IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 22567

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

PIN # 4669677197

APPLICANT: APOGEE BUILDERS / WAYNE BARKER APPLICANT ADDRESS: 10005 HUNTERS TRACE DR CONCORD, NC 28027

SITE ADDRESS: 287 WINTHROW CREEK RD - Mrsul. PHONE: ALT. PHONE:

SITE DIRECTIONS: 801 (N) - TL TRIPLETT - TL WINTHROW - ON RT.

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.31 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 794	Date 3-14-17	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: GRAVITY 25% REDUCTION	☐ Business	No. Persons 8	☑ Private
Pump Make	Model	Serial #	Repair System Description: SAME	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft: 400	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth (30")	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: 52ft from house to drainfield (middle) 60ft from corner of house to drainfield.

4/28/17 Checked drainlines.
5/3/17 Checked ST

INITIAL SITE SKETCH

See Penninger Soil Consulting's Design.

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: Wayne Barker Date: 10/3/16

IMPROVEMENT PERMIT by: Date: 9/19/16

AUTHORIZATION TO CONSTRUCT by: Date: 9/19/16

Installed by: C. Wayne Orbison

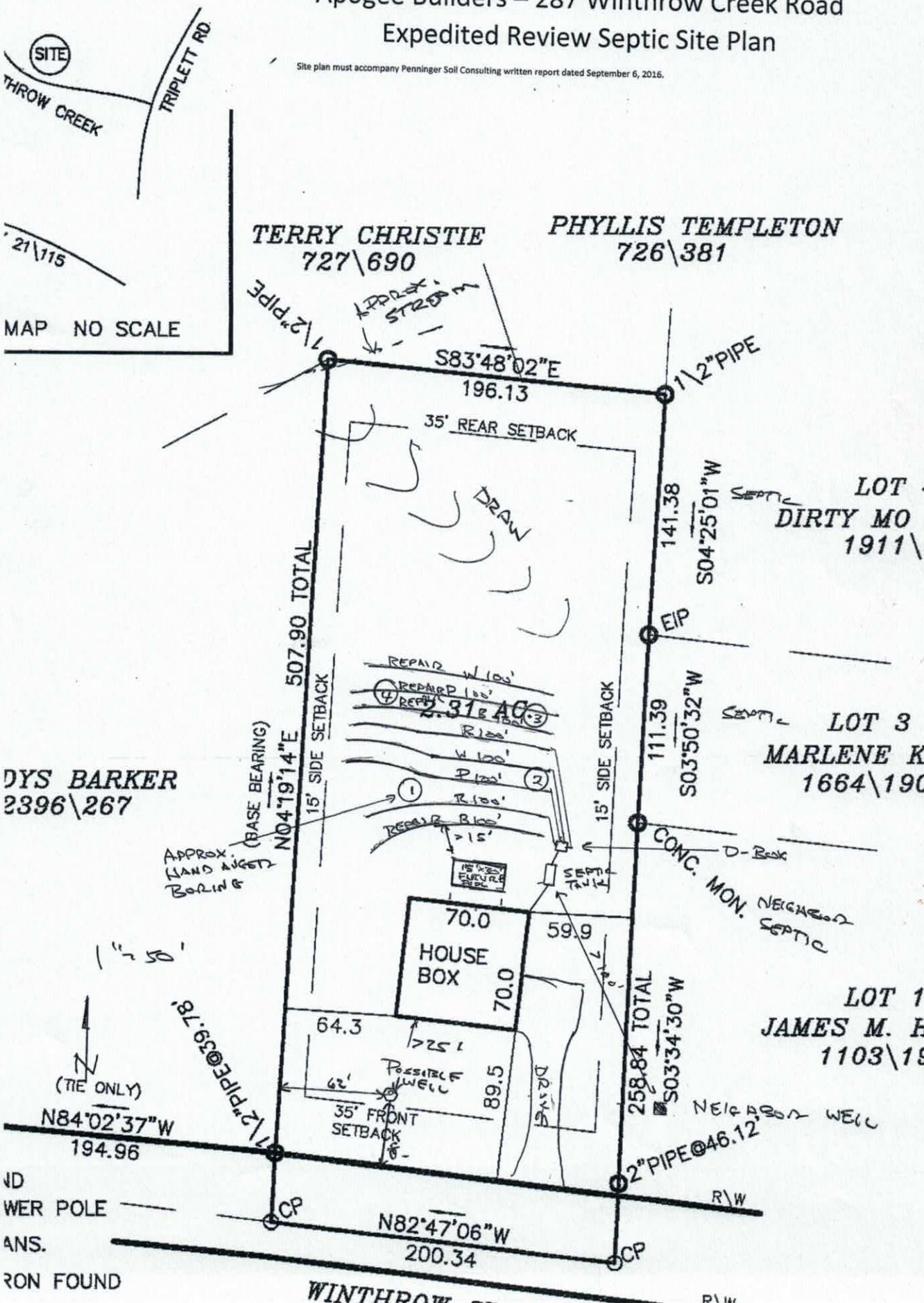
OPERATION PERMIT by: Date: 5/3/17

Existing System Inspected by: Date:

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

Apogee Builders – 287 Winthrow Creek Road
Expedited Review Septic Site Plan

Site plan must accompany Penninger Soil Consulting written report dated September 6, 2016.



1 C260

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

September 6, 2016

Apogee Builders
10005 Hunters Trace Drive
Concord, North Carolina 28027

Attention: Mr. Wayne Barker

Reference: **Technical Assistance with Expedited Review Septic Permitting**
Iredell County Parcel No. 4669677197.000
287 Winthrow Creek Road – 2.31 Acres
Iredell County, North Carolina
Project No. 16-153

Dear Mr. Barker:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new, 4-bedroom septic system Improvement Permit on the above referenced lot from the Iredell County Health Department (ICHD). The technical assistance was performed in general accordance with our written proposal / letter of authorization dated August 31, 2016.

