IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2339716

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

PIN # 4629945932

APPLICANT/OWNER: Lawrence + Elizabeth Boening APPLICANT ADDRESS: 469 Stillwater Rd, Troutman

SITE ADDRESS: 469 Stillwater Rd, Troutman 28166 PHONE: 336-345-0268 ALT. PHONE 704-902-4235

SITE DIRECTIONS: 21S → R on Wagner St → R on State Park Rd → L on Morrison Farm → L on Day Vault Cut → R on Stillwater

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 17 LOT # 169 LOT AREA: 0.7ac DESIGN FLOW: ext L.T.A.R.: ext

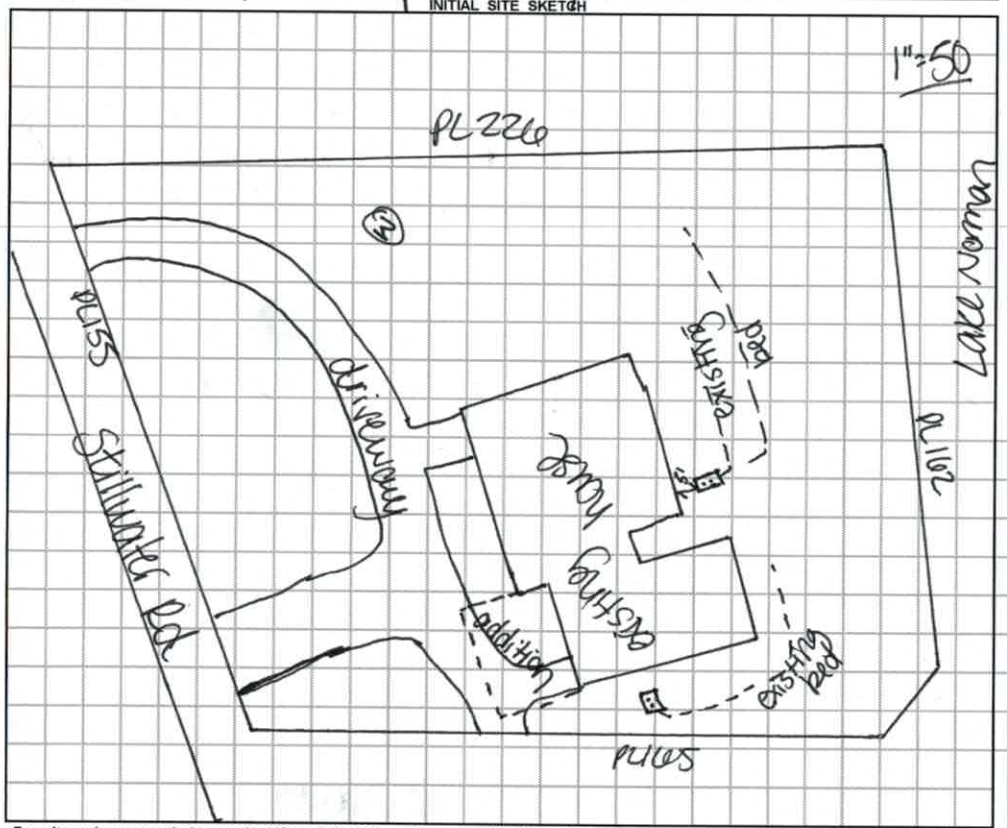
Septic Tank		(gal)	STB		Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank		(gal)	PT		Date	System Description: existing				☐ Business	No. Persons 8
Pump Make		Model			Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields		# Lines			Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

EX tnk

Comments / Conditions: Both systems must remain to keep 4 bedroom system. Addition must not impact either system. Maintain 5' setback from all parts of system

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **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: 2/7/18 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carla C. Cave Date: 4/25/18

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.

