IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242729

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

PIN # 4723267609 6725

APPLICANT/OWNER: America's Home Place / August Harmon APPLICANT ADDRESS: 1206 Greenland Dr, Statesville

SITE ADDRESS: 184 Sandtrap Dr, Statesville PHONE: 704-657-0840 ALT. PHONE 704-872-4480

SITE DIRECTIONS: Buffalo Shoals → R on Old Airport Rd → L on Sandtrap → on right around curve SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brittian Hills SECTION: — LOT # 26-27 LOT AREA: 1.2ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	2-4	☒ 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:	25% reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth	36" max	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

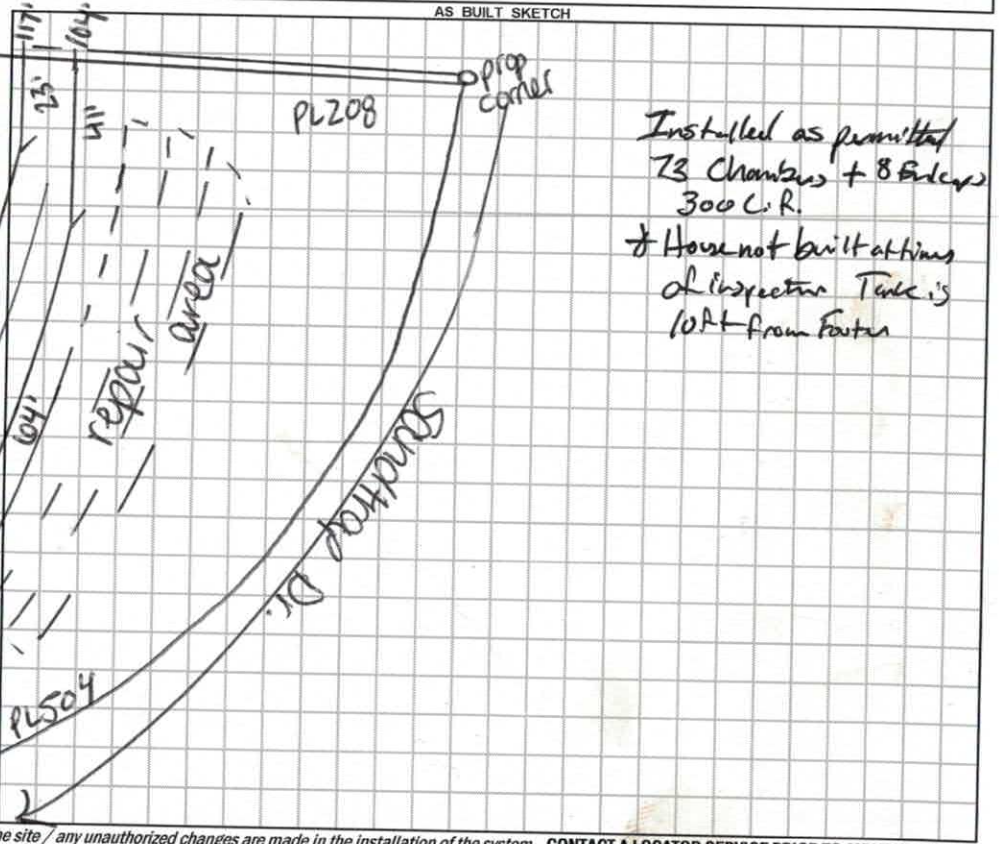
Comments / Conditions: Install on contour + utilize serial distribution. Do not exceed max trench depth of 36".

Lots Combined 3/6/19, deed bk 2165 pg 2496-2498

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: [signature] Date: 3/27/19 Installed by: Shannon Groundbreakers.

IMPROVEMENT PERMIT by: Carla C. Cave Date: 3/25/19 OPERATION PERMIT by: Benjamin A Bottoms Date: 3/28/2019

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 3/25/19 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.

DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: AHP
ADDRESS: Sandtrap Dr
PROPOSED FACILITY: 3BR
LOCATION OF SITE: Sandtrap Dr
PROPOSED DESIGN FLOW (.1949): 360gpd
APPLICATION DATE 3/7/19
DATE EVALUATED: 3/25/19
PROPERTY SIZE: 1.12 ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4% E	0-9	SBK SCL	FR SS SP SBK	very few sap inc. @ 39"	48"	-	-	PS .3
		9-37	SBK C	" "					
		37-48	SBK CL	" "					
2	L 5%	0-7	SBK SCL	FR SS SP SBK	very few sap inc. @ 40"	49"	-	-	PS .3
		7-39	SBK C	" "					
		39-49	SBK CL	" "					
3	L 4%	0-13	SBK SCL	FR SS SP SBK	—	48"	-	-	PS .3
		13-39	SBK C	" "					
		39-48	SBK CL	" "					
	L 5%	0-9	SBK SCL	FR SS SP SBK	few sap @ 44"	52"	-	-	PS .3
		9-35	SBK C	" "					
		35-52	SBK CL	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
ailable Space (.1945)	300'	300'
tem Type(s)	2550	2550
te LTAR	.3	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: CCave
OTHER(S) PRESENT: N/A

OMMENTS:

pdated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
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	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

