IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242580

PIN # 4636102563

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

APPLICANT/OWNER: Judith + Howard Weckerle APPLICANT ADDRESS: 134 Wynward Ln Mooresville NC

SITE ADDRESS: 134 Wynward Lane Mooresville NC 28117 PHONE: 704 360-2388 ALT. PHONE 252-622-1101

SITE DIRECTIONS: Brawley School L on Isle of Pines R on Cove creek Loop L on Wynept L on Wynward

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Northshore II SECTION: 1 LOT # 7 LOT AREA: .66 Acres DESIGN FLOW: 480gpd L.T.A.R.: Existing

Septic Tank 1000 (gal) STB Insitrator ~~Dator~~ 1060

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields ~~X~~ 1 ~~# Lines~~ Linear Ft 69

Trench Width Trench Bottom Depth(Low side) Gravel Depth –

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

System Description: Tank Relocation

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

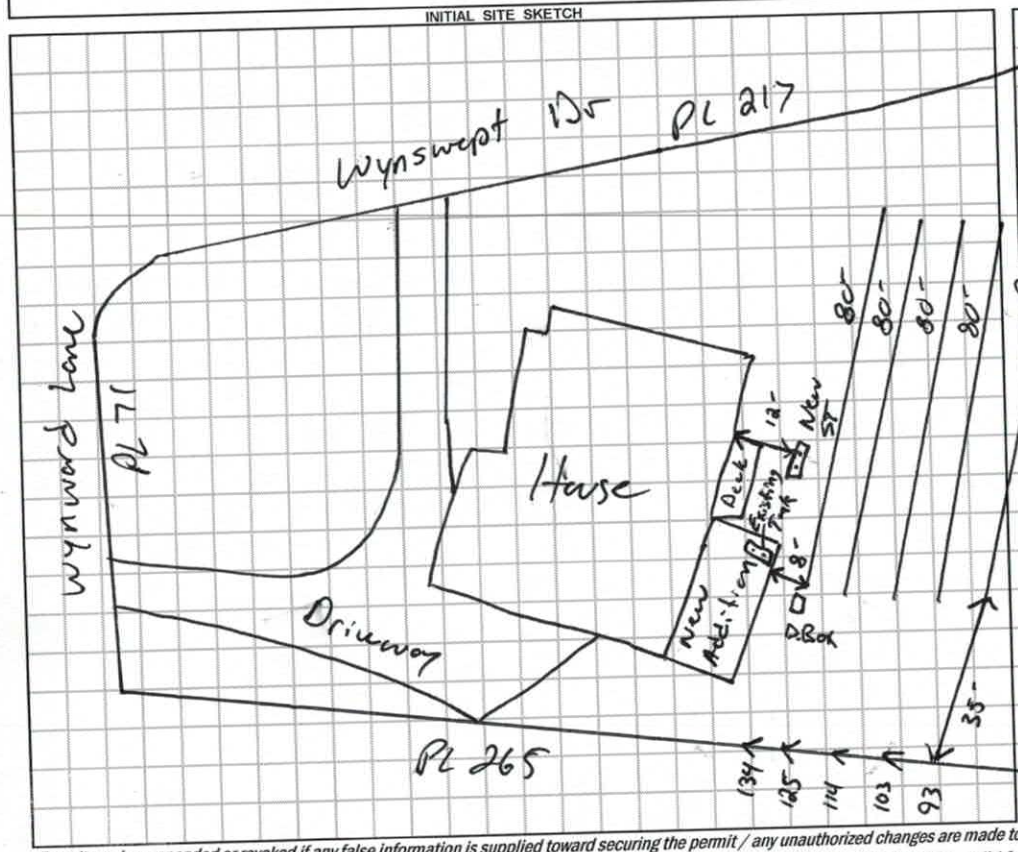
☐ Slab ☒ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

