IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219840

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

PIN # 4779.75.1514

APPLICANT: Ben Stoltzfus APPLICANT ADDRESS: 158 Squeaky Tree Lane Statesville, NC 28625

SITE ADDRESS: 343 Mt. Bethel Rd Harmony, NC 28634 PHONE: 704-754-6813 ALT. PHONE:

SITE DIRECTIONS: 21N from Statesville toward Harmony → RIGHT on Mt Bethel Rd → Lot on Left.

SUBDIVISION: Raymond L. Bruce property SECTION: — LOT # 3 LOT AREA: 42.46 acres DESIGN FLOW: 420 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—	Model		—	Serial #	—			
# Nitrification Fields	1	# Lines	4		Linear Ft:	382			
Trench Width	36"	Max. Trench Bottom Depth		32" [low side]	Gravel Depth	—			

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 7

☐ Other No. Employees

☐ Slab ☐ Crawl Space

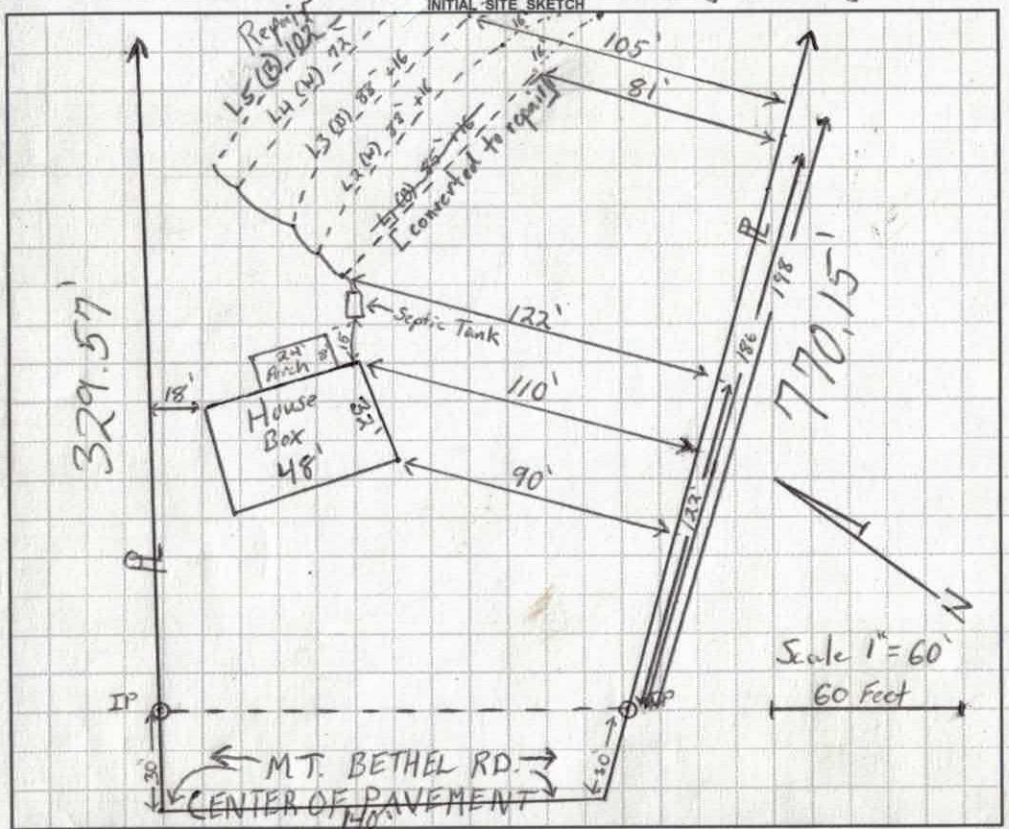
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Lines 1, 2, and 3 must be extended 16' past the flagged area along contour to accomodate for the fall. 7-person (420 GPD) design flow. Recommend pumping septic tank every 3-5 years.

Prior to AC being issued, applicant must provide a copy of the recorded plat (with Deed Book + Page Number) to the health department exactly matching the documents (bearings + distances) on file at the health department.

INITIAL SITE SKETCH



AS BUILT SKETCH

11/8/16: Top line set aside for future repair + additional line laid out [LS-Blue 102] below original lines. [Issues getting gravity from basement] -S

Now pump repair plumbing stubbed out to low > 15ft. side gradient of drain.

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: Benjamin Q Stoltzfus Date: 9-2-2016 Installed by: Abee Grading

IMPROVEMENT PERMIT by: [signature] Date: 8-18-2016 OPERATION PERMIT by: [signature] Date: 11/4/16

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 09/09/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____

PROPERTY ID #: ____

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Raymond Bruce — APPLICATION DATE 6-24-16

ADDRESS: P.O. Box 106 Statesville — DATE EVALUATED: 8-5-16

PROPOSED FACILITY: 3BR House — PROPOSED DESIGN FLOW (.1949): 420 GPD (7 BPL) — PROPERTY SIZE: 42.46 acres

LOCATION OF SITE: 343 Mt Bethel Rd Harmony, NC — PROPERTY RECORDED: NO!

