IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 207251

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

PIN # 4730-60-3220

APPLICANT: KENNETH BRADBURN | APPLICANT ADDRESS: PO BOX 271 TROUTMAN NC

SITE ADDRESS: 151 WINDING SHORE RD-Iredell | PHONE: | ALT. PHONE:

SITE DIRECTIONS: PERTH, TL WINDING FOREST, TR WINDING SHORE, 3RD ON R

SUBDIVISION: WINDING FOREST | SECTION: - | LOT # 17 | LOT AREA: .769 AC | DESIGN FLOW: 480 | L.T.A.R.: 3

Septic Tank	1000 (gal)	STB	169	Date	3-4-16	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:			25% REDUCTION	[ ] Business	No. Persons		[ ] Private
Pump Make		Model		Serial #		Repair System Description:			PANEL BLOCK	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	400'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space		[X] Community
Trench Width	36"	Max. Trench Bottom Depth	X 30" X	Gravel Depth	—		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing			[ ] Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

SEE ATTACHED PLAN FROM MICHAEL ATHANAS & ASSOCIATES

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**

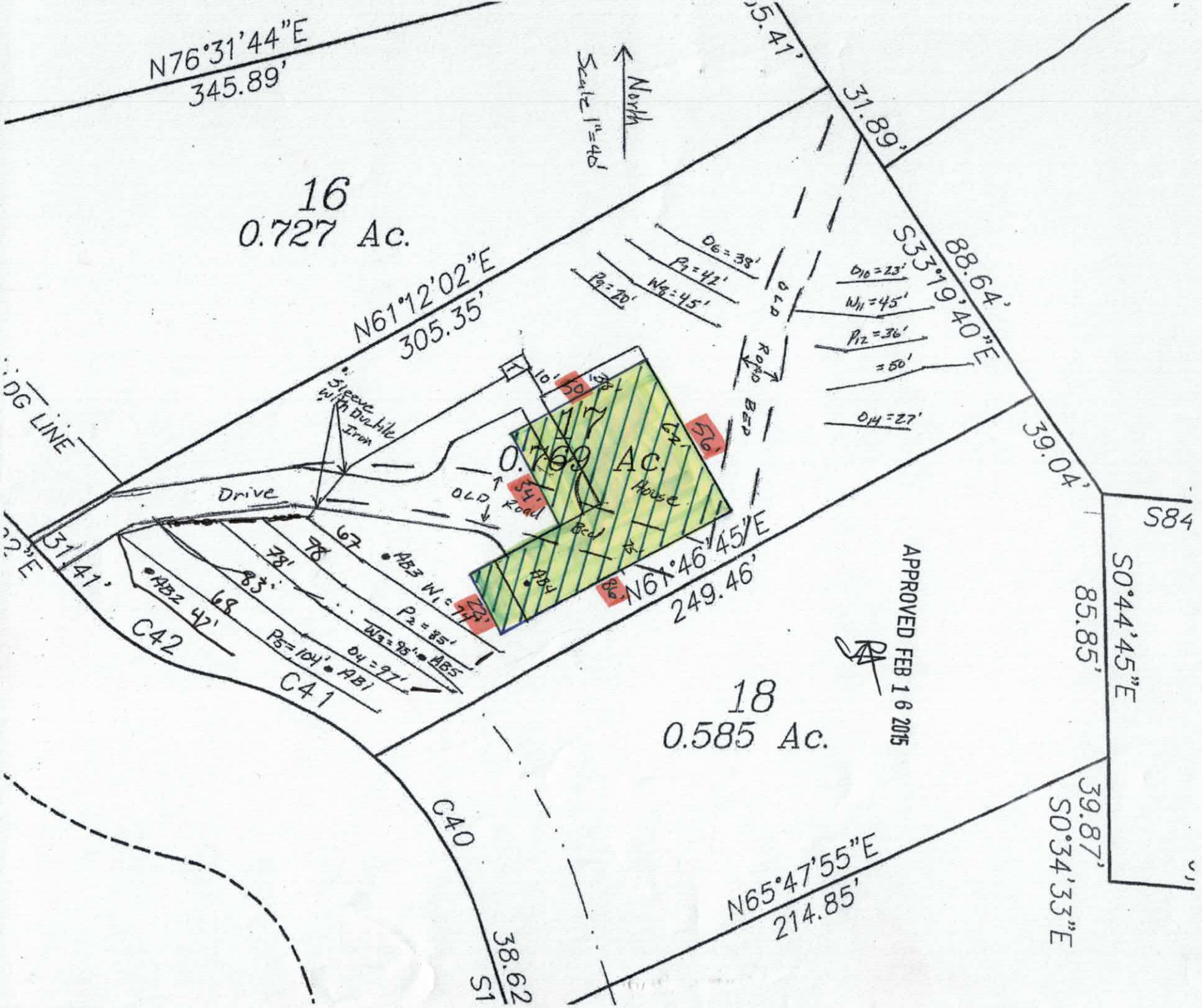
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kenneth Bradburn Date: 3-6-15 Installed by: NEIL YODER

