IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239683

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

PIN # 4659887703

APPLICANT/OWNER: Joshua Skeen | APPLICANT ADDRESS: 122 Toucan Rd Mooresville NC 28117

SITE ADDRESS: 482 Shepherd Rd Troutman NC 28166 | PHONE: 704-658-7534 | ALT. PHONE N/A

SITE DIRECTIONS: Hwy 77 south, T/L on Houston Rd, T/R on Shepherd Rd, property on left. | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: W E Sherrill Farm | SECTION: — | LOT # PT20 | LOT AREA: 2.04 | DESIGN FLOW: 360 | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1012	Date	5-14-19	■ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	■ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	Horizontal LPPBPPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	304	Maintenance Agreement Required:	☐ YES ■ NO	☐ Slab	■ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low Side)	18"	Gravel Depth	N/A	■ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By Land Resource Management

No foundation drains can be used around foundationto meet setbacks off septic syste

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by:Land Resource Management

AS BUILT SKETCH

Foundation drain present on front of house where no septic is, solid piped around side to meet setbacks.

Installed as permitted.
Tank 7' off house
Line lengths (starting closest to house)

1 - 30'
2 - 46'
3 - 62'
4 - 78'
5 - 90'

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: [signature] Date: —

IMPROVEMENT PERMIT by: [signature] Date: 01/23/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 01/24/19

Installed by: Steve Jordan

OPERATION PERMIT by: Carla C. Cave Date: 8-26-19

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 inspector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239683

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

PIN # 4659887703

APPLICANT/OWNER: Joshua Skeen APPLICANT ADDRESS: 122 Toucan Rd Mooresville NC 28117

SITE ADDRESS: 482 Shepherd Rd Troutman NC 28166 PHONE: 704-658-7534 ALT. PHONE N/A

SITE DIRECTIONS: Hwy 77 south, T/L on Houston Rd, T/R on Shepherd Rd, property on left. SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: W E Sherrill Farm SECTION: LOT # PT20 LOT AREA: 2.04 DESIGN FLOW: 360 L.T.A.R.: 0.3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 304

Trench Width 36" Trench Bottom Depth(Low Side) 18" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: Horizontal LPPBPPS

Maintenance Agreement Required: ☐ YES ■ NO

■ GRAVITY ☐ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 No. Persons 6 No. Employees

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By Land Resource Management

No foundation drains can be used around foundationto meet setbacks off septic syste

INITIAL SITE SKETCH

AS BUILT SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by:Land Resource Management

