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 315405

APPLICANT/OWNER: Shannon Shannon

PIN # 4797--02--9800

SITE ADDRESS: 2293 Mocksville Hwy Statesville NC 28625

APPLICANT ADDRESS: 126 Salem Meadow Dr Statesville NC 28625

SITE DIRECTIONS: N Center St to I 40 E, take Exit 162, R on US 64 W, Lot on R

PHONE: 608-461-0091 ALT. PHONE

SUBDIVISION:

SECTION: — LOT # — LOT AREA: 9.98 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	SHOAF 760	Date	8/28/21
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	5	Linear Ft	400
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 4 No. Persons 8 No. Employees — ☒ Crawl Space

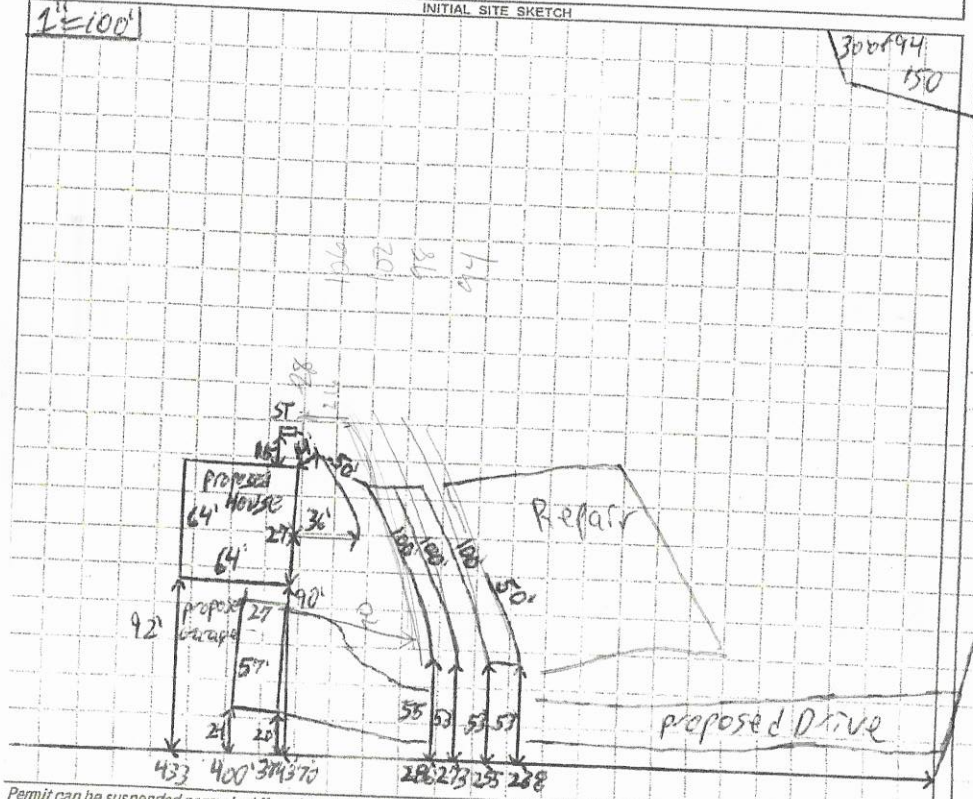
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, store material, or manipulate drainfield in any way.

