ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-316766

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

PIN # 4863 -- 53 -- 2324.

APPLICANT/OWNER: JORDAN DOBSON

APPLICANT ADDRESS: 128 REDEEMED LANE, HARMONY, N.C. 28634

SITE ADDRESS: 128 REDEEMED LANE, HARMONY, N.C. 28634

PHONE: 704-881-2694 ALT. PHONE 704-902-3394

SITE DIRECTIONS: (N) ON 77, (R) ON 901, (L) ON CRATER, (R) ON CARTWRIGHT, (L) ON TRIVETT, (R) ON CORNWALL, (R) ON REDEEMED, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.05 AC

DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	4/15/22	☑ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION	
Pump Make	—	Model	—		Serial #	—	Repair System Description:	50% REDUCTION	
# Nitrification Fields	1	# Lines	4		Linear Ft	300 ft	Maintenance Agreement Required:	☐ YES	☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	26 IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	

System Type: I II (III) IV V VI

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

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

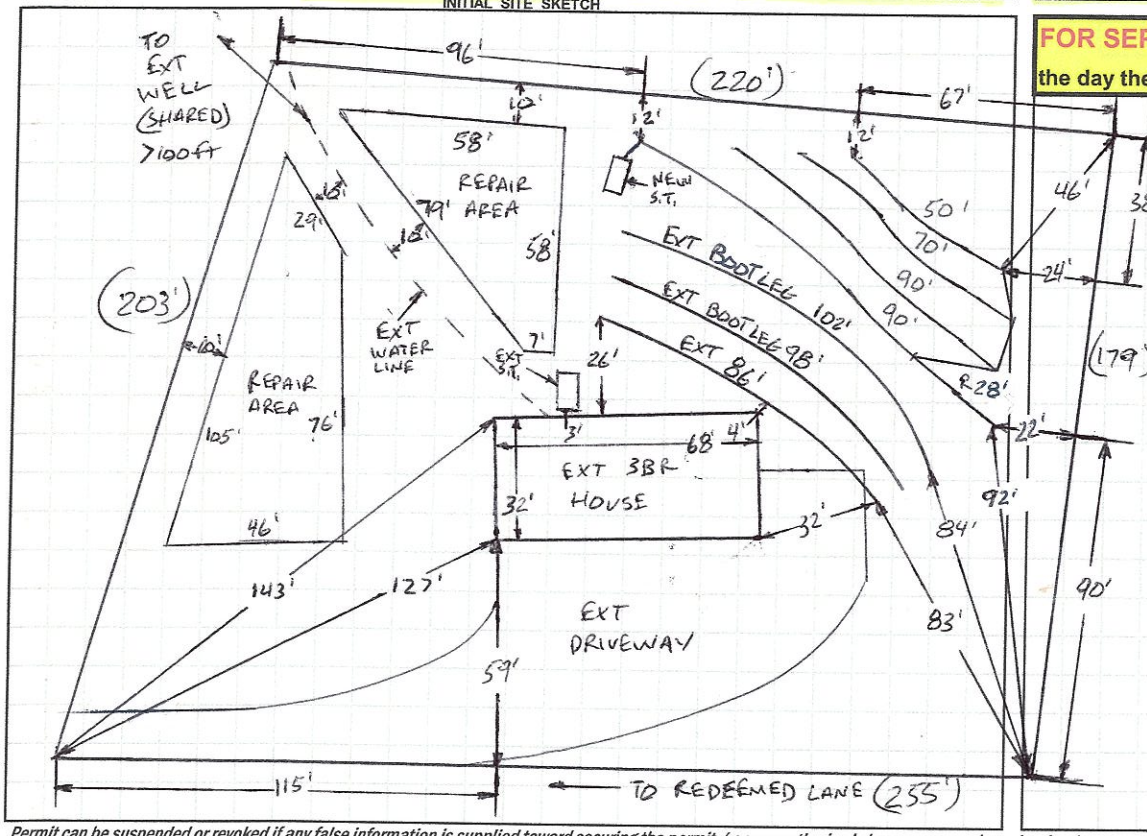
Water Supply: ☑ Private EXT ☐ Public ☐ Community

