ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307541

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

PIN # 4832742057

APPLICANT/OWNER: Edward Shumaker APPLICANT ADDRESS: 291 Aycock Rd, Statesville

SITE ADDRESS: 544 Trumpet Branch Rd, Statesville 28625 PHONE: 704-902-2105 ALT. PHONE –

SITE DIRECTIONS: 115 N → R Prospect → L Myesmill → R Trumpet Branch → on L behind 520 Trumpet Branch SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: – SECTION: – LOT # – LOT AREA: 10.095 ac DESIGN FLOW: 360 gpd L.T.A.R.: ext

Septic Tank ext (gal) STB Date

Pump Tank (gal) PT Date

Pump Make existing Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 300

Trench Width ext Trench Bottom Depth(Low side) ext Gravel Depth –

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

System Description: existing

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

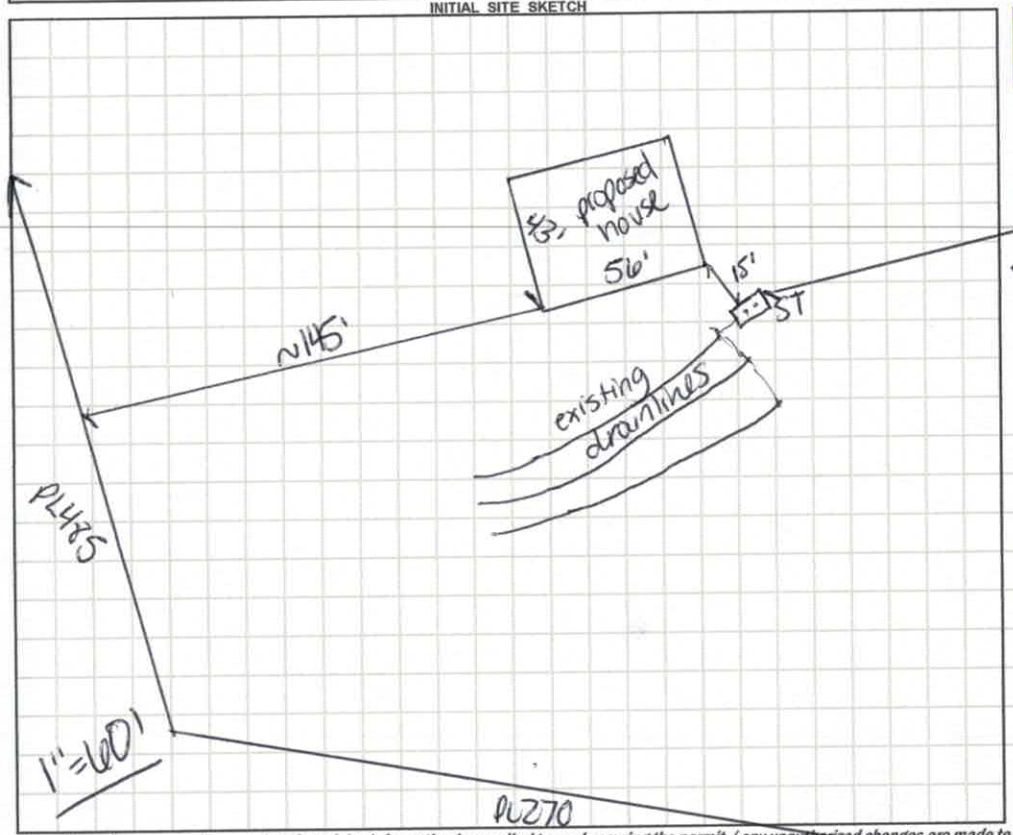
☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private (ext) ☐ Public ☐ Community

