IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210937

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

PIN # 4669047395

APPLICANT: LESLIE LAYNE WEBB APPLICANT ADDRESS: 181 SPRINGDALE ACRES DR. MOORESVILLE, NC. 28115

SITE ADDRESS: SAME 181 Springdale Acres DR PHONE: ALT. PHONE:

SITE DIRECTIONS: 115-21 N TO Shinnville Rd. TL SPRINGDALE ACRES DR., 181 ON (L) BY CULDESAC

SUBDIVISION: SPRINGDALE SECTION: LOT # 19 LOT AREA: .80 AC. DESIGN FLOW: L.T.A.R.:

Septic Tank 1000 (gal) STE EXISTING Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width Max. Trench Bottom Depth Gravel Depth

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

System Description: EXISTING - TYPE II

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☑ Crawl Space

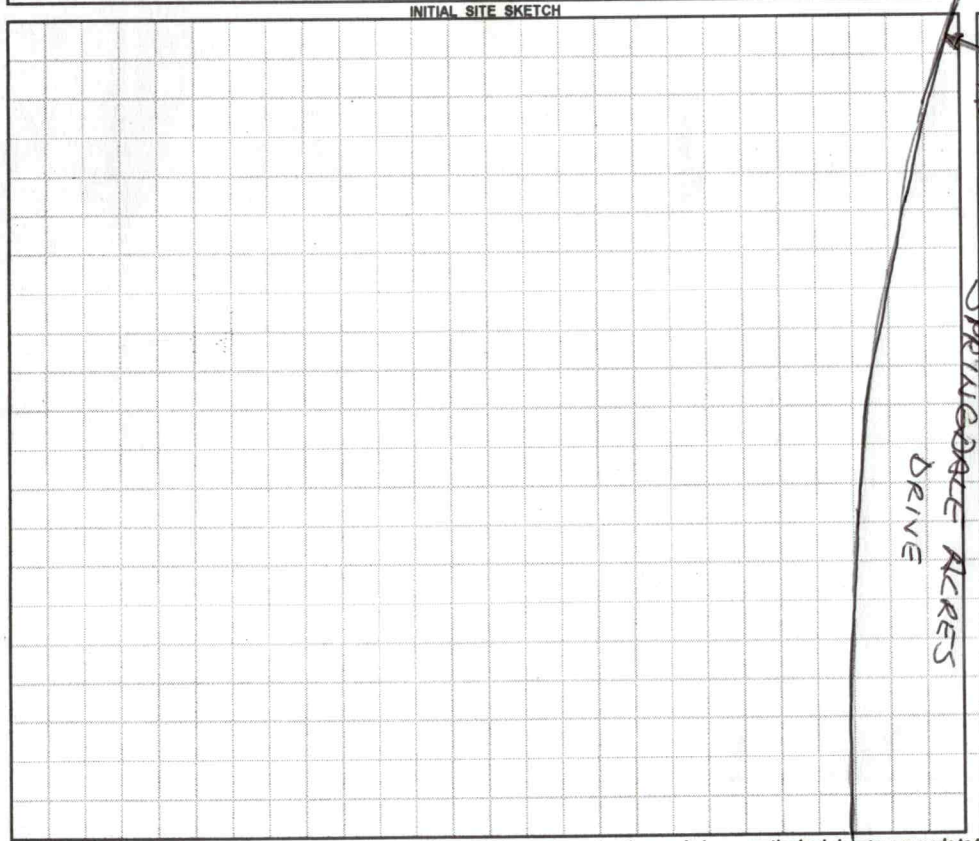
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

