# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245364

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

PIN # 4756.45.3714

APPLICANT/OWNER: TIM HOLTHOUSER APPLICANT ADDRESS: 271 KIMMON ROAD, HARMONY, NC 28634

SITE ADDRESS: 587 JANE SOWERS ROAD, STATESVILLE NC 28625 PHONE: 704-880-53[illegible] ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (R) ON JANE SOWERS, LOT ON (E) SAP CONTROLLED: ☐ YES ☑ NO

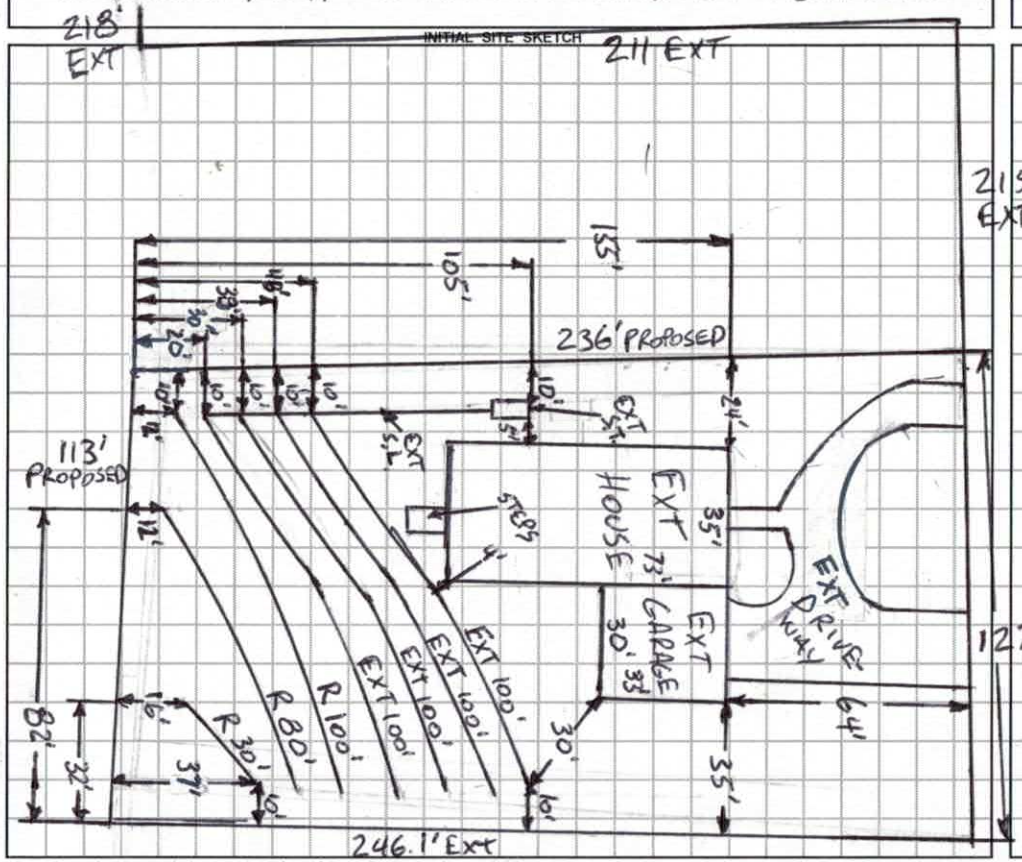
SUBDIVISION: BELLA TERRACE SECTION: 2 LOT # 6 LOT AREA: 0.663 AC DESIGN FLOW: 360GPD L.T.A.R.: EXT/0.3 REPAIR

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EXT | (gal) | STB — | Date — | ☐ New System | ☑ Repair | ☐ Expansion | System Type: I II III IV V VI | ☑ Residence | No. Bedrooms | EXT 3 | Water Supply |
| Pump Tank | — | (gal) | PT — | Date — | System Description: | EXT GRAVEL | | | ☐ Business | No. Persons | EXT 6 | Private |
| Pump Make | — | Model — | | Serial # — | Repair System Description: | LPP PPBPS PUMP | | | ☐ Other | No. Employees | | ☑ Public |
| # Nitrification Fields | 1 EXT | # Lines | 4 EXT | Linear Ft 400 EXT | Maintenance Agreement Required: | ☐ YES | ☑ NO | | ☐ Slab | ☑ Crawl Space | | ☐ Community |
| Trench Width | EXT (24IN) REPAIR | Trench Bottom Depth(Low side) | EXT (32" REPAIR) | Gravel Depth EXT | ☑ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO DEFINE THE REPAIR AREA SO THE LOT COULD BE SUBDIVIDED.

