# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231290

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

4:30.

PIN # 4884304937 V

(1) APPLICANT/OWNER: (1) Freedom Homes / (2) Daniel Harris APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman

(2) SITE ADDRESS: 225 Anthony RD Harmony NC 28634 PHONE: 704-881-2326. ALT. PHONE ~

SITE DIRECTIONS: 40 + 77N exit 65 on 901 Turn Right Left on Eagle Mills RD R on Statesville RD @ on Harmony Hwy

SUBDIVISION: ~ SECTION: — LOT # ~ LOT AREA: 1.000! SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360gpd L.T.A.R.: .3

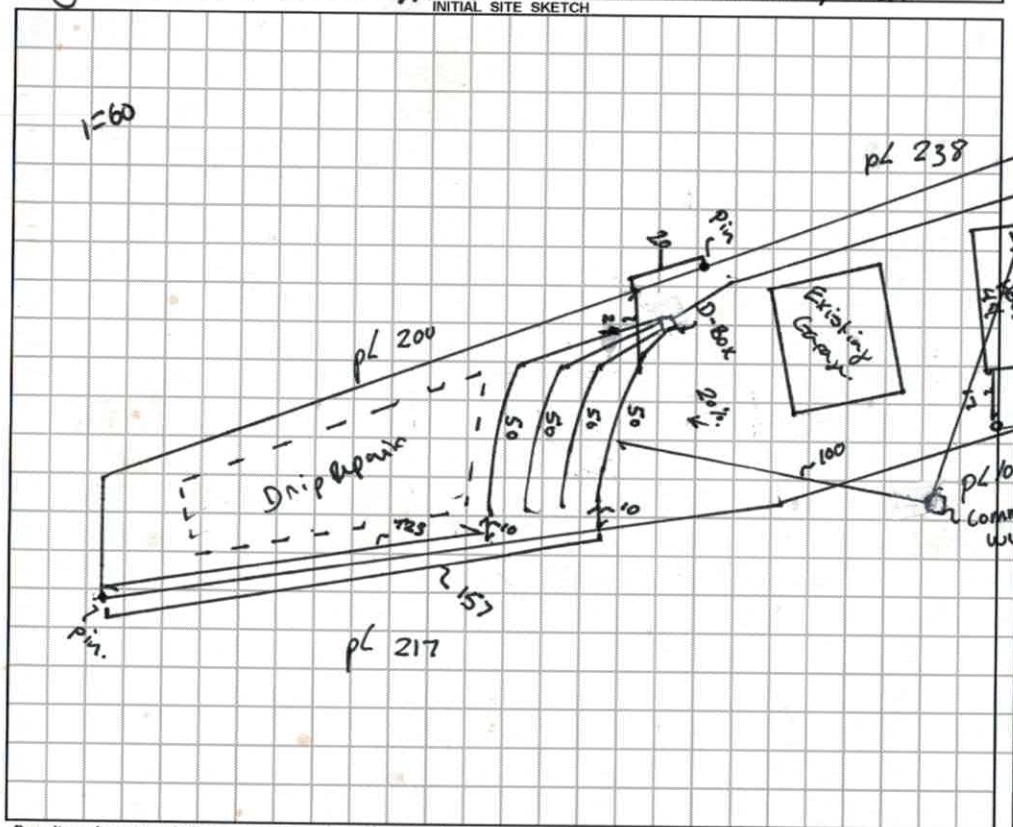
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 750. | Date | 12/15/17. | ☑ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI |
| Pump Tank | ~ (gal) | PT | ~ | Date | ~ | System Description: | 50% Reduction |
| Pump Make | ~ | Model | ~ | Serial # | ~ | Repair System Description: | Drip |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft | 200 | Maintenance Agreement Required: | ☐ YES ☑ NO |
| Trench Width | 36 | Trench Bottom Depth(Low side) | 24 | 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