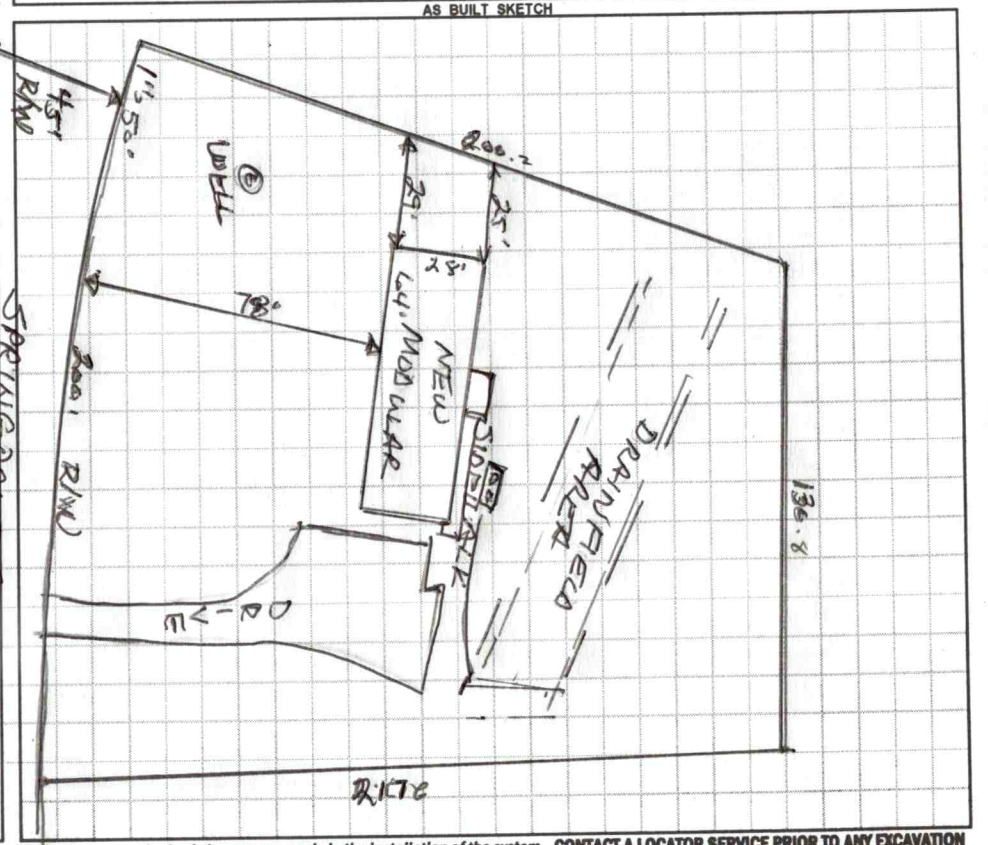
Comments / Conditions:

OLD OP ATTACHED.
OLD MOD. TO BE REMOVED - NEW TO SIT IN SAME LOCATION.

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: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Wesley Sparks REHS Date: 6/18/2015

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 PERMIT # 210937

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

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SITE ADDRESS: SAME 181 Springdale Acres DR PHONE: ALT. PHONE:

SITE DIRECTIONS: 115-21 N TR Shinnville RN. TL SPRINGDALE ACRES DR., 181 ON (R) BY CUL DE SAC

SUBDIVISION: SPRINGDALE SECTION: LOT # 19 LOT AREA: .80 AC. DESIGN FLOW: L.T.A.R.:

Septic Tank 1000 (gal) STB = XISTING Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft: 300

Trench Width Max. Trench Bottom Depth Gravel Depth

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System Description: EXISTING - TYPE II

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons

☐ Other No. Employees

☐ Slab ☒ Crawl Space

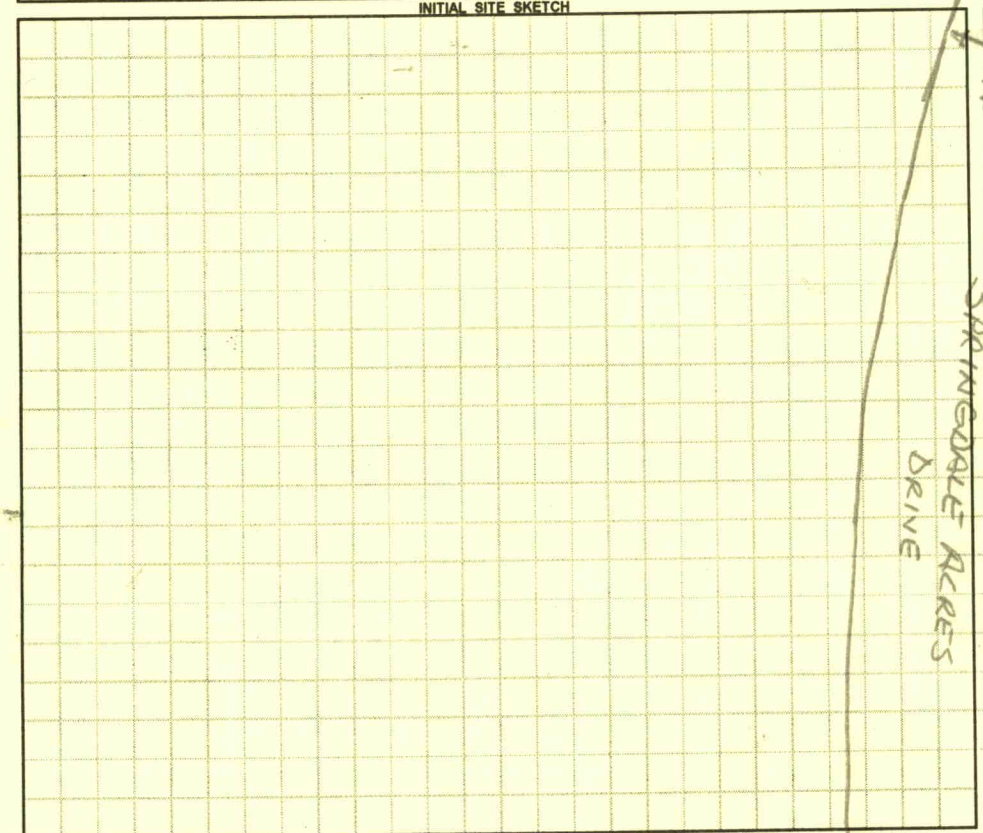
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

