SHANNON 4PM 4:00

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP313650

PIN # 4639792745

APPLICANT/OWNER: 46 Design Build

APPLICANT ADDRESS: 488 Fineville Rd Statesville NC 28677

SITE ADDRESS: 191 Winding Forest Dr Troutman NC 28166

PHONE: 704-634-3647 ALT. PHONE

SITE DIRECTIONS: NC 115 N to L on connector Rd, S on Cornelius Rd, R on Judas Rd, R on Peath Rd, L on Winding Forest Dr, Lot on L

SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Winding Forest

SECTION: — LOT # 9 LOT AREA: 1.085 acres

DESIGN FLOW: 480 GPD T.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	7-13-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 50% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Gravity 50% Reduction
# Nitrification Fields	1	# Lines	6	Linear Ft	267'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	24"	Trench Bottom Depth(Low side)	48"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

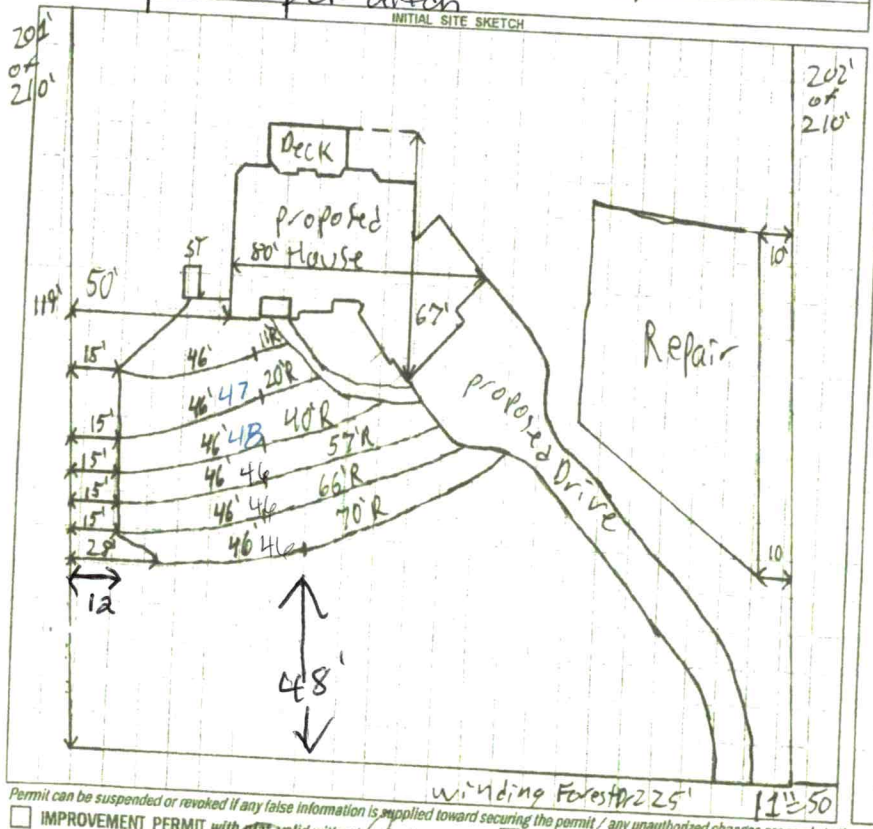
Water Supply: ☐ Private ☐ Public ☒ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. 11 panels per ditch

Backfill over drainfield not to exceed 46" so "vents" will not be needed. mp

INITIAL SITE SKETCH



AS BUILT SKETCH

9-7-2021 BCM/ TANK + UPPER 3 LINE CHECKED

9/8/21 Checked lower 3 lines.

