IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230659

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

PIN # 4702581160

APPLICANT/OWNER: Joe Dimillo APPLICANT ADDRESS: 9151 Greenwood Rd.

SITE ADDRESS: 6063 Eufola Rd. Statesville, NC PHONE: 704-746-5207 ALT. PHONE

SITE DIRECTIONS: NC 115 N → L on Old Mountain → L on Buffalo Shoals → R on Eufola → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Brawtus Management Co LLC SECTION: — LOT # 2 LOT AREA: 2 ac DESIGN FLOW: 360gpd L.T.A.R.: .25 (.25 repair)

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 360'

Trench Width 36" Trench Bottom Depth(Low side) 30"/36" highside Gravel Depth —

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

System Description: 25% reduction

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

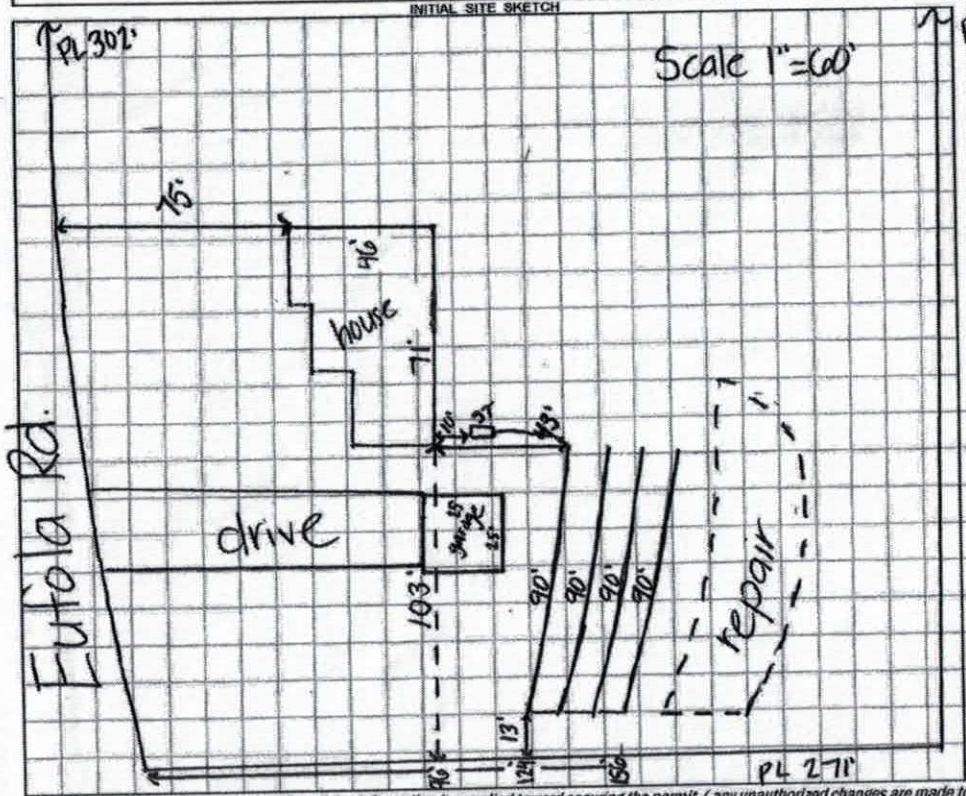
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