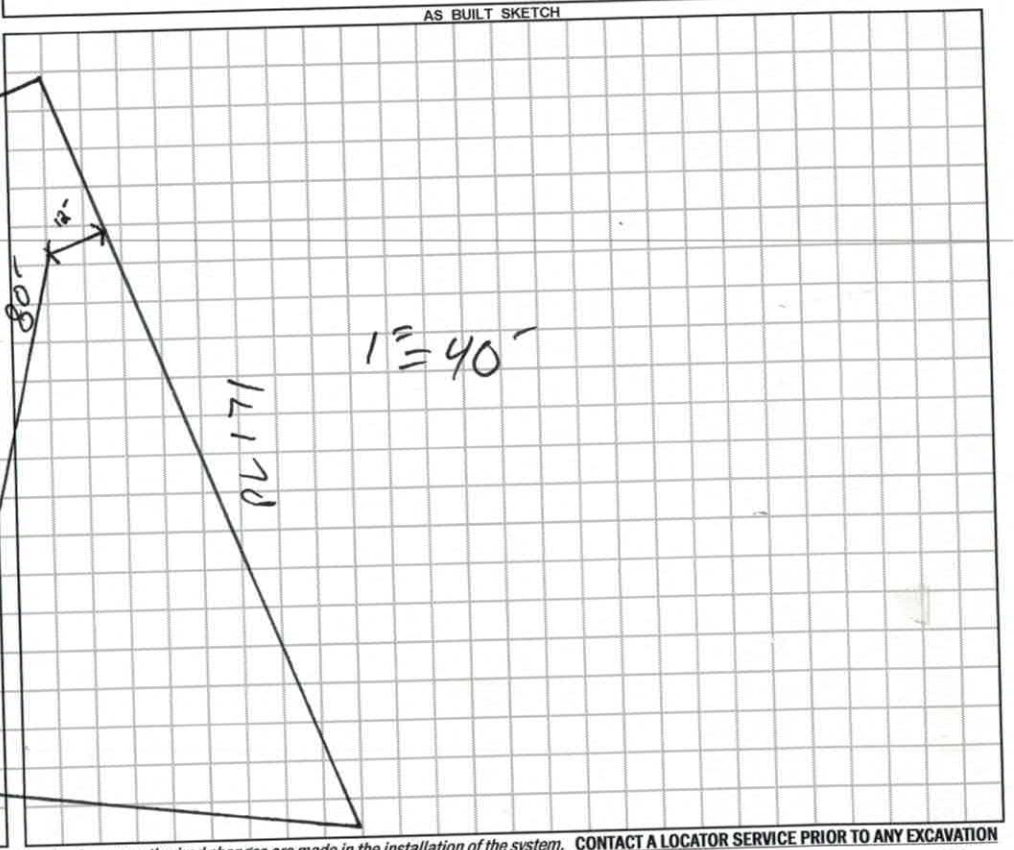
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Relocate Septic tank as shown on permit.
Pump, Crush, and fill old Septic tank, if not going to use.

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: Judith C. Weckerle Date: 3-26-19 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Date: 3-21-19 OPERATION PERMIT by: Benjamin A. Bolton Date: 4.15.19

AUTHORIZATION TO CONSTRUCT by: Date: 3-21-19 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.

242580

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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: Judith + Howard Wecker Address: 134 WYNWARD LA MOORESVILLE Zip: 28117
Applicant Email: judiweckerlc@gmail.com Phone: 252-622-1001 (cell #) Alt. Phone: 704 360 2388 (Home)
Owner Name: Same Address: Same Zip: _____
Owner Email: Same Phone: Same Alt. Phone: _____

Property Information:

Street Address: 134 WYNWARD LANE MOORESVILLE NC 28117
Subdivision Name: NORTHSHORE II Section/Phase: 1 Lot Number: 9 BLK 1 NORTHSHORE II
Driving Directions: BRAWLEY SCHOOL RD to Isle of Pines Rd to Cove Creek Loop to WYNSWEPT DR TO WYNWARD LANE

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
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: DECK CONSTRUCTION LOCATE SEPTIC

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: N/A
( ) 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)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____
DATE ON SEPTIC PERMIT
Year existing system installed: 3-11-93

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.

