ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

MANF-2023-36 8866

PERMIT : OSWP 2024-48185

PIN # 4890-69-8845

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

APPLICANT/OWNER: Richard Meredith | APPLICANT ADDRESS: 828 Piedmont Dr. Lexington NC 27295

SITE ADDRESS: 941 Sheffield Rd, Harmony NC 28634 | PHONE: 336-953-0763 | ALT. PHONE

SITE DIRECTIONS: (N) 901 → (R) Sheffield → lot on L, last before Davie County | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 3.78 | DESIGN FLOW: 360 | L.T.A.R.(Initial): 0.3 | L.T.A.R (Repair): 0.3

Septic Tank 1000 (gal) STB 760 Date 12/1/23

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 3 Linear Ft 400

Trench Width 36 *Max. Trench Depth(Initial) 25 *Max. Trench Depth(Repair) 20 Gravel Depth 12"

* Measured on the downhill side of the trench

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

System Description: Conventional

Repair System Description: Conventional

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): 37 | Usable Depth to LC (Repair): 32 | *Limiting Condition*

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Permit issued to show change to existing system installed 2/27/24

Modified to meet 100 well Setback required by loan.

INITIAL SITE SKETCH

Improvement permit issued pursuant to:
G.S. 130A-335(a2), (a3) & (a4) using signed & sealed LLS/LG Evaluation attached, from:

Kerry Joe Johnson

LSS# 1264

Construction authorization issued pursuant to:
G.S. 130A-335(a2) & (a5)

AOWE# 10034E

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.

See attached
GPS for as-built,
25% reduction product
(Infiltrator Chambers) installed

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: Date:

Installed by: T&L Custom Grading

IMPROVEMENT PERMIT by: D. Weberg Date: 3/6/24

OPERATION PERMIT by: D. Weberg Date: 3/6/24

AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 3/6/24

Existing System Inspected by: Date:

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? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 664-3703

PERMIT # OSWP-2023-00173

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

PIN # 4890-69-8845

PPLICANT / OWNER: Richard Meredith Clayton Homes APPLICANT ADDRESS: 828 Piedmont Drive Lexington NC 27295

TE ADDRESS: 941 SHEFFIELD RD, HARMONY, NC 28634 PHONE: ALT. PHONE:

TE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

UBDIVISION: SECTION: LOT #: LOT AREA: 3.784 DESIGN FLOW: 360 L.T.A.R.: 0.3

eptic Tank: 1000 (gal)	STB: 7100	Date: 12/1/23	☒ New System ☐ Repair ☐ Expansion	System Type: II	☑ Residence	No. Bedrooms: 3	Water Supply: New Well
ump Tank: (gal)	PT:	Date:	System Description: Conventional Trench		☐ Business	No. Persons: 4	
ump Make:	Model:	Serial #:	Repair System Description: Conventional Trench		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 4	Linear Ft.: 400	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
ench Width: 36	Trench Bottom Depth (Low side): 25		Gravel Depth: 12	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

omments / Conditions: This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) ttached here. This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here.

