ICHD–ENVIRONMENTAL HEALTH DIVISION

YJB

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

2-3

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

PERMIT # AP-306527

PIN # 4639-79-9993

APPLICANT/OWNER: Jeremy Comeaux

APPLICANT ADDRESS: 470 N. Broad St. Ste. D. Mooresville, NC

SITE ADDRESS: 153 Winding Forest Drive Troutman, NC

PHONE: 985-373-3669 ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Winding Forest → Lot on left

SUBDIVISION: Winding Forest

SAP CONTROLLED: ☐ YES ☒ NO

SECTION: LOT # 5 LOT AREA: 0.771 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.295

Septic Tank	1000 (gal)	STB	760	Date	8-22
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	4	Linear Ft	440
Trench Width	36"	Trench Bottom Depth (max)	36"	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction (serial distribution)

Repair System Description: PPBPS (50% Reduction)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees —

☒ Slab (garage) ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: 440 l.f. of line to be installed per LSS design.
Recommend having septic tank pumped every 5 years.
Direct all surface/foundation drains away from all septic components.

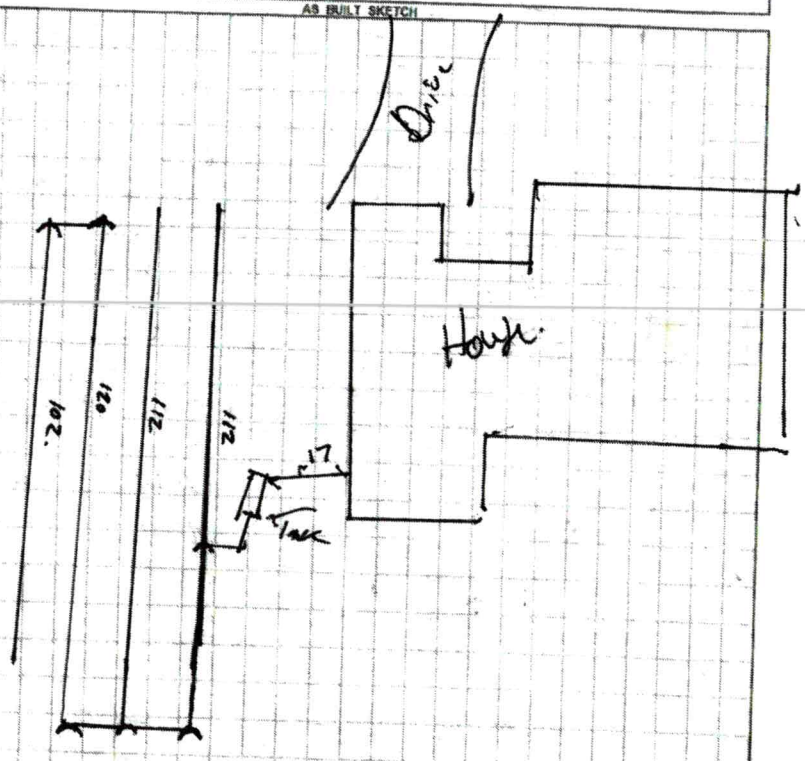
INITIAL SITE SKETCH

See attached plans/designs from Soil + Forestry Services of the Carolinas

Samual A. Rollans LSS # 1231

Dated: 6/26/2020

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.

