ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-316333

PIN # 4870 -- 61 --6332

APPLICANT/OWNER: JASON ALEXANDER

APPLICANT ADDRESS: 235 ALEXANDER FARM ROAD, HARMONY, N.C. 28634

SITE ADDRESS: 235 ALEXANDER FARM ROAD, HARMONY, N.C. 28634

PHONE: 704-881-4763 ALT. PHONE 704-676-6700

SITE DIRECTIONS: (N) ON 21, (R) ON ALEXANDER FARM, LOT AT END

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: –

SECTION: – LOT # – LOT AREA: 2.036 AC

DESIGN FLOW: 480GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	–	(gal)	PT	–	Date	–			
Pump Make	–	Model		–	Serial #	–			
# Nitrification Fields	1	# Lines	2		Linear Ft:	200FT			
Trench Width	36 IN	Trench Bottom Depth(Low side)		28 IN	Gravel Depth	–			

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

System Description: EXISTING CONVENTIONAL + 25% REDUCTION

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees –

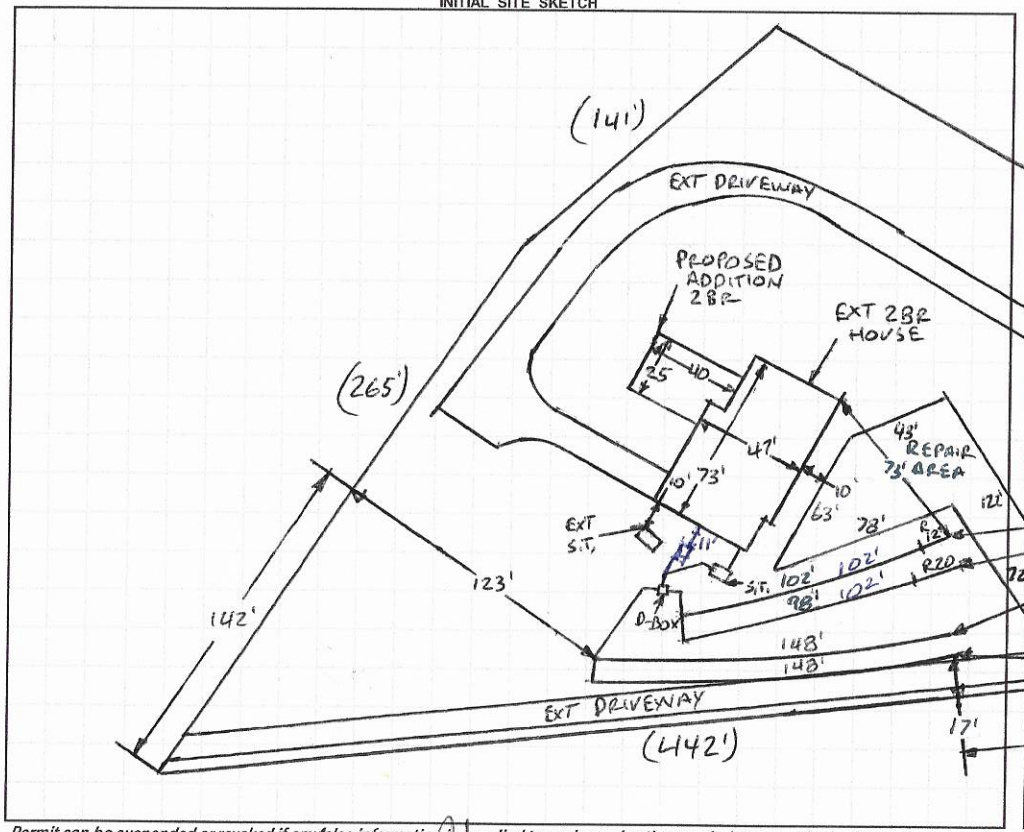
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE D-BOX TO FEED ½ OF FLOW TO NEW AND ½ FLOW TO OLD, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

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.

