ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-323615

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

PIN # 4853--80--1483

APPLICANT/OWNER: KEN RUFFNER | APPLICANT ADDRESS: 747 ZION LIBERTY ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 187 RUNAWAY LANE, HARMONY, N.C. 28634 | PHONE: 828-461-8189 | ALT. PHONE 828-461-8188

SITE DIRECTIONS: (N) ON 77, (L) ON 901, (R) ON MULLIS, (R) ON ZION LIBERTY, (L) ON RUNAWAY, LOTON (R) | SAP CONTROLLED: ☐ YES ☑ NO

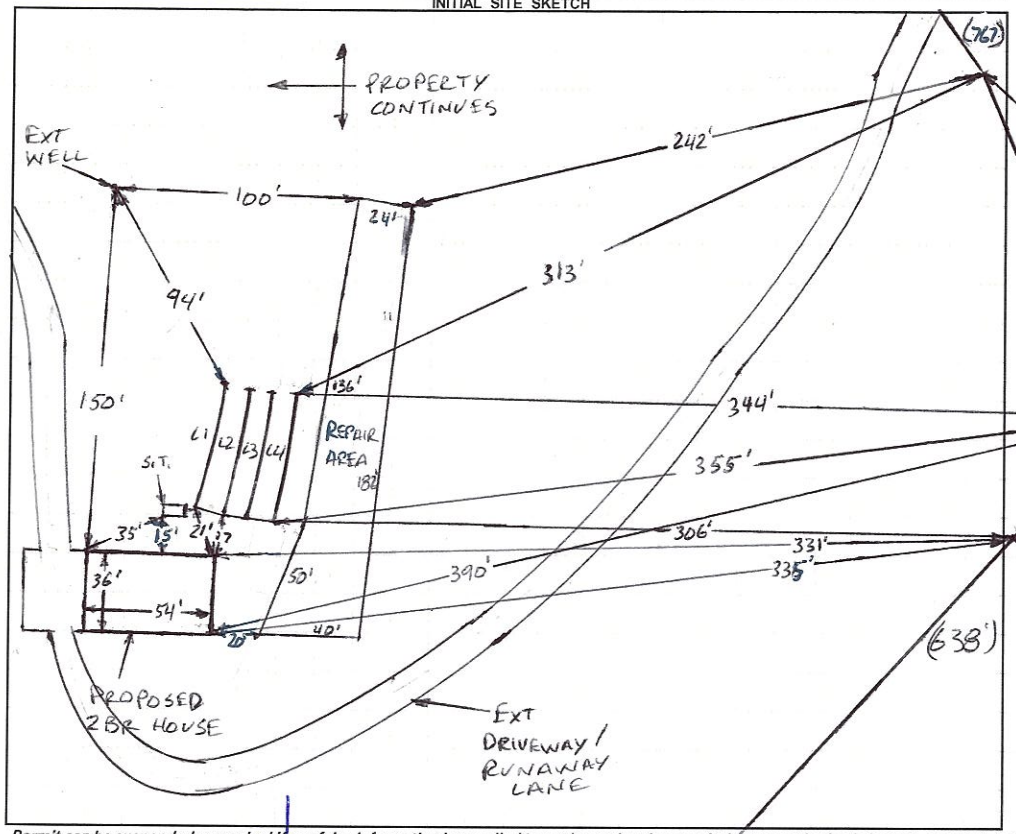
SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 20 AC | DESIGN FLOW: 240GPD | L.T.A.R.: 0.275 (0.225 REPAIR)

Septic Tank	1000 (gal)	STB	854	Date	1-5-2022	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 4
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	220 FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 32 IN MAX TRENCH DEPTH, PRE-CONSTRUCTION MEETING REQUIRED

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1 IN = 80 FT
S.T. = SEPTIC TANK
EXT = EXISTING
L1 = 50'
L2 = 54'
L3 = 58'
L4 = 58'

INSTALLED AS SHOWN

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: 2-9-22 | Installed by: A-1 BACKHOE

