IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # [illegible]

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

PIN # 4639424585

APPLICANT/OWNER: Whitley Construction | APPLICANT ADDRESS: | PHONE: | ALT. PHONE

SITE ADDRESS: 180 Kenway Loop | SAP CONTROLLED: ☐ YES ☐ NO

SITE DIRECTIONS:

SUBDIVISION: Woodleaf | SECTION: | LOT # 36 | LOT AREA: .74 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: 3

Septic Tank	1000 (gal)	STB	792	Date	10-21-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	27	Date	10-20-19	System Description:	LPPBPS
Pump Make	Champion	Model	CPSTE525	Serial #	06547	Repair System Description:	LPPBPS
# Nitrification Fields	1	# Lines	3	Linear Ft	270	Maintenance Agreement Required:	☒ YES ☐ NO
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	—	☐ GRAVITY	☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

Scale 1:50

PL 147.30

Repair

137'

105'

100'

65'

27'

17'

10'

Repair

AS BUILT SKETCH

PL 180'

Drive

Valve box

63' well

59'

House

44' to supply line

10'

PT

5T

28'

Kenway Loop

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: Kevin Hallman

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: Kayla Wilson Date: 12-23-19

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. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	12/4/19	MD
Tanks Checked	12/4/19	MD
Pressure Manifold or Valve Box Checked	12/4/19	MD
Pressure Head Set	12/23	KW
Electrical Checked	12/23	KW
Floats Set	12/4/19	MD
Alarm Checked	12/23	KW
Maintenance Contract Y / N	12/23	KW

Attached 12/20/19

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 135453 PIN# 4639 20 9711 . 036 DATE June 7, 2006

OWNER OR APPLICANT Woodbridge Partners LLC PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608, Mooresville, NC. 28117

LOCATION Perth Rd (N) TL Fern Hill, TL Kenway Loop on Right

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 36 LOT AREA .74/ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB 794 Date 10-21-19

Pump Tank: 1000 Gallons; PT 87 Date 10-30-19

Pump Make: Champion Model VPSTE535 Serial No. 065471

Nitrification Field: No Fields 1 Square Feet 540 Linear Feet 270

No Lines 3 Trench Width 24"min48"oc Max Trench Bottom Depth 36" Gravel Depth NA ☐ Gravity ☒ Pressure

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

System Description: LPPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons ____ No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

3 lines, Top 105' # panels 24
Middle 100 23
Bottom 65 15

INITIAL SITE SKETCH

602 panels total

SEE PLAN from SAME

Comments:/Conditions: 9.9 1/2 to house ST
10.7 from ST to house (by chimney)
22ft from PL to end of tanks

AS BUILT SKETCH

See As Built Drawing

EXPIRED!

