IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 244668

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

PIN # 4723664310

APPLICANT/OWNER: CS+SC/FORSTER-FRY APPLICANT ADDRESS: 119 QUARTER LANE, MOORESVILLE, NC 28117

SITE ADDRESS: 218 DELIGHT LOOP, STATESVILLE, NC 28677 PHONE: 704-202-5791 ALT. PHONE 704-239-3232

SITE DIRECTIONS: (W) ON 70, (L) ON BUFFALO SHOALS, (R) ON OLD AIRPORT, (L) ON PARKER LAKE (L) ON DELIGHT LOOP 1ST ON (R)

SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: LAKEWOOD ESTATES SECTION: 2 LOT # 41 LOT AREA: 0.35 DESIGN FLOW: 360 GPD L.T.A.R.: 0.3/0.1

Septic Tank	1000	(gal)	STB	825	Date	8/20/19	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date		System Description:	25% REDUCTION			
Pump Make	—		Model	—	Serial #	—	Repair System Description:	DRIP			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	35 IN		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☑ Public
☑ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, SITE PLAN MUST REMAIN WITH PERMIT AT ALL TIMES FOR PERMIT TO REMAIN VALID.

INITIAL SITE SKETCH

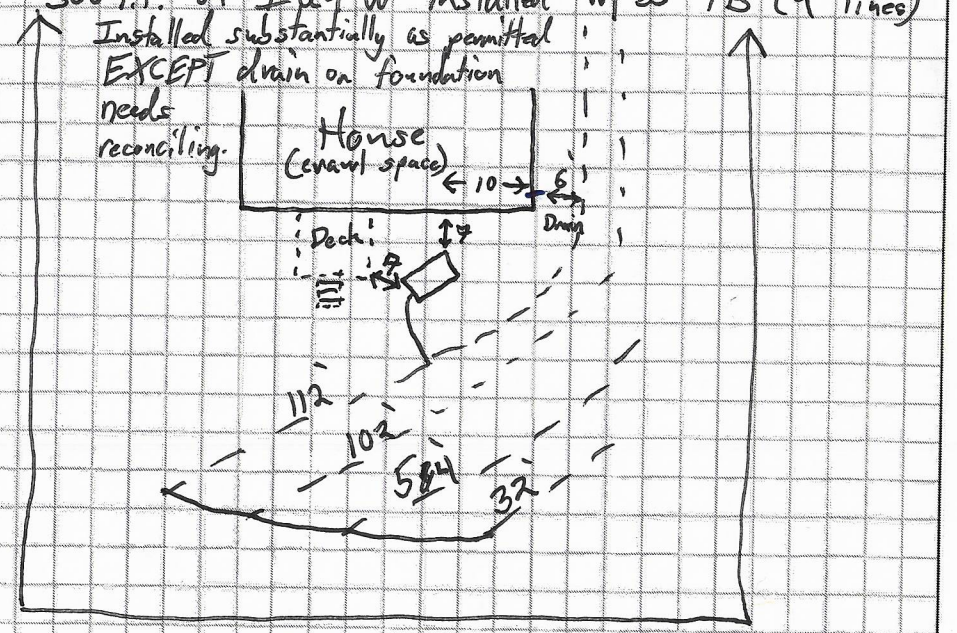
SEE ATTACHED SITE PLAN FROM CS+SC

CAROLINA SOIL + SEPTIC CONSULTING PLLC.

ADRIAN PRUETT LSS#1314

AS BUILT SKETCH

9/30/19: Mid seam conc tank (1000-gal) w/ Polylok PL-68 effluent filter.
300 l.f. of IQ4W installed w/ 25" TB (4 lines)
Installed substantially as permitted EXCEPT drain on foundation needs reconciling.



