IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5300

PIN # 4730 708 3414

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

APPLICANT/OWNER: Rockwood Builders — APPLICANT ADDRESS: P.O. Box 2189 Cornelius NC 28031

SITE ADDRESS: 123 Crooked Branch Way Troutman, NC — PHONE: 704 237-3391 — ALT. PHONE 704 363 5060 Jay

SITE DIRECTIONS: Perth Rd NTL Winding Forest Dr TR Crooked Branch Way 2nd lot on left — SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Winding Forest — SECTION: — LOT # 31 — LOT AREA: .619 Ac — DESIGN FLOW: 480 gpd — L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Infiltrator	Date	Infiltrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Infiltrator	Date	Infiltrator	System Description:			LP PPBPS	☐ Business	No. Persons 8
Pump Make		Model	PE.51	Serial #	8193577	Repair System Description:			LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	275	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

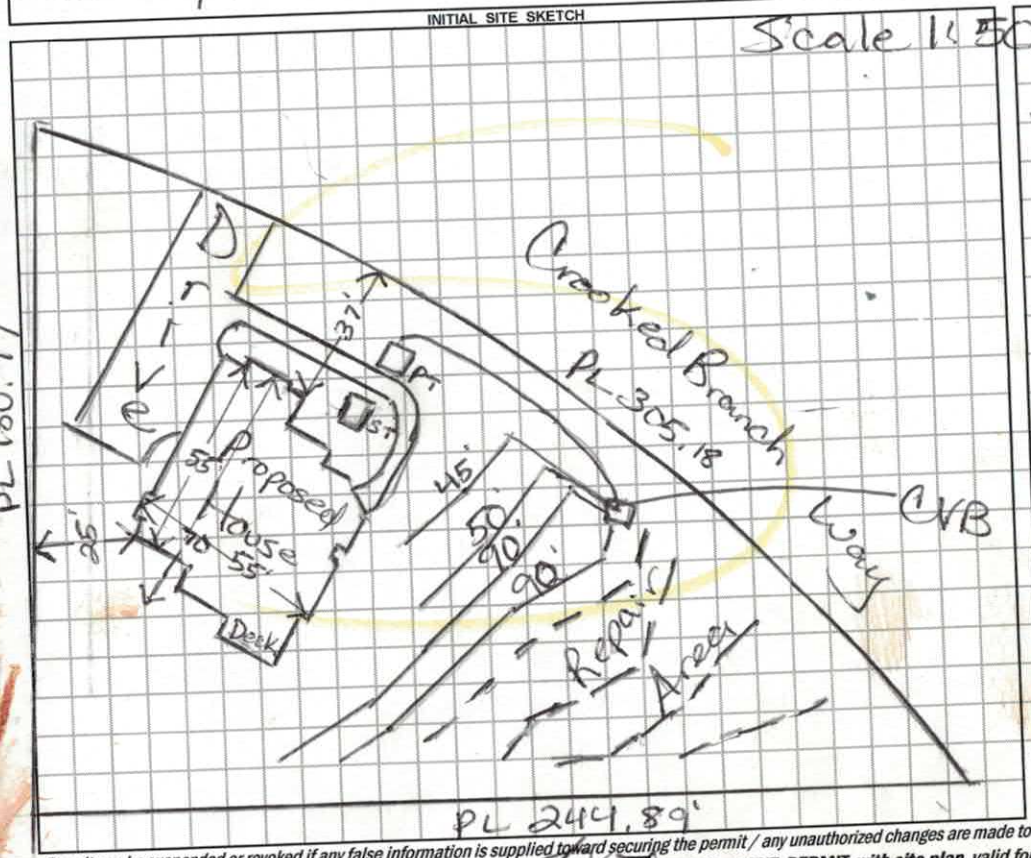
Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Divert Storm Surface water Away from Septic

Drill 5/32" hole Cut Bank needs to be removed before Repair area will be approvable

