IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228276

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

PIN # 4861880206

APPLICANT/OWNER: Tammy Renea Padgett APPLICANT ADDRESS: 141 Allen RD Harmony NC 28634

SITE ADDRESS: 141 Allen RD Harmony NC 28634 PHONE: ~ ALT. PHONE 336-813-5014

SITE DIRECTIONS: 77 NC to 901 Turn Right past Dump next paved RD on Left (Allen) 1st house on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 8.52 Acres DESIGN FLOW: 375 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	7/10/17	☒ 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:	25% Reduction	
# Nitrification Fields	1	# Lines	3		Linear Ft	375	Maintenance Agreement Required:	☐ YES ☒ NO	
Trench Width	36	Trench Bottom Depth(Low side)		28	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE	

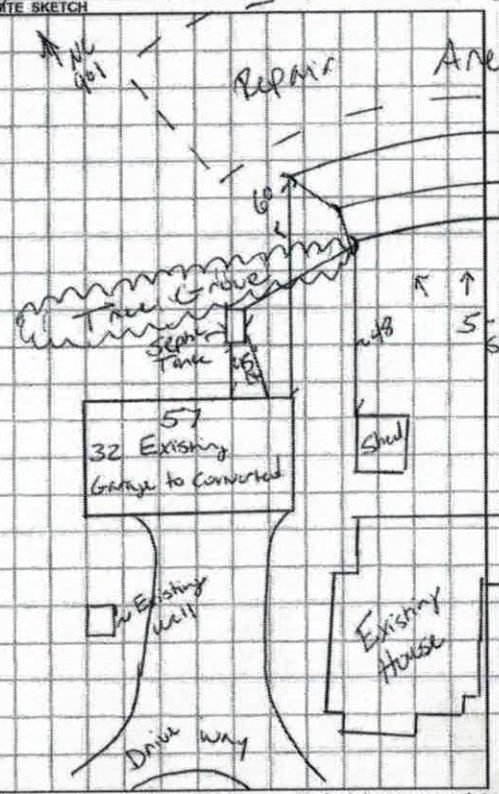
☐ Residence	No. Bedrooms		Water Supply
☒ Business	No. Persons	10	☐ Private
☐ Other	No. Employees	1	☒ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Converting Existing Garage into a hair salon/art studio. System is designed for commercial use. Use Poly-Flow PL625 Effluent Filter. Install Septic Drainlines on the contour & level & utilize serial distribution. Do not drive, park, pave, grade or bury anything in the drainfield area.

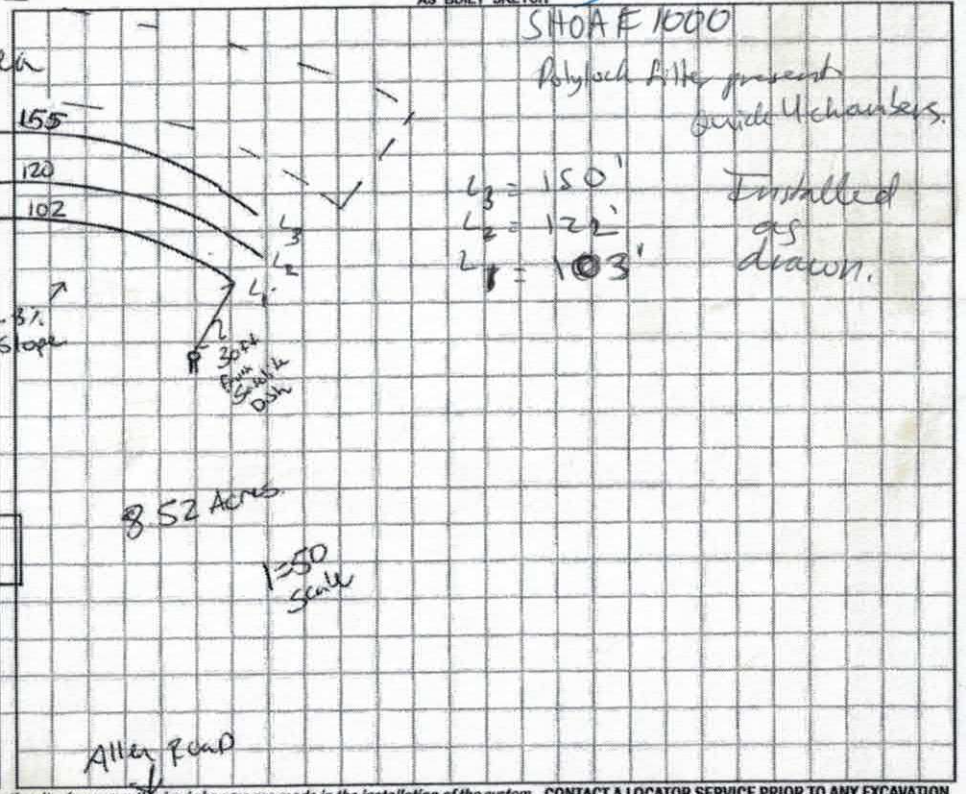
System is designed for 1 employee @ 25 gallons per day = 25
10 Students/customers @ 10 gpd + 100
2 Salon chairs @ 125 gpd + 150
375 gpd

