IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 236394

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

PIN # 4676-21-4140

APPLICANT/OWNER: IQ Custom Construction APPLICANT ADDRESS: 840 Edmiston Rd. Mt. Ulla, NC 28125

SITE ADDRESS: 183 Williford Rd. Mooresville, NC PHONE: — ALT. PHONE Kathleen Saunders: 704-578-4951

SITE DIRECTIONS: Rt 3 South From Mooresville → L on Williford → House on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.61 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank 1000 (gal)	STB 875	Date 3/4/19	☒ 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: 25% Reduction [Serial distribution]	☐ Business	No. Persons 8	☒ Private
Pump Make —	Model —	Serial # —	Repair System Description: Exempt (1995 Bk 579 Pg 259)	☐ Other	No. Employees —	☐ Public
# Nitrification Fields 1	# Lines 6	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☒ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth(Low side) 33	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: As of 3/14/19, house already built. See drawing for drainage ditch + berm plan. Recommend pumping septic tank every 5 years. See floorplans dated 11/6/18.

Berm must be constructed/built between tank and drainage ditch (NOT ON TANK)

DETAIL SITE SKETCH

See attached design information from The Oaks Group, PA

Dated: 2/11/2019 Kathleen Saunders LS# 1313

Revised: 3/11/2019 [Site plan]

AS BUILT SKETCH

4/11/19. As built notes on design sheet.

* still needs to address berm/drainage before OP is signed

5-2-19 - appears no water will pond/stand on septic drainfield

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 mos.

Owner / Applicant Signature: Bill Boyd Date: 3/12/19 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/15/19 OPERATION PERMIT by: Carla C. Caul Date: 5-2-19

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/15/19 Existing System Inspected by: — Date: —

FOR SEPTIC FINAL INSPECTION, CALL 704-664-3703 between 8am-9am the day before inspection is needed. Be sure to speak with an operator to confirm your exact time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 236394

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

PIN # 4676-21-4140

APPLICANT/OWNER: IQ Custom Construction APPLICANT ADDRESS: 840 Edmiston Rd. Mt. Ulla, NC 28125

SITE ADDRESS: 183 Williford Rd. Mooresville, NC PHONE: — ALT. PHONE Kathleen Saunders: 704-578-4951

SITE DIRECTIONS: Rt 3 South FROM Mooresville → L on Williford → House on Right SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.61 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction [serial distribution]			
Pump Make		Model			Serial #		Repair System Description:	Exempt (1975 Bk579 Pg 259)			
# Nitrification Fields	1	# Lines	6		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		33	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☒ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: As of 3/14/19, house already built. See drawing for drainage ditch + berm plan. Recommend pumping septic tank every 5 years. See floorplans dated 11/6/18.

Berm must be constructed/built between tank and drainage ditch (NOT ON TANK)

INITIAL SITE SKETCH

See attached design information from The Oaks Group, PA

Dated: 2/11/2019 Kathleen Saunders LSS #1313

Revised: 3/11/2019 [site plan]

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: Bill Boyd Date: 3/18/19 Installed by: —

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/15/19 OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/15/19 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.

APPROVED MAR 15 2019
Stake out 10' from house, 7' from slab
Site to be graded to drain away from house and pond
Install a berm and drainage ditch as shown to prevent surface water from pooling on septic area
Drainage ditch
Well
Drive
WILLIFORD RD SR #1149 60' PUBLIC R/W
1" = 40'
N

183 Williford Rd Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3 Per Existing**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36" Per Existing
Maintenance Agreement Required	No
Repair System	**Repair Exempt**
Total Linear Feet	xx
Repair Loading Rate	xx
Trench Depth	xx

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	54 endfed
2	System	Blue	25% Reduction	59 endfed
3	System	Pink	25% Reduction	54 endfed
4	System	Orange	25% Reduction	105 middlefed
5	System	Red	25% Reduction	75 middlefed
6	System	Blue	25% Reduction	53 middlefed
				Total System: 400'
				Total Repair: xxx'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Divert surface water away from system area

