RECEIVED DEC 3 2013 PM
Paid $40.00 Statesville
Paid $460.00 Mooresville 12-23-13 PM

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Applicant Name: Jasper Builders Address: 181 W Statesville Ave 28115 Phone: 704 799 9982

Owner Name: Scott Plemmons Address: 187 Shinville Rd 28115 Phone: _____

Property Information:

Street Address: 187 Shinville Ave

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

Driving Directions: Hwy 21N past intersection w/ 115. (R) onto Shinville Rd, 5th property on (L) look for Black House Fence

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: ~~#~~ 4
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: Master Bed Addition

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

We are moving a septic system

Water Supply:

( ) 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: _____

( ) No Preference ( ) Alternative (X) 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: _____ 12/3/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

662 3239

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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...**
- X — **Preferred driveway location and configuration, preferred well location...**
- X — **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:

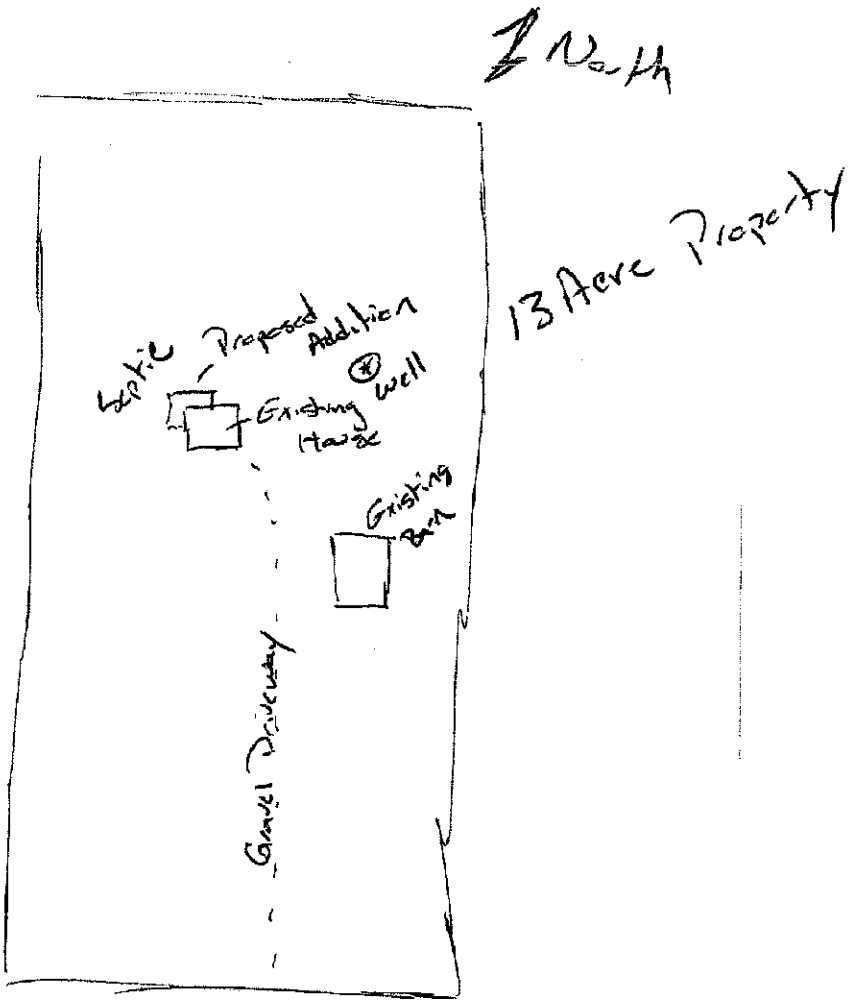
- X — **Location of septic systems and wells within 100' of your property...** N/A
- ___ — **Location of easements and rights of ways on your property...** N/A
- ___ — **Location of any designated wetlands on the property...** N/A