IMPROVEMENT PERMIT by: Burgent C. White | Date: 2-8-2022 | OPERATION PERMIT by: Burgent C. White | Date: 3-4-2022

AUTHORIZATION TO CONSTRUCT by: Burgent C. White | Date: 2-8-2022 | Existing System Inspected by: | Date:

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

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

Sheet 1 of 1
PROPERTY ID # 4853-80-4
COUNTY IREDELL

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

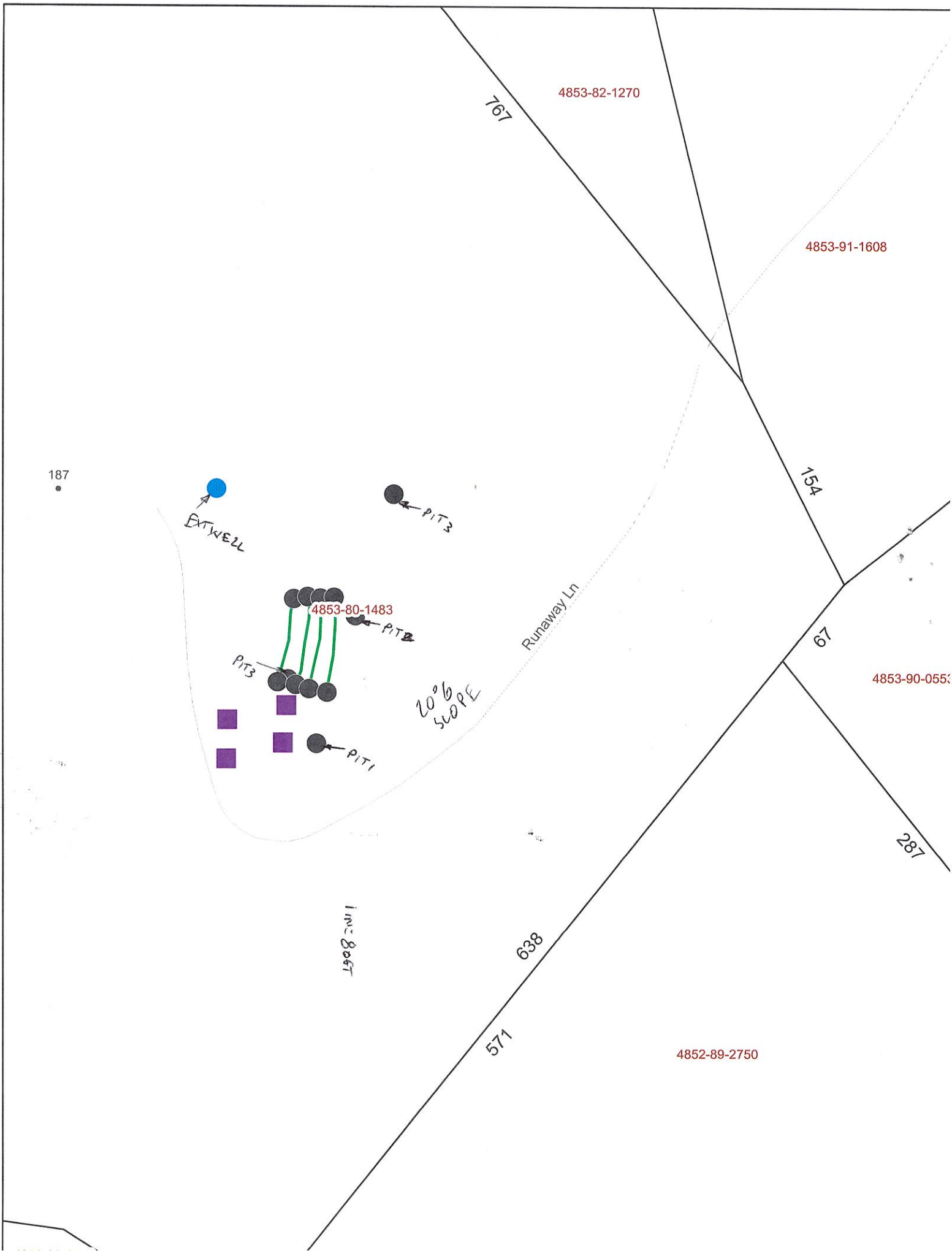
OWNER: KEN RUFFNER
ADDRESS: 747 ZION LIBERTY ROAD, HARMONY, N.C. 28634
PROPOSED FACILITY: 2 BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 187 RUNAWAY LANE, HARMONY, N.C. 28634
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
APPLICATION DATE: 12-7-202
DATE EVALUATED: 1-24-202
PROPERTY SIZE: 20 AC
PROPERTY RECORDED: YES
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 12%	0 - 11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 16" 30" 10YR6/2 @ 30"	SCL GRAVELLY 61"+	NA	NA	PS .225
		11 - 36	C, ABK	FR, S, SP, SEXP					
		36 - 61	CL, MABK	FI, S, SP, SEXP					
2	LINEAR SIDE 15%	0 - 9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT SCL GRAVELLY FEW Y/B 12" - 20"	70"+	NA	NA	PS .275
		9 - 33	C, ABK	FR, S, P, SEXP					
		33 - 70	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 18%	0 - 18	SCL, SBK	FR, SS, SP, SEXP	SCL GRAVELLY SAP INC THRU OUT Y/B MOTS THRU OUT 10YR 6/2 34"+	68"+	NA	NA	PS .225
		18 - 39	C, ABK	FI, S, P, SEXP					
		39 - 68	CL, WABK	FI, S, SP, SEXP					
4	LINEAR SIDE 12%	0 - 8	SCL, SBK	FR, SS, SP, SEXP	SCL GRAVELLY SAP INC THRU OUT FEW FI FEW Y/B MOTS	58"+	NA	NA	PS .275
		8 - 31	C, ABK	FR, S, P, SEXP					
		31 - 58	CL, WABK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.275	0.225

