ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 310083

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

PIN # 4659. -87 -5319.

APPLICANT/OWNER: Whitney Pulyer APPLICANT ADDRESS: 166 Bradview Drive Mooresville NC.

SITE ADDRESS: 417 Shepherd Rd Mooresville NC 28115 PHONE: 704-657-3140 ALT. PHONE

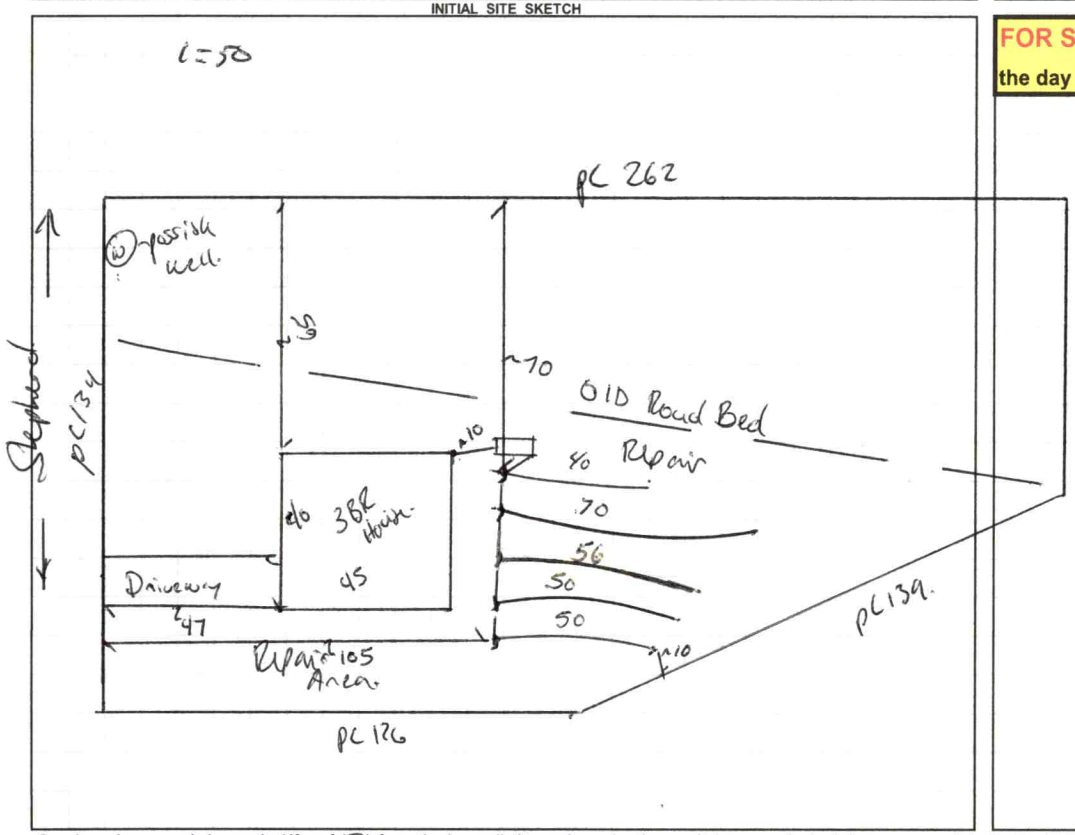
SITE DIRECTIONS: Hwy 21 N @ on Shepherd turn left. SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .72Acres. DESIGN FLOW: 360 L.T.A.R.: .35

Septic Tank	1000	(gal)	STB 760	Date 6/27/22	☒ 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: CP - Panel Block - 50% Reduction		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	5	Linear Ft 260	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Deepest side)	36 max	Gravel Depth —		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