Signature: _____

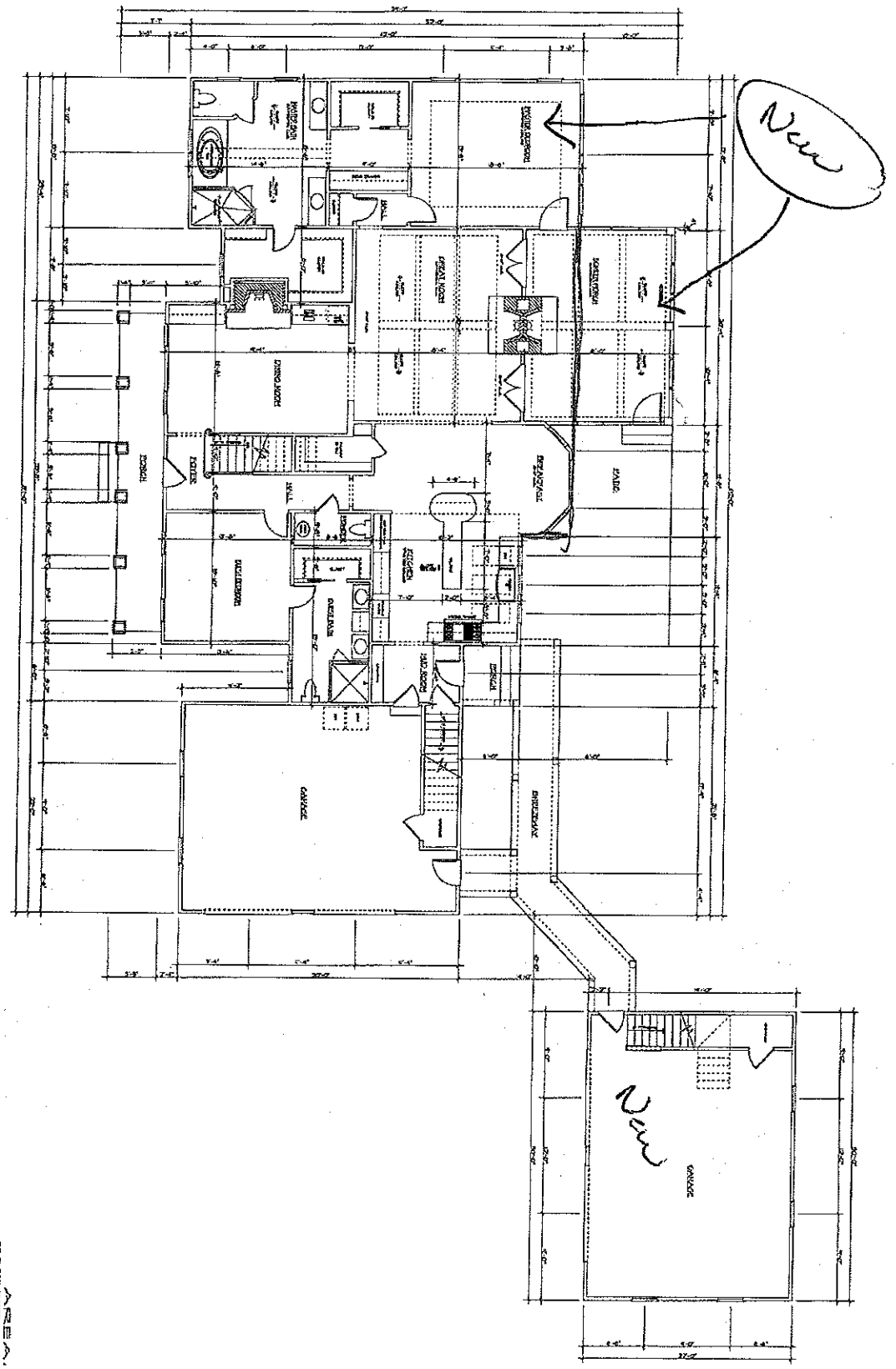
REQUIRED **property owner or owner's legal representative signature.**

1/13/2014
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\dlutz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63F0\Application For OSWP Permit (2).doc



NEW FIRST FLOOR PLAN

AREA	
1ST FLOOR HEATED	2441
2ND FLOOR HEATED	1269
2ND BONUS ROOM	360
TOTAL HEATED	3441
MAIN PORCH	415
REAR PORCH	120
GARAGE & STORAGE	660
GARAGE	660
REAR PORCH	96
MAIN PORCH	96
TOTAL AREA	5488

