IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243518

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

PIN # 4842058231

APPLICANT/OWNER: Edward Shumaker APPLICANT ADDRESS: 291 Aycock Rd Statesville 28677

SITE ADDRESS: 983 Eupepta Springs Rd Olin NC 28660 PHONE: 704 902-2105 ALT. PHONE 704 592-5815

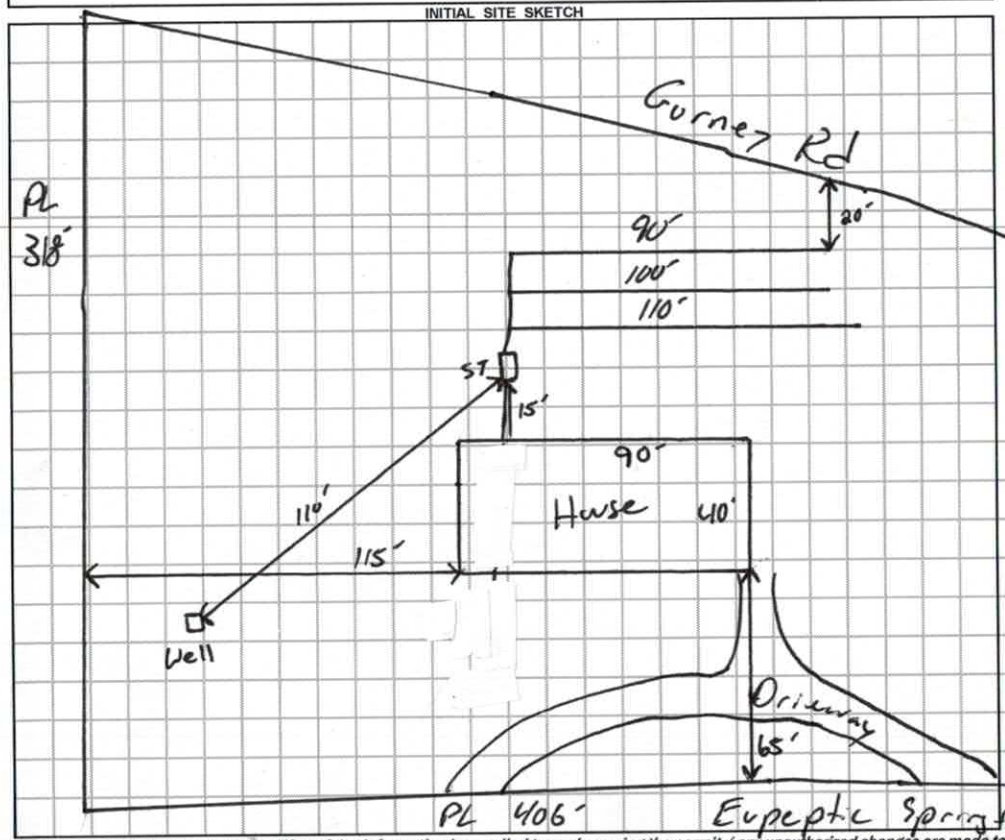
SITE DIRECTIONS: Jennings Rd N L on Eupepta Springs Property on R at Gurney Road SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 2.41 Acre DESIGN FLOW: 360gpd L.T.A.R.: Existing