10-7-15

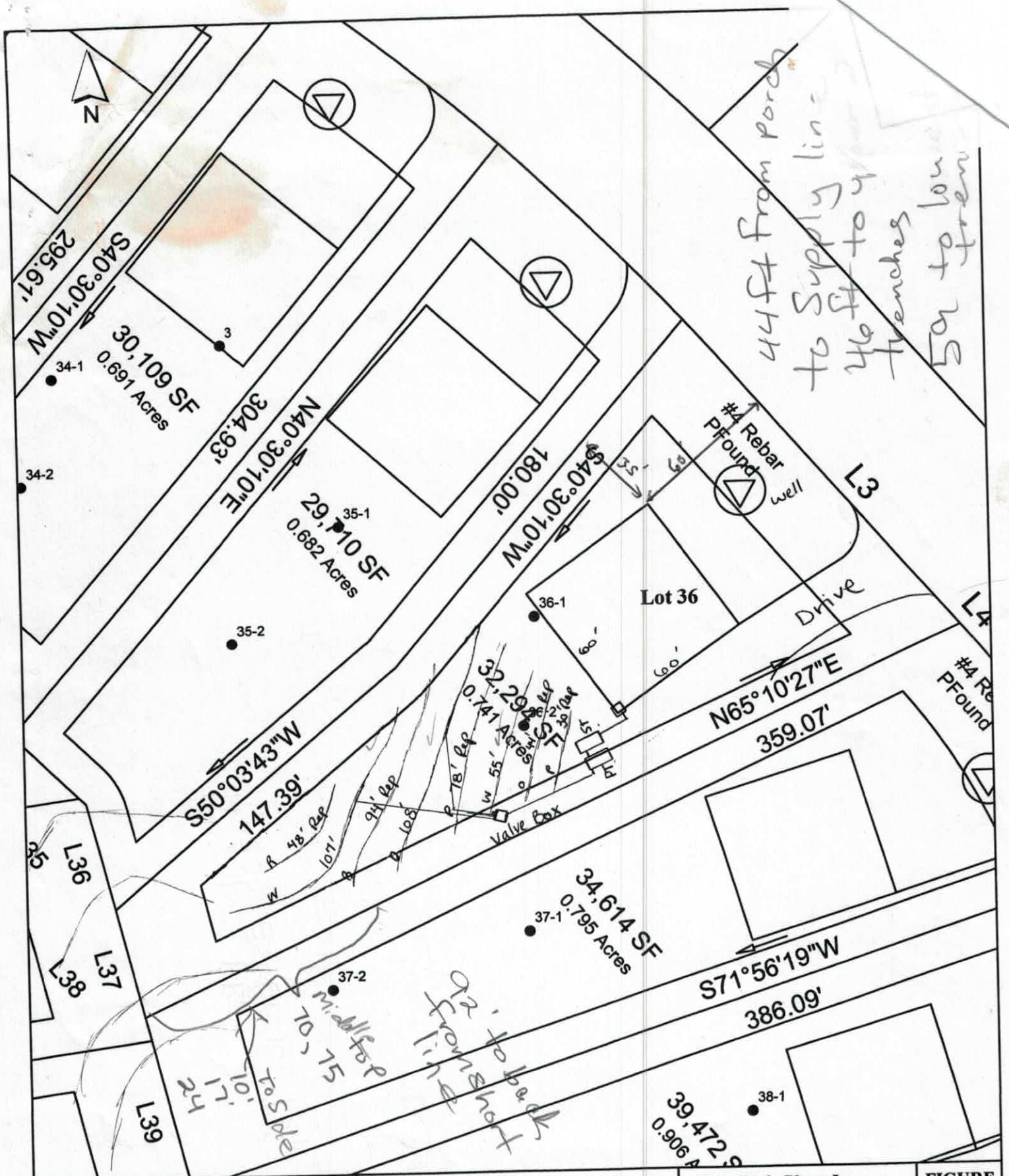
ded or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement
bout expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

