ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2022-8917

PERMIT # AP ~~327055~~

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

PIN # 4710--58--5212

APPLICANT/OWNER: Dennis Popp | APPLICANT ADDRESS: 217 Crimson Orchard Dr, Mooresville NC 28115

SITE ADDRESS: 159 River Ridge Lane, Statesville NC 28677 | PHONE: 336-306-0465 | ALT. PHONE

SITE DIRECTIONS: (W) Old Mountain → (L) Buffalo Shoals → (L) Laurel Cove → (L) Island Terrace → (L) River

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: River Hills Estates | SECTION: 1 | LOT # 3 | LOT AREA: 0.510 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB Plastic	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Partial 50% - exempt			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	302'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE			☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, park, drive or bury utilities in drainfield. Do not cut drainfield when digging basement. Divert drainage from drainfield. Do not exceed 32" High Side + system will be sap & there won't be space for a well

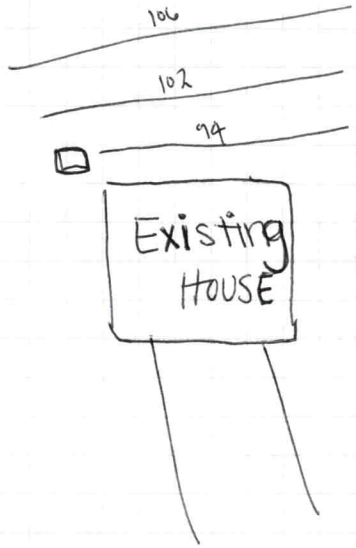
Platted 6/1974

INITIAL SITE SKETCH

See attached site plan by ICHD

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.



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: [signature] Date: 6/29/22

IMPROVEMENT PERMIT by: [signature] D. Mieberg Date: 4/25/22

AUTHORIZATION TO CONSTRUCT by: [signature] D. Mieberg Date: 4/25/22

Installed by: Shaney Cashion - Persicion

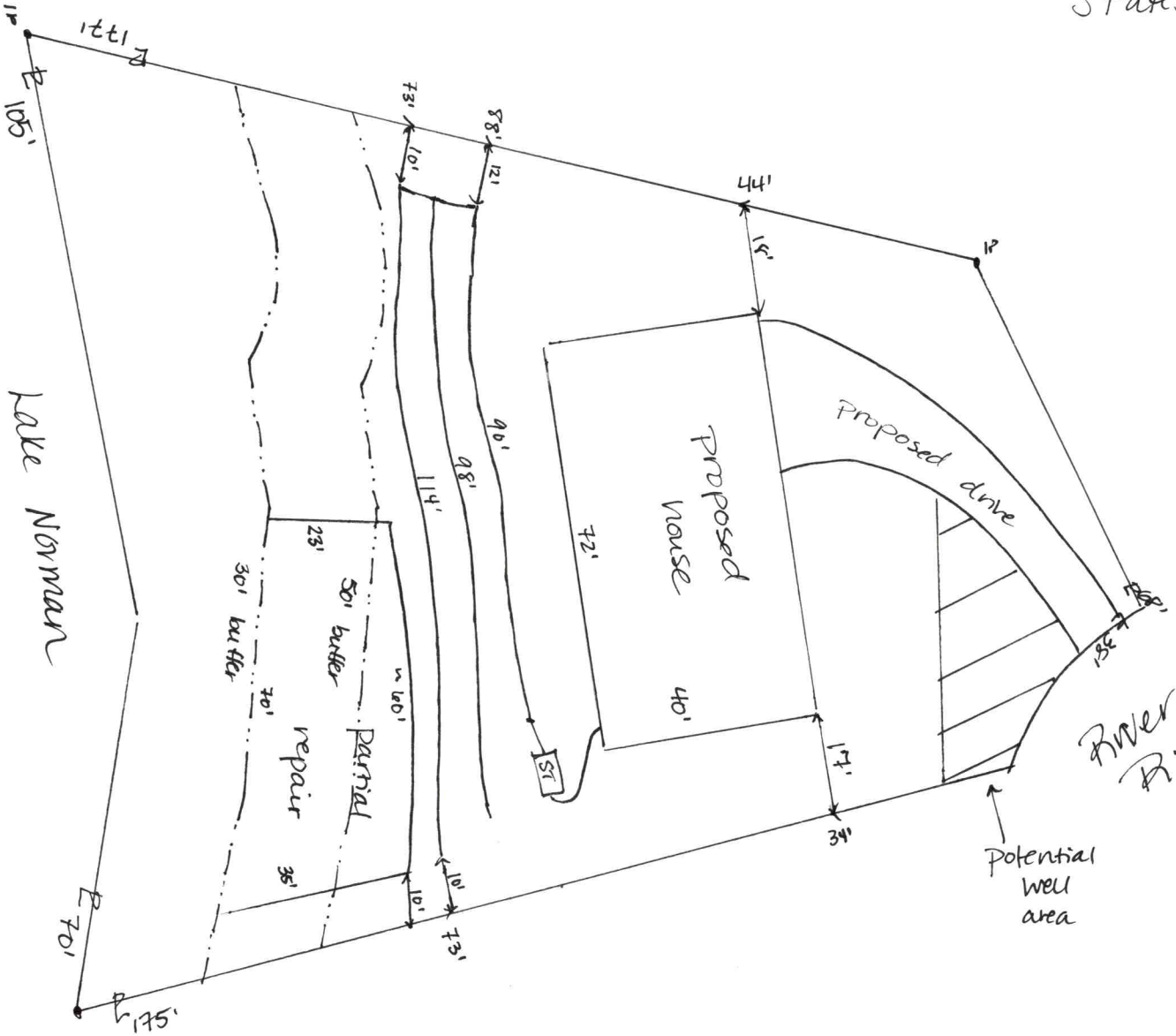
OPERATION PERMIT by: Sydney Holland Date: 5/19/23