1 IN = 80 FT
S.T. = SEPTIC TANK
EXT = EXISTING
R = REPAIR

INSTALLED AS SHOWN

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: 8-30-21 Installed by: STUTTS GRADING

IMPROVEMENT PERMIT by: Bryant C. White Date: 8-6-2021 OPERATION PERMIT by: Bryant C. White Date: 9-16-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 8-20-2021 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

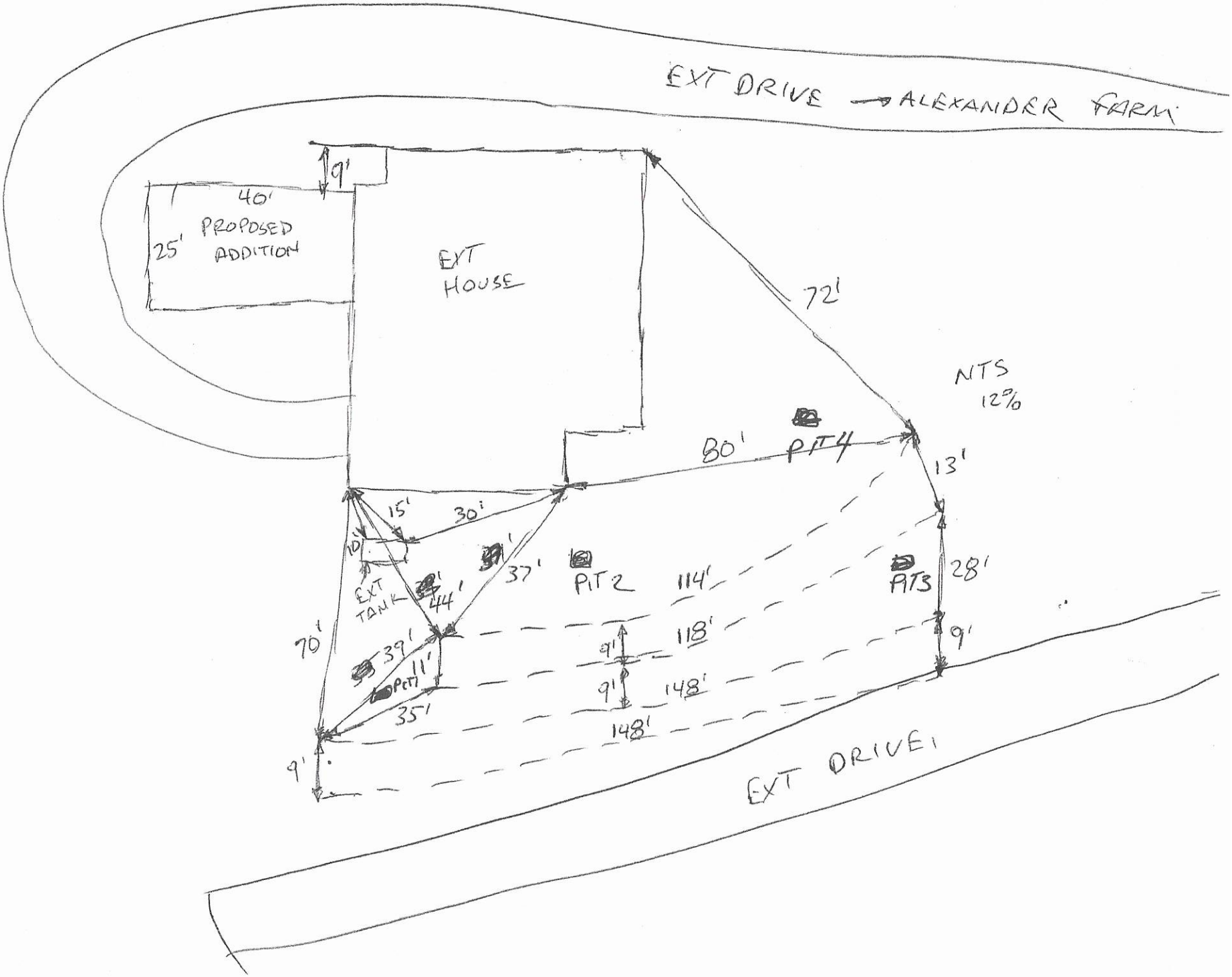
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4870-61-6332
DATE OF EVALUATION: 6-8-2021
COUNTY: IREDELL