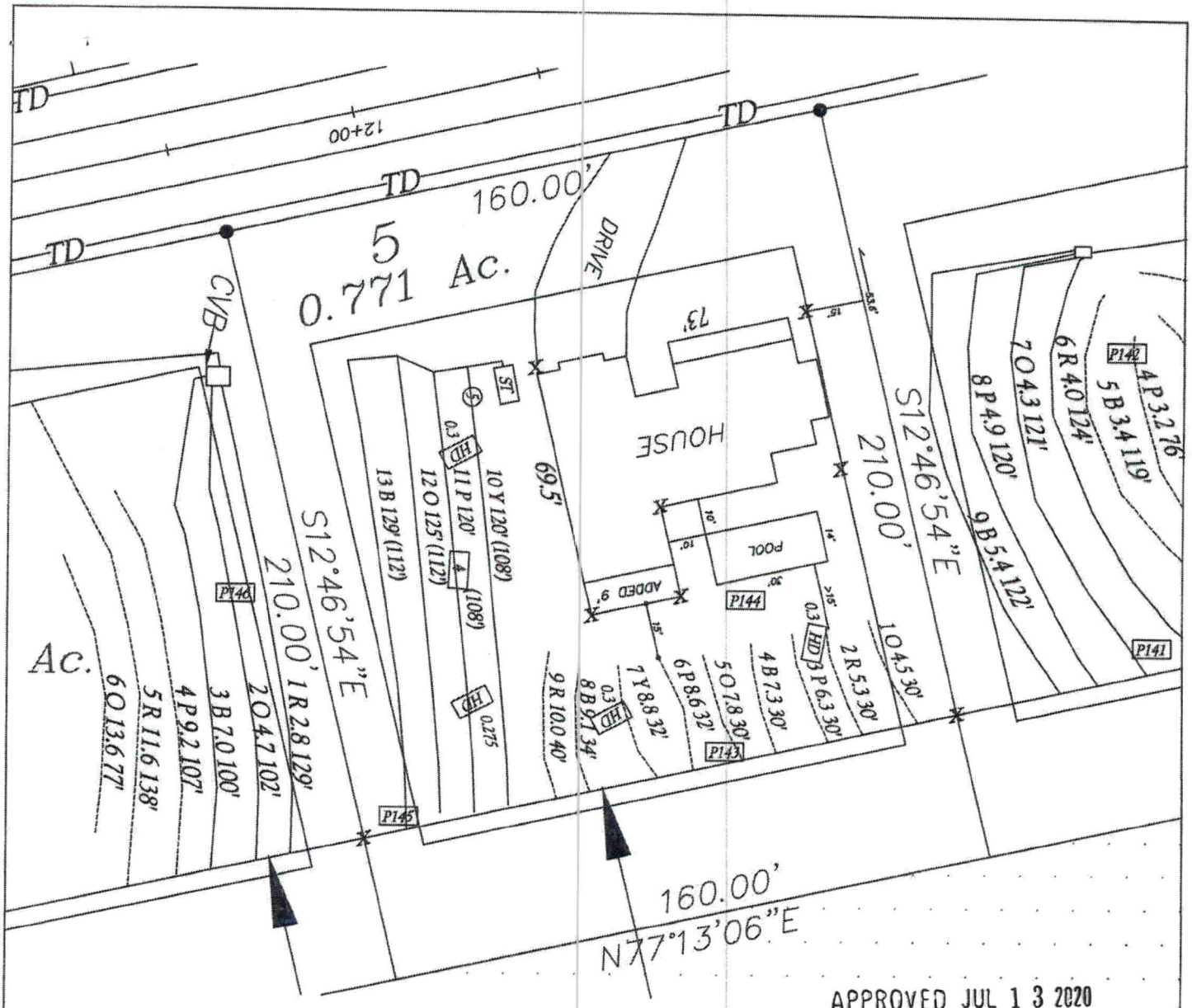
Owner / Applicant Signature:

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/14/2020 Installed by: Precision Excavating

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/14/2020 OPERATION PERMIT by: Benjamin R Bullock Date: 10/22/2020

Date: 7/14/2020 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 inspector to confirm your inspection time.



APPROVED JUL 1 3 2020

LEGEND

- House Box.
- Pit Location.
- System lines.
- Boring Location.
- Repair lines.
- House Corner Shot.
- T.B.M.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SEPTIC DESIGN FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE (704) 746 - 5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE (704) 746 - 5046
EMAIL ASHLEYROLLANS@GMAIL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: BUILDING COMPANY NO. 7 / WINDING FOREST LOT #5

LOCATION/DATE: PERTH ROAD, IREDELL COUNTY, NORTH CAROLINA, MARCH 2020

JOB # : 20-0023
FILE: C:\JOBS\20-0023
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

RECEIVED JUL 0 6 2020 AP-386527 $105.00

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*

United

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: Jeremy Comeau **Address:** 515 E Statesville Ave Mooresville **Zip:** 28115
Applicant Email: Jeremy@Building67.com **Phone:** 9853733669 **Alt. Phone:**
Owner Name: **Address:** **Zip:**
Owner Email: Same As Above **Phone:** **Alt. Phone:**

Property Information:

Street Address: 153 Winding Forest Dr Troutman Nc 28166
Subdivision Name: Winding Forest **Section/Phase:** **Lot Number:** 5
Driving Directions: Ext 42, Perth Rd, Winding Forest Dr

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

Describe Problem:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: JComeau 7/6/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(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.

