ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BY) Mooresville Office (704) 660-3625 PERMIT # 305238

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

PIN # ✓ 4890-14-9001

APPLICANT/OWNER: Travis Ladd APPLICANT ADDRESS: 541 Fox Hunter Rd Harmony NC 28634

SITE ADDRESS: ✓480 Fox Hunter Road Harmony NC 28634 PHONE: 704-982-8261 ALT. PHONE -

SITE DIRECTIONS: Sheffield Road R on Dysum Road L on Fox hunter House on L SAP CONTROLLED: ☐ YES ☒ NO

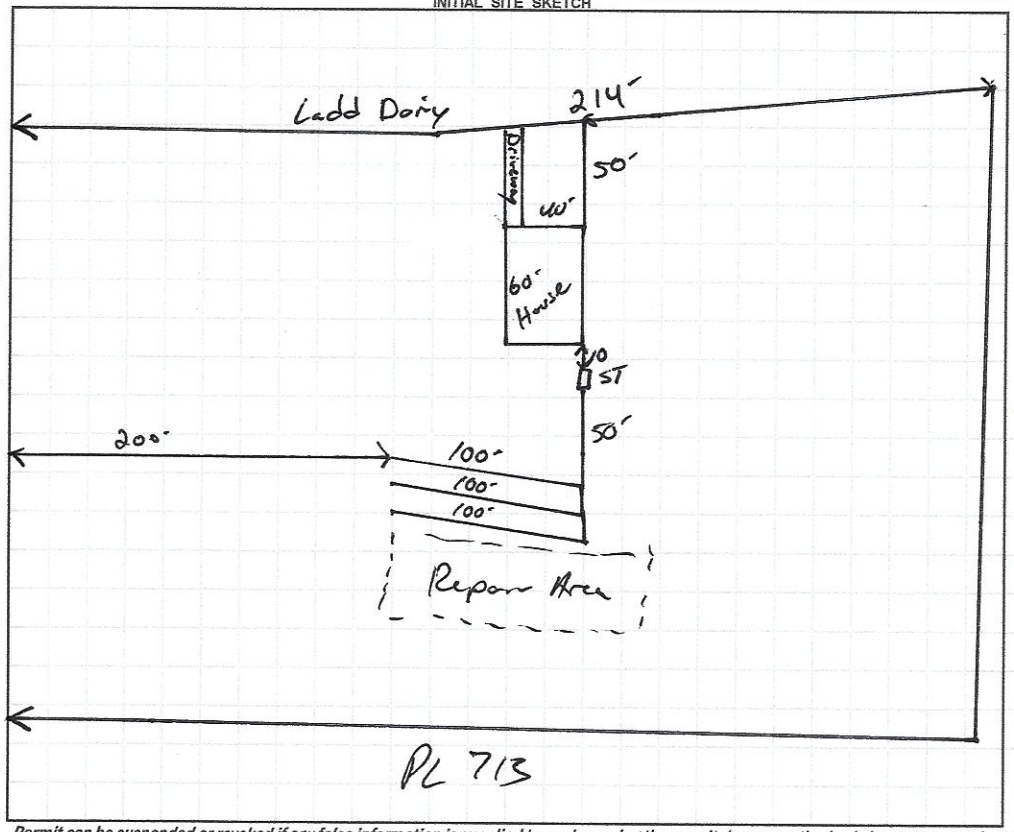
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 5 Acre DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	1012	Date	1-17-22	☒ 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:	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)	Max 23"	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Center of Land and use Serial Distribution.

