ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329874

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

PIN # 4760 -- 89 -- 6444

APPLICANT/OWNER: Jeff + Cindy Todd APPLICANT ADDRESS: 1465 Shinnville Rd Cleveland NC

SITE ADDRESS: 1465 Shinnville Rd Cleveland NC 27013 PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 21 to Shinnville Rd. Site on Right SAN. CONTRACTOR: ☐ YES ☒ NO

SUBDIVISION: – SECTION: – LOT # – LOT AREA: 24.71 AC DESIGN FLOW: 250 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 160 Date 9-8-2022 ☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

Pump Tank (gal) PT Date System Description: Gravity - 25% Reduction

Pump Make Model Serial # Repair System Description: HPP BPS - 50% Reduction (max 24)

Nitrification Fields 1 # Lines 4 Linear Ft 212 Maintenance Agreement Required: ☐ YES ☒ NO

Trench Width 36in Trench Bottom Depth ~~(Low Side)~~ 36in max Gravel Depth – ☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☐ Business No. Persons *

☒ Other No. Employees *

☒ Slab ☐ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions:

* See note from LSS + State Engineer for Design Flows *

INITIAL SITE SKETCH

See attached site plan and proposal by Michael Athanas + Associates Dated - 6/22/2022.

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.

INSTALLED AS SHOWN

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: C. Todd Date: 6/29/22 Installed by: LEATHERMANS SEPTIC TANK

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 6/29/2022 OPERATION PERMIT by: Bryant C. White Date: 10-26-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 6/29/2022 Existing System Inspected by: Date:

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

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
6/22/2022

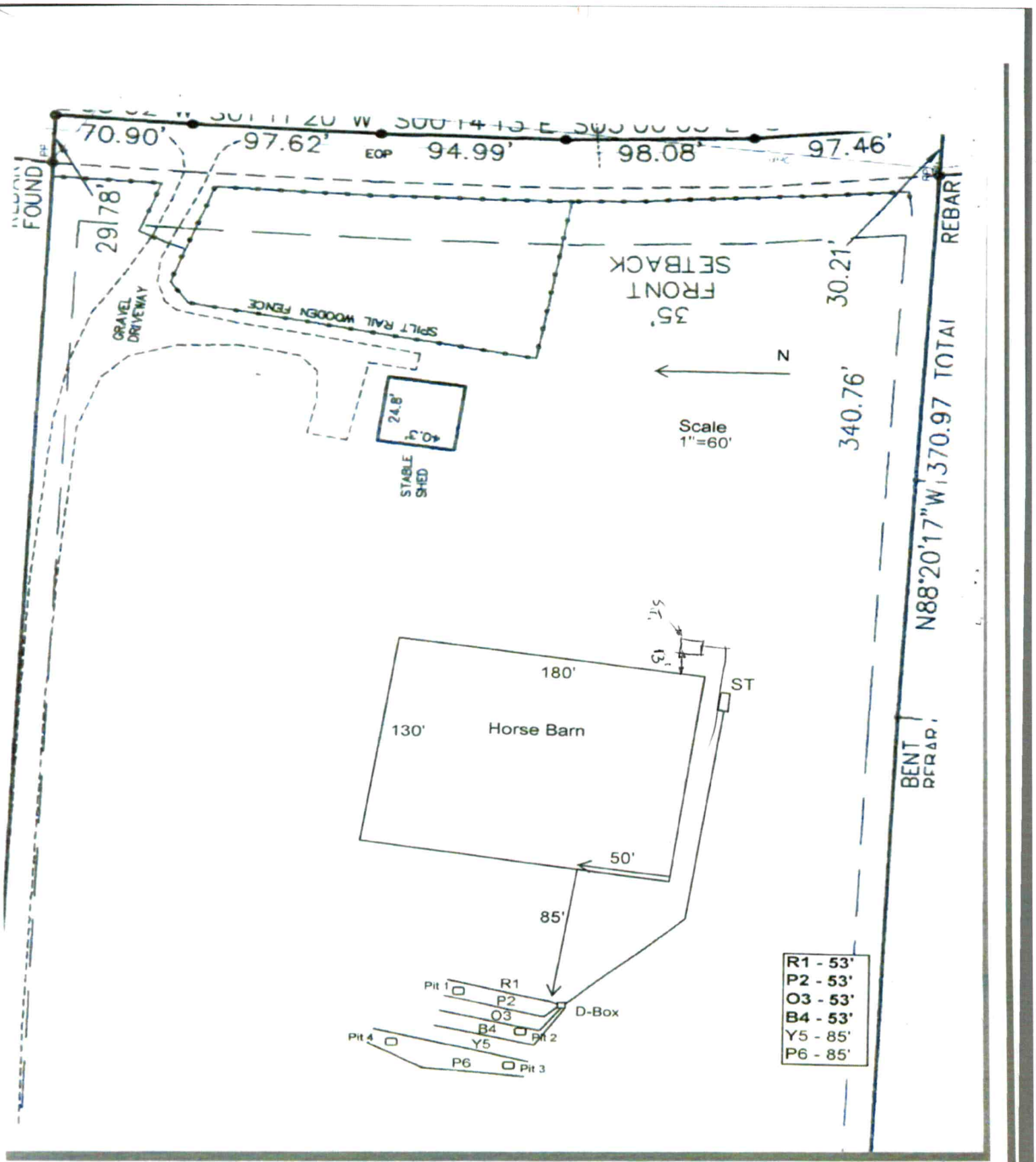
Reference: Data Sheet for a Horse Barn at 1465 Shinnville Rd
Building Footprint: 180' x 130'
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Daily Flow: 250 GPD (see comments)
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.25 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length
Red 1	**53'**	**63'**
Pink 2	**53'**	**63'**
Orange 3	**53'**	**63'**
Blue 4	**53'**	**63'**
Yellow 5		85'
Pink 6		85'

