IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224458

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

PIN # 4614842848

APPLICANT: Martha Shafer APPLICANT ADDRESS: 6508 Horseman Trail

SITE ADDRESS: 154 Sunsteade Dr. Mooresville, NC PHONE: 336-643-0151 ALT. PHONE: 336 908-0578

SITE DIRECTIONS: Brawley School Rd TR Tuskarora Trail TR Sunsteade Dr on right

SUBDIVISION: CL&T SECTION: 6 LOT # 272 LOT AREA: .684 Ac DESIGN FLOW: 360gpd L.T.A.R.: .3

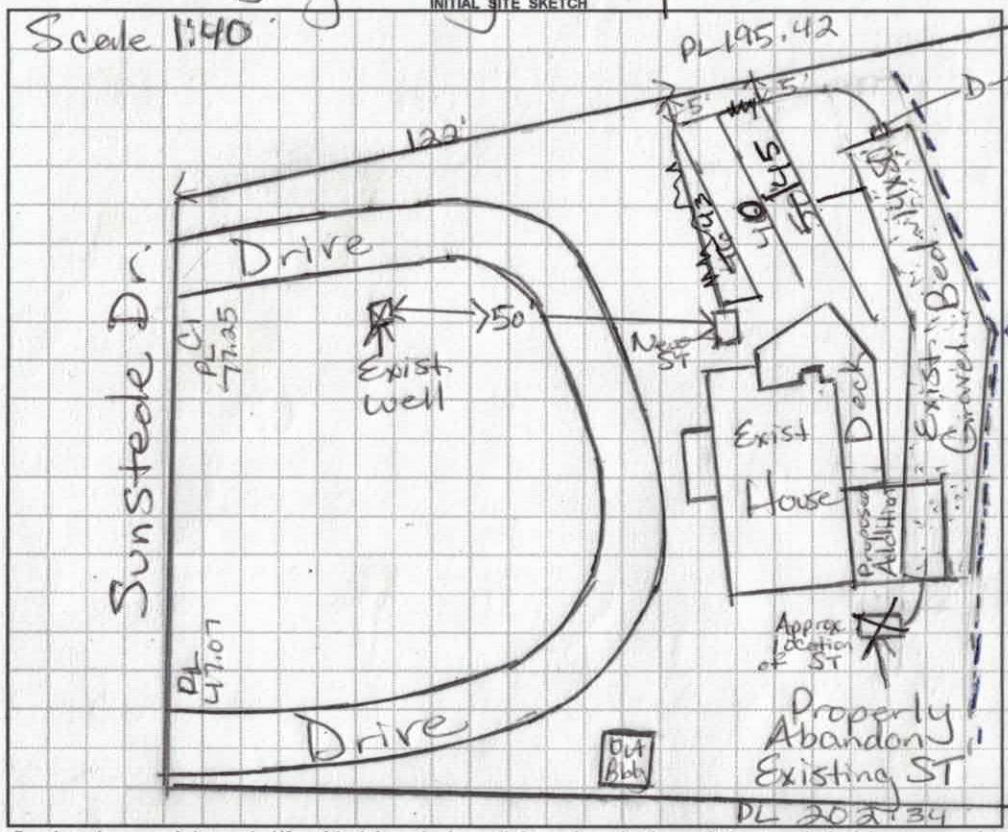
Septic Tank	1000 (gal)	STB	1012	Date	3-13-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description: Relocation/25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #		Repair System Description: Exempt				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	142'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Note: Abandoned existing Septic System impacted by house addition including anything within 5 ft of addition. Dam up ends with tight clay or non porous material.