INITIAL SITE SKETCH

AS BUILT SKETCH

New Septic
permit needed

See Arc Map for as built

2/1/24 Lines DW
tanks

rmit 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

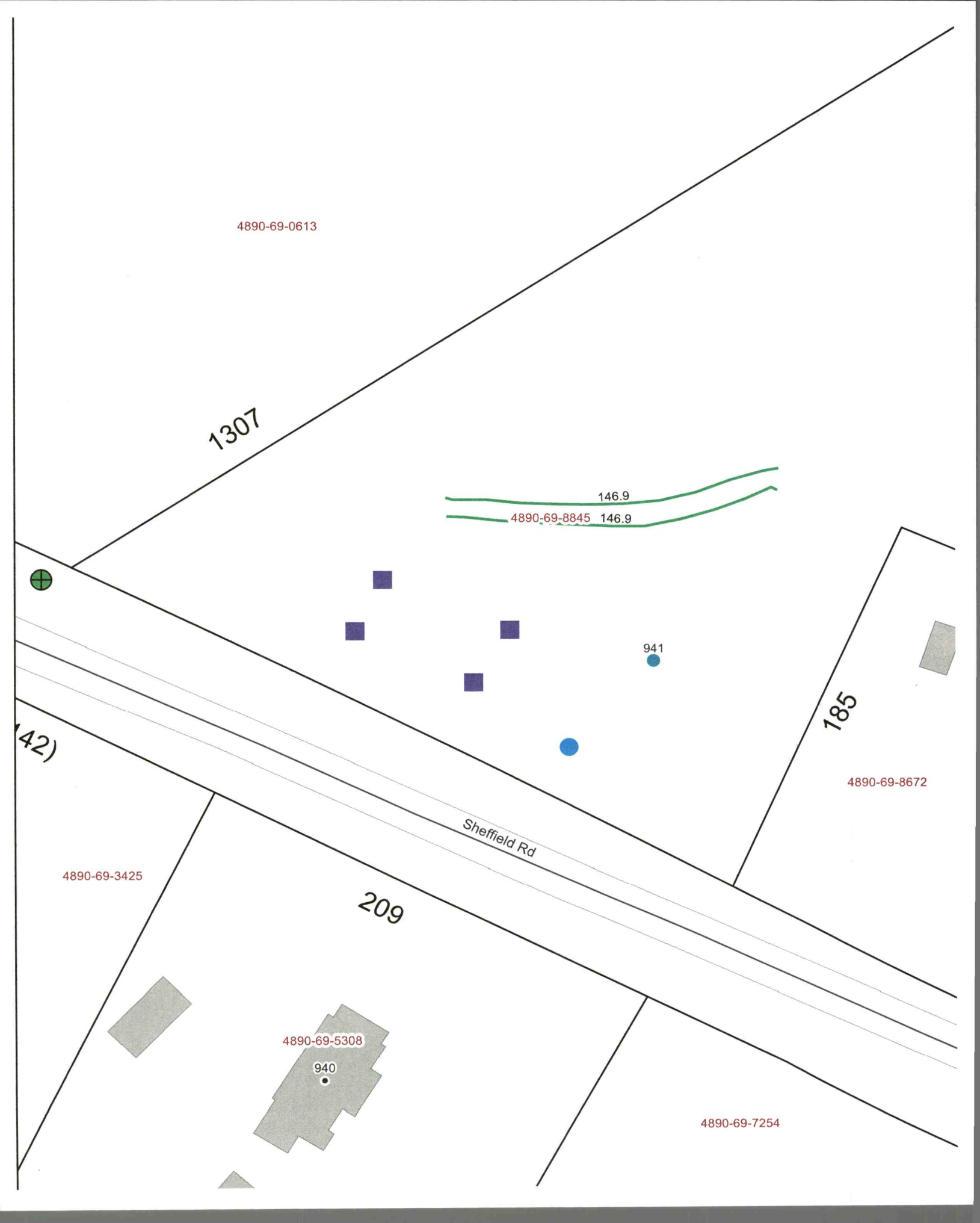
] IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

