ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · BCW

PERMIT # AP 330482 ~~321582~~

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

PIN # 4639 -- 07 -- 9360

APPLICANT/OWNER: David Woodward APPLICANT ADDRESS: 488 Pinneville Rd Statesville 28677

SITE ADDRESS: 146 Apache Rd Troutman NC 28166 PHONE: 704-634-3647 ALT. PHONE 704-208-8342

SITE DIRECTIONS: Perth Road North L on Stile Rd L on Morrison Farm L on Twin Caves SAP CONTROLLED: ☐ YES ☒ NO

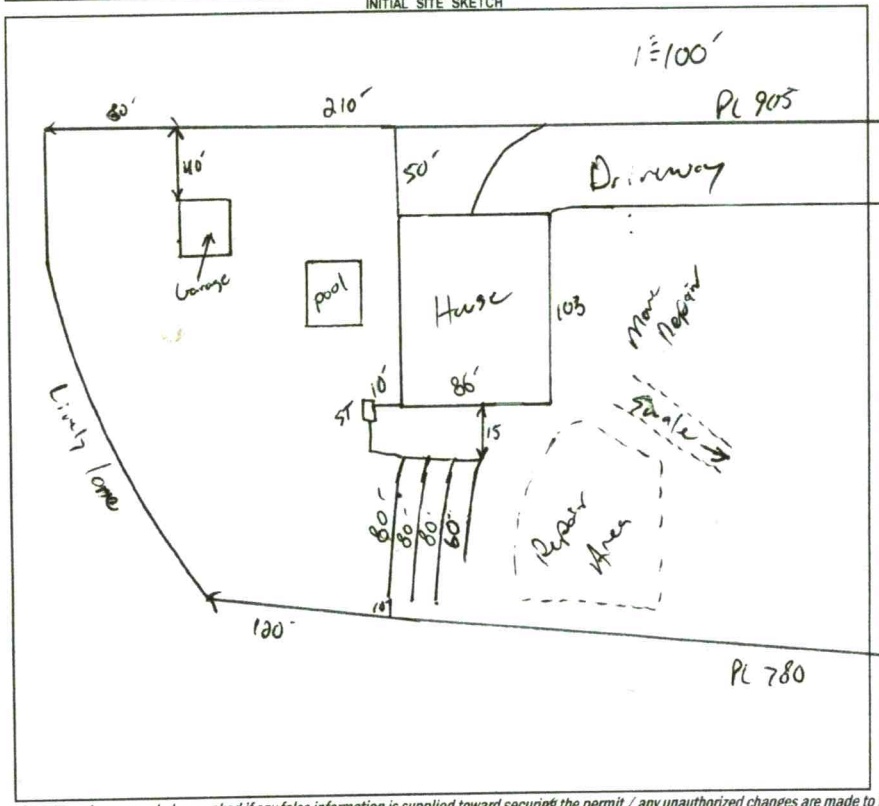
SUBDIVISION: Twin Caves on Morrison SECTION: - LOT # 16 LOT AREA: 5.61 Acre DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	Infiltrator	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:	25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30 (36" high)	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

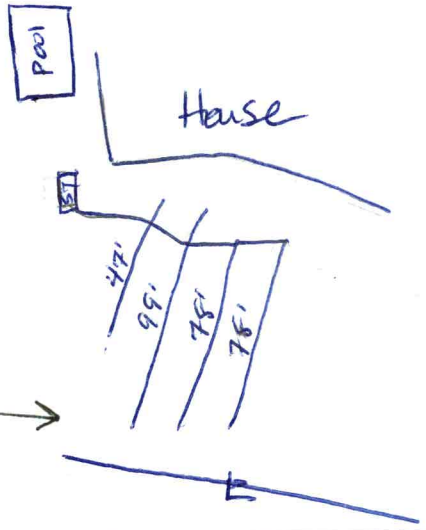
Comments / Conditions: Install Drainlines on Contour of Ind. Use Serial distributions

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.



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: 2/1/2022 Installed by: Abernathy Grading

IMPROVEMENT PERMIT by: [signature] Date: 1-31-2022 OPERATION PERMIT by: [signature] D.Wiebeg Date: 3/17/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-31-2022 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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # AP 330482 ~~321582~~

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

PIN # 4639 -- 04 -- 9310

APPLICANT/OWNER: David Woodward APPLICANT ADDRESS: 488 Pinerville Rd Statesville 28677

SITE ADDRESS: 146 Apache Rd Troutman NC 28166 PHONE: 704-634-3647 ALT. PHONE 704-208-8342

SITE DIRECTIONS: Perth Road North L on Stile Rd L on Morrison Farm L on Twin Coves SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Twin Coves on Morrison SECTION: - LOT # 16 LOT AREA: 5.61 Acre DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	4	Linear Ft	300			
Trench Width	36"		Trench Bottom Depth(Low side)	30 (36" high)	Gravel Depth	-			

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

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons 6

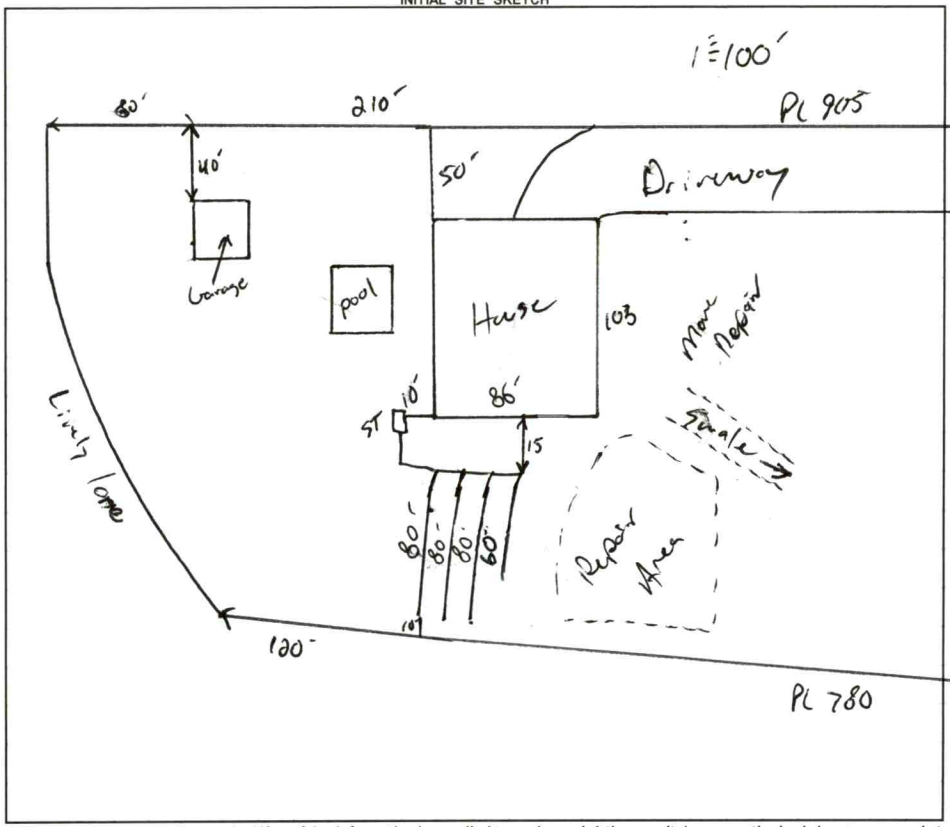
☐ Other No. Employees

☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Contour of land. Use Serial distribution

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.

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: 2/1/2022 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 1-31-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-31-2022 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? _____	

SD
Intermediate redraw

RECEIVED DEC 0 8 2021

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- 321582 $320.00

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: AG Design Build **Address:** 488 Pineville Rd. Statesville **Zip:** 28677
Applicant Email: Quinton@BuildAG.com **Phone:** 704-634-3647 **Alt. Phone:** 704-208-8342 Sam
Owner Name: David Woodward **Address:** 148 Windward Ln. Troutman **Zip:** 28166
Owner Email: dwoodward@iomax.net **Phone:** 704-902-8157 **Alt. Phone:** _____

Property Information:

Street Address: 146 Apache Rd. Trootwan, NC 28166 (5.51 Acres)
Subdivision Name: Twin Coves on Morrison **Section/Phase:** _____ **Lot Number:** 16
Driving Directions: State Park Rd. LT on Morrison Farm Rd. LT on Apache Rd.

