IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226983

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

PIN # 4861376454.000

APPLICANT: Kent Wooten APPLICANT ADDRESS: 802 Rebecca Jane Dr. Mooresville, NC 28115

SITE ADDRESS: 1280 Tabor Rd. Harmony, NC 28634 PHONE: (704) 660-6751 ALT. PHONE: (704) 506-0363

SITE DIRECTIONS: I-77 North to exit 65. Take right on Hwy 901 toward Harmony for 1.5 miles. Take right onto Tabor Rd for 1.2 miles. Lot on left.

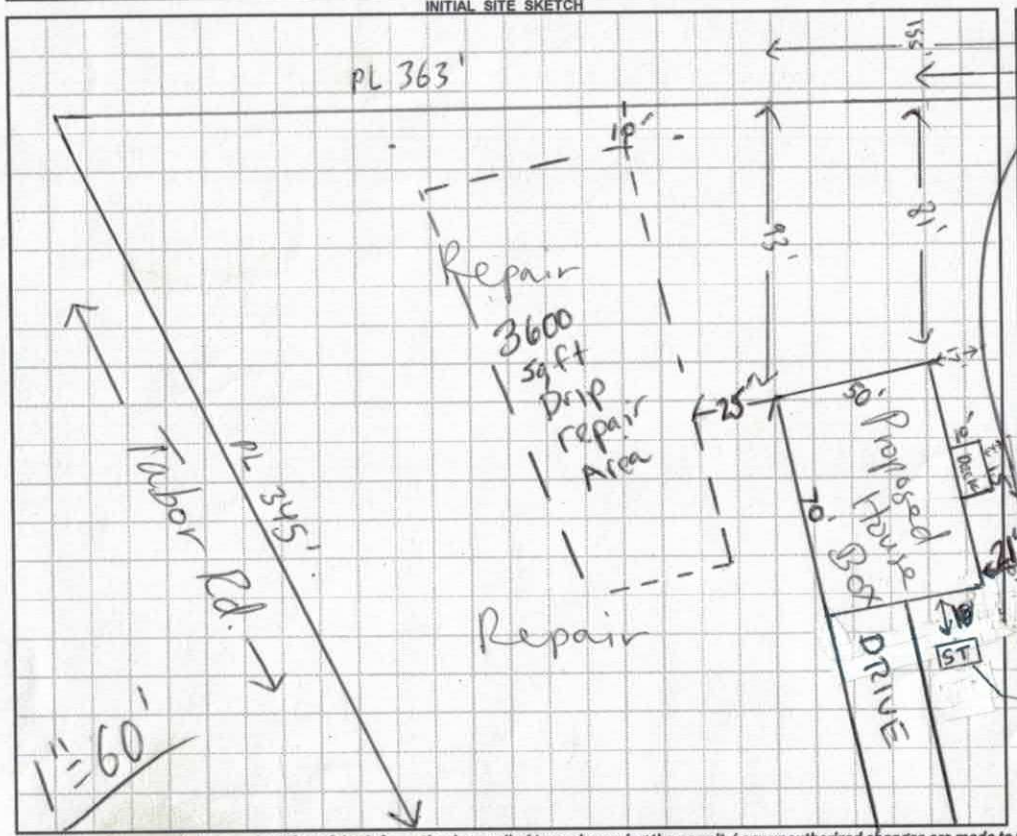
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.249 DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	8-7-17	☒ 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:	Drip			
# Nitrification Fields	1		# Lines	2	Linear Ft:	400'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

