IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 22198 2

1:00

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

PIN # 4648131327

APPLICANT: BUTCH BOWENS | APPLICANT ADDRESS: 2067 New Brunswick Dr. San Mateo CA

SITE ADDRESS: 496 BIG INDIAN LOOP - MOORESVILLE | PHONE: | ALT. PHONE:

SITE DIRECTIONS: I40 W - TR BLUEFIELD - TL BIG INDIAN - ON RT

SUBDIVISION: INDIAN FOREST | SECTION: — | LOT # 4 | LOT AREA: 1.13AC | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	5/4/16	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	GRAVITY 25% REDUCTION			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	CP PPB #3			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft:	400	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

Polylok PL-66

INITIAL SITE SKETCH

SCC Michael Athanas & Associates Design

AS BUILT SKETCH

Quit 4 Installed as drawn

* See attached plat dated 11-3-2016. Recommend pumping septic tank every 3-5 years. Though a 3-bedroom house is depicted in the floorplans, a 4 bedroom permitted system has been permitted for install. Any deviation in the system must first be approved by the department. -SF

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: Butch Bowens Date: 10/4/16

IMPROVEMENT PERMIT by: Date: 9/30/16

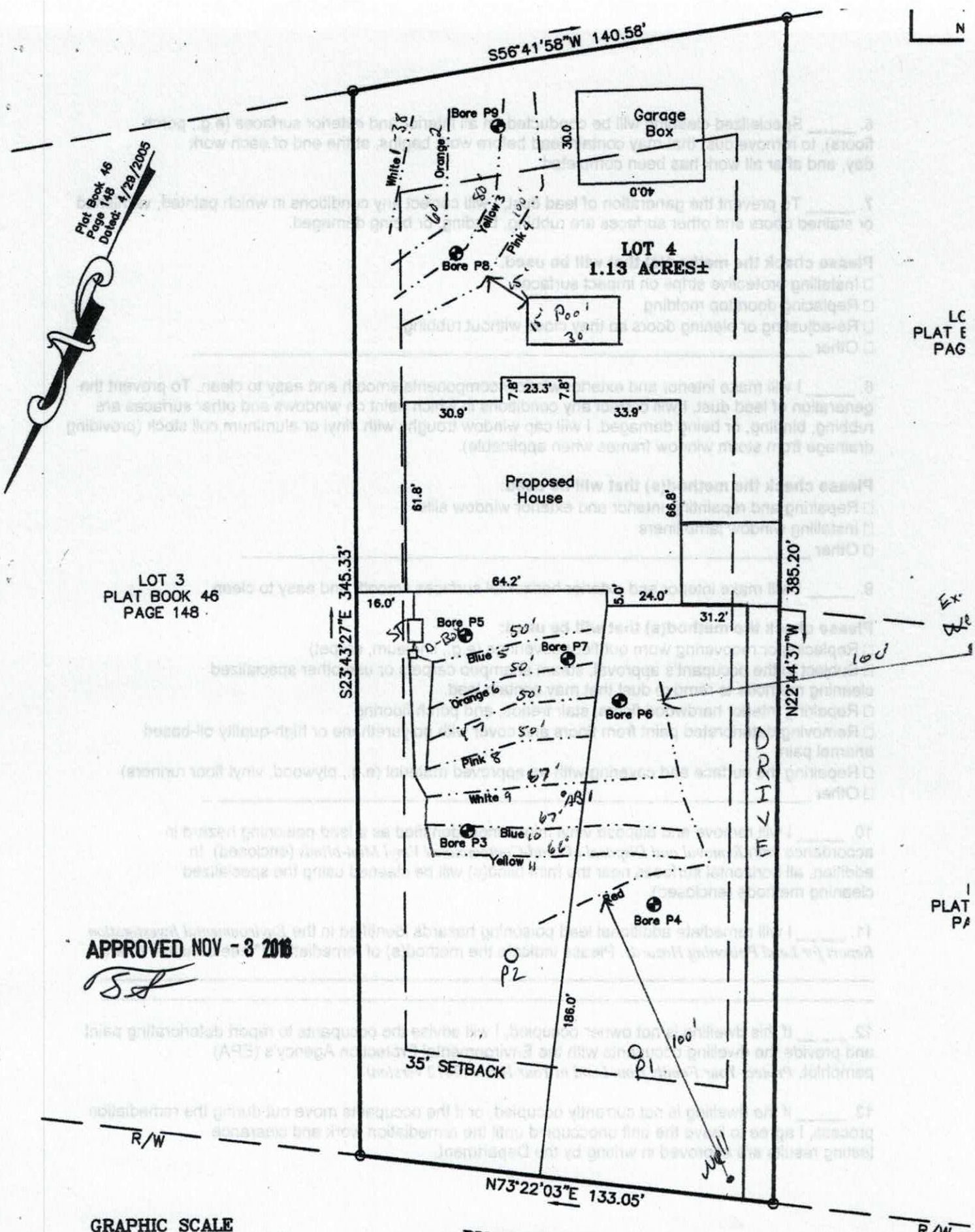
AUTHORIZATION TO CONSTRUCT by: Date: 11/8/2016

