IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243701

BLDR-2022-1634

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

PIN # 4736407614

APPLICANT/OWNER: Camila Shook APPLICANT ADDRESS: 69 Maplewood Ln, Taylorsville

SITE ADDRESS: 112 Westview Ln, Statesville PHONE: 828-234-1110 ALT. PHONE —

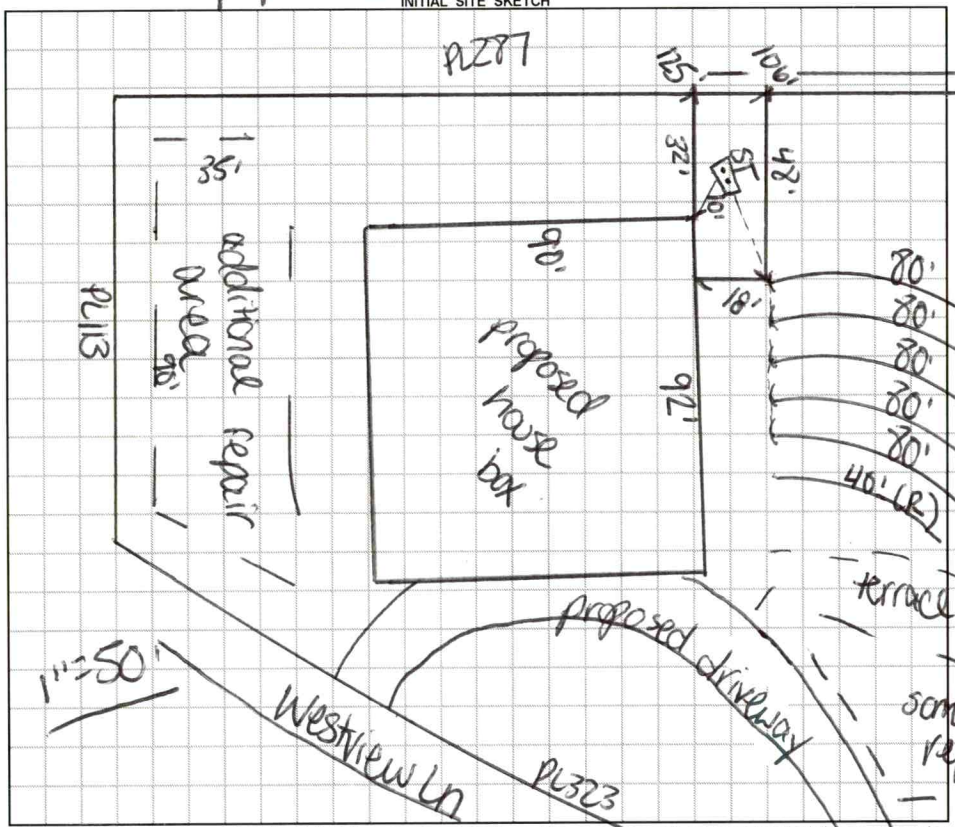
SITE DIRECTIONS: corner of S Chipley Ford & Westview SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadow Oaks SECTION: 2 LOT # 54 LOT AREA: 1.23 ac DESIGN FLOW: 480gpd L.T.A.R.: .3

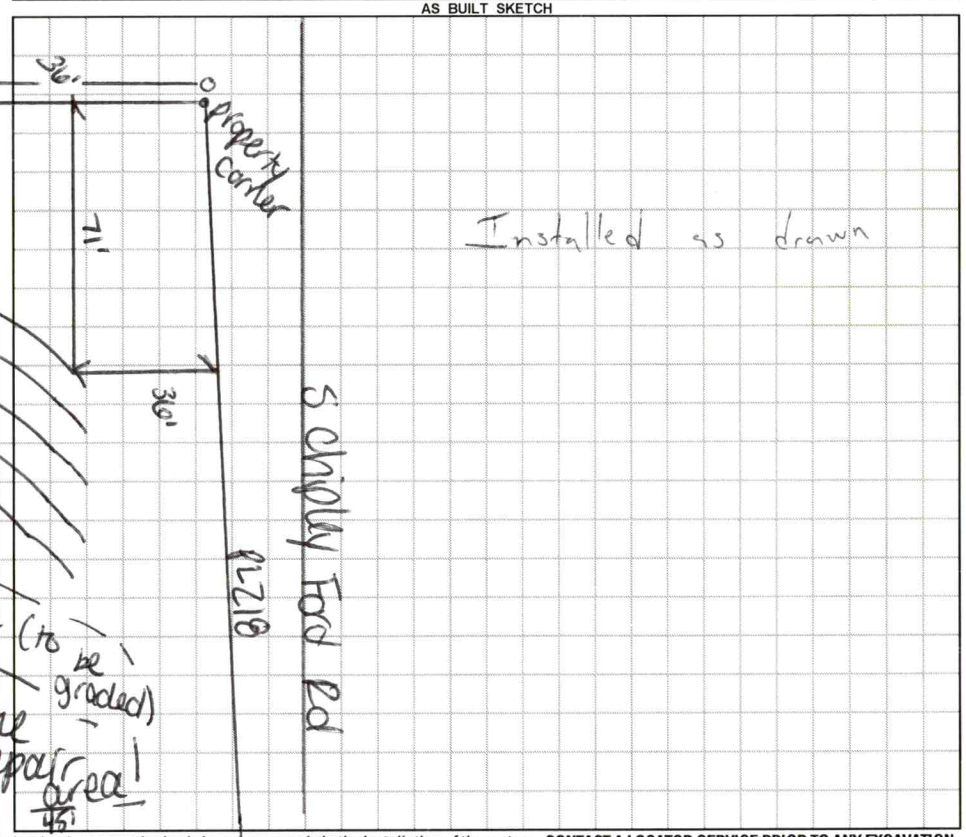
Septic Tank	1000	(gal)	STB 760	Date 4/9/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date	System Description:			25% reduction	☐ Business	No. Persons 8	☐ Private
Pump Make			Model	Serial #	Repair System Description:			25% reduction - PM	☐ Other	No. Employees	☒ Public
# Nitrification Fields	1		# Lines 5	Linear Ft 400'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"		Trench Bottom Depth	30" max	Gravel Depth —		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install on contour & utilize serial distribution. If foundation drains are used, must meet proper setbacks. Do not exceed max trench depth of 30". Maintain positive drainage away from drainfield.

