# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 31497

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

PIN # 4771 -- 35 -- 1677

APPLICANT/OWNER: Boyce Gallihar APPLICANT ADDRESS: 165 Ashley Acres Road Statesville 28677

SITE ADDRESS: 162 Winding Arbor Circle - Cleveland 27013 PHONE: 704-402-2795 ALT. PHONE

SITE DIRECTIONS: Triplet L on Willow Ridge R on 162 Winding Arbor SAP CONTROLLED: ☐ YES ☐ NO

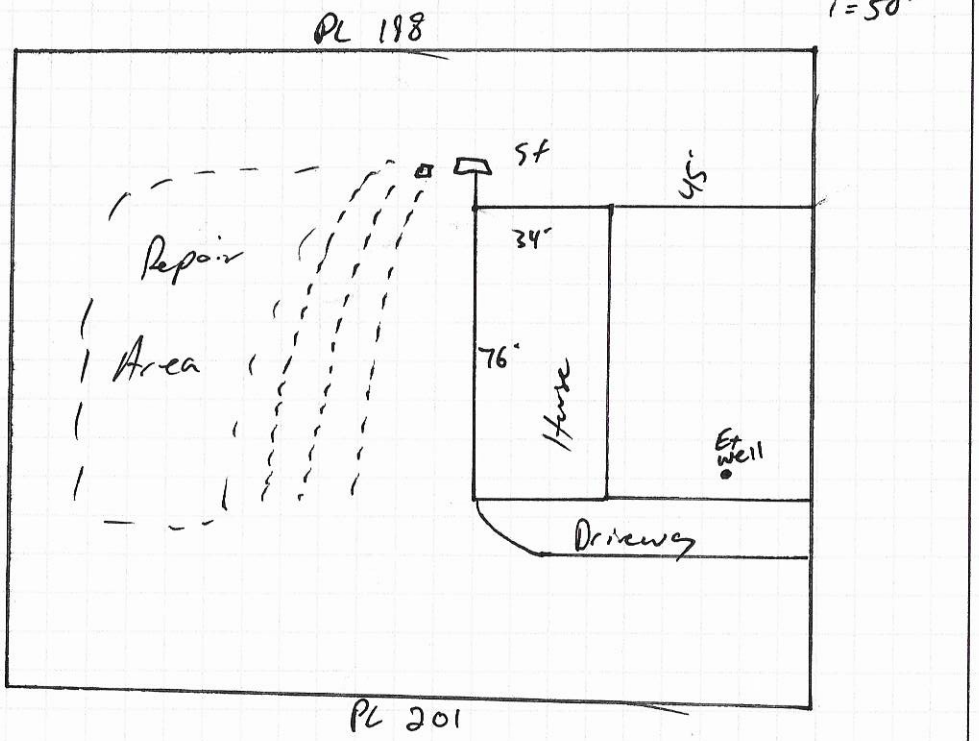
SUBDIVISION: Willow Ridge SECTION: 1 LOT # 13 LOT AREA: 0.77 Acre DESIGN FLOW: 360 gpd L.T.A.R.: Ex

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | (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: | | ☐ Business | No. Persons | 6 | ☐ Private |
| Pump Make | Model | | Serial # | Repair System Description: | | ☐ Other | No. Employees | | ☒ Public |
| # Nitrification Fields | # Lines | | Linear Ft | Maintenance Agreement Required: | ☐ YES ☐ NO | ☐ Slab | ☒ Crawl Space | | ☐ Community |
| Trench Width | Trench Bottom Depth(Low side) | | Gravel Depth Ex | | ☐ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | | ☐ Basement w/o plumbing | |

Existing System

Comments / Conditions: Existing System functioning properly at time of inspection. Meets Setbacks

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: Boyce Gallihar Date: 4-9-21 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 4-8-2021

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

RECEIVED JAN 19 2021

AP 314197

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

Paid $250.00

## 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 (X) 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: Boyce Galliher Address: 165 Ashley Acres Rd. Statesville Zip: 28677
Applicant Email: boycegalliher@icloud.com Phone: 704 402-2795 Alt. Phone: _____
Owner Name: Connie Lambert Address: 162 Winding Arbor Circle Cleveland Zip: 27013
Owner Email: _____ Phone: 704-835-3334 Alt. Phone: _____