Installed by: Richard Abernathy

OPERATION PERMIT by: Date: 08/10/18

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



APPROVED NOV - 3 2016

GRAPHIC SCALE

40 0 20 40

(IN FEET)

1 inch = 40 feet

BIG INDIAN LOOP
60' PUBLIC R/W
(PLAT BOOK 24 PAGE 138)
(PLAT BOOK 46 PAGE 148)



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 496 Big Indian Lp., Indian Forest Lot 4
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length
White 1		38'
Orange 2		60'
Yellow 3		80'
Pink 4		100'
Blue 5	**50'**	**51'**
Orange 6	**50'**	**55'**
Yellow 7	**50'**	**55'**
Pink 8	**50'**	**53'**
White 9	**67'**	**80'**
Blue 10	**67'**	**82'**
Yellow 11	**66'**	**80'**

Initial System: 400' **Repair System:** 278'

Comments:
All the septic lines have been located by Patterson Land Surveying. The flow will go to a distribution box with two holes. The first pipe will feed B5, O6, Y7, and P8. The second will feed W9, B10, and Y11.

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

PROPERTY ID #: 4648131327
COUNTY: Iredell

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

OWNER: Thomas Finke APPLICATION DATE
ADDRESS: 2067 New Brunswick Dr., San Mateo, CA 94402 DATE EVALUATED:
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 1.13 AC
LOCATION OF SITE: 496 Big Indian Loop, Indian Forest Lot 4 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
PIT 1 & PIT 2	LS 6%		FILL						US
PIT 3	LS 8%	0-11	FILL		N/A	54"	N/A	N/A	PS 0.3
		11-34	R C SBK	FR SS SP SEXP					
		34-54	R CL WSBK	FR SS SP SEXP					
PIT 4	LS 8%	0-10	FILL		N/A	24"	F-C SAP	N/A	PS 0.4-0.5
		10-24	R CL WSBK	FR SS SP SEXP			PS		
		24-60	SL SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	834 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Leon Bouwens	P.O. Box 4894	704-508-1751	704-363-8707
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Big Indian Holdings llc.	P.O. Box 4894		704-363-8707

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
496 Big Indian Loop	Indian Forest Lot 4	Lot 4

Driving Directions: Hwy 150 To Bluefield Rd. L on Big Indian loop

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to ___
( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) Existing system--installed in ___ *YEAR*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Big Indian Holdings llc Leon Bouwens mgr. 10/10/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 2 1 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
221982

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: (X) 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:

Email:
Applicant Name: Butch Bouwens **Address:** butch427vet@yahoo.com **Phone:**

Owner Name: Thomas Finke **Address:** 2067 New Brunswick Dr. San Mateo CA. 94 **Phone:**

Property Information:

Street Address: 496 Big Indian LP

Subdivision Name: Indian Forest **Section/Phase:** **Lot Number:** 4

Driving Directions: 150w, TR Blue Field, TL Big Indian, on Rt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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:**
( ) 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: _____ 9/21/2016
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

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.

I, LEON BOUWENS, Authorized Agent ~~am~~ the legal owner(s) of the property located at 496 BIG INDIAN LOOP, identified as PIN (Parcel Identification Number) 4648-13-1327, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) GARY McNEELY OF, MICHAEL ATHANAS & ASSOC., 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.

Leon Bouwens — Signature of Owner(s) — 9/19/16 — Date

Slim Lowe — Signature of Witness — 9/19/16 — Date

Please return this signed form to the appropriate office:

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

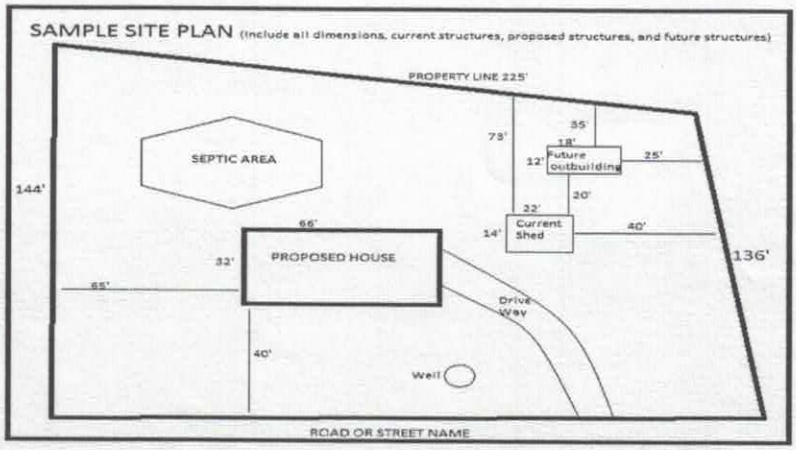
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

