SH BLD-2023-41974

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328111

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

PIN # 4756 -- 25 -- 7252

APPLICANT/OWNER: Ken Civelli APPLICANT ADDRESS: 411 Howards Bridge Rd, Union Grove NC 28689

SITE ADDRESS: 110 Imperial Heights Rd, Statesville NC 28625 PHONE: 704-497-9909 ALT. PHONE

SITE DIRECTIONS: 21N → (R) Jane Sowers → (L) Wildwood Loop → (L) Imperial Hghts → 1st on (R) SAP CONTROLLED: ☐ YES ☒ NO

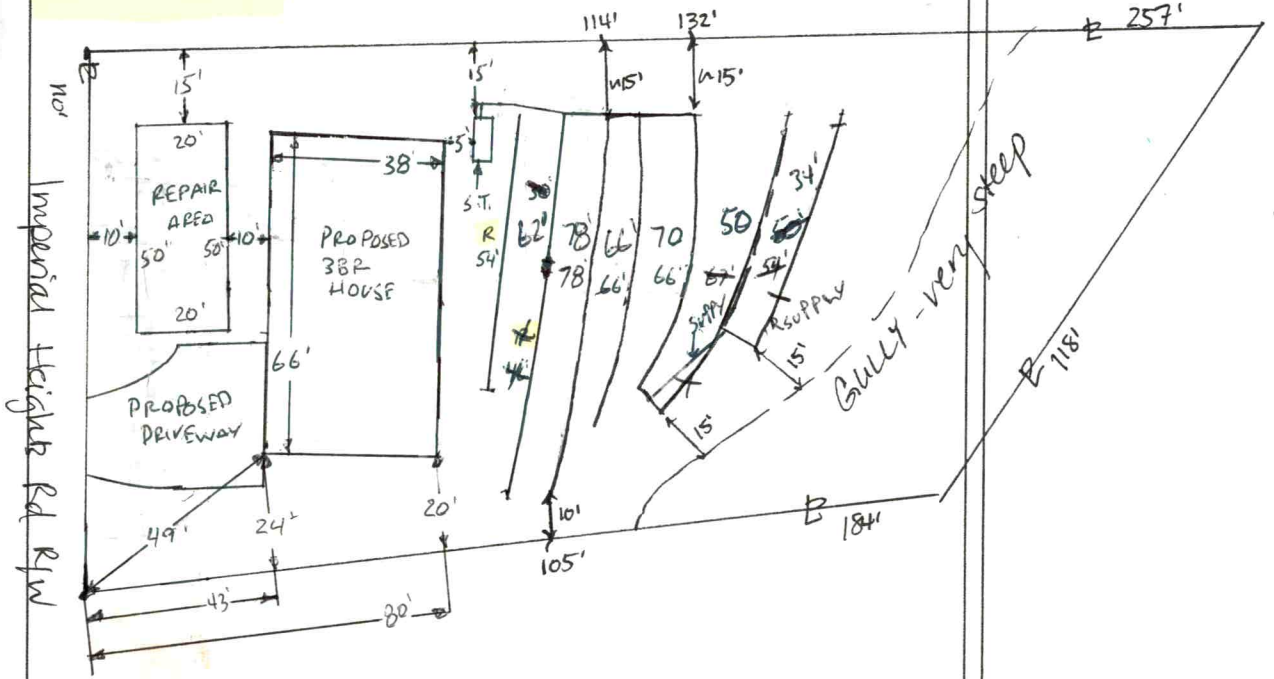
SUBDIVISION: Wildwood Park SECTION: 2 LOT # 199 LOT AREA: 0.54 ac DESIGN FLOW: 360 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB 760	Date 10/17/23	☒ 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: 25% Reduction				☐ Business	No. Persons 6	☐ Private
Pump Make	—	Model	—	Serial # —	Repair System Description: 50% REDUCTION – REPAIR EXEMPT				☐ Other	No. Employees	☒ Public
# Nitrification Fields	1	# Lines	6	Linear Ft 361 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth([redacted])	22" MAX	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: May be 5' off decks, 10' off foundation in back. Bring in cover over low side of lines to ensure 6" cover throughout. -use group III Clay loam soil, establish sod or grass to prevent erosion. Do not grade, pave, drive, park, or bury utilities in drainfield. Divert all drainage, install or contour.

INITIAL SITE SKETCH

1"=40'
S.T. = SEPTIC TANK
R = REPAIR



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.

