ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-325768

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

PIN # 4871 -- 42 -- 3523

APPLICANT/OWNER: CLAYTON HOMES | APPLICANT ADDRESS: 2026 NORTHSIDE DRIVE, STATESVILLE, N.C. 28634

SITE ADDRESS: 147 RABBIT HIGHWAY HARMONY, N.C. 28634 | PHONE: 704-873-2547 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (L) ON LITTLE WILKESBORO, (R) ON RABBIT HIGHWAY, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ✓ HARMONY COUNTRY ESTATES | SECTION: 2 | LOT # 34 & 35 | LOT AREA: 1.062 AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (0.275 REPAIR)

Septic Tank	1000 (gal)	STB	1012	Date	3-18-22	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION
# Nitrification Fields	1	# Lines	5	Linear Ft	300FT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth (Low side)	30 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

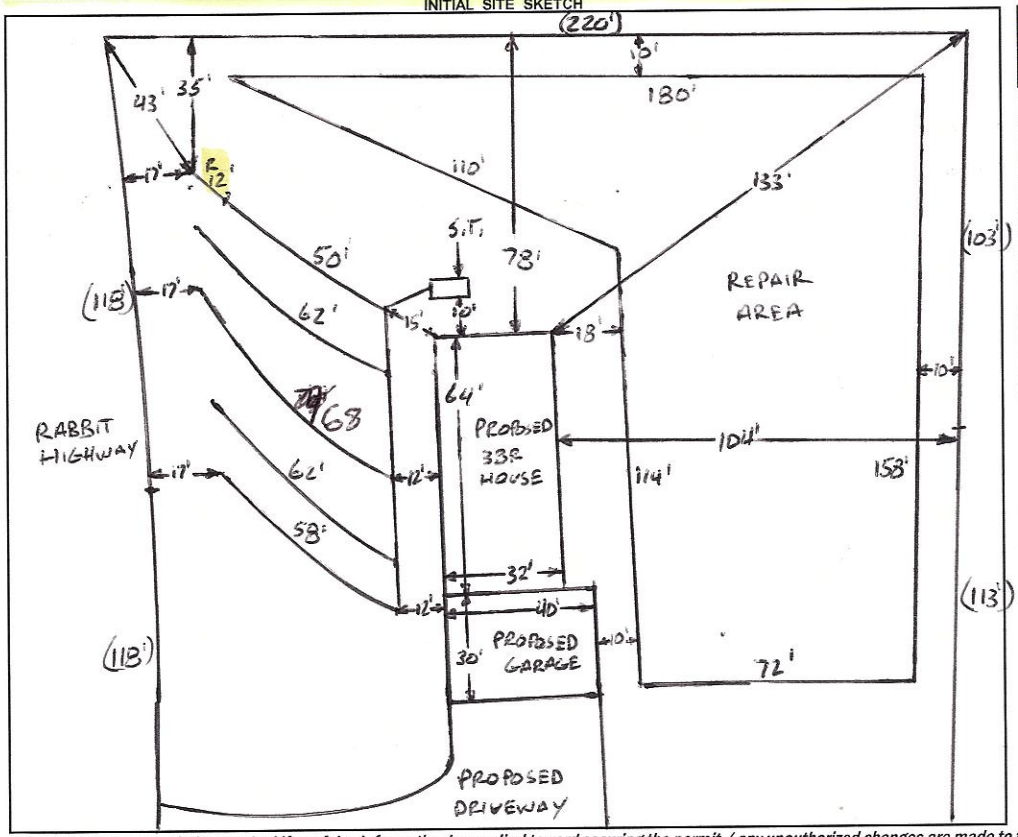
No. Bedrooms: 3 | No. Persons: 6 | No. Employees: —

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH DEPTH, SET TANK TO ACHIEVE GRAVITY FALL, NO FOUNDATION DRAINAGE ON HOUSE

PROPERTY COMBINED AND RECORDED IN DEED BOOK 2914 PAGES 2252-2254

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 = 50 FT
S.T. = SEPTIC TANK
R = REPAIR

