ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 316235

PIN # 4871 -- 42 -- 7421

APPLICANT/OWNER: Shannon Medley

APPLICANT ADDRESS: 1036 Radford Street, Charlottsburg, VA 24073

SITE ADDRESS: 142 Rabbit Hwy, Harmony, NC

PHONE:

ALT. PHONE

SITE DIRECTIONS: (N) 77 → Exit 54 → (R) 21 → (L) Little Wilkesboro → (R) Rabbit Hwy → lot on (R)

SUBDIVISION: Harmony Country Estates

SECTION: 4 LOT # 49 LOT AREA: 2.245 ac

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 360 gpd L.T.A.R.: 0.3(I)/0.25(

Septic Tank	1000 (gal)	STB TB 1012	Date 3/14/22	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT	Date	System Description:	50% Red. - (V) PPBPS
Pump Make		Model	Serial #	Repair System Description:	50% Reduction - PPBPS
# Nitrification Fields		# Lines 4'	Linear Ft: 200'	Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth N/A	[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

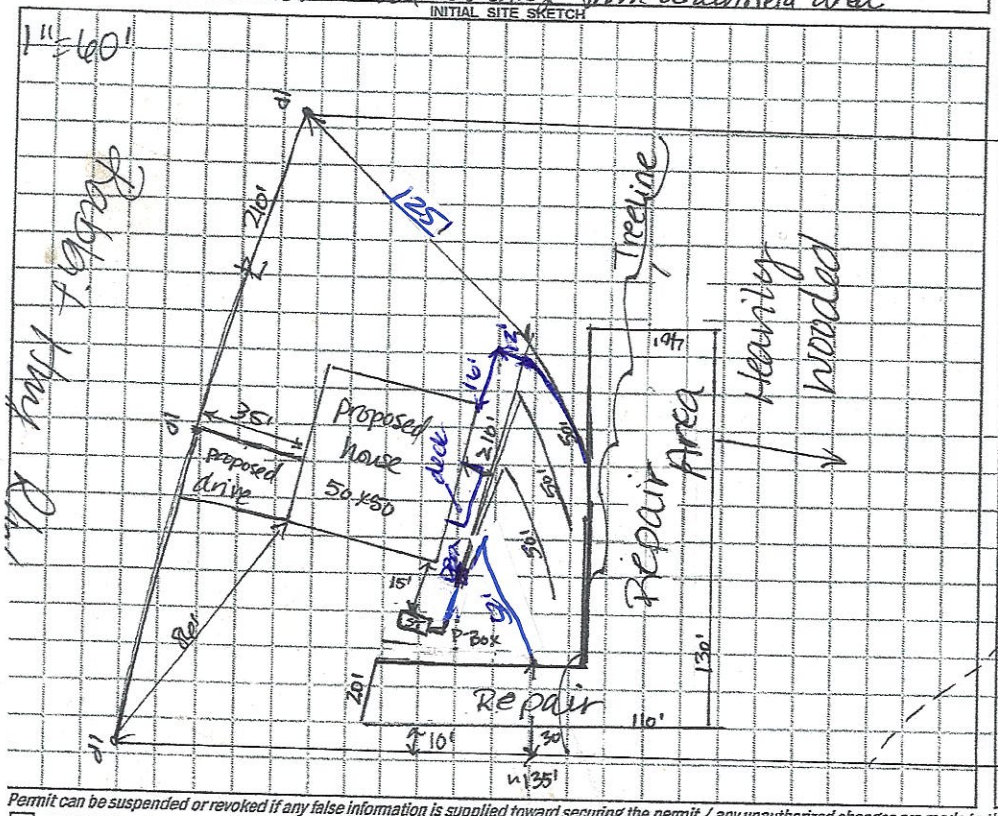
No. Bedrooms 3 No. Persons 6 No. Employees [X] Crawl Space