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]

IMPROVEMENT PERMIT by: Patrick J Bagett III Date: 3-2-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagett III Date: 3/1/2021

FOR SEPTIC FINAL INSPECTION AT [illegible]

Installed by: Ground breakers Date: 3/1/2021

OPERATION PERMIT by: Maria Dotson Date: 9/8/21

Existing System Inspected by: Date:

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

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

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

OWNER: ____ APPLICATION DATE 12/20/2020
ADDRESS: ____ DATE EVALUATED: 2/25/2021
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD PROPERTY SIZE: ____
LOCATION OF SITE: 191 Winding Forest PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☑ Other community well
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 9%	0-28	C ABK strong	Fr S P S exp	Chroma 2's from top to 36"	40"	Litho inclusions to Lomy sap at 40"	Chroma 2's to 36" Manganese common at bottom	B. 3 under 36"
		28-40	CL SBK/ABK	Fr SS SP exp					
		40-84	Lomy sap mass	VFr					
2	SS 5%	0-10	CL Platy	F SS SP S exp	Chroma 2's and 3's in top 24"	32"	Litho common to Lomy sap at 32"	Chroma 2's in top 24" Manganese common at bottom	PB, 3 under 24"
		10-32	CL ABK	Fr SS SP S exp					
		32-84	Lomy sap mass						
3	SS 5%	0-12	CL Platy	Fr SS SP S exp	Chroma 2's from top to 24"	40"	Litho common to Lomy sap at 40"	Chroma 2's in top 24" Manganese common at bottom	PB 3 under 24"
		12-40	CL SBK/ABK	Fr SS SP S exp					
		40-80	Lomy sap mass	VFr					
4	SS 1P%	0-6	Topsoil	—	Chroma 2's scattered 6-25" Chroma 4's scattered throughout	50"	Litho inclusions to Lomy sap at 50"	Chroma 2's between 6 to 25"	P. 25"
		6-25	C Platy	Fr S P S exp					
		25-30	C ABK	Fr S P S exp					
		30-50	CL SBK	Fr SS SP					
		50-75	Lomy sap mass	VFr					

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: ____

COMMENTS: Sunny but under trees

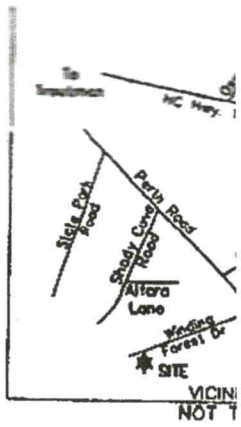
INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK ___, PAGE ___; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS ____ DAY OF _____ 2020.

PRELIMINARY

JIMMY N. FAIRES, PLS
LICENSE NUMBER: L-4311

PRELIMINARY PLAN
NOT FOR RECORDATION
CONVEYANCES
AND/OR SALES





4 Bedrooms not 5

R/W

Gully tole filled

Winding Forest Drive
60' R/W

N77°13'06"E 225.00'

R/W

35' Front Setback

Septic System

Septic System

Septic System

Proposed Walk/Drive

Proposed Residence

Proposed Patio

35' Rear Setback

15' Side Setback

15' Side Setback

N12°46'54"W 210.00'

S12°46'54"E 210.00'

104.7'

40.0'

40.0'

Existing Transmission R/W

S77°13'06"W 225.00'

Tax ID: 4838-69-9792
James W. Johnson
Ashley Johnson
Lot 10, PB:49 PG:87
DB 2540 PG 2499

Tax ID: 4839-79-5518
Winding Forest HOA, Inc.
LOT 59, PB:49 PG:87
DB 2201 PG 1854

GRAPHIC SCALE

40 0 20 40

(IN FEET)
1 inch = 40 feet

SURVEYOR NOTES

1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS SURVEY IS BASED ON DEED BOOK 2187 PAGE 1933 AND PLAT BOOK 49 PAGE 87

PLOT PLAN
LOT 9 – WINDING F(
PLAT BOOK: 49 PAG
191 WINDING FORSET DRIVE, TROUTMAN,
FALLSTOWN TOWNSHIP, IREDELL COUN

RECEIVED DEC 2 9 2020

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

AP-313650 $500.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: 4G Design Build Address: 488 Pineville Rd. Statesville Zip: 28677
Applicant Email: QuintonEBuild4G@gmail.com Phone: 704-634-3647 Alt. Phone: _____
Owner Name: Helen Harris Address: 179 Autumn Frost Ave. Statesville Zip: 28677
Owner Email: 2thumbsup@bellsouth.net Phone: 704-929-9985 Alt. Phone: _____

