ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB.

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2458163

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

PIN # 4880-61-8326 92-2100

APPLICANT/OWNER: Anthony Edwards / Sandra Younger APPLICANT ADDRESS: 234 Ashley Acres Rd. Statesville, NC

SITE ADDRESS: 228 Dyson Rd. Harmony, NC 28634 PHONE: 704-902-5465 ALT. PHONE —

SITE DIRECTIONS: NC 901 N → R on Dyson Rd → 1st on R SAP CONTROLLED: ☑ YES ☐ NO

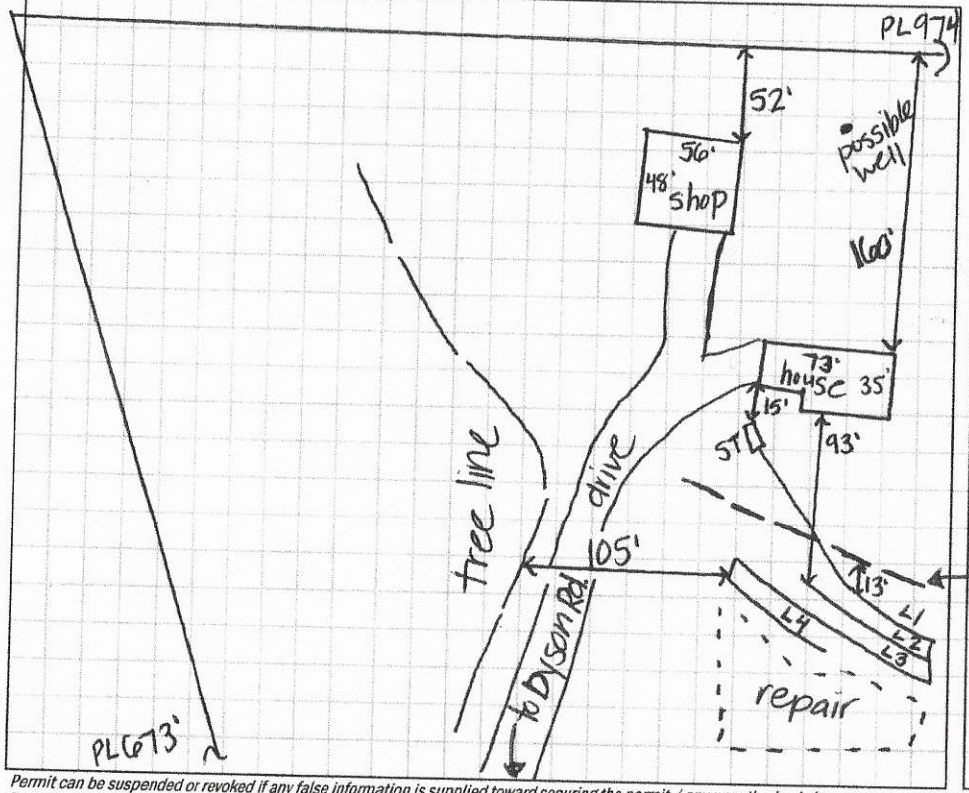
SUBDIVISION: — SECTION: — LOT # — LOT AREA: ~~89.756ac~~ 7.998 DESIGN FLOW: 360gpd L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	1012	Date	10-4-18	☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI		☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	6	☑ Private
Pump Make			Model		Serial #		Repair System Description:	25% reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	328'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)	31"/36" high side	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☑ Basement w/ plumbing			☐ Basement w/o plumbing

