IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239744

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

PIN # 4862805248

APPLICANT/OWNER: Jodi Thompson | APPLICANT ADDRESS: 157 Carl Austin Rd

SITE ADDRESS: 228 Allen Rd, Harmony 28634 | PHONE: 704-902-4442 | ALT. PHONE 704-902-4441

SITE DIRECTIONS: 901 → L on Eagle Mills → R on Houstonville → R on Allen → on left | SAP CONTROLLED: ☐ YES ☒ NO

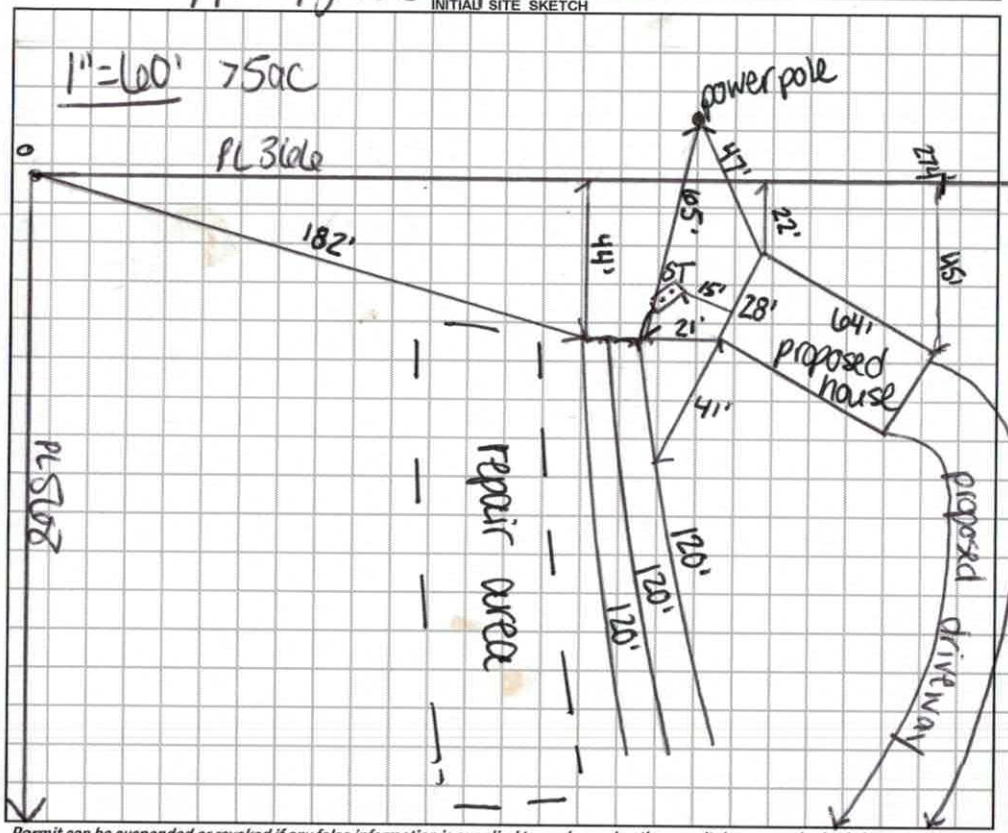
SUBDIVISION: — | SECTION: — LOT # — LOT AREA: 5.117 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 760	Date 2-28-	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	75% reduction	☐ Business	No. Persons	10	☐ Private
Pump Make		Model	Serial #	Repair System Description:	75% reduction	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines 3	Linear Ft 360	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	21"/24" high	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 24". Do not drive on / pave / gradl on septic area.

~~X~~ Installed as permitted.

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: Jodi Thompson Date: 10/18/18

IMPROVEMENT PERMIT by: Carla C. Cave Date: 11/13/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 11/14/18

Installed by: Gary Thompson Grading

OPERATION PERMIT by: Benjamin A. Bailey Date: 5/7/19.

