ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 322873

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

PIN # 4730 -- 70 -- 4360

APPLICANT/OWNER: Stephanie Antonie APPLICANT ADDRESS: PO Box 1026 Huntersville NC 28166

SITE ADDRESS: 145 Crooked Branch Way Troutman NC 28166 PHONE: 704-502-7692 ALT. PHONE

SITE DIRECTIONS: (W) NC150 → (R) Perth → (L) Winding Forest → (R) Crooked Branch → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

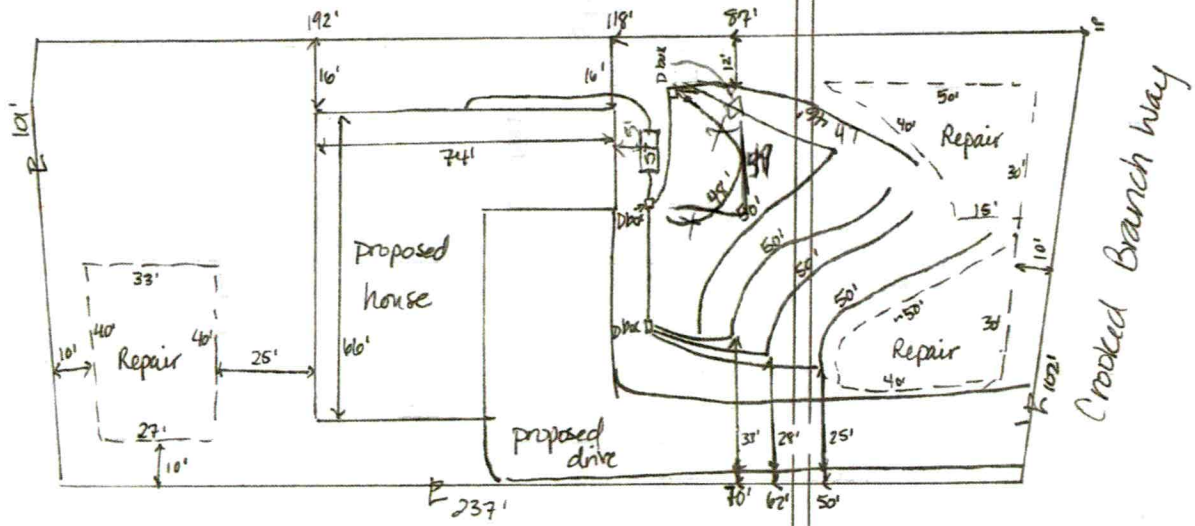
SUBDIVISION: Winding Forest SECTION: N/A LOT # 34 LOT AREA: 0.574ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.275 (1 sR)

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	NPPBPS - 50% Red.			☐ Business	No. Persons	8	☐ Private
Pump Make		Model	Serial #	Repair System Description:	50% Red - LPPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft: 254'	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	24" min	Trench Bottom Depth(Low side)	40"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: Do not park, pave, grade, drive, or bury utilities in drainfield. Keep water line 10' from system. If equal distribution or full cannot be achieved system will have to be pumped. Keep house in permitted area.

INITIAL SITE SKETCH

1" = 40'



AS BUILT SKETCH

46' & 48' lines = 11 panels 50' lines = 12 panels

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.

11-29-2022 BCW
2 LINES CHECKED
+ TANKS

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: Stephanie Antonie Date: 4/5/22 Installed by: MAIDEN GRADING

IMPROVEMENT PERMIT by: D. Mebane Date: 3/17/22 OPERATION PERMIT by: Burnett C. White Date: 12-1-2022

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 3/17/22 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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322873

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

PIN # 4730 -- 70 -- 4360

APPLICANT/OWNER: Stephanie Antonie APPLICANT ADDRESS: PO Box 1026 Huntersville NC 28166

SITE ADDRESS: 145 Crooked Branch Way, Troutman NC 28166 PHONE: 704-502-7692 ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (L) Winding Forest → (R) Crooked Branch → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Winding Forest SECTION: N/A LOT # 34 LOT AREA: 0.574ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.275 (1sR)

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:	VPPBPS - 50% Red.			☐ Business	No. Persons	8	☐ Private	
Pump Make		Model			Serial #		Repair System Description:	50% Red - LPPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	6		Linear Ft	294'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☒ Community	
Trench Width	24" min	Trench Bottom Depth(Low side)		40"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

