ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 316517

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

PIN # 4638-28-6830

APPLICANT OWNER Princeton Homes LLC APPLICANT ADDRESS PO Box 3608, Mooresville NC 28117

SITE ADDRESS 554 Kenway Loop, Mooresville, NC 28117 PHONE 704-799-9770 ALT PHONE

SITE DIRECTIONS (W) NC 150 → (R) Perth → (L) Fern Hill → (L) Bagby → (R) Kenway - lot on (R) SAP CONTROLLED: [ ] YES [X] NO

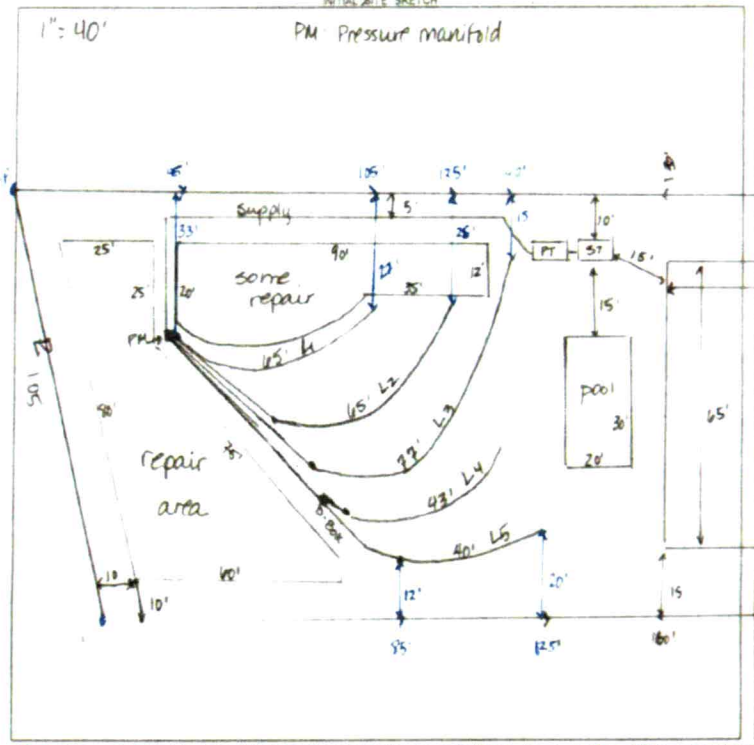
SUBDIVISION Fernleaf SECTION 1 LOT # 6 LOT AREA 0.713 DESIGN FLOW: 480 gpd LTAR 0.275 (I&R)

Septic Tank	1000 (gal)	STB	760	Date	6-28-2021	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	7-1-2021	System Description: VPPPBPS-PM		[ ] Business	No. Persons	8	[X] Private
Pump Make		Model		Serial #		Repair System Description: LPPPBPS		[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	5	Linear Ft	290'	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	24" min	Trench Bottom Depth(Low side)	30" (36" Max)	Gravel Depth	N/A	[ ] GRAVITY [X] PRESSURE		[ ] Basement w/ plumbing	[ ] Basement w/o plumbing		

Comments: Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Divert all drainage from drainfield. Pool must be marked NO FOUNDATION DRAINS above back of house. at installation

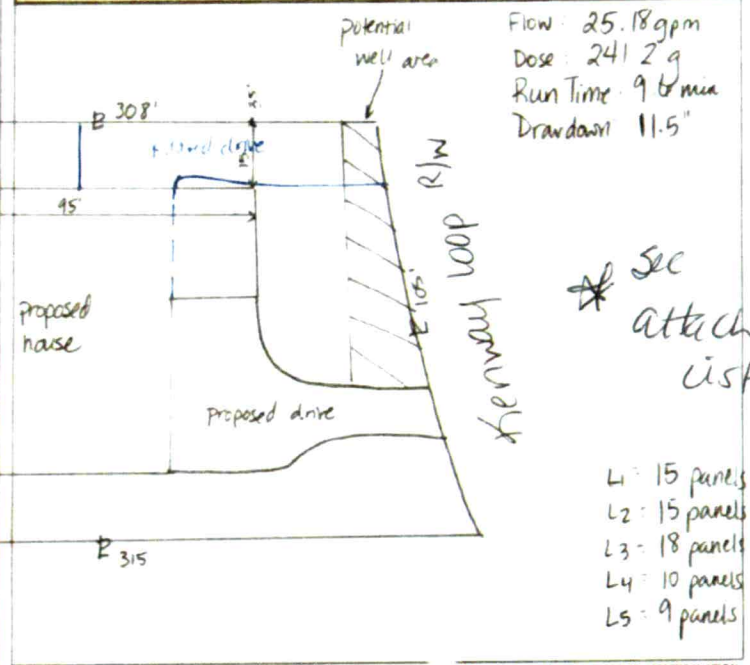
Keep supply line 5-10' off property line to preserve repair.
PM - 2" Supply, 2' pressure head
L1 & L2 : 1½ SCH80, each L3 : 1½ SCH40 L4 & L5 : 1½ SCH40 - feed together use 4-hole fit

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. Split Plan



Flow 25.18 gpm
Dose 241.2 g
Run Time 9.6 min
Drawdown 11.5"

* See attached list

L1 = 15 panels
L2 = 15 panels
L3 = 18 panels
L4 = 10 panels
L5 = 9 panels

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. [X] IMPROVEMENT PERMIT with site plan valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT not to exceed 60 mo

Owner / Applicant Signature: Date 11/29/2021 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: D. Meberg Date: 11/22/21 OPERATION PERMIT by: Date 9/15/22

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 1/14/22 Existing System Inspected by Date

