ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-311128

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

PIN # 4730 - 80 - 0735

APPLICANT/OWNER: Jerry Dean Dalton Jr APPLICANT ADDRESS: 223 Sweet Martha Dr Mooresville NC 28115

SITE ADDRESS: 122 Alfara Ln Troutman NC 28166 PHONE: 704-678-8094 ALT. PHONE N/A

SITE DIRECTIONS: Troutman to Perth T/R Shady Cove Rd T/L Alfara Ln SAP CONTROLLED: ☐ YES ☒ NO

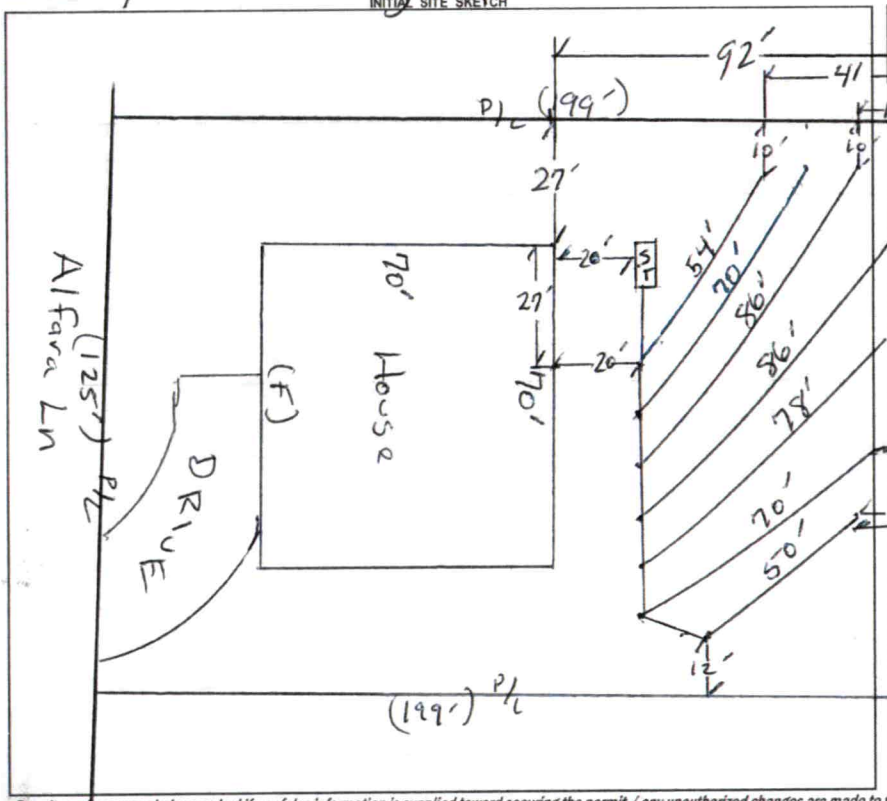
SUBDIVISION: Shady Cove Acres SECTION: 52 LOT # 31 LOT AREA: 0.571ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB 760	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	Low-Profile Chambers			☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	Repair exempt			☐ Other	No. Employees
# Nitrification Fields 1	# Lines 7		Linear Ft: 480'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 8"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Low-profile chambers on contour with Serial distribution Bring in 8" of group III soil to cover system, extend 5' past all parts of system.

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.

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: Date: 11-5-2020 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 11/3/20 OPERATION PERMIT by: Date: 3/26/24

AUTHORIZATION TO CONSTRUCT by: Date: 4-24-2023 Existing System Inspected by: Date:

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

(38)