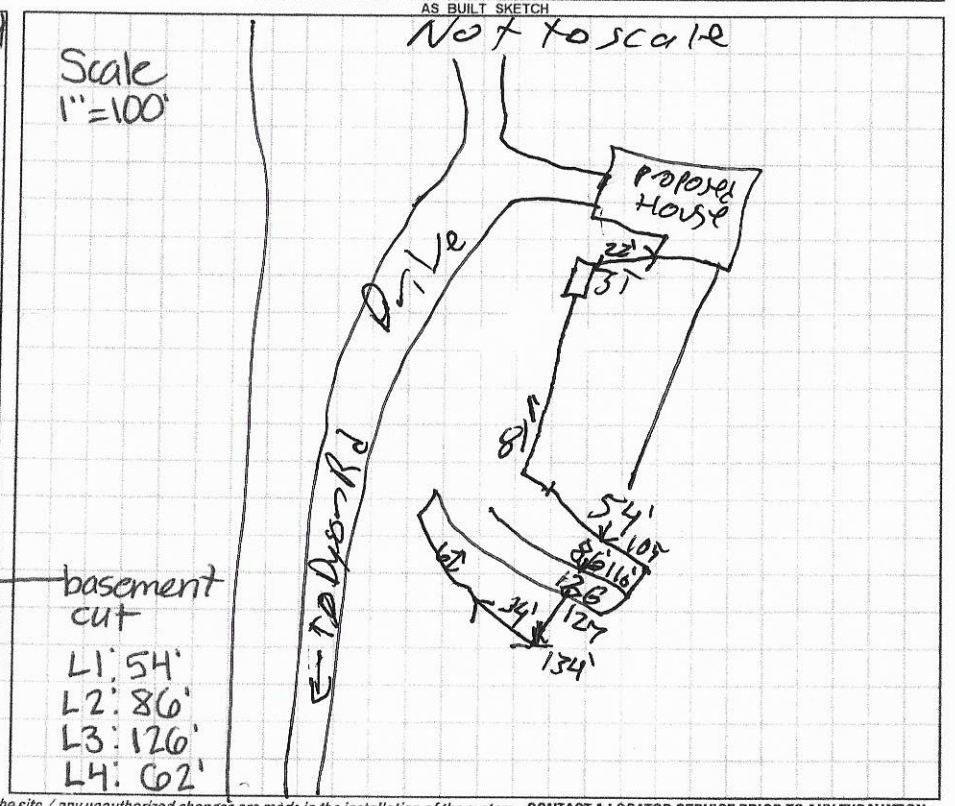
Comments / Conditions: Install 25% reduction with serial distribution and drain lines on contour. ✱ Do not exceed 6' basement cut. Shop to only have bathroom + sink.

✱ 25 x 26 Carport being moved behind house, not to impact Septic design. Carport included in original house but. - Ben Bottcher ICHD 10/29/2019.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 7-23-19 Installed by: Yountz Grading

IMPROVEMENT PERMIT by: Kayla Wilson Date: 7-10-19 OPERATION PERMIT by: Patrick E. Bagley III Date: 11/21/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7-23-19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4880618326
COUNTY: Iredell

