ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP303709

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

PIN # ✓4894 -- 20 -- 1692

APPLICANT/OWNER: Ricky Driver APPLICANT ADDRESS: 112 Tranquility Ln Harmony NC 28634

SITE ADDRESS: 3059 Sandy Springs Rd Harmony NC 28634 PHONE: 704-902-5435 ALT. PHONE ——

SITE DIRECTIONS: I40E to I77N, Exit 65 to NC-901S, L on Eagle Mills Rd, R on Houstonville Rd W, L on Sandy Springs Rd to end

SAP CONTROLLED: ☒ YES ☐ NO

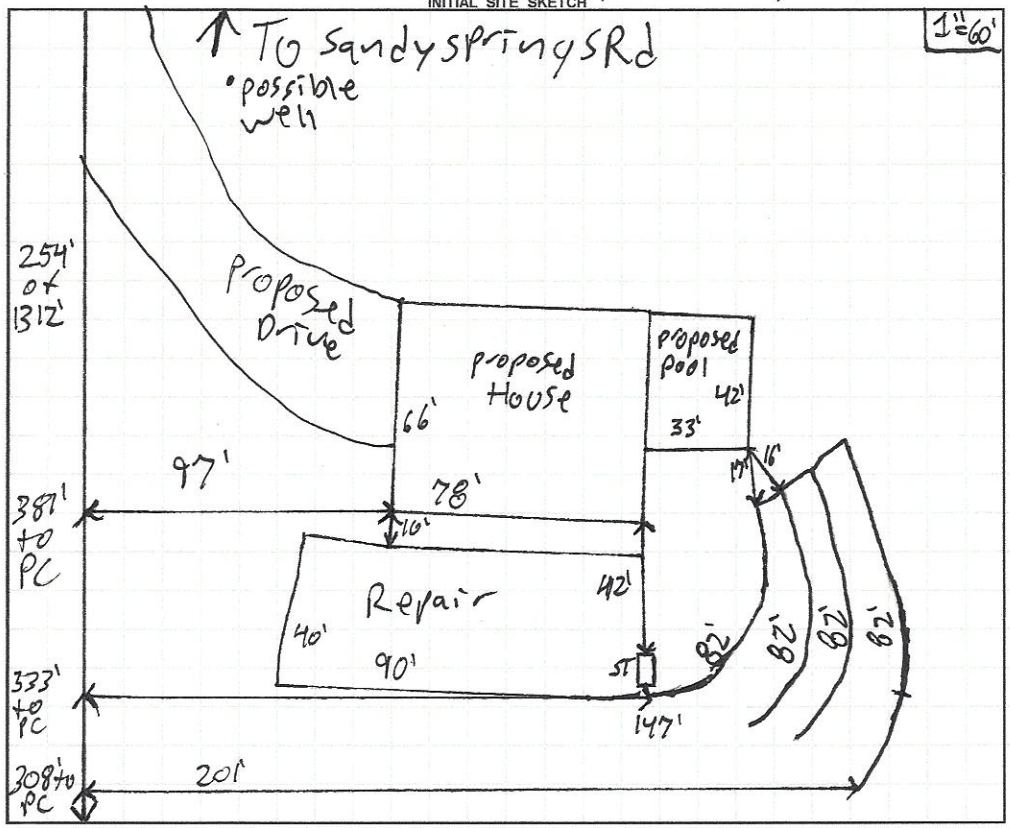
SUBDIVISION: ✓Ginger W Dellinger SECTION: — LOT # 3 ✓ LOT AREA: 16.169 acres DESIGN FLOW: 360GPD L.T.A.R.: .275

Septic Tank	1000	(gal)	STB 760	Date	5-9-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	—	(gal)	PT —	Date	—	System Description:			Gravity 25% Reduction	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:			LPPPBP's	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	328'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)			31"	Gravel Depth	——	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. All property lines and corners must be marked. All parts of septic must be 15' off water's edge of pool.

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.

