ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP- 241471 313986

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

PIN # 4711 -- 04 -- 8945

APPLICANT/OWNER: BLAINE SCOTT MILLER

APPLICANT ADDRESS: 140 MAXWELL LANE, STATESVILLE, N.C. 28677

SITE ADDRESS: 163 WINDINGWOOD DRIVE, STATESVILLE, N.C. 28677

PHONE: 704-902-1813 ALT. PHONE 704-664-1683

SITE DIRECTIONS: (W) ON 70, (E) ON BUFFALO SHOALS, (E) ON WINDINGWOOD, LOT ON (E)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: RIDGEWOOD

SECTION: - LOT # 5 LOT AREA: 1.714 AC

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

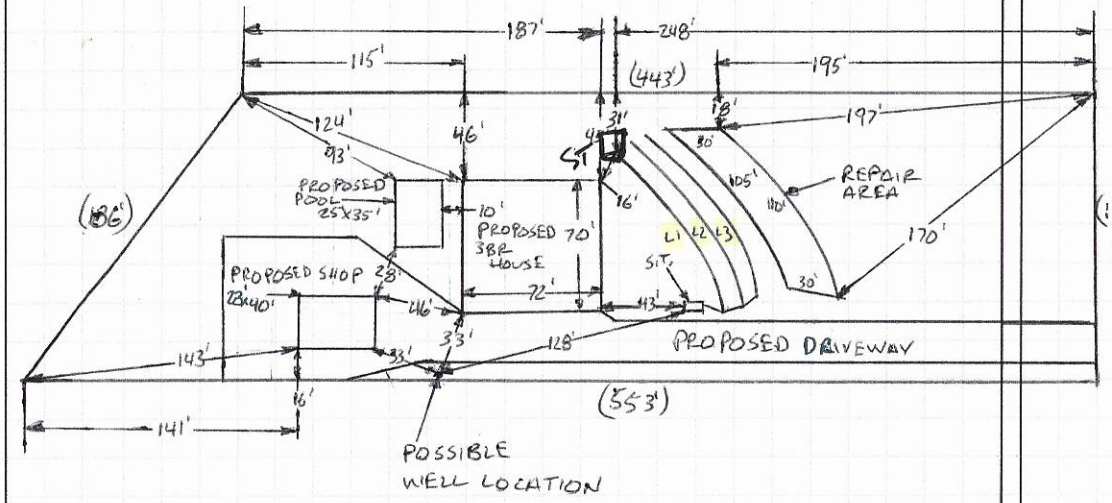
Septic Tank	1000 (gal)	STB	1012	Date	7-2-2021	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	- (gal)	PT	-	Date	-	System Description:	25% REDUCTION		
Pump Make	-	Model	-	Serial #	-	Repair System Description:	25% REDUCTION		
# Nitrification Fields	1	# Lines	3	Linear Ft	306 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	19 IN	Gravel Depth	-	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☑ Private
☐ Other	No. Employees	-	☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 30 IN MAX TRENCH BOTTOM. SHOP PLUMBING IS TO BE PLUMBED INTO HOUSE PLUMBING

THERE ARE TO BE NO BEDROOMS IN THE SHOP.

INITIAL SITE SKETCH



L1=102FT
L2=102FT
L3=102FT

AS BUILT SKETCH

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 time.

Installed as drawn other than tank location

1 IN = 100 FT

S.T. = SEPTIC TANK

SCANNED

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: Blaine Scott Miller 8/16/21 Date: 8/16/21 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-11-2021 OPERATION PERMIT by: Date: 9-10-2021

