ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (38) Mooresville Office (704) 660-3625 PERMIT # AP 327521

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM / Repair PIN # 4728 -- 51 -- 0249

APPLICANT/OWNER: Johnny R. Myers III APPLICANT ADDRESS: 1018 Hunter St, Statesville

SITE ADDRESS: 167 Crider Rd, Statesville 28625 PHONE: 704-450-5767 ALT. PHONE 704-252-9947

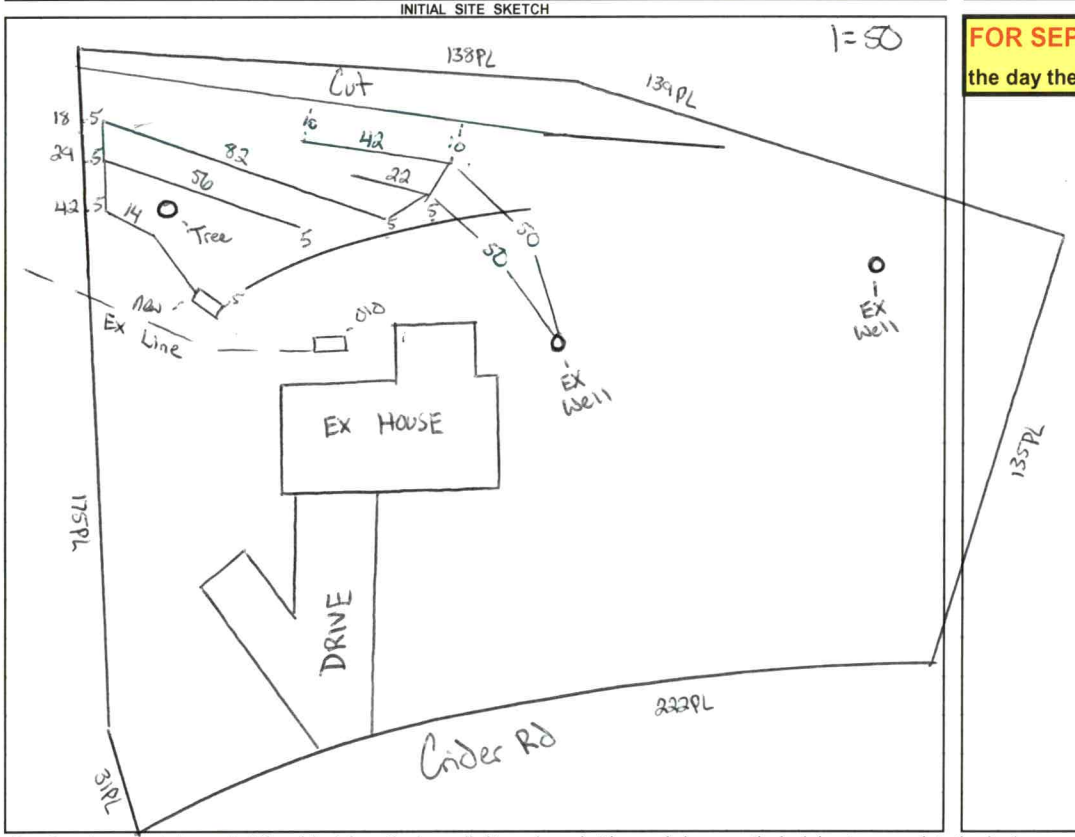
SITE DIRECTIONS: 115 N - Crider SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 0.954 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.4

Septic Tank	1000	(gal)	STB 1012	Date 10/23/22	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description:	High Capacity Chambers			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft 216	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth ~~(Low side)~~		36" max	Gravel Depth -	☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: OK to clear contour. Do not grade, park, or drive on septic area. Utilize serial distribution.

INITIAL SITE SKETCH



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.

