IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 230875

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

PIN # 4639483113

APPLICANT/OWNER: Rick/Dustin Howell APPLICANT ADDRESS: 3544 Amity Hill Rd Statesville, NC 28677

SITE ADDRESS: 333 Winding Shore Rd Troutman, NC PHONE: 8284061767 ALT. PHONE 704 634 7067

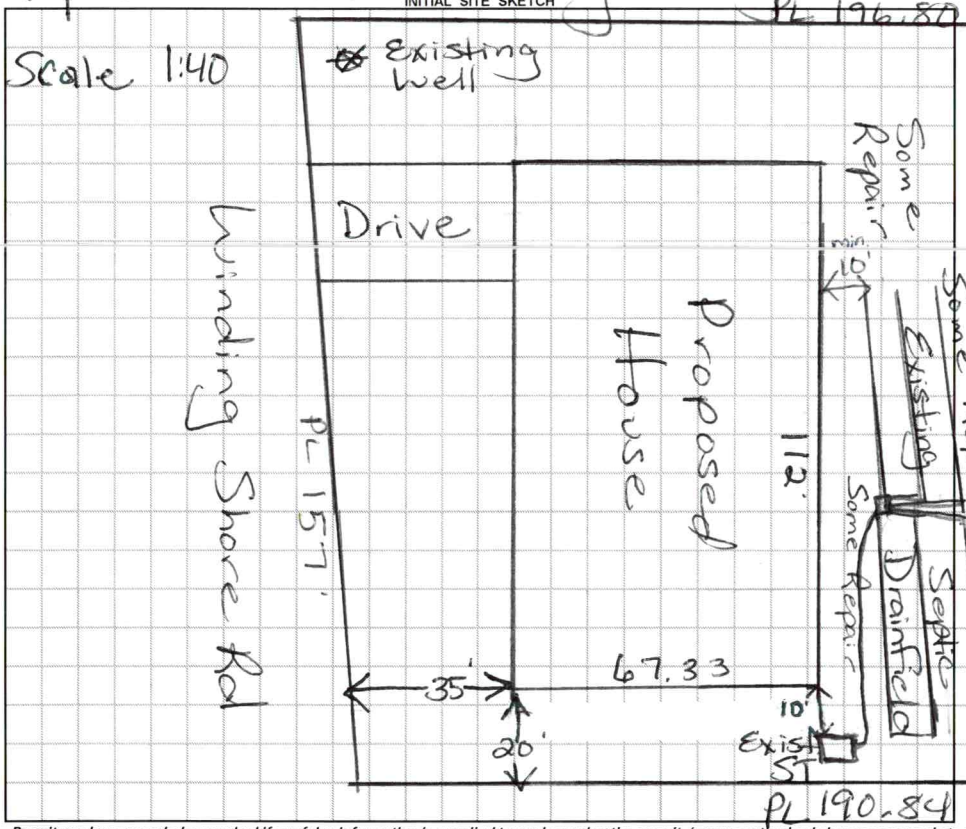
SITE DIRECTIONS: Perth Rd N to Neil Farm Straight to Winding Shore on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL&T SECTION: 16 LOT # 121 LOT AREA: .69 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

