IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233781

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

PIN # 4882965589

APPLICANT/OWNER: Leigh Ann Moore APPLICANT ADDRESS: 920 Ben Anderson Rd Mocksville

SITE ADDRESS: 411 Reavis Rd Harmony PHONE: 704-902-4395 ALT. PHONE —

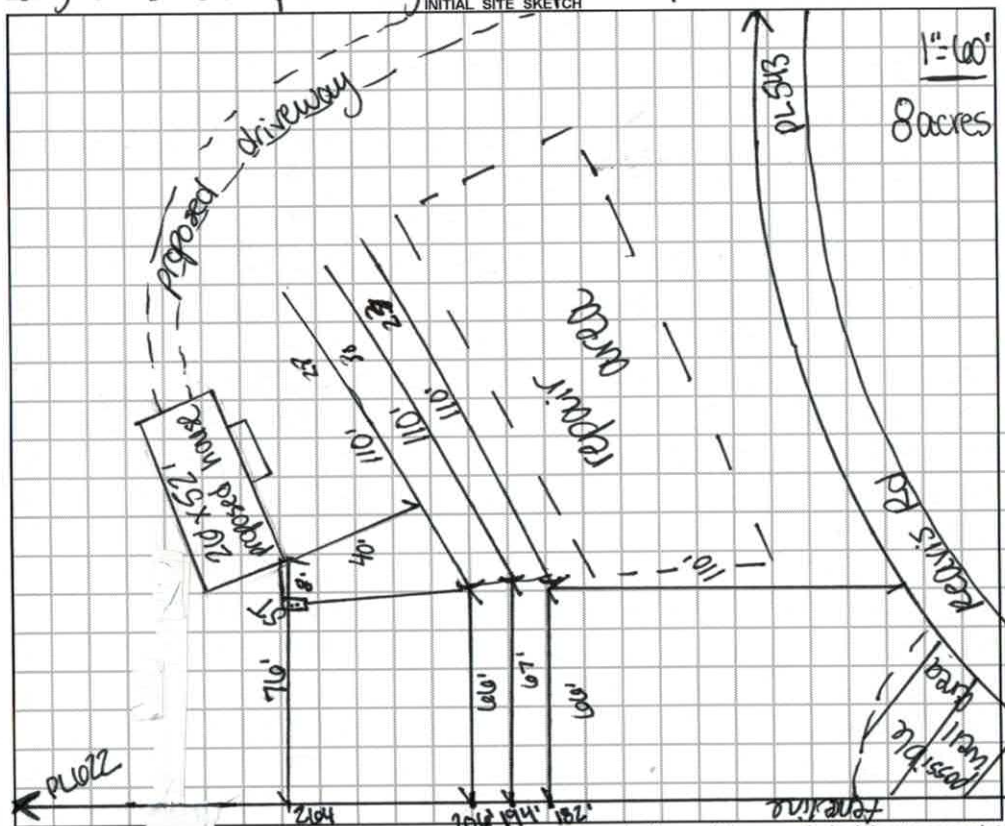
SITE DIRECTIONS: 21 N → R on E. Houstonville Rd → R on Reavis Rd → on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Truman Steelman SECTION: — LOT # 1 LOT AREA: 8ac DESIGN FLOW: 300 gpd L.T.A.R.: .275

