IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217197

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

PIN # 4730800188

APPLICANT: Teofil Mihut APPLICANT ADDRESS: 6037 Buckskin Dr. Hickory

SITE ADDRESS: 150 Winding Forest Dr. - Irtm. PHONE: 828-234-8856 ALT. PHONE: N/A

SITE DIRECTIONS: Perth Rd to Winding Forest Dr Property on Right on corner of Winding Forest & Crooked Branch

SUBDIVISION: Winding Forest SECTION: N/A LOT # 30 LOT AREA: 0.654acres DESIGN FLOW: 360gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	160	Date	7-25-17
Pump Tank		(gal)	PT		Date	
Pump Make		Model			Serial #	
# Nitrification Fields	1	# Lines	4		Linear Ft:	300
Trench Width	36"	Max. Trench Bottom Depth	30"		Gravel Depth	N/A

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction w/ soil CAP

Maintenance Agreement Required: ☐ YES ☑ NO

☐ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☑ Basement w/o plumbing

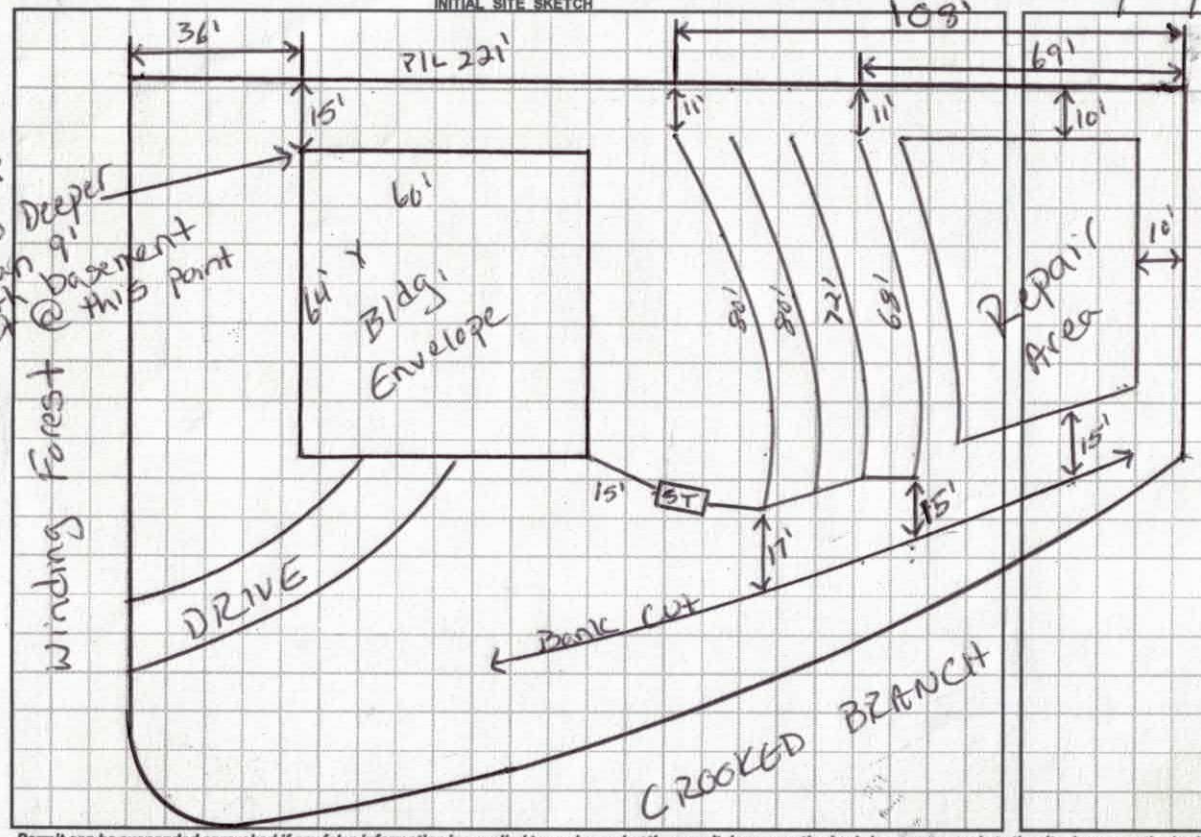
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: Install a 25% Reduction system on contours with serial distribution.

