ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-311744

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

PIN # 4639-29-5573

APPLICANT/OWNER: 46 DESIGN BUILD, LLC / STEVEN BLANCK APPLICANT ADDRESS: 488 PINEVILLE ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 198 TIMBER LAKE DRIVE, TROUTMAN, N.C. 28166 PHONE: 704-634-3617 ALT. PHONE 704-799-7609

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (L) ON SILVER FALL, (R) ON TIMBER LAKE, LOT 94 (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FALLS COVE - PARKWOOD SECTION: P6 LOT # 630 LOT AREA: 1.201 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

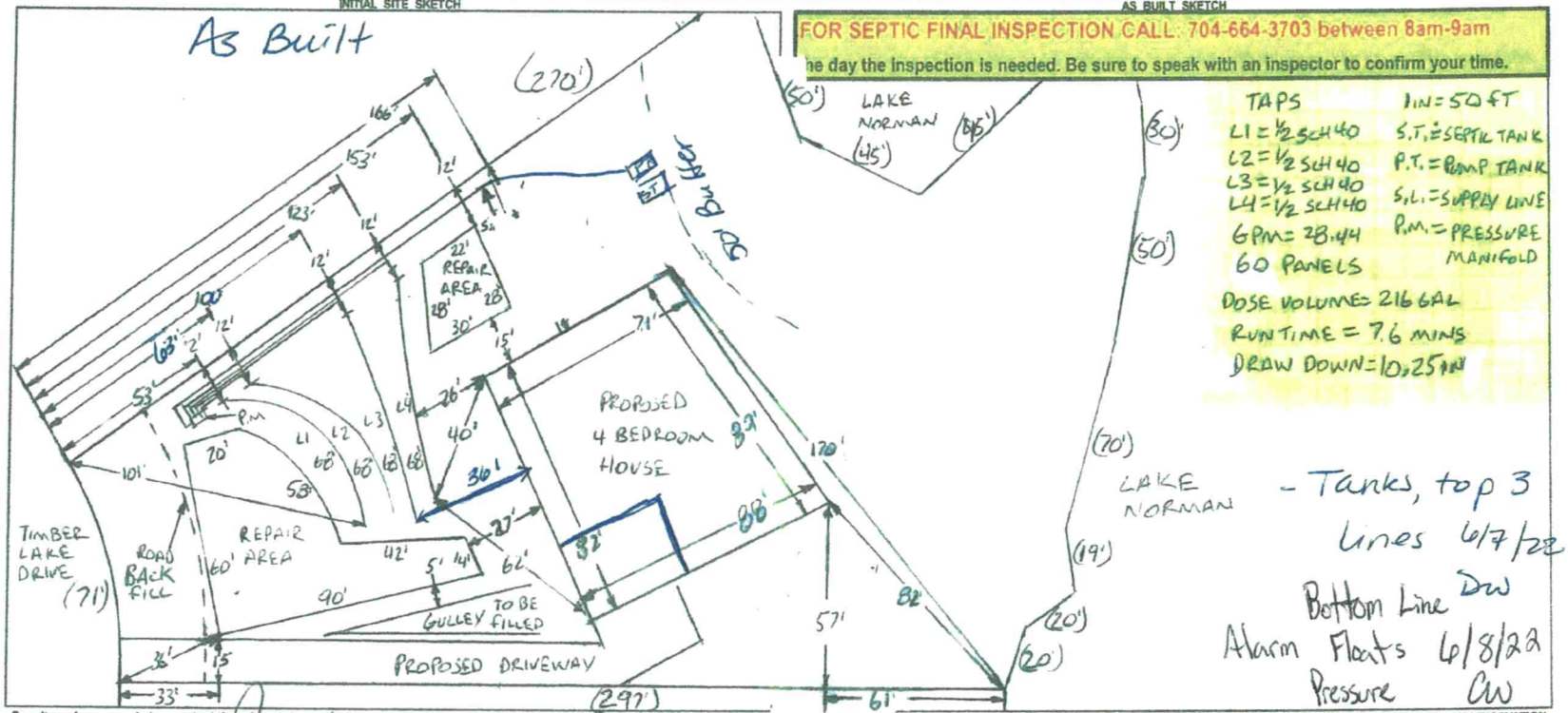
Septic Tank	1000	(gal)	STB	7100	Date	2/17/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	3103	Date	4/24/22	System Description:	50% REDUCTION - PPBPS - P.M.			
Pump Make	GOULDS	Model	1/3 HP 230 V		Serial #	WE0312M16	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	4		Linear Ft	272 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth(Low side)			28 IN	Gravel Depth	—	☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☐ Crawl Space		☑ Community
☑ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, PRESSURE MANIFOLD MUST BE 10FT OF PROPERTY LINE, SUPPLY LINE MUST BE 5FT

50FT BUFFER AND ALL PROPERTY LINES MUST BE MARKED AT TIME OF INSTALL

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.

