ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # AP 321063

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

PIN # 4764 -35 -5764

APPLICANT/OWNER: Wind Stone Construction LLC APPLICANT ADDRESS: 541 Isle of Pines Rd Mooresville, NC 28147

SITE ADDRESS: 164 Carters Farm Dr Statesville, NC 28677 PHONE: 631 831 1461 ALT. PHONE

SITE DIRECTIONS: Hwy 64 E TR Bell Farm TR Skyland TR Carter Farm lot on right use rear end

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carters Farm SECTION: LOT # 17 LOT AREA: 1.267Ac DESIGN FLOW: 480gpd L.T.A.R.: .3/.125Reg

Septic Tank	1000 (gal)	STB	7100	Date	11/9/22	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	303	Date	11/2/22	System Description: Pump-Pm-25% Reduction		☐ Business	No. Persons	8	☐ Private
Pump Make	Zoeller	Model	BN152	Serial #		Repair System Description: Drip Dispersal		☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth (~~Low side~~)	30-36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:
Initial
Divert Storm/surface water away from Septic.

☒ Install trenches 30-36"

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 8/23/21)

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.

As Built Attached

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: [signature] Date: 9-23-21 Installed by: Galle Excavation

IMPROVEMENT PERMIT by: [signature] Date: 9/9/21 OPERATION PERMIT by: [signature] Date: 2/28/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/9/22 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	12/20/22	DW
Tanks Checked	12/20/22	DW
Pressure Manifold or Valve Box Checked	12/20/22	DW
Pressure Head Set	2/28/23	CW
Electrical Checked	2/28/23	CW
Floats Set	2/28/23	CW
Alarm Checked	2/28/23	CW
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? _____	