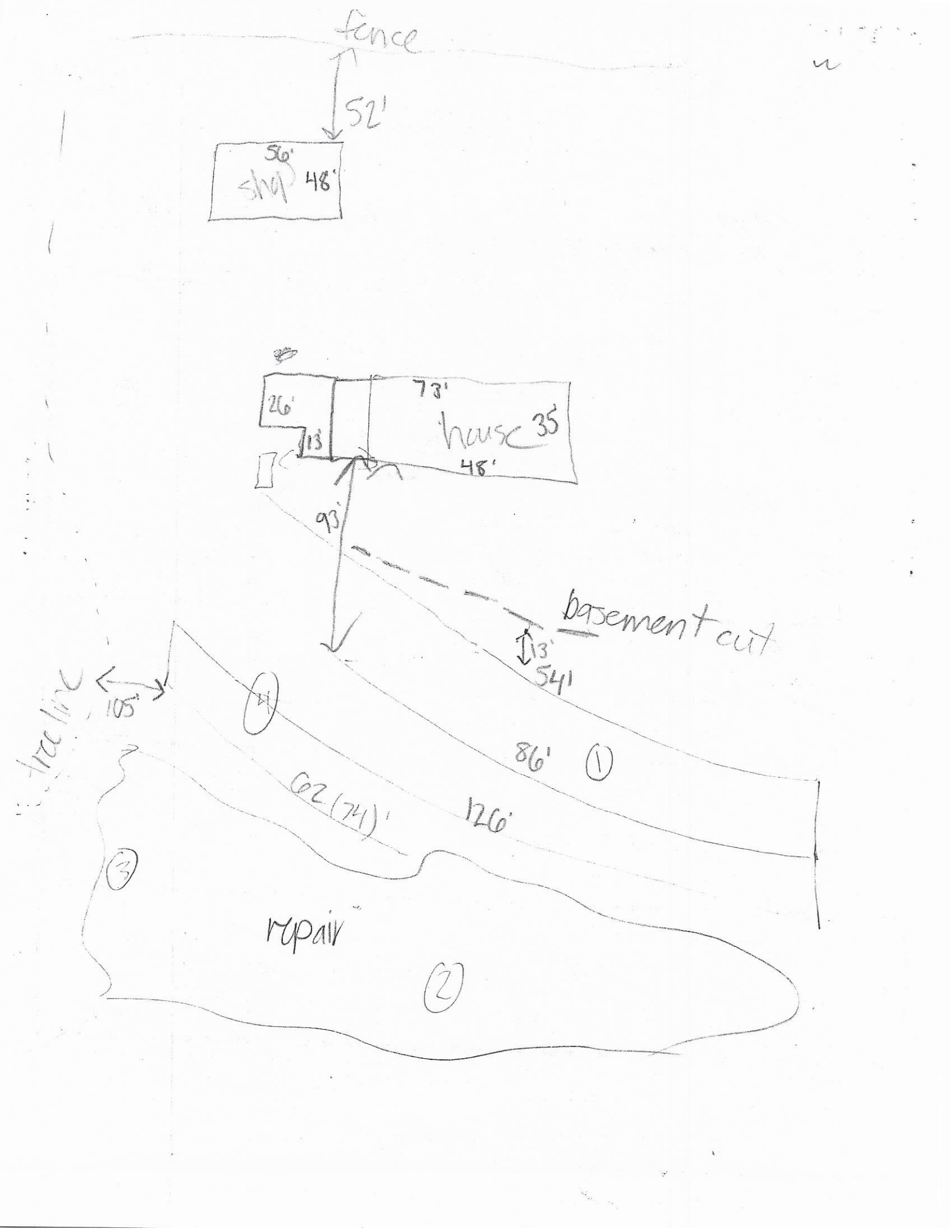
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Anthony Edwards
ADDRESS: 228 Dyson Rd.
PROPOSED FACILITY: 1 SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: NC 901 N → R on Dyson → lot on R
APPLICATION DATE: 6-18-19
DATE EVALUATED: 7-5-19
PROPERTY SIZE: 89.756 ac
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	12% LS	0-7	compacted	—	—	38	7" band of rock 7-38 few rock inc.		PS .275
		7-23	ABK C	Fr,SS,SP,SE					
		23-38	WSBK CL	Fr,SS,SP,SE					
		38-60	LSMP	Fr,NS,NP					
2	10% LS	0-14	disturbed	—	—	50	32-50 com-many SMP inc.		PS .275
		14-32	ABK C	Fr,SS,SP,SE					
		32-50	WSBK CL	Fr,SS,SP,SE					
		50-55	L SAP	Fr,NS,NP					
3	12% LS	0-8	disturbed	—	—	61	30-61 com-many SMP inc 39" rock inc sidewall		PS .275
		8-30	SBK C	Fr,SS,SP,SE					
		30-61	WSBK CL	Fr,SS,SP,SE					
4	11% LS	0-8	disturbed	—	—	51	27-51 com-many SAP inc.		PS .3
		8-27	ABK C	Fr,SS,SP,SE					
		27-51	WSBK CL	Fr,SS,SP,SE					
		51-54	L SAP	Fr,NS,NP					

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

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:


fence
52'
shop
56'
48'
26'
13'
73'
house 35'
48'
93'
basement cut
13'
541
property line
105'
86'
62 (74)'
126'
repair

#245863
6.20.19
$500.00

12663

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*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Anthony E. Edwards Address: 234 Ashley Acres Rd. Statesville, NC Zip: 28677
Applicant Email: tonyanth@hotmail.com Phone: 704-902-5465 (c) Alt. Phone: 704-872-0608 (H)
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 228 Dyson Rd. Harmony 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Dyson Rd. off #901, half a mile down on right
Across road from 205 Dyson Rd.