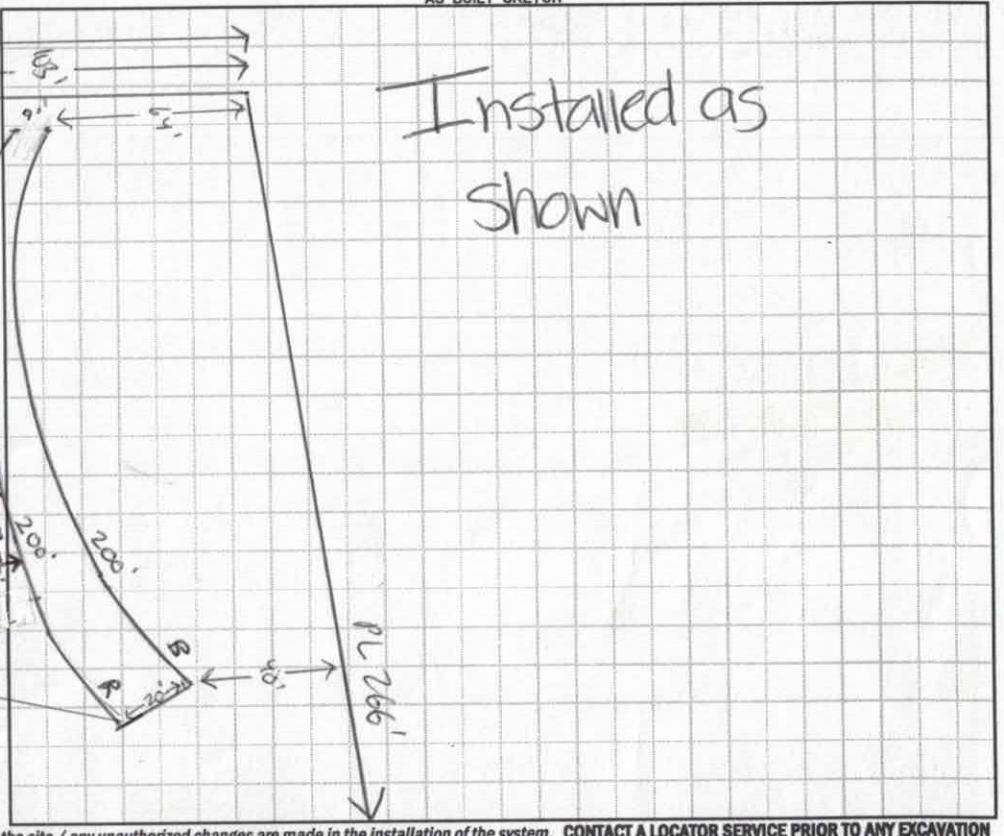
☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☐ Private		
☐ Other	No. Employees		☒ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install 25% reduction on contour with serial distribution

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: Kent Wooten Date: 5-23-17 Installed by: Ground Breakers

IMPROVEMENT PERMIT by: Mohamed Ramadan Date: 5/22/2017 OPERATION PERMIT by: Ralph Watson Date: 10-23-17

AUTHORIZATION TO CONSTRUCT by: Date: 05/22/17 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 9861376454.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

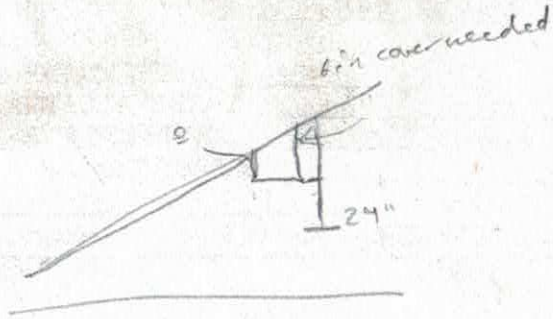
OWNER: Kent Wooten APPLICATION DATE 5/9/2017
ADDRESS: 302 Rebecca Jane Dr. Mooresville, NC 28115 DATE EVALUATED: 5/17/2017
PROPOSED FACILITY: 4BR House PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 2.249
LOCATION OF SITE: 1280 Tabor Rd. Harmony, NC PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

