IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 230474

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

PIN # 4655-20-0141

APPLICANT/OWNER: Kyle Winkler

APPLICANT ADDRESS: 18912 Cypress Garden Dr 28036

SITE ADDRESS: 1871 Mecklenburg Hwy Mooresville NC 28115 PHONE: 513-646-4264 ALT. PHONE

SITE DIRECTIONS: Hwy 115 / Mecklenburg Hwy S Lot on left before bridges From

SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 0.448 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	1-21-19	☑ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI
Pump Tank	1000 (gal)	PT	283	Date	1-23-19	System Description:	LP PP BPS
Pump Make	Liberty	Model	290	Serial #		Repair System Description:	Repair Exempt pre 1983
# Nitrification Fields	1	# Lines	6	Linear Ft	270'	Maintenance Agreement Required:	☑ YES ☐ NO
Trench Width	24"	Trench Bottom Depth (Low side)	Max 24"	Gravel Depth	N/A	☐ GRAVITY	☑ PRESSURE

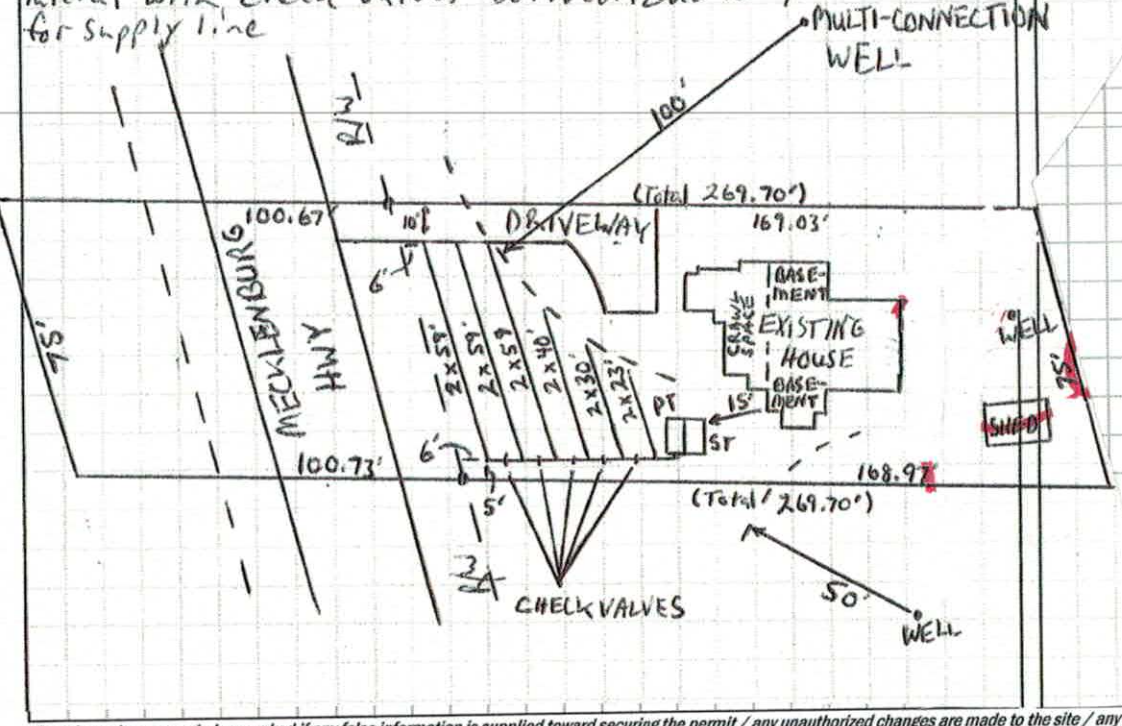
☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☑ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install trenches 24" deep, A minimum of 6" of cover must be brought in to cover trenches, Area over and around system must be filled/graded to create positive drainage away from the site. True LPP

INITIAL SITE SKETCH

distribution to be used with a gate valve at each lateral with check valves between due to space limitations for supply line



AS BUILT SKETCH

1" = 50'

	Date	Initials
Drain Lines Checked	3/5/19	MD
Tanks Checked	3/5/19	MD
Pressure Manifold or Valve Box Checked	3/7	KW
Pressure Head Set	3/7	KW
Electrical Checked	3/7	KW
Floats Set	3/7	KW
Alarm Checked	3/7	KW
Maintenance Contract (N/A)	3/7	KW

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: Kyle Winkler Date: 6/29/18 Installed by: R+H

IMPROVEMENT PERMIT by: Date: 06/29/18 OPERATION PERMIT by: Kayla Wilson Date: 3-7-19

AUTHORIZATION TO CONSTRUCT by: Date: 06/29/18 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.

