IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 **PERMIT #** 301290

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

PIN # 4781991907

APPLICANT/OWNER: Shane Ireland
APPLICANT ADDRESS: 173 Glenwood Valley Dr, Harmony

SITE ADDRESS: 477 Abbeydale Rd, Harmony 28634
PHONE: 980-549-0001
ALT. PHONE: –

SITE DIRECTIONS: 21 N → R on Powell Bridge Rd → L on Rocky Ford → R on Abbeydale → on Left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: –
SECTION: – LOT #: – LOT AREA: 72.36 ac
DESIGN FLOW: 360 gpd
L.T.A.R.: .275

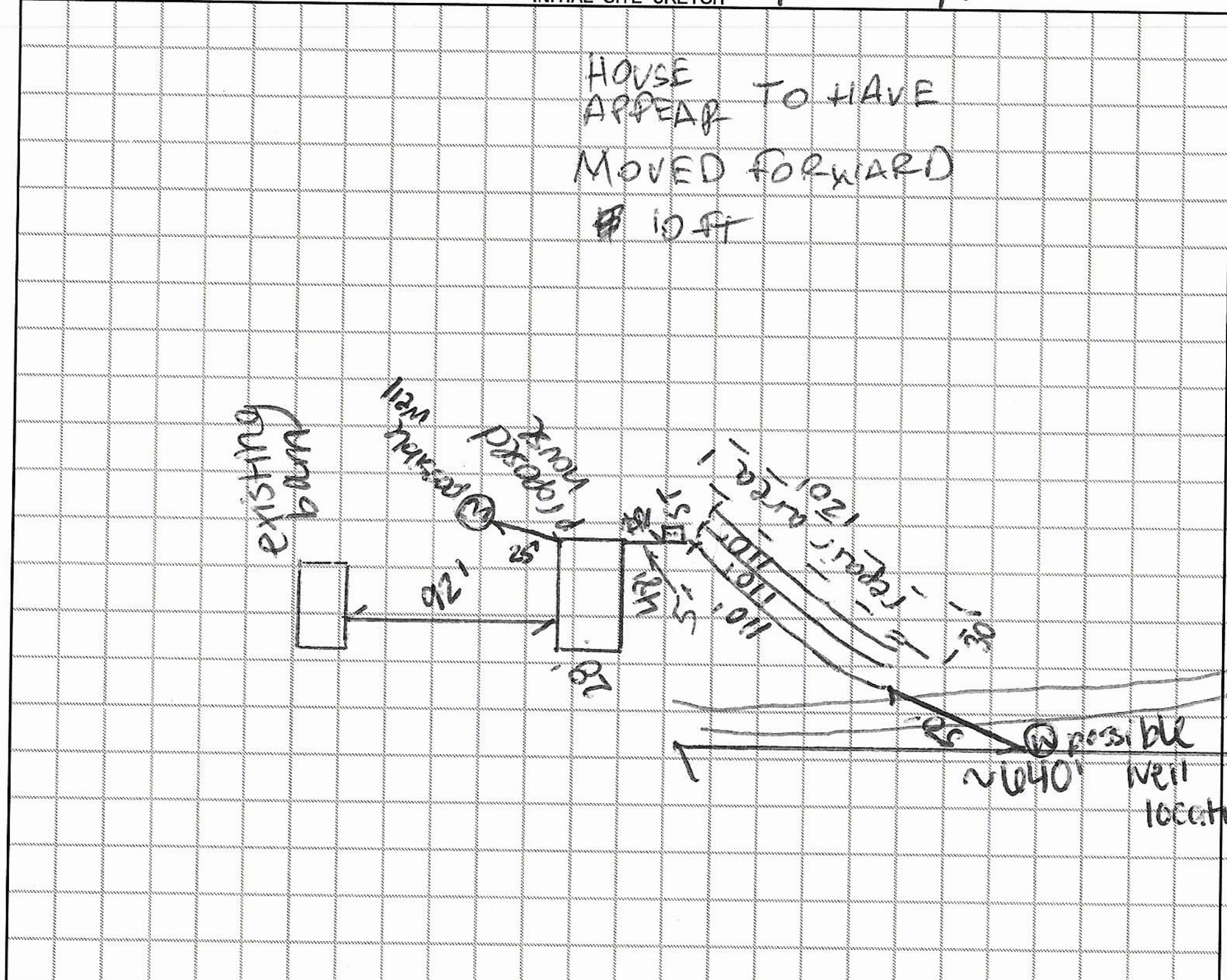
Septic Tank: 1000 (gal)	STB: 1012	Date: 7-30-19	☒ New System ☐ Repair ☐ Expansion — System Type: I II (III) IV V VI
Pump Tank: (gal)	PT	Date:	System Description: 25% reduction
Pump Make:	Model:	Serial #:	Repair System Description: 50% reduction
# Nitrification Fields: 1	# Lines: 3	Linear Ft: 330'	Maintenance Agreement Required: ☐ YES ☒ NO
Trench Width: 36"	Trench Bottom Depth: 28" max	Gravel Depth: –	☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms: 3
☐ Business No. Persons: 6
☐ Other No. Employees:
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

