CW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP- 319509

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

PIN # 4708 -- 18 -- 2526

APPLICANT/OWNER: LYNN + PAM LUM / JOYCE HARRIS
APPLICANT ADDRESS: 775 HARRIS BRIDGE ROAD, STONY POINT, N.C. 28678
SITE ADDRESS: 775 HARRIS BRIDGE ROAD, STONY POINT, N.C. 28678
PHONE: 704-223-7807 ALT. PHONE 803-361-0594
SITE DIRECTIONS: (N) ON 115, (L) ON PISGAH CHURCH, (L) ON HARRIS BRIDGE, LOT ON (R)
SAP CONTROLLED: [x] YES [ ] NO
SUBDIVISION: —
SECTION: — LOT # — LOT AREA: 3 AC
DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

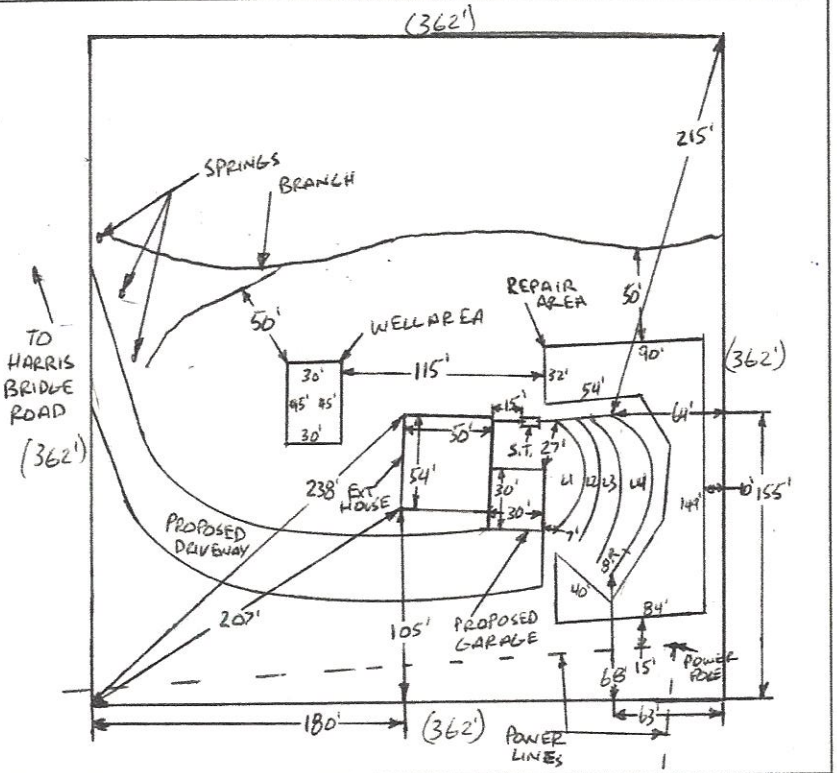
Septic Tank	1000	(gal)	STB SHOAF TWN	Date	9/16	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	—	(gal)	PT —	Date	—	System Description:			25% REDUCTION
Pump Make	—	Model	—	Serial #	—	Repair System Description:			50% REDUCTION
# Nitrification Fields	1	# Lines	4	Linear Ft	300 ft	Maintenance Agreement Required:	[ ] YES	[x] NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	25 IN	Gravel Depth	—	[x] GRAVITY	[ ] PRESSURE		

[x] Residence No. Bedrooms 3 R
[ ] Business No. Persons 6
[ ] Other No. Employees —
[ ] Slab [x] Crawl Space
[ ] Basement w/plumbing [ ] Basement w/o plumbing

Water Supply: [x] Private [ ] Public [ ] Community

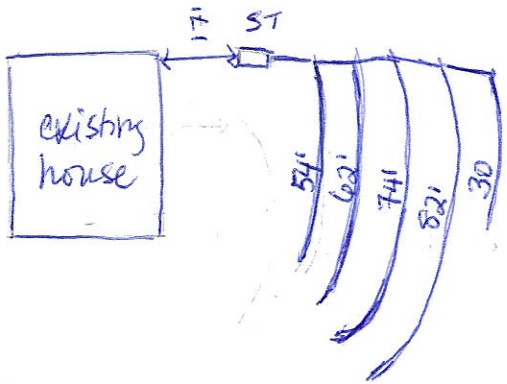
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9 FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 33 IN MAX TRENCH DEPTH.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL 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.