TAPS
L1 = 1/2 SCH 40
L2 = 1/2 SCH 40
L3 = 1/2 SCH 40
L4 = 1/2 SCH 40
GPM = 28.44
60 PANELS

1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

DOSE VOLUME = 216 GAL
RUN TIME = 7.6 MINS
DRAW DOWN = 10.25 IN

- Tanks, top 3 Lines 6/7/22
Bottom Line DW
Alarm Floats 6/8/22
Pressure CW

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 [illegible] ☐ 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: 3-2-202 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 2-16-2021 OPERATION PERMIT by: [signature] D. Wieberg Date: 11/8/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-18-2021 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	6-9-22	CW
Tanks Checked	6-7-22	DW
Pressure Manifold or Valve Box Checked	6-9-22	CW
Pressure Head Set	6-9-22	CW
Electrical Checked	11/8/22	DW
Floats Set	6-9-22	CW
Alarm Checked	6-9-22	CW
Maintenance Contract Y (N) not required		
Comments:		

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-311744

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

PIN # 4639-29-5573

APPLICANT/OWNER: 46 DESIGN BUILD, LLC / STEVEN BLACK APPLICANT ADDRESS: 488 PINEVILLE ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 198 TIMBER LAKE DRIVE, TROUTMAN, N.C. 28166 PHONE: 704-634-3617 ALT. PHONE 724-799-7609

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (L) ON SILVER FALLS, (R) ON TIMBER LAKE, LOT 9 ON (L)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: FALLS COVE - PARKWOOD SECTION: P6 LOT # 630 LOT AREA: 1.201 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

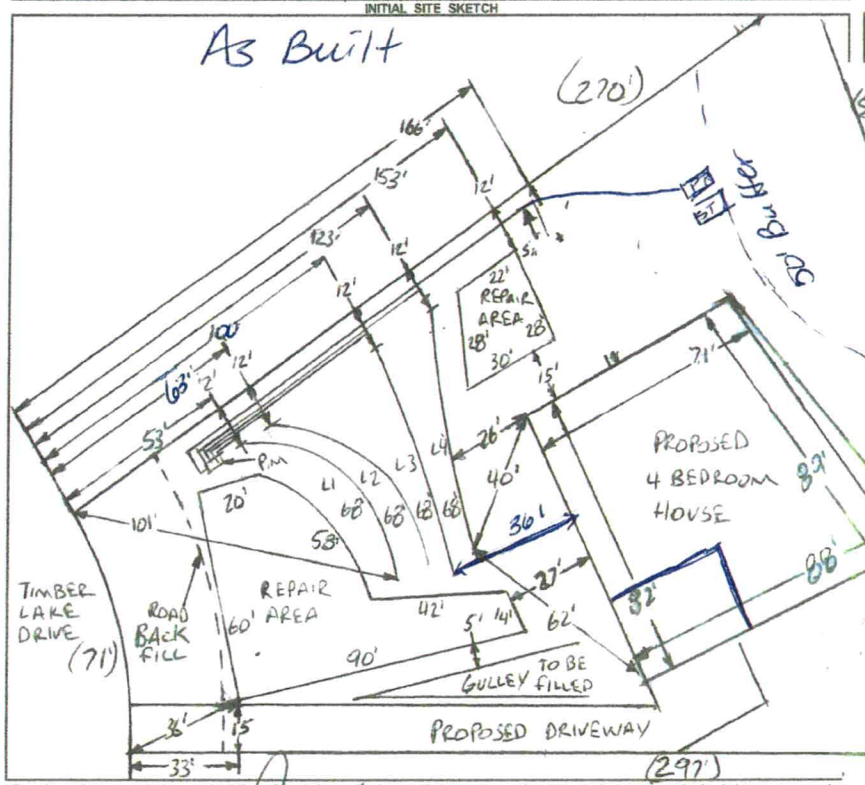
Septic Tank	1000	(gal)	STB	7100	Date	2/17/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	3613	Date	4/29/22	System Description:	50% REDUCTION - PPBPS - P.M.			
Pump Make	GOULDS	Model	1/3 HP 230 V		Serial #	WEQ312MU	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	4		Linear Ft	272 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth(Low side)	28 IN		Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees	—	☐ Public
☐ Slab	☐ Crawl Space		☑ Community
☑ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, PRESSURE MANIFOLD MUST BE 10FT OF PROPERTY LINE, SUPPLY LINE MUST BE 5FT

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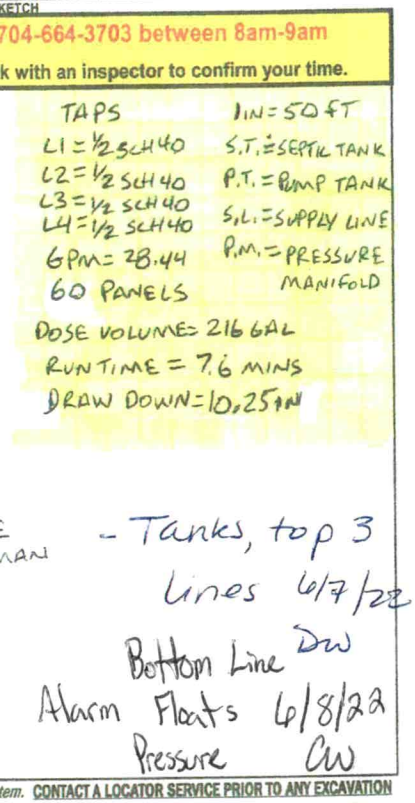
INITIAL SITE SKETCH



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.