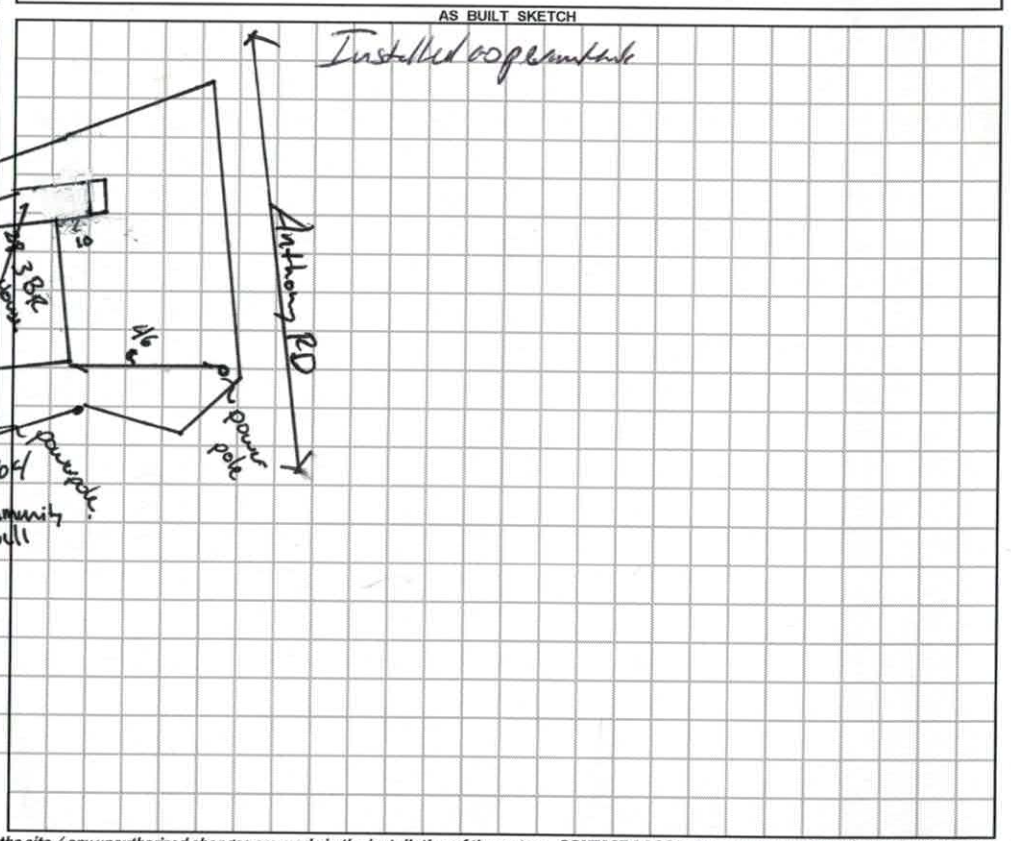
**Water Supply**: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install on the contour of the land & utilize D-Box Do not exceed max depth of 24 inches low side. Do not Drive, park, pave, or grade drainfield area. Maintain 100 ft from community well.

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: Kimberly Speed Date: 12/19/17 Installed by: Tim Abee Grading

IMPROVEMENT PERMIT by: Benjamin Bolton Date: 12/18/17 OPERATION PERMIT by: Benjamin Bolton Date: 3/16/2018.

AUTHORIZATION TO CONSTRUCT by: Benjamin Bolton Date: 12/18/17. 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