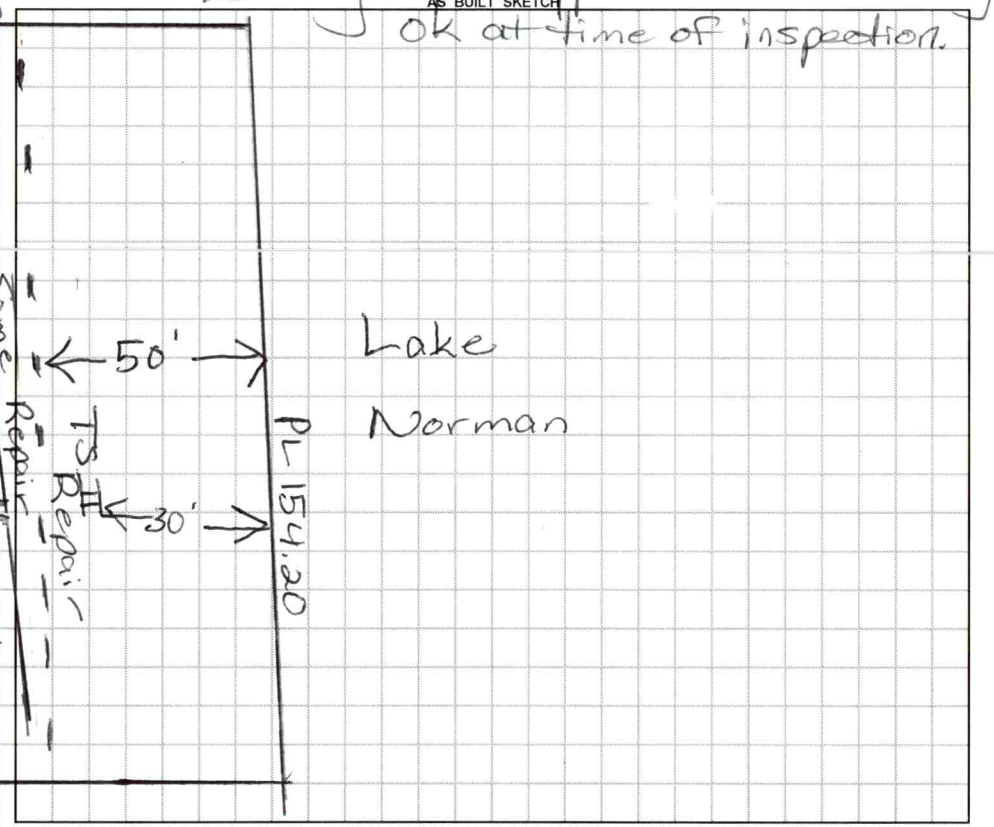
Septic Tank	Exist 1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Exist Gravity PPBPS	☐ Business	No. Persons	8	☒ Private Exist
Pump Make	Model		Serial #	Repair System Description:	PPBPS / TS II Retreat	☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines	Existing	Linear Ft	Maintenance Agreement Required:	☐ YES ☒ NO Drip	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY	☐ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: ✱ IcHD recommends that existing Septic System be fenced off & protected from damage during Construction. This permit relocates the designated Septic repair area. Existing Septic appears to be functioning OK at time of inspection.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 10/11/18 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 10/11/18 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 10/11/18 Existing System Inspected by: Maria Dotson Date: 10/11/18

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.

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

Relocation of Repair

Sheet ___ of ___
PROPERTY ID #: 4639483113
COUNTY: Iredell

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

Applicant
OWNER: Rick Howell
ADDRESS: 354 Amity Hill Rd Statesville NC 28677
APPLICATION DATE 10/12/17
DATE EVALUATED: 11/1/17
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: ___
LOCATION OF SITE: 333 Winding Shore Ct T/L Lot 121
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Pit 4%	0-4"	Brn SCL	W SBK SS, SP, SExp, FR					PS .3
		4-19"	R C m SBK SS, SP, SExp, FR						
		19"-48"	R C/C W SBK SS, SP, SExp, FR		—	48"			
2	Pit 10% Near Road	0-6	Brn SCL	W SBK SS, SP, SExp, FR					PS .25
		6-11	R C/C	m-W SBK SS, SP, SExp, FR					
		11-48	R S C	W SBK S-SS, SP, SExp, Fi-FR					
3 1	In 50' Buffer Alt 4%	0-15"	Brn to Red/Brn SCL	W SBK SS, SP, SExp, FR					PS .3
		15-48"	R C/C	m-W SBK SS, SP, SExp, FR					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Exist	PPBR/TST Drip
Site LTAR	.3	.3/.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Rick Howell