☐ Basement w/o plumbing

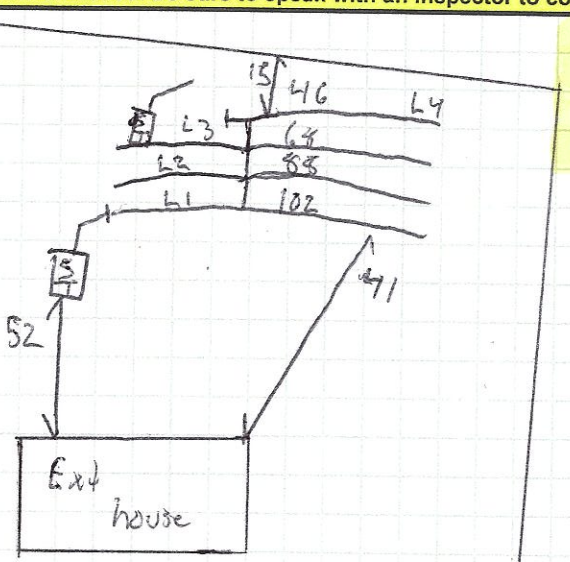
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9ft CENTERS, UTILIZE SERIAL DISTRIBUTION, PUMP, CRUSH, AND FILL EXISTING TANK(IT DOES NOT MEET SET-BACK) DO NOT HOOK TO ANY PART OF EXISTING SYSTEM

PROPERTY LINE MUST BE SURVEY MARKED AT TIME OF INSTALL
DO NOT EXCEED A 33IN MAX TRENCH DEPTH, DO NOT BUILD ON REPAIR AREA

INITIAL SITE SKETCH



AS BUILT SKETCH



1IN = 50 FT
S.T. = SEPTIC TANK
EXT = EXISTING

L1 : 25
L2 : 21
L3 : 16
L4 : 17

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: Elizabeth Dobson Date: 1-7-22

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-20-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 12-20-2021

Installed by: (Nr:1) Stutts Grading + Land

OPERATION PERMIT by: Matt Wilkie Date: 5/12/22

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4863-53-23
COUNTY: IREDELL

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

OWNER: JORDAN DOBON
ADDRESS: 128 REDEEMED LANE, HARMONY, N.C. 28634
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 128 REDEEMED LANE, HARMONY, N.C. 28634
APPLICATION DATE 4-14-2021
DATE EVALUATED: 8-2-2021
PROPERTY SIZE: 1.05AC
PROPERTY RECORDED: YES