Property Information:

Street Address: 191 Winding Forest Dr. Troutman
Subdivision Name: Winding Forest Section/Phase: 1 Lot Number: 9
Driving Directions: Perth Rd. South turn R on Winding Forest Dr. Lot on the Left

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: 4
Maximum Number of Occupants: 6
( ) 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 (X) Community Well ( ) City Water ( ) Other Public Water

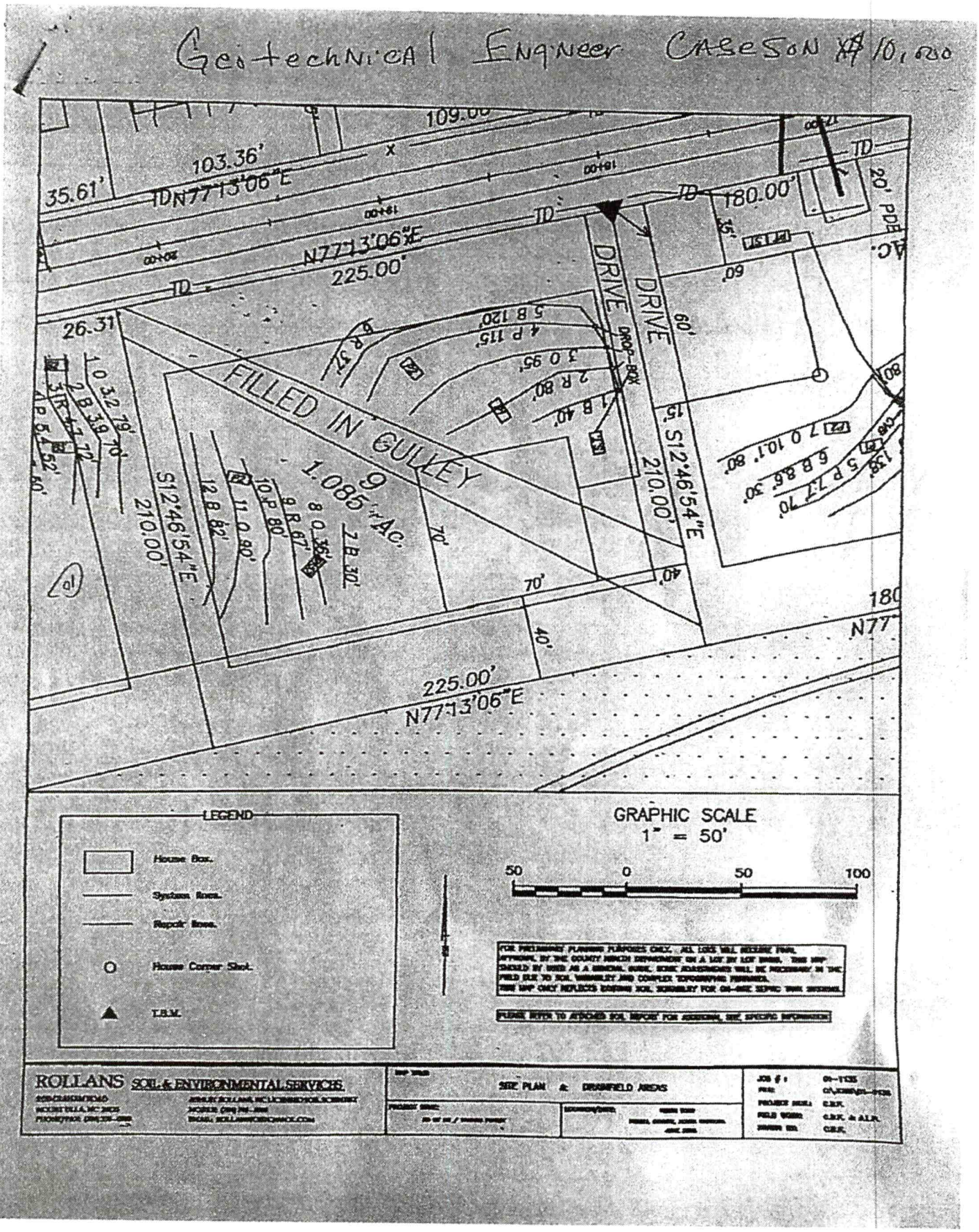
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 25?a Reluct.
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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: _____ 12-20-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Geotechnical Engineer Caseson $4,10,000



