ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-32750

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

PIN # 4711 -- 34 -- 7097

APPLICANT/OWNER: Hodge Consulting NC, Inc APPLICANT ADDRESS: 3325 Washburn Ave, Charlotte

SITE ADDRESS: 100 Harbor Ridge Dr, Statesville 28677 PHONE: 704-497-3774 ALT. PHONE -

SITE DIRECTIONS: Buffalo Shoals - Laurel Cove - Harborgate - N Harbor Watch - Harbor Ridge SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Harbor Watch SECTION: 4 LOT # 75 LOT AREA: 2.67 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	25% reduction			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	50% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	29 in	Gravel Depth -	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

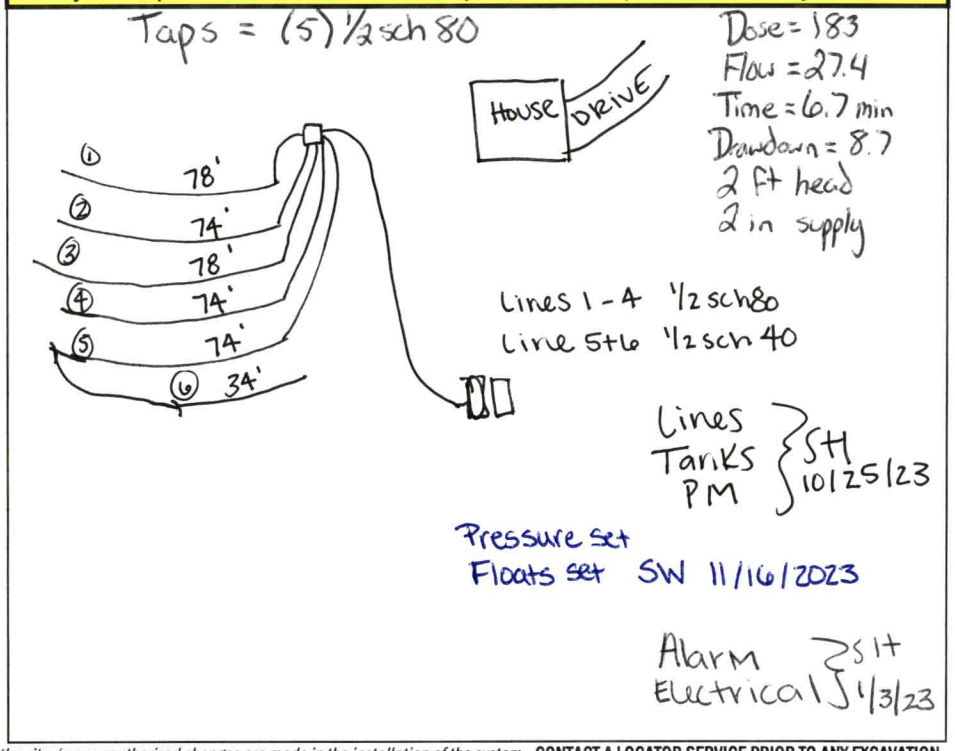
Comments / Conditions: Install on contour with the land. Do not exceed 36 inch max trench bottom. Do not grade, park, or drive on septic area.

INITIAL SITE SKETCH

See attached by ICHD
10/19/23

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.



Lines, Tanks, PM } SH 10/25/23

Pressure set
Floats set SW 11/16/2023

Alarm, Electrical } SH 1/3/23

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: Online Signature Date: Installed by: K&L Excavation

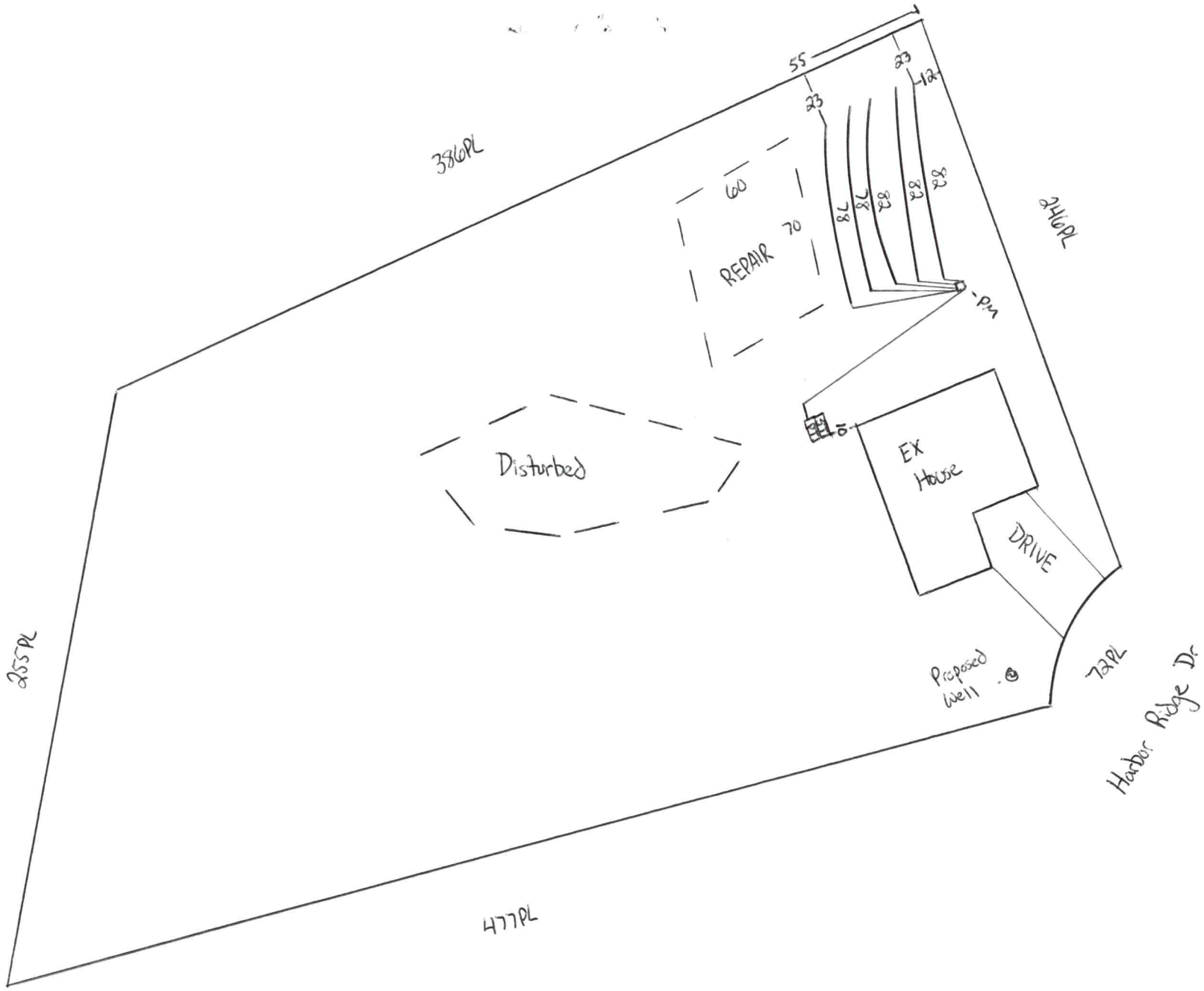
IMPROVEMENT PERMIT by: Cary Hill Date: 10/19/23 OPERATION PERMIT by: Sydney Howland Date: 1/4/24

