ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 311147.

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

PIN # 4881 - 40 -5930

APPLICANT/OWNER: William Moore APPLICANT ADDRESS: 1234 Wall ST Statesville NC 28677.

SITE ADDRESS: 728 Butler Mill Rd Harmony NC 28634 PHONE: 704 883 4920 ALT. PHONE -

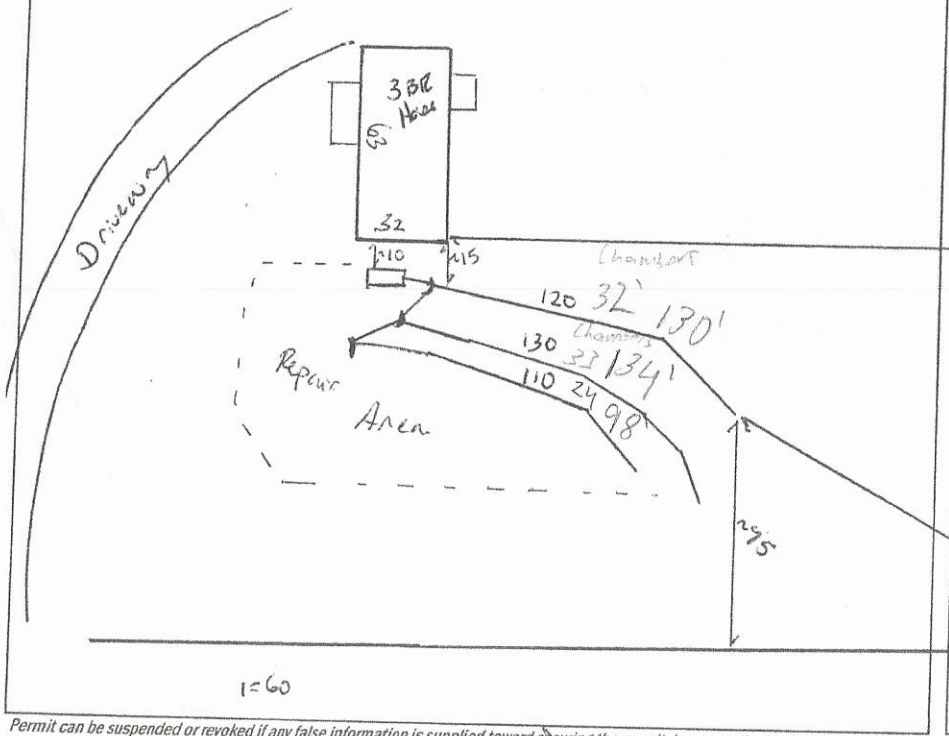
SITE DIRECTIONS: Hwy 21 to Harmony then to Butler Mill site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: ca. 1.08 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 760	Date 3/19	☒ 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: Gravity 25% Reduction		☐ Business	No. Persons	6	☐ Private	
Pump Make	-	Model	-	Serial # -	Repair System Description: Gravity 25% Reduction (24 in) max		☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	3	Linear Ft: 360	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)	31 inches	Gravel Depth -	☒ GRAVITY ☐ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing	

