IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 11583 230531 PIN# 4832651526 DATE 3-31-08

OWNER OR APPLICANT Amy Johnson Shoemaker PHONE: Business 770-605-1213 Home 704-539-4112

163 ADDRESS 151 Dowell Rd. - Olin

LOCATION I-77N to exit 64, Right Hwy 21, 1st Trumpet Branch Rd., (R) on Dowell Rd property on left

SUBDIVISION n/a BLOCK / SECTION / LOT n/a LOT AREA 1.914 SITE CLASS 5B DESIGN FLOW 360 L.T.A.R. 3

Septic Tank: 1000 Gallons: STB 854 Date 3-29-19
Pump Tank: 1000 Gallons: PT 169 Date 2-28-19
Pump Make: Gaulds Model WE0 311M Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 300
No Lines 5 Trench Width 36" Max Trench Bottom Depth 18"

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction Pump
Repair System Description: 25% Reduction Pump
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Persons
☐ Business No. Employees
☐ Other

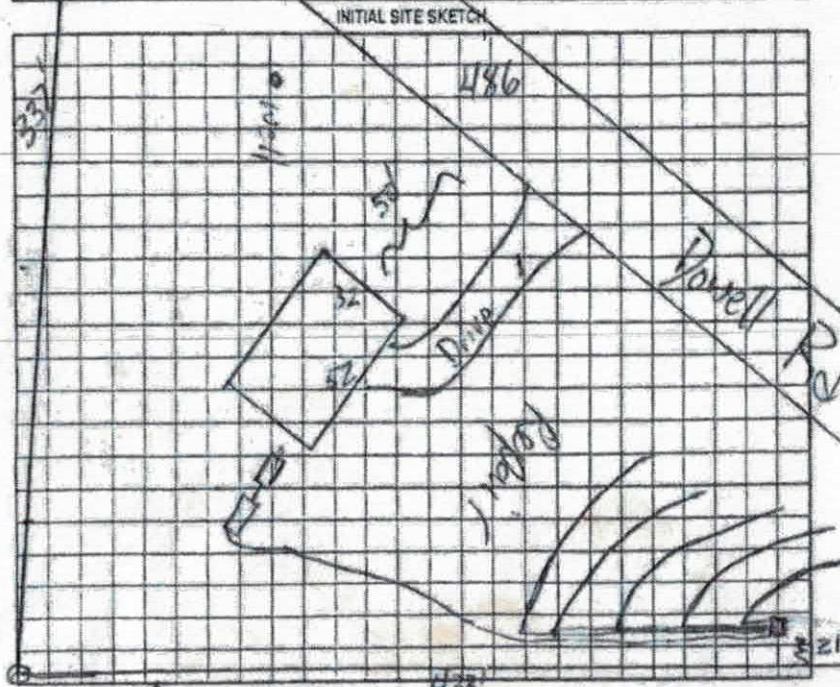
Water Supply: ☒ Individual ☐ Public ☐ Community

Gravel Depth ☐ Gravity ☒ Pressure ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

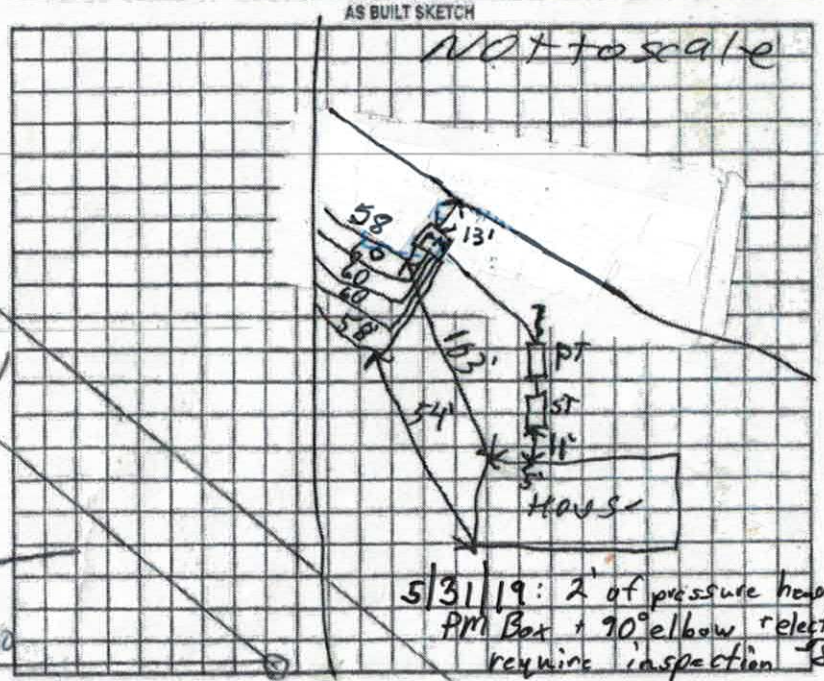
Comments/Conditions:

Comments/Conditions: Permit Good til Jan 1 2020 as long as all permit perimeters are Met. Floorplans Received 4/29/2019. O.K. B. Battleins.

INITIAL SITE SKETCH



AS BUILT SKETCH



5/31/19: 2' of pressure head set. PM Box + 90° elbow + electrical / floats requiring inspection

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 ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Lisa Bradley date 5-8-19 Installed by: Rick (A-1 Backhoe)

Improvement Permit by: [signature] date 3-31-08 Operation Permit by: May [signature] date 7-18-19

Authorization to Construct by: Brianna A. Battleins date 4/30/2019 Existing System Inspection by: date

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

	Date	Initials
Drain Lines Checked	05/17	PSB
Tanks Checked	05/17	PSB
Pressure Manifold or Valve Box Checked leaking on 5/31		
Pressure Head Set	5/31/19	
Electrical Checked	7.18.19	
Floats Set	✓	✓
Alarm Checked		
Maintenance Contract Y / N	N - A	

GOULDS WATER TECHNOLOGY

WE0311M

SUBMERSIBLE PUMP

1/3HP 1/60/115 5.38" 10.7MA

goulds.com

Built in USA

A00429C

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

1300083 Sheet ___ of ___
PROPERTY ID #: 4832651526
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Donna Mundy
ADDRESS: 16317 Old Statesville RD NC 28678 APPLICATION DATE
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): 360 DATE EVALUATED:
LOCATION OF SITE: PROPERTY SIZE: 1.28
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut (Request) 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	4/0 2	0-6	CL wSBK	sssp sap		48			US
		6-12	C mSBK	sssp sap					
		12-48	C/SAP	sssp sap					
					Request Pit				
2	4/0	0-4	CL mSBK	sssp sap		48			US
		4-10	C mSBK	sssp sap					
		10-48	C/SAP	sssp sap					
					Request Pit				
3									
					Request Pit				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): US
EVALUATED BY: Lee J Cook
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05
		O (Organic)	None	None

MINERALOGY/ CONSISTENCE	STRUCTURE
NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