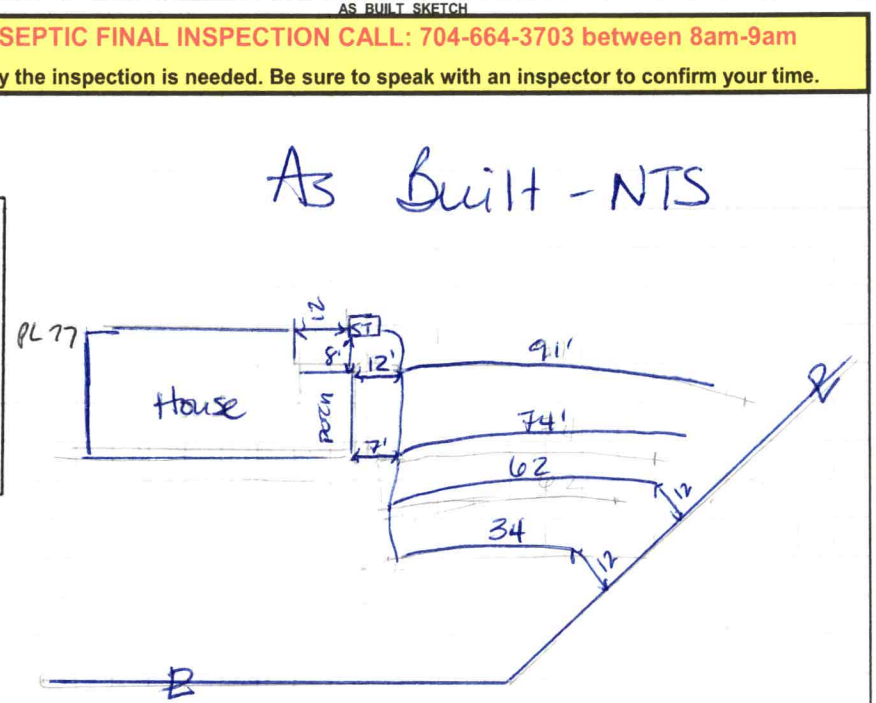
Comments / Conditions: Install on Contour, utilize serial distribution. Maintain 100ft from any well. Maintain 100ft from any well

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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 plot 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: 10-28-2021 Installed by: Frye Grading

IMPROVEMENT PERMIT by: Benjamin A Beck Date: 10/21/2021 OPERATION PERMIT by: Benjamin C. White Date: 8-5-2022

AUTHORIZATION TO CONSTRUCT by: Tony White Date: 11/15/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: _____
LOCATION OF SITE: 417 Shepherd Rd PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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	
1		0-11	SBK C/CL	Fr SS SP SMP	–	11"	PS	–	PS .35
		11-62	M L SOP	VFr					
2		0-16	SBK CL	Fr SS SP SMP	–	16"	PS	–	PS .35
		16-60	M L SOP	VFr					
3		0-12	SBK SCL/C	Fr SS SP SMP	–	12"	PS	–	PS .35
		12-64	M L SOP	VFr					
4		0-17	SBK C	Fr SS SP SMP	few low chromas ~60"	12"	PS	–	PS .3
		12-60	M L SOP	VFr					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: 172 x2 = 344 100' to well!

