ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-1178

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

PIN # 4861--94--9305.128

APPLICANT/OWNER: JON + STEPHANIE TURBIVILLE | APPLICANT ADDRESS: 541 WEST MEMORIAL HIGHWAY, HARMONY, N.C 28634

SITE ADDRESS: 128 DUTCHMAN ROAD, HARMONY, N.C 28634 | PHONE: 704-881-3683 | ALT. PHONE: –

SITE DIRECTIONS: (N) ON 77, (R) ON 901, (R) ON DUTCHMAN, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO REPAIR

SUBDIVISION: – | SECTION: – | LOT # – | LOT AREA: 16.02 AC | DESIGN FLOW: 240GPD | L.T.A.R.: 0.275 (0.1)

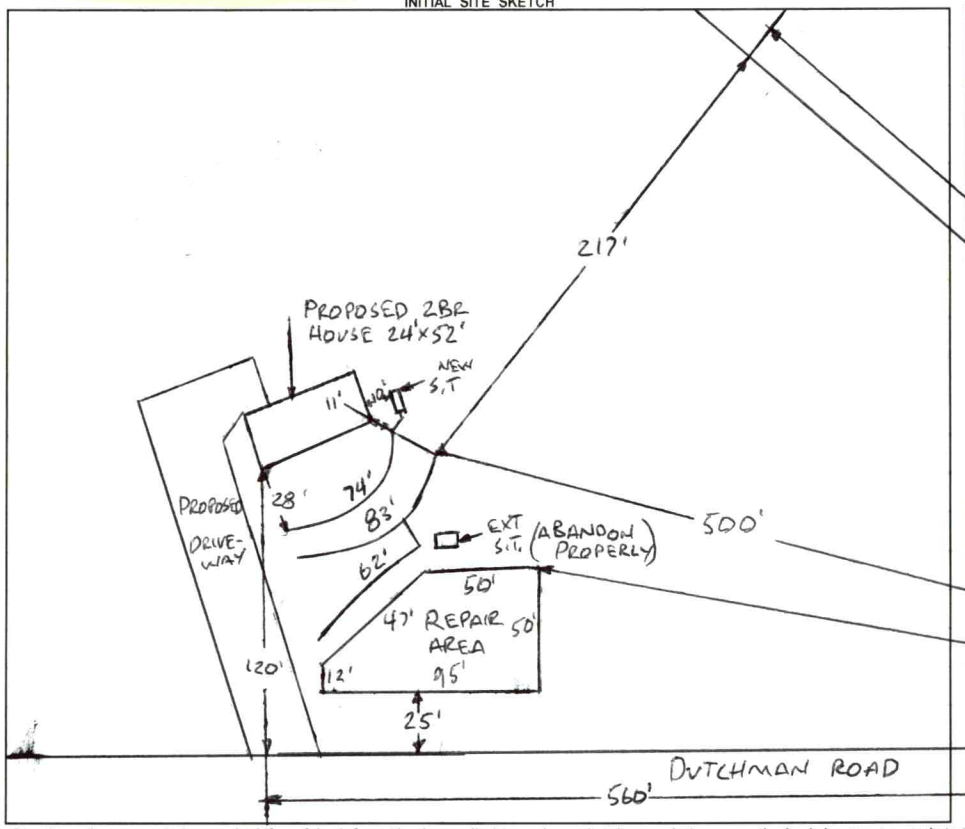
Septic Tank	1000 (gal)	STB	760.	Date	10-8-22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	25% REDUCTION		
Pump Make	–	Model	–	Serial #	–	Repair System Description:	TS II DRIP IRRIGATION		
# Nitrification Fields	1	# Lines	3	Linear Ft	219ft	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	34 IN	Gravel Depth	–	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	2	**Water Supply**
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees		☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH! DO NOT SHALLOW UP, PUMP, CRUSH, AND FILL EXISTING SEPTIC TANK