Initial System: 212' **Repair System:** 170'

Comments:
MA&A received sizing information from the state engineer (email attached). The system is sized; 3 washer loads/day + 5 GPD/student + 25 GPD/Employee.
3 x 24 gallons/load + 5 gallons x 20 students/day + 3 x 25 gallons/employee = 247 GPD


70.90'
97.62'
EOP
94.99'
98.08'
97.46'
FOUND
29.78'
REBAR
GRAVEL DRIVEWAY
SPLIT RAIL WOODEN FENCE
SETBACK
FRONT
35'
30.21'
N
24.8'
40.3'
STABLE SHED
Scale
1"=60'
340.76'
N88°20'17"W, 370.97 TOTAL
180'
130'
Horse Barn
ST
50'
85'
BENT
REBAR
Pit 1
R1
P2
O3
B4
Pit 2
Y5
Pit 4
P6
Pit 3
D-Box
R1 - 53'
P2 - 53'
O3 - 53'
B4 - 53'
Y5 - 85'
P6 - 85'


SHINNVILLE ROAD

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329874.

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

PIN # 4760 -- 89 -- 6444

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SITE ADDRESS: 1465 Shinnville Rd Cleveland NC 27013 PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 21 to Shinnville Rd. Site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 24.71 AC DESIGN FLOW: 250 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 212

Trench Width 36in Trench Bottom Depth(~~Low Side~~) 36in max Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: Gravity - 25% Reduction

Repair System Description: HPP BPS - 50% Reduction (max 24)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☐ Business No. Persons *

☒ Other No. Employees *

☒ Slab ☐ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

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☐ Public

☐ Community

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* See note from LSS + State Engineer for Design Flow *

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See attached site plan and proposal by Michael Athanas + Associates Dated - 6/22/2022.