We understand that you are one of the owners of the lot and that you want to construct a new 4-bedroom house on the lot. You have requested Penninger Soil Consulting, PLLC to assist with you obtaining a 4-bedroom Septic Improvement Permit, Construction Authorization, and a Well Permit for the proposed house under the ICHD Expedited Review program.

Your surveyor flagged the property corners, the property lines and the proposed house box. Penninger Soil Consulting described four hand auger borings in the proposed septic area and flagged the proposed septic drainfield lines. We are proposing a gravity, 25 Percent Reduction drainfield and repair area behind the existing house.

Once the septic area is permitted, it should be protected until system installation. Access to the lot should only be by the existing drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system. The system should be installed under dry soil conditions. The proposed pool must be at least 15 feet from the septic tank and drainfield.

Penninger Soil Consulting, PLLC appreciates the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you with the Expedited Review site evaluation. The ICHD may show any changes or modifications they deem necessary to the proposed system on the ICHD Permits or attached site plan. The ICHD must approve each lot and only the ICHD can issue

these permits. The ICHD should verify all soil suitability and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist



Attachments:

1. ICHD Septic Improvement Permit Application
2. Proposed Site Plan and System Information

Copy: ICHD

C:\Users\Paul G. Penninger\Documents\2016 Projects\16-153 Apogee Builders - Winthrow Creek Rd Lot\Winthrow Creek - Expedited Review Summary Letter.doc

Apogee Builders - 287 Winthrow Creek Road Expedited Review System Information (Pg 1 of 1)

September 6, 2016

Number of Bedrooms	4
Basement or Crawl	**Crawl - Slab Garage**
Design Flow (gpd)	480
LTAR (gpd/sqft)	0.3
Primary System Type	**Gravity 25 Percent Reduction**
No. Lines	4 lines @ 100 ft. (See Site Plan)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	30 inch
Pump Required	No
Distribution Device	D-Box or other ICHD approved device may be utilized
Maintenance Agreement Required	No
Repair System	**25 Percent Reduction**
Total Linear Feet	400 ft shown (400 ft. required)
Repair LTAR (gpd/sqft)	0.3
Repair Trench Depth	30 in.

Note: Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.

