ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP_ 318354

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

PIN # 4880 -- 60 -- 9495

APPLICANT/OWNER: KAYLA BELL | APPLICANT ADDRESS: 761 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634

SITE ADDRESS: 773 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634 | PHONE: 336-705-7628 | ALT. PHONE: —

SITE DIRECTIONS: (N) ON 21, (R) ON 901, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

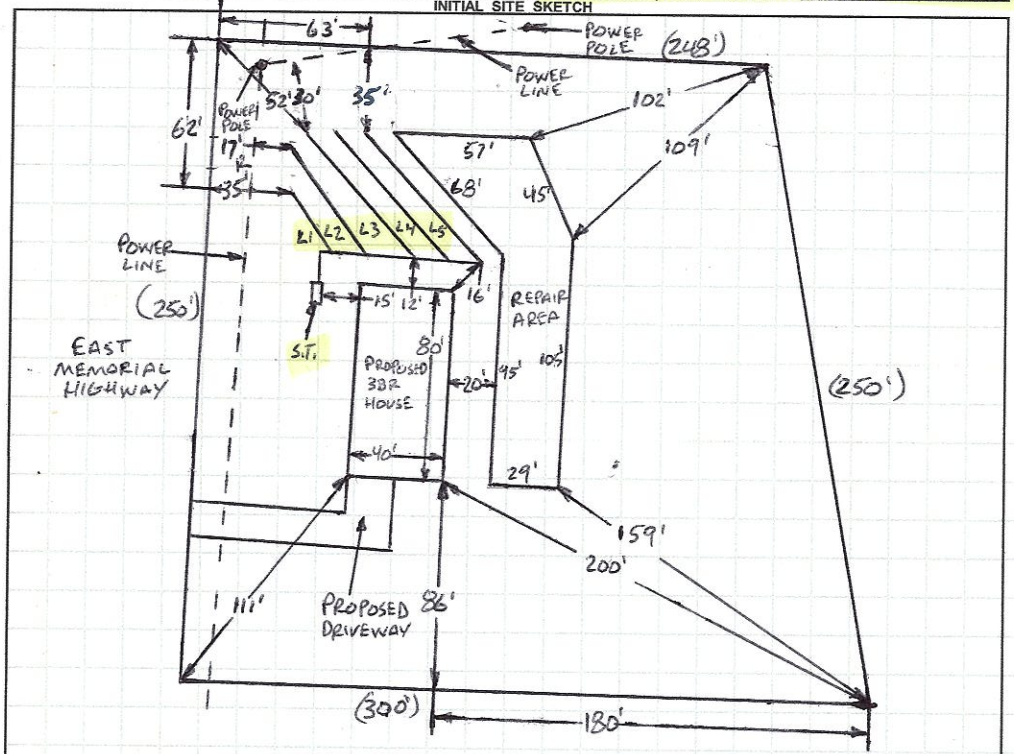
SUBDIVISION: J.M. GODBEY | SECTION: — | LOT # 27-36 | LOT AREA: 1.57AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (0.275 REPAIR)

Septic Tank	1000	(gal)	STB	760	Date	3/26/22	☑ 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:	302FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		32 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	—	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

