CUN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 306381

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

PIN # 4638809396.000

APPLICANT/OWNER: Jeffery Smith | APPLICANT ADDRESS: 301 Holbrooke Drive Mount Holly NC 28120

SITE ADDRESS: 399 Wilson Lever Rd Mooresville NC 28117 | PHONE: 704-599-7015 | ALT. PHONE 704-868-6225

SITE DIRECTIONS: Perth Rd @ Lover Shore Blvd @ Wilson Lever Rd 2nd End | SAP CONTROLLED: ☐ YES ☒ NO

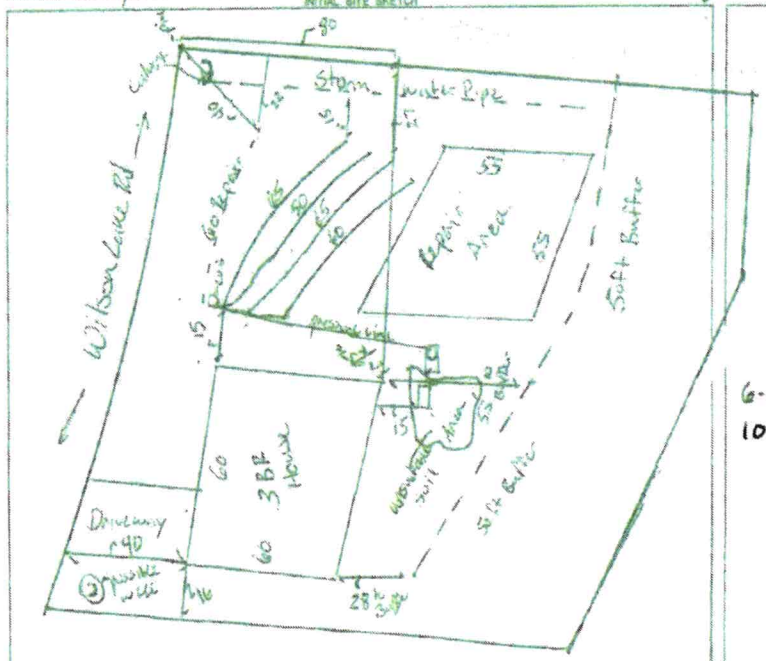
SUBDIVISION: LL+T | SECTION: 11 | LOT # 1081 | LOT AREA: .93 Acres | DESIGN FLOW: 360 | LTAR: .25

Septic Tank	1000	(gal)	STB	760	Date	5/14	☒ New System	☐ Repair	☐ Expansion	System Type: I II, III, IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	5-7.	System Description:	4P-Panel-50% Reduction-Recirc			☐ Business	No. Persons	6	☒ Private
Pump Make			Model		Serial #		Repair System Description:	Deep			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	240		Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36 inch	Trench Bottom Depth(Low side)	19	Low	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install Septic Drainage in the Center of the Lot. Utilities Critical Utility Box - Maintain 15ft from Edge of Site no Water Pipe. Do not grade final. Builder to keep utilities in described location. * Pre-Construction Meeting Required

Permit issued max of Bdrms. Gives of Approval Required Type III 3rd
* Max number of bedrooms = 3

INITIAL SITE SKETCH


Wilson Lever Rd
Storm Water Pipe
Lover Shore
Repair Area
55
55
55ft Buffer
Pressure Line
3BR House
Driveway
60
60
Possible Well
Well
Septic
Septic
Septic

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Jeff Smith, am the legal owner or the agent of the property located at 399 Wilson Lake Rd, identified as PIN(Parcel Identification Number) 4638809396-000, located in Iredell County, North Carolina.
Permit # 306381.

I do hereby agree to the permit design and the conditions of this permit.