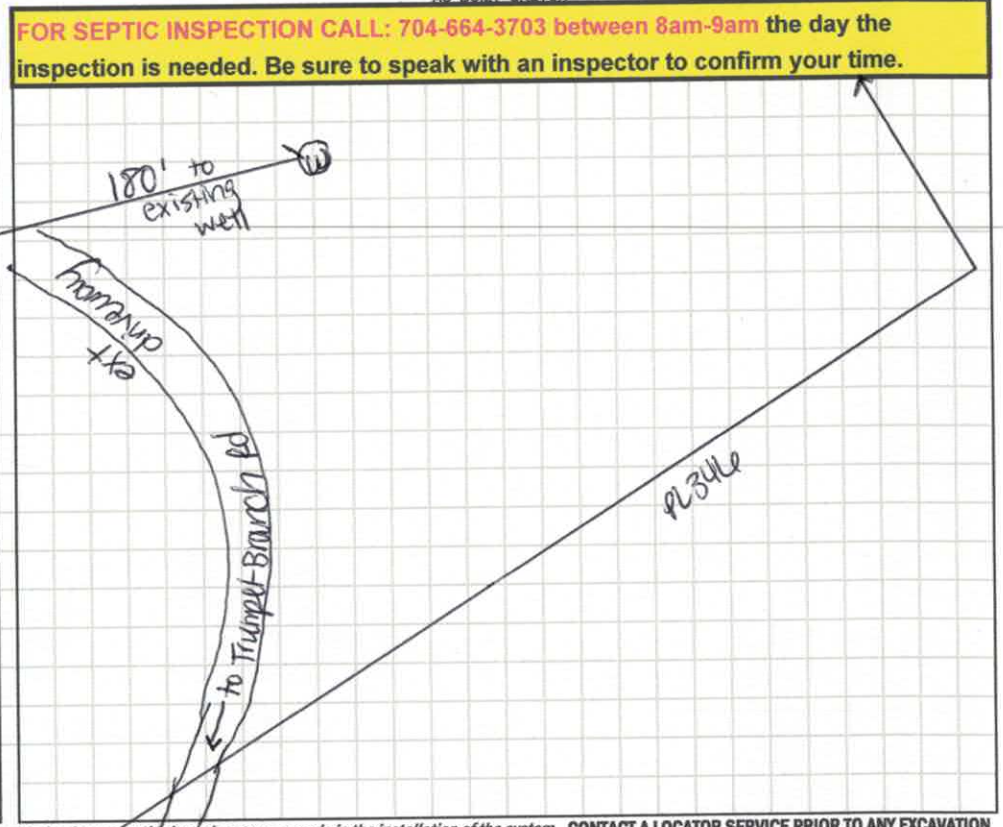
Comments / Conditions: System functioning properly at time of inspection. Maintain all setbacks with house.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC 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: Edward Shumaker Date: July 8 20 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Darla C. Nicks Date: 6-1-20

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

9:30 June 1

RECEIVED MAY 18 2020

AP-20154
$250.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: Edward Shumaker Address: 291 Aycock Road Statesville Zip: 28625
Applicant Email: _____ Phone: 704 902-2105 Alt. Phone: 704 592-5815
Owner Name: Walter Monheim Address: 544 Trumpet Branch Road Olin 28660
Owner Email: _____ Phone: 1-715-617-6518 Alt. Phone: _____

Property Information:

Street Address: 544 Trumpet Branch Road Olin N.C. 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Jennings Road North T.L. Trumpet Branch Road Property property 1½ miles on Right

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 ___Tank ___Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
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: _____
Square Footage of Building: 1731 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 (✓) 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.

