ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322675 (224517)

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

PIN # 4644 -- 15 -- 4234

APPLICANT/OWNER: Aaron G. Harkey | APPLICANT ADDRESS: 9300 Elva Dr

SITE ADDRESS: 152 Orchard Farm Ln, Mooresville 28117 | PHONE: 704-484-2305 | ALT. PHONE: -

SITE DIRECTIONS: 150 W - Rt Perth - Rt Flowering Cherry - Lt Orchard Farm | SAP CONTROLLED: ☐ YES ☒ NO

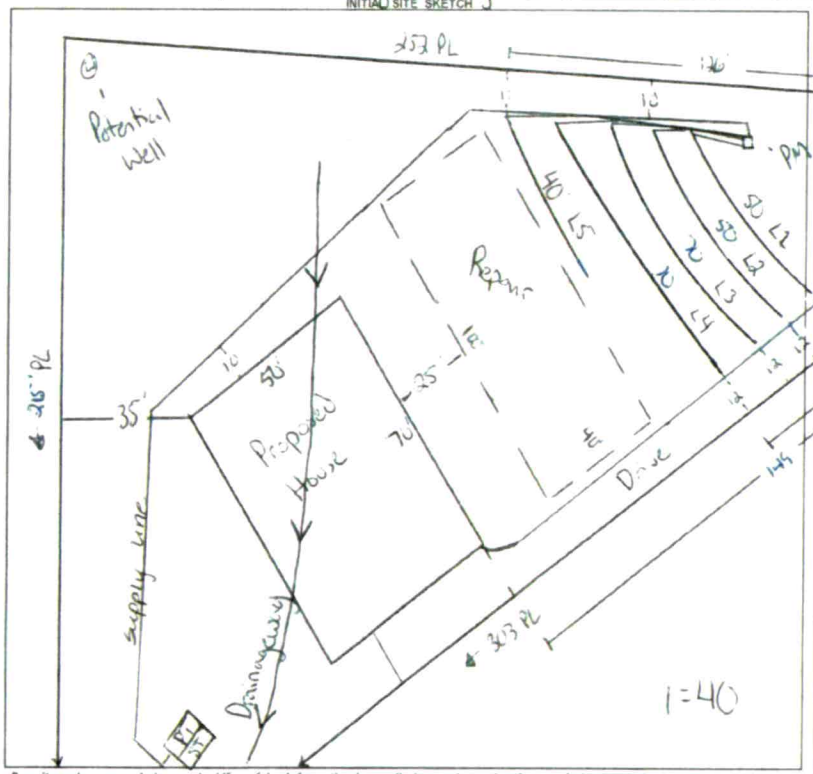
SUBDIVISION: The Orchard | SECTION: - | LOT # 13 | LOT AREA: 0.7 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	5-22-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	5-21-2022	System Description:	50% reduction (pm)	☐ Business	No. Persons 8
Pump Make	STA-RITE	Model	STEP30-050-3	Serial #	-	Repair System Description:	50% reduction (pm)	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	280 Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	24-36 High	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not drive, park, or grade septic area. Keep utilities out of drainfield area. Install drainlines on contour of the land. Divert drainage away from drainfield area. ST

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.

L1 & L2 = ½ sch 40
L3 & L4 = ¾ sch 80
L5 = ½ sch 80
Dose = 230.4
Flow = 39.9
Time = 5.78 min
Drawdown = 10.9 in
2 Ft head
2 in supply

Pump make: Champion pump
Model: CPSTE81025
S/N: Q225441

Pressure Head checked: MW 8/8/22

Appeal Rights Needed

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 unauthorize

☐ **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.*

TOR SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature: [signature] Date: 12/22/21 | Installed by: STEVENS SEPTIC

IMPROVEMENT PERMIT by: Cay Whit Date: 11/29/21 | OPERATION PERMIT by: [signature] Date: 8/8/22

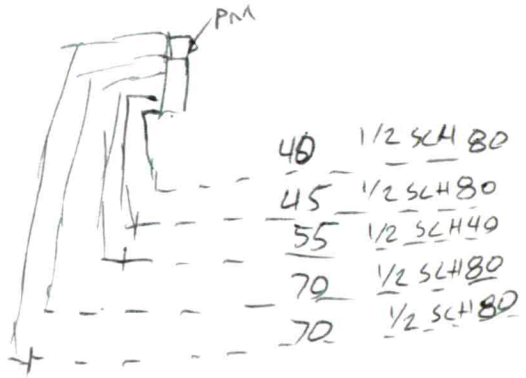
AUTHORIZATION TO CONSTRUCT by: Cay Whit Date: 11/30/21 | Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	7/5/22	BCW
Tanks Checked		BCW
Pressure Manifold or Valve Box Checked		BCW
Pressure Head Set	8/9/22	MW
Electrical Checked	8/1/22	DW
Floats Set	7/8/22	BCW
Alarm Checked	8/1/22	DW
Maintenance Contract Y (N)		

Letter from T & J
about grade board

152 Orchard Farm



SUPPLY
30'' +
UNDER DRIVE

New taps OK

Dose = 230.4
Flow = 38.27
Time = 6.02

NO GRADEBOARDS
UNDER PANEL
LETTER FROM
T & J TO COME
DITCHES WITHIN
SPEC ON LEVELNESS

TANKS
SUPPLY
FLOATS
P.M.
DRAINLINES
CHECKED 7-8-2022 BCW

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of
PROPERTY ID #:
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ORCHARDS LLC — APPLICATION DATE: 10/05
ADDRESS: 227 HIDEAWAY LANE MOORESVILLE, NC 28117 — DATE EVALUATED: 10/05
PROPOSED FACILITY: RES — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE:
LOCATION OF SITE: LOT 13 THE ORCHARDS — PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: X 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
AB 1	L 10-15%	0-20	LC SBK	fr SSSP Stpp	N/A	48"	N/A	N/A	PS .3
		20-48	RCL mSBK	fr SSSP Stpp					
				fr SSSP					
AB 2	L 15-20%	0-24	RC mSBK	fr SSSP Stpp	N/A	48"	N/A	N/A	PS .3
		24-48	RCL mSBK	fr SSSP Stpp					
AB 3	L 15-20%	0-26	RC mSBK	fr SSSP Stpp	N/A	48"	N/A	N/A	PS .3
		26-48	RCL mSBK	fr SSSP Stpp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540	540
System Type(s)	CONS	CONS
Site LTAR	.3	.3

