IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246560 Pool House 245950

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

PIN # 4730553170.000

APPLICANT/OWNER: Harold Welling APPLICANT ADDRESS: 187 Winding Cedar Trautman NC 28164

SITE ADDRESS: 187 Winding Cedar Trautman NC 28166 PHONE: 704 302 6229 ALT. PHONE 336-403-0612.

SITE DIRECTIONS: Hwy 21 ® on Perth ® on State Park Rd Twin Creeks ® Winding Creek SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Twin Creek Estates SECTION: 2 LOT # 36 LOT AREA: .6 DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000 EXT	(gal)	STB		Date						
Pump Tank	1000 EXT	(gal)	PT		Date						
Pump Make			Model		Serial #						
# Nitrification Fields	1		# Lines	1	Linear Ft	67					
Trench Width	24		Trench Bottom Depth(Low side)	33	Gravel Depth						

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

System Description: Relocation - Pressure manifold - PPBPS

Repair System Description: LP - PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply

☐ Private

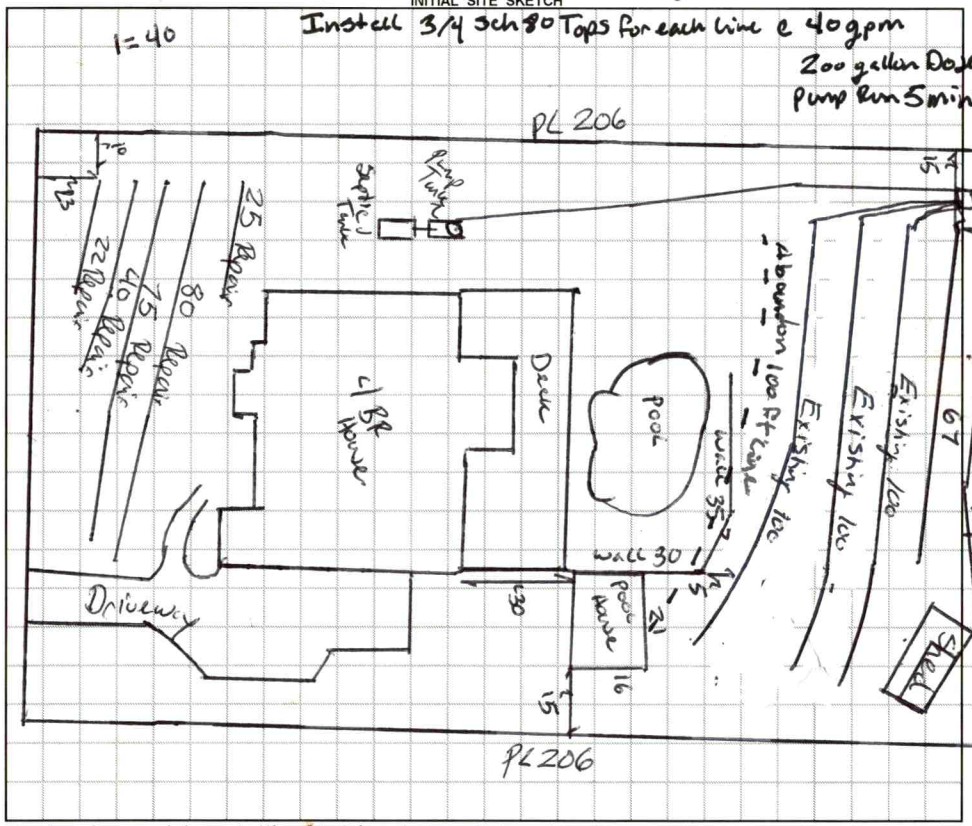
☒ Public

☐ Community

Comments / Conditions: Abandon 100ft of drainfield line. Install 67 Ft of P 50% Reduction. Wall not to have Drainage and not be Greater than 24 inches Plumb Pool House into Septic Tank. 2 Ft of Head required for Pressure Manifold.