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 47 27052 48
COUNTY: Iredell

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

OWNER: Jodi Thompson
ADDRESS: 157 (Lot) Austin Rd
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 228 Allen Rd

APPLICATION DATE: 10/23/18
DATE EVALUATED: 11/7/18
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 5.117 ac
PROPERTY RECORDED: Y

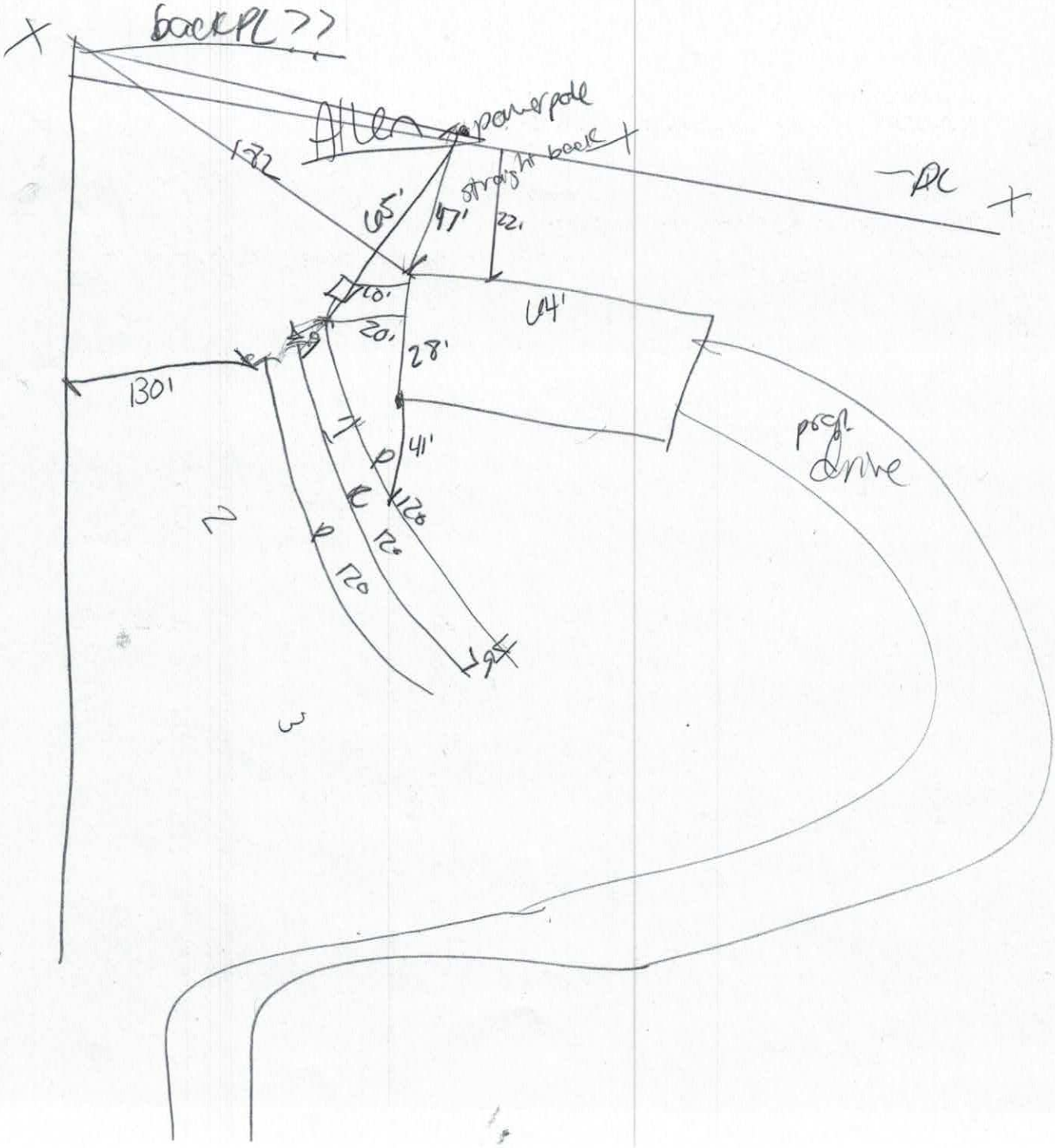
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