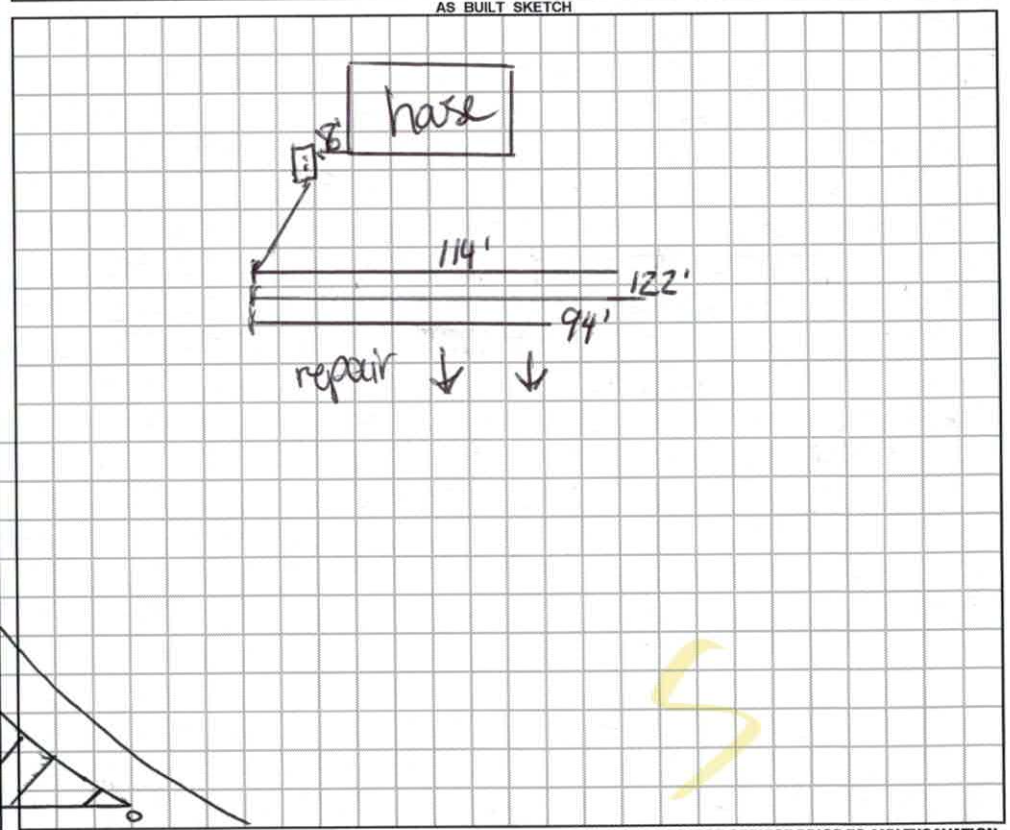
Septic Tank	1000	(gal)	STB	760	Date	5/13/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	—	(gal)	PT	—	Date		System Description:	25% reduction			☐ Business	No. Persons 6	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	25% reduction			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	327'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	31"		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on the contar of the land + utilize serial distribution. Do not exceed max trench depth of 33" (high side). Do not park on, grade, or pave septic area.

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: Leigh Ann Moore Date: 3-19-18 Installed by: TB Grading & Septic

IMPROVEMENT PERMIT by: Carla C. Cave Date: 3/13/18 OPERATION PERMIT by: Carla C. Cave Date: 7/2/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 3/14/18 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.

Starmount10
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4882905587
COUNTY: Iredell

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

OWNER: Leigh Ann Moore
ADDRESS: 970 Ben Anderson Rd
PROPOSED FACILITY: 3BR house
LOCATION OF SITE: 411 Travis Rd
APPLICATION DATE 2/18/18
DATE EVALUATED: 3/13/18
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 8ac
PROPERTY RECORDED: Y

