ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-315544

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

PIN # 4629 -- 52 -- 2846

APPLICANT/OWNER: JOHN WHITLEY APPLICANT ADDRESS: P.O. BOX 3395, MOORESVILLE, N.C. 28117

SITE ADDRESS: 176 WINDWOOD LANE, TROUTMAN, N.C. 28166 PHONE: 704-361-9880 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATEPARK, (R) ON MORRISON FARM, (R) ON APRIL, (L) ON WINDWOOD, LOT 43 (R)

SAP CONTROLLED: ☐ YES ☒ NO

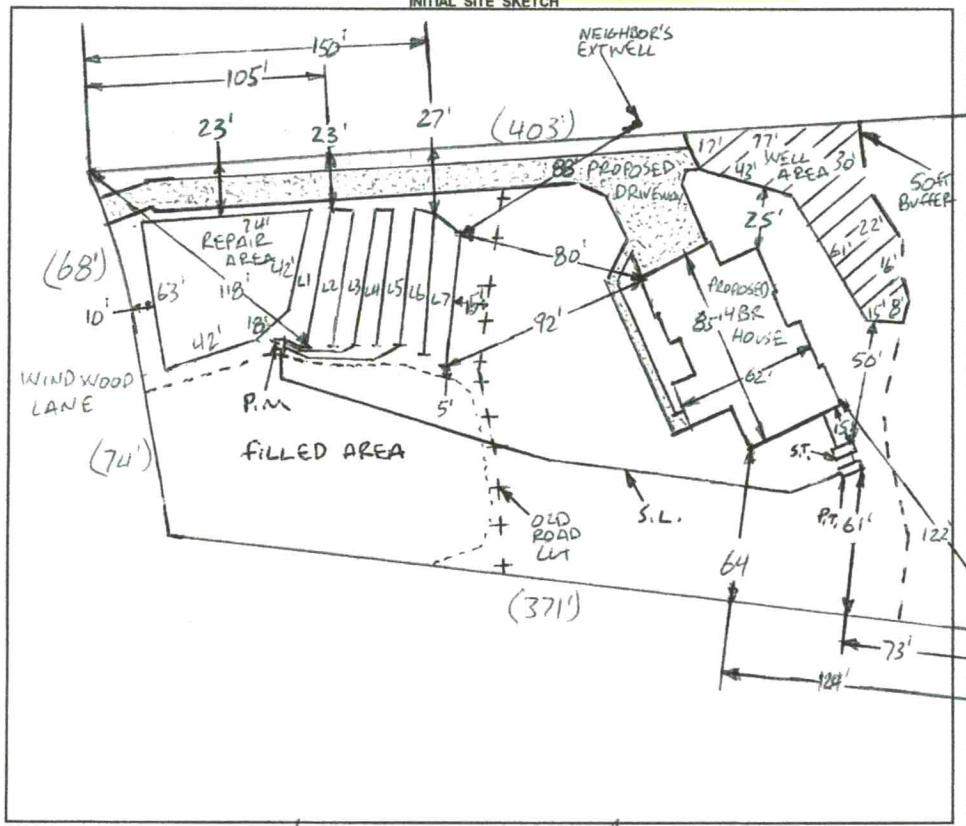
SUBDIVISION: HAWKES BAY SECTION: — LOT # 43 LOT AREA: 1.584 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	4-10-2022	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	4-25-2022	System Description:	25% REDUCTION - P.M.			☐ Business	No. Persons 8
Pump Make	Zoeller	Model	115V/1 HP	Serial #	ZK22EKJX	Repair System Description:	50% REDUCTION			☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	7	Linear Ft:	402 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH. MAINTAIN 15FT FROM ROAD CUT.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

BCW 6-7-2022 TANKS INSTALLED AS SHOWN - TANKS NEED RISERS

CW 6/8/22 - Lines Installed as Drawn

risers good 11/22/22

Irrigation throughout drainfield - lines below tank cut & capped 11/23/22 - DW

L1 = ~~58FT~~ 54 1IN=80FT
L2 = 58 FT S.T.=SEPTIC TANK
L3 = 58 FT P.T.=PUMP TANK
L4 = 58 FT S.L.= SUPPLY LINE
L5 = 58 FT P.M.= PRESSURE MANIFOLD
L6 = 58 FT
L7 = ~~54~~ FT 58

TAPS
L1+L2 = 1/2 SCH 40
L3+L4 = 1/2 SCH 40
L5+L6+L7 = 3/4 SCH 80
DOSE VOLUME = 1946 GAL
DRAW DOWN = 9 1/4 IN
GPM = 24.32
RUN TIME = 8 MIN
2FT PRESSURE HEAD

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: John R Whitley Date: 6-23-21 Installed by: GROUNDBREAKERS

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-1-2021 OPERATION PERMIT by: D. Mieberg Date: 11/23/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 6-3-2021 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	6.8.22	CW
Tanks Checked	6.7.22	BCW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	10/20/22	
Floats Set	10/20/22	
Alarm Checked	10/20/22	DW
Maintenance Contract Y / (N)		
Comments: Risers	11/22/22	DW
Irrigation	11/23/22	DW

ICND - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-315544

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

PIN # 4629 -- 52 -- 2844

APPLICANT/OWNER: JOHN WHITLEY APPLICANT ADDRESS: P.O. BOX 3395, MOORESVILLE, N.C. 28117

SITE ADDRESS: 176 WINDWOOD LANE, TROUTMAN, N.C. 28166 PHONE: 704-361-7880 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATEPARK, (R) ON MORRISON FARM, (R) ON APRIL, (L) ON WINDWOOD, 1ST (R)

