ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP322992

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

PIN # 4659-66-2651

APPLICANT/OWNER: Katelyn Keckler | APPLICANT ADDRESS: 151 Capital Ave Mooresville, NC 28115

SITE ADDRESS: 104 Sheep Path Dr Mooresville NC | PHONE: 216835-2413 | ALT. PHONE

SITE DIRECTIONS: Hwy 115N TR Shepherd Rd TL Shepherds Bluff Dr TL Bluff Meadow Ln TL Sheep Path

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Shepherds Bluff | SECTION: | LOT # 39 | LOT AREA: .48 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .325 Tot / .3Rep

Septic Tank	1000 (gal)	STB	760	Date	9.15.22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	360	Date	10-15-22	System Description:	LP PPBPS (Vert)		
Pump Make		Model		Serial #		Repair System Description:	PPBPS		
# Nitrification Fields	1	# Lines	4	Linear Ft		Maintenance Agreement Required:	☒ YES	☐ NO	
Trench Width	Min 24"	Trench Bottom Depth (Low side) max	30" / 36" Rep	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE	

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

Comments / Conditions:

Timmer 3 Lin upper Channel 11/23/22 BB

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Adams & Assoc. (dated 11/4/21)

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.

1) 35 ft
2) 55 ft
3) 71 ft
4) 88 GT

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

BCH 12-28-2022

FLOATS
ALARM
ELECTRICAL
PRESSURE
CUB

TANK RISERS MUST BE FIXED
BERM MUST BE GRADED

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: Katelyn Keckler | Date: 12/13/21 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Myron Dotson | Date: 12/15/21 | OPERATION PERMIT by: Sydney Hollanel | Date: 12/30/22

AUTHORIZATION TO CONSTRUCT by: Myron Dotson | Date: 12/15/21 | Existing System Inspected by: | Date:

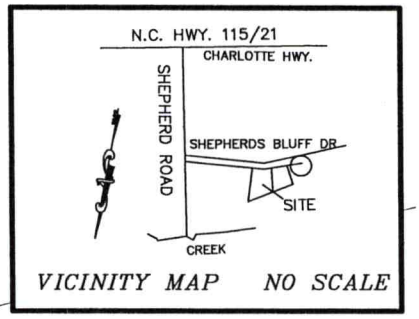
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book_____, page_____, and/or plat book 50, page 145, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C, my hand and seal on the 31ST, day of JANUARY, A.D. 20 07

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE

#4 REBAR SET
N57°47'19"W 12.29
N75°30'47"W 159.70
CL CREEK
S65°01'32"W 195.44
100.0 POWER LINE R/W
44' SETBACK
S25°06'35"E 40.90
POWER LINE R/W
S59°42'35"E CH=93.96 R=51.00 L=98.63
LOT 37
0.97 ACRES
50.0
60.0
HOUSE BOX
60.0
20.0
60.0
60.0
35' SETBACK
N39°27'22"W CH=40.30 R=35.00 L=42.94
S74°36'09"E 145.34' (TOTAL)
36.0
139.91
N15°23'51"E 200.91 (TOTAL)
LOT 38 SHEPHERD'S BLUFF MB. 50, PG. 145
LOT 36 SHEPHERD'S BLUFF MB. 50, PG. 145
SHEEP PATH DRIVE A 45' R/W
DRIVE
L8 L7 L6
15' SEPTIC SUPPLY EASEMENT MAP BOOK 50, PG. 145
N74°36'09"W 100.00
L5 L4 L2 L3 L10 L9
LOT 39 SHEPHERD'S BLUFF MB. 50, PG. 145
S15°23'51"W 200.00 (TOTAL)
134.48
35' SETBACK
(A PORTION OF LOT 40) MB. 50, PG. 145
LOT 37-A
SEPTIC EASEMENT
0.32 ACRES
11' SEPTIC SUPPLY EASEMENT 1310 SQ.FT. 0.03 ACRES
125.87
N15°23'51"E 200.00 (TOTAL)
LOT 41 SHEPHERD'S BLUFF MB. 50, PG. 145
S15°23'51"W 200.00
S67°10'10"E 41.45
S77°29'48"E 58.97
65.52
A PORTION OF LOT 40 SHEPHERD'S BLUFF MB. 50, PG. 145 0.14 ACRES
63.13
S74°36'09"E 100.00
MB. 50, PG. 145