Updated February 2014

8 - 18

87/74/62/34

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

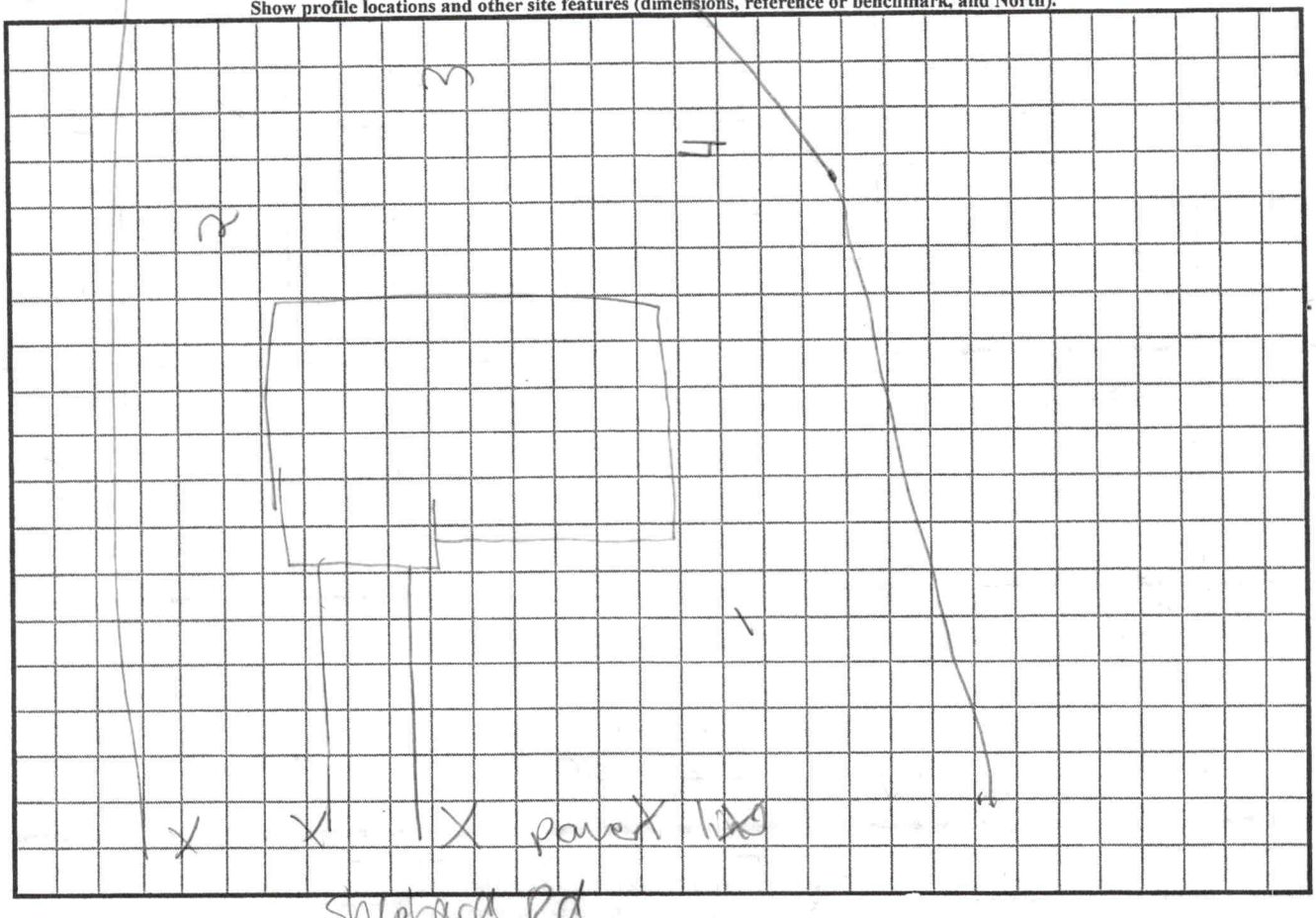
NOTES

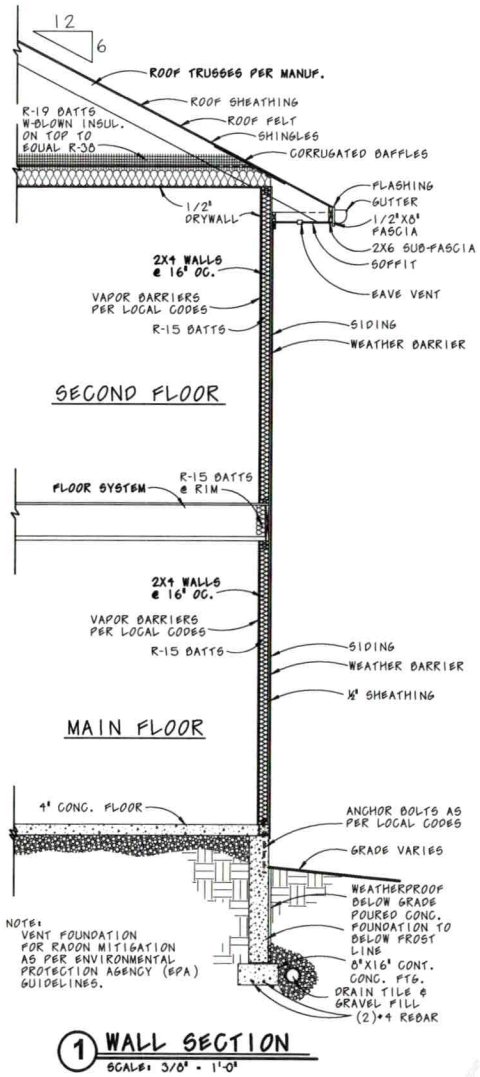
HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION — S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



