IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 224157

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

PIN # 4852746294 6456

APPLICANT/OWNER: Brandon Anderson APPLICANT ADDRESS: 715 Jericho Harmony, NC 28634

SITE ADDRESS: 723 Jericho Rd Harmony, NC PHONE: 704 437-2063 ALT. PHONE 704 202-3232

SITE DIRECTIONS: I-77 N TR on Rt 901 TR. Jericho Rd on right

SUBDIVISION: SECTION: LOT # LOT AREA: SAP CONTROLLED: ☐ YES ☐ NO

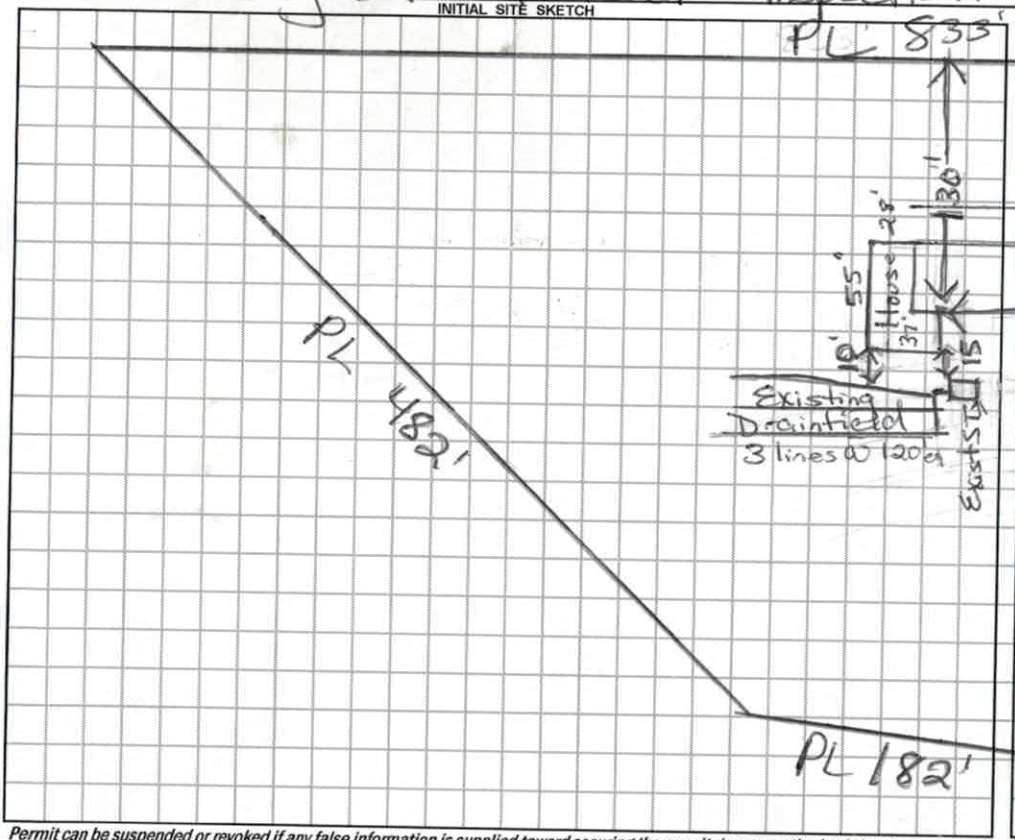
DESIGN FLOW: L.T.A.R.:

Septic Tank	Exist 1000 (gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	Existing Gravity-Gravel (Conv.)	☐ Business	No. Persons	4	☐ Private
Pump Make	Model		Serial #	Repair System Description:	N/A	☐ Other	No. Employees		☒ Public
# Nitrification Fields	Ex # Lines	Exist 3	Linear Ft 360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Exist 36" Trench Bottom Depth(Low side)	Exist	Gravel Depth	Exist 12"	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

