ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317664

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

PIN # 4891 -- 54 -- 4582

APPLICANT/OWNER: William McComas APPLICANT ADDRESS: 625 Vanna Rd Washington PA 15301

SITE ADDRESS: 488 Hamlett Road Harmony NC 28634 PHONE: 724-344-5552 ALT. PHONE –

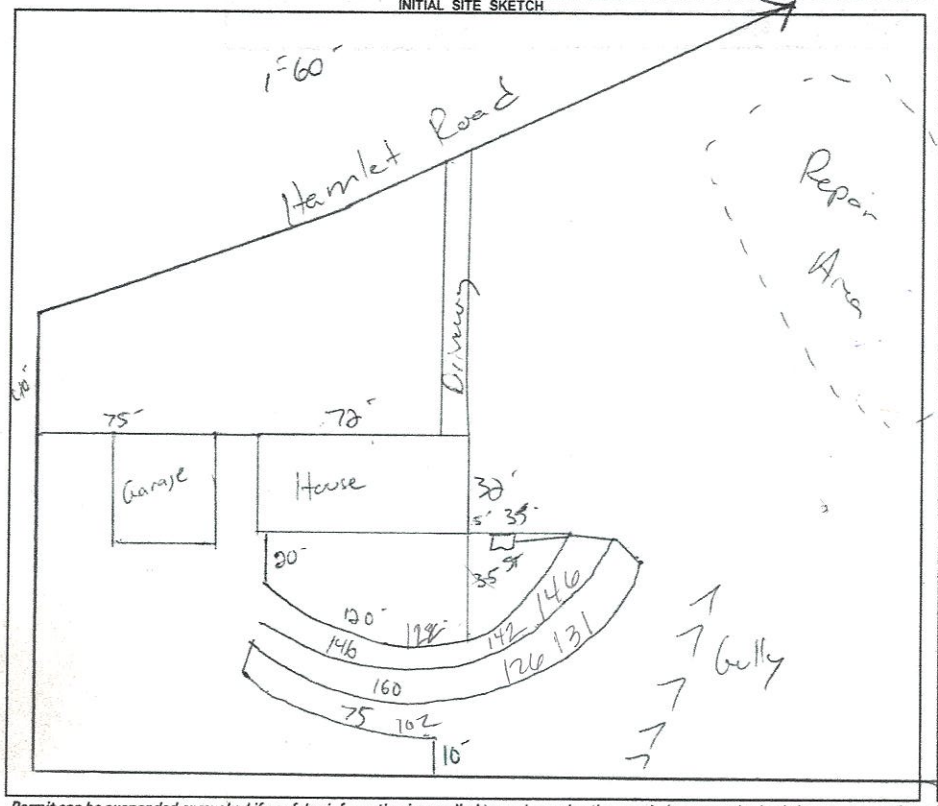
SITE DIRECTIONS: Hwy 21 R on Powell Bridge R on Hamlet Road 1st R at Red Springs SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Henry R&T Shaw Estate SECTION: – LOT# 21 LOT AREA: 2.31 DESIGN FLOW: 600 gpd L.T.A.R.: 1.5

Septic Tank	1500	(gal)	STB 964	Date 5/27/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply	
Pump Tank		(gal)	PT	Date	System Description:	25% Reduction	☐ Business	No. Persons	10	☐ Private	
Pump Make		Model		Serial #	Repair System Description:	25% Reduction PM	☐ Other	No. Employees		☒ Public	
# Nitrification Fields	1	# Lines	4	Linear Ft 500'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth –	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Drainlines on Contour of land use Serial distribution.

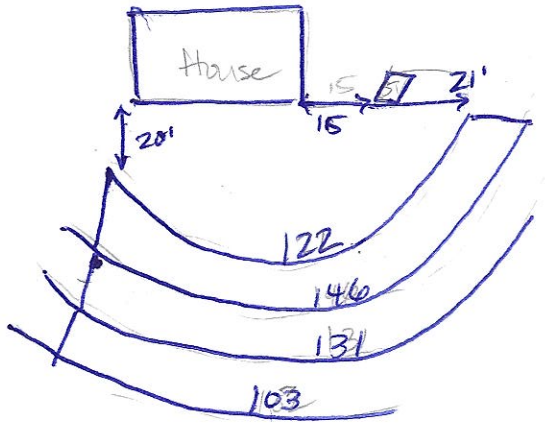
INITIAL SITE SKETCH



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.