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.*

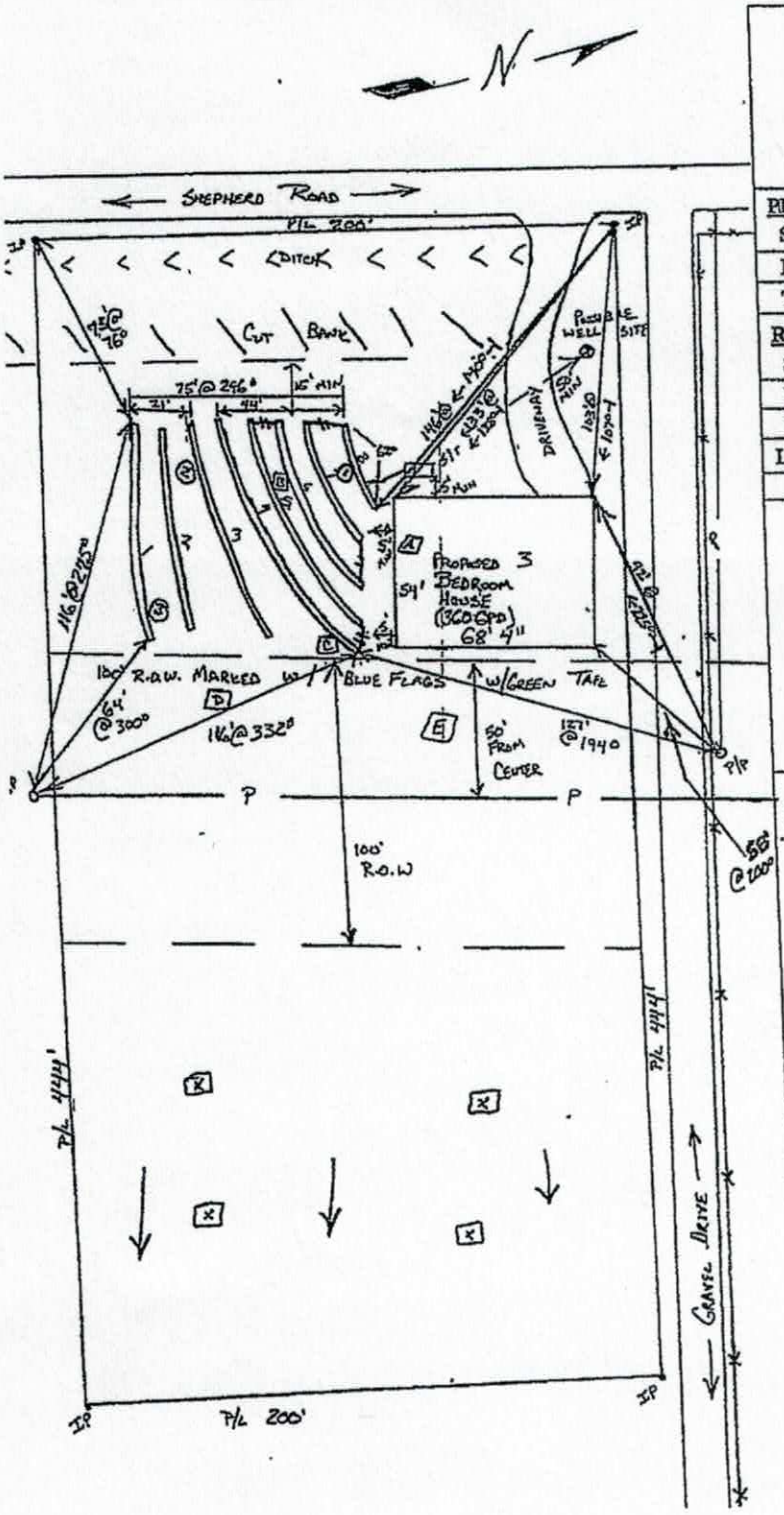
Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 01/23/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 01/24/19 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.

LAND RESOURCE MANAGEMENT
Land Evaluation by Land Experts
PO BOX 975 ASHEVILLE NC 28815 | 828 231 1663 | WWW.LANDRM.COM



482 Shepherd Rd
Iredell County, NC
LRM Project #25018

PRIMARY:	
System Kind: 25% Reduction	
LTAR: 0.3	360 GPD Design
Trench Depth (in.): 18	Trench Width (in.): 36

REPAIR:	
System Kind: PPBPS Horizontal Installation	
LTAR: 0.3	360 GPD Design
Trench Depth (in.): 22	Trench Width (in.): 36

LINES (Down to upslope / 9' centers)

LINE	COLOR	FEET	CUMULATIVE FEET
Repair			
1	pink	72	72
2	orange	72	144
3	pink	72	216
Initial			
4	orange	90	90
5	pink	78	168
6	orange	60	228
7	pink	46	274
8	orange	30	304

NOTES:

1) The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).
2) System is designed outside of 100' power line R.O.W. This R.O.W. is marked in the field with blue wire flags and green flagging tape.
3) The house site is marked in the field as proposed with blue wire flags with house corner notation.
4) Repair area is designated as PPBPS horizontal trench installation. This repair will need to be fed using a distribution box in each of the three lines to split the system into 6 lines rather than the 3 lines flagged in the field in order that LPP is not required due to line lengths.
5) Additional pits shown are not described due to unsuitable expansive minerology.

