ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-323237

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

PIN # 4870--85--8536

APPLICANT/OWNER: TINA & EDDIE BLACKBURN

APPLICANT ADDRESS: 272 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634

SITE ADDRESS: 272 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634

PHONE: 704-402-4819 ALT. PHONE 704-402-9948

SITE DIRECTIONS: (N) ON 21, (R) ON 901, LOT ON (R)

SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 2.00 Ac

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

Septic Tank	EXT (gal)	STB	EXT	Date	EXT	☐ New System ☑ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	EXISTING
Pump Make	—	Model	—	Serial #	—	Repair System Description:	10'X60' 24" GRAVEL BED
# Nitrification Fields	1	# Lines	1	Linear Ft	10'X60'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	10'X60'	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	24"	☑ GRAVITY	☐ PRESSURE

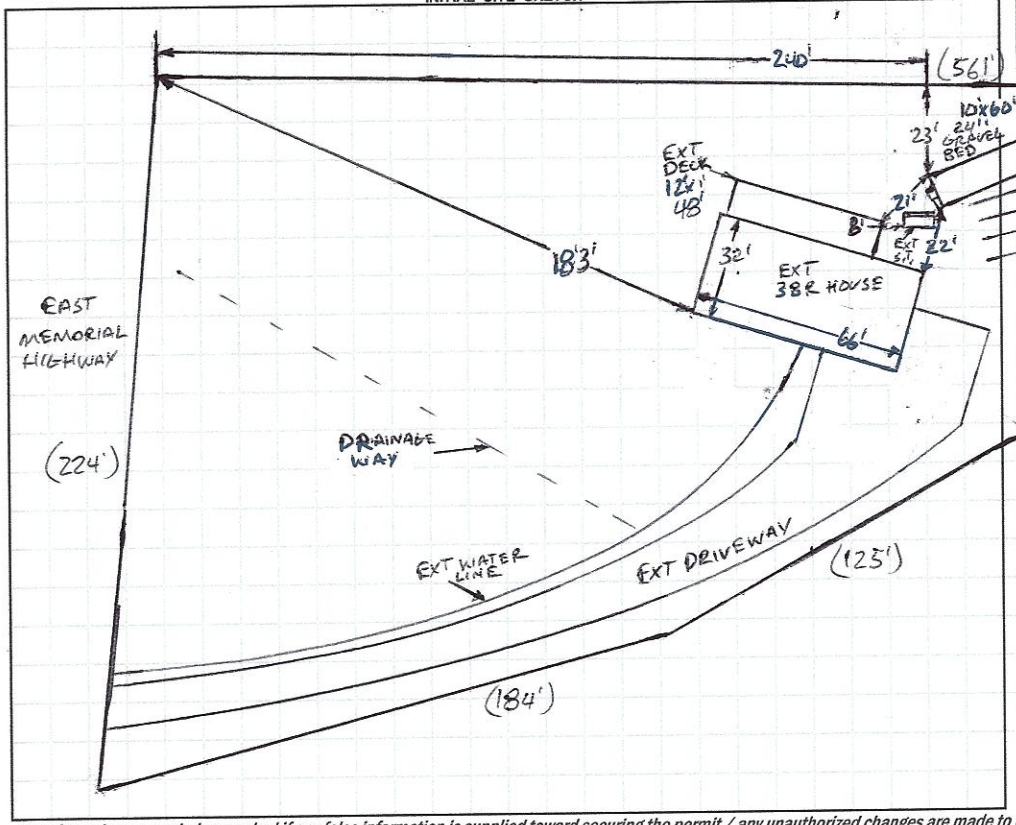
☑ Residence No. Bedrooms 3
☐ Business No. Persons 6
☐ Other No. Employees —
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply
☐ Private
☑ Public
☐ Community

Comments / Conditions: INSTALL AS SHOWN, DO NOT EXCEED A MAX DEPTH OF 60 IN, USE 24 IN OF WASHED 57/67/#57 STONE, UTILIZE D-BOX INTO 3 4" CORRAGATED PIPES THE LENGTH OF BED