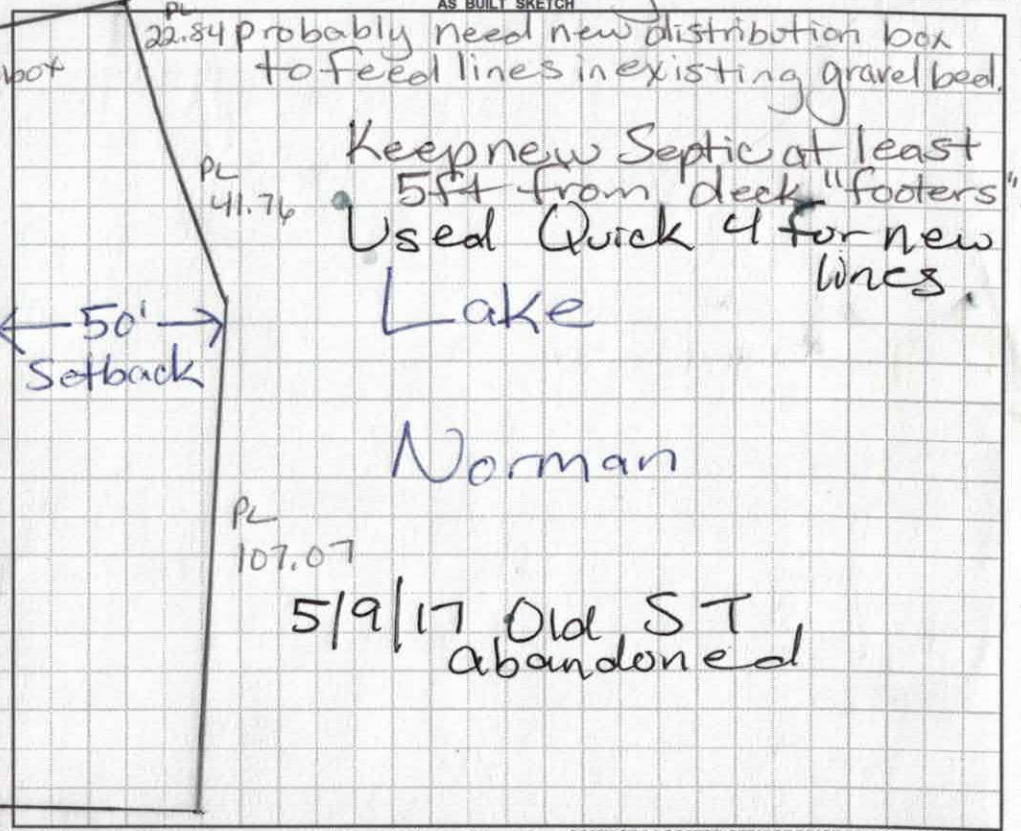
Install new Septic tank on upper corner of house as shown. (House pumpage will have to be rerouted). Install 3 new (25% reduction drainlines) serial fed. Connect into existing drainfield. Will probably need new distribution box to feed lines in existing gravel bed.

Keep new Septic at least 5ft from deck "footers". Used Quick 4 for new lines.

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: Martha B Shafer Date: 3-20-2017 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/17/17 OPERATION PERMIT by: Maria Dotson Date: 5/9/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 3/17/17 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Martha Shafer APPLICATION DATE ____

ADDRESS: ____ DATE EVALUATED: 3/16/17

PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____

LOCATION OF SITE: 154 Sunstede PROPERTY RECORDED: ____

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
		0-20"	Brwto	Rd/Brw	SCL wSBK	SS, SP,	SExp, FR		PS .3
		20-48"	R C m-wSBK	SS, SP,	SExp, FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	Exempt
System Type(s)	25% Reduct + Exist Bed	
Site LTAR	.3	

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Maria Dotson

OTHER(S) PRESENT: ____

COMMENTS: ____

Feb. 9. 2017 9:39AM No. 9641 P. 2

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

RECEIVED FEB 9 - 2017

(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)

#224458

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

Paid $500.00

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Martha Shafer	6508 Horseman Trl, Summerfield, NC 27358	336-643-0151	336-908-0578
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Martha Shafer	6508 Horseman Trl, Summerfield, NC 27358	336-643-0151	336-908-0578

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
154 Sunstede Dr.	Cliff S6	Lot 272

Driving Directions: Go down Brawley School Rd, turn right on Tuskarora Trail, turn right on Sunstede Dr. House is down street on the right. #154

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other addition <300 sq. ft. incl. 1 bathroom. No new bedrooms

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

(✓) Crawl Space Foundation?
( ) 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 ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (✓) EXISTING SYSTEM installed 1978 Year

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

Gray Bed ~ 80ft Long Starts 14ft off house 14ft wide 5½ft

9. Signature: Martha R. Shafer 2/9/17

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

losing 10ft x 28ft of Drainfield Built 1977 off 50' SR

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Martha R. Shafer, *am the legal owner(s) of the property located* at 154 Sunstede Dr., identified as PIN (Parcel Identification Number) 4614842848, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) R.B Furnas Carpentry, 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.

