IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 228790

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

PIN # 4730703370

APPLICANT/OWNER: 46 Design Build | APPLICANT ADDRESS: PO Box 60 Troutman, NC

SITE ADDRESS: 149 Crooked Branch Way - Irtm | PHONE: 704-578-4951 (Kathleen) | ALT. PHONE

SITE DIRECTIONS: Perth → L on Winding Forest → R on Crooked Branch → lot on L | SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Winding Forest | SECTION: — | LOT # 35 | LOT AREA: .605 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .31.3 repair

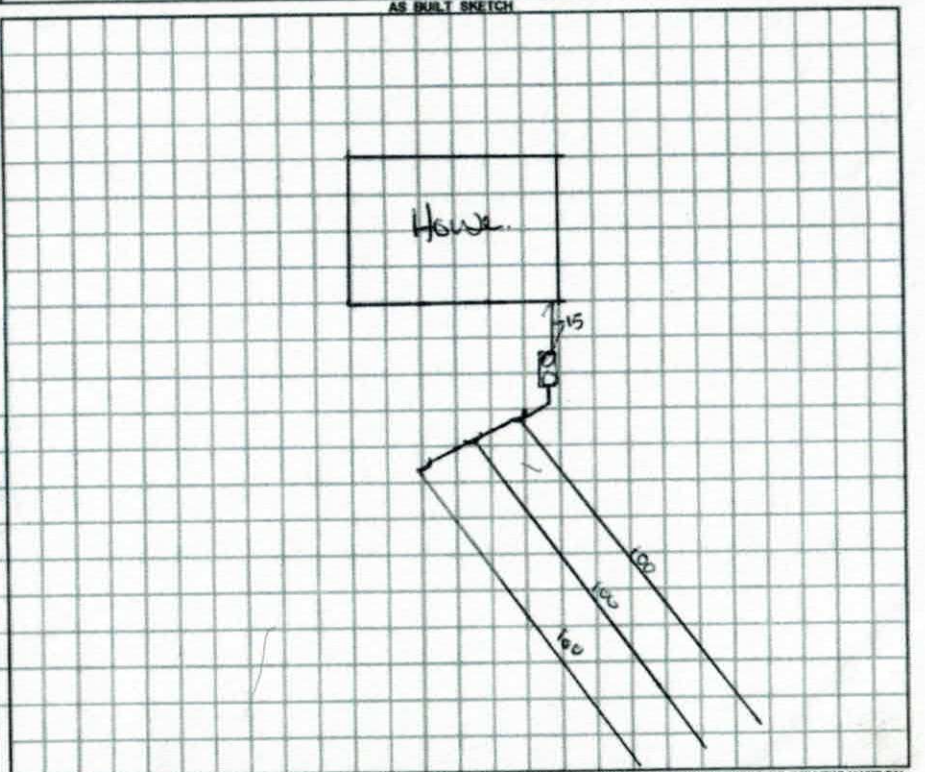
Septic Tank	1000 (gal)	STB	825	Date	11-1-17	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	☑ Community
Trench Width	36"	Trench Bottom Depth(Low side)	29"/36" high side	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

