~~ICHD~~ - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) ~~878-5700~~ (BP) Mooresville Office (704) 660-3625 PERMIT # AP-306014

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

PIN # 4768886609

APPLICANT/OWNER: JODI BALLARD APPLICANT ADDRESS: 290 NOEL ROAD, HARMONY, NC 28634

SITE ADDRESS: 261 NOEL ROAD, HARMONY, N.C. 28634 PHONE: 336-954-2154 ALT. PHONE 336-783-8215

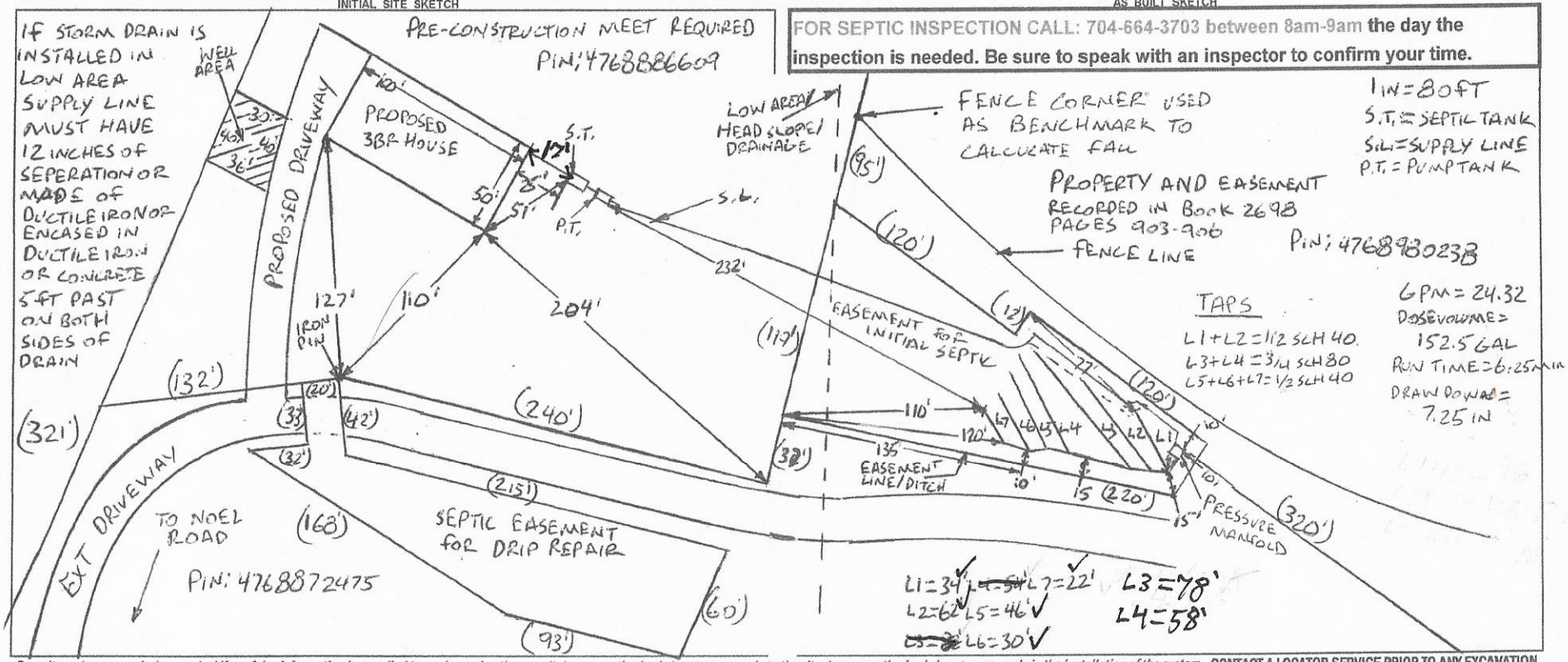
SITE DIRECTIONS: (N) ON 21, (R) ON NOEL ROAD, LOT AT END ON (L) SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 2.42 AC DESIGN FLOW: 360 GPD L.T.A.R.: 9.275 (0.1)

Septic Tank	1000 (gal)	STB	1110	Date	760	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000 (gal)	PT	9/11	Date	363	System Description:	25% REDUCTION-P.M.	☐ Business	No. Persons	6	☑ Private
Pump Make	Zoller	Model		Serial #		Repair System Description:	DRIP IRRIGATION	☐ Other	No. Employees	-	☐ Public
# Nitrification Fields	1	# Lines	7	Linear Ft	330 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	18 IN	Gravel Depth	-		GRAVITY ☑ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE P.M. DISTRIBUTION, DO NOT EXCEED 6 MAX TRENCH BOTTOM OF 21 IN, IF 6 INCHES OF COVER CANNOT BE MAINTAINED COUNTY APPROVED COVER IS REQUIRED, FEED LINE L1+L2, L3+L4, L5+L6+L7 SERIAL EACH SET FROM ITS OWN TAP

INITIAL SITE 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.