- System is to be installed according to ICHD Permit requirements or policies.
- These specifications are to satisfy the ICHD Expedited Review checklist and are not intended to represent an Engineered System Design or Permit.
- Expedited Review system information and site plan must accompany Penninger Soil Consulting written report dated September 6, 2016.
- Installer to verify required setbacks with the ICHD prior to installation.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

OWNER: WAYNE BARKER Et al #1 – Apse-Bldr
ADDRESS: Hathaway Creek Rd
PROPOSED FACILITY: 4 Bdrm
LOCATION OF SITE: Hinnerson Creek Rd – 2.31 AC
APPLICATION DATE: 9-6-16
DATE EVALUATED: 8-1-16
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 2.31 AC
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~10%	0-10	WSBK scl	fr ss/se	br				PS .3
		10-34	mSBK c	fr s/p	red f SAP; wd				
		34-48	m-WSBK scl	lcl fr ss/sc	red, c SAP; wd				
						48			
2	L ~10%	0-15	WSBK scl	fr ss/sc	br				PS .3
		15-32	mSBK c	mSBK c	red f fe(l)sap / SAP				
		32-48	WSBK scl	fr ss/sc	mott wd C SAP; fe(l)sap				
					@ mush SB 46"	48			
3	L ~15%	0-18	WSBK scl	fr ss/se	br				PS .3
		18-48	mSBK c/d	fr s/p – ss/sc	red f SAP; fe(l)sap				
						48			
4	L ~15%	0-10	WSBK scl	fr ss/sc	br				PS .3
		10-28	mSBK c	fr s/p	red f SAP				
		28-48	WSBK cl scl	fr ss/sc	C SAP; fe(l)sap				
					@ mush SB 45"	48			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2-S	2-S
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PBJ
OTHER(S) PRESENT: mush b. reviewed by ICMD

COMMENTS: soil very dry – Raised while writing Description

Updated February 2014

RECEIVED SEP 7 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

#221567

PAGE 1: *APPLICATION FORM*

Application For:

- [✓] Septic Improvement Permit
- [✓] New Well Permit
- [✓] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [ ] Well Abandonment
- [ ] 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:

Place an (X) beside whichever is submitted if applicable

- [ ] Survey Plat, scaled no more than 1 inch = 60 feet
- [✓] Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Apogee Builders/Wayne Barker **Address:** 10005 Hunters Trace Dr. Concord, NC 28027 (barker5@carolina.rr.com) **Phone:** 704-507-9412

Owner Name: Becky Barker Furguson, et al **Address:** 42 Moccasin Flower Trail, Landrum, SC **Phone:**

Property Information:

Street Address: 287 Winthrow Creek Road

Subdivision Name: **Section/Phase:** **Lot Number:**

Driving Directions: Highway 21/115 N, TR Shinville, TR Winthrow Creek Rd, Lot on Left in woods.

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

- [✓] New Single Family Residence
- ( ) New Multi-Family Residence
- [ ] Accessory Building
- [ ] Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8

- [✓] Swimming Pool
- [ ] Other Addition/Structure:

- [✓] 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:

- [✓] New Well
- [ ] Existing Well
- [ ] Community Well
- [ ] City Water
- ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed:

Please answer the following to the best of your ability:

- [ ] Yes [ ] No ? Does the site contain any jurisdictional wetlands? Stream & Road
- [ ] Yes [✓] No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-6-16
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Wayne Barker, am the legal owner(s) of the property located at Winthrow Creek Road, identified as PIN (Parcel Identification Number) 4669677197.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**), Paul Penninger, _____ 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.

J Wayne Barker 9/6/16 Laura Barker 9/6/16

Signature of Owner(s) Date Signature of Witness 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

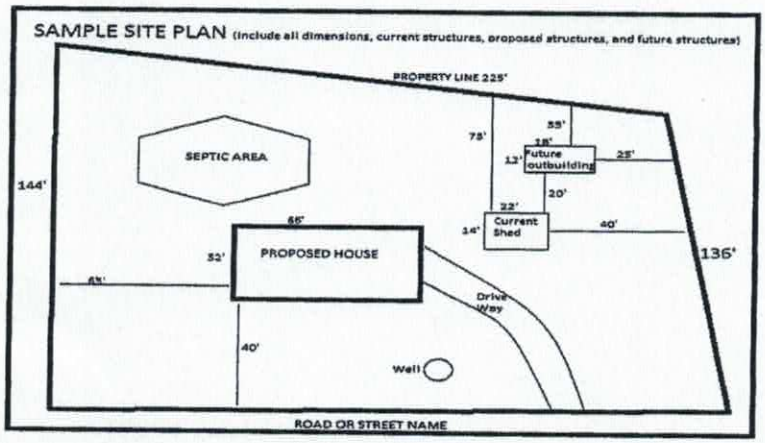
___ Front and side setbacks from property line... **___ Preferred driveway location and configuration, preferred well location...**

