ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 301703

HS (V.30)

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

PIN # 4659141879.000

APPLICANT/OWNER: Brian Hair | APPLICANT ADDRESS: 112 Squire CT, Statesville NC

SITE ADDRESS: 129 Harvest Wind CT Mooresville, NC | PHONE: 803-810-4016 | ALT. PHONE ~

SITE DIRECTIONS: Hwy 21 to Autumn Leaf → Early Frost → Harvest Wind | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Grove | SECTION: 2 | LOT # 42 | LOT AREA: 1.27 Acres | DESIGN FLOW: 360 | L.T.A.R.: .325

Septic Tank	1000	(gal)	STB	760	Date	2-27	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	1000	(gal)	PT	308	Date	2-30	System Description:	PM-25% Reduction			
Pump Make	Zoeller		Model	190	Serial #		Repair System Description:	Drip -			
# Nitrification Fields	1		# Lines	6	Linear Ft	280	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in		Trench Bottom Depth(Low side)	32 in	Gravel Depth			☐ GRAVITY	☒ PRESSURE		

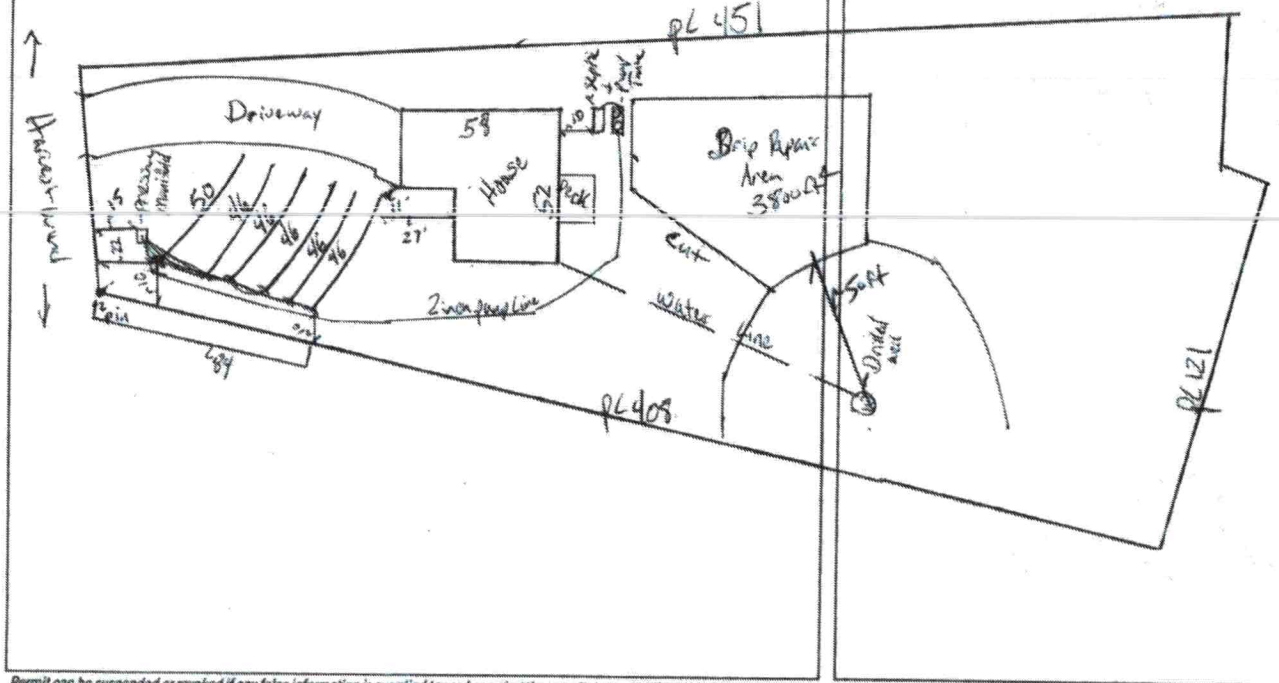
☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Install Septic Downlines on the contour of the land install Pressure Manifold Rt from pump line. Use 1/2 Sch 80 Tapes @ 5.48 gpm = 32.88 gal/dose/min 127 gallon Dose. Bio Dynamics with 4 min Runtime. Pressure Drive, Orifice Plate (Yellow or Grey, with 6 holes) & Manifold with 10 Orifices (3 per lateral) with H2O Line over Pressure Line *

PL-68 Filter - Manifold.