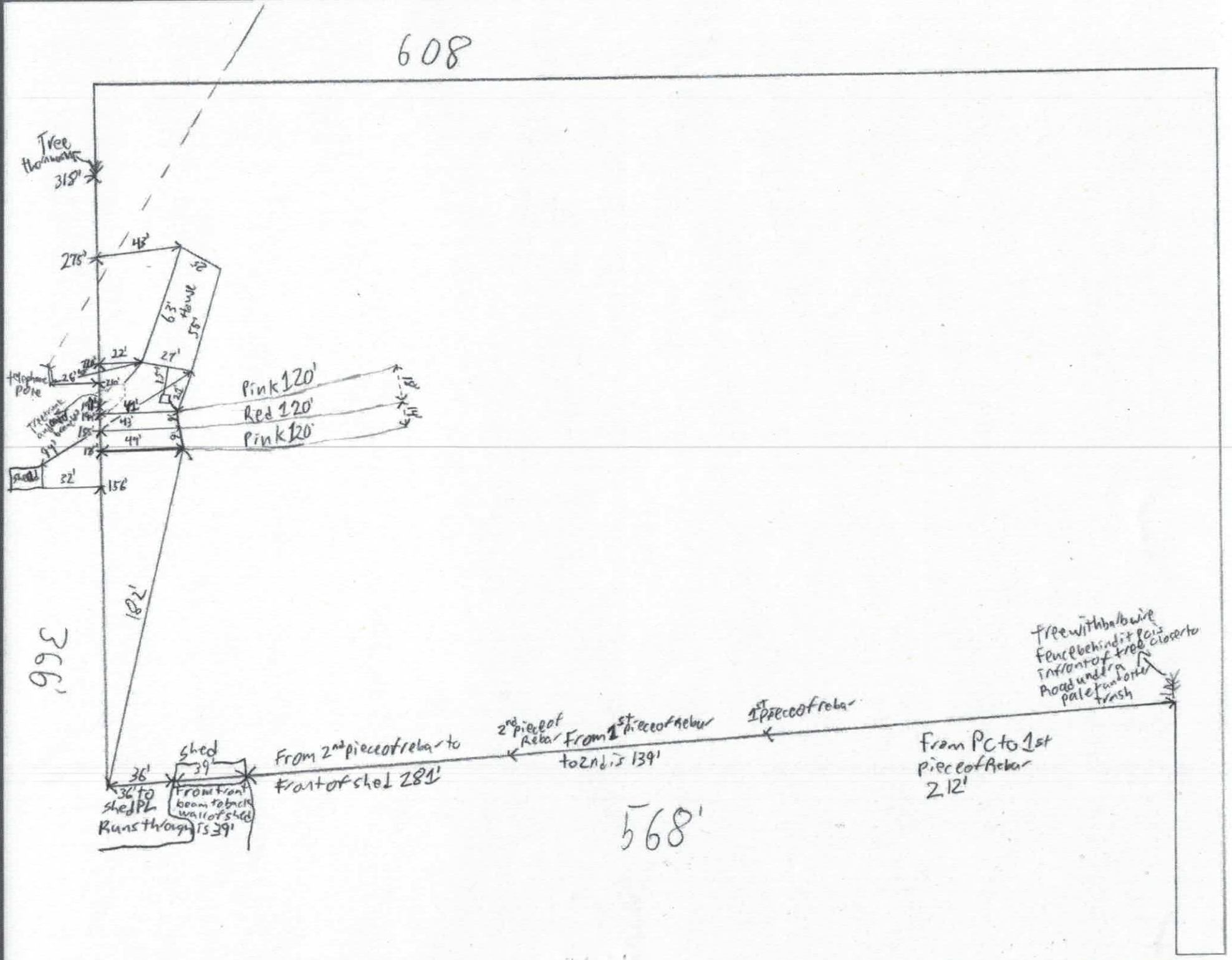
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 I	SS 6%	0-7	SBK SCL	Fr SS SP SXP	-sap inc @ 48" -stay above	54"	stay above	N/A	PS .275
		7-35	SBK C	Fr SS SP SXP					
		35-54	SBK CL	Fr SS SP SXP					
		54-105	sap	Fi					
2 R	SS 6%	0-10	SBK SCL	Fr SS SP SXP	sap inc	58"	stay above	N/A	PS .25
		10-31	ABK C	Fr SS SP SXP					
		31-58	SBK CL	Fr SS SP SXP					
		58-61	sap						
3 R	SS 6%	0-10	SBK SCL	Fr SS SP SXP	→TB 24" stay above	37"	stay above	N/A	PS .25
		10-37	SBK C	Fr SS SP					
		37-57	sap	Firm sap vien @ 37"					
4 I	SS 6%	0-7	SBK SCL	Fr SS SP SXP	sap inc @ 31"	51"	stay above	N/A	PS .25
		7-39	ABK C	Fr SS SP SXP					
		39-51	ABK CL	Fr SS SP SXP					
		51-61	sap						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	75%	25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Cave
OTHER(S) PRESENT:

COMMENTS:


back PL??
power pole
straight back
PL
132
65'
47'
22'
60'
20'
28'
44'
130'
41'
120
120
120
pool
drive


608
Tree thornbush
315'
275'
48'
63' house
55'
22'
27'
telephone pole
26'
Pink 120'
Red 120'
Pink 120'
43'
44'
32'
156'
182'
996
shed
39'
36'
36' to shed PL Runs through
From front beam to back wall of shed is 39'
From 2nd piece of rebar to front of shed 281'
2nd piece of Rebar
From 1st piece of rebar to 2nd is 139'
1st piece of rebar
From PC to 1st piece of Rebar 212'
Tree with bailwire
Fence behind it pointed in front of tree closer to road under a pole and some trash
568'

RECEIVED OCT 2 3 2018 - need different

239744

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $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)

Same

Applicant Name: Jodi Thompson Address: 151 Carl Alston Rd Zip: 28625
Applicant Email: Jodi.Thompson4@gmail Phone: 704-902-4442 Alt. Phone: 704-902-4441
Owner Name: Jodi Thompson Address: " Zip: ____
Owner Email: ____ Phone: ____ Alt. Phone: ____

Property Information:

Street Address: 228 Allen Rd Harmony, NC 28634
Subdivision Name: ____ Section/Phase: ____ Lot Number: ____
Driving Directions: ____

PAID 1430 mt 10/23

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: ____
( ) 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: ____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: ____
( ) 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: Jodi W. Thompson 10-23-18
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)* Jodi W. Thomas

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.

Jodi W. Thomas
Signature of Owner(s)

10-23-18
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

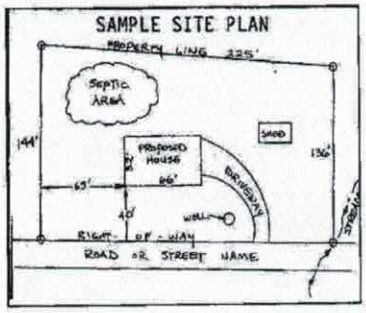
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (N/A) ( ) North arrow, or other sufficient indicator of direction

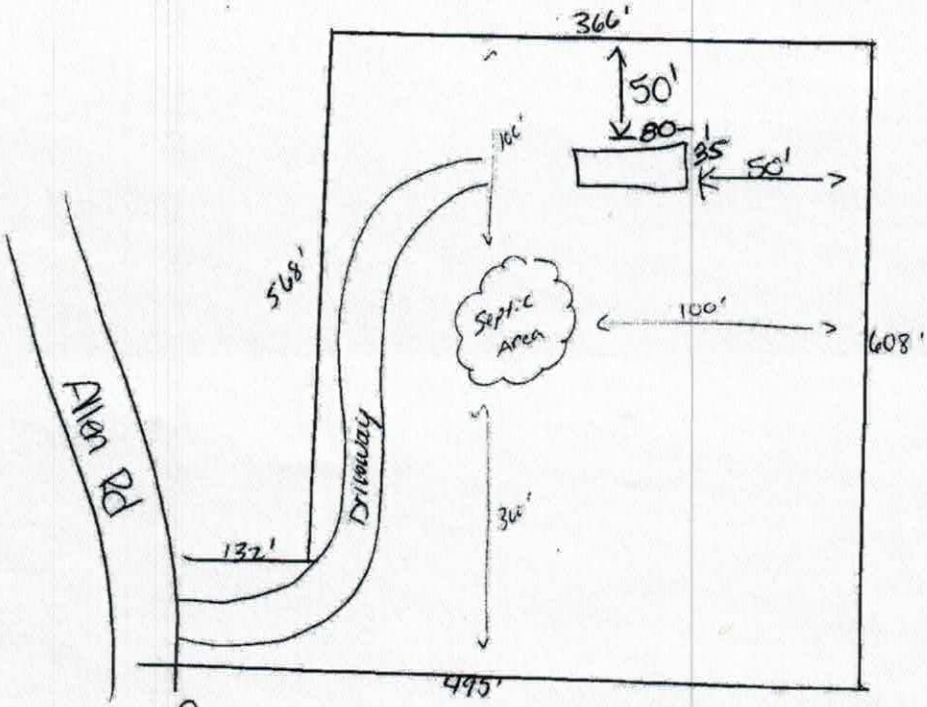


Circle N/A on the following if appropriate:

- 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

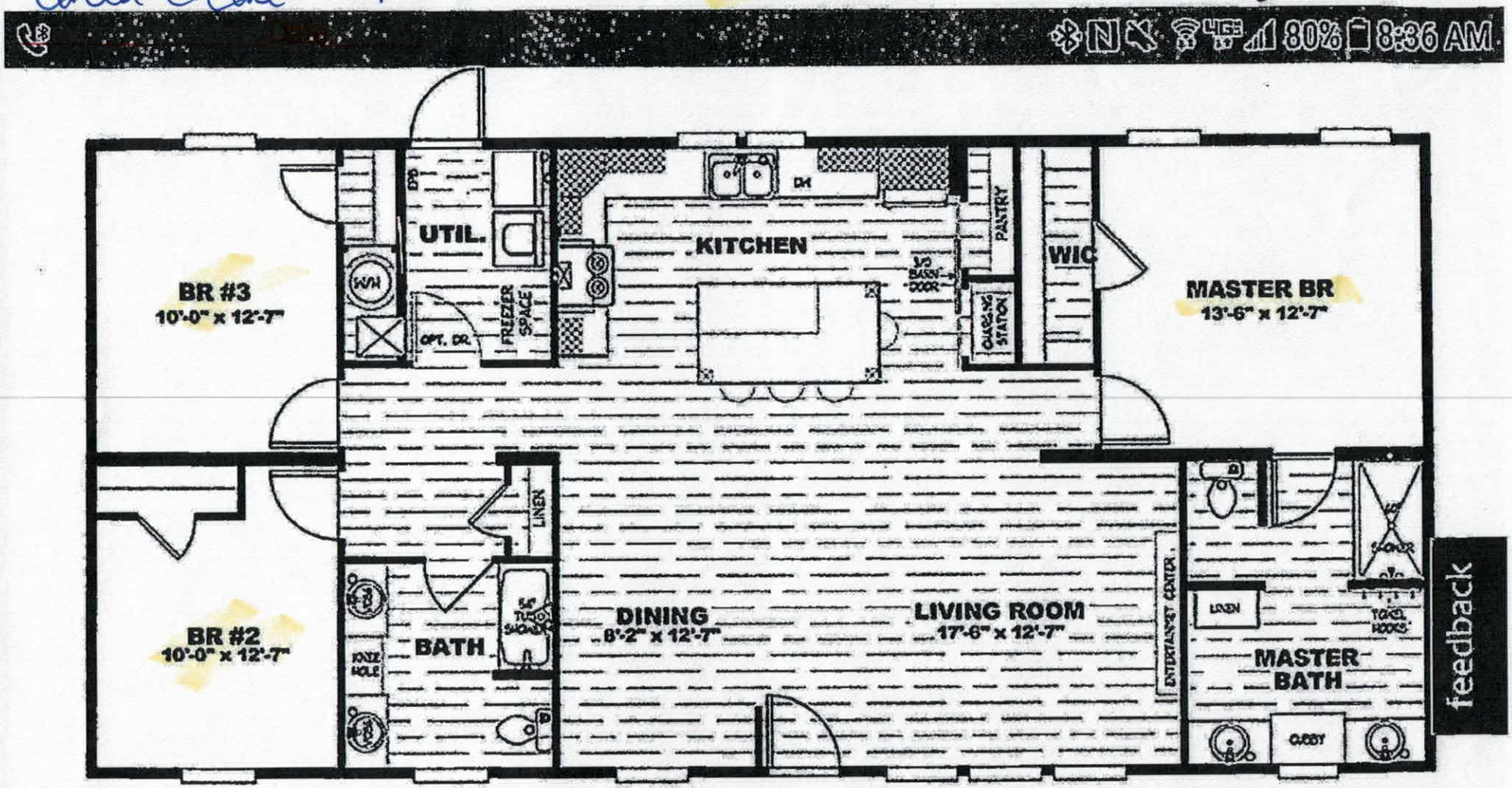


Signature: Jodi W Hudspeth — 10-23-18

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

Acknowledgement Of Plans Submittal ONLY!
Jodi Thompson
928 Allen Rd.
Harmony NC 28634
Carla C Cook Date 11/14/18

28 x 56 1568 sq ft.



