ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 38985

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

PIN # 4891 -- 27 -- 8583

APPLICANT/OWNER: Julia Bailey APPLICANT ADDRESS: 721 Bailey Farm Rd, Statesville NC 28625

SITE ADDRESS: 850 Powell Bridge Rd Harmony NC 28634 PHONE: ALT. PHONE

SITE DIRECTIONS: (N) 77 → (R) on exit 54 → (R) 21 → (R) Powell Bridge Rd → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

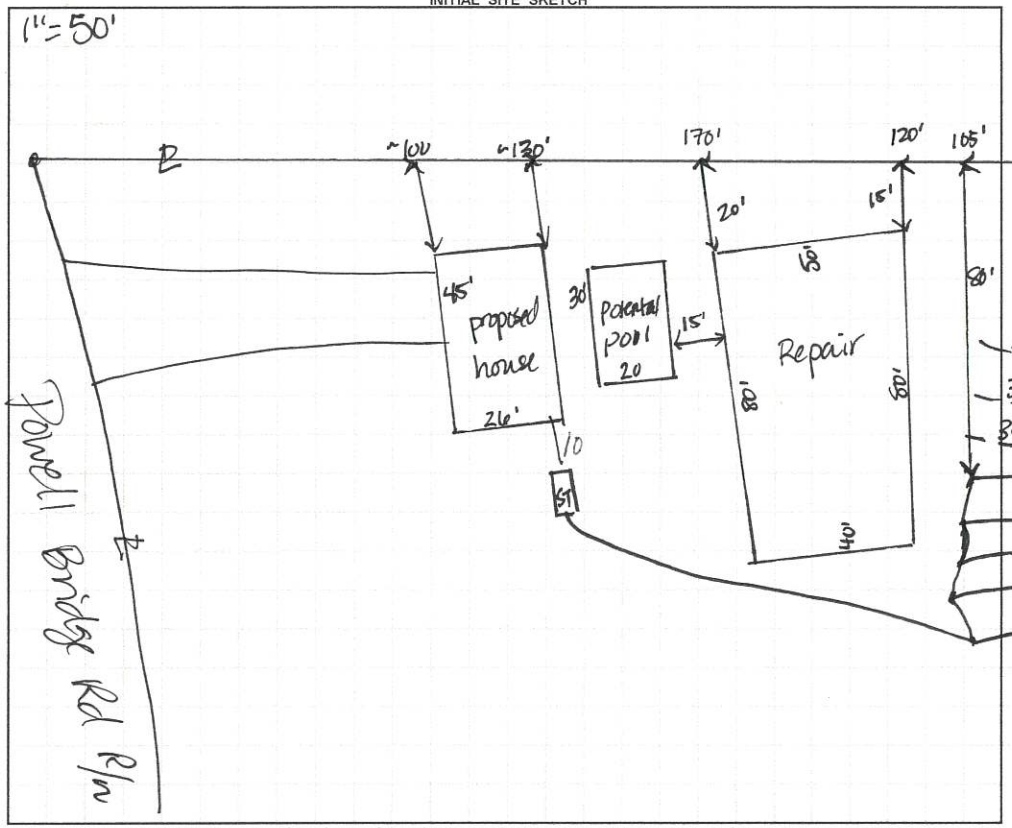
SUBDIVISION: N/A SECTION: N/A LOT # TR2 LOT AREA: 46.12 DESIGN FLOW: 240 gpd L.T.A.R.: 0.3/0.25(R)

Septic Tank	1000 (gal)	STB 760	Date 7-23-22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction		☐ Business	No. Persons 4	☐ Private
Pump Make	Model		Serial #	Repair System Description: 25% Reduction		☐ Other	No. Employees	☒ Public
# Nitrification Fields 1	# Lines 5		Linear Ft: 202'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 34" (36" Max)		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Do not pave, park, grade, drive, or bury utilities in drain field. Divert all drainage, use serial dismbution

Property line & property corners must be marked at time of installation

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.