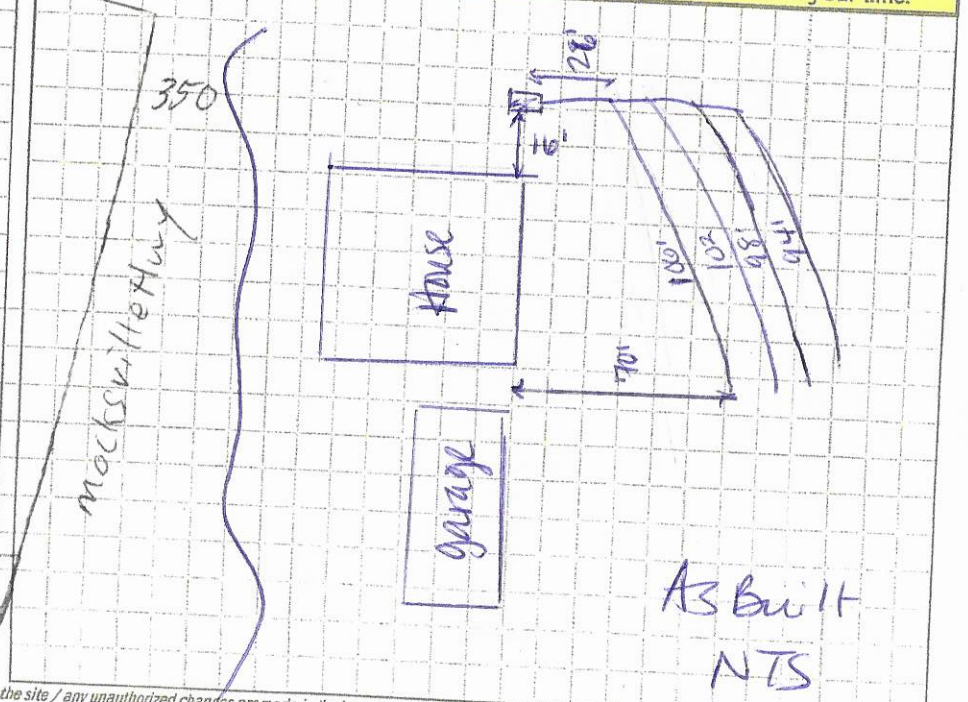
INITIAL SITE SKETCH

1"=100'



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: Shannon Shannon Date: 5/18/2021

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 5/12/2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 5/12/2021

Installed by: (Kenn Kirkpatrick) Rowan Septic

OPERATION PERMIT by: D. Wheeler Date: 10/22/21

Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	10/22/21	DW
Tanks Checked	10/22/21	DW
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? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4794029800
COUNTY: Iredell