LINE TABLE		
LINE	LENGTH	BEARING

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

Approved
12/15/21
MD

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
11/4/2021

Reference: Data Sheet for 104 Sheep Path Dr, Shepherds Bluff, Lot 39
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.325 GPD/FT^2 (initial), 00.3 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-Central Valve Box
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 33.04 GPM
Dosing Volume: 201.6 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 18.3'
Friction Head: 1.4'
Pressure Head: 2'
Total Dynamic Head: 21.7'
Supply Line Length: 170' of 2" PVC
Septic/Pump Tank Size: 1000/~~1000~~ gallons
Proposed Trench Bottom: 30" (initial), 36" (repair)



Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1	**35'**	**8**	**36'**	**1.0'**
Blue 2	**53'**	**12**	**53'**	**2.5'**
White 3	**70'**	**16**	**71'**	**3.9'**
Yellow 4	**88'**	**20**	**88'**	**4.7'**
Orange 5			99'	5.9'
Blue 6			92'	6.9'
White 7			92'	8.2'

Initial System: 246' **Repair System:** 283'

Pump Tank: 14.3' **House Corner:** 12.7'
Benchmark: 5.8'

Comments:
The berm must be graded out. Do not cut the grade within 15' of septic area.

Approved
12/15/21
MD

PROPERTY ID #: 4659662651_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 12/15/21