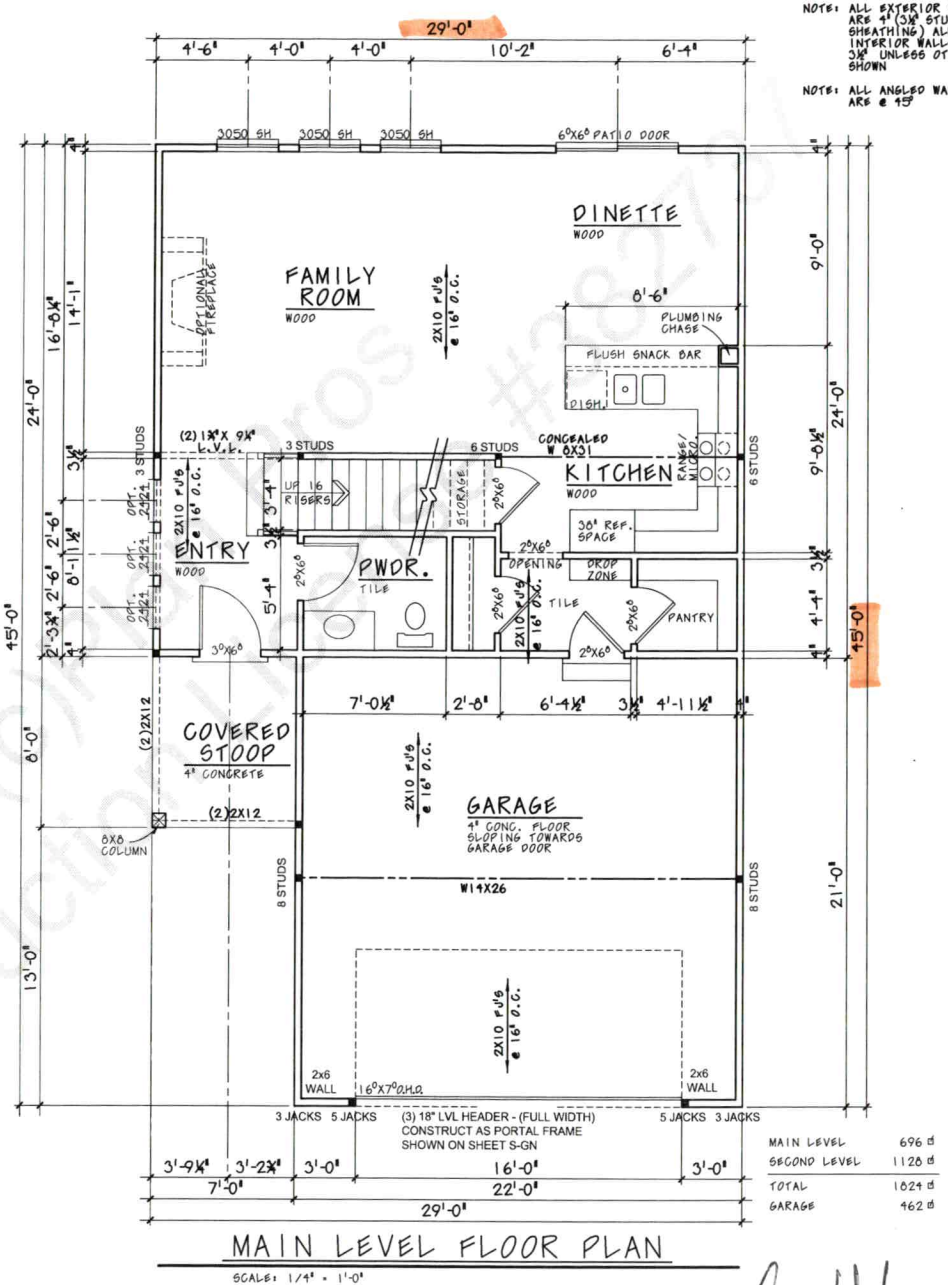


1 WALL SECTION
SCALE: 3/8" = 1'-0"

NOTE: ALL MAIN FLOOR WALLS ARE 9'-1⅛" HIGH UNLESS NOTED OTHERWISE

NOTE: ALL EXTERIOR WALLS ARE 4" (3½" STUD + ½" SHEATHING) ALL INTERIOR WALLS ARE 3½" UNLESS OTHERWISE SHOWN

NOTE: ALL ANGLED WALLS ARE @ 45°



MAIN LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

MAIN LEVEL	696 □'
SECOND LEVEL	1128 □'
TOTAL	1824 □'
GARAGE	462 □'