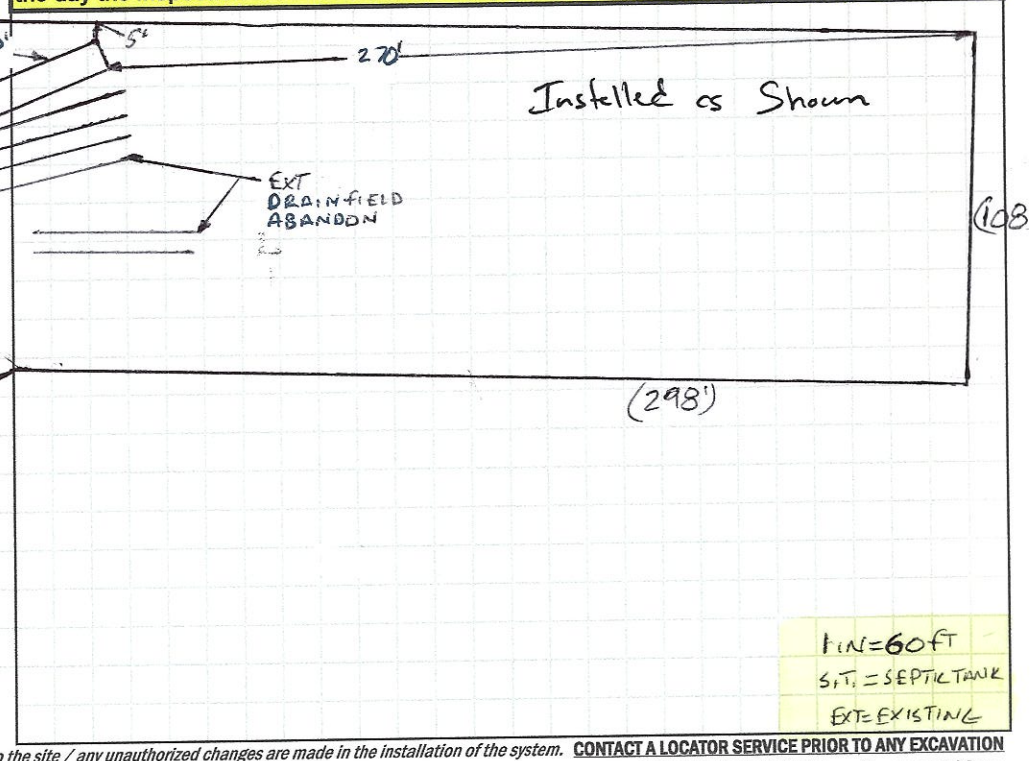
MAINTAIN 6IN OF COVER IN LOW SPOTS, RECOMMEND HAVING PROPERTY LINE NEAREST BED SURVEY LOCATED

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: Tina Blackburn Date: 11-29-21 Installed by: Shady Knoll Septic

IMPROVEMENT PERMIT by: Burgett C. White Date: 11-24-2021 OPERATION PERMIT by: Date: 12-7-2021

AUTHORIZATION TO CONSTRUCT by: Burgett C. White Date: 11-24-2021 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 #: 4870-85-8532
COUNTY: IREDELL

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

OWNER: TINA & EDDIE BLACKBURN — APPLICATION DATE 11-18-2021
ADDRESS: 272 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634 — DATE EVALUATED: 11-22-2021
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 2.00 AC
LOCATION OF SITE: 272 EAST MEMORIAL HIGHWAY, 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	.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 10%	0-33	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT	60"+	PS II SL	NA	PS .3
		33-60	CL, WSBK	FR, SS, SP, SEXP					
		60-80	SAP, MAS	~~VFR~~ FR, NS, NP, SEXP					
2	LINEAR SIDE 5%	0-12	FILL	MIXED	SAP INC THRU OUT	74"+	NA	NA	PS .3
		12-16	SCL, SBK	FR, S, P, SEXP					
		16-35	C, SBK	FR, SS, SP, SEXP					
		35-74	CL, WSBK	FR, NS, NP, SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	[redacted]	PS
System Type(s)		CONV, BED
Site LTAR		0.3