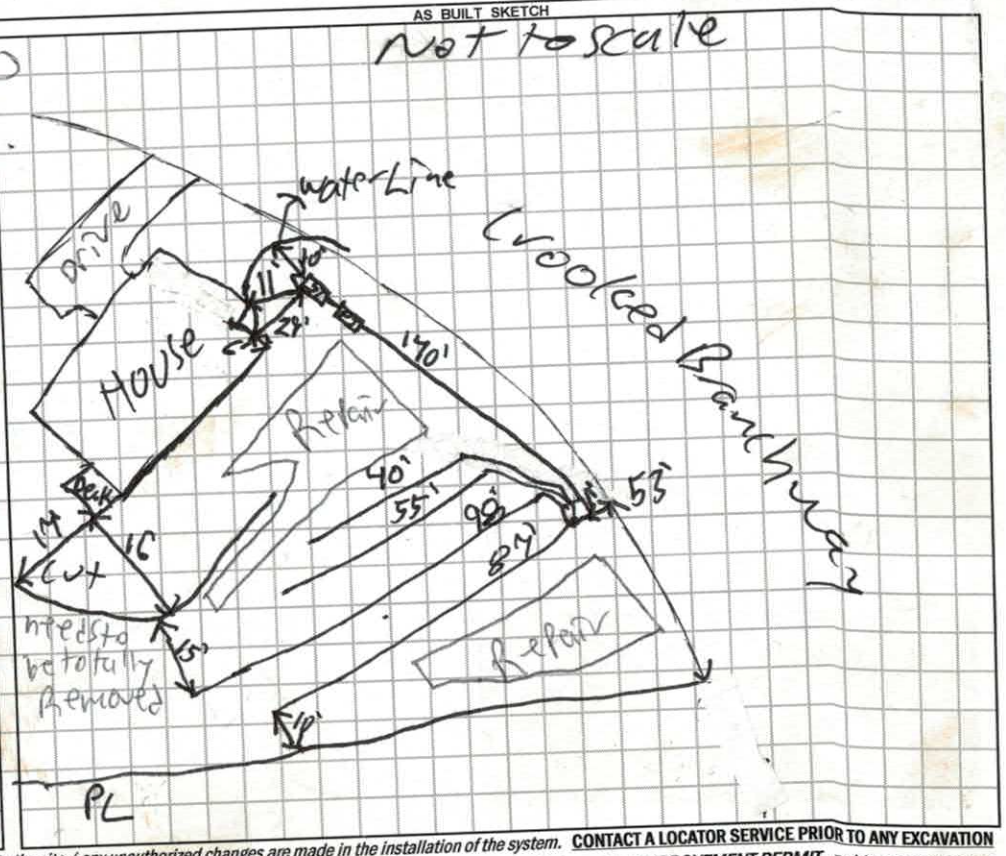
INITIAL SITE SKETCH

Scale 1" = 50'



AS BUILT SKETCH

Not to scale



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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.

☐ **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: 4/17/18 — Installed by: Tommy Fry

IMPROVEMENT PERMIT by: — Date: 4/16/18 — OPERATION PERMIT by: — Date: 12/23/19

AUTHORIZATION TO CONSTRUCT by: — Date: 4-23-18 — 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.

	Date	Initials
Drain Lines Checked	9/13/19	PJB
Tanks Checked	9/13/19	PJB
Pressure Manifold or Valve Box Checked	9/13/19	PJB
Pressure Head Set	9/13/19	PJB
Electrical Checked	12/23/19	PJB
Floats Set	12/23/19	PJB
Alarm Checked	12/23/19	PJB
Maintenance Contract (Y) / N	12/20/19	PJB

EPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
IVISION OF ENVIRONMENTAL HEALTH
N-SITE WASTEWATER SECTION

Sheet 1 of ___
PROPERTY ID #: _____
COUNTY: _IREDELL__

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: __BO OF NC_____ APPLICATION DATE__7/06
DDRESS:__249 WILLIAMSON ROAD MOORESVILLE_____ DATE EVALUATED: __7/06__
ROPOSED FACILITY: ___RES_____ PROPOSED DESIGN FLOW (.1949): _480_____ PROPERTY SIZE: _____
OCATION OF SITE: __WINDING FOREST LOT_31_____ PROPERTY RECORDED: ___Y_____
/ATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
VALUATION 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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
47 1	LSS 5-10%	0-14	BSkd wl	fri SSSPSe-P	NA	48"	N/A	N/A	PS .3
		14-48	RC/cl wfSBK	fr. SSSPSeP					
				few SAP					
48 2	LSS 5-100%	0-20	RCL wfSBK/MASK	fr. SSSPSeP	N/A	48"	N/A	N/A	PS .3
		20-48	RCL wfSBK	fr. SSSPSeP					
3	9% L	0-8	wkSBK brwsd	frSSSP					.25
		8-32	wSBK red ot	frSSSP SeP	common manganese mot/few iron mottles				
		32-47	wkSBK red ot	frSSSP few manganese mot few brn mottles few lin SAP					
4	BS/de	0-16	wkSBK red	frSSSP SeP					.3
		16-52	mwkSBK red ot	frSSSP common SAP					

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

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

COMMENTS:

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

WNER: _____ APPLICATION DATE _____
DDRESS: _____ DATE EVALUATED: 7/13/19
ROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
OCATION OF SITE: _____ PROPERTY RECORDED: _____
VATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
VALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS 5%	0-5	compacted	—	Ybrn Mott scattered throughout	60"	Litho Thick Sap 33	—	PS25
		5-20	CSBK/APK	Fr SS SPS exp					
		20-36	CSBK	Fr SSSPS exp					
		36-60	CLSBK	Fr SS SPS exp					
2	hill FS 14%								
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____