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WWW.DESIGNBASICS.COM

29391
Plan No.

Sheet No.
4

GB ENGINEERING
G B Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. #P-1298

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 029183 GARY A. BARNES

Sealed for Structural Information Only
417 Shepherd Road
Mooresville, NC 28115

ORIGINAL DRAFT

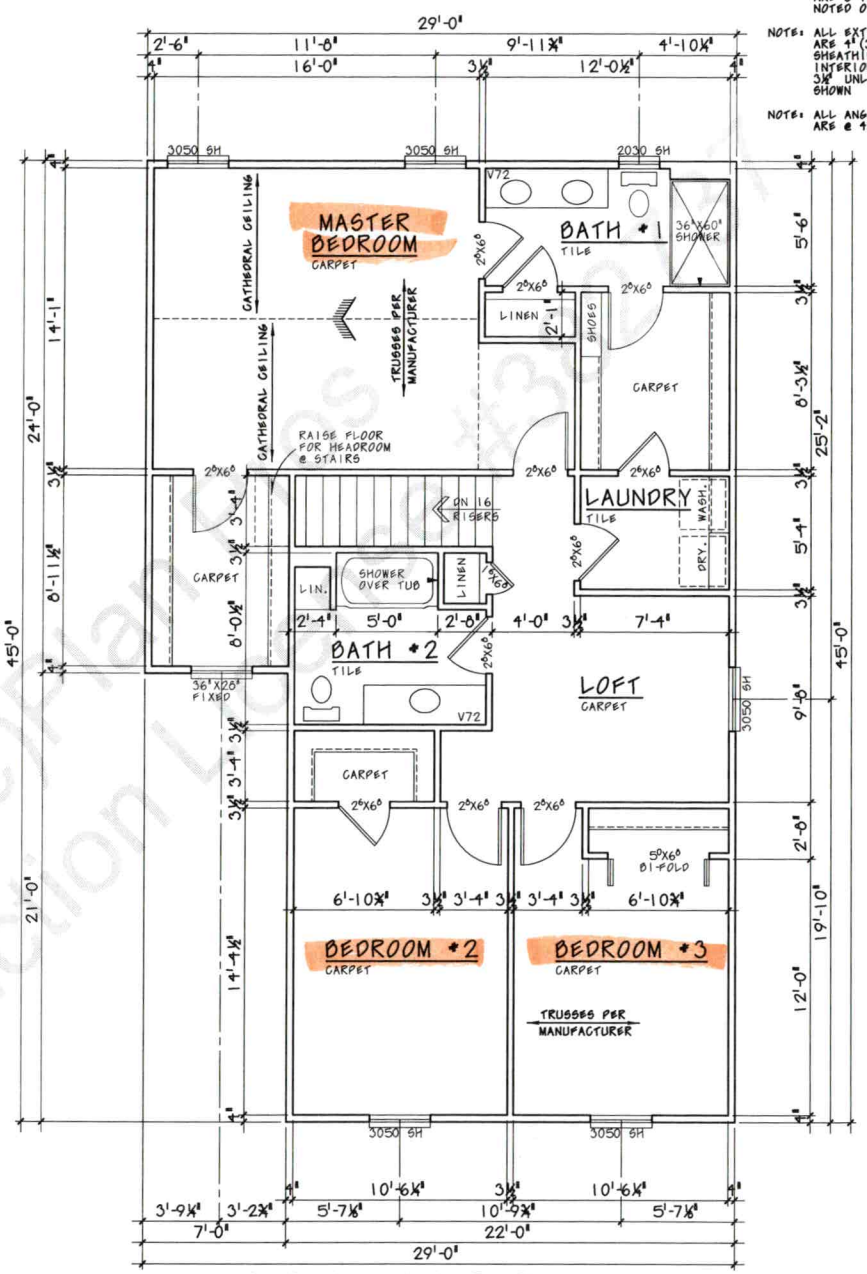
IF THIS IS NOT RED DO NOT COPY

Copy With 11/15/21

NOTE: ALL SECOND FLOOR WALLS ARE 8'-1⅛" HIGH UNLESS NOTED OTHERWISE

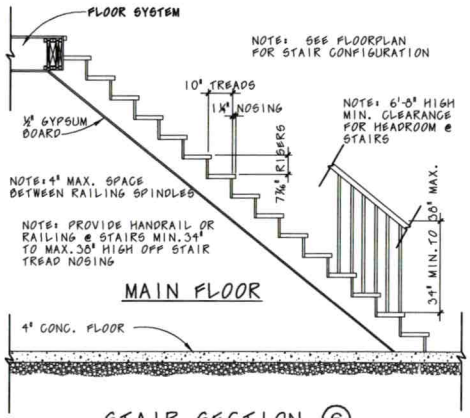
NOTE: ALL EXTERIOR WALLS ARE 4" (3½" STUD + ½" SHEATHING) ALL INTERIOR WALLS ARE 3½" UNLESS OTHERWISE SHOWN

NOTE: ALL ANGLED WALLS ARE @ 45°



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"



STAIR SECTION ⑥

SCALE: 3/8" = 1'-0"

GB ENGINEERING

G B Engineering, PLLC
Gary A. Barnes, PE
11926 Tree Sparrow Rd.
Charlotte, NC 28278
(704) 677-5339
NC Bus. Lic. #P-1298

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 19363 GARY A. BARNES 11-9-21

Sealed for Structural Information Only
417 Sheperd Road
Mooresville, NC 28115

ORIGINAL DRAFT

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2 9 3 9 1

