IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224938

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

PIN # 4648327167

APPLICANT: Steven Craig Phelps APPLICANT ADDRESS: 109 Hickory Hill Rd Mooresville, NC 28117

SITE ADDRESS: 136 Cedar Woods Dr. Mooresville, NC PHONE: ALT. PHONE: 7045341157

SITE DIRECTIONS: Hwy 150 W TR Bluefield Rd TL Big Indian Lp TL Cedar Woods Dr Intersection on right

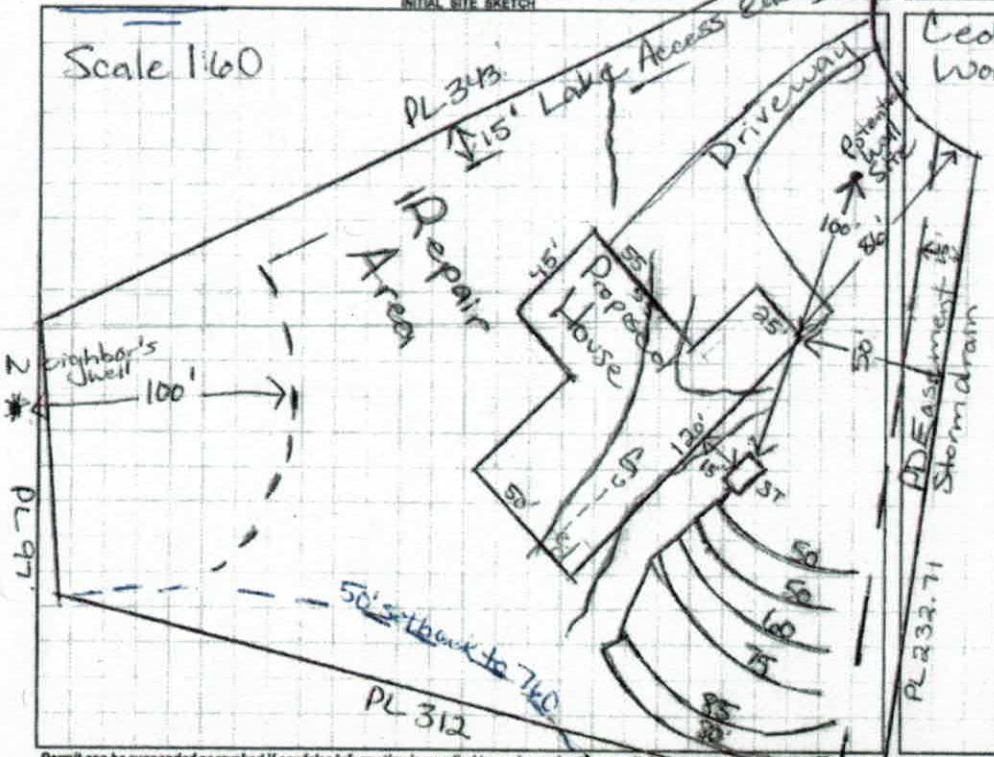
SUBDIVISION: Cedar Woods SECTION: LOT # 10 LOT AREA: 1.54 DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 825	Date 2/4/19	☒ 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: Gravity - 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make			Model	Serial #	Repair System Description: Pump - LP - PBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft: 400'	Maintenance Agreement Required: ☐ YES ☐ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth N/A	☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

