IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222288

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

PIN # 4765-81-6525

APPLICANT: WCU INC. APPLICANT ADDRESS: 2143 MOCKSVILLE HWY. SVILLE

SITE ADDRESS: 118 PORTMAN LN. STATESVILLE PHONE: 704-902-3124 ALT. PHONE:

SITE DIRECTIONS: HWY 64, TR LONE PINE, TR PORTMAN, ON R

SUBDIVISION: LONE PINES MEADOW SECTION: 3 LOT # 21 LOT AREA: .52 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 160 Date 3-10-17.
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 3 Linear Ft: 300'
Trench Width 36" Max. Trench Bottom Depth 36" HIGHSIDE Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% REDUCTION
Repair System Description: PANEL BLOCK
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:

Installed as drawn.

INITIAL SITE SKETCH

SEE PLAN FROM PENNINGER SOIL CONSULTING

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: Bruce Poole Date: 10-20-16 Installed by: Courtney Grading

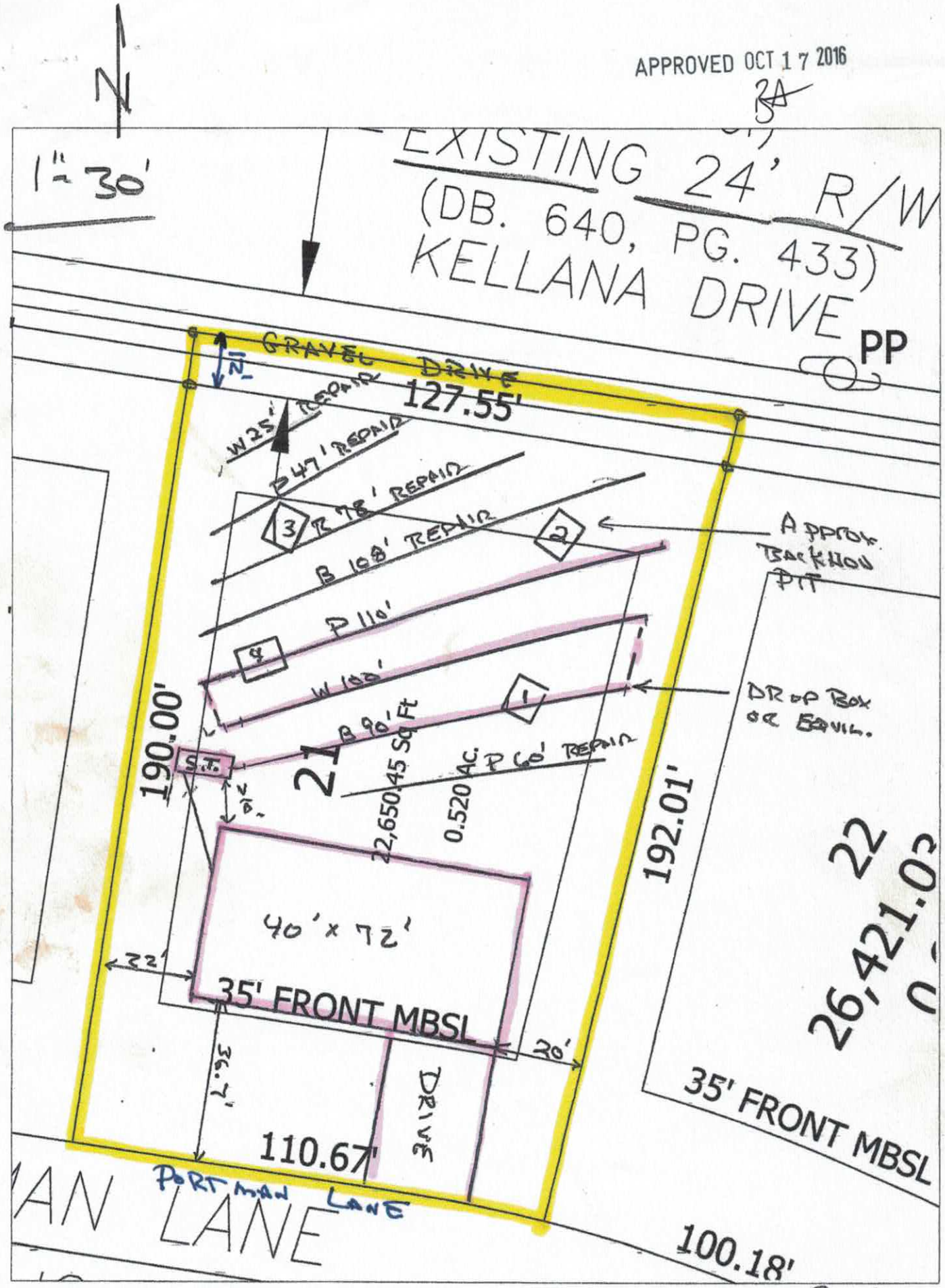
IMPROVEMENT PERMIT by: [signature] Date: 10-17-16 OPERATION PERMIT by: Benjamin A. Bolling Date: 5/16/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-17-16 Existing System Inspected by: Date:

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

APPROVED OCT 17 2016

3A
5



* SITE PLAN MUST ACCOMPANY PERMIT APP SOIL CONSULTNG WRITTEN REPORT DATED 10-12-16

Lot 21 Long Pine Meadows Septic Site Plan

WCU, INC - 10-12-16

ICHD

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

Call Paul for site visit

October 12, 2016

WCU, Inc.
PO Box 64
Steinhatchee, Florida 32359

Attention: Mr. Steve Hart

Reference: **Technical Assistance with Expedited Review Septic Permitting**
Lot 21 Lone Pine Meadows Subdivision
118 Portman Lane
Iredell County, North Carolina
Project No. 16-156

Dear Mr. Hart:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new, 3-bedroom septic system Improvement Permit on the above referenced lot from the Iredell County Health Department (ICHD). The technical assistance was performed in general accordance with our written proposal / letter of authorization dated October 12, 2016.

We understand that you own the lot and want to construct a 3-bedroom home for a customer. You have requested Penninger Soil Consulting, PLLC to assist with obtaining a Septic Improvement Permit for a proposed 3-bedroom house under the ICHD Expedited Review program to allow you to obtain a building permit in a timely manner.

Your surveyor flagged the property corners and the house box. A gravel drive is located in a 24 ft. right of way at the rear of the lot (12 ft. of right of way on Lot 21). Penninger Soil Consulting described four backhoe pits in the proposed septic area and flagged the proposed septic drainfield lines. We are proposing a gravity, 25 Percent Reduction drainfield behind the proposed home pad with a LPP T&J Panel Repair area.

Once the septic area is permitted, it should be fenced off for protection during home installation. Access to the lot should only be by the existing drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system. The system should be installed under dry soil conditions and maintain the regulatory setbacks to any foundation drain.

Penninger Soil Consulting, PLLC appreciates the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you with the Expedited Review site evaluation. The ICHD may show any changes or modifications they deem necessary to the proposed system on the ICHD

Permits or attached site plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soil suitability and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. The attached soil profile descriptions are only valid for the described backhoe pits. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist



Attachments:

1. ICHD Septic Improvement Permit Application
2. Proposed Site Plan and System Information

Copy: ICHD

C:\Users\Paul G. Penninger\Documents\2016 Projects\16-156 Steve Hart Lot 21 Lone Pine/Expedited Review Summary Letter.doc

APPROVED OCT 17 2016

BA

Lone Pine Meadow Lot 21 Expedited Review System Information (Pg 1 of 1)

WCU, Inc. - October 12, 2016

Number of Bedrooms	3
Basement or Crawl	**Crawl - Slab Garage**
Design Flow (gpd)	360
LTAR (gpd/sqft)	0.3
Primary System Type	**Gravity 25 Percent Reduction**
No. Lines	1 line @ 90 ft; 1 line @100 ft; 1 line @ 110 ft (See Site Plan)
Total Linear Feet	300
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	36 inches high side
Pump Required	No
Distribution Device	Drop Boxes (Drop Boxes or other ICHD approved devices may be utilized)
Maintenance Agreement Required	No
Repair System	**Low Pressure T&J Panel**
Total Linear Feet	318 ft shown (200 ft. required)
Repair LTAR (gpd/sqft)	0.3
Repair Trench Depth	36 in. high side

Note: Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.

