IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 229447

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

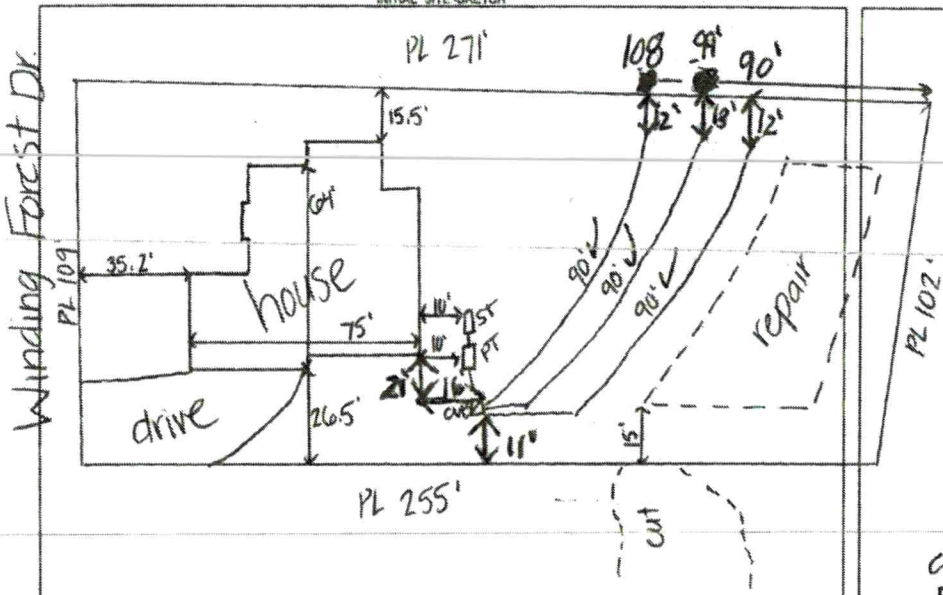
PIN # 4730702065

APPLICANT: Robert Jones
APPLICANT ADDRESS: 208 Paradise Penn Rd Mooresville, NC
SITE ADDRESS: 188 Winding Forest Dr. Mooresville, NC
PHONE: 704-213-7307 ALT. PHONE: —
SITE DIRECTIONS: Perth → L on Winding Forest → 1st on R
SUBDIVISION: Winding Forest
SECTION: — LOT # 25 LOT AREA: .635 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 (.3 repair)

Septic Tank	1000	(gal)	STB	760	Date	1/14	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	3/5/20	System Description: LP PPBPS				☐ Business	No. Persons	8	☐ Private
Pump Make	Zoeller		Model	115V/1PH	Serial #	2k19328x	Repair System Description: LP PPBPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	3 @ 90'	Linear Ft:	270'	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space		☑ Community
Trench Width	24"		Max. Trench Bottom Depth	36"	Gravel Depth	—		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install LP PPBPS with drain lines on contour. Orifice: 5/32 Inline filter needs to be installed in pump tank.
5/32" hole drilled 4/16/2020

INITIAL SITE SKETCH



4/16/2020 Checked 1st line, exempt-fill Tanks 5 ft from house

INLINE FILTER CHECKED 10-13-2020 BCW

AS BUILT SKETCH

4/15/2020: Tanks were to close to house and had to be moved.

4/17/2020: Maria checked tanks and first drain line on 4/16/2020 and both were good. Checked last 2 drain lines both were good but none were connected to anything.

4/21/2020: CUB Box, Alarms floats were all checked and good. Pressure stand was good. Electric Box still needs to be checked and maitenance contract needed.