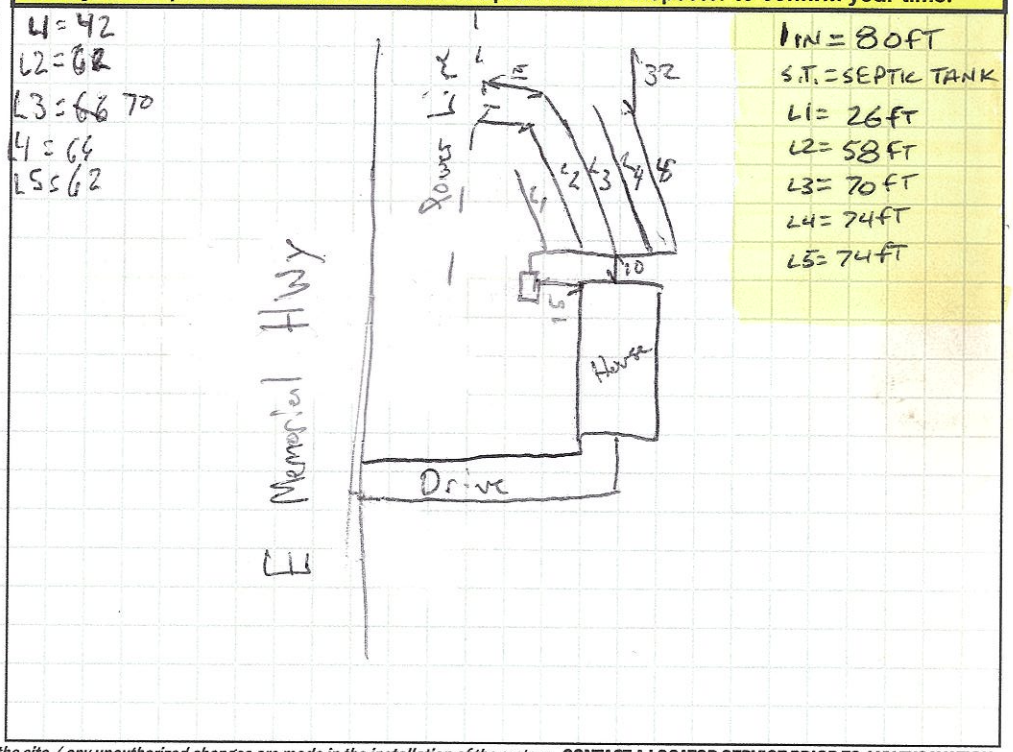
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH MAINTAIN 50FT FROM ALL WELLS, DO NOT INSTALL IN POWER LINE RIGHT OF WAY

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.* ☑ **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: KBell RBR Developement | Date: 1-14-22 | Installed by: Randy Miller & Sons

IMPROVEMENT PERMIT by: Burt C. White | Date: 9-9-2021 | OPERATION PERMIT by: Matt Wilkie | Date: 5/10/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell | Date: 3-1-22 | 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 2
PROPERTY ID #: 4880-60-94
COUNTY: IREDELL

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

OWNER: KAYLA BELL
ADDRESS: 761 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE 773 EAST MEMORIAL HIGHWAY, HARMONY, N.C. 28634
APPLICATION DATE 6-11-2021
DATE EVALUATED: 7-13-2021
PROPERTY SIZE: 1.57AC
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	LINEAR SIDE 3%	0-25	L, ABK	FR, S, P, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .3
		25-52	CL, WABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 3%	0-30	L, ABK	FR, S, P, SEXP	SAP INC THRU OUT	57"+	NA	NA	PS .3
		30-57	CL, WABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-7	FILL	MIXED	SAP INC THRU OUT	52"+	NA	NA	PS .3
		7-30	L, ABK	FR, S, P, SEXP					
		30-52	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE 3%	0-7	FILL	MIXED	SAP INC THRU OUT	57"+	NA	NA	PS .3
		7-35	L, ABK	FR, S, P, SEXP					
		35-57	CL, WABK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	.3	.275

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

COMMENTS:

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

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	~~TR~~ LS foot 1%	0-31	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	52"+	NA	NA	PS .275 TOPO
		31-52	CL, WABK	FR, SS, SP, SEXP					
2				SEE PAGE 1					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
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) 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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