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

(X) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 6
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) 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 (X) Conventional ( ) Innovative ( ) 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?

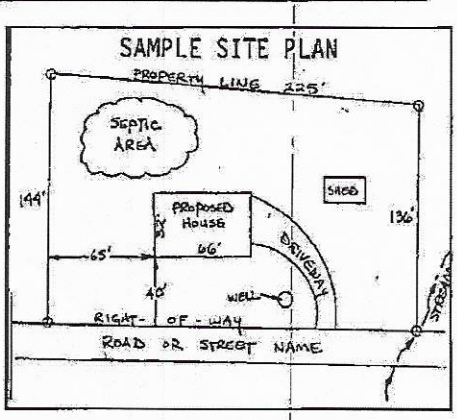
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: A E Edwards 6-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

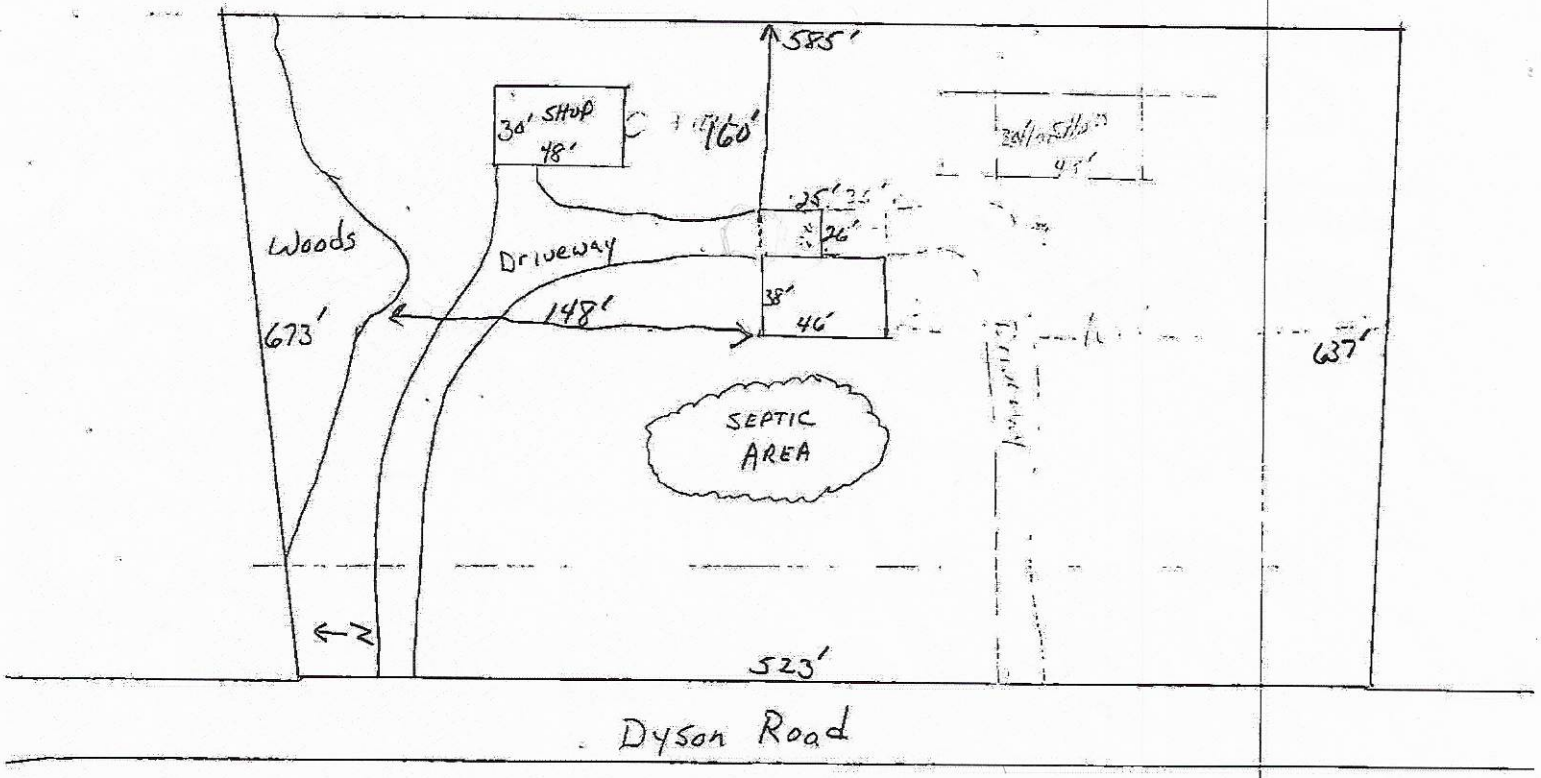
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: _____ 6-18-19