AS Built - NTS
(not to Scale)

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.* [x] **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: Pam Moore Lum Date: 10/15/2021
IMPROVEMENT PERMIT by: Bryant C. White Date: 10-6-2021
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 10-20-2021
Installed by: Stutts Grading
OPERATION PERMIT by: D. Inebody Date: 11/5/21
Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	11/5/21	DW
Tanks Checked	11/5/21	DW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

775 Harris Bridges

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

Sheet 1 of 1
PROPERTY ID #: 4708-18-2
COUNTY: IREDELL

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

OWNER: JOYCE HARRIS
ADDRESS: 178 HILL FARM ROAD, HIDDENITE, N.C. 28636
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 775 HARRIS BRIDGE ROAD, STONY POINT, N.C. 28678
APPLICATION DATE 7-9-202
DATE EVALUATED: 9-28-2021
PROPERTY SIZE: 3AC
PROPERTY RECORDED: YES

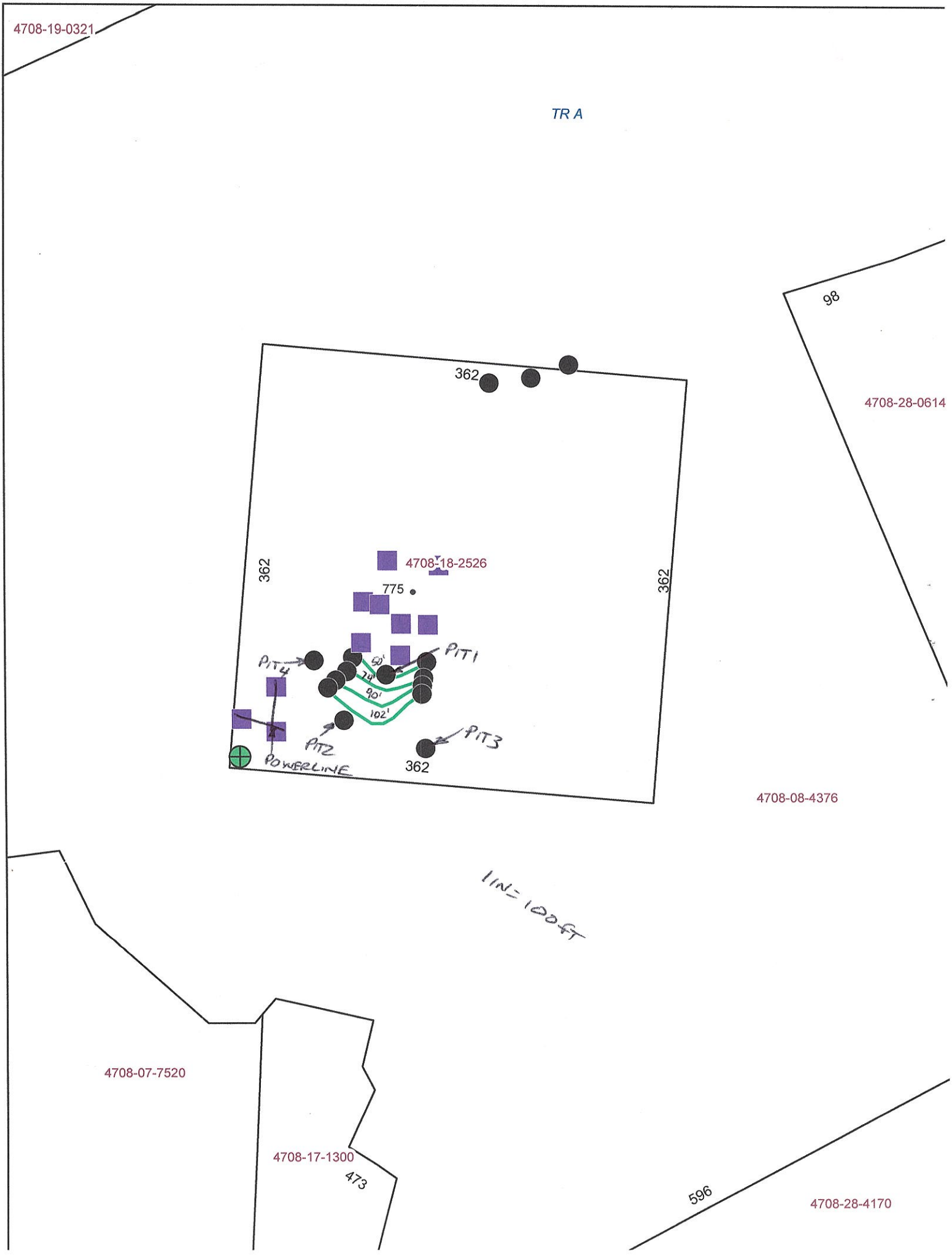
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	NOSE 6%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	56"+	NA	NA	PS .3
		5-23	C, SBK	FI, S, P SEXP					
		23-56	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 4%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRO OUT	51"	PS II SL	NA	PS .3
		6-22	C, SBK	FI, S, P, SEXP					
		22-51	CL, WSBK	FR, SS, SP, SEXP					
		51-60	SAP MAS	FRINS, NP, SEXP					
3	LINEAR SIDE 13%	0-19	C, SBK	FI, S, P, SEXP	SAP INC THRV OUT	46"	PS II SL	NA	PS -3
		19-46	CL, WSBK	FR, SS, SP, SEXP					
		46-64	SAP. MAS	FR, NS, NP, SEXP					
4	LINEAR SIDE 15%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRV OUT	45"	PS II SL	NA	PS .3
		8-29	C, SBK	FI, S, P, SEXP					
		29-45	CL, WSBK	FR, SS, SP, SEXP					
		45-56	SAP, MAS	FR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryan C. White
OTHER(S) PRESENT:

COMMENTS:


4708-19-0321
TR A
98
4708-28-0614
362
362
362
4708-18-2526
775
PIT 4
PIT 1
60'
74'
90'
102'
PIT 2
PIT 3
POWERLINE
362
4708-08-4376
1IN= 100FT
4708-07-7520
4708-17-1300
473
596
4708-28-4170

RECEIVED JUL C 9 2021

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* AP-319509 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) 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)

(Lessee to Buy) Applicant Name: Lynn Amlum Address: 775 HARRIS BRIDGE RD STONY POINT, NC Zip: 28678

(Land Owner) Applicant Email: pamela.a.moore@gmail.com Phone: 704-223-7807 Alt. Phone: 803-361-0594

Owner Name: Joyce Harris Address: 178 HILL FARM Rd HIDDENITE NC Zip: 28636

Owner Email: NC Phone: 704-876-3432 Alt. Phone:

Property Information:

Street Address: 775 HARRIS BRIDGE RD STONY POINT, NC 28678

~~Subdivision Name:~~ PARCEL 4708182526.000 ~~Section/Phase:~~ 3 AC Lot Number:

Driving Directions: Plan 1-40 W to exit 150 (NC 115) go 3.3 m left onto Midway Rd; go 5.7 m left onto Harris Bridge Rd go 2.7 m (note there is a blue 911 sign w/ 779 on it same drive 45' easement to 2 acre RC lot

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

(✓) Renovate family home place
( ) 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: 4 w/ A
Maximum Number of Occupants: 2
( ) 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: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: 1 house 1 camper Number of Persons: 2
(✓) 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: Pam Moore Lum 6/30/2021
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, Joyce H Harris, am the legal owner(s) of the property located at PARCEL 4708182516.000 HARRIS SR 1570 3AC 775 HARRIS BRIDGE RD STONY POINT, NC 28678, identified as PIN (Parcel Identification Number) 0914D000004039, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** LYN MARTIN LMT, PAMELA ANN MOORE LMT, 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.

Joyce H Harris
Signature of Owner(s)

6/30/2021
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

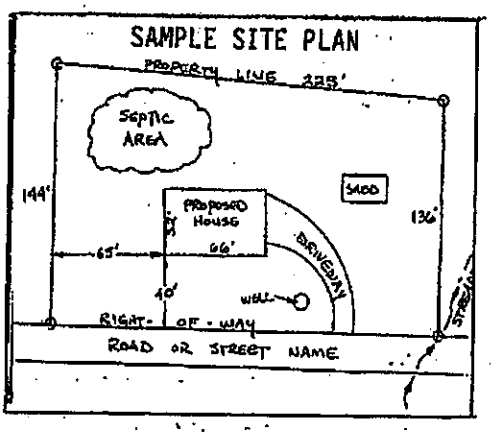
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

( ) Property Line measurements are clearly identified
( ) 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
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