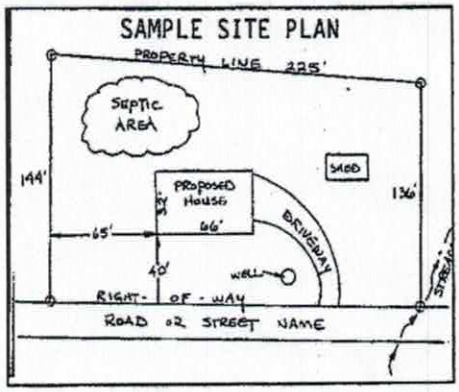
Signature: Edward Shumaker 5-14-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

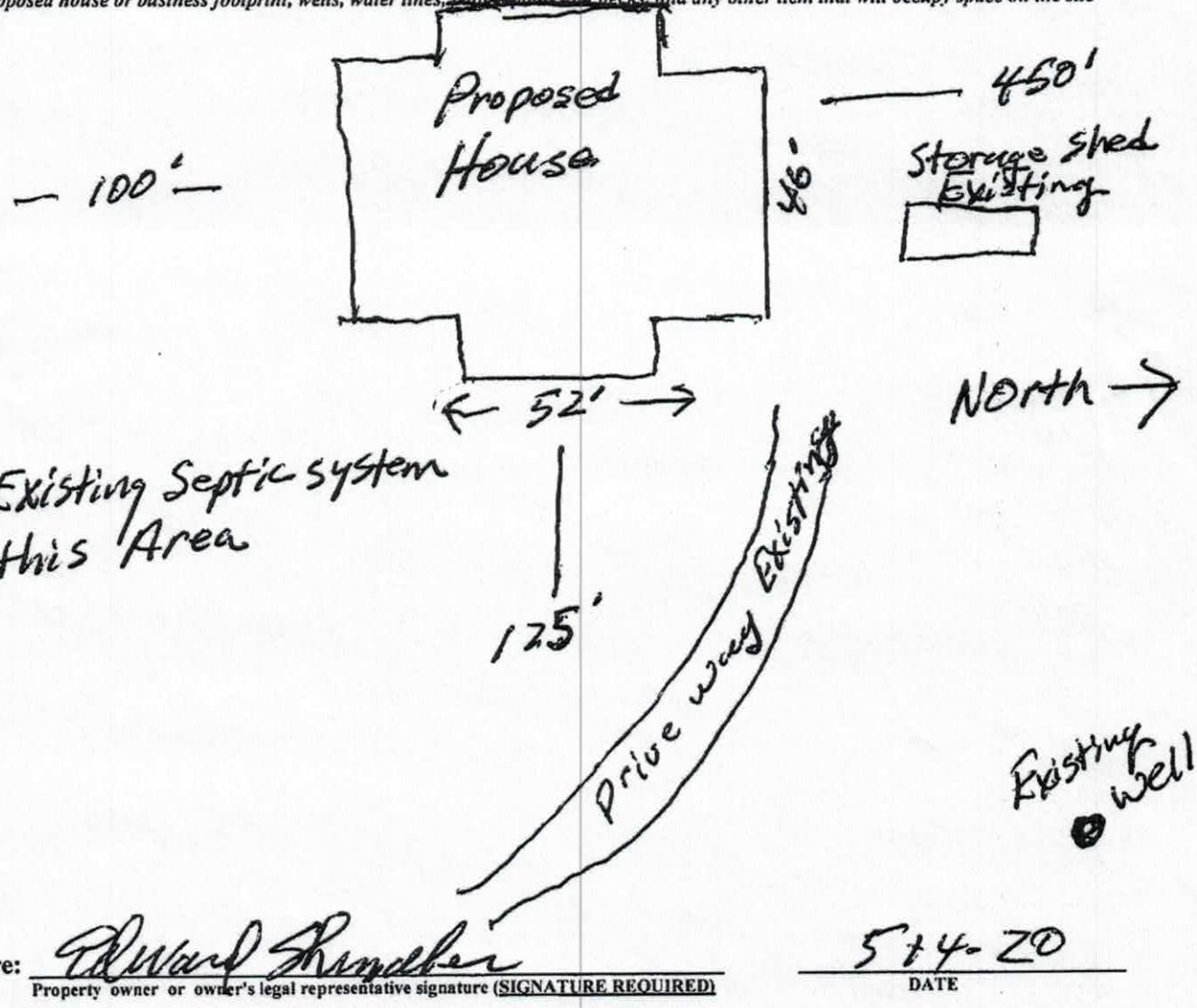
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property ~~N/A~~ 200'
- 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: Edward Shrader