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**

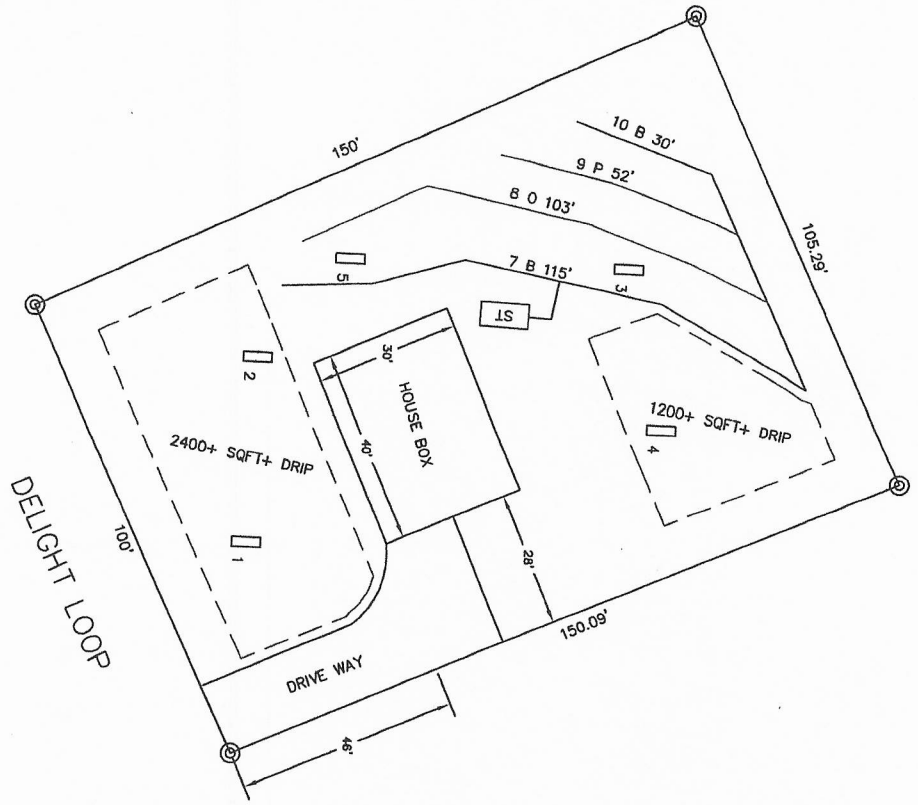
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☑ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☑ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6-11-19 Installed by: Kevin Kirkpatrick

IMPROVEMENT PERMIT by: Burkhart & White Date: 6-6-19 OPERATION PERMIT by: Benjamin Botkin Date: 10-1-19

AUTHORIZATION TO CONSTRUCT by: Carla C Cave Date: 6-12-19 Existing System Inspected by: Date:

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



LAKEWOOD ESTATES
SECTION 2
LOT 41
SCALE 1"=40'

APPROVED JUN 06 2019

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Septic System using Gravity distribution for a 3 bedroom single family residence on Lot 41 Section 2 of Lakewood Estates Subdivision, in Iredell County, North Carolina.

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2
Layout Specifications	3
Site Plan/System Plan	4
Dosing Calculations	5
Soil Profile Descriptions	6

May 9, 2019
Job Number: 19079

APPROVED JUN 06 2019

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1314 STATE OF NORTH CAROLINA

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- 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 for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as a Shallow Accepted 25% Reduction Gravity installation.
- Repair is specified as Drip Irrigation System.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

APPROVED JUN 06 2019

Bryant C. White

OWNER INFORMATION

Owner:	Forster Fry
Address:	119 Quarter Ln. Mooresville, NC 28117
Phone:	704-239-3232
County:	Iredell
Location:	LAKEWOOD ESTATES SECTION 2 LOT 41
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.300
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	300
Total Lateral Length Required:	300
Trench Depth:	24-36 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	900
Trench Spacing on Center:	9 ft.
Repair Trench Spacing:	24 in.
Repair Trench Depth:	6 in.
Repair Trench Width:	1 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	13
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	4.68
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Ben Aldridge, REHS

APPROVED JUN 06 2019

Buzzy C. White

LAKEWOOD ESTATES SECTION 2 LOT 41
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM RESIDENCE

May 15, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***BLUE***	***NA***	***NA***	***145***	***115***
2	***ORANGE***	***NA***	***NA***	***103***	***103***
3	***PINK***	***NA***	***NA***	***52***	***52***
4	***BLUE***	***NA***	***NA***	***30***	***30***
5	DRIP IRRIGATION	NA	NA	3600 SQ.FT.	3600 SQ.FT.
			Total	**330**	**300**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***300***	***ACCEPT.***	***0.300***	***25% RED.***	***GRAVITY***
Repair	3600 SQ.FT.	*INNOV.*	0.100	DRIP IRRIGATION	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **Iredell County has CS&SC's permission to change septic tank location and distribution type**

APPROVED JUN 06 2019

Bryant C. White

DOSING CALCULATIONS

Location	LAKEWOOD ESTATES
Lot No:	41
No. of Bedrooms	3
Design Flow	360 $^{gal}/_{day}$
LTAR	0.300 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	13 ft.
Supply Line Volume	4.68 gal.
Required Feet of 25% RED. Line	300 ft.
Amount of Line from Layout	300 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	195.9 gal.