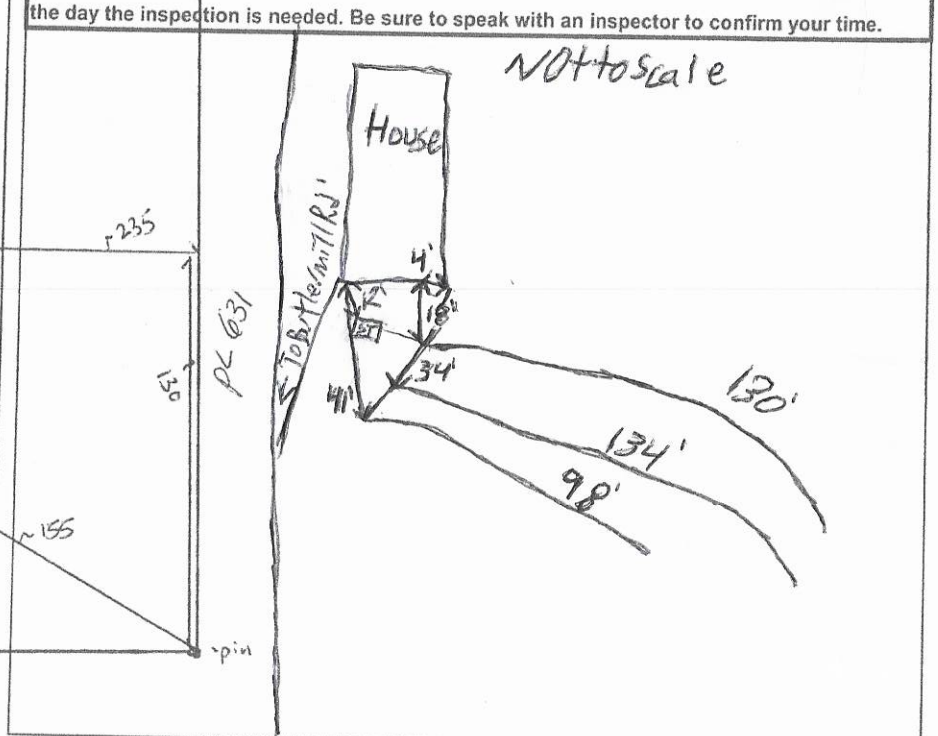
Comments / Conditions: Install Septic Drawings on the Contour the land and utilize Serial distribution. Do not drive, park, pave, grade or bring vehicles in downhill area

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.* ☐ **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: 10/16/20 Installed by: Tony Ball T.B. Grading

IMPROVEMENT PERMIT by: [signature] Date: 10/15/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 5/6/2021

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 1-28-21 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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

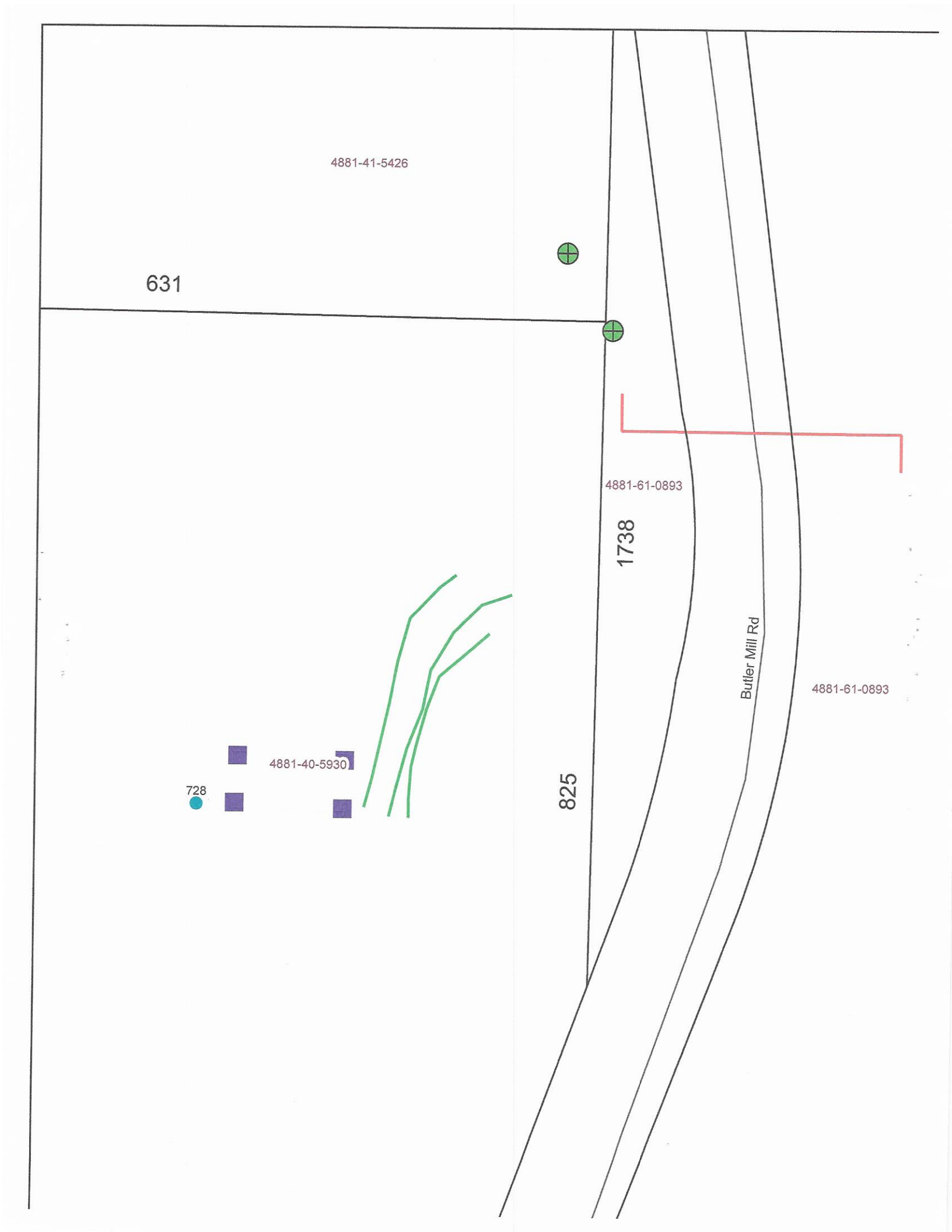
OWNER: Moot
ADDRESS: 123d Wall ST Sve
PROPOSED FACILITY: 3BR town. PROPOSED DESIGN FLOW (.1949): 360gpd.
LOCATION OF SITE: 128 Bethlehem Rd Statesville
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

