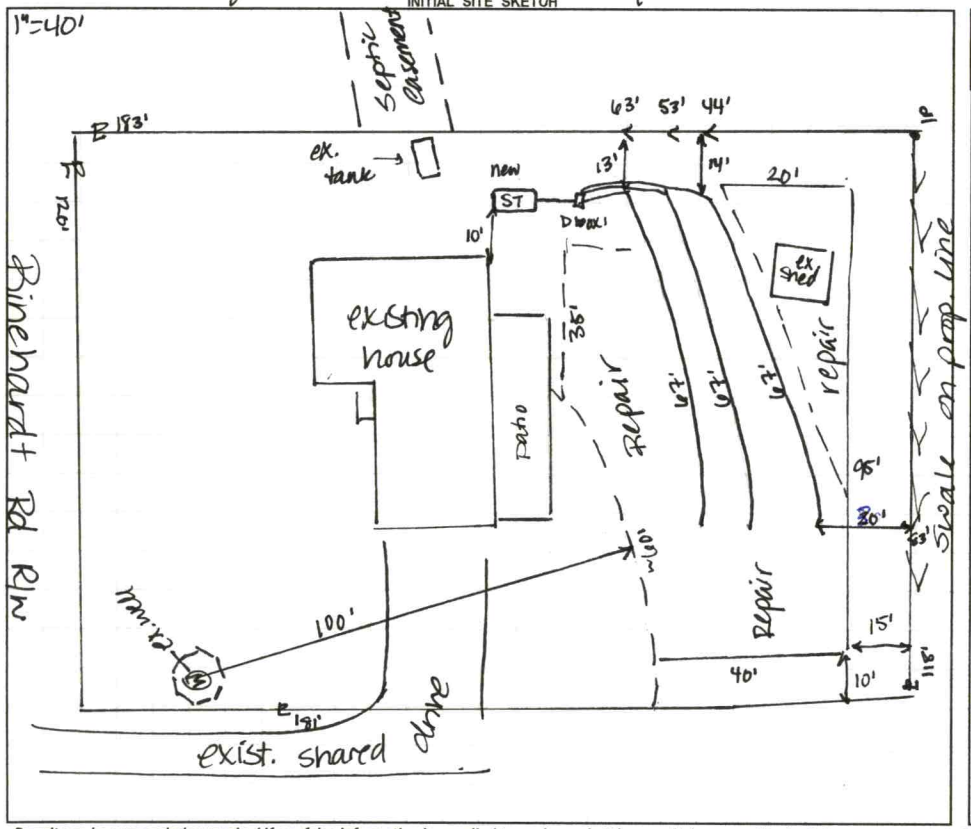
SUBDIVISION: Arla Estates SECTION: LOT # 1 LOT AREA: 0.5 ac DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 760	Date 5/30/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 50% Reduction - VPPBPS				[ ] Business	No. Persons 6	[X] Private
Pump Make		Model		Serial #	Repair System Description: VPPBPS-LP				[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines	3	Linear Ft 201'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	24" min	Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/plumbing	[ ] Basement w/o plumbing	

Comments / Conditions: Pump, crush, & fill existing tank. Do not pave grade, park, drive, or bury utilities in drainfield. Divert all drainage from drainfield, stay 100' from well

Existing septic easement may be dissolved once this permit is valid & operation fine signed.

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.

Installed as drawn - flags still present during installation

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: John Rutherford Date: 4/21/2022 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: D. Mieberg Date: 4/7/22 OPERATION PERMIT by: D. Mieberg Date: 7/6/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 4/7/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

IREDELL COUNTY **4/18/2022 9:58:43 AM**

FOBBS JASON **DELCASTILLO KRYSTAL**

348 RINEHARDT RD

80079330

Return/Appeal Notes:

Parcel: 4657-78-2619 . 000

PLAT: 73/95 UNIQ ID 3547404 SPLIT FROM ID 413048

ID NO: 0301M00000A107

ALLCOUNTY FIRE (100), COUNTY (100), MV SCH (100), SHEP FIRE (100), SOLID WASTE (1)

CARD NO. 1 of 1

Reval Year: 2019 Tax Year: 2022

L1 ARLA ESTATES PB73-95 SR1306

0.5000 AC

SRC= Owner

Appraised by 11 on 01/01/2019 03094 South NW Coddle Creek

TW-03

CI- 00 FR- 64 EX- AT- LAST ACTION 20211215

CONSTRUCTION DETAIL

Foundation - 3 Continuous Footing	5.00
Sub Floor System - 4 Plywood	8.00
Exterior Walls - 10 Vinyl/Aluminum Siding	30.00
Roofing Structure - 03 Gable	7.00
Roofing Cover - 10 Composite SHG heavy	5.00
Interior Wall Construction - 5 Drywall/Sheetrock	20.00
Interior Floor Cover - 07 Vinyl Tile	6.00
Interior Floor Cover - 14 Carpet	0.00
Heating Fuel - 04 Electric	1.00
Heating Type - 10 Heat Pump/Geothermal	4.00
Air Conditioning Type - 03 Central	4.00
Bedrooms/Bathrooms/Half-Bathrooms 3/2/1	13.000
Bedrooms BAS - 0 FUS - 3 LL - 0	
Bathrooms BAS - 0 FUS - 2 LL - 0	
Half-Bathrooms BAS - 1 FUS - 0 LL - 0	
Office BAS - 0 FUS - 0 LL - 0	0
TOTAL POINT VALUE	103.000

