IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225746

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

PIN # 4702687526

APPLICANT: Thomas B. Shook APPLICANT ADDRESS: 981 OLD MTN Rd Statesville NC 28677

SITE ADDRESS: 6006 Lewis Ferry Rd Statesville NC 28677 PHONE: 704/528 3104 ALT. PHONE: —

SITE DIRECTIONS: OLD MTN RD into Lewis Ferry Rd go all the way to the end 2nd Lot on the left after Lamb Rd.

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2 Acres. DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 160 Date 5/22/17
Pump Tank — (gal) PT — Date —
Pump Make — Model — Serial # —
Nitrification Fields 1 # Lines 6 Linear Ft: 360
Trench Width 36 Max. Trench Bottom Depth Special Instruction Gravel Depth —

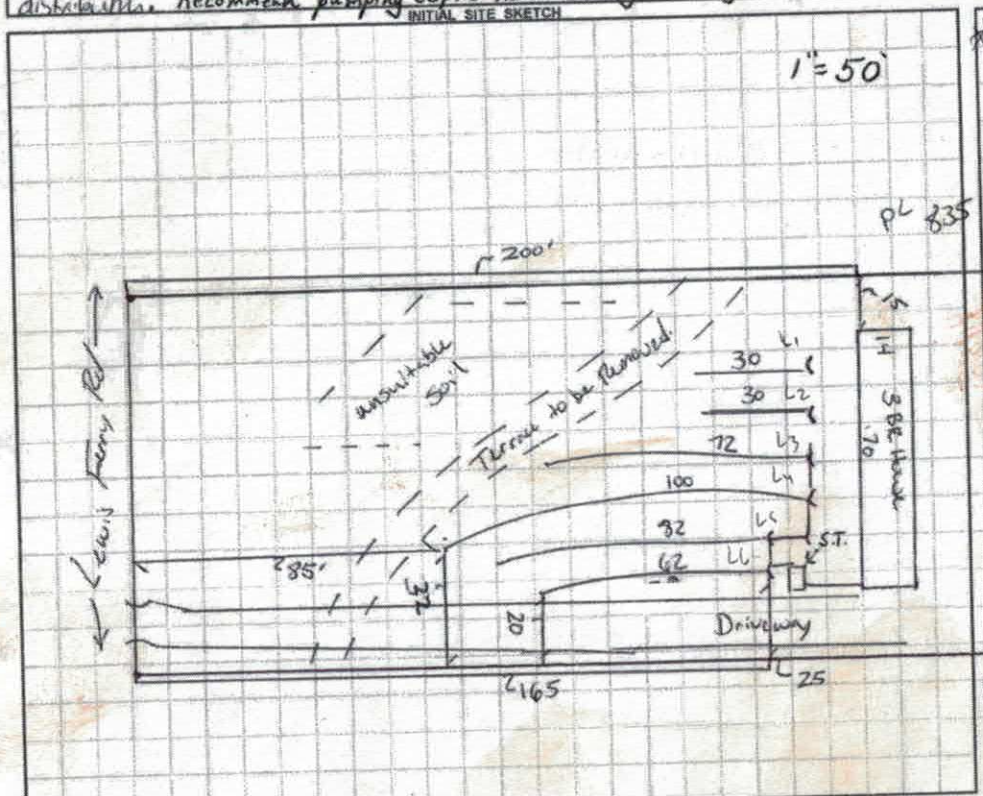
☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: 25% Reduction
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