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

COMMENTS:

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

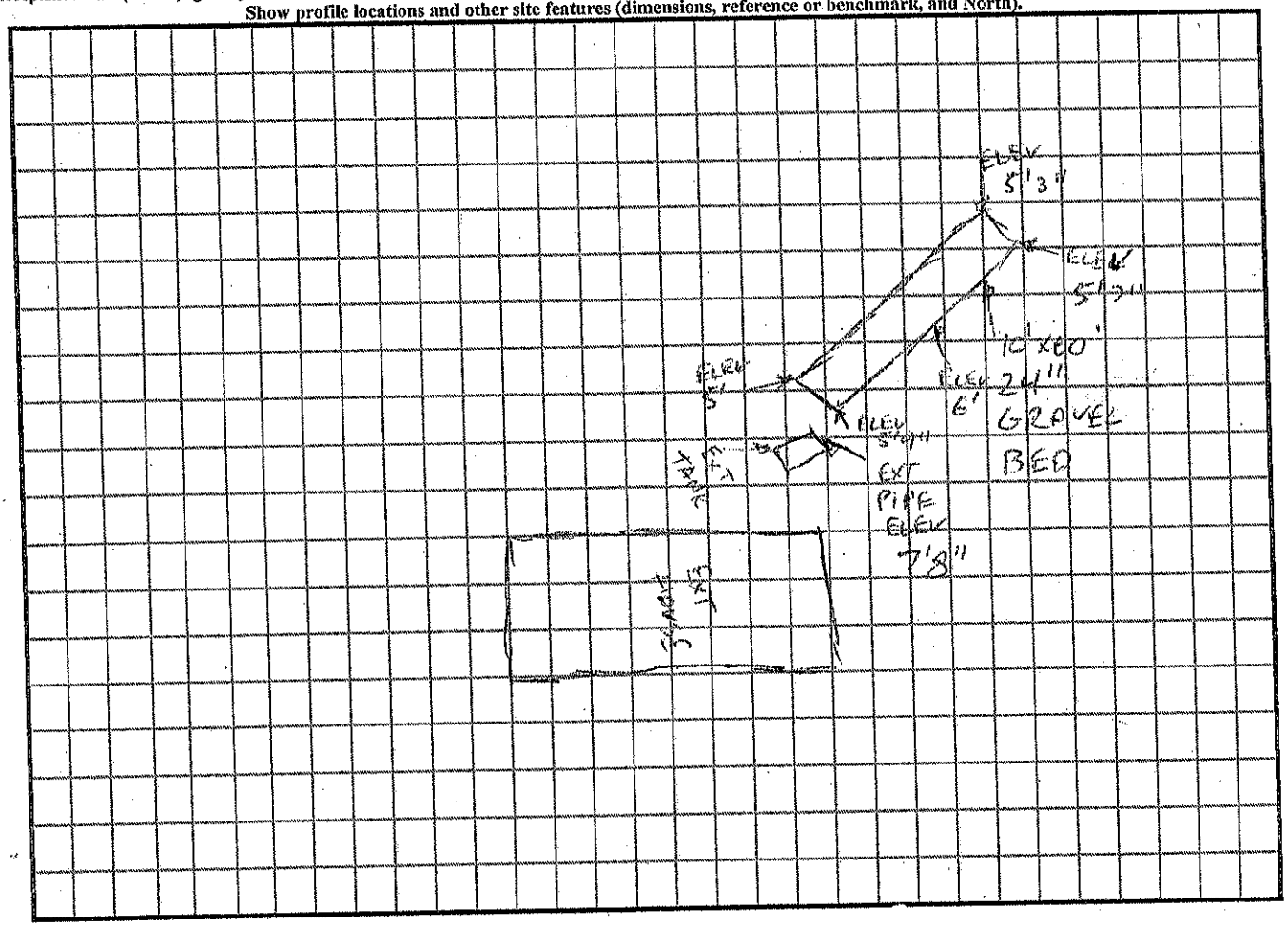