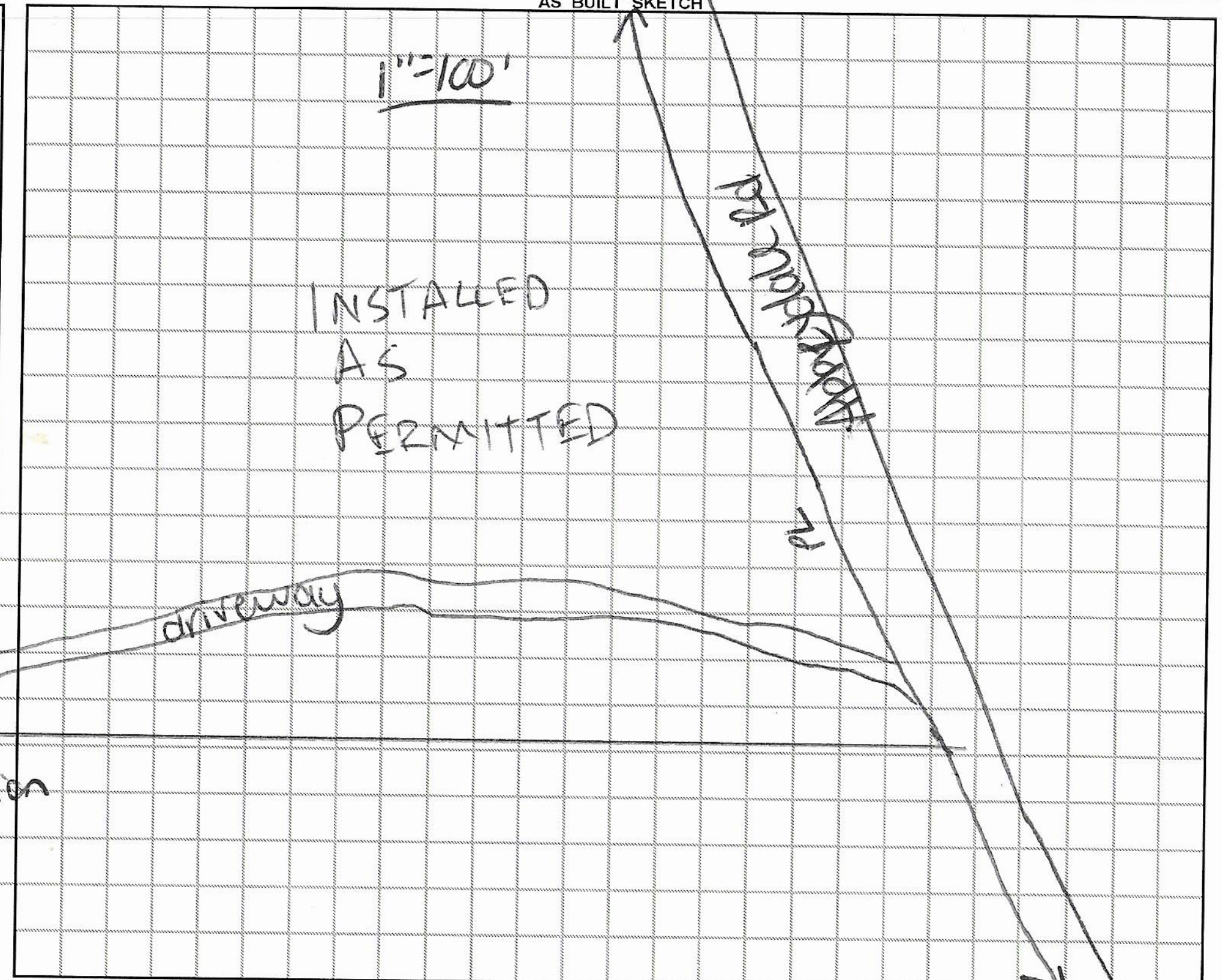
Water Supply
☒ Private
☐ Public
☐ Community

Comments / Conditions: Install on contour + utilize serial distribution. Do not pave/grade septic area. Maintain minimum 5' setback from any decks/porches.