2 / 8

DATE / REVISIONS

SHEET TITLE
REVISIONS

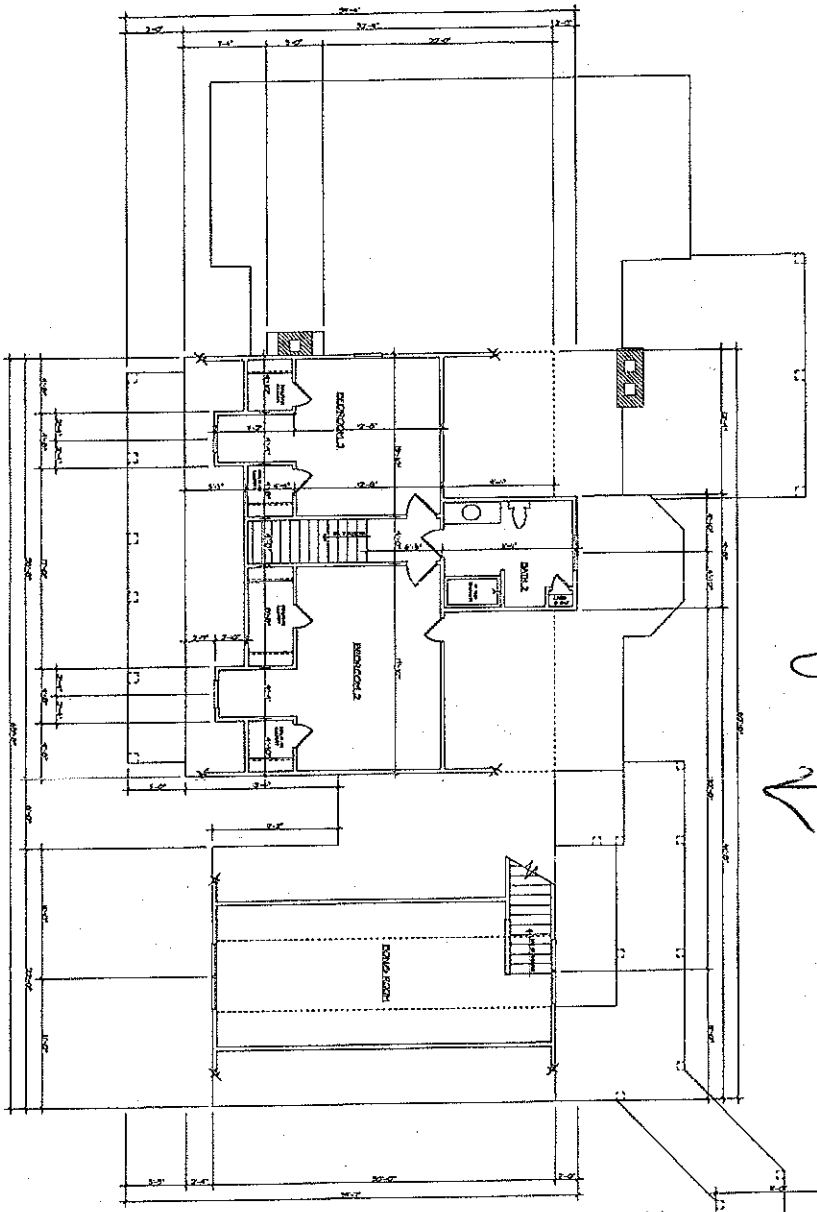
DRAWN BY:
JR

JASPER BUILDERS
187 SHINVILLE ROAD
MOORSVILLE, NC

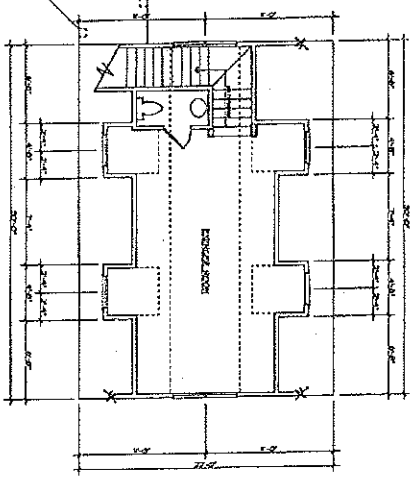
CENTURY DESIGNS, INC.
Residential Design & Drafting Services
15420 Reese Blvd. West
Huntersville, North Carolina 28078
phone: 704.948.7078 fax 704.817.4158

Mark W. Holder, P.E.
Holder Engineering, P.L.L.C.

