IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # 220.56

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

PIN # 4883-08-8534

APPLICANT: Cynthia Lorne Simmons APPLICANT ADDRESS: 125 Carnie Circle Mocksville, NC 27028

SITE ADDRESS: 4858 Harmony Highway Hamptonville, NC 27020 PHONE: 336-277-1411 ALT. PHONE: 828-337-2227

SITE DIRECTIONS: N on Rt 21 from Harmony → Lot on Right side of road

SUBDIVISION: ✓ — SECTION: — LOT # — LOT AREA: 30.493 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	760	Date	6-17
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	7	Linear Ft:	300'
Trench Width	36"	Max. Trench Bottom Depth	36" [high side]	Gravel Depth	—

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction (LPPBPS)

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees —

☐ Slab ☐ Crawl Space

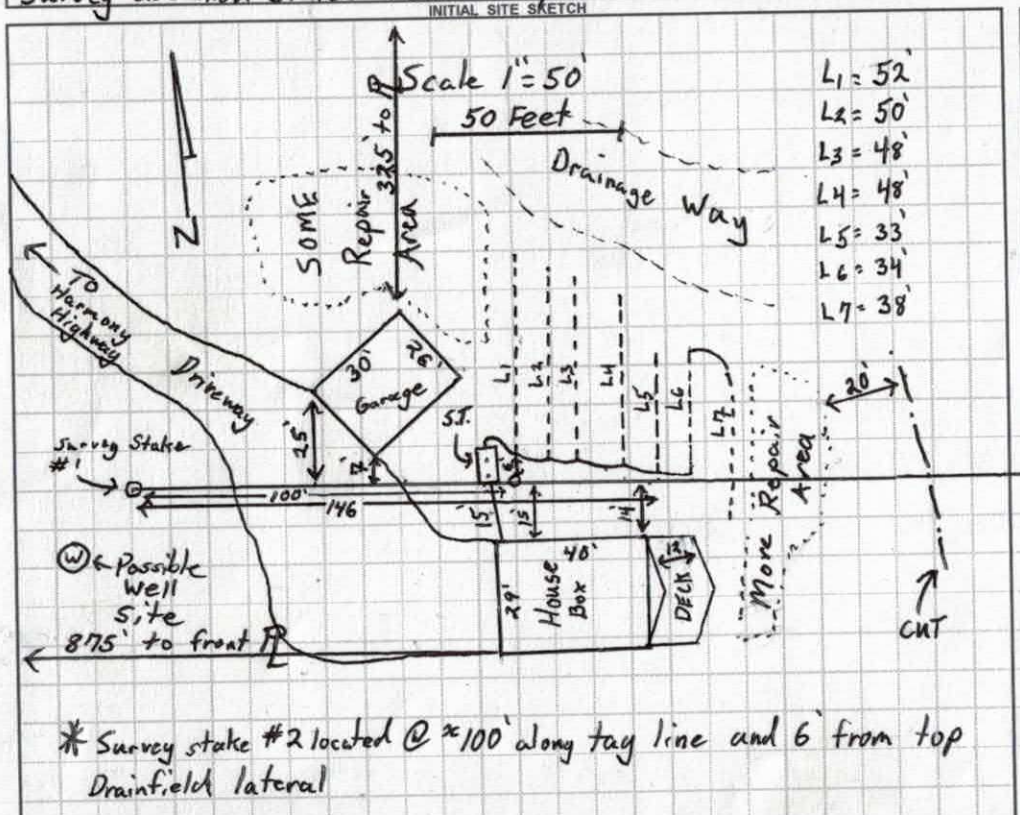
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. If a whole-house ejector is used, then a 2nd septic tank (of equal size) shall be required [effluent filter in 2nd tank]. Survey Location Stakes must be present @ time of final inspection. Recommend pumping septic tank every 3-5 years. NOT SAPROLITE CONTROLLED ✓

* Though a 2-Bedroom house is being constructed per floor plans, all 300 l.f. of drainfield MUST BE INSTALLED.