Jeff Smith — 5/21/20
Signature of Owner — Date

[signature] — 12/3/2020
Signature of Witness — Date

derek44smith@gmail.com
email

	Date	Initials
Drain Lines Checked	6/25	BB
Tanks Checked	6/27	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments: - County Approved Course		

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

Sheet 1 of 2
PROPERTY ID #: 4638304346
COUNTY: Iredell

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

OWNER: Jeff Smith
APPLICATION DATE: 3-27
ADDRESS: 301 Holdsworth Drive Mt Valley NC
DATE EVALUATED: 4-28
PROPOSED FACILITY: 3BR Home
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .8 Acres
LOCATION OF SITE: 399 Wilson Cooley Rd Mtn
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4%	0-18	Fill —	—	10YR6/2 @32 Inches	60	—	H2O Table @ 38	US
		18-34	C ABK	SS SP FR SEXP					
		34-60	CL LABK	SS SP FR					
2	10% Side	0-8	SC WSBK	SS SP FR SEXP	10YR6/4's 15-30" 4B mottles. Tiger Dirt	52	—	@30 10YR 6/2	PS .25 shallow Mtx FB with coarse
		8-30	C SBK/ABK	SS SP FR					
		30-52	CL WABK	SS SP FR					
3	8% Side	0-14	SC WSBK	SS SP FR SEXP	10YR5/6 mottles throughout	55	—	—	PS .275
		14-34	C SBK/ABK	SS SP FR					
		34-55	CL WABK	SS SP FR					
4	10% Side	0-6	SC WSBK	SS SP FR SEXP		62 Fe Zone 26-62 10YR6/8	—	Many sup Inc Weakly C.Hz	PS .25
		6-25	C SBK/ABK	SS SP FR					
		25-62	CL WABK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	2406 Ft.	2880 Sq Ft
System Type(s)	IV 5%	V Pic
Site LTAR	.25	.125

OTHER FACTORS (.1946): Storm Pipe
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

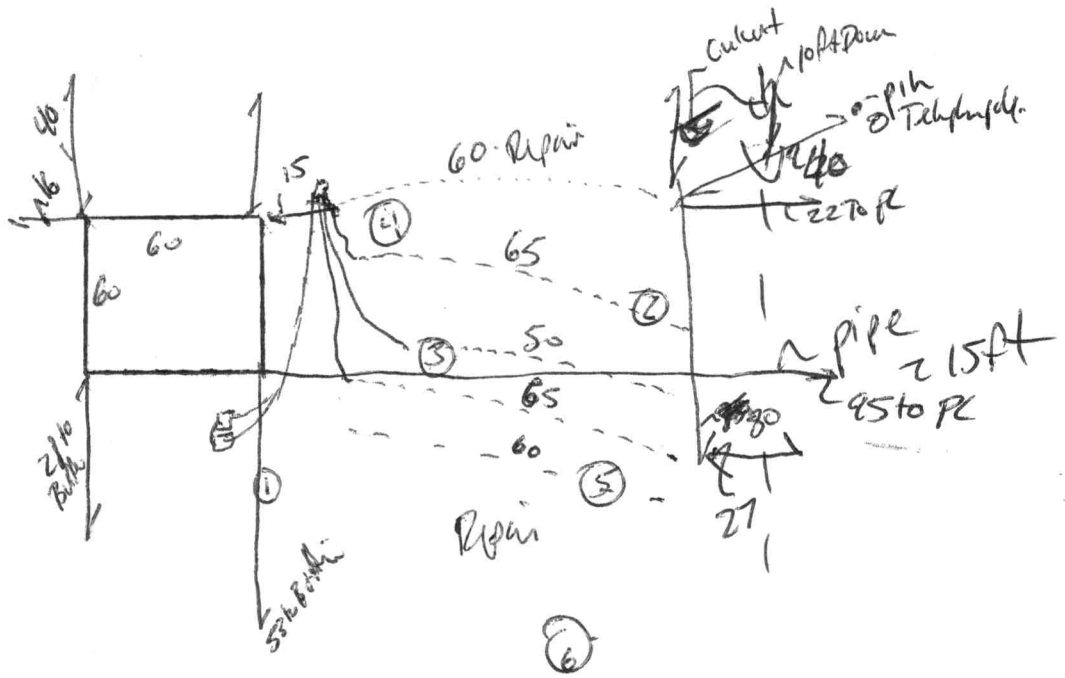
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4638809396
DATE OF EVALUATION: 4-28-2020
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Sl 10%	0-4	SCL - Compactable	SS Sp FR SEXP	2.5YR 4/6 5YR 4/6	51	-	Heavy Lithe Horiz MA	PS .25
		4-29	C - SBK	SS Sp FR					
		29-51	CL - ABK	SS Sp FR					
6	Sl 5%	0-4	~~SCL~~ Mixed	SS Sp FR SEXP	10YR 6/2 @ 30 Inches	48	-	H2O Table @ 30 Inches	PS .25 Max 18 with Curtain
		4-32	C ABK	SS Sp FR					
		32-48	CL ABK	SS Sp FR					

