IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 229498

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

PIN # 4678203158

APPLICANT/OWNER: Donahue Properties Inc. | APPLICANT ADDRESS: 400 Pleasant Village Ln.

SITE ADDRESS: ~~800 Wiggins Rd. Mooresville, NC~~ 104 Corina Ln, Mooresville | PHONE: 704-202-5280 Tony | ALT. PHONE —

SITE DIRECTIONS: NC 152 → L on Wiggins → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Karen B Wiggins | SECTION: — | LOT # 4 | LOT AREA: 1.15ac | DESIGN FLOW: 360gpd | L.T.A.R.: .2 (.2 repair)

Septic Tank	1000 (gal)	STB	825	Date	2-21-18
Pump Tank	1000 (gal)	PT	502	Date	12-1-17
Pump Make	Zoeller	Model	115V/1PH NC152-C	Serial #	
# Nitrification Fields	1	# Lines		Linear Ft.	
Trench Width	36"	Trench Bottom Depth (Low side)	12"	to Gravel Depth	—

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

System Description: PM 25% reduction

Repair System Description: PM 25% reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☑ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☑ Crawl Space

Water Supply: ☑ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: System approved for at grade. Must bring in a minimum of 6 inches of group III (clay loam) cover for entire system. 10/9/17: House is being constructed 5' wider towards the 21&6.96 property line (47' vs. 42'). -5'

Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH

See attached site plan by Carolina Soil + Septic Consulting

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	4-11-18	KW
Tanks Checked	4-11-18	KW
Pressure Manifold or Valve Box Checked	4-11-18	KW
Pressure Head Set	4-11-18	KW
Electrical Checked	7-3-18	KW
Floats Set	4-11-18	KW
Alarm Checked	7-3-18	KW
Maintenance Contract Y (N)	—	
Comments: Site visit on 4-12-18 to confirm soil cap was ~~minimum of 6"~~. ✓ 6/29/18 Riser only 3" above grade Alarm only 7" above Grade Alarm circuit breaker ~~not~~ marked.		

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: Tony L Donahue Date: 10-9-17