- System is to be installed according to ICHD Permit requirements or policies.
- These specifications are to satisfy the ICHD Expedited Review checklist and are not intended to represent an Engineered System Design or Permit.
- Expedited Review system information and site plan must accompany Penninger Soil Consulting written report dated October 12, 2016.
- Installer to verify required setbacks with the ICHD prior to installation.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

APPROVED OCT 17 2016 BA

OWNER: WCV, INC
ADDRESS: 118 PORTMAN LN
PROPOSED FACILITY: 3 bdr
LOCATION OF SITE: Lot 21 COND Pine Meadow

APPLICATION DATE: 10-12-16
DATE EVALUATED: 10-10-16
PROPERTY SIZE: .52 ac
PROPERTY RECORDED: yes
PROPOSED DESIGN FLOW (.1949): 360

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	L ~5%	0-9	wsblc sl-sd	fr ss/ss	br				PS -.3
		9-26	mfsbk-abk c	fr s/p	red				
		26-51	wsbk cl	fr ss/sp	gell mt c sap w/ 10YR 7/1 lithochromic	10YR 7/1 in cl-scl soil			
		51-60	mass-vwsbk cl	sap mixed					
			gell / white lithochromic			51	PS	E	
2	L ~5%	0-9	wsbk scl	fr ss/ss	Compacted zones				PS -.3
		9-24	abk c	fr s/p	red & compact zone ~9"				
		24-54	wsbk mpc-cl	fr ss/sp	5YR 5/8 common SAP				
			10YR 8/1	lithochromic, & zones of					
			~33" are wet	48" of		SH	wet	E	
3	L ~5%	0-10	wsbk scl	fr ss/ss	br w/ compacted zones				PS -.3
		10-25	abk c	fr s/p	red				
		25-50	sbk/abk cl	fr ss/sp	10YR 5/8; c sap, & 10YR 6/8				
				lithochromic					
					E	50	E	E	
4	L ~5%	0-9	wsbk scl	fr ss/ss	br w/ Compacted zones				PS -.3
		9-25	abk c	fr s/p	red				
		25-45	sbk/abk cl	fr ss/sp	10YR 5/8 & 10YR 7/2 lithochromic				
		45-56	mass/vwsbk scl	sap w	cl inc				
					E	45"	PS	E	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PE	PS
System Type(s)	2SF	T;S
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PGP
OTHER(S) PRESENT: Duty must be reviewed and approved by LCHD

COMMENTS: must accompany remaining soil consulting written report.

RECEIVED OCT 13 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

Paid $350.00

(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)

222288

1. APPLICATION FOR: X **Improvement Permit** X **Authorization To Construct** ___ **BOTH** ___ **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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
WCU Ass.	2143 Mocksville Hwy Statesville, NC 28625	704-902-3124	

Bruce Foster — ZXpapa 2012 @ gmail.com

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
SAME		352-672-3132	

Steve Hunt

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Portman Ln	Lone Pine Meadows	Lot 21

Driving Directions: Hwy 64, TR Lone Pine, TR Portman, Lot on RT.

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

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

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

- (X) 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 ( ) Community Well (X) 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 256

8. 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. 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: _____ 10-12-16

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

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, Bruce Porter / WCU, INC, am the legal owner(s) of the property located at 132 LONEHOLT, identified as PIN (Parcel Identification Number) 4765801885.000 located in Iredell County, North Carolina. 118 PORTMAN LN – 4765816525.000

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

Bruce Porter 10-31-22 _____ _____

Signature of Owner(s) Date 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*:

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

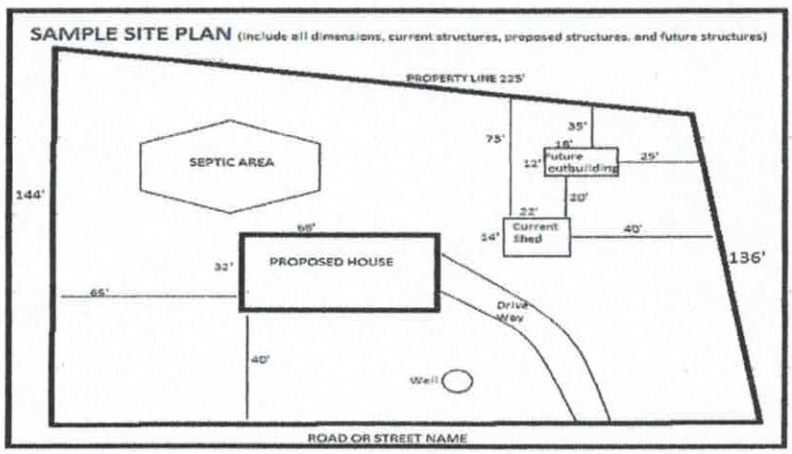
____ Front and side setbacks from property line… **____ Preferred driveway location and configuration, preferred well location…**