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: Jodi Ballard Date: 1-8-21 Installed by: (Tony Ball) TB Grading

IMPROVEMENT PERMIT by: Bryant C. White Date: 1-7-2021 OPERATION PERMIT by: Patrick J. Boyle III Date: 3-23-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 1-7-2021 Existing System Inspected by: Date:

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

WELL HEAD GOOD 3-17-2021 BCW

	Date	Initials
Drain Lines Checked	2/4/2021	PJB
Tanks Checked	2/4/2021	PJB
Pressure Manifold or Valve Box Checked	2/4/2021	PJB
Pressure Head Set	3-23-21	PJB
Electrical Checked	3-17-2021	BCW
Floats Set	3-17-2021	BCW
Alarm Checked	3-17-2021	BCW
Maintenance Contract Y (N)	3-17-2021	BCW
Comments: P.T. RISER MUST BE ± 6" ABOVE GRADE	3-17-2021	

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

Sheet 1 of 2
PROPERTY ID #: 4768286609
COUNTY: IREDELL

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

OWNER: JODI BALLARD
APPLICATION DATE 3-15-2020
ADDRESS: 290 NOEL ROAD, HARMONY, N.C. 28634
DATE EVALUATED: 4-1/4-2
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 2.42 AC
LOCATION OF SITE: 261 NOEL ROAD, HARMONY, N.C. 28634
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	NOSE 9%	0-7	SCL, SBK	FR, SS, SP, SEXP	GLEY1 7/N MOTS 20"+ VFI SAP INC 27"+	58"+	NA	~~RR~~ 7" EXP	U
		7-27	CL, SBK	FI, VS, VP, EXP					
		27-58	CL W/ ABK	VFI, S, P, SEXP					
2	NOSE 7%	0-20	CL W/ ABK	FI, S, P, SEXP	~~RR~~ LITHO/ WET?	20"	PS II SCL	EXP CLAY VIENS IN SAP	? DRIP .1
		20-48	SAP, RC	VFI, SS, SP, SEXP					
3	LINEAR SIDE 6%	0-12	L / W SBK	VFR, SS, SP, SEXP	SAP INC THRU OUT	32"	PS II L CLAY PORTION MIXED MINEROLOGY?		? DRIP .1
		12-32	CL, WABK	FI-FR, SS, P, SEXP					
		32-52	SAP, RC	FI-VFI, SS, SP, SEXP					
4	HEAD 10%	0-10	SL, WABK	FR, SS, SP, SEXP	SAP INC THRU OUT GLEY1 7/N MOTS 22"+	48"+	NA	.	U?
		10-48	SC, ABK	FI, VS, VP, EXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.375	0.1

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 476886609
DATE OF EVALUATION: 4-3-2020
COUNTY: IREDELL

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
5	LINEAR SIDE 7%	0-17	SCL, SBK	FR, SS, SP, SEXP	33"+ MANY Y/B REDOX	48"+	NA	NA	PS .275
		17-33	C, SBK	FR, S, P, SEXP					
		33-48	CL, WABK	FI, SS/SP, SEXP					
6	LINEAR SIDE 7%	0-7	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B THRU OUT	48"+	NA	NA	PS .275
		7-28	SCL, SBK	FR, S, P, SEXP					
		28-48	CL, SBK	FR, S, P, SEX					

COMMENTS:

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

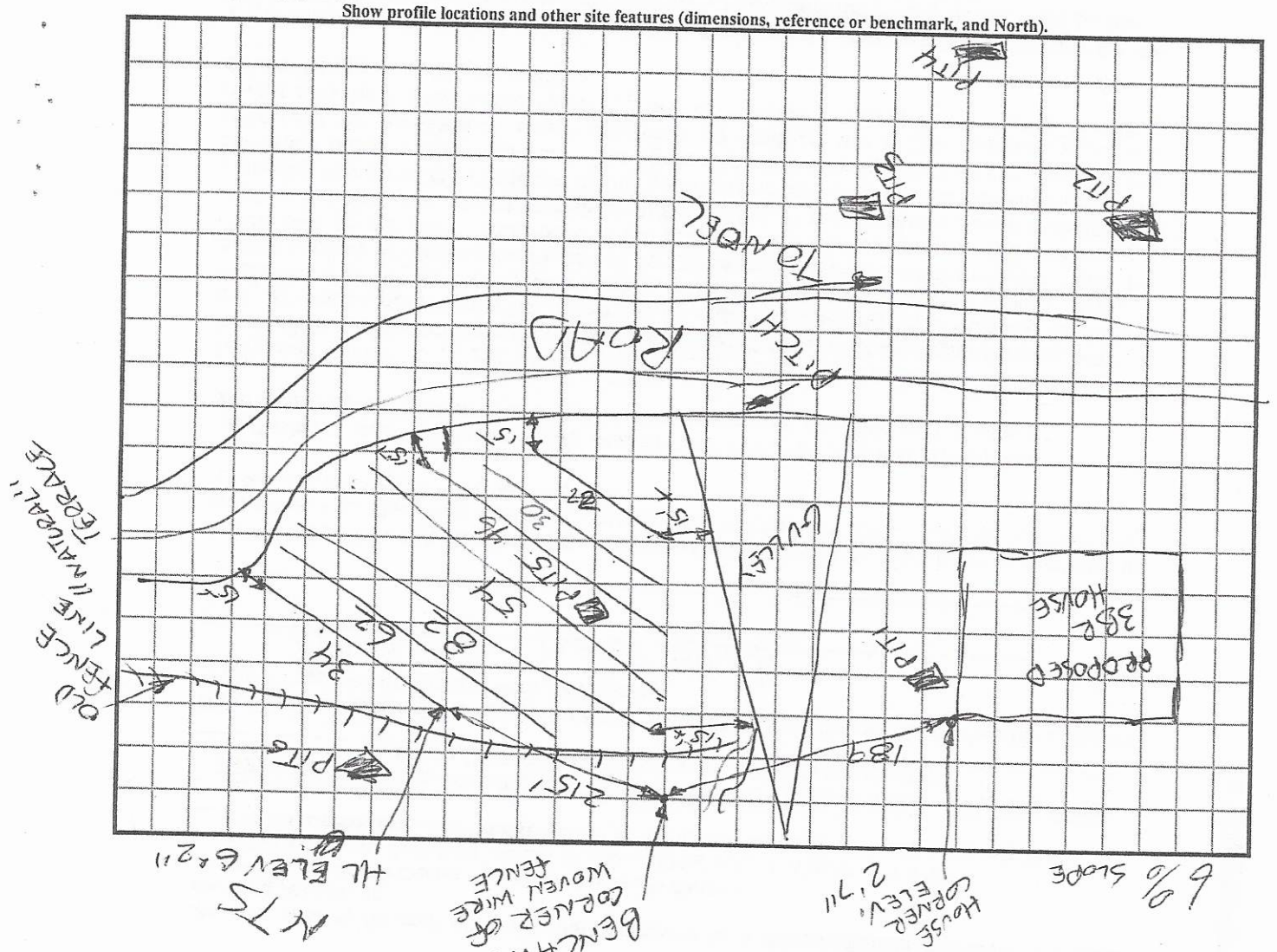
NOTES

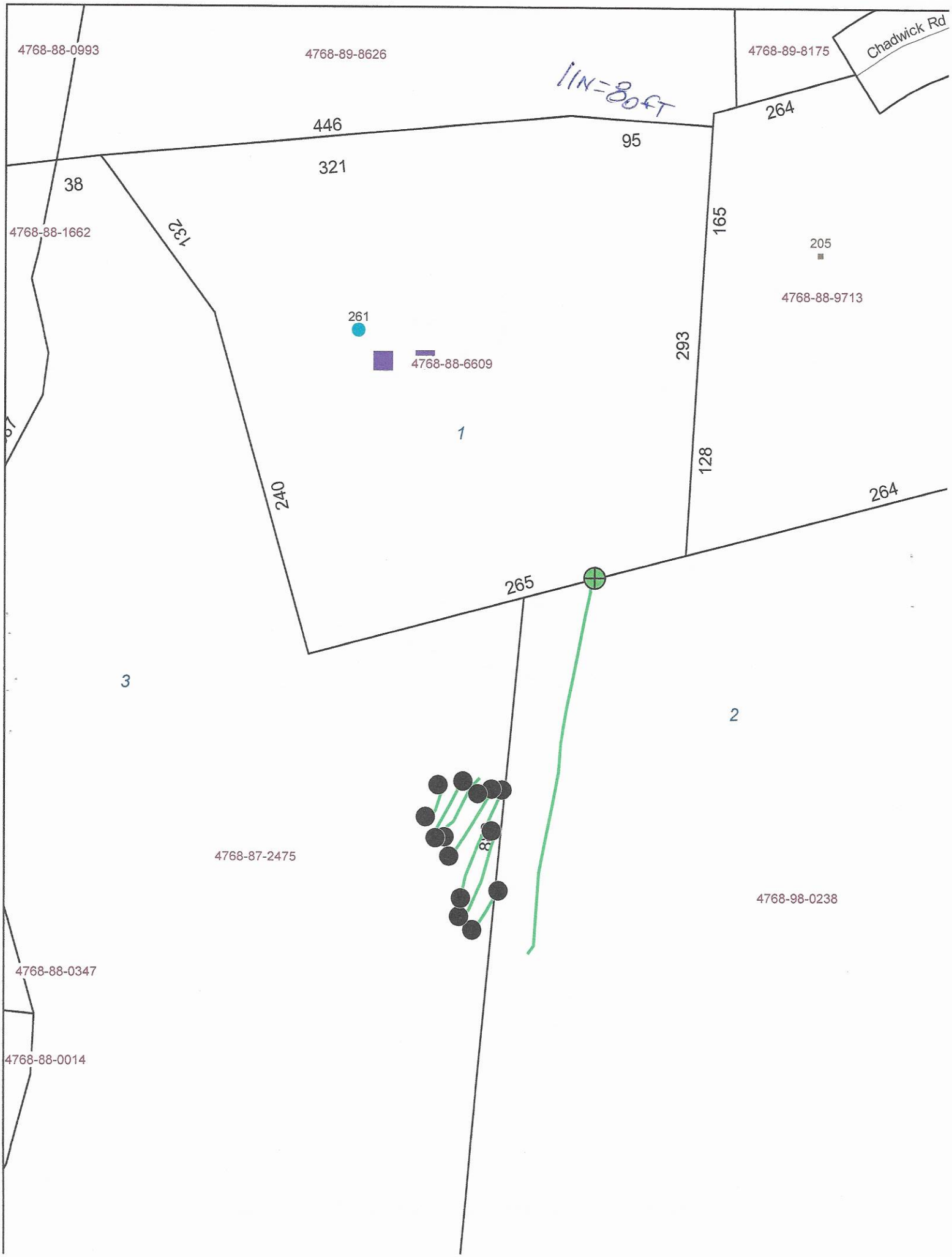
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

