ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 325202

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

PIN # 4686 -10 -3819 ✓

APPLICANT/OWNER: Sara Merz — APPLICANT ADDRESS: 183 Chance Road Mooresville NC 28115

SITE ADDRESS: 1063 Patterson Farm Rd Mooresville NC ✓ — PHONE: 704-221-0410 — ALT. PHONE —

SITE DIRECTIONS: Center Ave to Hwy 3 0 on Wilford On Linwood On Patterson Farm. — SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Patterson Grove ✓ — SECTION: - — LOT # 5 ✓ — LOT AREA: 4.60 Ac ✓ — DESIGN FLOW: 480 — L.T.A.R.: .25

Septic Tank 1000 (gal)	STB 760	Date 2-9-2023	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons 8	☑ Private
Pump Make	Model	Serial #	Repair System Description: LPP-VPPBTS - 50% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 480	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36 in	Trench Bottom Depth([redacted]) @ 24 inches	Gravel Depth -	☑ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: ~~A~~ Must build house in location as Shown in Septic plan. mD

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas PA

LSS # 1218 Dated Feb 8, 2022

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.

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

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**

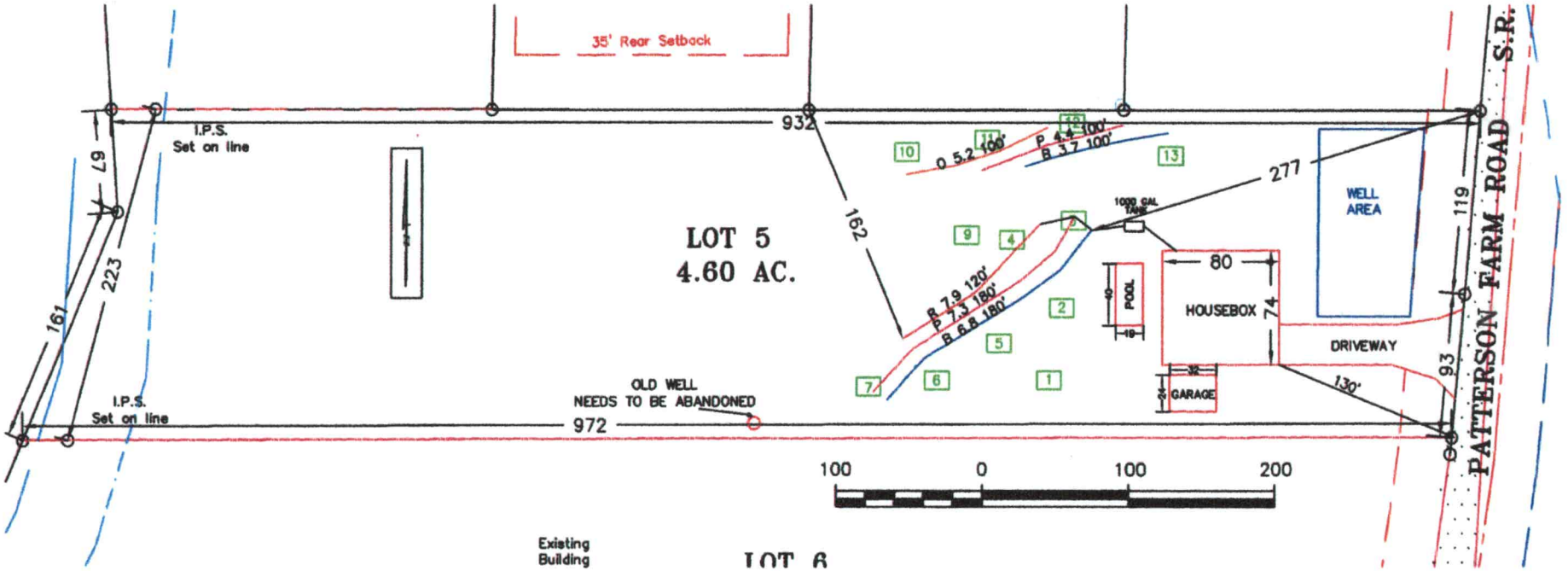
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Sara M — Date: 02/24/22 — Installed by: STEVENS SEPTIC