____ 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**

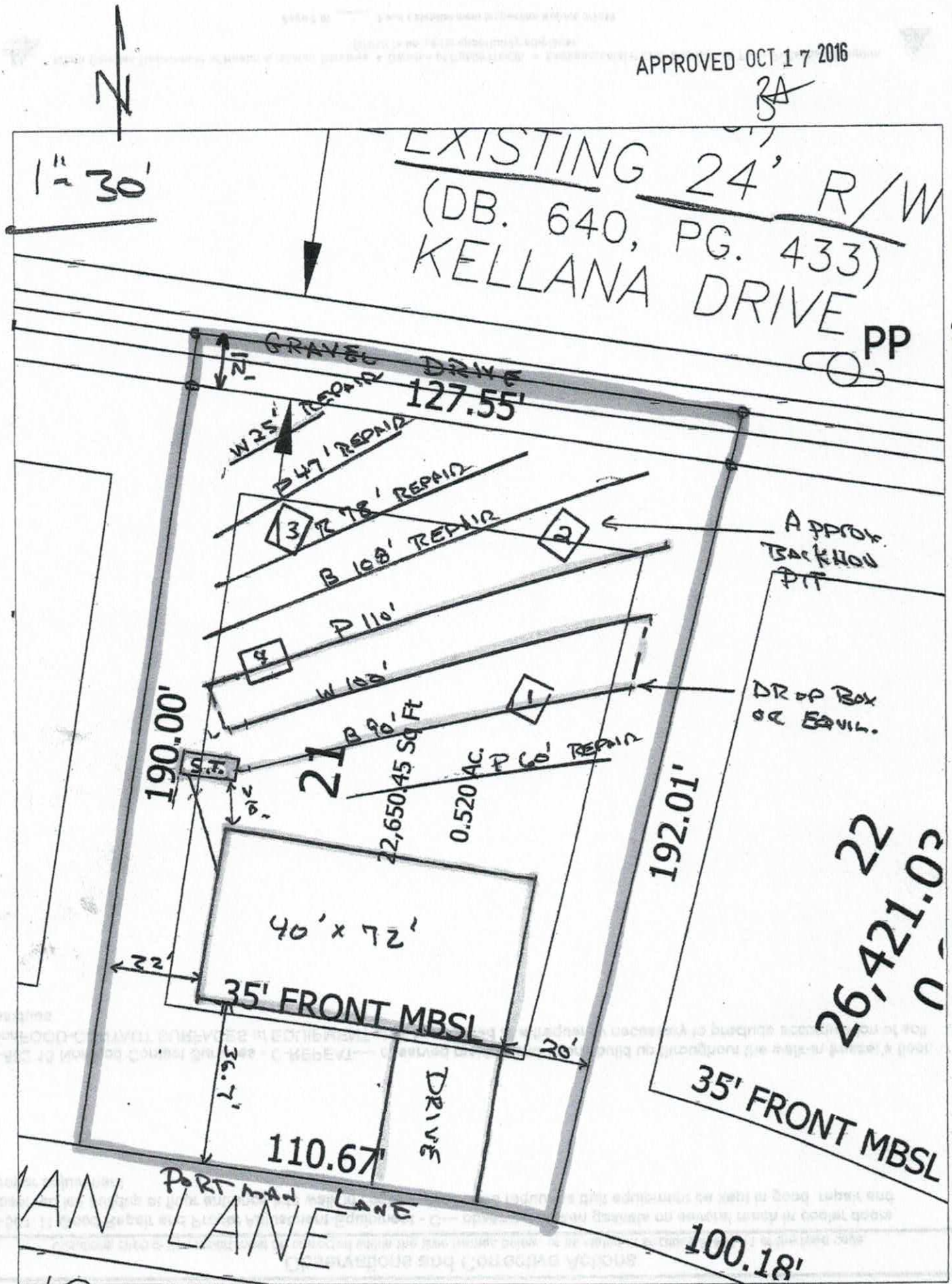


USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE ATTACHED

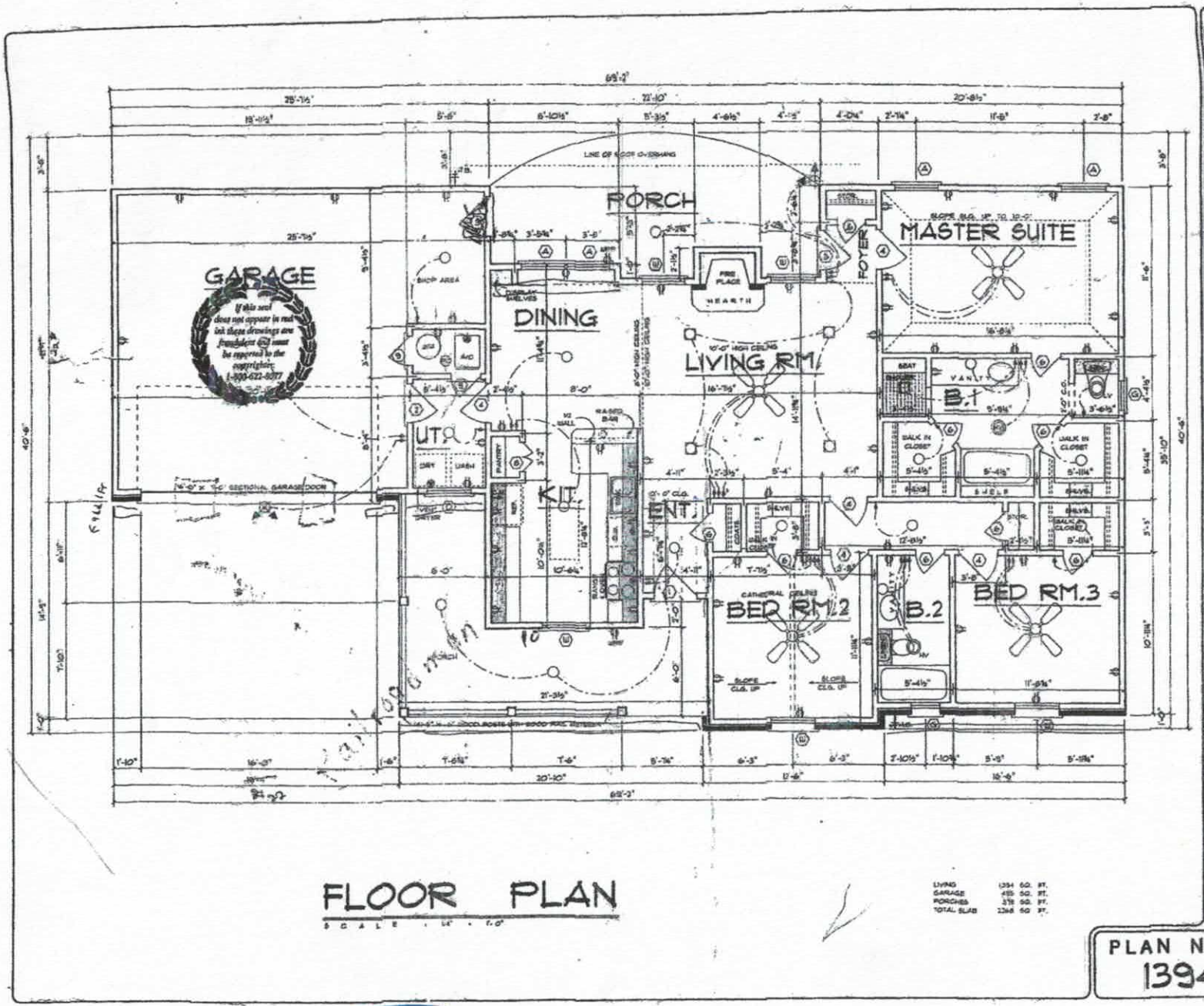
Signature: _____ 10-12-16

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



Lot 21 LONG PINE MEADOWS SEPTIC SITE PLAN

HGH, INC. - 10-12-16



FLOOR PLAN

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

LIVING	1394 SQ. FT.
GARAGE	455 SQ. FT.
PORCHES	378 SQ. FT.
TOTAL SLAB	1268 SQ. FT.

RONALD K. DICK
DESIGNER
6301 Randol Mill Rd.
Fort Worth, Texas 76112
1(817) 451-3131
www.creativehomeplans.com

© COPYRIGHT 1998 RONALD K. DICK DESIGNER

DATE:	04-30-1998
DRAWN BY	MITCH
CHECKED BY	DALE
STOCK PLAN #	1394-9
REVISED BY	
DATE REVISED	
CUSTOMER NAME	
SHEET	3 OF 8

PLAN NUMBER
1394-9

Plan Reversed

Acknowledgement of Plans Submittal ONLY!

