(BB) 336-452-0853

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 304638

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

PIN # 4757964696

APPLICANT/OWNER: Cynthia Duncan APPLICANT ADDRESS: 5334 Villas Dr Winston Salem 27103

SITE ADDRESS: 187 Dunlop Cake Circle Statesville NC 28625 PHONE: 704-873-5233 ALT. PHONE 919-721-0100

SITE DIRECTIONS: I-21 to Dunlop Cake (R) then L on Dunlop Loop Lot on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Dunlop Cake SECTION: 1 LOT # 19 LOT AREA: .47 DESIGN FLOW: 240gpd L.T.A.R.: .3

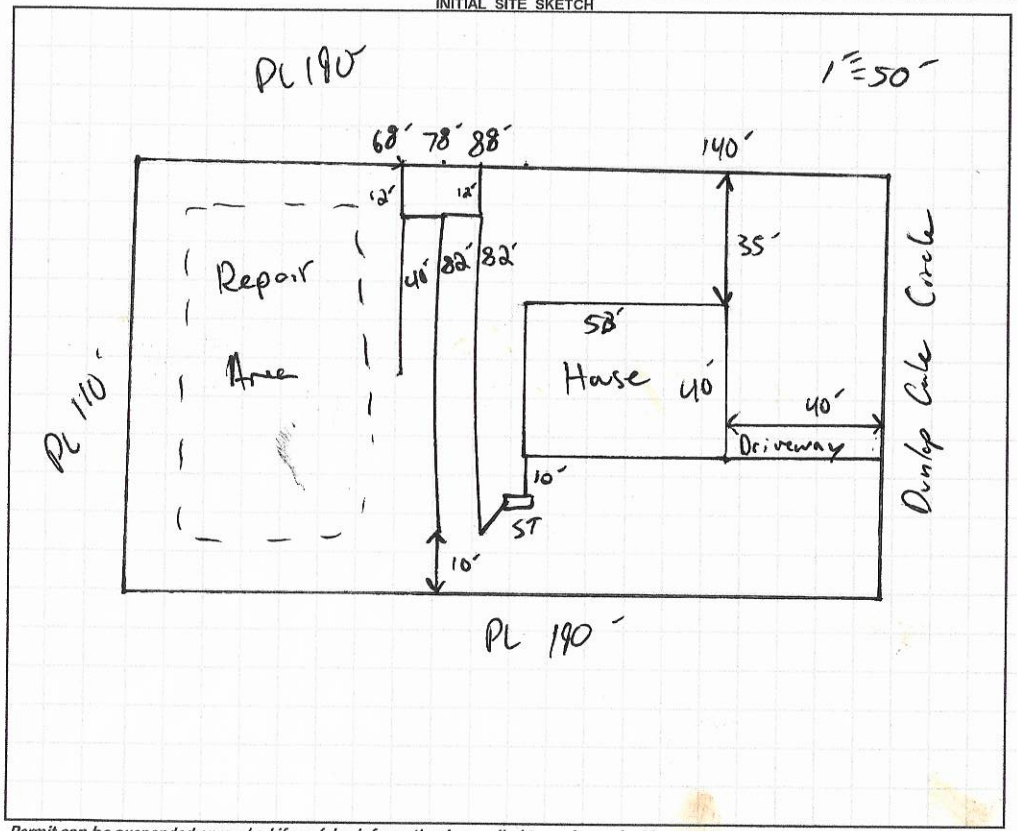
Septic Tank	1000 (gal)	STB	760	Date	6/22	☒ New System ☐ Repair ☐ Expansion System Type: I II IV V VI	☒ Residence	No. Bedrooms	2
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction	☐ Business	No. Persons	4
Pump Make		Model		Serial #		Repair System Description: 25% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft:	200'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	Max 36"	Gravel Depth	—	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☐ Private ☒ Public ☐ Community