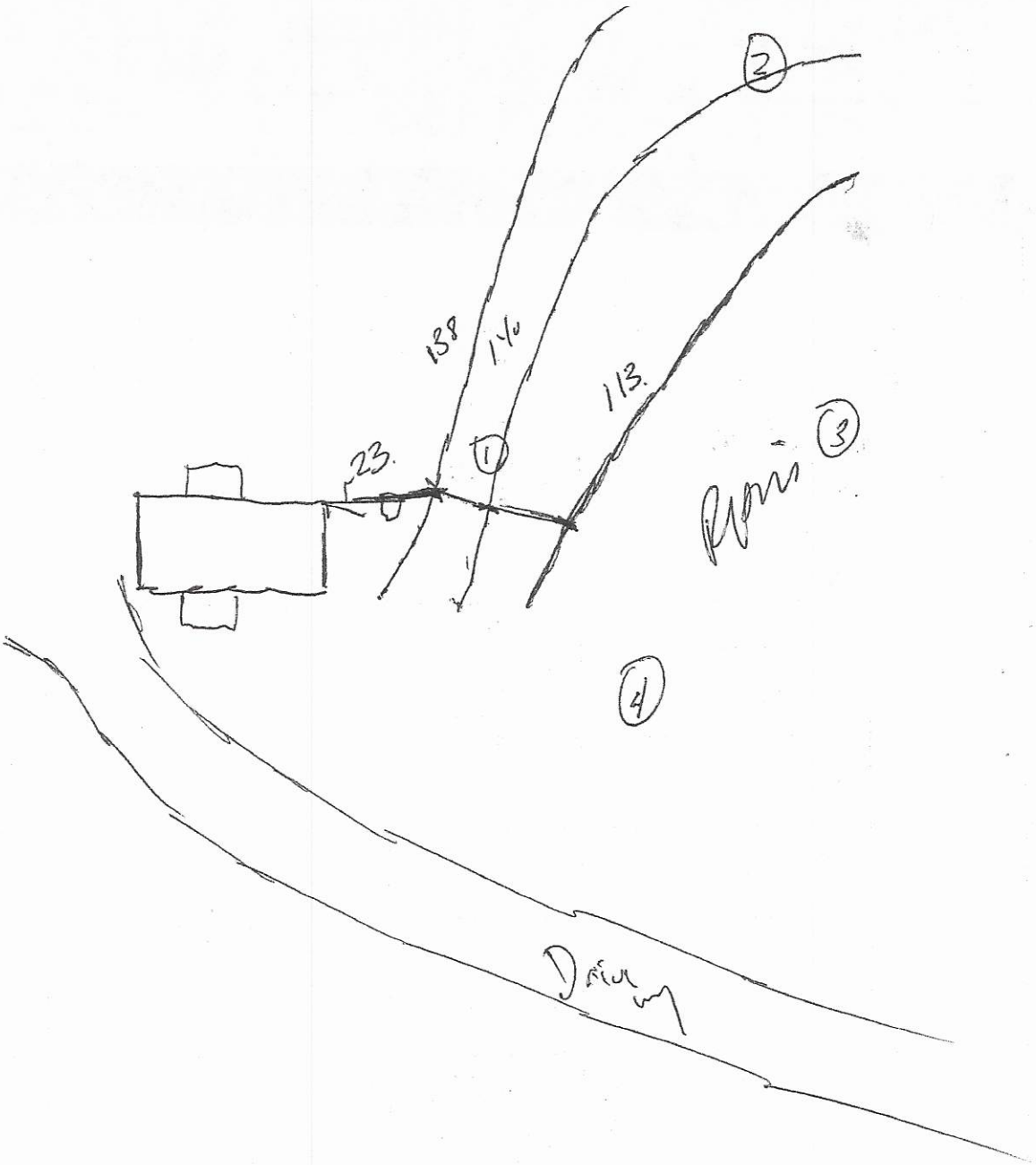
APPLICATION DATE ___
DATE EVALUATED: 10/12/2020
PROPERTY SIZE: 6.7Ac
PROPERTY RECORDED: Yes
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	Foot slope Side 15-20%	0-12	SC GR	SS Sp FR SEW		4/8	NA	N/A	PS .30 .25
		~~12-25~~	~~CLAY~~ SBK	SS Sp FR					
		~~25~~-48	C SBK/ABK	SS Sp FR					
2	8% slope	0-12	SC GR	SS Sp FR SEW		4/8		Perch Soil 40 Restrictive horiz	PS .25
		12-42	C SBK	SS Sp FR					
		42-48	CC WSBK	SS Sp FM					
3	Foot Side 8%	0-12	SC SBK	SS Sp FR FM		4/8			PS .25
		12-48	C. SBK	SS Sp FR					
4		0-15	SC SBK	SS Sp FR SEW					PS .25 Restrictive 24
		15-36	C SBK	SS Sp FR					
		36+	Rock	VFM					