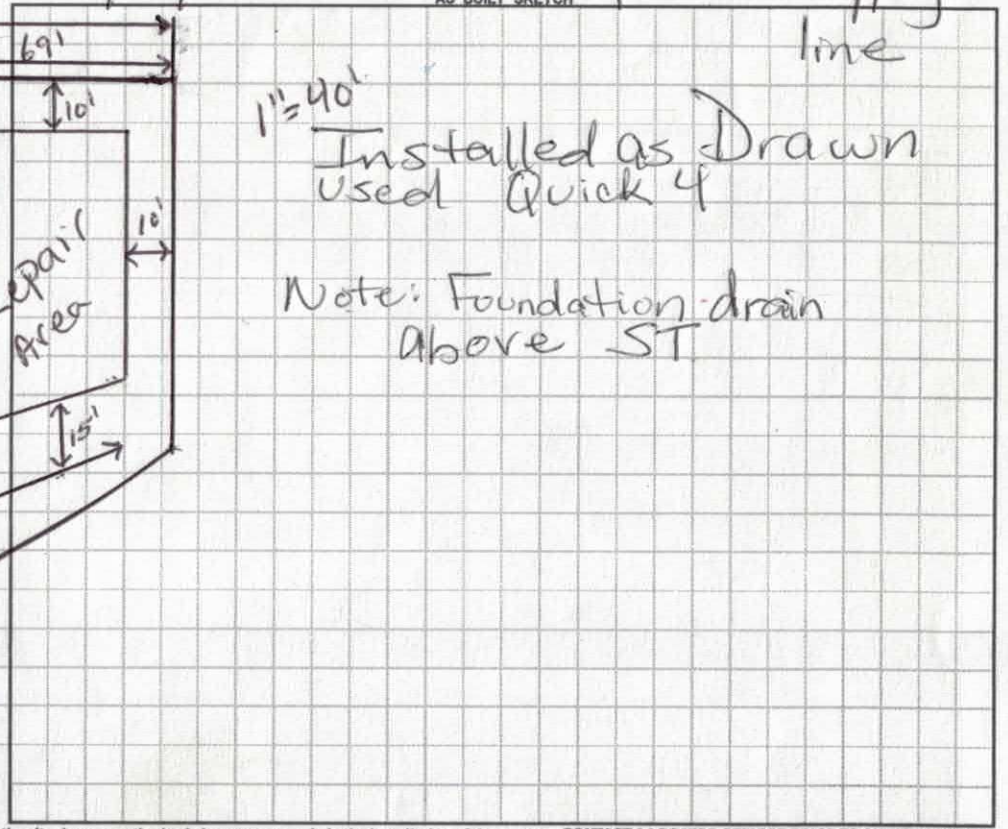
* Do Not Encroach Septic Area w/ Deck or Patio. Keep Area 5' Setback from Septic. *

10/26/17 Checked tank, lines & supply line

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: Date: 4-11-16 Installed by: Neil Yoder Grading & Landscaping

IMPROVEMENT PERMIT by: Justin Henderson Date: 4-4-16 OPERATION PERMIT by: Maina Dotson Date: 10/26/17

AUTHORIZATION TO CONSTRUCT by: APPROVED APR 11 2016 Date: Existing System Inspected by: Date:

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

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

PROPERTY ID #: 4730800288
COUNTY: Iredell

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

OWNER: Tecril Mihut
ADDRESS: 2037 Buckskin St. Hickory
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 150 Winding Forest
APPLICATION DATE: 3-10-16
DATE EVALUATED: 4-2-16
PROPERTY SIZE: 0.654 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other N/A
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	15% NS	0-5	SCL G-	Fr Mod SE	+18"	42"	42"	42"	PS 0.3
		5-24	C ABK	Fr Mod SE					
		24-42	BC SAP Incl WABK	Fr Mod SE					
		42-48	SAP M	Fr					
2	15% NS	0-20	C ABK	Fr Mod SE	+48"	42"	42"	42"	PS 0.3
		20-42	BC common SAP Incl WABK	Fr Mod SE					
		42-48	SAP M	Fr					
3	14% NS	0-7	BSCL G-	Fr Mod SE	+48"	+48"	+48"	+48"	PS 0.3
		7-32	RC ABK	Fr Mod SE					
		32-42	RCI WABK	Fr Mod SE					
		42-48	BC SAP Incl WABK	Fr Mod SE					
4	13% NS	0-16	C ABK	Fr Mod SE	+48"	40"	40"	40"	PS 0.3
		16-26	RCC WABK	Fr Mod SE					
		26-40	BC common SAP Incl WABK	Fr Mod SE					
		40-48	SAP M	Fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Just Henderson
OTHER(S) PRESENT: N/A

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (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.