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

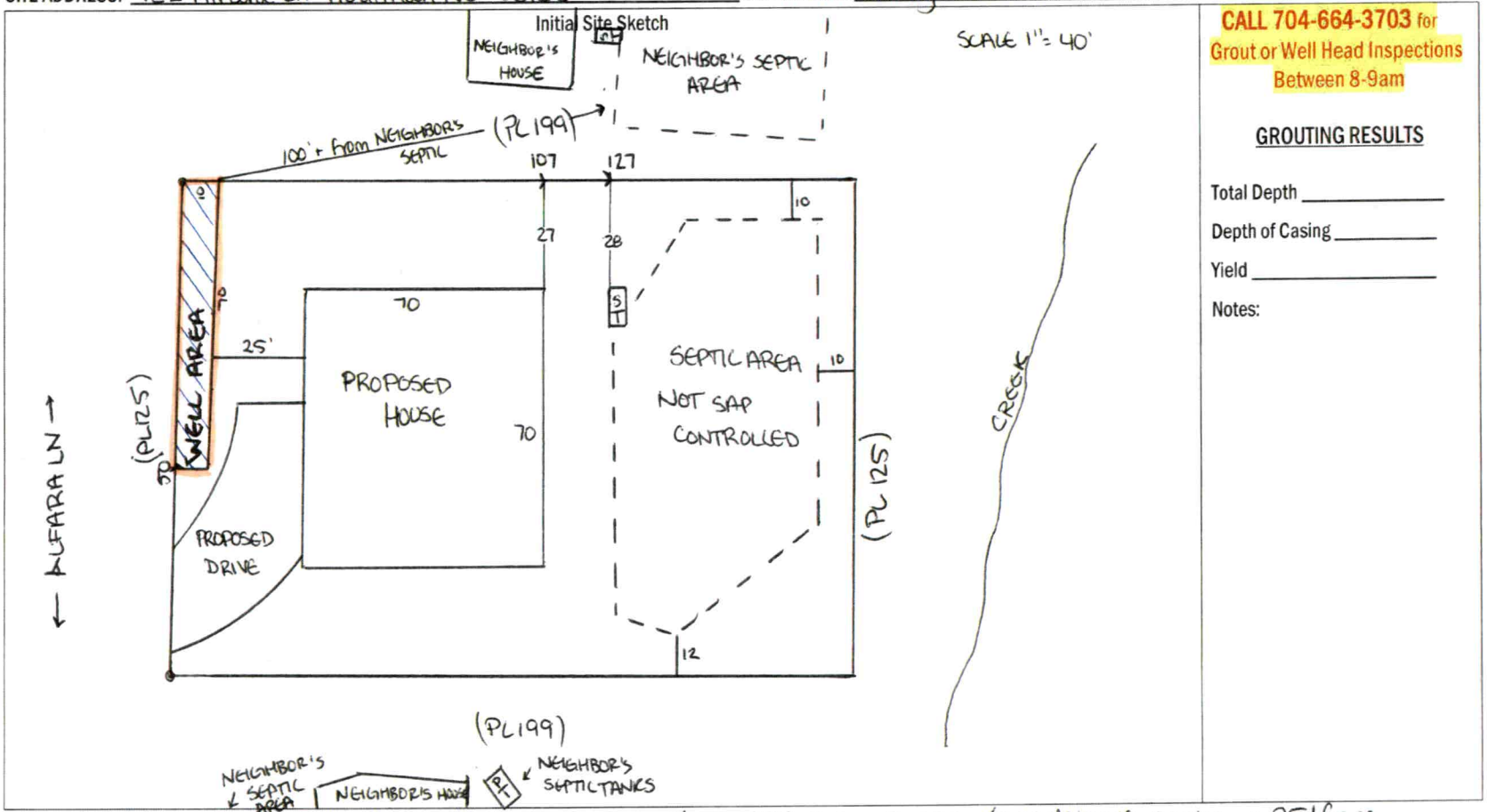
PRIVATE DRINKING WATER WELL PERMIT # OSWP 2023 19326 **PIN #** 4730-80-0735 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Jerry D Dalton ADDRESS: 2965 Charlotte Hwy Mooresville NC 28117 PHONE: 7046788094

DIRECTIONS TO SITE: Perth, (R) on Shady Cove Rd, (L) Alfara Ln, Site on (R)

SITE ADDRESS: 122 Alfara Ln Troutman NC 28166 SUBDIVISION: Shady Cove Acres SECTION/LOT: 52/31

Initial Site Sketch



CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

PERMIT CONDITIONS/COMMENTS: Follow all NC Well Rules. Keep 50' from septic / neighbor's septic & 25' from structures.