**Property Information:**

Street Address: 162 Winding Arbor Circle Cleveland N.C. 27013
Subdivision Name: Willow Ridge Section/Phase: _____ Lot Number: #13
Driving Directions: Triplet Rd. – Lt on Willow Ridge - Rt on 162 Winding Arbor Circle - Lot on Rt - #13

**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: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**CHECK FOUNDATION TYPE**

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

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: 4-22-93
( ) 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:** Boyce Galliher
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

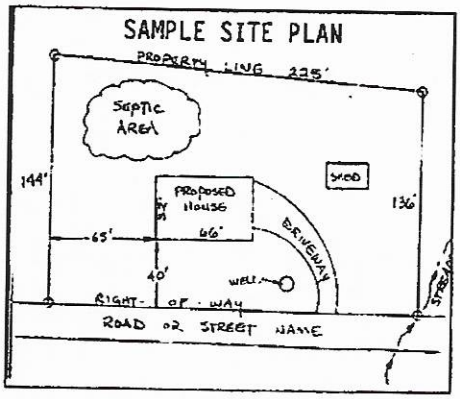
1-17-21
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 2: *SITE PLAN WORKSHEET***

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




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

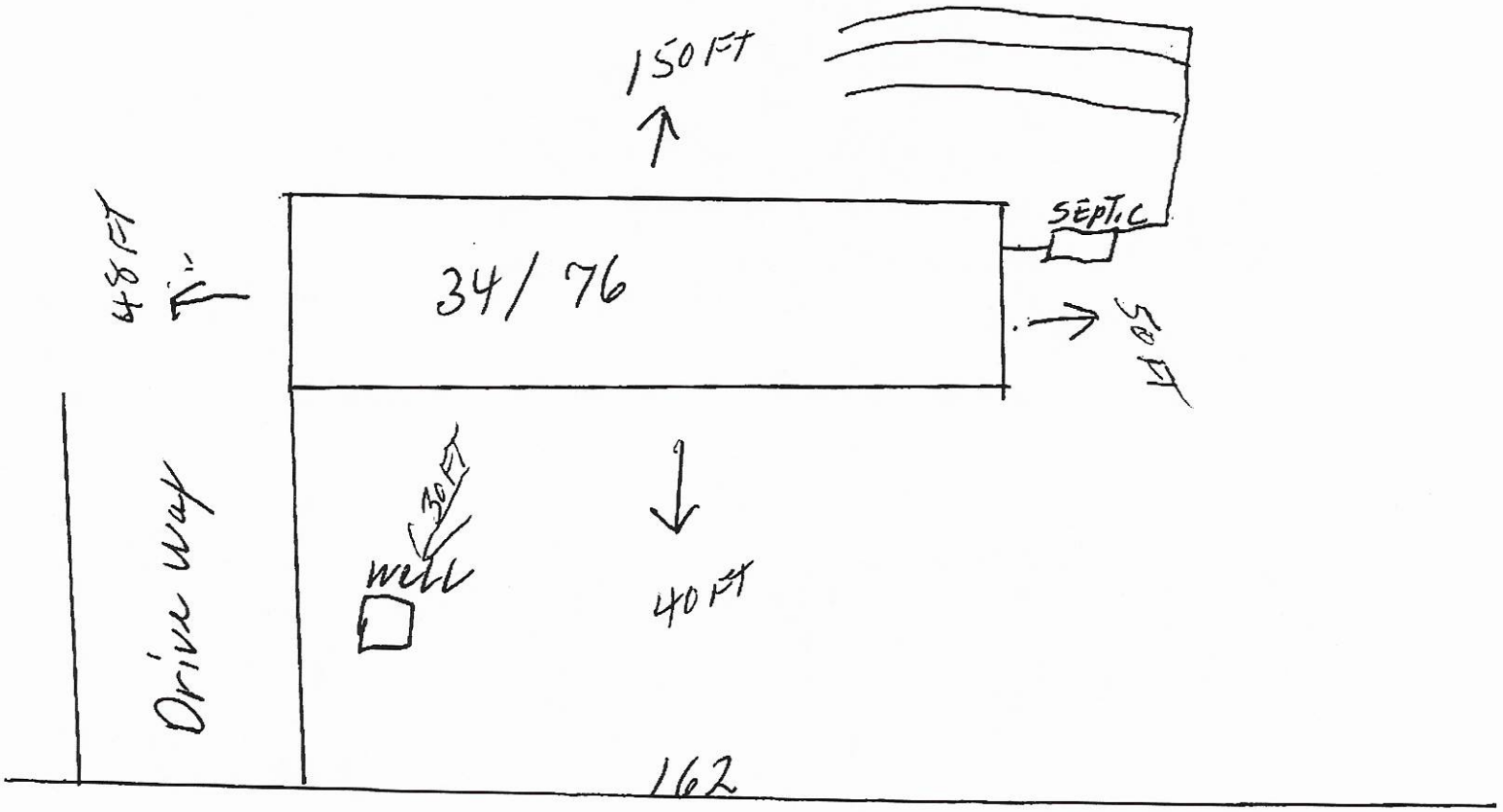
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