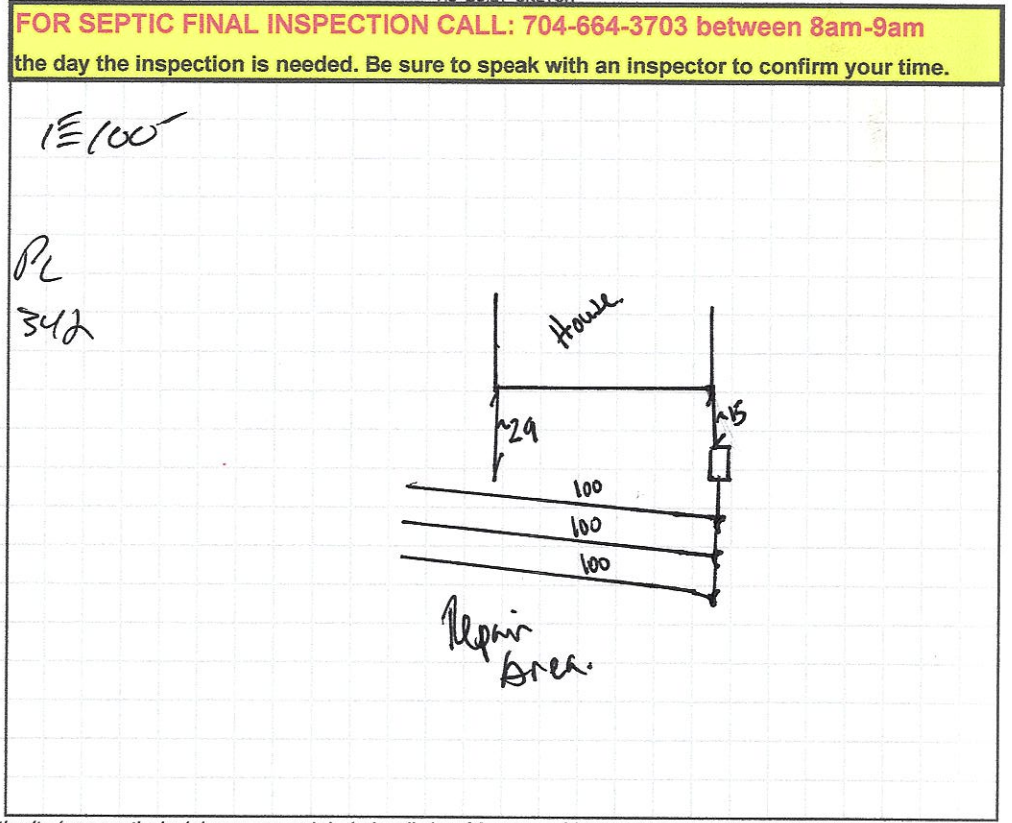
*House moved Closer to Septic Area.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: Travis Ladd Date: 4-5-21 Installed by: Andy Wentz

IMPROVEMENT PERMIT by: Date: 2-1-2021 OPERATION PERMIT by: Benjamin A Beck Date: 4/22/2022

AUTHORIZATION TO CONSTRUCT by: Date: 2-1-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4870490
COUNTY: Lenoir

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

OWNER: Travis Cadd
ADDRESS: 541 Fox Hunter Road
APPLICATION DATE: 2-15-20
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: —
LOCATION OF SITE: Fox Hunter Rd
PROPERTY SIZE: 5
PROPERTY RECORDED: Acre
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 S-6%	0-6	SiL SCL	FrSSSPSeap					PS .3
		6-29	SiL C						
		29-48	SiL CL			48"			
2	SS S-6%	0-6	SiL SCL						PS .3 Shallow
		6-30	SiL C			45"		Rock Inc @ 35"	
		30-35	SiL CL						
		35-48	Rock						
3	S-6% SS	0-8	SiL SCL						PS .3
		8-36	SiL C			48"			
		36-48	SiL CL						
4	S-6% SS	0-8	SiL SCL						PS. 3
		8-30	SiL C			49"			
		30-48	SiL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	2SC	2SC
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope) V (Convex Slope) (Drainage Way) S (Debris Slump) P (Flood Plain) S (Foot Slope) (Head Slope) (Linear Slope) (Nose Slope) (Ridge) (Shoulder Slope) (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.