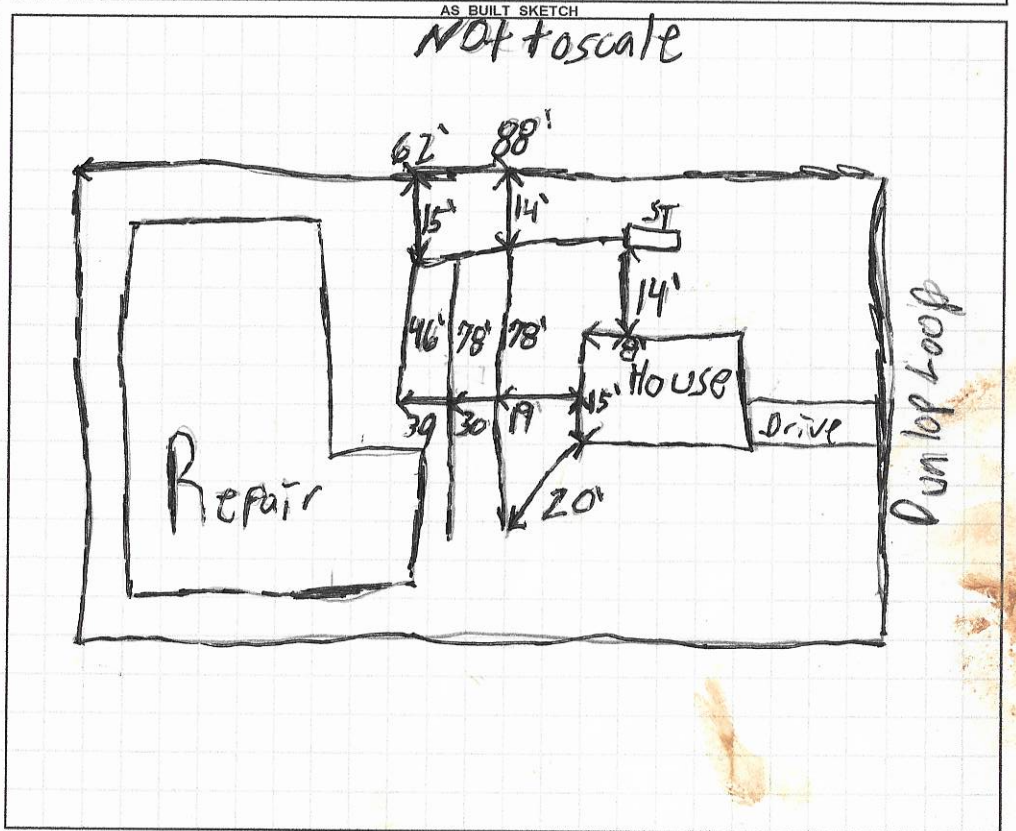
Comments / Conditions: Install Drainlines on Contour and use Serial distribution

Okay to move tank to Right side of House as long as setbacks are met JB 5-28-20

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: Cynthia R Duncan Date: 3-9-2020 Installed by: TB Grading and Septic

IMPROVEMENT PERMIT by: Date: 3-3-20 OPERATION PERMIT by: Patrick J Bagley III Date: 8/27/2020

AUTHORIZATION TO CONSTRUCT by: Date: 3-3-20 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 inspector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4757864696
COUNTY: Durham

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

OWNER: Cynthia Duncan
ADDRESS: 5334 Villas Pt Winston Salem 27103
PROPOSED FACILITY: 2BR
LOCATION OF SITE: 187 Dunlop Oak Loop
APPLICATION DATE 2-3-26
PROPOSED DESIGN FLOW (.1949): 240gpd
DATE EVALUATED: 2-24-26
PROPERTY SIZE: .47 ave
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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 2-3%	0-6	SiL SCL	FR SS SP SOO	N/A	48+	N/A	N/A	I .3
		6-31	SiL C						
		31-48	SiL CL						
2	L 2-3%	0-6	SiL SCL		N/A	48+	N/A	N/A	I .3
		6-33	SiL C						
		33-48	SiL CL						
3	L 2-3%	0-6	SiL SCL		N/A	48+	N/A	N/A	I .3
		6-30	SiL C						
		30-48	SiL CL						
4	L 2-3%	0-6	SiL SCL	↓	N/A	48+	N/A	N/A	PS .3
		6-27	SiL C	↓					
		27-48	SiL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	200
System Type(s)	25%	25
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