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**

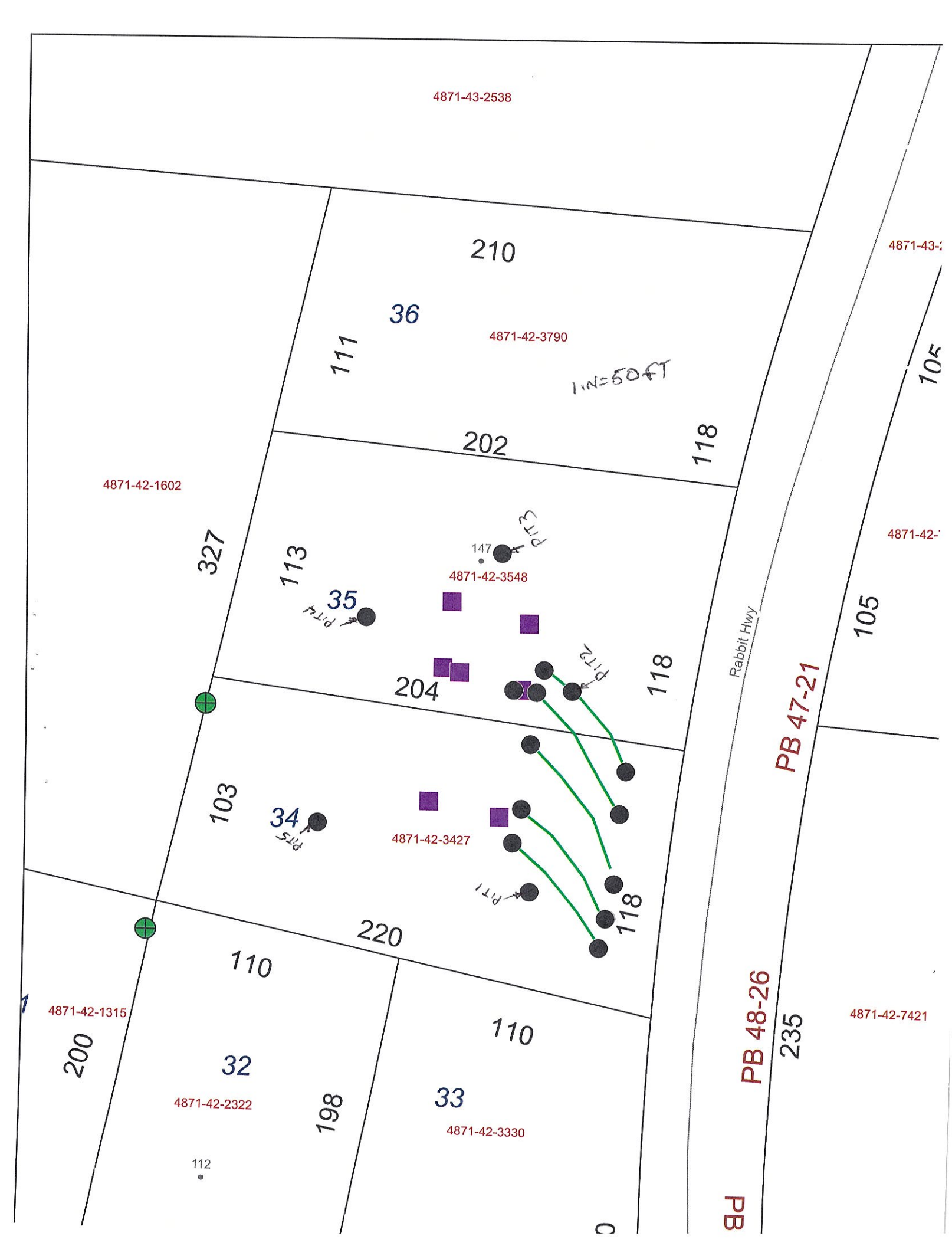
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4-28-22 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Burgent Cahill Date: 4-7-2022 OPERATION PERMIT by: [signature] Date: 6/1/22

AUTHORIZATION TO CONSTRUCT by: Burgent Cahill Date: 4-7-22 Existing System Inspected by: Date:

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


4871-43-2538
210
36
4871-42-3790
111
1"=50FT
202
118
4871-42-1602
327
113
147
PIT3
4871-42-3548
35
PIT4
204
118
PIT2
Rabbit Hwy
105
PB 47-21
103
34
PIT5
4871-42-3427
PIT1
118
220
110
4871-42-1315
200
32
4871-42-2322
198
110
33
4871-42-3330
112
PB 48-26
235
4871-42-7421

