IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 232137

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

PIN # 4655543474

APPLICANT/OWNER: Kylee Shumaker APPLICANT ADDRESS: 2371 Moose Rd Catawba, NC 28609

SITE ADDRESS: 185 Midway Lake Rd Mooresville, NC 28115 PHONE: 7045001461 ALT. PHONE

SITE DIRECTIONS: Hwy 115 S TL Faith Rd TR Midway Lake on left

SUBDIVISION: N/A SECTION: LOT # LOT AREA: .55 Acre SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	Exist (gal)	STB	Date	☐ 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:	Gravity -25% Reduction	☐ Business	No. Persons	6	☒ Private
Pump Make	Model		Serial #	Repair System Description:	Pump/Gravity LPP BPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	2	Linear Ft * 200	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth(Low side)	36"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

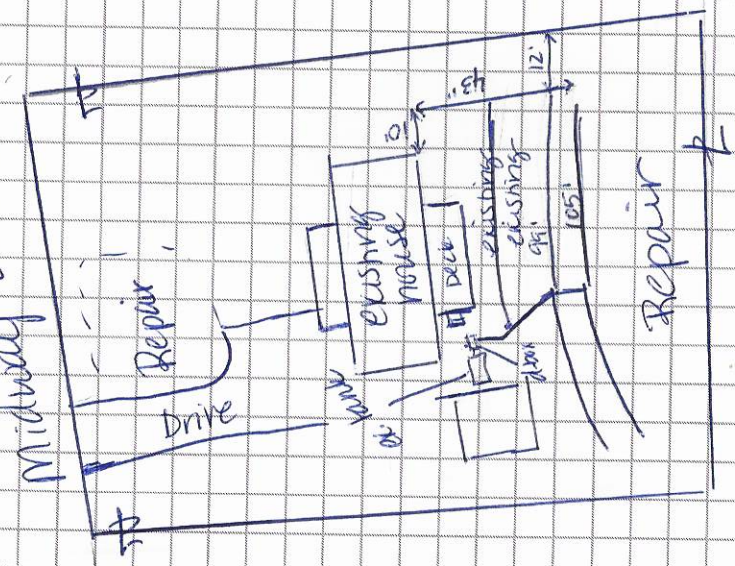
Comments / Conditions: Note: Aboveground swimming pool must be removed. Deck cannot extend greater than 16ft from home to maintain 5ft setback from drainfield.

* Only 200ft of additional drainfield required.

INITIAL SITE SKETCH

See attached site plan dated 1/15/18.

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: Kylee A. Shumaker Date: 4/9/21

IMPROVEMENT PERMIT by: Maria Dolson Date: 11/22/18 Installed by: Stutts Grading

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 4/7/21 OPERATION PERMIT by: D-Loreberg Date: 4/14/21

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 inpsector to confirm your inspection time.

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	WHITE	0.9	33	33
2	ORANGE	1.6	30	30
3	BLUE	3.2	26	26
4	YELLOW	4.1	24	24
5	BLUE	6.7	19	19
6	RED	7.3	21	21
7	WHITE	7.5	8	8
8	RED	7.7	20	20
9	EXISTING	-	45	0
10	EXISTING	-	65	65
11	EXISTING	-	65	65
12	BLUE	8.4	113	113
13	YELLOW	9.1	113	113
14	ORANGE	10.4	30	30
15	BLUE	11.4	47	47
16	GREEN	12.6	42	42
			TOTAL	TOTAL
			701	376

