ICHD–ENVIRONMENTAL HEALTH DIVISION

POB Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP-304083

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

PIN # 4711536253

APPLICANT/OWNER: Kimberly Duvall / Susan Sherrill APPLICANT ADDRESS: 4772 Grassy Creek Rd. Denver, NC

SITE ADDRESS: 287 Laurel Cove Rd. Statesville, NC 28677 PHONE: 434-409-8706 ALT. PHONE ——

SITE DIRECTIONS: NC 115 N → L on Old Mountain → L on Buffalo Shoals → L on Laurel Cove → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: —— SECTION: — LOT # —— LOT AREA: 6.803 ac DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB Infiltrator Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4@90' Linear Ft 360'

Trench Width 36" Trench Bottom Depth(Low side) 31"/36" high side Gravel Depth ——

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% reduction

Repair System Description: 25% reduction (gravity)

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

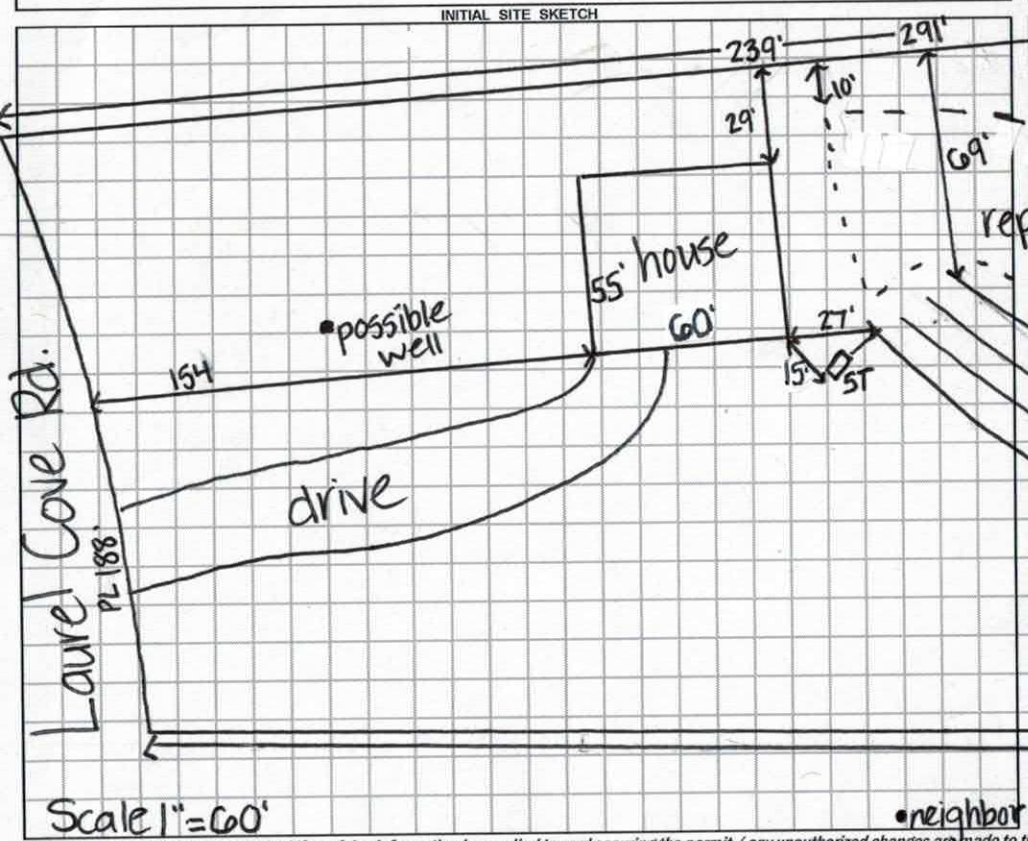
☐ Slab ☑ Crawl Space

☐ Basement w/ plumbing ☐ Basement w/o plumbing

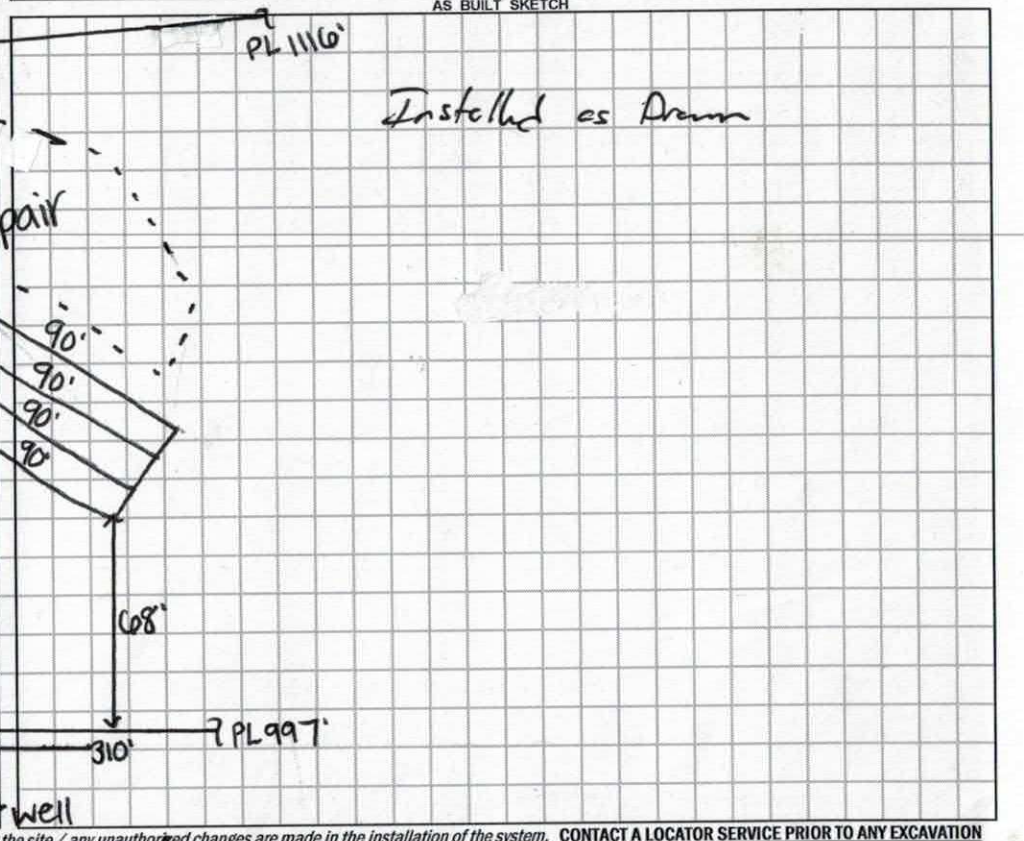
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour.

INITIAL SITE SKETCH



AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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 *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: 1/7/20

IMPROVEMENT PERMIT by: Kayla Watson Date: 1-22-20

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 1-23-20

Installed by: Bass Grading

OPERATION PERMIT by: Date: 5-15-20

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 1 of 1
PROPERTY ID #: 4711536253
COUNTY: Iredell