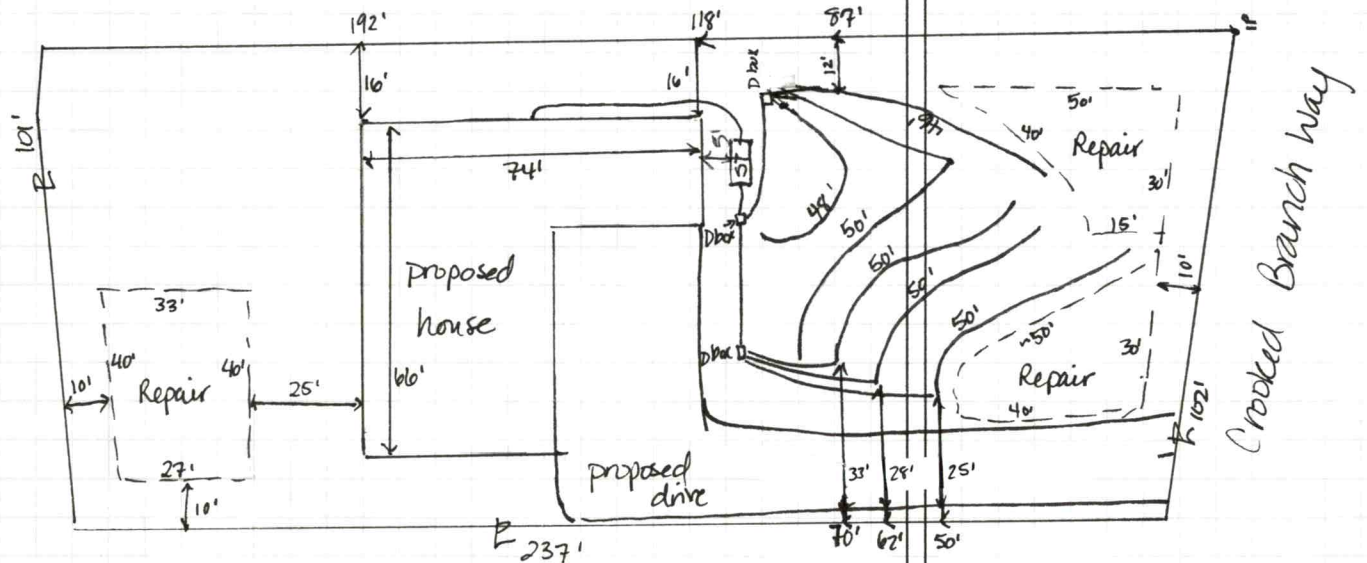
Comments / Conditions: Do not park, pave, grade, drive, or bury utilities in drainfield. Keep water line 10' from system. If equal distribution or fall cannot be achieved system will have to be pumped.

Keep house in permitted area.

46' & 48' lines = 11 panels 50' lines = 12 panels

INITIAL SITE SKETCH

1"=40'



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: Stephanie Antonie Date: 4/5/22 Installed by:

IMPROVEMENT PERMIT by: D. Wiebers Date: 3/17/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 3/17/22 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 1 of 2
PROPERTY ID #: 4730 70430
COUNTY: Iredell

2' off top soil

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

OWNER: Stephanie Antonic — APPLICATION DATE: 11/4/21
ADDRESS: PO Box 1026 Huntersville 28070 — DATE EVALUATED: 11/30/21
PROPOSED FACILITY: 4BR — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: 0.574
LOCATION OF SITE: 145 Crooked Branch, Troutman 28166 — PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other Community well
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	LS 5%	0-7	SCL WSBK	SSSP-FR-SEXP	N/A	53	N/A	N/A	PS
		7-32	C - SBK/ABK	SSSP- FI/FR-SEXP					
		32-53	CL - SBK	SSSP-FR-SEXP					0.275
					Mica throughout Sap ind common		32"+		
2	LS 5%	0-12	SCL/O - SBK	SSSP-FR-SEXP	N/A	55	S/LS	N/A	PS
		12-32	C - SBK/ABK	SSSP- FI/FR	Mica throughout Sap incl prev.				
		32-55	CL - SBK	SSSP- FR-SEXP	large peds, some >1" 12-32"				0.275
		55+	SAP-S/LS-M	NSNP-VFR	soil VERY dry				TB = 40
3	LS 10%	0-20	FILL	—	N/A	60"	S/LS	N/A	PS
		20-38	C SBK	SSSP-FR/FI-SEXP					
		38-60	CL-SBK	SSSP-FR-SEXP	Chroma 2's in fill, some LB in C				0.275
		60-74	SAP-S/LS-M	NSNP-FR					
4	HS 15%	0-8	FILL	—	25Y 7/2, 8/2 ↑	63	N/A		U
		8-38	C-SBK	SSSP-FR-SEXP	Chroma 2's @ 8, 30, 40, 58				
		38-163	CL-SBK	SSSP-FR-SEXP	YB throughout Large Mn deposits, Mn staining 8-38"				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	290'	290'
System Type(s)	509.	
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Wiebery
OTHER(S) PRESENT:

COMMENTS: Clear, 35°, little to no rain in past 2 months

0-7
7-37
37-54
see #2

Updated February 2014

Planning to cut 24" off top

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.