INSTALLED AS SHOWN

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.*

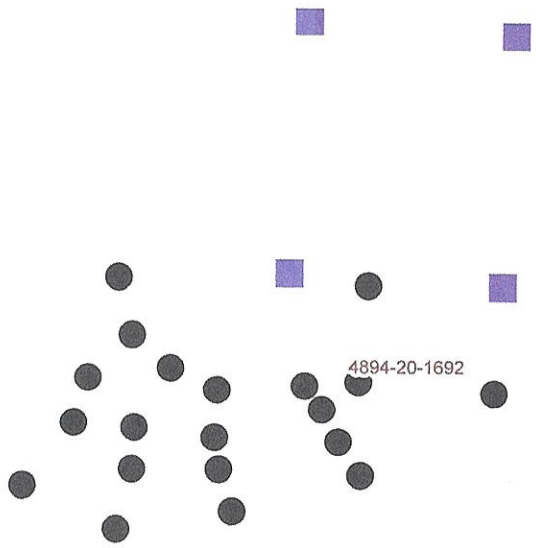
Owner / Applicant Signature: Ricky Driver Date: 10-11-2021 Installed by: GROUND BREAKERS

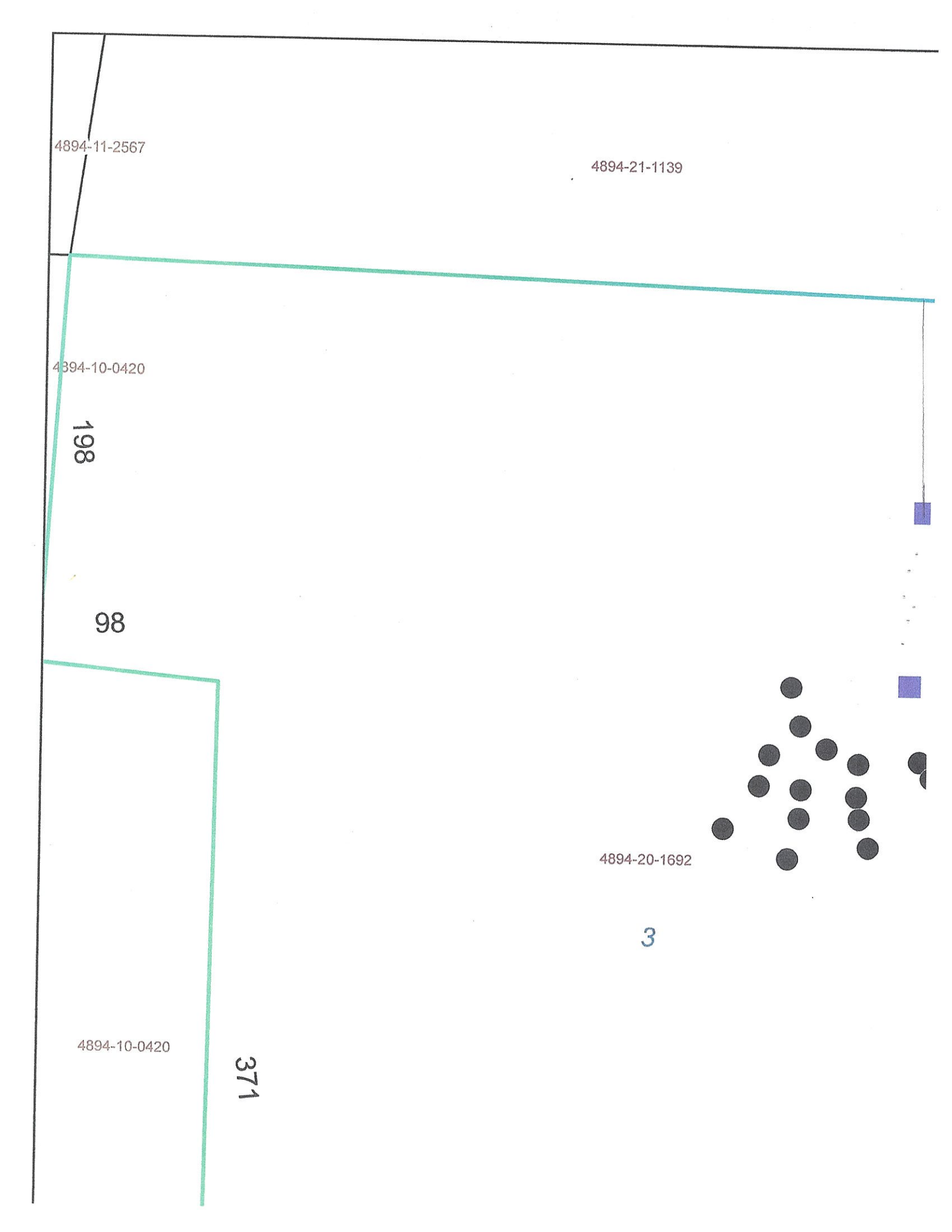
IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 8/3/2021 OPERATION PERMIT by: Burnett L. Whitley Date: 6-22-202

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III Date: 8/3/2021 Existing System Inspected by: —— Date: ——

