ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 319511

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

PIN # 4892--40--2795

APPLICANT/OWNER: Derrik Dalton APPLICANT ADDRESS: 146 Winding Brook Way 28625

SITE ADDRESS: 1009 Powell Bridge Road Harmony NC PHONE: 704-929-0187 ALT. PHONE -

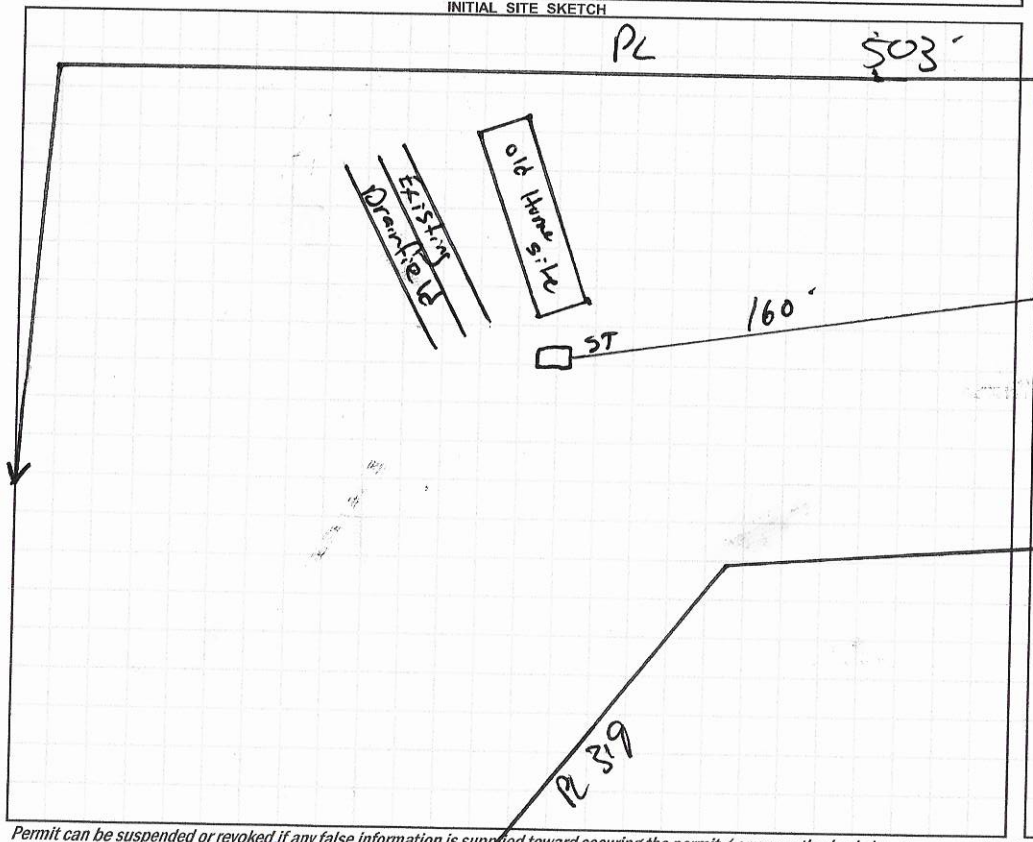
SITE DIRECTIONS: Hwy 21 to Powell Bridge property on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 2.43 DESIGN FLOW: 240 gpd L.T.A.R.: E+

Septic Tank		(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II ~~III~~ IV V VI		☒ Residence	No. Bedrooms	2	Water Supply				
Pump Tank	E	(gal)	PT		Date		System Description:					☐ Business	No. Persons	4	☐ Private				
Pump Make	E	Model			Serial #		Repair System Description:					☐ Other	No. Employees		☒ Public				
# Nitrification Fields	E+1	# Lines	1	200	Linear Ft:		Maintenance Agreement Required:	~~YES~~	☐ NO			☒ Slab	☐ Crawl Space		☐ Community				
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth			☐ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing				