AUTHORIZATION TO CONSTRUCT by: Cary Hill Date: 10/19/23 Existing System Inspected by: Date:

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

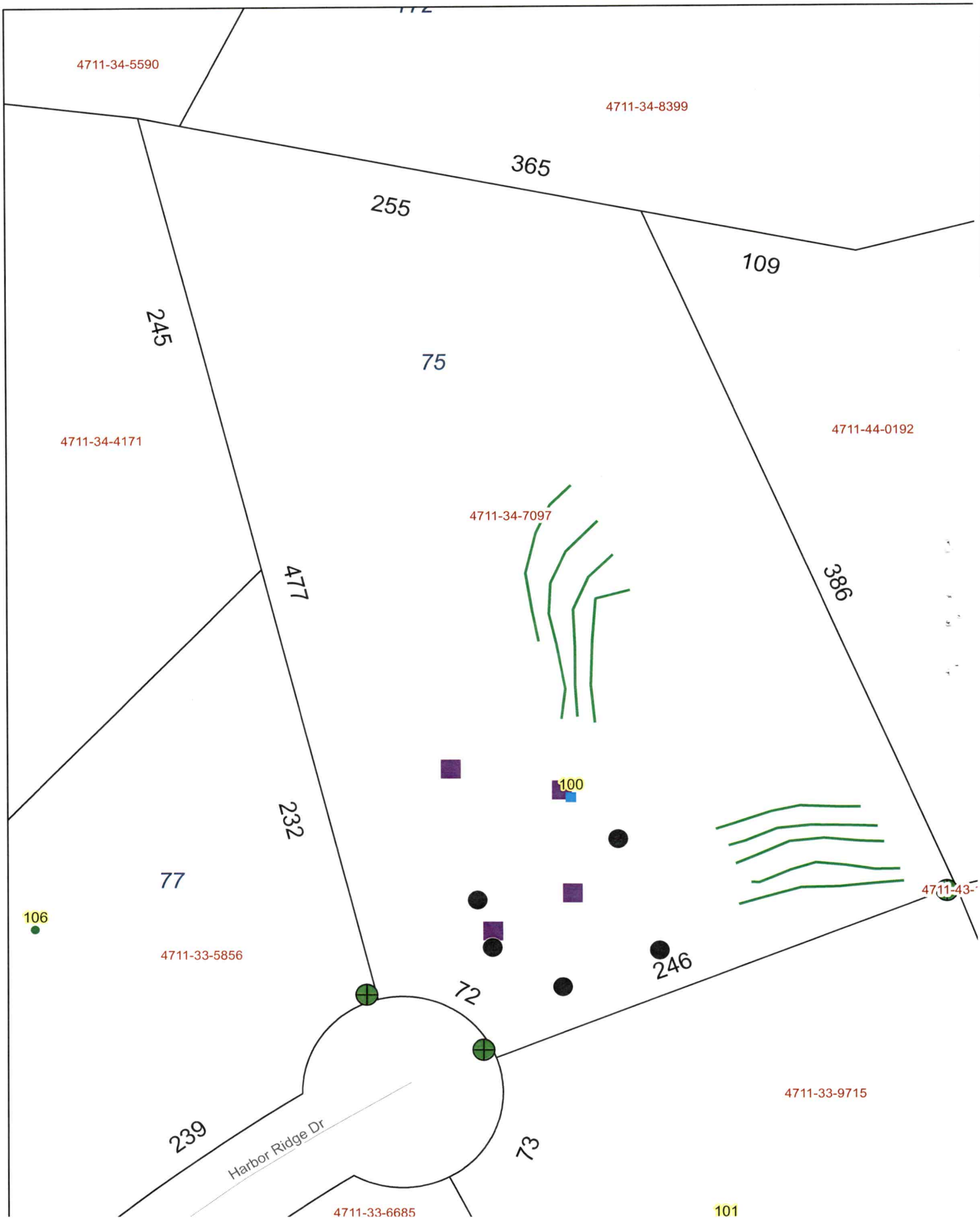
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