Scanned with CamScanner

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*) _____

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, Helen Harris, am the legal owner(s) of the property located at 191 Winding Forest Dr. Troutman, identified as PIN (Parcel Identification Number) 4730705378.009, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 4G Design Build, LLC Quinton Gandy. 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.

✓ Ms. Helen Harris
Signature of Owner(s)

✓ 12/17/2020
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

Acknowledgement Of Plans Submittal ONLY!

Date

Patrick J Bryant III Date 2/26/2021

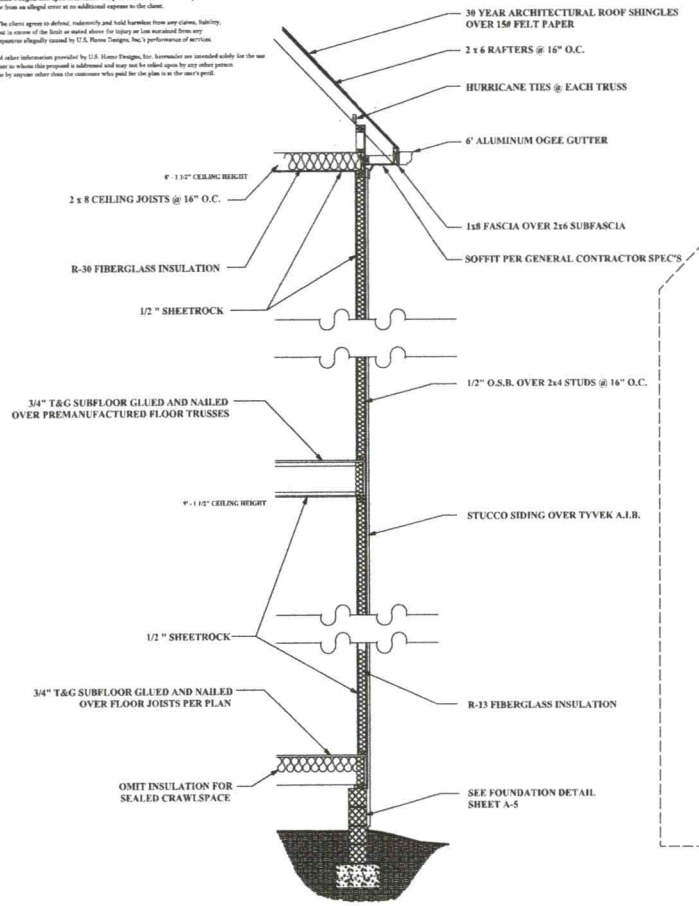
WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC. EITHER EXPRESS OR IMPLIED. U.S. HOME DESIGNS, INC. SPECIFICALLY DISCLAIMES ALL WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: U.S. Home Designs, Inc. limits any and all liability to self-incurred cost(s) to correct working drawings in the event an error or discrepancy occurs. New revised working drawings will be supplied at no additional costs to the client. No monies shall be paid to the clients for field modifications, corrections, etc. resulting from any alleged error. U.S. Home Designs, Inc., upon notification will provide alternate solutions to problems/conditions that may arise from an alleged error at no additional expense to the client.