COMMENTS:

Revised

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: DUSTIN HOWELL Address: 3544 AMITY HILL RD Zip: 28677
Applicant Email: RHEBUILDER.DUSTIN@GMAIL.COM Phone: (828) 406-1767 Alt. Phone: (704) 634-7067
Owner Name: GARY MORGAN Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 333 WINDING SHORE RD. TROUTMAN, NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: PERTH RD → NEIL FARM RD → WINDING SHORE 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: 4
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Dustin Hall 10/8/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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)* Gary D Morgan

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, Gary D Morgan, am the legal owner(s) of the property located at 333 Winding Shore Road, Troutman, NC, identified as

PIN (Parcel Identification Number) 4639483113.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Rick Howell, _____, 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.

Gary D Morgan
Signature of Owner(s)

10/8/18
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

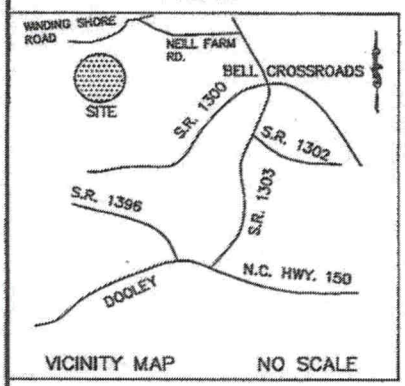
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive -- Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1574, page 403, and/or plat book 13, page 42, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 7, day of DECEMBER, A.D. 20 17.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE

LAKE NORMAN

0' 20' 40' 100'
SCALE IN FEET

760 CONTOUR LINE PER PB. 13 PG. 42

S74°07'26"W 154.20

#5 REBAR

LOT 121
0.69 AC.

SEPTIC LINES
RED
WHITE
BLUE
(3) PINK FLAGS
50' SETBACK
9.19
22'

196.80
S12°03'00"E
15' SETBACK
67.33
15.2
124.72
15.2
67.33
15' SETBACK
N12°51'00"W
190.84
35' SETBACK
34.2'

PROPOSED HOUSE AREA
112
~~124.72~~

PB. 13 PG. 42

LOT 120
DAVID L.
DENT
2423/2324

LOT 122
JOYCE
CLADWELL
COLEMAN
REVOCABLE
TRUST
2244/693

(CHORD BEARING)
N71°35'10"E
102.61
L=102.61
R=2388.61

#4 REBAR SET

R/W

N72°49'00"E
54.77

WINDING SHORE ROAD
60' PUBLIC R/W

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) OVERHEAD POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