Martha R. Shafer — 2/9/17 — Donald T. Shafer — 2-9-17

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:

X Property Line measurements are clearly identified… **X 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

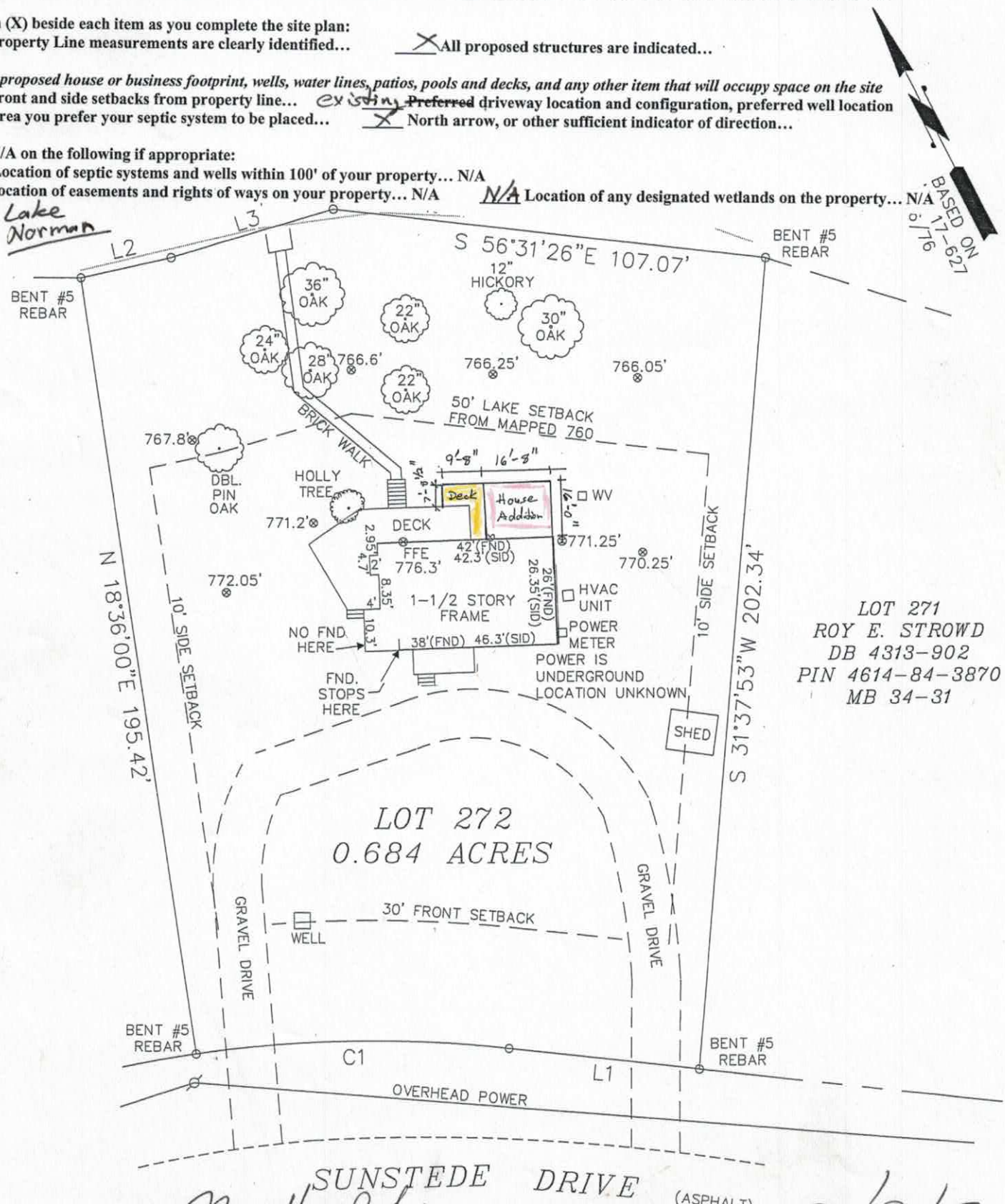
X Front and side setbacks from property line… **existing, ~~Preferred~~ driveway location and configuration, preferred well location**