SAP CONTROLLED: ☐ YES ☒ NO

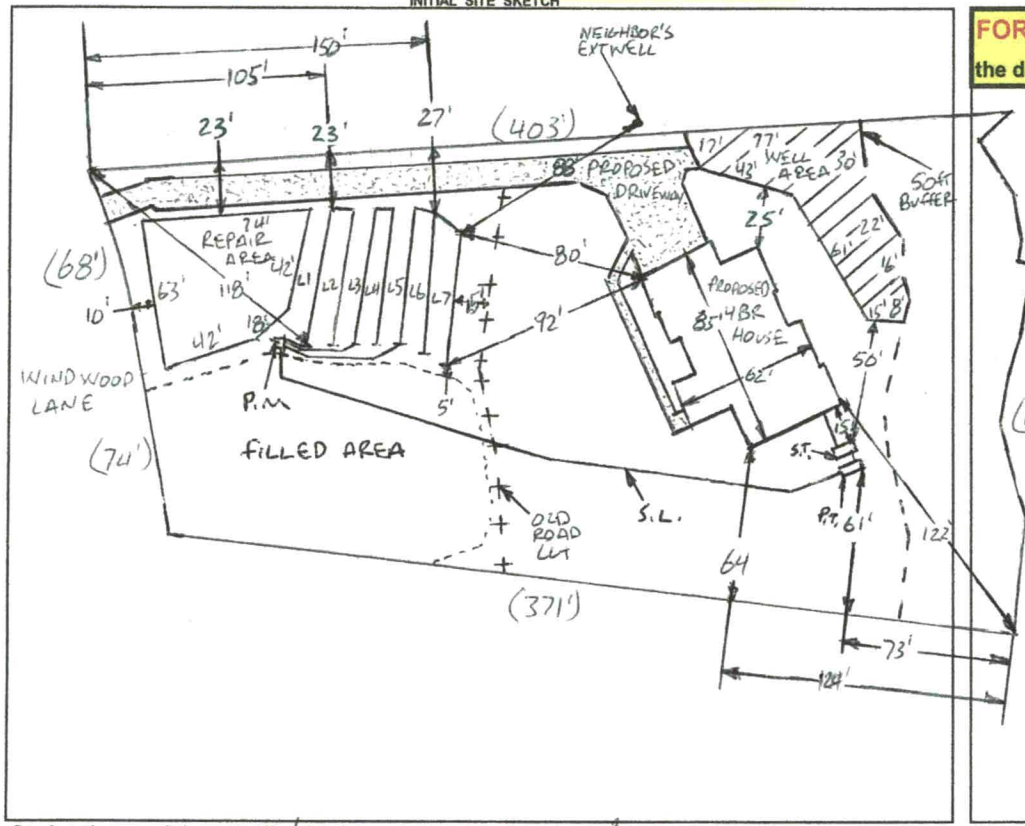
SUBDIVISION: HAWKES BAY SECTION: — LOT # 43 LOT AREA: 1.584 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	4-10-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	4-25-2022	System Description:	25% REDUCTION - P.M.			☐ Business	No. Persons 8	☒ Private
Pump Make	Zoeller	Model	115V/1 HP	Serial #	2K22EKIX	Repair System Description:	50% REDUCTION			☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	402FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH

MAINTAIN 15FT FROM ROAD CUT,

INITIAL SITE SKETCH



AS BUILT SKETCH

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

BCW 6-7-2022 TANKS INSTALLED AS SHOWN - TANKS NEED RISERS

CW 6/8/22 - Lines Installed as Drawn

LAKE NORMAN

(186')

pending risers above grade

L1 = ~~58FT~~ 54 1IN=80FT
L2 = 58FT S.T.=SEPTIC TANK
L3 = 58FT P.T.=PUMP TANK
L4 = 58FT S.L.= SEPPLY LINE
L5 = 58FT P.M.= PRESSURE MANIFOLD
L6 = 58 FT
L7 = ~~54~~ FT 58

TAPS
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Owner / Applicant Signature: John R Whitley Date: 6-23-21 Installed by: GROUNDBREAKERS

IMPROVEMENT PERMIT by: Burgett C. White Date: 6-1-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 6-3-2021 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-315544

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

PIN # 4629 -- 52 -- 2846

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SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATEPARK, (R) ON MORRISON FARM, (R) ON APRIL, (L) ON WINDWOOD, LOT ON (R)

SAP CONTROLLED: ☐ YES ☒ NO

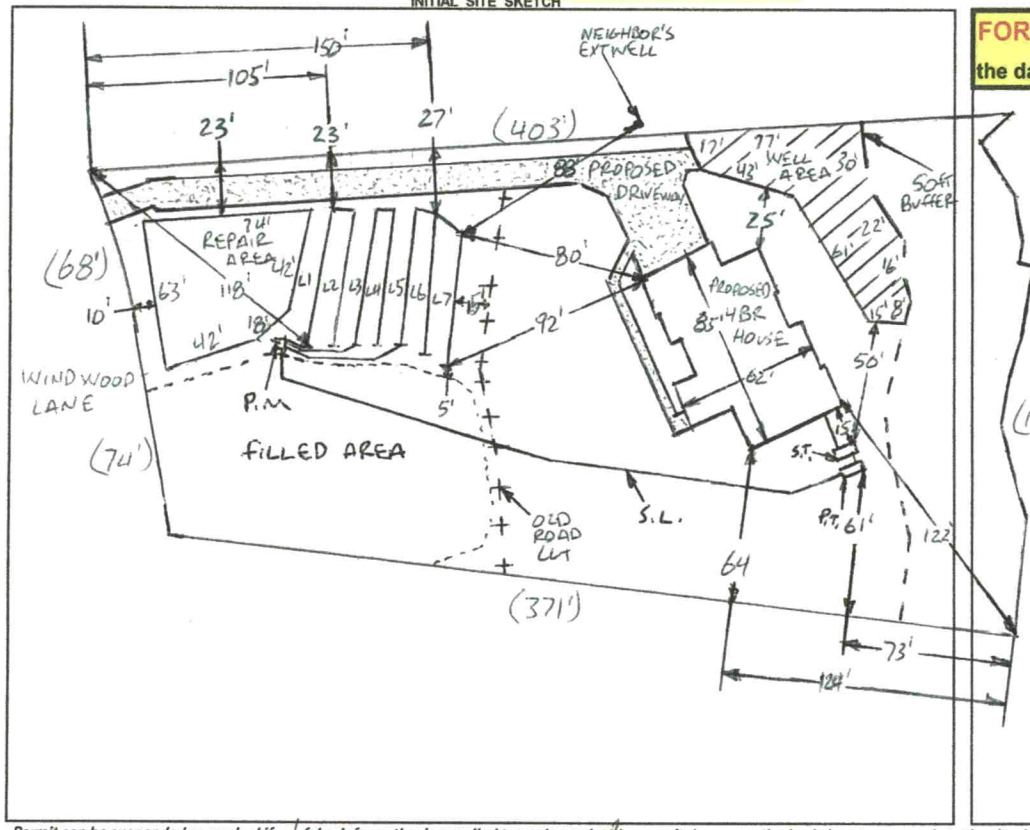
SUBDIVISION: HAWKES BAY SECTION: — LOT # 43 LOT AREA: 1.584 AC DESIGN FLOW: 480GPD L.T.A.R.: 0.3

