BLW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 315384

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

PIN # 4871297097

APPLICANT/OWNER: Dominic Parise APPLICANT ADDRESS: 491 Rabbit Hwy Harmony NC 28634

SITE ADDRESS: 491 Rabbit Hwy Harmony NC 28634 PHONE: 704-546-7980 ALT. PHONE 704-437-7272

SITE DIRECTIONS: Hwy 21 L on Little Wilkesboro L on Rabbit Hwy House on L SAP CONTROLLED: ☐ YES ☒ NO

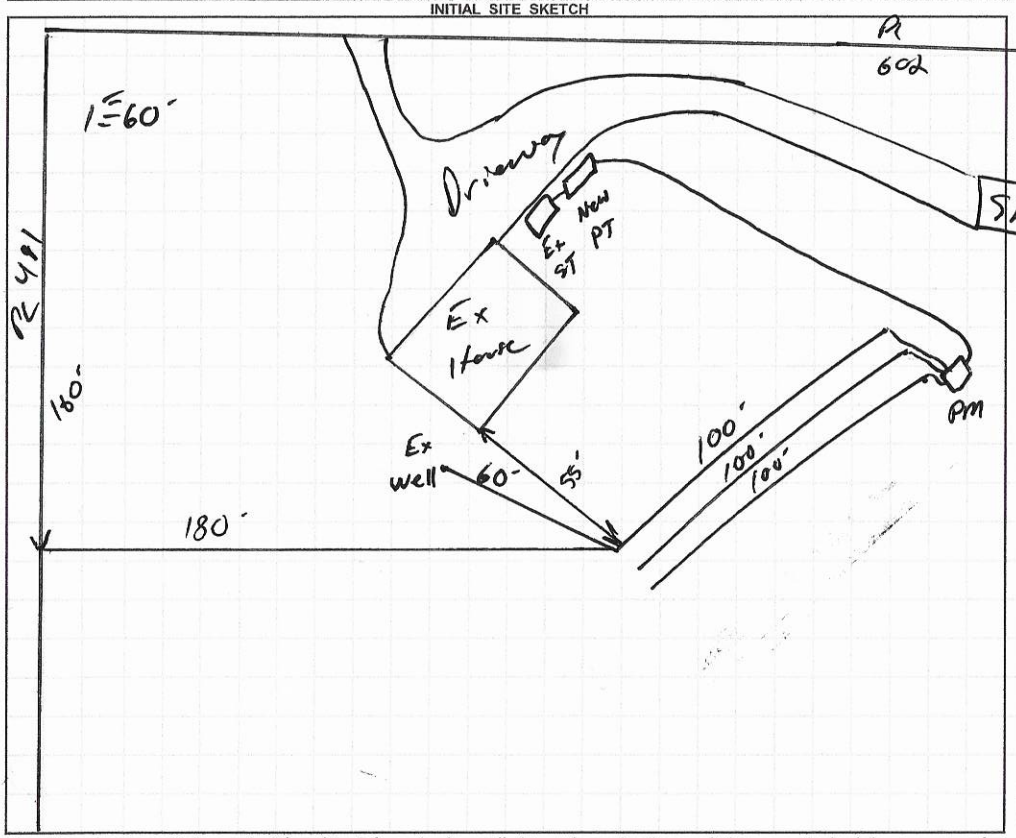
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 3.7 Acs DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	Ex	(gal)	STB		Date	☐ New System ☒ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	1000	(gal)	PT	363	Date 6-14-2021	System Description:	☐ Business	No. Persons	6	☒ Private	
Pump Make	Goulds	Model	WE05114HU		Serial # B247318	Repair System Description: 25% Reduction Pm	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	3		Linear Ft 300	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth (~~Low side~~)		Max 36	Gravel Depth -	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Contour of land use Pressure manifold for distribution. If Pump tank exceeds 36" it will need to be traffic Rated.