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Owner / Applicant Signature: C. Todd Date: 6/29/22 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bolt Date: 6/29/2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolt Date: 6/29/2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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6/22/2022

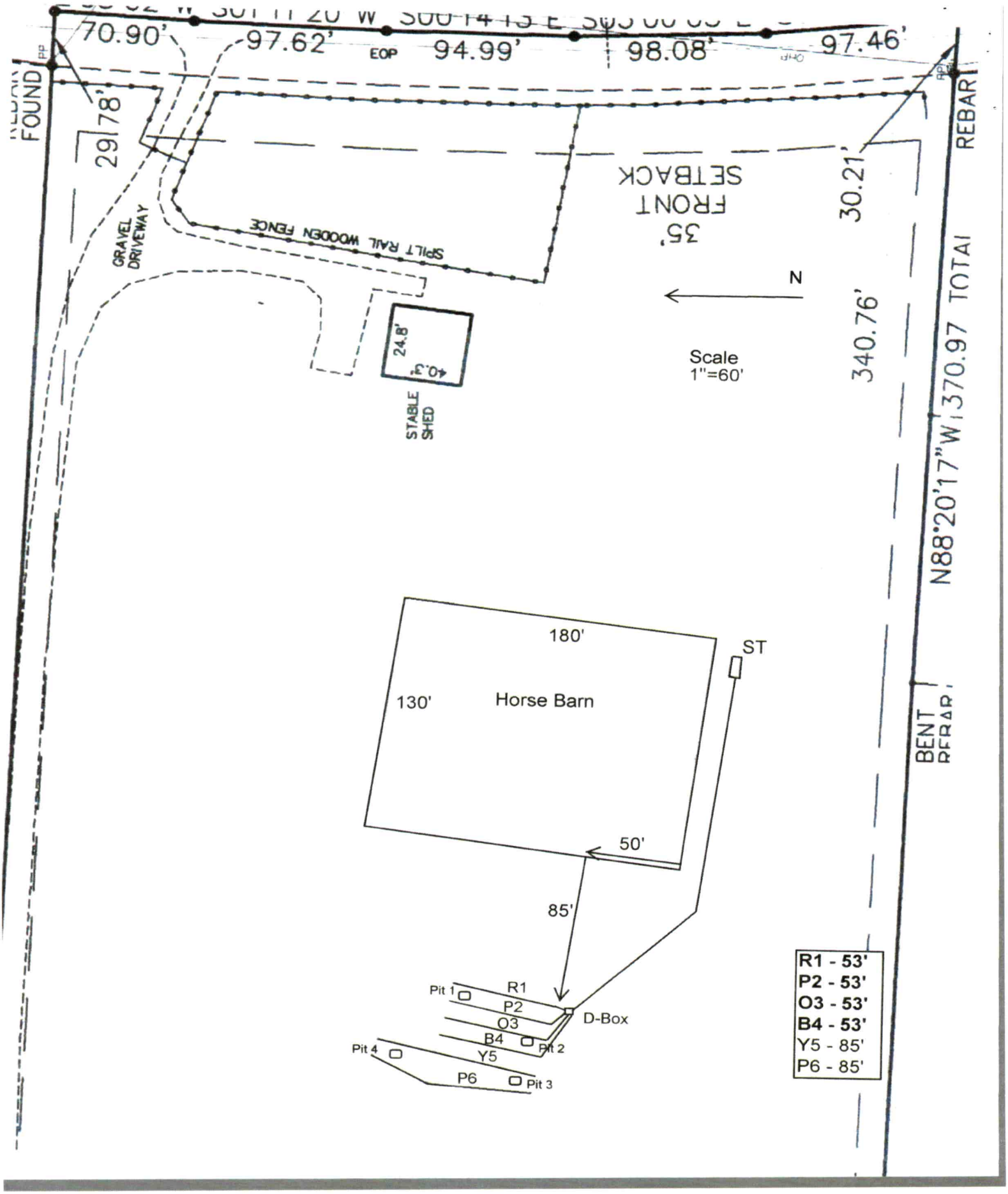
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Proposed Repair System Type: PPBPS
Distribution: Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