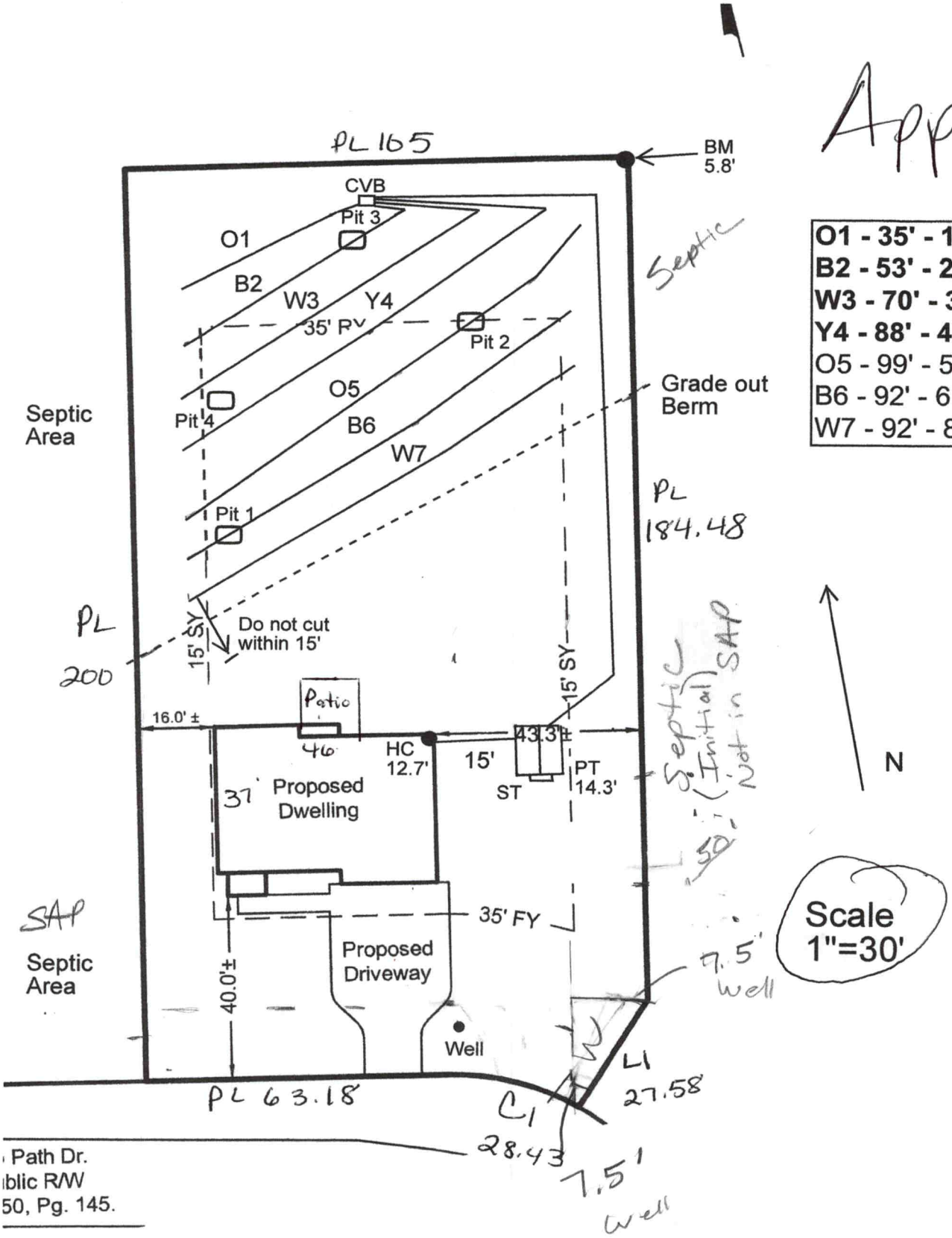
OWNER: Peter Galano_____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 BDRM_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: __0.48AC_____
LOCATION OF SITE: 104 Sheep Path Dr, Shepherds Bluff 39_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 10%	0-8	FILL		N/A	55"		N/A	PS 0.3
		8-24	R C SBK/ABK	FR SS SP SXP					
		24-55	R CL WSBK	FR SS SP SXP			F-C SAP		
2	LS 10%	0-4	Br CL WSBK	FR SS SP SXP	N/A	56"		N/A	PS 0.3-0.35
		4-18	R C SBK	FR SS SP SXP					
		18-56	R CL WSBK	FR SS SP SXP			Com SAP		
3	LS 10%	0-4	Br CL WSBK	FR SS SP SXP	N/A	46"		N/A	PS 0.325
		4-18	R C SBK	FR SS SP SXP					
		18-46	R CL WSBK	FR SS SP SXP			Com SAP		
		46-53	VER SL SAP M	VFR SS SP SXP			PS		
4	LS 10%	0-6	FILL		N/A	57"		N/A	PS 0.325
		6-24	R C SBK	FR SS SP SXP					
		24-57	R CL WSBK	FR SS SP SXP			F-C SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	492 FT^2	566 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.325	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____



Approved
12/15/21

O1 - 35' - 1.0'
B2 - 53' - 2.5'
W3 - 70' - 3.9'
Y4 - 88' - 4.7'
O5 - 99' - 5.9'
B6 - 92' - 6.9'
W7 - 92' - 8.2'

MD

CALCULATIONS

Location SHEPHERD'S BLUFF

Project Number 01-1064

Lot No: Lot 37

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.25	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	247	ft.
Supply Line Volume	42.978	gal.
Required Feet of Line	320	ft.
Amount of Line from Layout	320	ft.
Gallons per Minute	29.52	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	gal.
# of Panels	72	
Dosing Volume	173.66	gal.