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: Camila Shook Date: 5/31/19 Installed by: Ground breakers

IMPROVEMENT PERMIT by: Carla C. Cave Date: 5-9-19 OPERATION PERMIT by: Matt Wilki Date: 5/24/23

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 4-21-2021 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.

RECEIVED APR 2 9 2019 577

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

243701 Paid $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

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

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Camila Shook Address: 69 Maplewood Lane, Taylorsville Zip: 28681
Applicant Email: Camila_Shook@yahoo.com Phone: (828) 234-1110 Alt. Phone: (828) 381-1322
Owner Name: JOHN SHOAF Address: 137 EMMA LAVE Statesville Zip: 28625
Owner Email: _____ Phone: 704 902 5930 Alt. Phone: _____

Property Information:

Street Address: 112 Westview
Subdivision Name: Meadow Oaks Section/Phase: SHT2 Lot Number: 54
Driving Directions: From environmental health, turn left passing statesville highschool (on your right), travel 1.6 miles and turn right on S Chipley ford Rd, after that the lot will be on left (1.3 miles)

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: 4
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: _____
( ) New Well ( ) Existing Well ( ) Community Well (X) 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: Camila Shook 4/11/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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...

_X_ 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

_X_ Front and side setbacks from property line...

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

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

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

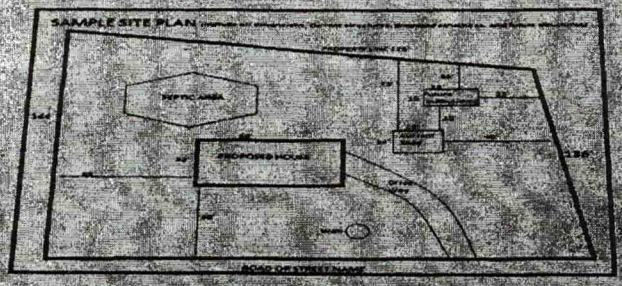
Circle N/A on the following if appropriate:

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

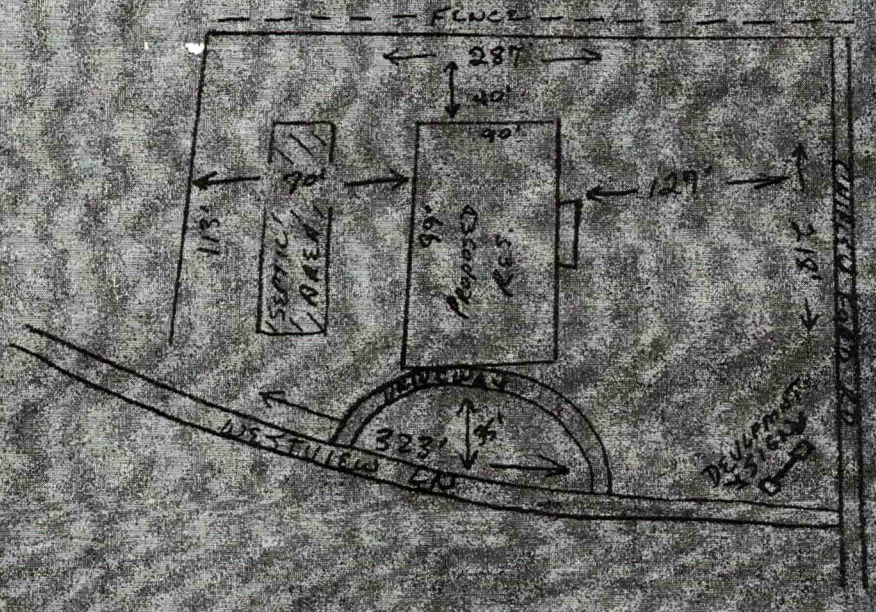
_____ Location of easements and rights of ways on your property... N/A

_____ Location of any designated wetlands on the property... N/A

SAMPLE SITE PLAN



USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: Carrie Slade

REQUIRED property owner or owner's legal representative signature

4-26-19

DATE

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!!!***

an (X) beside each item as you complete the site plan:

Property Line measurements are clearly identified… ___X___ **All proposed structures are indicated…**

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

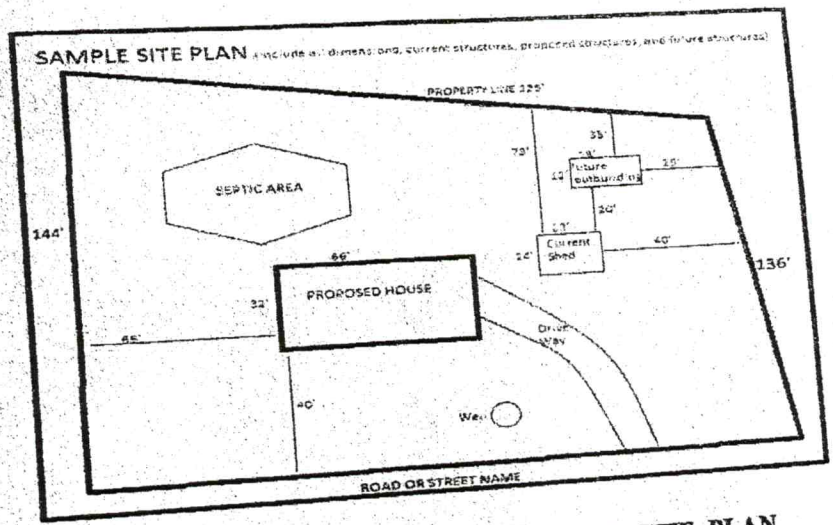
Front and side setbacks from property line… ___X___ **Preferred driveway location and configuration, preferred well location…**

Area you prefer your septic system to be placed… ___X___ **North arrow, or other sufficient indicator of direction…**