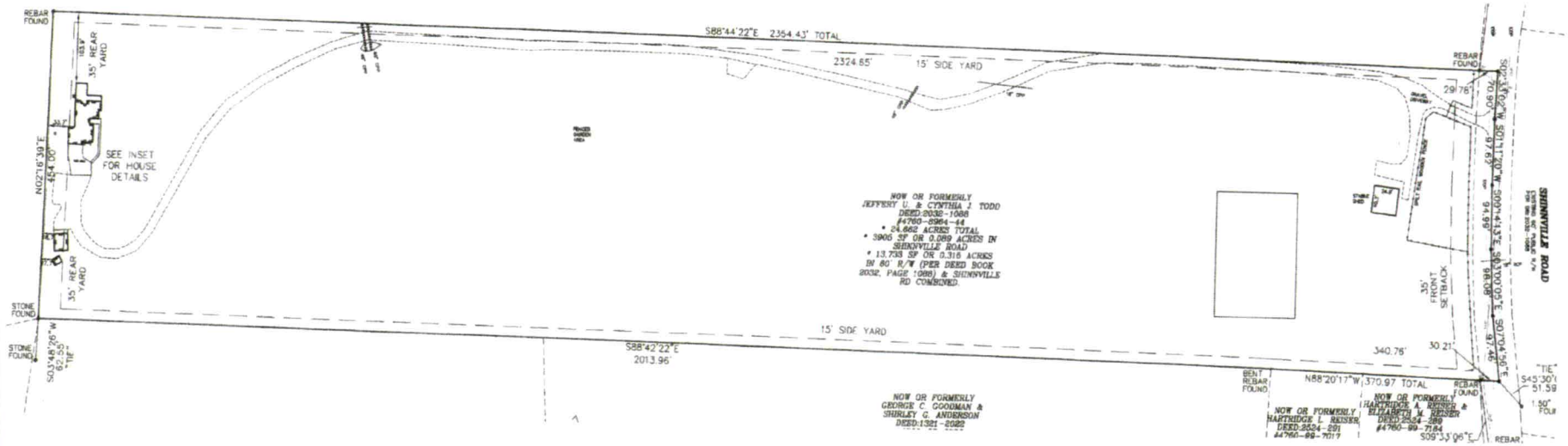


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3 x 24 gallons/load + 5 gallons x 20 students/day + 3 x 25 gallons/employee = 247 GPD