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

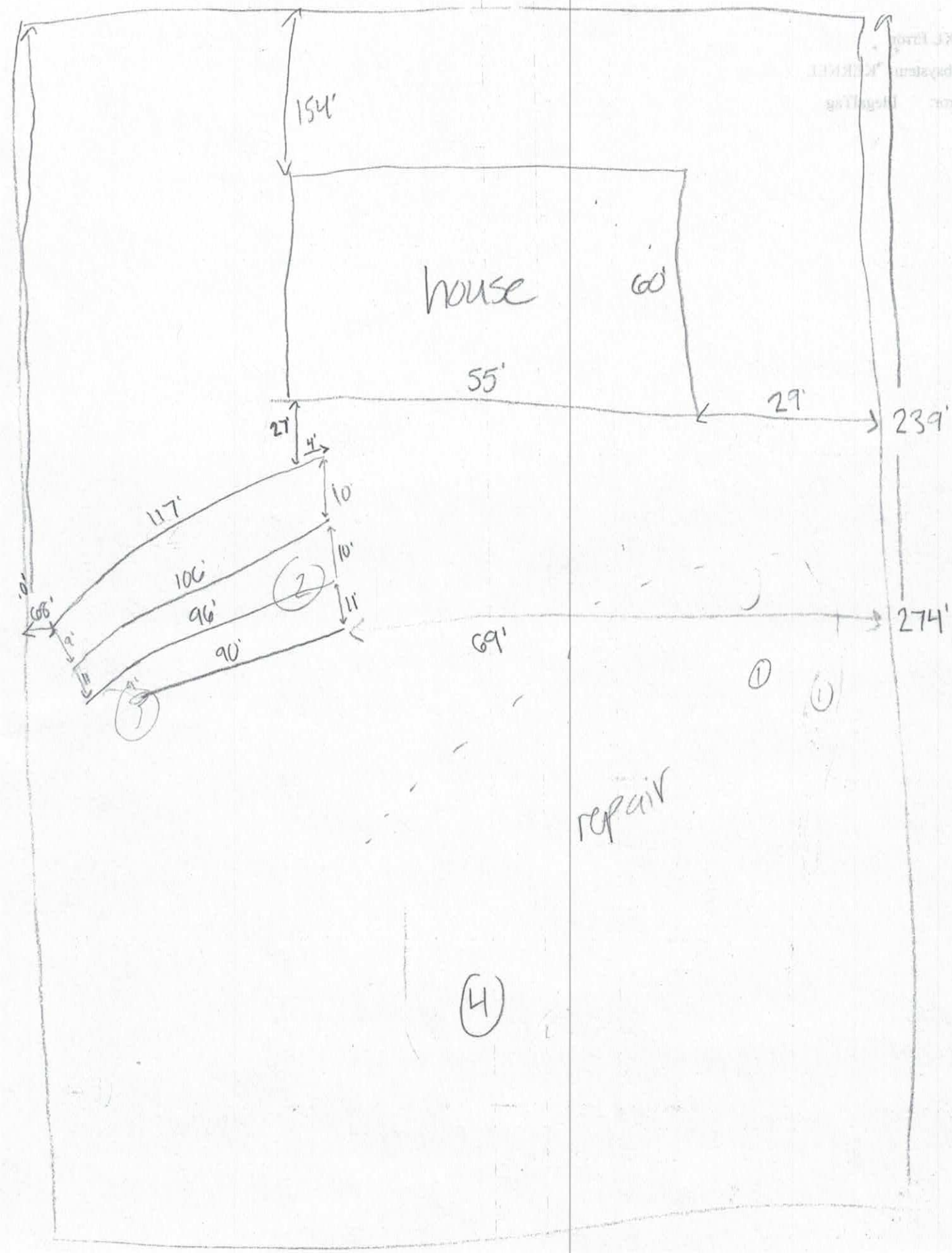
OWNER: Susan Sherrill
ADDRESS: 287 Laurel Cove Rd.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: NC 115 N → Lon Old Mountain → Lon Buffalo Shoals → L on Laurel Cove → lot on L
APPLICATION DATE 1-12-20
DATE EVALUATED: 1-21-20
PROPERTY SIZE: 6.803 ac
PROPERTY RECORDED: yes
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	12%	0-12	WSBK SCL	FR,SS,SP,SE	—	48	—	—	PS
		12-37	SABK C	FR,SS,SP,SE					
R	LS	37-48	WSBK CL	FR,SS,SP,SE					.275
2	12%	0-8	WSBK SCL	FR,SS,SP,SE	—	50	—	—	PS
		8-30	SABK C	FR,SS,SP,SE					
I	LS	30-50	WABK CL	FR,SS,SP,SE					.25
3	13%	0-11	WSBK SCL	FR,SS,SP,SE	—	49	33-49	few SAP inc.	PS
		11-33	SBK C	FR,SS,SP,SE					
I	LS	33-49	WSBK CL	FR,SS,SP,SE					.3
4	14%	0-11	WSBK SCL	FR,SS,SP,SE	—	48	—	—	PS
		11-27	SABK C	FR,SS,SP,SE					
R	LS	27-48	WSBK CL	FR,SS,SP,SE					.25