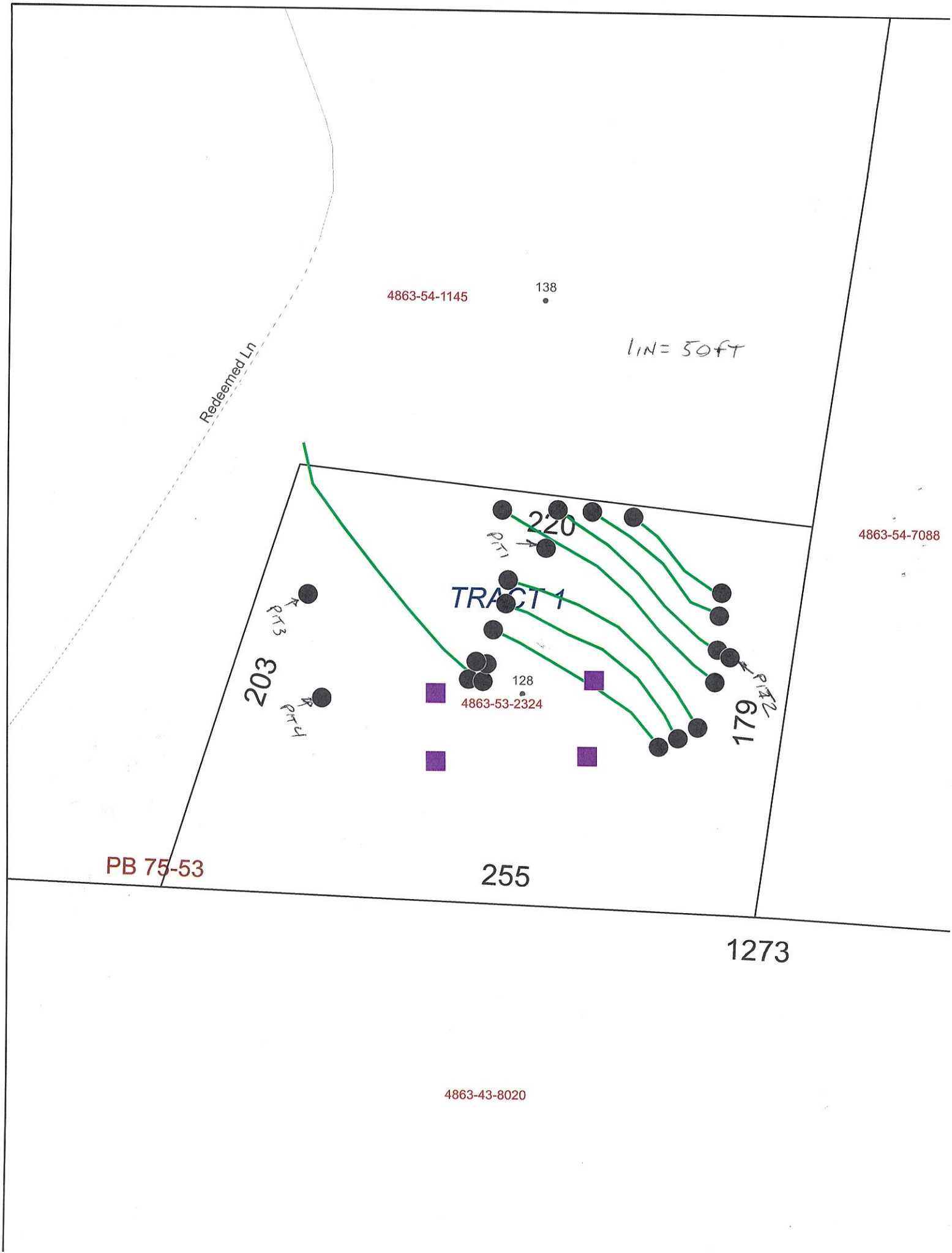
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	LINEAR SIDE 12%	0-6	FILL	MIXED	SAP INC THRU OUT	51"+	NA	NA	PS .3
		6-40	C, SBK	FR, S, P, SEXP					
		40-51	CL, WSBK	FI, SS, SP, SEXP					
2	LINEAR SIDE 8%	0-20	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI-VFI	53"+	NA	NA	PS .3
		20-53	CL, WSBK	FI, SS, SP, SEXP					
3	RIDGE 5%	0-6	FILL	MIXED	SAP INC THRU OUT FEW FI	45"	PS II SL FI	NA	PS .3 ABOVE 45"
		6-26	C, SBK	FR, S, P, SEXP					
		26-45	CL, WSBK	FI, SS, SP, SEXP					
		45-53	SAP, RC	FI, NS, NP, SEXP					
4	SHOULDER 3%	0-7	SCL, SBK	FR, SS, SP SEXP	SAP INC THRU OUT FEW FI	53"	NA	NA	PS .3
		7-25	C, SBK	FR, S, P, SEXP					
		25-53	CL, WSBK	FI, SS SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

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

COMMENTS:


4863-54-1145
138
1 IN = 50 FT
Redeemed Ln
220
PIT 1
TRACT 1
4863-54-7088
PIT 3
203
PIT 4
128
4863-53-2324
179
PIT 2
PB 75-53
255
1273
4863-43-8020

RECEIVED APR 14 2021

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-316766 - $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: Jordan Dobson **Address:** 128 Redeemed In Harmony **Zip:** 28634
Applicant Email: DTH.Jordan@Gmail **Phone:** 704-881-2694 **Alt. Phone:** 704-902-3394
Owner Name: Jordan Dobson **Address:** 128 Redeemed In Harmony **Zip:** 28634
Owner Email: DTH.Jordan@Gmail **Phone:** 704-881-2694 **Alt. Phone:** 704-902-3394

Property Information:

Street Address: 128 Redeemed In Harmony NC 28634

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Turn right off of Cornwall onto Redeemed In

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: 1300 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: 2019
( ) 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: _____ 4-14-21
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, Jordan Dobson, am the legal owner(s) of the property located at 128 Redeemed Ln Harmony 28634, identified as PIN (Parcel Identification Number) 4863541119.000, 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.