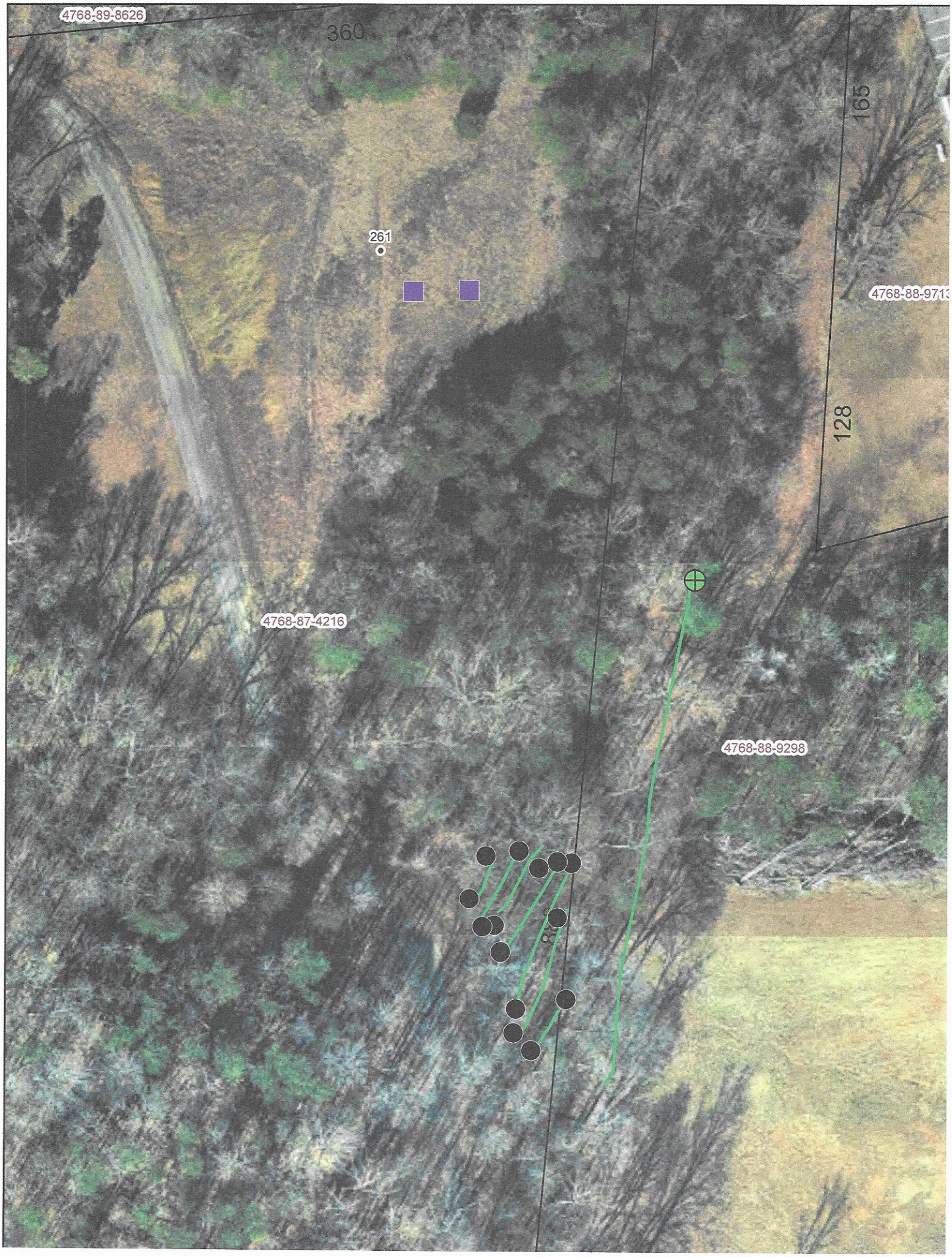
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




4768-88-0993
4768-89-8626
4768-89-8175
Chadwick Rd
1IN=80FT
446
95
264
321
38
4768-88-1662
132
165
205
4768-88-9713
261
4768-88-6609
293
1
240
128
264
265
3
2
4768-87-2475
8
4768-98-0238
4768-88-0347
4768-88-0014


4768-89-8626
360
165
261
4768-88-9713
128
4768-87-4216
4768-88-9298

RECEIVED DEC 2 3 2020

Redraw - Bryant White AP-306014
perk test 261 Noel Rd.