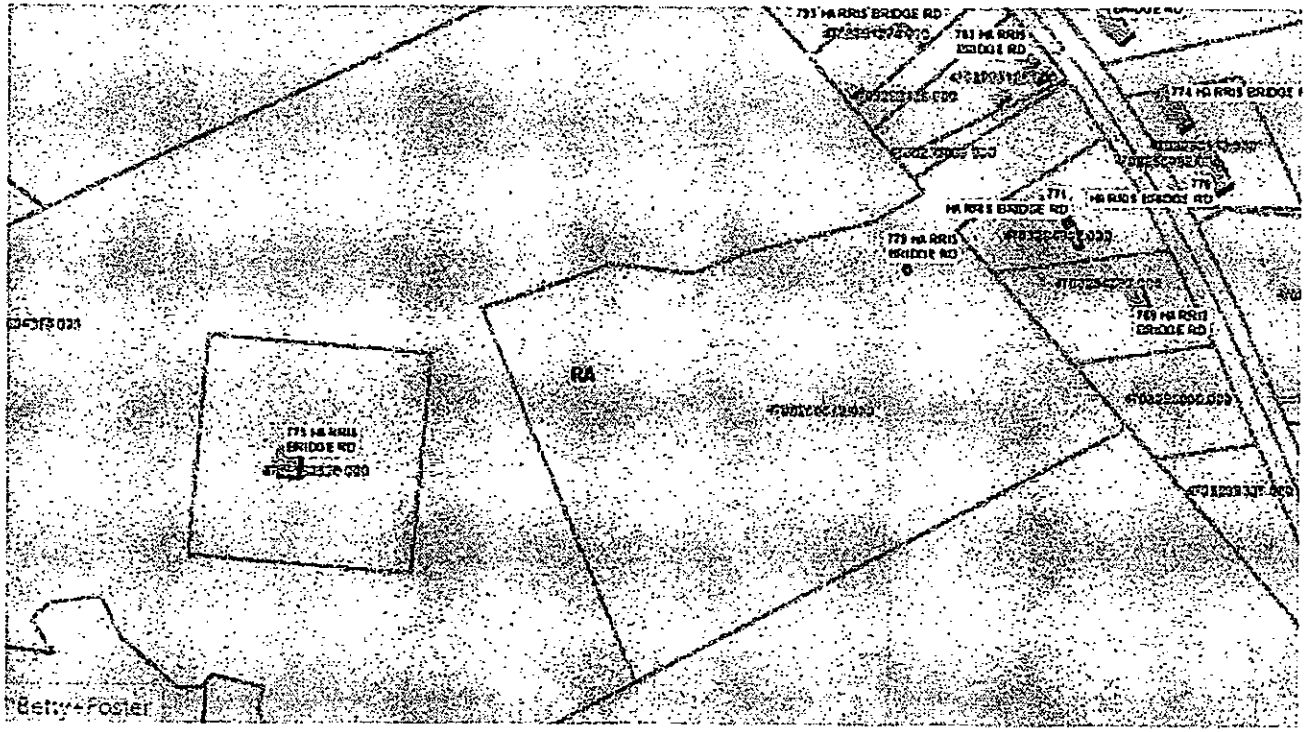
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

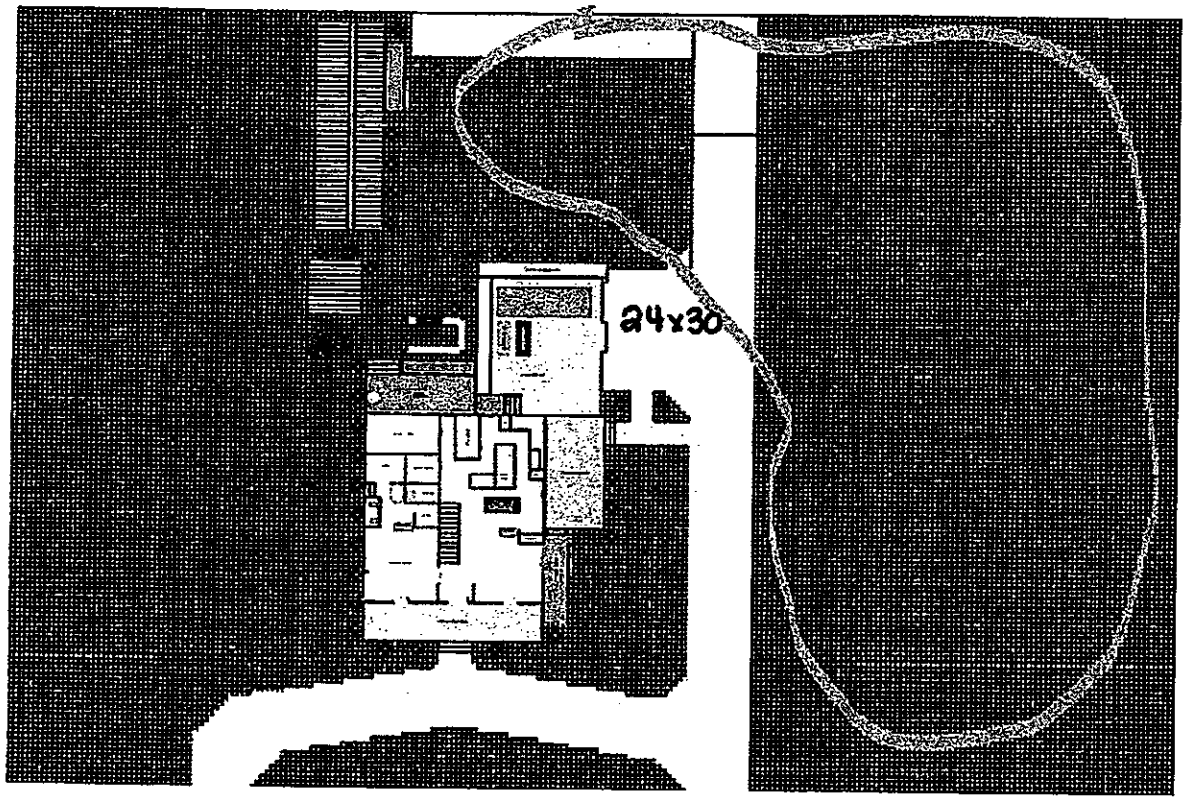
See attached proposed drawing
Existing (2) story family homeplace built in 1940's going to set up 5th wheel camper to live in with power & attach to septic to will eventually supply & connect to remodeled house as well. marked where moved like tank trenches it all depends on perk test. at your mercy!