_____ 4-14-21
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

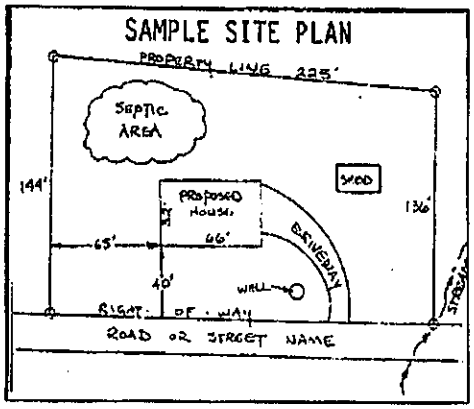
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

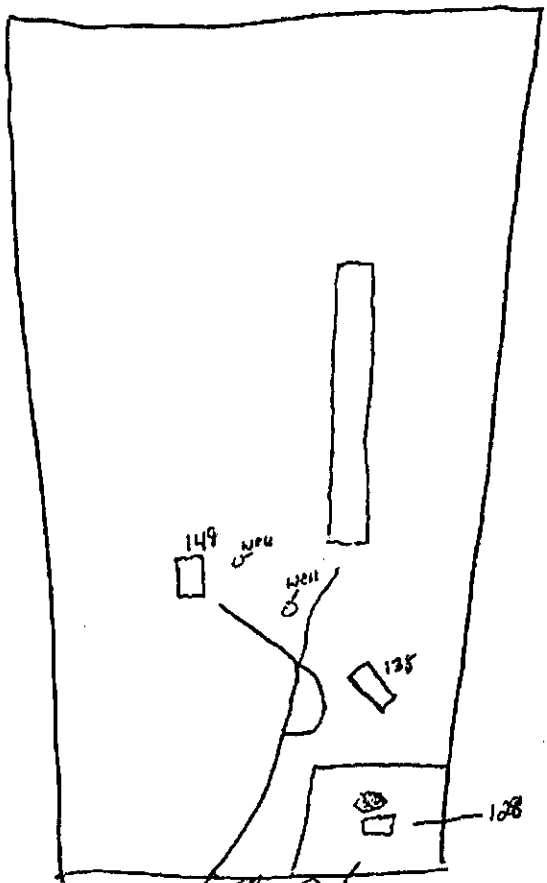
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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: Redeemed LN _____

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

4-14-21
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24617S

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

PIN # 4863541119.138

APPLICANT/OWNER: Jordan Dobson APPLICANT ADDRESS: 148 Woodland Bend Dr 28634

SITE ADDRESS: 138/148 Redeemed ln Harmony NC 28634 PHONE: 704-881-2694 ALT. PHONE -

SITE DIRECTIONS: From Cornwell Rd Harmony take Redeemed Rd on R. SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 22 Acre DESIGN FLOW: 100gpd L.T.A.R.: .5

Septic Tank	1000	(gal)	STB	760.	Date	6/16			
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	1	Linear Ft	83'			
Trench Width	36"		Trench Bottom Depth(~~Low side~~)	Max 34"	Gravel Depth	-			