55
23
23
12
23
60
70
REPAIR
78
78
83
83
83
386PL
246PL
PM
Disturbed
EX
House
DRIVE
Proposed
well
255PL
477PL
73PL
Harbor Ridge Dr

10/19/23

1=60


4711-34-5590
4711-34-8399
365
255
109
245
75
4711-34-4171
4711-44-0192
4711-34-7097
477
386
100
232
77
106
4711-33-5856
246
72
4711-33-9715
239
Harbor Ridge Dr
73
4711-33-6685
101

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

Sheet 1 of 1
PROPERTY ID #: 471134709
COUNTY: Yes

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

OWNER: Hodge Consulting NC
ADDRESS: 3325 Washburn Ave
PROPOSED FACILITY: 4 bd/r home
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 100 Harbor Ridge
APPLICATION DATE: 8/2/23
DATE EVALUATED: 10/17/23
PROPERTY SIZE: 2.67 acres
PROPERTY RECORDED: yes

WATER SUPPLY: 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 10%	0 - 12	SCL SBK	SS SP FR SE	-	48	-	-	.3 PS
		12 - 48	C SBK	SS SP FR SE					
2	Linear 12%	0 - 10	SCL SBK	SS SP FR SE	-	48	-	-	.3 PS
		10 - 42	C SBK	SS SP FR SE					
		42 - 48	CL SBK	SS SP FR SE					
3	Linear 14%	0 - 9	SCL SBK	SS SP FR SE	-	51	-	-	.3 PS
		9 - 51	C SBK	SS SP FR SE					
4	Linear 12%	0 - 10	SCL SBK	SS SP FR SE	-	51	-	-	.3 PS
		10 - 51	C SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Bradley Moore

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

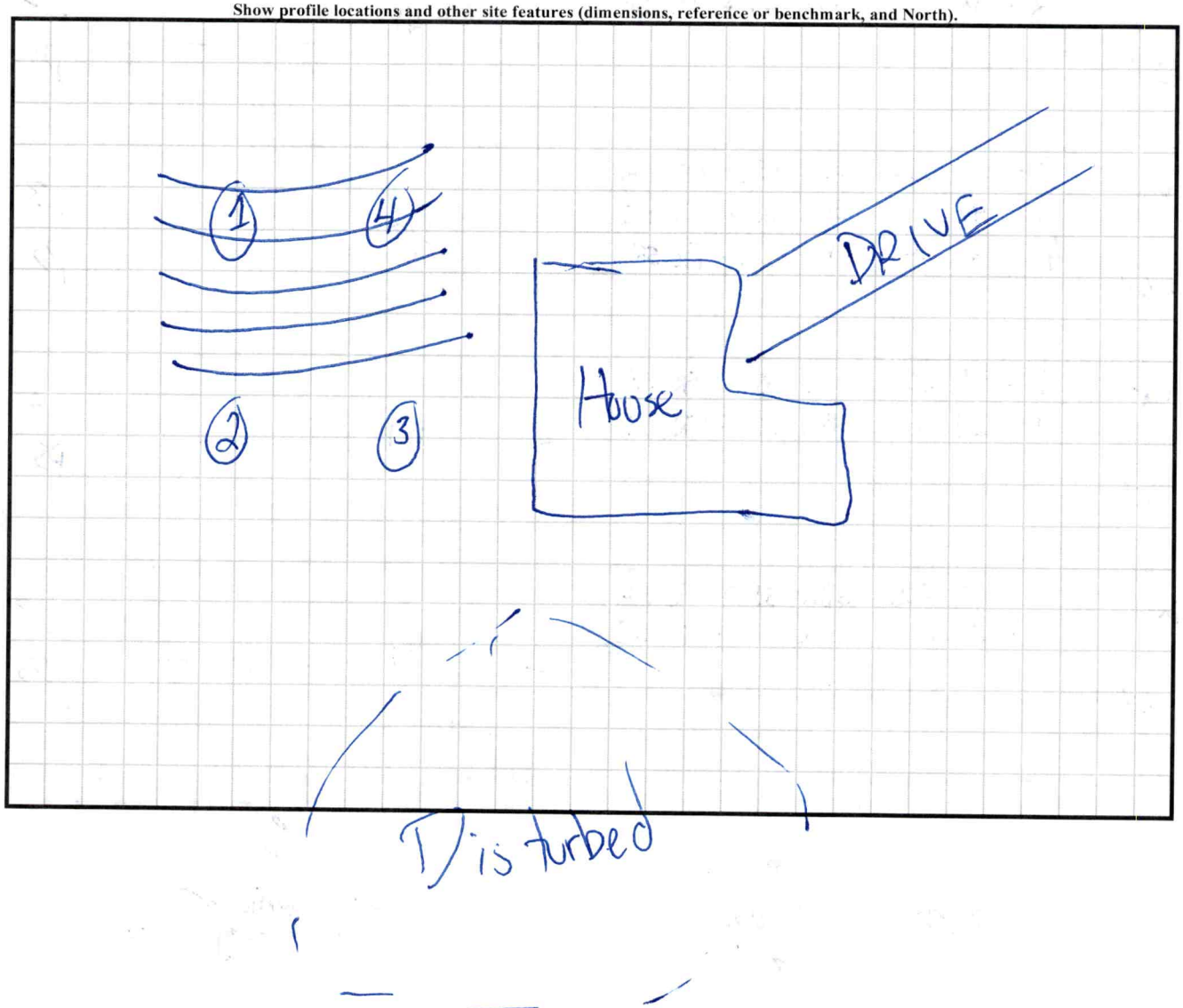
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