MOIST	WET
VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

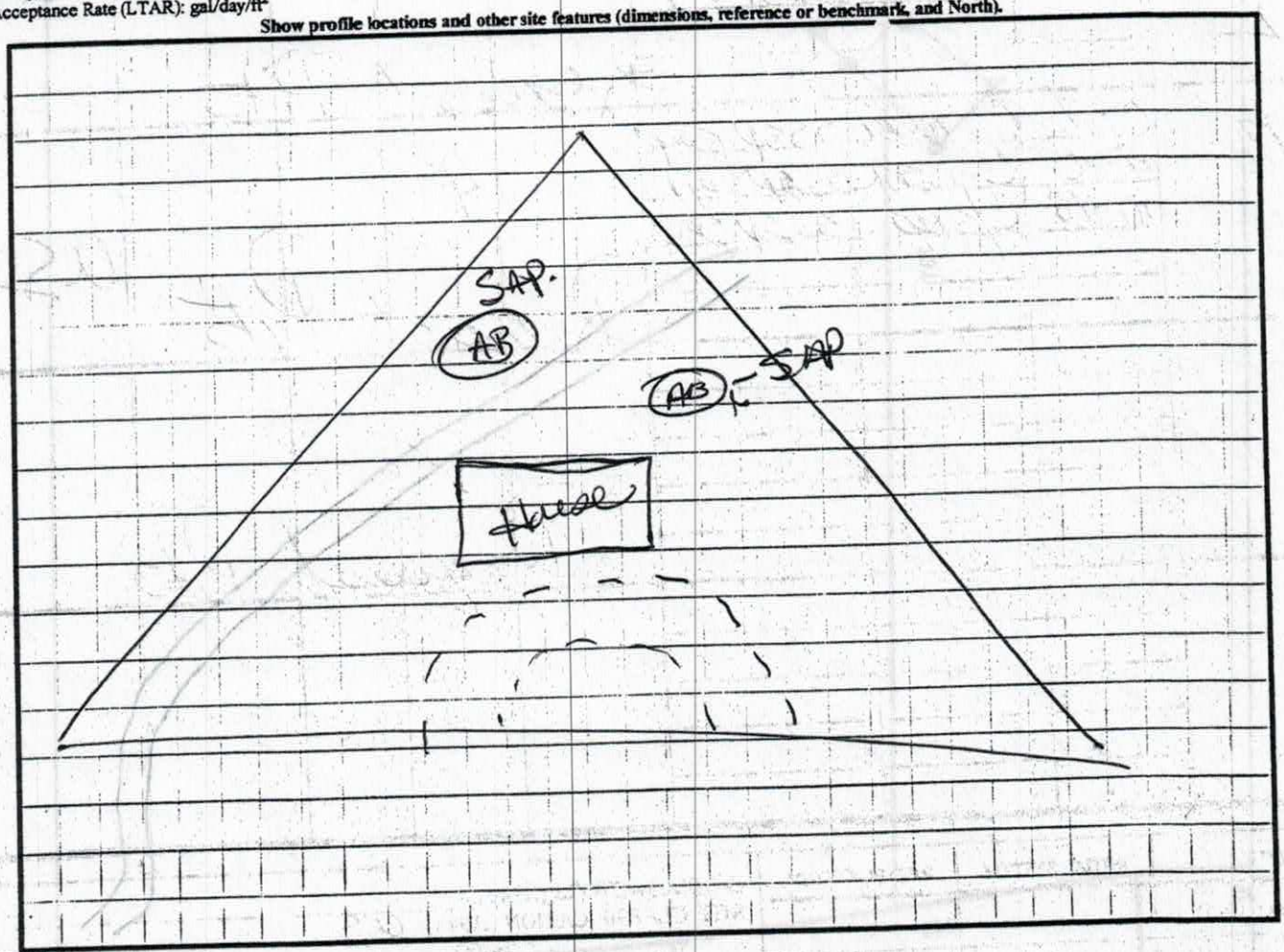
NOTES

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/ft^2

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

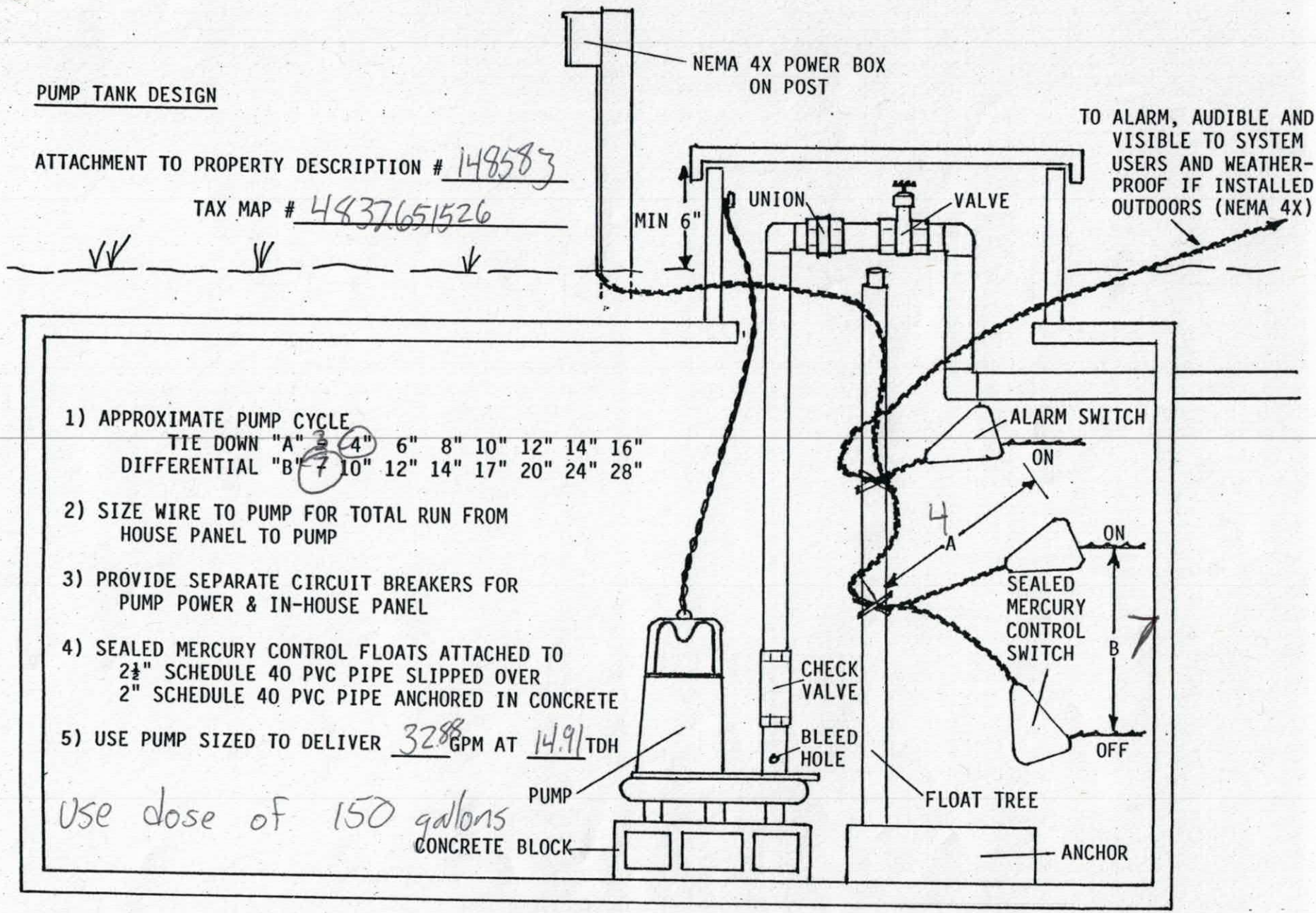


DENR (######)
Review (#####)

PUMP TANK DESIGN

ATTACHMENT TO PROPERTY DESCRIPTION # 148583

TAX MAP # 48376.51526



1) APPROXIMATE PUMP CYCLE
TIE DOWN "A" ~~3~~ 4" 6" 8" 10" 12" 14" 16"
DIFFERENTIAL "B" ~~7~~ 10" 12" 14" 17" 20" 24" 28"

2) SIZE WIRE TO PUMP FOR TOTAL RUN FROM HOUSE PANEL TO PUMP

3) PROVIDE SEPARATE CIRCUIT BREAKERS FOR PUMP POWER & IN-HOUSE PANEL

4) SEALED MERCURY CONTROL FLOATS ATTACHED TO 2½" SCHEDULE 40 PVC PIPE SLIPPED OVER 2" SCHEDULE 40 PVC PIPE ANCHORED IN CONCRETE

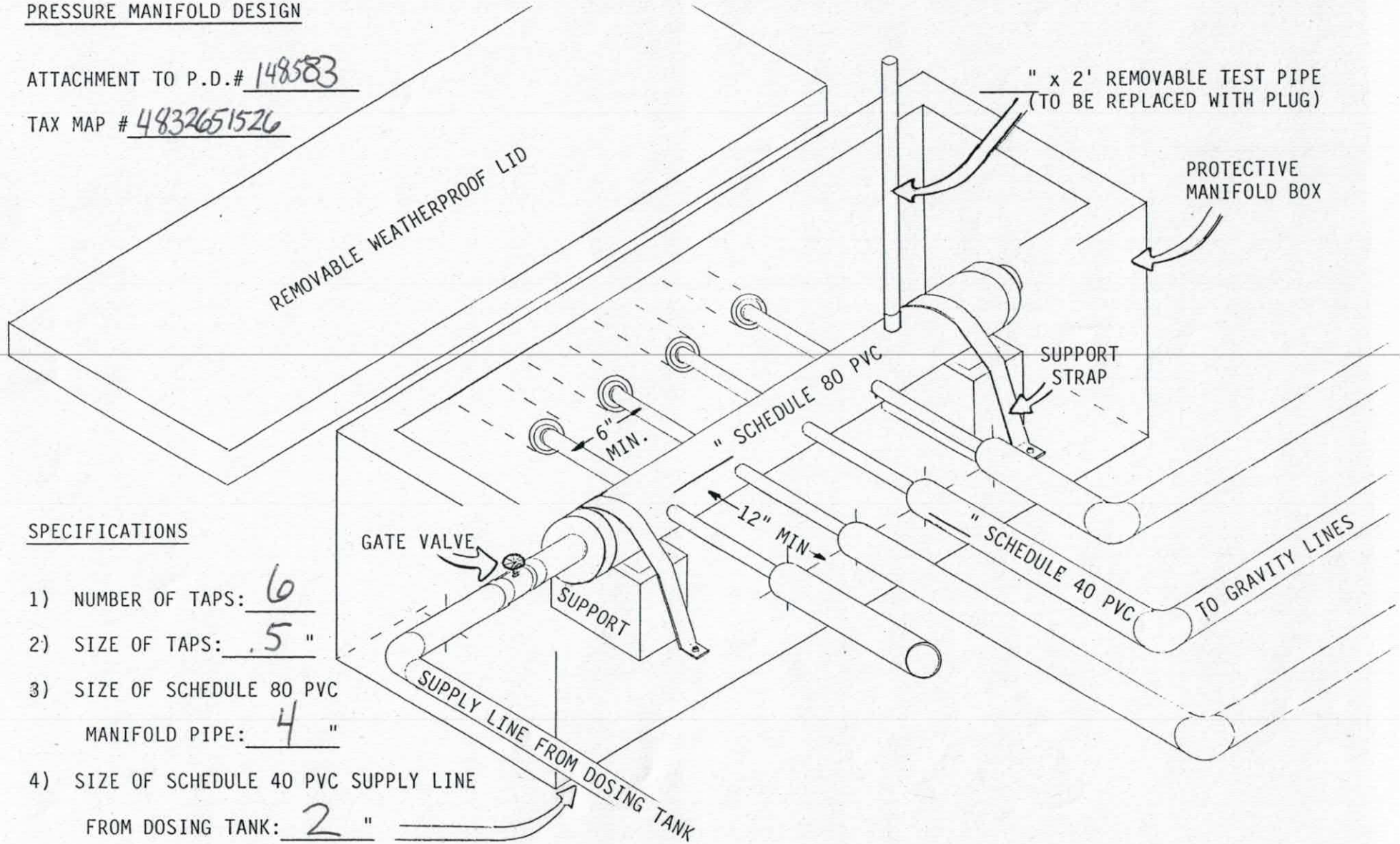
5) USE PUMP SIZED TO DELIVER 32.88 GPM AT 14.91 TDH

Use dose of 150 gallons

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.# 148583

TAX MAP # 4832651526



SPECIFICATIONS

1) NUMBER OF TAPS: 6

2) SIZE OF TAPS: .5 "

3) SIZE OF SCHEDULE 80 PVC
MANIFOLD PIPE: 4 "

4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE
FROM DOSING TANK: 2 "

No floor plans yet

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

230531

1. APPLICATION FOR: ✓ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Amy Johnson Shumaker	PO Box 35, Olin NC 28660		7044374832
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Dianne D. Lawhorn	1224 Sloans Mill Rd Union Grove NC 28689		704-576-1476
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

163 ~~159~~ DOWELL Rd., Olin NC 28660		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Left onto Trumpet Branch Rd., Right onto Dowell Rd., property on Left

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 3
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

- (✓) Crawl Space Foundation?
- (✓) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Dianne D. Lawhorn 9-25-17
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