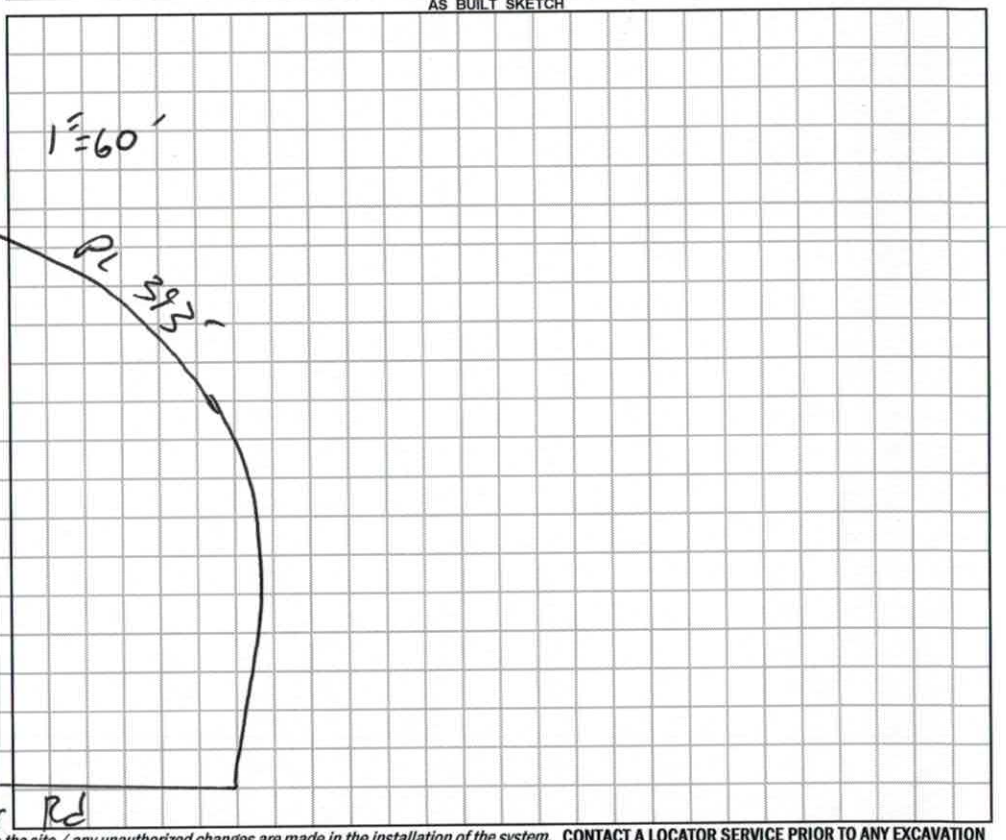
Septic Tank 1000	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank -	(gal)	PT	Date	System Description: Existing		☐ Business	No. Persons 6	☒ Private
Pump Make -		Model	Serial #	Repair System Description:		☐ Other	No. Employees	☐ Public
# Nitrification Fields X	+	# Lines 1 yr	Linear Ft 9	Maintenance Agreement Required:	☐ YES ☐ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth -	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: System was functioning properly at time of inspection.

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. **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: 5-13-19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 5-9-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED APR 8 - 2019

#243518

Paid $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 5813
Owner Name: Ken & Robin Hensel Address: 983 Eupeptic Springs Road Zip: 28660
Owner Email: _____ Phone: 704 539-5154 Alt. Phone: _____

Property Information:

Street Address: 983 Eupeptic Springs Road Olin N.C. 28660
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Jennings Road North, Left on Eupeptic Springs Road property on Right at intersection Gurney Road

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — (X) 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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) 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: Edward Shumake — April 8 19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Ken & Robin Hansel, am the legal owner(s) of the property located at 983 Eupeptic Springs Road Olin NC identified as

PIN (Parcel Identification Number) 4842058 23100, located in Iredell County, North Carolina.

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

Ken Hansel
Robin C Hansel _____ April 8 19
Signature of Owner(s) Date

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

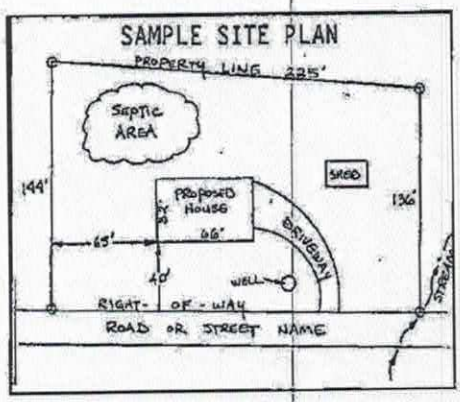
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred driveway location
- (X) Preferred well location *in place*
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction

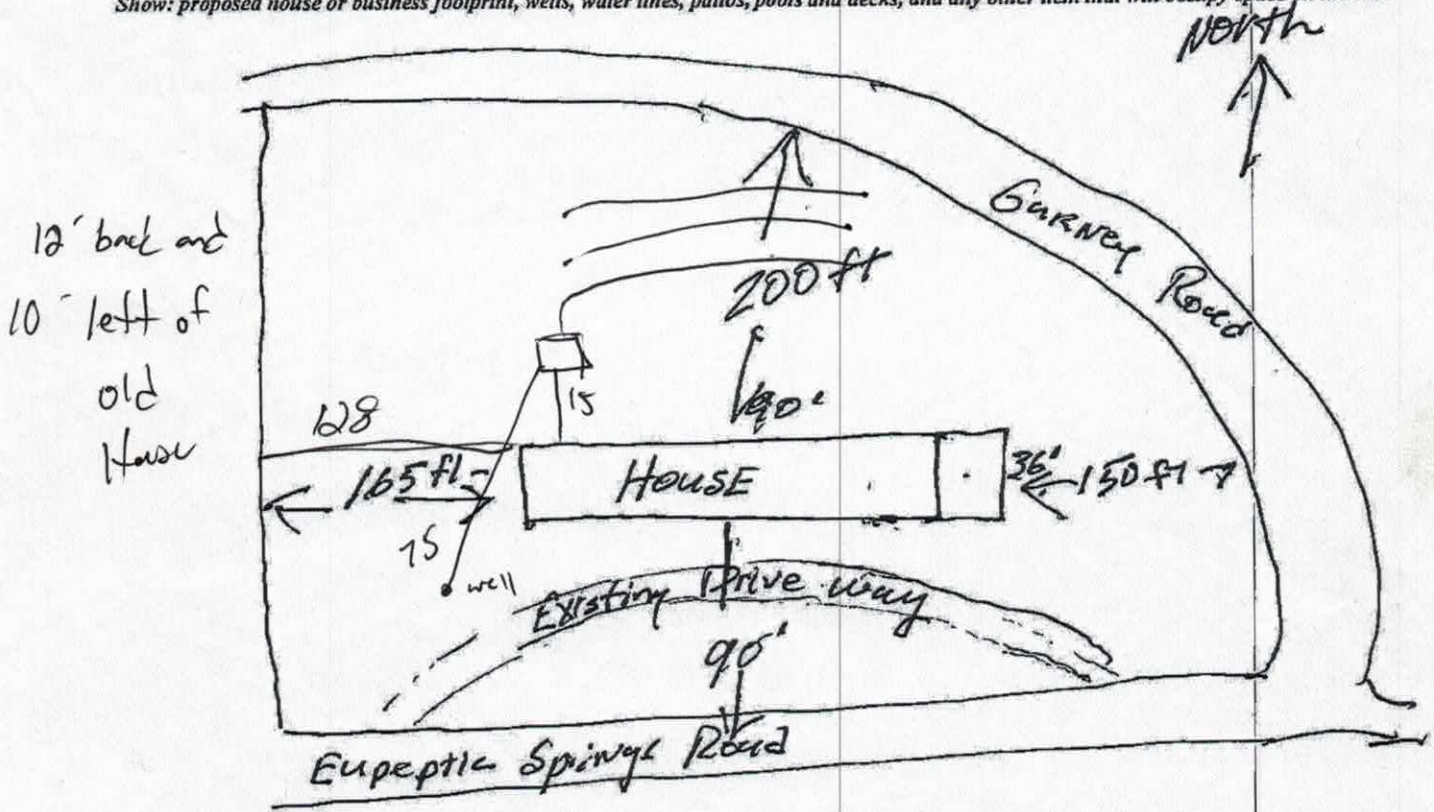


Circle N/A on the following if appropriate:

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

April-8-19
DATE

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# Repair PIN# ~~4582~~ 4842058231 DATE ~~10-26-06~~ 4-25-07

OWNER OR APPLICANT Kennedy Hansel Jr PHONE: Business _____ Home 704-537-5707

ADDRESS 983 Eupeptic Spring DR Olin NC 28660

LOCATION Jennings RD to Eupeptic Spring, Corner of Eupeptic and Curvy

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 2.4 SITE CLASS. 175 DESIGN FLOW 360 L.T.A.R. Repair

Septic Tank: 1000 Gallons; STB 1000 Date 10-26-06

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ___ Square Feet 600 Linear Feet 300

