IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229384

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

M.A.D. PIN # 4765949897

APPLICANT/OWNER: Nelson Dellinger APPLICANT ADDRESS: 170 Pisgah Church Rd

SITE ADDRESS: 207 Winding Brook Way Statesville, NC PHONE: 704-902-0429 ALT. PHONE 704-876-4387

SITE DIRECTIONS: US 64 E → L on Sain Rd → L on Winding Brook → lot on L at end SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Spring Forest SECTION: 2 LOT # 24 LOT AREA: 1.55 ac DESIGN FLOW: 360gpd L.T.A.R.: .25(.25 repair)

Septic Tank 1000 (gal) STB 1012 Date 3/23/17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 360'

Trench Width 36" Trench Bottom Depth(Low side) 31"/36" highside Gravel Depth —

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

System Description: 25% reduction

Repair System Description: 25% reduction

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

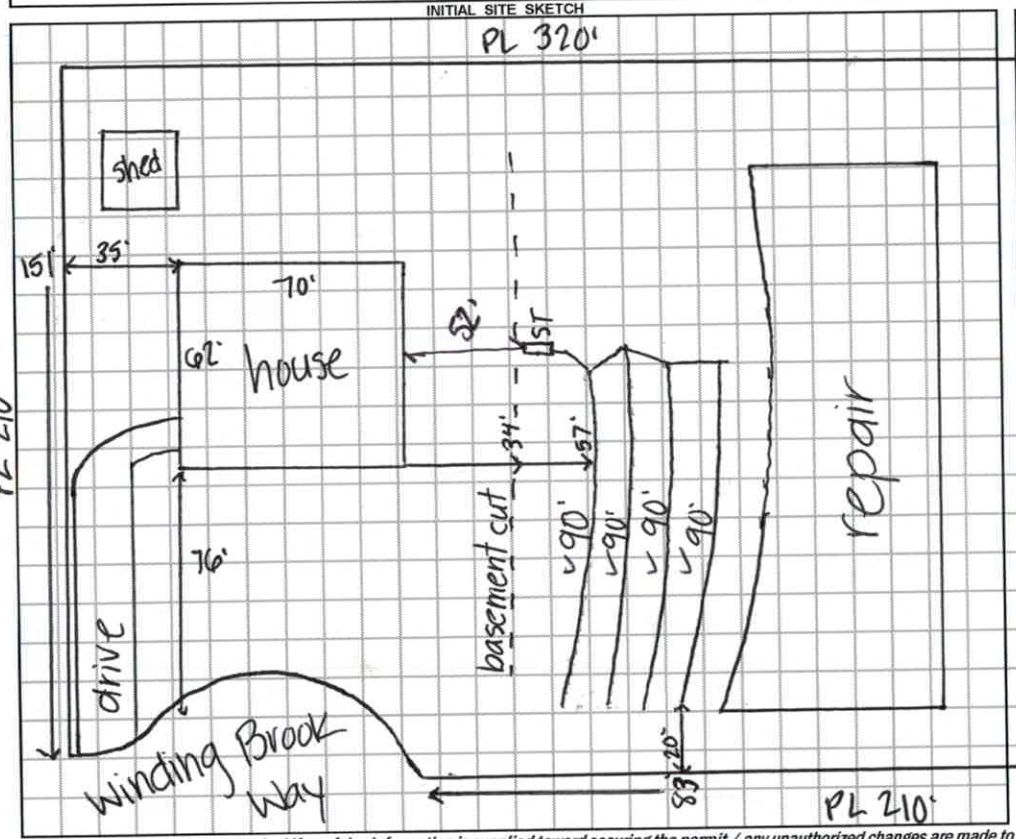
☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

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

installed as permitted.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1"=60'

PL 219'

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: 8-25-17 Installed by: Yountz Grading

IMPROVEMENT PERMIT by: Krayla Wilson Date: 8-23-17 OPERATION PERMIT by: Carla C. Lane Date: 6/14/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bell Date: 8/28/2017 Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 4765949897
COUNTY: Iredell