INITIAL SITE SKETCH

See attached site plan by The Oaks Group

AS BUILT SKETCH



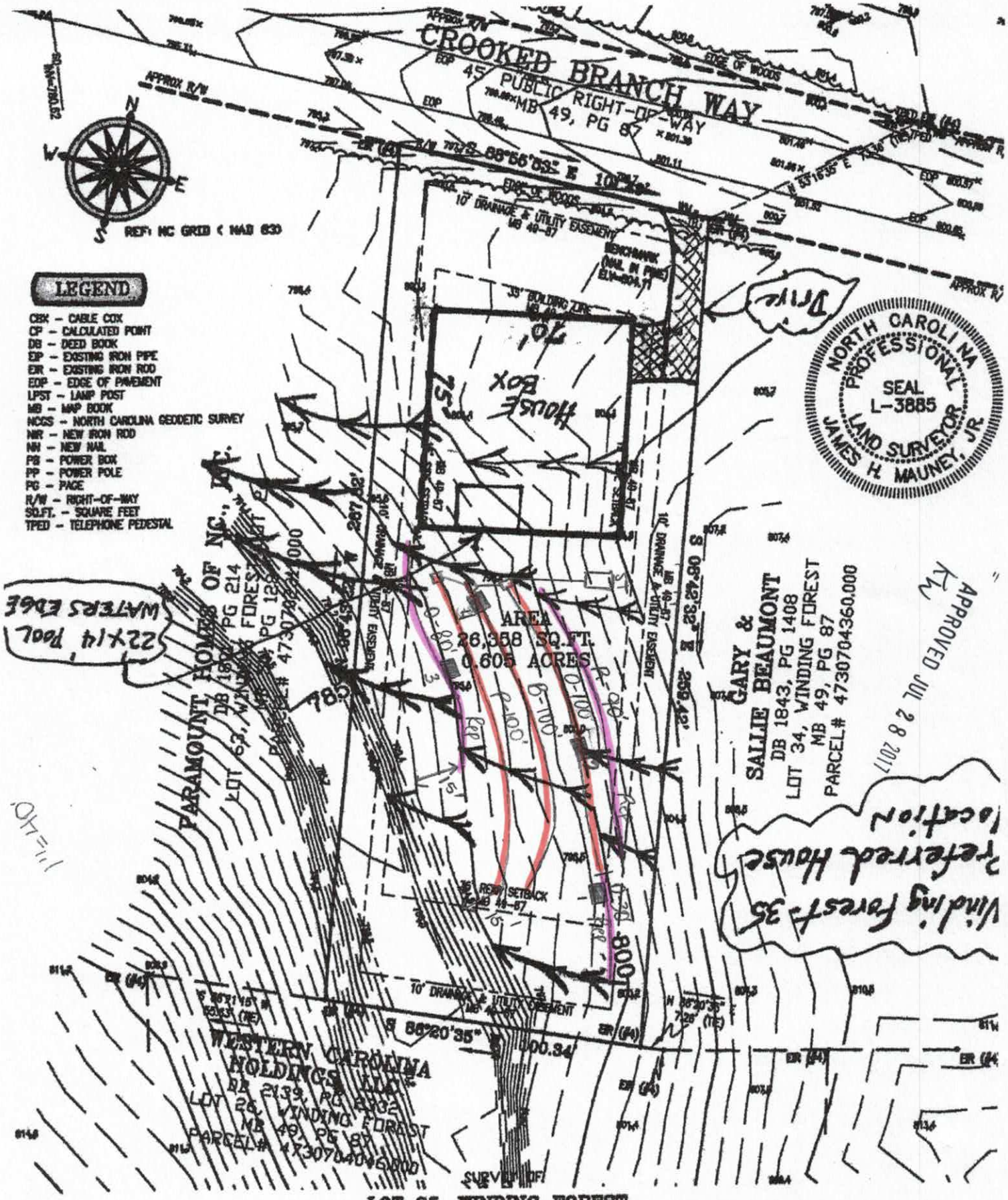
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Kathleen Saunders Date: 8/3/17 | Installed by: Rawls Septic

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-28-17 | OPERATION PERMIT by: Benjamin A Bolton Date: 4/19/2018

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 7-28-17 | Existing System Inspected by: Date:



LOT 35, WINDING FOREST

FALLSTOWN TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA

PREPARED FOR QUINTON GANDY

SCALE 1"=40'

MAP BOOK 49 PAGE 87

DEED BOOK 2179 PAGE 510

FLOOD CERTIFICATION

THIS IS TO CERTIFY THAT THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA ACCORDING TO THE CURRENT FLOOD INSURANCE RATE MAP.