185 MIDWAY LAKE RD, MOORESVILLE. LOT 1

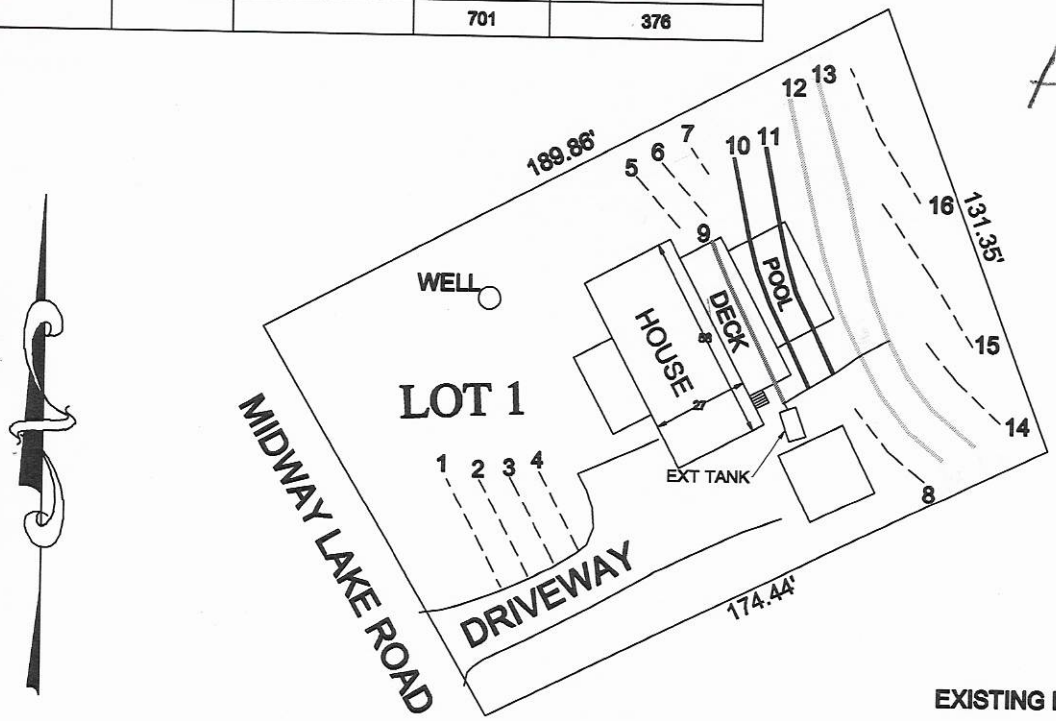
3-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 10-11 CONV GRAVEL TOTAL 130 LINEAR FEET
QUICK 4 CHAMBERS LINES 12-13 TOTAL 226 LINEAR FT
GRAND TOTAL 376 LINEAR FEET
LTAR 0.3
25% REDUCTION 9' OC
36" TRENCH BOTTOM

3-BEDROOM LOW PRESSURE LPPSB REPAIR SYSTEM
TOTAL 280 LINEAR FEET
LTAR 0.3
50% REDUCTION 8' OC
36" TRENCH BOTTOM

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTES: BEFORE INSTALLATION REMOVE POOL
-DISCONNECT FROM LINE 9 AND SERIAL DISTRIBUTE THEN CENTER FEED LINES 12 AND 13
-REPLACE OR MOVE FLUSH VALVES AT THE END OF EACH LINE
-THE DECK MUST BE 10' DEEP TO MAINTAIN 5' FROM LINE 10

Approved
1/22/18
MD



EXISTING LINE ——————

REPAIR LINE - - - - - - - - - - - -

REMOVE ——————

NEW LINE ——————

0 25 50

SCALE:
1" = 50 ft.

only 200

BOSS Benfield Outdoor Services & Solutions
197 Misty Arbor Ln, Mooresville, NC 28117 Ph:704-650-6016
BOSSM650@yahoo.com

kYLEE SHUMAKER

LOT 1
185 MIDWAY LAKE RD,
MOORESVILLE, NC
IREDELL COUNTY

DATE:1/15/18 DRAWN BY:MDB CHECKED BY:MDB

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kylee Shumaker APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 11/16/18
PROPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): 360gpd PROPERTY SIZE: ____
LOCATION OF SITE: 185 Midway Lake PROPERTY RECORDED: ____
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

