ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP- 324366

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

PIN # 4871 -- 32 -- 3298

APPLICANT/OWNER: MAIN STREET HOMES | APPLICANT ADDRESS: P.O. BOX 5711, STATESVILLE, N.C. 28687

SITE ADDRESS: 153 TRANQUILITY LANE, HARMONY, N.C. 28634 | PHONE: 704-818-6111 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (L) ON LITTLE WILKESBORO, (R) ON RABBIT HIGHWAY, (L) ON TRANQUILITY, LOTON (L)

SAP CONTROLLED: ☐ YES ☑ NO

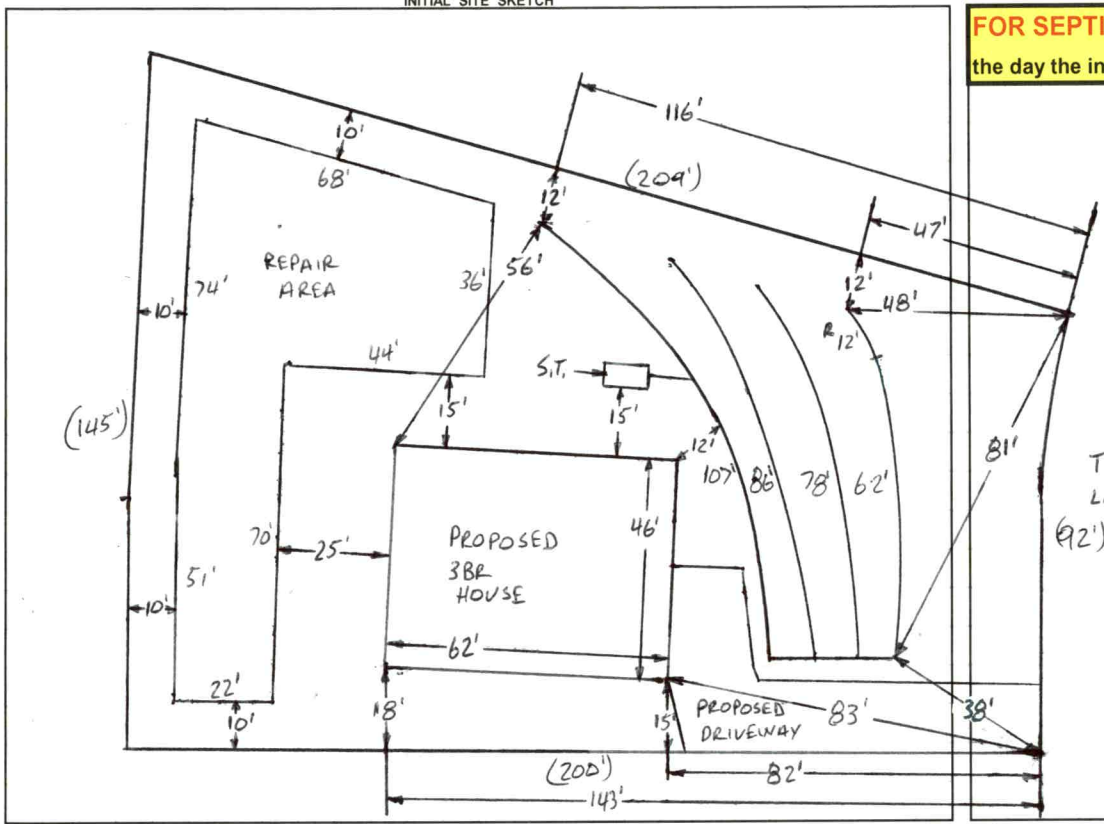
SUBDIVISION: HARMONY COUNTRY ESTATES | SECTION: 2 | LOT # 19 | LOT AREA: 0.547AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.275 (0.1) REPAIR

Septic Tank	1000 (gal)	STB		Date		☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TS II DRIP	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	4	Linear Ft	333FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