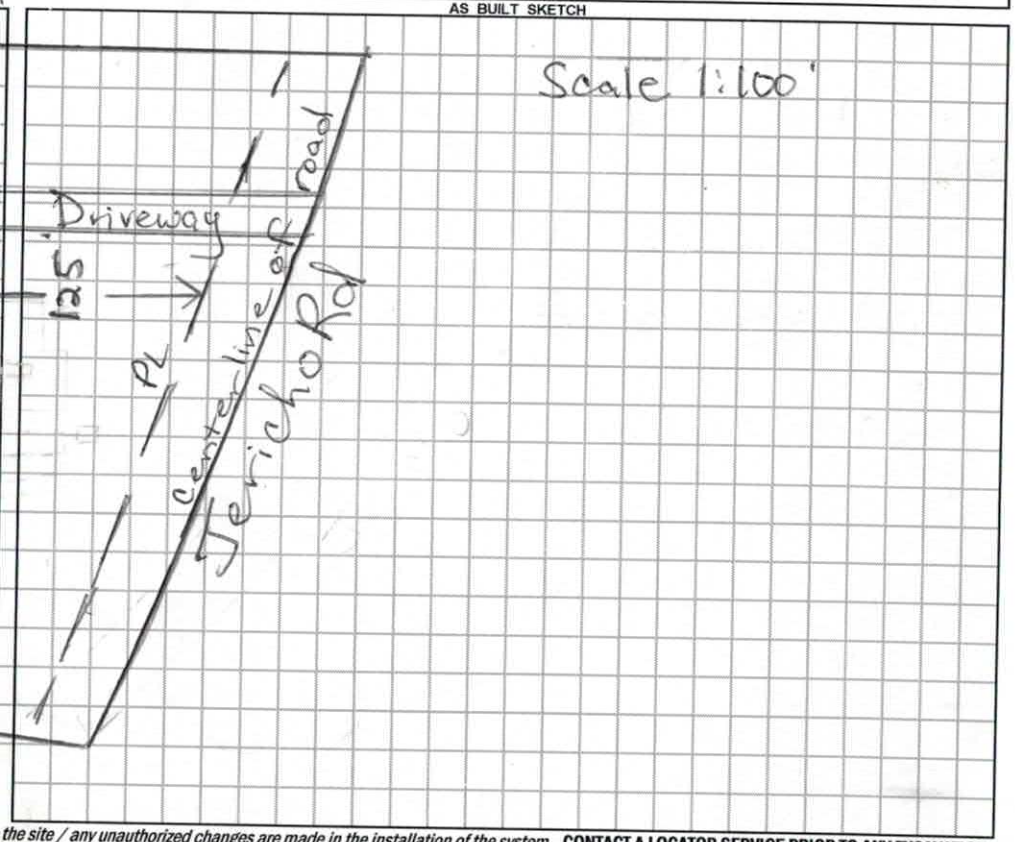
Comments / Conditions: Must keep footers/foundation at least 5ft from Septic System. Existing Septic System appears to be functioning ok at time of inspection.

Direct surface/storm water away from Septic System.

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: Brandon Anderson Date: 10-27-17 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Tolson Date: 10/9/17

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Brandon Anderson Address: 723 Jericho Rd Harmony Zip: 28634
Applicant Email: Brandonanderson09@yahoo Phone: 704-437-2063 Alt. Phone: 704 202-3232
Owner Name: Brandon Anderson Address: 715 Jericho Rd Zip: 28634
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 723 Jericho Rd Harmony
Subdivision Name: X Section/Phase: _____ Lot Number: _____
Driving Directions: I-77- North From Statesville R- on 901 R- on Jericho Rd
Property on Right

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: 2
Maximum Number of Occupants: 4
( ) 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

( ) 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 (X) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2000
( ) 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: Brandon Anderson 10-6-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

10/19/17 (Date)

Owner: Brandon Anderson
Address: 715 Jericho
Harmony, NC

Subject: Notice of Intent to Revoke/Suspend 723 Jericho
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Brandon Anderson
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 723 Jericho (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits for 1 site	15A NCAC 18A. 1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 10/19/17. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 224157

APPLICANT: Brandon Anderson

PIN # 7852-74-6294

APPLICANT ADDRESS: 715 Jericho Rd. Harmony NC

SITE ADDRESS: 723 Jericho Rd. Harmony, NC

PHONE: 704-437-2063 ALT. PHONE:

SITE DIRECTIONS: I-77 N from Statesville → R on Rt 901 → R on Jericho Rd → Lot on Right