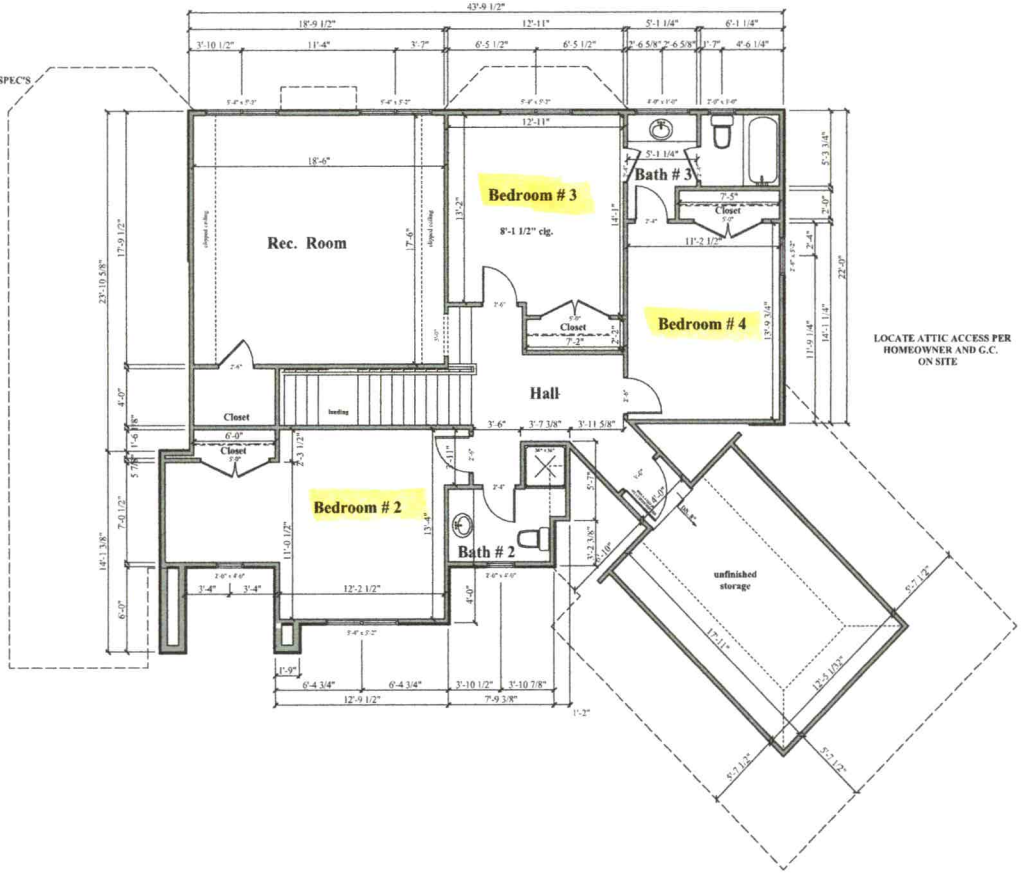
Indemnity: The client agrees to defend, indemnify and hold harmless from any claims, liability, or defense cost in excess of the limit as stated above for injury or loss warranted from any party from exposures allegedly caused by U.S. Home Designs, Inc.'s performance of services.

The plans and other information provided by U.S. Home Designs, Inc. hereunder are intended solely for the use of the customer to whom this proposal is addressed and may not be relied upon by any other person or entity. Use by anyone other than the customer who paid for the plan is at the user's peril.



2 / A-2 **TYPICAL WALL SECTION**

SCALE: 1/2" = 1'-0"



1 / A-2 **UPPER FLOOR PLAN**

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

U.S. HOME DESIGNS, INC.
2005 Hazelwood Drv., Statesville, NC 28625 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

UPPER FLOOR PLAN

Ms. Helen Harris

11-30-20

SHEET No. A-2 OF 8

10-7-20 2.75 hrs. drafting 11-10-20 4 hrs. drafting 11-30-20 5.5 hrs. drafting

Acknowledgement Of Plans Submittal ONLY!