COMMENTS

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Rollins Soil & Env.
OTHER(S) PRESENT:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 *of* ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ORCHARDS LLC _____ APPLICATION DATE 10/05
ADDRESS: 227 HIDEAWAY LANE MOORESVILLE, NC 28117 _____ DATE EVALUATED: 10/05
PROPOSED FACILITY: RES _____ PROPOSED DESIGN FLOW (.1949): 480 _____ PROPERTY SIZE: _____
LOCATION OF SITE: LOT 13 THE ORCHARDS _____ PROPERTY RECORDED: Y _____
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: X 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
AS 1	L 5-10%	0-20	CL SBK	fr SSSP Semp	N/A	48"	N/A	N/A	PS .3
		20-48	RCL MPSBK	fr SSSP Semp					
				fw SNP					
AS 2	L 15-20%	0-24	RC MPSBK	fr SSSP Semp	N/A	48"	N/A	N/A	PS .3
		24-48	RCL WMSBK	fr SSSP Semp					
AS 3	L 15-20%	0-26	RC MPSBK	fr SSSP Semp	N/A	48"	N/A	N/A	PS .3
		26-48	RCL MPSBK	fr SSSP Semp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540	540
System Type(s)	PPSBS	PPSBS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Rollins Soil & Env.
OTHER(S) PRESENT: _____

COMMENTS:

T & J Panels Inc.
269 Marble Rd, Statesville NC

In the case of the PPBPS installation at 152 Orchard Farm Ln; given that the panels were installed level, it is our belief that the absence of a board underneath the panels, while not ideal, will not prevent proper functionality of this particular system.

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

DW

229517

PERMIT # AP 322675

PIN # 4649 -- 15 -- 4234

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

APPLICANT/OWNER: Aaron G. Harkey | APPLICANT ADDRESS: 9300 Elva Dr

SITE ADDRESS: 152 Orchard Farm Ln, Mooresville 28117 | PHONE: 704-984-2305 | ALT. PHONE: -

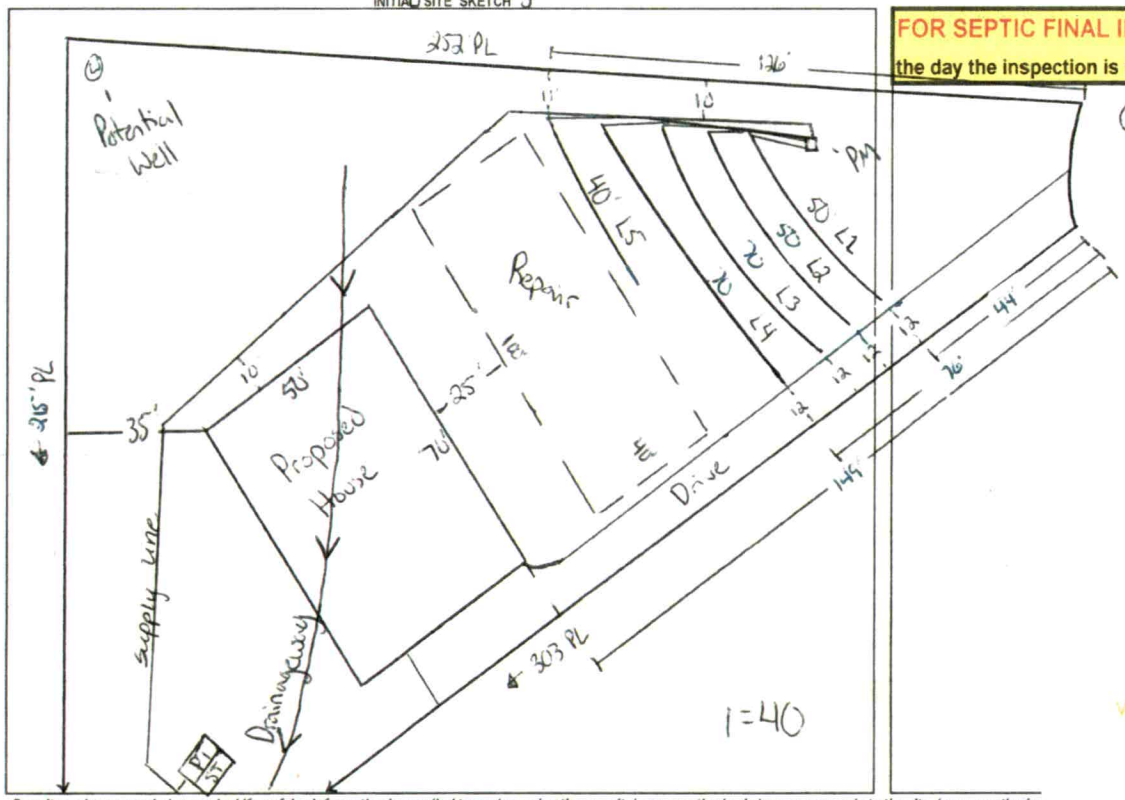
SITE DIRECTIONS: I-77 N - Rt Perth - Rt Flowering Cherry - Lt Orchard Farm | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Orchard | SECTION: - | LOT # 13 | LOT AREA: 0.7 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB 760	Date 5-22-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT 363	Date 5-21-2022	System Description: 50% reduction (pm)		☐ Business	No. Persons 8	☒ Private
Pump Make	STA-RITE	Model STEP3D-05SC	Serial # -	Repair System Description: 50% reduction (pm)		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 5	Linear Ft 280 Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)	24-36 High	Gravel Depth -	☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not drive, park, or grade septic area. Keep utilities out of drainfield area. Install drainlines on contour of the land. Divert drainage away from drainfield and SL

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.

