IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 PERMIT # 244602

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

PIN # 4871422322

APPLICANT/OWNER: Ricky Driver APPLICANT ADDRESS: 107 Tranquility Ln Harmony NC 28634

SITE ADDRESS: 112 Tranquility Ln Harmony NC 28634 PHONE: 704 902-5435 ALT. PHONE 336-391-7252

SITE DIRECTIONS: Hwy 21 N to Harmony L on Little Wilkesboro Rd R on Rabbit Hwy L on Tranquility SAP CONTROLLED: ☐ YES ☒ NO

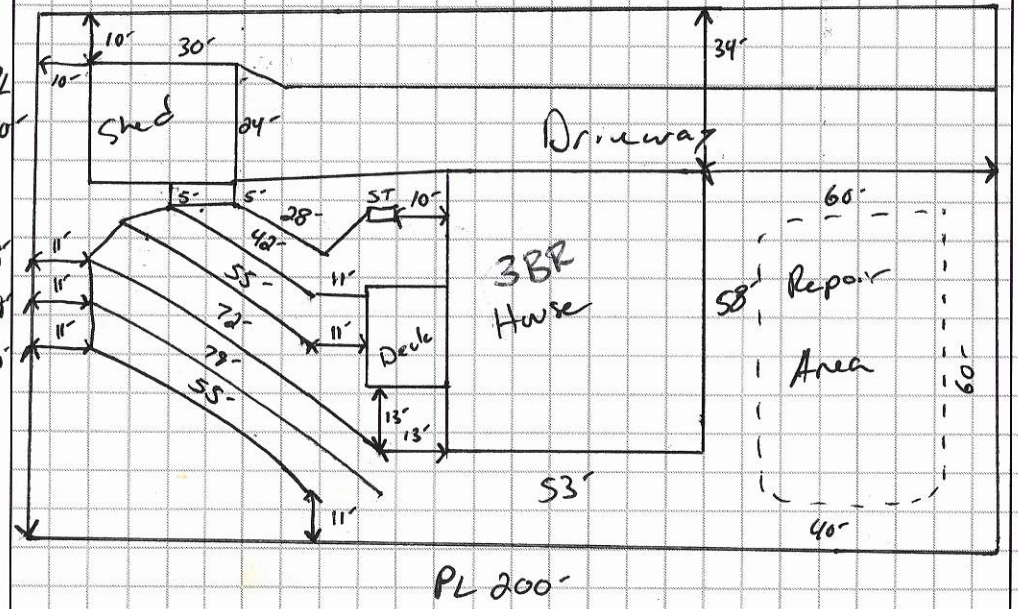
SUBDIVISION: Harmony Country Estates SECTION: P2 LOT # 32 LOT AREA: 0.51 DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	7-3-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II ◐ 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:	50 % Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	34" Max	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land and use Serial distribution. Do not grade, pave, or bury utilities in Septic Areas. Although 331' of drainfield is laid out only 300' is required.

INITIAL SITE SKETCH



AS BUILT SKETCH

1=40'

Tank 10' off Home

10 Line Lengths

13

20

16

13

Tranquility Rd

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: Ricky Driver Date: Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 5-21-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 2-18-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 487142232
COUNTY: Iredell

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

OWNER: Ricky Driver
ADDRESS: 107 Tranquility Harmony NC
APPLICATION DATE 5-13-19
DATE EVALUATED: 5-21-19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .51
LOCATION OF SITE: 112 Tranquility
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 3-4%	0-10	SBk SCL	Fr SSSP Serp	/	48+	/	—	PS .3
		10-30	SBk C	Fr SSSP Serp					
		30-48	SBk CL	Fr SSSP Serp					
2	SS 3-4%	0-10	SBk SCL	Fr SS SP Serp	/	C18+	—	—	PS .3
		10-32	SBk C	Fr SSSP Serp					
		32-48	SBk CL	Fr SSSP Serp					
3	SS 3-4%	0-14	SBk SCL	Fr SSSP Serp	—	48+	—	—	PS .3
		14-32	SBk C	Fr SSSP Serp					
		32-48	SBk CL	Fr SSSP Serp					
4	SS 3-4%	0-15	SBk SCL	Fr SSSP Serp	Few Y/B mottles @ 44"	48+	—	—	PS .3 Shallow
		15-35	SBk C	Fr SSSP Serp					
		35-48	SBk CL	Fr SSSP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300+	200+
System Type(s)	2SC	50 %
Site LTAR	.3	.3 Shallow

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs
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.

