BLDR-2023-34979 ✓

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (CW) | PERMIT # AP-325387 ✓

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

PIN # 4890 -- 59 -- 3944 ✓

APPLICANT/OWNER: SETH KELLER | APPLICANT ADDRESS: 298 GARTNER ROAD, STATESVILLE, N.C. 28625

SITE ADDRESS: 892 SHEFFIELD ROAD, HARMONY, N.C. 28634 | PHONE: 704-880-5449 | ALT. PHONE 704-873-1405

SITE DIRECTIONS: (E) ON 902, (L) ON SHEFFIELD, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

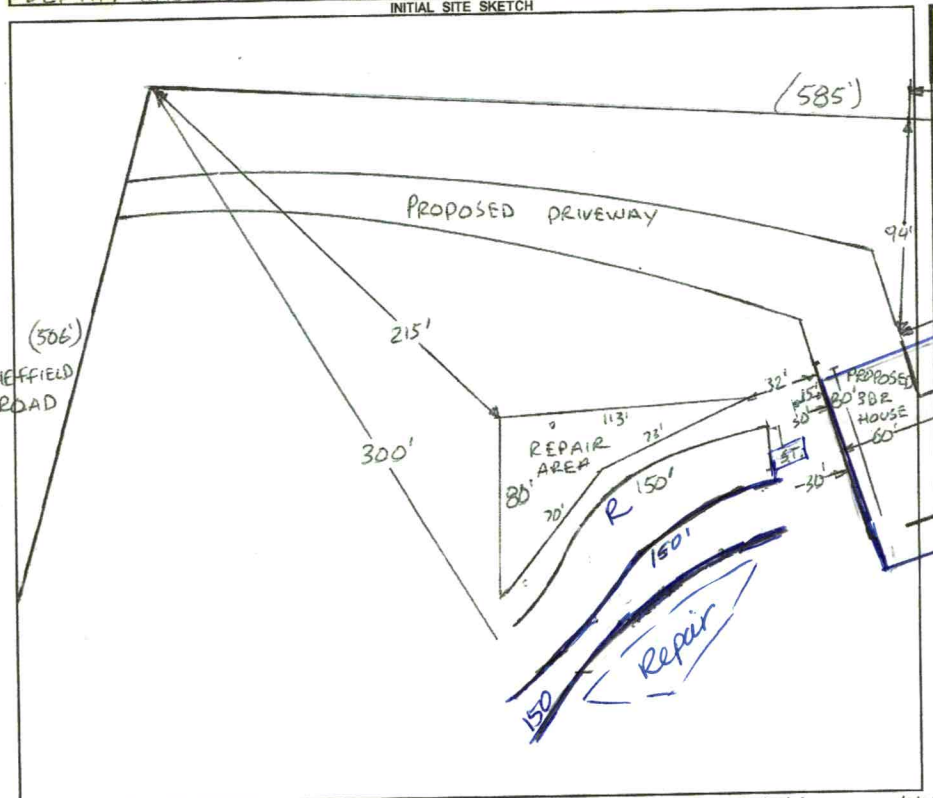
SUBDIVISION: — | SECTION: — | LOT # — ✓ | LOT AREA: 6.36 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	854	Date	—	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	25% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	2	Linear Ft	300FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☐ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☑ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

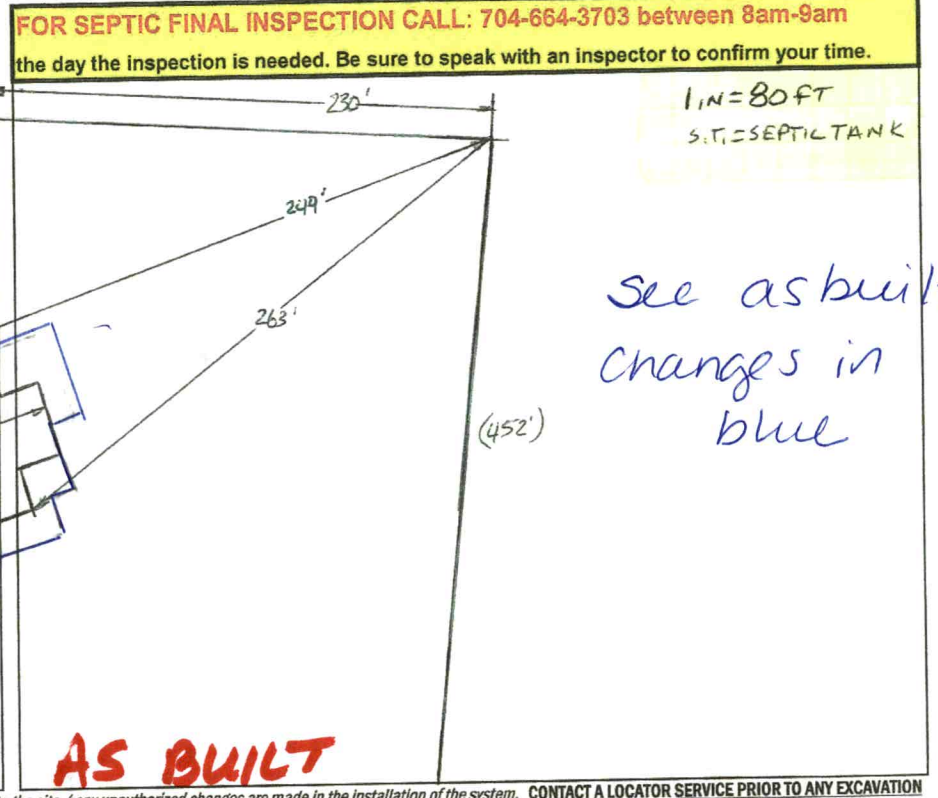
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH, BASEMENT PLUMBING TO BE PLACED ON GRINDER PUMP