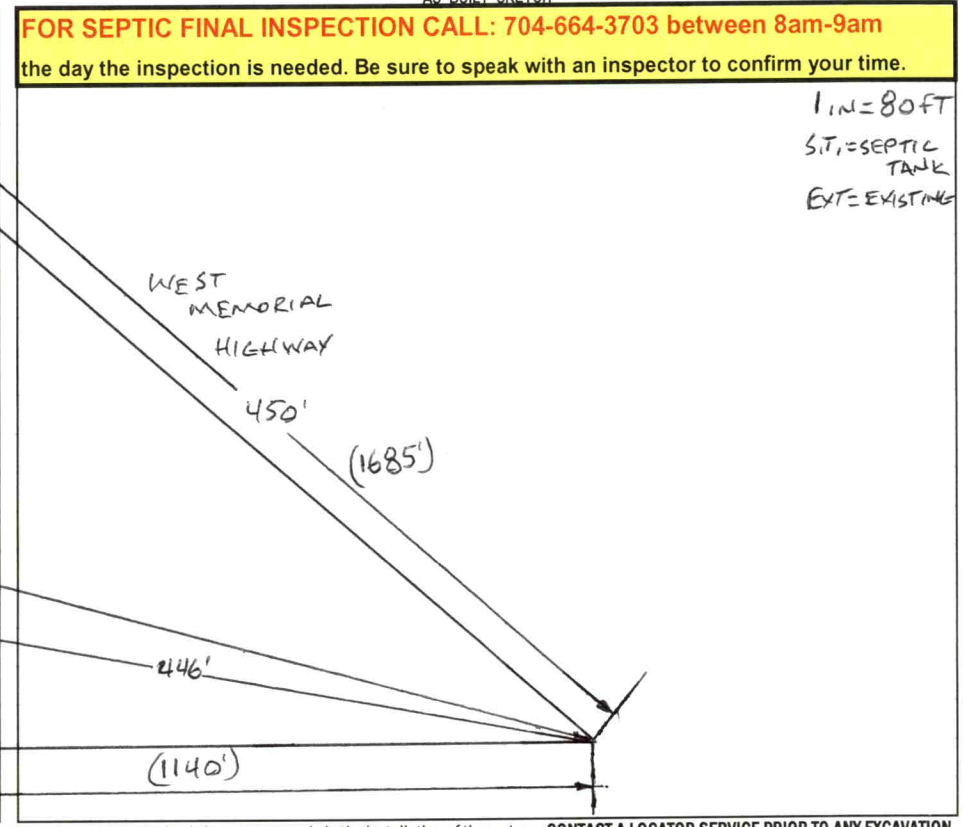
Installation permitted. BB.

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: _____ Date: _____ Installed by: Sammy Reece

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-3-2022 OPERATION PERMIT by: Brianna A Bost Date: 11-21-22.

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-7-2022 Existing System Inspected by: _____ Date: _____

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4861-94-9305,
COUNTY: IREDELL '28

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

OWNER: JON + STEPHANIE TURBIVILLE
APPLICATION DATE 9-12-2022
ADDRESS: 541 WEST MEMORIAL HIGHWAY, HARMONY, N.C. 28634
DATE EVALUATED:
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240GPD
PROPERTY SIZE: 16.02 AC
LOCATION OF SITE: 128 DUTCHMAN ROAD, HARMONY, N.C. 28634
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	RIDGE 1%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B 20"-25"	51"+	NA	NA	PS .275
		7-36	CL ABK	FR, S, P, SEXP					
		36-51	CL, WABK	FR, SS, SP, SEXP					
2	RIDGE 2%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW Y/B 16"-22"	48"+	NA	NA	PS .275
		6-38	CL ABK	FR, S, P, SEXP					
		38-48	CL, WABK	FR, SS, SP, SEXP					
3	RIDGE 2%	0-9	FILL	MIXED	SAP INC THRU OUT FEW Y/B @ 18"	50"+	NA	NA	PS .275
		9-36	CL, ABK	FR, S, P, SEXP					
		36-50	CL, WABK	FR, SS, SP, SEXP					
4	RIDGE 2%	0-10	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 30"+	48"+	NA	NA	PS .25
		10-48	CL ABK	FI, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.275	0.1