___ Area you prefer your septic system to be placed… **X North arrow, or other sufficient indicator of direction…**

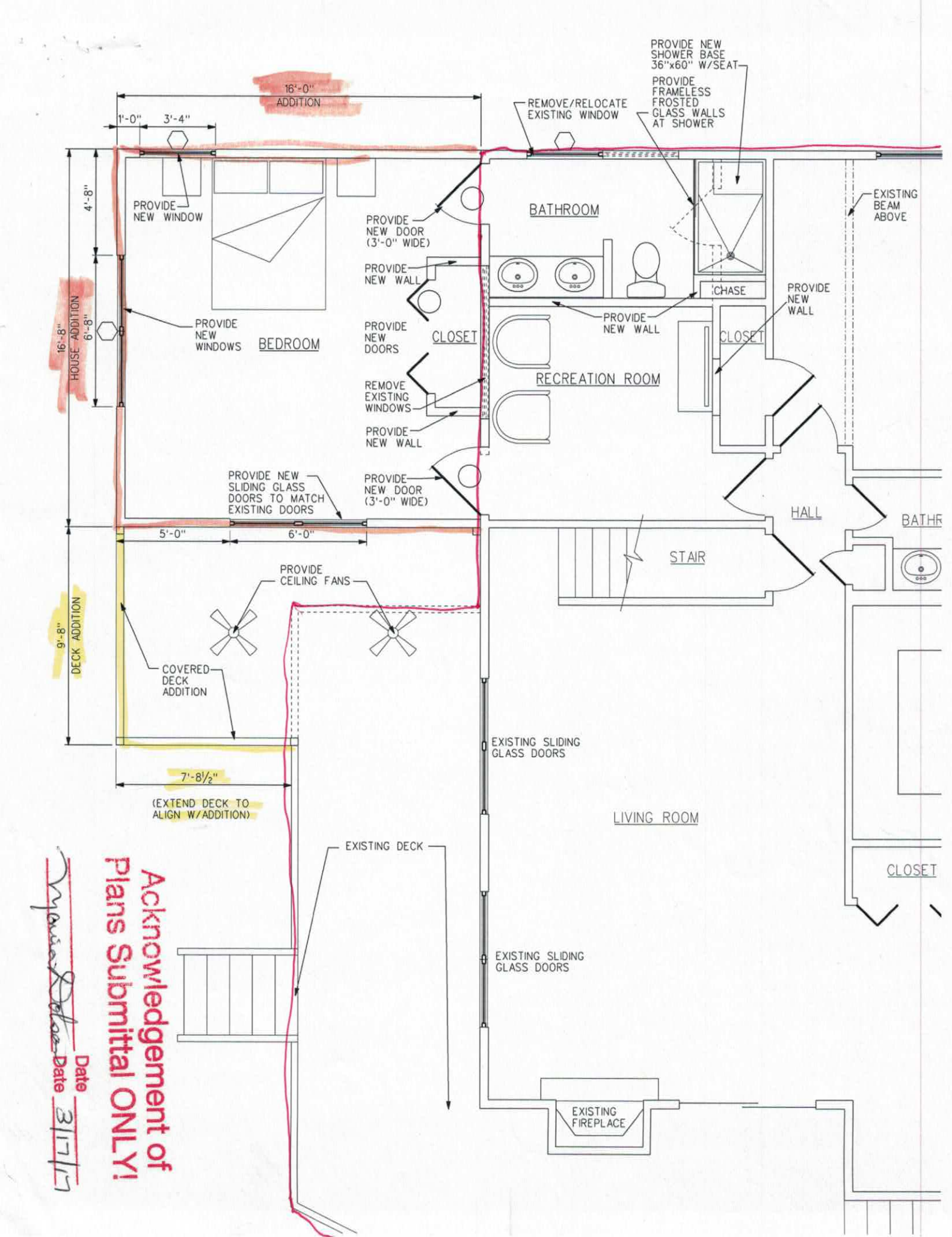
Circle N/A on the following if appropriate:

N/A Location of septic systems and wells within 100' of your property… N/A

N/A Location of easements and rights of ways on your property… N/A **N/A Location of any designated wetlands on the property… N/A**



Signature: Matthew Shope **2/9/17**



Acknowledgement of Plans Submittal ONLY!