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

5-14-20

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 (CJ) MOORESVILLE 704-664-5281

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

PERMIT# 126156 PIN# 4832-74-2437 DATE 2-6-06

OWNER OR CONTRACTOR VALEID MASAED PHONE: Business 910-734-2223 Home 704-878-6211

ADDRESS 2022 BERRY ST Statesville NC 28677

LOCATION JOHN BILES RD NORTH (L) TRUMPET BRANCH ON RT AFTER CURVE THE SPOILS AT BOTTOM OF HILL

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.00AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons; STB 1612 Date 6-7-05
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet [redacted]/1200 Linear Feet 960
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I, II, III, IV, V
System Description: [redacted] GRAV
Repair System Description: SAME
Maintenance Agreement Required: ☐ Yes ☒ No

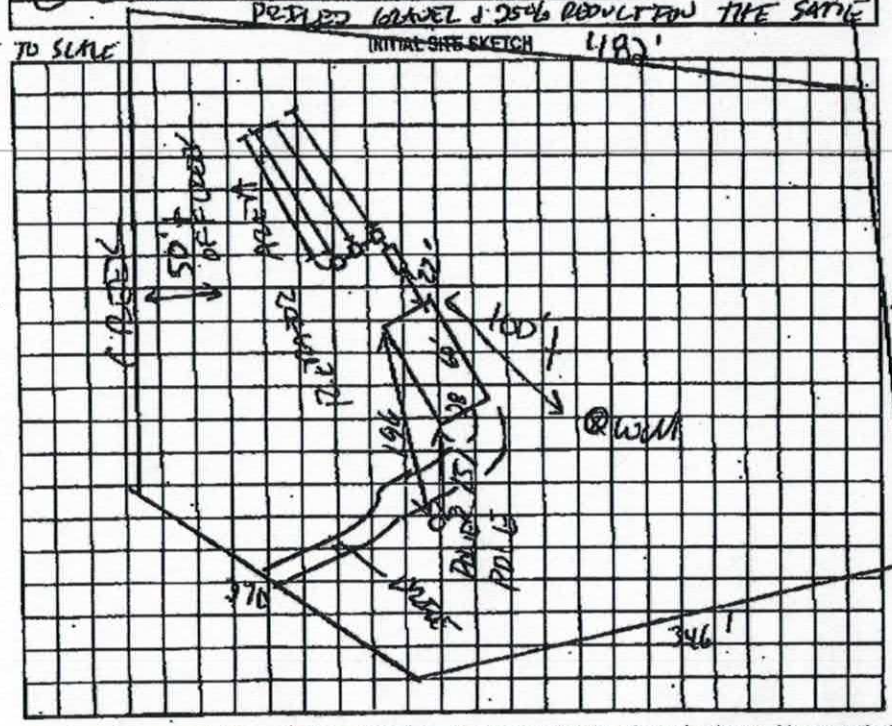
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home D/W No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