RECEIVED APR 3 - 2018

Intermediate Relayout $320.00 (pd $500.00)

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

#234552

(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)

1. APPLICATION FOR: ___Improvement Permit _X_Authorization To Construct ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jay	PO Box 2189, Cornelius NC	704 363 5060	704-237-3391
Richwood Builders	PO Box 2189, Cornelius NC 28031		704-237-3391
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
123 Crooked Branch Way	Winding Forest	31

Driving Directions: _____

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:
( ) New Well ( ) Existing Well (X) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*
( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 3/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 20 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

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The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Same as Owner	Email AC! info.Richwoodbuilders@Gmail.com		

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Richwood Builders	PO Box 2189 Cornelius NC 28031	Jay	704-237-3391

2nd Phone → 704-361-5196 Tim

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
123 Crooked Branch Way	Winding Forest	31

Driving Directions: _____

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 4
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed_____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following To The Best of Your Ability: ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) 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.

9. Signature: _____ 4/18/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

NOTES:

THIS MAP DOES NOT MEET GS 47-30.

RATIO OF PRECISION IS 1:20,000+

AREA COMPUTED BY D.M.D. METHOD.

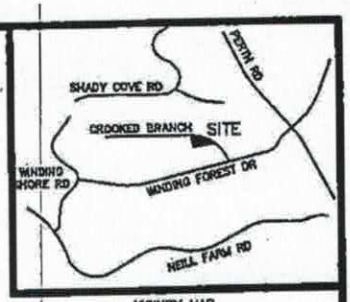
LINES SHOWN AS DASHED HAVE NOT BEEN SURVEYED AT THIS TIME AND HAVE BEEN DERIVED FROM DEEDS AND MAPS OF RECORD UNLESS OTHERWISE NOTED.

THIS MAP IS SUBJECT TO ANY & ALL RIGHTS OF WAY, EASEMENTS, & AGREEMENTS NOT VISABLE AT THE TIME OF THE SURVEY.

THE SURVEYOR HAS NOT PERFORMED A TITLE SEARCH, THEREFORE, THIS MAP IS SUBJECT TO ANY AND ALL FACTS THAT AN ACCURATE TITLE SEARCH MAY DISCLOSE.

NO SUBSURFACE INVESTIGATION HAS BEEN DONE AT THIS TIME. UNDERGROUND UTILITIES SHOWN WERE TAKEN FROM ACTUAL FIELD LOCATIONS AND/OR FROM MAPS BY OTHERS.

SETBACKS ARE 40' FRONT, 50' REAR, 10' SIDE, 20' SIDE STREET



VICINITY MAP
NTS.

CURRENT OWNER:
RICHWOOD BUILDERS, LLC
LOT 31 WINDING FOREST SUBDIVISION
PLAT BOOK 49, PAGE 87
PIN: 4730708344.000

TOWNSHIP: FALLSTOWN
MUNICIPALITY: TROUTMAN
COUNTY: IREDELL
STATE: NORTH CAROLINA
MAP PREPARATION DATE: MARCH 27, 2018
SCALE: 1"=40' (UNLESS OTHERWISE NOTED)
ZONING: R-20
NOTE: THIS LOT IS NOT IN A SPECIAL FLOOD HAZARD AREA PER MAP NUMBER
3710473000J
PANEL EFFECTIVE DATE:
03/18/2008

MINIMUM SETBACKS
FRONT: 35'
SIDE: 15'
REAR: 35'

10' DRAINAGE & UTILITY EASEMENT P.B. 49, PG. 87

CROOKED BRANCH WAY
45' PUBLIC R/W

L=305.18, R=480.00
ChDir N64°49'17"W
Ch 300.07

10' DRAINAGE & UTILITY EASEMENT P.B. 49, PG. 87

PROP CONC WALK & DRIVE

PROPOSED HOUSE "THE WINTERHAVEN"

WOOD DECK

N10° 00' 35"W 180.77'

(32)

(31)

0.654 ACRES

SETBACKS (TYPICAL)

S78° 09' 13"W 244.89'

10' DRAINAGE & UTILITY EASEMENT P.B. 49, PG. 87

(30)

(29)

(28)

NORTH CAROLINA PROFESSIONAL SEAL L-4781 LAND SURVEYOR JOSHUA A. MONTACERI

LEGEND
- EIP= EXISTING IRON PIPE
- EIR= EXISTING IRON ROD
- = SET NEW IRON ROD
- PNS= POINT NOT SET
- R/W= RIGHT OF WAY
- = POWER POLE

GRAPHIC SCALE
40 0 20 40 80
(IN FEET)
1 inch = 40 ft.