COMMENTS:

60
65
50



5) - 0-4 - Compact
4-29 - C SP
29-51 - CL ABC

Lithic Lithic Ma

-25

6) 0-4 SC
4-32 C
32-48 CL

-25

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. **APPLICATION FOR:** ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

2. **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 ✓Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Mark Morgan/R. Morgan Homes, LLC	PO Box 1801 Denver, NC 28037	704-582-3818	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jeff + Lisa Smith	30669 Norman View Dr. Sherrills Ford, NC 28673	704-589-7015	704-868-6228

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
399 Wilson Lake Rd.	N/A CLOT	N/A S 11 L1081

Driving Directions: US-21 South, RIGHT on Wagner St, CONTINUE on Perth Rd., LEFT on Wilson Lake Rd., property on left @ end of road

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*
(3) Alternative (1) Conventional (4) Innovative (2) Modified Conventional ( ) Other _____

8. **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. industry) 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.

9. **Signature:** R. Mark M. Morgan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/30/2020
DATE

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Jeff Smith, am the legal owner or the agent of the property located at 399 Wilson Lake Rd, identified as PIN(Parcel Identification Number) 4638809396-000, located in Iredell County, North Carolina.
Permit # 306381.

I do hereby agree to the permit design and the conditions of this permit.

Jeff Smith — 5/21/20
Signature of Owner — Date

_____ _____
Signature of Witness — Date

derek44smith@gmail.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 663-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

dotloop signature verification: dtlp.us/wSJG-IcX6-qwYD

pds eq.co RECEIVED MAR 2 7 2020 AP-306381 $500.00

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Jeffrey Smith **Address:** 301 Holdsworth Dr **Zip:** 28120

Applicant Email: derek44smith@gmail.com **Phone:** 704-589-7015 **Alt. Phone:** 704-868-6228

Owner Name: Herb Wettreich/ Sevin Investments **Address:** 531 Big Indian Loop, Mooresville, NC **Zip:** 28117

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

Property Information:

Street Address: 399 Wilson lake rd, Mooresville, NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 4/28/20 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 3000 sqft 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 (1) Conventional (3) Innovative (2) 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: Jeff Smith Digitally signed by Jeff Smith DN: cn=Jeff Smith, o=Jeff Smith, ou=US United States, l=US United States, e=derek44smith@gmail.com Reason: I agree to the terms defined by the placement of my signature in this document. Location: Date: 2020-03-27 11:40:04:00 3-27-2020

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

dotloop signature verification: dtlp.us/wSJG-IcX6-qwYD

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IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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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*) Jeff Smith _____

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, Herb Wettreich/ Sevin Investments, LLC, am the legal owner(s) of the property located at 399 Wilson Lake Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4638-80-9396.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Derek Jeffrey Smith _____, 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

