File/Permit #: OSWP-2025-85567

BLDR-2025-85512 CW

IREDELL COUNTY HEALTH DEPARTMENT

BRADY FREEMAN, MPA REHS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

☑ Existing System Approval
- ☑ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☑ Construction Authorization/Notice of Intent to Construct
[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: GARY SCHMITT
Mailing Address: 1991 BUFFALO SHOALS ROAD
City: STATESVILLE
State: N.C. Zip: 28677
Phone #: 319-480-9031
Email: GSCHMITT2263@GMAIL.COM

Owner: GARY SCHMITT
Mailing Address: 1991 BUFFALO SHOALS ROAD
City: STATESVILLE
State: N.C. Zip: 28677
Phone #: 319-480-9031
Email: GSCHMITT2263@GMAIL.COM

PIN/Lot Identifier: 4712-72-8456 No Sub
Property Location/Address: 1991 BUFFALO SHOALS ROAD, STATESVILLE, N.C. 28677
Facility Type: ☑ House/Modular ☐ Mobile/Manufactured Home ☐ Business ☐ Other: _____

Operation Permit/ATO #: OSWP-2025-85567 Design Daily Flow: 480 GPD
Number of Bedrooms: 4 Max # Occupants: 8 Other: —
Wastewater Strength: ☑ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☐ Private well ☑ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Proposed Property Improvement: ADDITION OF HOUSE TO EXISTING GARAGE AND ADDITION OF POOL

All the following must be checked for approval:
- ☑ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☑ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☑ Proposed facility meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: SEE PREVIOUS PERMIT INSTALLED 5-6-2025

Inspector's Printed Name: BRYANT C. WHITE Inspector Certification #: 2751
Inspector's Signature: Bryant C. White Date: 11-20-2025

The existing system approval expires one year after the date of issuance.

See attached site sketch

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

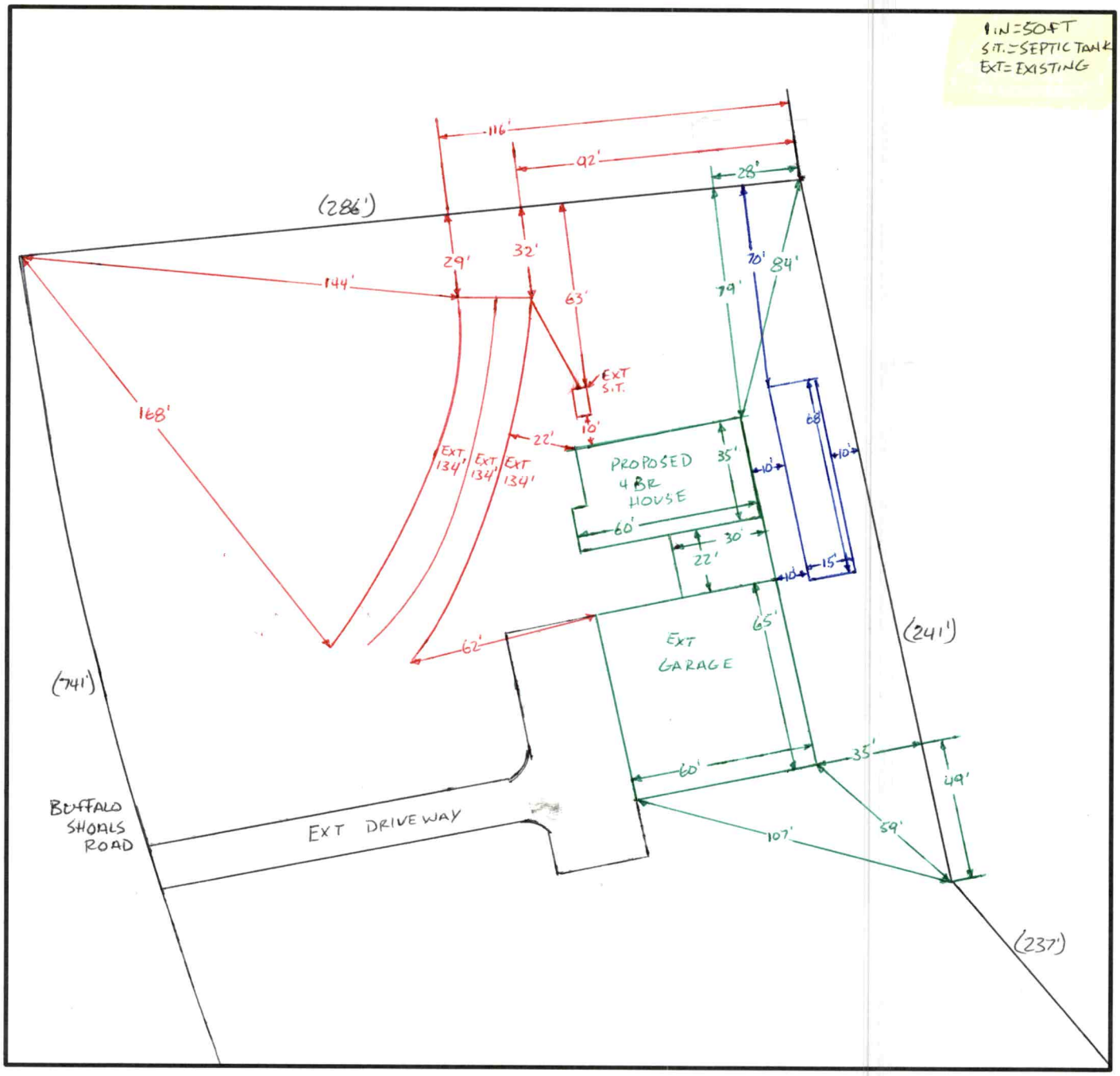
Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 Ext.3456