SURVEY FOR:
123 CROOKED BRANCH WAY
TROUTMAN, NC 28166
FALLSTOWN TOWNSHIP
IREDELL COUNTY

Land Surveying & Design, P.C.
Surveying - Land Planning - Consulting
P.O. Box 5535
Asheboro, NC 27204
Phone: (336) 602-6759
E-Mail - Josh@surveync.com

SCALE: 1" = 40' DATE: 3-27-2018

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Jay Montazeri, am the legal owner(s) of the property located at 123 Crooked Branch Way, Troutman NC, identified as PIN (Parcel Identification Number) 4730708344,000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Rich wood builder. Jay montazeri, 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: 3/15/18

Signature of Witness: Bobbie White — Date: 3/15/18

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

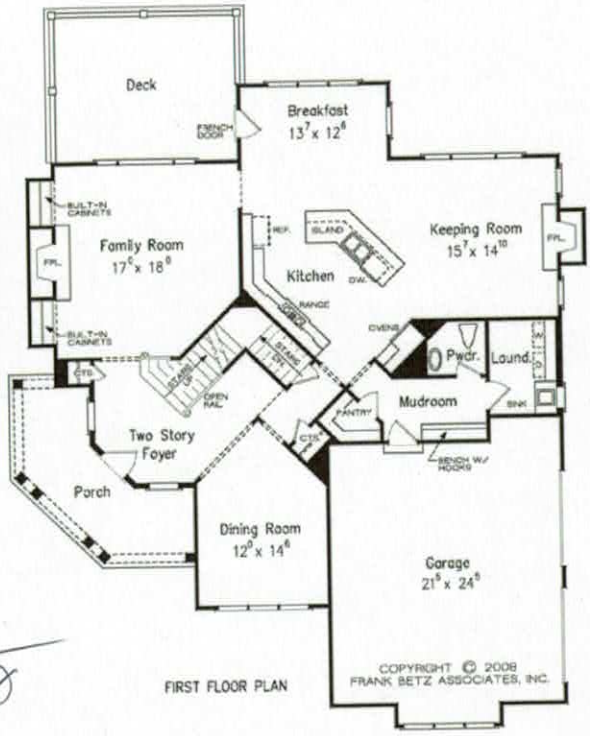
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

FRANK BETZ ASSOCIATES

888.717.3003

WINTERHAVEN



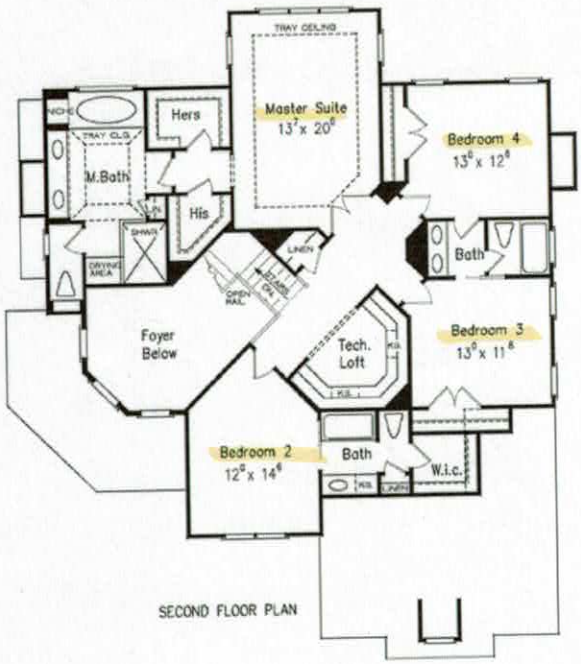


FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 4/20/18

Date 4-23-18



SECOND FLOOR PLAN

Square Footage

Total	3044
First Floor	1517
Second Floor	1527

Dimensions

Width	53' - 2"
Depth	60' - 6"
Height	35' - 0"

Floorplans and Elevations are subject to change. Floorplan dimensions are approximate. Consult working drawings for actual dimensions and information. Elevations are artists' conceptions. Photographs may have been modified from the original construction documents.

IREDELL COUNTY

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

APPLICATION NUMBER
234552
Issue Date: 04/03/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4730708344.000	123 CROOKED BRANCH WAY, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TERNAY JOHN S+EILEEN	Applicant: RICHWOOD BUILDERS LLC
Address: 20 OXFORD RD	Address: PO BOX 2189
NEW WINDSOR, NY 12653	CORNELIUS, NC 28031
Phone:	Phone: 704-237-3391

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.619	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	134115	TOTAL FEES:	$ 77.25