NEW SECOND FLOOR PLAN



Existing 2nd



New 2

3
8

DATE: 6/8/17 | REVISIONS: 9/25/17

SHEET TITLE: ELEVATIONS

DRAWN BY: JR

JASPER BUILDERS
187 SHINVILLE ROAD
MOORSVILLE, NC

CENTURY DESIGNS, INC.
Residential Design & Drafting Services
13420 Reese Blvd. West
Huntersville, North Carolina 28078
phone: 704.948.7078 fax 704.817.4158

Mark W. Holden, P.E.
Holden Engineering, PLLC

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet __1__ *of* __2__
PROPERTY ID #: 4658980708
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Scott Plemmons APPLICATION DATE 12-3-2013
ADDRESS: 187 Shinnville Rd Mooresville NC 28115 DATE EVALUATED: 1-31-2014
PROPOSED FACILITY: 4 BRM PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: 11.878 ac
LOCATION OF SITE: 187 Shinnville Rd PROPERTY RECORDED: Yes
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X 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	
B 1	LSS 6%	0-8	B SCL GR	FR, SS, SP, SEXP	-Com. YB & heavy clay veins -Com. Heavy clay veins, few YB, few sap. -Com. sap	48"	-	-	PS 0.25 gpd/sqft
		8-30	R C WFSBK	FI, S, P, SEXP					
		30-40	R C/CL WFSBK	FR, SS, SP, SEXP					
		40-48	R CL WFSBK	FR, SS, SP, SEXP					
B 2	LSS 6%	0-12	B SCL GR	FR, SS, SP, SEXP	-Many YB, heavy clay veins, few chr. 3 & 4 -Few/com. YB & heavy clay veins, com. CL incl. -Few R clay incl., com. Mica, com sap. -Many sap., many mica, few R clay incl.	50"	-	-	PS 0.25 gpd/sqft
		12-22	R C WFSBK	FI, S, P, SEXP					
		22-28	R C WFSBK	FR, SS, SP, SEXP					
		28-38	R CL WFSBK	FR, SS, SP, SEXP					
		38-50	R CL WFSBK	FR, SS, SP, SEXP					
B 3	LSS 4-5%	0-8	B SCL GR	FR, SS, SP, SEXP	-Com. YB & sap. -Many sap., com. R clay veins	50"	-	-	PS 0.25 gpd/sqft
		8-30	YR C WFSBK	FR, SS, SP, SEXP					
		30-50	YR CL WFSBK	FR, SS, SP, SEXP					
B 4	LSS 4-5%	0-9	B SCL GR	FR, SS, SP, SEXP	-Com. YB, com. Heavy clay veins -Few heavy clay veins(YB), many sap.	48"	-	-	PS 0.25 gpd/sqft
		9-30	YR C WFSBK	FR, S, P, SEXP					
		30-48	YR CL WFSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.25 gpd/sqft	0.25 gpd/sqft

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Adrian Pruett
OTHER(S) PRESENT: None

COMMENTS: 36" trench bottomminimum

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4658980708
DATE OF EVALUATION: 1-31-2013
COUNTY: Iredell

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
B 5	HS 3%	0-7	B SL /SCL GR	FR, SS, SP, SEXP	-Many YB & heavy clay veins, few chr. 3 & 4, few chr. 2 -Com. Heavy YB clay veins, com sap. -Few heavy clay veins	48"	UN	-	UN
		7-35	R C WFABK	FI, S, P, SEXP					
		35-42	R CL WFSBK	FR, SS, SP, SEXP					
		42-48	VAR SL SAP M	FR, SS, SP, SEXP					
B 6	LSS 4%	0-7	B SL/SCL GR	FR, SS, SP, SEXP	-Many YB, heavy clay incl., few chr. 2 -Com. YB & heavy clay veins, few chr. 2, com sap -Few R C/CL veins	48"	PS	-	UN
		7-30	R C WFABK	FI, S, P, SEXP					
		30-42	R CL WFSBK	FR, SS, SP, SEXP					
		42-48	VAR SL SAP M	FR, SS, SP, SEXP					

