IREDELL COUNTY HEALTH DEPARTMENT

~~Statesville Office~~ (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 361090

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

PIN # 4639696770

APPLICANT/OWNER: Gina Bot | APPLICANT ADDRESS: 180 Crooked Branch 28166

SITE ADDRESS: 221 Winding Forest; TMN 28166 | PHONE: 704-226-8099 | ALT. PHONE 828-381-1461

SITE DIRECTIONS: Perth Road toward Mooresville R on Winding Forest, Lot on L | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Winding Forest | SECTION: — | LOT # 12 | LOT AREA: 1.091 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

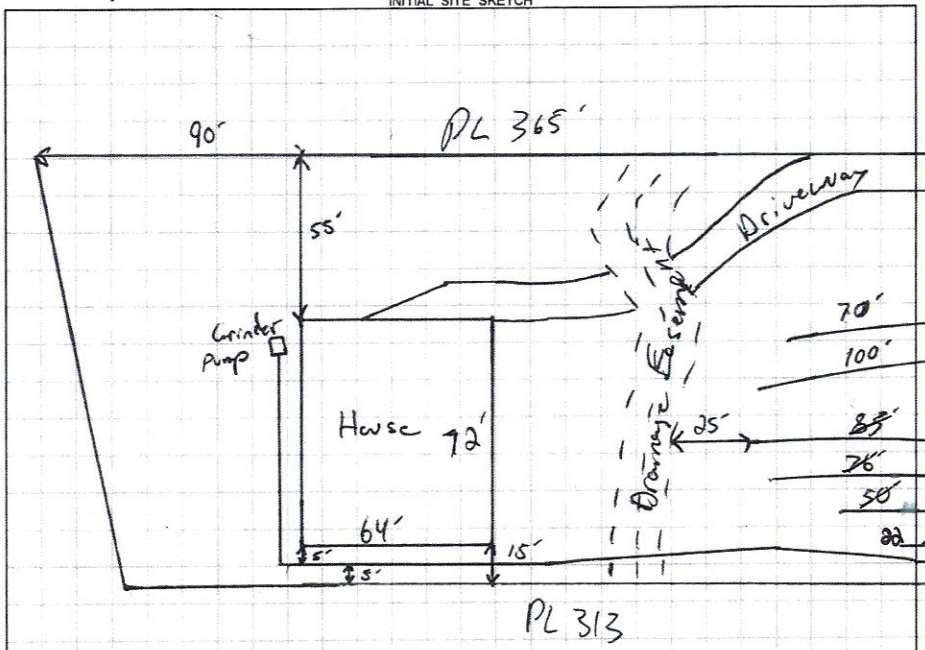
Septic Tank	1,000	(gal)	STB 10-16-202	Date	160	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
~~Pump~~ Tank	1000	(gal)	PT	Date		System Description: 25% Reduction		☐ Business	No. Persons 8
Pump Make			Model		Serial #	Repair System Description: 50% Reduction (offsite)		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

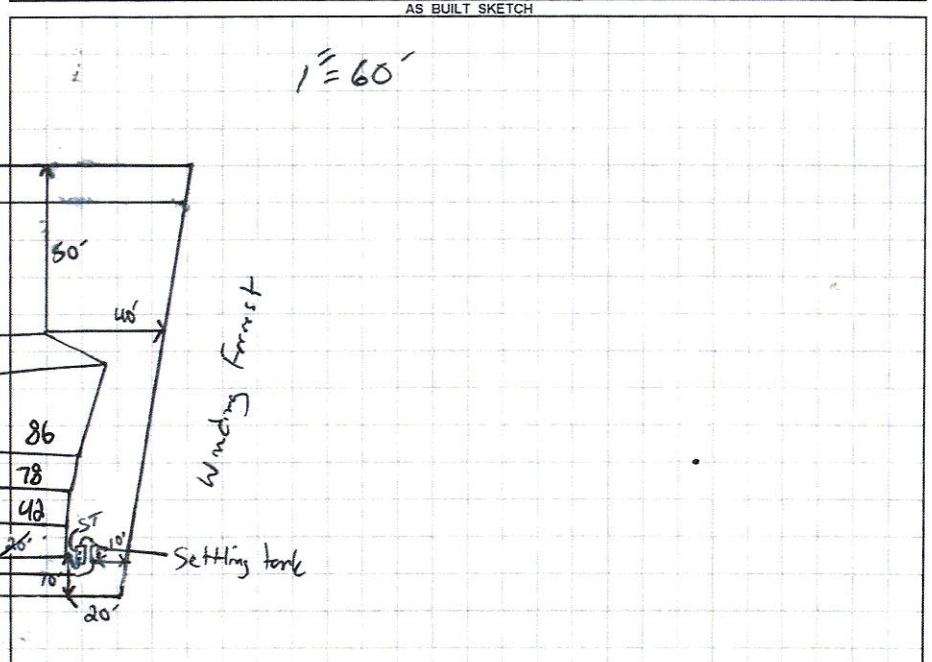
Comments / Conditions: Install Drawings on Center of Lot and use Serial distributors. Must use Settling tank with Septic tank.