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Owner / Applicant Signature: [signature] Date: 3-2-202 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: [signature] Date: 2-16-2021 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-18-2021 Existing System Inspected by: _____ Date: _____

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-311744

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

PIN # 4639-29-5573

APPLICANT/OWNER: 46 DESIGN BUILD, LLC / STEVEN BROOK APPLICANT ADDRESS: 488 PINEVILLE ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 198 TIMBER LAKE DRIVE, TROUTMAN, N.C. 28166 PHONE: 704-634-3647 ALT. PHONE 724-799-7609

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (L) ON SILVER FALLS, (R) ON TIMBER LAKE, LOT 94 (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FALLS COVE - PARKWOOD SECTION: P6 LOT # 630 LOT AREA: 1.201 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

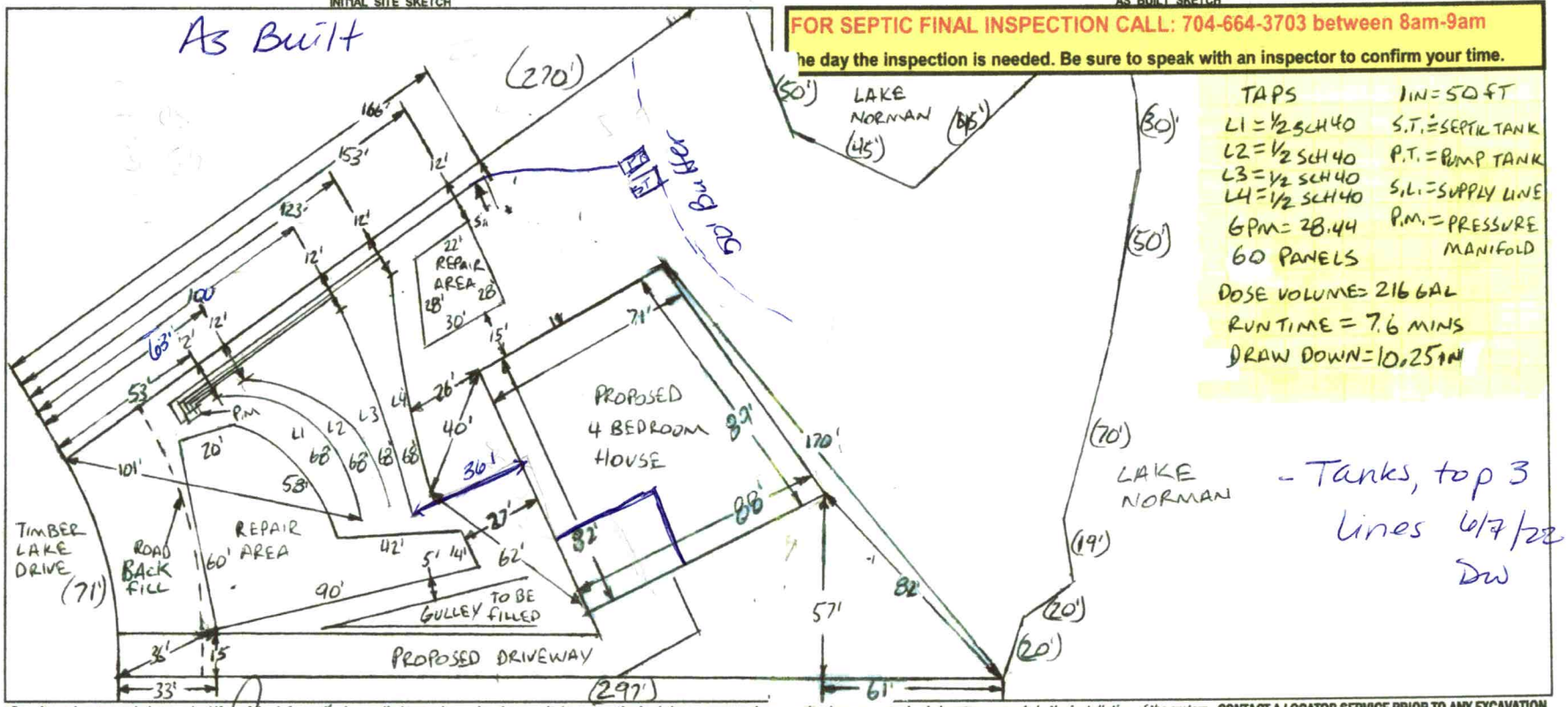
Septic Tank	1000	(gal)	STB	7100	Date	2/17/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	3603	Date	4/24/22	System Description:	50% REDUCTION - PPBPS - P.M.			
Pump Make	GOULDS	Model	1/3 HP 230 V		Serial #	WE0312M0	Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	4		Linear Ft	272 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth(Low side)			28 IN	Gravel Depth	–	☐ GRAVITY	☑ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☐ Private
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☑ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, PRESSURE MANIFOLD MUST BE 10FT OF PROPERTY LINE, SUPPLY LINE MUST BE 5FT