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: 6
( ) 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: 25% Reduction

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.

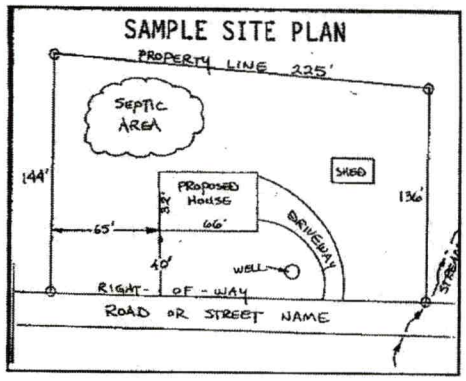
Signature: _____ 12/1/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

See Site Plan attached

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

12-1-21
DATE

I, JOEL H. PATTERSON, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, DEED DESCRIPTION AND/OR MAP BOOK _SEE_, PAGE _NOTE #2_; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK _N/A_, PAGE _N/A_; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT CREATES A SUBDIVISION OF LAND WITHIN A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND, AND THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH G.S. 47-30 AS AMENDED.
WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL; THIS _____ DAY OF _____, 2021.

PRELIMINARY

JOEL H. PATTERSON, PLS
LICENSE NUMBER: L-3717

PRELIMINARY PLAN NOT FOR RECORDATION CONVEYANCES AND/OR SALES

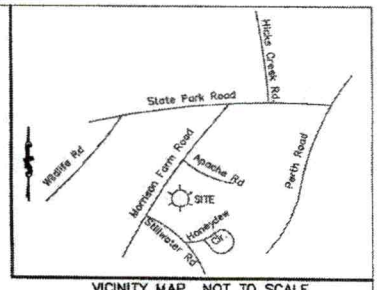
NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

PLAT BOOK: 60
PAGE: 89
DATED: 3/5/2013

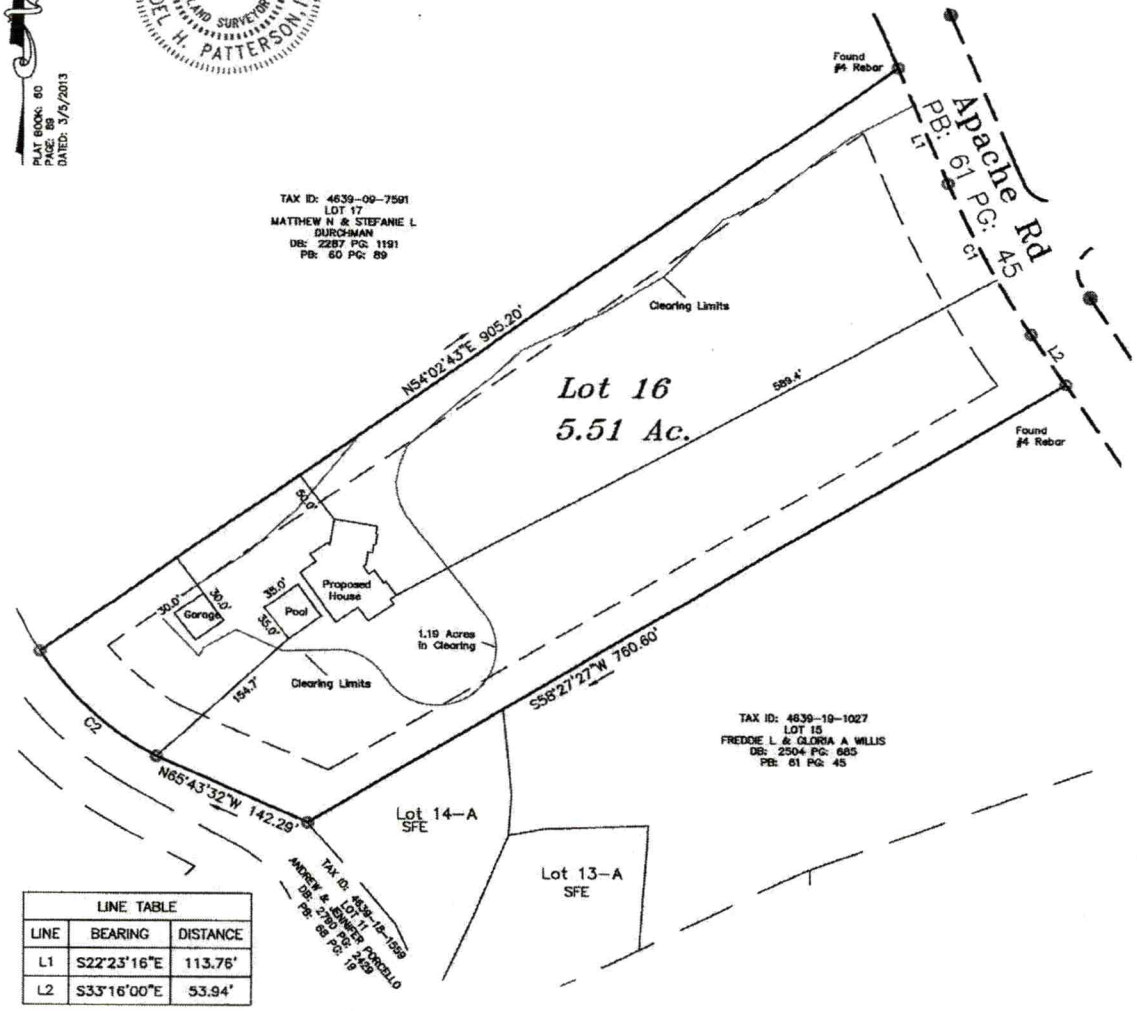
GRAPHIC SCALE

100 0 50 100

(IN FEET)
1 inch = 100 feet



VICINITY MAP NOT TO SCALE



LINE TABLE		
LINE	BEARING	DISTANCE
L1	S22°23'16"E	113.76'
L2	S33°16'00"E	53.94'

CURVE TABLE				
CURVE	RADIUS	ARC	BEARING	CHORD
C1	809.93'	153.67'	S 27°49'25" E	153.44'
C2	282.18'	138.08'	N 46°36'44" W	136.70'

SURVEYOR NOTES

1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS SURVEY IS BASED ON DEED BOOK 2475 PAGE 2217, PLAT BOOK 60 PAGE 89 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4. SUBJECT PARCEL LIES WITHIN A SUBDIVISION PREVIOUSLY TIED TO NC GRID.
5. BASIS OF BEARINGS: PLAT BOOK: 60, PAGE: 89 — DATED: 3/5/2013.
6. ALL CORNERS "FOUND" OR "SET" ARE FLUSH WITH THE GROUND, UNLESS OTHERWISE NOTED. #4 REBAR SET AT ALL CORNERS UNLESS OTHERWISE NOTED.
7. THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
8. THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANEL 3710463900J, WITH AN EFFECTIVE DATE OF 3/18/2008.