3-4-2020 CUT AT WALL > 2FT TO BE REDUCED
15 INCHES OF FILL OVER REPAIR LINE TO BE REMOVED
FENCE AROUND POOL ON LOWER DRAINLINE TO BE MOVED

INITIAL SITE SKETCH



AS BUILT SKETCH

NEW LINE INSTALLED AT 46IN TRENCH BOTTOM SEE PIT 5 IN SOIL NOTES
ALL TAPS CHECKED DRAINLINE INSTALLED IN PROPER LOCATION

4-9-2020
CUT REDUCED TO LESS THAN 2FT
FENCE MOVED AWAY FROM SYSTEM
FILL REMOVED

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: Harold Welling Date: 7-11-19 Installed by: LAKE NORMAN SEWER

IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 7/11/2019 OPERATION PERMIT by: Bridget C White Date: 4-9-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 7/11/2019 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 inpsector to confirm your inspection time.

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4730553170
DATE OF EVALUATION: July 2 24
COUNTY: Iredell

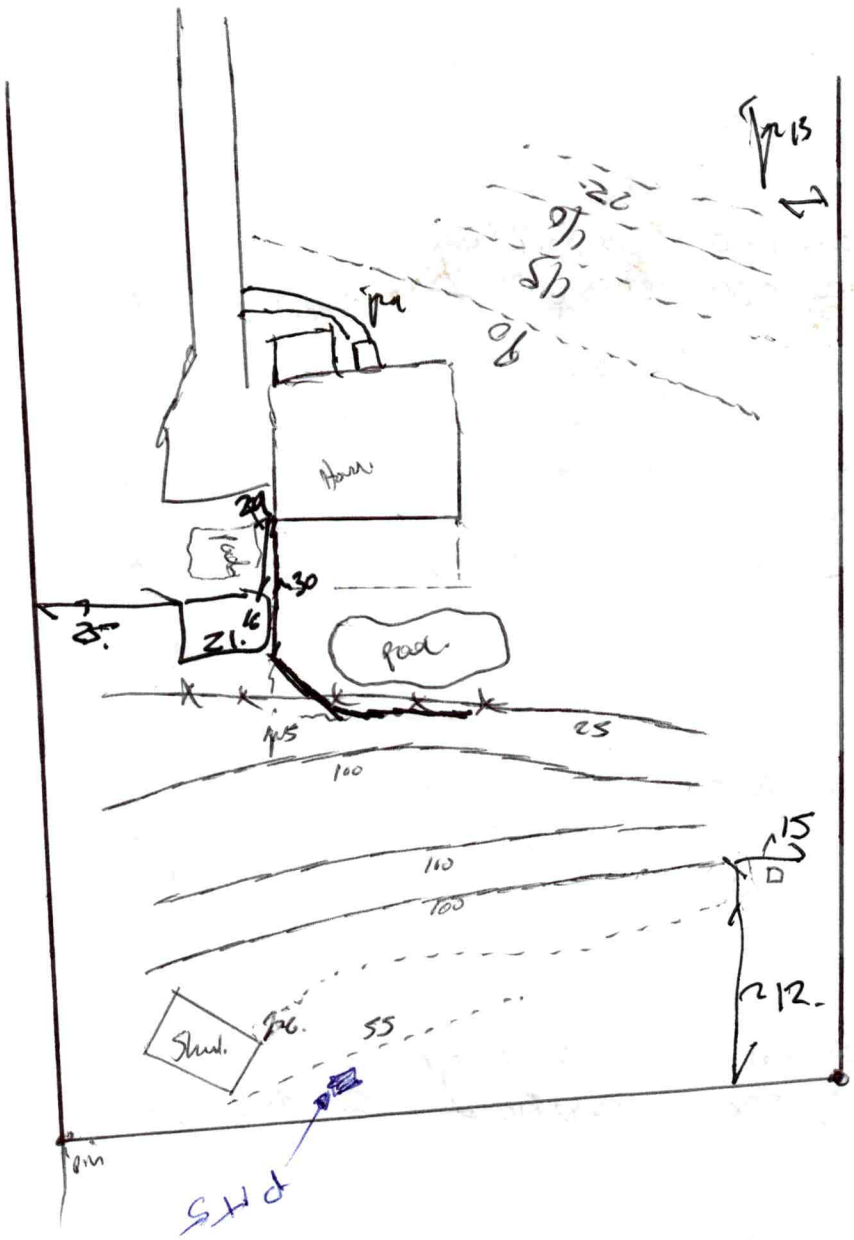
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	R side	0-6	Sc wSBk	SS SP FR SExP	5YR 4/6	48.		-	PS .30.
		6-48	C SBk/ABk	SS SP FR					
	R side	0-18	Sc		2.5YR 4/6	48	-	-	PS .30
		18-48	C SBk	SS SP FR SExP					
	I Ridge	0-17	Sc wSBk	SS SP FR SExP	2.5YR 4/6	48			PS .30.
		17-48	C SBk	SS SP FR SExP					
	Ridge I	0-14	Sc wSBk	SS SP FR SExP	2.5YR 4/6	48.	-	-	PS .30.
		14-44	C SBk	SS SP FR					
5	RIDGE 10%	0-15	FILL	FILL	SAP INC 44-72	72"+	NA	NA	PS .3
		15-44	C, SBK	FR, S, P, SExP					
		44-72	CL, WSBK	FR, SS, SP, SExP					