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

floor plans 4BR for smaller home, drive track on side approved 1/14/22

CHECKED 8-19-2022 BW

TANKS

DRAIN LINES

PRESSURE MANIFOLD

D BOX

SUPPLY LINE

TANK NEEDS FILTERS

filters good 8/24/22 DW

Electrical MW 9/15/22

floats MW 9/15/22

Pressure Head MW 9/15/22

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 316517

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

PIN # 4638-28-6830

APPLICANT/OWNER: Princeton Homes LLC APPLICANT ADDRESS: PO Box 3608, Mooresville NC 28117

SITE ADDRESS: 554 Kenway Loop, Mooresville, NC 28117 PHONE: 704-799-9770 ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (L) Fern Hill → (L) Bagby → (R) Kenway → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

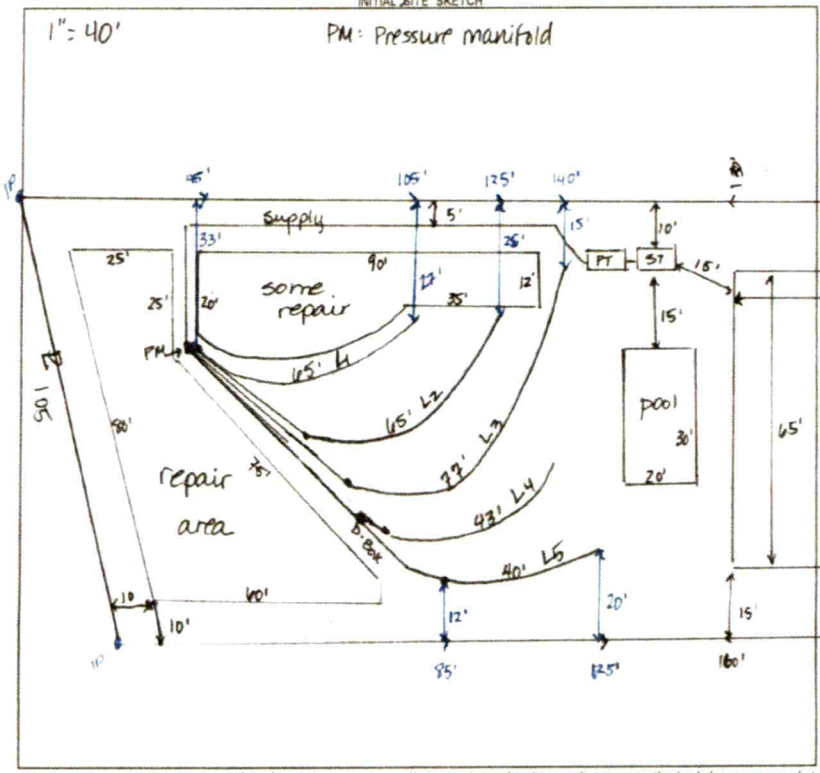
SUBDIVISION: Fernleaf SECTION: 1 LOT # 6 LOT AREA: 0.713 DESIGN FLOW: 480 gpd L.T.A.R.: 0.275 (I&R)

Septic Tank	1000	(gal)	STB	760	Date	6-28-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	7-1-2021	System Description:	VPPBPS-PM	☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description:	LPPPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	290'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	24" min	Trench Bottom Depth(Low side)	30" (36" max)		Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Divert all drainage from drainfield. Pool must be marked at installation. NO FOUNDATION DRAINS along back of house.

Keep supply line 5-10' off property line to preserve repair.
PM - 2" Supply, 2' pressure head
L4 & L2 : 1½ SCH 80, each L3 : 1½ SCH 40 L4&L5: 1½ SCH 40 - feed together use d-box to split flow

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.

Flow: 25.18 gpm
Dose: 241.2 g
Run Time: 9.6 min
Drawdown: 11.5"

* See attached list

L1 = 15 panels
L2 = 15 panels
L3 = 18 panels
L4 = 10 panels
L5 = 9 panels

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: [signature] Date: 11/29/2021 Installed by: RICHARD ABERNATHY

IMPROVEMENT PERMIT by: D. Meberg Date: 11/22/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 1/14/22 Existing System Inspected by: Date:

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

Floor plans are for smaller home, driveway on side - approved 1/14/22

CHECKED 8-19-2022 BW

TANKS

DRAIN LINES

PRESSURE MANIFOLD

D-BOX

SUPPLY LINE

TANK NEEDS FILTERS

filters good 8/24/22 DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

CW

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316517

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

PIN # 4638--28--6830

APPLICANT/OWNER: Princeton Homes LLC | APPLICANT ADDRESS: PO Box 3608, Mooresville NC 28117

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SITE DIRECTIONS: (W) NC 150 → (R) Perth → (L) Fern Hill → (L) Bagby → (R) Kenway → lot on (R)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fernleaf | SECTION: 1 | LOT # 6 | LOT AREA: 0.713 | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.275 (I&R)

