ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # 237856

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

PIN # 4629 -65 -5366

APPLICANT/OWNER: Danielle Wieberg APPLICANT ADDRESS: 756 Georgia Trail Troutman NC 28166

SITE ADDRESS: 179 Roundstone Troutman NC 28166 PHONE: 704-902-4482 ALT. PHONE 573-808 3721

SITE DIRECTIONS: Perth @ State Park @ Morrison Farm @ Roundstone Left on @ Top of Culde SAC SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeway Estates SECTION: - LOT # 5 LOT AREA: 1.2 AC DESIGN FLOW: 480 L.T.A.R.: .25

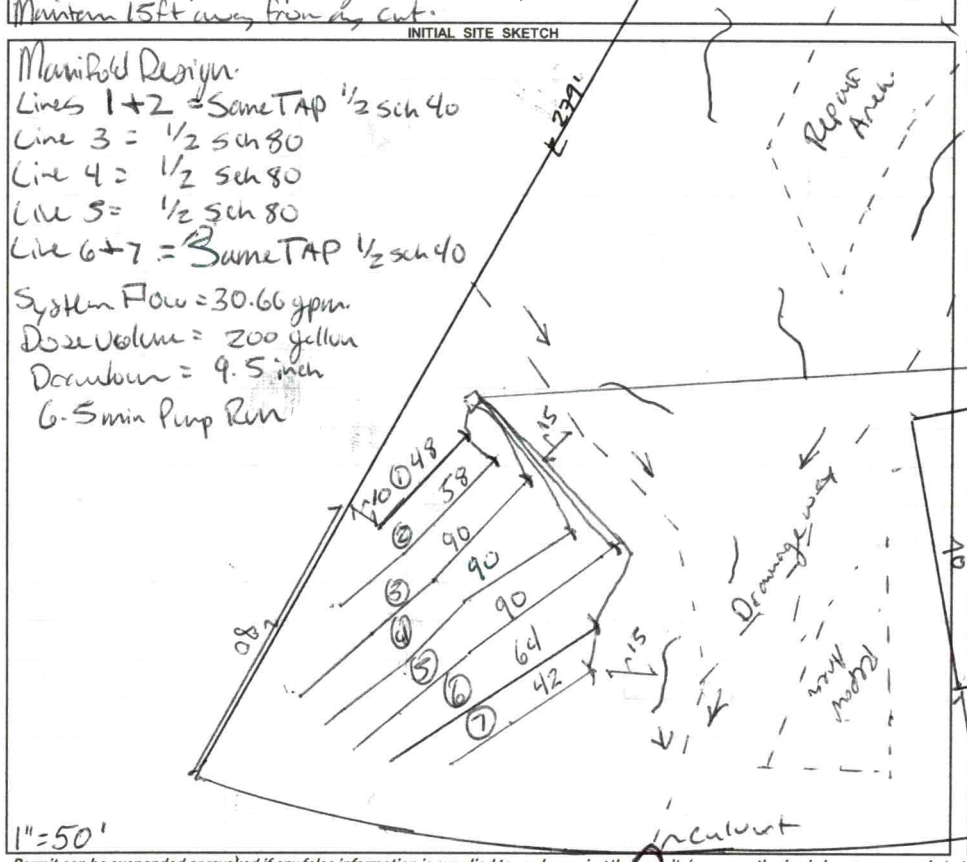
Septic Tank	1000	(gal)	STB	1012	Date	1-3-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	17	Date	5-8-2022	System Description: PM - 25% Reduction				☐ Business	No. Persons	8	☐ Private
Pump Make	Equids	Model	WE0312MV		Serial #	F2238239	Repair System Description: LP-PPBPS - 50% Reduction				☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	7		Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)		18	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install on the contour of the Land. Utilize Pressure manifold
Do not Drive, park, pave, grade or bury utilities in drain field area.
Maintain 15ft away from any cut.

INITIAL SITE SKETCH

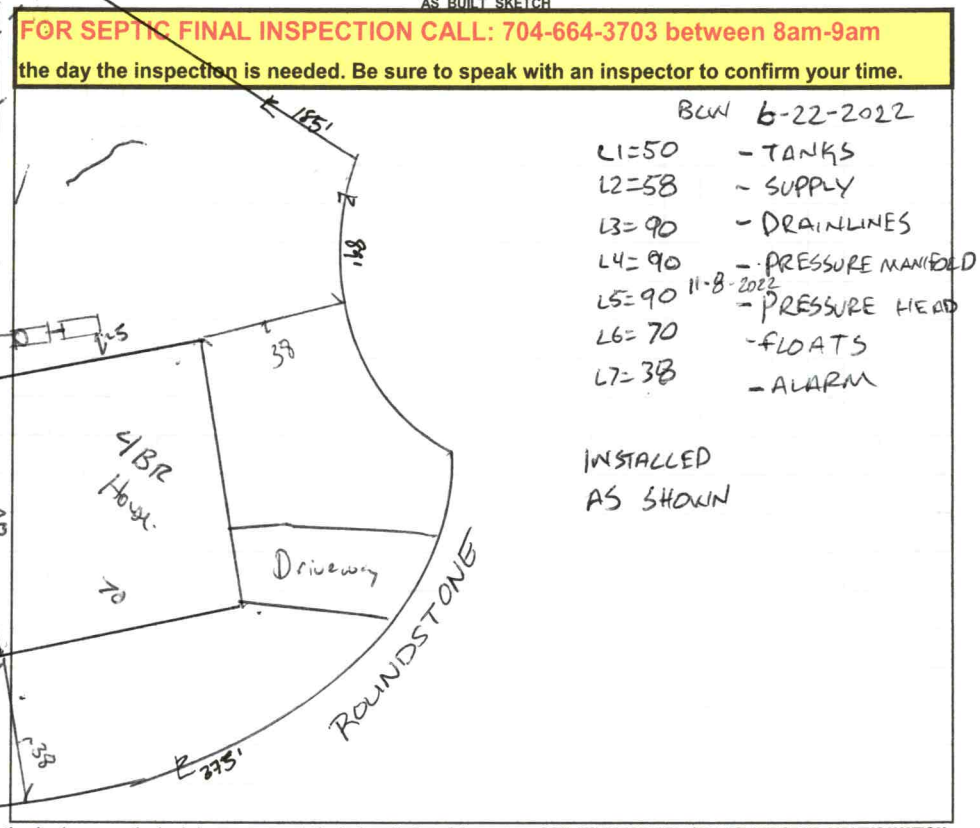
Manifold Design:
Lines 1+2 = Same TAP 1/2 sch 40
Line 3 = 1/2 sch 80
Line 4 = 1/2 sch 80
Line 5 = 1/2 sch 80
Line 6+7 = Same TAP 1/2 sch 40

System Flow = 30.66 gpm
Dose Volume = 200 gallon
Drawdown = 9.5 inch
6.5 min Pump Run



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 6-22-2022
L1=50 - TANKS
L2=58 - SUPPLY
L3=90 - DRAINLINES
L4=90 - PRESSURE MANIFOLD
L5=90 11-8-2022 - PRESSURE HEAD
L6=70 - FLOATS
L7=38 - ALARM