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: Robert D Jones Date: 10/4/18 Installed by: Cruse septic and grading

IMPROVEMENT PERMIT by: Krayla Wilson Date: 10-3-18 OPERATION PERMIT by: Burgett C. Miller Date: 10-13-2020

AUTHORIZATION TO CONSTRUCT by: Krayla Wilson Date: 10-3-18 Existing System Inspected by: Date:

1st drain line checked 4/16/20 MD
except sand cover 6/30" hole

	Date	Initials
Drain Lines Checked	4/21/2020	PJB
Tanks Checked	4/16/20	PJB
Pressure Manifold or Valve Box Checked	4/21/2020	PJB
Pressure Head Set	4/21/2020	PJB
Electrical Checked	4/21/2020	PJB
Floats Set	10-13-2020	BLW
Alarm Checked	4/21/2020	PJB
Maintenance Contract (Y) / N	4/21/2020	PJB
	10-13-2020	BLW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4730702005
COUNTY: Iredell

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

OWNER: Robert Jones — APPLICATION DATE 8-15-17
ADDRESS: 188 Winding Forest Dr. — DATE EVALUATED: 9-5-17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .635ac
LOCATION OF SITE: Perth → L on Winding Forest → lot on R — PROPERTY RECORDED: yes
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 init	12% LS	0-12	WSBK SCL	Fr,SS,SP,SEXP	—	48	34-48" com- many SAP inc.		PS .3
		12-34	SBK C	Fr,SS,SP,SEXP					
		34-48	WSBK CL	Fr,SS,SP,SEXP					
2 init	7% LS	0-10	WSBK SCL	Fr,SS,SP,SEXP	—	50	32-50" com- many SAP inc.		PS .3
		10-32	SBK C	Fr,SS,SP,SEXP					
		32-50	WSBK CL	Fr,SS,SP,SEXP					
3 repair	13% LS	0-10	WSBK SCL	Fr,SS,SP,SEXP	—	49	33-49" com SAP inc.		PS .3
		10-31	SBK C	Fr,SS,SP,SEXP					
		31-49	WSBK CL	Fr-Fi,SS,SP,SEXP					
4 repair	9% LS	0-9	WSBK SCL	Fr,SS,SP,SEXP	—	48	28-48" few- com SAP inc.		PS .3
		9-28	SBK C	Fr,SS,SP,SEXP					
		28-48	WSBK CL	Fr-Fi,SS,SP,SEXP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

229447

Lmtd

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: (PRINT CLEARLY)

Applicant Name: Robert D. Jones **Address:** 208 Paradise Penn Rd Mville **Zip:** 28117

Applicant Email: rdjonesd@aol.com **Phone:** 704 213 7307 **Alt. Phone:**

Owner Name: John & Suzanne Spates **Address:** 208 Paradise Penn Rd Mville **Zip:** 28117

Owner Email: **Phone:** 704 213 7307 **Alt. Phone:** 704 213 7307

Property Information:

Street Address: 188 WINDING FOREST, MOORESVILLE, NC 28117

Subdivision Name: WINDING FOREST **Section/Phase:** **Lot Number:**

Driving Directions: 150 to Perth Rd, Rt on Perth to Winding Forest on Left (Lot on Rt)

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) 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: ( ) Replacement Well – Reason:
( ) 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:
( ) 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: _____ 10/1/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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, John Spates, am the legal owner(s) of the property located at 188 Winding Forest Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4730702065, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Golsch Jones Builders _____, 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.

John Spates
Signature of Owner(s)

10/1/19
Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
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

my hand and seal on the 16, day of MAY,
A.D. 2018.

WILLIAM M

LOT 63
WINDING FOREST
HOA, INC.
2408/1372
50/128

10 look

2 look N86°22'27"E 101.99' 3 look

35' SETBACK

271.83'

S12°46'54"E 255.47'

WINDING SHORE RD.

VICINITY

LOT 25
0.64 AC.