COMMUNITY/PANEL: 3710473000J

EFFECTIVE DATE: MARCH 18, 2008

Lot 35 Winding Forest Fast Track - The Oaks Group, PA

Number of Bedrooms	**3**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**360**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (High Side)	36"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	200
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	90
2	Repair	Orange	LP PPBPS	30
3	System	Orange	25% Reduction	100 endfed
4	System	Blue	25% Reduction	100 endfed
5	System	Pink	25% Reduction	100 endfed
6	Repair	Orange	LP PPBPS	80
				Total System: 300'
				Total Repair: 200'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Septic area needs slight shaping

APPROVED JUL 28 2017
KW

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

APPROVED JUL 28 2017
KW

Sheet 1 of 1
PROPERTY ID #: 473070337
COUNTY: Iredell

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

OWNER: 4G Design Build
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 7/12/17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): ~~480~~ 360
PROPERTY SIZE: 0.605
LOCATION OF SITE: Winding Forest 35
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5-10%	0-12	WK SBK SCL	FR SS/SP	R; C sap multi	12"	PS	N/A	0.45
		12-62	MA SL sap	FR SS/SP					
2	L 15-18%	0-12	WK SBK SCL	FR SS/SP	R, C sap multi	12"	PS	N/A	0.45
		12-60	MA SL sap	↓					
3	L 5-10%	0-10	MO GR SL	FR NS/NP	Br R Br, C sap multi	36-50"	PS	N/A	0.4
		10-50	WK SBK SCL	FR SS/SP					
		50-72	MA SCL sap	↓					
			opp wall	sap starts 36"					
4	L 15-18%	0-27	WK SBK CL	FR SS/SP	R; C sap multi	27"	PS	N/A	0.4
		27-60	MA L/SL sap	FR SS/SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III.9	IV
Site LTAR	0.4	0.4

OTHER FACTORS (.1946): needs slight shaping
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ELH

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 473070337
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Watchview Investments LLC
APPLICATION DATE 7-19-17
ADDRESS: 149 Crooked Branch Way
DATE EVALUATED: 7-21-17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .605 ac
LOCATION OF SITE: Perth → L on Winding Forest → R on Crooked Branch → lot on L
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 repair	15% LS	0-7	WSBK SCL	FR,SS,SP,SEXP	—	35	—	—	PS .3
		7-35	WSBK CL	FR,SS,SP,SEXP					
		35-60	SL SAP	VFR,NS,NP					
2 init	18% LS	0-30	WSBK CL	FR,SS,SP,SEXP	—	30	—	—	PS .3
		30-61	SL/L SAP	VFR,NS,NP					
3									
4									

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

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

COMMENTS:

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: Winding Forest Lot 35

Date: July 19, 2017

Attached is the septic specification information required to permit the Winding Forest Lot 35 for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders

RECEIVED JUL 1 9 2017

KW

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00
228790

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

\pplication For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) *Septic Improvement Permit* (X) *Authorization to Construct* ( ) *Existing System Inspection* ( ) *Septic System Repai*

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: Contact Kathleen Saunders (704) 578-4951

Applicant Name: 4G Design Build **Address:** PO Box 60 Troutman 28166 **Phone:**

Owner Name: Interview Investments LLC **Address:** **Phone:**

Property Information:

Street Address: 149 Crooked Branch Way

Subdivision Name: Winding Forest **Section/Phase:** **Lot Number:** 35

Driving Directions: Perth, L Winding Forest, R Crooked Branch, on L

\ite 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: 6
(X) Swimming Pool
( ) Other Addition/Structure:

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

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

7-19-17
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, Quinton Gandy | 4GDB, am the legal owner of the property located at 149 Crooked Branch, identified as PIN(Parcel Identification Number) 4730-70-3370, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, _____, _____, _____, _____, 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.

_____ 7-19-17
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X **Front and side setbacks from property line...**

X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...**

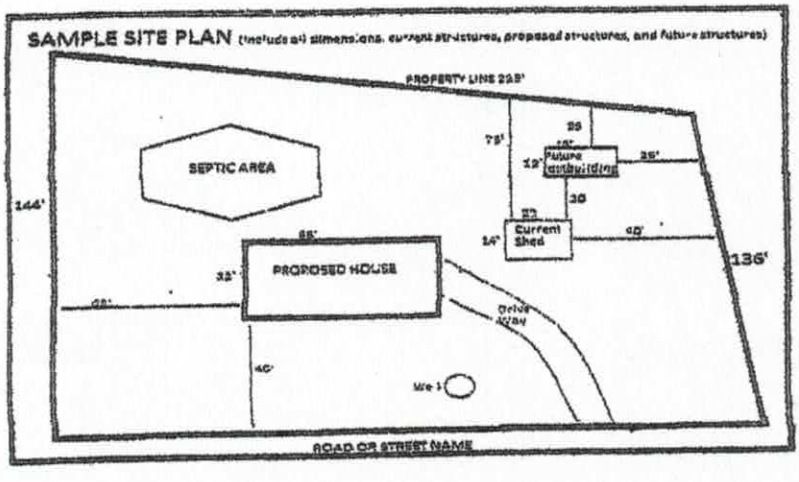
X **North arrow, or other sufficient indicator of direction...**