IMPROVEMENT PERMIT by: Cynthia Wilson Date: 10-4-17

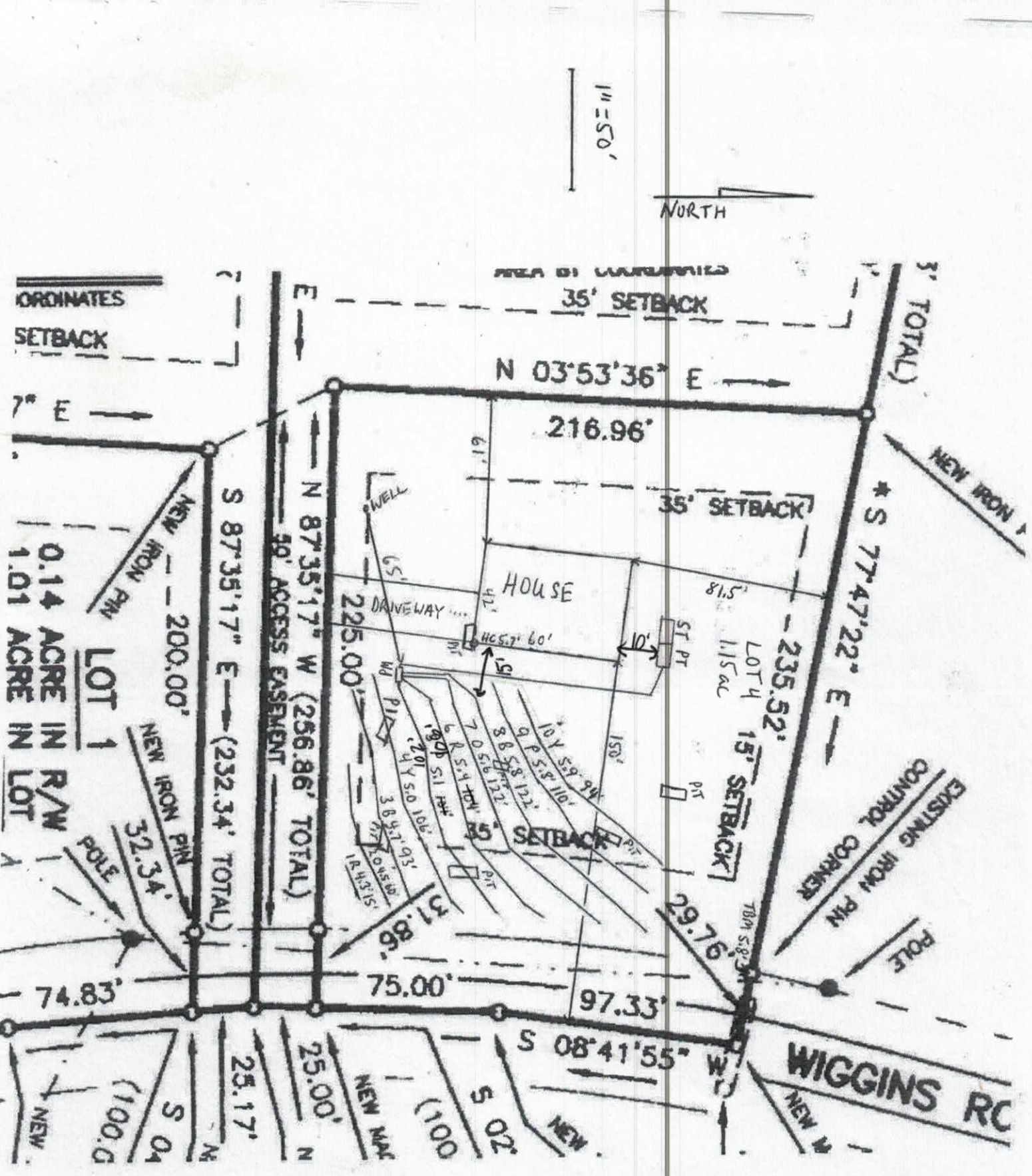
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/9/2017

Installed by: Kevin w/ Rowan Septic

OPERATION PERMIT by: Cynthia Wilson Date: 7-3-18

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.


1"=50'
NORTH
35' SETBACK
N 03°53'36" E
216.96'
S 77°47'22" E
235.52'
N 87°35'17" W (256.86' TOTAL)
S 87°35'17" E (232.34' TOTAL)
225.00'
200.00'
HOUSE
DRIVEWAY
WELL
81.5'
LOT 4
1.15 ac
15' SETBACK
30' ACCESS EASEMENT
LOT 1
0.14 ACRE IN R/W
1.01 ACRE IN LOT
NEW IRON PIN
EXISTING IRON PIN
CONTROL CORNER
POLE
ST PT
PIT
WD PIT
31.86'
29.76'
74.83'
75.00'
97.33'
S 08°41'55" W
WIGGINS RD
25.17'
25.00'
APPROVED OCT X 4 2017
KW

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed design for an Accepted 25% reduction Septic System with Pressure Manifold distribution for a 3 bedroom single family residence on Lot #4 of Karen B. Wiggins Subdivision, Iredell County, North Carolina.

Contents:

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Information for the Installer	1
Design Information	
Design Specifications	2
Layout Specifications	3
System Tapsheet	4
Pressure Manifold Diagram	5
Site Plan/System Plan	6
Calculations	7
Profile Descriptions	8

September 27, 2017
Job Number: 17117
Design By: Adrian L. Pruett

INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer when requested.
- All tanks shall be properly back filled and compacted to prevent slumping at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank riser is used it should be a minimum of 6" above finished grade or within 6" below finished grade.
- Design precludes use of foundation drains on the residence and assumes back filling for positive drainage unless other wise noted.
- Trench walls should be raked, limed and installed at the depth specified by this design.
- Rake trench walls, lime sidewalls, install trenches 36" wide and have no more than 1/4" fall in 10 feet.
- **System is specified as an Accepted Pressure Manifold 25% reduction installation.**
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**
- A MINIMUM OF 6 INCHES OF GROUP III (CLAY LOAM) SOIL COVER IS REQUIRED TO BE BROUGHT IN TO COVER THE SYTEM. IT IS CS&SC'S RECOMMENDATION TO PLACE 12 INCHES TO ALLOW FOR SETTLING.