COMMENTS:

3/4 sch 80 @ 10.1 x 3 — 30.3

1/2 sch 40 @ 7.11 — 7.11

37.14 ppm.



80
45
40
22

6/3 page 10.

#245950
6-21-19
$500.00

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*

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: ( ) 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: (PRINT CLEARLY)

Applicant Name: Harold Welling Address: 187 Winding Creek Dr. Zip: 28166
Applicant Email: hwelling33@gmail Phone: 704-302-6229 Alt. Phone: 336-403-0672
Owner Name: Harold + Sue Welling Address: 187 Winding Creek Dr. Zip: 28166
Owner Email: hwelling33@gmail.com Phone: 704-302-6229 Alt. Phone: 336-403-0672

Property Information:

Street Address: 187 Winding Creek Dr. Troutman NC 28166
Subdivision Name: Twin Creeks Estate Section/Phase: _____ Lot Number: _____
Driving Directions: HWY 21 towards Troutman - Take (R) on Peath Rd (Wagner St)
Take (R) on State Park Rd - Go ¼ mile Take (L) on Twin Creeks Dr. (L) on Winding Creek

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — (✓) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 ( ) Community Well (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2006
( ) 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?

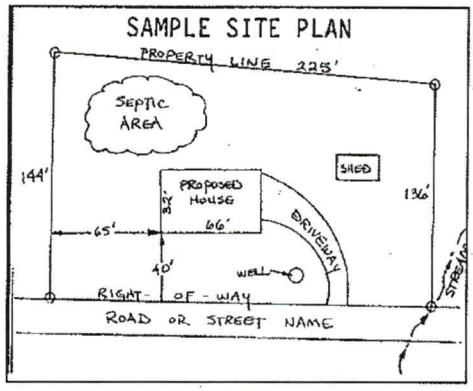
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Harold E Welling 6-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

