C1

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 141517 PIN# 4730541952 DATE 5-14-07

OWNER OR APPLICANT SHL HOMES INC PHONE: Business 704-662-8467 Home

ADDRESS 110 CHARLESTON DR SUITE 108 MOORESVILLE NC 28117

LOCATION STATE RD 2120 (L) TWIN CREEK (L) WINDING CREEK AT END ON RT

SUBDIVISION TWIN CREEKS BLOCK / SECTION 2 LOT 44 LOT AREA .6 SITE CLASS. B DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1007 Date 9-18-07
Pump Tank: 1000 Gallons; PT 274 Date 9-7-07
Pump Make: ZOELLER Model A53-C Serial No. —
Nitrification Field: No Fields 1 Square Feet EXIST-1600 Linear Feet 270'
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A ☐ Gravity ☒ Pressure

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: Low Pressure 50% EOD
Repair System Description: SAME
Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Persons 8
☐ Business No. Employees
☐ Other

Water Supply: ☐ Individual ☒ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions: BUILDER OK'D TANK CHANGES MSL
MET BUILDER & DISCUSSED DECK PLACEMENT FROM SEPTIC System. His Deck plan will be 5' off septic from discussion meeting

INITIAL SITE SKETCH

SEE ATTACHED "PART TO A LL" SYSTEM DESIGN BY ROLLINS SOIL & ENVIRONMENTAL

AS BUILT SKETCH

BOWCO Filter SYSTEMS

The proposed Sunroom on deck addition does not appear to impact the existing septic system.
**NOTE: DECK IS 5' OFF Septic Field
Permit # 153372
LORNE COOK R.S.
Date: 12-3-08
ICHD-Environmental Health Division

EXISTING SYSTEM CHECK

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Mark S. Long date 5-16-07
Improvement Permit by: [signature] date 5-14-07
Authorization to Construct by: [signature] date 5-21-07

Installed by: Wayne Clontz
Operation Permit by: [signature] R.S. date 11-13-07
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ____ of ____

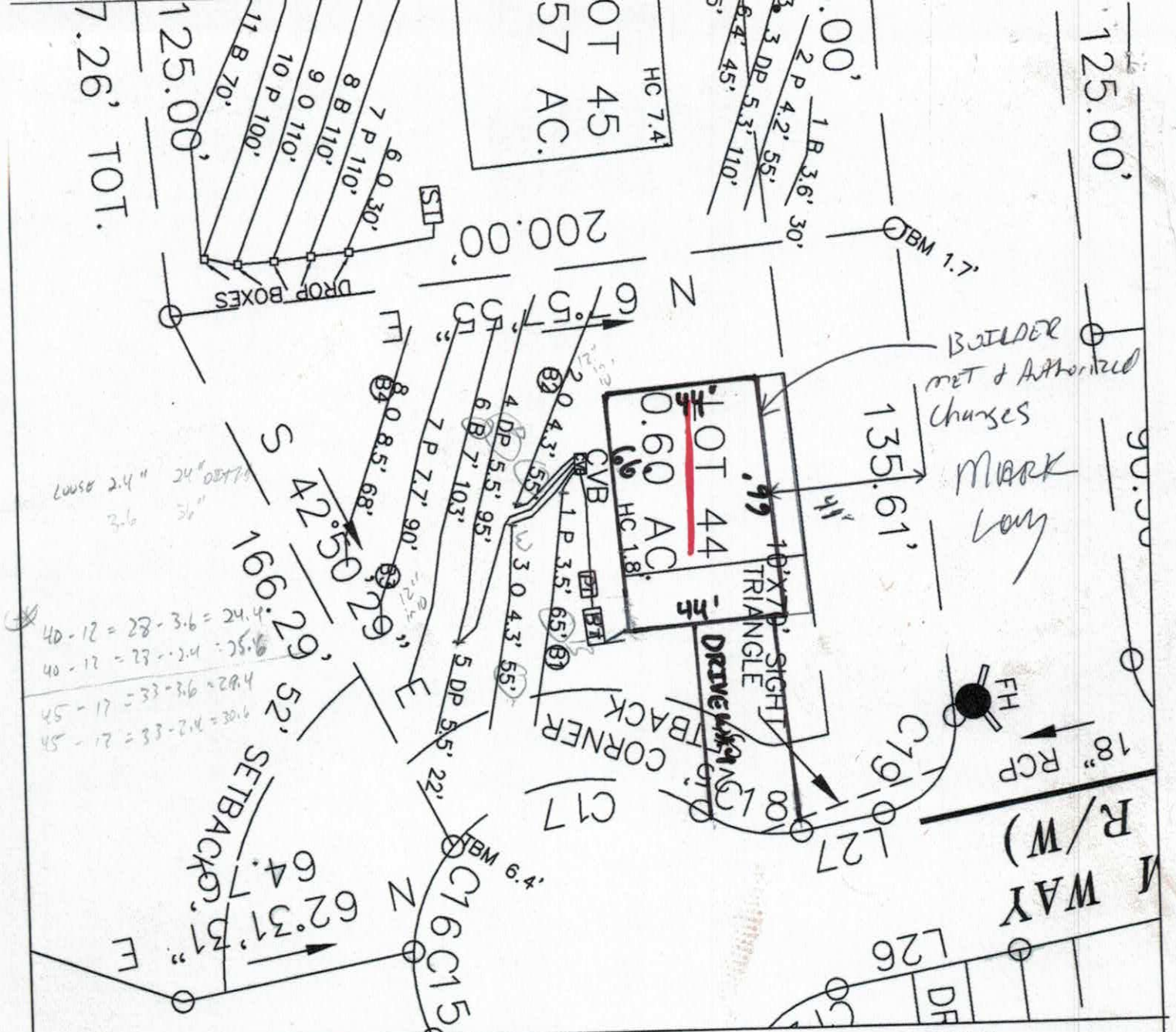
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Twin Creeks Lot 44