Supply line & Top line needs to be checked

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: 3/13/22 Installed by: CAC Plumbing

IMPROVEMENT PERMIT by: D. Mieberg Date: 4/7/22 OPERATION PERMIT by: Date: 9/1/22

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 4/7/22 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 #: 4891278583
COUNTY: Iredell

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

OWNER: Julia & Preston Bailey — APPLICATION DATE 6/21/21
ADDRESS: 721 Bailey Farm Rd, Statesville — DATE EVALUATED: 7/13/21
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: 46.12
LOCATION OF SITE: 8550 Powell Bridge Rd — PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

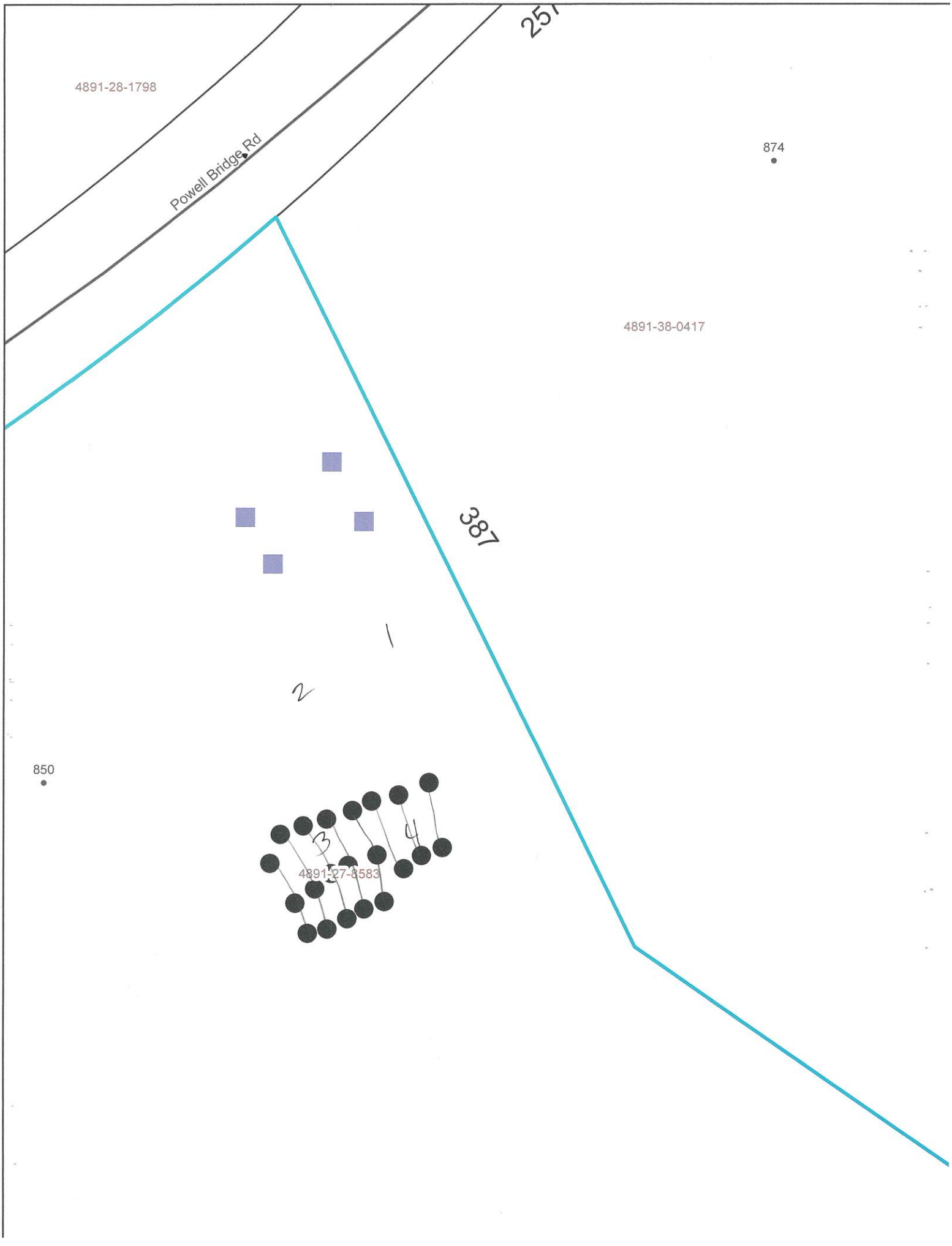
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 5%	0-6	CL/SCL - SBK	SSSP - FR - SEXP	2.5Y 5/3 6/2 @ 24 Heavy YB 0-28" Sap incl 28"+				PS 0.25 YB @ 48
		6-28	C - SBK/ABK	↓					
		28-60	CL -	↓					
2	LS 5%	0-8	CL - SBK	SSSP - FR. SEXP	YB throughout Sap incl. & mica 32"+				PS 0.275
		8-32	C - SBK/ABK	↓					
		32-60	CL -	↓					
3	LS 5%	0-8	CL	SSSP - FR - SEXP	YB to mica & minor sap incl 26"+				PS 0.3 (below YB)
		8-26	C - SBK	↓					
		26-60	CL - SBK	↓					
4	5%	0-10	CL/SCL - SBK	SSSP - FR - SEXP	minor YB 0-30"				PS 0.3 Below YB
		10-30	C - SBK	↓					
		30-62	CL - SBK	↓					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25% red	50% red
Site LTAR	0.3	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Webern
OTHER(S) PRESENT: 1

