File/Permit #: OSWP 2024-05357

SH

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

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

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☐ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☐ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☒ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Angel Turner
Mailing Address: 180 Loganway Rd
City: Harmony
State: NC Zip: 28634
Phone #: 980-565-9894
Email: N/A

Owner: Angela R + A Fowler Stevenson
Mailing Address: N/A
City:
State: Zip:
Phone #: N/A
Email: N/A

PIN/Lot Identifier: 4799-22-0839
Property Location/Address: 180 Loganway Rd Harmony NC 28634 (No Sub)
Facility Type: ☐ House/Modular ☒ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: N/A Design Daily Flow: 240 GPD
Number of Bedrooms: 2 Max # Occupants: 4 Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☒ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Replacement mobile home

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☒ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: System appeared to be functioning properly at time of inspection.

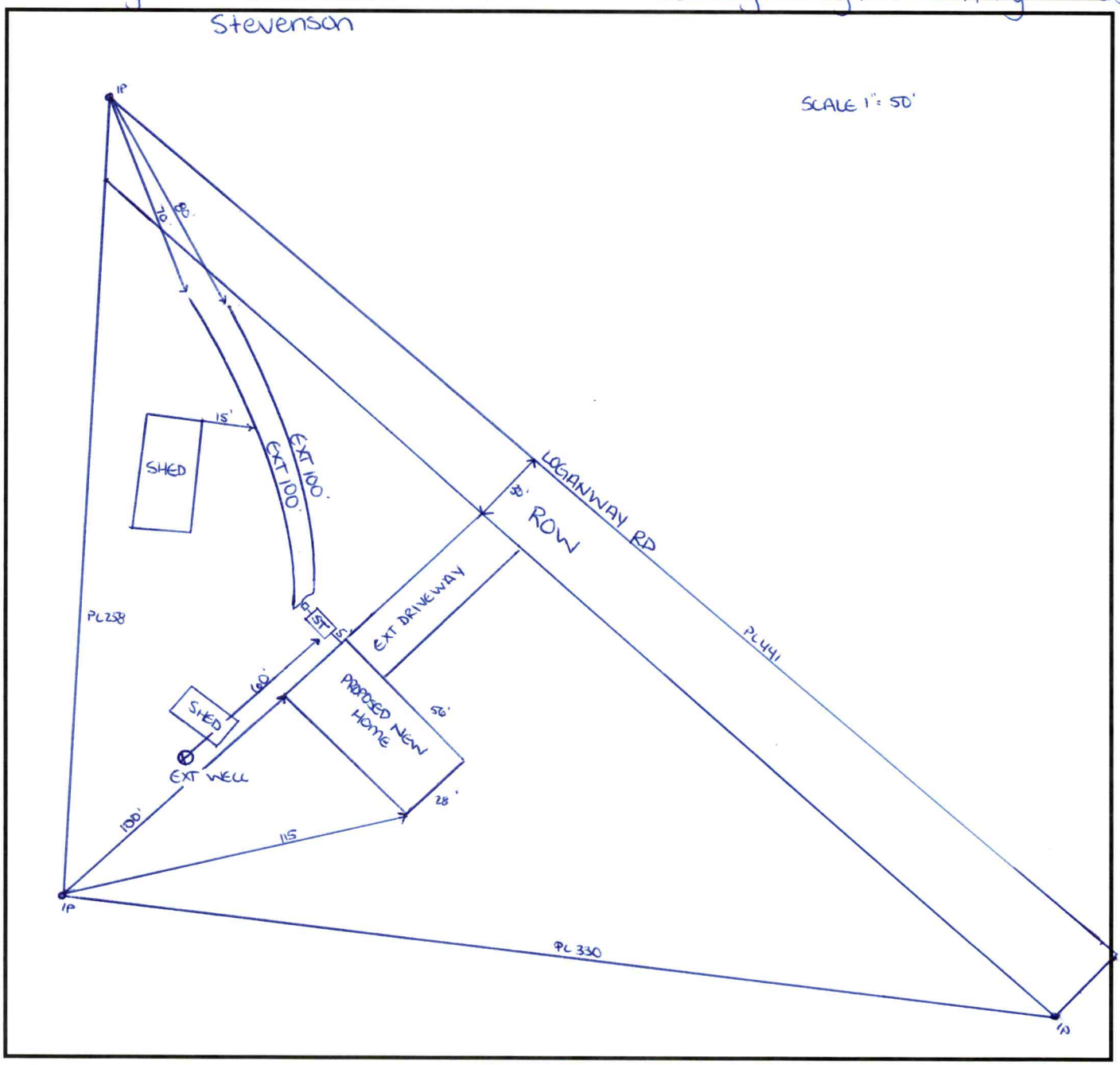
Inspector's Printed Name: Sarah Williams ✓ Inspector Certification #: 3208
Inspector's Signature: Sarah Williams ✓ Date: 2/3/2025