COMMENTS:

4658980708

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. 16773 DATE 11/23/93 TAX MAP NO. 19 1A 85+86 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR RANDY OVERCASH PHONE: Business _____ Home 663-6421

ADDRESS Rt 5 Box 536 MOORESVILLE, NC. 28115

LOCATION STINNVILLE RD, ~1000 FT. ON ©

SUBDIVISION WALTER E SHERRILL BLOCK / SECTION _____ LOT 85+86 LOT AREA ~ 1AC. SITE CLASS. P DESIGN FLOW 360 L.T.A.R. .25

Septic Tank: 1000 Gallons; STB 825 Date 1-21-94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4 Trench Width 3' Max Trench Bottom Depth 36" Gravel Depth _____

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

System Description: CONV - DIST. BOX

Repair System Description: CONV.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2.5

☐ Business No. Employees _____

☐ Other _____

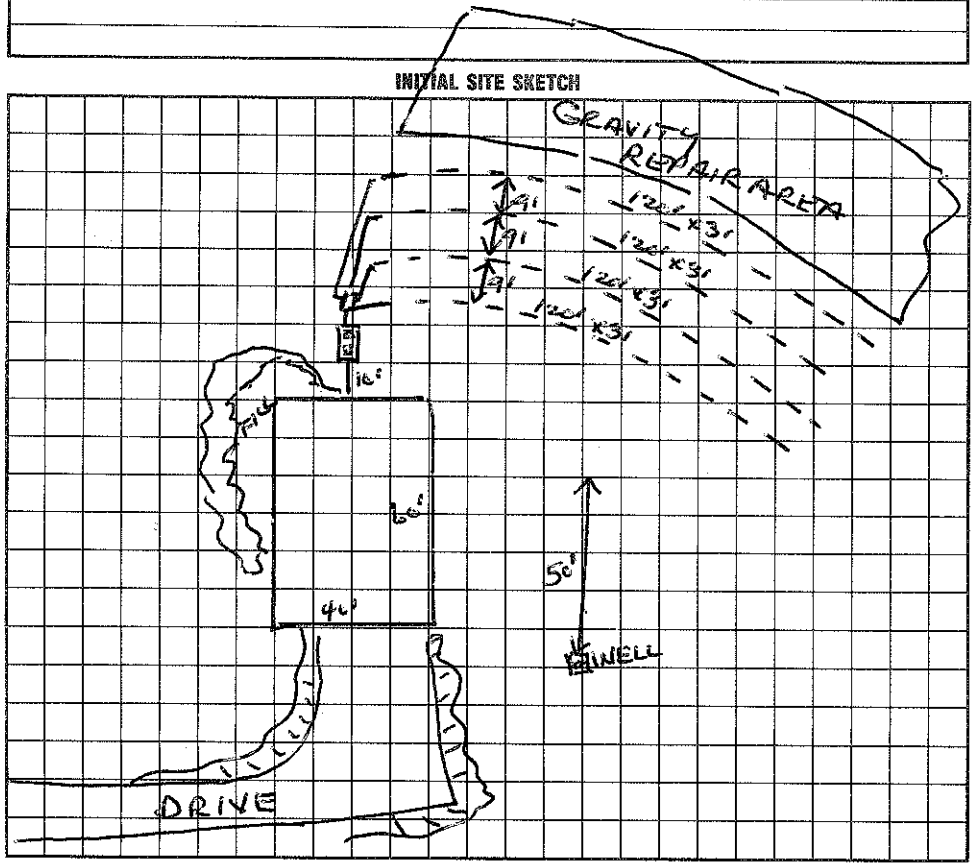
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