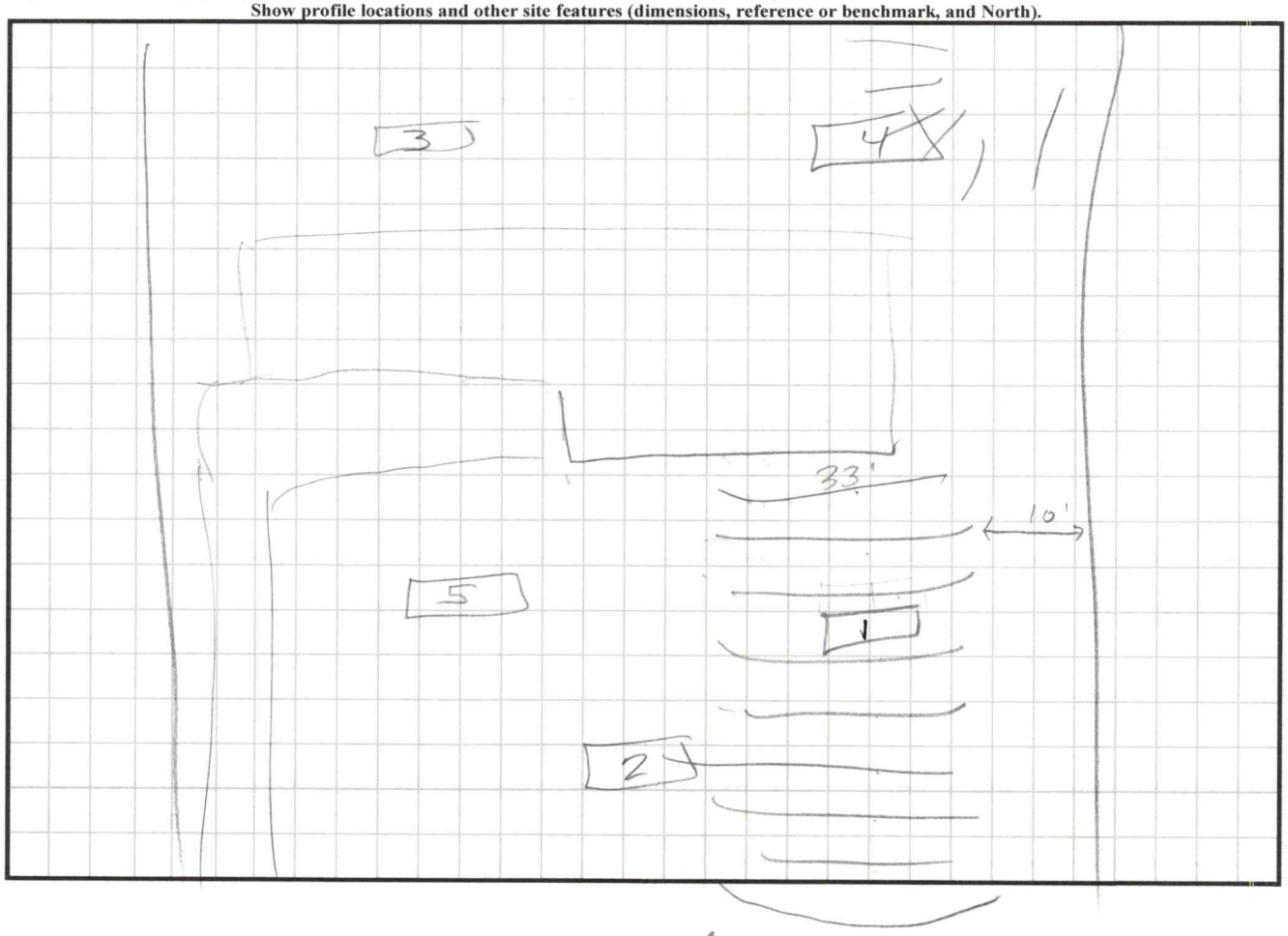
NOTES

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).