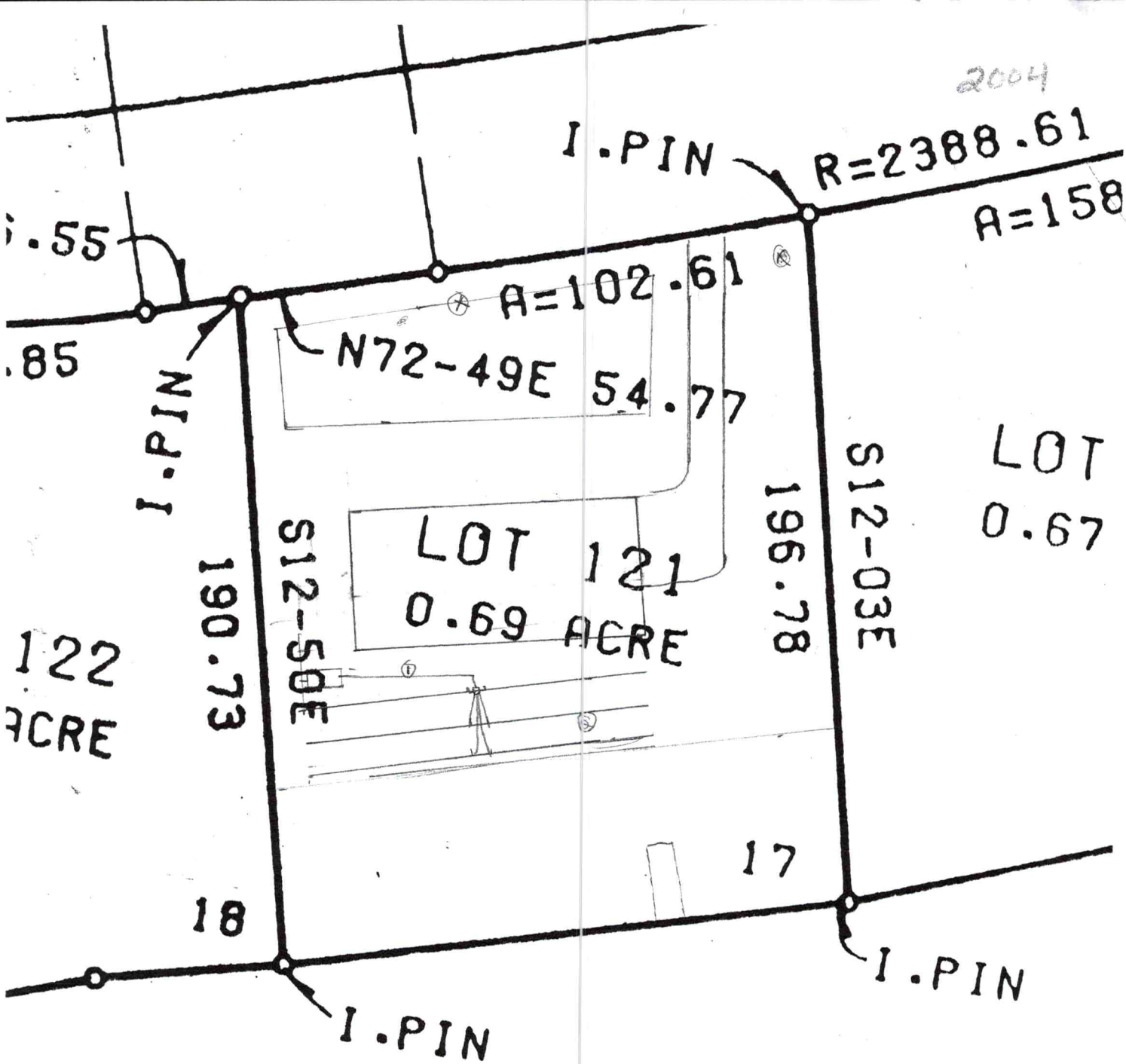
LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

BOUNDARY SURVEY

OF
333 WINDING SHORE ROAD
LOT 121 CRESCENT LAND & TIMBER CORP., SECT. 16
FALLSTOWN TWSP., IREDELL CO., N.C.
GARY D. & BETTY R. MORGAN