L1 & L2 = 1/2 sch 40
L3 & L4 = 3/4 sch 80
L5 = 1/2 sch 80
Dose = 230.4
Flow = 39 g
Time = 5.78 min
Drawdown = 10.9 in
2 Ft head
2 in supply

Voluntary Relinquishment of Appeal Rights Needed

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 unauthorize

ATOR 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: [signature] Date: 12/22/21 Installed by: STEVENS SEPTIC

IMPROVEMENT PERMIT by: Cary Whitt Date: 11/29/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 11/30/21 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322675 (229517)

DW

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

PIN # 4649 -- 15 -- 4234

APPLICANT/OWNER: Aaron G. Harkey | APPLICANT ADDRESS: 9300 Elvis Dr

SITE ADDRESS: 152 Orchard Farm Ln, Mooresville 28117 | PHONE: 704-989-2305 | ALT. PHONE: -

SITE DIRECTIONS: I-77 W - Rt Perth - Rt Flowering Cherry - Lt Orchard Farm | SAP CONTROLLED: ☐ YES ☒ NO

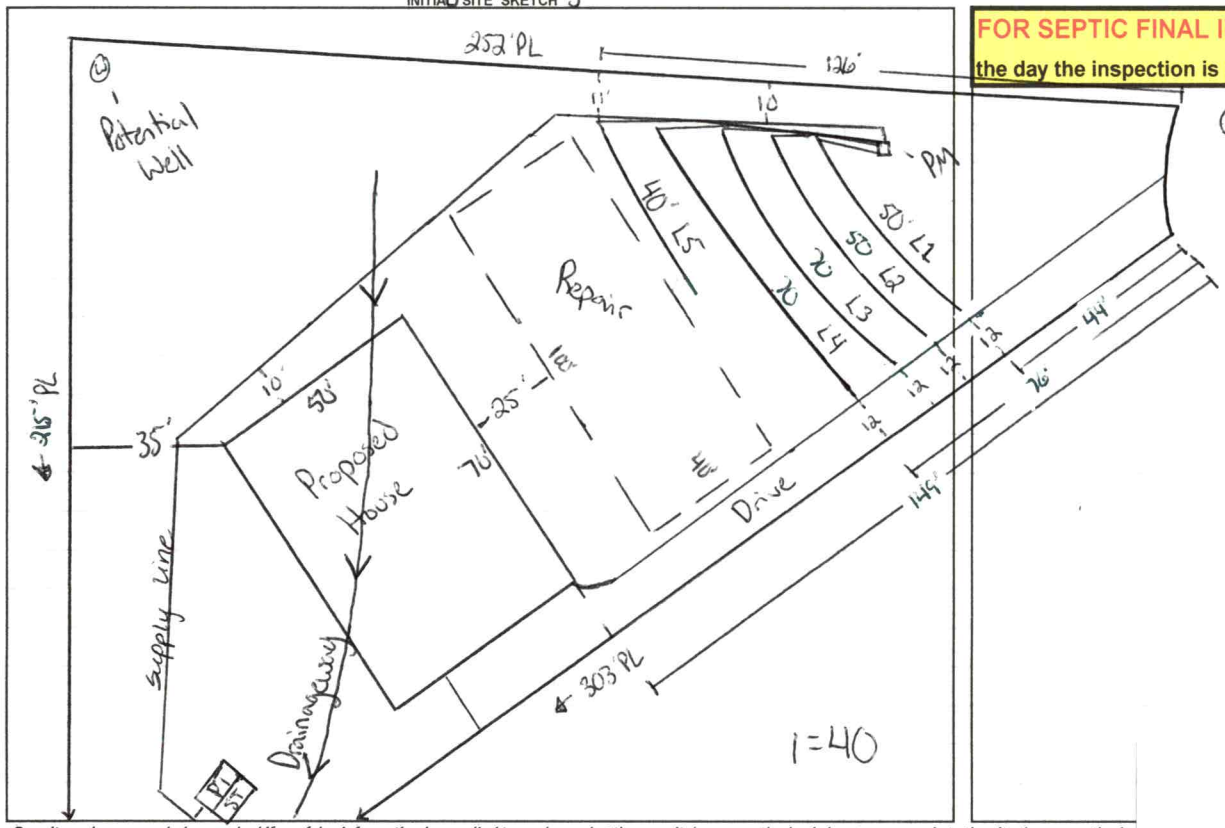
SUBDIVISION: The Orchard | SECTION: - | LOT # 13 | LOT AREA: 0.7 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	50% reduction (pm)			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	50% reduction (pm)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft 280 Ft	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	29-36 High	Gravel Depth -		☐ GRAVITY	☒ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not drive, park, or grade septic area. Keep utilities out of drainfield area. Install drainlines on contour of the land. Divert drainage away from drainfield and ST.

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.

L1 & L2 = ½ sch 40
L3 & L4 = ¾ sch 80
L5 = ½ sch 80
Dose = 230.4
Flow = 39.9
Time = 5.78 min
Drawdown = 10.9 in
2 Ft head
2 in supply

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 unauthorize

...TOR 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: [signature] Date: 12/22/21 Installed by:

IMPROVEMENT PERMIT by: Cary Whitt Date: 11/29/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cary Whitt Date: 11/30/21 Existing System Inspected by: Date:

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

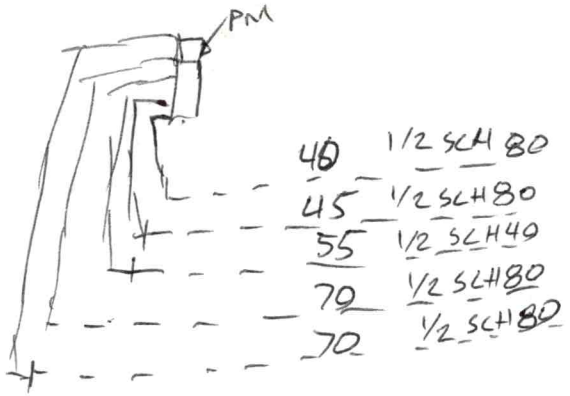
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

	Date	Initials
Drain Lines Checked	7/8/22	BCW
Tanks Checked	↓	BCW
Pressure Manifold or Valve Box Checked	↓	BCW
~~Pressure Head Set~~	↓	
~~Electrical Checked~~	8/1/22	DW
Floats Set	7/8/22	BCW
Alarm Checked	8/1/22	DW
Maintenance Contract Y / (N)		