231290

Sheet 1 of 1
PROPERTY ID #: 4884303924
COUNTY: Iredell

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

OWNER: Kim Sneed / Fredericks - Daniel Scott Hennis — APPLICATION DATE 11/29/17.
ADDRESS: 225 Anthony RD Hennis NC 28654 — DATE EVALUATED: 12/6/17.
PROPOSED FACILITY: Res 3BR — PROPOSED DESIGN FLOW (.1949): 360gpd. — PROPERTY SIZE: 1 Acres
LOCATION OF SITE: 225 Anthony RD. Hennis NC — PROPERTY RECORDED: yes.
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other Private well.
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 | Sid Slope 20% | 0-26 | C SBk | SOSp FM SEAP | 2.5YR 4/4 | 49 | | Little mottles | PS .3. |
| | | 26-49 | CC wSBk | SOSp FR SEAP. | | | | | |
| | | 49-60. | Sap M. | NSNp FR | | | | | |
| 2 | Side Slope 20% | 0-3 | Top ~ | — | | 60 | | Depletions 30 10YR 7/3 10YR 7/4. | PS .2 shallow. |
| | | 3-30 | C SBk ABk | S P FM SEAP | | | | | |
| | | 30-60 | CC wSBk WABK | S P FM | | | | | |
| 3 | Side Slope 20% | 0-30 | C SBk | SOSp FM SEAP | | 60 | | | PS .3. 2 Low |
| | | 30-60 | CC wSBk | SOSp FR | | | | | |
| 4 | Side Slope 20%. | 0-30 | C SBk | SSSp FM SEAP | | 60 | | Loamy Sap. | PS .3. 2 Low side |
| | | 30-60 | CC wSBk | SSSp FR | | | | | |
| | | 60-65 | Sap M. | NSNp VFR | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 200 L.f. | 1800 gpd |
| System Type(s) | III 50% | TS-1 |
| Site LTAR | .3 | .2. |

OTHER FACTORS (.1946): Slop. - Lot Size.
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bolling
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)<br>CV (Convex Slope)<br>D (Drainage Way)<br>DS (Debris Slump)<br>FP (Flood Plain)<br>FS (Foot Slope)<br>H (Head Slope)<br>L (Linear Slope)<br>N (Nose Slope)<br>R (Ridge)<br>S (Shoulder Slope)<br>T (Terrace) | I | S (Sand)<br>LS (Loamy Sand) | 1.2 - 0.8 | 0.6 - 0.4 | SEXP (Slightly Expansive)<br>EXP (Expansive) | G (Single Grain)<br>M (Massive)<br>CR (Crumb)<br>GR (Granular)<br>SBK (Subangular Blocky)<br>ABK (Angular Blocky)<br>PL (Platy)<br>PR (Prismatic) |
| | II | SL (Sandy Loam)<br>L (Loam) | 0.8 - 0.6 | 0.4 - 0.3 | | |
| | III | Si (Silt)<br>SiCL (Silty Clay Loam)<br>CL (Clay Loam)<br>SCL (Sandy Clay Loam)<br>SiL (Silt Loam) | 0.6 - 0.3 | 0.3 - 0.15 | | |
| | IV | SC (Sandy Clay)<br>SiC (Silty Clay)<br>C (Clay)<br>O (Organic) | 0.4 - 0.1<br>None | 0.2 - 0.05<br>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.

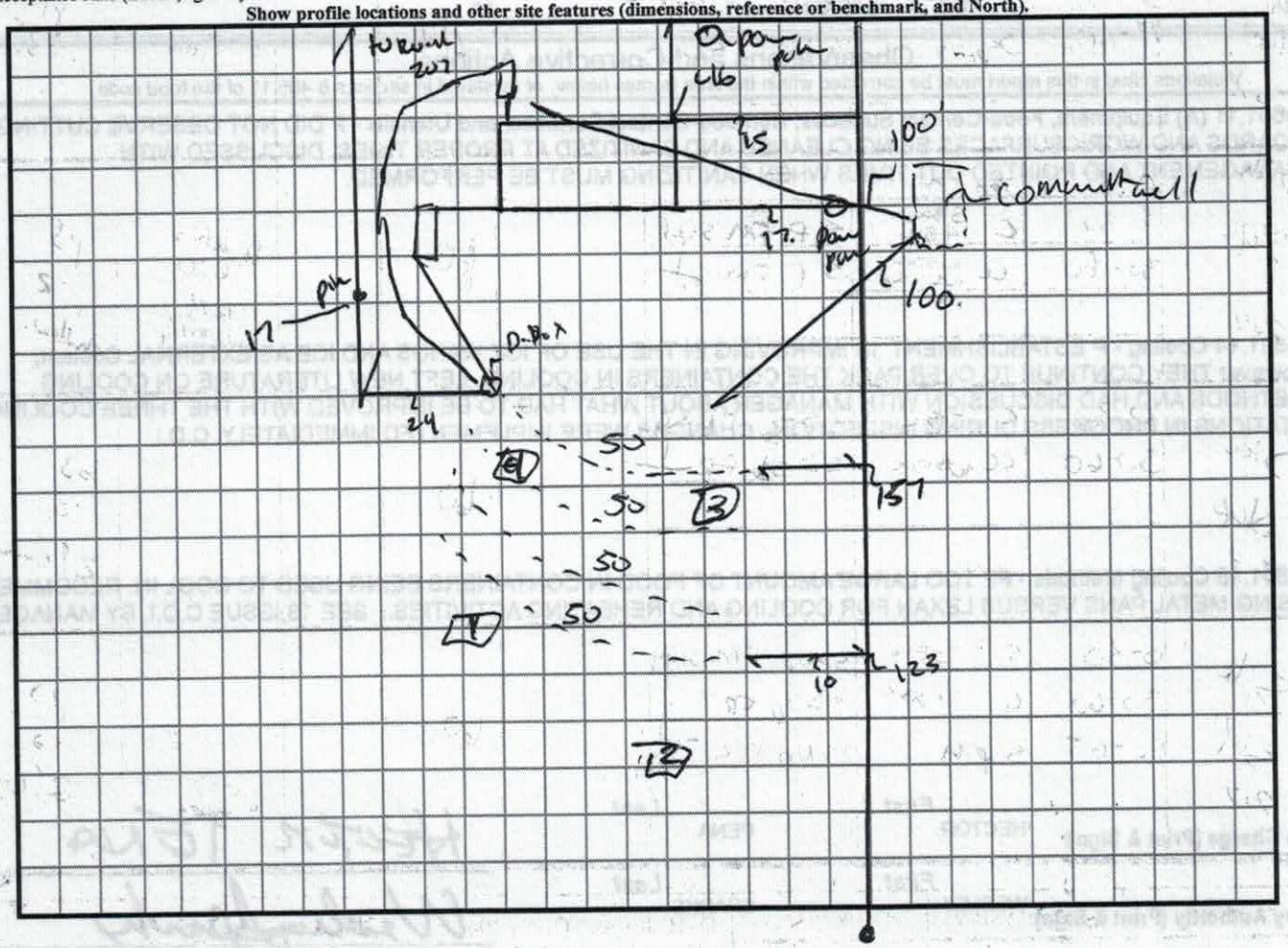
***NOTES***

| | |
|---|---|
| *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).**



231290

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Kimberly Sneed Freedom Homes Address: 1124 Charlotte Hwy Troutman NC Zip: 28166

Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-8326 Alt. Phone: _____

Owner Name: Daniel Scott Harris Address: 225 Anthony Rd Harmony NC Zip: 28634

Owner Email: _____ Phone: 704-546-5564 Alt. Phone: _____

**Property Information:**

Street Address: 225 Anthony Rd Harmony NC 28634

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: Take 40 to I-77 N toward Elkin 14mi exit 65 onto 901 Turn R onto 901 1.6mi left onto Eagle Mills Rd, 1.3 mi R onto Houstonville rd, 2.5miles R onto Harmony Hwy 3.5miles R onto Anthony Rd on left,

**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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

**CHECK FOUNDATION TYPE**
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well (X) 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 (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:** Kimberly Sneed 11-29-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Daniel Harris, am the legal owner(s) of the property located at 225 Anthony Rd. Harmony, NC 28634, identified as PIN (Parcel Identification Number) 4884304937.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes, 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.

Daniel Harris 11/14/17 — Signature of Owner(s) — Date

[signature] 11/14/17 — 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

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

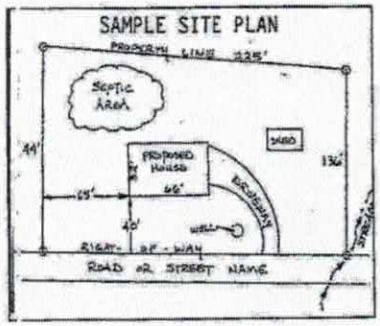
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*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
- ( ) North arrow, or other sufficient indicator of direction

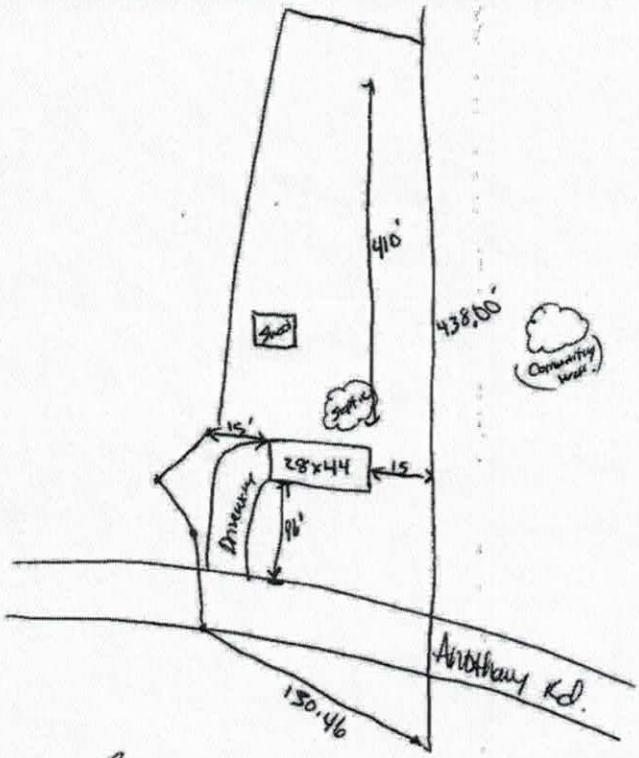



Circle N/A on the following if appropriate:

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

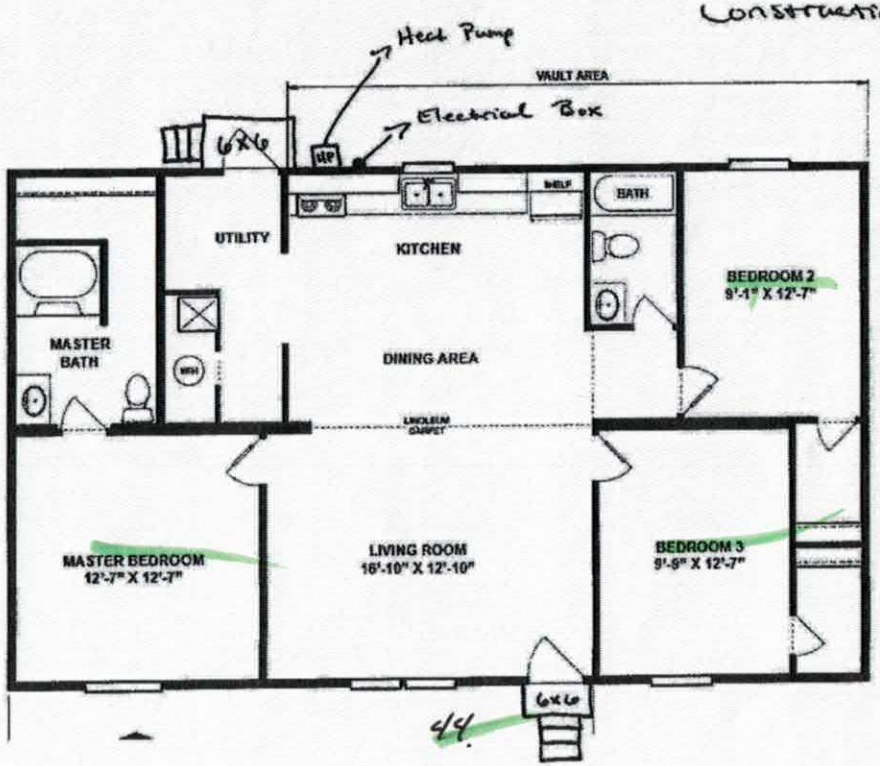
*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*