Existing System Inspected by: Date:

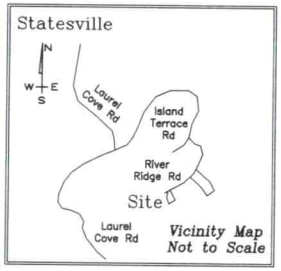
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

1" = 30'

159 River Ridge Ln
Statesville NC 28677



approved 4/25/22
DW

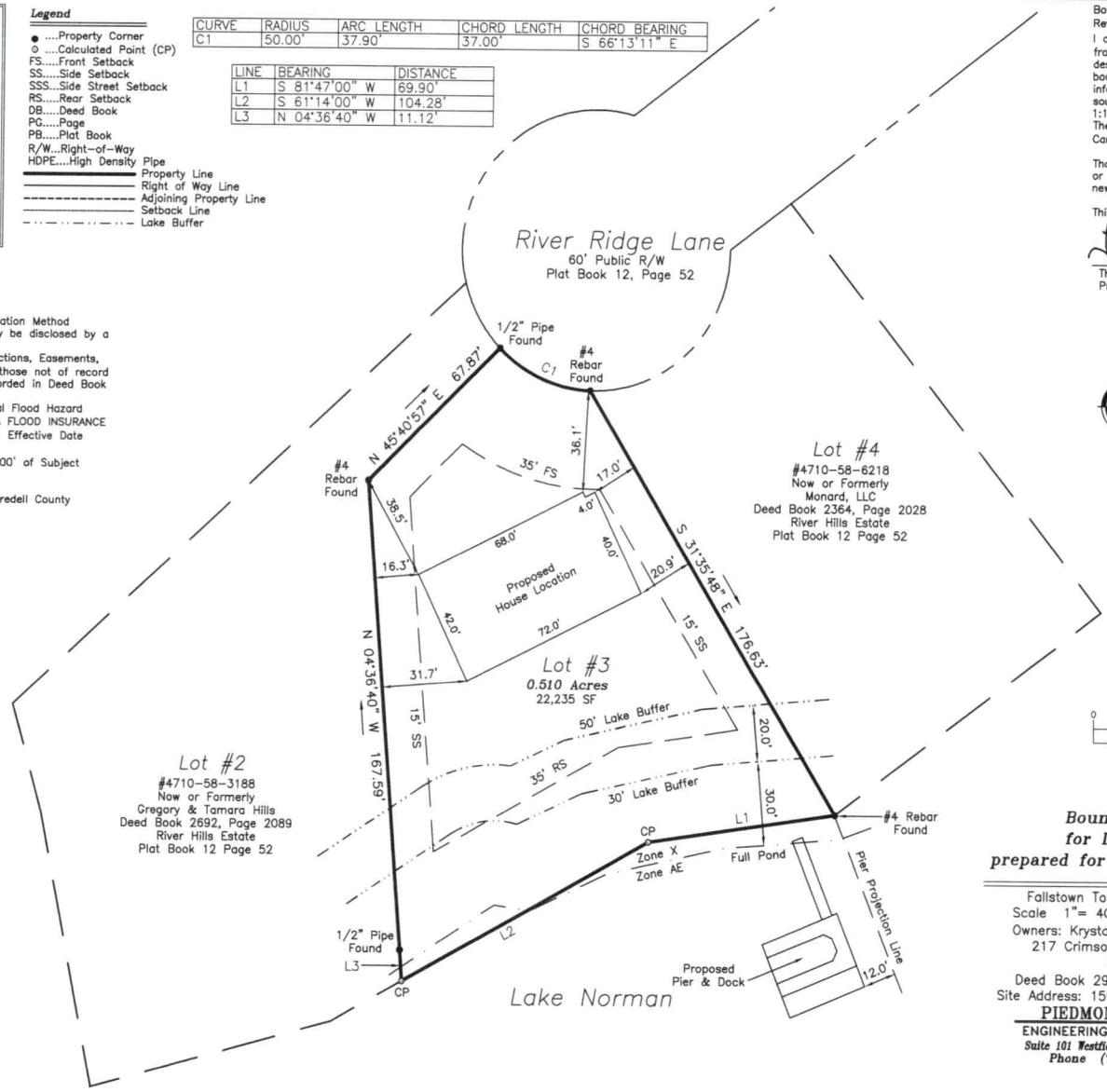


Legend

- ● ....Property Corner
- ○ ....Calculated Point (CP)
- FS.....Front Setback
- SS.....Side Setback
- SSS....Side Street Setback
- RS.....Rear Setback
- DB.....Deed Book
- PG.....Page
- PB.....Plat Book
- R/W....Right-of-Way
- HDPE....High Density Pipe
- Property Line
- Right of Way Line
- Adjoining Property Line
- Setback Line
- Lake Buffer

CURVE	RADIUS	ARC LENGTH	CHORD LENGTH	CHORD BEARING
C1	50.00'	37.90'	37.00'	S 66°13'11" E

LINE	BEARING	DISTANCE
L1	S 81°47'00" W	69.90'
L2	S 61°14'00" W	104.28'
L3	N 04°36'40" W	11.12'



Surveyor's Notes

1. Parcel #4710-58-5212
2. Area determined by Coordinate Computation Method
3. Property subject to any facts that may be disclosed by a full and accurate title search.
4. Property may be subject to any Restrictions, Easements, and/or Rights of Ways of record and those not of record if they exist, including Restrictions recorded in Deed Book 655, page 381.
5. Subject Property is located in a Special Flood Hazard Area (Zone AE) as designated by FEMA FLOOD INSURANCE RATE MAPS. See Map #3710471000K – Effective Date 3/18/2008.
6. No Geodetic Monument found within 2000' of Subject Property.
7. Subject Property Zoning = R20
8. Setbacks shown are from the current Iredell County Unified Development Ordinance.

Boundary Survey & Site Plan: 4/8/2022
Revise House Plan: 11/2/2022

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2153, Page 2471; that the boundaries not surveyed are indicated as drawn from information in Plat Book 12 Page 52 or other reference source; that the ratio of precision or positional accuracy is 1:10,000 +; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).

That the survey is of an existing parcel or parcels of land or one or more existing easements and does not create a new street or change an existing street

This 2nd day of November, 2022.