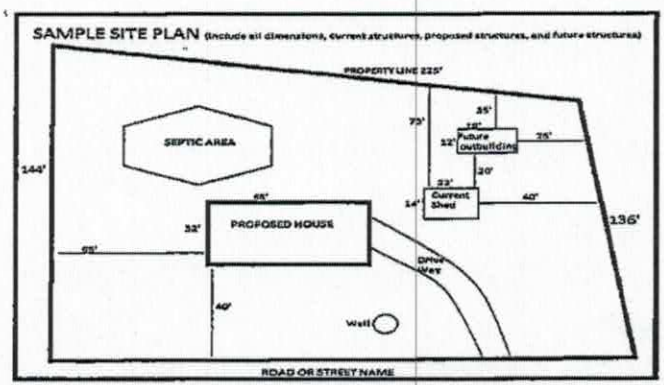
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...

X Area you prefer your septic system to be placed... X North arrow, or other sufficient indicator of direction...

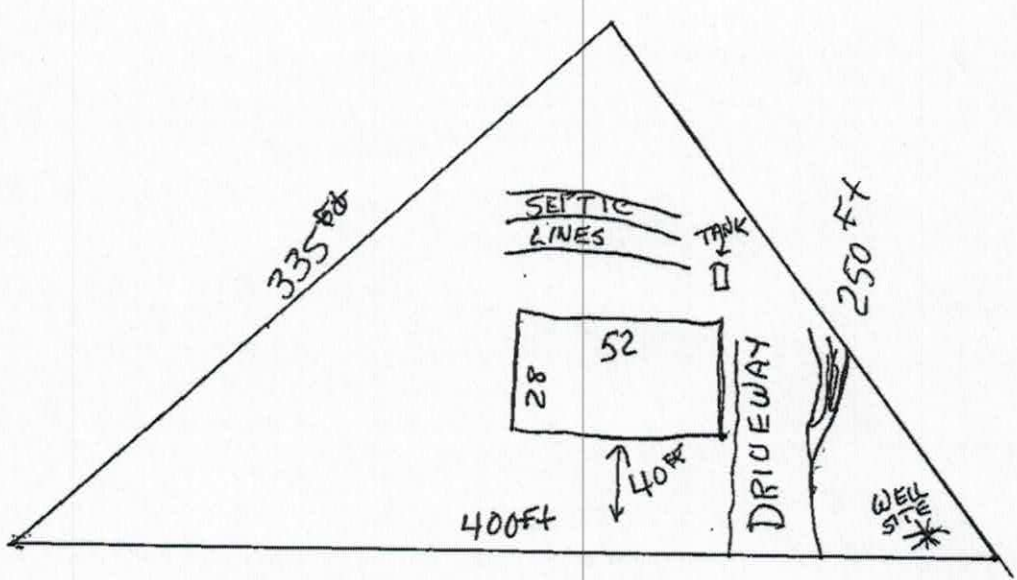
Circle N/A on the following if appropriate:

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

X 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



Signature: Mike J. Yow

REQUIRED property owner or owner's legal representative signature.

04-25-17

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, Dianne D Lawhorn, am the legal owner(s) of the property located at 103 Dowell Rd., Olin NC 28660, identified as PIN (Parcel Identification Number) 4832651526.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Dennis Gallden (A-1 BACKHOE) ph 704 902-4015, 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.

Dianne D. Lawhorn 09/25/17 Amy Johnson Shumaker 9-25-17

Signature of Owner(s) 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

STATE OF NORTH CAROLINA

17 E 686

IREDELL County

In The General Court Of Justice
Superior Court Division
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name
RAYMOND GARY LAWHORN

LETTERS
OF TESTAMENTARY

G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of North Carolina to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Superior Court.

