# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231391

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

PIN # 4871753558.

APPLICANT/OWNER: James Covington APPLICANT ADDRESS: 817 N. Main St. Mooresville NC 28115

SITE ADDRESS: 3731 Harmony Hwy Harmony 28634 PHONE: 704-902-9625 ALT. PHONE ~

SITE DIRECTIONS: Hwy 21 North through Harmony 1 mile past powell Bridge RD SAP CONTROLLED: ☒ YES ☐ NO

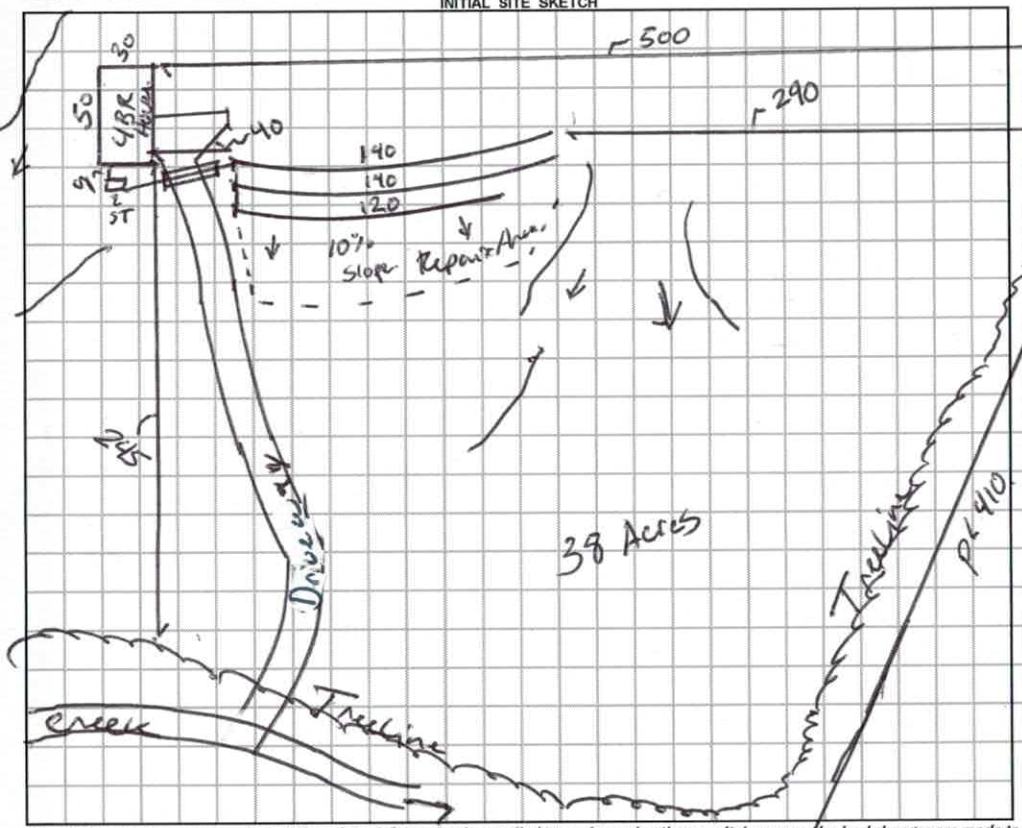
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 38 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | 794 | Date | 10-6-18 | ☒ 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 | 3 | Linear Ft | 400 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36 | | Trench Bottom Depth(Low side) | 32 | Gravel Depth | ~ | ☒ GRAVITY | ☐ PRESSURE | | | |