COMMENTS: @ layer slightly moist in pits

Updated February 2014


257
4891-28-1798
Powell Bridge Rd
874
4891-38-0417
387
1
2
850
3
4
4891-27-8583

318985

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, _____, 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.

_____ _____
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

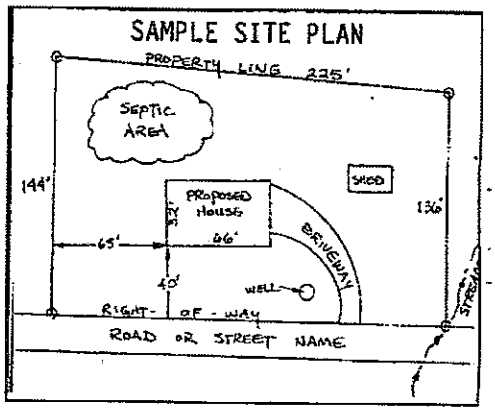
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IREDELL COUNTY HEALTH DEPARTMENT

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:

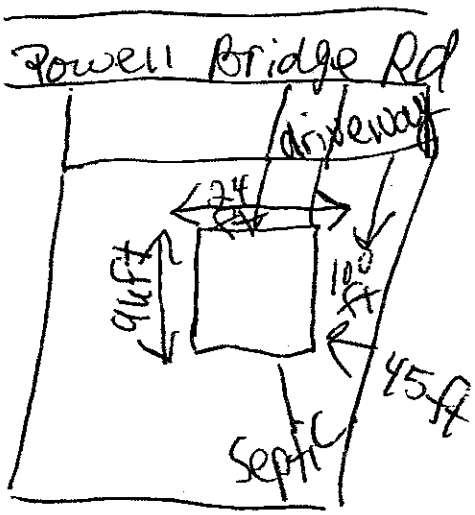
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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