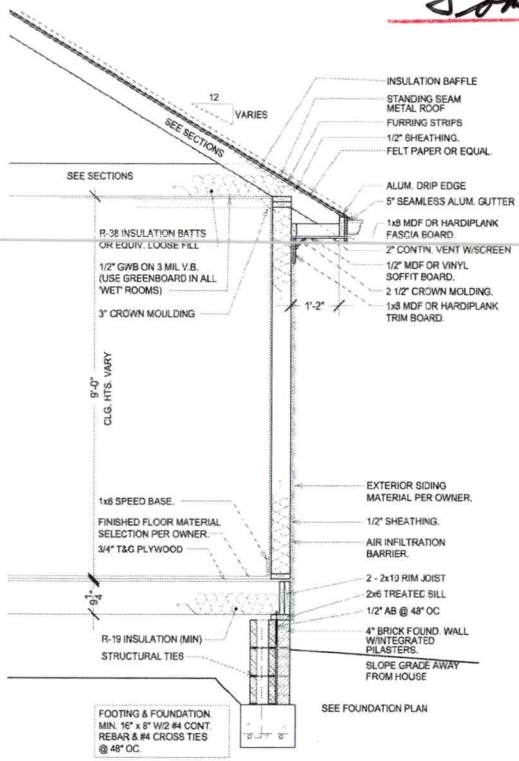
_____ Signature of Owner(s)

7/6/2020 Date

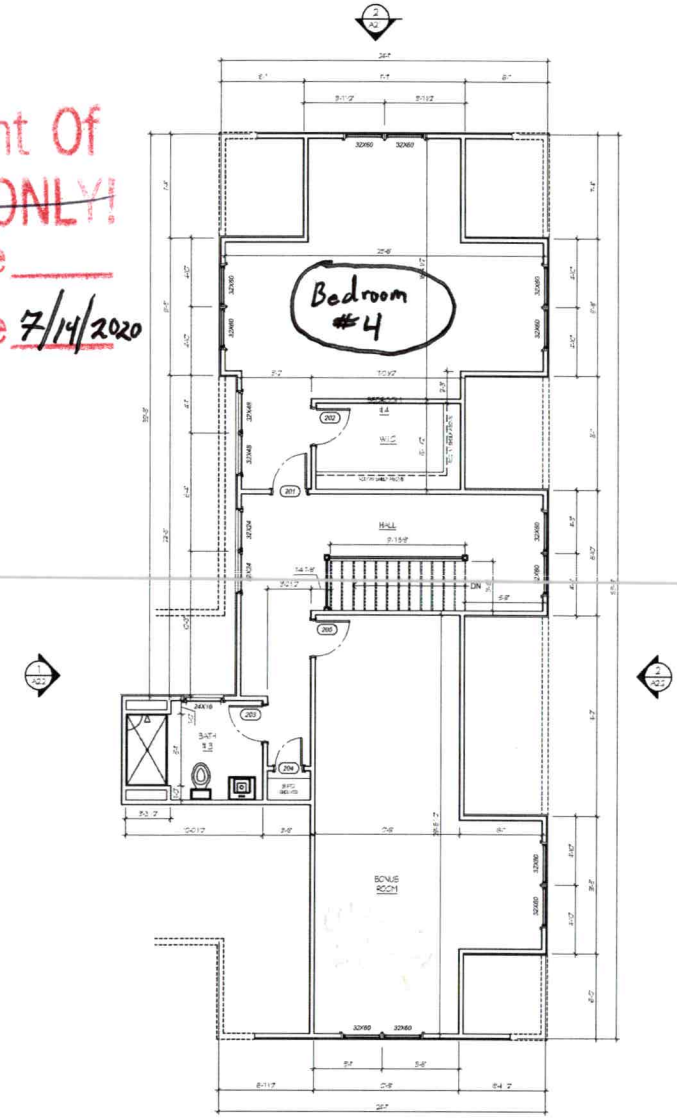
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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
Date 7/14/2020



2 / A1.2 TYPICAL WALL SECTION
SCALE 3/4" = 1'-0"



1 / A1.2 SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

Cohen Home Studios
PH 980.428.0365
4618 HOSTE WAY LANE
CHARLOTTE, NC 28216
email - cohenhomestudios@yahoo.com