Tank CW
BLW - 1-22-2024
INSTALLED AS SHOWN

- TRENCH BOTTOM INSTALLED AS 22 IN LOWSIDE, 28 IN MAX PER DW SOIL NOTES SYSTEM STILL ADHEARS TO 12" OFFSET TO WETNESS

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: ONLINE SIGNATURE Date: — Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-16-2023 OPERATION PERMIT by: Bryant C. White Date: 1-22-2024

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-28-2023 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: [illegible]
COUNTY: Iredell

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

OWNER: Nedra Broyhill — APPLICATION DATE: 4/29/22
ADDRESS: 829 Meadow Rd, Statesville NC 28625 — DATE EVALUATED: 6/3/22
PROPOSED FACILITY: 2BR — PROPOSED DESIGN FLOW (.1949): 240 — PROPERTY SIZE: 0.58
LOCATION OF SITE: 110 Imperial Heights, Statesville 28625 — PROPERTY RECORDED: Y
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	FS 20%	0-5	SCL - SBK	SSSP-FR-SEXP	YB & LBno mcl common 40"+, BC very tight	58"	N/A	N/A	PS 0.275 TB @ 28 max
		5-40	C - SBK	"					
		40-58	CL - MSBK	SSSP-FI/FR-SEXP					
2	FS 25%	0-5	SCL - SBK	SSSP-FR-SEXP	2.5Y 7/3 @ 40" 2.5Y 7/2 @ 44"		N/A	N/A	PS 0.25 max 27" (HS)
		5-32	C - SBK	↓					
		32-57	CL/SCL - SBK	↓					
3	LS 12%	0-4	SCL - SBK	SSSP-FR-SEXP		48"	N/A	N/A	PS 0.3
		4-33	C - SBK	↓					
		33-48	CL - MSBK	↓					
				CL fairly tight, no YB					
4	LS 12%	0-6	SCL - SBK	SSSP-FR-SEXP		50"	N/A	N/A	PS 0.275
		6-35	C - SBK	↓					
		35-50	CL MSBK	↓					
				CL very tight	minor YB @ BC		transition		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	240'
System Type(s)	25% Gr	PM 50%
Site LTAR	0.25	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D Weber
OTHER(S) PRESENT: K Cirelli

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)	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.