WELL PERMIT ISSUED BY: Sarah Braellen DATE: 4/11/2023 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

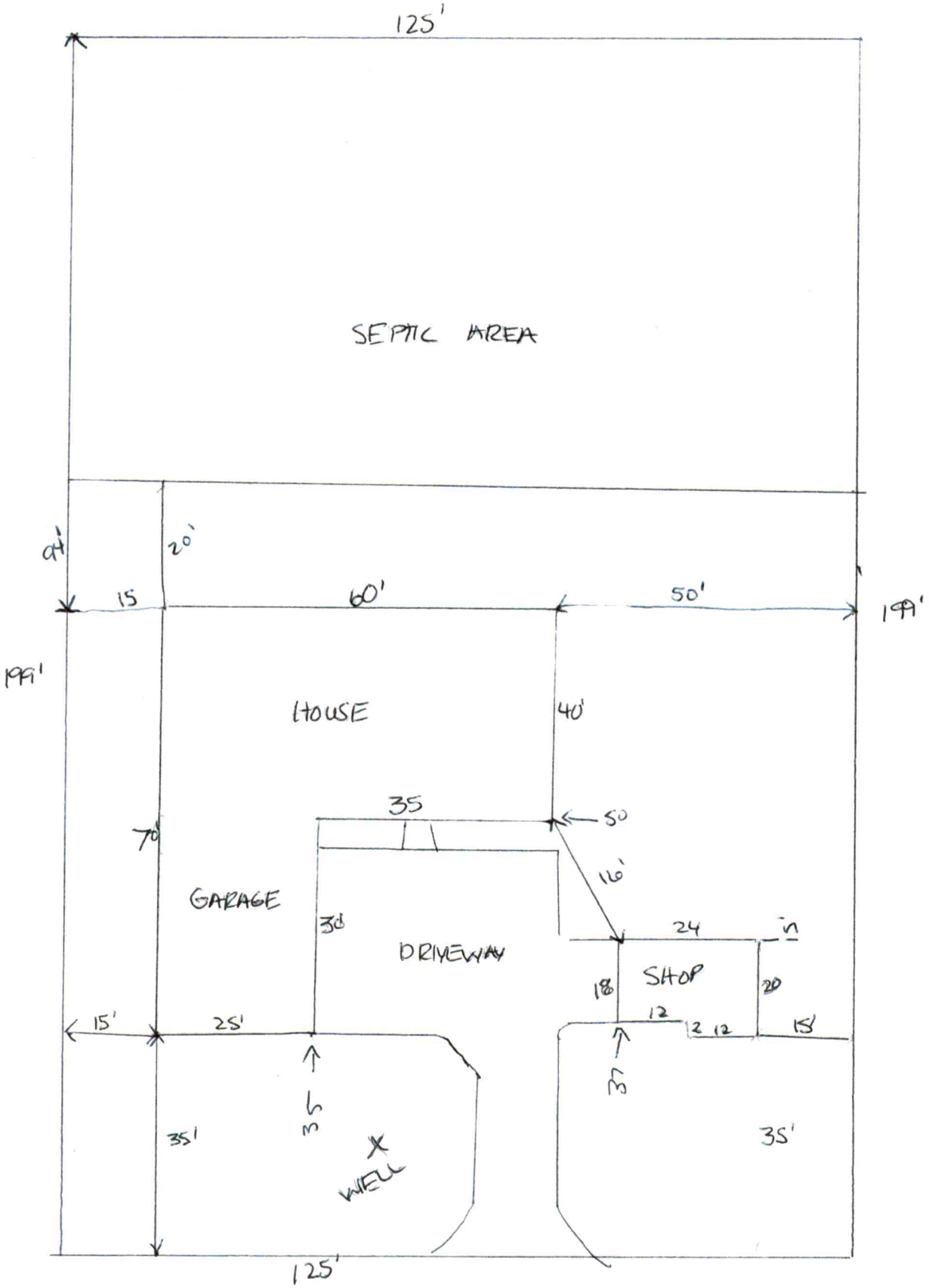
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am


125'
SEPTIC AREA
4'
20'
15
60'
50'
199'
199'
HOUSE
40'
35
50
70'
16'
GARAGE
30
DRIVEWAY
24
SHOP
18
20
12
2
12
15'
15'
25'
35'
35'
35'
WELL
125'

