ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 307332

PIN # 4730609380

APPLICANT/OWNER: Jeffica Dragoi

APPLICANT ADDRESS: 345 S Main St Troutman, NC 28166

SITE ADDRESS: 165 Crooked Branch Way Troutman, NC

PHONE: 980 722-95 ALT. PHONE 704 508-1565

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Winding Forest TR Crooked Branch Way on left

SUBDIVISION: Winding Forest SECTION: — LOT # 37 LOT AREA: 1.678 Ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd L.T.A.R.: .3I / .25Rep

Septic Tank	1000 (gal)	STB	Date 2/26	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction
Pump Make		Model	Serial #	Repair System Description:	PPBPS
# Nitrification Fields	1	# Lines 3	Linear Ft 400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth (Low side)	36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE

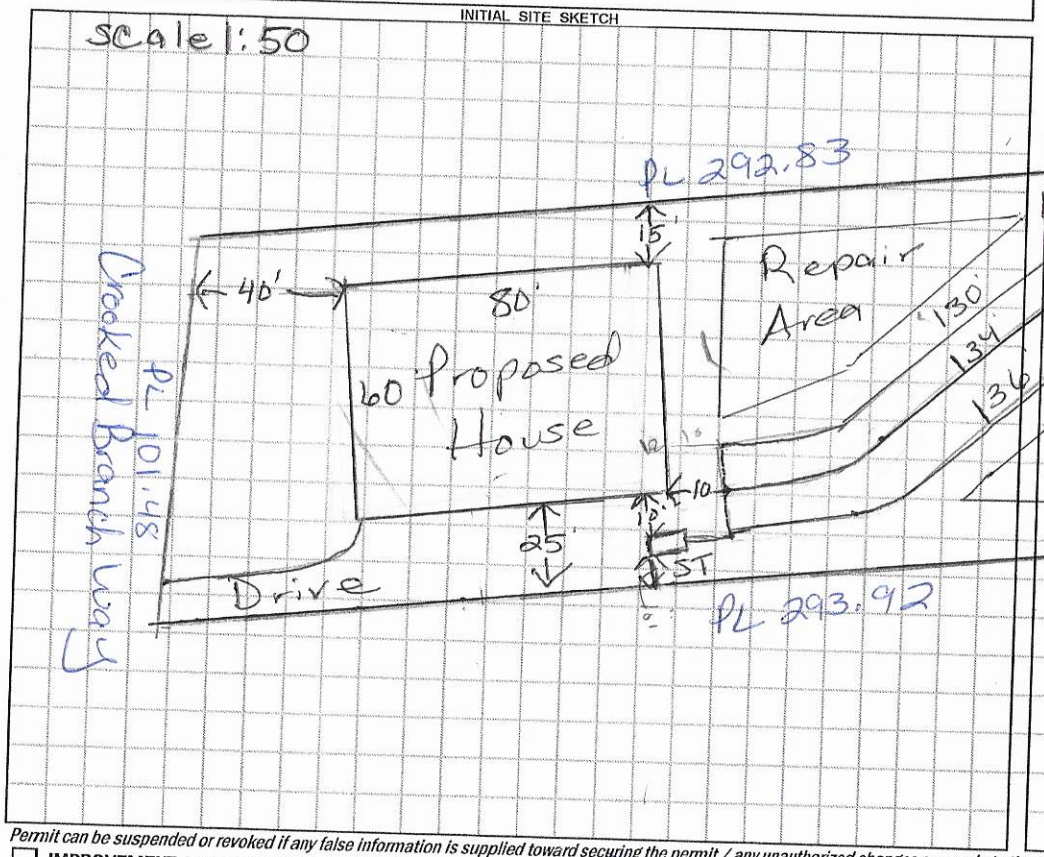
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space ☐ Basement w/o plumbing

