ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 323308

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

PIN # 4770 -- 17 -- 0225

APPLICANT/OWNER: Leland Woodworth APPLICANT ADDRESS: 164 Galway Dr Apt 201 Mooresville, NC 28117

SITE ADDRESS: 1348 Shinnville Rd Cleveland, NC 28117 PHONE: 704 699-7183 ALT. PHONE

SITE DIRECTIONS: US 21/Hwy 115 N TR Shinnville Rd on right SAP CONTROLLED: N/A ☐ YES ☐ NO

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

Septic Tank	Exist.	(gal)	STB		Date						
Pump Tank		(gal)	PT		Date						
Pump Make		Model			Serial #						
# Nitrification Fields		# Lines	EXISTING		Linear Ft.						
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth						

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

System Description: Exist. Gravity-Convent. Gravel

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

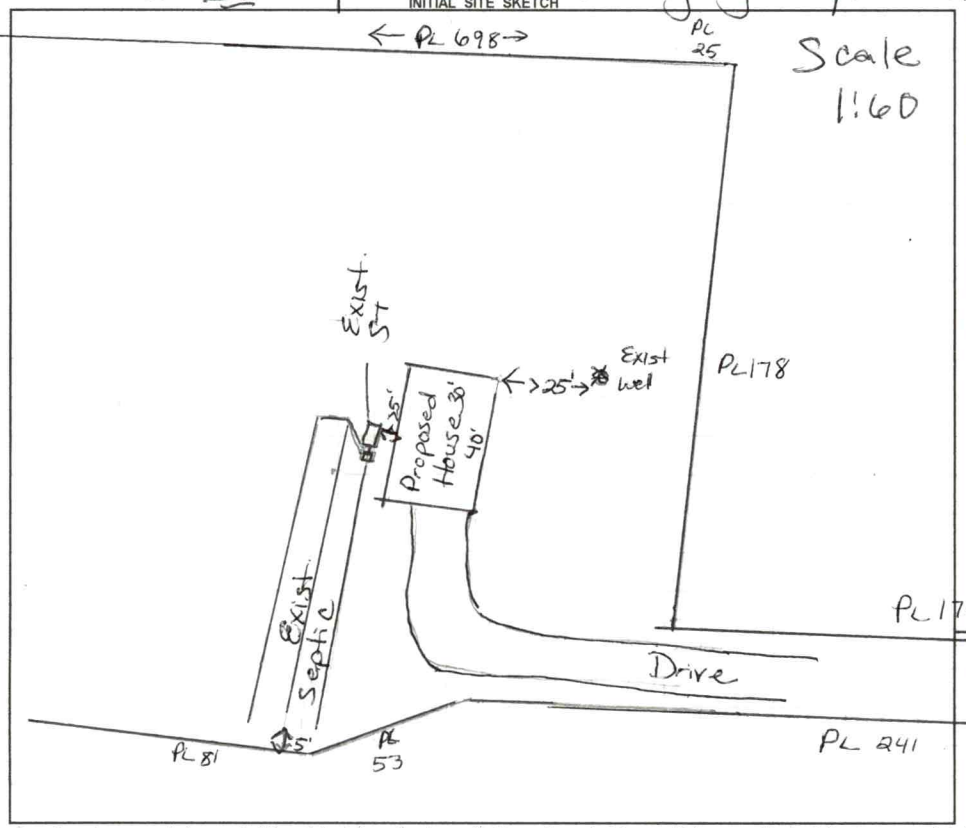
Water Supply: ☒ Private Exist ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Existing Septic System "appears" to be functioning ok at time of inspection. ICHD did not inspect Structural Integrity of Septictank

Must Keep proposed House minimum of 25Ft from well & 5Ft from house (with no foundation drain). If foundation drain then 10 ft setback

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.

* No Vehicular traffic over Septic System.