PLOT PLAN SURVEY
OF:

LOT 16 TWINN COVES ON MORRISON
DEED BOOK 2475 PAGE 2217

FALLSTOWN TOWNSHIP, IREDELL COUNTY, NC

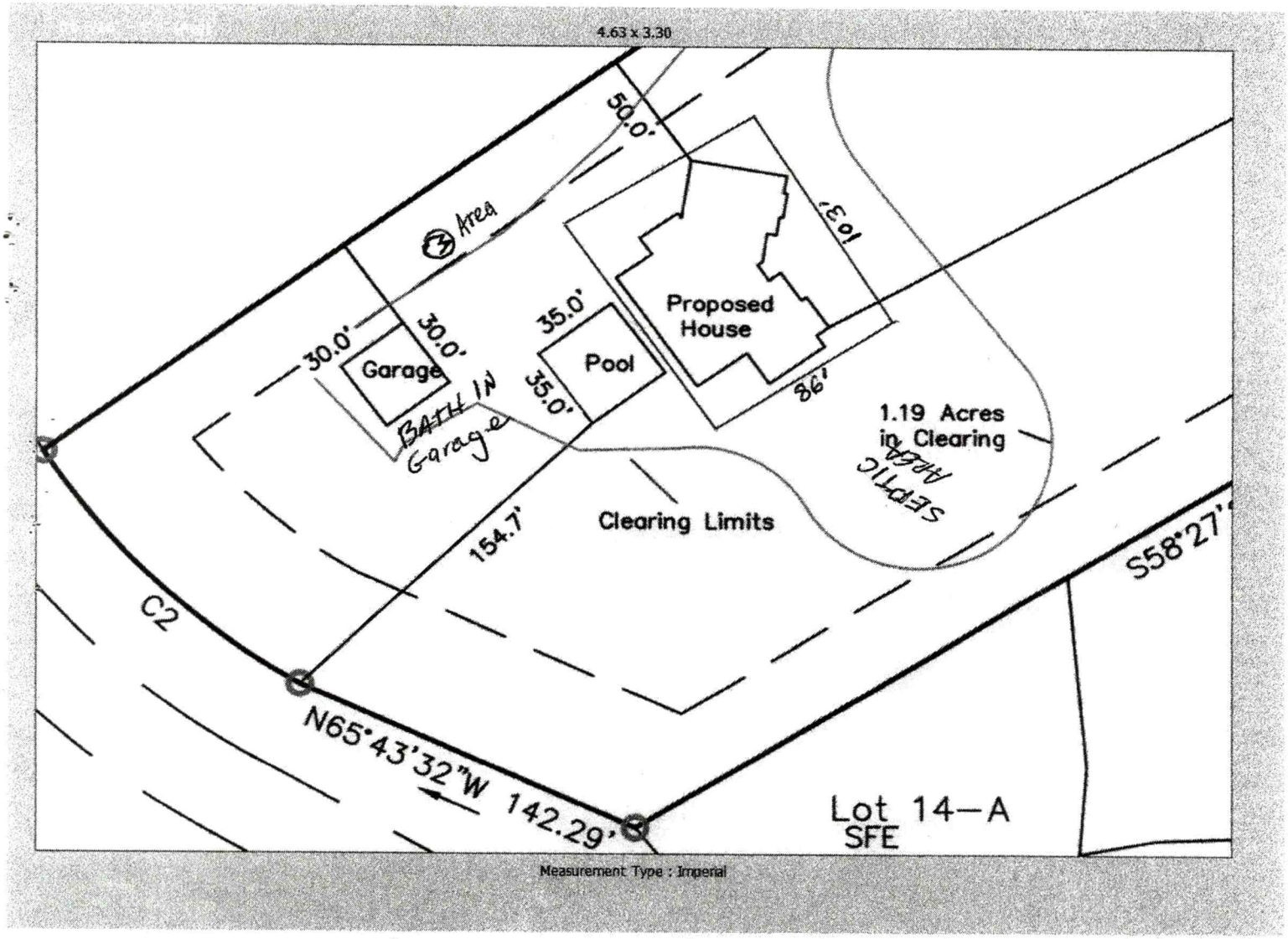
Buyer:

WESLEY DEAL

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: SAG	Checked By: JHP	Scale	Project No.
Tax Parcel: 4639-09-9310		1" = 100'	21056
Date: November 22, 2021			Sheet No.
File: 21056.dwg			1 of 1

NEW SITE PLAN



12/1/21

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, DAVID WOODWARD, am the legal owner(s) of the property located at 146 APACHE RD, TROUTMAN, NC 28166, identified as PIN (Parcel Identification Number) 4639099310.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) 4G DESIGN BUILD, QUINTON CANDY, 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.

David L Woodward
Signature of Owner(s)

17 SEP 2021
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

Initial all lines below to indicate you have submitted each form and completed every site requirement *

Complete all Environmental Health forms:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

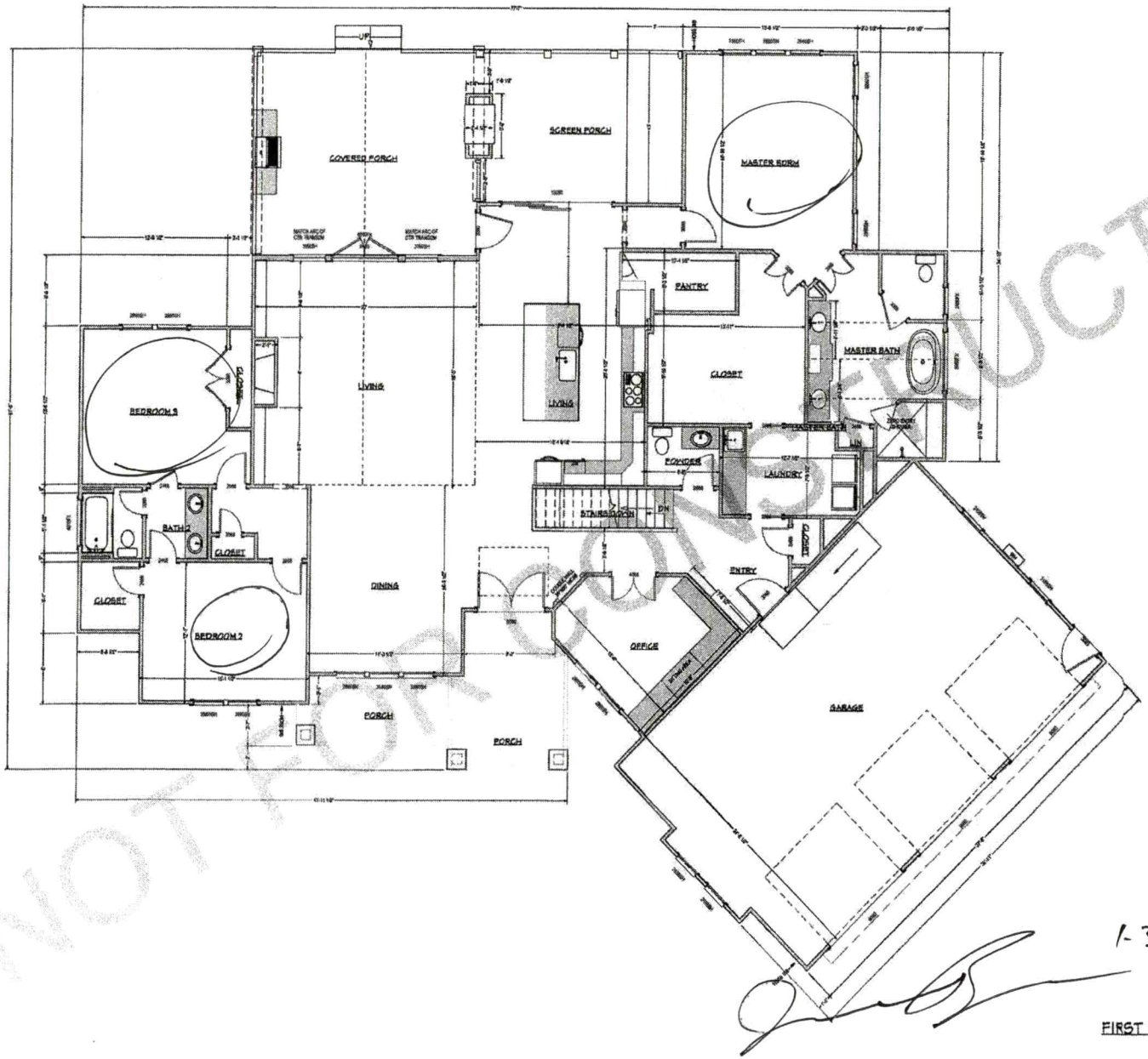
By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 12/1/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625



SQUARE FOOTAGE	
1ST FLOOR HEATED	2774
LOWER LEVEL HTD	1908
TOTAL HEATED	4682
UNFIN BSMT	907
GARAGES	428
COVERED PORCHES	816
TOTAL UNDER ROOF	7951