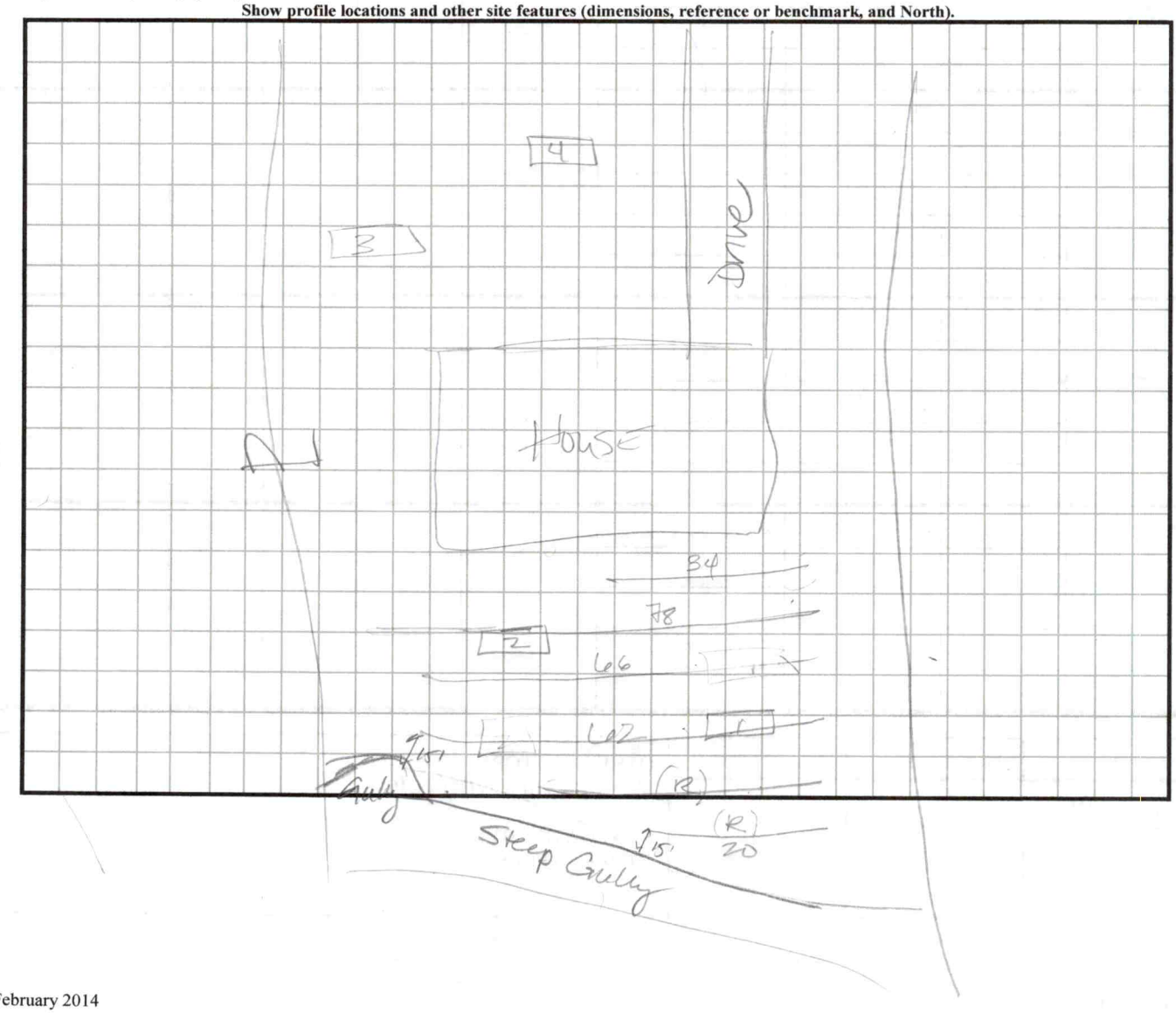
NOTES

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).



PERMIT SNAPSHOT REPORT RELAY-2023-40104 FOR IREDELL COUNTY

Permit Type:	EH Re-layout	**Project:**		**App Date:**	10/27/2023
Work Class:	EH Comprehensive	**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: We are looking for a 3 bedroom conventional septic system vs the 2 bedroom that's designed. 10/30 Site visit , site ready GM

Parcel:	4756257252.000 Main	**Address:**	110 Imperial Heights Rd Statesville, NC 28625 Main	**Zone:**	R-20(Suburban Residential District)

Applicant/Authorized Agent
Dch-Driver's Custom Homes And Commercial Contracting, LLC
Ricky M Driver
112 Tranquility Lane
Harmony, NC 28634
Mobile: (704) 902-5435

Property Owner
KENNETH CIVELLI

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	38'D x 64"W house box The house box on the original septic design is 50'D x 60'W. We are making the house box 12' narrower on the depth and 4' longer on the width. We did pull the house up to being 40' off the front property line but should still have plenty of room to not interfere with the repair area. It should be fairly simple and only need a limited re layout. We did draw the driveway on the opposite side from the original design and can change that if needed to keep from having to hire someone to dig more pits.	What are the proposed structures	New Single-Family Residence - Stick Built
If other Addition/Structure, please explain	It will have a deck on the back but it is included in the 38x64 house box noted above and on the custom site plan	Maximum Number of Bedrooms	3	Number of Occupants	4
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Number of Employees	0
Total number of seats	0	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Ricky_Driver_10/27/2023.jpg	10/27/2023 11:03	Driver, Ricky		Uploaded via CSS
20231027104555_v1.pdf	10/27/2023 16:04	Hart, Ronda	Available Online	Authorize to Act as Agent
Xerox Scan_10272023160026.pdf	10/27/2023 16:16	Hart, Ronda	Available Online	Existing septic permit
Septic Permit Signed.pdf	10/30/2023 13:50	Hart, Ronda	Available Online	Clearer AA

PERMIT SNAPSHOT REPORT (RELAY-2023-40104)

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-157072	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	10/30/2023	10/30/2023 0:00	10/30/2023 0:00	10/30/2023 15:14	10/30/2023 15:14

Inspectors: McLeod, Grace (Primary)