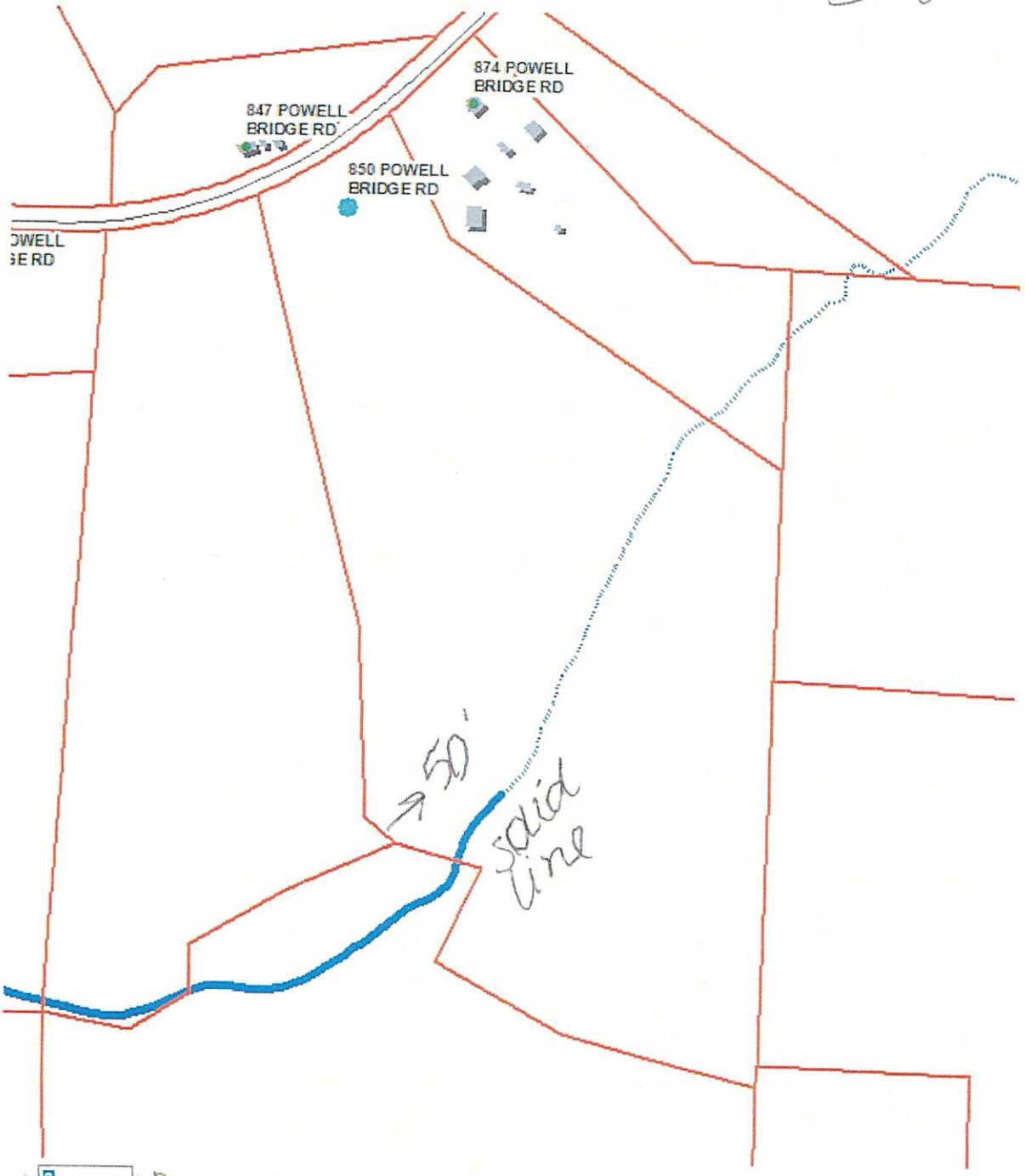
Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/21/21
DATE

Angela Petrea

From: Richard Hoffman
Sent: Monday, June 21, 2021 11:57 AM
To: Angela Petrea
Subject: 850