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	VPPBPS-PM			☐ Business	No. Persons	8	☒ Private
Pump Make		Model			Serial #		Repair System Description:	LPPPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5		Linear Ft	290'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
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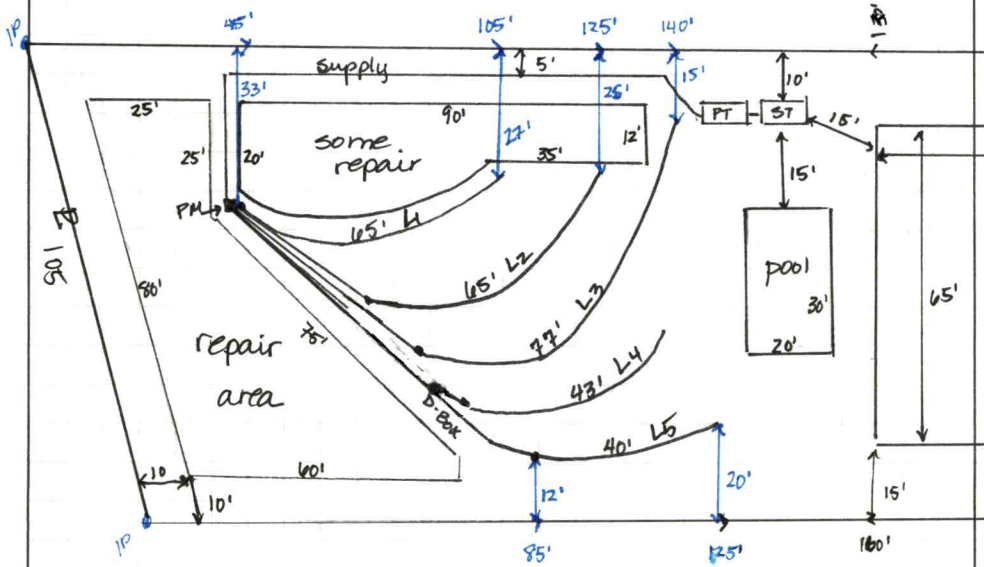
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L1 & L2 = 1½ SCH 80, each L3 = 1½ SCH 40 L4 & L5 = 1½ SCH 40 - feed together use d-box to split flow

INITIAL SITE SKETCH

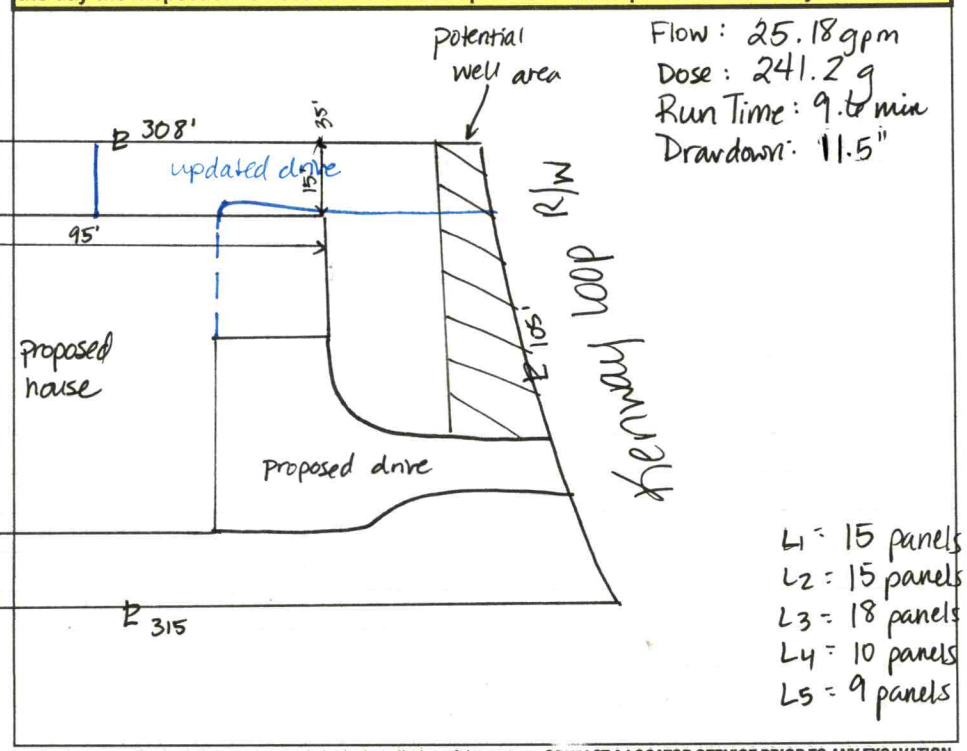
1" = 40'

PM = Pressure manifold



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.



Flow: 25.18 gpm
Dose: 241.2 g
Run Time: 9.6 min
Drawdown: 11.5"

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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: [signature] Date: 11/29/2021 Installed by:

IMPROVEMENT PERMIT by: D. Ineberg Date: 11/22/21 OPERATION PERMIT by: Date:

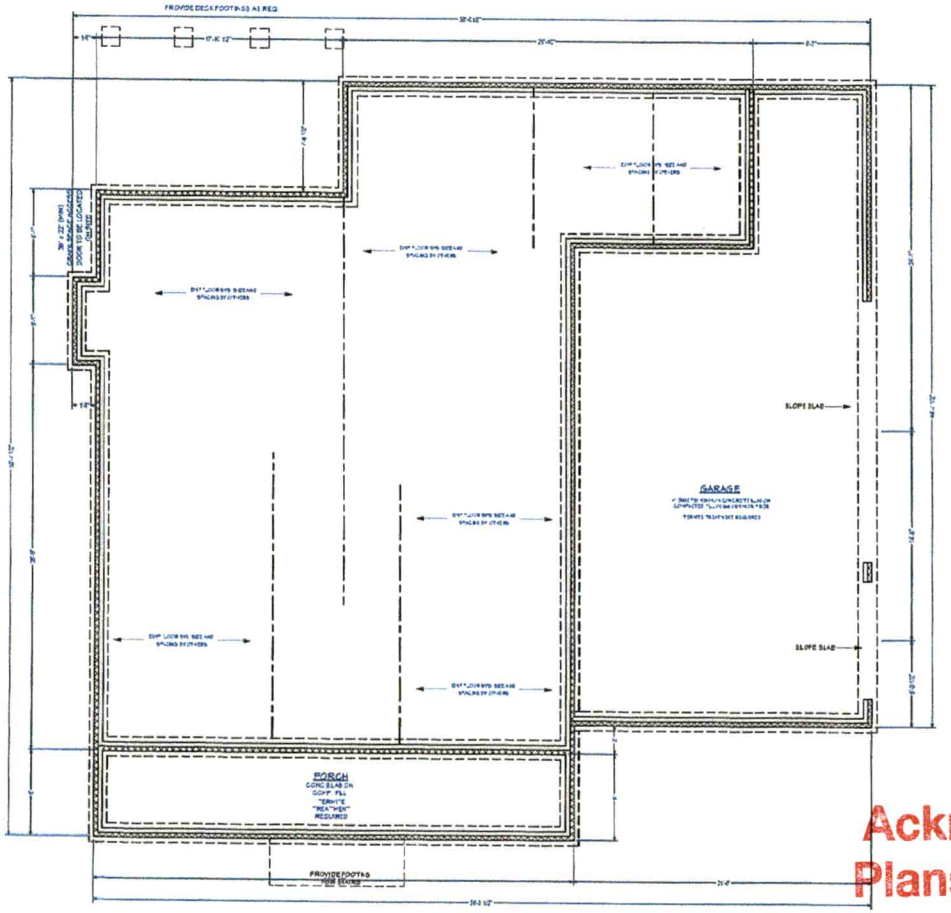
AUTHORIZATION TO CONSTRUCT by: D. Ineberg Date: 1/14/22 Existing System Inspected by: Date:

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

Floor plans are for smaller home, driveway on side - approved 1/14/22

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? _____	



Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 1/14/22

BASEMENT FOUNDATION PLAN

SCALE 1/4" = 1'-0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FARM HOUSE
DEV 1.0

Princeton Contractors

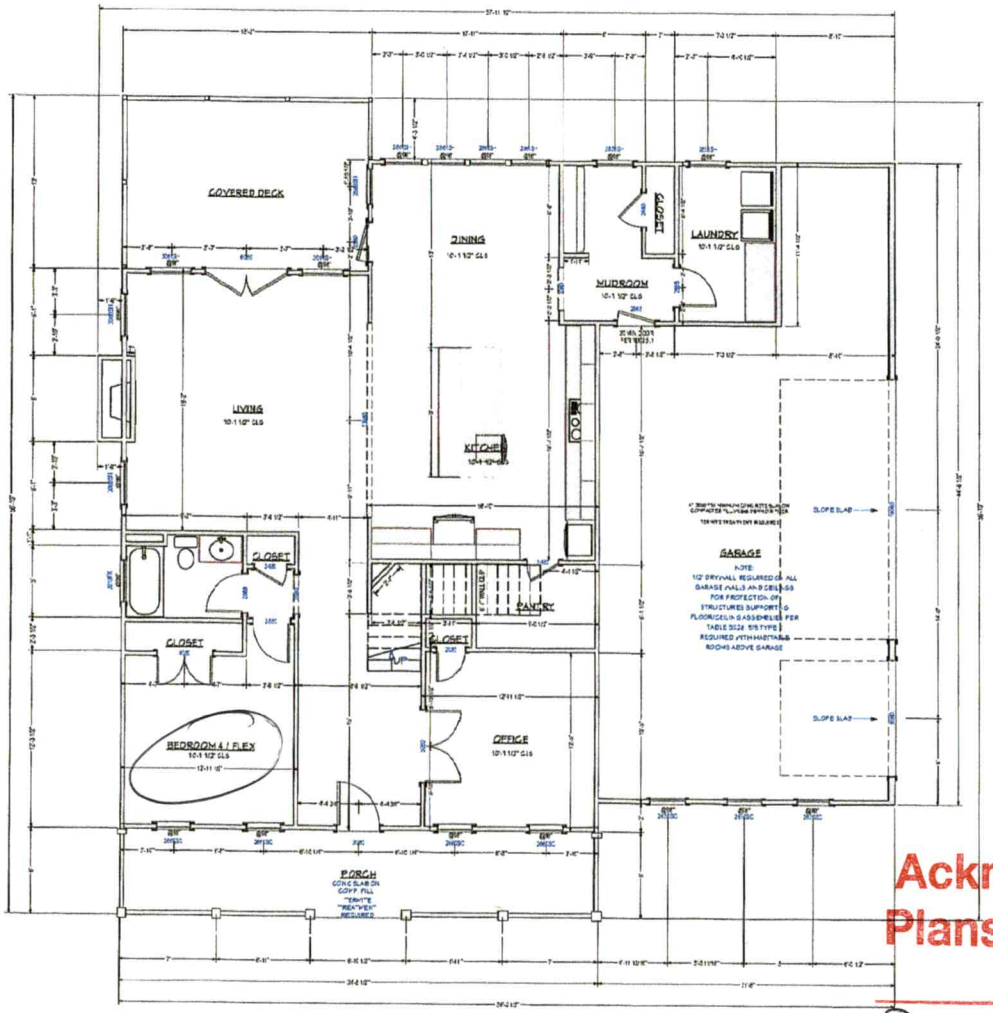
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

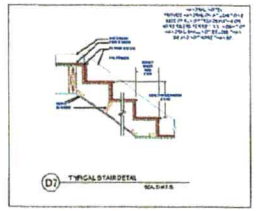
DATE:
11/4/2020

SCALE:

SHEET:
A-5

SQUARE FOOTAGE	
1ST FLOOR HEATED	1691
2ND FLOOR HEATED	1591
OPT BONUS	400
TOTAL HEATED	3574
GARAGES	808
PORCHES	432
TOTAL UNDER ROOF	4814





Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 1/14/22

FIRST FLOOR PLANS

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

FIELD

PROJECT DESCRIPTION:
FARM HOUSE
DEV 1.0

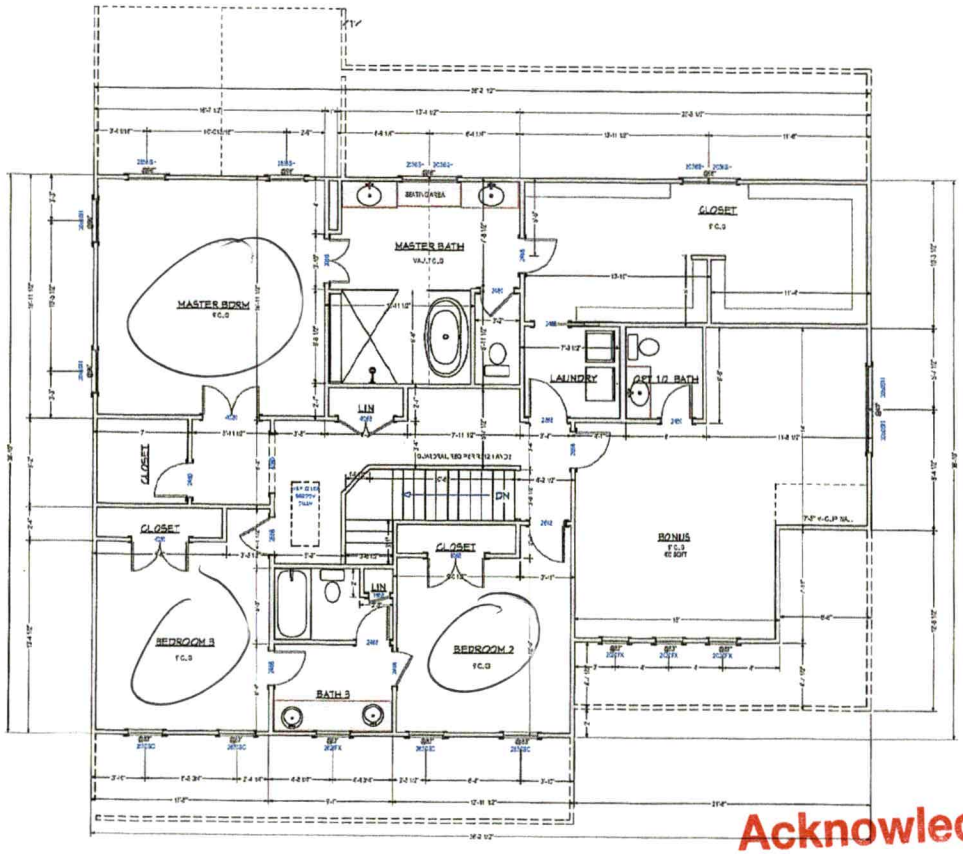
Princeton Custom Homes

VISUAL DESIGN & DRAFTING
Jason Travis
706-363-0582
visualdesignandcraftingllc@gmail.com

DATE:
11/4/2020

SCALE:

SHEET:
A-6



Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 1/14/22

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FARM HOUSE
DEV 1.0

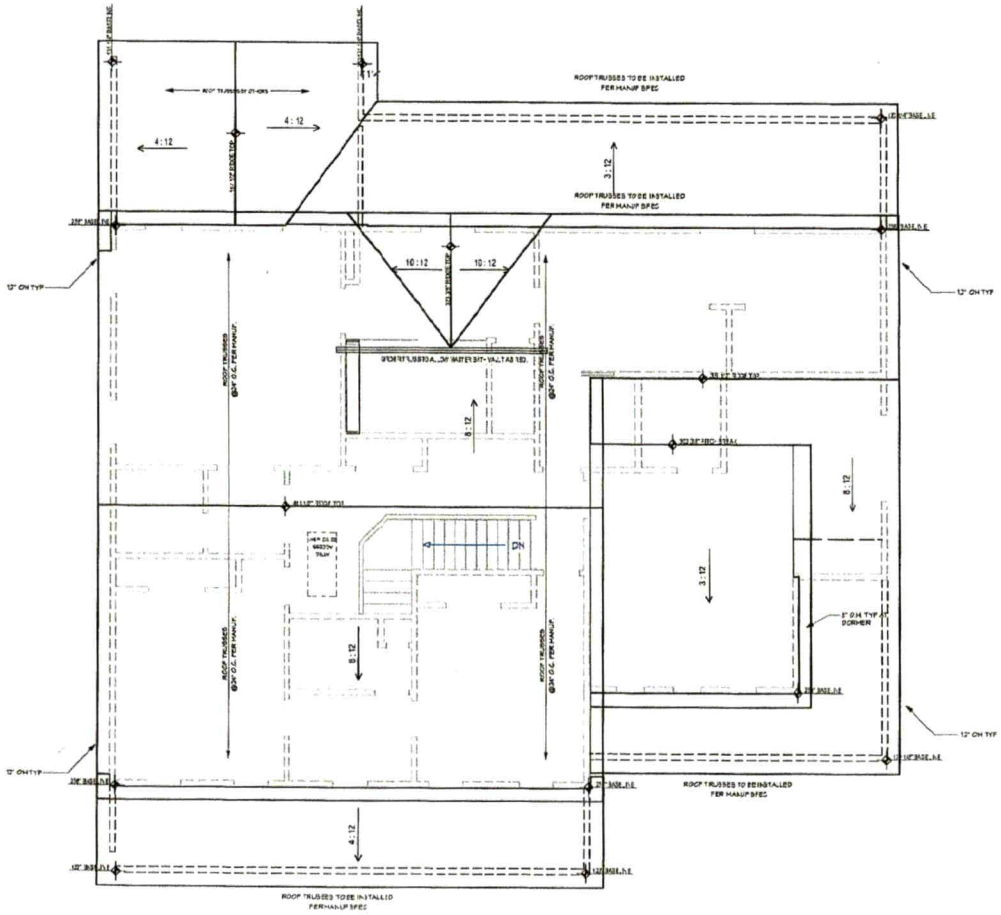
princeton

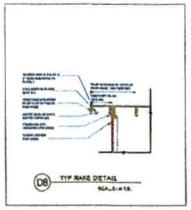
VISUAL DESIGN & DRAFTING

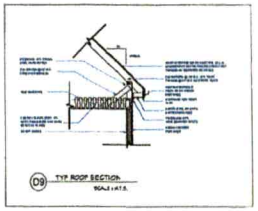
DATE:
11/4/2020

SCALE:

SHEET:
A-7









NOTE: ROOF PLANE BASELINE NOTATION INDICATE TOP OF RAFTER FLUSH WITH EXTERIOR WALL IN REFERENCE TO FINISH FLOOR ELEVATION.