Installed as Drawn

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: Johnny Ray Myers III Date: 2/9/23 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Cary Whil Date: 2/8/23 OPERATION PERMIT by: Cary Whil Date: 3/29/23

AUTHORIZATION TO CONSTRUCT by: Cary Whil Date: 2/8/23 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? _____	

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 5/18/22
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 167 Crider Rd, Statesville PROPERTY RECORDED: _____
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	Linear 12%	0-20	SC SBK	SS SP FR SE	-	52	-	-	.4 PS
		20-45	C SBK	SS SP FR SE					
		45-52	CL SBK	SS SP FR SE					
2	Linear 15%	0-20	SC SBK	SS SP FR SE	-	52	-	-	.4 PS
		20-52	C SBK	SS SP FR SE					
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

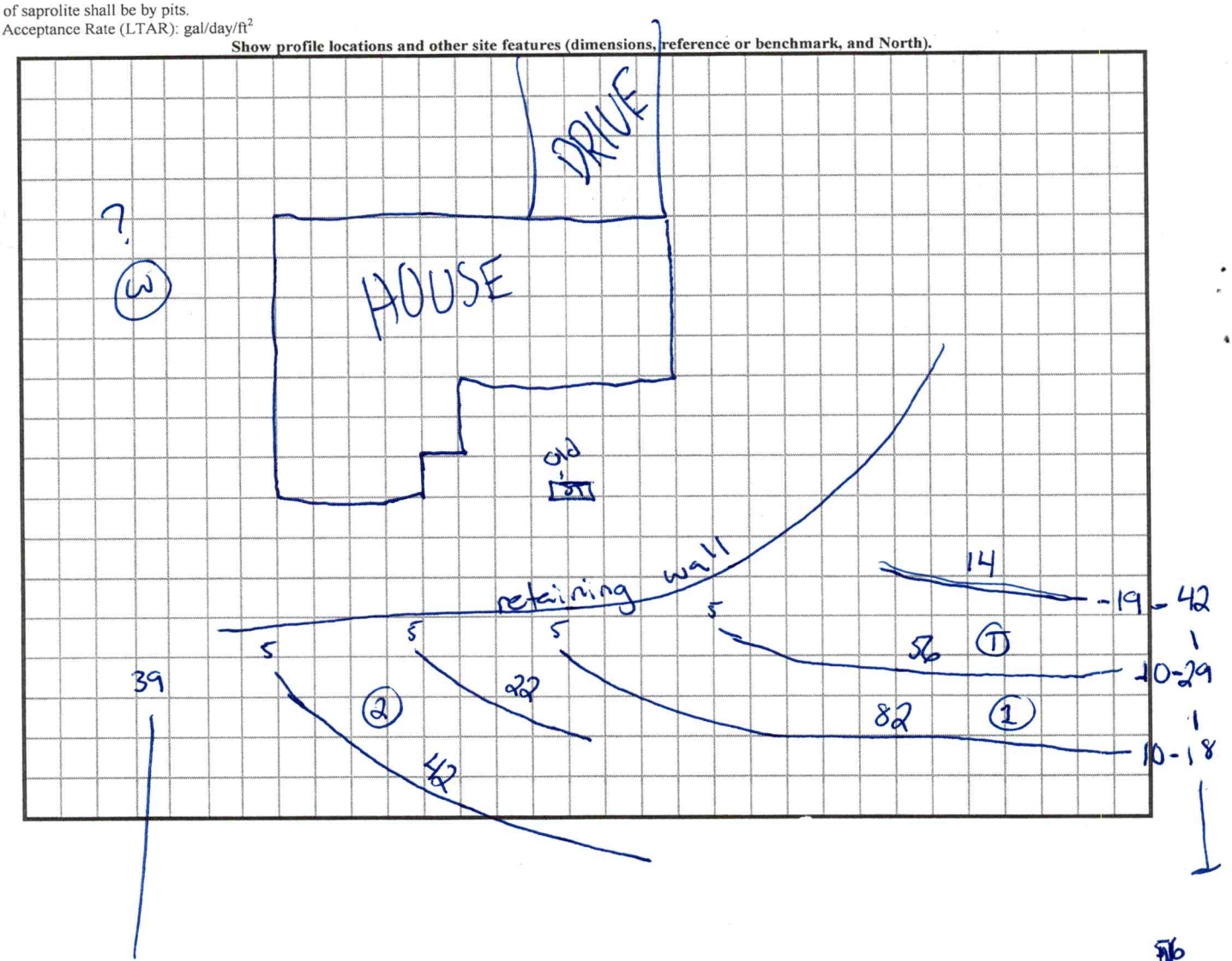
NOTES

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).



IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Johnny R Myers III
Address: 1018 Hunter St, Statesville, NC 28625

Date: 2/8/2023

Subject: Notice of Intent to Revoke: Address : 167 Crider Rd, Statesville, NC 28625 Permit 327521 (Improvement Permit/Construction Authorization

Dear **Johnny R Myers III**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 167 Crider Rd, Statesville, NC 28625 Permit 327521 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

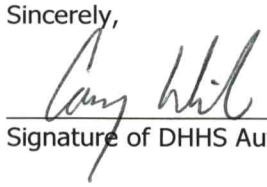
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 2/8/2023 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2/8/2023

Owner: Johnny R Myers III
Address: 1018 Hunter St, Statesville, NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 167 Crider Rd, Statesville, NC 28625 Permit 327521

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III_ at Address : 167 Crider Rd, Statesville, NC 28625 Permit 327521

for the site will be "revoked" immediately by the authorized agent/local health department.

Johnny Ray Myers III
Signature of Property Owner

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

Sheet 1 of 1
PROPERTY ID #: 4728510249
COUNTY: Iredell

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

OWNER: Johnny R Myers III
ADDRESS: 1018 Hunter St, Statesville
PROPOSED FACILITY: 3 bdrm home PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 167 Crider Rd, Statesville 28625

APPLICATION DATE 5/12/22
DATE EVALUATED: 5/19/22
PROPERTY SIZE: 0.954 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	Linear 17%	0 - 18	C SBK	SS SP FR SE	-	49	-	—	.35 PS
		18 - 49	CL SBK	SS SP FR SE					
2	Linear 12%	0 - 20	C SBK	SS SP FR SE	-	48	/	—	.35 PS
		20 - 48	CL SBK	SS SP FR SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		PS
System Type(s)		25%
Site LTAR		.35

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
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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.