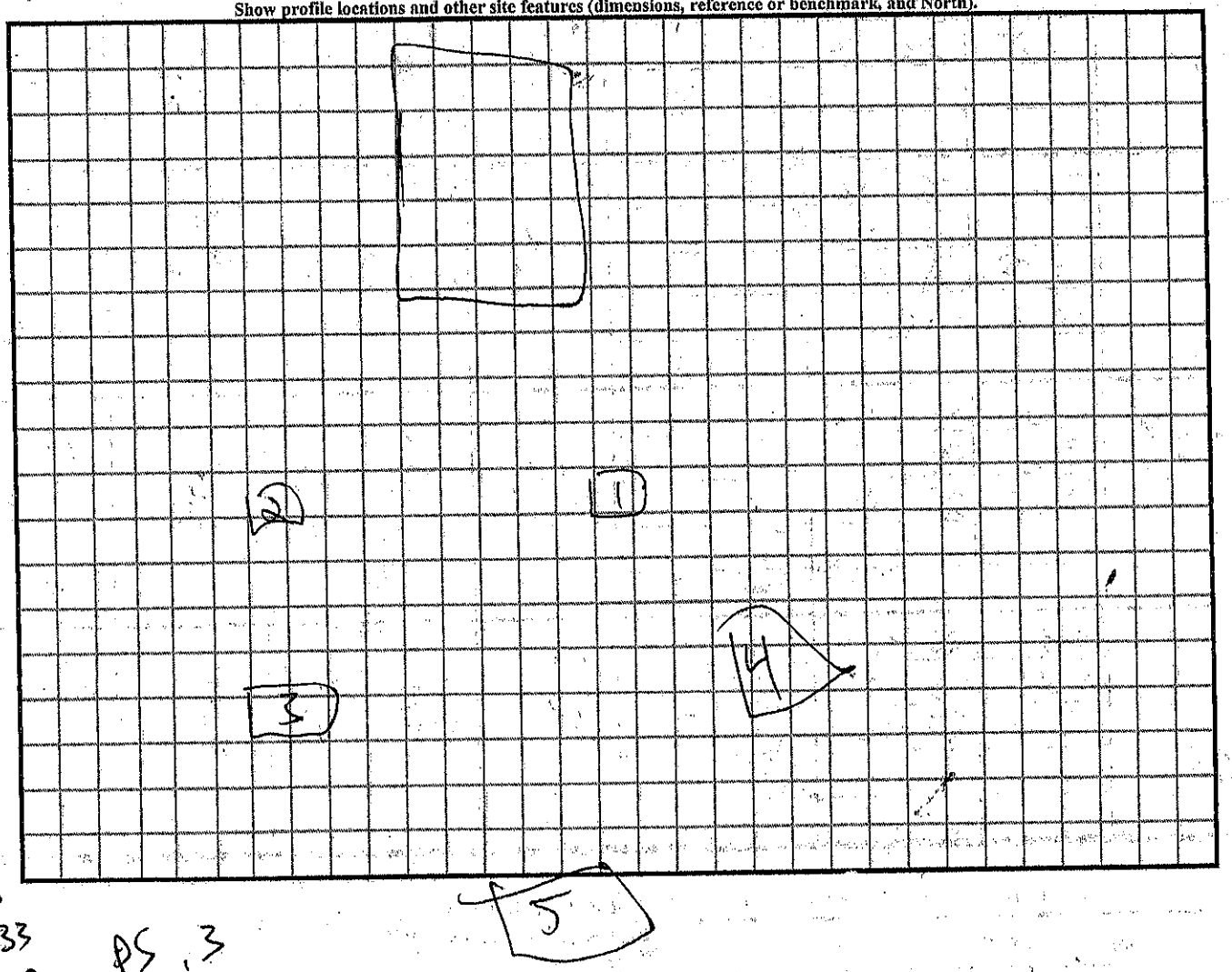
NOTES

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).