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 1" ☑ Gravity ☐ Pressure

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

System Description: 2520 Gravity

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home No. Bedrooms 3

☑ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

Water Supply: ☑ Individual ☐ Public ☐ Community

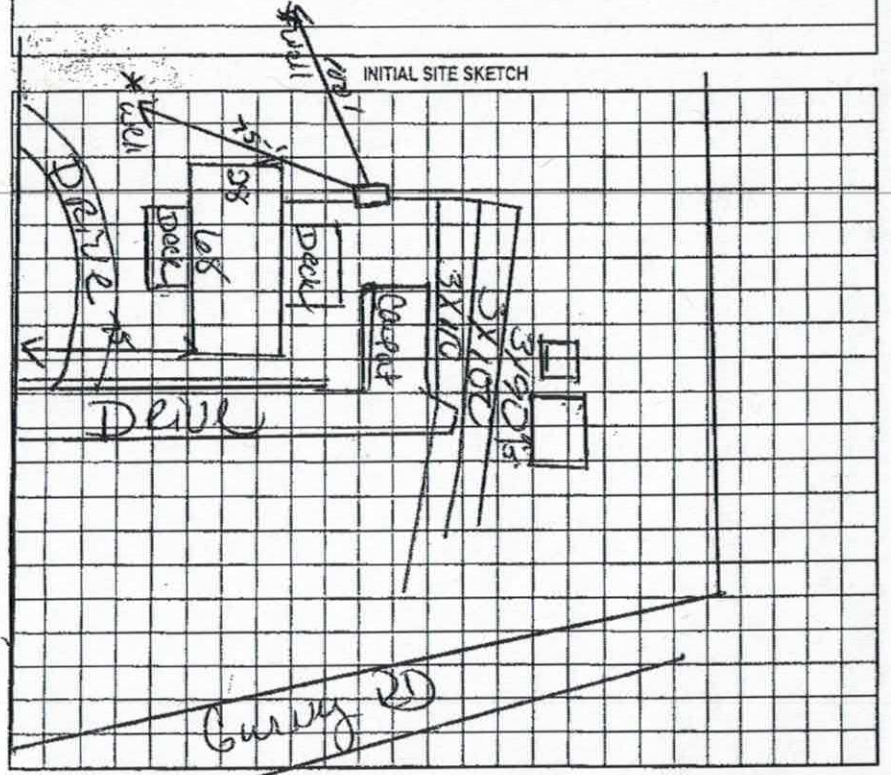
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments/Conditions:

Comments/Conditions:

Install on Contour
Maintain all setbacks

INITIAL SITE SKETCH



AS BUILT SKETCH

Yellow inf. line from Septic tank main end cap distribution

983 Eupeptic

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 4-25-07 Installed by: H-1 Backhoe

Improvement Permit by: _____ date 4-25-07 Operation Permit by: _____ date 4-25-07

Authorization to Construct by: _____ date 4-25-07 Existing System Inspection by: _____ date _____

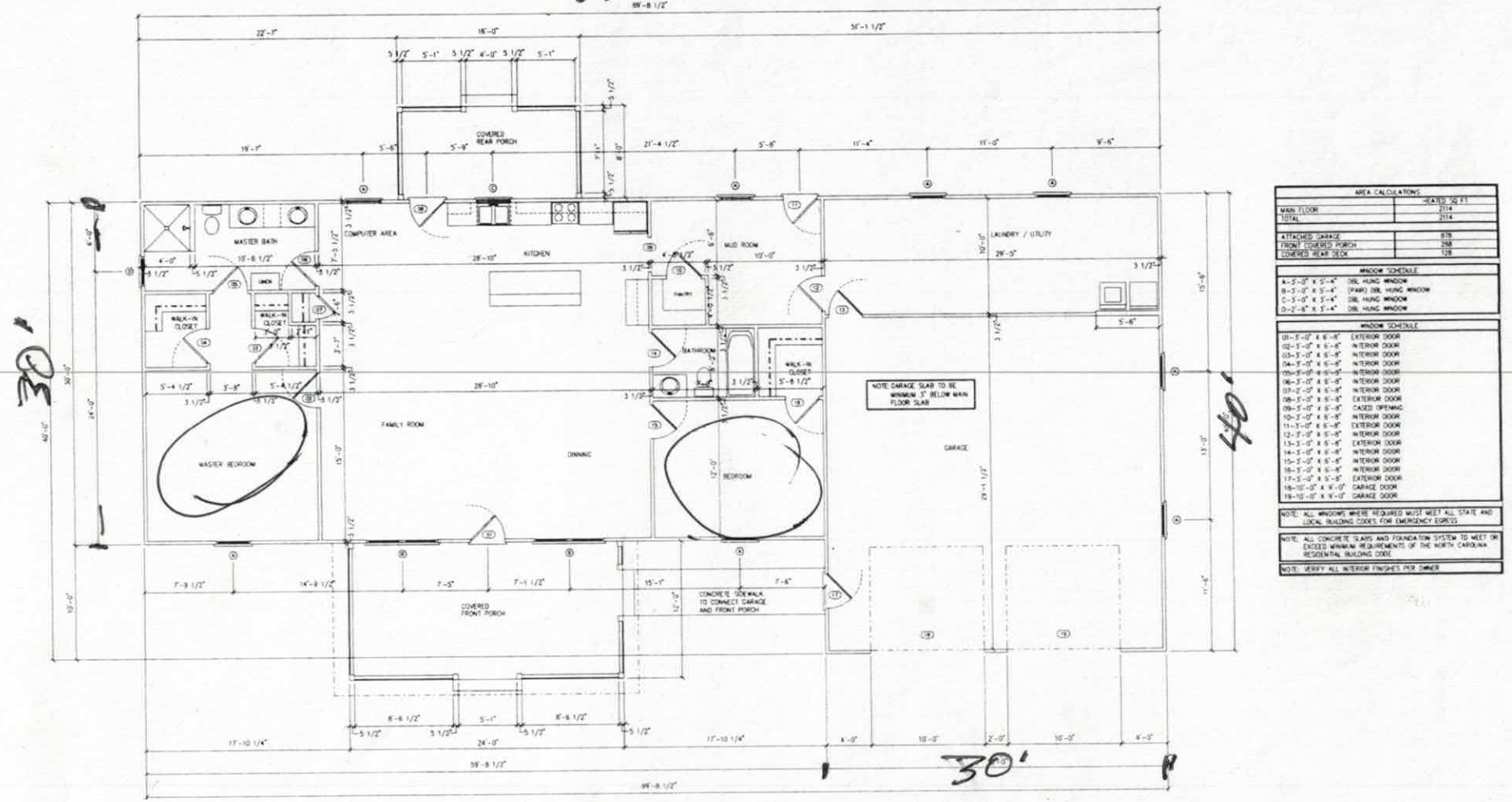
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Acknowledgement Of
Plans Submittal ONLY!

