ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

BCW

PERMIT : OSWP 2025-69298

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

PIN # 4870-10-5963

APPLICANT/OWNER: BRAYDEN C HILL | APPLICANT ADDRESS: 124 POTTERY DR STATESVILLE NC 28625

SITE ADDRESS: 301 GALLIHER RD HARMONY NC 28634 | PHONE: 704 928 7744 | ALT. PHONE

SITE DIRECTIONS: HWY 21 N → L GALLIHER RD → at END | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 0.52 | DESIGN FLOW: EXT | L.T.A.R.(Initial): — | L.T.A.R (Repair): —

Septic Tank	1000 (gal)	STB 7600	Date —	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms EXT
Pump Tank	(gal)	PT	Date	System Description: —				☐ Business	No. Persons —
Pump Make		Model	Serial #	Repair System Description: TANK REPLACEMENT				☐ Other	No. Employees —
# Nitrification Fields	—	# Lines —	Linear Ft —	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width —	*Max. Trench Depth(Initial) —	*Max. Trench Depth(Repair) —	Gravel Depth —	☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing	☐ Basement w/o plumbing

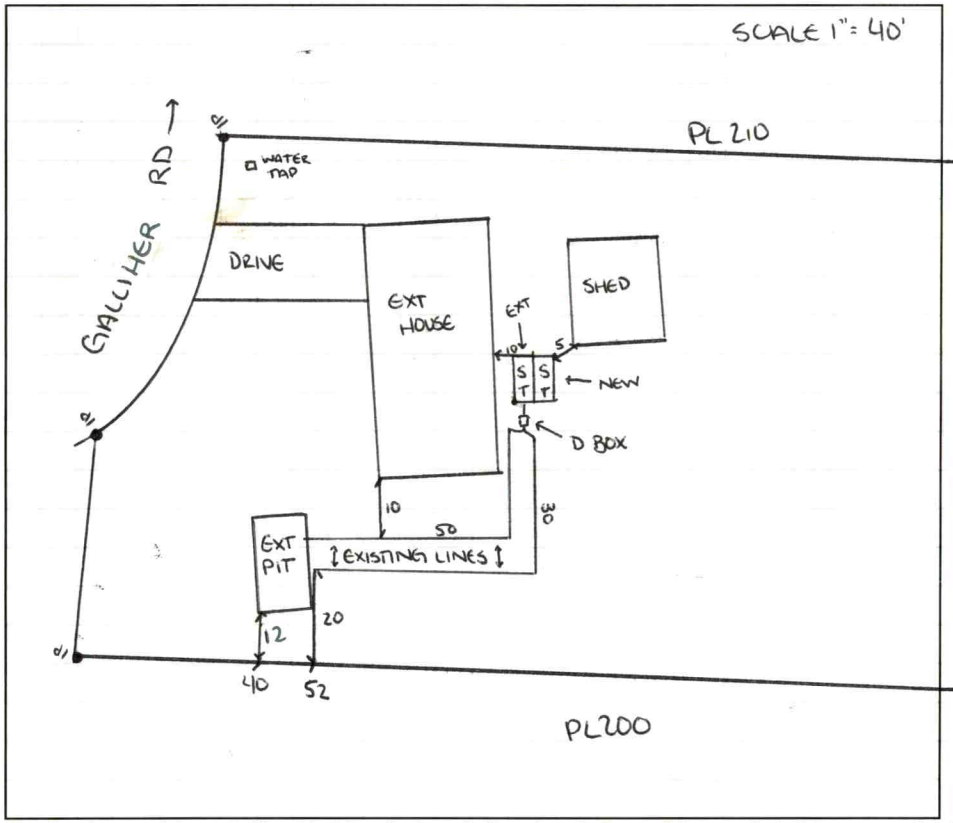
Water Supply: ☐ Private ☒ Public ☐ Community

* Measured on the downhill side of the trench | Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 | Usable Depth to LC (Initial): — | Usable Depth to LC (Repair): — | *Limiting Condition*

Comments / Conditions: Pump, crush, & fill existing tank. Replace distribution as needed. Keep 5' minimum from all structures. See attached previous permits.

System appeared functional at inspection. Home unoccupied at time of inspection.

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.

INSTALLED AS DRAWN

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: ONLINE | Date: — | Installed by: IREDELL EXCAVATION

IMPROVEMENT PERMIT by: Sarah Williams | Date: 2/11/25 | OPERATION PERMIT by: Sarah Williams | Date: 3/19/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams | Date: 2/11/25 | Existing System Inspected by: | Date:

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? _____	

PERMIT SNAPSHOT REPORT OSWP-2025-69298 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/02/2025
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	PRIORITY PERMIT	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Williams, Sarah	**Approval Expire Date:**	

Description: Replacement of existing septic tank. Tank is cracked

Parcel: 4870105963.000 Main	**Address:** 301 Galliher Rd Harmony, NC 28634 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent
Brayden C Hill	Brayden C Hill
124 Pottery Dr	124 Pottery Dr
Statesville, NC 28625	Statesville, NC 28625
Home: (704) 928-7744	Home: (704) 928-7744