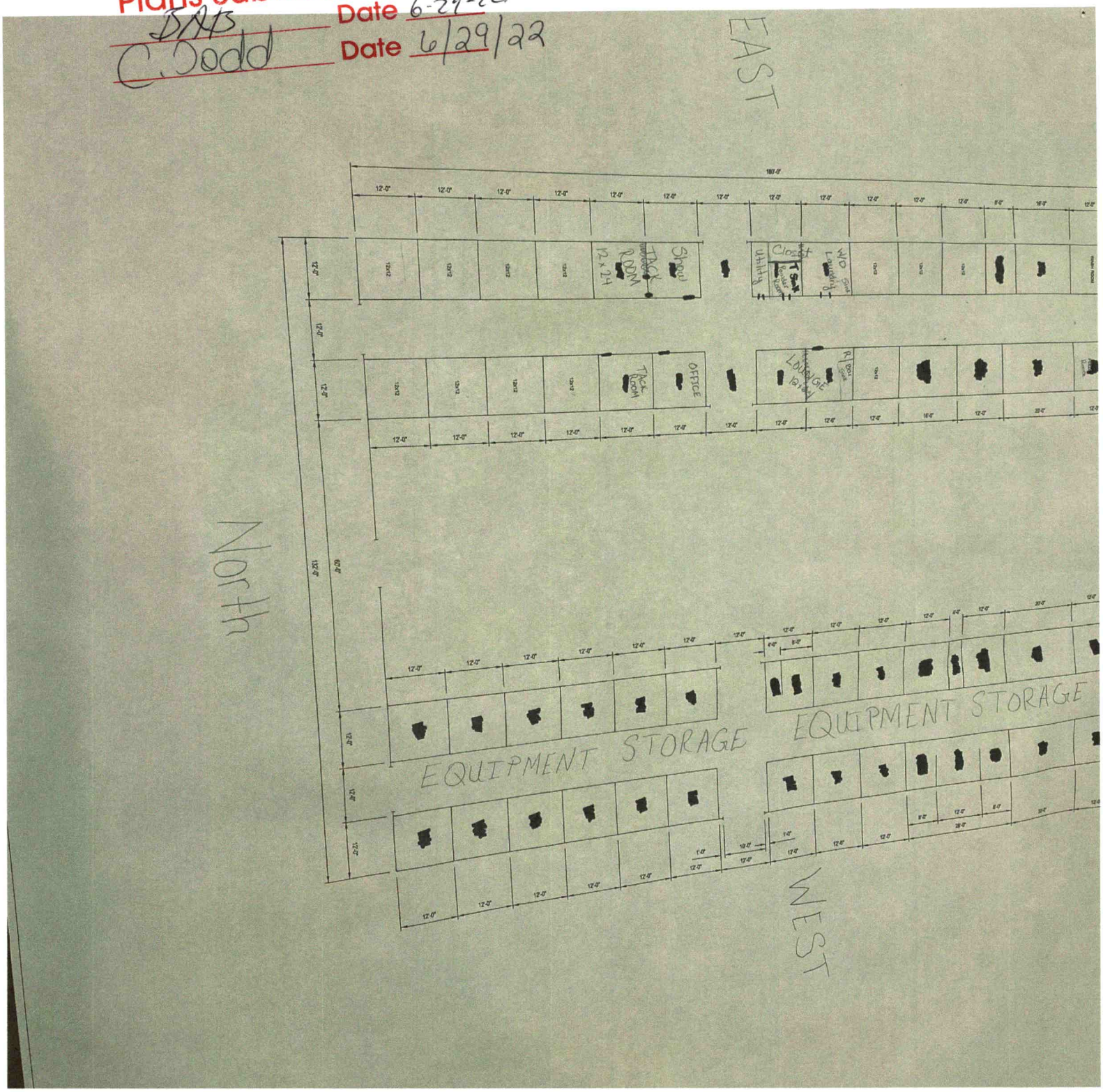

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50'
85'
D-Box
Pit 1
R1
P2
O3
B4
Pit 2
Pit 4
Y5
P6
Pit 3
R1 - 53'
P2 - 53'
O3 - 53'
B4 - 53'
Y5 - 85'
P6 - 85'


REBAR FOUND
S88°44'22"E 2354.43' TOTAL
2324.65'
15' SIDE YARD
35' REAR YARD
SEE INSET FOR HOUSE DETAILS
N02°16'39"E
454.00'
NOW OR FORMERLY
JEFFERY U. & CYNTHIA J. TODD
DEED:2032-1088
#4760-2964-44
* 24.662 ACRES TOTAL
* 3906 SF OR 0.089 ACRES IN SHINNVILLE ROAD
* 13,733 SF OR 0.316 ACRES IN 60' R/W (PER DEED BOOK 2032, PAGE 1088) & SHINNVILLE RD CONVEYED.
35' REAR YARD
STONE FOUND
15' SIDE YARD
S01°48'06"W
62.55'
"TIE"
S88°42'22"E
2013.96'
NOW OR FORMERLY
GEORGE C. GOODMAN &
SHIRLEY G. ANDERSON
DEED:1321-2022
BENT REBAR FOUND
N88°20'17"W 370.97 TOTAL
REBAR FOUND
NOW OR FORMERLY
HARTRIDGE L. REISER
DEED:2654-291
#4760-98-7017
NOW OR FORMERLY
HARTRIDGE A. REISER &
ELIZABETH W. REISER
DEED:2654-289
#4760-99-7184
S09°33'06"E
REBAR
340.76'
30.21'
35' FRONT SETBACK
29.78'
70.90'
87.63'
94.99'
98.08'
97.45'
S01°41'20"W
S01°41'37"E
S90°04'56"E
S90°10'05"E
SHINNVILLE ROAD
"TIE"
S45°30'
51.59'
50'
FOUR

Acknowledgement Of
Plans Submittal ONLY!