___ 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

Survey

Signature: _____

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

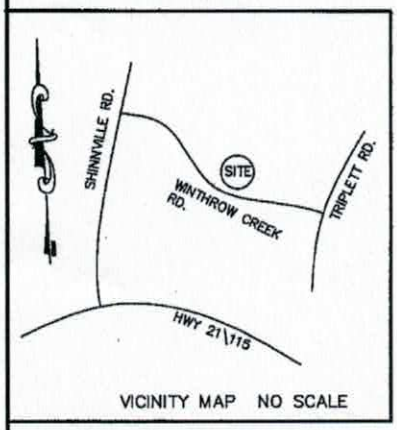
9-6-16

DATE

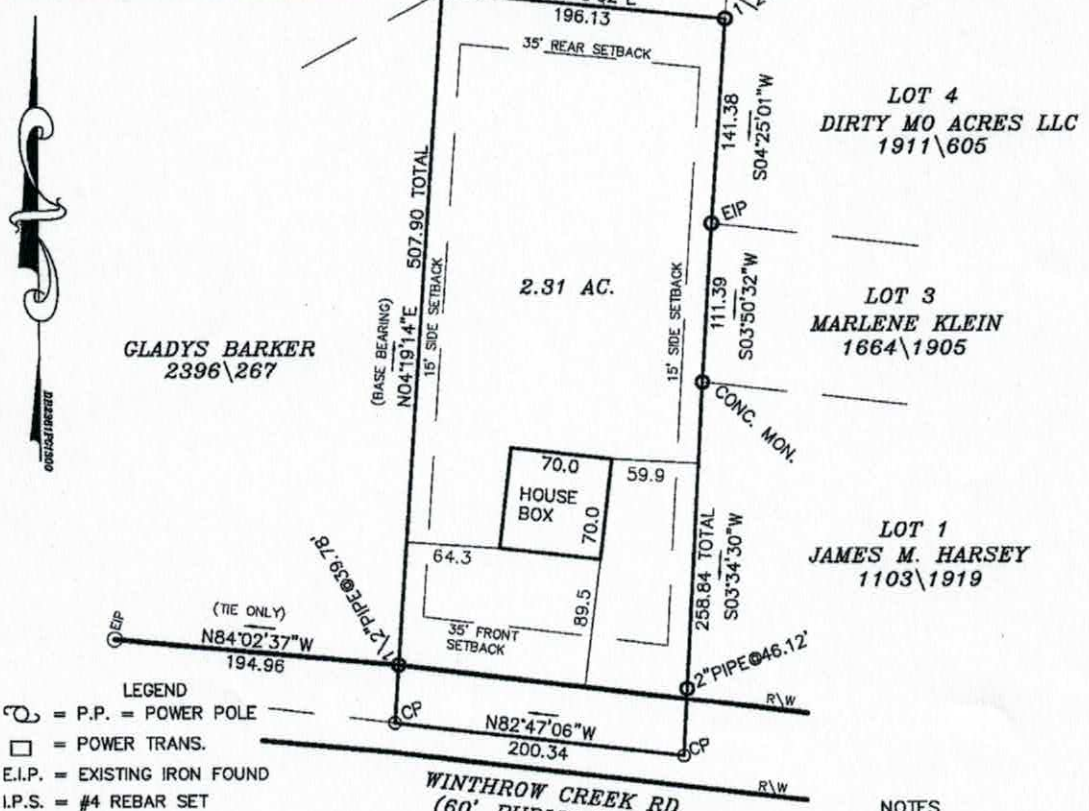
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2361, page 1300, and/or plat book _____, page _____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 24, day of AUG., A.D. 20 16.

WILLIAM M. ALLEN, PLS
SEAL L3499
PROFESSIONAL LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE



LEGEND
P.P. = POWER POLE
POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

GRAPHIC SCALE
0 50 100
(IN FEET)
1 inch = 100 ft.