Edward Stroud Date April 16

Date 5-9-19

89' 8½"



AREA CALCULATIONS	
	HEATED SQ FT
MAIN FLOOR	2114
TOTAL	2114
ATTACHED GARAGE	676
FRONT COVERED PORCH	268
COVERED REAR DECK	128

WINDOW SCHEDULE	
A - 5'-0" X 5'-4"	DBL HUNG WINDOW
B - 3'-0" X 5'-4"	(PAIR) DBL HUNG WINDOW
C - 5'-0" X 5'-4"	DBL HUNG WINDOW
D - 2'-8" X 5'-4"	DBL HUNG WINDOW

DOOR SCHEDULE	
01 - 5'-0" X 6'-8"	EXTERIOR DOOR
02 - 5'-0" X 6'-8"	INTERIOR DOOR
03 - 5'-0" X 6'-8"	INTERIOR DOOR
04 - 5'-0" X 6'-8"	INTERIOR DOOR
05 - 5'-0" X 6'-8"	INTERIOR DOOR
06 - 5'-0" X 6'-8"	INTERIOR DOOR
07 - 5'-0" X 6'-8"	INTERIOR DOOR
08 - 5'-0" X 6'-8"	EXTERIOR DOOR
09 - 5'-0" X 6'-8"	CASED OPENING
10 - 2'-0" X 6'-8"	INTERIOR DOOR
11 - 5'-0" X 6'-8"	EXTERIOR DOOR
12 - 2'-0" X 6'-8"	INTERIOR DOOR
13 - 3'-0" X 6'-8"	EXTERIOR DOOR
14 - 5'-0" X 6'-8"	INTERIOR DOOR
15 - 5'-0" X 6'-8"	INTERIOR DOOR
16 - 5'-0" X 6'-8"	INTERIOR DOOR
17 - 5'-0" X 6'-8"	EXTERIOR DOOR
18 - 10'-0" X 8'-0"	GARAGE DOOR
19 - 10'-0" X 8'-0"	GARAGE DOOR

NOTE: ALL WINDOWS WHERE REQUIRED MUST MEET ALL STATE AND LOCAL BUILDING CODES FOR EMERGENCY EGRESS

NOTE: ALL CONCRETE SLABS AND FOUNDATION SYSTEM TO MEET OR EXCEED MINIMUM REQUIREMENTS OF THE NORTH CAROLINA RESIDENTIAL BUILDING CODE

NOTE: VERIFY ALL INTERIOR FINISHES PER OWNER

FLOOR PLAN

1/4" = 1'-0"

Floor Plan for 983 Eupeptic Springs Road
Olin N.C. 28660

IREDELL COUNTY

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

APPLICATION NUMBER
243518
Issue Date: 04/08/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4842058231.000	983 EUPEPTIC SPRINGS ROAD, OLIN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HANSEL KENNETH M JR+ROBIN C	Applicant: EDWARD SHUMAKER BUILDE
Address: 983 EUPEPTIC SPRINGS RD	Address: 291 AYCOCK ROAD
OLIN, NC 28660	STATESVILLE, NC 28625
Phone:	Phone: 704-892-5813

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.410	35.00	35.00	15.00	35.00	NOT	X

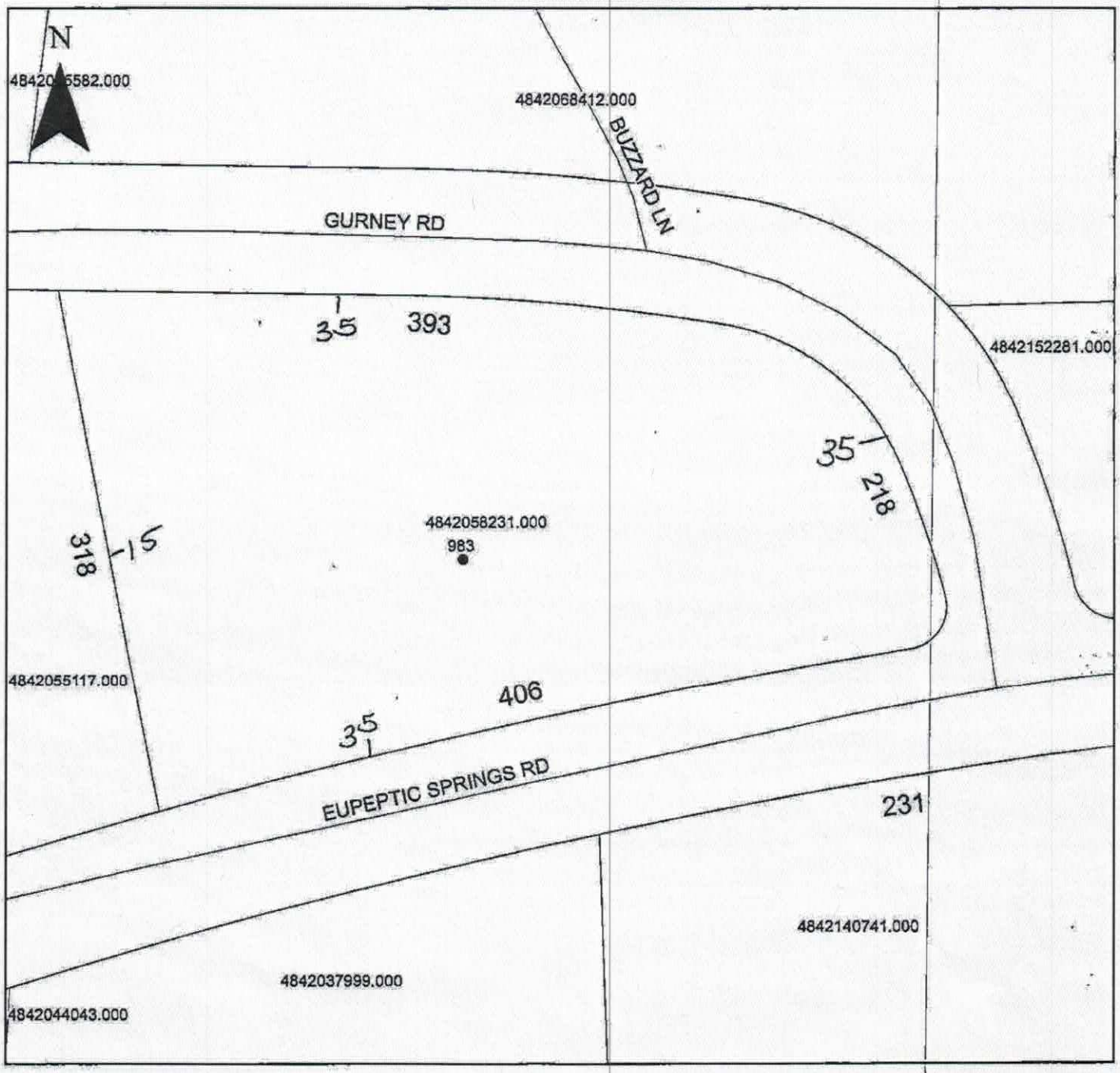
Remarks:

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: _____ Date: _____

Permit Number	173218	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 983 Eupeptic Springs

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.

X Edward Shumaker
Applicant

X April 8 19
Date