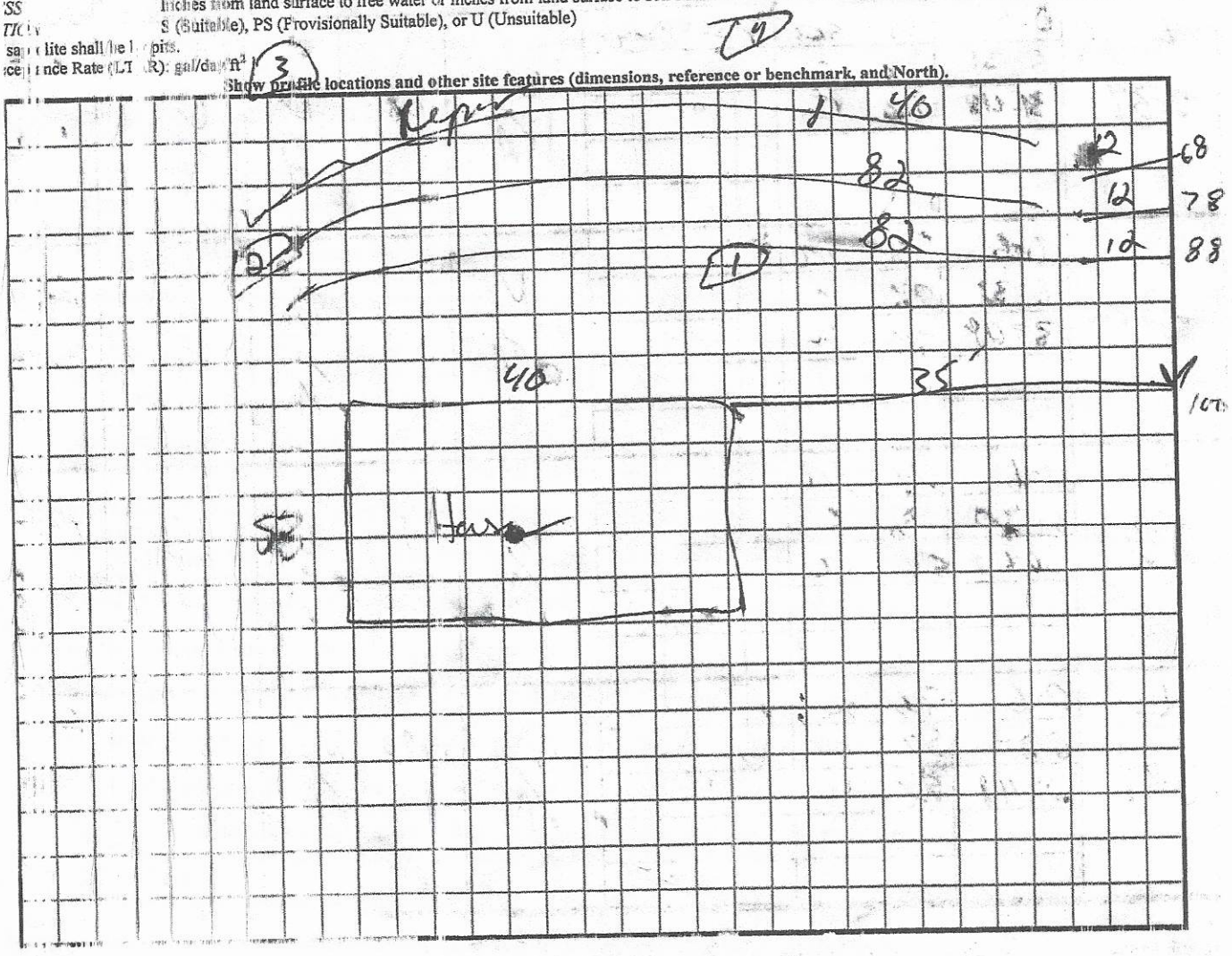
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
(Drainage Way)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		CR (Crumb)
S (Debris Slump)		L (Loam)				GR (Granular)
(Flood Plain)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		SBK (Subangular Blocky)
S (Foot Slope)		SiCL (Silty Clay Loam)				ABK (Angular Blocky)
(Head Slope)		CL (Clay Loam)				PL (Platy)
(Linear Slope)		SCL (Sandy Clay Loam)				PR (Prismatic)
(Nose Slope)		SiL (Silt Loam)			MOIST	WET
(Ridge)					VFR (Very Friable)	NS (Non-sticky)
(Shoulder Slope)	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
(Terrace)		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/ft²