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

Iredell County Health Department – Environmental Health Division

AP-306014
$105.00

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit (X) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: Jodi Ballard Address: 261 Noel Road Harmony Zip: 28634
Applicant Email: JBallard@wfunlimited.com Phone: 336-354-2154 Alt. Phone: 336 783-8215
Owner Name: Jodi Ballard Address: 261 Noel Road Harmony Zip: 28634
Owner Email: Same Phone: Same Alt. Phone: Same

Property Information:

Street Address: 261 Noel Road Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Redraw by system needs to be a pump

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

(X) 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: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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.

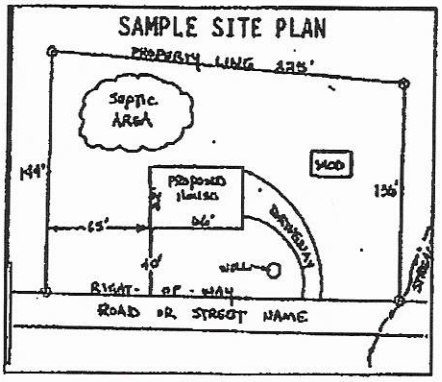
Signature: Jodi Ballard 12/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

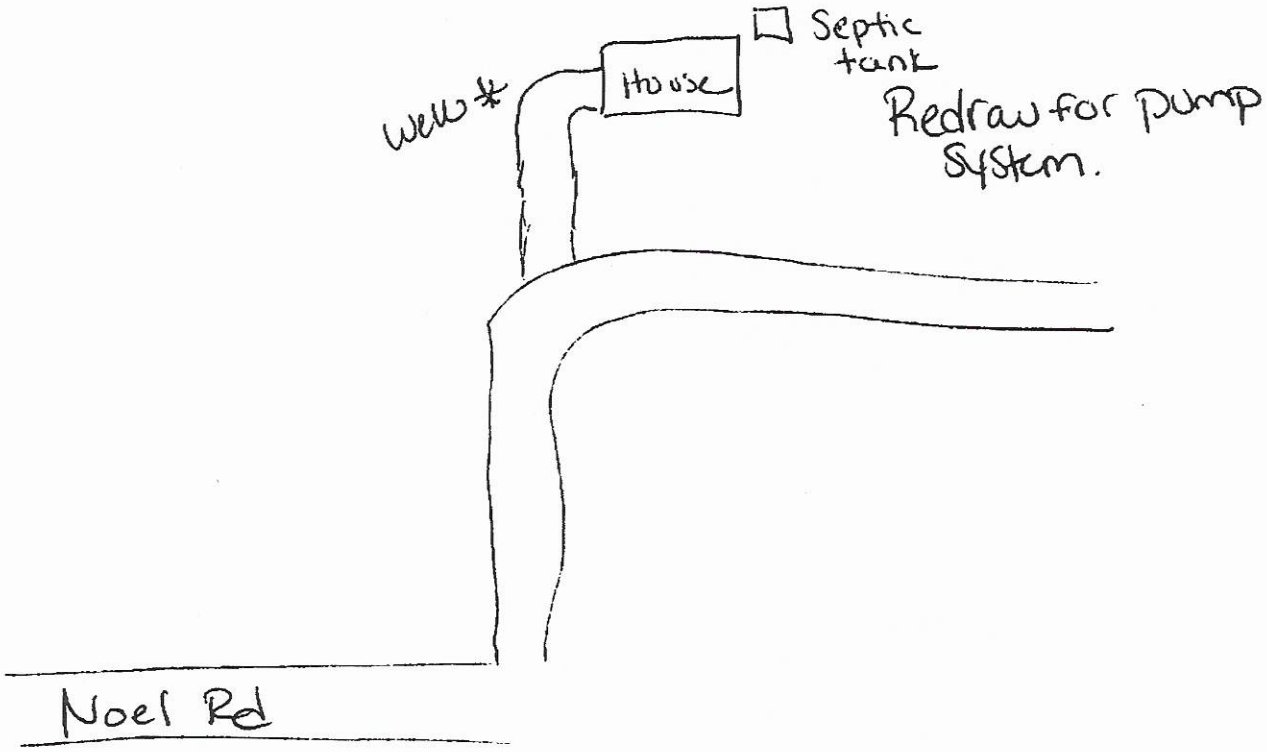
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator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