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

COMMENTS:


4853-82-1270
767
4853-91-1608
187
EXT WELL
PIT 3
154
4853-80-1483
PIT 2
PIT 3
Runaway Ln
20% SLOPE
67
4853-90-055
PIT 1
287
1mc 8661
638
571
4852-89-2750

Ronda Hart 704- -5305 ext 345

BW

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

RECEIVED DEC 7 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-323615 $500.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Ken Ruffner Address: 747 Zion Liberty Rd Harmony Zip: 28634
Applicant Email: kruffner53@yahoo Phone: 828 461 8189 Alt. Phone: 8284618188
Owner Name: SAME AS ABOVE Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 187 Runaway Ln Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 901 to Rt on Mullis to Rt on Zion Liberty Rd to Rt on Runaway Ln.

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: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) 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: _____
(X) 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: X _____ 12-3-21
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*) X _____

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, _____, am the legal owner(s) of the property located at _____, 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.

_____ _____
Signature of Owner(s) Date

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

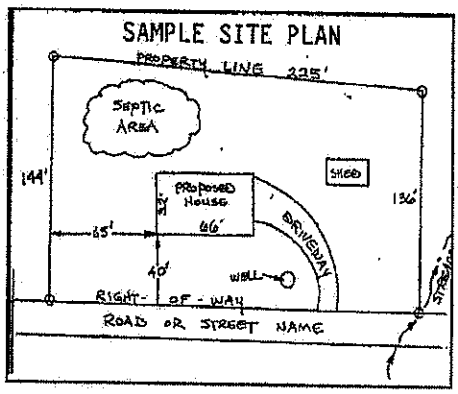
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

