# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328049

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

PIN # 4637 -- 34 -- 6953

APPLICANT/OWNER: Jennie Seward APPLICANT ADDRESS: 118 Little Acorn Ln, Mooresville NC 28115

SITE ADDRESS: 250 Whippoorwill Rd, Mooresville NC 28117 PHONE: 828-421-1121 ALT. PHONE 704-902-3511 (builder)

SITE DIRECTIONS: (W) NC 150 → (L) Doolie → (R) Whippoorwill → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Whippoorwill Woods SECTION: 2 LOT # 42 LOT AREA: 0.88 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

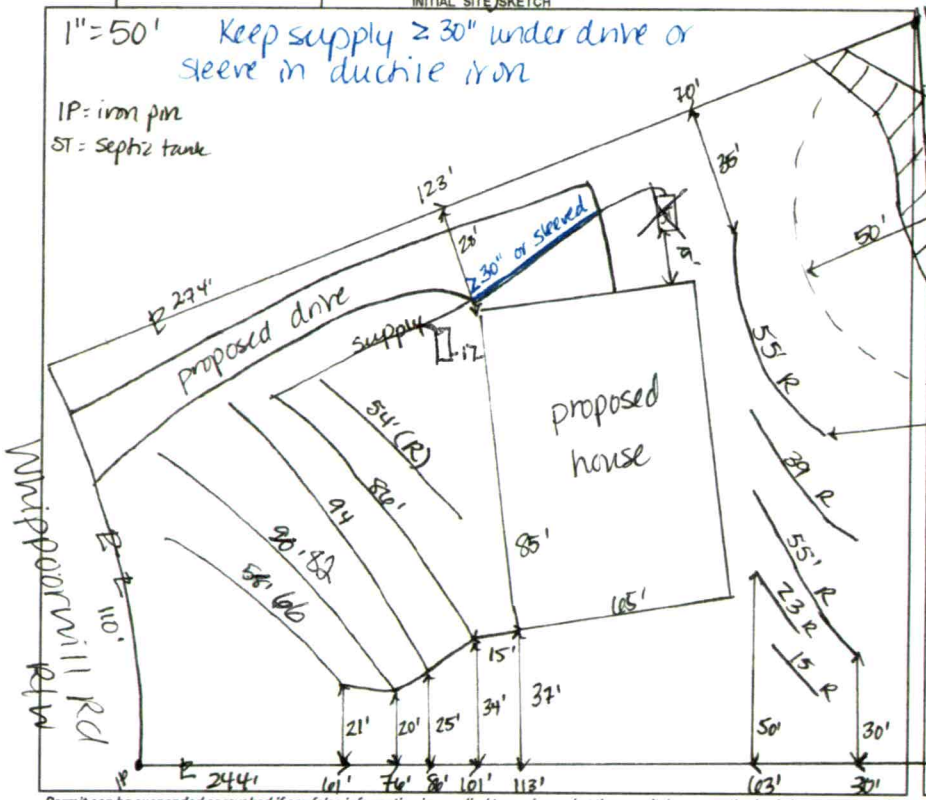
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 760 | Date | 10/1/22 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms 3 |
| Pump Tank | | (gal) | PT | Date | | System Description: | 25% Reduction | | | ☐ Business | No. Persons 6 |
| Pump Make | | Model | | Serial # | | Repair System Description: | 50% - LPPPBPS | | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 328' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☒ Slab | ☐ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 18" | Gravel Depth | N/A | ☒ GRAVITY | ☐ PRESSURE | | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, or bury, utilities in drainfield
Stay 15' from front house corner - it will be filled for slab
Stay 15' from any cut 2' or greater, DO not install in fill

Tank may be set at front of house if proper fall can be achieved to ones.
If lot is cut too much, pump will be required

INITIAL SITE SKETCH




AS BUILT SKETCH

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

Installed as Drawn

*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: Jennie Seward Date: 6/21/22 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: D. Meberg Date: 6/19/22 OPERATION PERMIT by: Craig Whit Date: 11/15/22

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 6/19/22 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

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Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328049

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

PIN # 4637 -- 34 -- 6953

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SITE ADDRESS: 250 Whippoorwill Rd, Mooresville NC 28117 PHONE: 828-421-1121 ALT. PHONE 704-902-3511 (builder)

SITE DIRECTIONS: (W) NC 150 → (L) Doodle → (R) Whippoorwill → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Whippoorwill Woods SECTION: 2 LOT # 42 LOT AREA: 0.88 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.275

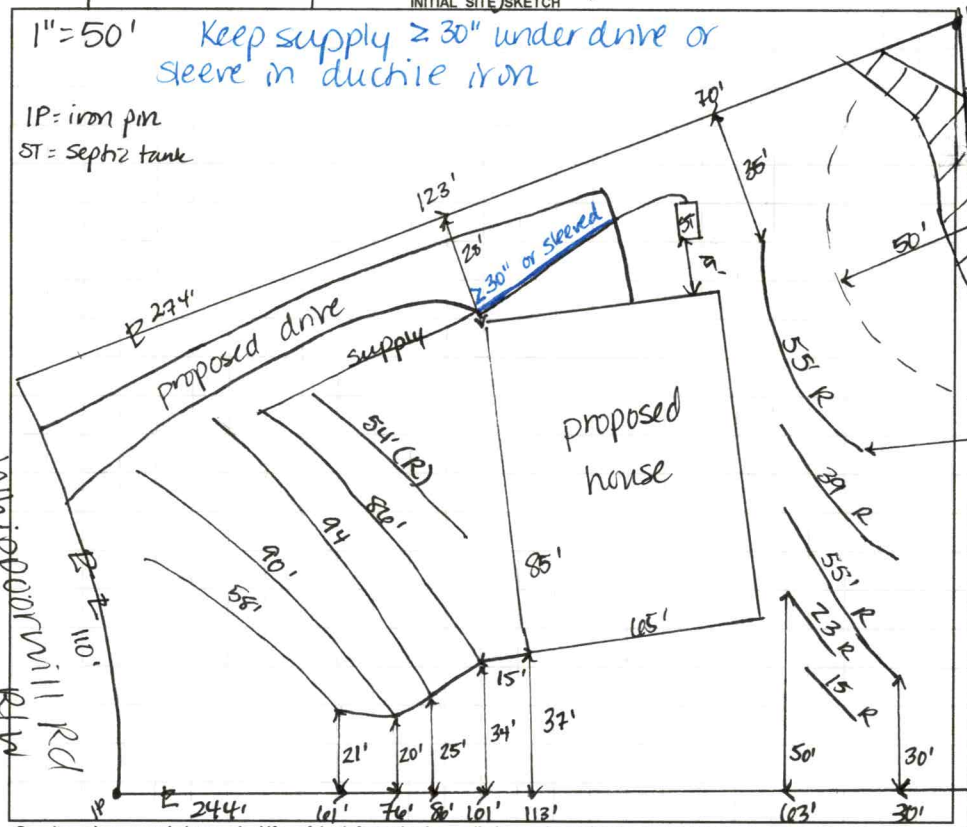
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☐ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI | ☒ Residence | No. Bedrooms | 3 |
| Pump Tank | | (gal) | PT | | Date | | System Description: | 25% Reduction | ☐ Business | No. Persons | 6 |
| Pump Make | | | Model | | Serial # | | Repair System Description: | 50% - LPPPBPS | ☐ Other | No. Employees | |
| # Nitrification Fields | 1 | | # Lines | 4 | Linear Ft | 328' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☒ Slab | ☐ Crawl Space | |
| Trench Width | 36" | | Trench Bottom Depth(Low side) | 18" | Gravel Depth | N/A | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

**Water Supply**: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, or bury utilities in drainfield
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Stay 15' from any cut 2' or greater, DO not install in fill

Tank may be set at front of house if proper fall can be achieved to ones.
If IDT is cut too much, pump will be required

INITIAL SITE SKETCH




AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am
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☐ **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: Julia Seward Date: 6/21/22 Installed by:

IMPROVEMENT PERMIT by: D. Meberg Date: 6/19/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 6/19/22 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

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

Sheet 1 of 2
PROPERTY ID #: 4637370753
COUNTY: Iredell

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

OWNER: Jennie Seward
APPLICATION DATE: 4/27/22
ADDRESS: 48 Little Acorn
DATE EVALUATED: 5/19/22
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.88
LOCATION OF SITE: 250 Whippoorwill Mooresville
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 | SS 10%-8% | 0-11 | SCL | SSSP-FR-SEXP | | 48"+ | N/A | N/A | PS TB @ 32 0.275 |
| | | 11-31 | C-ABK/SBK | | | | | | |
| | | 31-48 | CL-WSBK | | | | | | |
| | | | | A BK | YB @ BC transition, minor litho 31"+ | | | | |
| 2 | SS 10% | 0-5 | SCL-SBK | SSSP-FR-SEXP | | 48"+ | N/A | N/A | PS 0.275 |
| | | 5-30 | C-SBK/ABK | | | | | | |
| | | 30-48 | CL-WSBK | | | | | | |
| | | | | | litho common 30"+ | | | | |
| 3 | LS 10% | 0-11 | SCL-SBK | SSSP-FR-SEXP | | (31") | N/A | N/A | PS 0.275 |
| | | 11-40 | C-SBK/ABK | | | | | | |
| | | 40-54 | CL-WSBK tight | | YB @ 32-37 | | | | |
| 4 | LS 10% | 0-8 | SCL-SBK | SSSP-FR-SEXP | | (54") | N/A | N/A | PS 0.275 |
| | | 8-37 | C-ABK/SBK | | | | | | |
| | | 37-54 | CL-SBK | | | | | | |
| | | | | | 2.5Y 6/2 @ 46" mm. YB 32-36 | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 330' | ~~210~~ 240 |
| System Type(s) | 25% | 50% |
| Site LTAR | 0.275 | ~~0.275~~ 0.25 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D Wiebers
OTHER(S) PRESENT: S Holland

COMMENTS:

# LEGEND

***use the following standard abbreviations***

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

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

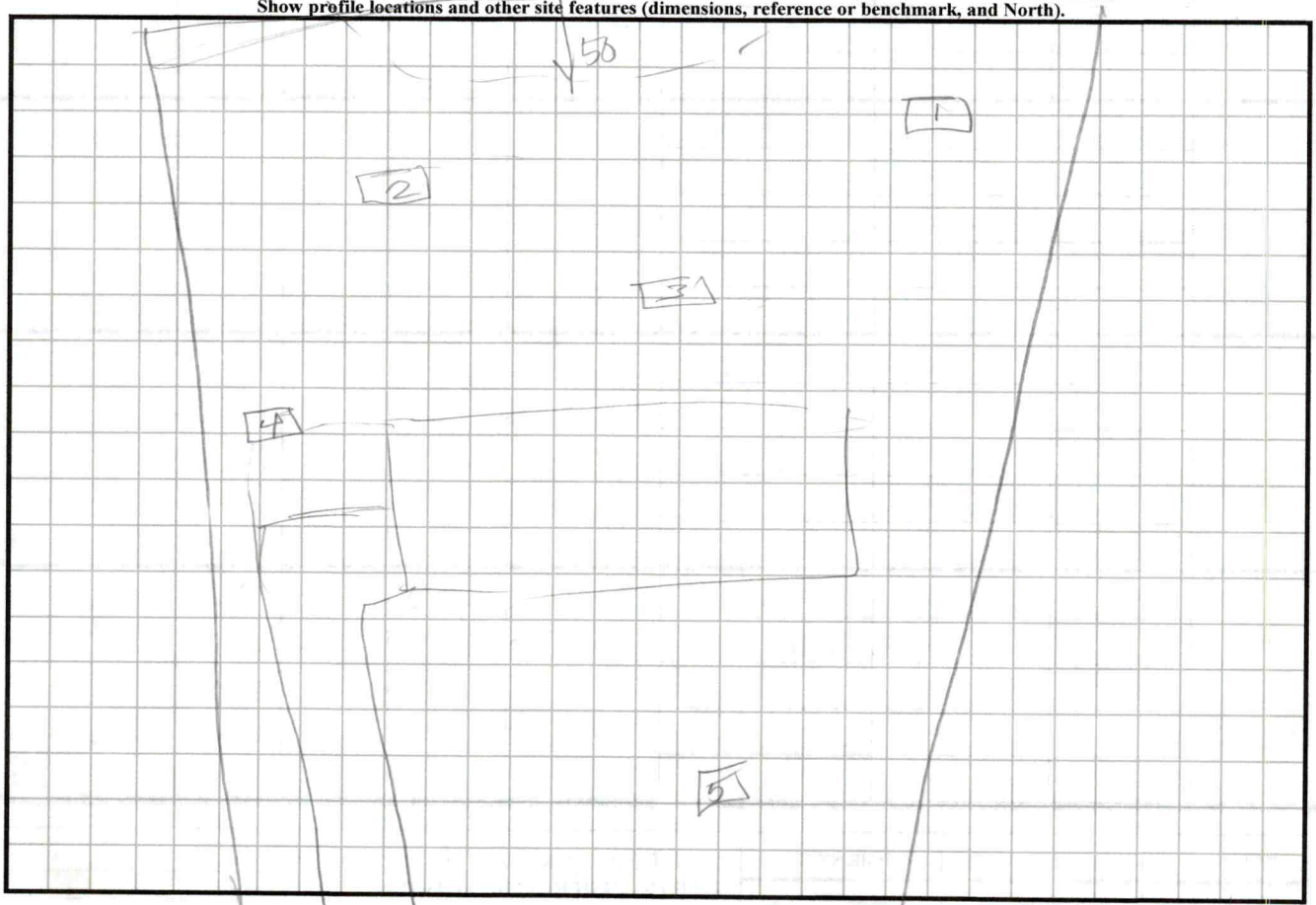
***NOTES***

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

Evaluation of saprolite shall be by pits.

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

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




Whippoorwill

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*



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

PROPERTY ID #: 463734695 3
DATE OF EVALUATION: 8/19/22
COUNTY: Tredda

| 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | LS 10% | 0-12 | SCL - WSBK | SSSP-FR-SEXP | | 54" | N/K | N/A | PS |
| | | 12-40 | C - SBK | ↓ | | | | | |
| | | 40-54 | CL. WSBK | | | | | | 0.275 |
| | | | | | Litho Sew YB | common 30-54 | 40"+ | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | |

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

Sheet 3 of 3
PROPERTY ID #: 4637346953
COUNTY: Iredell

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

OWNER: Jennie Seward
ADDRESS: 118 Little Acorn Mooresville 28115
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 250 Whippoorwill Mooresville
APPLICATION DATE: 4/22/22
DATE EVALUATED: 6/1/22
PROPERTY SIZE: 0.58
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 |
|---|---|---|---|---|---|---|---|---|---|
| 6 | 8% | 0-8 | SCL/SBK | SS-SP-FR-SEXP | some mg 2.5y6/3@36" YIB & some chroma 3's 26"+ | 48" | N/A | N/A | PS .25 |
| | | 8-26 | C/ABK | SS-SP-FR-SEXP | | | | | |
| | | 26-48 | CL/SBK | SS-SP-FR-SEXP | | | | | |
| 7 | 8% | 0-8 | SCL-SBK | SSSP-FR-SEXP | Litho 33"+ | 54" | N/A | N/A | PS .3 |
| | | 8-33 | C-SBK | ↓ | | | | | |
| | | 33-54 | CL WSBK | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 330 | 240 |
| System Type(s) | 75% | 50% |
| Site LTAR | 0.275 | 0.25 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Mcberry
OTHER(S) PRESENT: S. Holland

COMMENTS:

# LEGEND

*use the following standard abbreviations*

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| | 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) |
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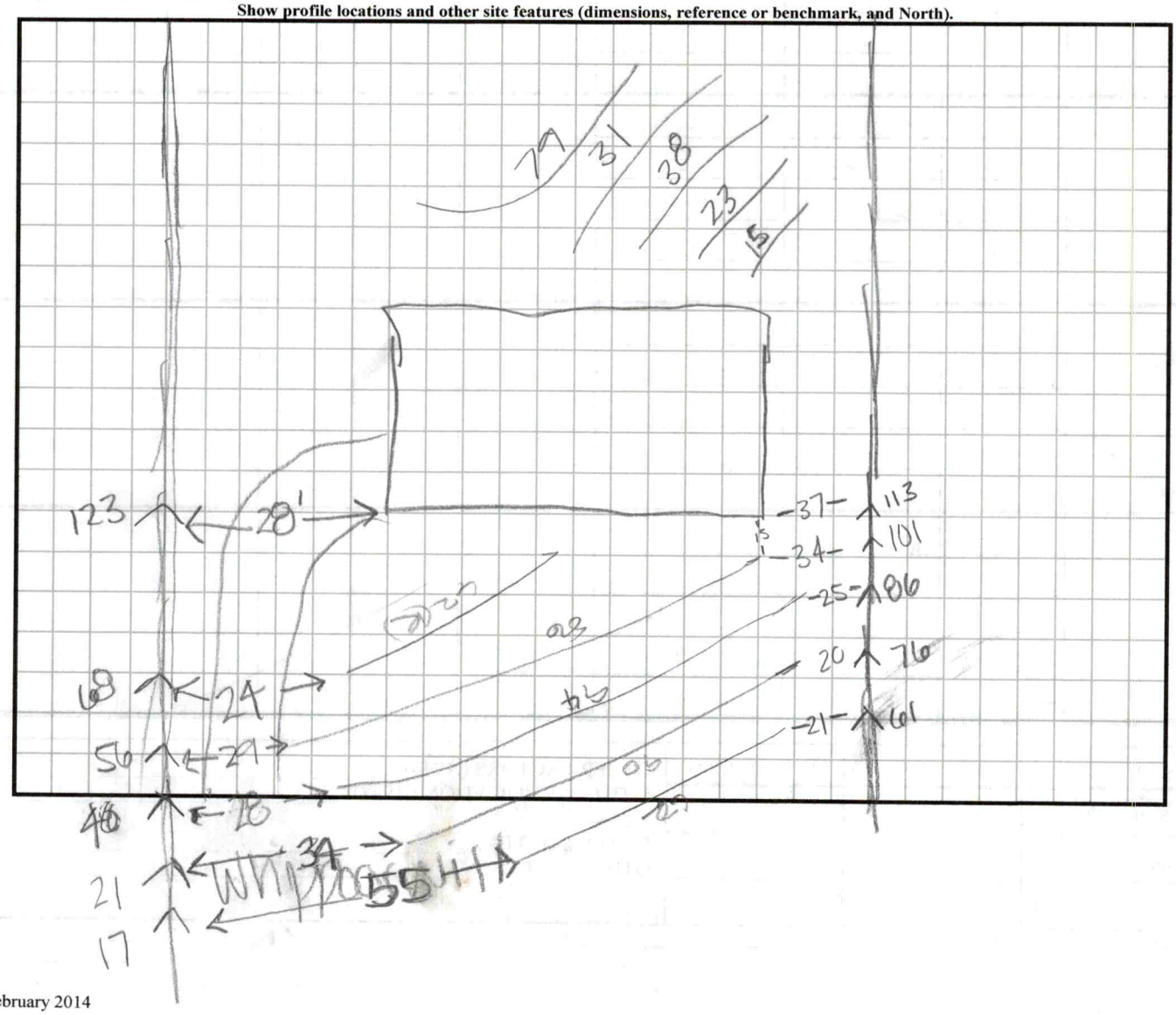
***NOTES***

| | |
|---|---|
| *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 |
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Evaluation of saprolite shall be by pits.

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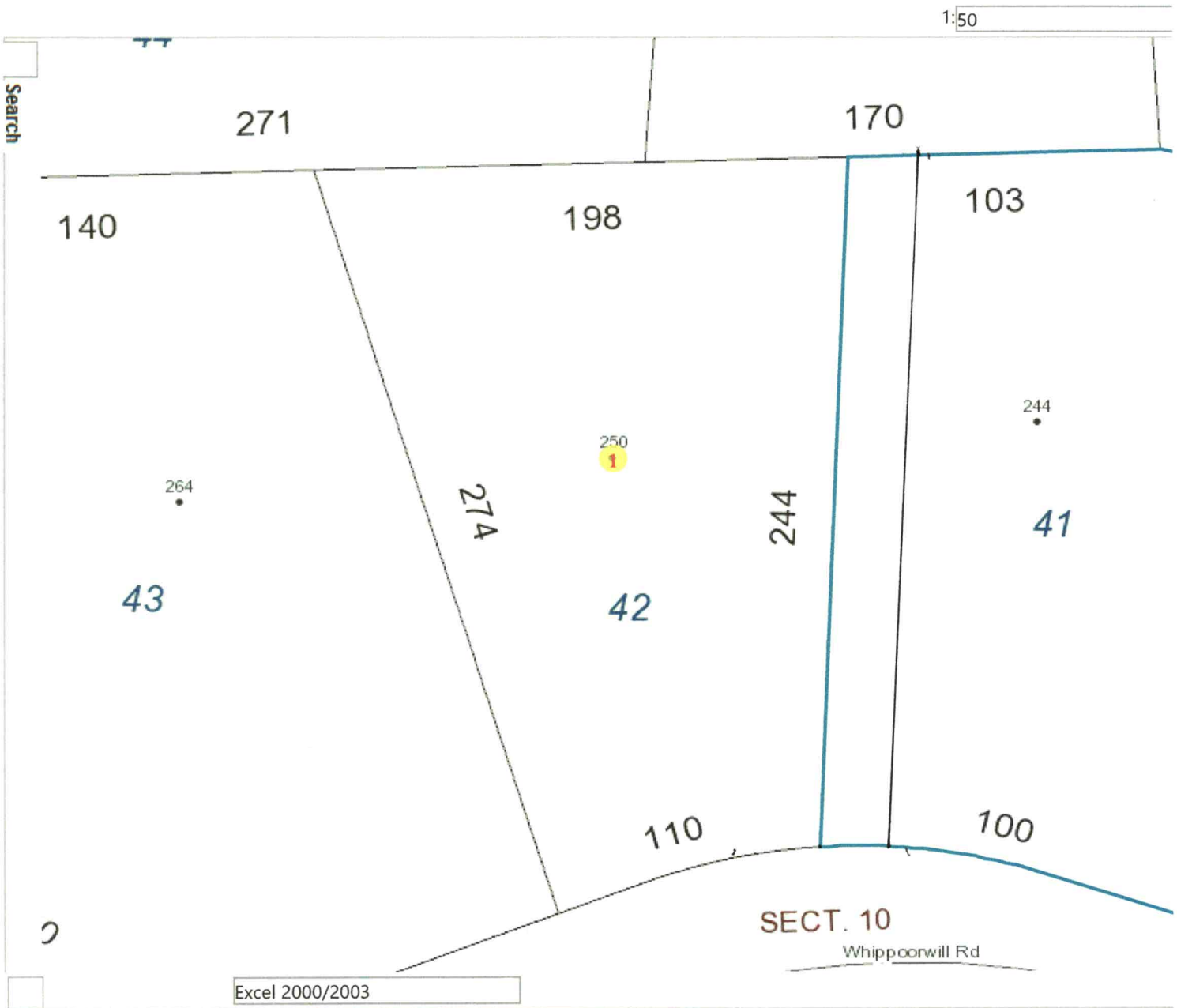
**Show profile locations and other site features (dimensions, reference or benchmark, and North).**




Updated February 2014

CONNECTGIS WEB HOSTING

North Carolina
Iredell County




| | Address | City | State | Zip | Street Name |
|---|---|---|---|---|---|
| 1 | 250 WHIPPOORWILL RD | MOORESVILLE | NC | 28117 | WHIPPOORWILL |

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Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 328049

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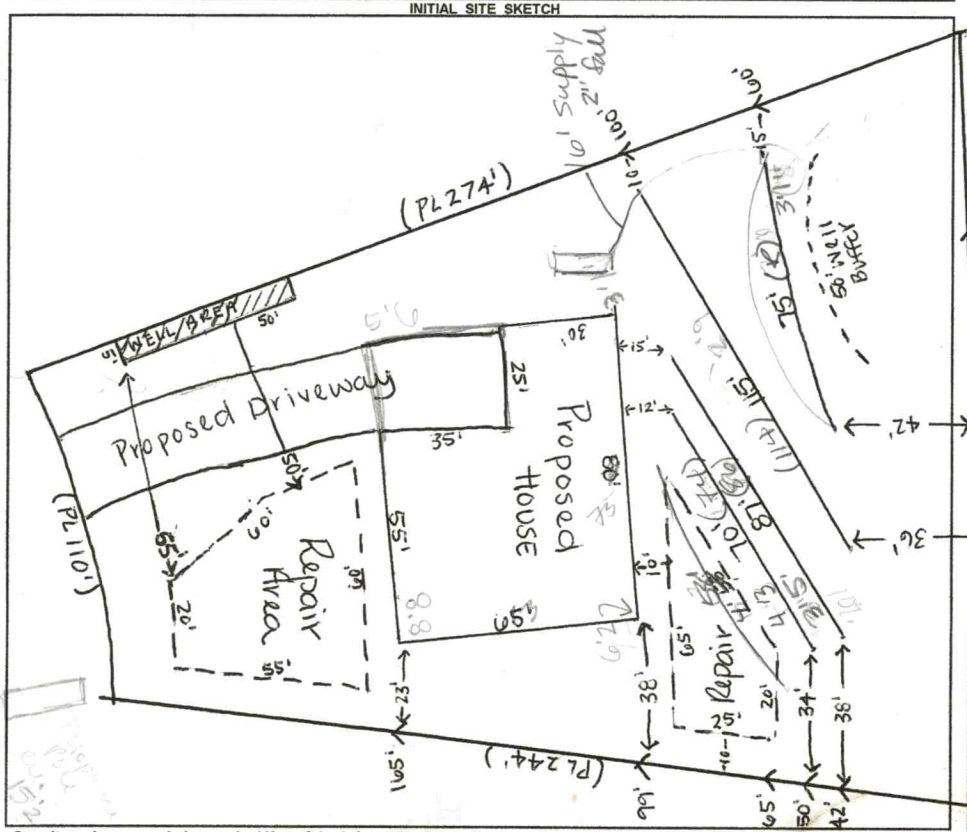
SITE DIRECTIONS: River Hwy - (L) Doolie Rd - (R) Whippoorwill - lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Whippoorwill Woods SECTION: M2 LOT # 42 LOT AREA: 0.88 DESIGN FLOW: 360gpd L.T.A.R.: 0.275

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | Date | ☑ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | ☑ Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | | (gal) | PT | Date | System Description: | 25% Reduction Chambers | | | ☐ Business | No. Persons | 6 | ☑ Private |
| Pump Make | | Model | | Serial # | Repair System Description: | 50% Reduction Chambers | | | ☐ Other | No. Employees | | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft: 347' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☐ Crawl Space | | ☐ Community |
| Trench Width | | Trench Bottom Depth(Low side) | | | Gravel Depth | | ☒ GRAVITY | ☐ PRESSURE | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Comments / Conditions:

INITIAL SITE SKETCH




AS BUILT SKETCH

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

1" = 50

Per Builder - if System will be a Pump, they will move house back

704-902-3511 (Builder)

*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**

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Owner / Applicant Signature: _____ Date: _____ Installed by: _____

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

ORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

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

RECEIVED APR 27 2022

DW

**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* AP-328049 $500.00

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

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

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

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

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Jennie Seward Address: 118 Little Acorn LN Zip: 28115
Applicant Email: JSeward6126@yahoo.com Phone: 828 421-1121 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 250 Whippoorwill Rd Mocksville NC.
Subdivision Name: Whippoorwill I Section/Phase: _____ Lot Number: 42
Driving Directions: I-77 South to exit 36 Right to Dollie rd. Left to Whippoorwill 250

**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: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2000 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

**Water Supply:** ( ) Replacement Well – Reason: Well
( ) Multi-connection Well Number of Houses: One Number of Persons: 2
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.*

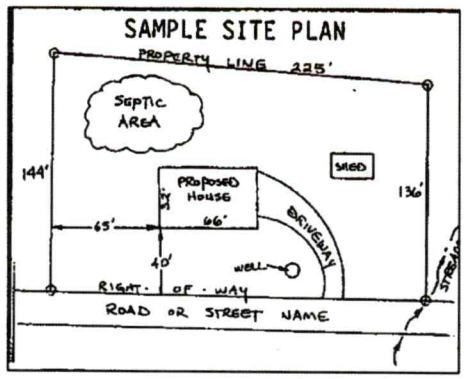
**Signature:** Richard Wilson 4/25/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# 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:**

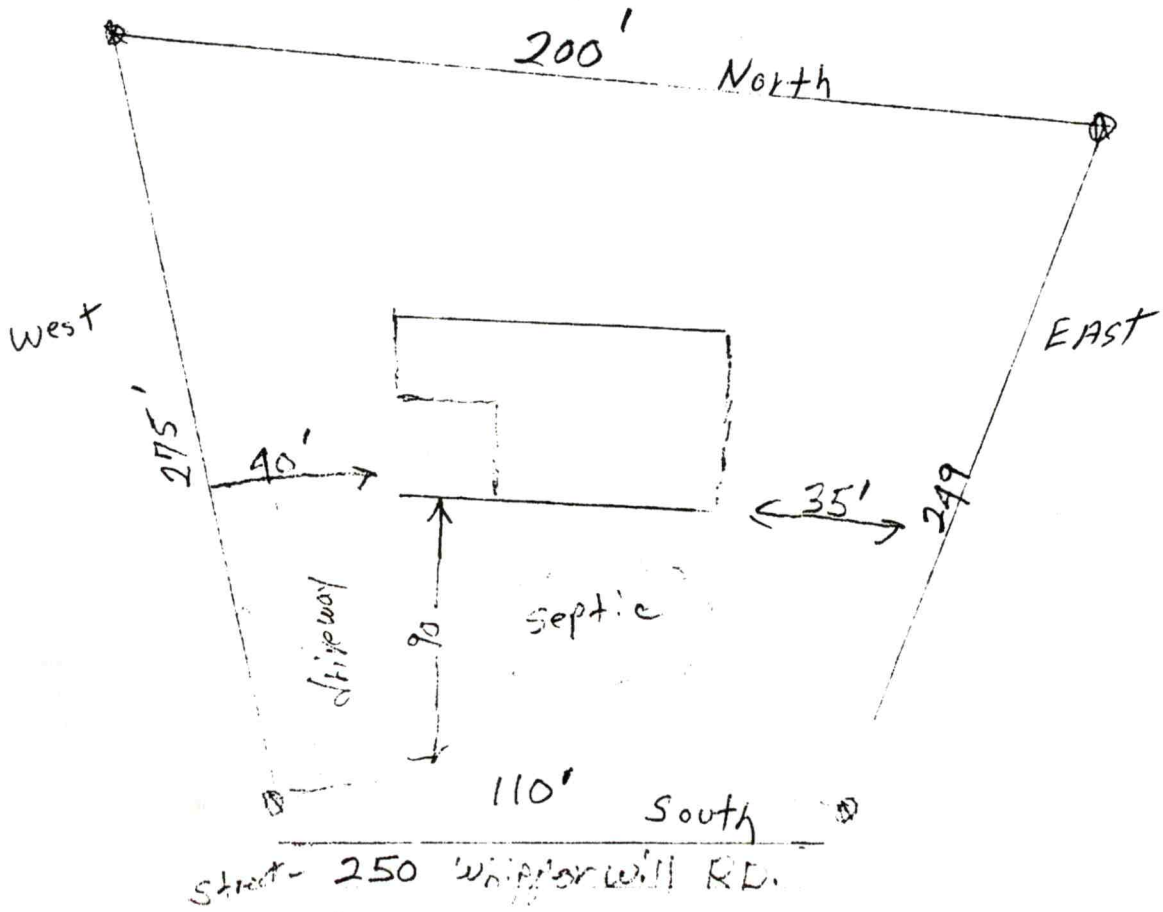
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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




**Signature:** _____ 4/25/22

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

*(Check and sign only ONE of the options below)*

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

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, Jennie Seward, am the legal owner(s) of the property located at 250 whippoorwill Rd., identified as PIN (Parcel Identification Number) 4637-34-6953 000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) J.R. Wilson Co., Richard Wilson, 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.

X Jennie Seward
Signature of Owner(s)

04/25/2022
Date

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

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

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 328049<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4637346953.000 | 250 WHIPPOORWILL RD | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: SEWARD JENNIE G REVOC TR | Name: JENNIE SEWARD |
| Address: 1309 SKEET CLUB RD | Address: |
| HIGH POINT, NC 27265 | , |
| Phone: | Phone: (828)421-1121 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.88 | 35 | 35 | 15 | 15 | WSIV-CA Catawba/Lake Norman | NO |

| Remarks |
|---|
| SFD |

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

**Date:** 04/26/2022

Signature of Owner/Contractor

| Permit Number | 328049 | TOTAL FEES: | $77.25 |
|---|---|---|---|

**IREDELL COUNTY PLANNING & DEVELOPMENT**
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

# Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): construct new house

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 2000 sq Ft

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

**Owner Information**

Property Owner's Name Jennie Seward Phone # 828-421-1121

Owner's Current Address 118 Little Acorn Ln Mooresville 28115

**Property Information**

Property Address 250 Whippoorwill Rd. Parcel # 4637-34-6953 000-

Subdivision: Whippoorwill I Lot: 92 Zoning: ____ Watershed: Y / N Flood Plain: Y / N Township: _____

Directions to property (from a MAIN ROAD) I-77 South to exit 36 Right to Doolie Rd Left to Whippoorwill Right ½ mi to 250 whippoorwill Rd. on Right

**Application Information**

Applicant's Name or Company Jennie Seward Applicant's Phone # 828-421-1121

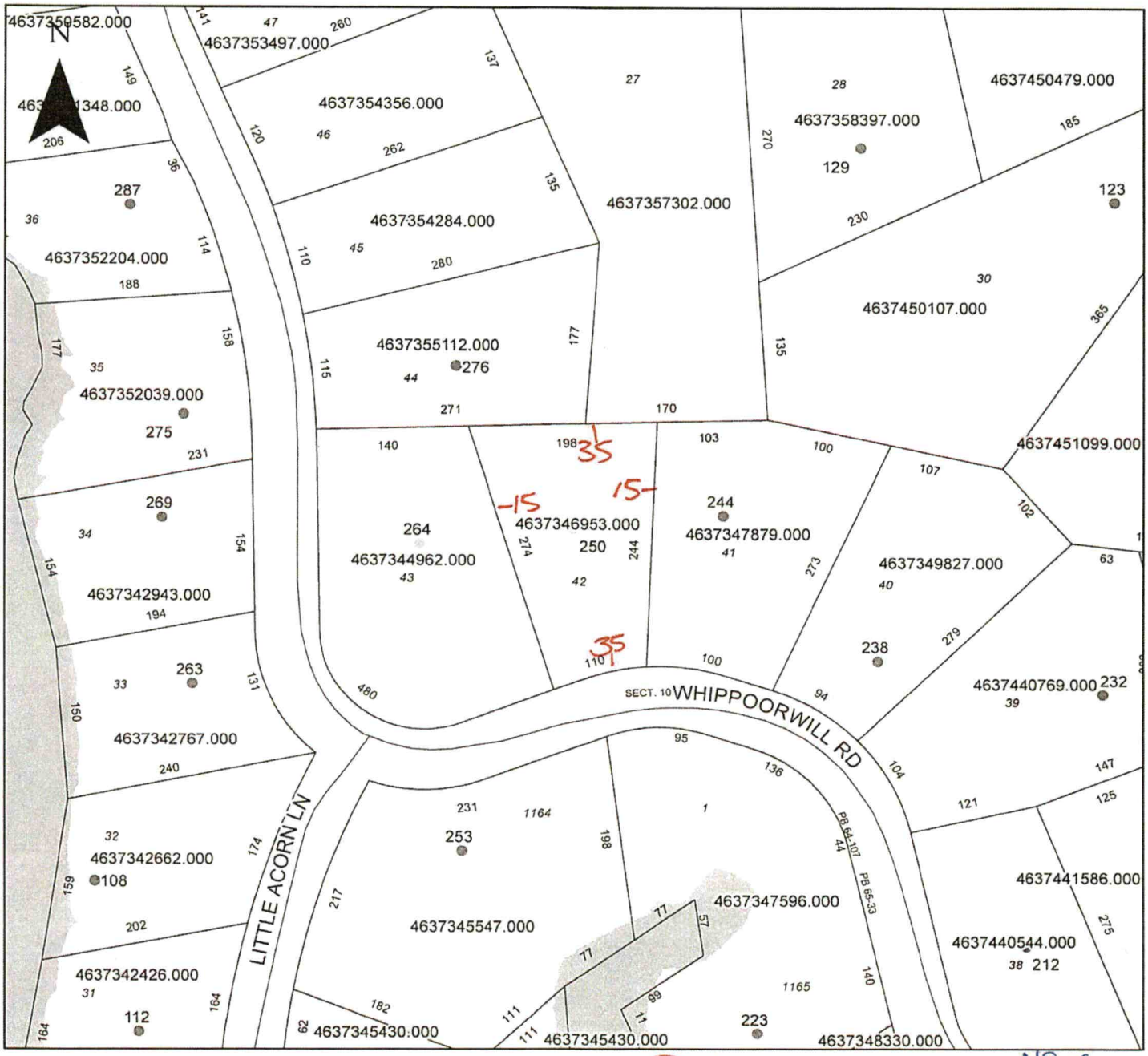
Applicant's Address 118 Little Acorn Ln Mooresville 28115

If Company, Representative's Name and Title Richard Wilson J.R. Wilson Co.

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Richard Wilson DATE 4/26/22

# ZONING DISCLAIMER




Property Address 250 Whippoorwill Rd.

NO D.S.S RA

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.

Richard Wilson

Applicant

4/26/22

Date

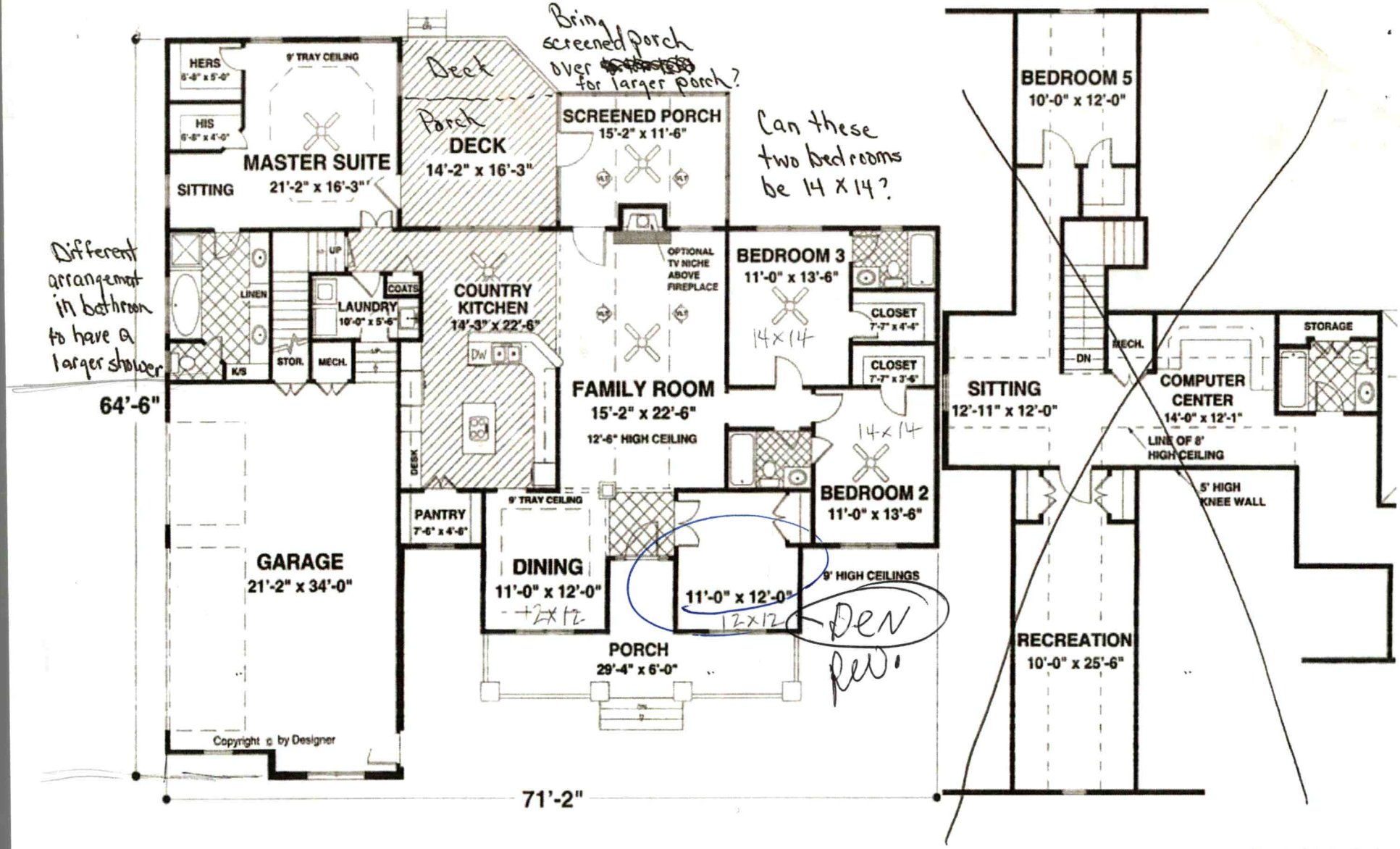
CARS
**3**

WIDTH
**71' 2"**

DEPTH
**64' 6"**

Front Elevation






View Sample Construction Drawing > (/util/dl-sample-plan.aspx?APS)

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# PLAN PACKAGES

Acknowledgement Of Plans Submittal ONLY!

Richard Weber Date 4/26/22

Date

Select Plan Package

What's Included? (/order-form/?plannum=3305)