OVERHANG NOTE:
ALL OVERHANGS 12" TYP. SECTION DETAILS REFERENCE 12" OH FROM MAIN LAYER FRAMING.
TRUSS MANUFACTURER / FRAMER TO ACCOMMODATE VENEER WHEN CALCULATING PLATE HEIGHT BEARING AND OVERHANG. REFER TO ELEVATIONS FOR VENEER DETAIL AND LOCATION.

ROOF PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FARM HOUSE
DEV 1.0

Princeton Developments

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
11/4/2020

SCALE:

SHEET:
A-8

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*

*Limited re-draw

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: Princeton Homes LLC **Address:** PO Box 3608 Mooresville, NC **Zip:** 28117
Applicant Email: richard[redacted]@homesbyprinceton.com **Phone:** 704-799-9770 **Alt. Phone:** 704-235-8211
Owner Name: Woodbridge Partners LLC **Address:** PO Box 3608 Mooresville, NC **Zip:** 28117
Owner Email: michael@homesbyprinceton.com **Phone:** 704-799-9770 **Alt. Phone:** 980-505-2286

Property Information:

Street Address: 554 Kenway Loop Mooresville, NC 28117
Subdivision Name: Fernleaf **Section/Phase:** 2 **Lot Number:** 6
Driving Directions: Perth Rd, Turn Left on Fern Hill Rd, left on Bagby, Right on Kenway Loop. Lot is on the right.

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) 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:**
(✓) 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?**

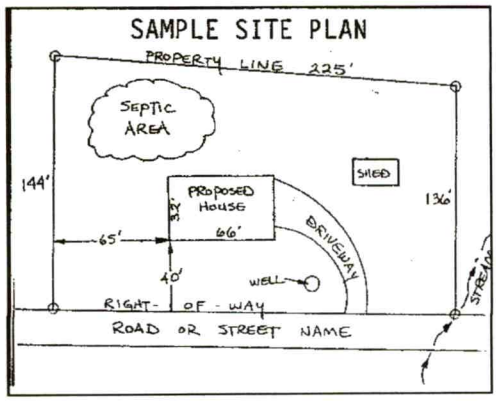
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 1/7/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

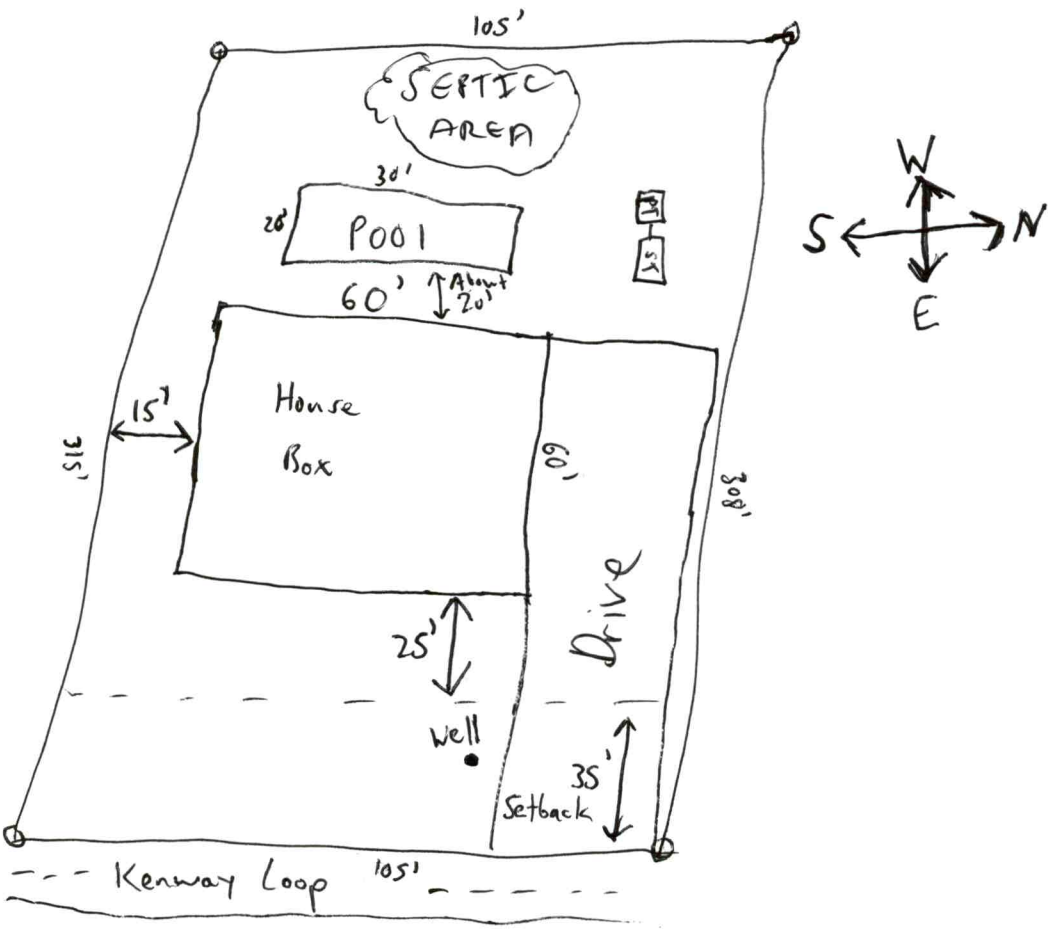
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other 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: Nicholas J. Tuttle

1/7/2022

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*) _____

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, Michael P. Goodrault / General Counsel / Woodbridge Partners, LLC, am the legal owner(s) of the property located at 554 Kenway Loop Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4638286830.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Martha Landis, Princeton Homes, 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.