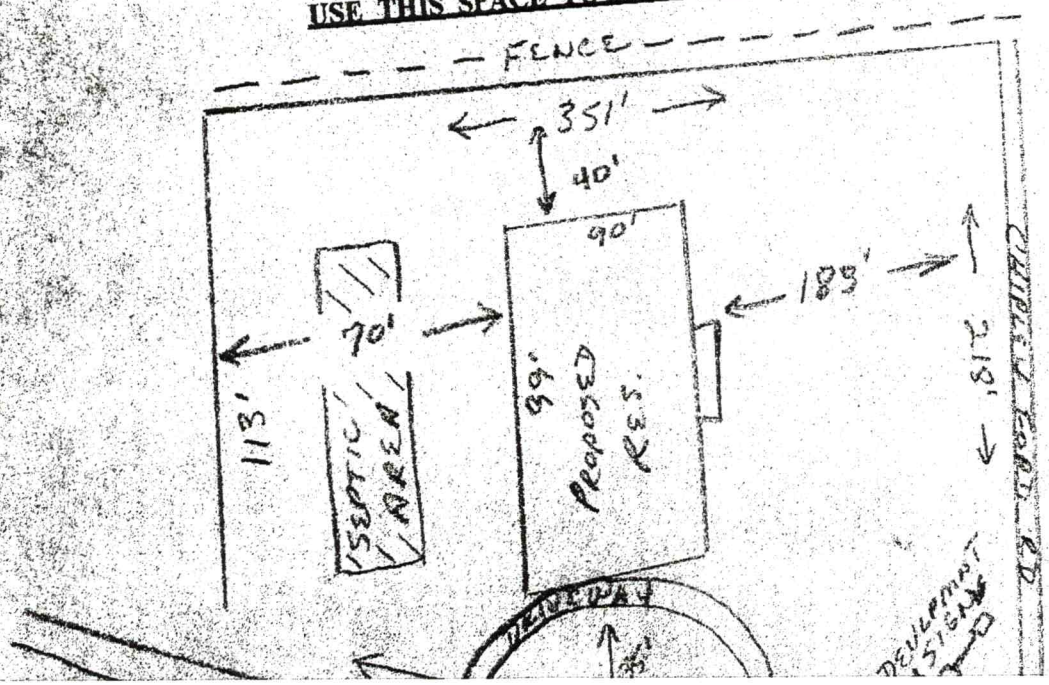
N/A on the following if appropriate:

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



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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, John Shook, am the legal owner(s) of the property located at N/A, identified as

PIN (Parcel Identification Number) 4736407614, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Camila 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.

John Shook
Signature of Owner(s)

4-11-19
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

____ **Complete all Environmental Health forms:**
- X Application
- X Site Plan including the dimensions of proposed structure, addition, pool etc.
- X ~~Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)~~
- Y Copy of Zoning Permit when applicable
- Y Sign this sheet after you have completed all items

X **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

X **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

X **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

____ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Carol Shore **Date** 4/11/19

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY

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

APPLICATION NUMBER
243701
Issue Date: 04/12/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4736407614.000	112 WESTVIEW LANE, STATESVILLE, NC 28625	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCLELLAND BETTY JO+JOHN F SHOA F	Applicant: SHOOK, CAMILLA
Address: 119 W BROAD ST	Address: 69 MAPLEWOOD LN
STATESVILLE, NC 28677	TAYLORSVILLE, NC 28681
Phone:	Phone: 828-234-1110

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.230	35.00	35.00	15.00	25.00	NOT	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	173905	TOTAL FEES:	$ 77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BO[illegible] ESVILLE NC 28687-0788
349 N[illegible] t / Building Standards Center
(704) 87[illegible] 8 / FAX(704)928-2025

243701

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NONE

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 1

Please describe project (Details, Purpose, or Use): RESIDENTIAL DWELLING

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 4950 (EXCLUDING ATTACHED GARAGES)

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell Water

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name John Shook Phone # 704 902.5930

Owner's Current Address 137 Emma Lane Statesville N.C. 28625

Property Information

Property Address 112 Westview Parcel # 4736407614

Subdivision: Meadow Oaks Lot:___ Zoning:___ Watershed: Y / N Flood Plain: Y / N Township:___

Directions to property (from a MAIN ROAD) If coming from environmental health, get on S Chipley Ford Rd, as you pass, Fort Dobbs Rd will be on the right, Westview Ln will be on left. Corner lot as you turn into Westview Ln, lot is first on right.

Application Information

Applicant's Name or Company Camila Shook Applicant's Phone # (828) 234-1110

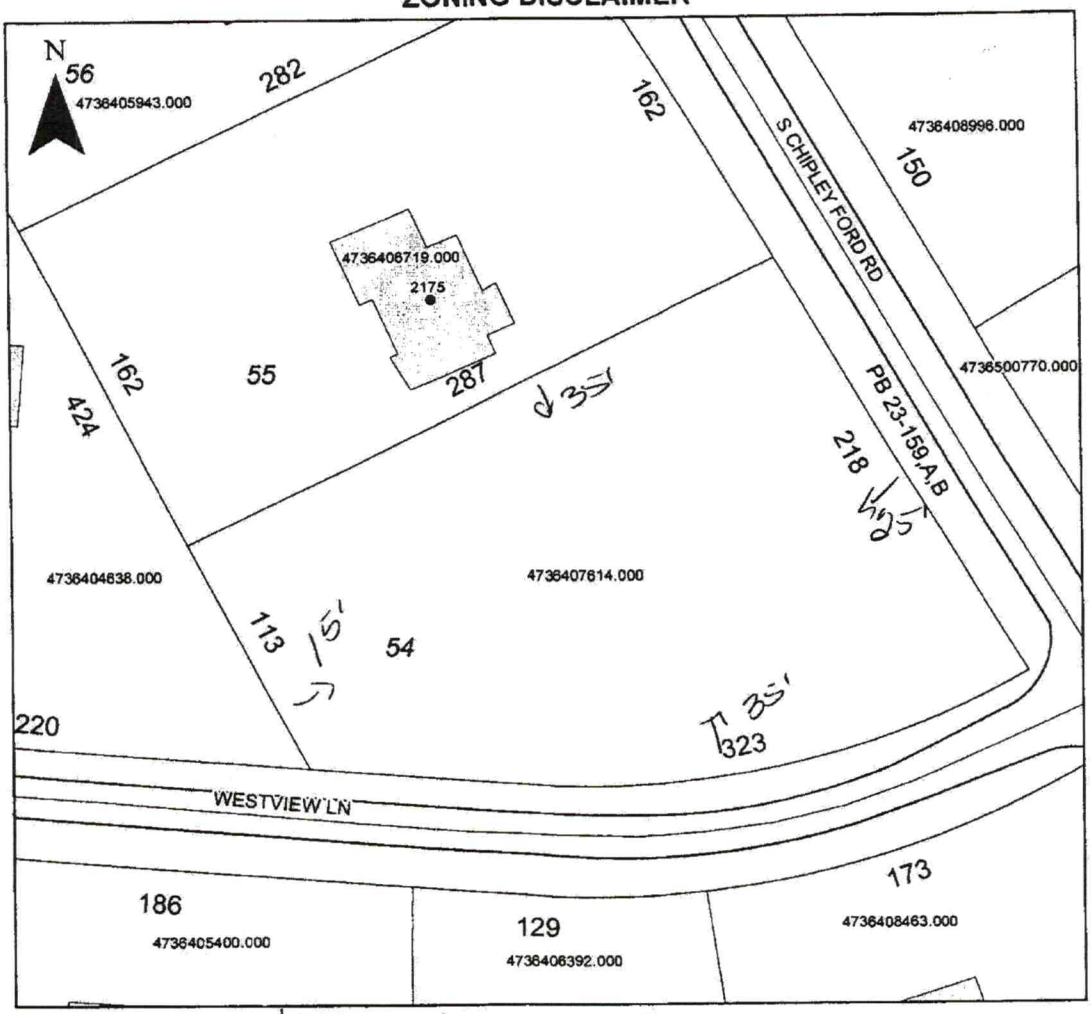
Applicant's Address 69 Maplewood LN Taylorsville, NC 28681