5

0-6

6-33

33-48

PS .3

JB

RECEIVED FEB 2 1 2020

AP-305238 $500.00

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: ( ) 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: Travis Ladd Address: 541 Fox Hunter Rd Harmony NC Zip: 28634
Applicant Email: tladd20@hotmail.com Phone: 704-982-8261 Alt. Phone: _____
Owner Name: Dale Ladd Address: 496 Fox Hunter Rd Harmony Zip: 28634
Owner Email: _____ Phone: 704-546-2172 Alt. Phone: _____

Property Information:

Street Address: 480 Fox Hunter RD PIN 4890-25-1464

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

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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 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: X Dale Ladd 2-14-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

305238

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, X _____, am the legal owner(s) of the property located at 480 Fox Hunter Rd Harmony N.C. 28634, identified as PIN (Parcel Identification Number) 4890-03-8066, 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.

X Dale Todd _____ _____

Signature of Owner(s) Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

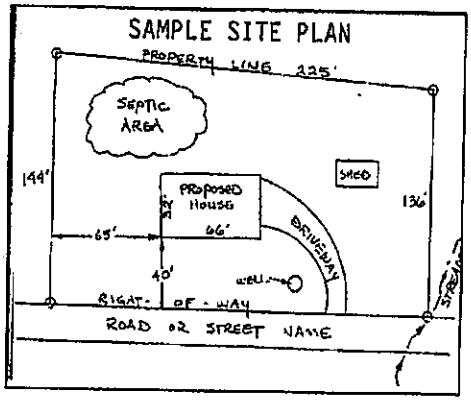
305238

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:

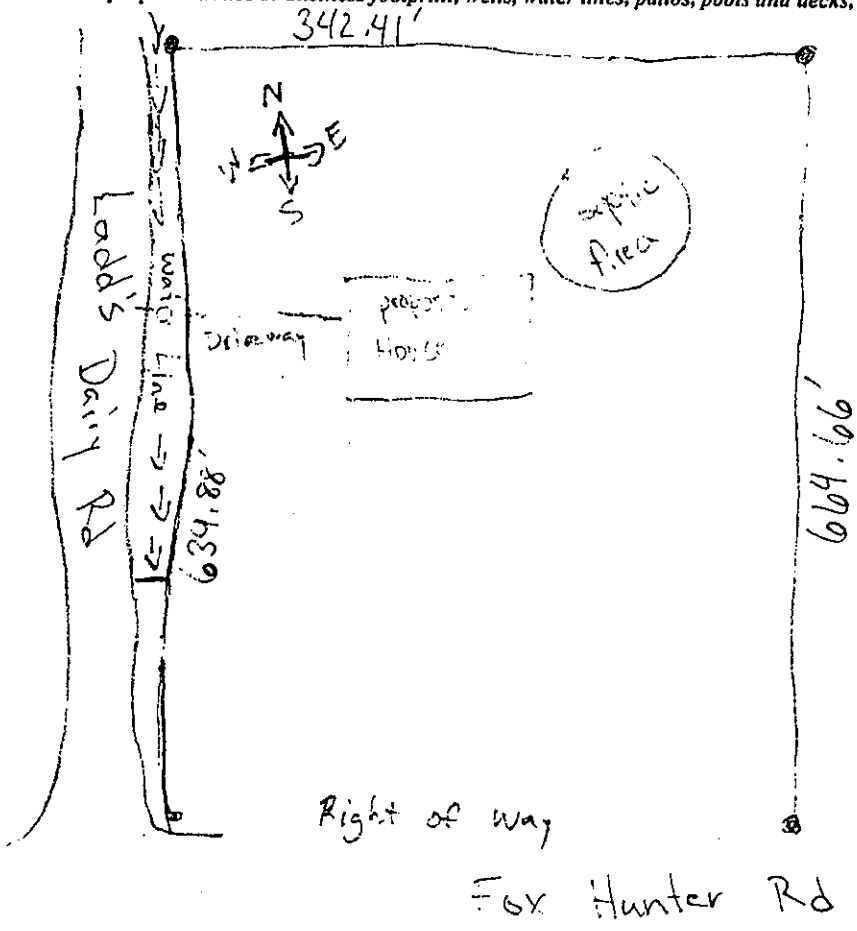
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