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

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

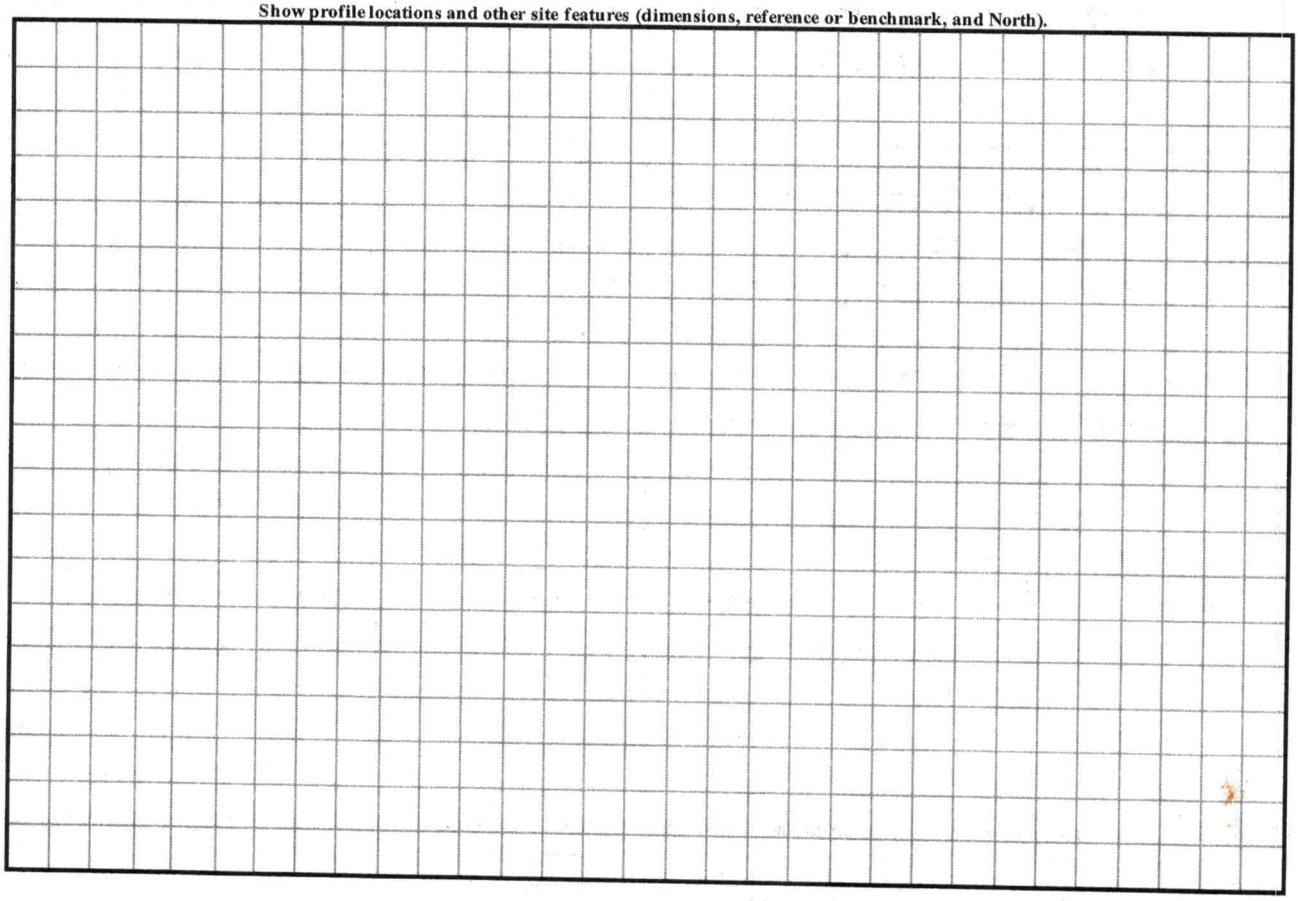
NOTES

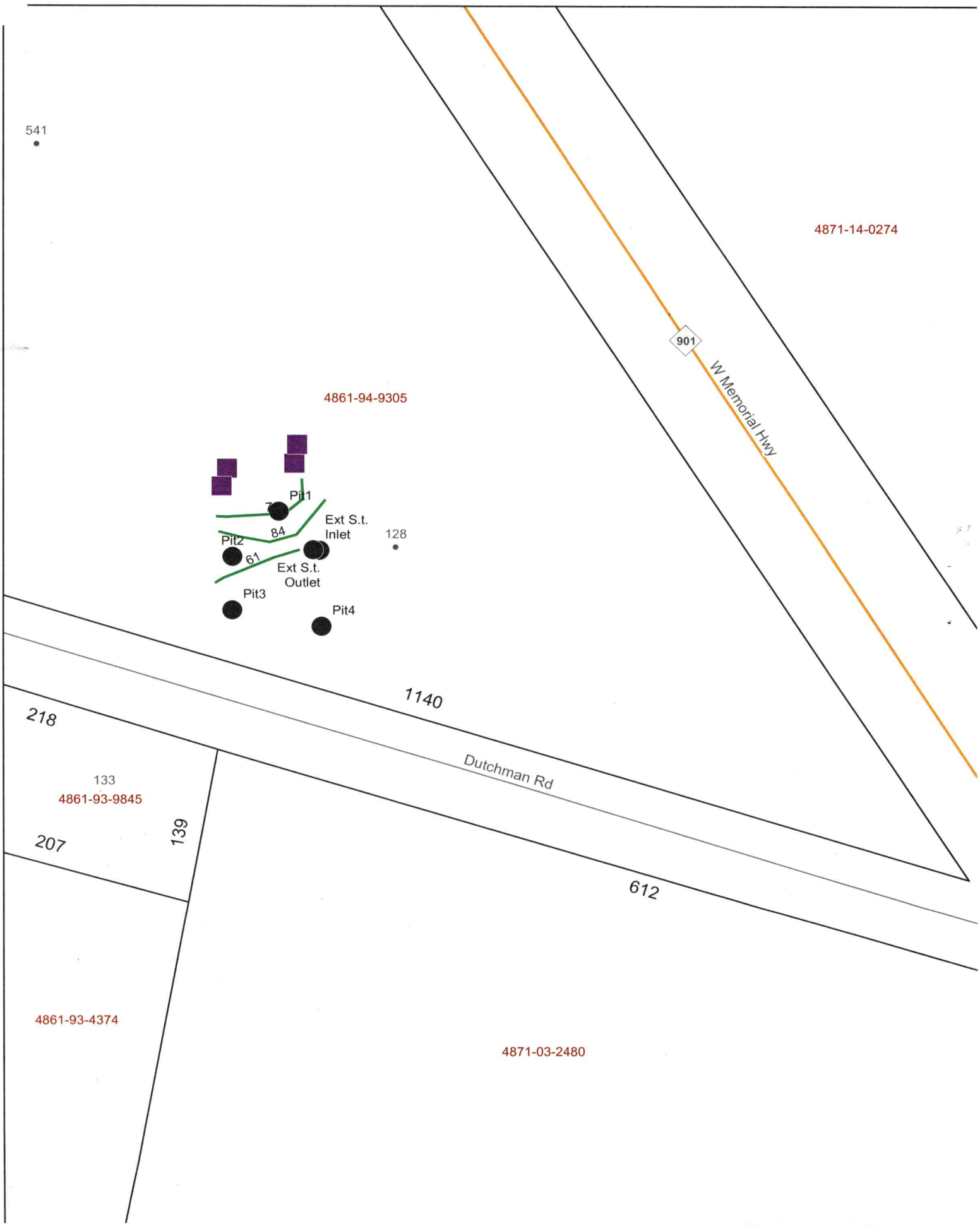
HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable)
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

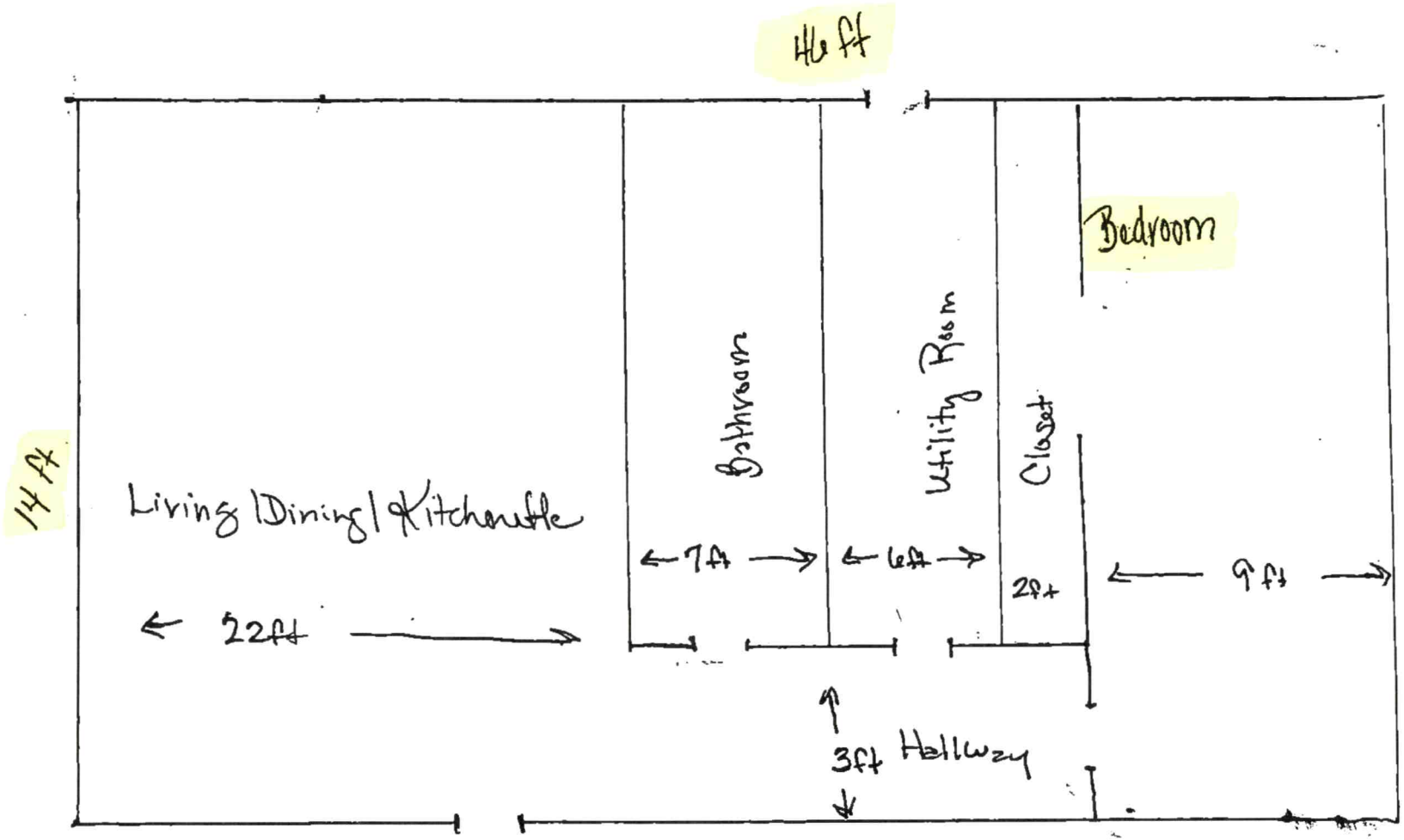
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




541
4871-14-0274
901
W Memorial Hwy
4861-94-9305
Pit1
Ext S.t.
Inlet
84
128
Pit2
61
Ext S.t.
Outlet
Pit3
Pit4
1140
218
Dutchman Rd
133
4861-93-9845
207
139
612
4861-93-4374
4871-03-2480