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

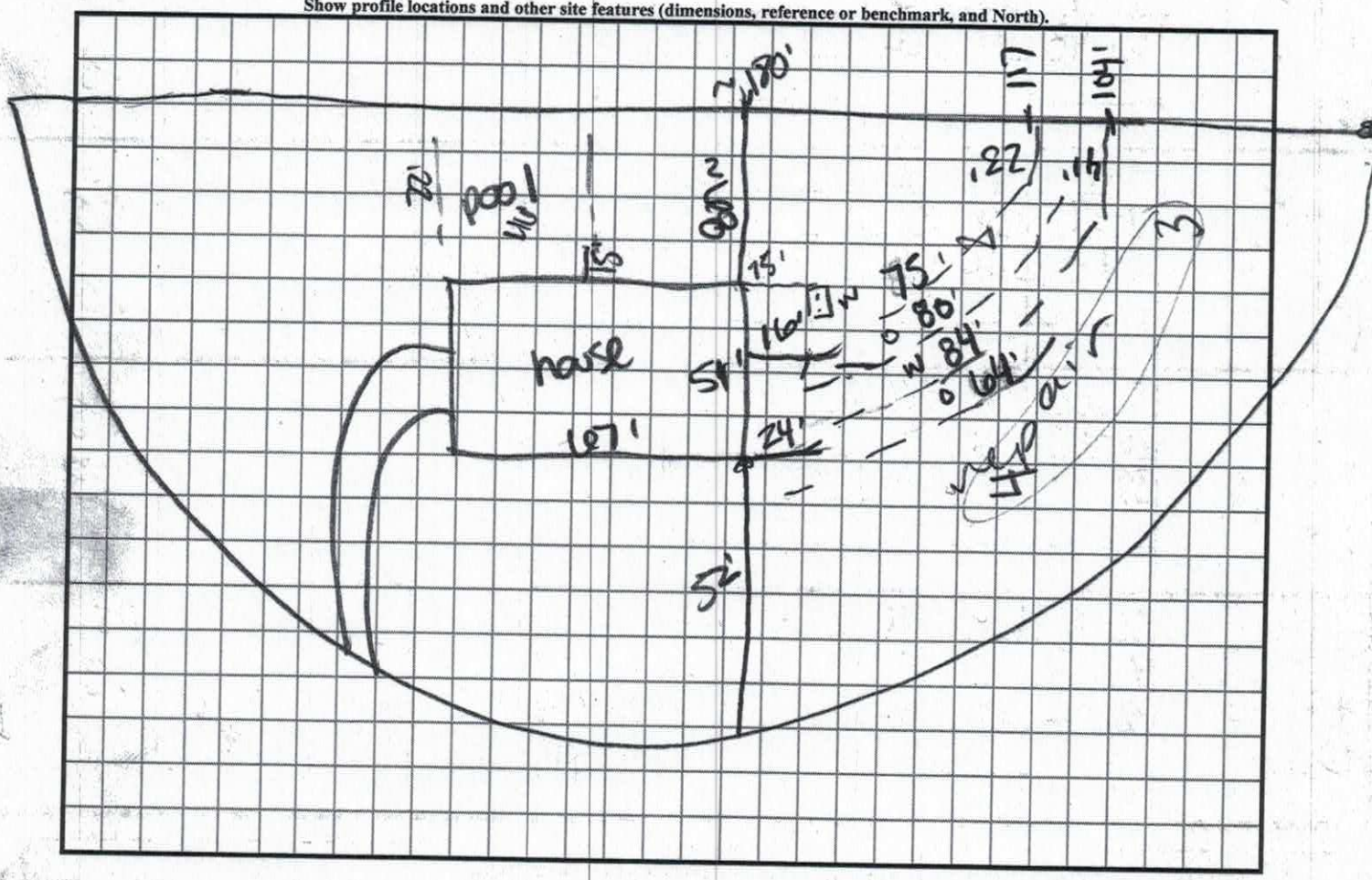
NOTES

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).



S811-1511 60
S0S2 19

REC... MAR 7 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#242729 Paid $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)

Applicant Name: America's Home Place Address: 1206 Greenland Dr, Statesville Zip: 28677
Applicant Email: lbarker@americashomeplace.com Phone: 704 657-0840 Alt. Phone: 704 872-4486
Owner Name: August Harmon Address: 1108 W. Walnut St Charles, MI Zip: 48655
Owner Email: augusth781@gmail.com Phone: 989-327-2535 Alt. Phone: _____

Property Information:

Street Address: Lot 27 Sandtrap Drive Statesville, NC
Subdivision Name: Brittian Hills Section/Phase: _____ Lot Number: 27
Driving Directions: Hwy 70 W, Turn left on Airport Rd, Turn left on E. Aviation Dr, Turn right on Old Airport Rd, Turn left on Sandtrap Dr Lot 29 in curve.

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: 5
(✓) Swimming Pool Future
( ) 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: _____ 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: Lynn Barker 2-14-2019
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, August Harmon, am the legal owner(s) of the property located at Lot 27 Sandtrap Dr, Statesville, NC, identified as

PIN (Parcel Identification Number) 4723065740 + 4723269609, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lynn Barker + Chad Holloway America's Home Place, 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.

August Harmon Robin Harmon 1-2-2019

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

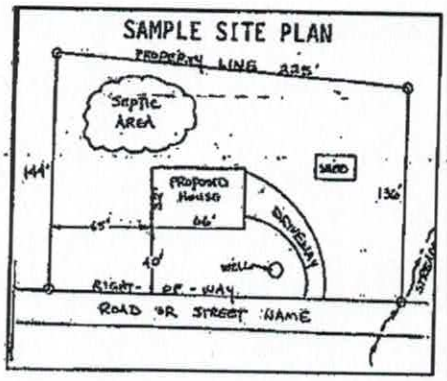
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location
- ( ) Preferred well location
- (✓) Preferred septic system location
- (✓) North arrow, or other sufficient indicator of direction