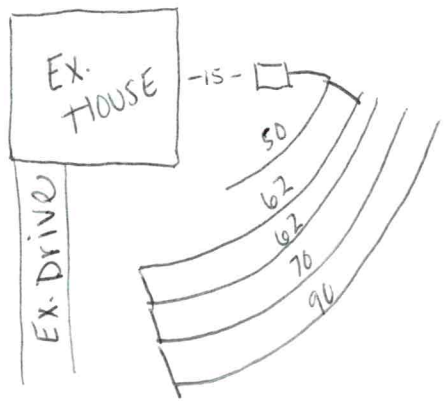
Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, WATER LINE MUST BE 10FT FROM ALL PARTS OF SEPTIC

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.

1IN = 40FT
S.T. = SEPTIC TANK
R = REPAIR

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: 2-24-2022 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Burt C. White Date: 2-23-2022 OPERATION PERMIT by: Sydney Holland Date: 12/19/22

AUTHORIZATION TO CONSTRUCT by: Burt C. White Date: 2-23-2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	12/19/22	SH
Tanks Checked	12/19/22	
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? _____	

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

Sheet 1 of 2
PROPERTY ID #: 4871-32-3298
COUNTY: IREDELL

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

OWNER: MAINSTREET HOMES
APPLICATION DATE 1-4-2022
ADDRESS: P.O. BOX 5711, STATESVILLE, N.C. 28687
DATE EVALUATED: 1-31-22
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.547 AC
LOCATION OF SITE: 153 TRANQUILITY LANE, 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	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	Shoulder slope 4%	0-8	SCL/SBK	SS, SP, SExP, FR	Sap Inc 25"-50"	50"	NA	NA	P.S .275
		8-29	C/SABK	SS, SP, SExP, FR					
		29-50	CL/ABK	SS, SP, SExP, FR					
2	Head Slope 7%	0-24	C/SABK	FR/S/P/SExP	Y/B Matrix Red Matrix w/ Y/B Mottels	53"	NA	Chroma 2 starting @ 19"	P.S .1 Drip
		24-53	C/SABK	FI/S/VP/SExP					
3	Linear Side 7%	0-31	C/ABK	SS, P, FI, SExP	SAP Inc. @ 30"	50"	NA	NA	P.S .3
		~~11-21~~							
		31-50	CL/WABK	SS, SP, FR, SExP					
4	Linear Side 10%	0-7	SCL/SBK	SS, SP, SExP, FR	SAP Inc @ 32"	51"	NA	NA	P.S .3
		7-32	C/ABK	S, P, FI					
		32-51	CL/WSBK	SS, SP, FR, SExP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.375	0.1

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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

