Lisa Manamara Chad Goodin

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319022

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

PIN # 4730-32-0516

APPLICANT/OWNER: Penny Johnson | APPLICANT ADDRESS: 6418 Hasley Woods Dr. Huntersville, NC 28078

SITE ADDRESS: 182 Lockhard Circle Troutman, NC 28166 | PHONE: 631806-9656 | ALT. PHONE

SITE DIRECTIONS: Perth Rd to State Park Rd TL Lockhard Circle property on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Eric Governale | SECTION: | LOT # 3 | LOT AREA: 1 AC | DESIGN FLOW: 360gpd | L.T.A.R.: .3

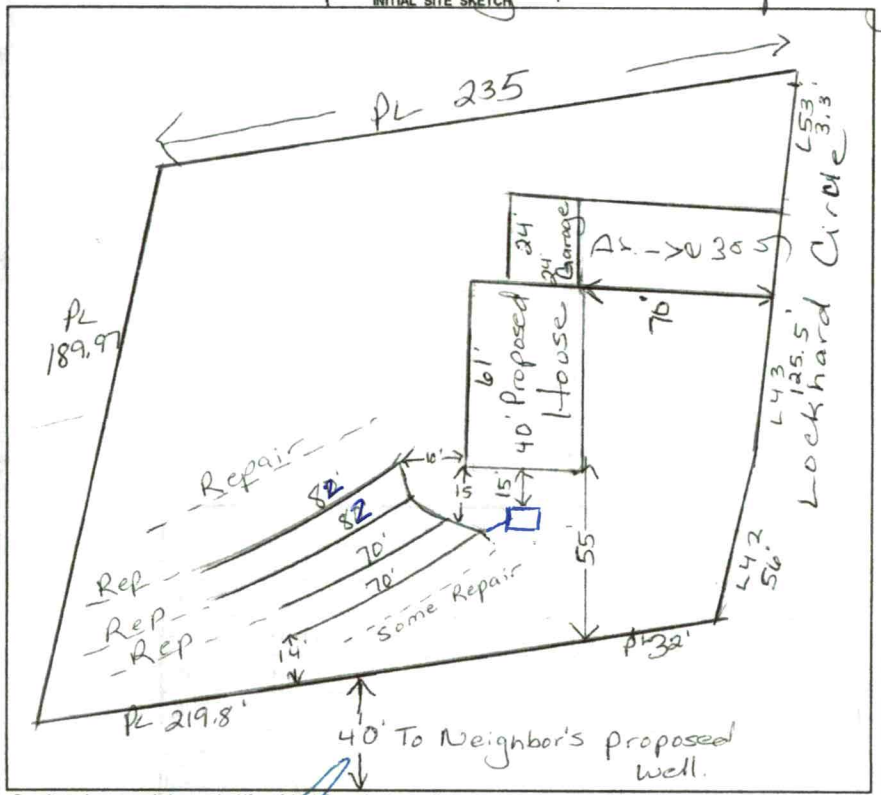
Septic Tank 1000 (gal)	STB 760	Date 11/9/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: Gravity, 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description:		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft. 300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side): Max 24"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions: ★ Must stub plumbing out high to maintain gravity flow to ST. Use grinder pump for basement plumbing. Upto main floor plumbing.

Divert all storm/surface water away from Septic.

★ 1-13-2022 - per site plan from applicant Does not impact Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

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

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: [signature] Date: 7/29/21 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 7/26/21 | OPERATION PERMIT by: [signature] D. Imeberg Date: 1/17/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/18/22 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked	1/17/23	DW
Tanks Checked	1/17/23	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Lisa Manamara Chad Goodin

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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SITE ADDRESS: 182 Lockhard Circle Troutman, NC 28166 | PHONE: 631806-9656 | ALT. PHONE

SITE DIRECTIONS: Perth Rd to State Park Rd TL Lockhard Circle property on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Eric Governale | SECTION: | LOT # 3 | LOT AREA: 1 Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .3

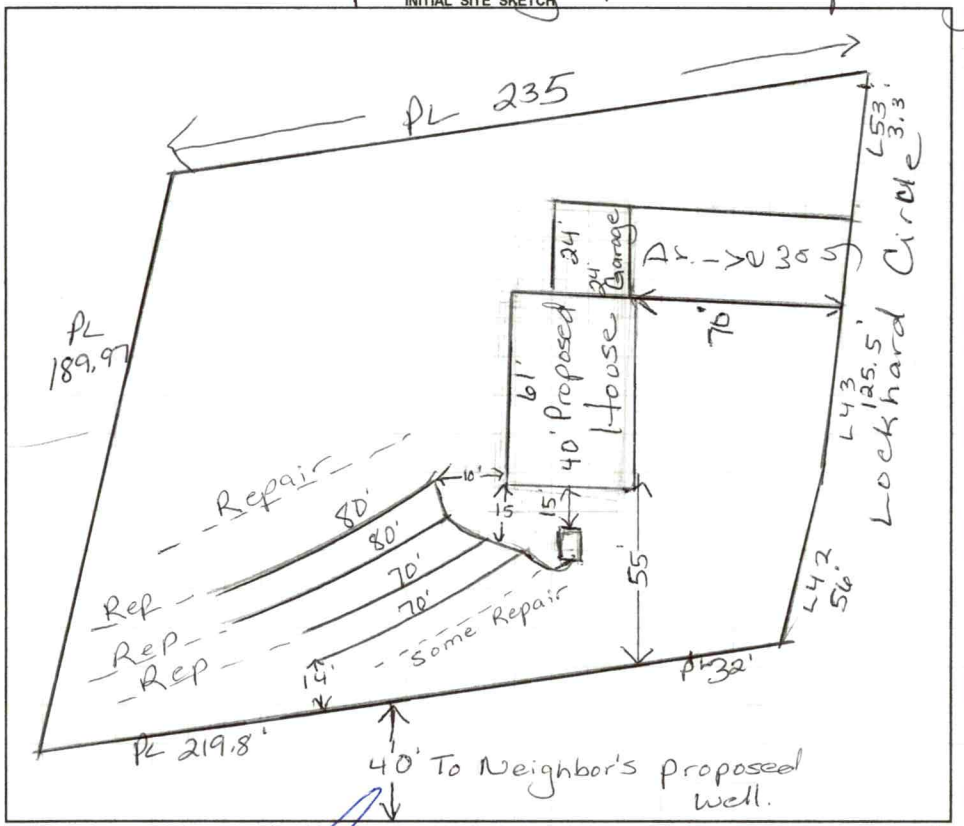
Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT	Date	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons	6	☒ Private
Pump Make		Model		Serial #	Repair System Description:	HPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft.	300'	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side):	Max	24"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☒ Basement w/ plumbing			☐ Basement w/o plumbing

Comments / Conditions: ★ Must stub plumbing out high to maintain gravity flow to ST. Use grinder pump for basement plumbing. upto main floor plumbing

Divert all storm/surface water away from Septic.

★ 4-13-2022 - per site plan room applicant does not impact Septic

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

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: [signature] Date: 7/29/21 | Installed by:

IMPROVEMENT PERMIT by: Maria Nelson Date: 7/26/21 | OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4/15/22 | Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet ___ of ___
PROPERTY ID #: 4730234255
COUNTY: Iredell

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

OWNER: Penny Johnson 28078 APPLICATION DATE
ADDRESS: 6910 Hasley Woods Drive Huntersville, NC DATE EVALUATED: 7/19/21
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: 1 ac
LOCATION OF SITE: 182 Lockhard Circle Troutman 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-11	Brw SCL	wSBK	SS, SP, SExP, FR				PS
		11-29	RCm-C	wSBK	SS, SP, SExP, FR				
		29-50	RCL	wSBK	SS, SP, SExP, FR				
			wf-ew to many	SAP	Inclus		PS	—	.3
		50-60	LFSL	SAP	massive	FR —	50"		
2	12%	0-11	Brw SCL	wSBK	SS, SP, SExP, FR				PS
		11-38	RCm-C	wSBK	SS, SP, SExP, FR				
		38-52	RtoYR CL	wSBK	SS, SP, SExP, FR				.3
			w/ Common	SAP	Inclus				
		52-56	LFSL	SAP	massive	FR —	52"	PS	—
3	16%	0-10	Brw SCL	wSBK	SS, SP, SExP, FR				PS
		10-30	RCm-C	wSBK	SS, SP, SExP, FR				
		30-48	RtoYR CL	wSBK	SS, SP, SExP, FR				.3
			w/ Common	SAP	Inclus				
		48-54	LFSL	SAP	massive	FR —	48"	PS	—
4	16%	0-6	Brw SCL	wSBK	SS, SP, SExP, FR				PS
		6-24	RCm-C	wSBK	SS, SP, SExP, FR				
		24-42	RtoYR CL/Rd	wSBK	SS, SP, SExP, FR				.3
			w/ Common	SAP	Inclus				
	Rep	42-60	LFSL	SAP FR	mass	—	42"	PS	—