Thomas E. Williams L-4718
Professional Land Surveyor

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

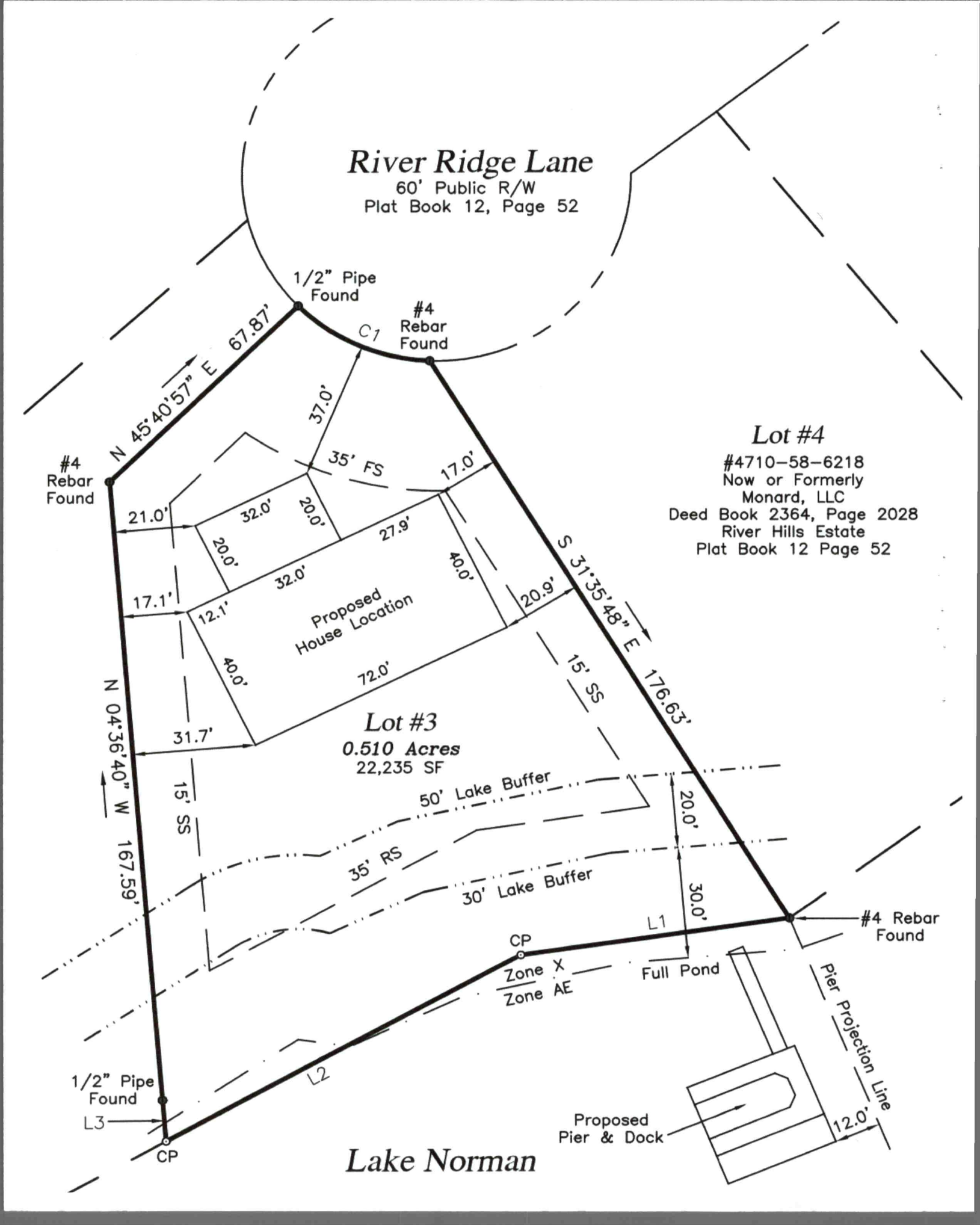
GRAPHIC SCALE
0 20 40 60 80
1 inch = 40 ft.

Boundary Survey & Site Plan for Lot #3, River Hill Estates prepared for Krystal Coleman & Dennis Popp

Fallstown Township, Iredell County, Mooresville, NC
Scale 1"= 40' – Date of Survey March, 30th, 2022
Owners: Krystal Michelle Coleman & Dennis Karl Popp
217 Crimson Orchard Dr. Mooresville, NC 28115
Lot #3 River Hills Estates
Deed Book 2919 Page 1961, Plat Book 12 Page 52
Site Address: 159 River Ridge Lane, Statesville, NC 28677

PIEDMONT DESIGN ASSOCIATES, P.A.
ENGINEERING – SURVEYING – PLANNING
Suite 101 Westfield Center, 125 E. Plaza Dr., Mooresville, N.C. 28115
Phone (704) 664-7888 Fax (704) 664-1778
Corporate License #C-1007

