ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP- 314549

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

PIN # 4861 -- 48 -- 1155

APPLICANT/OWNER: JASON AND HANNAH STEELE

APPLICANT ADDRESS: 208 HARMONY BLEND DRIVE, HARMONY, N.C. 28634

SITE ADDRESS: 1316 TABOR ROAD, HARMONY, N.C. 28634

PHONE: 704-433-3256 ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (L) ON TABOR, LOT ON (R)

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 30.339 AC

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 360GPD L.T.A.R.: 0.3 (0.15 REPAIR)

Septic Tank	1000 (gal)	STB	TP 1012	Date	6/27/21
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	3	Linear Ft	400FT
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	12

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

System Description: CONVENTIONAL - GRAVEL

Repair System Description: ~~LPP~~ DRIP

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☐ Crawl Space

Water Supply: ☐ Private ☑ Public ☐ Community

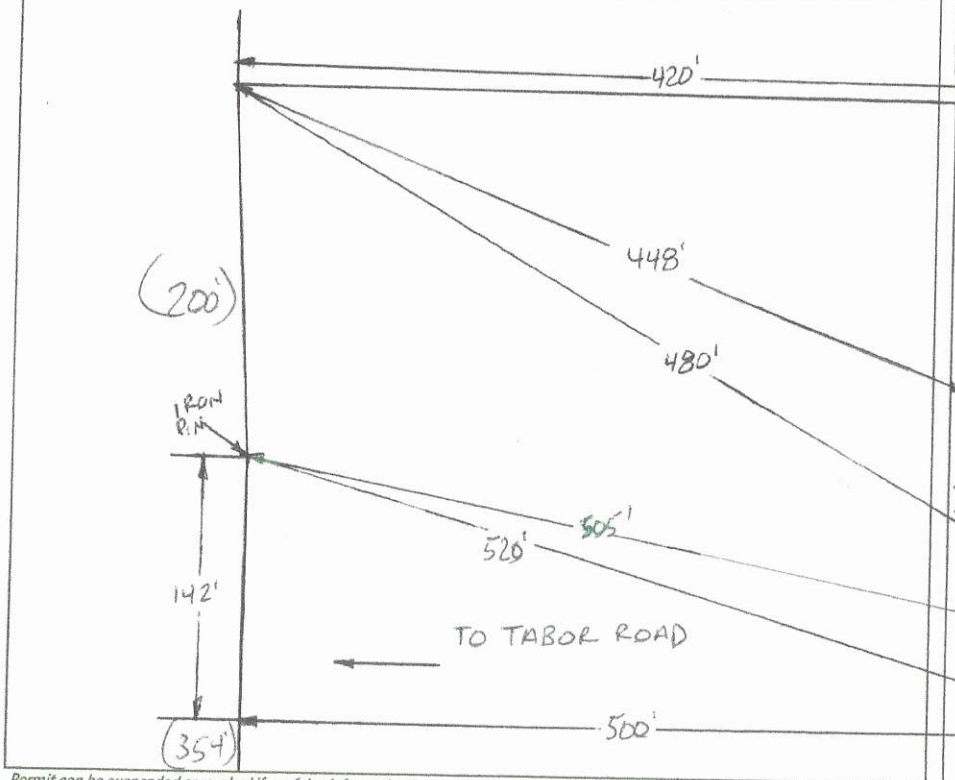
☑ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION BY USING DROP BOXES, DO NOT EXCEED A 30IN MAX TRENCH BOTTOM