_____ 1/10/22

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

RECEIVED OCT 28 2021

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

DW

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-316517 $000.00

Comprehensive

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: Princeton Homes LLC Address: PO Box 3608 Mooresville, NC Zip: 28117
Applicant Email: Martha@homesbyprinceton.com Phone: 704-799-9770 Alt. Phone: 704-235-8211
Owner Name: Woodbridge Partners LLC Address: PO Box 3608 Mooresville, NC Zip: 28117
Owner Email: Michael@homesbyprinceton.com Phone: 704-799-9770 Alt. Phone: 980-505-2286

Property Information:

Street Address: 554 Kenway Loop Mooresville, NC 28117
Subdivision Name: Fernleaf Section/Phase: 2 Lot Number: 6
Driving Directions: Perth Rd, Turn left on Fernhill Rd, left on Bagby, Right on Kenway Loop. Lot is on the right.

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: 8
(✓) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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: _____
( ) 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)* 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.

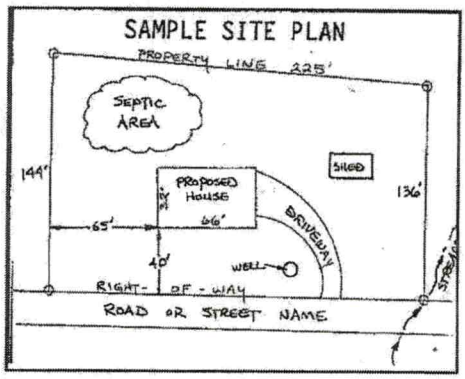
Signature: Martha L Randolph 4/7/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

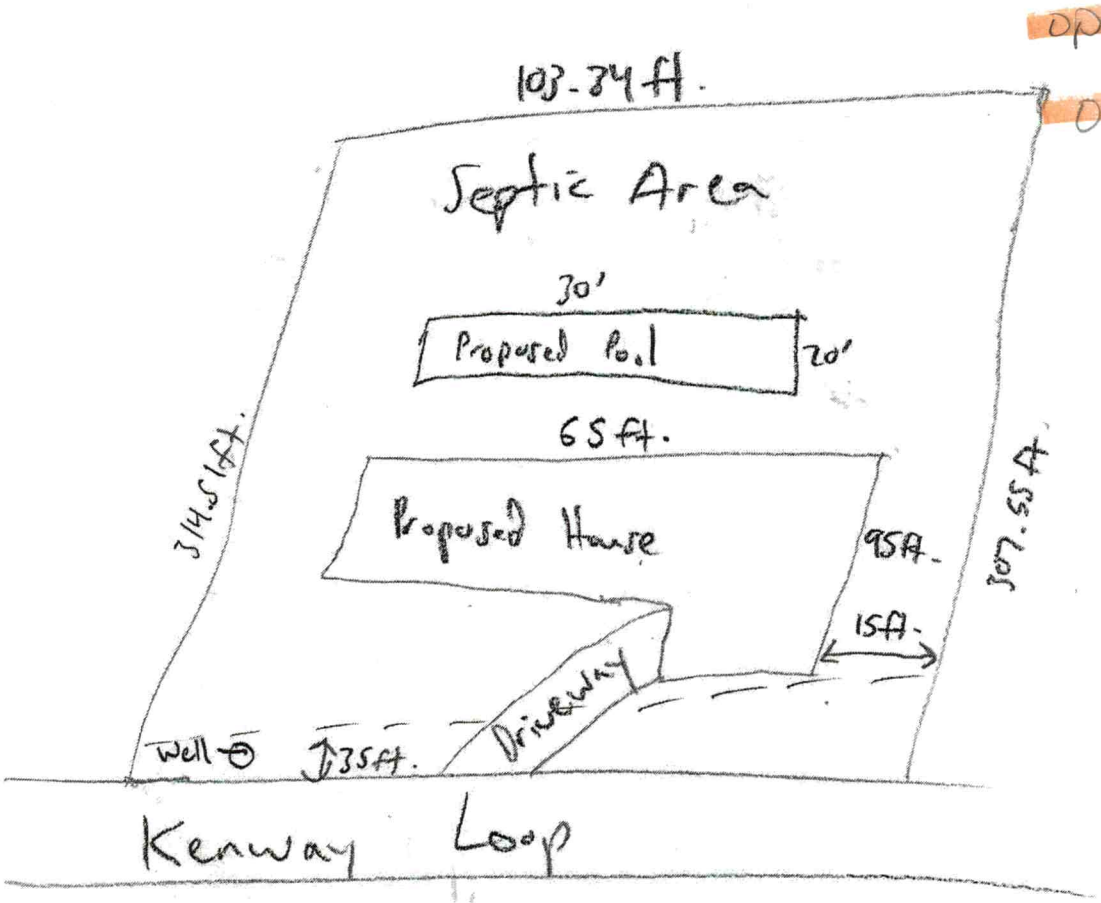
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



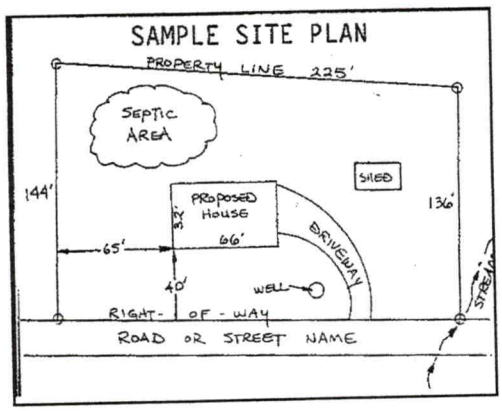
Signature: _____ 10/27/2021

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

Lot 6

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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



Option 2

Signature: Martha S Ransley

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

4/7/2021

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☒ **2.** I, Jeffery Cernuto, am the legal owner(s) of the property located at 554 Kenway Loop, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638286830.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Martha S. Landis, Princeton Homes, 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.