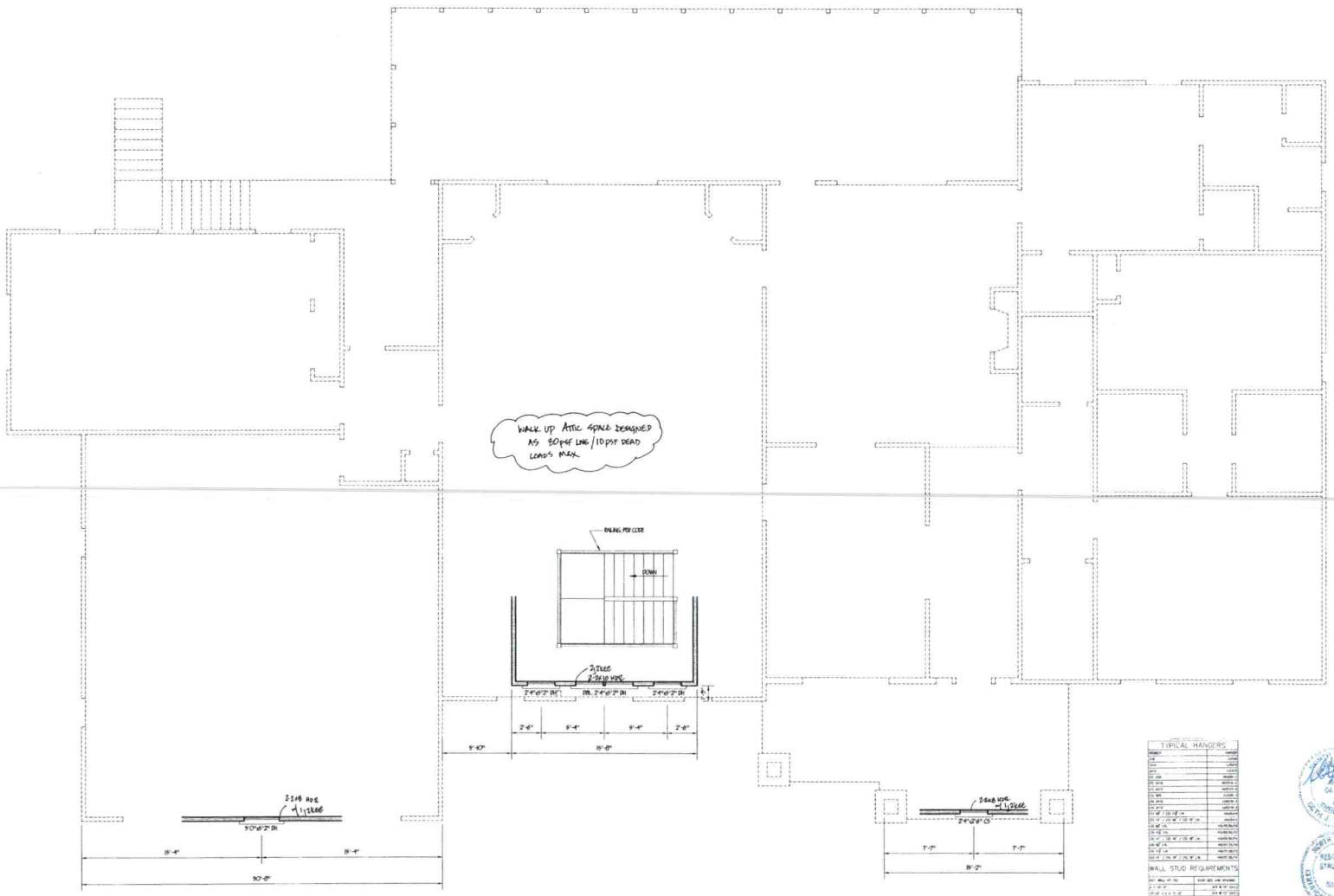
SCALE 1" = 40'
ACQUIRED BY:

FIELD BOOK:
FILE: CLT 121 S16
DC FILE:
TAX MAP NO: 4639483113



① O-48 c-cl Sbk Frsssp PS0.3
Few Incl Sap

② O-48 c-cl sbk Frsssp PS a3



ATTIC DORMER PLAN

SCALE: 1/4" = 1'

Acknowledgement o
Plans Submittal ONLY.

Date 10/11/18

Date 10/11/18

DATE: 5-12-18

DRAWN BY: C.D.C.