Project # 220402


River Ridge Lane
60' Public R/W
Plat Book 12, Page 52
1/2" Pipe Found
#4 Rebar Found
C1
N 45°40'57" E 67.87'
#4 Rebar Found
37.0'
35' FS
17.0'
21.0'
32.0'
20.0'
20.0'
27.9'
40.0'
32.0'
17.1'
12.1'
Proposed House Location
20.9'
S 31°35'48" E 176.63'
40.0'
72.0'
15' SS
N 04°36'40" W 167.59'
31.7'
Lot #3
0.510 Acres
22,235 SF
50' Lake Buffer
20.0'
15' SS
35' RS
30' Lake Buffer
30.0'
L1
#4 Rebar Found
CP
Zone X
Zone AE
Full Pond
Pier Projection Line
1/2" Pipe Found
L3
L2
Proposed Pier & Dock
12.0'
CP
Lake Norman
Lot #4
#4710-58-6218
Now or Formerly
Monard, LLC
Deed Book 2364, Page 2028
River Hills Estate
Plat Book 12 Page 52

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

Sheet 1 of 1
PROPERTY ID #: 4710 58 5212
COUNTY: Iredell

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

OWNER: Randy Marmon
ADDRESS: 135 Spring Meadows Statesville
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 159 River Ridge Statesville
APPLICATION DATE 3/29/22
DATE EVALUATED: 4/20/22
PROPERTY SIZE:
PROPERTY RECORDED: y - 1974

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 35	0-10	SCL - SBK	SSSP - FR - SCKP	sap mel 25"-35" heavy sap content 35"+	44" SK	N/A		PS 0.3
		10-25	C - SBK						
		25-35	CL - WSBK						
		35-44	L - WSBK	SSNP - FR SCKP					
		44-51	SAP-SL-M	SSNP - VFR					
2	LS 30	0-6	SCL - WSBK	SSSP - FR - SEXP	sap content 29"+ heavy sap 43"+	56"	N/A	N/A	PS 0.3
		6-29	C - SBK						
		29-43	CL - WSBK						
		53-56	L - WSBK	SSNP - FR - SCKP					
3	LS 25	0-8	SCL - WSBK	SSSP - FR - SCKP	Chroma 2's in SCL to 8" Mica -	60"	N/A	N/A	PS 0.3
		8-24	C - SBK						
		24-52	CL - WSBK						
		52-60	L - WSBK	SSNP - FR SCKP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	302'	exempt pavilion
System Type(s)	25%	pretreat 50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Meberg
OTHER(S) PRESENT: A. Stephens, D. Kopp

COMMENTS: 14" slope correction
Mica common all pfs

Updated February 2014

159 River Ridge - River Hills Estates Lot 3

BASE PLANS - OPTIONAL BASEMENT

GENERAL NOTES:

1. ALL FOOTINGS SHALL BE PLACED ON UNDISTURBED SOIL OR ENGINEERED FILL AND TO THE DEPTH AND WIDTH SHOWN ON THE FOUNDATION PLAN AND DETAILS.
2. ALL FILL UNDER FOOTINGS AND SLABS SHALL BE PLACED AND COMPACTED IN ACCORDANCE WITH ACCEPTED ENGINEERING PRACTICE AND LOCAL CODE REQUIREMENTS.
3. ALL CONCRETE SHALL BE PLACED IN ACCORDANCE WITH ACI 318 AND ACI 332 AND SHALL ATTAIN A MINIMUM COMPRESSIVE STRENGTH OF 3000 PSI AT 28 DAYS.

OVERHANG	DIMENSION	DIAMOND
A	1'-0"	45°
B	1'-6"	45°
C	2'-0"	45°
D	2'-6"	45°
E	3'-0"	45°
F	3'-6"	45°
G	4'-0"	45°
H	4'-6"	45°