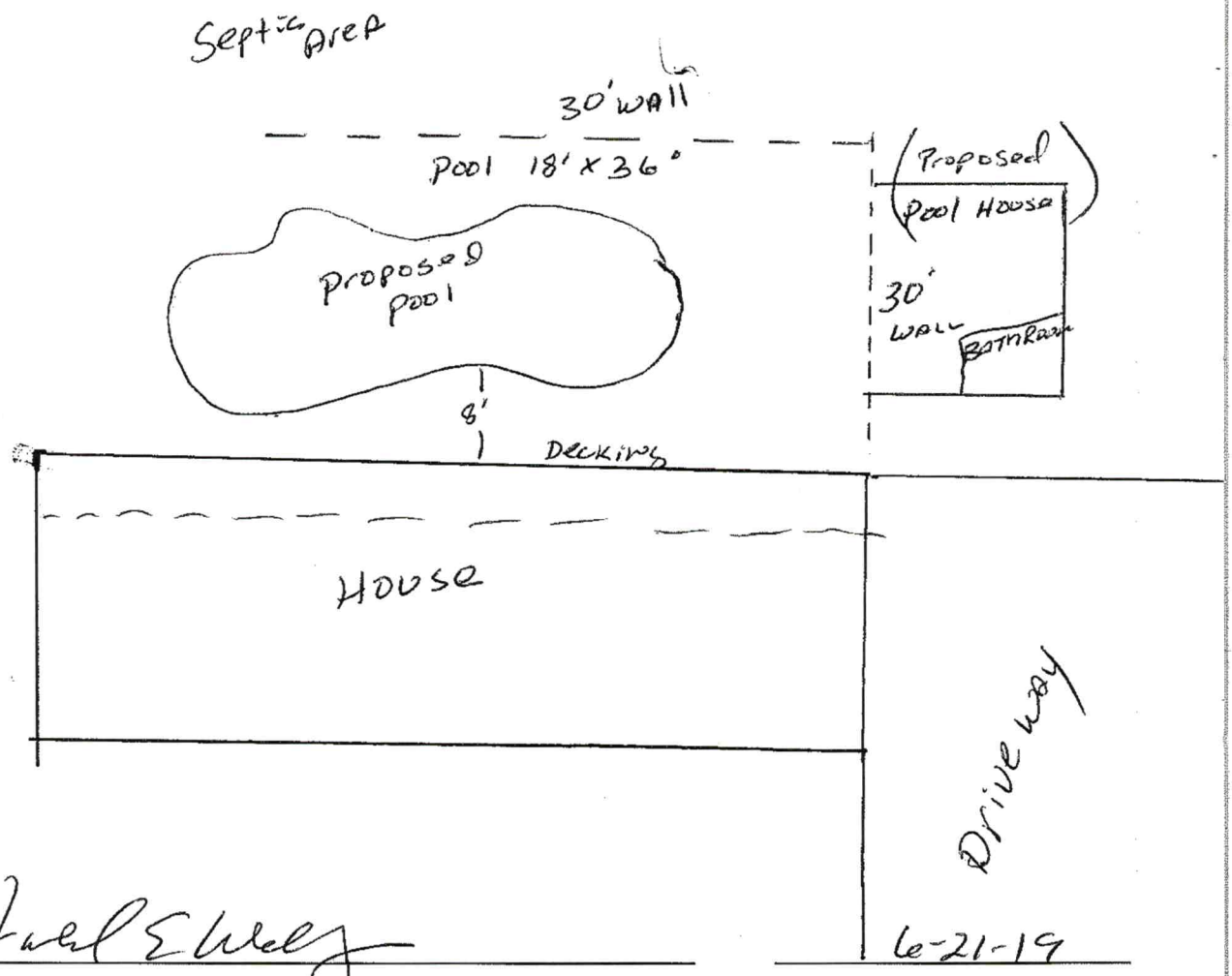
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator 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



Signature: Hubert E Wells — 6-21-19

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

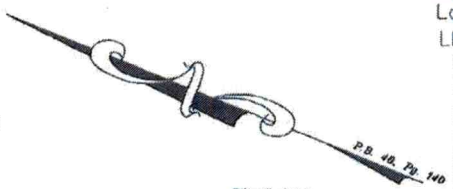
I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 48, Page 140. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 27 day of June, A.D. 2017.

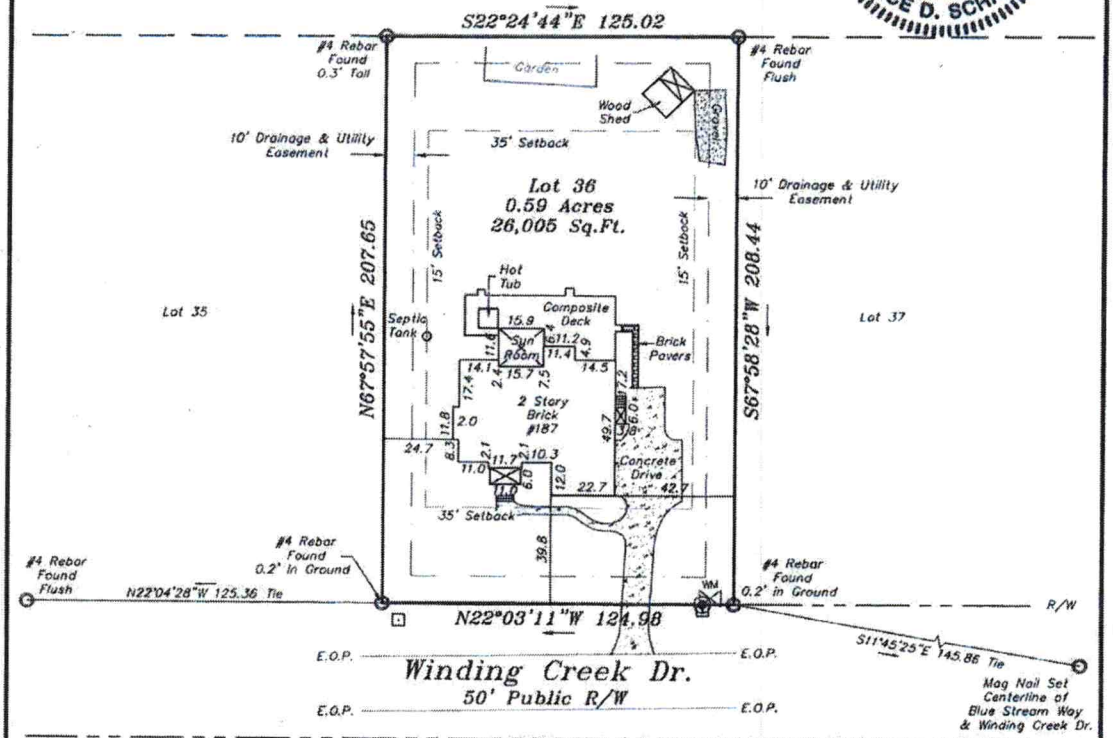
Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
WM = Water Valve
= Light Post
E.O.P. = Edge of Pavement





