H5

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 309503

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

PIN # 4713-03-2633

APPLICANT/OWNER: Lance Shumbach APPLICANT ADDRESS: 319 Lewis Ferry Rd Statesville NC

SITE ADDRESS: 319 Lewis Ferry Rd Statesville NC 28677 PHONE: - ALT. PHONE -

SITE DIRECTIONS: Old Mt Rd, Lewis Ferry Rd on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 10.78 Acres DESIGN FLOW: 240 L.T.A.R.: .30

Septic Tank 1000 (gal) STB 760 Date 2-11-2021

Pump Tank - (gal) PT - Date -

Pump Make - Model - Serial # -

Nitrification Fields 1 # Lines 2 Linear Ft: 200

Trench Width 36. Trench Bottom Depth(Low side) 30 Gravel Depth -

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

System Description: Gravity - 25% Reduction

Repair System Description: Gravity - 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 2 No. Persons 4 No. Employees - ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, P.A.

LSS # 1313

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.

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**

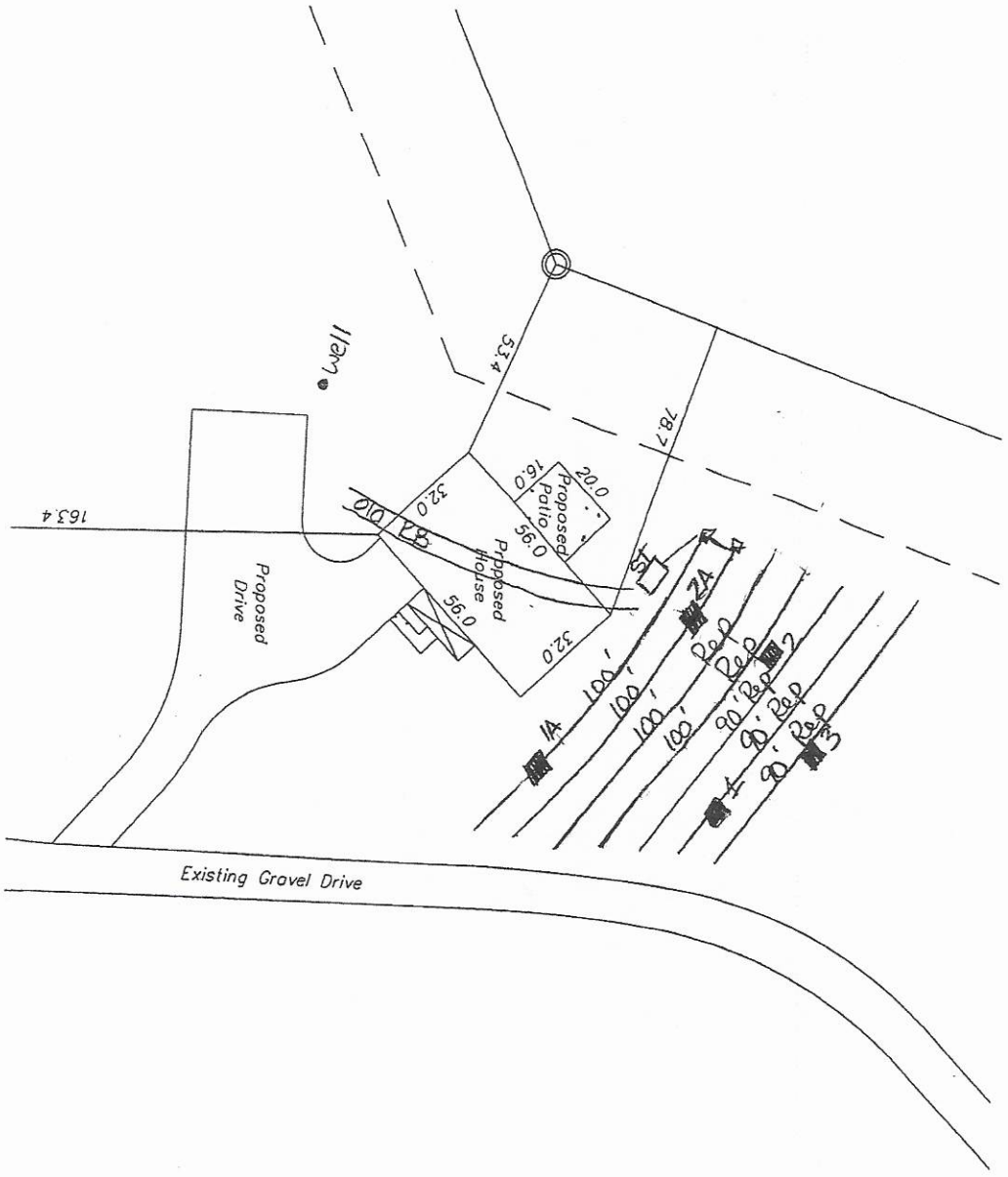
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kathleen Saunders Date: 8-20-2020 Installed by: Grand Breeders