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

Sheet 1 of 1
PROPERTY ID #: 4730-80-0735
COUNTY: Iredell

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

OWNER: Dean Dalton
APPLICATION DATE 9/23/20
ADDRESS: 223 Sweet Martha Dr
DATE EVALUATED: 10/16/20
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.5 Acc
LOCATION OF SITE: 122 Alfara Ln
PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
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	L 13%	0-5	Gr SCL	fr SE	Chroma 3's @ 23" Chroma 2's @ 27"	51"	N/A	N/A	PS .25
		5-23	SBK SCL	fi SE					
		23-51	WABK TSL	fi/f SE					
2	L 13%	0-11	Gr SCL	fr SE	Chroma 2's @ 36"	48"	N/A	N/A	PS .25
		11-22	WSTBK C	fr SE					
		22-48	WABK TSC	fi/f SE					
3	L 10%	8-10	Gr SCL	fr SE	Chroma 2's @ 26"	48"	N/A	N/A	PS .25
		10-27	WSTBK SC	fr SE					
		27-48	WABK TSC	fi/f SE					
4	L 8%	0-10	Gr SCL	fr SE	Chroma 2's @ 37"	52"	N/A	N/A	PS .25
		10-24	WSBK SC	fr SE					
		24-52	WABK TSC	fi/f SE					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
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
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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (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.

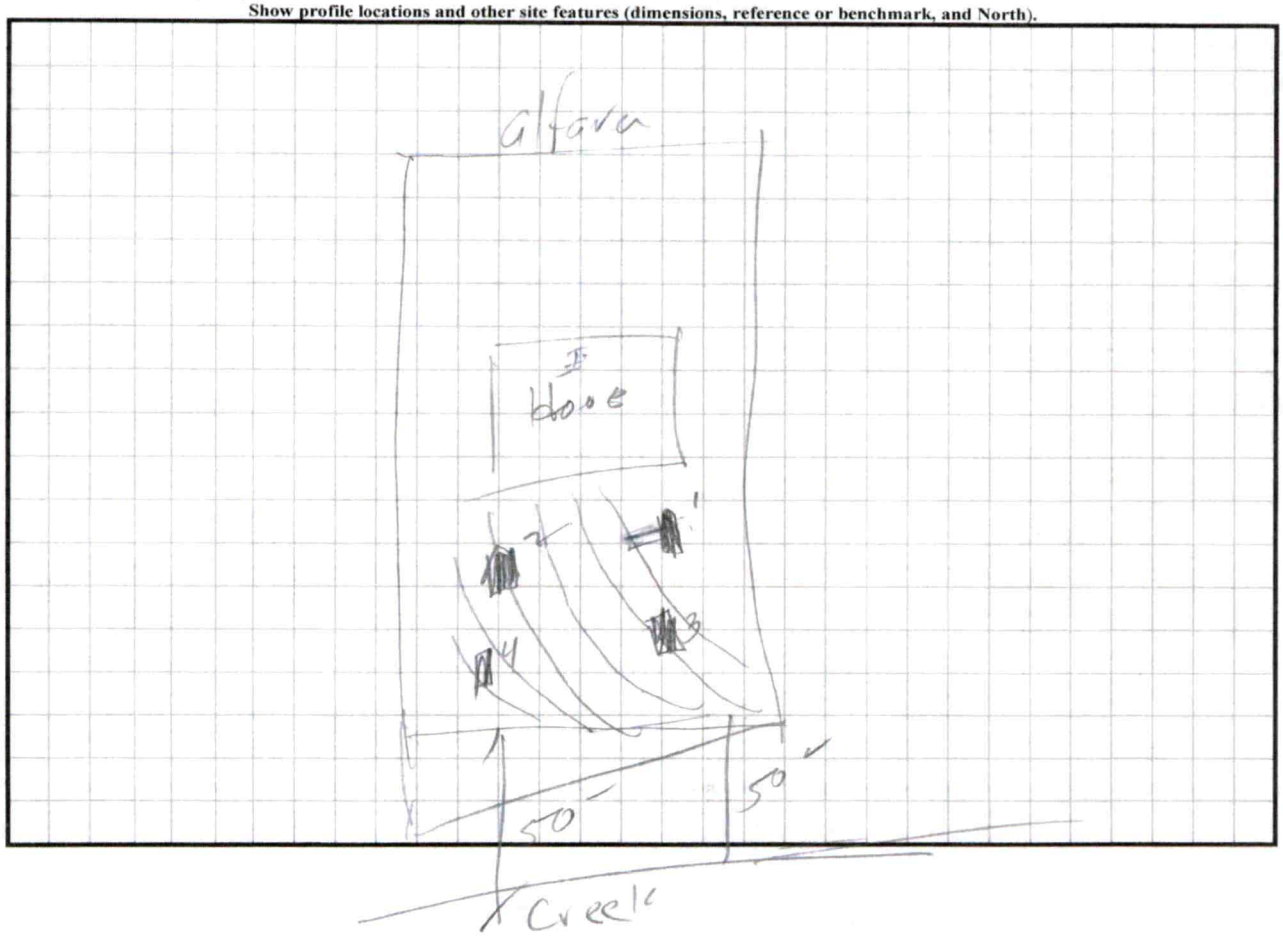
NOTES

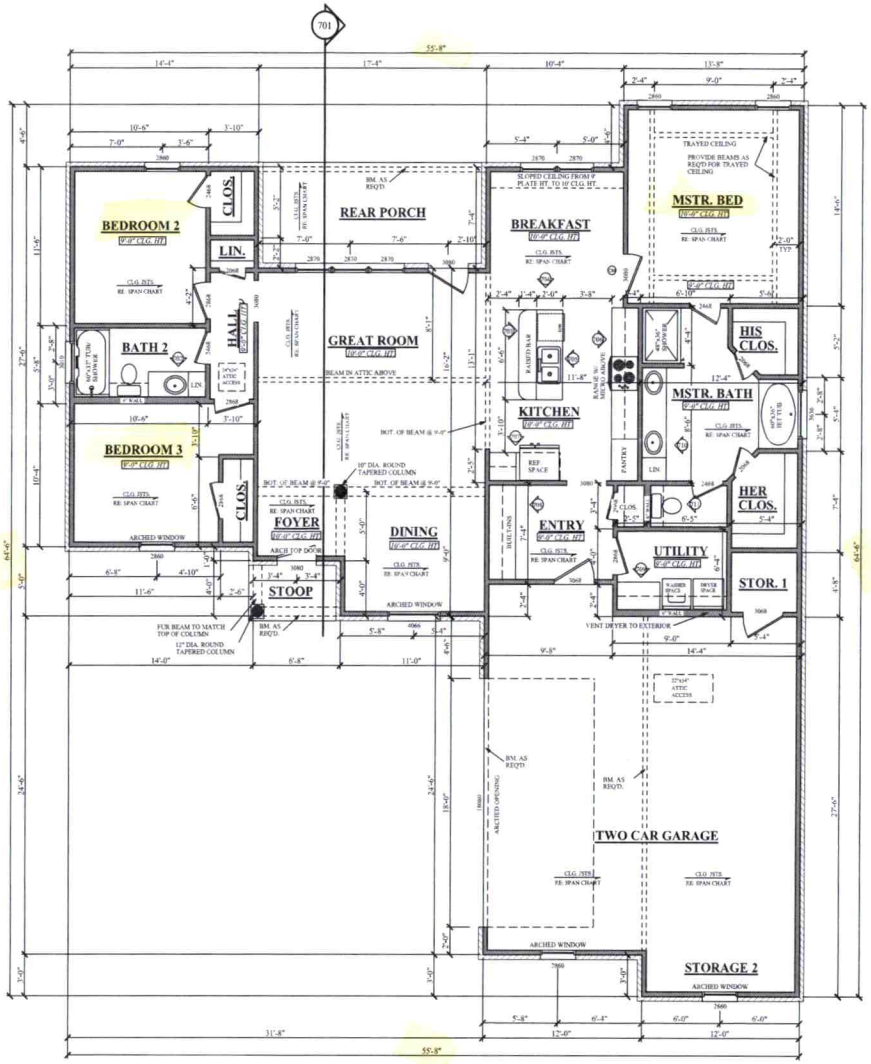
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).





CODE DISCLAIMER:
1. THESE PLANS WERE DESIGNED TO MEET IRC 2006 AT THE TIME OF THERE CREATION AND MORE SPECIFICALLY THE MINIMAL LOCAL CODES OF THE SOUTH MISSISSIPPI AREA. IT IS HIGHLY RECOMMENDED THAT THESE PLANS BE REVIEWED BY A LOCAL STRUCTURAL ENGINEER PRIOR TO CONSTRUCTION.
2. BEAMS AND FLOOR JOISTS ARE NOT SIZED DUE TO THE MANY GEOGRAPHIC LOCATIONS THESE PLANS ARE SOLD. THESE ITEMS SHALL BE SIZED BY A LOCAL ENGINEER OR MANUFACTURER.
3. ALL CEILING & FLOOR JOISTS (IF CONVENTIONAL FRAMING) SHOULD BE SIZED USING THE LATEST VERSION OF THE IRC OR APPLICABLE CODES AT SITE TO MEET THE LOCAL REQUIREMENTS SUCH AS SNOW LOADS AND OTHER FACTORS. THE CEILING JOISTS SIZES LABELED (IF PRESENT) WERE SIZED USING THE 2006 IRC AT THE TIME OF THEIR CREATION. THEY MUST BE VERIFIED AND MODIFIED AS REQUIRED TO MEET THE LATEST EDITION OF THE (IRC) INTERNATIONAL RESIDENTIAL CODE.
4. ALL FOUNDATIONS AND FOOTING DETAILS SHALL BE REVIEWED AND APPROVED BY A LOCAL ENGINEER.
5. CONTRACTOR SHALL PROVIDE ALL HIGH WIND STRAPPING AND ANCHOR BOLTS AS REQUIRED BY THE LOCAL CODE REQUIREMENTS AND THE LATEST VERSION OF THE IRC.

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. IRC 2006, R312.1
8. PORCHES AND DECKS WHICH ARE ENCLOSED WITH INSECT SCREENING SHALL BE PROVIDED WITH GUARDS WHERE THE WALKING SURFACE IS LOCATED MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW. IRC 2006, R312.1
9. APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES REQUIRING ACCESS SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES LONG AND 22 INCHES WIDE AND NOT MORE THAN 20 FEET IN LENGTH WHEN MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH IRC 2006 CHAPTER 5 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, WHERE SUCH DIMENSIONS ARE LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE. EXCEPTION: THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE IS CAPABLE OF BEING SERVICED AND REMOVED THROUGH THE REQUIRED OPENING. IRC 2006, M1305.1.3
10. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2006 R310.1.1.
11. ALL RETURN AIR GRILLS ARE NOT TO BE LOCATED WITHIN 10 FEET OF ANY COMBUSTIBLE APPLIANCES.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.

NOTE: HVAC UNIT & WATER HEATER TO BE LOCATED IN ATTIC.

BB-1600-11 FLOOR PLAN

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

AREAS:	1600	S.F. HEATED
	610	S.F. UNHEATED - GARAGE
	127	S.F. UNHEATED - REAR PORCH
	25	S.F. UNHEATED - STOR. 1
	36	S.F. UNHEATED - STOR. 2
	27	S.F. UNHEATED - STOOP
	825	S.F. UNHEATED - TOTAL
	2425	S.F. TOTAL - MASONRY NOT INCLUDED

House Plan Zone, LLC
House Plan Zone, LLC.
Email: Sales@HPZplans.com Fax: 1-800-574-1387

Acceptance: Buyer(s) acknowledge that they have reviewed all of these plans, that the presentation of these construction documents is sufficient and complete for construction, and that they accept these plans as such. House Plan Zone, LLC. highly recommends that these plans be reviewed by a licensed structural engineer in the area of construction. Buyer(s) agree that House Plan Zone, LLC. is not responsible for any structural, mechanical or other specific conditions required by local building codes. All dimensions to be verified on site prior to construction. Foundation plan must be verified by a licensed engineer prior to construction.

Plan ID: BB-1600-11

Date: 01.15.10

Drawn By: C.T.B

SHEET NUMBER 3

PERMIT SNAPSHOT REPORT OSWP-2023-22613 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	04/19/2023
Work Class:	EH Septic Authorization to Construct	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:	applying for ip/ac IP IS ON AP-311128				

Parcel: 4730800735.000 Main	**Address:** 122 Alfara Ln Troutman, NC 28166 Main	**Zone:** R-20(Suburban Residential District)

Property Owner	Applicant/Authorized Agent	Applicant/Authorized Agent
JERRY D JR+NATALYA A DALTON	LEB BUILDERS INC/L E BEAM CONSTRUCTION & GRADING 2740 Sloop Rd. 253 Wiggins Road Mt. Ulla, NC 28125 Business: (704) 634-5248	LEB BUILDERS INC/L E BEAM CONSTRUCTION & GRADING 2740 Sloop Rd. 253 Wiggins Road Mt. Ulla, NC 28125 Business: (704) 634-5248

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	see site plan	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain	detached workshop	Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Water Supply	New Well
Desired Septic System Type	No Preference	If other septic system type, please explain		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Eddie_Beam_4/19/2023.jpg	04/19/2023 12:17	Beam, Eddie		Uploaded via CSS
122 Alfara Ln Well_v1.pdf	04/19/2023 14:59	Nebel, Barbara	Available Online	Additional Supporting Information
Dalton Septic_v1.pdf	04/19/2023 14:59	Nebel, Barbara	Available Online	Additional Supporting Information
site plan_v1.pdf	04/19/2023 14:59	Nebel, Barbara	Available Online	Additional Supporting Information

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		04/19/2023 14:58	04/19/2023 14:59
Confirm application complete v.1	Generic Action		04/19/2023 14:59
~~**Zoning Review v.1**~~			04/19/2023 14:58
~~Floodplain Admin Overview v.1~~	Task		04/19/2023 14:58
~~Iredell County Zoning Approval v.1~~	Task		04/19/2023 14:58
~~Issue Invoice v.1~~	Generic Action		04/19/2023 14:58
~~Fees Paid v.1~~	Generic Action		04/19/2023 14:58
Review v.1			
OSWP Review v.1	Receive Submittal		
Issue Permit v.1			
Issue Permit v.1	Generic Action		

pits 10/16/20 1:00pm

RECEIVED SEP 23 2020

AP-311128 $500.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Jerry Dean Dalton Jr Address: 223 Sweet Martha Dr Mooresville Zip: 28115
Applicant Email: dean@dalton-ins.com Phone: 704-678-8094 Alt. Phone: _____
Owner Name: Jerry Dean Dalton Jr Address: 223 Sweet Martha Dr Mooresville Zip: 28115
Owner Email: dean@dalton-ins.com Phone: 704-678-8094 Alt. Phone: _____

Property Information:

Street Address: 122 Alfara Lane Troutman, NC 28166
Subdivision Name: Shady Cove Acres Section/Phase: _____ Lot Number: _____
Driving Directions: From Troutman → Perth Rd. Right onto Shady Cove Rd. then Left onto Alfara Lane. Vacant Lot is on Right at Col de Sac

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1700 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional (X) 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: Jerry D. Dalton Jr 9-22-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

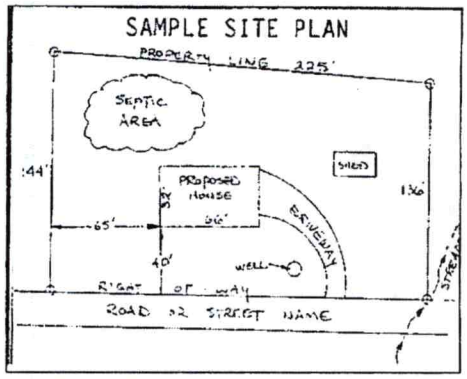
311128

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:

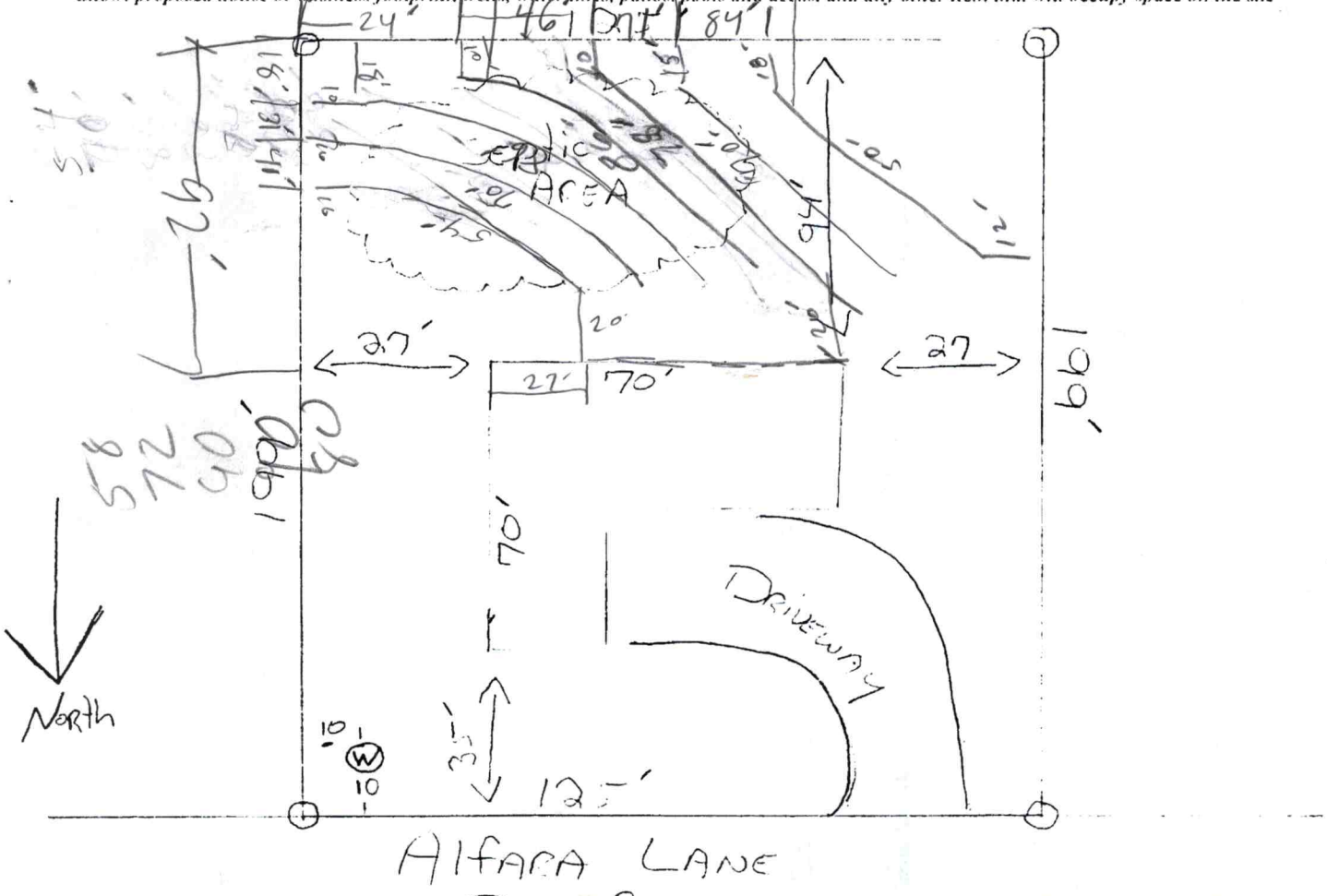
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate: Area 4

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: Jay Dalton Jr

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

9-22-2020

DATE

311128

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

✓ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____ 9-22-2020

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.

_____ _____
Signature of Owner(s) 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

311128

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

JD **Complete all Environmental Health forms**:

- JD Application
- JD Site Plan including the dimensions of proposed structure, addition, pool etc.
- JD Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- JD Copy of Zoning Permit when applicable
- JD Sign this sheet after you have completed all items

JD **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JD **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

JD **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

N/A **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Jay D. Dalton Jr **Date** 9-22-2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625