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	LINEAR SIDE 7%	0-10	FILL	MIXED	SAP INC THRU OUT	51"+	NA	NA	PS .3
		10-31	C, SBK	FR, S, P, SEXP					
		31-51	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE/ NOSE 5%	0-12	FILL	MIXED	SAP INC THRU OUT	51"+	NA	NA	PS .3
		12-18	SCL, SBK	FR, SS, SP, SEXP					
		18-36	C, SBK	FR, S, P, SEXP					
		36-51	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 7%	0-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS .3
		24-48	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	49"+	NA	NA	PS .3
		8-32	C, SBK	FR, S, P, SEXP					
		32-49	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:


EXT DRIVE → ALEXANDER FARM
9'
40'
25'
PROPOSED ADDITION
EXT HOUSE
72'
NTS
12%
80'
PIT 4
13'
15'
30'
10'
EXT TANK
44'
37'
PIT 2
114'
PIT 3
28'
70'
39'
11'
PIT 1
118'
9'
148'
35'
148'
9'
EXT DRIVE

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-316333 $550.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct (X) 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: Jason Alexander Address: 235 Alexander Farm Rd (Harmony) Zip: 28634
Applicant Email: JSA-JASON@ME.COM Phone: 704.881.4763 Alt. Phone: 704-876-6700
Owner Name: Jason Alexander Address: 235 Alexander Farm Rd Zip: 28634
Owner Email: JSA-JASON@ME.COM Phone: 704.881.4763 Alt. Phone: 704-876-6700

Property Information:

Street Address: 235 Alexander Farm Rd, Harmony, NC 28634
Subdivision Name: NA Section/Phase: _____ Lot Number: _____
Driving Directions: End of Alexander Farm Rd & through the gate. off Hwy 21

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Mudroom
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) 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 (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1977
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 3-31-21
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, _____, 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
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

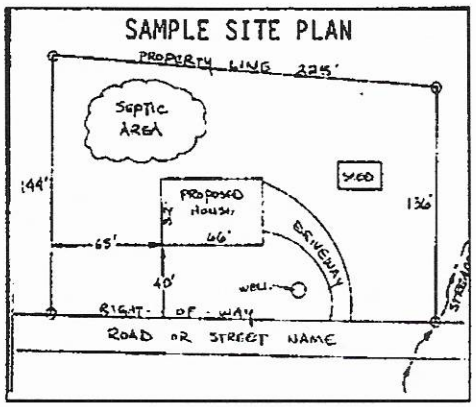
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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:

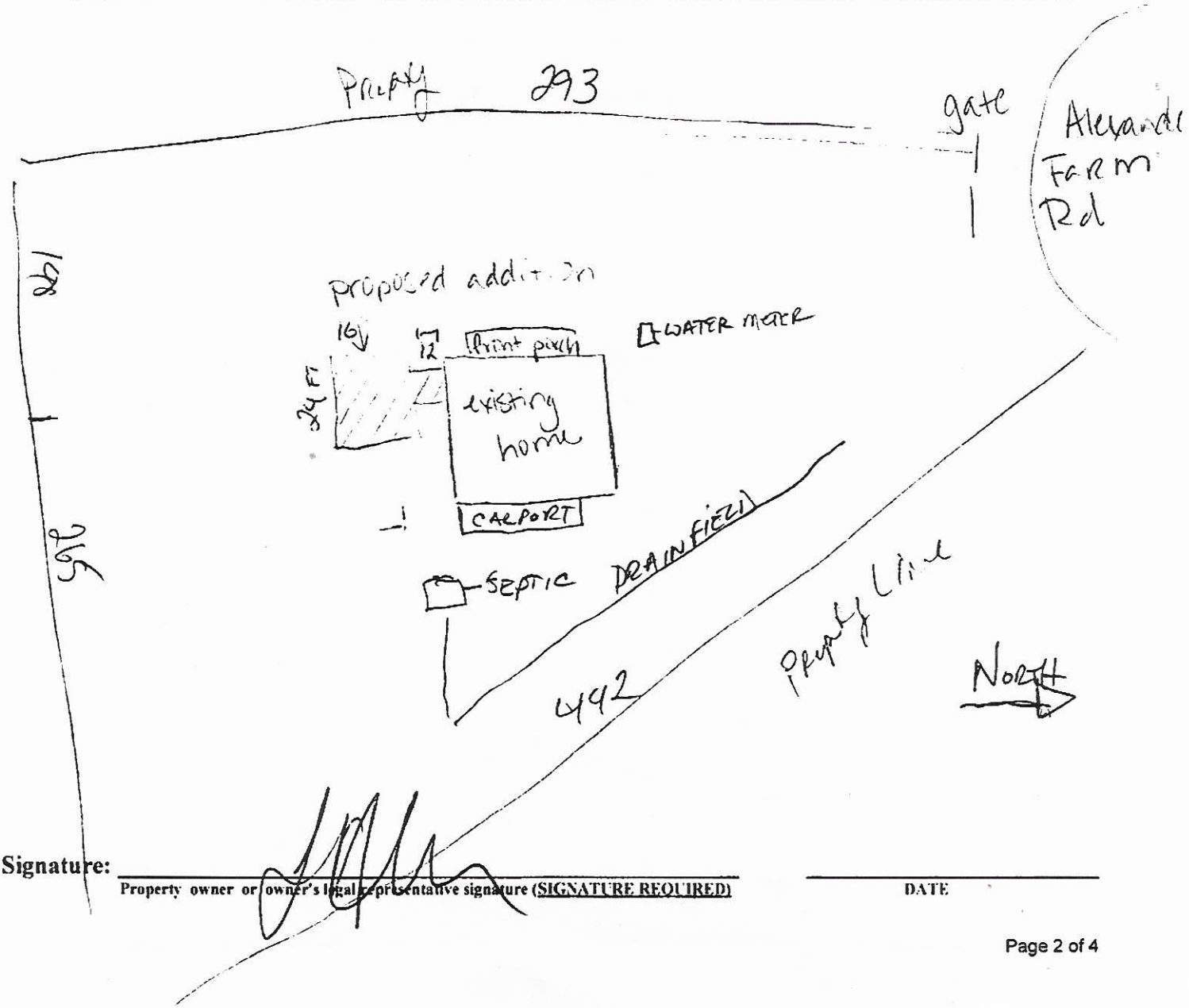
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