Letter from T & J
about grade board

152 Orchard Farm



SUPPLY
30'+
UNDER DRIVE

New taps ok

Dose = 230.4
Flow = 38.27
Time = 6.02

NO GRADEBOARDS
UNDER PANEL
LETTER FROM
T+J TO COME
DITCHES WITHIN
SPEC ON LEVELNESS

TANKS
SUPPLY
FLOATS
P.M.
DRAINLINES
CHECKE 7-8-2022 BLM

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 *of* ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ORCHARDS LLC _____ APPLICATION DATE 10/05
ADDRESS: 227 HIDEAWAY LANE MOORESVILLE, NC 28117 _____ DATE EVALUATED: 10/05
PROPOSED FACILITY: RES _____ PROPOSED DESIGN FLOW (.1949): 480 _____ PROPERTY SIZE: _____
LOCATION OF SITE: LOT 13 THE ORCHARDS _____ PROPERTY RECORDED: Y _____
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	L 5-20%	0-20	RL SBK	fri SSSP Stnp	N/A	48"	N/A	N/A	PS .3
		20-48	RCL MFSBK	fri SSSP Stnp					
				few SAP					
AB 2	L 15-20%	0-24	RL MFSBK	fri SSSP Stnp	N/A	48"	N/A	N/A	PS .3
		24-48	RCL MFSBK	fri SSSP Stnp					
AB 3	L 15-20%	0-26	RL MFSBK	fri SSSP Stnp	N/A	48"	N/A	N/A	PS .3
		26-48	RCL MFSBK	fri SSSP Stnp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540	540
System Type(s)	PPBDS	PPBDS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Rollan Soil & Env.
OTHER(S) PRESENT: _____

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 *of* ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: ORCHARDS LLC APPLICATION DATE 10/05
ADDRESS: 227 HIDEAWAY LANE MOORESVILLE, NC 28117 DATE EVALUATED: 10/05
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: LOT 13 THE ORCHARDS PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☑ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: X 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
AB 1	L 15-20%	0-20	RL SBK	fri SSSP Smp	N/A	48"	NA	N/A	PS .3
		20-48	RCL mrSBK	fri SSSP Smp					
				few SMP					
AB 2	L 15-20%	0-24	RL mrSBK	fri SSSP Smp	N/A	48"	N/A	N/A	PS .3
		24-48	RCL wmSBK	fri SSSP Smp					
AB 3	L 15-20%	0-26	RL mrSBK	fri SSSP Smp	N/A	48"	N/A	N/A	PS .3
		26-48	RCL mrSBK	fri SSSP Smp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540	540
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Rollan Soil & Env.
OTHER(S) PRESENT: _____

COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

11/29/2021

Owner: Aaron Harkey
Address: 9300 Elvis Dr Charlotte, NC 28105

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 152 Orchard Farm Ln, Mooresville, NC 28117 Permit 229517

I, AARON G. HARKEY, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 9/5/17 for a system:
(permit date)

Type III_ at Address : 152 Orchard Farm Ln, Mooresville, NC 28117 Permit 229517

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Aaron Harkey
Address: 9300 Elvis Dr Charlotte, NC 28105

Date: 11/29/2021

Subject: Notice of Intent to Revoke: Address : 152 Orchard Farm Ln, Mooresville, NC 28117 Permit 229517 (Improvement Permit/Construction Authorization)

Dear **Aaron Harkey**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 152 Orchard Farm Ln, Mooresville, NC 28117 Permit 229517 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 11/29/2021 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Signature of DHHS Authorized Agent

"Marked after 11/8/21"

RECEIVED OCT 2 9 2021

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

Lot Relayout #229517

Iredell County Health Department – Environmental Health Division
PAGE 1: *APPLICATION FORM*

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

(AP-322675 Payment only)

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: (X) 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: AARON G. HARKEY Address: 9300 ELVIS DRIVE Zip: 28215
Applicant Email: aharkey@accenthomescarolinas.com Phone: 704-989-2385 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 152 ORCHARD FARM LANE, MOORESVILLE
Subdivision Name: ORCHARD Section/Phase: Lot Number: 13
Driving Directions: 150 W, RT on PERTH, RT on FLOWERING CHERRY, LOT IS at end of ORCHARD FARM LANE

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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:
(X) 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 (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 10-25-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Ronda Hart

From: aharkey accenthomescarolinas.com <aharkey@accenthomescarolinas.com>
Sent: Wednesday, November 3, 2021 2:00 PM
To: Ronda Hart
Subject: I am sharing 'iredell07194920211103152337.pdf' with you from WPS Office
Attachments: iredell07194920211103152337.pdf

Hi Ronda,

Attached are the 2 forms needed to move forward with adjusting the septic for the driveway to be on left side and new well permit. Please let me know if you need anything else. The survey company will be placing new stakes by Monday, 11/8. The lot will be ready for any site visit any time after. Thank you for the time and assistance with this process. I really appreciate it.

Aaron G. Harkey

704-770-5013 Cell

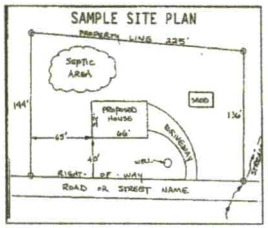
www.AccentHomesCarolinas.com

Sent from my Verizon Wireless 4G LTE Tablet

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

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: _____ 10-25-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

1. PROPERTY DESCRIPTION:
LOT 13 OF THE ORCHARD SUBDIVISION, RECORDED IN MAP BOOK 51 PAGE 16.
(IREDELL COUNTY REGISTER OF DEEDS)

PARCEL ID#: 4649154234
ADDRESS: 152 ORCHARD FARM LANE

2. AREA CALCULATED BY COORDINATE GEOMETRY METHOD.
TOTAL LOT AREA 30,448 sqft/0.699 acres.

3. SUBJECT TO (RA) ZONING REGULATIONS.

4. MINIMUM SETBACK 110'
MINIMUM SIDE YARD 15'
MINIMUM REAR YARD 35'

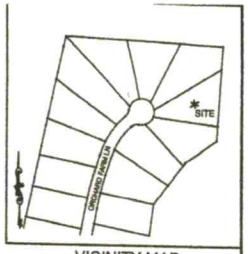
5. THIS PARCEL MAY BE SUBJECT TO EASEMENTS AND/OR R/W'S EITHER RECORDED OR IMPLIED. A COMPLETE AND FULL TITLE SEARCH WAS NOT PERFORMED FOR THIS SURVEY.