If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Camila Shook DATE 4/11/19

ZONING DISCLAIMER



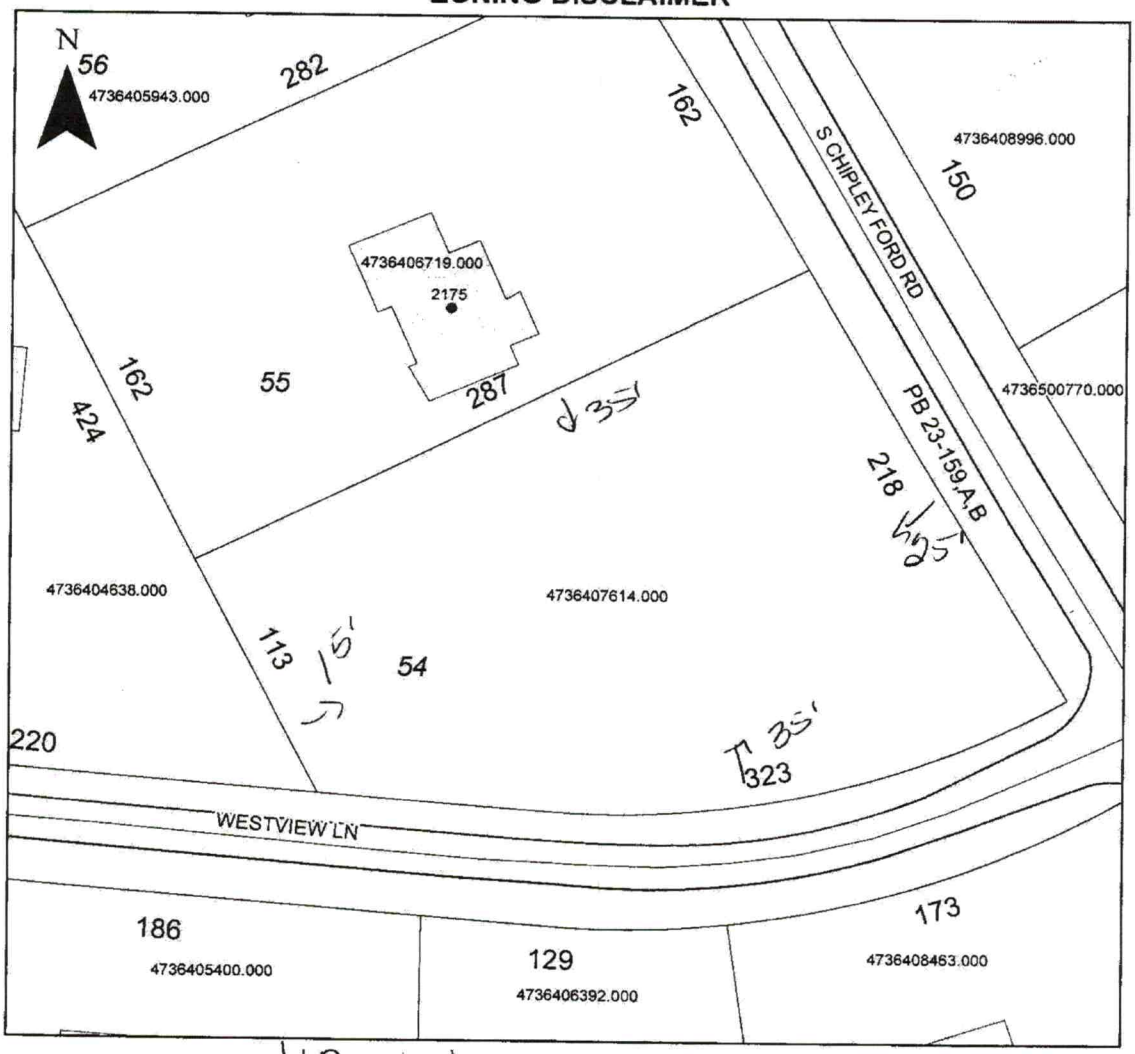
Property Address 112 Westview

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

4/12/19
Date

ZONING DISCLAIMER



Property Address 112 Westview

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

Date

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 489048

Central Permitting Center
2019

DATE: 04/16/19 TIME: 11:37
CLERK: amanda.horton
PAID BY: SHOOK, CAMILLA

APPLICATION #: 243701

PERMIT ALLOCATION:

1	104563 PZOI	460450	2.25	Technology Fee - Planning
1	104563 PZOI	472223	75.00	Zoning Permits
1	10492751 PEHIA	447004	500.00	Environmental Health Fees