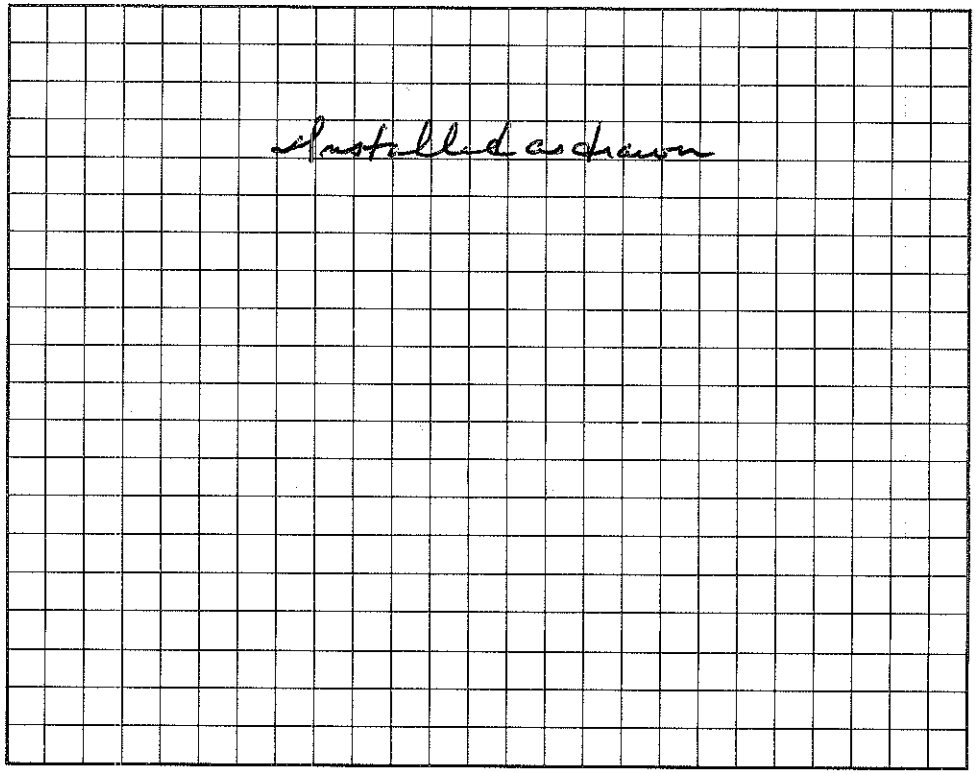
Comments: TRENCHES 36" DEEP TO TRENCH BOTTOM-ON SLOPE CONTOUR IN DIRECTION SHOWN.

Comments:

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: Randy Overcash

Improvement Permit by: Wesley Sparks RS. date 11/23/93

Existing System Inspection by: _____ date _____

Installed by: Rowan Septic Tank

Certificate of Completion by: Wesley Sparks RS. date 4/5/94

Operation Permit by: _____ date _____

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

№ 16773

PROPERTY DESCRIPTION

Call Sanitarian Between
8 a.m. and 9 a.m.
664-5281 / 878-5305

APPLICATION FOR- (Not a Permit) ( ) Improvements Permit ( ) Zoning Permit ( ) Special Use ( ) Subdivision Approval ( ) Other

Proposed Use: Construct Dwelling

Location: 215 H Statesville, 4th house on lt

TAX MAP NO. _____

Tax Map No.	Township	Jurisdiction	Zoning
12-1-A-85+86	Fort Dobbs Creek	Statesville	RA

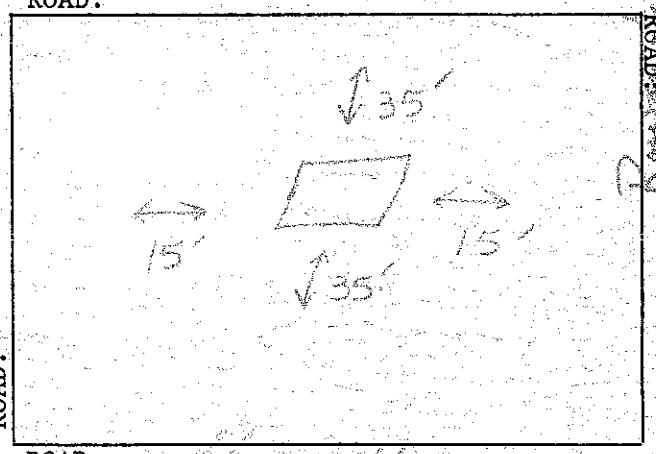
Subdivision/Mobile Home Park	Lot No.	Lot Size	Flood Plain ( ) yes ( ) no
Walker & Stowell			

Approx. Area to be disturbed	Engineering Firm	Contact	Phone	Street Address

REQUIRED INFORMATION FOR IMPROVEMENTS PERMIT - IREDELL COUNTY HEALTH DEPARTMENT

SKETCH MAP

On the lot to be built on or to be used, show the property lines and the actual dimensions of the lot, the size and shape of any and all buildings located or to be located on the lot showing the distances from lot lines. Show setback of main building on adjacent lot and their use.