6. THIS PARCEL LIES WITHIN FEMA FLOOD ZONE "X" (MINIMAL FLOOD RISK) PER FIRM #3710464900J DATED MARCH 18, 2008.

7. UNLESS SIGNED AND SEALED, THIS MAP IS NOT FOR SALES AND/OR CONVEYANCES AND IS NOT INTENDED TO BE RECORDED. THIS IS AN EXHIBIT MAP ONLY.

IMPERVIOUS SURFACE DATA:	
DESCRIPTION	AREA (S.F.)
HOUSE & PORCH	2432
DRIVEWAY & LEAD WALK	3233
PATIO (CONCRETE)	255
UTILITIES	11
TOTAL (PROPOSED)	5931

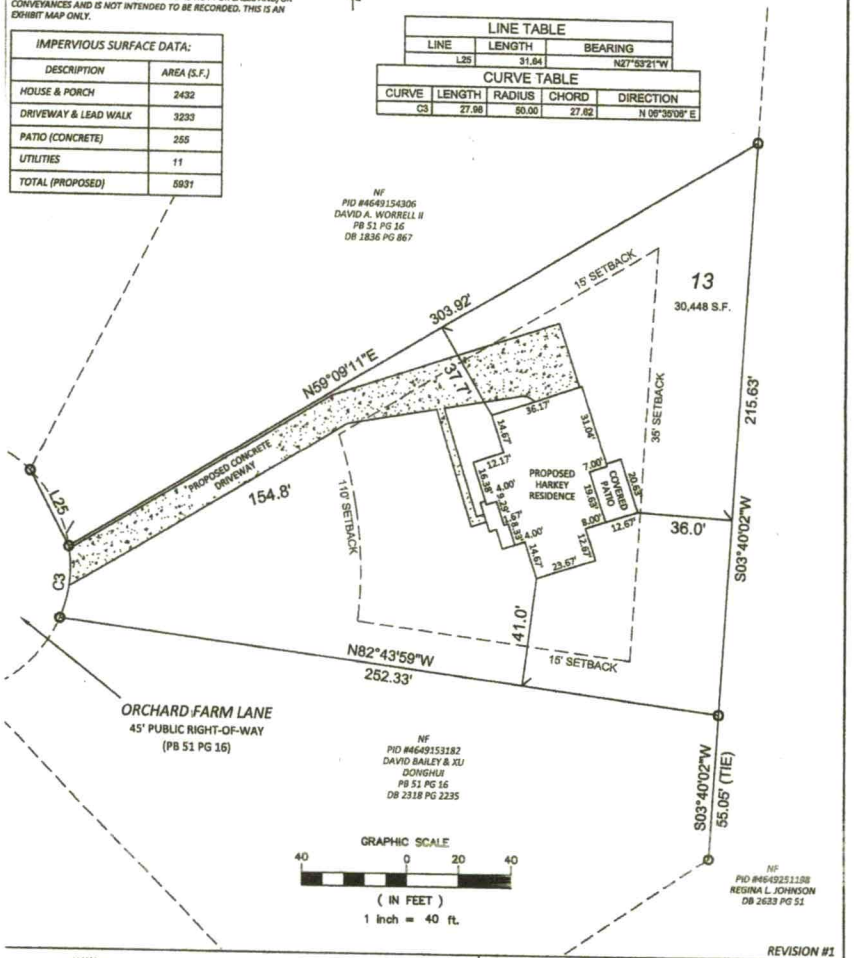
LEGEND:
- LINES NOT SURVEYED
- ●.....#4 REBAR (FOUND)
- ○.....#4 REBAR (SET)
- CI.....CURB INLET
- CO.....SANITARY CLEAN OUT
- EM.....ELECTRIC METER
- ET.....ELECTRIC TRANSFORMER
- FH.....FIRE HYDRANT
- GM.....GAS METER
- HVAC.....HEAT & AIR UNIT
- T.....TELEPHONE PEDESTAL
- TV.....TELEVISION PEDESTAL
- WM.....WATER METER
- WV.....WATER VALVE



VICINITY MAP
(NOT TO SCALE)

LINE TABLE		
LINE	LENGTH	BEARING
L25	31.64	N27°53'21"W

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C3	27.98	50.00	27.62	N 06°35'09" E



GRAPHIC SCALE
40 0 20 40
(IN FEET)
1 inch = 40 ft.

REVISION #1

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR L-4398 J. MARK FISHER

THIS IS AN EXISTING PARCEL OF LAND WITHIN A MUNICIPALITY THAT REGULATES PARCELS OF LAND.

I CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DESCRIPTION RECORDED IN DEED BOOK 2514 PAGE 1469); THAT THE BOUNDARIES NOT SURVEYED ARE INDICATED AS DRAWN FROM INFORMATION IN MAP BOOK 51, PAGE 16; THAT THE RATIO OF PRECISION IS 1:10,000+; AND THAT THIS MAP MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). THIS 26th DAY OF OCTOBER, 2021.

PRELIMINARY

J. MARK FISHER L-#4398

PLOT PLAN:
152 ORCHARD FARM LANE
DATE: 26 OCT 2021 SCALE: 1"=40'
MOORESVILLE, NORTH CAROLINA
IREDELL COUNTY

PROPERTY OWNER:
ACCENT HOMES CAROLINAS INC.
200 FOXFIELD LANE
MATTHEWS, NC 28105

SURVEY PERFORMED BY:
VERITAS LAND SERVICES PC
3556A CENTRE CIRCLE
FORT MILL, SC 29715
(704) 506-0554 C-3126

Ronda Hart

From: aharkey accenthomescarolinas.com <aharkey@accenthomescarolinas.com>
Sent: Tuesday, October 26, 2021 2:38 PM
To: Ronda Hart
Subject: I am sharing '152ORC07174320211026170801.pdf' with you from WPS Office
Attachments: 152ORC07174320211026170801.pdf

Hi Ronda,

My name is Aaron Harkey. I met with you this past Friday afternoon regarding the septic permit on 152 Orchard Farm Lane, Mooresville. Thank you for the time. It was very helpful. Attached is the approved septic permit and a new plot plan showing the handing change for the house to work with the topography. Also attached is the application for the drawing adjustments and well permit. Please let me know if you have any questions.