300FT of 25% REDUCTION PRODUCT MAY BE USED INSTEAD of GRAVEL

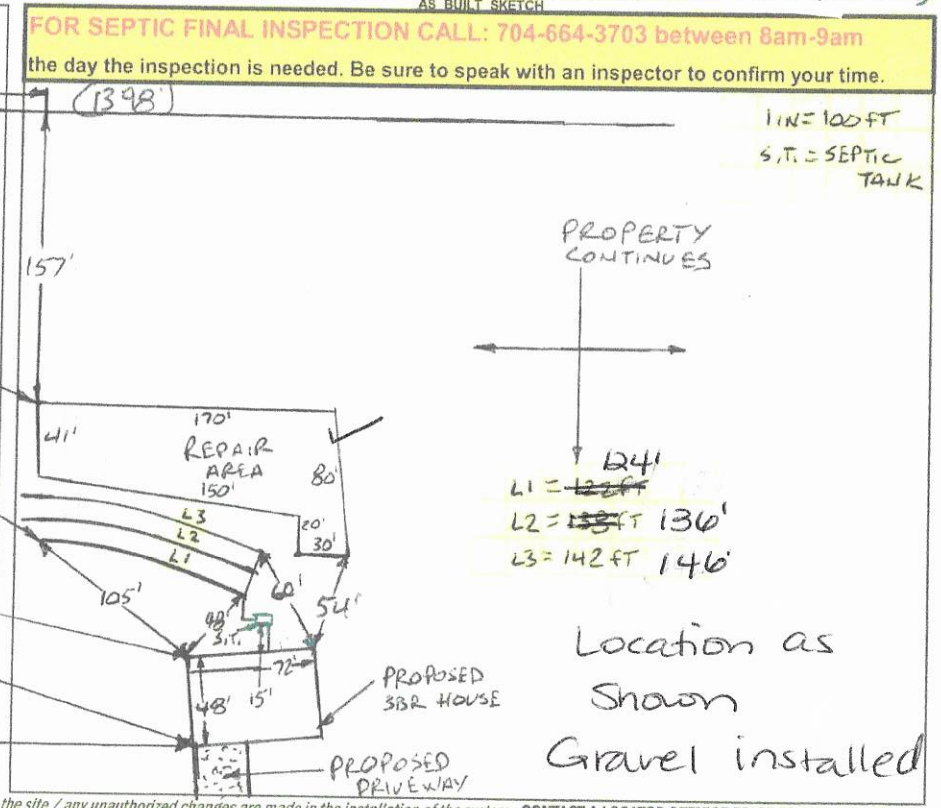
PRE-CONTRUCTION MEETING REQUIRED (Call 704-902-0278)

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.



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: 5-24-21

Installed by: Steve Jordan

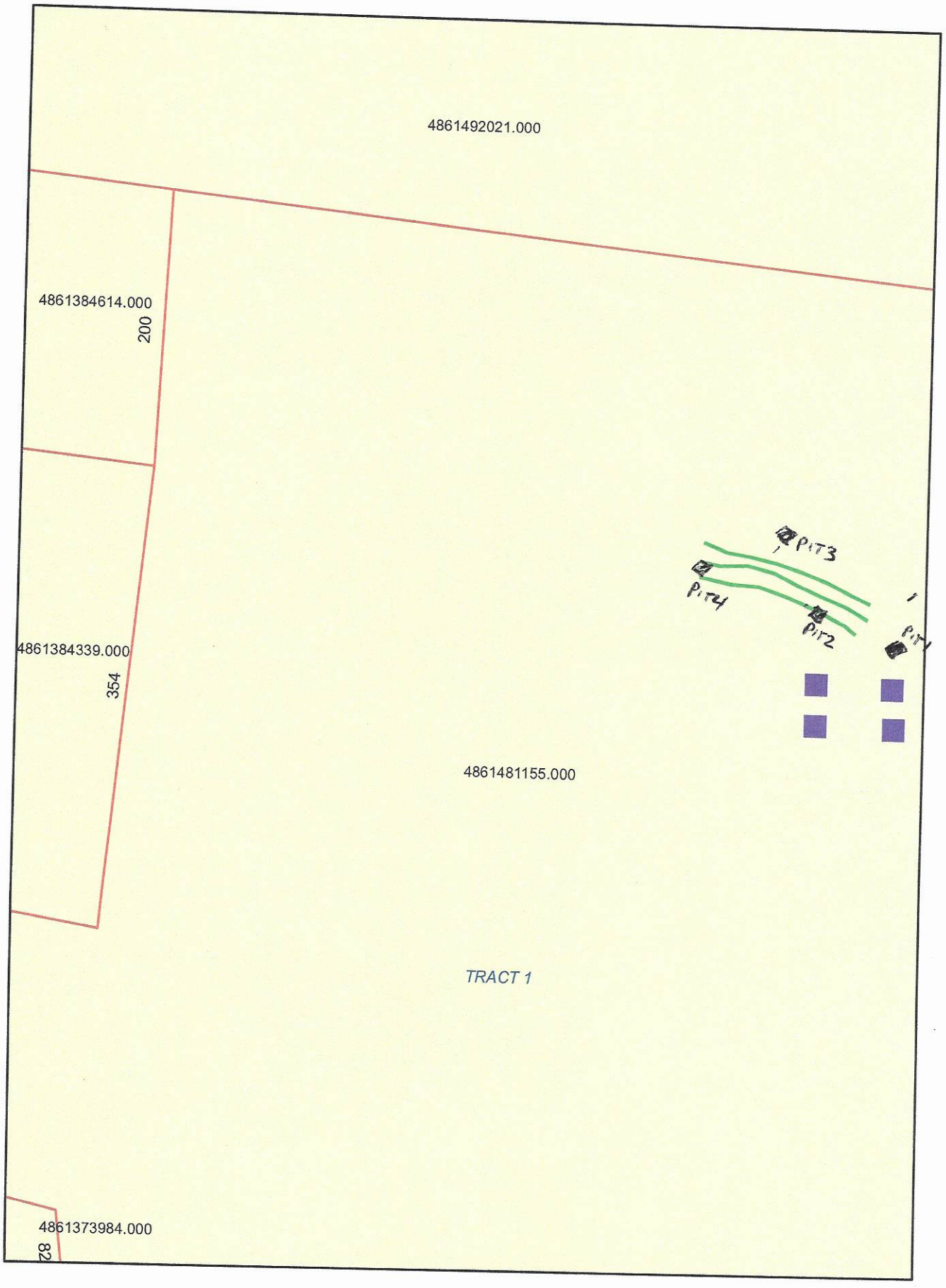
IMPROVEMENT PERMIT by: Bryant Cunliffe Date: 5-20-2021