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.*

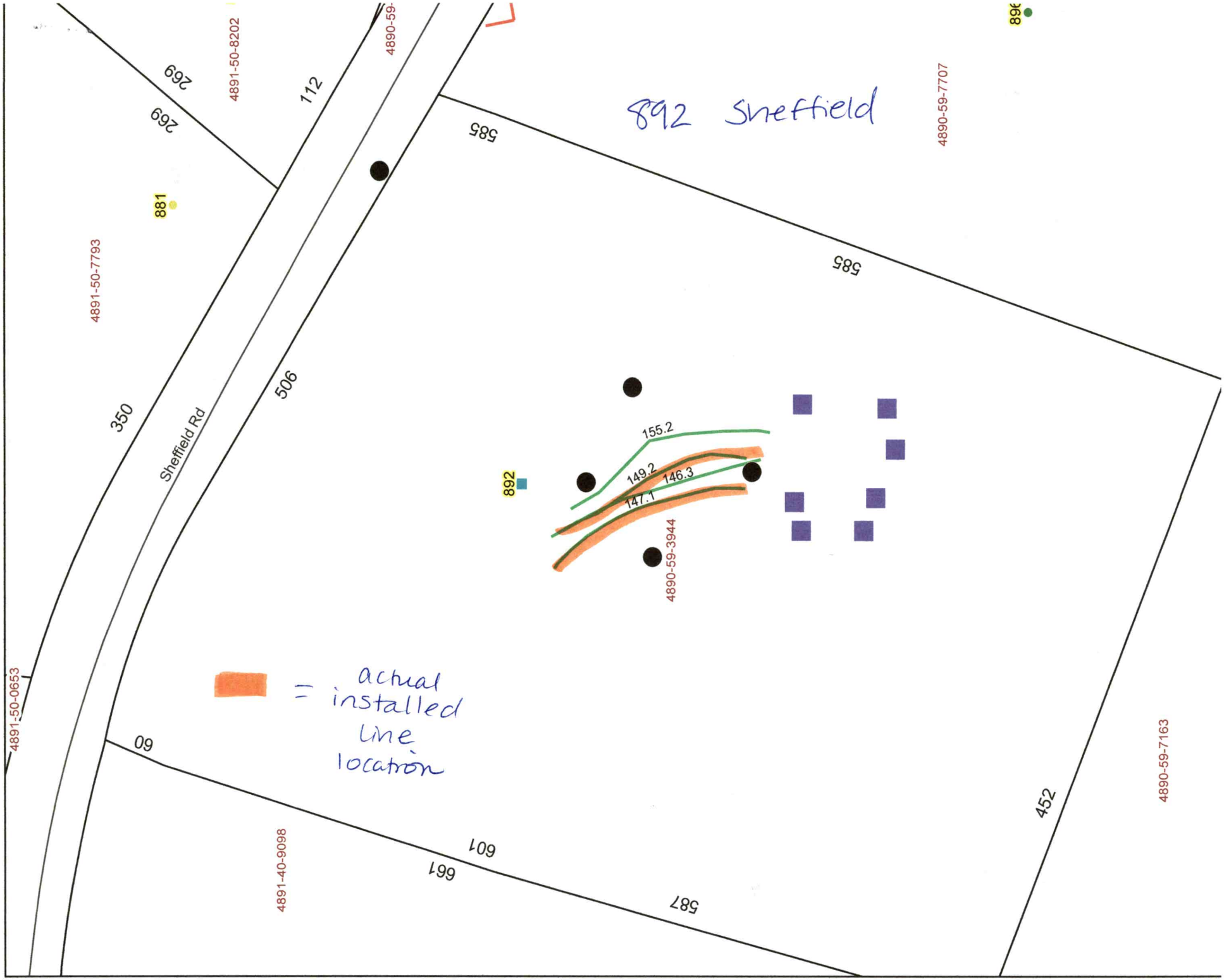
Owner / Applicant Signature: Seth Keller | Date: 6-29-22 | Installed by: Al Backhoe ✓

IMPROVEMENT PERMIT by: Burgett C. White | Date: 6-13-2022 | OPERATION PERMIT by: D. Meberg ✓ | Date: 7/15/24

AUTHORIZATION TO CONSTRUCT by: Burgett C. White | Date: 6-13-2022 | Existing System Inspected by: | Date:

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

HR BRICA


892 Sheffield
4891-50-8202
4890-59-
4890-59-7707
269
269
112
585
881
4891-50-7793
585
506
350
Sheffield Rd
155.2
149.2
146.3
147.1
892
4890-59-3944
= actual installed line location
4891-50-0653
60
4891-40-9098
601
667
587
452
4890-59-7163

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

BLDR-2023-34979

PERMIT # AP-325387

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

PIN # 4890 -- 59 -- 3944

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SITE DIRECTIONS: (E) ON 902, (L) ON SHEFFIELD, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: —

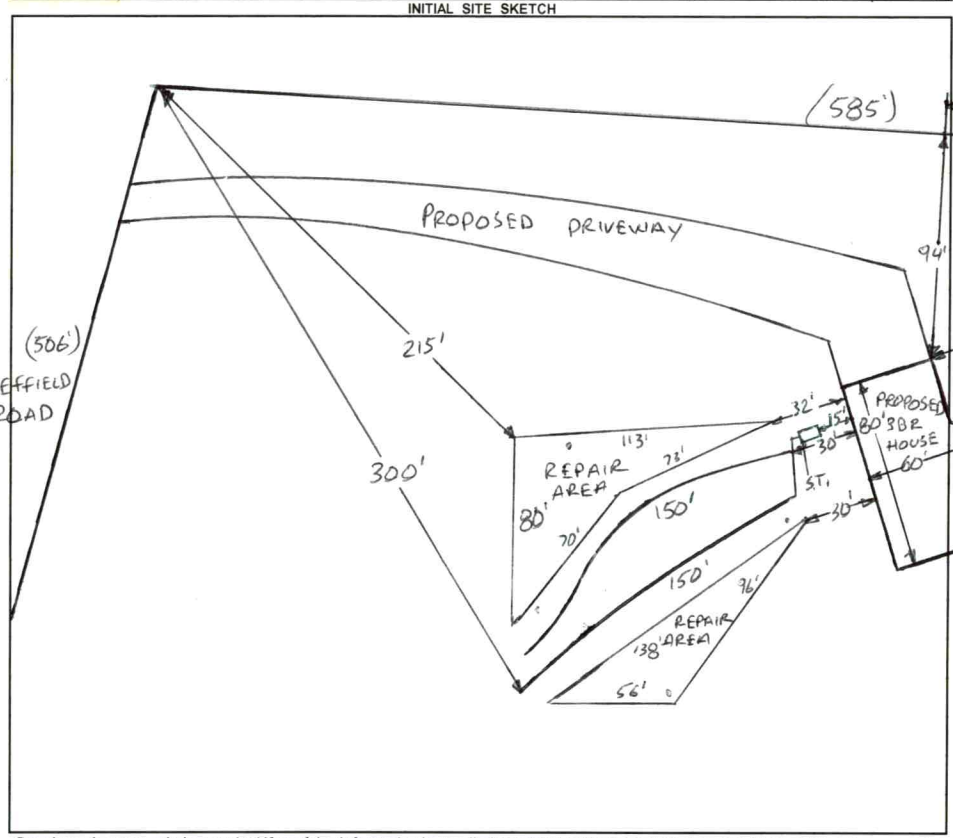
SECTION: — LOT # — LOT AREA: 6.36 AC

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	740	Date	—	☑ 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	2		Linear Ft	300FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN		Gravel Depth	—	☑ GRAVITY	☐ PRESSURE			☑ Basement w/plumbing	☐ Basement w/o plumbing		

