ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 227134

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

PIN # 4636-54-4237

APPLICANT/OWNER: Aaron Guess — APPLICANT ADDRESS: 4706 Milenia Blvd Orlando, FL

SITE ADDRESS: 114 Widgeon Dr. Mooresville, NC — PHONE: 407-276-6663 — ALT. PHONE

SITE DIRECTIONS: BSR towards LKN → L on Stutts → L on Widgeon → House (already built) on Right — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head Country Club — SECTION: 52 LOT # 188 — LOT AREA: 28,243 ft² — DESIGN FLOW: 480 GPD — L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	760	Date	4-23-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (Serial Distribution)
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Partial (Drip)
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	24"-33"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing — No. Bedrooms: 4 — No. Persons: 8 — No. Employees: — ☐ Crawl Space — ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. As of 7/10/19 house already built. (See floorplans with approval date of 7/12/2019)

INITIAL SITE SKETCH

See attached plan from Michael Athanas + Associates

Dated: 6/28/2019 Michael Athanas LSS #1252

Revised: 7/11/2019 (site plan for pool location + repair)

AS BUILT SKETCH

Plat on file 9-25-1980

L1 - 94'
L2 - 94'
L3 - 86'
L4 - 82'
L5 - 46'
(see attached)

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: [signature] Date: 7/18/19 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/12/2019 OPERATION PERMIT by: Carla C. Cave Date: 7-22-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/12/2019 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 inspector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227134

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

PIN # 4636-54-4237

APPLICANT/OWNER: Aaron Guess APPLICANT ADDRESS: 4700 Milenia Blvd Orlando, FL

SITE ADDRESS: 114 Widgeon Dr. Mooresville, NC PHONE: 407-276-6663 ALT. PHONE

SITE DIRECTIONS: BSR towards LKN → L on Stutts → L on Widgeon → House (already built) on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Mallard Head Country Club SECTION: 52C LOT # 188 LOT AREA: 28,243 ft² DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	— (gal)	PT	—	Date	—		
Pump Make	—	Model	—	Serial #	—		
# Nitrification Fields	1	# Lines	5	Linear Ft	400		
Trench Width	36"	Trench Bottom Depth(Low side)	24"-33"	Gravel Depth	—		

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

System Description: 25% Reduction (Serial Distribution)

Repair System Description: Partial (Drip)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees ☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years. As of 7/10/19, house already built. (See floorplans with approval date of 7/12/2017)

INITIAL SITE SKETCH

See attached plan from Michael Athanas + Associates

Dated: 6/28/2019 Michael Athanas LSS#1252

Revised: 7/11/2019 (site plan for pool location + repair)

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: Date: 7/18/2019 Installed by:

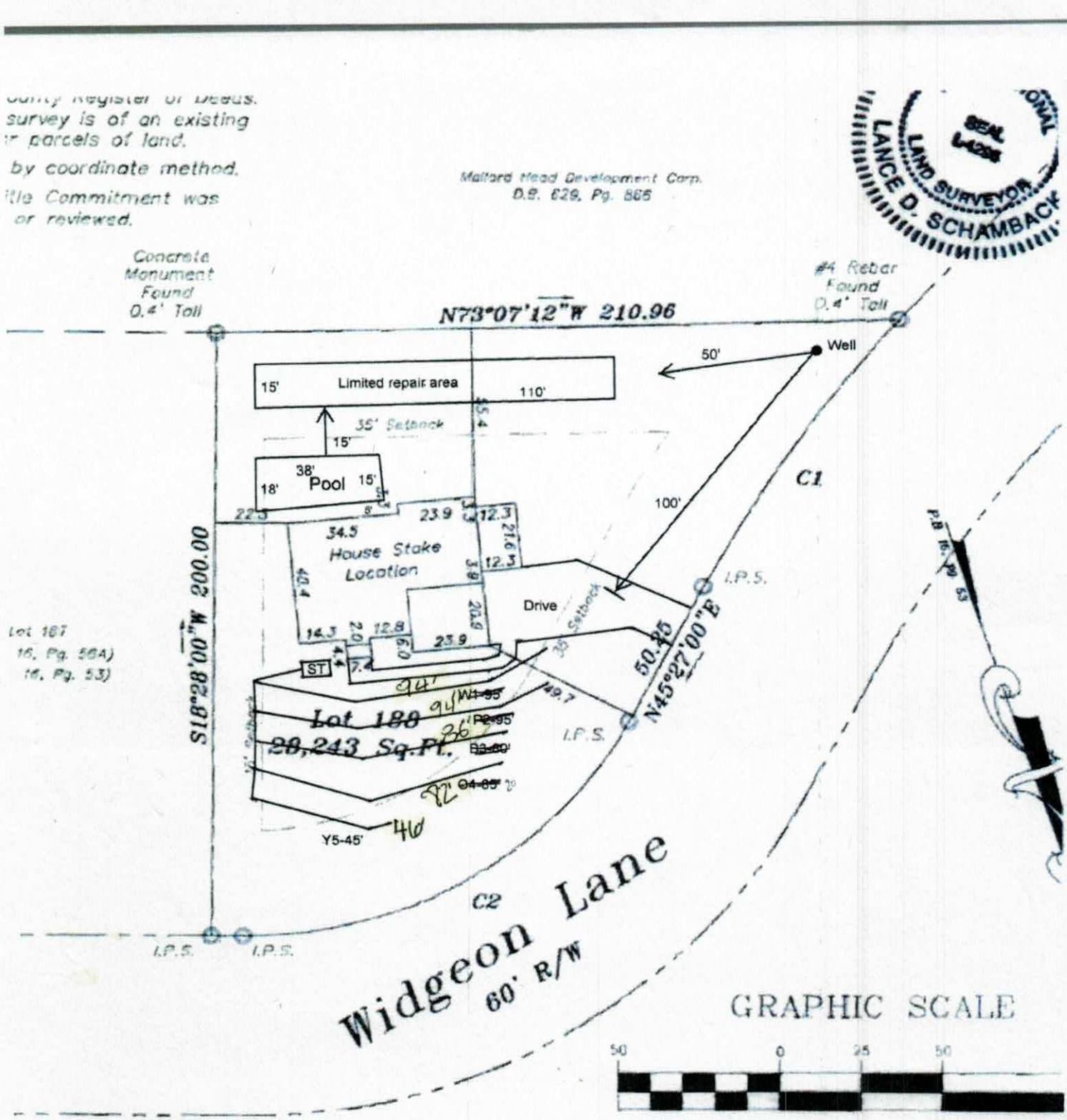
IMPROVEMENT PERMIT by: Tom Shuck Date: 7/12/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/12/2019 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.

...unty Register of Deeds.
survey is of an existing
r parcels of land.
by coordinate method.
itle Commitment was
or reviewed.

Mallard Head Development Corp.
D.B. 629, Pg. 865



GRAPHIC SCALE

50 0 25 50

(IN FEET)

1 inch = 40 ft.

APPROVED JUL 12 2019

...end
...ght-of-way
...4 Rebar Set
...ot to scale
...lephone Pedestal
...tility Pole
...dge of Pavement

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHO
C1	106.92	431.98	N52°32'30"E	106.
C2	146.42	133.13	S76°52'30"W	139

Map



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
00/00/00
6/28/2019

Reference: Data Sheet for 114 Widgeon Ln, Mallard Head CC Sec 2C, Lot 188
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Limited (Deeded 1980)
Distribution: Gravity-End cap/Drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
White 1	95'	95'
Pink 2	95'	99'
Blue 3	80'	81'
Orange 4	85'	86'
Yellow 5	45'	50'

Initial System: 400' **Repair System:** Limited

Comments:

APPROVED JUL 12 2019



Mallard Head Lot 188 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	5 (See Table)
Minimum Linear Feet	267
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (High side)	30"
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	45' of **2**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31.5 gpm
Elevation head	Approx: 6 ft
Pressure head	3 ft
Friction head	1.0 ft
20% Contingency	2 ft
Total Head	12 ft
Pump Requirements	31.5 gpm @ 12' of head To be designed by installer.
Maximum Dosing Volume	226.8 gal -2.1 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	n
Siphon Break hole	y
Repair System	**Repair Exempt**
Total Linear Feet	xxx
Repair LTAR	xxx

Approved
7-12-17

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	Pink	LPPPBPS	70 endfed	2.49	16	16	1 per panel	5/32"
2	System	Red	LPPPBPS	60 endfed	3.62	14	14	1 per panel	5/32"
3	System	Orange	LPPPBPS	55 endfed	4.86	13	13	1 per panel	5/32"
4	System	Blue	LPPPBPS	50 endfed	6.12	12	12	1 per panel	5/32"
5	System	Pink	LPPPBPS	35 endfed	7.32	8	8	1 per panel	5/32"
						Total: 63	Total: 63 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: xxx'					

