3:30

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317077

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

PIN # 4730 -- 60 -- 1927

APPLICANT/OWNER: Kenneth Bradburn + Jacob APPLICANT ADDRESS: PO Box 271 Trantman NC 28166

SITE ADDRESS: 110 Winding Shore Trantman NC PHONE: 704-929-0013 ALT. PHONE —

SITE DIRECTIONS: Hwy 21 South to Perth Rt on Winding Forest Right on Winding Shore. SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: CL+T SECTION: 16 LOT # 158 LOT AREA: .65AC DESIGN FLOW: 4/80 L.T.A.R.: .275

Septic Tank	1000 (gal)	STB	760.	Date	9-5-22.	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Grease - 25% Reduction.	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	Pretreat	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft	220	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36in.	Trench Bottom Depth	24	Gravel Depth		☒ GRAVITY	☐ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100ft from any well.
* Well must be Abandoned prior to A/C *
Well abandoned 4/6/22

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of McCadden PA

LSS # 1218

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 permitted.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Kenneth Bradburn Date: 10-22-21 Installed by: Frye Grading + Septic

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 9/28/2021 OPERATION PERMIT by: Benjamin A Bell Date: 10-11-22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/20/22 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317077

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

PIN # 4730 -- 60 -- 1827

APPLICANT/OWNER: Kenneth Bradburn / Jacob APPLICANT ADDRESS: PO Box 271 Troutman NC 28166

SITE ADDRESS: 110 Winding Shore Troutman NC PHONE: 704-929-0013 ALT. PHONE —

SITE DIRECTIONS: Hwy 21 South to Peath Pt on Winding Forest Right on Winding Shore. SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: CL+T SECTION: 16 LOT # 158 LOT AREA: .65 AC DESIGN FLOW: 4/80 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields	1	# Lines	2		Linear Ft	220					
Trench Width	36in.	Trench Bottom Depth (~~inside~~)		24	Gravel Depth						

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

System Description: Gravity - 25% Reduction.

Repair System Description: Pretreat

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Maintain 100ft from any well

~~* Well must be Abandoned prior to A/C *~~

Well abandoned 4/6/22

INITIAL SITE SKETCH

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.

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil & Forestry Services of the Carolinas PA

LSS # 1218

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Kenneth B Bradburn Date: 10-22-21 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 9/28/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 4/20/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

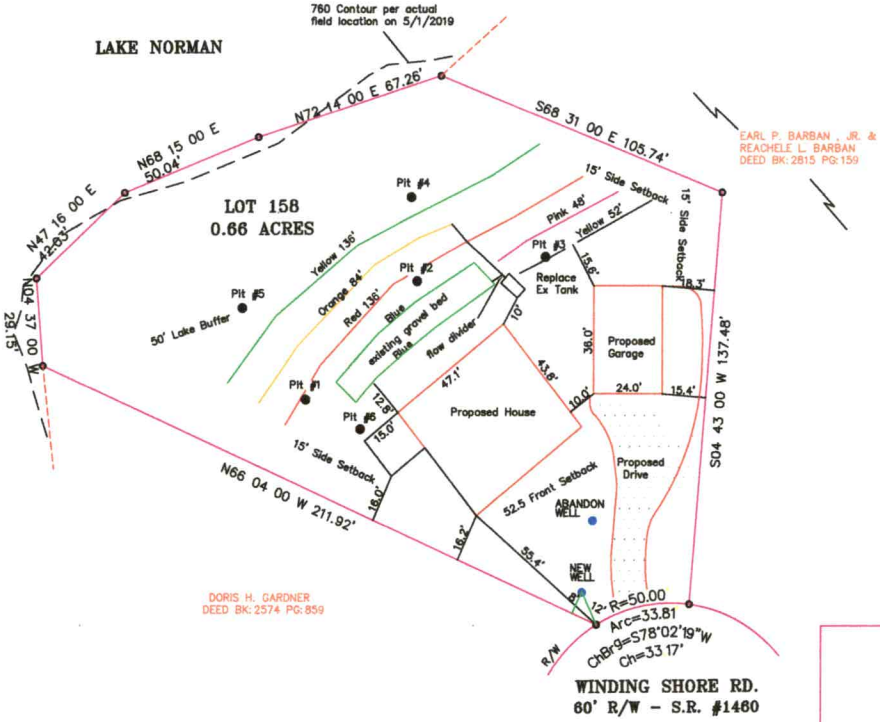
Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

