ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 239537

PIN # 4668822448

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

APPLICANT/OWNER: Tanya Pieterse

APPLICANT ADDRESS: PO Box 1428 Mooresville NC 28115

SITE ADDRESS: 988 Mt. Ulla Hwy Mooresville NC 28115

PHONE: 704-799-5186 ALT. PHONE 7046087876

SITE DIRECTIONS: Estatesville Ave to Rt on N Church St, L onto Mt Ulla Hwy Lot will be on R

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Beverly Park

SECTION: — LOT # 1-4 LOT AREA: 0.459 acres

DESIGN FLOW: 360GPD L.T.A.R.: .25

Septic Tank 1000 (gal) STB Infiltrator Date

Pump Tank — (gal) PT — Date —

Pump Make — Model — Serial # —

Nitrification Fields 1 # Lines 6 Linear Ft 360'

Trench Width 36" Trench Bottom Depth(Low side) 36" Gravel Depth —

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

System Description: Gravity 25% Reduction

Repair System Description: Repair exempt pre 1983

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

☐ Slab ☑ Crawl Space

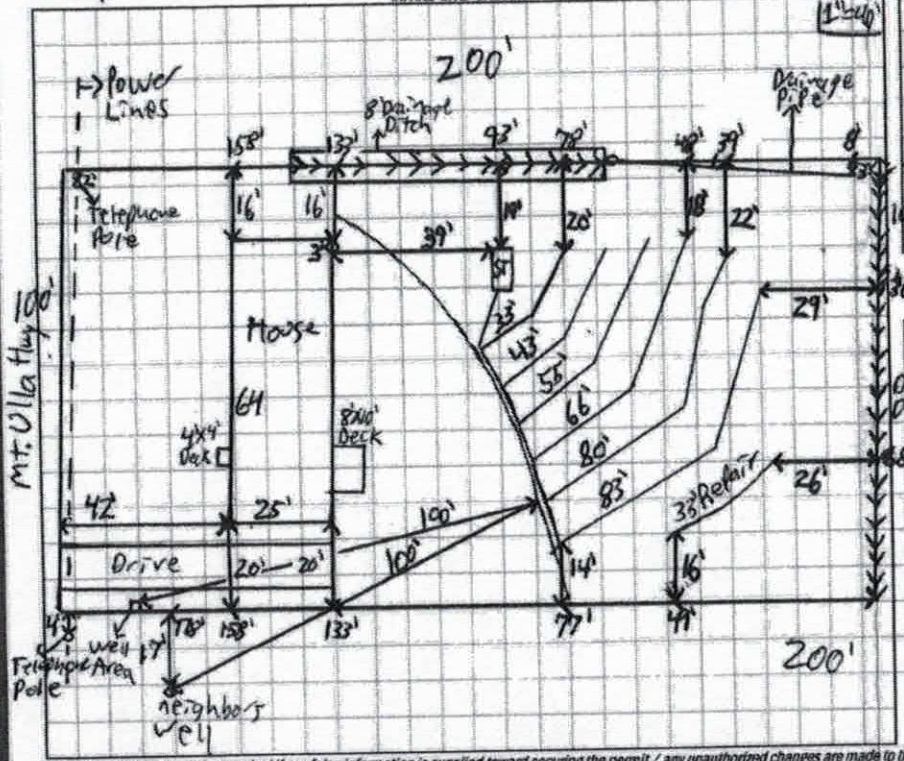
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on contour. maintain 100' from all wells, 15' from drainage ditches/pipes. Drainage ditch/pipes must be kept clear and storm water diverted from septic area.