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Relocate septic tank/drain lines, Repair	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	45'x30'
Maximum Number of Bedrooms	3	If other Addition/Structure, please explain		Number of Occupants	2
Foundation Type	Crawl Space Foundation	Water Supply	Municipal Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions		Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Brayden_Hill_2/2/2025.jpg	02/02/2025 12:17	Hill, Brayden		Uploaded via CSS
image_v1.jpg	02/03/2025 8:17	Hill, Brayden	Available Online	
Site plan_v1.pdf	02/04/2025 10:51	Hill, Brayden	Available Online	
Scanned Document_v2.pdf	02/04/2025 10:52	Hill, Brayden	Available Online	

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/04/2025 10:51	02/04/2025 10:51
Confirm application complete v.1	Generic Action		02/04/2025 10:51
Lot Readiness Verification v.1			
~~OSWP Septic Preliminary Site Visit v.1~~	Inspection		02/04/2025 10:52
OSWP Site Evaluation v.1	Inspection		
~~**Zoning Review v.1**~~			02/04/2025 10:51
~~Floodplain Admin Overview v.1~~	Task		02/04/2025 10:51
~~Iredell County Zoning Approval v.1~~	Task		02/04/2025 10:51
~~Issue Invoice v.1~~	Generic Action		02/04/2025 10:51
~~Fees Paid v.1~~	Generic Action		02/04/2025 10:51
Fees v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		

Issue Improvement Permit v.1	
Issue Invoice v.1	Generic Action
Fees Paid v.1	Generic Action
Issue Permit v.1	Generic Action
Permit Completion Process v.1	
Authorization to Construct Permit v.1	Create Sub Permit
Issue Authorization to Construct v.1	Generic Action

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# REPAIR PIN# 4870-10-5963 DATE 12-15-03

OWNER OR CONTRACTOR Larry Morris PHONE: Business Home 704-546-2137

ADDRESS

LOCATION Hwy 21 N (L) Galliher Rd Property at end of cul-de-sac on left

SUBDIVISION BLOCK / SECTION LOT LOT AREA SITE CLASS. PS DESIGN FLOW 36 L.T.A.R. EXIST

Septic Tank: EXIST Gallons; STB Date

Pump Tank: N/A Gallons; PT Date

Pump Make: N/A Model Serial No.

Nitrification Field: No Fields EXIST Square Feet Linear Feet

No Lines Trench Width Max Trench Bottom Depth Gravel Depth

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

System Description:

Repair System Description: Conventional gravity

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees

☐ Other

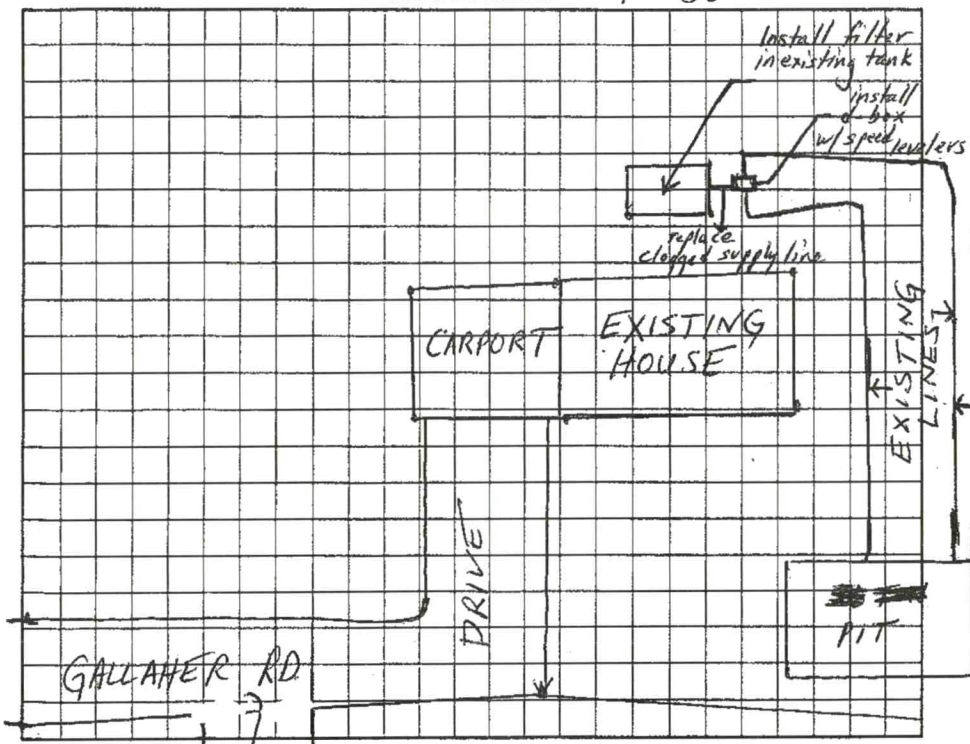
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☑ Public ☑ Community

