IREDELL COUNTY HEALTH DEPARTMENT

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

PIN # 4706069316.000.

APPLICANT/OWNER: Richard Wingate Jr | APPLICANT ADDRESS: 349 East Lackey Farm RD Stony Point NC 28678

SITE ADDRESS: 349 East Lackey Farm RD Stony Point NC 28678 | PHONE: 704-924-0126 | ALT. PHONE 704-437 2374

SITE DIRECTIONS: Hwy 64 Right on E Lackey Farm RD Sit on Left | SAP CONTROLLED: ☐ YES ☒ NO

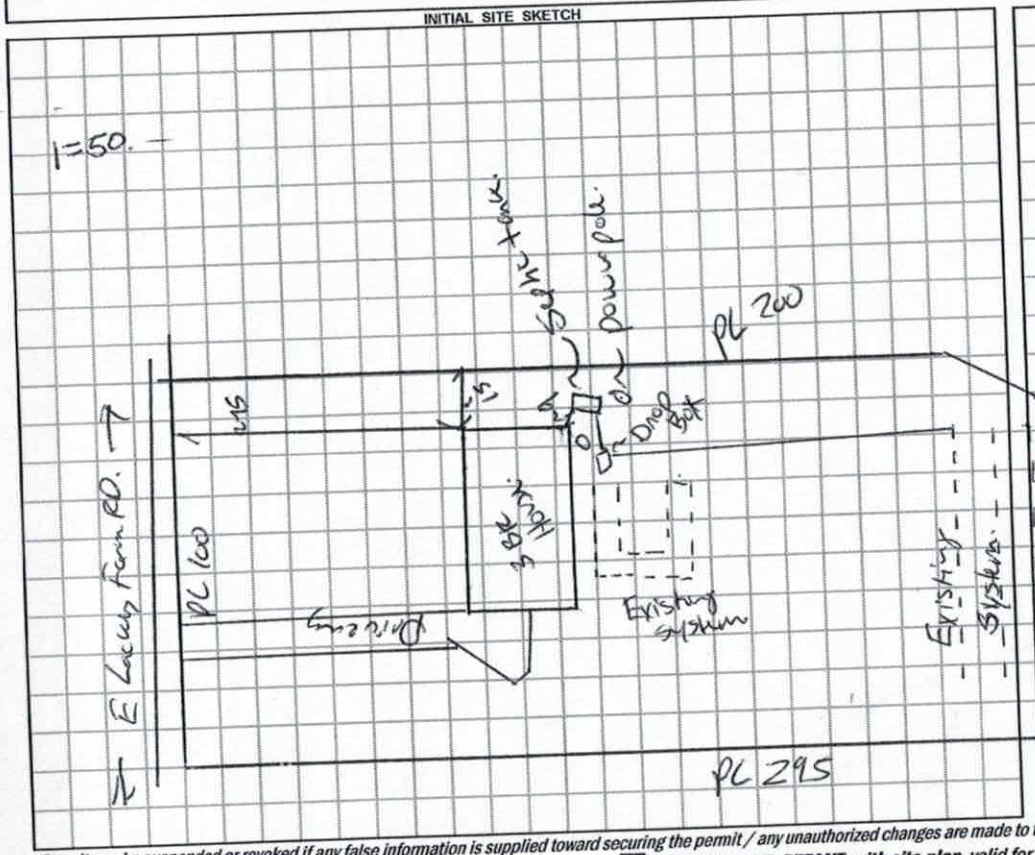
SUBDIVISION: Sibyl Smith. | SECTION: N | LOT # 2 | LOT AREA: .607 | DESIGN FLOW: 360 | L.T.A.R.: EXT

Septic Tank	1000(EXT) (gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	- (gal)	PT	-	Date	-	System Description:		☐ Business	No. Persons 6
Pump Make	-	Model	-	Serial #	-	Repair System Description:	Existing System	☐ Other	No. Employees
# Nitrification Fields	2	# Lines	4	Linear Ft	EXT	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT	Gravel Depth	EXT	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