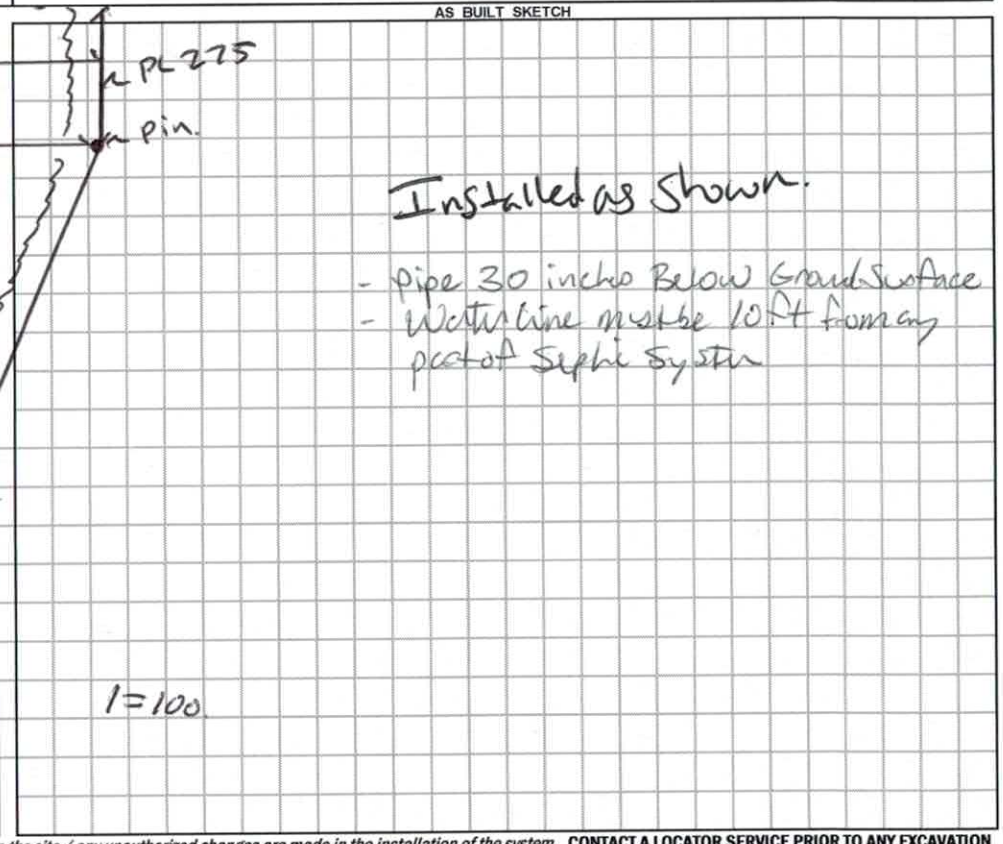
| | | | | |
|---|---|---|---|---|
| ☒ Residence | No. Bedrooms | 4 | Water Supply | |
| ☐ Business | No. Persons | 8 | ☐ Private | |
| ☐ Other | No. Employees | | ☒ Public | |
| ☒ Slab | ☐ Crawl Space | | ☐ Community | |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing | |

Comments / Conditions: Install Septic drainlines on the Contour of the land & utilize serial distribution. Sleeve Header pipe under driveway or buy Min of 30 inches. Do not Drive, park, pave, grade or bury utilize in drainfield area.

INITIAL SITE SKETCH




AS BUILT SKETCH




Installed as Shown.

- pipe 30 inches Below Ground Surface
- Water line must be 10 ft from any part of Septic System

*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: 12/1/17 Installed by: Wagoner Grading

IMPROVEMENT PERMIT by: Benjamin A. Robbins Date: 11/30/2017 OPERATION PERMIT by: Ben Robbins Date: 12/4/18.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/1/17 Existing System Inspected by: Date:

# 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 #: 4/87175355
DATE OF EVALUATION: 11/21
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 | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | Side 10% | 0-27 | CL WSBk | SSSp FR SExP | | 27 | | Heavy Litho | PS .30 |
| | | 27-60 | Lay Sap M | NS NP VFR | | | | | |
| | Side 10% | 0-28 | C SBk | SSSp FM SExP. | | 44 | Litho. Mottles | | PS .30 |
| | | 28-44 | CL WSBk | SSSp FR SExP. | | | | | |
| | | 44-60 | Lay Sp M. | NS NP VFR – | | | | | |
| | Side 10% | 0-32 | C WABk. SBk | SSSp FM SExP. | | 48 | | | PS .35 |
| | | 32-48 | CL WSBk | SSSp FR SExP. | | | | | |
| | | 48-62 | Lay Sap. M. | NS NP VFR – | | | | | |
| | Side 10% | 0-15 | SC WSBk | SSSp FR SExP. | | 60. | | | PS .30 |
| | | 15-42 | C SBk | SSSp FM SExP | | | | | |
| | | 42-60 | CL WSBk. | NS SP FR SExP. | | | | | |
| | | | | | | | | | |

COMMENTS: *

Farm House 728
420.
265
Pump 20.
40
Kitchen
100
100
100
1
2
3
4
Pump
Creek
Foot Bridge.
245.

