ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2023-29141

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

PIN # 4764-34-3593 AP 328508

APPLICANT / OWNER: Holloway Family Homes APPLICANT ADDRESS: 1270 Northside Drive Statesville

SITE ADDRESS: 223 CARTERS FARM DR, STATESVILLE, NC 28625 PHONE: ALT. PHONE:

SITE DIRECTIONS: SAP CONTROLLED: YES ☐ NO ☑

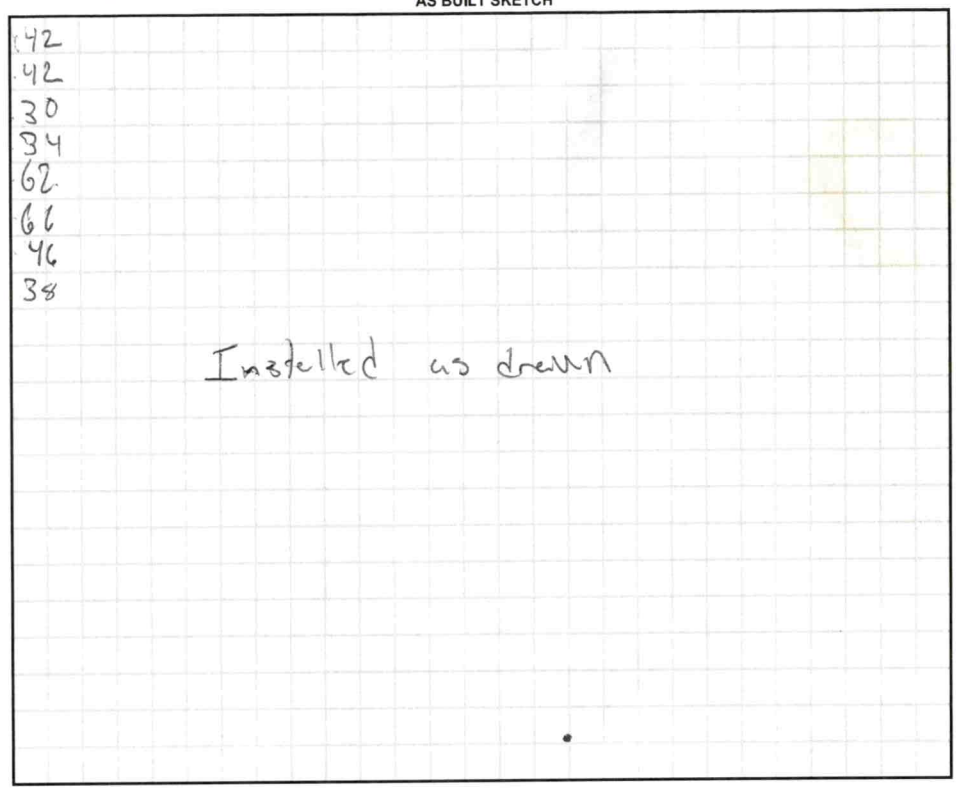
SUBDIVISION: Carters Farm SECTION: LOT #: 35 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank: 1000 (gal)	STB: 760	Date: 4-15-23	☒ New System ☐ Repair ☐ Expansion	System Type: III	☑ Residence	No. Bedrooms: 3	Water Supply: Other Public Water
Pump Tank: (gal)	PT:	Date:	System Description: 25% reduction - gravity		☐ Business	No. Persons: 6	
Pump Make:	Model:	Serial #:	Repair System Description: HPPBPS/ Low Pressure		☐ Other	No. Employees:	
Nitrification Fields: 1	# Lines: 8	Linear Ft.: 364	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: 36	Trench Bottom Depth (Low side): 24		Gravel Depth:	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: This permit is issued pursuant to G.S. 130A -335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation attached here

INITIAL SITE SKETCH

AS BUILT SKETCH



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:

IMPROVEMENT PERMIT by: Brian A Bass Date: 7/6/2023

AUTHORIZATION TO CONSTRUCT by: Brian A Bass Date: 7/6/2023

Installed By: Cove Creek

OPERATION PERMIT by: [illegible] Date: 7/11/23

Existing System Inspected By: Date:

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

County: Iredell

This Section for Local Health Department Use Only

Initial submittal received: 6/26/2023 (Date) by BB. (Initials)

Permit Number: OSWP-2023-29141

G.S. 130A-335(a6) states the following: *'If a local health department fails to act on an application for a construction authorization submitted pursuant to subsection (a5) of the section within 10 business days of receipt of a complete application, the local health department shall issue the construction authorization.'*

In accordance with G.S. 130A-335(a5) the construction authorization application is:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing: _____

_____

Copies of this were sent to the AOWE/PE and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the AOWE/PE and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A Babbitt Date of Issuance: 7/6/2023

This Construction Authorization is issued pursuant to G.S. 130A-335(a2), (a5), and (a6) using the signed and sealed plans or evaluations attached here. This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Construction Authorization shall not be affected by a change in ownership of the site. This Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner. Final landscaping shall be constructed to divert water and establish vegetative cover.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to plans, evaluations, preconstruction conference findings, submittals, or actions from a person licensed pursuant to Chapter 89C of the General Statutes as a licensed engineer or a person certified pursuant to Article 5 of Chapter 90A of the General Statutes as an Authorized On-Site Wastewater Evaluator in GS 130A-335(a2), (a5), and (a7). The Department, the Department's authorized agents, and the local health departments shall be responsible and bear liability for their actions and evaluations and other obligations under State law or rule, including the issuance of the operations permit pursuant to GS 130A-337.

Construction Authorization Expiration Date: 7/6/2028

See attached site sketch

County: Frederick

This Section for Local Health Department Use Only

Initial submittal received: 6/26/23 (Date) by BB (Initials)

Permit Number: OSWP-2023-29141

G.S. 130A-335(a4) states the following: *'If a local health department fails to act on an application for an improvement permit submitted pursuant to subsection (a3) of the section within 10 business days of receipt of a complete application, the local health department shall issue the improvement permit.'*

In accordance with G.S. 130A-335(a3) the improvement permit application is:

☐ Incomplete (If box is checked, information in this section is required.)

The following items are missing:

_____

_____

Copies of this were sent to the LSS and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☐ Denied (See attached report.)

Copies of this were sent to the LSS and the Owner on _____ (Date)

State Authorized Agent: _____ Date: _____

☑ Complete

State Authorized Agent: Benjamin A Bell Date of Issuance: 7/6/2023

This Improvement Permit is issued pursuant to G.S. 130A-335 (a2), (a3), and (a4) using the signed and sealed LSS/LG evaluation(s) attached here. The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes, or if information submitted in the application was falsified, inaccurate or misleading. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. The location and identification of all property lines, easements, water lines, and other appropriate utilities shall be the responsibility of the owner.

The Department, the Department's authorized agents, and the local health departments shall be discharged and released from any liabilities, duties, and responsibilities imposed by statute or in common law from any claim arising out of or attributed to evaluations, submittals, or actions from a licensed soil scientist or licensed geologist pursuant to GS 130A-335(a2).

Improvement Permit Expiration Date: 7/6/2028.

See attached site sketch

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Project#: 22-0054
June 19th, 2023

Holloway Family Homes NC LLC
Attn: Kent Jackson
Email: kjackson@hollowayfamilyhomes.com

RE: Soil & Site Evaluation for a 3 Bedroom Residence on Lot 35 Carters Farm Subdivision, 1.529 ac Parcel, PIN# 4764343593, 223 Carters Farm Drive, Statesville, NC 28625.

Mr. Jackson:

At your request Soil & Forestry Services of the Carolinas (S&FS) has performed soil/site evaluations on parcel noted above. The Lot size is noted on the attached survey map & soil evaluation form. The purpose of our work was to identify soil areas with potential to support subsurface wastewater disposal systems and provide design details for Session Law submittal to Iredell County Health Department.

Site Conditions

At the time of our evaluation land cover on the property was partially cleared with remaining wooded. Topography within the evaluated area was gentle slope near the existing house and proposed drainfield area. There was an existing septic tank installed along with two Accepted Trenches. The first line was on contour but second line required two chambers to be removed. The rill that was filled in was located using backhoe pits and located via GPS. There are several gullies/rills on the property. Property corners were marked at the time of the evaluation by Jordan Grant & Associates. An Autocad File of the subdivision was used as a basemap. The proposed septic layout was located via GPS and used to produce the attached *Site Plan*. The existing house was located via GPS and is illustrated on the Site Plan. Any proposed pool must be a minimum of 15 feet from the septic tank or proposed drainfield.

Methodology

We previously evaluated soil areas through the use of hand augers. Soil morphological conditions including color, texture, structure, etc. were reviewed in the field with eleven on the property flagged and located via GPS. Six of the eleven hand augers are located in the proposed system and repair areas. Soil suitability was determined by referencing 15A NCAC 18A.1900 "Laws and Rules for Sewage Treatment and Disposal Systems". *Soil & Site Evaluation Forms* were utilized to record the soil morphological data for each boring and are on file with the Health Department. The existing house envelope was established on the Site Plan. An on-ground layout of system and repair was performed

using a laser level. Pin flag locations of the layout were also located by GPS. Detailed system & repair information is summarized in the following paragraph for this Lot.

223 Carters Farm Road - Lot 35 Carters Farm *(See Attached Design)*
The septic layout for this lot (9' centers) yielded a total of 701 linear feet of line. The primary system is proposed as 364 linear feet of Accepted (25% Reduction) drainfield with gravity distribution. Trench depth (Low Side) is specified at 24 inches. The repair system is proposed as 240 linear feet of HPPBPS drainfield with low pressure distribution. There is 337 linear feet available for repair. Trench depth (Low Side) is specified at 22 inches. **Two trenches have already been dug by the septic installer. The septic installer must rake the side walls & bottom of the existing trenches due to trenches being exposed to rain water. Existing septic tank is not level and must be reset and leveled.**

Session Law Requirements

All information needed to issue the IP must be submitted with the application. The application shall include all information described in 15A NCAC 18A .1937(d) and be accompanied by a signed and dated statement from the applicant (owner or owner's legal representative) that reads as follows:

"The LSS/LG evaluation(s) attached to this application is to be used to issue an Improvement Permit in accordance with G.S. 130A-335(a2) and (a3)."

Owner Date

Print Name Timothy Thomas
Signature [signature] 6-23-23

The LSS evaluation shall include a statement bearing the LSS seal and signature that reads as follows:

"The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."

Disclaimer
This report reflects the findings of S&FS, PA. *This LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2)."* Any site modifications that impact the proposed septic areas on 223 Carters Farm Road - Lot 35 of Carters Farm Subdivision may nullify this design. System design requirements and site requirements shall be adhered to for installation and Operations Permits to be issued by the local Health Department. If you have questions regarding these requirements a Pre-Construction meeting should be scheduled to discuss. Please contact S&FS if you have any questions regarding this report or the attached information. S&FS also offers septic system inspection, wetland delineation and forestry services.

Sincerely,

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLANS
STATE OF NORTH CAROLINA
1231

S. Ashley Rollans, LSS
Attachment: *Septic Design*

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 3 bedroom single family residence on Lot 35 Carters Farm, 223 Carters Farm Drive, Statesville 28625, Iredell County, NC. PIN#: 4764343593

Contents:

	Page
Information for the Installer	1
Design Information	
Design Specifications	2-3
Layout Specifications	4
Site Plan/System Plan	5
Calculations	6
Profile Descriptions	Submitted
Application	Online
IP Form	9
CA Form	10
Plat	Submitted

LICENSED SOIL SCIENTIST
SAMUEL A. ROLLAND
1231
STATE OF NORTH CAROLINA

6/9/2023
Project #: 22-0054
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified a HPPBPS system w/low pressure distribution.
- **Distal end of Existing (Line#2) must be backfilled w/clay material and compacted.**
- **Two Trenches have already been dug. Installer must rake side walls and bottom**
- **of existing trenches due to trenches being exposed to rain water.**
- **Existing Septic Tank is off level and must be reset and leveled.**
- **Area on distal end of Line 1A & Line 2 requires additional clean cover.**

GRAVITY ACCEPTED SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Holloway Family Homes NC LLC
Address:	1270 Northside Drive Statesville, NC 28625
Phone:	704-224-1440
County:	Iredell
Location:	223 Carters Farm Drive Statesville, NC 28625
Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360
System Flow:	N/A

Design Specifications

Drainfield Size:	364	
Loading Rate (gpd/ft.^{2}):	0.25	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth (LOW SIDE):	24 in.	Repair Trench Bottom 22 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	11
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	7.18
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

223 Carters Farm Drive

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.25
TOTAL AREA TRENCH BOTTOM:	1092
TOTAL LATERAL LENGTH:	364
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	360
SUPPLY LINE LENGTH:	11
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Layout Specifications - Carters Farm Lot 35

Project #: 22-0054

LAYOUT FOR 3 BEDROOM HOME

6/9/2023

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1A	***EXISTING***					*42*	*42*
1B	***PINK***					*30*	*30*
2	***EXISTING***					*42*	*42*
3	***BLUE***					*34*	*34*
4	***PINK***					*66*	*66*
5	***RED***					*66*	*66*
6	***YELLOW***					*46*	*46*
7	***ORANGE***					*38*	*38*
8	RED					66	66
9	ORANGE					72	72
10	YELLOW					76	76
11	BLUE					77	77
12	RED					46	46
						701	*701*

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION	LOW SIDE TRENCH DEPTH
** System*	*364*	*0.250*	*ACCEPT.*	*0.250*	*25% RED*	*GRAVITY*	24"
Repair	337	0.250	MOD. CONV.	0.250	HPPBPS	LOW PRESSURE	22"

Notes:

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located by GPS.

** Property corners & lines located by survey (Jordan Grant & Associates)

CALCULATIONS

Location 223 Carters Farm Drive
Statesville, NC 28625
Project Number 22-0054

Lot No: 35

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.250 $^{gal}/_{ft^2\ day}$

PPBPS? (YES OR NO) NO

Supply Line Length 11 ft.

Supply Line Volume 7.183 gal.

Required Feet of Line 360 ft.
Amount of Line from Layout 364 ft.

Gallons per Minute N/A $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Septic Tank Size 1000 gal.

Panel Volume N/A gal.
# of Panels N/A
Dosing Volume N/A gal.

Tank Draw Down N/A

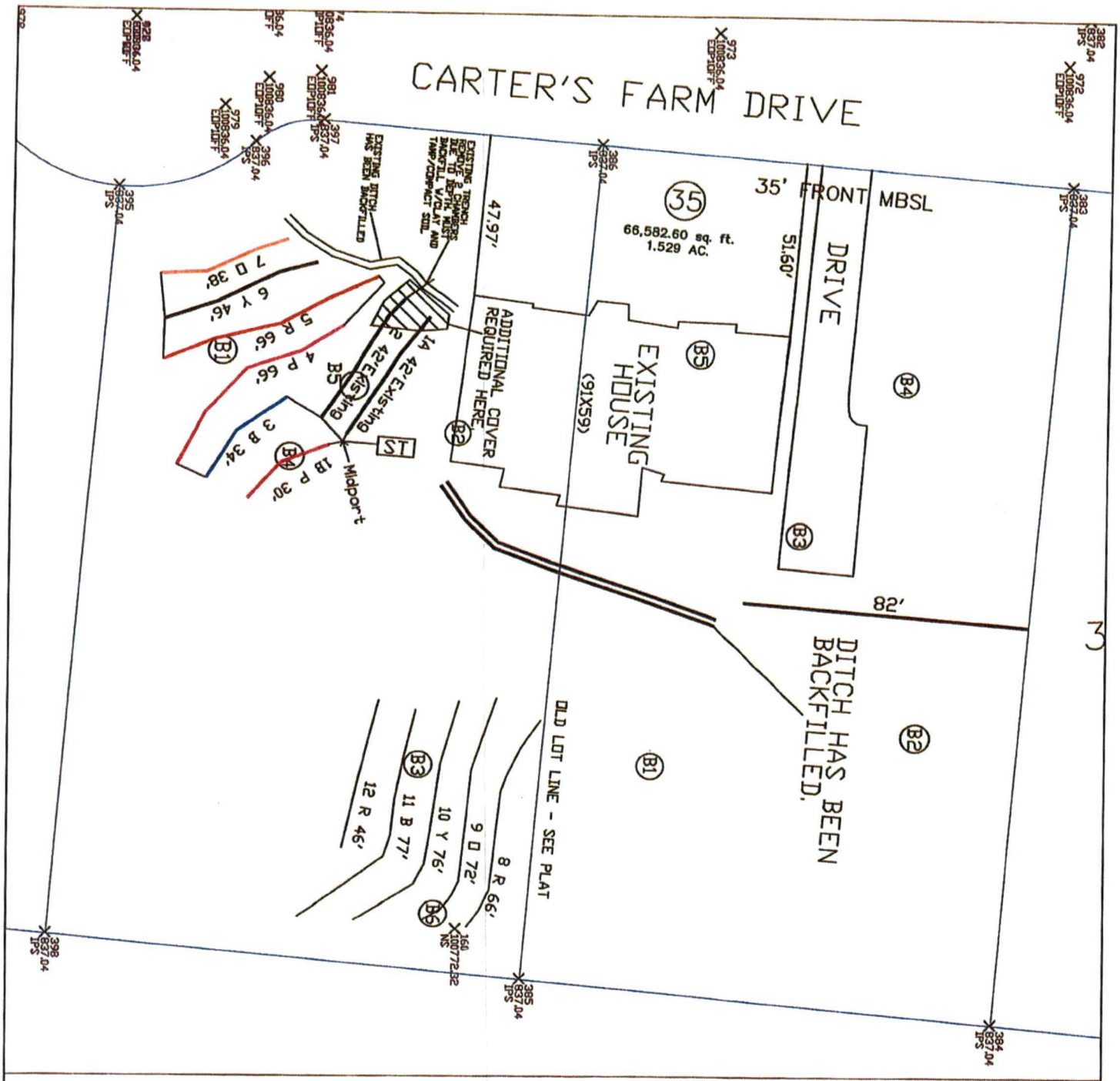
Pump Run Time

Elevation Head N/A ft.
Pressure Head N/A ft.
Friction Factor N/A ft./100 ft. *(From the interpolater.)*
Friction Head N/A ft.

Total Dynamic Head (+15%) N/A ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42



LEGEND

Areas contain at least 30 inches of usable material and have potential for accepted, modified conventiona and conventional septic systems.

Unsuitable/Thick Areas.

(2) Boring Locations.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE: (704) 746 - 5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: DETAILED SOIL EVALUATION

PROJECT NAME: HOLLOWAY FAMILY HOMES / CARTERS FARM LOTS 35

LOCATION/DATE: CARTER'S FARM - LOTS 35, IREDELL COUNTY, NORTH CAROLINA, JUNE 2023

JOB # : 22-0054
FILE: C:\JOBS\22-0054
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

Book 74 Page 21 Page 1 of 1

Doc ID: 012096620001 Type: CRP
Recorded: 06/28/2021 at 09:07:48 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Maureen P. Purcell Register of Deeds
BK 74 PG 21

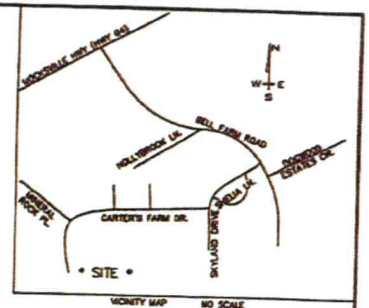
State of North Carolina
County of Iredell
I, Richard A. Huffman, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review officer

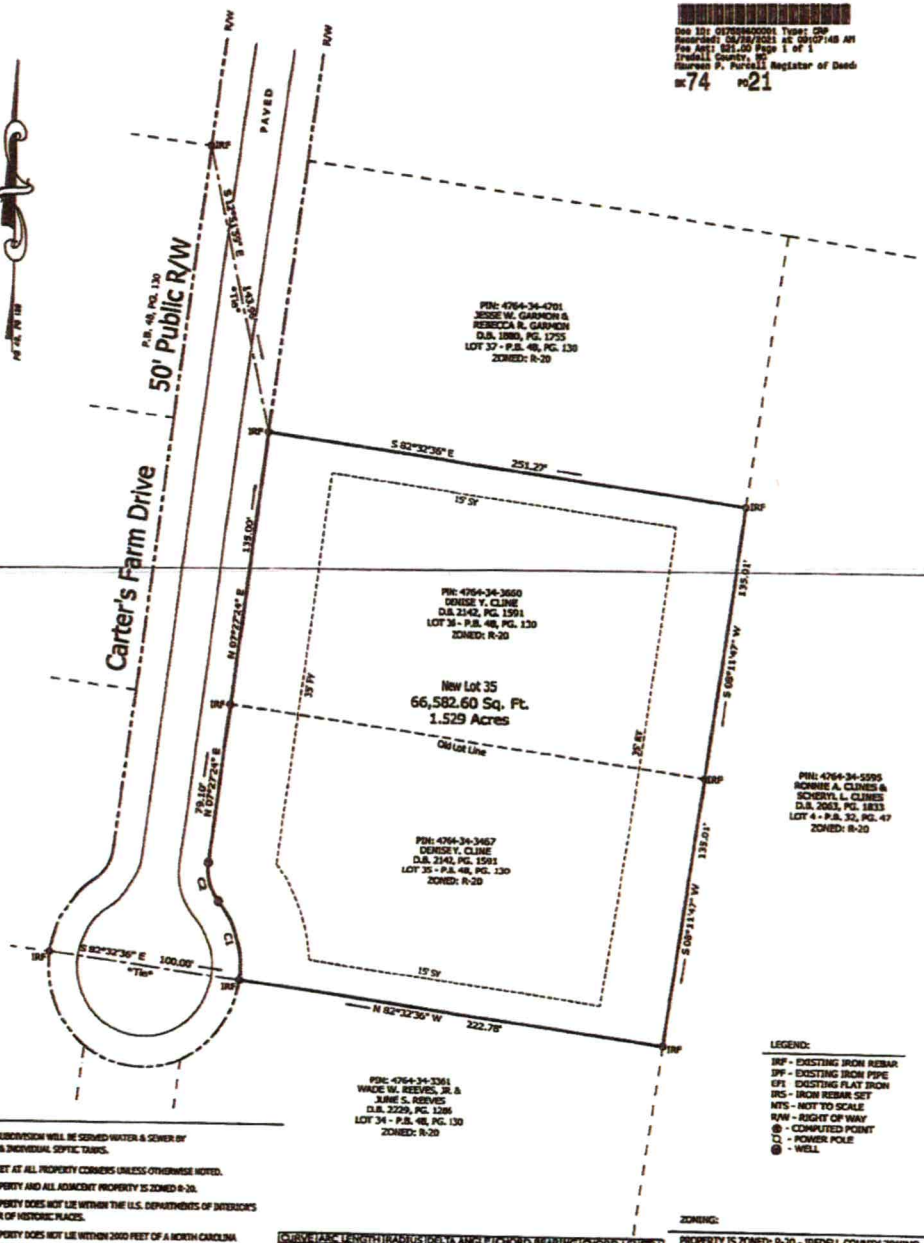
5-28-2021
Date

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE IF IREDELL COUNTY, NORTH CAROLINA.

5-28-2021
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA



VICINITY MAP NO SCALE



KNOW ALL MEN BY THESE PRESENTS, THAT I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

Denise Y. Cline
DENISE Y. CLINE

5-24-2021
DATE

State of North Carolina , Iredell County
I, Stephen M. Sharpe, a Notary Public for said County, and State, do hereby certify that Denise Y. Cline personally came before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this the 24th day of May, 2021.

Stephen M. Sharpe, Notary Public

My commission expires: 01-25-25

Stephen M. Sharpe
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 01-25-25

I, MATTHEW I. GRANT, HEREBY CERTIFY THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT ORDERED SURVEY, OR OTHER EXCEPTIONS TO THE DEFINITION OF SUBDIVISION IN ACCORDANCE WITH G.S. 47-30 (f)(11)(c).

Matthew I. Grant, P.L.S.
License #5208

04-30-21
DATE

STATE OF NORTH CAROLINA, IREDELL COUNTY,
I, MATTHEW I. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION IS 1: 10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN PLAT BOOK 48, PAGE 130 THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 30TH DAY OF APRIL, 2021.

NORTH CAROLINA PROFESSIONAL SEAL L-5208 LAND SURVEYOR MATTHEW I. GRANT

Matthew I. Grant, P.L.S. License #5208
04-30-21

LEGEND:
IRF - EXISTING IRON REBAR
IPF - EXISTING IRON PIPE
EFI EXISTING FLAT IRON
IRS - IRON REBAR SET
NTS - NOT TO SCALE
R/W - RIGHT OF WAY
⊕ - COMPUTED POINT
PP - POWER POLE
● - WELL

CURVE	LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	53.05'	50.00'	60°47'14"	N 10°39'13" W	50.60'
C2	167.69'	25.00'	384°11'04"	N 10°39'13" W	206.41'

NOTES:

THE LOTS IN THIS SUBDIVISION WILL BE SERVED WATER & SEWER BY INDIVIDUAL WELLS & INDIVIDUAL SEPTIC TANKS.

IRON REBARS ARE SET AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.

THE SURVEYED PROPERTY AND ALL ADJACENT PROPERTY IS ZONED R-20.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN 2000 FEET OF A NORTH CAROLINA HORIZONTAL GRID MARKER.

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THE PURPOSE OF THIS PLAT IS TO COMBINE LOTS 35 & 36 INTO 1 NEW PARCEL (NEW LOT 35).

ZONING:

PROPERTY IS ZONED: R-20 - IREDELL COUNTY ZONING

PROPERTY IS SUBJECT TO MINIMUM BUILDING SETBACK LINES :
35' FRONT YARD (35' FY.)
15' SIDE YARD (15' SY.)
25' REAR YARD (25' RY.)
PER IREDELL COUNTY ZONING ORDINANCE.

0 40 80 120

OWNER / DEVELOPER
DENISE Y. CLINE
141 CEDAR LAKE DRIVE
STATESVILLE, N.C. 28625

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 • STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Recombination Plat For Lots 35 - 36 :
Carters Farm Phase 1
As Recorded in P.B. 48, Pg. 130

DRAWN BY: SHS	CHECKED BY: MIG
SCALE: 1"=40'	
DEED REF: 2143-1591	PIN NO: 4764-34-3482, 4764-34-3660
DATE OF MAP: 04-30-21	SURVEY DATE: 04-24-21
REVISION:	DRAWING FILE: 20200654-REC

CARTER'S FARM DRIVE - STATESVILLE, N.C. 28625
CHAMBERSBURG TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA

County: Iredell

CONSTRUCTION AUTHORIZATION FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 4764343593

Issued To: Holloway Family Homes NC LLC

Property Location: 223 Carters Farm Drive, Statesville NC 28625

AOWE/PE Plans/Evaluations Provided: Yes ☒ No ☐ If yes, name and license number of AOWE/PE: Samuel Ashley Rollans # 10027E

Facility Type: 3 Bedroom Home (Existing)

☒ New ☐ Expansion ☐ Repair System Relocation ☐

Basement? ☐ Yes ☒ No Basement Fixtures? ☐ Yes ☐ No

Type of Wastewater System** 25% Reduction - Gravity (Initial) HPPBPS / Low Pressure (Repair)

Design Daily Flow: 360 GPD Wastewater Strength: ☒ domestic ☐ high strength ☐ industrial process

Session Law 2014-120 Section 53, Engineering Design Utilizing Low-flow Fixtures and Low-flow Technologies? ☐ Yes ☒ No

Installation Requirements/Conditions

Septic Tank Size: 1,000 gallons Total Trench/Bed Length: 364 feet Trench/Bed Spacing: 9 feet on center

Drainfield square footage: 1,092 Trench/Bed Width: 36 inches LTAR: 0.25 gpd/ft²

Soil Cover: 6" min inches Slope Adjusted Maximum Trench/Bed Depth: 24 inches

Aggregate Depth: _____ inches above pipe _____ inches below pipe _____ inches total

Pump Tank Size (if applicable): _____ gallons Requires more than 1 pump? ☐ Yes ☐ No

Pump Requirements: _____ ft. TDH vs. _____ GPM Grease Trap Size (if applicable): _____ gallons

Distribution Method: ☒ Serial ☐ D-Box or Parallel ☐ Pressure Manifold(s) ☐ LPP ☐ Other: _____

Artificial Drainage Required: Yes ☐ No ☒ If yes, please specify details: _____

Legal Agreements *(If the answer is "Yes" to any type of legal agreements, please attach a copy of the agreement.)*

Multi-party Agreement Required [.1937(h)]: Yes ☐ No ☒

Easement, Right-of-Way, or Encroachment Agreement Required [.1938(j)]: ☐ Yes ☒ No

Declaration of Restrictive Covenants: ☐ Yes ☒ No

****If applicable:**

I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit.

Owner/Legal Representative Print Name: _____

Owner/Legal Representative Signature: _____ Date: _____

Pre-Construction Conference Required: Yes ☐ No ☒

Conditions: See design.

The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958, and .1959 are incorporated by reference into this permit and shall be met. Systems shall be installed in accordance with the attached system layout.

AOWE/PE Print Name: Samuel Ashley Rollans

AOWE/PE Signature: Samuel A Rollans Date: 6/21/23

This AOWE/PE submittal is pursuant to and meets the requirements of G.S. 130A-335(a2) and (a6).

See attached site sketch

N.C. ONSITE WASTEWATER Certification Number 10027E EVALUATOR

County: Iredell

IMPROVEMENT PERMIT FOR G.S. 130A-335(a2)/SL2022-11

PIN/Lot Identifier: 4764343593

Issued To: Holloway Family Homes NC LLC

Property Location: 223 Carters Farm Drive, Statesville NC 28625

Subdivision: Carters Farm Lot #: 35 Block: _____ Section: _____

LSS Report Provided: Yes ☑ No ☐

If yes, name and license number of LSS: Samuel Ashley Rollans #1231

New ☑ Repair ☐ Expansion ☐ System Relocation ☐

Proposed Structure: 3 Bedroom Home (Existing)

Proposed Wastewater System Type: 25% Reduction - Gravity (Initial) HPBPS / Low Pressure (Repair)

Fill System: ☐ Yes ☑ No If yes, specify: ☐ New ☐ Existing (when adding more than 6 inches of fill to system area please provide a fill plan)

Proposed Design Daily Flow: 360 GPD Proposed LTAR (Initial): 0.25 Proposed LTAR (Repair): 0.25

Design Wastewater Strength: ☑ domestic ☐ high strength ☐ industrial process

Number of bedrooms: 3 Number of Occupants: 6 Other: _____

Pump Required: ☐ Yes ☑ No ☐ May be required based upon final location and elevations of facilities

Artificial Drainage Required: ☐ Yes ☑ No If yes, please specify details: _____

Type of Water Supply: ☐ Private well ☑ Public well ☐ Municipal Supply ☐ Spring ☐ Other: _____

Drainfield location meets requirements of Rule .1945: Yes ☑ No ☐

Drainfield location meets requirements of Rule .1950: Yes ☑ No ☐

Permit valid for: ☑ Five years [site plan submitted pursuant to GS 130A-334(13a)] ☐ No expiration [plat submitted pursuant to GS 130A-334(7a)]

Permit conditions:

See design

Licensed Soil Scientist Print Name: Samuel Ashley Rollans #1231

Licensed Soil Scientist Signature: Samuel Ashley Rollans Date: 6/21/23

The LSS evaluation is being submitted pursuant to and meets the requirements of G.S. 130A-335(a2).

See attached site sketch

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

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
05/24/2023

Owner: Halloway Family Homes
Address: 1270 Northside Drive, Statesville, N.C. 28625

Subject: Notice of Intent to Revoke/Suspend: 223 Caters Farm Drive, Statesville, N.C. 28625

Dear Halloway Family Homes:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 223 Carters Farm Drive, Statesville, N.C. 28625 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 Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 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 suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* 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 05/24/2023. 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,

Bryant C. White

Signature of DHHS Authorized Agent

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

Sheet 1 of 2
4764343593 PROPERTY ID #: [redacted]
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: [redacted] OYL SPECIALISTS LLC
ADDRESS: 115 Trillium Drive Statesville NC 28625
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 223 Carters Farm Drive, Statesville NC 28625 Lot 35
APPLICATION DATE
DATE EVALUATED: 4/28/20
PROPERTY SIZE: [redacted] AC 1.525
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
B 1	L/4-6%	0-3	BL Gr	Fr SS SP	Few Mang. @ 44"	50			PS .275-.3
		3-26	RBCL/scl wfsbk	Fr SS SP					
		26-36	RBSC wmsbk	Fr SS SP					
		36-50	BRC wmsbk/Abk	Fr SS SP					
B 2	L/4-6%	0-5	BSL Gr	Fr SS SP	Quartz Vein Few SMP Few Fe L Mn Coatings/SMP C Clay Lens	50			PS .275
		5-9	RBCL wfsbk	Fr SS SP					
		9-32	BRC wmsbk/Abk	Fr SS SP					
		32-50	RBCL wfsbk/Abk	Fr SS SP					
		50-53	VAR.L MASS	Fr SS SP					
B 3	L/4-6%	0-9	RBCL wfsbk	Fr SS SP	Few Fe Depl@31" Cl.R2@45" Few Mgt	48			PS .25-.275
		9-48	RC wmAbk/sbk	F SS SP					
B 4	L/6%	0-3	BSL Gr	Fr SS SP		48			PS 0.3
		3-8	RBCL wfsbk	" " "					
		8-27	BRC wmsbk	" " "					
		27-48	RBCL wfsbk	" " "	C, sapi				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	HPPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT: C. Wagner

COMMENTS: *Clean up underbrush. Stake House & Perform Septic Layout

LICENSED SOIL SCIENTIST Samuel A. Rollins 1231 STATE OF NORTH CAROLINA

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 of 2

PROPERTY ID #: Same

DATE OF EVALUATION: ↓

COUNTY: ↓

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
B5	4/5%	0-12	Bclwfsbk	FrSSPSExP	f[mn]	48	-	—	PS 0.25-.275
		12-48	BRcwmsbk	" " P "					
B6	4/5%	0-7	Bscl/cl wfsbk	FrSSPSExP	f-c[F]fp (30-37") -fsap	48	-	—	PS 0.25-0.275
		7-41	BRcwmsbk/Abk	" " " "					
		41-48	RBclwmsbk	" " " "					

RECEIVED MAY 1 0 2022

MD

Session Law

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

Paid $500.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) 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: Holloway Family Homes Address: 1270 Northside Dr Statesville Zip: 28625
Applicant Email: MEvans@hollowayfamilyhomes.com Phone: 704-924-0008 Alt. Phone: _____
Owner Name: OYL Specialists LLC Address: 115 Trillium Dr Statesville Zip: 28625
Owner Email: MEvans@hollowayfamilyhomes.com Phone: 704-924-0008 Alt. Phone: _____

Property Information:

Street Address: 223 Carters Farm Dr Statesville, NC 28625
Subdivision Name: Carters Farm Section/Phase: P1 Lot Number: 35
Driving Directions: Bell Farm Rd, Skyland Dr, Carters Farm Dr

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

(X) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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?

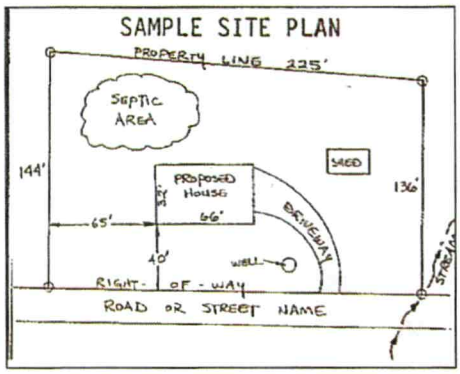
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 5-5-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location N/A
- (X) Preferred septic system location
- (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

See Attached

Signature: _____ 5/6/22

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



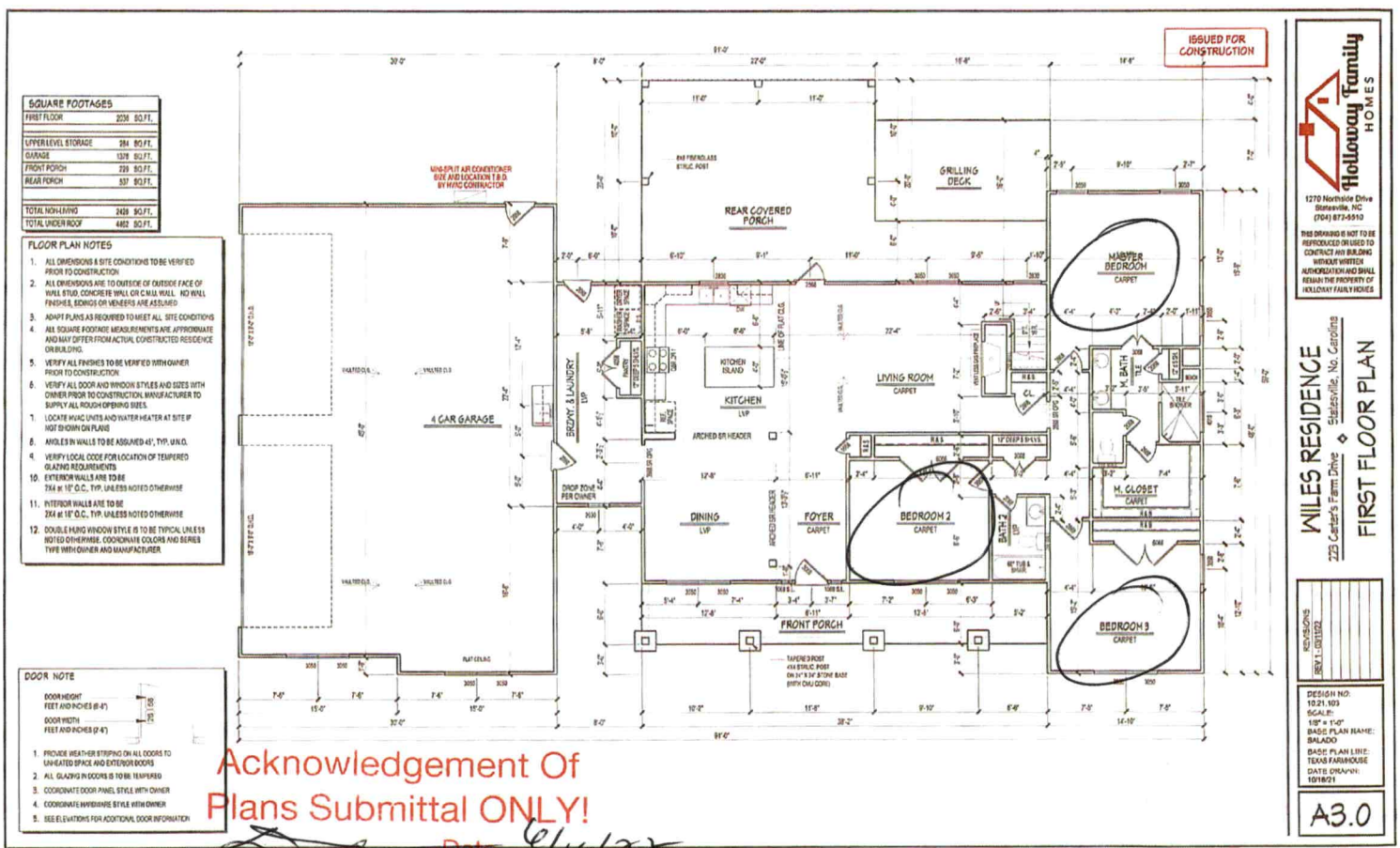
B5) 0-[illegible] Bcl wfsbk Fr-sspr SEVF 0.275

L/5Y [illegible]-48 BRcwmsbk x n p v - f [Mn]

B6) 0-7 Bscl/cl wfsbk 0.25-.275

7-41 BRcwmsbk/Abk FFSSP-vfxp - f-c [Feldspl 30-37"

L/5Y 41-48 RBcl wmsbk Frssp/SEVF - Fsap



Acknowledgement Of
Plans Submittal ONLY!

Date 6/16/22

Date 5/4/22

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, Matt Evans, am the legal owner(s) of the property located at 223 Carters Farm Dr Statesville, NC 28625, identified as

PIN (Parcel Identification Number) 4764-34-3593, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tom Albrecht, Holloway Family Homes, 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.

_____ 5-5-22

Signature of Owner(s) Date

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

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

ME **Complete all Environmental Health forms**:

ME Application
ME Site Plan including the dimensions of proposed structure, addition, pool etc.
ME Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
ME Copy of Zoning Permit when applicable
ME Sign this sheet after you have completed all items

ME **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

ME **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

ME **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

ME If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 5-5-22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
328508 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4764343593.000	223 CARTERS FARM DR	Iredell County

Owner Information	Applicant Information
Name: OYL SPECIALISTS LLC	Name: HOLLOWAY FAMILY HOMES
Address:	Address: 1270 NORTHSIDE DR STATESVILLE, NC 28625
Phone:	Phone: (704)872-5510

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.52	35	35	15	15	N/A	NO

Remarks
SFD

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: 05/06/2022

Signature of Owner/Contractor

Permit Number	328508	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
N/A

Is there a septic tank on the property? Yes No If residence how many bedrooms? 3 and stories? 1

Please describe project (Details, Purpose, or Use): SINGLE FAMILY Home

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell Water Corp

Does the property have community sewer? Yes No If yes, please list who provides it: _____

Owner Information

Property Owner's Name O4L Specialists Phone # 704-924-0008

Owner's Current Address 115 Trillium Dr. Statesville NC 28625

Property Information

Property Address 223 Carters Farm Dr Statesville Parcel # 4764-34-3593

Subdivision: Carters Farm Lot: 35 Zoning: ____ Watershed: Y / N Flood Plain: Y / N Township: _____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Holloway Family Homes Applicant's Phone # 704-872-5510

Applicant's Address 1270 Northside Dr Statesville NC 28625

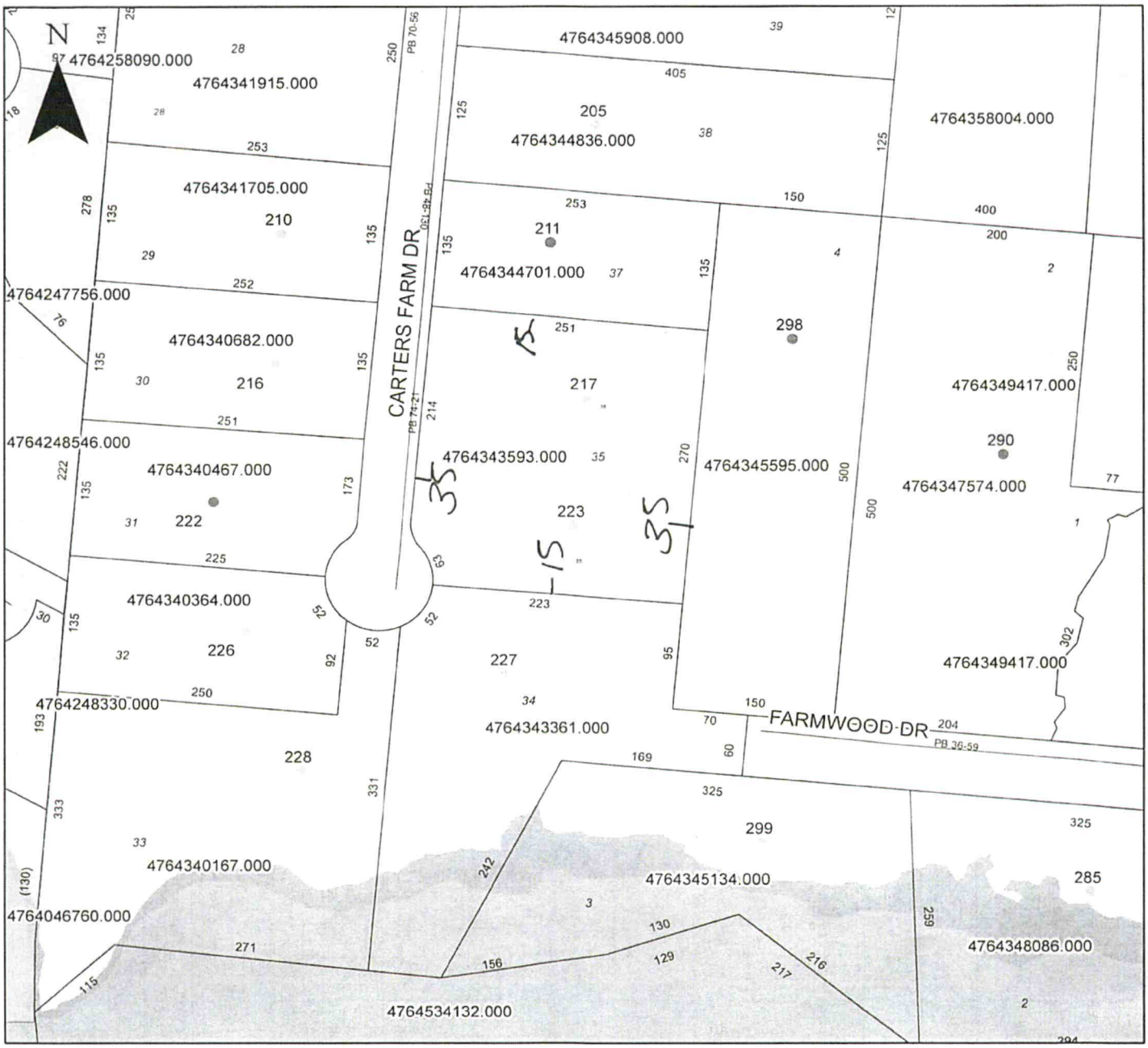
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE _____

R-20
1.52
NO

ZONING DISCLAIMER



Property Address 223 Carters Farm Dr.

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

5/6/22

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R16560

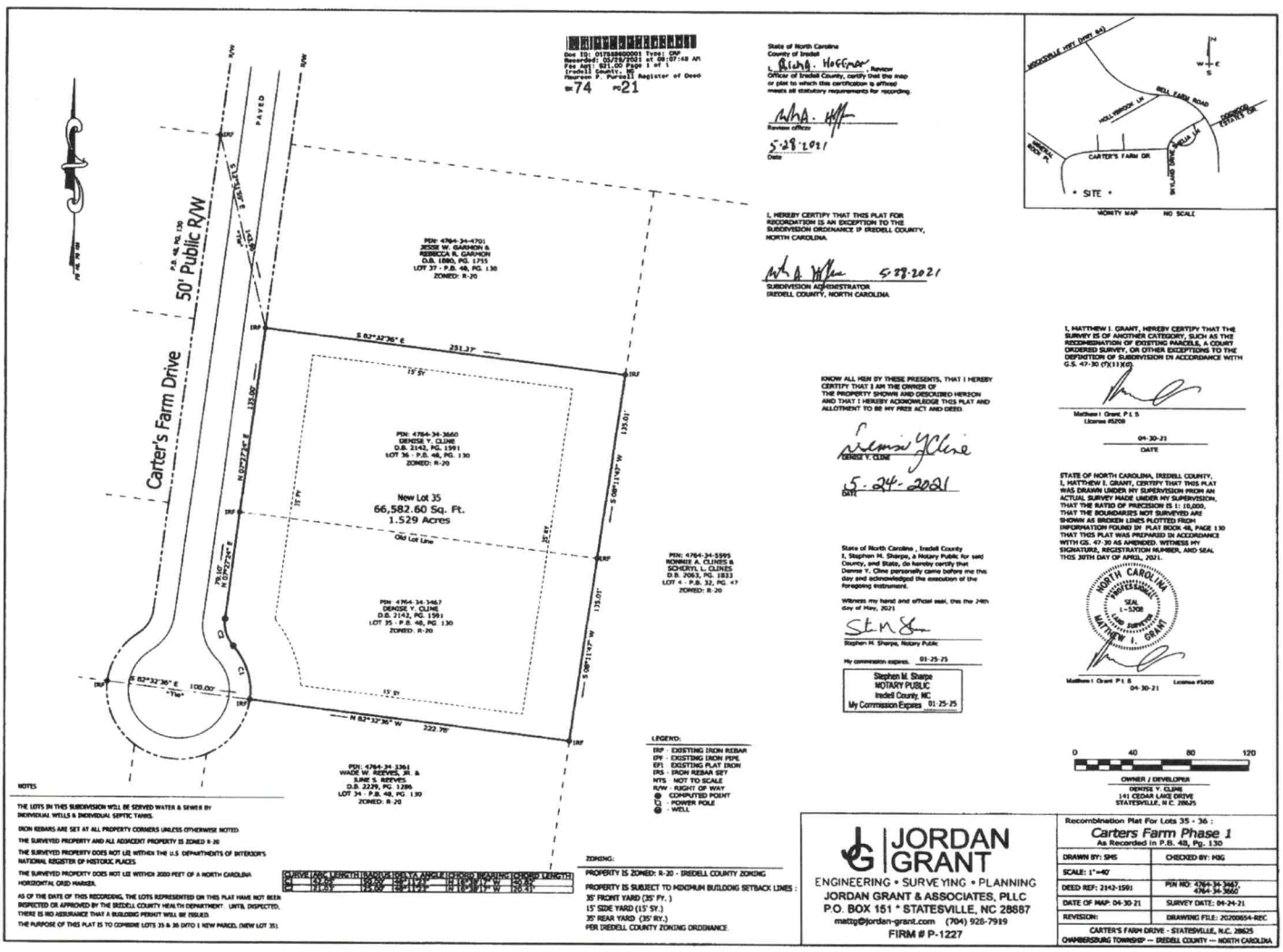
DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-328508 Address: 223 CARTERS FARM DR APN: 4764343593.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R16560			**$577.25**

Date Paid: Friday, May 06, 2022

Paid By: HOLLOWAY FAMILY HOMES

Cashier: BJK

Pay Method: CREDIT CARD 06026G



Doc ID: 017358900001 Type: CRP
Recorded: 05/28/2021 at 09:07:48 AM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Maureen F. Pursell Register of Deeds
BK 74 PG 21

State of North Carolina
County of Iredell

I, Richard A. Haggar, Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recording.

Review officer

5.28.2021
Date

I, HEREBY CERTIFY THAT THIS PLAT FOR RECORDATION IS AN EXCEPTION TO THE SUBDIVISION ORDINANCE IF IREDELL COUNTY, NORTH CAROLINA.

5.28.2021
SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

VICINITY MAP NO SCALE

KNOW ALL MEN BY THESE PRESENTS, THAT I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON AND THAT I HEREBY ACKNOWLEDGE THIS PLAT AND ALLOTMENT TO BE MY FREE ACT AND DEED.

DENISE Y. CLINE

5-24-2021
DATE

State of North Carolina , Iredell County
I, Stephen M. Sharpe, a Notary Public for said County, and State, do hereby certify that Denise Y. Cline personally came before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal, this the 24th day of May, 2021

Stephen M. Sharpe, Notary Public

My commission expires 01-25-25

Stephen M. Sharpe
NOTARY PUBLIC
Iredell County, NC
My Commission Expires 01-25-25

I, MATTHEW I. GRANT, HEREBY CERTIFY THAT THE SURVEY IS OF ANOTHER CATEGORY, SUCH AS THE RECOMBINATION OF EXISTING PARCELS, A COURT ORDERED SURVEY, OR OTHER EXCEPTIONS TO THE DEFINITION OF SUBDIVISION IN ACCORDANCE WITH G.S. 47-30 (f)(11)(c).

Matthew I. Grant, P.L.S
License #5208

04-30-21
DATE

STATE OF NORTH CAROLINA, IREDELL COUNTY,
I, MATTHEW I. GRANT, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION, THAT THE RATIO OF PRECISION IS 1: 10,000, THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN PLAT BOOK 48, PAGE 130 THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS. 47-30 AS AMENDED. WITNESS MY SIGNATURE, REGISTRATION NUMBER, AND SEAL THIS 30TH DAY OF APRIL, 2021.

SEAL L-5208
NORTH CAROLINA LICENSED LAND SURVEYOR MATTHEW I. GRANT

Matthew I. Grant P.L.S. License #5208
04-30-21

0 40 80 120

OWNER / DEVELOPER
DENISE Y. CLINE
141 CEDAR LAKE DRIVE
STATESVILLE, N.C. 28625

LEGEND:
IRF - EXISTING IRON REBAR
EPF - EXISTING IRON PIPE
EP1 - EXISTING PLAT IRON
IRS - IRON REBAR SET
NTS - NOT TO SCALE
R/W - RIGHT OF WAY
⊕ - COMPUTED POINT
○ - POWER POLE
● - WELL

NOTES

THE LOTS IN THIS SUBDIVISION WILL BE SERVED WATER & SEWER BY INDIVIDUAL WELLS & INDIVIDUAL SEPTIC TANKS.

IRON REBARS ARE SET AT ALL PROPERTY CORNERS UNLESS OTHERWISE NOTED.

THE SURVEYED PROPERTY AND ALL ADJACENT PROPERTY IS ZONED R-20

THE SURVEYED PROPERTY DOES NOT LIE WITHIN THE U.S. DEPARTMENTS OF INTERIOR'S NATIONAL REGISTER OF HISTORIC PLACES.

THE SURVEYED PROPERTY DOES NOT LIE WITHIN 2000 FEET OF A NORTH CAROLINA HORIZONTAL GRID MARKER.

AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPARTMENT. UNTIL INSPECTED, THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

THE PURPOSE OF THIS PLAT IS TO COMBINE LOTS 35 & 36 INTO 1 NEW PARCEL (NEW LOT 35).

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARING	CHORD LENGTH
C1	157.08'	100.00'	90°00'00"	N 37°32'36" W	141.42'
C2	157.08'	100.00'	90°00'00"	N 52°27'24" E	141.42'

ZONING:

PROPERTY IS ZONED: R-20 - IREDELL COUNTY ZONING

PROPERTY IS SUBJECT TO MINIMUM BUILDING SETBACK LINES :
35' FRONT YARD (35' FY.)
15' SIDE YARD (15' SY.)
35' REAR YARD (35' RY.)
PER IREDELL COUNTY ZONING ORDINANCE

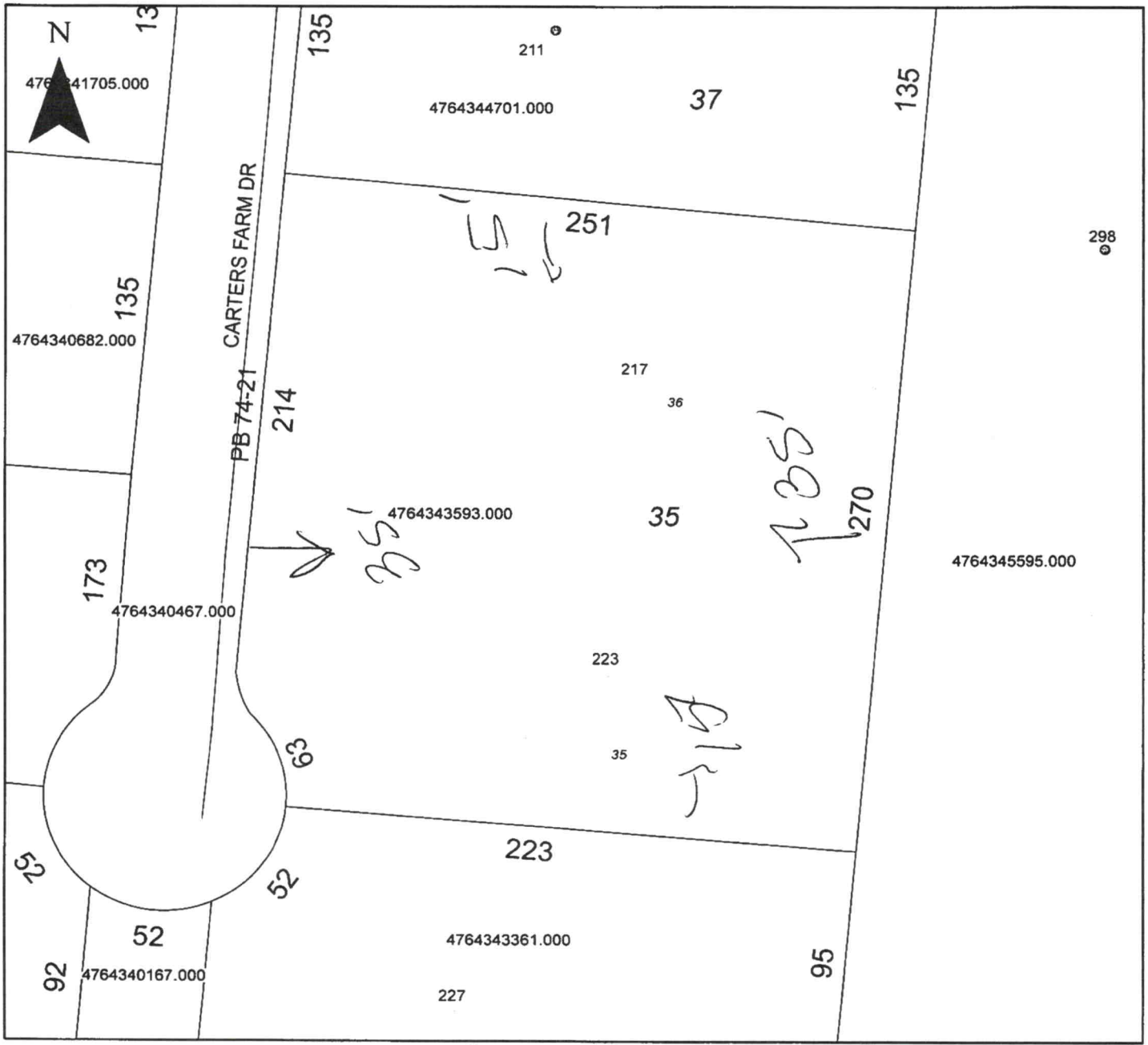
JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Recombination Plat For Lots 35 - 36 :
Carters Farm Phase 1
As Recorded in P.B. 48, Pg. 130

DRAWN BY: SMS	CHECKED BY: MIG
SCALE: 1"=40'	
DEED REF: 2142-1591	PIN NO: 4764-34-3467, 4764-34-3660
DATE OF MAP: 04-30-21	SURVEY DATE: 04-24-21
REVISION:	DRAWING FILE: 20200604-REC

CARTER'S FARM DRIVE - STATESVILLE, N.C. 28625
CHAMBERSBURG TOWNSHIP -- IREDELL COUNTY -- NORTH CAROLINA

ZONING DISCLAIMER

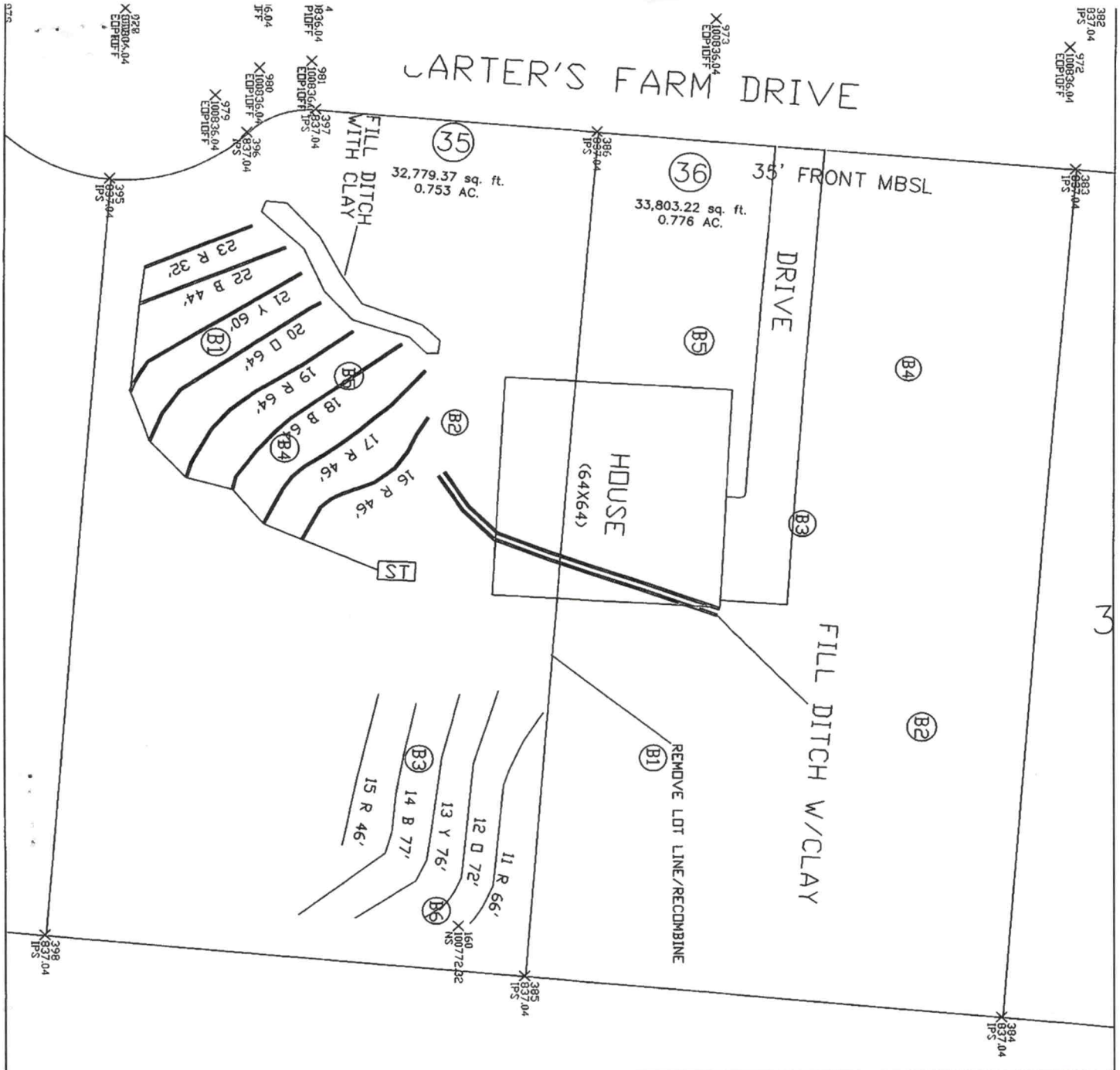


Property Address 223 Carters Farm

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Applicant

5-5-22
Date



LEGEND

Areas contain at least 30 inches of usable material and have potential for accepted, modified conventiona and conventional septic systems.

Unsuitable/Thick Areas.

(2) Boring Locations.

GRAPHIC SCALE
1" = 40'

40 0 40 80

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE: (704) 746 - 5046
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ASHLEYROLLANS@GMAIL.COM

MAP TITLE: DETAILED SOIL EVALUATION

PROJECT NAME: BOB & DENISE CLINE / CARTERS FARM LOTS 35 & 36

LOCATION/DATE: CARTER'S FARM - LOTS 35 & 36 IREDELL COUNTY, NORTH CAROLINA APRIL/MAY 2020

JOB # : 20-0050
FILE: C:\JOBS\20-0050
PROJECT MGR.: S.A.R.
FIELD WORK: S.A.R.
DRAWN BY: S.A.R.

Wales, [illegible] shed location.