DATS
C. Todd Date 6-29-22

Date 6/29/22



gary michaelathanas.com

From: Cindy Todd <cindytodd536@gmail.com>
Sent: Friday, June 3, 2022 11:47 AM
To: gary michaelathanas.com
Subject: Re: FW: [External] FW: Ag building-horse barn

24 gallons per load with the washer

Max of 5 students in a group lesson with a max of 4 group lessons per day (20 students)

No more than 3 employees-one full time and 2 part time when the time comes.
We prefer quality over quantity
Barn is almost ready to open-putting stall mats and bedding in this weekend. Septic is our only hang up. Time is of the essence. Please let me know if you have a date to get this started and what you need from me.
On Fri, Jun 3, 2022 at 9:16 AM gary michaelathanas.com <gary@michaelathanas.com> wrote:

Sorry for the late reply. See the email below. This is the information we need to size the system. I know you are building this over time to the max capacity, so I need your estimate of the final goal.

Gary McNeely

Michael Athanas & Associates

(704) 310-1832

From: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Sent: Monday, May 16, 2022 4:00 PM
To: gary michaelathanas.com <gary@michaelathanas.com>
Subject: RE: [External] FW: Ag building-horse barn

Gary,

I would size the system as follows:

3 loads per day x washing machine gallons/load + 5 gpd/student x maximum number of students per day + 25 gpd/employee

And this is all based on no floor drains.

Thanks

Trish

Patricia M. Angoli, PE

Environmental Engineer

Division of Public Health, On-Site Water Protection Branch

NC Department of Health and Human Services

Office: 919-707-5878

Fax: 919-845-3972

trish.angoli@dhhs.nc.gov

5605 Six Forks Rd

1642 Mail Service Center

Raleigh, NC 27699-1642

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at MySpot.nc.gov.

Twitter | Facebook | Instagram | YouTube | LinkedIn

From: gary michaelathanas.com <gary@michaelathanas.com>
Sent: Monday, May 9, 2022 4:08 PM
To: Angoli, Trish <trish.angoli@dhhs.nc.gov>
Subject: [External] FW: Ag building-horse barn

RECEIVED JUN 2 1 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-329874 $350.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (✓) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Jeff & Cindy Todd **Address:** 1465 Shinnville Rd, Cleveland, NC **Zip:** 27013

Applicant Email: cindytodd536@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 1465 Shinnville Rd

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) 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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: Horse Barn 250 GPD

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **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: Accepted

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: Cynthia J. Todd
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

06/22/2022
DATE

AP 329874

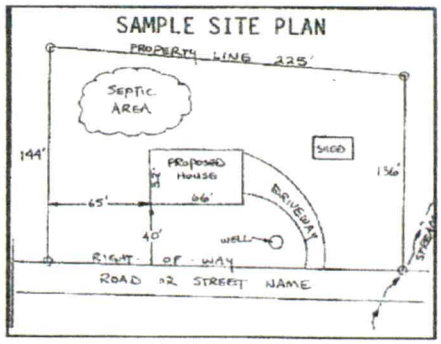
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached Plan

Signature: Cynthia J. Dodd
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

06/22/2022
DATE

Expedited Review Process

Checklist For Licensed Soils Scientists

9/28/2015

NOTE: ALL Of The Following Must Be Complete Before Service Requests Are Placed On The Expedited Review Process List. Service Requests May Be Removed From The Expedited Review Process List If Any Items Below Are Not Completed!