BUILDING ADJUSTMENTS

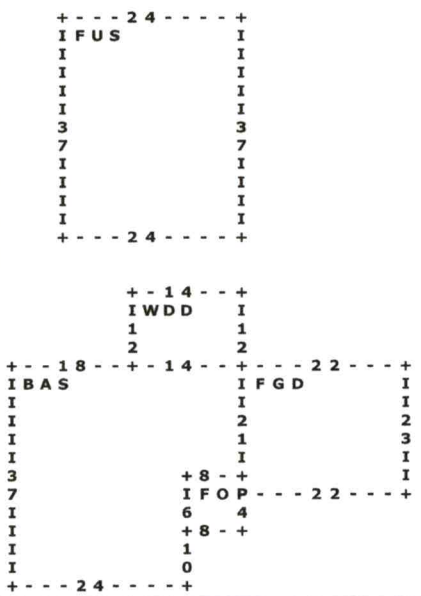
Market/Design	4	FACTOR 04	1.1000
Quality	3	AVERAGE	1.0000
Size	Size	Size	0.9500
TOTAL ADJUSTMENT FACTOR			1.050
TOTAL QUALITY INDEX			108

MARKET VALUE

USE	MOD	Eff. Area	QUAL	BASE RATE	RCN	EYB	AYB
01	01	2,134	108	84.24	182568	1989	1979

TYPE: SINGLE FAMILY RESIDENTIAL

STYLE: 3 - 2.0 Stories



DEPRECIATION

Standard 0.30000

% GOOD 70.0

SINGLE FAMILY RESIDENTIAL

CORRELATION OF VALUE

CREDENCE TO MARKET

DEPR. BUILDING VALUE - CARD	127,800
DEPR. OB/XF VALUE - CARD	2,350
MARKET LAND VALUE - CARD	19,310
TOTAL MARKET VALUE - CARD	149,460
TOTAL APPRAISED VALUE - CARD	149,460
TOTAL APPRAISED VALUE - PARCEL	149,460
TOTAL PRESENT USE VALUE - PARCEL	0
TOTAL VALUE DEFERRED - PARCEL	0
TOTAL TAXABLE VALUE - PARCEL $	149,460

PRIOR

BUILDING VALUE	0
OBXF VALUE	0
LAND VALUE	0
PRESENT USE VALUE	0
DEFERRED VALUE	0
TOTAL VALUE	0

PERMIT

CODE	DATE	NOTE	NUMBER	AMOUNT

ROUT: WTRSHD:

SALES DATA

OFF. RECORD BOOK	PAGE	DATE MO	YR	DEED TYPE	Q/U	V/I	INDICATE SALES PRICE
01094	1426	8	1998	CV	Q	I	155500
02875	2249	12	2021	QC	A	I	0
02784	1581	2	2021	WD	A	I	383000
1094	1426	8	1998	WD	Q	V	155500
00940	0933	1	1995	CV	X	I	124000
0090E	0150	12	1990	WB	X	I	1
00701	0134	6	1984	WD	X	V	0

HEATED AREA 1,944

NOTES

1 12X12 OB NV BGT 3.12 AC FR 1M-A-83 85 1 FIREPLACE 2 STORY TALL OWNER STG. DISC., 18, SPLIT '22

SUBAREA

TYPE	GS AREA	%	RPL CS
BAS	1,056	100	88957
FGD	506	045	19207
FOP	48	035	1432
FUS	888	090	67308
WDD	168	020	2864
FIREPLACE	4 - 2 Sty Single/1 Sty Double/2 Prefab		2,800
SUBAREA TOTALS	2,666		182,568

CODE	DESCRIPTION	COUNT	LTH	WTH	UNITS	UNIT PRICE	ORIG % COND	BLDG#	AYB	EYB	ANN DEP RATE	OVR	% COND	OB/XF DEPR. VALUE
10	CON PAVING		0	0	1,000	3.50	100	_	1979	1999	S5		30	1050
01	STORAGE - Det		16	10	160	14.00	100	_	2005	2005	S3		58	1300
TOTAL OB/XF VALUE														2,350

BUILDING DIMENSIONS BAS=W14WDD=E14N12W14S12$W18S37E24N10FOP=E8N6W8S6$N6E8FGD=S2E22N23W22S21$N21$PTR=N20FUS=N37W24S37E24$S20$.