IMPROVEMENT PERMIT by: Benjamin A Botkin Date: 8-10-2020 OPERATION PERMIT by: Date: 4-6-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkin Date: 8-10-2020 Existing System Inspected by: Date:

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


Well
534
787
163.4
Proposed Drive
32.0
16.0
20.0
Proposed Patio
56.0
Proposed House
56.0
32.0
ST
2A
1A
100'
100'
100'
90' Dep
90' Dep
90' Dep
90' Dep
1
2
3
4
Existing Gravel Drive
N
1"=50'

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 319 Lewis Ferry Rd

Date: July 27, 2020

Attached is the septic specification information required to permit 319 Lewis Ferry Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

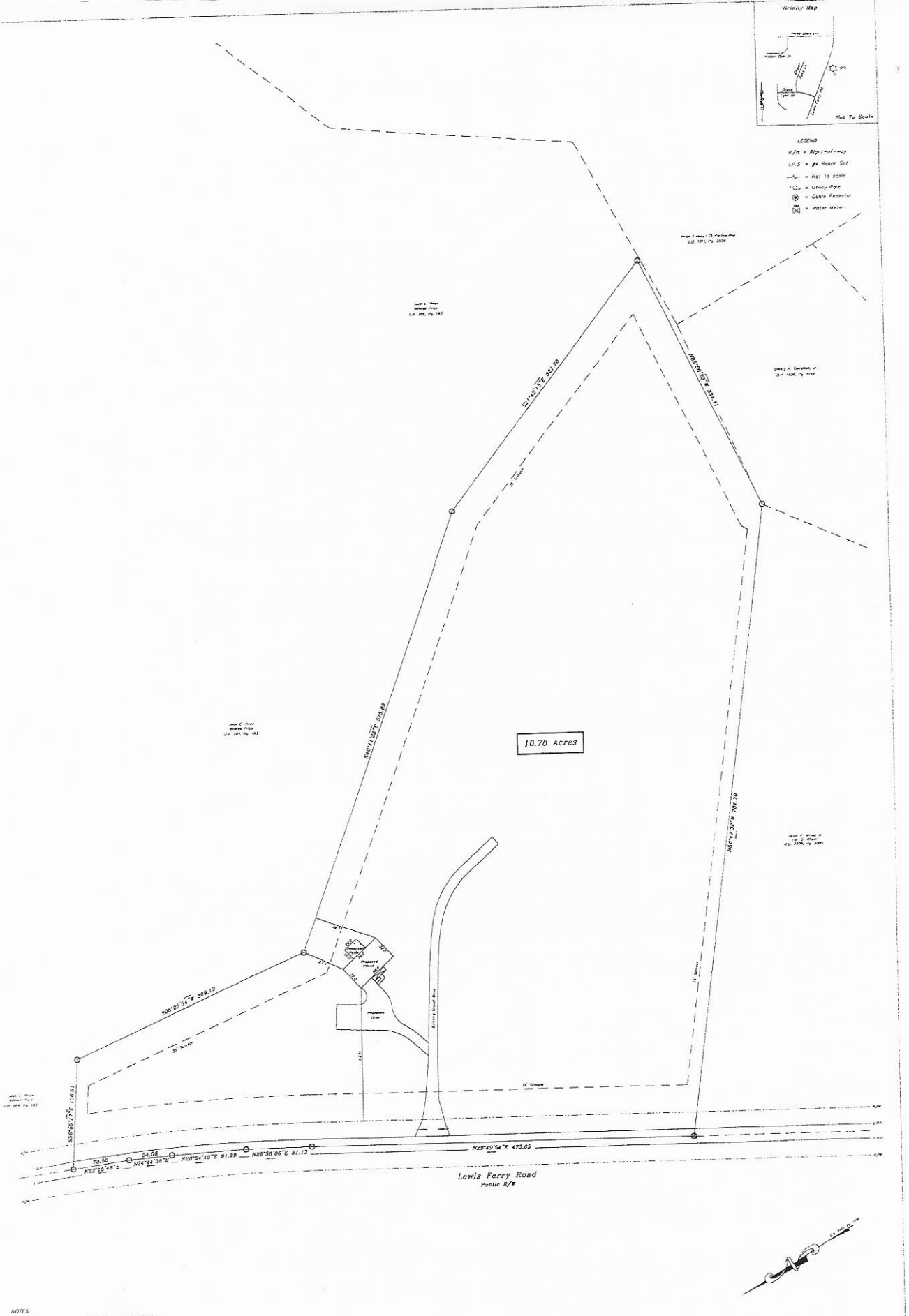
The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders



NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Boundary information based on Deed Book 2401 at Page 1350 as recorded in the Iredell County Register of Deeds.
3) Area by coordinate method.
4) Property Zoned: RA
5) This survey was performed without the benefit of a Title Commitment.
6) ½" rebars set at all corners unless otherwise noted.
7) Lance D. Schamback was the land surveyor and owner of this parcel.

Site Plan
for
Lance & Julie Schamback
Deed Book 2401 at Page 1350
Shiloh Township, Iredell County, N.C.

Date of Survey: 11-16-2019	
Date of Map: 11-16-2019	
Scale: 1" = 50'	
Drawn By: LDS	
Job Number: 2019-Julies House-Site Plan	

Owner/Developer
Lance & Julie Schamback
126 E. Valleyette Road
Advance, N.C. 27006

Tax Map Par NO.:
4711.03.36.11

Land Surveyor: Schamback Surveying, P.A.
P.O. Box 474
Mocksville, N.C. 27012
Phone: (704) 629-3312
L-3216

319 Lewis Ferry Rd - The Oaks Group, PA

Number of Bedrooms	**2**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**240**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	2 (See Table)
Total Linear Feet	200
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Linear Feet	470
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	Red	25% Reduction	100 endfed
2	System	Pink	25% Reduction	100 endfed
3	Repair	Blue	25% Reduction	100
4	Repair	Red	25% Reduction	100
5	Repair	Blue	25% Reduction	90
6	Repair	Orange	25% Reduction	90
7	Repair	Pink	25% Reduction	90
				Total System: 200'
				Total Repair: 470'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: Lance Shambach
ADDRESS: 319 Lewis Ferry Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): ~~0800~~ 240
LOCATION OF SITE: Lewis Ferry Rd
APPLICATION DATE _____
DATE EVALUATED: 6/15/15 7/15
PROPERTY SIZE: 11+ 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-28	Mo SBKC	FR SS/SP	R	Br Sap 60+	N/A	N/A	0.3
		28-60	WK SBKCL	↓	R; F 4pl				
2	L 5%	0-27	Mo SBKC	FR SS/SP	R	56+	N/A	N/A	0.3
		27-56	WK SBKCL	↓	R				
3	L 5%	0-26	Mo SBKC	FR SS/SP	R	54+	N/A	N/A	0.3
		26-54	WK SBK CL	↓	R; F sap				
1A	L 5%	0-24	Mo SBKC	FR SS/SP	R	52+	N/A	N/A	0.3
		24-52	WK SBKCL	↓	R; C sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	IV
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: KMS
OTHER(S) PRESENT: _____

COMMENTS: 2A 0-18 Mo SBKC FR SS/SP R
18-48 WK SBKCL ↓ R; F Rock 0.3

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Kathleen Saunders

Updated February 2014

RECEIVED AUG 5 - 2020 Session Law

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $1200.00 AP 309503

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lance Shambach Address: 319 Lewis Ferry Rd Statesville Zip: _____

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Same Address: _____ Zip: _____

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

Property Information:

Street Address: 319 Lewis Ferry Rd

Subdivision Name: PIN 4713 03 2633 Section/Phase: _____ Lot Number: N/A

Driving Directions: Old Mnt Rd, Lewis Ferry Rd, on L

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: 2
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: _____ 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 ( ) 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: Kathleen Saunders 7-27-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

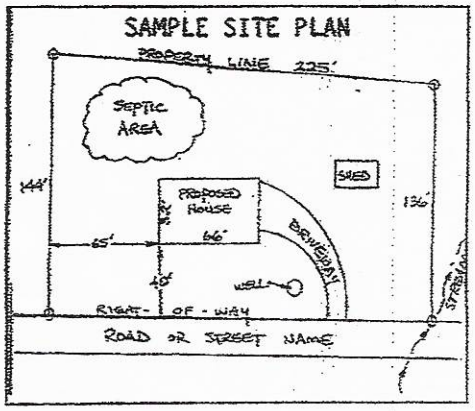
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 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)