https://www.iredellcountync.gov/161/Health-Department/

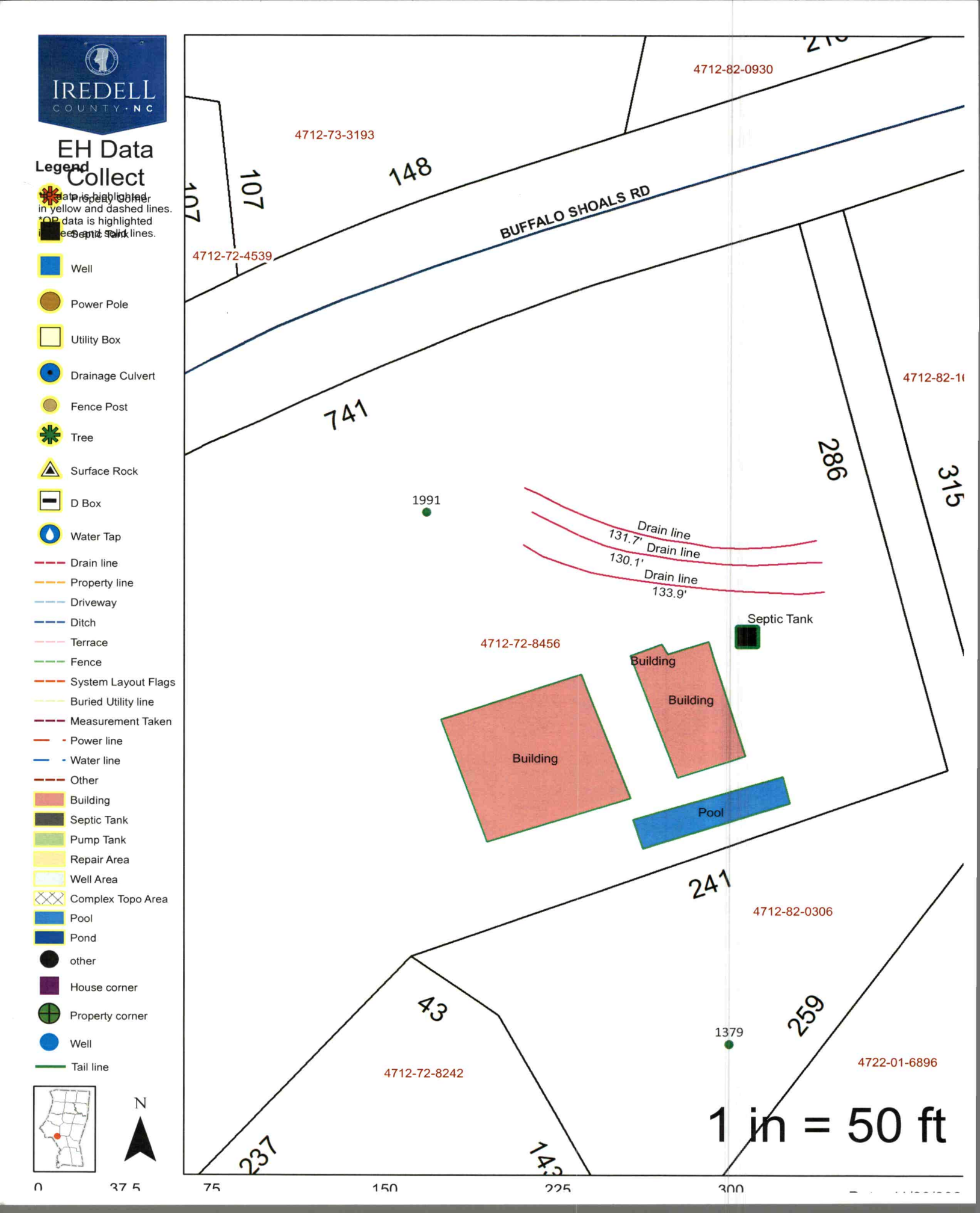
EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP-2025-85567 PIN/Lot Identifier: 4712-72-8456

Owner: GARY SCHMITT Property Location/Address: 1991 BUFFALO SHOALS ROAD, STATESVILLE, N.C. 28677



Include the existing and proposed structures and applicable setbacks.


IREDELL
COUNTY · NC
EH Data Collect
Legend
Property Corner
Septic Tank
Well
Power Pole
Utility Box
Drainage Culvert
Fence Post
Tree
Surface Rock
D Box
Water Tap
Drain line
Property line
Driveway
Ditch
Terrace
Fence
System Layout Flags
Buried Utility line
Measurement Taken
Power line
Water line
Other
Building
Septic Tank
Pump Tank
Repair Area
Well Area
Complex Topo Area
Pool
Pond
other
House corner
Property corner
Well
Tail line
4712-82-0930
4712-73-3193
4712-72-4539
4712-82-8456
4712-82-0306
4712-72-8242
4722-01-6896
BUFFALO SHOALS RD
148
107
107
741
286
315
241
43
259
237
1991
1379
Drain line
131.7'
Drain line
130.1'
Drain line
133.9'
Septic Tank
Building
Building
Building
Pool
N
1 in = 50 ft
0
37.5
75
150
225
300

PERMIT SNAPSHOT REPORT OSWP-2025-85567 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/27/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	

Description: Application for a septic system that your department already approved.,. We installed a 4 bedroom system for phase 1 of this project and now we want to start phase 2. The 4 bedroom system is already installed

Parcel: 4712728456.000 Main	**Address:** 1991 Buffalo Shoals Rd Main Statesville, NC 28677	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Gary Schmitt	Gary Schmitt
1991 Buffalo Shoals Rd	1991 Buffalo Shoals Rd
Statesville, NC 28677	Statesville, NC 28677
Business: (980) 223-2859	Business: (980) 223-2859
Mobile: (319) 480-9031	Mobile: (319) 480-9031

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	56x52
What are the proposed structures	Other Addition/Structure	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	2
If other Addition/Structure, please explain	Phase 1 was the garage/living area that is already completed. This is phase 2, the residence side.	Number of Occupants	2	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Other Public Water	Desired Septic System Type	Other
If other septic system type, please explain	Septic system is existing. Inspected by your department on 5/6/2025	Has this project been approved by TRC	No	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	25
Zoning Permit Issued Date	Oct 28 2025 12:00AM	Zoning Permit Expiration Date	Apr 26 2026 12:00AM	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Zoning Notes/Addendums	okay per RH - email on building
Additional Unique Setbacks Apply	No	Watershed	WSIV PA CATAWBA/LAKE NORMAN		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Gary_Schmitt_10/27/2025.jpg	10/27/2025 14:59	Schmitt, Gary		Uploaded via CSS
B1-Authorize to Act as Agent_v1.pdf	10/27/2025 15:47	Schmitt, Gary	Available Online	
1991Plans_v1.pdf	10/27/2025 15:47	Schmitt, Gary	Available Online	
A1-Site Plan_v1.pdf	10/27/2025 16:03	Schmitt, Gary	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2025-343117	Final	OSWP Septic/Well Preliminary Site	10/28/2025			10/28/2025 15:55	10/28/2025 15:55

PERMIT SNAPSHOT REPORT (OSWP-2025-85567)