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



Updated [illegible] 2011

237-670-3137

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

$500.00
AP-304638
2-3-2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *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: (✓) 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: Cynthia R Duncan Address: 5334 Villas DR Winston Salem Zip: 27103
Applicant Email: CindyRduncan@yahoo.com Phone: 910-840-9123 Alt. Phone: _____
Owner Name: Karen Clark Address: 232 Davie Ave Statesville Zip: 28677
Owner Email: ktclark@troutmanrealty.net Phone: 704-873-5233 Alt. Phone: 919-721-0100

Property Information:

Street Address: 187 Dunlap Gate Cir PIN 4757964696
Subdivision Name: Dunlap Gate Section/Phase: _____ Lot Number: 19
Driving Directions: N21 to Dunlap Gate Rd (R) Second L - Dunlap Loop
property on R between house #s 193 & 183

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 1
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

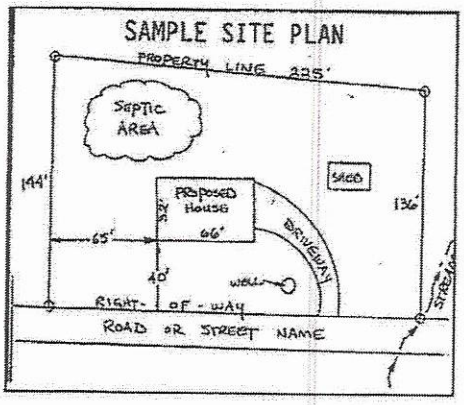
Signature: Cynthia R Duncan 2-3-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