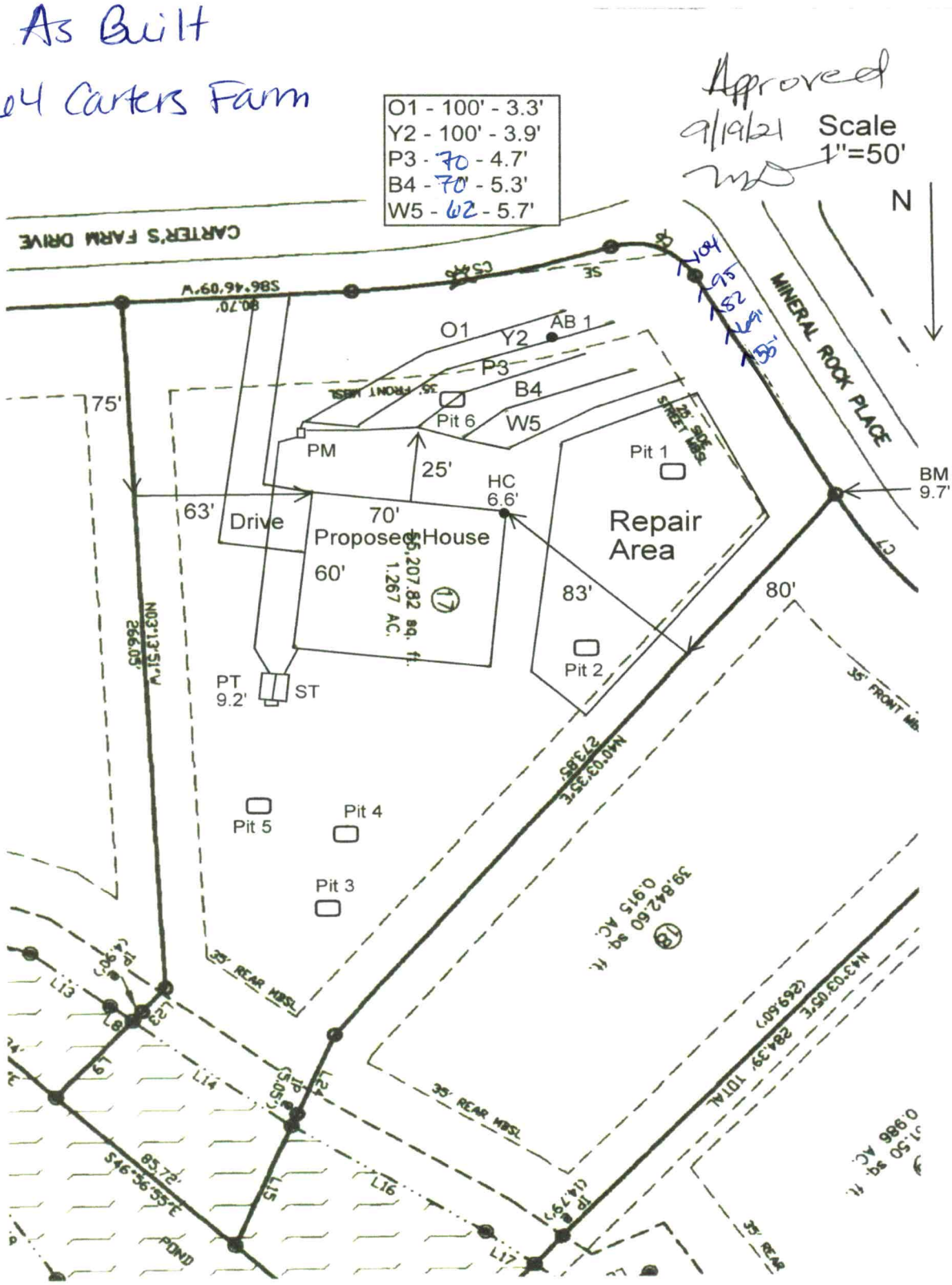
As Built

164 Carters Farm

Approved
9/19/21

Scale
1"=50'

O1	100' - 3.3'
Y2	100' - 3.9'
P3	70 - 4.7'
B4	70 - 5.3'
W5	62 - 5.7'



ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # AP 321063

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

PIN # 4764 --35 --5764

APPLICANT/OWNER: Wind Stone Construction LLC APPLICANT ADDRESS: 541 Isle of Pines Rd Mooresville, NC 28147

SITE ADDRESS: 164 Carters Farm Dr Statesville, NC 28677 PHONE: 6318311461 ALT. PHONE

SITE DIRECTIONS: Hwy 64 E TR Bell Farm TR Skyland TR Carter Farm loton right two rend

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carters Farm SECTION: LOT # 7 LOT AREA: 1.267Ac DESIGN FLOW: 480gpd L.T.A.R.: .3/.125Rep

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	Pump- fm - 25% Reduction			☐ Business	No. Persons	8	☐ Private
Pump Make			Model		Serial #		Repair System Description:	Drip Dispersal			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1		# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(~~Low side~~)		30-36"		Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Initial

Divert Storm/surface water away from Septic.

☒ Install trenches 30-36"

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. (dated 8/23/21)

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: [signature] Date: 9-23-21 Installed by:

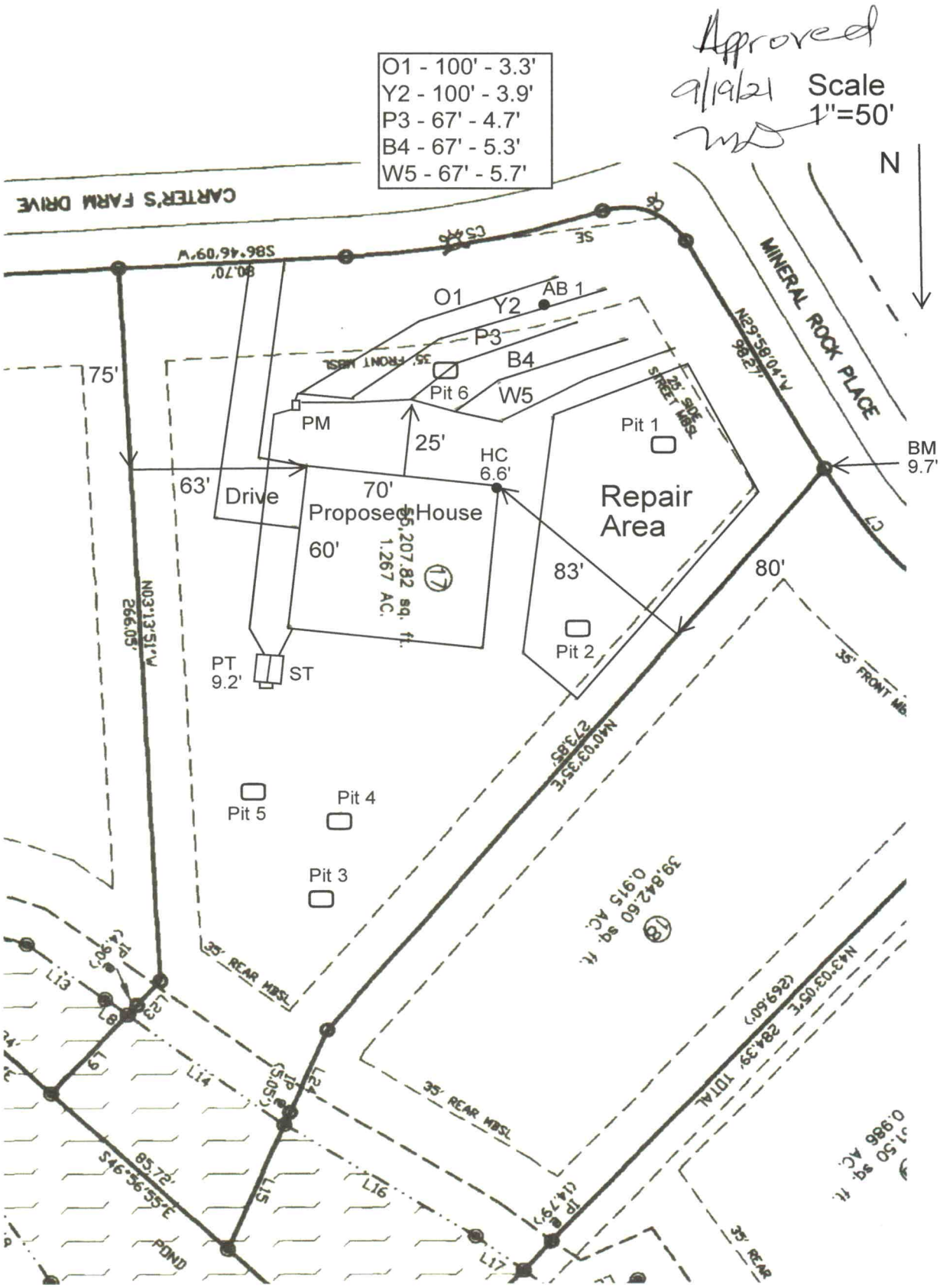
IMPROVEMENT PERMIT by: [signature] Date: 9/19/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 5/9/22 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? _____	


Approved
9/19/21
Scale
1"=50'
N
O1 - 100' - 3.3'
Y2 - 100' - 3.9'
P3 - 67' - 4.7'
B4 - 67' - 5.3'
W5 - 67' - 5.7'
CARTER'S FARM DRIVE
MINERAL ROCK PLACE
O1
Y2
P3
B4
W5
AB 1
Pit 6
PM
Pit 1
Pit 2
Pit 3
Pit 4
Pit 5
BM
9.7'
HC
6.6'
75'
63'
Drive
70'
Proposed House
60'
25'
83'
80'
Repair
Area
PT
9.2'
ST
1.267 AC.
35' REAR MBSL
35' FRONT MBSL
POND

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

Approved
MD
9/19/21

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
8/23/2021

Reference: Data Sheet for 164 Carter Farm Dr, Carter Farm Lot 17
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Dispersal
Distribution: Pressure manifold
Flow per Tap: 12.5 GPM
Tap Size and Material: 2 @ ¾" SCH 40
System Flow: 25 GPM
Dosing Volume: 175 gallons
Pump Run Time: 7 minutes
Elevation Head: 11.4'
Friction Head: 1.3'
Pressure Head: 2'
Total Dynamic Head: 14.7'
Supply Line Length: 100' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 30-36" (initial), 6" (repair)