Thank you,

Aaron G. Harkey

704-770-5013 Cell

www.AccentHomesCarolinas.com

Sent from my Verizon Wireless 4G LTE Tablet

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229517

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

PIN # 4649154234

APPLICANT/OWNER: Rollins Soil & Env. Services
APPLICANT ADDRESS: P.O. Box 832 Mooresville NC 28115
SITE ADDRESS: 152 Orchard Farm Lane Mooresville NC 28117
PHONE: 704 746 5046
ALT. PHONE 704 201 6465
SITE DIRECTIONS: 150 W, Rt on Perth, Rt on Flowering Cherry Lot Rt end of Orchard Farm Ln.
SAP CONTROLLED: ☐ YES ☑ NO
SUBDIVISION: The orchard
SECTION: ~ LOT # 13 LOT AREA: 0.7 Acres
DESIGN FLOW: 480 gpd L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	50% PPBPS			☐ Business	No. Persons	8	☑ Private
Pump Make		Model			Serial #		Repair System Description:	50% PP BPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	294		Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	29 - 36 High	Gravel Depth	~			☐ GRAVITY	☑ PRESSURE		☑ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Do not Drive, park, grade, or bury utilities in the designated area. All parts of the Septic System must maintain 25ft offset if up-slope of basement cut. Design & Spec. Sheet must be with DCHD in order to be valid

INITIAL SITE SKETCH

See Site Design and Spec. Sheets by Rollins Soil & Environmental Services.
· Ashley Rollins LSS # 1231.

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---
DO NOT ISSUE BUILDING PERMIT!
FLOOR PLAN STILL NEEDED!

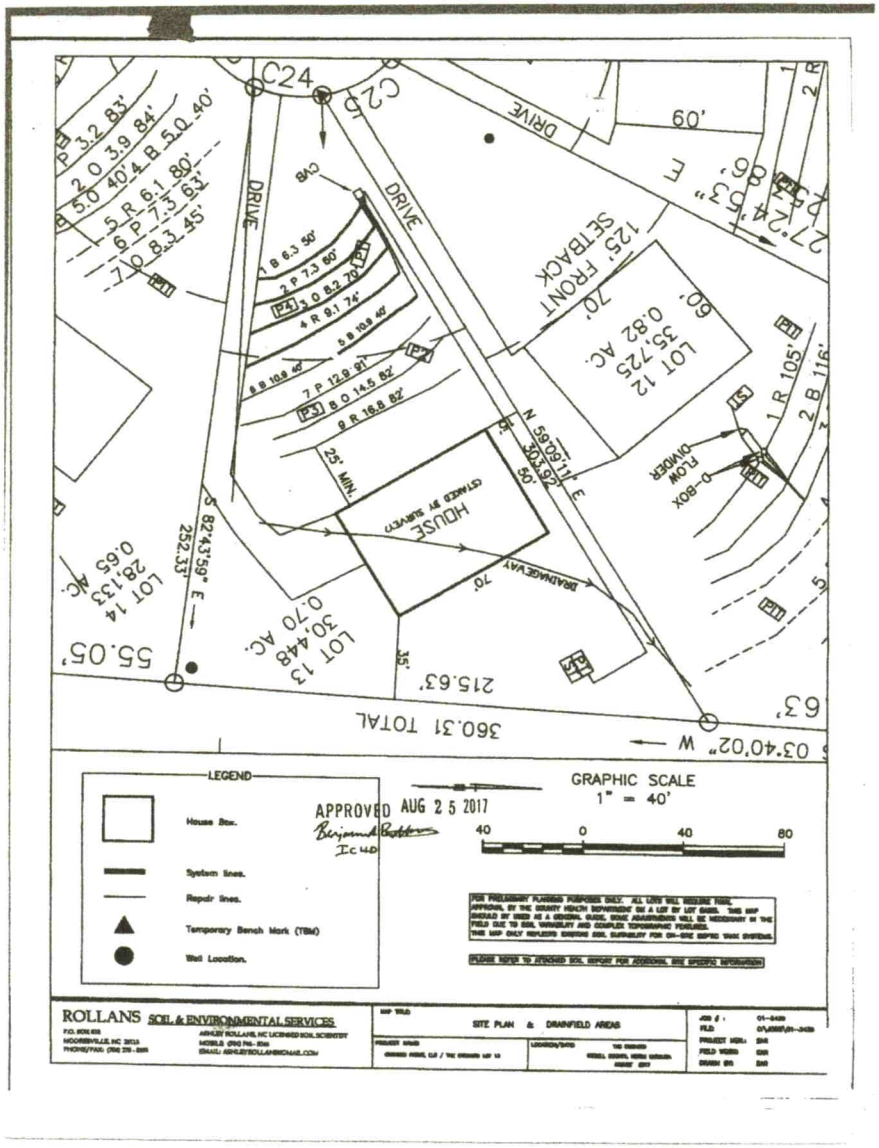
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ 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: [signature] Date: 9-5-17 Installed by:

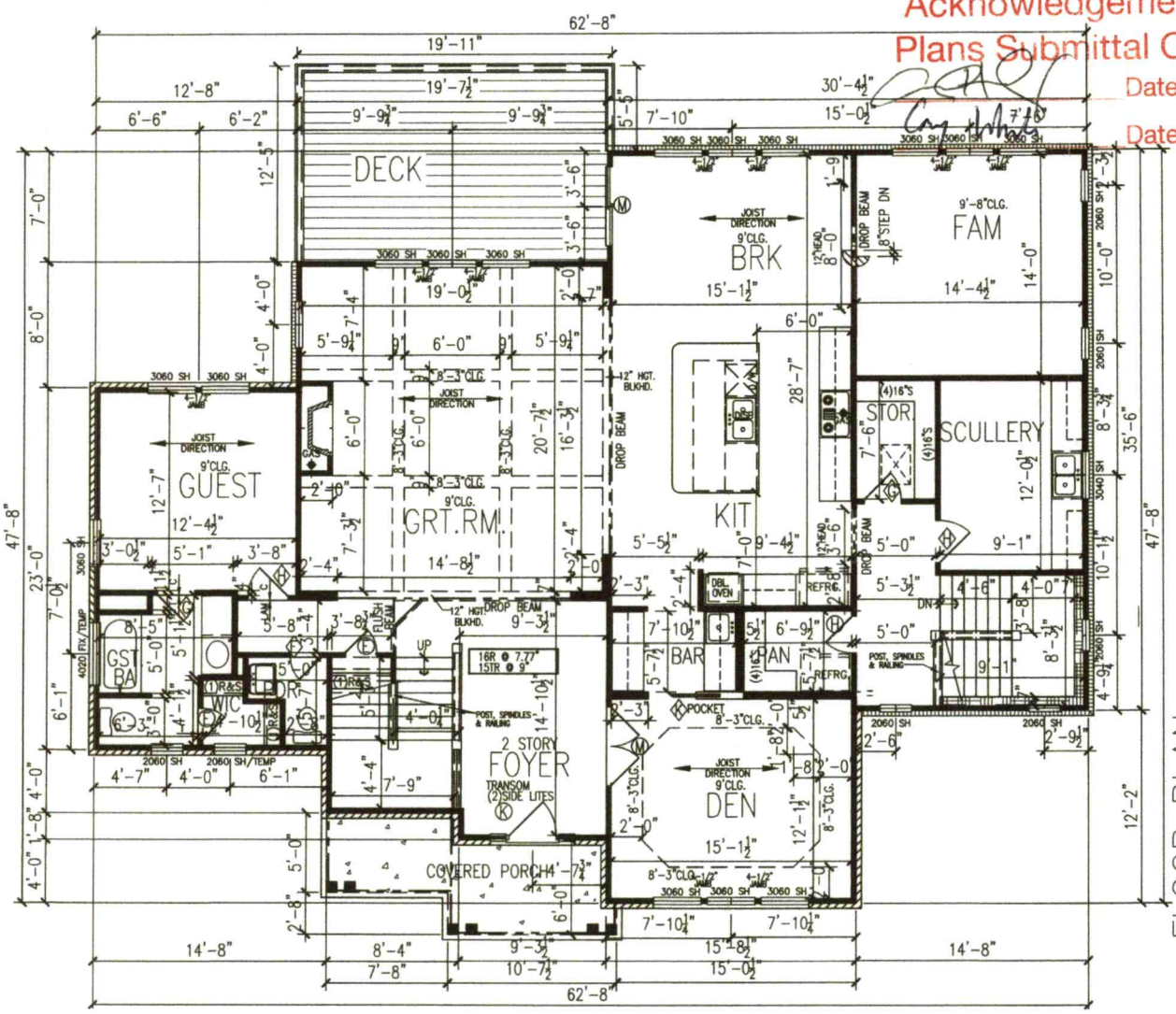
IMPROVEMENT PERMIT by: Benjamin A. Butler Date: 8/25/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:


C24
C25
DRIVE
DRIVE
DRIVE
125' FRONT SETBACK
LOT 12
35,725
0.82 AC.
LOT 13
30,448
0.70 AC.
LOT 14
28,133
0.65 AC.
HOUSE
(STAKED BY SURVEY)
25' MIN.
DRAINAGE WAY
70'
S 24°3'59" E
252.33'
N 59°09'11" E
305.92'
215.63'
360.31 TOTAL
55.05'
63'
1 R 105'
2 R 116'
FLOW DIVIDER
D-BOX
LEGEND
House Box.
System lines.
Repair lines.
Temporary Bench Mark (TBM)
Well Location.
APPROVED AUG 25 2017
GRAPHIC SCALE
1" = 40'
40 0 40 80
ROLLANS SOIL & ENVIRONMENTAL SERVICES
SITE PLAN & DRAINFIELD AREAS

*PLANS ARE FLIPPED TO BE LEFT HAND

Acknowledgement Of
Plans Submittal ONLY!
Date 10/1/21
Date 10/20/21



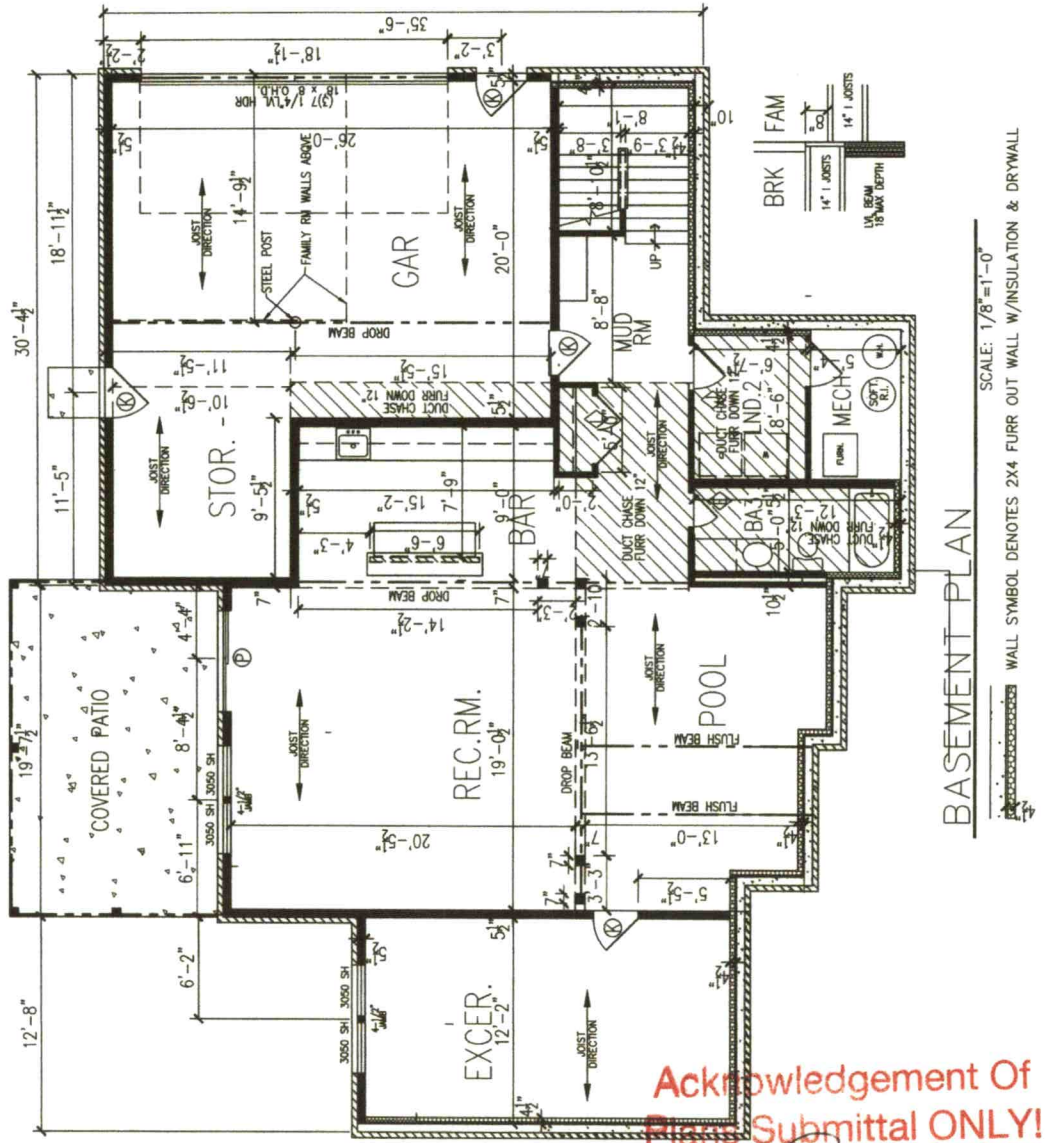
FLOOR PLAN SCALE: 1/8"=1'-0"