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: ___


4881-41-5426
631
4881-61-0893
1738
Butler Mill Rd
4881-61-0893
4881-40-5930
728
825


2
138
140
113.
23.
1
3
4

X not market 9-23-20

RECEIVED SEP 2 3 2020

AP-311147
$500.00

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

Iredell County Health Department – Environmental Health Division

RECEIVED JAN 2 7 2020

PAGE 1: *APPLICATION FORM*

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: ( ) 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: William Moore Address: 1234 Wall St Zip: 28677
Applicant Email: Andrewmoore26@yahoo.com Phone: 704 883 4920 Alt. Phone:
Owner Name: William Moore Address: 1234 Wall St Zip: 28677
Owner Email: Andrewmoore26@yahoo.com Phone: 704 883 4920 Alt. Phone:

Property Information:

Street Address: 728 Butler Mill Rd Harmony NC 28634
Subdivision Name: N/A 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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

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: 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 (1) 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: AMoore AMoore 1-27-2021 9/21/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

311147

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

_____ _____
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

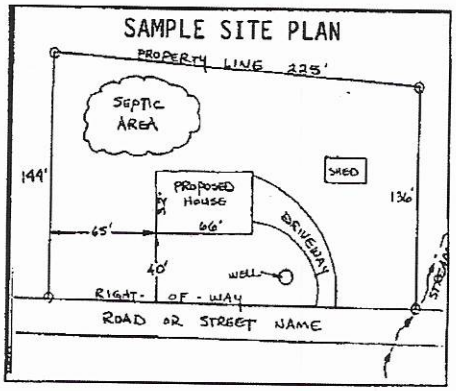
311147

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:

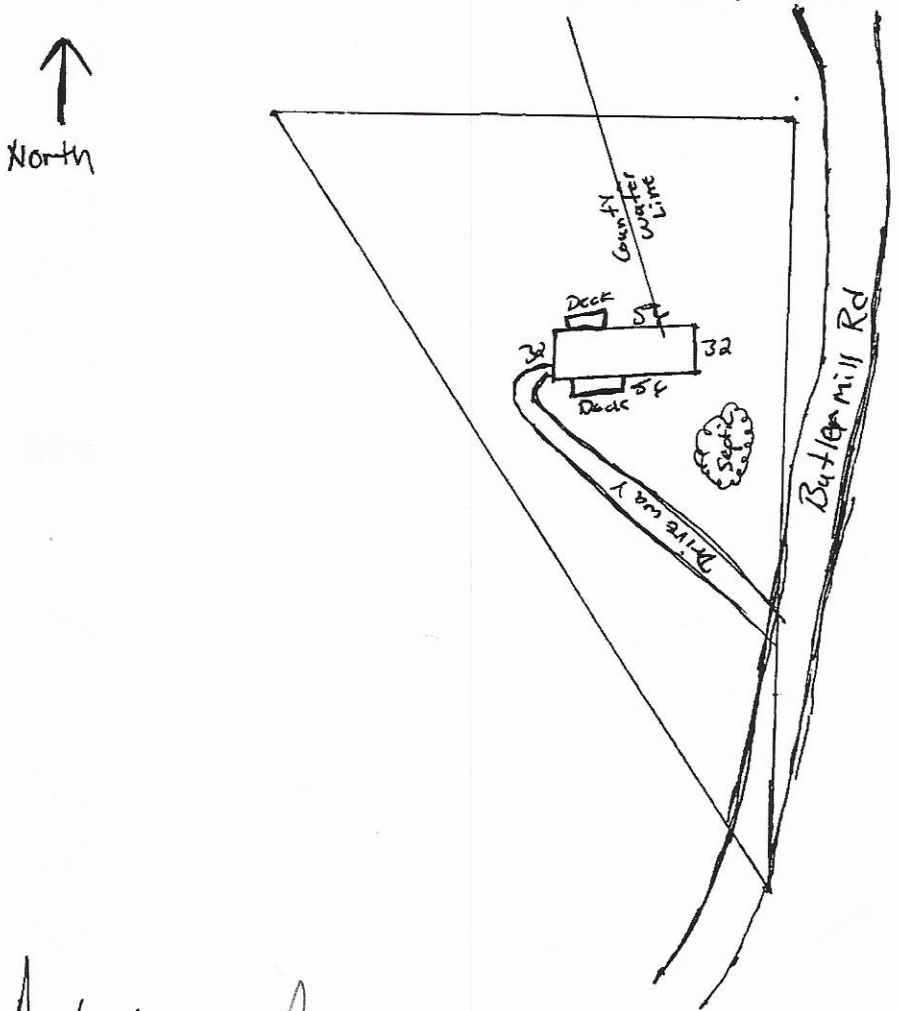
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator 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: Amoore Amoore 1-27-2021 — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/21/20 — DATE

Date 1-28-2021

Date 1-27-2021

Acknowledgement Of Plans Submittal ONLY!

SALES PLANS

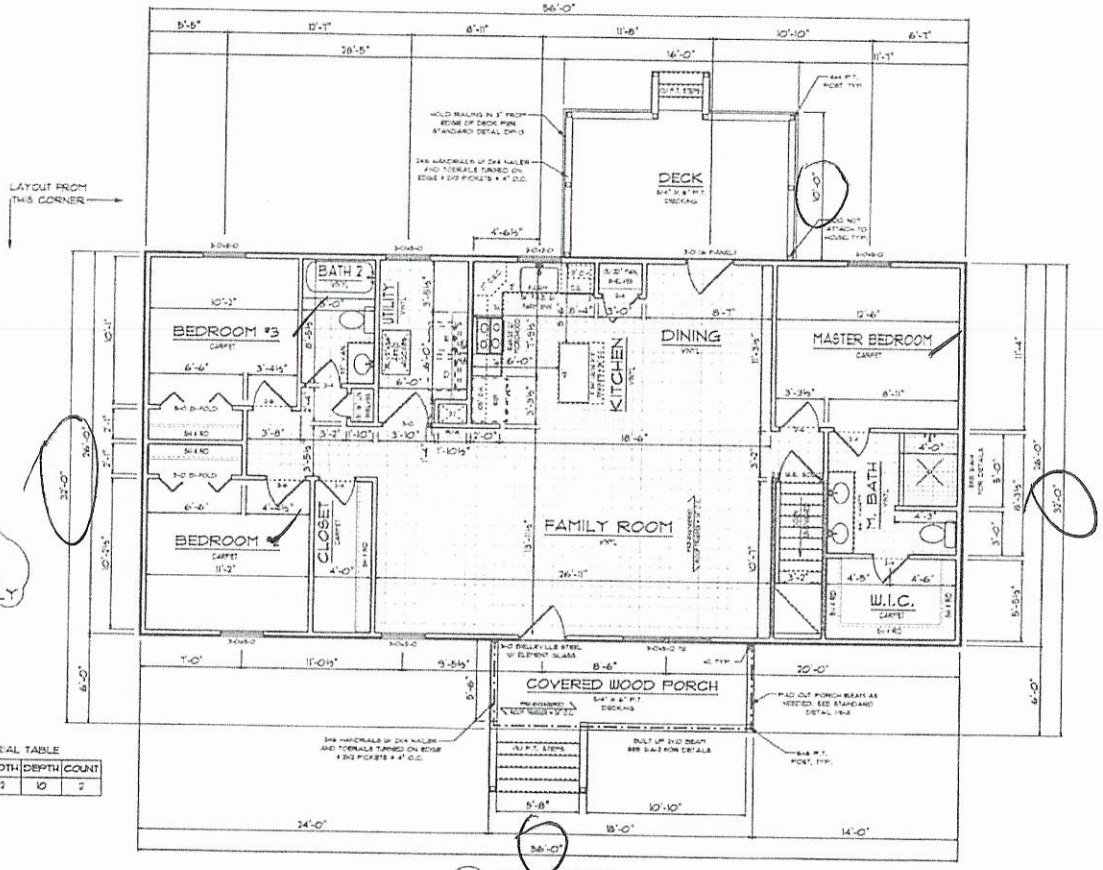
GENERAL NOTES:

1. MINIMUM CEILING HEIGHT TO BE 8'-1 1/8"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-10 5/8" UNLESS NOTED OTHERWISE (EXCEPTIONS ARE O.H. GARAGE DOOR, GARAGE ENTRY DOOR.)
3. ALL TUBS/SHOWERS ARE TO HAVE NAILERS AT FLANGE.
4. ALL PLUMBING FIXTURES SHOWN ARE REPRESENTATIVE OF SIZE AND LOCATION ONLY. ACTUAL STYLE & BRAND OF FIXTURES MAY VARY PER BUILDING LOCATION.
5. ALL HATCHED WALLS REPRESENT INTERIOR LOAD BEARING WALLS TYP.
6. ALL DASHED WALLS REPRESENT PARTIAL HEIGHT WALLS. HEIGHT OF WALL WILL BE PER PLAN. EX.
7. CLOSET SHELF HEIGHT ABOVE FLOOR SILL BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE TYP.

THE FINAL PLANS ARE INTENDED TO ACCURATELY REFLECT THE HOME PRICING AGREEMENT. IN THE EVENT THAT THERE IS A MISMATCH, THE HOME PRICING AGREEMENT SHALL OVERRIDE THE FINAL PLANS. PLEASE REVIEW BOTH DOCUMENTS.

DRAFTING RECOMMENDS INCREASING WIDTH OF ADDED WIC BY 6" FOR DOOR CLEARANCE

VINYL RAILING NEEDS TO BE CREDITED FROM FRONT PORCH, PLEASE ADJUST HPA ACCORDINGLY



1 / A-3 FLOOR PLAN
SCALE 1/8"=1'-0"

HANGER MATERIAL TABLE

HANGER ID	SIZE	WIDTH	DEPTH	COUNT
H2	DOUBLE	2	10	2

© COPYRIGHT SEDGEWICK HOMES LLC. ALL RIGHTS RESERVED

REVISED: 3.16.2016

CONTACT INFORMATION
PHONE: (717)358-9199
WEBSITE: SEDGEWICKHOMES.COM

SEDGEWICK HOMES

SALES
SOLD BY: JUSTIN FELDMAN

PLAN SETS

SALES: SHARYN S.	11-25-20
CONSTRUCTION ??	?-?-??
REVISED ??	?-?-??
??	
??	
??	

SQUARE FOOTAGES

HEATED:	1456
UNFIN. BASEMENT	1456
FRONT PORCH:	106
REAR DECK:	160
TOTAL SQFT	3182

SEDGEWICK HOMES PROUDLY PRESENTS THE NORTHWOOD MAPLE SERIES TO

WILLIAM & BRIDGET MOOE

JOB #: 03200034

TBD BUTLER MILL ROAD, HARMONY, NC 28634

SHEET NUMBER A-3 OF FIVE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
311147 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4881405930.000	728 BUTLER MILL RD	Iredell County

Owner Information	Applicant Information
Name: MOOE BRIDGET S+WILLIAM A Address: , Phone:	Name: MOOE BRIDGET S+WILLIAM A Address: , Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.706	35	35	15	15	WSIII-BOW Hunting Creek	NO

Remarks
SFD

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.