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Eric Governale, Joseph Pagani

COMMENTS: ___

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

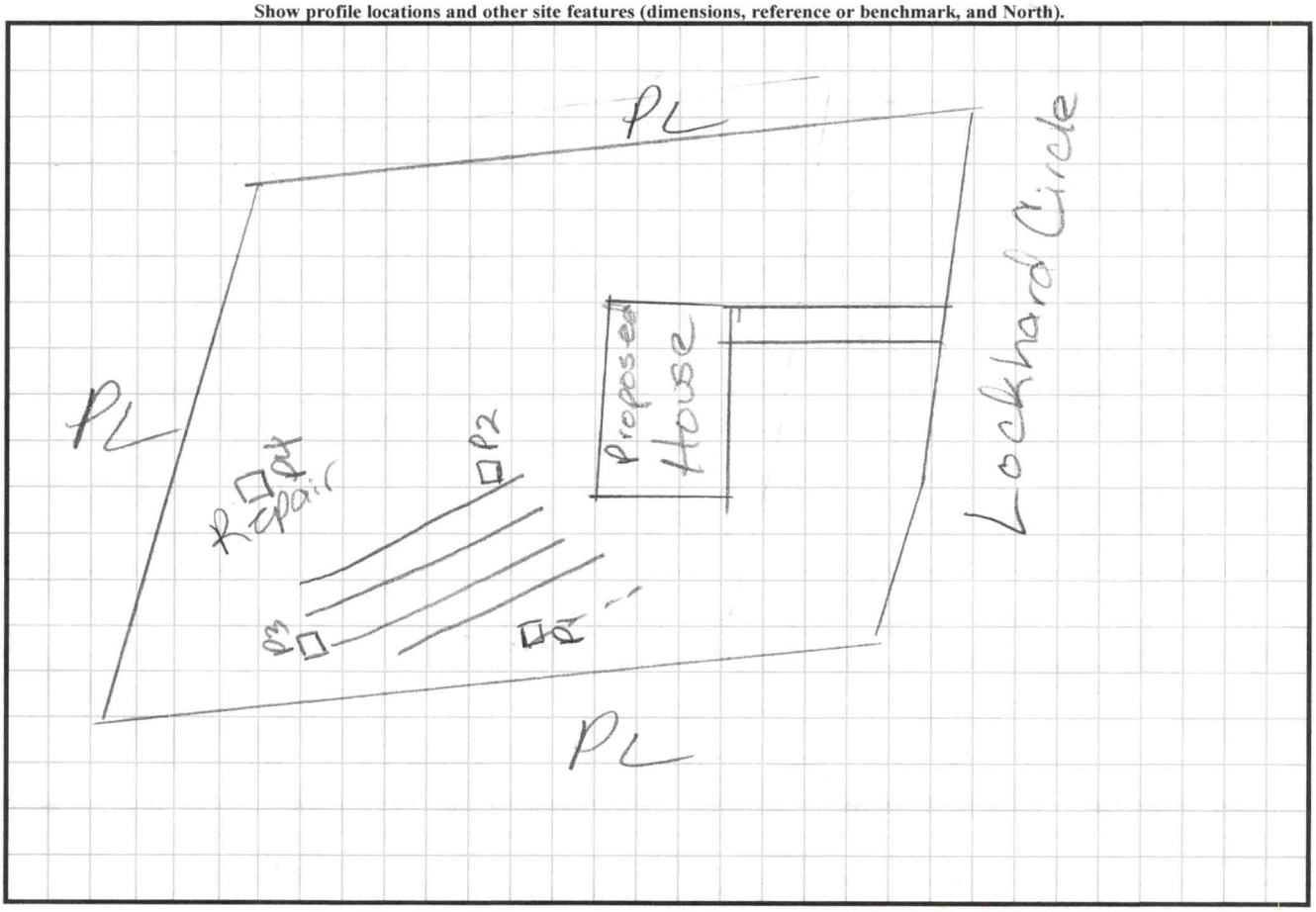
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

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: **(PRINT CLEARLY)**

Applicant Name: Lisa Macnamara **Address:** 151 E. Monbrook Ave **Zip:** 28117
Applicant Email: lisa@chadgoodin.com **Phone:** 724-553-9268 **Alt. Phone:** _____
Owner Name: Lisa Macnamara **Address:** same **Zip:** _____
Owner Email: lise chadgoodin.com **Phone:** 704-363-7302 **Alt. Phone:** _____

Property Information:

Street Address: 182 Lockhard Cir Troutman 28166

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

Driving Directions: St. Park Rd - (L) Lockhard Circle - across the street from 189 Lockhard

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) 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: _____

(✓) 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: To be 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: Lisa Macnamara — 4/13/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

RECEIVED JUN 2 9 2021

Friday 7/9/21 @10:15

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-319022 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(V) 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: Penny Johnson **Address:** 6410 Hasley Woods Dr. **Zip:** 28078

Applicant Email: mugshot711@aol.com **Phone:** 631-806-9856 **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 182 Lockhard Circle lot to be divided from it

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: State Park Rd to Lockhard Cir and across from # 189 Lockhard Circle

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

CHECK FOUNDATION TYPE

(V) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (V) 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: _____

(V) 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: _____
(V) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (V) No Does the site contain any jurisdictional wetlands?
( ) Yes (V) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (V) 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: Penny Johnson — 6/1/21

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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*) Perry Johnson

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, Eric Goverale, am the legal owner(s) of the property located at 142 Lockhart Circle Troutman, identified as PIN (Parcel Identification Number) 4730234255.000, 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.

_____ 6-11-21

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

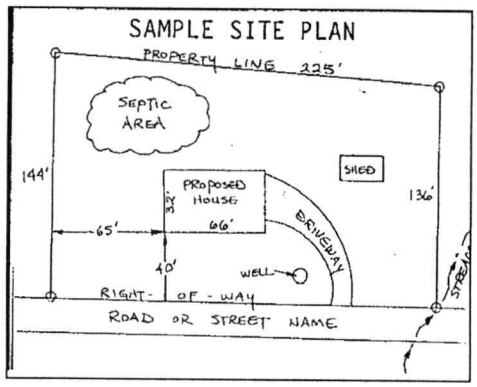
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