As Built - NTS



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: William M Ram Date: 3-15-2022 Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Date: 3.14.2022 OPERATION PERMIT by: D Wiebey Date: 6/30/22

AUTHORIZATION TO CONSTRUCT by: Date: 3.14.2022 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 #: 4871541586
COUNTY: Iredell

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

OWNER: William McComes — APPLICATION DATE: 1-10-2020
ADDRESS: 425 Linn Rd Lewisville PA 19301 — DATE EVALUATED:
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 600 gpd — PROPERTY SIZE: 0.3
LOCATION OF SITE: 488 Hamlett Road — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	4-5% SS	0-12	SCL SBK	FR SSSP Soap	N	48+	N/A	N/A	PS .3
		12-30	C SBK						
		30-48	CL SBK						
2	4-5% SS	0-6	SCL SBK		N	48+	SAP Inc @ 35"	N/A	PS .3
		6-20	C SBK						
		20-48	CL SBK						
3	4-5% SS	0-12	SCL SBK		N	48+	N/A	N/A	PS .2
		12-34	C SBK						
		34-48	CL SBK						
4	4-5% SS	0-18	Fill		N	60+	N/A	N/A	PS .3 Deep
		18-24	SCL SBK						
		24-36	C SBK						
		36-60	CL SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500'	500'
System Type(s)	2SI	2SI
Site LTAR	.3	.3

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

COMMENTS:

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

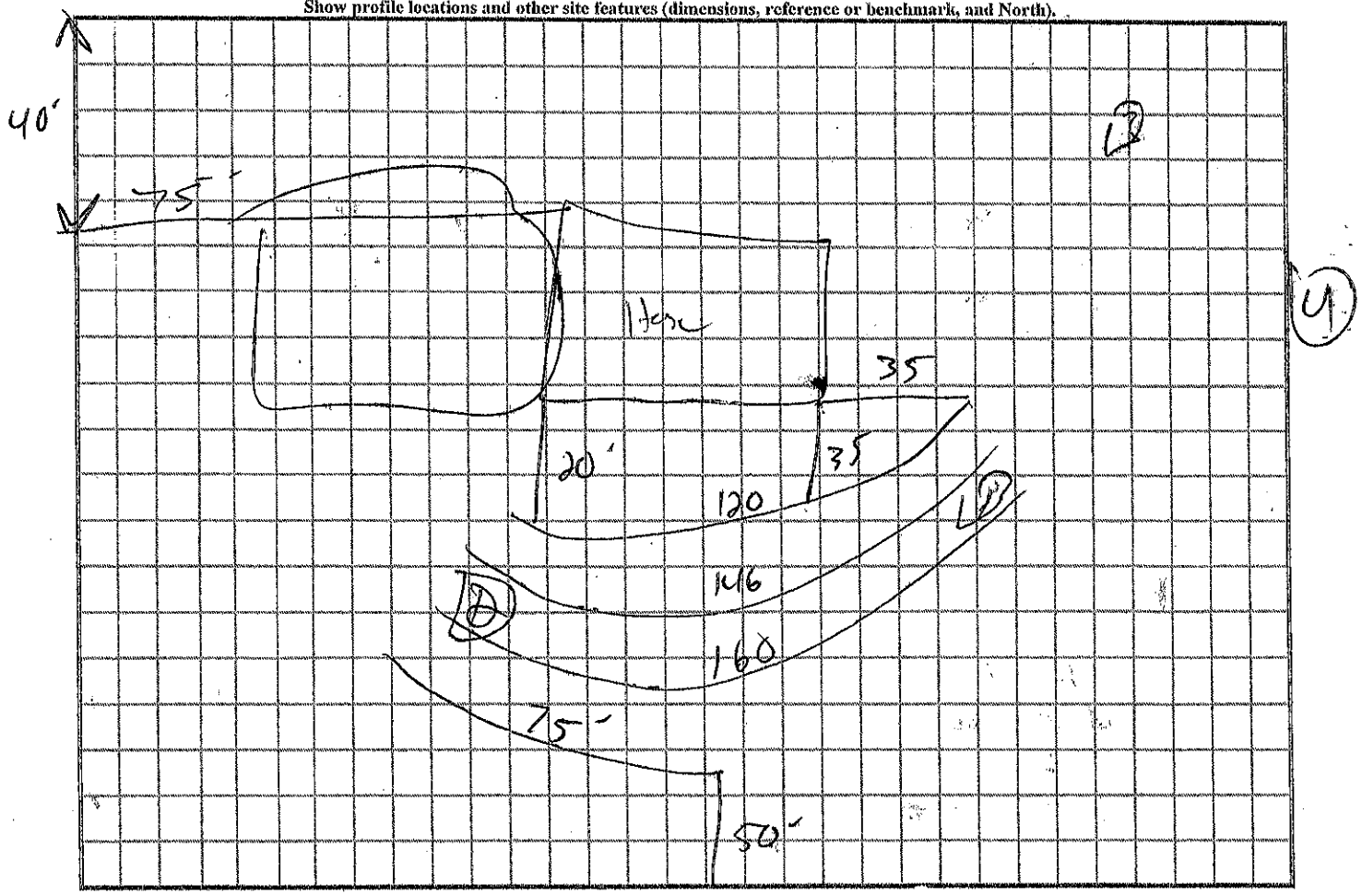
NOTES

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).



Immediate Relay. PD. $320.00 1-10-22

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

AP-317664

5B

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

"Ready"

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (No floorplan submitted with App.) ( ) Authorization to Construct (Floorplan submitted with App.) ( ) 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: William M Comas Address: 425 Vance Rd Washington NC Zip: 27889
Applicant Email: bilmcco@yahoo.com Phone: 724 344 3352 Alt. Phone: 724 344 3381
Owner Name: William M Comas Address: 425 Vance Rd Washington NC Zip: 27889
Owner Email: bilmcco@yahoo.com Phone: 724 344 3352 Alt. Phone: 724 344 3335

Property Information:

Street Address: 488 Hamlet Rd Harmony NC 28634
Subdivision Name: Henry Rat Estate Shaw Section/Phase: _____ Lot Number: 2 1
Driving Directions: Hwy 21 Row Powell Bridge Rd on Hamlet Rd to Rock Spring Lot on Corner

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

(✓) 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: 5
Maximum Number of Occupants: 5
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 ( ) 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: William F M Comas
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1-10-2022
DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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*) William M Comas

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, William M Comas, am the legal owner(s) of the property located at 486 Hamlet Rd Harmony NC 28634, identified as PIN (Parcel Identification Number) 489-54-4582, 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.

William M Comas
Signature of Owner(s)

1-10-2022
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

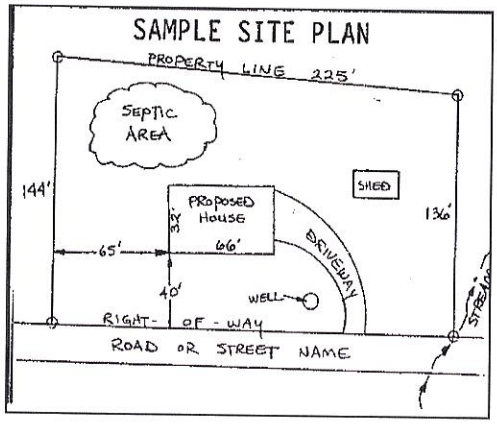
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (✓) 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

See Attached

Signature: _____

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

1-10-2024

DATE

R-5	N 65°02'59"E	49.57'
R-6	N 64°07'43"E	48.33'
R-7	N 64°12'47"E	48.71'
R-8	N 63°49'38"E	95.73'
R-9	S 03°06'32"E	206.02'

1" = 50' Approx

N

t Rd. – S.R. 2122

R-1 R-2 R-3 R-4 R-5 R-6 R-7 R-8

C-1

R-9

Robert J. Shoemaker

N 01°04'17"W 383.5

183.72'

364.32'

S 88°55'43"W 394.56' Total

30.24'

T-Iron found
N. 814,416.52 feet
E. 1,495,309.74 feet
(SPC 83/2011)