CARPENTER DESIGN
A RESIDENTIAL DESIGN FIRM
1809 EAST BLVD., SUITE 204, CHARLOTTE NC 28203
WWW.CARPENTERHOUSEPLANS.COM
704-277-7417

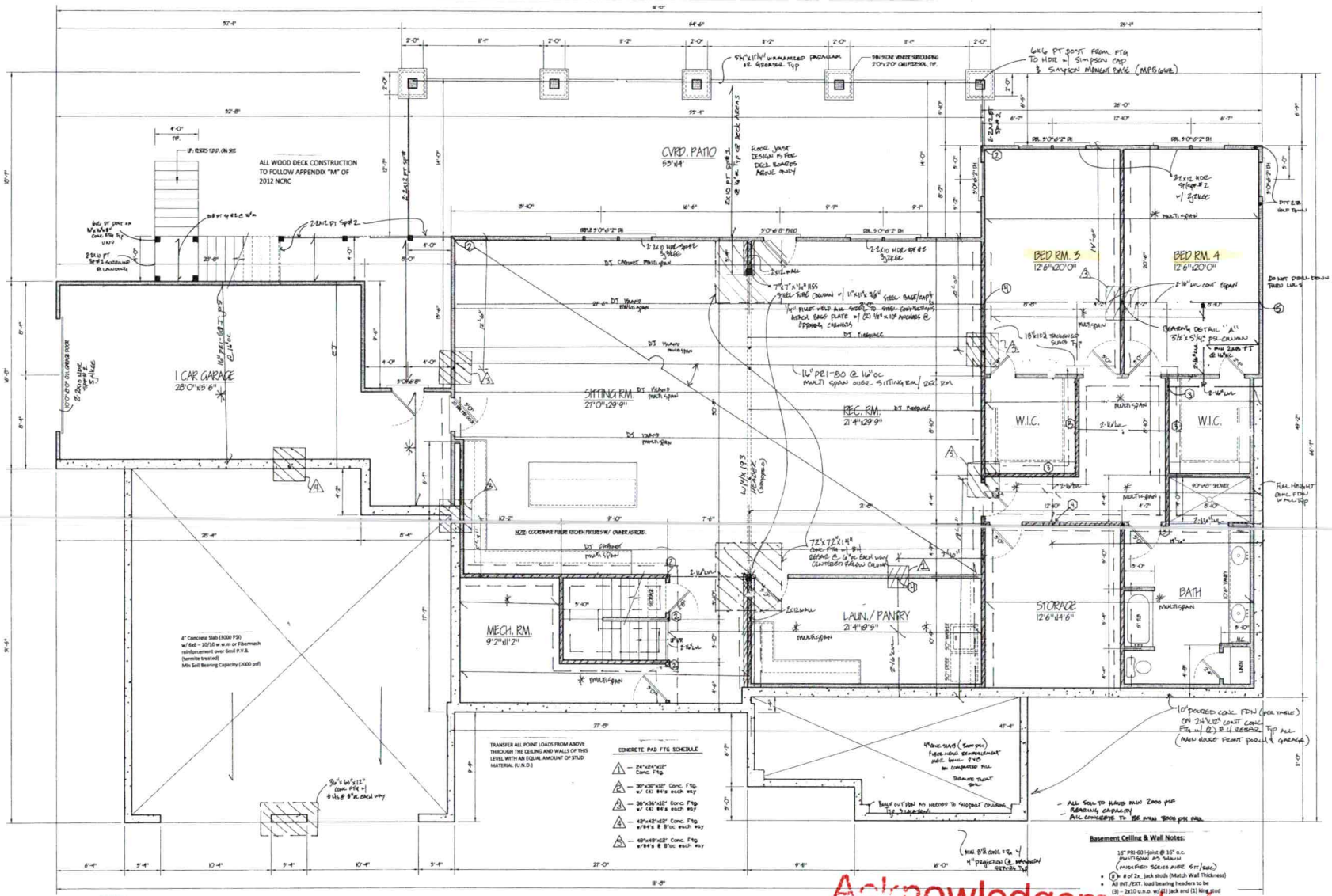
THE DESIGN SHALL NOT BE ALTERED IN ANY WAY EXCEPTED BY CONSTRUCTION OR SHOP DRAWINGS AND AMENDMENTS IN THESE PLANS. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL DIMENSIONS AND CONDITIONS. THE GENERAL CONTRACTOR MUST BE RESPONSIBLE FOR ALL CONSTRUCTION METHODS AND SAFETY PRECAUTIONS. THIS DESIGN IS TO BE BUILT IN ACCORDANCE WITH STATE AND LOCAL BUILDING CODES.