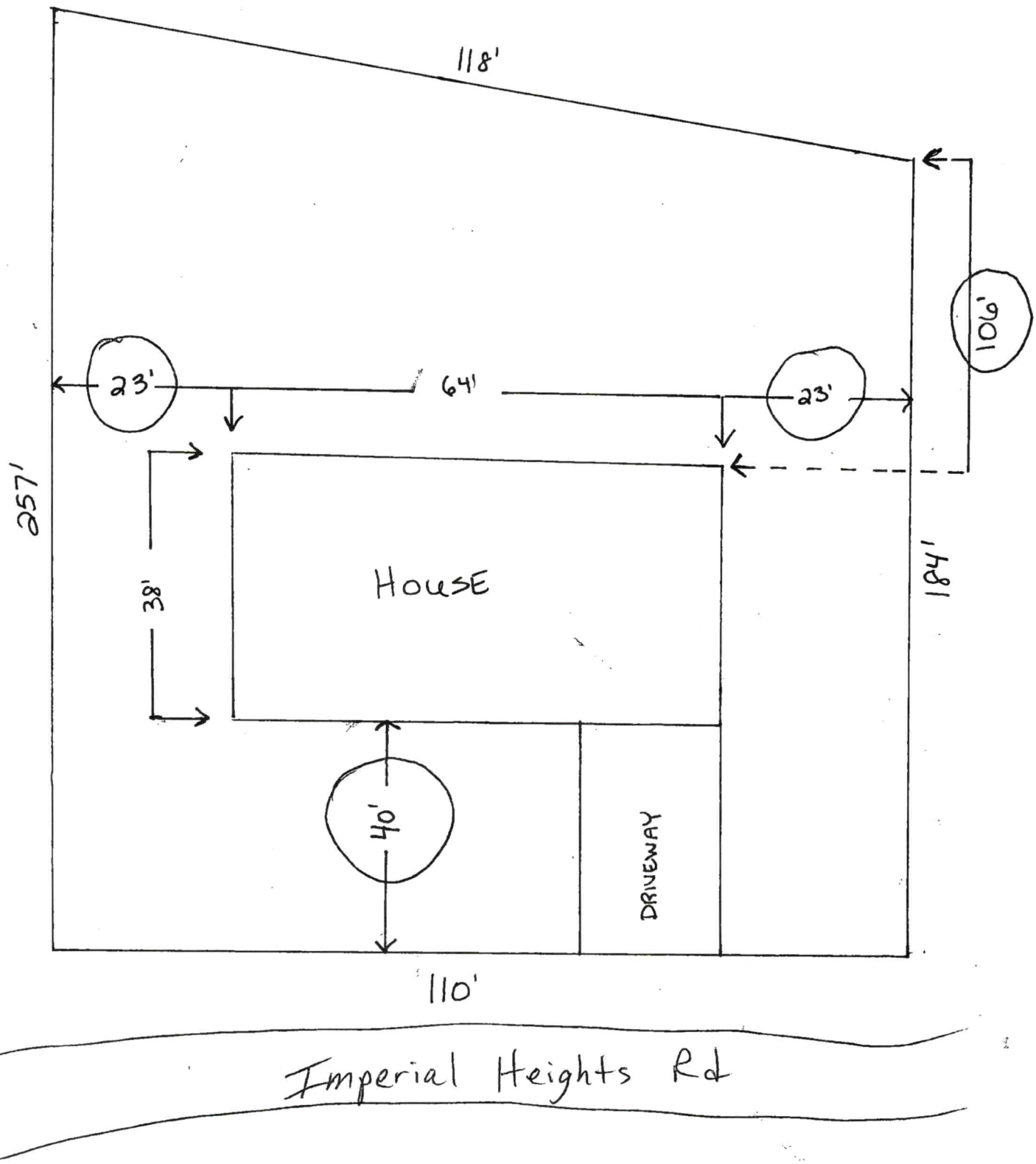
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. 10/30 Site visit, site ready GM	Grace McLeod	10/30/2023 15:13

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00022662	Intermediate Re-layout	$320.00	$320.00
	Total for Invoice INV-00022662	$320.00	$320.00
	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/27/2023 16:16	10/27/2023 16:16
Confirm application complete v.1	Generic Action		10/27/2023 16:16
Lot Readiness Verification v.1		10/30/2023 15:14	
OSWP Septic Preliminary Site Visit v.1	Inspection	10/30/2023 15:14	10/30/2023 15:15
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			10/27/2023 16:17
~~Floodplain Admin Overview v.1~~	Task		10/27/2023 16:17
~~Issue Invoice v.1~~	Generic Action		10/27/2023 16:17
~~Fees Paid v.1~~	Generic Action		10/27/2023 16:17
Fees v.1		10/27/2023 16:17	10/30/2023 8:11
Issue Invoice v.1	Generic Action		10/27/2023 16:17
Fees Paid v.1	Generic Action		10/30/2023 8:11
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

Address = 110 IMPERIAL HEIGHTS RD



ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 3C8111

PIN # 4756 -- 25 -- 7252

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

APPLICANT/OWNER: Ken Civelli APPLICANT ADDRESS: 411 Howards Bridge Rd, Union Grove NC 28689