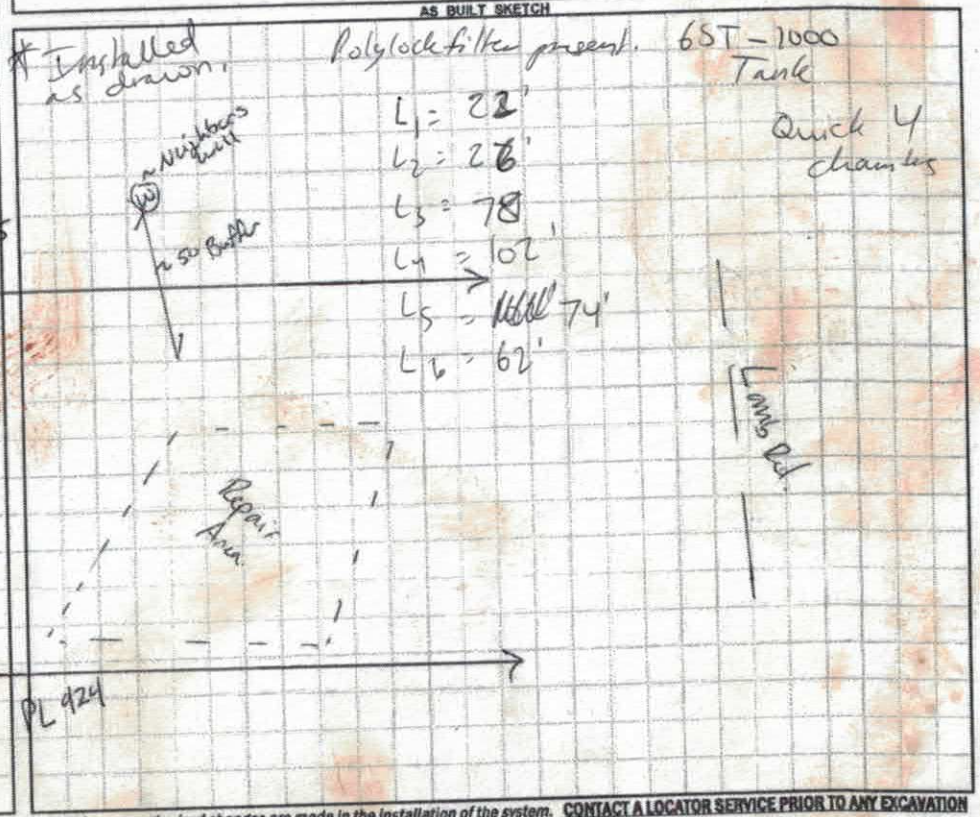
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: * Trench Bottom must be installed btwn 30 + 36 inches. Terrace must be graded out by final inspection in order to Receive O.P. Install Septic distribution lines on the contour of the land + utilize serial distribution. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



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: [signature] Date: 5/18/2017 Installed by: Kevin Bowles (Kevin's Grading)

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 4/7/2017 OPERATION PERMIT by: Mohamed Dumouia Date: 8/17/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 4/7/2017 Existing System Inspected by: — Date: —

Health Dept. Copy: WHITE Applicant (Final Approval): YELLOW Applicant (Conditional Approval): PINK

	Date	Initials
Drain Lines Checked	3/17/2017	M.A.D.
Tanks Checked	3/17/2017	M.A.D.
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked	N/A	
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 4702687526
COUNTY: Durham

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

OWNER: Thomas Shade
ADDRESS: 114 Pearl Pegram Rd Sch
PROPOSED FACILITY: House 3BR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 606 Cross Link Rd Sch