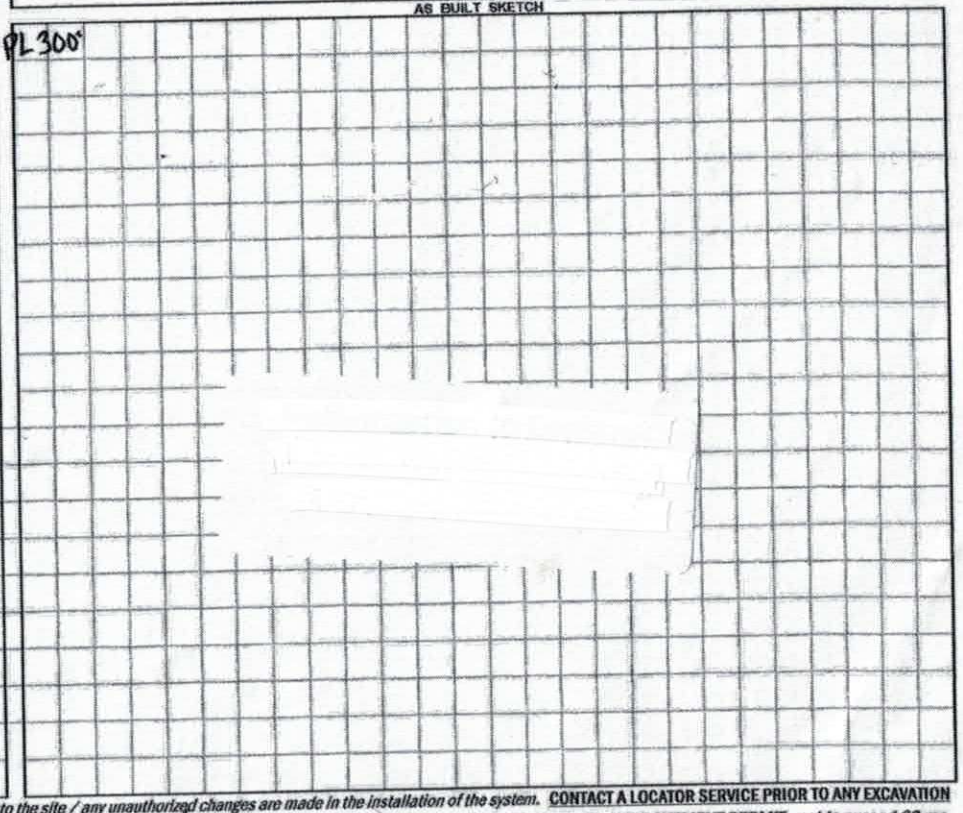
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

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: 10-25-17 Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Kayla Wilson Date: 10-24-17 OPERATION PERMIT by: Date: 12-4-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 10-24-17 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.