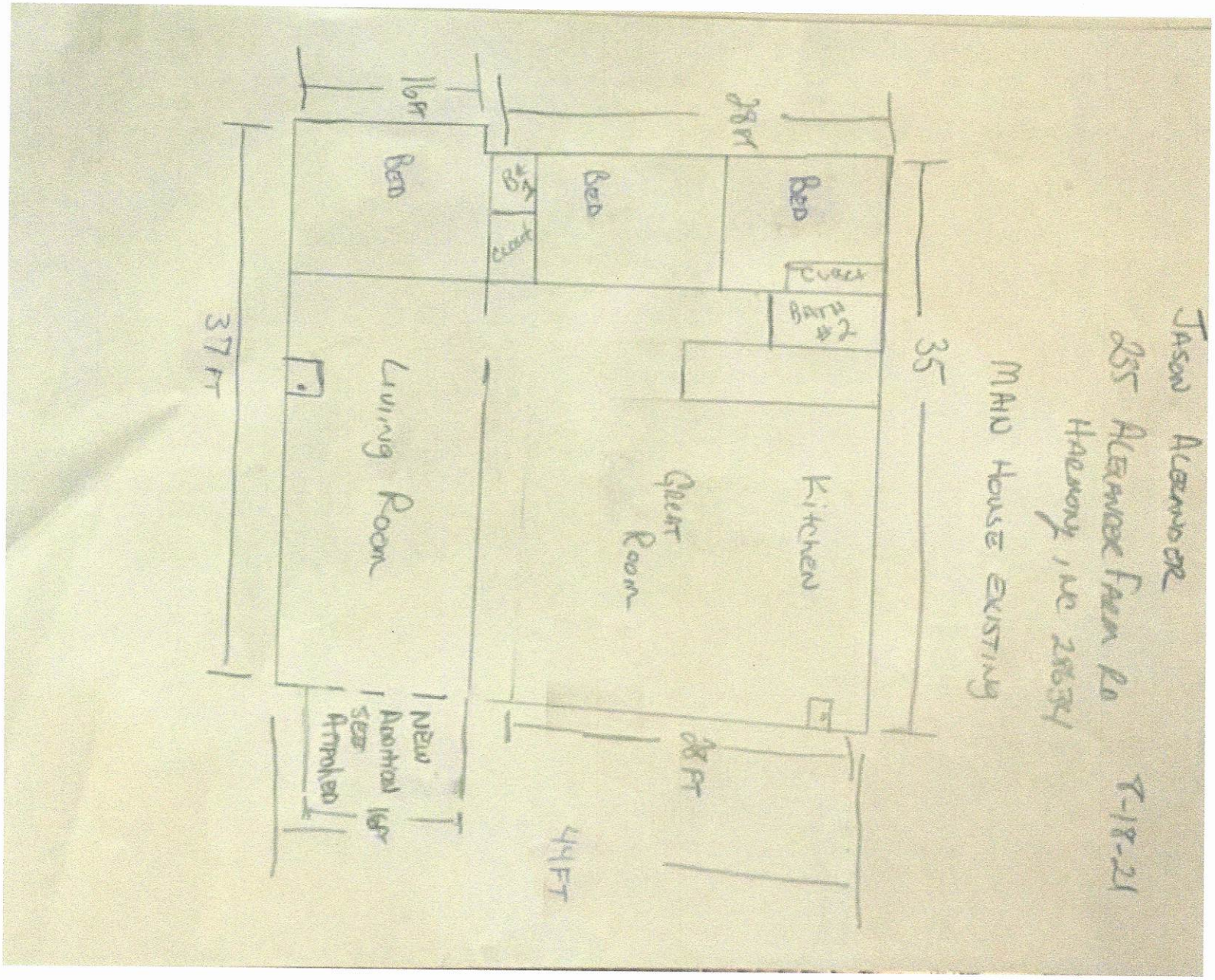
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

DATE

Acknowledgement Of Plans Submittal ONLY!