Sheet 1 of 1
PROPERTY ID #: 4655-20-0141
COUNTY: Iredell

DHHS

ON-SITE WASTEWATER SECTION

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: RWB Homes LLC
APPLICATION DATE: 2-4-16
ADDRESS: 9814 Devonshire Dr. Huntersville NC 28078
DATE EVALUATED: 2-3-16
PROPOSED FACILITY: 4 BRM
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 0.44ac
LOCATION OF SITE: 1871 Mecklenburg Hwy
PROPERTY RECORDED: yes
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut

Tootles 704-746-7113 B. 'll R.der

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
B 1	LSS 2%	0-21	BR C WFSBK	FrSPSE<P	Com many Mn	48"	—	—	PS
		21-36	R C WFSBK	FrSPSE<P	Com/many Mn				0.3-0.275 to 36" .25
		36-48	RC WFABK	FrSPSE<P	few Mn, few YB				0.25 >36"
B 2	LSS 4%	0-8	Grave l			48"	—	—	PS
		8-40	RB CWFSBK	FrSSSP SE<P	Com Mn Stainings				0.3- .275
		40-48	R CWFABK	FrSPSE<P	Com Mn Stainings				
B 3	LSS 4%	0-14	B SCL GR	FrSSSPSE<P		48"	—	—	PS
		14-22	RB CWFSBK	FrSSSPSE<P	com Mn				0.3-0.275 to 36"
		22-36	R CWFABK	FrSPSE<P	Com/many Mn				0.25 >36"
		36-40	RC WFABK	FrSPSE<P	few Mn, few YB				
		40-46	R CWFSBK	FrSPSE<P	few/com YB				
		46-48	R C/CWFSBK	FrSSSPSE<P	few YB				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	Not Required
System Type(s)	LP PPBPS	—
Site LTAR	0.3-0.275	

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: AcP
OTHER(S) PRESENT: Beverly Peyton, and one other

COMMENTS:

230474 $pd $105

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ( ) 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: KYLE WINKLER Address: 18912 CYPRESS GARDEN DR. Zip: 28036

Applicant Email: ALMSPROPERTIES@YAHOO.COM Phone: 513-646-4264 Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1871 MECKLENBURG HWY MOORESVILLE NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) 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: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2973 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

( ) New Well (X) 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: Kyle Winkler 6/26/18

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) Kyle Winkler

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, KYLE WINKLER, am the legal owner(s) of the property located at 1871 MECKLENBURG HWY, identified as

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

I do hereby authorize (print legal representative/ company name) ALMS PROPERTIES, KYLE WINKLER, 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.

Kyle Winkler
Signature of Owner(s)

6/26/18
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

RECEIVED FEB 4 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ✓ **Authorization To Construct** ___ **Existing System Inspection**

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Beverly Peyton	9814 Devonshire DR	703-431-6893	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
RW3 Homes LLC	Same	704301-0375	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1871 Mecklenburg Hwy	—	—

Driving Directions: Located on Mecklenburg Highway between I77 exits 30/31.

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(✓) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

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

9. Signature: _____ 04Feb16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

dotloop signature verification: www.dotloop.com/my/verification/DL-134997229-5-1OCR

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Rwb Homes LLC, am the legal owner(s) of the property located at 1871 Mecklenburg Highway, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4655-20-0141.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kreg Stelzer & Nina LaBlanc Keller Williams client & broker, 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

Beverly Peyton — dotloop verified 12/15/15 3:13PM EST R9ZI-EVV7-PMQD-L5HM

Signature of Owner(s) Date

Bonnie Laslo — dotloop verified 12/15/15 12:04PM EST EYE4-NVR8-F5I4-T70G

Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

RECEIVED SEP 25 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

230474

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Paid $320.00 Int. Relayact
   The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Beverly Peyton	9814 Devonshire Dr 28078	703-431-6893	704-301-837
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
RWB Homes, LLC	Same	Same	

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1871 Mecklenburg Hwy		

Driving Directions: South 77 to exit 31 (Davidson), Right at light on Mecklenburg Hwy. Property on left side.

****

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to ___
(X) Other Historic home moved on property by Rowes.