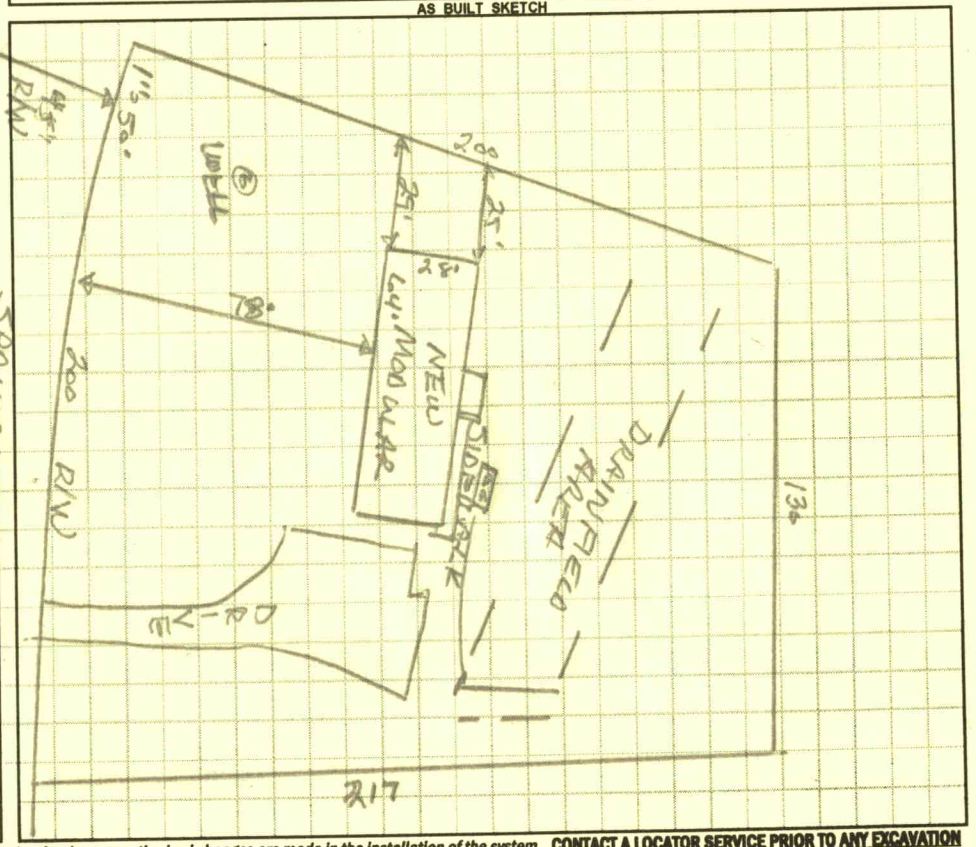
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AS BUILT SKETCH



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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Wesley Sparks REHS Date: 6/18/2015