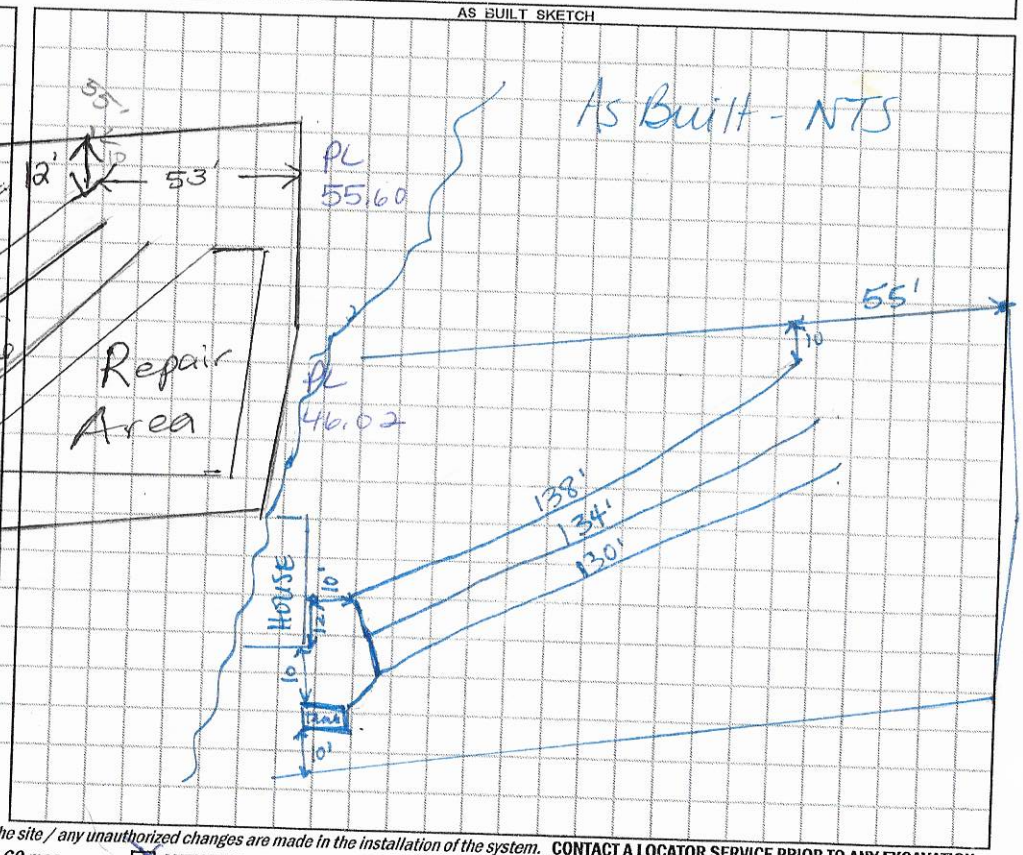
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Divert surface/storm water away from Septic.

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: Acceptance of Permit Recvd Date: 8/6/20

IMPROVEMENT PERMIT by: Maria Date: 7/27/2020

AUTHORIZATION TO CONSTRUCT by: Maria Date: 7/27/2020

Installed by: Rowan Septic

OPERATION PERMIT by: D. Mieberg Date: 4/22/21

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.