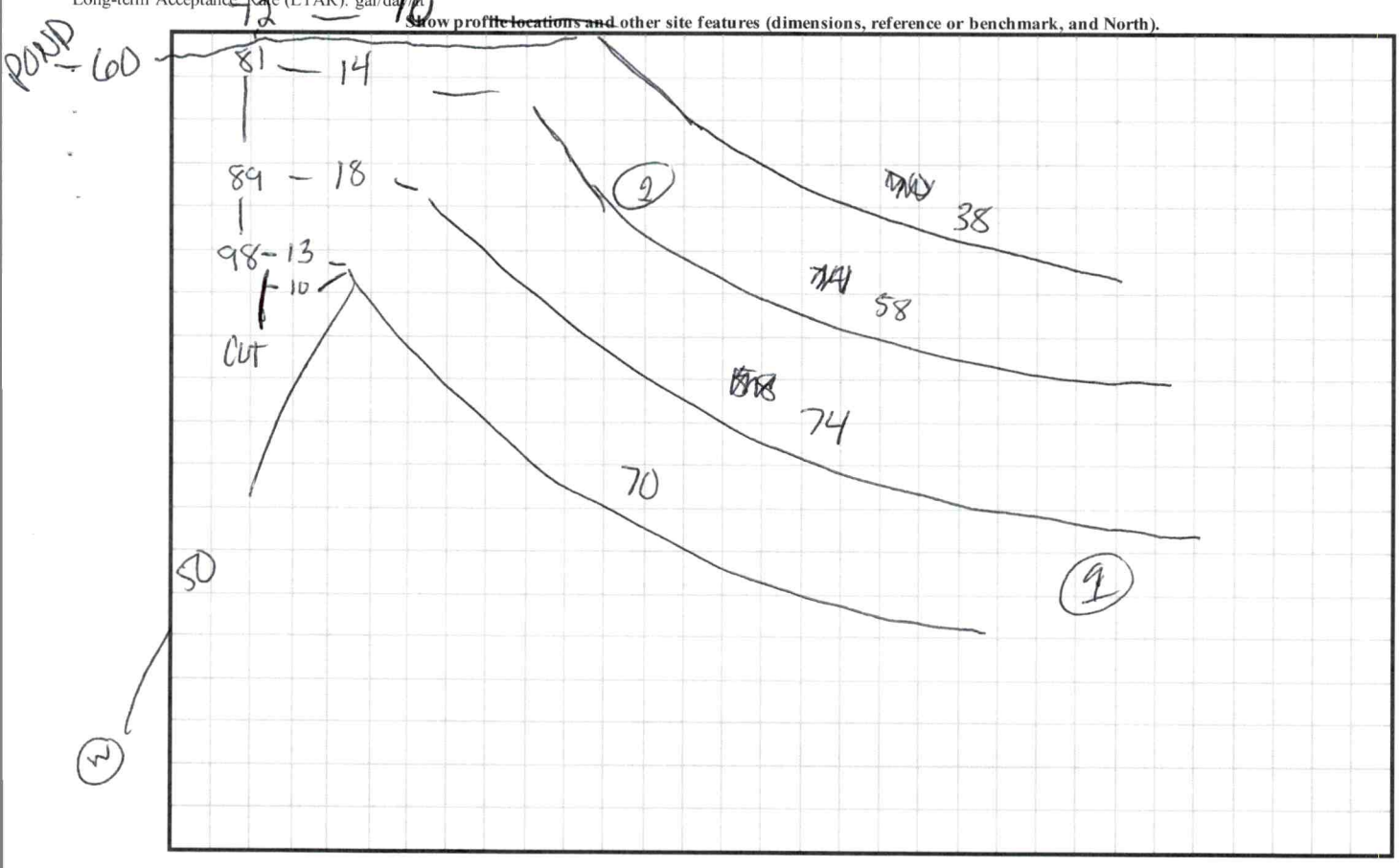
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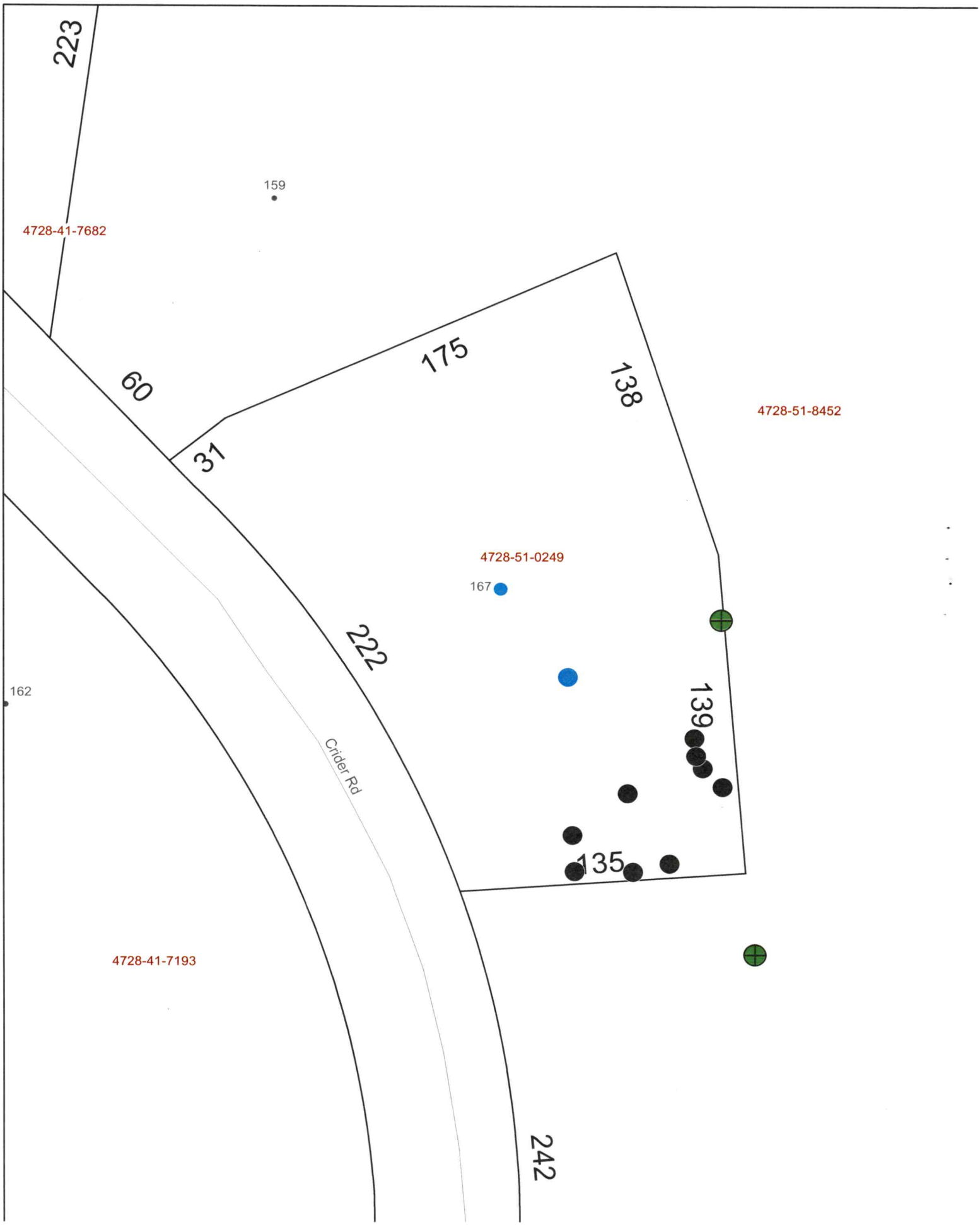
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