Plan No.

Sheet No.

5

Cary Barnes 11/15/21

RECEIVED AUG 17 2020

AK-310093
$500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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: Whitney Pulver Address: 166 Branchview Dr Zip: 28115
Applicant Email: whitneypulver@gmail.com Phone: 704-657-3710 Alt. Phone: 704-763-7643
Owner Name: Ben & Angela Thomas Address: 160 Goathill Road Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:
Street Address: Lot #2 411 Shepherd Rd Mooresville, NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 21 N. in Mooresville, turn right (East) on Shepherd Rd. Drive approx. 1-1½ miles, lot is on left past Shepherds Stuff Dr.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

(X) 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 (X) 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.

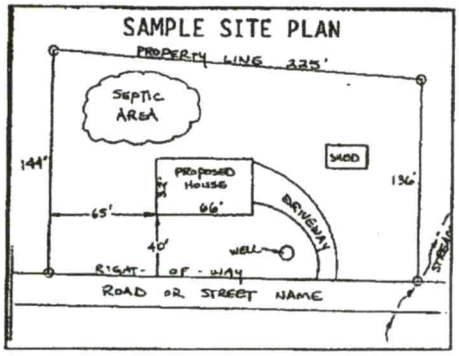
Signature: _____ 7-24-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH 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:

- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **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