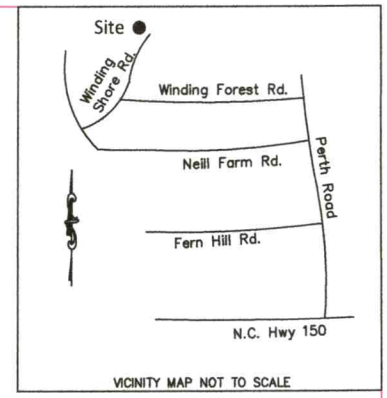
I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE, PAGE NOTE #2; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK __, PAGE __; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS _____ DAY OF _____, 2021.

PRELIMINARY

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON III





VICINITY MAP NOT TO SCALE

LEGEND
R/W = Right-of-way
BOC = Back-of-curb
CCM = Concrete Monument
= Bore

North Based on: Plat Bk:13 Pg:45 Dated: December 12, 1975

GRAPHIC SCALE

40 0 20

(IN FEET)
1 inch = 40 feet

SURVEYOR NOTES

1. ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2. THIS PLOT PLAN IS BASED ON DEED BOOK 1822 PAGE 2251 AND PLAT BOOK 13 PAGE 45 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3. THIS SURVEY WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4. BASIS OF BEARINGS: PLAT BOOK 13 PAGE 45 - DATED: DECEMBER 12, 1975.
5. THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HERON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6. THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7. THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANELS 3710473000J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.
8. IRONS PINS AT ALL CORNERS UNLESS OTHERWISE NOTED.

PLOT PLAN OF
LOT 158 CL & T ., SEC. 16
PLAT BOOK 13 PAGE 45

110 WINDING SHORE ROAD
FALLSTOWN TOWNSHIP, IREDELL COUNTY, NC

Prepared For:
KENNETH BRADBURN, JR
DEED BOOK: 1822 PAGE:225

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3390
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: MDH	Checked By: JHP	Scale 1" = 40'	Project No. 19040
Tax PIN: 4730-60-1827			
Date: JULY 21, 2021			Sheet No. 1 of 1
File: 19040.DWG			

AP- 317077

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

August 25, 2021

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for 110 Winding Shore Road-Troutman

Mr. Snow,

Currently 110 Winding Shore Road supports a 2-bedroom mobile home. The owner desires to remove the trailer and build a new 4-bedroom home. The lot is served by an existing tank and gravel bed. The lot is repair exempt.

Attached please find sealed soil notes as well as site plans and design related data for a 4-bedroom accepted system using gravity distribution. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Kenneth Bradburn:

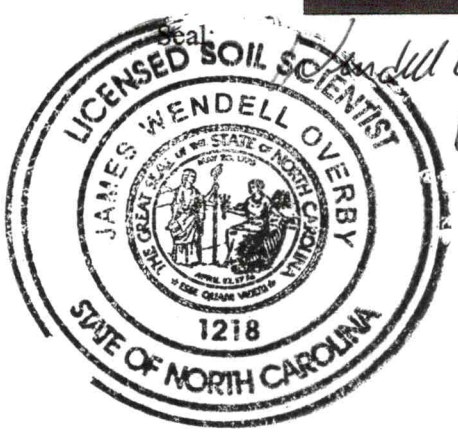
Signature: Kenneth Bradburn

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: [redacted]

Seal:





Four (4) Bedroom Accepted Septic System Design using Gravity Distribution for 110 Winding Shore Loop