NOTES

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable)

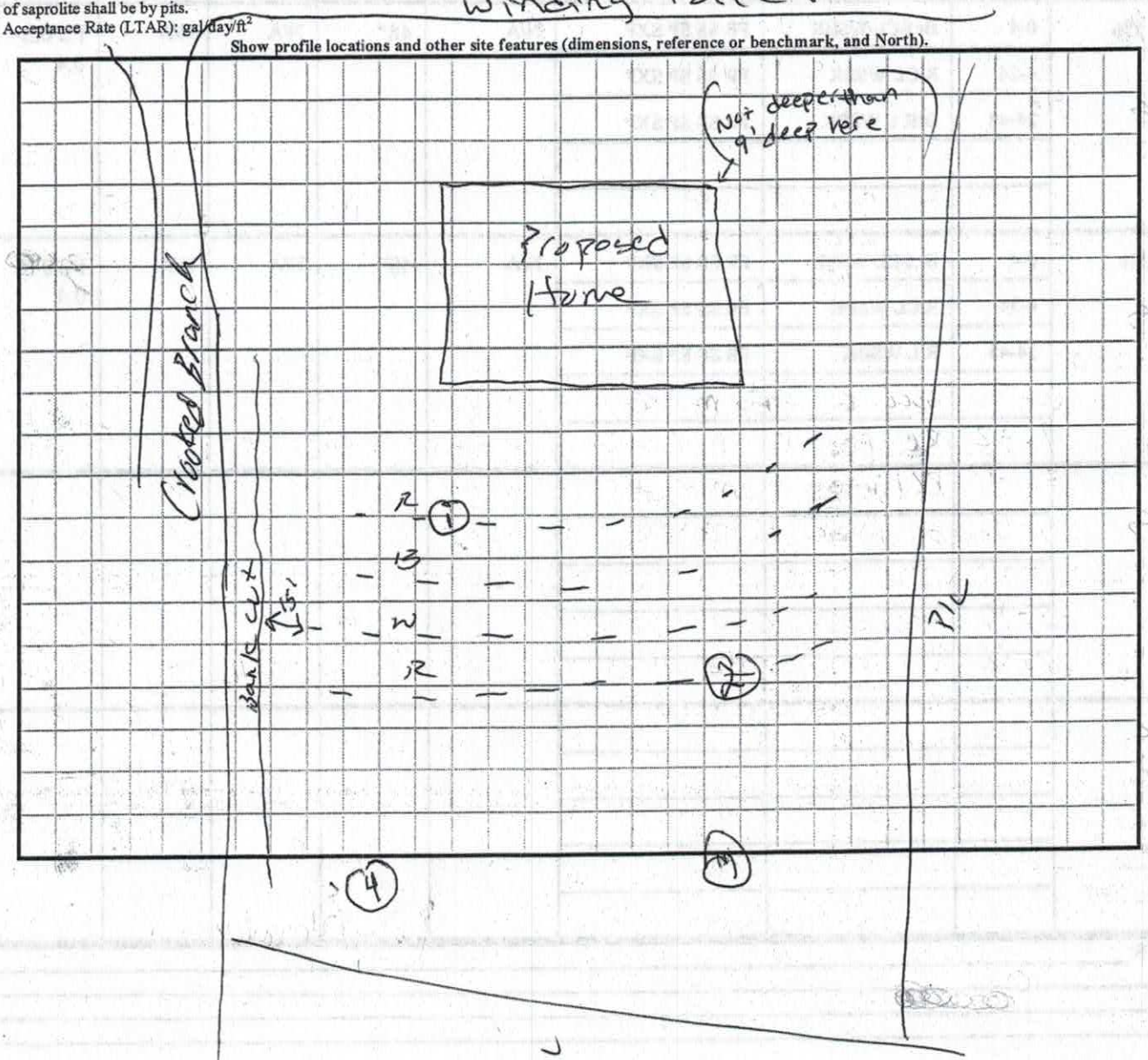
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - ~~record Munsell~~ color chip designation