APPROVED JUN 06 2019

Burkhart Cuthbertson

PROP. ID #: 4723664310

COUNTY: IREDELL

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

OWNER: FORSTER FRY GENERAL CONTRACTOR INC.

ADDRESS: 119 QUARTER LN. MOORESVILLE NC 28117

PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD

LOCATION OF SITE: 218 DELIGHT LOOP STATESVILLE NC 28677

APPLICATION DATE:

DATE EVALUATED: 5/14/2019

PROPERTY SIZE: .35 AC

PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE X PUBLIC WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	3%	0-4	COMPACTED		CHR2 26-55" Y/BR 21-55"	51"	N/A	26"	.1 DRIP
		4-8	C MSBK	FR S SP SEXP					
		8-55	C W/MABK	FI S SP SEXP					
2	3%	0-5	FILL		Y/BR 12-55" HEAVY Y/BR 12-24"	50"	N/A	N/A	.1 DRIP
		5-10	SCL WSBK	FR SS SP SEXP					
		10-27	C SABK	FI S SP SEXP					
		27-55	C W/MABK	FI S SP SEXP					
3	3%	0-13	LS GR	VFR NS NP NEXP	FEW SAP INC 44-57"	57"	FEW SAP 44-57"	N/A	0.3
		13-57	C MABK	FI S SP SEXP					
4	3%	0-12	SL WSBK	VFR SS SP SEXP	CHR 2 29"/COM MN 37-54"	54"	FEW SAP INC 39-54"	29"	.1 DRIP
		12-39	C SABK	FI S SP SEXP					
		39-54	C W/MABK	FI S SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):	
AVAILABLE SPACE (.1945)	PS	PS	SITE CLASSIFICATION (.1948):	PS
SYSTEM TYPE(S)	GRAVITY 25% REDUCTION	DRIP IRRIG.	EVALUATED BY:	BEN ALDRIDGE
SITE LTAR	0.3	0.1	OTHER(S) PRESENT	JACOB CONRAD DAVID BEANE
COMMENTS				

APPROVED JUN 06 2019

Burkett Culvert

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROP. ID #:

COUNTY:

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 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	3%	0-4	FILL			53"	N/A	N/A	0.3
		4-37	C SABK	FI S SP SEXP					
		37-57	C WABK	FI S SP SEXP					

COMMENTS

APPROVED JUN 06 2019

Burbank C. White

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

Sheet 1 of 2
PROPERTY ID #: 4723664310
COUNTY: IREDELL

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

OWNER: FORSTER FRY
ADDRESS: 119 QUARTER LANE, MOORESVILLE, NC 28117
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 218 DELIGHT LOOP, STATESVILLE, NC, 28625
APPLICATION DATE 5-21-19
DATE EVALUATED: 5-28-19
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.35 AC
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3%	0-10	SLL, ABK	fl, SS, SP, SEXP	CHROMA 2 18-40 WET LITHO SAP INC 36"+	53"+	NA	NA	PS .1 DRIP
		10-53	C, ABK	fl, S, P, SEXP					
2	3%	0-4	FILL	FILL	CHROMA 2 14-40 LITHO SAP INC 36"+	58"+	NA	NA	PS .1 DRIP
		4-12	SLL, ABK	fl, SS, SP, SEXP					
		12-58	C, ABK	fl, S, P, SEXP					
3	4%	0-3	FILL	FILL	LITHO SAP INC 24"+	56"+	NA	NA	PS .3
		3-12	SCL, ABK	fl, SS, SP, SEXP					
		12-56	C, ABK	fl, S, P, SEXP					
4	4%	0-18	SL, ABK	FR, SS, SP, SEXP	LITHO SAP INC 30"+	60"+	NA	NA	PS .3
		18-60	C, ABK	fl, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	PRIP
Site LTAR	.3	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Barrett C. White
OTHER(S) PRESENT: BEN ALDRIDGE

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4723664510
DATE OF EVALUATION: 5-28-19
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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
	LINEAR SPF 5%	0-14	SL, SS, SP, SEXP	FR, ABK	SAP INC 40"	54"+	NA	NA	PS .3
		14-40	L, S, P, SSEXP	FI, ABK					
		40-54	CL, SS, SP, SEXP	FR, WABK					