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Pump Tank	1000 (gal)	PT	363	Date	4-25-2022	System Description:	25% REDUCTION - P.M.			☐ Business	No. Persons 8	☑ Private
Pump Make	Zoeller	Model	115V/1HP	Serial #	2K22EMX	Repair System Description:	50% REDUCTION			☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	402FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH

MAINTAIN 15FT FROM ROAD CUT,

INITIAL SITE SKETCH



AS BUILT SKETCH

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

BCW 6-7-2022 TANKS INSTALLED AS SHOWN L1 = ~~58FT~~ 54 1IN=80FT
-TANKS NEED RISERS L2 = 58FT S.T.=SEPTIC TANK
CW 6/8/22 L3 = 52FT P.=PUMP TANK
APPLY LINE PRESSURE MANIFOLD

(186')

	Date	Initials
Drain Lines Checked	6.8.22	CW
Tanks Checked	6.7.22	BCW
Pressure Manifold or Valve Box Checked	10/20/22	DW
Pressure Head Set	10/20/22	DW
Electrical Checked	10/20/22	DW
Floats Set	10/20/22	DW
Alarm Checked	10/20/22	DW
Maintenance Contract Y / (N)		
Comments: Pump tank Riser 6"		

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Owner / Applicant Signature: John C Whitley Date: 6-23-21 Installed by: GROUNDBREAKERS

IMPROVEMENT PERMIT by: Burt C. White Date: 6-1-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 6-3-2021 Existing System Inspected by: Date:

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ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-315544

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SAP CONTROLLED: ☐ YES ☒ NO

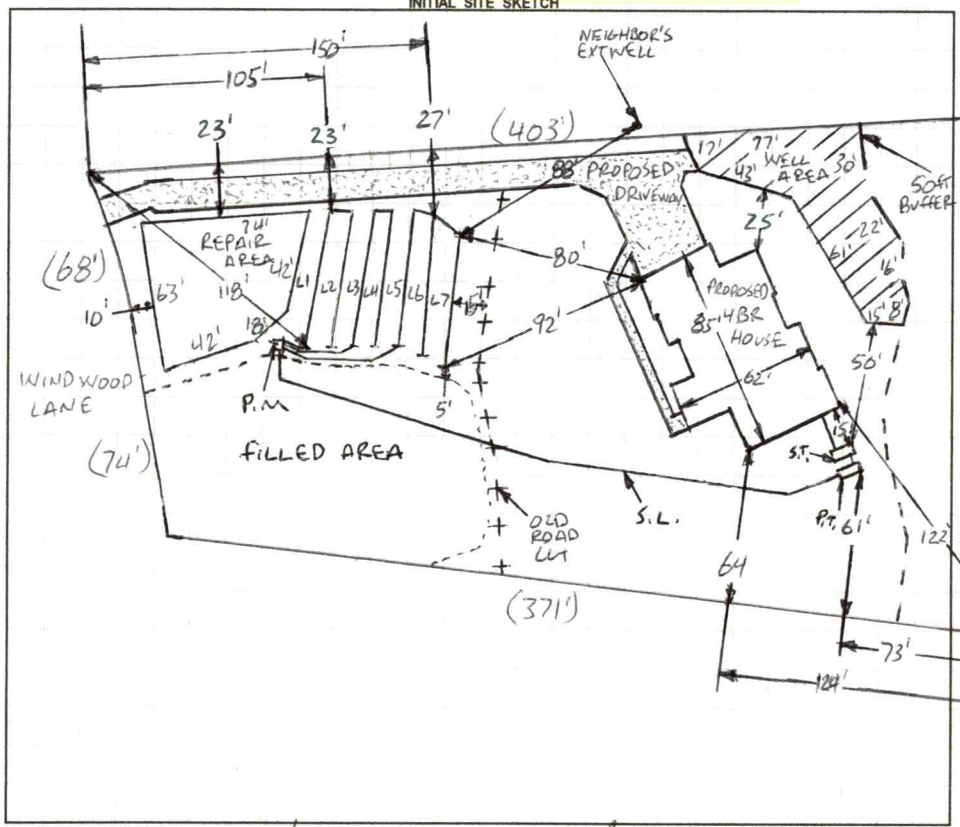
SUBDIVISION: HAWKES BAY | SECTION: — | LOT # 43 | LOT AREA: 1.584 AC | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB 760	Date 4-10-2022	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
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Pump Make	Zoeller	Model 115V/1 HP	Serial # 2K22EKJX	Repair System Description: 50% REDUCTION		☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines 7	Linear Ft 402 FT	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

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BCW 6-7-2022 TANKS INSTALLED AS SHOWN
- TANKS NEED RISERS

CW 6/8/22 - Lines

Installed as Drawn

L1 = ~~58FT~~ 54 1IN=80FT
L2 = 58 FT S.T.=SEPTIC TANK
L3 = 58 FT P.T.=PUMP TANK
L4 = 58 FT S.L.= SUPPLY LINE
L5 = 58 FT P.M.= PRESSURE MANIFOLD
L6 = 58 FT

LAKE NC

(186

	Date	Initials
Drain Lines Checked	6.8.22	CW
Tanks Checked	6.7.22	BCW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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 un

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*

NY EXCAVATION exceed 60 mo.

Owner / Applicant Signature: John R Whitley | Date: 6.23.21 | Installed by: GROUNDBREAKERS

IMPROVEMENT PERMIT by: Burt C. White | Date: 6-1-2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Burt C. White | Date: 6-3-2021 | 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	6-7-2022	BCW
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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4629-52-2846
COUNTY: IREDELL

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

OWNER: JOHN WHITLEY
ADDRESS: P.O. BOX 3395, MOORESVILLE, N.C. 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 400 GPD
LOCATION OF SITE: 176 WINDWOOD LANE, TROUTMAN, N.C. 28166
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 2-20-2021
DATE EVALUATED: 4-16-2021
PROPERTY SIZE: 1.584 AC
PROPERTY RECORDED: YES

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 10%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	66"+	NA	NA	PS .3
		7-32	C, SBK	FR, S, P, SEXP					
		32-66	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMO	60"+	NA	NA	PS .3
		6-32	C, SBK	FR, S, P, SEXP					
		32-60	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 4%	0-11	FILL	MIXED	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		11-19	SCL, SBK	FR, SS, SP, SEXP					
		19-41	C, SBK	FR, S, P, SEXP					
		41-60	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	60"+	NA	NA	PS .3
		28-60	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant 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.