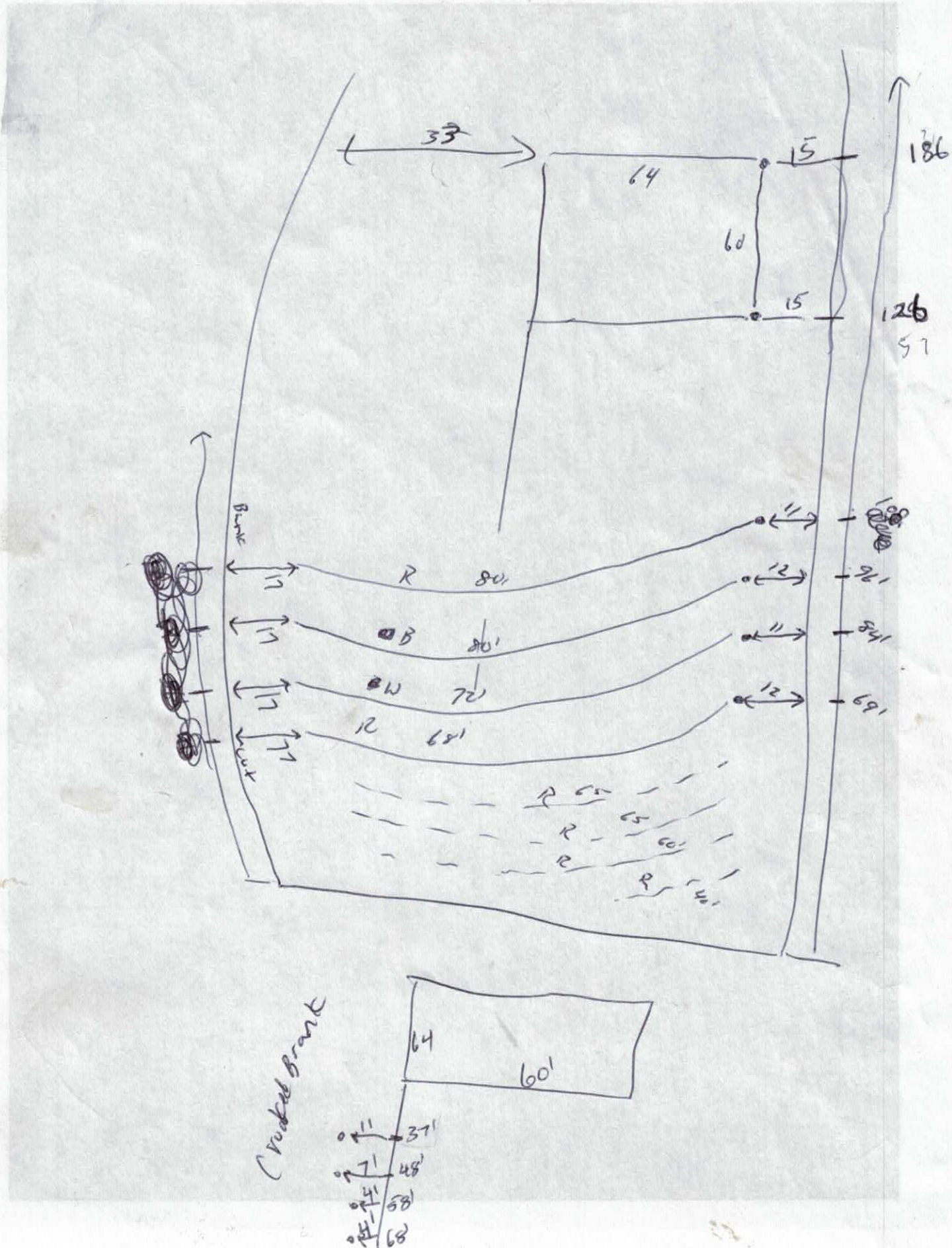
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

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




33
64
15
186
60
15
126
57
Bank
11
R
80'
12
72'
11
54'
B
80'
W
72'
12
69'
12
68'
11
Rock
R 65'
R 65'
R 60'
R 54'
64
60'
Crushed Granite
11
37'
7'
48'
4'
58'
4'
68'

RECEIVED MAR 10 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION* 4/6506

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)

Paid $500.00

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

#217197

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:

TEOFIL MIHUT	6037 Buckskin Sr Hickory 28601		828-234-8856
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Adrian Pop	6807 E Oak Ln Orange CA 92869		714-801-6419
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

150 Winding Forest Sr Troutman	Winding Forest	#30
Street Address	Subdivision Name	Section/Phase and Lot Number

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 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
(X) 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 (X) Existing Well ( ) 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 To The Best of Your Ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) 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: _____ April 11, 2016 ~~March 10, 2016~~

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Adrian Pop., am the legal owner(s) of the property located at 150 Winding Forest Dr. Troutman, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Teofil Mihut, _____, 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.