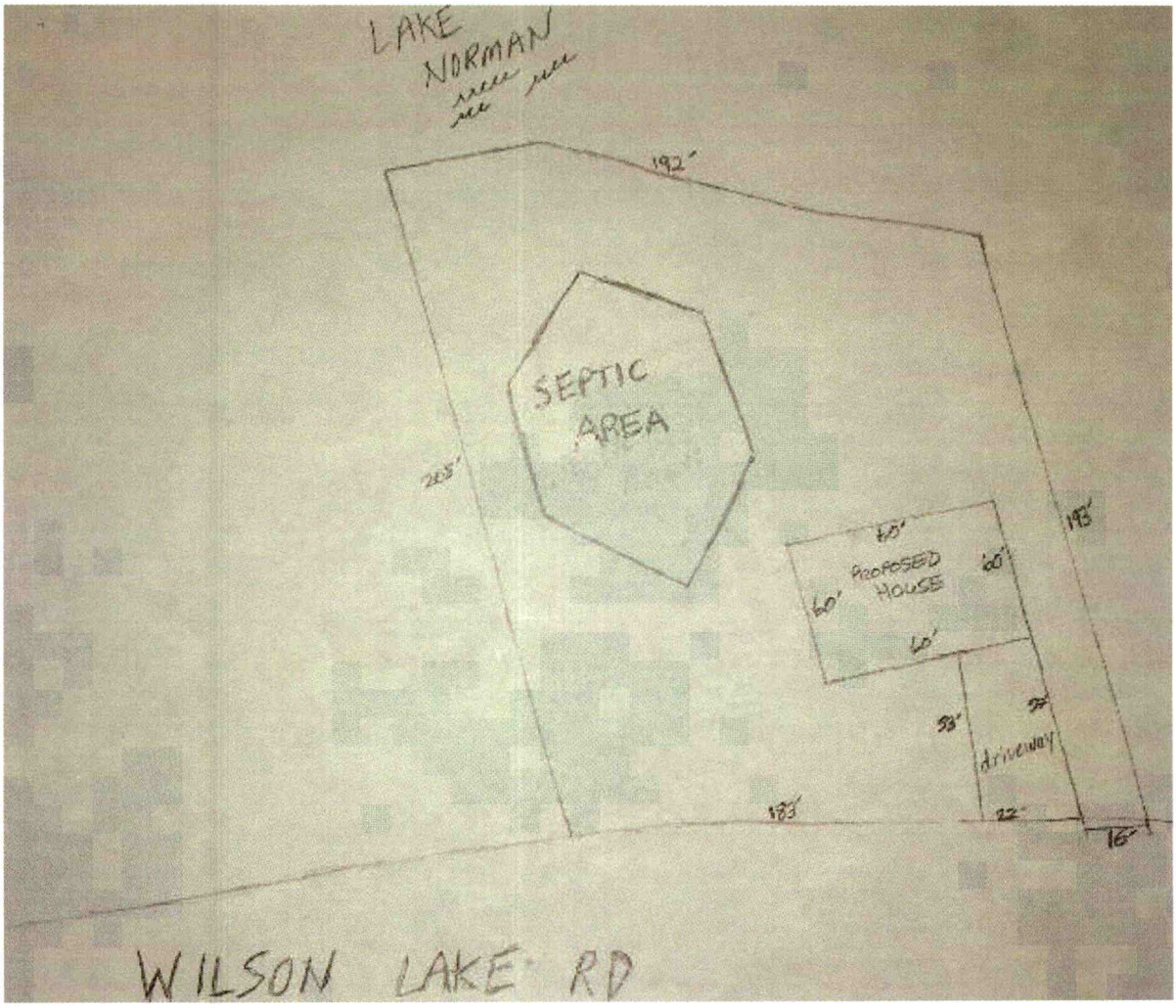
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Herb Wettreich dotloop verified 03/26/20 3:27 PM EDT S4SA-PTM2-VYUR-RLFX _____ 3/26/20