82' Driveway

Garage 34'X38'

Above Ground Pool

Deck 16'X12'

House 72' X32'

Deck 6'X6'

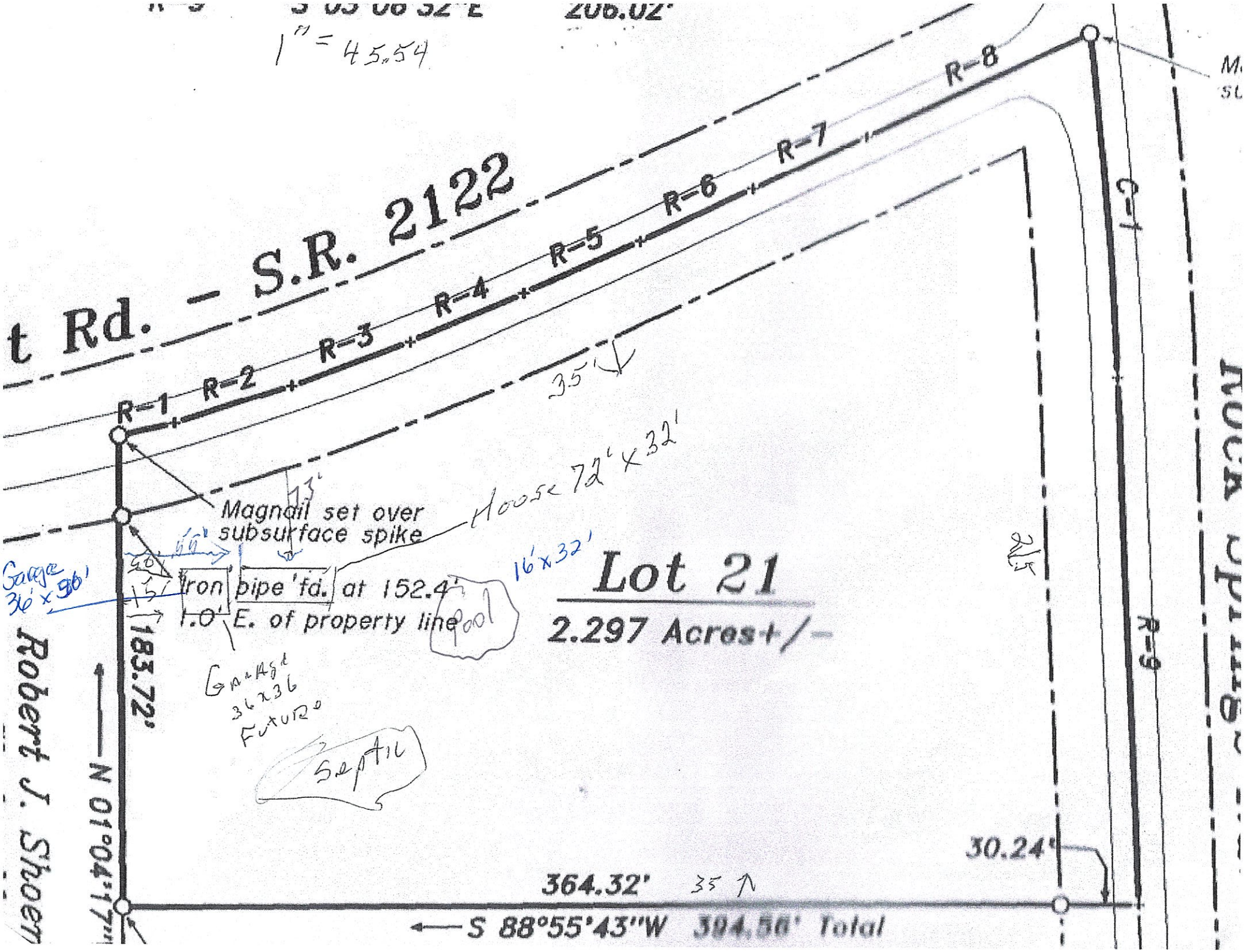
Gazebo

3 Shed 24'X24'

50

101

295 +-


S 03°08'32" E 206.02'
1" = 45.54
t Rd. – S.R. 2122
R-1
R-2
R-3
R-4
R-5
R-6
R-7
R-8
R-9
35'
Magnail set over subsurface spike
House 72' x 32'
Garage 36' x 36'
iron pipe fd. at 152.4' E. of property line
1.0'
16' x 32'
Pool
Lot 21
2.297 Acres +/-
Garage 36x36 Future
Septic
183.72'
N 01°04'17" W
Robert J. Shoem
364.32'
30.24'
S 88°55'43"W 394.56' Total