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Karen B. Wiggins
Address:	4070 NC 152 W China Grove, NC 28023
Contact:	Tony Donahue
Phone:	704-202-5280
County:	Iredell
Location:	KAREN B. WIGGINS SUBDIVISION LOT 4 PIN# 4678203158
Drainfield Design Flow (gpd):	360
Loading/Soil Application Rate (gpd/ft.^{2}):	0.2
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	452
Total Lateral Length Required:	450
Trench Depth:	12 in.
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	1356
Repair Trench Spacing:	9 ft. on center
Repair Trench Depth:	12 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	117
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	20.36
Dosing Volume:	206.61
Pump Tank Draw Down:	9.8
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	3.77
Elevation Head:	6.90
Total Dynamic Head:	15.97
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

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KW

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

KAREN B. WIGGINS SUBDIVISION LOT 4 PIN# 4678203158
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 3 BEDROOM HOME

September 27, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		5.8			100.00		
INSTR. 1			105.80				
HOUSE				5.70	100.10		
TANK				6.40	99.40		
1	RED			4.30	101.50	15	15
2	ORANGE			4.50	101.30	60	60
3	BLUE			4.70	101.10	93	93
4	YELLOW			5.00	100.80	106	106
5	***PINK***			***5.10***	***100.70***	***107***	***104***
6	***RED***			***5.40***	***100.40***	***116***	***104***
7	***ORANGE***			***5.60***	***100.20***	***122***	***122***
8	***BLUE***			***5.80***	***100.00***	***122***	***122***
9	PINK			5.80	100.00	110	110
10	YELLOW			5.90	99.90	94	94
					Total	**945**	**930**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION
****System***	***452***	***ACCEPT.***	***0.200***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	478	ACCEPT.	0.200	25% RED.	PRESSURE MANIFOLD

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KW

Notes:
** TBM located at front right eip at right of way(see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: Lines must be installed on contour at a depth of 12 inches
A minimum of 6 inches of Group III (clay loam) is to be brought in and placed over the system. CS&SC recommends a 12 inches brought in cover to allow for settling.
Iredell County has CS&SC's permission to relocated all tanks and distribution devices as needed.

PRESSURE MANIFOLD TAPSHEET - KAREN B. WIGGINS SUBDIVISION
LOT 4 PIN# 4678203158
SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	gpd	Trench Area	Line LTAR
2	ORANGE	101.30	104	SCH 80 3/4	10.1	46.17	312	0.15
3	BLUE	101.10	104	SCH 80 3/4	10.1	46.17	312	0.15
4	YELLOW	100.80	122	SCH 40 3/4	12.5	57.14	366	0.16
5	PINK	100.70	122	SCH 40 3/4	12.5	57.14	366	0.16
	total	feet =	452	gal/min =	45.2			
			Des. Flow	360				
			Pump Run=	4.57				
			LTAR	25% RED.				

Some lines flagged longer in the field, shorten to lengths shown here.

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CALCULATIONS

Location KAREN B. WIGGINS SUBDIVISION

Lot No: 4

No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.2	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	117	ft.
Supply Line Volume	20.358	gal.
Required Feet of Line	450	ft.
Amount of Line from Layout	452	ft.
Gallons per Minute	45.2	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	295.156	gal.
Dosing Volume	206.61	gal.