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**

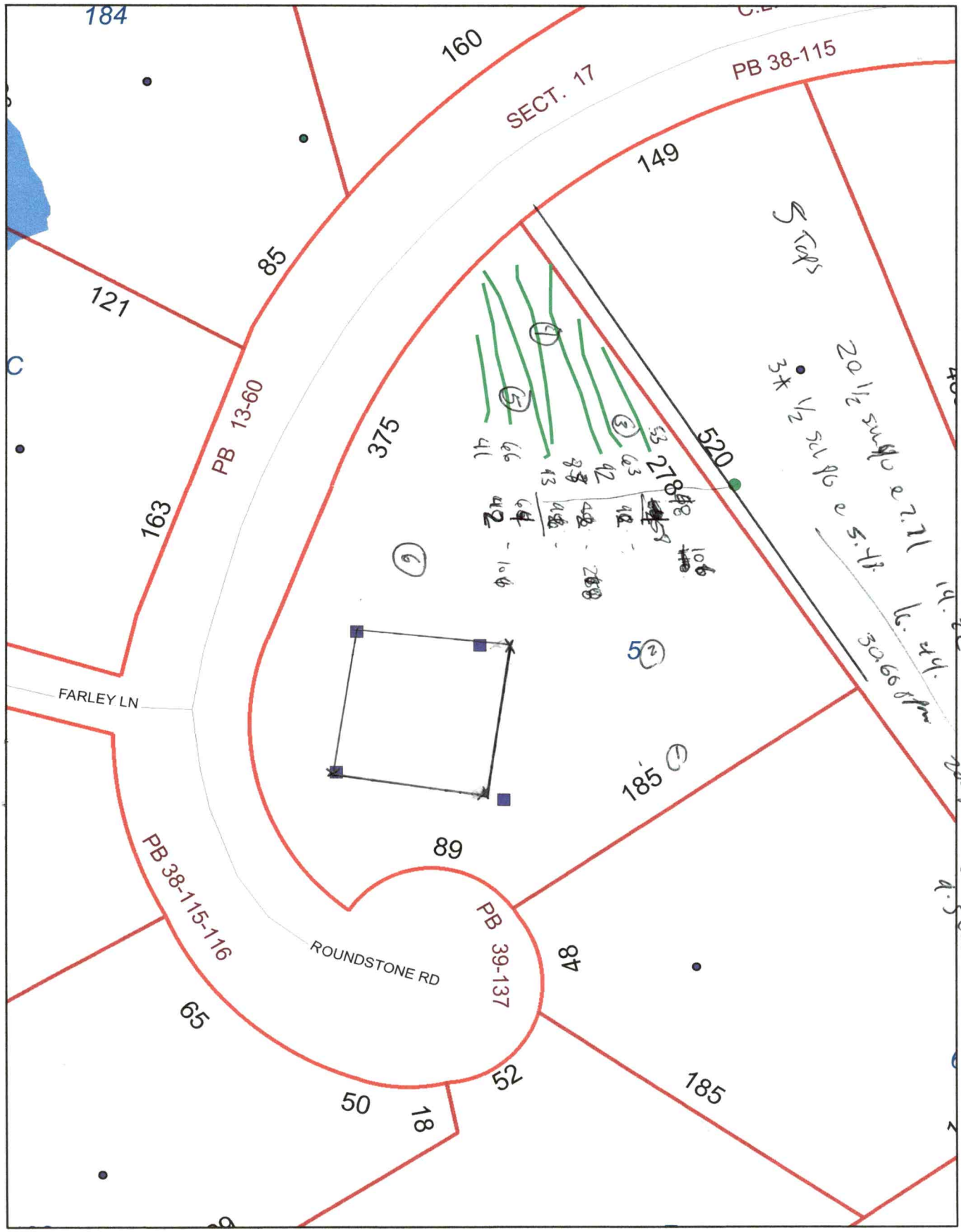
☐ **IMPROVEMENT PERMIT** *with plat* valid without expiration. ☒ **IMPROVEMENT PERMIT** *with site plan* valid for 60 mos. ☒ **AUTHORIZATION TO CONSTRUCT** valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: D. Wieberg Date: 2/16/21 Installed by: PIEDMONT BACKHOE

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 2-15-2021 OPERATION PERMIT by: Bryant C. White Date: 11-9-2022

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 7-16-2021 Existing System Inspected by: Date:

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


184
160
SECT. 17
PB 38-115
149
85
121
C
PB 13-60
163
375
520
FARLEY LN
185
89
PB 38-115-116
ROUNDSTONE RD
PB 39-137
48
65
50
18
52
185
5 Cats
20 1/2 sunset e 7.71
3* 1/2 silver e 5.41
19.22
Deep pillow pine
6-5 mm Red Pine
4-5 mm Un Pruning
1 inch = 60 feet

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

Sheet 1 of 1
PROPERTY ID #: 462465526
COUNTY: Iredell

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

OWNER: Weibing Tao Guixia TAN
ADDRESS:
PROPOSED FACILITY: 4BR Hm
LOCATION OF SITE: 179 Roundstone.
PROPOSED DESIGN FLOW (.1949): 420 gpd.
APPLICATION DATE: 1/26/21
DATE EVALUATED: 1/2021
PROPERTY SIZE: 1.2 Ac
PROPERTY RECORDED: ??
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	S·le	0-4	Tgr scl	SS SP FR STKY.	2.5YR 4/6	4/8	-	0-30 5YR5/4 Depletion Minor Rock Fragments at Bottom.	PS .275
		4-25	C SBK/ABK	SSSP FR SEXP					
		25-48	CL WSBK	SSSP FR SEXP					
2	Side Foot Slope	0-14	SCL	SS SP FR	2.5YR 4/6	55	-	5YR5/4 Depletions 36-40 H2O Bleeding 10YR6/4 Depletions	PS .25
		14-36	C ABK	SSSP FR					
		36-55	CL WABK	SSSP FR					
3	Side	0-4	SCL		2.5YR 4/6	52	-	5YR3/3 Depletions 24-53 H2O Bleeding @30 Inch	PS .25 Shallow
		4-28	C ABK	SS SP FR					
		28-53	CL WABK	SS SP FR					
4	Side	0-6	SCL					5YR5/4 Depletions 26-28 Interface CL VERY FR	PS .25 TR @ 36
		6-28	C ABK						
		28-55	CL WABK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	4/86	320
System Type(s)	III	II
Site LTAR	.25	.25

OTHER FACTORS (.1946): Gullies
SITE CLASSIFICATION (.1948): R
EVALUATED BY: Bottles
OTHER(S) PRESENT:

COMMENTS: See attached ES * Hole 5+6 on Back.