*Tank and drainlines checked 8/25/17 M.P.D.

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	8/25/17	M.P.D.
Tanks Checked	8/25/17	M.P.D.
Pressure Manifold or Valve Box Checked	T	
Pressure Head Set		
Electrical Checked	N/A	
Floats Set		
Alarm Checked	T	
Maintenance Contract Y / N		

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: Tammy R Padgett Date: 7/26/17 Installed by: Colby Reece (Gunter Grading)

IMPROVEMENT PERMIT by: Benjamin A Bottoms Date: 7/26/2017. OPERATION PERMIT by: Mohamed Dumani Date: 8/25/2017

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bottoms Date: 7/26/2017 Existing System Inspected by: _____ Date: _____

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

Sheet 1 of 1
PROPERTY ID #: 4861880206
COUNTY: Iredell

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

OWNER: Tammy Renee Padgett
APPLICATION DATE 6/28/17
ADDRESS: 141 Allen Rd Harmony NC
DATE EVALUATED: 7/25/17
PROPOSED FACILITY: Hair Salon Art Studio PROPOSED DESIGN FLOW (.1949): 360.
PROPERTY SIZE: 8.6 Acre
LOCATION OF SITE: 141 Allen RD Harmony
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5-8% LSS	0-9	SCL WSBK	SS SP FR SFM		44	–	–	PS .3
		9-44	C SBK	SS SP FM					
2	5-8% LSS	0-8	CL WSBK	SS SP FR SFM		44	–	–	PS .3
		8-44	C SBK	SS SP FM					
3	5-8% LSS	0-8	SCL WSBK	SS SP FR SFM		44	–	–	PS .3
		8-35	C SBK	SS SP FM					
		35-44	CL WSBK	SS SP FR					
4	5-8%	0-8	SCL	SS SP FR SFM		44	–	–	PS .25
		8-24	C	SS SP FM					
		24-28	C Redoximorphs 10YR6/6.						
		28-44	C	2.5Y2.5/1.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	III 25%	III 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): Salon Art Studio
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bolkin
OTHER(S) PRESENT:

COMMENTS: Outlet filter ~ poly 10K PL-625 Effluent filter

125 gal/Chair ✓ 1 Employee
25 gal/Employee ✓ 2 chairs
10 ppl/customers
210 gals

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)

2 Lowa Filter Polylocklith 182.

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Tammy Renea Padgett	141 Allen Rd Harmony NC 28634		336-813-5014
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Tammy Renea Padgett	141 Allen Rd Harmony NC 28634		

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
141 Allen Rd Harmony NC 28634		

Driving Directions: 77 N to 901 turn right go past dump next paved road on left (Allen Rd) 1st house on left (Blue)

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 ___
Maximum Number of Occupants ___
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	Hair Salon/Art Studio
Square Footage of Building	896
Maximum Number of Employees	1
Maximum Number of Seats	4

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: Tammy Renea Padgett — 6/28/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