IMPROVEMENT PERMIT by: RA Cole Date: APPROVED FEB 16 2015 OPERATION PERMIT by: RA Cole Date: 5-13-16

AUTHORIZATION TO CONSTRUCT by: RA Cole Date: APPROVED MAR 06 2015 Existing System Inspected by: Date:

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


N76°31'44"E
345.89'
North
Scale 1"=40'
31.89'
16
0.727 Ac.
N61°12'02"E
305.35'
S33°19'40"E
88.64'
Sleeve with Double Iron
DG LINE
Drive
17
0.769 Ac.
House
OLD
Road
Bed
Shed
N61°46'45"E
249.46'
APPROVED FEB 16 2015
39.04'
S84
S0°44'45"E
85.85'
31.41'
C42
C41
C40
18
0.585 Ac.
38.62
N65°47'55"E
214.85'
39.87'
S0°34'33"E

Comments:
The purpose of this evaluation was to permit a new location for the initial system. The previously permitted initial system will become the repair area. The loading rate for the repair area has been previously confirmed by the Iredell County Health Department. Please note the house location was located using orange pin flags. The road beds indicated on the site plan will need to be filled in to allow the system to be installed as shown. The driveway should also be placed as shown. Where the pipe from the tank goes under the driveway, it will need to be sleeved with a ductile iron piece.

APPROVED FEB 16 2015

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: Lot 17; Winding Forest
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED FEB 16 2015

OWNER: Kenneth Bradburn
ADDRESS: PO Box 271Troutman, NC 28166
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Lot 17; 151 Winding Shore Drive, Troutman, NC 28166

APPLICATION DATE:
DATE EVALUATED: 1/22/2015
PROPERTY SIZE:0.77 Acres
PROPERTY RECORDED: 06/12/2012

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	LS 6-8%	0"-6"	Br SCL WSBK	SS SP FR SEXP		48"	Few to common Saporlite Inclusions 30"-48" PS	None	.3
		6"-30"	R C SBK	SS SP FR SEXP					
		30"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	LS 6-8%	0"-6"	Br SCL WSBK	SS SP FR SEXP	N/A	48"	Few to common Saporlite Inclusions 38"-48" Common Mica inclusions.	None	.3
		6"-38"	R C SBK	SS SP FR SEXP					
		38"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	LS 6-8%	0"-4"	Br SCL WSBK	SS SP FR SEXP	N/A	42"	Few to common Saporlite Inclusions 30"-42" PS	None	.3
		4"-30"	R C SBK	SS SP FR SEXP					
		30"-42"	R CL WSBK	SS SP FR SEXP					
		42"-52"	L Saporlite M	NS NP VFR NEXP					
AB 4	LS 6-8%	0"-4"	Br SCL WSBK	SS SP FR SEXP	N/A	38"	PS	None	.3
		4"-34"	R C SBK	SS SP FR SEXP					
		34"-38"	R CL WSBK	SS SP FR SEXP					
		38"-48"	L Saporlite M	NS NP VFR NEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200ft2	978ft2
System Type(s)	25% Reduction	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