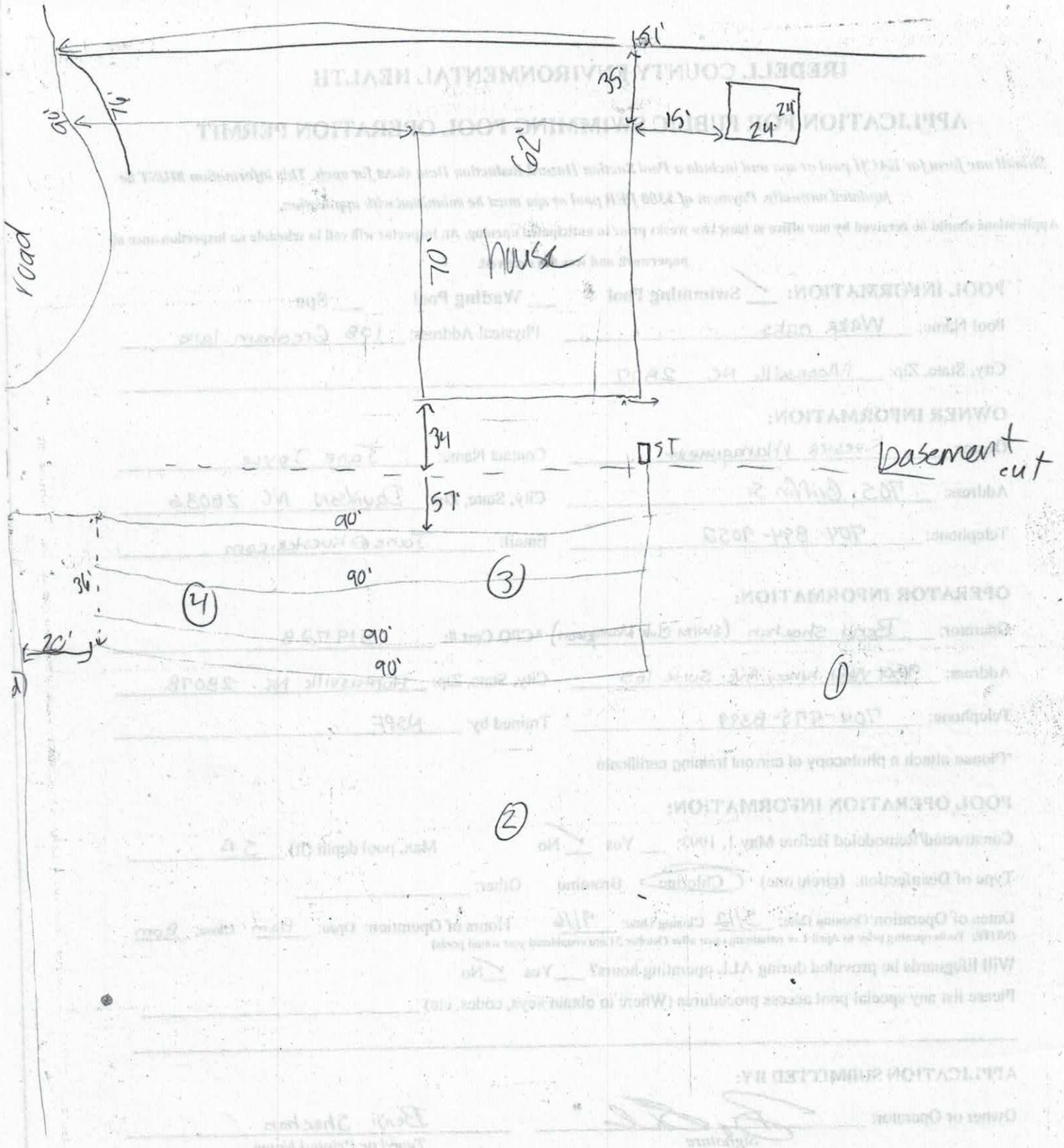
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Tony Wilcox
APPLICATION DATE: 8-11-17
ADDRESS: 207 Winding Brook Way
DATE EVALUATED: 8-16-17
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 3600gpd
PROPERTY SIZE: 1.55ac
LOCATION OF SITE: US 64 W → R on Sain → L on Winding Brook → lot at end 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 repair	13% LS	0-9	Gr SL	Fr,NS,NP,SEXP	—	48	40-48" com SAP inc		PS .3
		9-27	ABK SC	Fr,SS,SP,SEXP					
		27-48	WSBK CL	Fr,SS,SP,SEXP					
2 repair	12% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	57	52-57" many SAP inc 41-57" few RC SAP inc		PS .25
		7-25	SBK C	Fr,SS,SP,SEXP					
		25-57	WSBK CL	Fr,SS,SP,SEXP					
3 init	12% LS	0-7	WSBK SCL	Fr,SS,SP,SEXP	—	51	35-51" com RC SAP inc		PS .25
		7-28	SBK C	Fr,SS,SP,SEXP					
		28-51	WABK CL	Fr-Fi,SS,SP,SEXP					
4 init	11% LS	0-10	Gr SL	VFr,NS,NP,SEXP	—	50	33-50" few SAP inc.		PS .275
		10-33	SABK C	Fi,SS,SP,SEXP					
		33-50	WABK	Fr-Fi,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.25	.25