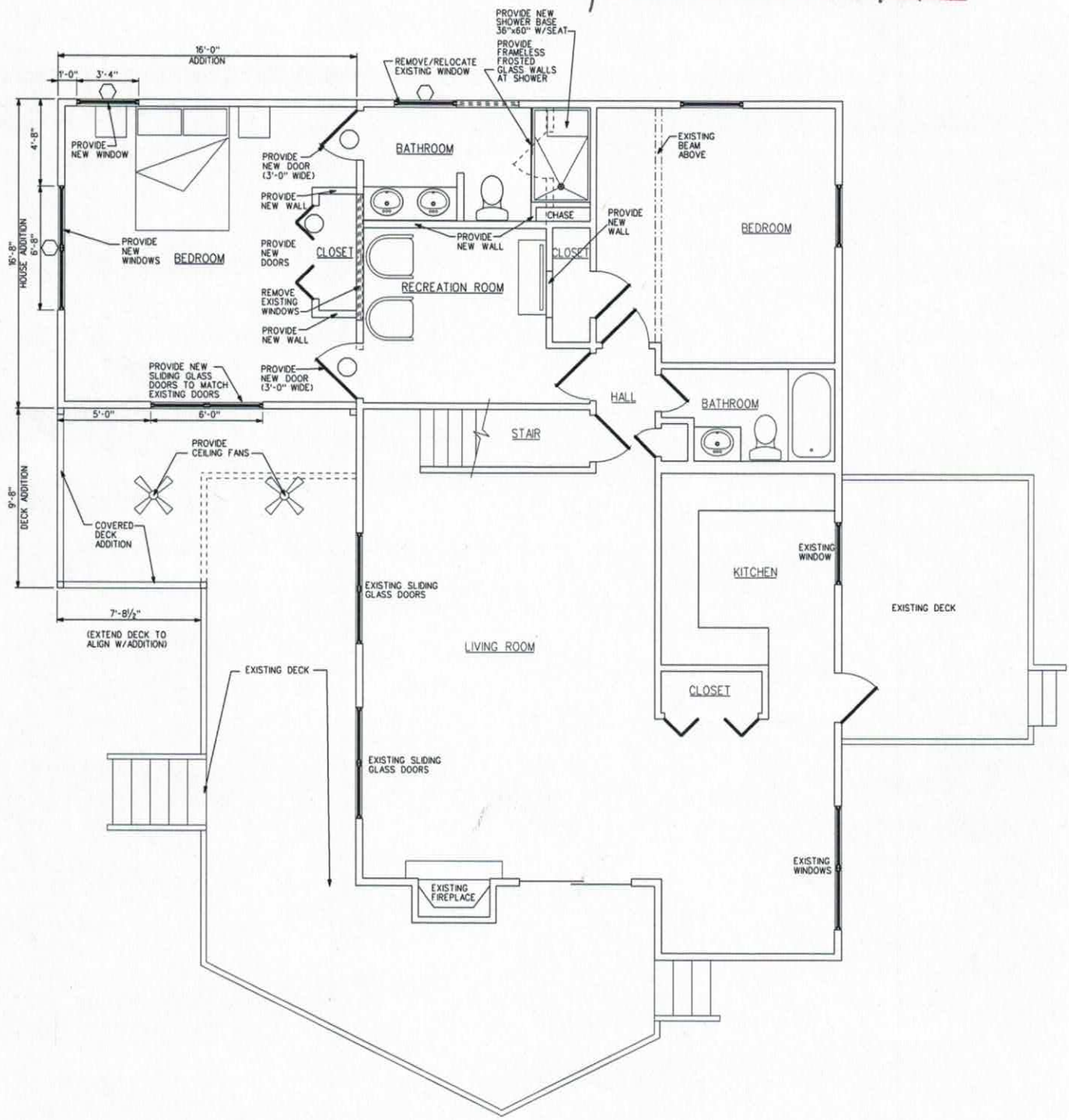
Date

Date 3/17/17

Acknowledgement of
Plans Submittal ONLY!

Date

Date 3/17/17

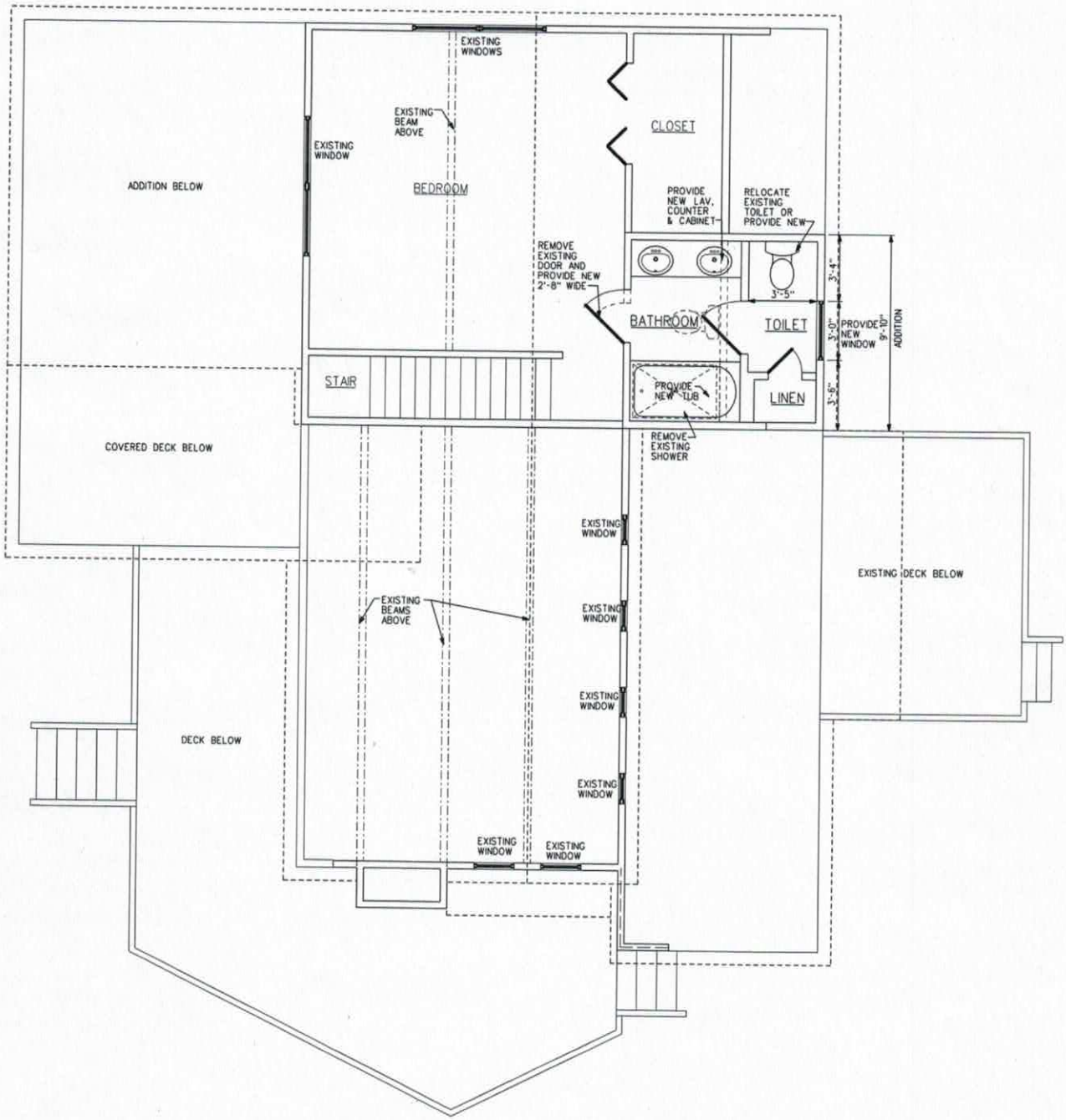


Level One

1/8"=1'-0"

Acknowledgement of
Plans Submittal ONLY!