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

4894-21-1139




4894-11-2567
4894-21-1139
4894-10-0420
198
98
4894-20-1692
3
4894-10-0420
371

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

Sheet 1 of 2
PROPERTY ID #: 4894201691
COUNTY: Iredell

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

OWNER: Ricky D Tuor
ADDRESS: 112 Tranquility Ln
PROPOSED FACILITY: Residential PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 3059 Sandy Spring SRd Harmony
APPLICATION DATE 5/8/202
DATE EVALUATED: 7/22/2021
PROPERTY SIZE: 16.169 acres
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 7%	0-9	compacted clay ABK	Fi SSS PlaX p	—	50"	Litho inclusions common to Lomy sapric 50"	manganese and parent Rx inclusions common at bottom saprolite Rock	PS.275
		9-21	C SBK/ABK	Fr SS SP SexP					
		21-50	CL WSBK	Fr SSSP SexP					
		50-60	Lomy Sap Mass	VFr					
2	SS 5%	0-9	Compacted clay ABK	Fi CSSP SexP	few YB mottles throughout	46"	Litho and parent Rx common to Lomy sapric 46"	Manganese common at bottom	PS.275
		9-25	C SBK/ABK	Fr SS SP SexP					
		25-46	CL SBK	Fr SSSP SexP					
		46-60	Lomy sap mass	VFr					
3	SS 6%	0-6	Compacted clay ABK	Fr SSSP SexP	YB mottles common throughout	33"	Litho common to Lomy sapric 33"	Parent Rx and manganese common throughout	PS.275 not suitable
		6-20	CSBK/ABK	Fr SS SexP					
		20-33	CL SBK/ABK	Fr SS SP					
		33-60	Lomy sap mass	VFr SS SP SexP					
4	SS 5%	0-7	compacted clay ABK	Fr SSS P SexP	YB mottles common throughout	47"	Litho common to Lomy sapric 47"	Parent Rx common manganese throughout saprolite common	PS.275
		7-23	C SBK/ABK	Fr SSS P SexP					
		23-47	CL SBK	Fr SSSP SexP					
		47-60	Lomy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218
System Type(s)	Gravity 25%	LPPPBPS
Site LTAR	.275	.275

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

COMMENTS: Sunny

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

Sheet 2 of 2
PROPERTY ID #: 4814201692
COUNTY: Iredell

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

OWNER: Rocky Driver
ADDRESS: 112 Tranquility Ln
PROPOSED FACILITY: New Singlefam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 7054 Sandy Springs Rd Harmony

APPLICATION DATE 5/8/2021
DATE EVALUATED: 7/22/2021
PROPERTY SIZE: 16.169 acres
PROPERTY RECORDED: Y/S

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
5	SS 4/0	0-7	compacted cldy	FrSSSPSoxy	—	39+	LITHO inclusions common to Lomy sapr 39+	parent R/and manganese common throughout saprolite	PS, .275
		7-22	CBK/ABK	FrSSSPSoxp					
		22-39	CLSBK	FrSSSPSoxf					
		39-60	Lomy Sap/mass	I/Fr					
2									
3									
4									