LAND INFORMATION

HIGHEST AND BEST USE	USE CODE	LOCAL ZONING	FRONTAGE	DEPTH	DEPTH / SIZE	LND MOD	COND FACT	OTHER ADJUSTMENTS AND NOTES RF AC LC TO OT	ROAD TYPE	LAND UNIT PRICE	TOTAL LAND UNITS	UNT TYP	TOTAL ADJST	ADJUSTED UNIT PRICE	LAND VALUE	OVERRIDE VALUE	LAND NOTES
RURAL AC	0120	R2	120	0	2.7000	4	1.3000	+30 +00 +00 +00 +00	RP	11,000.00	0.500	AC	3.510	38,610.00	19305		
TOTAL MARKET LAND DATA												0.500				19,310	
TOTAL PRESENT USE DATA																	

TRUTH-
DISC

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System — G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ronald Clark DATE 8-28-78 PERMIT NO. 49

PHONE: Business _____ Home _____

LOCATION 150 & TR on 1506 1mi on Left S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

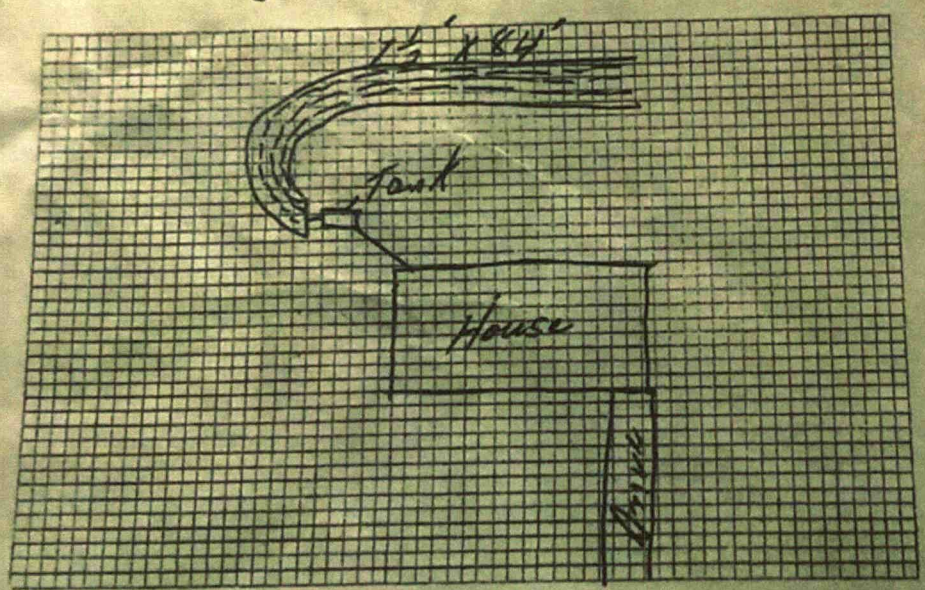
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 1/2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area acreage

Character & Porosity of Soil Existing System
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public ( )

Installed by Honeycutt + Osborne, 1974

IMPROVEMENTS PERMIT BY _____

COMMENTS: System Working OK at Time of Insp. Tie Kitchen Sink + Washing Machine into Tank Do not Run Waste Water on Top of Ground

CERTIFICATE OF COMPLETION BY John Houston DATE 8-28-

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
• (Ground Absorption Sewage-Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Ronald Clark DATE 3-21-74 PERMIT NO. 63

PHONE: Business _____ Home _____

LOCATION 115 N TL on 1306 1mi on right

S. R. No. 1306

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

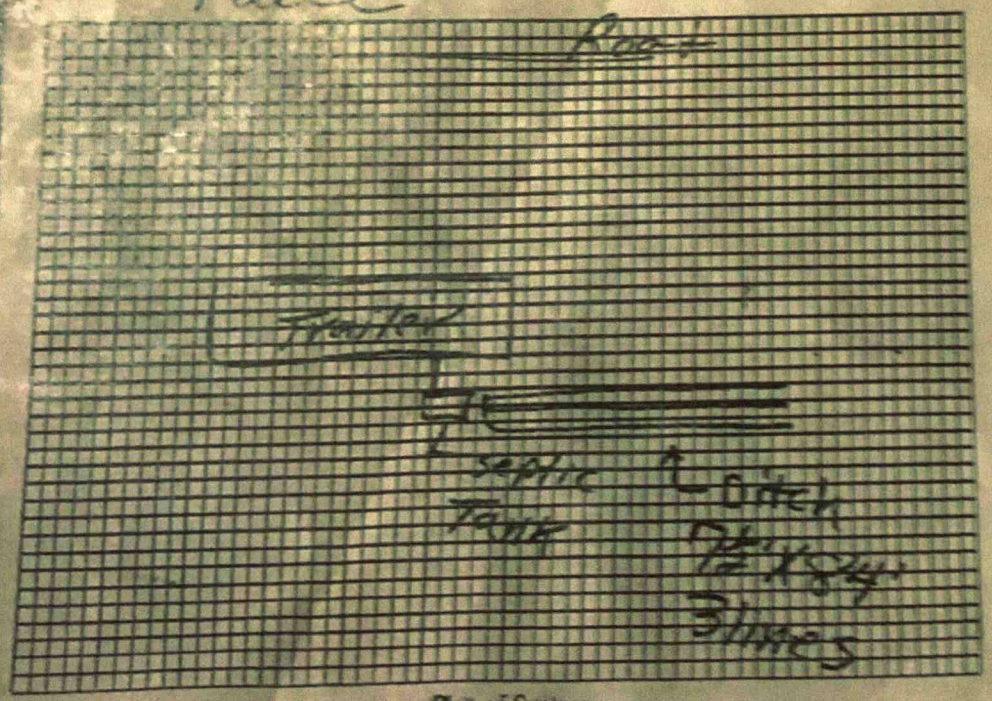
Residence ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	
Dishwasher	Yes ( )	No (✓)	
Washing Machine	Yes (✓)	No ( )	
Automatic	Yes (✓)	No ( )	