APPLICATION DATE 3/17/17
DATE EVALUATED: 4/5/17
PROPERTY SIZE: 2 Acres
PROPERTY RECORDED: Yes

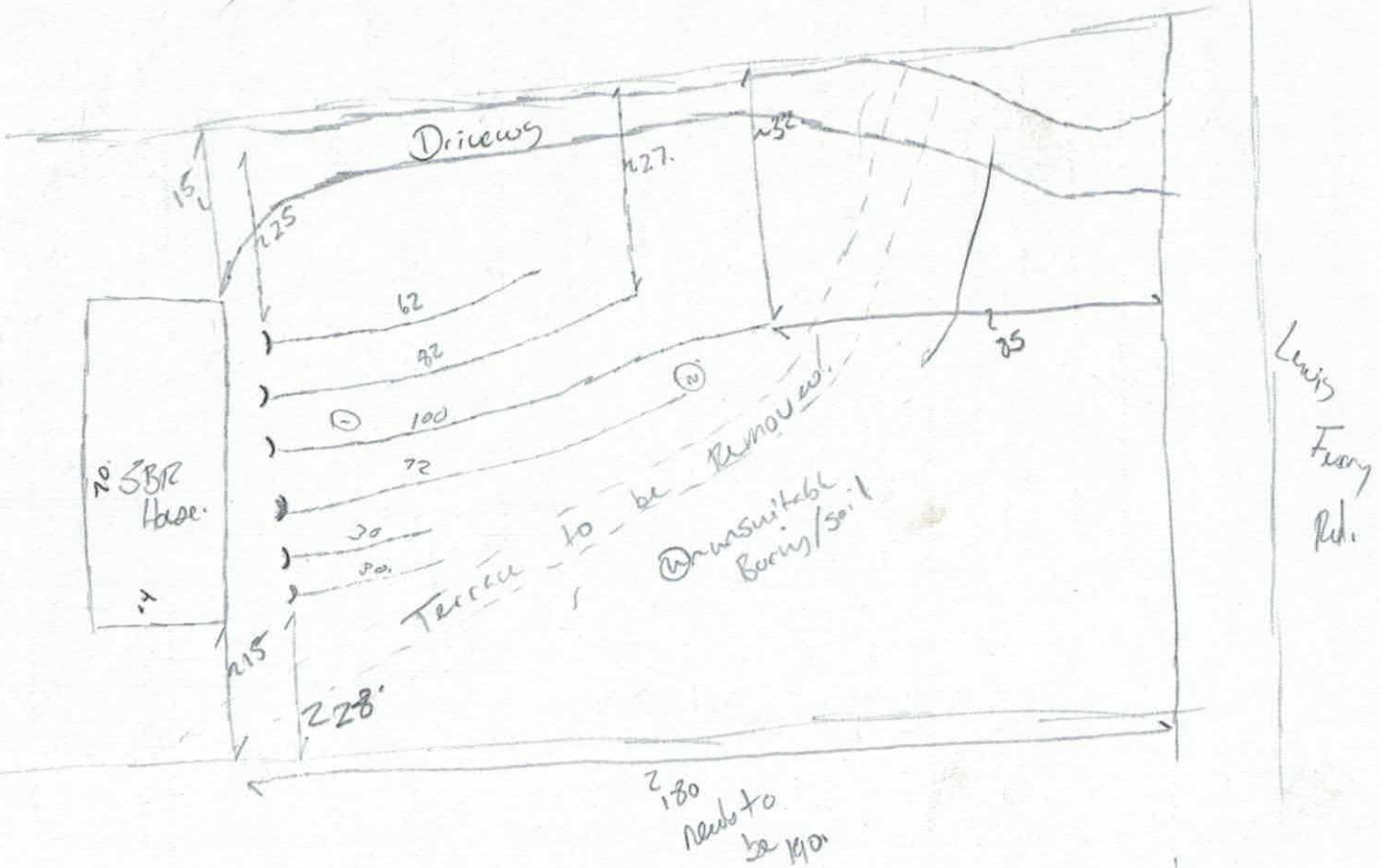
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	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
1	Linear 5%	0-8	SCL wSBK	SS SP FR SEAP	Yellow Brown Mottles 2.5YR4/6	48.		Terrace Most Jurk out	.25
		8-15	C SBK	FM					
		15-24	C SBK	FM					
		24-48	CL wSBK	FR					
2	Linear 3%	0-10	SCL wSBK	SS SP FR SEAP	10YR6/6 mottles 2.5YR4/6	48.		Terrace Most Jurk out	.25
		10-18	C SBK	FM					
		18-26	C SBK	FM					
		26-48	CL wSBK	FR					
3	Linear 3%	0-32	SCL wSBK	SS SP FR SEAP		48.			.3
		32-48	C SBK	SS SP FM					
4	Linear 3%	0-30	SCL wSBK	SS SP FR SEAP		48			.3.
		30-48	C SBK	SS SP FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS.
System Type(s)	25% Reduct	25% Reduction pump
Site LTAR	.25	.3

OTHER FACTORS (.1946): Terrace holding water * unsuitable Below Pu
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Batts
OTHER(S) PRESENT:

COMMENTS:


Driveway
15
225
227
32
62
82
100
72
30
20
25
70' SBR House
215
228'
Terrace to be Removed
Unsuitable Boring/soil
2180 needs to be RPO
Lewis Ferry Rd.

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Thomas B Shook	714 paul payne St Rd		704 903-3719
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Clarence Shook		704 873-8435	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

606 Lewis Ferry Rd		47026875 26
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: If you turn off old mountain onto Lewis Ferry rd go all the way until you pass lamb road and it's the 2nd lot on the left after lamb road.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)* Mobile home with 3 bdrm, 2 bath would be for future use

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
( ) Other

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other____

8. 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. industry) 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.