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

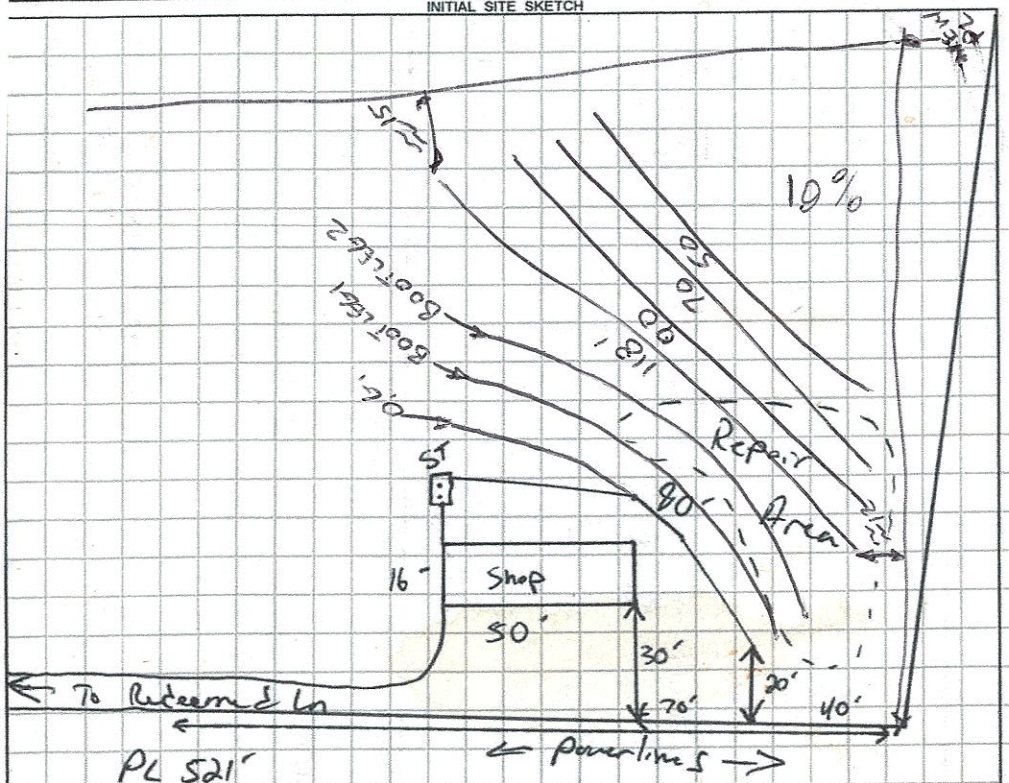
No. Bedrooms - No. Persons - No. Employees 1 ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Drainlines on center of land and use Serial Distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

Installed as permitted.

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**

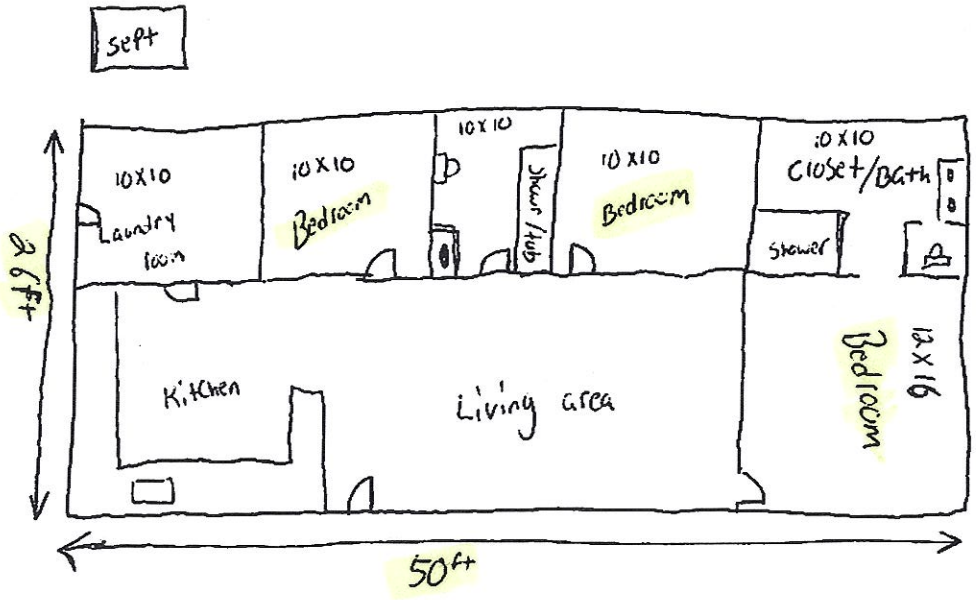
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-27-19 Installed by: Neil Stratton

IMPROVEMENT PERMIT by: [signature] Date: 8-19-19 OPERATION PERMIT by: Benjamin A. Battin Date: 8/30/19.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-26-19 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.



Acknowledgement Of
Plans Submittal ONLY!

_____ Date 4-14-21

Bryant C. White Date 12-20-2021

IREDELL COUNTY

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

APPLICATION NUMBER
316766 Issue Date: 04/14/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4863541119.000	128 REDEEMED LN	Iredell County

Owner Information	Applicant Information
Name: DOBSON JORDAN D+ELIZABETH W	Name: JORDAN DOBSON
Address:	Address: 128 REDEEMED LN
	HARMONY, NC 28634
Phone:	Phone: (704)881-2694