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: [signature] Date: 1-28-22 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/28/22 Existing System Inspected by: Maria Dotson Date: 1/27/22

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? _____	

4

MD

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

RECEIVED NOV 2 2 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-323308 $250.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Leland Woodworth **Address:** 164 Galway Dr Apt 201 Mooresville NC **Zip:** 28117

Applicant Email: Leland.woodworth@hotmail.com **Phone:** 704-699-7183 **Alt. Phone:** _____

Owner Name: _____ **Address:** _____ **Zip:** _____

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

****

Property Information:

Street Address: 1348 Shinnville Rd Cleveland NC 27013

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

Driving Directions: Head west toward N Center St ,121 ft. Turn right toward N Center St ,305 ft. Turn right at the 1st cross street onto N Center St Pass by Hardee's (on the right) 0.9 mi. Continue onto Shelton Ave. Pass by Dollar General (on the right in 0.5 mi) 1.1 mi. Turn left onto Amity Hill Rd 7.0 mi. Turn left onto Ostwalt Amity Rd 2.3 mi Turn right onto Shinnville Rd. Destination will be on the left

****

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1970

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:_____

****

********* **Please answer the following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

to the best of your ability: ( ) 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: _____ 11-20-2021

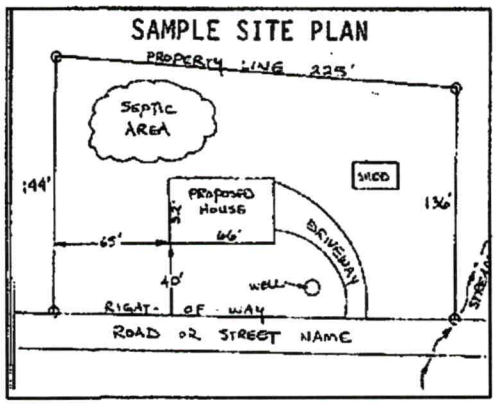
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

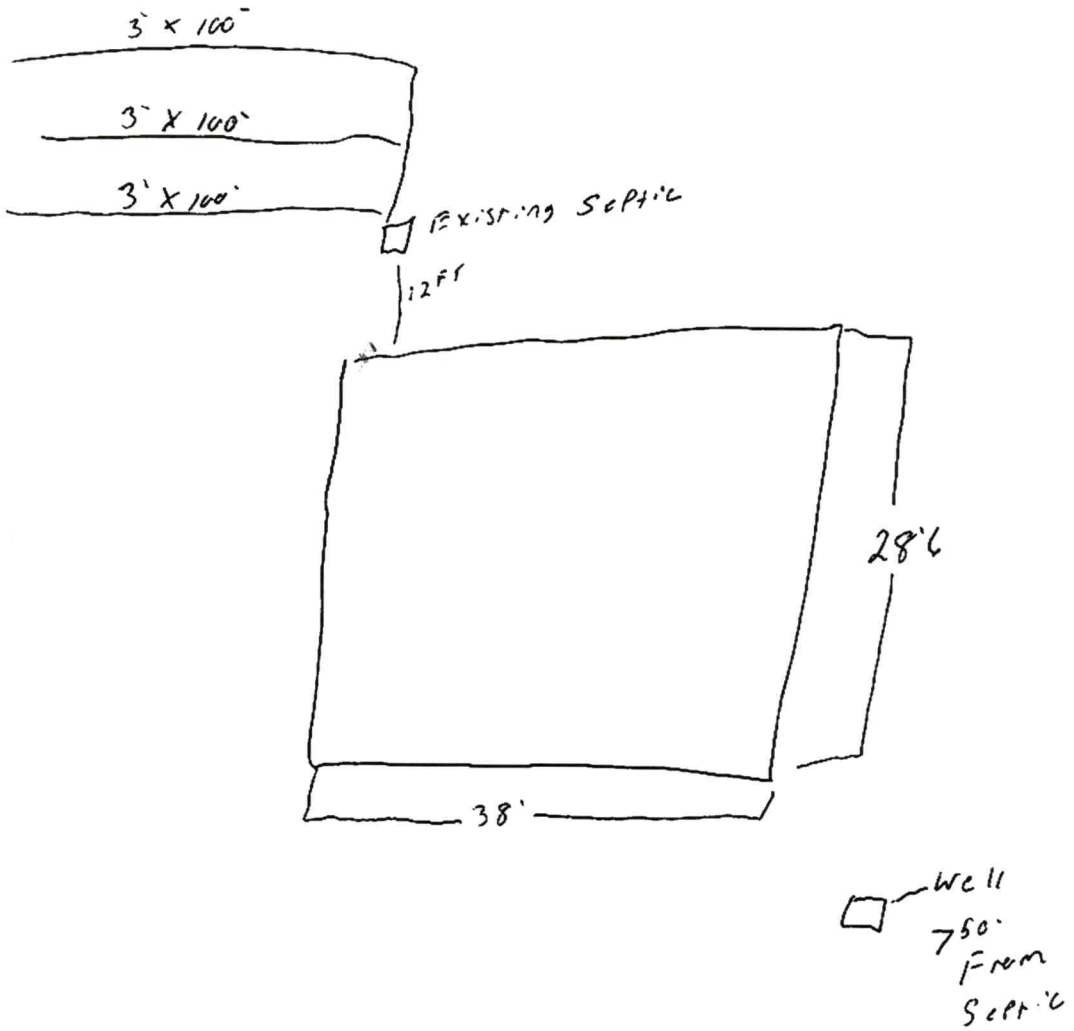
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