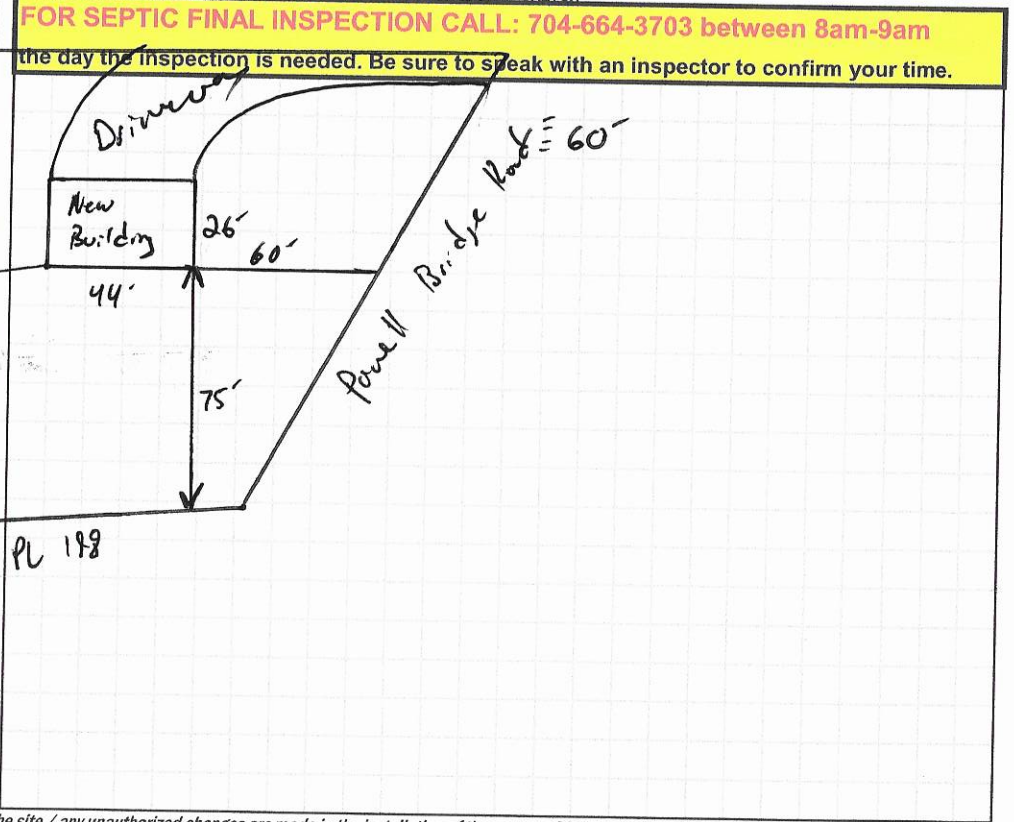
Comments / Conditions: Existing System functioning properly at time of inspection. Meets Setbacks

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: Derrik Dalton Date: 8/13/2021 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 8-11-2021

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

RECEIVED JUL 16 2021

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-319511 Paid: $250.00

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Derrick L Dalton Address: 146 Winding Brook Way Zip: 28625
Applicant Email: ddouble1982@gmail.com Phone: 704-929-0187 Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 1009 Powell Bridge Rd Harmony NC 28634
Subdivision Name: — Section/Phase: Lot Number:
Driving Directions: 21 to powell Bridge Rd

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: 2
Maximum Number of Occupants:
( ) 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.

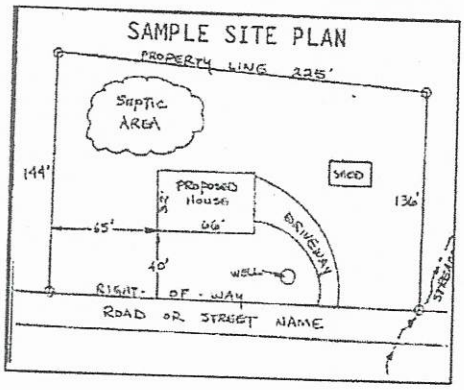
Signature: Derrick Dalton 7-7-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