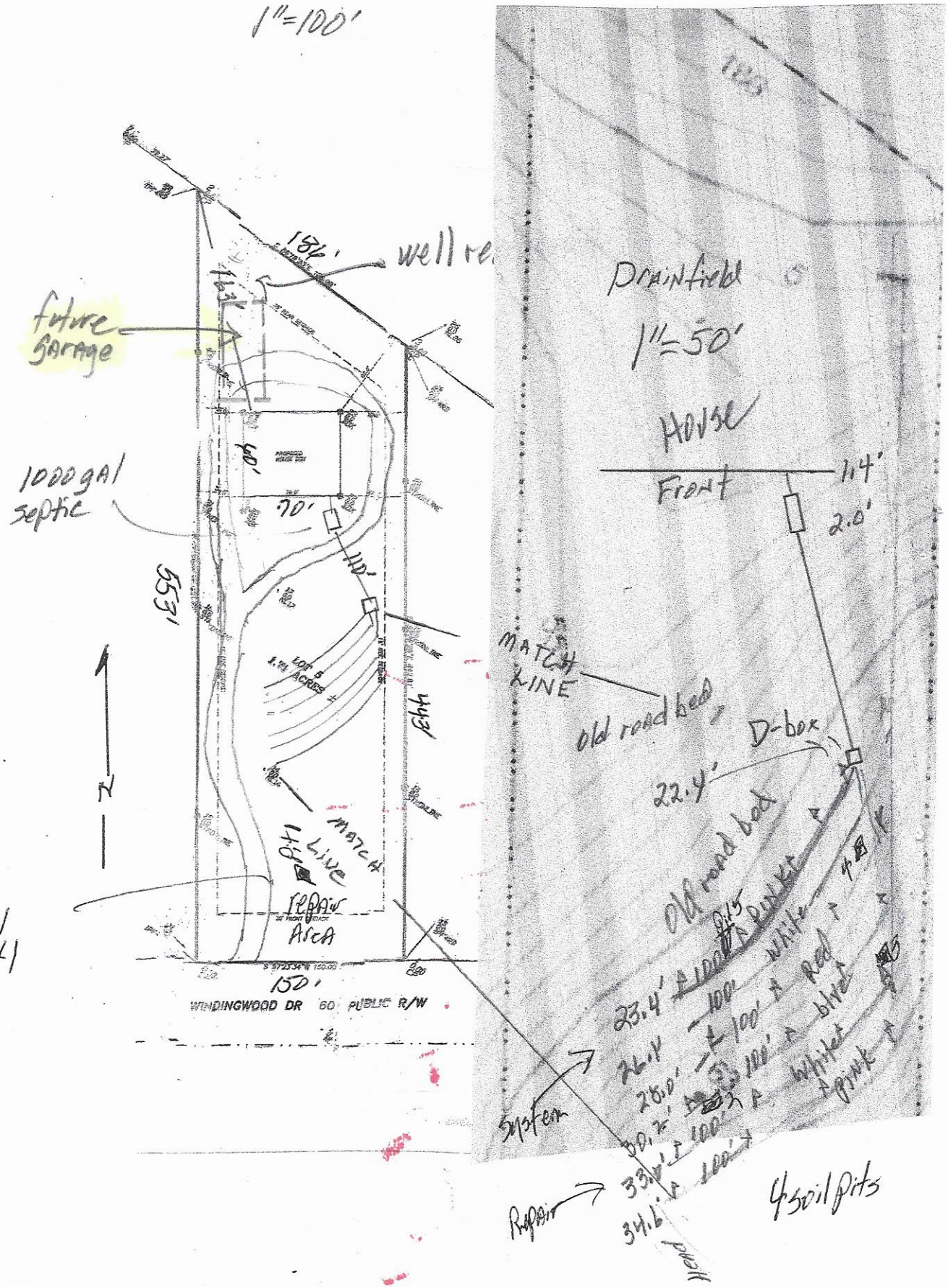
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-11-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Site Plan
163 Windingwoods Dr

APPROVED JAN 23 2019

1"=100'



APPROVED JAN 2 3 2019

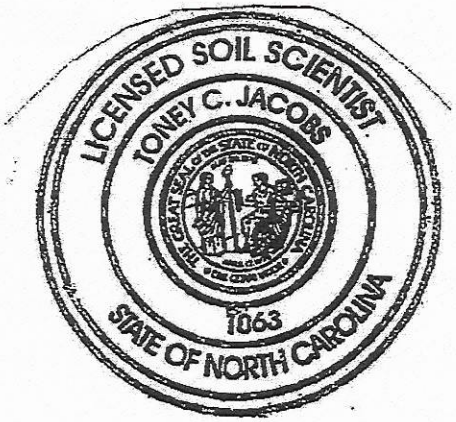
FAST TRACK FOR A GRAVITY D-BOX DISTRIBUTION TO 25% REDUCTION SEPTIC SYSTEM FOR SUBSURFACE WASTEWATER DISPOSAL

163 Windingwood Drive
Statesville, North Carolina 28677

Prepared for:
Scott Miller
140 Maxwell Lane
Statesville NC 28677
704 902-1813

Prepared by:
Jacobs On-Site Development, Inc.
168 Broadbill Drive
Mooresville, North Carolina 28117
cell 704 582-9219
toneycjacobs@gmail.com

January 10, 2019



1/10/19

Toney C. Jacobs, LSS

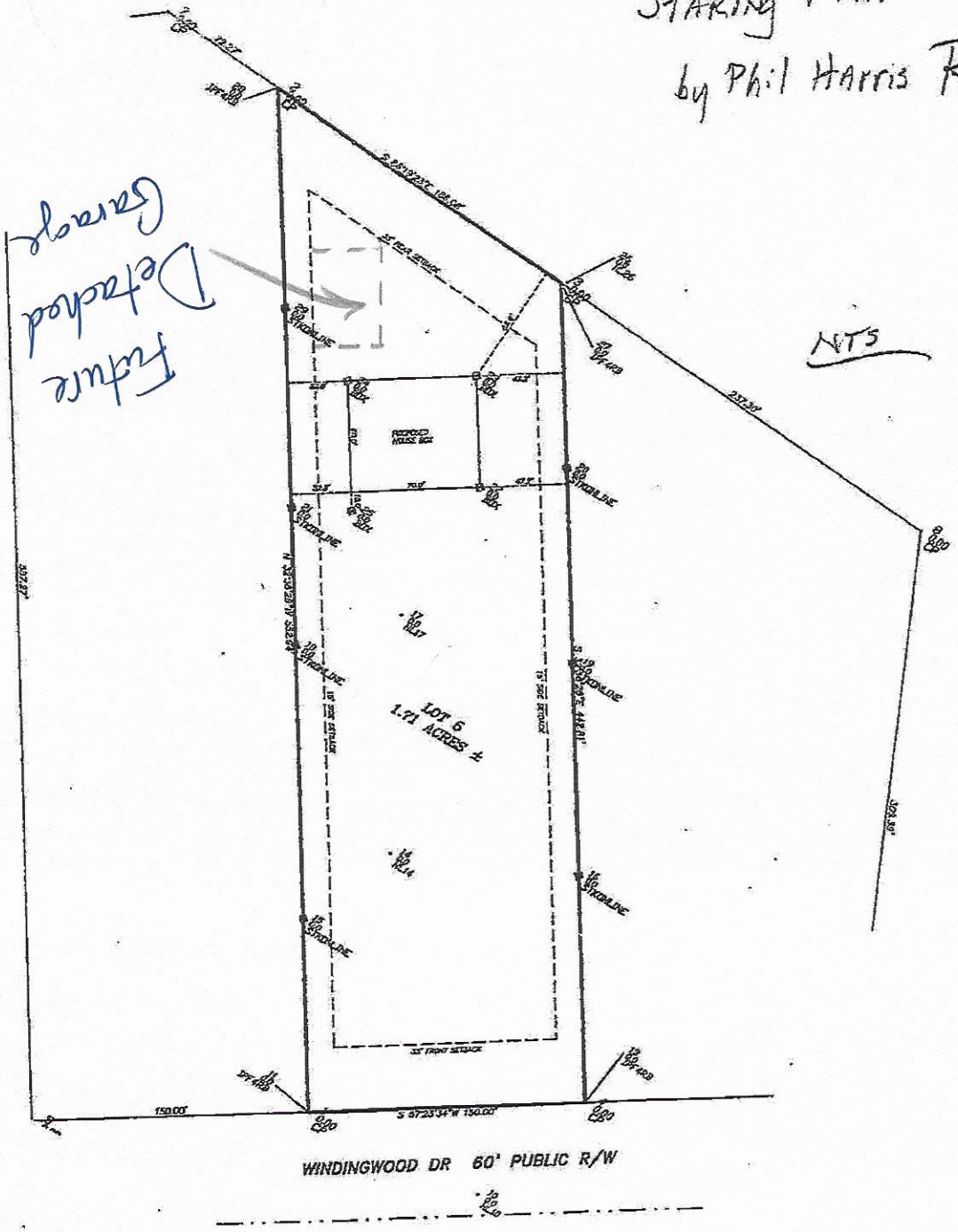
Copy to: Iredell County Environmental Health.
Statesville, NC
704 902-4491

FAST TRACK PLAN - January 10, 2019
163 Windingwood Drive Statesville, NC

APPROVED JAN 2 3 2019

Number of Bedrooms	3
Basement or crawl	crawl/slab
Design flow (gpd)	360
Septic tank	1000 gal.
Primary System LTAR (gpd/ft^2)	0.3
Primary system type	25% reduction
Number of lines	3 @ 100' end fed
Total linear feet	300'
Trench width	3' min. or equivalent
Trench spacing	9' min.
Trench depth	30' high side Ln. Shift table 25% on 36" = 10.1
Distribution device	speed level D-box with 3 outlets
Length and diameter of supply pipe	approx. 110'
Repair System	25% reduction
Total linear feet	300'
Repair loading rate(gpd/ft^2)	0.3
Water supply	on-site well >100'
Special conditions	There are no indications that a French drain is needed at this time. If site development should necessitate there is plenty of space to add when needed.

Staking Plan
by Phil Harris RLS



On-site Wastewater Section

SOIL/SITE EVALUATION for ON-SITE WASTEWATER SYSTEM

1 of 2

Lot #: 5
File #:
AppID: 4711-04-8945

Owner: Scott Miller
Address: 163 Winding Wood Drive Statesville
Proposed Facility: 3BR house Design Flow (.1949) 360
Location of Site: 163 Winding Wood Dr.
Applicant: TC Jacobs
Date Evaluated: 5/8/18
Property Size: 1.74 AC
Property Recorded: 2002

Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY 1941 Structure/ Texture	1941 Consistence Mineralogy	b. PROFILE FACTORS 1942 Soil Wetness/ Color	1943 Soil Depth (IN.)	1956 Sapro Class	1944 Restr Horiz	c. Profile Class & LTAR
Lowside 1	LS a 25-30 e	O-6	g sl	fri NS NP 1:1	NA	PS	NA	NA	0.3
uniform on slope		6-13	rwnvfSBK sl	fri SS NP 1:1					clear smooth
		13-35	mmSBK hcl	fri SS sp 1:1					few gravels @ 20"
		35-40	m/cSBK cl	fri SS sp 1:1	NA		NA		
Lowside 2	LS a 28% b NC	0-5	g sl	fri NS NP 1:1	NA	PS	NA	NA	0.3
		5-16	mvcrSBK cl	fri NS NP 1:1					
		16-49	mmSBK cl	fri SS sp/fri sp 1:1					
3	LS 29% N regrth	0-6	g sl	fri NS NP 1:1	NA	PS	incl HWM	NA	0.3
		6-35	mmSBK cl/scl	fri SS sp/fri sp 1:1					CL 032
		35-50	m/cSBK cl	fri SS sp 1:1					
4	LS 28% N regrth	0-6	g sl	fri NS NP 1:1	NA	PS	incl	NA	0.3
		6-32	mmSBK hcl	fri SS sp 1:1					
		32-47	m/cSBK cl	fri SS sp 1:1					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	25% red	25% red
Site LTAR	0.3	0.3

Other Factors (.1946):
Soil Evaluation By: TCJ
Others Present: NA
Site Classification (.1948): PS
Site Evaluation By: Tommy C. Jacobs
Others Present:

APPROVED JAN 23 2019

Sheet 2 of 2
PROPERTY ID #: 4711-04-3943
COUNTY: Iredell

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

OWNER: Scott Miller — APPLICATION DATE: _____
ADDRESS: 163 Winston Woods Statesville — DATE EVALUATED: _____
PROPOSED FACILITY: 3 BR home — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: _____
LOCATION OF SITE: _____ — 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) .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	LS 27%	0-6	gr sl	fri 1:1	NA	RS		NA	Eqt Forg 40CC
		6-48	sm SBK cpct	fri ss sp to sl 1:1					
		48-57	wthr rk	fri NSNP 1:1					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM	OTHER FACTORS (.1946):

Updated February 2014

APPROVED JAN 23 2019

RECEIVED JUN 7 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED Ltd Relayout - Pd. $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 313986

Application For:
(✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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:
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: (PRINT CLEARLY)

Applicant Name: BLAINE SCOTT MILLER Address: 140 MAXWELL LANE, STATESVILLE Zip: 28677
Applicant Email: BLAINE_MILLER@YAHOO Phone: 704-902-1813 Alt. Phone: 704-664-1683
Owner Name: BLAINE SCOTT MILLER Address: SAME Zip: ____
Owner Email: ____ Phone: SAME Alt. Phone: ____

Property Information:

Street Address: 163 WINDING WOOD DR STATESVILLE, NC 28677
Subdivision Name: RIDGEWOOD Section/Phase: ____ Lot Number: 5
Driving Directions: BUFFALO SHOALS WEST TOWARDS RIVER, WINDING WOOD DR ON LEFT BEFORE BRIDGE

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

(✓) 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: 3
Maximum Number of Occupants: 5
( ) 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
(✓) 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 ( ) 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 ( ) Other: ____

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. 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: ____ 1/7/2021
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

(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, Diane Scott Mellish, am the legal owner(s) of the property located at 163 Wedgewood Dr Statesville 28677, 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.

_____ 1/7/2021
Signature of Owner(s) Date

Mooresville - Environmental Health

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

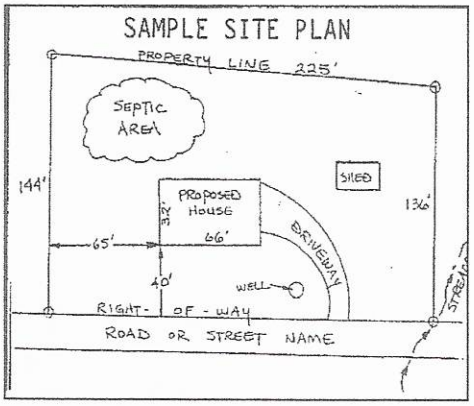
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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

SEE SEPTIC PERMIT -

Signature: _____

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

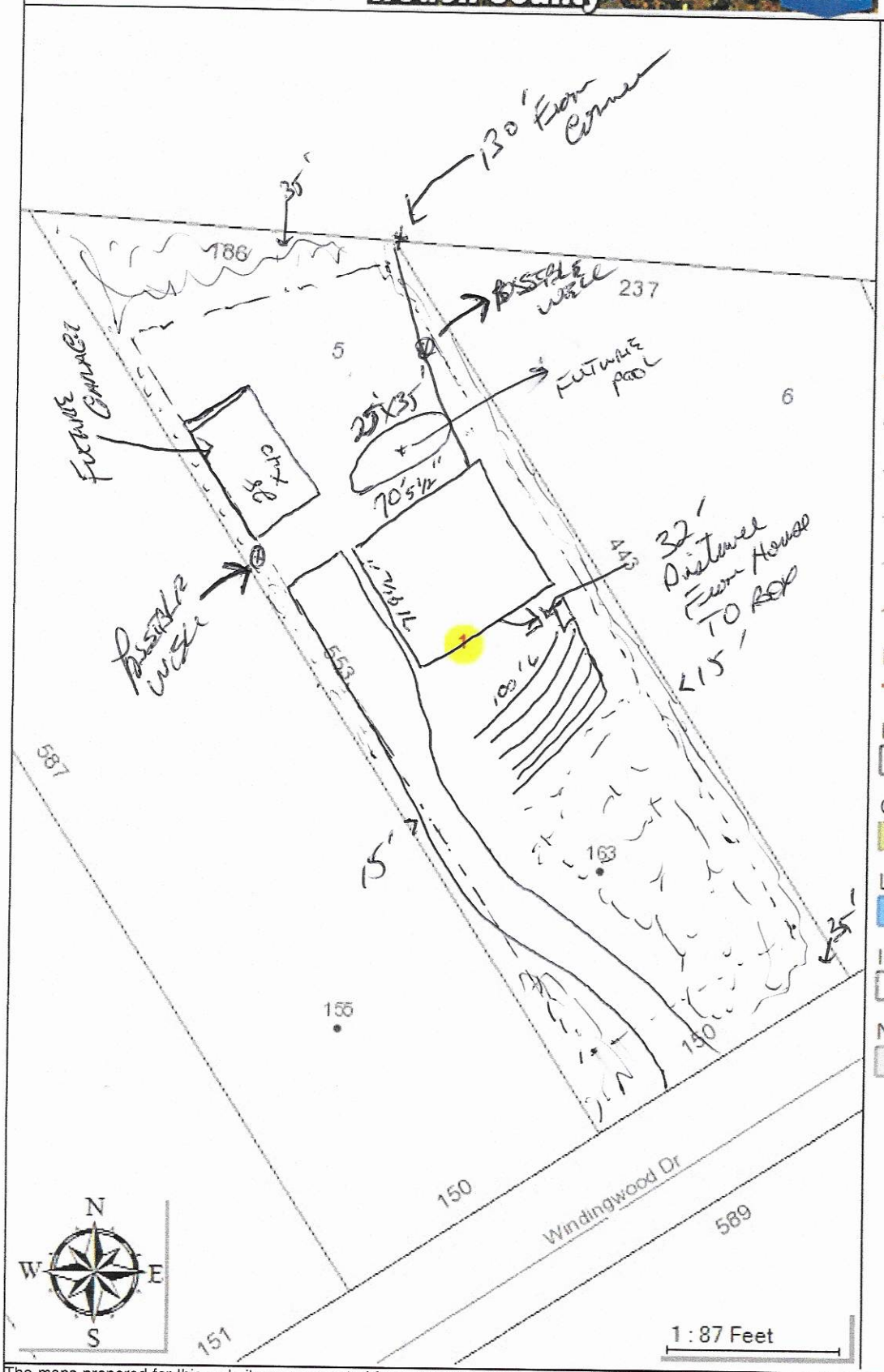
1/7/2021

DATE

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed February 08, 2021
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

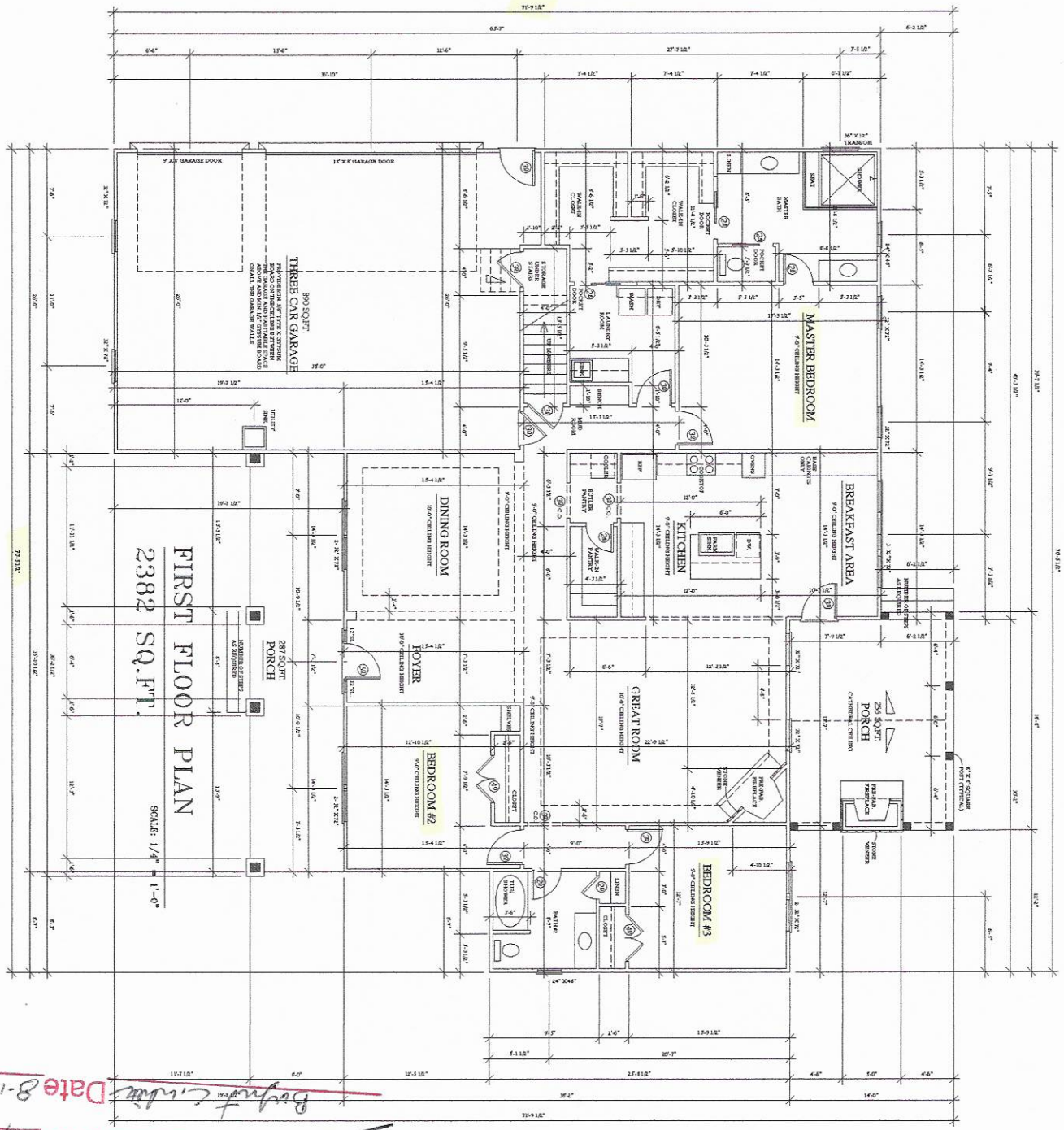
City Limits

Lake Norman

Iredell Countyline

NC Counties

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.



Date 8-11-2021

Acknowledgement Of Plans Submittal ONLY!

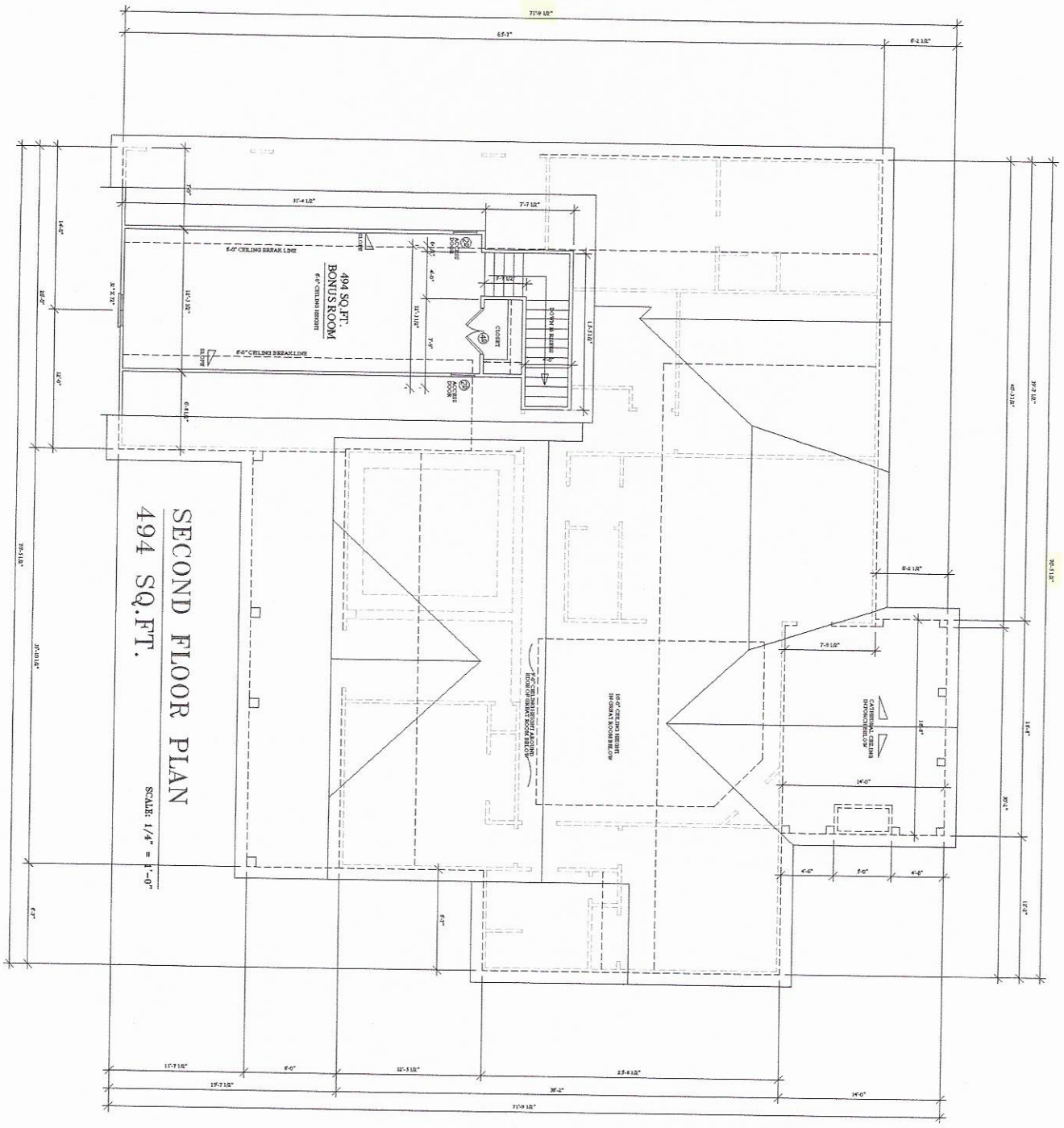
Date 8/9/21

4 OF 5	Miller Residence		Gray Design

Acknowledgement Of
Plans Submittal ONLY!

Date 6/2/21

Date 8-11-2021



SHEET: 5 OF 6	TITLE SHEET / FOUNDATION PLAN / FLOOR PLAN / ELEVATIONS / ELEVATIONS / ROOF PLAN / SECTIONS / DETAILS / DETAILS / DETAIL

DUNLOP
PRO DEALER

MILLER HOUSE
163 WENDENWOOD DR
STATESVILLE, NC
28677

