IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208804

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

PIN # 4730-60-8685

APPLICANT: TEOFIL MIHUT APPLICANT ADDRESS: 6037 BUCKSKIN DR. HICKORY

SITE ADDRESS: 168 CROOKED BRANCH WAY - Intm. PHONE: 828-234-8856 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL WINDING FOREST, TR CROOKED BRANCH, ON R

SUBDIVISION: WINDING FOREST SECTION: LOT # 46 LOT AREA: .576 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 160 Date 10-7-15

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 300'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

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

System Description: 25% REDUCTION

Repair System Description: PANEL BLOCK

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

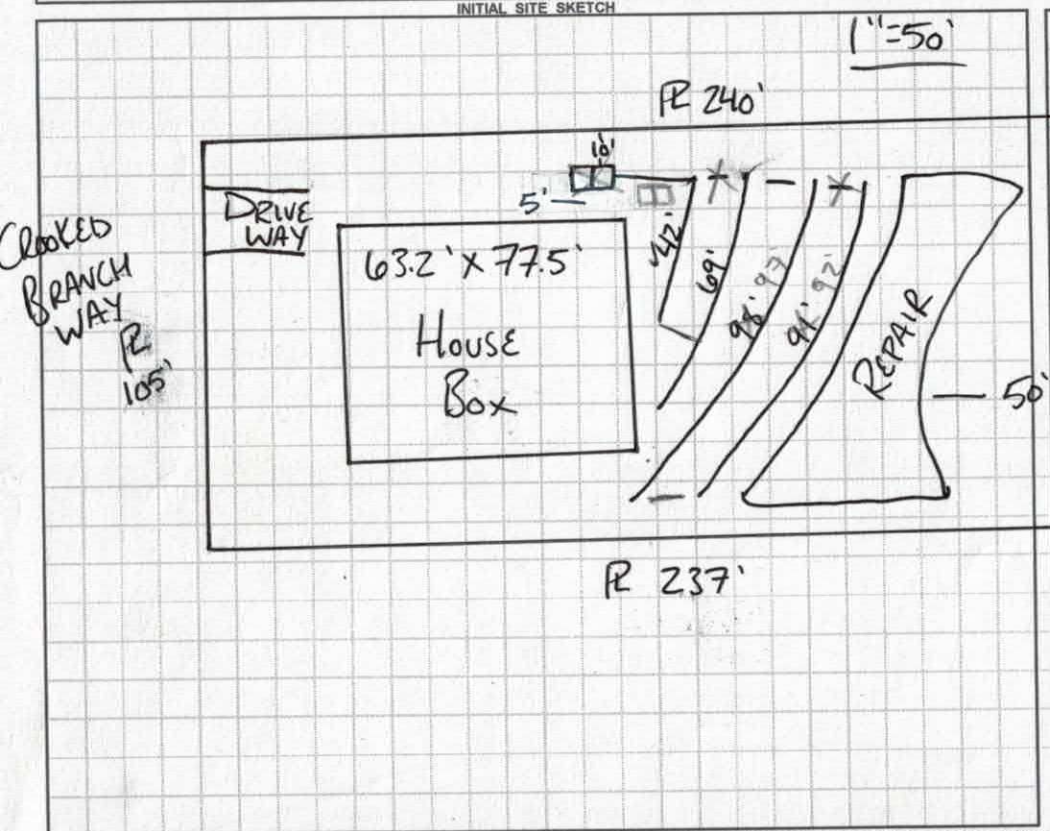
No. Bedrooms 3 No. Persons No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

INITIAL SITE SKETCH



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. ☒ 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: Date: 12.29.2015 Installed by: YODER

IMPROVEMENT PERMIT by: Date: 12-23-15 OPERATION PERMIT by: Date: 2-2-16

AUTHORIZATION TO CONSTRUCT by: Date: 12-29-15 Existing System Inspected by: Date:

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

RECEIVED NOV 17 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $320.00
#208804

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: ( ) 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:

Applicant Name: TEOFIL MIHUI **Address:** 168 Crooked Branch way Troutman **Phone:** _____

Owner Name: TEOFIL MIHUI **Address:** 6037 Buckskin Dr Hickory **Phone:** 828-234-885

Property Information:

Street Address: 168 Crooked Branch way Troutman NC

Subdivision Name: Wedding Forest **Section/Phase:** _____ **Lot Number:** 46

Driving Directions: _____

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: 3
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 ( ) 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: _____ Nov. 17. 2015
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