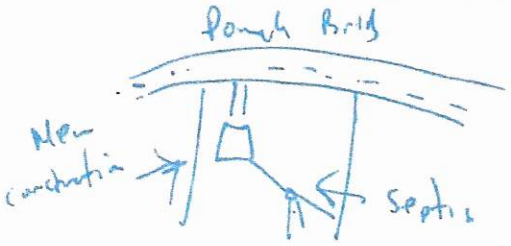
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Aren you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

7-7-21

DATE

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, Derrick L Dalton / Late Mountain Farm LLC, am the legal owner(s) of the property located at 1009 Powell Bridge Rd Harmony NC 28634, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Derrick L Dalton _____, 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

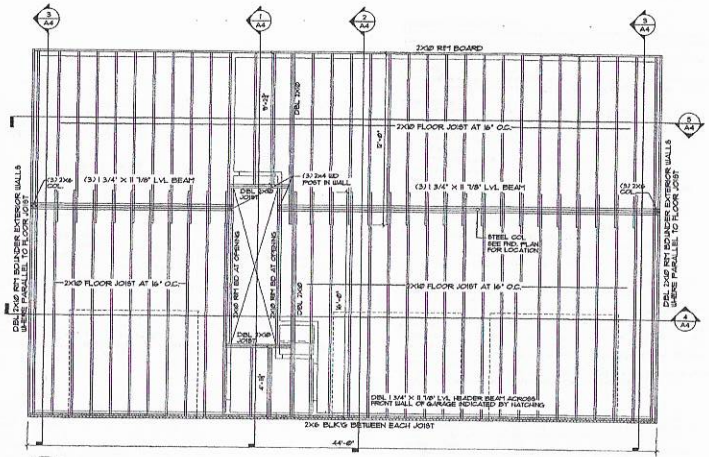
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Derrick L Dalton _____ 7-7-21

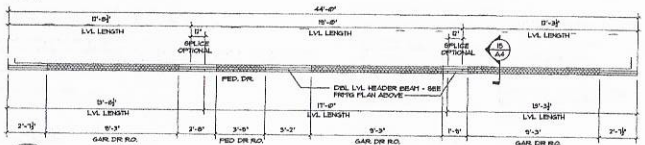
Signature of Owner(s) Date

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

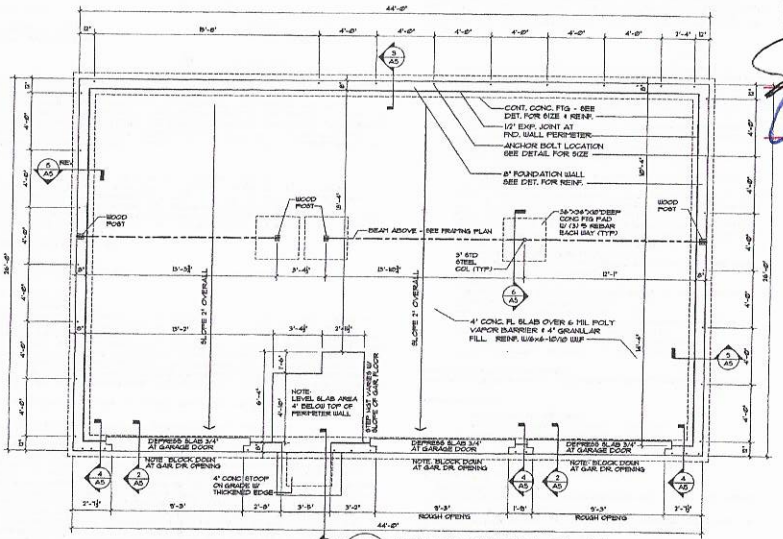
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



