IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 2346617

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

PIN # 3792258387

APPLICANT/OWNER: Everit Shotwell

APPLICANT ADDRESS: 4741 Boxford Rd, VA Beach

SITE ADDRESS: 111 Clinker Brick Rd, Statesville 28677

PHONE: 757-985-9950

ALT. PHONE 828-320-0607 (Mike Epps)

SITE DIRECTIONS: I40W → Sharon School Rd → L → R on 70W → R on Clinker Brick Rd → 1st lot on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 0.89ac

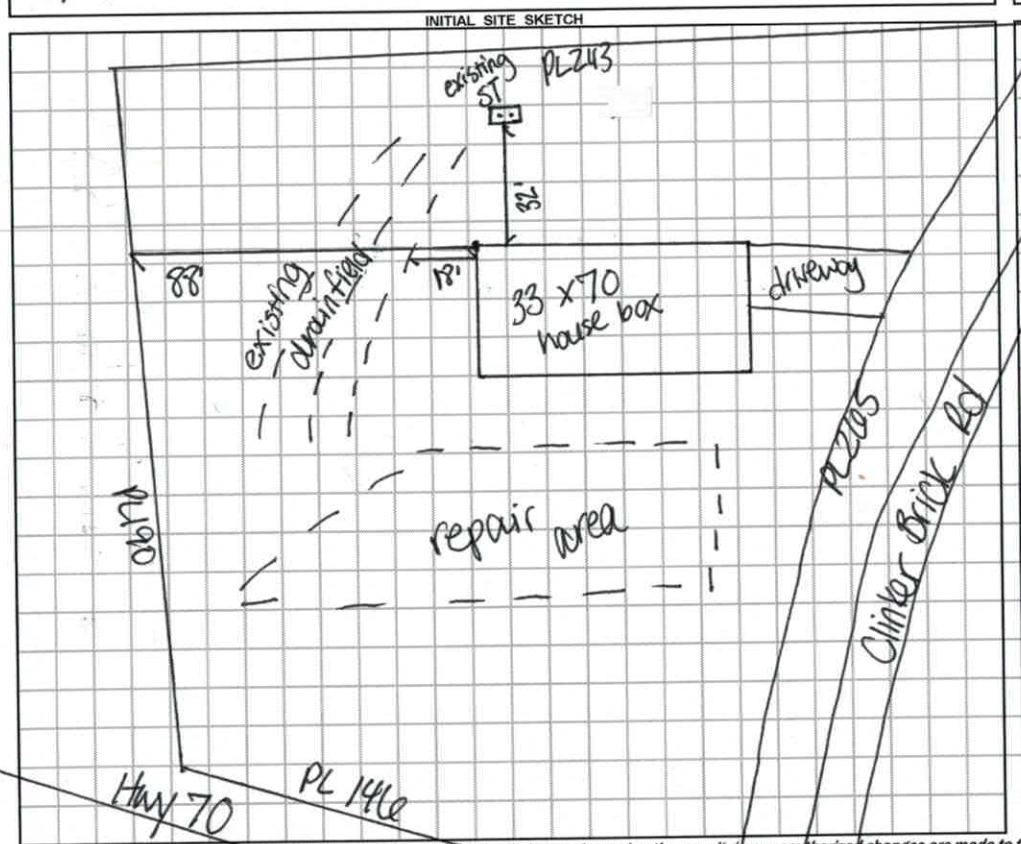
DESIGN FLOW: 240 gpd L.T.A.R.: ext

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	2
Pump Tank	(gal)	PT	Date	System Description: existing	☐ Business	No. Persons	4
Pump Make	Model		Serial #	Repair System Description:	☐ Other	No. Employees	
# Nitrification Fields	# Lines	existing	Linear Ft	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