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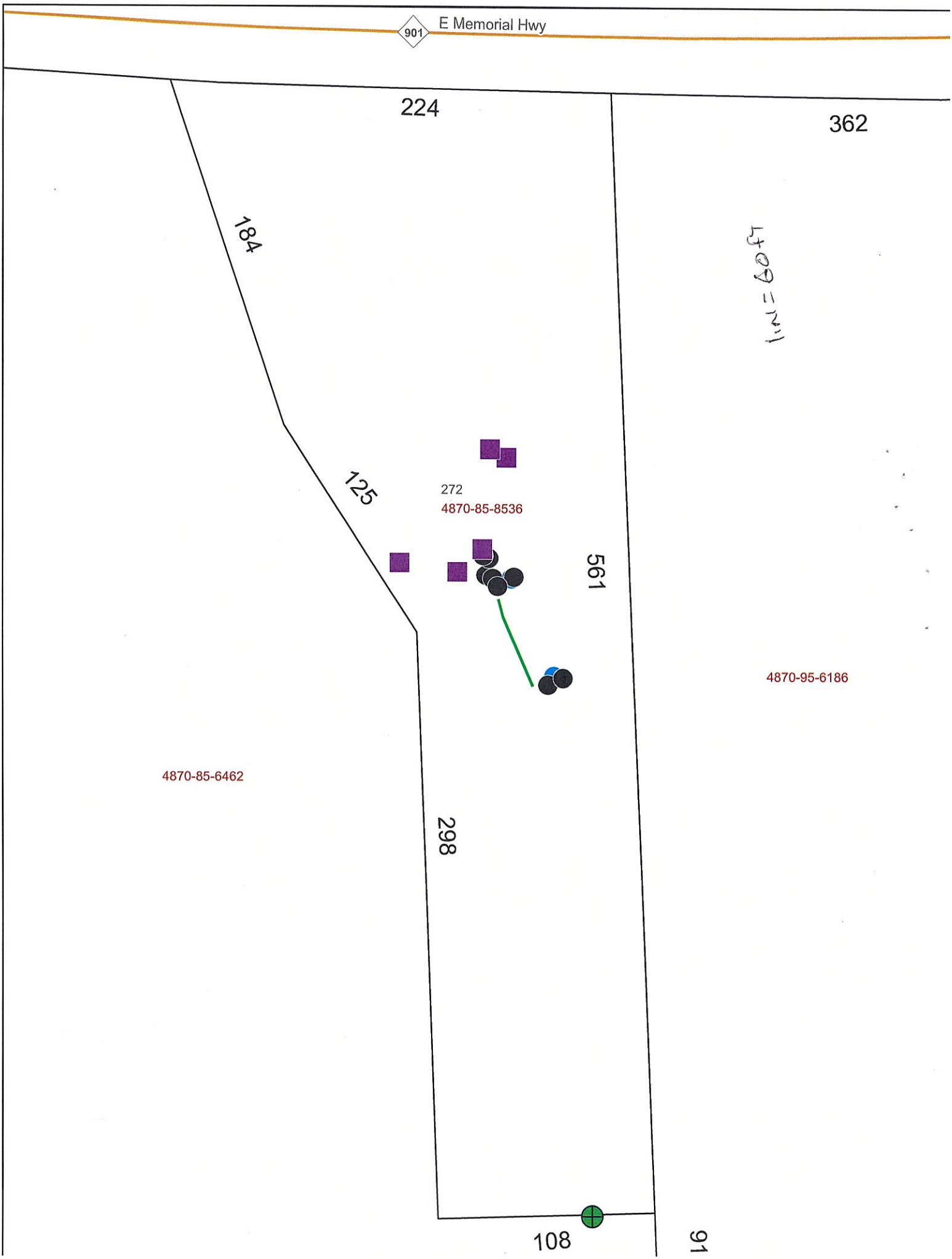
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