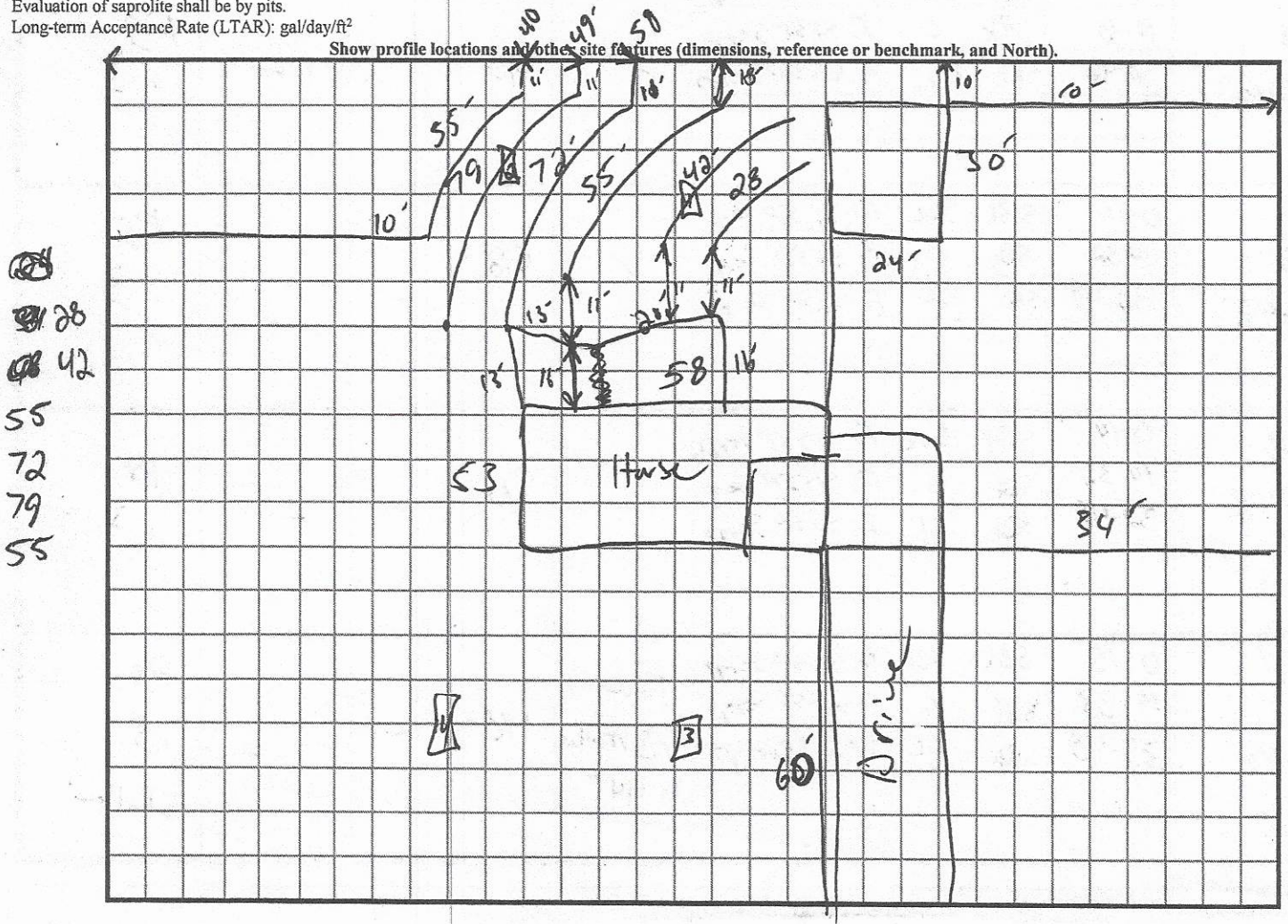
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED MAY 1 4 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 #244602