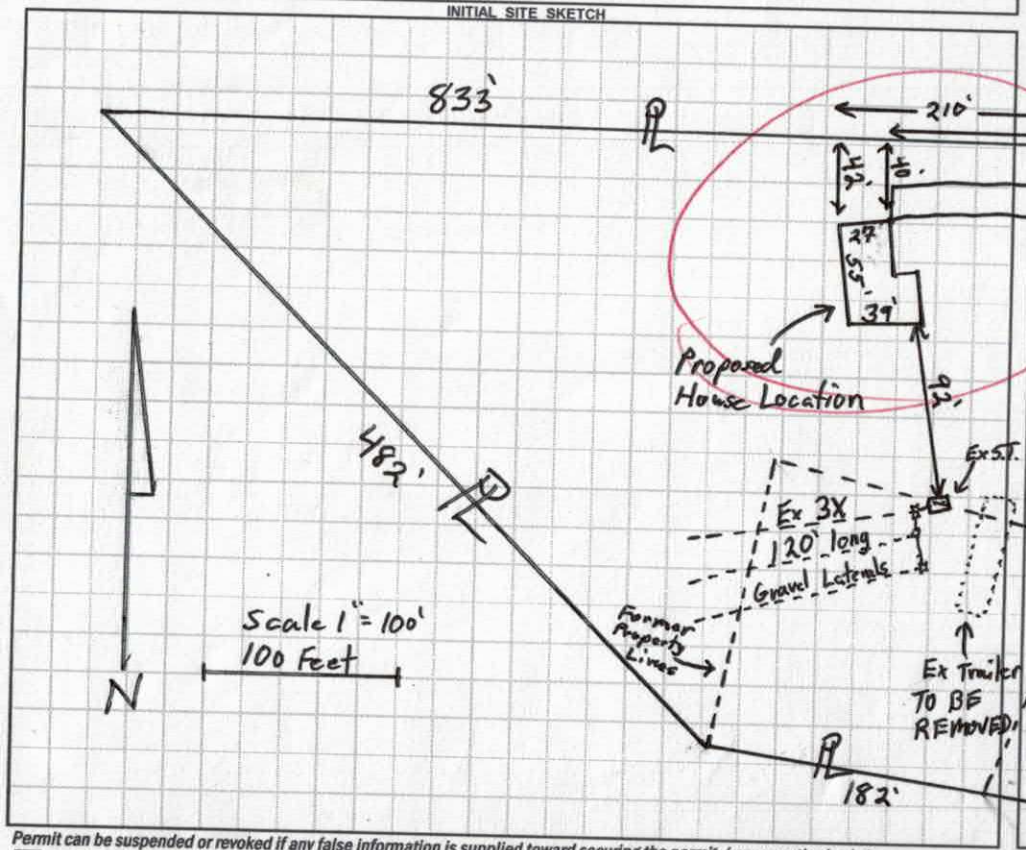
SUBDIVISION: — SECTION: — LOT # — LOT AREA: see deed book 2481 pg 2394-2399 DESIGN FLOW: 240 GPD L.T.A.R.: —

Septic Tank	Ex 1000 (gal)	STB	Ex	Date	Ex	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 2
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing System	☐ Business	No. Persons 4
Pump Make	—	Model	—	Serial #	—	Repair System Description:	N/A	☐ Other	No. Employees —
# Nitrification Fields	Ex 1	# Lines	Ex 3	Linear Ft:	Ex 360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36" Ex	Max. Trench Bottom Depth	Ex 36"	Gravel Depth	Ex 12"	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH

Proposed house site moved - VOIDING this layout.

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: Brandon Anderson Date: 4-7-17

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Tom Shuck Date: 4/4/17

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

Alice Davidson

From: Thomas Shuck
Sent: Wednesday, April 25, 2018 9:29 AM
To: Alice Davidson; Maria Dotson
Subject: Re: Two INSTALLED layouts for same site!!

Alice,

My permit was originally issued as an existing system permit and several months later the client decided to relocate the house closer so Maria issued the update of the same property with the new house location.

I am unsure as to whether Maria processed revocation documentation with her updated existing system permit.

-Tom

Get Outlook for iOS

On Wed, Apr 25, 2018 at 9:23 AM -0400, "Alice Davidson" <alice.davidson@co.iredell.nc.us> wrote:

```
Maria/Tom,
I have the two(2) layouts on the same Permit # (224157). Each is installed on different
dates. I don't understand, did the first installation fail?!
Please "enlighten" me!
Thanks in advance,
Alice

-----Original Message-----
From: stvehscanner@example.com [mailto:stvehscanner@example.com]
Sent: Wednesday, April 25, 2018 9:10 AM
To: Alice Davidson
Subject: Scan to E-mail Server Job

Sending device cannot receive e-mail replies.
```

4852746456

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

3. Applicant Information:

Brandon Anderson	715 Jericho Rd Harmony	704-437-2063	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Brandon Anderson	715 Jericho Rd Harmony		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

723 Jericho Rd		
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 North R- on 901 R- on Jericho Rd apprx 3/4 mile on R

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(☒) New, Single Family Residence — Maximum Number of Bedrooms 2 — ☒ Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 3 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
(X) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

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 99 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes ☒ No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) 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: Brandon Anderson — 2-9-17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Type: CRP
Recorded: 03/31/2017 at 08:15:33 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2481 PG 2397-2399

Excise Tax $NONE

Recording Time, Book and Page

Parcel Identifier No. portion of 4852 74 5330
Verified by _____County on the _____ day of _____, 20__
By:

Mail after recording to GRANTEE

This instrument was prepared by : **THE LAW OFFICE OF ANTHONY S. PRIVETTE, PLLC**
307 Davie Avenue, Statesville, NC 28677
www.attorneyprivette.com