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

Sheet 1 of 1
PROPERTY ID #: 4711347097
COUNTY: Iredell

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

OWNER: Mario Hodge
ADDRESS: 3325 Westhaven Ave, Charlotte
PROPOSED FACILITY: 4 bdr home
PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 100 Harbor Ridge
APPLICATION DATE 12/17/21
DATE EVALUATED: 1/7/22
PROPERTY SIZE: 267 acres
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	Shoulder 26%	0 - 30	CL SBK	SS SP FR SE	-	30	Litho inc in CL layer	inc	PS .35
		30 - ~~50~~ 65	SAP LS	FI					
2	Linear 28%	0 - 31	CL SBK	SS SP FR SE	-	31	SAP inc in CL layer		PS .35
		31 - 60	SAP LS	FR					
3	Ridge 11%	0 - 30	C SBK	SS SP FR SE	-	~~30~~ 48	-	-	.3 PS
		30 - 48	CL SBK	SS SP FR SE					
4	Ridge 10%	0 - 33	C SBK	SS SP FR SE	-	49	Litho inc in CL layer		.3 PS
		33 - 49	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT: Matthew Wilkerson, Sydney Holland

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
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	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

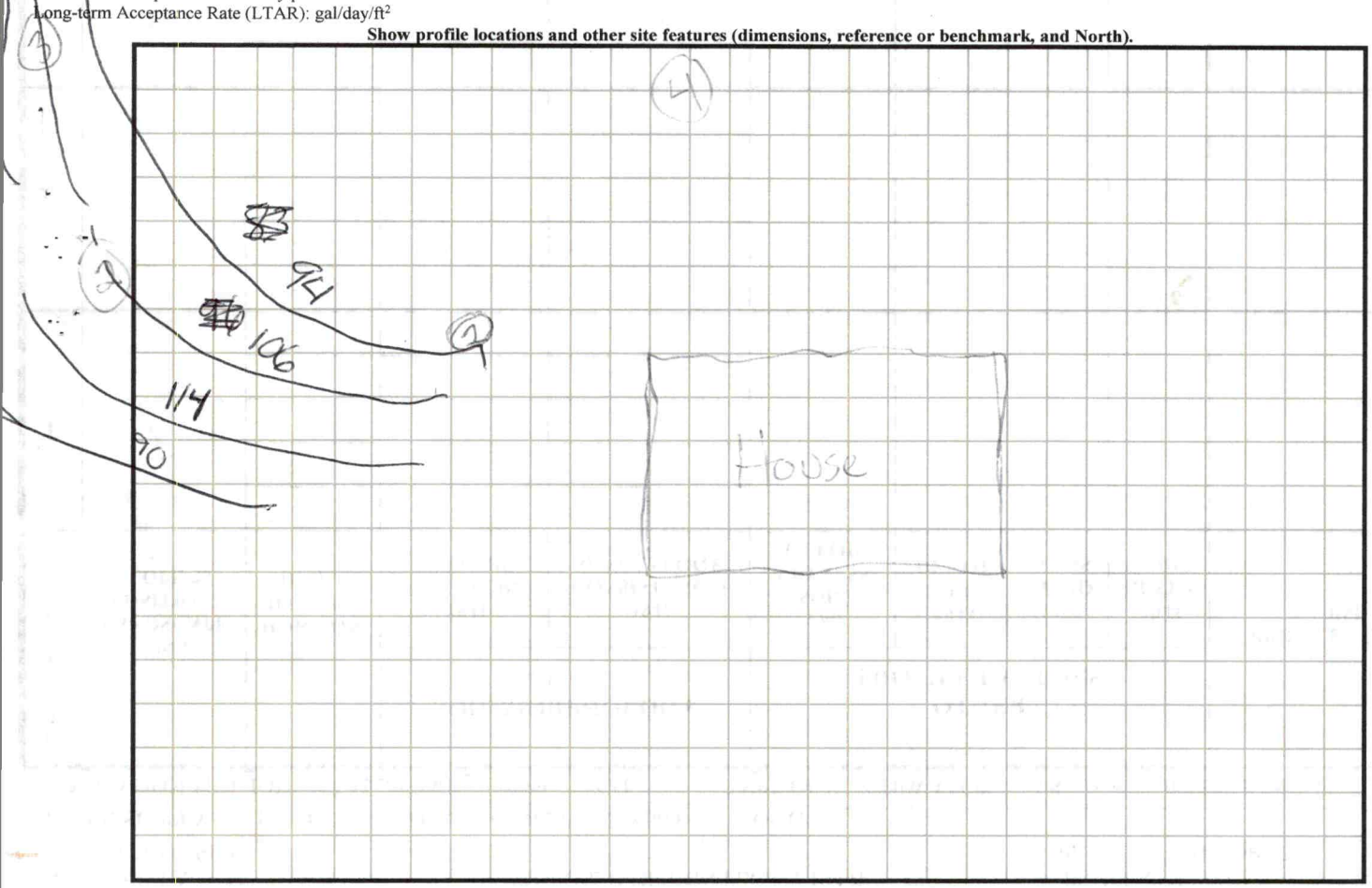
NOTES

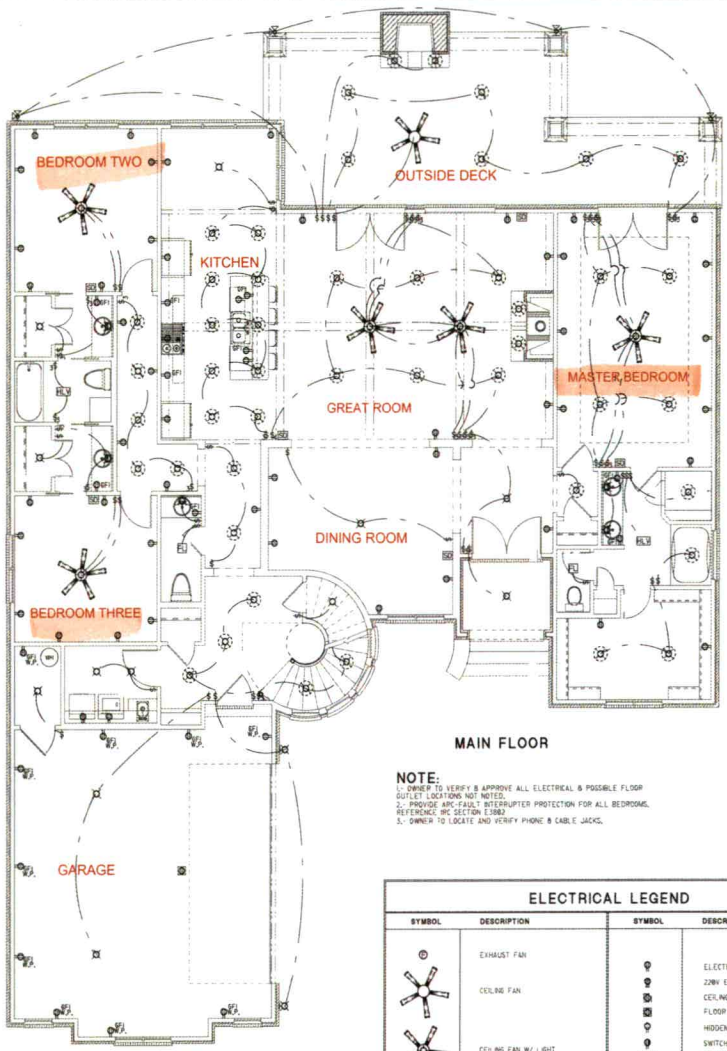
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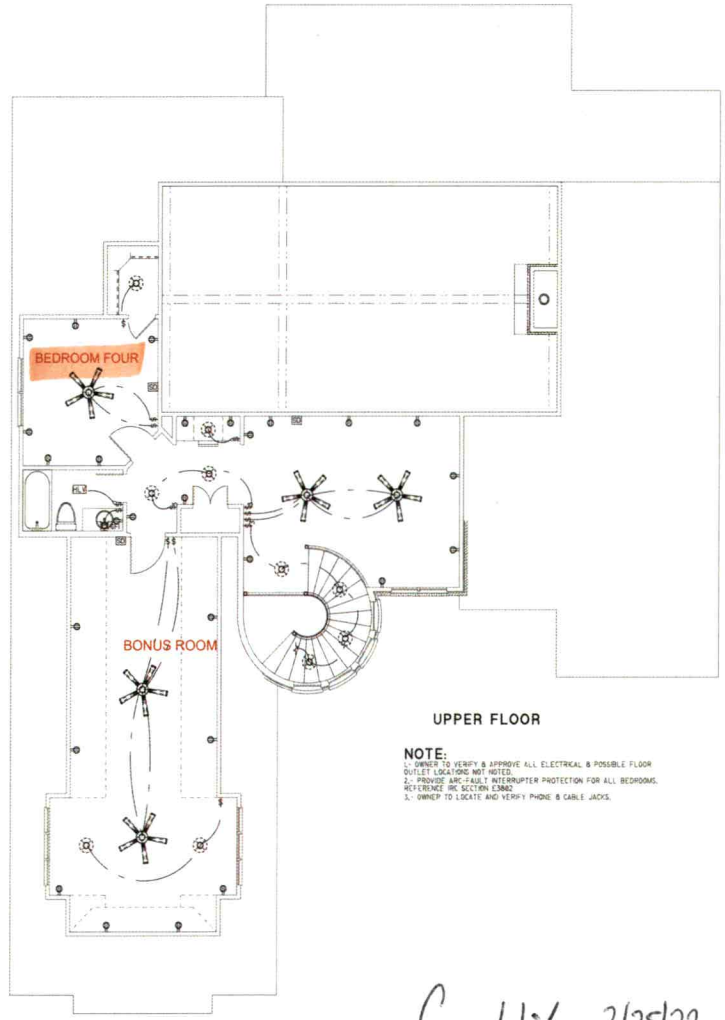
Show profile locations and other site features (dimensions, reference or benchmark, and North).





MAIN FLOOR

NOTE:
1.- OWNER TO VERIFY & APPROVE ALL ELECTRICAL & POSSIBLE FLOOR OUTLET LOCATIONS NOT NOTED.
2.- PROVIDE ARC-FAULT INTERRUPTER PROTECTION FOR ALL BEDROOMS. REFERENCE IRC SECTION E3902
3.- OWNER TO LOCATE AND VERIFY PHONE & CABLE JACKS.