Use 3 ½ sch 80 laps
136 dose volume
6.5" Drawdown

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: Dominic Parise Date: 4-9-2021 Installed by: Fry Grading + Repair

IMPROVEMENT PERMIT by: Date: 4-6-2021 OPERATION PERMIT by: Date: 7-23-2021

AUTHORIZATION TO CONSTRUCT by: Date: 4-6-2021 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 #: 487127077
COUNTY: Iredell

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

OWNER: Dawnna Parise
ADDRESS: 491 Rabbit Hwy
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 491 Rabbit Hwy
PROPOSED DESIGN FLOW (.1949): 360 gpd
APPLICATION DATE: 1-23-2019
DATE EVALUATED:
PROPERTY SIZE: 3.7 Ac
PROPERTY RECORDED: Y-S

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	SS SG	0-10 10-24 24-48	SBK SCL SBK C SBK CL	FR SSSPS FR SSSPS	N/A	48+	N/A	N/A	PS .3
2	SS SC	0-6 6-28 28-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		300'
System Type(s)		3BR. PWM
Site LTAR		.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bogan
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)	0.4 - 0.1	0.2 - 0.05	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)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

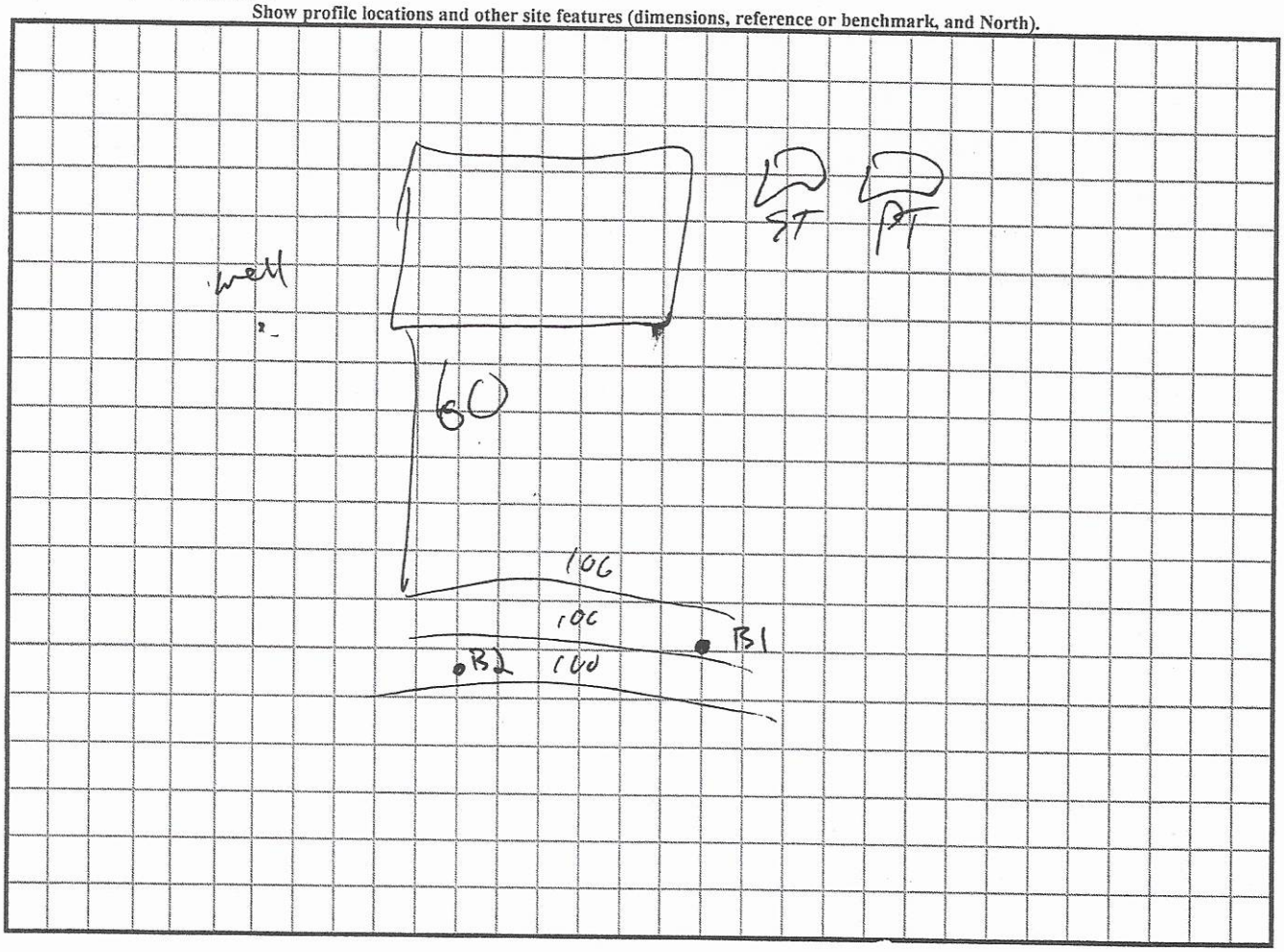
NOTES

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).