LICENSED SOIL SCIENTIST
MICHAEL
SEAL
STATE OF NORTH CAROLINA

Line	Design Length	Actual Length	Elevation
Orange 1	100'	100'	3.3'
Yellow 2	100'	104'	3.9'
Pink 3	67'	85'	4.7'
Blue 4	67'	85'	5.3'
White 5	67'	70'	5.7'

Initial System: 400'
Repair System: 4800+ FT^2
Pump Tank: 9.2'
House Corner: 6.6'
Benchmark: 9.7'

Comments:

PROPERTY ID #: 4764355764_
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 9/19/21 mb

OWNER: Wade Reeves_____ APPLICATION DATE_____
ADDRESS: 1531 Mocksville Hwy, Statesville, NC 28625_____ DATE EVALUATED: __8/2021____
PROPOSED FACILITY: __4 BDRM_____ PROPOSED DESIGN FLOW (.1949): 480 GPD_____ PROPERTY SIZE: _1.267 AC_____
LOCATION OF SITE: 164 Carters Farm Dr, Carters Farm Lot 17_____ PROPERTY RECORDED: _____
WATER SUPPLY: Private X Public ☐ 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 6%	0-6	Br CL WSBK	FR SS SP SXP	N/A	55"	Com SAP	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SXP					
		28-55	R CL WSBK	FR SS SP SXP					
2	LS 6%	0-16	Br CL WSBK	FR SS SP SXP	YB @ 38" CHR 2 @ 45"	45"	N/A	N/A	PS 0.25
		16-45	R C ABK	FR SS SP SXP					
3	LS 6%	0-18	Br CL WSBK	FR SS SP SXP	YB CHR 2 @ 43"	43"	N/A	N/A	PS 0.25
		18-33	R C SBK	FR SS SP SXP					
		33-43	R C ABK	FR SS SP SXP					
4	LS 6%	0-22	Br CL WSBK	FR SS SP SXP	YB @ 42"	59"	N/A	N/A	PS 0.25
		22-59	R C ABK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	4800 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____

EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____
_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4764355764
DATE OF EVALUATION: _____
COUNTY: IREDELL

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
5	LS 6%	0-23	Br CL WSBK	FR SS SP SXP	CHR 2 @ 43"	43"	N/A	N/A	PS 0.25
		23-54	YR C ABK	FR SS SP SXP					
6	LS 6%	0-8	Br CL WSBK	FR SS SP SXP	N/A	56"	Few SAP	N/A	PS 0.3
		8-36	R C SBK	FR SS SP SXP					
		36-56	R CL WSBK	FR SS SP SXP					
AB 1	LS 6% 9/17/21	0-4	Br CL WSBK	FR SS SP SXP	N/A	49"	F-C SAP LITHO	N/A	PS 0.3
		4-24	R C SBK	FR SS SP SXP					
		24-49	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED SEP 2 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP-321063

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: (X) 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: Windstone Const. LLC **Address:** 541 Ilse of Pines Rd, Mooresville, NC **Zip:** 28147

Applicant Email: _____ **Phone:** Ed-631-831-1461 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 164 Carters Farm Dr

Subdivision Name: Carters Farm **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) 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: _____ 9/1/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Edward Belanger, am the legal owner(s) of the property located at 164 Charles Farm Rd Carters Farm Lot 17, identified as PIN (Parcel Identification Number) 4764355764, 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.