Date
Date 3/17/17

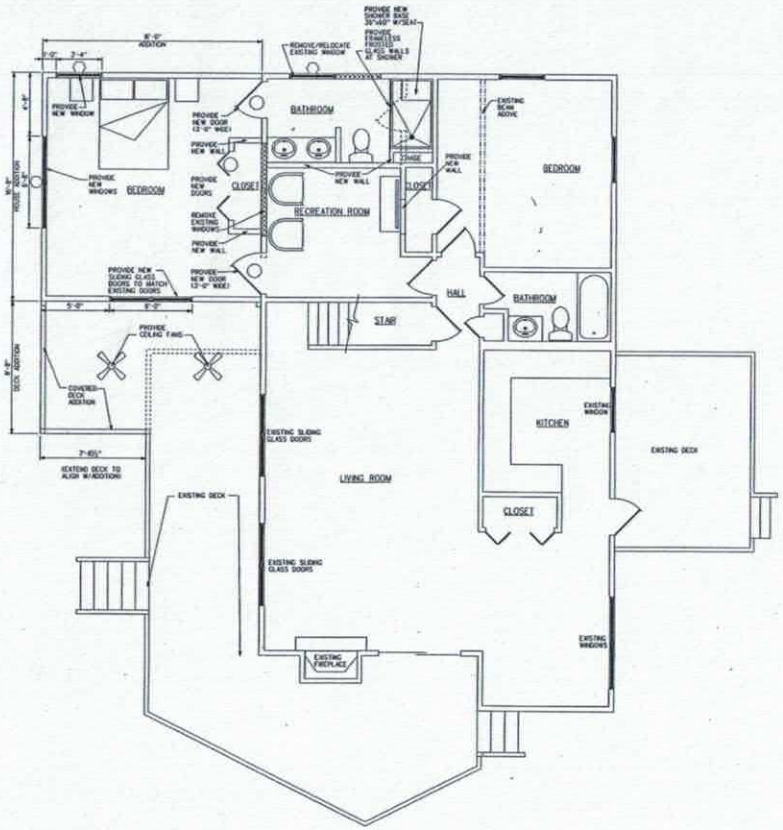


Level Two
1/8"=1'0"

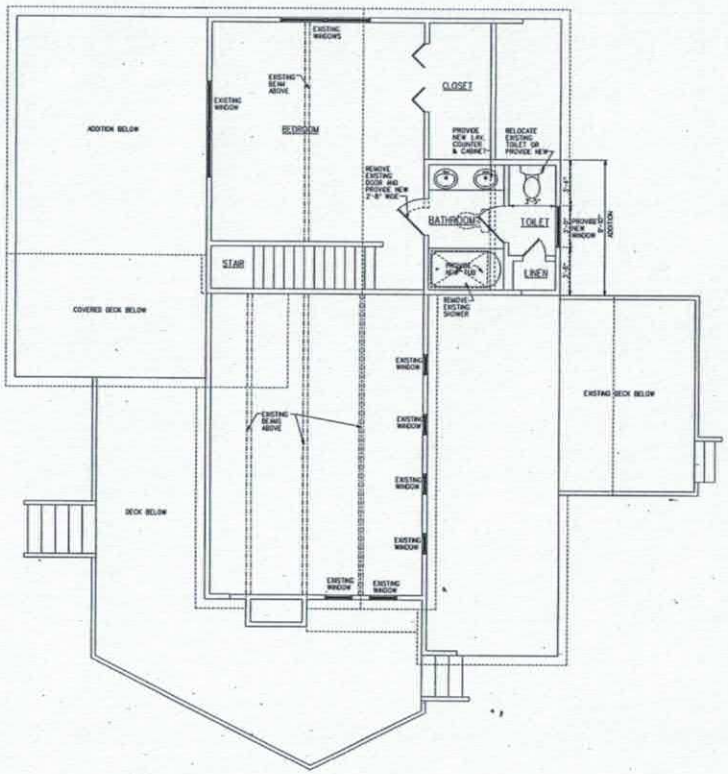
Acknowledgement of
Plans Submittal ONLY!

Maria Lobo Date 3/17/17

_____ Date _____



LOWER LEVEL FLOOR PLAN
1/4"-1'-0"



UPPER LEVEL FLOOR PLAN
1/4"-1'-0"

Wilbur Associates
Architecture / Planning
P.O. Box 458 - 20644 N. Zion St.
Cornelius, N.C. 28031
704-892-5633

NOTE
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SEAL

TITLE

RENOVATIONS TO
ROYAL RESIDENCE
154 SUNSTEDE DRIVE
LEMLEY TOWNSHIP, IREDELL COUNTY

CONST. NO. 1558
DATE 1/6/17
REVISIONS

SHEET
A-1
OF
1