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 PERMIT # 210937

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

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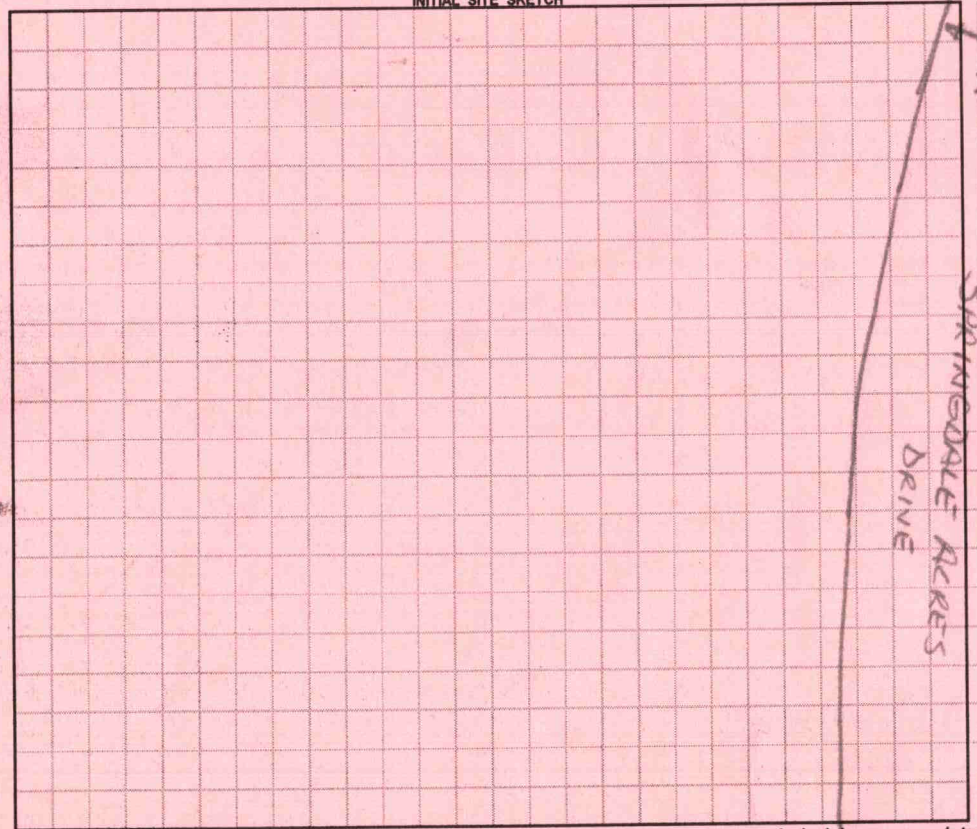
☐ Basement w/plumbing ☐ Basement w/o plumbing

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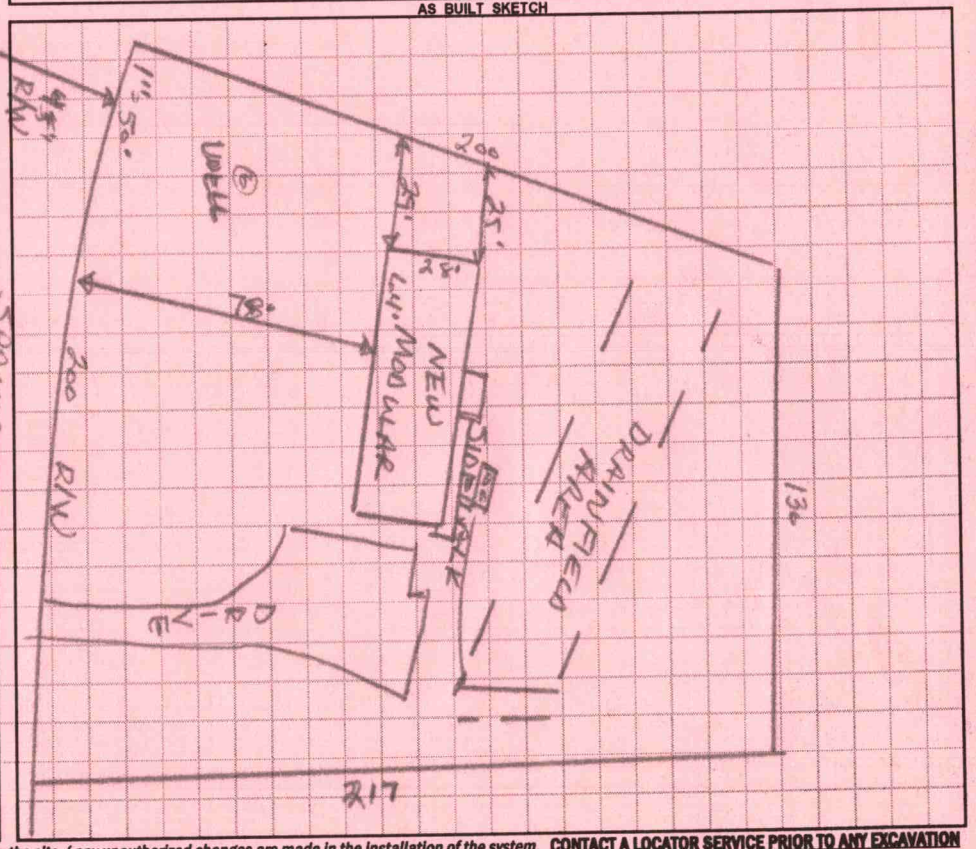
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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Wesley Sparks REHS Date: 6/18/2015