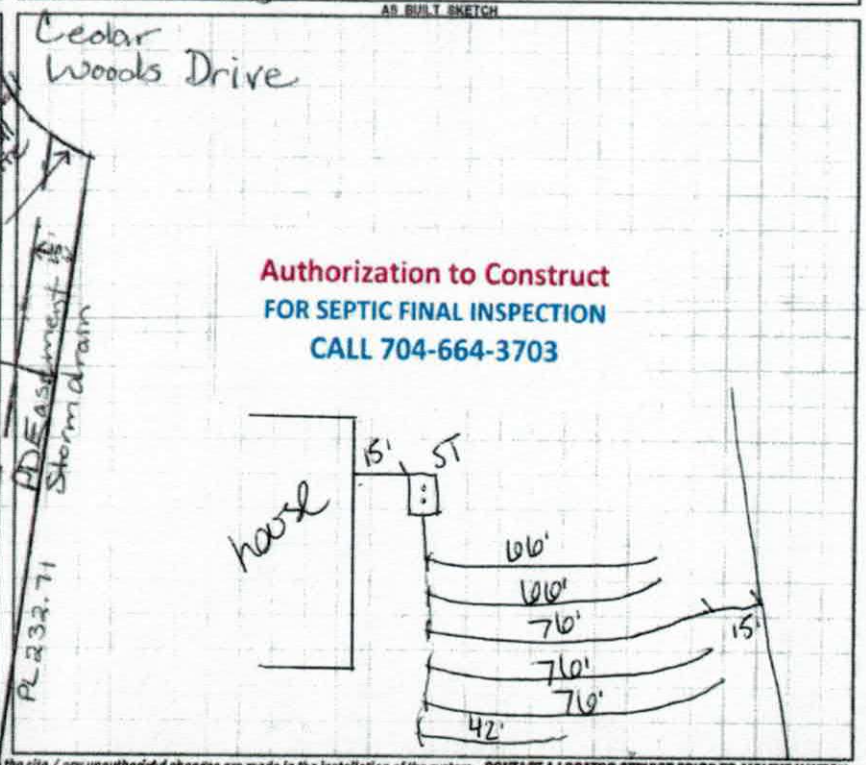
Comments / Conditions: Must plumb out plumbing high enough to maintain gravity flow to ST otherwise a pump system will be needed.

Any swimming pool must be at least 15ft from Septic System.
15ft Side gradient of drain.

INITIAL SITE SKETCH



AS BUILT SKETCH



Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: 4/4/17 Installed by: Kevin W. Rowan

IMPROVEMENT PERMIT by: Date: 3/29/17 OPERATION PERMIT by: Carla C. Cave Date: 4/3/19

AUTHORIZATION TO CONSTRUCT by: Date: 4-30-18 Existing System Inspected by: Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 224938

PIN # 4648327167

APPLICANT: Steven Craig Phelps | APPLICANT ADDRESS: 109 Hickory Hill Rd Mooresville, NC 28117