4/7/2016 — Signature of Owner(s) — Date

Mihaela Cornelia — 4/7/16 — Signature of Witness — Date

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

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION 4/9506

(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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TEOFIL MIHUT	6037 Buckskin Dr Hickory 28601		828-234-8856
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
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( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to _____
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Maximum Number of Bedrooms 3
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

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

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Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

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( ) New Well (X) 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 To The Best of Your Ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes ( ) 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: _____ March 10 · 2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

teomihut@gmail.com

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:

_____ Property Line measurements are clearly identified... _____ 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

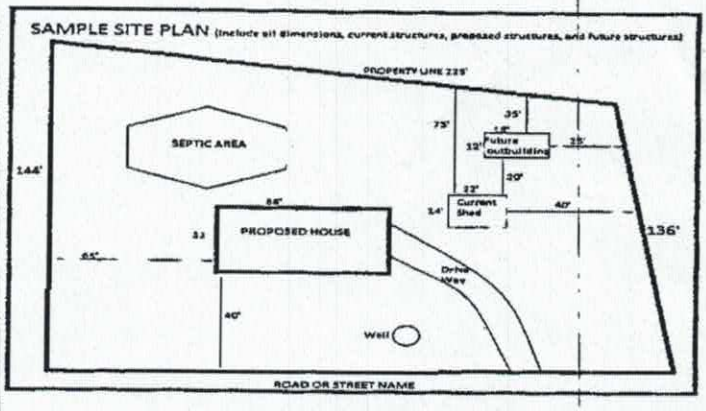
_____ Front and side setbacks from property line... _____ Preferred driveway location and configuration, preferred well location...

_____ Area you prefer your septic system to be placed... _____ North arrow, or other sufficient indicator of direction...

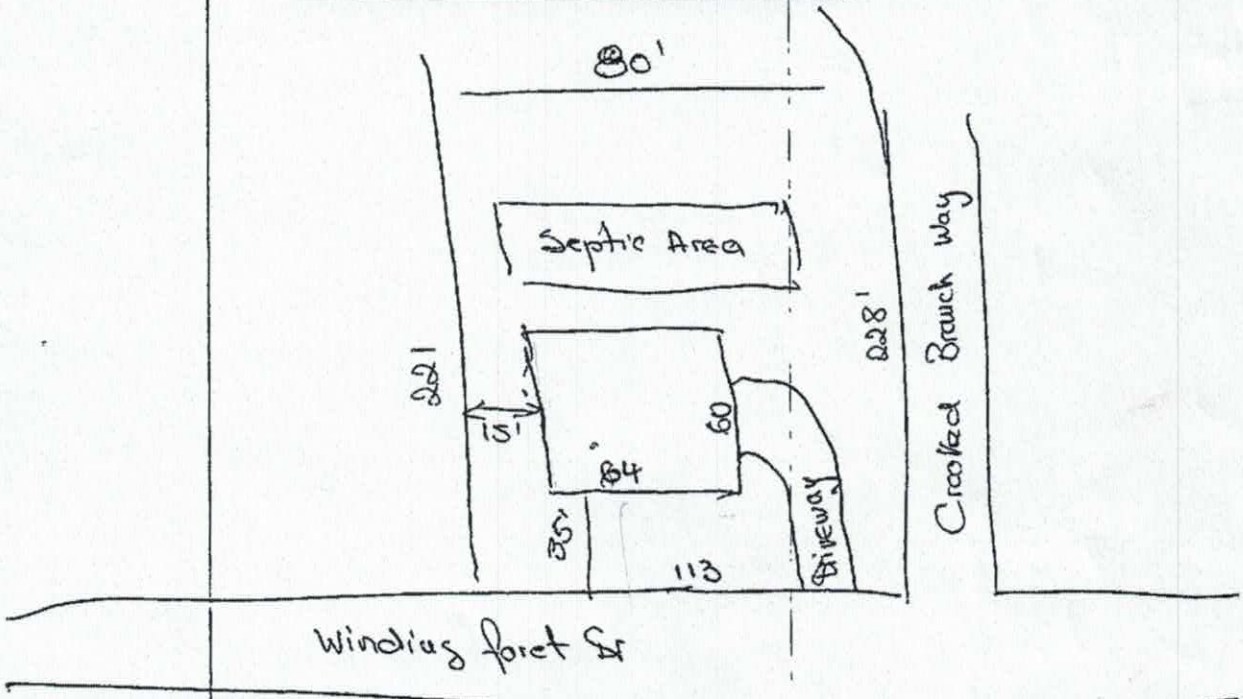
Circle N/A on the following if appropriate:

_____ 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



Signature: _____ March 10. 2016

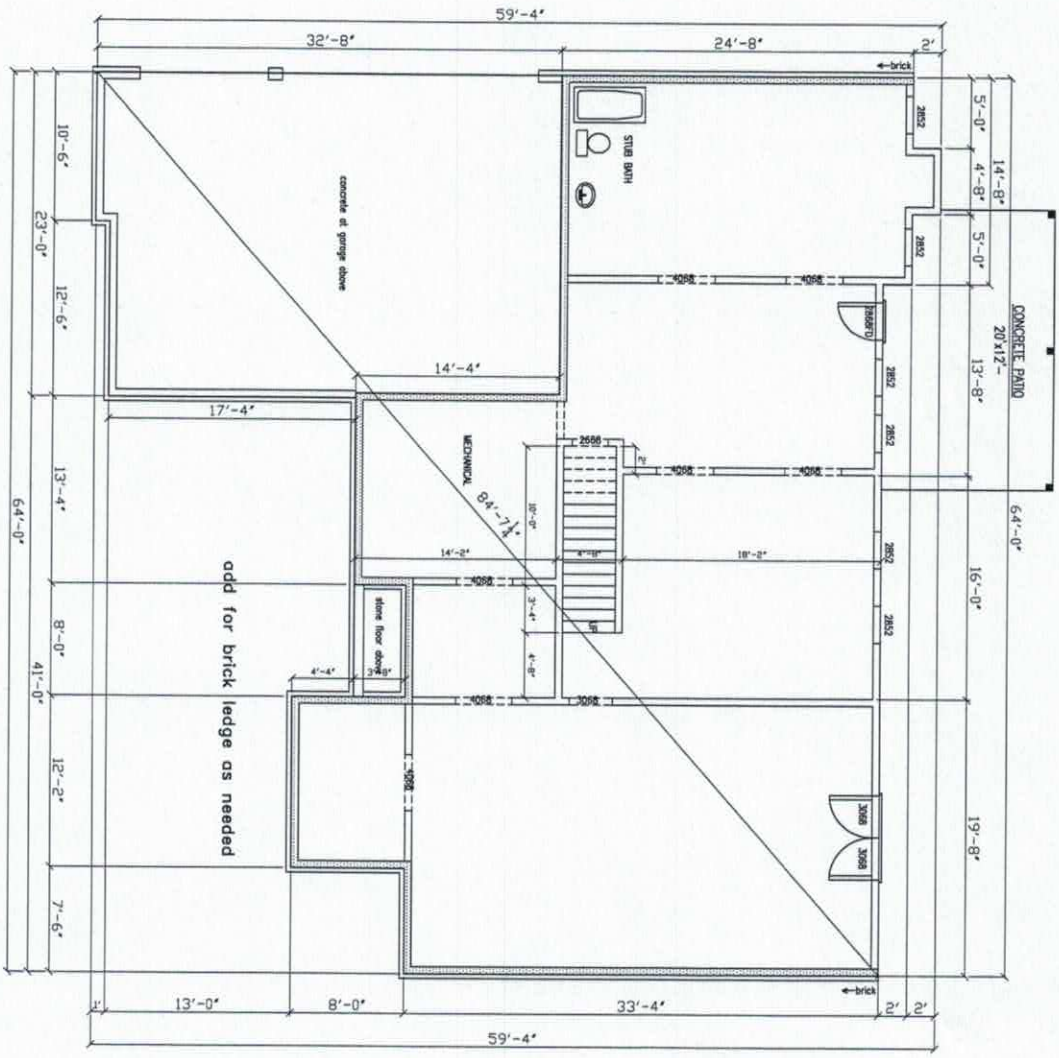
REQUIRED property owner or owner's legal representative signature. DATE

Acknowledgement of
Plans Submittal ONLY!