wner / Applicant Signature: Date: Installed By: T&L Custom Grading

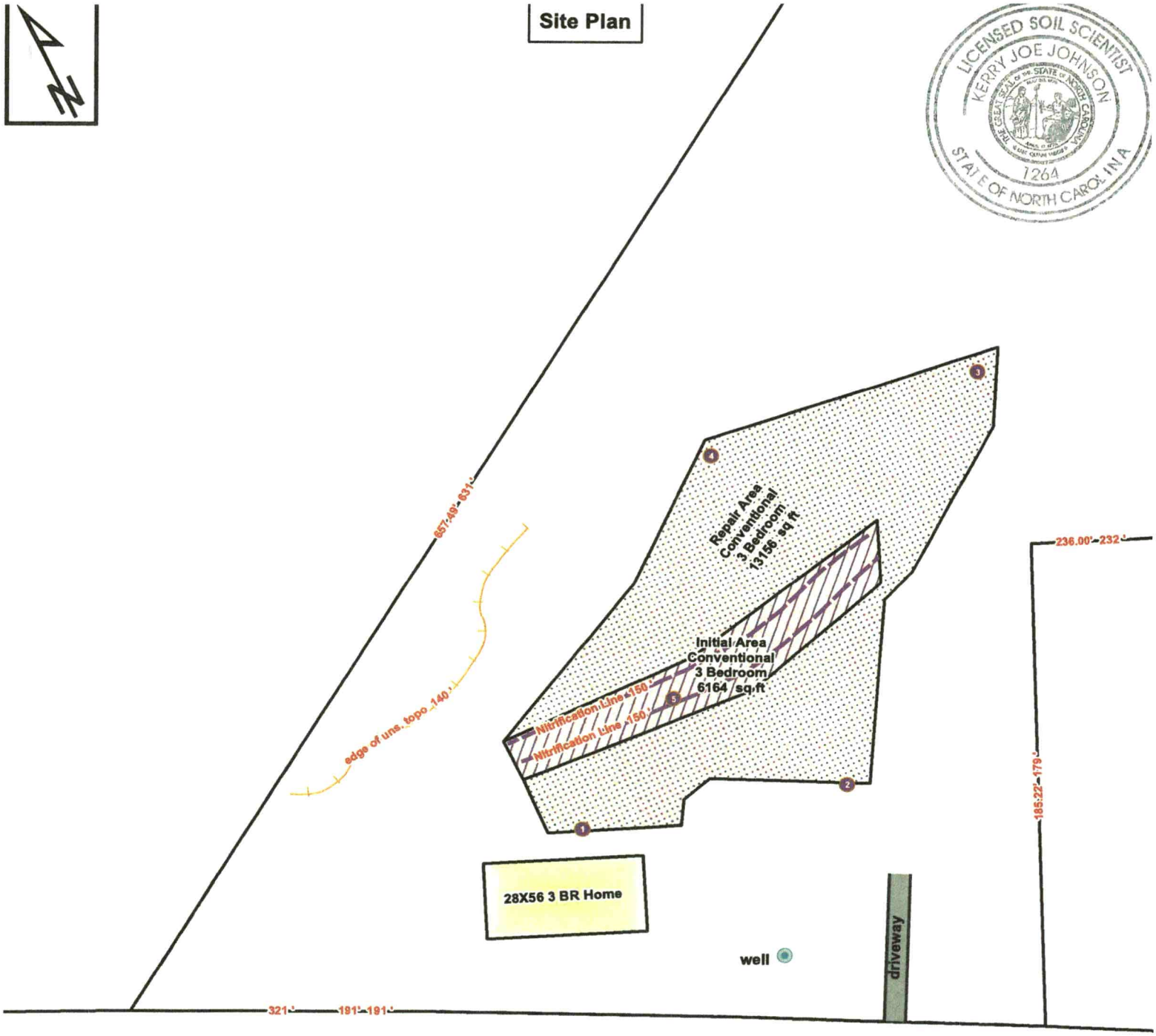
IPROVEMENT PERMIT by: Benjamin A Botkins Date: 9/15/2023 OPERATION PERMIT by: Date:

UTHORIZATION TO CONSTRUCT by: Benjamin A Botkins Date: 9/15/2023 Existing System Inspected By: Date:

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


4890-69-0613
1307
146.9
4890-69-8845
146.9
941
185
4890-69-8672
42)
Sheffield Rd
4890-69-3425
209
4890-69-5308
940
4890-69-7254

Site Plan



Legend:

- Soil Evaluation Locations
- Wells
- <all other values>

Area_Type

- Initial Area
- Repair Area



1 inch = 50 feet

Base Map: Iredell County GIS

Clayton Homes of Lexington - Pennington Job
Sheffield Rd. Harmony, NC
Iredell County Parcel #4890698845

This document is intended for the identification of soil areas for use in development of the property in question and is not intended to substitute for a land survey not should it be used as legal documentation for land transfer. Noted soil locations are approximate and do not infer in any way survey accuracy.