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	HS 11% Prim rear	0-8	Br. Clay Loam v. weak SBK	sl. Firm, SS, Sp, Sexp	—	48	—	—	0.30 PS
		8-40	R. Clay Trace w. SBK SAP with Fl	Firm, SS, Sp, Sexp					
		40-48	Br. Clay Loam w. SBK	sl. Friable, SS, SP, Sexp					
2	HS 11% Prim (far)	0-7	Br. Clay Loam v. weak SBK	sl. Firm, SS, Sp, Sexp	—	48	—	—	0.275 PS
		7-28	R. Clay w. SBK	Firm, SS, Sp, Sexp					
		28-48	Br. Clay Loam w. SBK Heavy w/ clay including SAP	sl Friable, SS, Sp, Sexp					
3	HS 11% Repair Distal	0-6	Clay Loam v. weak SBK	sl. Firm, SS, Sp, Sexp	—	48	—	—	0.30
		6-32	R Clay w/ SBK grades to Base	Firm, SS, Sp, Sexp					
		32-48	Clay Loam w. SBK w/ mica	Friable, SS, Sp, Sexp					
4	HS 11% Repair Rear	0-6	CL v. weak SBK	sl. Firm, SS, Sp, Sexp	—	48	—	—	0.30
		6-40	Clay w/ SBK	Firm, SS, Sp, Sexp					
		40-48	CL v. weak SBK	sl. Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	332+50'	400+
System Type(s)	25% Reduction	25% reduction
Site LTAR	0.275	0.30

OTHER FACTORS (.1946): ____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Tom Shuck

OTHER(S) PRESENT: ____

COMMENTS: ____

Ly Blue = 85 L2 white = 88 L2 Blue = 88' Ly (White) 72'

IP
LT
90'
HT
110
~20
122
81
105
28
15
~15
~10
~10
~10

4779-475-7793 [to be subdivided]

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)

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

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 ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Benjamin Stoltzfus	158 Squeaky Tree Ln	704-754-6813 *	704-278-027
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Raymond L. Bruce	P.O. Box 106	704-546-2943	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
343 Mt. Bethel Rd	Harmony NC 28634	

Driving Directions: Rt 21 N to LB Trailers turn right on Mt. Bethel Rd. approx. 1.5 miles property is 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 7
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: Benjamin Stoltzfus
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6-24-2016
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Raymond L Brull, am the legal owner(s) of the property located at 343 Mt Bethal Rd Harmony, NC 28634, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Benjamin Holtzclaw, 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.

Raymond L Brull 6-23-2016 Diana B Smith 6-23-16

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

Type: CRP
Recorded: 09/08/2016 at 09:24:29 AM
Fee Amt: $78.00 Page 1 of 3
Revenue Tax: $52.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2443 PG 2146-2148

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $52.00 **Parcel Identifier No: out of 4779-75-7739**

Mail after recording to: Crosswhite Crosswhite & Johnson, PLLC, 239 E. Broad Street, Statesville, NC 28677.
This instrument was prepared by: Robert N. Crosswhite, Attorney At Law, 239 E. Broad Street, Statesville, NC 28677.

Brief Description for the index L3, 2.691 acres, Raymond L Bruce, PB 65-70

THIS DEED made this 6th **day of SEPTEMBER, 2016, by and between**

GRANTOR	GRANTEE
Raymond Leslie Bruce, Trustee of the Raymond Leslie Bruce Revocable Living Trust dated September 25, 2013 Address: 437 Shaw Road Harmony, NC 28634	Benjamin K. Stoltzfus and wife, Betty Ann Stoltzfus Address: 158 Squeaky Tree Lane Statesville, NC 28625

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot or parcel of land situated in TURNERSBURG Township, IREDELL County, North Carolina and more particularly described as follows:

BEING all of Lot No. THREE (3), consisting of 2.691 acres, taken from a plat title RAYMOND L BRUCE, Phase II, as the same is platted, planned and recorded in Plat Book 65, Page 70 in the Iredell County Registry.