128 Dutchman Road

Bryant C. White

11-7-2022

PERMIT SNAPSHOT REPORT OSWP-2022-1178 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Existing Septic System
Status: In Progress
Valuation: $0.00
Description: Existing System Inspection

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 08/09/2022
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Parcel: 4861949305.000 Main
Address: 128 Dutchman Rd Harmony, NC 28634 Main
Zone: RA(Residential Agricultural District)

Property Owner
JON F TURBIVILLE
541 W MEMORIAL HIGHWAY
HARMONY, NC 28634

Applicant/Authorized Agent
Stephanie Turbiville
Mobile: (704) 881-3683

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	14 x 46	What are the proposed structures	Accessory Building
If other Addition/Structure, please explain	Accessory Dwelling	Maximum Number of Bedrooms	1	Number of Occupants	1
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Water Supply	Municipal Water
Desired Septic System Type	No Preference	Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
128 DUTCHMAN RD CORRECTED ZONING APP.pdf	08/09/2022 15:37	Sloan, Chrystal		
STVEHSCANNER_20220809_151020_017610_v1.pdf	08/16/2022 15:37	Hart, Ronda	Initial Site Sketch	Initial Site Sketch
STVEHSCANNER_20220809_152005_017617_v1.pdf	08/16/2022 15:37	Hart, Ronda	Available Online	Authorize to Act as Agent

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-14051	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	09/09/2022			09/08/2022 8:16	09/08/2022 8:16

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-8986	Re-inspection required	OSWP Septic/Well Preliminary Site Visit	08/24/2022			08/24/2022 8:08	08/24/2022 8:08

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Linked Record Relationship	Module	Record Number	Linked Record Type	Linked Record Work Class
Parent	Permit	AP-330062	Residential Building	New Single-Family Dwelling

Note	Created By	Date and Time Created
1. For Zoning requirements, please view the Zoning Notes within the Planning/Zoning section of the Additional Info tab.	Teanna Kobuck	08/24/2022 8:18

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00000347	Existing System Inspection	$250.00	$250.00
	Total for Invoice INV-00000347	$250.00	$250.00

PERMIT SNAPSHOT REPORT (OSWP-2022-1178)

	Grand Total for Permit	$250.00	$250.00

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		08/16/2022 0:00	08/16/2022 15:38
Confirm application complete v.1	Generic Action		08/16/2022 15:38
~~**Zoning Review v.1**~~			08/16/2022 15:39
~~Fees Paid v.1~~	Generic Action		08/16/2022 15:39
~~Iredell County Zoning Approval v.1~~	Task		08/16/2022 15:39
~~Issue Invoice v.1~~	Generic Action		08/16/2022 15:39
Fees v.1		08/16/2022 0:00	08/16/2022 15:40
Issue Invoice v.1	Generic Action		08/16/2022 15:40
Fees Paid v.1	Generic Action		08/16/2022 15:40
Lot Readiness Verification v.1		08/24/2022 0:00	
Existing System Inspection v.1	Inspection		
OSWP Septic Preliminary Site Visit v.1	Inspection	08/24/2022 0:00	08/24/2022 8:12
OSWP Septic Preliminary Site Visit v.2	Inspection	09/09/2022 0:00	09/09/2022 8:18
Environmental Health Review v.1			
Environmental Health Approved For Building Permit v.1	Generic Action		
EH Inspections v.1			
OSWP Alarm Checked v.1	Inspection		
OSWP Drain Lines Checked v.1	Inspection		
OSWP Electrical Checked v.1	Inspection		
OSWP Floats Checked v.1	Inspection		
OSWP Maintenance Contract v.1	Inspection		
OSWP Pressure Head Checked v.1	Inspection		
OSWP Pressure Manifold Checked v.1	Inspection		
Permit Completion Process v.1			
Issue Permit/Complete v.1	Generic Action		

330062

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*

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: Jon Turbiville Address: 541 W Memorial Hwy Harmony NC Zip: 28634
Applicant Email: Stephenie.turbiville@dhhs.nc.gov Phone: 704-682-0665 Alt. Phone: 704-881-3683
Owner Name: Jon Turbiville Address: 541 W Memorial Hwy, Harmony NC Zip: 28634
Owner Email: Stephenie.turbiville@dhhs.nc.gov Phone: 704-682-0665 Alt. Phone: 704-881-3683

Property Information:

Street Address: 128 Dutchman Road Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Exit 65 I-77 North - Go right 3.5 miles - Take right onto Dutchman Road - First driveway on right

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 1 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 1 — ( ) Concrete Slab Foundation
(✓) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: 1995
( ) 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.