Date

Patrick J Sheetz Date 2/26/2021

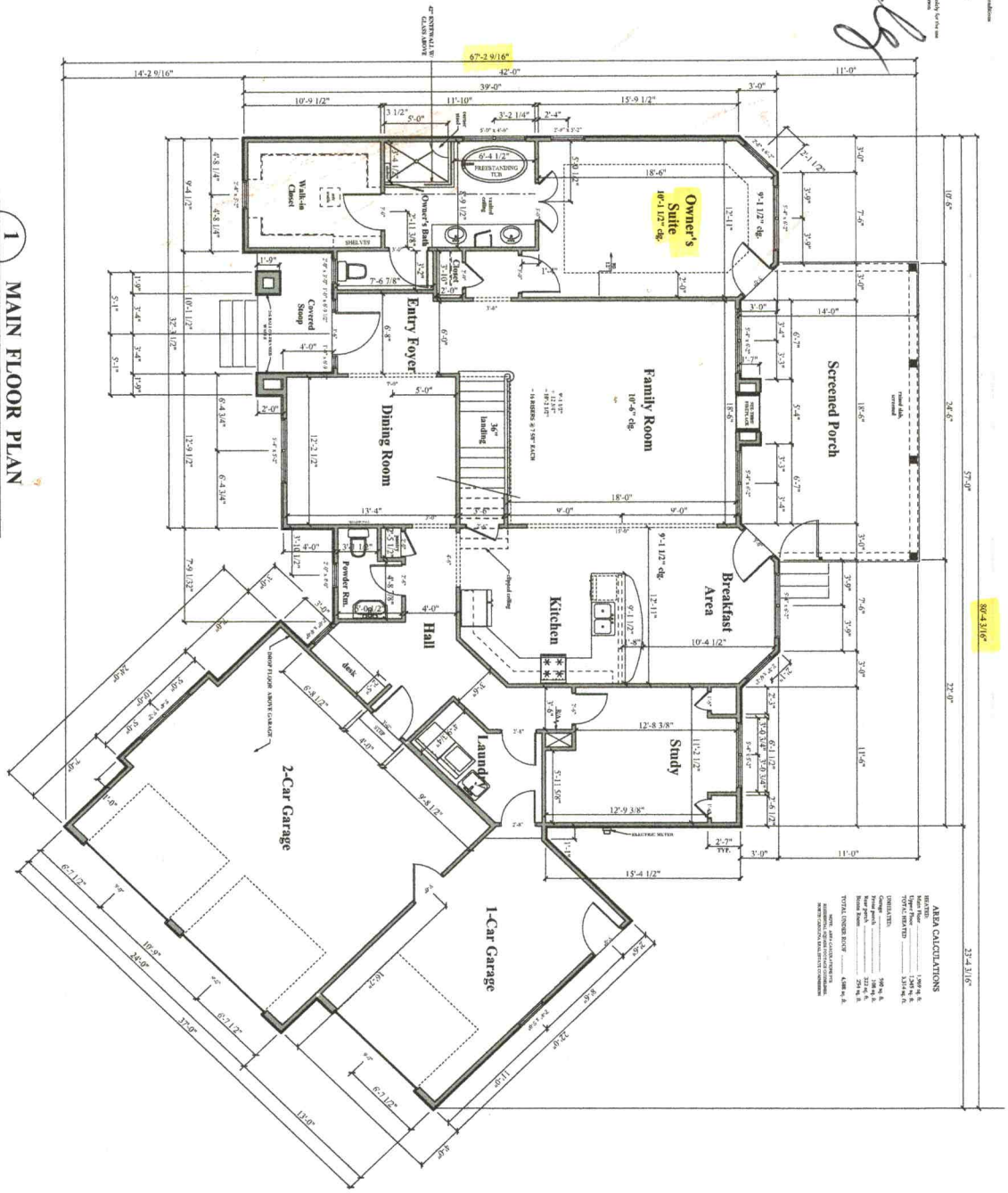
WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC. EITHER EXPRESS OR IMPLIED, TO INCLUDE BUT NOT LIMITED TO ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: U.S. Home Designs, Inc. hereby not and disclaims to any and all consequential or incidental damages in connection with the use of these plans. U.S. Home Designs, Inc. shall not be liable for any damages resulting from any delayed completion, or any other claim, for field modifications, corrections etc. resulting from any alleged error. U.S. Home Designs, Inc. upon modification will provide a minimum clarification for possible modifications that may arise from the design. Contractor is to submit shop drawings to U.S. Home Designs, Inc. for review prior to fabrication. Contractor is to submit shop drawings to U.S. Home Designs, Inc. for review prior to fabrication.