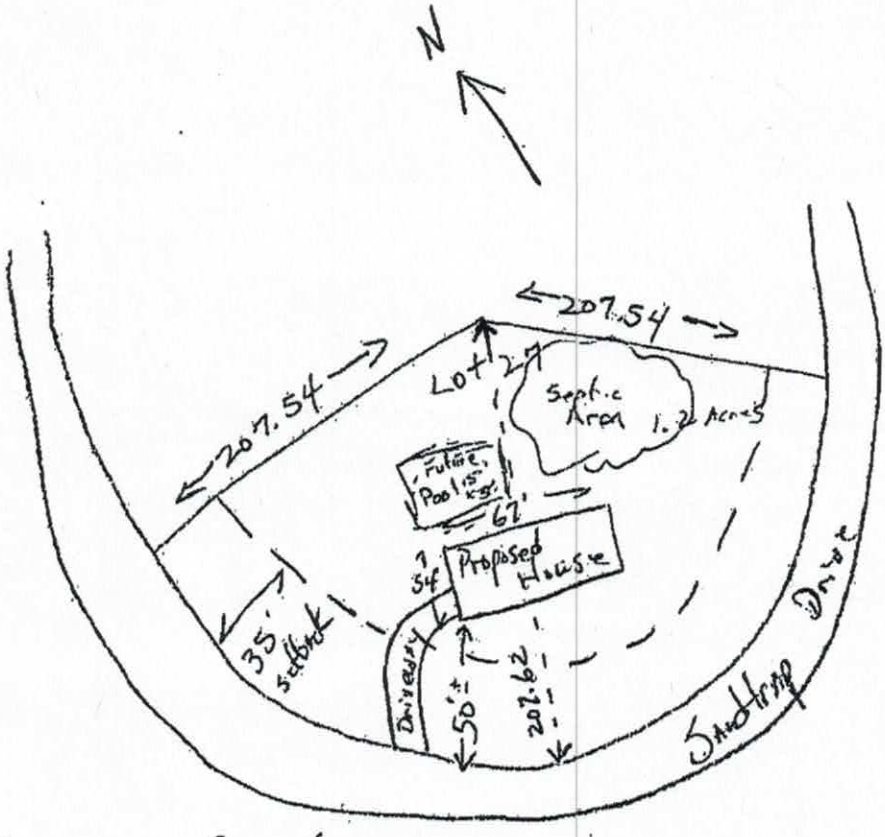


Circle N/A on the following if appropriate:

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: Lynn Barker
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
America's Home Place

2-14-2019
DATE

Type: CONSOLIDATED REAL PROPERTY
Recorded: 3/6/2019 4:21:41 PM
Fee Amt: $26.00 Page 1 of 3
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2605 PG 2496 - 2498

INSTRUMENT OF COMBINATION

This Document prepared by: F. Kevin Gorham, Attorney at Law
Parcel # 4723267609.000 & 4723265740.000

THIS INSTRUMENT OF COMBINATION, made this the 1 day of March, 2019, by AUGUST L. HARMON and wife, ROBIN HARMON. of Iredell County, North Carolina;

WITNESSETH:

THAT WHEREAS, the maker of this Instrument of Combination owns certain properties, which were acquired by the following deeds:

Book 2565, Page 1134, Iredell County Registry.

WHEREAS, said owner wishes to combine the above-mentioned properties into a single tract of land which is described by one common boundary line for the purpose of complying with all applicable provisions of the Iredell County Zoning and Subdivision Ordinances; and

WHEREAS, this is a limited special purpose instrument for the purposes specified above and is not a conveyance and does not change or modify in any manner the ownership interests in the above-referenced property; and

WHEREAS, upon execution and recording of this Instrument of Combination, the above-referenced contiguous properties are hereby combined and shall hereinafter be described as follows:

Submitted electronically by "F. Kevin Gorham attorney at law"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