See attached

Signature: Pamela Ann Moore Dunn
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

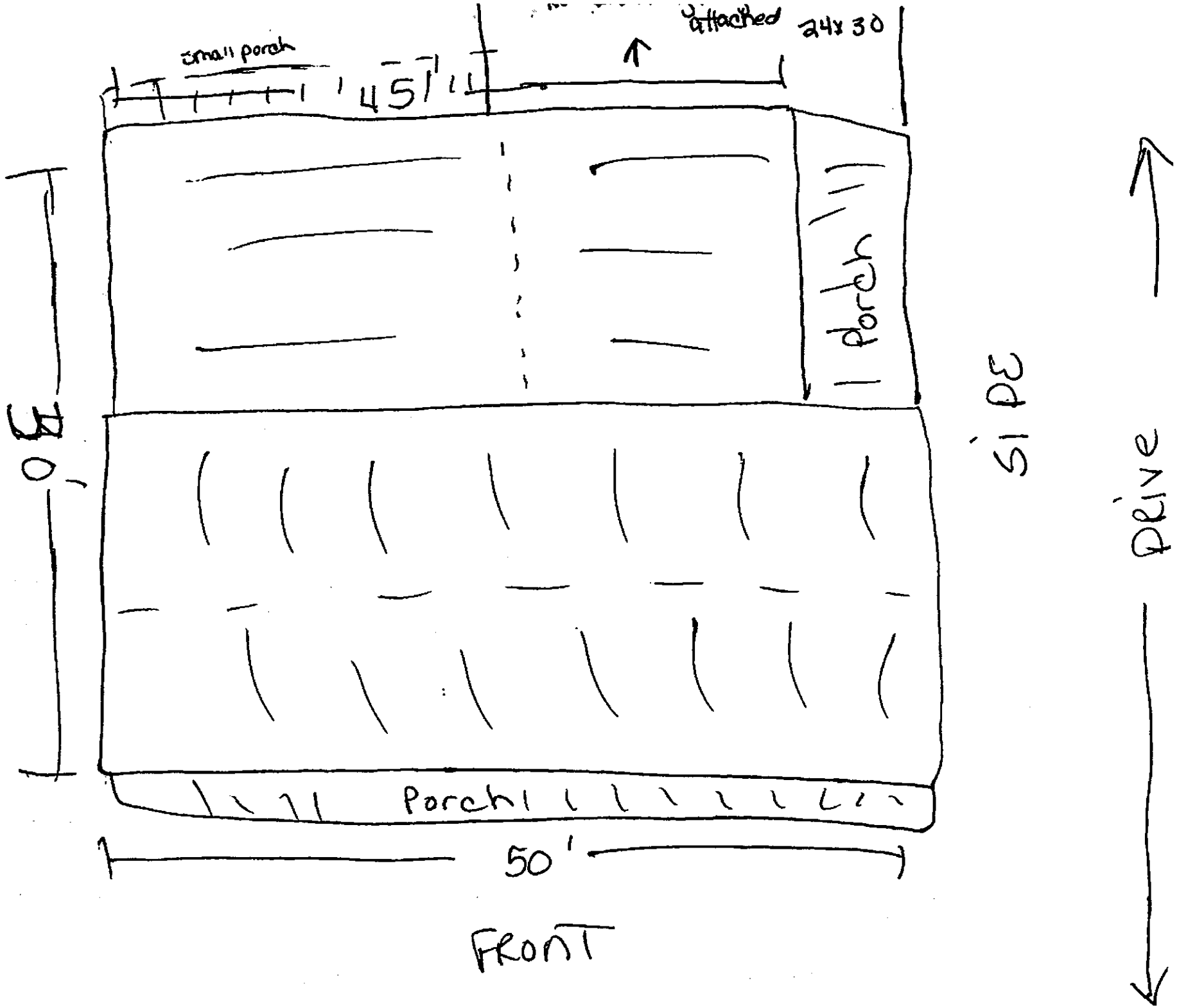
06/30/2021
DATE


RA
Betsy+Foster



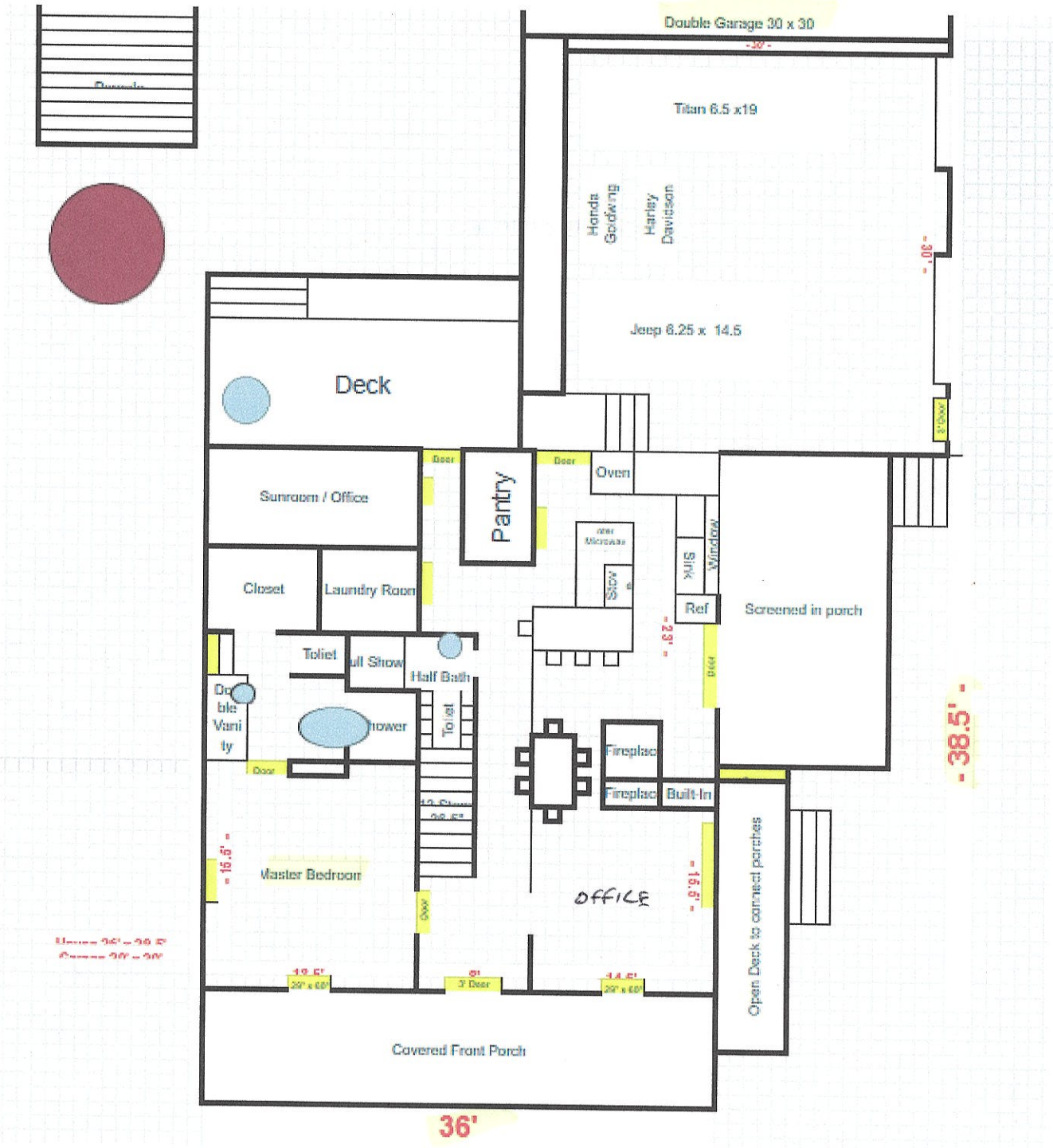