An Application For Each Site Proposed Requires Submittal Of This Information:

✓ *A Copy of This Completed Checklist*

✓ Iredell County Health Department *Application For Improvement Permit* form completed and properly signed by owner or applicant (15A NCAC 18A .1937)

✓ Iredell County Health Department *Site Plan* form completed and properly signed by owner or applicant

___ A copy of the Iredell County *Zoning Permit* (if required)

✓ *Documentation to Authorize an Owners Legal Representative* form

___ *Voluntary Relinquishment of Administrative Appeal Rights* form for all Re-layouts

✓ Owner or Clients contact information, included on application or part of submitted design

✓ NCDENR *Soil/Site Evaluation for On-Site Septic System* form completed - clearly describing all soil pits or borings made at the site (15A NCAC 18A .1939). Minimum of two provisionally suitable auger borings or two evaluation pits must be described for both the proposed initial septic system area and the proposed repair area (if repair area is required). Submitted soil information must match the proposed system type and trench depth

✓ Scaled, Detailed Site Plan (using an engineer's scale of 1 "= 30', 1"= 40', 1"= 50' and 1"= 60') Which Must Include:

- ✓ Drainlines for initial and repair system
- ✓ Septic Tank locations identified
- ___ Pump Tank location identified
- ✓ Proposed distribution method must be clearly identified
- ✓ All proposed and existing structures identified
- ✓ Proposed setbacks must be noted
- ✓ Proposed and existing driveway
- ✓ Well locations (if applicable)
- ✓ North arrow identified

___ Pump Systems must note the following elevations on a scaled site plan:

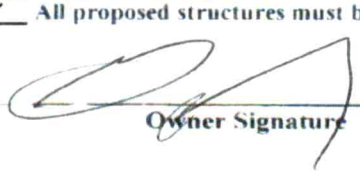
- ___ Pump Tank
- ___ Initial septic system and repair line elevations
- ___ Front or rear of house at point closest to drain field
- ___ Temporary Bench Mark

___ Pump systems calculations (as appropriate) manifold and tap sizes, number of panels, number of holes, hole size, elevation head, friction head, pressure head, total dynamic head, dosing volume, system flow, pump run time, proposed trench bottom of system and repair, supply line length, supply line diameter, LTAR and an information page of special requirements for the installer as needed; any other calculations supporting design.

✓ Septic design signed and sealed by LSS.

✓ Site requirements completed by time of health department staff visit:

- ✓ All under brushing, debris cleanup
- ✓ Property lines MUST be marked by string or flagging if they cannot be observed from all points on the lot
- ✓ Permanent corners must be identified in field, or located by a licensed surveyor as needed.
- ✓ Drainlines/laterals flagged in the field on contour for initial and repair system using different colored pin flags for each line
- ✓ Septic and Pump Tank location marked as required
- ✓ All proposed structures must be staked



Owner Signature

6/21/2022

Date

PROPERTY ID #: 4760896444
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeffery & Cynthia Todd
ADDRESS: 1465 Shinnville Rd, Cleveland, NC 27013
PROPOSED FACILITY: Horse Barn PROPOSED DESIGN FLOW (.1949): 250 GPD
LOCATION OF SITE: 1465 Shinnville Rd
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 24.71 AC
PROPERTY RECORDED:

WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 1%	0-30	R C SBK	FR SS SP SXP	Few YB No YB	38"	F-C SAP PS	N/A	PS 0.3+
		30-38	R CL WSBK	FR SS SP SXP					
		38-60	VER SL SAP M	VFR SS SP SXP					
2	LS 1%	0-32	R C SBK	FR SS SP SXP	N/A	52"	Few SAP	N/A	PS 0.3+
		32-52	R CL WSBK	FR SS SP SXP					
3	LS 6%	0-12	Br SCL WSBK	FR SS SP SXP	N/A	52"	Few SAP PS	N/A	PS 0.3
		12-38	R C SBK	FR SS SP SXP					
		38-52	R CL WSBK	FR SS SP SXP					
		52-63	VER LS SAP M	FR SS SP SXP					
4	LS 6%	0-16	Br SCL WSBK	FR SS SP SXP	Few YB Com YB	58"	N/A	N/A	PS 0.25
		16-40	BrR C WSBK	FR SS SP SXP					
		40-48	R C WSBK	FR SS SP SXP					
		48-58	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	636 FT^2	340 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jeff & Cindy Todd, am the legal owner(s) of the property located at 1465 Shinnville Rd, identified as PIN (Parcel Identification Number) 4760896444, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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.

Cynthia J. Todd 06/22/22 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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