Character & Porosity of Soil Sandy Clay loam (Acceptable soil)
Percolation Rate Not taken
Topography 20% slope
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Size 1 acre



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 625 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )
well next door

Installed by _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: _____

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.

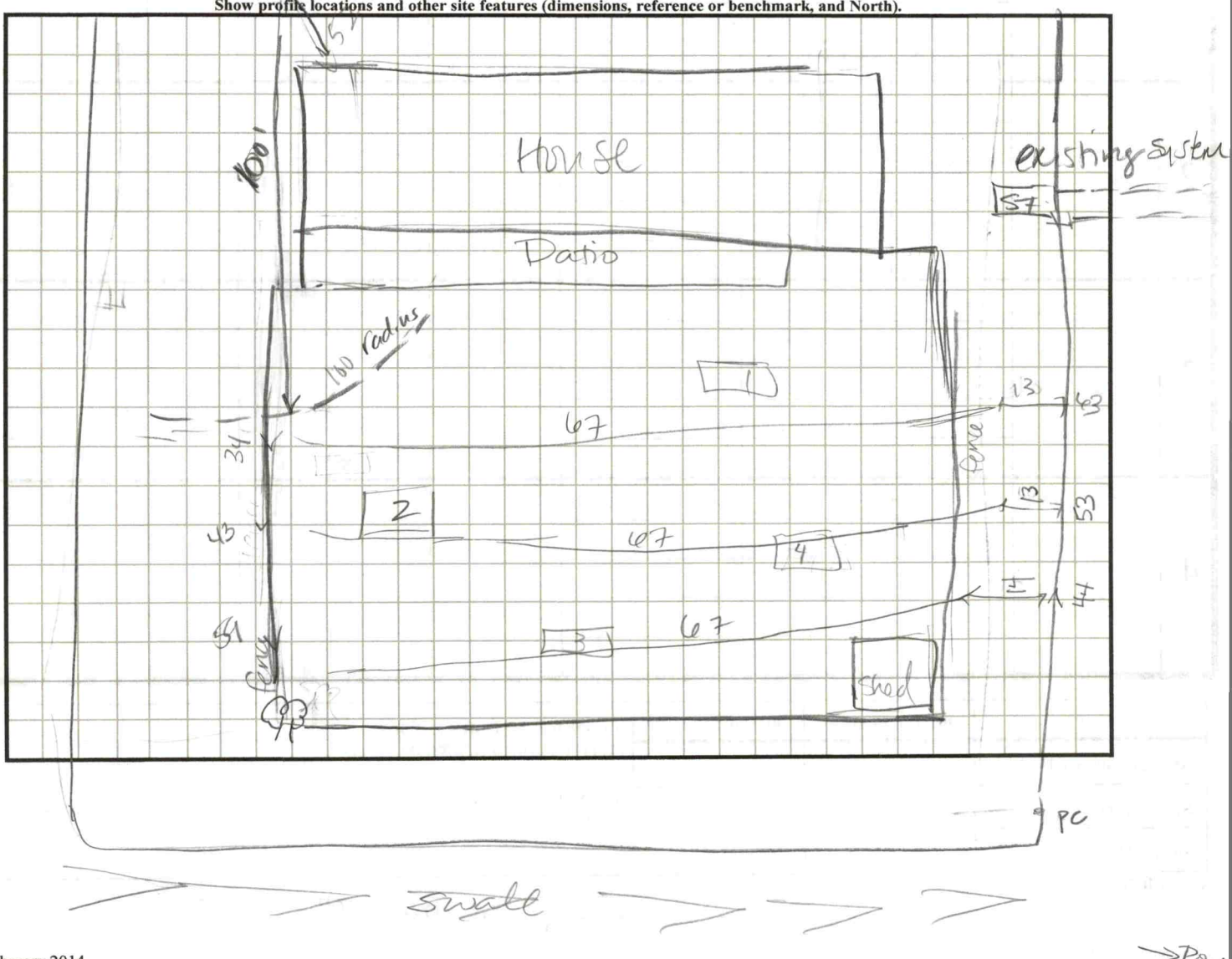
NOTES

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).