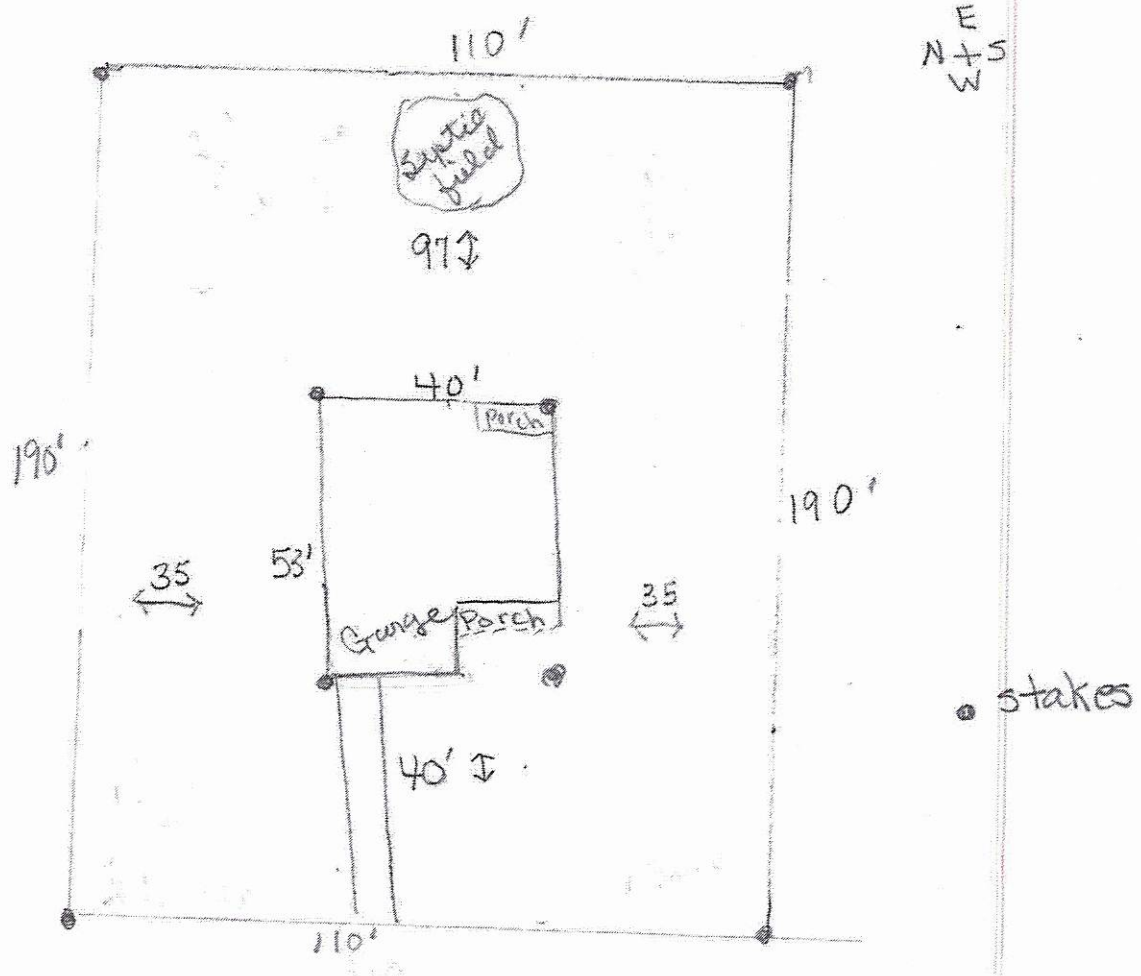
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator 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