Signature of Owner(s) Date

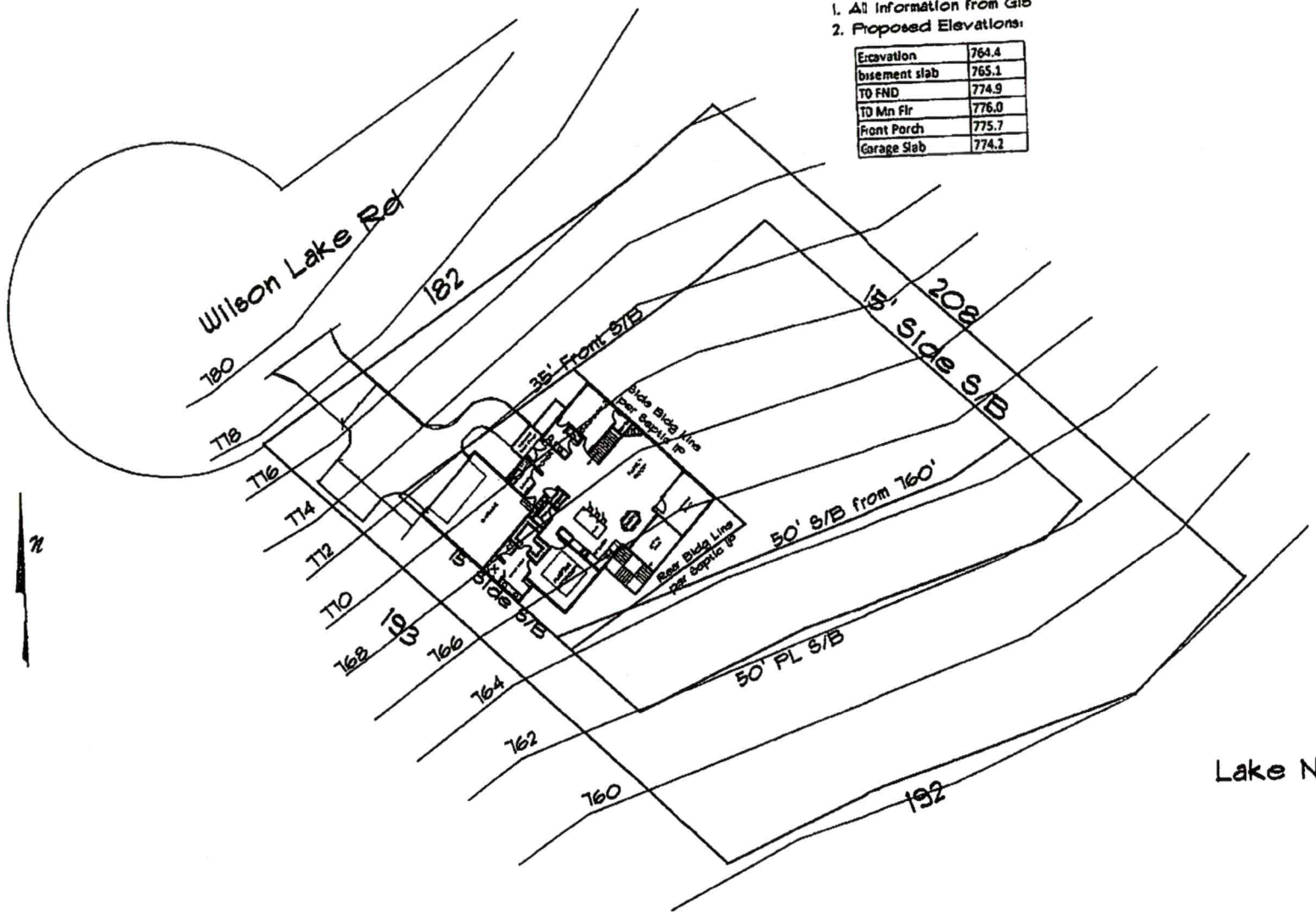
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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