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIII-BOW Hunting Creek	YES

Remarks
SFD ALREADYTHERE WASFARMBLDG DONOTISSUE SFDPERMIT UNTILDEED PRELIMINARY APPROVAL. WAITING FOR RECORDED DEED. CS

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: 04/14/2021

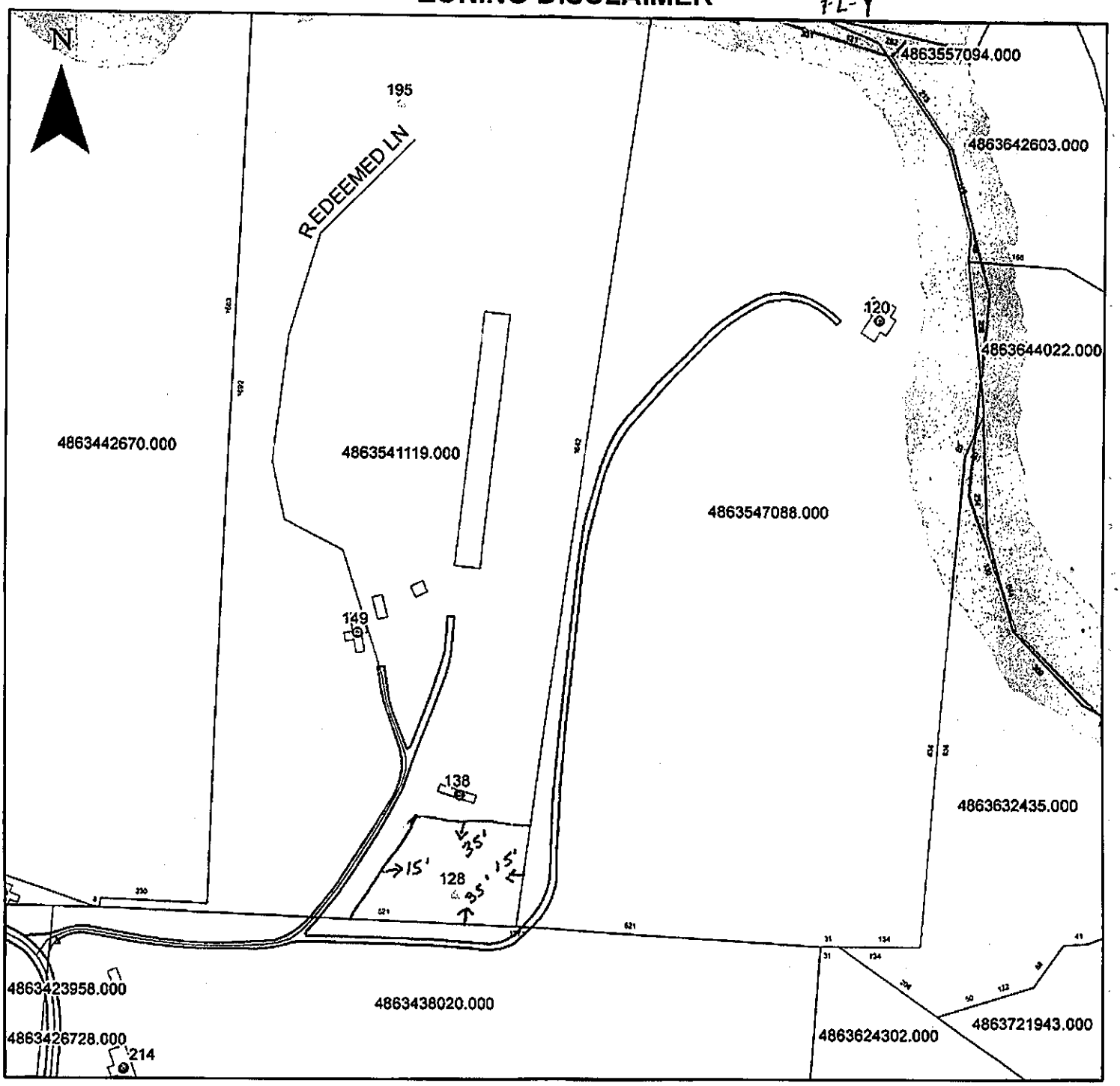
Signature of Owner/Contractor

Permit Number	316766	TOTAL FEES:	$77.25

516 166 KH 1AC

WS III BOW Hunting Creek FL-Y

ZONING DISCLAIMER



Property Address 128 Redeemed Ln.

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

4-14-21

Date