Date APPROVED APR 1 1 2016

Date 4.13.2016

* 9' WALLS AT 1st FLOOR * 8' WALLS AT 2nd FLOOR * 10' POURED WALLS AT BASEMENT *



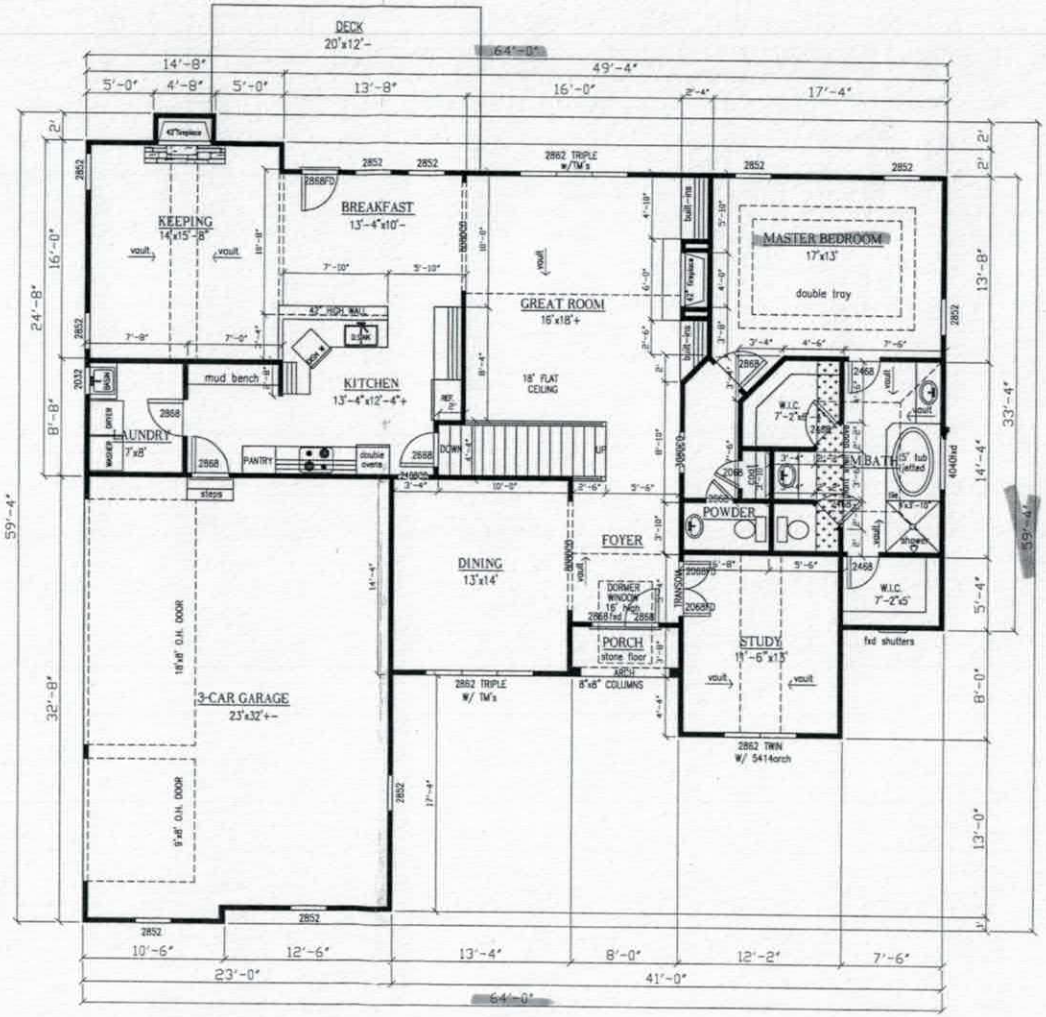
BASEMENT
SCALE: 1/4"=1'-0"

SHEET: 3065wrl	JOB NO: 3065wrl plan	Designs by TODD W. REED, inc. 4365 SUGAR LEAF DRIVE OAKWOOD, GA 30566 (770) 718 9063 www.toddwreed.com email: toddwreed2@gmail.com	copyright © 2006

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Square Footage Details

- 5896 SQFT UNDER ROOF
- 3065 SQFT LIVING (2068 sqft 1st floor; 997 sqft 2nd floor)
- 2068 SQFT UNFINISHED BASEMENT
- 734 SQFT 3-CAR GARAGE
- 29 SQFT COVERED FRONT PORCH



plans must be engineered to meet local codes

Acknowledgement of Plans Submittal ONLY!