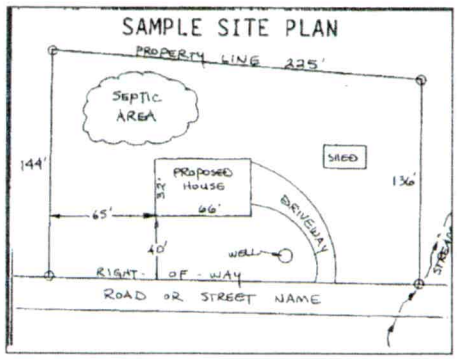
Signature: _____ 7/25/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

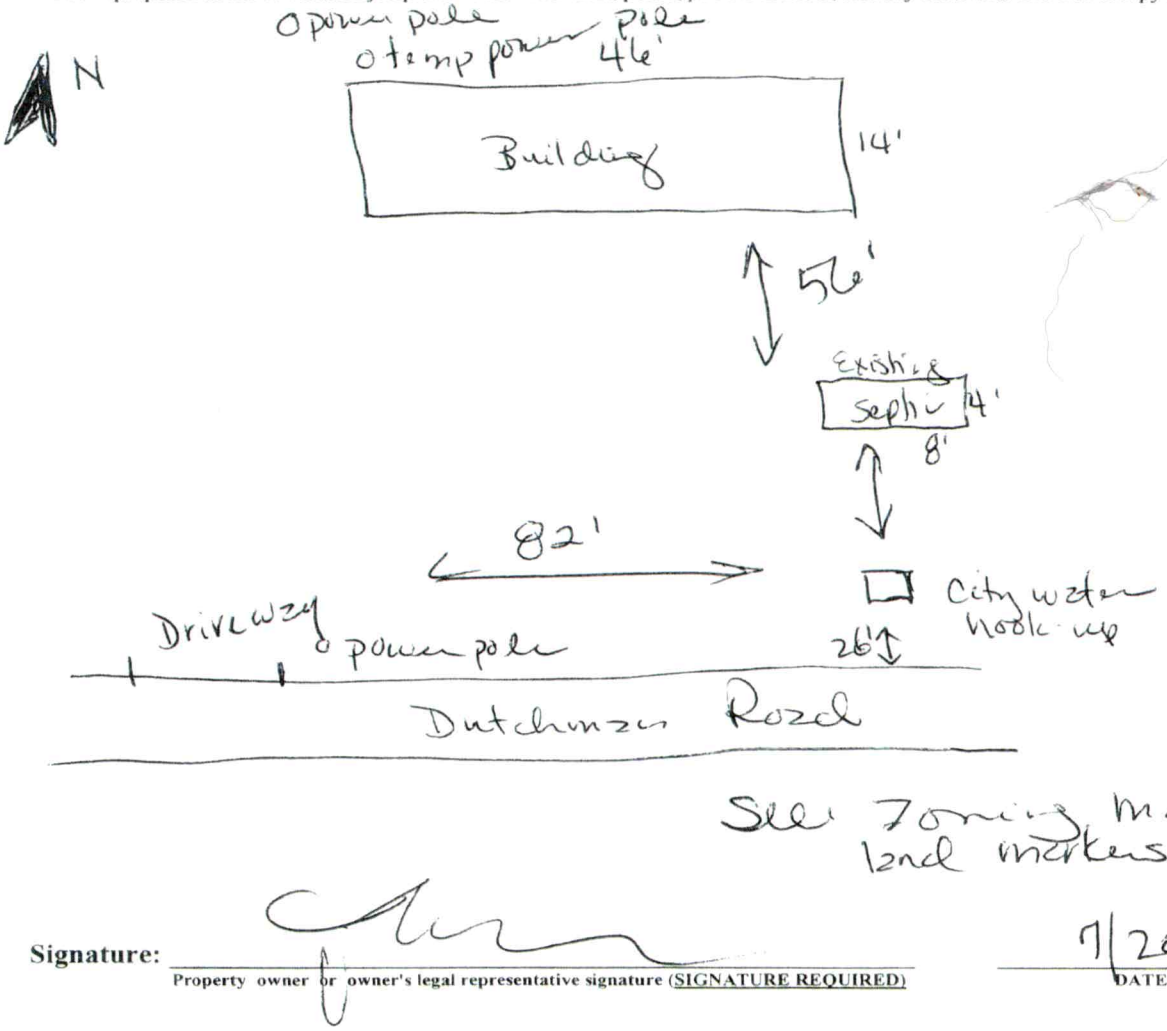
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **North arrow, or other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



See Zoning map for land markers

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

7/25/2022
DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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, _____, 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

Complete all Environmental Health forms:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