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


151'
35'
15'
24'
24'
62'
70'
house
34'
57'
90'
90'
90'
90'
36'
20'
Road
Basement cut
1
2
3
4

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: Nelson Dellinger Address: 170 Pisgah church Rd Zip: 28625
Applicant Email: Hammerman5499@Aol.com Phone: 704 9020429 Alt. Phone: 7048764387
Owner Name: Tony Wilcox Address: _____ Zip: _____
Owner Email: _____ Phone: 704 880 8520 Alt. Phone: _____

Property Information:

Street Address: 207 Windding Brook Way
Subdivision Name: ~~Seven Springs~~ Spring Forrest Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 64 East Left on Sain Left on Windding Brook

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 2650 Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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: Cost ??

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: _____ 5-11-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

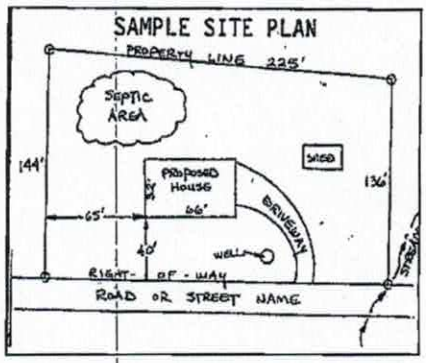
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

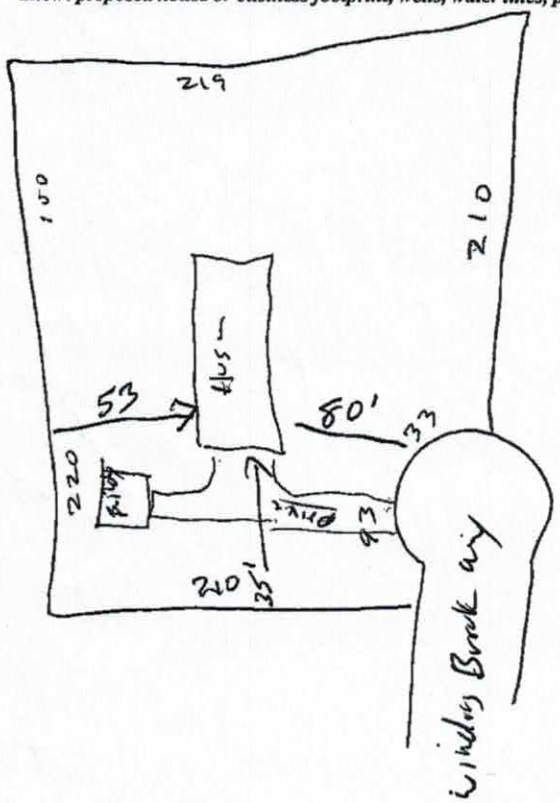


Circle N/A on the following if appropriate:

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

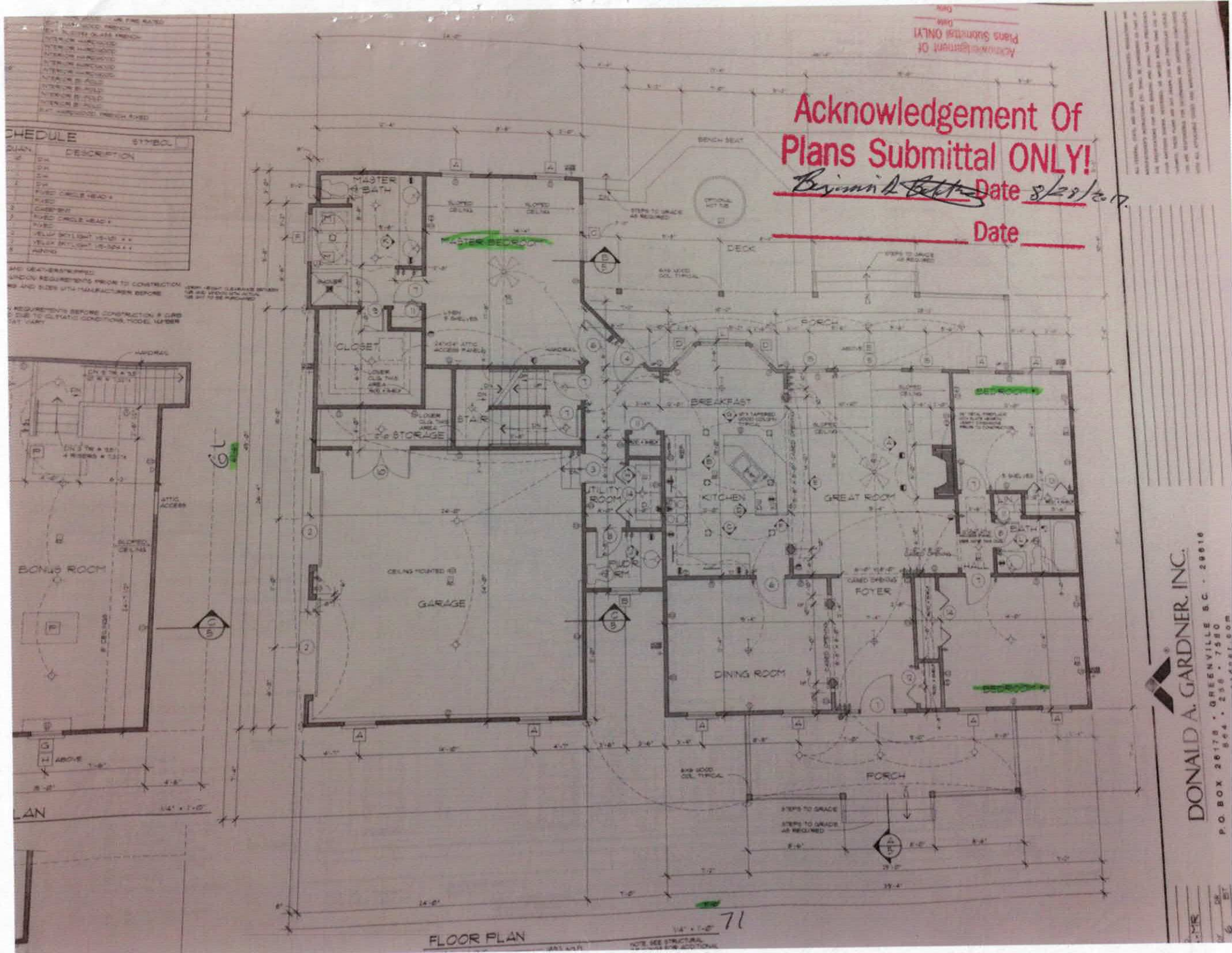


Signature: _____

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

8-11-17

DATE


Acknowledgement Of
Plans Submittal ONLY!
Date 8/28/2017
Date
MASTER BATH
MASTER BEDROOM
CLOSET
STAIR
STORAGE
BREAKFAST
KITCHEN
GREAT ROOM
UTILITY ROOM
GARAGE
DINING ROOM
FOYER
DECK
PORCH
BONUS ROOM
BATH
BEDROOM
BENCH SEAT
FLOOR PLAN
DONALD A. GARDNER, INC.