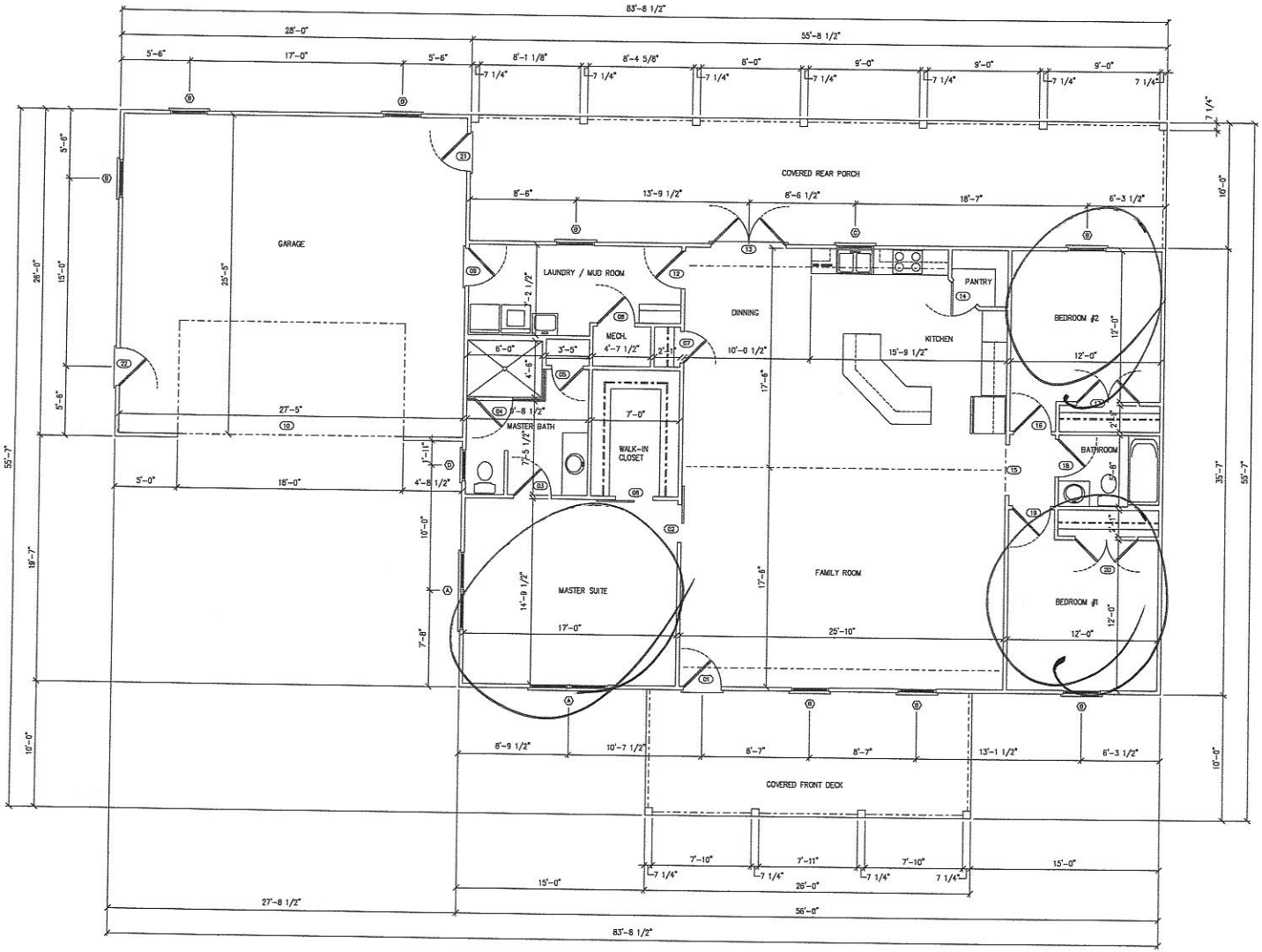


Signature: X Dale Ladd

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

2-14-2020

DATE



AREA CALCULATIONS	
	HEATED SQ FT
MAIN FLOOR	1993
	UNHEATED SQ FT
GARAGE	773
COVERED FRONT PORCH	208
COVERED REAR PORCH	557