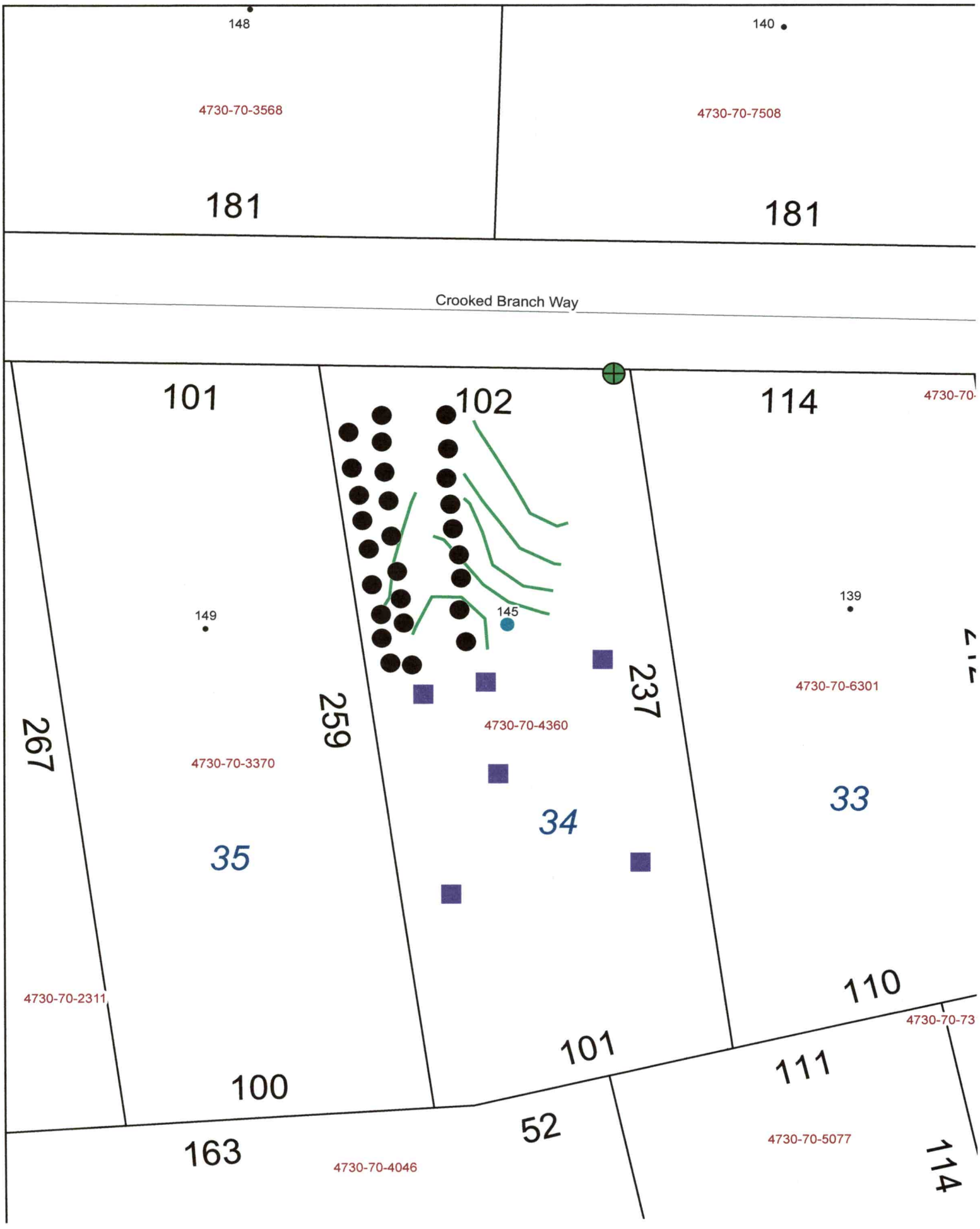
SOIL/SITE EVALUATION

(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 #: 11/4/21
DATE OF EVALUATION: 11/30/21
COUNTY: Iredell

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
5	LS 5%	0-7	SCL - SBK	SSSP-FR-SEXP	mn throughout Sap incl. 37"+ Soil very dry, large peds	54"	1	N/A	PS 0.275
		7-37	C - SBK	SSP-FI/FR-SEXP					
		37-54	CL - SBK	SSSP-FR-SEXP					


148
4730-70-3568
181
140
4730-70-7508
181
Crooked Branch Way
101
102
114
4730-70-
149
145
139
267
259
237
4730-70-3370
4730-70-4360
4730-70-6301
35
34
33
4730-70-2311
110
4730-70-73
101
100
111
163
52
4730-70-4046
4730-70-5077
114

RECEIVED MAR 4 - 2022

Please CALL prior to inspection
Name: Stephanie/Lucian
Number: 704-502-7692
Needs to meet you after 3/10/22

ST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP- 322873

Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Paid $320.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: STEPHANIE ANTONIE **Address:** PO BOX 1026, HUNTERSVILLE, NC **Zip:** 28166
Applicant Email: legacybuild2021@gmail **Phone:** 7045027692 **Alt. Phone:** 9806354411
Owner Name: STEPHANIE ~~ANET~~ from ANTONIE **Address:** PO BOX 1026, HUNTERSVILLE, NC **Zip:** 28166
Owner Email: legacybuild2021@gmail **Phone:** 7045027692 **Alt. Phone:** 9806354411

Property Information:

Street Address: 145 CROOKED BRANCH WAY, TROUTMAN, NC 28166
Subdivision Name: WINDING FOREST **Section/Phase:** _____ **Lot Number:** 34
Driving Directions: From Troutman, take Perth Rd, Right on Winding Forest
Right on Crooked Branch Way, property on left side lot 34

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) 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 ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____
( ) 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: Stephanie Antonie
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

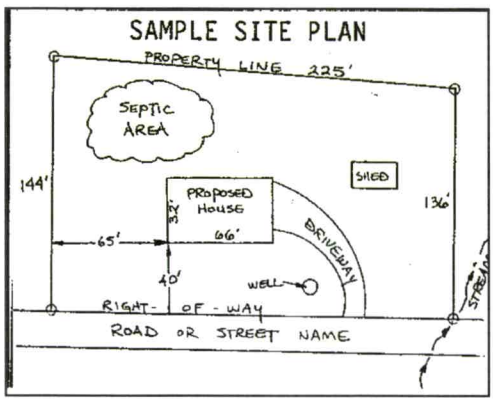
3/4/22
DATE

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:

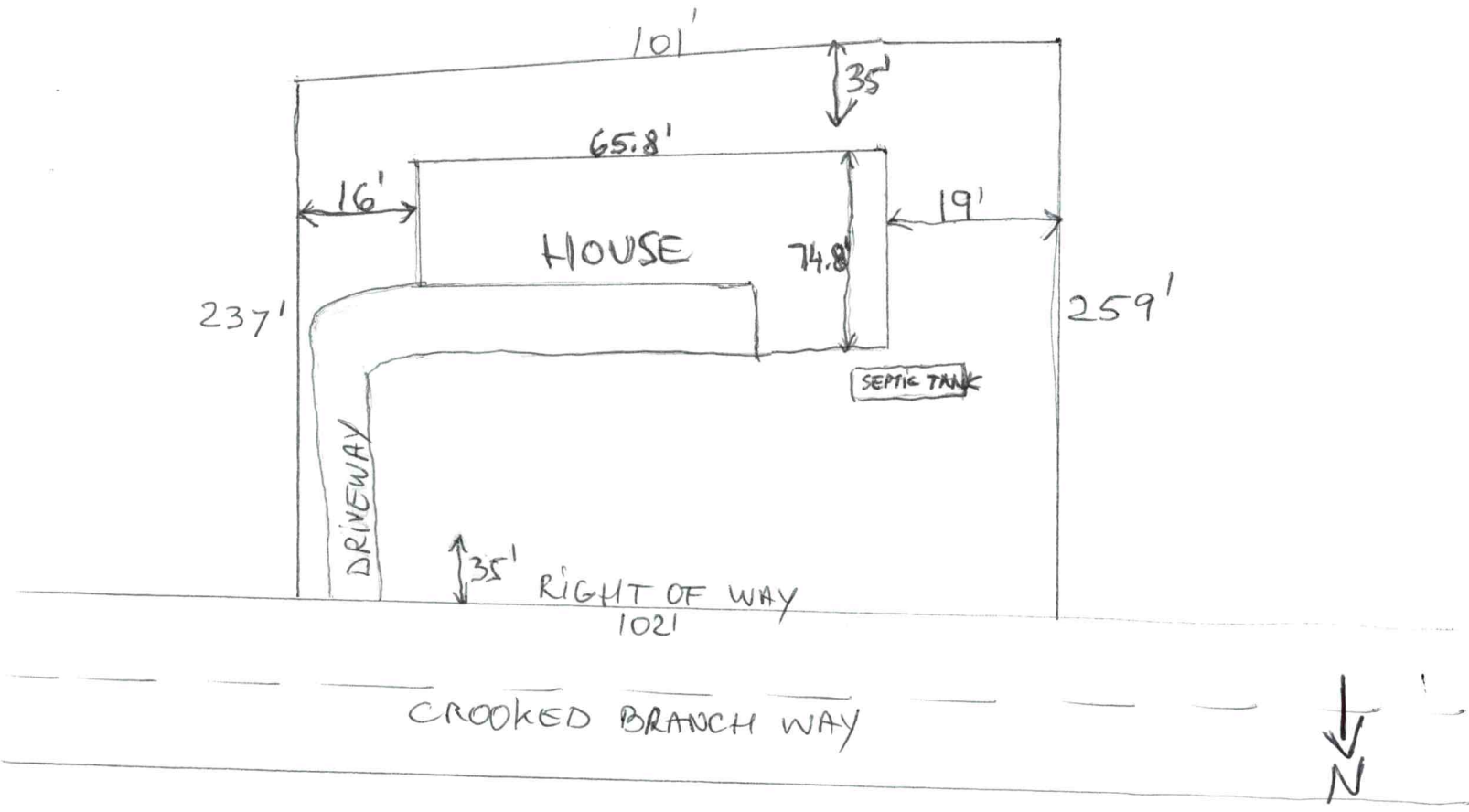
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