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	III
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


154'
house
60'
55'
29'
239'
27'
4'
10'
117'
10'
106'
96'
2
11'
90'
9'
9'
68'
69'
274'
1
1
repair
4

DigiSign Verified: 87906-FE75-44A 94-B20B25216FE

$500 / $550

1/13/2020

Kayla

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-304083

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Kimberly A Duvall Address: 4772 Grassy Creek Rd, Denver, NC Zip: 28037

Applicant Email: kduvall@vt.edu Phone: (434)409-8706 Alt. Phone: _____

Owner Name: Susan Sherrill Address: 1692 Kale Rd, Catawba, NC Zip: 28609

Owner Email: _____ Phone: 704.902.4463 Alt. Phone: _____

Property Information: 287

Street Address: 6.8 Ac Laurel Cove Rd. Statesville, NC 28677 Parcel ID: 4711-53-6253

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

Driving Directions: I-77 N. Exit 42. Go N on Hwy 21 through Troutman. Turn L on Old Mountain Rd. Turn L on Buffalo Shoals Rd. Turn L on Laurel Cove Rd. Property is on the left beside 277 Laurel Cove Rd.

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: 1 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: _____ 1/12/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: 87906-FE75-44A. 94-B20B25216FE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

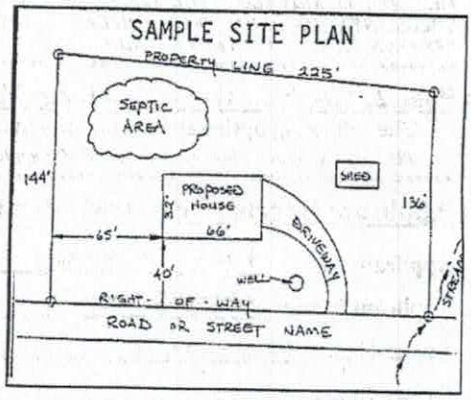
SITE PLAN WORKSHEET

3044083

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system 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

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.