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INITIAL SITE SKETCH



AS BUILT SKETCH

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IMPROVEMENT PERMIT by: [signature] Date: 2-16-2021 OPERATION PERMIT by: Date:

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Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # AP-311744

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

PIN # 4639-29-5573

APPLICANT/OWNER: 46 DESIGN BUILD, LLC / STEVEN BULLOCK APPLICANT ADDRESS: 488 PINEVILLE ROAD, STATESVILLE, N.C. 28677

SITE ADDRESS: 198 TIMBER LAKE DRIVE, TROUTMAN, N.C. 28166 PHONE: 704-634-3617 ALT. PHONE 704-799-7609

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (L) ON SILVER FALLS, (L) ON TIMBER LAKE, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: FALLS COVE - PARKWOOD SECTION: P6 LOT # 630 LOT AREA: 1.201 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

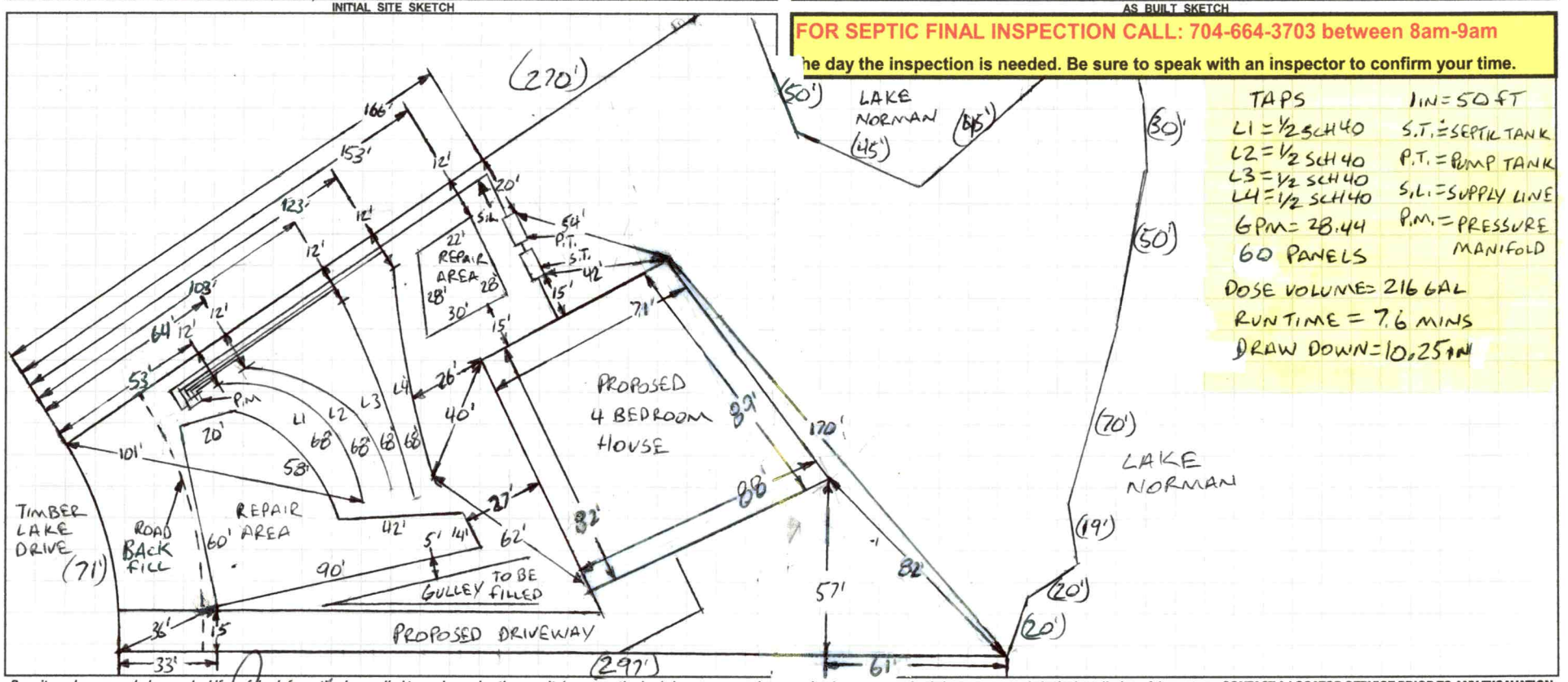
Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT		Date	System Description: 50% REDUCTION - PPBPS - P.M				☐ Business	No. Persons 8
Pump Make		Model			Serial #	Repair System Description: 50% REDUCTION				☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4		Linear Ft: 272 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space
Trench Width	24 IN	Trench Bottom Depth(Low side)		28 IN	Gravel Depth —		☐ GRAVITY	☑ PRESSURE		☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, PRESSURE MANIFOLD MUST BE 10FT OF PROPERTY LINE, SUPPLY LINE MUST BE 5FT