Repair Lot Easement DB 48 Pg 87
Easment Across Road DB 2639 pg 150-153

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: [signature] Date: 12-04-19 | Installed by: Marden Grading

IMPROVEMENT PERMIT by: [signature] Date: 12-2-19 | OPERATION PERMIT by: [signature] Date: 12-7-2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12-2-19 | Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 1
PROPERTY ID #: 4639696720
COUNTY: Iredell

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

OWNER: Lina Bot
ADDRESS: 180 Creek Branch
PROPOSED FACILITY: Home
LOCATION OF SITE: Windy Forest 221

APPLICATION DATE 9-20-19
DATE EVALUATED: 11-22-19
PROPOSED DESIGN FLOW (.1949): 480gpd
PROPERTY SIZE: 1.09 Acres
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	5-6%	0-25	SBK C	Fr SS SP Scap	N/A	40"	40"	N/A	PS .3
		25-40	CL	Fr SS SP Scap					
		40-48	S SAP	Fr					
2	5-6%	0-40	SBK CL	SS SP Scap Fr	N/A	42"	42"	N/A	.3
		40-48	S SAP	Fr					
3	4-5%	0-12	SBK CL	Fr SS SP Scap	N/A	48"	Sap Inc @ 30"	N/A	PS .5
		12-48	SBK CL	Fr SS SP Scap					
4	4-5%	0-12	SBK SCL	Fr SS SP Scap	N/A	48"	Sap Inc @ 38"	N/A	PS .3
		12-40	SBK C	Fr SS SP Scap					
		40-48	SBK CL	Fr SS SP Scap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	266'
System Type(s)	25% Reduction	50% Reduction
Site LTAR	.3	.3

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

COMMENTS:

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

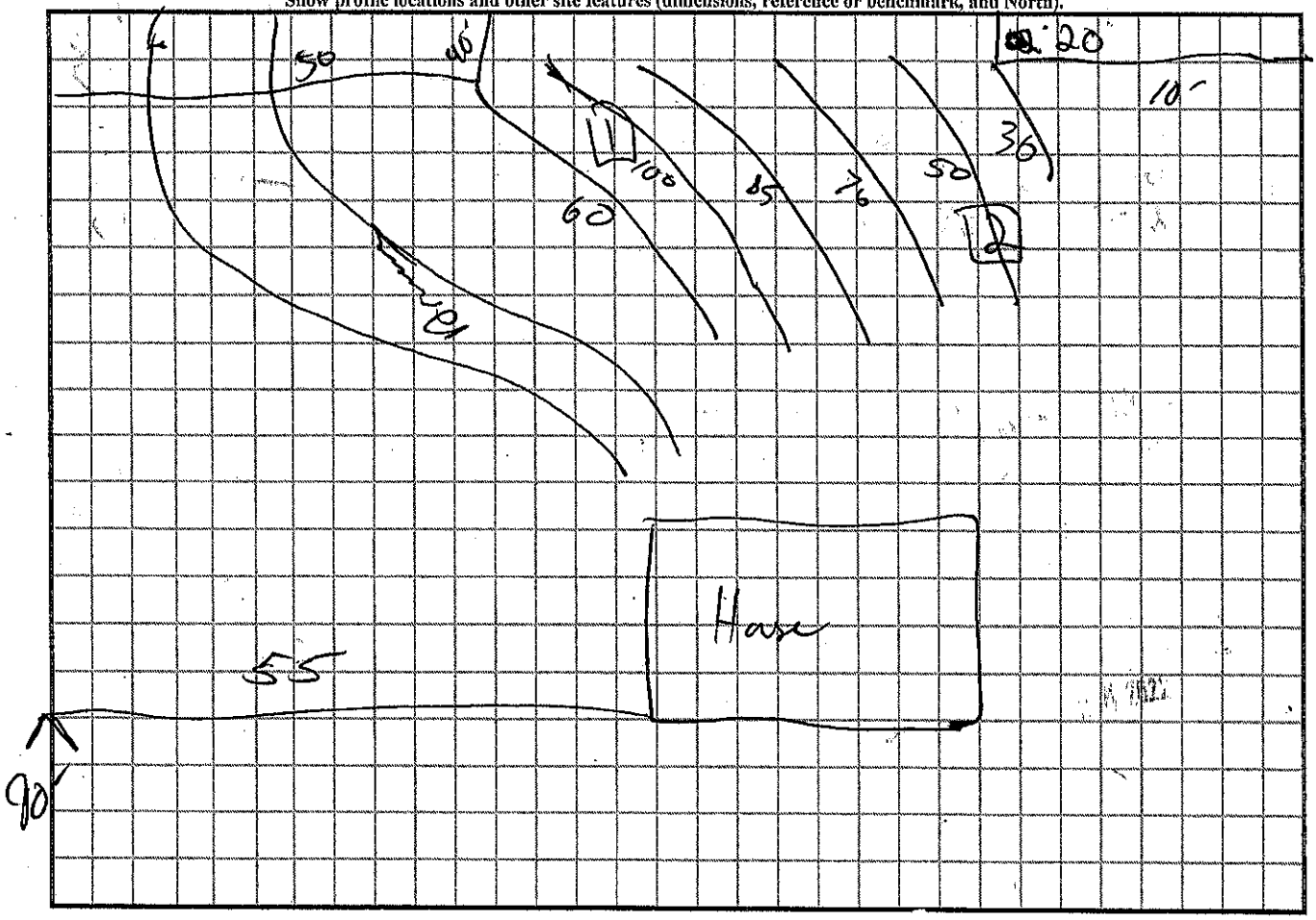
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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

Windy Forest

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



Pits 3+4 are offsite

704. 226-8099 Pits Mandy 18th 8:30-4 AP301090

Jacob $500

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

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

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

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: LINA BOT Address: 221 WINDING FOREST Zip: 28166
Applicant Email: _____ Phone: 828-381-1961 Alt. Phone: 602-380-1125
Owner Name: LINA BOT Address: 180 CROOKED BRANCH Zip: 28166
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 221 WINDING FOREST
Subdivision Name: WINDING FOREST Section/Phase: _____ Lot Number: 12
Driving Directions: _____

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 (X) Community Well ( ) City Water ( ) Other Public Water