date 5-2-06 Installed by: Kevin Hallman

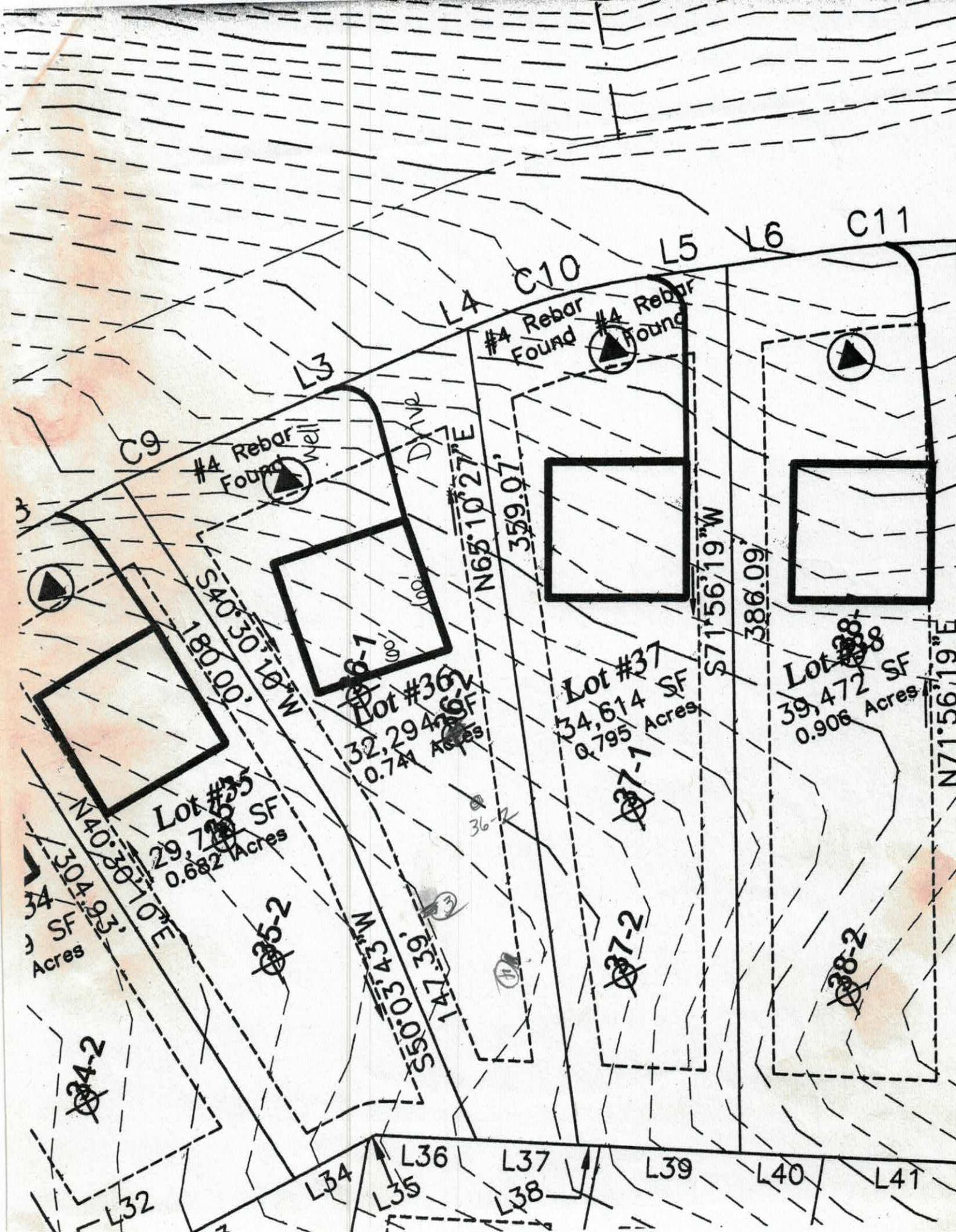
date 6-7-06 Operation Permit by: Kayla Watson date 12-23-19

Kayla Watson date 5-7-19 Existing System Inspection by: _____ date _____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK



Scale: 1 inch equals 50 feet	S&ME	Woodleaf - Phase I	FIGURE
Drawn by: JBP		Lot 36	1
Reviewed by: PGP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Iredell County, NC	
Date: May, 2006		S&ME Project #1588-05-121	


C11
L6
L5
C10
L4
L3
C9
#4 Rebar Found
#4 Rebar Found
#4 Rebar Found
Well
Drive
N65°10'27"E
359.07'
S71°56'19"W
386.09'
N71°56'19"E
S40°30'10"W
180.00'
N40°30'10"E
304.93'
S50°03'43"W
147.39'
Lot #35
29,725 SF
0.682 Acres
Lot #36
32,294 SF
0.741 Acres
Lot #37
34,614 SF
0.795 Acres
Lot #38
39,472 SF
0.906 Acres
35-1
35-2
36-1
36-2
37-1
37-2
38-1
38-2
34-2
L32
L34
L35
L36
L37
L38
L39
L40
L41