SITE ADDRESS: 110 Imperial Heights Rd, Statesville NC 28625 PHONE: 704-499-9909 ALT. PHONE

SITE DIRECTIONS: 21N → (R) Jane Sowers → (L) Wildwood Loop → (R) Imperial Hghts → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

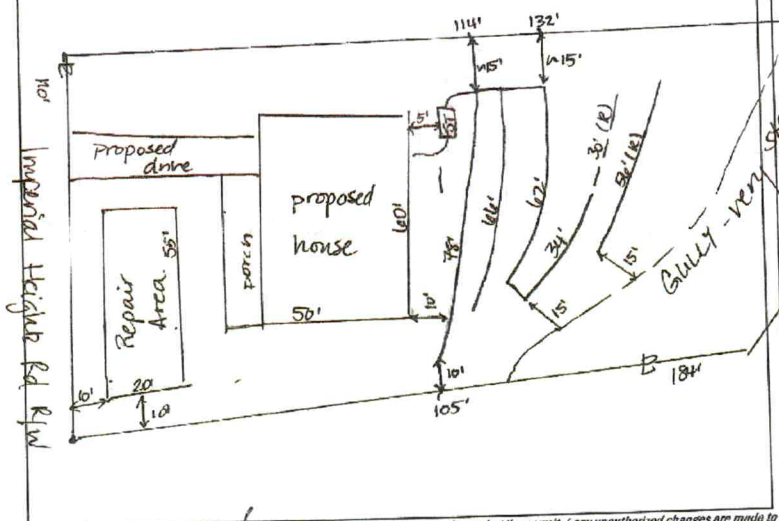
SUBDIVISION: Wildwood Park SECTION: 2 LOT # 199 LOT AREA: 0.54 ac DESIGN FLOW: 240 gpd L.T.A.R.: 0.25

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply: ☐ Private
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons 4	☒ Public
Pump Make	Model	Serial #	Repair System Description: 50% Reduction	☐ Other	No. Employees	☐ Community
# Nitrification Fields 1	# Lines 4	Linear Ft: 240'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width 36"	Trench Bottom Depth(subsoil) 22" Max	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: May be 5' off decks, 10' off foundation in back. Bring in cover over low side of lines to ensure 6" cover throughout. -use group III Clay loam soil, establish sod or grass to prevent erosion. Do not grade, pave, drive, park, or bury utilities in drainfield. Divert all drainage, install on contour.

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.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 6-10-22 Installed by: Date:

IMPROVEMENT PERMIT by: D Hiebert Date: 6/8/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4752575252
COUNTY: Iredell