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

RECEIVED JUN 1 2015

Paid $250.00 Statesville

210937

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Applicant Name: ERIC WARD/FREEDOM HOMES Address: 1124 Charlotte Hwy Troutman NC Phone: 704-883-6148 Cell 704-528-7160

Owner Name: Leslie Layne Wobb Address: 181 Springdale Acres Dr. Phone: 980-233-6510

Property Information:

Street Address: 181 Springdale Acres Dr Mooresville NC - 28166

Subdivision Name: Springdale Section/Phase: _____ Lot Number: 19

Driving Directions: Hwy 115/21 Toward Troutman Right on Shinnville Rd then left on Springdale the lot is on left

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

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

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

(✓) 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: _____

PAID MH 6/1/15

Water Supply:

( ) 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: _____ 6-1-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

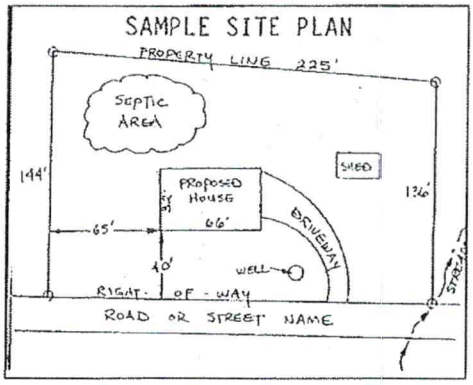
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