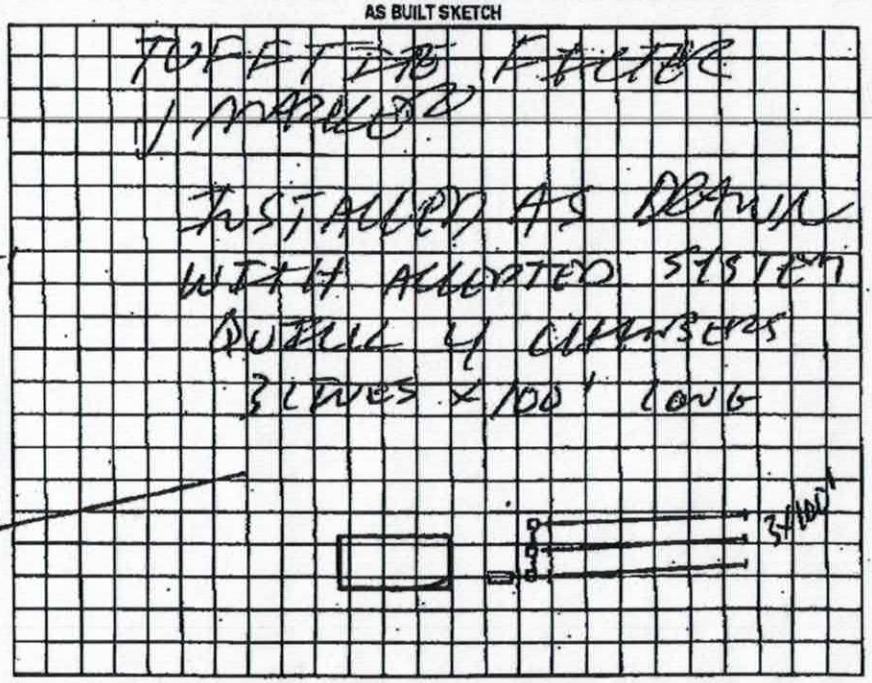
Comments/Conditions: (1) OWNER REQUESTS CHAMBER SYSTEM (2) INSTALL LINES ON CONTOURS (3) MAINTAIN SETBACKS (4) CANNOT SYSTEM COULD BE MOVED OVER, INSTALLED RAISED GRAVEL & 25% REDUCTION TIME SAME

Comments/Conditions: EXPLAINED RULE CHANGE ABOUT ALTERED SYSTEM "AN ALTERED SYSTEM MAY BE INSTALLED" KEEP WELL 100' FROM SYSTEM & REPAIR

INITIAL SITE SKETCH



AS BUILT SKETCH



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: _____ date _____ Installed by: A-1 BACKHOE

Improvement Permit by: [signature] RS date 2-6-06 Operation Permit by: [signature] date 2-6-06

Authorization to Construct by: [signature] date 2-6-06 Existing System Inspection by: _____ date _____

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

PAGE 01/01 EH STATESVILLE 7048713483 07/11/2011 15:52

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*) _____

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, Walter Morheim, am the legal owner(s) of the property located at 544 Trumpet Branch Rd, identified as PIN (Parcel Identification Number) 4532742657.000 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Edward Shumaker Edward Shumaker Builders 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.