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

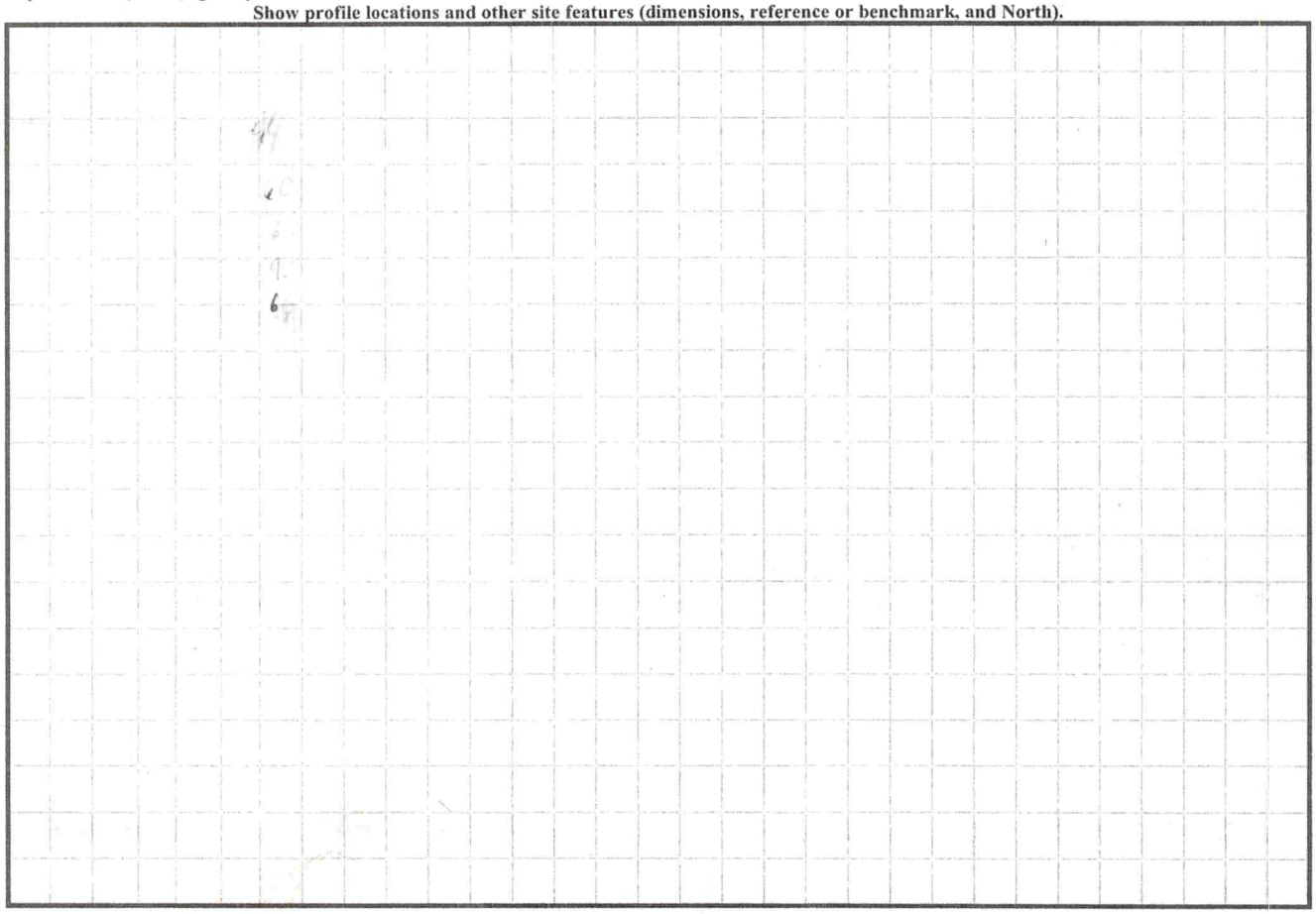
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

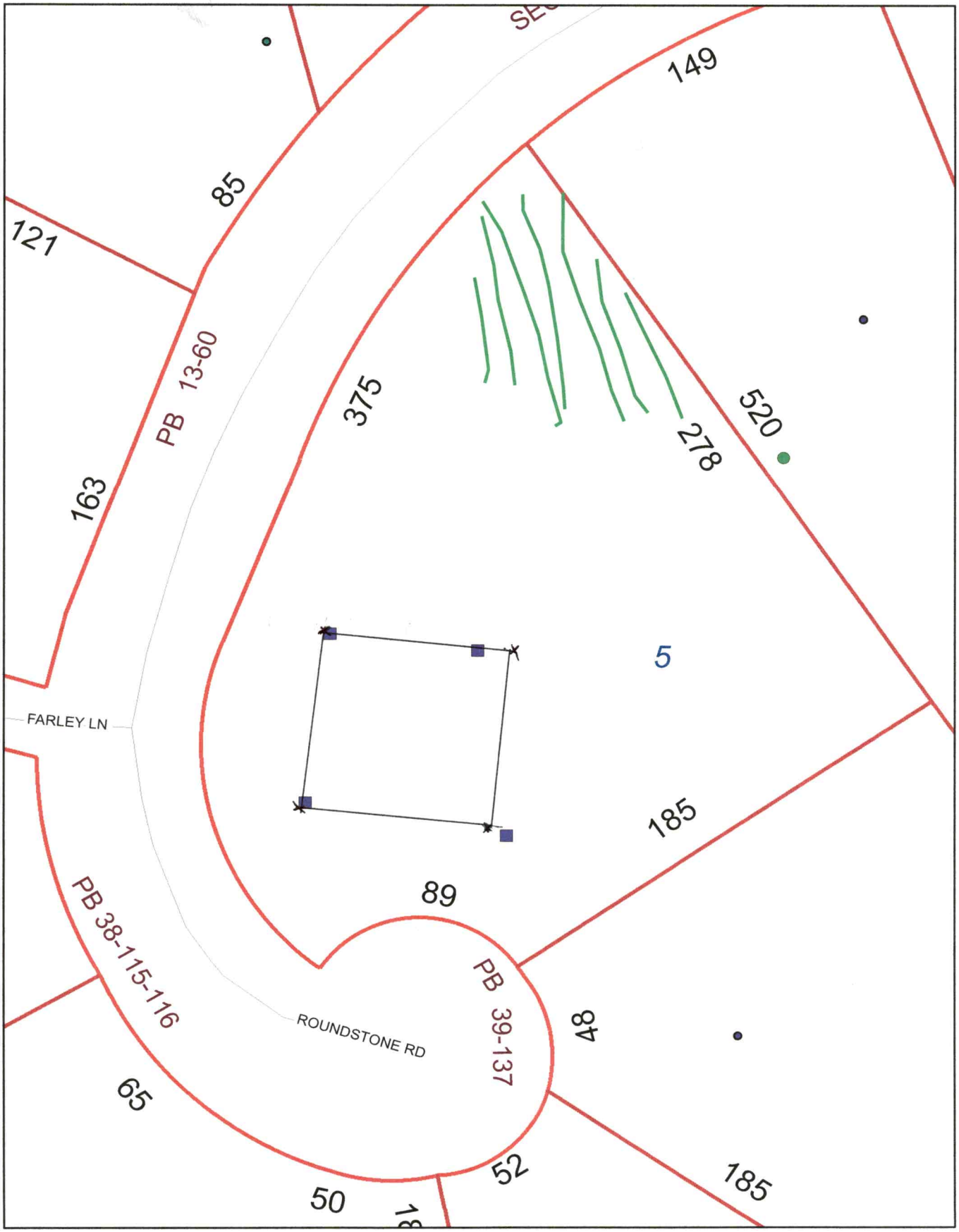
Show profile locations and other site features (dimensions, reference or benchmark, and North).



5) 0-10
10-40
40-60

0-5
5-30
30-48
3/1 2 3/3 @ 48
49-64 LSq

FS .30



1 inch = 50 feet



1 inch = 60 feet

RECEIVED JAN 20 2021

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

#237856

Iredell County Health Department – Environmental Health Division

Comp. relayout

PAGE 1: *APPLICATION FORM*

Paid $500.00 Comprehensive Relayout

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Danielle Wieberg **Address:** 752 Georgie Trail Troutman **Zip:** 28166

Applicant Email: danielle.wieberg@co.iredell.nc.us **Phone:** 704-902-4482 **Alt. Phone:** 573-808-3721

Owner Name: Jeanne Krauss **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 179 Roundstone, Troutman NC 28166 1.212 acres

Subdivision Name: Lakeway Estates **Section/Phase:** _____ **Lot Number:** 5

Driving Directions: (N) Perth → (L) State Park → (L) Morrison Farm → (R) Roundstone
lot on (L), top of cul-de-sac

Site Development Information: *(check or complete ALL that apply*
adding bedroom / changing house box location & size

CHECK FOUNDATION TYPE

(X) 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 — (X) 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: _____

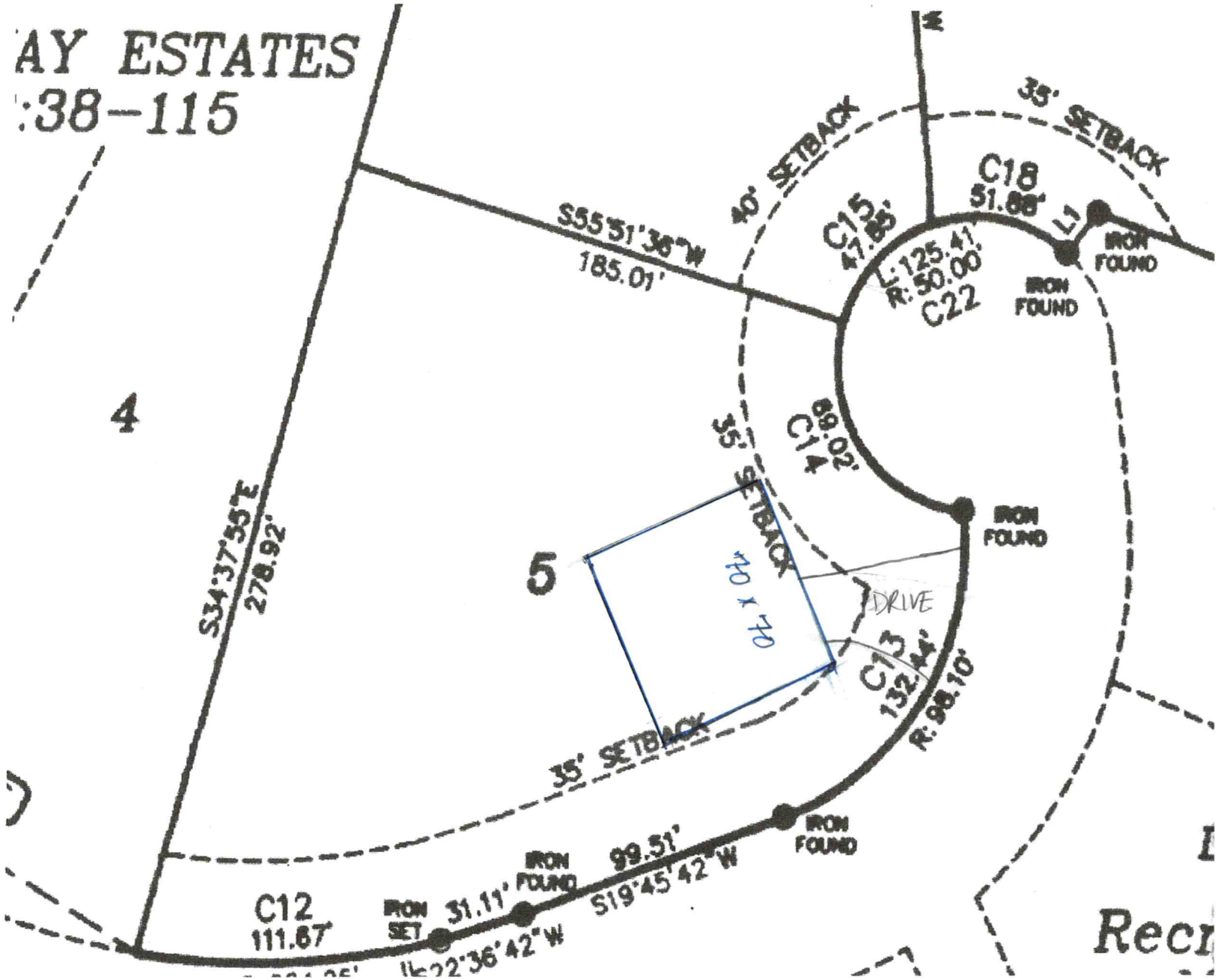
Please answer the following to the best of your ability:

( ) 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: _____ 1/20/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

1" = 50'



179 Roundstone

DocuSign Envelope ID: 9CDBA465-BCAF-44AF-834E-F38F60AE53A5

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

(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, Jeanne Marie Krauss, am the legal owner(s) of the property located at 179 Roundstone Rd. Troutman, identified as PIN (Parcel Identification Number) 4629-65-5366, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Timothy Wieberg, Danielle Wieberg, 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.

DocuSigned by:
039088BCD59A42...
Signature of Owner(s)

1/19/2021 | 2:47 PM PST
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

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

Sheet 1 of 1
PROPERTY ID #: 4629655366
COUNTY: Iredell

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

OWNER: Jeanne Krauss
APPLICATION DATE 7-31-18
ADDRESS: 179 Roundstone Rd
DATE EVALUATED: 8-15-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: 1.212ac
LOCATION OF SITE: Perth → Steele Park → Morrison Farm → Roundstone → lot on L
PROPERTY RECORDED: yes
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	8% ES	0-50	WSBK SCL	FI,SS,SP,SE	—	50	—		PS .3
2	16% LS	0-7	WSBK SCL	FI,SS,SP,SE	—	48	29-48 few SAP inc		PS .3
		7-29	SBK C	FI,SS,SP,SE					
		29-48	WSBK CL	FI,SS,SP,SE					
3	15% LS	0-8	WSBK SCL	FI,SS,SP,SE	—	56	18-56 com SAP inc		PS .3
		8-18	ABK C	FI,SS,SP,SE					
		18-56	WSBK CL	FI,SS,SP,SE					
		56-71	SL SAP	FI,SS,SP,SE					
4	16% LS	0-12	SBK C	FI,SS,SP,SE	—	33	57 GH RC SAP inc		PS .3
		12-33	WSBK CL	FI,SS,SP,SE					
		33-64	L SAPL	FI,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): ES
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 237856

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

PIN # 4629655366

APPLICANT/OWNER: Jeanne Krauss APPLICANT ADDRESS: 52 Fairway Dr, Wading River NY

SITE ADDRESS: 179 Roundstone Rd. Troutman, NC PHONE: 631-882-9045 ALT. PHONE 828-244-0968

SITE DIRECTIONS: Perth → L on State Park Rd → L on Morrison Farm Rd → R on Roundstone Rd → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Lakeway Estates SECTION: — LOT # 5 LOT AREA: 1.212 ac DESIGN FLOW: 360gpd L.T.A.R.: .3 (.3 repair)

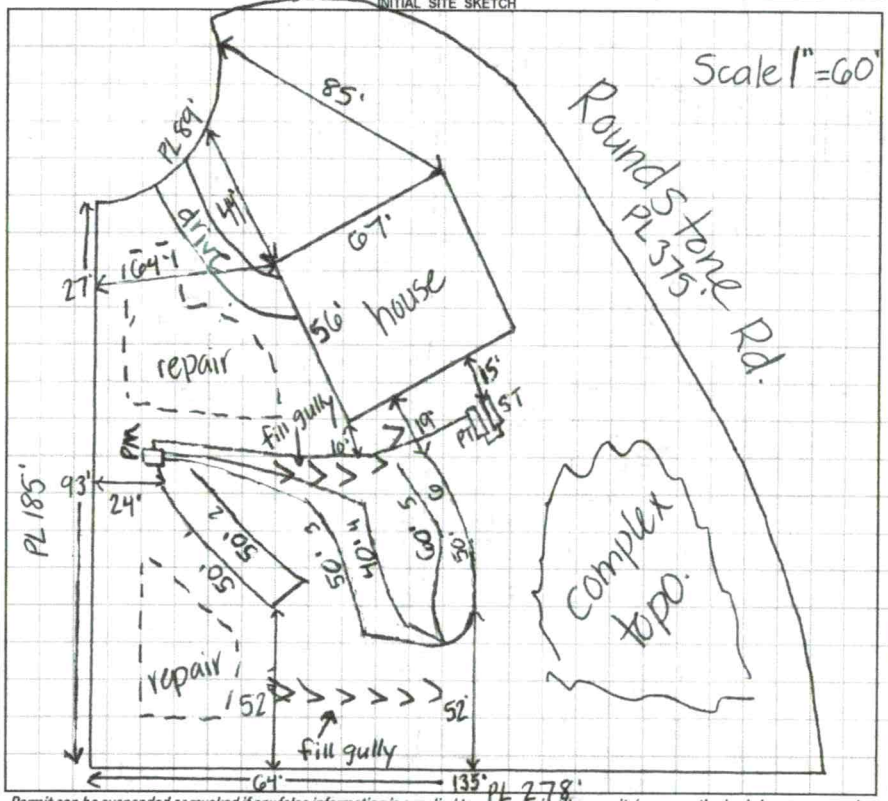
Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description: PM 25% reduction		☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1 # Lines 6		Linear Ft 300'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 30"/36" high side		Gravel Depth —	☐ GRAVITY ☑ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Fill gullies near drain lines. Divert water runoff away from septic area. DO NOT grade/cut septic area when creating basement.

Tap size: 1½ sch 40 Pressure head: 2'
Dosing volume: 136.5 gal Supply line: 2"
Draw down: 60.5

INITIAL SITE SKETCH



AS BUILT SK'

* connect lines 1+2, 3+6,

Central Permitting

please release HOLD once permit is:

✓ Balance Paid
✓ Permit Signed
Floor Plans Signed

STATESVILLE

Please call applicant to pick up

Balance Due = 700

Owner/Applicant Jeanne Krauss

EHS Kayla Wilson

Amount Owed $ 700

PERMIT NEVER PICKED UP

Permit pulled from CP 1.30.19

Customer recalled (Y) N Accident not to Bldg.

Message Left Y (N) By contractor (Bob)

Talked directly with ~~customer~~ (Y) N

EXISTING PERMIT

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 LOCATION SERVICE PRIOR TO ANY EXCAVATION**

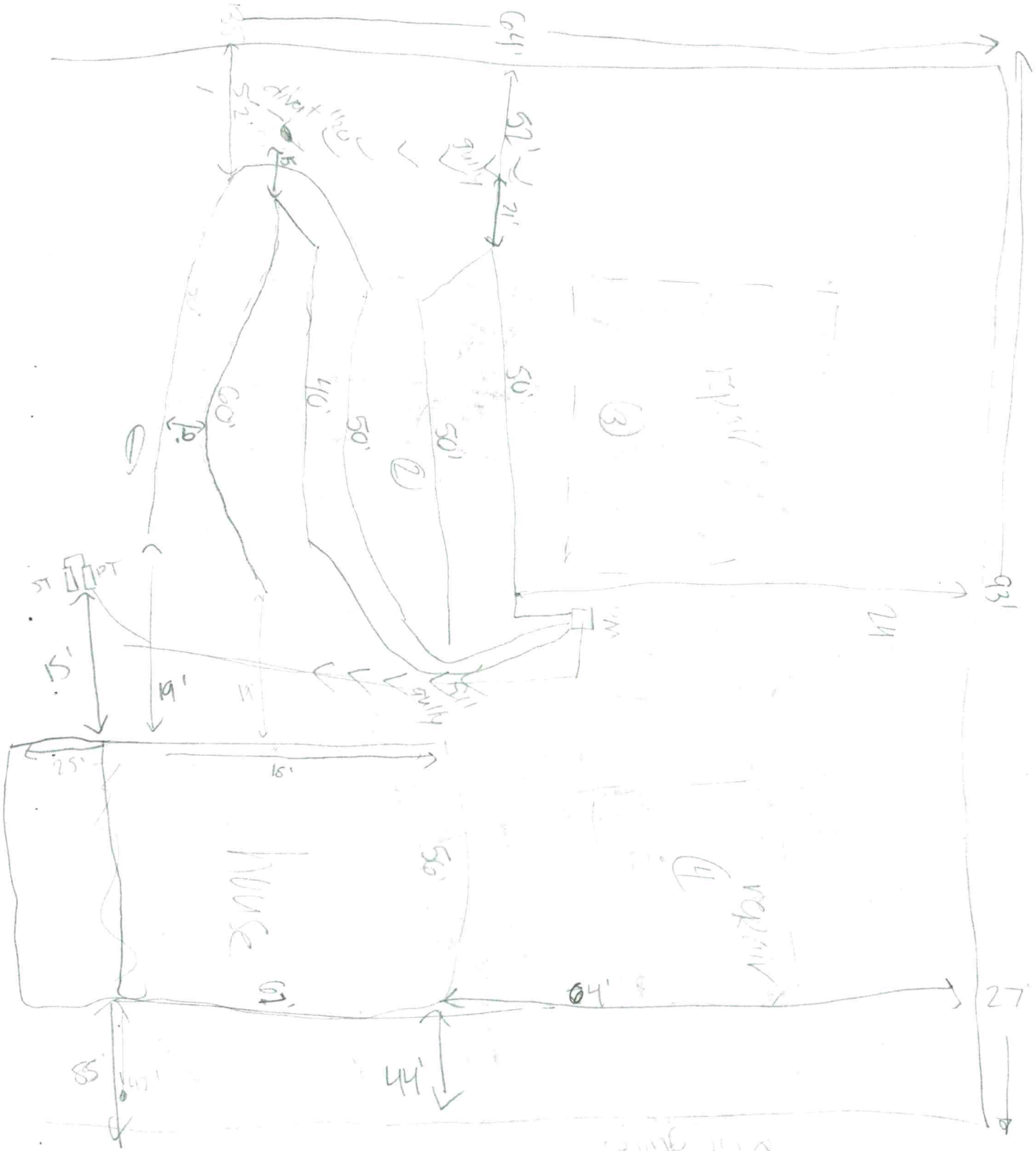
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-24-18 OPERATION PERMIT by: Date:

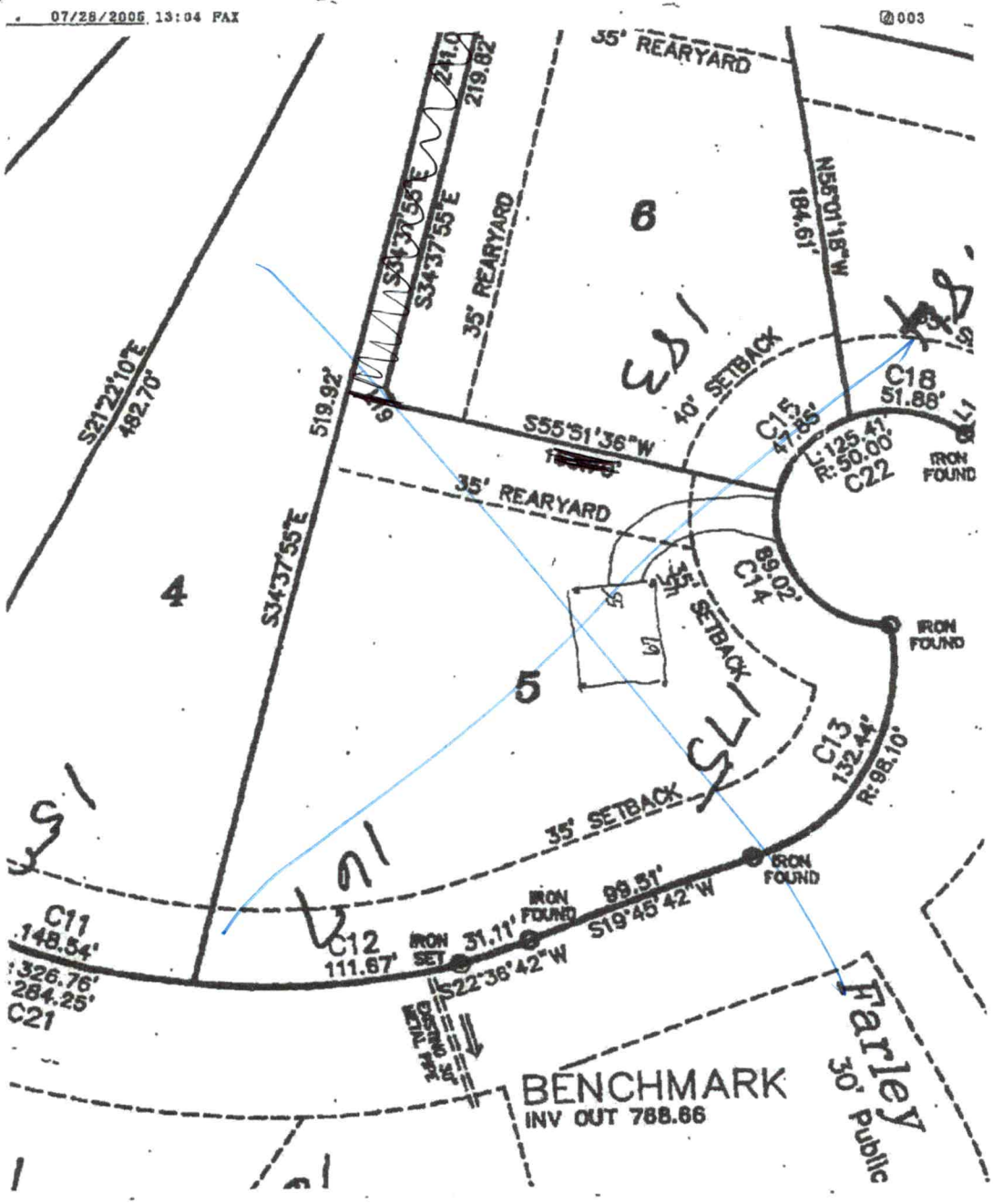
AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-24-18 Existing System Inspected by: Date:

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.


15'
19'
25'
15'
64'
27'
55'
44'
93'
112'
50'
50'
50

JEANNE MARIE KRAUSS

07/28/2005 13:04 FAX 003



IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-3201

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

PERMIT# 094581 PIN# 4629641771.5 DATE 10/10/01

OWNER OR CONTRACTOR PROVIDENCE DEV. Group PHONE: Business 367-0167 Home

ADDRESS 6707 FAIRVIEW RD. SUITE B. CHARLOTTE NC 28210

LOCATION STATE PARK. TL MORRISON FARM. TR ROUNDSTONE. 5TH ON LT

SUBDIVISION LAKEWAY ESTATES BLOCK / SECTION LOT 5A LOT AREA SITE CLASS PS DESIGN FLOW 360GPD L.T.A.R. 3600 FT²

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 290'

No Lines 4@70' Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth N/A

☑ New System ☐ Repair System Type: I. II. III. IV. V.

System Description: LP PANEL

Repair System Description: LP PANEL

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

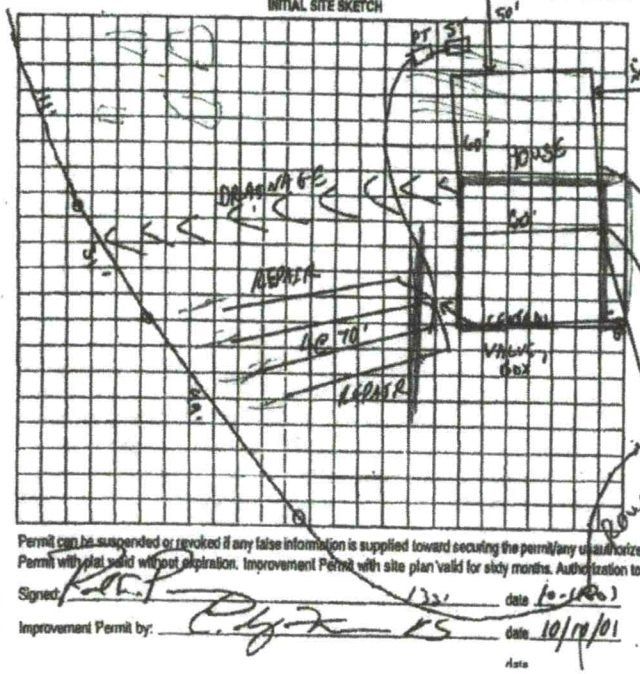
Water Supply: ☐ Individual ☐ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

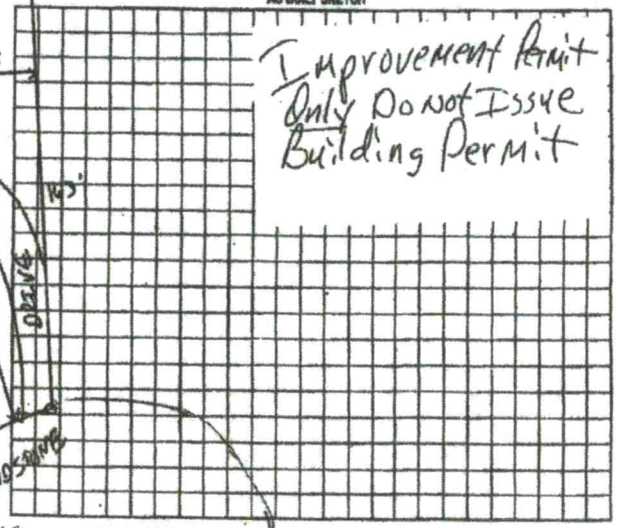
Comments/Conditions: 1"=50'

Comments/Conditions: 1) SEE PLAT FOR CORNERS 2) WAS LOT 30 LONG COVE NOW LAKEWAY LOT 5

INITIAL SITE SKETCH



AS BUILT SKETCH



Improvement Permit Only Do Not Issue Building Permit

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: date 10-10-01

Improvement Permit by: date 10/10/01

Installed by:

Operation Permit by: date

Existing System Inspection by: date

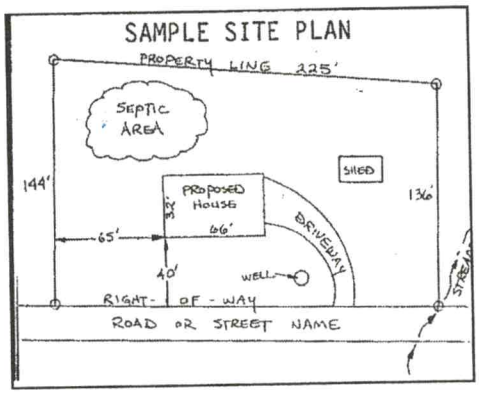
07/26/2005 13:02 FAX 001

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 attached

Signature: _____

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

1/20/21

DATE

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: ( ) 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: Danielle Wieberg Address: 756 Georgie St. Troutman Zip: 28166
Applicant Email: danielle.wieberg@co.iredell.nc.us Phone: 704-902-4482 Alt. Phone: 573-808-3721
Owner Name: Danielle Wieberg Address: SAA Zip: SAA
Owner Email: SAA Phone: SAA Alt. Phone: SAA

Property Information:

Street Address: 179 Roundstone Rd, Troutman NC 28166
Subdivision Name: Lakeway Estates Section/Phase: — Lot Number: 5
Driving Directions: (N) Perth → (L) State Park → (R) Roundstone

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: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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 (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.

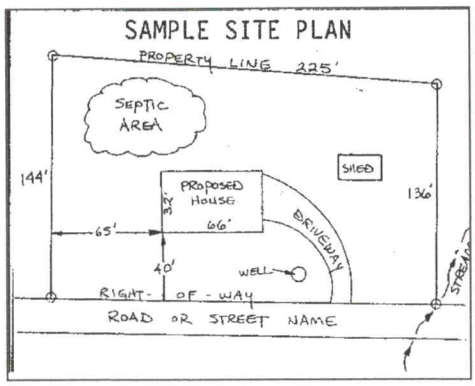
Signature: _____ 7/13/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**
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USE THIS SPACE TO DRAW YOUR SITE PLAN

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See attached

Signature: _____

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

7/13/21

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, _____, 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.

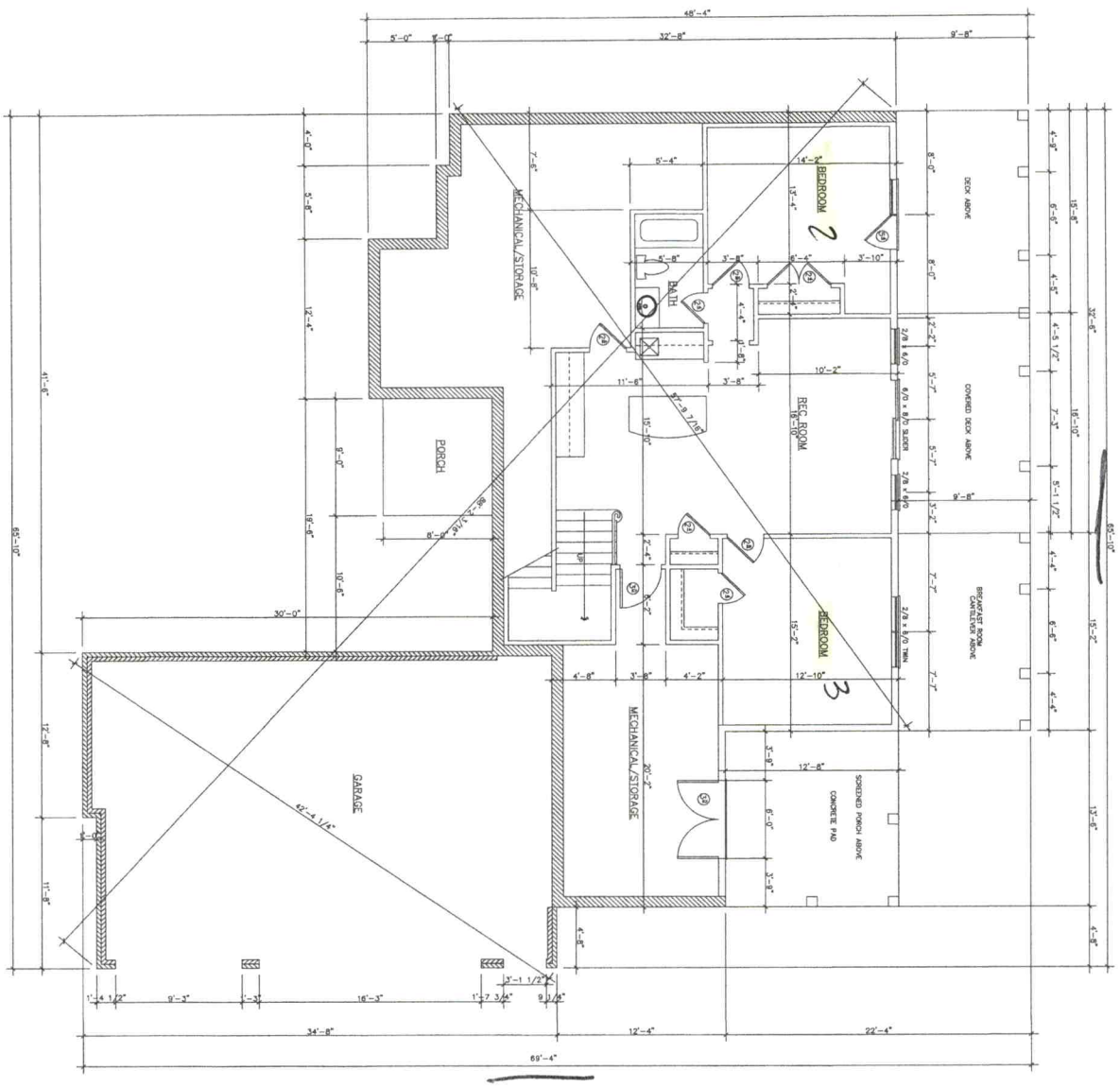
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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
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



BASEMENT FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

BAB Date 7/6/21

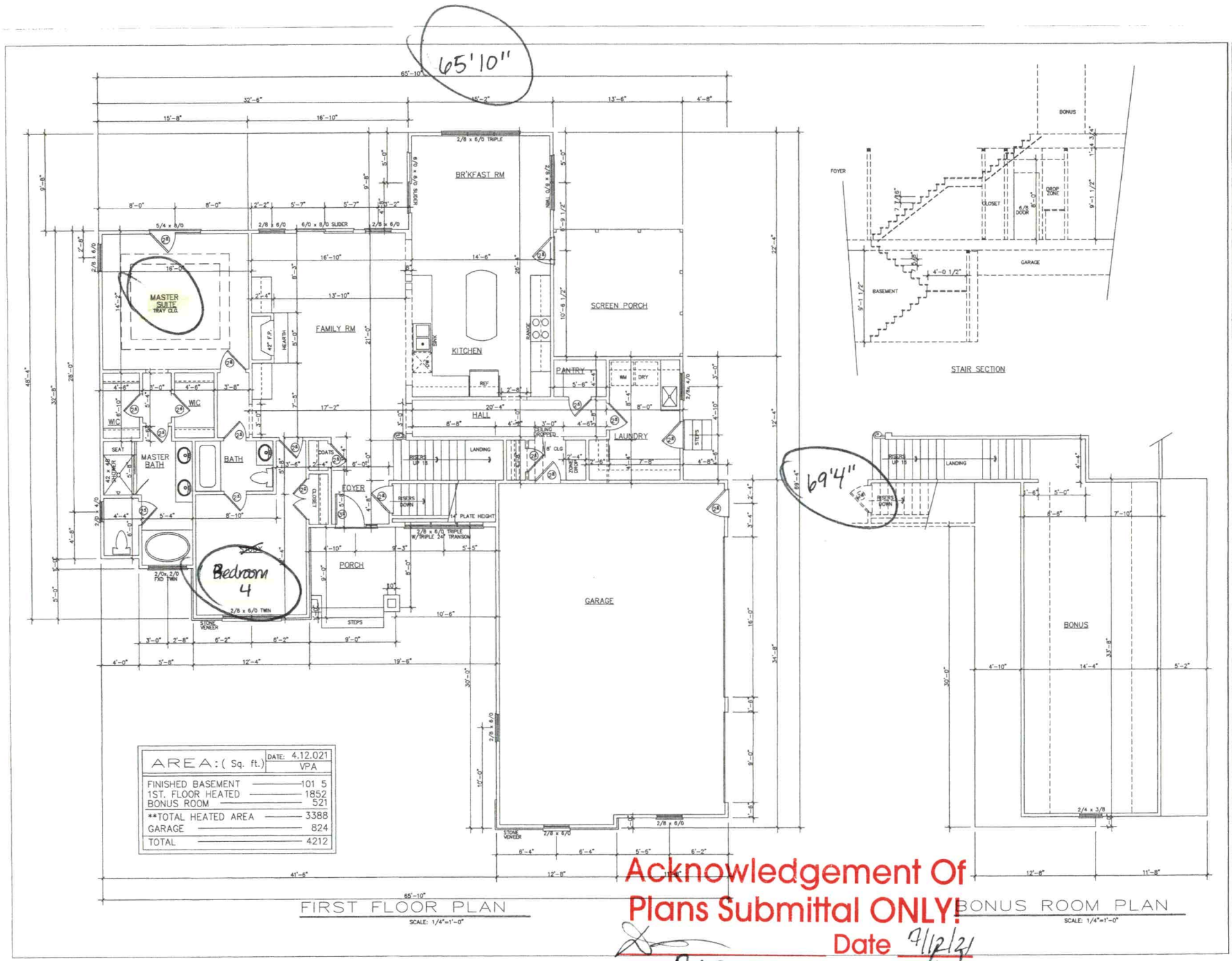
Date 7/12/21

Sheet:	BSMT
Checked:	***
Drawn:	VPA
Scale:	1/4"=1'
Date:	4.11.2021

PLAN NUMBER : ROUNDSTONE BASEMENT_PLAN

VPA DESIGN

WHITLEY & CO.
PHONE: 704-567-1700
HARRISBURG N.C. 28075



Acknowledgement Of Plans Submittal ONLY!

Date 7/12/21

BAB Date 7/16/21

WHITLEY & CO.
PHONE: 704-587-1700
HARRISBURG N.C. 28075

VPA DESIGN

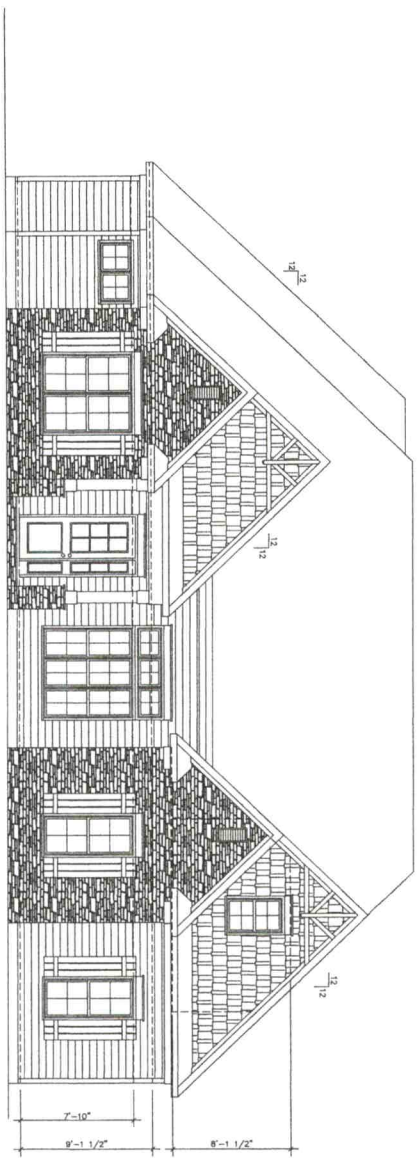
PLAN NUMBER : ROUNDSTONE FLOOR_PLANS

Date:	4.11.2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	2



REAR ELEVATION

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



FRONT ELEVATION

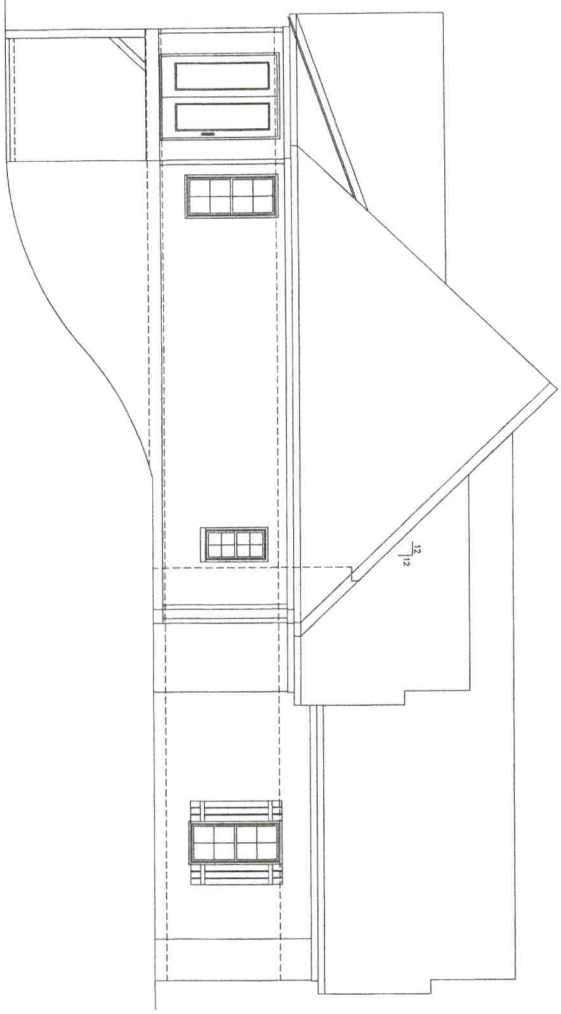
SCALE: 1/4"=1'-0"

Date:	4.11.2021
Scale:	1/4"=1'
Drawn:	VPA
Checked:	***
Sheet:	ELEVS

PLAN NUMBER :
ROUNDSTONE
ELEVATION_PLANS

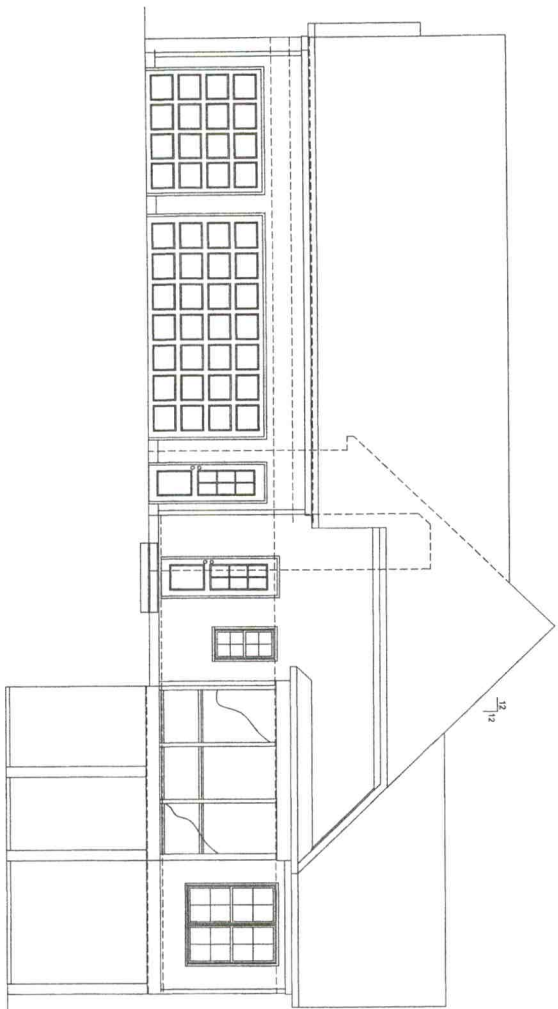
VPA DESIGN

WHITLEY & CO.
PHONE: 704-567-1700
HARRISBURG N.C. 28075



LEFT ELEVATION

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



RIGHT ELEVATION

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

Sheet: ELEVS	Checked: ***	Drawn: VPA	Scale: 1/4"=1'	Date: 4.11.2021

PLAN NUMBER :
ROUNDSTONE
ELEVATION_PLANS

VPA DESIGN

WHITLEY & CO.
PHONE: 704-567-1700
HARRISBURG N.C. 28075