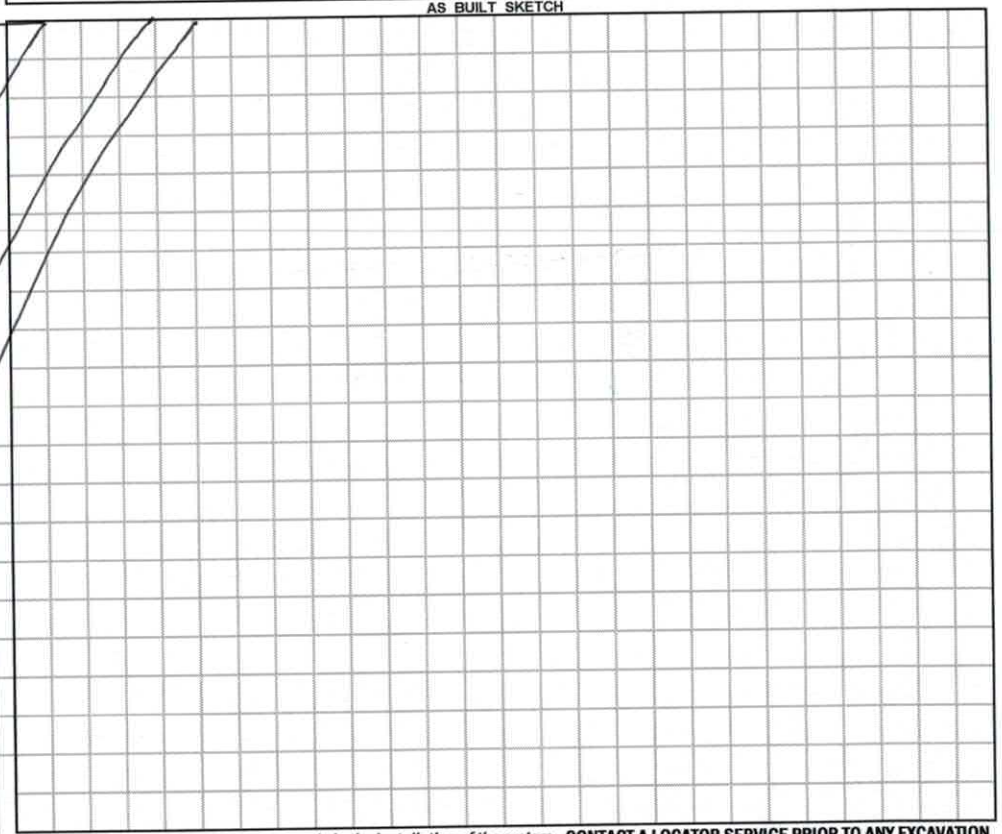
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Maintain minimum 5' setback from system to any part of foundation.

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: Everit W. Shotwell Date: 5/3/18 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Carla C. Cave Date: 5/2/18

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.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: EVERIT W. Shotwell Address: 4741 Boxford Rd. VA Beach VA. Zip 23456
Applicant Email: Shotwell14@Verizon.Net Phone: 757-985-9950 Alt. Phone: NONE
Owner Name: EVERIT W. Shotwell Address: 4741 Boxford Rd Va Beach VA Zip 23456
Owner Email: Shotwell14@verizon.net Phone: 757-985-9950 Alt. Phone: NA

Property Information:

Street Address: 111 CLINKER BRICK Rd. STATESVILLE NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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: _____
Maximum Number of Bedrooms: 3 2
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1994
( ) 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: Everit W. Shotwell 4-13-18
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, EVERIT W. SHOTWELL, am the legal owner(s) of the property located at 111 CLINKER BRICK RD, STATESVILLE NC 28677, identified as PIN (Parcel Identification Number) 3792-25-8387.000, located in Iredell County, North Carolina.

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

Everit W. Shotwell — 4-13-18 — Signature of Owner(s) — Date

Debra M Mosley — 4-13-18 — 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

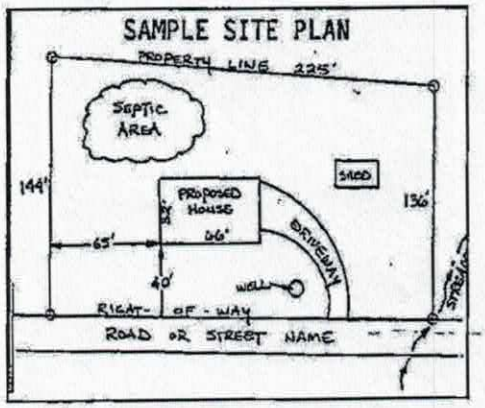
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