Signature: _____ 11-20-2021

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

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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) 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

4770170225

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 066870 DATE 5-20-97 TAX MAP NO. 4770171583 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Angela Hughes PHONE: Business _____ Home 528-3417

ADDRESS 1348 Shinnville Rd Mooresville NC

LOCATION OFF Shinnville Rd 2.1 Miles from Shinn Store on right Across from Mobile Home

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS. DESIGN FLOW 360gpd L.T.A.R. Existing PK

Septic Tank: 1000 Gallons; STB Existing Date ?

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900' Linear Feet 300'

No Lines 3 @ 100' Trench Width 3' Max Trench Bottom Depth Existing Gravel Depth _____

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

System Description: Existing-Gravity Convent

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

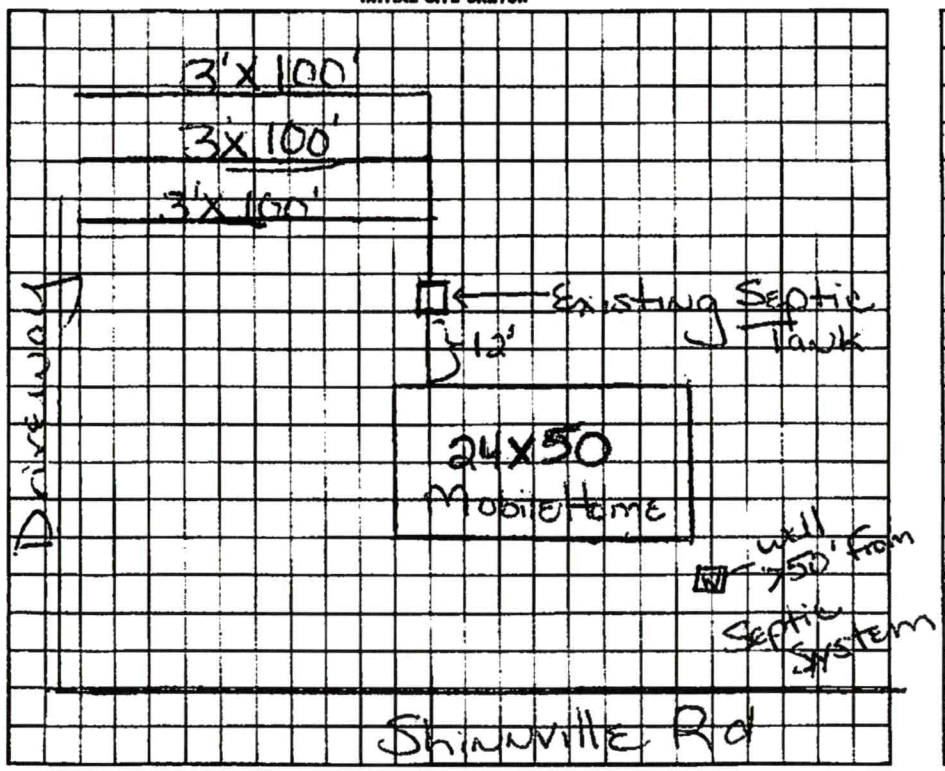
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Septic System appears to be functioning properly at time of inspection