LICENSED SOIL SCIENTIST — SOIL SCIENCE SOCIETY — NORTH CAROLINA SOCIETY — 1269 — STATE OF NORTH CAROLINA

SCALE: 1" ~ 60'

0' 60'

239683

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: (PRINT CLEARLY)

Applicant Name: Joshua Skeen Address: 122 Truem Mooresville Zip: 28117
Applicant Email: joshuatskeen@gmail.com Phone: 704 658 7534 Alt. Phone: _____
Owner Name: Same Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 432 Sheppard Rd Troutman NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 115 - Rt. on Sheppard

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

(X) 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
Maximum Number of Occupants: 2
( ) 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: _____
(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: _____
(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: _____ 1/17/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED OCT 19 2018

Paid $500.00 #239683

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Session Law

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: Seth Early - Land Resource Mgmt Address: PO Box 9251, Asheville, NC 28815 Zip: 28815
Applicant Email: seth@landrm.com Phone: 828-593-9223 Alt. Phone: 828-231-1663 (Walker)
Owner Name: Robert Shinn Address: 773 Houston Rd, Troutman NC Zip: 28166
Owner Email: corvettez002@yahoo.com Phone: 704-450-1305 Alt. Phone: N/A

Property Information:

Street Address: 482 Shepherd Road
Subdivision Name: N/A Section/Phase: N/A Lot Number: N/A
Driving Directions: Hwy 77 S, (L) on Houston Road, (R) on Shepherd Road, To Property on (L) @ 482 Shepherd Road

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

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

Water Supply: ( ) Replacement Well – Reason: N/A
( ) Multi-connection Well Number of Houses: N/A Number of Persons: N/A
(✓) 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: N/A
(✓) 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: Seth Early FOR LAND RESOURCE MANAGEMENT 10/11/18
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

(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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____, 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.

_____ _____

Signature of Owner(s) Date

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

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, ROBERT SHINN, am the legal owner(s) of the property located at 482 SHEPHERD RD., identified as

PIN (Parcel Identification Number) 4659-88-7703, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) LAND RESOURCE MANAGEMENT, 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.

Robert Shinn
Signature of Owner(s)