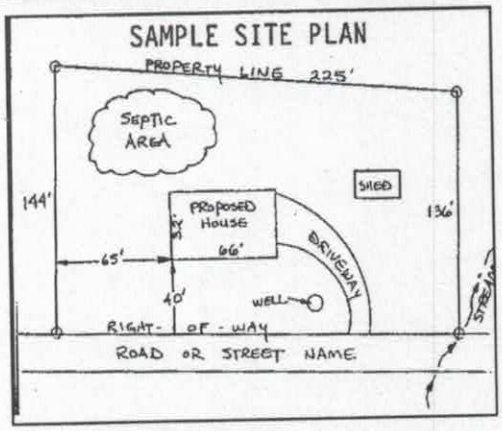
ENVIRONMENTAL HEALTH DIVISION

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**

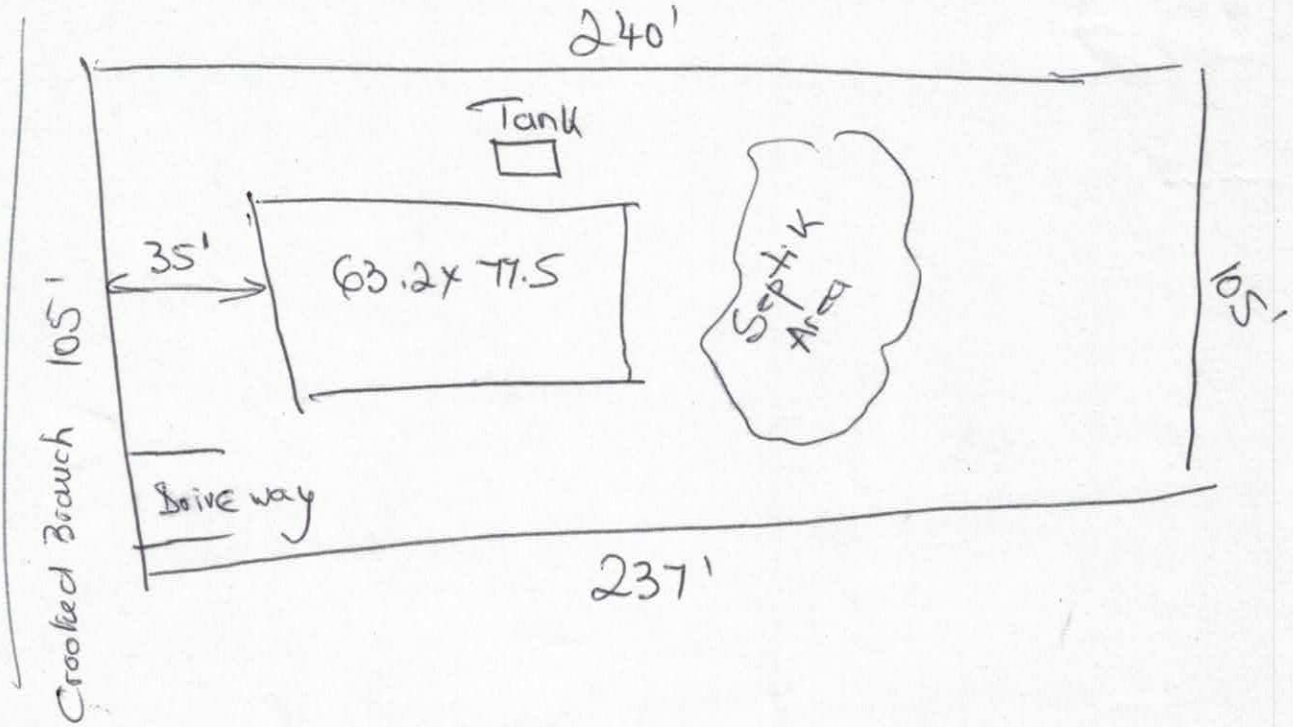


Circle N/A on the following if appropriate:

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



Signature: _____

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

Nov. 17. 2015

DATE

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

Sheet 1 of ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: BO OF NC _____ APPLICATION DATE 7/06
ADDRESS: 249 WILLIAMSON ROAD MOORESVILLE _____ DATE EVALUATED: 7/06
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: WINDING FOREST LOT 46 PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ 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) .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
P84 1	LSS 10-15% missed pit	0-12	gr brnsl	fr sssp					~3
		12-34	mSBK rsdc	fr sssp stxp few mi stxp					
		34-51	wkfsblcsdcl	fr sssp	common sap				
P85 2	LSS 12%	0-9	BSC vfr	fr sssp stxp	NH	53"	N/A	N/A	PS .3
		9-16	BSCR wsgr	fr sssp stxp					
		16-32	RC mfssgr	fr sssp stxp					
		32-53	RC mwsgr	fr sssp stxp					
3	10% V	0-7	gr brnsl	fr					.3
		7-19	SBK rsdc	fr sssp stxp					
		19-37	mSBK c/d	fr sssp few mi stxp					
		37-60	wk sbk c/d stxp	fr sssp	common sap				
4		0-8	gr brnsl	fr sssp					.3
		8-25	mfSBK rsdc	fr sssp stxp					
		25-40	mfSBK rsdc	fr sssp few mi stxp					
		40-56	wkSBK rsdc	stxp fr sssp					