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: Date:

IMPROVEMENT PERMIT by: Date: 10-14-19

AUTHORIZATION TO CONSTRUCT by: Date: 10-14-19

Installed by: STEVE JORDAN

OPERATION PERMIT by: Date: 12-20-19

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 #: 4881991908
COUNTY: Iredell

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

OWNER: Shane Ireland
ADDRESS: 173 Glenwood Valley Dr
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 477 Abbeydale Rd
APPLICATION DATE 9-20-19
DATE EVALUATED: 10-11-19
PROPERTY SIZE: 72 acres
PROPERTY RECORDED: Y

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	L 5%	0-6	GR SCL	Fr ss sp sexp	sap inc starting @ 28"	50"	~~A~~ —	—	PS .3
		6-29	SBK C	Fr ss sp sexp					
		29-50	SBK CL	Fr ss sp sexp					
2	L 6%	0-10	GR SCL	Fr ss sp sexp	few lithe mottles - few saphe	52"	—	—	PS .275
		10-40	SBK C	Fr ss sp sexp					
		40-58	SBK CL	Fr ss sp sexp					
3	L 6%	0-9	GR SCL	Fr ss sp sexp	few sap inc	50"	—	—	PS .275
		9-37	SBK C	Fr ss sp sexp					
		37-50	SBK CL	Fr ss sp sexp					
4	L 6%	0-8	GR SCL	Fr ss sp sexp	mica - sap inc in CL	45"	PS	—	PS .275
		8-33	SBK C	Fr ss sp sexp					
		33-45	SBK CL	Fr ss sp sexp					
		45-53	M L SAP	VFR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	220'
System Type(s)	2550	5090
Site LTAR	.275	.275

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Clare
OTHER(S) PRESENT: N/A

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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