SITE ADDRESS: 136 Cedar Woods Dr. Mooresville, NC | PHONE: | ALT. PHONE: 7045341157

SITE DIRECTIONS: Hwy 150 W TR Bluefield Rd TL Big Indian Lp TL Cedar Woods Dr lot at end on right

SUBDIVISION: Cedar Woods | SECTION: | LOT # 10 | LOT AREA: 1.54 | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction		
Pump Make		Model	Serial #	Repair System Description:	Pump - LP - RPBPS		
# Nitrification Fields	1	# Lines	6	Linear Ft:	400'		
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		

Maintenance Agreement Required: [ ] YES [ ] NO [ ] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement w/o plumbing

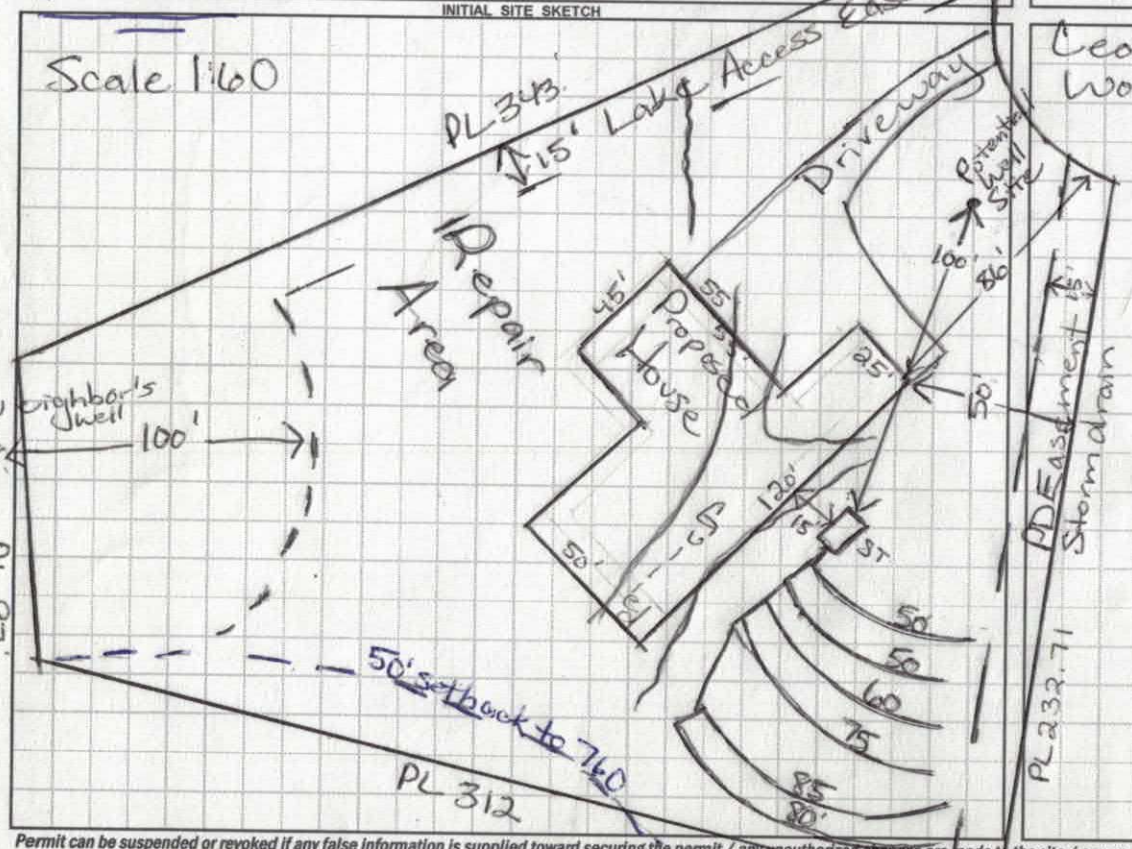
No. Bedrooms 4 | No. Persons 8 | No. Employees