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317664

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PIN # 4891 -- 54 -- 4582

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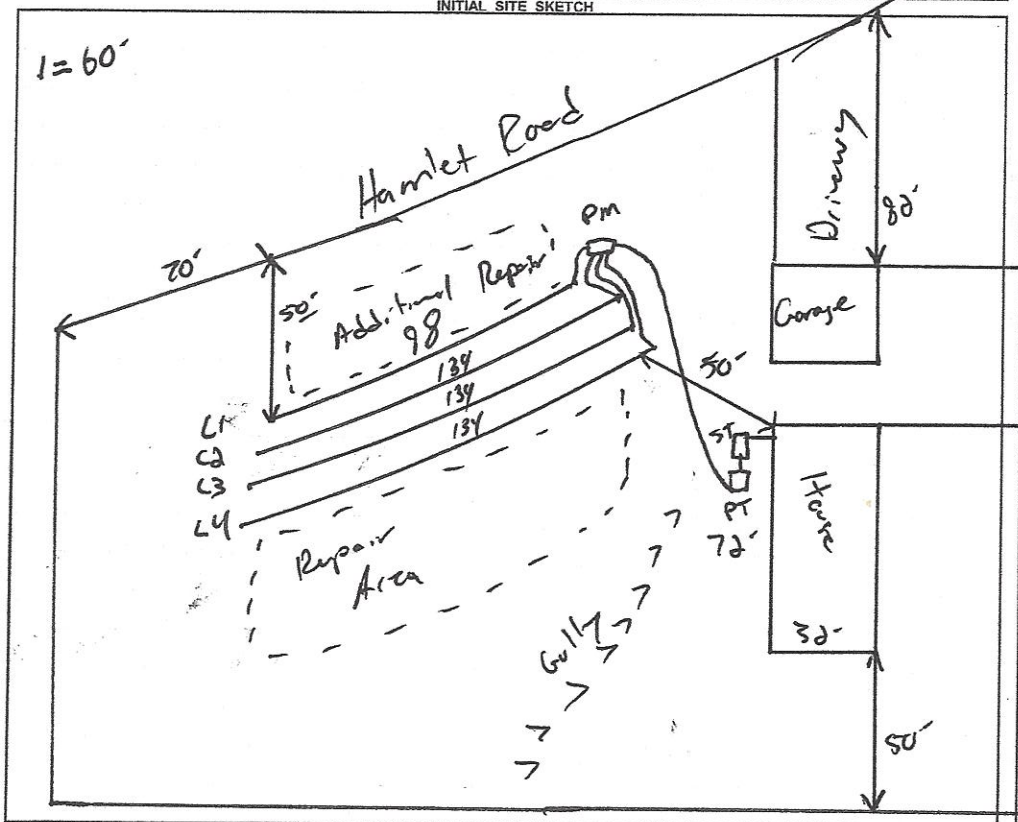
SUBDIVISION: Henry R&T Shaw Estate SECTION: - LOT # 21 LOT AREA: 2.31 Acre DESIGN FLOW: 600 gpd L.T.A.R.: .3

Septic Tank	1500	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500	(gal)	PT	Date	System Description:	25% Reduction			☐ Business	No. Persons	10	☐ Private
Pump Make		Model		Serial #	Repair System Description:	25% Reduction			☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 500'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width		Trench Bottom Depth(~~Low side~~)	Max 36"	Gravel Depth ←		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Drainline a Contour of land, use Pressure manifold for distribution

Use ½ sch 40 on L1
Use ¾ sch 80 on L2, L3, L4

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.