Comments: No problems were encountered during inspection

INITIAL SITE SKETCH



Not to Scale

AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Angela K. Hughes

Improvement Permit by: Maria H.H. Watson date 5/20/97

Existing System Inspection by: Maria H.H. Watson date 5/20/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

IREDELL COUNTY · NC

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

APPLICATION NUMBER

323308
Issue Date: 11/22/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770170225.000	1348 SHINNVILLE RD	Iredell County

Owner Information	Applicant Information
Name: WOODWORTH LELAND J	Name: WOODWORTH LELAND J
Address: 1348 SHINNVILLE RD	Address: 1348 SHINNVILLE RD
CLEVELAND, NC 27013	CLEVELAND, NC 27013
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	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: 11/22/2021

Signature of Owner/Contractor

Permit Number	323308	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687 -0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

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)

_____

Is there a septic tank on the property? Yes X No If residence how many bedrooms? __3_ and stories?__2_

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _1811_____

Does the property have community water? Yes No X If yes, please list who provides it: _____

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

Owner Information

Property Owner's Name_Leland Woodworth_____ Phone # _704-699-7183_____

Owner's Current Address_164 Galway Dr_Apt 201 Mooresville NC 28117_____

Property Information

Property Address 1348 Shinnville Rd Cleveland NC 27013_____ Parcel # ___4770170225.000_____

Subdivision:_N/A_____ Lot:__Y_ Zoning:___ Watershed: N Flood Plain: N Township:____

Directions to property (from a MAIN ROAD) __Head north on I-77 N 2.8 mi. Take exit 49 A to merge onto US-70 E/Garner Bagnal Blvd Continue to follow US-70 E 3.5 mi.Turn right onto Bethesda Rd 3.9 mi. Turn left onto Ostwalt Amity Rd 1.3 mi. Turn right onto Shinnville Rd Destination will be on the left.

_____

_____

Application Information

Applicant's Name or Company: Leland Woodworth_____ Applicant's Phone # 704-699-7183_____