HARKEY RESIDENCE

ACCENT HOMES
PO Box 781866
Charlotte, NC 28278
Phone: 704.771.8073
info@accenthomesofcharlotte.com

ACCENT HOMES
PO BOX 481866
Charlotte, NC 28269
Phone: 704.771.8973
pitchforksandtorches@gmail.com

HARKEY RESIDENCE



Acknowledgement Of Plans Submittal ONLY!

Date 10-29-21

Date 11/30/21

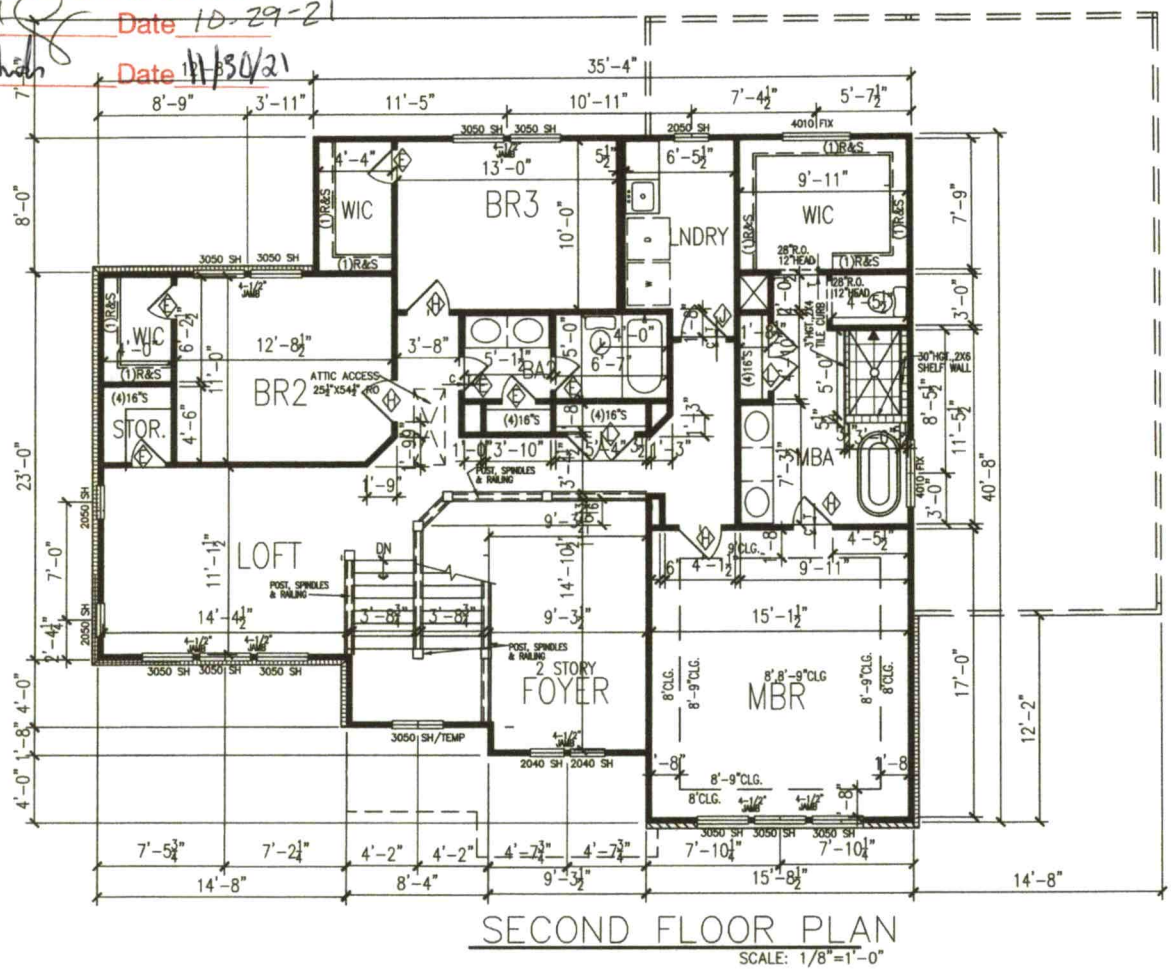
*PLANS ARE FLIPPED TO BE A LEFT HAND DUE TO SITE TOPO

*PLANS ARE FLIPPED TO BE LEFT HAND

Acknowledgement Of
Plans Submittal ONLY!

Date 10-29-21

Date 11/30/21



SECOND FLOOR PLAN
SCALE: 1/8"=1'-0"

ACCENT HOMES
PO BOX 481866
Charlotte, NC 28269
Phone: 704.771.8973
jtibbs@accenthomescarolinas.com

HARKEY RESIDENCE