901
E Memorial Hwy
224
362
184
125
272
4870-85-8536
561
298
108
91
4870-85-6462
4870-95-6186
1in = 60ft

4

7044029948

RECEIVED NOV 18 2021

BW 7044024819

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP-323237 Repair Eval

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

new drain field

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (No floorplan submitted with App.) ( ) Authorization to Construct (Floorplan submitted with App.) ( ) Existing System Inspection (X) 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: Tina Blackburn Address: 272 E. memorial Hwy Zip: 28634
Applicant Email: Eddie blackburn1975@yahoo.com Phone: 704 402 9948 Alt. Phone:
Owner Name: Eddie Blackburn Address: 272 E. memorial Hwy Harmony NC Zip: 28634
Owner Email: Eddie blackburn1975@yahoo.com Phone: 704 402 4819 Alt. Phone:

Property Information:

Street Address: 272 E. memorial Hwy Harmony NC 28634

Subdivision Name: Section/Phase: Lot Number:

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank (X) Drain lines Describe Problem: drains collapsed
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:
( ) 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: Tina Blackburn 11/18/21
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*) Julie Blackburn

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, Julie Blackburn, am the legal owner(s) of the property located at 272 E. Memorial Hwy NC Harmony 28634 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.

Julie Blackburn
Signature of Owner(s)

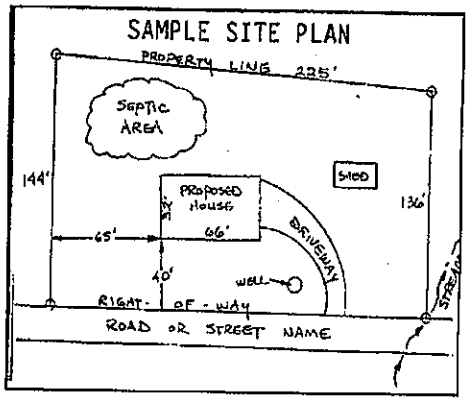
11/18/21
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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:

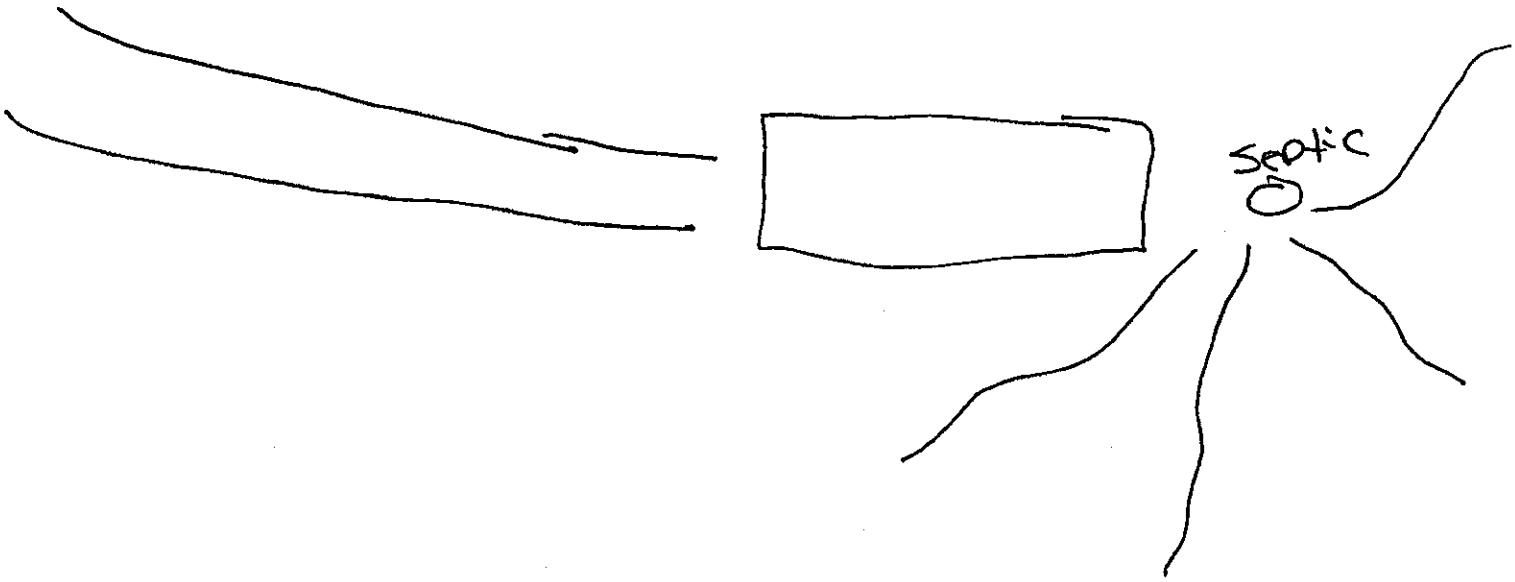
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Lorie Blackburn
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/18/21
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT #. 209586