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (X) 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: James Covington Address: 817 N. Main St Mooresville Zip: 28115
Applicant Email: TFD157@yahoo.com Phone: 704 902 9625 Alt. Phone: _____
Owner Name: James Robertson Address: 49074 Gladiolus St Fort Mill SC Zip: 29707
Owner Email: JRobertson67@comporium.net Phone: _____ Alt. Phone: _____

**Property Information:** 3730
Street Address: ~~US 21~~ Harmony Hwy Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: North on Hwy 21 through Harmony. Half a mile on the left after Powell Bridge RD. Across from 3724 Harmony Hwy.

**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: 4
Maximum Number of Occupants: 4
( ) 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)* 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:** Tommy Covington 11/2/17
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

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.

I, James Mohawk Robertson IV, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4871753558, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) James Covington, _____, 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.

James [illegible] 11/2/17 — Signature of Owner(s) — Date

[illegible] 11/2/17 — Signature of Witness — Date

Please return this signed form to the appropriate office:

**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

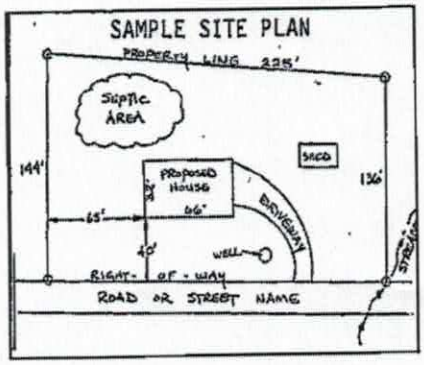
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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