IMPROVEMENT PERMIT by: Benjamin A Bolles — Date: 2-15-2022 — OPERATION PERMIT by: Bryant C. White — Date: 3-21-2023

AUTHORIZATION TO CONSTRUCT by: Maria Dotson — Date: 4/2/22 — Existing System Inspected by: — Date:

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


35' Rear Setback
I.P.S.
Set on line
932
67
161
223
LOT 5
4.60 AC.
162
277
WELL
AREA
1000 GAL
TANK
119
80
HOUSEBOX
74
POOL
DRIVEWAY
93
130'
GARAGE
OLD WELL
NEEDS TO BE ABANDONED
I.P.S.
Set on line
972
100
0
100
200
PATTERSON FARM ROAD S.R.
Existing
Building
LOT 6

PROPERTY ID #: 4686103819
COUNTY: Iredell

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

OWNER: MartinRay Holdings, LLC
APPLICATION DATE:
ADDRESS:
DATE EVALUATED: 1/24/22
PROPOSED FACILITY: 480GPD
PROPERTY SIZE:
LOCATION OF SITE: LOT 5 PATTERSON GROVE-1063 PATTERSON FARM ROAD
PROPERTY RECORDED:
WATER SUPPLY: [✓] Private [✓] Well [ ] Spring [ ] Other
EVALUATION METHOD: [ ] Auger Boring [✓] Pit [ ] Cut
TYPE OF WASTEWATER: [X] 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 SAPR CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L / 2%	0-11	B CL WFS	Fr SS SP	2 chroma @ 25	58	N/A	N/A	.25
		11-25	BR C WMS	Fi SS P					
		25-58	BR SCL MASS	Fi SS P					
2	L / 2%	0-9	B SCL WFG	Fr SS SP	2 chroma @ 31	60	N/A	N/A	.25
		9-31	RB MMA	Fi SS P					
		31-60	RB CL WFS	Fr SS SP c sap					
3	L / 5%	0-5	B SCL WFG	Fr SS SP	N/A	60	N/A	N/A	.25
		5-28	BR C WFS	Fi SS P					
		28-60	RB CL WFS	Fr SS SP c sap c white					
4	L / 6%	0-8	B SCL WFG	Fr SS SP	N/A	48	PS	N/A	.275
		8-29	BR C WFS	Fi SS P					
		29-48	BR CL WFS	Fr SS SP c sap					
		48-60	VAR L MASS	Fr SS SP					
5		0-12	B SCL WFG	Fr SS SP	N/A	60	N/A	N/A	.25
		12-32	BR C WFS	Fi SS P					
		32-60	BR CL WMS	Fr SS SP c sap y/b mot					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	291
System Type(s)	ACCEPTED	PPBPS
Site LTAR	.25	.275

OTHER FACTORS (.194F):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: OVERBY
OTHER(S) PRESENT:

COMMENTS:

PROPERTY ID #: 4686103819
COUNTY: IREDELL

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

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 SAPR CLASS	.1944 RESTR HORIZ	
6	L / 6%	0-10	B SCL WFG	Fr SS SP	N/A	46	PS	N/A	.275
		10-28	BR C WFS	Fi SS SP					
		28-46	BR CL WMS	Fr SS SP c sap					
		46-60	VAR L MASS	Fr SS SP					
7	L / 6%	0-8	B SCL WMG	Fr SS SP	N/A	48	PS	N/A	.275
		8-28	R C MMA	Fi SS SP					
		28-48	BR CL WMS	Fr SS SP c sap					
		48-60	VAR L MASS	Fr SS SP					
8	L / 8%	0-9	B SCL WFG	Fr SS SP	2 chroma @ 52	52	PS	N/A	.25
		9-36	BR C WMA	Fi SS P					
		36-52	BR CL WMS	Fi SS P c sap c y mot					
		52-60	VAR L MASS	Fr SS SP					
9	L / 8%	0-7	B SCL WFG	Fr SS SP	N/A	48	PS	N/A	.275
		7-30	RB C WFS	Fi SS P					
		30-48	RB CL WMS	Fr SS SP c sap					
		48-60	VAR L MASS	Fr SS SP					
10	L / 8%	0-3	B SCL WFG	Fr SS SP	2 chroma @ 44	60	N/A	N/A	.25
		3-30	BR C WFS	Fr SS SP					
		30-60	BR SCL WFS	Fi SS SP					
11	L / 8%	0-5	B CL WFS	Fr SS SP	N/A	60	N/A	N/A	.275
		5-36	BR C WFS	Fr SS SP					
		36-60	BR CL WFS	Fr SS SP f/c sap					

COMMENTS: _____

PROPERTY ID #: 4686103819
COUNTY: IREDELL

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

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 SAPR CLASS	.1944 RESTR HORIZ	
12	L / 8%	0-5	B CL WFS	Fr SS SP	N/A	48	PS	N/A	.3
		5-11	BR C WMA	Fr SS SP					
		11-48	BR CL WMS	Fr SS SP c sap					
		48-60	VAR L MASS	Fr SS SP					
13	L / 8%	0-10	B SCL WMS	Fr SS SP	N/A	60		N/A	.3
		10-60	BR CL WMS	Fr SS SP c sap					
14		0-						N/A	
15		0-						N/A	
16		0-						N/A	
17		0-						N/A	

COMMENTS: _____

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

February 8, 2022

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for Patterson Grove Subdivision-Mooresville

Lot 5-1063 Patterson Farm Road

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 4-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Sara Mens:

Signature: Sara Mens

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

A design for a 4 Bedroom
ACCEPTED Septic System
using GRAVITY distribution
for Patterson Grove, Lot# 5

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3

Site Plan---------- 4

Calculations---------- 5

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Agent Authorization---------- 9

Zoning Permit---------- 10

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Feb 2022
Design By: Wendell Overby

Patterson Grove, Lot# 5
Calculations

SITE INFO	Designer	Wendell Overby
	Project Name	Patterson Grove
	Project #	20-1147
	Project MM YYYY	Feb 2022
	Lot # (if applicable)	5
	Business (if applicable)	-
	Contact	Sara Menz
	Phone	704 221-0410
	Email	sarahmccraw@hotmail.com
	County	Iredell
	Bedrooms	4
	Daily Flow	480
SYSTEM	System LTAR	0.25
	System Type	ACCEPTED
	System Distribution	GRAVITY
	System Trench Depth	24
	Required Feet of Line (system)	480
REPAIR	Repair LTAR	0.275
	Repair Type	VPPBPS
	Repair Distribution	LPP
	Repair Trench Depth	30
	Required Feet of Line (repair)	291

Patterson Grove, Lot# 5
ACCEPTED GRAVITY SYSTEM
FOR WASTEWATER TREATMENT

Business (if applicable): -
Contact: Sara Menz
Phone: 704 221-0410
Email: sarahmccraw@hotmail.com

County: Iredell
Location: Patterson Grove

Design Specifications

Source of Wastewater Flow:	4	bedroom home
Estimated Daily Wastewater Production:	480	gpd
Drain field Size:	480	lf
Loading Rate:	0.25	gpd/ft.^{2}
Trench Depth:	24	in
Trench Width:	36	in
Septic Tank Size:	1000	gal

Patterson Grove, Lot# 5
LAYOUT SPECS

Daily Flow (gpd) **480** **Feb 2022**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM		4.5			100.0		
INSTR. 1			104.5				
			SYSTEM				
1	Blue			6.8	97.7	180	180
2	Pink			7.3	97.2	180	180
3	Red			7.9	96.6	120	120
			REPAIR				
4	Blue			3.7		100	100
5	Pink			4.4		100	100
6	Orange			5.2		100	100

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	480	0.250	ACCEPTED	25%	GRAVITY	24
REPAIR	300	0.275	VPPBPS	50%	LPP	30

Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

Patterson Grove, Lot# 5
INFORMATION FOR THE INSTALLER

* The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
* Tanks shall be approved by DHHS, and certification supplied by the that must be considered along with all other considerations.