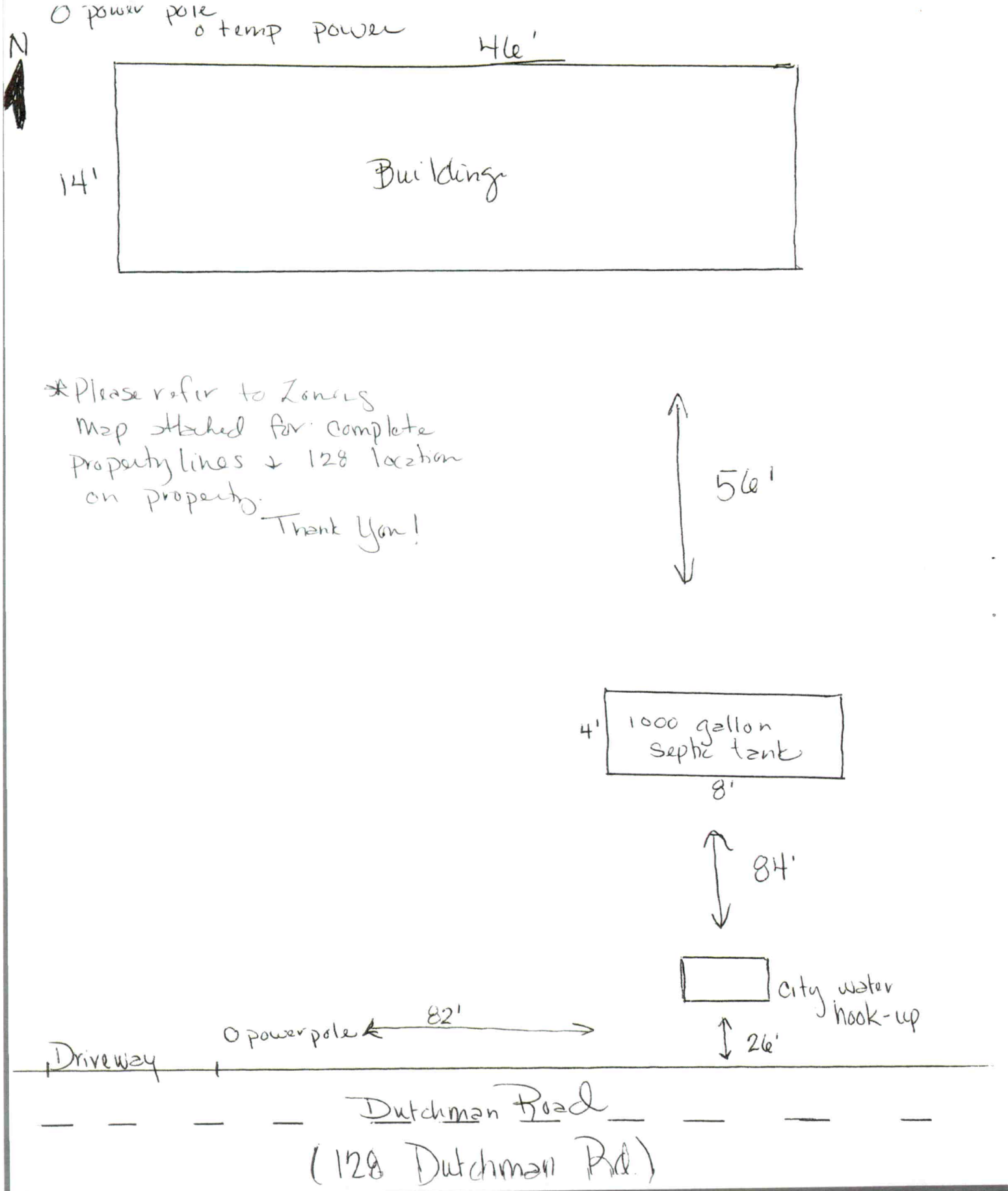
By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7/25/2022

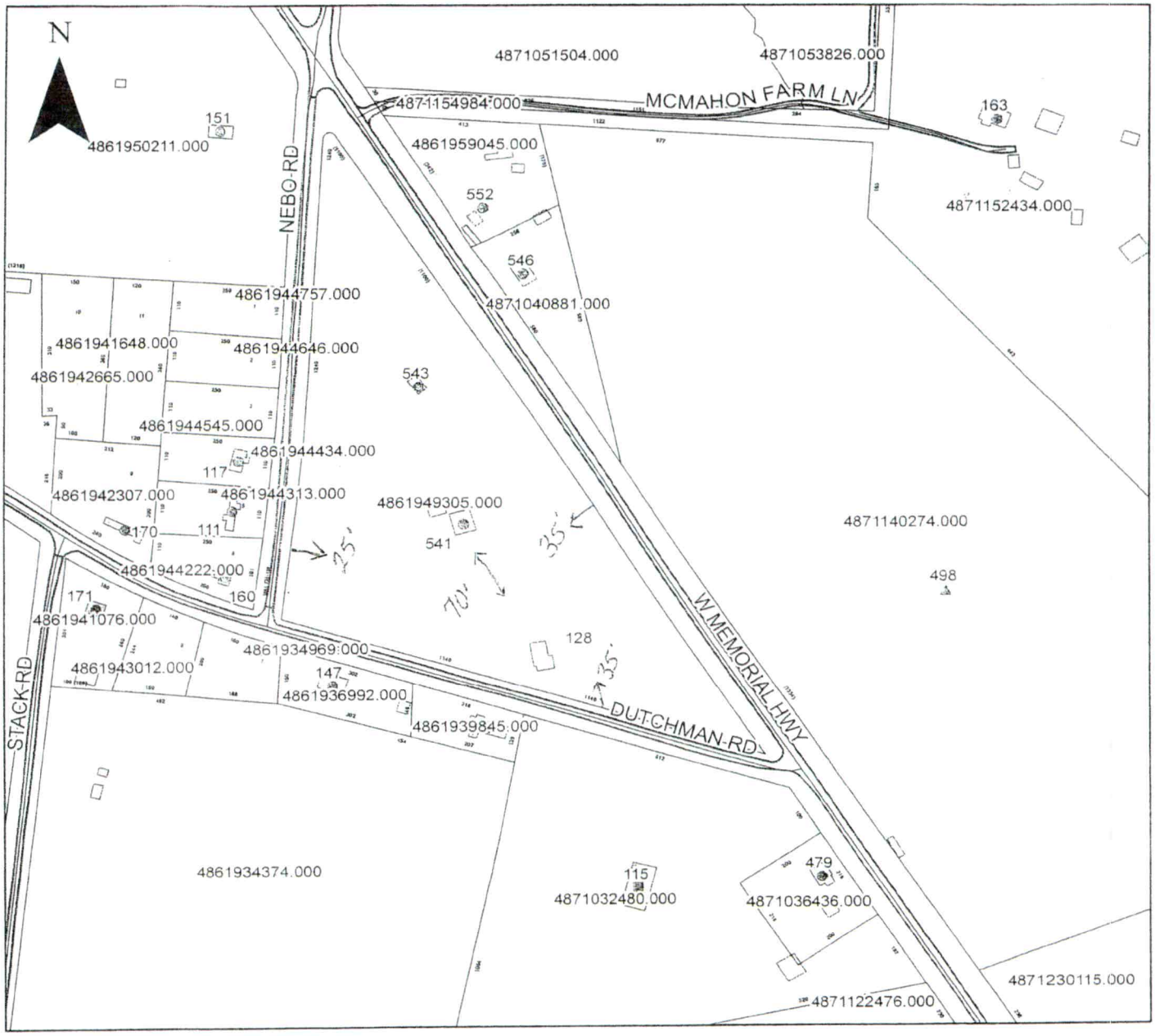
Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625