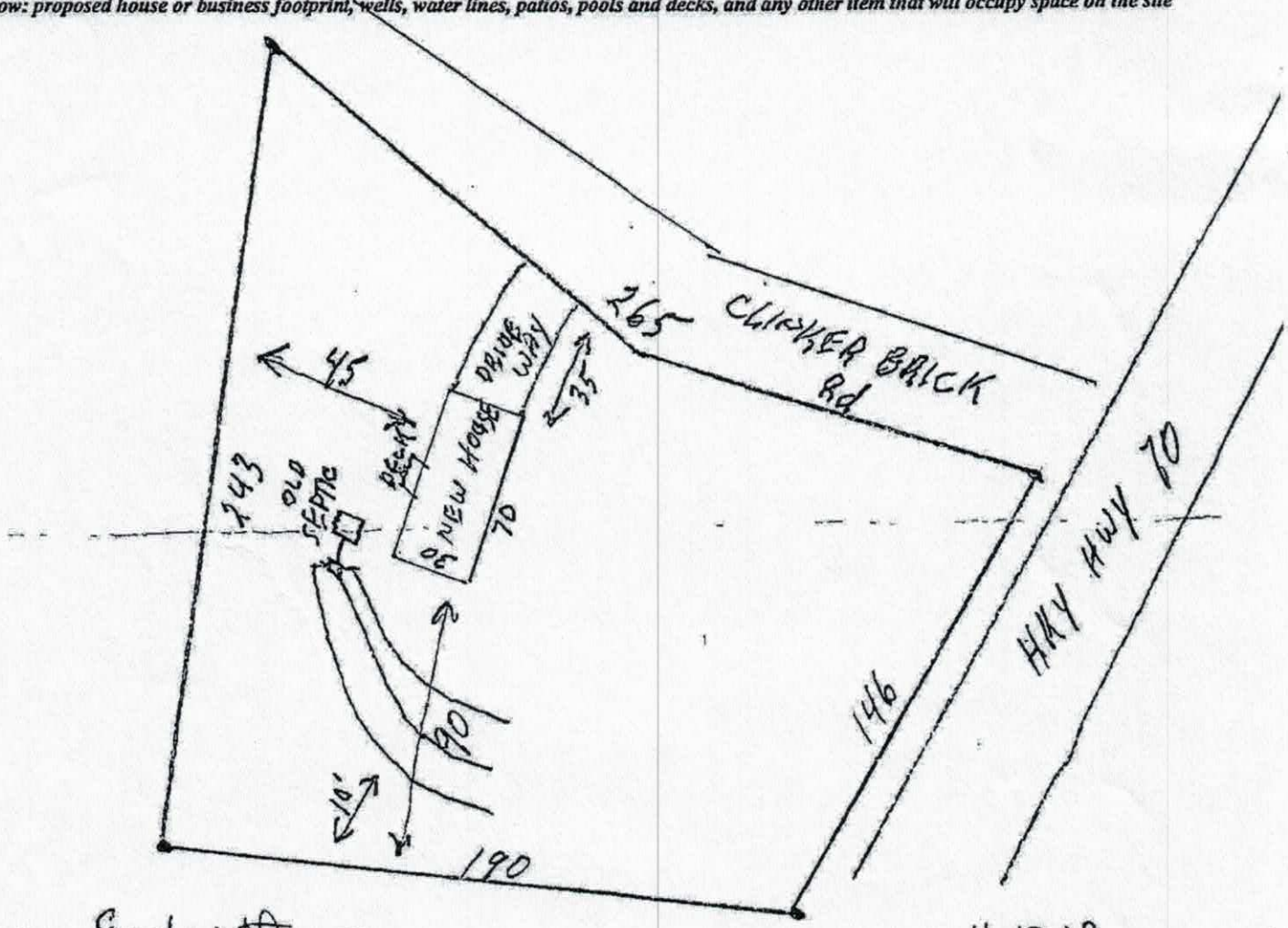


Circle N/A on the following if appropriate:

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: Everett W. Stutts

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

4-13-18

DATE

50360

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17794 DATE 2-17-94 TAX MAP NO. 8D-A-2 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Debra Epps PHONE: Business _____ Home 878-0810

ADDRESS Rt. 3 Box 412 Statesville, N.C. 28677

LOCATION I40W TL Sharon school Rd TR Hwy 70 1st on R in corner of Hwy 70 and Clinker Brick Rd.