UPPER FLOOR

NOTE:
1.- OWNER TO VERIFY & APPROVE ALL ELECTRICAL & POSSIBLE FLOOR OUTLET LOCATIONS NOT NOTED.
2.- PROVIDE ARC-FAULT INTERRUPTER PROTECTION FOR ALL BEDROOMS. REFERENCE IRC SECTION E3902
3.- OWNER TO LOCATE AND VERIFY PHONE & CABLE JACKS.

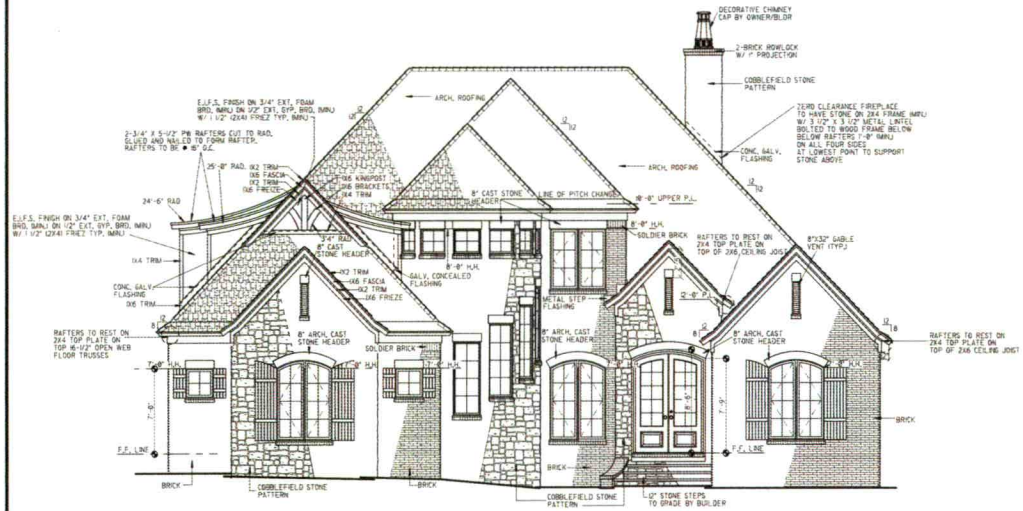
ELECTRICAL LEGEND

SYMBOL	DESCRIPTION	SYMBOL	DESCRIPTION
	EXHAUST FAN		ELECTRICAL OUTLET
	CEILING FAN		220V ELECTRICAL OUTLET
			CEILING MOUNTED OUTLET
			FLOOR MOUNTED OUTLET
	CEILING FAN W/ LIGHT		HIDDEN OUTLET
			SWITCHED OUTLET
			BREAKER BOX
EL	EXHAUST FAN W/ LIGHT		PHONE
HLV	HEAT, LIGHT AND VENT.		SMOKE DETECTOR
	LIGHT	$	SWITCH
	4' FLORESCENT LIGHT	$3	STACKED SWITCHES
	2' X 4' FLORESCENT LIGHT	3	THREE WAY
		4	FOUR WAY
	6" RECESSED CAN LIGHT	GFI	GROUND FAULT INTERRUPTER
	3" RECESSED CAN LIGHT	W.P.	WATERPROOF
	FLOOD LIGHT		ELECTRICAL WIRE
	WALL MOUNTED LIGHT	TV	CABLE TV
			TRACK LIGHTING

Cary Wick 2/25/22

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REVISIONS	BY



FRONT ELEVATION

INSULATION NOTES:

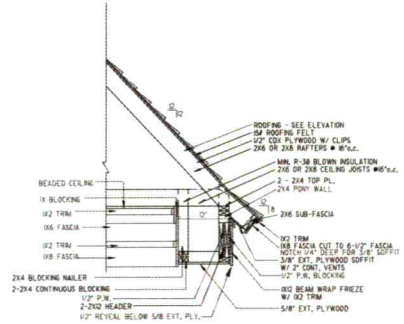
1. PROVIDE R-19 BATT INSULATION IN 2X6 WALLS, R-13 IN 2X4 WALLS, MINIMUM R-38 INSULATION IN FLAT CEILINGS AND R-30 MINIMUM BLANKET INSULATION IN VAULTED CEILINGS, ALLOW 1/2" MINIMUM AIRSPACE BETWEEN SHEATHING AND INSULATION, FACE FOIL DOWN TO WARM SIDE.
2. INSTALL SIDE WALL AND CEILING INSULATION IN CONTINUOUS BLANKETS WITHOUT HOLES FOR ELECTRICAL BOXES, LIGHT FIXTURES OR HEATING DUCTWORK, CAULK ALL OPENINGS IN EXTERIOR WALL CONSTRUCTION.
3. INSTALL 6 MIL POLYETHYLENE VAPOR BARRIER AGAINST INSIDE OF ALL INSULATION, LAP JOINTS 6" MINIMUM.
4. FLOORS OVER UNHEATED SPACE SHALL HAVE R-25 FOIL BACK INSULATION BETWEEN JOISTS.
5. SLAB EDGE INSULATION R-5.
6. HVAC DUCTS LOCATED IN UNHEATED SPACES SHALL BE INSULATED WITH R-8.