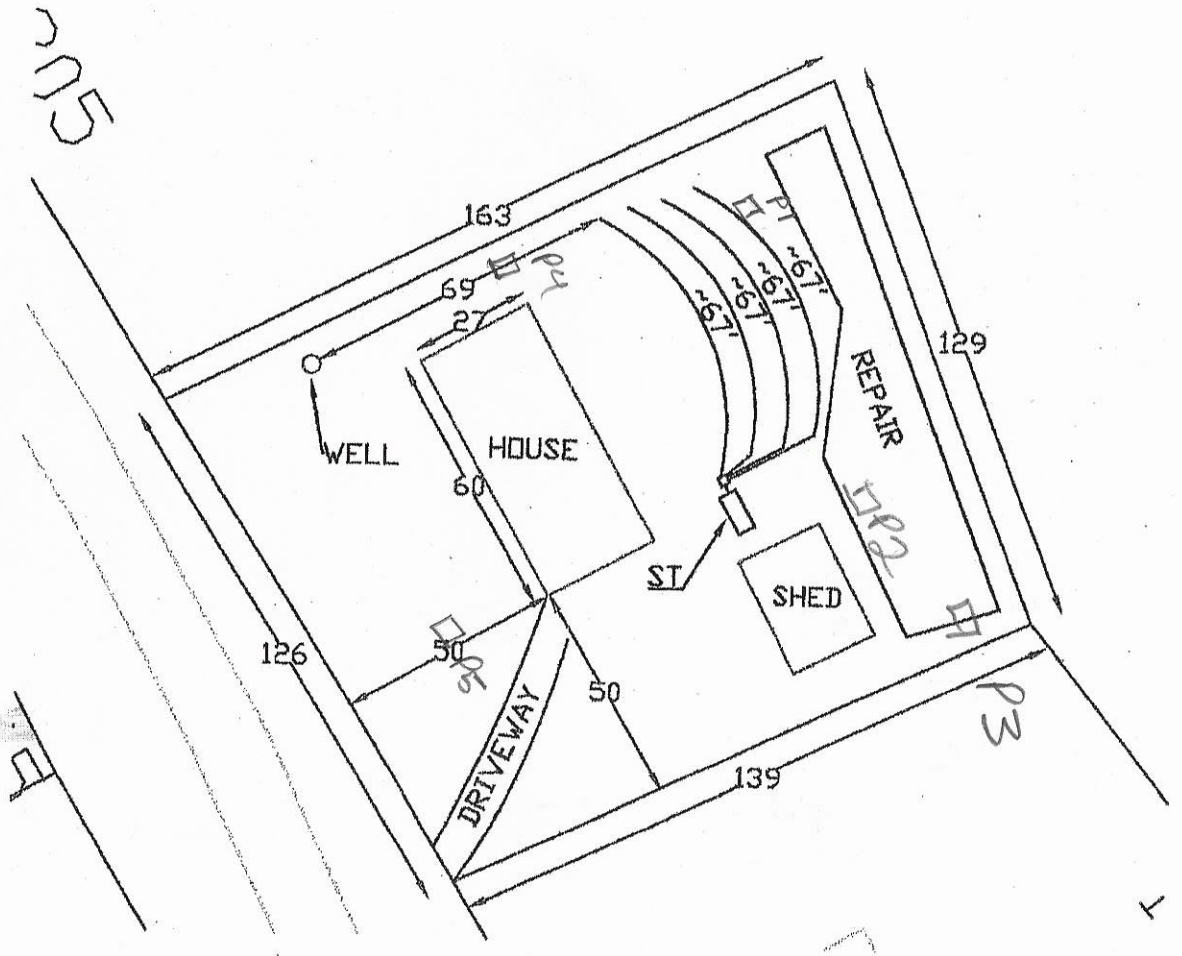
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
	5%	0-4"	Rd/Brn SCL		SS, SP, SExp, FR				PS .3 to 25"
		4-25	RC m-W	SBK	SS, SP, SExp, FR				
		25-46	RCL	W SBK	SS, SP, SExp, FR				
			Inclus of SAP & Quartz					Rock	> 25" .25
	4-5%	0-5"	Rd Brn SCL		SS, SP, SExp, FR				PS .3
		5-26	RC	m-W SBK	SS, SP, SExp, FR				
		26-36	RCL	W SBK	SS, SP, SExp, FR				
		36+	RCL	W SBK	SS, SP, SExp FR				
			W/ Few to many SAP Inclus						
	5-6%	0-8"	Brn SCL		SS, SP, SExp, FR				PS .3
		8-20	RC	m-W SBK	SS, SP, SExp, FR				
		20-48	RCL	W SBK	SS, SP, SExp, FR				
			W/ Few to many SAP Inclus						
	4%	0-8"	Brn SCL		SS, SP, SExp, FR				PS .3
		8-18"	RC	m SBK	SS, SP, SExp, FR				
		18+"	Rd CL	W SBK	SS, SP, SExp, FR				
			W/ Few to many SAP Inclus						