FRONT OF HOUSE

would like septic to right on front of house; or behind double garage


small porch
45'
attached 24x30
Porch
80'
SIDE
Porch
50'
FRONT
DRIVE

775 Harris Bridge Rd
House 36 x 38.5
Garage 30 x 30

Downstairs



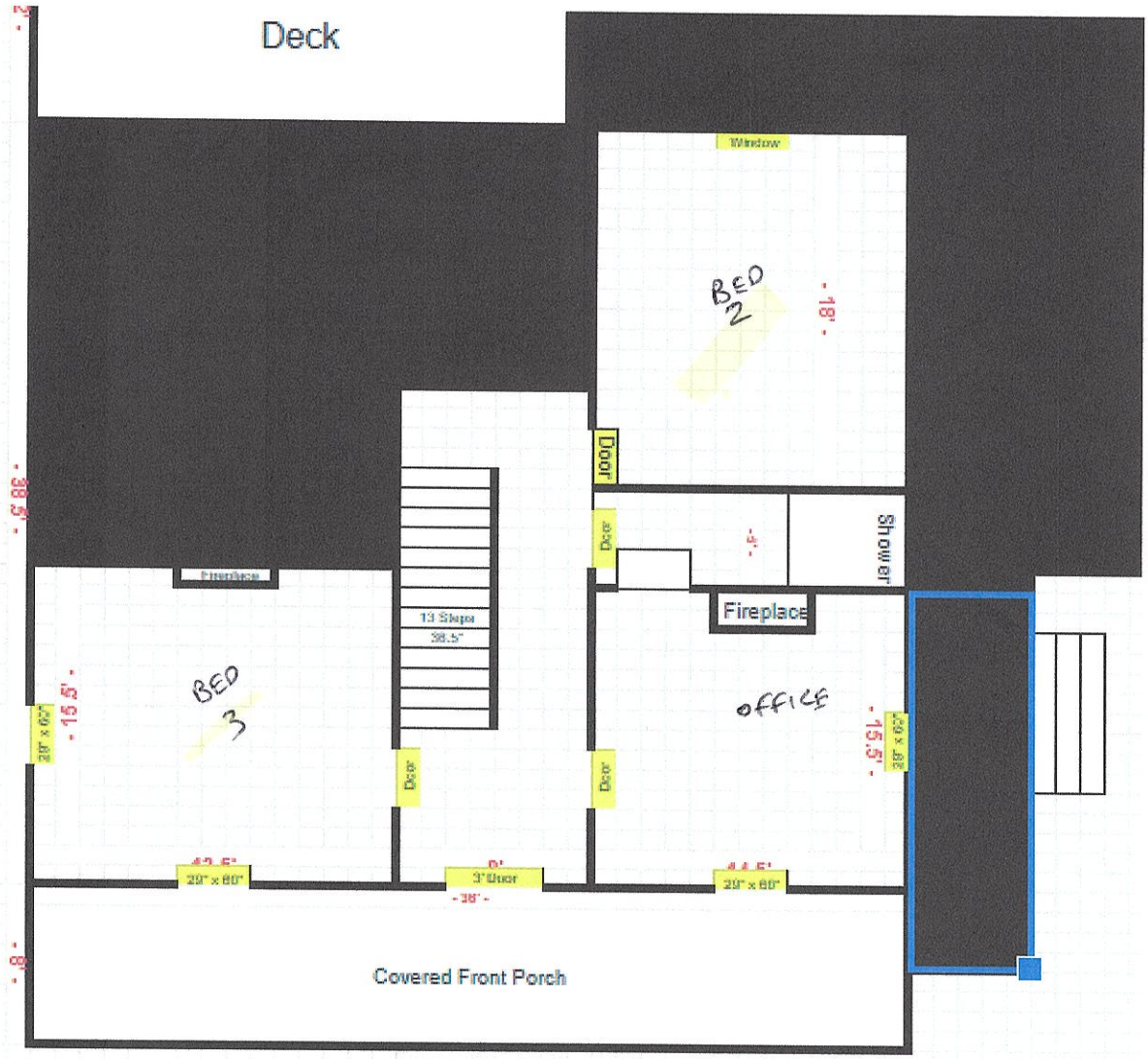
Acknowledgement Of
Plans Submittal ONLY!

Date 10/15/2021

Date 10-20-2021

775 Harris Bridge Rd

Upstairs



Acknowledgement Of
Plans Submittal ONLY!