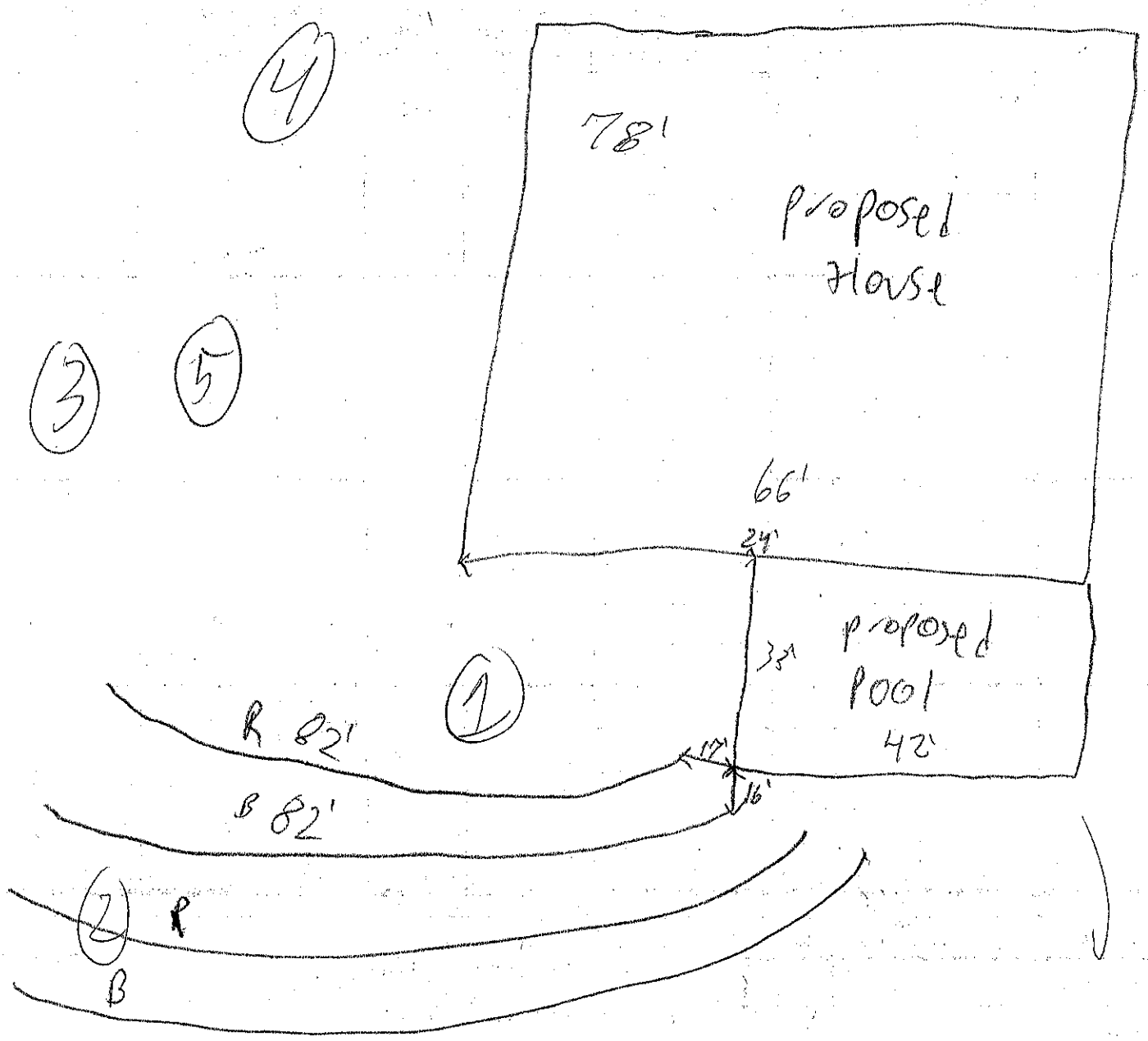
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327'	218'
System Type(s)	Gravity 25%	LPP/BPS
Site LTAR	.275	.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS:

360 ÷ .275 → 1309 ÷ 3 → 436 x .75 → 327

360 ÷ .285 → 1309 ÷ 3 → 436 x .5 → 218



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

Sheet 1 of 1
PROPERTY ID #: 4189420169 2
COUNTY: Jones

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

OWNER: Gregory Dellinger
ADDRESS: 1198 Old Mtn Road
PROPOSED FACILITY: Home
LOCATION OF SITE: 3059 Sandy Springs
APPLICATION DATE 12-9-19
DATE EVALUATED: 12-20-19
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 16.1
PROPERTY RECORDED: Y-J
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	0-6	SBK SCL	Fr SSSP Sm	N/A	48+	Few Sap Inc @ 36+	N/A	PS .3
		6-36	SBK C	Fr SSSP Sm					
		36-48	SBK CL	Fr SSSP Sm					
2	4-5% SS	0-6	SBK SCL		N/A	48+	Few Sap Inc @ 36+	N/A	PS .3
		6-36	SBK C						
		36-48	SBK CL						
3	4-5% SS	0-6	SBK SCL		N/A	48+	Few Sap Inc @ 30+	N/A	PS .3
		6-30	SBK C						
		30-48	SBK CL						
4	4-5% SS	0-6	SBK SCL		N/A	48+	Few Sap Inc @ 28+	N/A	PS .3
		6-28	SBK C						
		28-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	2SC	2SC
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

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.