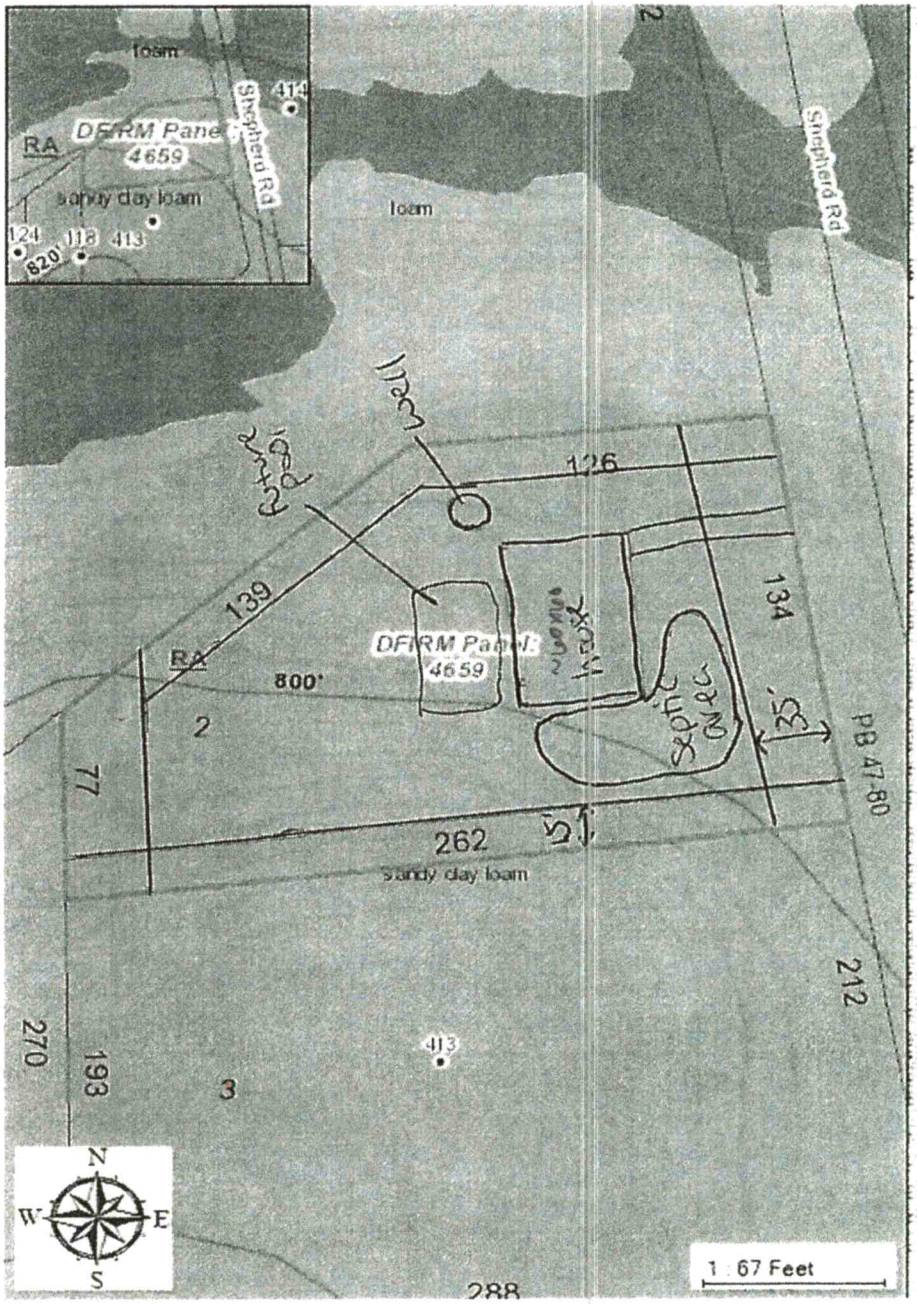
See attached

Signature: _____

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

7-24-2020

DATE


loam
414
Shepherd Rd
RA
DFIRM Panel
4659
sandy clay loam
124
820
116
413
loam
Shepherd Rd
Future Pool
Well
126
139
134
RA
DFIRM Panel
4659
Septic
Area
800'
2
35'
PB 47-80
77
262
Sandy clay loam
212
270
193
413
3
N
W
E
S
1 : 67 Feet
288

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☒ **2.** I, Bens S. Thomas, am the legal owner(s) of the property located at 417 Sherpherds road, identified as PIN (Parcel Identification Number) 4659-87-5319, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Shawn Pulver or Whitney Pulver, 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.

_____ 07-27-2020
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310083 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659875319.000	417 SHEPHERD RD	Iredell County

Owner Information	Applicant Information
Name: THOMAS BEN S+ANGELA L	Name: WHITNEY PULVER
Address:	Address: 166 BRANCHVIEW DR MOORESVILLE , NC 28115
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.72	35	35	15	15		NO

Remarks
SFD

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.

Date: 08/14/2020

Signature of Owner/Contractor

Permit Number	310083	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built(X) Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
No

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Ben & Angela Thomas Phone # _____

Owner's Current Address 160 Goathill Road Mooresville, NC 28117

Property Information

Property Address Lot #2 Shepherd Rd Mooresville Parcel # _____

Subdivision: _____ Lot: 2 Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Barringer

Directions to property (from a MAIN ROAD) From Hwy 21 N. in Mooresville, turn right (east) on Shepherd Road. Drive approx 1 - 1 1/2 miles. Lot will be on left just past Shepherds Bluff Dr.