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: Cynthia R Dureau

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

2/3/2020

DATE

A Boundary Survey for

The Troutman Family Limited Partnership, RLLLP

Their Property, Being Lot 19, "DUNLAP GATE" Subdivision, Sec. One,

Plat Book 13, Page 8, Iredell County Registry

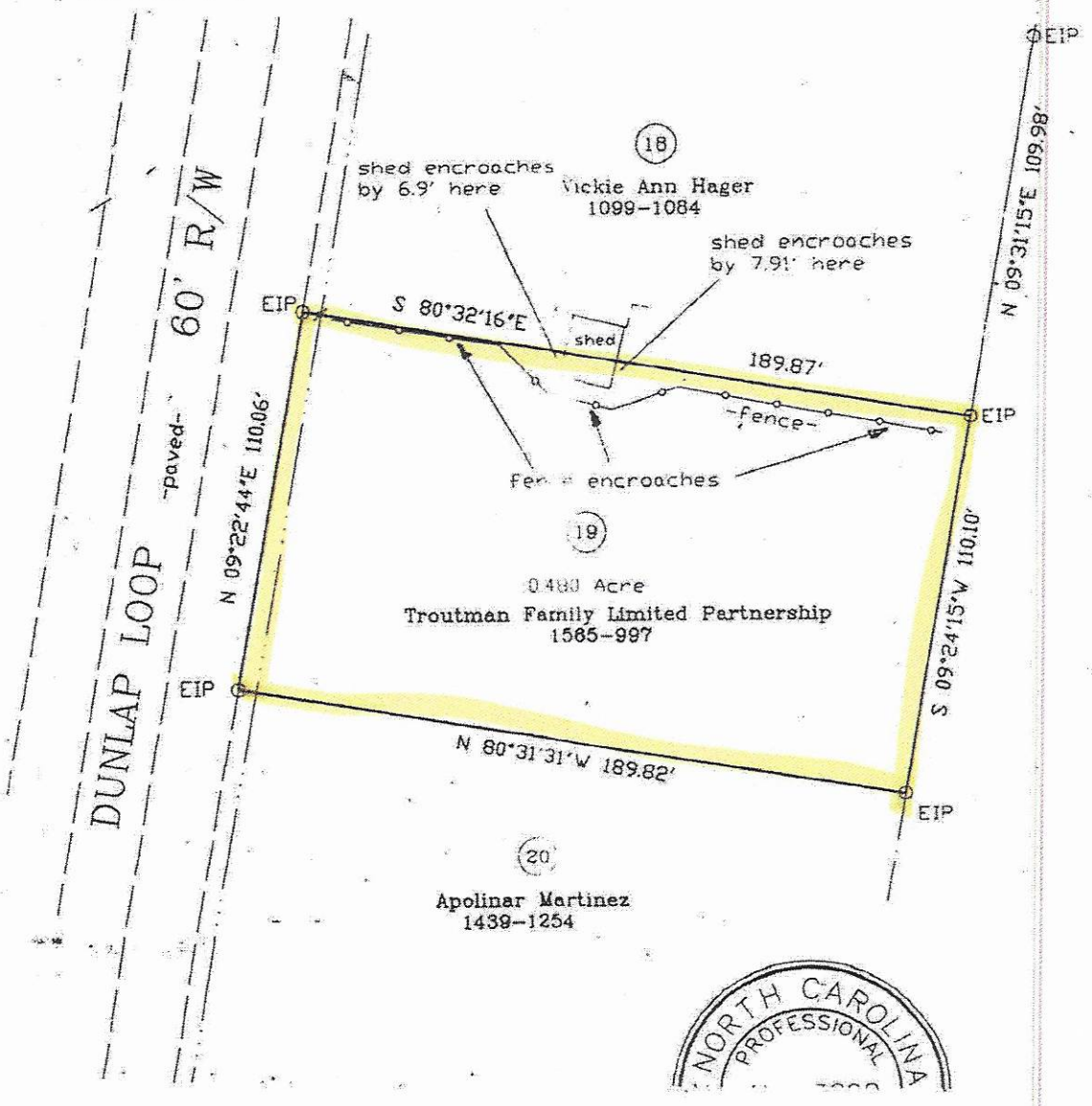
Lying in

BETHANY TOWNSHIP IREDELL COUNTY.
NORTH CAROLINA
PIN: 4757 96 4696 DEED: 1565-997
DATE: 07-30-2008 SCALE: 1" = 50'
DRAWING No. 073008a DRAWN by JWR

This property is NOT in a FLOOD HAZARD AREA

Plat Book 13, Page 8

50 0 50 100 150
GRAPHIC SCALE - FEET



NORTH CAROLINA PROFESSIONAL

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, Karen Clark / Troutman Family Ltd Partnership RLLLP, am the legal owner(s) of the property located at Dunlap Gate Circle, identified as PIN (Parcel Identification Number) 4757-96-4696, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Cynthia Robbins Duncan, 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.

