IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232166

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

PIN # 4676-27-1659

APPLICANT/OWNER: Chris Shaw APPLICANT ADDRESS: P.O. Box 1111 Troutman, NC 28166

SITE ADDRESS: 517 Linwood Rd. Mooresville, NC 28115 PHONE: 704-902-0086 ALT. PHONE

SITE DIRECTIONS: Main Street East from Mooresville → R on Linwood Rd → lot on left (pipestem) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: David + Terry Davis Property SECTION: LOT # 3 LOT AREA: 8.75 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

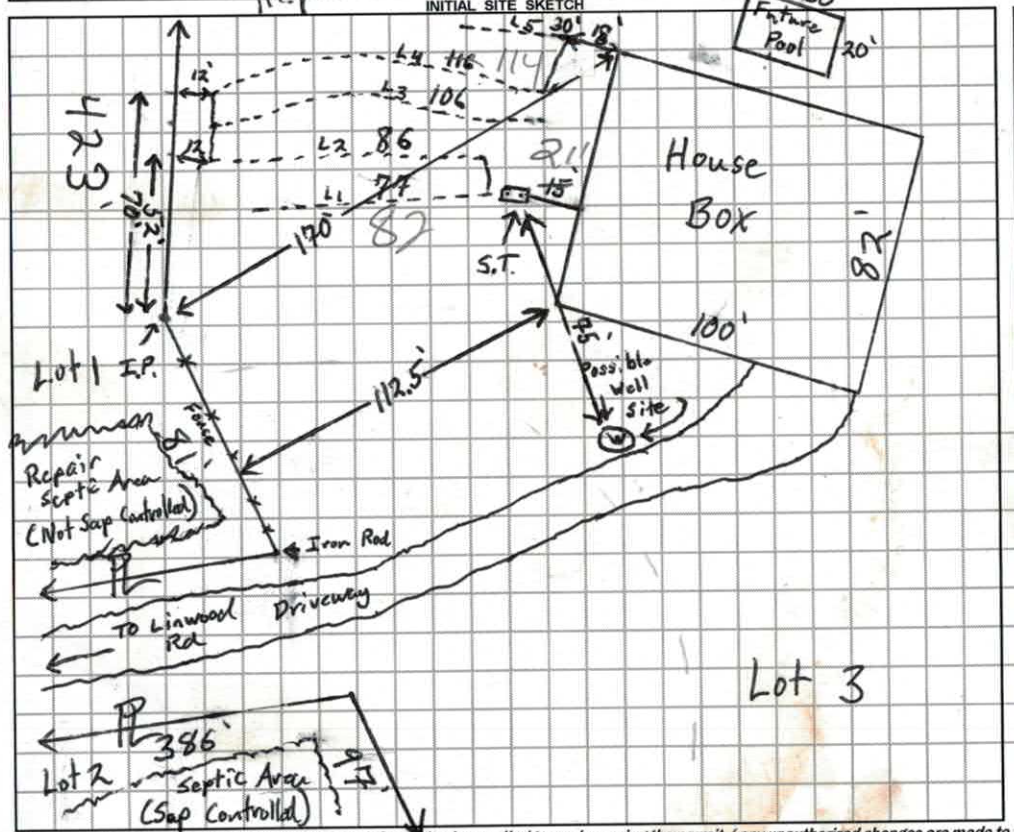
Septic Tank	1000	(gal)	STB	199	Date	1-5-18	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II III IV V VI		
Pump Make	—	Model	—	Serial #	—		System Description:	25% Reduction (Serial Distribution)	
# Nitrification Fields	1	# Lines	5	Linear Ft	400		Repair System Description:	Same	
Trench Width	36"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—		Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Though 415 l.f. of line has been laid out, only 400 l.f. need be installed. Recommend pumping septic tank every 3-5 years

Repair Area

INITIAL SITE SKETCH



AS BUILT SKETCH

ST - 211' from house

Installed Quick 4

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: Chris Shaw Date: 1/4/18 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/4/18 OPERATION PERMIT by: Marian Dobson Date: 8-7-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/4/18 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.