_____	9/1/2021	_____	_____
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

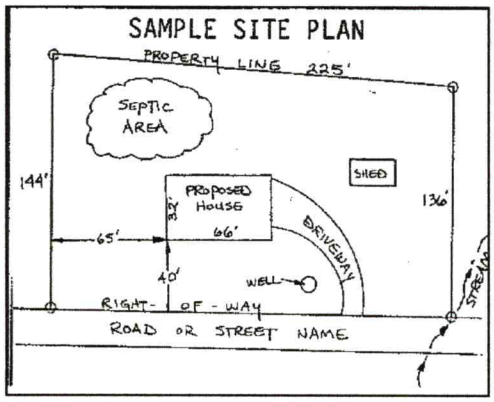
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

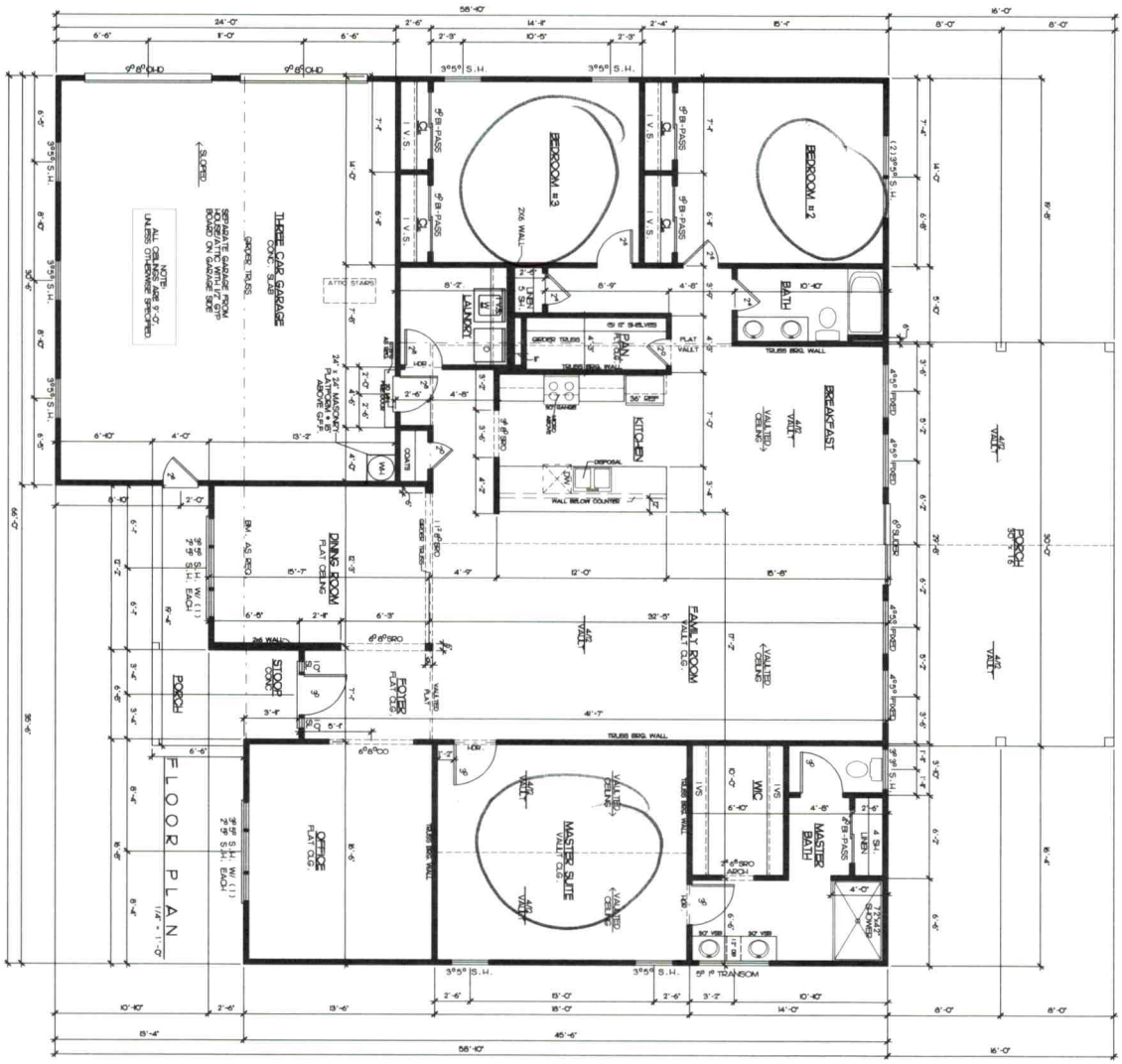
Signature: _____ 9/1/2021

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

Acknowledgement Of
Plans Submittal ONLY!