Tank	Red	1000 gal (2 compartment)	
Pump Tank	Red	1000 gal.	0.72
House	orange		1.62

Note: **Tanks and Distribution devices can be altered at the ICHD's discretion**
Rod Readings should be verified by installer before installation
Lot is repair exempt

Approved
7-12-17

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

Sheet 1 of 1
PROPERTY ID #: 4636-54-423
COUNTY: I

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

OWNER: Widgeon Lane LLC
ADDRESS: Widgeon Lane Mooresville
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Lot 188
APPLICATION DATE: 4/21/17
DATE EVALUATED:
PROPERTY SIZE: 0.65
PROPERTY RECORDED: before 81
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L	0-6	mo GR SL	FR ns/np	Br	48+	N/A	N/A	0.3
		6-24	mo SBK C	FR ss/sp	R				
		24-48	wk SBK scl	↓	R, C ms sap				
2	L	0-32	mo SBK C	FR ss/sp	R	54+	N/A	N/A	0.3
		32-54	wk SBK CL	↓	R, C sap				
1	L	0-11	SCL v.w SBK	sl. Firm, sticky, sp, sap	–	0-37	–	–	0.3 PS
		11-19	clay w-m SBK	sl. Firm, sticky, sp, sap					
		19-37	clay loam w. SBK some SAP	sl. Friable, ss, sp, sap		44-48			
		37-44	MA Loamy Saprolite	Friable + Well. Drained					
		44-48	clay loam w. SBK some sap	Friable, ss, sp, sap					
AH 2	Shoulder/ HS 3%	0-22	clay w. SBK trace mica	sl. Firm, sticky, sp, sap	–	48	–	–	0.325 PS
		22-46	Clay Loam w. SBK	sl. → Friable, ss, sp, sap					
		46-48	clay loam v.w SBK some sap	Friable, ss, sp, sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	N/A
System Type(s)	LP PTPBPS	/
Site LTAR	0.3	/

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH
Approved 7-12-17 SF

COMMENTS:

#221139
7-3-19
$225.00
IH-2010.ER

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Aaron Guess **Address:** 4700 Millenia Blvd, Orlando, FL **Zip:** 32839

Applicant Email: _____ **Phone:** 407-276-6663 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 114 Widgeon Dr

Subdivision Name: Mallard Head **Section/Phase:** 2C **Lot Number:** 188

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(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: _____
(X) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) 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 (X) Other: Accepted

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: _____ 6/28/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Call Emma w/ questions
336-963-5155

RECEIVED JUN 3 0 2017

Lot 12

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 1: APPLICATION FORM

Limited Redraw AC & well
#227134 New House Box size

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SIT IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTE 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

Paid $75.00

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

Applicant Information:

contact Kathleen Saunders (704) 578-4951

Applicant Name: Widgeon Lane LLC Address: 4700 Millenia Blvd Suite 175 Phone:

Owner Name: Widgeon Lane LLC Address: Orlando Fl 32839 Phone:

Property Information:

Street Address: 114 Widgeon Ln Mooresville 28117

Subdivision Name: Mallard Head Country Club Section/Phase: S2C Lot Number: 188

Driving Directions: Brawley School Rd. Left on Stutts, Left on Widgeon Ln, Lot on right

4636-54-4237
0.65 acres

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbi

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

6/29/17
DATE

RECEIVED MAY 1 8 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00
#227134

ENVIRONMENTAL HEALTH DIVISION

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 Repai*

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

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

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

Applicant Information: Contact Kathleen Saunders (704) 578-4951

Applicant Name: Widgeon Lane LLC **Address:** 4700 Millenia Blvd Suite 175 **Phone:**

Owner Name: Widgeon Lane LLC **Address:** Orlando Fl 32839 **Phone:**

Property Information:

Street Address: 114 Widgeon Ln Mooresville 28117

Subdivision Name: Mallard Head Country Club **Section/Phase:** S2C **Lot Number:** 188

Driving Directions: Brawley School Rd. Left on Stutts, Left on Widgeon Ln. Lot on right

4636-54-4237
0.165 acres

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbin

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

4/21/17
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, Aaron Guess/Widgeon LLC, am the legal owner(s) of the property located at 114 Widgeon Lane Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4636544237.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	6-26-19		6-26-19