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

Sheet 1 of
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Clayton Homes
ADDRESS: 2026 Northside Dr. Statesville NC 28634
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 147 Rabbit Hwy Harmony 28634
APPLICATION DATE 02-16
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED:
PROPERTY SIZE: 1.062 AC
PROPERTY RECORDED: NO
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 4%	0-5	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	55"+	NA	NA	PS .3
		5-30	C, SBK	FR, S, P, SEXP					
		30-55	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-7	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	53"+	NA	NA	PS .3
		7-33	C, SBK	FR, S, P, SEXP					
		33-53	CL, WSBK	FR, SS, SP, SEXP					
3	HEAD 7%	0-8	SCL, SBK	FR, SS, SP, SEXP	FEW Y/B MOTS 18"-34" SAP INC THRU OUT	58"+	NA	NA	PS .275
		8-31	C, ABK	FR, S, P, SEXP					
		31-58	CL, WABK	FI, SS, SP, SEXP					
4	RIDGE 2%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		9-28	C, SBK	FR, S, P, SEXP					
		28-52	CL/WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.275

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

COMMENTS:

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 #: TBD
DATE OF EVALUATION:
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
5	SHOULDER LINEAR SLOPE 3%	0-10	SCL, SBK	FR, SS, SP SEXP	SAP INC THRU OUT STUMP HOLE IN PIT FEW Y/B IN ASSOC. FILL	54"+	N A	NA	PS .3
		10-36	C, SBK	fr, S, P, SEXP					
		36-54	CL, WSBK	fr, SS, SP, SEXP					

RECEIVED FEB 16 2022

BW:

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-325768 $500.00

Application For:

( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*

( ) Survey Plat, scaled no more than 1 inch = 60 feet
(✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Clayton Homes of Statesville / Adam Oosterens Address: 2026 Northside Drive Statesville, NC

Applicant Email: HC072@claytonhomes.com Phone: 704-873-2547 Zip: 28625

Owner Name: Warren R. Thomas Address: PO Box 6 Harmony, NC Alt. Phone: ____

Owner Email: thomas_w_1999@yahoo.com Phone: 704-546-2624 Zip: 28634

Property Information: 147

Street Address: ~~EBD~~ Rabbit Hwy Harmony, NC 28634

Subdivision Name: Harmony Country Estates Section/Phase: 2 Lot Number: 34-35

Driving Directions: ____

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: 2
( ) Swimming Pool
( ) Other Addition/Structure: ____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 ( ) Existing Well ( ) Community Well (✓) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: 25% reduction
Year existing system installed: ____

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 hereln 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: X [signature] Clayton Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

X 2/14/22
DATE

DocuSign Envelope ID: C59CA9BF-87D5-42CF-8BD4-F3E64DE1E4CB

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, Warren R. Thomas, am the legal owner(s) of the property located at TBD (Lot 34-35) Rabbit Hwy Harmony, NC 28634, identified as PIN (Parcel Identification Number) 4871423548/4871423427, located in Iredell County, North Carolina.
I do hereby authorize (print legal representative/company name) Adam Cassteveris / Clayton Homes of Statesville, 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.

DocuSigned by:
X Warren R. Thomas
EE2231C1B95B495...
Signature of Owner(s)

2/10/2022
X _____
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

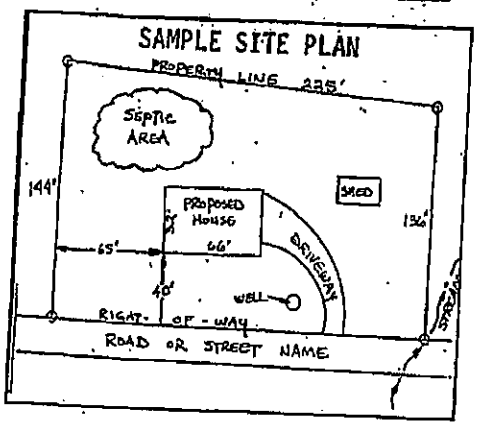
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

SEE ATTACHED SITE PLAN.