BEGINNING at a 3/4 inch iron pipe in the northern right of way of Sandtrap Drive, being the southwest corner of Lot 26, Brittain Hills, Inc. Subdivision, as shown on plat recorded in Plat Book 19, Page 97 and 97-A, Plat Records of Iredell County, said beginning point being North 35 deg. 47 min. 21 sec. West 45.53 feet tie line from the magnetic nail set in the center of Sandtrap Drive; thence from said beginning point North 80 deg. 02 min. 04 sec. East 207.54 feet to a 3/4 inch iron pipe; thence South 59 deg. 05 min. 05 sec. East 207.54 feet to 3/4 inch iron pipe in the northern right of way of Sandtrap Drive; thence along the curve of the northern right of way of Sandtrap Drive a chord bearing of South 65 deg. 40 min. 09 sec. West, radius 207.50 and chord distance of 236.76 feet to a 3/4 inch iron pipe; thence continuing along the curve of the northern right of way of Sandtrap Drive a chord bearing of North 44 deg. 44 min. 22 sec. West, radius 207.50 and chord distance of 236.88 feet to a 3/4 inch iron pipe, the point and place of BEGINNING and being a recombination of Lots 26 and 27 of Brittain Hills Subdivision , as shown on plat recorded in Plat Book 19, Page 97 and 97-A, Plat Records of Iredell County as shown on Survey by Shamback Surveying PA, job number 2019-16.

IN WITNESS WHEREOF, the maker has hereunto set its hand and seal, the day and year first above written.

August L. Harmon (SEAL)
August L. Harmon

Robin Harmon (SEAL)
Robin Harmon

STATE OF Michigan

COUNTY OF Saginaw

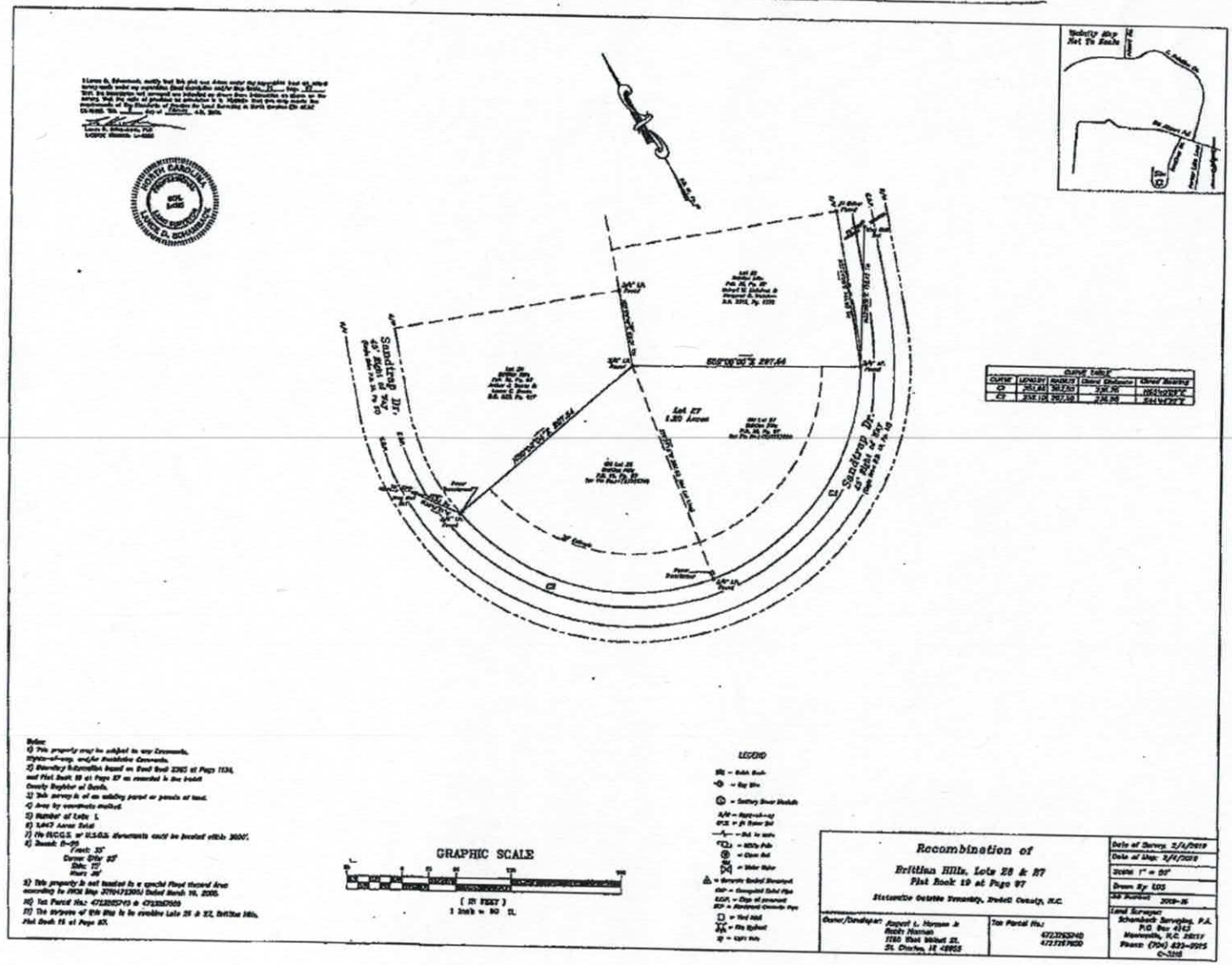
I, Russell Fairris, a Notary Public in and for the above County and State, do hereby certify that August L. Harmon and wife, Robin Harmon personally appeared before me this day, acknowledging to me that he or she voluntarily signed the foregoing document for the purposes therein expressed and in the capacity indicated, and that I have either (i) personal knowledge of the identity of the principal or (ii) satisfactory evidence of the principal's identity.