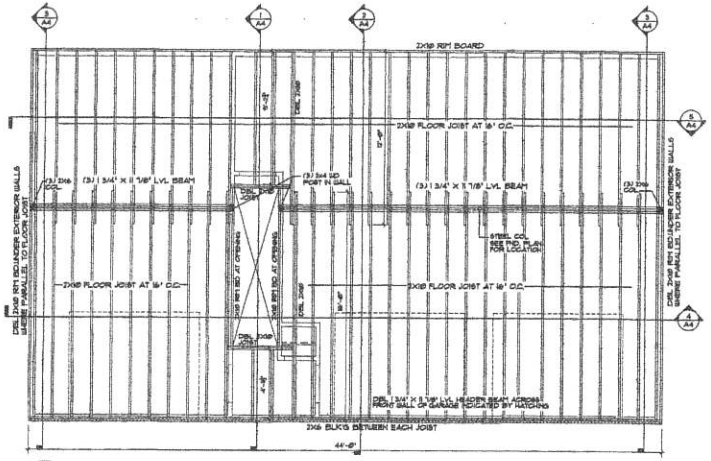
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553 ABBEYDALE RD
ABBEYDAL
588 ABBEYDALE RD
581 ABBEYDALE RD
574 ABBEYDALE RD
551 ABBEYDALE RD
537 ABBEYDALE RD
566 ABBEYDALE RD
558 ABBEYDALE RD
130 LAKE MOUNTAIN LN
137 LAKE MOUNTAIN LN
LAKE MOUNTAIN
963 POWELL BRIDGE RD
109 LAKE MOUNTAIN
913 POWELL BRIDGE RD
POWELL BRIDGE
847 POWELL BRIDGE RD
874 POWELL BRIDGE RD
850 POWELL BRIDGE RD
801 POWELL BRIDGE RD
785 POWELL BRIDGE RD
814 POWELL BRIDGE RD
4891278583.000
263 HAMLET RD
329 HAMLET RD

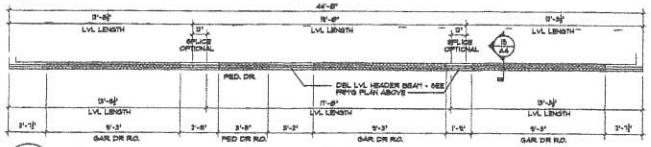
318985

250 Powell Bridge



4 / A1 GARAGE APARTMENT FLOOR FRAMING PLAN

SCALE: 1/4"=1'-0"



4A / A1 GAR. DR. HEADER BEAM PLAN

SCALE: 1/4"=1'-0"

NOTE: HATCHED AREA INDICATES GARAGE DOOR ROUGH OPENING WIDTH
OWNER OPTION TO SPLICE HEADER WHERE INDICATED. SEE DETAIL 1/A7

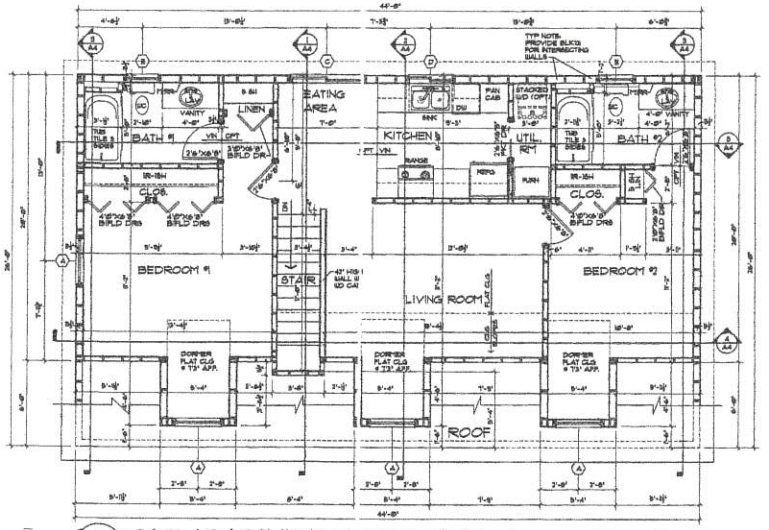
NOTES:

1. DIMENSIONS SHOWN ARE FROM ONE SIDE OF STUDS TO ONE SIDE OF INTERIOR STUDS OR FROM CONC TO CONC
2. EXTERIOR STUD WALLS ARE 2X6 STUDS @ 16" O.C. AND INT. STD. PARTITIONS ARE 2X4 STUDS @ 16" O.C. U.N.O.
3. USE OF STD 3 1/4" CASING TRIM USED TO DETERMINE INTERIOR DIMENSIONS REQUIRED NEXT TO DOORS. OWNER/BUILDER SHALL BE RESPONSIBLE FOR ALL INTERIOR DIMENSIONS AND CONFLICTS WITH CASING TRIM IF A WIDER CASING TRIM IS TO BE USED.
4. DIMENSIONS ARE TO ROUGH CONSTRUCTION
5. CONTRACTOR SHALL VERIFY ALL WINDOW AND DOOR ROUGH OPENINGS W/ MANUF. BEFORE COMMENCEMENT OF CONSTRUCTION.
6. WINDOW AND PATIO DOORS SHALL BE ANDERSEN 200 SERIES NARROW LINE UNITS
7. ALL CABINETRY TO BE DETERMINED BY CABINET PROVIDER
8. INTERIOR WALLS/CLG. FINISH SHALL BE 1/2" GYP. BD IN APT. INCLUDING STAIR. GARAGE INTERIOR WALLS/CLG. FINISH SHALL BE 5/8" TYPE 'X' GYP. BD.

FLOOR FINISH SCHEDULE

ROOM	FLOOR		
	CARPET	VINYL	CONC
FOYER		●	
STAIR	●		
EATING	●		
KITCHEN		●	
UTILITY ROOM		●	
LIVING ROOM	●		
BED ROOM 4	●		
BATH 4		●	
BED ROOM 3	●		
BATH #2		●	
GARAGE			●

NOTE: CLOSET FLOORS TO BE SAME FINISH AS ADJACENT ROOMS UNO



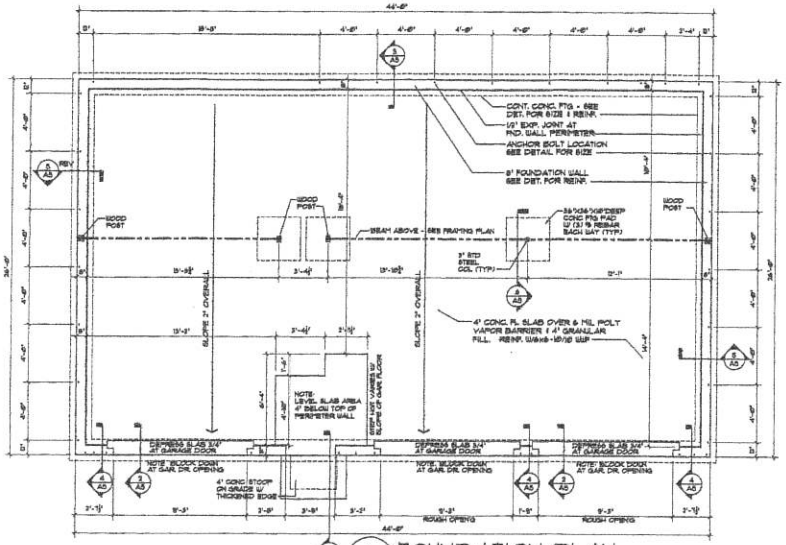
3 / A1 GAR APARTMENT FLOOR PLAN

SCALE: 1/4"=1'-0"

WINDOW SCHEDULE WINDOWS SHALL BE ANDERSEN "NARROWLINE" 200 SERIES WINDOWS

	MARK	MANF.	MODEL #	UNIT DIMENSION	REMARKS
4	(A)	ANDERSEN	3046	3'-1 5/8" X 4'-5 1/4"	EGRESS
2	(B)		3042	3'-1 5/8" X 4'-3 1/4"	
1	(C)		2440CDC240	4'-5 1/2" X 3'-11 1/2"	GLIDING WINDOW
1	(D)		2440CDC230	2'-11 1/2" X 3'-11 1/2"	GLIDING WINDOW
2	(E)		2030D	2'-1 5/8" X 3'-1 1/4"	