Signature: [signature] Clayton Hunter

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

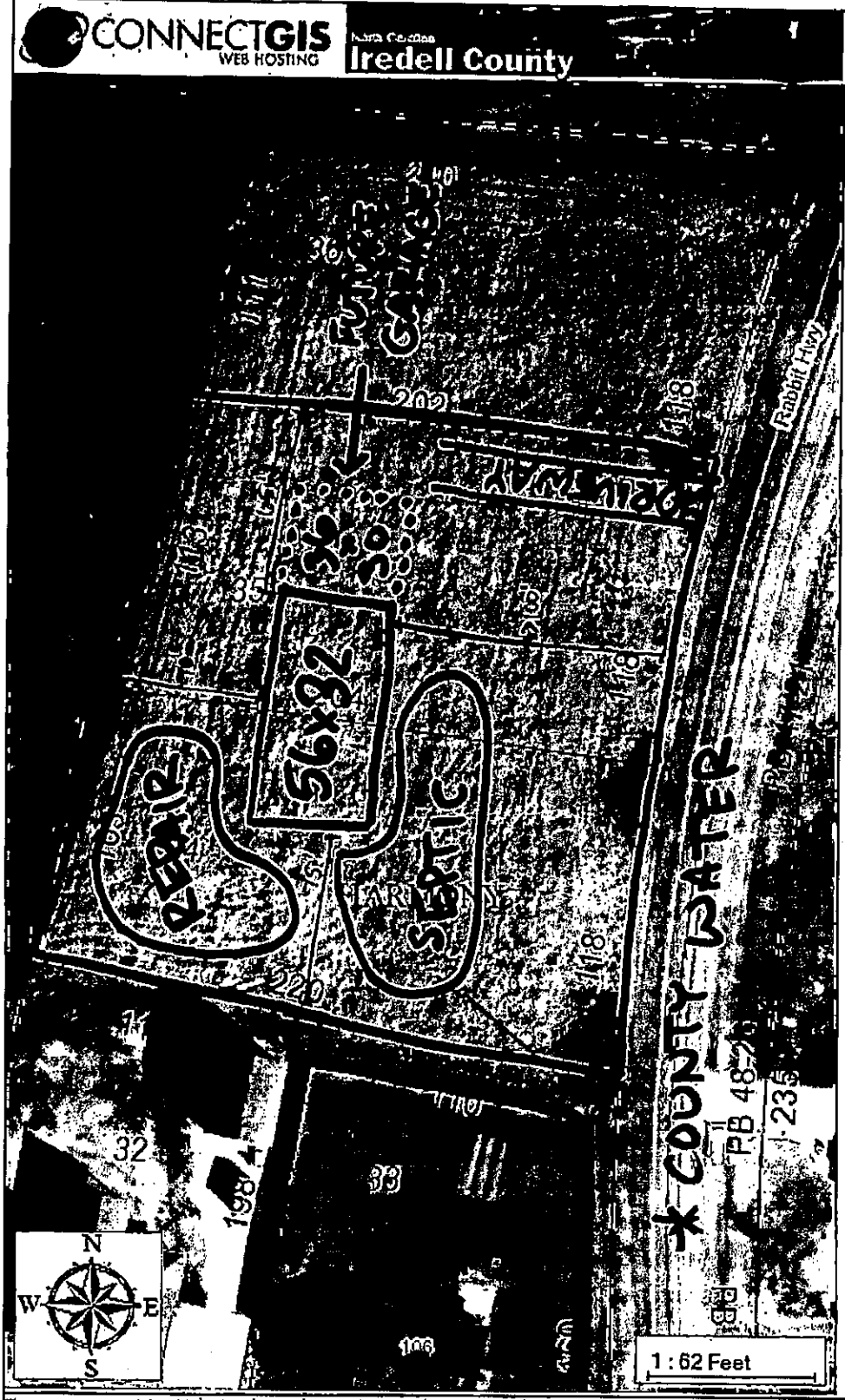
2/14/22

DATE

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed February 09, 2022
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