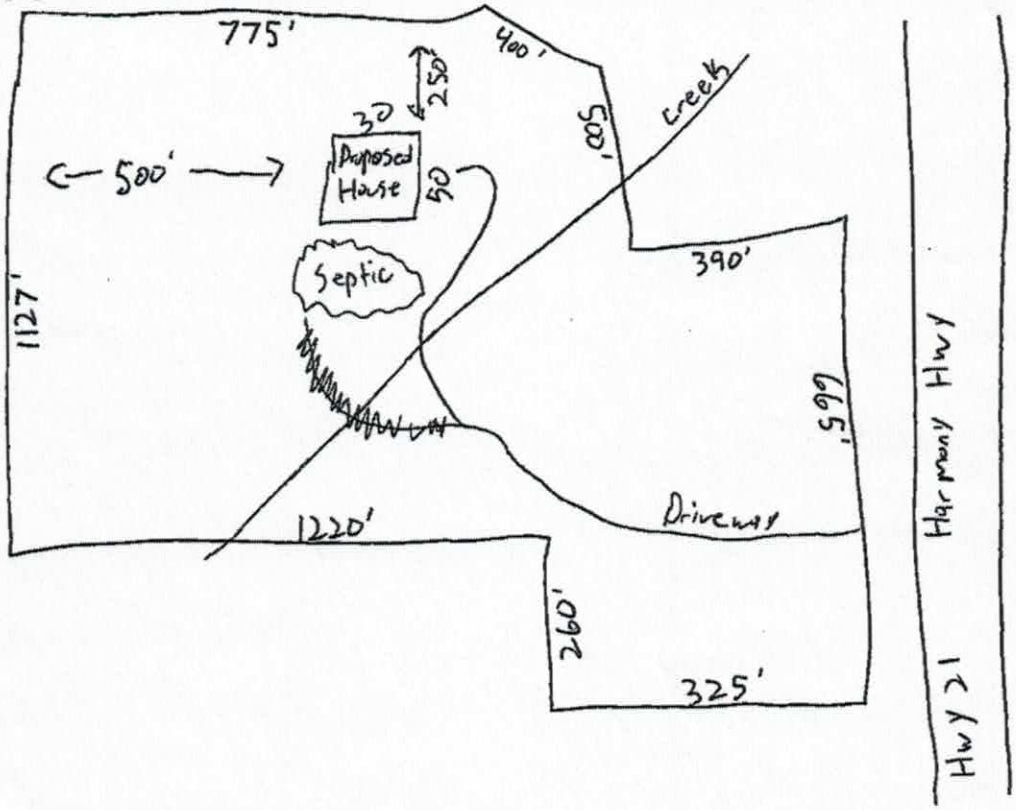



**Circle N/A on the following if appropriate:**

| | |
|---|---|
| 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

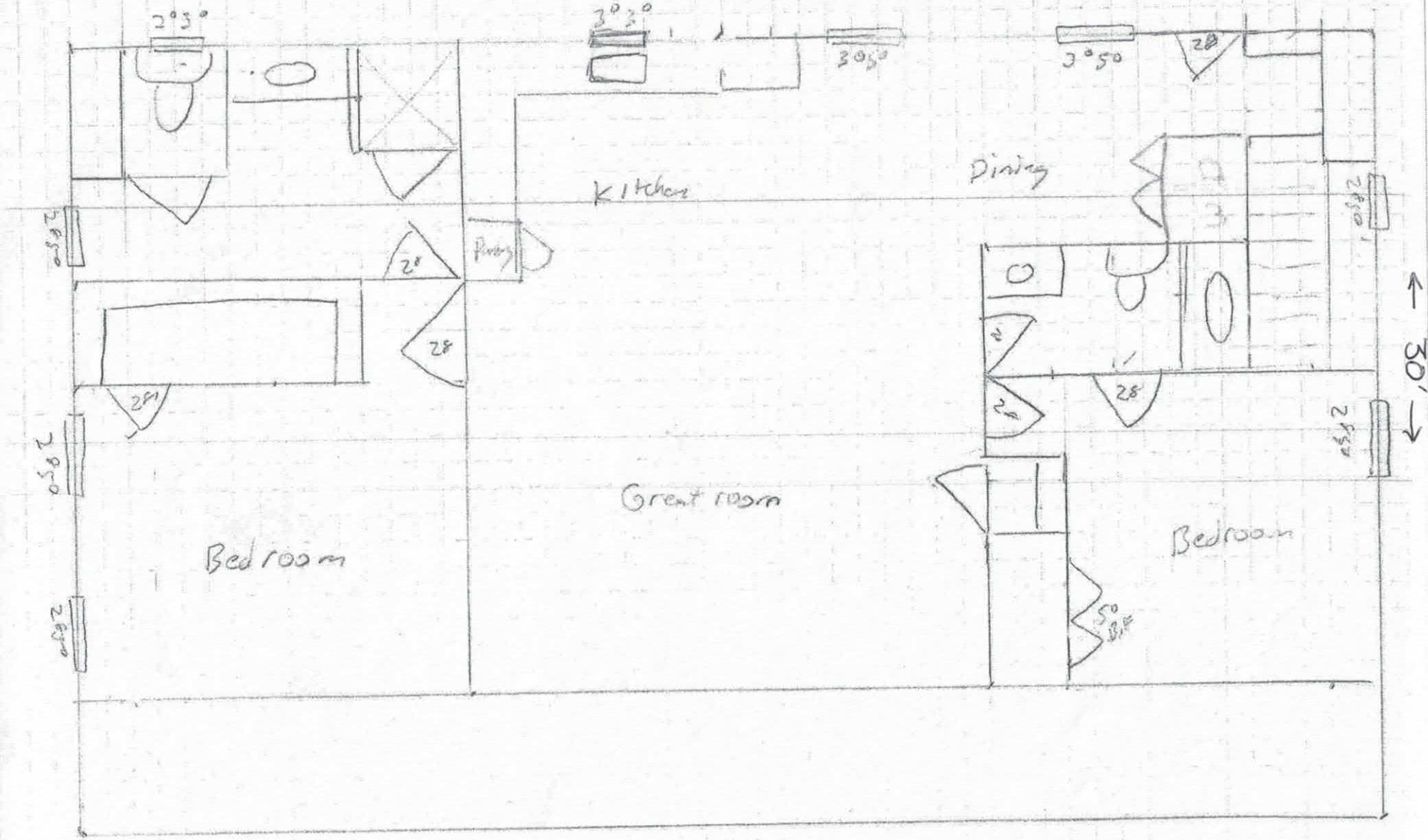
***Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***