* Call Prior to Inspection *

RECEIVED MAR 1 - 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Repair Evaluation - No Chg

AP- 315384

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

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: DOMINIC P. PARISE Address: 491 RABBIT HWY, HARMONY, NC Zip: 28634

Applicant Email: dpparise@yadtel.net Phone: 704-546-7980 Alt. Phone: 704-437-7272

Owner Name: SAME Address: SAME Zip: _____

Owner Email: SAME Phone: SAME Alt. Phone: _____

Property Information:

Street Address: 491 RABBIT HWY, HARMONY, NC 28634

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

Driving Directions: HWY 21N THRU HARMONY, BEAR LEFT ON LITTLE WILKSBORO RD, TURN RT ON RABBIT HWY, GO APPROX 2 MILES THRU "S" CURVE. HOUSE ON LEFT

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: SEE ATTACHMENT

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1982

(X) 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?

No Permit in DB

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: Dominic P. Parise 1/23/2021

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*) Dominic P. Marie 2/11/2021

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
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

ATTACHMENT - FOR REPLACEMENT SEPTIC SYSTEM

Dear James Bogg,

I built my house in 1982 and even though the house was properly staked, Glen Fox incorrectly perked the field behind the house not to the side where the current septic field is located. My house sites on solid bed rock and approximately 4-1/2 acres drains to towards the septic field. When Tommy Frye set the "box" he broke his backhoe and had to get a jack hammer to finish the job. I ended up with 3 lines at 85' going into a hillside. Not the best application to start with.

In the late 90's I had a "repair request" (included in the attachments) that laid out a 50% reduction system (T.J. Panel System). I never implemented it for a couple of reasons.

1. Even though it had a French drain, the right hand side of the house is as wet as the left side where the septic field is located.
2. This put the new field close to my sister-in-law's well and even though it would probably be alright, I knew she was concerned. I could not do that to her.
3. My children were going off to college and moving out so there was a reduced load on the system.
4. Money was tight because I was buying Mr. Mullis's 131 acre farm. I turned this into a development called "Harmony Country Estates" at the south end of Rabbit Highway.

Now as I get close to retirement I want to resolve this issue permanently by putting a new septic system in. I talked to Tommy Frye and he will be my contractor of choice. I have questions that I want to discuss with you as I move forward with this project. A lot has changed since 1982 and technology has improved.

1. Is there anything I can do to improve my existing septic field? I doubt it but I still have to ask. When the ground is saturated and a heavy rain

comes in (6 inches or more) the water hits the bedrock and flows into the septic field with nowhere to go except into the holding tank, then the basement. Lentz once pumped 1200 gallons out of the tank, then waited 20 minutes and pumped another 1200 gallons!

2. Is there any other area in front of the house that is useable without using a TJ Panel system? Again I don't think so unless I go across the road. This gets complicated because I would have to purchase some land from my mother-in-law.
3. I'm currently leaning towards a pump system but am not sure of line or the elevation limitations of this type of system. I have two possible levels behind the house I can use.
4. Tommy Frye is recommending a chamber system vs conventional lines. I think it is easier for him to install. He told me the conventional system lines need to be 9' approx. which could eliminate the lower backyard as an option. I have not had a chance to research a chamber system to date.

James,

I currently am recovering from Covid, Covid pneumonia, and surgery for a perforated intestine so I am home for the rest of February and the first part of March. (I am not contagious). I would like to have a solution soon so I can release Tommy to start, before I have to go back to work.