LAKE
NORMAN
192'
SEPTIC
AREA
265'
195'
60'
PROPOSED
HOUSE
60'
60'
40'
33'
driveway
183'
22'
16'
WILSON LAKE RD

Notes:
1. All information from GIS
2. Proposed Elevations:

Excavation	764.4
basement slab	765.1
TO FND	774.9
TO Mn Flr	776.0
Front Porch	775.7
Garage Slab	774.2



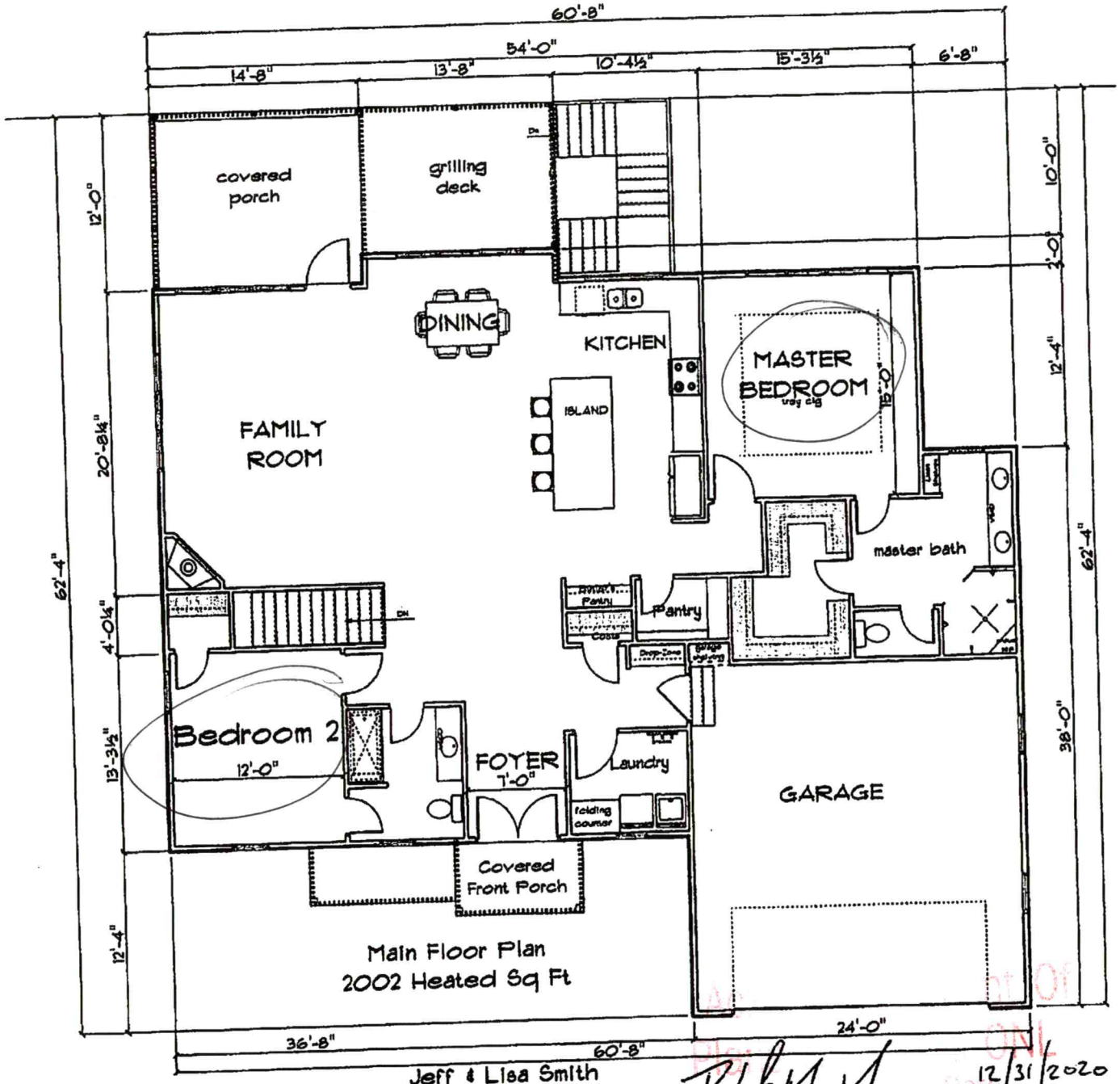
Site Plan for
Jeff & Lisa Smith
399 Wilson Lake Rd
Mooresville, NC 28117