LOT 24
RONALD J.
PYRON
2526/1260
50/128

15' SETBACK

15' SETBACK

N11°00'59"W

28 29 30

25 26 27

15.5'

PROPOSED HOUSE

24 23 37 34 33 32

35 36

26.5'

22

21 20 17 16 18

15 14

35' SETBACK

35.2'

LOT 26
CONSUELO DI
2329/194

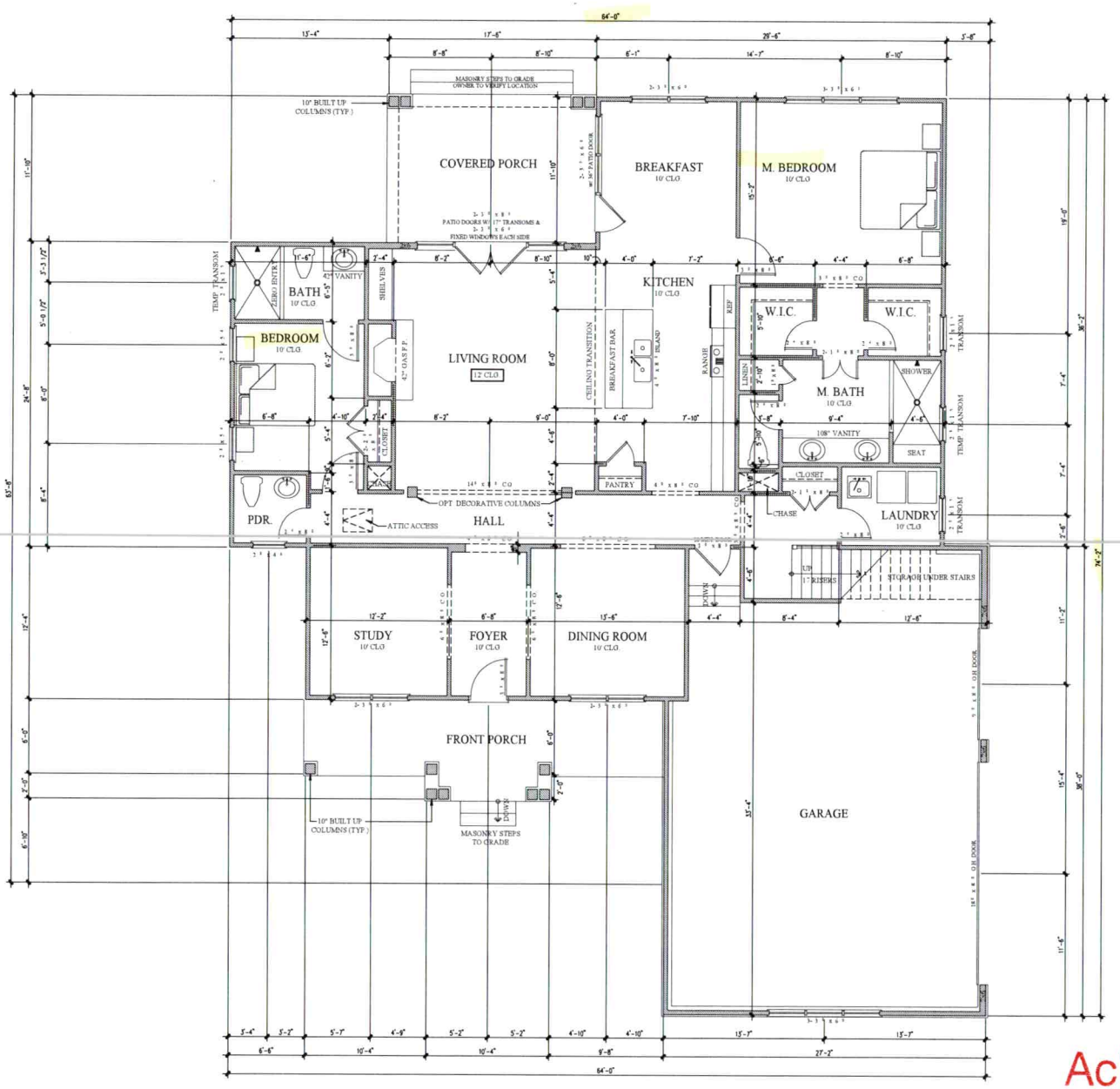
R/W

1 look 109.06' S77°13'06"W 4 look

R/W

WINDING FOREST DRIVE
50' PUBLIC R/W

0' 20' 40' 100'