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: N/A PIN/Lot Identifier: 4799-22-0839

Owner: Angela R + A Fowler Stevenson Property Location/Address: 180 Logan way Rd Harmony NC 28634



Include the existing and proposed structures and applicable setbacks.

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

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

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department

PERMIT SNAPSHOT REPORT OSWP-2024-65357 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	11/15/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Williams, Sarah	**Approval Expire Date:**	
Description:	Reinspection OF THE EXISTING SEPTIC REPLACE THE MH WITH NEW MH: REPLACING SW W DW.				

Parcel: 4799220839.000 Main	**Address:** 180 Loganway Harmony, NC 28634 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent
Angel Turner
180 Loganway RD
Harmony, NC 28634
Business: (980) 565-9894
Mobile: (980) 565-9894

Property Owner
ANGELA R+A FOWLER
STEVENSON

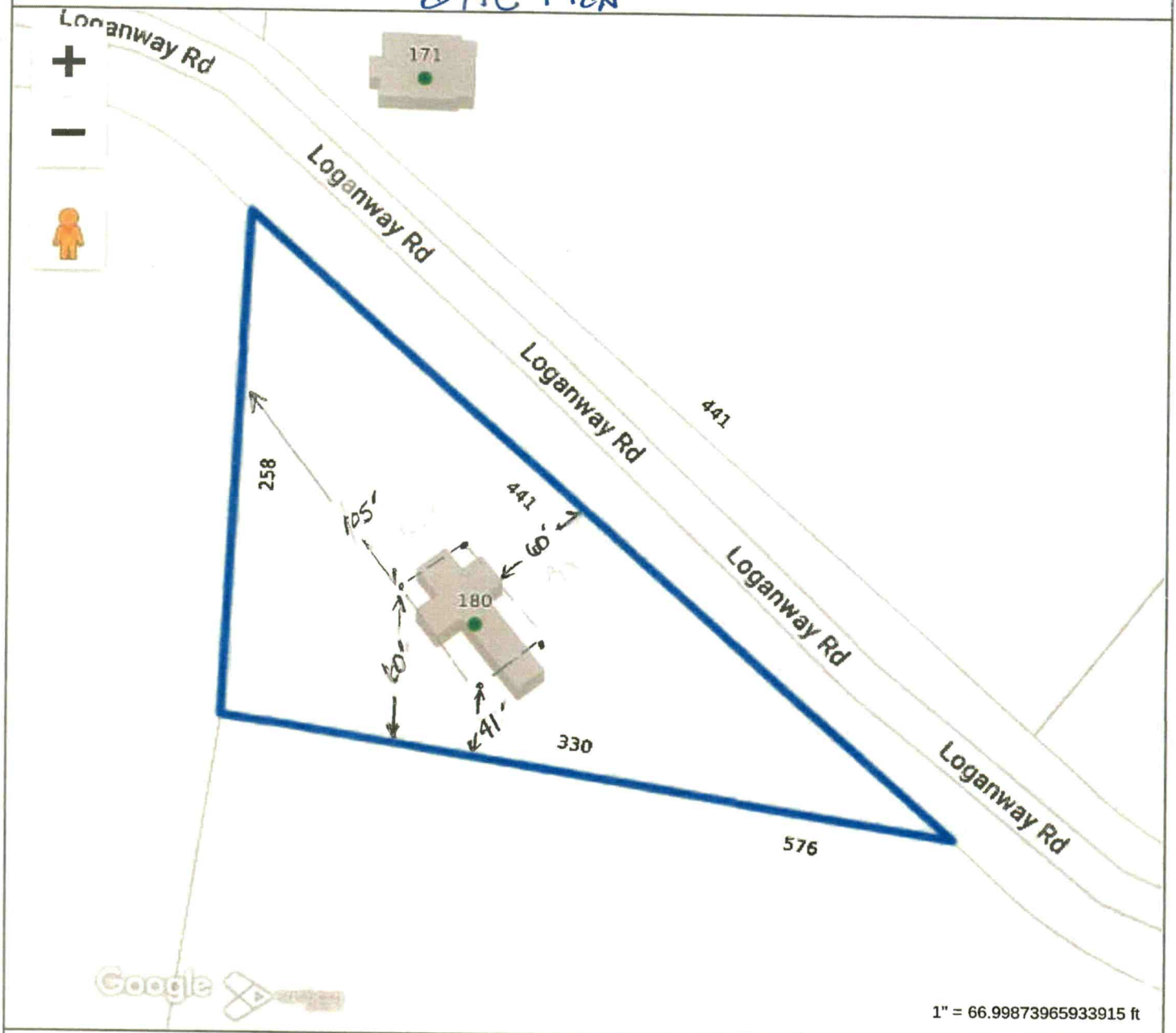
Permit Custom Fields

How is your site plan being submitted	Survey Plat	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	28x56
What are the proposed structures	New Single-Family Residence - Mobile Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	2
If other Addition/Structure, please explain		Number of Occupants	3	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Municipal Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions		Permit type(s)	Authorization to Construct