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

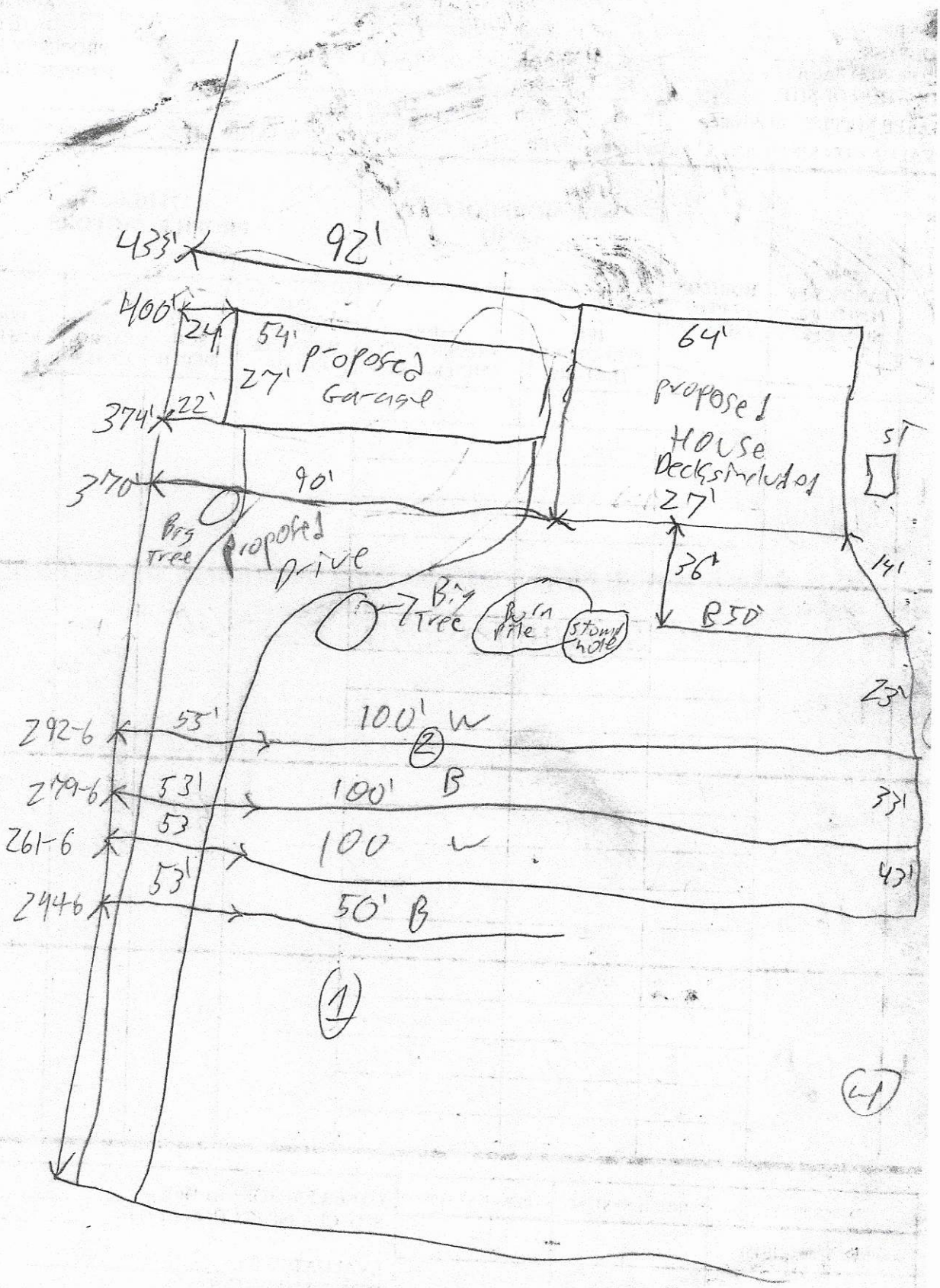
OWNER: Shannon Shannon
ADDRESS: 126 Salem Meadow Dr Statesville NC 28625 APPLICATION DATE: 2/22/2021
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 480GPD DATE EVALUATED: 4/29/2021
LOCATION OF SITE: 2293 Mocksville Hwy PROPERTY SIZE: 9.98acres
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 11%	0-8	SCLWSBK	FrSSSPSexP	—	60"	few Litho inclusions at bottom	Some Large Rock inclusions in top 20"	PS.3
		8-60	CSBK/ABK	FrSSSPSexP					
2	SS 12%	0-9	Compacted Clay	—	—	60"	few Litho inclusions	—	PS.3
		9-60	CSBK/MBK	FrSSSPSexP					
3	SS 16%	0-9	Topsoil	—	—	60"	few Litho and Parent Rock inclusions at bottom	Some manganese inclusions at bottom	PS.3
		9-50	CSBK/ABK	FrSSSPSexP					
		50-60	CLSBK	FrSSSPSexP					
4	SS 10%	0-10	Topsoil	—	—	60"	few Litho and Parent Rock inclusions at bottom	—	PS.3
		10-16	SCLWSBK	FrSSSPSexP					
		16-55	CSBK/ABK	FrSSSPSexP					
		55-60	CLSBK	FrSSSPSexP					

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

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

COMMENTS: Sunny


433'
92'
400'
24'
54'
27'
proposed
Garage
374'
22'
64'
proposed
HOUSE
Decks included
27'
5'
370'
90'
Big Tree
proposed
Drive
36'
141'
B50'
Big Tree
Burn Pile
Stump hole
23'
292-6
53'
100' W
2
279-6
53'
100' B
33'
261-6
53
100 W
43'
246
53'
50' B
1
4

RECEIVED MAR C 4 2021

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

AP-315405 $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) 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: Shannon Shannon Address: 126 Salem Meadow Dr Statesville Zip: 28625
Applicant Email: SmShannon15@gmail.com Phone: 608-461-0091 Alt. Phone: _____
Owner Name: Robert and Shannon Shannon Address: 126 Salem Meadow Dr Statesville Zip: 28625
Owner Email: SmShannon15@gmail.com Phone: 608-461-0091 Alt. Phone: _____

Property Information:

Street Address: 2293 Mocksville Hwy Statesville, NC 28625

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

Driving Directions: from I40 E, take Exit 162, turn right onto Hwy 64 W, Property is about 1/2 mile on the right (after Barn across S. Yadkin)

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 5
( ) 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 (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

(X) Yes ( ) No Does the site contain any jurisdictional wetlands? Watershed
( ) 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: Shannon M Shannon 2-22-2021