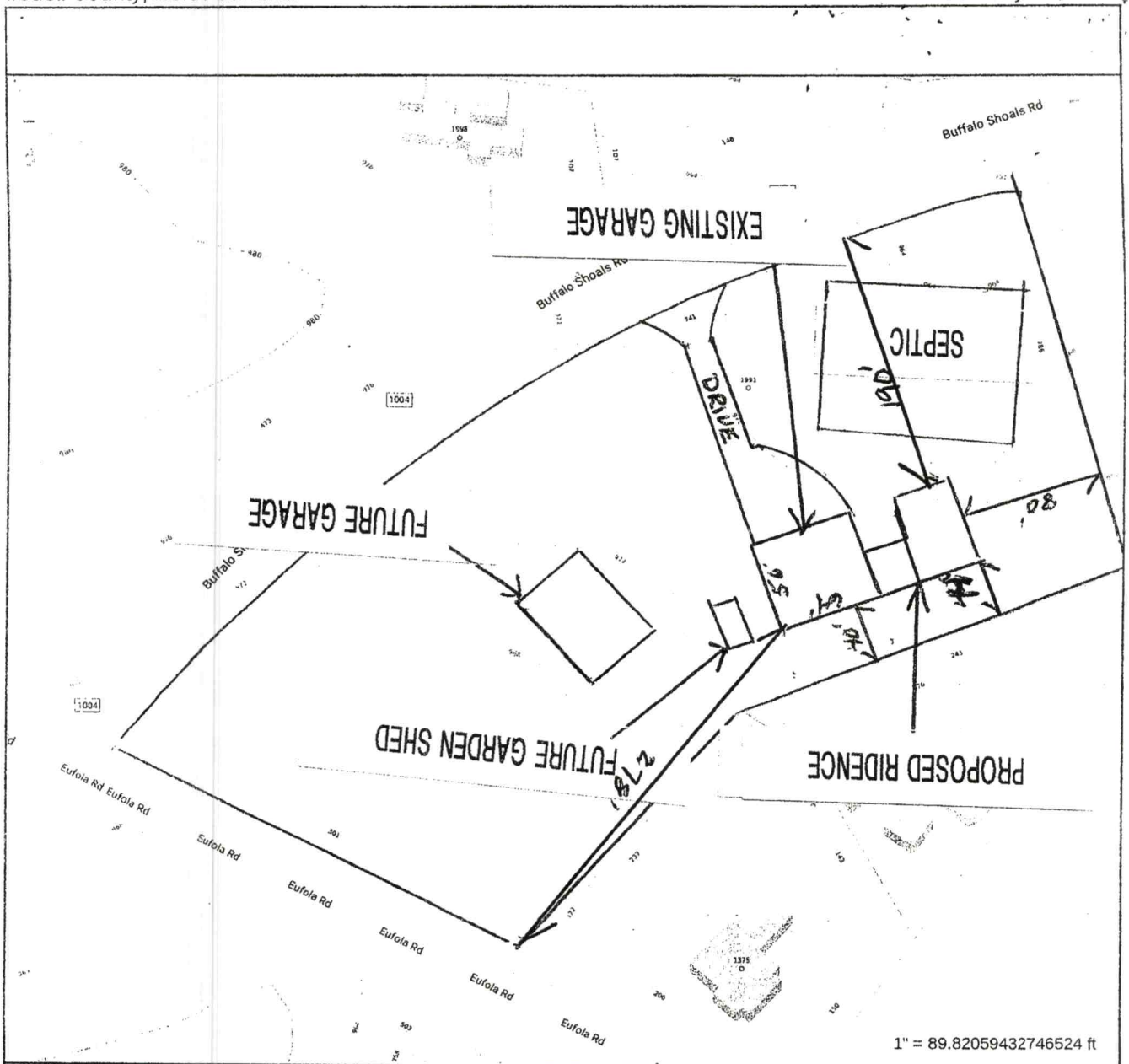
Inspection Visit Report

Inspectors: Bryant, Drew (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00050919	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Total for Invoice INV-00050919	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/27/2025 15:47	10/27/2025 15:47
Confirm application complete v.1	Generic Action		10/27/2025 15:47
Zoning Review v.1		10/27/2025 15:54	10/28/2025 8:08
~~Floodplain Admin Overview v.1~~	Task		10/27/2025 15:53
Iredell County Zoning Approval v.1	Task	10/27/2025 15:54	10/27/2025 15:55
Issue Invoice v.1	Generic Action		10/27/2025 15:55
Fees Paid v.1	Generic Action		10/28/2025 8:08
Fees v.1		10/27/2025 15:54	10/28/2025 8:08
Issue Invoice v.1	Generic Action		10/27/2025 15:55
Fees Paid v.1	Generic Action		10/28/2025 8:08
Lot Readiness Verification v.1		10/28/2025 15:55	
OSWP Septic Preliminary Site Visit v.1	Inspection	10/28/2025 15:55	10/28/2025 15:56
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		



IREDELL

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 11/15/2023
Data updated 11/14/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 322550

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

PIN # 4712 -- 72 -- 8456

APPLICANT/OWNER: Craig Schmidt APPLICANT ADDRESS: 1907 Clayton Street

SITE ADDRESS: 1991 Buffalo Shoals Road Statesville PHONE: 319-480-9051 ALT. PHONE 980-223-2859

SITE DIRECTIONS: 1.5 miles South of old Mountain Road on Buffalo Shoals SAP CONTROLLED: ☐ YES ☒ NO

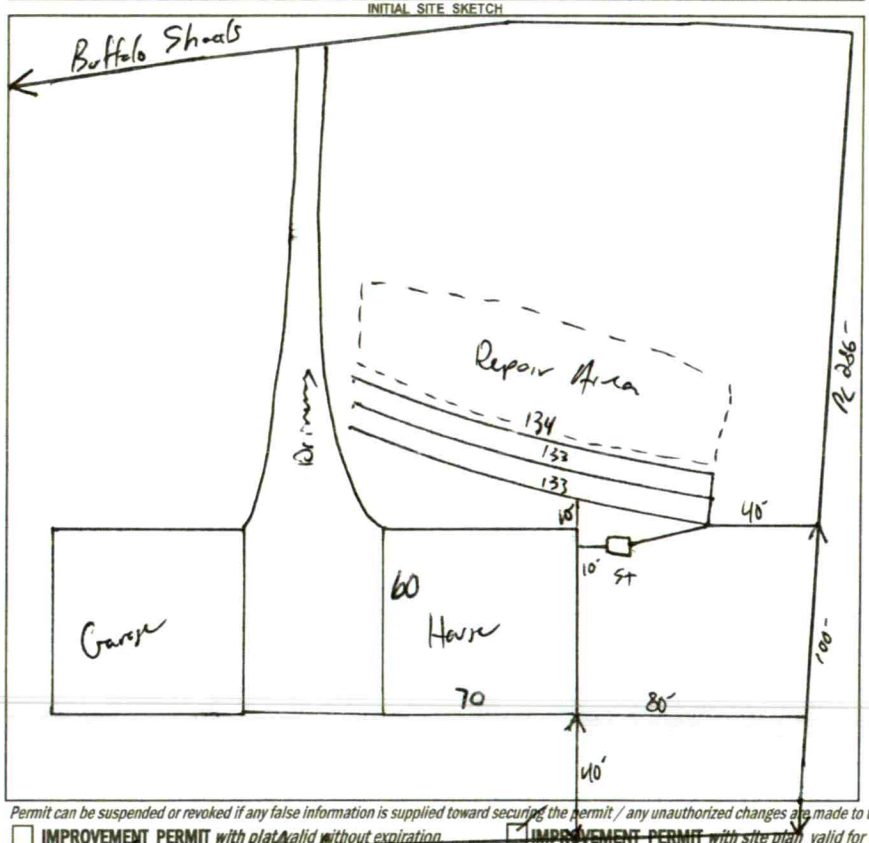
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 3.8 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons 8	☐ Private
Pump Make Model		Serial #	Repair System Description: 25% Reduction	☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 3	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(~~Low side~~) Max 36"	Gravel Depth –	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Drainline on contour of land use Serial distribution.

House plans too big but does not interfere with septic.

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.