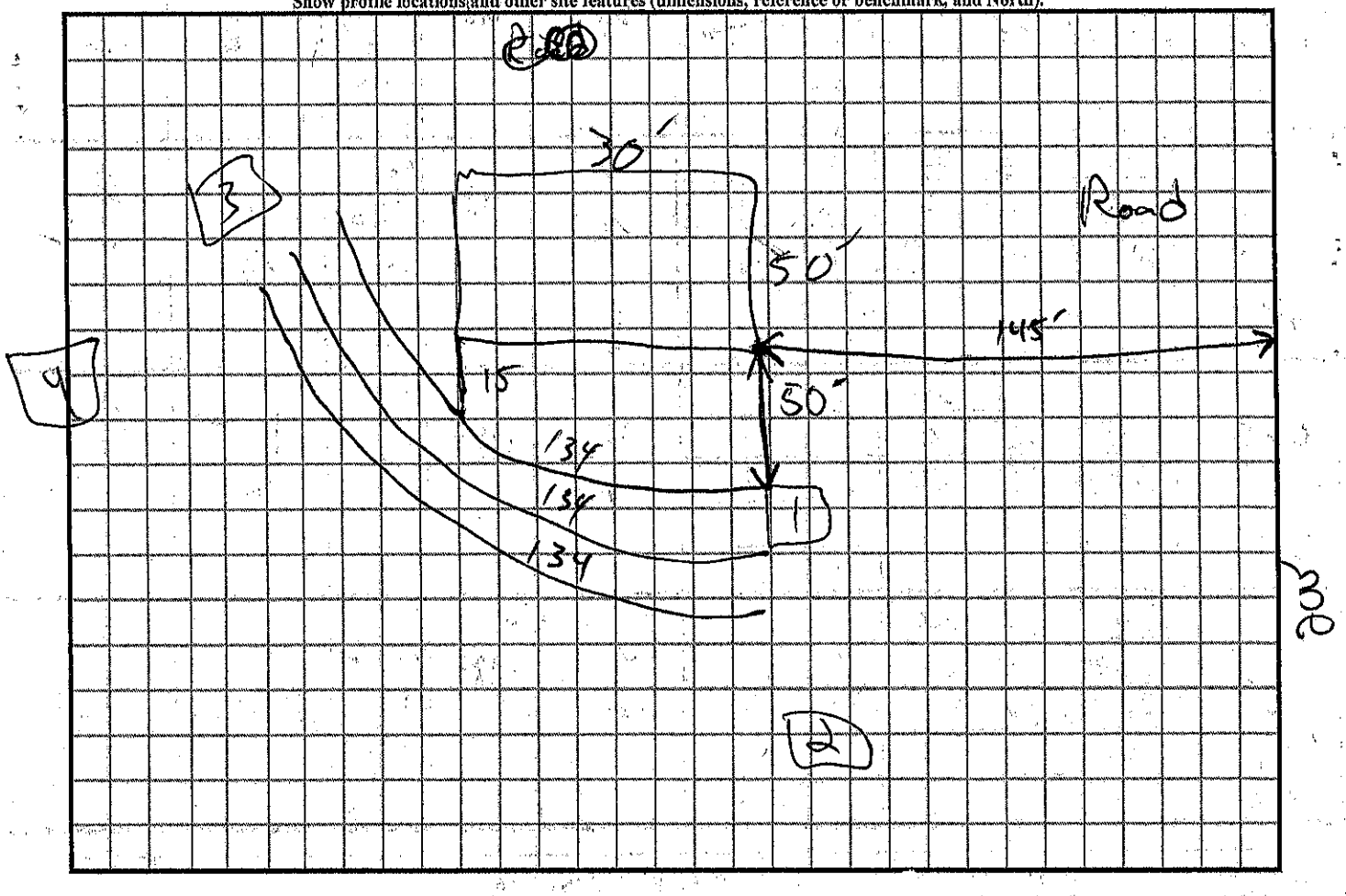
NOTES

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).



RECEIVED MAY 10 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-303309 $500.00

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: RICKY DRIVER Address: 112 TRANQUILITY LN HARMONY NC Zip: 28634
Applicant Email: rickydriver@yahoo.com Phone: 704-902-5435 Alt. Phone:
Owner Name: JOSH HOUSTON (AMANDA) Address: 3015 SANDY SPRINGS RD HARMONY NC Zip: 28634
Owner Email: sfc.joshua.houston@gmail.com Phone: 704-880-6434 Alt. Phone:

Property Information:

Street Address: 3059 SANDY SPRINGS RD HARMONY NC 28634
Subdivision Name: GINGER W DELLINGER Section/Phase: Lot Number: 3
Driving Directions: (N) ON HWY 21, (R) OUTO EAST HOUSTONVILLE RD, (L) OUTO SANDY SPRINGS RD AND PROPERTY IS 2-3 MILES ON THE LEFT

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: 3
Maximum Number of Occupants: 4
( ) 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: GRAVITY

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: Ricky Driver 5-8-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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.