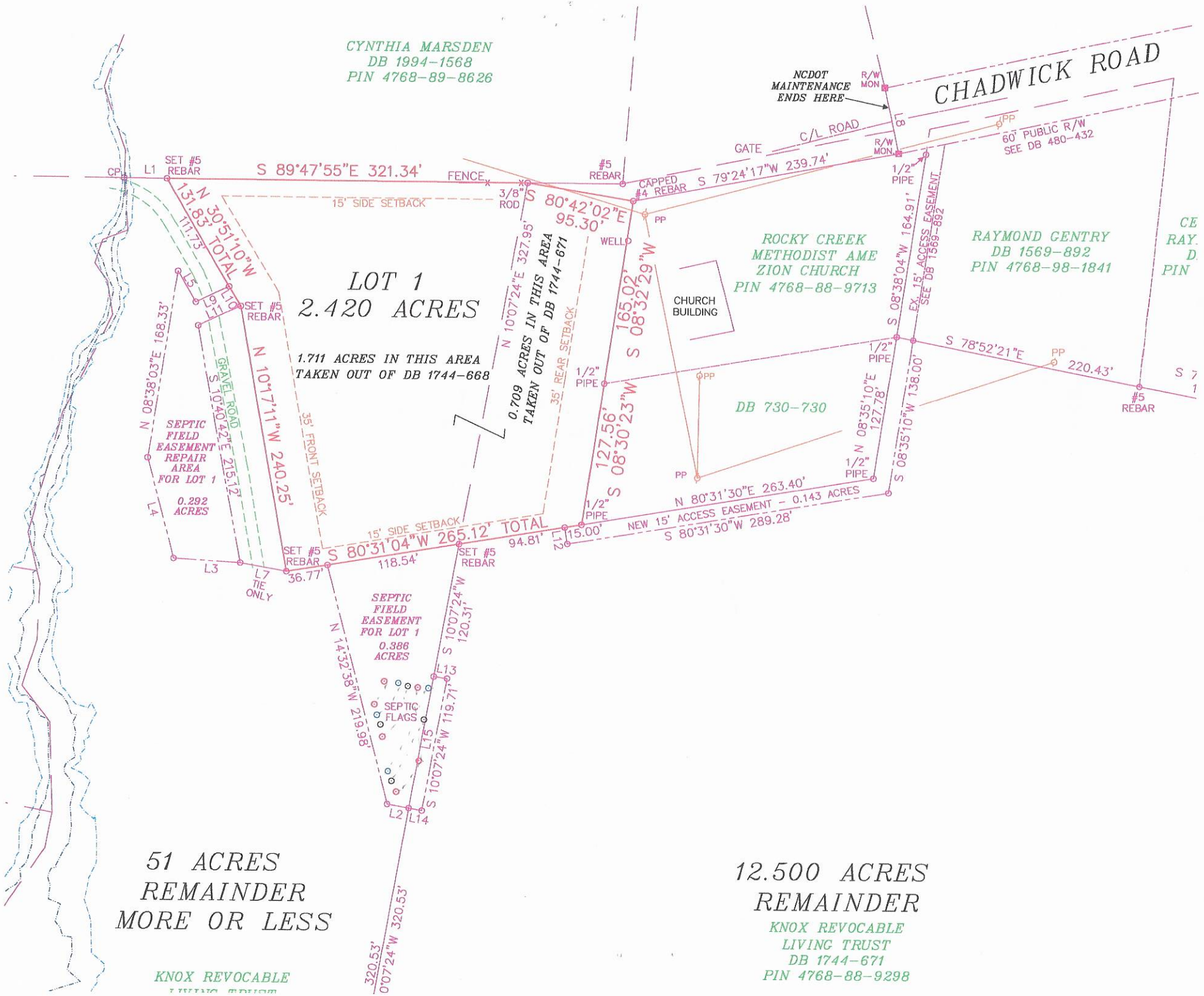
Signature: Jodi Ballard

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

12/22/2020

DATE


PRELIMINARY APPROVAL
HOLD BUILDING PERMIT UNTIL DEED IS RECORDED
W. Allison 3/16/20
WILLIAM ALLISON
COUNTY PLANNER
30' EASEMENT
TO NOEL RD
1744/668
NUELL RD
CHADWICK
275
205
287
301
298
396 (460)
446
296
118
220
154
80
116
440
321
289
209
312
103
199
PB 66-19
140
127
254
172
72
30
36
110
90
111
19
290
226
888
545
502
586
264
246
99
165
128
+- 412'
+- 570'
+- 280'
+- 300'
X