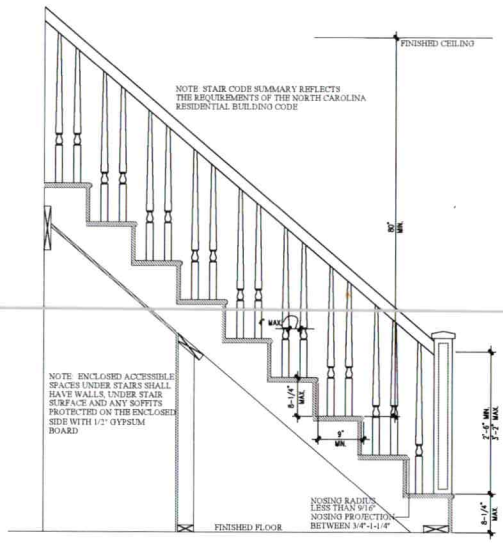
MAIN LEVEL FLOOR PLAN

SCALE: 1/4"=1'-0"

SQUARE FOOTAGE	
5-16-18	
Main Level	2,236 Sq.Ft.
Upper Level	771 Sq.Ft.
Total Heated	3,007 Sq.Ft.
Front Porch	203 Sq.Ft.
Three Car Garage	1,000 Sq.Ft.
Covered Porch	207 Sq.Ft.
Total Unconditioned	1,410 Sq.Ft.
Total Under Roof	4,417 Sq.Ft.

MAIN FLOOR NOTES

* ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
* MAIN LEVEL CEILING HEIGHT IS 10'-1-1/2" (109-1/2) UNLESS NOTED OTHERWISE
* ALL COLUMNS SHOWN ARE 10" BUILT UP COLUMNS. REFER TO STRUCTURAL DRAWINGS FOR STRUCTURAL COLUMN LOCATIONS AND SIZES



STAIR CODES DETAIL

SCALE: 1"=1'-0"

THE SPATES RESIDENCE

NOTE:
STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

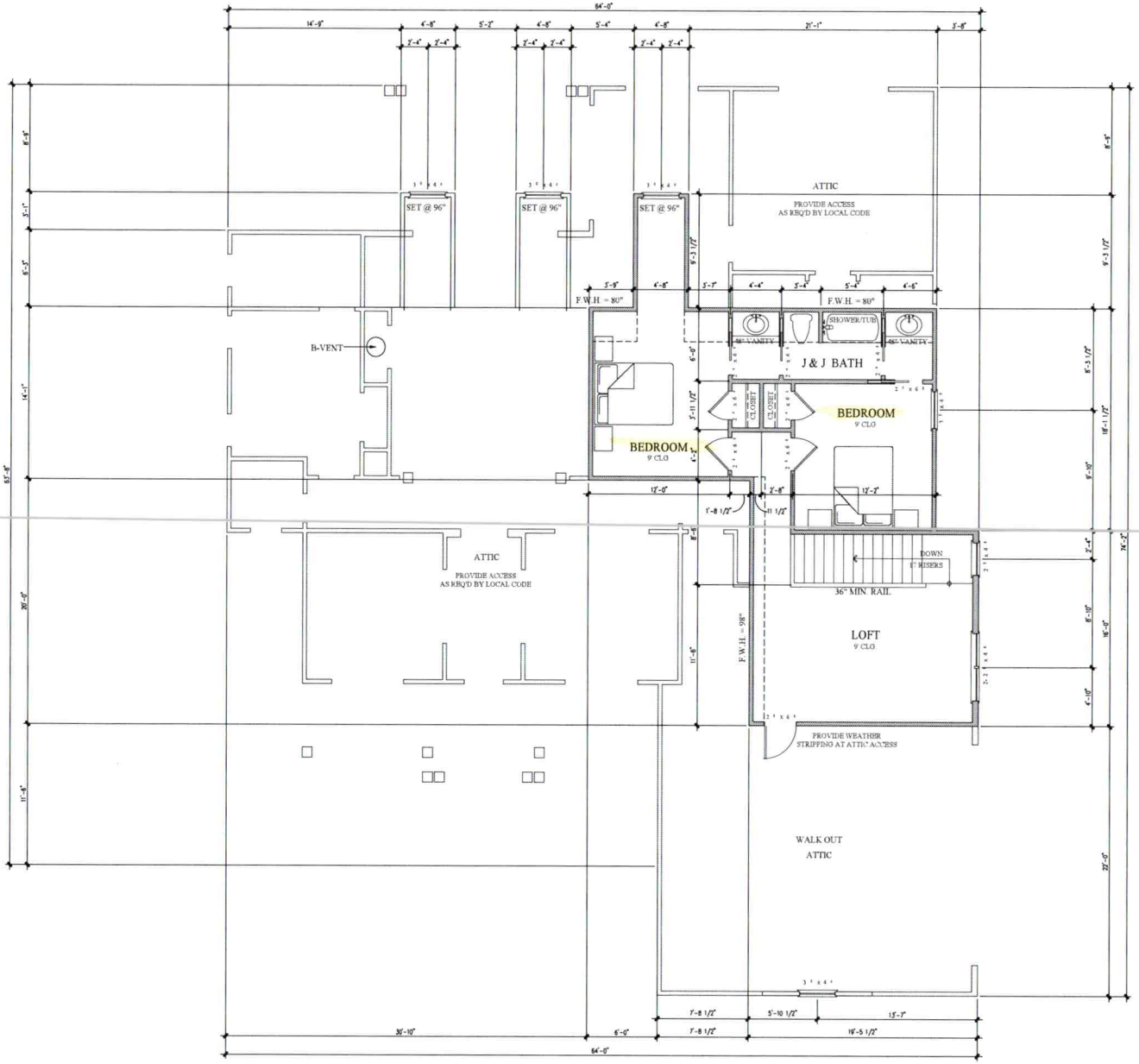
NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