**Signature:** Tommy Cain
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)**

11/2/17
**DATE**

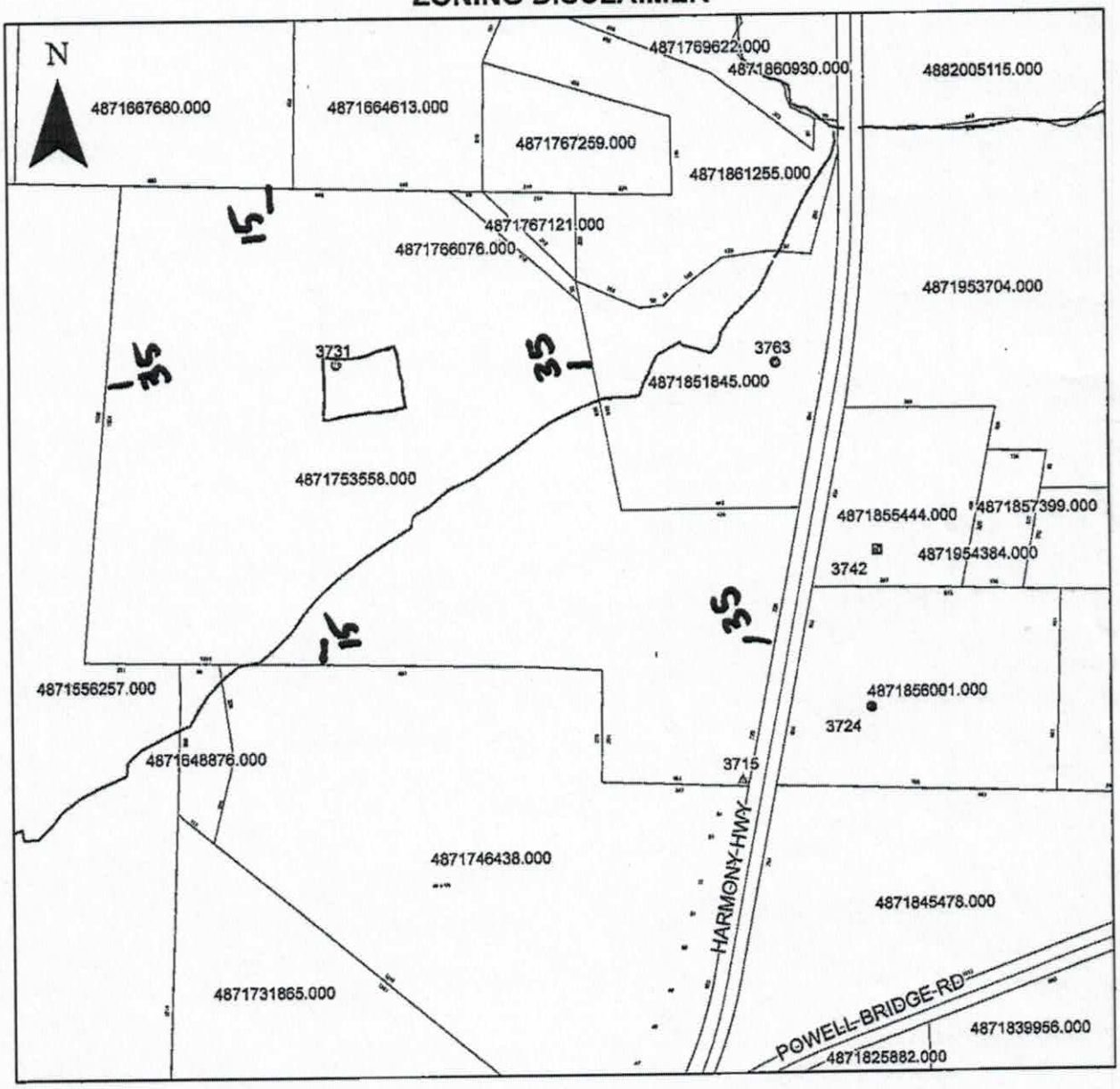
Acknowledgment Of
Plans Submittal ONLY!
Date 12/1/17
Date 12/1/17



Acknowle[illegible]ent Of
Plans S[illegible]al ONLY!
Date
Date 12/1/16



## ZONING DISCLAIMER




Property Address 3731 Harmony 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.

X _____ X 11/8/17

Applicant Date