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

Sheet 1 of 1
PROPERTY ID #: 4657782449
COUNTY: Iredell

Relocation - System currently on 3 properties

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

OWNER: Jason Forbs
APPLICATION DATE 3/28/22
ADDRESS: 348 Rinehardt Rd Mooresville 28115
DATE EVALUATED: 4/6/22
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 05
LOCATION OF SITE: 348 Rinehardt Rd, Mooresville 28115
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 20%	0-11	FILL	—	few YB (25YR 7/3) to 32" heavy sap & WR (FR)	46"	LS	N/A	PS 0.275 to below 32" ↓ 0.3
		11-17	SCL-SBK	SSSP-FR-SEXP					
		17-32	C-SBK	"					
		32-46	CL-WSBK	SSNP FR					
		46-60	SAP-LSM	"					
2	LS 24%	0-5	SCL-SCL	SSSP-FR-SEXP	N/A Heavy Sap FR WR 25'+	40"	LS	N/A	PS 0.35
		5-22	CL-WSBK	SSSP-FR SEXP					
		22-40	L-WSBK	SS NP-FR					
		40-60	LS SAP M	"					
3	LS 10%	0-9	FILL	—	— Heavy coarse fragments throughout SAP	62"	N/A	N/A	PS 0.35
		9-25	CL-SBK	SSSP-FR-SEXP					
		25-62	L-WSBK	SS NP-FR SEXP					
4	LS 15%	0-7	SCL-SBK	SSSP-FR-SEXP	— lateral H2O @ 18 Course fragments common	46"	LS	N/A	PS 0.3 below
		7-24	CL-SBK	↓					
		24-46	CL-WSBK						
		46-66	LS-SAP-M						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	201	201
System Type(s)	50% red	50% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wieberz
OTHER(S) PRESENT: D. Beane, J. Rutherford

COMMENTS: Heavy rain overnight Slope correction 10"