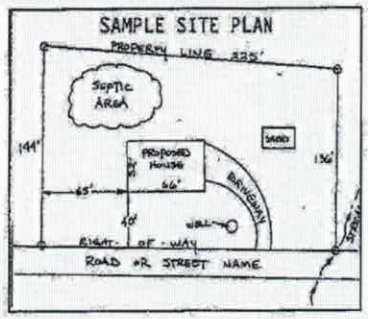
Signature: Judith Wecker 3-1-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PAID outlet deposit MA 3/4/19

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:

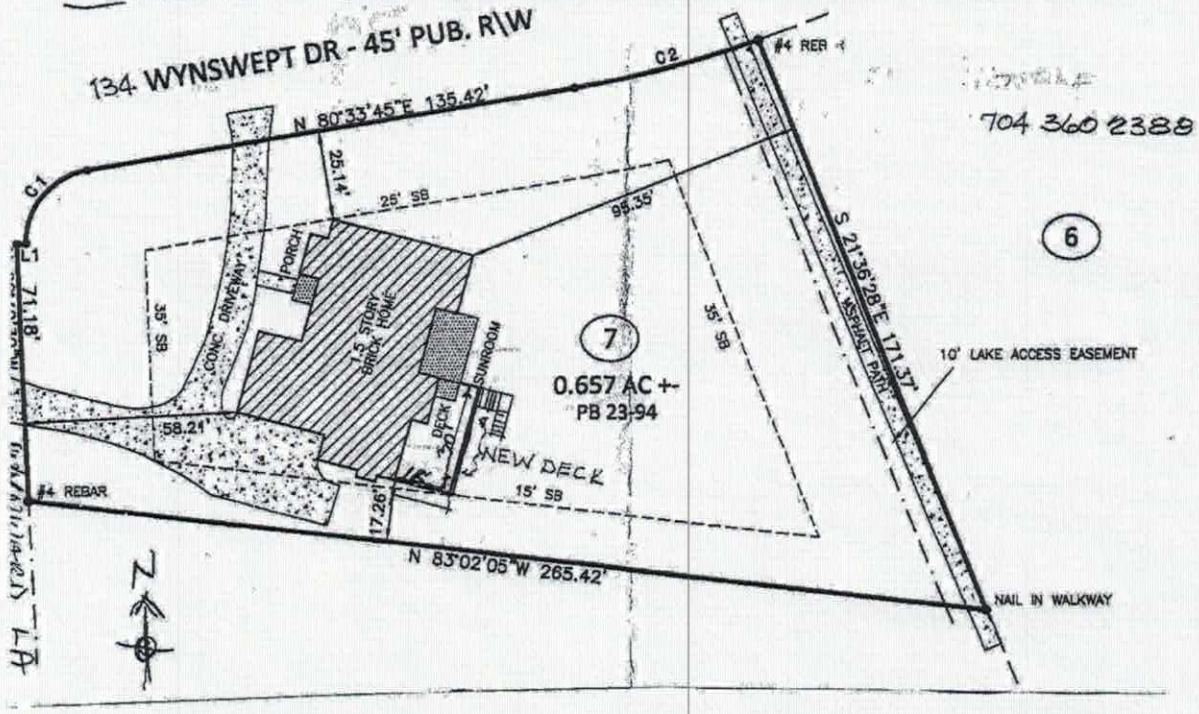
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location N/A
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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



Signature: Judith Wickerle
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE 3-1-19

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) Judith Weikle 3-1-19

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
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

: EHTemp <EHTemp@co.iredell.nc.us>
: Emailing: 4636102563.a1-2.jpg SEPTIC SYSTEM RECORD NORTH SHORE PHASE 1 LOT #7
: December 10, 2013 11:48:46 AM EST
: "herman.anita.jordan@gmail.com" <herman.anita.jordan@gmail.com>

1 Attachment, 123 I

HA SHERRILL
ONMENTAL HEALTH

IREDELL COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Crescent Homebuilders, Inc. DATE 5-21-13 PERMIT NO 27-310