227 gal dose
10.8" drop down

Revised

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: _____

IMPROVEMENT PERMIT by: _____ Date: 7-29-2021 OPERATION PERMIT by: _____ Date: _____

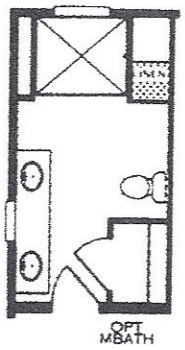
AUTHORIZATION TO CONSTRUCT by: _____ Date: 7-29-2021 Existing System Inspected by: _____ Date: _____

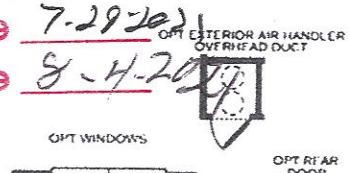
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Acknowledgement Of
Plans Submittal ONLY!

Date 7-29-2021

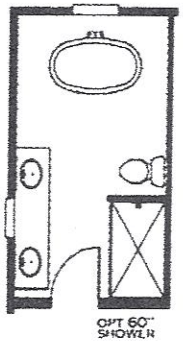
Date 8-4-2021

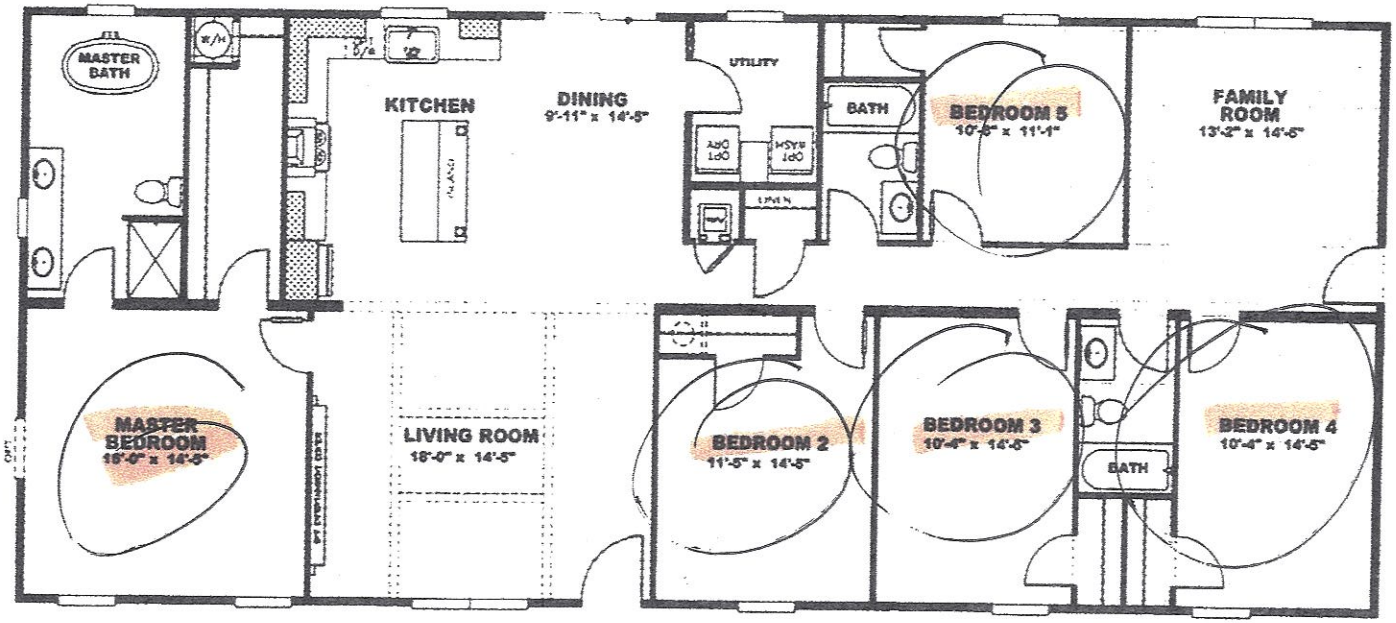












MODEL #PCH32725A
DRAWING # 30M015

32'x72' THE DOUGLAS

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

APPLICATION NUMBER
317664 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4891544582.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: KNIGHT LARRY D+TONY M	Name: WILLIAM MCCOMAS
Address:	Address: 425 VADEAL RD WASHINGTON, PA 15301
Phone:	Phone: (724)344-3352

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.31	35	35	15	25	WSII-BOW Hunting Creek	NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. 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 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.