FOOTING TABLE

FOOTING	LENGTH	WIDTH	DEPTH	COUNT
F1	4'-0"	2'	8"	10
F2	6'-0"	2'	8"	3
F3	8'-0"	2'	8"	1
F4	10'-0"	2'	8"	1
F5	12'-0"	2'	8"	1
F6	14'-0"	2'	8"	1
F7	16'-0"	2'	8"	1
F8	18'-0"	2'	8"	1
F9	20'-0"	2'	8"	1
F10	22'-0"	2'	8"	1
F11	24'-0"	2'	8"	1
F12	26'-0"	2'	8"	1
F13	28'-0"	2'	8"	1
F14	30'-0"	2'	8"	1
F15	32'-0"	2'	8"	1
F16	34'-0"	2'	8"	1
F17	36'-0"	2'	8"	1
F18	38'-0"	2'	8"	1
F19	40'-0"	2'	8"	1
F20	42'-0"	2'	8"	1

SET FOUNDATION UP FOR 2X6 FLOOR SYSTEM

Acknowledgement Of
Plans Submittal ONLY!
Date 6/29/22
Date 4/25/22
- 15 -
11.9"
10.4"
BEDROOM #3
BEDROOM #2
BATH 2
BATH 3
CLOSET
MASTER BEDROOM
FAMILY ROOM
BREAKFAST
KITCHEN
DINING
PORCH
CONCRETE
STAIRS
UTILITY
2 CAR GARAGE
FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Date 6-26-22
Date 4/12/23

4/20 @ 30

DW

RECEIVED MAR 29 2022

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327055 $580.00

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

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

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

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