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: Ricky Driver Address: 107 Tranquility Ln Harmony NC Zip: 28634
Applicant Email: rickydriver@yahoo.com Phone: 704-902-5435 Alt. Phone: _____
Owner Name: Brent Smith Address: 110 Keswick Ct Advance NC 27006 Zip: 27006
Owner Email: b-gsmith@msn.com Phone: 336-391-7252 Alt. Phone: _____

Property Information:

Street Address: 112 Tranquility Ln Harmony NC 28634
Subdivision Name: Harmony Country Estates Section/Phase: _____ Lot Number: 32
Driving Directions: Go Hwy 21 N into Harmony, turn left onto Little Wilkesboro Rd, take Right onto Rabbit Hwy, turn Left onto Tranquility Ln, Property is on the Right

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
( ) 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: Ricky Driver 5-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

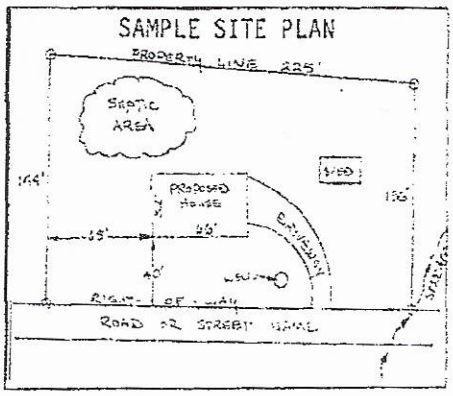
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

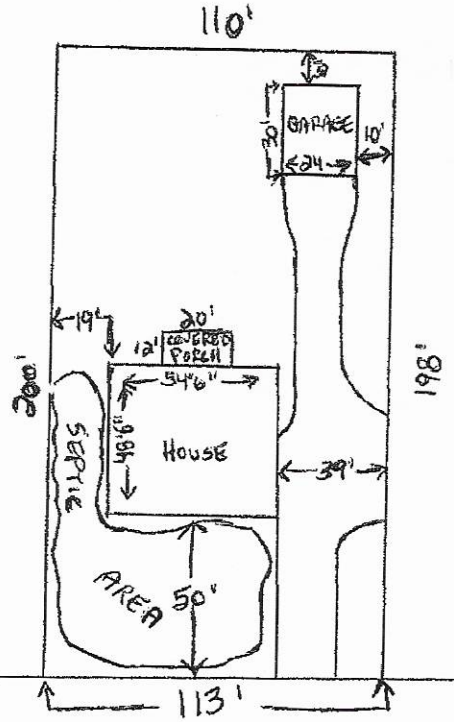


Circle N/A on the following if appropriate:

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



RABBIT HWY.

TRANQUILITY LN.

Signature: _____ 5-13-19

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, Franklin Brent Smith, 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**) Ricky Driver,

X Franklin Brent Smith, 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.