ZONE: Business ... Home Lindsay C. Jacobs 803-6905

LOCATION ON WEST SIDE OF ISLE OF PINES ROAD, 1.2 ± SOUTH OF STANLEY

SCHOOL ROAD ... S.R. No. 1123

SUBDIVISION NAME North Shore Phase 1 LOT NO 7 SECTION OR BLOCK NO

House ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Bedrooms 3-4 Soil Characteristics clay/silty clay, wk red, sbkt cons., mfi, PS

Subsurface Disposal Unit Application Rate To 46@50" LTAR 0.3

Shoulder Yes ☒ No ☐ Topography 12-15% SL 15% PS

Alt. Machine Yes ☐ No ☐ Depth to Water Table 54" S

Area ~20,060 sq ft Rock or other impervious formation 54" S

No Basement X Crawl Space

Basement with Plumbing Basement without Plumbing

Size of Tank 1500 Gal.

Notification Field: GRAVITY

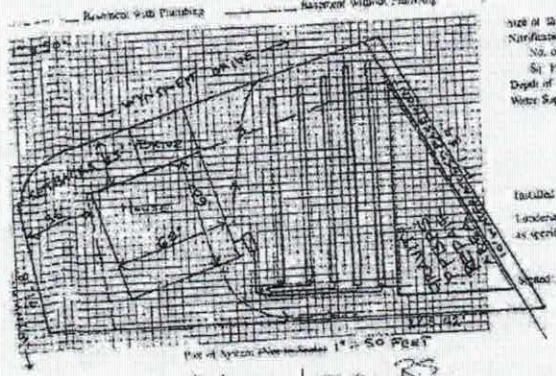
No. of Lines 5 CONVENTIONAL

Sq. Ft. 1590 Linear Ft. 533

Depth of Stone in Lines 12"

Water Supply Individual

Public X



Installed by

I understand and agree to install a septic and system as specified on this Improvement Permit

Signed Tony Jacobs, APPS (A)

IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE

IMPROVEMENT PERMIT BY Jordan ... RS

COMMENTS Maximum Trench Depth-Conventional Trench, Gravity - 30". Do Not Trench During Wet Soil Conditions. Rain Surface Water diversion, gutter/roof runoff diversion necessary. Subsurface intercept drain necessary, outlet away from system and adjacent lot system. Install with center feed d-box outlets equally.

DATE

CERTIFICATE OF COMPLETION BY DATE

EXISTING SYSTEM CHECKED BY

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

A VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, unless a new site is supplied toward securing improvement permit

Health Dept. Copy White Inspection Dept. Copy Yellow Sanitarian's Copy Pink Owner's Copy Gold

Septic tank does not appear to be where it is indicated on this permit which is why we need to get Health Dept to check

NOTES:

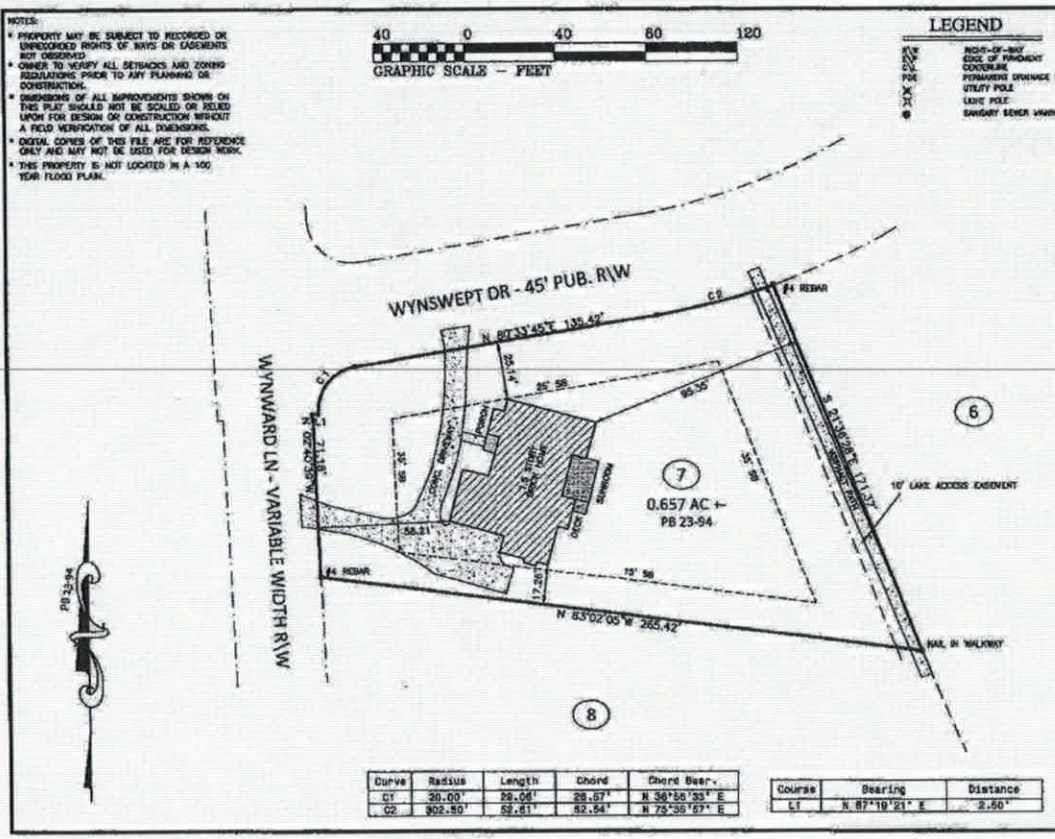
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED.
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- THIS PROPERTY IS NOT LOCATED IN A 100 YEAR FLOOD PLAIN.