Date 10-17-16

Date

IREDELL COUNTY

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

APPLICATION NUMBER
222288
Issue Date: 10/05/2016

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4765816525.000	118 PORTMAN LANE	

Owner Information	Applicant Information	Contractor Information
Owner: WCU INC+BRUCE A PORTER ETAL Address: 2143 MOCKSVILLE HWY STATESVILLE, NC 28625 Phone:	Applicant: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132	Contractor: WCU INC Address: PO BOX 64 STEINHATCHEE, FL 32359 Phone: 352-672-3132 License Type: BLDG License Number: 50209

Project Description
NEW SINGLE FAMILY - IREDELL

Scope of Work
SFD

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		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.

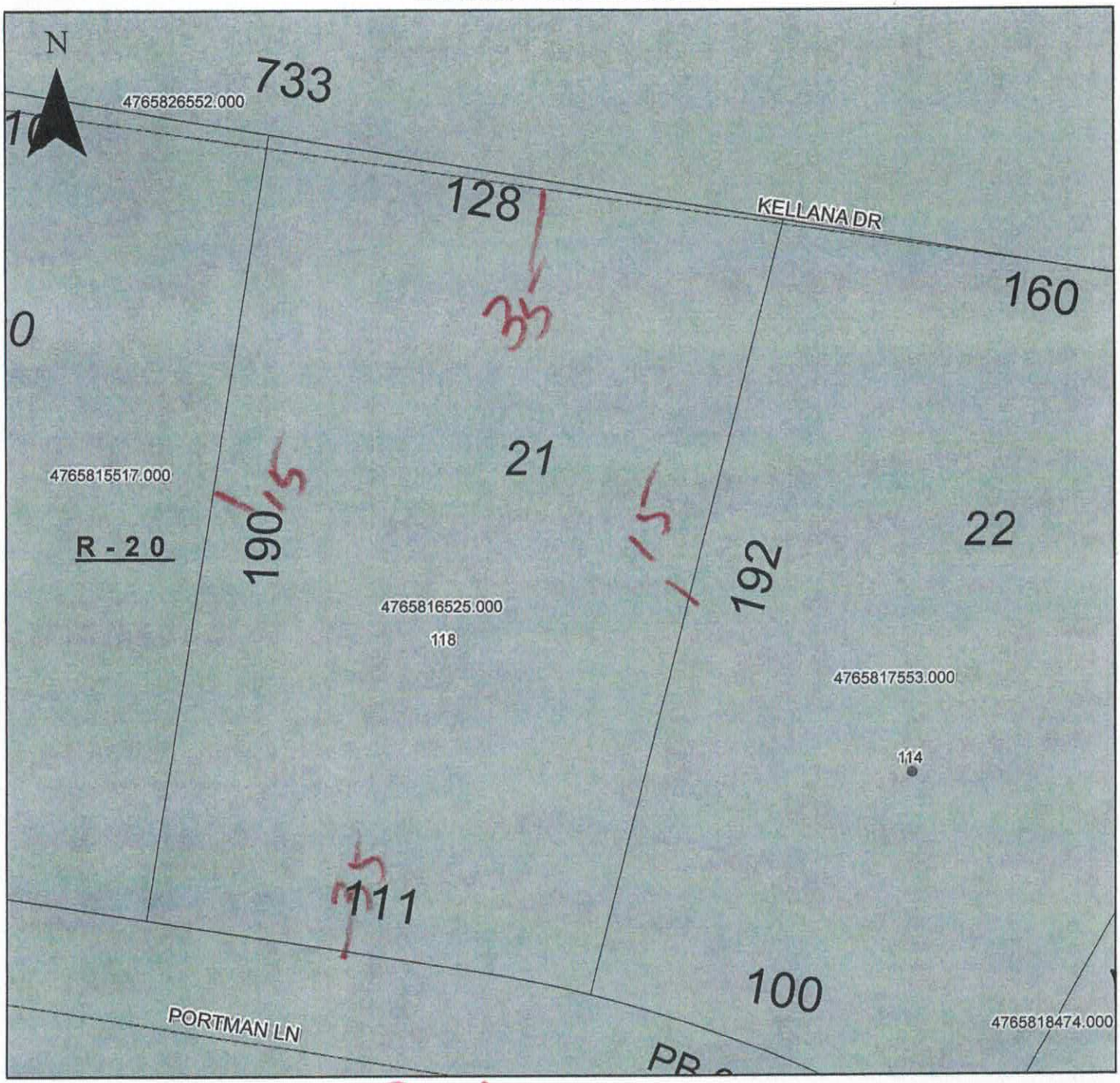
Date: 10/05/2016

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	82326	TOTAL FEES:	$ 350.00

ZONING DISCLAIMER



Property Address 118 Portman Ln.

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.

Applicant _____ Date _____