OPERATION PERMIT by: D. Mieberg Date: 8/31/21

AUTHORIZATION TO CONSTRUCT by: Bryant Cunliffe Date: 5-20-2021

Existing System Inspected by: Date:

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


4861492021.000
4861384614.000
200
4861384339.000
354
4861481155.000
TRACT 1
4861373984.000
82
PIT3
PIT4
PIT2
PIT1

1=100

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 #: 4861-48-1155
DATE OF EVALUATION: _____
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 7%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	30"	V II SL (VFI)	Rock 30"+	PS .3 ABOVE 30"
		5-20	C, SBK	FR, S, P, SEXP					
		20-30	CL, WSBK	FR, SS, SP, SEXP					
		30-38	SAP, RC	VFI, NS, NP, SEXP					
		38+	ROCK	BHR					
2	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		8-26	C, ABK	FR, S, P, SEXP					
		26-48	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		11-24	C, ABK	FR, S, P, SEXP					
		24-48	CL, WABK	FR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		8-27	C, ABK	FR, S, P, SEXP					
		27-54	CL, WABK	FR, SS, SP, SEXP					

COMMENTS: _____

RECEIVED FEB 01 2020

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-314549 $500.00

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) 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: Jason Steele Address: 208 Harmony Blend Dr. Harmony NC Zip: 28634
Applicant Email: _____ Phone: 704-433-3256 Alt. Phone: _____
Owner Name: Jason Steele Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 1316 Tabor Rd, Harmony NC
Subdivision Name: NA Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 21 North, Left on Tabor Rd, Property on Right just past Macedonia Church Cemetery

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____
(3) No Preference ( ) Alternative (1) Conventional ( ) Innovative (2) 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: _____ 2-1-2021
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*) _____

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, Jason Steele, am the legal owner(s) of the property located at 1316 Tabor Rd Harmony NC, identified as PIN (Parcel Identification Number) 4861481155, 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.