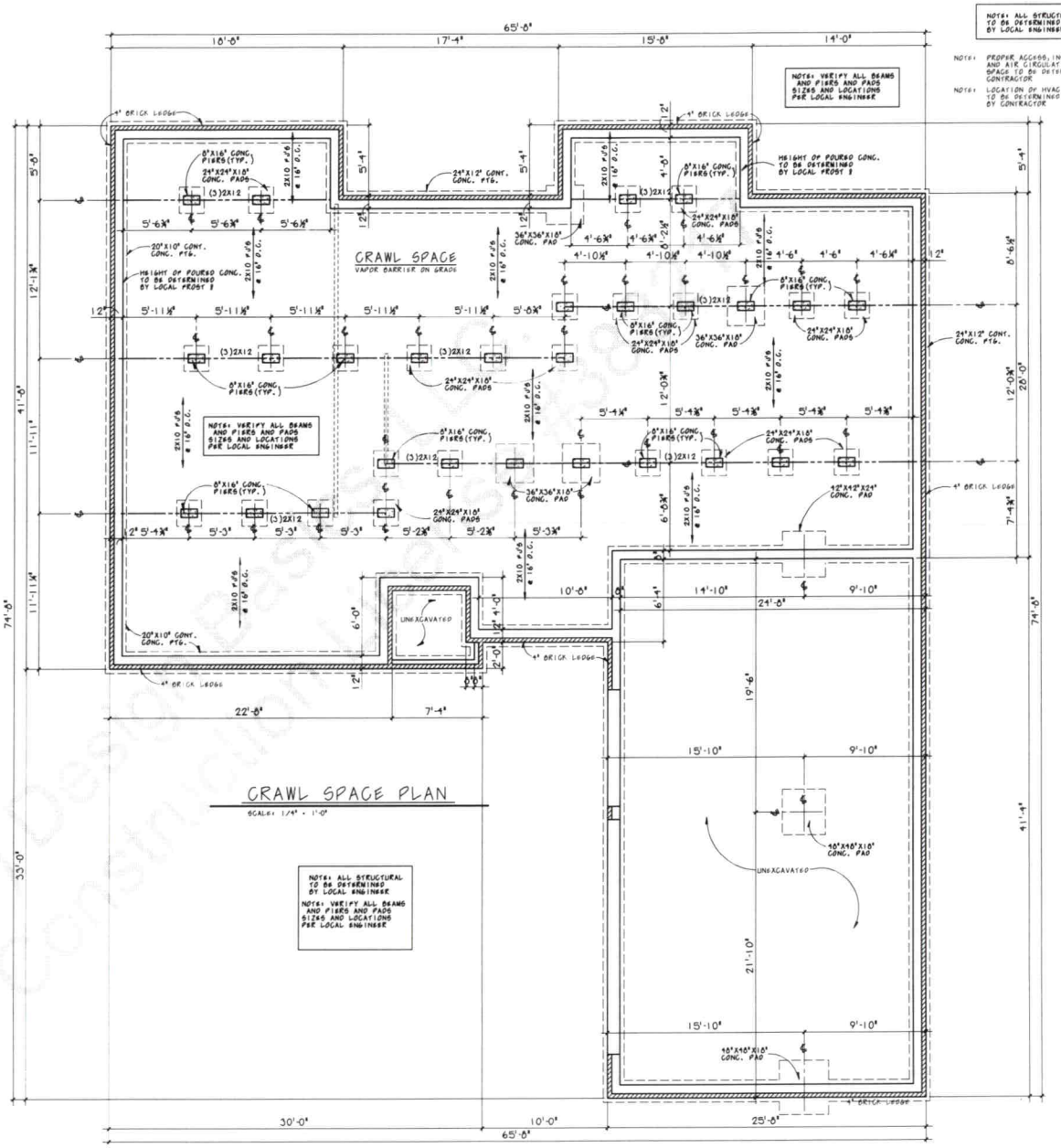


Signature: Stephanie Autenri

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

3/4/22

DATE



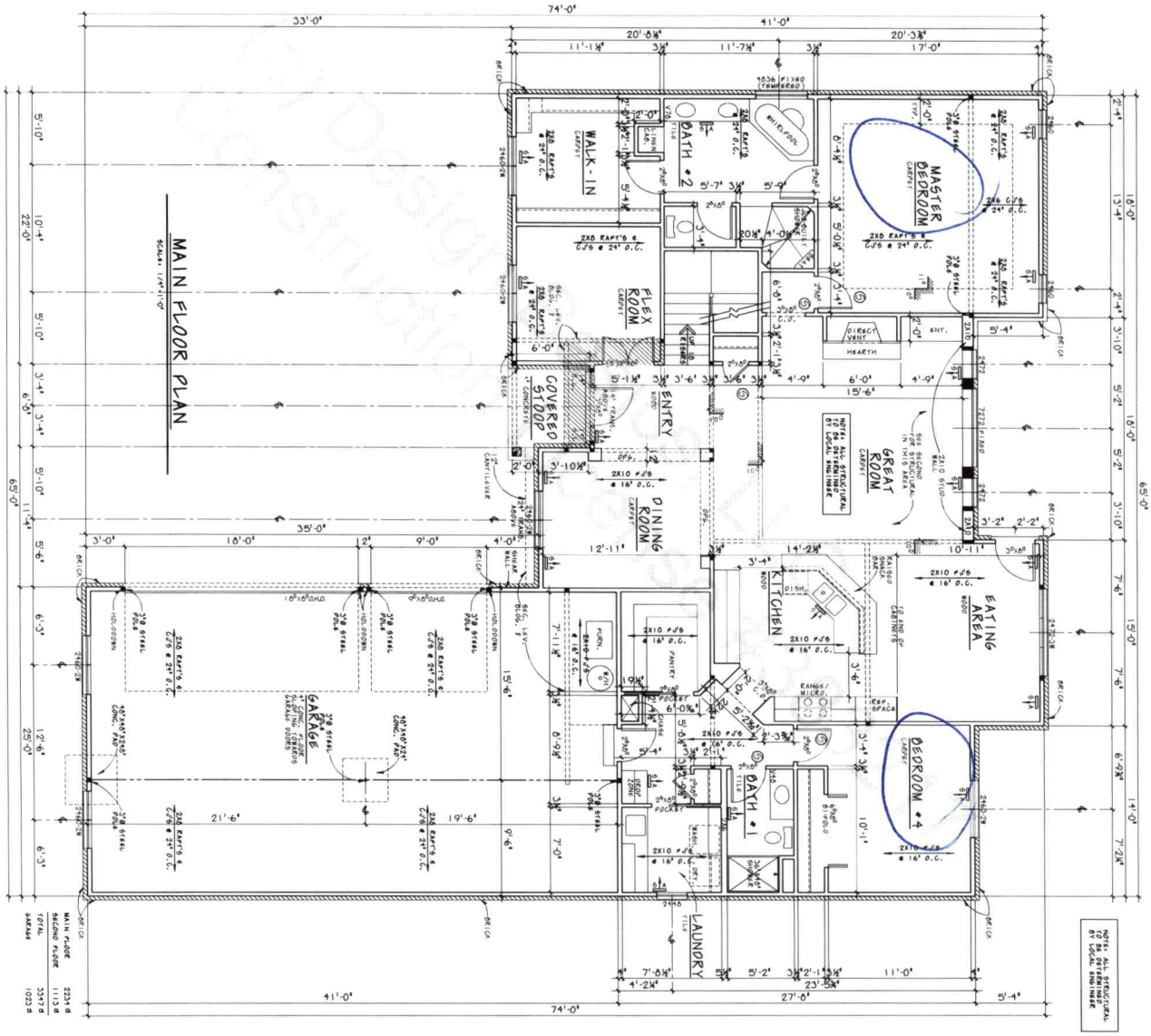
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108809
42104
SHEET 3 of 6