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

Please see attached site plan

Signature: Emma Hall

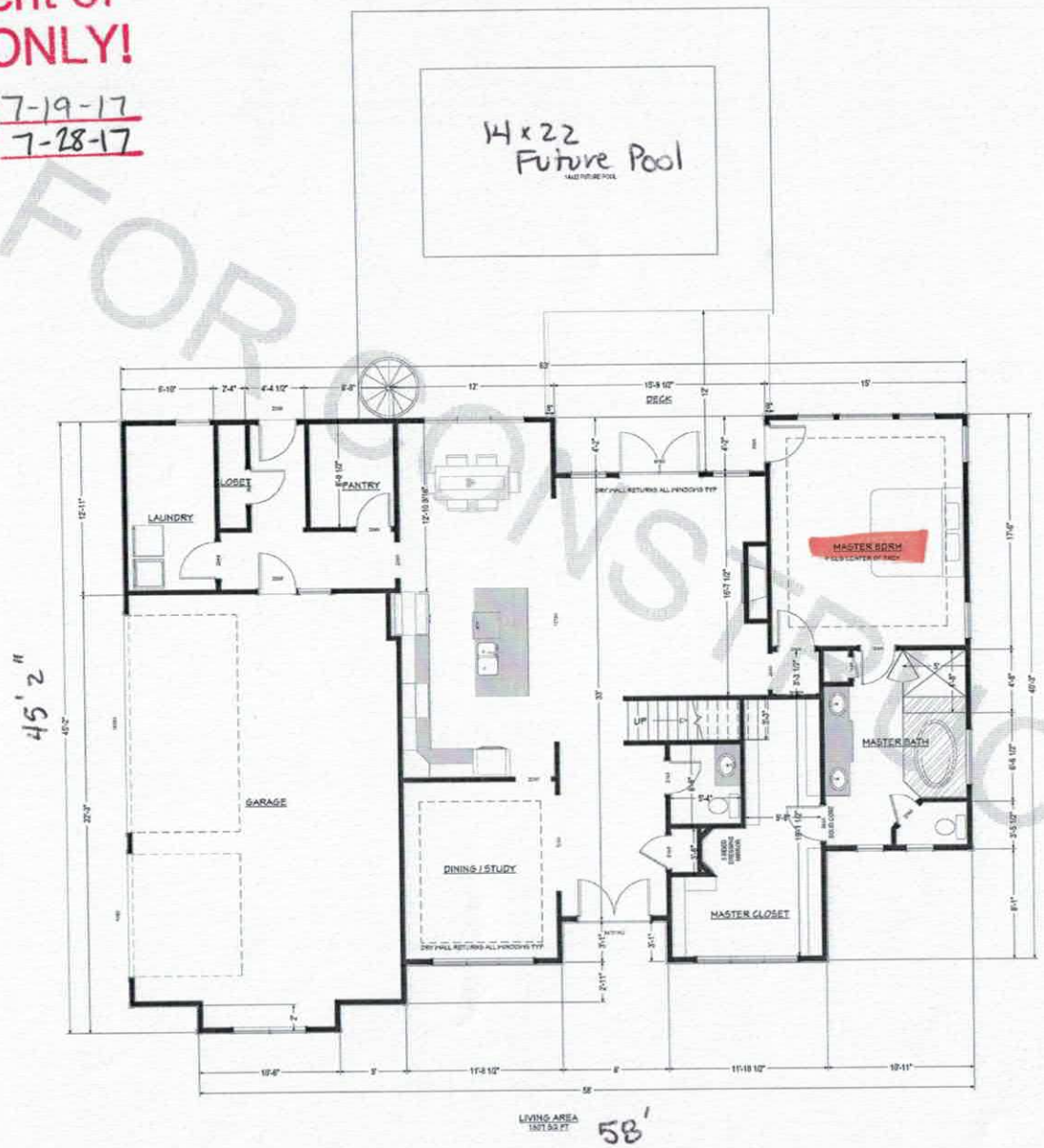
7-19-17

DATE

Acknowledgement of
Plans Submittal ONLY!