Notes:

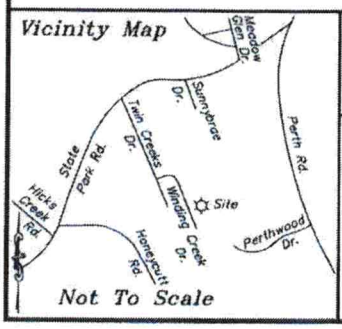
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 48 at Page: 140 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

Vicinity Map



Not To Scale

Boundary Survey
FOR
Susan L. Welling & Harold E. Welling

PROPERTY DESCRIPTION

Lot 36,
Twin Creek Estates, Phase 2
Plat Book 48, Page 140
Fallstown Township
Iredell County, NC

SCALE: 1" = 50'
FIELD BOOK:
FILE: 2017-181
TAX Pin #: 4730553170

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

C1

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 138339 PIN# 4730-55-3170 DATE 10-4-06

OWNER OR APPLICANT FOOT HILL LAND & DEV. PHONE: Business 704-309-9173 Home

ADDRESS 52 River Pointe Ct Hickory NC 28601

LOCATION Perth RD (R) State Park (L) Twin Creeks (R) Winding Creek on LEFT

SUBDIVISION TWIN CREEKS BLOCK / SECTION III LOT 36 LOT AREA 0.6 SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 825 Date 3-24-07
Pump Tank: Gallons: PT 382 Date 3-13-07
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet EL=1600 Linear Feet 400'
No Lines 4X100' Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Pump 25% Reduction
Repair System Description: LPSD 50% Reduction
Maintenance Agreement Required: ☐ Yes ☒ No

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

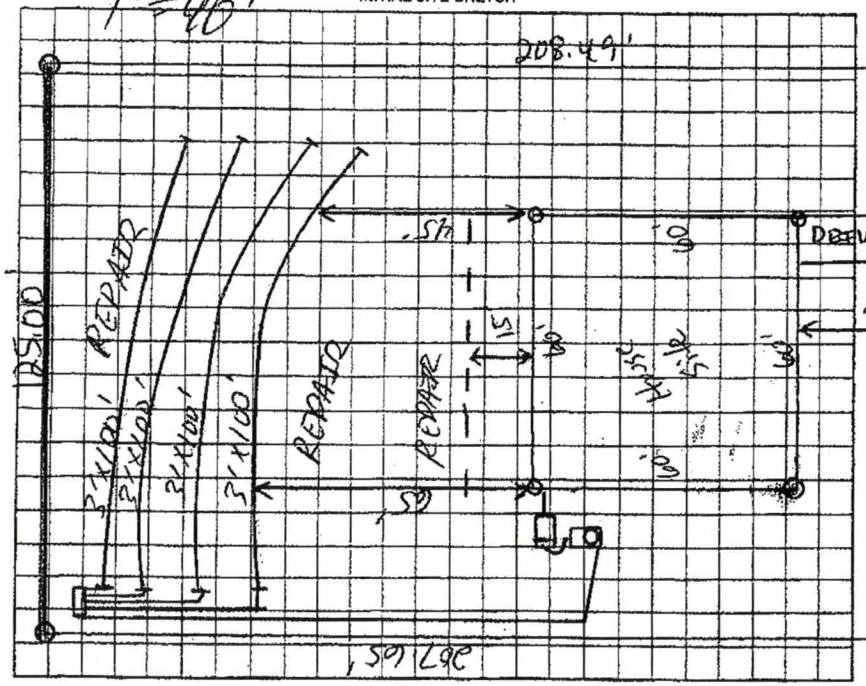
Water Supply: ☐ Individual ☒ Public ☐ Community