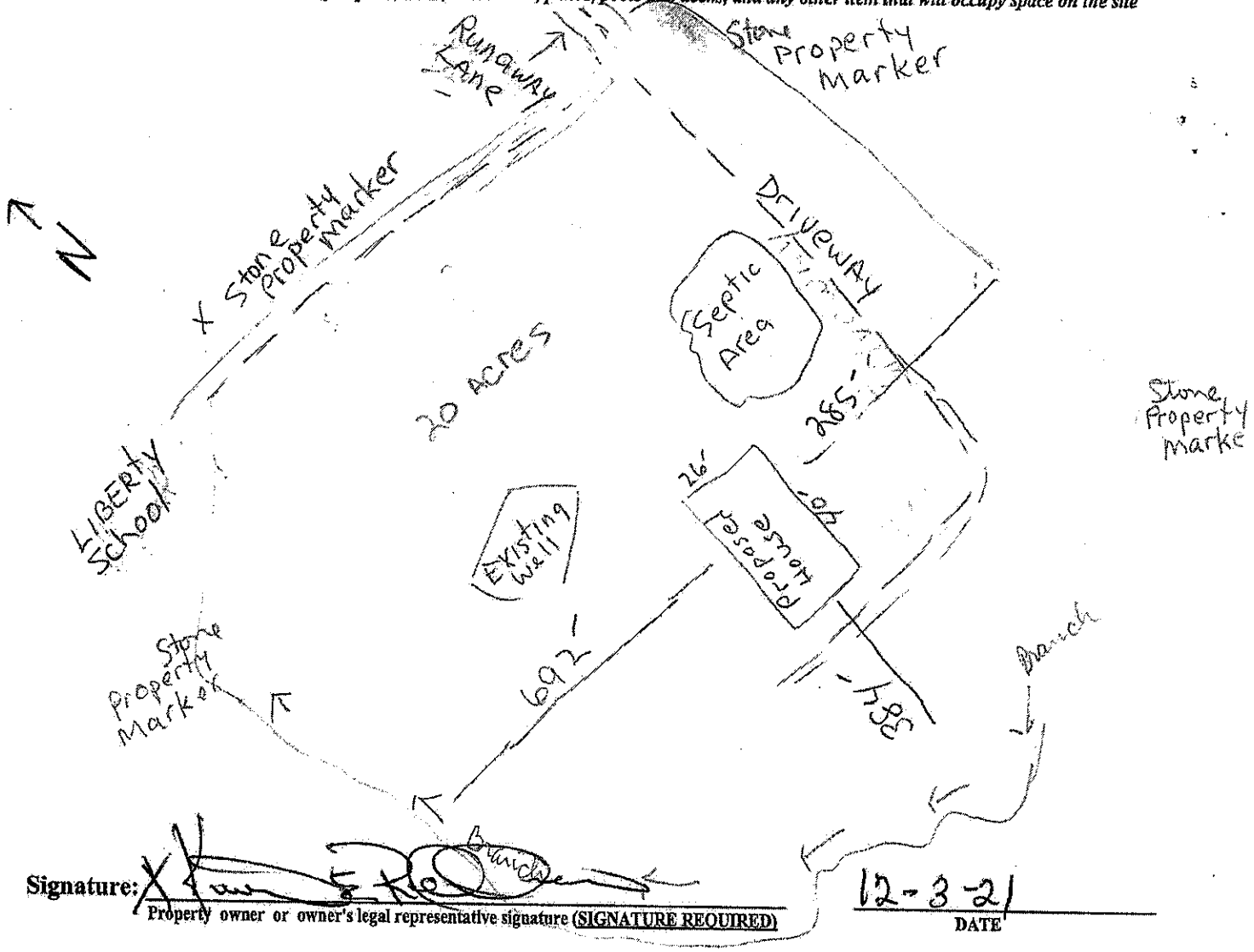
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **North arrow, or other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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____