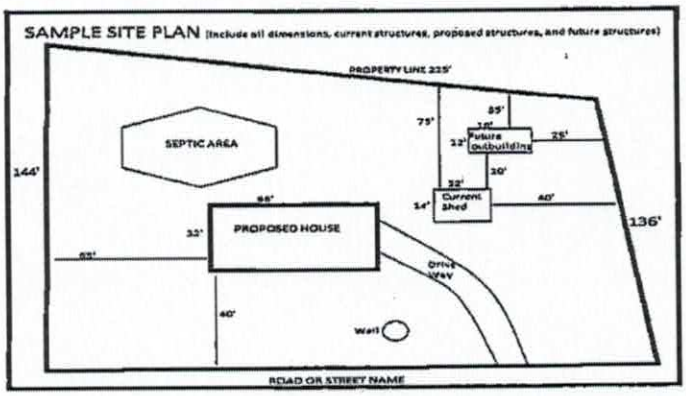
SITE PLAN WORKSHEET

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*!!!

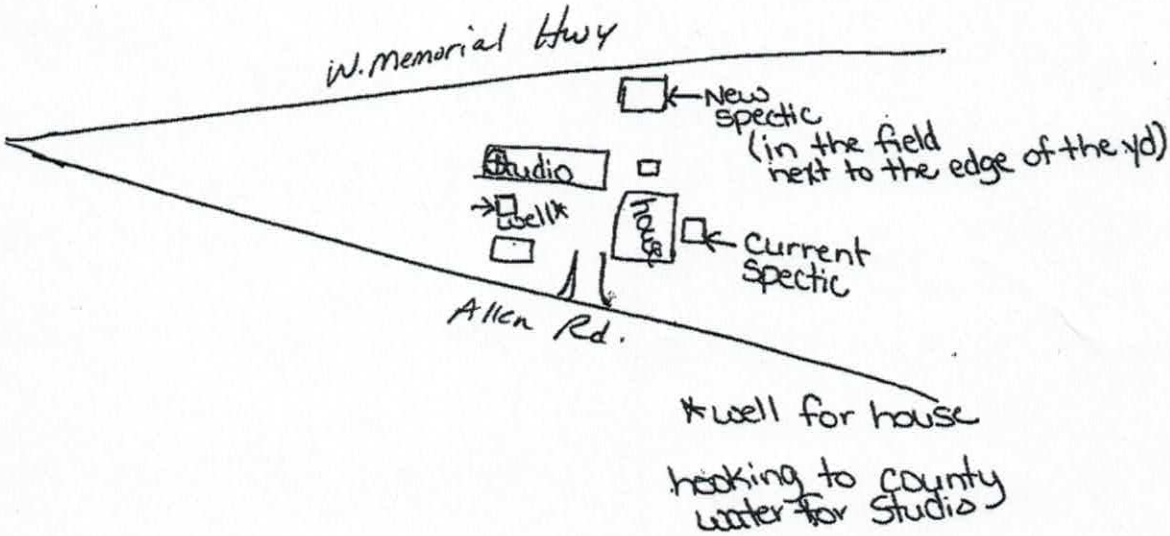
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred 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



Signature: Tammy Renea Padgett
REQUIRED property owner or owner's legal representative signature.

6/28/17
DATE

Padgett Farm Studios



Acknowledgement Of Plans Submittal ONLY!

Benjamin Batt Date 7/26/2017

_____ Date _____

IREDELL COUNTY

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

APPLICATION NUMBER
228276
Issue Date: 06/28/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4861880206.000	141 ALLEN ROAD, HARMONY, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PADGETT JAMES LEE+TAMMY R	Applicant: PADGETT, TAMMY R.
Address: 141 ALLEN RD HARMONY, NC 28634	Address: 141 ALLEN RD HARMONY, NC 28634
Phone:	Phone: 336-813-5014

Use Requested	Zone Code
CONVERTING GARAGE TO HOME BUSINESS/STUDIO	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
8.520					NOT	X

Remarks:

RURAL HOME OCCUPATION FOR HAIR SALON/STUDIO; MUST COMPLY WITH CHAPTER 3, R18; ADDING KITCHEN AND BATHROOM FOR HOME BUSINESS; NOT FOR LIVING QUARTERS;

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	107451	TOTAL FEES:	$ 77.25