SUBDIVISION NA BLOCK / SECTION — LOT — LOT AREA .89 acre SITE CLASS. P.S. DESIGN FLOW 240 L.T.A.R. .35 gpd/ft²

Septic Tank: 1000 Gallons; STB 358 Date 4-10-93
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No. Beds 1 Square Feet 690 Linear Feet 230'
No Lines 3 Trench Width 36" Max. Trench Bottom Depth 32" Gravel Depth 12"

☑ New System ☐ Repair System Type: I II III IV V VI
System Description: conventional, gravity fed.
Repair System Description: " "
Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other
No. Bedrooms 2 No. Bathrooms 2 No. Employees —

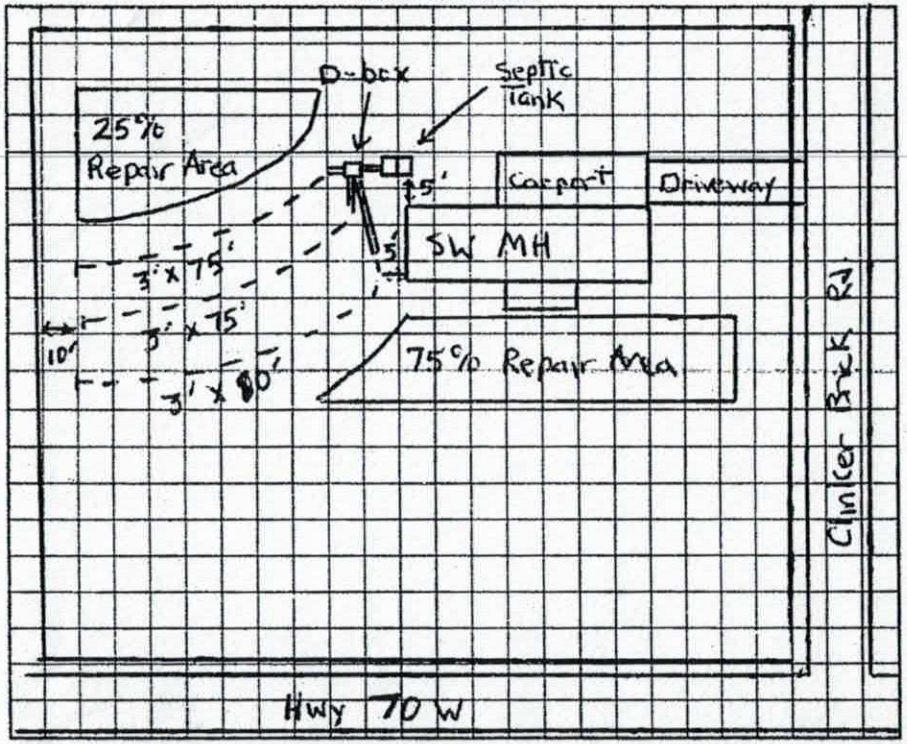
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

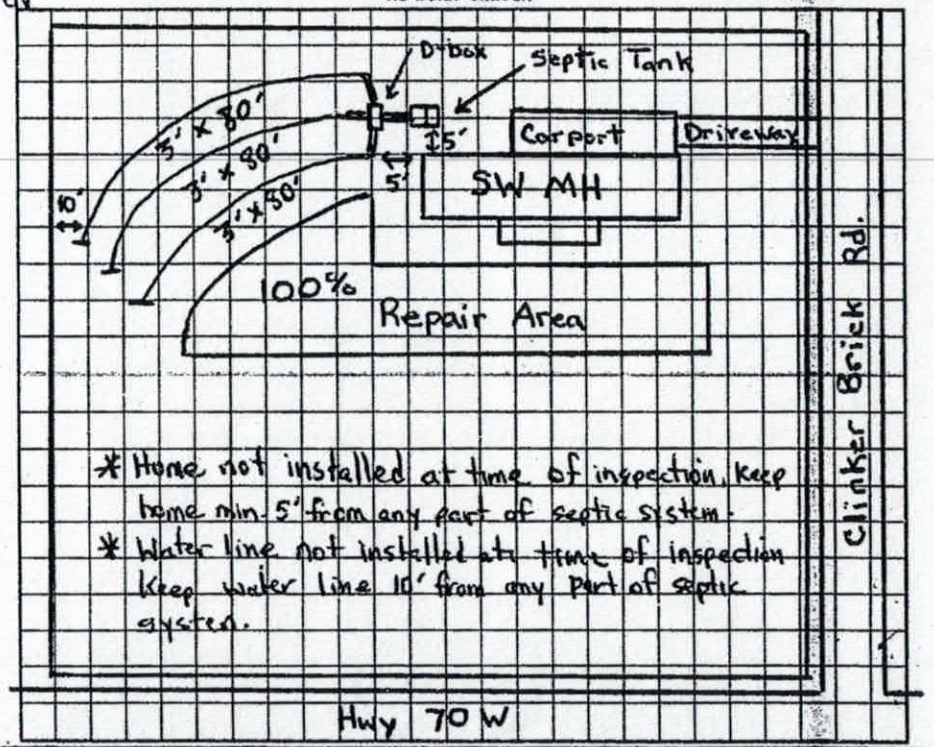
Comments: Install system no deeper than 32" to trench bottom. Keep trenches on contour. Keep system 10' from all property lines, 5' from foundation of home, and 10' from water line. 100% Repair above and below system, conventional, gravity fed.