Application Information

Applicant's Name or Company Whitney Pulver Applicant's Phone # 704-657-3710

Applicant's Address 1616 Branchview Dr Mooresville, NC 28115

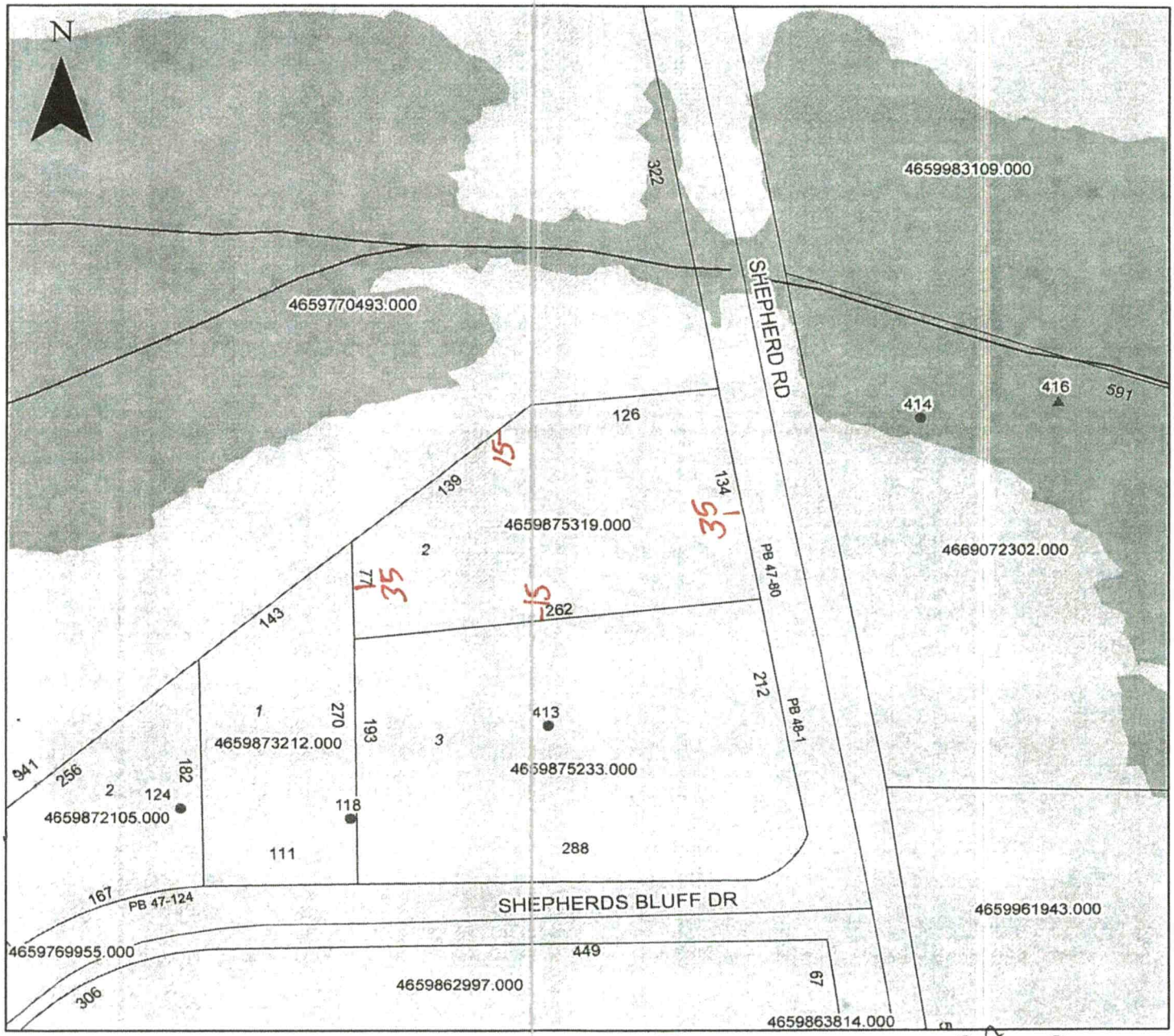
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT _____ DATE 7-24-2020

Lot #2 Shepherd Rd
Mooresville, NC 28115

ZONING DISCLAIMER



Property Address 417 Shepherd Rd.

RA
0.72
No

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

Date