INITIAL SITE SKETCH



* Survey stake #2 located @ +100' along tag line and 6' from top Drainfield lateral

AS BUILT SKETCH

L1 - 58
L2 - 58
L3 - 50
L4 - 38
L5 - 34
L6 - 34
L7 - 30

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: 1-24-17

IMPROVEMENT PERMIT by: Tom Shuck Date: 1-23-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1-23-17

Installed by: Daniel Simmons Grading & Hauling 2652

OPERATION PERMIT by: Benjamin A. Bateman Date: 7/31/20

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Umbarger Land + Farm Inc — APPLICATION DATE: 8-5-16
ADDRESS: 4858 Harmony Highway. Hamptonville, NC — DATE EVALUATED: 9-23-16
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 30+ acres
LOCATION OF SITE: Same — 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1 sides of house	Headslope	0-13	R. clay Loam v. weak SBK-Dusty	Friable, SS, Sp, Sap	Angular Grade 25-27 —	48	—	—	0.325 PS
		13-30	R. clay w. SBK some mica	Firm, SS, Sp, Sap					
		30-48	R. Clay Loam w. SBK	Friable, SS, Sp, Sap					
		w/	mixed mica + saprolite (trace)						
2 Below House	Headslope	0-14	R. Clay Loam v.w. SBK	Fri-Ut, SS, Sp, Sap	very Dry + Dusty —	48	—	—	0.30 PS
		14-36	R. clay v. weak SBK	SI. Fir, mSS, Sp, Sap					
		36-48	R. Clay Loam weak SBK	Friable, SS, Sp, Sap					
			trace mica no saprolite						
3 Top Side of house Repair	LSS	0-6	R. Clay Loam v. weak SBK	Friable, SS, Sp, Sap	+ mica	48	—	—	0.35 PS
		6-16	R. Clay V. weak SBK	SI. Firm, FS, Sp, Sap					
		16-40	R. Clay Loam medium SBK	Friable, SS, Sp, Sap					
		40-48	R-Y clay Loam w. saprolite w. SBK	very Friable, CSS, Sp, Sap					
4 Repair [Below House]	LSS	0-16	Clay w. SBK	Firm, SS, Sp, Sap	—	48	—	—	0.3
		16-48	R. Clay Loam w. SBK	Friable, SS, Sp, Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	275
System Type(s)	25% Reduction	50% reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ____

COMMENTS: ____

17% Slope

$L1_p$ = 52' 5.10'

$L2_b$ = 50' 6.32'

$L3_p$ = 48 7.81'

$L4_b$ = 48' 9.37'