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

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
B 1	LSS 0-5%	0-4	B SCL WFSBK	SS, SP, FR SEXP	—	48"	—	—	PS .3
		4-26	BC MFSBK	SS, SP, FR SEXP					
		26-48	BCL WFSBK	SS, SP, FR SEXP	common sap				
B 2	LSS 0.5%	0-6	BSCL WK	FRI SSSP SAP					PS .3
		6-26	BC MFSBK	FRI SSSP SAP					
		26-45	BCL WSBK	FRI SSSP SAP					
		45-48	SL SAP + CL M	FRI SSSP SAP	—	45	—	—	
B 3	LSS 5-10%	0-6	BSCL GR	SS, SP, FR SEXP	—	40"	PS	—	PS .3
		6-20	BC MFSBK	SS, SP, FR SEXP					
		20-40	BCL WFSBK	SS, SP, FR SEXP	common sap				
		40-48	VAR SAP MASS	SS, SP, FR SEXP	common R CL. bel. 40"				
B 4	LSS 5-10%	0-4	BSCL GR	FRI SSSP SAP					PS .3
		4-28	BC MFSBK	FRI SSSP SAP					
		28-48	BCL WSBK	FRI SSSP SAP	—	48"	—	—	

COMMENTS: _____



ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278-0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS
PROJECT NAME:
LOCATION/DATE: IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2007

JOB # :	01-1042
FILE:	c:\JOBS\01-1042
PROJECT MGR.:	C.B.F.
FIELD WORK:	C.B.F. & A.L.P.
DRAWN BY:	C.B.F.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, 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	Work Phone
Curt Bullock	Carolina Home Remodeling 372 Crompton St.	office 704-583-1141	704-277-3403
Owner Name	Mailing Address	Home Phone	Work Phone
Renato & Maria Dioquino	192 Winding Creek Dr	704-528-1743	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
192 Winding Creek Dr.	Twin Creek Estates	44

Driving Directions: Exit 42 TR, TL on Autumn Leaf TL on Perth TR State Park Rd TL on Twin Creek TL on Winding Creek

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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

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

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

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

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6. Proposed Water Supply:

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

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. Please Answer The Following To The Best of Your Ability:

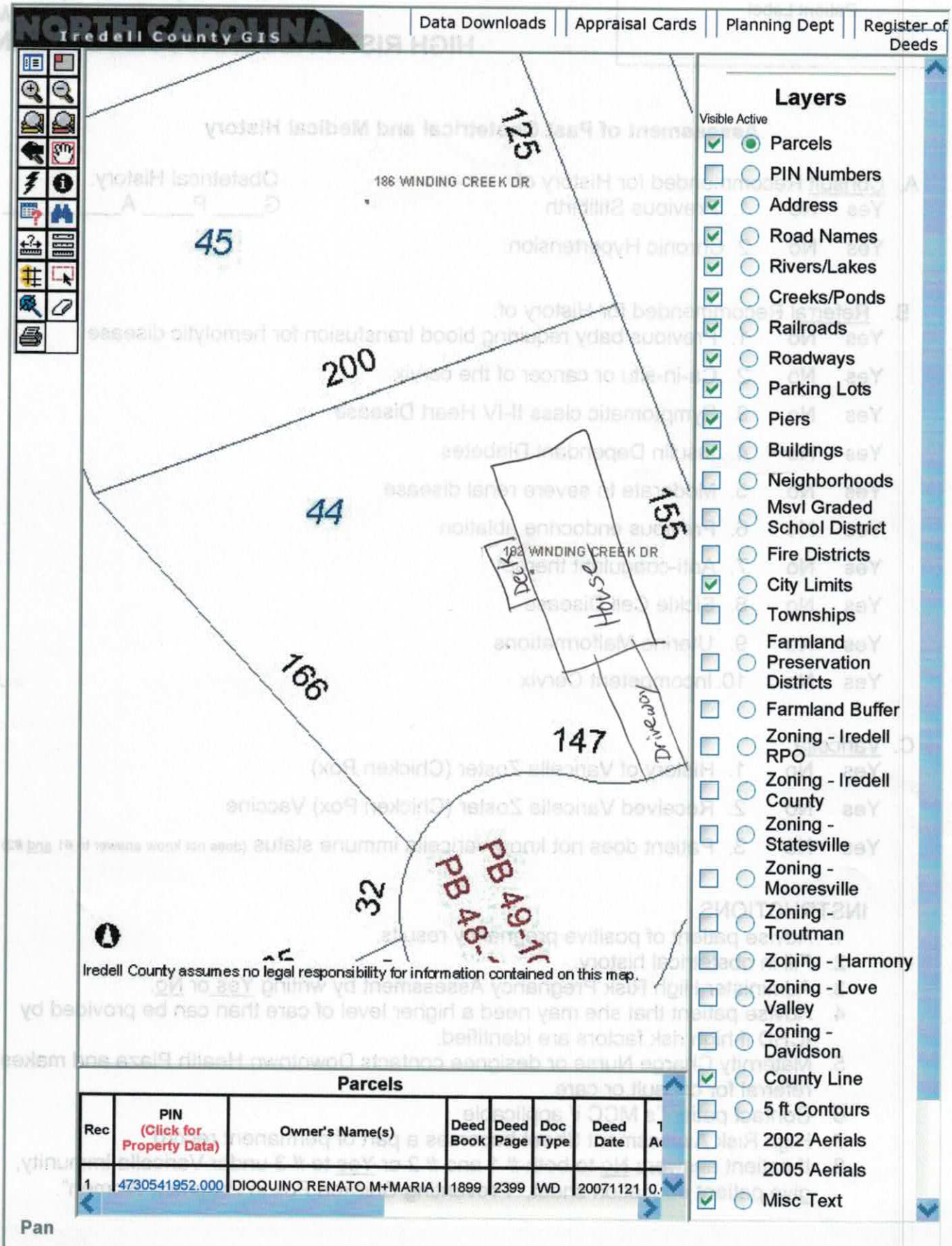
( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

****

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

10-28-08
DATE


NORTH CAROLINA
Iredell County GIS
Data Downloads
Appraisal Cards
Planning Dept
Register of Deeds
186 WINDING CREEK DR
182 WINDING CREEK DR
125
45
200
44
155
166
147
32
Deck
House
Driveway
PB 49-1(
PB 48-
Iredell County assumes no legal responsibility for information contained on this map.
Layers
Visible Active
Parcels
PIN Numbers
Address
Road Names
Rivers/Lakes
Creeks/Ponds
Railroads
Roadways
Parking Lots
Piers
Buildings
Neighborhoods
Msvl Graded School District
Fire Districts
City Limits
Townships
Farmland Preservation Districts
Farmland Buffer
Zoning - Iredell RPO
Zoning - Iredell County
Zoning - Statesville
Zoning - Mooresville
Zoning - Troutman
Zoning - Harmony
Zoning - Love Valley
Zoning - Davidson
County Line
5 ft Contours
2002 Aerials
2005 Aerials
Misc Text
Parcels
Rec
PIN (Click for Property Data)
Owner's Name(s)
Deed Book
Deed Page
Doc Type
Deed Date
1
4730541952.000
DIOQUINO RENATO M+MARIA I
1899
2399
WD
20071121
Pan

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	153372ZO	Subdivision:	Twin Creek Estates PH2
Proposed Use:	Sun Porch	Township:	1500 Fallstown
Location of Property:	192 Winding Creek Troutman NC 28116		
Parcel #:	4730541952.000	Zoning:	RA
Lot #:	44 Size: .06	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	Carolina Home Remodeling, LLC	Owner:	Renato & Maria Dioquino
Address:	372 Crompton Street Charlotte NC 28273	Address:	192 Winding Creek Dr. Troutman, NC 28166
Phone:	704-583-1141	Phone:	704-528-1743
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	Yes Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 25 ft
Min. Lot Width:	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

sunporch enclosure on existing deck - need septic approval prior to building permit

Directions:

exit 42 right into troutman, left on autum leaf, left on perth, state park rd, left on twin creek, left on winding creek.

FEES

Zoning Permit/Inspection Fee	☑	$55.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☐	$0.00
Environmental Health Existing System	☑	$120.00
Total Fees:		$175.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: _____ Date: 10-28-08

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY

Printed: 10/28/2008