9. Signature: Thomas B Shook 3/17/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Call 704-903-3179

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Clarence E Shook Jr, am the legal owner(s) of the property located at 606 Lewis Ferry Road, identified as PIN (Parcel Identification Number) 4702687526, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Thomas B Shook, 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.

Clarence E Shook Jr 3/17/17
Signature of Owner(s) Date

Samantha J Shook 3-17-17
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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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...

____ 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

____ Front and side setbacks from property line...

____ Area you prefer your septic system to be placed...

____ Preferred driveway location and configuration, preferred well location...

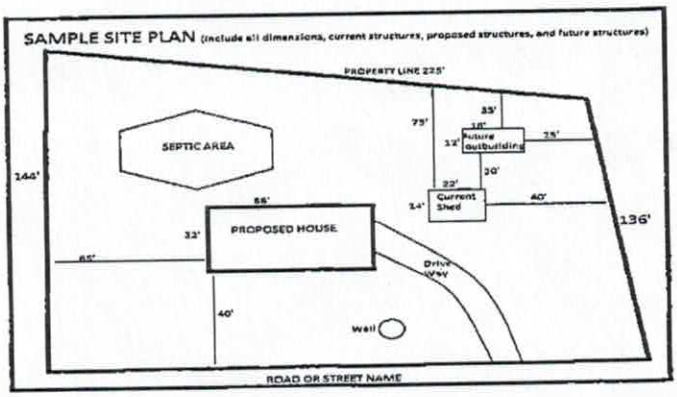
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

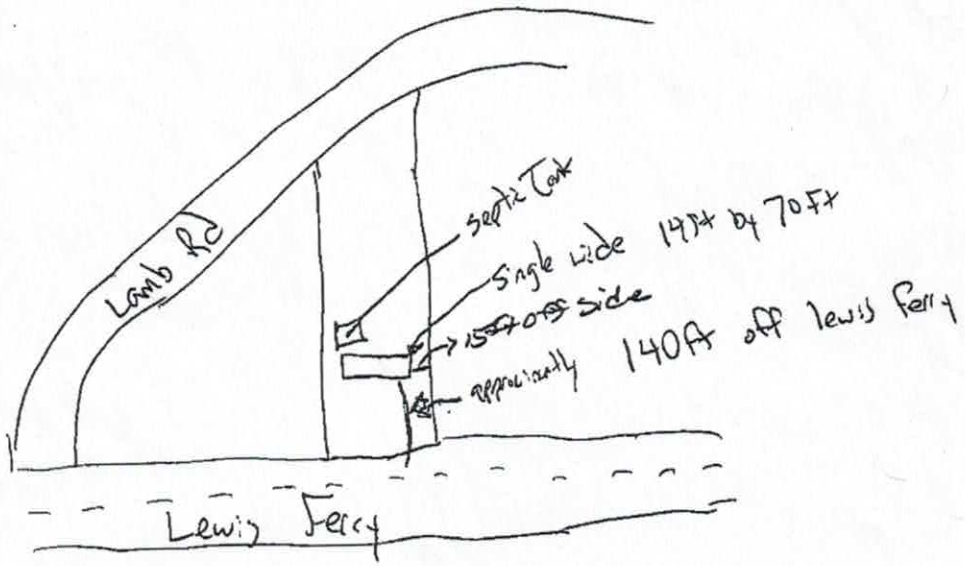
____ Location of septic systems and wells within 100' of your property... N/A