No Opinion on Title Expressed or Implied by Preparer

Brief description for the Index: +/-2.44 acres Jericho Road NCSR 1849

NORTH CAROLINA GENERAL WARRANTY DEED

THIS DEED made this the 30 day of March, 2017, by and between

GRANTOR	GRANTEE
FRANK GENE JOHNSON and wife, BESSIE NYLENE JOHNSON aka, NYLENE TEMPLETON JOHNSON	**BRANDON GENE ANDERSON, unmarried**
Mailing Address: **707 Jericho Road Harmony, NC 28634**	Mailing Address: **715 Jericho Road Harmony, NC 28634**

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 Union Grove Township, IREDELL County, North Carolina and more particularly described as follows:

Beginning at an existing iron located in the northwest corner of Brandon Anderson, now or formerly (Deed Book 2314, Page 601; 4852 74 6294); thence South 14 deg. 50 min. 38 sec. West 154.37 feet to an existing iron located in the southwest corner of Anderson; thence with the new line of Frank Johnson North 42 deg. 11 min. 57 sec. West 462.69 feet to an existing iron located in southern boundary line of LRL Properties now or formerly (Deed Book 2135, Page 1141; 4852 85 7802); thence South 85 deg. 49 min. 00 sec. East 633.80 feet to an existing iron set in the centerline of Jericho Road identified by NCSR No. 1849; thence with the centerline of NCSR No. 1849 South 21 deg. 25 min. 00 sec. West 221.81 feet to a point in the centerline; thence with the northern boundary line of Brandon Anderson North 73 deg. 34 min. 35 sec. West 209.32 feet to the point and place of Beginning and being 2.44 acres more or less in accordance with a survey dated February 27, 2017 by Jack B. Creasy, PLS. For back title, see Deed Book 635, Page 834 and being a portion of the property identified by 4852 74 5330.

All or a portion of the above-described property does _____ does not ✓ include the principal residence of the Grantor.

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

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 the 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 except for the exceptions hereinafter stated.

Title to the property hereinabove described is subject to the following exceptions: **All such valid and enforceable easements, conditions and restrictions as may appear of record, if any; and the lien of ad valorem taxes for the current year, which Grantee hereby assumes.**

IN WITNESS WHEREOF, the Grantor has hereunto set his hand and seal, or if corporate, has caused this instrument to be signed in its corporate name by its duly authorized officers and its seal to be hereunto affixed by authority of its Board of Directors, the day and year first above written.

Frank Gene Johnson (SEAL)
FRANK GENE JOHNSON

Bessie Nylene Johnson
Nylene Templeton Johnson (SEAL)
BESSIE NYLENE JOHNSON aka,
NYLENE TEMPLETON JOHNSON

State of North Carolina, County of Iredell

I, Amanda N. Bowers, a Notary Public of Iredell County, and aforesaid state, do hereby certify that FRANK GENE JOHNSON and BESSIE NYLENE JOHNSON aka, NYLENE TEMPLETON JOHNSON personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the 30 day of March, 2017.

(SEAL)

AMANDA N. BOWERS NOTARY PUBLIC IREDELL COUNTY, NC

Amanda N. Bowers
Notary Public

My Commission Expires: May 10, 2019

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***

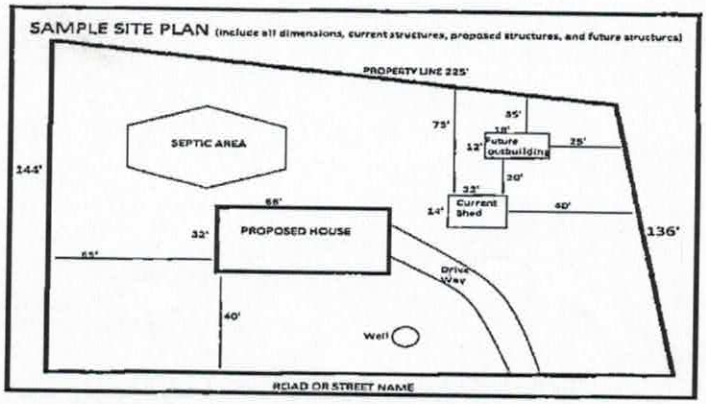
__X__ Front and side setbacks from property line... __X__ Preferred driveway location and configuration, preferred well location...

__X__ Area you prefer your septic system to be placed... _____ North arrow, or other sufficient indicator of direction...