THE EXSISTING SYSTEM WAS FUNCTIONING AT TIME OF INSPECTION, PROPERTY RECORDED IN BOOK 70 PAGE 50

INITIAL SITE SKETCH




AS BUILT SKETCH

1 IN = 50 FT
EXT = EXSISTING
S.T. = SEPTIC TANK
S.L. = SUPPLY LINE
R = REPAIR

*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: Tim Holthouse Date: 6/24/19 Installed by: EXT

IMPROVEMENT PERMIT by: Bernard C. White Date: 6-26-19 OPERATION PERMIT by: Bernard C. White Date: 6-26-19

AUTHORIZATION TO CONSTRUCT by: Bernard C. White Date: 6-26-19 Existing System Inspected by: _____ Date: _____

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.**

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

Sheet 1 of 1
PROPERTY ID #: TBD
COUNTY: IREDELL

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

OWNER: TIM HOUTHOUSER
ADDRESS: 271 KIMMON ROAD, HARMONY, NC 28634
APPLICATION DATE 6-5-19
PROPOSED FACILITY: 3BR REPAIR
PROPOSED DESIGN FLOW (.1949): 360GPD
DATE EVALUATED: 6-12-19
LOCATION OF SITE: 687 JANE SOWERS ROAD, STATESVILLE, NC, 28625
PROPERTY SIZE: 0.663 AC
PROPERTY RECORDED: TBD
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 | LINEAR SIDE 7% | 0-12 | SCL, SBK | FR, SS, SP, SEXP | SAP INC | 53"+ | NA | NA | PS .3 |
| | | 12-36 | C, SBK | FR, S, P, SEXP | INCL | | | | |
| | | 36-53 | CL, WSBK | FR, SS, SP, SEXP | MICA | | | | |
| | | | | | COMMON | | | | |
| 2 | LINEAR SIDE 7% | 0-12 | SCL, SBK | FR, SS, SP, SEXP | SAP | 53" | PS SL ~~NA~~ II | NA | PS .3 |
| | | 12-29 | C, SBK | FR, S, P, SEXP | INC | | | | |
| | | 29-53 | CL, SBK | FR, SS, SP, SEXP | THRU | | | | |
| | | 53-61 | SAP, MAS | FR, NS, NP, SEXP | OUT | | | | |
| | | | | | MICA | | | | |
| | | | | | COMMON | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | EXT | PS |
| System Type(s) | EXT | ~~2~~ 50% |
| Site LTAR | EXT | .3 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burgett C. White
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) | 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.