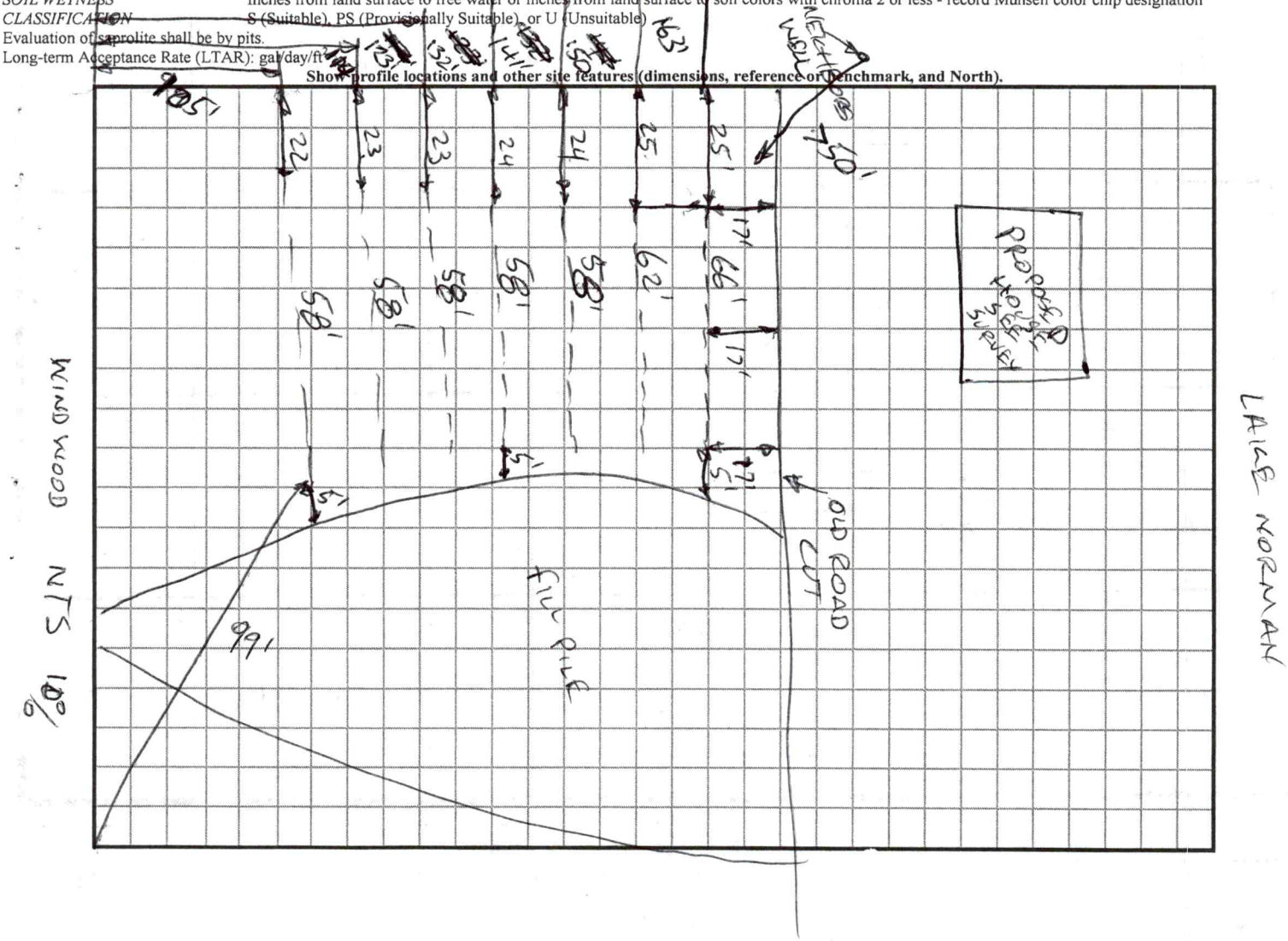
NOTES

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 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/ft²

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



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

Iredell County Health Department – Environmental Health Division

AP-315544

$500.00

PAGE 1: *APPLICATION FORM*

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: John L Whitley **Address:** P.O. Box 3395 Mooresville **Zip:** 28117

Applicant Email: Jcwhitley@att.net **Phone:** (704-361-4880 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 116 Windward Lane Troutman NC 28166

Subdivision Name: Hucks Bay **Section/Phase:** _____ **Lot Number:** 43

Driving Directions: _____

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: 4
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) 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: _____

(X) 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: _____ 2/25/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ 2. I, Charles Lynchard, am the legal owner(s) of the property located at 116 Windward Lane Troutman NC 28166, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 2/25/21
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

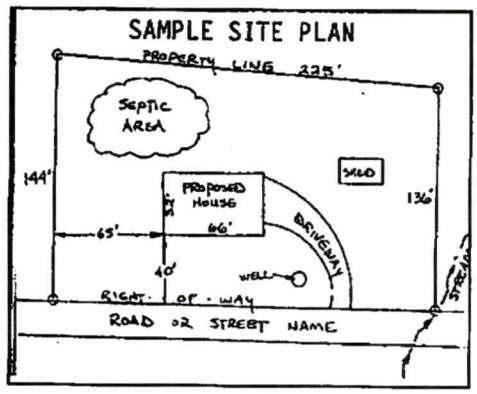
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