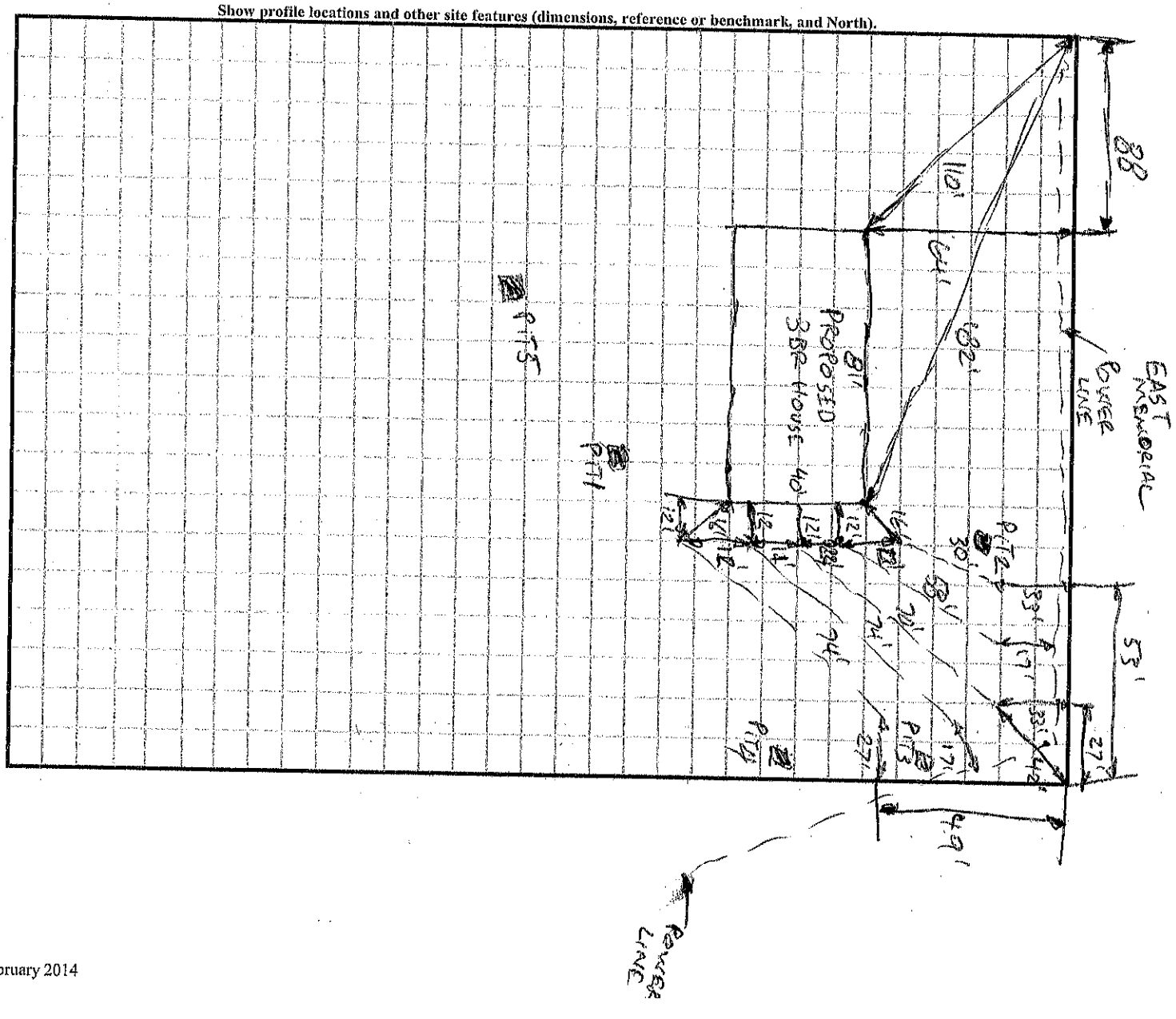
NOTES

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 JUN 1 1 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-318354 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: (X) 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) RUSTY- MILLER 336-399-6862

Applicant Name: RBR Development LLC Address: 162 Channel Ln, Mocksville NC Zip: 27028
Applicant Email: rbrdevelopmentllc@gmail.com Phone: 336-283-0163 Alt. Phone: _____
Owner Name: Kayla Bell Address: 761 E Memorial Hwy Zip: 28634
Owner Email: kbellsell@gmail.com Phone: 336-705-7628 Alt. Phone: _____