ON-SITE WASTEWATER SECTION

PROPERTY ID #: 0473060938O
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jessica Dragoi
ADDRESS: 345 S Main St Troutman NC
PROPOSED FACILITY: House
LOCATION OF SITE: 165 Crooked Branch Way Troutman
APPLICATION DATE: 5/8/20
DATE EVALUATED: 11/20/20
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: ± 6.78 Ac.
PROPERTY RECORDED: Y
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) .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
1	10%	0-7	Brw SCL	wSBK	SS, SP, SExp, FR				PS .3
		7-53	RCL	wSBK	SS, SP, SExp, FR				
			w/SAP Inclus						
					—	53"	→	—	
2	10%	0-10	Brw SCL	wSBK	SS, SP, SExp, FR				PS .3
		10-37	RCm-L	wSBK	SS, SP, SExp, FR				
		37-63	R to Sl Brw CL	wSBK					
			w/SAP Inclus & common Mica						
					—	63"	—	—	
3	8%	0-6"	Compacted SCL						.25 to 30"
		6-30	RCL	wSBK	SS, SP, SExp				
			w/Sl Brw Inclus						
		30-60	RCL	wSBK	SS, SP,	SExp, FR			>30" .3
			w/SAP Inclus		—	60	—	—	
4	8% Repair	0-16	Brw SCL	wSBK	SS, SP, SExp, FR				PS .25
		16-60	RCL	wSBK	SS, SP, SExp, FR				
			w/Sl Brw Inclus						
					—				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
: (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
r (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
Drainage Way)					EXP (Expansive)	CR (Crumb)
(Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
(Flood Plain)		L (Loam)				SBK (Subangular Blocky)
(Foot Slope)						ABK (Angular Blocky)
Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
Nose Slope)		CL (Clay Loam)				
Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
Shoulder Slope)		SiL (Silt Loam)				
Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

TES

RIZON DEPTH In inches below natural soil surface

PTH OF FILL In inches from land surface

STRICTIVE HORIZON Thickness and depth from land surface

PROLITE S(suitable) or U(unsuitable)

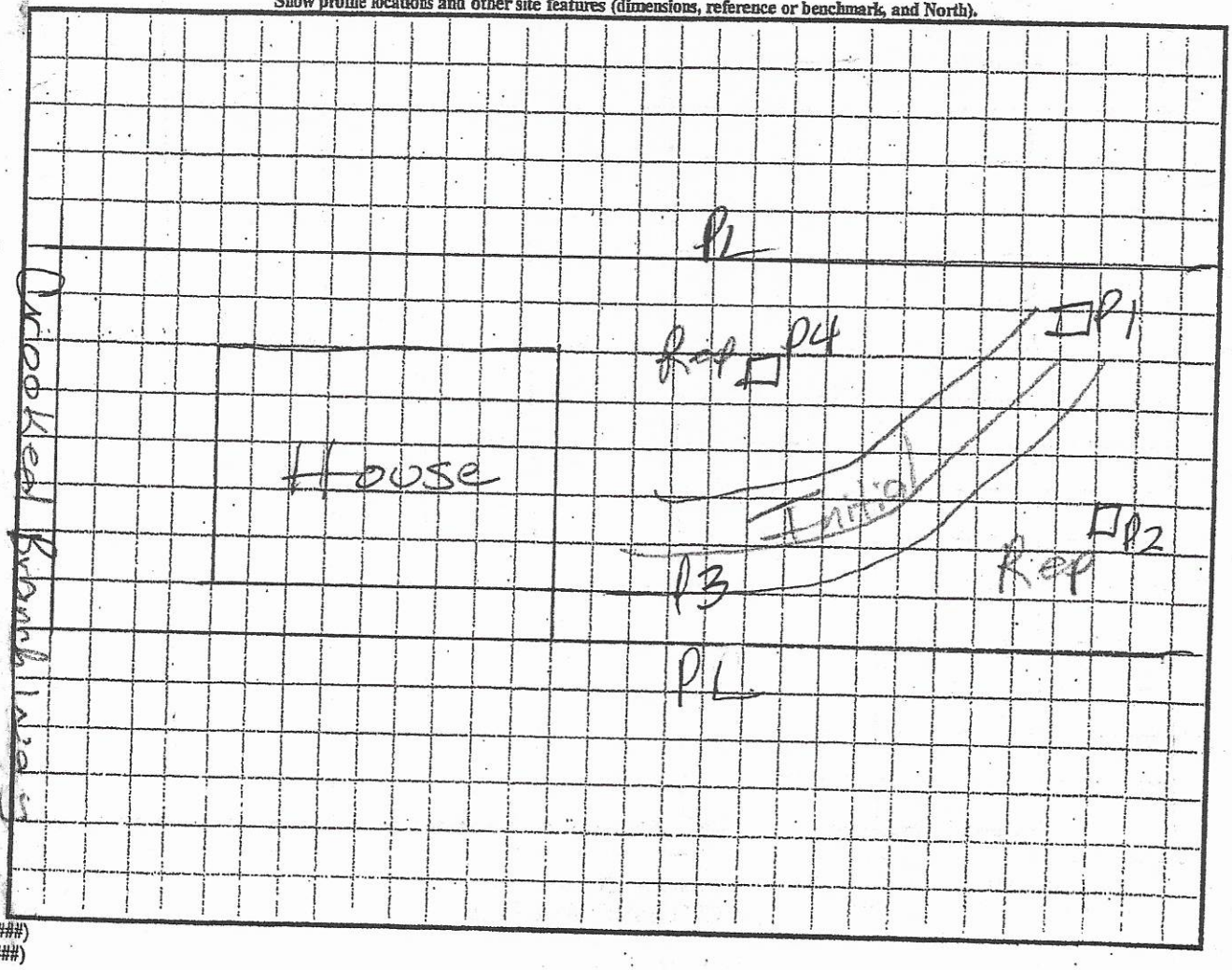
IL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

ASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

luation of saprolite shall be by pits.

g-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



(######)
w (#####)

Pits Mon 7/20/20

RECEIVED JUL 0 1 2020

AP-307332

$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:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Place an (X) beside whichever is submitted if applicable

( ) Survey Plat, scaled no more than 1 inch = 60 feet

(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Jettica Dragoi Address: 345 S. Main St. Troutman Zip: 28166

Applicant Email: ionica3006@yahoo.com Phone: 980-722-9577 Alt. Phone: 704-508-1565

Owner Name: Jettica Dragoi Address: 345 S. Main St. Troutman Zip: 28166

Owner Email: Same Phone: Same Alt. Phone: Same

Property Information:

Street Address: 165 Crooked Branch Way Troutman, NC 28166

Subdivision Name: Winding Forest Section/Phase: ____ Lot Number: 37

Driving Directions: Hwy 150, turn (R) on Perth Rd; turn (L) on Winding Forest, turn (R) on Crooked Branch Way, see prop. on (L)

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: n/a
Square Footage of Building: ____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Water Supply: ( ) Replacement Well – Reason: n/a
( ) Multi-connection Well Number of Houses: ____ Number of Persons: ____

( ) 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: n/a

( ) No Preference ( ) Alternative (X) 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: J. Dragoi 05/08/20

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

307332

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, _____, 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.

_____ _____
Signature of Owner(s) Date

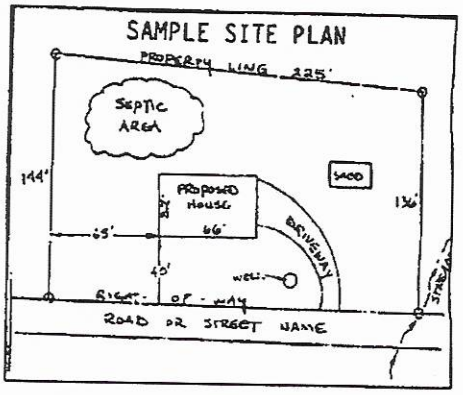
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

307332

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:

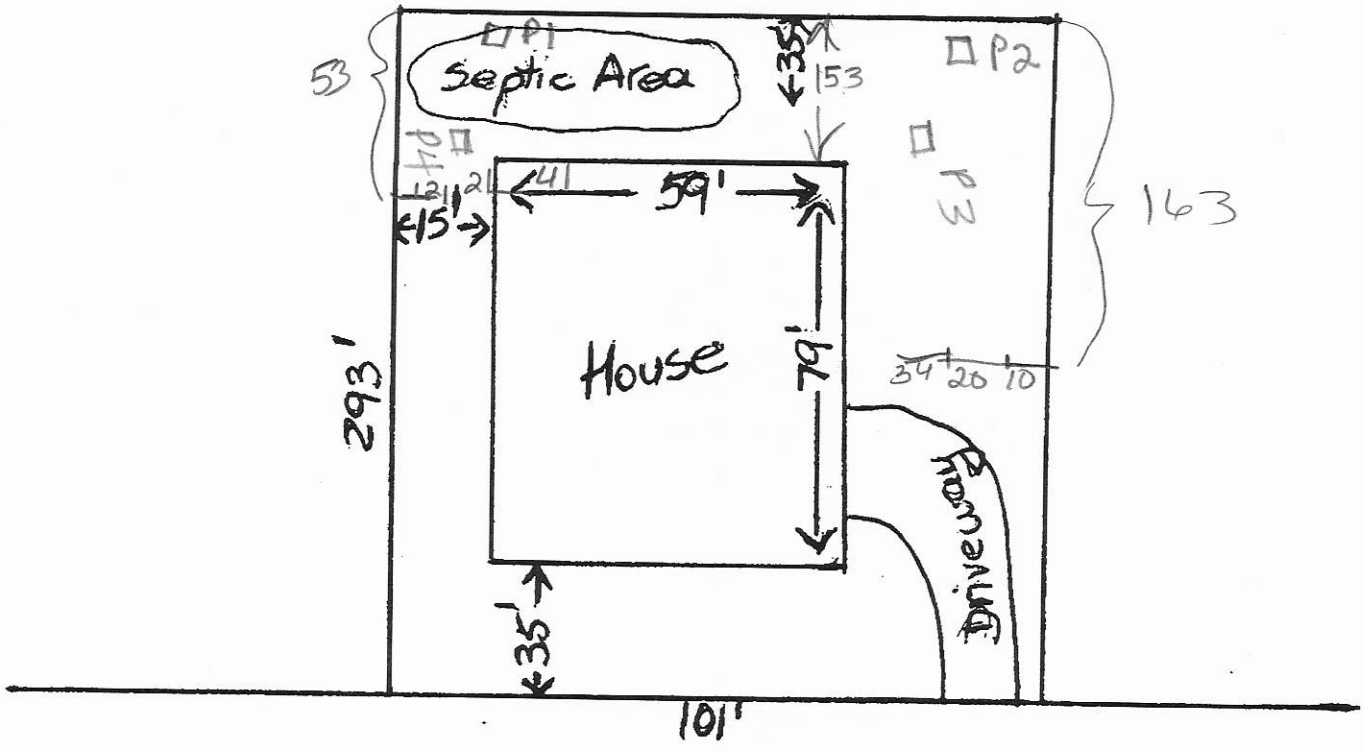
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