Has this project been approved by TRC	No	Lot Acreage	1.14	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Zoning Permit Issued Date	Dec 3 2024 12:00AM	Zoning Permit Expiration Date	Jun 1 2025 12:00AM	Is the structure or development in the floodplain	No
Is the property in a local historic district?	No	Is the property located downtown?	No	Zoning Notes/Addendums	REQUIREMENTS FOR AL 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

Iredell County, North Carolina

November 1, 2024

Site Plan



Tax Map Information

• PIN	4799220839.000
• Address	180 LOGANWAY RD
• Account #	Acct 77450621
• Tax Owner	STEVENSON ANGELA ROBIN
• Mailing Address	4421 US HWY 64 W
•	MOCKSVILLE, NC 27028
• GIS Owner	STEVENSON ANGELA R+A FOWLER
• Deed Info	1796 / 585 - WD - 20061030
• Tax Acres	1.14 AC
• Lot #	
• Description	JONES SR2198
• Zoning	RA
• Old Parcel #	0712K00000A067
• Bldg Value	$0
• OBXF Value	$5,200
• Land Value	$20,520
• Total Value	$25,720
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 10/10/2024
Data updated 09/12/2024

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Harold Stevenson DATE 4-15-83 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Harmony 901 E. To on SR 2198 (Logan Way Dr.) S. R. No. 2198
Go 3/10 Mile Mobile Home on Rt.

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

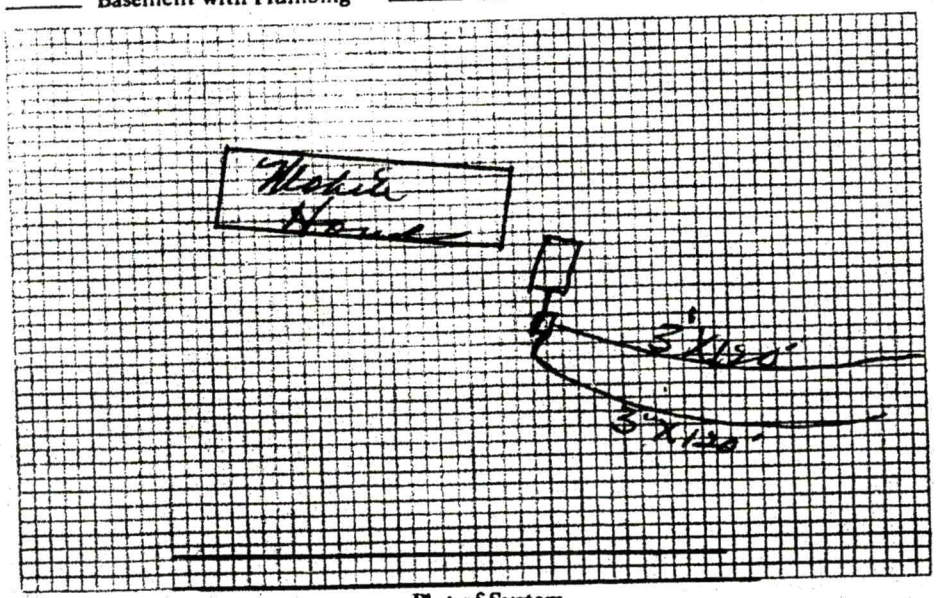
No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes ( )	No (✓)	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Coile Fine Sandy Loam
Percolation Rate 15 min/1" Slope
Topography 2 - Eddy Slope
Depth to Water Table 6'
Rock or other impervious formations Bone Rock