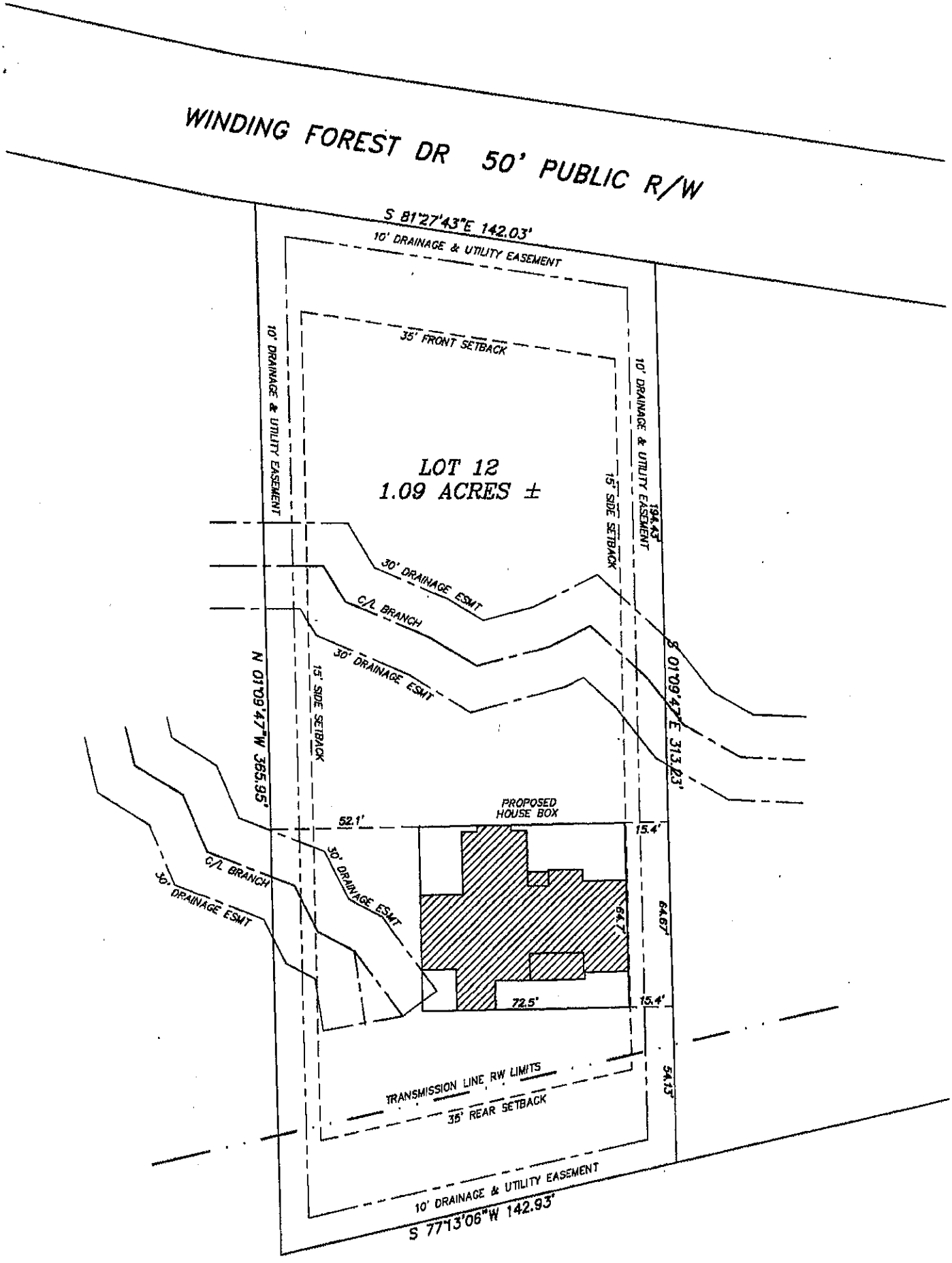
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (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: Lina Bot 9-20-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


WINDING FOREST DR 50' PUBLIC R/W
S 81°27'43"E 142.03'
10' DRAINAGE & UTILITY EASEMENT
35' FRONT SETBACK
10' DRAINAGE & UTILITY EASEMENT
10' DRAINAGE & UTILITY EASEMENT
LOT 12
1.09 ACRES ±
15' SIDE SETBACK
194.43'
30' DRAINAGE ESMT
C/L BRANCH
30' DRAINAGE ESMT
15' SIDE SETBACK
N 01°09'47"W 365.95'
S 01°09'47"E 313.23'
PROPOSED
HOUSE BOX
52.1'
15.4'
30' DRAINAGE ESMT
C/L BRANCH
30' DRAINAGE ESMT
64.7'
64.67'
72.5'
15.4'
TRANSMISSION LINE RW LIMITS
35' REAR SETBACK
54.13'
10' DRAINAGE & UTILITY EASEMENT
S 77°13'06"W 142.93'

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Lina Bot

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, LINA BOT, am the legal owner(s) of the property located at 221 WINDING FOREST, TROUTMAN, 28166, identified as

PIN (Parcel Identification Number) 4639-69-6770-000 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