WINDOW SCHEDULE	
A-3'-0" X 4'-6"	(PAIR) DOUBLE HUNG WINDOWS
B-3'-0" X 4'-6"	DOUBLE HUNG WINDOW
C-3'-0" X 3'-6"	DOUBLE HUNG WINDOW
D-2'-6" X 3'-6"	DOUBLE HUNG WINDOW

DOOR SCHEDULE	
01-3'-0" X 6'-8"	EXTERIOR DOOR
02-3'-0" X 6'-8"	BARN DOOR WITH SLIDING HARDWARE
03-3'-6" X 6'-8"	INTERIOR DOOR
04-3'-0" X 6'-8"	SHOWER DOOR
05-2'-6" X 6'-8"	INTERIOR DOOR
06-3'-0" X 6'-8"	BARN DOOR WITH SLIDING HARDWARE
07-2'-6" X 6'-8"	INTERIOR DOOR
08-3'-0" X 6'-8"	MECH. ROOM DOOR
09-3'-0" X 6'-8"	EXTERIOR DOOR
10-16'-0" X 9'-0"	GARAGE DOOR
11-NOT USED	-------
12-3'-0" X 6'-8"	INTERIOR DOOR
13-5'-0" X 6'-8"	PAIR EXTERIOR FRENCH DOORS
14-2'-6" X 6'-8"	INTERIOR DOOR
15-4'-0" X 6'-8"	CASED OPENING
16-3'-0" X 6'-8"	INTERIOR DOOR
17-5'-0" X 6'-8"	(PAIR) INTERIOR DOORS
18-3'-0" X 6'-8"	INTERIOR DOOR
19-3'-0" X 6'-8"	INTERIOR DOOR
20-5'-0" X 6'-8"	(PAIR) INTERIOR DOORS
19-3'-0" X 6'-8"	INTERIOR DOOR
19-3'-0" X 6'-8"	INTERIOR DOOR

NOTE: ALL WINDOWS WHERE REQUIRED MUST MEET ALL STATE AND LOCAL BUILDING CODES FOR EMERGENCY EGRESS

NOTE: ALL CONCRETE SLABS AND FOUNDATION SYSTEM TO MEET OR EXCEED MINIMUM REQUIREMENTS OF THE NORTH CAROLINA RESIDENTIAL BUILDING CODE

NOTE: VERIFY NUMBER OF RISERS AND TREADS FOR STAIRS WITH FINISH GRADE OF LOT AND FINISH FLOOR HEIGHTS TO ALLOW FOR FLOOR SYSTEM FOR EXTERIOR AND INTERIOR STAIRS.

NOTE: ALL STAIR HANDRAILS AND GUARDRAILS MUST MEET ALL LOCAL AND STATE BUILDING CODES.

NOTE: VERIFY BRICK VENEER STYLE AND COLOR PER OWNER.

NOTE: ALL WINDOW HEIGHTS LISTED @ A.F.F. IS TO BE FROM MAIN FLOOR OF THE HOUSE

FLOOR PLAN

1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 2-1-2021

Date 4-5-21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
305238 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4890251464.000	480 FOX HUNTER RD	Iredell County

Owner Information	Applicant Information
Name: LADD KENNETH D ETAL	Name: TRAVIS LADD
Address:	Address: 480 FOX HUNTER RD HARMONY, NC 28634
Phone:	Phone: (704)902-8261

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
165.73	35	35	15	15	WSIII-BOW Hunting Creek	YES

Remarks
SFD

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.