APPROVED APR 1 1 2016

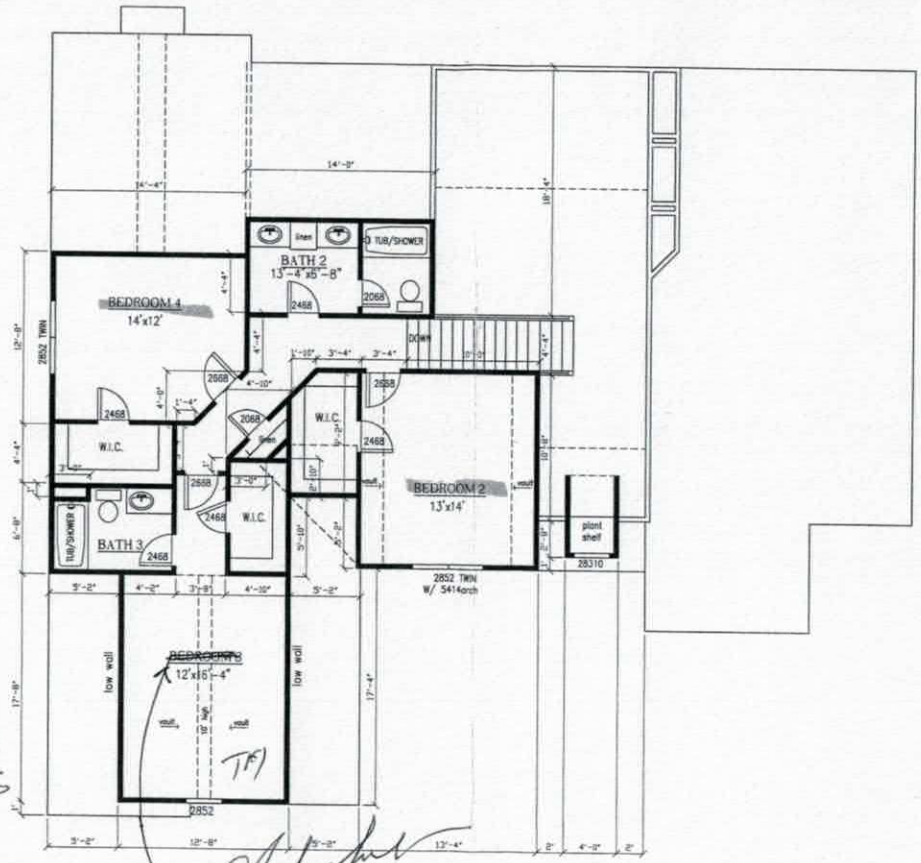
Date

Date 4.13.2016

* 9' WALLS AT 1st FLOOR * 8' WALLS AT 2nd FLOOR * 10' POURED WALLS AT BASEMENT *

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

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Acknowledgement of
Plans Submittal ONLY!

APPROVED APR 11 2016

Date

Date 4.13.2016

Bonus Room
Per Teofil
4-11-16

* 9' WALLS AT 1st FLOOR * 8' WALLS AT 2nd FLOOR * 10' POURED WALLS AT BASEMENT *

2nd FLOOR
SCALE: 1/4"=1'-0"

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4365 SUGAR LEAF DRIVE
OAKWOOD, GA 30566
(770) 718 9063
www.toddwreed.com
email: toddwreed2@gmail.com

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3065wri plan

JOB NO: 3065wri

SHEET: 3

IREDELL COUNTY

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

APPLICATION NUMBER
217197
Issue Date: 03/10/2016

Permit Type: SINGLE FAMILY GRADING

Parcel Number	Street Address	Jurisdiction
4730800188.000	150 WINDING FOREST DRIVE	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: POP ADRIAN Address: 2501 E CHAPMAN AVE STE 105 TROUTMAN, CA 92869 Phone:	Applicant: MIHUT TEOFIL Address: 6037 BUCKSKIN DR HICKORY, NC 28601 Phone:	Contractor: MIHUT TEOFIL Address: 6037 BUCKSKIN DR HICKORY, NC 28601 Phone: License Type: BLDG License Number: 75207

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

RESIDENTIAL GRADING PERMIT	Amount:	60.00
TECHNOLOGY FEE - PLANNING	Amount:	1.80
	Amount:	
	Amount:	
	Amount:	
	Amount:	
	Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 03/10/2016

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	62554	TOTAL FEES:	$ 61.80