Gravel Depth N/A ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions: ① Keep Home Out of Ground & BACKFILL For Positive Drainage RETAINS ② INSTALL LINES ON CONTOURS & MARK/TAG SETBALLS ③ CALL Prior to installation FOR PUMP SIZING & System

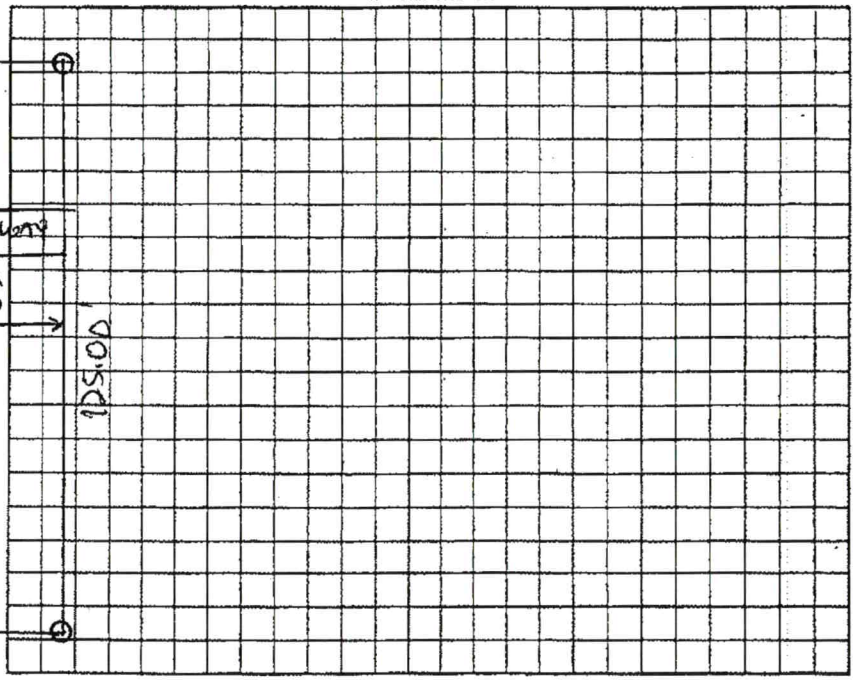
INITIAL SITE SKETCH

1" = 40'



Comments/Conditions: SPECS IF NECESSARY.
Blue tag - tbl
Pump tank has Riser
Septic tank has risers

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. 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: date 10-4-06 Installed by: Roman Septic

Improvement Permit by: date 10-4-06 Operation Permit by: R.S. date 29 May 07

Authorization to Construct by: date 10-26-06 Existing System Inspection by: date

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

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*) Hall E Wells

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.

Hall E Wells _____ 6-21-19

Signature of Owner(s) Date

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

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

APPLICATION NUMBER
245950
Issue Date: 06/21/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4730553170.000	187 WINDING CREEK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WELLING SUSAN L+HAROLD E	Applicant: WELLING SUSAN L+HAROLD
Address: 187 WINDING CREEK DR	Address: 187 WINDING CREEK DR
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
POOL	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.600					CACL	X

Remarks:

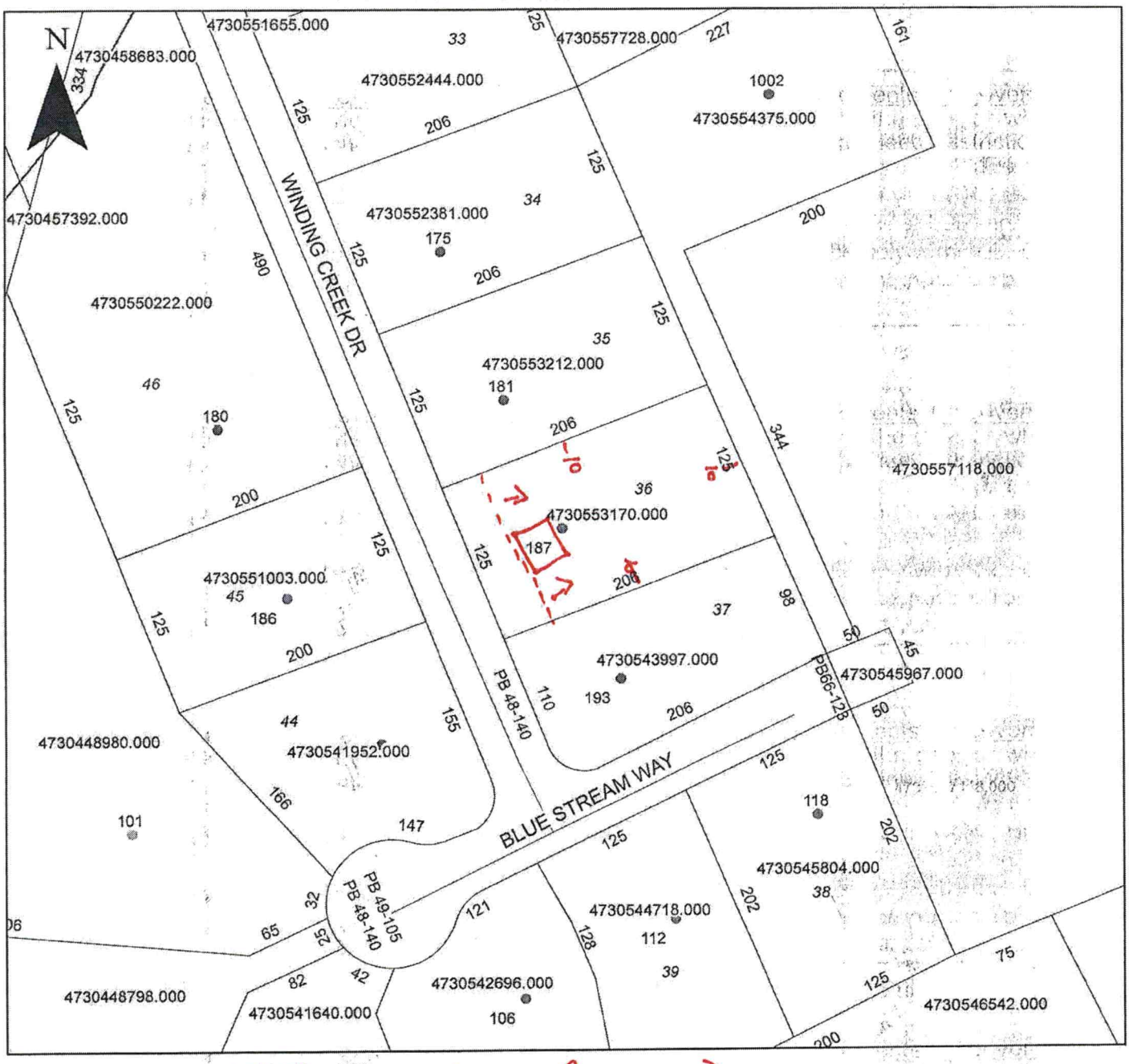
Swimming Pool: Must meet requirement R22 of the LDC. Pools shall be located to comply with minimum setbacks for accessory structures- located behind front building line of house, 10 Æ from side & rear property line. Lake lots must meet the 50 Æ setback from the 760 contour line AND the 35 Æ setback from the rear property line. Pools that are not an integral part of the principal building shall be located at least the minimum distance from the principal building necessary to comply with N.C. Building Code. Setback from house could be +/-10 Æ. Fenced with a minimum 4 Æ in height, and equipped with self-closing and positive self-latching gate provided with hardware for permanent locking. Fence not required for above ground pools if they are at least 4 Æ in height, the ladder removed, or when NOT in use have a gate to the ladder as described above.

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	182464	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 187 Winding Creek Drive

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. Applicant further acknowledges that the 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

6-21-19
Date