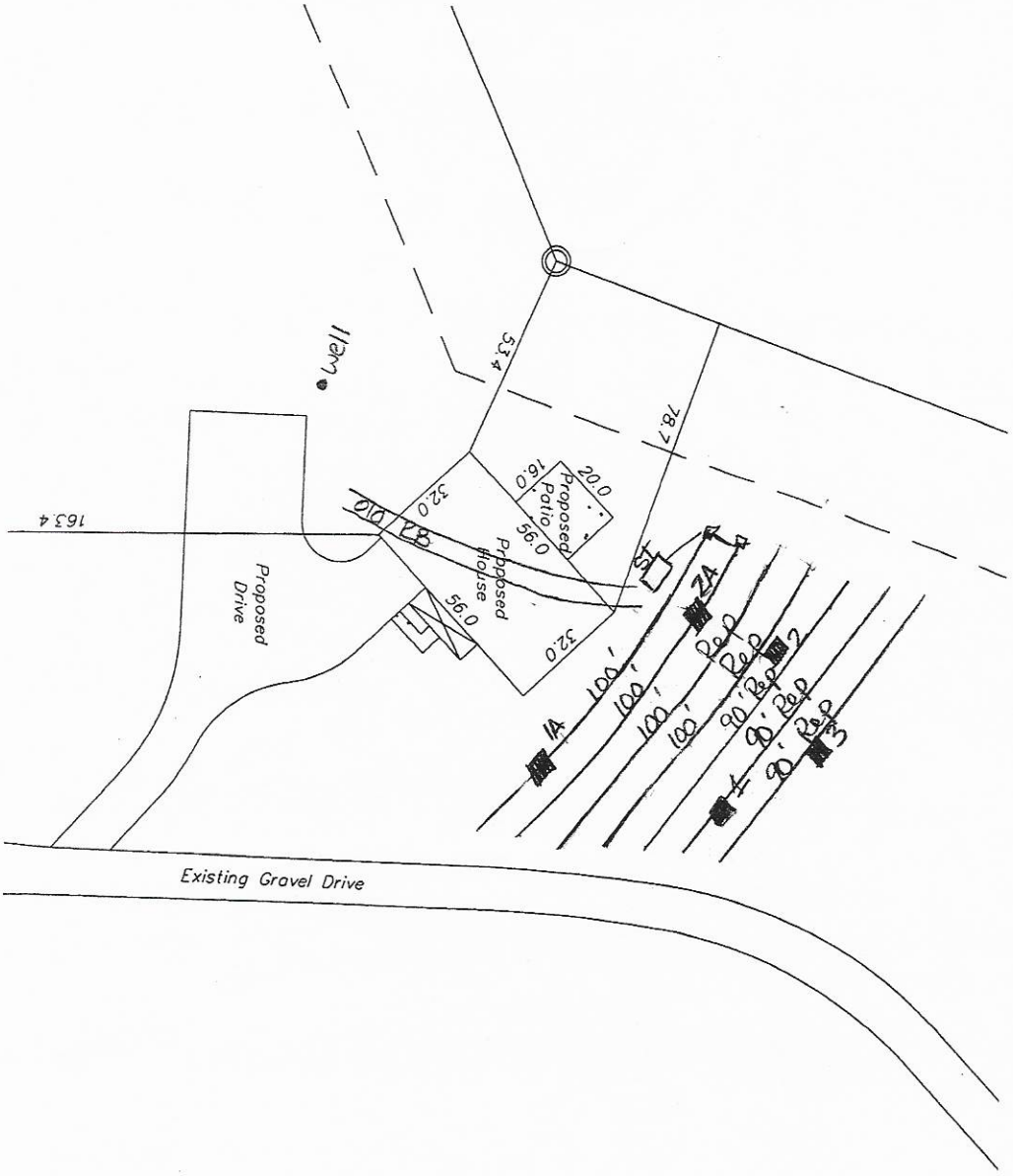
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Please see Attached

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-27-2020
DATE


Well
53.4
78.7
163.4
16.0
20.0
Proposed Patio
56.0
32.0
Proposed House
56.0
32.0
Proposed Drive
ST
ZA
14
100'
100'
100'
90' Rep
90' Rep
90' Rep
2
3
4
Existing Gravel Drive
N
1"=50'

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, LANCE & JULIE SCHAMBACK, am the legal owner of the property located at 319 LEWIS FERRY ROAD, identified as PIN(Parcel Identification Number) 4713032633, located in Iredell County, North Carolina.