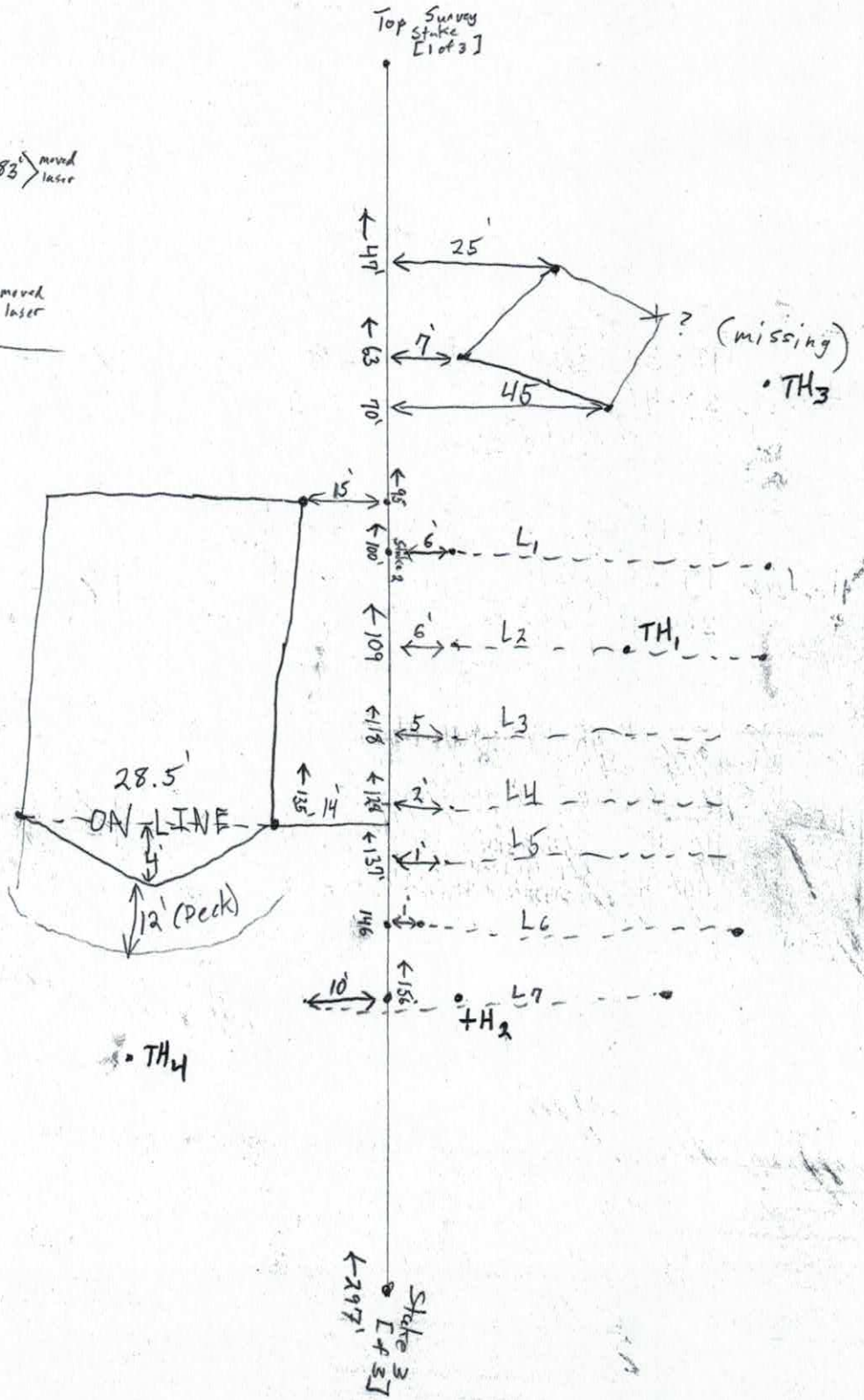
$L5_p$ = 33' 11.27'

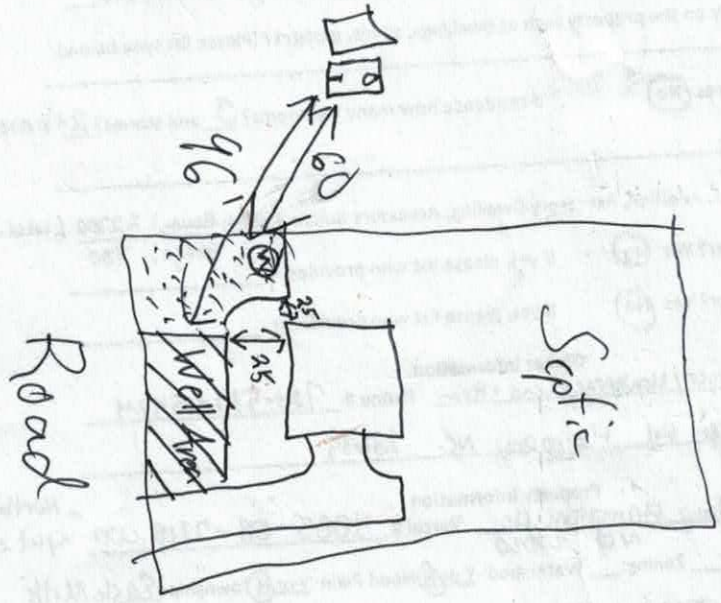
$L6_b$ = 34' 12.96 <3.83'> moved laser

265

$L7$ Pink = 38' <5.51> moved laser

303




96.1
60
25
25
Road
Well
Septic

Additional contact - Ian Batty at Vision Carrier Builders
(cell) 336-469-0507
(office) 336-679-2031