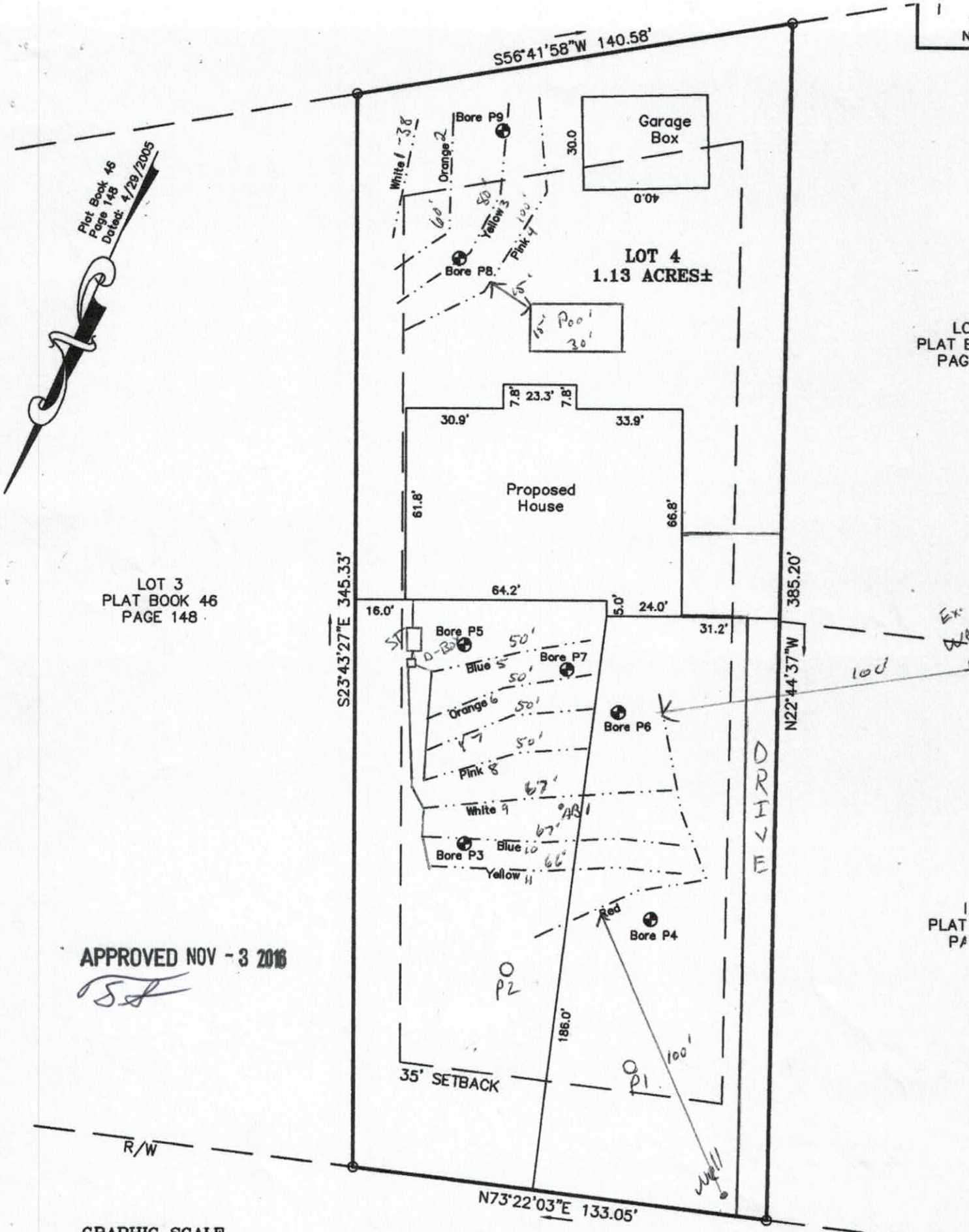
See Attached Septic Permit.