_____ 2-1-2021

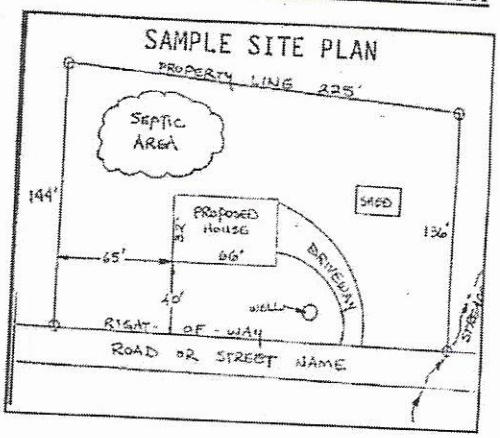
Signature of Owner(s) Date

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:

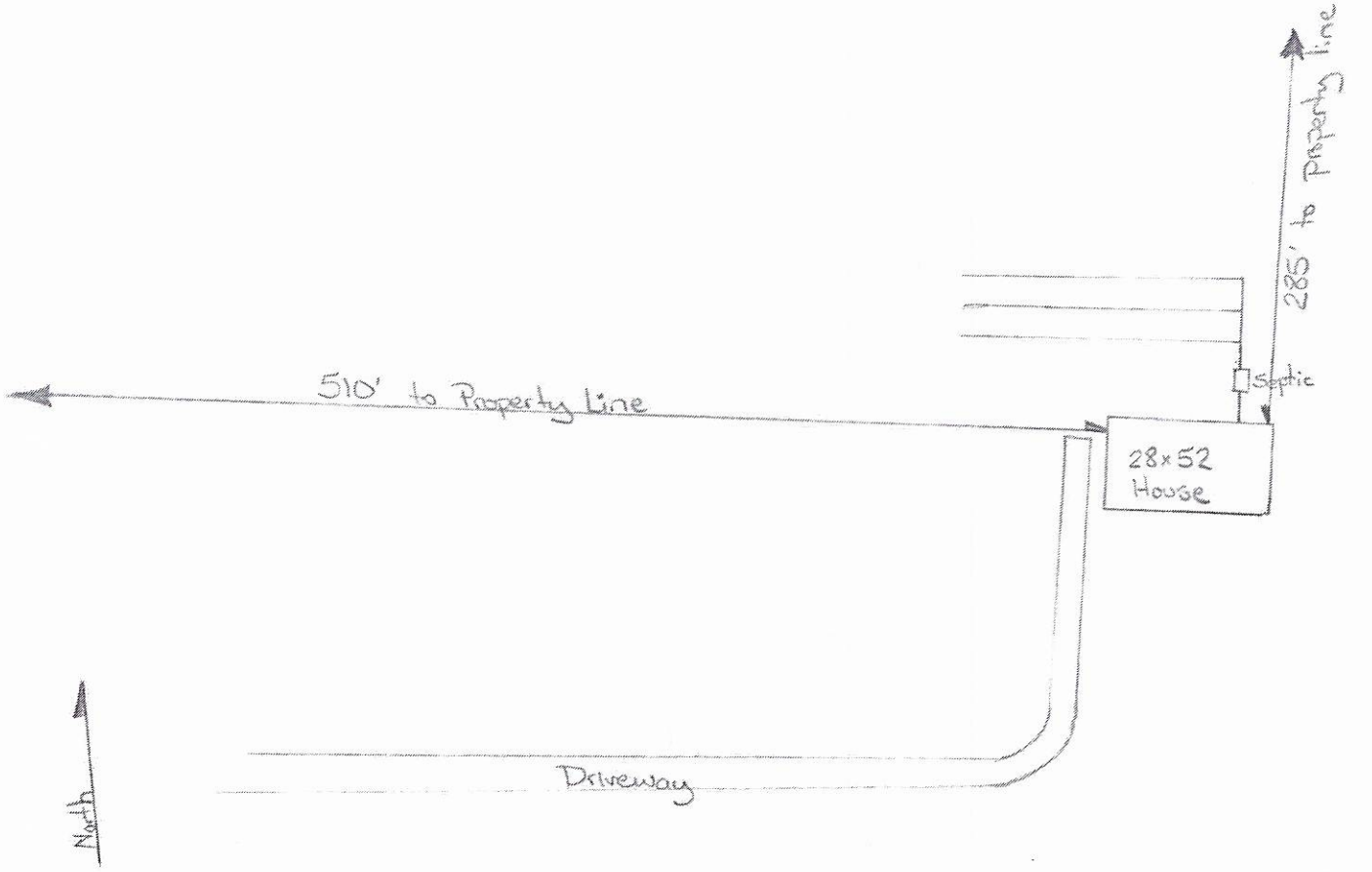
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