WITNESS my hand and notarial seal, this the 1st day of March, 2019.

Saginaw Co, Notary Public

My Commission Expires: 4/2/20

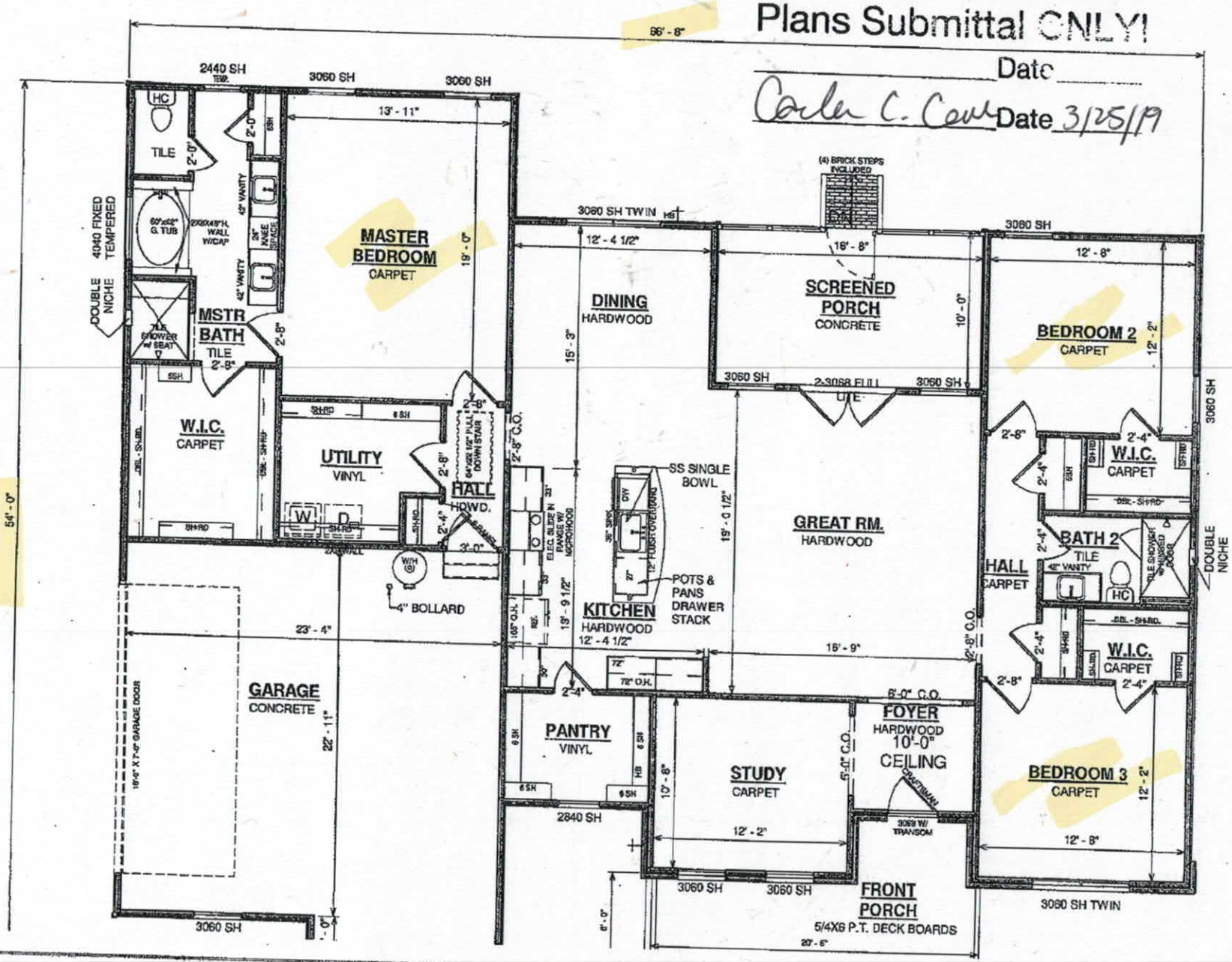
RUSSELL FAIRRIS
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF SAGINAW
My Commission Expires April 2, 2020
Acting in the County of Saginaw