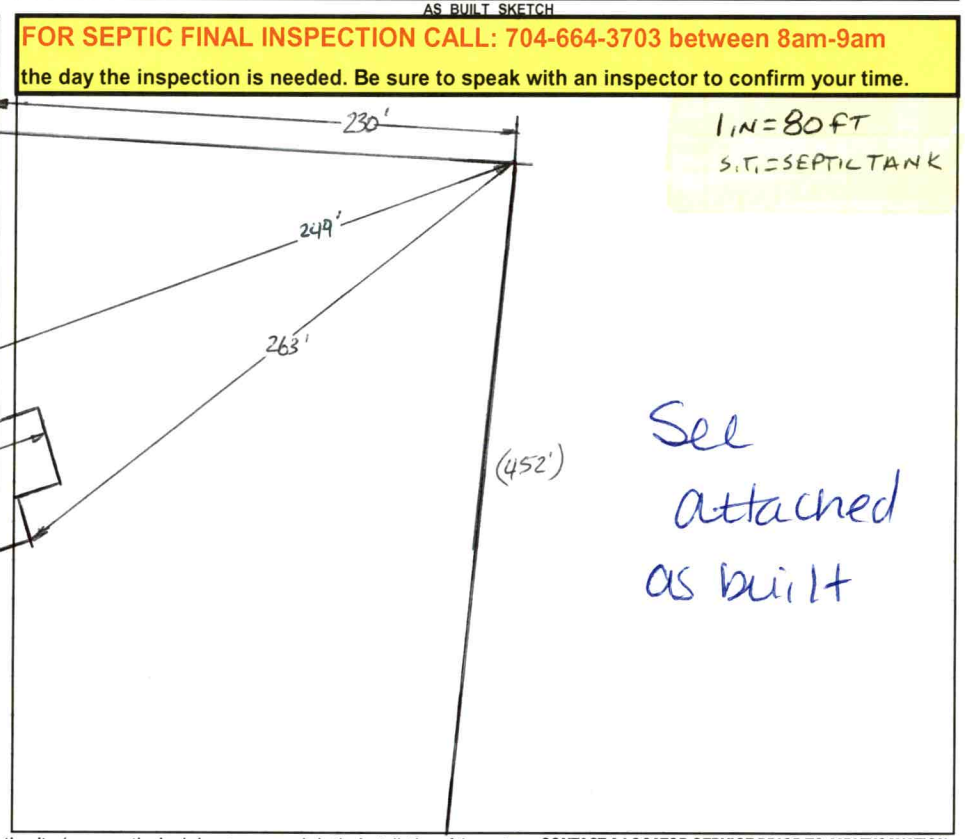
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AS BUILT SKETCH

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Owner / Applicant Signature: Seth Keller Date: 6-29-22 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Bryant C. White Date: 6-13-2022 OPERATION PERMIT by: D. Weberg Date: 7/15/24

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 6-13-2022 Existing System Inspected by: Date:

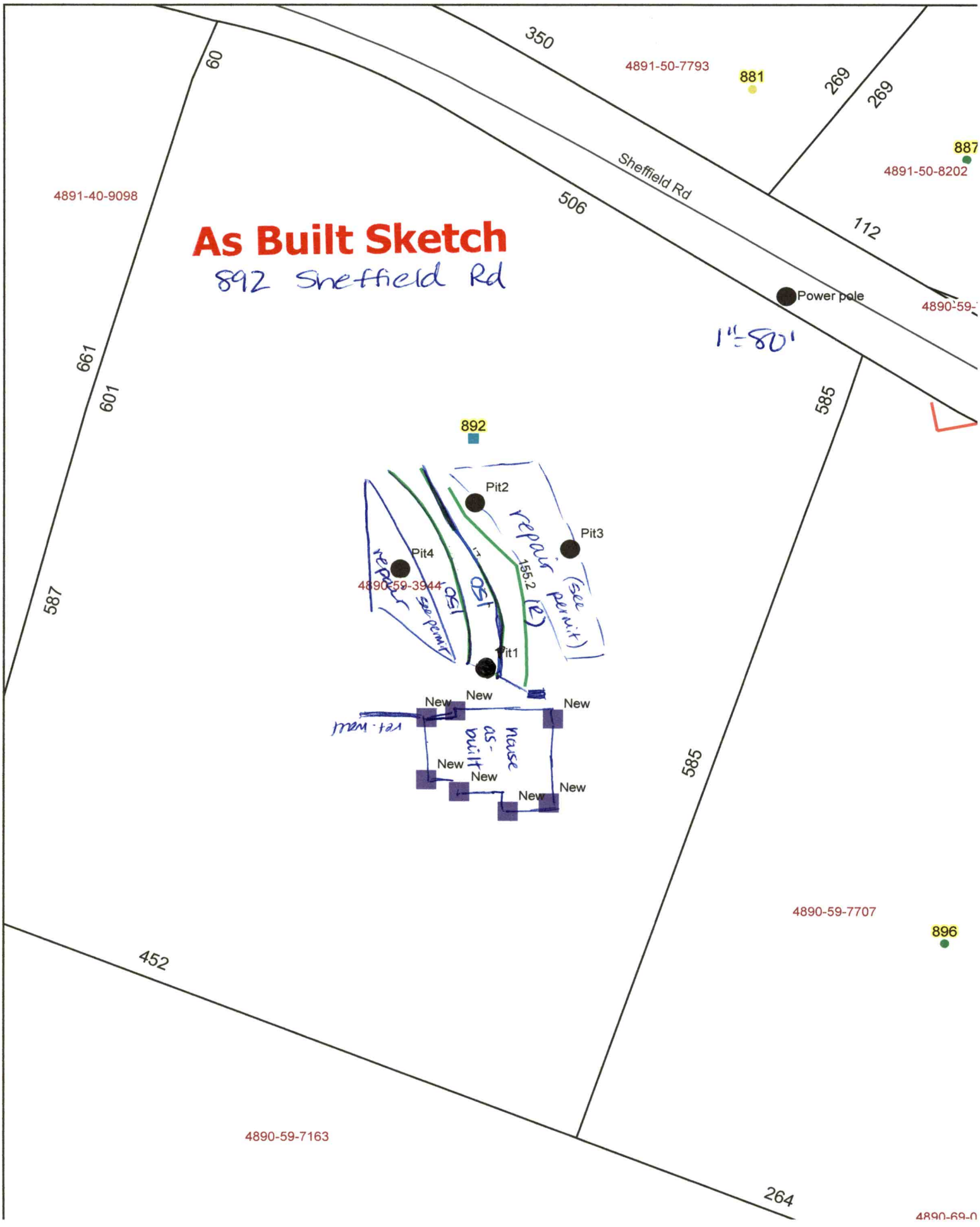
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

As Built Sketch

892 Sheffield Rd


350
4891-50-7793
881
269
269
887
4891-50-8202
60
Sheffield Rd
506
112
4891-40-9098
Power pole
4890-59-
1"=80'
661
601
585
892
Pit2
repair (see permit)
Pit3
Pit4
4890-59-3944
repair see permit
OST
OST
155.2 (E)
Pit1
New
New
New

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4890-59-3944
DATE OF EVALUATION: 5-5-2022
COUNTY: IREDELL