Note: Dosing Volume based on 70% of lateral line volume

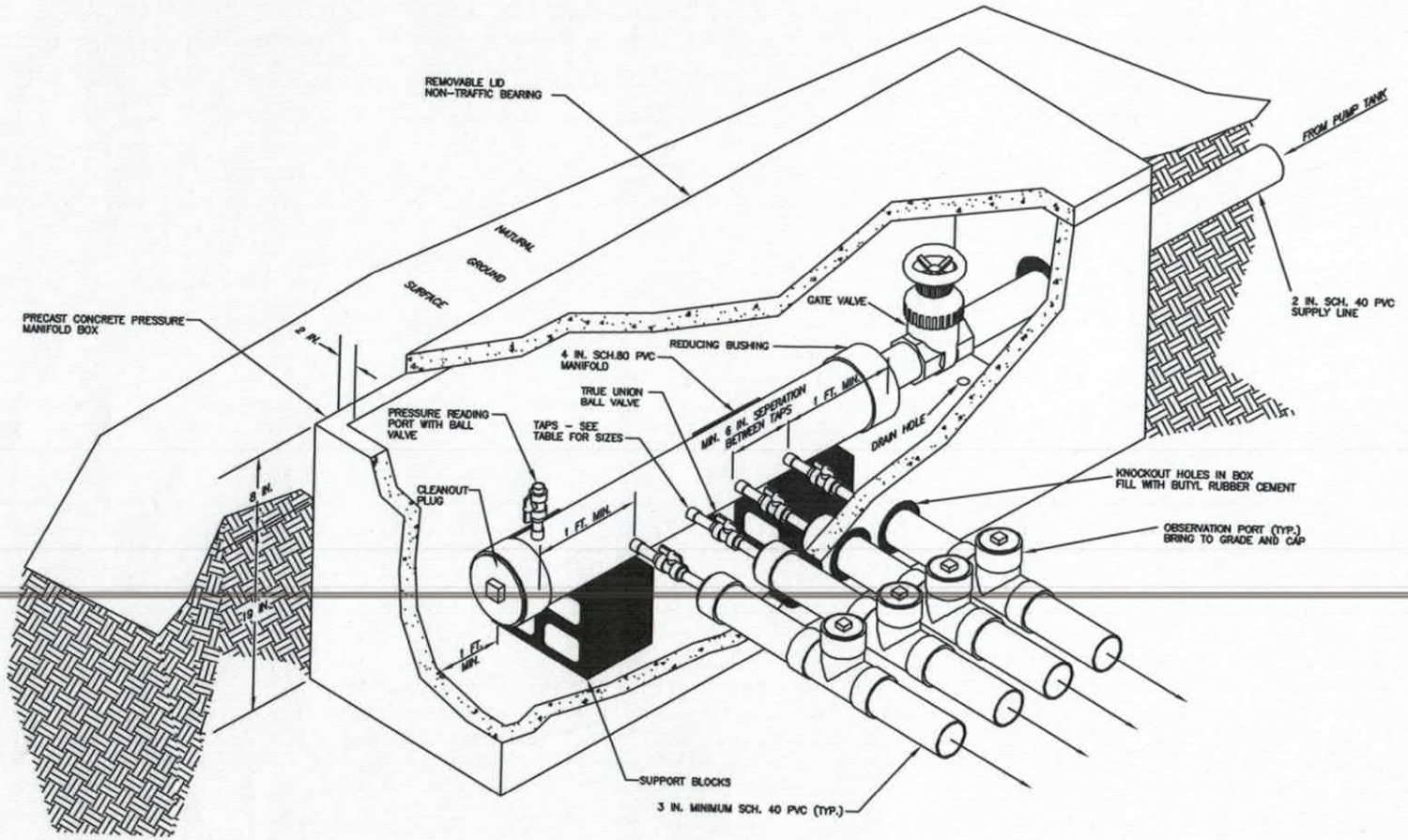
Tank Draw Down	9.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	4.57	minutes
Elevation Head	6.9	ft.
Pressure Head	2	ft.
Friction Factor	3.77	ft./100 ft. *(From the interpolater.)*
Friction Head	4.41	ft.
Total Dynamic Head (+20%)	15.97	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