COMMENTS:

#244668
Gift; $350.00
5-21-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: FORSTER FRY/ CS&SC Address: 119 QUARTER LN. MOORESVILLE Zip: 28117
Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-202-5791 Alt. Phone: _____
Owner Name: SAME Address: SAME Zip: _____
Owner Email: CRYSTALF@LAKENORMANREALTY.COM Phone: 704-239-3232 Alt. Phone: _____

Property Information:

Street Address: 218 DELIGHT LOOP STATESVILLE, NC
Subdivision Name: LAKEWOOD ESTATES Section/Phase: 2 Lot Number: 41
Driving Directions: BUFFALO SHOALS, TL OLD AIRPORT RD., TL PARKER LAKE LOOP, TL DELIGHT, ON R

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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) 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: _____
(X) No Preference ( ) Alternative ( ) 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: BA Delig 5-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

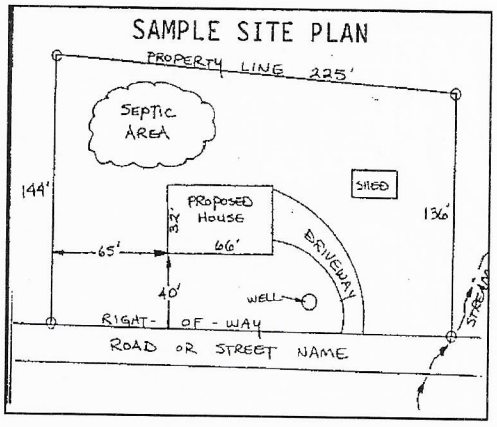
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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



Circle N/A on the following if appropriate:

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

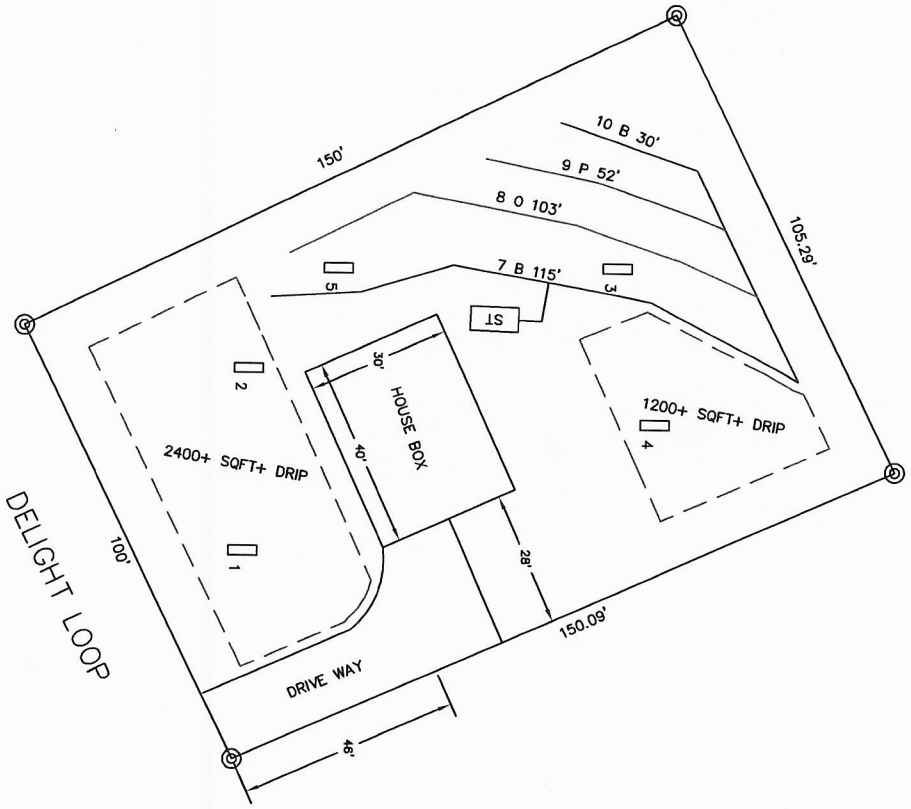
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

SEE ATTACHED SITE PLAN

Signature: BA Oli — 5-21-19

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



LAKEWOOD ESTATES
SECTION 2
LOT 41
SCALE 1"=40'