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Application for SEPTIC REPAIR PERMIT

(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)

1. APPLICATION FOR: (✓) Improvement Permit (✓) Authorization To Construct ( ) BOTH ( ) Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ( ) Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Cynthia Lorene Simmons (Applicant Name)	125 Carrie Circle Mocksville NC 27028 (Mailing Address)	828-337-2227 (Home Phone #)	336-277-1411 (Alternate Phone #)
O. Paul Umberger, Umberger Land + Farm Inc. (Owner Name)	144 Umberger Rd Harmony NC 28634 ~~Harmony Hwy, Statesville NC 28625~~ (Mailing Address)	704-539-5424 (Home Phone #)	NA (Alternate Phone #)

4. Property Information:

4868 ~~4856~~ Harmony Hwy, Hamptonville NC 27020 (Street Address)	NA (Subdivision Name)	NA (Section/Phase and Lot Number)

Driving Directions: I-40 E to I-77 N; I-77 N to exit 65 for 901; 901 S ~~to~~ a 1 1/2 m and (L) on Eastmills Rd; (R) on Houstonville Rd ~ 2.3 miles; (L) on 21 N/Harmony Hwy; ~ 2.4 miles on (R) (property is across from cemetary)

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(✓) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. 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. industry) 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.

9. Signature: _____ 08/05/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ray.watts@vol.com

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed

I, Paul Lambargen, am the legal owner of the property located

4858 at ~~4858~~ Harmony Hwy, Hamptonville, NC, identified as

PIN(Parcel Identification Number) 4893-08-7218.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Cynthia Lorene Simmons, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3 Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

X D. Paul Lambargen — 8-3-16
Signature of Owner — Date

A Roman — 8-3-16
Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

or

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

Additional contact. Ken Darty at Vision Center Builders
(c) 336-469-0501
(o) 336-679-2031

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

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...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

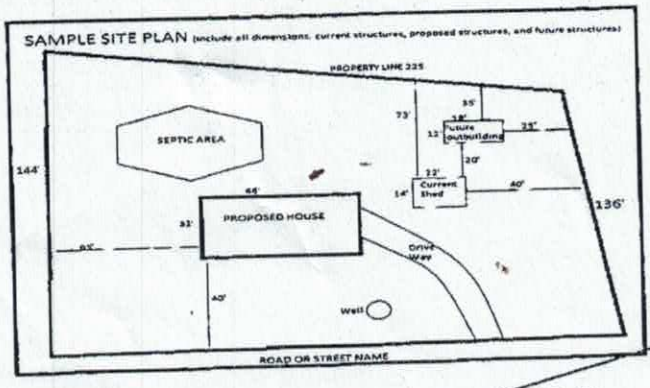
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

X Location of septic systems and wells within 100' of your property.. (N/A)

X Location of easements and rights of ways on your property.. (N/A)