PLUMBING NOTES:

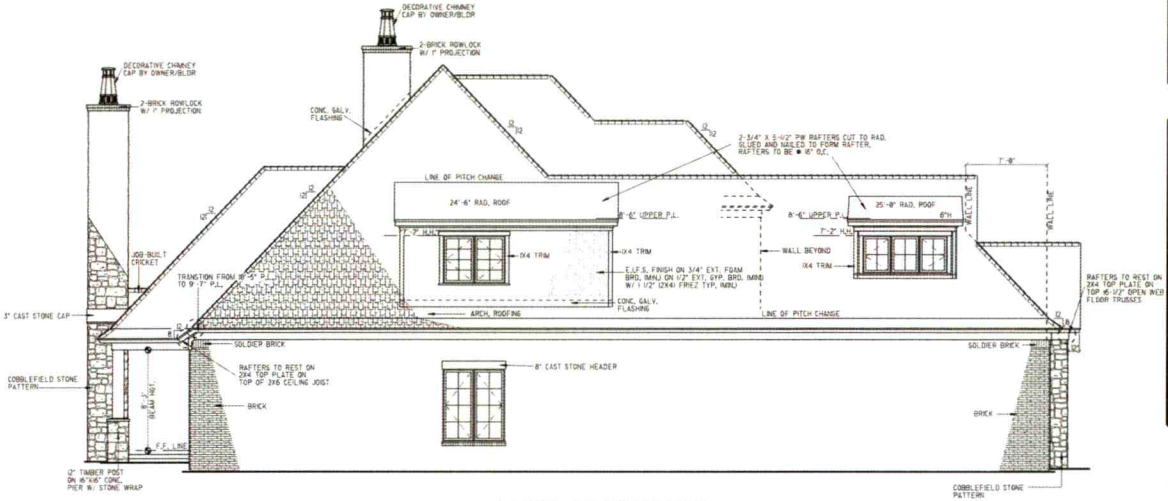
1. PLUMBING SHALL MEET ALL LOCAL CODES.
2. IF WATER HEATER IS LOCATED ANYWHERE, EXCEPT GARAGE OR BASEMENT, PROVIDE METAL DRAIN PAN WITH AUXILLARY DRAIN TO EXTERIOR.
3. ALL GAS WATER HEATERS SHALL BE VENTED AT TOPOUT.
4. PROVIDE INSIDE MAIN WATER CUT-OFF.
5. PROVIDE BLOCKING IF WALL PLATES OR JOISTS ARE CUT INTO.

ELEVATION NOTES:

1. GUTTERS AND DOWNSPOUTS ARE NOT SHOWN FOR CLARITY, DOWNSPOUTS SHALL BE LOCATED TOWARDS THE FRONT AND REAR OF THE HOUSE, LOCATE DOWNSPOUTS IN NON-VISUALLY OFFENSIVE LOCATIONS, FOR EXAMPLE: FRONT WALL OF HOUSE, BESIDE PORCH COLUMNS, ETC. GENERAL CONTRACTOR SHALL VERIFY EXISTING GRADES AND COORDINATE ANY NECESSARY ADJUSTMENTS TO HOUSE WITH OWNER.
2. PLUMBING AND HVAC VENTS SHALL BE GROUPED IN ATTIC TO LIMIT ROOF PENETRATIONS AND TO BE LOCATED AWAY FROM PUBLIC VIEW, I.E. AT THE REAR OF THE HOUSE AND SHALL BE PRIMED AND PAINTED TO MATCH ROOF COLOR.
3. PROVIDE ATTIC VENTILATION PER LOCAL CODE REQUIREMENTS.
4. EXTERIOR FLASHING SHALL BE CORRECTLY INSTALLED AT ALL CONNECTIONS BETWEEN ROOFS, WALLS, CHIMNEYS, PROJECTIONS AND PENETRATIONS AS REQUIRED BY APPROVED CONSTRUCTION PRACTICES.
5. CONTRACTOR SHALL PROVIDE ADEQUATE ATTIC VENTILATIONS / ROOF VENTS PER LOCAL GOVERNING CODE. INSTALL CONTINUOUS RIDGE VENTILATION AND PAINT TO MATCH. PROVIDE APPROPRIATE SOFFIT VENTILATION AT OVERHANGS.



① BOX BEAM SECTIONAL DETAIL
3/4" = 1'-0"



LEFT ELEVATION

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REVISIONS	BY
	36x42

Nelson Design Group LLC
RESIDENTIAL PLANNERS - DESIGNERS
NATIONALLY PUBLISHED
Member AIBD • CPBD
MICHAEL E. NELSON
P.B.D. Cert. No. AR-184

DATE	
SCALE	1/4" = 1'-0"
BUILDER	
JOB	NDG1425
DRAWN BY	ML

3 OF 6

Mr. Charles Washington
488 Water Fall Ln.
Whiteville NC 28472

HCNC
Design Build
3325 Washburn Ave. Ste 216
Charlotte NC 28205

NOTICE DUTY OF COOPERATION
NELSON DESIGN GROUP, LLC. or Michael E. Nelson assumes no liability for any HOME constructed from this plan. Release of these plans contemplates further cooperation among the owner, his contractor and the designer. Design and construction are complex. Although the designer and his consultants performed their services with due care and diligence, they cannot guarantee perfection. Communication is imperfect and every contingency cannot be anticipated. Any ambiguity or discrepancy discovered by the use of these plans shall be reported immediately to the designer. Failure to notify the designer compounds misunderstanding and increases construction costs. A failure to cooperate by a simple notice to the designer shall relieve the designer from responsibility for all consequences. Changes made from the plans without the consent of the designer are unauthorized and shall relieve the designer of responsibility for all consequences arriving out of such changes. Only qualified Designer, Architect, Contractor, or Structural Engineer should attempt to modify any portion of this design.
Written dimensions on these drawings shall have precedence over scaled dimensions, contractors shall verify and be responsible for all dimensions and conditions on the job. This office must be notified of any variations from the dimensions and conditions shown by these drawings. Shop details must be submitted to this office for approval before proceeding with fabrication.