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Must plumb out plumbing high enough to maintain Gravity flow to ST otherwise a pump system will be needed.

Any swimming pool must be at least 15ft from Septic System. 15ft Side gradient of drain.

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: 4/4/17 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 3/29/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4-30-18 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Steven Phelps APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 3-15-17
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: ____
LOCATION OF SITE: Cedar Woods Lot #10 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
	8%	0-7"	Brw SCL	SS, SP, SExp, FR					PS .3
		7-24	RCL m-w SBK	SS, SP, SExp, FR					
		24-54"	RCL/CL	SS, SP, SExp, FR					
	7-8%	0-5"	Brw to Rd/Brw	SCL SS, SP, SExp, FR					PS .3
		5-28"	Rd CL m-w SBK	SS, SP, SExp, FR					
		28"-60"	R CL w SBK	SS, SP, SExp, FR					
			Common Mica						
	7%	0-9	Brw SCL	SS, SP, SExp, FR					PS .3
		9-30	R CL w SBK	SS, SP, SExp, FR					
		30-54	R CL/CL w-m SBK	SS, SP, SExp, FR					
		Some	Yel/Brw	mottles > 50"					
	8-10%	0-6"	Rd/Brw CL	SS, SP, SExp FR					PS .3
		6-32	R CL w SBK	SS, SP, SExp FR					
			Little w to many	SAP Inclus					
		32-60"	L SAP massive	FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Mohamed Dumarieh

COMMENTS: ____

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Steven Craig Phelps — APPLICATION DATE: ____

ADDRESS: ____ — DATE EVALUATED: 3/8/17

PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____

LOCATION OF SITE: Cedar Woods #10 — 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	10%	0-4	Brw SCL	SS, SP, SExP, FR					PS
		4-24"	Y/Rw	SBK CL	SS, SP, SExP, FR				
		24-40	Y/R w	SBK CL	SS, SP, SExP w/ few to many SAP Inclus				.25
		40-48+	SAP	massive FR					
	8%	0-3	Brw SCL	SS, SP, SExP, FR					PS
		3-20"	R CL m-	WSBK	SS, SP, SExP, FR				
		20"-48"	R CL	WSBK w/ few to many SAP Inclus					.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Mara Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: _____ APPLICATION DATE _____

DDRESS: _____ DATE EVALUATED: 1-25-04

ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

OCATION OF SITE: lot 10 Revised (combination of 10 & 11) PROPERTY RECORDED: _____

ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

VALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut Dig more pits close to #4

YPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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	10-12% ±	0-5	wk fgrk loam	frsssp					
		5-19	wk fgr RC	frsssp SOXO					
		19-27	(fsc) wk fgr cl	frsssp common mot sapr					.3
		27-51	marine gl sap	frsssp	fav wet cl				
2		0-16	wk-mfgrk RCh	frsssp	fav rock				
		16-49	wk-mfgrk RC	frspsapo	fav common rock 6"+ dia				.25-.3
						pred soil			
3		0-4	? loam	frsssp					
		4-23	wkfgrk yr cl	fr sp sapo					.3
		23-53	B-C/C-B wk fgrk-marine L sap	frsssp					
4		0-20	M fgrk RCh	frspsapo			(II)		(II)
		20-50	Rg cl sap						