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Strand Bros.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steven Taylor DATE 4/15/83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

130 LORAM

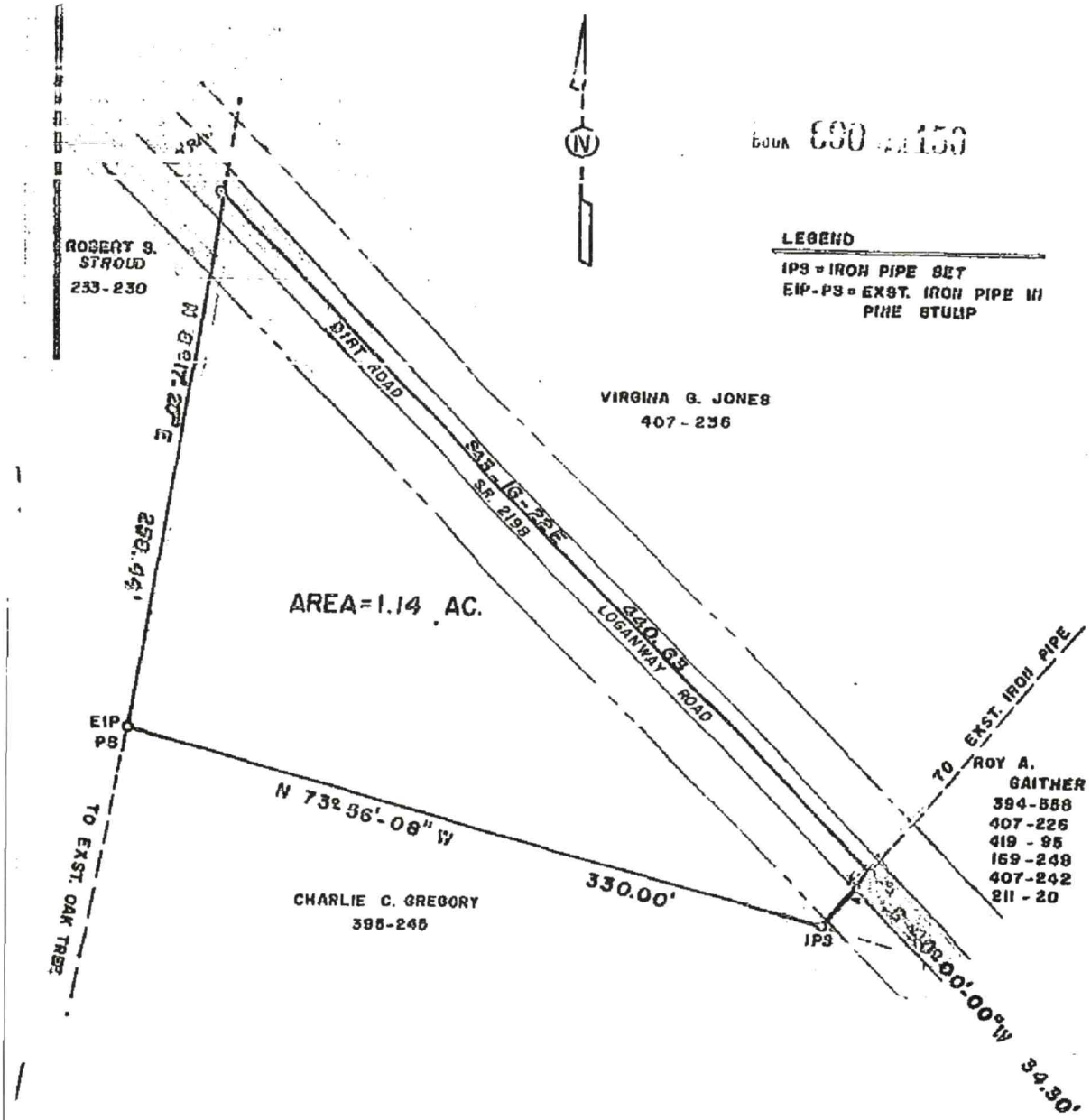
1/2 40's x4

145 DOSE
28.44 FLOW
DRAW 6.9"

5 min
3' head

TIM AMMONS

Book 690 Page 150



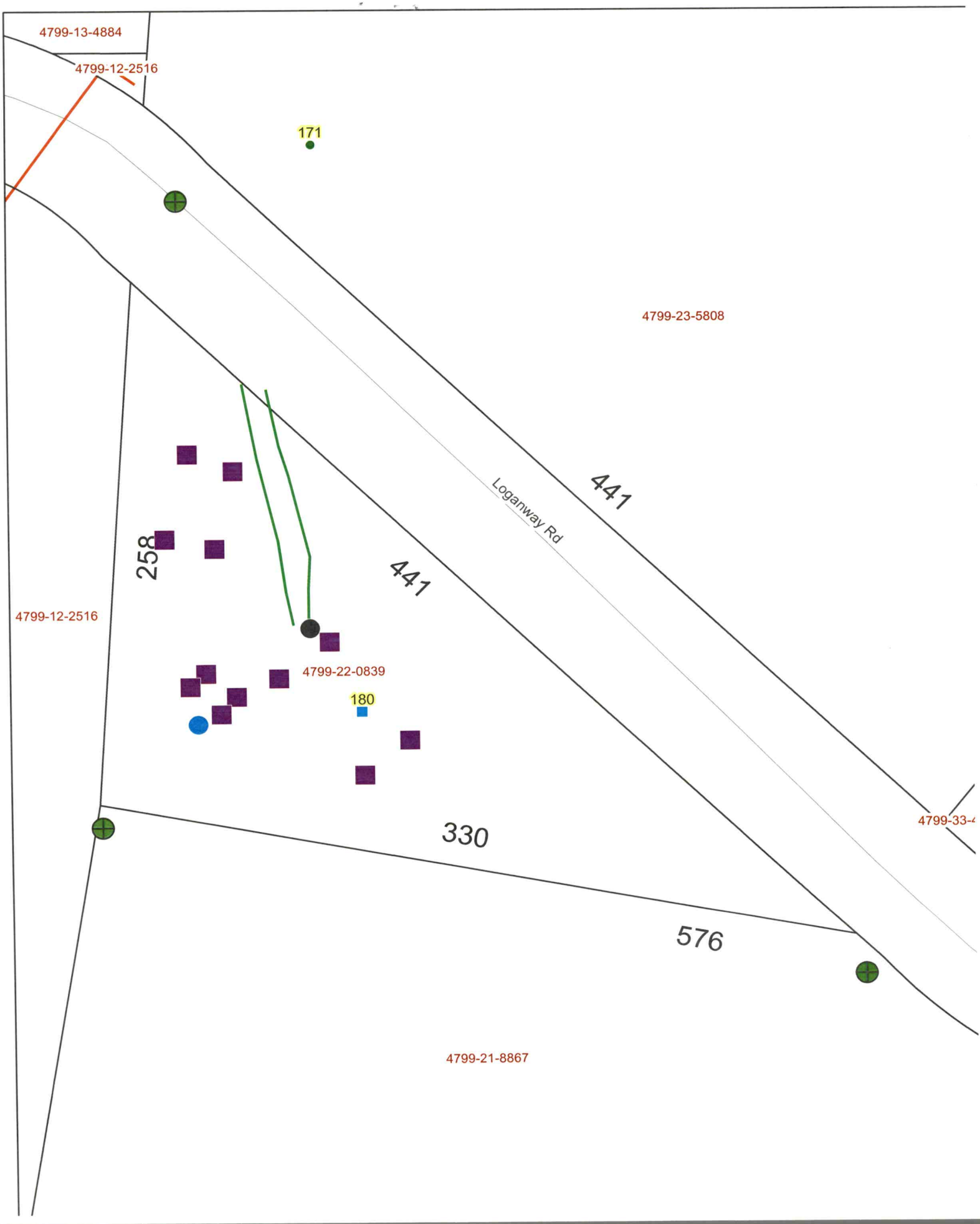
PROPERTY OF

VIRGINA G. JONES

TURNERSBURG TOWNSHIP - IREDELL CO. - NORTH CAROLINA
REF. BOOK 407 PAGE 236 TAX MAP 12K-A-30
SCALE 1"=60' JUNE 23, 1983
DWG. NO. 83040 DWN. BY D.C.M.
CHECK BY ROBERT J. LACKEY
REGISTERED SURVEYOR L-1408

Filed for registration [illegible], 19 at 11:54 M. L. L. Nesbit

By: [illegible]
Assistant/Deputy


4799-13-4884
4799-12-2516
171
4799-23-5808
441
Loganway Rd
441
258
4799-12-2516
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4799-21-8867