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	LINEAR SIDE 15%	0-9	SCL, SBK	FR, SS, SP, SEXP	- GRAVELLY SAP INC THRU OUT FEW f1	60"+	NA	NA	PS .3
		9-27	C, ABK	FR, S, P, SEXP					
		27-60	CL, WABK	FR, SS, SP, SEXP					
2	HEAD 18%	0-8	FILL	MIXED	- GRAVELLY SAP INC THRU OUT FEW f1	60"+	NA	NA	PS .3
		8-14	SCL, SBK	FR, SS, SP, SEXP					
		14-40	C, ABK	FR, S, P, SEXP					
		40-60	CL, WABK	FR, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-28	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	64"+	NA	NA	PS .3
		28-64	CL, WOBK	FR, SS, SP, SEXP					
4	HEAD ~~LINEAR SIDE~~ 15%	0-8	SCL, SBK	FR, SS, SP, SEXP	- GRAVELLY SAP INC THRU OUT	64"+	NA	NA	PS .3
		8-30	C, ABK	FR, S, P, SEXP					
		30-64	CL, WABK	FR, SS, SP, SEXP					

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		
			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.

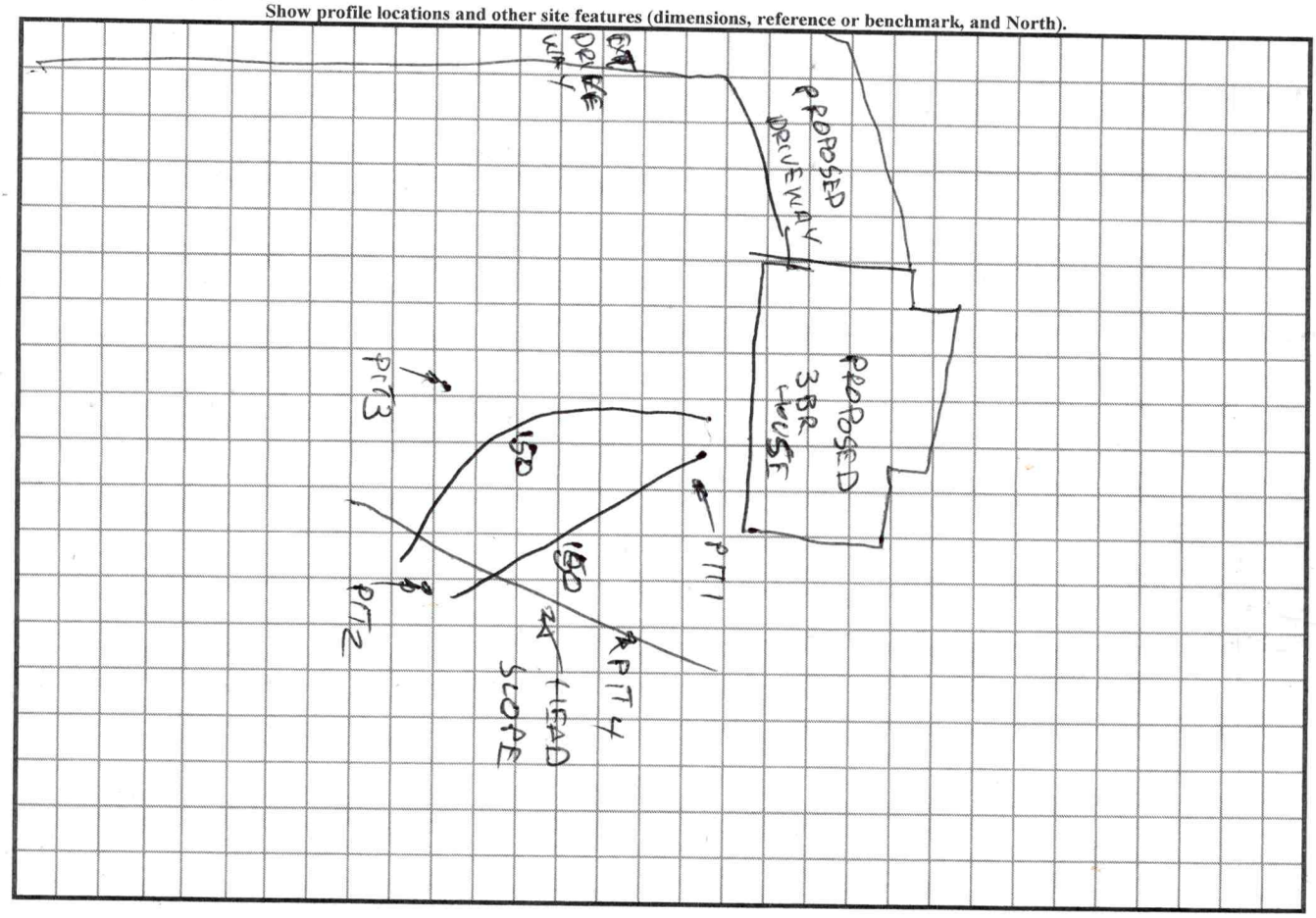
NOTES

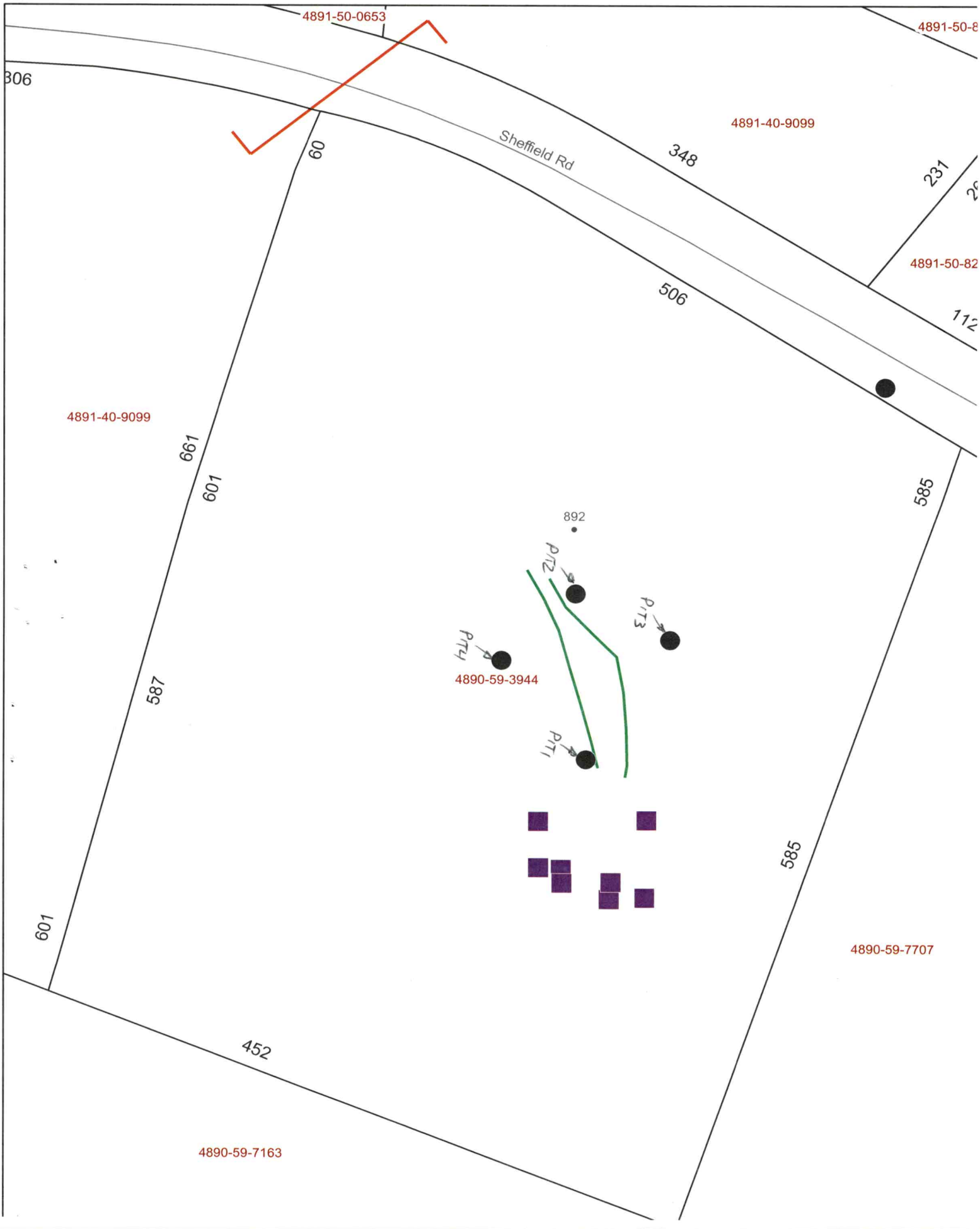
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).