Comments: System not installed the way it was permitted. System installed deeper than what was called for, soil was deeper than evaluation shown so system was O.K. 100% Repair Area below system, conventional, gravity fed.

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: Debra Epps

Improvement Permit by: Michael J. Dennis date 2-17-94

Existing System Inspection by _____ date _____

Installed by: Donald Lackey

Certificate of Completion by: Michael J. Dennis date 2-21-94

Operation Permit by _____ date _____

HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

111
Clinker Brick

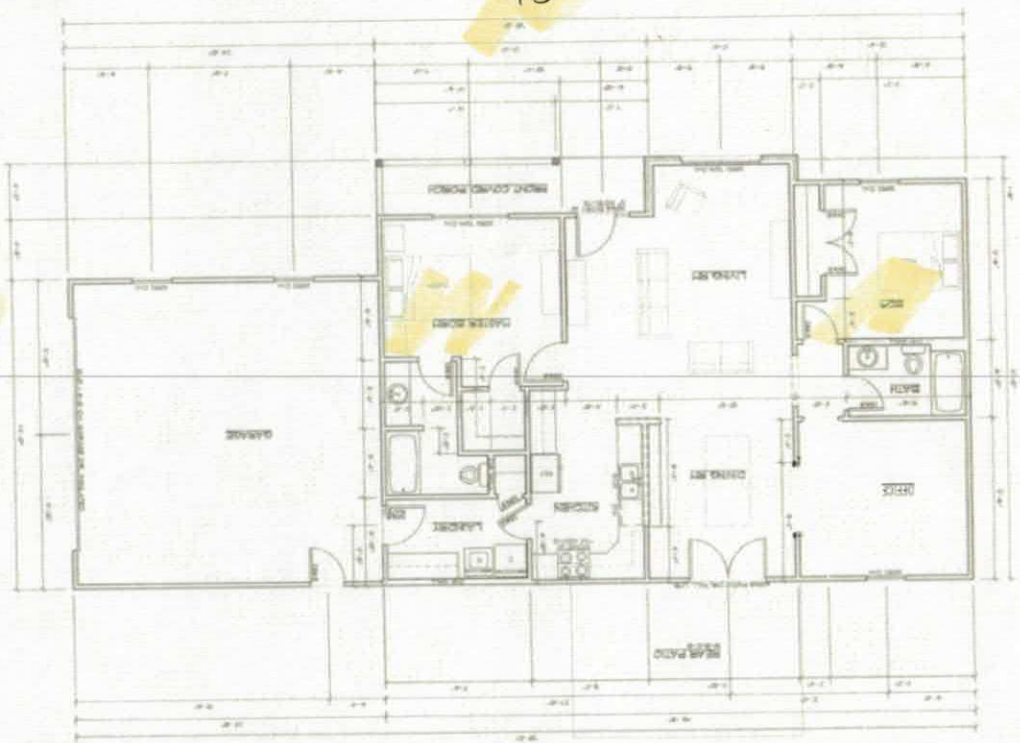
Acknowledgement Of
Plans Submittal ONLY!
Carl Cave Date 5/2/18
Event W. Date 5-2-18

A-2

MAIN FLOOR PLAN

70'

31'