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

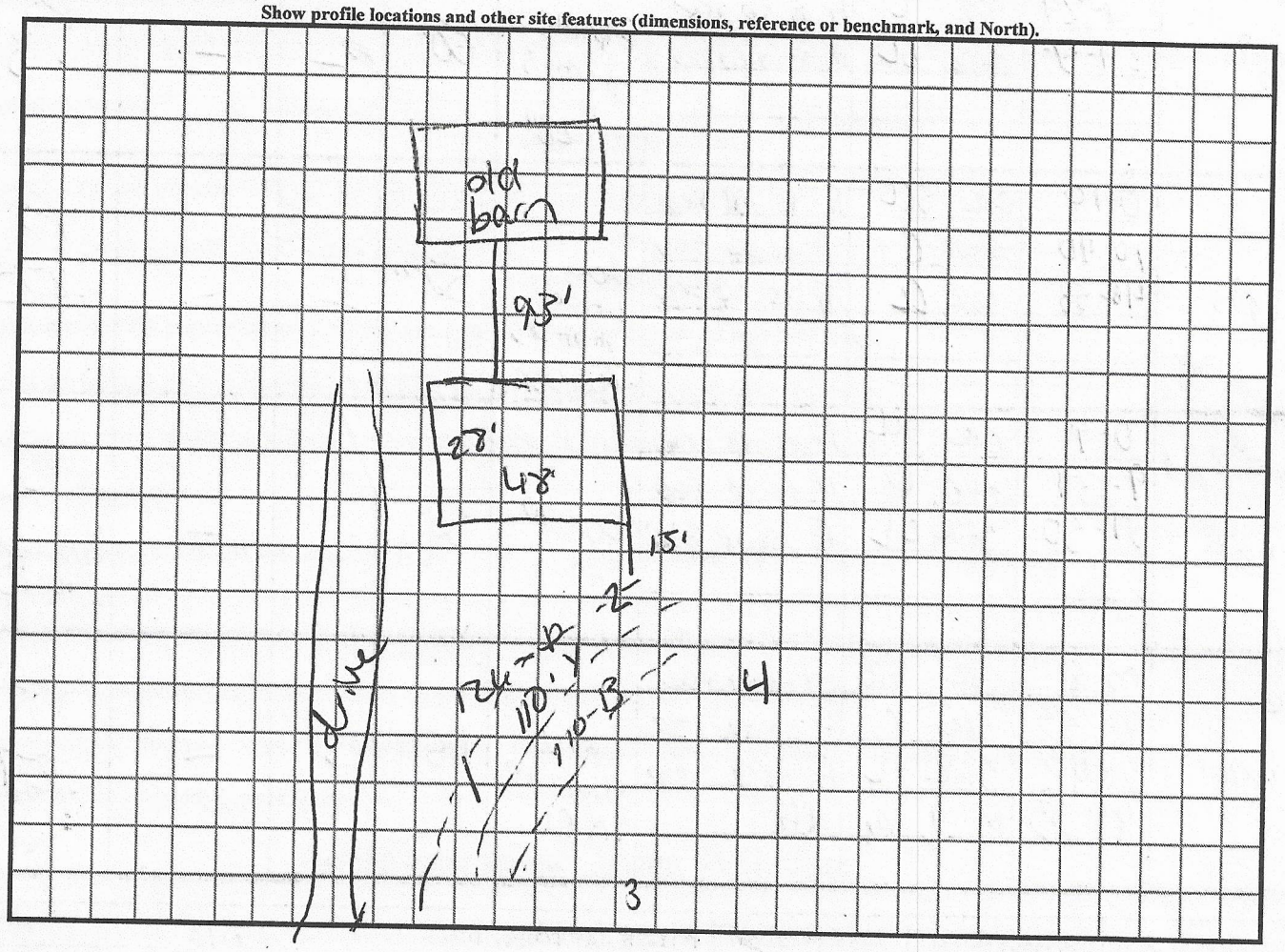
NOTES

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/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



Pd $500

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

AP 30129Q

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

PAID 9/27/19 Ck #12

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) call this #

Applicant Name: SHANE IRELAND Address: 173 GLENWOOD VALLEY DR, HARMONY, NC Zip: 28634
Applicant Email: shane.Ireland4344@Gmail Phone: (980) 549-0001 Alt. Phone: (704) 546-2421
Owner Name: SHANE IRELAND Address: 173 GLENWOOD VALLEY DR. HARMONY NC Zip: 28634
Owner Email: shane.Ireland4344@gmail Phone: (980) 549-0001 Alt. Phone: (704) 546-2421

Property Information:

Street Address: 477 ABBEYDALE RD, HARMONY NC 28634
Subdivision Name: NA Section/Phase: NA Lot Number: NA
Driving Directions: FROM HARMONY SCHOOL GO HWY 21 N, RIGHT ON FOWELL BRIDGE RD, LEFT ON ROCKY FORD RD, RIGHT ON ABBEDALE RD, THEN SITE IS ON LEF

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: 3
( ) 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
( ) 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 (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: Shane Ireland
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9-20-19
DATE

Woodhaven

WS-III - BUD

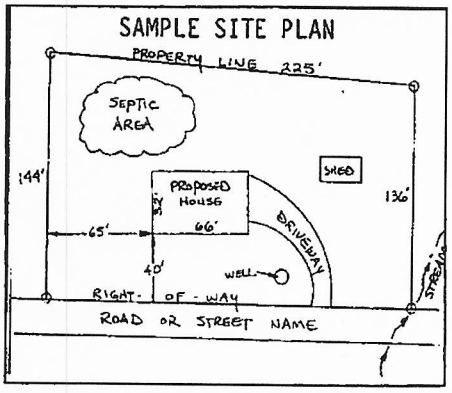
RA

72.36

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:

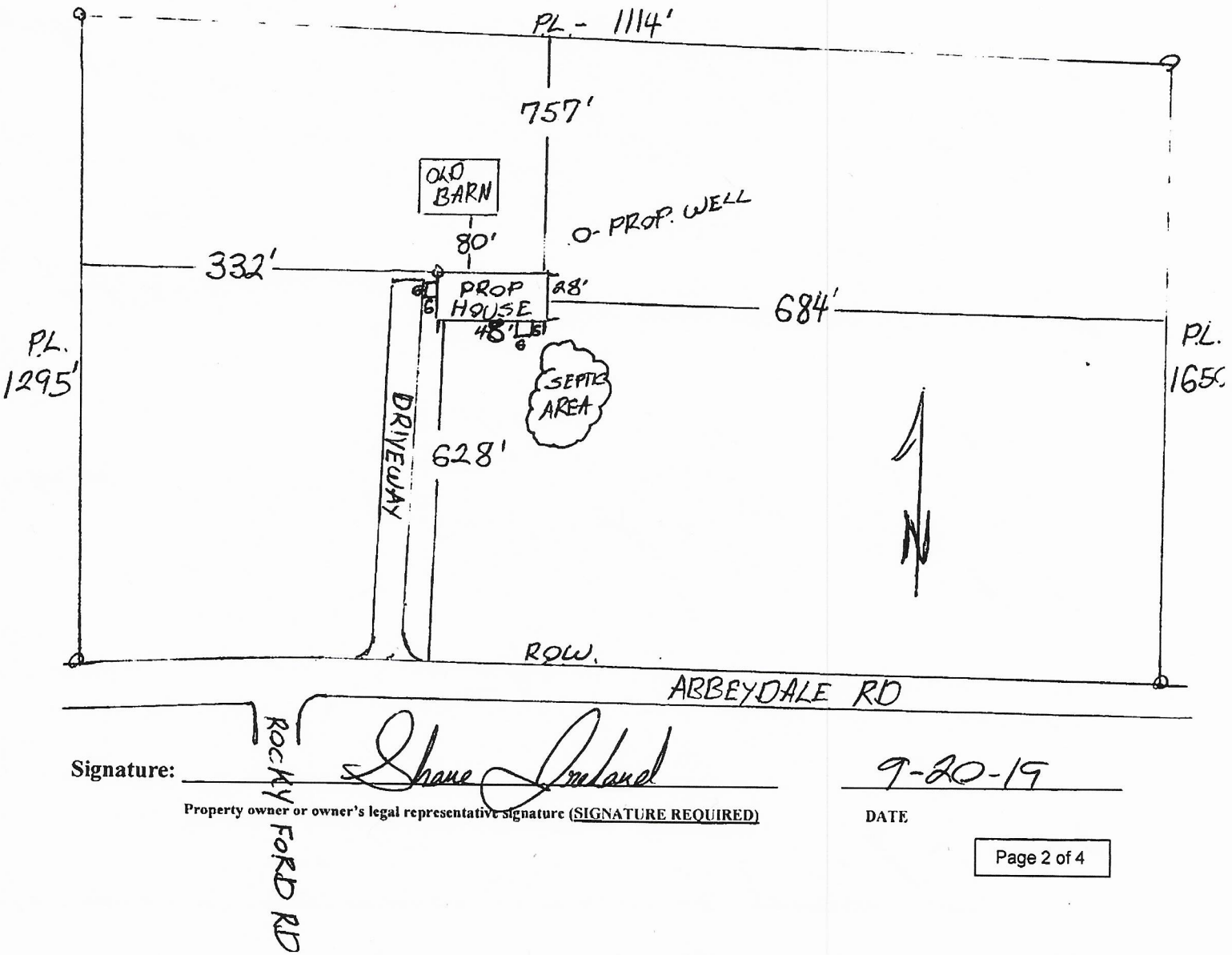
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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: Shane Ireland **9-20-19**

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*) Shane Pickard

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
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

Charles K Ireland and Adam L Ireland give Shane K Ireland permission to use parcel # 4881991968 of the heirs of William Roger Smith property to establish a home site with a doublewide mobile and anything pursuant to that: well, septic system etc.