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

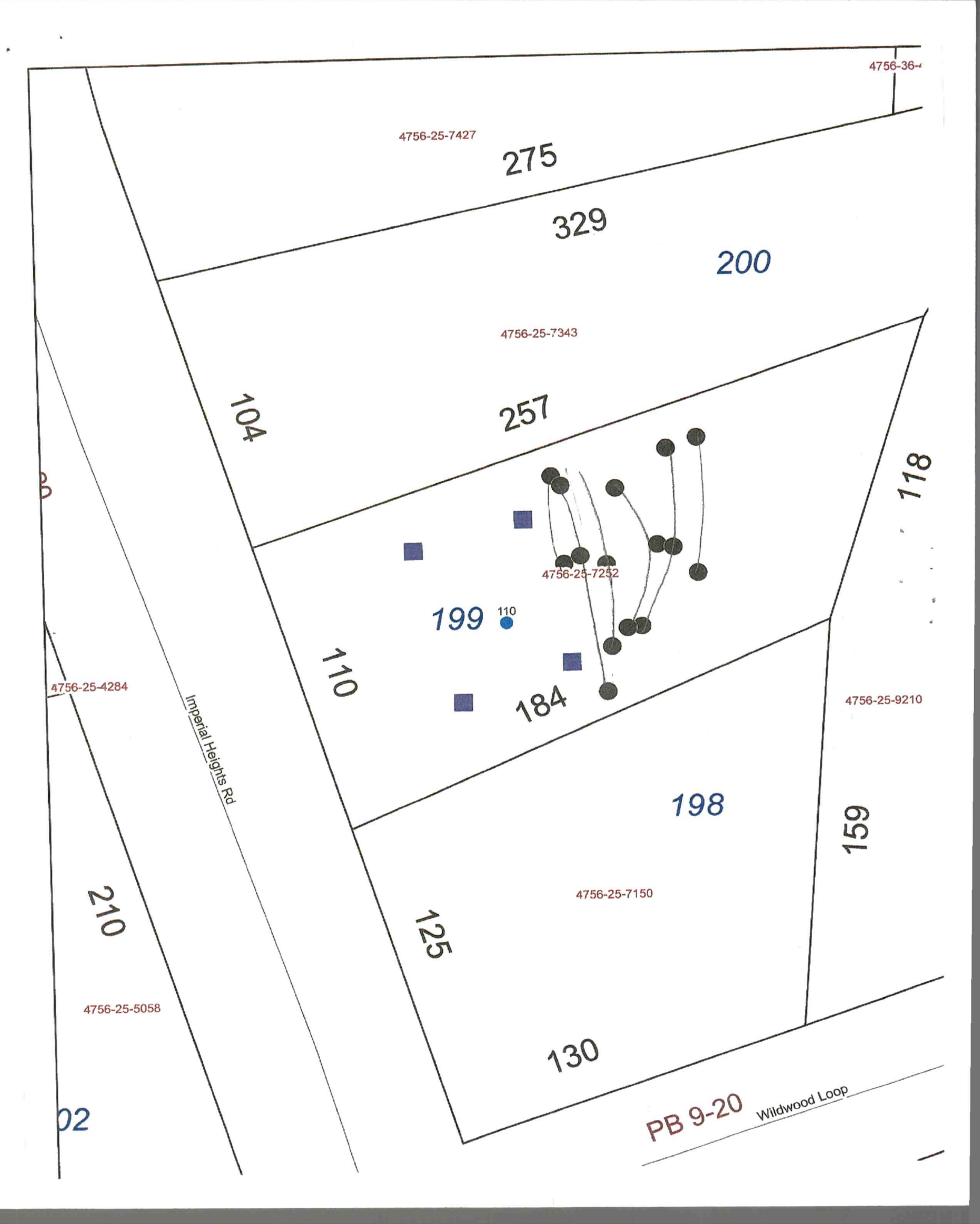
WNER: Nedra Brothill — APPLICATION DATE: 4/29/22
DDRESS: 825 Meadow Rd, Statesville NC 28625 — DATE EVALUATED: 6/15/22
ROPOSED FACILITY: 2BR — PROPOSED DESIGN FLOW (.1949): 240 — PROPERTY SIZE: 0.58
OCATION OF SITE: 110 Imperial Heights, Statesville 28625 — PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☒ 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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	FS 20%	0-5	SCL - SBK	SSSP-PR-SEXP		58"	N/A	N/A	PS 0.275 TB @ 28 MAX
		5-40	C - SBK	"					
		40-58	CL - MSBK	SSSP-FI/FR-SEVP					
					YB @ 40"+, CL very light		common		
2	FS 25%	0-5	SCL-SBK	SSSP-PR-SEXP			N/A	N/A	PS 0.25 MAX 27" (HS)
		5-32	C - SBK	↓					
		32-52	CL/SCL SBK	↓					
					2.5Y 7/3 @ 40" 2.5Y 7/2 @ 44"				
3	LS 12%	0-6	SCL - SBK	SSSP-FR-SEVP		48"	N/A	N/A	PS 0.3
		6-33	C - SBK	↓					
		33-48	CL - MSBK	↓					
				CL fairly tight, no YB					
4	LS 12%	0-6	SCL - SBK	SSSP-PR-SEXP		50"	N/A	N/A	PS 0.275
		6-35	C - SBK	↓					
		35-50	CL MSBK	↓					
				CL very tight	minor YB @ 38C		transition		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240'	
System Type(s)	25% Cp	DM 50%
Site LTAR	0.25	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Meberg
OTHER(S) PRESENT: K. Cavell

COMMENTS:


4756-36-
4756-25-7427
275
329
200
4756-25-7343
104
257
118
4756-25-7252
199
110
110
184
4756-25-4284
Imperial Heights Rd
4756-25-9210
198
159
4756-25-7150
125
210
4756-25-5058
130
PB 9-20
Wildwood Loop

RECEIVED APR 29 2022

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* AP- 328111 $300.00

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: KEN CIVELLI Address: 411 HOWARD'S BRIDGE RD UNION GROVE, NC Zip: 28689
Applicant Email: KENCIVELLI@YAHOO.COM Phone: 702-497-9909 Alt. Phone: _____
Owner Name: NEDRA N. BROYHILL Address: 829 MEADOWS RD STATESVILLE, NC Zip: 28677
Owner Email: _____ Phone: 704-450-7367 Alt. Phone: _____

Property Information:

Street Address: 110 IMPERIAL HEIGHTS RD STATESVILLE, NC 28625
Subdivision Name: WILDWOOD PARK Section/Phase: _____ Lot Number: 199
Driving Directions: HWY 40 EXIT 21 N, RIGHT ON JANE SOWERS RD, LEFT ON WILDWOOD LOOP, LEFT ON IMPERIAL HEIGHTS RD. ON RIGHT.