Vicinity Map
Not To Scale
Sandtrap Dr.
Lot 27
1.320 Acres
Lot 28
Lot 26
GRAPHIC SCALE
(IN FEET)
1 inch = 80 ft.
LEGEND
Recombination of
Britton Hills, Lots 28 & 27
Plat Book 19 at Page 97
Statesville Ostelle Township, Iredell County, N.C.
Owner/Developer:
Robert L. Hanson Jr
Robb Hanson
1180 West Walnut St.
St. Charles, IL 60175
Tax Parcel No:
4723253240
4723267020
Date of Survey: 2/4/2019
Date of Map: 2/4/2019
Scale: 1" = 80'
Drawn By: LDS
Job Number: 2019-16
Land Surveyor:
Schambach Surveying, P.A.
P.O. Box 4143
Mooresville, N.C. 28117
Phone: (704) 639-0515
C-3248

Acknowledgement Of
Plans Submittal ONLY!

Date _____

Carla C. Cook Date 3/25/19



THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	184 SANDTRAP DRIVE	Permit Number	242729
Owner	HARMON, AUGUST L.	Tax Map	4723267609.000
Owner Addr.	1108 WEST WALNUT ST SAINT CHARLES, MI 48655	Zoning	R-20
		Flood Hazard Area	
Phone No.		Historic District	
Contractor	AMERICAS HOME PLACE INC	Architect	
Address	1108 WEST WALNUT ST SAINT CHARLES, MI 48655	Address	
Phone No.		Phone No.	

Type of Application NEW SINGLE FAMILY - STATESVILL

Utility Source

Electric
Water
Sewer

Required Information

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

	Lot Dimensions		Required Parking	Setbacks	
	Structure Size & Location		Landscaping	35.00	Front Yard
	Easements		Utility Clearance	35.00	Rear Yard
	Flood Certification		TRC Review	12.00	Right Yard
	Driveway Cuts		Other	12.00	Left Yard