4891-50-0653
4891-50-8
306
Sheffield Rd
60
348
4891-40-9099
231
4891-50-82
506
4891-40-9099
661
601
585
892
PTZ
PTS
PTH
4890-59-3944
PTI
587
601
585
452
4890-59-7707
4890-59-7163

RECEIVED FEB C 8 2022

BW

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* AP-325387 $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Seth Keller / Tiffany Keller Address: 298 Cartner RD Statesville, NC Zip: 28625
Applicant Email: SSKeller0610@gmail.com Phone: 704-880-5449 Alt. Phone: 704-873-1405
Owner Name: Seth Keller / Tiffany Keller Address: 298 Cartner RD Statesville, NC Zip: 28625
Owner Email: SSKeller0610@gmail.com Phone: 704-880-5449 Alt. Phone: 704-873-1405

Property Information:

Street Address: 892 Sheffield RD Harmony, NC 28634

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

Driving Directions: I-40 East to Hwy 21 North to Hwy 901 South, Left on Sheffield RD roughly 1 mile past Tyson Food Plant to 892 Sheffield on right

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: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 ( ) Community Well ( ) City Water (X) 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: Seth Keller Tiffany Keller 2-4-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

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*) Scott Miller Tiffany Miller

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, 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.

Scott Miller Tiffany Miller
Signature of Owner(s)

2-4-22
Date

Mooresville - Environmental Health

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

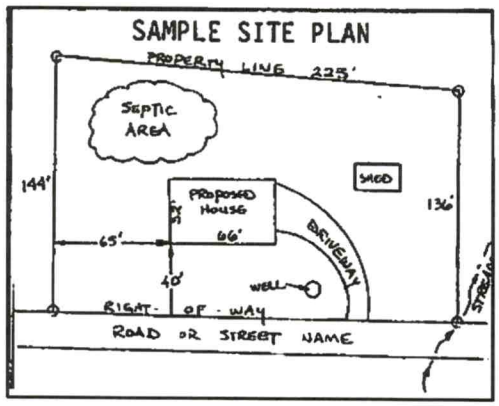
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

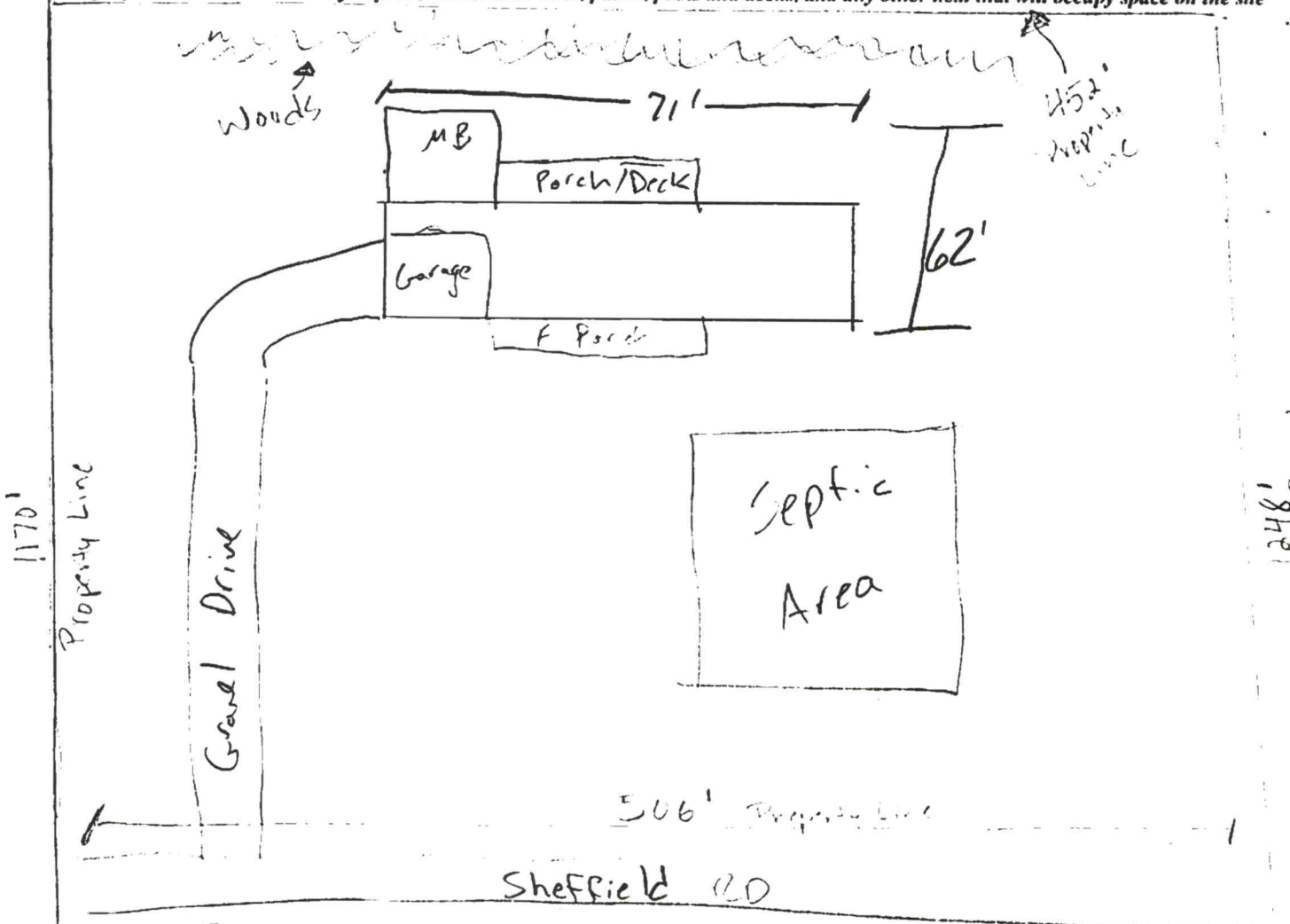
- (x) Property Line measurements are clearly identified
- (x) All proposed structures are indicated
- (x) Front and side setbacks from property line
- (x) Preferred driveway location and well location
- (x) Area you prefer your septic system to be placed
- (x) North arrow, or other sufficient indicator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