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

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Mark Dotson
OTHER(S) PRESENT: Shane Cashion, Mike Benfield

COMMENTS: ____

SCALE 1"=40'


CUL
163
69
27
WELL
HOUSE
60
126
50
50
DRIVEWAY
139
129
REPAIR
SHED
ST
PT
~67'
~67'
~67'
P1
P2
P3
P4
P5

RECEIVED DEC 13 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 #232137

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Kylee Shumaker Address: 2371 Moose Rd, Catawba NC Zip: 28609
Applicant Email: Kylee.shumaker@gmail.com Phone: 704-500-1461 Alt. Phone: _____
Owner Name: Kylee Shumaker Address: 2371 Moose Rd, Catawba, NC Zip: 28609
Owner Email: Kylee.shumaker@gmail.com Phone: 704-500-1461 Alt. Phone: _____

Property Information:

Street Address: 185 Midway Lake Rd, Mooresville NC 28115
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: I-77 S, turn (L) @ exit 33, turn (R) on Fairview Rd, turn (R) on NC-115 S, turn (L) on Faith Rd, turn (R) on Midway Lake Rd. go 0.3 mi and home is on the (L).

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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: _____ Number of Persons: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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. industrial) 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.

Signature: Kylee A Shumaker 12/13/2017
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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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, Kylee A. Shumaker, am the legal owner(s) of the property located at 185 Midway Lake Rd, Mooresville NC 28115, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Katherine Newman, Wilkerson ERA, 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.

Kylee A. Shumaker 12/13/2017 _____ _____

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

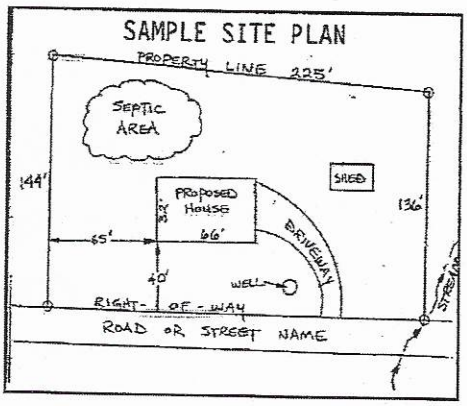
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached

Signature: Kyle A. Shumate

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

12/13/2017

DATE

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH (FT)
1	WHITE	4.9	15	15
2	ORANGE	5.6	16	16
3	GREEN	6.4	18	18
4	BLUE	7.1	19	19
5	RED	7.7	21	21
6	WHITE	8.3	8	8
7	EXISTING	-	65	65
8	EXISTING	-	65	65
9	EXISTING	-	65	65
10	EXISTING	-	65	65
11	RED	7.7	22	0
12	BLUE	8.4	35	35
13	YELLOW	9.1	36	36
14	ORANGE	10.4	30	30
15	BLUE	11.4	47	47
16	GREEN	12.6	42	42
			TOTAL	TOTAL
			569	361

101

185 MIDWAY LAKE RD, MOORESVILLE. LOT 1

3-BEDROOM ACCEPTED GRAVITY SYSTEM
LINES 7-10 CONV GRAVEL TOTAL 240 LINEAR FEET
12-14 TOTAL 120 LINEAR FEET
GRAND TOTAL 360 LINEAR FEET
LTAR 0.3
25% REDUCTION
36" TRENCH BOTTOM