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

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: DR Mercer

OTHER(S) PRESENT: Paul Pennington

COMMENTS:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 1-22-04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: lot 5 Cedarwoods PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

#5 0-10 gr brn sl frssp
10-19 wk fsbk brn scl frsssp sapp .3
19-30 mfsbk RC fr sssp sapp
30-50 wk mabk gybr cl fr sssp .225 .25

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9A	0-5	gr brn sl	fr sssp	few fine mfsap few mod sap				.3
		5-27	mfsbk RC	fr sl sssp					
		27-54	mfsbk mottled RY L sap	fr sssp					
2	L 5-6% 9A	0-5	wk sbk brn scl	fr sssp	few fine mfsap 20"				.34
		5-25	wk fsbk RCL	fr sssp sapp					
		25-55	Marine L/SL sap	fr sssp					
3	7A	0-9/12	mfsbk RC	fr sp sssp	common mfsap				.3
		9/12-48	fsbk yscl	fr sssp					
4	7A	0-18	mfsbk rscl	fr sssp	few fine mfsap few faint mottles				.3
		18-53	wk fsbk rscl	fr sssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: DH Fraser
OTHER(S) PRESENT: Paul Pennington

This site will support a septic system

...SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: _____ APPLICATION DATE _____

DDRESS: _____ DATE EVALUATED: 1-23-04

ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____

OCATION OF SITE: lot 10/11 continued Cedar woods PROPERTY RECORDED: _____

ATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

VALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

YPE 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
5 1		0-24/36	mfsgl rckl fr sp soap						.3
		24/36-49	wk sbk-massive	cl sap fr ss sp	few mott				
6 2		0-8	gr-sgl bk/sl fr ss sp						.25
		8-26	mfsgl rckl fr ss sp						
		26-43	brk wk fk pl/mass	fi sp	common manganese coatings few common mott sap/pl rckl				
		43-53	massive LSAP	fr ss sp					
7 3	10%+	0-6	gr bk sl/sd	fr ss ss p	scattered rock 6-12' diameter				.25
		6-29	wk mfsbk R-pl/mass	fr sp soap					
		29-49	mksbk-massive prev LSAP	fr ss sp	few mott cl				
4									