Thank you,

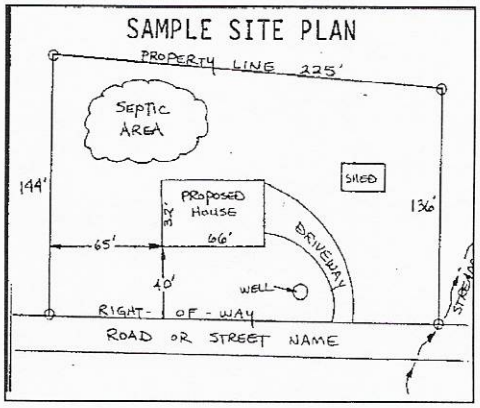
Dominic P. Parise (Nick)

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

'SEE ATTACHMENTS'

Signature: Dominic L. Paine

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

2/11/2021

DATE

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# DATE 3-17-96

OWNER OR CONTRACTOR Donnie Reese PHONE: Business 873-1794 Home

ADDRESS 491 Rabbit Hwy Harmony

LOCATION 2 IN TL Hwy 90 W Rabbit Rd TR Rabbit Hwy 2nd Log House on left

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

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet Linear Feet 200

No Lines 4 Trench Width 36 Max Trench Bottom Depth 36 Gravel Depth

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

System Description:

Repair System Description: Growth Panels

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

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

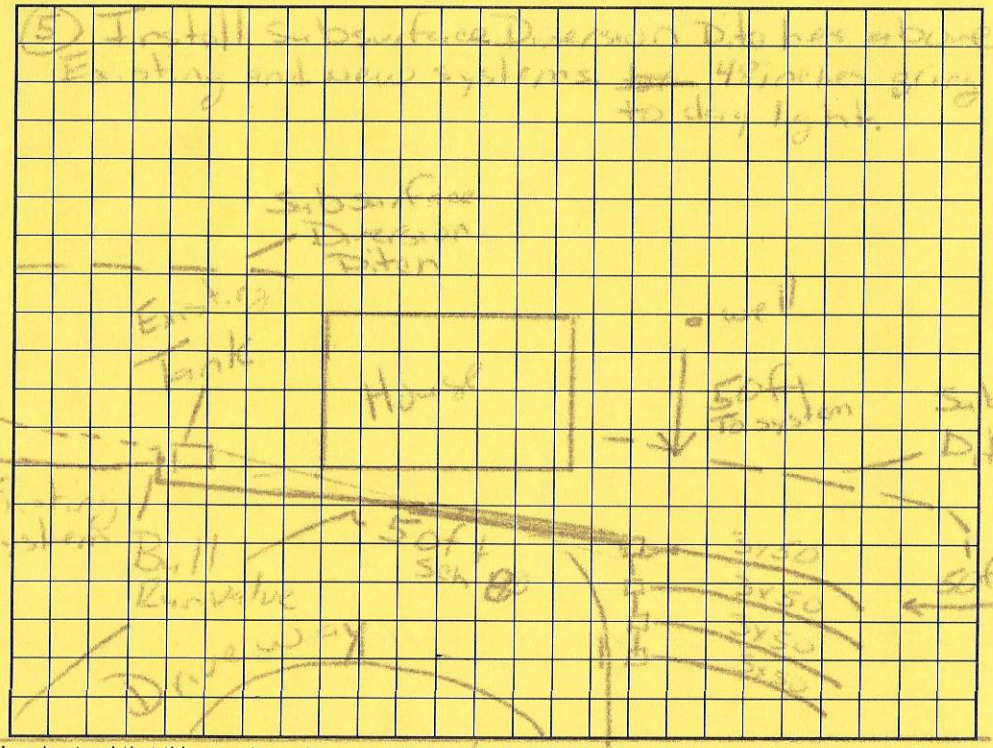
Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions:

Repair to Install 4 lines @ 50ft panels
Keep 100 ft setback (2) install bull nose
at Tank (3) use 50 ft panels under driveway
Upgrade system soft ground both wells

Comments:/Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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: date

Improvement Permit by: date 3-19-96

Authorization to Construct by: date 3-19-96

Installed by:

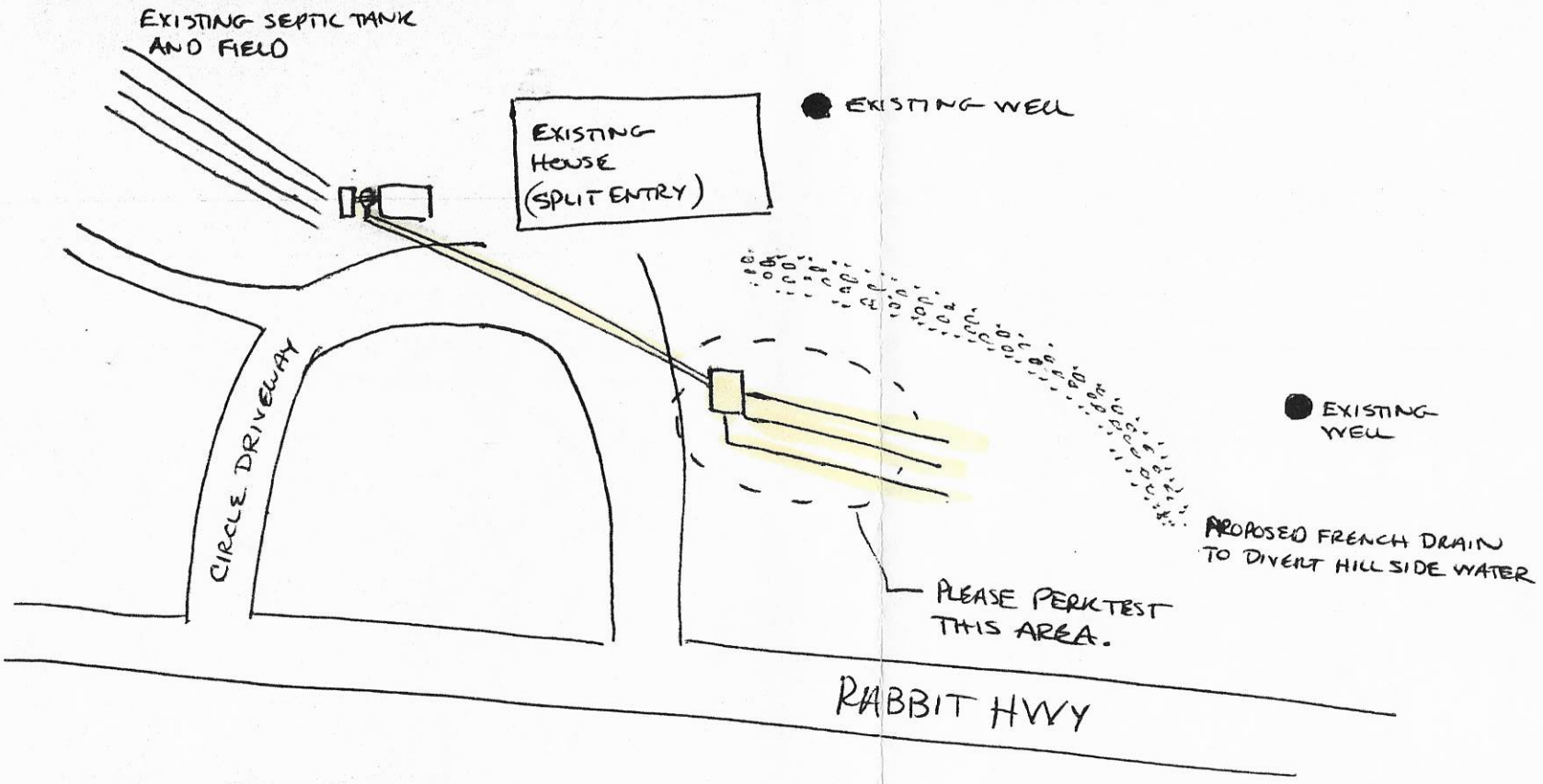
Operation Permit by: date

Existing System Inspection by: date

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

(878-5308) (MAXINE)