Property Information: 773

Street Address: Lot 27-36 E. Memorial Hwy, Harmony, NC 28634
Subdivision Name: n/a Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 21, take Hwy 901 towards Hwy 64, pass Skyview Lake 761 E Memorial Hwy will be on left, lot to the right if facing white house. to be perc tested

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: 1400 +/- Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 4
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative (2) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Kayla Bell 5/24/21
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*) _____

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, Kayla Bell, am the legal owner(s) of the property located at Lot #27-36 E Memorial Hwy, identified as PIN (Parcel Identification Number) 4886609495, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** PBR Development LLC _____, 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.

Kayla Bell _____ 5/24/21
Signature of Owner(s) Date

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

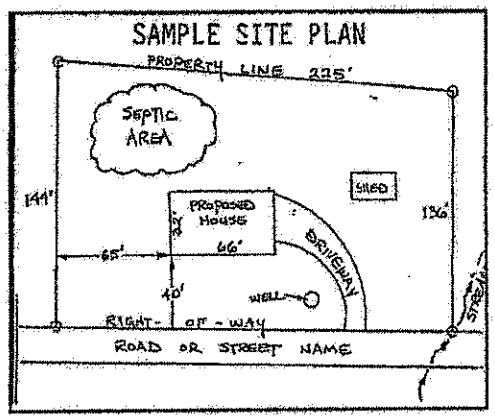
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

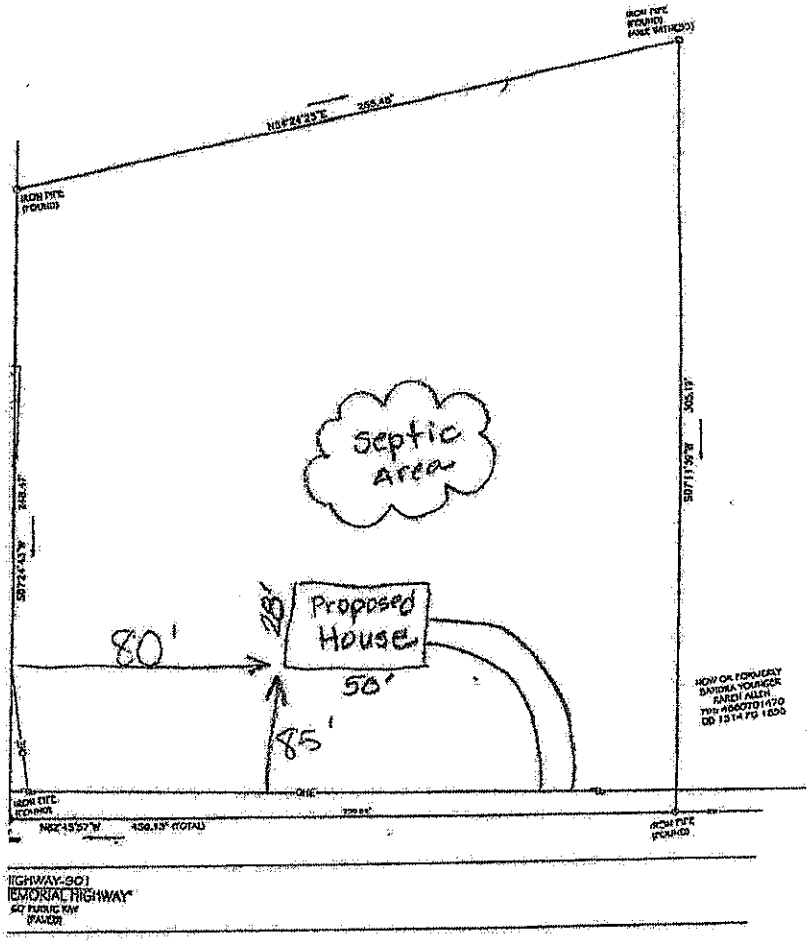
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