NOT FOR CONSTRUCTION

1-31-2021

FIRST FLOOR PLAN

SCALE 3/16" = 1'-0"

12/1/21

DEV

NO.	DESCRIPTION	DATE

PROJECT DESCRIPTION:
Deal Residence
146 Apache Rd

4G DESIGN BUILD
BUILD4G.com
458 Pinnville Rd
Statesville NC 28677
704-660-7578

DATE: 11/19/2021

SCALE:

SHEET: A-6

Zoning Permit # 321582
Fee: $ 45.00 CODE 104

*See reverse side for new construction

Zoning Permit

LOCATION	Date (mm/dd/yy)	09/10/21	Tax Parcel #	4639099310.000
	Business Name or Property Owner	DAVID WOODWARD		
	Street Address & Lot Number	1146 APACHE RD TROUTMAN, NC 28166		
	Business Type and/or Project Description	RESIDENTIAL LOT		
APPLICANT	Applicant	DAVID WOODWARD	Preferred Phone	704-902-8157
	Address City/State/Zip	158 WINDWOOD LN, TROUTMAN NC 28166		
	E-Mail	REPTN592@YAHOO.COM		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RP	TL ☒ ETJ ☐	Plans Attached: Yes ☐ No ☒
Utilities			Floodplain: Yes ☐ No ☒
Permitted Use of Property	Single - Family Home		
Minimum Setback Requirements	Front 50' Rear 50' Left Side 30' Right Side 30' *Setback measured from nearest projecting point of structure to Property Line.*		

Comments: Single-Family Home

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

X David Woodward
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance

Signature of Zoning Administrator

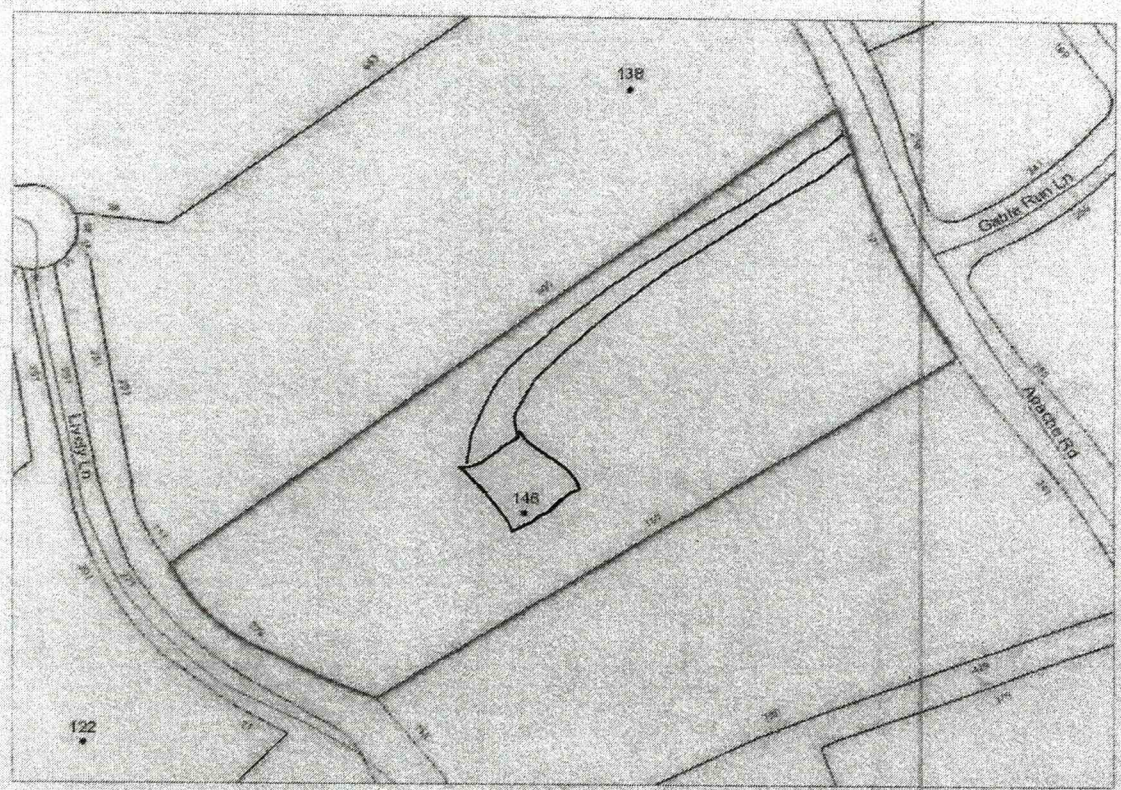
Iredell County

Property Data

Parcel Number: 4639099310.000
Inquiry Date: 9/10/2021

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80042197
Old Parcel Number:
Owner Name: WOODWARD DAVID L+MELISSA M
Mailing Address: 148 WINDWOOD LN TROUTMAN NC 28166
Property Location: APACHE RD
Lot Number: 16
Legal Description: TWINN COVES ON MORRISON PB60-89

Municipal Information

Township Code: 15
City Code: 02
Neighborhood Code: 15059

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 75000
Tax Assessed Value: 75000
Deferred: 0

Land Information - Register of Deeds Online Search

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 416906

Central Permitting Center
2017

DATE: 12/27/16 TIME: 13:43
CLERK: ronda.hart
PAID BY: DAVID WOODWARD

APPLICATION #: 223991

PERMIT ALLOCATION:

1 10492751 447004 PEHIA	500.00	Environmental Health Fees
TOTAL RECEIPT AMOUNT:	500.00	

AMOUNT PAID: 500.00
PAID BY: DAVID WOODWARD
PAYMENT METHOD: CREDIT CARAPPROVAL #027067
APPLICATION #: 223991

AMT TENDERED: 500.00
AMT APPLIED: 500.00
CHANGE: .00

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB16962

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$870.00**
AP-321582 Address: 146 APACHE RD APN: 4639099310.000			**$870.00**
EH RE-LAYOUTS			$320.00
INTERMEDIATE	10492751-447004	0	$320.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
TOTAL FEES PAID BY RECEIPT: WEB16962			**$870.00**

Date Paid: Friday, December 03, 2021

Paid By: 4G DESIGN BUILD, LLC

Cashier: ECON

Pay Method: CREDIT 139388

DEAL – Exp. 3-1-22

OLD IP

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 321582 ~~225991~~

PIN # 4639-09-9310 ✓

APPLICANT: David Woodward

APPLICANT ADDRESS: 148 Windwood Lane Troutman, NC

SITE ADDRESS: ~~129 Lively Apple~~ Lane Troutman, NC 28166

PHONE: 704-902-8157 ALT. PHONE:

SITE DIRECTIONS: Perth Rd N from Mooresville → L on State Park Rd → L on Morrison Farm Rd → L on Twin Coves + Becomes Lively Lane + site on Left