Applicant's Address 164 Galway Dr Apt 201 Mooresville NC 28117_____

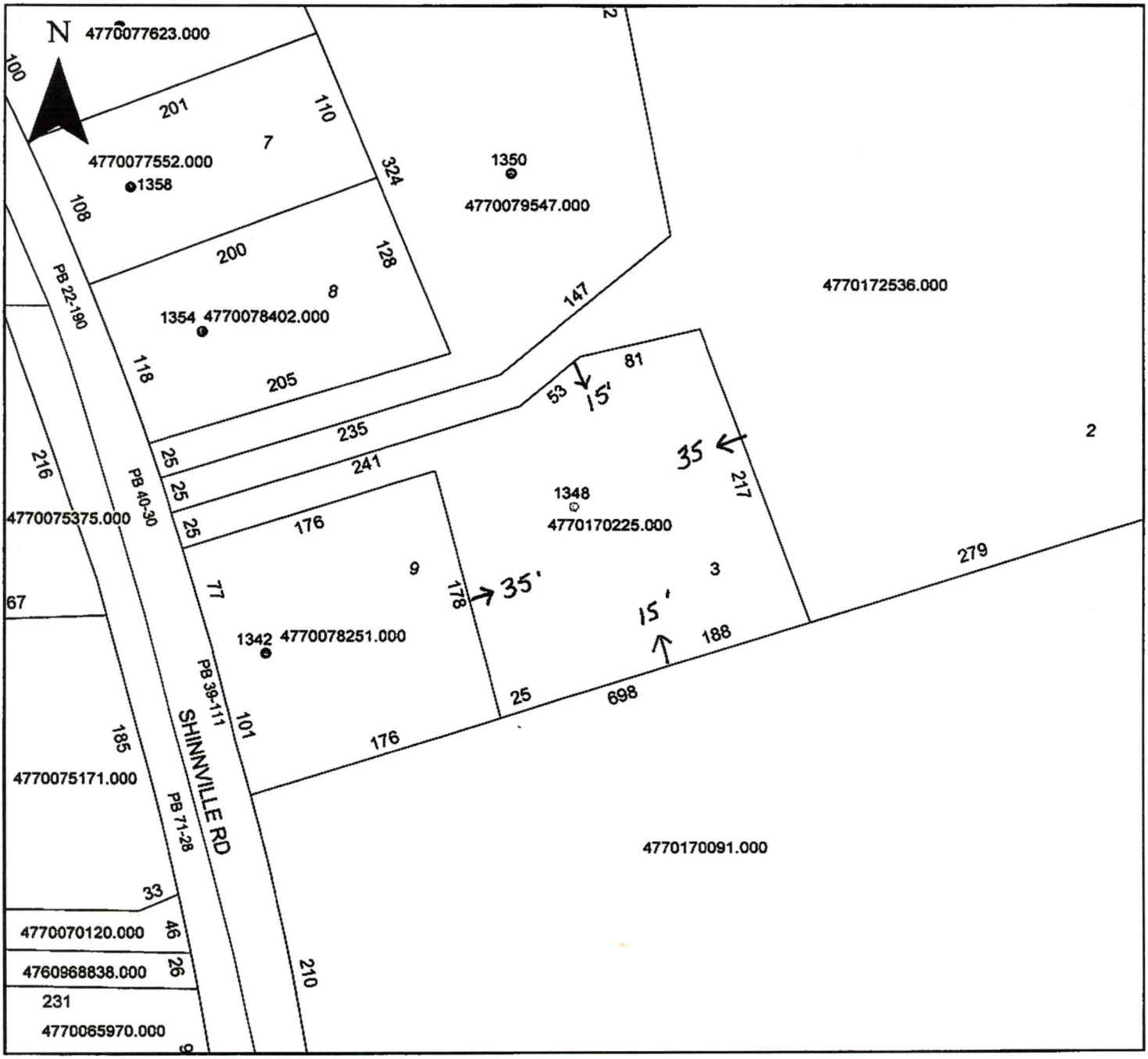
If Company, Representative's Name and Title_____

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 ZONING 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 Leland Woodworth DATE 11-20-2021

323308 RA WS-NO FL-NO 1.01 AC

ZONING DISCLAIMER



Property Address 1348 Shinnville Rd.

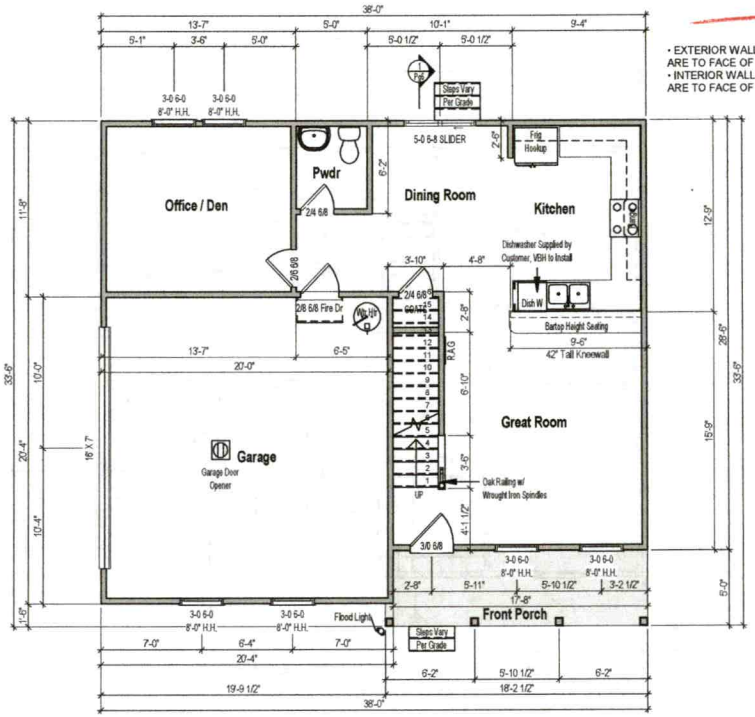
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