Kathleen Saunders Date 7-19-17

Kayla Wilson Date 7-28-17



NOT FOR CONSTRUCTION

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PO Box 60
Troutman NC 28166

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Booker Residence

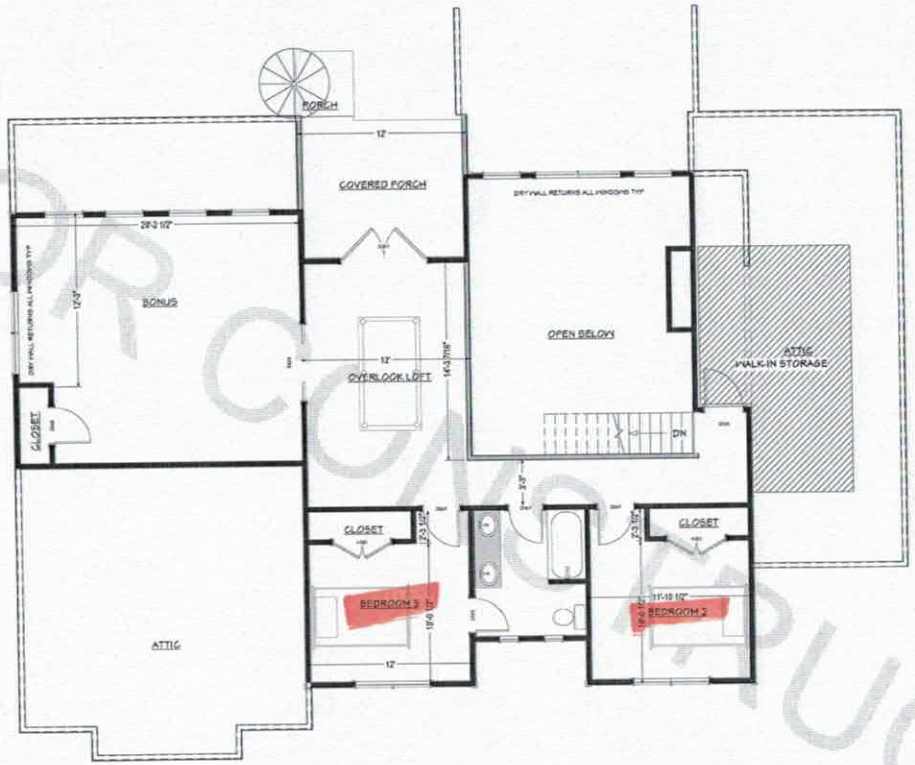
4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC
28166
704-665-7578

DATE:
6/21/2017

SCALE:

SHEET:
A-10

NOT FOR CONSTRUCTION



LIVING AREA
1039 SQ FT

Acknowledgement of
Plans Submittal ONLY!

Kathleen Saunders Date 7/19/17

Brayla Watson Date 7-28-17

NO.	DESCRIPTION	BY	DATE

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PROJECT DESCRIPTION:
Booker Residence

4G DESIGN BUILD
BUILD4G.com
PO BOX 60
TROUTMAN NC
28166
704-665-7678

DATE:
6/21/2017

SCALE:

SHEET:
A-11

IREDELL COUNTY

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

APPLICATION NUMBER
228790
Issue Date: 07/19/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730703370.000	149 CROOKED BRANCH WAY, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WATERVIEW INVESTMENTS LLC	Applicant: THE OAKS GROUP
Address: 145 WATERVIEW DR MOORESVILLE, NC 28117	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.605	35.00	35.00	15.00	15.00	CACL	X

Remarks:

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	109503	TOTAL FEES:	$ 77.25