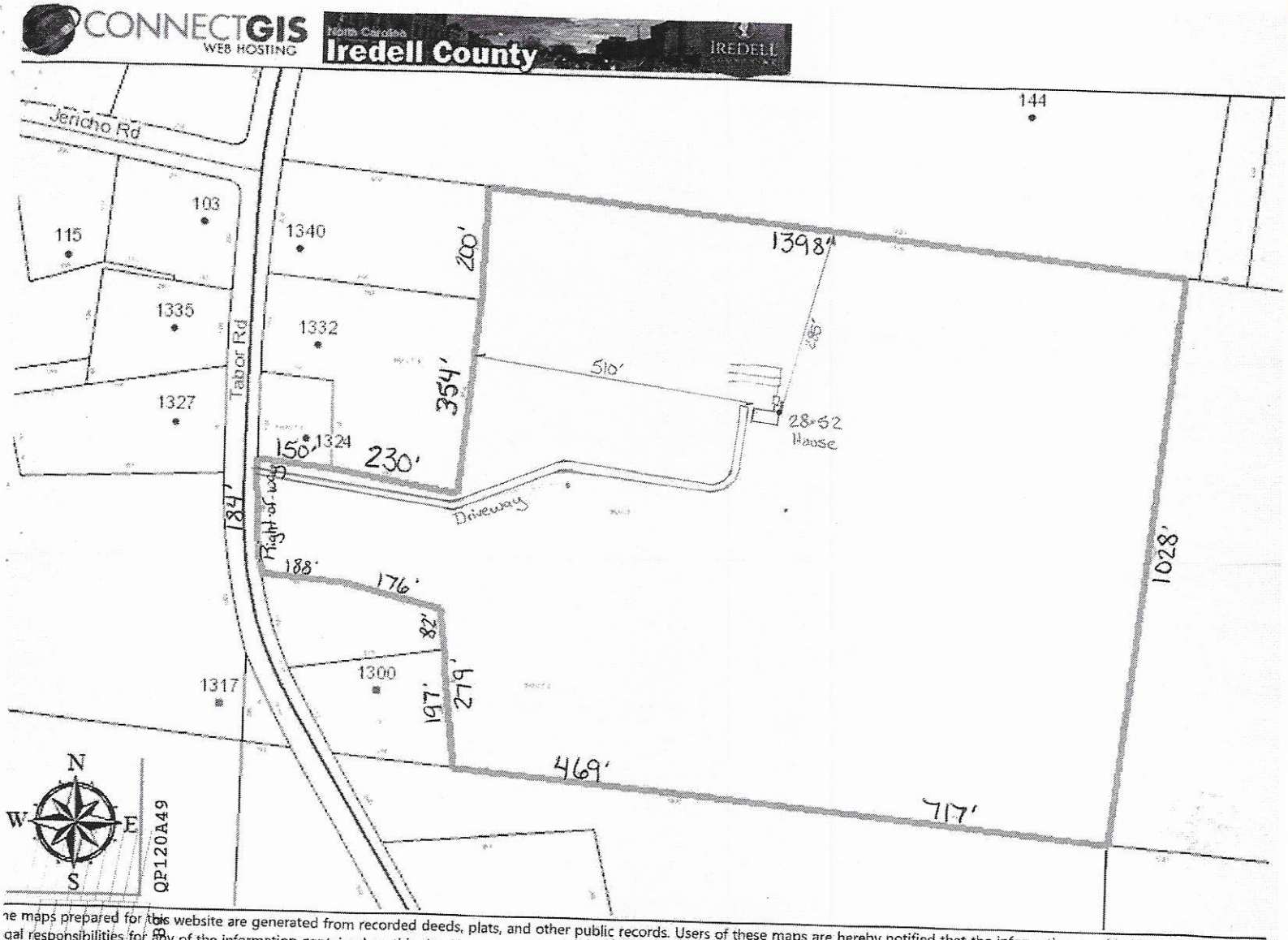
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