Parcel #: out of 4779-75-7739
Also known as: 2.961 acres, Mt. Bethel Road, Harmony, NC 28634

R.O.T.C. Page Count: 3

All or a portion of the property herein conveyed does not include the primary residence of Grantor.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2267, Page 686 in the Iredell County Registry.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

1. Easements and rights of way of record.
2. Restrictions as of record.
3. Year 2016 Ad Valorem Taxes which the Grantee(s) assume(s) and agree(s) to pay.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

THE RAYMOND LESLIE BRUCE REVOCABLE LIVING TRUST
DATED SEPTEMBER 25, 2013

BY: Raymond Leslie Bruce (Seal)
Raymond Leslie Bruce, Trustee

State of NORTH CAROLINA, County of Iredell;

I certify that RAYMOND LESLIE BRUCE, Trustee of the RAYMOND LESLIE BRUCE REVOCABLE LIVING TRUST DATED SEPTEMBER 25, 2013, personally appeared before me this day, and I have seen satisfactory evidence of the principal(s)' identity, by a current state or federal identification with the principal(s)' photograph in the form of a NC Drivers License; the principal(s) each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

Witness my hand and official stamp or seal, this 6th day of SEPTEMBER, 2016.

(Seal)

KRISTI KAYE WISHON NOTARY PUBLIC IREDELL COUNTY, NC

Notary Public

My Commission Expires: 3/16/2018

Raymond Leslie Bruce (Seal)
Raymond Leslie Bruce, Individually

State of NORTH CAROLINA, County of Iredell:

I certify that RAYMOND LESLIE BRUCE, personally appeared before me this day, and I have seen satisfactory evidence of the principal(s)' identity, by a current state or federal identification with the principal(s)' photograph in the form of a NC Drivers License; the principal(s) each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

Witness my hand and official stamp or seal, this 6th day of SEPTEMBER, 2016.

Notary Public

(Seal)

KRISTI KAYE WISHON
NOTARY
PUBLIC
IREDELL COUNTY, NC

My Commission Expires: 3/16/2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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:

_X_ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

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

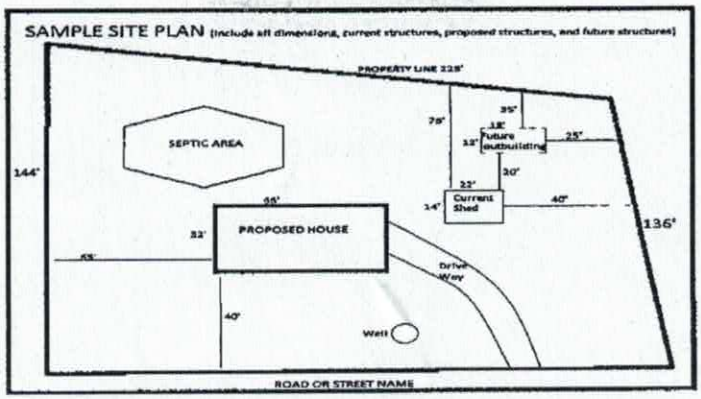
_X_ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_X_ 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