Note: Dosing Volume based on 33% of # of panels times 3.6 gal/panel

Tank Draw Down	8.3	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	31	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	4.40	ft.
Total Dynamic Head (+15%)	43.01	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Billy Allen
Address:	249 Williamson Rd. STE 101 Mooresville, NC 28117
Phone:	
County:	Iredell
Location:	Shepherd's Bluff lot 37
Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	29.52

Design Specifications

Drainfield Size:	320
Loading Rate:	0.25 gpd/ft²
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	36 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	247
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	42.98
Dosing Volume:	173.66
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	4.40
Elevation Head:	31.00
Total Dynamic Head:	43.01
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

Shepherd's Bluff lot 37

LP PPBPS

DESIGN FLOW:	480
SOIL APPLICATION RATE:	0.25 gpd/ft²
TOTAL AREA TRENCH BOTTOM:	960
TOTAL LATERAL LENGTH:	320
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	320
SUPPLY LINE LENGTH:	247
TOTAL DYNAMIC HEAD:	43.01
MANIFOLD SIZE:	N/A
DOSING VOLUME:	173.66
PUMP TANK DRAW DOWN*:	8.3
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

SHEPHERD'S BLUFF LOT 37

Project #: 01-1064

LAYOUT FOR 4 BEDROOM HOME

February 1, 2006

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		13.2			100.00		
INSTR. 1			113.20				
HOUSE CNR				20.70	92.50		
P. TANK				33.30	79.90		
1	DARK PINK			2.90	110.30	80	80
2	BLUE			3.80	109.40	80	80
3	DARK PINK			4.90	108.30	80	80
4	BLUE			5.30	107.90	80	80
5	DARK PINK			5.90	107.30	80	80
6	***PINK***			***7.30***	***105.90***	***80***	***80***
7	***ORANGE***			***8.40***	***104.80***	***80***	***80***
8	***BLUE***			***9.10***	***104.10***	***80***	***80***
9	***DARK PINK***			***10.60***	***102.60***	***80***	***80***
					Total	720	720

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***320***	***0.25***	***MOD.***	***0.25***	***PPBPS***	***LOW PRESSURE*** (320)
Repair	400	0.25	MOD.	0.25	PPBPS	LOW PRESSURE

Notes:

** TBM located top of ground at EIP at corner of lot (see site plan)

**TBM is assumed to be 100'

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

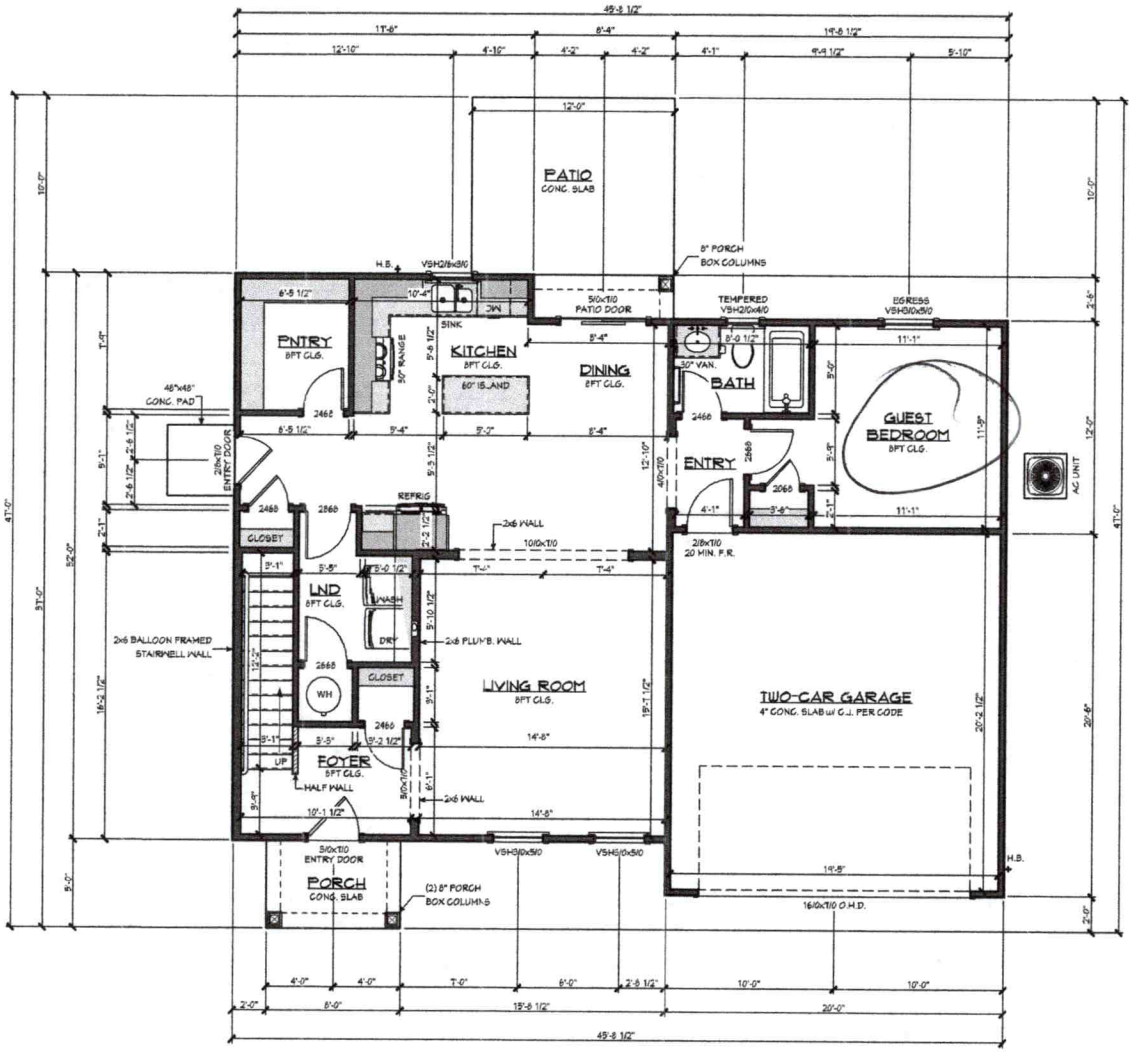
**BS, HI, and FS indicate rod readings

LP PPBPS TAPSHEET -SHEPHERD'S BLUFF LOT 37

SYSTEM

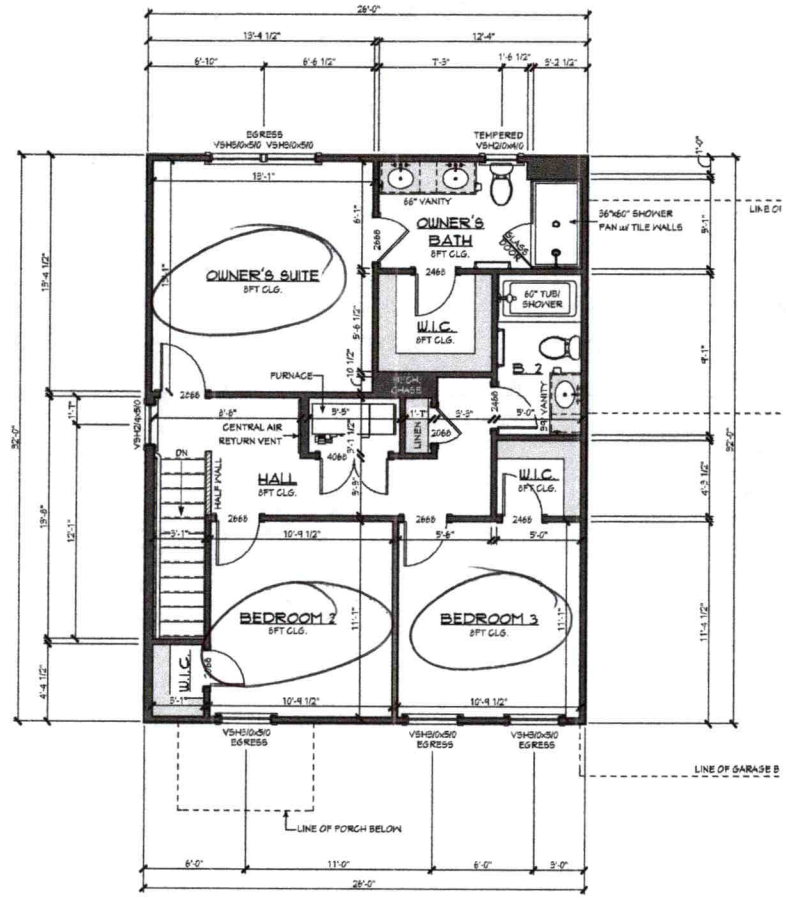
Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
6	***PINK***	105.9	***80***	0.156	**0.41**	240	18
7	***ORANGE***	104.8	***80***	0.156	**0.41**	240	18
8	***BLUE***	104.1	***80***	0.156	**0.41**	240	18
9	***DARK PINK***	102.6	***80***	0.156	**0.41**	240	18
							72
	total	**feet =**	**320**	**gal/min =**	**29.52**		
			Des. Flow	**480**			
			Pump Run=	**5.88**			
			soil LTAR	**0.25**			
			LTAR +5%	**0.2625**			
			LTAR with mod.	**0.5**			
			LTAR with mod.. + 5%	**0.525**			