40 0 40 80 120

GRAPHIC SCALE – FEET

LEGEND

RIGHT-OF-WAY
EDGE OF PAVEMENT
CONTOURS
PERMANENT DRAINAGE EASEMENT
UTILITY POLE
LIGHT POLE
SANITARY SEWER MANHOLE



Curve	Radius	Length	Chord	Chord Bear.
C1	30.00'	29.06'	28.57'	N 36°56'33" E
C2	302.50'	52.61'	52.54'	N 75°36'57" E

Course	Bearing	Distance
L1	N 87°19'21" E	2.50'

PHYSICAL SURVEY
FOR
HOWARD L. & JUDITH C. WECKERLE
134 WYNWARD LN - MOORESVILLE, NC
LOT #7, NORTH SHORE II, PHASE 1

DAVIDSON TOWNSHIP, IREDELL COUNTY, NC.
SCALE: 1" = 40'

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

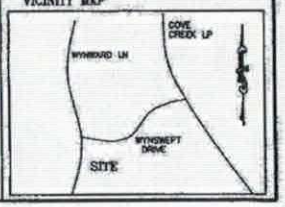
NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR

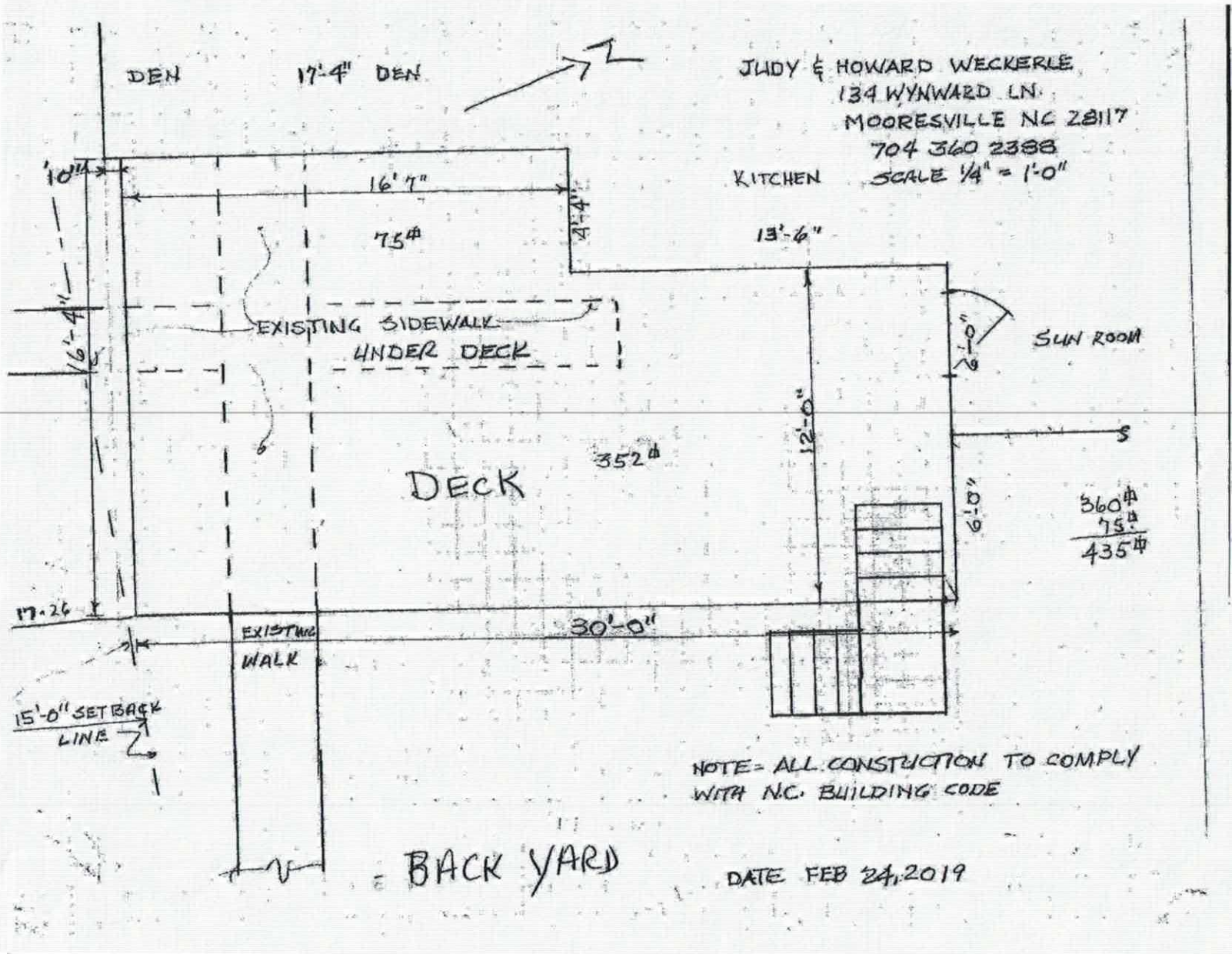
I, ROBERT J. DEDMON, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2297, PG 316)(PB 23, PG 94); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000'; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, JUNE 20, 2018.

Robert J. Dedmon — PROFESSIONAL LAND SURVEYOR — 3899 — LICENSE NO.

SURV. BY: WT	DRAWN: RD	JOB# WN57

VICINITY MAP




DEN
17'-4" DEN