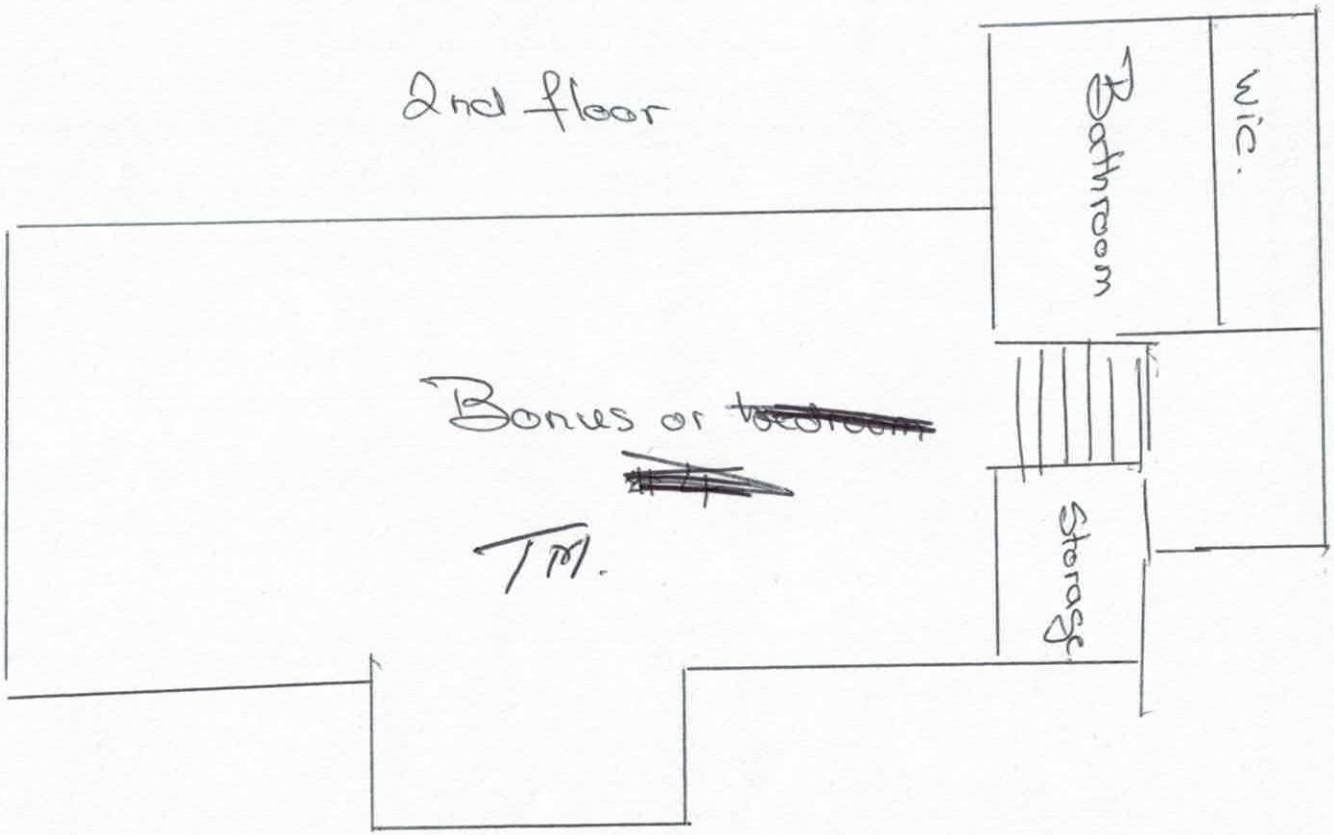
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PP&PS	PP&PS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Rollins Soil & Env.
OTHER(S) PRESENT: _____

COMMENTS:

Acknowledgement Of
Plans Submittal ONLY!
Date March 24. 2015
Date APPROVED APR 0 9 2015

Lot. 46.




105'
Lot 46.
127.5
Acknowledgement Of
Plans Submittal ONLY!
Date March 24. 2015
APPROVED APR 09 2015
Date
240.44
M Bath
Master
Bedroom
Family
Room
House
Bed 2
Bed 3
15'
27'
237.33
77.5
Garaj
Drive way
63.2
35
14'
105'
Crooked Branch way