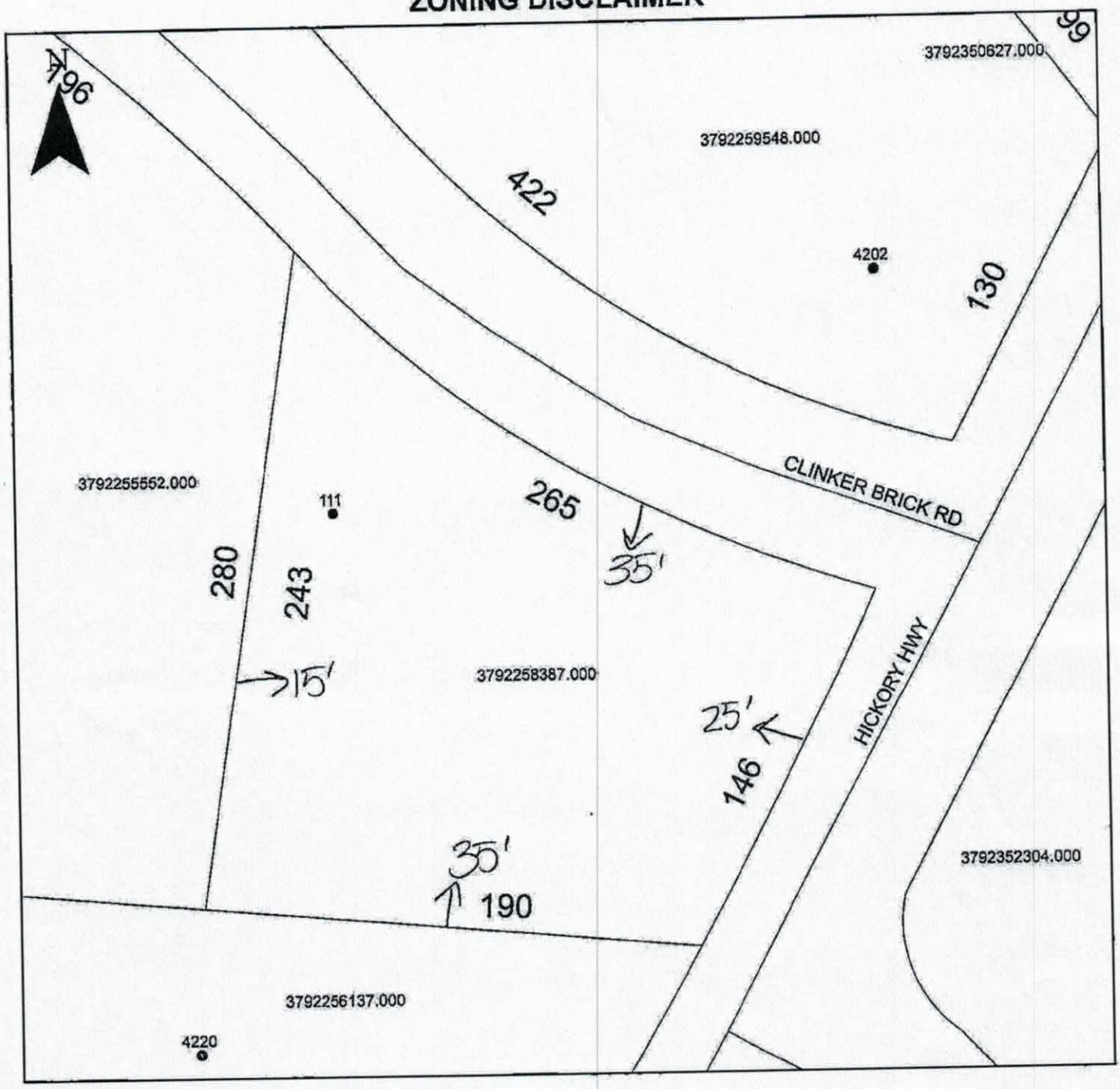


PROJECT NAME:
CLINE CONSTRUCTION CO.
ZONED BY OWNER
CATAWBA COUNTY, NORTH CAROLINA

BUILDER

CORNERSTONE
HOME DESIGNS, LLC.
PROFESSIONAL DESIGN SERVICE
JOEL H. DAVIS - DESIGNER

ZONING DISCLAIMER



Property Address 111 Clinker Brick Rd

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

4-17-18

Date