INITIAL SITE SKETCH

1" = 60'



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: Permit Acceptance Letter Rec'd | Date: 4-29-20 | Installed by: J&J Backhoe #2977

IMPROVEMENT PERMIT by: Benjamin A Bobo | Date: 4-27-2020 | OPERATION PERMIT by: Benjamin A Bobo | Date: 5-15-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bobo | Date: 4-27-2020 | Existing System Inspected by: | Date:

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.

	Date	Initials
Drain Lines Checked	4/1/2020	PJB
Tanks Checked	4/3/2020	MD
Pressure Manifold or Valve Box Checked	5/12/2020	PJB
Pressure Head Set		
Electrical Checked	5/12/2020	PJB
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)	4/7/2020	PJB
Comments:		

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Brian Hair, am the legal owner or the agent of the property located at 129 Harvest Wind Ct., identified as PIN(Parcel Identification Number) 4659141879000, located in Iredell County, North Carolina.
Permit # 301703.

I do hereby agree to the permit design and the conditions of this permit.

Brian Hair 4/28/20
Signature of Owner Date

Denise Hair 4/28/20
Signature of Witness Date

brianhair@outlook.com
email

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

Sheet 1 of 2
PROPERTY ID #: 4659-14-1879
COUNTY: Iredell

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

OWNER: Brian Hair
ADDRESS: 112 Squire Ct. Mooresville, NC Statesville, NC
PROPOSED FACILITY: 3BR-SFR PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 129 Harvest Wind Moorsville, NC

APPLICATION DATE 10/10/19
DATE EVALUATED: 10/23/19
PROPERTY SIZE: 1.27
PROPERTY RECORDED: Yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 12% Prim	0-12	SCL V.W. SBK	Friable, SS, Sp, Sap	—	50"	—	—	0.30 PS
		12-28	Clay M. SBK	Sl. Firm, Sticky, Sp, Sap					
		28-50	Clay Loam W. SBK common Saprolite	Friable, SS, Sp, Sap					
		50-60	MA Sandy Saprolite	well Drained + very Friable					
2	LSS 16% Prim	0-10	SCL V.W. SBK		Chroma 2 7.5YR 8/2 @ 31"	56"	— Keep	— Shallow	0.275 PS
		10-24	Clay W. SBK	Sl. Firm, Sticky, Sp, Sap					
		24-56"	Clay Loam/Clay W.W. SBK	Sl. Friable, SS, Sp, Sap					
3	Foot Slope 8%	0-10	SCL V.W. SBK	Sl. Friable, SS, Sp, Sap	7.5YR 8/1 @ 18"	44"	—	—	U Drip?
		10-44"	Clay W. SBK/ABK	Sl. Firm, Plastic, Sticky, Sap					
4	LSS 13% Prim	0-12	SCL V.W. SBK	Sl. Friable, SS, Sp, Sap	7.5YR 8/1 32"-60"	60"	— Keep	— Shallow	0.275 PS
		12-28	Clay M. SBK	Sl. Firm, Sticky, Sp, Sap					
		28-60"	Clay Loam W. SBK	Sl. Firm, Sticky, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	377'	250+
System Type(s)	25% Reduction	50% Reduction
Site LTAR	0.275	0.325