Updated February 2014

CONNECTGIS WEB HOSTING

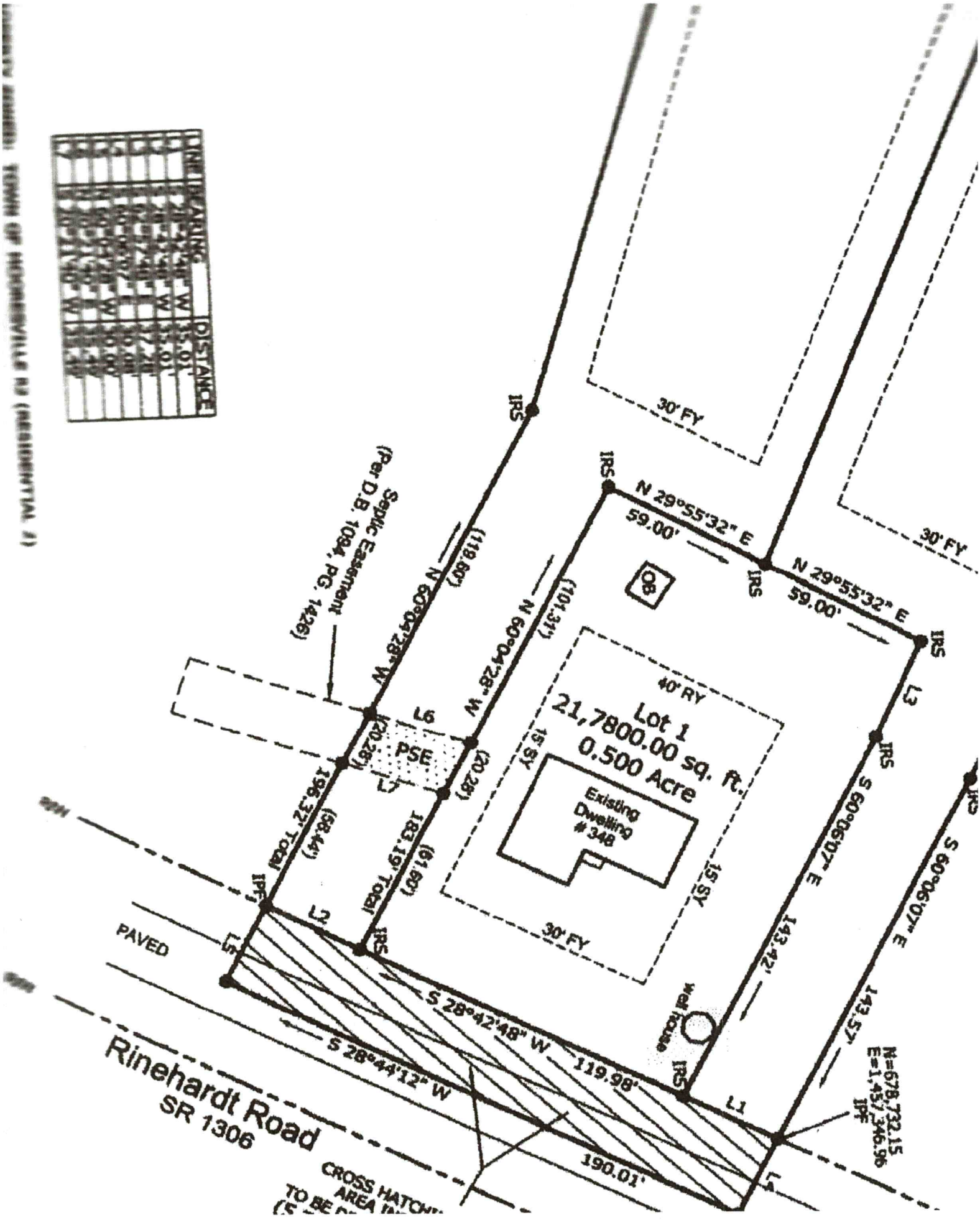
North Carolina Iredell County

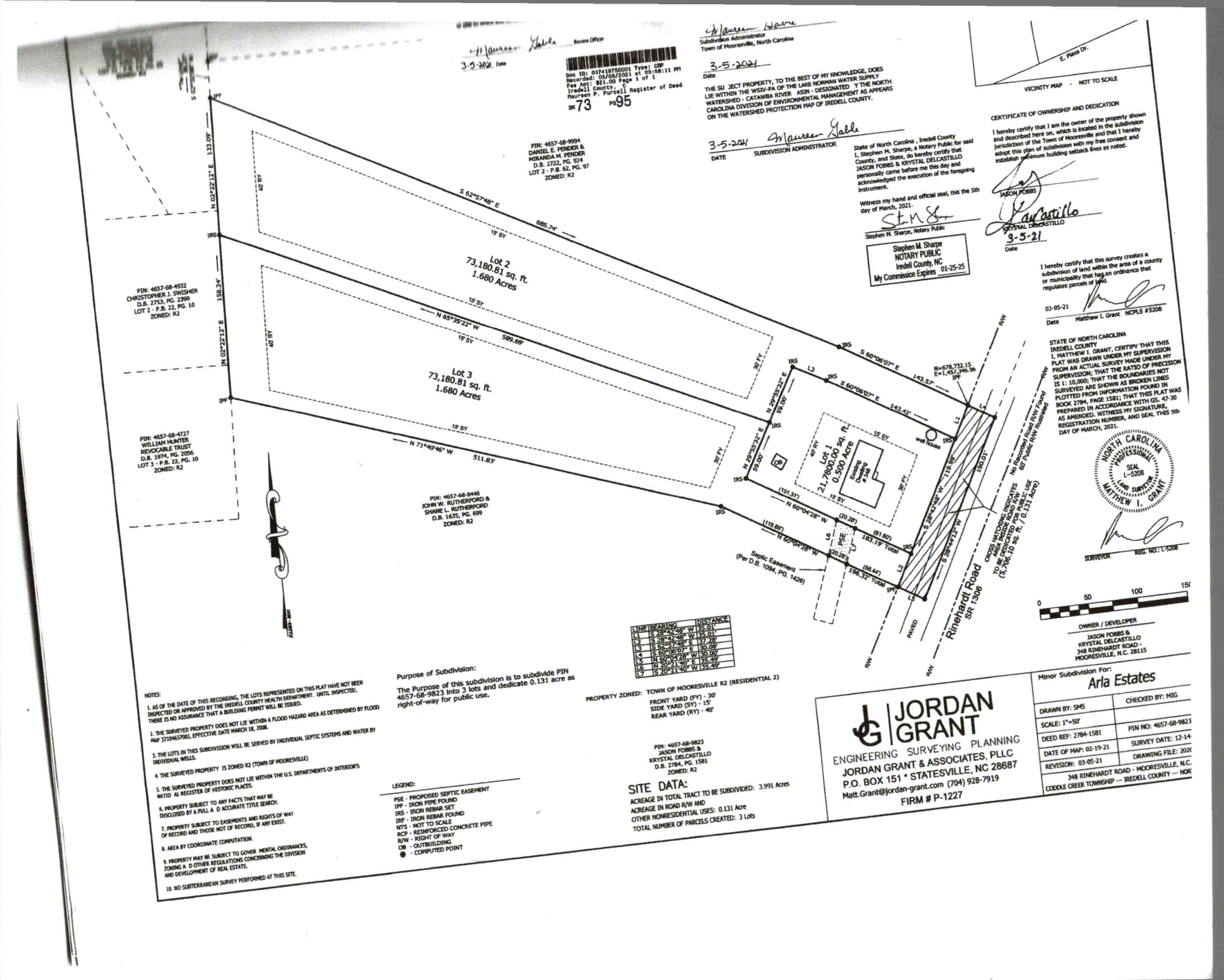
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Excel 2000/2003

	Address	City	State	Zip	Street Name
1	348 RINEHARDT RD	MOORESVILLE	NC	28115	RINEHARDT