Permit #: _____

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK BENTON • Deputy Secretary for Health
SUSAN KANSAGRA • Assistant Secretary for Public Health
Division of Public Health

Submittal Includes: ☑ **(a2) Improvement Permit** ☑ **(a2) Construction Authorization** ☐ **Fee $**_____

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4890698845

Issued To: Patrick Brake

Property Location: Sheffield Rd. Harmony, NC

Subdivision (if applicable) N/A Lot #: _____ Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Kerry Joe Johnson - 1264

New ☑ Expansion ☐ System Relocation ☐ Change of Use ☐

Proposed Structure: Single Family Residence

Number of bedrooms: 3 Number of Occupants: 6 max Other: _____

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.300 Proposed LTAR (Repair): 0.300

Proposed Wastewater System Type*: 2a - Conventional Trench (Initial) Pump Required: ☐ Yes ☑ No ☐ May be required

Proposed Wastewater System Type*: 2a - Conventional Trench (Repair) Pump Required: ☐ Yes ☑ No ☐ May be required

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Saprolite System (initial): ☐ Yes ☑ No Saprolite System (repair): ☐ Yes ☑ No

Fill System (Initial): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Fill System (repair): ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area provide a fill plan)

Usable Soil Depth (Initial): 37" Usable Soil Depth (Repair): 32"

Max. Trench Depth (Initial)‡: 25" Max. Trench Depth (Repair)‡: 20" ***‡ Measured on the downhill side of the trench***

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☑ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐ Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:
SEE ATTACHED CONDITIONS PAGE

Licensed Soil Scientist Print Name: Kerry Joe Johnson

Licensed Soil Scientist Signature: Kerry Joe Johnson, LSS Date: 8/31/2023

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-48185

This Section for Local Health Department Use Only

Initial submittal received: 3/5/24 (*Date*) by ONLINE (*Initials*)

G.S. 130A-335(a3) states the following:

When an applicant for an Improvement Permit submits to a local health department an Improvement Permit application, the permit fee charged by the local health department, the common form developed by the Department, and a soil evaluation pursuant to subsection (a2) of this section, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Improvement Permit includes all of the required components. If the local health department determines that the Improvement Permit is incomplete, the local health department shall notify the applicant of the components needed to complete the Improvement Permit. The applicant may submit additional information to the local health department to cure the deficiencies in the Improvement Permit. The local health department shall make a final determination as to whether the Improvement Permit is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The Department shall develop a common form for use as the Improvement Permit.

The review for completeness of this Improvement Permit was conducted in accordance with G.S. 130A-335(a3). This Improvement Permit is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

☒ Complete

State Authorized Agent: D. Wisberg Date: 3/6/24

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2) and (a3) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. *This permit is subject to revocation if the site plan, plat, or the intended use changes.* The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of 15A NCAC 18E and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 3/6/29

See attached site sketch

NCDHHS

Permit #: _OSWP-2024-48185

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)

County: Iredell

PIN/Lot Identifier: 4890698845

Issued To: Patrick Brake

Property Location: Sheffield Rd. Harmony, NC

AOWE/PE Plans/Evaluations Provided: Yes ☑ No ☐ If yes, name and license number of AOWE/PE: Kerry Joe Johnson - 10034E

Facility Type: Single Family Residence

☑ New ☐ Expansion ☐ Repair ☐ System Relocation ☐ Change of Use

Basement? ☐ Yes ☑ No Basement Fixtures? ☐ Yes ☑ No

Type of Wastewater System* 2a - Conventional Trench (Initial) 2a - Conventional Trench (Repair)

**Please include system classification for proposed wastewater system types in accordance with 15A NCAC 18A .1961 Table V(a)*

Design Daily Flow: 360 GPD Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☑ No
(if yes, please provide engineering documentation)

Installation Requirements/Conditions

Septic Tank Size: 1000 gallons Total Trench/Bed Length: 400 feet Trench/Bed Spacing: 9 feet on center