BA

APPROVED FEB 16 2015

PROPERTY ID #: Lot 17; Winding Forest
DATE OF EVALUATION: 01/22/2015
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	LS 6-8%	0"-5"	RBr CL WSBK	SS SP FR SEXP	N/A	45"	Few to Common Saporlite 30"-45"	None	.3
		5"-30"	R C SBK	SS SP FR SEXP					
		30"-45"	R CL WSBK	SS SP FR SEXP					
		45"-48"	L Saporlite M	NS NP VFR NEXP					

COMMENTS: _____

A1 0-24 C fr SB SE
24-48+ C+SAP fr-fi ABK
.25

A2 0-6 GR fr gr SE
6-21 C fr SB SE
21-36 C+SAP fi SB
36-48 C+SAP VFi AB
48+ SAP (C) fi m acid
.25

RECEIVED FEB - 9 2015

Paid $500.00 12-3-14
Switched to F. Track
#207251

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) 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: (X) 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: same as Owner

Applicant Name: ~~Tim Murray~~ **Address:** ~~Mooresville NC~~ **Phone:**

Owner Name: Kenneth Bradburn **Address:** PO Box 271 Troutman NC **Phone:**

Property Information:

Street Address: 151 Winding ~~Forest~~ Shore

Subdivision Name: Winding Forest **Section/Phase:** **Lot Number:** 17

Driving Directions: Perth North, TL Winding Forest, TR Winding Shore 3rd on Rt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

(X) 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 (X) 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 (X) Other: Accepted

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: _____ 2/9/2015

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

IREDELL COUNTY HEALTH DEPARTMENT

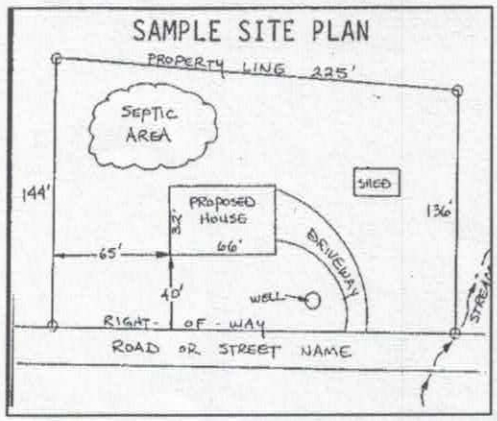
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) 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 Attached Plan

Signature: _____ 2/9/2015

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

2-27-15 (Date)

Owner: Kenneth B. Bradburn, JR
Address: 151 Winding Shore Rd
Troutman, NC 28166

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Kenneth B Bradburn, JR Winding Forest Lot #17 151 Winding Shore Road - Troutman, NC 28166

I, Kenneth B. Bradburn, JR, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 3-2-07 (date) for a system

4 PPP BPS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Kenneth B Bradburn
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 129532 PIN# 4730 70 5378 DATE March 2, 2007

OWNER OR APPLICANT BD of N.C. PHONE: Business _____ Home _____

ADDRESS 249 Williamson Rd, Suite 101, Mooresville, N.C. 28117

LOCATION Perth Rd. North TL Winding Forest DR. to END TR Winding Shore 3rd Lot on Right

SUBDIVISION Winding Forest BLOCK / SECTION _____ LOT 17 LOT AREA .769 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .275

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 897 * Linear Feet 299 *

No Lines 5 Trench Width 36" * Max Trench Bottom Depth 36"

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ Yes ☐ No

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

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ____

☐ Business No. Employees ____

☐ Other _____

Water Supply: ☐ Individual ☒ Public ☒ Community

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from Rollins Soil and Env. Services