**Circle N/A on the following if appropriate:**

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

## USE THIS SPACE TO DRAW YOUR SITE PLAN

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




**Signature:** Byron Rollins 1-19-21

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

15845

# IREDELL COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT AND CERTIFICATE OF COMPLETION / OPERATIONS PERMIT

OWNER OR CONTRACTOR Timothy Lambert DATE 4-22-93 PERMIT NO. 5F-2-A-13

PHONE: Business ______ Home ______

LOCATION Willow Ridge lot 13

S.R. No. ______

SUBDIVISION NAME ______ LOT NO. ______ SECTION OR BLOCK NO. ______

House ☐ Mobile Home ☑ Business ☐ Other ______

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ☐ No ☑

Auto. Dishwasher Yes ☐ No ☑

Auto. Wash. Machine Yes ☑ No ☐

Lot Area .76 acres

Soil Characteristics Clayey

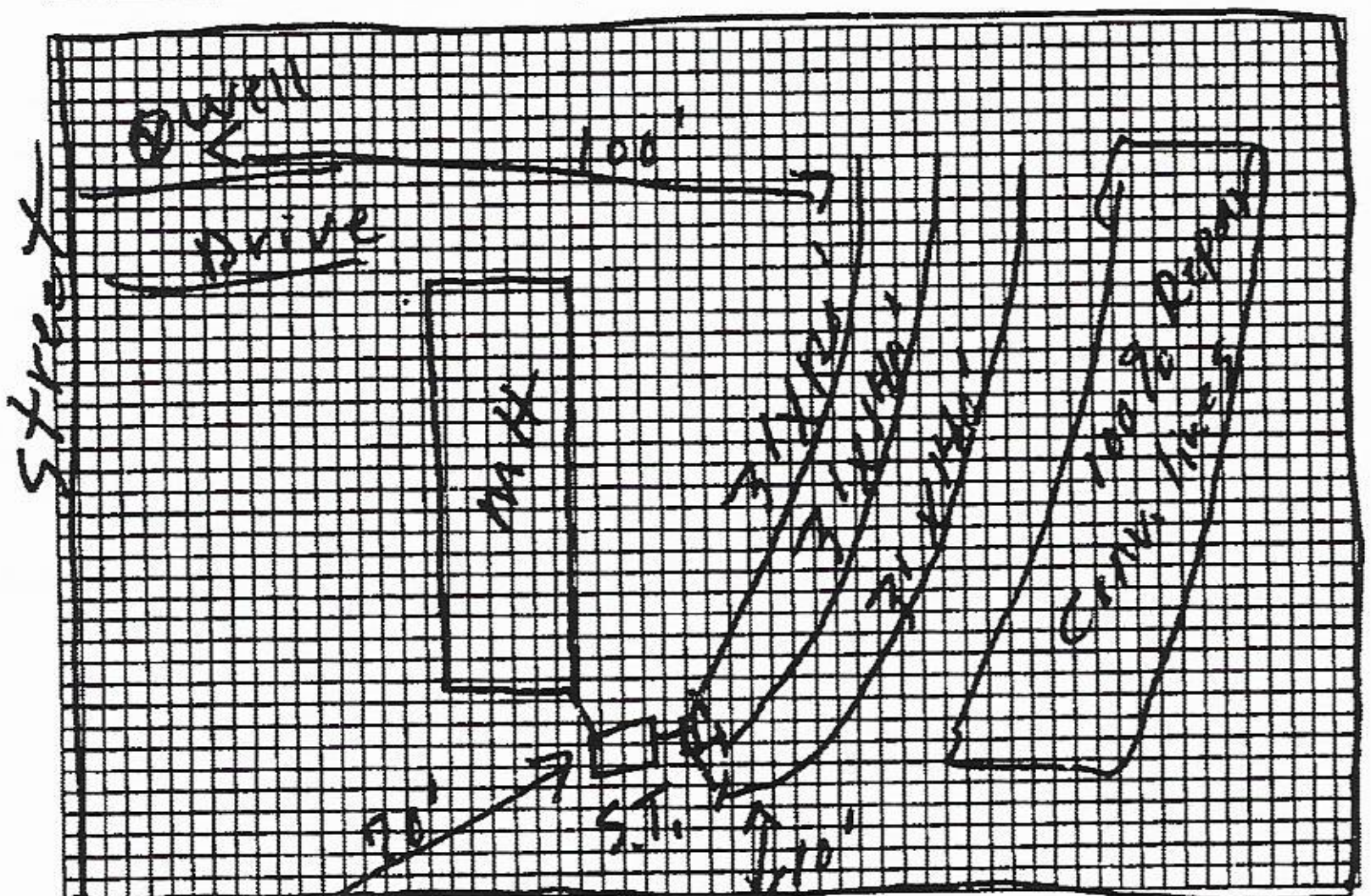
Application Rate .3

Topography 2+4% Linear

Depth to Water Table 10'+

Rock or other impervious formations none

______ Basement with Plumbing ______ Basement without Plumbing ______ No Basement ✓ Crawl Space




Plot of System (Not to Scale)

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 1200 Linear Ft. 400

Depth of Stone in Lines 12"

Water Supply: Individual ☑ Public ☐

Installed by Kenny Dellinger

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

Signed: ______

(IMPROVEMENT PERMIT IS VALID FOR 60 MONTHS FROM DATE OF ISSUE.)

IMPROVEMENT PERMIT BY f. C. moore

(well next door)

COMMENTS ______

CERTIFICATE OF COMPLETION BY f. C. moore DATE 4-22-93

EXISTING SYSTEM CHECKED BY ______ DATE ______

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Permit is VOID if any unauthorized changes are made in installation of system, and/or if any unapproved changes are made to the site, and/or if any false information is supplied toward securing Improvement Permit.