TOTAL RECEIPT AMOUNT: 577.25

AMOUNT PAID: 577.25
PAID BY: SHOOK, CAMILLA
PAYMENT METHOD: CHECK 155
APPLICATION #: 243701

AMT TENDERED: 577.25
AMT APPLIED: 577.25
CHANGE: .00

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

Sheet 1 of 2
PROPERTY ID #: 4731640760M
COUNTY: Iredell

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

OWNER: Camila Shook
ADDRESS: 109 Maplewood Ln
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 112 Westview

APPLICATION DATE 4-29-19
DATE EVALUATED: 5-9-19
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.23 ac
PROPERTY RECORDED: Y

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 I	L 3%	0-39	WSBK C	Fr ss sp smp	some sand few litho mottles/ sap inc. like to stay above if possible	48"	NA	—	PS .3
		39-48	WSBK CL	Fr ss sp smp					
2 I	L 3%	0-40	SBK C	Fr ss sp smp	—	48"	N/A	—	P3 .3
		40-48	SBK CL	Fr ss sp smp					
3 R	L 4%	0-36	WSBK C	Fr ss sp smp	high sand content litho mottles @40" +	48"	N/A	—	PS .3
		36-48	WSBK CL	Fr ss sp smp					
4 R	L 5%	0-7	WSBK/GR SCL	Fr ss sp smp	some mica	48"	N/A	—	PS 3
		7-33	WSBK C	Fr ss sp smp					
		33-48	WSBK CL	Fr ss sp smp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400'	400'
System Type(s)	25%	25%-RR
Site LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT: N/A

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.

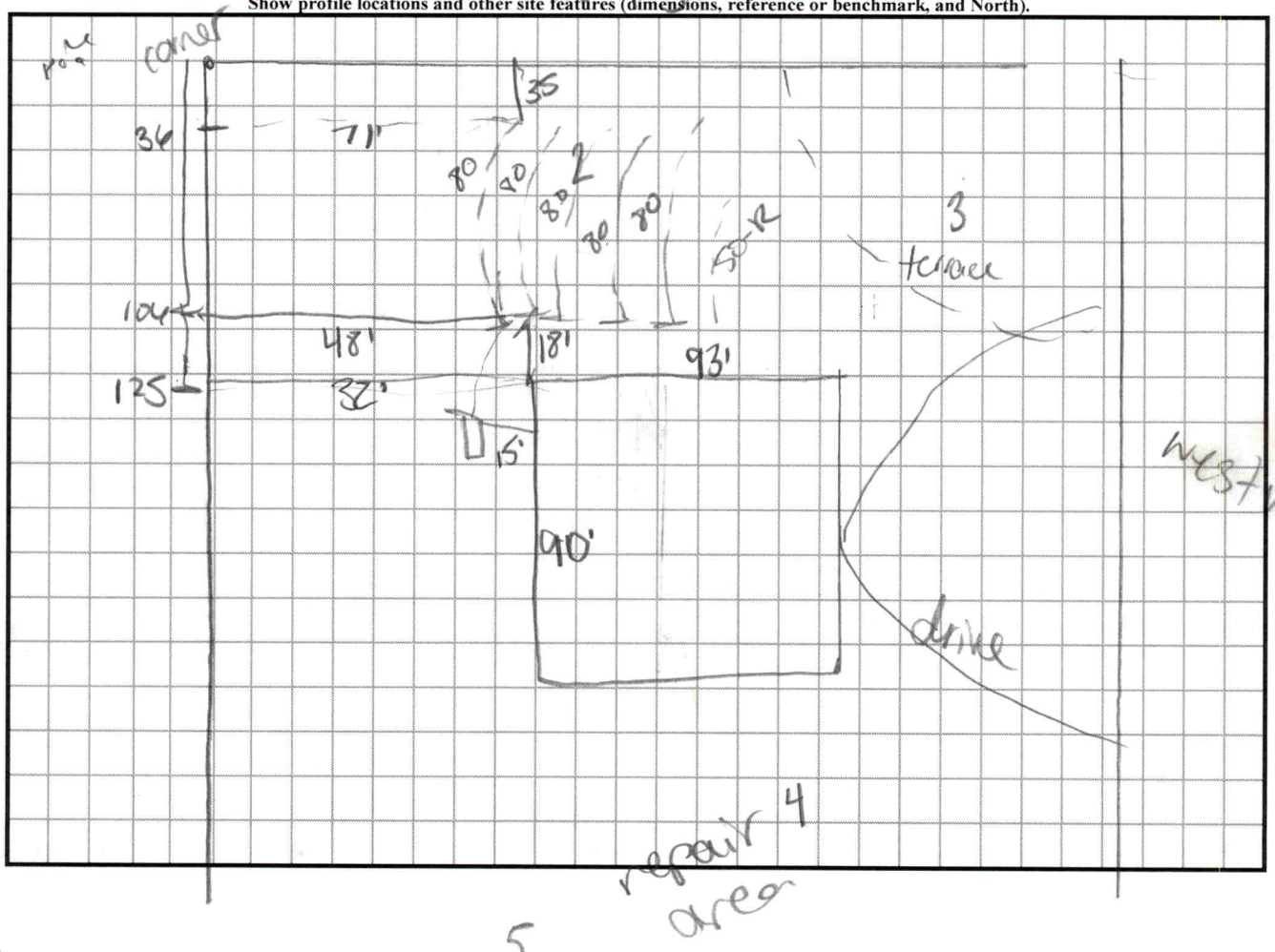
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



5 BD 3048 Neary mica 3040

Updated February 2014

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*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Camila Shook **Address:** 69 Maplewood Ln Taylorsville NC **Zip:** 28681
Applicant Email: camila_shook@yahoo.com **Phone:** (828) 234-1110 **Alt. Phone:**
Owner Name: Camila Shook **Address:** 69 Maplewood LN Taylorsville NC **Zip:** 28681
Owner Email: camila_shook@yahoo.com **Phone:** (828) 234-1110 **Alt. Phone:**

Property Information:

Street Address: 112 Westview LN Statesville, NC
Subdivision Name: Meadow Oaks **Section/Phase:** 2 **Lot Number:** 54
Driving Directions: Corner of S Chipley Ford + westview

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 3 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 ( ) 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.