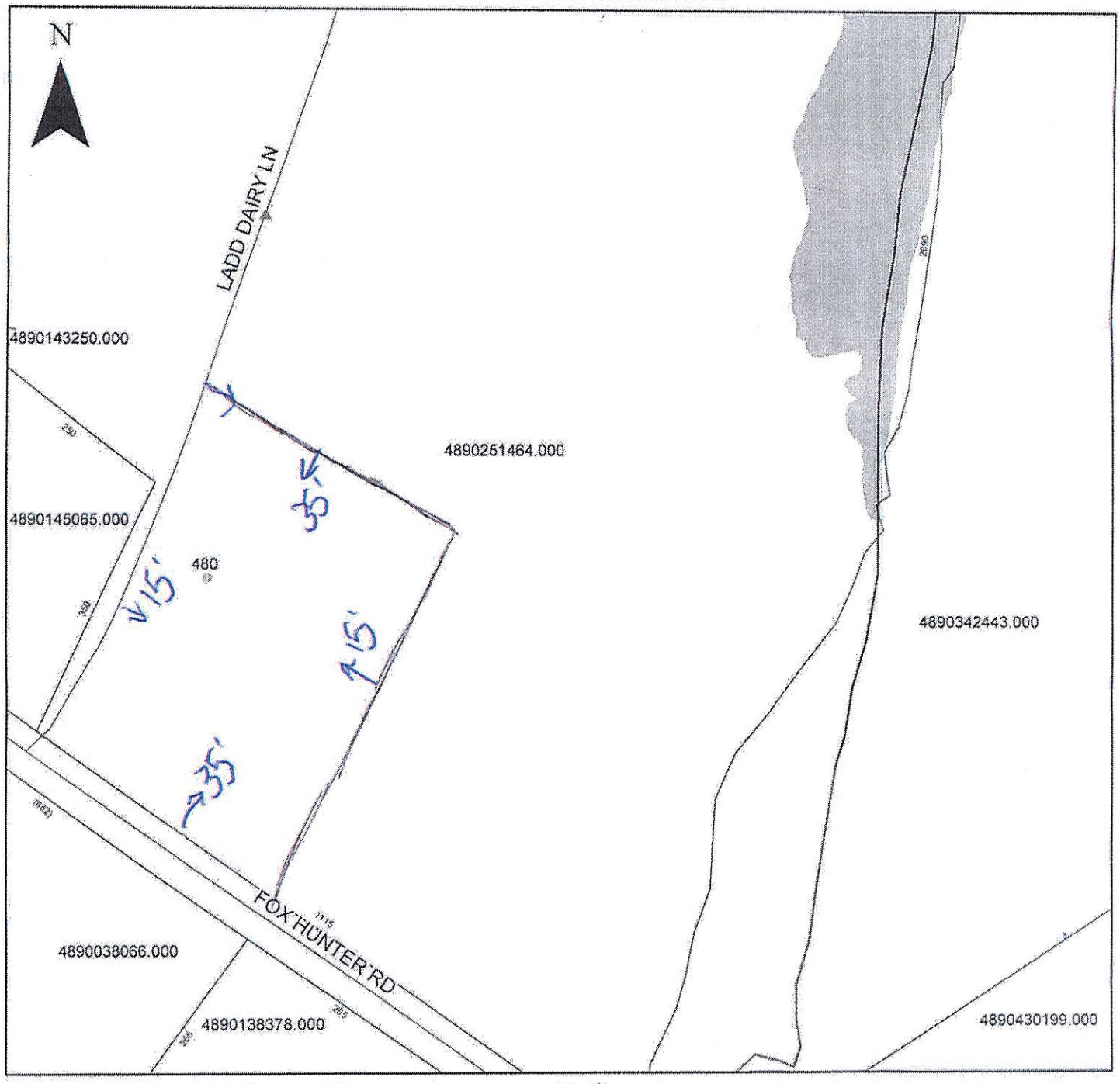
Date: 02/21/2020

Signature of Owner/Contractor

Permit Number	305238	TOTAL FEES:	$77.25

305238

ZONING DISCLAIMER



Property Address 480 Fox Hunter Rd, Harmony

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.

Travis Tuell

Applicant

2-21-2020

Date