APPROVED JUN 06 2019

DigiSign Verified: FBA2F7B1-5EB0-45A8-9D02-3B00D0557257

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, Judith Riggs, am the legal owner(s) of the property located at 218 Delight Loop Statesville, NC, identified as PIN (Parcel Identification Number) 4723664310.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Forster Fry General Contractor, 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

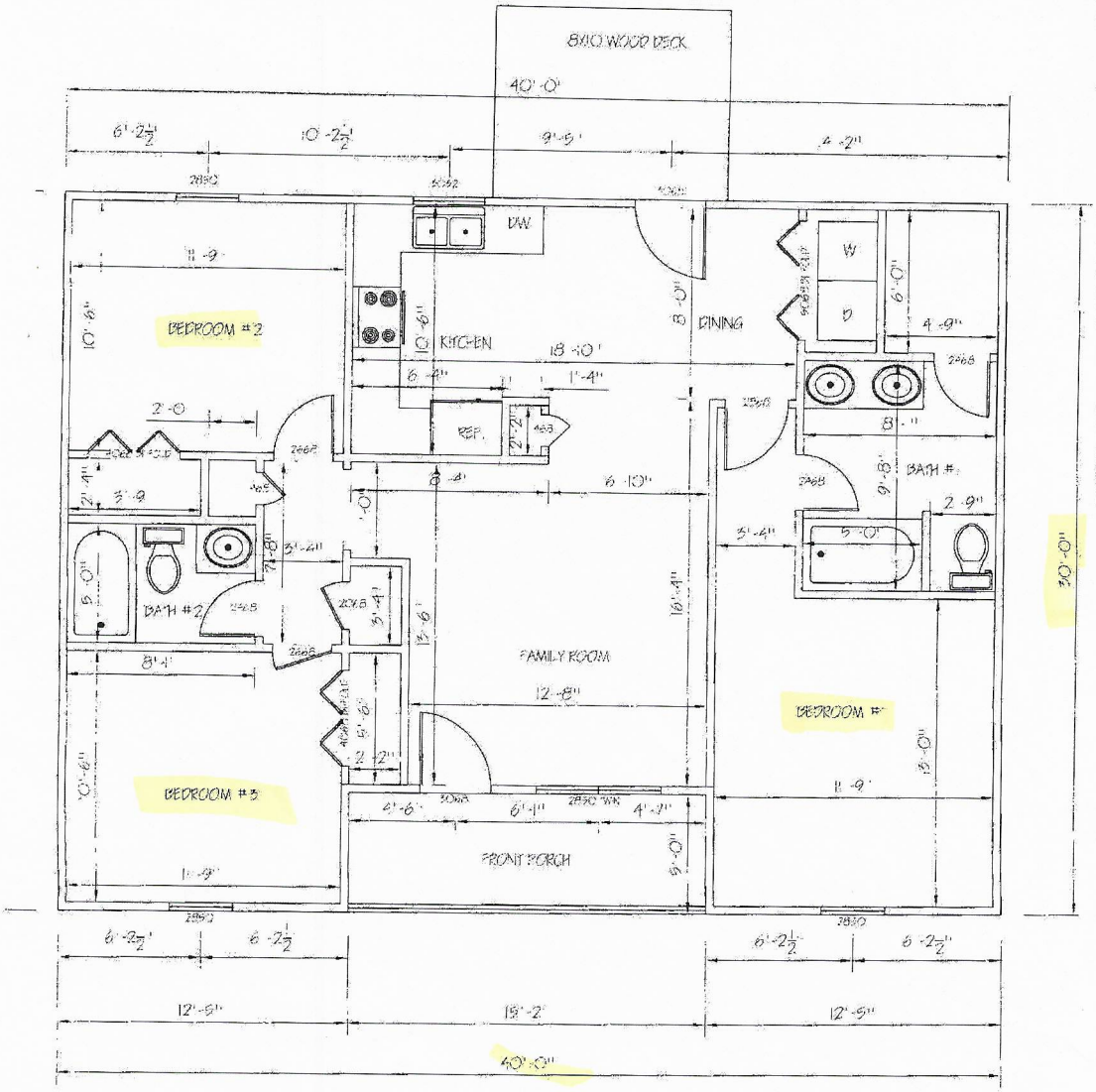
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Judith Riggs	07-27-2018	Crystal Fry	07-27-2018
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



Acknowledgement Of
Submittal ONLY!
Date 6-6-19

FLOOR PLAN 6-6-19

1/4"=1'-0"