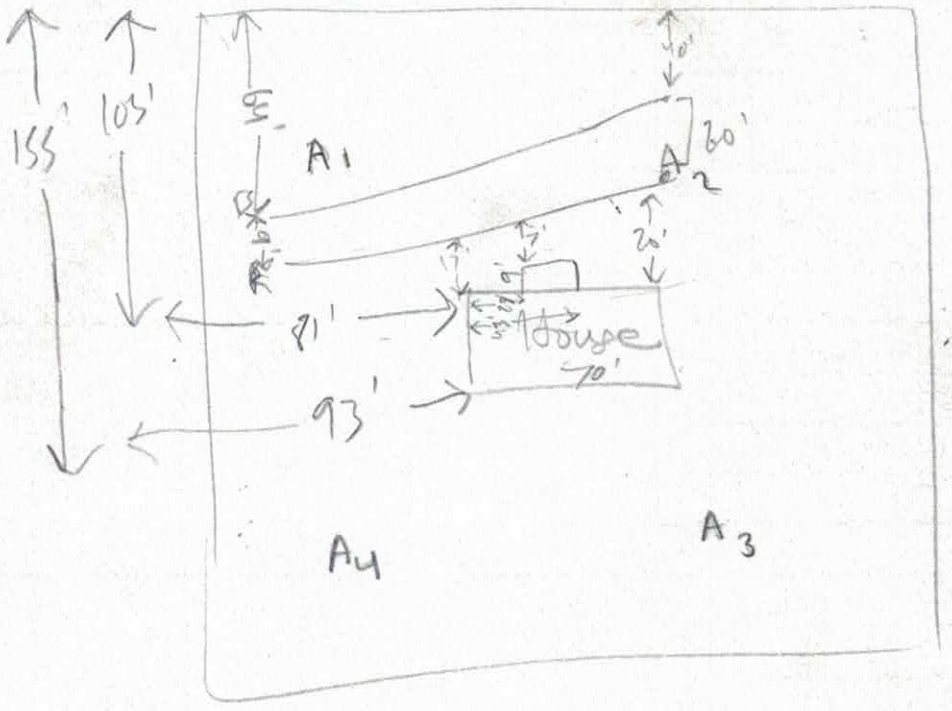
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	13% L	0-5	WSBK SCL	FR SS SP Smpr	—	48	—	—	0.3 PS
		5-36	SBK C	FR SS SP Smpr					
		36-48	SBK CL	FR SS SP Smpr					
2	13% L	0-5	WSBK SCL	FR SS SP Smpr	—	48	—	—	0.3 PS
		5-32	SBK C	FR SS SP Smpr					
		32-48	SBK CL	FR SS SP Smpr					
3	3% L	0-11	WSBK SCL	FR SS SP Smpr	—	48	—	—	0.3 PS
		11-37	SBK C	FR SS SP Smpr					
		37-48	SBK CL	FR SS SP Smpr					
4	3% L	0-10	WSBK SCL	FR SS SP Smpr	@ 26"-48" redox features & some chroma 2s; @ 20" some rock and redox features	48	—	—	Drip 0.1
		10-48	SBK C	FR SS SP Smpr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400' linear feet	4800+ sq. ft.
System Type(s)	25% reduction	Drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): /
SITE CLASSIFICATION (.1948): ES
EVALUATED BY: Mohamed Rumaiet
OTHER(S) PRESENT: Heath Snow

COMMENTS:





Tabor
← Road →

B R
4'8.6" 3'7"

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 X 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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kent Wooten	802 Rebecca Jane Dr, Mooresville NC 28115	7046606751	7045060363
SAME	SAME		
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1280 Tabor Rd, Harmony NC 28634		

Driving Directions: I77 North to exit 65. Take right on HWY 901 toward Harmony For 1.5 miles. Take right onto Tabor Rd for 1.2 miles. Lot is on the left. Large open pasture just past church.

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 5
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 ( ) 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: Kent Wooten — 5-9-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET 226983

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...