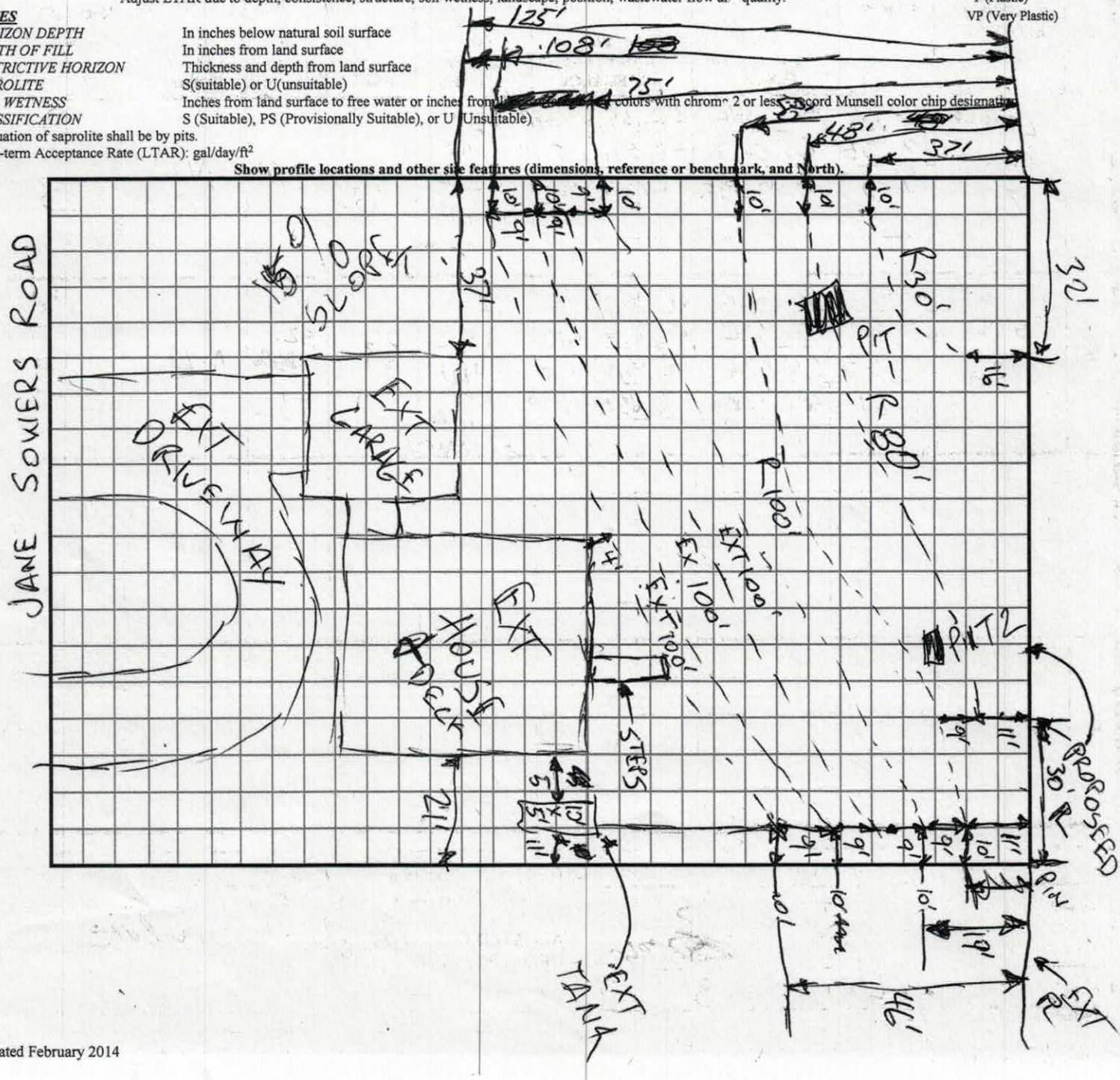
***NOTES***

| | |
|---|---|
| *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 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/ft²

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



RECEIVED JUN 5 - 2019

245364 #245364

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

Paid $500.00 Relocation

**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: Tim Holthouser Address: 271 Kimmon Rd. Harmony NC 28634 Zip: 28634
Applicant Email: tholthouser@gmail.com Phone: 704-880-5306 Alt. Phone: _____
Owner Name: Tim Holthouser Address: 271 Kimmon Rd. Harmony, NC Zip: 28634
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 587 Jane Sowers Rd, Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 21 North, R on Jane Sowers Rd, 2 mi on left

**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: Defins Repair Area
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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**
(✓) 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: 2000
(✓) 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:** Tim Holthouser 6-5-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID CK 3707 6/5/19

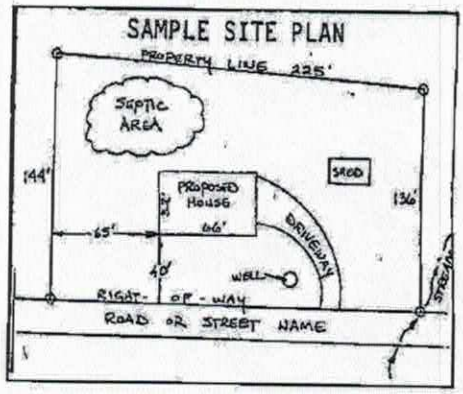
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) 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***