AS BUILT SKETCH

REVOKED

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: Dianne Rollins date 3-9-07 Installed by: _____

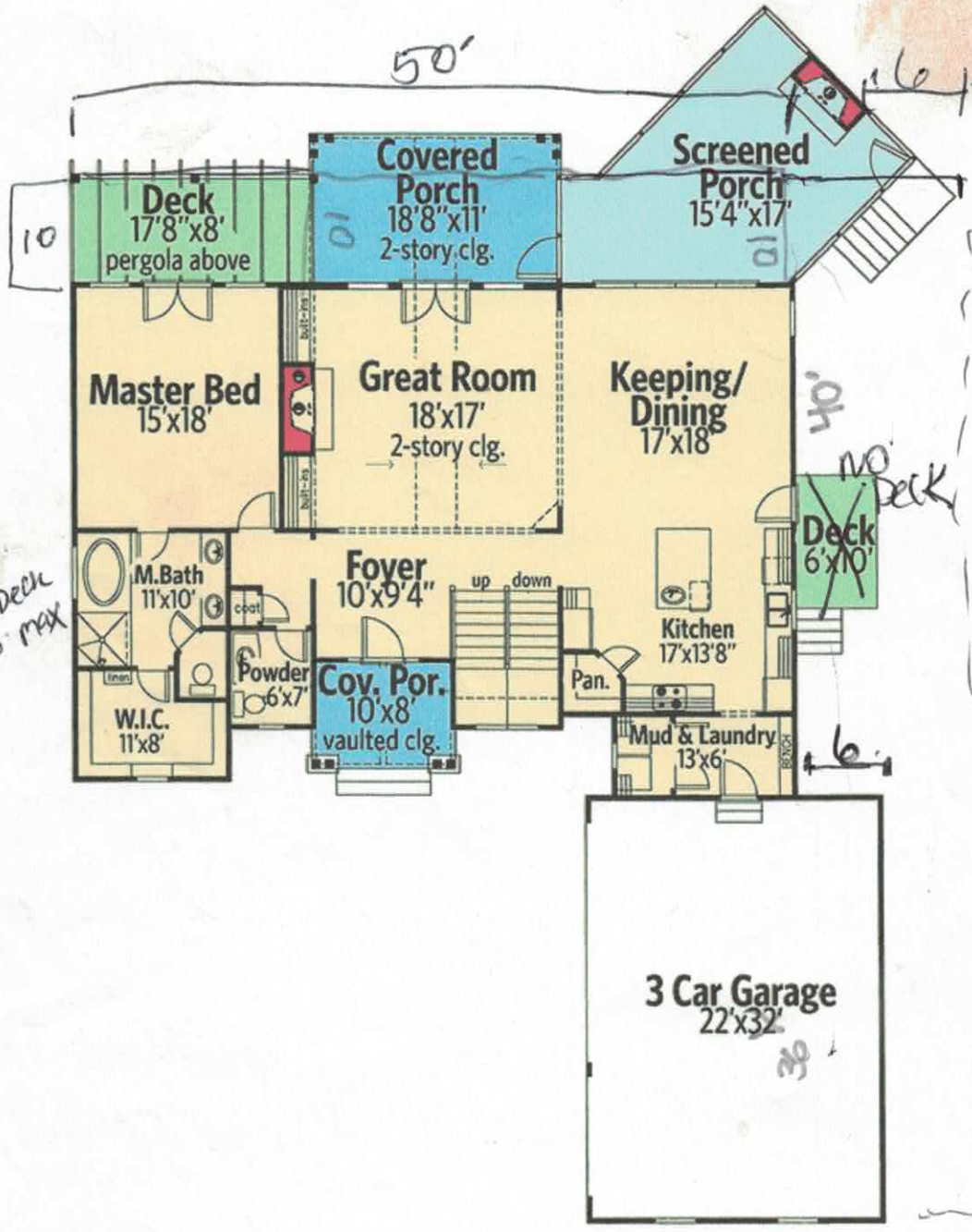
Improvement Permit by: _____ date 3-2-07 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: _____ date _____

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

Architectural Designs ...selling quality house plans for over 30 years.