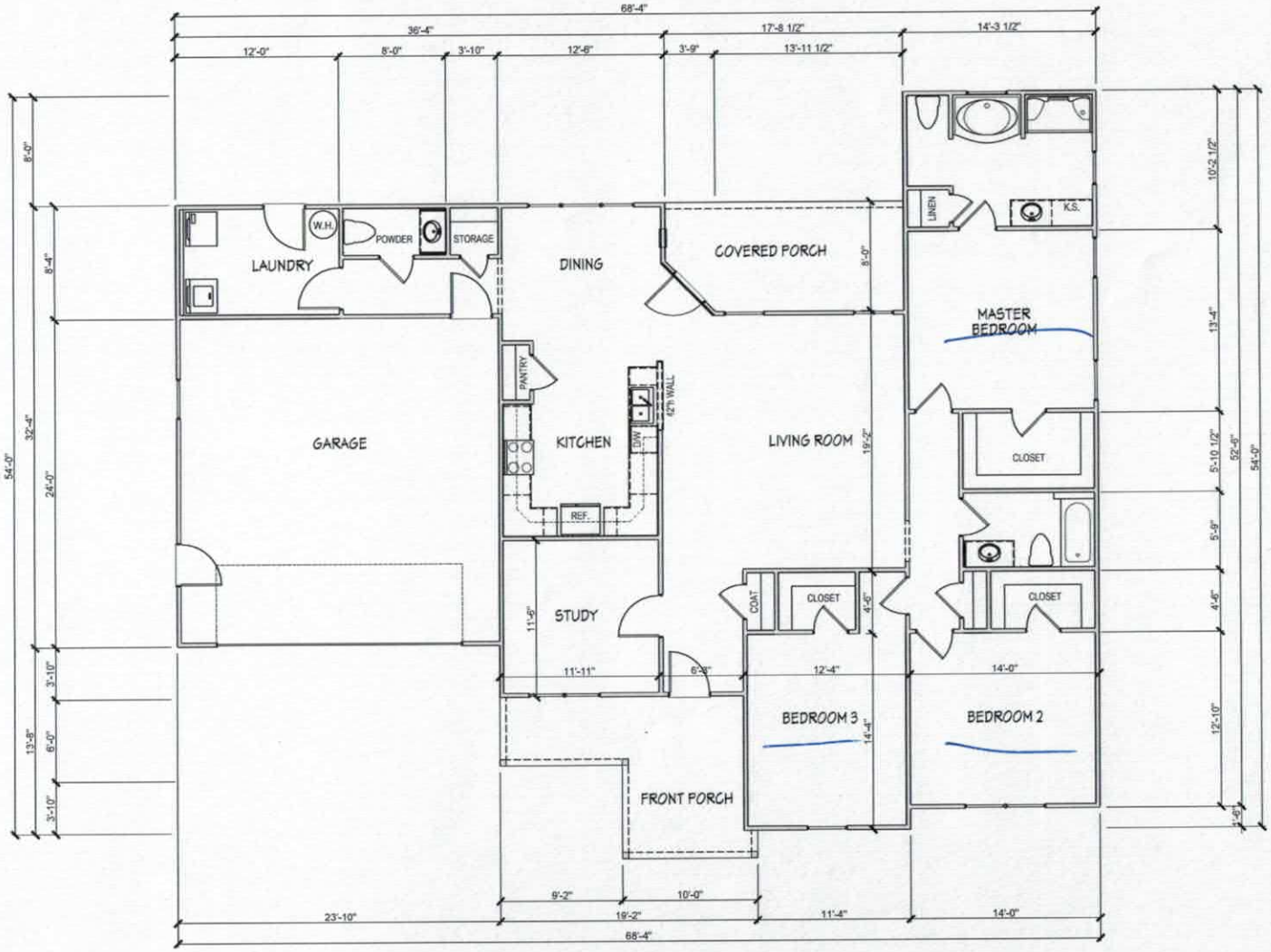
10/11/18
Date

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

Acknowledgement Of
Plans Submittal ONLY!
Date 04/24/19
Date

PRELIMINARY
PRELIMINARY INFORMATION ONLY
NOT FOR CONSTRUCTION



DENALI HOME BUILDERS

1270 Northside Drive
Statesville, NC
(704) 872-1591

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF DENALI HOME BUILDERS. ALL RIGHTS RESERVED
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CUPP / MOONEY RESIDENCE

492 SHEPERD ROAD ◆ TROUTMAN, NC

MAIN LEVEL PLAN

SQUARE FOOTAGE	
MAIN LEVEL	2,026 S.F.
FRONT PORCH	154 S.F.
REAR PORCH	135 S.F.
GARAGE	572 S.F.
TOTAL HEATED -	2,026 S.F.

DRAWN BY:
DOUG GAITHER
DESIGN NO:
DH-2018-235
SCALE:
1/8" = 1'-0"
BASE PLAN:
REVISION:
MANAGER
KENT JACKSON
DATE DRAWN:
12 / 14 / 18

B2.2

IREDELL COUNTY

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

APPLICATION NUMBER
239683
Issue Date: 10/19/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659887703.000	482 SHEPHERD ROAD, TROUTMAN, NC 28166	

Owner Information	Applicant Information
Owner: SHINN BARRY EUGENE	Applicant: LAND RESOURCE MANAGMEN
Address: 413	Address: PO BOX 9251
IREDELL CO, NC 28625	ASHEVILLE, NC 28815
Phone:	Phone: 828-231-1663

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.040	35.00	35.00	15.00	15.00	NO	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	156202	TOTAL FEES:	$ 77.25