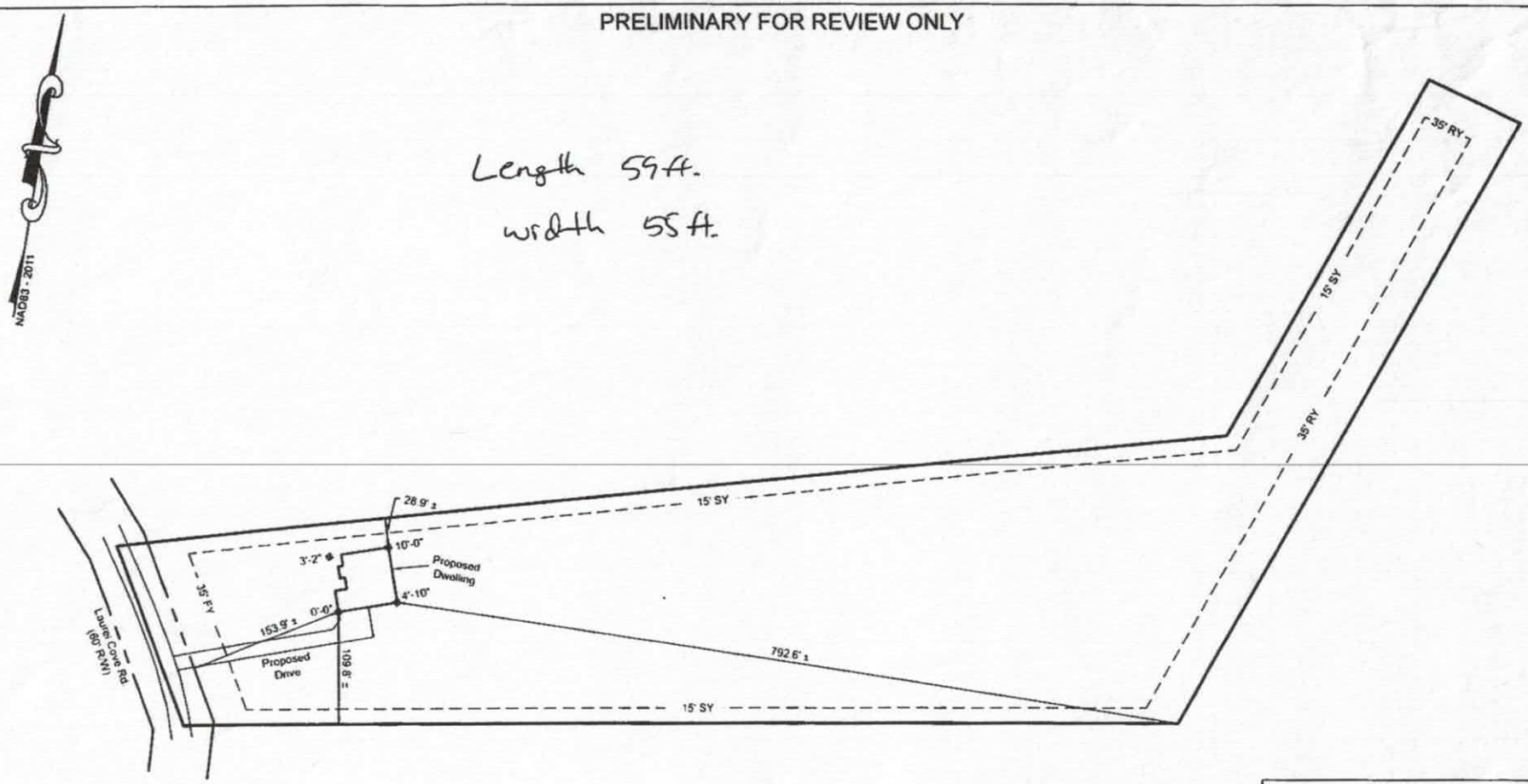
Signature: X _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/13/2020
DATE

PRELIMINARY FOR REVIEW ONLY

Length 59ft.

width 55ft.



LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG	PAGE

SETBACKS:

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE.

0 100 200 300

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

OWNER: Duvall

DRAWN BY JWE	CHECKED BY MIG
SCALE 1" = 100'	
DEED REF 2018 - 190	PIN NO 4711-53-6253
DATE OF MAP: 12-26-19	SURVEY DATE 12-19-19
REVISION	DRAWING FILE 20191229

Laurel Cove Rd., Statesville, NC 28677
Fallstown TWSP - Iredell County - North Carolina

DigiSign Verified E1C23-B198-414 AB-42B25B6F06C

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

304083

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, **Susan Sherrill**, am the legal owner(s) of the property located at **Laurel Cove Road, Statesville, NC 28677**, identified as PIN (Parcel Identification Number) **4711-53-6253**, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) **Kimberly A. Duvall, Buyer** _____, 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.

Susan Sherrill
Signature of Owner(s)

01-04-2020
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!