X Franklin Brent Smith _____ 5-13-19

Signature of Owner(s) Date

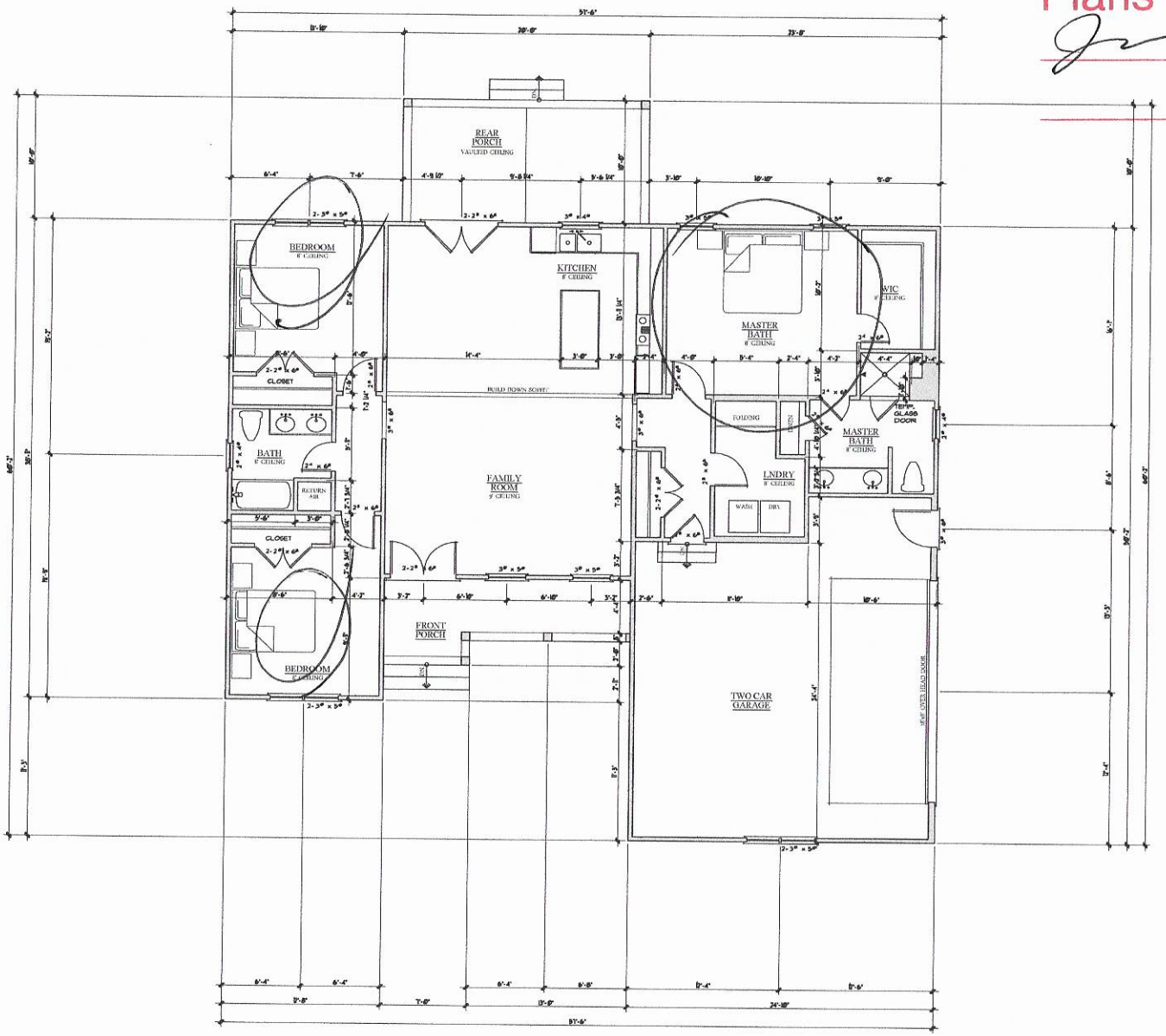
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!

Date 7-18-20

Date



Square Footage 7-3-19	
Main Level	1,676 SqFt.
Total Heated	1,676 SqFt.
Front Entry	114 SqFt.
Rear Porch	200 SqFt.
Two Car Garage	643 SqFt.
Total	2,633 SqFt.

DRIVER'S CUSTOM HOMES AND COMMERCIAL CONTRACTING, LLC

A NEW HOME FOR THE
Driver Family
Harmony, NC

SEAL:

IMPORTANT NOTE ABOUT PLAN LIABILITY
THERE HAS BEEN REASONABLE CARE AND PROFESSIONAL SKILL IN PREPARATION AND EXECUTION OF THESE DOCUMENTS BUT NO GUARANTEE OF "PERFECT" DOCUMENTS OR FLAWLESS JUDGEMENT. BUILDER & TRADES MUST CAREFULLY INSPECT ALL DIMENSIONS & DETAILS FOR ACCURACY AND ASSUMES COMPLETE RESPONSIBILITY FOR THEM. ANY DISCREPANCIES SHOULD BE BROUGHT TO THE ATTENTION OF G.C. PRIOR TO CONSTRUCTION.