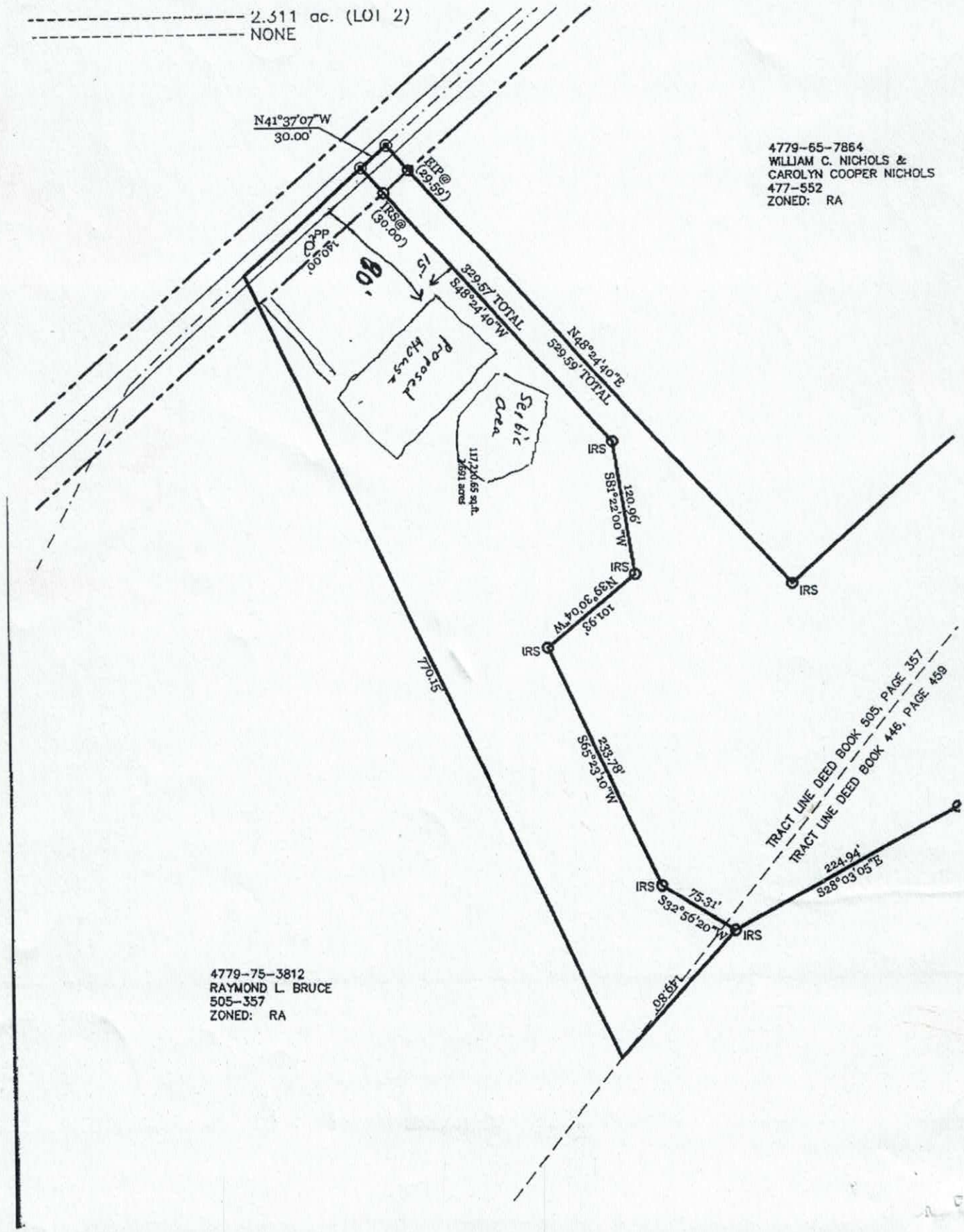
See attached

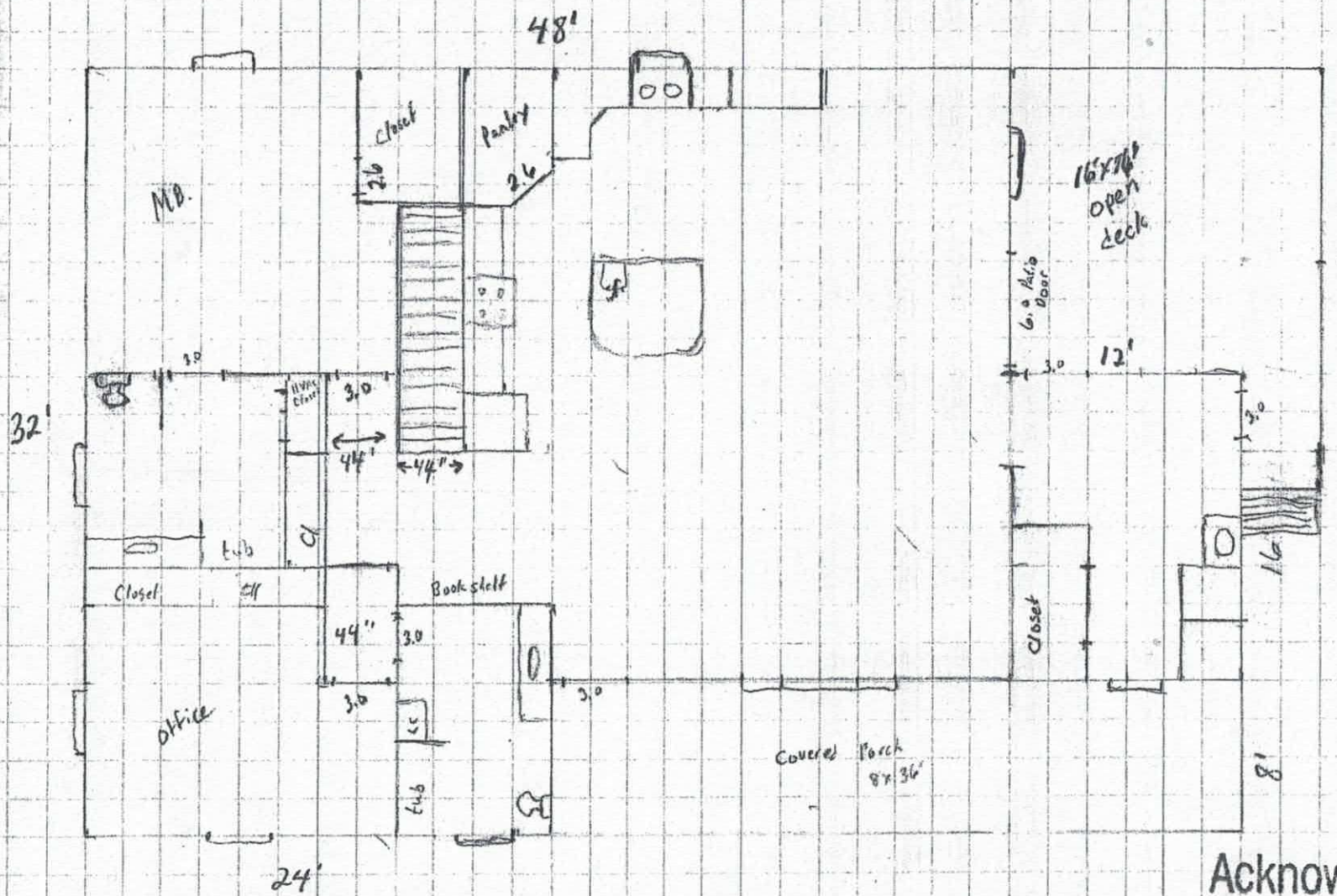
Signature: Benjamin Stoltzfus

REQUIRED property owner or owner's legal representative signature.

6-23-2016

DATE


2.311 ac. (LOT 2)
NONE
N41°37'07"W
30.00'
RIP@
(29.59')
IRS@
(30.00')
OPP
140.00'
15'
90'
329.57' TOTAL
S48°24'40"W
N48°24'40"E
529.59' TOTAL
Proposed House
Septic area
IRS
S81°22'00"W
120.96'
N39°30'04"W
101.93'
770.15'
S65°23'10"W
233.78'
TRACT LINE DEED BOOK 505, PAGE 357
TRACT LINE DEED BOOK 446, PAGE 459
224.94'
S28°03'05"E
S32°56'20"W
75.31'
149.80'
4779-65-7864
WILLIAM C. NICHOLS &
CAROLYN COOPER NICHOLS
477-552
ZONED: RA
4779-75-3812
RAYMOND L. BRUCE
505-357
ZONED: RA



Main Floor
1920 sq. ft.

Basement
Finished

960 sq. ft

Total sq. ft
finished
2,880

Acknowledgement Of Plans Submittal ONLY!