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



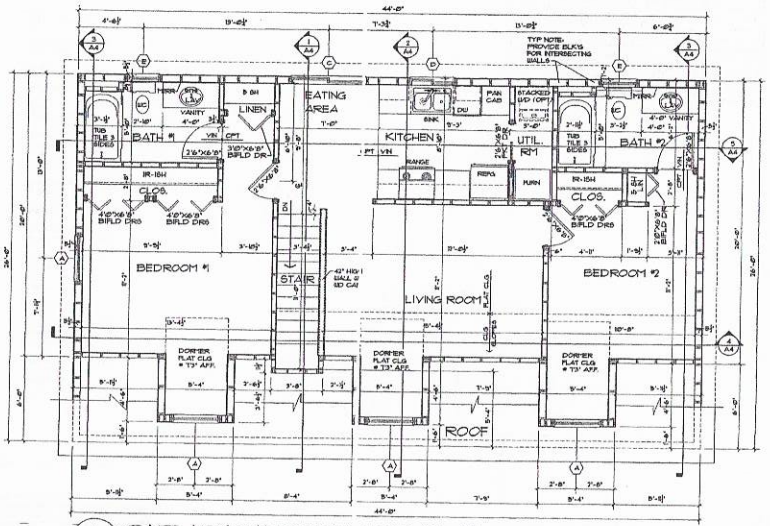
1 A1 FOUNDATION PLAN
SCALE: 1/4"=1'-0"

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 ANY INT. W.D. PARTITIONS ARE 2x4 STUDS @ 16" O.C. U.N.O.
3. USE OF 6"D 2 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 WALL/CLG. FINISH SHALL BE 1/2" GYP. BD IN APT. INCLUDING STAIR. GARAGE INTERIOR WALL/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 #1	●		
BATH #1		●	
BED ROOM #2	●		
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

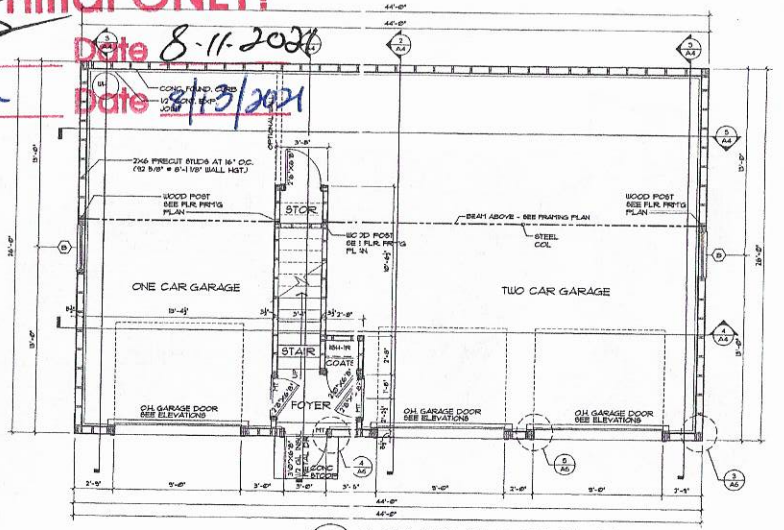
MARK	MAN F.	MODEL #	UNIT DIMENSION	REMARKS
A	ANDERSEN	3646	3'-1 5/8" X 4'-5 1/4"	EGRESS
B		3642	3'-1 5/8" X 4'-5 1/4"	
C		244628DAB	4'-11 1/2" X 3'-11 1/2"	GLIDING WINDOW
D		244628DAB	2'-11 1/2" X 2'-11 1/2"	GLIDING WINDOW
E		2628D	2'-1 5/8" X 3'-1 1/4"	

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

Acknowledgement Of Plans Submittal ONLY!

Date 8-11-2021

Date 8/3/2021



2 A1 GARAGE FLOOR PLAN
SCALE: 1/4"=1'-0"

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These drawings have been prepared to meet professional standards and practices. However, local variations may require additional or different construction techniques, and the builder must review and be responsible for all details and dimensions prior to construction. The builder must also comply with all applicable building codes, ordinances, regulations and requirements in your area. Neither The Garlinghouse Co. nor the author of these drawings assumes any responsibility for errors or omissions in these drawings or other documents which are part of these plans, and disclaims any responsibility for the application of these plans on a guideless (or inadequate) site, and any consequences arising therefrom. The builder is responsible for all dimensions and conditions on the job, and these drawings must not be scaled for construction purposes. Any discrepancies must be reported to the designer before beginning construction.

Owner:
Address:
Lot No.
Ref. No.: 040413

GARLINGHOUSE

THE GARLINGHOUSE CO
1-800-235-5700
WWW.GARLINGHOUSE.COM
JOT

PLAN NO. 30032
SHEET A1