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) Shannon M Shannon

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

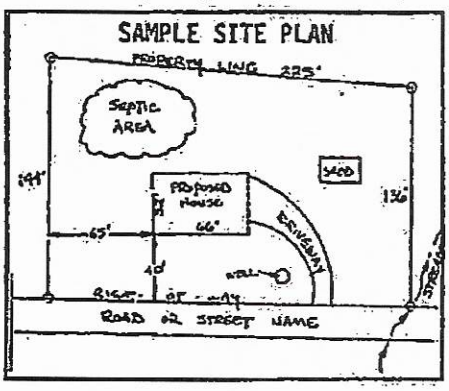
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

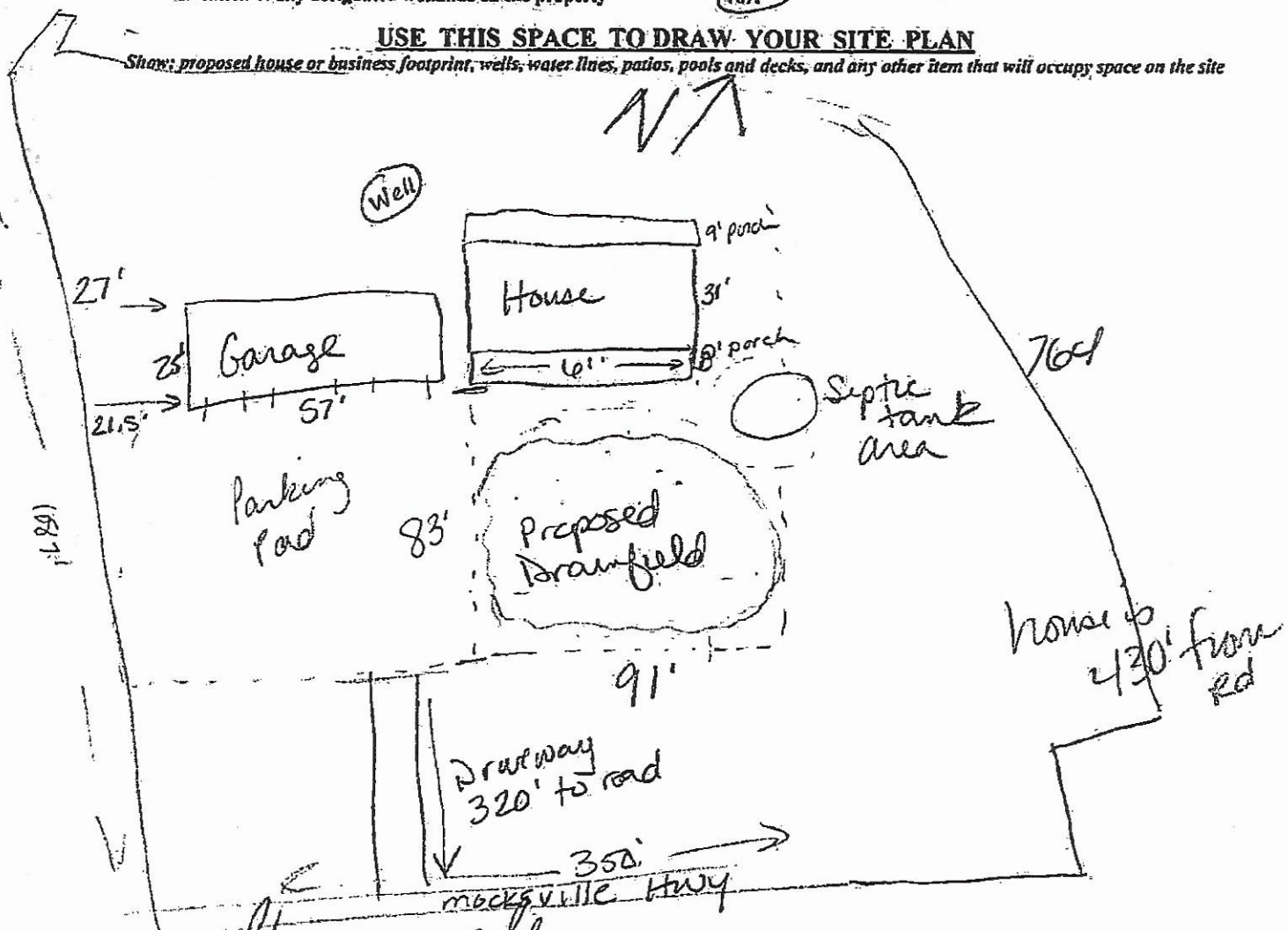
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