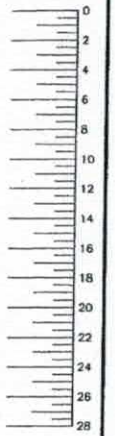
NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

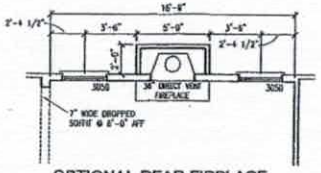
BOUNDARY SURVEY
OF
FERGUSON BECKY BARKER ETAL. PROPERTY
BARRINGER TWSP., IREDELL CO., N.C.

SCALE 1" = 100'
ACQUIRED BY: WAYNE BARKER

FIELD BOOK: 500-I
FILE: WINTHROW CREEK- BARKER
DC FILE:
TAX MAP NO: 4669677197

1/8"





OPTIONAL REAR FIRPLACE

NOTES & LEGENDS

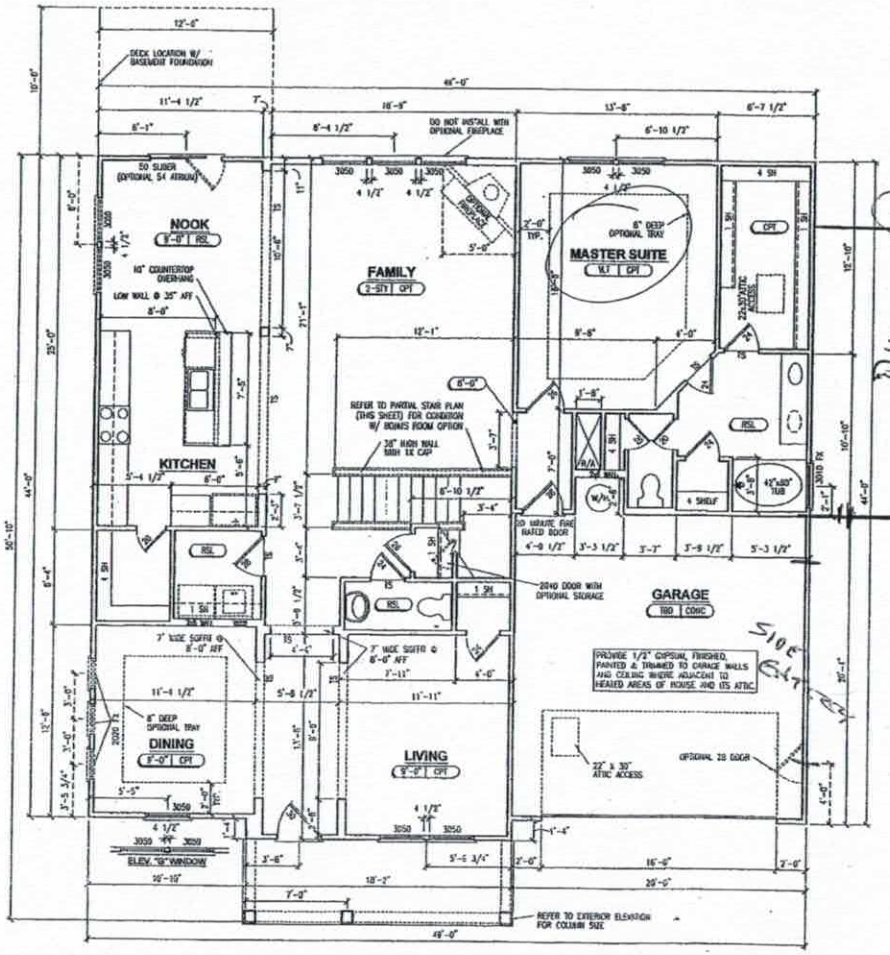
1. REFER TO ENGINEERING STRUCTURAL DRAWINGS SHEETS, S-# FOR ALL BEAM & HEADER SIZES
2. ALL INTERIOR DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
3. ALL EXTERIOR WALLS SHALL BE 15" O.C. WALL CONST. W/ DOUBLE TOP PLATE U.N.O
4. ALL INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WALL CONST. U.N.O.
5. (2) HOSE BIBS SHALL BE INSTALLED, EXACT LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR
6. 1ST FLOOR WINDOW HEADER HEIGHT=7'-0" AFF.; 2ND FLOOR WINDOW HEADER HEIGHT=7'-0" AFF.
7. REFER TO STRUCTURAL DRAWINGS FOR BEARING WALL LOCATIONS

