ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-316944

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

PIN # 4871 -- 58 -- 7779

APPLICANT/OWNER: BRADLEY CLARK / HARMONY OAKS FARM, LLC, APPLICANT ADDRESS: 175 RYDER CUP LANE, CLEMMONS, N.C. 27012

SITE ADDRESS: 268 COUNTRYSIDE ROAD, HARMONY, N.C. 28634 PHONE: 336-750-7207 ALT. PHONE —

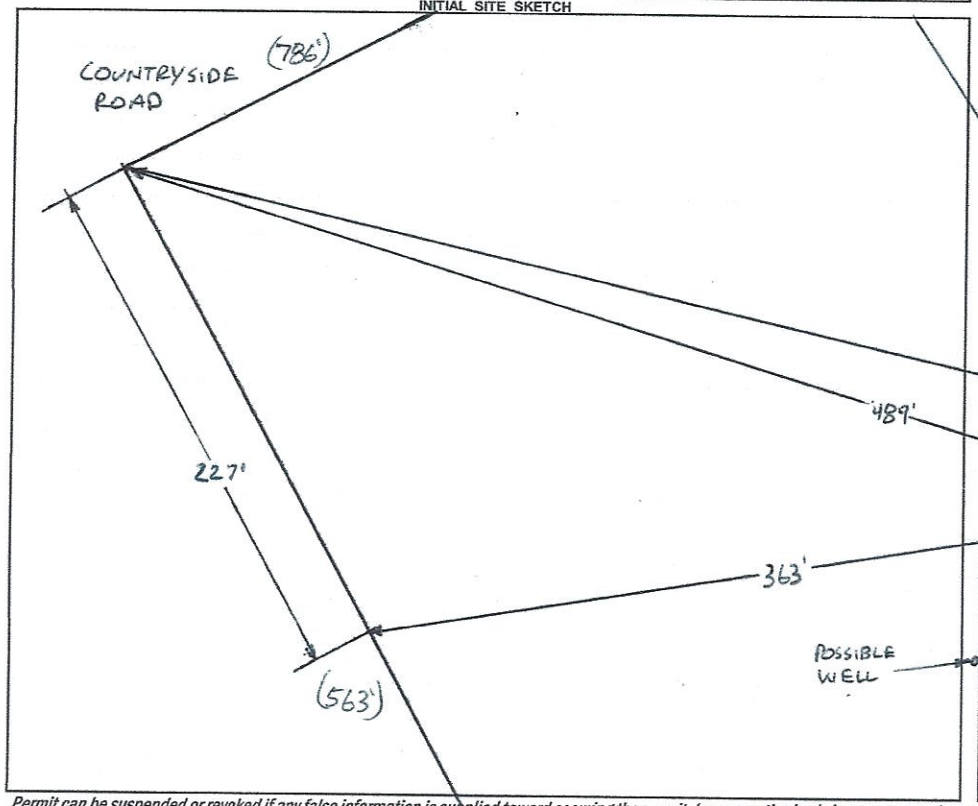
SITE DIRECTIONS: (N) ON 21, (L) ON COUNTRYSIDE, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 108.016 AC DESIGN FLOW: 100 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	SHOAF 760	Date	1/25/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	L	Residence	No. Bedrooms	—	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	25% REDUCTION			☐	Business	No. Persons	4	☑ Private
Pump Make	—		Model	—	Serial #	—	Repair System Description:	25% REDUCTION			☑	Other	No. Employees	—	☐ Public
# Nitrification Fields	1		# Lines	1	Linear Ft:	110 FT	Maintenance Agreement Required:	☐ YES	☑ NO		☑	Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN		Trench Bottom Depth (Low side)	24 IN	Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		☐	Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, MAINTAIN 100FT FROM ALL WELLS

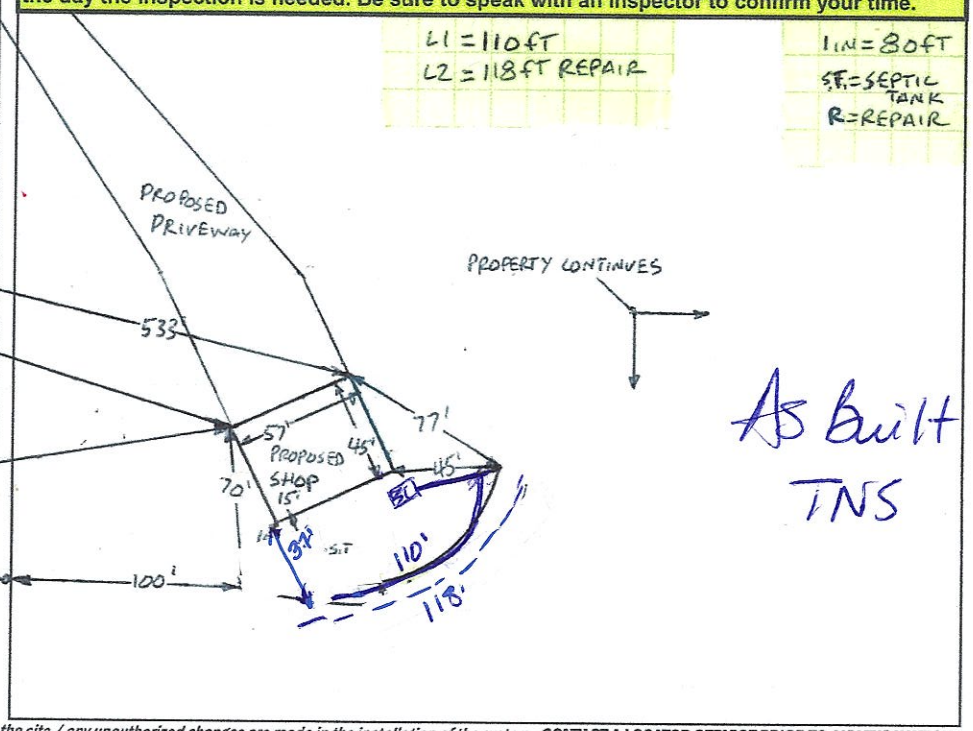
INITIAL SITE SKETCH



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.

L1 = 110FT
L2 = 118FT REPAIR
1IN = 80FT
S.T. = SEPTIC TANK
R = REPAIR



As Built TNS

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**

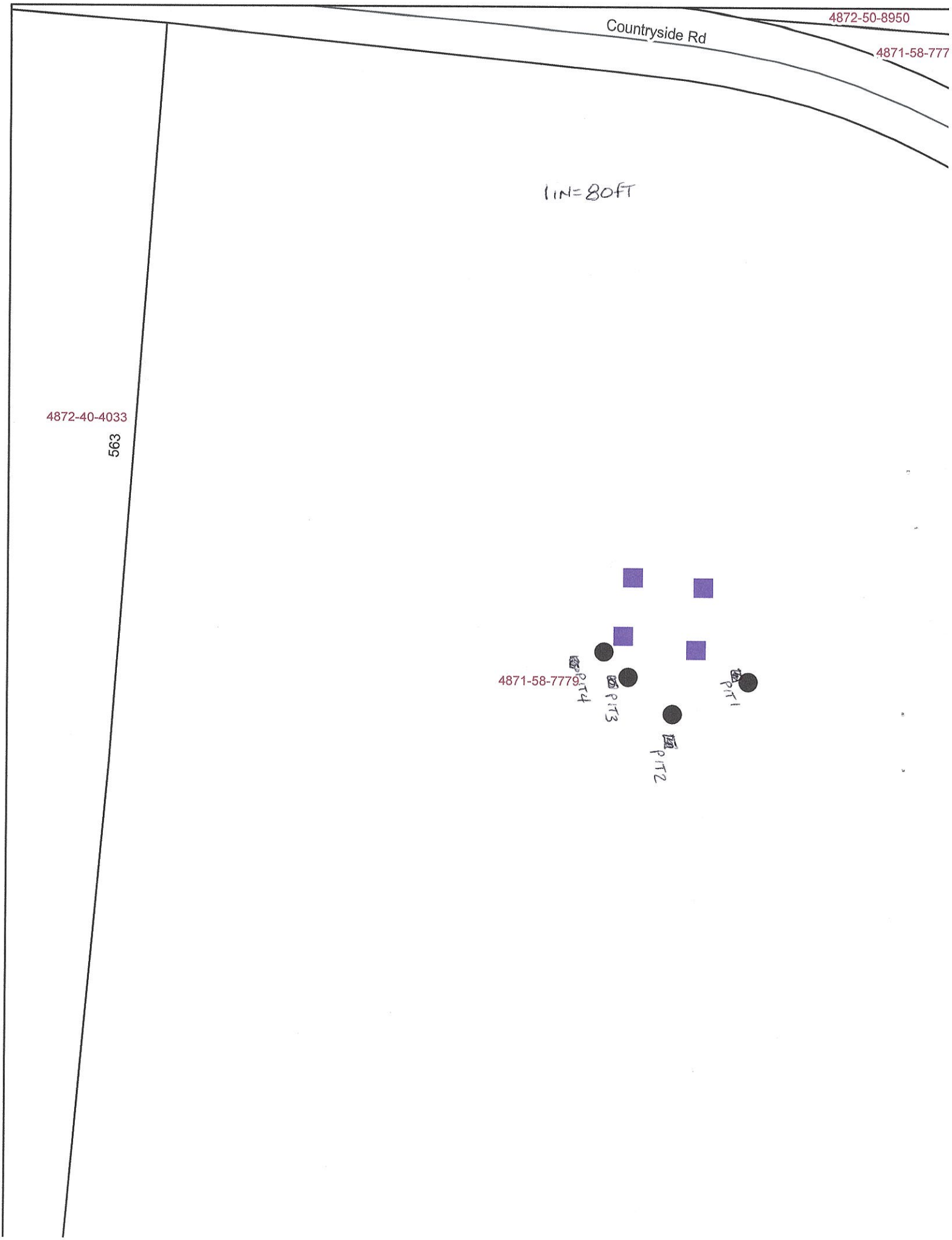
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-26-2021 Installed by: Abel's Grading

IMPROVEMENT PERMIT by: Burt C. Wilder Date: 8-19-2021 OPERATION PERMIT by: D. McBee Date: 3/10/22

AUTHORIZATION TO CONSTRUCT by: Burt C. Wilder Date: 8-26-2021 Existing System Inspected by: Date:

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


Countryside Rd
4872-50-8950
4871-58-777
1 IN = 80 FT
4872-40-4033
563
4871-58-7779
PIT4
PIT3
PIT1
PIT2

1	SHOULDER 3%	PLOW LAYER C, SBK CL, WABK	0-6 6-39 39-55	~~MIXED~~ FR, S, P, SEXP F1, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 39"+	N/A	N/A	P .2
2	RIDGE 1%	0-4 4-39 39-62	PLOW LAYER C, SBK CL, WABK	MIXED FR, S, P, SEXP F1, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 43"+	NA	NA	PS .25
3	SHOULDER 2%	0-9 9-43 43-58	PLOW LAYER C, SBK CL, WABK	MIXED FR, S, P, SEXP F1, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 50"+	NA	NA	PS .275
4	SHOULDER 3%	0-8 8-38 38-59	PLOW LAYER C, SBK CL, WABK	MIXED FR, S, P, SEXP F1, SS, SP, SEXP	SAP INC THRU OUT FLEX Y/B MOTS 40"+	NA	NA	PS .25

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

Iredell County Health Department – Environmental Health Division

PAID ONLINE DATE: Credit MH 4/20/21

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: Bradley Clark **Address:** 175 Ryder Cup Ln. Clemmons NC **Zip:** 27012

Applicant Email: Clarkba1@outlook.com **Phone:** 336-750-7207 **Alt. Phone:** _____

Owner Name: Harmony Oaks Farm LLC **Address:** _____ **Zip:** _____

Owner Email: Same **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: ~~260~~ 261 Countryside Road SR 1939 Eagle Mills

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

Driving Directions: Highway 21 North from Harmony to Countryside Rd. Approx. 2050 ft. 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
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____
Non-Residential Site Development: **Type of Business:** N/A
Square Footage of Building: 2400 **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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

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

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: _____ 4/19/21
Property owner or owner's legal representative signature (**SIGNATURE REQUIRED**) **DATE**

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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, Bradley Allen Clark, am the legal owner(s) of the property located at Eagle Mills, - Countryside Rd, identified as PIN (Parcel Identification Number) 4871587779, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jimmy Clark, 828-217-5102, 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.

_____ 4/19/21
Signature of Owner(s) Date

Mooresville - Environmental Health

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

Statesville - Environmental Health

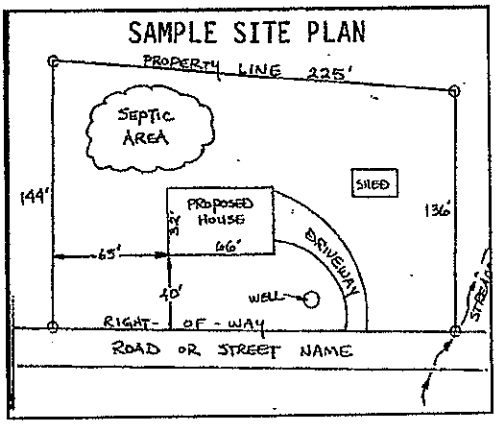
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

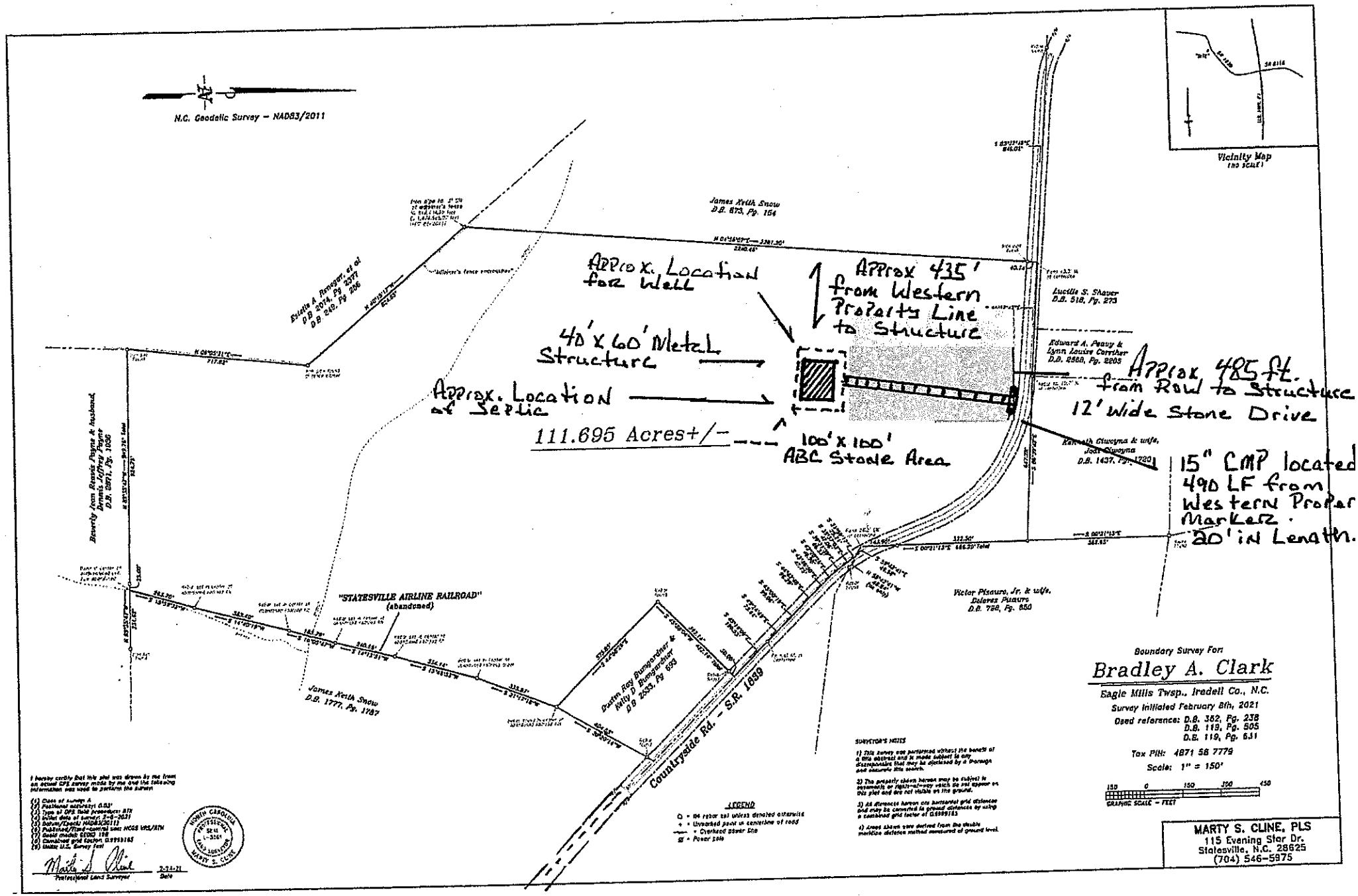
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: _____