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

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

L1 B 74' 3 3/5
L2 P 86'
L3 B 106'
L4 P 116' 9.85

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

OWNER: Chris Shaw
ADDRESS: P.O. Box 1111 Troutman
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 517 Lindwood Rd. Mooresville
APPLICATION DATE: 12/8/17
DATE EVALUATED: 12/28/17
PROPERTY SIZE: 8.75 acres
PROPERTY RECORDED: Yes
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% Primary Header Fill	0-5	SCL V.W.SBK	SL Friable, SS, Sp, Sap	–	64	–	–	0.30 PS
		5-29	Clay W.SBK/ABK some mica	SL Firm, Sticky, Sp, Sap					
		29-64	Clay Loam W.SBK	SL Friable, SS, Sp, Sap					
			some saprolite 50-63						
		★	Better w/ depth	★					
2	9% Primary Distal	0-10	SCL V.W.SBK	SL Fr, SS, Sp, Sap	–	60	–	–	0.30 PS
		10-31	Clay W.SBK/ABK Trace mica	SL Firm, Sticky, Sp, Sap					
		31-60	Clay Loam W.SBK common mica	SL Friable, SS, Sp, Sap					
			some sap						
3	11% Shoulder Slope Repair Distal	0-10	SCL V.W. SBK	SL Fr, SS, Sp, Sap	–	55	–	–	0.295 PS
		10-31	Clay W.M SBK/ABK	SL Firm, Sticky, Sp, Sap					
		31-55	Clay Loam W. SBK	SL Firm SS, Sp, Sap					
		55-69	Loamy Saprolite MA	Friable + Moderately Drained					
4	12% Shoulder Slope Repair Middle	0-28	SCL V.W.SBK	SL Firm, SS, Sp, Sap	–	58	–	–	0.295 PS
		28-58	Clay W.SBK/ABK	SL Firm, Sticky, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	415	500+
System Type(s)	25%	25%
Site LTAR	0.30	0.275

OTHER FACTORS (.1946): ~~N/A~~
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: owner

CONTENTS:

SOIL/SITE EVALUATION

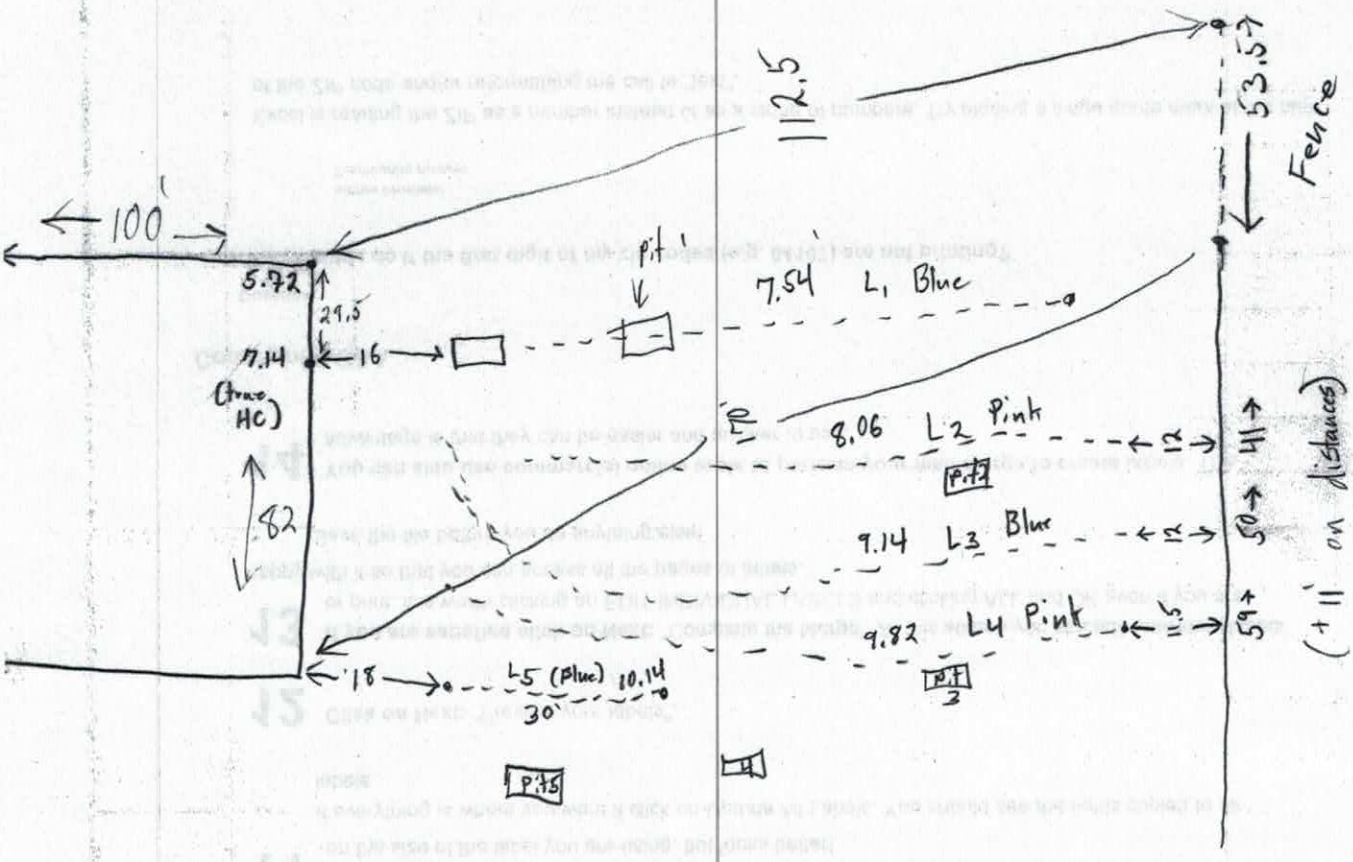
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #:
DATE OF EVALUATION: 12/28/17
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
	14% Shoulder slope Repair Header/ Lower	0-28	SCL V.W. SBK	Sl. Friable, SS, Sp, Sexp	—	50	—	—	0.30 PS
		28-37	Clay W. SBK Trace mica	Sl. Firm, Sticky, Sp, Sexp					
		37-50	Clay Loam W. SBK some mica + Saprolite	Friable, SS, Sp, Sexp					