1" = 60'

See attached as built

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: 12/13/21 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Date: 12-10-2021 OPERATION PERMIT by: D. Wiebers Date: 5/16/25

AUTHORIZATION TO CONSTRUCT by: Date: 1/20/23 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


EH Data Collect
*IP data is highlighted in yellow and dashed lines.
*OP data is highlighted in green and solid lines.
Legend
Property Corner
Septic Tank
Well
Power Pole
Utility Box
Drainage Culvert
Fence Post
Tree
Surface Rock
Drain line
Property line
Driveway
Ditch
Gully
Terrace
Fence
System Layout Flags
Buried Utility line
Measurement Taken
Other
Building
Septic Tank
Pump Tank
Repair Area
Well Area
Complex Topo Area
Pool
Pond
other
House corner
Property corner
Well
Tail line
N
0
45
90
180
270
360
1986
4712-73-3193
103
4712-82-0930
216
148
107
107
4712-72-4539
BUFFALO SHOALS RD
741
4712-82-168
286
315
Repair
1991
Drain line
Drain line
Drain line
4712-72-8456
4712-82-0306
43
1379
4722-01-6896
4712-72-8242
143

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

Sheet 1 of 1
PROPERTY ID #: 4712278455
COUNTY: Iredell

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

OWNER: Gary Schmitt
ADDRESS:
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 1991 Buffalo Shoals

APPLICATION DATE: 10-20-21
DATE EVALUATED:
PROPERTY SIZE: @ 3.8
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3-4%	0-6	SRL SCL	Fr SSSP Semp	N/A	48+	N/A	N/A	PS .3
		6-30	SBK C						
		30-48	SBK CL						
2	3-4%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-30	SBK C						
		30-48	SBK CL						
3	3-4%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-30	SBK C						
		30-48	SBK CL						
4	3-4%	0-6	SBK SCL		N/A	48+	N/A	N/A	PS .3
		6-24	SBK C						
		24-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400+	400+
System Type(s)	2SC	2SC
Site LTAR	.3	.5

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

COMMENTS:

LEGEND

use the following standard abbreviations

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

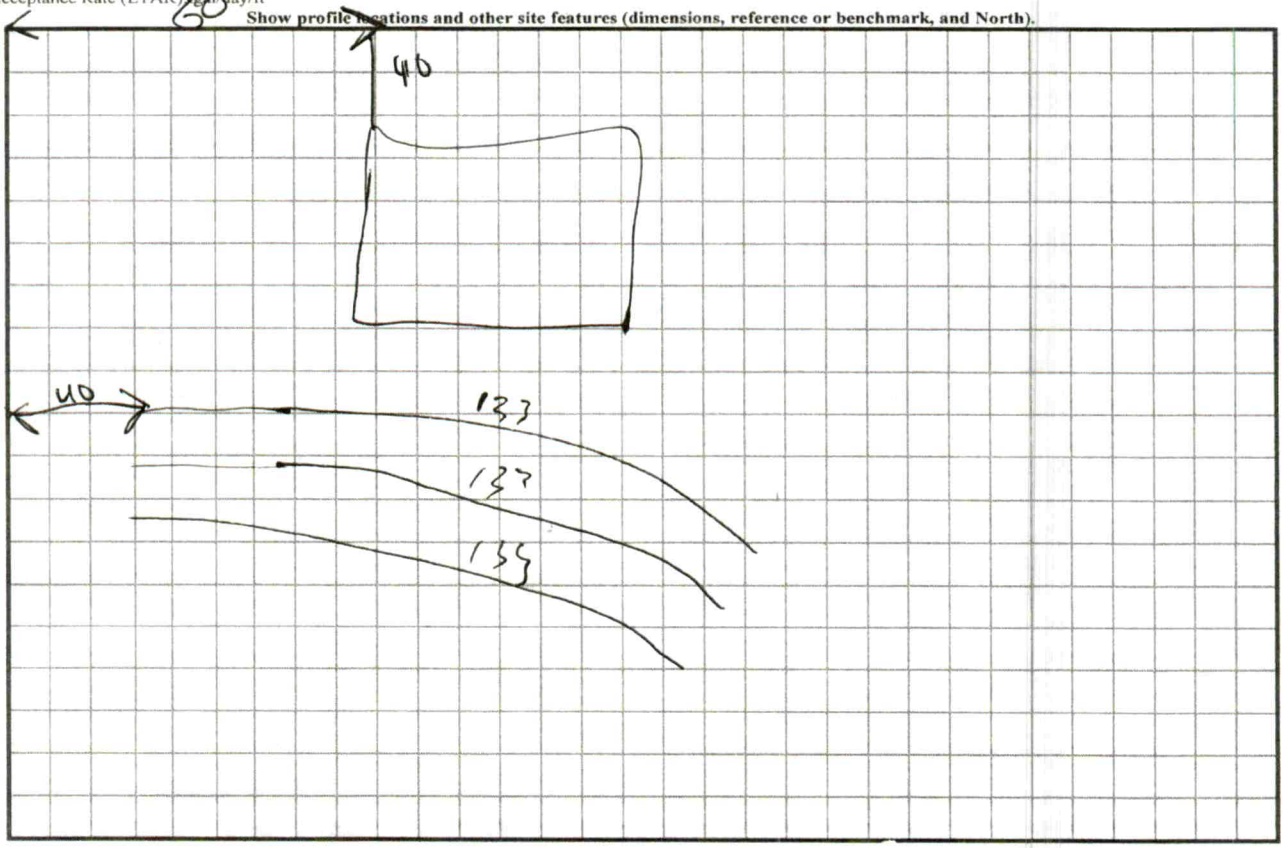
NOTES

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).



Buffalo Shoals Road

RECEIVED OCT 2 5 2021

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* AP-322550 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair
(No floorplan submitted with App.) (Floorplan submitted with App.)

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: GARY SCHMITT Address: 1907 CLAYTON ST Zip: 28677
Applicant Email: gschmitt2203@gmail.com Phone: 339-450-9031 Alt. Phone: 980-223-2859
Owner Name: STEVE CHAMBERS Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 891 BUFFALO SHOALS RD - STATESVILLE, NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: GO 1.5 MILES SOUTH OF OLD MOUNTAIN RD ON BUFFALO SHOALS - PROPERTY ON LEFT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 2
(X) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
(X) 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: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 (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: _____ 10/20/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 291A9696-885F-42CA-A124-73BB363F45F7

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Steven Mark Chambers, am the legal owner(s) of the property located at 000 Buffalo Shoals Road, Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4712-72-8456, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Gary J. Schmitt, Lisa A. Schmitt, 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.

DocuSigned by:
Steven Mark Chambers
C07F883609474AD
Signature of Owner(s)

9/14/2021 | 11:58 AM EDT
Date

Mooresville - Environmental Health
barbara.nebe...@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

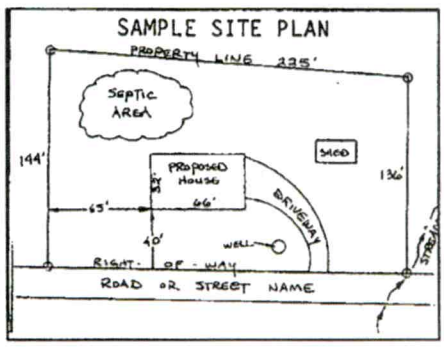
Statesville - Environmental Health
...@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