SUBDIVISION: Twin Coves on Morrison ✓

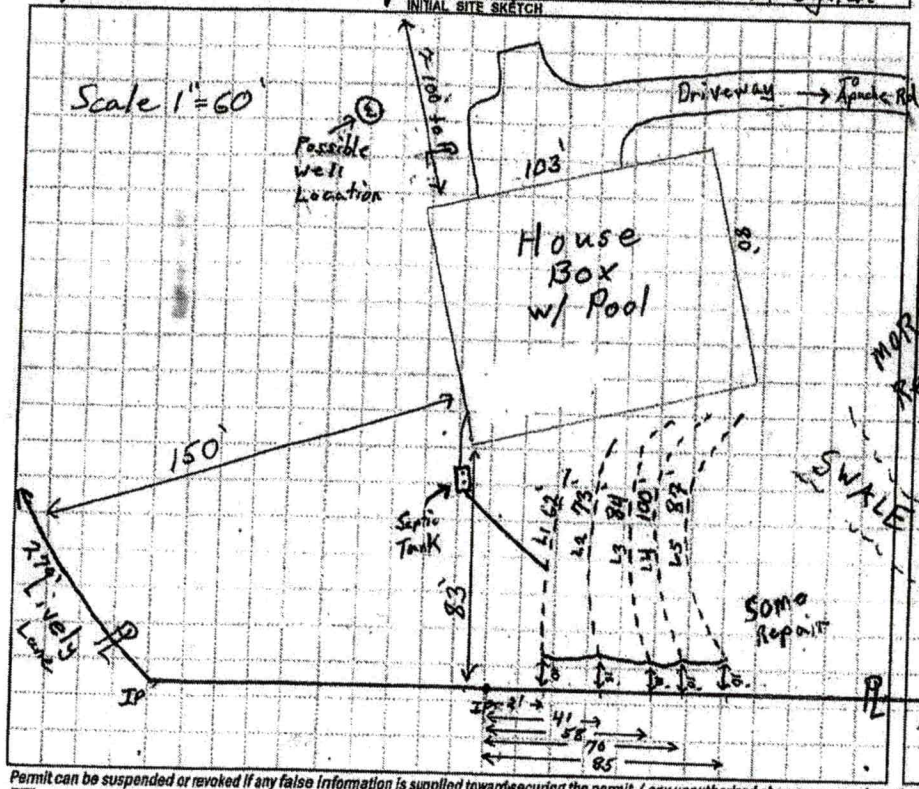
SECTION: LOT # 16 ✓ LOT AREA: 5.61 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank — (gal)	PT —	Date —	System Description: 25% Reduction	☐ Business	No. Persons 8
Pump Make —	Model —	Serial # —	Repair System Description: 25% Reduction	☐ Other	No. Employees —
# Nitrification Fields 1	# Lines 5	Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width 36"	Max. Trench Bottom Depth 30-36 [highside]	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Septic drainfield components + tank MUST maintain a 15' horizontal seperation distance from proposed pool excavation. If system is installed before pool construction, then the pool must be staked at time of installation / inspection of the septic system to ensure offsets are met.

INITIAL SITE SKETCH



AS BUILT SKETCH

COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT

FLOOR PLAN STILL NEEDED!

PERMIT NEVER PICKED UP
OR CALLED FOR
Customer recalled 7-6-17
Message Left " By ad
Talked directly with customer Y (N)

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Tom Shuck Date: 3-1-2017 OPERATION PERMIT by: _____ Date: _____

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

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2/1/2022 (Date)

Owner: Wesley Deal
Address: 122 Neill Estate Lane
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
146 Apache Rd.
PIN 4639099310
Twinn Coves on Morrison Lot 16

I, Wesley Deal, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 3-1-17 (date) for a system 25% Reduction (system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Wesley Deal
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

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

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

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

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
2/1/2022

Owner: ____David Woodward _____
Address: ___146 Apache Rd Troutman NC 28166_____

Subject: Notice of Intent to Revoke/Suspend: 146 Apache Road

Dear David Woodward :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 146 Apache , for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all

other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 2/1/2022. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Woodward — APPLICATION DATE: 12-27-16
ADDRESS: 129 Lively Lane Troutman NC — DATE EVALUATED: 2-20-17
PROPOSED FACILITY: 4BR House — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 5-6 acres
LOCATION OF SITE: 129 Lively Lane Troutman — 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
	16% Sloping Shoulder Top middle Primary	0-12	Clay W. SBK	SI. Firm, SS, Sp, Sep		42			0.3+ PS
		12-42	Clay Loam W. SBK - Some Saprolite	friable, SS, Sp, Sap					
		42-48	MA Loamy Sandy Saprolite	very Friable + well Drained					
	14% LSS Distal mid near PL Primary	0-28	Clay W. SBK	SI. Firm, SS, Sp, Sep		45			0.3 PS
		28-45	Clay Loam W. SBK Some Sap	Friable, SS, Sp, Sap					
		45-48	Rock Controlled MA Saprolite	Friable + Moderately Drained					
	10% FS Bottom middle Primary	0-12	Clay W. SBK	SI. Firm, SS, Sp, Sep		40"			0.325 PS
		12-40"	Clay Loam W. SBK Some Sap	Friable, SS, Sp, Sep					
		40-48"	MA Sandy Saprolite	Very Friable + Well Drained					
	12% Shoulder Rear Area Repair	0-36	Clay W. SBK	SI. Firm, SS Sp, Sep		48			0.275 PS
		36-48	Clay Loam W. SBK Some Mica	Friable, SS, Sp, Sep					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+
System Type(s)	25% Reduct	25% Reduction
Site LTAR	0.30	0.275

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

COMMENTS: ____

Far Hump

0 - 28 Clay V.W. SBK; Y-B mottles 18-24" Firm, SS, Sp, Sexp

28 - 48 Clay Loam w. SBK Sl. Firm, SS, Sp, Sexp

L_1 = Pink [-25'] 4.90' 62'

L_2 = Blue [-23] 6.45' 73'

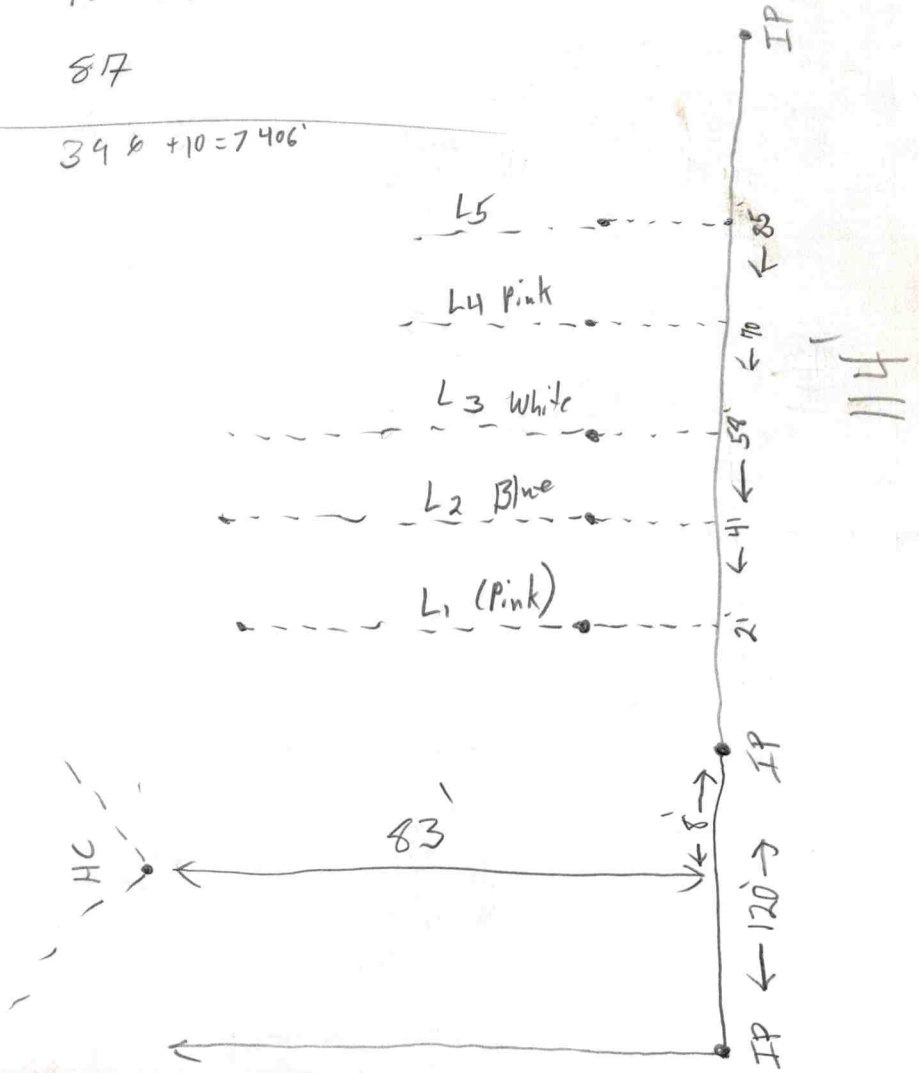
L_3 = White 7.59' 84'

L_4 = Pink 8.06' 90' +10'

L_5 = Blue 10.75' 87'

37'

34 & +10 = 7406'