11-22-2021
Date

Wall Stud Size
= 2x4
= 2x6

Acknowledgement Of
Plans Submittal ONLY!
Date 1/28/22
Date



• EXTERIOR WALL DIMENSIONS ARE TO FACE OF SHEATHING
• INTERIOR WALL DIMENSIONS ARE TO FACE OF STUD

1 1st Floor Plan - Elev A
1/8" = 1'-0"

ValueBuild HOMES
3015 Jefferson Davis Hwy, Sanford, NC 27332

CALHOUN - Elevation A

1st Floor Plan

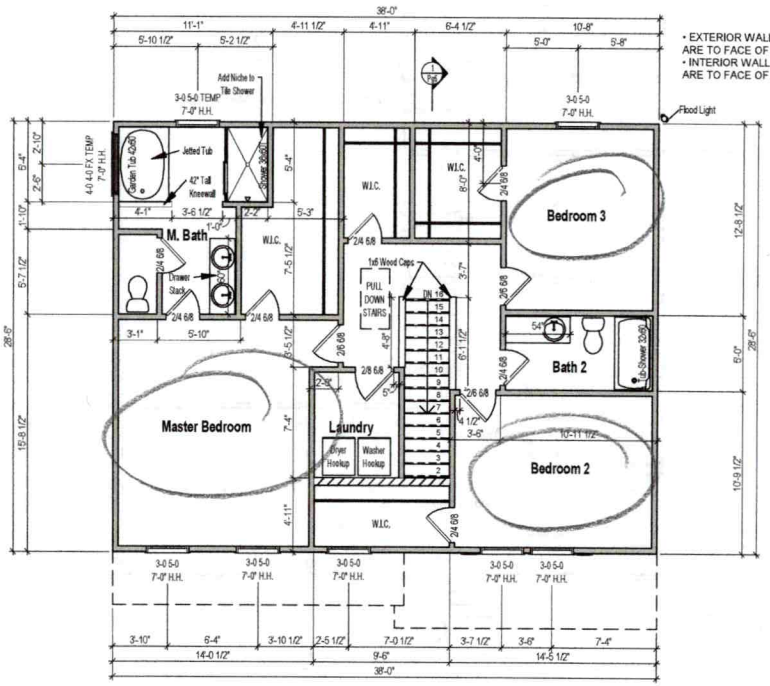
Job #: 22-110-14
Address: 1348 Shinnville Rd
Cleveland, NC 27013
County: Iredell County

Plan Version Date: 2-2-21

Job Version Date: 12-20-21

Sheet #: A-Pg3

Wall Stud Size
= 2x4
= 2x6



1 2nd Floor Plan - Elev A
1/8" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Maria Dotson Date 1/28/22
Date

ValueBuild HOMES
3015 Jefferson Davis Hwy, Sanford, NC 27332

CALHOUN - Elevation A

2nd Floor Plan

Job #: 22-110-14
Address: 1348 Shinnville Rd Cleveland, NC 27013
County: Iredell County

Plan Version Date: 2-2-21
Job Version Date: 12-20-21
Sheet #: A-Pg4