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: 2
Maximum Number of Occupants: 1
( ) 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
(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) 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.

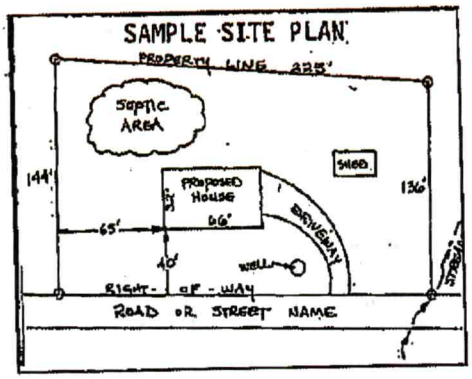
Signature: _____ 4-27-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

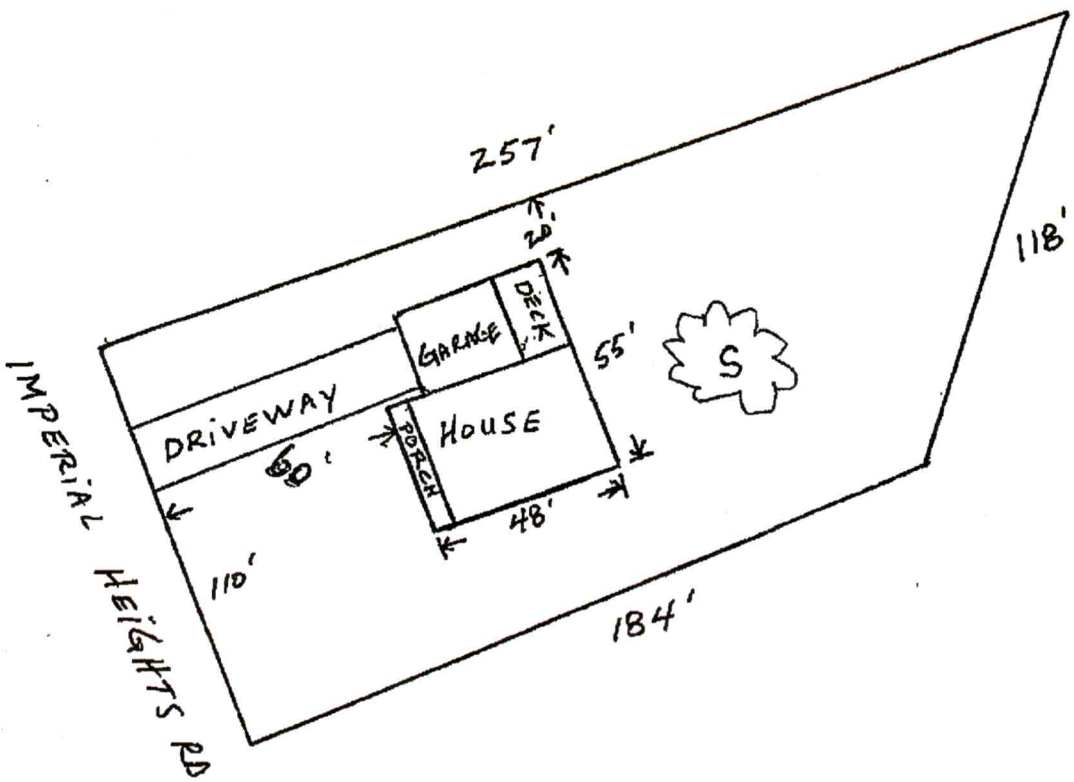
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: _____

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

4·27·22
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*) N/A

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, NEDRA N. BROYHILL, am the legal owner(s) of the property located at LOT #199 IMPERIAL HEIGHTS RD. (110), identified as PIN (Parcel Identification Number) 4756257252, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) KEN CIVELLI, AS BUYER, 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

SEPTIC ONLY N/A NB

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.