Trench/Bed Width: 36 inches LTAR: 0.300 gpd/ft²

Soil Cover: 13 inches Slope Corrected Maximum Trench/Bed Depth‡: 25" inches ***‡ Measured on the downhill side of the trench***

Aggregate Depth: 2 inches above pipe 6 inches below pipe 12 inches total

Pump Tank Size (if applicable): N/A gallons Requires more than 1 pump? ☐ Yes ☑ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): N/A gallons

Distribution Method: ☑ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☑ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: ☐ Yes ☑ No

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☑ No

Declaration of Restrictive Covenants: ☐ Yes ☑ No

Pre-Construction Conference Required: Yes ☐ No ☑

Conditions: SEE ATTACHED CONDITIONS PAGE

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Kerry Joe Johnson Expiration Date: 8/31/2028

AOWE/PE Signature: Kerry Joe Johnson, LBS Date: 8/31/2023

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a5).

See attached site sketch

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Public Health

Permit/File #: OSWP-2024-48185

This Section for Local Health Department Use Only

Initial submittal received: 3/5/24 (*Date*) by ONLINE (*Initials*)

G.S. 130A-335(a5) states the following:

When an applicant for a Construction Authorization, or an Improvement Permit and Construction Authorization together, submits a Construction Authorization, or an Improvement Permit and Construction Authorization application together, the permit fee charged by the local health department, the common form developed by the Department, and any necessary signed and sealed plans or evaluations conducted by a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator, the local health department shall, within five business days of receiving the application, conduct a completeness review of the submittal. A determination of completeness means that the Construction Authorization or Improvement Permit and Construction Authorization includes all of the required components. If the local health department determines that the Construction Authorization or Improvement Permit and Construction Authorization is incomplete, the local health department shall notify the applicant of the components needed to complete the Construction Authorization or Improvement Permit and Construction Authorization. The applicant may submit additional information to the local health department to cure the deficiencies in the Construction Authorization or Improvement Permit and Construction Authorization. The local health department shall make a final determination as to whether the Construction Authorization or Improvement Permit and Construction Authorization is complete within five business days after the local health department receives the additional information from the applicant. If the local health department fails to act within any period set out in this subsection, the applicant may treat the failure to act as a determination of completeness. The applicant may apply for the building permit for the project upon the decision of completeness of the Construction Authorization or Improvement Permit and Construction Authorization by the local health department or if the local health department fails to act within five business days. The Authorized On-Site Wastewater Evaluator or licensed engineer submitting the evaluation pursuant to this subsection may request that the local health department revoke or suspend the Construction Authorization or Improvement Permit and Construction Authorization for cause. Upon written request of the Authorized On-Site Wastewater Evaluator or licensed engineer, the local health department shall suspend or revoke the Construction Authorization or Improvement Permit and Construction Authorization pursuant to G.S. 130A-23. The Department shall develop a common form for use as the Construction Authorization.

The review for completeness of this Construction Authorization was conducted in accordance with G.S. 130A-335(a5). This Construction Authorization is determined to be:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Applicant on _____ (*Date*)

State Authorized Agent: _____ Date: _____

■ Complete

State Authorized Agent: D. Wisberg Date of Issuance: 3/6/24

This Construction Authorization is issued pursuant to G.S. 130A-335(a2) and (a5) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 3/6/29

See attached site sketch

K. Joe Johnson
NC Licensed Soil Scientist
Authorized Onsite Wastewater Evaluator
3311 Old Liberty Rd.
Franklinville, NC 27248
(336) 953-0763

Clayton Homes of Lexington
828 Piedmont Dr.
Lexington, NC 27295

Re: Licensed Soil Scientist property evaluation and wastewater system design/layout for Iredell County Parcel # 4890698845 located at Sheffield Rd. Harmony, NC.

To Whom It May Concern,

This Licensed Soil Scientist Evaluation is being submitted pursuant to and meets the requirements of GS 130A-335(a2).