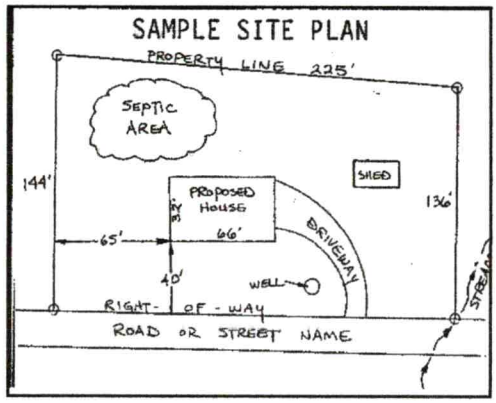
Signature: Camila Shook 04/21/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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 Septic Permit

Signature: Carole Shook

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

04/21/21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243701

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

PIN # 4736407614

APPLICANT/OWNER: Camilla Shook APPLICANT ADDRESS: 109 Maplewood Ln, Taylorsville

SITE ADDRESS: 112 Westview Ln, Statesville PHONE: 828-234-1110 ALT. PHONE: —

SITE DIRECTIONS: corner of S Chipley Ford & Westview SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Meadow Oaks SECTION: 2 LOT # 54 LOT AREA: 1.23 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		
Pump Tank		(gal)	PT		Date		
Pump Make			Model		Serial #		
# Nitrification Fields	1		# Lines	5	Linear Ft	400'	
Trench Width	36"		Trench Bottom Depth	30" max	Gravel Depth	—	

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

System Description: 25% reduction

Repair System Description: 25% reduction - PM

Maintenance Agreement Required: ☐ YES ☒ NO

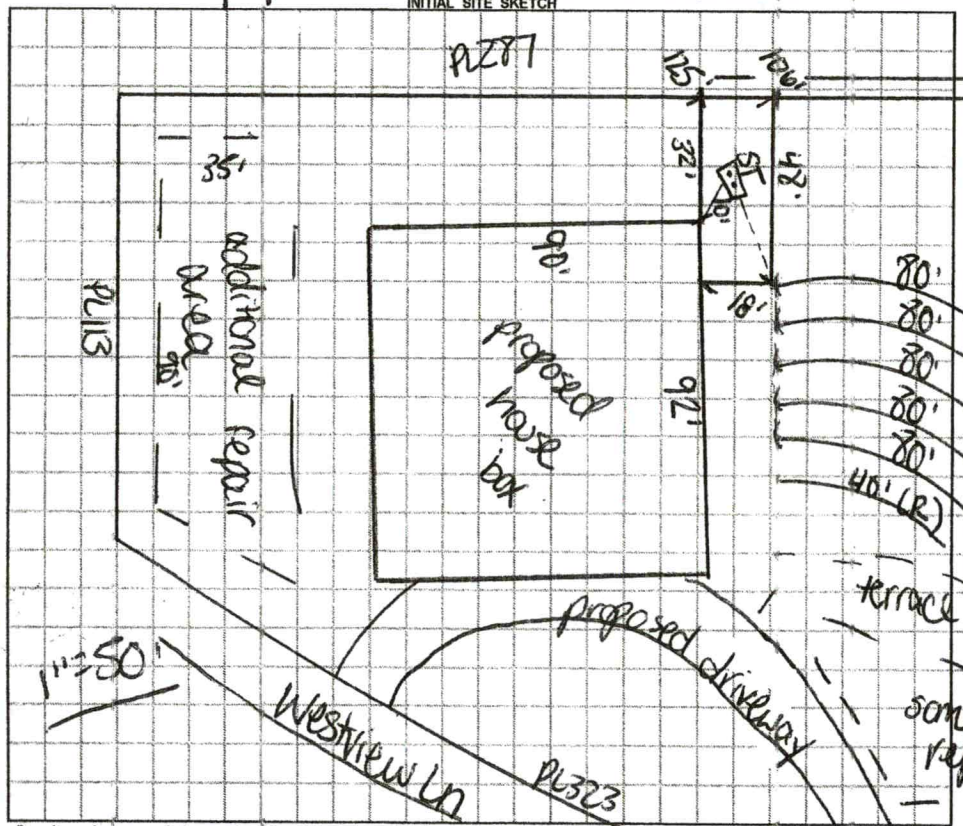
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4 ☐ Business No. Persons 8 ☐ Other No. Employees — ☐ Slab ☒ Crawl Space ☐ Basement w/ plumbing ☐ Basement w/o plumbing

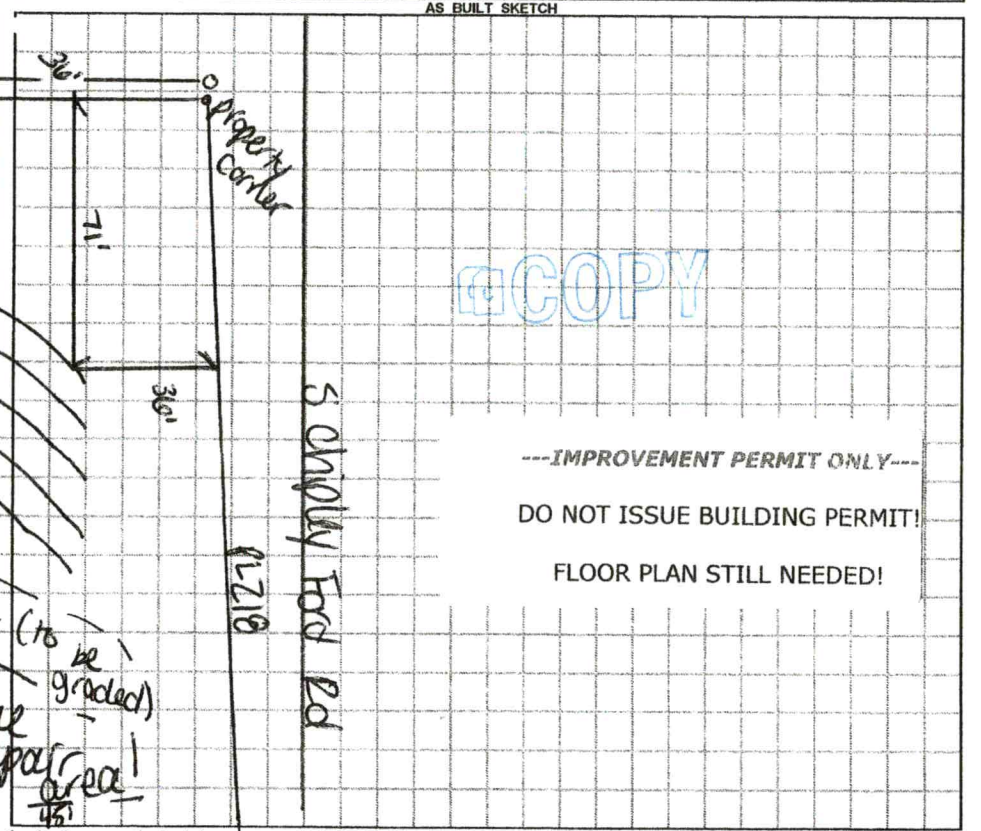
Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. If foundation drains are used, must meet proper setbacks. Do not exceed max trench depth of 30" Maintain positive drainage away from drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH



COPY

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Carla C. Cave Date: 5-9-19 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ 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.

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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*) Camila Shook

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, Camila Shook, am the legal owner(s) of the property located at 112 Westview LN Statesville, NC, identified as PIN (Parcel Identification Number) 4736407614, 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.

Camila Shook
Signature of Owner(s)

04/21/21
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

_____ **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

____ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

____ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

____ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

____ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Camila Hooks **Date** 04/21/21

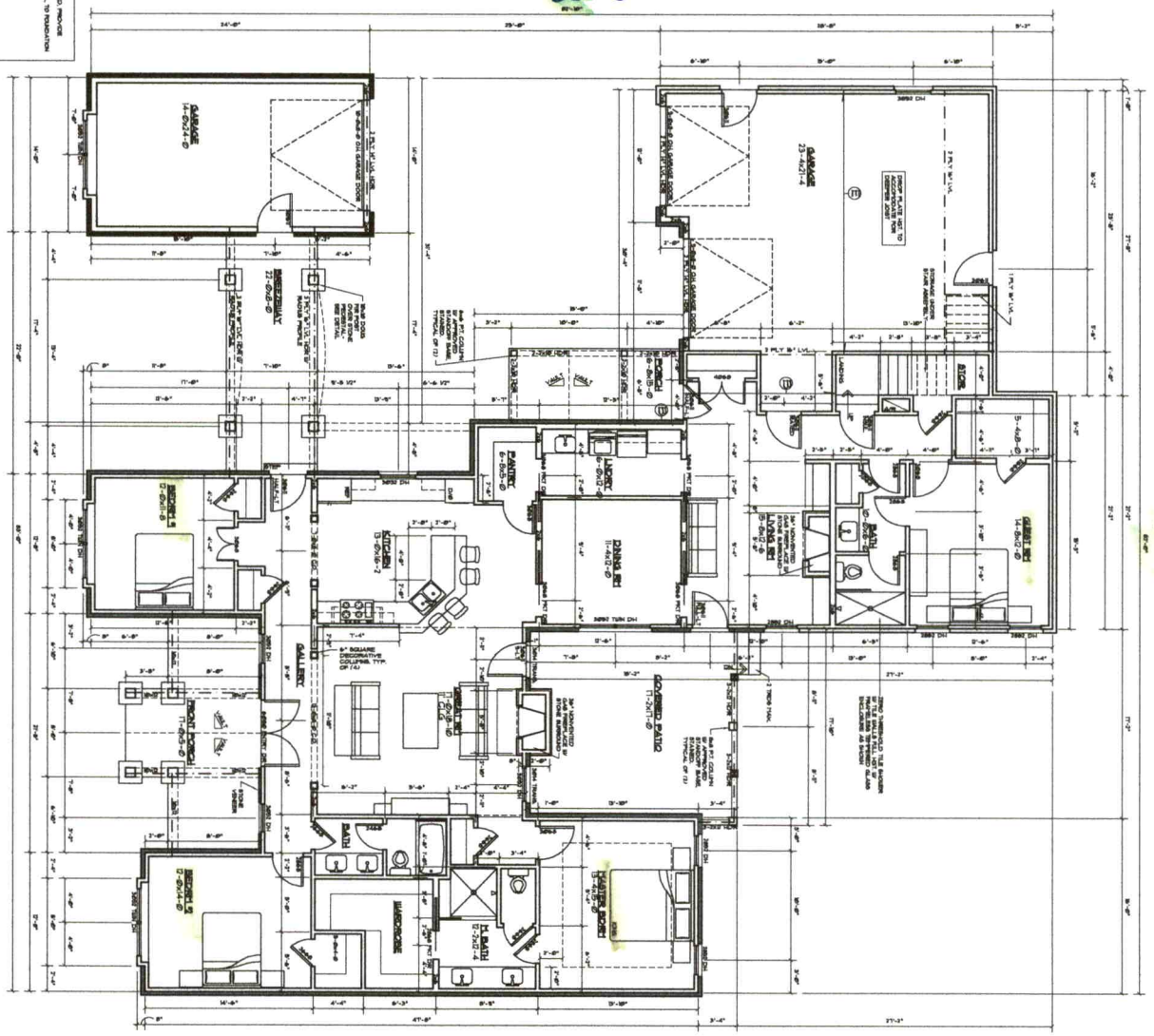
Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

Acknowledgement Of
Plans Submittal ONLY!
Buyer's Initials Date 4-21-2021
Connie Shook Date 04/21/21

82'-10"



82'

FIRST FLOOR PLAN
NOTE: SCALE IS 1/4" = 1'-0" ON ALL DRAWINGS



SHEET NO. A-2		REVISIONS	BY	PROJECT NO.	3850 C SHOOK	
				DATE	4/2021	
				DRAWN BY	JLD	
				CONTRACTOR		

PROJECT NAME:
SHOOK RESIDENCE
MEADOW-OAKS SUBDIVISION, LOT 54
WEST VIEW LANE, STATESVILLE, IREDELL COUNTY, NORTH CAROLINA