X 2. I, JOSHUA M. HOUSTON, am the legal owner(s) of the property located at 3059 SANDY SPRINGS RD HARMONY NC 28634, identified as PIN (Parcel Identification Number) 489120169?.00, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) RICKY DRIVER _____, 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.

_____ 16 MAR 2021
Signature of Owner(s) Date

Mooresville - Environmental Health

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

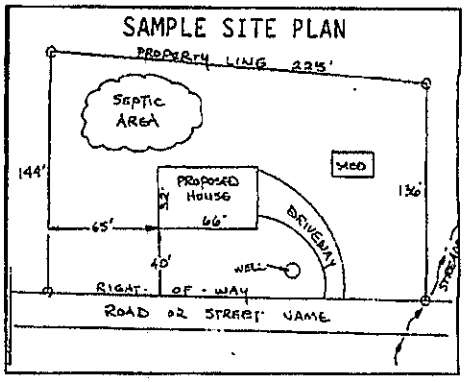
Statesville - Environmental Health
ronda.herbs co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

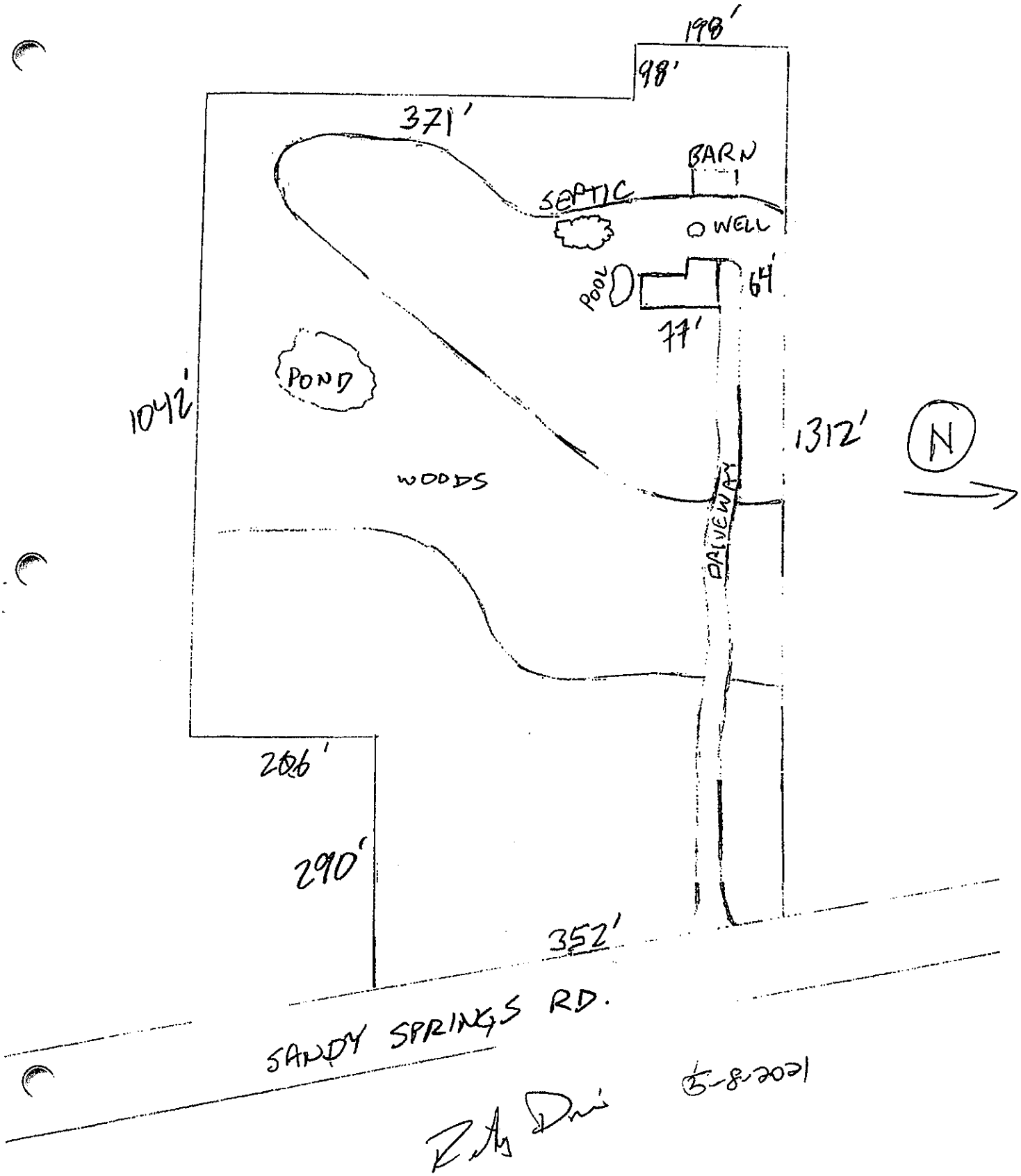
Signature: _____

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

5-8-2021

DATE

303309

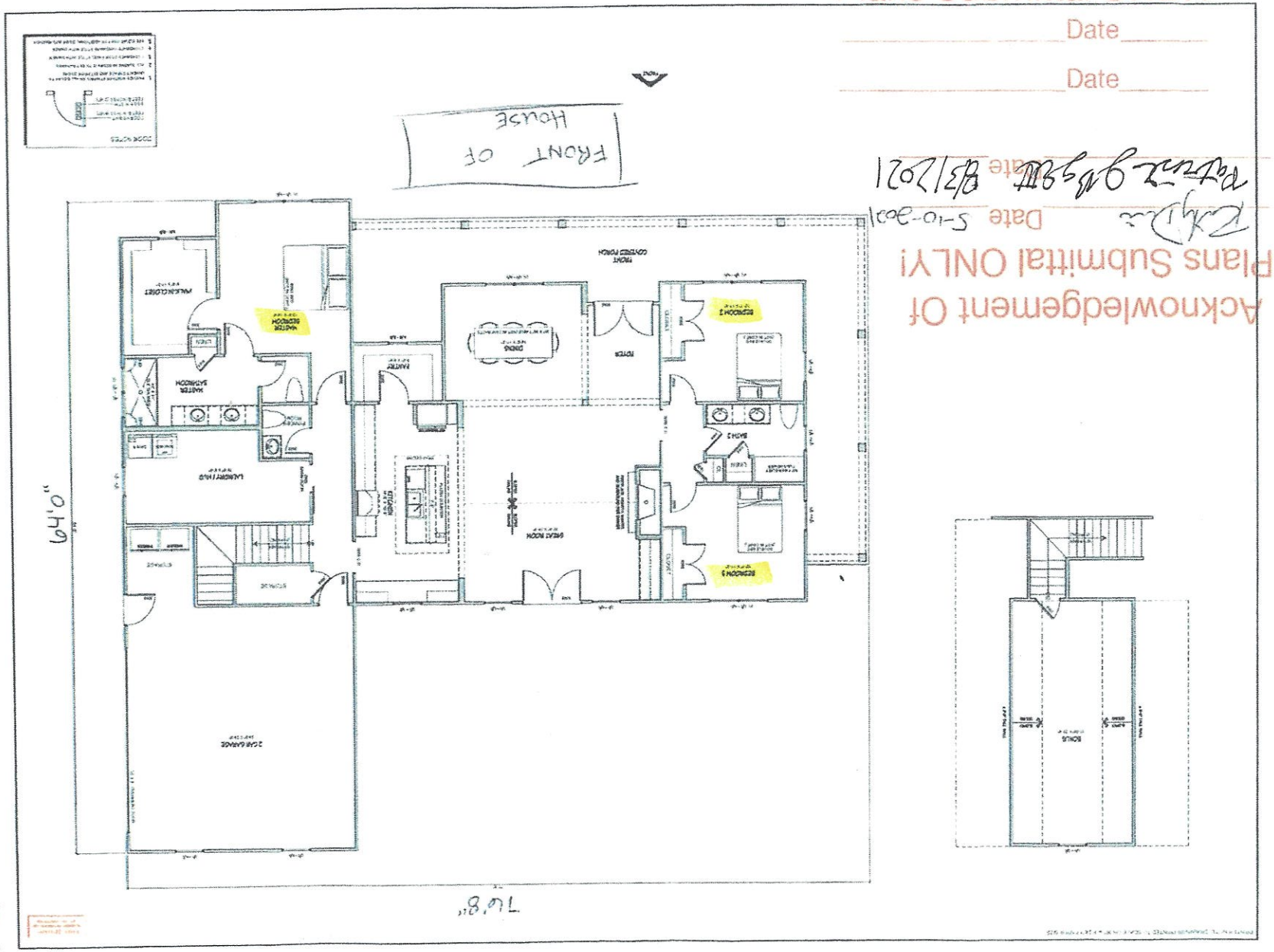


5-8-2021

Acknowledgement Of
Plans Submittal ONLY!