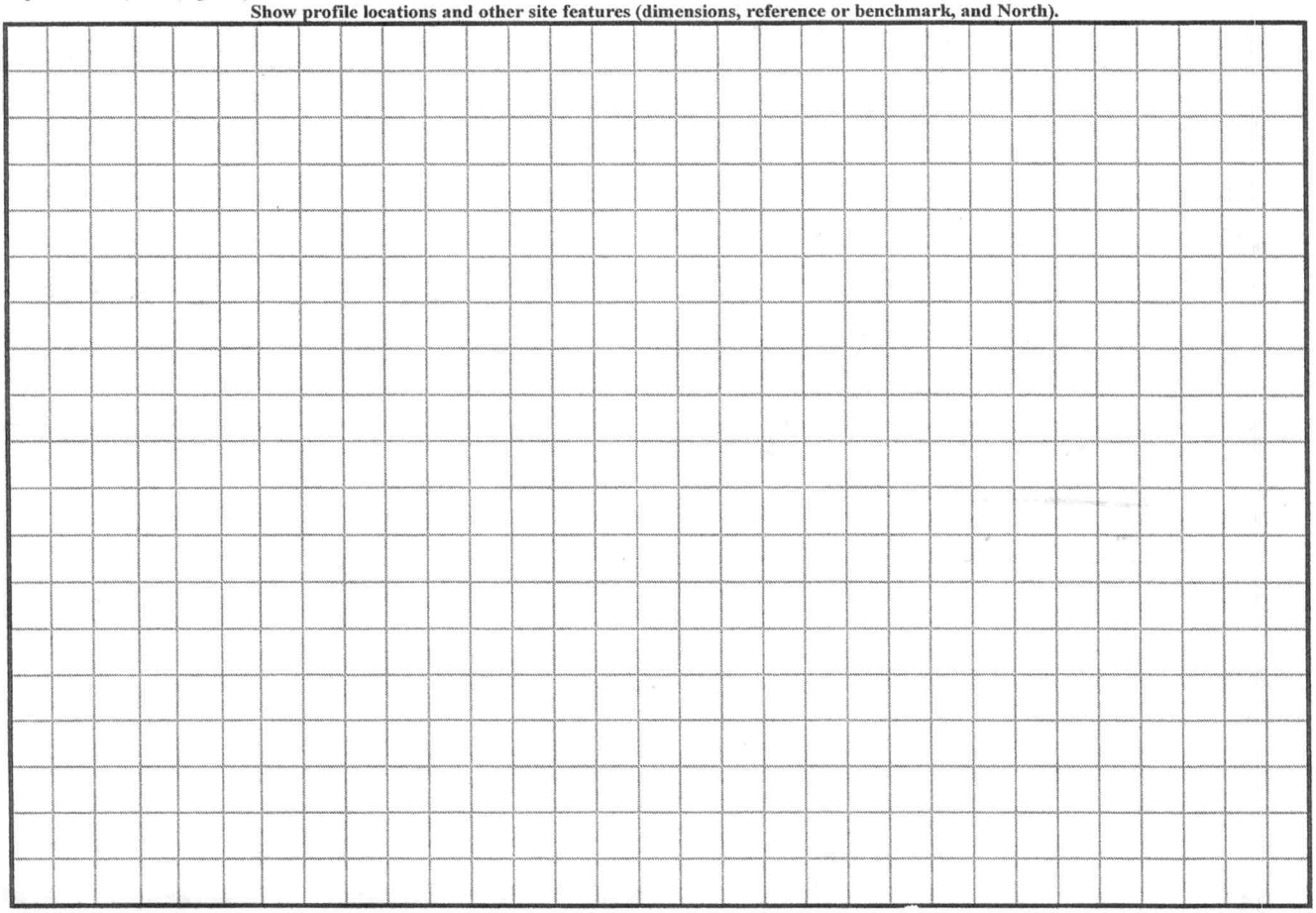
NOTES

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).



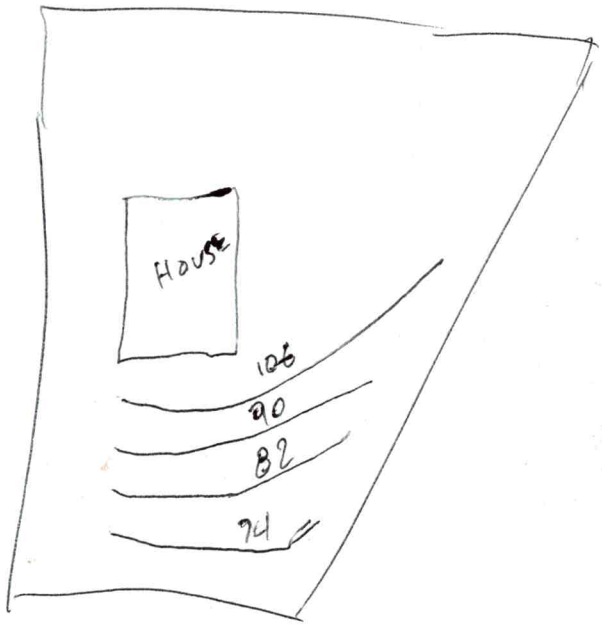
SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