_____ 4/7/21
Signature of Owner(s) Date

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

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

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
316517 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4638286830.000	554 KENWAY LOOP	Iredell County

Owner Information	Applicant Information
Name: WOODBRIDGE PARTNERS LLC Address: P O BOX 3608 MOORESVILLE, NC 28117 Phone:	Name: WOODBRIDGE PARTNERS LLC Address: P O BOX 3608 MOORESVILLE, NC 28117 Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.713	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: 04/07/2021

_____
Signature of Owner/Contractor

Permit Number	316517

TOTAL FEES:	$77.25

CHECK REQUEST

Payable to: Lisa Cernuto

P.O. Box 3608

Mooresville NC 28117

ZIP

Brady Freeman
Requested By:

Approved By:

April 12, 2021
Date Requested:

P.O. Number	Vendor Number	Date	Total Invoice Amount
		04/12/21	$450.00

Code			Description	Amount
ORG	Object	Project		
10.0000	1115.24	xxxx.x	NC Sales Tax	
10.0000	1115.25	xxxx.x	County Sales Tax	
10492751	447004		EH FEES	$450.00

Martha Landis called and cancelled septic because project was cancelled.

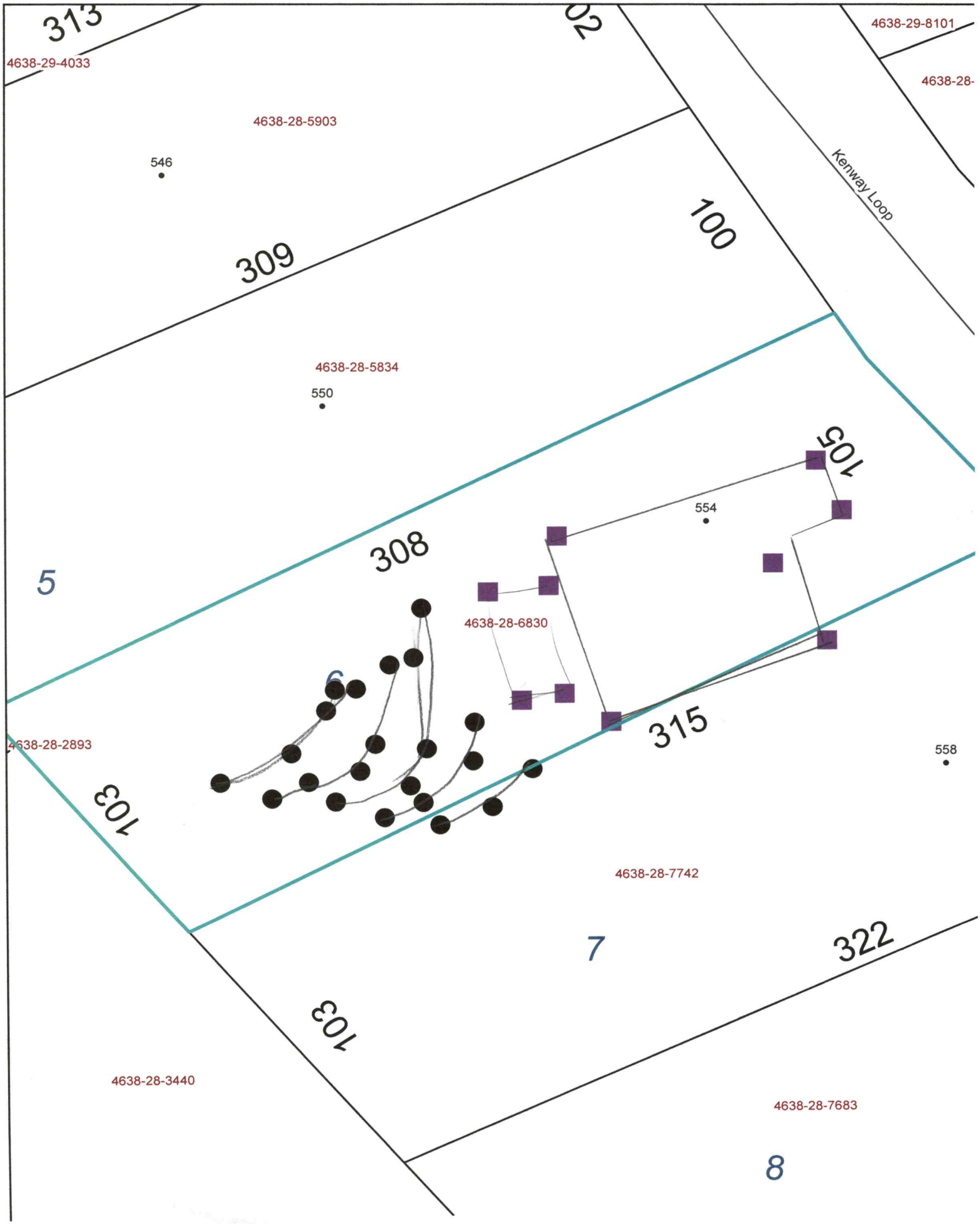
$500

$50 Admin Fee

$450

This instrument has been preaudited in the manner required by the Local Government Budget & Fiscal Control Act

Director of Finance


313
4638-29-4033
4638-28-5903
546
309
4638-28-5834
550
308
5
6
4638-28-6830
554
105
315
558
4638-28-2893
103
4638-28-7742
7
322
103
4638-28-3440
4638-28-7683
8
Kenway Loop
100
4638-29-8101
4638-28-