Charles Kent Ireland

Charles Kent Ireland

Adam Lee Ireland

Notary: Beverly S. Flinchum
August 4th, 2024

Beverly S. Flinchum
Notary Public
Yadkin County
North Carolina

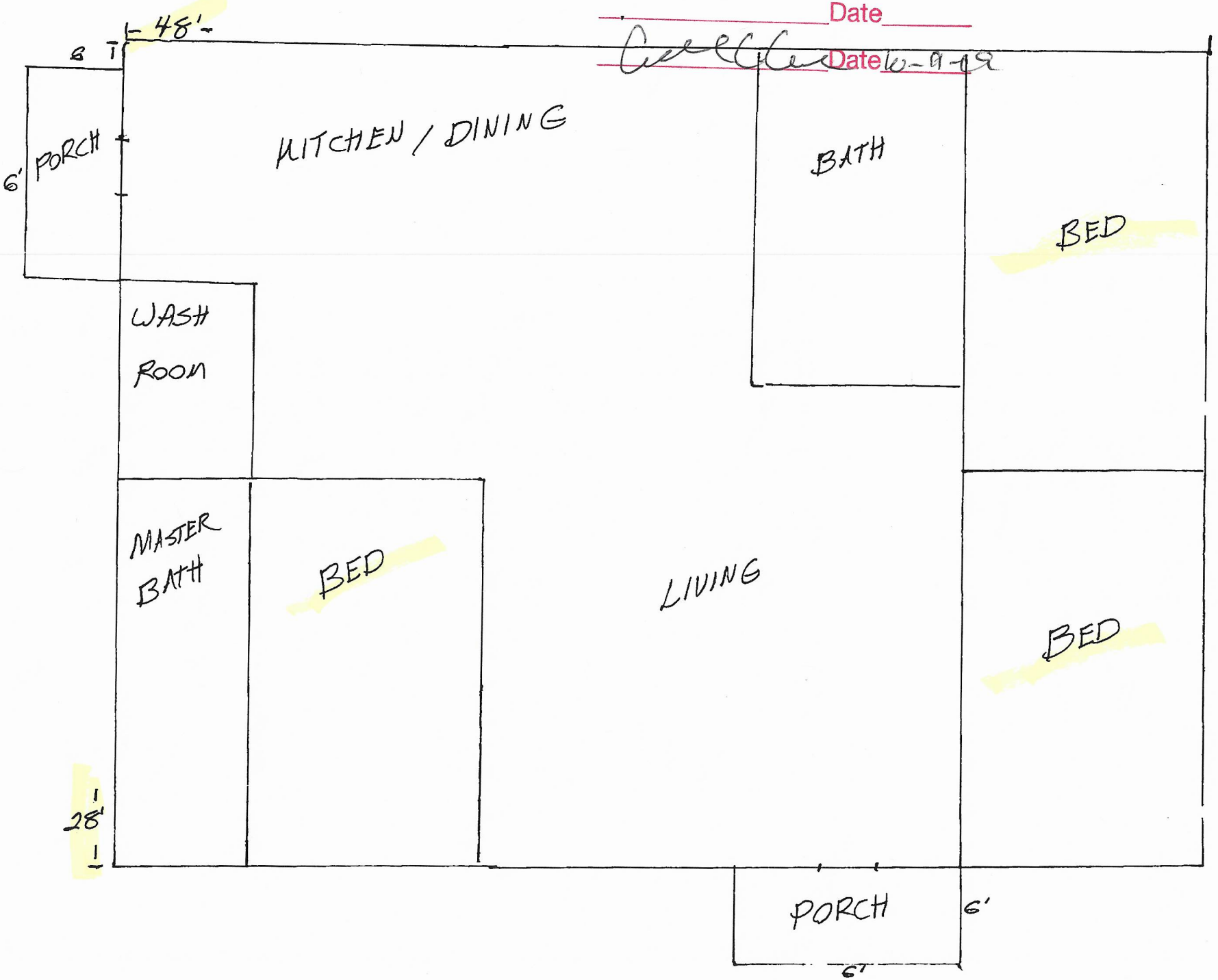
1344 S.F. TOTAL

Acknowledgement Of Plans Submittal ONLY

Date

Date 10-9-19

9-27-2019



IREDELL COUNTY · NC

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

APPLICATION NUMBER
301290 Issue Date: 09/27/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4881991968.000	477 ABBEYDALE RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: IRELAND CHARLES KENT ETAL Address: Phone:	Name: IRELAND, SHANE Address: 477 ABBEYDALE RD HARMONY, NC 28634 Phone: (704)546-2421

FILE COPY

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
72.36	35	35	15	15	WSII-BOW Hunting Creek	YES

Remarks
DOUBLEWIDE

PAID 1125 CK# 9/27/19

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.

Received

Signature of Owner/Contractor

Date: 09/27/2019

Permit Number	000433	TOTAL FEES:	$77.25