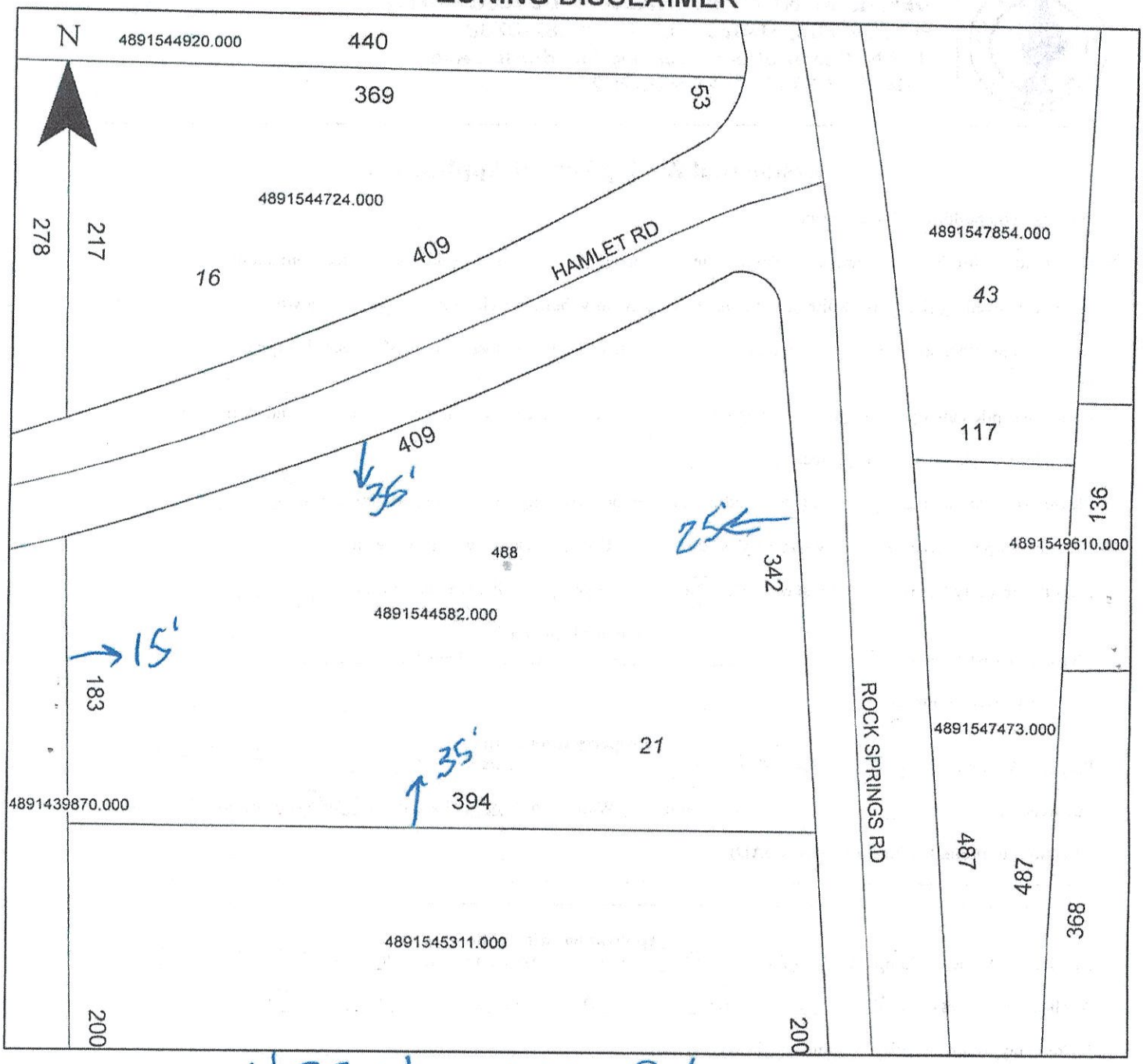
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/10/2021

Signature of Owner/Contractor

Permit Number	317664	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 488 Hamlet 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.

Willa A McA
Applicant

5-10-2021
Date