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

PIN # 4870-85-6460.000

APPLICANT: Cook Homes Inc. / Eric Wood APPLICANT ADDRESS: 1124 Charlotte Hwy.

SITE ADDRESS: 272 East Memorial Hwy, Harmony NC PHONE: 704-883-6148 ALT. PHONE: 336-936-9514

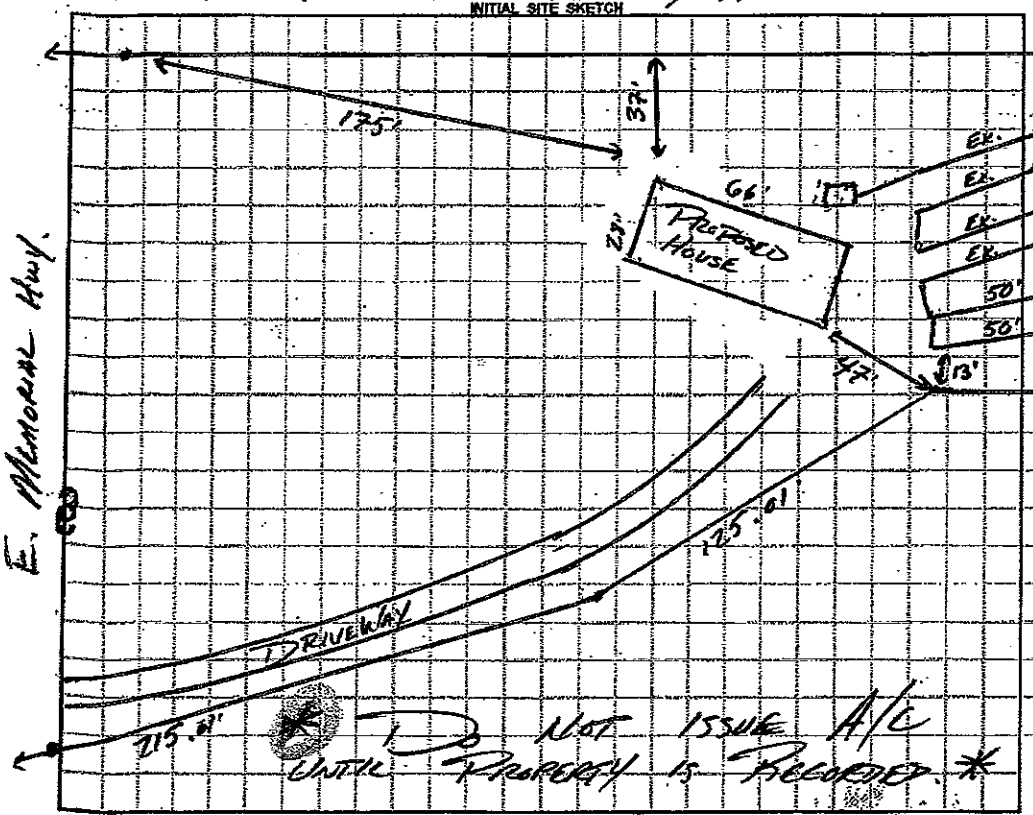
SITE DIRECTIONS: Hwy 21, Towards Harmony, TR East Memorial Hwy, .7 mi., Lot on R