City Limits

Lake Norman

Iredell Countyline

NC Counties

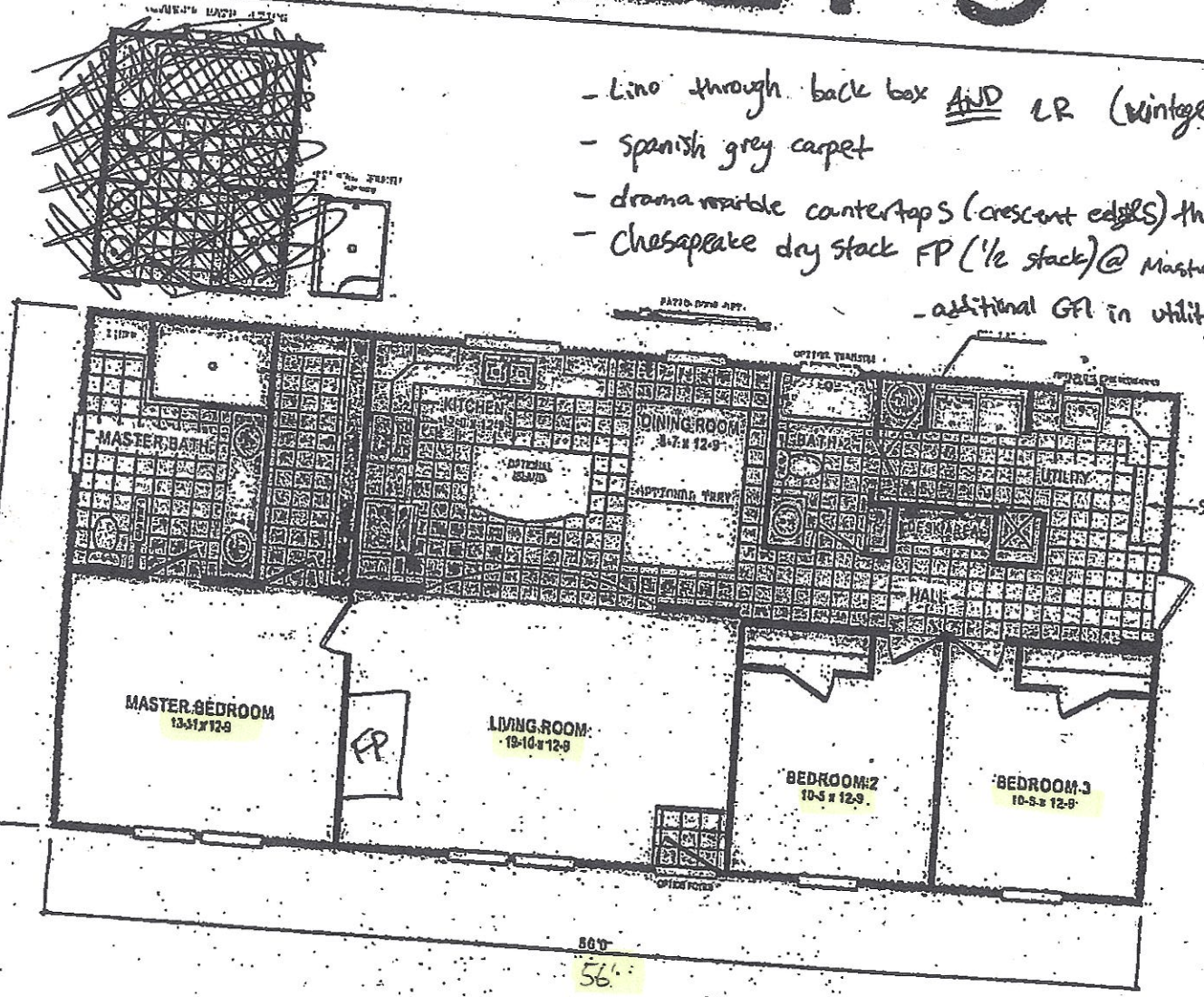
The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

- pfister SS LG529NECS (faucet for kitchen)
- LG48WR0K (faucets elsewhere)
- brushed nickel hardware

BALLY'S

Acknowledgement Of Plans Submittal ONLY!
2/10/22
Date
Date
Brian C. Miller 4-7-2022

- Lino through back box AND LR (vintage white)
- Spanish grey carpet
- drama marble countertops (crescent edges) throughout
- Chesapeake dry stack FP (½ stack) @ Master & LR
- additional GFI in utility room
- smooth ceilings
- flint siding
- black shutters
- black shingles
- earth tone exterior door lights
- SGD @ dining
- craftsman front door
- canmore interior doors (5-pad)



- timberwolf grey kitchen island cabinets
- Alabaster white cabinets everywhere else
- can we rotate island? (counterclockwise)

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325768 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4871423548.000	147 RABBIT HWY	HARMONY

Owner Information	Applicant Information
Name: THOMAS WARREN R	Name: CLAYTON HOMES OF STATESVILLE
Address: P O BOX 6	Address: 2026 NORTHSIDE DR
HARMONY, NC 28634	STATESVILLE, NC 28677
Phone:	Phone: (704)873-2547