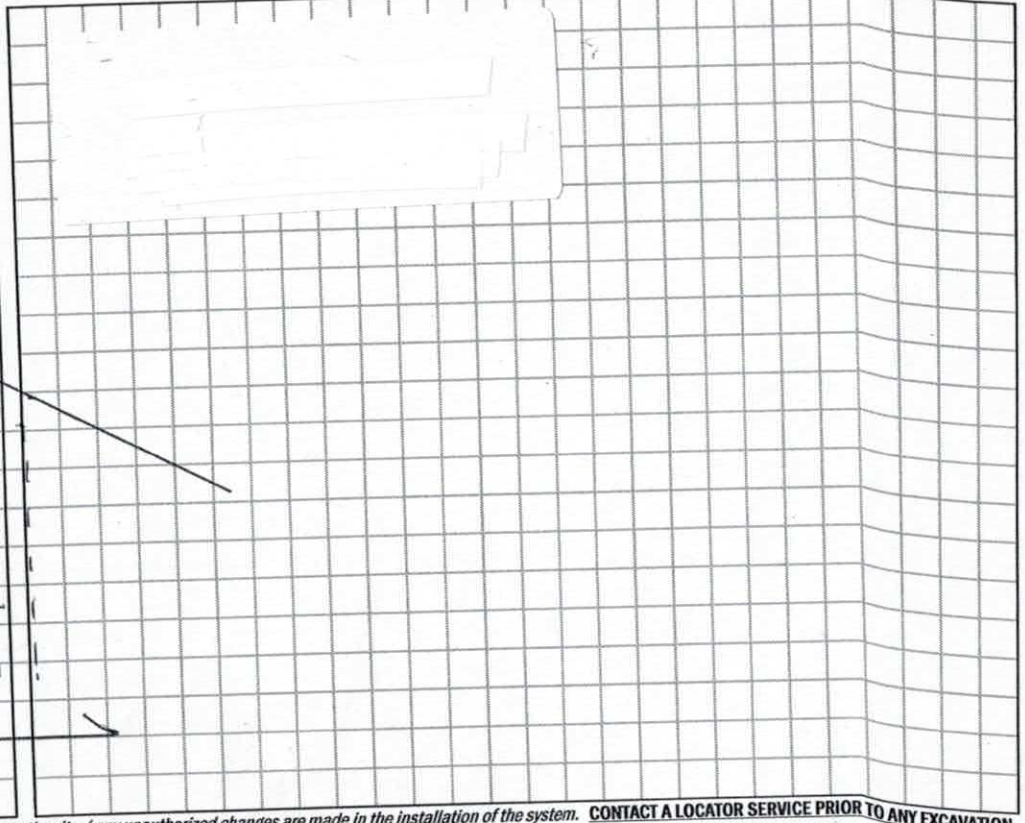
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: See Repair Permit from 6-18-93.
Bottom Trench is 105 Ft from Power pole.

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: Richard E Wingate Jr Date: 11/2/17 Installed by: Date:

RMIT by: Date: OPERATION PERMIT by: Date:

O CONSTRUCT by: Date: Existing System Inspected by: Benjamin L Bolton Date: 10/26/2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

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

The following optional attachments may also be submitted: ( ) 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: Richard Wingate Jr Address: 349 East Lackey Rd Zip: 28678
Applicant Email: _____ Phone: 704-924-0126 Alt. Phone: 704-437-2374
Owner Name: Richard Wingate JR Address: 349 East Lackey Farm Rd Zip: 28678
Owner Email: _____ Phone: 704-924-0126 Alt. Phone: 704-437-2374

Property Information:

Street Address: 349 East Lackey Farm Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

(✓) New Single Family Residence DW
( ) 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: 7
( ) 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: 1 Number of Persons: 7
( ) 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: 94 or 95
( ) 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: _____ 10/17
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, Richard Wingate Jr, am the legal owner(s) of the property located at 349 E Lackey Farm Rd, 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.

Richard Wingate Jr 10/17/17
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

Type: CRP
Recorded: 04/03/2017 at 12:57:37 PM.
Fee Amt: $26.00 Page 1 of 2
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2482 PG 1235-1236

Excise Tax $ NONE

Recording Time, Book and Page

Parcel Identifier No. 4706 06 9318 Verified by _____ County on the ____ day of _____, 20__
By: _____

Mail after recording to GRANTEE

This instrument was prepared by : THE LAW OFFICE OF ANTHONY S. PRIVETTE, PLLC
307 Davie Avenue, Statesville, NC 28677
www.attorneyprivette.com

Brief description for the Index: 349 E Lackey Farm Rd, Stony Point, NC

NO TITLE OPINION RENDERED BY PREPARER OF THIS DEED

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this 31 day of March, 2017, by and between

GRANTOR	GRANTEE
EVELYN ANN BAUGUESS SMITH, unmarried	**RICHARD EUGENE WINGATE, JR.**
Mailing Address: 349 E Lackey Farm Rd Stony Point, NC 28678	Mailing Address: 350 Shiloh Rd Statesville, NC 28625

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple all that certain lot or parcel of land situated in Concord Township, Iredell County, North Carolina and more particularly described as follows:

BEGINNING on iron located on the Southwest side of State Road No. 1537 (E. Lackey Farm Road), said beginning point being located South 28 deg. 3 min. 0 sec. East 100.00 feet from an existing conveyor roller, a common corner with Norma D. Jenkins; thence with the right of way of State Road No. 1537, South 28 deg. 3 min. 0 sec. East 100.00 feet to an iron; thence South 62 deg. 1 min. 17 sec. West 200.03 feet to an iron; thence North 83 deg. 36 min. 29 sec. West with the Duncan line 104.94 feet to an iron; thence South 39 deg. 14 min. 27 sec. West 41.25 feet to an iron; thence North 61 deg. 30 min. 41 sec. East 199.50 feet to an iron; thence North 62 deg. 58 min. 7 sec. East 95.12 feet to the point of BEGINNING, containing 0.607 of an acre, more or less. For back title, see Deed Book 2050, Page 700, Iredell County Registry and death certificate of Sherry Lee Shumaker aka Sherry Lee Bauguess Book 91, Page 446. Richard Eugene Wingate, Jr. was the only heir of Sherry Lee Shumaker aka, Sherry Lee Bauguess.

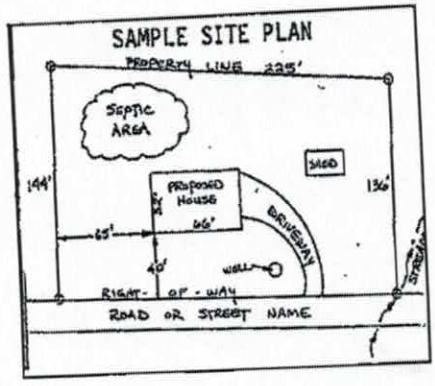
All or a portion of the above-described property does include the principal residence of the Grantor.

R.O.T.C. Page Count. 2
☐NS ☐PQ ☐SI

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



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

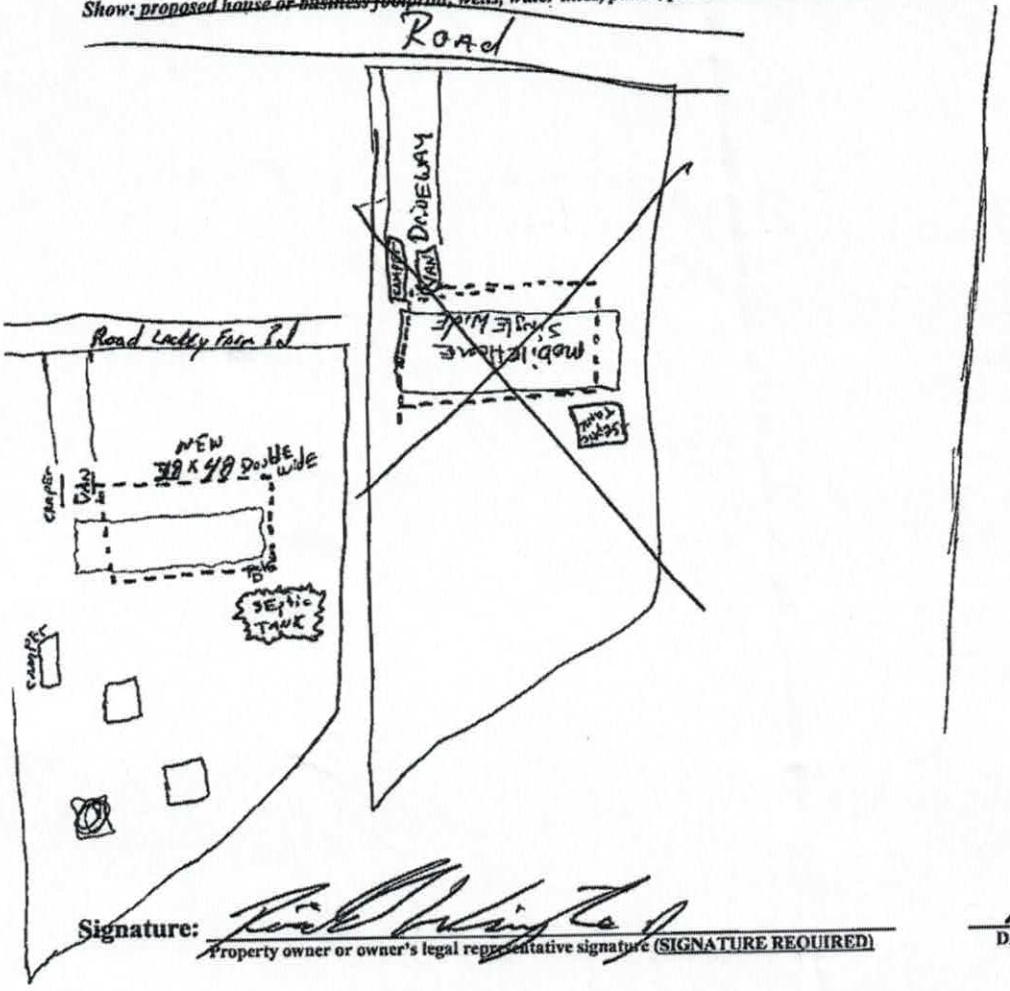
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ **DATE** 10/17/17

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 6-18-93

OWNER OR CONTRACTOR Amos Smith PHONE: Business TAX MAP NO. Repair

ADDRESS Home 585-2773

LOCATION Hwy 90N TL Lackey Farm Rd. (1353), MH on R approx 1mile.

SUBDIVISION NA BLOCK / SECTION LOT LOT AREA Ample SITE CLASS. Existing L.T.A.R. Existing

Water Supply: ☐ Individual ☐ Community ☑ Public county water

Septic Tank: Existing Gallons; STB — Date —

Pump Tank: — Gallons; PT — Date —

Nitrification Field: No Fields 2 Square Feet 630 Linear Feet 210'

No Lines 3 Trench Width 36" Trench Depth 36" Gravel Depth

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

System Description: Conventional gravity

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees —

Garbage Disposal: ☐ Yes ☑ No

Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

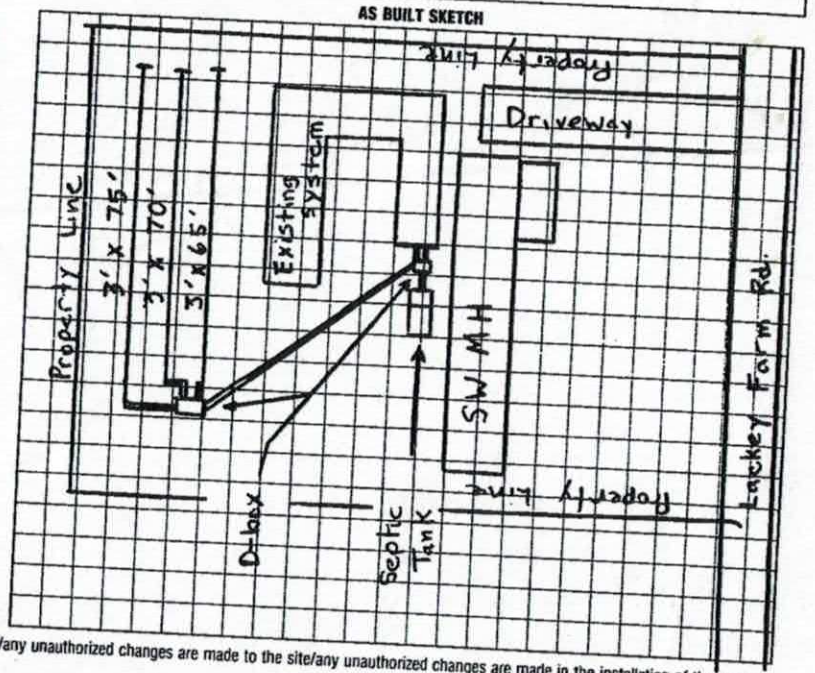
Other

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments Fed existing system and repair line equal.

INITIAL SITE SKETCH

AS BUILT SKETCH



I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed:

Improvement Permit by: Michael J. Dennis date 6-26-93

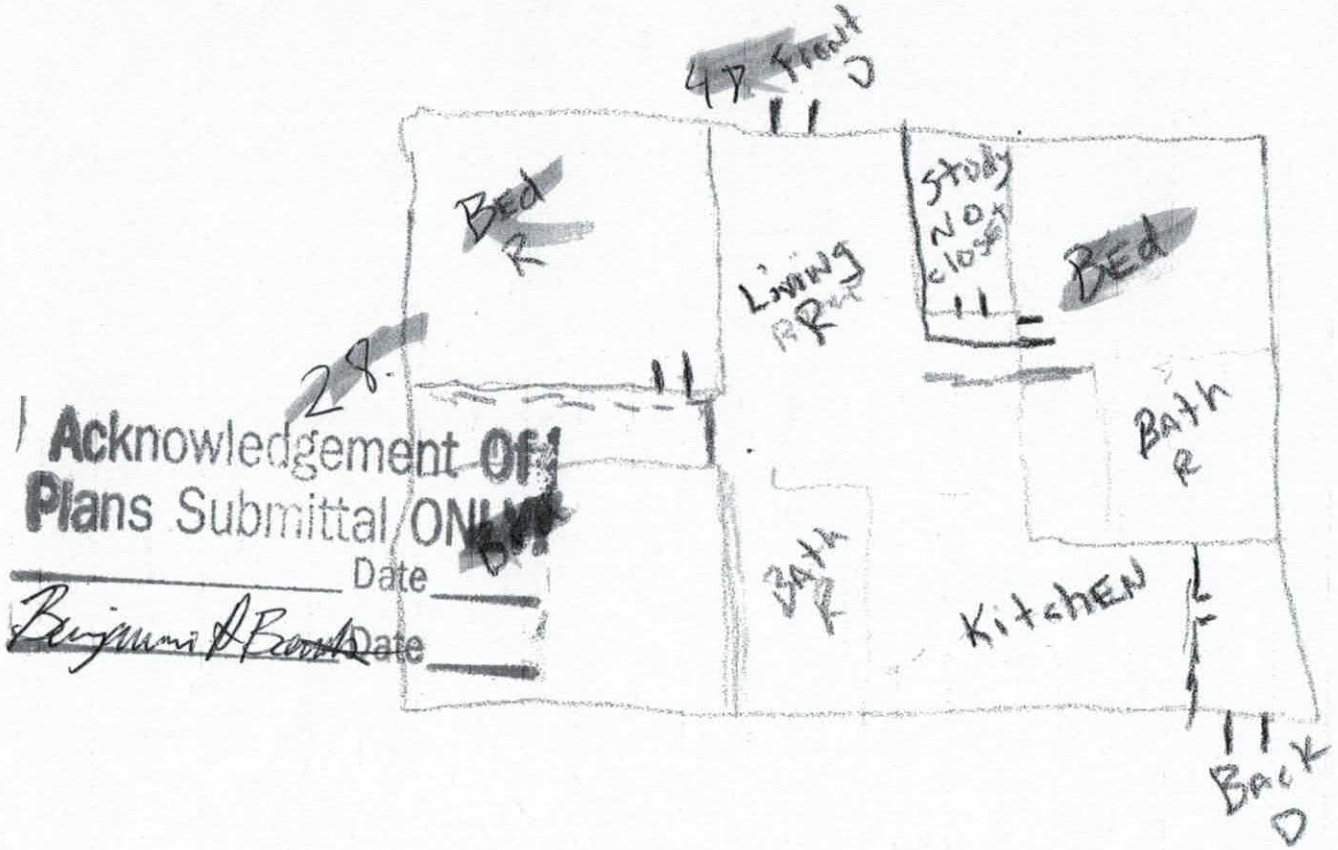
Existing System Inspection by: date

Installed by: Phil Rogers Grading

Certificate of Completion by: Michael J. Dennis date 6-18-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD



Acknowledgement Of
Plans Submittal/ONLY
Date
Benjamin A Bond Date

IREDELL COUNTY

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

APPLICATION NUMBER
230993
Issue Date: 10/19/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4706069318.000	349 EAST LACKEY FARM ROAD, STONY POINT, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SHUMAKER SHERRY	Applicant: WINGATE, RICHARD J.
Address: 349 E LACKEY FARM RD STONY POINT, NC 28678	Address: 349 EAST LACKEY RD. STONY POINT, NC 28678
Phone:	Phone:

Use Requested	Zone Code
REPLACE SW WITH DW	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.607	35.00	35.00	15.00	15.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved. SINGLEWIDE MUST BE REMOVED BEFORE BUILDING PERMIT FOR DW IS ISSUED.

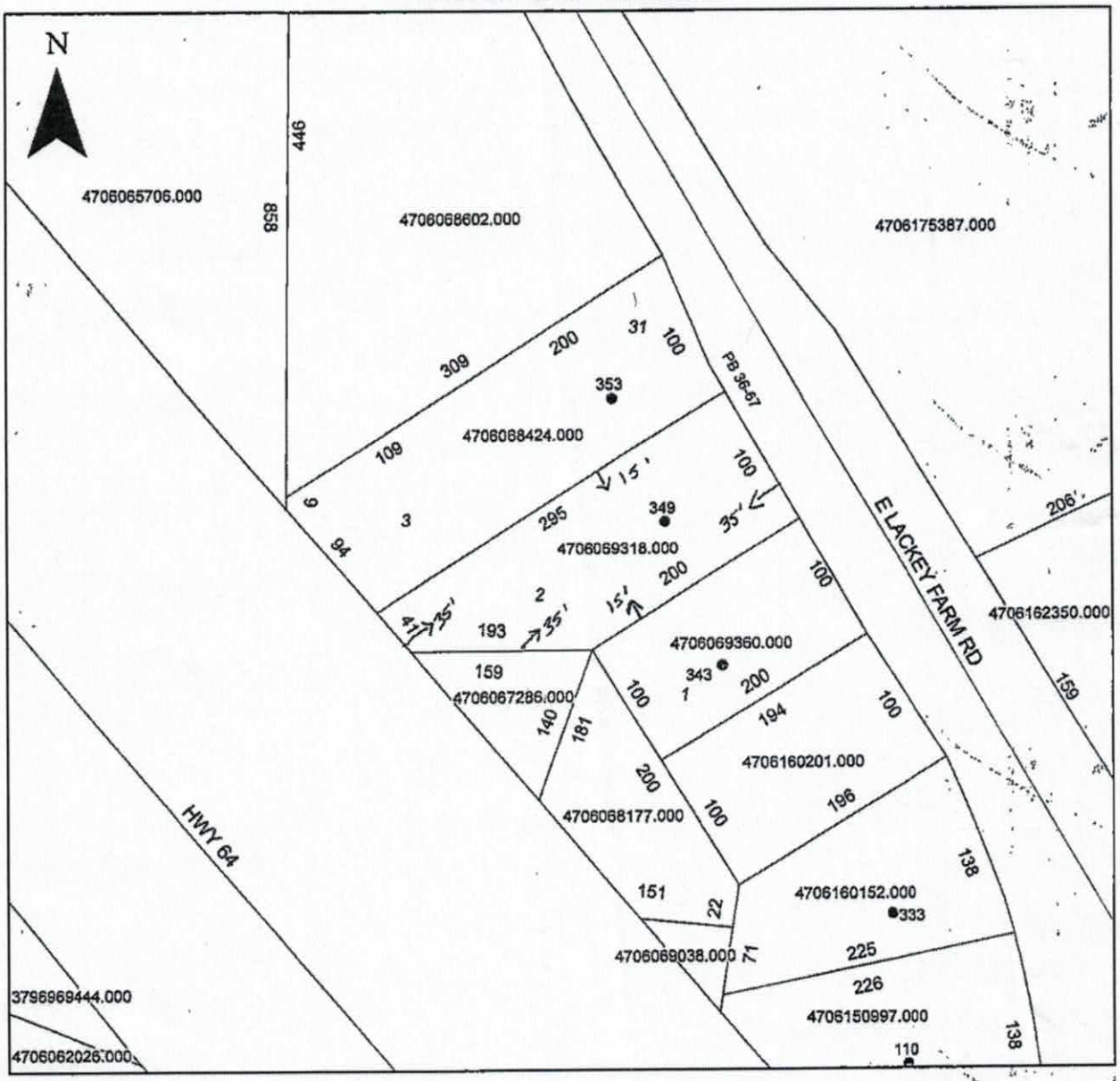
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	118299	TOTAL FEES:	$ 77.25

123778

ZONING DISCLAIMER



Property Address 349 E. Lackey Farm Rd.

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.

Applicant

10/19/17
Date