70
74
58
38


223
159
4728-41-7682
60
175
138
4728-51-8452
31
4728-51-0249
167
222
162
139
Crider Rd
135
4728-41-7193
242

Johnny 704-252-9947

RECEIVED MAY 12 2022

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

AP- 327521

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg

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

Applicant Name: Johnny R. Myers III Address: 1018 Hunter St Statesville, NC Zip: 28677
Applicant Email: Imyers56@BellSouth.Net Phone: (704) 450-5767 Alt. Phone: (704) 252-9947
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 167 Crider Rd. Statesville, N.C. 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
X Tank X Drain lines Describe Problem: Decaying Tank, Couldn't find lines

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) 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: _____

( ) 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: 1940
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes ( ) 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: Johnny Ray Myers III 4/18/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ENVIRONMENTAL SERVICES

DAVID LYNCH *Inspector Certification # 4312I*

David Lynch
2708 Peachtree Rd
Statesville, NC 28625

dlynchenviro@gmail.com
(828) 234-9451

DATE OF INSPECTION 30 Mar 2022

Street Address 167 Crider Rd

City Statesville State NC ZIP 28625

CLIENT NAME Chanika Graham

Chanika Graham (Realtor)

Chanika:

At your request, on 30 March 2022, I inspected the septic system at 167 Crider Rd, Statesville, NC. There was no permit available for this system from the Iredell County Environmental Health Department as of the date of this inspection. I was ultimately unable to locate the drain field, and as such this will not be a full and proper inspection report, but rather a commentary on my observations of the condition of the septic tank. I have attached pictures from the inspection.

I located a PVC cleanout pipe on the back side of the property which helped us find the septic tank. I uncovered the outlet end of the tank and found the tank roof was made of concrete slabs. A large hole had been carved out of the edges of two of the slabs to provide access to the interior (possibly for pumping?). A metal sheet along with what appeared to be tar was in place over the opening.

I looked in the tank and observed the tank seems to have been made with 4" cinderblock walls. I used a probe to check for a baffle wall and did not find one at water level. I tested the integrity of the walls by stabbing the wall with a metal probe only to find the probe went through the wall in a couple of spots. Given the damaged risers I did not want to risk lifting them to check the sanitary tee but I felt what I believe to be a terra-cotta tee near the outlet end of the tank.

