ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2025-68329

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

PIN # 4822-99-1076

PPLICANT / OWNER: Kathy Shoemaker | APPLICANT ADDRESS: 302 Aycock Rd., Statesville, NC 28625

TE ADDRESS: 310 AYCOCK RD, STATESVILLE, NC 28625 | PHONE: (704) 902-6376 | ALT. PHONE:

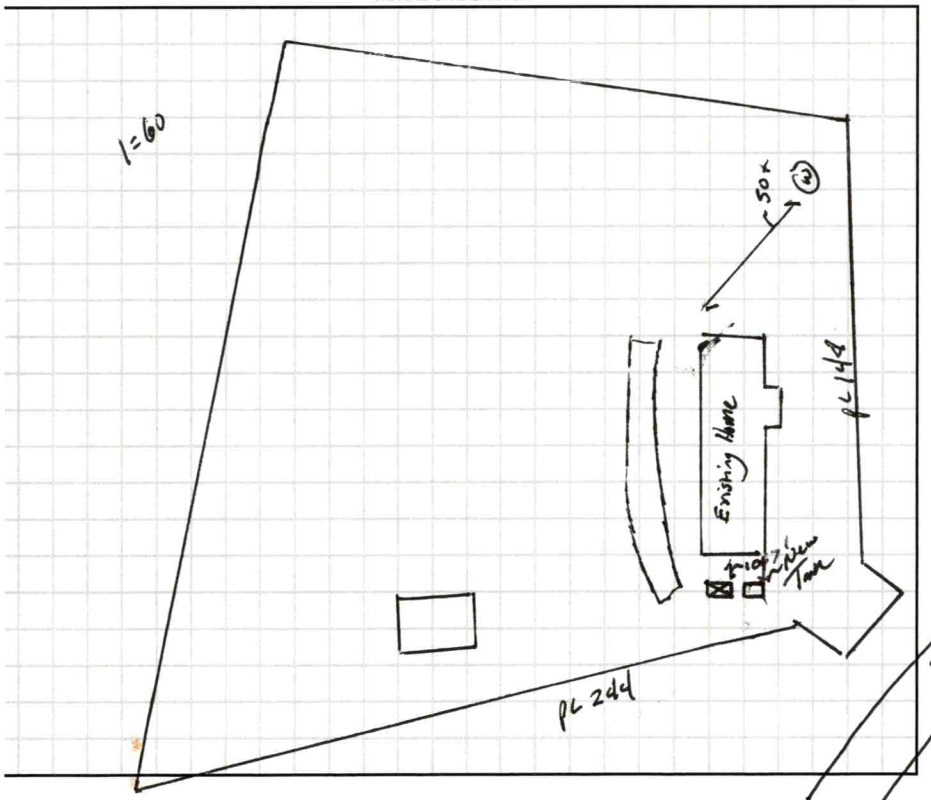
TE DIRECTIONS: Hwy 115 to Prospect to Aycock Site on Right | SAP CONTROLLED: YES ☐ NO ☑