Reevaluate Repair Area

Cutting out parcel

See attached

**Signature:** Tim Hatchers

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

6-5-19

DATE

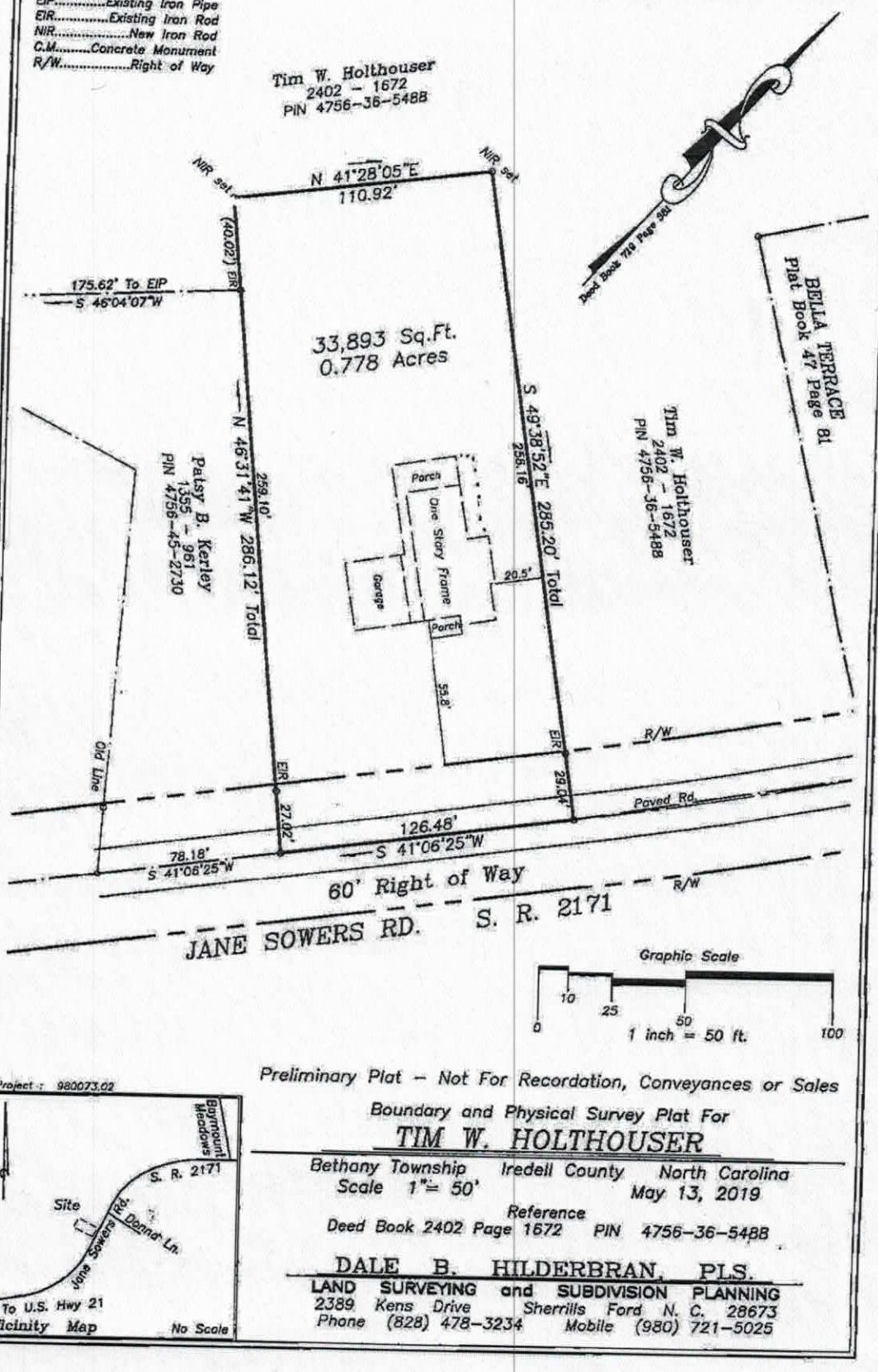
I, _____ Hereby Certify, that this Plat was drawn from an actual Survey made under my direct supervision, ( Deed Descriptions recorded in Deed Book _____ Page _____ and in Deed Book _____ Page _____, that the Ratio of Precision is 1 : _____ as calculated, that the Boundaries not Surveyed are shown as broken lines, that this Plat was prepared in accordance with the N. C. Standards of Practice for Land Surveying ( Board Rules Section .1600 as ammended ).

Date

N. C. Professional Land Surveyor L-2861

**Legend**

EIP.....Existing Iron Pipe
EIR.....Existing Iron Rod
NIR.....New Iron Rod
C.M.....Concrete Monument
R/W.....Right of Way




Graphic Scale
0 10 25 50 100
1 inch = 50 ft.