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

DocuSign Envelope ID: 139ED490-A031-4A01-BA13-576CE5C3E1DB

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, Karen Allen Sandra Younger, am the legal owner(s) of the property located at 8 acres to be surveyed out of 89.76, identified as PIN (Parcel Identification Number) 4880618326, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Anthony E. Edwards, 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: Karen Allen — DocuSigned by: Sandra Younger — Signature of Owner(s) — 6/19/2019 — Date

Karen Allen Sandra Younger

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

From: Tony Edwards tonyanth@hotmail.com
Subject: Screenshot_20190619-132208_Chrome.jpg
Date: Jun 19, 2019 at 2:32:55 PM
To: Tony Edwards tonyanth@hotmail.com



Review and sign document(...
https://na2.docusign.net

This document is now complete. CLOSE

DocuSign Envelope ID: 139ED490-A031-4A01-BA13-576CE5C3E1DB

PublicHealth

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

PublicHeal

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

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PIN (Parcel Identification Number) 4880618326, located in Iredell County, North Carolina.

Anthony E Edwards

I do hereby authorize (print legal representative/company name) Timothy C. Powers, _____, 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

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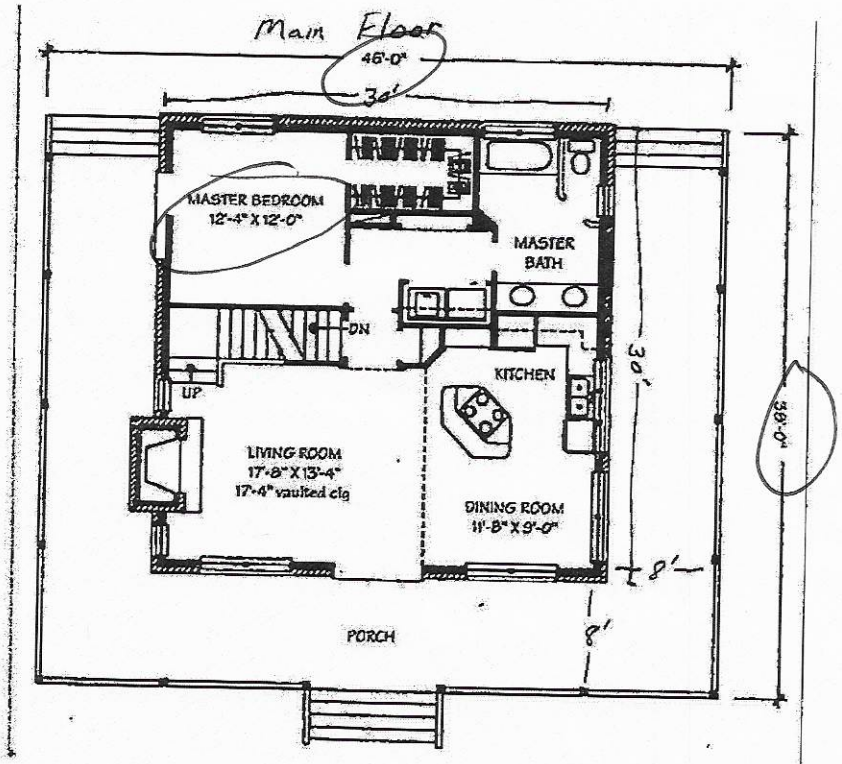
DocuSigned by: Karen Allen — 6/19/2019
DocuSigned by: Sandra Younger — 6/19/2019