LINE BEARING DISTANCE
30' FY
IRS
N 29°55'32" E
59.00'
N 29°55'32" E
59.00'
IRS
IRS
Septic Easement (Per D.B. 1084, PG. 1426)
N 60°04'28" W (118.60')
N 60°04'28" W (101.31')
08
40' RY
Lot 1
21,7800.00 sq. ft.
0.500 Acre
Existing Dwelling # 348
15' SY
15' SY
30' FY
L6
PSE
L7
(20.28')
(20.28')
196.37' TOAI (58.46')
183.19' TOAI (61.60')
IPF
L2
L1
IRS
PAVED
S 28°42'48" W 119.98'
S 28°44'12" W
190.01'
Rinehardt Road
SR 1306
CROSS HATCH AREA
TO BE
S 60°06'07" E 143.42'
S 60°06'07" E 143.57'
IRS
IRS
IRS
IRS
N=678,732.15
E=1,457,346.96
IPF
L3
L4
L5



LINE	BEARING	DISTANCE
L1	S 28°42'46" W	35.01'
L2	S 28°42'46" W	35.01'
L3	S 62°57'48" E	37.28'
L4	S 60°06'07" E	30.08'
L5	N 60°04'28" W	30.00'
L6	N 29°21'40" E	35.49'
L7	S 29°21'40" W	35.49'

NOTES:

1. 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.
2. THE SURVEYED PROPERTY DOES NOT LIE WITHIN A FLOOD HAZARD AREA AS DETERMINED BY FLOOD MAP 3710465700J, EFFECTIVE DATE MARCH 18, 2008.
3. THE LOTS IN THIS SUBDIVISION WILL BE SERVED BY INDIVIDUAL SEPTIC SYSTEMS AND WATER BY INDIVIDUAL WELLS.
4. THE SURVEYED PROPERTY IS ZONED R2 (TOWN OF MOORESVILLE)
5. THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.
6. PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.
7. PROPERTY SUBJECT TO EASEMENTS AND RIGHTS OF WAY OF RECORD AND THOSE NOT OF RECORD, IF ANY EXIST.
8. AREA BY COORDINATE COMPUTATION.
9. PROPERTY MAY BE SUBJECT TO GOVERNMENTAL ORDINANCES, ZONING AND OTHER REGULATIONS CONCERNING THE DIVISION AND DEVELOPMENT OF REAL ESTATE.
10. NO SUBTERRANEAN SURVEY PERFORMED AT THIS SITE.

LEGEND:

PSE - PROPOSED SEPTIC EASEMENT
IPF - IRON PIPE FOUND
IRS - IRON REBAR SET
IRF - IRON REBAR FOUND
NTS - NOT TO SCALE
RCP - REINFORCED CONCRETE PIPE
R/W - RIGHT OF WAY
OB - OUTBUILDING
● - COMPUTED POINT

Purpose of Subdivision:

The Purpose of this subdivision is to subdivide PIN 4657-68-9823 into 3 lots and dedicate 0.131 acre as right-of-way for public use.

PROPERTY ZONED: TOWN OF MOORESVILLE R2 (RESIDENTIAL 2)

FRONT YARD (FY) - 30'
SIDE YARD (SY) - 15'
REAR YARD (RY) - 40'

SITE DATA:

ACREAGE IN TOTAL TRACT TO BE SUBDIVIDED: 3.991 Acres
ACREAGE IN ROAD R/W AND
OTHER NONRESIDENTIAL USES: 0.131 Acre
TOTAL NUMBER OF PARCELS CREATED: 3 Lots

JORDAN GRANT
ENGINEERING SURVEYING PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
Matt.Grant@Jordan-grant.com (704) 928-7919
FIRM # P-1227

Minor Subdivision For:
Arla Estates

DRAWN BY: SMS	CHECKED BY: MIG
SCALE: 1"=50'	
DEED REF: 2784-1581	PIN NO: 4657-68-9823
DATE OF MAP: 02-19-21	SURVEY DATE: 12-14-
REVISION: 03-05-21	DRAWING FILE: 202(
348 RINEHARDT ROAD - MOORESVILLE, N.C.	
CODDLE CREEK TOWNSHIP --- IREDELL COUNTY --- NOR	

3/16/22

RECEIVED MAR 2 8 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327007 $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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: John Rutherford **Address:** 366 Rinehardt Rd Mooresville **Zip:** 28115

Applicant Email: Wakeup954@gmail.com **Phone:** 704 904 4149 **Alt. Phone:** _____

Owner Name: JASON FOBBS / KRYSTAL DELCASTILLO **Address:** 348 RINEHARDT RD Mooresville NC **Zip:** 28115

Owner Email: fobbs04@gmail.com **Phone:** 631 413 6984 **Alt. Phone:** _____

****

Property Information:

Street Address: 348 RINEHARDT RD MOORESVILLE NC 28115

Subdivision Name: ARLVA ESTATES **Section/Phase:** _____ **Lot Number:** 1 & 2

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: DRAIN LINE ENCROACHMENT
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

****

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

****

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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.