CYNTHIA MARSDEN
DB 1994-1568
PIN 4768-89-8626
NCDOT MAINTENANCE ENDS HERE
R/W MON
CHADWICK ROAD
C/L ROAD
GATE
60' PUBLIC R/W
SEE DB 480-432
CP
L1
SET #5 REBAR
S 89°47'55"E 321.34'
FENCE
#5 REBAR
CAPPED #4 REBAR
S 79°24'17"W 239.74'
1/2" PIPE
3/8" ROD
S 80°42'02"E 95.30'
15' SIDE SETBACK
WELL
PP
N 30°51'10"W 131.83' TOTAL
11.73'
L5
L9
L10
SET #5 REBAR
LOT 1
2.420 ACRES
1.711 ACRES IN THIS AREA
TAKEN OUT OF DB 1744-668
0.709 ACRES IN THIS AREA
TAKEN OUT OF DB 1744-671
N 10°07'24"E 327.95'
35' REAR SETBACK
165.02'
S 08°32'29"W
127.56'
S 08°30'23"W
CHURCH BUILDING
ROCKY CREEK METHODIST AME ZION CHURCH
PIN 4768-88-9713
RAYMOND GENTRY
DB 1569-892
PIN 4768-98-1841
EX. 15' ACCESS EASEMENT
SEE DB 1569-892
S 08°38'04"W 164.91'
S 78°52'21"E
220.43'
#5 REBAR
N 08°38'03"E 168.33'
GRAVEL ROAD
S 10°40'42"E 215.12'
N 10°17'11"W 240.25'
35' FRONT SETBACK
SEPTIC FIELD EASEMENT REPAIR AREA FOR LOT 1
0.292 ACRES
L4
L3
L7 TIE ONLY
36.77'
SET #5 REBAR
S 80°31'04"W 265.12' TOTAL
118.54'
94.81'
15' SIDE SETBACK
15.00'
L12
DB 730-730
N 08°35'10"E 127.78'
S 08°35'10"W 138.00'
N 80°31'30"E 263.40'
NEW 15' ACCESS EASEMENT - 0.143 ACRES
S 80°31'30"W 289.28'
SEPTIC FIELD EASEMENT FOR LOT 1
0.386 ACRES
N 14°32'38"W 219.98'
S 10°07'24"W 120.31'
L13
L15
S 10°07'24"W 119.71'
SEPTIC FLAGS
L2
L14
320.53'
S 10°07'24"W 320.53'
51 ACRES
REMAINDER
MORE OR LESS
KNOX REVOCABLE
12.500 ACRES
REMAINDER
KNOX REVOCABLE
LIVING TRUST
DB 1744-671
PIN 4768-88-9298

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) Jodi Ballard

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, Jodi Ballard, am the legal owner(s) of the property located at 201 Noel Rd, 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.

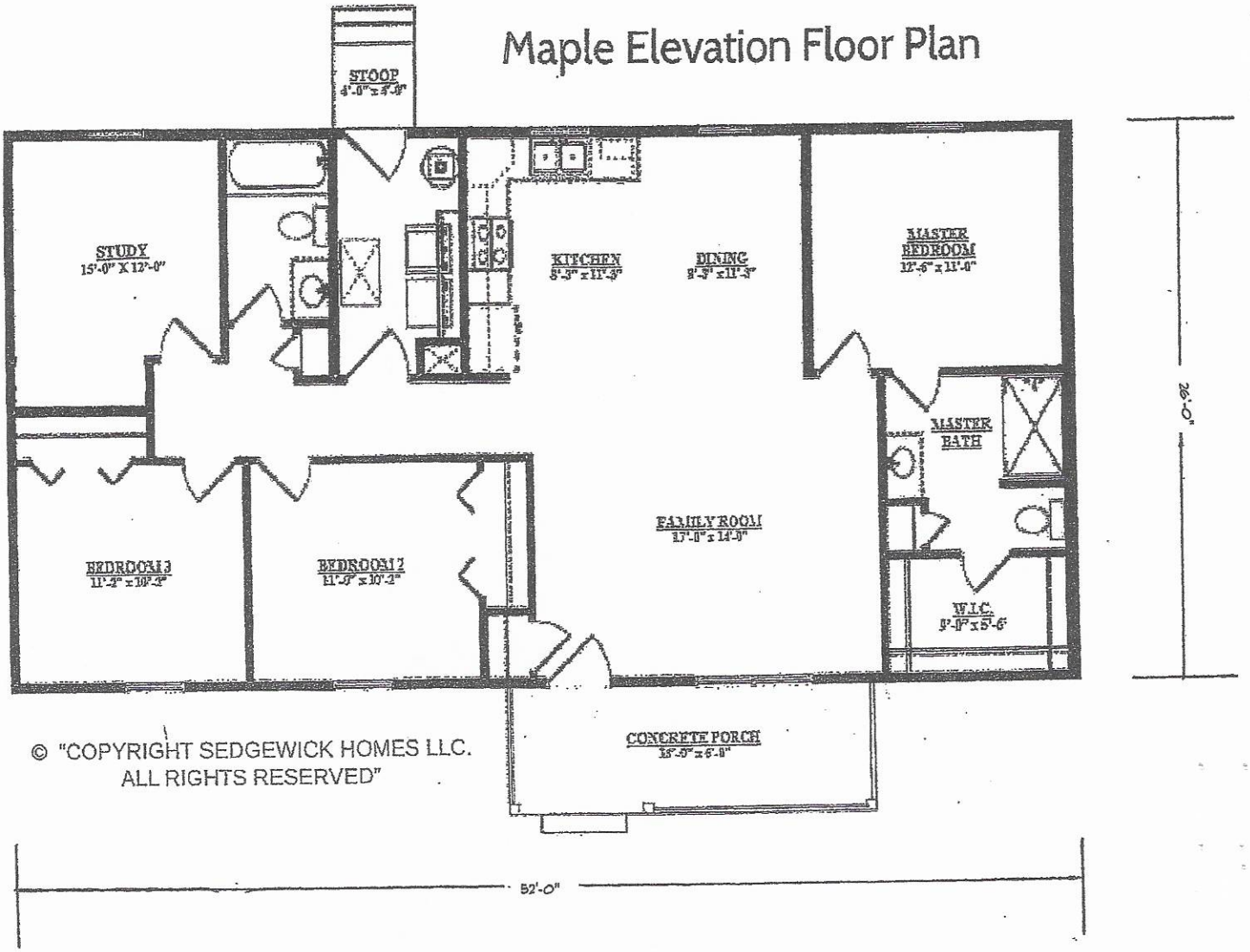
Jodi Ballard
Signature of Owner(s)

12/22/2020
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

Maple Elevation Floor Plan



© "COPYRIGHT SEDGEWICK HOMES LLC.
ALL RIGHTS RESERVED"

Acknowledgement Of Plans Submittal ONLY!