114

For Hump

0 - 28 Clay V.W. SBK Y-B mottles 18-24" Firm, SS, Sp, Sexp

28-48 Clay Loam W. SBK Sl. Firm, SS, Sp, Sexp

L_1 = Pink [-25'] 4.90' 62'

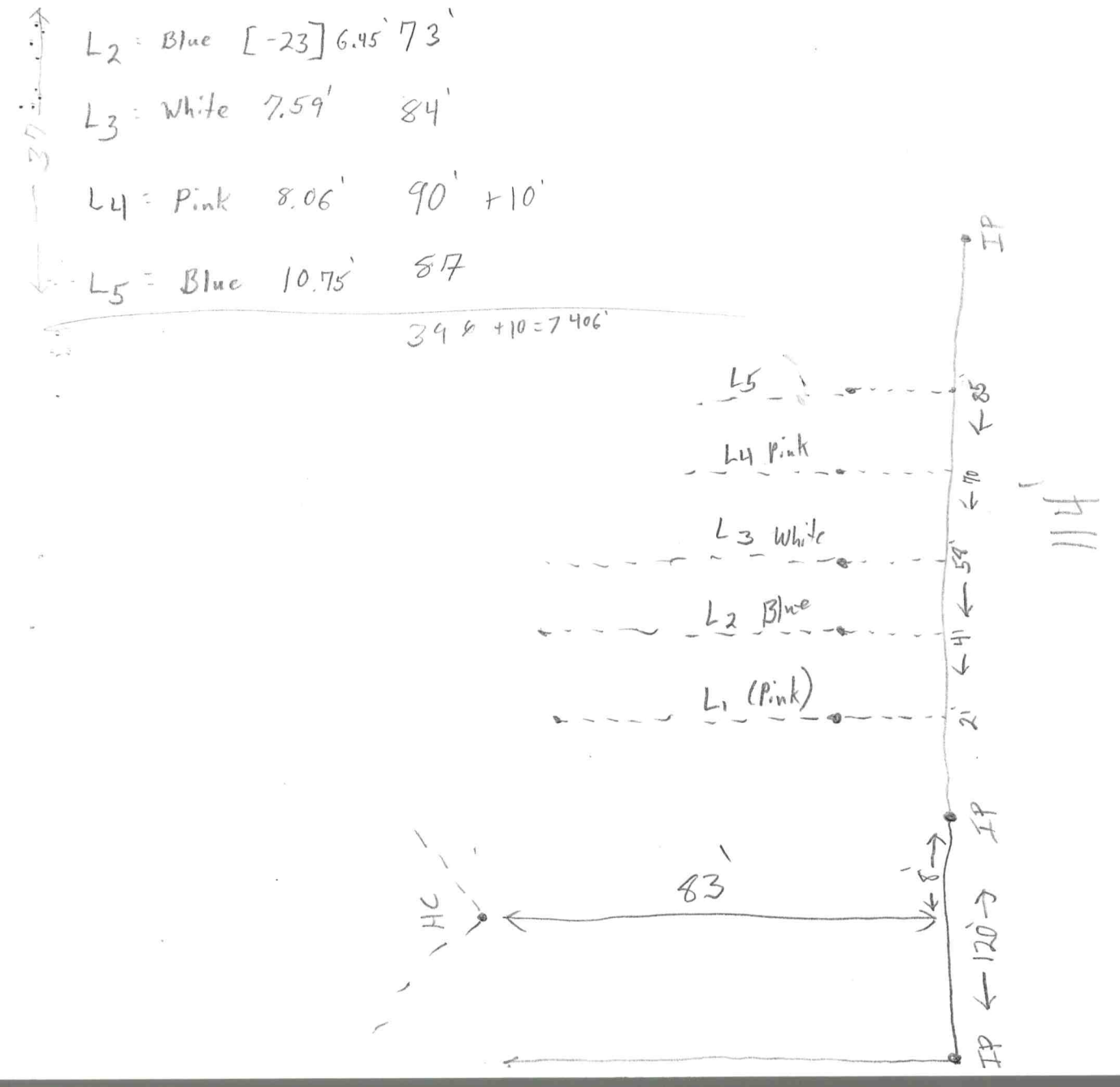
L_2 = Blue [-23] 6.45' 73'

L_3 = White 7.59' 84'

L_4 = Pink 8.06' 90' +10'

L_5 = Blue 10.75' 87

394 & +10 = 7406'



ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: David Woodward
ADDRESS: 129 Ivey Ln
PROPOSED FACILITY: SFR
LOCATION OF SITE: State Park Rd Morrison Farm Rd Twin Coves Rd
APPLICATION DATE _____
DATE EVALUATED: 2/6/17
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

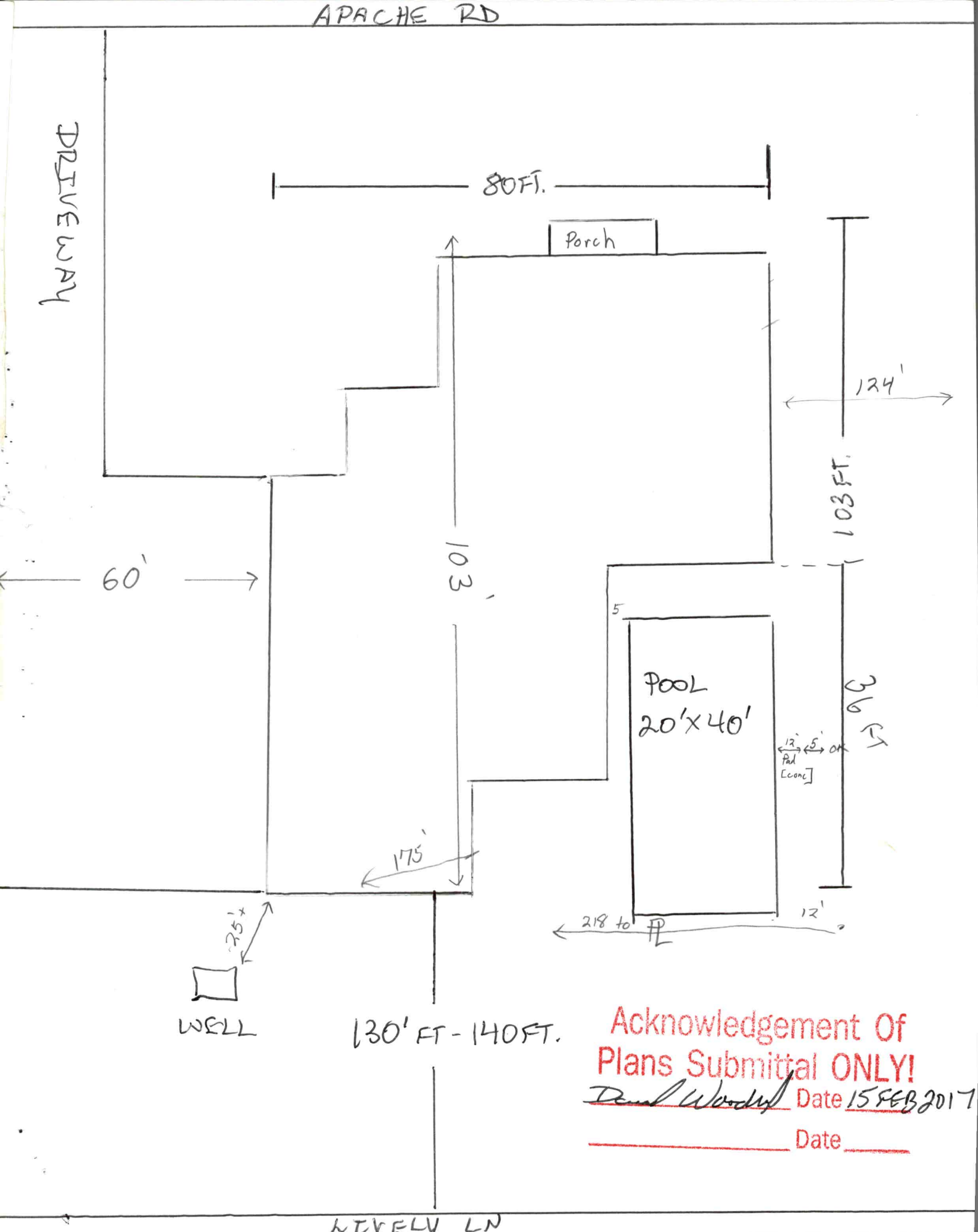
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	10.1.	0-2	WSBK SCL	FrSSSPSEXP	—	Mica throughout	Incl @ 15" F→C	—	PS 0.3
		2-28"	SBK C	FrSSSPSEXP	—			—	
		28-43	SBK CL	FrSSSPSEXP	—			—	
		43-48"	SAP						
2	10.1.	0-2	WSBK SCL	FrSSSPSEXP	—	38"	F→AB	—	PS 0.3
		2-20	SBK C	FrSSSPSEXP	—			—	
		20-38	SBK CL	FrSSSPSEXP	—			—	
		38-48"	SAP	—	—			—	
3	10.1.	0-4	SCL			36"			PS 0.3
		4-28	C						
		28-36	CL						
		36-48	SAP						
4	10.1.	0-2	SCL			SAP indurated 15" 36"			PS 0.3
		2-20	C						
		20-36"	CL						
		36-48"	SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	✓	✓
System Type(s)	25% red	50% red
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Emily Herbert
OTHER(S) PRESENT: _____