Date 5-9-22

Date 5-10-22



SQUARE FOOTAGES	
FLOOR PLAN=	7,686
REAR PORCH=	480
FRONT PORCH=	111
TOTAL SF=	4215

GARAGE LEFT

3	JEFFERSON-FP	Site	Scale	Drawn By: J. BOEHM	Date: 03-10-22

Project: JEFFERSON PLAN

Sheet Title: FIRSR FLOOR PLAN

WINDSTONE ESTATES

Drafting Design Inc.
CHARLES BARBARY
CHARLEN, INC.
TX-SE-8888

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
321063 Issue Date: 09/01/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4764355764.000	164 CARTERS FARM DR	Iredell County

Owner Information	Applicant Information
Name: REEVES WADE W JR+JUNE S	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	25	15	N/A	NO

Remarks

SFD

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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.

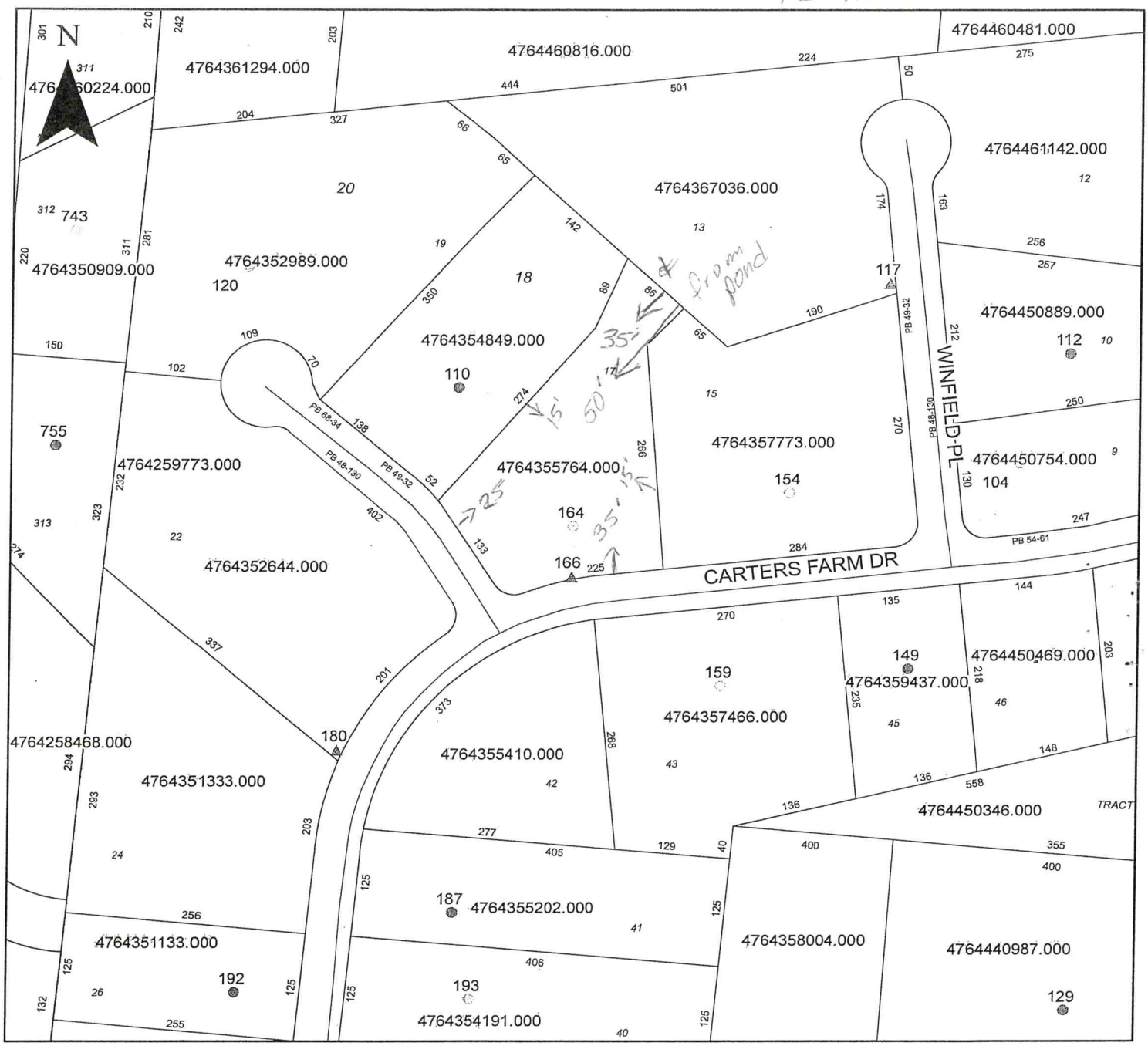
Date: 09/01/2021

Signature of Owner/Contractor

Permit Number	321063	TOTAL FEES:	$77.25

R-20 1.267 AC
WS-ND
FL-ND

ZONING DISCLAIMER



Property Address 164 Carters Farm Dr.

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. Applicant further acknowledges that the 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.

Applicant

9/11/2021
Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R12625

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-321063 Address: 164 CARTERS FARM DR APN: 4764355764.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R12625			**$577.25**

Date Paid: Wednesday, September 01, 2021

Paid By: MICHAEL ATHANAS & ASSOCIATES

Cashier: CCS

Pay Method: CHECK 2756

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R12915

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$700.00**
AP-321063 Address: 164 CARTERS FARM DR APN: 4764355764.000			**$700.00**
EH NEW SYSTEM PERMITS			$700.00
PUMP BALANCE NEW SYSTEM	10492751-447004	0	$700.00
TOTAL FEES PAID BY RECEIPT: R12915			**$700.00**

Date Paid: Thursday, September 23, 2021