A soil/site evaluation and wastewater system layout/design was performed on the above referenced 4.46 acre parcel to serve a 3-bedroom residence (maximum 6 occupants) with a total peak wastewater flow of 360 gallons per day. Work was conducted in accordance with the NC .1900 Rules for Sewage Treatment and Disposal Systems.

Soil was evaluated on this property with a hand auger. Detailed soil horizon descriptions are included in this report with corresponding boring locations shown on the attached maps of the property. All borings were located using a Leica Zeno FLX100 PLUS GPS unit. Existing wells were not observed within 50 feet of the approved septic system area. This report is requesting issuance of the Improvement Permit and Construction Authorization.

This report requests permitting installation of a gravity fed conventional trench wastewater system with 400 linear feet of nitrification line to serve a 3-BR residence per the attached design criteria and conditions spelled out in this report. Repair for this site is designated as conventional trench.
This report is a total of 14 pages and must not be used or interpreted without the entire report available.

I am pleased to be of service in this matter and can be reached at your convenience if additional services or information is needed to ensure the successful completion of this project.

Kerry Joe Johnson, LSS
North Carolina Licensed Soil Scientist #1264

K. Joe Johnson
NC Licensed Soil Scientist
Authorized Onsite Wastewater Evaluator
3311 Old Liberty Rd.
Franklinville, NC 27248
(336) 953-0763

Job: CH - Pennington - Sheffield Rd - PIN 4890698845 - Iredell County

Special Notes / Conditions:

- **THIS IS AN LSS/AOWE/LHD HYBRID PERMIT. THE LICENSED SEPTIC CONTRACTOR INSTALLING THIS SYSTEM MUST CONTACT THE LOCAL ENVIRONMENTAL HEALTH DEPARTMENT TO SCHEDULE ALL INSPECTIONS.**

- **Plumb out left rear side of house and set septic tank with approved effluent filter shallow (6" max. cover) per site plan.**
- **Run 3" sch 40 from tank to first line of system drainfield (Lime - 40').**
- **Install 400' of conventional trench per attached layout / design, on contour, & at correct trench depth in initial system approved area.**
- **Any changes to house location or location of any appurtenances from attached site plan must be approved by submitting soil scientist.**
- **Property lines and corners shall be clearly and accurately marked before system installation begins.**
- **Construction materials and equipment (vehicles, etc.) must remain off of system area during all phases of construction. Recommend installing construction fencing around approved septic system areas to protect area during home construction.**
- **Avoid clearing approved septic area or installation of system while soil conditions are wet. Unapproved grading and/or filling of approved soil area may result in permit revocation.**
- **Establish vegetative cover over entire system area immediately after installation approval. Use accepted erosion and soil cover stabilization practices for septic area during establishment period of vegetative cover (straw, tar tacking, erosion matting, etc.).**
- **Divert all excess water away from system area. Route all gutter downspouts, foundation drains, etc. around and away from approved septic area and septic tank.**
- **Do not add any garbage disposal waste to wastewater stream. Do not dispose of oil, fats, and grease in wastewater stream (dispose in household waste). This septic system is design for a maximum or peak flow of 360 GPD. This is a rate that can only be accommodated on periodic high flow occasions (holiday gatherings, parties, etc.) and not on a day to day basis. An average daily flow of 50% of this peak flow is recommended to maintain peak system performance and longevity. It is required that the septic tank contents be pumped (removed) on a schedule that maintains the solids level at 1/3 of the liquid depth or less (recommend every 3-5 years minimum).**

K. Joe Johnson
NC Licensed Soil Scientist
Authorized Onsite Wastewater Evaluator
3311 Old Liberty Rd.
Franklinville, NC 27248
(336) 953-0763

Thursday, August 31, 2023

Iredell County Department of Public Health
Attn: Director or Manager

Re: Licensed Soil Scientist property evaluation for Iredell County Parcel # 4890698845 located at Sheffield Rd. Harmony, NC.

To Whom It May Concern,

"The LSS evaluation attached to this application is to be used to issue an Improvement Permit in accordance with GS 130A-335(a2) and (a3)."