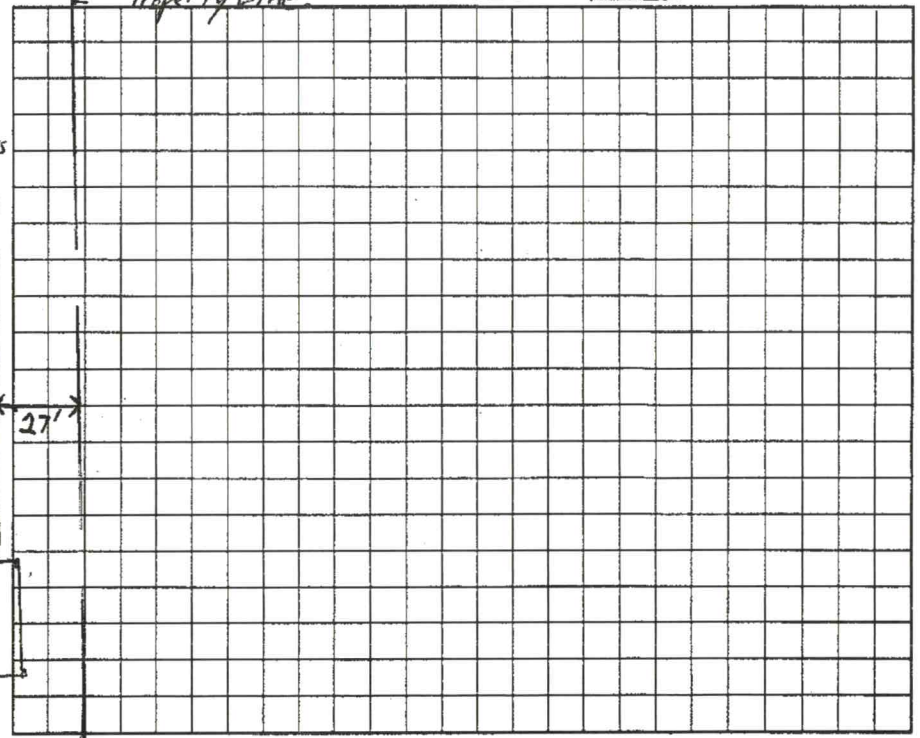
Comments:/Conditions: ① Replace supply line w/ new 3" sch 40 pipe.
② Install new d-box w/ speed levelers ③ Install filter in tank w/ PVC outlet
* ④ This permit serves as a Notice of Violation and must be repaired by 1-15-04

Comments:/Conditions: Tuff-tite filter
* Used drop box instead of d-box
* Installed as shown in Authorization Permit

INITIAL SITE SKETCH 1"=50'



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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Larry Morris date 16 Dec 2003 Installed by: Sammy Reavis

Improvement Permit by: Christopher M. Sherrill, RS date 12-15-03 Operation Permit by: Christopher M. Sherrill, RS date 1/2/04

Authorization to Construct by: Christopher M. Sherrill, RS date 12-16-03 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

REPAIR
OWNER OR CONTRACTOR ERNEST & SARAH RAMSEUR DATE 5/3/91 PERMIT NO. REPAIR

PHONE: Business _____ Home _____

LOCATION HS 21 N, TL GALLAGHER ROAD, AT END ON (L)

_____ S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes ( )	No (✓)
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area RESTRICTED

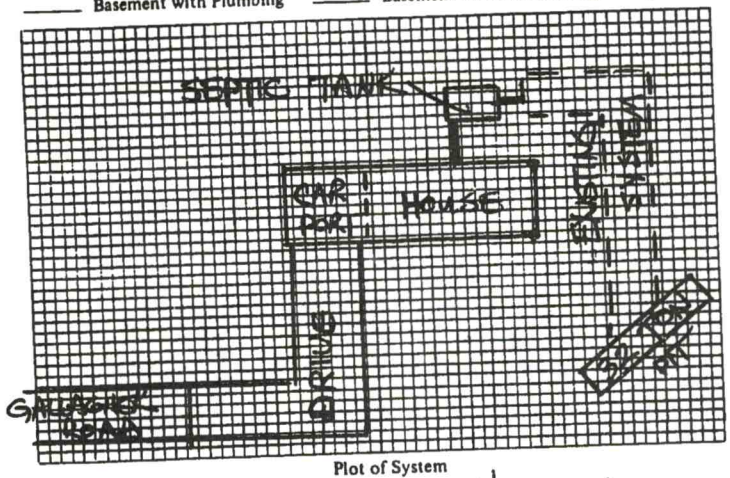
Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations EXISTING

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement

Size of Tank EXISTING Gals.

Nitrification Field:
No. of Lines 1
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines 32 TON

Water Supply: Individual ( ) PIT
Public (✓)



Plot of System

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HENDRICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HENDRICK DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold


311
4870-11-5198
155
192
104
4870-11-3202
4870-11-7147
296
Galliher Rd
116
45
103
301
4870-10-0899
210
200
4870-10-5963
210
297
254
4870-10-7823
97
110
4870-10-5860
246
4870-10-6659