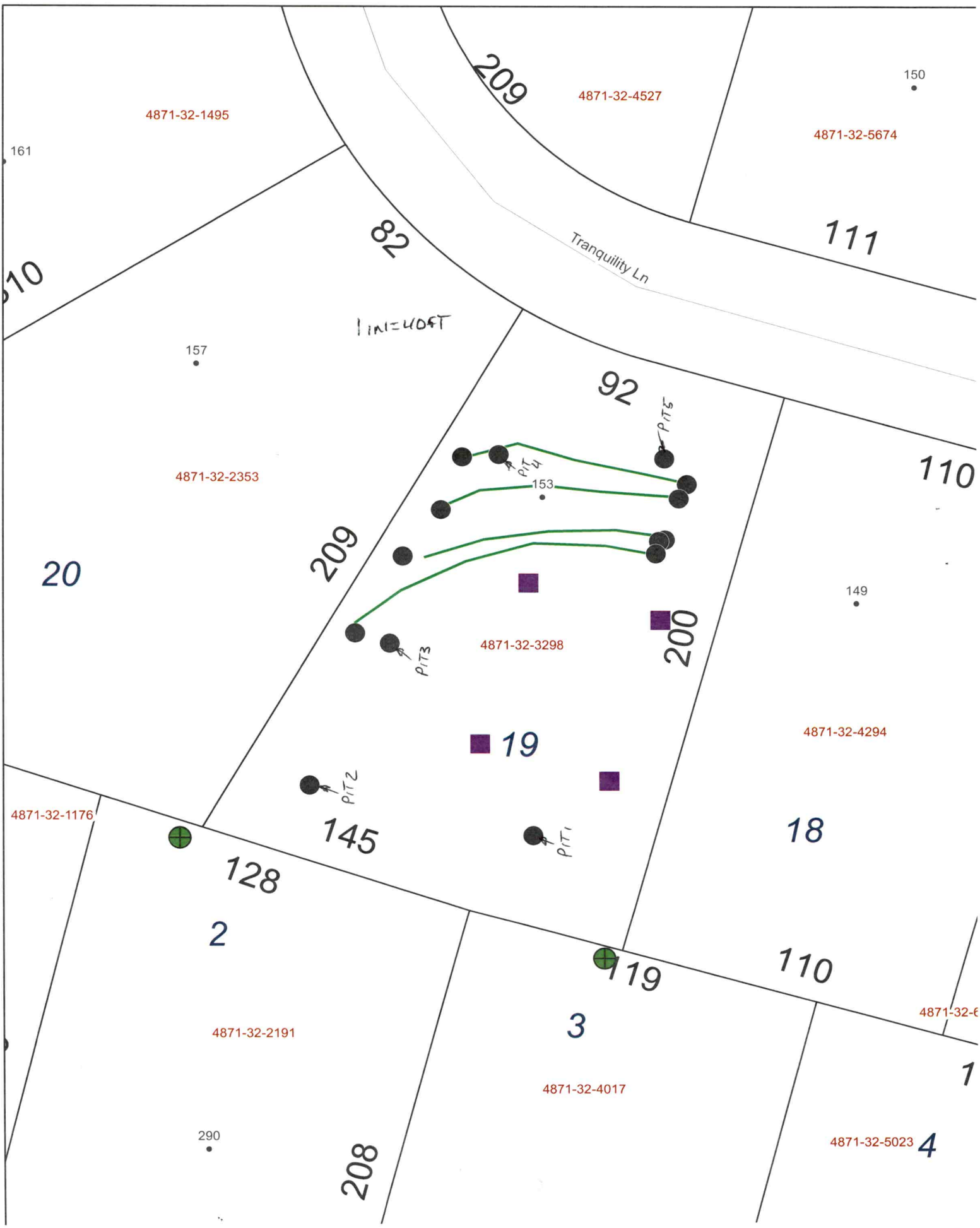
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4871-32-3298
DATE OF EVALUATION: 1-31-22
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	Linear side 12%	0-8	SCL / SBK	SS, SP, FR, SExp	0-18 many Y/B MOTs chroma 4 E's	53"	NA	NA	P.S .275 Below 18"
		8-53	C / ABK	S, P, FR, SExp	18-53 few Y/B MOTs & SAP INC.				



