ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-320810

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

PIN # 4751 -- 28 -- 3626

APPLICANT/OWNER: OPTIMISTIC VENTURE GROUP APPLICANT ADDRESS: 201 NORTH McDOWELL STREET, CHARLOTTE, N.C. 28233

SITE ADDRESS: 168 DUSTY LOOP, STATESVILLE, N.C. 28677 PHONE: 980-215-3837 ALT. PHONE —

SITE DIRECTIONS: (S) ON 77, (L) ON AMITY HILL, (R) ON MOUNTAINEER, (R) ON DUSTY, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ NO EXT

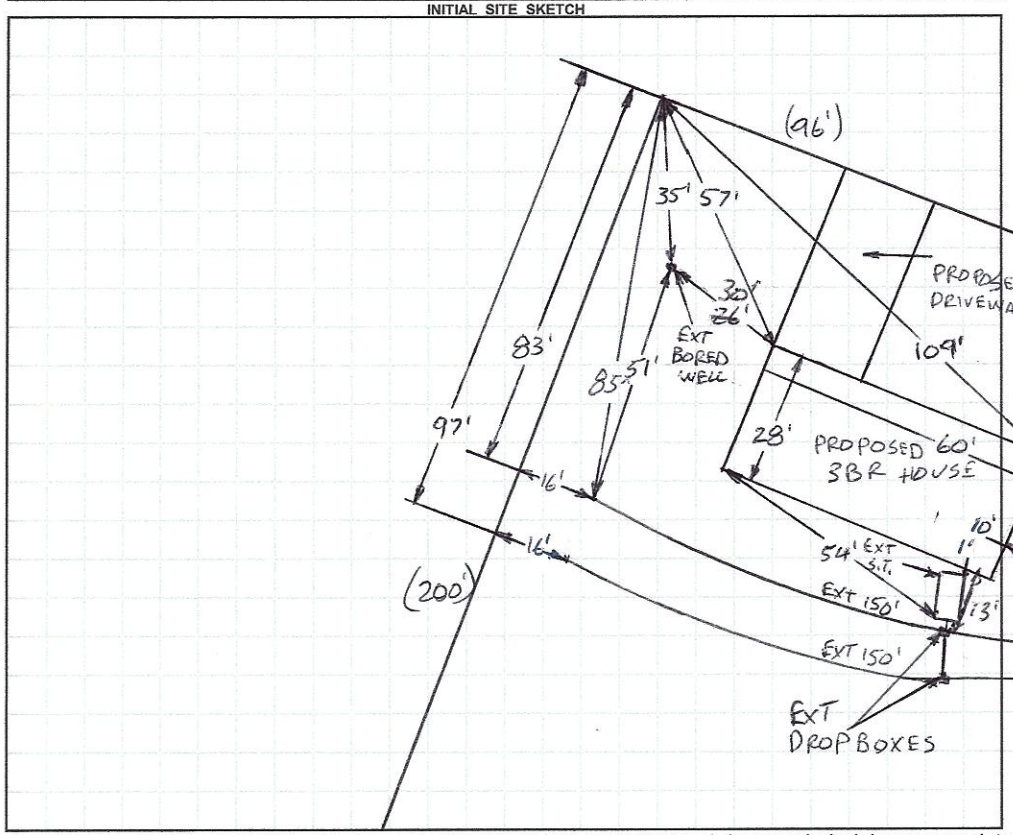
SUBDIVISION: OLDE TOWN MOBILE HOME INC. SECTION: — LOT # 19 LOT AREA: 1.00 AC DESIGN FLOW: 360 GPD L.T.A.R.: EXT

Septic Tank	1000	(gal)	STB 760	Date	2-22-2022	☐ New System	☑ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:		EXISTING - CONVENTIONAL		☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:		TANK REPLACEMENT		☐ Other	No. Employees —
# Nitrification Fields	(EXT) 1	# Lines	(EXT) 2	Linear Ft	(EXT) 300FT	Maintenance Agreement Required:		☐ YES	☑ NO	☐ Slab	☑ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☑ GRAVITY		☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: PUMP, CRUSH, AND FILL EXISTING TANK, INSPECT AND REPLACE DROP BOXES AS NEEDED, SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION

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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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: Joanne M. Moulton Date: 11/18/2021 Installed by: MAIDEN GRADING

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-17-2021 OPERATION PERMIT by: Bryant C. White Date: 4-1-2022

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-17-2021 Existing System Inspected by: Date:

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

RECEIVED NOV 2 - 2021

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

Repair Evaluation - No chg

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 320810

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct (✓) Existing System Inspection (✓) Septic System Repair
(No floorplan submitted with App) (Floorplan submitted with App.)

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Optimistic Venture Group Address: 201 N. McDowell St. #333106 Zip: 28233
Applicant Email: jeanne@peakmgtgroup.com Phone: 980-215-3837 Charlotte, NC Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 168 Dusty Loop, Statesville, NC 28677
Subdivision Name: Section/Phase: Lot Number: 19
Driving Directions: I-77N, Exit 45 toward Troutman/Barium Springs. (R) on Amity Hill Rd. (R) on Mountaineer Dr. (R) on Dusty Loop.