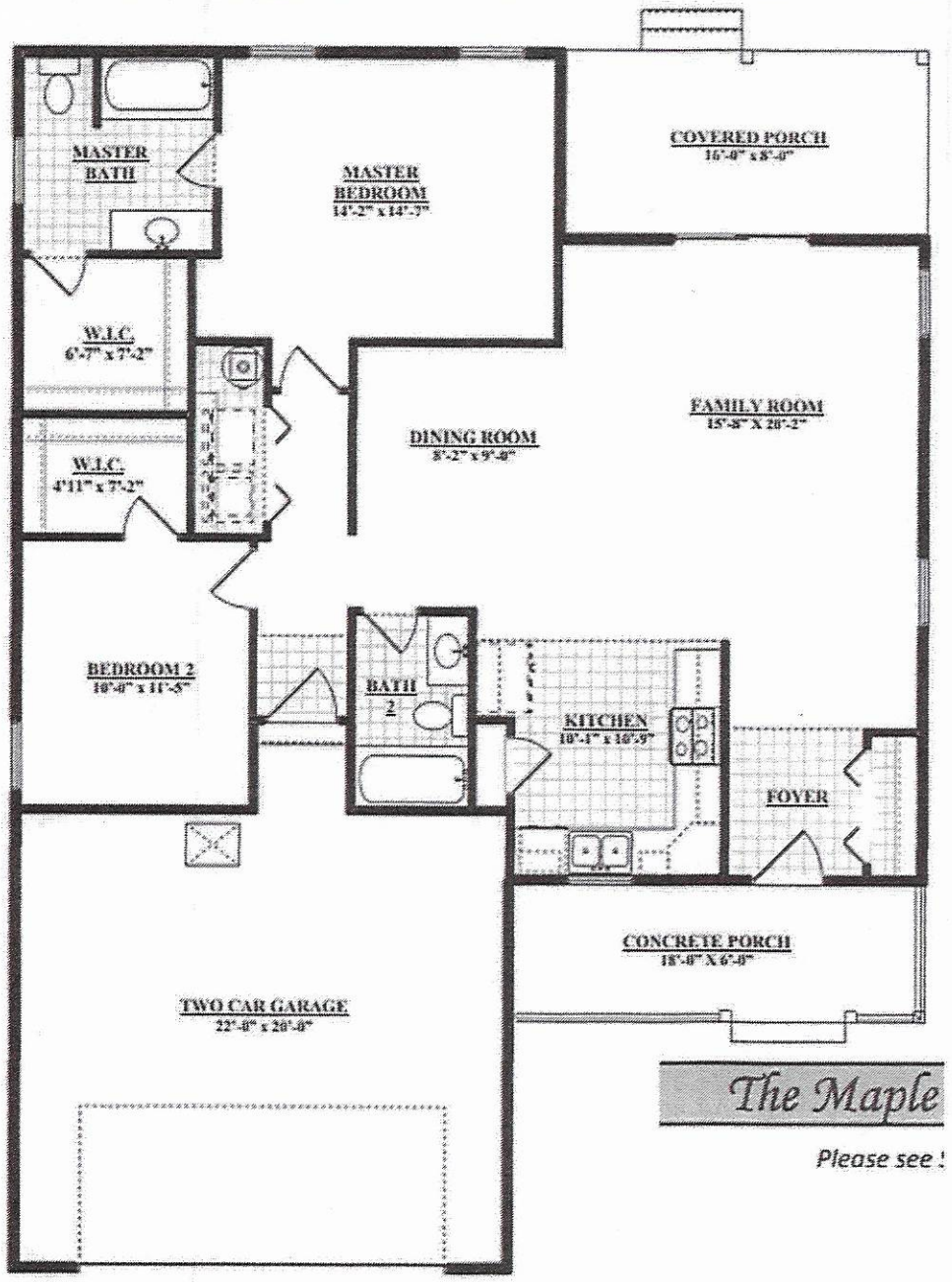
Karen Troutman Clark
Signature of Owner(s)

1/10/2020
Date

Mooresville - Environmental Health

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



The Maple

Please see !

Acknowledgement Of
Plans Submittal ONLY
Cynthia R Duncan Date 2-3-2020
Date 3-3-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304638 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4757964696.000	187 Dunlap Loop	Iredell County

Owner Information	Applicant Information
Name: TROUTMAN FAMILY LTDP RLLLP Address: Phone:	Name: CYNTHIA R. DUNCAN Address: 187 DUNLAP GATE CIR STATESVILLE, NC 28625 Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15		NO