IREDELL COUNTY

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

APPLICATION NUMBER
229384
Issue Date: 08/11/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4765949897.000	207 WINDING BROOK WAY, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WILCOX TONY R+FERN S LIVING TR UST	Applicant: NELSON DELLINGER BUILD
Address: 133 MEADOWLARK LANE STATESVILLE, NC 28625	Address: 170 PISGAH CHURCH ROAD STATESVILLE, NC 28625
Phone:	Phone: 704-902-0429

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.550	35.00	35.00	15.00	15.00	NOT	X

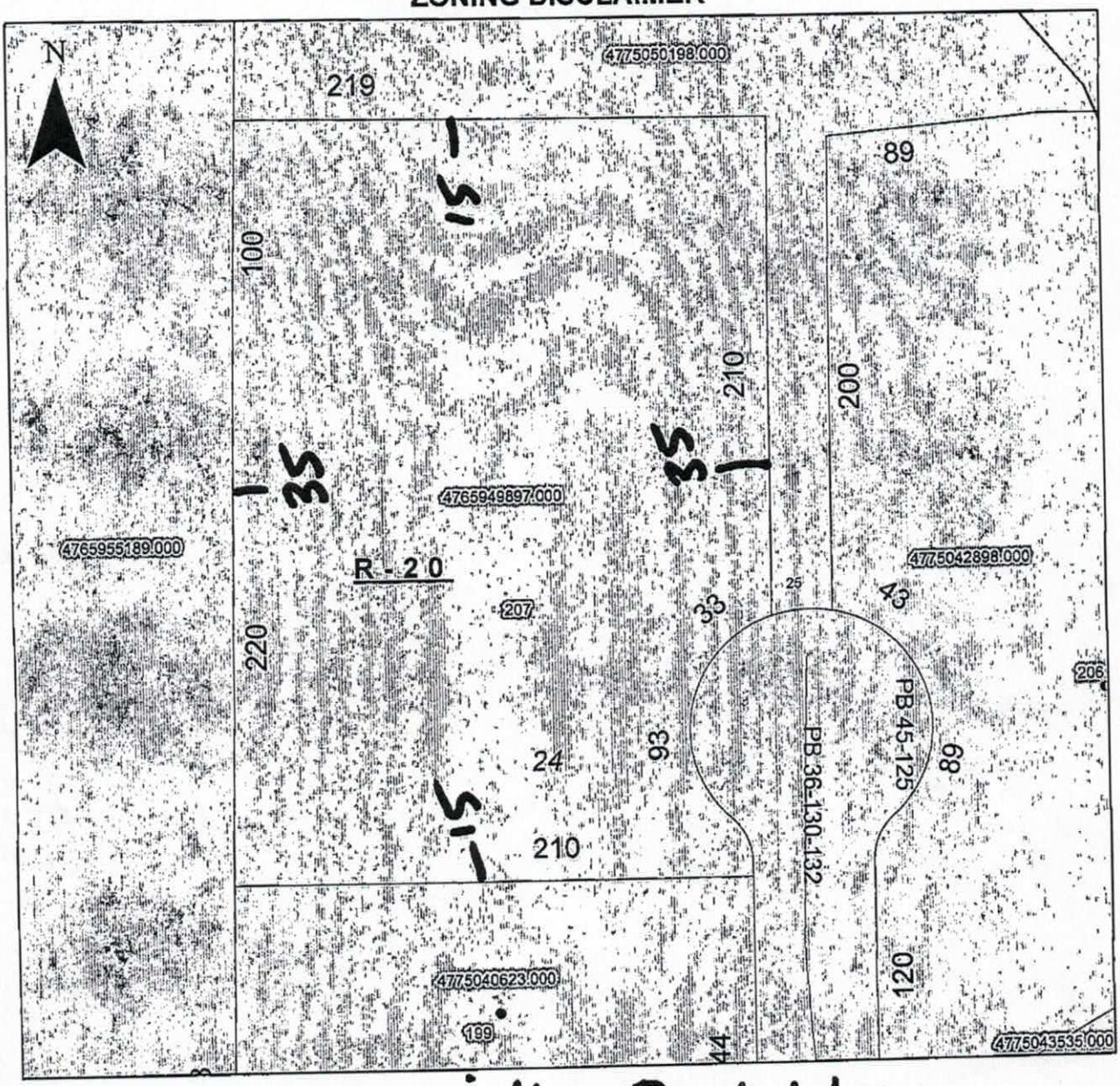
Remarks:

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	111877	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 207 Winding Brook Way

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

8-11-17
Date