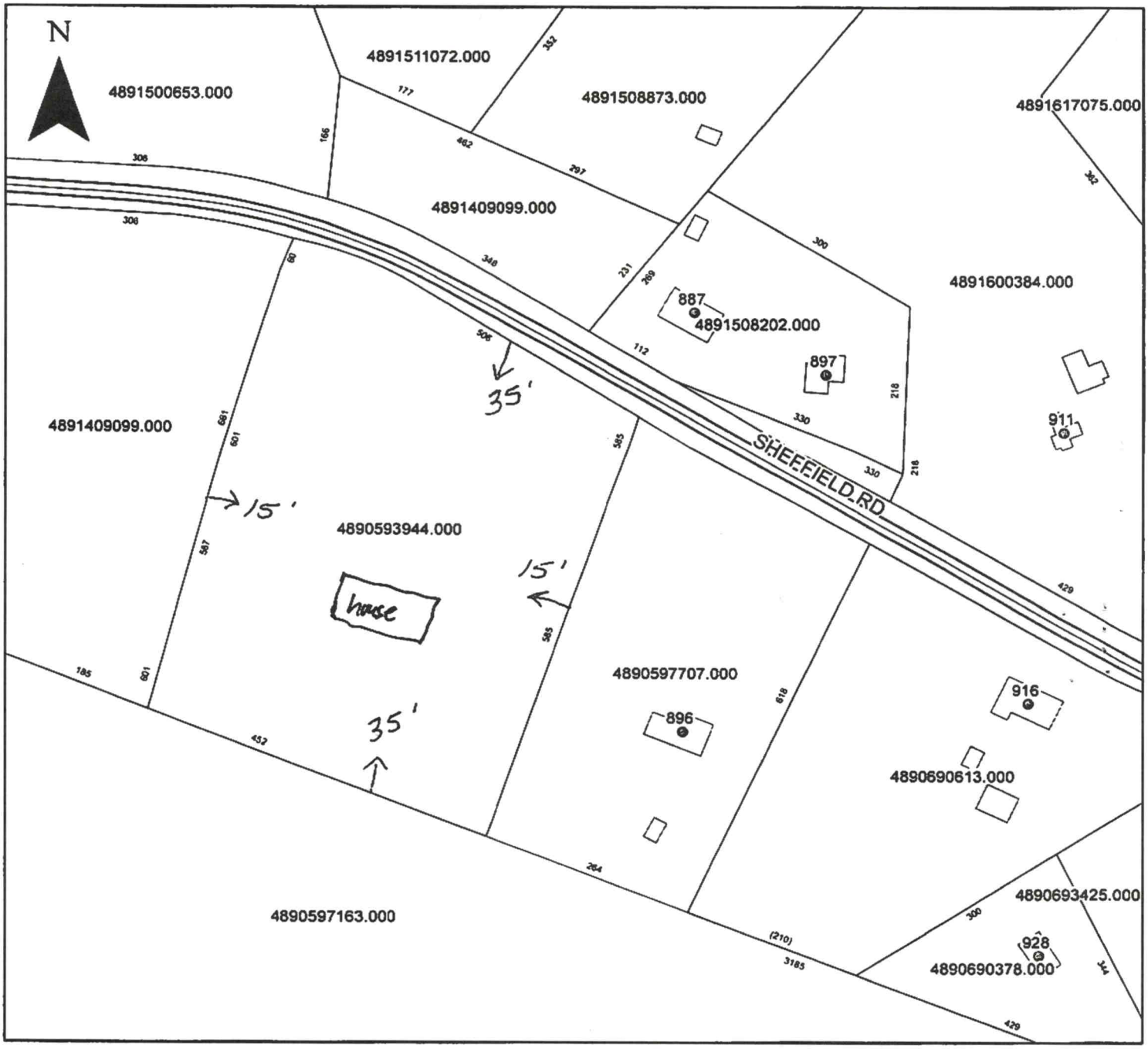
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-4-22
DATE

