ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 305541

APPLICANT/OWNER: Travis Foster

PIN # 4761 -- 80 -- 4638

SITE ADDRESS: 1525 Shinnville Rd, Cleveland NC 27013

APPLICANT ADDRESS: 1525 Shinnville Rd, Statesville

SITE DIRECTIONS: (S) 21 - (L) Ostwalt Amity - (R) Shinnville - Lot on (R)

PHONE: 704-929-2236 ALT. PHONE –

SUBDIVISION: SECTION: – LOT # – LOT AREA: 35.23 Acres

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 240 GPD L.T.A.R.: .3

Septic Tank	EXIST (gal) STB	Date	[ ] New System [ ] Repair [X] Expansion System Type: I II (III) IV V VI
Pump Tank	(gal) PT	Date	System Description: 25% reduction pump
Pump Make	Model	Serial #	Repair System Description: 25% reduction pump
# Nitrification Fields 1	# Lines 3	Linear Ft: 2460'	Maintenance Agreement Required: [ ] YES [X] NO
Trench Width 36 in	Trench Bottom Depth(~~Low side~~) 36 in (max)	Gravel Depth –	[ ] GRAVITY [X] PRESSURE

[X] Residence [ ] Business [ ] Other [X] Slab [ ] Basement w/plumbing

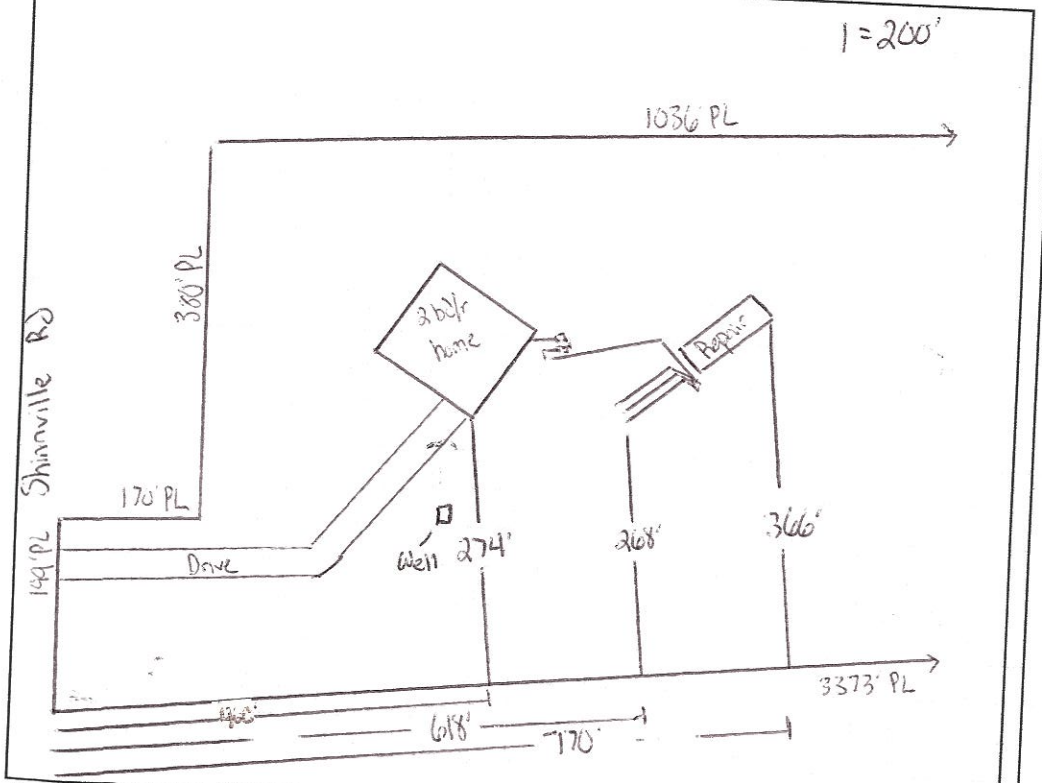
No. Bedrooms 2 No. Persons 4 No. Employees – [ ] Crawl Space