JBDIVISION: – | SECTION: | LOT #: | LOT AREA: | DESIGN FLOW: 360 | L.T.A.R.: EXT

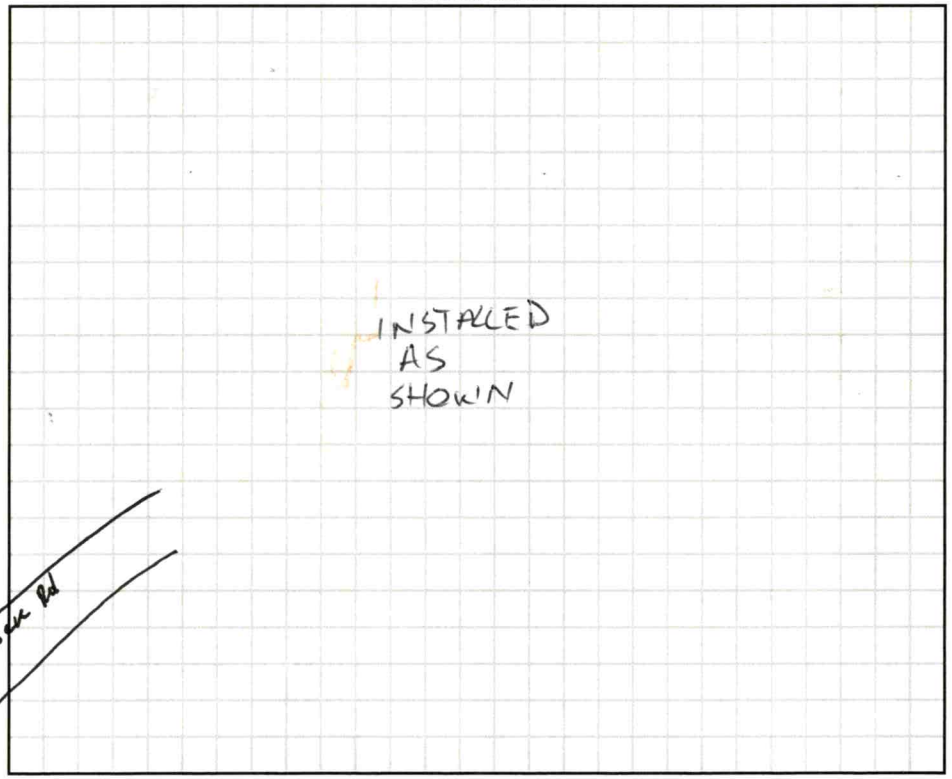
eptic Tank: (gal) 1000	STB: 760	Date: 1-5-2025	☐ New System ☑ Repair ☐ Expansion	System Type: II	☑ Residence	No. Bedrooms: 3	Water Supply: Existing Well
ump Tank: (gal) –	PT:	Date:	System Description:		☐ Business	No. Persons: 2	
ump Make: –	Model:	Serial #:	Repair System Description: Tank Replacement		☐ Other	No. Employees:	
Nitrification Fields: EXT	# Lines: EXT	Linear Ft.: EXT	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
ench Width: EXT	Trench Bottom Depth (Low side): EXT		Gravel Depth: EXT	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: *pump crush fill old Septic tanks & Replace with new 1000 gallon tank.

INITIAL SITE SKETCH



AS BUILT SKETCH



rmit 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.

wner / Applicant Signature: ☒ Date:

IPROVEMENT PERMIT by: Bryant Bell Date: 1/21/2025

UTHORIZATION TO CONSTRUCT by: Bryant Bell Date: 1/21/2025

Installed By: LENTZ WASTEWATER

OPERATION PERMIT by: Bryant C. Lentz Date: 2-10-2025

Existing System Inspected By: Date:

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



Tax Map Information

• PIN	4822991076.000
• Address	310 AYCOCK RD
• Account #	Acct 62057500
• Tax Owner	SHOEMAKER RONALD LEE
• Mailing Address	302 AYCOCK RD
•	STATESVILLE, NC 28625
• GIS Owner	SHOEMAKER RONALD L+KATHY J
• Deed Info	1962 / 2136 - WD - 20080903
• Tax Acres	1.026 AC
• Lot #	
• Description	SHOEMAKER SR1867 DOT ROW CHANGE
• Zoning	RA
• Old Parcel #	0415F00000A070
• Bldg Value	$0
• OBXF Value	$5,200
• Land Value	$17,300
• Total Value	$22,500
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 11/08/2024
Data updated 11/08/2024

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

PERMIT SNAPSHOT REPORT OSWP-2025-68329 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	01/16/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Botkins, Ben	**Approval Expire Date:**	
Description:	PRIORITY PERMIT -- REPAIR	septic backing up in the bathtub			