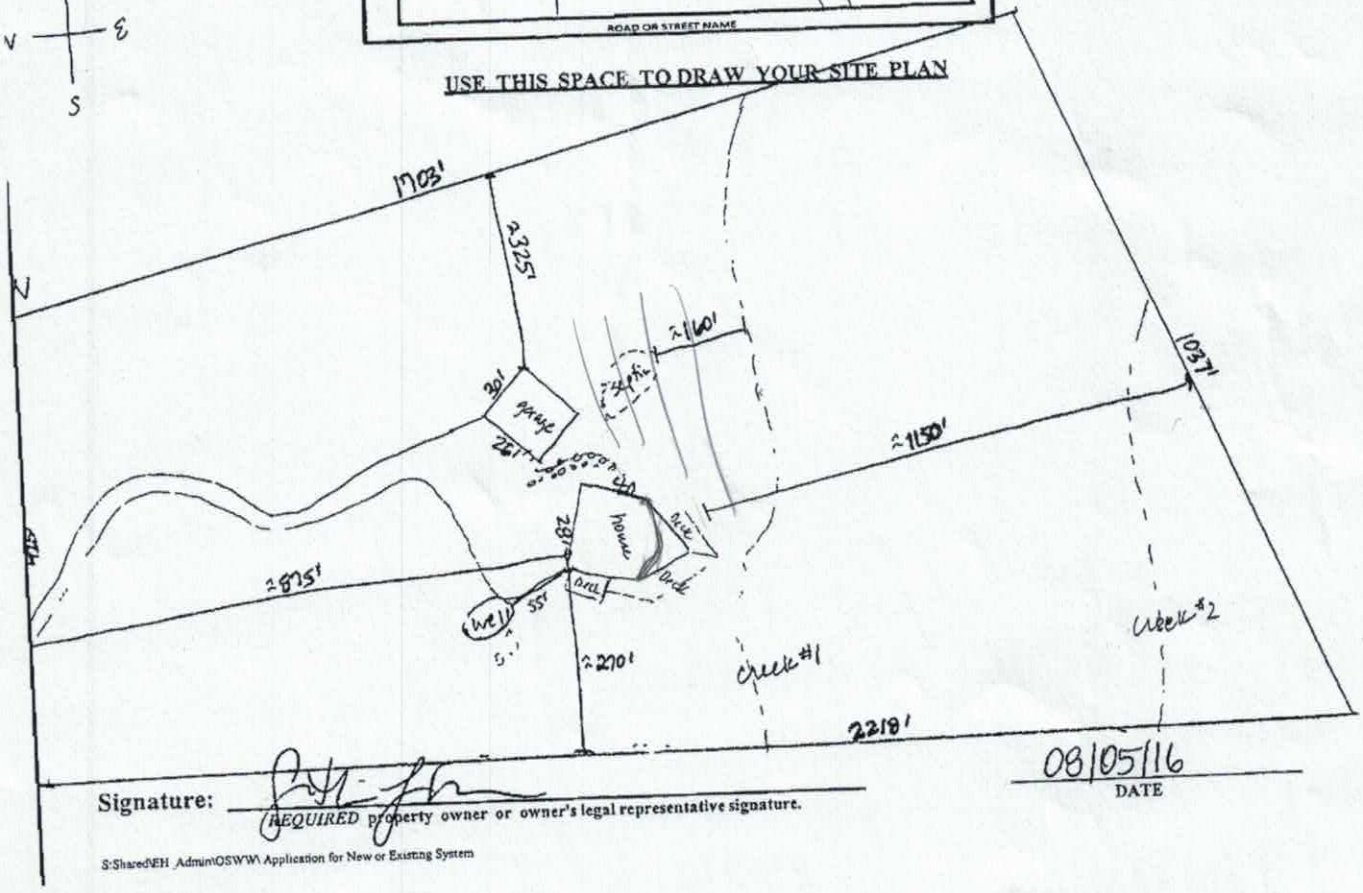
X Location of any designated wetlands on the property.. (N/A)