APPROVED MAR 15 2019

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

Sheet ___ of ___
PROPERTY ID #: 4676-21-41
COUNTY: Iredell

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

OWNER: Barry Luffman
ADDRESS: PO Box 176 Stony Point NC 28678 — APPLICATION DATE 6/11/18
PROPOSED FACILITY: 4BR-SFR — PROPOSED DESIGN FLOW (.1949): 480 GPD — DATE EVALUATED: 6/15/18
LOCATION OF SITE: 183 Williford Rd. Mooresville, NC — PROPERTY SIZE: 0.61 acres
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other — PROPERTY RECORDED: Yes
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
1	LSS 8%	0-12	SCL V.W.SBK	SL Friable, SS, Sp, Sexp		43" Best 36" TD			0.375
		12-30	Clay M.SBK/ABK	Firm, Sticky, Sy, Sexp					
		30-43	Clay Loam W.SBK Zone Sap	SL Friable, SS, Sp, Sexp					
		43-73	MA Loamy Saprolite	Friable + well Drained [Very]					
2	LSS 8%	0-12	SCL V.W.SBK	SL Friable, SS, Sp, Sexp		41 use Sap if possible			0.30
		12-34	Clay M.SBK/ABK	Firm, Sticky, Sp, Sexp					
		34-41	Clay Loam W.SBK common Saprolite	SL Friable, SS, Sp, Sexp					
		41-66	MA Loamy Saprolite	very Friable + well Drained					
3	LSS 7%	0-11	SCL V.W.SBK	SL Friable, SS, Sp, Sexp		52			0.30
		11-29	Clay M. ABK	SL Firm, Sticky, Sp, Sexp					
		29-52	Clay Loam W.SBK	Friable, SS, Sp, Sexp					
			common to Abundant	Loamy Saprolite					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 l.f.	Expand
System Type(s)	25% Reduction	
Site LTAR	0.36	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: James Boggs + Paul Pennyger

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: Jimmy E Dagenhart Address: ~~1563~~ 1559 Mount Ulla Hwy Zip: 28115
Applicant Email: dashmalt@gmail.com Phone: 704-574-0880 Alt. Phone: _____
Owner Name: Jimmy Dagenhart Address: 1559 Mount Ulla Hwy Zip: 28115
Owner Email: dashmalt@gmail.com Phone: 704-574-0880 Alt. Phone: _____

Property Information:

Street Address: 1563 Mount Ulla 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: _____
Maximum Number of Occupants: _____
( ) 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: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: (X) 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: Jimmy E Dagenhart 3-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Int. Relay 236394

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: IG Custom Const Address: 840 Edmiston Rd Mat ulla Zip: 28125
Applicant Email: _____ Phone: _____ Alt. Phone: _____
Owner Name: same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 183 Williford Rd
Subdivision Name: None Section/Phase: _____ Lot Number: X
Driving Directions: Coddle Creek Hwy E to L Williford, lot on R

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: Kathleen Saunders 2-11-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

236394

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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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: IQ Custom Construction **Address:** 840 Edmiston Rd Mt. Ulla, NC 28125 **Phone:** 9802972329

Owner Name: IQ Custom Construction **Address:** 840 Edmiston Rd Mt. Ulla, NC 28125 **Phone:** 9802972329

Property Information:

Street Address: 183 williford Rd

Subdivision Name: none **Section/Phase:** none **Lot Number:** _____

Driving Directions: Rt 3 South from Mooresville (L) onto williford Rd Lot on (R)

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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
(X) 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:** n/a

( ) No Preference ( ) Alternative (X) 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 ( ) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/20/18
DATE

2360394

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Call Plan Review for Site Visit

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

704.996.6330

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: (PRINT CLEARLY) Cornelius, NC

Applicant Name: Wilson Hill Construction, LLC **Address:** 19701 Bethel Ch Road, Ste 103-162 **Zip:** 28031

Applicant Email: wilsonhillconstruction@gmail.com **Phone:** 704.400.0522 **Alt. Phone:** _____