Recomend pulling measurements from back Property Corners, Property Corners and Property Lines MUST Be Clearly marked During time of Installation and Inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

Tank 25' off House

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: Date: 7-27-19

IMPROVEMENT PERMIT by: Patrick O Pope III Date: 9/26/19

AUTHORIZATION TO CONSTRUCT by: Patrick O Pope III Date: 9/26/19

Installed by: Elite Pop Solutions

OPERATION PERMIT by: Date: 11-4-19

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 239537

PIN # 4668822448

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

APPLICANT/OWNER: Tanya Pieterse

APPLICANT ADDRESS: Po Box 1428 Mooresville NC 28115

SITE ADDRESS: 988 Mt. Ulla Hwy Mooresville NC 28115

PHONE: 704-799-5186 ALT. PHONE 704608-7876

SITE DIRECTIONS: Estatesville Ave to Ron N Church st, L onto mt Ulla Hwy Lot will be on R

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Beverly Park

SECTION: — LOT # 1-4 LOT AREA: 0.459 acres

DESIGN FLOW: 360GPD L.T.A.R.: .25

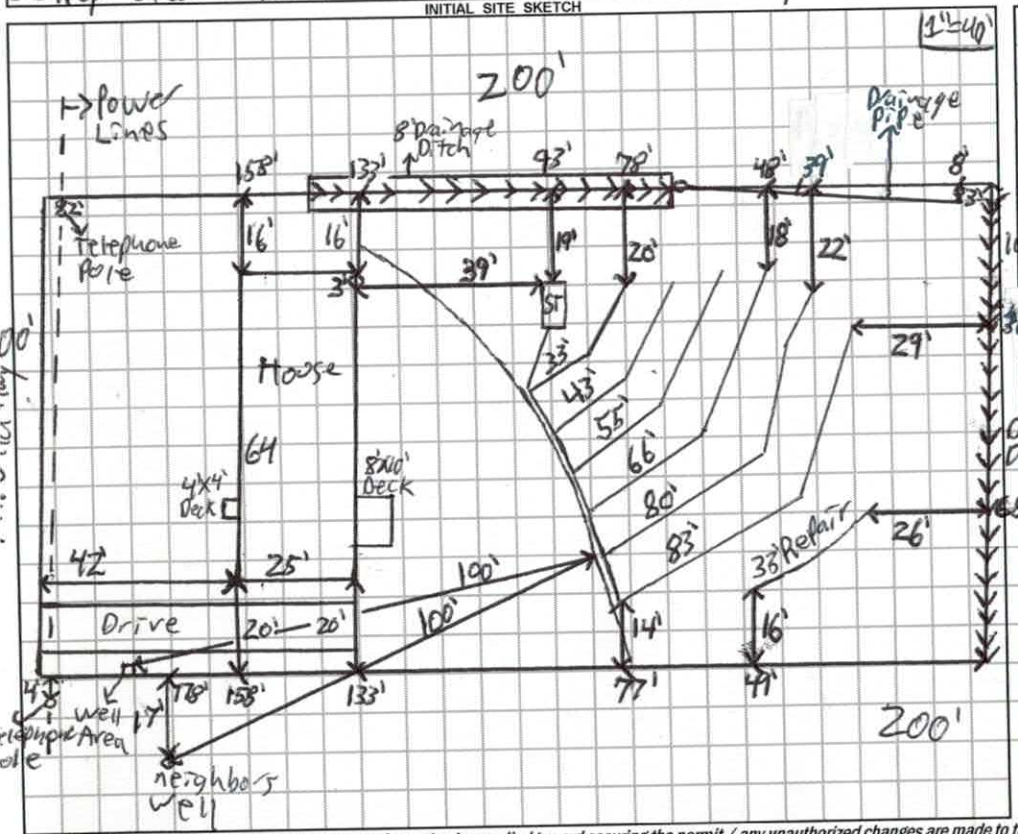
Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT —	Date —	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description:	Repair exempt pre 1983	☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 360'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on contour. maintain 100' from all wells, 15' from drainage ditches/pipes. Drainage ditch/pipes must be kept clear and storm water diverted from septic area.