property ≈ 31 acres

N
W E
S

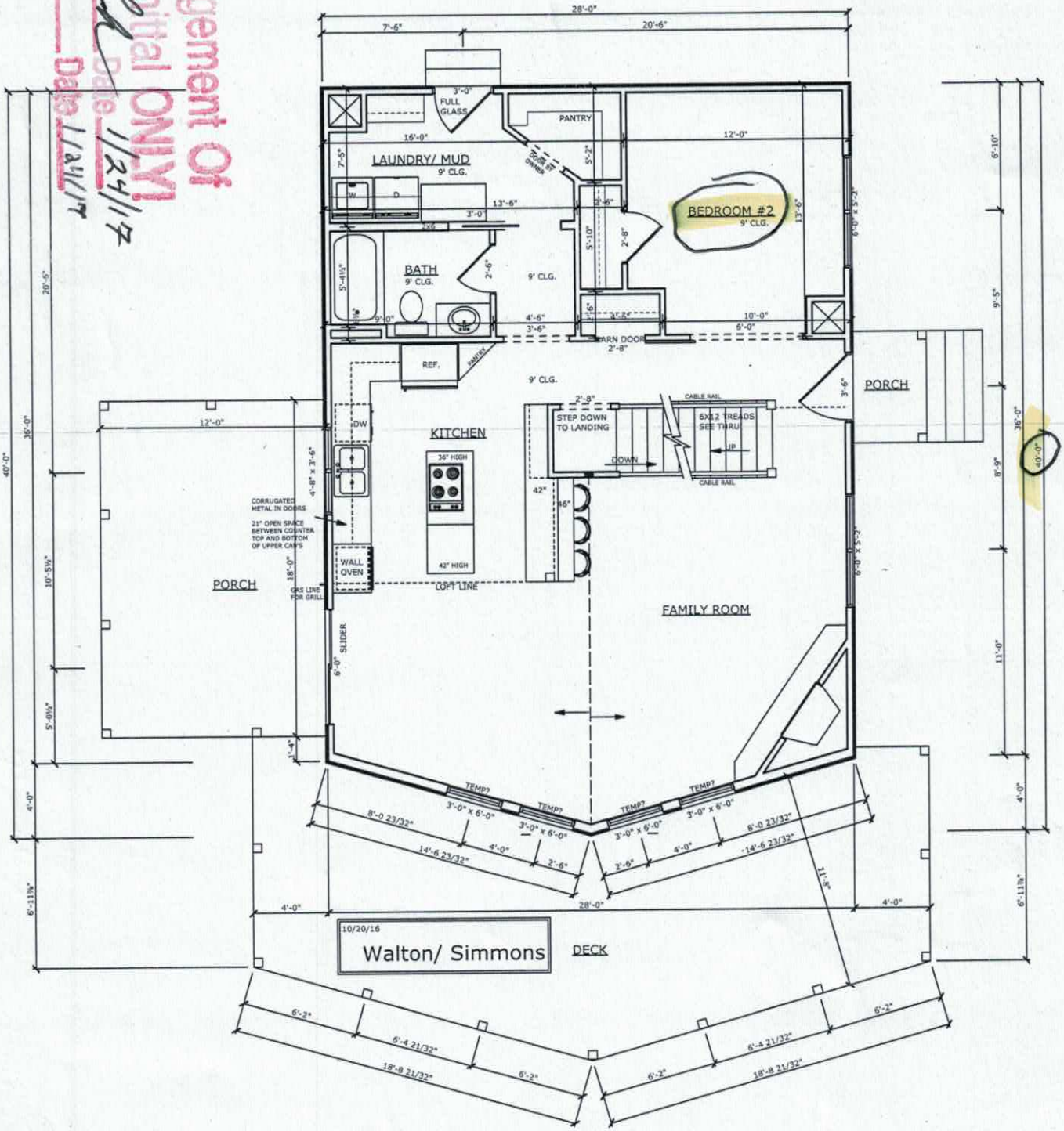
USE THIS SPACE TO DRAW YOUR SITE PLAN

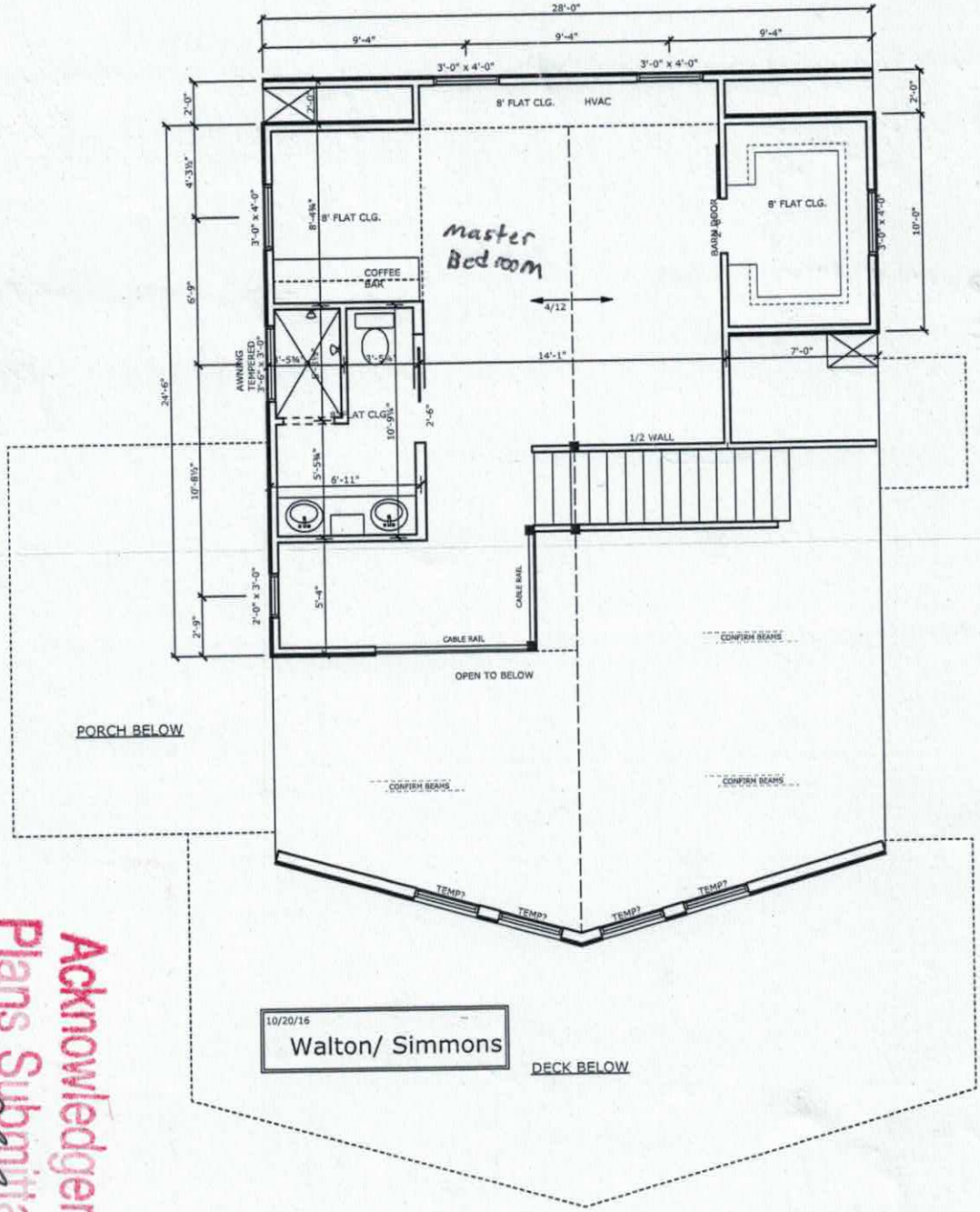


Signature: _____ 08/05/16