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KW

TYPICAL PRESSURE MANIFOLD DETAIL



Kayla Wilson

From: Mckinney, Alan H <alan.mckinney@dhhs.nc.gov>
Sent: Wednesday, October 4, 2017 3:26 PM
To: Kayla Wilson
Subject: Re: [External] 800 Wiggins Rd

Kayla,
I'm good with this proposal including trench depth, ltar and system type as proposed.
Alan

Alan McKinney
Regional Soil Scientist
Division of Public Health, Onsite Water Protection Branch
N.C. Department of Health and Human Services
828-764-5076 office/mobile
alan.mckinney@dhhs.nc.gov
http://ehs.ncpublichealth.com/oswp/

PO Box 1972, Boone, NC 28607
1642 Mail Service Center
Raleigh, NC 27699-1642

Sent from my cell phone
On Oct 4, 2017 2:48 PM, Kayla Wilson <kayla.wilson@co.iredell.nc.us> wrote:

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you verify that the attachment and content are safe. Send all suspicious email as an attachment to report.spam@nc.gov.

Let me know if you need anything else. Attached is the proposal for 800 Wiggins Rd.

Thanks,

Kayla Wilson, REHSI
Environmental Health
Iredell County Public Health Deparment
Cell: (980) 635-3821

Pursuant to North Carolina General Statues Chapter 132. Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. We will withhold confidential correspondences that are tagged as "Confidential" from public record requests. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

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

Sheet 1 of 2
PROPERTY ID #: 4678203158
COUNTY: Iredell

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

OWNER: Donahue Properties Inc.
ADDRESS: 800 Wiggins Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: NC 152 N → L on Wiggins → 1st on L
APPLICATION DATE 8-18-17
DATE EVALUATED: 8-25-17
PROPERTY SIZE: 1.15ac
PROPERTY RECORDED: yes
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
1	3% platy? LS	0-9	compacted	—	25-32" few yellow brown mottles	25	32-49 common SAP inc.		PS .2
		9-25	ABK C	Fi,SS,SP,SEXP					
		25-32	ABK C	Fi,SP,?					
		32-49	WSBK CL	Fi-Fi,SS,SP,SEXP					
2	2% platy? LS	0-13	compacted	—	13-25 few yellow brown mottles 25		46-54 com SAP inc.		PS .2
		13-25	ABK C	Fi,SS,SP,SEXP					
		25-46	SABK C	Fi,S,P	25-46 many yellow brown mottles 2.5Y6/2 @ 25-46				
		46-54	WABK CL	Fi,SS,SP,SEXP					
3	Fl. for (Platy) platy? 2% LS	0-11	compacted	—	2.5Y6/2 20-36 many yellow brown mottles	20	—	—	U
		11-20	ABK C	Fi,SS,SP,SEXP 20					
		20-36	SABK C	Fi,S,P,?					
		36-48	WSBK	Fi-Fi,SS,SP,SEXP					
		48-58	SL SMP	Fi NS, NP					
4	3% LS	0-15	compacted	—	2.5Y6/1 7/2 33-41 22-41 many yellow brown mottles 38		—	—	PS .2
		15-33	ABK C	Fi,S,P,SEXP					
		33-41	ABK C	Fi,VS,PEXP					
		41-49	WSBK CL	Fi,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.2	.2

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Refer to Sheet 1
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
APPLICATION DATE 8-18-17
DATE EVALUATED: 9-8-17
PROPERTY SIZE:
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
1	37. LS	0-11	WSBKSCL	FR		24	32-52" many SAP inc.		PS .2
		11-24	ABK C	FR,SS,SP,SEXP					
		24-32	PLATY C	FR,SP					
		32-52	WSBKCL	FR-FI					
		52-60	SMP	FR-FI					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.2	.2