Brian Moore Sum Date 10/15/2021

Bridget C. White Date 10-20-2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
319509 Issue Date: 07/08/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4708182526.000	775 HARRIS BRIDGE RD	Iredell County

Owner Information	Applicant Information
Name: HARRIS JOYCE H	Name: PAMELA MOORE LUM
Address:	Address: 178 HILL FARM RD
	HIDDENITE, NC 28636
Phone:	Phone: (704)876-3432

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3	35	35	15	15	WSIV-PA South Yadkin	NO

Remarks
ADDITION AND REMODEL

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: 07/08/2021

Signature of Owner/Contractor

Permit Number	319509	TOTAL FEES:	$77.25

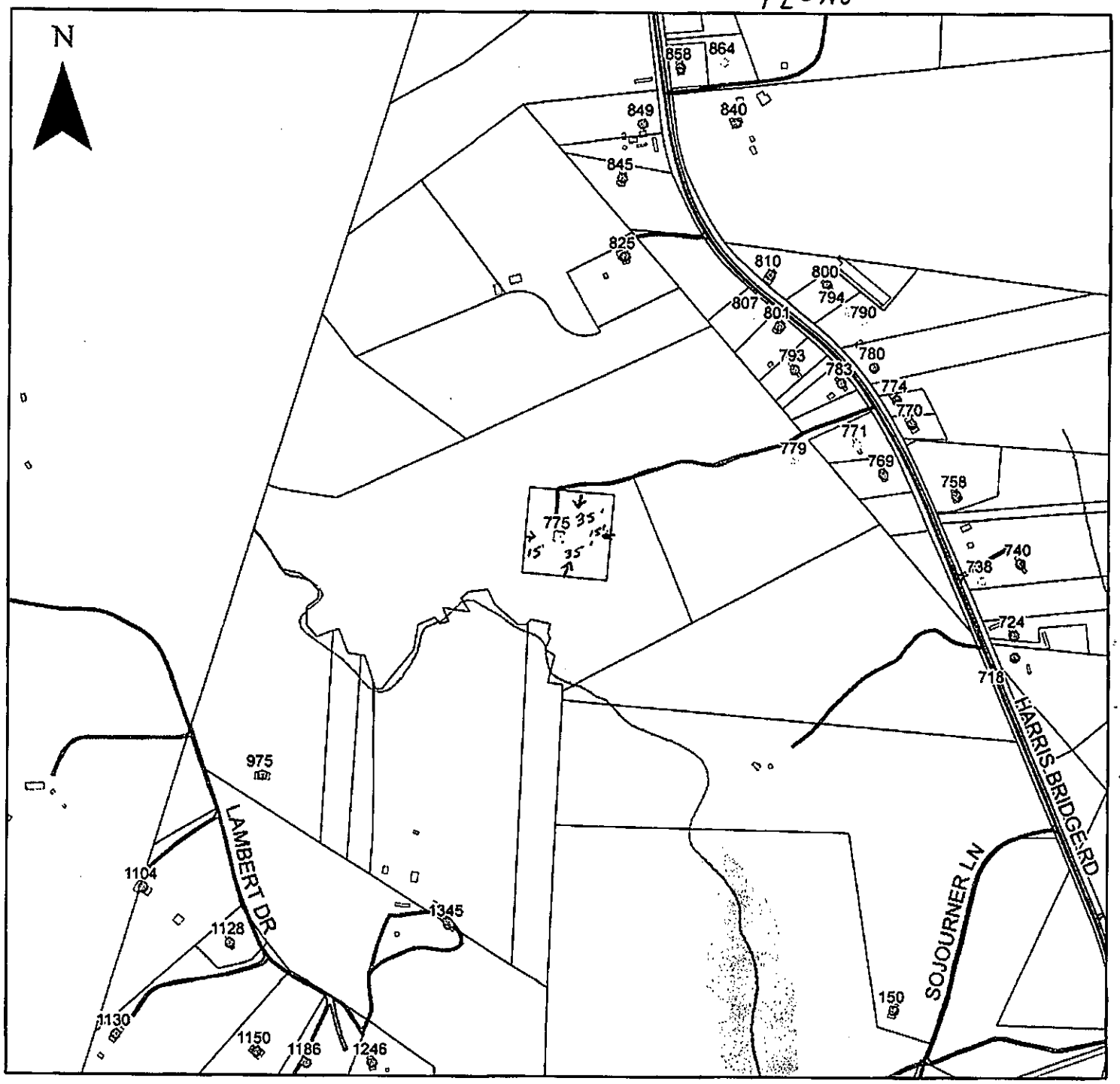
319509

KH

WS IV PA South Yadkin

FL - NO

ZONING DISCLAIMER



Property Address 775 Harris Bridge 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.

Pam Moore Shum

Applicant

06/30/2021

Date