Reccomend pulling measurements from back Property Corners. Property Corners and Property Lines MUST Be clearly marked During time of Installation and Inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: _____ Date: 7-27-19

IMPROVEMENT PERMIT by: Patrick O Pope III Date: 9/26/19

AUTHORIZATION TO CONSTRUCT by: Patrick O Pope III Date: 9/26/19

Installed by: _____

OPERATION PERMIT by: _____ Date: _____

Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4668822448
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shari Massey — APPLICATION DATE: 12-8-15
ADDRESS: 720 Fieldstone Rd Mooresville NC 28115 — DATE EVALUATED: 1-12-16
PROPOSED FACILITY: 3 BRM — PROPOSED DESIGN FLOW (.1949): 360 gpd — PROPERTY SIZE: 0.459
LOCATION OF SITE: 988 Mt. Ulla Hwy, Mooresville — 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B 1	LSS 7%	0-4	B CL Gr	FR SS SP SE P	few RM	44"	PS	—	PS .25 to 16 .3 > 16"
		4-16	YR C WFR BK	FR S SP SE P	com/man SAP, feldspar mica				
		16-44	YR CL WFR BK	FR SS SP SE P	com feldspar, mica	YR Ccl.			
		44-48	Var SL Sap M	FR SS SP SE P					
B 2	Small HS 8%	0-6	B CL WFR BK	FR SS SP SE P	few YR, few RM	48"	—	—	PS .225-.25
		6-22	R C WFR BK	FI SP SE P	com YR, com feldspar				
		22-48	YR C WFR BK	FI SP SE P					
B 3	LSS 5%	0-6	B CL WFR BK	FR SS SP SE P		26"	PS	—	PS .3-.35 Mean pt
		6-13	YR C WFR BK	FI SP SE P	com SAP com YR ccl, few ccl				
		13-26	YR C WFR BK	FI SP SE P					
		26-32	YR L Sap M	FR SS SP SE P					
		32-48	Var L Sap M	FR SS SP SE P					
P 1	LSS	0-10	B SCL/CL WFR BK	FR SS SP SE P	few YB, few RM few ccl com SAP few ccl, few ccl com feldspar	30"	PS	—	PS .25
		10-26	YR C WFR BK	FR S SP SE P					
		26-30	YR CL WFR BK/WFR BK	FR SS SP SE P					
		30-60	Var L Sap M	FR SS SP SE P					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	Pre 1983
System Type(s)	Gravity 25%	
Site LTAR	0.25	

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ALP
OTHER(S) PRESENT: Tanya Pickerse, Branson, Buddy Buckhem

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4668822448
DATE OF EVALUATION: 1-12-16
COUNTY: Iredell

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	
P 2	LSS 5%	0-9	B C L FSBk	Fr SS SP SE P	few RB, few 2.5Y 7/4	48"	-	-	PS .25
		9-21	R C L FSBk/Mbk	Fi S PS E P					
		21-48	R C L FSBk	Fi S SP SE P					
P 3	LSS 5%	0-6	B C L FSBk	Fr SS SP SE P	few/com sap confeldspars; com feldspars, mica, few/com Rcrse vns; few R CC wea-S confeldspars + mica	41"	PS	-	PS .3
		6-16	R C L FSBk	Fi S SP SE P					
		16-41	R C/M L FSBk	Fr SS SP SE P					
		41-53	Var L Sap M	Fr SS SP SE P					
		53-60	Var L Sap M	Fr SS SP SE P					

COMMENTS:

AP 239537

$105

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*

REDRAW $105.00

Application For: (X) 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: TANYA PIETERSE **Address:** PO BOX 1428, MOORESVILLE NC **Zip:** 28115

Applicant Email: tanyapie78@gmail.com **Phone:** 704-799-5186 **Alt. Phone:** 704-~~799~~ 605-7876

Owner Name: BRETAN PROPERTIES LLC **Address:** PO BOX 1428, MOORESVILLE, NC **Zip:** 28115

Owner Email: tanyapie78@gmail.com **Phone:** 704-799-5186 **Alt. Phone:** 704-605-7876

Property Information:

Street Address: 988 MOUNT ULLA HIGHWAY, MOORESVILLE NC 28115

Subdivision Name: BEVERLY PARK **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-77 S, EXIT 36. LEFT ON NC-150, LEFT ON MOUNT ULLA HWY/801 N. PROPERTY ON RIGHT JUST AFTER YOU PASS SARDIS RD.