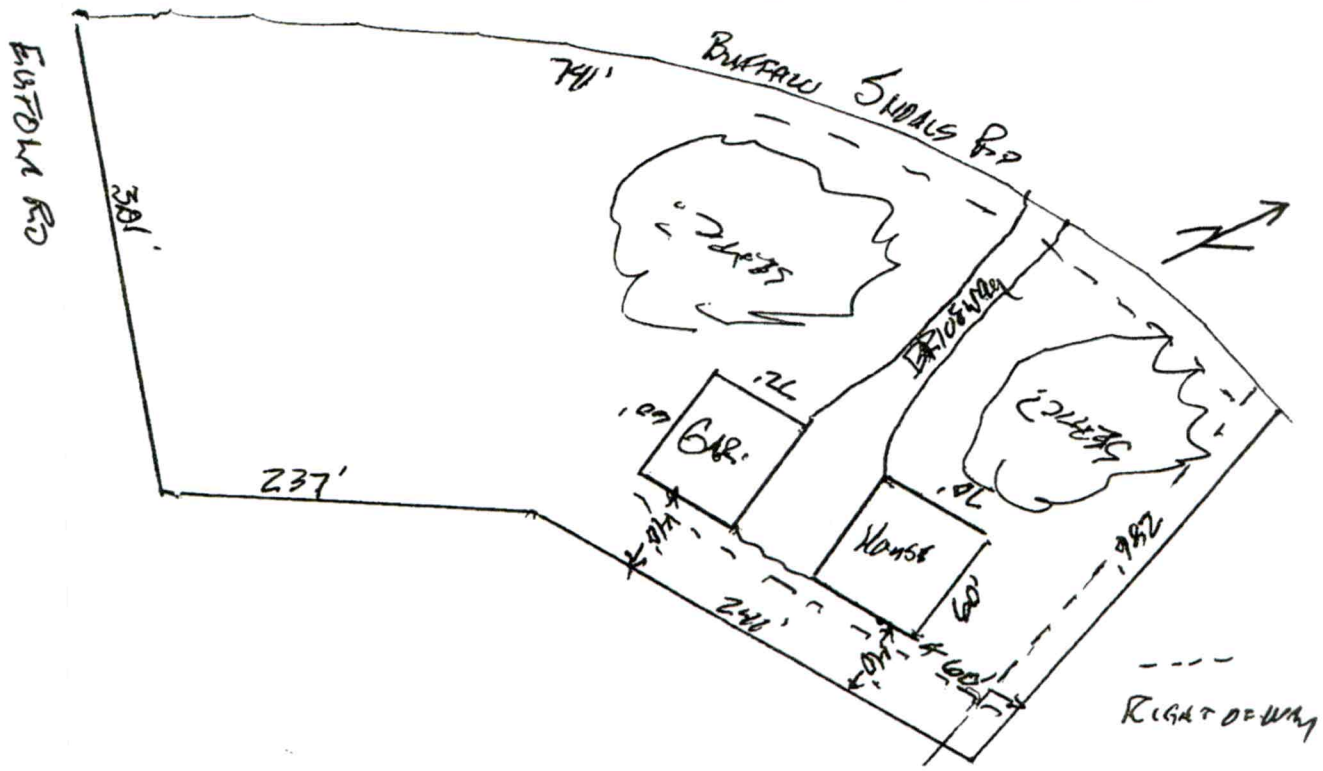
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator 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

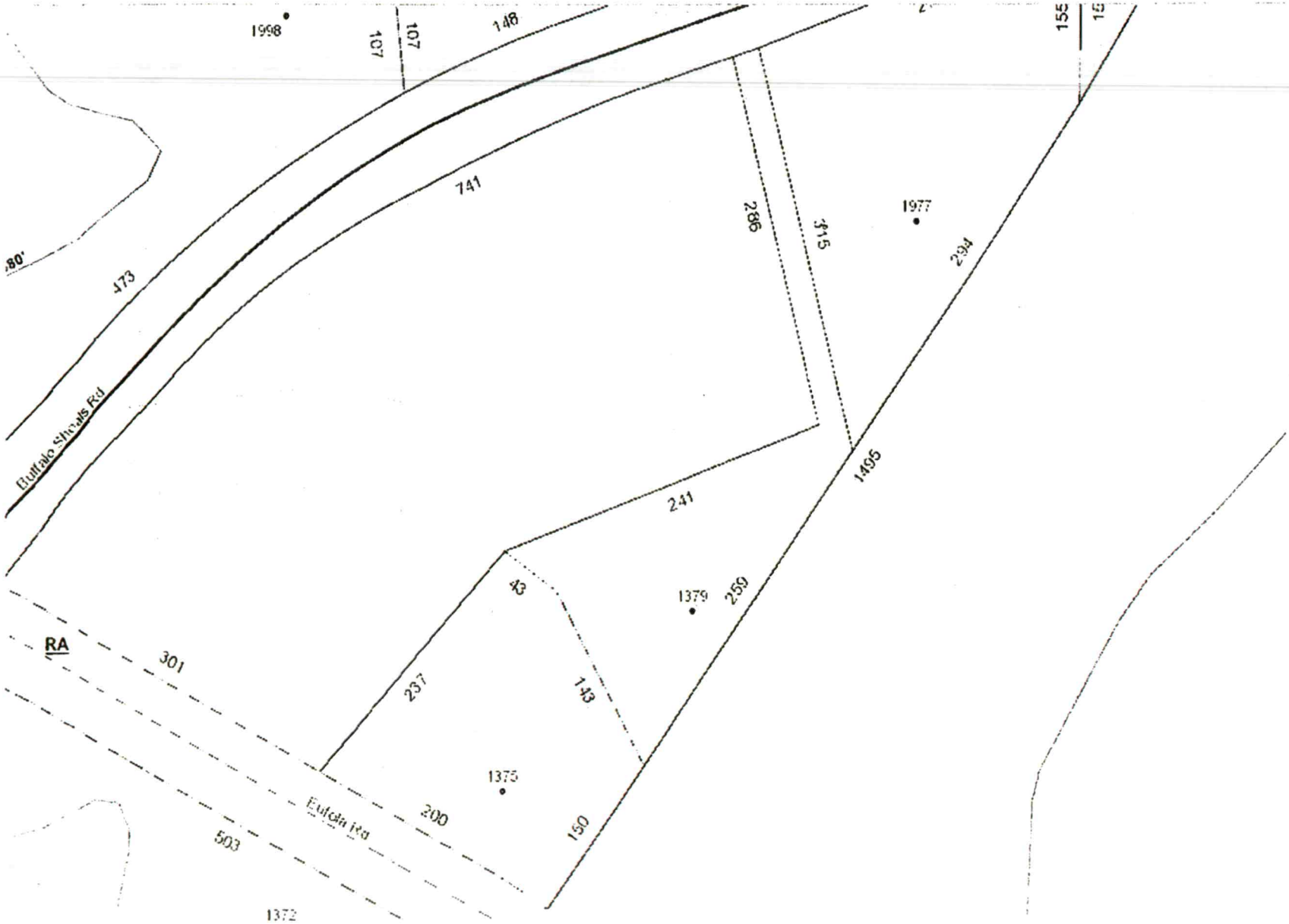


Signature: _____

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

10/21/21
DATE

ch Map Results Layers Help



IREDELL COUNTY · NC

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

APPLICATION NUMBER
322550 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4712728456.000	1991 BUFFALO SHOALS RD	Iredell County

Owner Information	Applicant Information
Name: CHAMBERS STEVEN M	Name: GARY SCHMITT
Address:	Address:
Phone:	Phone: (319)480-9031

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.81	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: 10/22/2021