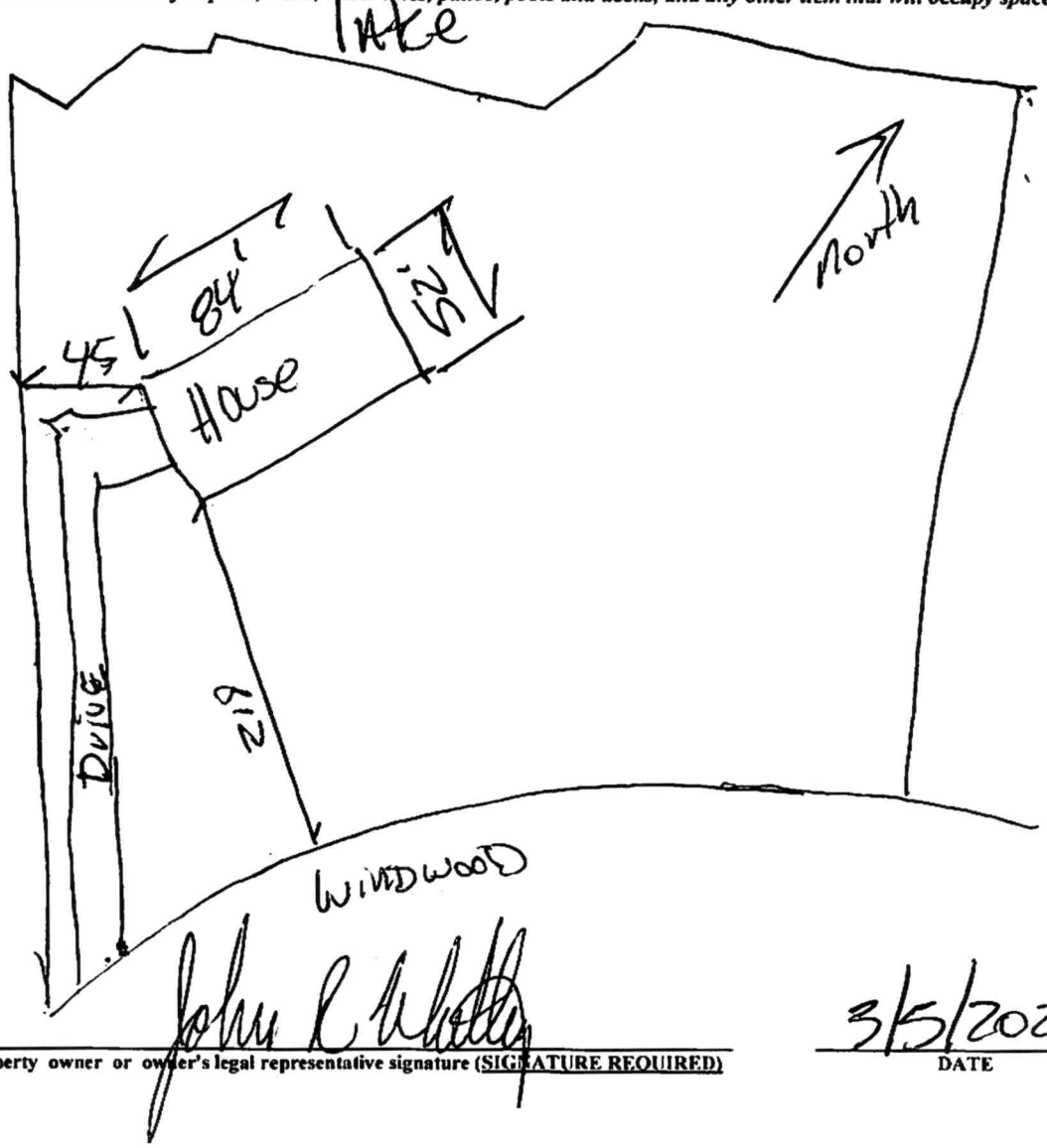
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: John R Whatley

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

3/5/2021

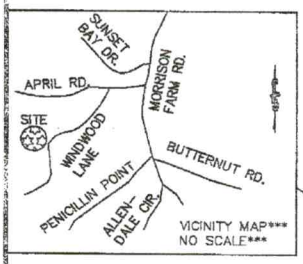
DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

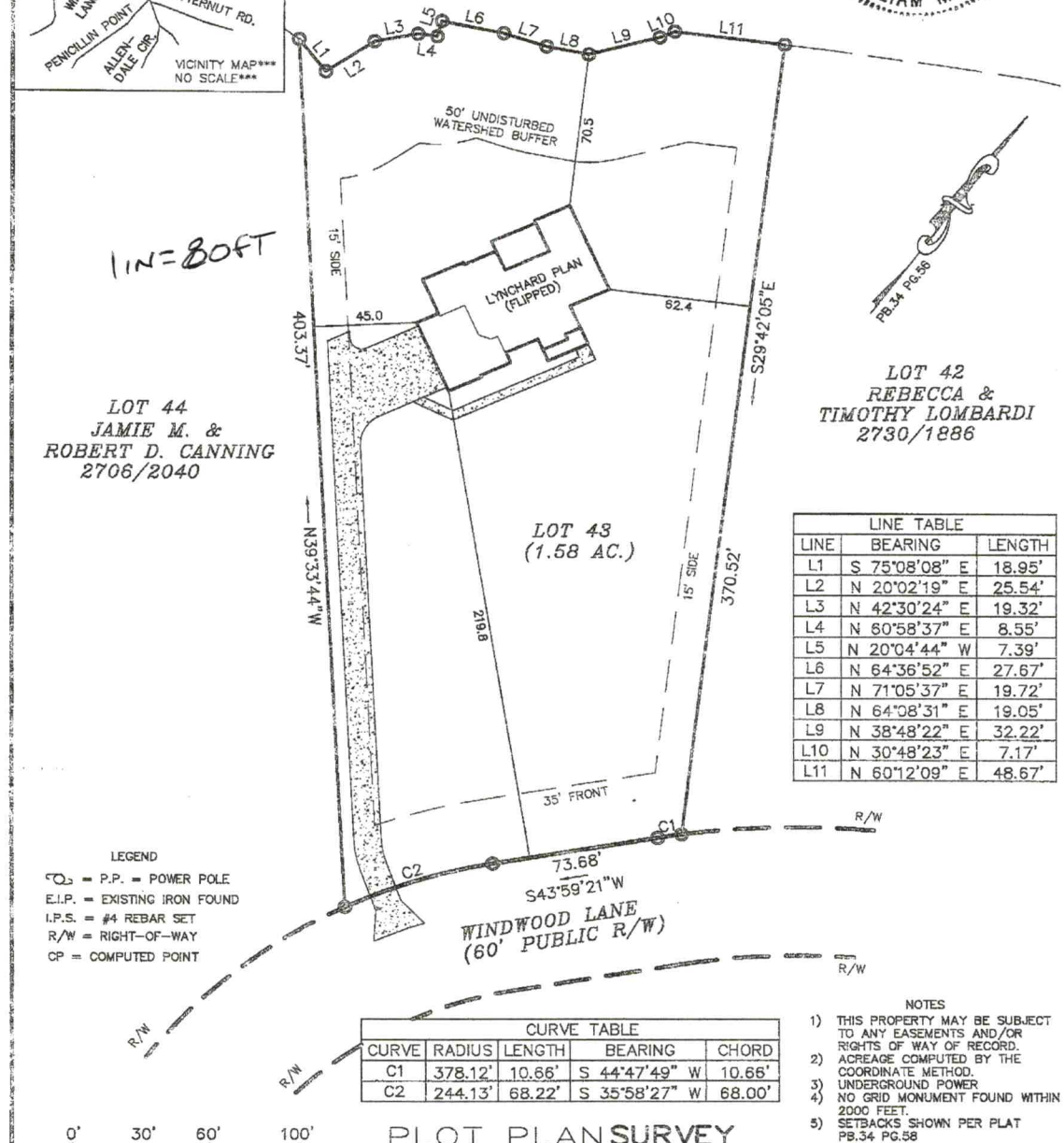
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2744, page 2353, and/or plat book 34, page 56, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 25, day of FEBRUARY, A.D. 20 21. REVISED DATE: MARCH 4, 2021 (MOVED HOUSE)