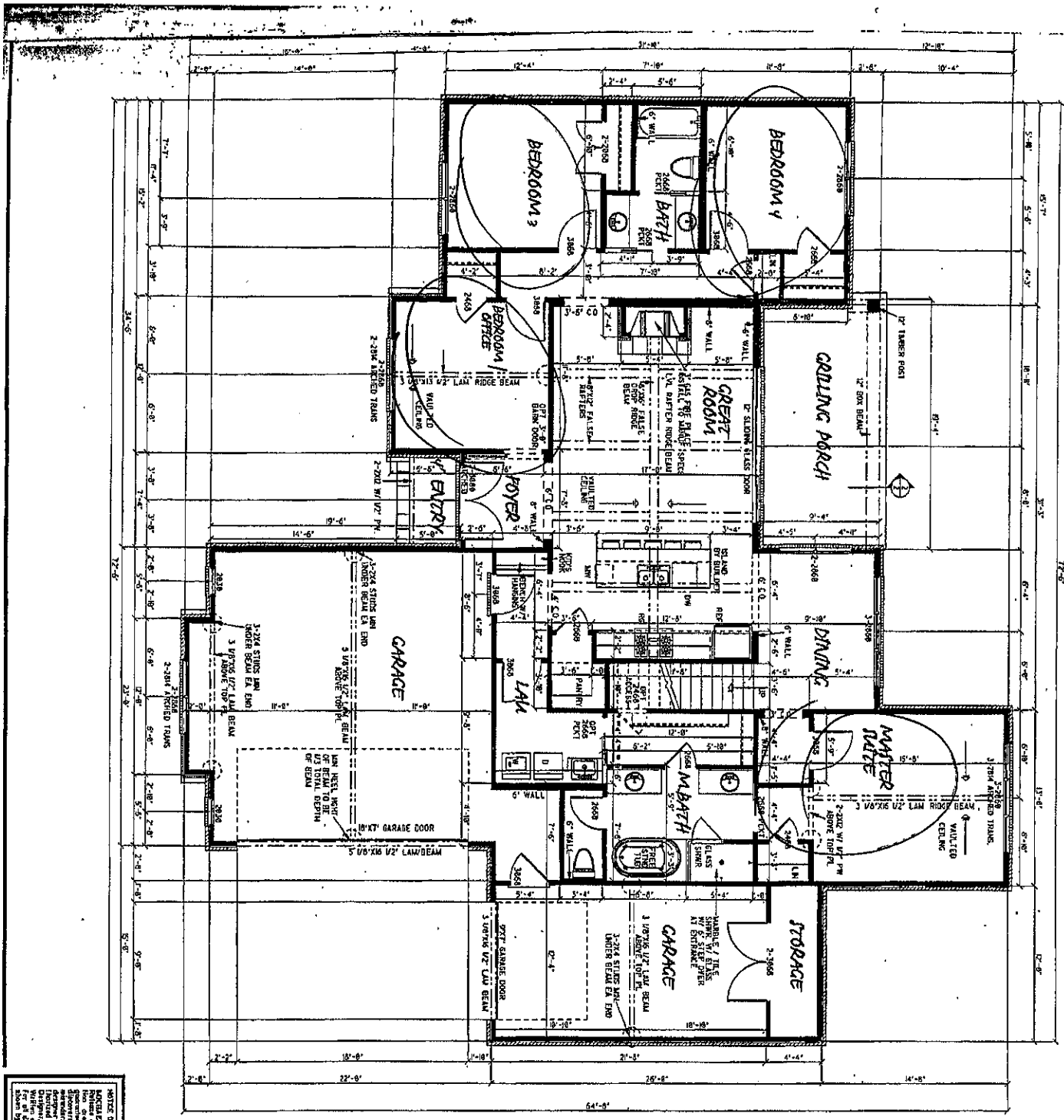
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Lina Bot — Signature of Owner(s)

9-20-19 — Date

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

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



FLOC

1. ALL ST
2. ALL DI
3. WINDOW
4. CONFIR
5. PROVIDE
6. CONTRA
7. DO NOT
8. CONTRA
9. BEDROO

NOTICE DUTY OF COOPERATION

MICHAEL S. ELSON DESIGNS, LL
Release of these plans contemplate
tion on a continuous through the
Supervising by the Architect. Any
unauthorized/modifying and builders
Designers, Architect, Contractor, or S
For all questions and conditions no
shown by these drawings. Stop and

Acknowledgement
Plans Submitta

9-20-19

11-27-19

IREDELL COUNTY

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

APPLICATION NUMBER
235767
Issue Date: 05/18/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639696770.000	221 WINDING FOREST DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LINA, BOT	Applicant: ROLLANS SOIL & ENVIRON
Address: 180 CROOKED BRANCH	Address: 470 NORTH BROAD STREET SUITE D
TROUTMAN, NC 28166	MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD REPLACING EXPIRED PERMIT 218601	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.091	35.00	35.00	15.00	15.00	CACL	X

Remarks:

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: 5/18/18

Permit Number	139358	TOTAL FEES:	$ 77.25