3-BEDROOM LOW PRESSURE LPPSB REPAIR SYSTEM
TOTAL 208 LINEAR FEET
LTAR 0.3
50% REDUCTION 8' OC
36" TRENCH BOTTOM

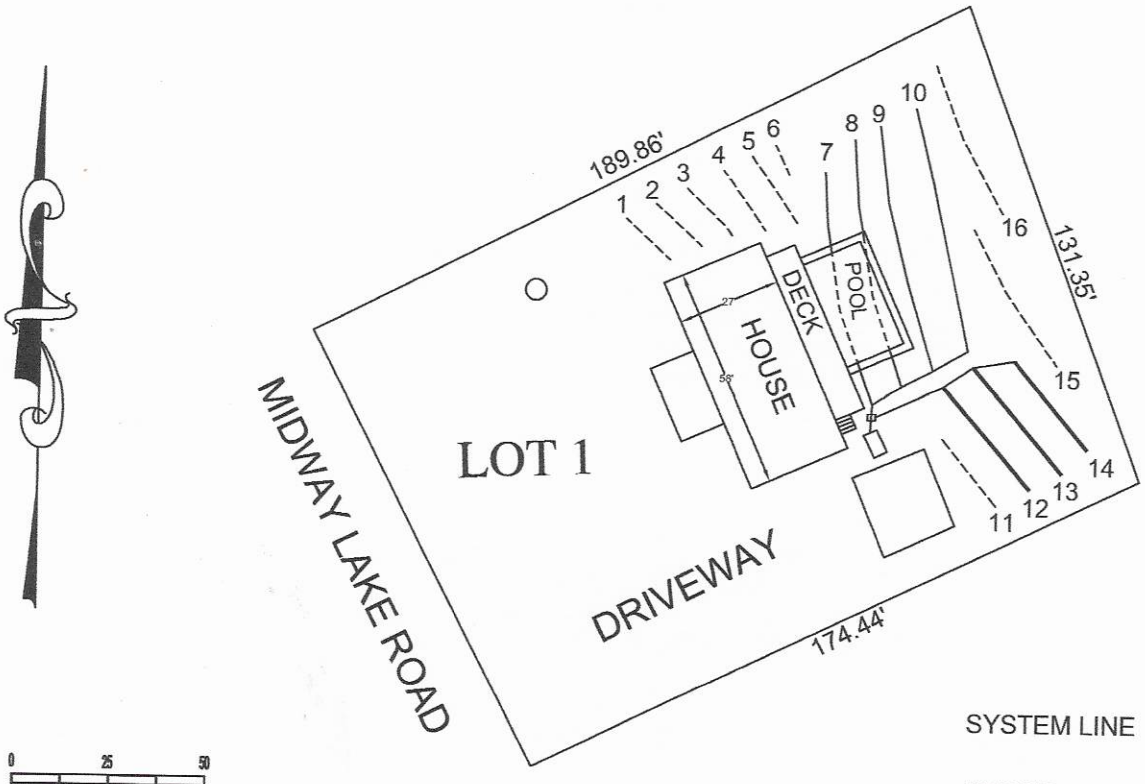
FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

NOTES: BEFORE INSTALLATION REMOVE POOL
-ADD FLOW DIVIDER PRIOR TO INITIAL SYSTEM TO EQUALLY DIVIDE ADDITION.
-UPON INSTALLATION OF REPAIR, WELL MUST BE MOVED 20' AWAY FROM ANY DRAINFIELD

Please CALL prior to inspection

Name: Mike B

Number: 704-658-8616



SYSTEM LINE ———————

REPAIR LINE ----------

0 25 50

SCALE:
1" = 50 ft.