A RESIDENCE FOR
GARY & BETTY MORGAN
333 WINDING SHORE RD.
TROUTMAN, NC

ATTIC DORMER PLAN

JOB NO.

SHEET NO. S4



BASEMENT PLAN

SCALE: 1/4" = 1'

NOTE: DIMENSIONING DOES NOT INCLUDE THE STONE VENEER ON THIS FLOOR PLAN VIEW, UNLESS OTHERWISE NOTED

DATE: 5-12-18
DRAWN BY: C.D.C.

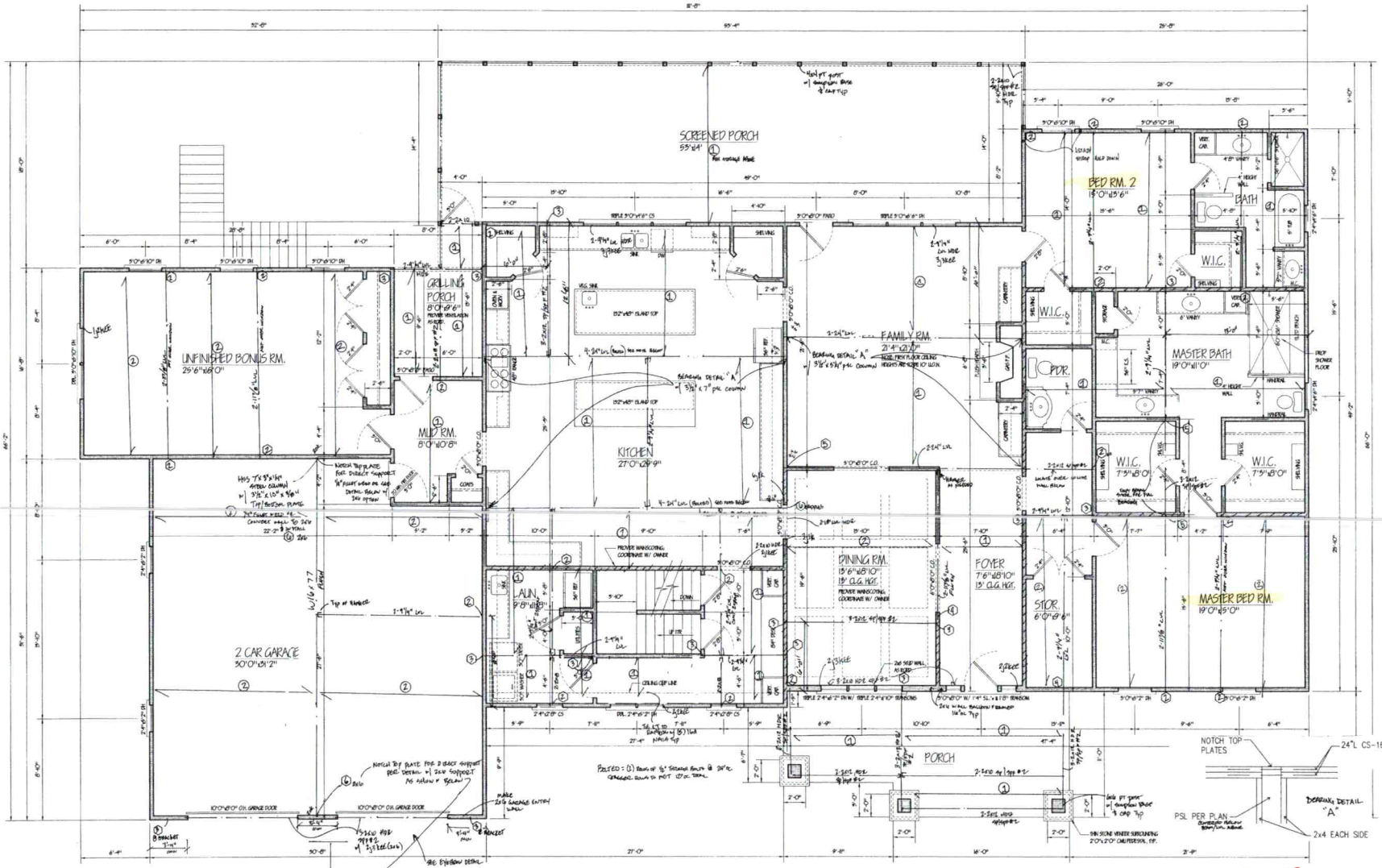
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704-277-7417