Date 8-30-21

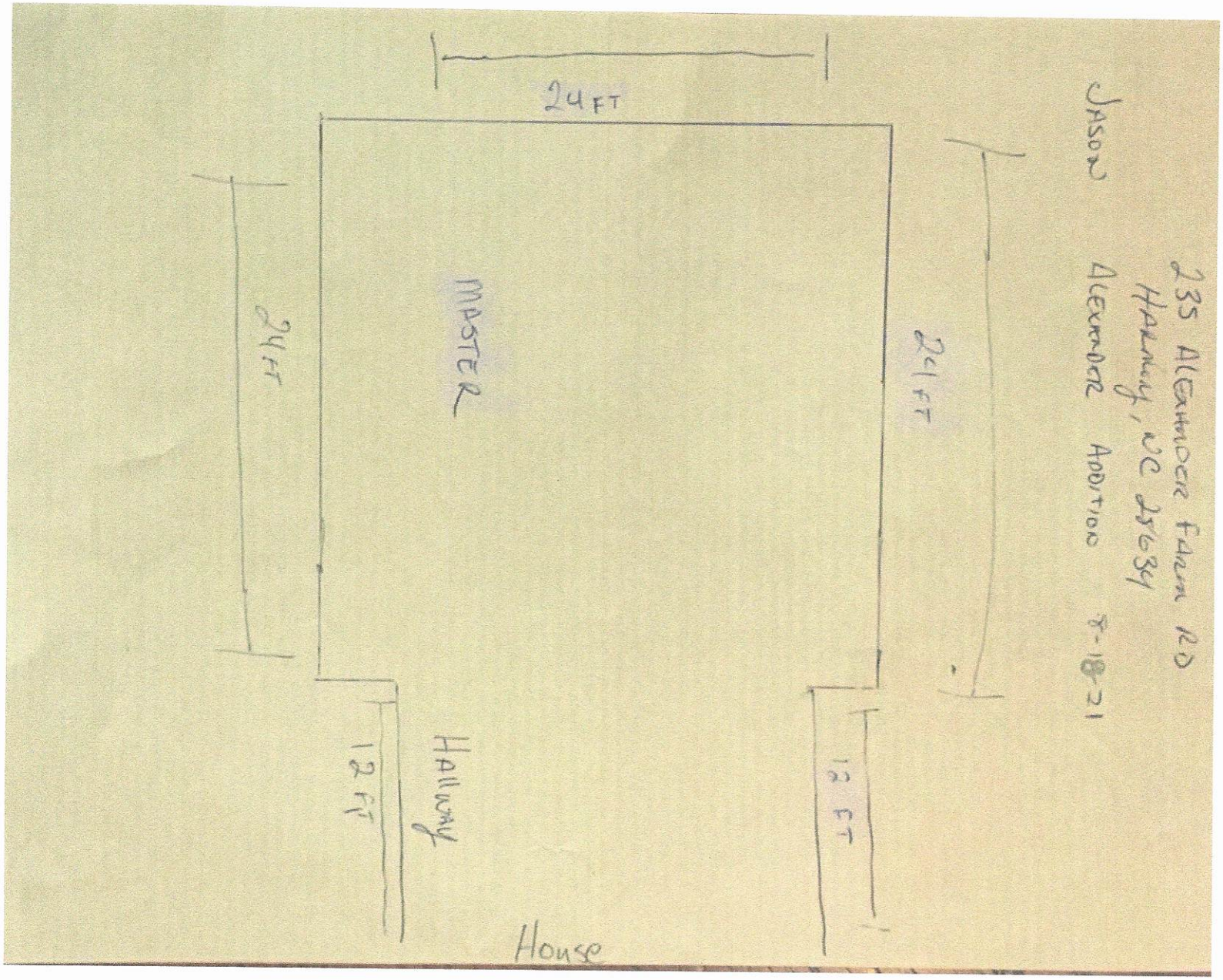
Date 8-20-2021



Acknowledgement Of Plans Submittal ONLY!

Date 8-30-21

Date 8-20-2021



IREDELL COUNTY · NC

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

APPLICATION NUMBER
316333 Issue Date: 03/31/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4870616332.000	235 ALEXANDER FARM RD	Iredell County

Owner Information	Applicant Information
Name: ALEXANDER JASON S	Name: ALEXANDER JASON S
Address: 235 ALEXANDER FARM RD	Address: 235 ALEXANDER FARM RD
HARMONY, NC 28634	HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
Addition	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
BEDROOM ADDITION

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.