____ 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

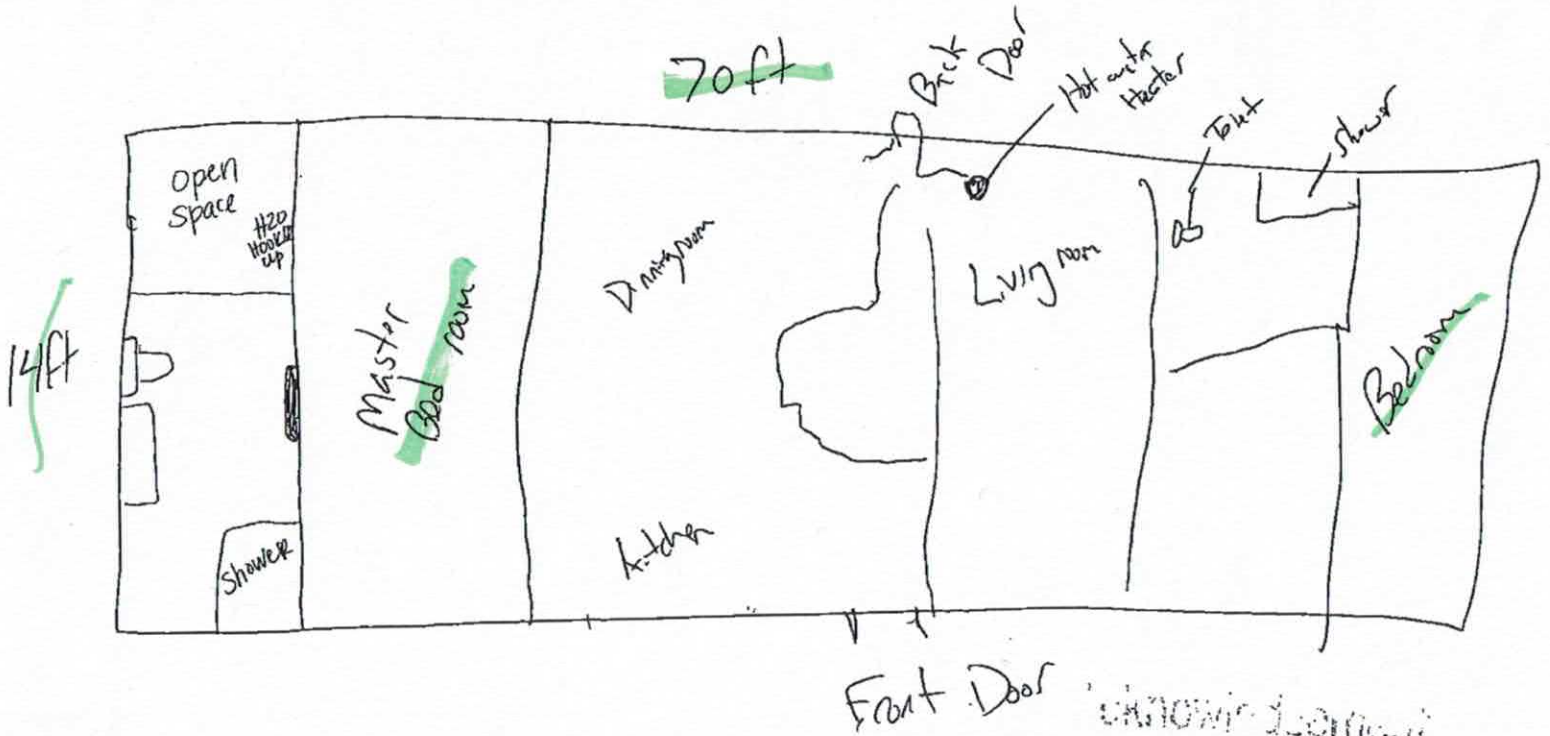


Signature: _____

REQUIRED property owner or owner's legal representative signature.

3/17/17

DATE



Known Deficiencies

Plans Submittal ONLY

Date 3/17/17

Date 4/7/17

IREDELL COUNTY

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

APPLICATION NUMBER
225746
Issue Date: 03/17/2017

ZONING PERMIT
Open Space

FILE COPY

Parcel Number	Street Address	Jurisdiction
4702687526.000	606 LEWIS FERRY ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: SHOOK CLARENCE E JR+MARY	Applicant: SHOOK, THOMAS B.
Address: 727 IREDELL CO, NC 28625	Address: 981 OLD MOUNTAIN RD STATESVILLE, NC 28687
Phone:	Phone: 704-528-3104

Use Requested	Zone Code
SW	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.000	35.00	35.00	15.00	15.00	PA	X

Remarks:

PAID 3/17/17

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

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.

See Attached

Applicant: _____ Date: _____

Permit Number	96935	TOTAL FEES:	$ 77.25