325 387

RA
WS III BOW Hurling Creek
FL - NO

ZONING DISCLAIMER



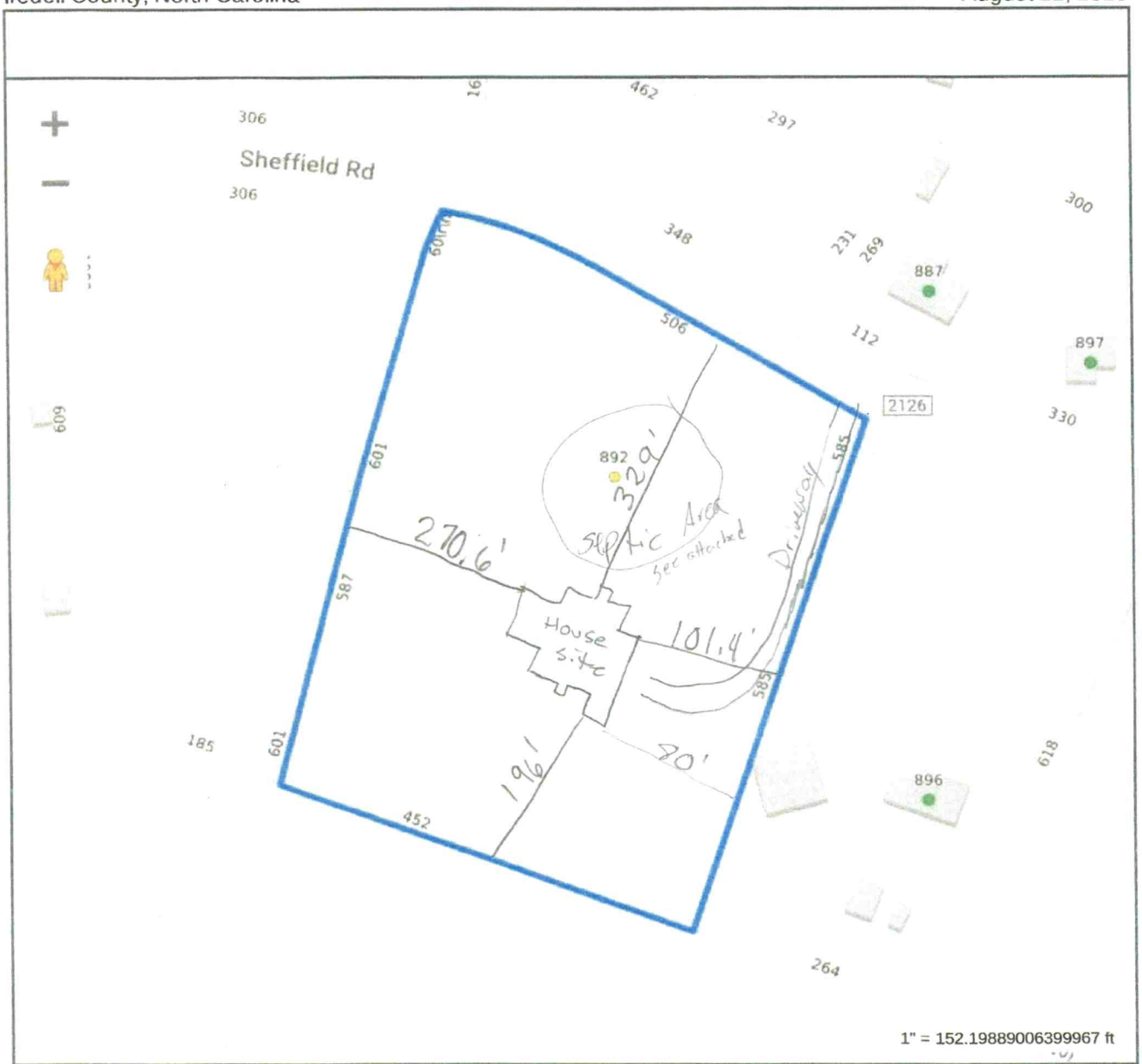
Property Address 892 Sheffield Rd.

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

2-7-22

Date



1" = 152.19889006399967 ft

Tax Map Information

• PIN	4890593944.000
• Address	SHEFFIELD RD
• Account #	Acct 80085620
• Tax Owner	KELLER SETH STEPHEN
• Mailing Address	298 CARTNER RD
•	STATESVILLE, NC 28625
• GIS Owner	KELLER SETH S+TIFFANY L
• Deed Info	2850 / 980 - WD - 20210913
• Tax Acres	6.36 AC
• Lot #	
• Description	KELLER SR2126
• Zoning	RA
• Old Parcel #	0617A00000A005
• Bldg Value	$0
• OBXF Value	$0
• Land Value	$73,460
• Total Value	$73,460
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

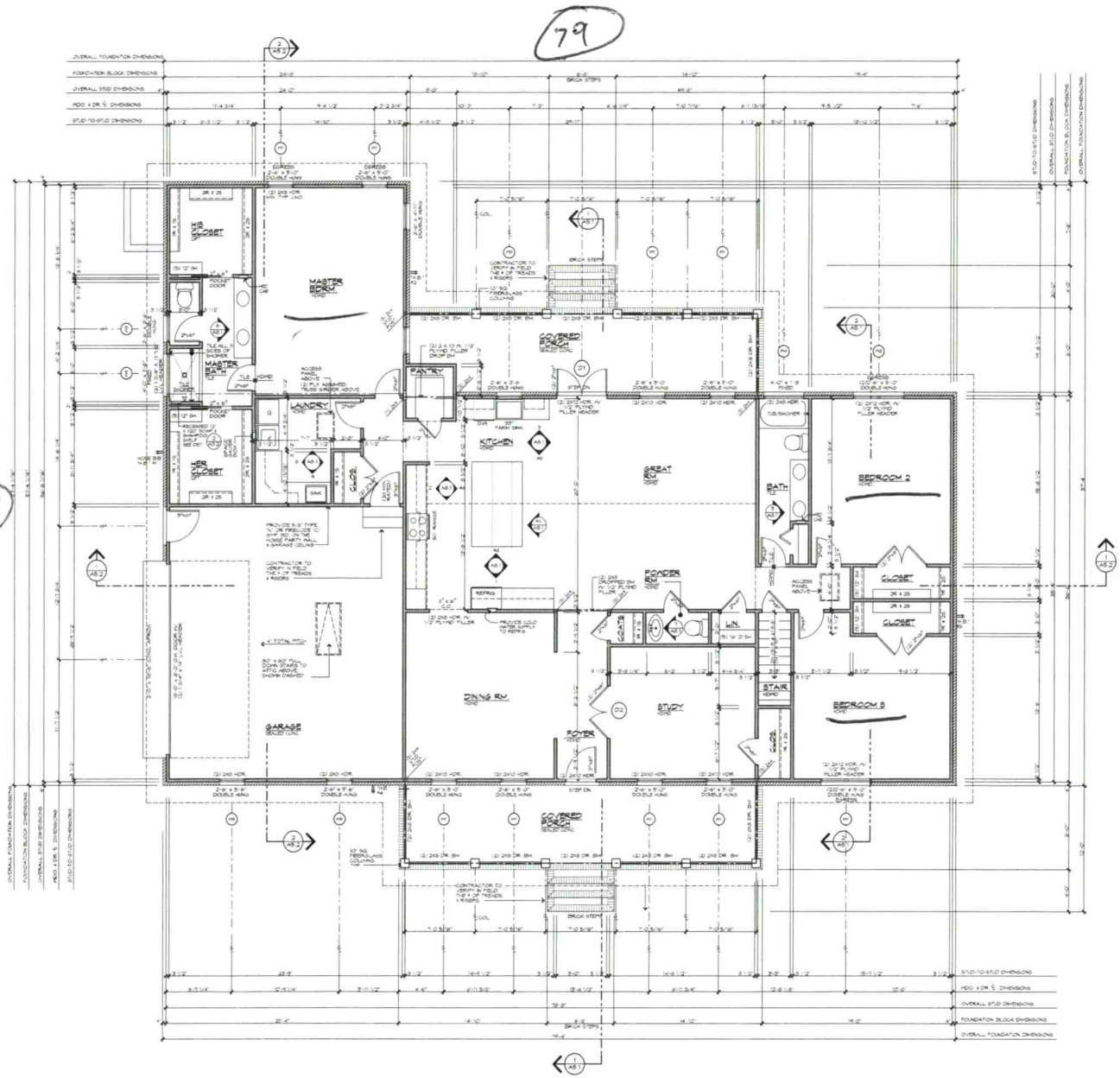
IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 06/05/2023
Data updated 08/03/2023

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.