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

Sheet 1 of 1
PROPERTY ID #: 4702581160
COUNTY: Iredell

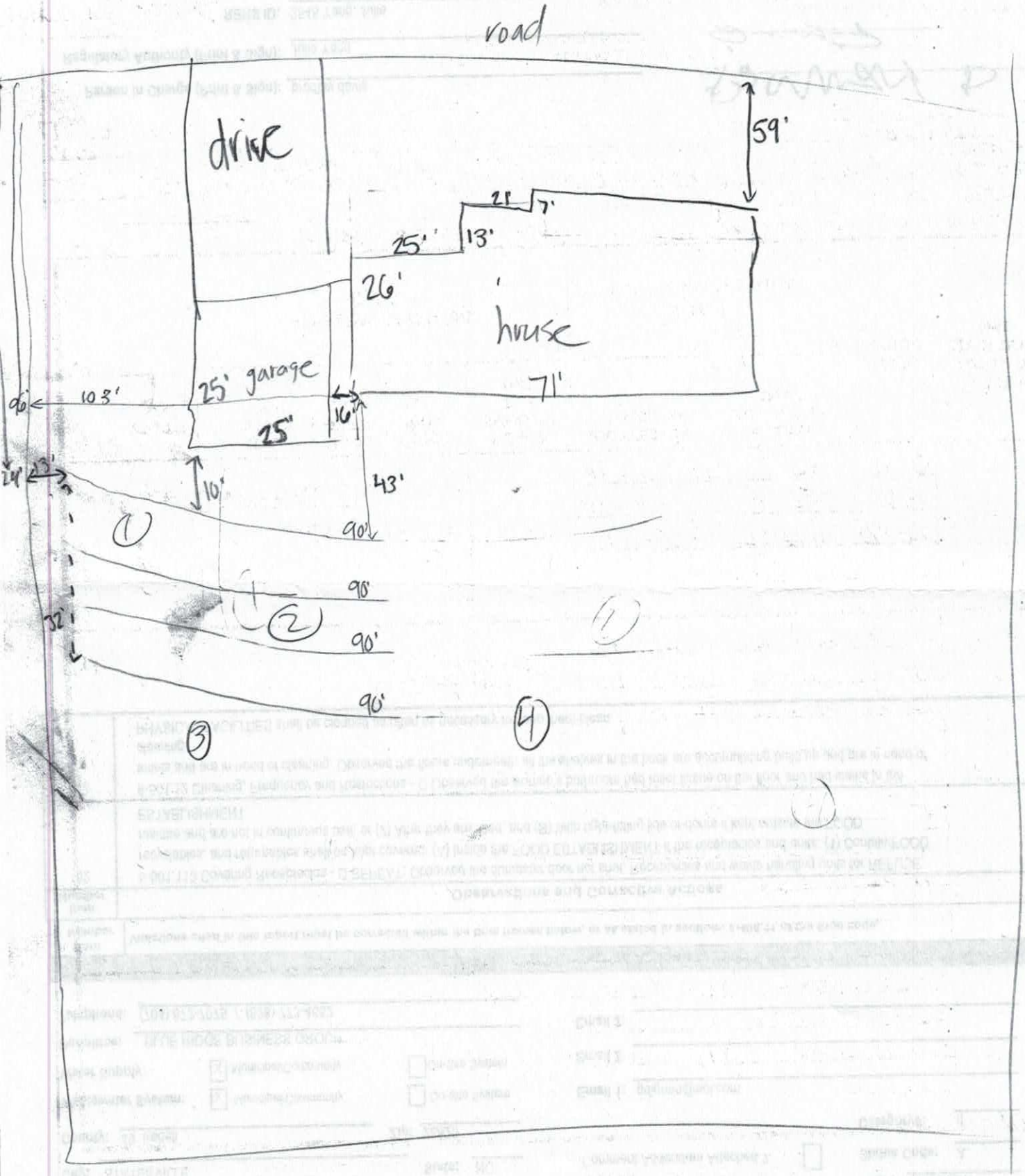
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: David Brady
APPLICATION DATE: 9-23-17
ADDRESS: 6603 Eufola Rd
DATE EVALUATED: 10-24-17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 3bbgpd
PROPERTY SIZE: 2 ac
LOCATION OF SITE: NC115 N → L on Old Mountain → L on Buffalo Shoals → R on Eufola → lot on R
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
1	14% LS int	0-11	SBK C	Fr,SS,SP,SEXP	—	50	32-50 com RC,SMP inc.		PS .3
		11-32	ABK C	Fr,SS,SP,SEXP					
		32-50	WABK CL	Fr,SS,P,SEXP					
2	8% LS int	0-10	WABK SCL	Fr,SS,SP,SEXP	27-30" spot of mottles 32-53 few yellow brown mottles	53	—	—	PS .25
		10-32	ABK C	Fr,SS,SP,SEXP					
		32-53	WABK CL	Fr,SS,SP,SEXP					
3	16% LS repair	0-7	WABK SCL	Fr,SS,SP,SEXP	31-52 few-com yellow brown mottles	52	31-52 few rock inc		PS .25
		7-31	ABK C	Fr,SS,SP,SEXP					
		31-52	WABK CL	Fr-Fi,SS,SP, SEXP					
4	20% complex LS repair	0-26	ABK C	Fr,SS,SP,SEXP	20-26 few yellow brown mottles	49	—	—	PS .275
		26-49	WSBK CL	Fr,SS,SP,SEXP					
		49-56	L SAP	Fr,SS,SP,SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:


road
drive
59'
2'
7'
25'
13'
26'
house
25' garage
71'
10'3'
16'
25'
24'
3'
10'
43'
90'
90'
90'
90'
32'
1
2
3
4

23059

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) 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: ( ) 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:
Applicant Name: JOE DIMILLO Address: 9151 GREENWOOD RD TERRELL Phone: 704-746-5207
Owner Name: DAVID BRADY Address: _____ Phone: _____

Property Information: 663 Eufola Rd STATESVILLE
Street Address: CORNER OF LEWIS FERRY AND EUFOLA RD.
Subdivision Name: _____ Section/Phase: _____ Lot Number: 2
Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure: _____
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

PAID
cwell request
10/10/17

Water Supply:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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: DAVID BRADY Member of BRADTUS MGMT. LLC 9/23/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, DAVID BRADY / MMOF BRAWTUS MGMT. CLC am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4702581160, 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.