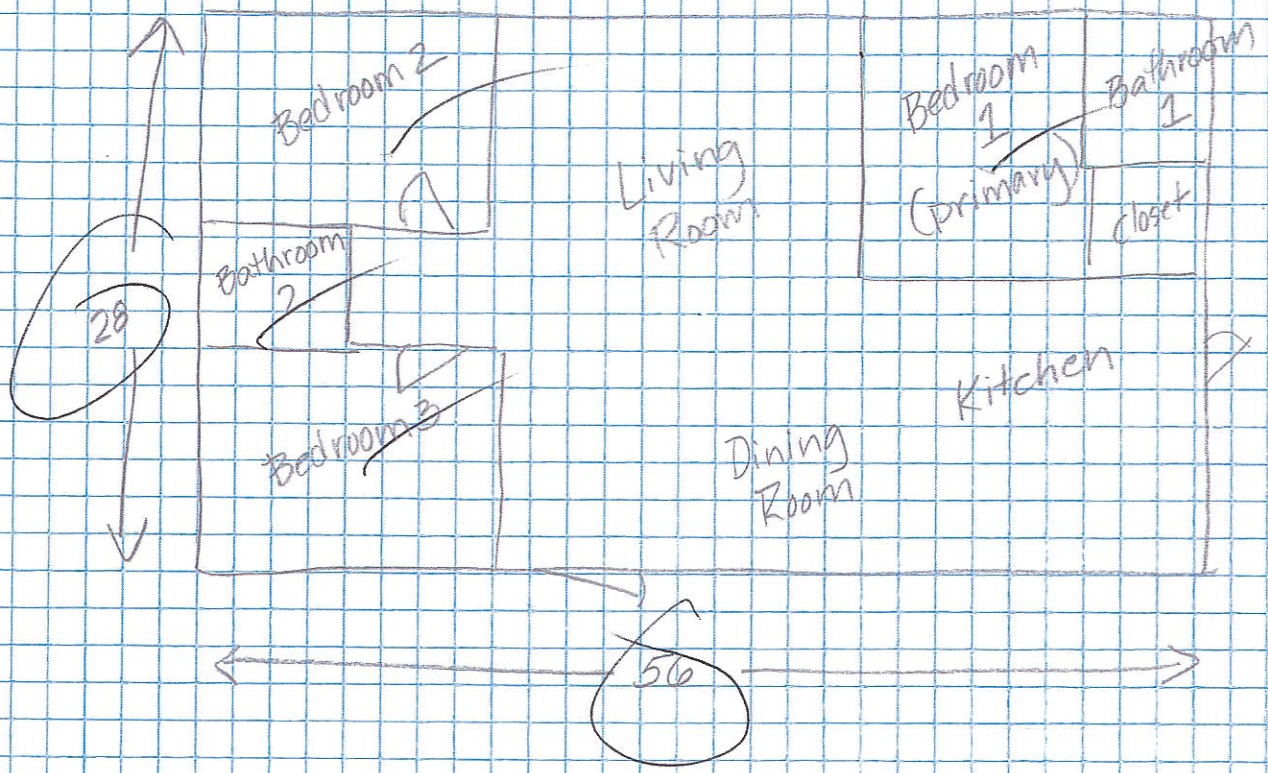


Signature: Kayla Bell
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/24/21
DATE

Mobil home (doublewide)

permit #: AP_318354
address: 773 E Memorial Hwy, Harmony NC 28634



Acknowledgement Of Plans Submittal ONLY!