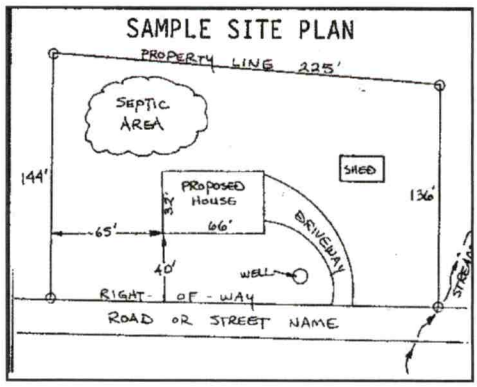
Signature: _____ 3/25/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (✓) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **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

Currently

Easement

D.B. 1094, Pg. 1426

Map 73, 95

See Attached.

3/5/21

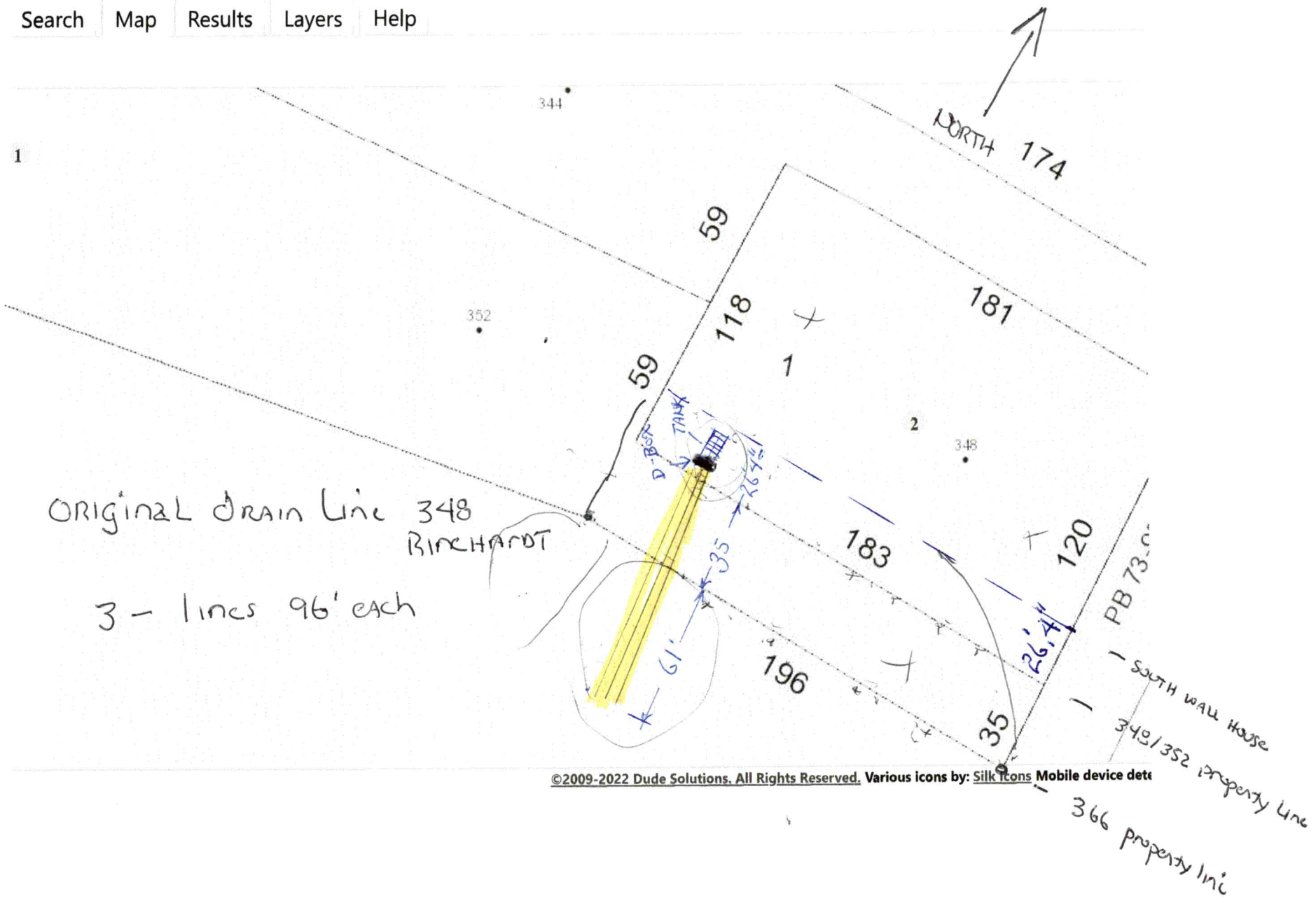
Signature: John Rutherford

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

03/24/2022

DATE

Search Map Results Layers Help



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Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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*) John Rutherford

→ 366 owner.

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, ~~Krystal Del Castillo~~ JASON Fobbs, am the legal owner(s) of the property located at 352 and 348 RINEHARDT RD, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

✓ _____ 3/25/22
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