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

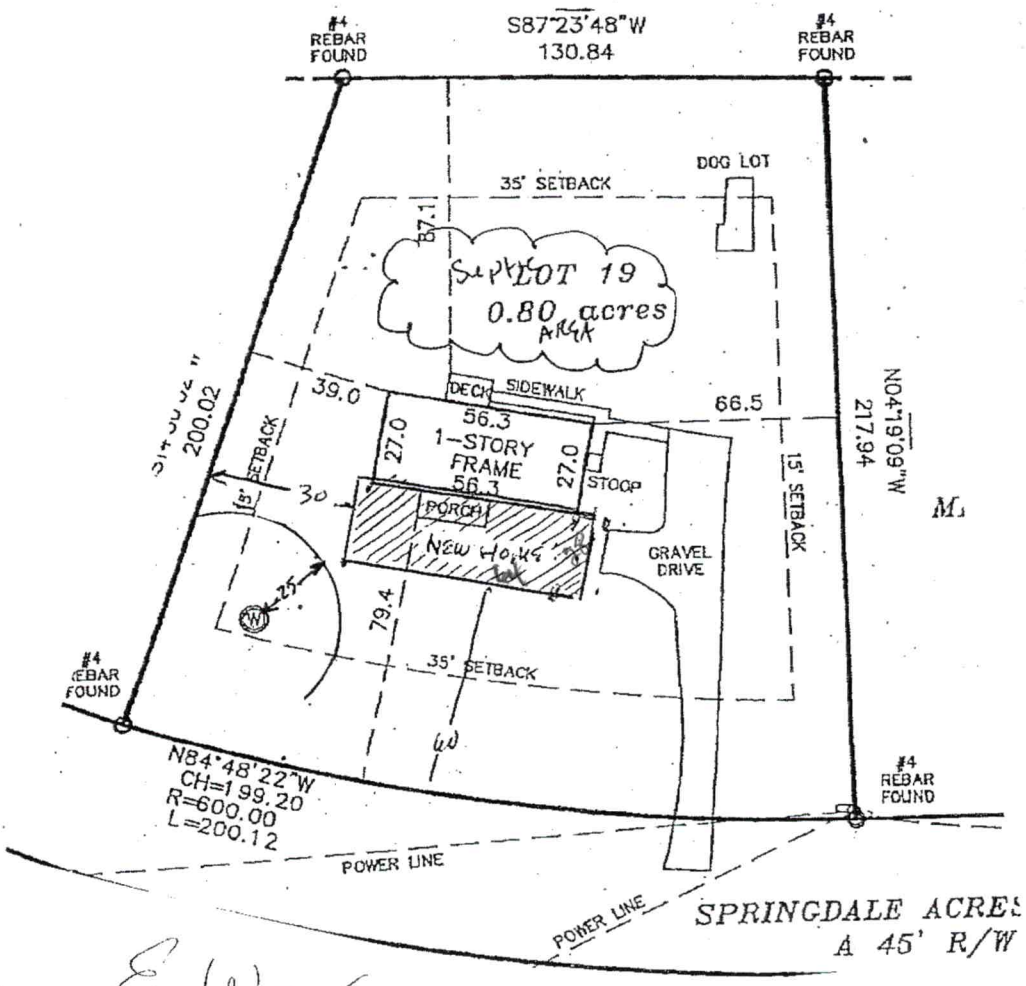


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

_____

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
210937
Issue Date: 06/01/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4669047395.000	181 SPRINGDALE ACRES DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WEBB LESLIE LAYNE	Applicant: FREEDOM HOMES-TROUTMAN
Address: 742 LIBERTY LANDING WY MOORESVILLE, NC 28409	Address: 1124 CHARLOTTE HIGHWAY UNKNOWN TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.804	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID 6/16/15 CH

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	39724	TOTAL FEES:	$ 77.25

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the Improvement Permit (IP) / Authorization to Construct (AC) / Existing System application packet. **Questions?** Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office (704)871-3456 (8:30-12:30 M-F)
Mooresville Office (704)660-3625

---

1. **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you completed all items. **Include in submittal a copy of the site information Zoning Permit.** A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag the footprint of the building structure**.
4. Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the **plat for the subdivision lot** (if not already on file at Environmental Health) and **include two(2) legible copies of the basic floor plan** not larger than 11" x 17" for each floor in the structure.
5. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
6. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly. If it becomes necessary to send a certified letter (return receipt), postage will be charged and **any permit not picked up by the deadline in the letter will be voided. All monies paid to that point are non-refundable.**

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee and the request being returned to the bottom of the service request list.

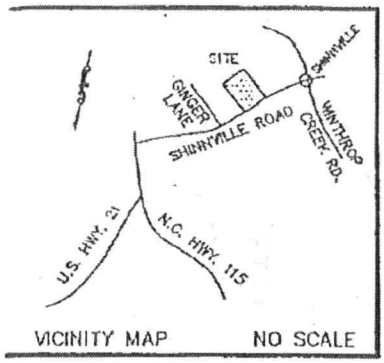
By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature _____ **Date** 6-1-15

111-B Raceway Drive * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drown under my supervision from an actual survey made under my supervision recorded in deed book 1880, page 595, and/or plat book 19, page 74, 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 4TH, day of DECEMBER, A.D. 20 07

WILLIAM M. ALLEN, PLS



VICINITY MAP NO SCALE

CHRISTINE OSBORNE
0625/0990

#4 REBAR FOUND
S87°23'48"W
130.84
#4 REBAR FOUND

35' SETBACK
DOG LOT
37.1
LOT 19
0.80 acres
DECK
SIDEWALK
39.0
66.5
56.3
1-STORY FRAME
56.3
27.0
27.0
STOOP
PORCH
New Home
GRAVEL DRIVE
15' SETBACK
N04°19'09"W
217.94
SETBACK
15'
30
25
79.4
35' SETBACK
40

LOT 20
PEGGY MELCHOR
0788/0940

S14°50'52"W
200.02

LOT 18
MICHAEL WATERS
1287/1839

R/W
R/W
#4 REBAR FOUND
N84°48'22"W
CH=199.20
R=600.00
L=200.12
#4 REBAR FOUND
TIE
N88°51'34"W
242.44
POWER LINE
POWER LINE
NAIL IN CL CUL DE SAC

SPRINGDALE ACRES DRIVE
A 45' R/W

0' 25' 50' 100'
704 799 3878 DG Services 1 May 16 15:07:50a p.1

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Leslie Layne Webb, am the legal owner of the property located at _____, identified as PIN(Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Eric Ward _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Leslie Layne Webb — Signature of Owner
05-23-15 — Date

Eric Ward — Signature of Witness
05-23-15 — Date

4669047395

09070

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Reginald K. Grady Jr. DATE Nov 18, '88 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 No. TR 2383 (Shumville Rd.) ~ 1½ miles TL private road near end on @ left S. R. No. _____