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



LAKE NORMAN



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 75°08'08" E	18.95'
L2	N 20°02'19" E	25.54'
L3	N 42°30'24" E	19.32'
L4	N 60°58'37" E	8.55'
L5	N 20°04'44" W	7.39'
L6	N 64°36'52" E	27.67'
L7	N 71°05'37" E	19.72'
L8	N 64°08'31" E	19.05'
L9	N 38°48'22" E	32.22'
L10	N 30°48'23" E	7.17'
L11	N 60°12'09" E	48.67'

LEGEND
P.P. = POWER POLE
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	378.12'	10.66'	S 44°47'49" W	10.66'
C2	244.13'	68.22'	S 35°58'27" W	68.00'

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.
5) SETBACKS SHOWN PER PLAT PB.34 PG.58

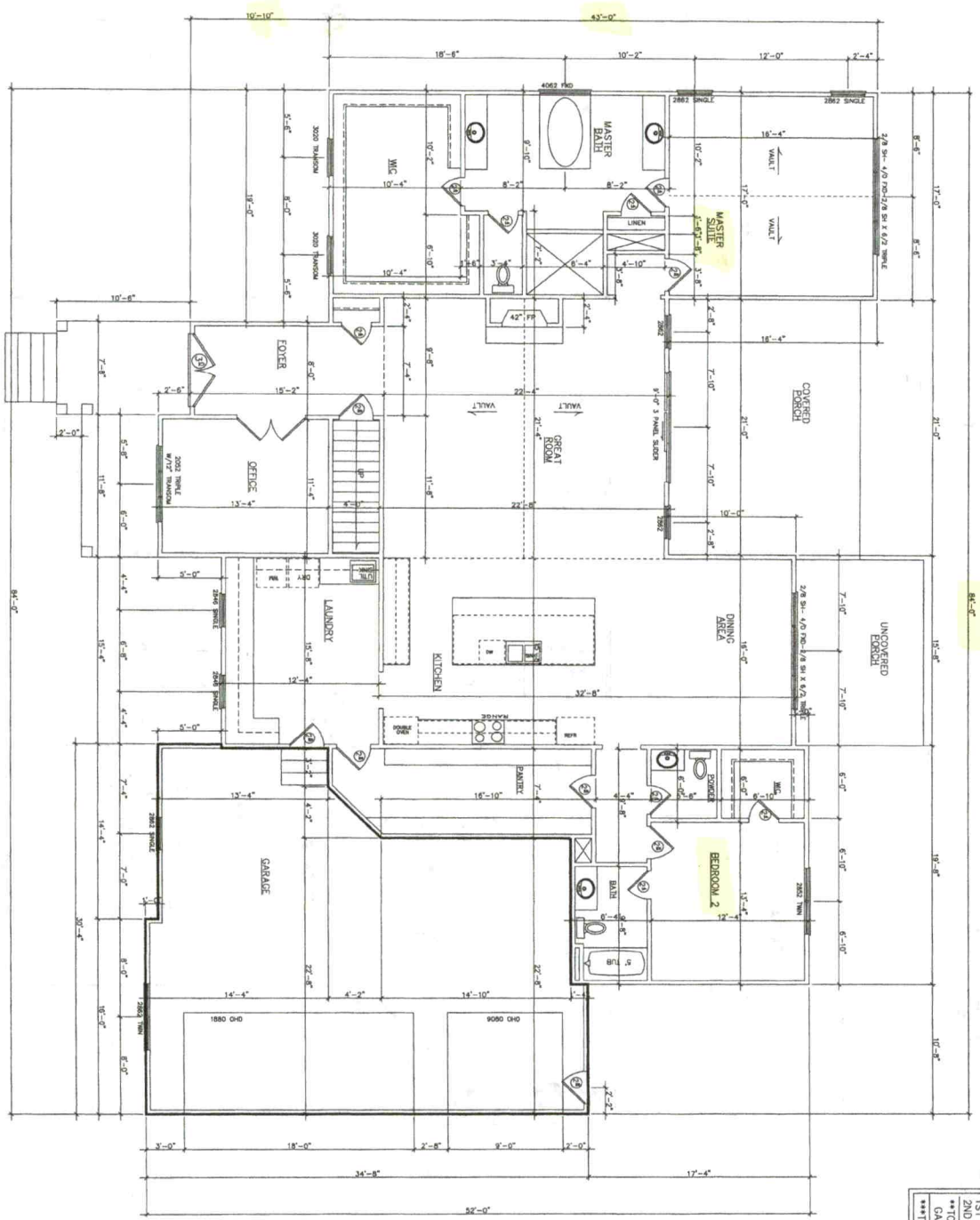
0' 30' 60' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
176 WINDWOOD LANE
LOT 43 HAWKES BAY

SCALE 1" = 60'
FALLSTOWN TWP., IREDELL CO., N.C.
ACQUIRED BY: WHITLEY CONSTRUCTION COMPANY

FIELD BOOK: –
FILE: HAWKES BAY 43.DWG
DC FILE:
TAX MAP NO: 4629522846



FIRST FLOOR PLAN

SCALE: 1/4"=1'-0"

AREA:	
1ST FLOOR HEATED	2738
2ND FLOOR HEATED	1468
**TOTAL HEATED AREA	4206
GARAGE	871
***TOTAL AREA	5077

CHECKED BY: VPA
DATE: 1/9/2021

6-3-2021

Date

Date

Plans Submittal ONLY!