[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

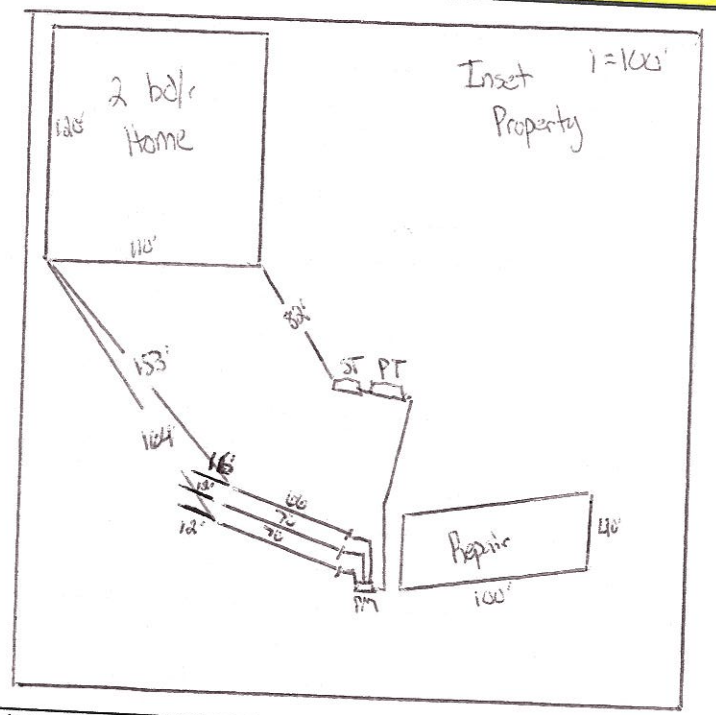
Comments / Conditions: Install drainlines on contour of land. Do not grade, park, or drive on septic area. Add 40' PT to existing system.

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.



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.*

[X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*

[X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature:

PERMIT by: Cory Whitt Date: 9/23/21

TO CONSTRUCT by: Cory Whitt Date: 9/23/21

Installed by: Hayes Byers

OPERATION PERMIT by: Cory Whitt Date: 9/23/21

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 476180446
COUNTY: Iredell

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

OWNER: Travis Foster
ADDRESS: 1525 Shinnville Rd
APPLICATION DATE 8/30/21
PROPOSED FACILITY: 2 bd/r home
PROPOSED DESIGN FLOW (.1949): 240 GPD
DATE EVALUATED: 9/23/21
LOCATION OF SITE: 1525 Shinnville Rd
PROPERTY SIZE: 35.23
PROPERTY RECORDED: Yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 15%	0 - 8	SCL SBK	SS SP FR SE	–	26	–	–	.3 PS
		8 - 20	C SBK	SS SP FR SE					
		20 - 26	CL SBK	SS SP FR SE					
		26 - 57	SAP LS						
2	Linear 15%	0 - 5	SCL SBK	SS SP FR SE	–	48	–	–	.3 PS
		5 - 23	C SBK	SS SP FR SE					
		23 - 48	CL SBK	SS SP FR SE					
		48 - 57	SAP SL						
3									
4									

Drawdown 5.8

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

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

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 4761046
COUNTY: IREDELL

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

OWNER: TRAVIS FOSTER
ADDRESS: 1525 SHINNVILLE ROAD, CLEVELAND, N.C 27013 APPLICATION DATE 3-3-20
PROPOSED FACILITY: 8 EMP. SHOP PROPOSED DESIGN FLOW (.1949): 200GPD DATE EVALUATED: 3-11-20
LOCATION OF SITE: 1525 SHINNVILLE ROAD, CLEVELAND, NC 27013 PROPERTY SIZE: 35.23 AC
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other PROPERTY RECORDED: YES
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	LINEAR SIDE 15%	0-27	CL, WSBK	FR, SS, SP, SEXP	SAP INC 0-27 MICA COMMON	27"	PS II L	NA	PS .3
		27-67	SAP, MAS	VFR, NS, NP, SEXP					
2	LINEAR SIDE 15%	0-21	CL, WSBK	FR, SS, SP, SEXP	SAP INC 0-21 MICA COMMON	21"	PS II L	NA	PS .3
		21-62	SAP, MAS	FR, NS, NP, SEXP					
3	LINEAR SIDE 15%	0-19	CL, WSBK	FR, SS, SP, SEXP	SAP INC 0-19 MICA COMMON	19"	PS II L	NA	PS .3
		19-63	SAP, MAS	FR, NS, NP, SEXP					
4	LINEAR SIDE 15%	0-28	CL, ~~SAP~~SBK	FR, SS, SP, SEXP	SAP INC 0-45" MICA COMMON	45"	PS II SL	NA	PS .3
		28-45	SCL, ~~SAP~~ABK	FR, SS, SP, SEXP					
		45-58	SAP, MAS	VFR, NS, NP, SEXP					
		58-60	SAP, RC	FI, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% - P.M.	25% - P.M.
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burgent C. White
OTHER(S) PRESENT:

COMMENTS:

	Date	Initials
Drain Lines Checked	4/2	KW
Tanks Checked	4/2	KW
Pressure Manifold or Valve Box Checked	4/2	KW
Pressure Head Set	4/2	KW
Electrical Checked	4/2	KW
Floats Set	4/2	KW
Alarm Checked	4/2	KW
Maintenance Contract Y / (N)		
Comments:		