Owner Name: Barry Luffman **Address:** PO Box 76 Stony Pt, NC 28648 **Zip:** _____

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

****

Property Information:

Street Address: 183 Williford Road

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

Driving Directions: Linwood Road, TR Williford, on left at 183, vacant lot

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (X) Concrete Slab Foundation
( ) Accessory Building — ( ) 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 (X) Other: 25%

****

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: _____ 6.11.18
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*) _____

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, Jimmy Edgar Dayenhas, am the legal owner(s) of the property located at 1563 Mound Villa Hwy, identified as

PIN (Parcel Identification Number)_____, 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.

_____ 3-18-19

Signature of Owner(s) Date

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

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

IREDELL COUNTY 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, IQ Custom Construction, am the legal owner(s) of the property located at 183 Williford Rd, identified as PIN (Parcel Identification Number) 4676 214 140, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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(s) — Date — Signature of Witness — Date 2-11-19

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 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*) _____

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, BARRY LUFFMAN, am the legal owner(s) of the property located at WILLIFORD RD, identified as

PIN (Parcel Identification Number) 4676214140.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PAT PENNINGTON PENNINGTON SOIL CONSULTING Bob WILSON WILSON HILL ROAD WILSON HILL, 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

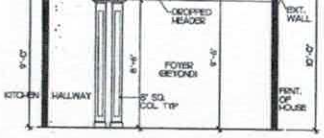
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Barry J. Luffman x 6-6-18 x
Signature of Owner(s) 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

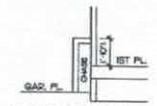
WILLIFORD RD SR #1149 60' PUBLIC R/W
N 42°13'03"E 115.05'
S 47°30'00"E 230.00'
N 47°30'00"W 230.87'
S 42°19'21"W 115.27'
S 47°30'14"E 231.02'
30.00'
30.98'
35' FRONT SETBACK
35' REAR SETBACK
15' SIDE SETBACK
15' SIDE SETBACK
PROPOSED HOUSE
PORCH
GARAGE
SCR. PORCH
SUNROOM
1
2
3
4
5
6
7
8
9



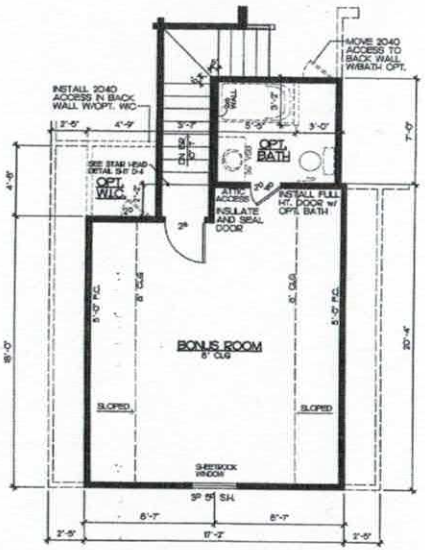
① COLUMN DETAIL AT DINING RM.
1/4" = 1'-0"