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GPM = 28.44
60 PANELS

1 IN = 50 FT
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S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

DOSE VOLUME = 216 GAL
RUN TIME = 7.6 MINS
DRAW DOWN = 10.25 IN

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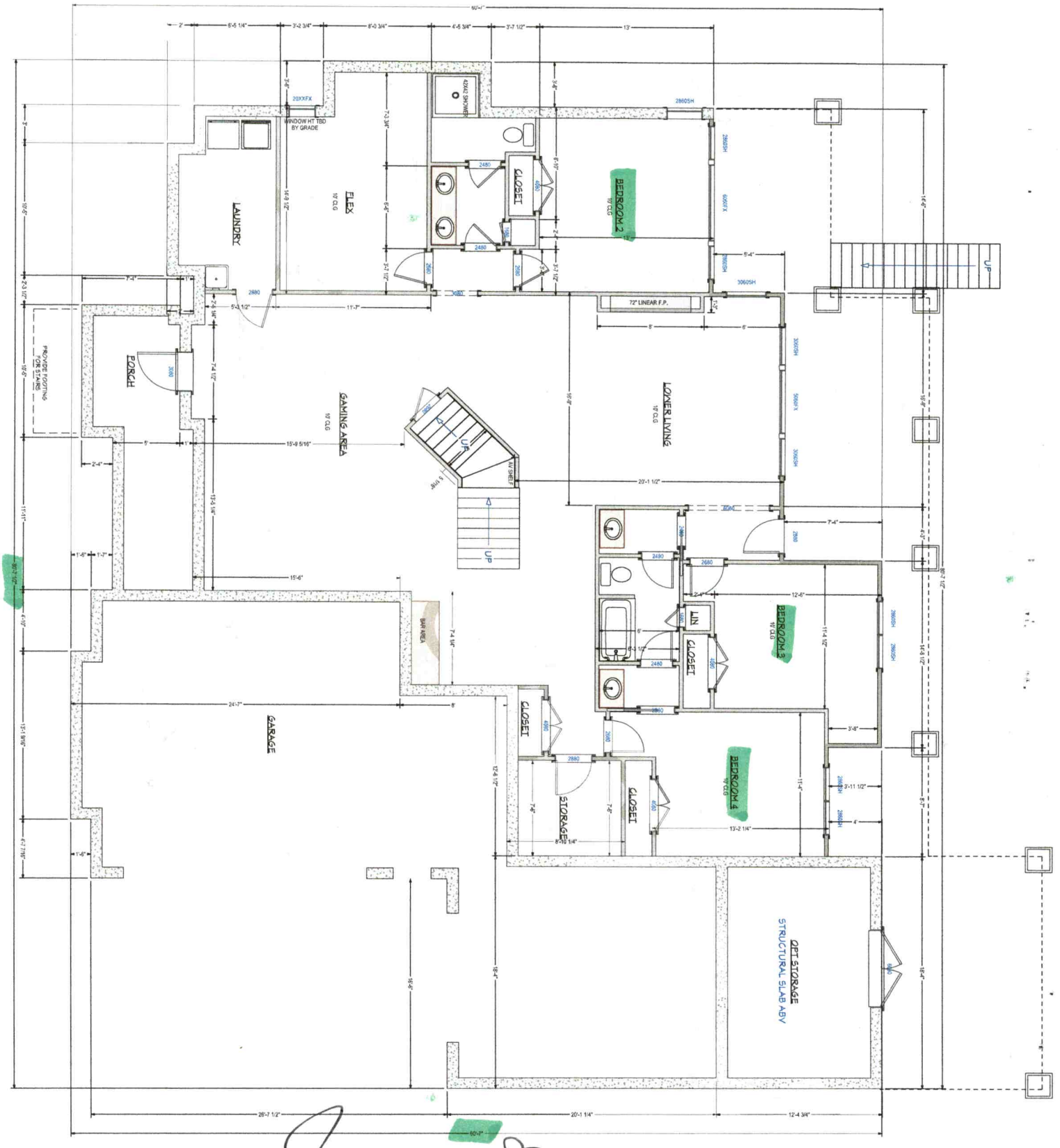
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Owner / Applicant Signature: [signature] Date: 3-2-202 Installed by:

IMPROVEMENT PERMIT by: Benjamin C. Wilson Date: 2-16-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin C. Wilson Date: 2-18-2021 Existing System Inspected by: Date:

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



Acknowledgement Of
Plans Submittal ONLY!

Date 2-19-2021

Date 3-2-21



Acknowledgement Of
Plans Submittal ONLY!
Date 3-2-21
Signed Date 2-19-2021

1ST FLOOR HEATED	
LOWER LEVEL HEATI	
TOTAL HEATED	
OTP STORAGE	
GARAGES	
PORCHES	
TOTAL UNDER ROOF	

RECEIVED JAN 15 2021

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

Iredell County Health Department – Environmental Health Division

Ltd Relayout - Pd $105.00 AP-311744

Limited Re-Layout IP AP-311744 INCREASE HOUSE BOX ONLY.