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(X) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM ~~installed~~ proposed 07 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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

9. **Signature:** ___ 25 Sep 17
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, Beverly Peyton, am the legal owner(s) of the property located at 1871 Mecklenburg Hwy 28115, identified as PIN (Parcel Identification Number) 4654-20-5014, located in Iredell County, North Carolina.

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

B Key 25Sep17 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY HEALTH DEPARTMENT

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 ___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
Okie K. Kirby	110 Sink Farm Rd.	704-677-4687	704-892-8311
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Okie K. Kirby	110 Sink Farm Rd. Mooresville	704-677-4687	704-892-8311

4. **Property Information:**

1871 Mecklenburg Hwy — Street Address
_____ — Subdivision Name
_____ — Section/Phase and Lot Number

Driving Directions: South 115 pass Mt Mourne Fire Dept. 1/4 Mile or less on Left

****

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(✓) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

****

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

9. Signature: Okie K. Kirby — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
5-17-07 — DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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1. APPLICATION FOR: ✓ 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
   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
Kay Kirby	110 Sink Farm Rd. Mooresville 28115 N.C.	704-892-8311	
Owner Name Robert + Charlotte Mills	Mailing Address 1871 Mecklenburg Hwy Mooresville, NC 28115	Home Phone 704-892-8593	Work Phone

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1871 Mecklenburg Hwy Mooresville, NC 28115		

Driving Directions: Hwy 115 between Mooresville + Davidson, across from Bridges Farm Rd.

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

****

6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

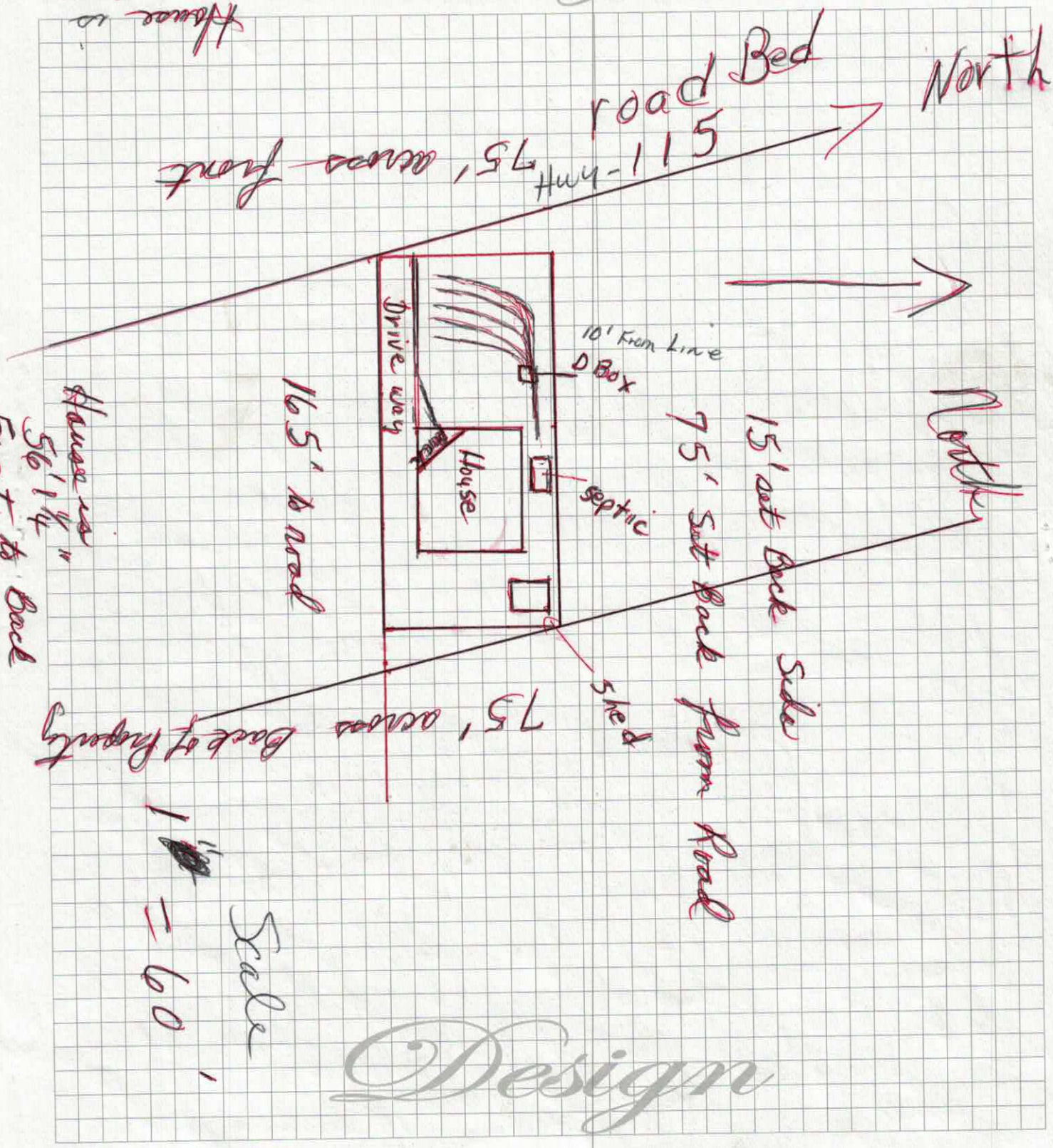
8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