IREDELL COUNTY

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

APPLICATION NUMBER

244668

Issue Date: 05/15/2019

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4723664310.000	218 DELIGHT LOOP	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: JL+RUTH B HOPE ENTERPRISES LIM	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 1120 N BARKLEY ROAD	Address: 162 WEST B ST	Address: 162 WEST B ST
STATESVILLE, NC 28677	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791	Phone: 704-202-5791
		License Type: UNLI License Number:

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

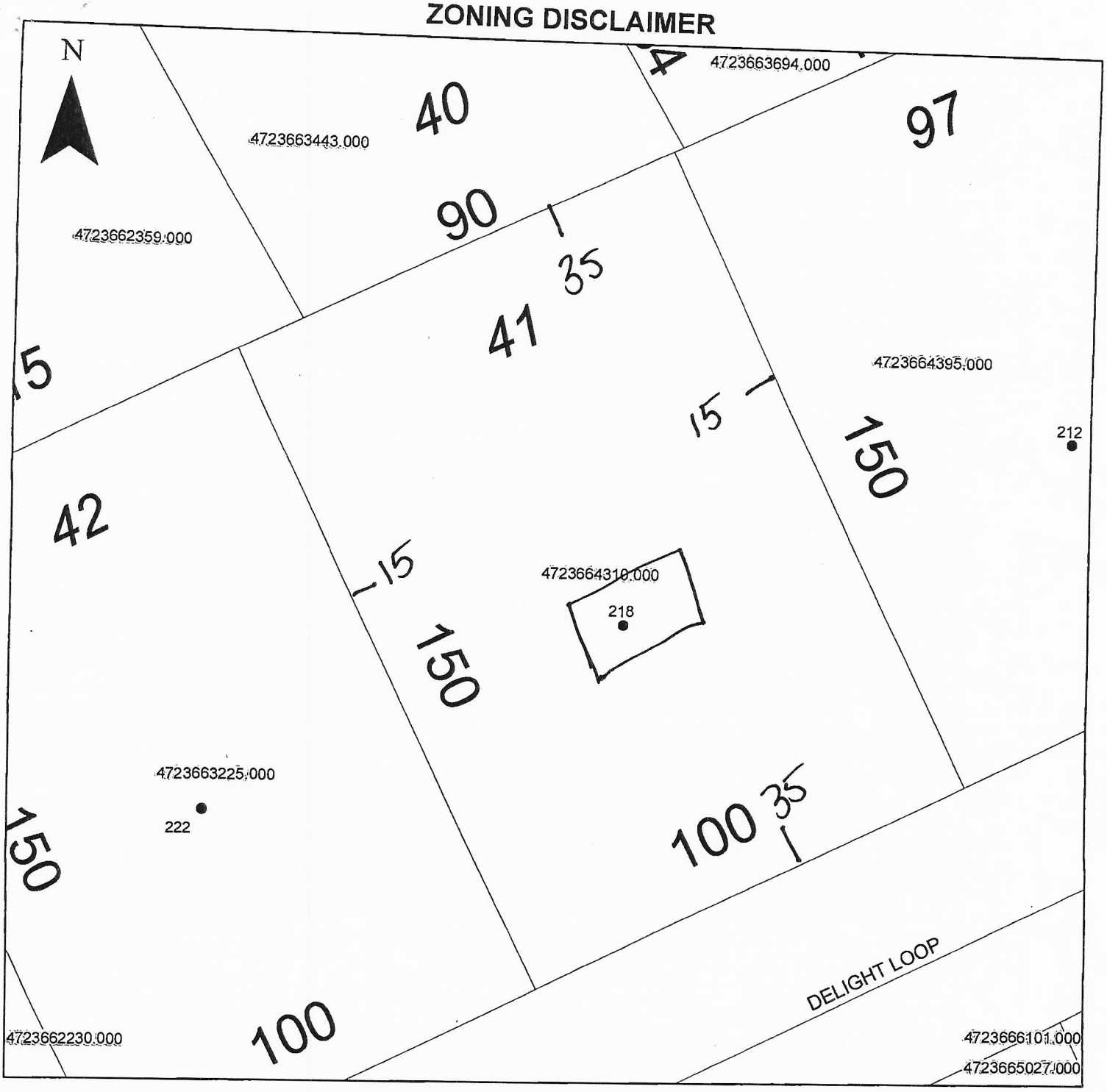
Signature of Owner/Contractor

Date: 05/15/2019

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	177568	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 218 Delight Lp.

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.

Applicant

Date