COMMENTS: _____



Acknowledgement Of
Plans Submittal ONLY!
Date 15 FEB 2017
Date

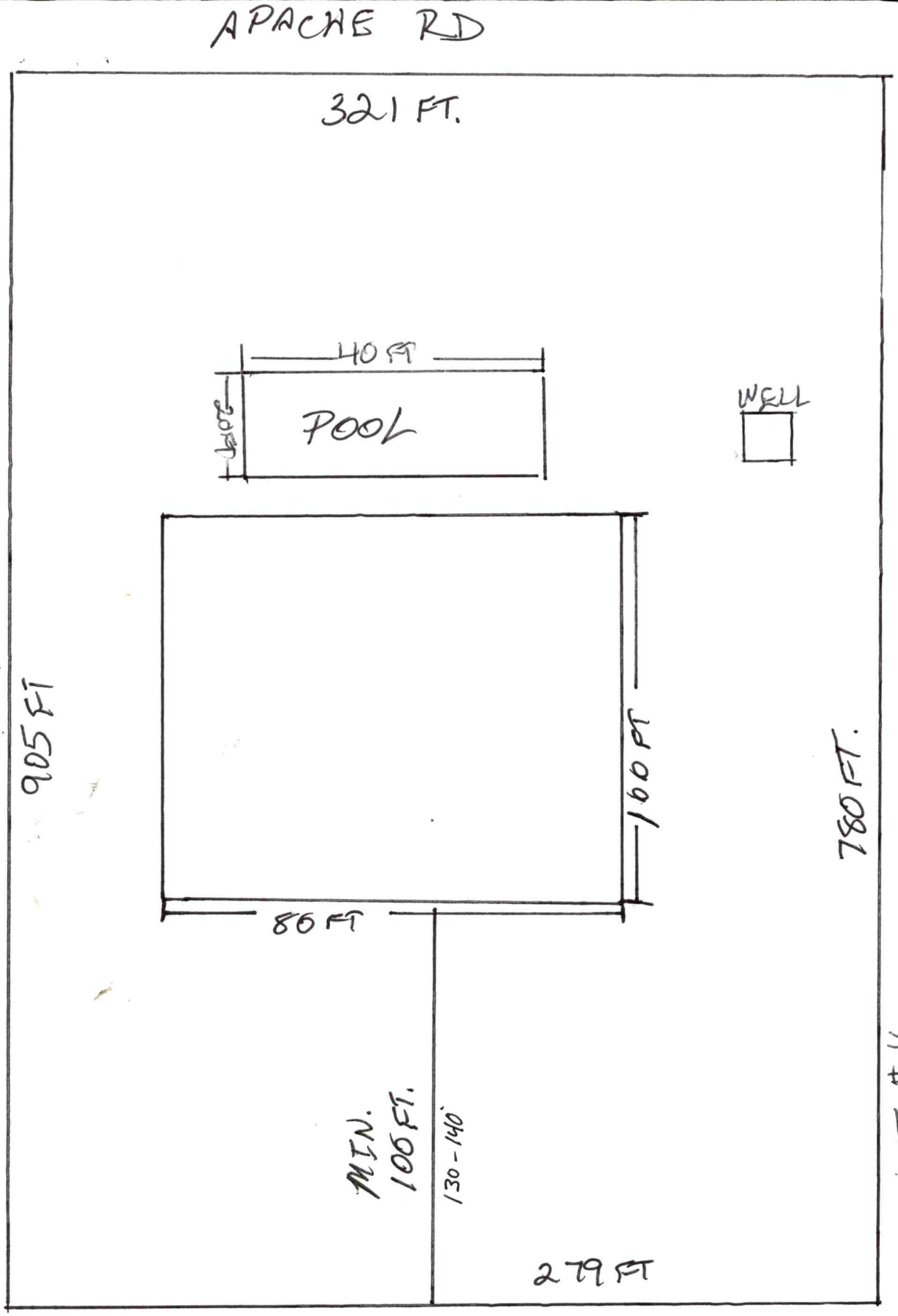


Winston-Salem Cardiology

5175 Old Clemmons School Road
Clemmons, NC 27012

nhwinstonsalemcardiology.org

A department of Novant Health
Forsyth Medical Center


APACHE RD
321 FT.
40 FT
20 FT
POOL
WELL
905 FT
160 FT
780 FT.
80 FT
MIN. 100 FT.
130-140'
279 FT
LOT #16
TWIN COVES ON MORRISON
PIN: 4639 09 9310.006
TWIN COVES RD

Please CALL prior to inspection

Out Fri - noon

RECEIVED DEC 27 2016

Name: David

Number: 704-902-8157

ALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

L BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR . THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION ...ATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Paid $500.00

#223991

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

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
DAVID WOODWARD	148 WINDWOOD LN, TROUTMAN	704-528-8400	*704-902-8157
JUSTEN JOHNSON (Owner Name)			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
129 LIVELY LN. TROUTMAN	TWIN COVES ON MORRISON	Lot 16 PARCEL # 4639099310.000

Driving Directions: _____

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 3
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*
( ) Alternative 1. (✓) Conventional ( ) Innovative ( ) Modified Conventional 2. (✓) Other PUMP

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:** David L Woodward
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

27 DEC 2016
DATE

DocuSign Envelope ID: D9DCF3C1-553A-4F92-9F0D-F69388426729

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

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, Justin & Stephanie Johnson, am the legal owner(s) of the property located at Lot 116 Apache Rd., Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4639-09-9310.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Iredell Co. Health Dept., David Woodward, Melissa Woodward, Steve Hankins, 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.