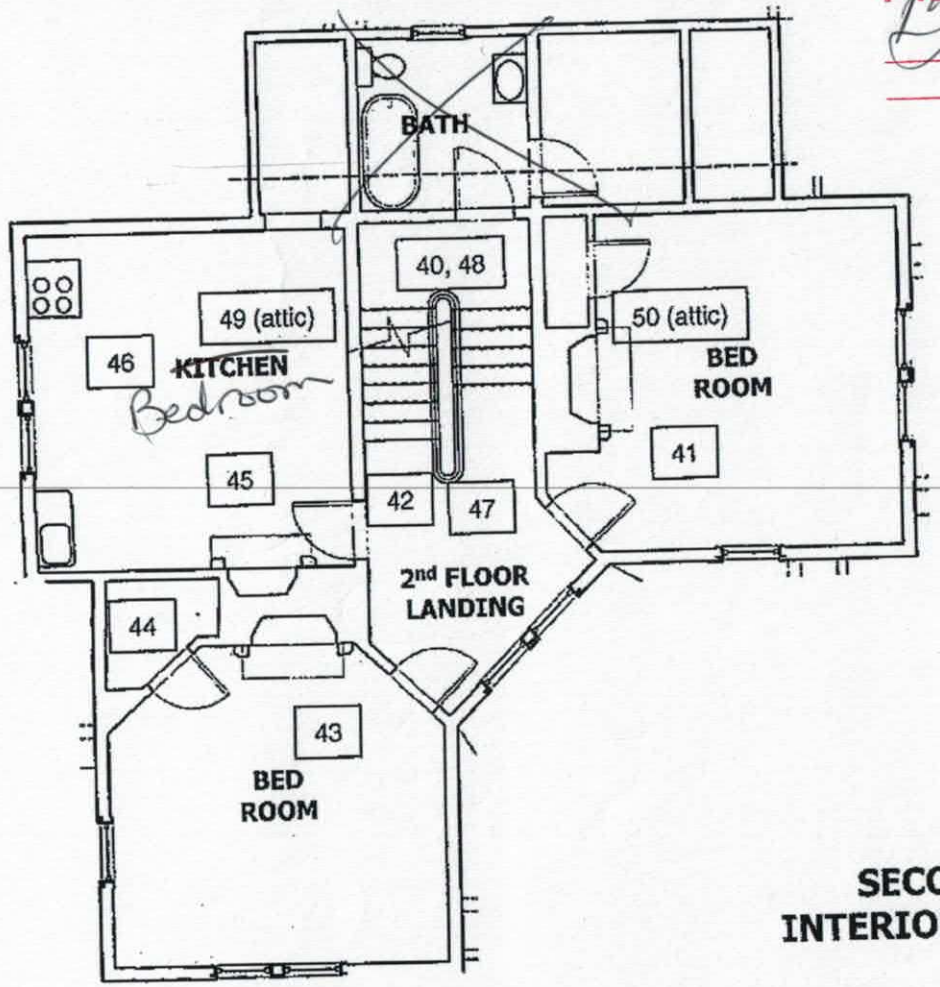
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

9. **Signature:** ___ 4-23-07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



Greenhouse Design, 1106 Foust Ave., High Point, NC 27260
toll free (866) 755-5000, local (336) 887-5000, fax (866) 766-6000, greenhousedesign.net