Name And Address Of Fiduciary 1 DIANNE D LAWHORN 1224 SLOANS MILL ROAD UNION GROVE NC 28689	Date Of Qualification 08/21/2017
	Clerk Of Superior Court JAMES LEE MIXSON III
Title Of Fiduciary 1 EXECUTOR	EX OFFICIO JUDGE OF PROBATE
Name And Address Of Fiduciary 2	Date Of Issuance 08/21/2017
	Signature Karen Walker
Title Of Fiduciary 2	☒ Deputy CSC ☐ Assistant CSC ☐ Clerk Of Superior Court

SEAL

NOTE: ***This letter is not valid without the official seal of the Clerk of Superior Court.***

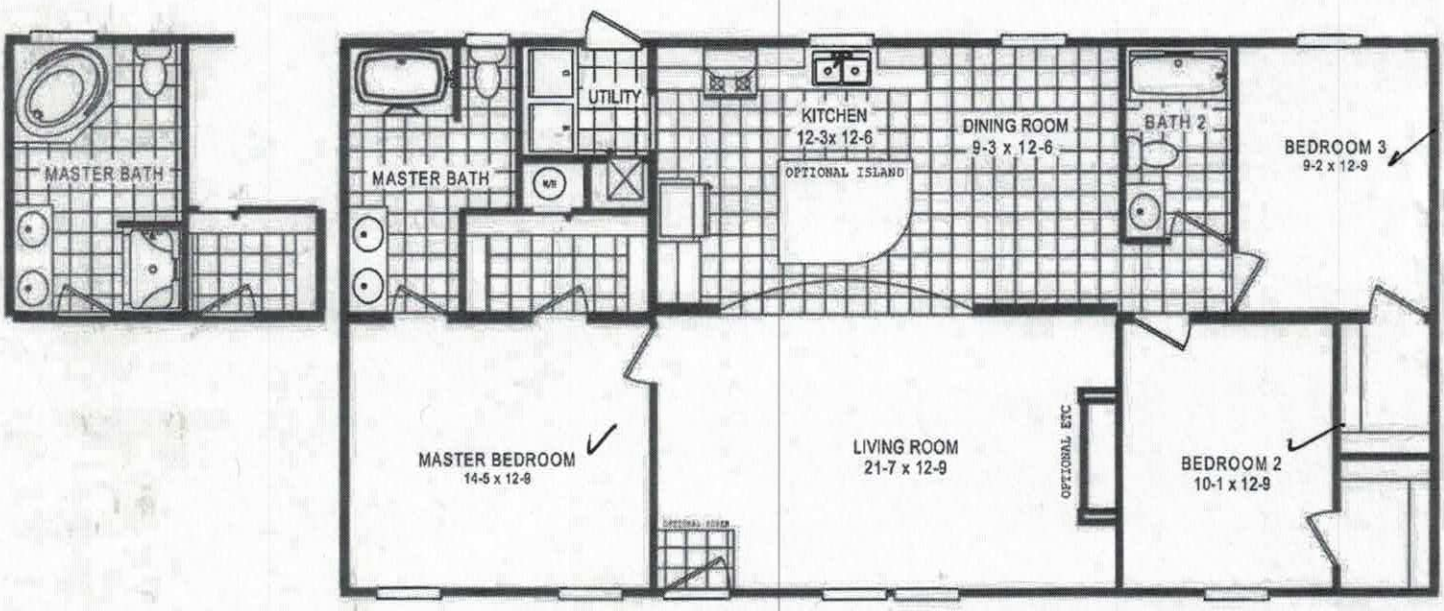
AOC-E-403, Rev. 7/06
© 2006 Administrative Office of the Courts

MODEL 4603

28X52 1,386 SQ.FT.
3 BED / 2 BATH

4703 32X52 • 1541 SQ FT • 3 BED / 2 BATH

ALSO AVAILABLE AS AN ON-FRAME MODULAR



Acknowledgement Of
Plans Submittal ONLY!