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

4/19/21

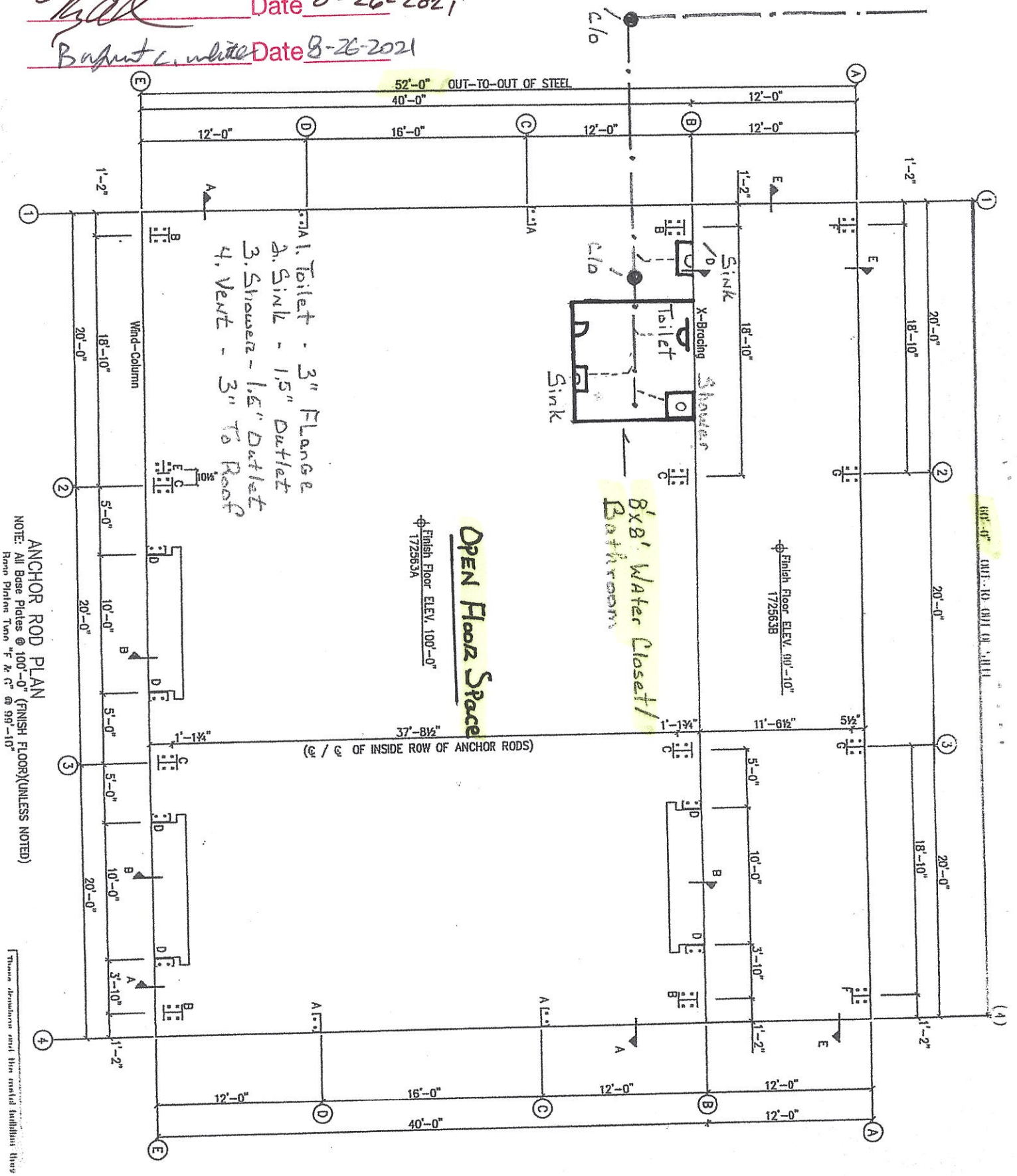
DATE


N.C. Geodetic Survey – NAD83/2011
Vicinity Map
(NO SCALE)
James Keith Snow
D.B. 873, Pg. 154
Approx. Location for Well
Approx 435' from Western Property Line to Structure
40' X 60' Metal Structure
Approx. Location of Septic
111.695 Acres+/-
100' X 100' ABC Stone Area
Lucille S. Shaver
D.B. 518, Pg. 273
Edward A. Peavy & Lynn Louise Carriher
D.B. 2588, Pg. 2205
Approx. 485 ft. from Row to Structure
12' Wide Stone Drive
Kenneth Okuyama & wife, Joan Okuyama
D.B. 1437, Pg. 1720
15" CMP located 490 LF from Western Property Markers. 20' in Length.
Victor Pisauro, Jr. & wife, Dolores Pisauro
D.B. 732, Pg. 850
"STATESVILLE AIRLINE RAILROAD" (abandoned)
James Keith Snow
D.B. 1777, Pg. 1787
Dustin Ray Bumgardner & Kelly D Bumgardner
D.B. 2583, Pg. 693
Countryside Rd. – S.R. 1659
Boundary Survey For
Bradley A. Clark
Eagle Mills Twsp., Iredell Co., N.C.
Survey Initiated February 8th, 2021
Deed reference: D.B. 382, Pg. 238
D.B. 119, Pg. 505
D.B. 119, Pg. 631
Tax PIN: 4871 58 7779
Scale: 1" = 150'
GRAPHIC SCALE – FEET
MARTY S. CLINE, PLS
115 Evening Star Dr.
Statesville, N.C. 28625
(704) 546-5975
LEGEND
SURVEYOR'S NOTES
US- Hwy 21 North

Acknowledgement Of
Plans Submittal ONLY!

Date 8-26-2021

Date 8-26-2021



260 Countryside