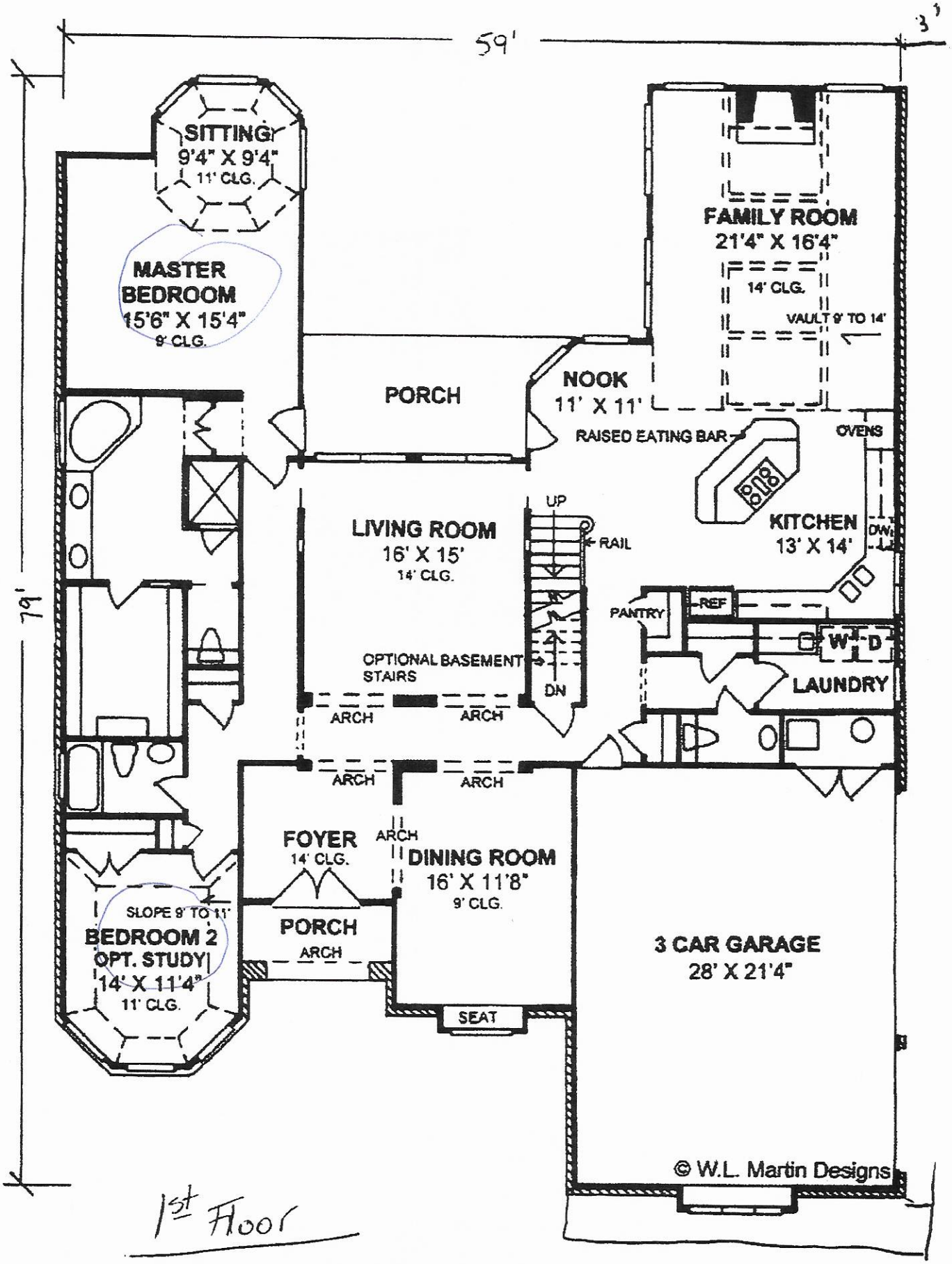


Crooked Branch Way

N

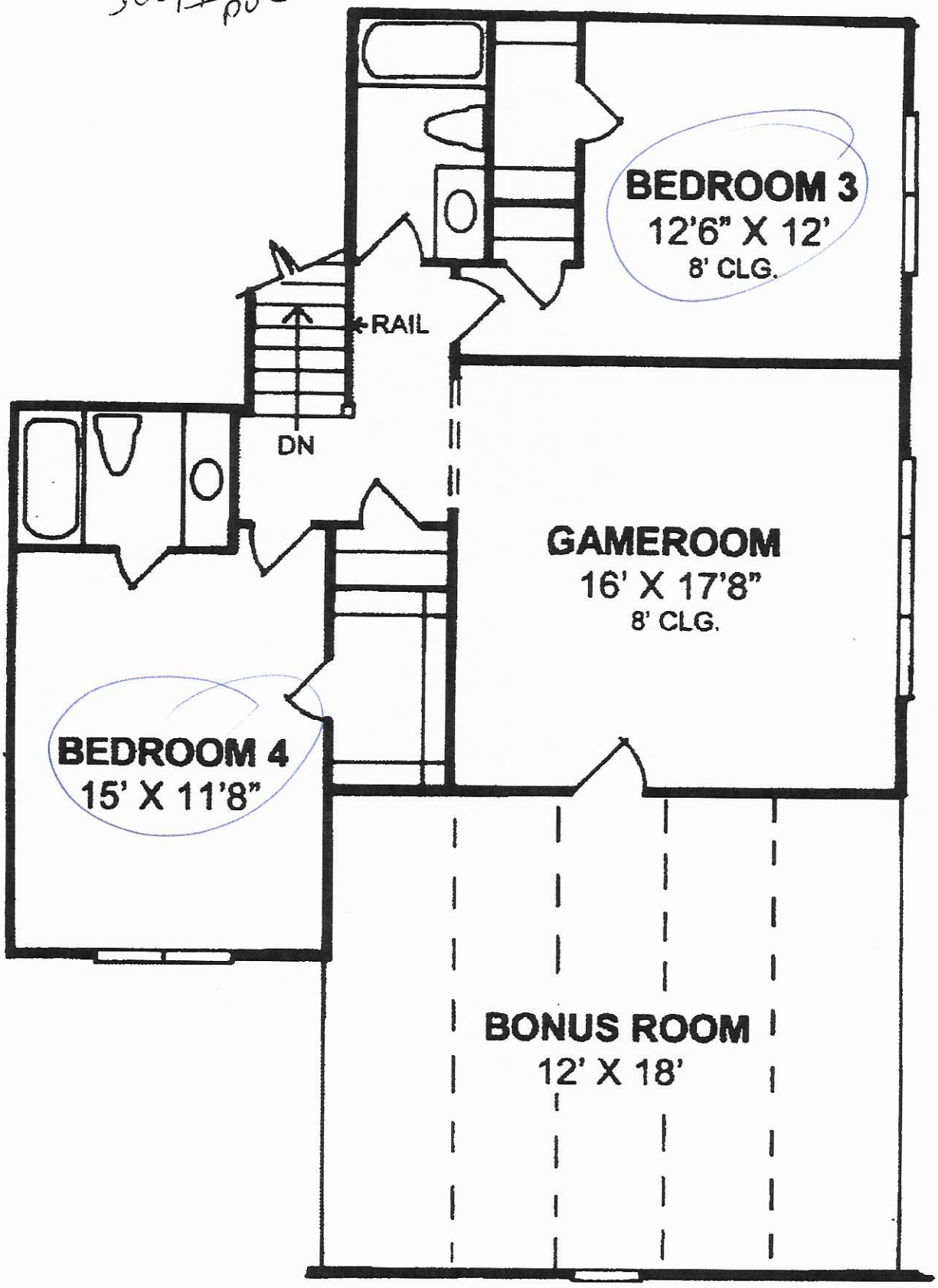
Signature: _____ 05/08/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

House Plan 178-1113 Image



1st Floor

307332


BEDROOM 3
12'6" X 12'
8' CLG.
RAIL
DN
GAMEROOM
16' X 17'8"
8' CLG.
BEDROOM 4
15' X 11'8"
BONUS ROOM
12' X 18'

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307332 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4730609380.000	165 CROOKED BRANCH WAY	Iredell County

Owner Information	Applicant Information
Name: TIPRIGAN LUCRETIA	Name: TIPRIGAN LUCRETIA
Address: 8331 MYRTLEWOOD CIRCLE	Address: 8331 MYRTLEWOOD CIRCLE
WESTMINISTER, CA 92683	WESTMINISTER, CA 92683
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.678	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