Walter W Morheim _____ 5-14-20

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

Smith Phillips
Building Supply
Est. 1880

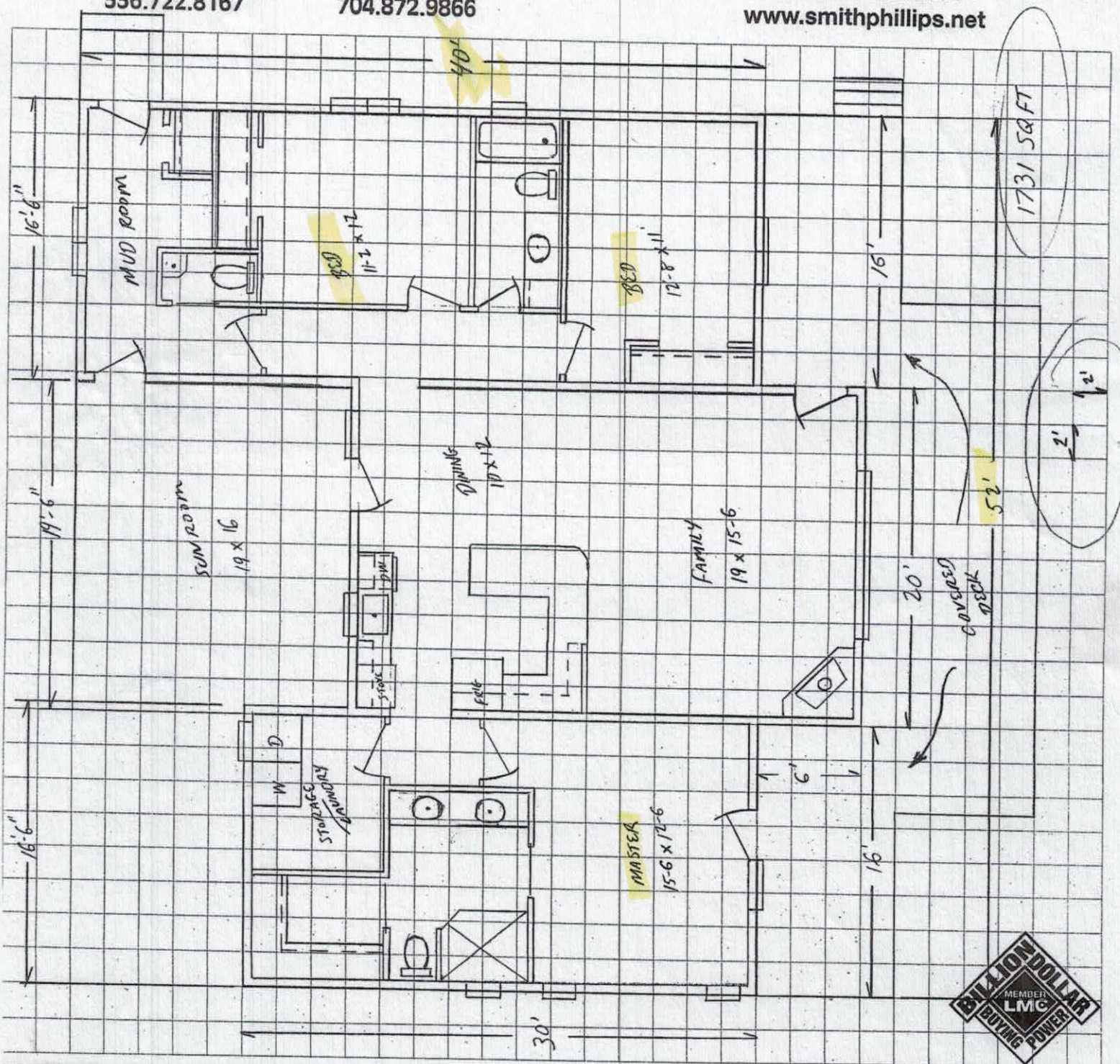
Acknowledgement Of
Plans Submittal ONLY!
Client Date July 8 20
NRS Date 6-1-20

Date: _____
Project Name: _____
Project Location: _____
Salesperson: _____
Due Date: _____

Winston -Salem
336.722.8167

Statesville
704.872.9866

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IREDELL COUNTY

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

APPLICATION NUMBER
307541 Issue Date: 05/18/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4832742657.000	544 TRUMPET BRANCH RD	Iredell County

Owner Information	Applicant Information
Name: MONHEIM WALTER W	Name: EDWARD SHUMAKER BUILDER INC
Address:	Address: 291 AYCOCK ROAD STATESVILLE, NC 28625
Phone:	Phone: (704)892-5813

Use Requested	Zone Code
Single Family Dwelling	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD NEED EXISTING SYSTEM

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.