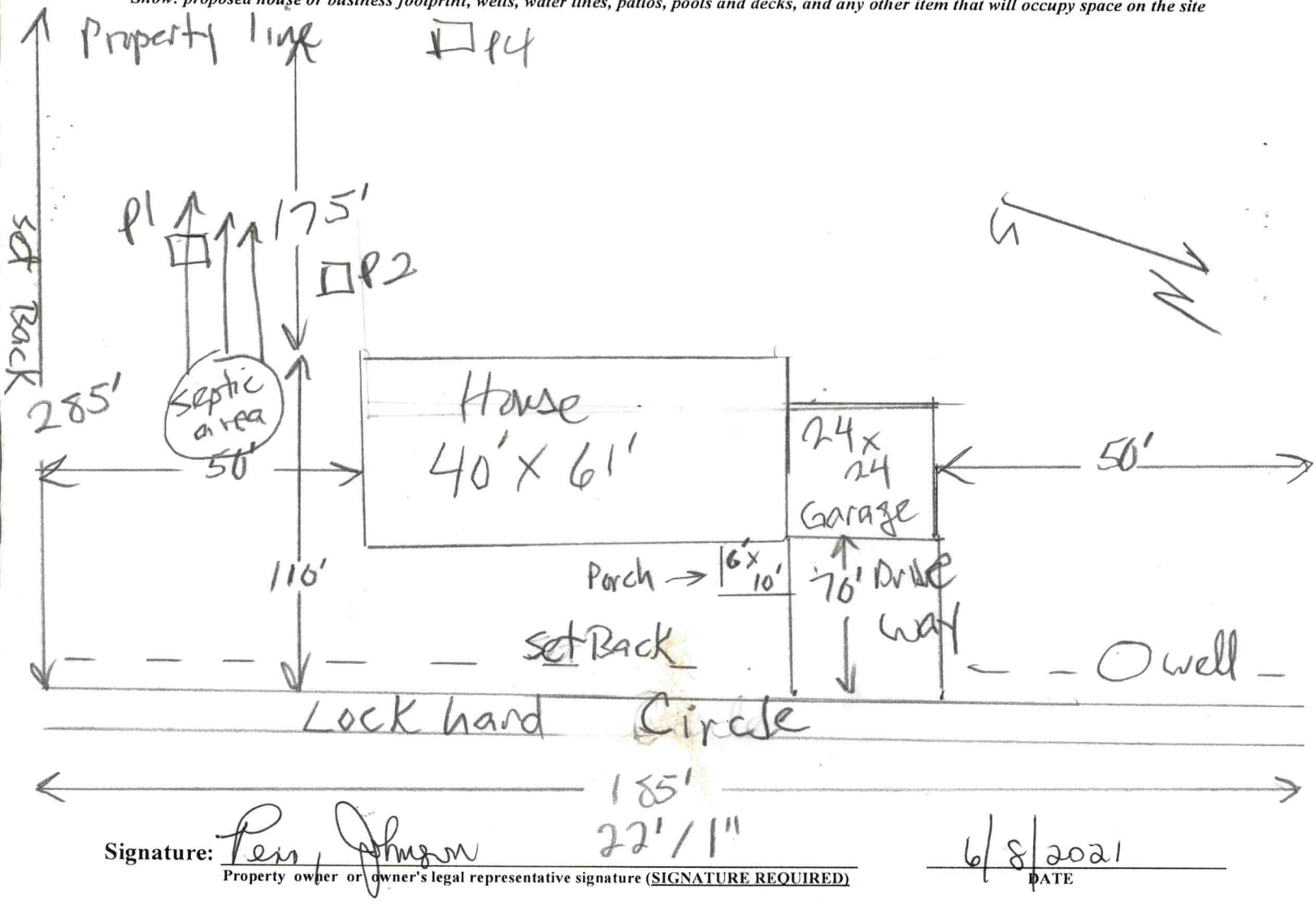
- Location of septic systems and wells within 100' of your property — N/A
- Location of easements and rights of ways on your property — N/A
- Location of any designated wetlands on the property — N/A

P3

P4

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: Penny Johnson — 6/8/2021

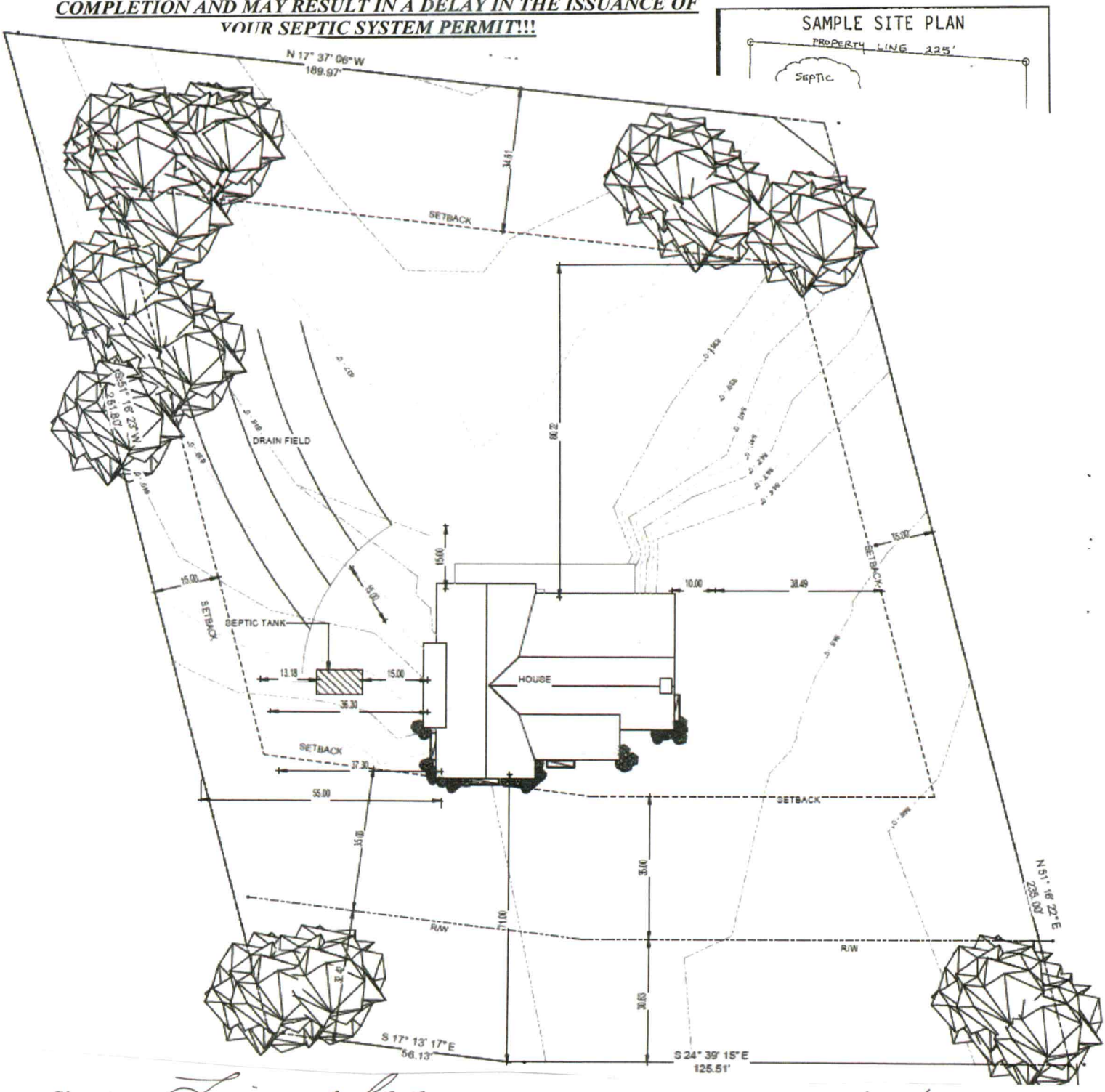
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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!!!***