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Dennis K. Popp and Krystal M. Coleman **Address:** 217 Crimson Orchard Drive, Mooresville NC **Zip:** 28115

Applicant Email: denniskpopp@gmail.com **Phone:** 336-306-0465 **Alt. Phone:** 276-340-2918

Owner Name: Randy L Martin; Lisa M. Miller, Kenny Miller **Address:** 135 Spring Meadows Lane Statesville NC **Zip:** 28677

Owner Email: kennymllr@aol.com **Phone:** 704-902-4566 **Alt. Phone:** -

Property Information:

Street Address: 159 River Ridge Lane Statesville, NC 28677

Subdivision Name: River Hills Estates PB 12-52,52A **Section/Phase:** SHT1 **Lot Number:** Lot 3

Driving Directions: Drive to the end of River Ridge Lane at the turn-around. The propery is on the left hand side of the road inbetween 151 River Ridge Lane and 163 River Ridge Lane. The properties front starts at the end of the turn-around.

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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____

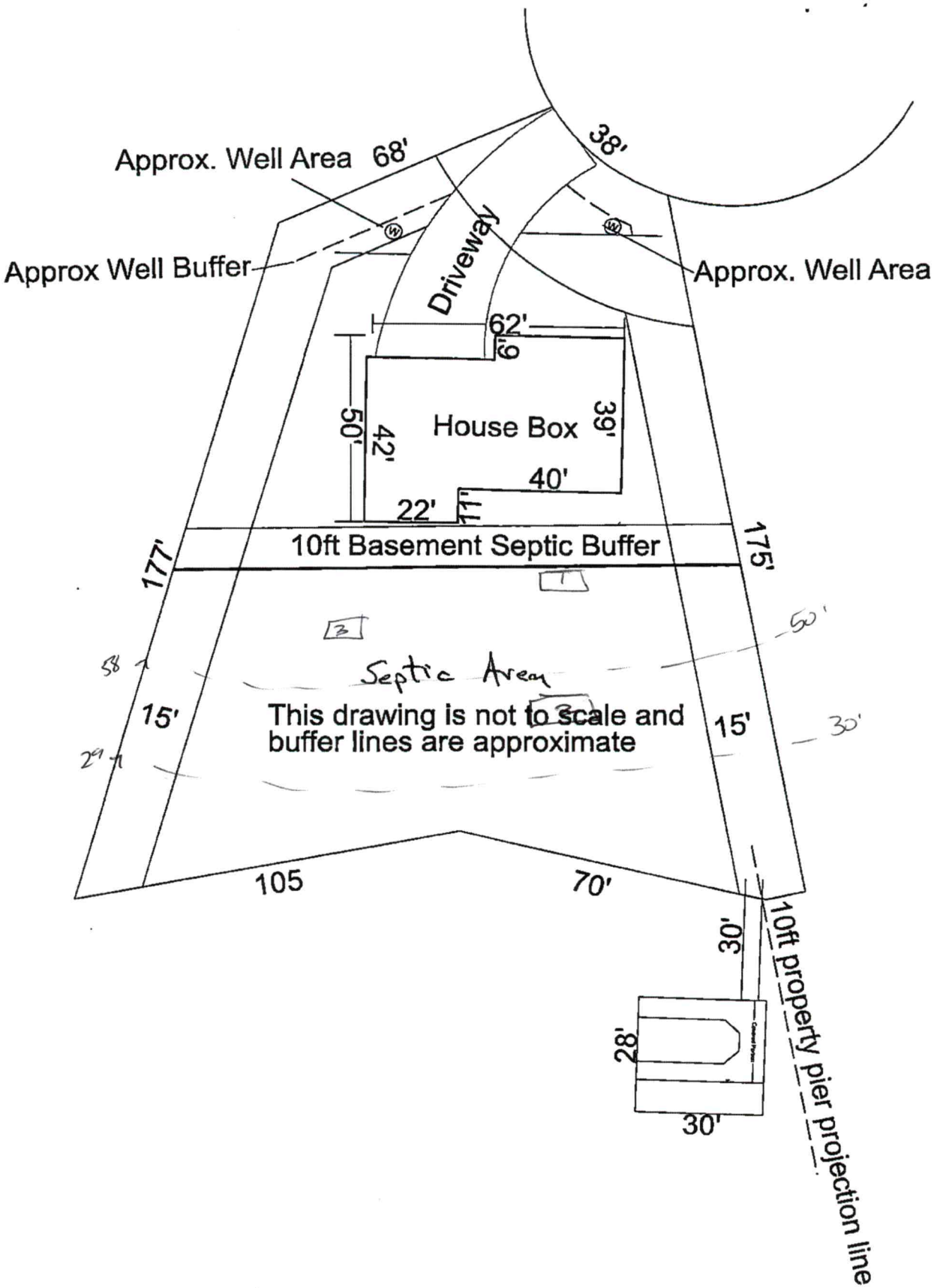
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** Year existing system installed: _____
( ) No Preference (3) Alternative (1) Conventional ( ) Innovative (2) 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?