D d t Bly 9/23/17
Signature of Owner(s) 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

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

IREDELL COUNTY HEALTH DEPARTMENT

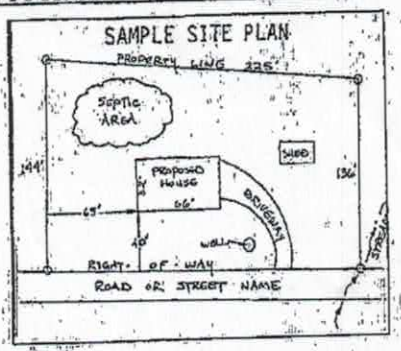
ENVIRONMENTAL HEALTH DIVISION

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:

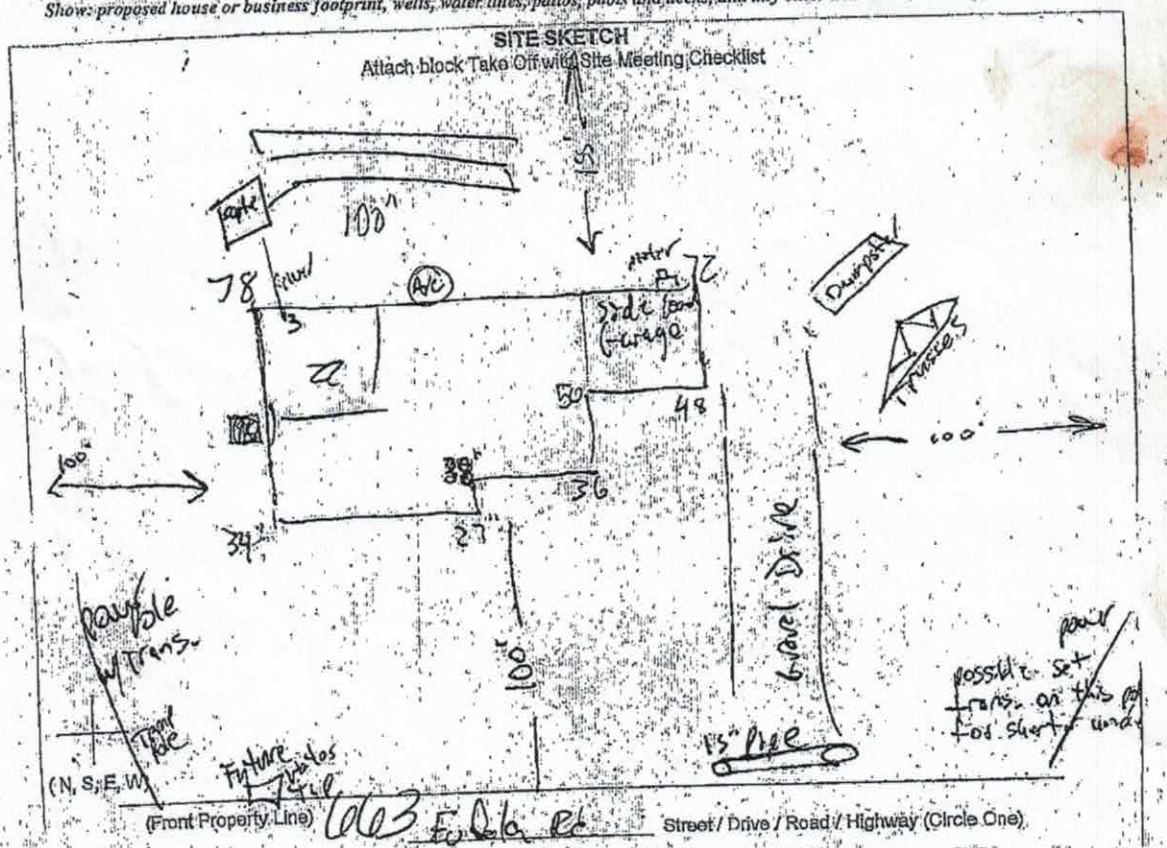
Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

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

SITE SKETCH

Attach block Take Off with Site Meeting Checklist



Signature: _____ _____

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

PRELIMINARY DESIGN PLANS
DP-3
FLOOR PLAN
THE BELL V.A
JOE AND CARISSA
DIMILLO
Plans Submitted Only
10-24-17

PRELIMINARY DESIGN PLANS
DP-4
ELECTRICAL PLAN
THE BELL VA
SR. JOE AND CARISSA
DIMILLO

Approved

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
230659
Issue Date: 10/04/2017

FILE COPY

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4702581160.000	663 EUFOLA ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: BRAWTUS MANAGEMENT CO LLC	Applicant: DIMILLO, JOE
Address: 3623 HIGHWAY 70 EAST CLAREMONT, NC 28610	Address: 9151 GREENWOOD RD TERRELL, NC 28682
Phone:	Phone: 704-746-5207