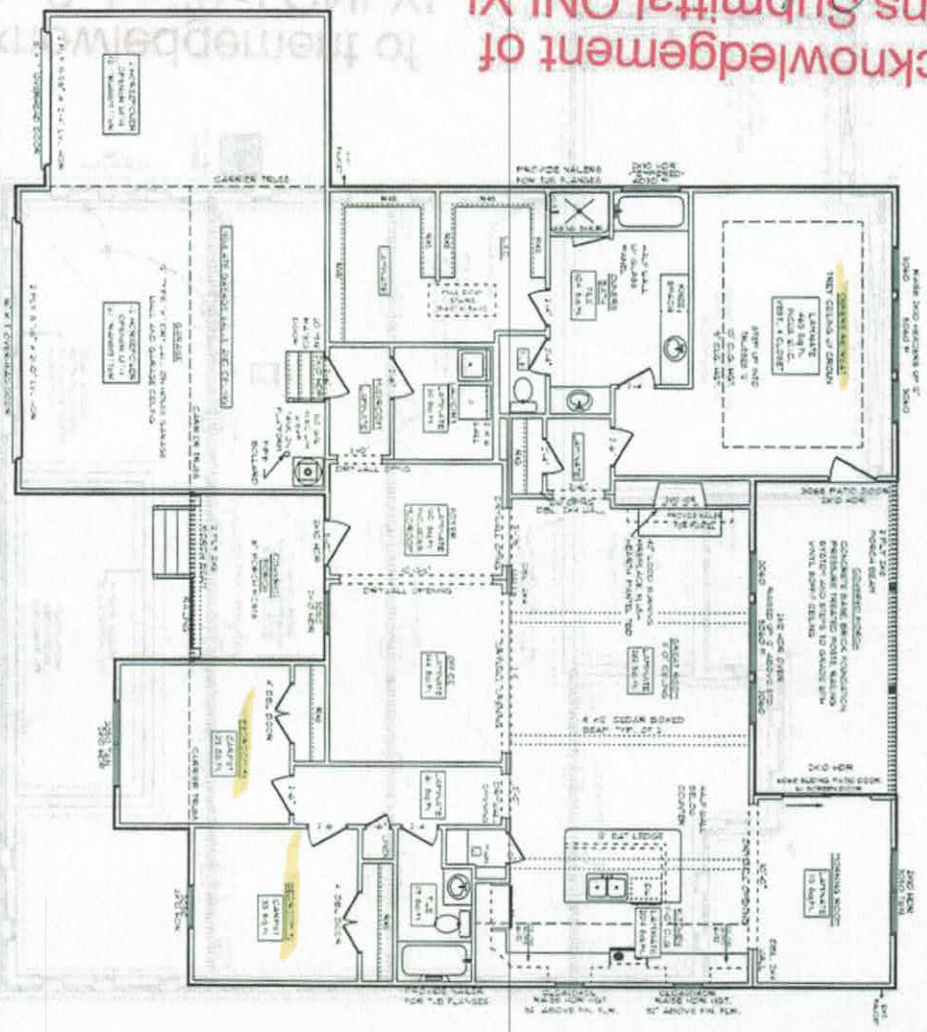
Date 1/13/2020

Date 1-23-20

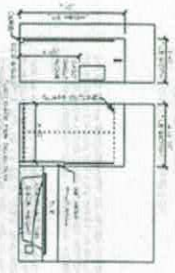
Plan is Reversed

Length 59 ft.

Width 55 ft.



HERITAGE G / CUSTOM
MAIN FLOOR PLAN
9' CEILING HEIGHT



WALL BRACING NOTES

GENERAL FRAMING NOTES

FLOORING NOTES

PLAN NOTES

SQUARE FOOTAGES:
MAIN FLOOR = 2,644 SQ. FT.
GARAGE = 642 SQ. FT.
PORCHES = 312 SQ. FT.
TOTAL UNDER AIR = 2,644 SQ. FT.

DRAWN BY: DMB
DATE: 8/7/2019
SCALE: 1/8" = 1'-0"
SHT: G

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Rose
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT BY:
KIMBERLY ANN DAVIS
JOB #:
DIV #:
LOT / BLOCK:
TBD
SHERRILLS FORD NC 28673
CATAWBA COUNTY

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IREDELL COUNTY · NC

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

APPLICATION NUMBER

304083
Issue Date: 01/13/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711536253.000	LAUREL COVE RD	Iredell County

Owner Information	Applicant Information
Name: SHERRILL SUSAN H	Name: JOSEPH WHITON
Address: 1692 KALE RD	Address: 4772 GRASSY CREEK RD
CATAWBA, NC 28609	DENVER, NC 28037
Phone:	Phone: (434)409-8706

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.803	35	35	15	15	WSIV-PA Catawba/Lake Norman	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: 01/13/2020