JUDY & HOWARD WECKERLE
134 WYNWARD LN.
MOORESVILLE NC 28117
704 360 2388
KITCHEN
SCALE 1/4" = 1'-0"
10"
16'-7"
4'-4"
13'-6"
75#
16'-4"
EXISTING SIDEWALK
UNDER DECK
SUN ROOM
12'-0"
6'-0"
352#
DECK
360#
75#
435#
17.26
30'-0"
EXISTING
WALK
15'-0" SETBACK
LINE
BACK YARD
NOTE= ALL CONSTUCTION TO COMPLY
WITH N.C. BUILDING CODE
DATE FEB 24, 2019

IREDELL COUNTY

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

APPLICATION NUMBER
242580
Issue Date: 03/04/2019

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4636102563.000	134 WYNWARD LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: REILLY CULLAN R+CLAIRE N COVINGTON	Applicant: WECKERLE HOWARD L REVO
Address: 134 WYNWARD LANE	Address: 131 DIGH CIRCLE
MOORESVILLE, NC 28117	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
ADDITION OF DECK 435 SQ FT	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	35.00	25.00	15.00	CACL	X

Remarks:

PAID on Check payment NH 3/4/19

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.

Attached

Applicant: _____ Date: _____

Permit Number	169399	TOTAL FEES:	$ 77.25