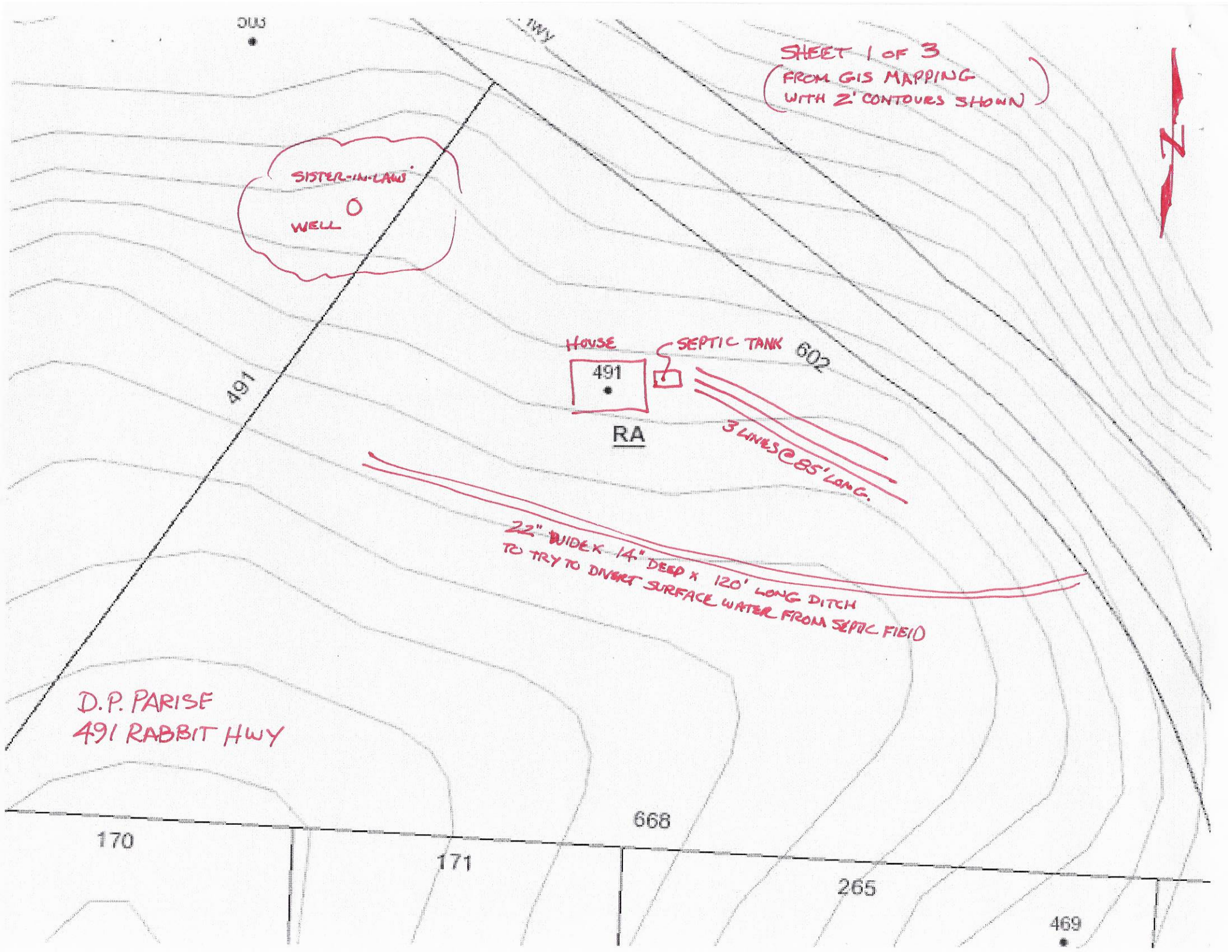
DOMINIC P. PARISE
491 RABBIT HWY
HARMONY, NC 28634
546-7980 (H)
873-1994 (W)