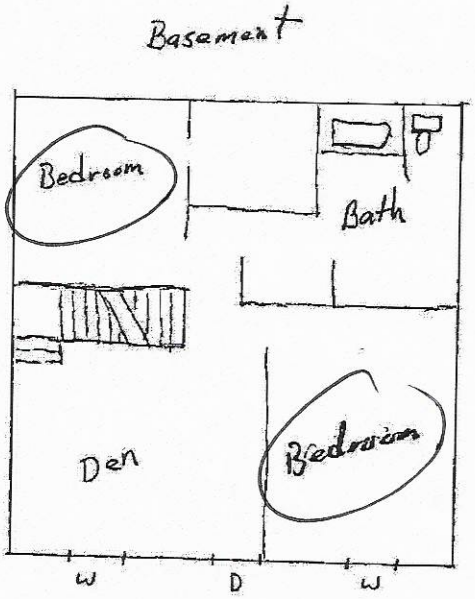
Signature of Owner(s) — Date

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

Sent from my iPhone





Acknowledgement Of
Plans Submittal ONLY!

_____ Date 6-20-19

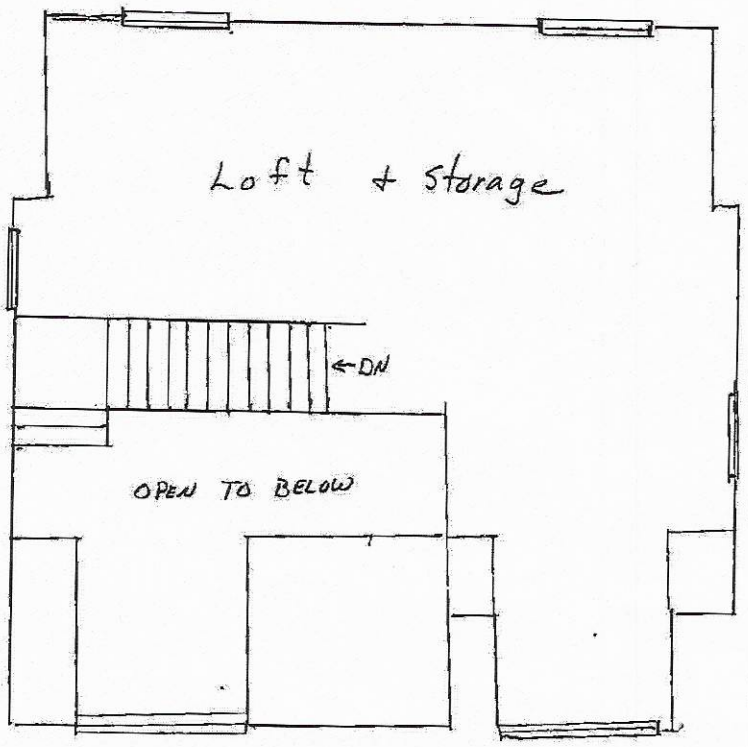
_____ Date 7-10-19

Acknowledgement Of Plans Submittal ONLY!

_____ Date 6-20-19

_____ Date 7-10-19

UPPER LEVEL



A. E. Edwards
228 Dyson Rd.
Harmony, NC 28634

Acknowledgement Of
Plans Submittal ONLY!
Date 7-23-19
Date

Acknowledgement Of
Plans Submittal ONLY!
Date 7-23-19
Date

IREDELL COUNTY

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

APPLICATION NUMBER
245863
Issue Date: 06/20/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4880618326.000	228 DYSON ROAD, HARMONY, NC 28634	

Owner Information	Applicant Information
Owner: EDWARDS ANTHONY EARL	Applicant: EDWARDS ANTHONY EARL
Address: 234 ASHLEY ACRES RD	Address: 234 ASHLEY ACRES RD
STATESVILLE, NC 28677	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
SFD - STICKBUILT	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	BOWH	X