AP-30554 1
$1050.00

RECEIVED MAR 03 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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(j) 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: Travis Foster Address: 1525 Shinnville NC Zip: 27013
Applicant Email: Travisfosterinc@gmail Phone: 704-929-2236 Alt. Phone: _____
Owner Name: Travis Foster Address: 1525 Shinnville Rd NC Zip: 27013
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1525 Shinnville Rd. NC. 27013
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system 1 Tank 2 Drain lines Describe Problem: _____
Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development: Type of Business: Barn for farm use
Square Footage of Building: 8400 Max. Number of Employees: 5-7 Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____ 3-11-20
( ) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 3-3-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Travis Foster, am the legal owner(s) of the property located at 1525 Shiloville Rd. Cleveland NC 27013, identified as PIN (Parcel Identification Number) 4761-86-4638, 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.

Signature of Owner(s) 3-3-23 Date

Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

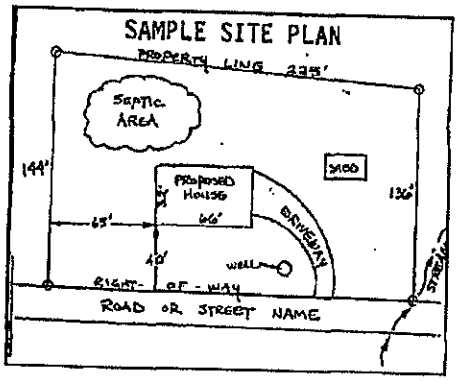
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (Y) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

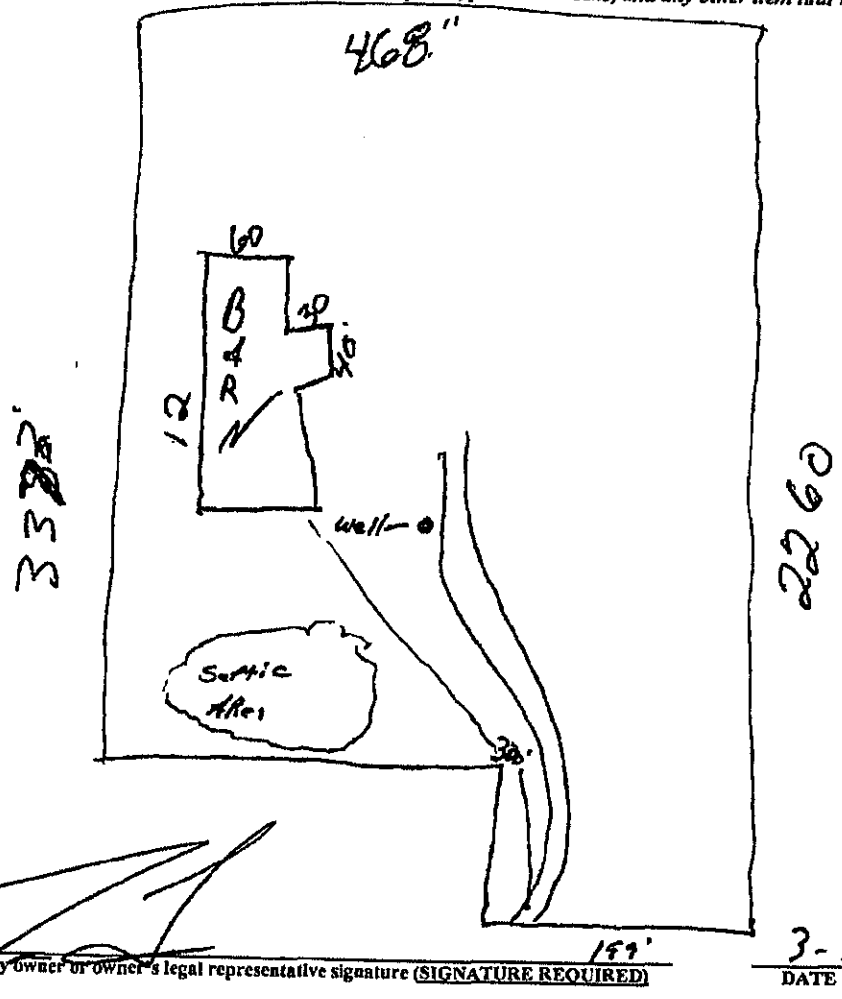


Circle N/A on the following if appropriate:

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



Signature: _____ 3-30-20

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

Acknowledgement Of
Plans Submittal ONLY!

3-3-20 Date

Bryant C. Miller Date 3-18-2020