REQUIRED property owner or owner's legal representative signature. DATE

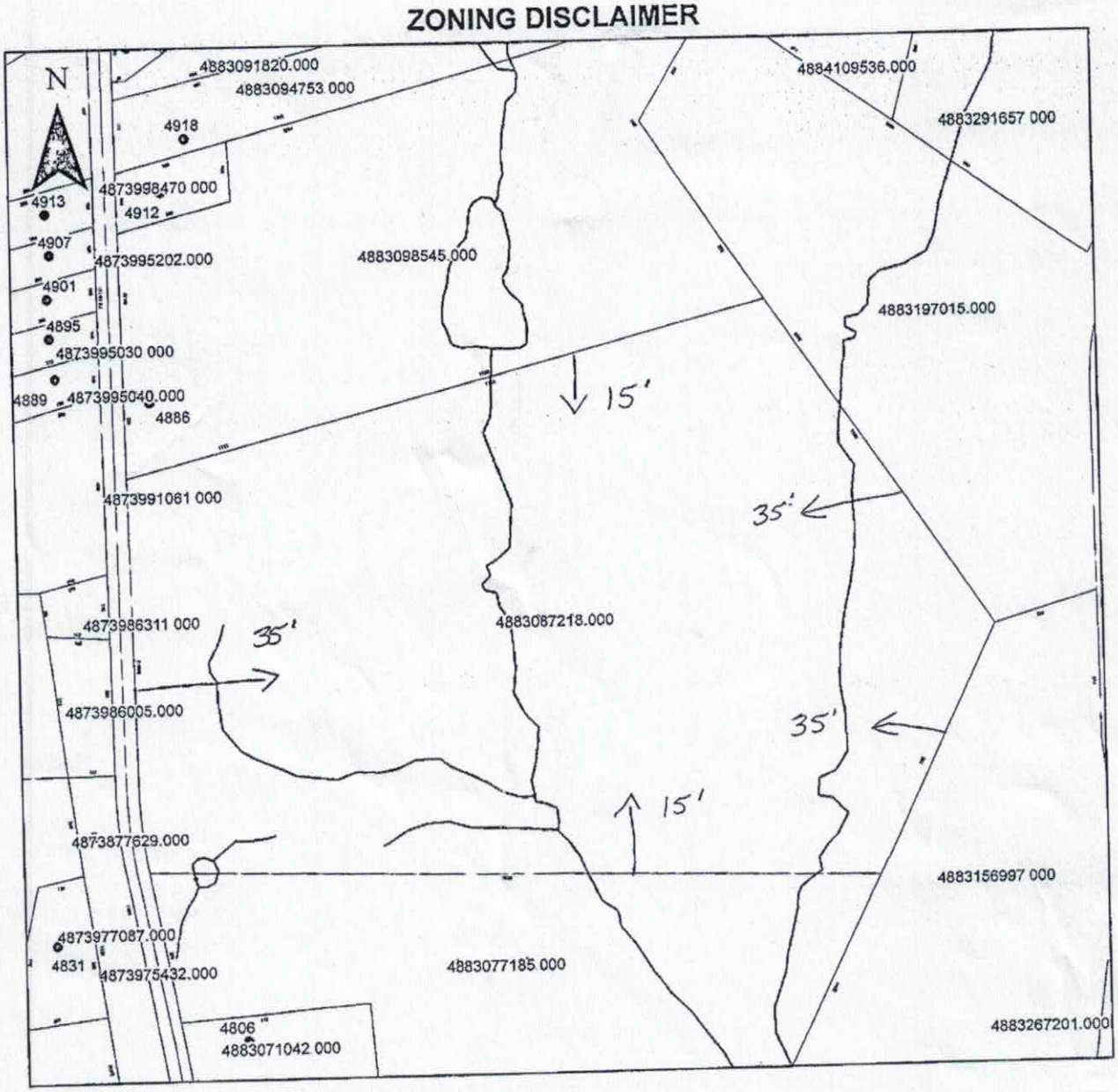
Acknowledgement Of
Plans Submittal ONLY!
Date 1/24/17
Date 1/24/17





Acknowledgement Of
Plans Submittal ONLY!
Date 1/24/17
Date 1/24/17

ZONING DISCLAIMER



Property Address 4858 Harmony 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

08/09/16
Date