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Aaron Guess, am the legal owner of the property located at 114 Widgeon Ln Mooresville lot 188, identified as PIN(Parcel Identification Number) 4636-54-4237, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

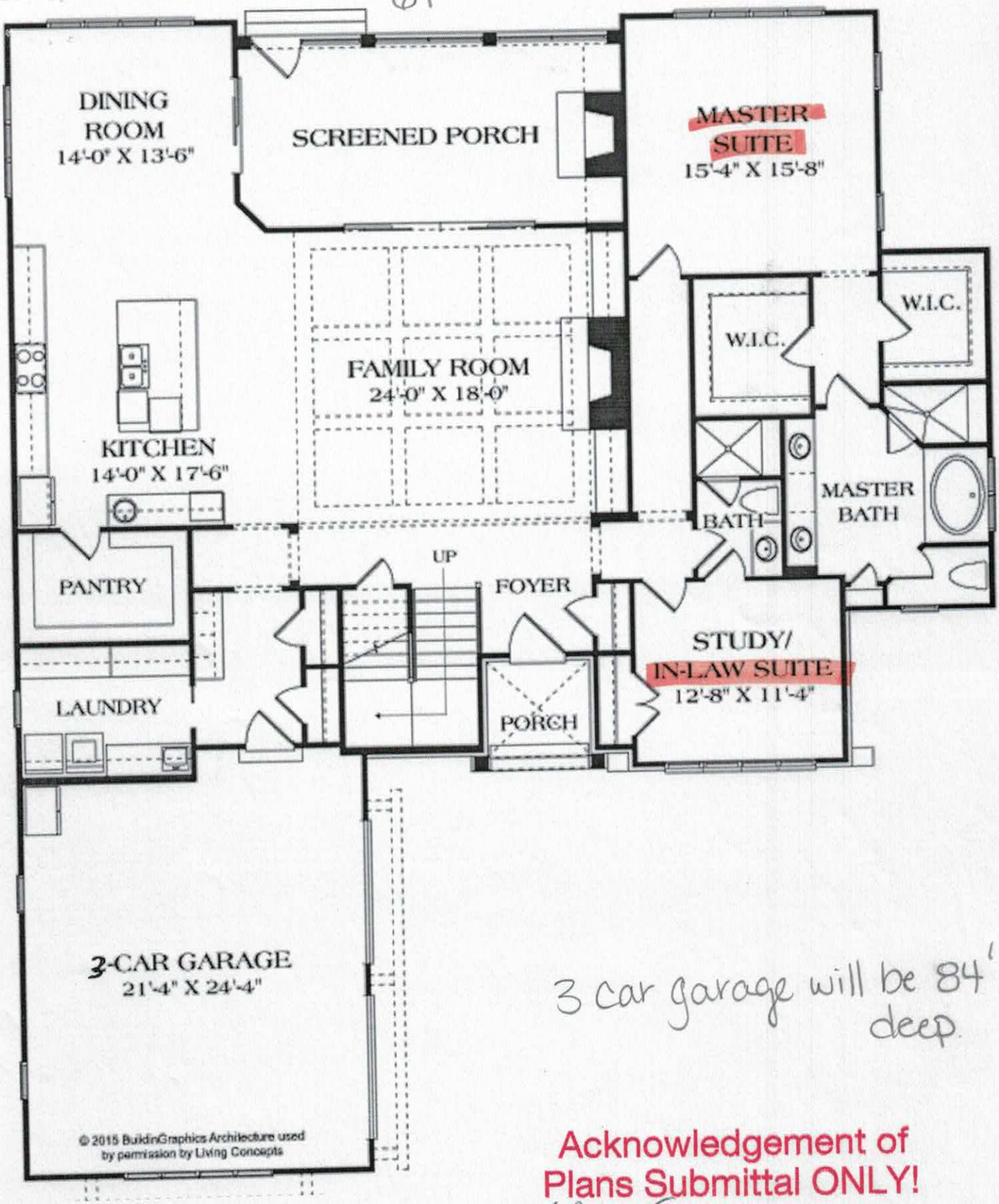
_____ May 12, 2017

Signature of Owner Date

_____ _____

Signature of Witness Date

61'