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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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

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

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

9/26/2019
DATE

AC

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: TANYA PIETERSE **Address:** PO BOX 1428, MOORESVILLE NC **Zip:** 28115

Applicant Email: tanyapie78@gmail.com **Phone:** 704-799-5186 **Alt. Phone:** 704-608-7876

Owner Name: TANYA PIETERSE **Address:** PO BOX 1428, MOORESVILLE NC **Zip:** 28115

Owner Email: tanyapie78@gmail.com **Phone:** 704-799-5186 **Alt. Phone:** 704-608-7876

Property Information:

Street Address: 988 Mount ULLA HIGHWAY, MOORESVILLE NC 28115

Subdivision Name: BEVERLY PARK **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-77 South, Exit 36: LEFT ON NC-150, LEFT ON MT ULLA HWY (601N). PROPERTY ON RIGHT JUST AFTER YOU PASS SANDIS RD.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) 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: TPieterse — 10/10/2018 **DATE**
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

RECEIVED DEC 9 2015 $500.00 #215389 215389 12/10/15 214 206

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ☒ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

TANYA PIETERSE (Applicant Name)	PO BOX 1428 MOORESVILLE, NC 28115 (Mailing Address)	704-799-5186 (Home Phone #)	704-608-7876 (Alternate Phone #)
SHARI MASSEY (Owner Name)	720 FIELDSTONE ROAD MOORESVILLE, NC 28115 (Mailing Address)	704-663-3003 (Home Phone #)	(Alternate Phone #)

4. Property Information:

#988 MT ULLA HIGHWAY, MOORESVILLE, NC, 28115 (Street Address) | (Subdivision Name) | LOT 1 (Section/Phase and Lot Number)

Driving Directions: FROM STATESVILLE NC, I77 SOUTH EXIT 36. LEFT ON NC-150, LEFT ON MOUNT ULLA HWY (801 N). PROPERTY ON RIGHT ADJACENT TO 994 MT. ULLA HWY. JUST AFTER you PASS SARDIS RD.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

☒ New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

☒ Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business N/A
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative ☒ Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ☒ No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ☒ No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ☒ No Is the site subject to approval by any other public agency?

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

9. Signature: Pieterse
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/9/2015
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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number) 4668822448.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 9/26/2019

Signature of Owner(s) Date

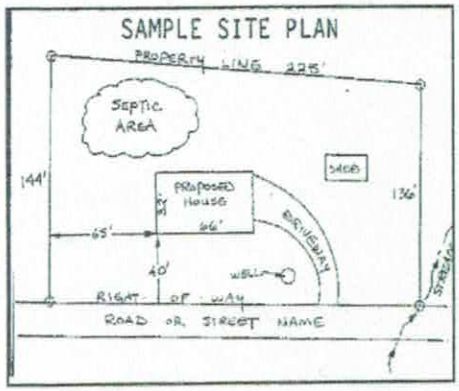
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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:

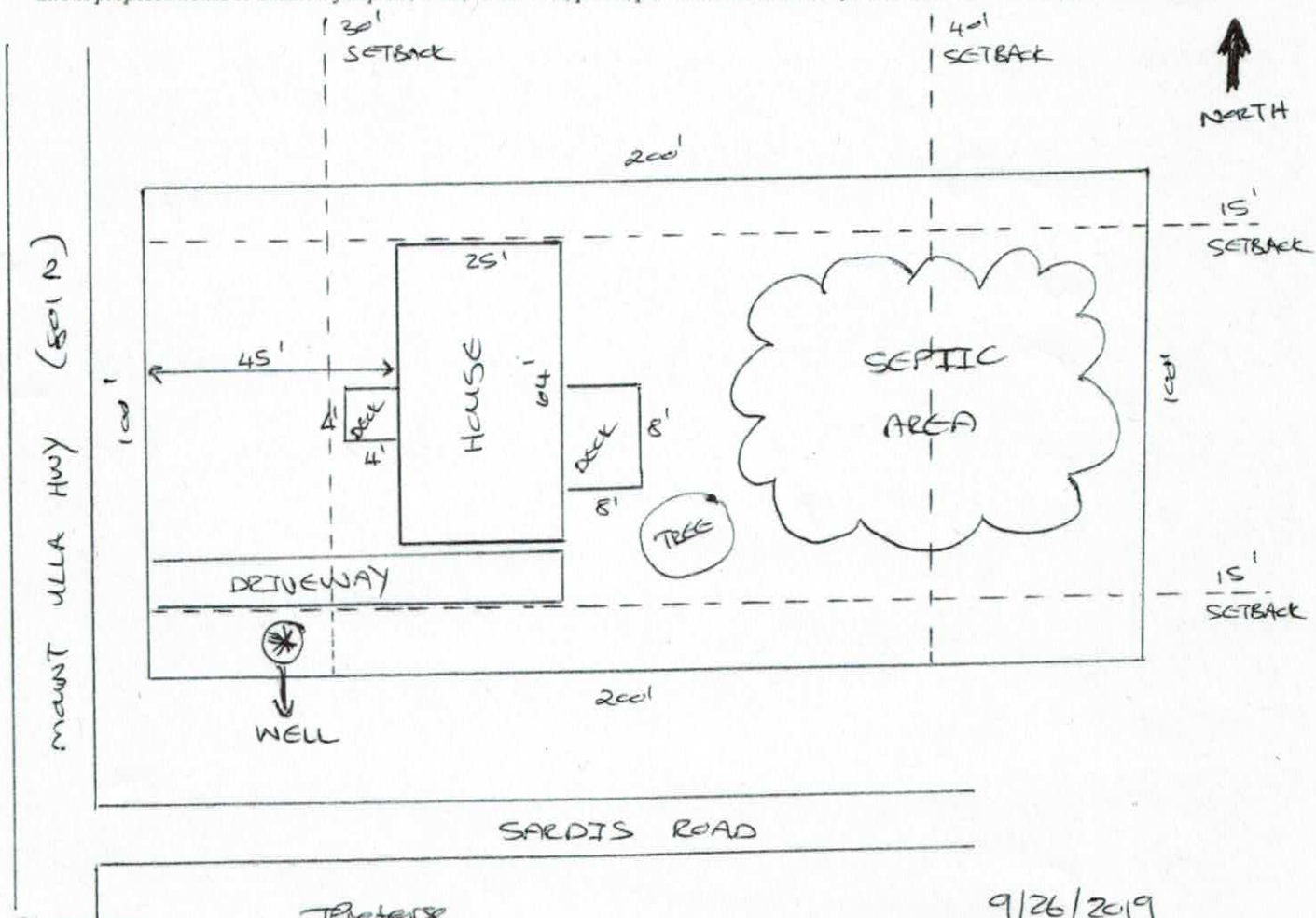
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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



Signature: Theresa 9/26/2019

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

DocuSign Envelope ID: 74904256-E3D3-49D1-90EB-29CE53F04694

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Shari K. Massey, Fred G. King Jr. & Dawn K. Smith, am the legal owner of the property located at Lot 1 Mt Ulla Highway #2, Mooresville NC 28115, identified as PIN(Parcel Identification Number) 4655224465, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) TANYA PIERCE, BRENDON BUCKINGHAM, BROTAIN PROPERTIES, LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. ~~Application for existing system~~.
5. ~~Application for Improvement Permit (IP)/ Authorization to Construct (AC)~~. 12/7/2015

DBS FGKJ SKM

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Fred G. King Jr
Shari K. Massey Dawn K. Smith 12/7/2015