The plans and other information furnished by U.S. Home Designs, Inc. hereunder are intended solely for the use of the party to whom they are addressed and for the particular project designated and may not be used by any other party for any other purpose or project without the written consent of U.S. Home Designs, Inc. Any such unauthorized use shall be at the user's sole risk and without liability to U.S. Home Designs, Inc. The user shall indemnify and hold U.S. Home Designs, Inc. harmless from any and all damages, losses, claims, suits or liabilities arising out of any such unauthorized use. Any such unauthorized use shall be deemed to be a material breach of any contract between U.S. Home Designs, Inc. and the party for whom the plans were prepared.

Ownership of Instruments of Service: All reports, plans, specifications, computer files, field data, notes and other documents and instruments prepared by U.S. Home Designs, Inc. as instruments of service shall remain the property of U.S. Home Designs, Inc. U.S. Home Designs, Inc. shall retain all common law, statutory and other reserved rights, including the copyright thereto.



1 / A-1 MAIN FLOOR PLAN

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

AREA CALCULATIONS

HEATED:
Main Floor ..... 1,985 sq. ft.
Upper Floor ..... 1,345 sq. ft.
TOTAL HEATED ..... 3,331 sq. ft.

UNHEATED:
Open porch ..... 395 sq. ft.
Screened porch ..... 1,188 sq. ft.
Stoop ..... 32 sq. ft.
Stone Patio ..... 270 sq. ft.
TOTAL UNDER ROOF ..... 4,588 sq. ft.

NOTE: HEATED/UNHEATED AREAS ARE APPROXIMATE. EXPANSION/CONTRACTION MAY OCCUR DURING CONSTRUCTION.

11-30-20

SHEET No. **A-1** OF 8

MAIN FLOOR PLAN

Ms. Helen Harris

U.S. HOME DESIGNS, INC.
2005 Hazelwood Dri., Statesville, NC 28625 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

FRONT ELEVATION
SCALE: 1/4" = 1'-0"

11-30-20

SHEET No.
A-3
OF 8

FRONT AND REAR ELEVATIONS

Ms. Helen Harris

U.S. HOME DESIGNS, INC.
2005 Hazelwood Dr., Statesville, NC 28625 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

WARRANTY AND LIABILITY

THERE ARE NO WARRANTIES MADE BY U.S. HOME DESIGNS, INC., EITHER EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

Limitation of Liability: *U.S. Home Designs, Inc.* limits any and all liability to *us/ourcurred cost(s)* to correct working drawings in the event an error or discrepancy occurs. Not revised working drawings will be provided at no additional expense to the client. No consequential damages shall be paid to the client for field modifications, corrections, etc. resulting from any alleged error. U.S. Home Designs, Inc. will not be responsible for any unauthorized changes to or modifications to these construction documents. U.S. Home Designs, Inc. must be notified of any changes and given the opportunity to provide revised plans to incorporate changes, except at no additional expense to the client.

Indemnity: The client agrees to defend, indemnify and hold harmless from any claims, liability, or defense cost in excess of the limits so stated above for injury or Loss sustained from our party from arguments allegedly caused by U.S. Home Designs, Inc.'s performance of services.

The plans and other information provided by U.S. Home Designs, Inc. hereunder are intended solely for the use of the person or entity to whom they are addressed and for the particular purpose disclosed, and any other person or entity. Use by anyone other than the customer who paid for this plan is at the user's peril.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313650 Issue Date: 12/23/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4639792745.000	191 WINDING FOREST DR	Iredell County

Owner Information	Applicant Information
Name: HARRIS JOHN+HELEN	Name: 4G DESIGN BUILD, LLC
Address:	Address: 488 PINEVILLE RD
,	STATESVILLE, NC 28677
Phone:	Phone: (704)634-3647

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.085	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: 12/23/2020

Signature of Owner/Contractor

Permit Number	313650	TOTAL FEES:	$77.25