TRANQUICITY


4871-32-1495
161
209
4871-32-4527
150
4871-32-5674
Tranquility Ln
111
82
1IN=40FT
157
92
PIT5
PIT4
153
110
4871-32-2353
209
20
149
PIT3
4871-32-3298
200
19
4871-32-4294
PIT2
4871-32-1176
145
PIT1
18
128
2
119
110
4871-32-2191
3
4871-32-4017
1
290
208
4871-32-5023
4

RECEIVED JAN C 4 2022 AP-324364 $500.00

BW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE

OR IT WILL NOT BE PROCESSED when ready to dig

call Steve Jordan 704-902-2161

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 already marked

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: Main Street Homes **Address:** PO Box 5711 Statesville, NC **Zip:** 28687

Applicant Email: mainstreethomesnc@outlook.com **Phone:** 704-818-6111 **Alt. Phone:** _____

Owner Name: Keith Snoddy **Address:** 415 E End Ave Statesville, NC **Zip:** 28677

Owner Email: _____ **Phone:** 704-902-6469 **Alt. Phone:** _____

****

Property Information:

Street Address: 153 Tranquility Ln Harmony NC 28634

Subdivision Name: Harmony Country Estates **Section/Phase:** 2 **Lot Number:** 19

Driving Directions: _____

****

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: _____ — ( ) 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: _____ 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 (✓) 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: _____ 12-14-21

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Keith A Snoddy & Laura T. Snoddy, am the legal owner(s) of the property located at 153 Tranquility Ln, Harmony, NC, identified as PIN (Parcel Identification Number) 4871323298.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Kevin Hope, Main Street Homes, 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.

Keith A. Snoddy
Signature of Owner(s)

12/14/2021
Date

Mooresville - Environmental Health

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

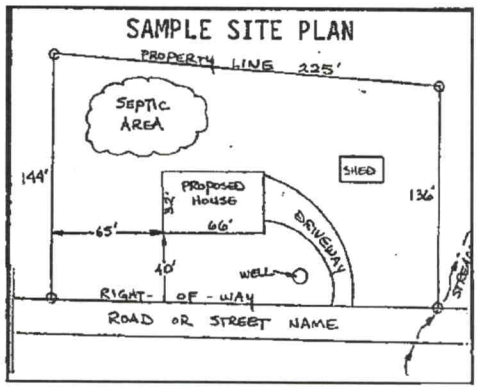
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (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

