ICHD - ENVIRONMENTAL HEALTH DIVISION

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

MW BLDR-2022-11525

PERMIT # OSWIP-2023-16401

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

PIN # 4778 -- 69 -- 5429

APPLICANT/OWNER: HOLLOWAY FAMILY HOMES NORTH CAROLINA, LLC. APPLICANT ADDRESS: 1270 NORTHSIDE DRIVE, STATESVILLE, N.C 28625

SITE ADDRESS: 163 FOUR ANDREWS DRIVE, HARMONY, N.C. 28634 PHONE: 704-224-1440 ALT. PHONE 704-253-8080

SITE DIRECTIONS: (N) ON 21, (R) ON MOUNT BETHEL, (R) ON FOUR ANDREWS, LOT ON (L) SAP CONTROLLED: [x] YES [ ] NO

SUBDIVISION: ROCK GATE ESTATES SECTION: — LOT # 41-42 LOT AREA: 1.24 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	157	Date	7/4/23	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—		Model	—	Serial #	—	Repair System Description:			TSII DRIP IRRIGATION	
# Nitrification Fields	1	# Lines		4	Linear Ft	300 ft	Maintenance Agreement Required:	[ ] YES	[x] NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)		25 IN	Gravel Depth	—		[x] GRAVITY	[ ] PRESSURE		

[x] Residence	No. Bedrooms	3	Water Supply
[ ] Business	No. Persons	6	[ ] Private
[ ] Other	No. Employees	—	[x] Public
[ ] Slab	[x] Crawl Space		[ ] Community
[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9ft CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

INITIAL SITE SKETCH

SEE ATTACHED SITE PLAN BY: ICHD - BRYANT C. WHITE DATED: 3-17-2023

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Installed as drawn.
Tank 15' from back corner of home.

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.* [x] **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: _____ Date: _____ Installed by: Jake Williams

IMPROVEMENT PERMIT by: Bryant C. White Date: 3-17-2023 OPERATION PERMIT by: Sarah Williams Date: 8/23/2023

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 3-17-2023 Existing System Inspected by: _____ Date: _____

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

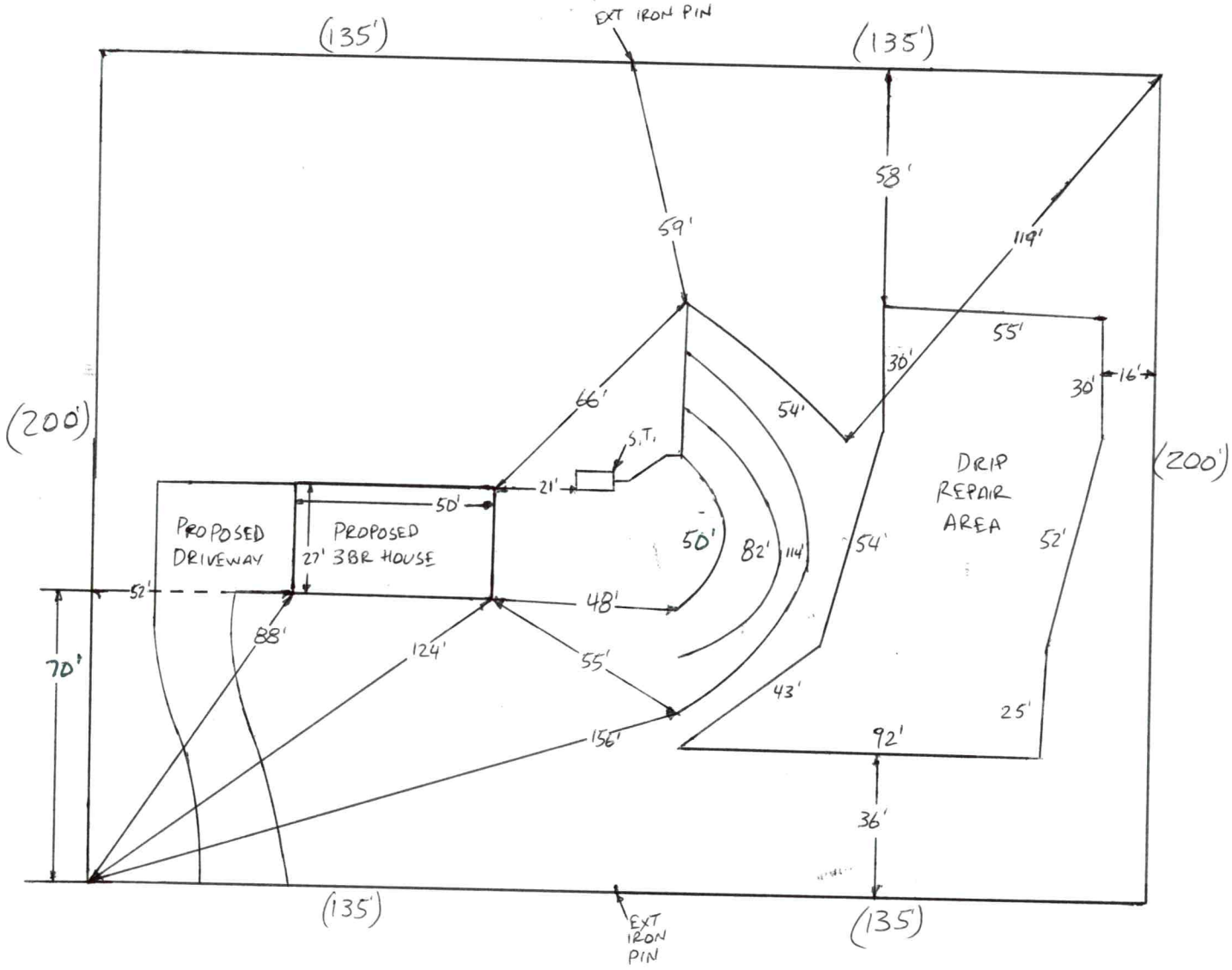
Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

Buford C. White 3-17-2023

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

163 FOUR ANDREWS DRIVE, HARMONY, N.C. 28634
ROCK GATE ESTATES - LOT: 41-42
4778-69-5429



FOUR ANDREWS DRIVE

PERMIT SNAPSHOT REPORT RELAY-2023-16401
FOR IREDELL COUNTY

Permit Type: EH Re-layout
Work Class: EH Intermediate
Status: In Progress
Valuation: $0.00
Description: Lots are combined and using septic from one lot.

Project:
District: Iredell County
Square Feet: 0.00
Assigned To: White, Bryant

App Date: 02/14/2023
Exp Date: NOT AVAILABLE
Completed: 02/16/2023
Approval Expire Date:

Parcel: 4778695488.000 Main
Address: 163 Four Andrews Dr Main
Harmony, NC 28634
Zone: RA(Residential Agricultural District)

Property Owner
Jonathan Johnson
Home: (276) 790-4499
Business: (276) 790-4499
Mobile: (276) 790-4499

Applicant/Authorized Agent
Holloway Family Homes North Carolina, LLC
1270 Northside Drive
Statesville, NC 28625
Business: (704) 224-1440

Applicant/Authorized Agent
Holloway Family Homes North Carolina, LLC
1270 NORTHSIDE DR
STATESVILLE, NC 28625
Home: (704) 253-8080
Mobile: (704) 253-8080

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	27' x 50'	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	3	Number of Occupants	6
Foundation Type	Crawl Space Foundation	Residential/Business/Other	Residential	Number of Employees	0
Total number of seats	0	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Kenton_Jackson_2/14/2023.jpg	02/14/2023 14:40	Jackson, Kenton		Uploaded via CSS
Adobe Scan Nov 30, 2022 (1) (1)_v1.pdf	02/14/2023 16:09	Nebel, Barbara	Available Online	Authorize to Act as Agent
L Johnson site plan_v1.pdf	02/14/2023 16:09	Nebel, Barbara	Available Online	Site Plan
Original Septic_v1.pdf	02/14/2023 16:09	Nebel, Barbara	Available Online	Additional Supporting Information

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-63419	Re-inspection required	OSWP Septic/Well Preliminary Site Visit	02/17/2023			02/17/2023 8:16	02/17/2023 8:16

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-68303	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	03/06/2023			03/06/2023 7:25	03/06/2023 7:25

Inspectors: Bracken, Sarah (Primary)

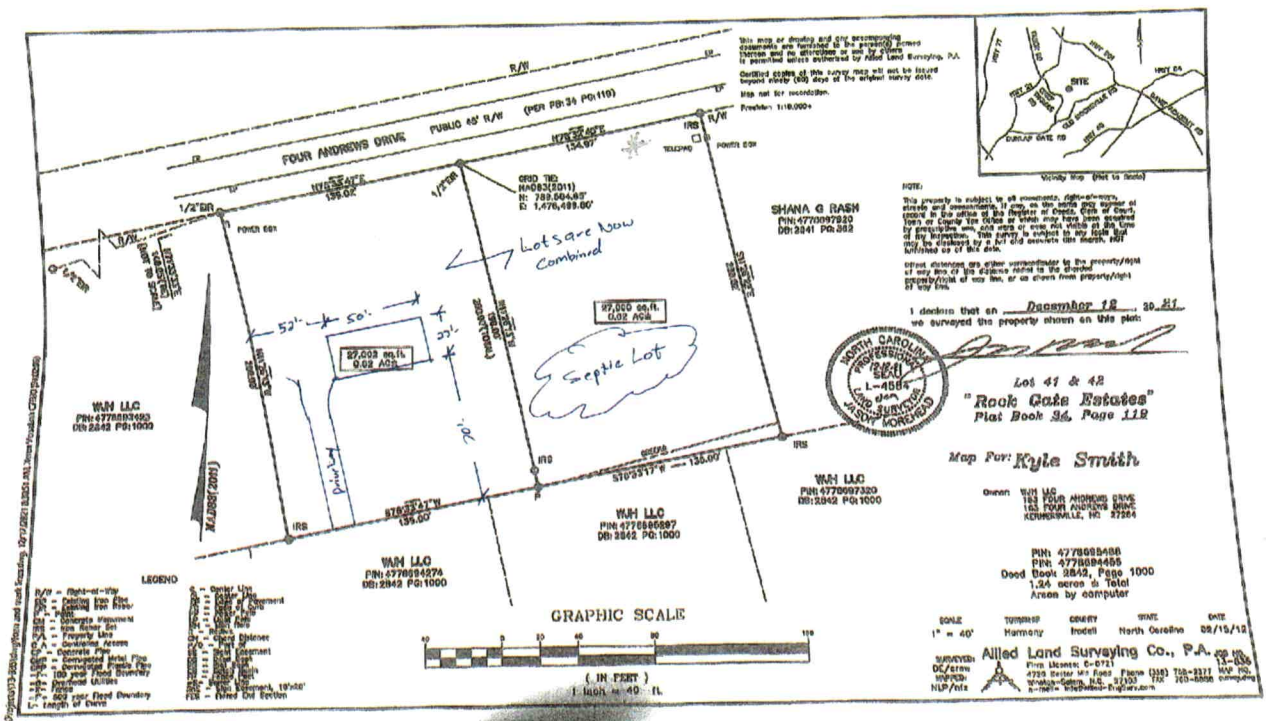
Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00009195	Comprehensive Gravity System Re-layout	$320.00	$320.00
	Total for Invoice INV-00009195	$320.00	$320.00

PERMIT SNAPSHOT REPORT (RELAY-2023-16401)

	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		02/14/2023 16:10	02/14/2023 16:10
Confirm application complete v.1	Generic Action		02/14/2023 16:10
Fees v.1		02/14/2023 16:10	02/16/2023 11:46
Issue Invoice v.1	Generic Action		02/14/2023 16:10
Fees Paid v.1	Generic Action		02/16/2023 11:46
~~**Zoning Review v.1**~~			02/14/2023 16:10
~~Issue Invoice v.1~~	Generic Action		02/14/2023 16:10
~~Fees Paid v.1~~	Generic Action		02/14/2023 16:10
Lot Readiness Verification v.1		02/20/2023 8:16	
OSWP Septic Preliminary Site Visit v.1	Inspection	02/20/2023 8:16	02/20/2023 8:18
OSWP Septic Preliminary Site Visit v.2	Inspection	03/06/2023 7:25	03/06/2023 7:25
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		


FOUR ANDREWS DRIVE
PUBLIC 60' R/W
(PER PB:34 PG:119)
R/W
SHANA G RASH
PIN:4778097820
DB:2841 PG:382
Lot 41 & 42
"Rock Gate Estates"
Plat Book 34, Page 119
Map For: Kyle Smith
Owner WAH LLC
183 FOUR ANDREWS DRIVE
183 FOUR ANDREWS DRIVE
KERNERSVILLE, NC 27284
PIN: 4778095186
PIN: 4778094455
Deed Book 2842, Page 1000
1.24 acres ± Total
Areas by computer
Lots are now Combined
Septic Lot
57,000 sq.ft.
0.02 ACS
WAH LLC
PIN:4778093493
DB:2842 PG:1000
WAH LLC
PIN:4778094274
DB:2842 PG:1000
WAH LLC
PIN:4778095887
DB:2842 PG:1000
WAH LLC
PIN:4778097320
DB:2842 PG:1000
GRAPHIC SCALE
(IN FEET)
1 inch = 40 ft.
SCALE 1" = 40'
TOWNSHIP Harmony
COUNTY Iredell
STATE North Carolina
DATE 08/15/12
Allied Land Surveying Co., P.A.
SITE
Vicinity Map (Not to Scale)
I declare that on December 12, 20 11
we surveyed the property shown on this plat:
NORTH CAROLINA PROFESSIONAL SEAL L-4584 LAND SURVEYOR JASON MOREHEAD

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 (DD) PERMIT # AP-324396

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

PIN # 4778 -- 69 -- 5488

APPLICANT/OWNER: KYLE SMITH APPLICANT ADDRESS: 19634 BUSTLE ROAD, CORNELIUS, 28031

SITE ADDRESS: 163 FOUR ANDREWS DRIVE, HARMONY, N.C. 28634 PHONE: 704-560-1996 ALT. PHONE —

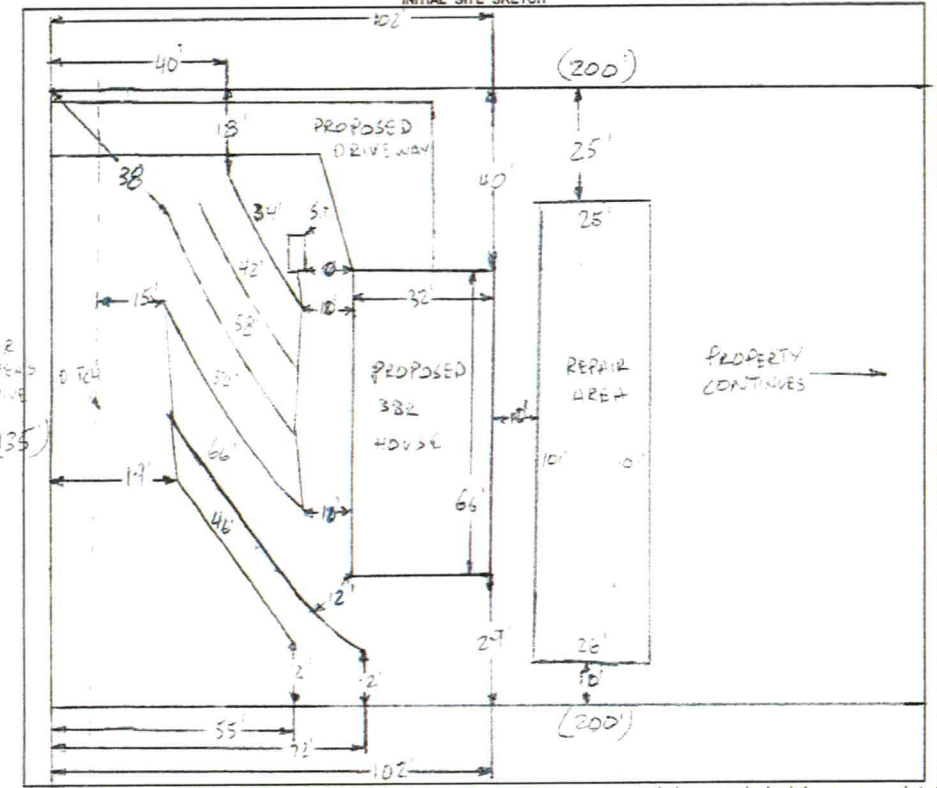
SITE DIRECTIONS: (N) ON 21, (R) ON MOUNT BETHEL (R) ON FOUR ANDREW, LOT ON (L) SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: ROCK GATE ESTATE SECTION: 2 LOT # 41 LOT AREA: 0.62AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB		Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	—	(gal)	PT	—	Date —	System Description:			25 % REDUCTION	☐ Business	No. Persons	6	☐ Private	
Pump Make	—	Model	—		Serial # —	Repair System Description:			50 % REDUCTION	☐ Other	No. Employees	—	☑ Public	
# Nitrification Fields	1	# Lines	6		Linear Ft 300FT	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36 IN	Trench Bottom Depth(Low side)			16 IN Gravel Depth —		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 7FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 30 IN MAX TRENCH DEPTH, 6 IN OF COUNTY APPROVED COVER REQUIRED

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.

LINE 40FT S.T. SEPTIC TANK

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: Kyle Smith Date: 4-7-22 Installed by:

IMPROVEMENT PERMIT by: Robert C. White Date: 3-9-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Robert C. White Date: 4-7-2022 Existing System Inspected by: Date:

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

Type: CRP
Recorded: 02/09/2023 at 11:37:45 AM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Renee L. Holland Register of Deeds
BK 2974 PG 1005-1007

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: $00.00

Parcel Identifier No. 4778-69-4455 and 4778-69-5488 Verified by _____ County on the ____ day of _____, 20___

By: _____

Mail/Box to: The Faulkner Law Firm, PLLC, 132 Joe Knox Ave, Ste. 100, Mooresville, NC 28117

This instrument was prepared by: The Faulkner Law Firm, PLLC, 132 Joe Knox Ave, Ste. 100, Mooresville, NC 28117

Brief description for the Index: _____

THIS DEED made this ____ day of February, 2023, by and between

GRANTOR	GRANTEE
Lindsey Nicole Johnson and Jonathon Robert Johnson, a married couple 6470 Gentry Circle Unit 301 Clemmons, NC 27012	Lindsey Nicole Johnson and Jonathon Robert Johnson, a married couple 6470 Gentry Circle Unit 301 Clemmons, NC 27012

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of Harmony, _____ Township, Iredell County, North Carolina and more particularly described as follows:

BEING ALL of Lots No. 41 and 42 of ROCK GATE ESTATES, PHASE 2, as the same is platted, planned and recorded in Plat Book 34, page 119, Iredell County Registry.

The purpose of this conveyance is to combine parcels identified as Iredell County Parcel Identification No. 4778-69-4455 and 4778-69-5488 into one parcel for mapping and property tax purposes.

NC Bar Association Form No. 3 © Revised 7/ 2013
Printed by Agreement with the NC Bar Association

North Carolina Bar Association - NC Bar Form No. 3
North Carolina Association of Realtors, Inc. - Standard Form 3

R.O.T.C.

Page Count: 3
☐NS ☐PC ☐SP

The property hereinabove described was acquired by Grantor by instrument recorded in Book 2899 page 1522 and Book 2930 page 1545.

All or a portion of the property herein conveyed does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book 34 page 119.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:
Easements, rights of way and restrictions of record, if any.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

By: Lindsey Nicole Johnson
Print/Type Name & Title: Lindsey Nicole Johnson

By: Jonathon Robert Johnson
Print/Type Name & Title: Jonathon Robert Johnson

State of North Carolina – County of FORSYTH

I, the undersigned Notary Public of the County and State aforesaid, certify that LINDSEY NICOLE JOHNSON, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed

itness my hand and Notarial stamp or seal, this 6 day of February, 2023

My Commission Expires: 11.21.2023

Priscilla Surratt
Notary Public

Priscilla Surratt
NOTARY PUBLIC
Forsyth County, NC
My Commission Expires November 21, 2023

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010, 2013
Printed by Agreement with the NC Bar Association

This standard form has been approved by:
North Carolina Bar Association - NC Bar Form No 3

State of North Carolina – County of FORSYTH

I, the undersigned Notary Public of the County and State aforesaid, certify that Jonathon Robert Johnson, personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed

itness my hand and Notarial stamp or seal, this 6 day of February, 2023

My Commission Expires: 11-21-2023

Notary Public Priscilla Surratt

Priscilla Surratt
NOTARY PUBLIC
Forsyth County, NC
My Commission Expires November 21, 2023

NC Bar Association Form No. 3 © 1976, Revised © 1/1/2010, 2013
Printed by Agreement with the NC Bar Association

This standard form has been approved by:
North Carolina Bar Association - NC Bar Form No. 3

Iredell County, NC
Renee L. Holland Register of Deeds
211 Constitution
Statesville, NC 28677
Phone Number: (704)872-7468

Official Receipt: 2023-00003537
Printed on 02/09/2023 at 11:37:45 AM
By: 80 on RODSTVREC2

JOHNSON
Date Recorded: 02/09/2023

Instrument ID	Recorded Time	Amount
Bk 2974 Pg 1005	11:37:45 AM	$26.00

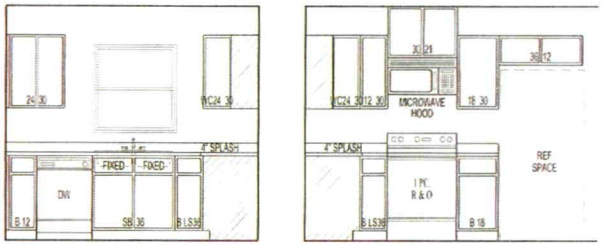
DEED
JOHNSON, LINDSEY NICOLE
TO:JOHNSON, LINDSEY NICOLE

Itemized Check Listing

Check # 112	$26.00

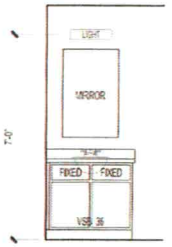
Total Due:	$26.00
Paid By Check:	$26.00
Change Tendered:	$0.00

VISIT OUR WEBSITE AT WWW.CO.IREDELL.NC.US



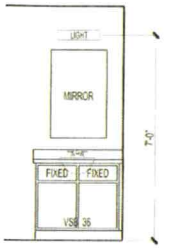
KITCHEN

SCALE: 1/4" = 1'-0"



MASTER BATH

SCALE: 1/4" = 1'-0"



BATH 2

SCALE: 1/4" = 1'-0"

ISSUED FOR CONSTRUCTION

CLIENT APPROVAL

CLIENT INITIALS DATE

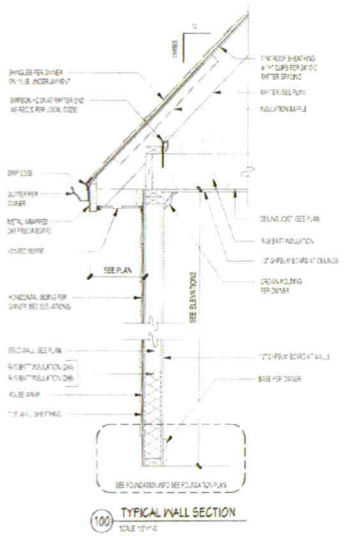
CLIENT INITIALS DATE

DOOR NOTE

DOOR HEIGHT FEET AND INCHES (6'-8")

DOOR WIDTH FEET AND INCHES (2'-6")

1. PROVIDE WEATHER STRIPPING ON ALL DOORS TO UNHEATED SPACE AND EXTERIOR DOORS
2. ALL GLAZING IN DOORS IS TO BE TEMPERED
3. COORDINATE DOOR PANEL STYLE WITH OWNER
4. COORDINATE HARDWARE STYLE WITH OWNER
5. SEE ELEVATIONS FOR ADDITIONAL DOOR INFORMATION



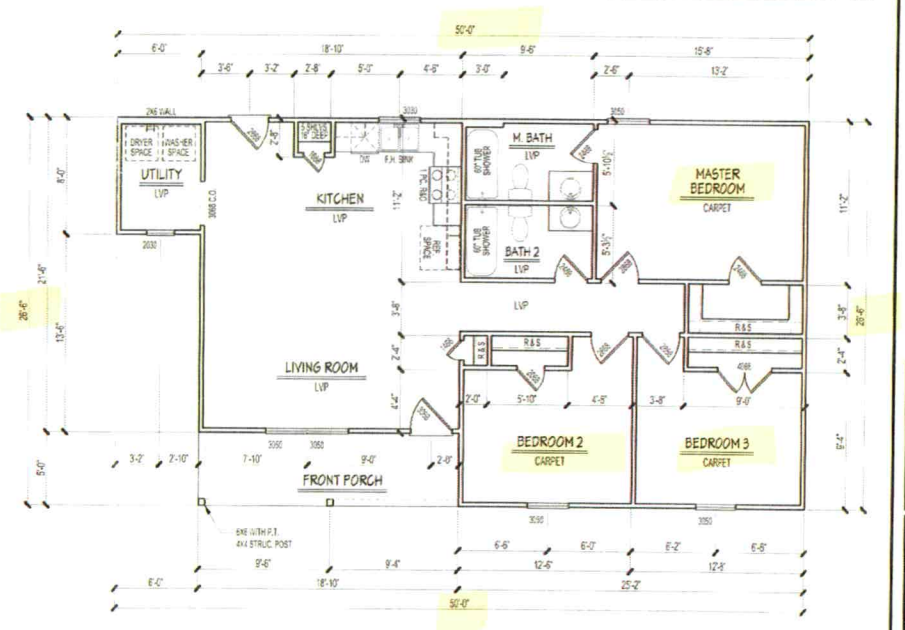
100 TYPICAL WALL SECTION

SCALE: 1"=1'-0"

FLOOR PLAN NOTES

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED PRIOR TO CONSTRUCTION
2. ALL DIMENSIONS ARE TO OUTSIDE OF OUTSIDE FACE OF WALL STUD. CONCRETE WALL OR C.M.U. WALL NO WALL FINISHES, SIDINGS OR VENEERS ARE ASSUMED
3. ADAPT PLANS AS REQUIRED TO MEET ALL SITE CONDITIONS
4. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
5. VERIFY ALL FINISHES TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION
6. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
7. LOCATE HVAC UNITS AND WATER HEATER AT SITE IF NOT SHOWN ON PLANS
8. ANGLES IN WALLS TO BE ASSUMED 45°, TYP. U.N.O.
9. VERIFY LOCAL CODE FOR LOCATION OF TEMPERED GLAZING REQUIREMENTS
10. EXTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
11. INTERIOR WALLS ARE TO BE 2X4 at 16" O.C., TYP. UNLESS NOTED OTHERWISE
12. SINGLE HUNG WINDOW STYLE IS TO BE TYPICAL UNLESS NOTED OTHERWISE. COORDINATE COLORS AND SERIES TYPE WITH OWNER AND MANUFACTURER.

SQUARE FOOTAGES	
FIRST FLOOR	1120 SQ.FT.
TOTAL LIVING	1120 SQ.FT.
FRONT PORCH	94 SQ.FT.
TOTAL NON-LIVING	94 SQ.FT.
TOTAL UNDER ROOF	1214 SQ.FT.



Budget C. Hill

3-17-2023

Holloway Family HOMES

1270 Northside Drive
Statesville, NC
(704) 872-5510

THIS DRAWING IS NOT TO BE REPRODUCED OR USED TO CONTRACT ANY BUILDING WITHOUT WRITTEN AUTHORIZATION AND SHALL REMAIN THE PROPERTY OF HOLLOWAY FAMILY HOMES

L. JOHNSON RESIDENCE
163 Four Andrews Drive ◆ Harmony, NC

FIRST FLOOR PLAN

REVISIONS

DESIGN NO: 10-22-121
SCALE: 1/8" = 1'-0"
BASE PLAN NAME: MOCKSVILLE
BASE PLAN LINE: AMERICAN TRADITIONS
DATE DRAWN: 07/22/22

A2.0

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

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

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

3-17-2023 (Date)

Owner: Holloway Family Homes North Carolina, LLC.
Address: 1270 Northside Drive Statesville, N.C. 28625
Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
163 Four Andrews Drive, Harmony, N.C. 28634
PIN: 4778-69-5488
Rock Gate Estates: Lot: 41

I, Kenton Jackson, 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 04-07-2022 for a system
(date)
25% Reduction
(system name)

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

Online Signature
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

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
03/17/2023

Owner: Holloway Family Homes North Carolina, LLC.
Address: 1270 Northside Drive, Statesville, N.C. 28677

Subject: Notice of Intent to Revoke/Suspend: 163 Four Andrews Drive, Harmony, N.C. 28634

Dear Kenton Jackson:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 163 Four Andrews Drive 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 03/17/2023. 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,

Signature of DHHS Authorized Agent

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

Sheet 1 of 1
PROPERTY ID #: 4778-69-5488
COUNTY: IREDELL

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

OWNER: KYLE SMITH
ADDRESS: 19634 BUSTLE ROAD, CORNELIUS, N.C. 28031
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 163 FOUR ANDREWS DRIVE, HARMONY, N.C. 28634
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 1-6-2022
DATE EVALUATED: 2-11-2022
PROPERTY SIZE: 0.62AC
PROPERTY RECORDED: YES

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SHOULDER 22%	0-11	SCL, SBK	FR, SS, SP, SEXP	~~FI~~ SAP INC THRU OUT	52"+	NA	NA	PS .3
		11-52	CL WSBK	FR, SS, SP, SEXP					
2	SHOULDER 25%	0-10	SCL, SBK	FR, SS, SP, SEXP	FI SAP INC THRU OUT	48"	NA	ROCK 48"	PS .3
		10-48	CL, WSBK	FR, SS, SP, SEXP					
		48+	PARENT	ROCK					
3	SHOULDER 22%	0-6	SCL, SBK	FR, SS, SP, SEXP	FI SAP INC THRU OUT	44"	~~B~~ ~~RS~~ II ~~K~~ (MFI) NOT USE	ROCK 44"	PS .3
		6-34	CL, WSBK	FR, SS, SP, SEXP					
		34-44	SAP, RL	MFI, NS, NP, SEXP					
		44+	PARENT	ROCK					
4	LINEAR SIDE 27%	0-6	SCL, SBK	FR, SS, SP, SEXP	FI SAP INC THRU OUT	46"	V II L MFI	ROCK 46"	PS .3
		6-39	CL, WSBK	FR, SS, SP, SEXP					
		39-46	SAP, RL	MFI, NS, NP, SEXP					
		46+	PARENT	ROCK					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bufort C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

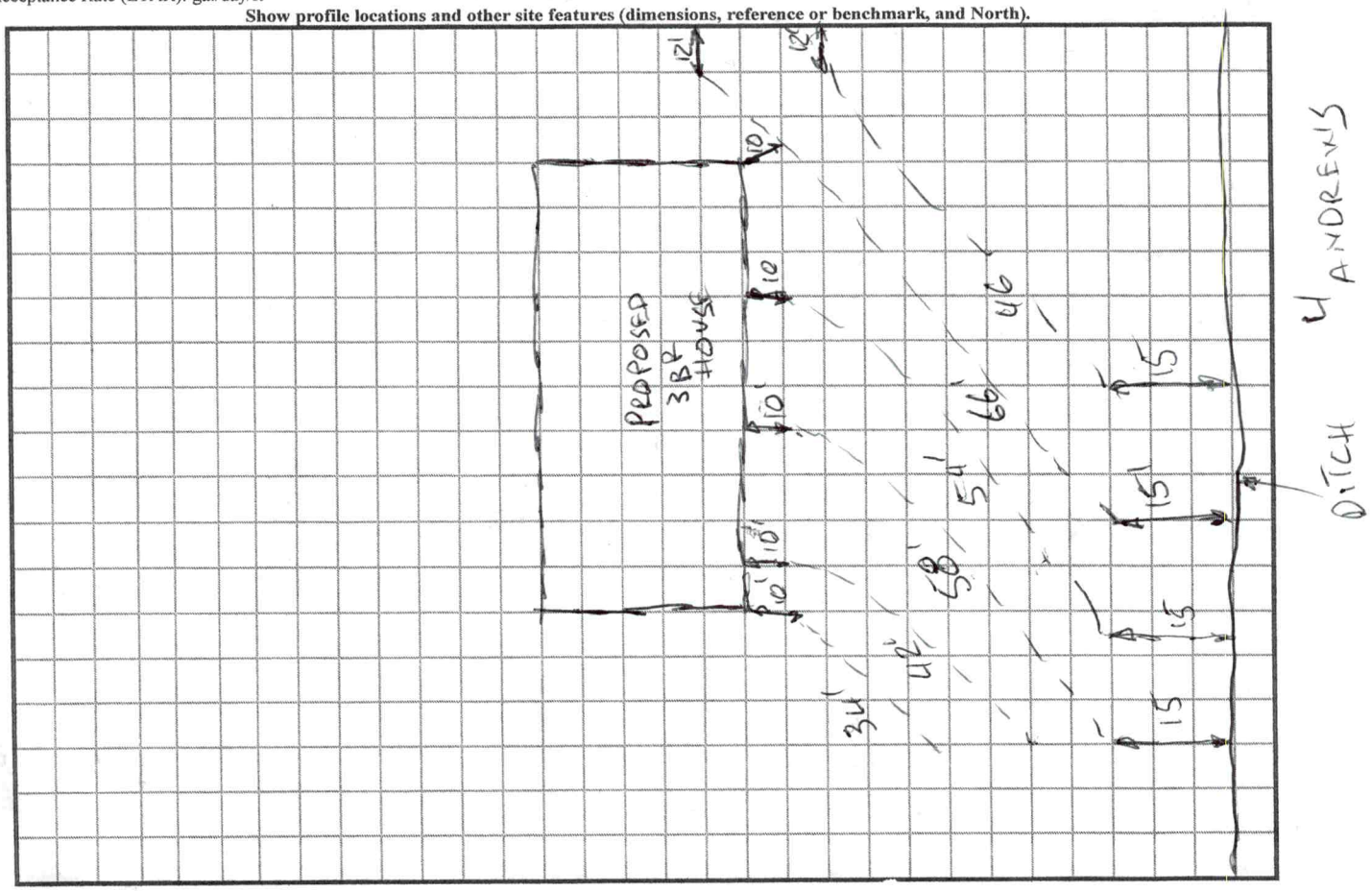
NOTES

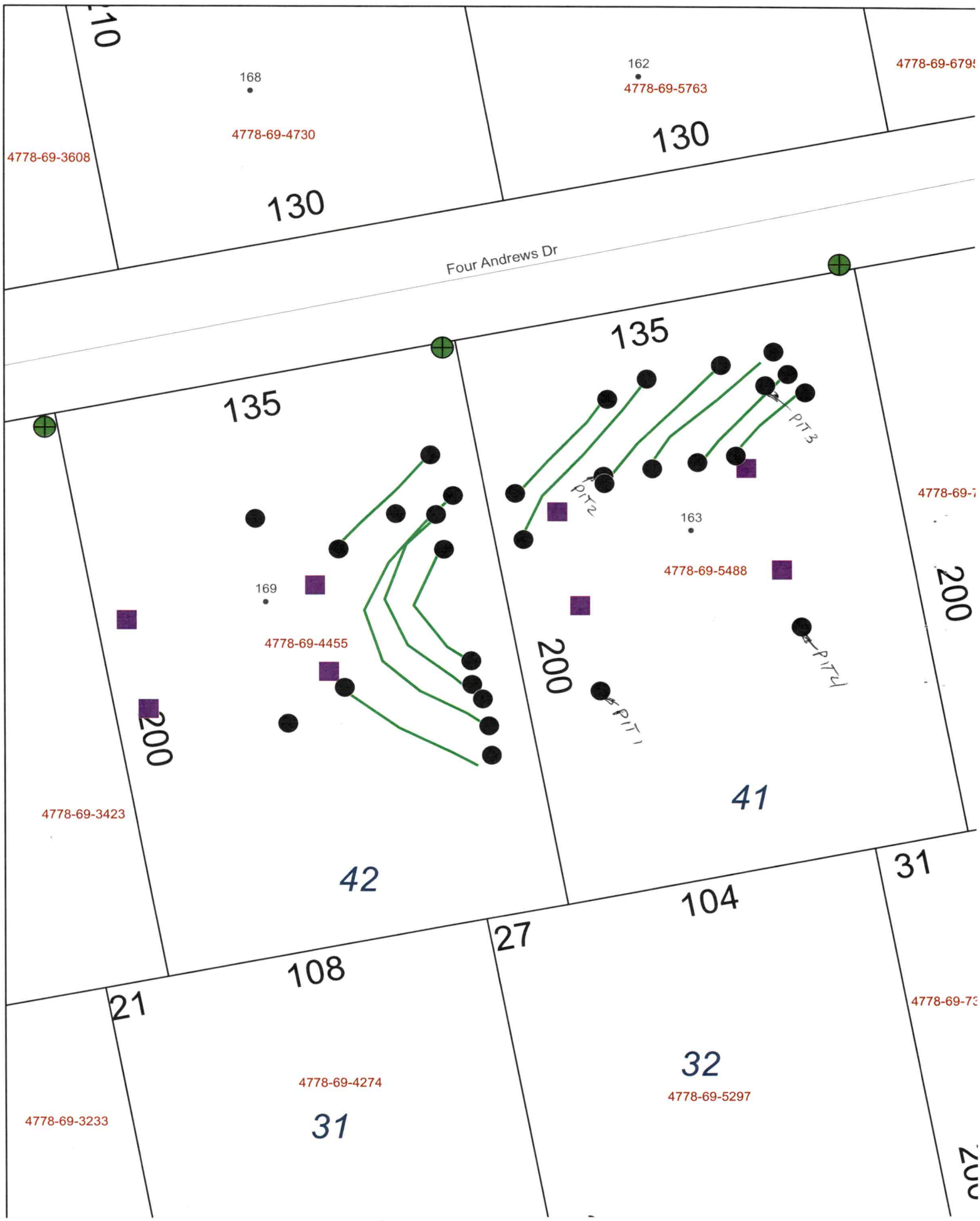
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




168
4778-69-4730
162
4778-69-5763
4778-69-679
4778-69-3608
130
130
Four Andrews Dr
135
135
PIT 3
PIT 2
163
4778-69-5488
4778-69-7
169
4778-69-4455
200
200
200
PIT 4
PIT 1
4778-69-3423
41
42
31
104
27
108
21
4778-69-73
32
4778-69-5297
4778-69-4274
31
4778-69-3233

RECEIVED JAN 06 2022

OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324396 $500.00

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kyle Smith Address: 19634 Bustle Rd Cornelius Zip: 28031
Applicant Email: jakesmith@yahoo.com Phone: (704) 560 1996 Alt. Phone: _____
Owner Name: Phillip Barker Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 163 Four Andrews Dr Harmony NC
Subdivision Name: Rockwell Estates Section/Phase: _____ Lot Number: 41
Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: (AS) Type of Business: _____
Square Footage of Building: 14400 sq ft Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Kyle Smith 1/4/2022

324396

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, Phillip P. Barker, am the legal owner(s) of the property located at 163 Four Andrews Drive, Harmony, NC, identified as PIN (Parcel Identification Number) 4778-69-5488.000, located in Iredell County, North Carolina.

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

Phillip P Barker — dotloop verified 12/26/21 6:39 PM EST TAF5-CFGP-YV7N-VLAE

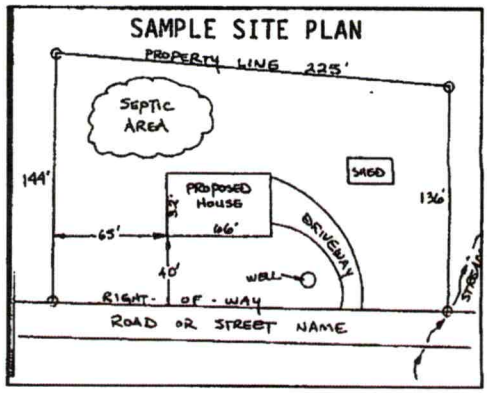
Signature of Owner(s) — Date

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

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

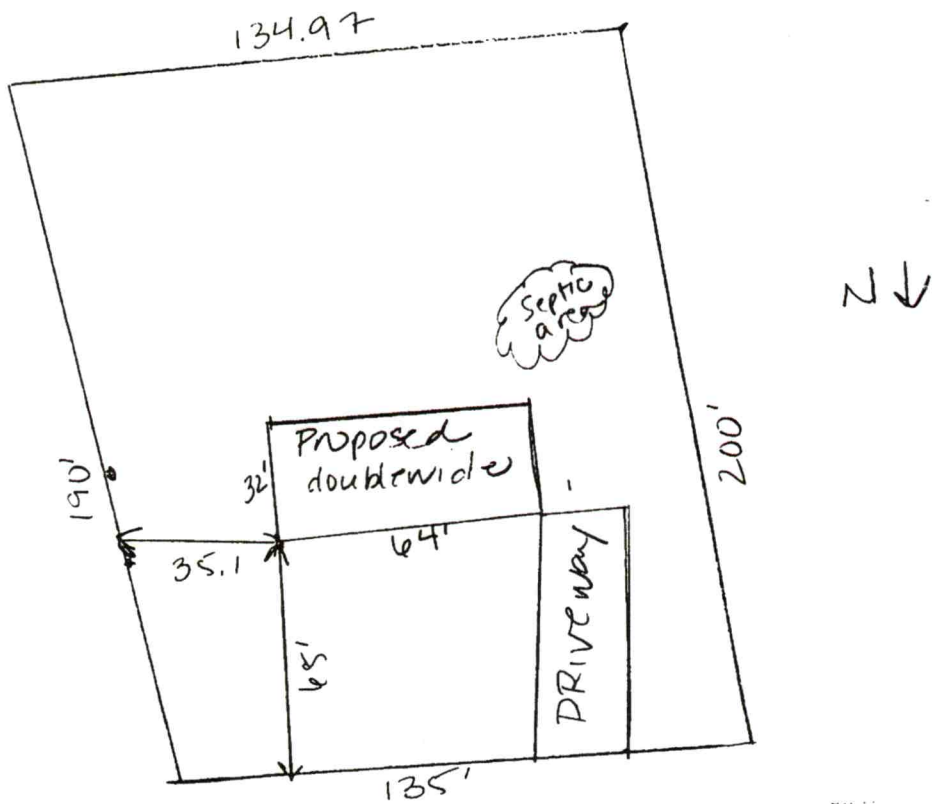
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



FOUR ANDREWS

Signature: Mike Smith
Property owner or owner's legal representative signature (**SIGNATURE REQUIRED**)

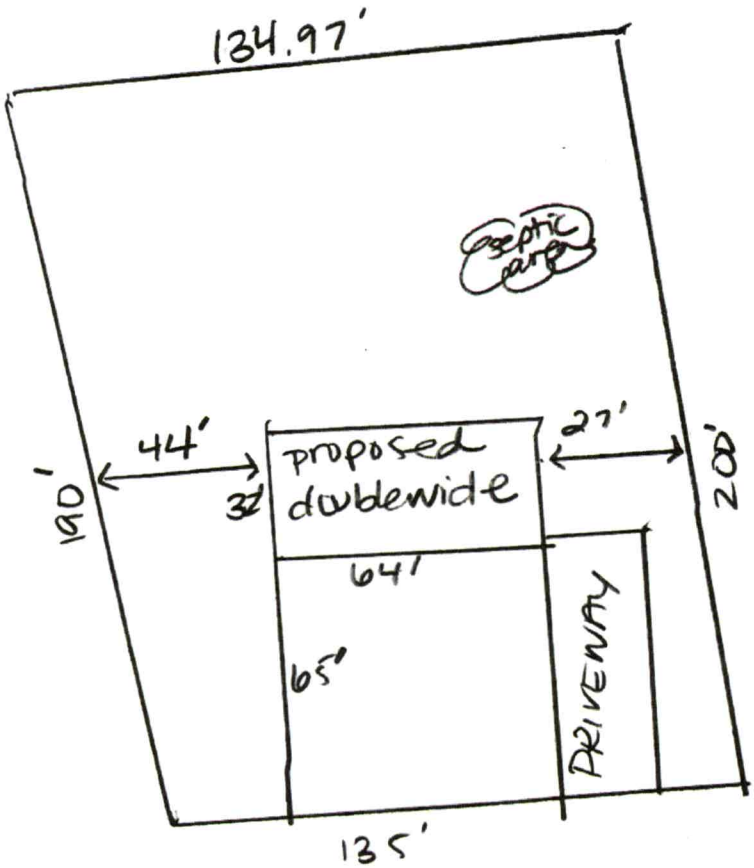
11/4/2022
DATE

Site Plan change

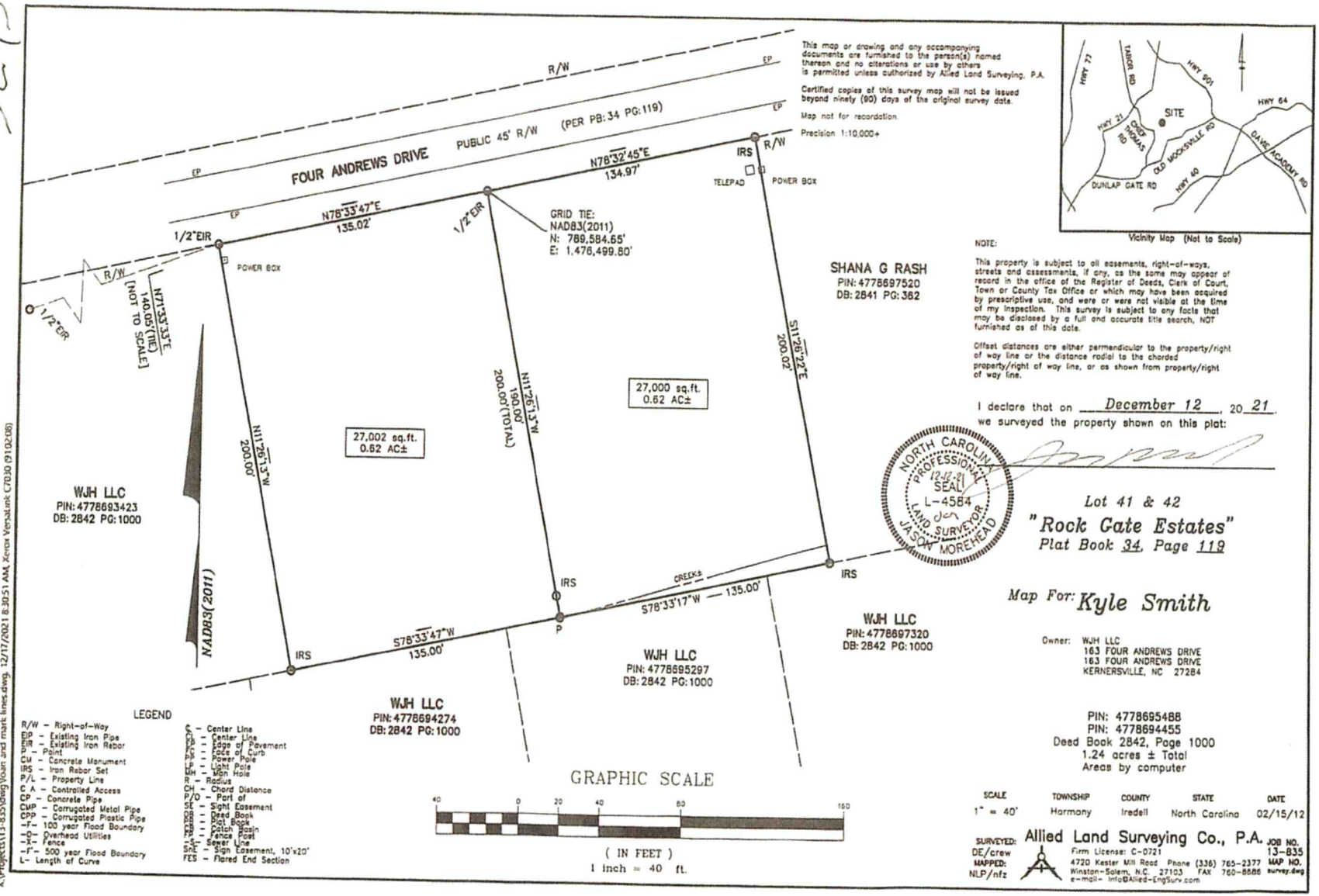
1/24/2022

Kyle. Smith

163 FOUR ANDREWS
Harmony NC



3243910



This map or drawing and any accompanying documents are furnished to the person(s) named thereon and no alterations or use by others is permitted unless authorized by Allied Land Surveying, P.A.

Certified copies of this survey map will not be issued beyond ninety (90) days of the original survey date.

Map not for recordation.

Precision 1:10,000+

Vicinity Map (Not to Scale)

NOTE:

This property is subject to all easements, right-of-ways, streets and assessments, if any, as the same may appear of record in the office of the Register of Deeds, Clerk of Court, Town or County Tax Office or which may have been acquired by prescriptive use, and were or were not visible at the time of my inspection. This survey is subject to any facts that may be disclosed by a full and accurate title search, NOT furnished as of this date.

Offset distances are either permendicular to the property/right of way line or the distance radial to the chorded property/right of way line, or as shown from property/right of way line.

I declare that on December 12, 20 21 we surveyed the property shown on this plat:

NORTH CAROLINA PROFESSIONAL SEAL L-4584 LAND SURVEYOR JASON MOREHEAD 12-12-21

Lot 41 & 42

"Rock Gate Estates"

Plat Book 34, Page 119

Map For: Kyle Smith

Owner: WJH LLC
163 FOUR ANDREWS DRIVE
163 FOUR ANDREWS DRIVE
KERNERSVILLE, NC 27284

PIN: 4778695488
PIN: 4778694455
Deed Book 2842, Page 1000
1.24 acres ± Total
Areas by computer

LEGEND

R/W – Right-of-Way
EIP – Existing Iron Pipe
EIR – Existing Iron Rebar
P – Point
CM – Concrete Monument
IRS – Iron Rebar Set
P/L – Property Line
C A – Controlled Access
CP – Concrete Pipe
CMP – Corrugated Metal Pipe
CPP – Corrugated Plastic Pipe
-F- 100 year Flood Boundary
-O- Overhead Utilities
-X- Fence
-F- 500 year Flood Boundary
L- Length of Curve

℄ – Center Line
CL – Center Line
EP – Edge of Pavement
FC – Face of Curb
PP – Power Pole
LP – Light Pole
MH – Man Hole
R – Radius
CH – Chord Distance
P/O – Part of
SE – Sight Easement
DB – Deed Book
PB – Plat Book
CB – Catch Basin
FP – Fence Post
SAN – Sewer Line
SES – Sign Easement, 10'x20'
FES – Flared End Section

GRAPHIC SCALE

40 0 20 40 80 160

(IN FEET)

1 inch = 40 ft.

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1" = 40'	Harmony	Iredell	North Carolina	02/15/12

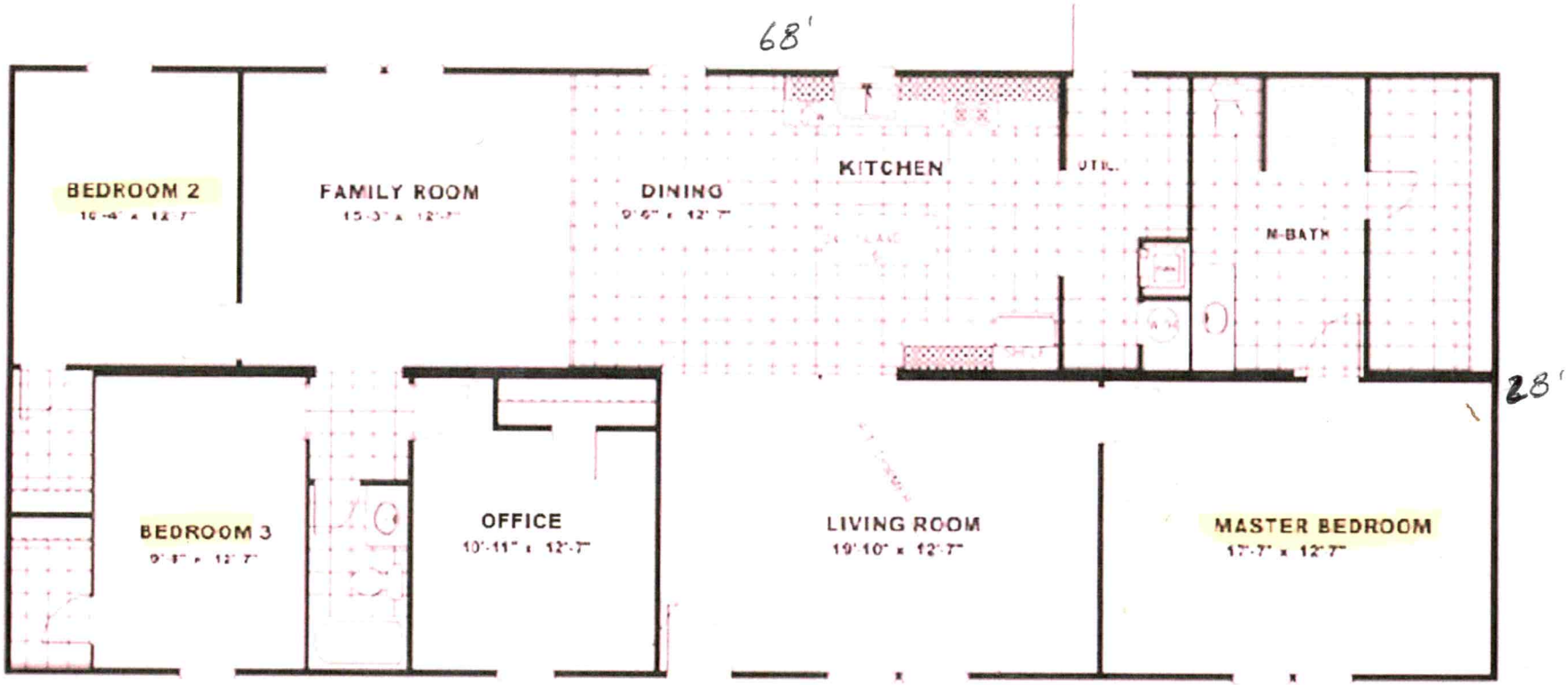
SURVEYED: DE/crew
MAPPED: NLP/nfz

Allied Land Surveying Co., P.A.
Firm License: C-0721
4720 Kester Mill Road Phone (336) 765-2377
Winston-Salem, N.C. 27103 FAX 760-8686
e-mail- Info@Allied-EngSurv.com

JOB NO. 13-835
MAP NO. survey.dwg

X:\Projects\13-835\dwg\lown and mark lines.dwg, 12/17/2021 8:30:51 AM, Xerox VersaLink C7030 (9102-06)

Kyle Smith 163 + 169 Four Andrews Dr Harmony



Acknowledgement Of
Plans Submittal ONLY!

Date 4/4/22

Date 4-7-2022

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324396 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4778695488.000	163 FOUR ANDREWS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BARKER PHILLIP P	Name: KYLE SMITH
Address:	Address: 19634 BUSTLE RD
	CORNELIUS, NC 28031
Phone:	Phone: (704)560-1996

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.62	35	35	15	15		NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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

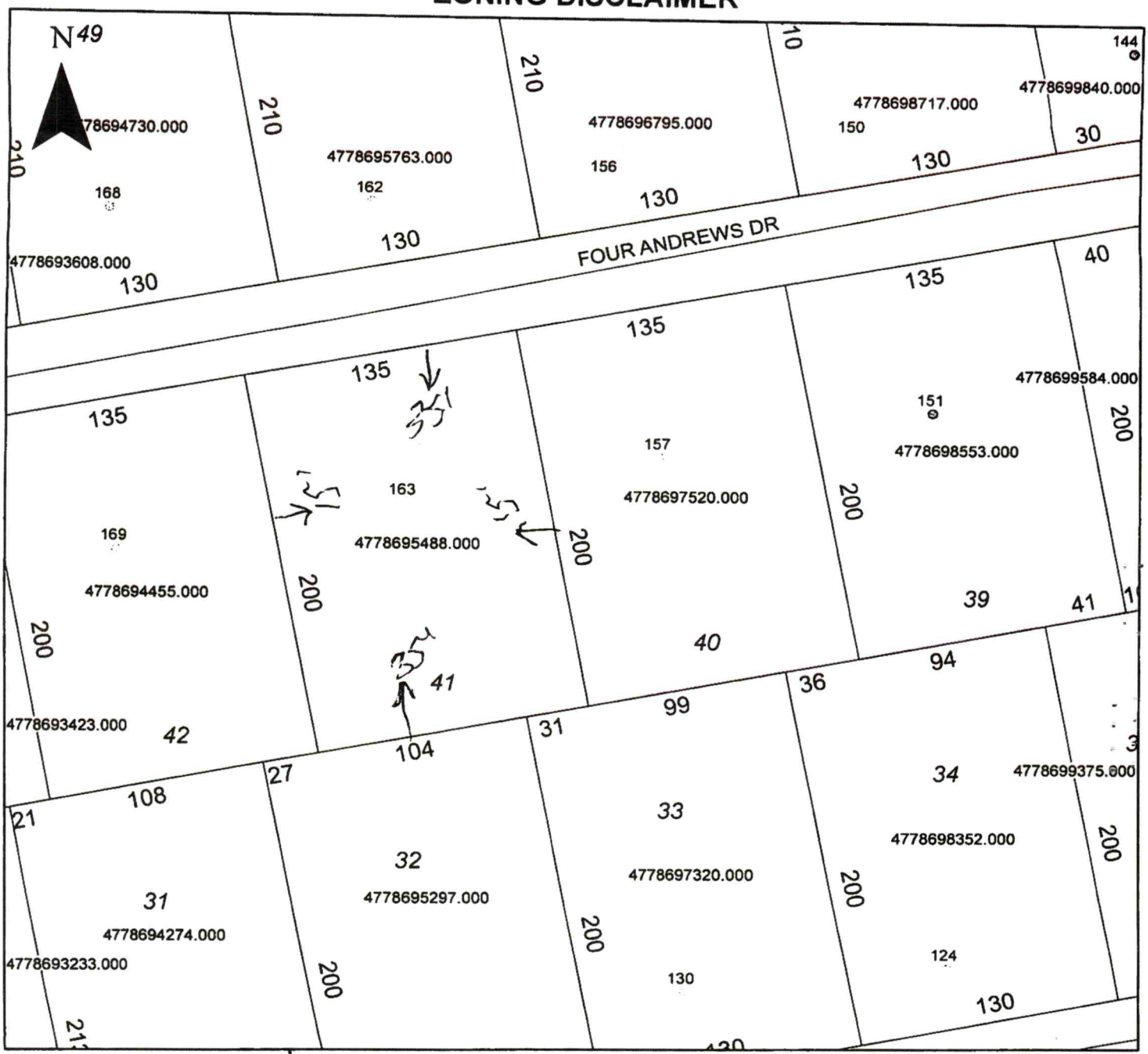
Date: 01/05/2022

Signature of Owner/Contractor

Permit Number	324396	TOTAL FEES:	$77.25

324396

ZONING DISCLAIMER

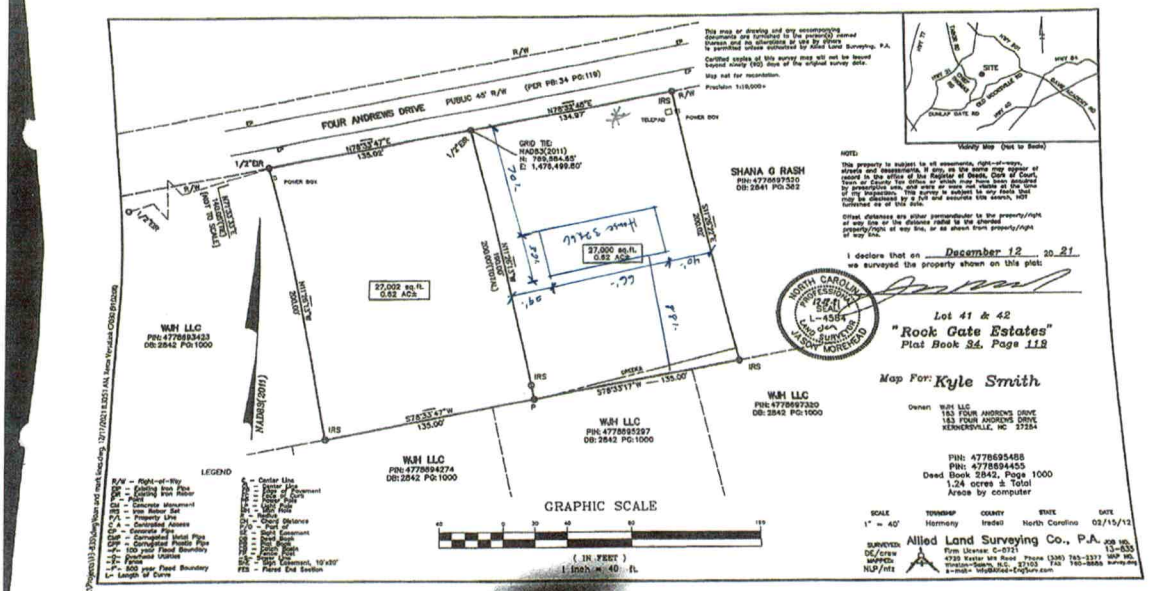


Property Address 163 Four Andrews Dr

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

1/5/22
Date


FOUR ANDREWS DRIVE
PUBLIC 45' R/W
(PER PB:34 PG:119)
SHANA G RASH
PIN: 4778697520
DB: 2841 PG: 362
WJH LLC
PIN: 4778693423
DB: 2842 PG:1000
WJH LLC
PIN: 4778694274
DB: 2842 PG:1000
WJH LLC
PIN: 4778695297
DB: 2842 PG:1000
WJH LLC
PIN: 4778697330
DB: 2842 PG:1000
27,002 sq.ft.
0.62 AC±
27,000 sq.ft.
0.62 AC±
GRID TIE
NAD83(2011)
N: 789,584.55'
E: 1,476,499.80'
GRAPHIC SCALE
1 inch = 40 ft.
Lot 41 & 42
"Rock Gate Estates"
Plat Book 34, Page 119
Map For: Kyle Smith
PIN: 4778695488
PIN: 4778694455
Deed Book 2842, Page 1000
1.24 acres ± Total
Areas by computer
Allied Land Surveying Co., P.A.
Firm License: C-0731
4720 Vester Mill Road
Winston-Salem, N.C. 27103
SCALE 1" = 40'
TOWNSHIP Harmony
COUNTY Iredell
STATE North Carolina
DATE 02/15/12

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

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

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

3-17-2023 (Date)

Owner: Holloway Family Homes North Carolina, LLC.
Address: 1270 Northside Drive Statesville, N.C. 28625
Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
169 Four Andrews Drive, Harmony, N.C. 28634
PIN: 4778-69-4455
Rock Gate Estates: Lot: 42

I, Kenton Jackson, 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 04-07-2022 for a system
(date)
25% Reduction- Pump
(system name)

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

Online Signature
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

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
03/17/2023

Owner: Holloway Family Homes North Carolina, LLC.
Address: 1270 Northside Drive, Statesville, N.C. 28677

Subject: Notice of Intent to Revoke/Suspend: 169 Four Andrews Drive, Harmony, N.C. 28634

Dear Kenton Jackson:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 169 Four Andrews Drive 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 03/17/2023. 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,

Brent C. White

Signature of DHHS Authorized Agent

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

Sheet 1 of 1
PROPERTY ID #: 4778-674155
COUNTY: IREDELL

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

OWNER: KYLE SMITH
APPLICATION DATE 1-6-2022
ADDRESS: 19834 BUSTLE ROAD, CORNELIUS, N.C. 28031
DATE EVALUATED: 2-11-2022
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.62 AC
LOCATION OF SITE: 169 FOUR ANDREWS DRIVE, HARMONY, N.C. 28634
PROPERTY RECORDED: YES
WATER SUPPLY: ☐ Private ☑ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SHOULDER 10%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRUOUT FI SAP INC 8"-28" MICA COMMON	48"+	NA	NA	PS .35 BELOW 28"
		8-48	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 20%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRUOUT FI SAP INC 28"+	26"	PS II L	ROCK 33"	PS .325 ABOVE 33"
		6-26	CL, WSBK	FR, SS, SP, SEXP					
		26-33	SAP, RC	FR, SS, NP, SEXP					
		33+	PARENT	ROCK					
3	LINEAR SIDE 25%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW FI 0"-22"	22"	NA ROCK	ROCK 22"	PS .18 DRIP
		8-22	CL, WSBK	FR, SS, SP, SEXP					
		22+	PARENT	ROCK					
4	LINEAR SIDE 22%	0-10	SCL, SBK	FR, SS, SP, SEXP	FI SAP INC THRU OUT BANDS @ 20"+ 34"	48"+	NA	NA	PS .3
		10-48	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.3	0.15

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

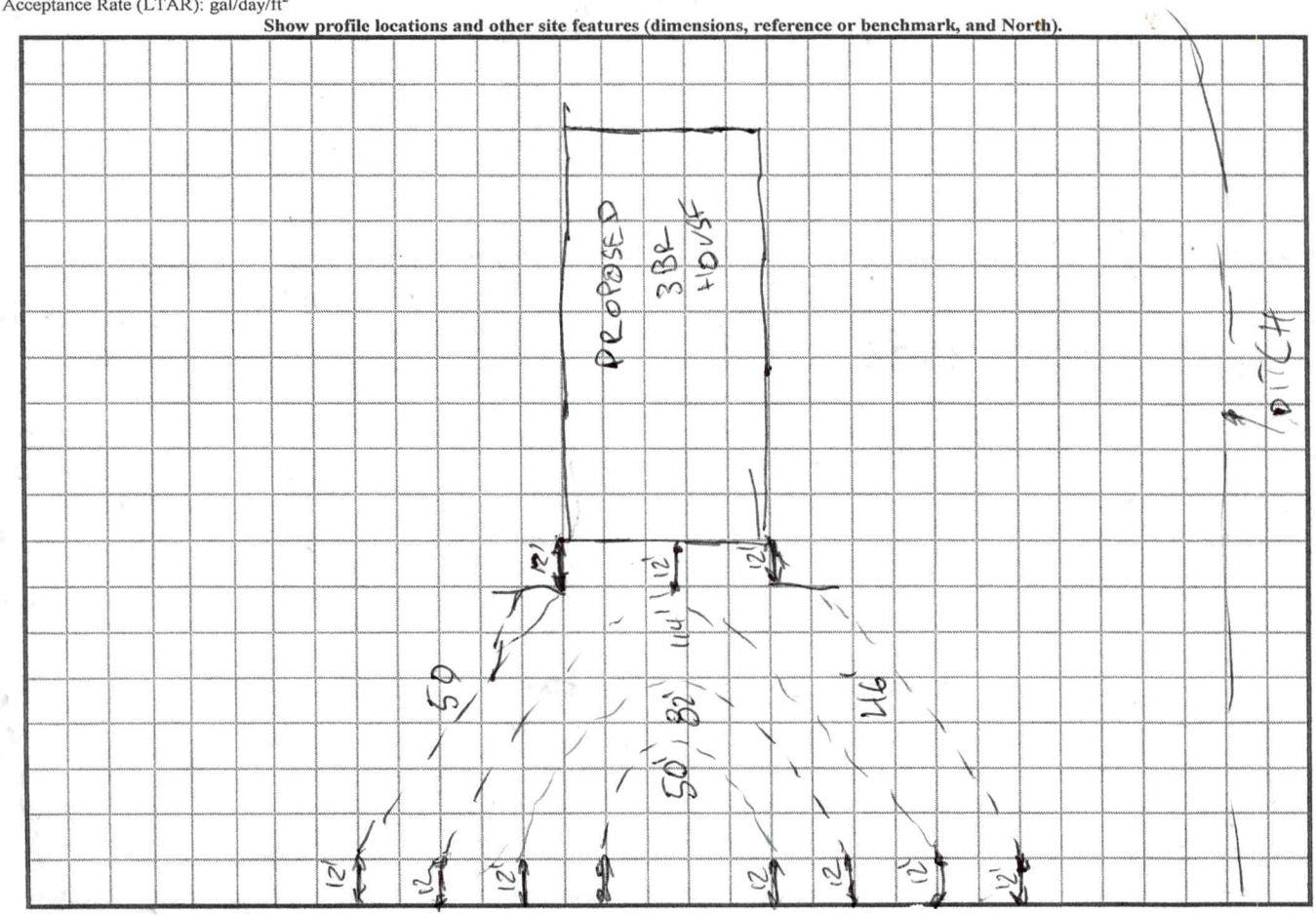
NOTES

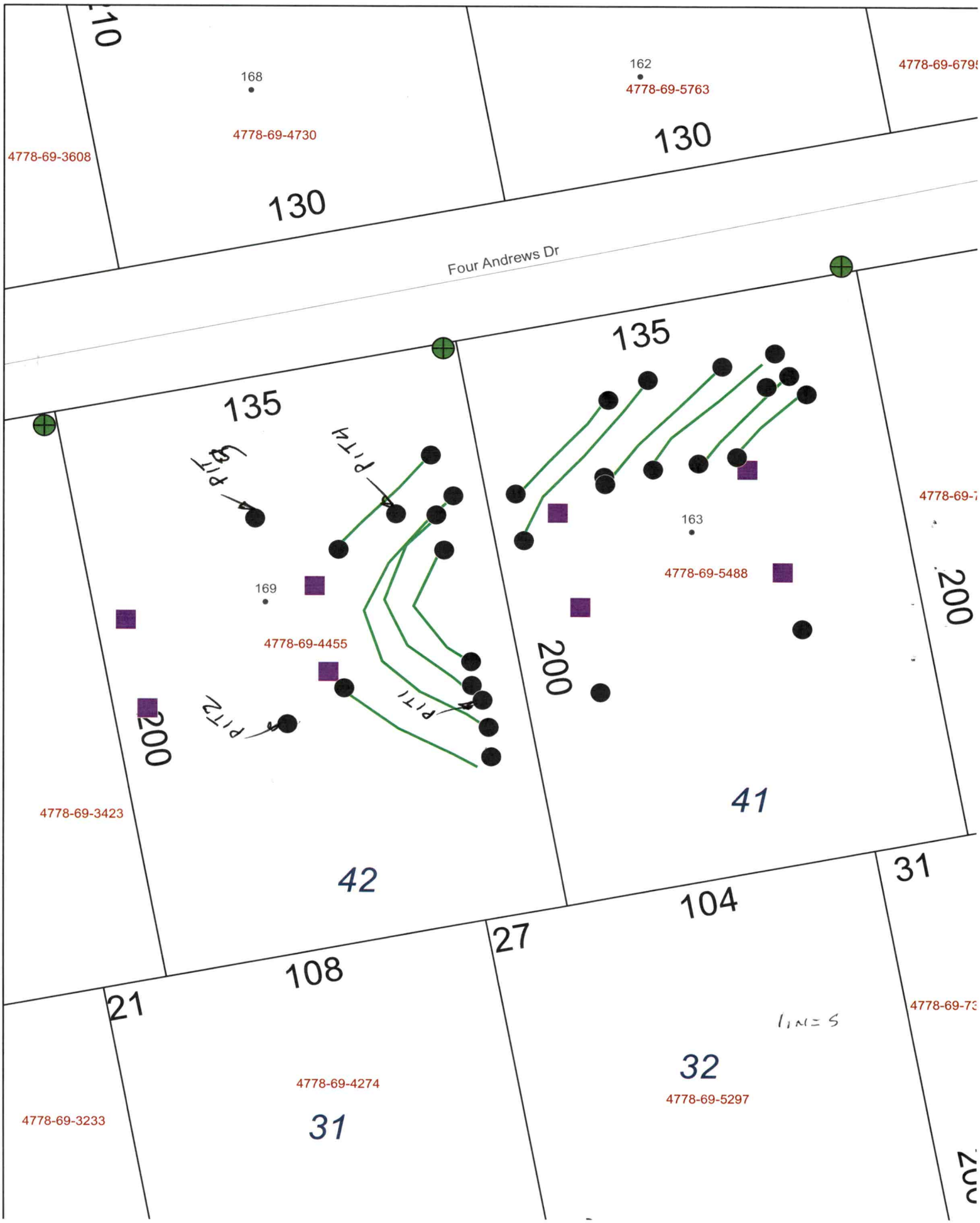
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




168
4778-69-4730
4778-69-3608
130
130
162
4778-69-5763
130
4778-69-679
Four Andrews Dr
135
135
PIT4
PIT3
169
4778-69-4455
200
PIT2
PIT1
200
4778-69-3423
42
163
4778-69-5488
200
41
4778-69-7
200
31
104
27
108
21
4778-69-4274
31
4778-69-3233
LINES
32
4778-69-5297
4778-69-73

RECEIVED JAN 06 2022

OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-324395 $500.00

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: Kyle Smith **Address:** 19634 Bustard Rd Cornelius **Zip:** 28031

Applicant Email: iakasmith@yahoo.com **Phone:** 704 560 1996 **Alt. Phone:** _____

Owner Name: Phillip P. Barker **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 169 Four Andrews Harmony, NC

Subdivision Name: Rockwell Gate Estates **Section/Phase:** _____ **Lot Number:** 42

Driving Directions: _____

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(✓) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Kyle Smith 1/4/2022

324395

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, Phillip P. Barker, am the legal owner(s) of the property located at 169 Four Andrews Drive, Harmony, NC, identified as PIN (Parcel Identification Number) 4778-69-4455.000, located in Iredell County, North Carolina.

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

Phillip P Barker — dotloop verified 12/26/21 6:39 PM EST LH5B-7MIR-COHC-YUIP

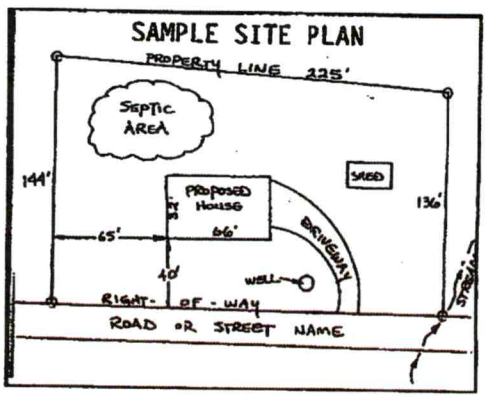
Signature of Owner(s) — Date

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

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

IREDELL COUNTY HEALTH DEPARTMENT 324395
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

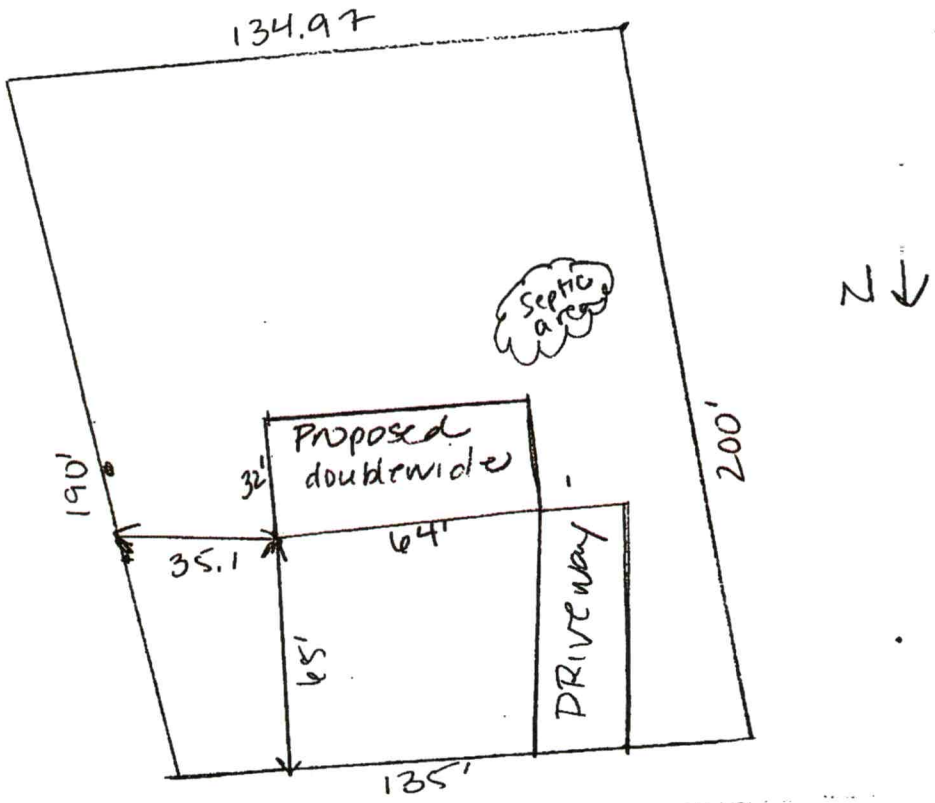
- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location and well location**
- (✓) **Area you prefer your septic system to be placed**
- (✓) **North arrow, or other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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

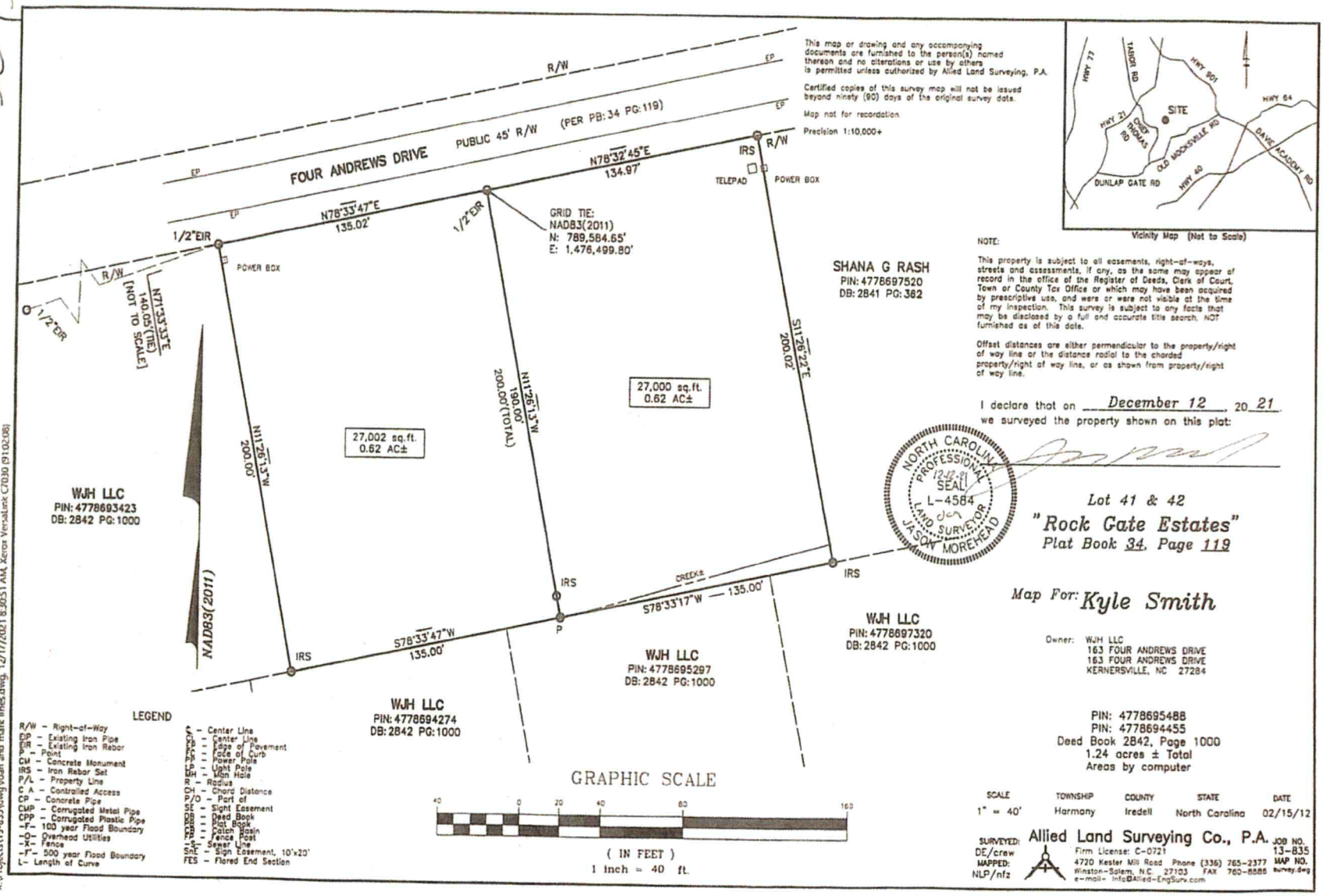


FOUR ANDREWS

Signature: Kyle Smith
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/4/2022
DATE

32495



This map or drawing and any accompanying documents are furnished to the person(s) named thereon and no alterations or use by others is permitted unless authorized by Allied Land Surveying, P.A.

Certified copies of this survey map will not be issued beyond ninety (90) days of the original survey date.

Map not for recordation.

Precision 1:10,000+

Vicinity Map (Not to Scale)

NOTE:

This property is subject to all easements, right-of-ways, streets and assessments, if any, as the same may appear of record in the office of the Register of Deeds, Clerk of Court, Town or County Tax Office or which may have been acquired by prescriptive use, and were or were not visible at the time of my inspection. This survey is subject to any facts that may be disclosed by a full and accurate title search, NOT furnished as of this date.

Offset distances are either perpendicular to the property/right of way line or the distance radial to the chorded property/right of way line, or as shown from property/right of way line.

I declare that on December 12, 20 21 we surveyed the property shown on this plat:

NORTH CAROLINA PROFESSIONAL SEAL L-4584 LAND SURVEYOR JASON MOREHEAD 12-12-21

Lot 41 & 42
"Rock Gate Estates"
Plat Book 34, Page 119

Map For: Kyle Smith

Owner: WJH LLC
163 FOUR ANDREWS DRIVE
163 FOUR ANDREWS DRIVE
KERNERSVILLE, NC 27284

PIN: 4778695488
PIN: 4778694455
Deed Book 2842, Page 1000
1.24 acres ± Total
Areas by computer

LEGEND

R/W – Right-of-Way
EIP – Existing Iron Pipe
EIR – Existing Iron Rebar
P – Point
CM – Concrete Monument
IRS – Iron Rebar Set
P/L – Property Line
C.A. – Controlled Access
CP – Concrete Pipe
CMP – Corrugated Metal Pipe
CPP – Corrugated Plastic Pipe
-F- 100 year Flood Boundary
-O- Overhead Utilities
-X- Fence
-F- 500 year Flood Boundary
L- Length of Curve
℄ – Center Line
℄ – Center Line
EP – Edge of Pavement
FC – Face of Curb
PP – Power Pole
LP – Light Pole
MH – Man Hole
R – Radius
CH – Chord Distance
P/O – Part of
SE – Slight Easement
DB – Deed Book
PB – Plat Book
CB – Catch Basin
FP – Fence Post
SAN – Sewer Line
SME – Sign Easement, 10'x20'
FES – Flared End Section

GRAPHIC SCALE

40 0 20 40 80 160

(IN FEET)
1 inch = 40 ft.

SCALE	TOWNSHIP	COUNTY	STATE	DATE
1" = 40'	Harmony	Iredell	North Carolina	02/15/12

SURVEYED: DE/crew
MAPPED: NLP/nfz

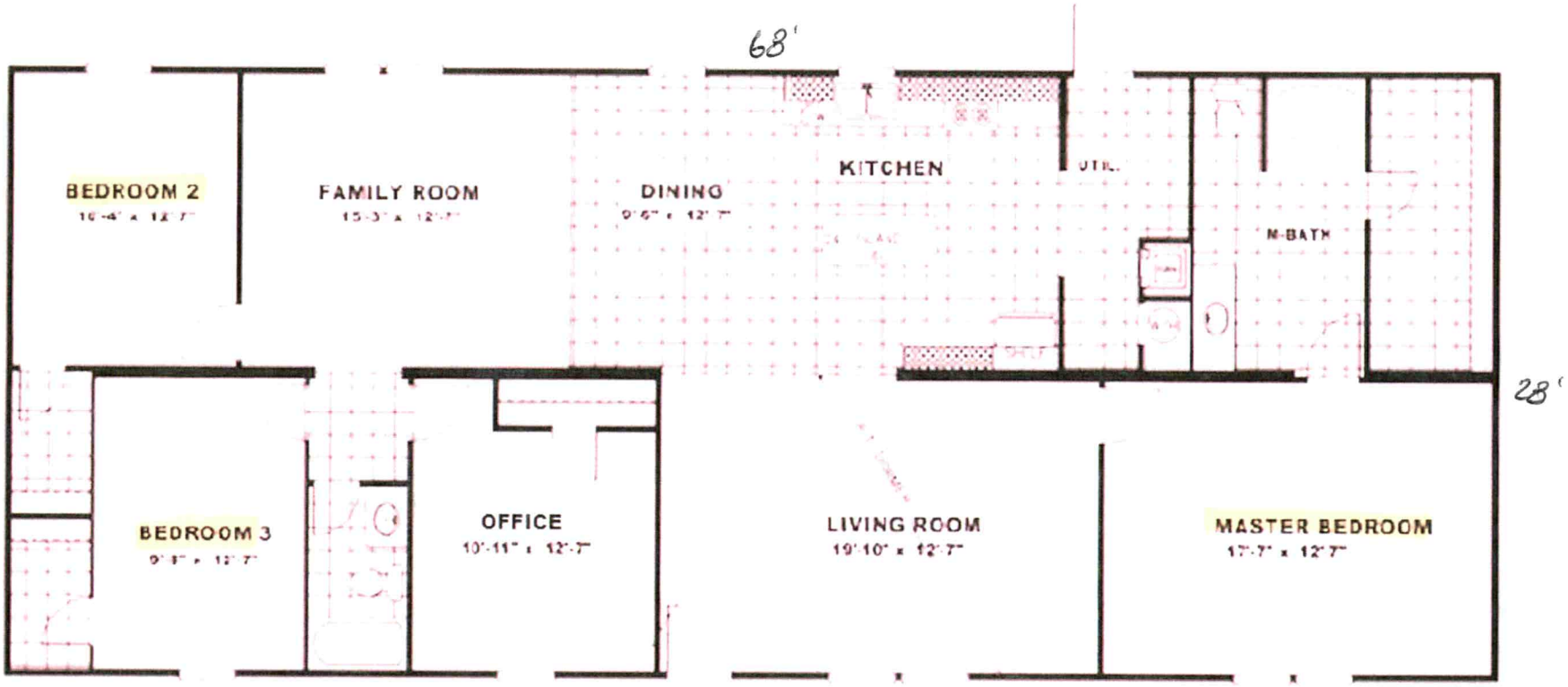
Allied Land Surveying Co., P.A.
Firm License: C-0721
4720 Kester Mill Road Phone (336) 765-2377
Winston-Salem, N.C. 27103 FAX 760-8686
e-mail- info@Allied-EngSurv.com

JOB NO. 13-835
MAP NO. survey.dwg

X:\Projects\13-835\dwg\Foam and mark lines.dwg, 12/17/2021 8:30:51 AM, Xerox VersaLink C7030 (910.208)

Kyle Smith

163 + 169 Four Andrews Dr
Harmony



Acknowledgement Of
Plans Submittal ONLY!

Date 4/4/22

Date 4-7-2022

IREDELL COUNTY · NC

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

APPLICATION NUMBER
324395 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4778694455.000	169 FOUR ANDREWS DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BARKER PHILLIP P	Name: KYLE SMITH
Address:	Address: 19634 BUSTLE RD CORNELIUS, NC 28031
Phone:	Phone: (704)560-1996

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.62	35	35	15	15		NO

Remarks

DOUBLE WIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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

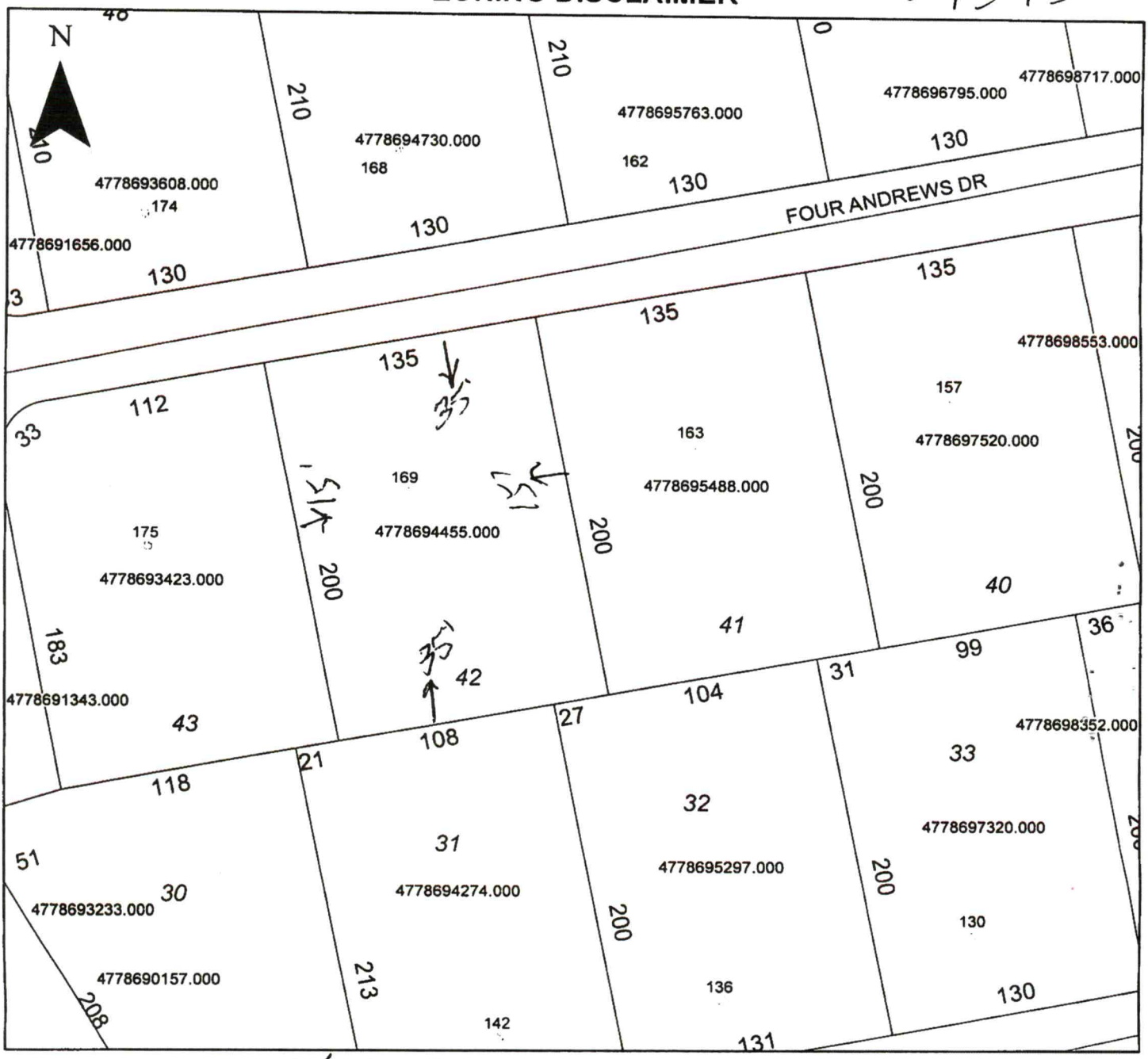
Date: 01/05/2022

Signature of Owner/Contractor

Permit Number	324395	TOTAL FEES:	$77.25

324395

ZONING DISCLAIMER



Property Address 169 Four Andrews 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

1/5/22

Date