SIGN HERE → Jodi Ballard Date 1/8/21

Bryant C. White Date 6-16-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306014 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4768874216.000	261 NOEL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: KNOX REVOC LIV TR	Name: JODI BALLARD
Address:	Address: 290 NOEL RD
,	HARMONY , NC 28634
Phone:	Phone: (336)354-2154

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	YES

Remarks
MODULAR (SUBDIVIDING PROPERTY NO BLDG UNTIL RECORDED)

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.

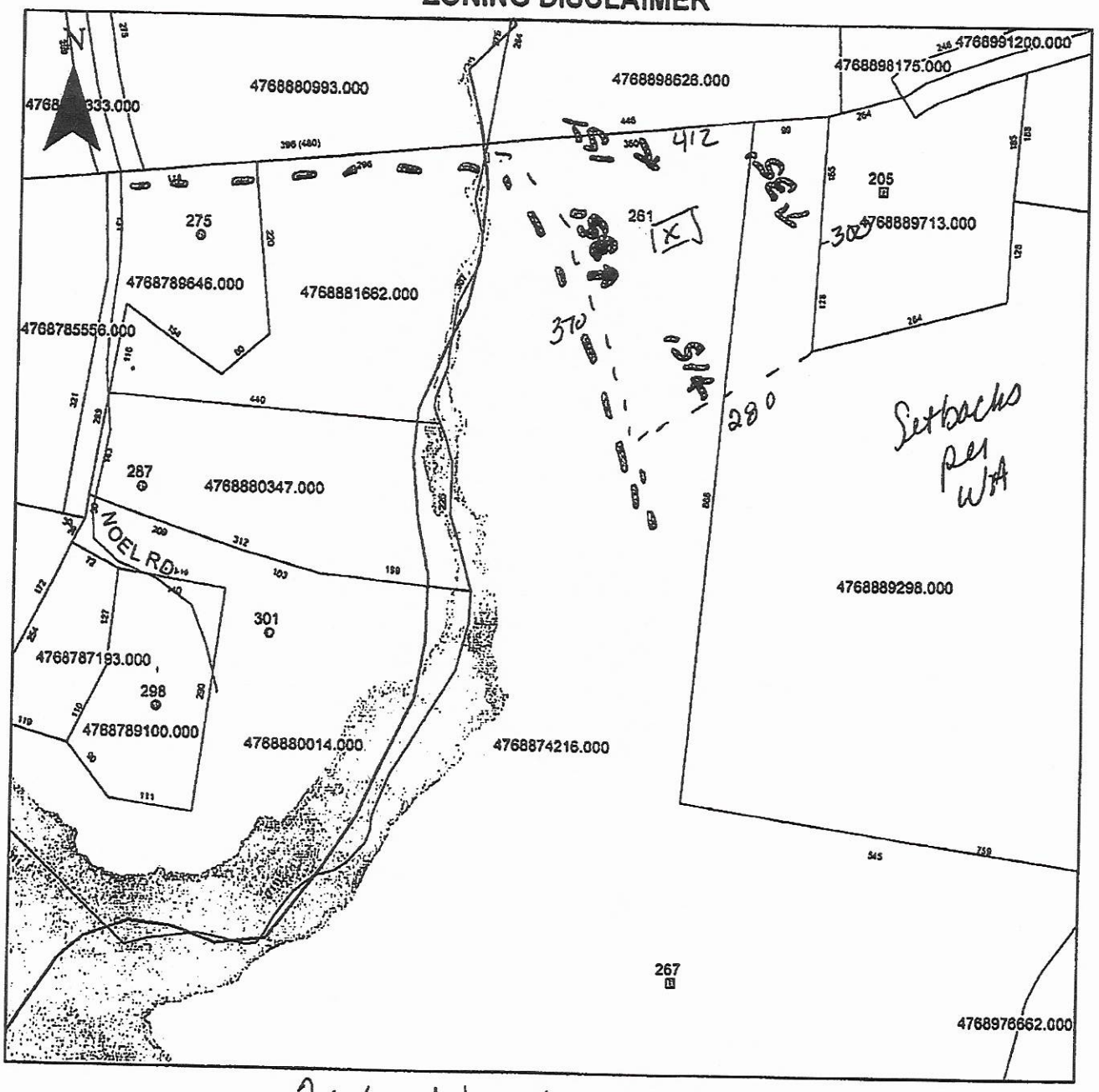
Signature of Owner/Contractor

Date: 03/17/2020

Permit Number	306014

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 261 Noel

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.

Jodi Ballard

Applicant

3/17/19

Date