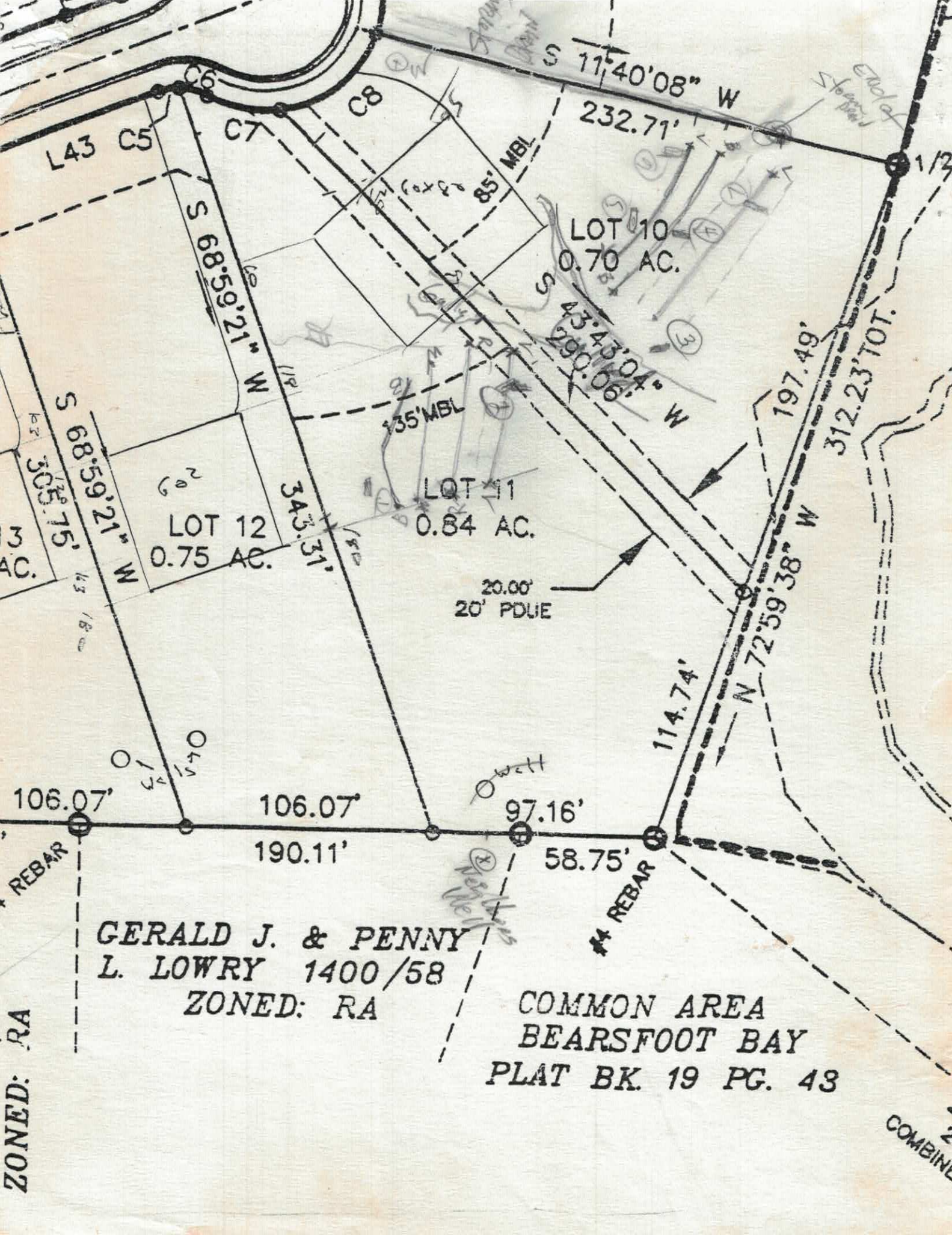
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPPPBPS	LPPPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: DBH

OTHER(S) PRESENT: Paul Pennington


S 11°40'08" W
232.71'
C6
C8
C7
C5
L43
85' MBL
LOT 10
0.70 AC.
S 43°43'04" W
290.06'
S 68°59'21" W
135' MBL
LOT 11
0.84 AC.
LOT 12
0.75 AC.
305.75'
343.31'
20.00'
20' PDUE
197.49'
312.23' TOT.
N 72°59'38" W
114.74'
106.07'
106.07'
97.16'
190.11'
58.75'
REBAR
REBAR
GERALD J. & PENNY
L. LOWRY 1400/58
ZONED: RA
COMMON AREA
BEARSFOOT BAY
PLAT BK. 19 PG. 43
ZONED: RA

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (x) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (x) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Steven Craig Phelps **Address: 109 Hickory Hill Rd., Mooresville, NC** **Zip: 28117**

Applicant Email: cphelps@americanwick.com **Phone: 704.534.1157** **Alt. Phone:_____**

Owner Name: Steven Craig Phelps **Address: 109 Hickory Hill Rd., Mooresville, NC** **Zip: 28117**

Owner Email: cphelps@americanwick.com **Phone: 704.534.1157** **Alt. Phone: _____**

Property Information:

Street Address: 136 Cedar Woods Drive, Mooresville, NC 28117

Subdivision Name: Cedar Woods **Section/Phase: N/A** **Lot Number: 10**

Driving Directions: Highway 150 W, TR Bluefield Road, TL Big Indian Loop, TL Cedar Woods Drive, Lot is at end of Cedar Woods Drive in cul de sac on right.

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

CHECK FOUNDATION TYPE

(x) New Single Family Residence — Maximum Number of Bedrooms: 4 — (x) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — (x) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:_____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business:_____
Square Footage of Building: _____ Max. Number of Employees:____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(x) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:_____
( ) No Preference ( ) Alternative ( ) 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: _____ 4/27/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED FEB 13 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00

#224938

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(x) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(x) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Steven Craig Phelps **Address:** 109 Hickory Hill Rd., Mooresville, NC 28117 **Phone:** 704.534.1157

Owner Name: Lynne C. Gingras **Address:** 102 W Vista View Pl., Mooresville, NC 28117 **Phone:**

Property Information:

Street Address: 136 Cedar Woods Drive, Mooresville, NC 28117

Subdivision Name: Cedar Woods **Section/Phase:** **Lot Number:** 10

Driving Directions: Route 150 (W. Plaza Drive); North on Bluefield Road (Rt. 1467); West on Big Indian Loop (Rt. 1395); South (Left) on Cedar Woods Drive; Lot is at right end of road in cul de sac.