Signature of Owner/Contractor

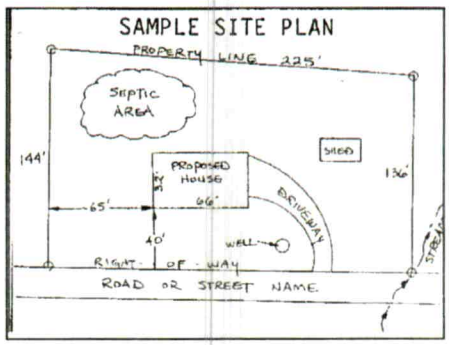
Permit Number	322550	TOTAL FEES:	$77.25

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!!!*



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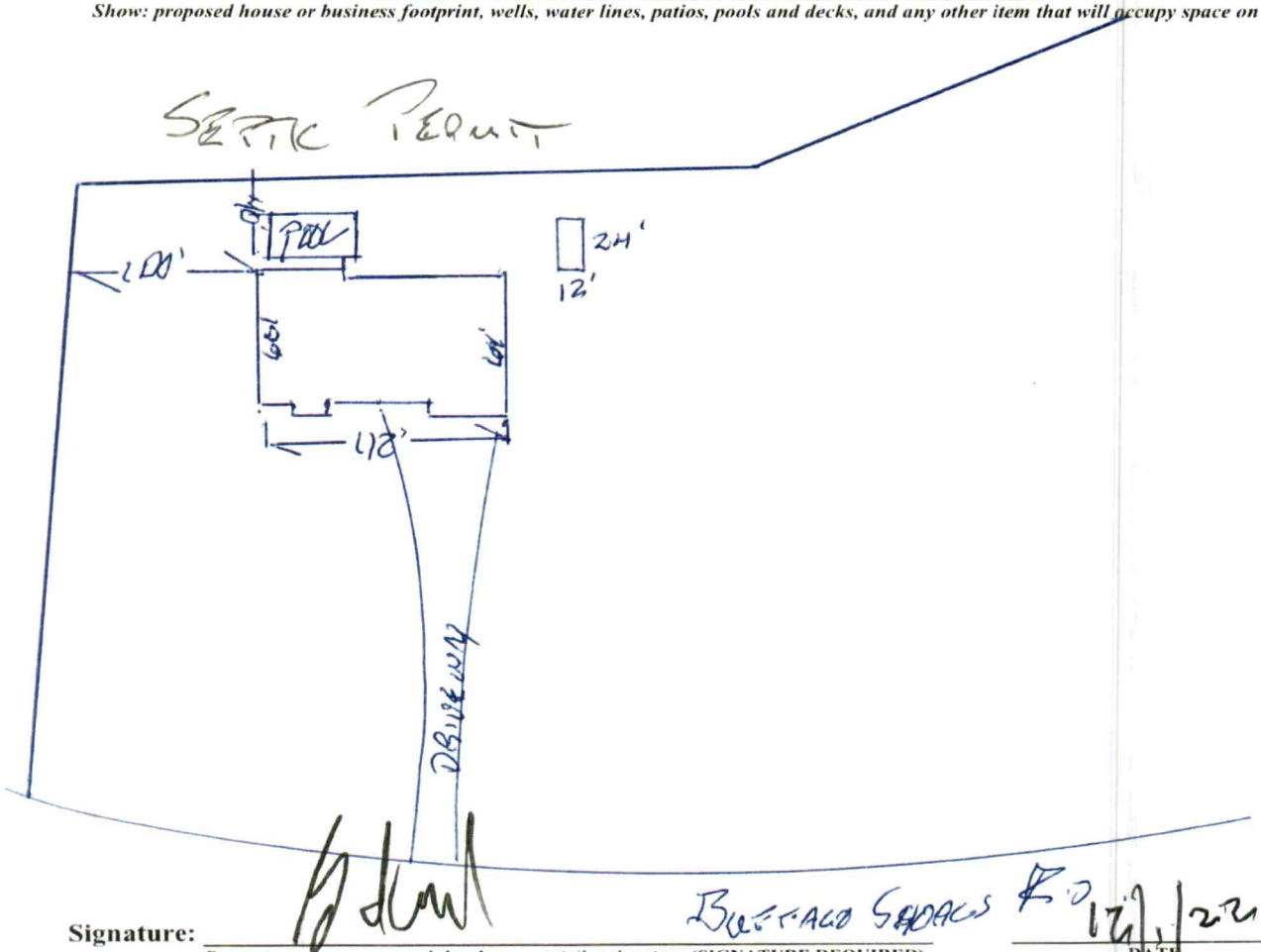
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- ( ) North arrow, or other sufficient indicator of direction

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Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

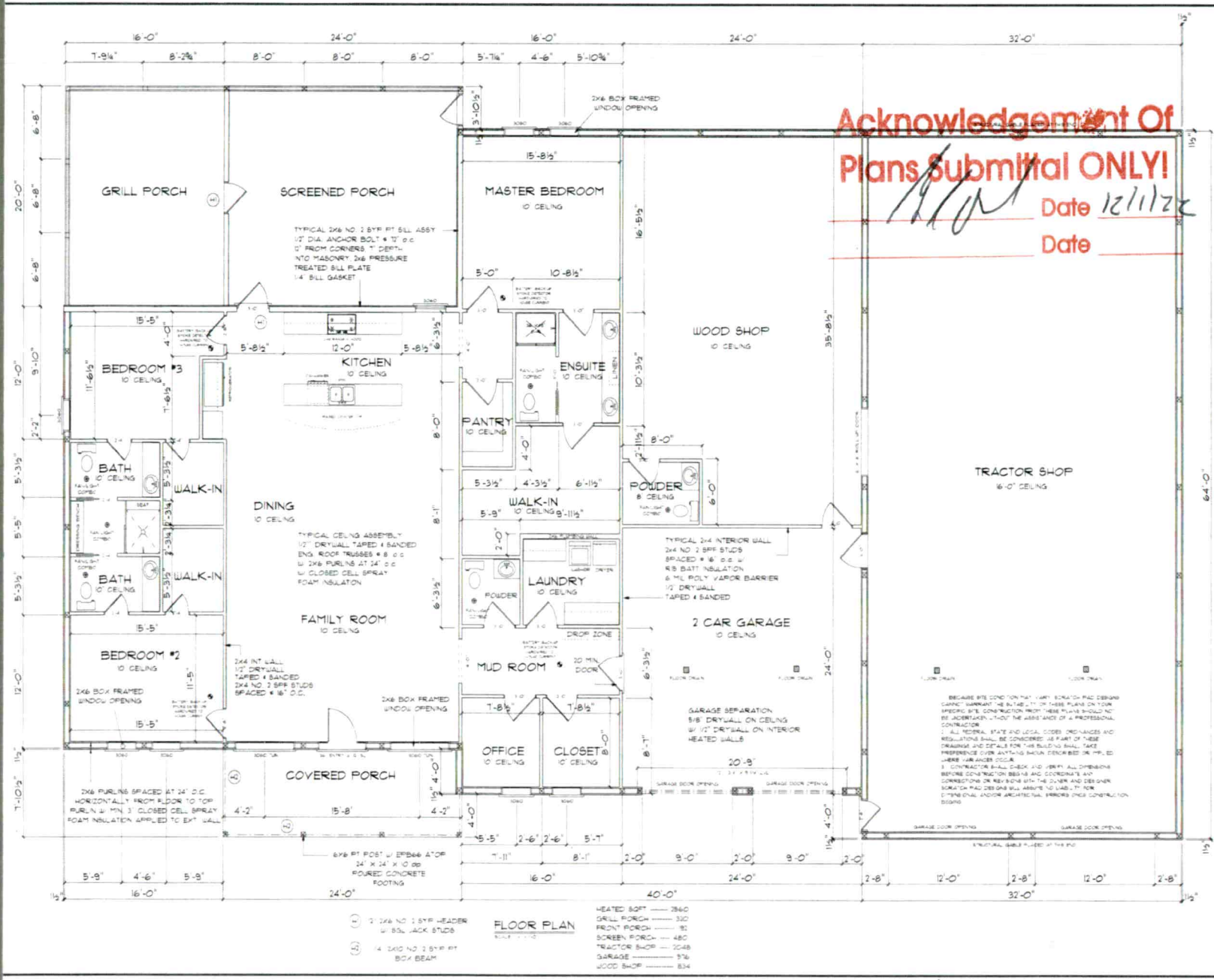
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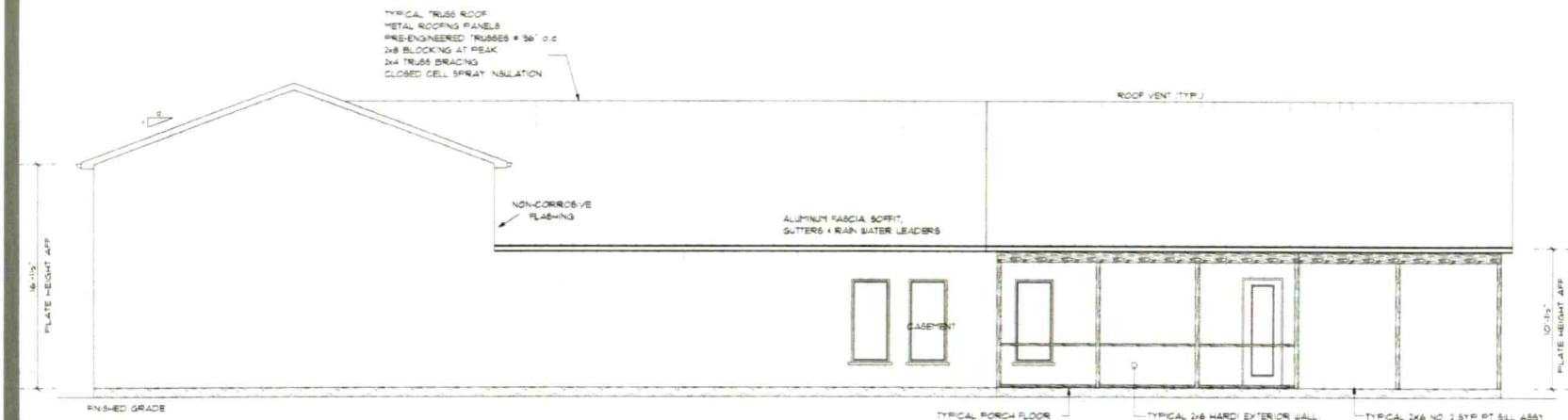


Signature: _____ BUFFALO SHOALS RD 12/1/22

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



Cary Whit 1/20/23

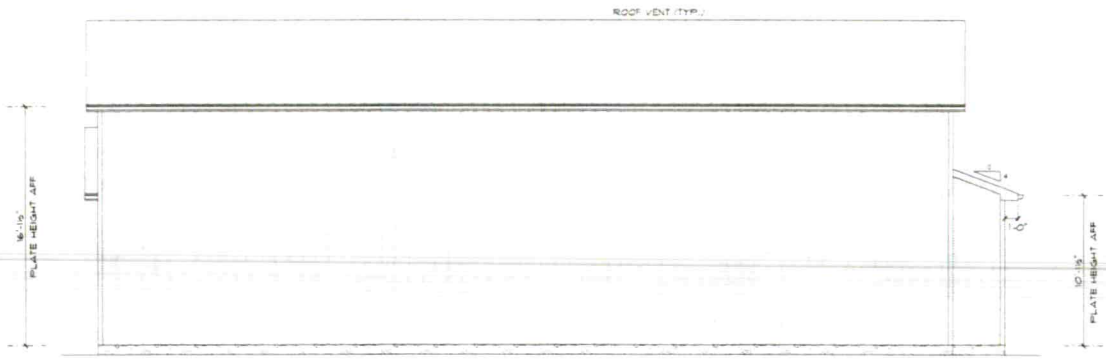


REAR ELEVATION
SCALE: 1/4" = 1'-0"

TYPICAL PORCH FLOOR
4" CONCRETE SLAB o/w
FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
COMPACTED GRANULAR FILL
w/ APPROVE TERMITE TREATMENT APPLIED

TYPICAL 2x6 HARDI EXTERIOR WALL
METAL PANEL SIDING
7/16" OSB SHEATHING
TYVEK OR EQUAL MOISTURE BARRIER
2x6 NO. 2 SPF STUDS
SPACED @ 16" o.c. w/
R19 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" DRYWALL
TAPED & SANDED

TYPICAL 2x6 NO. 2 SYP PT SILL ASSY
1/2" DIA. ANCHOR BOLT @ 72" o.c.
12" FROM CORNERS, 7" DEPTH
INTO MASONRY, 2x6 PRESSURE TREATED SILL PLATE
1/4" SILL GASKET



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

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING. SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED HEREIN VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTURAL ERRORS ONCE CONSTRUCTION BEGINS.

ADDITIONAL NOTES

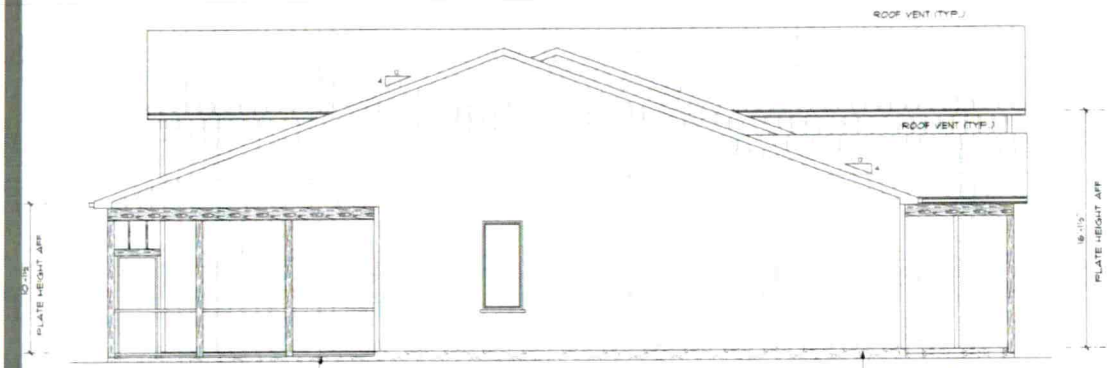
DRAWING TITLE
ELEVATIONS

PROJECT INFORMATION
SCHMITT RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: MAY, 2022
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-3624