In accordance with NC General Statute, the above statement is respectfully submitted to satisfy the requirements for a signed and dated statement from the property owner or owner's legal representative.

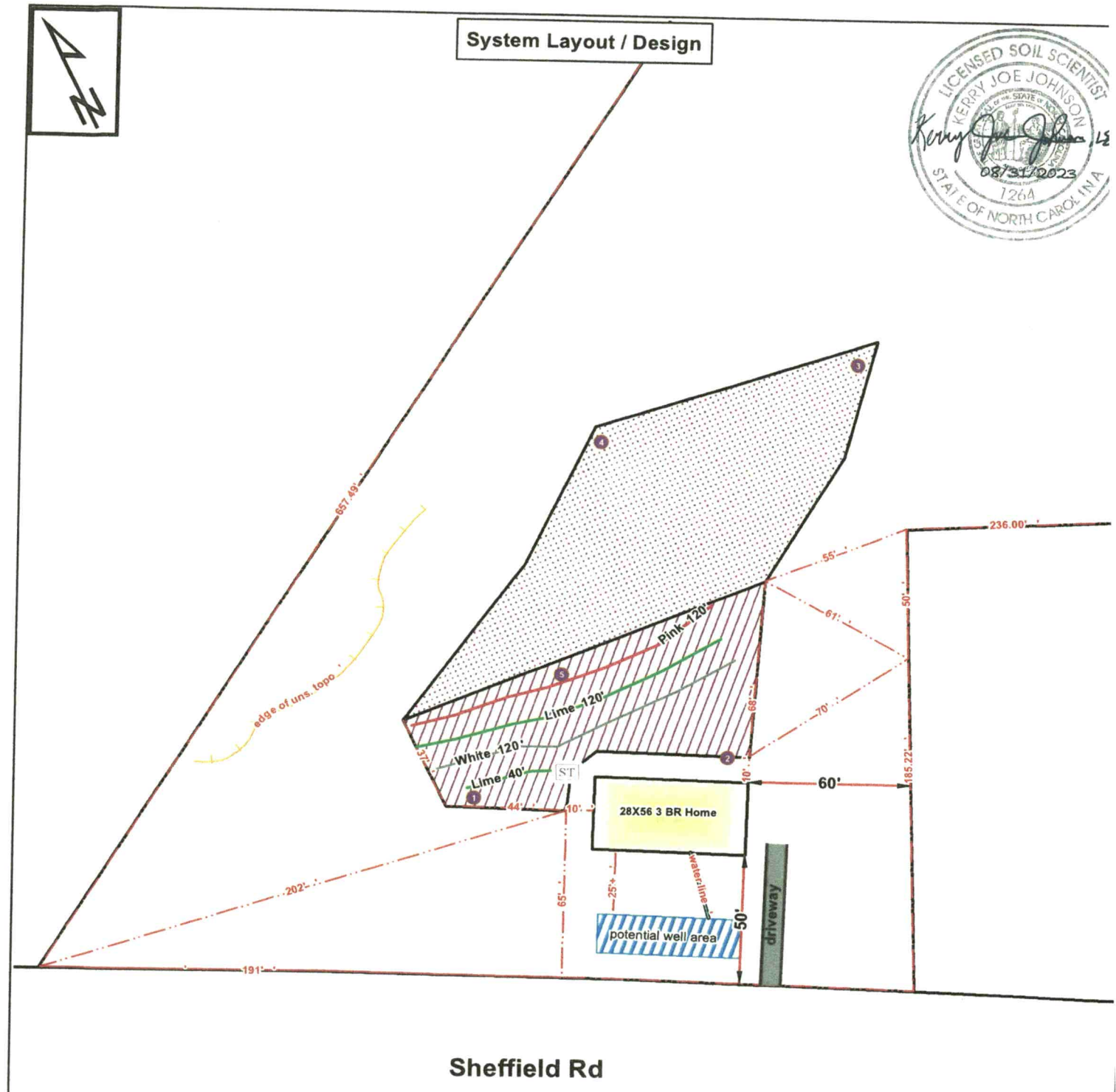
Sincerely,

SEE ATTACHED FORM

Owner / Owner's Representative

K. Joe Johnson, LSS
NC Licensed Soil Scientist
3311 Old Liberty Rd
Franklinville, NC 27248
(336) 953-0763

Owner:	Patrick Brake				Evaluation Date:		8/16/2023			
Owner Address:	139 Shaggy Bark Ln. Mocksville, NC 27028				Property Location:		Sheffield Rd. Harmony, NC			
Proposed Facility:	Single Family Residential				Water Supply Type:		Private	Well		
Property Size:	4.46 acres				Evaluation Method:		Boring			
Parcel ID #:	4890698845				Wastewater Type:		Domestic Strength			
Subdivision Name / Lot #	N/A				Proposed Design Flow:		360 GPD			
Evaluation Method	Boring	Boring	Boring	Boring	Boring					
Boring/Pit Number	1	2	3	4	5					
Landscape Pos.	Linear	Linear	Linear	Linear	Linear					
Slope %	8	8	10	12	10					
Horizon 1 Depth (Inches)	0-10	0-8	0-12	0-10	0-8					
Horizon 1 Texture	SCL	SCL	SCL	SCL	SCL					
Horizon 1 Structure	wBk	wBk	wBk	wBk	wBk					
Horizon 1 Consistence	Fr,SS,SP	Fr,SS,SP	Fr,SS,SP	Fr,SS,SP	Fr,SS,SP					
Horizon 1 Mineralogy	SEXP	SEXP	SEXP	SEXP	SEXP					
Horizon 2 Depth (Inches)	10-27	8-24	12-23	10-48	8-28					
Horizon 2 Texture	C	C	C	C	C					
Horizon 2 Structure	Bk	Bk	Bk	Bk	Bk					
Horizon 2 Consistence	Fi,S,P	Fi,S,P	Fi,S,P	Fi,S,P	Fi,S,P					
Horizon 2 Mineralogy	SEXP	SEXP	SEXP	SEXP	SEXP					