Kayla Bell Date 3/2/22

Date 3/2/22

- Kayla Bell 336-705-7628
kbellsell@gmail.com

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318354 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4880609495.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: BELL KAYLA C	Name: RBR DEVELOPMENT LLC
Address:	Address: 162 CHANNEL LN MOCKSVILLE, NC 27028
Phone:	Phone: (336)283-0164

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.57	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks

doublewide 773 E MEMORIAL HWY

Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

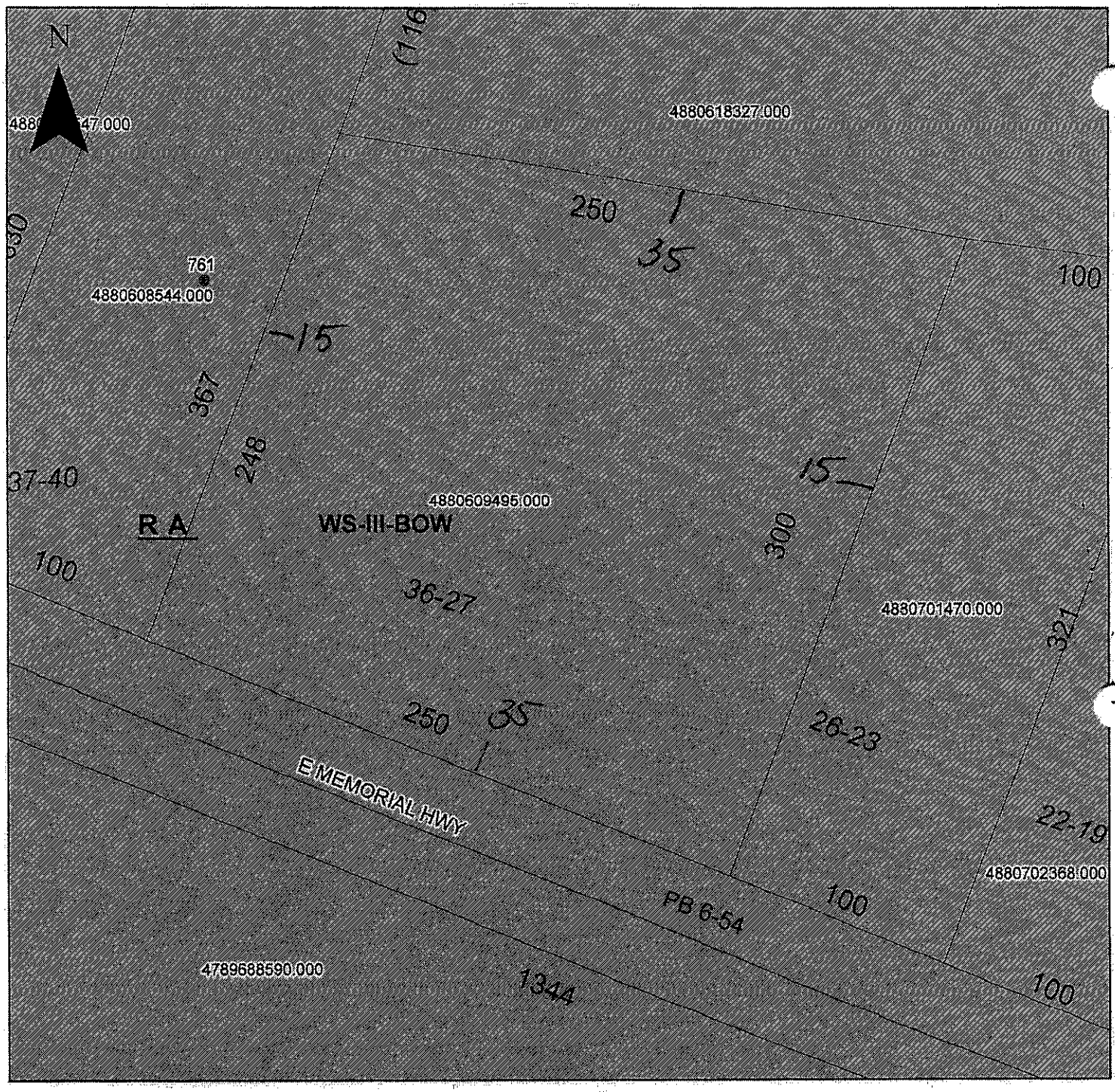
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/28/2021

Signature of Owner/Contractor

Permit Number	318354	TOTAL FEES:	77.25

ZONING DISCLAIMER



Property Address 773 E Memorial 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

Date