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: Tank + lines need to be replaced
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 5
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:
Square Footage of Building: 1680 Type of Business: 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:
( ) 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: Jeanne M. Moulton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/2/2021
DATE

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*) _____

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, Optimistic Venture Group / Michael Moulton, am the legal owner(s) of the property located at 168 Dusty Loop, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4751-28-3626, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jeanne Moulton, 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

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

Signature of Owner(s) _____ 11-2-2021 Date

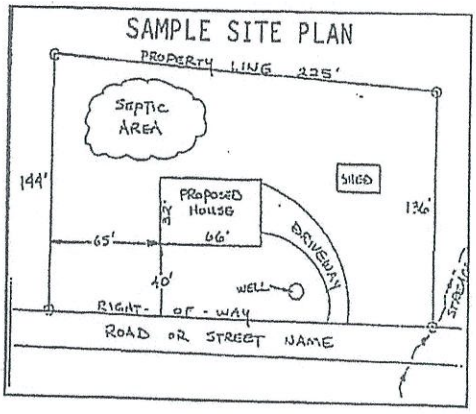
looresville - Environmental Health

Fax: 704-662-3239
.0 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:

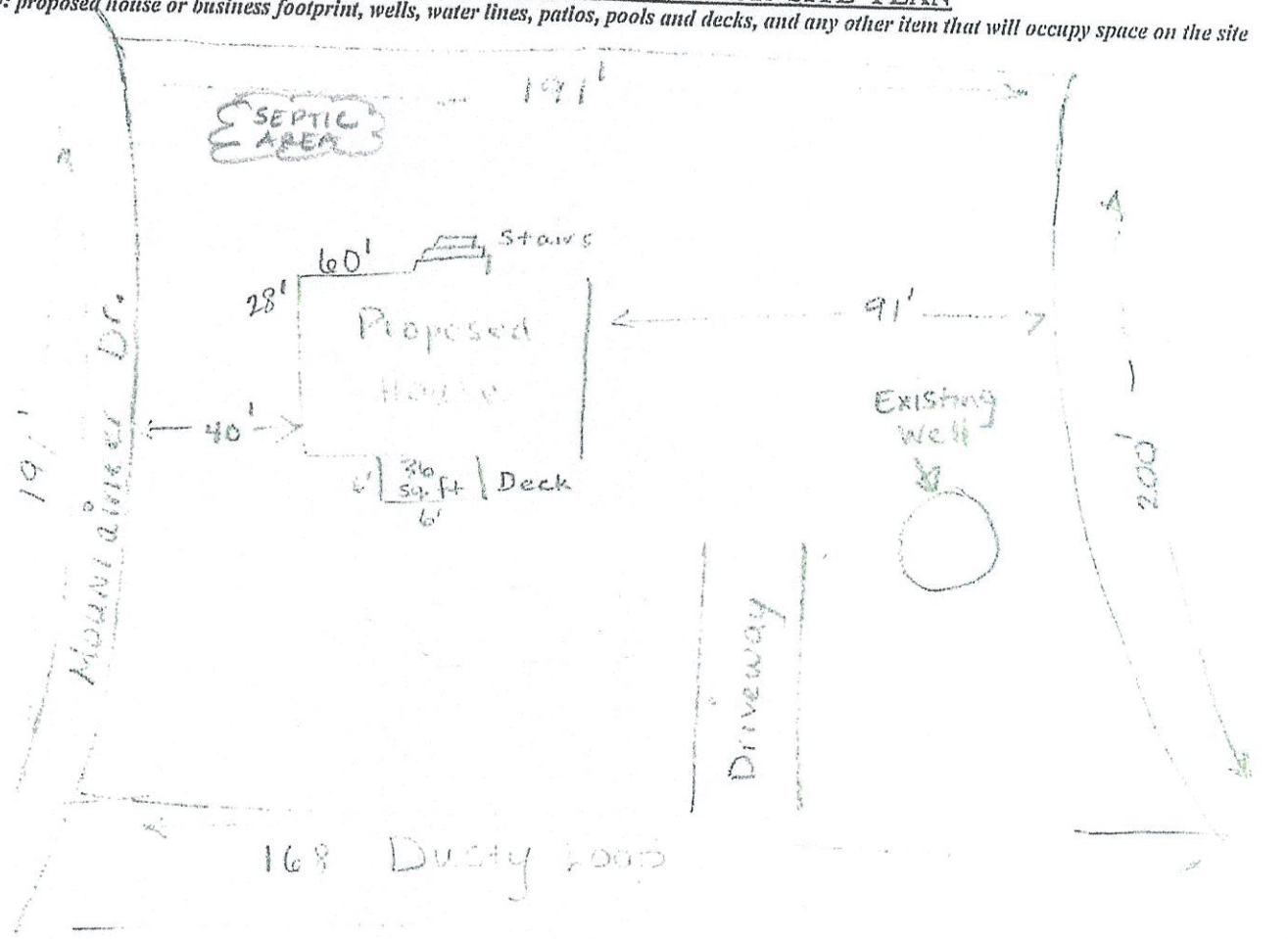
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Signature: Joanne M. Moulton

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

11/2/2021
DATE