Paid By: WINDSTONE CROSSING INC.

Cashier: CCS

Pay Method: CHECK 6898

321063

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: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (X) 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: Mike Faulkenberry **Address:** 141 Bath Creek Dr. Mooresville **Zip:** 28117
Applicant Email: mike.faulkenberry1@gmail.com **Phone:** 980-722-7370 **Alt. Phone:** _____
Owner Name: Ed Belanger **Address:** 541 Isle of Pines Rd. Mooresville **Zip:** 28117
Owner Email: edbcbhomes@aol.com **Phone:** 631-831-1461 **Alt. Phone:** _____

Property Information:

Street Address: 164 Carters Farm Dr. Statesville
Subdivision Name: Carter's Farm **Section/Phase:** _____ **Lot Number:** 17
Driving Directions: Bells Farm Rd to Carters Farm Dr.

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

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.

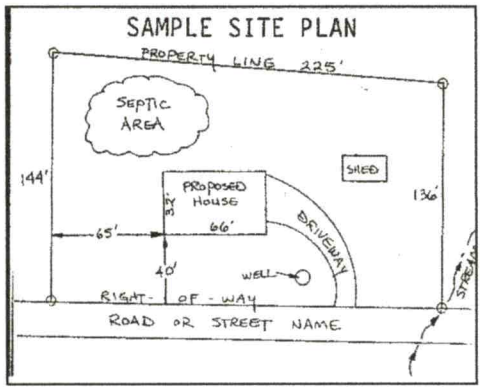
Signature: _____ 5-9-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

see diagram by Mike Athanis & Assoc.

Signature: _____ 5-9-22

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Ed Belanger, am the legal owner(s) of the property located at 164 Carter's Farm Dr. - Statesville, identified as P.IN (Parcel Identification Number) 4764-35-5764, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mike Faulkenberry, _____, 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.

_____ 5-9-22
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

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 ****

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

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.**

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.**

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 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 _____ **Date** 5-9-22

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