Contents: **Page**

Information for the Installer---------- 1

Design Information

Design Specifications---------- 2-3

Layout Specifications---------- 4

Site Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7-8

Iredell County Septic Application---------- 9-10

Iredell County Zoning Permit---------- 11

Environmental Health Requirement---------- 12

Agent Authorization---------- 13

Owner: Kenneth Blackburn

704 929-0013

August 2021

Job #21-1048

Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

- The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by DHH, and certification supplied by the manufacturer.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution**
- **System uses flow divider to separate flow to bed (2 br) and trenches (2br)**
- **Design uses existing 2 bedroom gravel bed.**
- **Lot is repair exempt**
- **Repair specified as 2-bedroom pretreated accepted system due to lake buffer**
- **System trenches installed on 9' minimum; 3' wide trenches**

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Kenneth Bradburn
Phone:	704 929-0013
County:	Iredell
Location:	110 Winding Shore Rd

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	0.00 gpm

Design Specifications

Drainfield Size:	220	lf
Loading Rate:	0.275 gpd/ft.^{2}	
Depth of Gravel in Trench:	n/a	
Gravel Size:	n/a	
Trench Depth:	24	in
Trench Width:	36 in.	
Septic Tank Size:	1000	
Pump Tank Size:	n/a	
Estimated Supply Line Length:	50	lf
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	18.50	gal
Dosing Volume:		gal

Recommended Float Controls:

Recommended Control Panel:

Pressure Head:	0 ft.	
Friction Head:		ft
Elevation Head:		ft
Total Dynamic Head:		ft
Threaded Union:		
Gate Valves:		

Check Valves:
Anti-Siphon Hole:
Recommended Pump:

110 Winding Shore Rd

Gravity Design

DESIGN FLOW:	480	gpd
SOIL APPLICATION RATE:	0.275	gpd/ft.^{2}
TOTAL AREA TRENCH BOTTOM:	660	sf
TOTAL LATERAL LENGTH:	220	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	440	lf
SUPPLY LINE LENGTH:	50	lf
TOTAL DYNAMIC HEAD:	0.00	gpm
DOSING VOLUME:	0.00	gal
PUMP TANK DRAW DOWN*:	0.0	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

110 Winding Shore Rd

Layout for a 4 bedroom home **Aug 2021**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
			SYSTEM				
0	Existing gravel bed						
1	Red					136	136
2	Orange					84	84
			REPAIR				
3	Yellow					52	52
4	Pink					48	48
5	Yellow					136	120

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	220	0.275	ACCEPT	25%	GRAVITY	24
REPAIR	220	0.275	ACCEPT	25% PRETREAT	MANIFOLD	24

Notes:

**Lot repair exempt from original 2 bedrooms
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

CALCULATIONS

Location 110 Winding Shore Road

Project Number 21-1048

Lot No: 158

No. of Bedrooms 4

Design Flow 480 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\,day}$

Accepted? (YES OR NO) Yes

Supply Line Length 50 ft.

Supply Line Volume 18.5 gal.

Required Feet of Line 440 ft.
Amount of Line from Layout 220 ft.

Gallons per Minute 0.00 $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Lateral Line Volume 143.66 gal.

Dosing Volume 0.00 gal.

Tank Draw Down 0.0 in.
Generic Draw Down of 21 gal.per in.

Pump Run Time #DIV/0! minutes

Elevation Head 0 ft.
Pressure Head 0 ft.
Friction Factor 0 ft./100 ft. *(From the interpolater.)*
Friction Head 0.00 ft.
Elevation Head +15% 0
Total Dynamic Head 0.00 ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