DRAWING:
June 11, 2019

DRAWING:
FLOOR PLAN

SCALE: 1/4" = 1'-0"

PAGE:
04

IREDELL COUNTY

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

APPLICATION NUMBER
244602
Issue Date: 05/14/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4871422322.000	112 TRANQUILITY LANE, HARMONY, NC	HARMONY

Owner Information	Applicant Information
Owner: SMITH FRANKLIN BRENT+GINA M	Applicant: RICKY DRIVER
Address: 110 KESWICK CT	Address: 107 TRANQUILITY LANE
ADVANCE, NC 27006	HARMONY, NC 28634
Phone:	Phone: 704-880-7259

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.510	35.00	35.00	15.00	15.00	BOWH	X

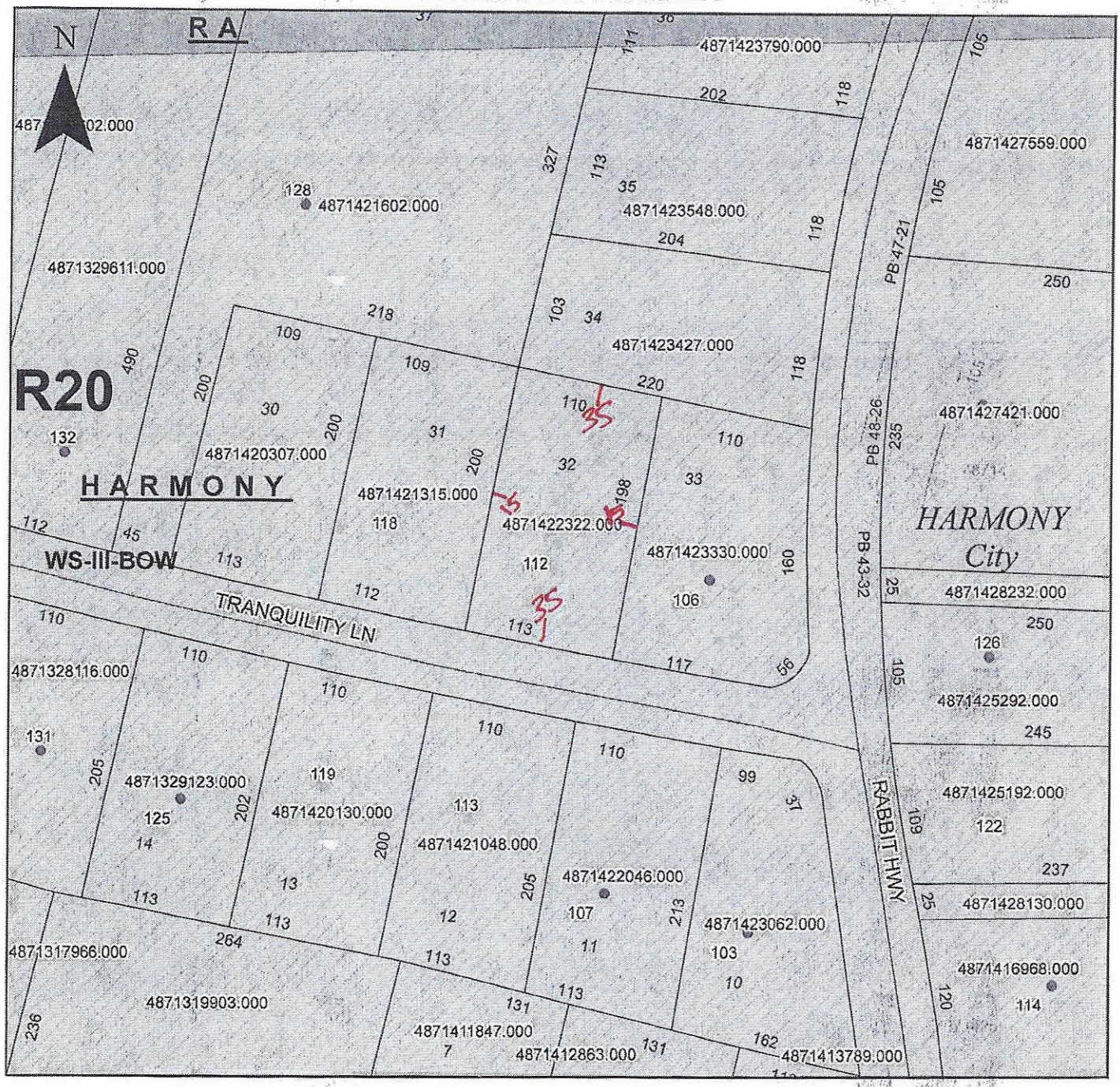
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	177271	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 112 Tranquility Lane

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.

Patty Rice
Applicant

5-14-19
Date