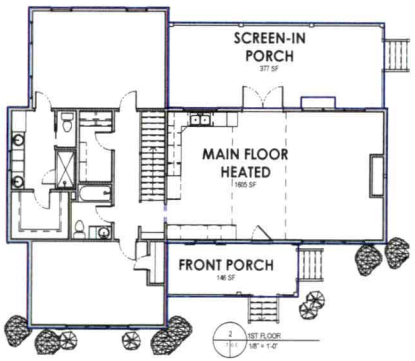
Signature: Lisa Nelson

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

4/13/2022

DATE

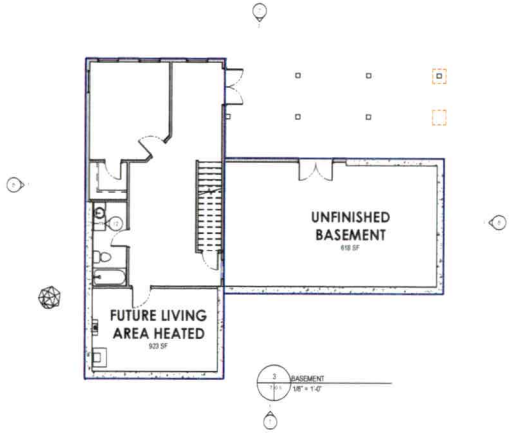
LISA & RANDY

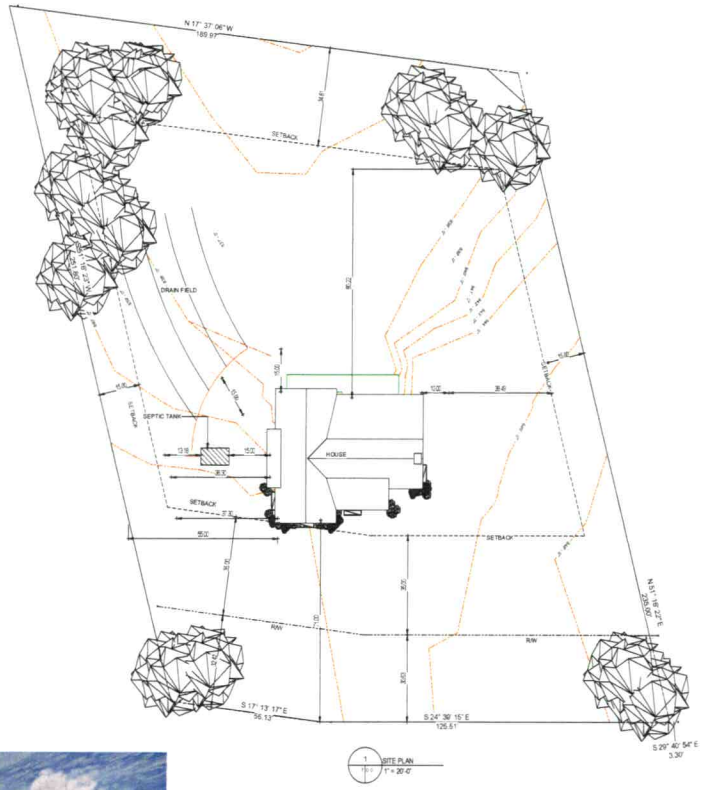


REMAINING AREAS	
Name	Area
UNFINISHED BASEMENT	618 SF
SCREEN-IN PORCH	377 SF
FRONT PORCH	146 SF
	1141 SF

HEATED AREA	
Name	Area
FUTURE LIVING AREA HEATED	923 SF
MAIN FLOOR HEATED	1605 SF
	2527 SF

SHEET LIST	
sheet	SHEET NAME
0.0	COVER
1	GENERAL NOTES
2	FOUNDATION
3	BASEMENT
4	FLOOR FRAMING
5	FIRST FLOOR PLAN
6	FIRST FLOOR CEILING PLAN
7	ELEVATIONS
8	ELEVATIONS
9	ROOF FRAMING
10	CROSS SECTION
11	CROSS SECTION
12	INTERIOR ELEVATIONS
13	ELECTRICAL FIRST FLOOR PLAN









SEAL

LISA MACNAMARA & RANDY GRAVES
1821 LOCKHARD CIRCLE
TROUTMAND, NC 28166

PRODUCTION PLANS

DAN WILLIAMS
2629 N. FRASER ST.
GEORGETOWN , SC 29440
386.864.0295
danwilliams1248@gmail.com

Sheet Name
COVER

Date	4/13/2022 11:26:14 AM
Drawn by	DW
Design by	DW
Project number	65-21

SHEET
0.0

PROPERTY OWNER: ERIC G. GOVERNALE
121 FOX HUNT DR
MOORESVILLE, NC 28115
AGENT – CHUCK POOVEY @ DEDMON SURVEYS
704-483-4908
PROPERTY IS ZONED RA
PROPOSED USE – RESIDENTIAL
TOTAL NUMBER OF NEW LOTS – 1 & REMAINDER
TOTAL ACREAGE THIS MAP– 25.85 AC.+– TOTAL

CERTIFICATE OF APPROVAL FOR RECORDING:
I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR DATE

CERTIFICATE OF OWNERSHIP AND DEDICATION:

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT AND ESTABLISH MINIMUM BUILDING SETBACKS AS NOTED.

ERIC G. GOVERNALE DATE

_____ COUNTY

I, A NOTARY PUBLIC OF THE COUNTY AND STATE AFORESAID CERTIFY THAT _____ PERSONALLY APPEARED BEFORE ME AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICAL STAMP OR SEAL, THIS _____ DAY OF _____, 20___.

MY COMMISSION EXPIRES_____

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

DATE REVIEW OFFICER

FILED FOR REGISTRATION
BOOK_____ PAGE _____
DATE_____ TIME _____ AM PM
_____ OF _____ PAGES
REGISTERED IN RECORD OF _____ COUNTY

_____
REGISTER OF DEEDS

Course	Bearing	Distance
L1	N 02°37'47" E	22.10'
L2	N 02°10'37" E	167.84'
L3	N 39°33'22" W	61.76'
L4	N 39°28'33" W	86.98'
L5	N 28°29'54" W	86.59'
L6	N 28°23'50" W	106.16'
L7	N 50°25'18" W	73.61'
L8	N 49°47'02" W	80.16'
L9	N 50°44'34" W	89.02'
L10	N 49°35'48" W	12.88'
L11	N 50°20'30" W	142.08'
L12	N 70°08'18" W	27.92'
L13	N 70°05'11" W	216.40'
L14	N 70°23'58" W	307.40'
L15	N 47°38'46" W	100.27'
L16	N 38°32'55" E	72.02'
L17	S 56°49'36" W	4.54'
L18	S 15°59'22" E	17.57'
L19	S 26°02'47" E	92.16'
L20	S 22°31'41" E	75.58'
L21	S 16°16'33" E	46.99'
L22	S 09°54'35" E	69.23'
L23	S 03°16'59" E	183.70'
L24	N 89°48'28" W	26.16'
L25	N 03°43'55" W	75.03'
L26	N 04°52'08" W	87.57'
L27	N 06°12'23" W	44.98'
L28	N 09°45'07" W	37.67'
L29	N 11°57'04" W	22.51'
L30	N 17°02'56" W	54.13'
L31	N 23°29'51" W	71.28'
L32	S 66°51'51" W	30.02'
L33	S 66°51'51" W	126.94'
L34	S 10°16'55" E	57.88'
L35	S 22°31'29" W	71.44'
L36	S 78°22'24" W	99.98'
L37	N 02°06'00" W	80.08'
L38	N 51°16'22" E	504.06'
L39	S 17°31'17" E	52.13'
L40	S 19°24'53" E	110.00'
L41	S 25°31'06" E	39.97'

Course	Bearing	Distance
L42	N 17°13'17" W	56.13'
L43	N 24°39'15" W	125.51'
L44	N 29°40'54" W	114.07'
L45	N 28°34'04" W	100.70'
L46	N 21°18'44" W	130.44'
L47	N 20°36'42" W	121.54'
L48	N 28°15'01" W	87.27'
L49	N 32°33'31" W	95.15'
L50	N 41°08'22" W	107.04'
L51	N 48°28'41" W	72.06'
L52	S 38°29'40" W	29.41'
L53	N 29°40'54" W	3.30'

DAVID MISTLER
1216/369

EDWARD BROOKS
1320/1687

EDWARD BROOKS
1415/892

ERIC G. GOVERNALE
2262/1134

JAMES R. GARWOOD
REVOCABLE TRUST
2003/1835

GABRIEL ATCHISON
1481/1308

GABRIEL ATCHISON
1481/1308

GABRIEL ATCHISON
2185/1745

PATRICK NIELSON
2158/2434

PATRICK NIELSON
2158/2434

JAMES C. HOOVER
2000/1677

ETTA SPEARS
1058/895

JERRY MATTHEWS TRUST
2141/538

JERRY MATTHEWS TRUST
2141/583

JIMMY LEONARD
1125/519

J.P. BELBACK
DB 2279-2495

PB 61-61

TRACT #1

TRACT #2

TRACT #3

1 ERIC G. GOVERNALE
REMAINDER OF DEED 2425-1985
PIN 4730-23-42555
27.15 AC.+– TOTAL CLEAR R/W REMAIN.

2 1.008 AC.+–TOT.
0.874 AC.+– CLEAR

3 1.008 AC.+–TOT.
0.874 AC.+– CLEAR

LOCKHARD CIRCLE
SR #1475 60' PUBLIC R/W

STATE PARK MEADOWS

FALLS COVE – PARKWOOD
PLAT BOOK 52 PAGE 43-45

600 601 602 603 604 605 606 607

LEGEND:
- BOUNDARY LINE
- SANITARY SEWER LINE
- NATURAL GAS LINE
- UNDERGROUND POWER
- OVERHEAD UTILITIES
- UNDERGROUND TELEPHONE
- WATER LINE
- FENCE (TYPE NOTED)

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ø = UTILITY POLE

NOTE: AS OF THE DATE OF THIS RECORDING, THE TRACT SHOWN ON THIS MAP HAS NOT BEEN APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

NOTES:
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
- 10' DRAIN. & UTILITY EASEMENT MAY EXIST ALONG EACH LOT LINE.
- NO USGS MONUMENT FOUND WITHIN 2000' OF SUBJECT PROPERTY.
- LOTS #603 & #605–#607 ARE IN THE TOWN OF TROUTMAN CORPORATE LIMITS.
- SEE LOT #2 FOR TYPICAL BUILDING SETBACKS.