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

2-1-2021
DATE

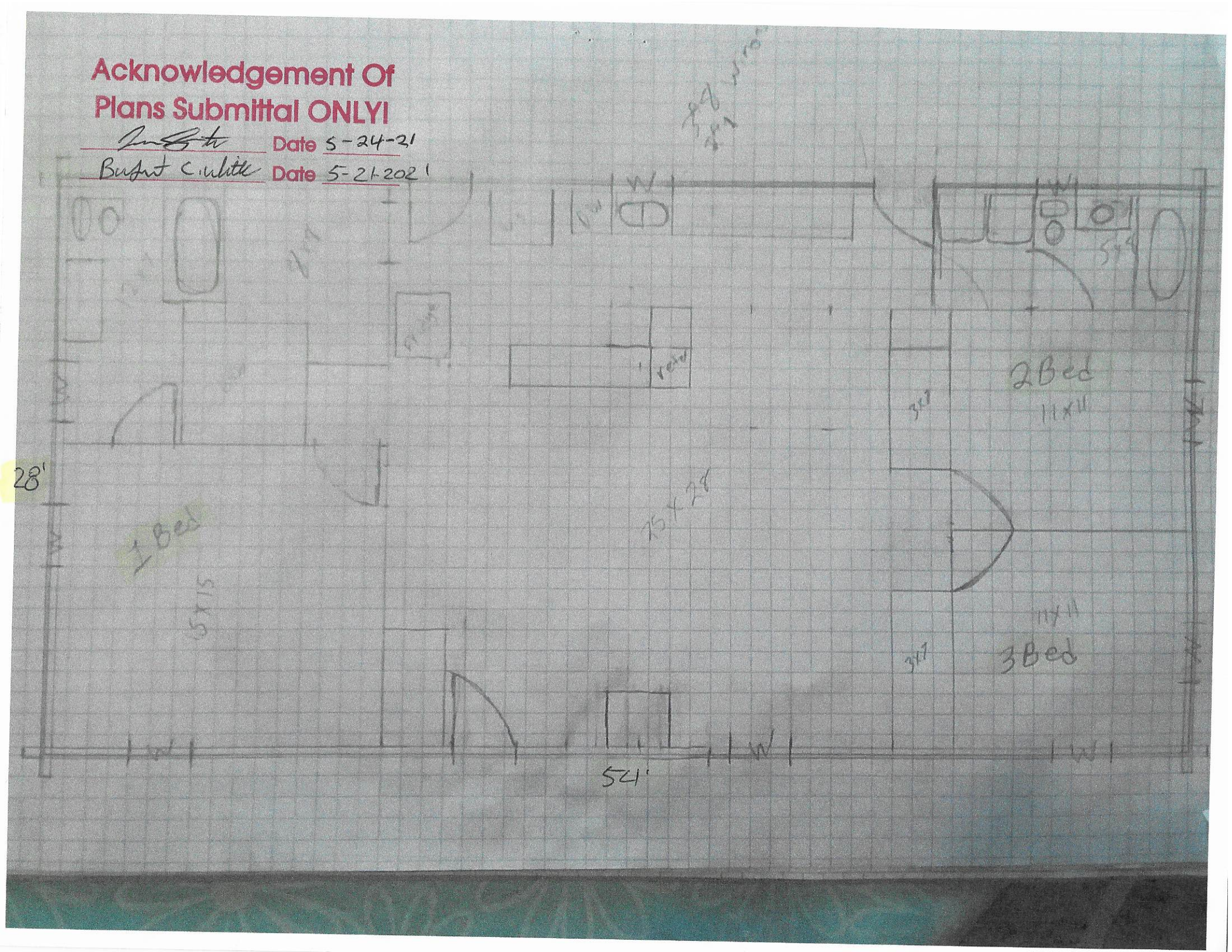


he maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be ve
gal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 100
arolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used
x liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Off

Acknowledgement Of Plans Submittal ONLY!

[redacted] Date 5-24-21

Budget Builder Date 5-21-2021



IREDELL COUNTY · NC

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

APPLICATION NUMBER
314549 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4861481155.000	1316 TABOR RD	Iredell County

Owner Information	Applicant Information
Name: STEELE JASON L+HANNAH Address: Phone:	Name: STEELE JASON L+HANNAH Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
30.339	35	35	15	15		NO

Remarks
SFD

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.