Project : 980073.02




Vicinity Map No Scale

Preliminary Plat – Not For Recordation, Conveyances or Sales

Boundary and Physical Survey Plat For

## TIM W. HOLTHOUSER

Bethany Township Iredell County North Carolina
Scale 1" = 50' May 13, 2019

Reference
Deed Book 2402 Page 1672 PIN 4756-36-5488


DALE B. HILDERBRAN, PLS.
LAND SURVEYING and SUBDIVISION PLANNING
2389 Kens Drive Sherrills Ford N. C. 28673
Phone (828) 478-3234 Mobile (980) 721-5025

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 80498 PIN# 4756 36 6431

OWNER OR CONTRACTOR Tim Holthouser PHONE: Business _____ Home 876-0320 DATE 4-13-99

ADDRESS 547 Jane Sowers Rd Statesville, N.C.

LOCATION Hwy 21 TR Jane Sowers 2 miles on left.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 5 acres SITE CLASS: PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 9-22-00

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

(X) New System ( ) Repair System Type: (I) II, III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: Gravity Reduction

Maintenance Agreement Required: ( ) Yes (X) No

(X) House/Mod. Home No. Bedrooms 3

( ) Mobile Home No. Bathrooms 2

( ) Business No. Employees _____

( ) Other _____

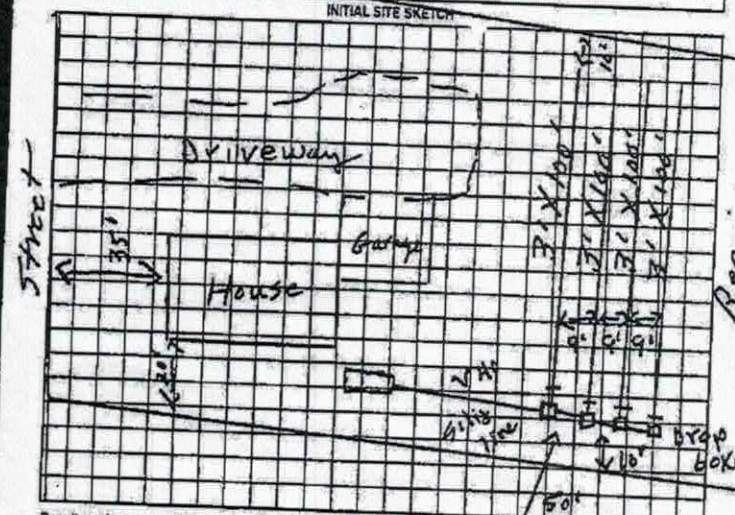
( ) Slab ( ) Crawl Space ( ) Basement w/plumbing ( ) Basement w/o plumbing

Water Supply: ☐ Individual ☐ Public ☐ Community

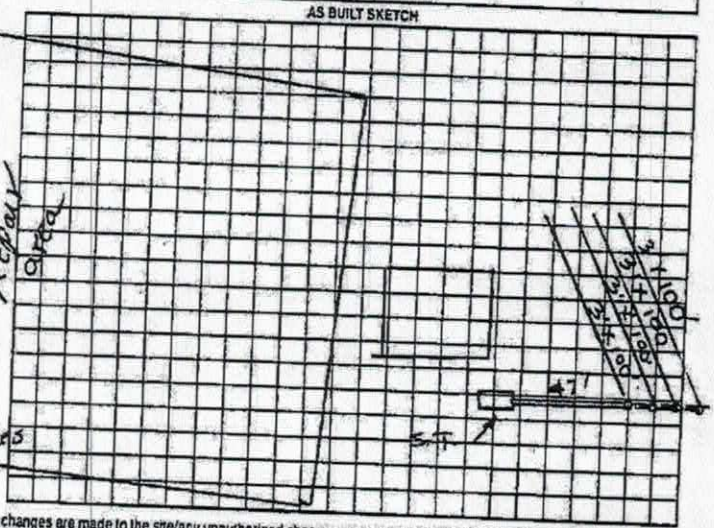
Comments/Conditions:

Comments/Conditions: LINES INSTALLED ON CONTOUR AS SHOWN @ SEPTIC TANK WITH MARKER INSTALLED USING "Poly Lok" FILTER

INITIAL SITE SKETCH




AS BUILT SKETCH




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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Tim Holthouser date 4/16/99 Installed by: STEVE JORAN