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 2 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .3

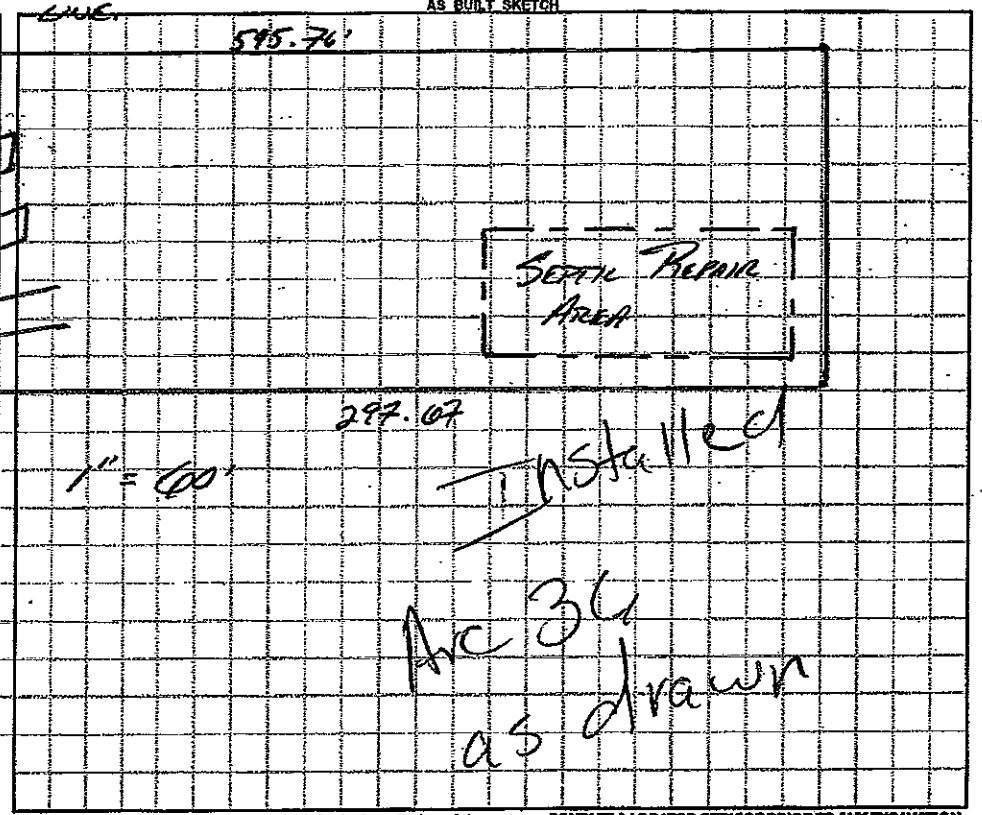
Septic Tank: Existing (old) (gal)	STB	Date	☐ New System ☐ Repair ☑ Expansion System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms: 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction - Gravity	☐ Business	No. Persons: 6	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction Pump	☐ Other	No. Employees	☐ Public
# Nitrification Fields: 1	# Lines: 2 @ 50'	Linear Ft: 100'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width: 36"	Max. Trench Bottom Depth: 24"-36"	Gravel Depth: N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Maintain at least 5' from any Septic Drainfield and Comply with Federal Home. Existing Tank May Be Used if it has 1000 Gal. Capacity and Maintains Structural Stability. (No Cracks). Replace if Necessary. Fill any low spots on existing Septic Add 2 Lines @ 50' Each of 25% Reduction to Make 3 BR Design. Hook onto Existing Bottom Line.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☐ 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: 5-29-15 Installed by: Abers Grading

IMPROVEMENT PERMIT by: [signature] APPROVED MAY 26 2015 Date: OPERATION PERMIT by: [signature] Date: 06/05/15

AUTHORIZATION TO CONSTRUCT by: Justin Henderson FD.M Date: 5-29-15 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK