(BB)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246389

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

PIN # 4883889229 98-5296

APPLICANT/OWNER: Americas Home Place APPLICANT ADDRESS: 1206 Greenland Dr Statesville NC 28677

SITE ADDRESS: 360 Misty Rd Harmony NC 28634 PHONE: 704872.4400 ALT. PHONE —

SITE DIRECTIONS: 77 N Exit 65 R on 901 L on Eagle Mills R on Hartsville L on Sandy Springs R on Renegar SAP CONTROLLED: ☐ YES ☒ NO

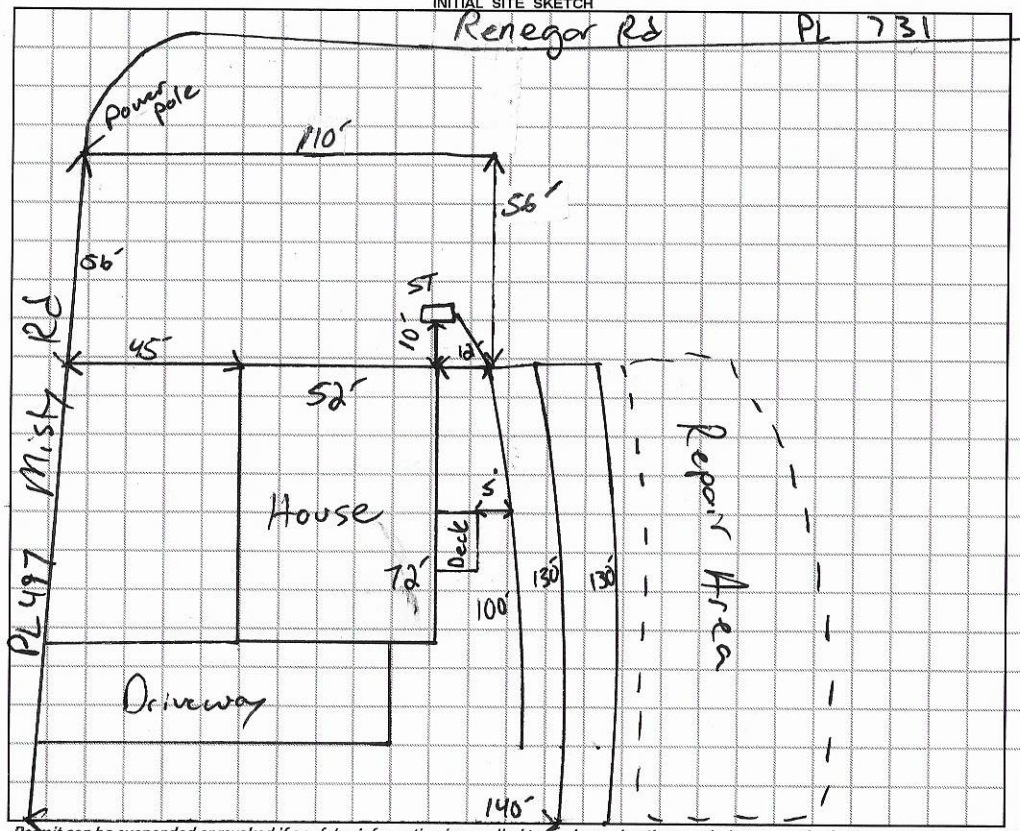
SUBDIVISION: Johnny E Renegar Sr. SECTION: — LOT # -1- LOT AREA: 48 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	360	Date	8-11-19	☒ 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:	25% Reduction			
# Nitrification Fields	1		# Lines	3	Linear Ft.	360'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth(~~Low side~~)	Max 34"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Center of land and use Serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=50'

Installed as Drawn

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: 8-16-19 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: [signature] Date: 8-15-19 OPERATION PERMIT by: [signature] Date: 1-8-20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-15-19 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 #: 488588929
COUNTY: Iredell

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

OWNER: Americas Home Place
ADDRESS: 1206 Cumberland Dr Statesville NC 28677
PROPOSED FACILITY: Home
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 360 M. St. Rd
APPLICATION DATE 7-7-19
DATE EVALUATED: 8-5-19
PROPERTY SIZE: 48
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	SS 3-4%	0-12	SBk SCL	Fr SSSP Serp	YB @ Few 21"	48"	N/A	N/A	.25
		12-32	ABk C	Fr SS SP Serp					LS
		32-48	SBk CL	Fr SS SP Serp					
2	SS 3-4%	0-6	SBk SCL	Fr SS SP Serp	Few YB @ 21"	48"	N/A	N/A	PS
		6-21	ABk C	Fr SSSP Serp					.25
		21-48	SBk CL	Fr SSSP Serp					
3	SS 3-4%	0-6	SBk SCL	Fr SSSP Serp	Few YB @ 20"	48"	N/A	N/A	LS
		6-27	ABk C	Fr SS SP Serp					.25
		27-48	SBk CL	Fr SS SP Serp					
4	SS 3-4%	0-6	SBk SCL	Fr SS SP Serp	Few YB @ 28"	48"	N/A	N/A	PS
		6-31	ABk C	Fr SS SP Serp					.25
		31-48	SBk CL	Fr SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360
System Type(s)	25%	25%
Site LTAR	.25	.25

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

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) O (Organic)	0.4 - 0.1	0.2 - 0.05	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None	None		

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

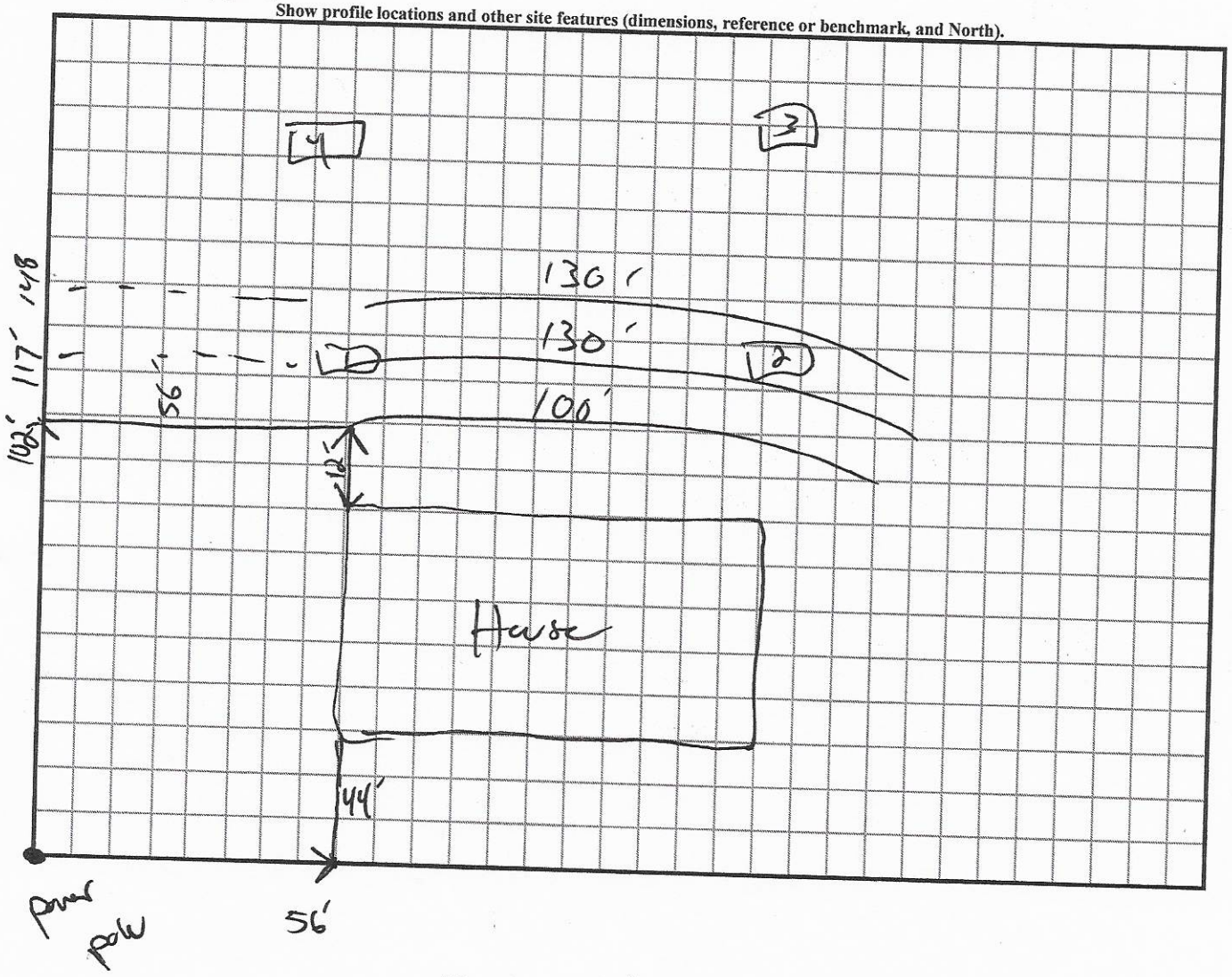
NOTES

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).



Mt. sh 12d

#246389
7·8·2019
$500 | $550

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:
(X) Septic Improvement Permit (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Americas Home Place Inc Address: 1206 Greenland Dr. Statesville NC Zip: 28677
Applicant Email: Chadlowry@ahphomes.com Phone: 704-872-4400 Alt. Phone: _____
Owner Name: _____ Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 360 Misty Rd Harmony NC 28634
Street Address: PID 4883-88-9229 . Corner of Ranger Rd + Misty Road Harmony NC
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 North Ex. 65 TR NC-901S TL onto Eagle Mill Rd TR onto Houston Mill Rd TL onto Sandy Springs Rd TL onto Ranger Rd. Lot at corner of Ranger & Misty Rd

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

(X) 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: 6
( ) 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
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 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: _____
(X) 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: _____ 7/7/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

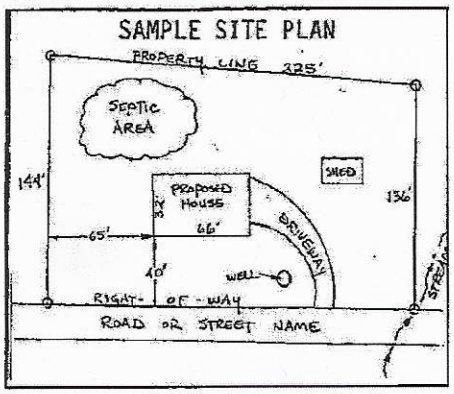
ENVIRONMENTAL HEALTH DIVISION

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

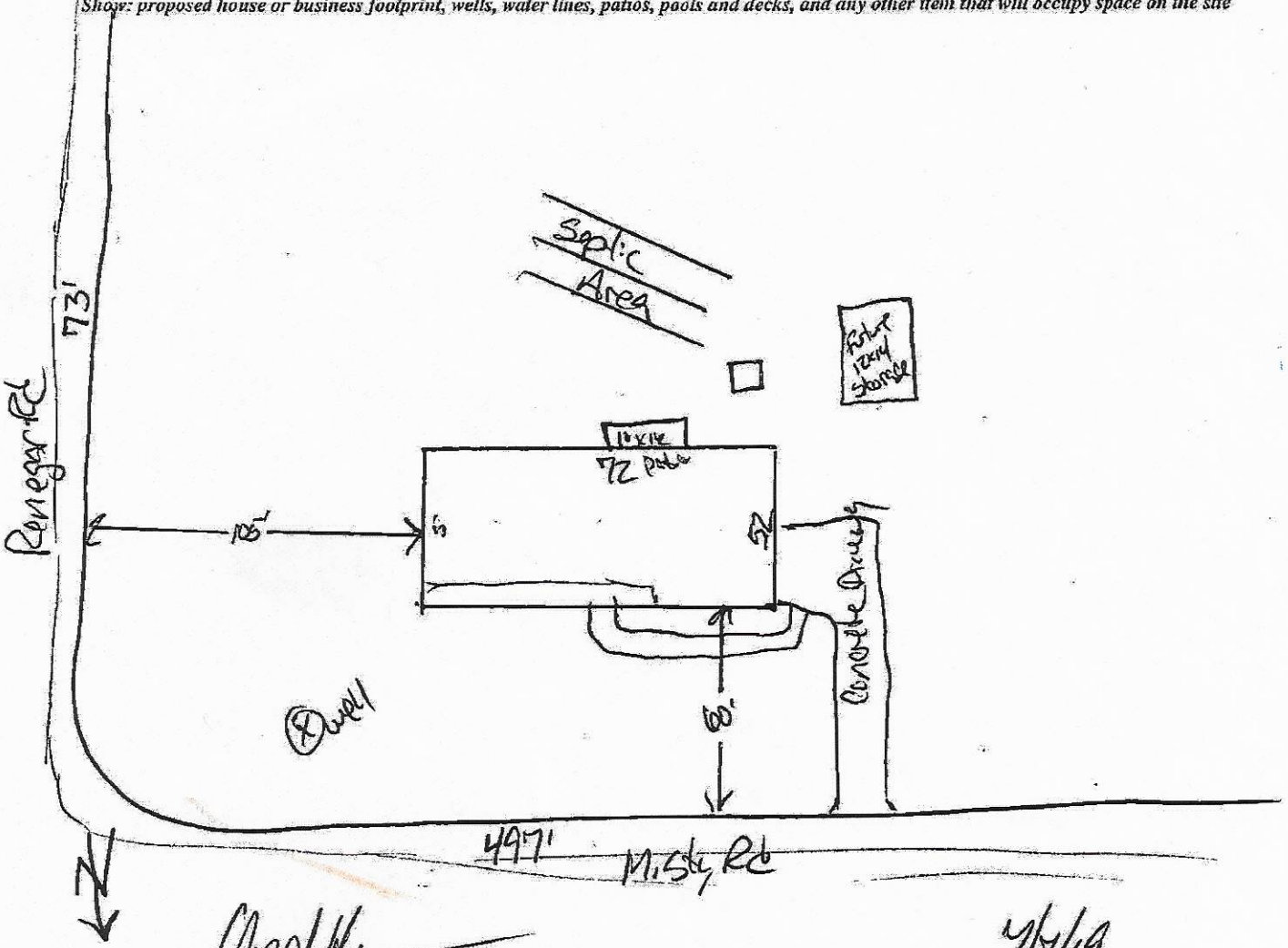


Circle N/A on the following if appropriate:

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: Chael Ke

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

4/4/19
DATE

dotloop signature verification: dtlp.us/W0Mr-2hRR-Hx2i

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, Johnnie E. Renegar Sr,Ann R. Fluellyn, David L. Renegar and Tammy F. Renegar, am the legal owner(s) of the property located at Misty Rd and Renegar Rd, Harmony NC 28634, identified as PIN (Parcel Identification Number) 30 acres out of 4883-88-9229, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Americas Homeplace and/or David Engelhardt, 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