(BALLOON FRAMING) 2x6 WALL W/DOUBLE TOP PLATE (STUD SPACING PER STRUCTURAL PLAN)

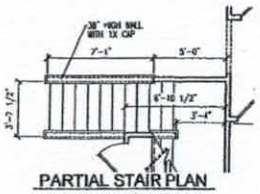
INCLUDED WINDOW | OPTIONAL WINDOW | 2X6 FRAME WALL

AREA TABULATION

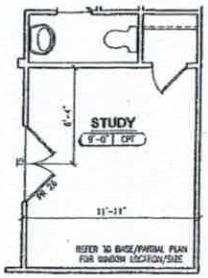
PORCH	105 SF
GARAGE	415 SF
FLOOR 1 LIVING	1,765 SF
FLOOR 2 LIVING	785 SF
TOTAL LIVING	2,550 SF



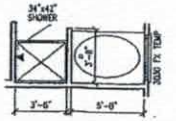
FIRST FLOOR PLAN "A & G"



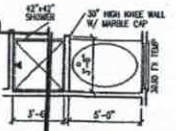
PARTIAL STAIR PLAN
W/ BONUS ROOM OPTION



OPTIONAL STUDY



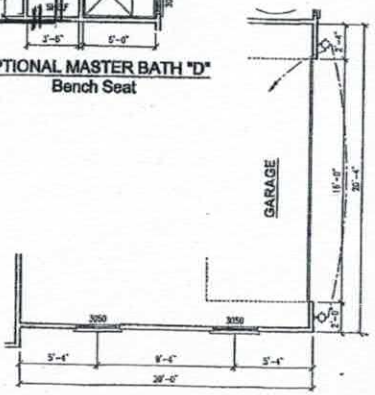
OPTIONAL MASTER BATH "B"
Full Wall



OPTIONAL MASTER BATH "C"
Half Wall

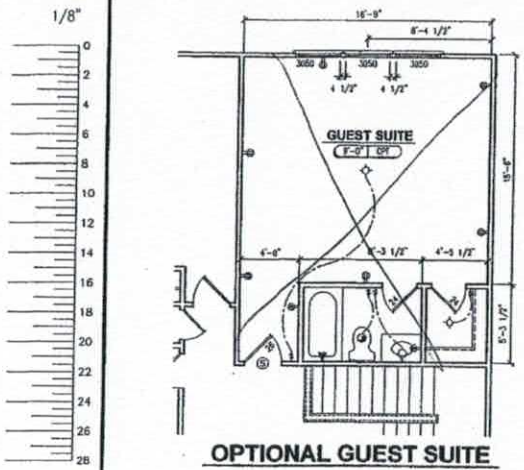


OPTIONAL MASTER BATH "D"
Bench Seat



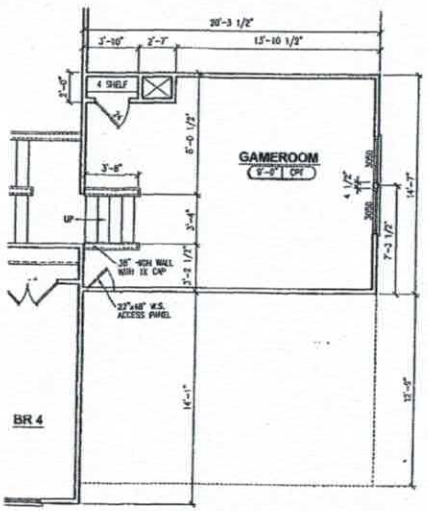
OPTIONAL SIDE ENTRY GARAGE

Acknowledgement Of
Plans Submittal ONLY
Date 9/19/
Date 9/3/

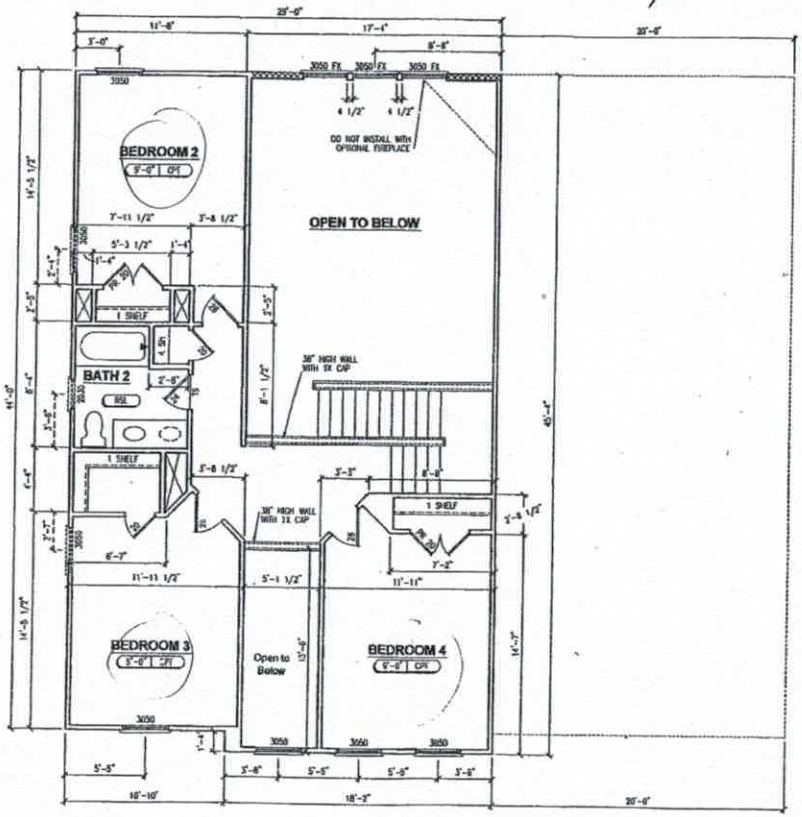


OPTIONAL GUEST SUITE
+376 sf

OPTIONAL BONUS ROOM
+376 sf



OPTIONAL GAMEROOM
+292 sf



SECOND FLOOR PLAN "A & G"

Acknowledgement Of Plans Submittal **ONLY!**

Date 9/12/16

Date 9/13/16

NOTES & LEGENDS

1. REFER TO ENGINEERING STRUCTURAL DRAWINGS SHEETS, S-# FOR ALL BEAM & HEADER SIZES
2. ALL INTERIOR DOOR & WINDOW HEADERS SHALL BE (1) 2x4 OR (1) 2x6 W/VERTICAL CRIPPLERS @ 2'-0" O.C. TO MATCH WALL WIDTH UNLESS NOTED OTHERWISE.