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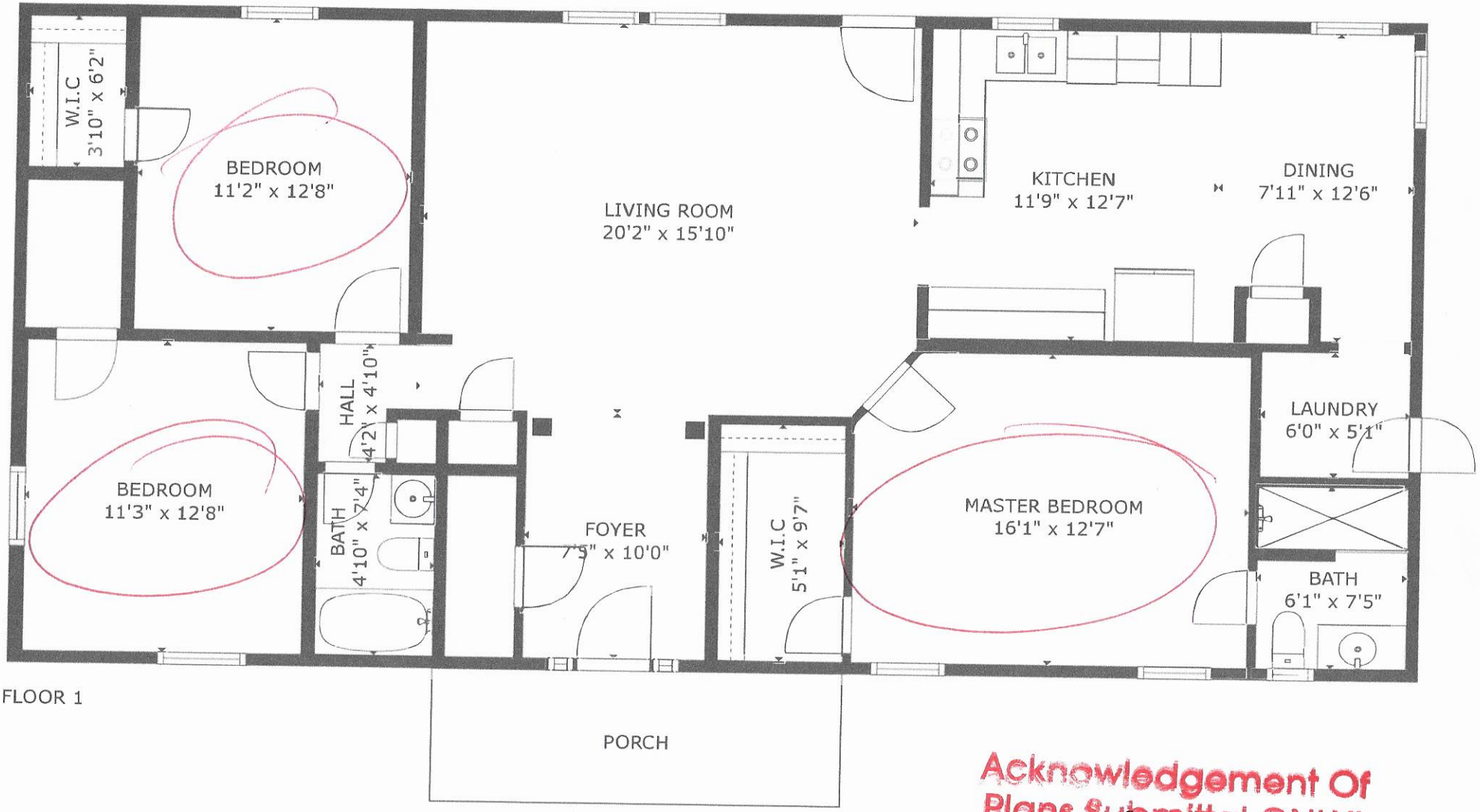
BOSS

Benfield Outdoor Services & Solutions
137 Misty Arbor Ln, Mooresville, NC 28117 Ph:704-658-8616
BOSSMB86@yahoo.com

kYLEE SHUMAKER

LOT 1
185 MIDWAY LAKE RD,
MOORESVILLE, NC
IREDELL COUNTY

DATE:12/21/17 DRAWN BY: MDB CHECKED BY: MDB



FLOOR 1

185 Midway Lake Rd
Mooresville NC 28115

FLOOR 1: 1456.31 sq. ft
TOTAL: 1456.31 sq. ft

Acknowledgement Of
Plans Submittal ONLY!
Maria Dolson Date 4/7/21
Date

NextHome
WORLD CLASS