Improvement Permit by: R. C. Moore date 4-13-99 Operation Permit by: STEVE HEDRICK date 12-8-00

Authorization to Construct by: R. C. Moore date 4-13-99 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

BOOK 70
PAGE 50

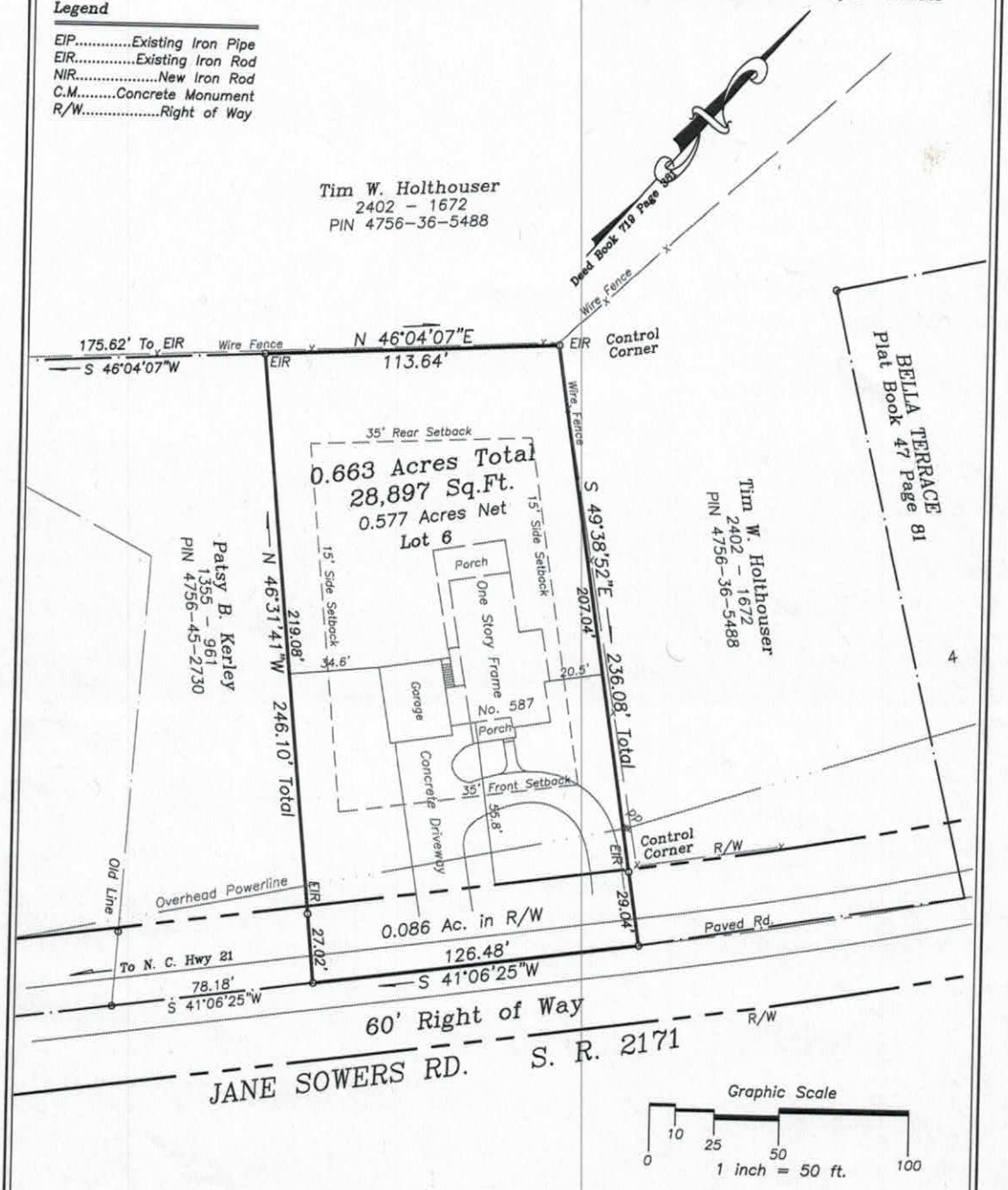
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Date

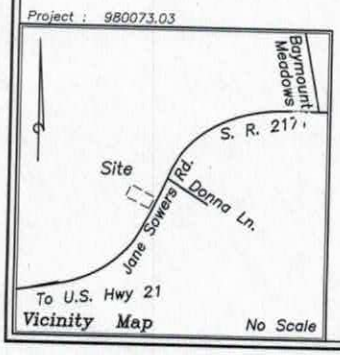
N. C. Professional Land Surveyor L-2861

**Legend**

EIP.....Existing Iron Pipe
EIR.....Existing Iron Rod
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Graphic Scale
0 10 25 50 100
1 inch = 50 ft.