Department Approval

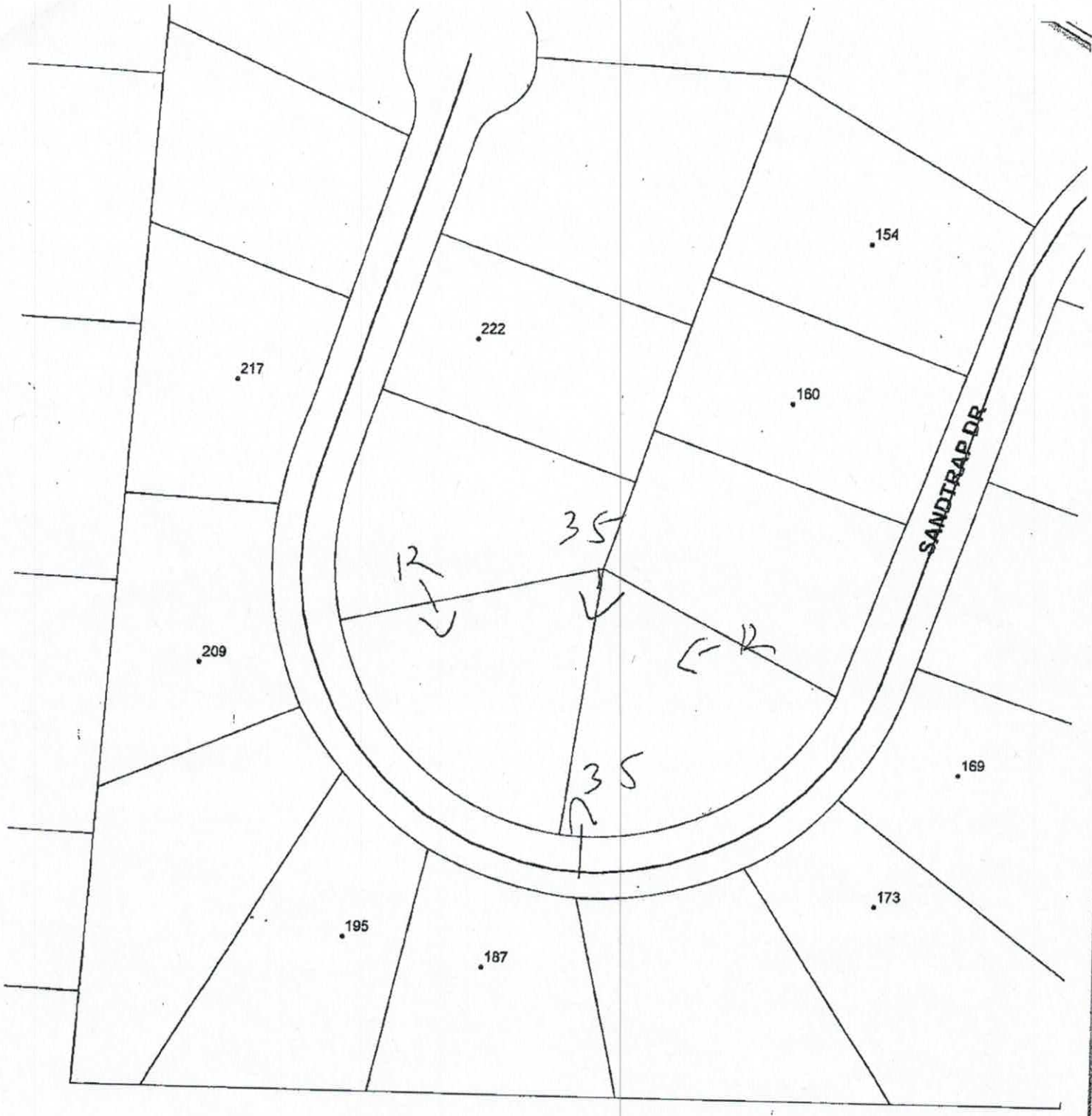
Planning Department [signature] 3/7/19 Public Works

Comments: SINGLE FAMILY HOME. LOTS 26 AND 27 HAVE BEEN COMBINED

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

X [signature]
Applicant Signature

03/07/2019
Date


154
222
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160
SANDTRAP DR
35
12
209
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169
173
195
187