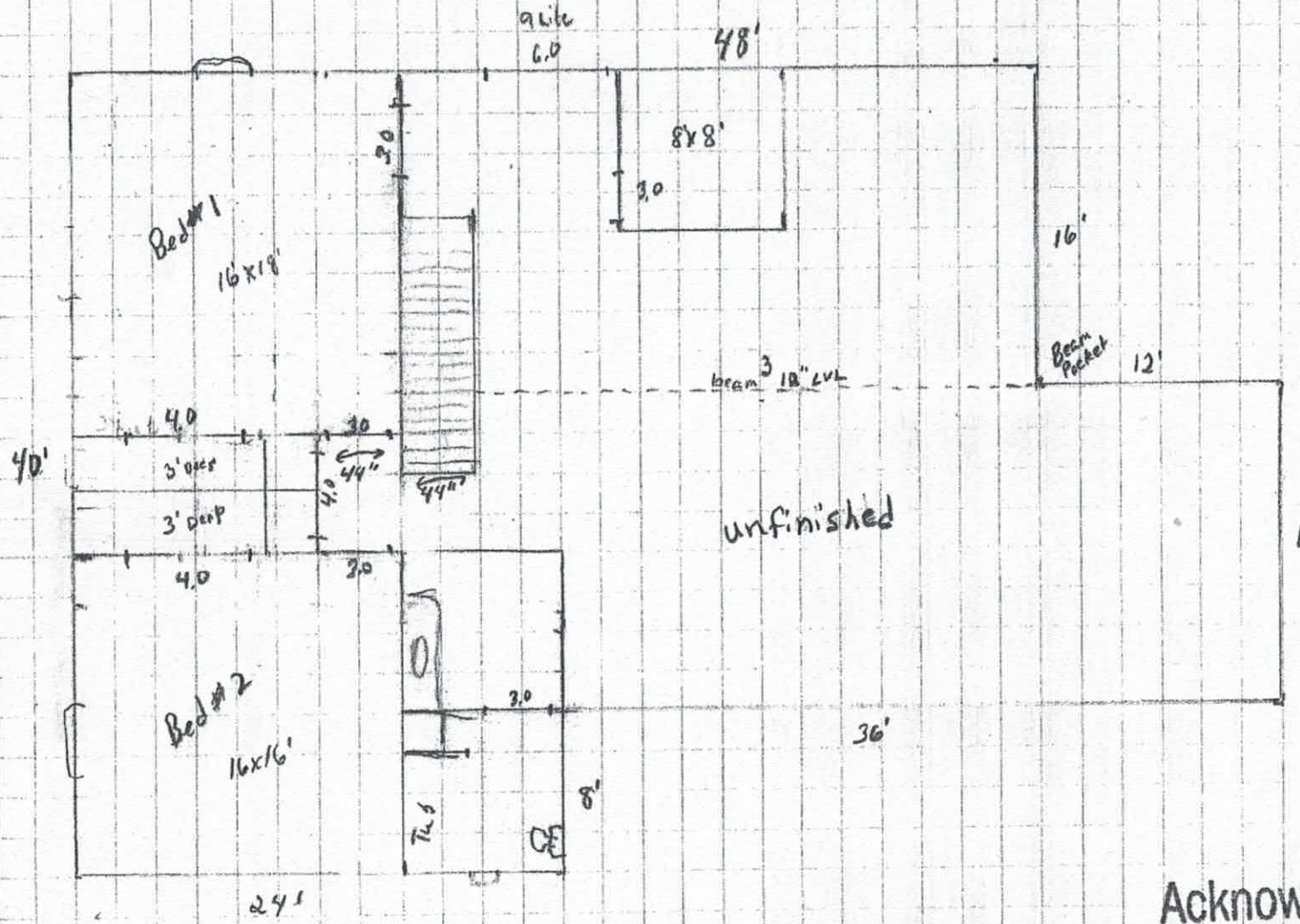
Benjamin Stahl Date 9-9-2016

Date 09/04/16

40' Trusses

40' Trusses with 3' Pitch Cathedral 8' cantilever

24' Trusses

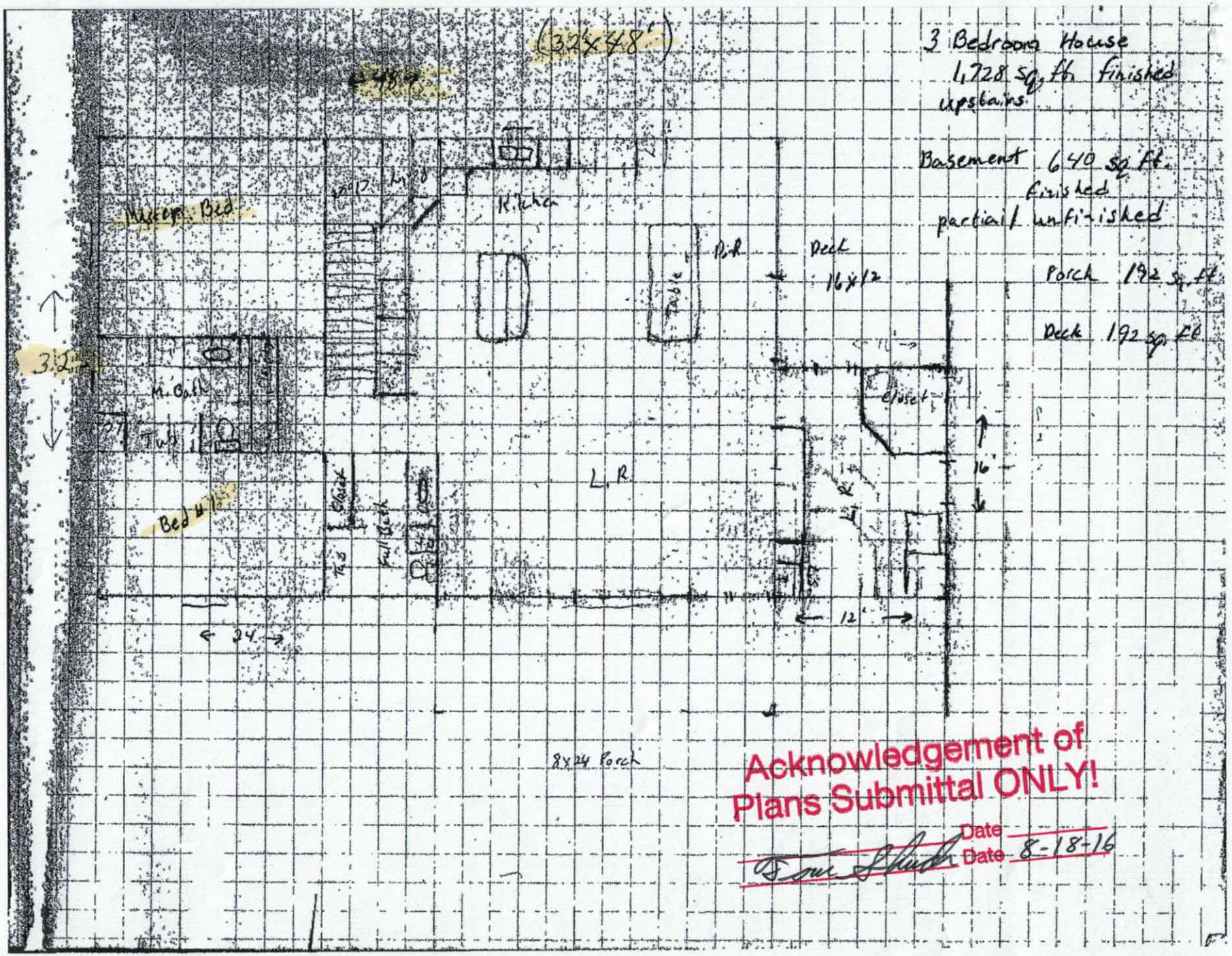


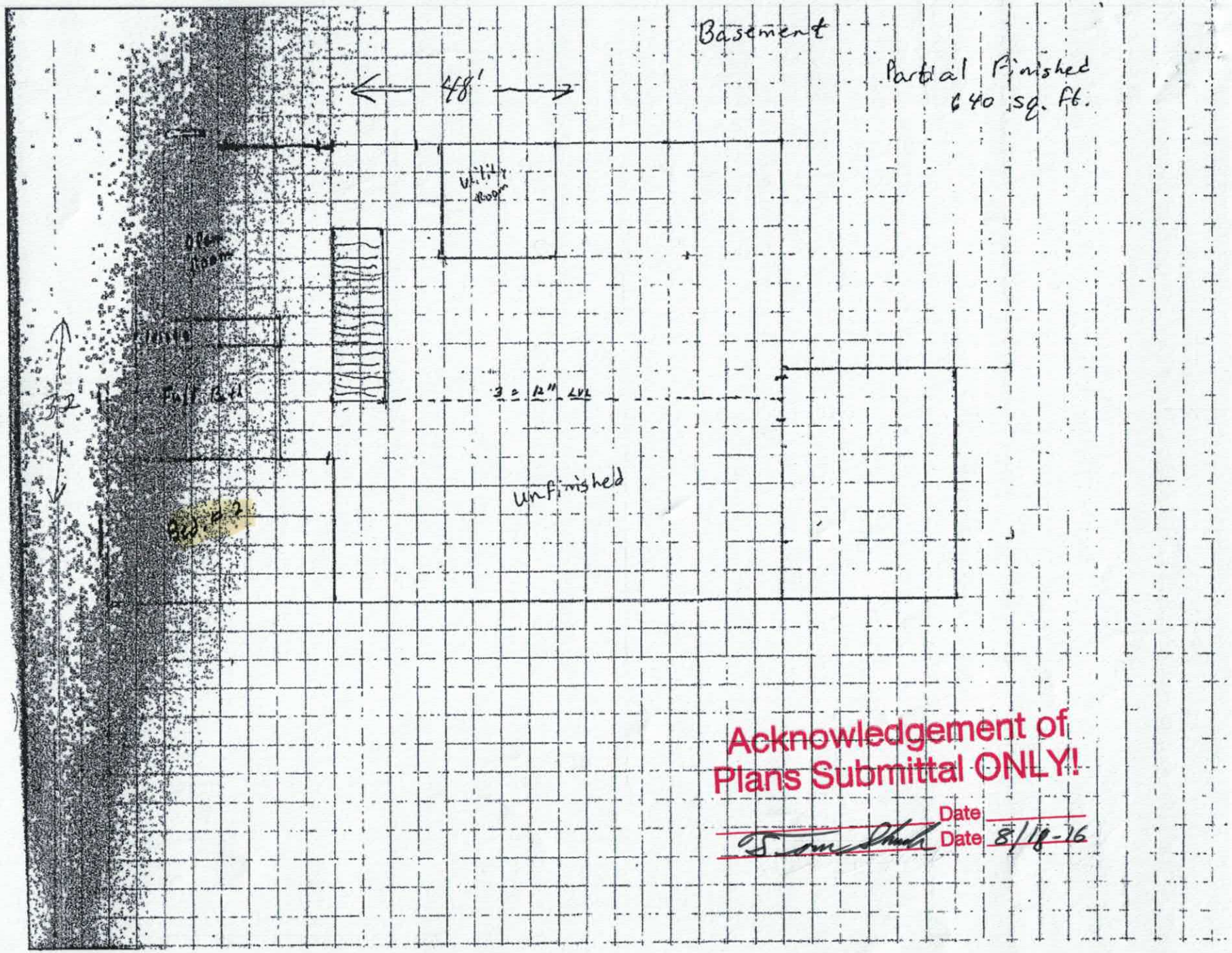
Basement Superior Walls 9' 200 ft. wall

Acknowledgement Of
Plans Submittal ONLY!

Benjamin [signature] Date 9-9-2016

[signature] Date 09/09/16


(32x48')
3 Bedroom House
1,728 sq. ft. finished
upstairs
Basement 640 sq. ft.
finished
partial / unfinished
Porch 192 sq. ft.
Deck 192 sq. ft.
Master Bed
Kitchen
R.R
Deck
16x12
Table
32'
M. Bath
Tub
Bed #1
Closet
Full Bath
L.R
Closet
16'
12'
24'
8x24 Porch
Acknowledgement of
Plans Submittal ONLY!
Date
Date 8-18-16



Acknowledgement of
Plans Submittal ONLY!