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

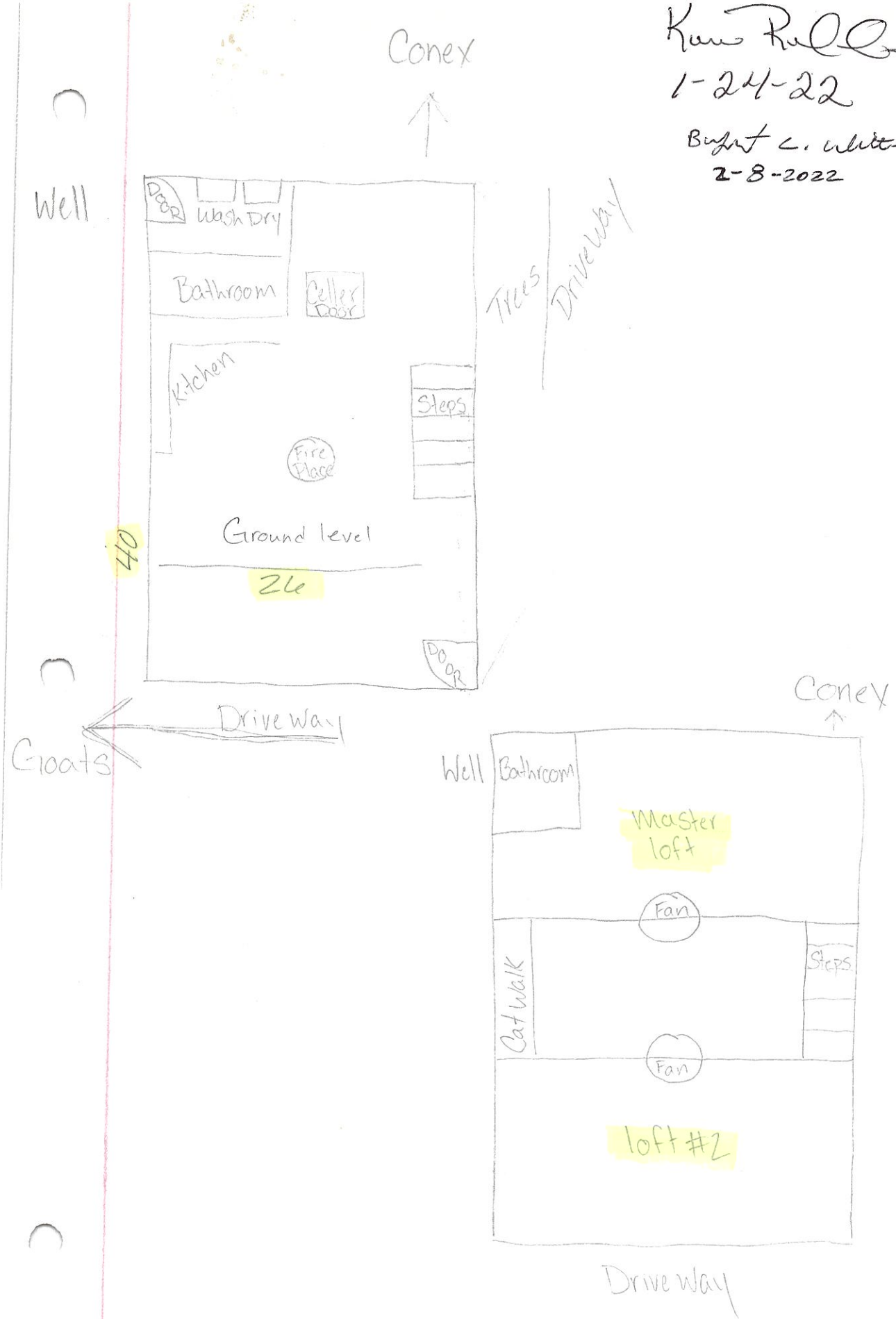
12-3-21

DATE

Proposed home
Existing wall
Septic area
Driveway
265'
394'
692'
Stone
Stone

Kara Rule
1-24-22

Bought c. white
2-8-2022



IREDELL COUNTY · NC

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

APPLICATION NUMBER
323615 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4853801483.000	185 RUNAWAY LN	Iredell County

Owner Information	Applicant Information
Name: RUFFNER KENNETH E+DEBORAH	Name: RUFFNER KENNETH E+DEBORAH
Address: 747 Zion Liberty Rd	Address: 747 Zion Liberty Rd
Harmony, NC 28634	Harmony, NC 28634
Phone: (828)461-8189	Phone: (828)461-8189

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
20	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
sfd/new address 151 Runaway