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

(x) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 3
(x) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(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:**

(x) 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: _____ February 6, 2017

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: ___ Improvement Permit X 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
   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	Work Phone
Neighborhood Community Homes, Inc.	PO Box 4358, Davidson NC 28036	704-622-0065 (Dan West)	704-622-0065
Owner Name	Mailing Address	Home Phone	Work Phone
Mike & Patti Miller	Lot 9 Cedar Woods Drive, Mooresville, NC 28117	704-948-5783	704-277-4060

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 9 Cedar Woods Drive	Cedar Woods	Lot 9

Driving Directions: HWY 150 W, T/R on Bluefield Road, T/L on Big Indian Loop, go 1 mile, T/L into Cedar Woods, cul-de-sac lot

****

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 4
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ (X) 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: David J. West, President, Neighborhood Community Homes, Inc. 3-2-05
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

cphelps @ americanwick.com

IREDELL COUNTY HEALTH DEPARTMENT

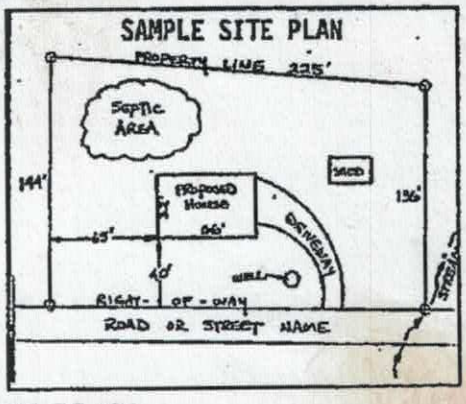
ENVIRONMENTAL HEALTH DIVISION

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

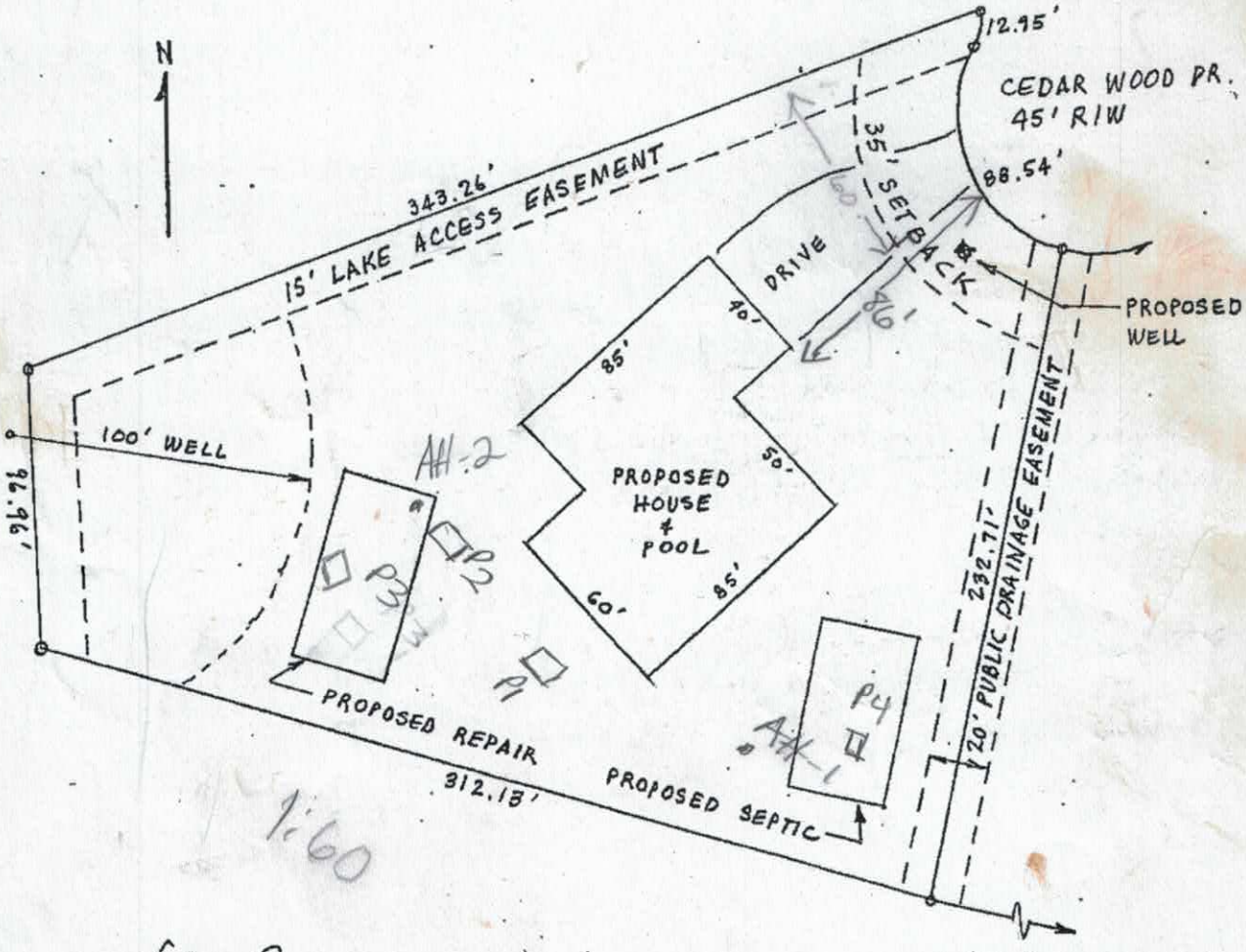


Circle N/A on the following if appropriate:

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



Signature: _____ 2/6/2017

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

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, Steven Craig Phelps and Staci Berry Phelps, are the legal owner(s) of the property located at 136 Cedar Woods Drive, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4648-32-7167, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) James Rowland / Rowland Development Corporation, 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.

Signature of Owner — Date: 4/27/2018

Signature of Owner — Date: 4/27/2018

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

DocuSign Envelope ID: 0042A5BC-3107-4072-8CC3-45A9215791AB

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, LYNNE DANA GINGRAS, am the legal owner(s) of the property located at 1136 CEDAR WOODS DR., identified as PIN (Parcel Identification Number) 4649-32-7167.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) STEVEN PHELPS, _____, 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: Dana Gingras DocuSigned by: Lynne Gingras 1/31/2017 | 4:45 PM EST