Preliminary Plat – Not For Recordation, Conveyances or Sales

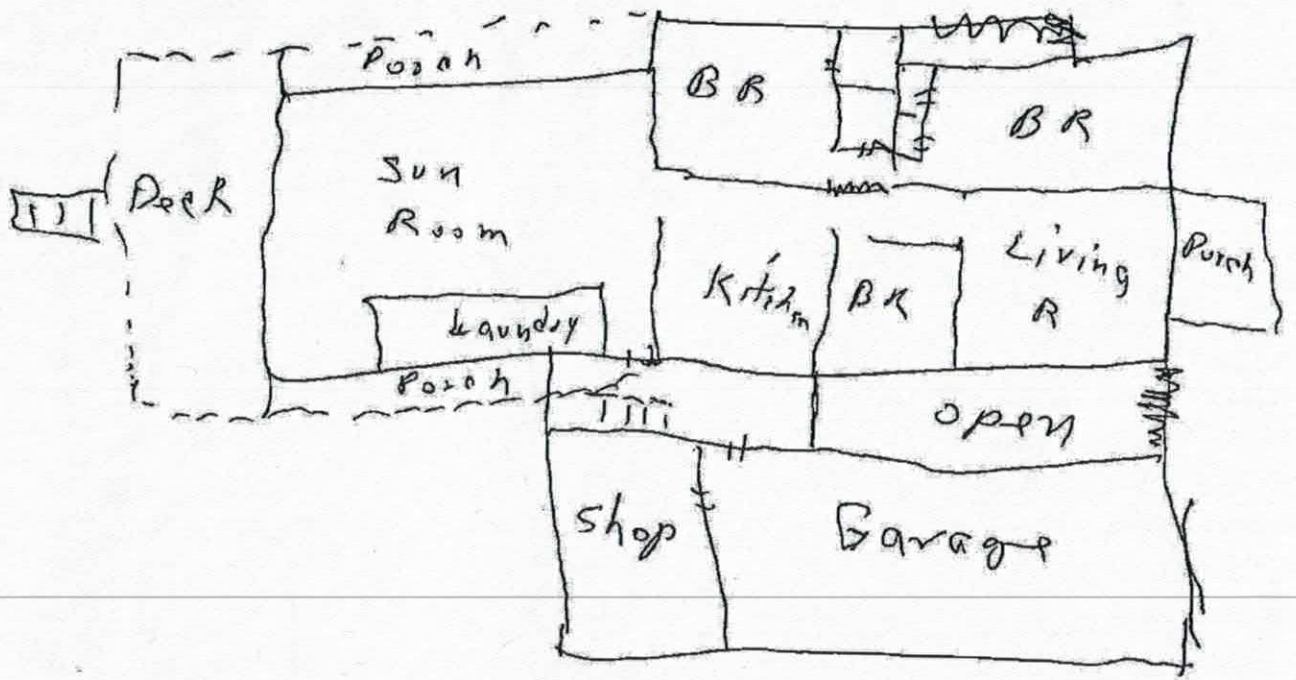
Boundary and Physical Survey Plat For

## TIM W. HOLTHOUSER

Bethany Township Iredell County North Carolina
Scale 1"= 50' May 13, 2019

Reference
Deed Book 2402 Page 1672 PIN 4756-36-5488


DALE B. HILDERBRAN, PLS.
LAND SURVEYING and SUBDIVISION PLANNING
2389 Kens Drive Sherrills Ford N. C. 28673
Phone (828) 478-3234 Mobile (980) 721-5025




Acknowledgement Of
Plans Submittal ONLY!

Tim Hutchens Date 6-5-19

_____ 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)* Tim Hotchkiss

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**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

# 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 ****

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

TWH **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.**

TWH **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.**

N/A **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.

____ 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 non-refundable. 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** Tim Hutchinson **Date** 6-5-19

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