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	X

Remarks:

Emailed EH
10/6 RCB

PAID
Online payment
10/6 RCB

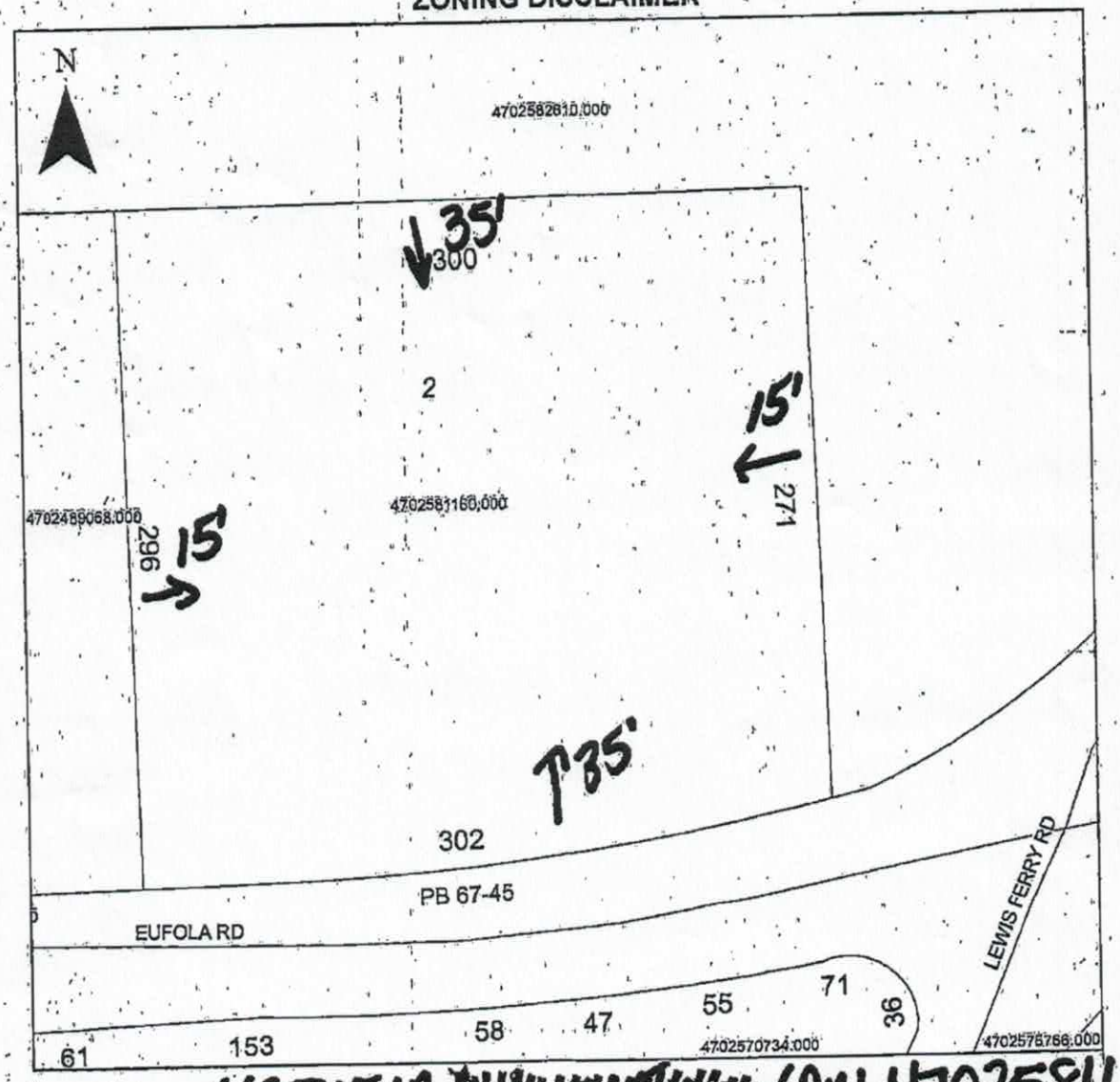
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

See Attached

Applicant: _____ Date: _____

Permit Number	116835	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 663 EUFOLA [illegible] PIN 4702581160.000

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Joe Dimillo — 10-3-17

Applicant — Date