SHEET NO.
A2

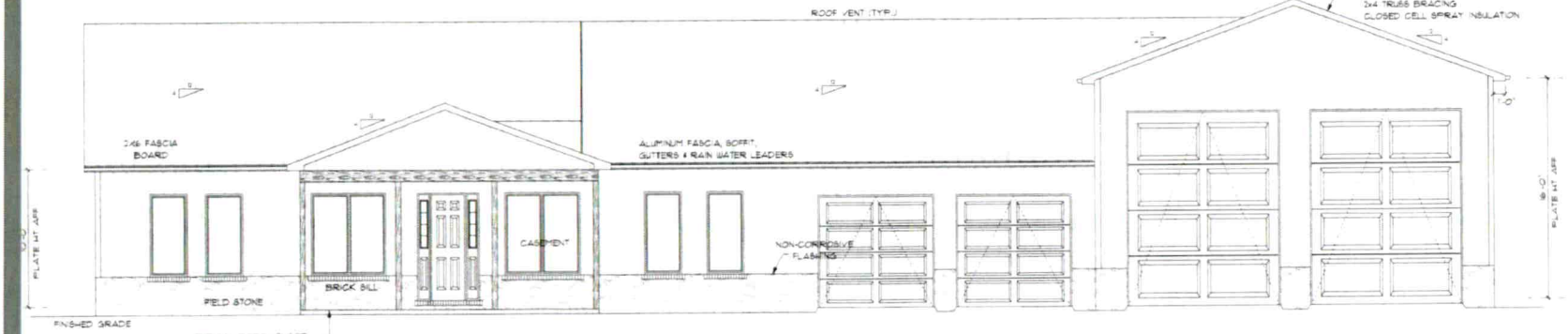


TYPICAL PORCH FLOOR
4" CONCRETE SLAB c/w
FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
COMPACTED GRANULAR FILL
w/ APPROVE TERMITE TREATMENT
APPLIED

LEFT ELEVATION

SCALE 1/4" = 1'-0"

TYPICAL MAIN FLOOR
4" CONCRETE SLAB c/w
1" X 24" R5 VALUE RIGID INSULATION
ALONG PERIMETER OF HEATED
AREA. FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
OVER COMPACTED GRANULAR FILL
W/ APPROVED TERMITE TREATMENT
APPLIED



TYPICAL PORCH FLOOR
4" CONCRETE SLAB c/w
FIBRE MESH REINFORCEMENT
6 mil POLY VAPOR BARRIER
COMPACTED GRANULAR FILL
w/ APPROVE TERMITE TREATMENT
APPLIED

FRONT ELEVATION

SCALE 1/4" = 1'-0"

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing unless noted otherwise on the drawings, no blocking, straps or special nailing details are required if sheathed as described above. Garage door portal/edge shall be anchored with a minimum of two anchor bolts per jog per the foundation anchorage requirements. If required by engineering evaluation additional portal framing requirements will be shown on the drawings.

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ADDITIONAL NOTES

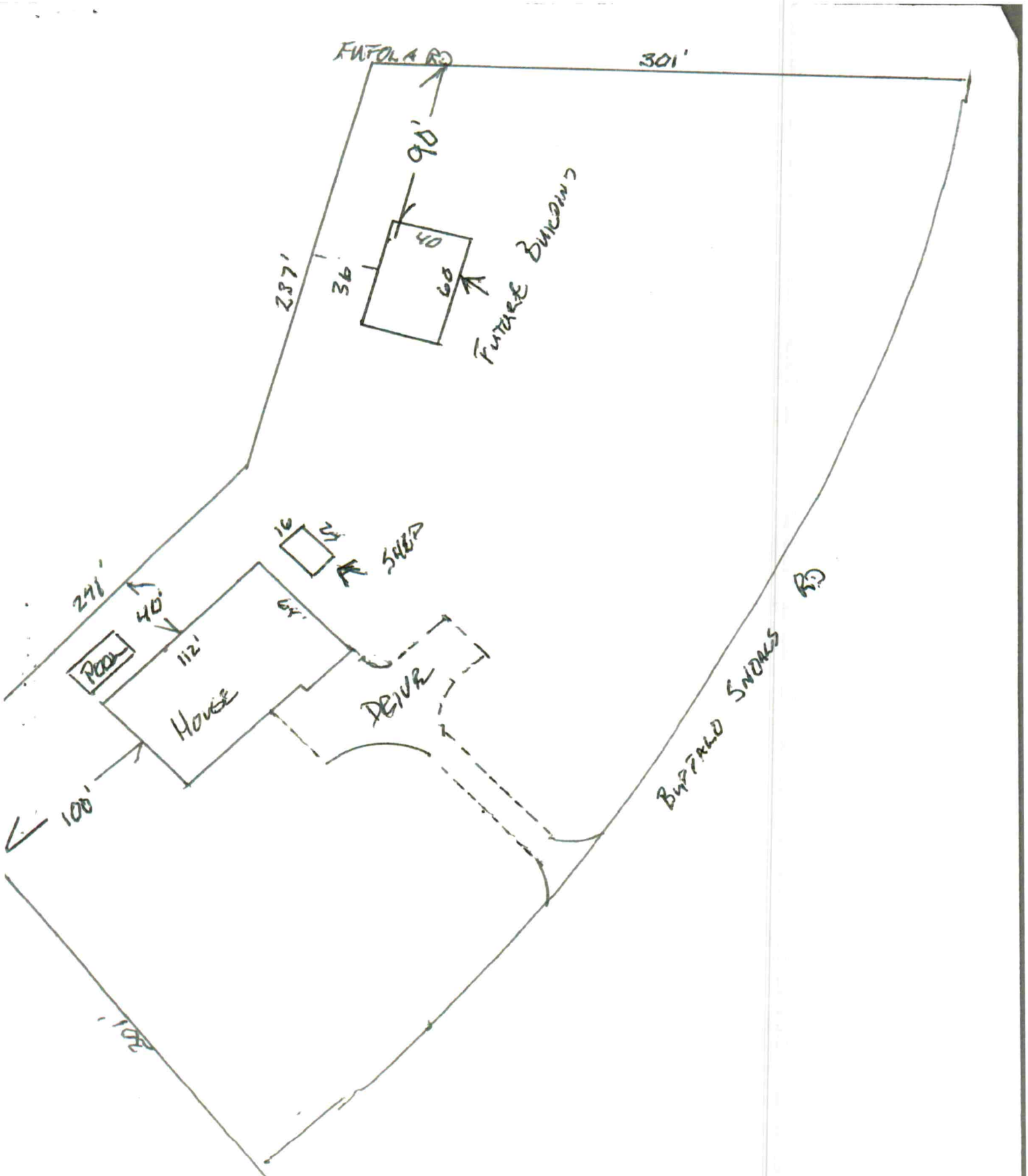
DRAWING TITLE
ELEVATIONS

PROJECT INFORMATION
SCHMITT
RESIDENCE

PROJECT INFORMATION
ORIGINAL DATE: MAY, 2022
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
711 SOUTH ZION STREET
LANCIA, NC 28088
704.855.3624

SHEET NO.
A1


FUTOLA RD
301'
90'
237'
36
40
60
FUTURE BUILDING
16
12
SHED
291'
40'
112'
POOL
HOUSE
DRIVE
100'
BUFFALO SNOWS RD