* The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
* The supply trench shall be compacted to eliminate cavities left during initial fill placement.
* Installation of the system shall be during dry conditions in order to protect the soil
* All fittings shall be pressure rated fittings.
* All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
* Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.

* Trenches shall be carefully excavated so the bottom is within 2" from the highest to the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
* All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
* All tanks shall be properly back filled and compacted to prevent slump at a later date.
* Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
* No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
* Elevations at pinflag locations should be checked by the installer prior to beginning
* Pump tank riser should be 6" above grade, control panel should be 12" above grade.
* Septic tank riser shall be a minimum of 6" above finished grade.
* **System specified as ACCEPTED type using GRAVITY distribution**
* **Repair specified as VPPBPS type using LPP distribution**
* **System trench depth specified at 24"**
* **System trenches installed on 9' minimum; 3' wide trenches**
* **Existing well needs to be abandoned**

RECEIVED FEB 0 8 2022

BD

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

Iredell County Health Department – Environmental Health Division

S.L.

PAGE 1: *APPLICATION FORM* AP-325202 $500.00

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

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Sara Menz **Address:** 143 Chance Road **Zip:** 28115

Applicant Email: saramccraw@hotmail.com **Phone:** 704 221-0410 **Alt. Phone:**

Owner Name: MartinRay Holdings, LLC Justin McClure **Address:** 114 Morlake Drive #103 **Zip:** 28117

Owner Email: justin@landandluxury.com **Phone:** 704 281-2593 **Alt. Phone:**

Property Information:

Street Address: 1063 Patterson Farm Road

Subdivision Name: Patterson Grove **Section/Phase:** **Lot Number:** 5

Driving Directions: Center Ave to Hwy 3, L on Williford, R on Linwood, L on Patterson Farm

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) 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:
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 ( ) Conventional (X) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:

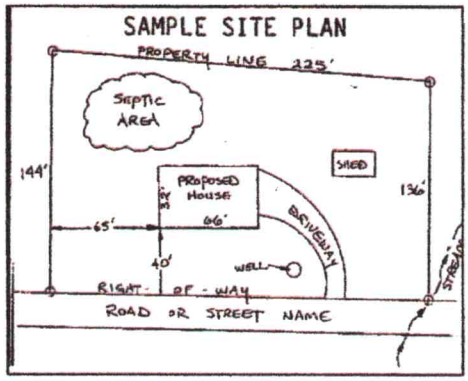
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 2/7/22
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:

- (x) Property Line measurements are clearly identified
- (x) All proposed structures are indicated
- (x) Front and side setbacks from property line
- (x) Preferred driveway location and well location
- (x) Area you prefer your septic system to be placed
- (x) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property (N/A)
Location of easements and rights of ways on your property (N/A)
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

SEE ATTACHED PLANS

Signature: _____ 2/7/22

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

DocuSign Envelope ID: 0814B790-5564-48FF-B50C-6676ACC6BA28

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, MartinRay Holdings, LLC by: NIck Marinelli - Partner, am the legal owner(s) of the property located at 1063 PATTERSON FARM ROAD, identified as PIN (Parcel Identification Number) 4686103819, located in Iredell County, North Carolina.

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

DocuSigned by:
Nick Marinelli
AC80F98B15FA4FF... Signature of Owner(s)

2/8/2022
Date

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

LO **Complete all Environmental Health forms**:

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

LO **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.**

LO **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**.

LO **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.

LO **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 2/7/22

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