**Signature:** Kimberly Sound
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-28-17
DATE

Construction Placement




Acknowledgement Of
Plans Submittal ONLY!
Date 2/8/17
Date 2/8/17

Donna Harris
Deborah Harris

# IREDELL COUNTY

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

| APPLICATION NUMBER |
| --- |
| 231290 |
| Issue Date: 11/01/2017 |

**ZONING PERMIT**
Open Space

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4884303924.000 | 225 ANTHONY ROAD, HARMONY, NC 28634 | IREDELL COUNTY |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: HARRIS HERMAN | Applicant: HARRIS, SCOTT |
| Address: 221 ANTHONY RD<br>HARMONY, NC 28634 | Address: 233 ANTHONY RD<br>HARMONY, NC 28634 |
| Phone: | Phone: 704-546-5564 |

| Use Requested | Zone Code |
| --- | --- |
| DOUBLE WIDE | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| 1.000 | 35.00 | 35.00 | 15.00 | 15.00 | BOWH | X |

**Remarks:**

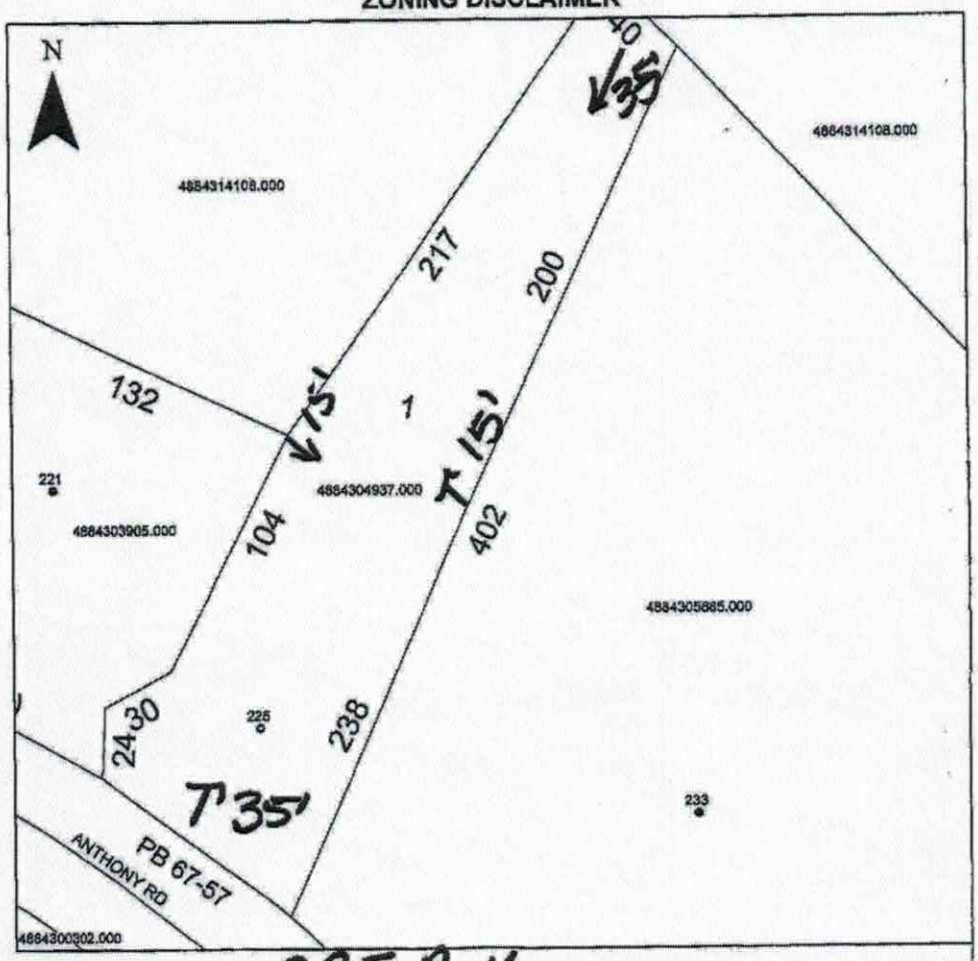
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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 | 119460 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |

## ZONING DISCLAIMER




Property Address 225 Anthony

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.

Scott Hess
Applicant

11-1-17
Date