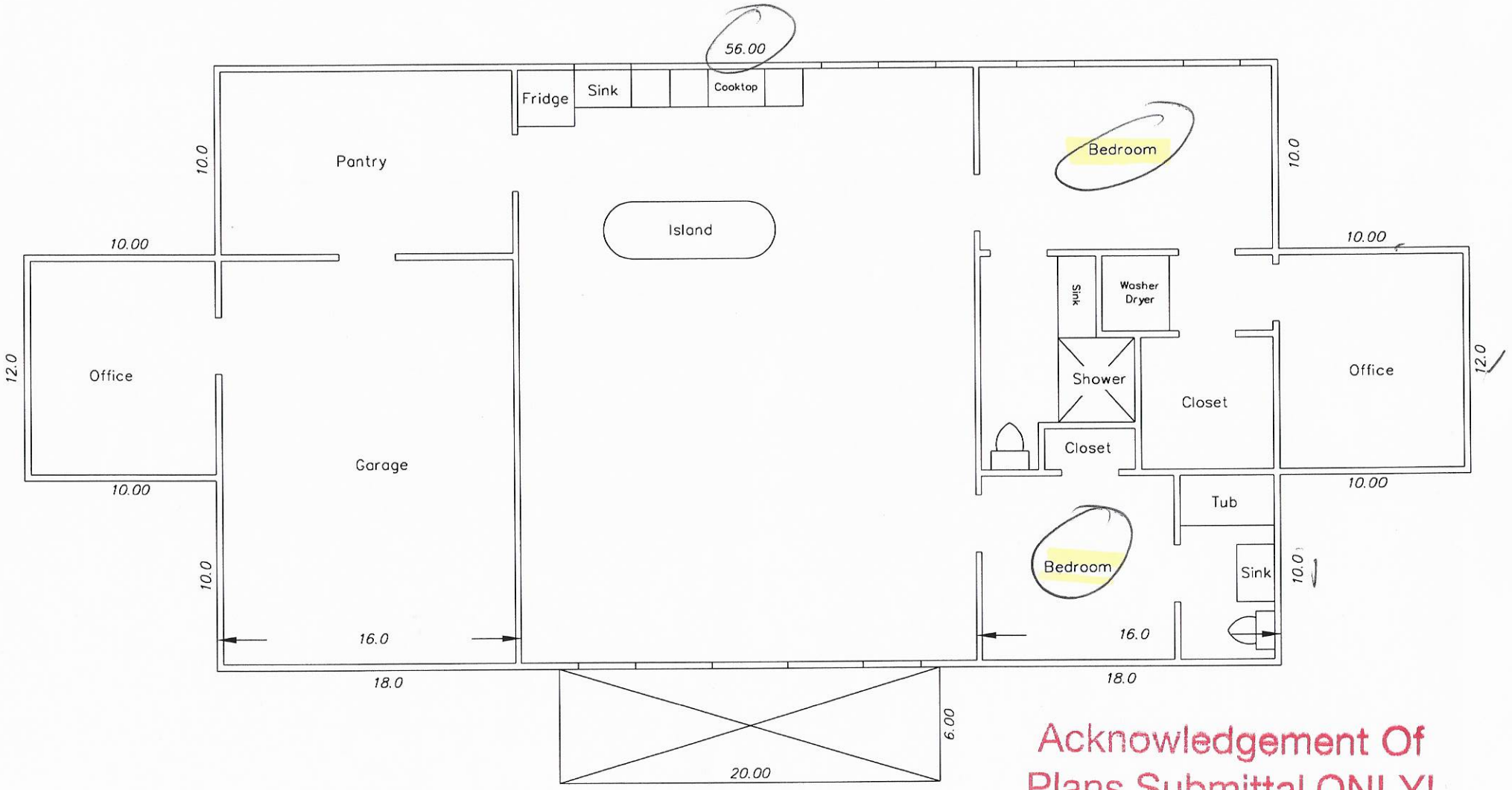
I do hereby authorize (print authorized agent/company name) KATHLEEN SAUNDERS, THE OAKS GROUP PA, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Signature of Owner — Date 7/27/2020

Signature of Witness — Date 7/27/2020



Acknowledgement Of
Plans Submittal ONLY!

Benjamin A Brant Date 8-10-2020

Kathleen Saunders Date 7.27.2020

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
309503
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4713032633.000	319 LEWIS FERRY RD	Iredell County

Owner Information	Applicant Information
Name: SCHAMBACK LANCE+JULIE A	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN
,	MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
10.78	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.