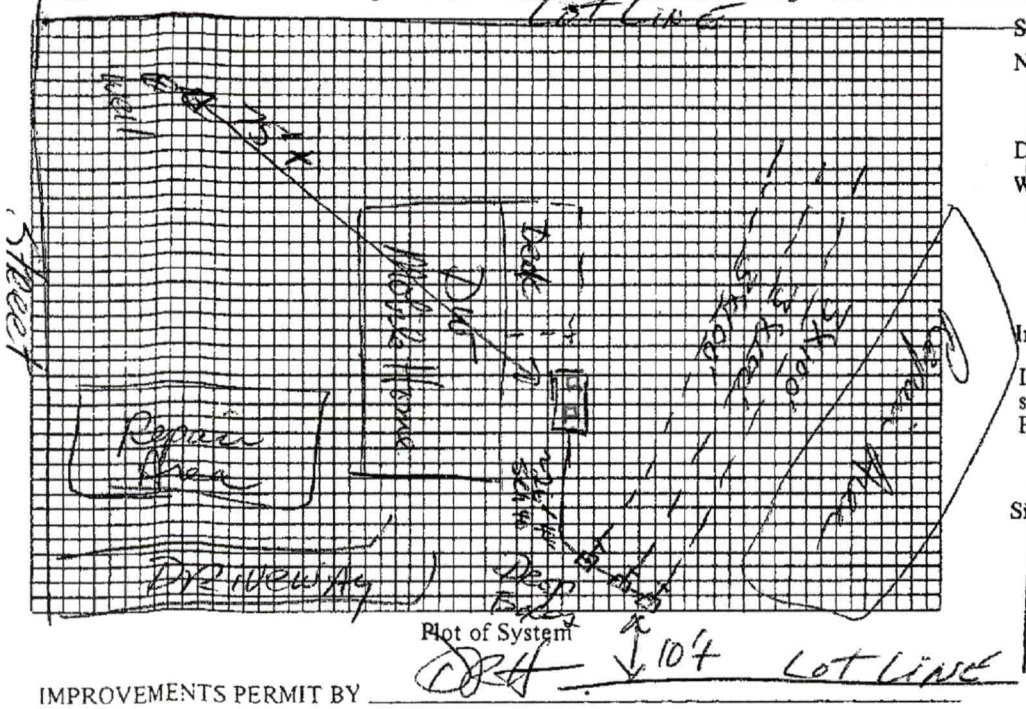
SUBDIVISION NAME Springdale LOT NO. 19 SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3	No. Bathrooms 2		Character & Porosity of Soil	clay	
Garbage Disposal Unit	Yes ( )	No (✓)	Percolation Rate	~4	
Auto. Dishwasher	Yes (✓)	No ( )	Topography	4 ☒	
Auto. Wash. Machine	Yes (✓)	No ( )	Depth to Water Table	44	
~~Site Suitable~~ PS	Yes (✓)	No ( )	Rock or other impervious formations	none obs.	

Lot Area ~3/4 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"

Water Supply: Individual (✓)
Public ( )

Installed by A J Crow

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: M.H. not on site. Area marked where it is to be set up.

CERTIFICATE OF COMPLETION BY _____ DATE 11-18-88

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704) 878-3171

210937

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular ✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

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

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

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

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

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

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

Owner Information

Property Owner's Name Leslie Kay Wilson Phone # _____

Owner's Current Address 181 Springdale Acres Mooresville N.C. 28115

Property Information

Property Address 181 Springdale Acres Parcel # 4669-04-7395

Subdivision: Springdale Lot: 19 Zoning: ___ Watershed: Y or N Flood Plain: Y or N Township: ___

Directions to property (from a MAIN ROAD) Hwy 115/21 Towards Mooresville + Left on Shinville Rd the Left on Springdale 1st on left