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: 46 DesignBuild, LLC **Address:** 488 Pinaville Rd. Statesville **Zip:** 28677
Applicant Email: Quinton@Build46.com **Phone:** 704-634-3647 **Alt. Phone:**
Owner Name: Ronnie Yee **Address:** 637 Williamson Rd. Suite 102 Mooresville **Zip:** 28117
Owner Email: N/A **Phone:** 704-799-7609 **Alt. Phone:**

Property Information:

Street Address: 198 Timber Lake Dr. Troutman
Subdivision Name: Falls Cove **Section/Phase:** P6 **Lot Number:** 630
Driving Directions: Perth Rd to State Park Rd to Morrison Farm to L on Silver Falls Dr. to Timber Lake Dr. on Left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 8
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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: 30% Reduction

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?

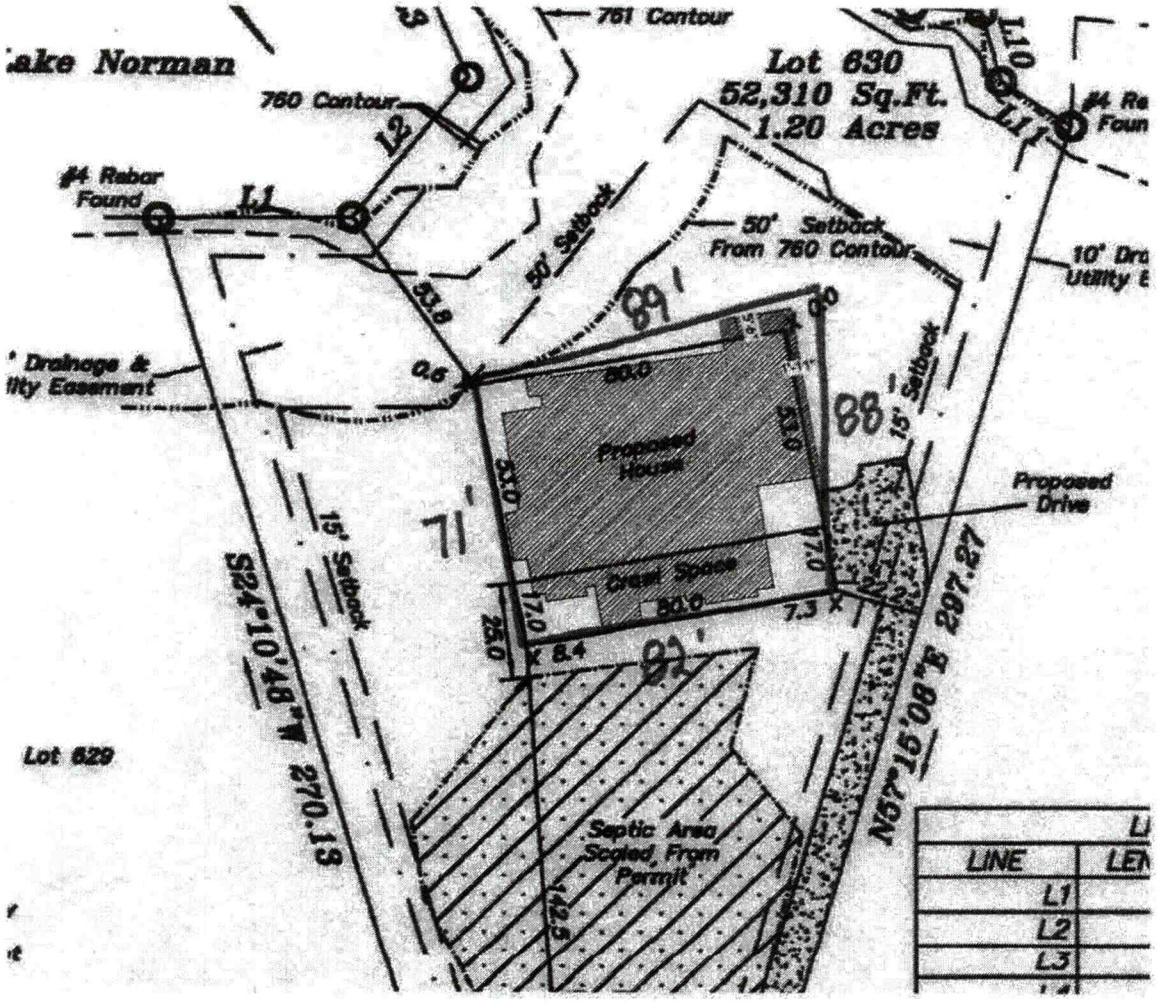
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 1-12-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Bullock Residence