Date

Date 8/18-16

IREDELL COUNTY

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

APPLICATION NUMBER
219840
Issue Date: 06/24/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4779757739.000	343 MT BETHEL ROAD, HARMONY, NC 28634	

Owner Information	Applicant Information
Owner: BRUCE RAYMOND L	Applicant: STOLTZFUS, BEN
Address: 0 IREDELL CO, NC 28625	Address: 158 SQUEKKY TREE LANE STATESVILLE, NC 28625
Phone:	Phone: 704-754-6813

Use Requested	Zone Code
NEW SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
42.460	35.00	35.00	15.00	15.00	NO	X

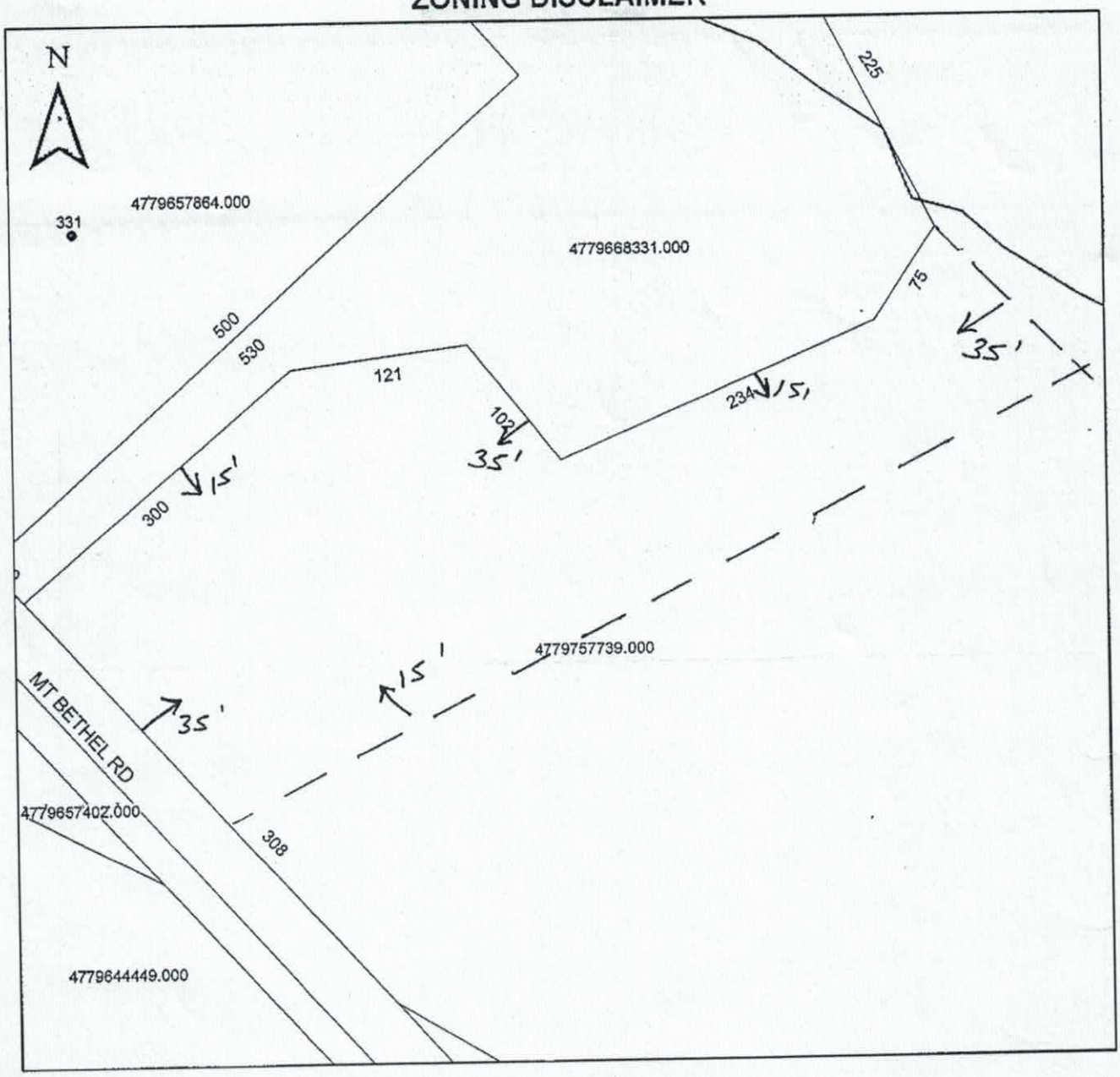
Remarks:

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: Benjamin Stoltzfus Date: 6-24-2016

Permit Number	72694	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 343 MT Bethel

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.

Benjamin Hobbs
Applicant

6-24-2016
Date