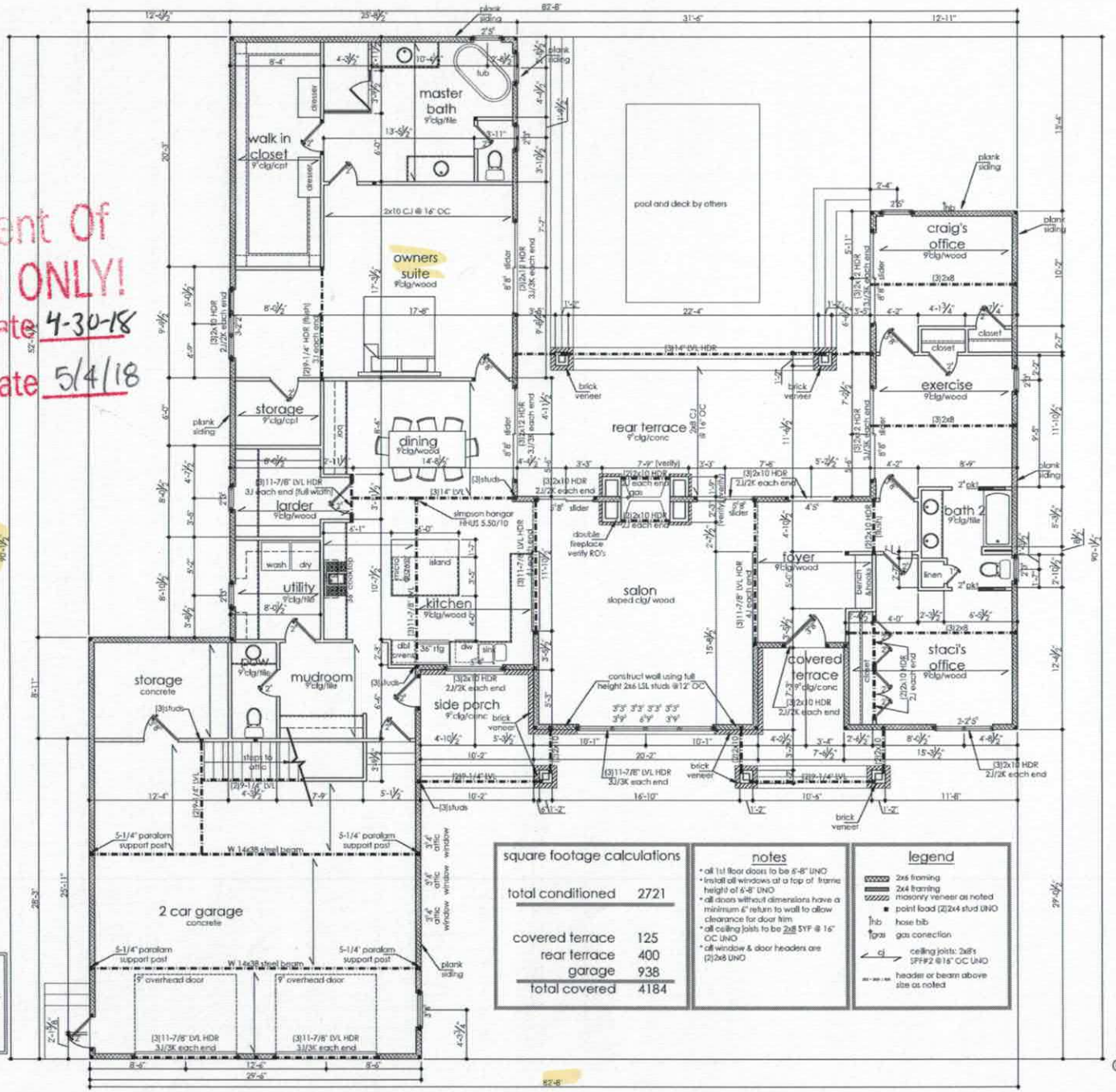
Signature of Owner(s) Date

Signature of Witness Date 1/31/17

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



Acknowledgement Of
Plans Submittal ONLY!
Date 4-30-18
Date 5/4/18

square footage calculations	
total conditioned	2721
covered terrace	125
rear terrace	400
garage	938
total covered	4184

notes

- all 1st floor doors to be 6'-8" UNO
- install all windows at a top of frame height of 6'-8" UNO
- all doors without dimensions have a minimum 6" return to wall to allow clearance for door trim
- all ceiling joists to be 2x8 SYP @ 16" OC UNO
- all window & door headers are (2)2x8 UNO

legend

- 2x6 framing
- 2x4 framing
- masonry veneer as noted
- point load (2)2x4 stud UNO
- hb hose bib
- gas gas conection
- cj ceiling joists: 2x8's SPFN#2 @16" OC UNO
- header or beam above size as noted

WALL BRACING NOTE

IN LIEU OF THE WALL BRACING REQUIREMENTS OF SECTION R602.10, ALL STORIES SHALL BE SHEATHED WITH WOOD STRUCTURAL SHEATHING PANELS. PANELS SHALL BE FASTENED AT 6"o.c. w/ 8d NAILS ALONG ALL EDGES AND 12"o.c. AT INTERMEDIATE FRAMING. UNLESS NOTED OTHERWISE ON THE DRAWINGS, NO BLOCKING, STRAPS, OR SPECIAL HOLDDOWNS ARE REQUIRED IF SHEATHED AS DESCRIBED ABOVE. GARAGE DOOR FOR ELEVATIONS SHALL BE CONSTRUCTED AS SHOWN ELSEWHERE ON THIS PAGE. IF REQUIRED BY ENGINEERING EVALUATION, ADDITIONAL FORCEAL FRAMING REQUIREMENTS WILL BE SHOWN ON THE DRAWINGS.

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IDEA FACTORY
704.491.2060
www.ideafactorydesign.blogspot.com

GB Engineering, PLLC
1109 E. Morehead St.
Suite 13
Charlotte, NC 28204
NC Bus. Lic. #P-1298

Rowland Development Corp

Phelps Residence
136 cedarwood drive
Mooresville, NC

floor plans 4.25.18

3

IREDELL COUNTY

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

APPLICATION NUMBER
224938
Issue Date: 02/13/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648327167.000	136 CEDAR WOODS DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GINGRAS LYNNE C	Applicant: PHELPS STEVEN C+STACI
Address: 102 W VISTA VIEW PL MOORESVILLE, NC 28117	Address: 109 HICKORY HILL RD MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.540	35.00	50.00	15.00	15.00	CACL	AE

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	93120	TOTAL FEES:	$ 77.25