198 Timber Lake Drive Troutman NC 28166

Current Septic Permit Number: AP-311744

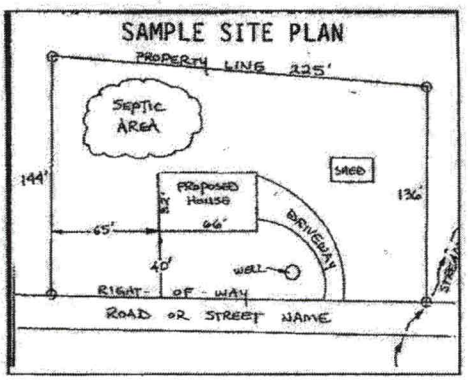


IREDELL COUNTY HEALTH DEPARTMENT

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**

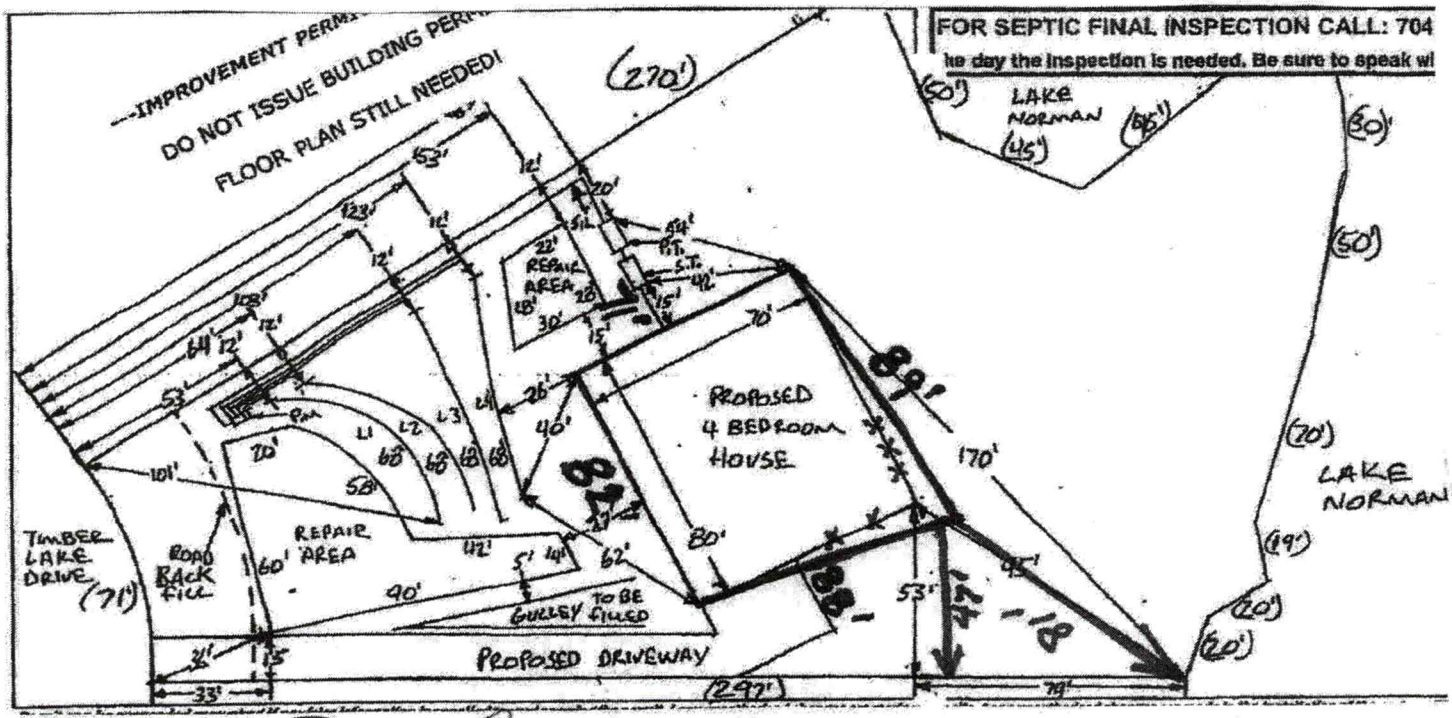
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

IP AP-311744

Enlarge House Box Size ONLY CHANGE TO: 71'x89'x88'x82'

LIMITED RE-DRAW TO ENLARGE HOUSE BOX



Signature: _____ 1-12-21

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, Steven H. Bullock, am the legal owner(s) of the property located at 198 Timber Lake Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) 630, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build _____, 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.

✓ _____ 17 Feb 2021
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

Enlarge House Box Size ONLY CHANGE TO: 71' X 89' X 88' X 82'

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville (MV) Office (704) 660-3625 PERMIT # AP-311744

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

PIN # 4639-29-5573

APPLICANT/OWNER: LAKESHORE HOLDINGS, LLC APPLICANT ADDRESS: 637 WILLIAMSON ROAD, SUITE 102, MOORESVILLE, N.C. 28117

SITE ADDRESS: 198 TIMBER LAKE DRIVE, TROUTMAN, N.C. 28166 PHONE: 704-799-7609 ALT. PHONE —

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM (L) ON SILVER FALLS (R) ON TIMBER LAKE, LOT ON (R)

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: FALLS COVE - PARKWOOD SECTION: P6 LOT # 630 LOT AREA: 1.201 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