Application Information

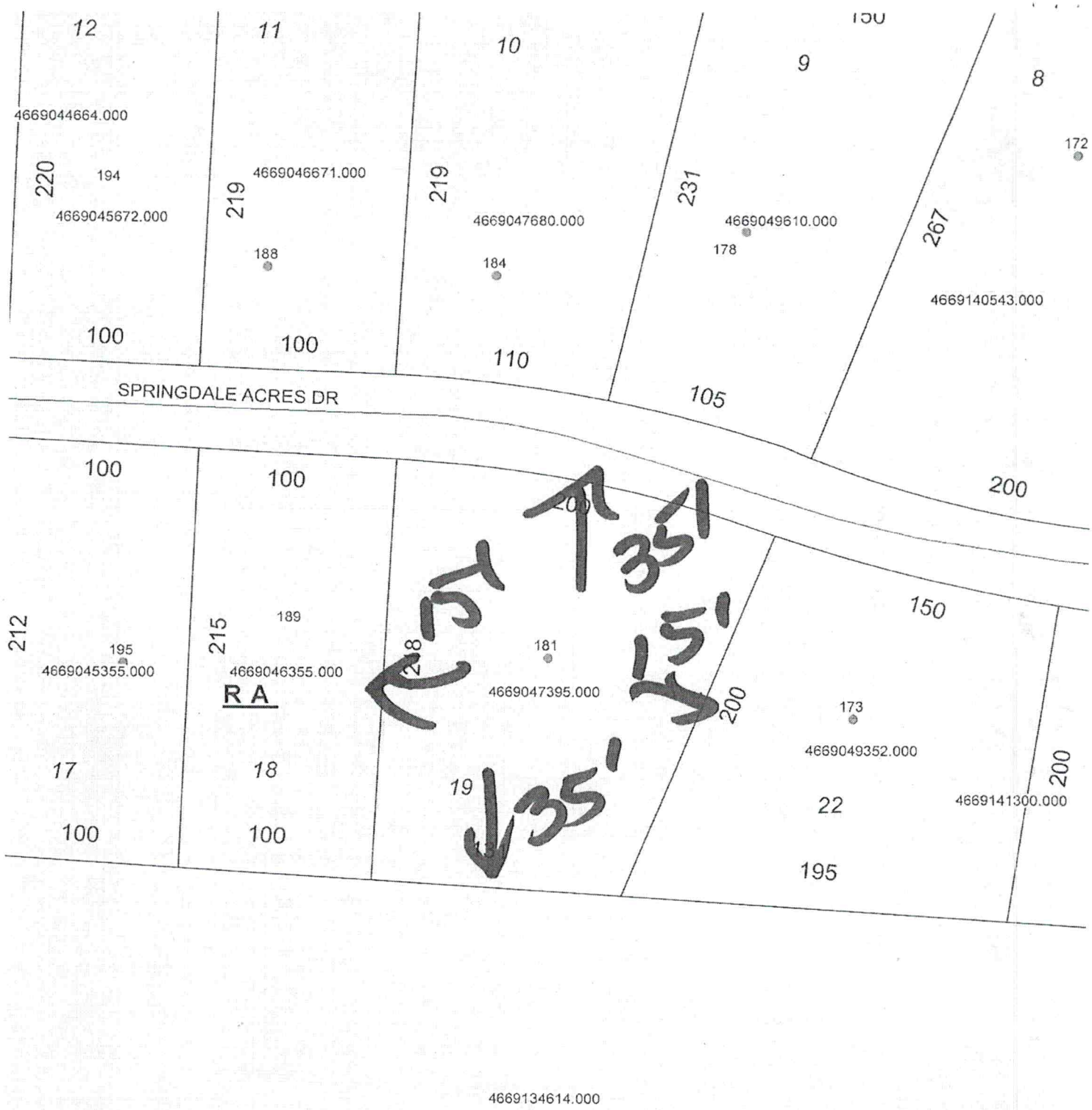
Applicant's Name or Company ERIC WARD/FREEDOM HOMES Applicant's Phone # 704-883-6148

Applicant's Address 1124 Charlotte Hwy Troutman N.C. 28166

If Company, Representative's Name and Title ERIC WARD Construction Super

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

SIGNATURE OF APPLICANT Eric Ward DATE 6-8-15



181 Springdale

Zoning

sign

date

6-1-15

ZONING DISCLAIMER



Property Address 181 Springdale

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. Applicant further acknowledges that the 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.

Edward

Applicant

6-1-15

Date

PERMITS/INSP PAYMENT RECEIPT# 365950
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

DATE: 06/01/15 TIME: 15:33
CLERK: amanda.horton
PAID BY: FREEDOM HOMES-TROUTMAN #667

APPLICATION #: 210937

PERMIT ALLOCATION:

1	104563	460450	2.25	Technology Fee - Planning
		PZOI		
1	104563	472223	75.00	Zoning Permits
		PZOI		
1	10492751	447004	250.00	Environmental Health Fees
		PEHSA		

TOTAL RECEIPT AMOUNT: 327.25

AMOUNT PAID: 327.25
PAID BY: FREEDOM HOMES-TROUTMAN #667
PAYMENT METHOD: CHECK 1615
APPLICATION #: 210937

AMT TENDERED: 327.25
AMT APPLIED: 327.25
CHANGE: .00