Remarks
sfd

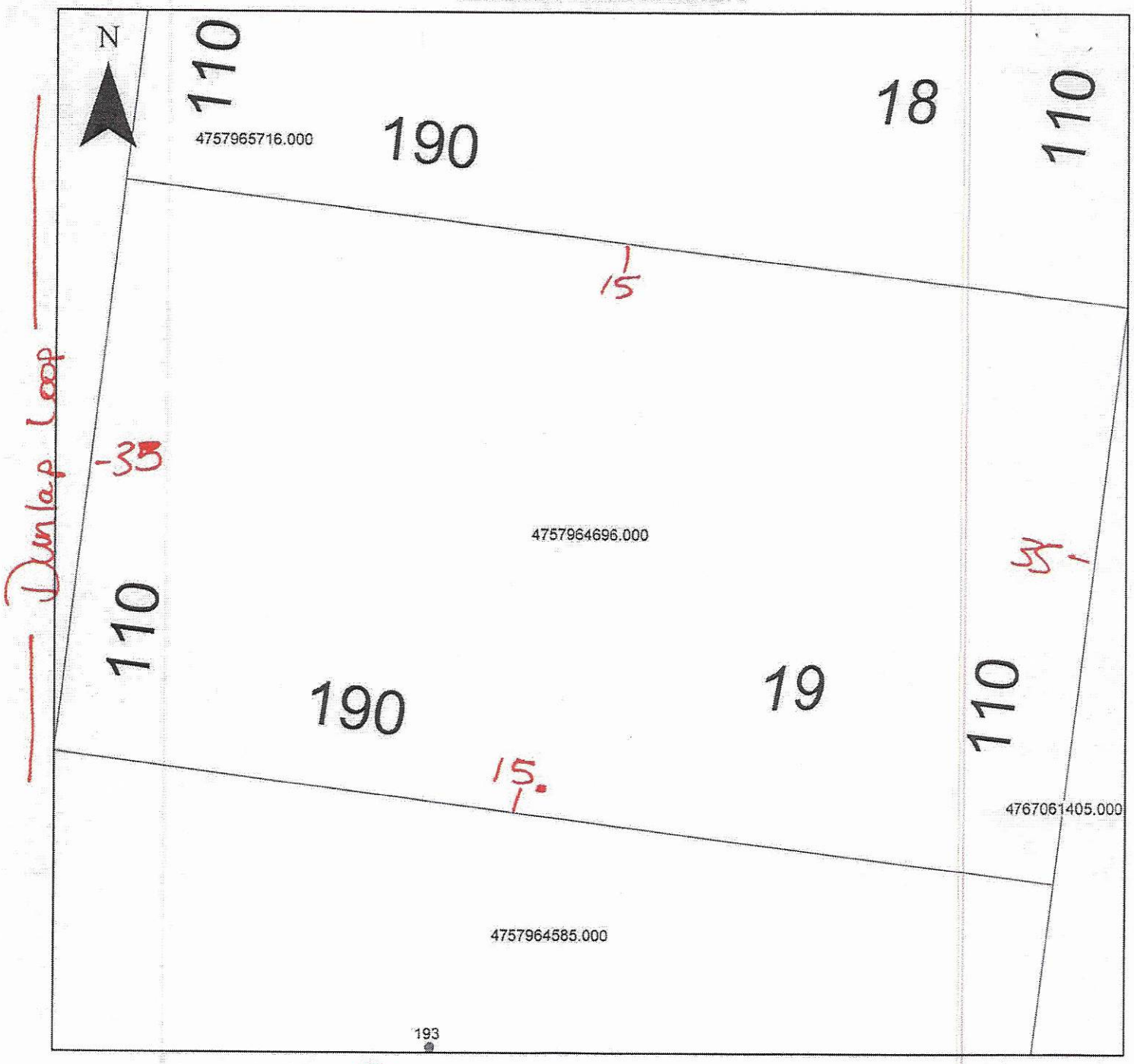
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 02/03/2020

Permit Number	304638	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 187 Dunlap Gate Circle

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. Applicant further acknowledges that the 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.

Cynthia R Duncan
Applicant

2/3/2020
Date