_____ Date _____

_____ Date _____



B3.0

MAIN LEVEL FLOOR PLAN

R-2021-100

PRELIMINARY

REVISIONS

SQUARE FOOTAGE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303309 Issue Date: 12/10/2019

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4894201692.000	3059 SANDY SPRINGS RD	Iredell County

Owner Information	Applicant Information
Name: DELLINGER GINGER W	Name: RICKY DRIVER
Address:	Address: 112 TRANQUILITY LN HARMONY, NC 28634
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
SFD THERE IS A 50 FOOT SETBACK FROM THE POND

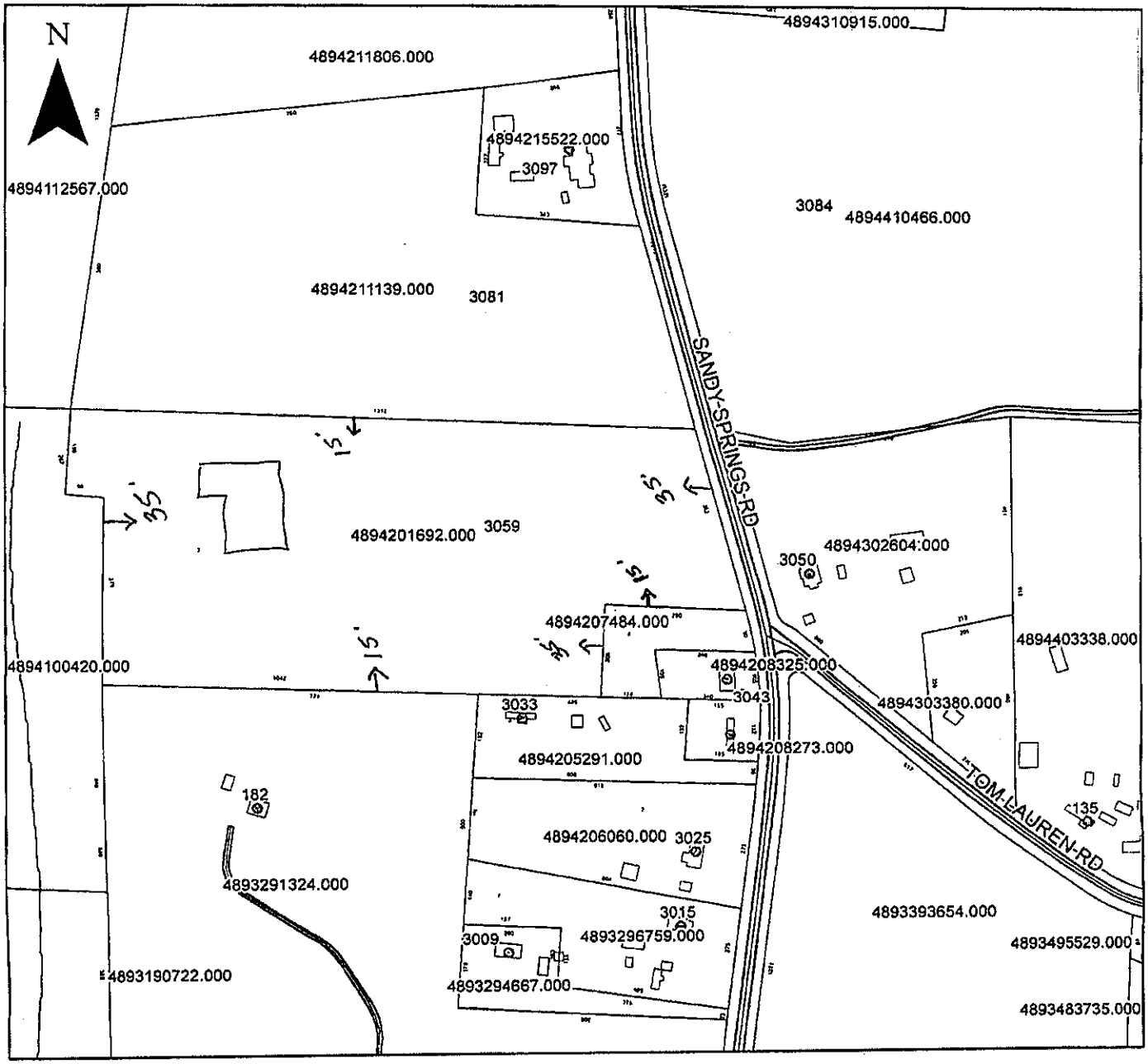
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	303309	TOTAL FEES:	$154.50

ZONING DISCLAIMER



Property Address 3059 Sandy Springs 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

5-10-2021
Date