IREDELL COUNTY

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

APPLICATION NUMBER
239744
Issue Date: 10/23/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4862805248.000	228 ALLEN ROAD, HARMONY, NC 28634	

Owner Information		Applicant Information	
Owner:	THOMPSON JODI W	Applicant:	THOMPSON JODI W
Address:	398	Address:	157 CARL AUSTIN RD
	IREDELL CO, NC 28625		STATESVILLE, NC 28625
Phone:		Phone:	

Use Requested	Zone Code
DOUBLEWIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.110	35.00	35.00	15.00	15.00	BO	X

Remarks:

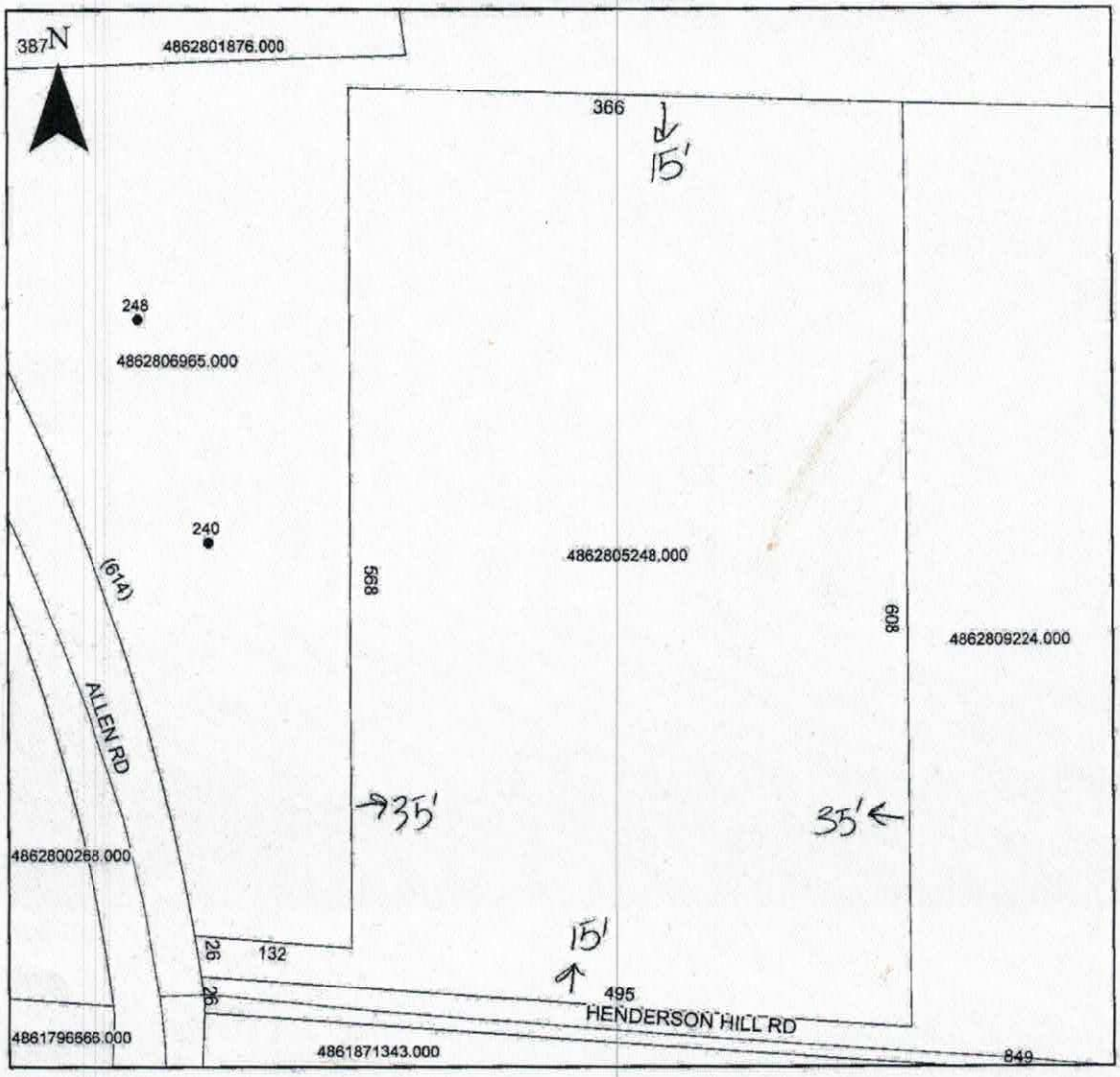
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved

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	156473	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 228 Allen 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.

Jodi W. Thompson
Applicant

10-23-18
Date