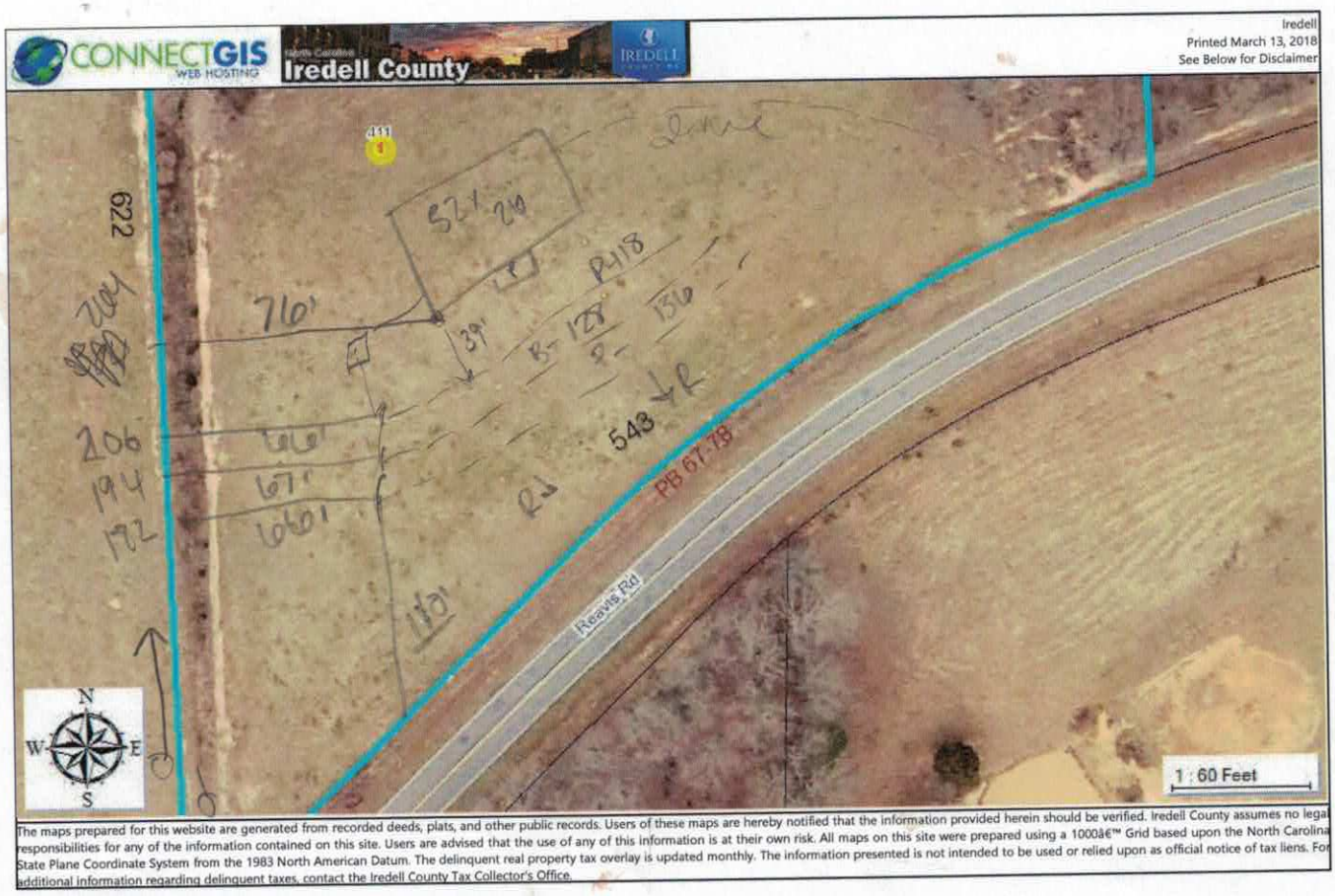
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5% F	0-7	SBK SCL	Fr SS SP SMP	–	48"	N/A	N/A	PS .3
		7-38	SBK C	Fr SS SP SMP					
		38-48	SBK CL	Fr SS SP SMP					
2	SS 5% F	0-7	SBK SCL	Fr SS SP SMP	–	48"	N/A	N/A	PS .275
		7-38	SBK C	Fr SS SP SMP					
		38-48	ABK CL	Fr SS SP SMP					
3	SS 5% F	0-7	GR SL	Fr SS SP SMP	–	48"	N/A	N/A	PS .275
		7-27	SBK C	Fr SS SP SMP					
		27-48	ABK CL	Fr SS SP SMP					
4	SS 5% R	0-10	GR SL	Fr SS SP SMP	–	48"	N/A	N/A	PS .3
		10-33	SBK C	Fr SS SP SMP					
		33-48	SBK CL	Fr SS SP SMP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	321'	321'
System Type(s)	25% red	25% red
Site LTAR	.275	.275

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

COMMENTS: 2 other proposed sites



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

327'

382 laid out

716 Baker St

Steve Sherrill

septic from tank to vacant lot

* new flow plan needed - 3 BR

called 3/5 9am left voicemail * flag for pits ✓ * evaluate 3/12

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Leigh Ann Moore Address: 920 Ben Anderson Rd Mocksville NC Zip: 27028
Applicant Email: leighann3383@gmail.com Phone: 704-902-4395 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 411 Reavis Rd Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 21 N turn (R) onto E. Houstonville Rd go 1.4 miles turn (R) onto Reavis Rd - 411 will be 1.3 miles on the left. (There's a Sedgewick Homes sign at Road.)