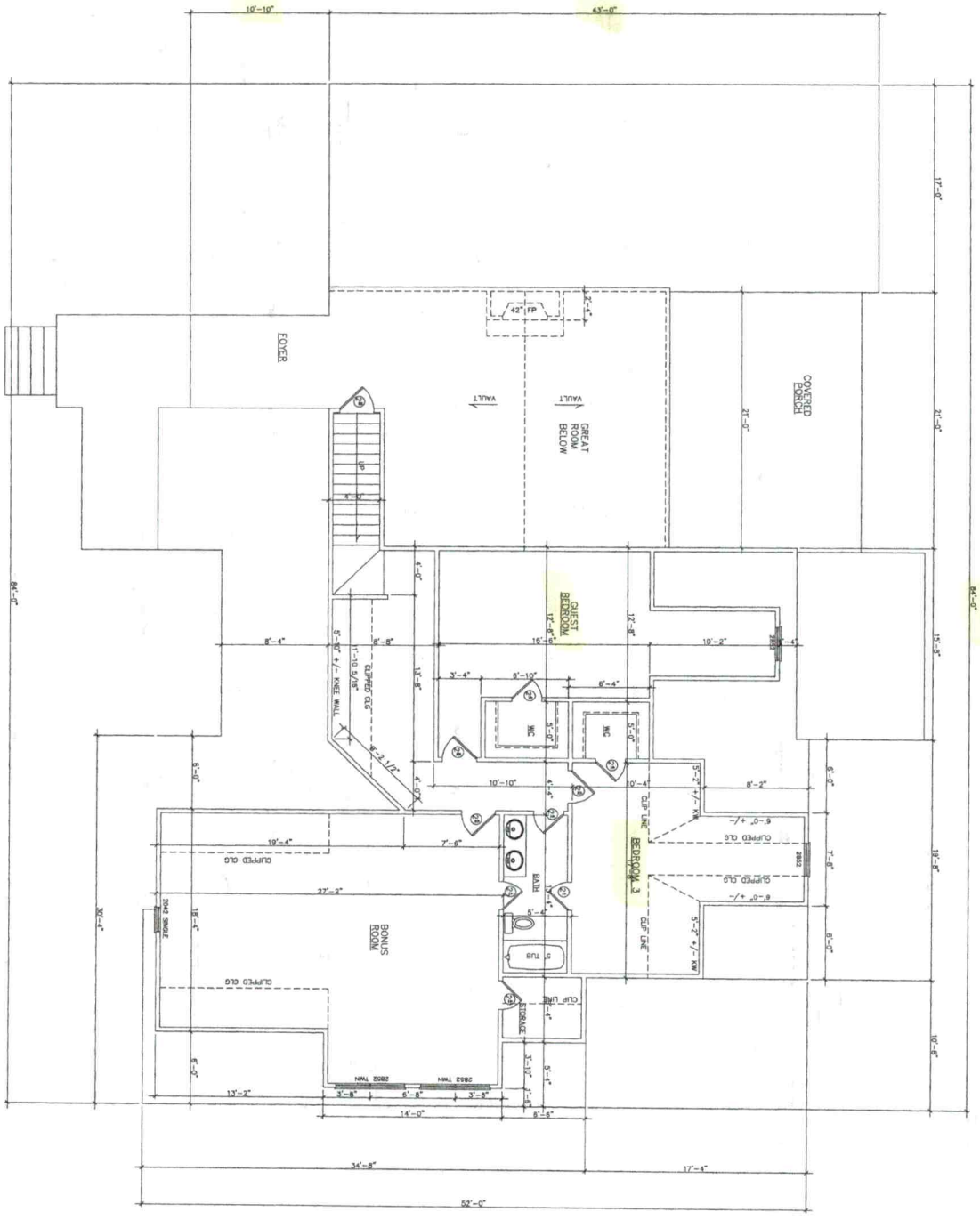
Acknowledgement Of

Date:	11/23/20
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	FLOOR

PLAN NUMBER:
LYNCHARD_PLAN
FIRST_FLOOR_PLAN

VPA DESIGN

WHITLEY & COMPANY
HARRISBURG N.C. 28075



SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"

Plans Submittal ONLY!