MEMBER AIBD AMERICAN INSTITUTE OF BUILDING DESIGN

CORNERSTONE HOME DESIGNS, LLC.
JOEL L. DAVIS - DESIGNER
PHONE: 828-638-2500
WWW.NCHOMEDESIGN.COM

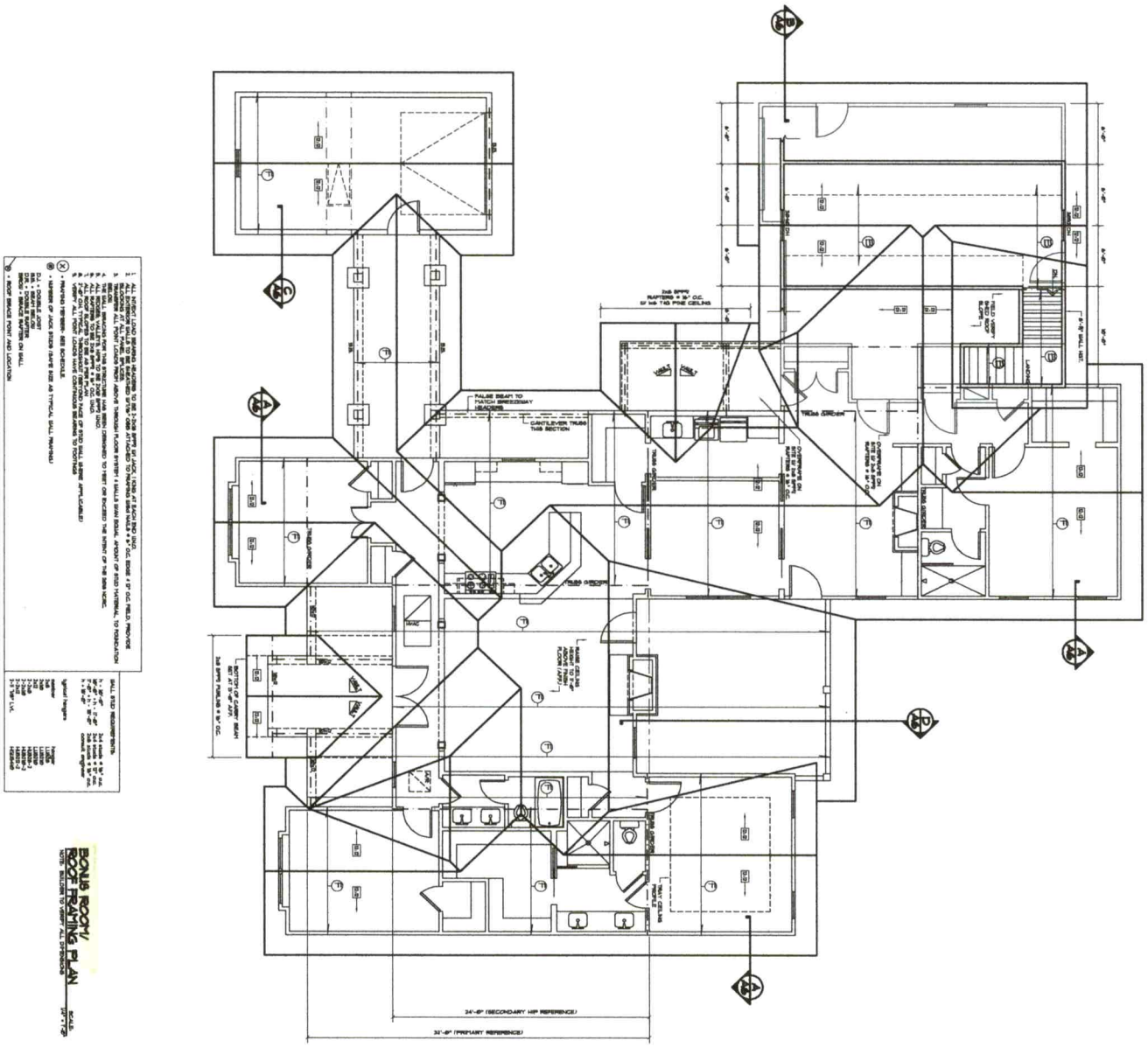
IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING + OTHER REGULATORY AGENCIES + FOLLOW SPECIFICATIONS OF DESIGNER AND ENGINEERS WHERE USED.

THESE CONSTRUCTION DOCUMENTS HAVE BEEN DEVELOPED FOR THE EXPLICIT ONE TIME USE FOR CLIENT LISTED ABOVE. THESE DOCUMENTS MAY NOT BE REPRODUCED BY ANY METHOD, NOR MAY THEY BE USED BY ANYONE FOR REPEAT CONSTRUCTION WITHOUT WRITTEN CONSENT OF DESIGNER, CORNERSTONE HOME DESIGNS, LLC.

Acknowledgement Of
Plans Submittal ONLY!

Budget C. White Date 4-26-2021

Camila Shook Date 04/21/21



BONUS ROOM
ROOF FRAMING PLAN

SHEET NO. A-3

PROJECT NAME:
SHOOK RESIDENCE
MEADOW-OAKS SUBDIVISION, LOT 54
WEST VIEW LANE, STATESVILLE, IREDELL COUNTY, NORTH CAROLINA

MEMBER AIBD AMERICAN INSTITUTE of BUILDING DESIGN

CORNERSTONE HOME DESIGNS, LLC.
JOEL L. DAVIS - DESIGNER
PHONE: 828-638-2900
WWW.CHOMEDESIGN.COM

IT SHALL BE THE CONTRACTOR'S RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING + OTHER REGULATORY AGENCIES + FOLLOW SPECIFICATIONS OF DESIGNER AND ENGINEERS WHERE USED.

THESE CONSTRUCTION DOCUMENTS HAVE BEEN DEVELOPED FOR THE EXPLICIT ONE TIME USE FOR CLIENT LISTED ABOVE. THESE DOCUMENTS MAY NOT BE REPRODUCED BY ANY METHODS, NOR MAY THEY BE USED BY ANYONE FOR REPEAT CONSTRUCTION WITHOUT WRITTEN CONSENT OF DESIGNER, CORNERSTONE HOME DESIGNS, LLC.