Horizon 3 Depth (Inches)	27-48	24-40	23-36		28-48					
Horizon 3 Texture	CL(BC)	CL(BC)	CL(BC)		CL(BC)					
Horizon 3 Structure	wBk	wBk	wBk		wBk					
Horizon 3 Consistence	Fi,S,P	Fi,S,P	Fi,S,P		Fr,S,P					
Horizon 3 Mineralogy	SEXP	SEXP	SEXP		SEXP					
Horizon 4 Depth (Inches)		40	36							
Horizon 4 Texture		sap	AR							
Horizon 4 Structure										
Horizon 4 Consistence										
Horizon 4 Mineralogy										
Wetness (Depth / Color)										
Saprolite (Depth / Inches)		40"	36"?							
Restrictive Horizon										
Suitability Classification	PS	PS	PS	PS	PS					
LTAR	0.300	0.300	0.300	0.325	0.300					
Comments:										
Date	8/16/2023	8/16/2023	8/16/2023	8/16/2023	8/16/2023					
Sitewide Comments:										
Initial Trench Type:	Conventional						Others Present:	Donnie Newton, REHS		
Repair Trench Type:	Conventional									
Initial System LTAR:	0.300									
Repair System LTAR:	0.300									



Legend:

- Soil Evaluation Locations
- <all other values>

Area_Type

- Initial Area
- Repair Area
- Potential Well Area

LICENSED SOIL CONSULTANT
10034
EVALUATOR

1 inch = 50 feet

Base Map: Iredell County GIS

Clayton Homes of Lexington - Pennington Job
Sheffield Rd. Harmony, NC
Iredell County Parcel #4890698845

This document is intended for the identification of soil areas for use in development of the property in question and is not intended to substitute for a land survey nor should it be used as legal documentation for land transfer. Noted soil locations are approximate and do not infer in any way survey accuracy.