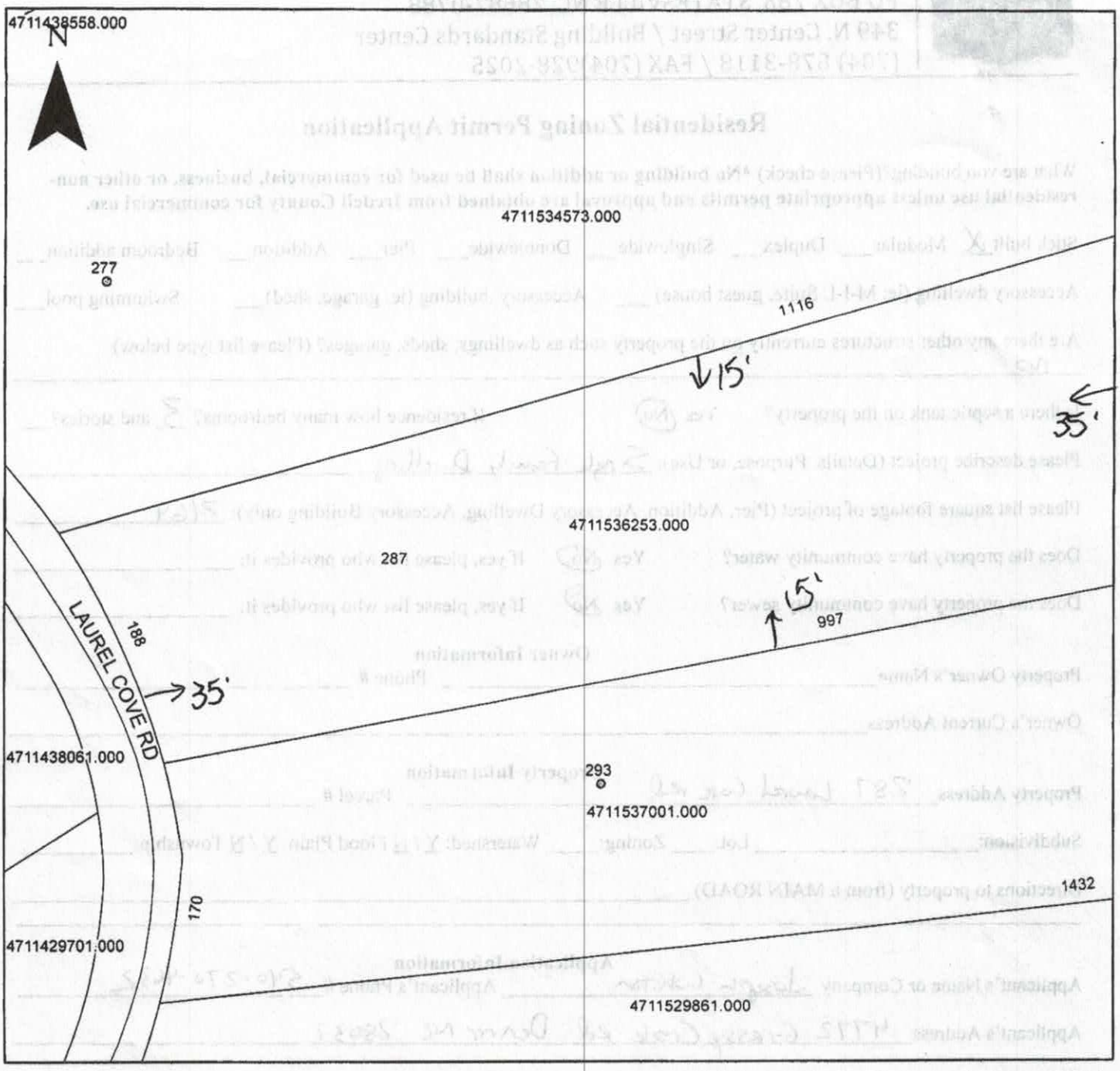
Signature of Owner/Contractor

Permit Number	304083

TOTAL FEES:	$77.25

304083

ZONING DISCLAIMER



Property Address 287 Laurel Cove Rd

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

1/13/2020

Date