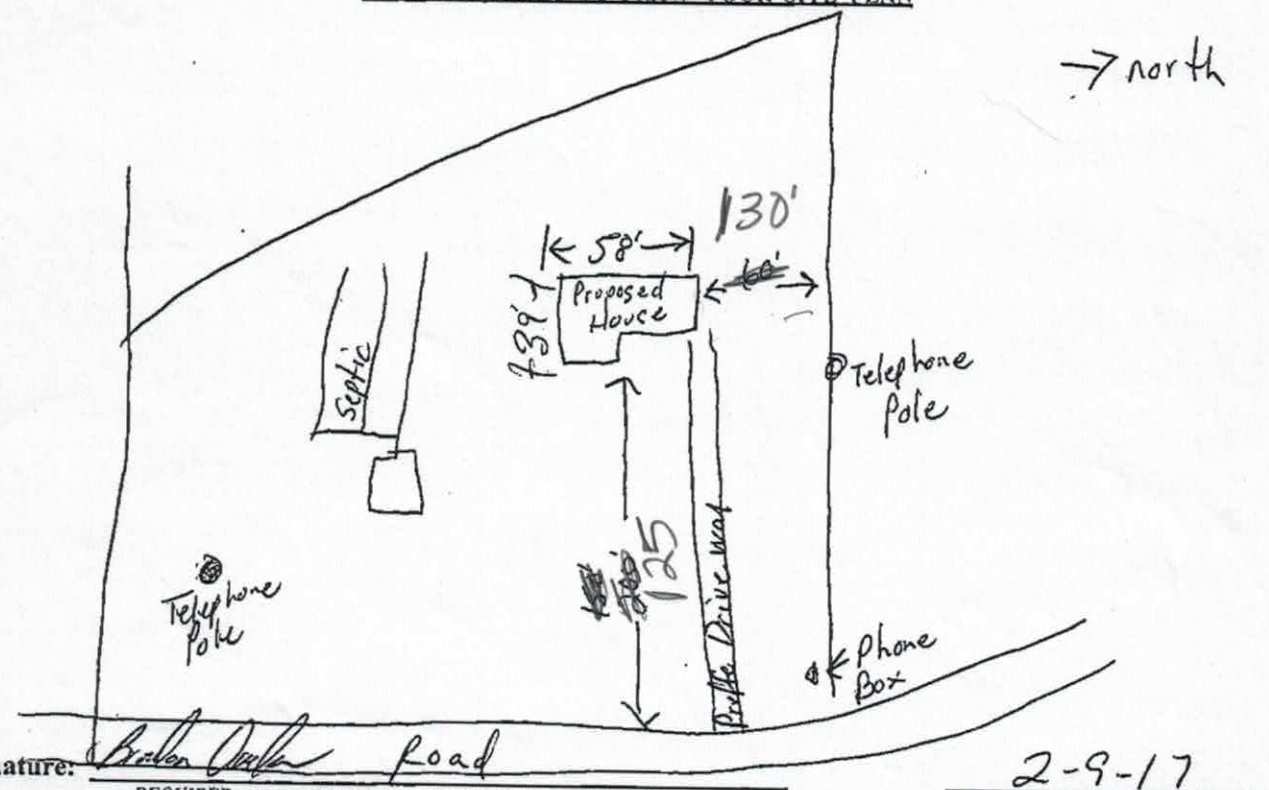
Circle N/A on the following if appropriate:

_____ 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

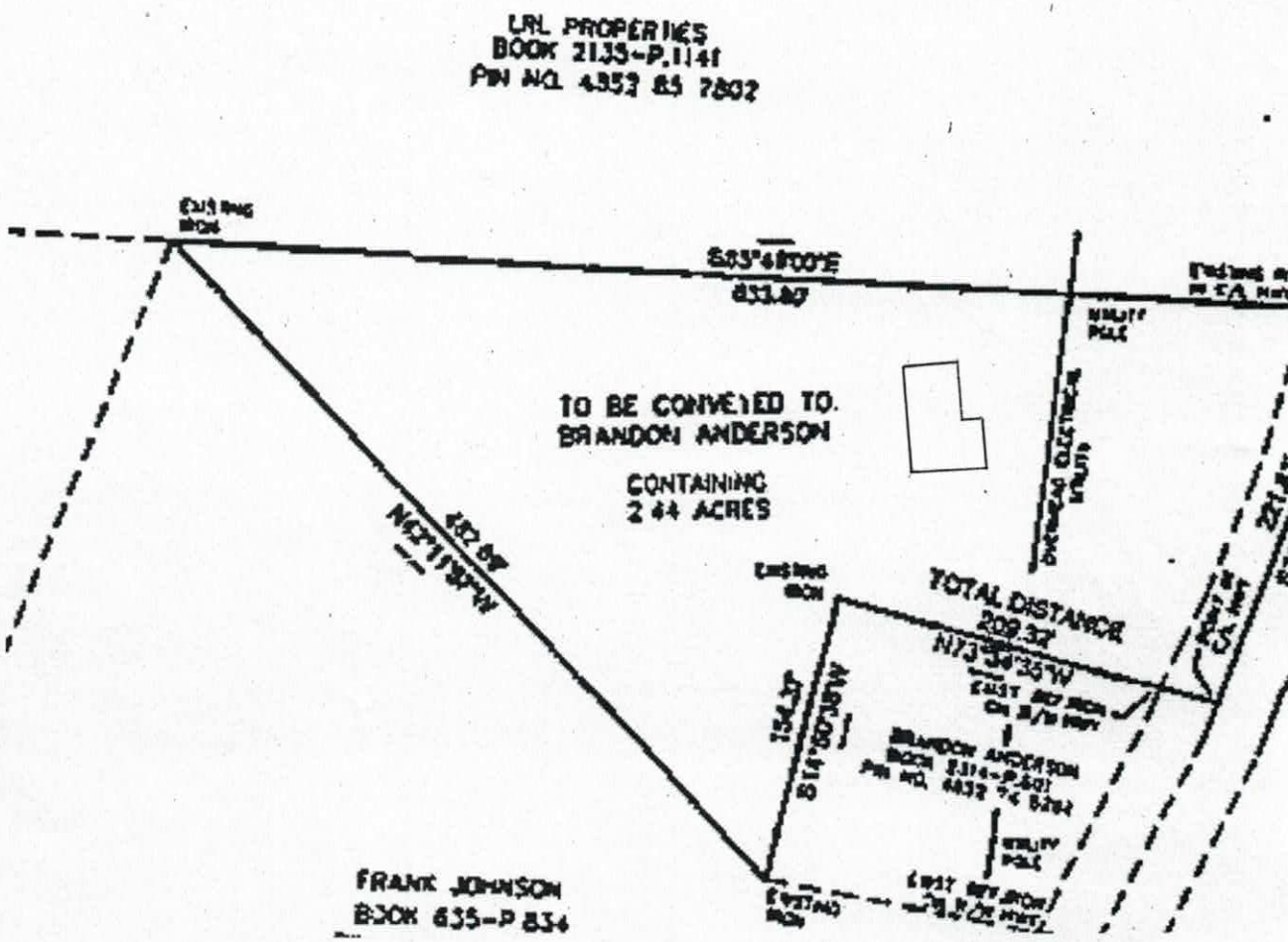


Signature: Brittany Waller

REQUIRED property owner or owner's legal representative signature.

2-9-17

DATE


LRL PROPERTIES
BOOK 2135-P.1141
PIN NO. 4853 85 7802
TO BE CONVEYED TO
BRANDON ANDERSON
CONTAINING
2.44 ACRES
TOTAL DISTANCE
209.32'
FRANK JOHNSON
BOOK 635-P 834

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Name: Brandon Anderson **Address:** 715 Jericho Rd **Phone:** 704-437-2043

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 723 Jericho Rd Harmony NC

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: 77 north to 901 Turn Right 1st Rd on Right Jericho Rd 1st Resident on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: Brandon Anderson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-5-17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 081951 PIN# 4852 74 5326 DATE 6-25-99

OWNER OR CONTRACTOR FRANK JOHNSON PHONE: Business Home 539-5268

ADDRESS 715 JERICHO ROAD, HARMONY, NC 28634

LOCATION I-77N, TR NC 901, TR JERICHO ROAD, 0.4 MILE ON RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 6.09 ACRES SITE CLASS PS DESIGN FLOW 240 L.T.A.R. 0.25 GPD/FT²

Septic Tank: 1000 Gallons; STB 620 Date 5-14-99

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No Lines TRENCH Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

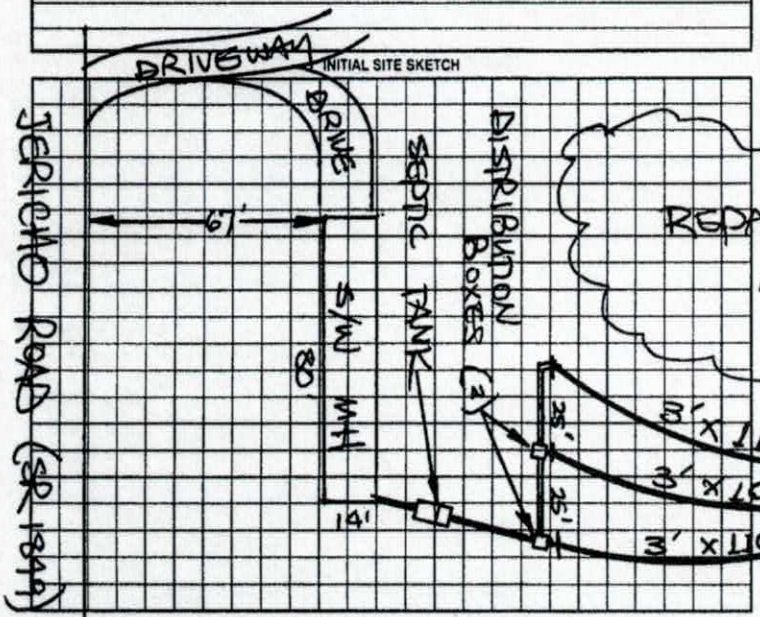
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☐ Community