A RESIDENCE FOR GARY & BETTY MORGAN
333 WINDING SHORE RD.
TROUTMAN, NC

BASEMENT PLAN

JOB NO.

SHEET NO. S2



AREA CALCULATIONS

FIRST FLOOR LIVING AREA	=	3251 SQ. FT.
BASEMENT LIVING AREA	=	3014 SQ. FT.
BONUS RM. AREA	=	448 SQ. FT.
BASEMENT GARAGE AREA	=	516 SQ. FT.
PRIMARY GARAGE AREA	=	900 SQ. FT.
PORCH AREA	=	1059 SQ. FT.

Acknowledgement of Plans Submittal ONLY!

Date 10/11/18

Date 10/11/18

FIRST FLOOR PLAN

SCALE: 1/4" = 1'

NOTE:
DIMENSIONING DOES NOT INCLUDE THE STONE VENEER ON THIS FLOOR PLAN VIEW, UNLESS OTHERWISE NOTED.

DATE: 5-12-18
DRAWN BY: C.D.C.

CARPENTER DESIGN
A RESIDENTIAL DESIGN FIRM
1809 EAST BLVD., SUITE 204, CHARLOTTE NC 28203
704-277-7417
WWW.CARPENTERHOUSEPLANS.COM

THE DESIGNS SHALL NOT BE HELD LIABLE FOR ANY DEFICIENCIES IN CONSTRUCTION RESULTING FROM THE FAILURE OF THE CONTRACTOR TO CONSTRUCT THE IMPROVEMENTS IN STRICT ACCORDANCE WITH THE DRAWINGS AND SPECIFICATIONS. IT SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY ALL DIMENSIONS AND CONDITIONS AND SHALL BE RESPONSIBLE TO SEE THAT THE WORK IS CONSTRUCTED SHALL BE RESPONSIBLE TO SEE THAT THE WORK IS CONSTRUCTED IN ACCORDANCE WITH ALL BUILDING CODES AND ALL APPLICABLE LAWS.

A RESIDENCE FOR
GARY & BETTY MORGAN
333 WINDING SHORE RD.
TROUTMAN, NC

JOB NO.

SHEET NO.
S3

IREDELL COUNTY

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

APPLICATION NUMBER
230875
Issue Date: 10/13/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4639483113.000	333 WINDING SHORE ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MORGAN GARY D+BETTY R	Applicant: HOWELL RICHARD A+SHERR
Address: 360 LUTHER BARGER RD SALISBURY, NC 28146	Address: 3544 AMITY HILL RD STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.690	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

REAR SETBACK IS 50 FEET FROM THE 760 LINE OR 35 FEET FROM THE REAR PROPERTY LINE WHICH EVER IS FARTHER FROM THE WATERS EDGE. MOBILE HOME MUST BE REMOVED BEFORE BUILDING PERMIT IS ISSUED.

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	117799	TOTAL FEES:	$ 77.25