OMMENTS:


112.5
53.5
Fence
100
5.72
29.5
7.14
16
(Trans HC)
82
pit
7.54 L1 Blue
8.06 L2 Pink
P.H
9.14 L3 Blue
9.82 L4 Pink
P.H 3
18
L5 (Blue) 10.14
30
P.H5
41
50
59
(+11 on distances)

10.14

RECEIVED DEC 18 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

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 # 232166

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: Chris Shaw Address: PO Box 1111 Troutman Zip: 28166
Applicant Email: chrisshaw72@gmail.com Phone: 7049020086 Alt. Phone: 7045284494
Owner Name: Chris Shaw Address: PO Box 1111 Troutman Zip: 28166
Owner Email: chrisshaw72@gmail.com Phone: 7049020086 Alt. Phone: 7045284494

****

Property Information:

Street Address: 517 Linwood Rd.
Subdivision Name: L3 - Davis Property David + Terry Davis Section/Phase: _____ Lot Number: 3
Driving Directions: Main St. turn left of Linwood property is on left.

****

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

(✓) 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: 4
Maximum Number of Occupants: _____
(✓) 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

(✓) 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 ( ) 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 (✓) 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: Chris Shaw 12/8/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Chris Shaw, 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 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

Name

Mascord

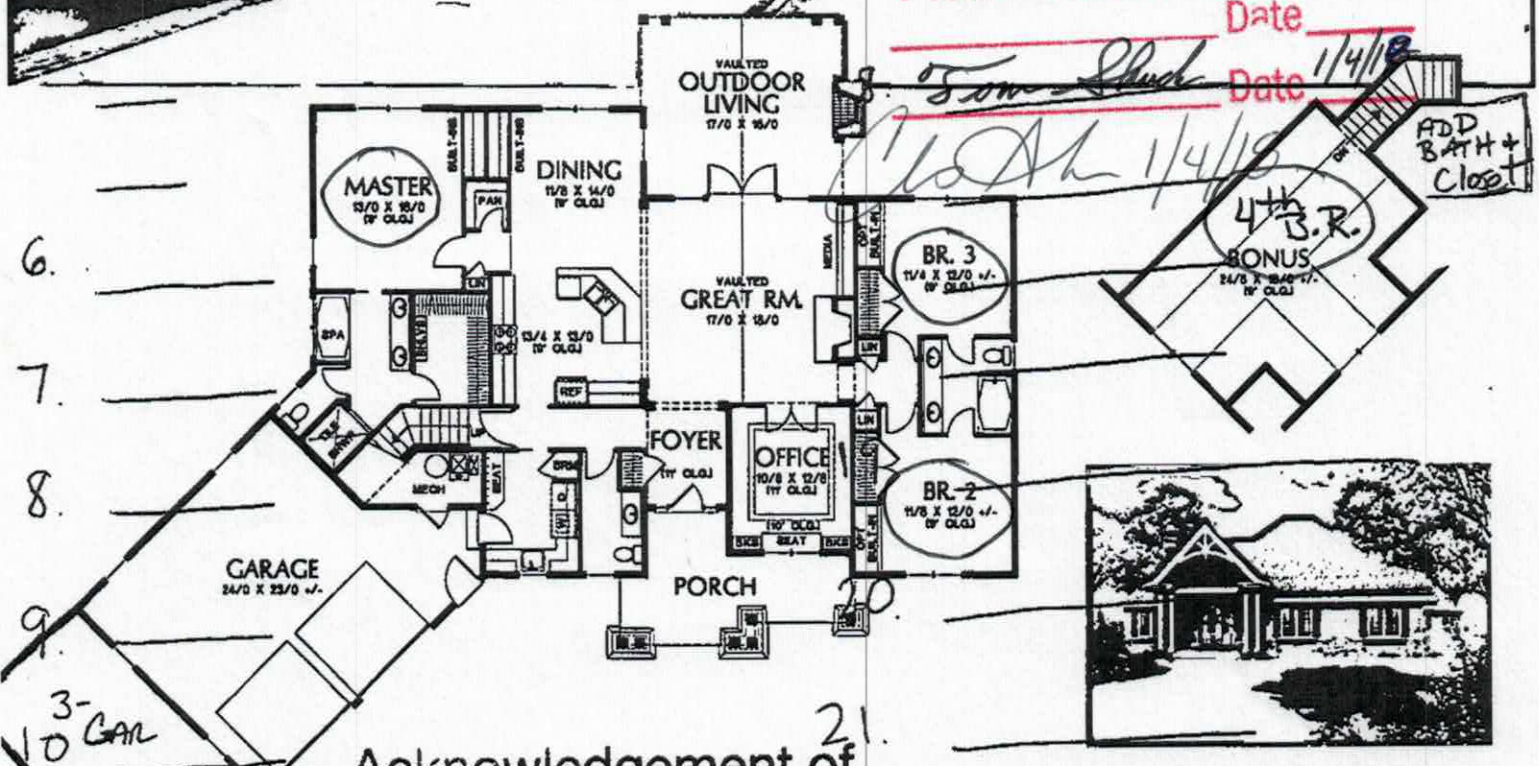
The Ripley 1248



Acknowledgement Of Plans Submittal ONLY!

Date

Date 1/4/18



Acknowledgement of Plans Submittal ONLY!

Date 12/14/17

Date

Sub Total	2233 Sq. Ft
Bonus	+426 Sq. Ft
Width	Depth
84'-4"	69'-10"
Height	(Main Flr to Peak): 31'-0" (to Midpt of Roof): 20'-6"

ALAN MASCORD DESIGN ASSOCIATES, INC
2187 NW Reed St. Suite 100, Portland, OR 97210 · 503.225.9161
mascord.com | houseplans.com

Width 15 (95)
Depth 15 (69)

IREDELL COUNTY

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

APPLICATION NUMBER
232166
Issue Date: 12/15/2017

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4676271659.000	517 LINWOOD ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: SHAW CHRISTOPHER KENT	Applicant: SHAW, CHRIS
Address: PO BOX 1111 TROUTMAN, NC 28166	Address: 148 LAUREL GLEN DR MOORESVILLE, NC 28115
Phone:	Phone: 704-902-0086

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	BOWC	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	123558	TOTAL FEES:	$ 77.25