The ratio of solids to liquids in the tank was not high enough (~20%) to recommend pumping at this time. There were some large floating objects on the water surface though. It felt more like sheetrock than organics to the probe, but did not cover the entirety of the water surface.

All in all the tank was intact but does not meet any established standards, past or present, as it was likely built before such standards were established. I can not offer any assurance of long term integrity.

The back yard is terraced with one wide layer below the area with the septic tank before it goes to a steep grade downhill towards a pond. This flat area is the only relatively level terrain I could see that the drain field could be installed without going against grade. Unfortunately this area had been used as a driveway in the past as there was packed gravel under the grass, and the soil itself was hard packed. If the drain field is there, I could not verify it.

David Lynch
Subsurface System Operator (Cert. #996383)
NC Onsite Wastewater Inspector (Cert. #43121)

David Lynch

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

[X] **1. * APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

Judith Duque
Authorized Signer

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, _____, am the legal owner(s) of the property located at 167 Crider Road, identified as PIN (Parcel Identification Number) 4728510249, located in Iredell County, North Carolina.

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

_____ Signature of Owner(s) Judith Duque, Authorized Signer — 5/11/2022 Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

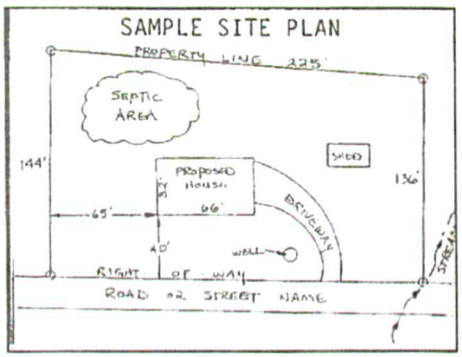
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

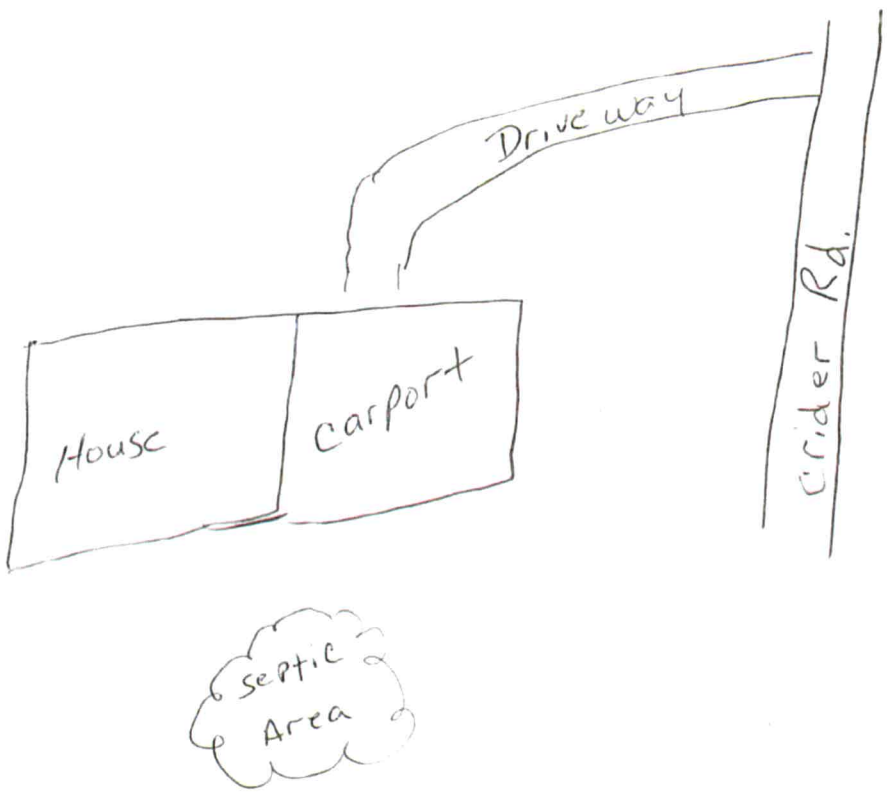
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: Johnny Ray Myers III
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/8/22
DATE