SEE ATTACHED
Signature of Owner/Contractor

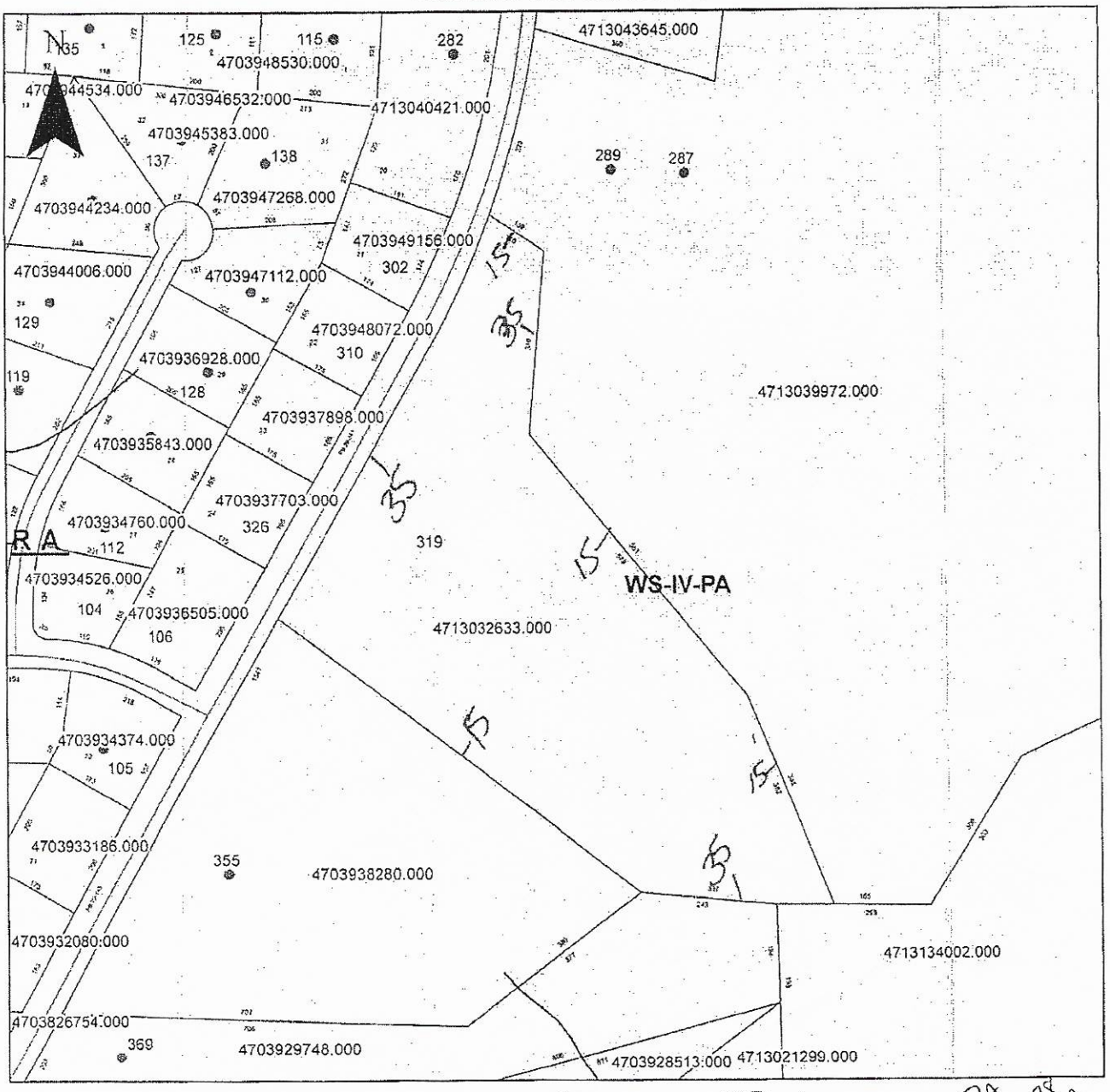
PAID Credit 7-28-20 mk

Date: 07/28/2020

Permit Number	309503	TOTAL FEES:	$77.25

309503
Scanned

ZONING DISCLAIMER



Property Address 319 Lewis Ferry Rd.

RA 10.78
WS-IV-PA
NO

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.

Kathleen Saunders
Applicant

7-29-2020
Date