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: 3
Maximum Number of Occupants: 1
( ) Swimming Pool
( ) Other Addition/Structure: _____
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 (✓) 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 hereln 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: Leigh Ann Moore 2-18-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

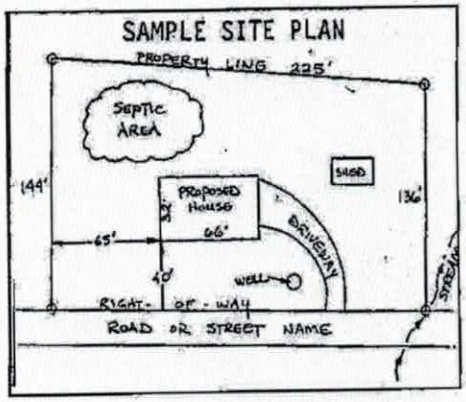
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) 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

See Attached

Signature: L. Allen Moore
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-18-18
DATE

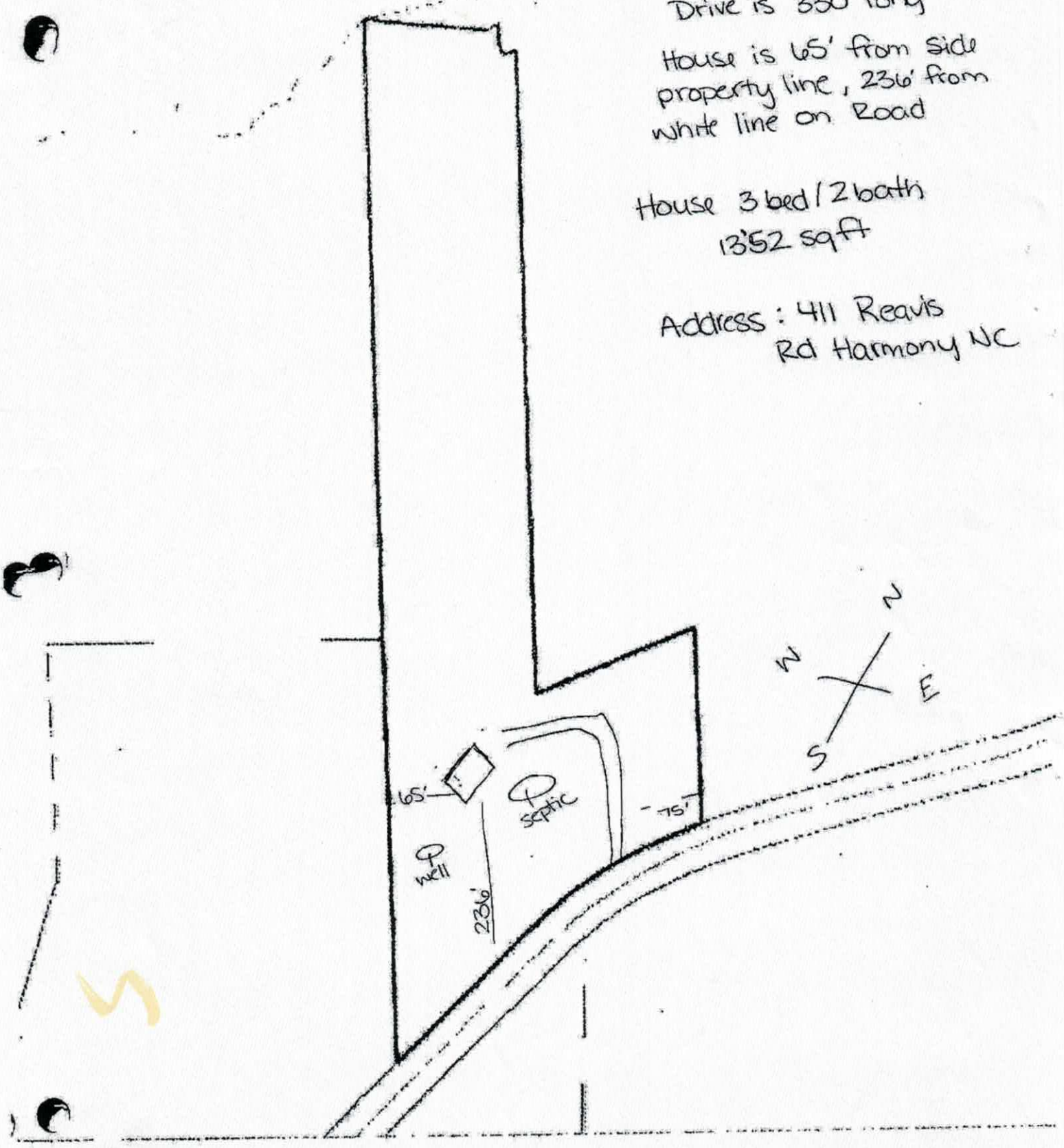
Leigh Ann Moore
PIN# 4882965589

Driveway is 75' from front corner.
Drive is 330' long

House is 65' from side property line, 236' from white line on Road

House 3 bed / 2 bath
1352 sqft

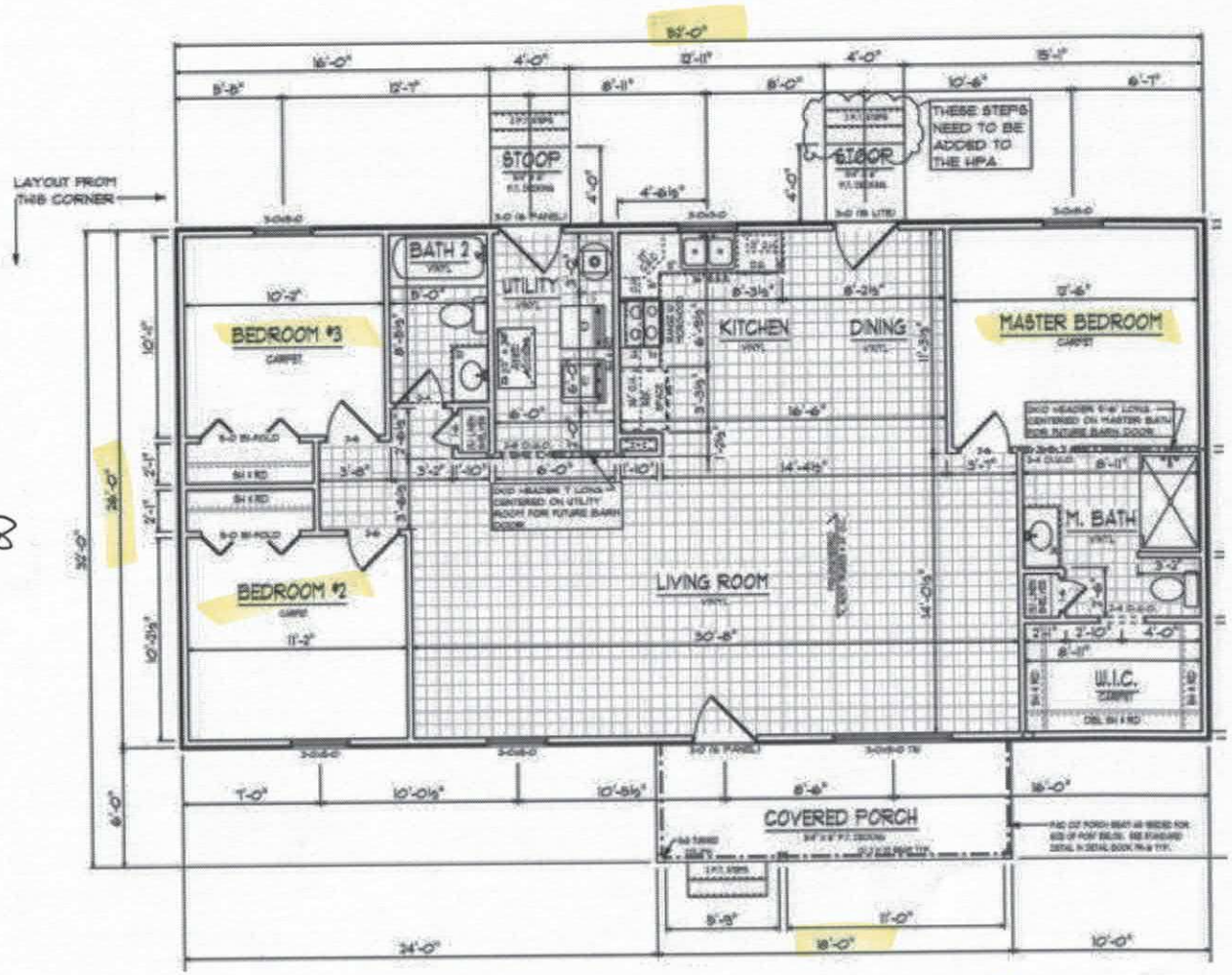
Address: 411 Reavis Rd Harmony NC



SALES PLANS

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

Acknowledgement Of
Plans Submittal ONLY!
Date 3.19.18
Date 3/14/18



IREDELL COUNTY

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

APPLICATION NUMBER
233781
Issue Date: 03/01/2018

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4882965589.000	411 REAVIS ROAD, HARMONY, NC 28634	