OTHER FACTORS (.1946): Fill Gullies + Cover needed
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Brian Hair
ADDRESS: 112 Squire Ct. Statesville, NC
PROPOSED FACILITY: 360 GPD
PROPOSED DESIGN FLOW (.1949): 3BR-SFR
LOCATION OF SITE: 129 Harvest Wind
APPLICATION DATE 3/24/2020
DATE EVALUATED: 4/3/2020
PROPERTY SIZE: 1.27 acres
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-3	SCL V.W. SBK	Sl. Friable, SS, Sp, Ssp	YB's 26"-34"	49"	–	–	0.250
		3-20	Sandy clay M. SBK/ABK	Sl. Firm, Sticky, Sp, Ssp	7.5YR 6/2				
		20-49	Clay Loam V.W. SBK	Sl. Friable, SS, Sp, Ssp	34" to SAP (49")				
		49-62	MA Sandy Saprolite	Friable + micaceous gravel					
2	Middle of temp driveway no compaction	0-3	SCL V.W. SBK (no compaction)	Sl. Firm, SS, Sp, Ssp	10YR 6/1 @ 19" to 53"	53	–	3" of compaction on upper slope sidewall 22" to redox	0.125 Drip
		3-15	Clay, V.W. ABK	Firm, Sticky, Sp, Ssp					
		15-53	Clay V.W. SBK/MA in spots @ 20"-53"	Very Firm, Sticky, Sl. Ssp					
3	Below cut	0-3	SCL W. SBK	Sl. Friable, SS, Sp, Ssp	10YR 7/1 19" to 54"	57	–	–	0.125 Drip
		3-20"	Sandy clay V.W. ABK/SBK	Sl. Firm, Sticky, Sp, Ssp					
		20-51"	Sandy clay V.W. SBK/ABK	Firm, Sticky, Sp, Ssp					
		51-57	Clay Loam W. SBK	Sl. Friable, SS, Sp, Ssp					
			↑ Battleship	Gray					
4		0-7	SCL V.W. SBK	Sl. Friable, SS, Sp, Ssp	10YR 7/1 19"-60" Sloping	60"	–	–	0.125 Drip
		7-19	Sandy clay W. SBK	Sl. Firm Sticky, Sp, Ssp					
		19-60	Sandy clay V.W. SBK	Sl. Firm, Sticky, Sp, Ssp Very Friable					
		60-66	Clay/Sandy Clay Saprolite						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200+	3800+ S.F.
System Type(s)	PPBPS-RM	Drip
Site LTAR	0.325	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): RS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Heath Snow (2nd opinion)

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

Sheet 2 of 2
PROPERTY ID #: _____
COUNTY: _____

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

OWNER: See Page 1 APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 4/3/2020
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 129 Harvest Wind PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
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	Front Side (Adjacent Drainage)	0-9	SCL V.W.SBK	SL Friable SS SP Sp	—	51"	—	—	0.30 PS
		9-22	clay w.sbk some mica	SL Firm, SL sticky SS Sp					
		22-51	Clay Loam w.sbk common SAP	very Friable, SS, SP, Sp					
		51-65	MA Loamy Saprolite	Friable + Dry in ped					
2									
3									
4									

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

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

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY:

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

OWNER: Brian Hair
ADDRESS: See Page 1
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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	Shoulder [Lower]	0-6	SCL v.f.w SBk	Sl. Friable, SS, Sp, Sep					
		6-26	Clay m. SBk/ABk trace mica	Sl Firm, Sticky, Sp, Sep	—	48"	—	—	0.325
		26-48	Clay Loam w. SBk common mica + Sap	Sl. Friable, SS, Sp, Sep					
		48-56	MA Loamy Saprolite	Very Friable + well Drained					
	Repair								
2	Shoulder [Upper mid]	0-7	SCL w. SBk	Sl. Friable, SS, Sp, Sep					
		7-22	Clay w-m SBk	Sl. Firm, Sticky, Sp, Sep					
		22-46	Clay Loam w. SBk	Friable, SS, Sp, Sep	—	46"	—	—	0.350
		46-57	MA Loamy Saprolite	very Friable + very well drained					
	Repair								
3									
4									

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

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

IP/AC

RECEIVED OCT 1 0 2019

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)

AP-301703

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

Paid $500

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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Brian Hair	112 Squire Ct, Statesville NC 28625	803-810-4016	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Brian Hair	112 Squire Ct, Statesville NC 28625	803-810-4016	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
129 Harvest Wind Ct; Mooresville NC 28115	Autumn Grove	Lot #42

Driving Directions: I-77 S exit 42 T/R Hwy 21 App. 2mi T/R Clear Springs T/L Autumn Grove T/R Early Frost T/L Harvest Wind Ct lot #42 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 To The Best of Your Ability:**
   ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   ( ) 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: _____ 10/10/19
   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, _____, 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