Parcel:	4822991076.000 Main	**Address:**	310 Aycock Rd Main Statesville, NC 28625	**Zone:**	RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Kathy Shoemaker	Kathy Shoemaker
302 Aycock Rd.	302 Aycock Rd.
Statesville, NC 28625	Statesville, NC 28625
Mobile: (704) 902-6376	Mobile: (704) 902-6376

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	na
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	2
Foundation Type	Crawl Space Foundation	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Kathy_Shoemaker_1/16/2025.jpg	01/16/2025 10:16	Shoemaker, Kathy		Uploaded via CSS
310 Aycock auth_v1.pdf	01/16/2025 13:31	Shoemaker, Kathy	Available Online	
310 Aycock other_v1.pdf	01/16/2025 13:31	Shoemaker, Kathy	Available Online	
310 Aycock site_v1.pdf	01/16/2025 13:31	Shoemaker, Kathy	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		01/16/2025 13:30	01/16/2025 13:31
Confirm application complete v.1	Generic Action		01/16/2025 13:31
~~**Zoning Review v.1**~~			01/16/2025 13:31
~~Floodplain Admin Overview v.1~~	Task		01/16/2025 13:31
~~Iredell County Zoning Approval v.1~~	Task		01/16/2025 13:31
~~Issue Invoice v.1~~	Generic Action		01/16/2025 13:31
~~Fees Paid v.1~~	Generic Action		01/16/2025 13:31
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Lot Readiness Verification v.1			
OSWP Septic Preliminary Site Visit v.1	Inspection		

OSWP Site Evaluation v.1	Inspection
Issue Improvement Permit v.1	
Issue Invoice v.1	Generic Action
Fees Paid v.1	Generic Action
Issue Permit v.1	Generic Action
Permit Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Richard D. Hanneke DATE 19 Jan 75 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hy 115 N to Cooper Cr Rd 1861 - Rt to Rd 1867 on Left
1st green house, Lot Trailer on Left. S. R. No. _____

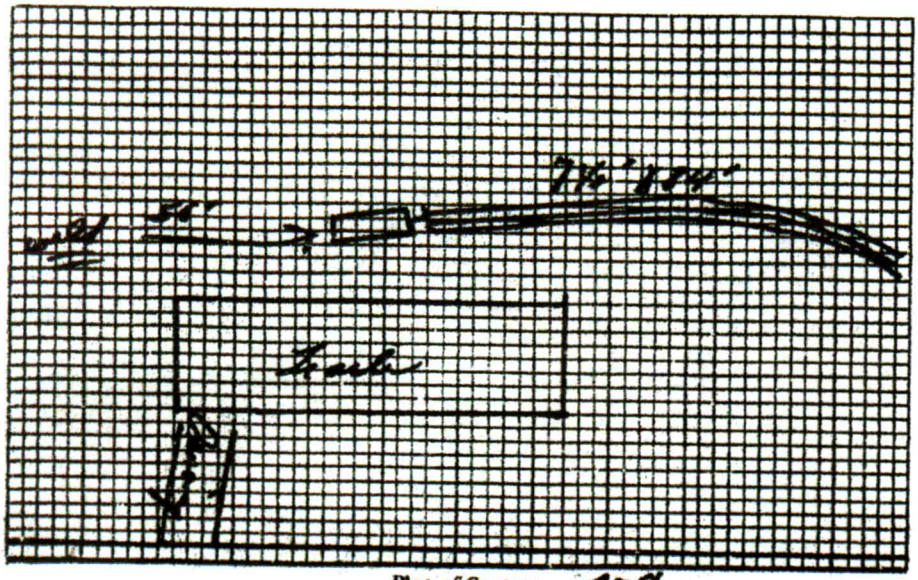
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Sand Clay	
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	none	
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	Slope to rear of property	
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	ok	
			Rock or other impervious formations	ok	

Lot Area 1 acre



Plot of System Rd 1867

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 615 Linear Ft. 250
Depth of Stone in Lines 10"
Water Supply: Individual ( )
Public (✓)

Installed by [illegible]

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Wm Stevens DATE 19 Jan 75

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