Water Supply: [ ] Private [X] Public [ ] Community

[ ] Basement w/o plumbing

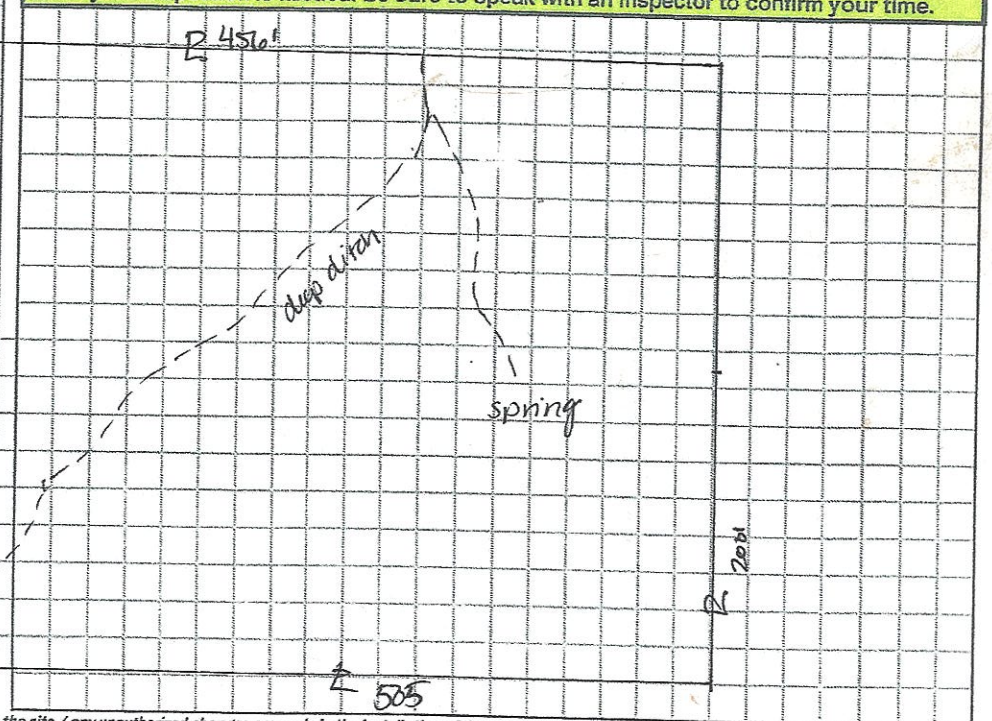
Comments / Conditions: Install drainlines on contour of land. Use equal distribution w/ D-box. Do not drive, pave, park, grade, or bury utilities in drainfield area. Divert all drainage from drainfield area.

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.* [X] 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: Shannon Medley Date: 6-15-21

IMPROVEMENT PERMIT by: D. Webery Date: 6/8/21

AUTHORIZATION TO CONSTRUCT by: Brian A Bass Date: 6/29/21

Installed by: Steve Jordan - Piedmont Backhoe

OPERATION PERMIT by: D. Webery Date: 6/30/21

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 #: 471 4 2 3559
COUNTY: Iredell

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

OWNER: Shannon Medley
ADDRESS: 1036 Radford Rd Charlottesville VA 24073
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 142 Rabbit Hwy, Harmony
APPLICATION DATE 4/20/21
DATE EVALUATED: 5/21/21
PROPERTY SIZE: 2.245
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	LS 5%	0-10	CL-SBK ABK	SSSP-FI-SEXP	YB mottles to 24"	(42")	L/SL	N/A	PS 0.25 to 24" 0.3 below 24"
		10-24	C-SBK	SSSP-FR-SEXP					
		24-42	CL-SBK	" "					
		42-60	SAP-SL-M	NSNP-VFR					
2	NS 5%	0-9	C/CL ABK Comp	SSSP-FI-SEXP		47"	(L)		PS 0.2
		9-24	C-SBK	↓					
		24-47	CL-SBK	↓					
		47-60	SAP-L-M	NSNP-VFR					
3	LS 5%	0-8	CL-SBK	SSSP-FR SEXP	5Y 5/3 @ 26" minor mottles 20-30" leary sap incl 41"+	(60")			PS 0.25 to 30" 0.3 below 30"
		8-30	C-SBK/ABK	↓					
		30-41	CL-SBK	↓					
		41-60	CL/L-WSBK	SSNP FR-SEXP					
4	LS 8%	0-15	CL-SBK/Comp	SSSP-FI/FR-SEXP	Some YB mottling 24-48" sap incl 80"+, minor				0.25 PS
		15-33	L-SBK/ABK	SSSP-FR-SEXP					
		33-60	CL-SBK	SSSP-FR-SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	240'
System Type(s)	50% recd	50% red
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Webber
OTHER(S) PRESENT: J.C. Walker

COMMENTS: Smaller excavator brought - unable to clear trees to evaluate deeper info wooded area

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

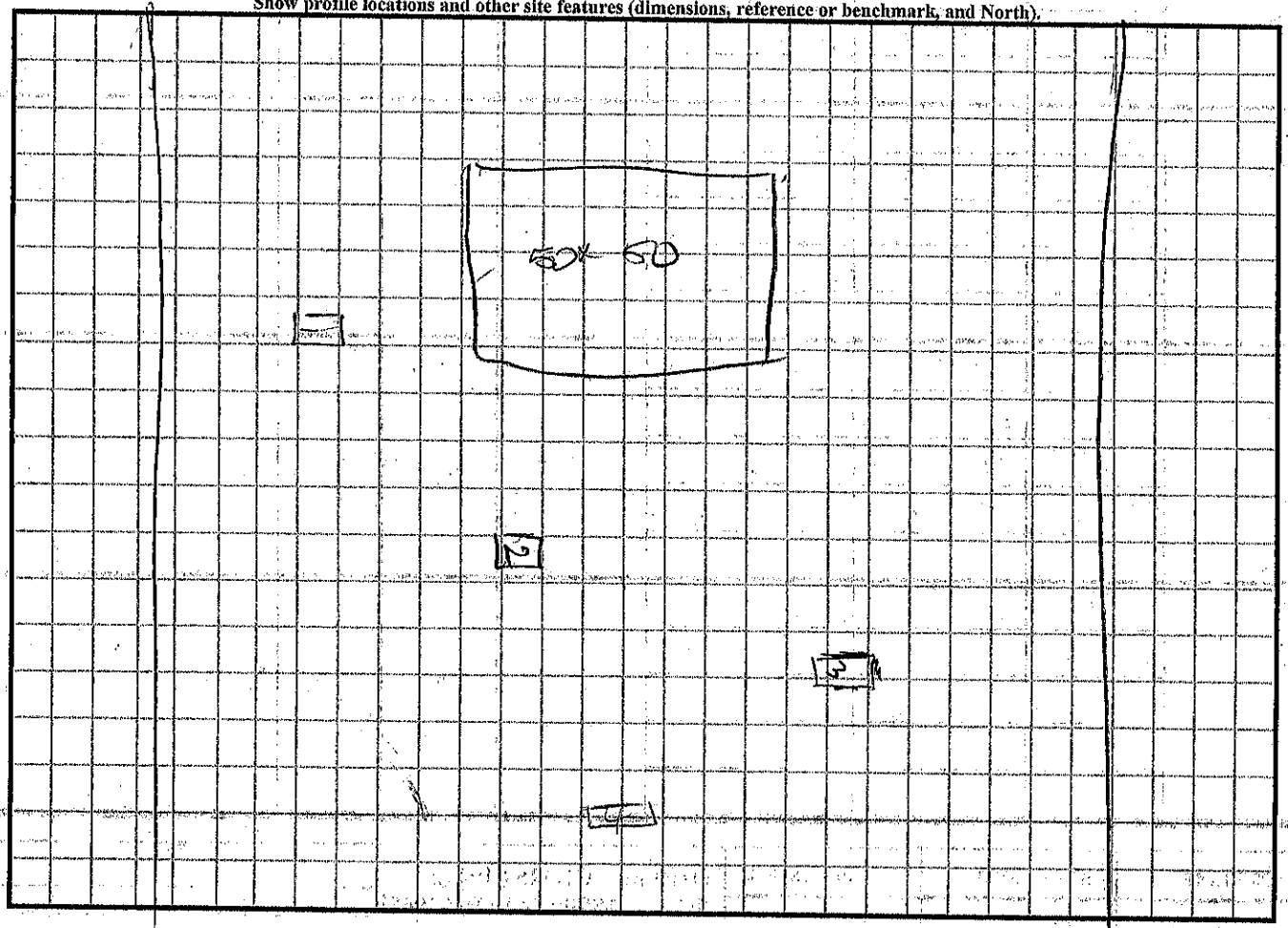
NOTES

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).



5/21 @ 1030

RECEIVED APR 20 2021

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-316235 $300.00

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: Shannon Medley Address: 1036 Radford St. Zip: 28673
Applicant Email: Medleyshannon96@gmail.com Phone: 540-835-9554 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 142 Rabbit Hwy Harmony NC.
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
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: _____
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: 2
( ) 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: Shannon Medley 3-20-21
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)* Shannon Medley

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, Shannon Medley, am the legal owner(s) of the property located at 142 Rabbit Hwy., identified as PIN (Parcel Identification Number) 4871-42-7559 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

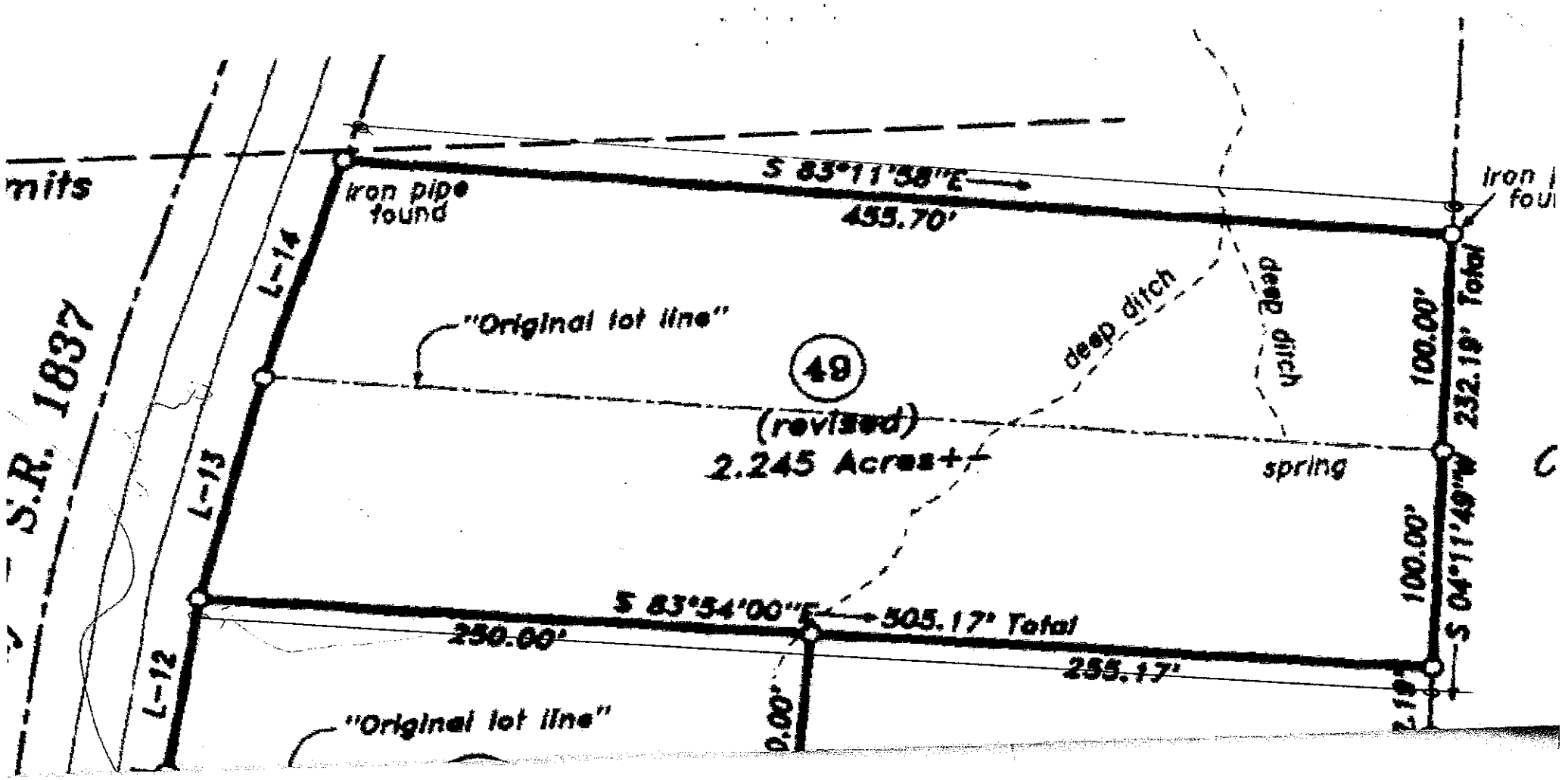
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

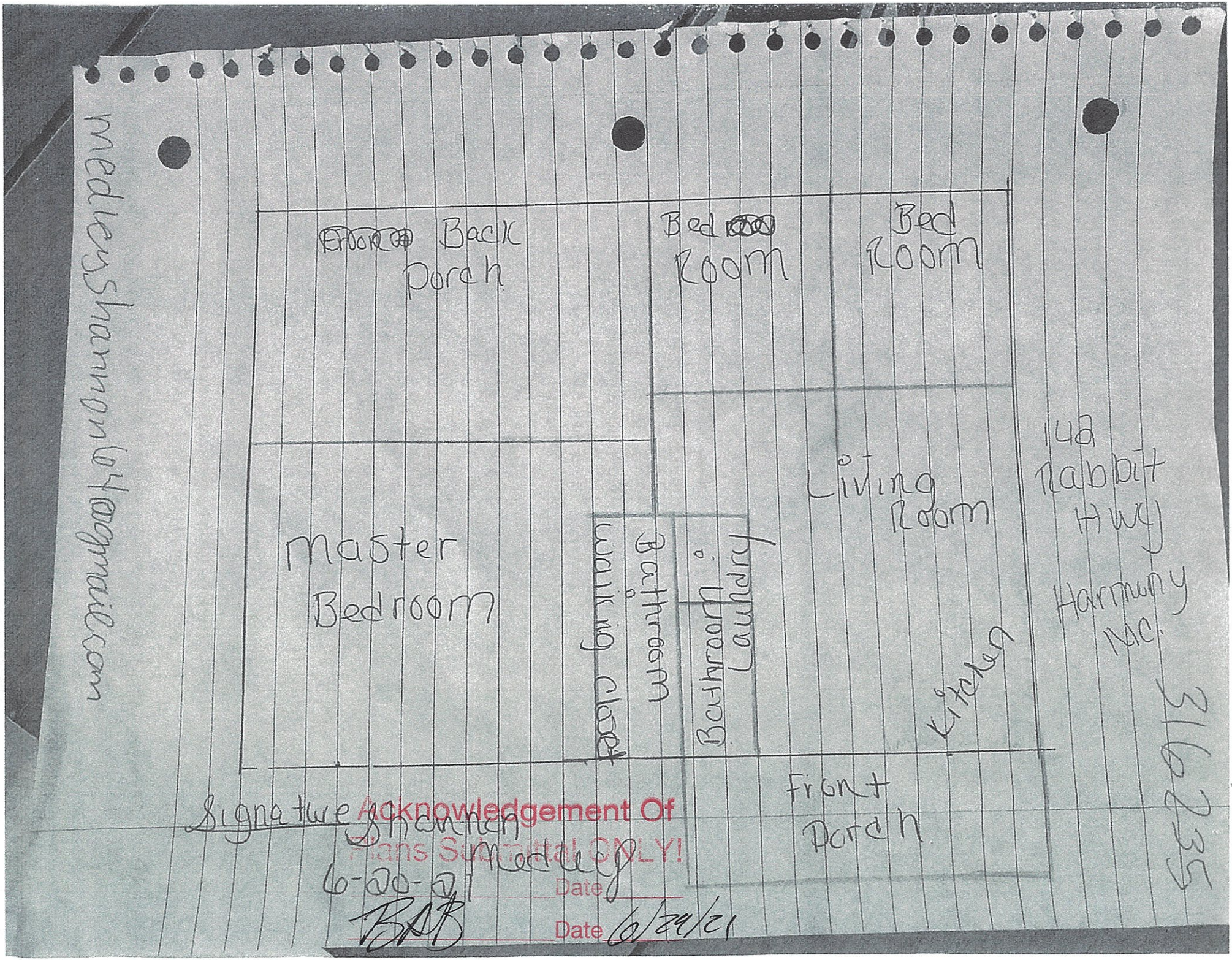
Shannon Medley
Signature of Owner(s)

3-29-21
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


mits
S.R. 1837
iron pipe found
S 83°11'58"E
455.70'
Iron
fou
L-14
L-13
L-12
"Original lot line"
49
(revised)
2.245 Acres+/-
deep ditch
deep ditch
spring
100.00'
232.18' Total
S 04°11'49"W
100.00'
S 83°54'00"E
505.17' Total
250.00'
255.17'
2.19'
0.00'
"Original lot line"



Signature Shanklin Medley

Acknowledgement Of Plans Submittal ONLY!

6-30-21 Date

BAB Date 6/29/21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
316235 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4871427559.000	142 RABBIT HWY	Iredell County

Owner Information	Applicant Information
Name: PARISE DOMINIC P+MARCIA K	Name: SHANNON MEDLEY
Address:	Address: 1036 RADFORD RD
,	, VA 24073
Phone:	Phone: (540)835-9554

Use Requested	Zone Code
Single Family Dwelling	IREDELL HARMONY

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.245	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD need page 2

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.

4/20/21

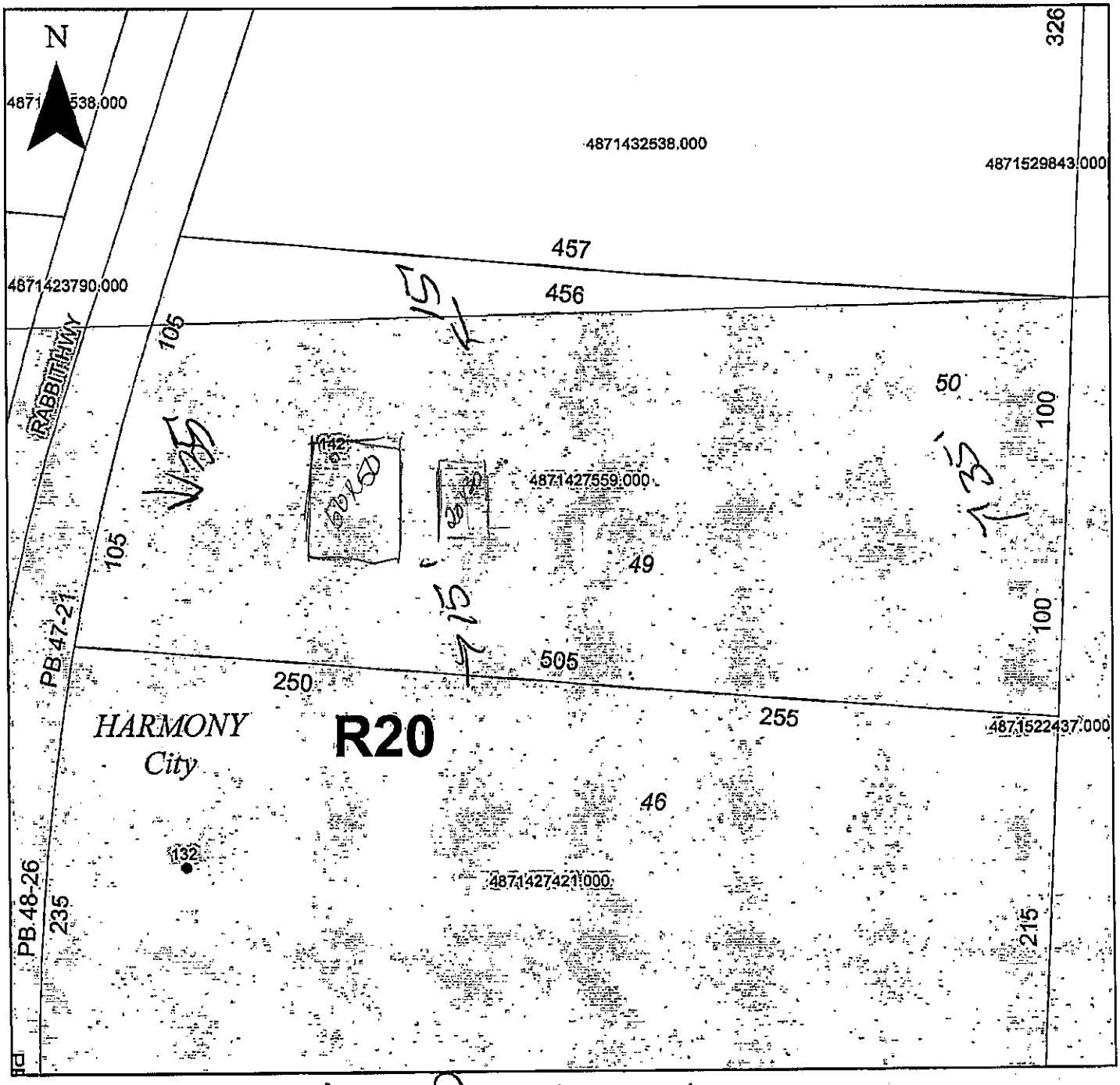
Date: 04/20/2021

PAID ~~ONLINE~~
DATE: Cash
NLT

Signature of Owner/Contractor

Permit Number	316235	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 142 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.

Shannon Medley
Applicant

4-20-21
Date