ELEVATIONS / NOTES

NDG1425

" Where Traditional Values and Family Come Together "

CAD DESIGNED

DocuSign Envelope ID: FF2D29BC-659A-4D23-B1DA-CA42C3C98533

RECEIVED DEC 17 2021

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: x **Improvement Permit** ___ **Authorization To Construct** ___ **Existing System Inspection**

AP- 323999 $560.00

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 x **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mario Hodge	3325 Washburn Ave ST. Charlotte NC 28205	704-891-2840	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Franklin Hernandez	14047 Ballyshannon Ln Charlotte NC 28278		704-497-3774

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
100 Harbor Ridge Dr	Harbor Watch	75

Driving Directions: _____

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

(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?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

IF Non- Residential Site Development: Type of Business _____

Square Footage of Building _____

Maximum Number of Employees _____

Maximum Number of Seats _____

6. Proposed Water Supply:

(x) 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 (x) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (x) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (x) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: DocuSigned by: Mario Hodge EFC7630B3AD6496... — 11/16/2021

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

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IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

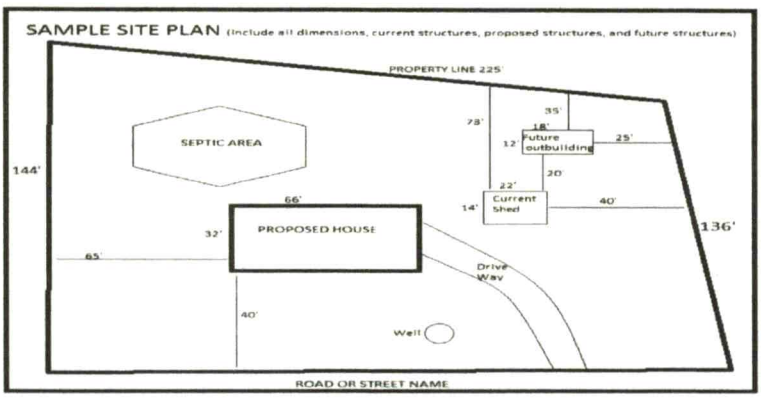
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

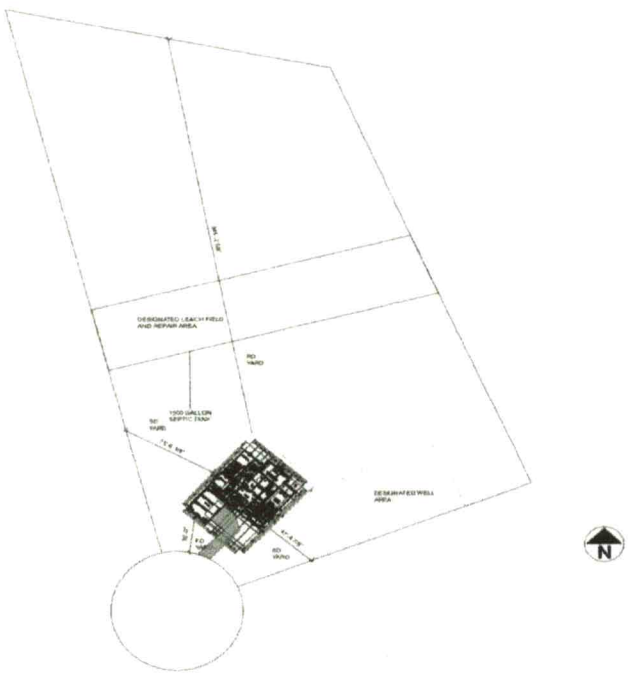
Circle N/A on the following if appropriate:

_____ 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



Signature: DocuSigned by: Maria Hidge EFC7656B3AD6498... 11/16/2021

REQUIRED **property owner or owner's legal representative signature.** **DATE**

DocuSign Envelope ID: FF2D29BC-659A-4D23-B1DA-CA42C3C98533

Public Health
Prevent. Promote. Protect
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Franklin Hernandez, am the legal owner(s) of the property located at 100 Harbor Ridge Dr Statesville NC, identified as PIN (Parcel Identification Number) 4711-34-7097, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mario Hodge, HCNC Inc, 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: Hanis Franklin Hernandez E19E761813EE47C... — 11/16/2021
Signature of Owner(s) — Date

DocuSigned by: Eric Lorde 5A3C75BDC0E8492... — 11/16/2021
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

DocuSign Envelope ID: FF2D29BC-659A-4D23-B1DA-CA42C3C98533

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

***** Initial each statement to indicate you have read and agree. *****

HF **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

HF **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

HF Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

HF **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

HF Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

HF In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature DocuSigned by: Havis Franklin Hernandez E10E7818413EE47C... **Date** 11/16/2021

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
323999 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711347097.000	100 HARBOR RIDGE DR	Iredell County

Owner Information	Applicant Information
Name: HERNANDEZ HAVIS F	Name: Eric Lorde HCNC Inc
Address:	Address: 3325 Washburn Ave Charlotte, NC 28205
Phone:	Phone: (732)619-9860

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.67	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
sfd

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.

Date: 12/16/2021

Signature of Owner/Contractor

Permit Number	323999	TOTAL FEES:	$77.25