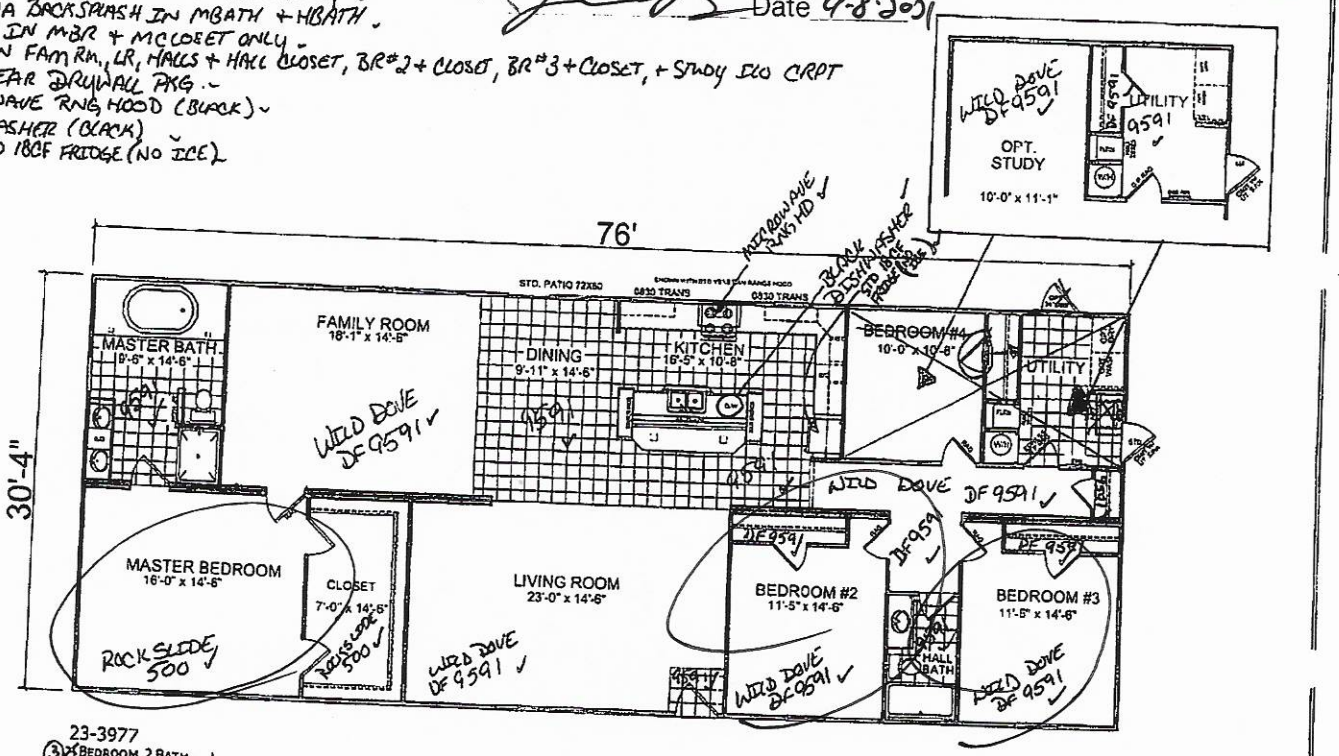
Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Acknowledgement Of
Plans Submittal ONLY!

Date 1-19-21 FACTORY SELECT - C. LAMBERT

Date 4-8-2021

* STUDY IN LIEU OF BR#4 (RELOCATE CLOSET DOOR TO UTILITY ROOM)
* GLASS BACKSPLASH IN KITCHEN ONLY
* FORMICA BACKSPLASH IN MBATH + HBATH.
* CARPET IN MBR + MCLOSET ONLY.
* LENO IN FAM RM., LR, HALLS + HALL CLOSET, BR#2 + CLOSET, BR#3 + CLOSET, + STUDY LIEU CRPT
* CAPE FEAR DRYWALL PKG.
* MICROWAVE RNG HOOD (BLACK)
* DISHWASHER (BLACK)
* STANDARD 18CF FRIDGE (NO ICE)




23-3977
③ 3 BEDROOM 2 BATH
76'-0" x 30'-4"
2305 SQ. FT. TOTAL

| | | | | | |
|---|---|---|---|---|---|
| CHAMPION MANUFACTURED BEAUTIFULLY | | MODIFICATIONS | PROJECT: 023-3977 30'-4" x 76' 3 BD 2 BTH | TITLE: LITERATURE PLAN | SHEET: L-101 |
| | | 3BR/2 BATH | DRAWN BY: D. ENNIS DATE: REV. 09-13-20 SCALE: 1/16" = 1'-0" | PUBLISHED: 11-3-2020 | PROPRIETARY AND CONFIDENTIAL |

Jeni Helms 11/17/2020

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*) Connie B Lambert

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, Connie Lambert, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4771351677.00, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Ryan Griffith _____, 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.

Connie Lambert
Signature of Owner(s)

12-9-20
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 · NC

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

**APPLICATION NUMBER**

**314197**
Issue Date: 01/19/2021

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4771351677.000 | 162 WINDING ARBOR CIR | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: LAMBERT CONNIE B | Name: BOYCE GALLIHER |
| Address: | Address: 165 ASHLEY ACRES RD. |
| | STATEVILLE, NC 28677 |
| Phone: | Phone: (704)402-2795 |

| Use Requested | Zone Code |
|---|---|
| Double-Wide Mobile Home | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.77 | 35 | 35 | 15 | 15 | N/A | NO |

**Remarks**

DWMH SW MUST BE REMOVED BEFORE PERMIT FOR DW MAY BE ISSUED

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. 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 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.

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.