Robert M. Morgan 12/30/2020

Acknowledgement of
Plans Submittal ONLY!

Date _____

Date _____

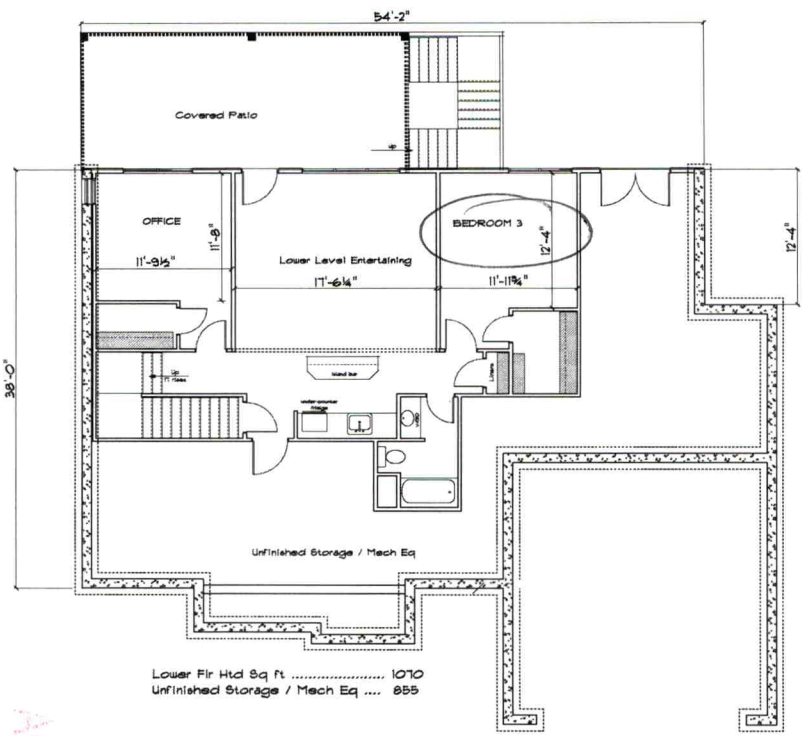


Main Floor Plan
2002 Heated Sq Ft

Jeff & Lisa Smith
399 Wilson Lake Rd

Robert M. Morgan 12/31/2020

Maria Dotson 1/15/2020



Lower Flr Htd Sq ft 1070
Unfinished Storage / Mech Eq 855

Jeff & Lisa Smith
399 Wilson Lake Rd
Mooresville, NC 28117

Plans Approved
As Noted
Date 1/15/2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306362 Issue Date: 03/27/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4830244111.000	714 N CHIPLEY FORD RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: REDMOND STEVEN G ETAL	Name: BENTLEY, TANNER & REDMOND, JESSICA
Address:	Address: 3459 TAYLORSVILLE HWY
,	STATESVILLE , NC 28625
Phone:	Phone: (704)402-0897

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	YES

Remarks
MODULAR HOME WAITING FOR PMT. OF ZONING AND EH FEES 3-27
NO PART OF BUILDING ALLOWED IN FLOOD ZONE.

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: 03/27/2020

Signature of Owner/Contractor

Permit Number	306362	TOTAL FEES:	$77.25