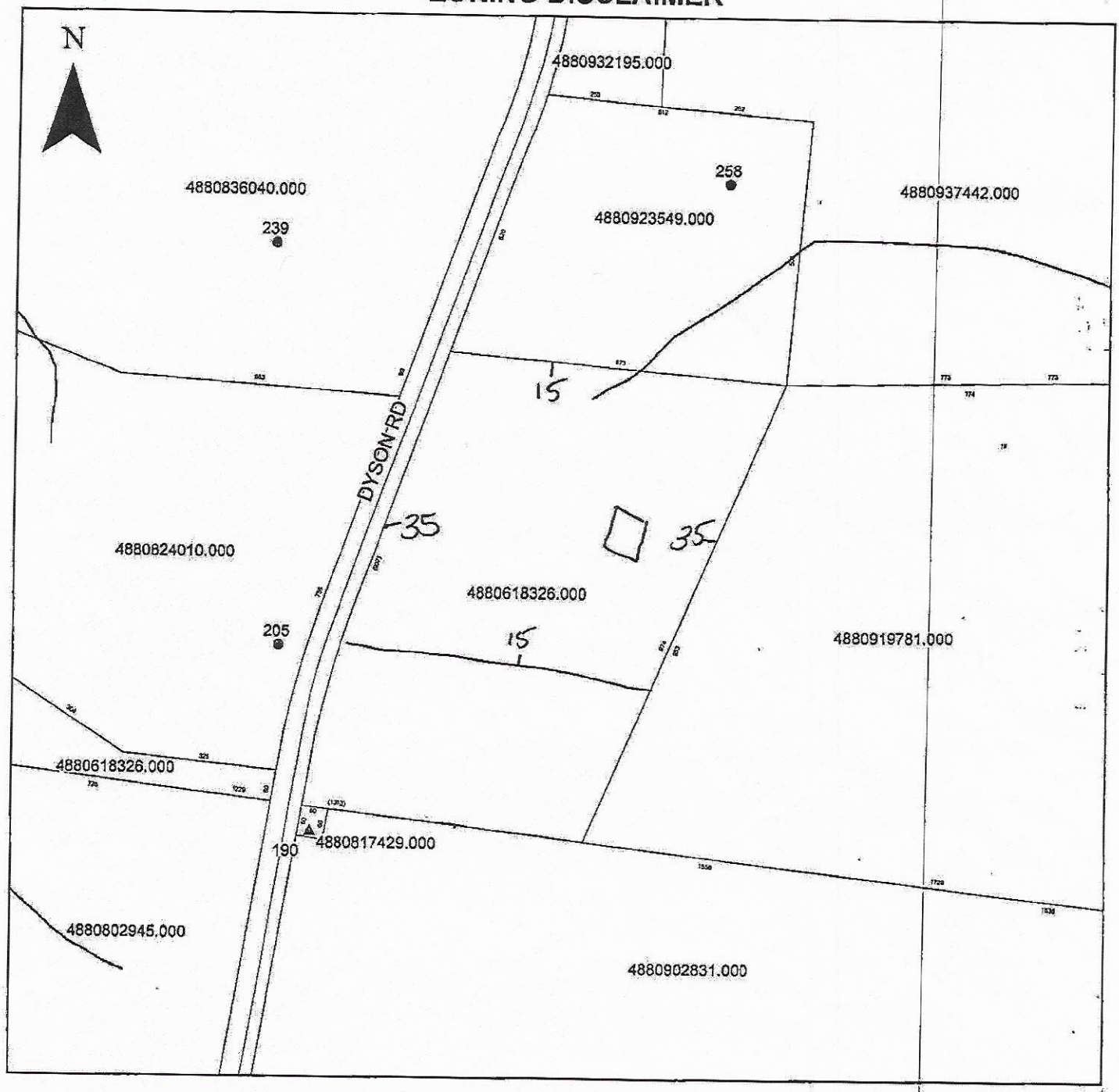
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	182050	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 228 Dyson

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X _____

Applicant

X 6-20-19

Date