DocuSigned by:
[signature] 12/21/2016
Signature of Owner(s) Date

DocuSigned by:
[signature] 12/21/2016
Signature of Witness Date

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

SHOW: ***proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

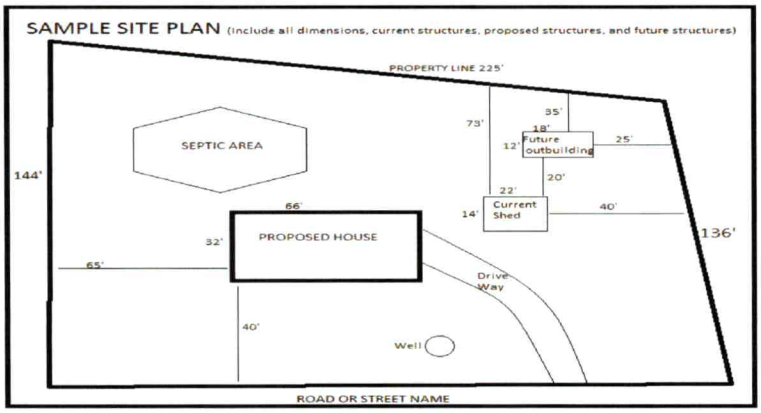
_✓_ Front and side setbacks from property line… **_✓_ Preferred driveway location and configuration, preferred well location…**

_____ 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)**



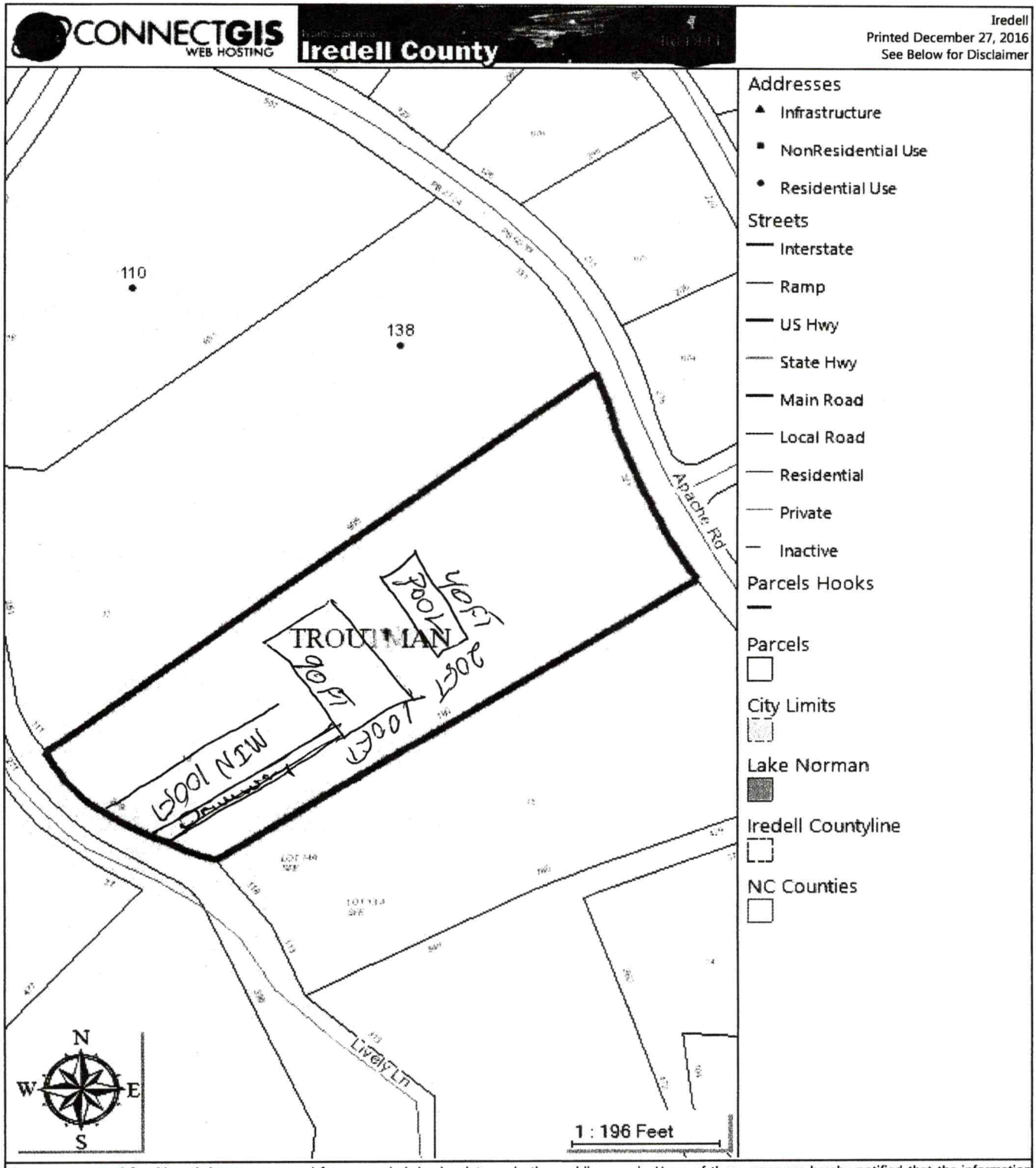
USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

Signature: David L. Woodward

REQUIRED **property owner or owner's legal representative signature.**

DATE



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Zoning Permit # 223991
Fee $ 45.00 Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	12/27/2016	Tax Parcel #	4639099310.000
	Business Name or Property Owner	JUSTIN & STEPHANIE JOHNSON		
	Street Address & Lot Number	LOT 16 TWIN COVES ON MORRISON 129 Lively		
	Business Type and/or Project Description	RESIDENTIAL LOT		
APPLICANT	Applicant	DAVID WOODWARD	Preferred Phone	704-902-8154
	Address City/State/Zip	148 WINDWOOD LN., TROUTMAN, NC 28166		
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy (exception, single family residential additions/expansions). Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RP	TL ☑ ETJ ☐	Plans Attached	Yes ☑ No ☐
Utilities	Public WA / Septic		Floodplain	Yes ☐ No ☑
Permitted Use of Property	SFR			
Minimum Setback Requirements	Front ____' Rear ____' Left Side____' Right Side ____' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: *Perc Test Only* Hold additional Permits until Troutman Zoning is approved.

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

David Woodward
Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Daniel Upright
Signature of Zoning Administrator

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, DAVID WOODWARD, am the legal owner(s) of the property located at 146 APACHE RD, TROUTMAN, NC 28166, identified as PIN (Parcel Identification Number) 4639099310.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G DESIGN BUILD, QUINTON CANDY, 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.

David L Woodward
Signature of Owner(s)

1/5/2022
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 416906

Central Permitting Center
2017

DATE: 12/27/16 TIME: 13:43
CLERK: ronda.hart
PAID BY: DAVID WOODWARD

APPLICATION #: 223991

PERMIT ALLOCATION:

1 10492751 447004 500.00 Environmental Health Fees
PEHIA
TOTAL RECEIPT AMOUNT: 500.00

AMOUNT PAID: 500.00
PAID BY: DAVID WOODWARD
PAYMENT METHOD: CREDIT CARAPPROVAL #027067
APPLICATION #: 223991

AMT TENDERED: 500.00
AMT APPLIED: 500.00
CHANGE: .00

Zoning Permit # 321582

Fee: $ 45.00 CODE 104

*See reverse side for new construction

Zoning Permit

LOCATION	Date (mm/dd/yy)	09/10/21	Tax Parcel #	4639099310.000
	Business Name or Property Owner	DAVID WOODWARD		
	Street Address & Lot Number	1146 APACHE RD TROUTMAN, NC 28166		
	Business Type and/or Project Description	RESIDENTIAL LOT		
APPLICANT	Applicant	DAVID WOODWARD	Preferred Phone	704-902-8151
	Address City/State/Zip	158 WINDWOOD LN, TROUTMAN NC 28166		
	E-Mail	REPTNS92@YAHOO.COM		
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only

Zoning District(s)	RP	TL ☒ ETJ ☐	Plans Attached	Yes ☐ No ☒
Utilities			Floodplain	Yes ☐ No ☒
Permitted Use of Property	Single - family Home			
Minimum Setback Requirements	Front 50' Rear 50' Left Side 30' Right Side 30' *Setback measured from nearest projecting point of structure to Property Line.*			

Comments: Single-family Home

I hereby certify that all of the information provided for this application is, to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

X [signature]

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance

[signature]

Signature of Zoning Administrator

Iredell County

Property Data

Parcel Number: 4639099310.000
Inquiry Date: 9/10/2021

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 80042197
Old Parcel Number:
Owner Name: WOODWARD DAVID L+MELISSA M
Mailing Address: 148 WINDWOOD LN TROUTMAN NC 28166
Property Location: APACHE RD
Lot Number: 16
Legal Description: TWINN COVES ON MORRISON PB60-89

Municipal Information

Township Code: 15
City Code: 02
Neighborhood Code: 15059

Value Information - Current Year Property Record Card (PRC)

Building Value: 0
Other Building Features: 0
Land Value: 75000
Tax Assessed Value: 75000
Deferred: 0

Land Information - Register of Deeds Online Search