PROPERTY ID #: 4730601827
COUNTY: Iredell

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

OWNER: Kenneth Bradburn
APPLICATION DATE:
ADDRESS:
DATE EVALUATED: 04/20/2021
PROPOSED FACILITY: 4 bedroom
PROPERTY SIZE: .66
LOCATION OF SITE: 110 Winding Shore Road
PROPERTY RECORDED: Pre 1983
WATER SUPPLY: [x] Private [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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPR CLASS	.1944 RESTR HORIZ	
1	L / 17%	0-6	B SL WFGr	Fr SS SP	N/A	50	PS		.3
		6-13	YB SCL WFS	Fr SS SP					
		13-41	RB C WFS	Fr SS SP					
		41-50	RB CL WMS	Fr SS SP					
		50-60	VAR SL MASS	VFr NS NP					
2	L / 25%	0-8	B L WF Gr	Fr SS SP	N/A	28	PS		.3-.4
		8-28	RB C WMS	Fr SS SP					
		28-60	VAR SL MASS	VFr NS WP					
3	L / 18%	0-9	FILL		N/A	28	PS		.275
		9-16	B SL WFS	Fr SS SP					
		16-28	BR SC WMS	Fr SS SP f/c SAP					
		28-48	VAR SL MASS	Fr SS SP f/c ROCK					
4	L / 17%	0-3	B L WFGr	Fr SS SP	N/A	60	PS		.3
		3-36	Br C WMS	Fr SS P					
		36-60	BR CL WFS	Fr SS SP					
5	L / 17%	0-5	B SL WFGr	Fr SS SP	N/A	60	PS		.3
		5-40	BR C WMA/S	Fr SS SP					
		40-60	BR CL WMS	Fr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	220	220
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Overby
OTHER(S) PRESENT: Joe Thompson

COMMENTS:

PROPERTY ID #: 4730601827

COUNTY: Iredell

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

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 SAPR CLASS	.1944 RESTR HORIZ	
6	L / 17%	0-10	B SL WF Gr	Fr SS SP	N/A	48	N/A		.3
		10-16	B SCL WFS	Fr SS SP					
		16-36	R C WMS	Fr SS SP					
		36-48	RB CL WFS	Fr SS SP c SAP					

COMMENTS: _____

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

WD **Complete all Environmental Health forms**:

- WD Application
- WD Site Plan including the dimensions of proposed structure, addition, pool etc.
- WD Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- WD Copy of Zoning Permit when applicable
- WD Sign this sheet after you have completed all items

WD **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

WD **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

WD **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

WD **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Wendell Cly **Date** 8/28/21

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED SEP 1 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP-317077

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM*** Paid $500.00

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) Septic Improvement Permit (X) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: KENNETH BRADBURN **Address:** PO BOX 271 TROUTMAN **Zip:** 28166

Applicant Email: BRADBURN76@GMAIL.COM **Phone:** 704 929-0013 **Alt. Phone:** _____

Owner Name: SAME **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 110 WINDING SHORE ~~ROAD~~ TROUTMAN

Subdivision Name: CLT **Section/Phase:** _____ **Lot Number:** 158

Driving Directions: FROM HWY 21 TROUTMAN SOUTH ON PERTH RD ON WINDING FOREST RIGHT ON WINDING SHORE

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) 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: (X) Replacement Well – Reason: SETBACKS TO SEPTIC/HOUSE
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

(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 (X) Innovative ( ) Modified Conventional ( ) Other: _____

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.

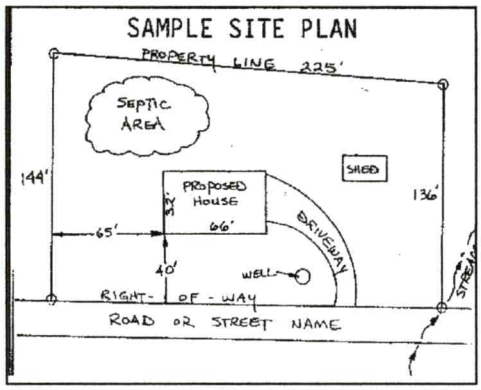
Signature: Wendell Cly 8/28/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- (X) **Area you prefer your septic system to be placed**
- (X) **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 ATTACHED

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

8/28/21
DATE

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*) _____

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, Kenneth Bradburn, am the legal owner(s) of the property located at 110 WINDING SHOALS RD, identified as PIN (Parcel Identification Number) 4730601827, located in Iredell County, North Carolina.

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

Kenneth Bradburn
Signature of Owner(s)

8-26-2021
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 · NC

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

APPLICATION NUMBER
317077 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730601827.000	110 WINDING SHORE RD	Iredell County

Owner Information	Applicant Information
Name: BRADBURN KENNETH B JR	Name: BRADBURN KENNETH B JR
Address: PO BOX 271	Address: PO BOX 271
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.65	0	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 04/22/2021

Permit Number	317077

TOTAL FEES:	$77.25