Owner Information	Applicant Information
Owner: MOORE, LEIGH A.	Applicant: MOORE, LEIGH A.
Address: 448 REAVIS ROAD	Address: 448 REAVIS ROAD
HARMONY, NC 28634	HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
SFD	

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

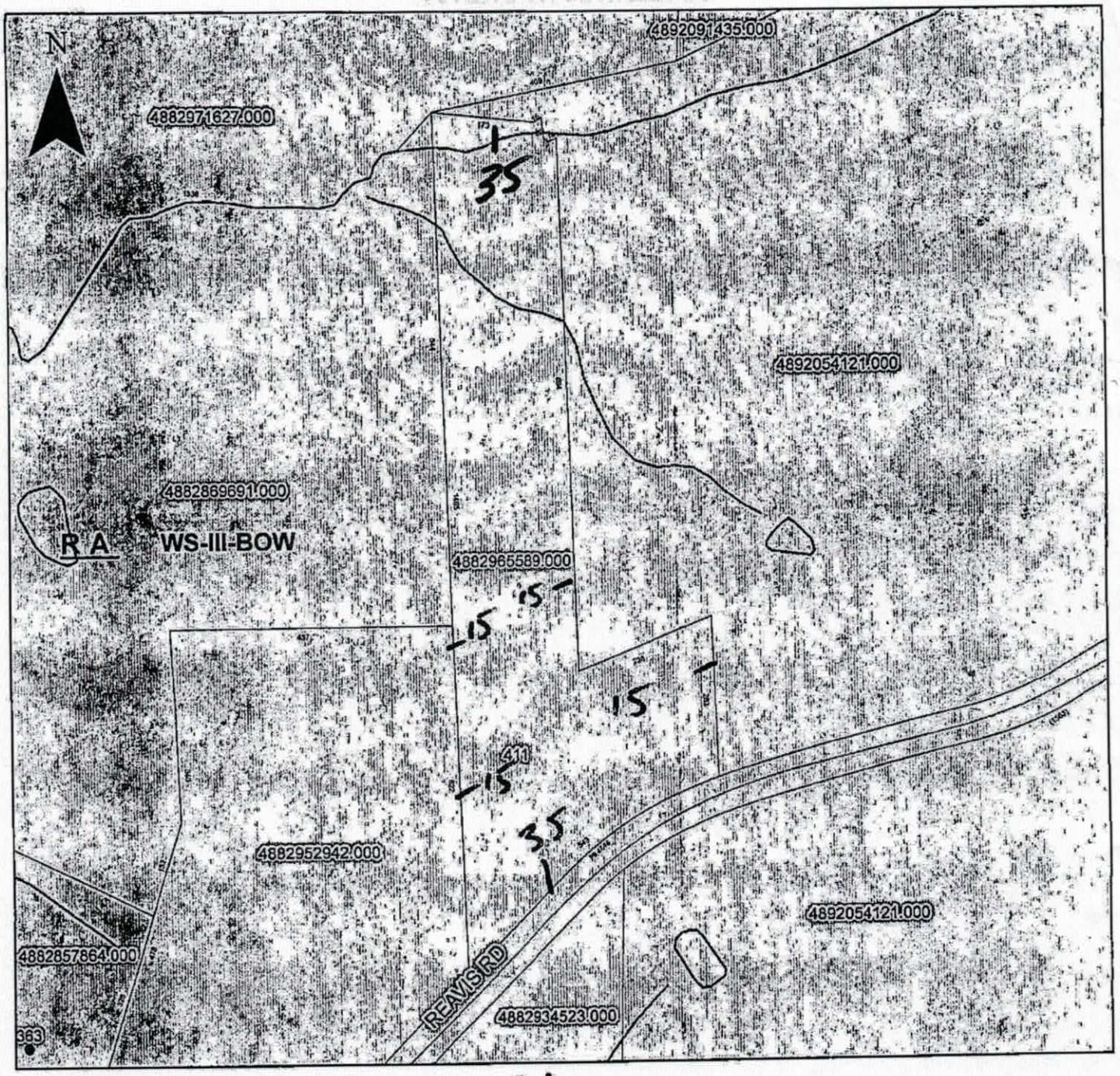
Remarks:

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	130407	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 411 Reavis 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.

Lisa A. Moore
Applicant

3-1-18
Date