Signature: Glen Brewer MGR

REQUIRED **property owner or owner's legal representative signature.**

10/14/16

DATE



GRAPHIC SCALE

40 0 20 40

(IN FEET)

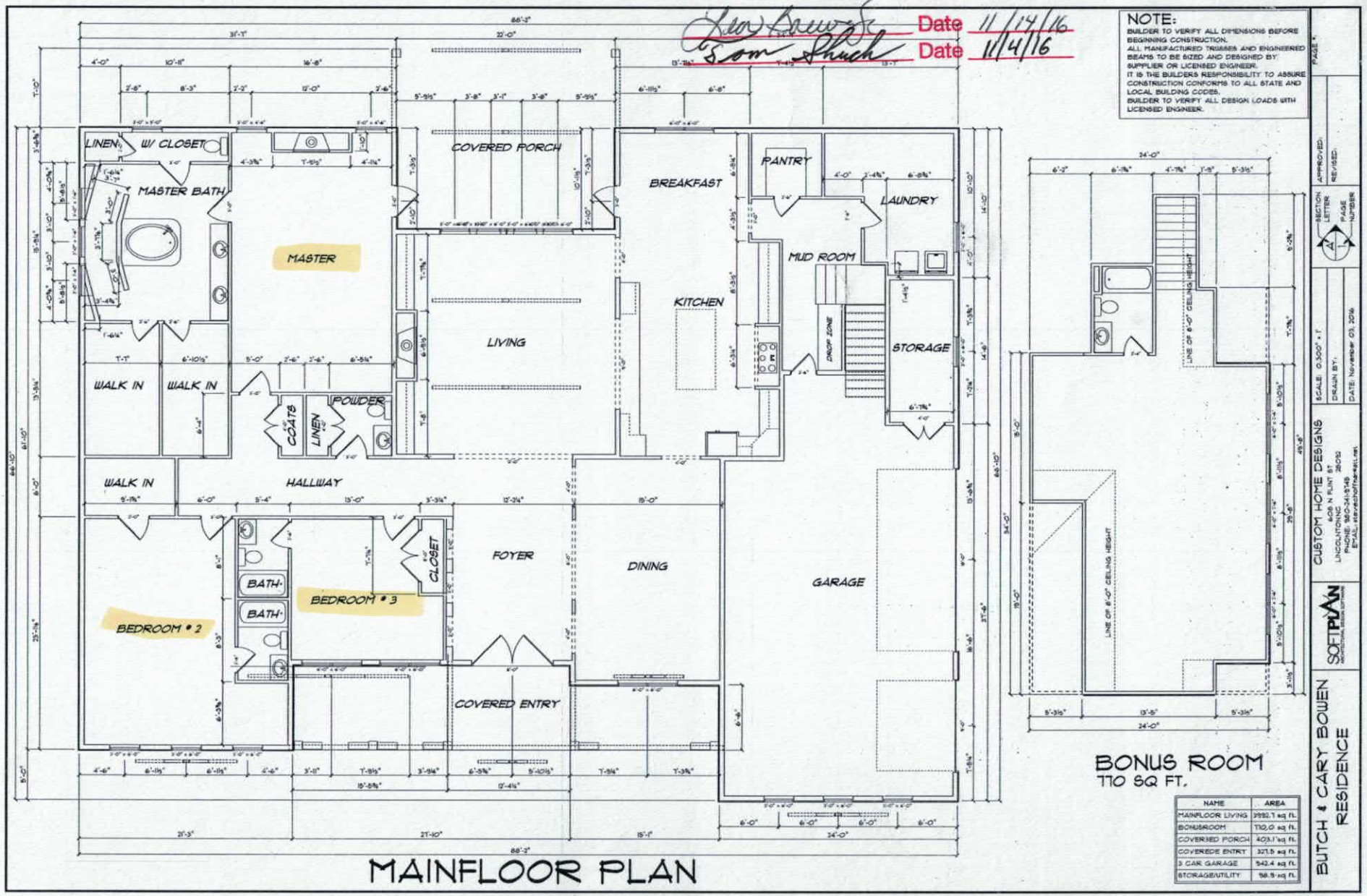
1 inch = 40 feet

BIG INDIAN LOOP
60' PUBLIC R/W
(PLAT BOOK 24 PAGE 138)
(PLAT BOOK 46 PAGE 148)

Acknowledgement of
Plans Submittal ONLY!

Date 11/14/16

Date 11/4/16



IREDELL COUNTY

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

APPLICATION NUMBER
221982
Issue Date: 09/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4648131327.000	496 BIG INDIAN LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FINKE THOMAS F+CHRISTINE TAM	Applicant: MICHAEL ATHANAS & ASSO
Address: 2067 NEW BRUNSWICK DR SAN MATEO, CA 94402	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
NEW SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.130	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: _____

Permit Number	81188	TOTAL FEES:	$ 77.25