Main Level



Acknowledgement Of Plans Submittal ONLY!

Owner Signature _____ Date 3-6-15

APPROVED MAR 06 2015

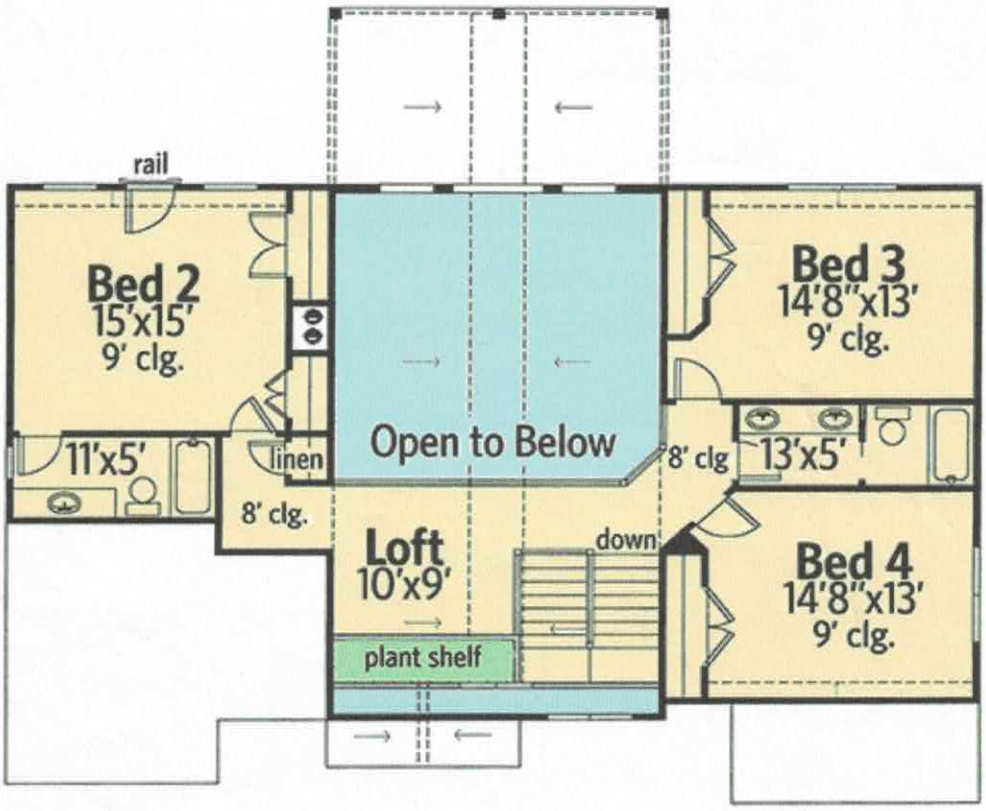
Date _____

Architectural Designs :: 57 Danbury Road :: Wilton, CT 06897

USA & Canada 1-800-854-7852 :: International 262-521-4596

Fax 1-203-761-8600 :: Email: info@architecturaldesigns.com

2nd Level



Acknowledgement Of Plans Submittal ONLY!

Date 3-6-15

APPROVED MAR 06 2015

Architectural Designs :: 57 Danbury Road :: Wilton, CT 06897
USA & Canada 1-800-854-7852 :: International 262-521-4596
Fax 1-203-761-8600 :: Email: info@architecturaldesigns.com

IREDELL COUNTY

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

APPLICATION NUMBER
207251
Issue Date: 12/03/2014

ZONING PERMIT

Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4730603220.000	151 WINDING SHORE ROAD, TROUTMAN, NC 28166	TROUTMAN

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

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.769	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
✓8043 mm
12/3

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: See Attached Date: _____

Permit Number	27274	TOTAL FEES:	$ 77.25