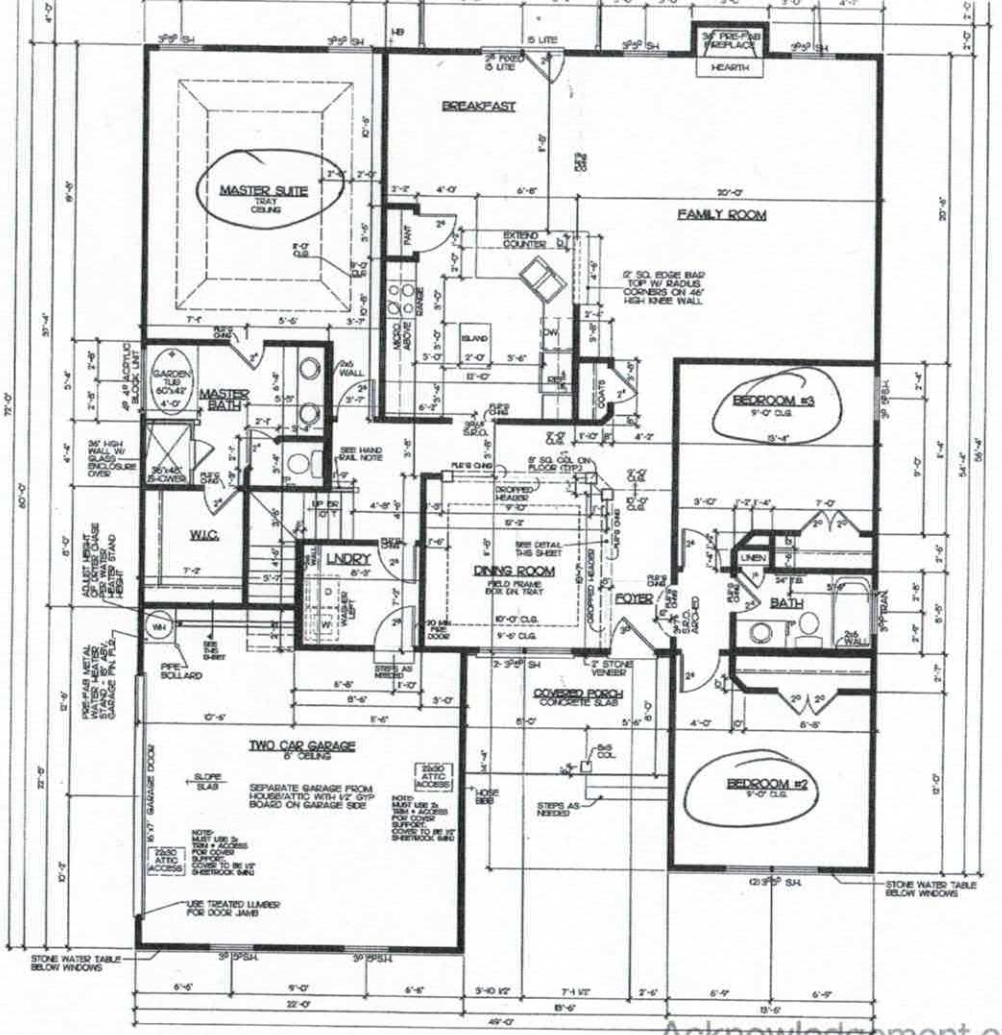
TYPICAL INTERIOR COLUMN IN PLAN
NTS.



DRYER VENT CHASE
VERIFY HT. W/ WATER HEATER STAND IF APPLICABLE
1/4"=1'-0"



BONUS RM. PLAN
NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
-SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
-CASED OPENING AT ALL BI-FOLD DOORS
1/4" = 1'-0"

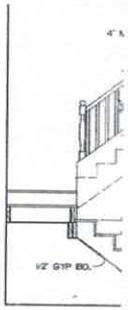


FIRST FLOOR PLAN
NOTES: -WINDOW R.O. TO BE SAME AS WINDOW CALL OUT
-SEE TRUSS LAYOUT FOR BEAM SIZES AND LOCATIONS
1/4" = 1'-0"

Acknowledgement of Plans Submittal ONLY!

HANDRAIL NOT





TYPICAL STAI
STAIR CONFIG PER PLAN

NOTE: ALL WINDOWS TO BE LOW

WINDOW TH PERFORMA

GLASS TYPE
U-FACTOR
R-VALUE
SHGC
V-T
THE DATA LISTED P-YGBM 100 SERI HUNG VINYL WIND

INSULATION R-VALUES

EXTERIOR WALLS • R-13 KRAFT BAT
OPEN WALLS • R-19 KRAFT BAT
BONUS ROOM FLO • R-19 KRAFT BAT
SLOPED CEILING • R-30 KRAFT BA
HVAC PLATFORM • R-30 KRAFT BA
FLAT CEILING • R-30 LOOSE FIL
CRAWL SPACE • R-19 KRAFT BAT w/6 MIL. BLACK P