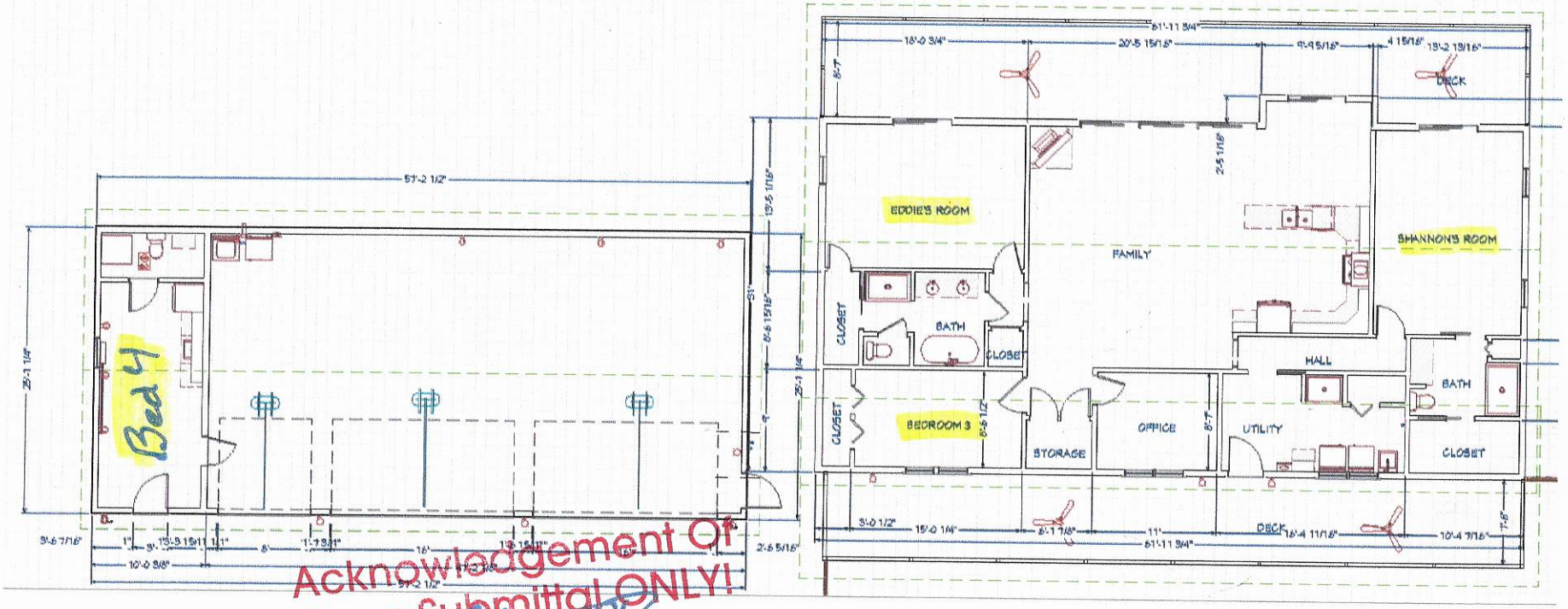
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

2-22-2021
DATE



Acknowledgement Of
Plans Submittal ONLY!

Date

4-29-2021 Date

Patrick J Byle III 5/12/2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
315405 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4797029800.000	2293 MOCKSVILLE HWY	Iredell County

Owner Information	Applicant Information
Name: SHANNON SHANNON M+ROBERT E II	Name: SHANNON SHANNON M+ROBERT E II
Address: 126 SALEM MEADOW DR	Address: 126 SALEM MEADOW DR
STATESVILLE, NC 28625	STATESVILLE, NC 28625
Phone: (608)461-0091	Phone: (608)461-0091

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
9.98	35	35	15	15	WSIV-PA Coolemee	YES

Remarks

SFD

Lots with a perennial stream: Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

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.

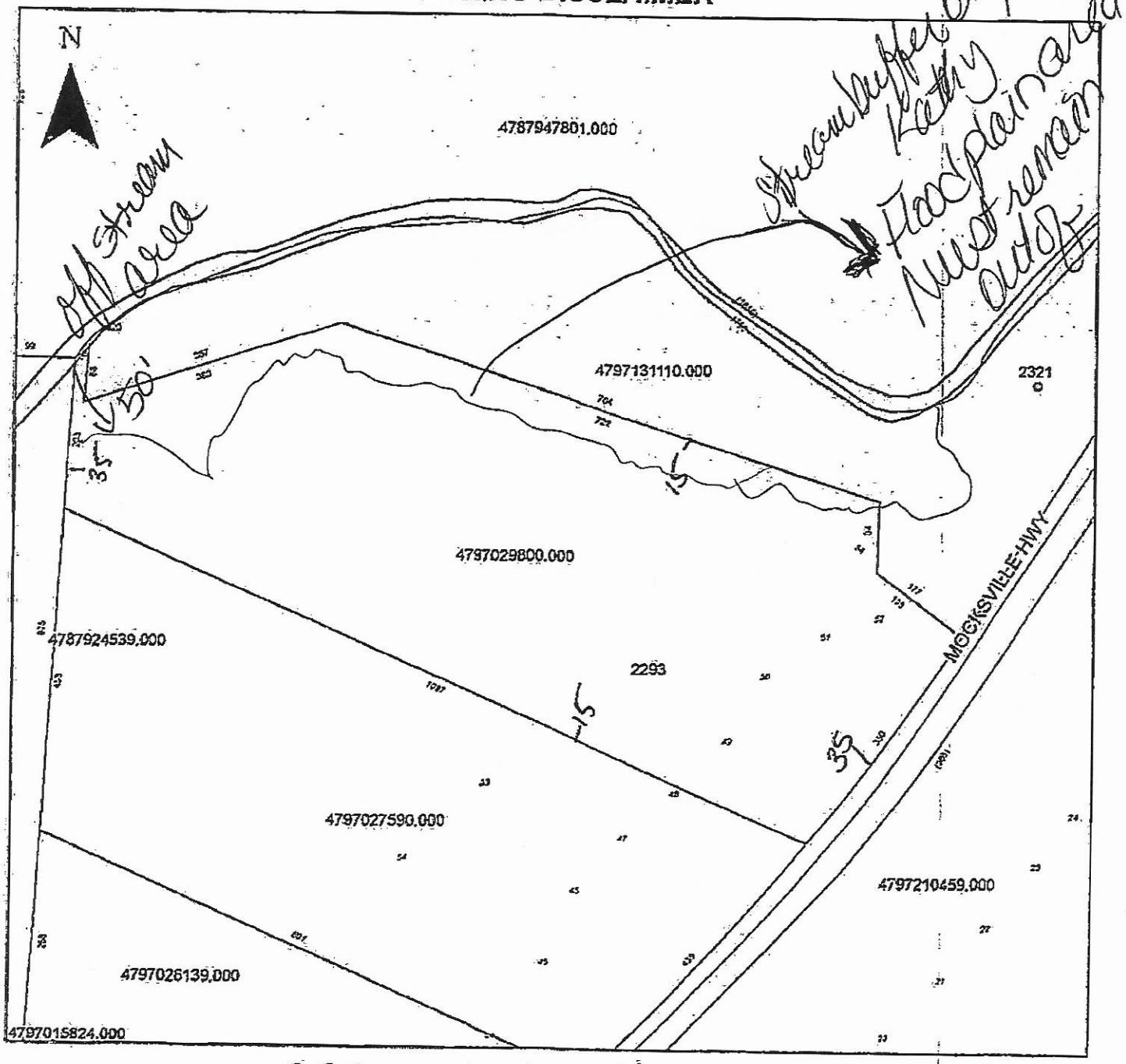
Signature of Owner/Contractor

Date: 03/02/2021

Permit Number	315405

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 2293 Mocksville

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.

Shannon M Shannon 2-22-2021