Rev. No.	Date

Project No.: 2020.008
Drawn By: BSC

PRIVATE RESIDENCE
153 WINDING FOREST DRIVE
TROUTMAN, NC 28166

Drawing Set

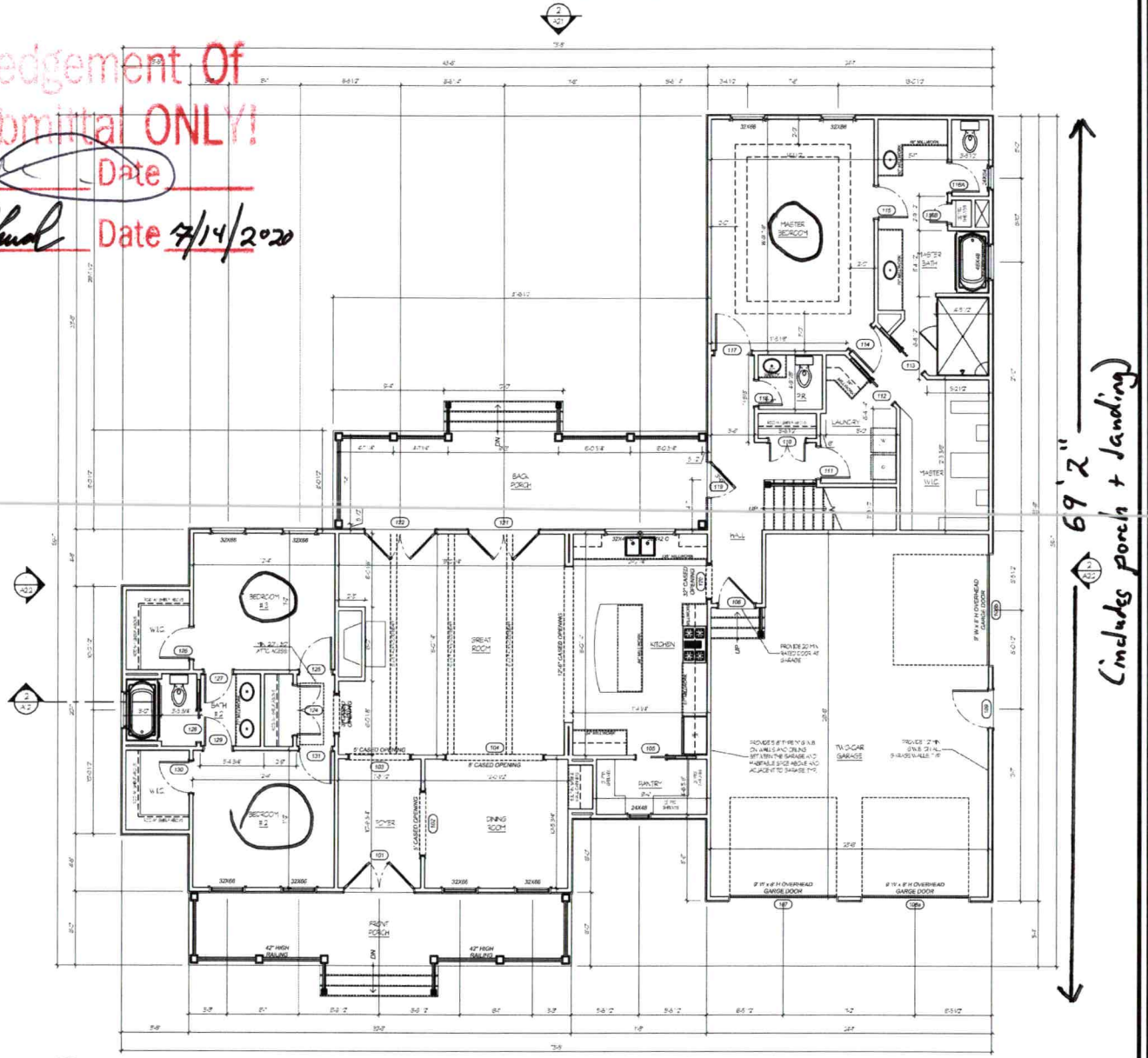
SECOND FLOOR PLAN
NEW SINGLE FAMILY RESIDENCE

A1.2

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Sheet Issue Date:
04.07.2020

Acknowledgement Of
Plans Submittal ONLY!
Date
Tom Shuck Date 7/14/2020



1 / A1.1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

Cohey Home Studios
Cohey Home Studios
PH: (980) 428-0765
4858 HOSTE WAY LANE
CHARLOTTE, NC 28216
email - coheyhomestudios@yahoo.com

Rev. No.	Date

Project No.: 2020.008
Drawn By: BSC

PRIVATE RESIDENCE
153 WINDING FOREST DRIVE
TROUTMAN, NC 28166

Drawing Set

FIRST FLOOR PLAN

NEW SINGLE FAMILY RESIDENCE

A1.1

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Issue Issue Date:
04.07.2020