Signature of Owner/Contractor

**Date:** 01/19/2021

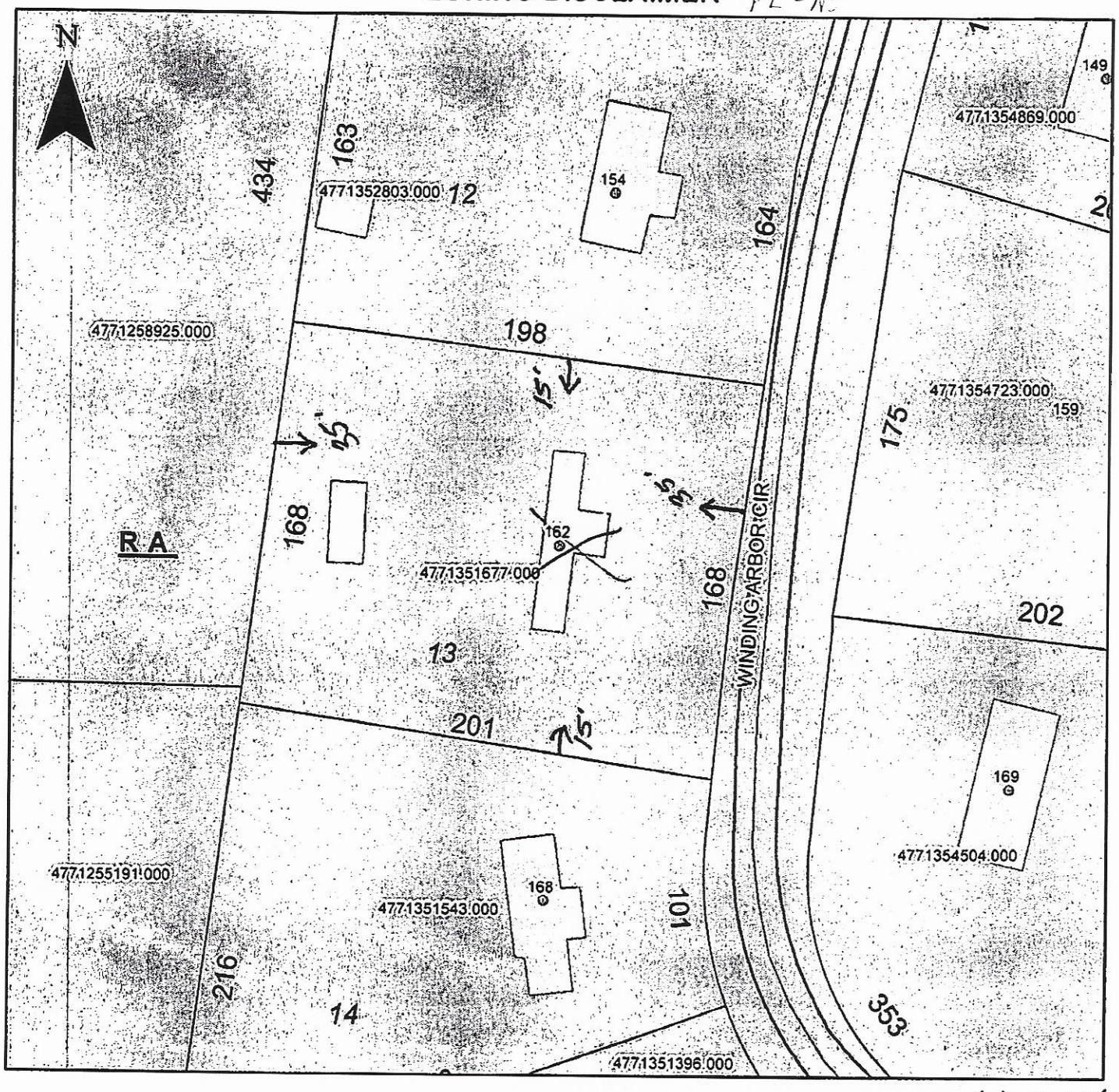
| Permit Number | 314197 | TOTAL FEES: | $77.25 |
|---|---|---|---|

3141917

RA .77

W-S - NC
FL - NC

# ZONING DISCLAIMER




Property Address 162 Winding Arbor Circle

SW must be removed before DW Bldg. permit may be 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. 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

1-12-21

Date