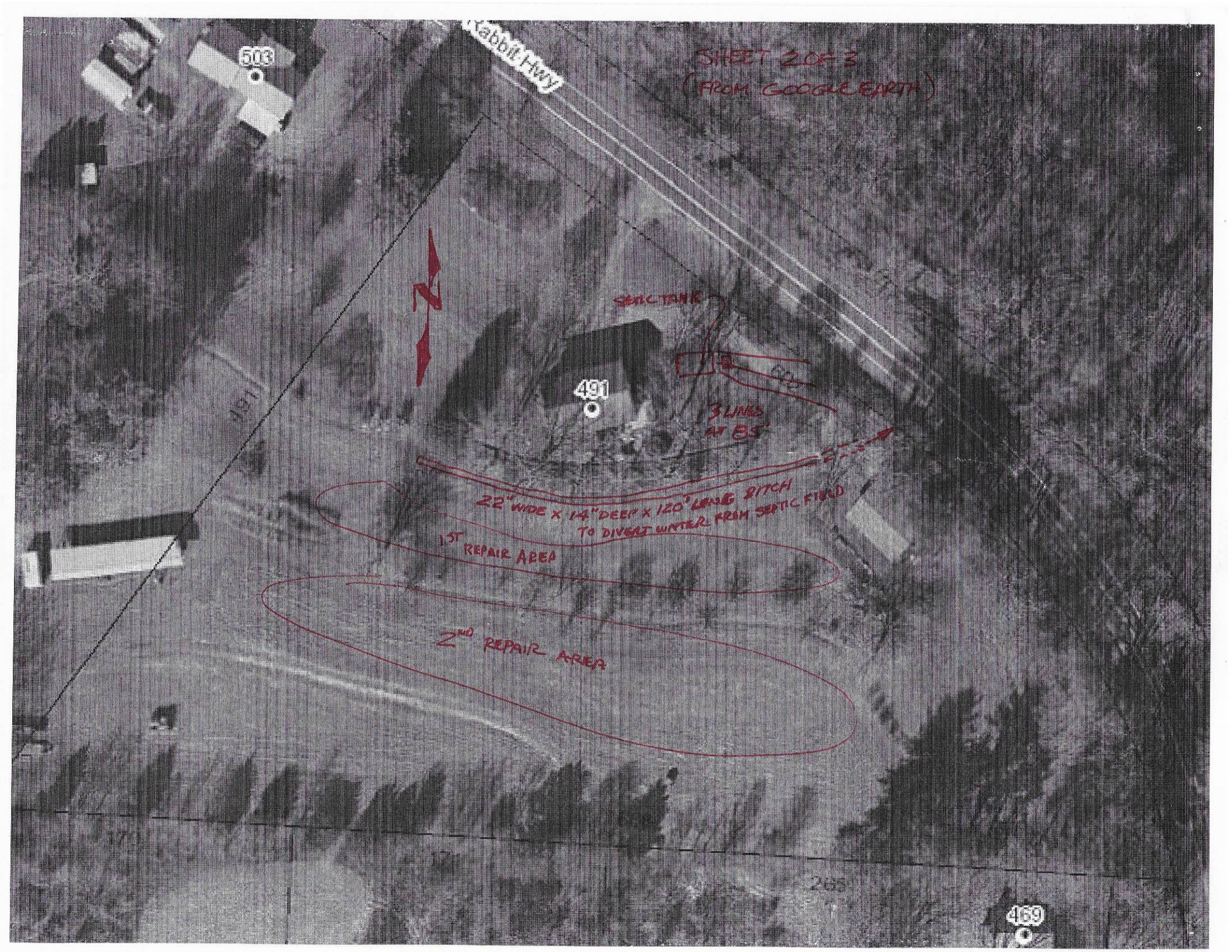


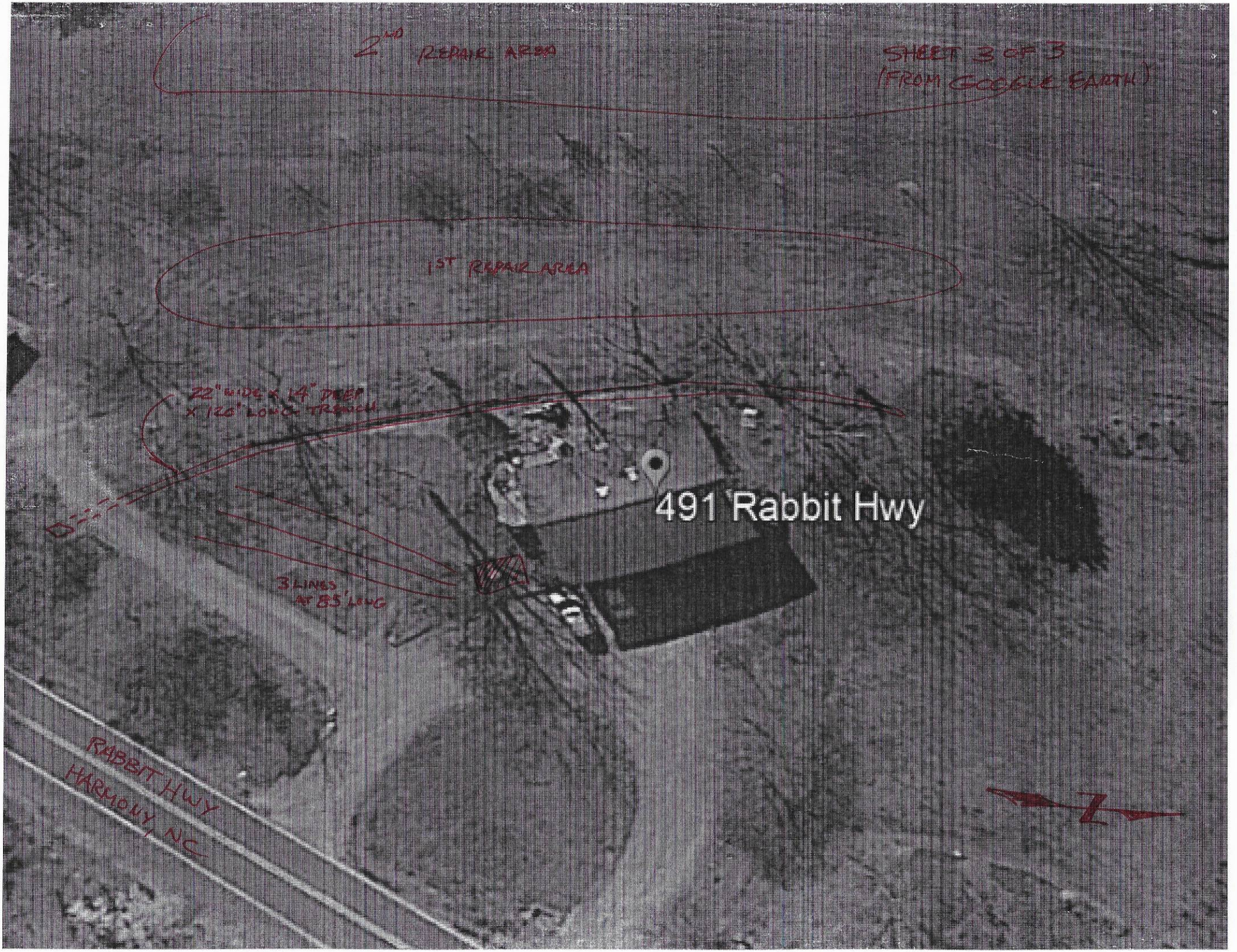
PROPOSED "NEW" PANEL SYSTEM W/ BULL RUN VALVE TO SEPARATE SYSTEMS.

3 LINES @ 50' PANELS ON CONTOUR
.40 APPLICATION RATE

BULL RUN VALVE 60.00 + PIPE
ESTIMATE COST = 21.00/LF = 3150.00
FRENCH DRAIN =


SHEET 1 OF 3
(FROM GIS MAPPING WITH 2' CONTOURS SHOWN)
N
SISTER-IN-LAWS
WELL
HOUSE
491
SEPTIC TANK
602
RA
3 LINES @ 85' LONG.
22" WIDE x 14" DEEP x 120' LONG DITCH
TO TRY TO DIVERT SURFACE WATER FROM SEPTIC FIELD
D.P. PARISE
491 RABBIT HWY
491
668
170
171
265
469


SHEET 2 OF 3
(FROM GOOGLE EARTH)
Rabbit Hwy
503
491
469
SEPTIC TANK
3 LINES AT 85'
22" WIDE X 14" DEEP X 120' LONG @ 1% PITCH
TO DIVERT WATER FROM SEPTIC FIELD
1ST REPAIR AREA
2ND REPAIR AREA


2ND REPAIR AREA
SHEET 3 OF 3
(FROM GOOGLE EARTH)
1ST REPAIR AREA
22' WIDE x 14' DEEP
x 120' LONG TRENCH
491 Rabbit Hwy
3 LINES
AT 85' LONG
RABBIT HWY
HARMONY, NC