Friday 10am

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Reprise Construction Services LLC Address: 214 Farmwood Dr, Statesville, NC Zip: 28625

Applicant Email: ben@repriseconstruction.com Phone: 704-902-4235 Alt. Phone: 704-876-5465

Owner Name: Lawrence & Elizabeth Boening Address: 469 Stillwater Road, Troutman, NC Zip: 28166

Owner Email: lawrence.boening@yahoo.com Phone: 336-345-0268 Alt. Phone: _____

Property Information:

Street Address: 469 Stillwater Road, Troutman, NC 28166

Subdivision Name: Crescent Land+Timber Corp S17 PB13-67 Section/Phase: _____ Lot Number: 69

Driving Directions: From Troutman, Perth Road, Right on State Park Road, Left on Morrison Farm, Left on Dayvault Cut, Right on Stillwater, jobsite is 1/2 on the left.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
(X) Other Addition/Structure: See site plan

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) 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 (X) 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 (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: Ben Boyan, Manager, Reprise Construction Services, LLC 3-8-18
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

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, Lawrence Boening, am the legal owner(s) of the property located at 469 Stillwater Road, Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4629-94-5932.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Reprise Construction Services, LLC, 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: 3/8/18

Signature of Witness — Date: 3/8/18

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

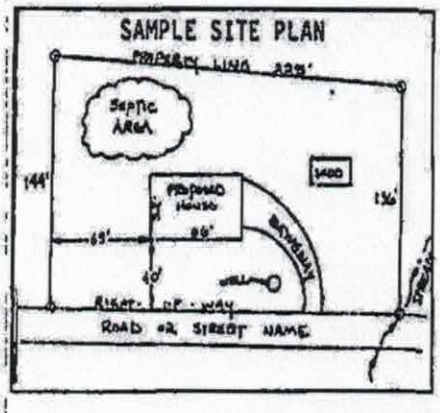
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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.

Signature: Ben Bryan , Manager, Reprise Construction Services, LLC — 3-8-18

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

ET HEALTH DEPT PREVIOUSLY AND HAS BEEN TOLD THAT 4 BR IS APPROVED.

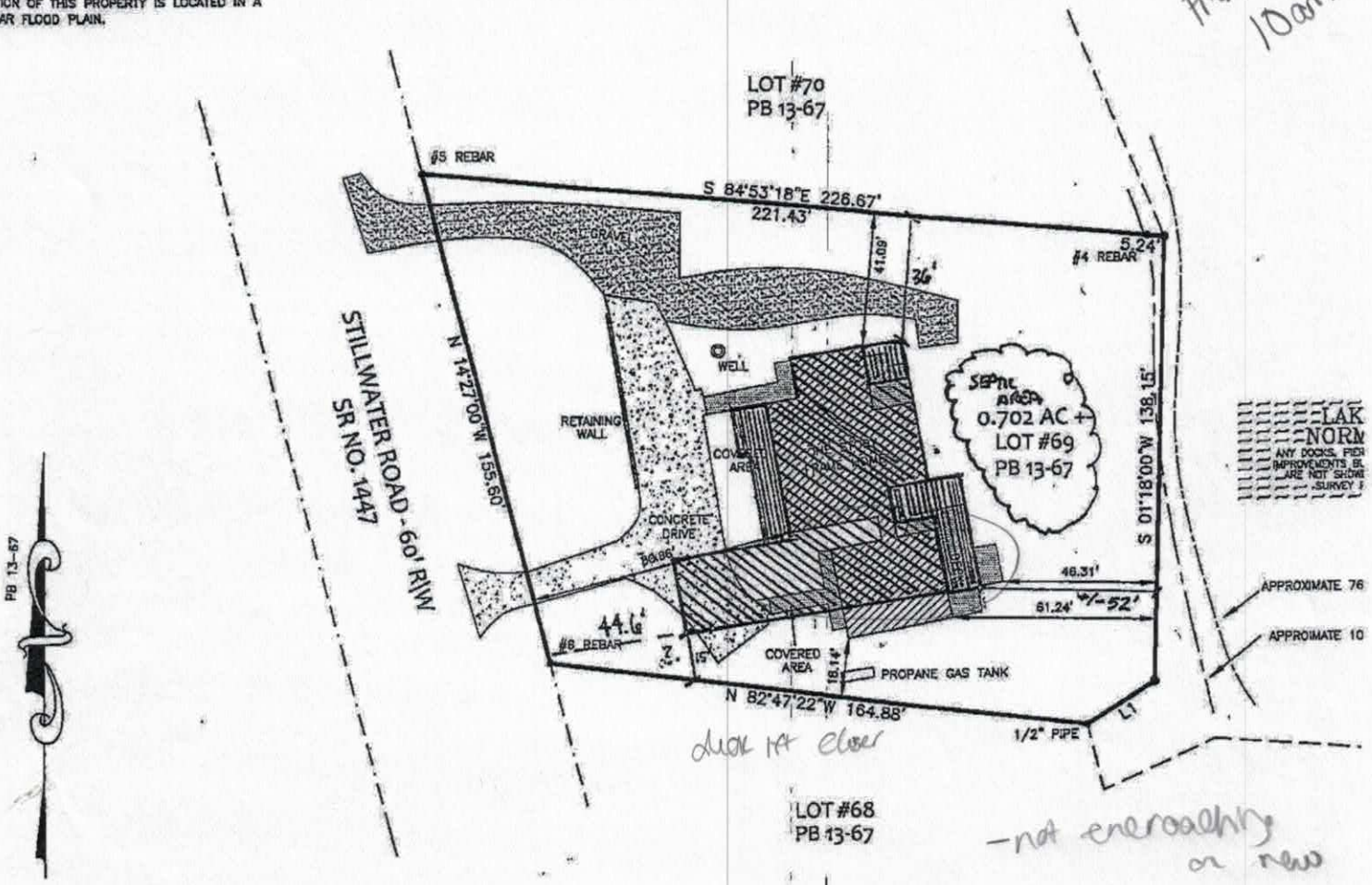
ES:

ROPERTY MAY BE SUBJECT TO RECORDED OR NRECORDED RIGHTS OF WAYS OR EASEMENTS OT OBSERVED
NNER TO VERIFY ALL SETBACKS AND ZONING EGULATIONS PRIOR TO ANY PLANNING OR ONSTRUCTION.
IMENSIONS OF ALL IMPROVEMENTS SHOWN ON HIS PLAT SHOULD NOT BE SCALED OR RELIED PON FOR DESIGN OR CONSTRUCTION WITHOUT FIELD VERIFICATION OF ALL DIMENSIONS.
IGITAL COPIES OF THIS FILE ARE FOR REFERENCE NLY AND MAY NOT BE USED FOR DESIGN WORK.
O PORTION OF THE RESIDENTIAL STRUCTURE LOCATED IN THE 100 YEAR FLOOD PLAIN.
PORTION OF THIS PROPERTY IS LOCATED IN A 00 YEAR FLOOD PLAIN.

40 0 40 80 120
GRAPHIC SCALE – FEET

Course	Bearing
L1	S 57°09'00" W

Friday – 10am



dual HA elev

– not encroaching or new

NED
E
ESIGNED (604 BEDR, 670 GARAGE, 364 PORCH)
LA

– new floor plans?

cottage → tearing down

in its place put a basement / garage / living area

staked ✓

– might need to abandon old system

– roof off second part
– increasing footprint 800 sq ft.
– 4 BR still

– new addition ~~keep~~ 1st system

IREDELL COUNTY HEALTH DEPARTMENT

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

48544

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 16752 DATE 8-4-93

OWNER OR CONTRACTOR P.W. Swann PHONE: Business TAX MAP NO. 3C-2-A-69

ADDRESS 2984 Ormond Dr. Winston Salem N.C. Home 919-768-0236

LOCATION Perth Rd TR Duke Power state PKRS TR merrison Fm TR Daywalt cut TR Stillwater 1/4mi026

SUBDIVISION Lake Norman BLOCK / SECTION 17 LOT 69 LOT AREA .6 acres SITE CLASS. L.T.A.R.

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons; STB 1012 Date 10-1-93

Pump Tank: Gallons; PT Date

Nitrification Field: No Fields 2 Square Feet 480 Linear Feet 160

No Lines 2 Trench Width 60 Trench Depth 18 to 76 Gravel Depth 18"

☐ New System ☐ Repair System Type: ☐ I ☐ II ☐ III ☐ IV

System Description: Addition

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home Total No. Bedrooms 4

☐ Mobile Home No. Bathrooms 3 1/2

☐ Business No. Employees

☐ Other 1500 Addition to Ex House Adding 26 ft approx

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☑ Yes ☐ No

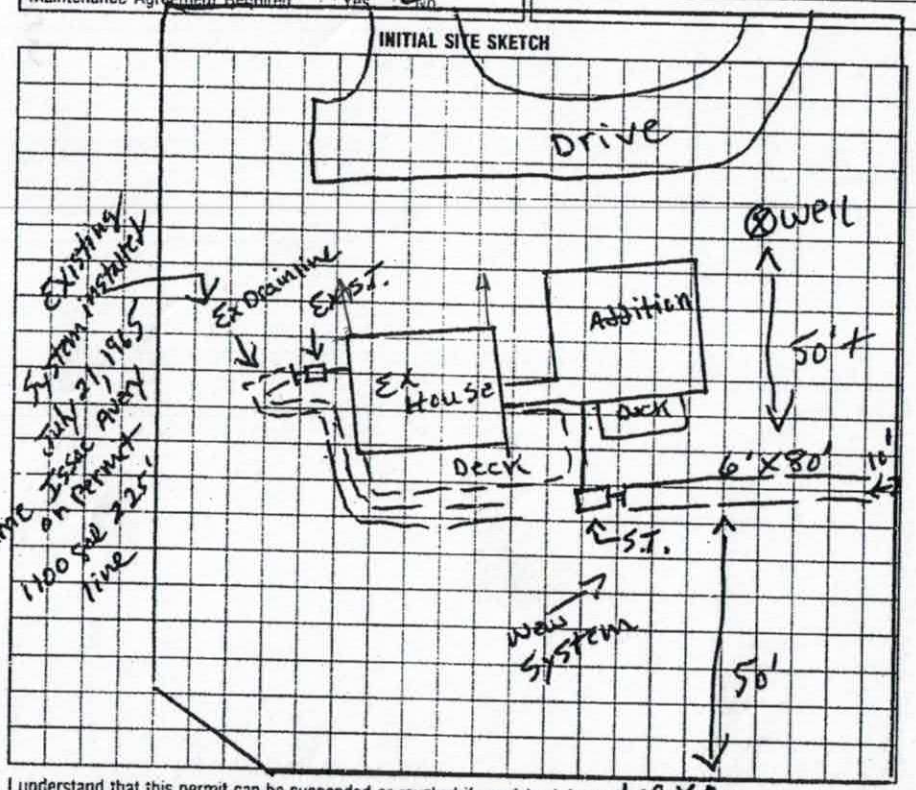
Auto. Washing Machine: ☑ Yes ☐ No

Other

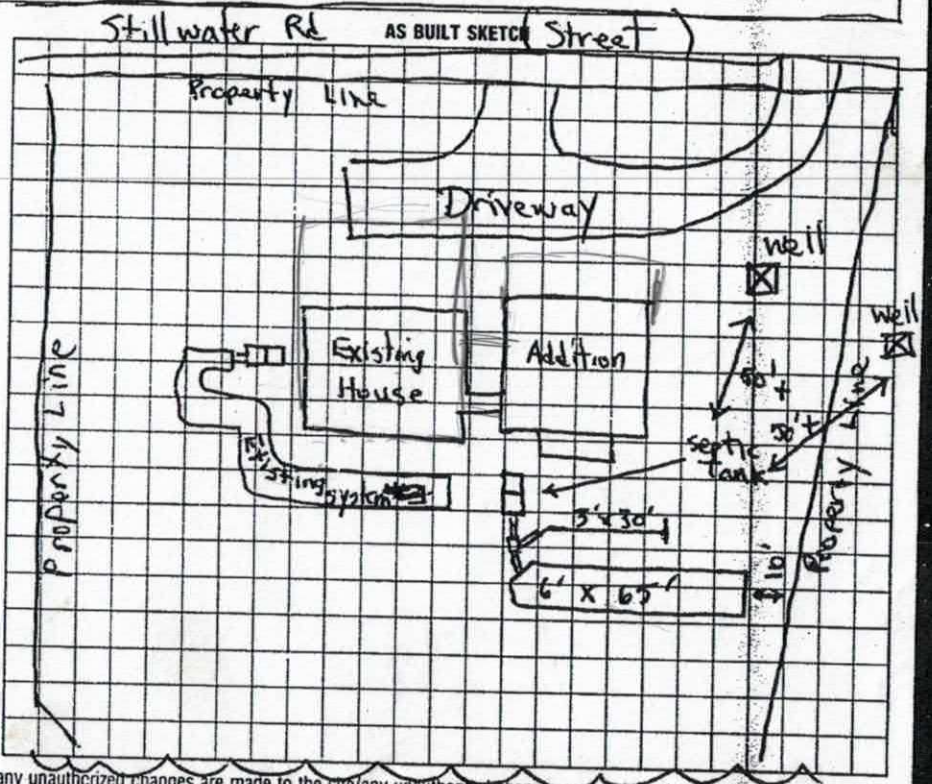
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Had to change layout, not enough length to put in 80' bed.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: P.W. Swann

Improvement Permit by: J.C. Moore date 8-4-93

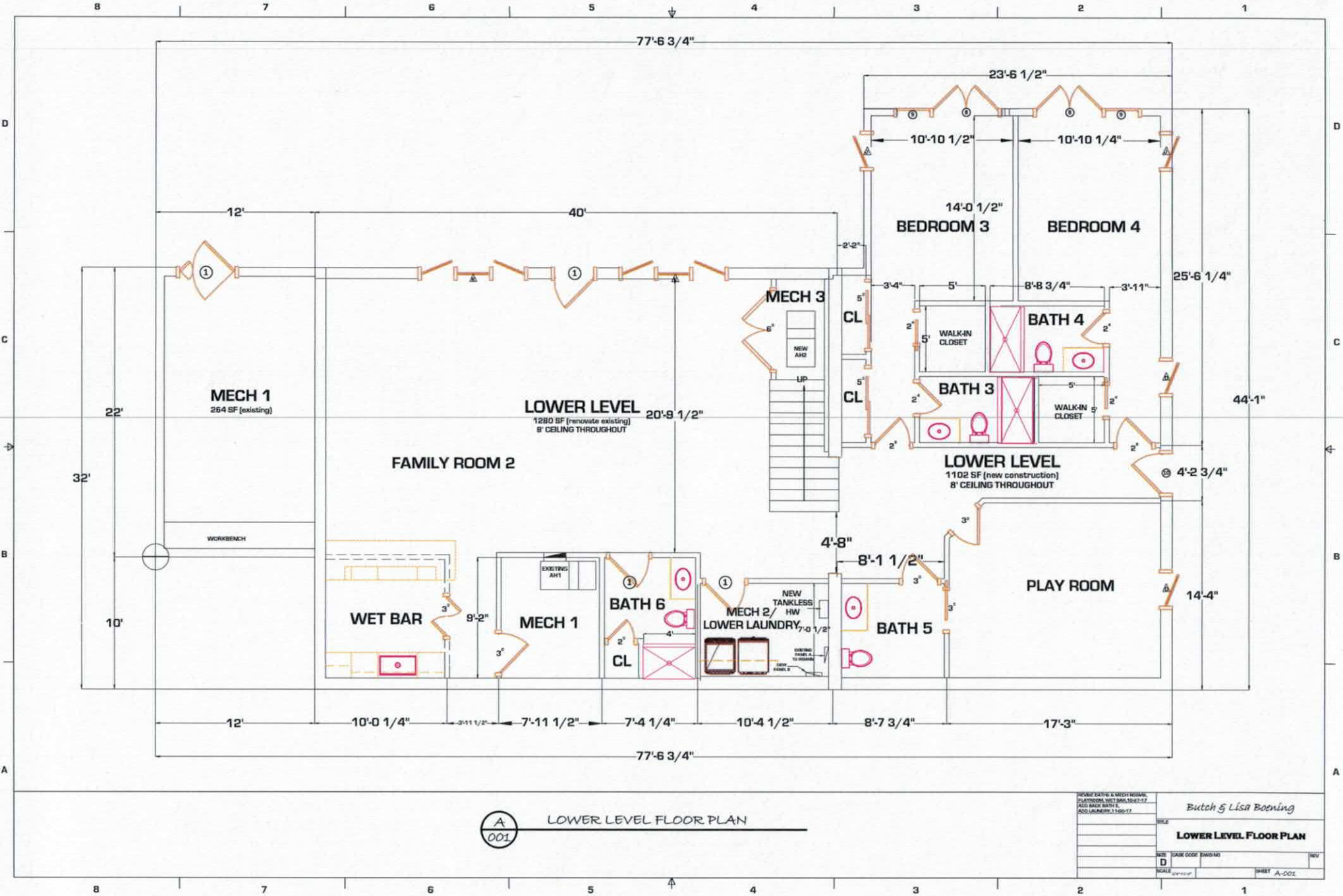
Existing System Inspection by: date

Installed by: Forest Shyford LAKE

Certificate of Completion by: Michael L. Dennis date 3-15-94

Operation Permit by: date

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD



A 001 LOWER LEVEL FLOOR PLAN

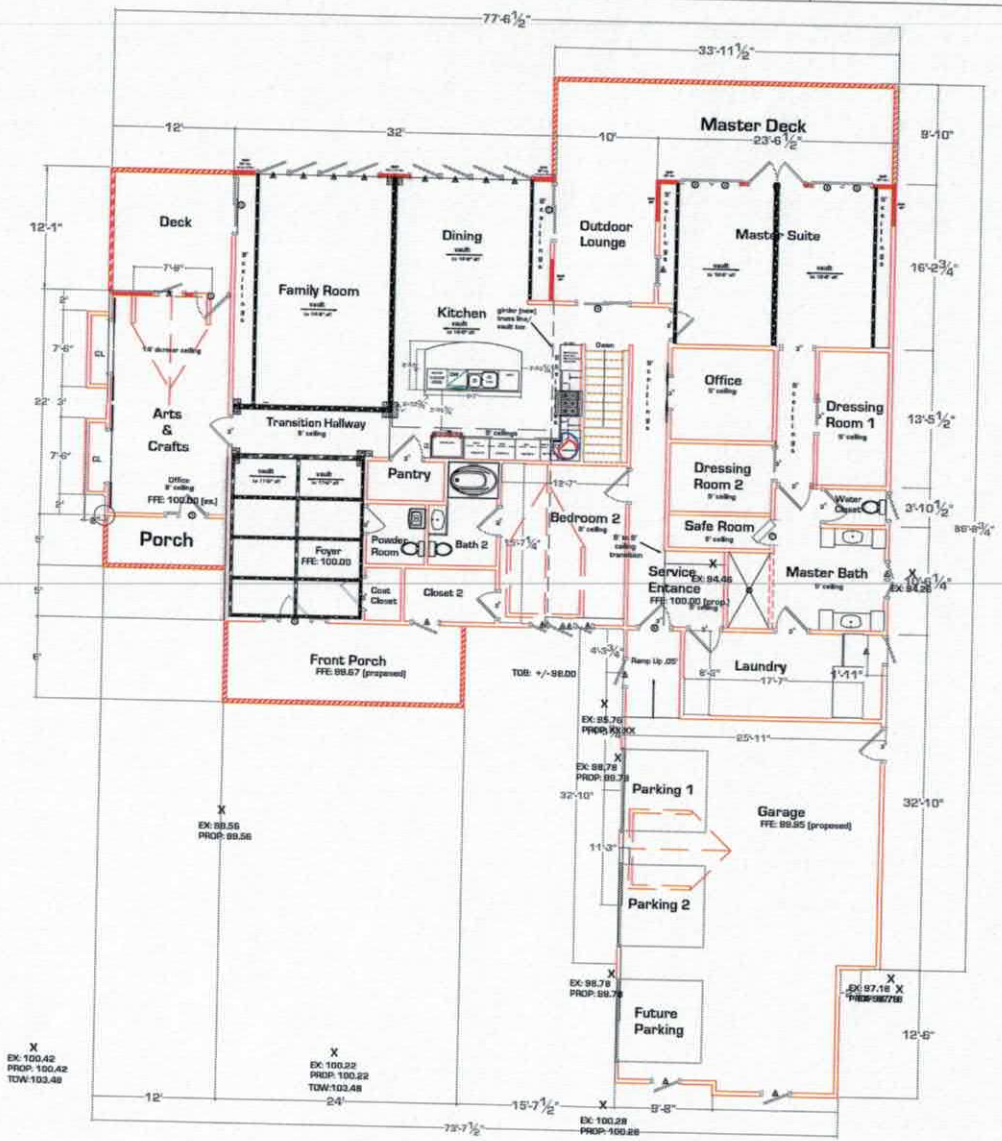
REVISE BATHS & MECH ROOMS, PLAYROOM, WET BAR, 10-17-17
ADD BACK BATH 5,
ADD LAUNDRY, 11-06-17

Butch & Lisa Boening

TITLE: LOWER LEVEL FLOOR PLAN

SIZE: D | CAGE CODE | DWG NO | REV

SCALE | SHEET A-001



A 101 GROUND FLOOR PLAN

Client Comments 10-18-17
Elevations Added 10-20-17

Butch & Lisa Boening

TITLE: GROUND FLOOR PLAN

REV D | CADD CODE | DWG NO | REV

SCALE | SHEET A-101

IREDELL COUNTY

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

APPLICATION NUMBER
233976
Issue Date: 03/09/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4629945932.000	469 STILLWATER ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	BOENING, LAWRENCE K + ELIZABET H P	Applicant:	REPRISE CONSTRUCTION S
Address:	469 STILLWATER RD TROUTMAN, NC 28166	Address:	'214 FARMWOOD DR STATESVILLE, NC 28625
Phone:	336-345-0268	Phone:	704-902-4235

Use Requested	Zone Code
ADDITION/ RENOVATION	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.700	35.00	50.00	15.00	15.00	CACL	AE

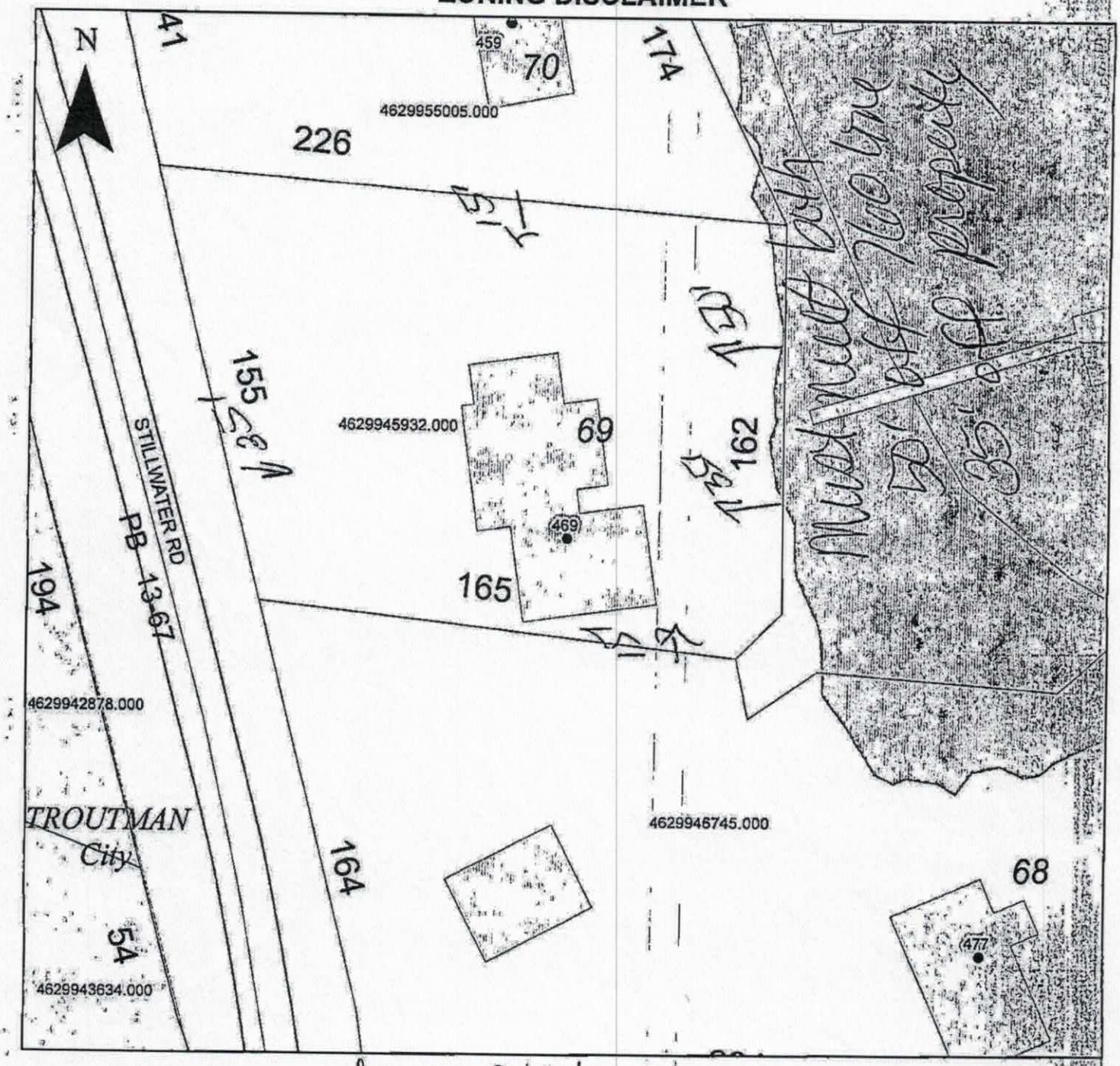
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	131376	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 469 Stillwater

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.

M. [illegible]

Applicant

3/8/19

Date