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 Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

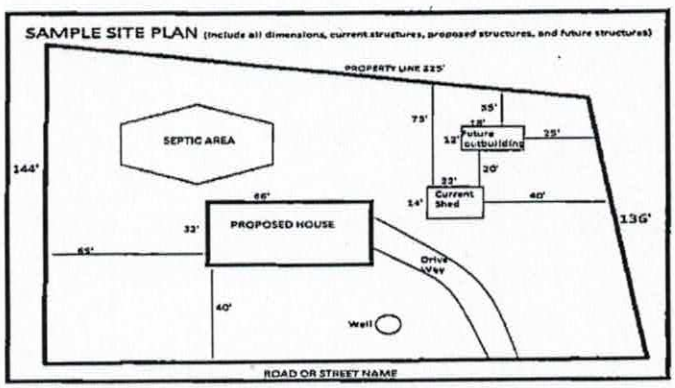
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

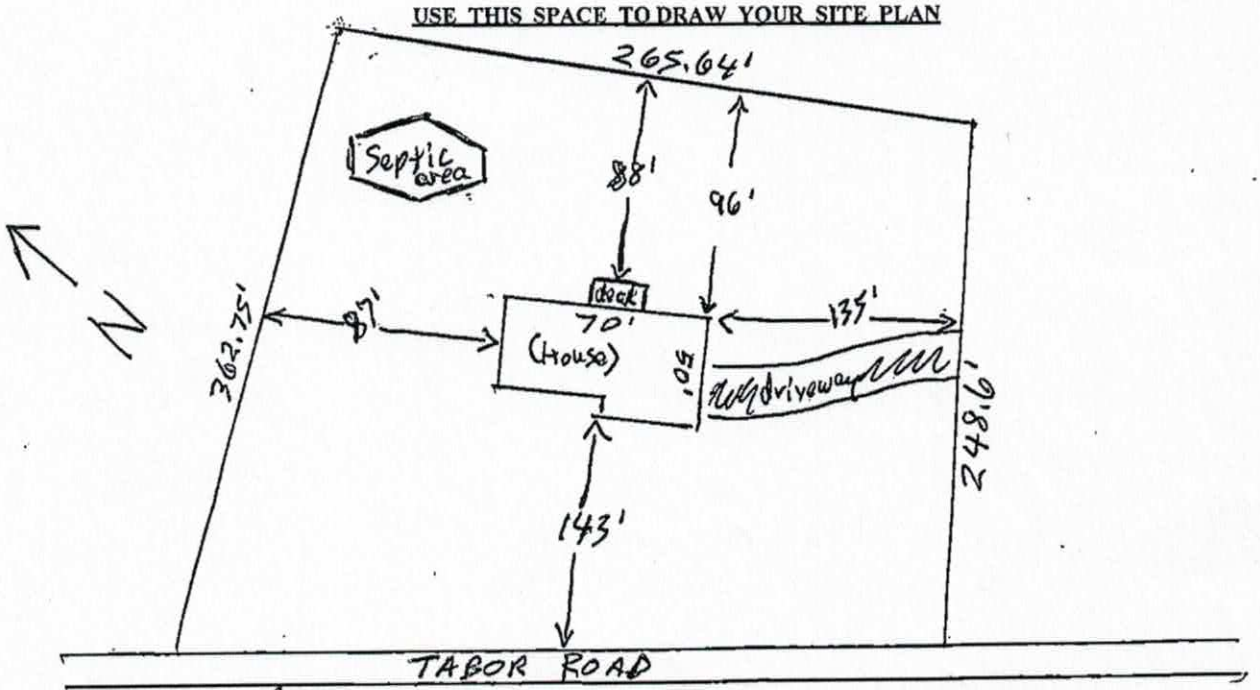
____ Location of septic systems and wells within 100' of your property... N/A

____ 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



Signature: Kay Watts

REQUIRED property owner or owner's legal representative signature.

5/12/17

DATE

Acknowledgement
Plans Submittal ONLY!
Date 05/12/17
Date 5-11-17

IREDELL COUNTY

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

APPLICATION NUMBER
226983
Issue Date: 05/09/2017

ZONING PERMIT

FILE COPY

Parcel Number	Street Address	Jurisdiction
4861376454.000	1280 TABOR ROAD, HARMONY, NC 28634	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WOOTEN MARVIN KENT+PAMELA R	Applicant: WOOTEN MARVIN KENT+PAM
Address: 802 REBECCA JANE DR MOORESVILLE, NC 28115	Address: 802 REBECCA JANE DR MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
SFD	RACU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.249	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: See Attached Date: _____

Permit Number	102150	TOTAL FEES:	$ 77.25