Acknowledgement Of
Plans Submittal ONLY!
Stephanie Benton Date 3/4/22
Date 3/17/22



NOTE: ALL STRUCTURAL TO BE DETERMINED BY LOCAL ENGINEER

NOTE: ALL MAIN FLOOR WALLS ARE 10'-1" HIGH UNLESS NOTED OTHERWISE

NOTE: ALL EXTERIOR WALLS ARE 9'-1" HIGH UNLESS NOTED OTHERWISE

NOTE: ALL GARAGE WALLS ARE 8'-1" HIGH UNLESS SHOWN

NOTE: ALL INTERIOR WALLS ARE 8'-1" HIGH UNLESS NOTED OTHERWISE

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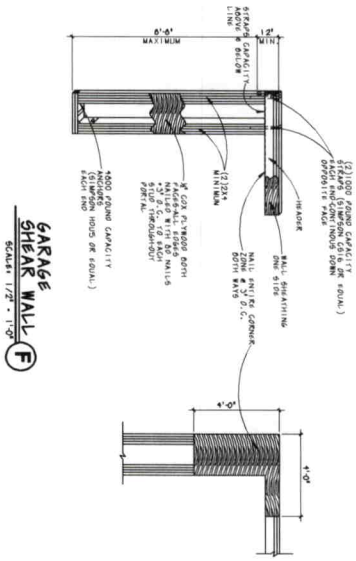
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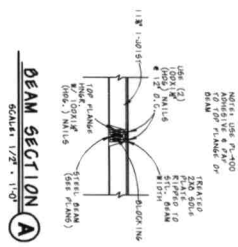
1112 John Galt Blvd.
Omaha, NE 68137
Toll free: (800) 947-7526
Fax: (402) 331-5507

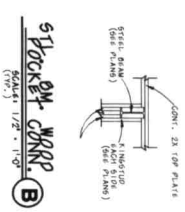
ALL PLANS CERTIFIED

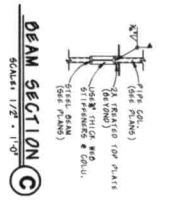
BRIDGE AVAILABLE

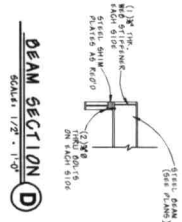
Acknowledgement Of
Plans Submittal ONLY!
Stephanie Date 3/4/22
Date 3/17/22