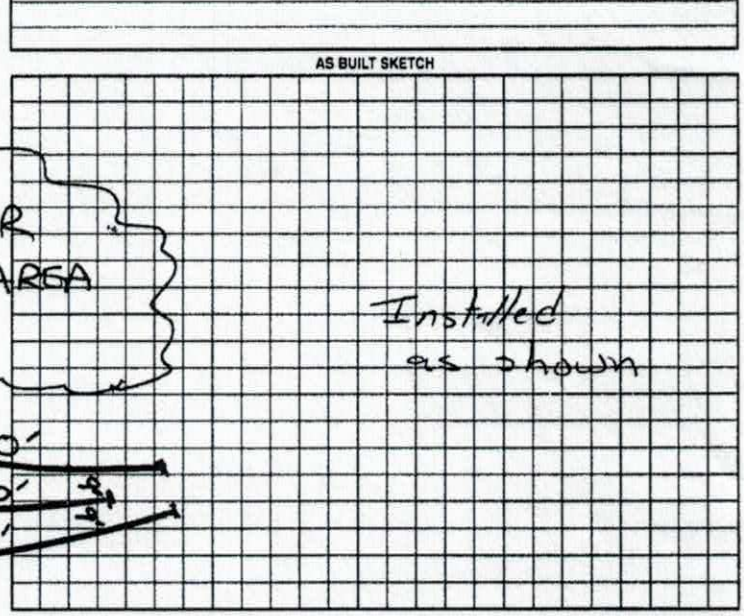
Comments/Conditions:

Comments/Conditions:

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: x Frank Johnson date 6-25-99 Installed by: Sammy Reavis

Improvement Permit by: STEVE HEDRICK date 6-25-99 Operation Permit by: [illegible] date 7-16-99

Authorization to Construct by: STEVE HEDRICK date 6-25-99 Existing System Inspection by: date

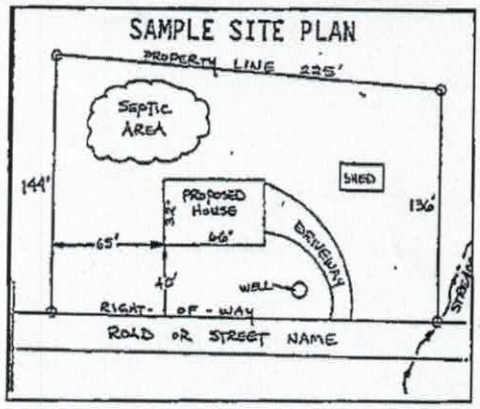
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

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:

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

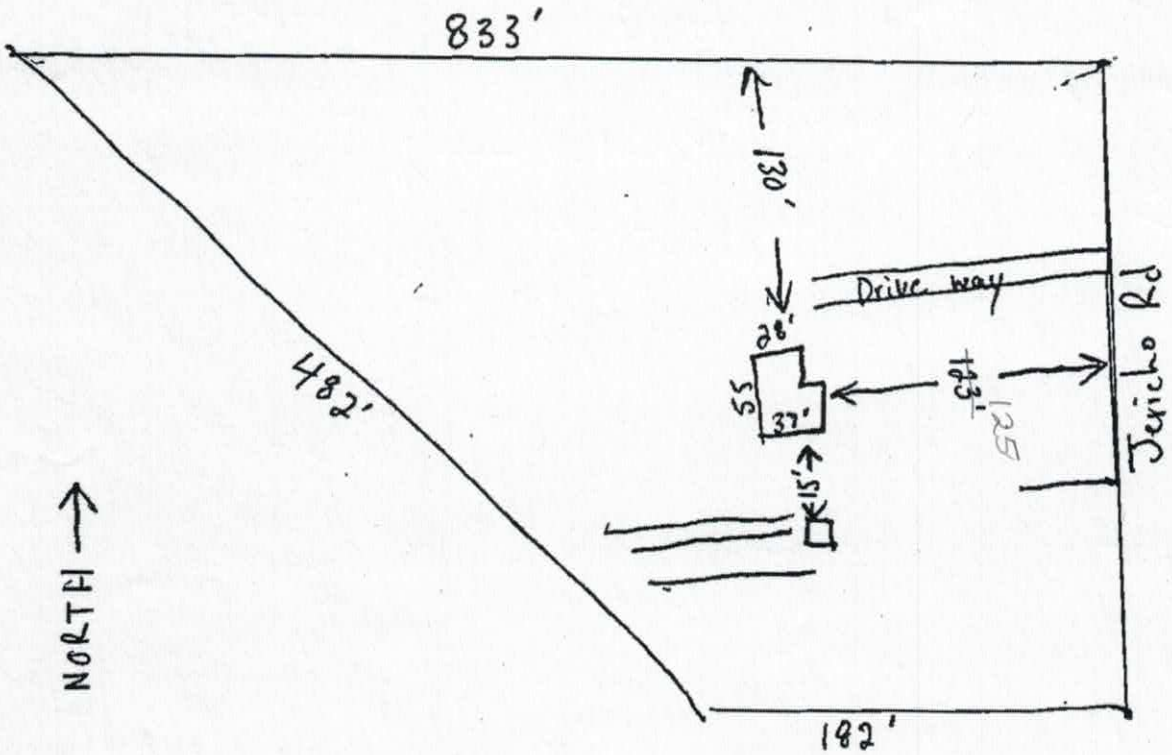


Circle N/A on the following if appropriate:

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

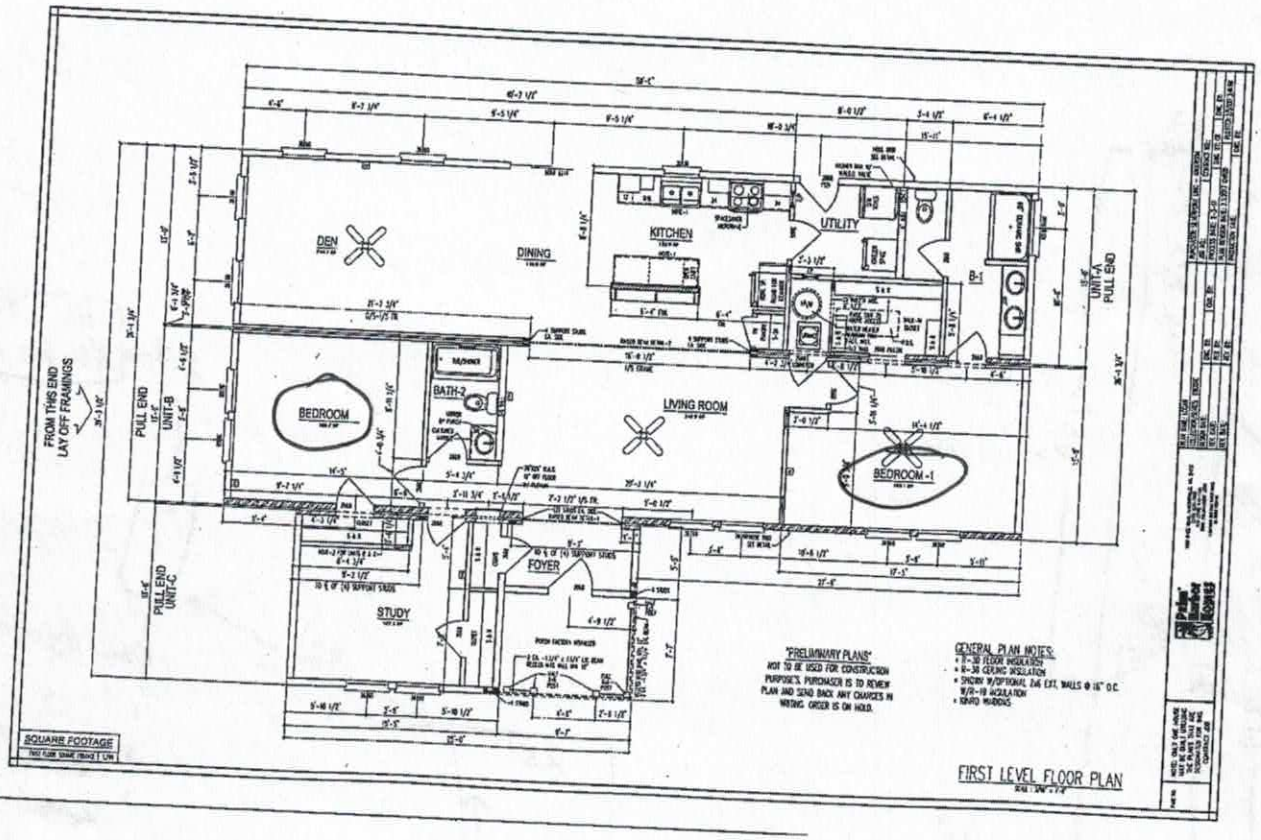
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

10-6-17
DATE



Acknowledgement Of
Plans Submittal ONLY!
Sherry Arden Date 4-7-17
Scott Shuck Date 4/4/17

IREDELL COUNTY

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

APPLICATION NUMBER
224157
Issue Date: 09/18/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4852746294.000	723 JERICHO ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ANDERSON BRANDON G	Applicant: ANDERSON BRANDON G
Address: 715 JERICHO RD HARMONY, NC 28634	Address: 715 JERICHO RD HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.650	35.00	35.00	15.00	15.00	NOT	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: _____ Date: _____

Permit Number	115461	TOTAL FEES:	$ 77.25