Acknowledgement of
Plans Submittal ONLY!
Date 25 Sept 17
Date

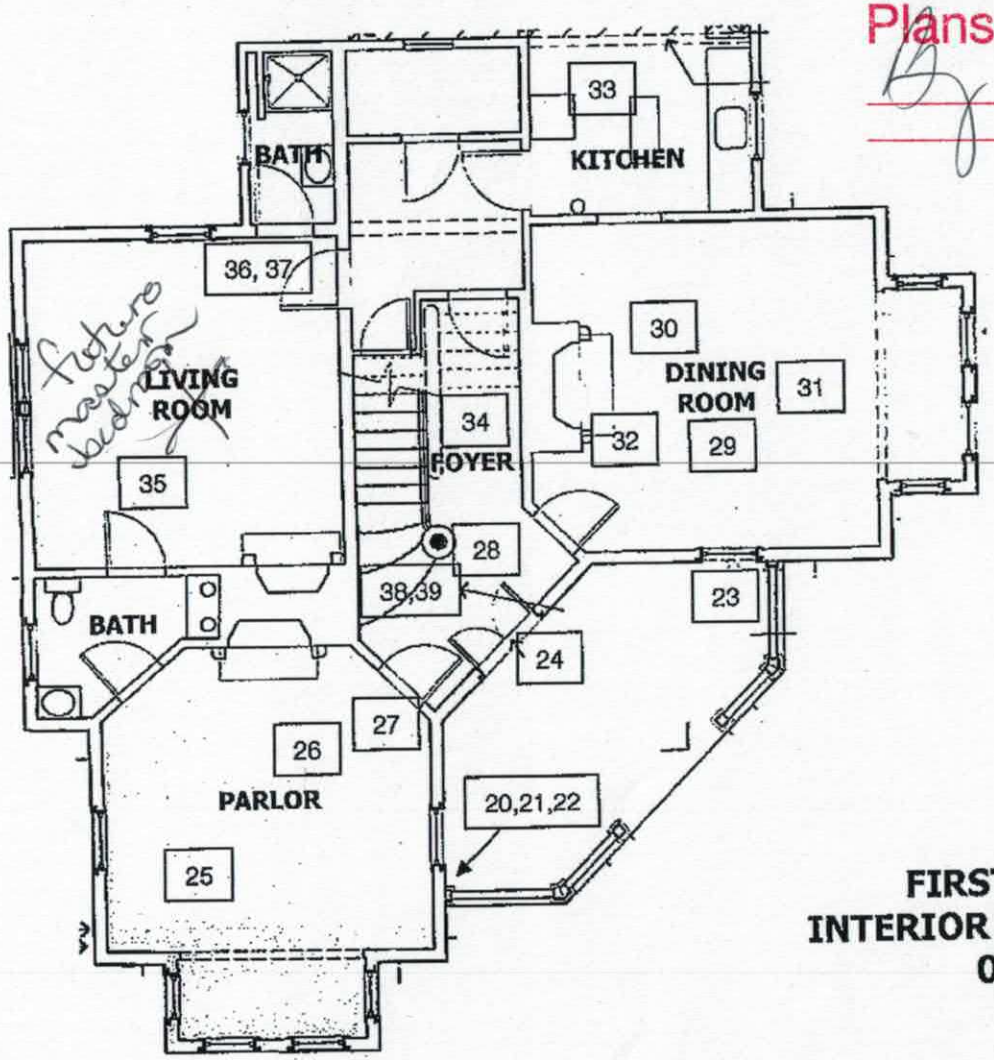


SECOND FLOOR PLAN
INTERIOR PHOTO LOCATIONS
07.13.2004

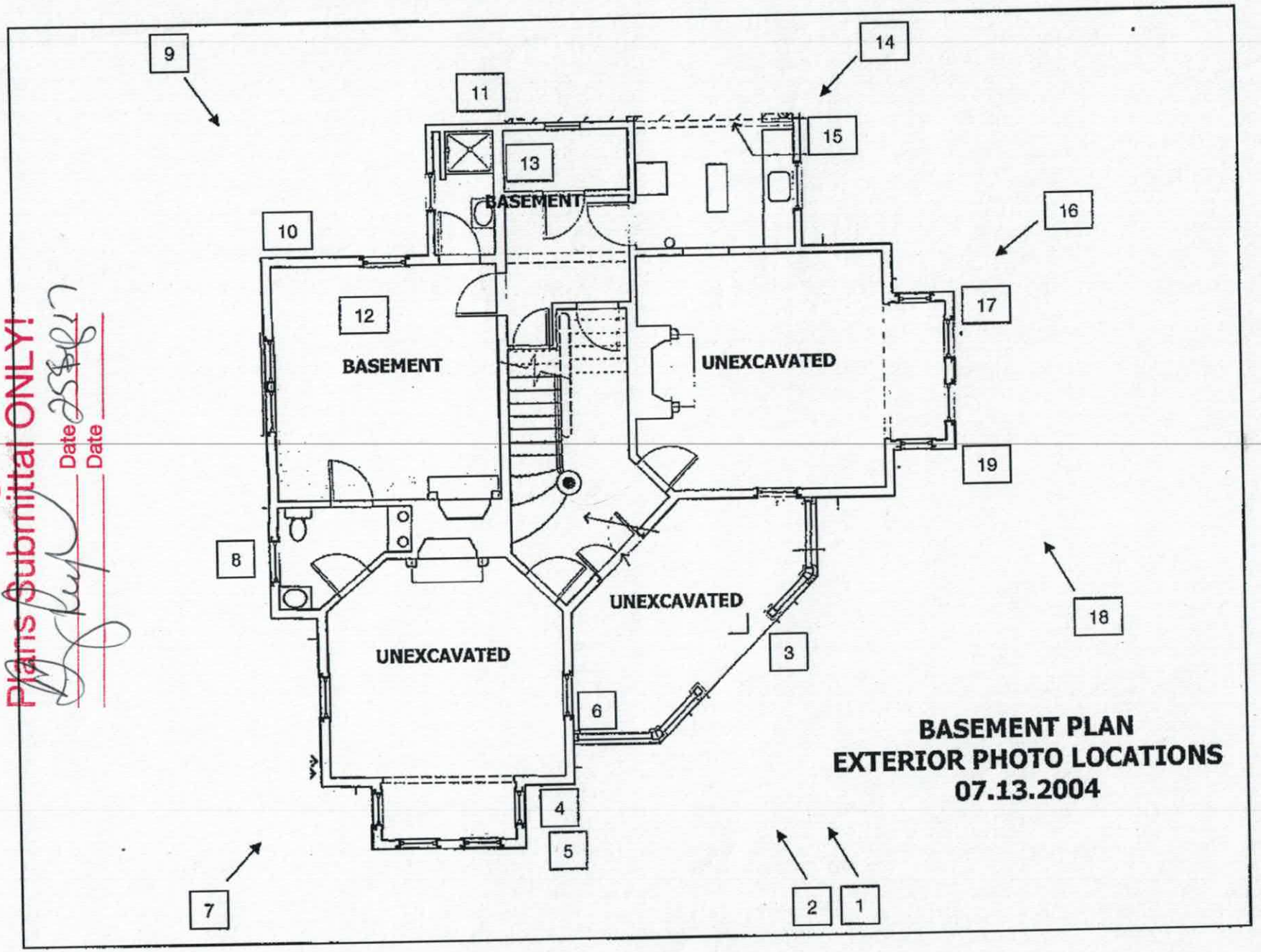
Acknowledgement of
Plans Submittal ONLY!

By Rep Date 2/5/17

Date



FIRST FLOOR PLAN
INTERIOR PHOTO LOCATIONS
07.13.2004



Acknowledgement of Plans Submittal ONLY!

Date 2/5/07

Date

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 230474 Subdivision:

Proposed Use: SEPTIC EASEMENT

Location: 1871 MECKLENBURG HIGHWAY

Tax PIN: 4655200141.000 Zoning: R3 Lot: 0 Size: 0.448

Owner/Applicant: RWB HOMES LLC
Address: 9814 DEVONSHIRE DRIVE
MOORESVILLE, NC 28078

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 25.00 Side Yard Depth: 8.00
Rear Yard Depth: 30.00 Corner Yard Depth:

Remarks: APPROVAL FOR SEPTIC EASEMENT
MUST OBTAIN ALL IREDEL COUNTY PERMITS AND INSPECTIONS.

HP Approved By:

09/25/2017 Date

$50 Application Fee

Town of Mooresville Jurisdiction

Zoning Approval

for building permit application

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281

Number: 141617zo Subdivision:

Proposed Use: Septic Easements

Location: ~~1171~~ 1871 MECKLENBURG HWY

Tax PIN: 4655200141.000 Zoning: GR

Lot: 0 Size: 0.352 Flood Plain: Watershed:

Contractor: Owner: ROBERT H MILLS

Address: 1877 MECKLENBURG HWY
MOORESVILLE, NC
281151877 Phone:

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Lot Width: Front Yard Depth: Side Yard Depth:

Rear Yard Depth: Corner Yard Depth:

Remarks: for septic easement

Directions: south on Main St

Approved By

3/16/2007
Date

50.00 Pd
Application Fee