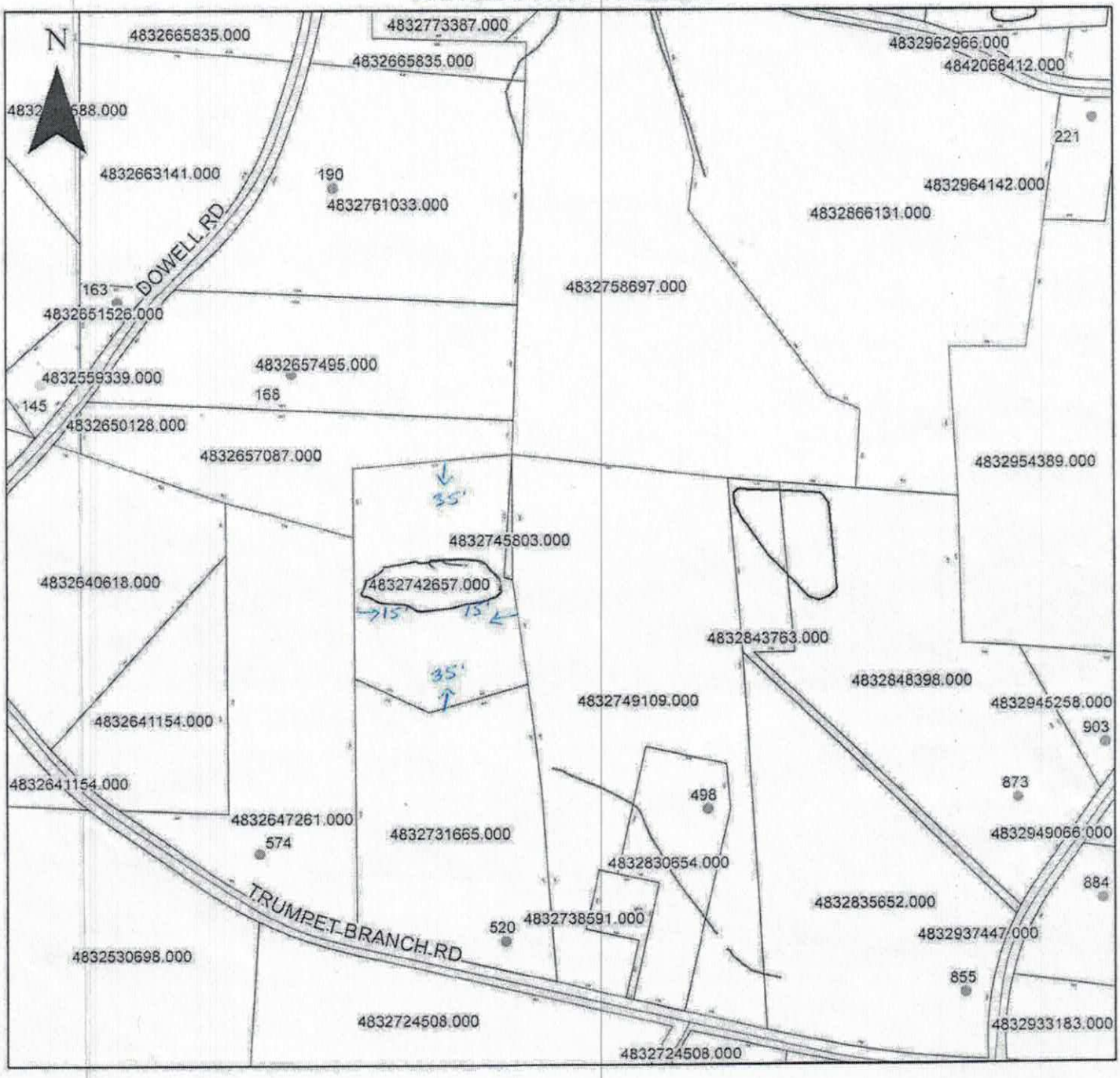
Date: 05/18/2020

Signature of Owner/Contractor

Permit Number	307541	TOTAL FEES:	$77.25

307541 WS-NO 10.095 AC
FL-NO RU-R

ZONING DISCLAIMER



Property Address 544 Trumpet Branch 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.

Edward Shumate
Applicant

May 14 20
Date