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

PROPERTY ID #: 4678203158
COUNTY: Iredell

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

OWNER: Karen B. Wiggins
ADDRESS: 4070 NC 152 W., China Grove, NC 28023 APPLICATION DATE
PROPOSED FACILITY: Residential PROPOSED DESIGN FLOW (.1949): 360 gpd DATE EVALUATED: 9/2017
LOCATION OF SITE: Wiggins Rd., Karen B. Wiggins Subdivision Lot 4 PROPERTY SIZE: 1.15 ac
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: yes
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
P 1	LSS 2-3%	0-8	B SCL GR	FR SS SP SEXP		64"	N/A	N/A	PS
		8-18	B SC WFSBK	FR SS SP SEXP					
		18-25	SB C MFABK	FI S P SEXP	-FEW YB				
		25-33	YR C PLATY	FI S P SEXP	-COM YB				
		33-48	R/RY C PLATY	FI S P SEXP					0.2 GPD/SQFT TO 25"
		48-64	R CL WFSBK	FR SS SP SEXP	-MANY YB, FEW CHR 2				
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	AT GRADE 25%	AT GRADE 25%
Site LTAR	0.2	0.2

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: NONE

COMMENTS: Remainder of pits evaluated by Iredell County Env. Health (Kayla Wilson, Heath Snow) and Regional Soil Scientist Alan McKinney

APPROVED OCT KW

RECEIVED AUG 1 8 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

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.

#229498

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: Donahue Properties Inc Address: 400 Pleasant Valley Ln Zip: 28023
Applicant Email: Tdonahue@wkstream.net Phone: 704-202-5280 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 800 Wiggins Rd. Mooresville.
Subdivision Name: Karen B. Wiggins Section/Phase: Lot Number: 4
Driving Directions: 150 from Mooresville left on Wiggins, property on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 3
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) 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:
(✓) 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: Tony L Donahue 8-18-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Tony L Donahue 10-9-17

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, Karen B. Wiggins, am the legal owner(s) of the property located at Wiggins Road, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tony Donahue Donahue Properties 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.

Karen B. Wiggins 8-17-17 — Signature of Owner(s) — Date

[signature] 8-17-17 — Signature of Witness — Date

Please return this signed form to the appropriate office:

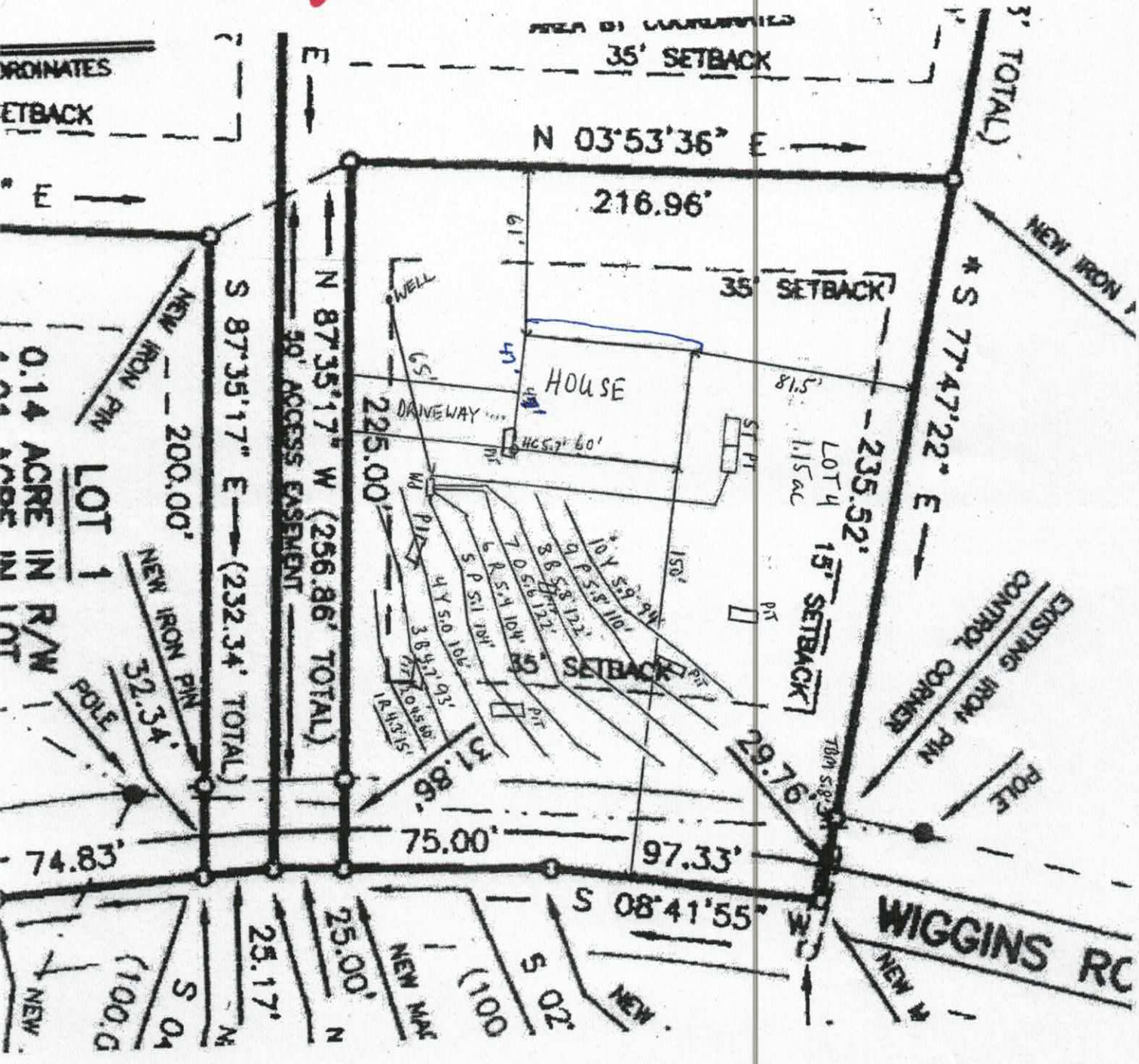
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