.156 equals 5/32 inch hole



FIRST FLOOR PLAN

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



SECOND FLOOR PLAN

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

Acknowledgement Of
Plans Submittal ONLY!

Date 12/15/21

Date 12/13/21

RECEIVED NOV 9 - 2021

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

AP- 322992

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $ 350.00 Exp. Review

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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(j) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mitzi Owens Address: 438 Williamson Road, Suite 3, Mooresville Zip: 28117
Applicant Email: mitzi@foundationhomesIkn.com Phone: 704-360-2251 Alt. Phone: _____
Owner Name: Katelyn Keckler Address: 151 Capital Ave Mooresville NC Zip: 28115
Owner Email: KKeckler11@yahoo.com Phone: 216-835-2413 Alt. Phone: _____

Property Information:

Street Address: 104 Sheep Path Drive / Lot 39 Shepherds Bluff
Subdivision Name: Shepherds Bluff Section/Phase: _____ Lot Number: 39
Driving Directions: Hwy 115 N, R on Shepherd Rd, L on Shepherds Bluff Dr, R on Bluff Meadow Ln, L on Sheep Path Dr

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

(X) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

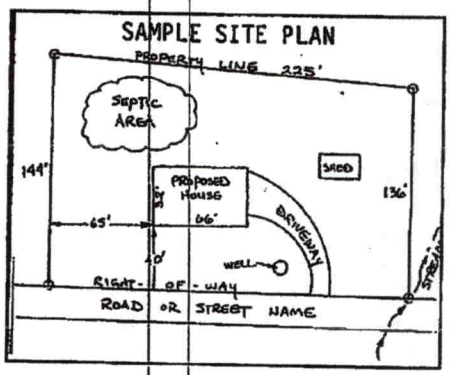
Signature: Mitzi Owens 10/11/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See attached plot plan

Signature: Mitzi Owens

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

11/4/2021

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*) Peter Galano Ghislaine Galano

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, Peter and Ghislaine Galano, am the legal owner(s) of the property located at Lot 39 Shepherds Bluff / Sheep Path Dr, identified as PIN (Parcel Identification Number) 4659662651, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens, Foundation Homes Residential, LLC, 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.

Peter Galano Ghislaine Galano — Signature of Owner(s)

10-11-2021
10-11-2021 — Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
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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 ***

MEO **Complete all Environmental Health forms:**

MEO Application
MEO Site Plan including the dimensions of proposed structure, addition, pool etc.
MEO Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
MEO Copy of Zoning Permit when applicable
MEO Sign this sheet after you have completed all items

MEO **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.**

MEO **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.**

MEO **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.

MEO **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 Mitzi Owens **Date** 10 / 11 /2021

Questions? Contact the Environmental Health Offices below:

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

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