Signature of Owner Date

Signature of Witness Date

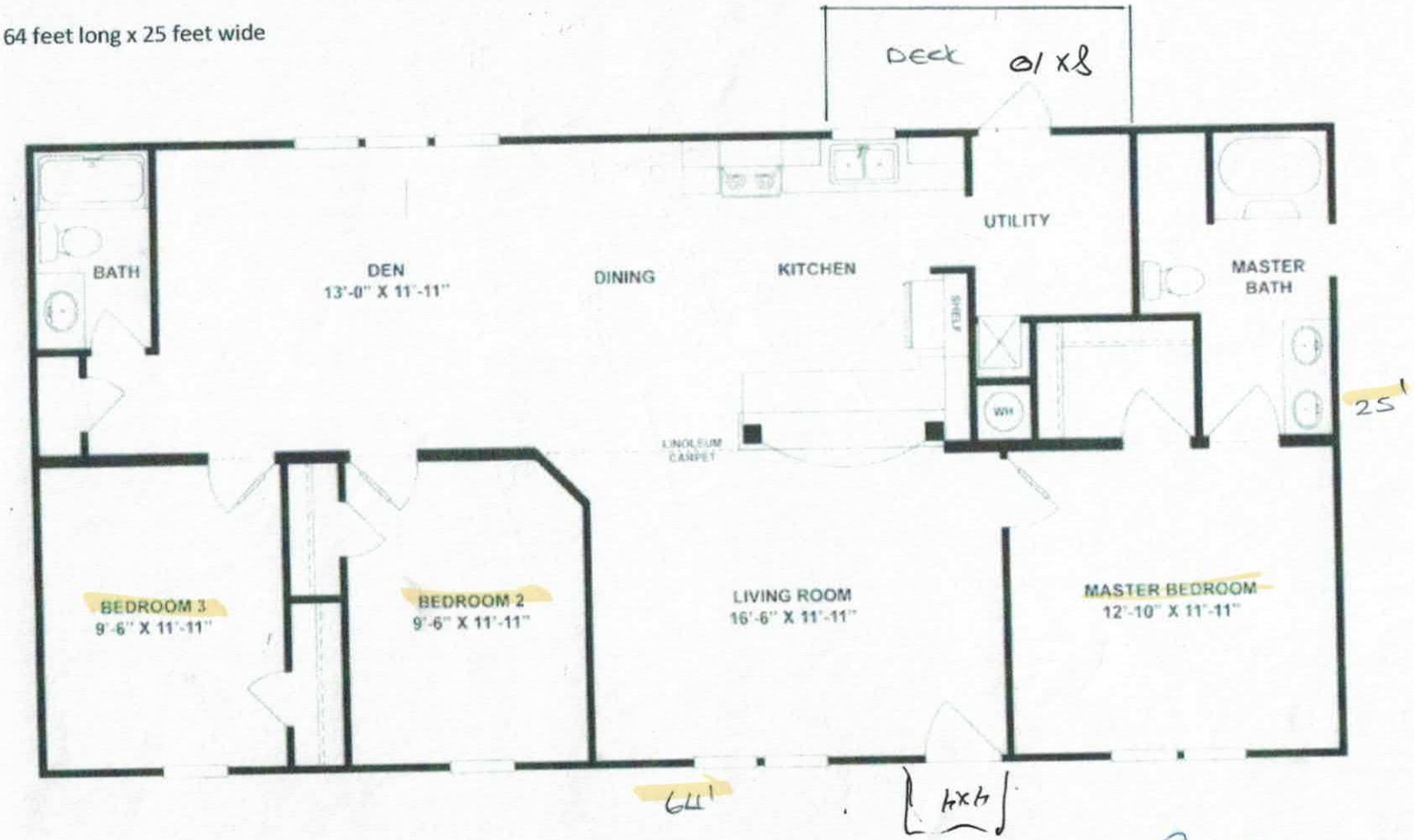
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115
or
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Date 10-11-18
Date 9-9-19

House Dimensions:

64 feet long x 25 feet wide



Release
10/10/2018

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 215389 Subdivision: BEVERLY PARK

Proposed Use: PERC TEST FOR SINGLE FAMILY HOME

Location: 988 MT ULLA HIGHWAY

Tax PIN: 4668822448.000 Zoning: Corridor Mixed Use Conditional Lot: 1-4Size: 0.000

Owner: MASSEY SHARI K+ETAL
Address: 103
IREDELL CO NC 28625

Applicant: PIETERSE TANYA
Address: P O BOX 1032
MOORESVILLE NC 28115

Phone:
Email:

Phone: 704-799-5186
Email:

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

TPieterse 12/09/2015

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: APPROVAL FOR PERT TEST.
NOT FOR CONSTRUCTION - MUST OBTAIN MOORESVILLE ZONING AND IREDELL COUNTY FOR PERMITS & BUILDING PERMITS.

HP 12/09/2015 NO CHARGE

Approved By: Date Application Fee