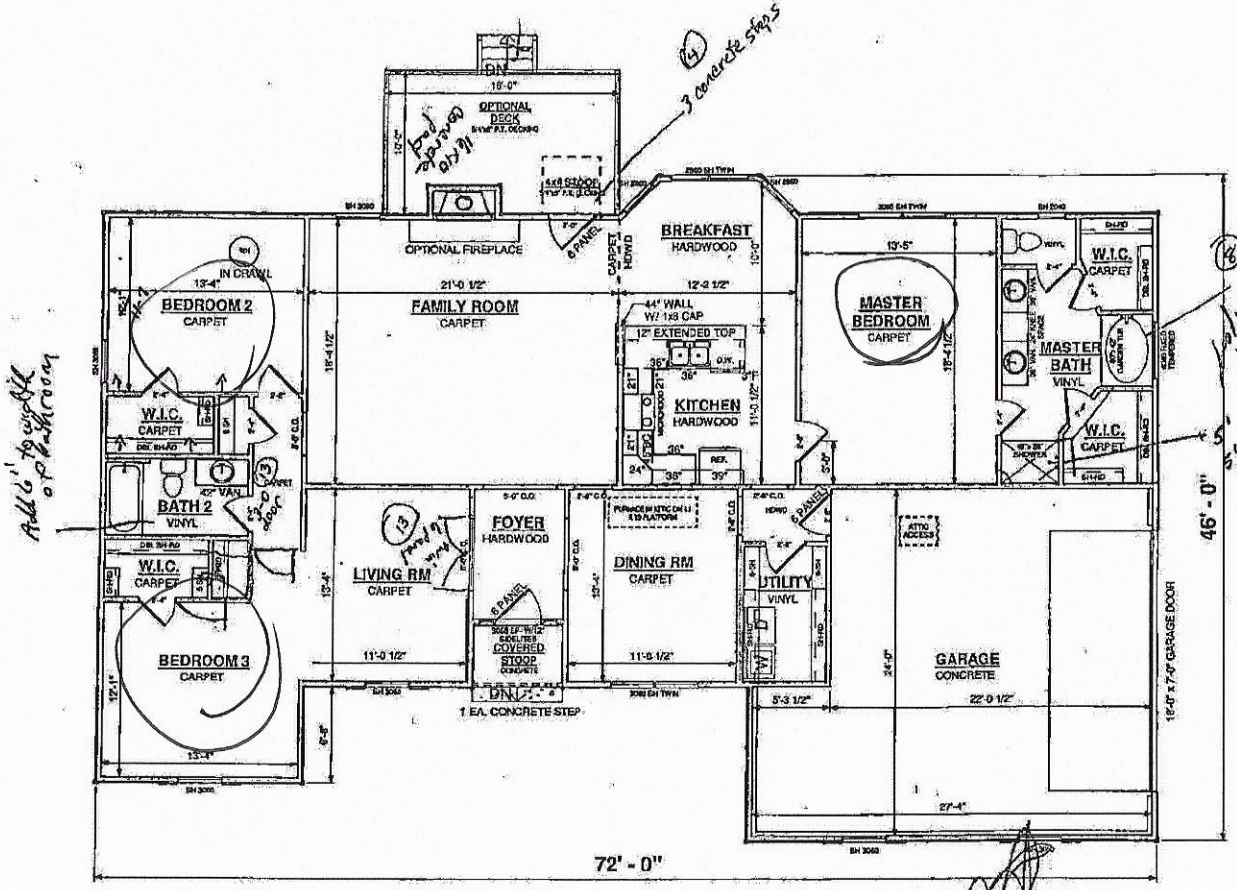
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Johnnie E. Renegar Sr.	dotloop verified 07/01/19 8:37 AM EDT MTTQ-K9FW-P6VH-PIXB	Ann Renegar Fluellyn	dotloop verified 07/01/19 8:36 AM EDT VLYK-DAB6-OS26-BWAF
David Lee Renegar	dotloop verified 06/29/19 6:07 AM EDT YD7D-1FFH-XXTY-QMNU	Tammy F. Renegar	dotloop verified 06/30/19 8:51 AM EDT VUVK-TQPR-6AYQ-3QL0

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



1 FIRST FLOOR PLAN- DESIGN
1/8" = 1'-0"

Paul C Cagle 6/26/19

AREAS:	
FIRST FLOOR HEATED	2135 SF
FRONT PORCH	25 SF
GARAGE	504 SF
REAR STOOP	16 SF
TOTAL UNDER ROOF	2786 SF
OPTIONAL DECK	150 SF

Builder Schedule		
Elevation Number	Elevation Description	Brick/Stone

THE: OXFORD A

FOR: CUSTOMER NAME

SITE ADDRESS

DEPT#: SALES OFFICE

SOLD BY: BC

PROPERTY OF:

DRAWN BY: Drafter

CHECKED BY: Checker

PRINT DATE: 11/13/2017 11:54:56 AM

JOB#: XXX-XX-XXX

2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

FOUNDATION TYPE: MONOSLAB

S:\CAD_JOBS\All-Plans Working Masterplans\Oxford A\OXFORD A CAD.PLN

©COPYRIGHT - 2017

SHEET NUMBER: DP-3

FIRST FLOOR DESIGN PLAN

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24"X36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLAN

PAPER SIZE: 11"x17"

SCALE: 1/8" = 1'-0"

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1125 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
©COPYRIGHT-ALL RIGHTS RESERVED NOTE:VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

Acknowledgement Of
Plans Submittal ONLY!
Date 7/7/19
Date 8-15-19

IREDELL COUNTY

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

APPLICATION NUMBER
246389
Issue Date: 07/08/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4883889229.000	360 MISTY ROAD, HARMONY, NC 28634	

Owner Information	Applicant Information
Owner: RENEGAR JOHNNIE E+KATHERINE	Applicant: AMERICA'S HOME PLACE I
Address: 264	Address: 1206 GREEN LAND DRIVE
IREDELL CO, NC 28625	STATESVILLE, NC 28677
Phone:	Phone: 704-872-4400

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
48.000	35.00	35.00	15.00	25.00	BO	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	184028	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 360 Misty 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.

Applicant

7/8/19
Date