O power pole
o temp power
N
46'
14'
Building
*Please refer to Zoning Map attached for complete property lines & 128 location on property.
Thank You!
56'
4'
1000 gallon Septic tank
8'
84'
city water hook-up
82'
O power pole
26'
Driveway
Dutchman Road
(128 Dutchman Rd.)

ZONING DISCLAIMER



Property Address 128 Dutchman 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 conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

6-27-22
Date

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

APPLICATION NUMBER
330062 Issue Date: 06/27/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4861949305.000	128 DUTCHMAN RD	Harmony

Owner Information	Applicant Information
Name: TURBIVILLE JON F	Name:
Address: 541 W MEMORIAL HIGHWAY HARMONY, NC 28634	Address:
Phone:	Phone:

Use Requested	Zone Code
Accessory Dwelling Unit	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
16.02	35	35	25	35	WSIII-BOW Hunting Creek	NO

Remarks

R6 Accessory Dwelling Unit ZONING BY RICH

R6 Accessory Dwelling Unit
A. Permitted as an accessory dwelling unit to a single-family dwelling unit only. It shall be clearly subordinate to the principal structure. B. For detached dwelling units and those using separate septic and/or well systems, the minimum lot size shall be two times the minimum lot requirement for the district. Otherwise, the standards of the zoning district shall apply. See Chapter 2. C. Shall have heated floor area no greater than 650 square feet. The accessory unit may be combined with a garage, workshop, etc. D. No more than one accessory dwelling unit shall be located on the lot. E. Must be owned by the same person who owns the principal dwelling. F. Shall NOT be served by a separate driveway connected at the road from that of the principal dwelling. G. Must be located in the rear or side yard and meet rear and side yard setback requirements of a principal structure. H. Shall meet the height requirement of the zoning district. See Chapter 2. (amended 12/5/17, TA-2017-03) SETBACKS PER LESLIE 70' BETWEEN DWELLINGS

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: 06/27/2022

Signature of Owner/Contractor

Permit Number	330062	TOTAL FEES:	$77.25

RECEIPT (REC-000251-2022)
FOR IREDELL COUNTY

BILLING CONTACT
JON F TURBIVILLE
541 W Memorial Highway
Harmony, Nc 28634

Payment Date: 08/09/2022

Reference Number	Fee Name	Transaction Type	Payment Method	Amount Paid
OSWP-2022-1178	Existing System Inspection	Fee Payment	Cash	$250.00
128 Dutchman Rd Harmony, NC 28634			SUB TOTAL	$250.00
			TOTAL	$250.00

OSWP-2022-1178
$250.00
AP-330062

RECEIPT (REC-001676-2022)
FOR IREDELL COUNTY

BILLING CONTACT
JON F TURBIVILLE
541 W Memorial Highway
Harmony, Nc 28634

Payment Date: 09/19/2022

Reference Number	Fee Name	Transaction Type	Payment Method	Amount Paid
OSWP-2022-1178	Site Revisit	Fee Payment	Cash	$250.00
128 Dutchman Rd Harmony, NC 28634			**SUB TOTAL**	**$250.00**
			TOTAL	**$250.00**

16
25
13.