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf S/D
APPLICATION DATE _____
ADDRESS: _____
DATE EVALUATED: 4/21/04
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: _____
LOCATION OF SITE: Lot 36
PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1936 SAPRO CLASS	.1944 RESTR HORIZ	
1	L	0-40	WK/MO SBK C	FR SS/SP	Red				0.3
		40-52	WK SBK CL	FR SS/SP	Red; F	sap			
2	L	0-7	WK GR SL/SCL	FR ns/np	Br				0.3
		7-42	WK SBK/ MO SBK C	FR SS/SP	Red				
		42-55	WK SBK CL	FR SS/SP	Red; F	sap			
				* sap veir	on opp	wall			
3	5% NS	0-7	WK SBK red scl	fr SS SP					.3
		7-18	WK-M SBK red c	fr ss sp	SE YP				
		18-51	WK SBK yr scl	fr ss sp	Sat mi sap				
4		0-6	gr brn scl	fr SS SP					.3
		6-39	M SBK Red C	fr SS SP	sap				
		39-48	M SBK C cl	fr ss sp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS: _____

Lot 36 Woodleaf Subdivision Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	Crawl Space
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	40' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30 gpm
Elevation head	Approx. 15.4'
Pressure head	3.0'
Friction head	1.0'
20% Contingency	3.9'
Total Head	23.3'
Pump Requirements	30 gpm @ 23.3' of head; use Goulds WE05H pump or equivelent with compatible electrical
Dosing Volume	216 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	294

but should use at least 1/4" anti-air lock hole below check valve

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Red	LPPPBPS	48	4.3				
2	System	White	LPPPBPS	107 centerfed		24	24	1 per panel	5/32"
3	Repair	Blue	LPPPBPS	94					
4	System	Orange	LPPPBPS	108 centerfed		24	24	1 per panel	5/32"
5	Repair	Pink	LPPPBPS	78					
6	System	White	LPPPBPS	55 endfed		12	12	1 per panel	5/32"
7	Repair	Orange	LPPPBPS	44					
8	Repair	Pink	LPPPBPS	30	10.8				
						Total: 60	Total: 60 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 294'					

Tank	Red	1000 gal (2 compartment)	13.7
Pump Tank	Red	1000 gal.	13.7
House	Blue		12.5

No Check qe
5-6-19
#244017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Whitley Construction Address: 191 I. Steinbeck Way Mocksville NC Zip: 27117
Applicant Email: jcwhitley@att.net Phone: 704-658-9251 Alt. Phone: _____
Owner Name: John R. Whitley Address: same Zip: _____
Owner Email: same Phone: same Alt. Phone: _____

Property Information:

Street Address: 180 Kenway Loop, Troutman, N.C
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 36
Driving Directions: S on Perth, R → on Fern Hill, → on Kenway Loop - ½ mile on right is property

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

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

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(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 ( ) Conventional ( ) Innovative ( ) 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: _____ 4/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** [X] Improvement Permit [ ] Authorization To Construct [ ] BOTH [ ] 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	Work Phone
Woodbridge Partners, LLC	PO Box 36008 Mooresville 28117		(Paul: S+ME, Inc) 704-996-6330
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Lot # 36

Driving Directions: Hwy 150 W, R Perth Rd, L Fern Hill Rd, left Kenwa Loop, on Right

****

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

- [X] New, Single Family Residence
- [ ] New, Multi-Family Residence
- [ ] Expansion of Existing Septic System
- [ ] Repair To Failing Septic System

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

- [X] 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:**

[X] 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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional [ ] Other_____ [ ] No Preference

****

8. **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. industry) 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.

9. **Signature:** Kathleen Saunders — 5/2/06
   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*) John R Whitley

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, John R. Whitley, am the legal owner(s) of the property located at 180 Kenway Loop, identified as

PIN (Parcel Identification Number) 4639474585, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Whitley Construction LLC, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance inspection

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

John R Whitley
Signature of Owner(s)

4/24/19
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

IREDELL COUNTY

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

APPLICATION NUMBER
244017
Issue Date: 04/24/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639424585.000	180 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: KIDD DAVID P+SHARON A	Applicant: WHITLEY CONSTRUCTION L
Address: 36 BROWN AVENUE	Address: PO BOX 3395
LEOMINSTER, MA 1453	MOORESVILLE, NC 28117
Phone:	Phone: 704-658-9251

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.741	35.00	35.00	15.00	15.00	CACL	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	174863	TOTAL FEES:	$ 77.25