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

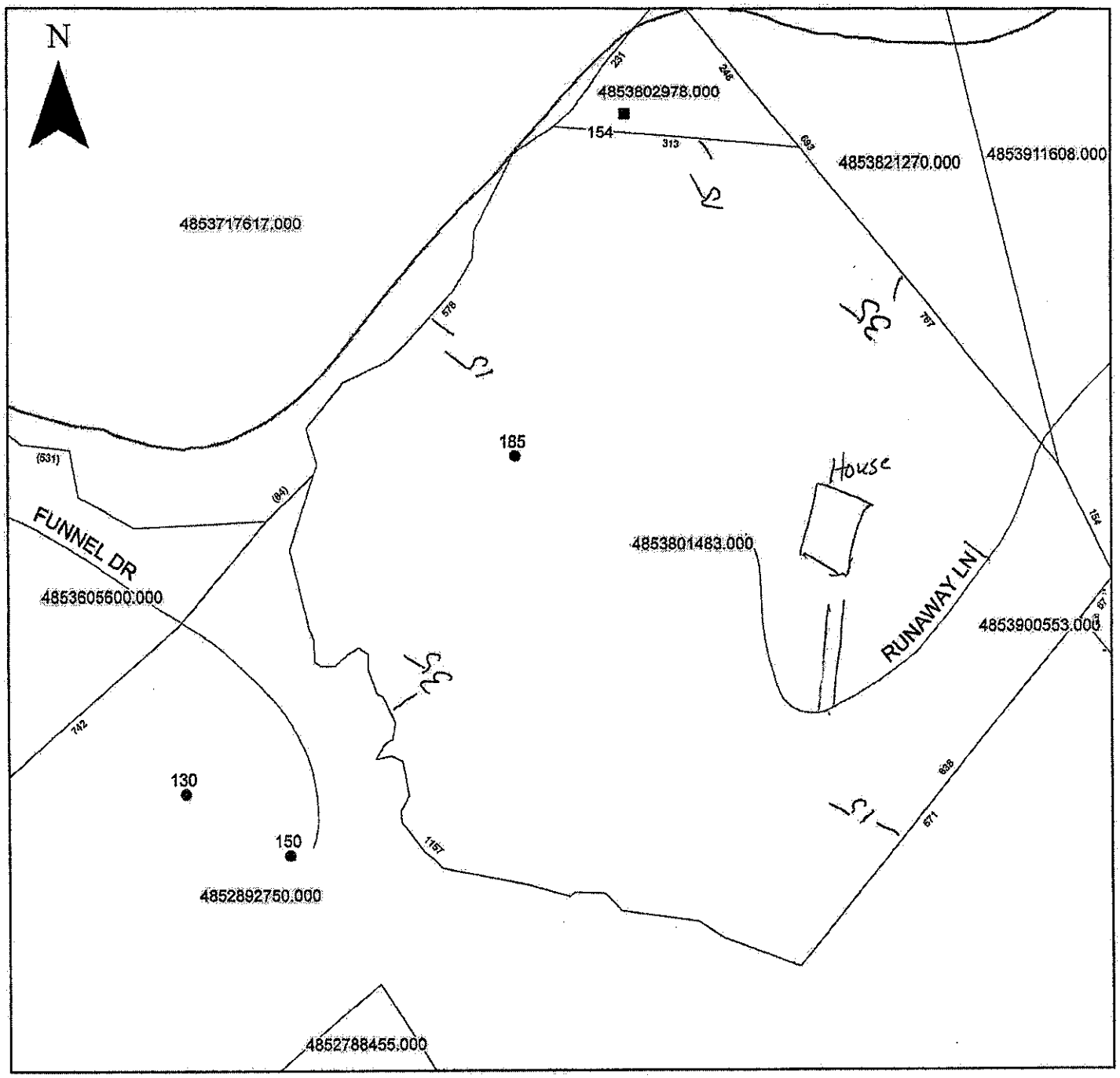
Date: 12/03/2021

Signature of Owner/Contractor

Permit Number	323615

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 151 Runaway Ln.

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.

Applicant

12-3-21

Date