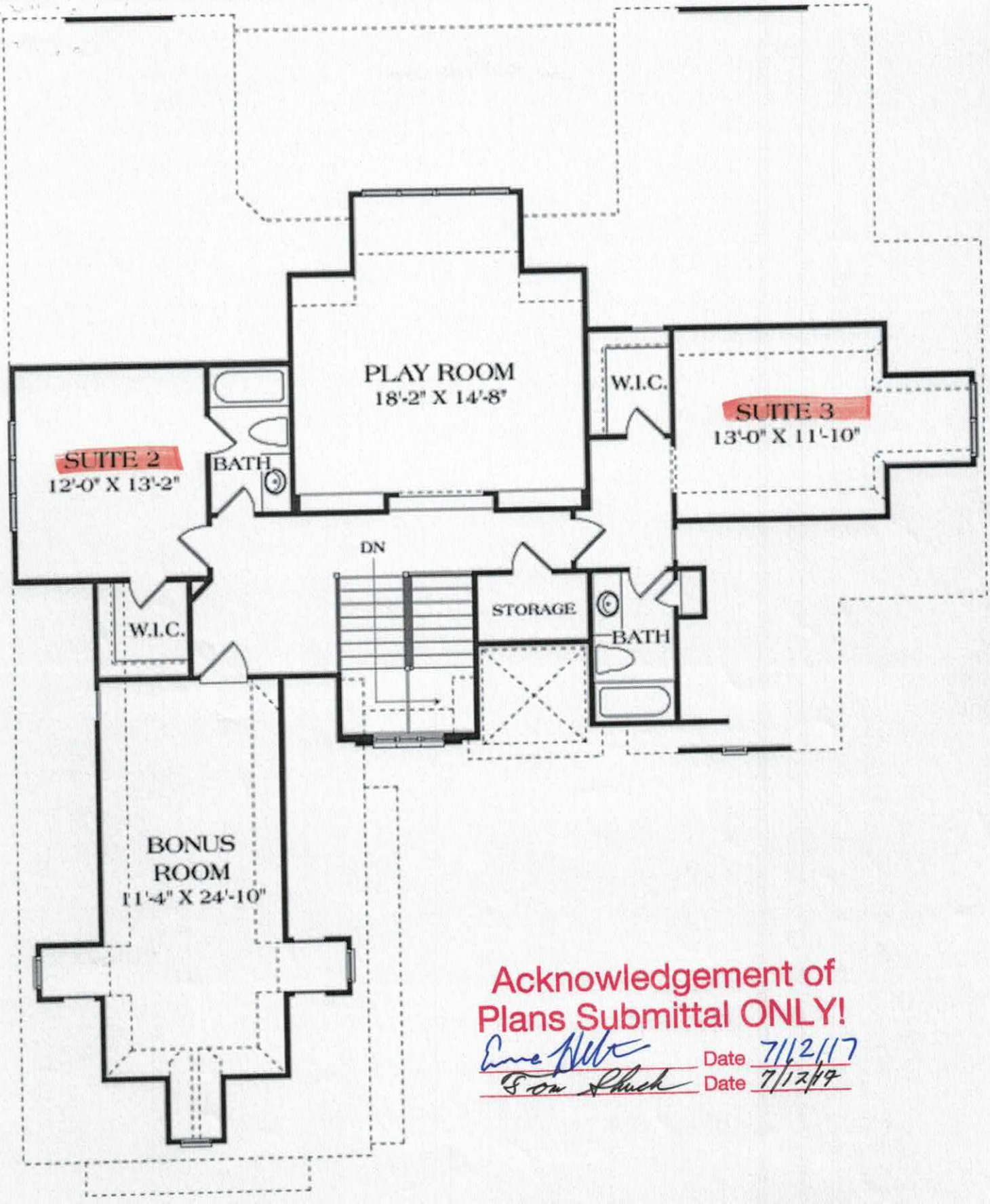
72'

3 car garage will be 84' deep.

Acknowledgement of Plans Submittal ONLY!

Katherine Snyder Date 6/30/17

Tom Pluck Date 7/12/17



Acknowledgement of
Plans Submittal ONLY!

Date 7/12/17

Date 7/12/17

IREDELL COUNTY

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

APPLICATION NUMBER
227134
Issue Date: 05/15/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636544237.000	114 WIDGEON LANE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: WIDGEON LANE LLC	Applicant: KATHLEEN SAUNDERS
Address: 121 ROLLING HILL RD MOORESVILLE, NC 28117	Address: 121 HOLT LANE MOORESVILLE, NC 28117
Phone: - -	Phone: 704-578-4951

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.650	35.00	35.00	15.00		CACL	X

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	102842	TOTAL FEES:	$ 77.25