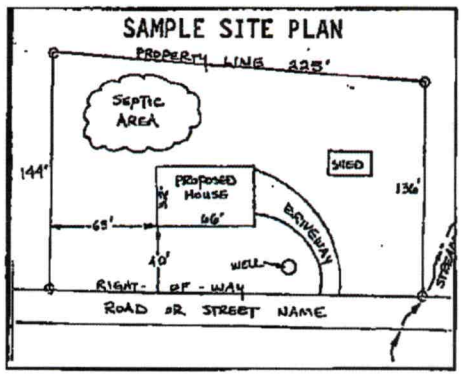
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Randy L. Martin Lisa M. Miller Kenny Miller 03/22/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


Approx. Well Area 68'
38'
Approx Well Buffer
Driveway
Approx. Well Area
62'
6'
50'
42'
House Box
39'
40'
22'
11'
10ft Basement Septic Buffer
177'
175'
Septic Area
This drawing is not to scale and buffer lines are approximate
15'
15'
105
70'
30'
10ft property pier projection line
28'
30'

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 drawing

Signature: Randy L. Martin Lisa R. Miller, Kenny Miller 03/22/22

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

(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, Randy L Martin; Lisa M. Miller, Kenny Miller, am the legal owner(s) of the property located at 159 River Ridge Lane Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4710585212, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Dennis K. Popp, Krystal M Coleman, 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.

Randy L. Martin Lisa M. Miller Kenny Miller — Signature of Owner(s)

03/22/22 — 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 ****

)KP/KMC/ RLM /LMM /KM **Complete all Environmental Health forms:**

)KP/KMC/RLM / LMM / KM ___ Application

)KP/KMC/ RLM / LMM / KM ___ Site Plan including the dimensions of proposed structure, addition, pool etc.

)KP/KMC/ RLM / LMM / KM ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

)KP/KMC/ RLM / LMM / KM ___ Copy of Zoning Permit when applicable

KP/KMC/ RLM / LMM / KM ___ Sign this sheet after you have completed all items

)KP/KMC/ RLM/ LMM/ KM **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.**

'KMC/RLM/LMM/KM **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.**

)KP/KMC/RLM / LMM/ KM **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.

)KP/KMC/RLM / LMM/ KM **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 Special 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** 3/22/2022

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st 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