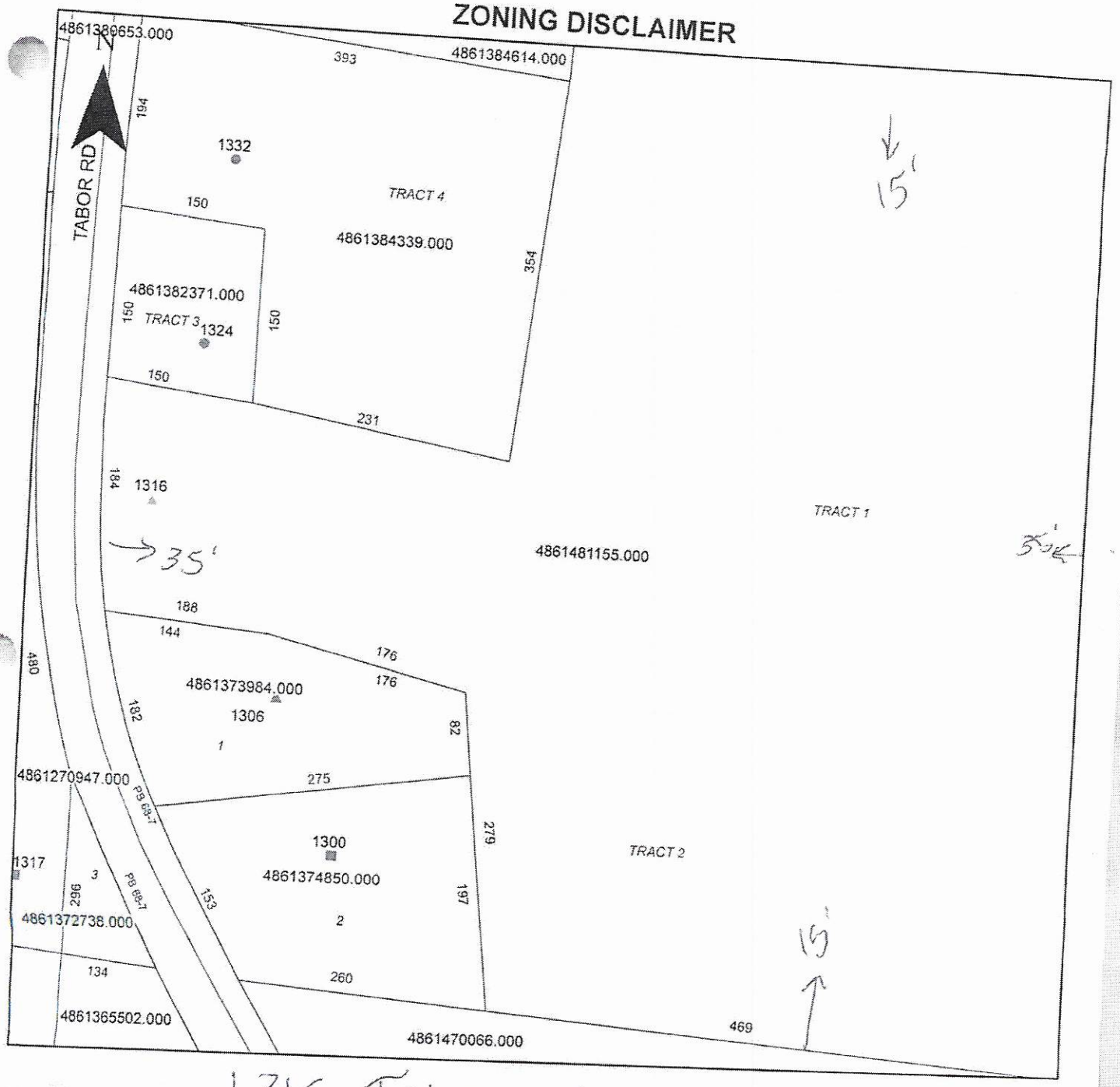
Signature of Owner/Contractor

Date: 02/01/2021

Permit Number	314549

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1316 Tabor Rd

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 restrictions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

2-1-2021
Date