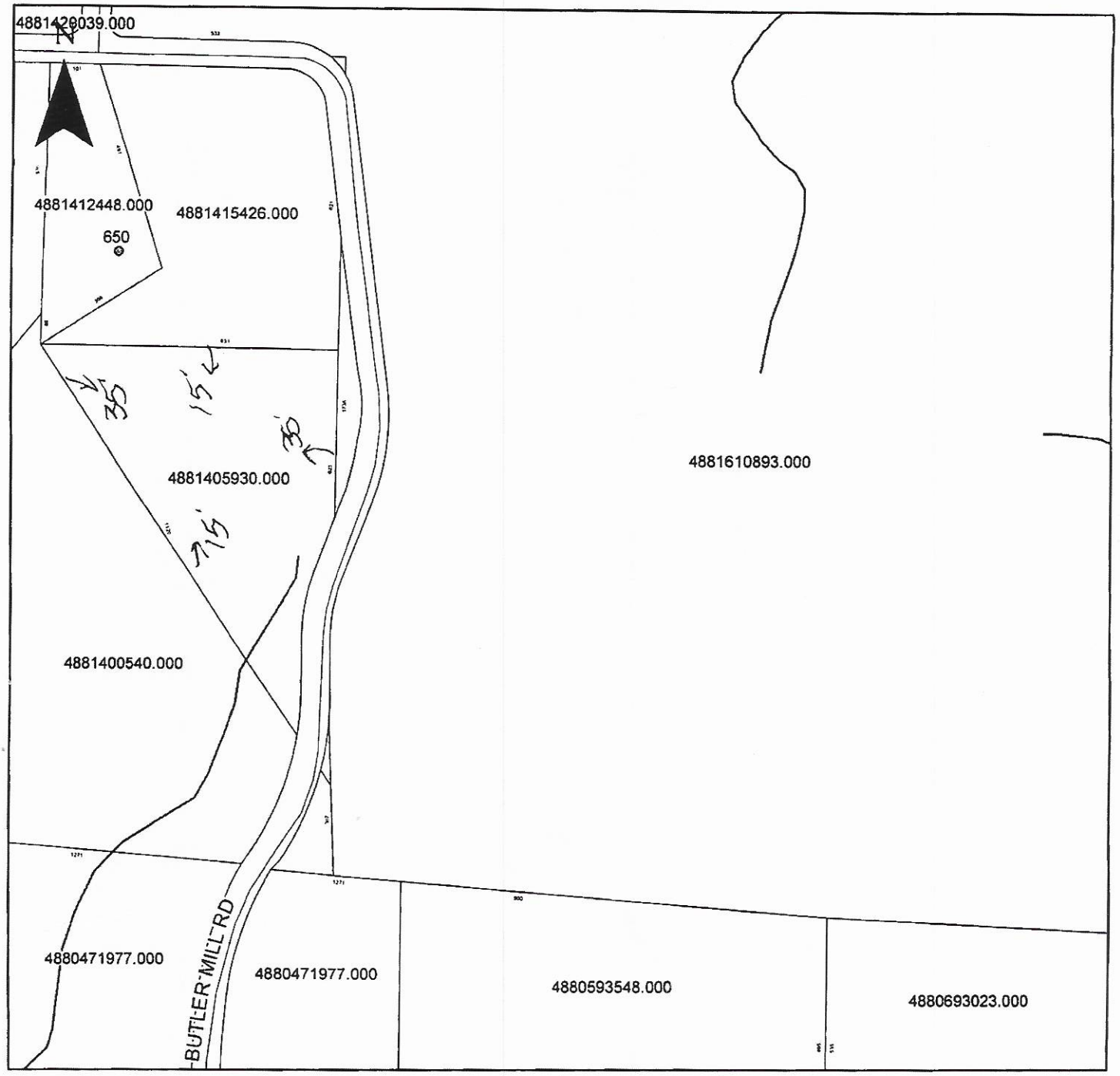
Signature of Owner/Contractor

Date: 09/23/2020

Permit Number	311147	TOTAL FEES:	$77.25

311147

ZONING DISCLAIMER



Property Address 728 Butler Mill Rd

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.

A Moore

Applicant

9/22/20

Date