Acknowledgement Of Plans Submittal ONLY!

Robert D... Date 10/1/18

Kayla Wilson Date 10-3-18

04



UPPER LEVEL FLOOR PLAN

SCALE: 1/4"=1'-0"

SQUARE FOOTAGE	
5-16-18	
Main Level	2,236 Sq.Ft.
Upper Level	771 Sq.Ft.
Total Heated	3,007 Sq.Ft.
Front Porch	203 Sq.Ft.
Three Car Garage	1,000 Sq.Ft.
Covered Porch	207 Sq.Ft.
Total Unconditioned	1,410 Sq.Ft.
Total Under Roof	4,417 Sq.Ft.

UPPER FLOOR NOTES

* ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
* WEATHER-STRIP ALL DOORS INTO ATTIC SPACE
* PROVIDE MINIMUM 22"X30" ATTIC ACCESS TO ALL AREAS THAT EXCEED 30 SQ. FT. AND A VERTICAL HGT. GREATER THAN 30"
* BUILDER TO LOCATE PULL DOWN STAIR LOCATION
* CONTRACTOR TO VERIFY ALL WINDOW SIZES MEET EGRESS PER SUPPLIER RECOMMENDATIONS

Acknowledgement Of Plans Submittal ONLY!
Date 10/1/18
Date 10-3-18

THE SPATES RESIDENCE

NOTE:
STRUCTURE TO BE PROVIDED BY LICENSED STRUCTURAL ENGINEER

NOTE:
ALL DIMENSIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION

IREDELL COUNTY

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

APPLICATION NUMBER
229447
Issue Date: 08/15/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730702065.000	188 WINDING FOREST DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TERNAY JOHN S+EILEEN	Applicant: JONES ROBERT D
Address: 20 OXFORD RD NEW WINDSOR, NY 12653	Address: 2123 DAVIS RD DAVIDSON, NC 28036
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.635	35.00	35.00	15.00	15.00	CACL	X

Remarks:

PAID
1193
nct 8/15

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: _____ Date: _____

Permit Number	112108	TOTAL FEES:	$ 77.25