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

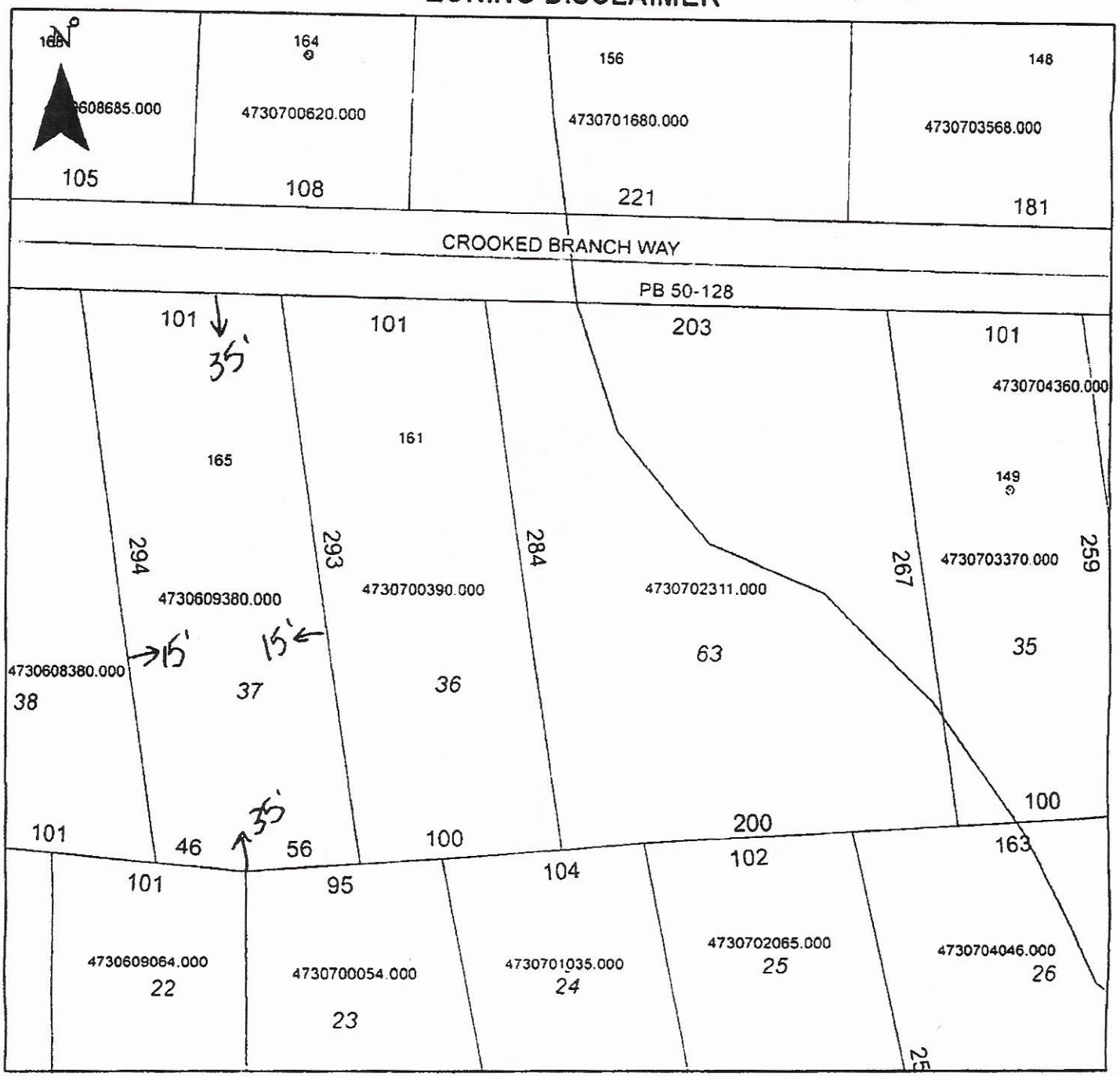
Date: 05/08/2020

Permit Number	307332	TOTAL FEES:	$77.25

ionica3006@yahoo.com

* Start zoning up & EH paperwork

ZONING DISCLAIMER



Property Address 165 Crooked Branch Way

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

05/08/20
Date