WATERSHED CERTIFICATION
THE ERIC G. GOVERNALE MINOR SUBDIVISION, TO THE BEST OF MY KNOWLEDGE, LIE WITHIN THE WS-IV CA (CRITICAL AREA) OF THE LAKE NORMAN\CATAWBA RIVER WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY, NC.

SUBDIVISION ADMINISTRATOR DATE

* THIS PROPERTY IS NOT LOCATED IN A FLOOD PLAIN AS SHOWN ON FIRM PANEL # 371047-3000E EFFECTIVE DATE: 3-18-08

STATE OF NORTH CAROLINA
I, DAVID C. POOVEY, CERTIFY THAT THIS MAP WAS (DRAWN BY ME) (DRAWN UNDER MY SUPERVISION) FROM (AN ACTUAL SURVEY MADE BY ME) (AN ACTUAL SURVEY MADE UNDER MY SUPERVISION) (DEED DESCRIPTION RECORDED IN BOOK 2425, PAGE 1985; BOOK _____, PAGE _____; BOOK _____, PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURE IS 1: 10,000 (THAT THE BOUNDRIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK PB 61, PAGE 61); THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED. WITNESS MY HAND AND SEAL THIS THE 9TH DAY OF JULY, A.D. 2021.

I FURTHER CERTIFY "THAT THE SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND"

PROFESSIONAL LAND SURVEYOR – PLS #3762

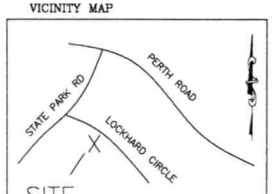
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

ALL CORNERS ARE UNMARKED POINTS UNLESS NOTED OTHERWISE AND WERE FOUND EXISTING UNLESS MARKED "NEW"

150 0 150 300 450
GRAPHIC SCALE – FEET

2221/1744

VICINITY MAP



DEDMON SURVEYS

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899

4837 NC HIGHWAY #16 NORTH
P.O. BOX 494 – DENVER, NC 28037
PHONE: 704/483/4908
FIRM C-0453

DATE 7-9-2021
SCALE: 1" = 150'

DB: 2425 PG: 1985
DB: PG:
PB: 61 PG: 61

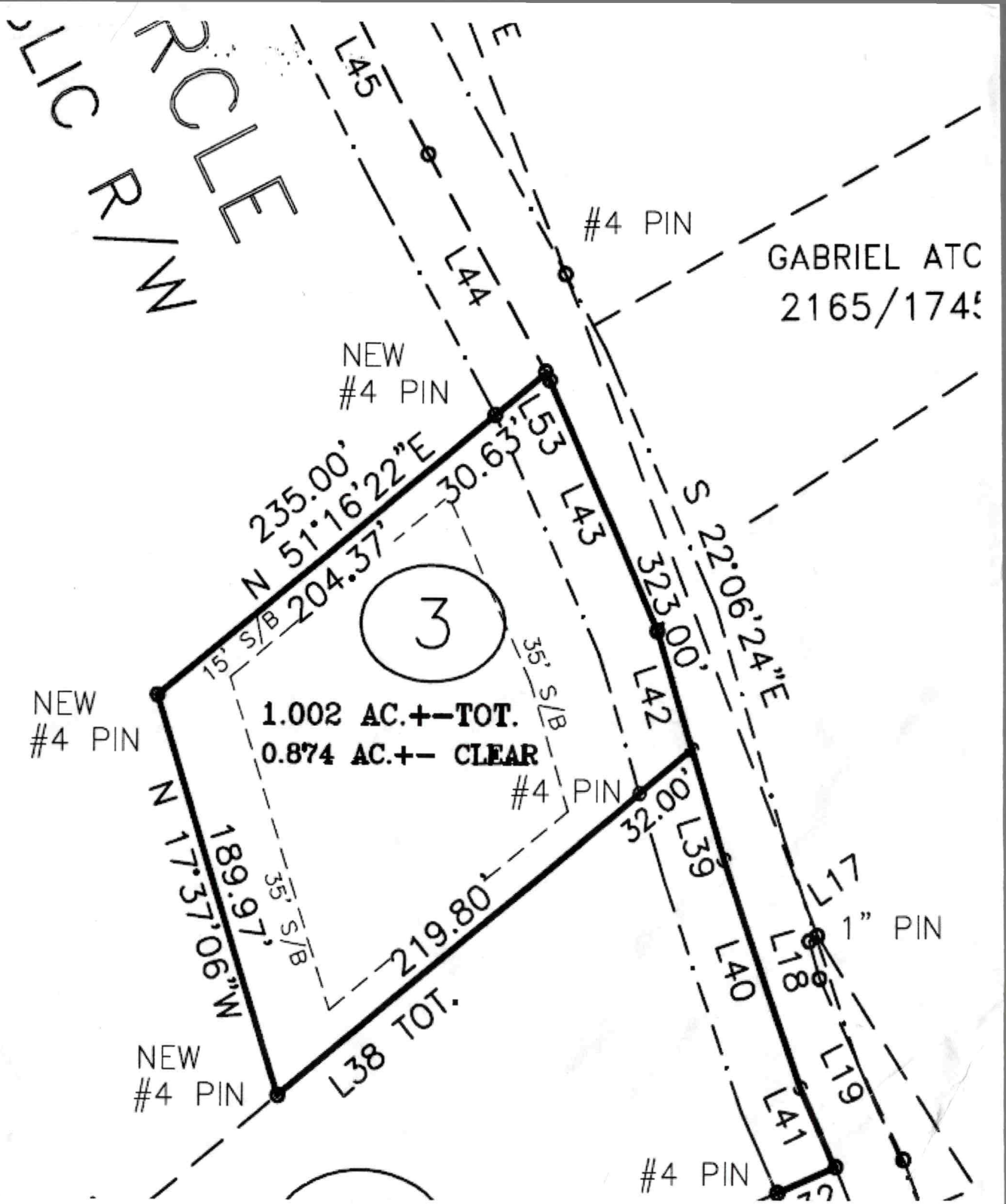
FALLSTOWN TOWNSHIP
IREDELL COUNTY, NC

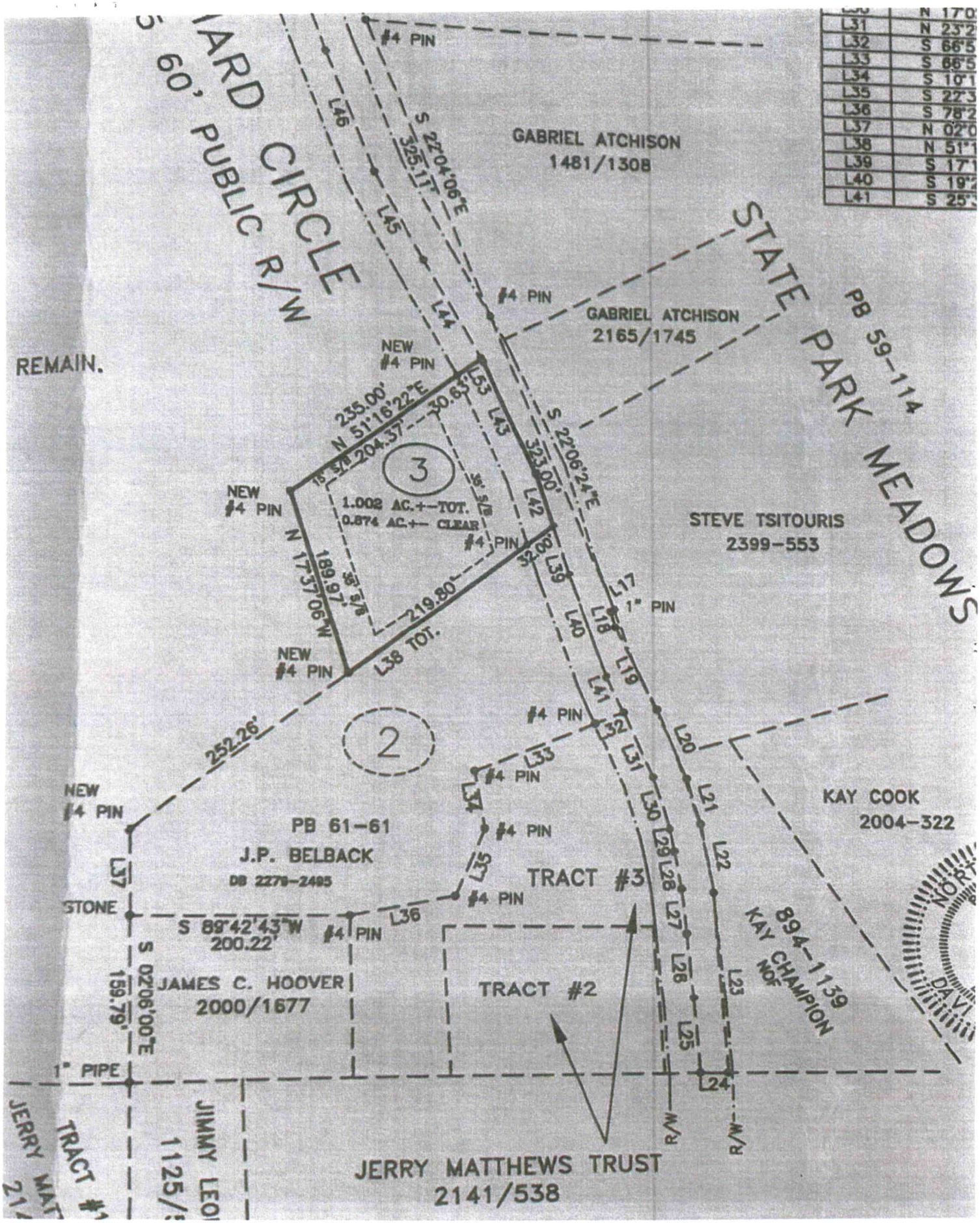
SURV. BY: HL | DRAWN: CP | JOB# LOCKHARDF 1AC2021

MINOR SUBDIVISION
FOR
ERIC G. GOVERNALE
MAP #2
DIVISION OF PIN 4730-23-4255

5

/W REMAIN.


RCLE
LIC R/W
L45
L44
E
#4 PIN
GABRIEL ATC
2165/174
NEW
#4 PIN
L53
L43
235.00'
N 51°16'22"E
30.63'
204.37'
323.00'
S 22°06'24"E
15' S/B
35' S/B
3
1.002 AC.+-TOT.
0.874 AC.+- CLEAR
NEW
#4 PIN
L42
#4 PIN
32.0'
L39
L40
L17
L18
1" PIN
L19
L41
N 17°37'06"W
189.97'
35' S/B
219.80'
L38 TOT.
NEW
#4 PIN
#4 PIN


REMAIN.
GABRIEL ATCHISON
1481/1308
GABRIEL ATCHISON
2165/1745
STEVE TSITOURIS
2399-553
KAY COOK
2004-322
PB 61-61
J.P. BELBACK
DB 2278-2495
JAMES C. HOOVER
2000/1677
JERRY MATTHEWS TRUST
2141/538
TRACT #1
TRACT #2
TRACT #3
1.002 AC.+-TOT.
0.874 AC.+- CLEAR
NEW #4 PIN
#4 PIN
1" PIN
1" PIPE
STONE
S 22°04'06"E
325.11'
S 22°06'24"E
323.00'
N 51°16'22"E
235.00'
204.37'
30.63'
N 17°37'06"W
189.97'
219.80'
252.26'
S 89°42'43"W
200.22'
S 02°06'00"E
159.79'
894-1139
KAY CHAMPION
NOF
PB 59-114
STATE PARK MEADOWS
HARD CIRCLE
60' PUBLIC R/W
R/W
L18
L19
L20
L21
L22
L23
L24
L25
L26
L27
L28
L29
L30
L31
L32
L33
L34
L35
L36
L37
L38 TOT.
L39
L40
L41
L42
L43
L44
L45
L46
N 17°0
N 23°2
S 66°5
S 66°5
S 10°1
S 27°3
S 75°2
N 02°0
N 51°1
S 17°1
S 19°2
S 25°

Acknowledgement Of Plans Submittal ONLY!

BAB Date 4-13-2022

Date 4-13-2022

53'-0

45'-0

STRUCTURAL NOTES:

ROOF FRAMING DESIGN IS CONVENTIONAL (STICK) FRAMING. FOR CONVERSION TO PRE-ENGINEERED TRUSS FRAMING, CONSULT A LOCAL TRUSS MANUFACTURER

PROVIDE 2x6 COLLAR TIES @ 32" O.C. IN TOP THIRD OR TOP 3'-0" OF ATTIC SPACE IN ACCORDANCE WITH LOCAL BUILDING CODE

UNLESS NOTED OTHERWISE, ALL INTERIOR DOORS AND WALL OPENINGS AND LOAD BEARING WALLS SHALL HAVE (3) 2x10'S HEADER w/ (2) JACK STUDS & 1 KING AT EACH HEADER END (TYP.)

UNLESS NOTED OTHERWISE, ALL EXTERIOR DOORS AND WINDOW OPENINGS SHALL HAVE (3) 2x10 HEADERS. USE (2) JACK STUDS & 1 KING AT EACH HEADER ENDS UNLESS OTHERWISE NOTED. PROVIDE STEEL LINTEL ANGLE WITH 4" MIN. BEARING WHERE REQUIRED OVER EXTERIOR MASONARY WALL OPENINGS.

AT ALL BUILDING CORNERS: USE NOMINAL 1/2" STRUCTURAL GRADE 2 PLYWOOD OR NOMINAL 1/2" OSB MIN. 4'-0" WIDE. USE 8d NAILS @ 4" O.C. FOR EDGE NAILING, AND 12" O.C. FOR INTERMEDIATE NAILING

CONNECTORS INDICATED ARE MANUFACTURED BY THE SIMPSON STRONG TIE COMPANY

- VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
- REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.

RECOMMENDED LOCATIONS ARE AS FOLLOWS: THE WATER HEATER MAY TYPICALLY BE PLACED IN THE BASEMENT MECHANICAL SPACE OR IN THE GARAGE. HVAC UNIT(S) MAY TYPICALLY BE PLACED IN THE MECHANICAL BASEMENT SPACE FOR THE FIRST FLOOR AND IN THE ATTIC FOR THE SECOND FLOOR.

HVAC EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIPE OF THE EQUIPMENT AND IN NO CASE LESS THAN22"x36".

- SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION
- INSULATE ROUND ALL BATHS AND UTILITY ROOM
- PROVIDE SMOKE DETECTOR AS REQUIRED BY CODE
- PROVIDE DOORBELLS, TRANSFORMER, AND CHIME

FLASHING & CALKING PER CODE

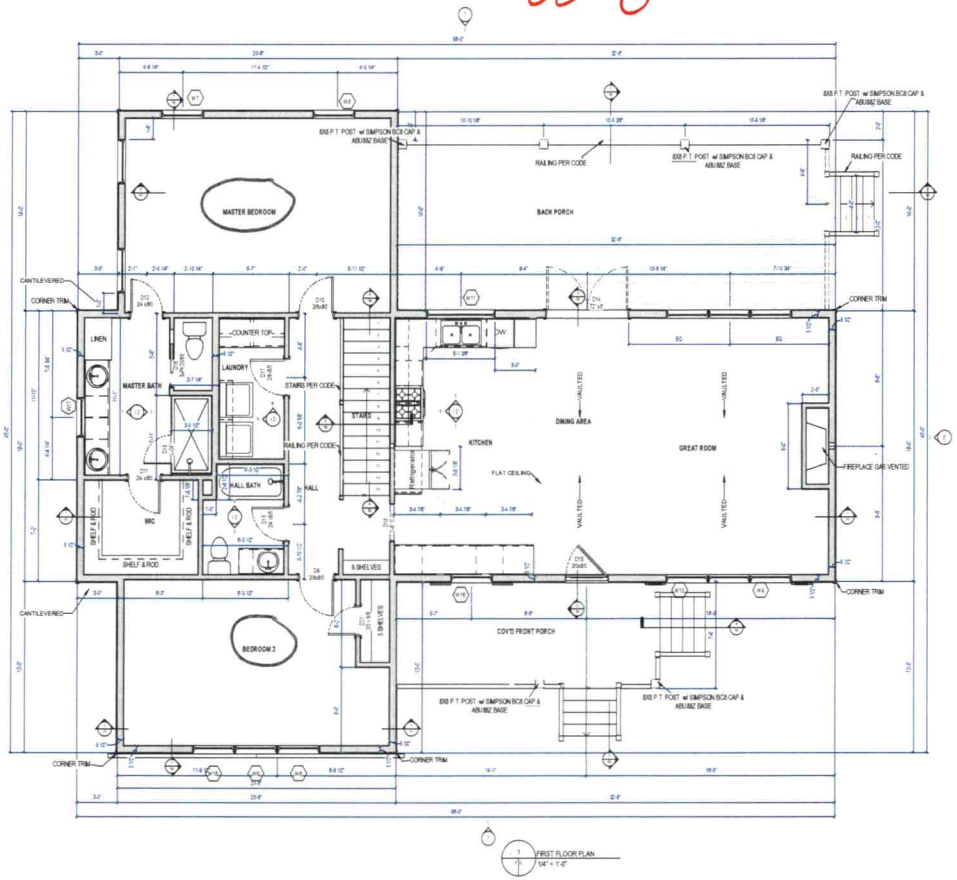
ALL WOOD USED IN CONSTRUCTION OF DECKS, AND STEPS SHALL BE TREATED. FESTERS FOR TREATED WOOD (NAILS, BOLTS, HARDWARE, ETC.) SHALL BE GALVANIZED.

INSTALL ALL EXTERIOR FINISH MATERIAL PER MANUFACTURER'S RECOMMENDATION (I.E. CONTROL JOINTS, ATTACHMENT/ANCHORING DEVICE, FLASHING, SEALANTS, ETC.).

INSTALL ROOFING MATERIAL ACCORDING TO MANUFACTURER'S RECOMMENDATIONS FOR THIS AREA AND CLIMATE, INCLUDING BUT NOT LIMITED TO SHINGLES, TILE, FELT, FLASHING, AND FASTENING DEVICES

NAILING SCHEDULE
SEE ALSO N.C. RESIDENTIAL CODE 2018 TABLE R602.3(1)&(3)

JOIST TO SILL OR GIRDER	8d TOENAIL
SOLEPLATE TO JOIST OR BLOCKING	16d @ 16" O.C
STUD TO PLATE, GIRDER	8d OR 2 -16d
DOUBLE TOP PLATE	10d @ 24" O.C.
CEILING JOISTS TO PLATE	3-16d TOENAIL
CEILING JOISTS TO LAP	4-10d
CEILING JOISTS TO PARALLEL RAFTERS	3-16d TOENAIL
RAFTER TO PLATE	3-16d TOENAIL
1" BRACING TO EACH STUD AND PLATE	2-8d
1/2" OR LESS PLYWOOD OR OSB	6d @ 6" O.C. EDGE & 8d @ 12" O.C. FIELD
5/8" OR 3/4" PLYWOOD OR OSB	16d @ 6" O.C. & 8d @ 12" O.C. FIELD
SUBFLOOR TO JOIST OR GIRDERS	2-16d



1 FIRST FLOOR PLAN
1/4" = 1'-0"

LISA MACNAMARA & RANDY GRAVES
1821 LOCKHARD CIRCLE
TROUTMAND, NC 28166

SEAL

PRODUCTION PLANS

DAN WILLIAMS
2629 N. FRASER ST.
GEORGETOWN SC 29440
386.864.0295
danwilliams1248@gmail.com

Sheet Name: FIRST FLOOR PLAN

Date	3/7/2022 8:55:52 AM
Drawn by	DW
Design by	DW
Project number	65-21

SHEET 5

Acknowledgement Of Plans Submittal ONLY!

BAB Date 4-15-22

Lisa Mac Date 4-13-22

STRUCTURAL NOTES:

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PROVIDE 2x6 COLLAR TIES @ 32" O.C. IN TOP THIRD OR TOP 3'-0" OF ATTIC SPACE IN ACCORDANCE WITH LOCAL BUILDING CODE

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HVAC EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIPE OF THE EQUIPMENT AND IN NO CASE LESS THAN 22"x36".

- SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION
- INSULATE ROUND ALL BATHS AND UTILITY ROOM
- PROVIDE SMOKE DETECTOR AS REQUIRED BY CODE
- PROVIDE DOORBELLS, TRANSFORMER, AND CHIME

FLASHING & CALKING PER CODE

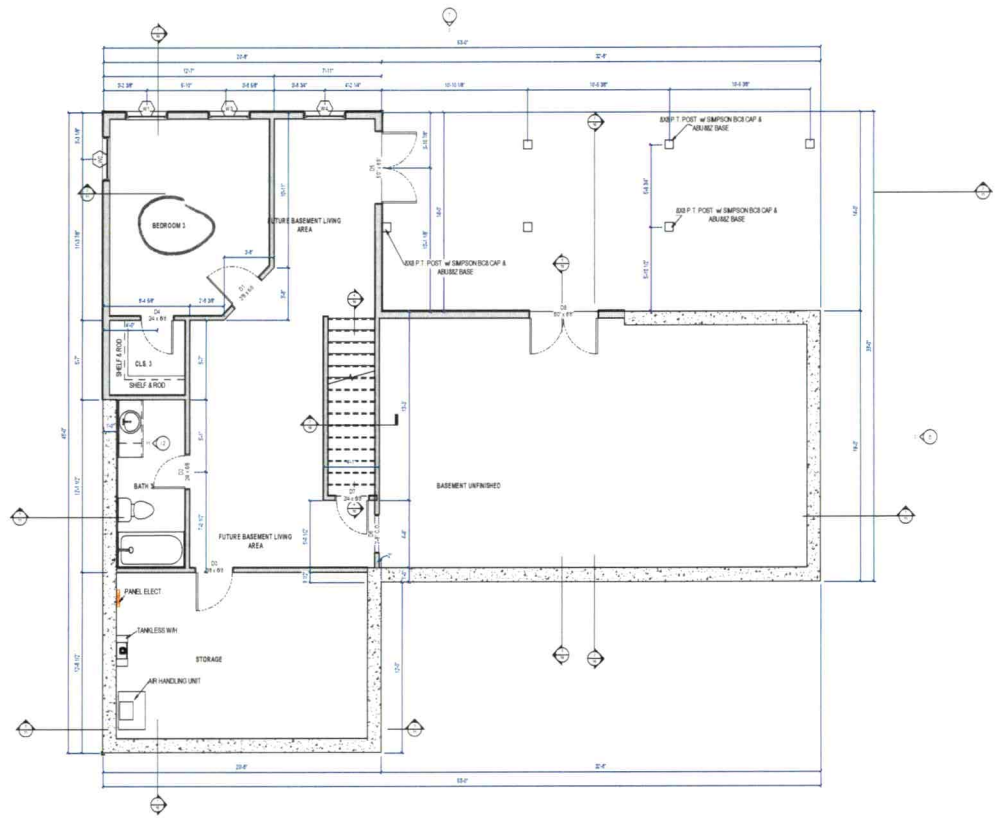
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RAFTER TO PLATE	3-16d TOENAIL
1" BRACING TO EACH STUD AND PLATE	2-8d
1/2" OR LESS PLYWOOD OR OSB	6d @ 6" O.C. EDGE & 8d @ 12" O.C. FIELD
5/8" OR 3/4" PLYWOOD OR OSB	8d @ 6" O.C. & 8d @ 12" O.C. FIELD
SUBFLOOR TO JOIST OR GIRDERS	2-16d



1/4" BASEMENT FLOOR PLAN
1/4" = 1'-0"

SEAL

LISA MACNAMARA & RANDY GRAVES
1821 LOCKHARD CIRCLE
TROUTMAND, NC 28166

PRODUCTION PLANS

DAN WILLIAMS
2629 N. FRASER ST.
GEORGETOWN SC 29440
386.864.0295
danwilliams1248@gmail.com

Sheet Name: BASEMENT

Date	3/7/2022 8:55:51 AM
Drawn by	DW
Design by	DW
Project number	65-21

SHEET 3

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319022 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730234255.000	142 LOCKHARD CIR	Iredell County

Owner Information	Applicant Information
Name: GOVERNALE ERIC G	Name: Penny Johnson
Address: 121 FOX HUNT DR	Address: 6418 Hasley Woods Dr
MOORESVILLE, NC 28115	Huntersville, NC 28078
Phone:	Phone: (631)806-9656

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
28.148	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
sfd

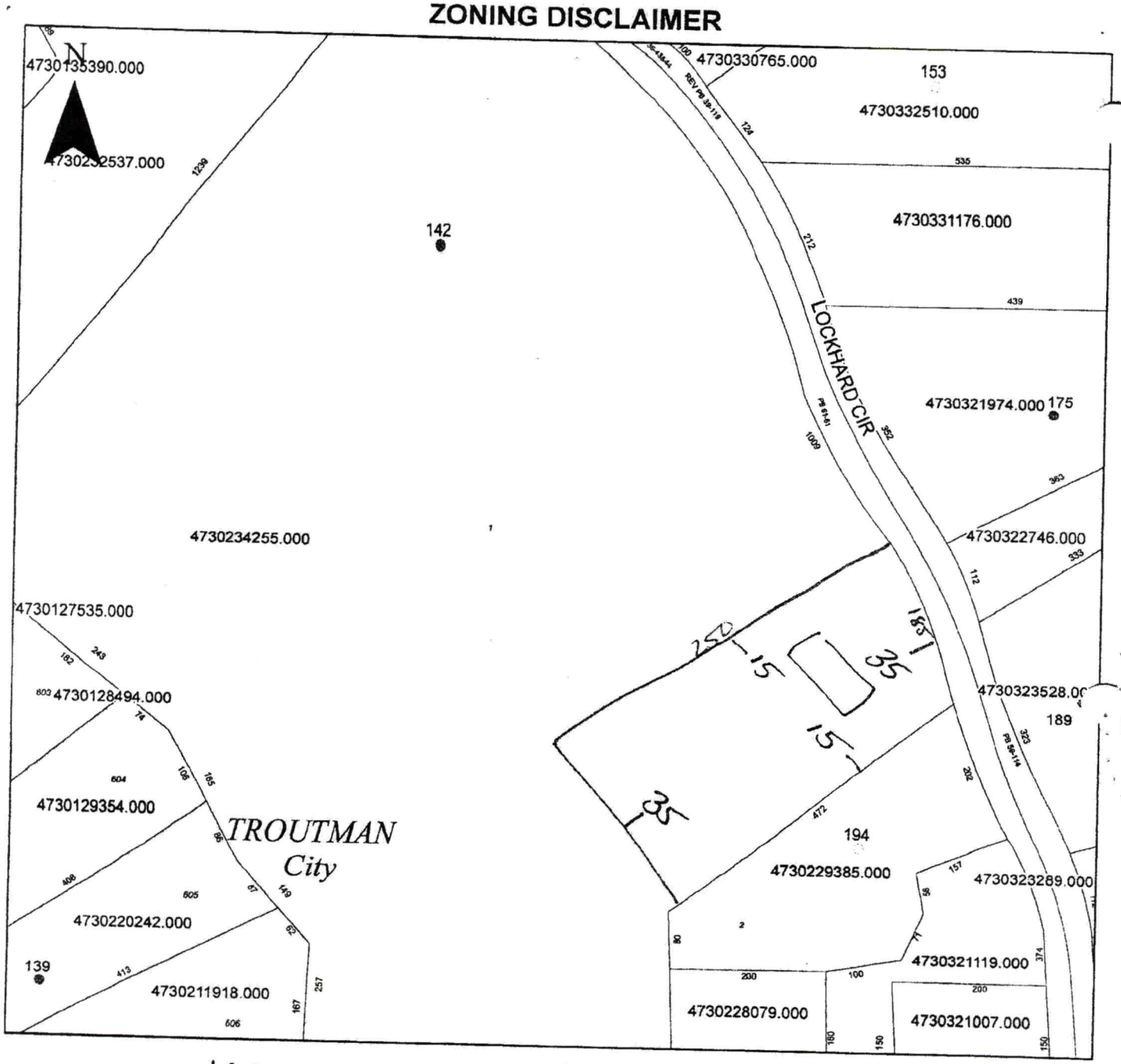
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 06/22/2021

Signature of Owner/Contractor

Permit Number	319022	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 182 Lockhard Cir

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.

Joseph P — 6/28/21

Penny Johnson — 6/28/21

Applicant — Date

Contact is Lisa MacNamara - Chad Good Homes

Alice Davidson

From:	Alice Davidson
Sent:	Thursday, March 31, 2022 3:26 PM
To:	'mugshot711@aol.com'
Cc:	Maria Dotson; Barbara Nebel
Subject:	182 Lockhard Circle permit
Attachments:	On-Line payment process.pdf; OSWP Application.doc; STVEHSCANNER_20220331_150213_011183.pdf

Ms. Johnson,

Attached is a blank EH application, a copy of your original application, and the On-Line payment procedure information. Once completed, they can be scanned back to Barbara Nebel at barbara.nebel@co.iredell.nc.us Please note at the top of the first page "**AP 319022 RE-LAYOUT".**

Also, there is a fee of $105.00 for the Re-layout that must be paid BEFORE the Authorization to Construct will be issued. This additional fee can be paid at the Mooresville EH office located at 610 East Center Avenue, MVL. Barbara Nebel, the Admin. Asst. for that office goes to lunch from
1-2:00 daily and can take payments till 4:00 daily.

Maria Dotson (704-902-4492) will REVOKE the layout drawn 7-26-2021 and redraw the new layout once the fee is paid and your completed RE-LAYOUT application is received.

Again, I apologize for the confusion and inconvenience.

Alice Davidson
Part-time Office Assistant
ICHD Environmental Health-Statesville Office
349 North Center Street
Statesville, NC 28677
Phone: 704-878-5305 x4308
Fax: 704-871-3483

Ronda Hart

From: Danielle Wieberg
Sent: Wednesday, March 30, 2022 11:26 AM
To: Ronda Hart
Subject: FW: 182 Lockhard Cir A/C
Attachments: LISA MACNAMARA Rev 3.8.22 NEW SITE.pdf

Ronda –
These are the most updated floor plans for 182 Lockhard Circle. Lisa is looking to get her A/C – she had applied for a relayout but then cancelled it when James determined the new plan would not work. I don't know if he ever put the floor plans with the existing permit for the A/C, so I wanted to make sure someone looked at these. The lot has also been recorded now, Book 74, Page 92.

Thank you!

From: Lisa Macnamara <lisa@chadgoodin.com>
Sent: Wednesday, March 30, 2022 8:53 AM
To: Danielle Wieberg <danielle.wieberg@co.iredell.nc.us>
Subject: 182 Lockhard Cir

Here you go Danielle!

Thank you,

Lisa

Lisa Macnamara
Lake Norman Signature Pools and Patios
Chad Goodin Signature Homes
915 River Hwy
Mooresville, NC 28117
704-363-7302

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