IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 208805

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

PIN # 4730-70-0620

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

SITE ADDRESS: 164 CROOKED BRANCH WAY - Intm PHONE: 828-234-8856 ALT. PHONE:

SITE DIRECTIONS: PERTH, TL WINDING FOREST, TR CROOKED BRANCH 1ST R

SUBDIVISION: WINDING FOREST SECTION: LOT # 47 LOT AREA: .581 AC DESIGN FLOW: 480 L.T.A.R.: .3 (.25R)

Septic Tank 1000 (gal) STB 1100 Date 12-3-15
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 4 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth

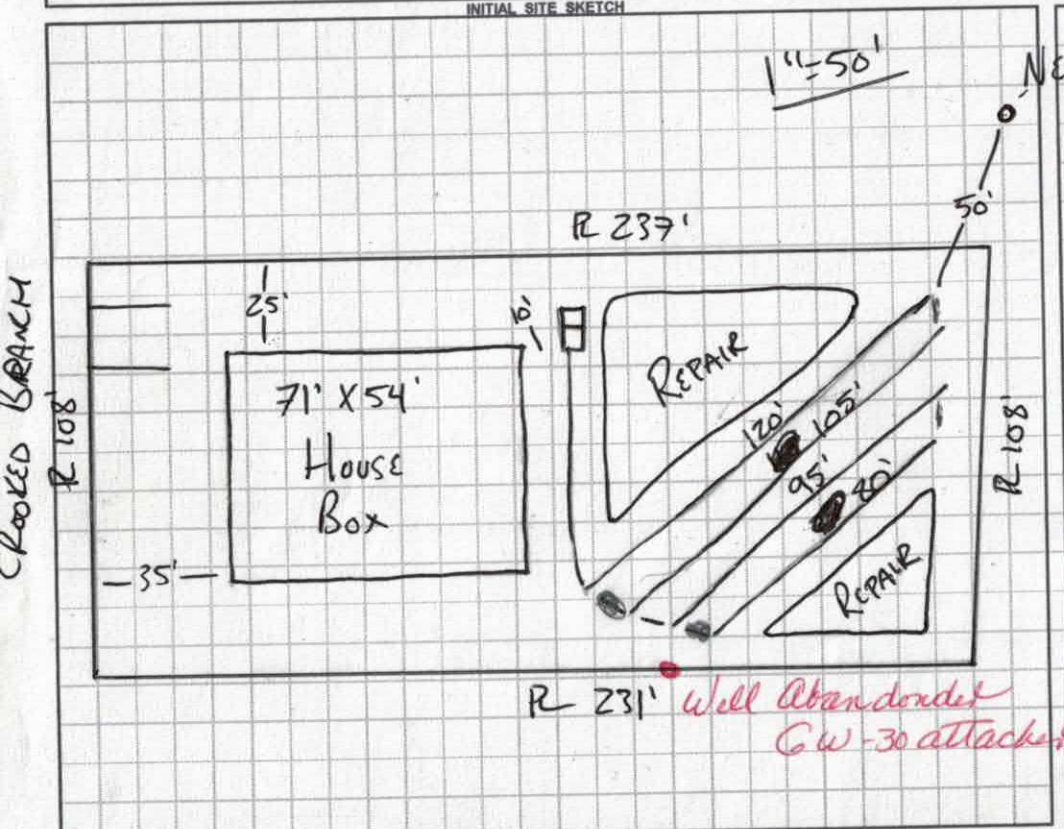
☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL BLOCK
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☒ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

CHECKED TANK & TOP LINE
2-2-16
BA

CHECKED BOTTOM 3 LINES
2-5-16
BA

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: 4.9.2015

IMPROVEMENT PERMIT by: APPROVED APR 09 2015 Date:

AUTHORIZATION TO CONSTRUCT by: APPROVED APR 09 2015 Date:

Installed by: YODER

OPERATION PERMIT by: BA Date: 2-5-16

Existing System Inspected by: Date:

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

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

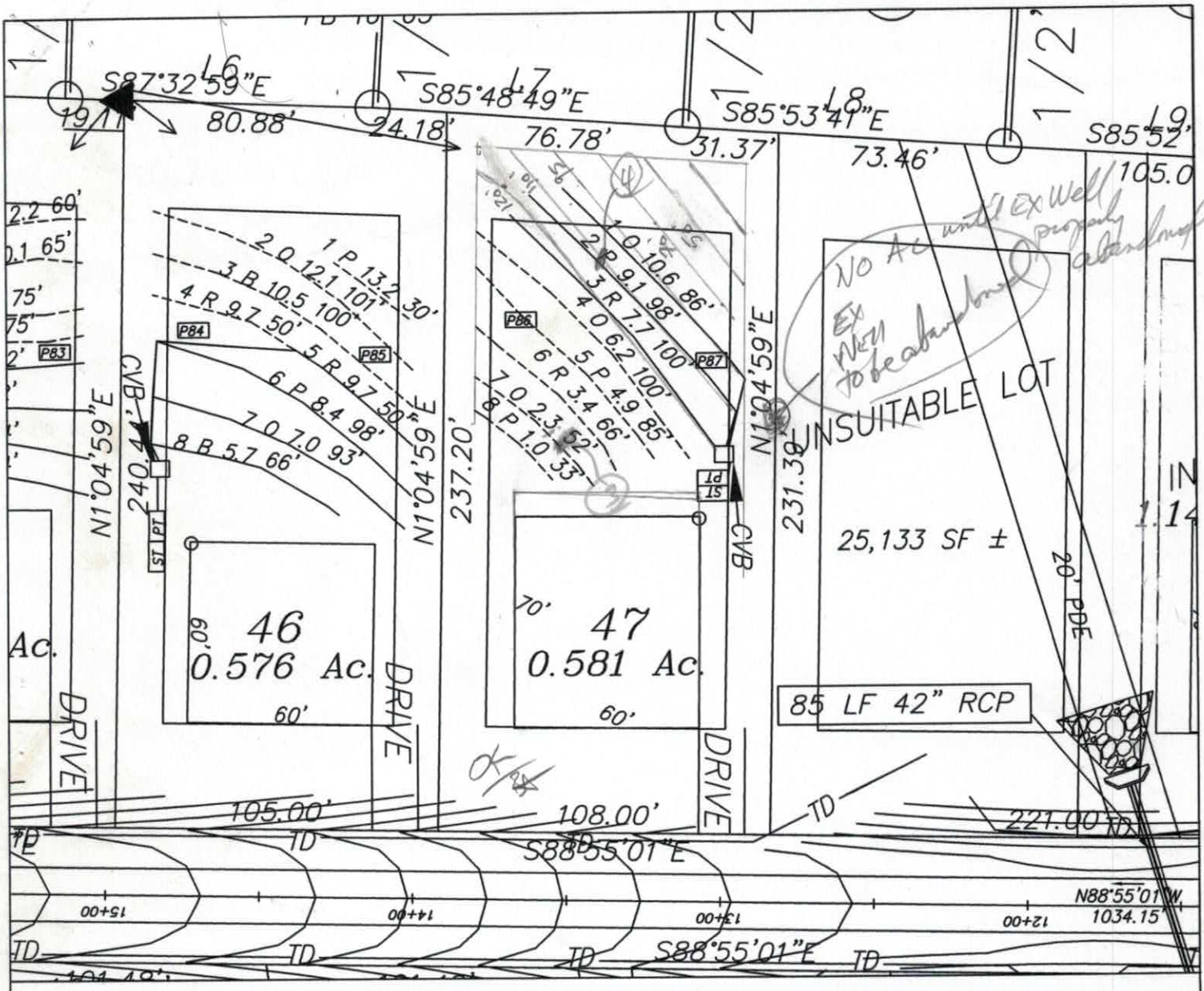
OWNER: BO OF NC _____ APPLICATION DATE 7/06
ADDRESS: 249 WILLIAMSON ROAD MOORESVILLE _____ DATE EVALUATED: 7/06
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: WINDING FOREST LOT 47 PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
P#6 1	LSS 12-15%	0-12	SSL GR	fr. SSSPSMP	N/A	48"	N/A	N/A	.25
		12-48	BRSC FWSS	FRI/FI SSSP SMP					
P#7 2	LSS 12-15%	0-23	RC ANKSSL	fri SSSP SMP	N/A	58"	N/A	N/A	.3
		23-52	RCL WSSL	fri SSSPSMP					
3	10-4-06	0-5	gr fawsl	fr SSSP					.25
		5-13	WKSBK scl	fr SSSP					
		13-36	SBK vdc	fi SSSP SEXP few faint clay SMP					
		36-57	mwKSBK cl	fi fr SSSP common SMP					
		57-64	manne LSMP	fr SSSP					
4	15% V	0-7	WKSBK bnd scl	fr SSSP			PS 40"+		.3
		7-20	SBK md	c fr SSSP SEXP					
		20-40	WKSBK CL+SM	fr SSSP					
		40-48	manne L/SL	SMP fr SSSP					

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

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

COMMENTS:



LEGEND

- House Box.
- System lines.
- Repair lines.
- House Corner Shot.
- T.B.M.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

ROLLANS SOIL & ENVIRONMENTAL SERVICES
2120 GRAHAM ROAD
MOUNT ULLA, NC 28125
PHONE/FAX: (704) 278 - 0089
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE (704) 746 - 5046
EMAIL: ROLLANSFORTCJ@AOL.COM

MAP TITLE: SITE PLAN & DRAINFIELD AREAS		JOB # :	01-1135
PROJECT NAME: BD OF NC / WINDING FOREST	LOCATION/DATE: PERTH ROAD, IREDELL COUNTY, NORTH CAROLINA, JUNE 2006	FILE:	C:\JOBS\01-1135
		PROJECT MGR.:	C.B.F.
		FIELD WORK:	C.B.F. & A.L.P.
		DRAWN BY:	C.B.F.

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # _____

1. WELL CONTRACTOR:

Robert Ashley
Well Contractor (Individual) Name

Well Contractor Company Name

STREET ADDRESS PO Box 652

Denver NC 28056
City or Town State Zip Code

(704) - 907-2702
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) /

STATE WELL PERMIT # (if applicable) /

COUNTY WELL PERMIT # (if applicable) /

DWQ or OTHER PERMIT # (if applicable) /

WELL USE (Circle applicable use): **Monitoring** **Residential** **Municipal/Public** **Industrial/Commercial** **Agricultural** **Recovery** **Injection** **Irrigation**

Other (list use) _____

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME _____

NEAREST TOWN: Troutman 47

Winding Forest Lot 48
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:
Slope Valley Flat Ridge Other _____
(Circle appropriate setting)

LATITUDE N 35° 39.533'

LONGITUDE W 80° 53.614'

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: GPS Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Bo of NC

STREET ADDRESS 249 Williamson Rd

Mooresville NC 28117
City or Town State Zip Code

(704) - 696 - 2662
Area code - Phone number

5. WELL DETAILS:

a. Total Depth: 1000 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 40 ft.

Measuring point is 1 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	64 ft.	6.25 in.
b. Casing Removed:	2 ft.	8 in.

7. DISINFECTION: 4 lbs

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement 2250 lb.
Water 1375 gal.

Sand Cement

Cement _____ lb.
Water _____ gal.

Bentonite

Bentonite _____ lb.
Type: Slurry__ Pellets__
Water _____ gal.

Other

Type material _____

Amount _____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Pour Method

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 15 May 07

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Robert Ashley 17 May 07
SIGNATURE OF CERTIFIED WELL CONTRACTOR **DATE**

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

3-24-15

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) 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: ( ) 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 MIHUT **Address:** 6037 Buckskin Dr. Hickory NC **Phone:** 828-234-8856

Owner Name: Pop. Adrian V **Address:** 3807 E Oak Lane Orange CA 92867 **Phone:**

Property Information:

Street Address: 164 Crooked Branch way Troutman NC 28166

Subdivision Name: Wiling Forest **Section/Phase:** _____ **Lot Number:** 47

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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) 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: _____ March 24. 2015

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, ADRIAN DOL, am the legal owner of the property located at _____, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) _____, TEOFIC MIHUT, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 4/9/2015
Signature of Owner Date

_____ 4/9/2015
Signature of Witness Date

RECEIVED MAR 3 2015

Paid $500.00 Statesville

208805

FILE COPY

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

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

Applicant Information:

Applicant Name: TEOFIL MIHUT Address: 6037 Buckskin St Hickory Phone: 828-234-8856

Owner Name: Adrian Pop Address: 6807 E Oak LN Orange CA 92869 Phone: 714-5016419

Property Information:

Street Address: 164 Crooked Branch way Troutman NC

Subdivision Name: Wiclins Forest Section/Phase: _____ Lot Number: 47

Driving Directions: Perth Rd to wiclins Forest Dr. turn right

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
(X) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

PAID 206 MLC 3/15

Water Supply:

( ) New Well ( ) Existing Well (X) Community Well (Aqua) ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed: _____

( ) 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: _____ March - 3 - 2015

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

IREDELL COUNTY HEALTH DEPARTMENT

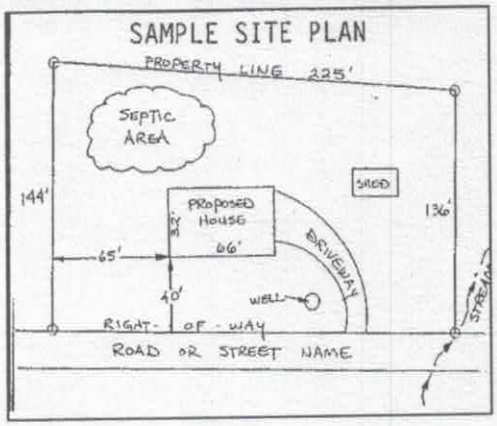
ENVIRONMENTAL HEALTH DIVISION

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:

- (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
- ( ) North arrow, or other sufficient indicator of direction

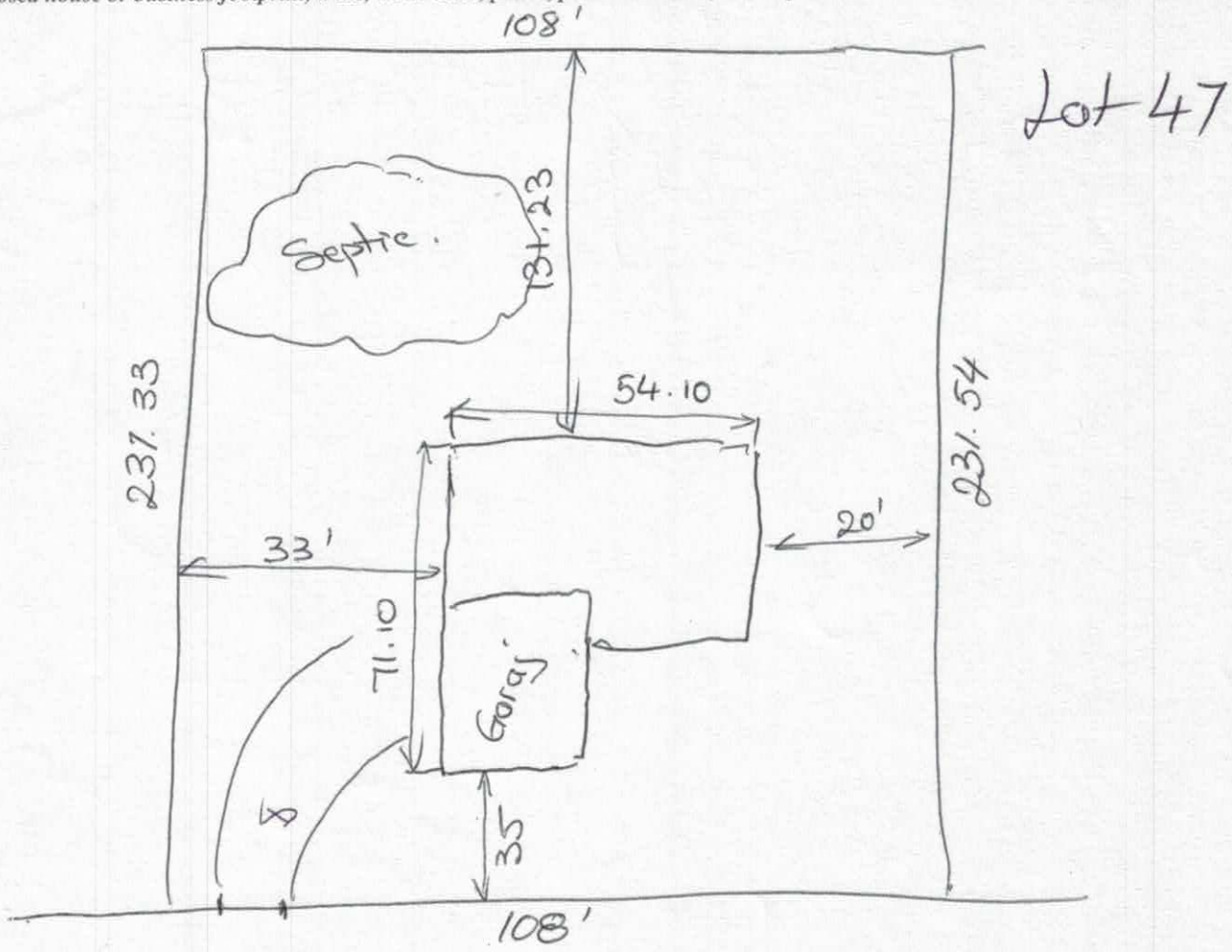


Circle N/A on the following if appropriate:

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

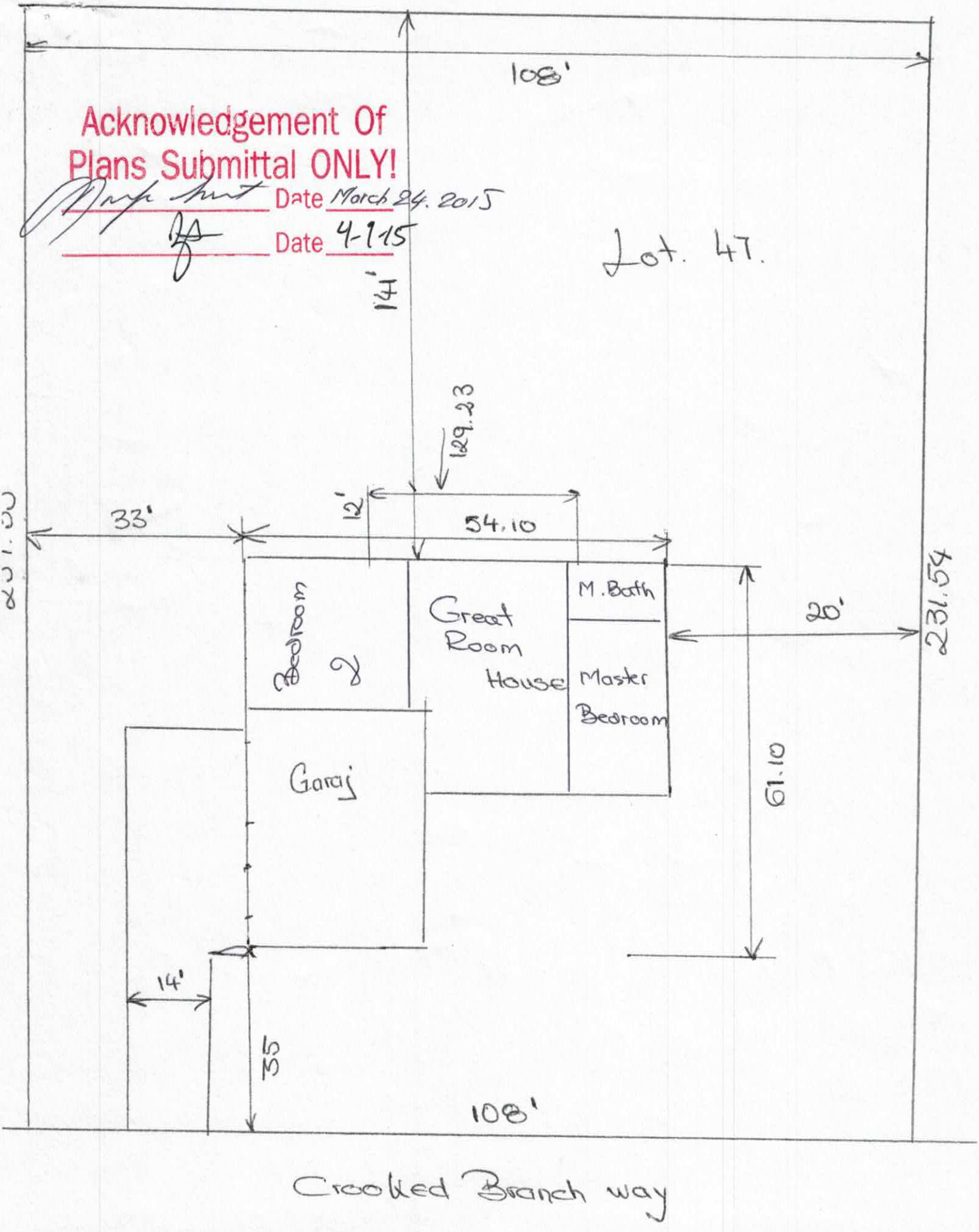


Signature: _____

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

March 24. 2015

DATE


108'
Acknowledgement Of
Plans Submittal ONLY!
Date March 24. 2015
Date 4-9-15
Lot. 47.
14'
129.23
12'
54.10
33'
M. Bath
Great
Room
House
Master
Bedroom
20'
231.54
Bedroom
2
Garaj
61.10
14'
35
108'
Crooked Branch way

Acknowledgement Of
Plans Submittal ONLY!

Date March 24. 2015

Date 4-9-15

Lot. 47.
2nd.



IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
208805
Issue Date: 03/03/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730700620.000	164 CROOKED BRANCH WAY, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: POP ADRIAN V	Applicant: MIHUT TEOFIL
Address: 3807 E OAK LANE ORANGE, CA 92869	Address: 6037 BUCKSKIN DR HICKORY, NC 28601
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.581	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
206 cash 3/3

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.

See Attached

Applicant: _____ Date: _____

Permit Number	32582	TOTAL FEES:	$ 77.25