$15 - 2
HSE-HD
$40

74832
lot

OWNER	ADDRESS	PHONE NO.
Randy Overcash	Rt 5 Box 536 Mocksville	704 3-6401

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Randy Overcash — 5-6-93

Signature of Owner or Authorized Agent — Application Date

If permitted, the following minimum zoning requirements must be met, unless the Health Department requires more land area or other qualifications are indicated in the remarks.

Lot area 30,000 sq. ft. Front yard depth 35 ft. Corner yard depth _____ ft.

Lot width 100 ft. Side yard depth 15 ft. Rear yard depth 35 ft.

LAND USE INDICATED (is) (is not) PERMITTED IN THE ZONING DISTRICT.

REMARKS:

ZONING ADMINISTRATION DIVISION

Approved by — 5-6-93 Date

WHITE: Original CANARY: Inspection Copy PINK: Health Dept. GOLD: Owner

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Randy Overcash	663-6421	Rt. 5 Box 536	Mooresville	N.C.	28115
Applicant	Phone #	Mailing Address	City	State	Zip Code
Same as above					
Current Property Owner		Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Private Well			
(Proposed) Water Supply: Public, Private Well		**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #

Specific Directions to Property _____

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 3 No. Baths 2 1/2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

8-11-93 DATE Randy Overcash SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY

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

APPLICATION NUMBER

200573

Issue Date: 12/23/2013

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4658980708.000	187 SHINNVILLE ROAD	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: PLEMMONS KELLY SCOTT Address: C/O KELLY SCOTT PLEMMONS 187 SHINNVILLE RD MOORESVILLE, NC 28115 Phone:	Applicant: JASPER BUILDERS INC Address: 181 W STATESVILLE AVE MOORESVILLE, NC 28115 Phone: 704-799-9982	Contractor: PLEMMONS KELLY SCOTT Address: C/O KELLY SCOTT PLEMMONS 187 SHINNVILLE RD MOORESVILLE, NC 28115 Phone: License Type License Number

Project Description

ADDITION - IREDELL

Scope of Work

ADDING MATER BATHROOM WING, WCREENED PORCH, AND GARAGE

Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		Amount:	
		Amount:	Paid
		Amount:	$460.00 Mville
		Amount:	12/23/13
		Amount:	
		Amount:	

Paid $40.00 Statesville on 12/3/13

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: 12/23/2013

Signature of Owner/Contractor

Paid $500.00 total

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	3657	TOTAL FEES:	$ 500.00

Paid $460.00 Mooresville 12/23/13

IREDELL COUNTY

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

APPLICATION NUMBER

200573

Issue Date: 12/23/2013

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4658980708.000	187 SHINNVILLE ROAD	MOORESVILLE

Owner Information	Applicant Information	Contractor Information
Owner: PLEMMONS KELLY SCOTT Address: C/O KELLY SCOTT PLEMMONS 187 SHINNVILLE RD MOORESVILLE, NC 28115 Phone:	Applicant: JASPER BUILDERS INC Address: 181 W STATESVILLE AVE MOORESVILLE, NC 28115 Phone: 704-799-9982	Contractor: PLEMMONS KELLY SCOTT Address: C/O KELLY SCOTT PLEMMONS 187 SHINNVILLE RD MOORESVILLE, NC 28115 Phone: License Type License Number

Project Description

ADDITION - IREDELL

Scope of Work

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Permit Details:

	IMPROVEMENT PERMIT FEE	Amount:	500.00
		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: 12/23/2013

Signature of Owner/Contractor

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Permit Number	3657	TOTAL FEES:	$ 500.00