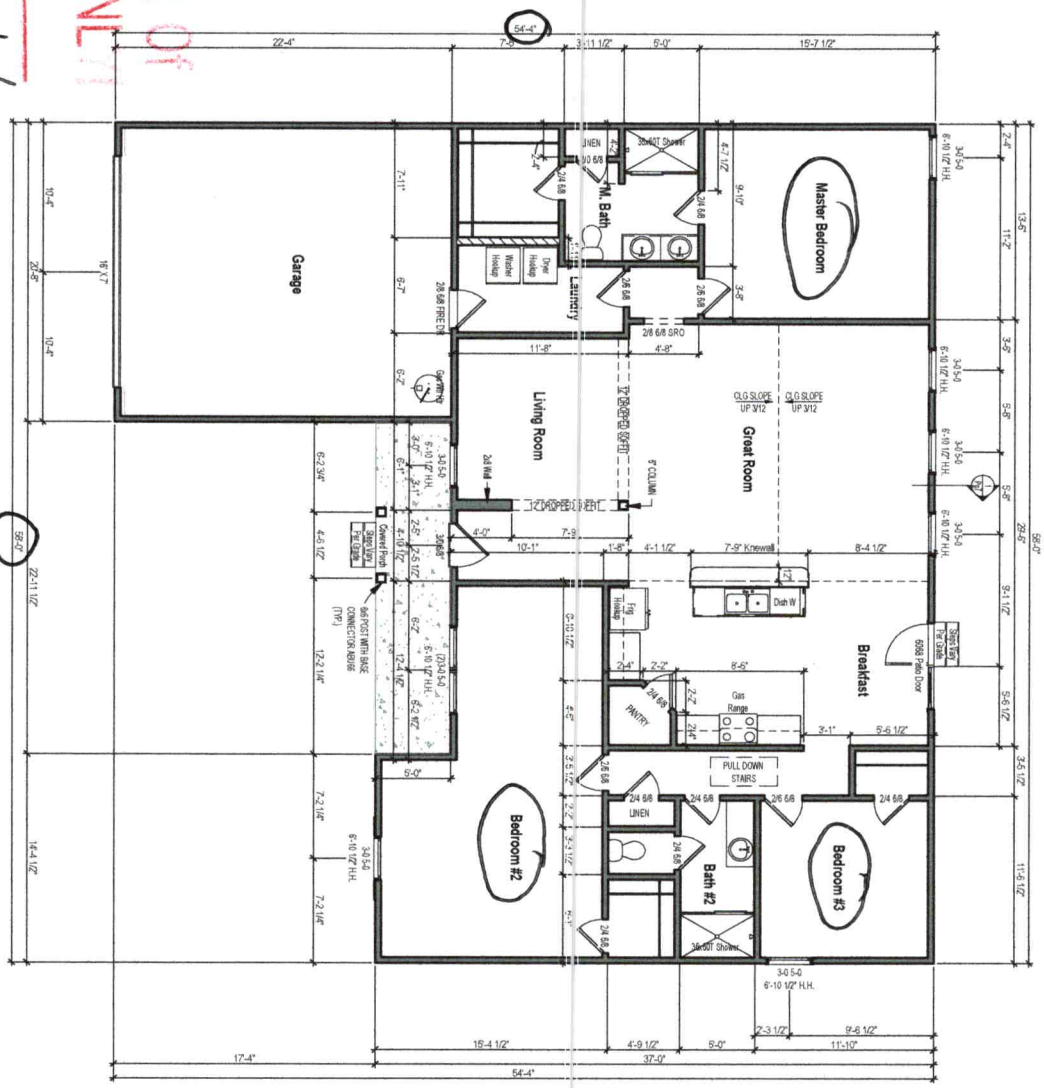
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgment of Plans Submittal ONLY

Date

Date 11/12/19



1 1st Floor Plan - Elevation A
1/8" = 1'-0"

Job #: 2019-064	Address:	BRUNSWICK - Elevation A	ValueBuild HOMES
Plan Version Date: 6/14/18	Community: Iredell County	1st Floor Plan	3015 S. Jefferson Hwy., Sanford, NC 7332
Job Version Date: 10/29/19			
Sheet #: ElevA-Pg3			

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301703 Issue Date: 10/10/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4659141879.000	129 HARVEST WIND CT	IREDELL COUNTY

Owner Information	Applicant Information
Name: HAIR BRIAN A	Name: HAIR BRIAN A
Address:	Address:
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.27	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

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.

Date: 10/10/2019

Signature of Owner/Contractor

Permit Number	000531	TOTAL FEES:	$77.25