Nedra N Broyhill
Signature of Owner(s)

4-5-22
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328111 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4756257252.000	110 IMPERIAL HEIGHTS RD	Iredell County

Owner Information	Applicant Information
Name: BROYHILL NEDRA N	Name: Kenneth Civelli
Address: 829 MEADOW RD	Address: 411 HOWARD'S BRIDGE RD
STATESVILLE, NC 28677	UNION GROVE , NC 28689
Phone:	Phone: (704)497-9909

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD

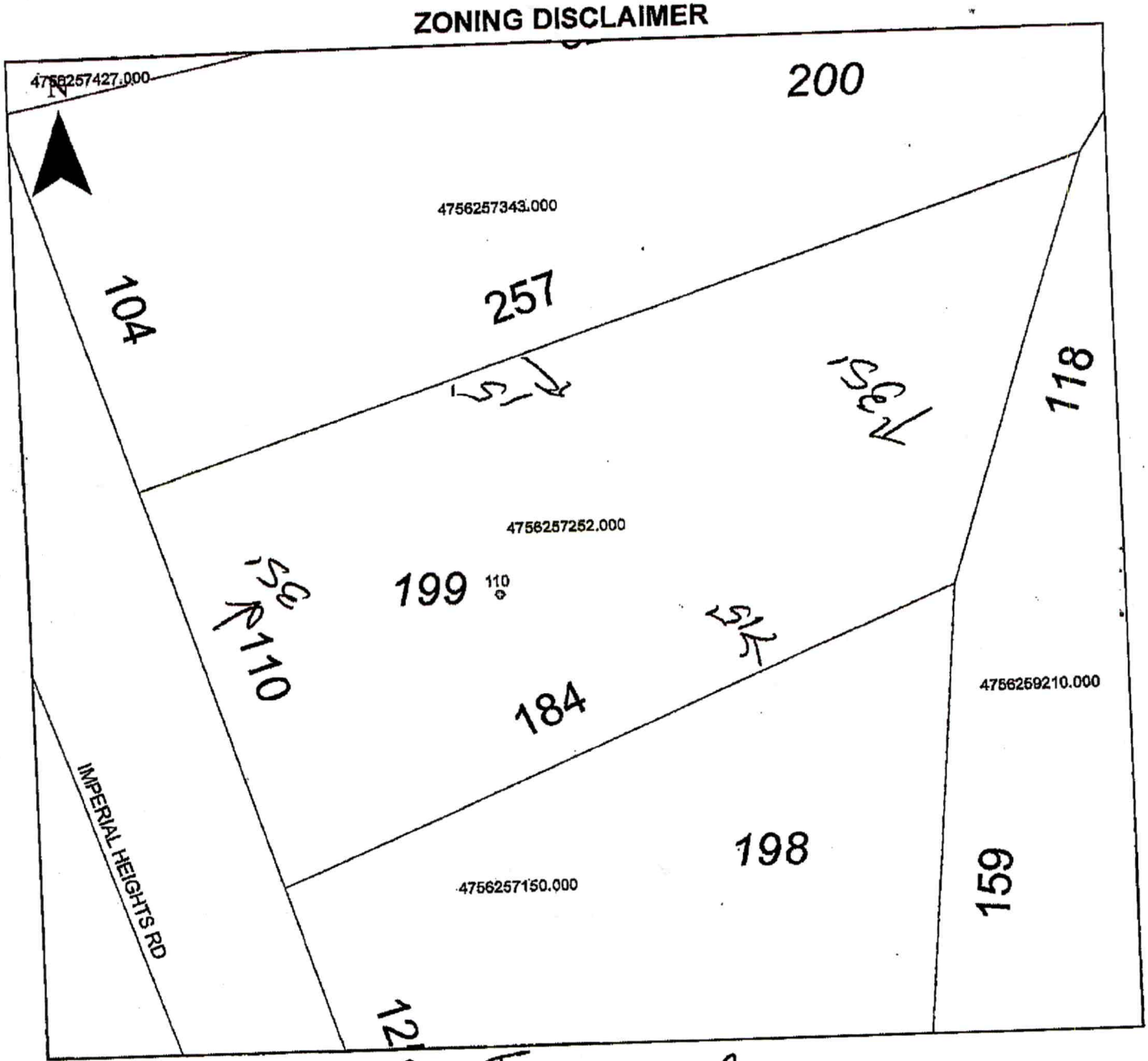
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 04/27/2022

Signature of Owner/Contractor

Permit Number	328111	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 110 Imperial

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Applicant

4-27-22
Date

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SEPTIC ONLY NDB 4/5

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Permit Number	328111	TOTAL FEES:	$77.25