NOTE: ADD 1/2" TO WINDOW HEIGHT AND WIDTH TO DETERMINE ROUGH OPENING DIMENSIONS



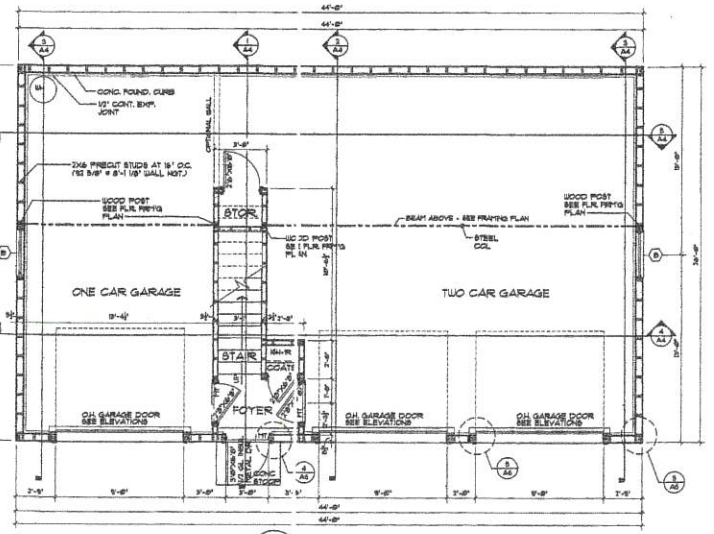
1 / A1 FOUNDATION PLAN

SCALE: 1/4"=1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 8-2-21.

Date 8/2/21



2 / A1 GARAGE FLOOR PLAN

SCALE: 1/4"=1'-0"

Owner:

Lot No.

Address:

Ref. No.: 040413

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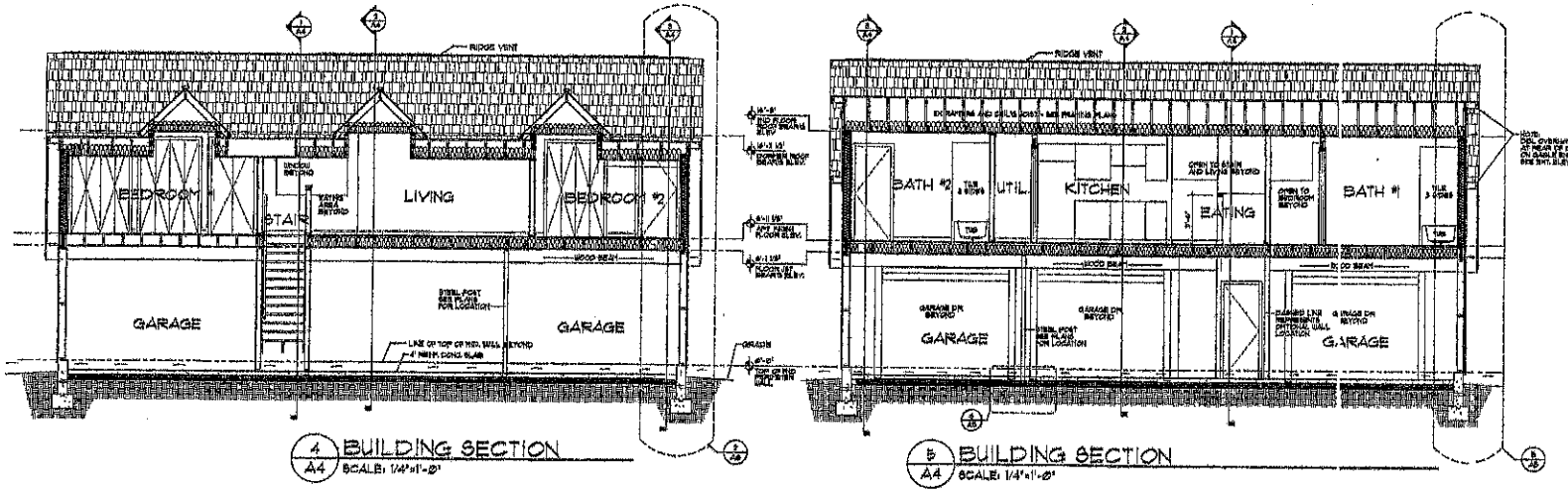
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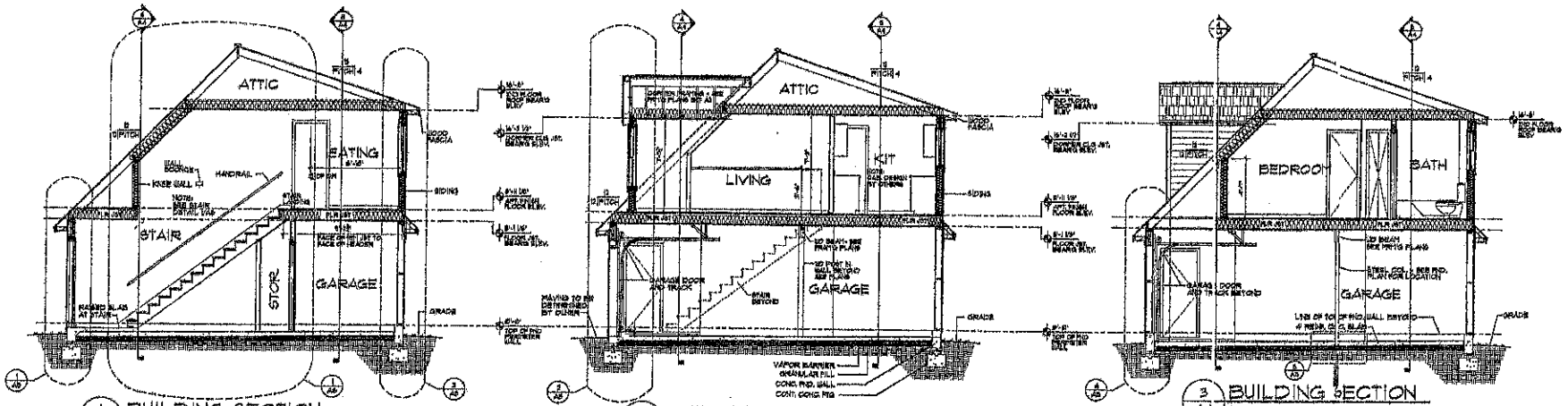
PLAN NO. 30032

SHEET A1



4 / A4 BUILDING SECTION
SCALE: 1/4"=1'-0"

5 / A4 BUILDING SECTION
SCALE: 1/4"=1'-0"



1 / A4 BUILDING SECTION
SCALE: 1/4"=1'-0"

2 / A4 BUILDING SECTION
SCALE: 1/4"=1'-0"

3 / A4 BUILDING SECTION
SCALE: 1/4"=1'-0"

Owner:
Address:
Lot No.
Bld. No.: DRAFT

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These drawings have been prepared to meet nationally advisable standards and practices for residential construction. However, because state and local requirements vary widely, it is the responsibility of the builder to see that these plans are altered as necessary to meet all applicable codes and regulations. Consult local officials before starting construction. Because we have no control over construction methods or workmanship, we cannot guarantee results obtained from our plans. We assume no responsibility for structural adequacy of buildings built from our plans. Building codes should be followed in every detail, and in case of conflict between our plans and codes, the codes must be complied with. Any structural changes must be approved by a registered engineer. Our liability is limited to the purchase price of the plans. We assume no responsibility for any revisions made to our plans without our consent, or for any construction based on such revisions. We assume no responsibility for errors which become apparent only after working from our plans has begun. Starting construction indicates acceptance of these conditions.

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PLAN NO.
30032
SHEET
A4