79

57

PELLA OR EQUAL WINDOW AND DOOR SCHEDULE

1. ALL WINDOWS TO BE WHITE VINYL ENLESS WHERE NOTED OTHERWISE.
2. FOR VENTING UNITS WITH MATCHING INSECT SCREENS, SEE BUILDING ELEVATIONS AND FLOOR PLAN FOR VENTING
3. PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE
4. SEE BUILDING ELEVATIONS FOR MUNTIN PATTERN

WINDOW SYMBOL	DESCRIPTION
W1	3060 DOUBLE HUNG WINDOW
W2	(2) 3042 DOUBLE HUNG WINDOWS, MULLED
W3	3042 DOUBLE HUNG WINDOW
W4	4830 FIXED WINDOW
W5	3060 DOUBLE HUNG WINDOW

DOOR SYMBOL	DESCRIPTION
D1	(2) 6680 HINGED FRENCH DOUBLE PATIO DOORS
D2	(2) 1980 HINGED FRENCH DOUBLE INTERIOR DOORS

NOTES:

1. INSULATE ALL BEDROOM & BATHROOM WALLS W/ R-15 FIBERGLASS BATT INSULATION
2. PROVIDE R-19 FIBERGLASS BATT INSULATION BETWEEN MAIN LEVEL AND UPPER LEVEL @ ALL BEDROOM & BATHROOM LOCATIONS
3. PROVIDE (2) 2 X 8 HEADER MINIMUM @ ALL WINDOWS AND DOORS FOR ENLOFT WORK NOTED OTHERWISE
4. ALL TUTCH PLATE BEAMS TO HAVE 5/4" Ø THRU-BOLTS STAGGERED @ 3'-0" O.C. & 2" 3 1/4" Ø BOLTS @ ENDS
5. ALL STUD POSTS TO BEAR ON SOLID BEARING OVER BEAMS AND / OR BLOCK WALLS BELOW
6. ALL INTERIOR DOOR HEIGHTS NOTED ARE NOMINAL. OVERALL DOOR FRAME HEIGHTS SHALL BE SUCH THAT ALL INTERIOR HEAD CASING TRIM ALIGNS. SEE ARCHITECT'S INTENT
7. SET ALL INTERIOR DOORS AND CASED OPENINGS TO ALIGN W/ EXTERIOR DOOR & WINDOW HEADS. (ADJUST INT DOORS AS REQUIRED)

Bryant C. White
8-29-2023

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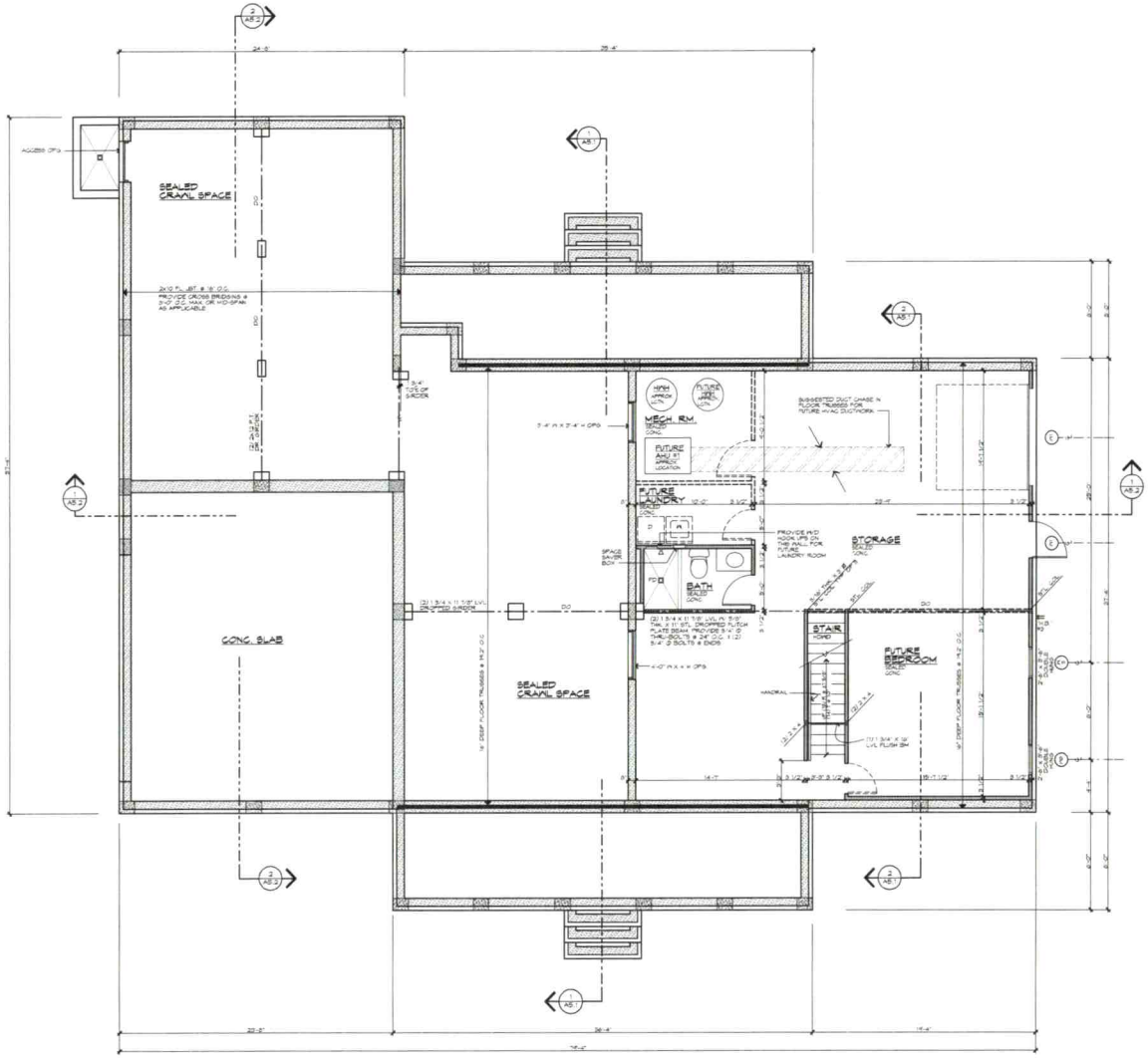
KELLER RESIDENCE
822 SHEFFIELD ROAD
HARMONY, NC 28634

MAIN LEVEL FLOOR PLAN

DATE APRIL 24, 2023
SCALE AS NOTED
BY TRZ
JOB 2022.09

A3.2

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1 / A3.1 LOWER LEVEL BASEMENT PLAN & MAIN LEVEL FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"

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PERMIT SET	4-24-2023

KELLER RESIDENCE
842 SHEFFIELD ROAD
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LOWER LEVEL BASEMENT PLAN & MAIN LEVEL FLOOR FRAMING PLAN

DATE APRIL 24, 2023
SCALE AS NOTED
BY TRZ
JOB 2022.06

A3.1