3. ALL EXTERIOR WALLS SHALL BE 16" O.C. WALL CONST. W/ DOUBLE TOP PLATE U.N.O.
4. ALL INTERIOR NON-BEARING WALLS SHALL BE 24" O.C. WALL CONST. U.N.O.
5. (2) HOSE BIBS SHALL BE INSTALLED, EXACT LOCATION TO BE DETERMINED BY PLUMBING CONTRACTOR
6. 1ST FLOOR WINDOW HEADER HEIGHT=7'-0" AFF 2ND FLOOR WINDOW HEADER HEIGHT=7'-0" AFF.
7. REFER TO STRUCTURAL DRAWINGS FOR BEARING WALL LOCATIONS

(BALLOON FRAMING) 2x6 WALL W/DOUBLE TOP PLATE (STUD SPACING PER STRUCTURAL PLAN)

INCLUDED WINDOW | OPTIONAL WINDOW | 2x6 FRAME WALL

IREDELL COUNTY

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

APPLICATION NUMBER
221567
Issue Date: 09/06/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4669677197.000	287 WINTHROW CREEK ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: BARKER GLADYS K	Applicant: PAUL PENNINGER
Address: 0 IREDELL CO, NC 28625	Address: 595 J M PENNINGER RD LEXINGTON, NC 27292
Phone:	Phone: 704-996-6330

Use Requested	Zone Code
SFD- FAST TRACK	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.320	35.00	35.00	15.00	15.00	NO	X

Remarks:

$ PAID 155

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.

See Attached

Applicant: _____ Date: _____

Permit Number	79629	TOTAL FEES:	$ 77.25