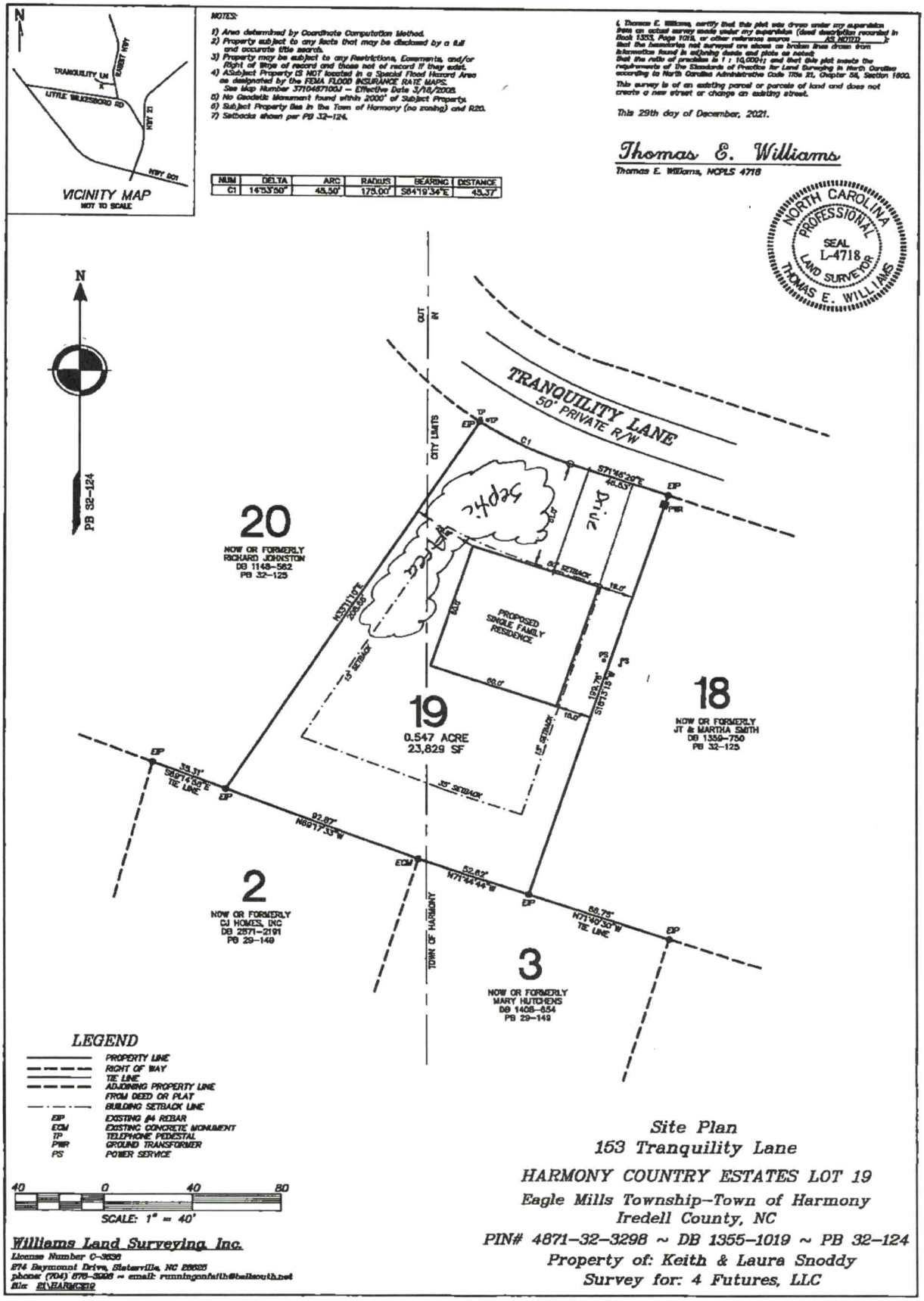
See attached

Signature: _____

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

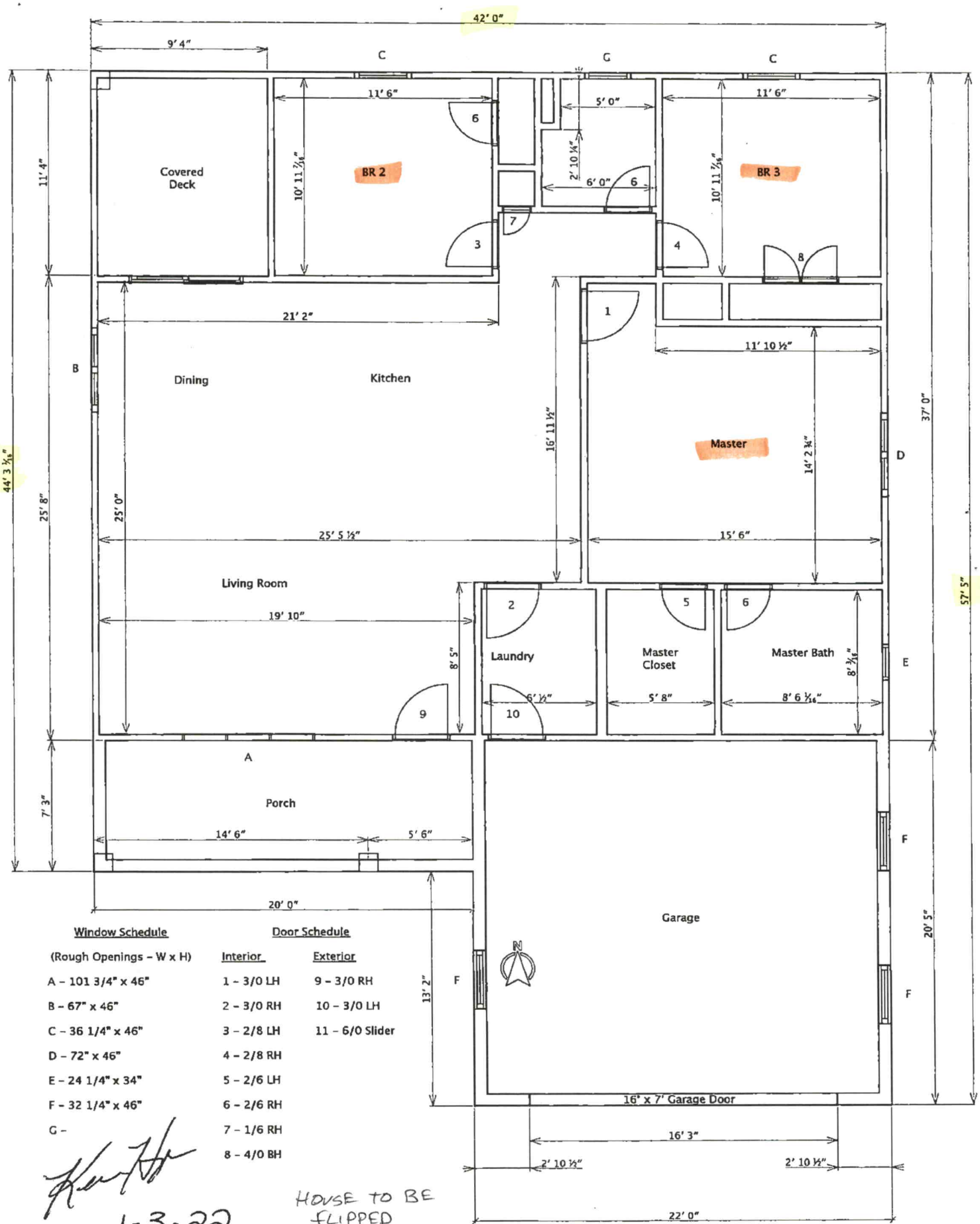
12-14-21

DATE



Site Plan
153 Tranquility Lane
HARMONY COUNTRY ESTATES LOT 19
Eagle Mills Township–Town of Harmony
Iredell County, NC
PIN# 4871-32-3298 ~ DB 1355-1019 ~ PB 32-124
Property of: Keith & Laura Snoddy
Survey for: 4 Futures, LLC

Williams Land Surveying, Inc.
License Number C-3636
874 Baymont Drive, Statesville, NC 28625
phone (704) 876-3366 ~ email: runningonfaith@bellsouth.net
File: 21\HARMONY19



Window Schedule (Rough Openings – W x H)	Door Schedule Interior	Exterior
A – 101 3/4" x 46"	1 – 3/0 LH	9 – 3/0 RH
B – 67" x 46"	2 – 3/0 RH	10 – 3/0 LH
C – 36 1/4" x 46"	3 – 2/8 LH	11 – 6/0 Slider
D – 72" x 46"	4 – 2/8 RH	
E – 24 1/4" x 34"	5 – 2/6 LH	
F – 32 1/4" x 46"	6 – 2/6 RH	
G –	7 – 1/6 RH	
	8 – 4/0 BH	

1-3-22

HOUSE TO BE FLIPPED

Bryant C. White 2-23-2022

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324366
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4871323298.000	153 TRANQUILITY LN	Iredell County

Owner Information	Applicant Information
Name: SNODDY KEITH A+LAURA T	Name: MAIN STREET HOMES
Address:	Address: 411 BAYMOUNT DR
	STATESVILLE, NC 28677
Phone:	Phone: (704)818-6111

Use Requested	Zone Code
Single Family Dwelling	HARMONY, RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.547	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD

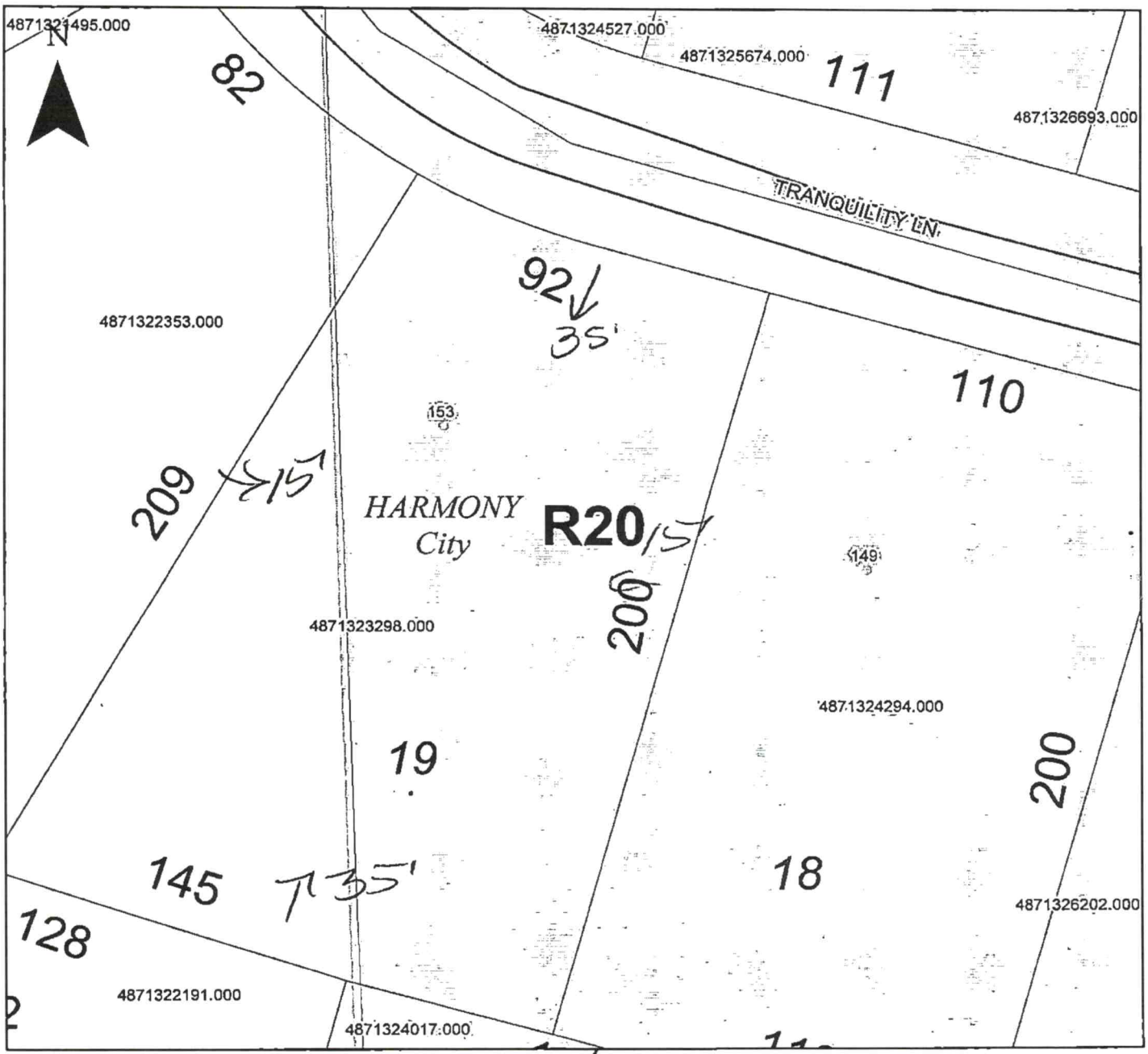
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 01/04/2022

Signature of Owner/Contractor

Permit Number	324366	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 153 Tranquility

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

1-3-22
Date