Date 5-13-19

Date 4/30/2019

SCHULT
ROCKWELL

IREDELL COUNTY

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

APPLICATION NUMBER
230531
Issue Date: 09/27/2017

FILE COPY

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4832651526.000	163 DOWELL ROAD, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAWHORN RAYMOND G	Applicant: SHUMAKER, AMY J.
Address: P O BOX 219 UNION GROVE, NC 28689	Address: P.O. BOX 35 OLIN, NC 28660
Phone:	Phone: 704-437-4832

Use Requested	Zone Code
DW	RUR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.211	35.00	35.00	15.00	15.00	NOT	X

Remarks:

PAID 9/27

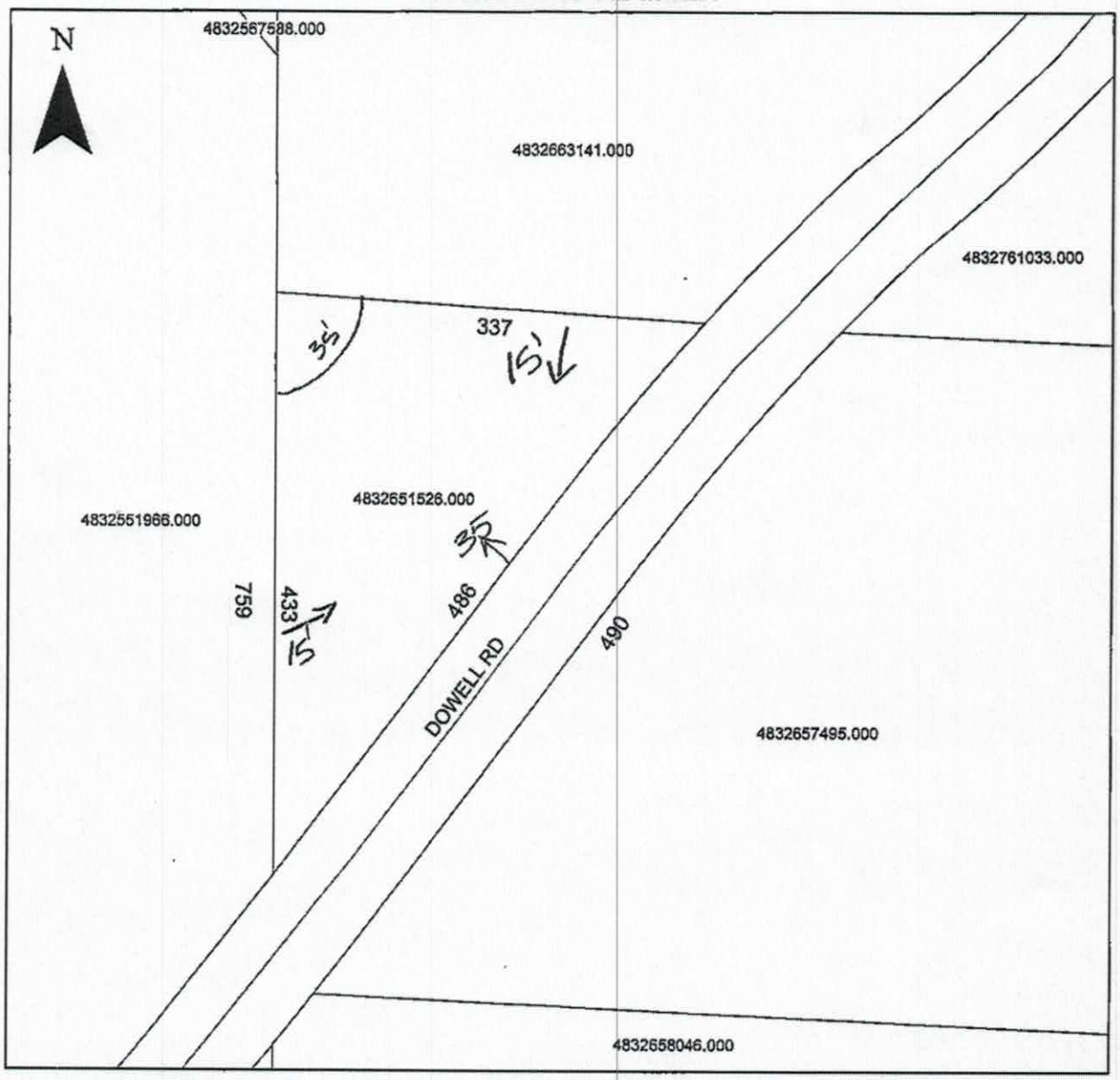
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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: See Attached Date: _____

Permit Number	116336	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 163 Dowell 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.

Amy Johnson Shumaker
Applicant

9-21-17
Date