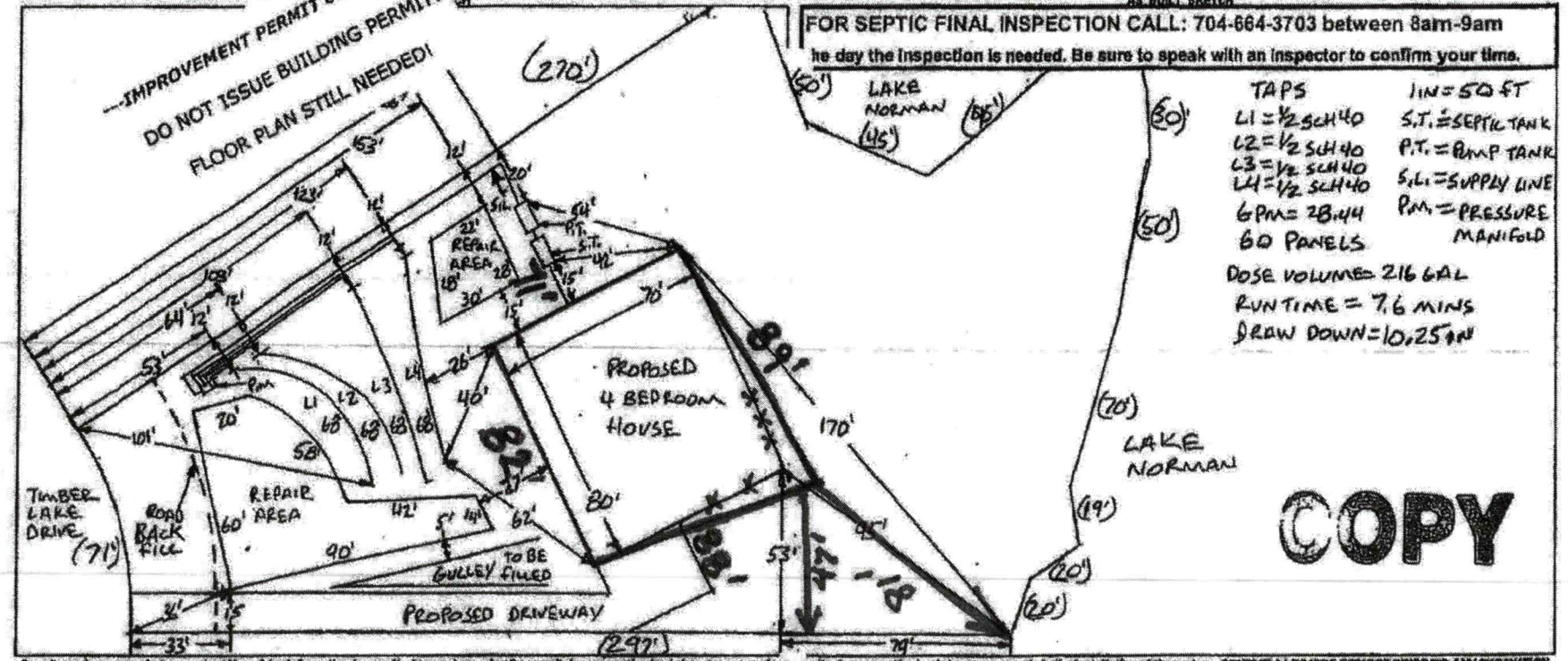
Septic Tank	1000 (gal)	STB		Date		☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description:	50% REDUCTION - PPBPS - PM	☐ Business	No. Persons	8	☐ Private
Pump Make		Model		Serial #		Repair System Description:	50% REDUCTION	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft.	272 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☑ Community
Trench Width	24 IN	Trench Bottom Depth (Low side)	28 IN	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE	☑ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD CONSTRUCTION, PRESSURE MANIFOLD MUST BE 10FT OF PROPERTY LINE MUST BE 5FT

50FT BUFFER AND ALL PROPERTY LINES MUST BE MARKED AT TIME OF INSTALL

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Burgent C. Ulrich Date: 12-7-2020 OPERATION PERMIT by: _____ Date: _____

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

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

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, Ronnie Yee, am the legal owner(s) of the property located at 198 Timber Lake Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build _____, 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.

✓ Ronnie H Yee _____ 01/10/2021 12:28 PM AST

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

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

Residential Zoning Permit Application

What are you building? (Please check)

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

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

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

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1+Basement

If an addition, please describe project: N/A

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): N/A

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

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

Owner Information

Property Owner's Name Ronnie Yee Phone # 704-799-7609

Owner's Current Address 637 Williamson Rd. Suite 102 Mooresville, NC 28117

Property Information

Property Address 198 Timber Lake Dr. Parcel # 4639 29 5573

Subdivision: Falls Cove Lot 630 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Perth Rd. to State Park Rd. to Morrison Farm Rd. TL on Silver Falls Dr. until you get to 198 Timber Lake Dr. on left Lot 630

Application Information

Applicant's Name or Company 46 Design Build Applicant's Phone # 704 634 3647

Applicant's Address 488 Pineville Rd. Statesville, NC 28677

If Company, Representative's Name and Title Quinton Gandy Mem./Mgr.

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

SIGNATURE OF APPLICANT _____ DATE 1-12-21