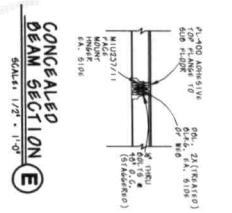


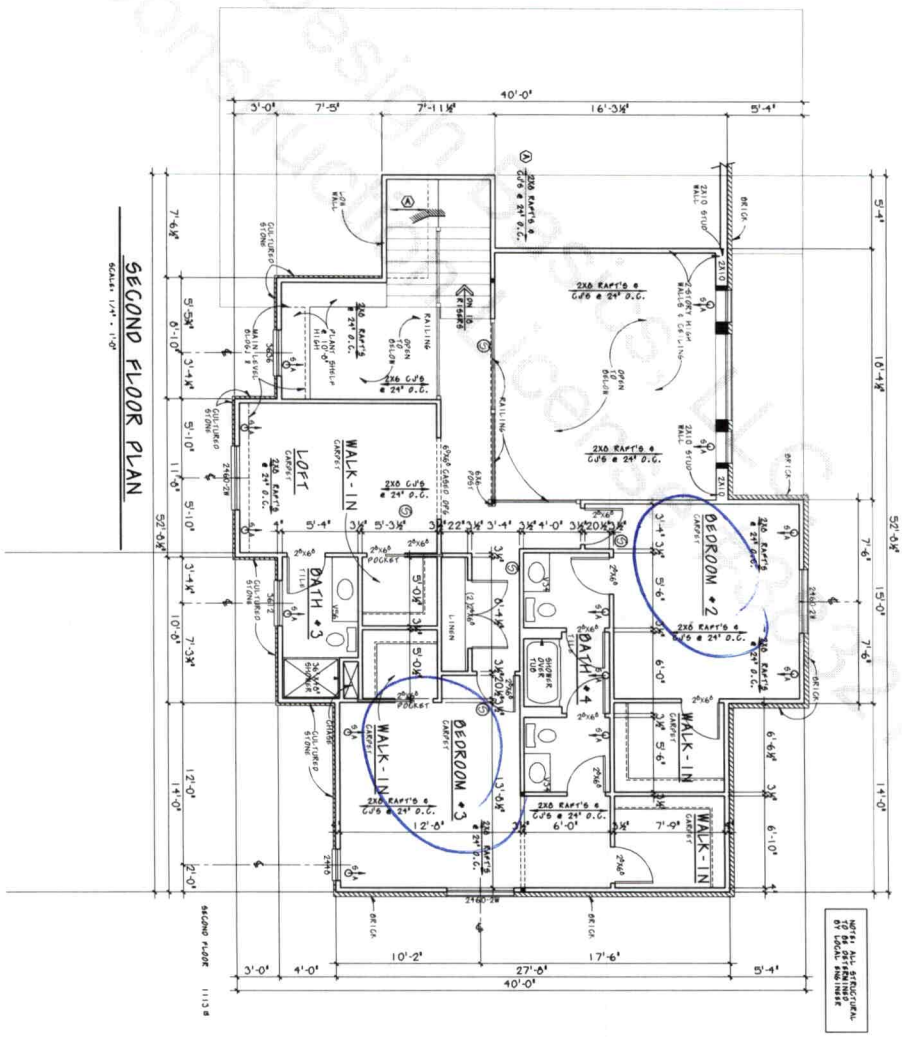






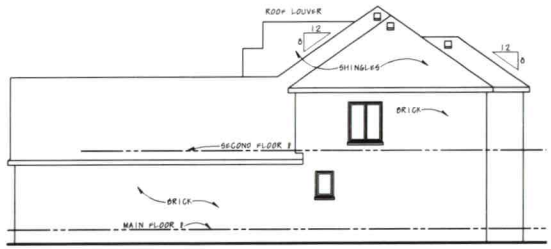






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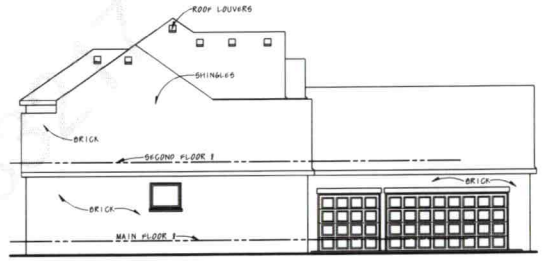
RIGHT SIDE ELEVATION

SCALE: 1/8" = 1'-0"



REAR ELEVATION

SCALE: 1/8" = 1'-0"

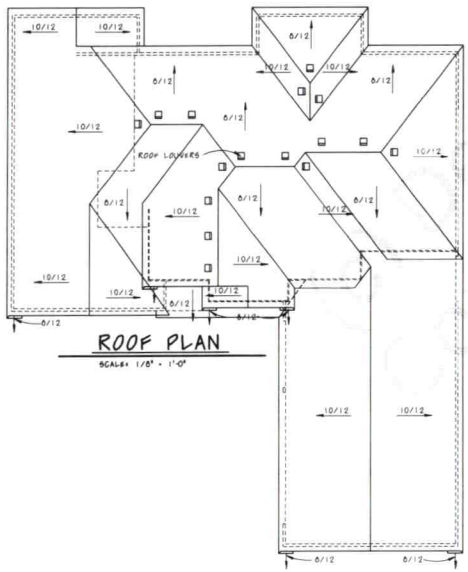


LEFT SIDE ELEVATION

SCALE: 1/8" = 1'-0"







ROOF PLAN

SCALE: 1/8" = 1'-0"



FRONT ELEVATION

SCALE: 1/4" = 1'-0"

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SHEET 2 of 6

Public Health
Prevent. Promote. Protect.
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IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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*) Stephanie

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 _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

Stephanie
Signature of Owner(s)

3/4/22
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