Date

Date 6-3-2021

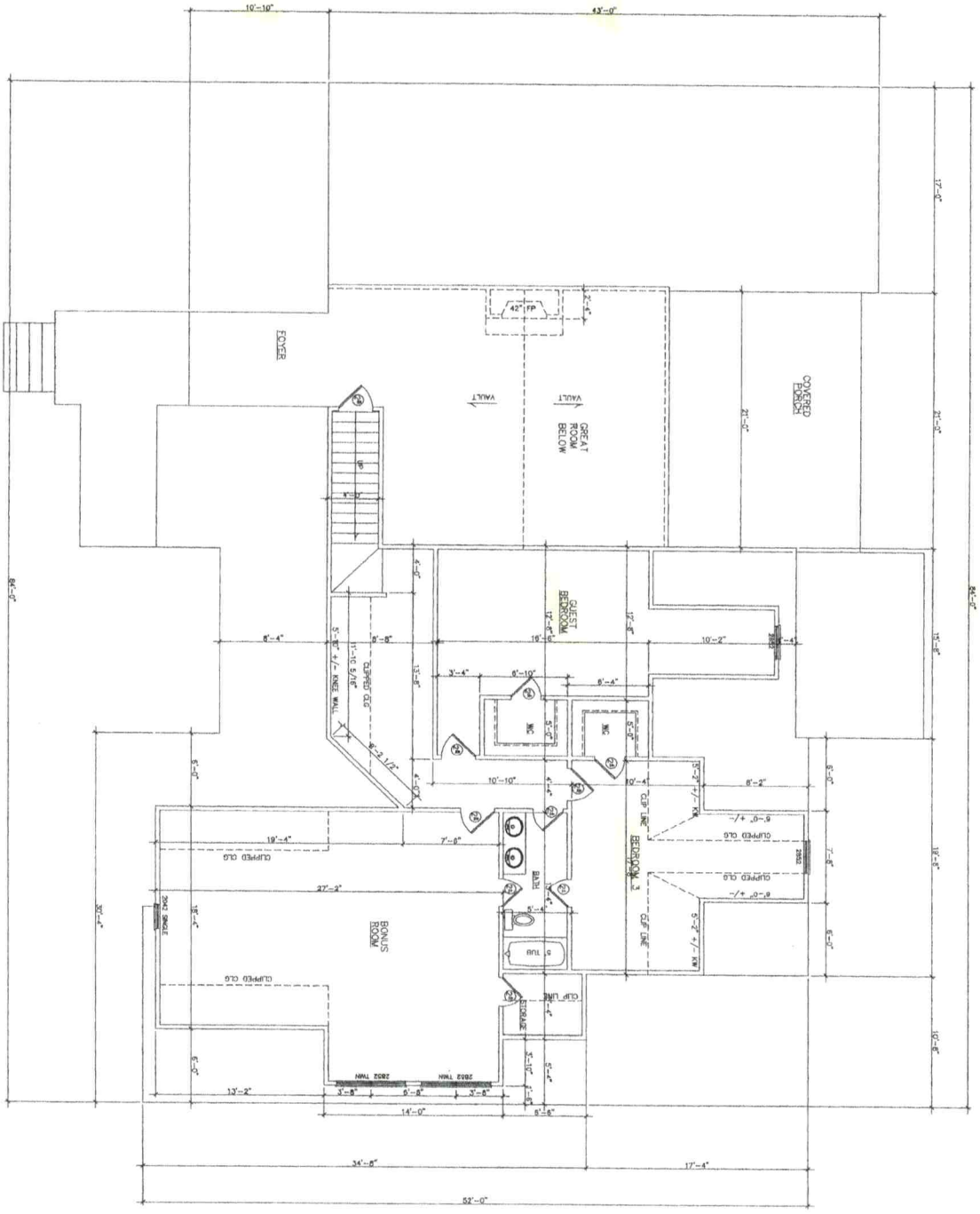
Acknowledgement Of

Date:	11/23/20
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	FLOOR

PLAN NUMBER :
LYNCHARD_PLAN
SECOND_FLOOR_PLAN

VPA DESIGN

WHITLEY & COMPANY
HARRISBURG N.C. 28075



SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"

Plans Submittal ONLY

Date

Date 6-5-2021

Acknowledgement of

PLAN NUMBER : LYNCHARD_PLAN SECOND_FLOOR_PLAN	VPA DESIGN	WHITLEY & COMPANY HARRISBURG N.C. 28075	

Sheet: FLOOR
Checked: ***
Drawn: VPA
Scale: 1/4"=1'
Date: 11/23/20

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315544 Issue Date: 03/05/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4629522846.000	176 WINDWOOD LN	Iredell County

Owner Information	Applicant Information
Name: LYNCHARD CHARLES W+STEPHANIE J	Name: JOHN WHITLEY
Address:	Address: PO BOX 3395
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)361-9880

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line 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: 03/05/2021

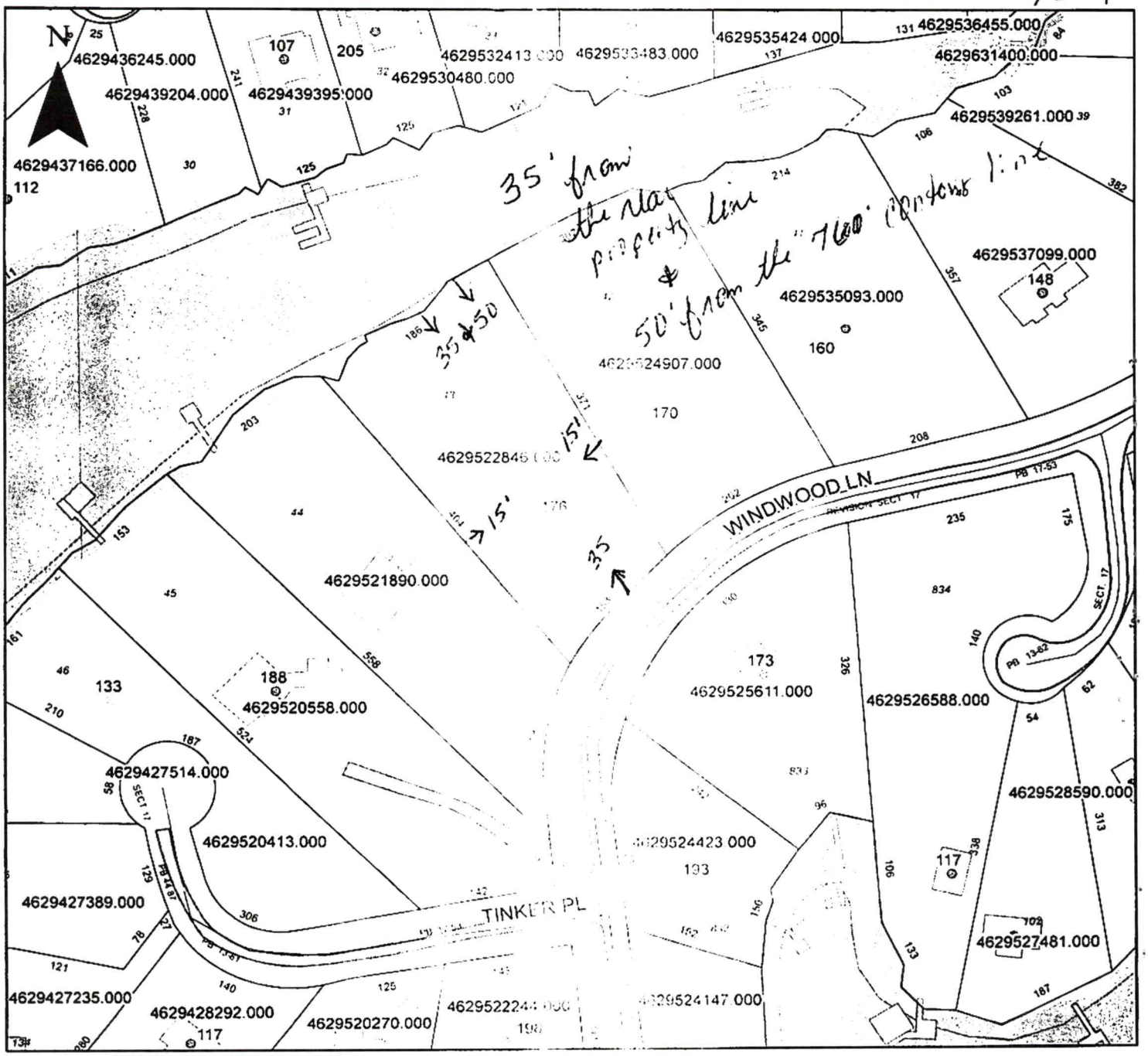
Signature of Owner/Contractor

Permit Number	315544	TOTAL FEES:	$77.25

R-20 1.30 ac

ZONING DISCLAIMER WS IV CA C LW

FZ-Y



Property Address 176 Windwood Ln

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

3/5/2021
Date