Signature of Owner/Contractor

Date: 03/31/2021

Permit Number	316333

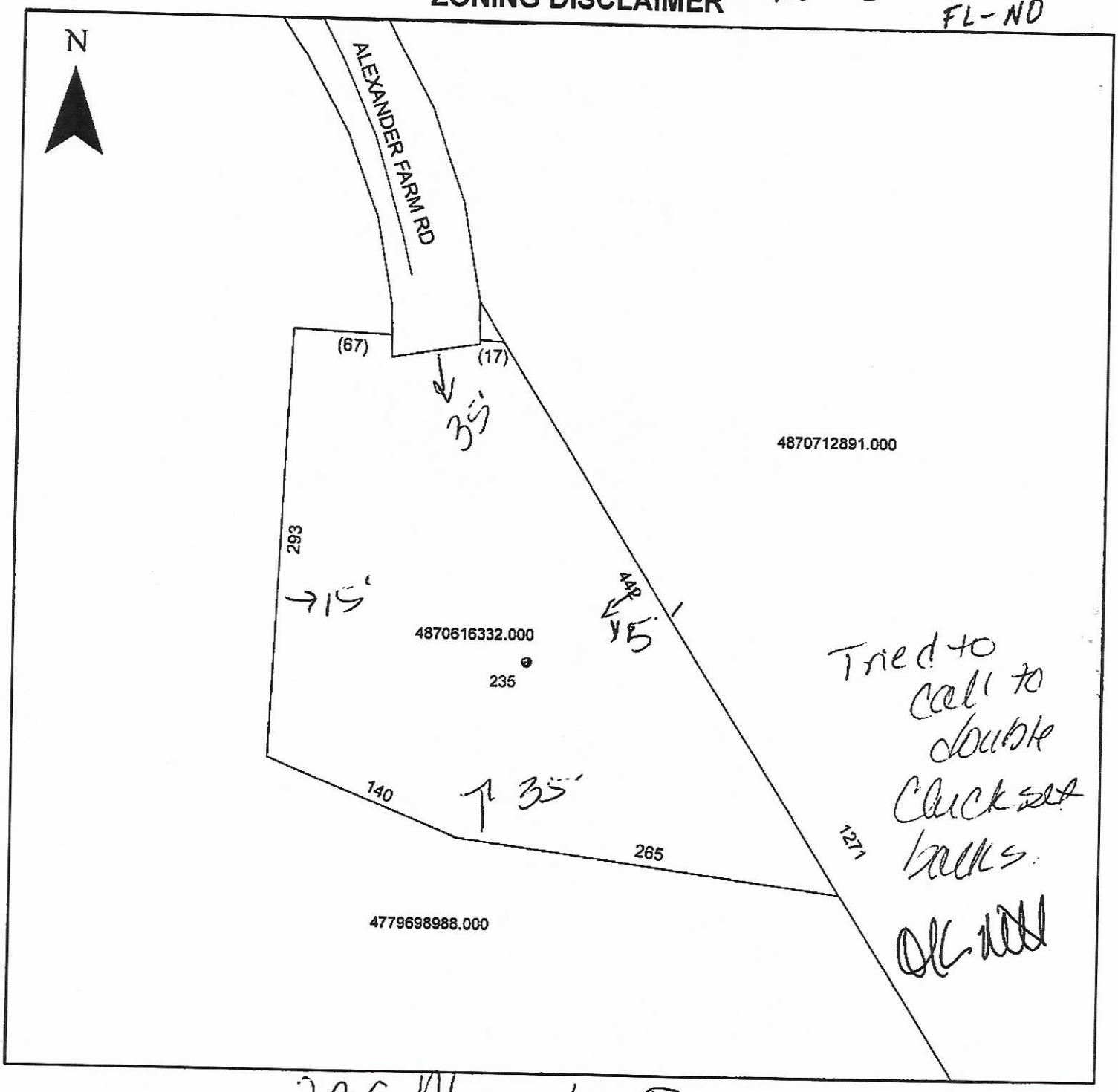
TOTAL FEES:	$77.25

316 333

KH 2.054

NO-WS FL-NO

ZONING DISCLAIMER



Property Address 235 Alexander Farm

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

3-31-21

Date