AC Site Plan

1"=50'

NORTH



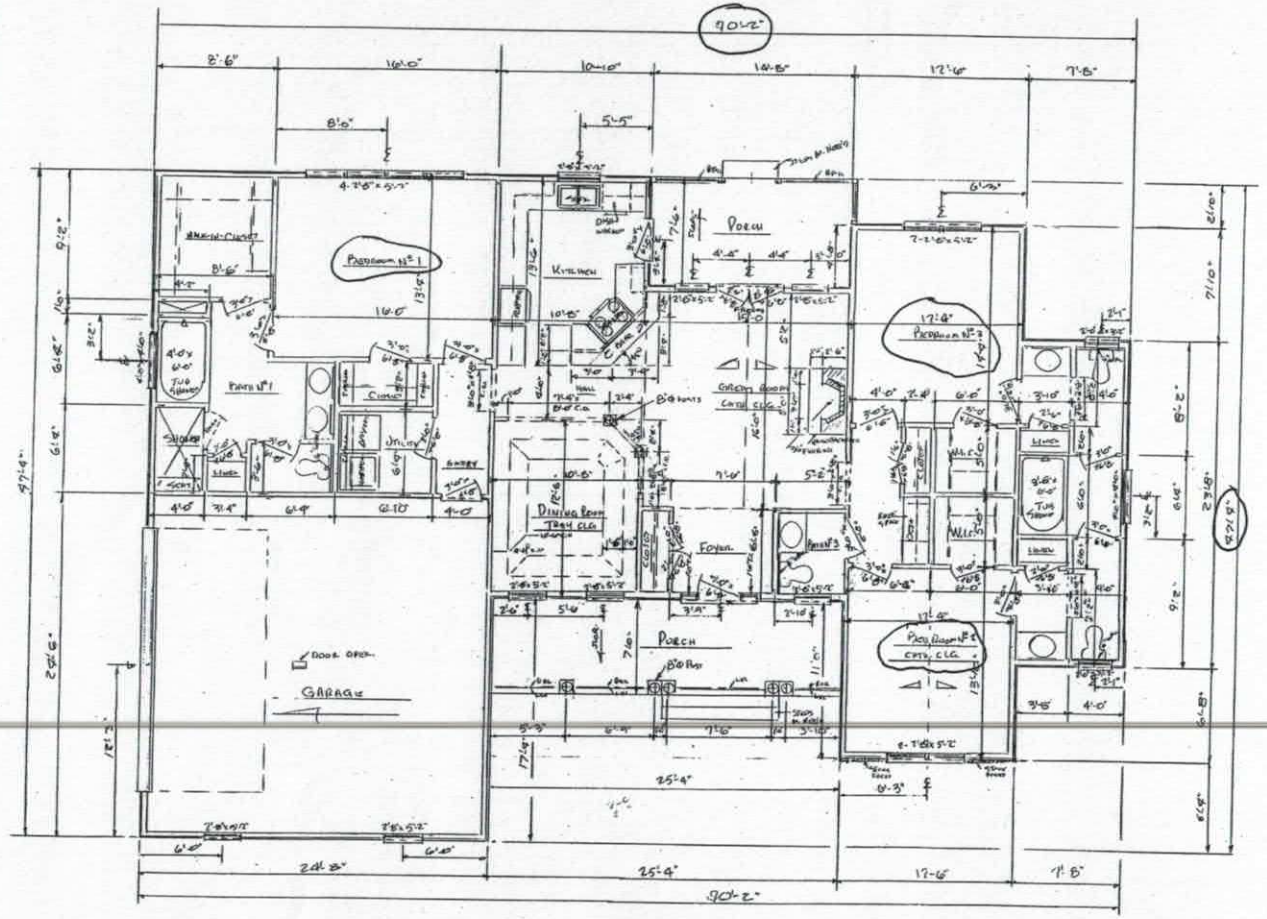
APPROVED OCT X 4 2017

KW

Acknowledgement of
Plans Submittal ONLY!

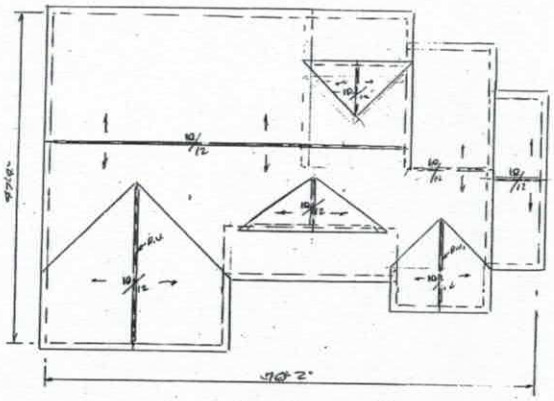
Date 10-9-17

Date 10-9-2017



FLOOR PLAN
SCALE: 1/4"=1'-0"

NOTE: 1- CEILING HEIGHT 9'-0" EXCEPT AS SHOWN
2- CONTRACTOR WILL VERIFY ALL DIMENSIONS



ROOF PLAN
SCALE: 1/8"=1'-0"

NOTE: 1- ROOF PITCH 5/12
2- ROOF OVERHANG 1'-0"

SQUARE FOOTAGE

HEATED-	1868.5
GARAGE-	602.7
FRONT PORCH-	197.0
BACK PORCH-	109.5

TOWN OF DUNBAR COUNTY

DATE: 8-31-2017
SCALE: AS SHOWN
DRAWN BY: SHANNON KELLY

RESIDENCE

FLOOR PLAN & ROOF PLAN

DRAWING NO 3 OF 3

IREDELL COUNTY

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

APPLICATION NUMBER
229498
Issue Date: 08/18/2017

FILE COPY

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4678203158.000	800 WIGGINS ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: WIGGINS, KAREN B.	Applicant: DONAHUE PROPERTIES, IN
Address: 4070 HWY 152 W CHINA GROVE, NC 28023	Address: 400 PLEASANT VILLAGE LN CHINA GROVE, NC 28023-6714
Phone: - -	Phone: 704-857-0717

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	BOWB	X

Remarks:

PAID Credit Card 8/18

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: See Attached Date: _____

Permit Number	112501	TOTAL FEES:	$ 77.25