Use Requested	Zone Code
Modular	HARMONY

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.531	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
MODULAR (HARMONY) need to be combined b4 issuing bldg permit

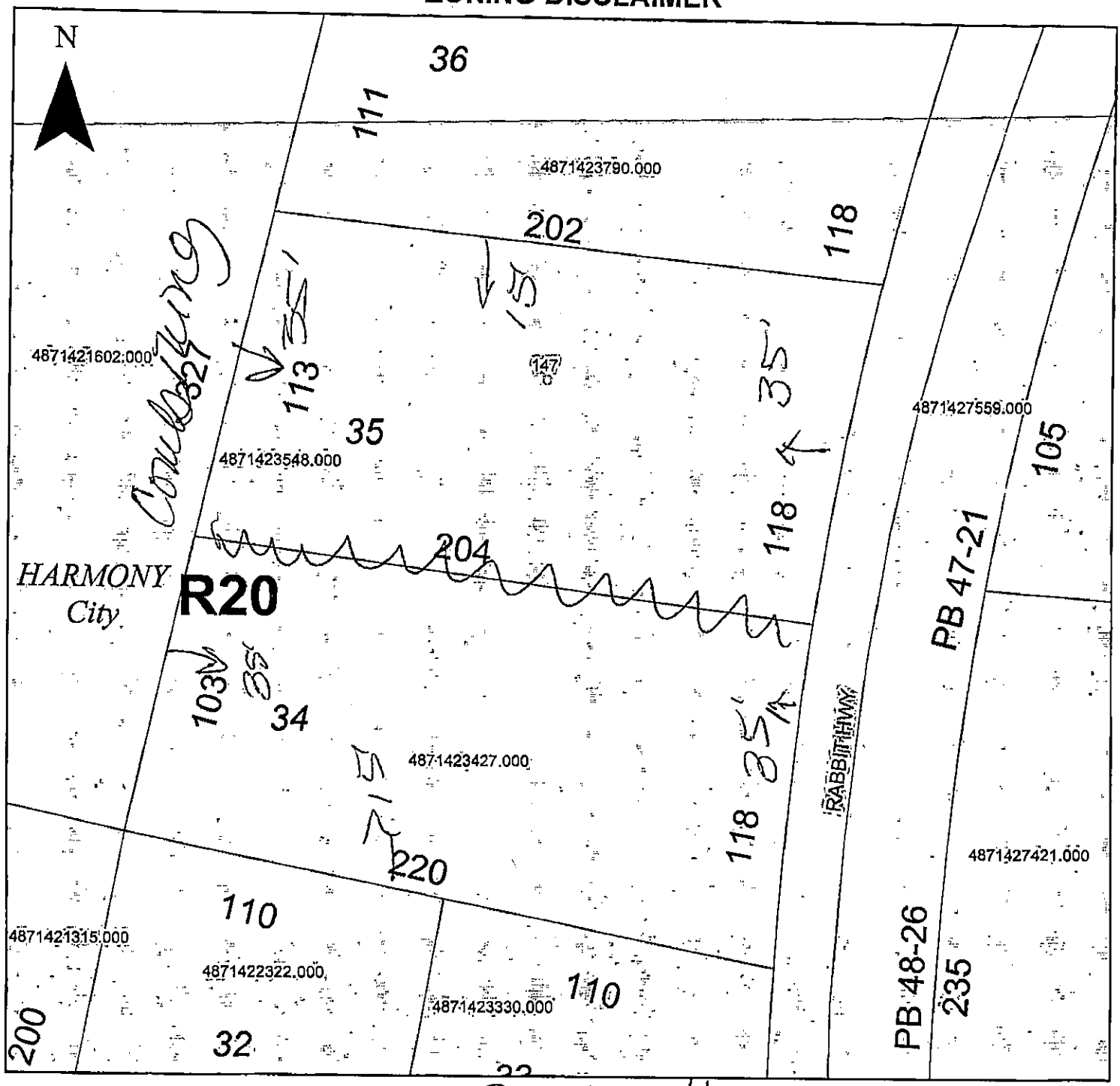
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 02/16/2022

Permit Number	325768	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1497 Rabbit Hwy

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

2/16/22
Date