ICHD - ENVIRONMENTAL HEALTH DIVISION

HS

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 314832

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

PIN # 4861 - 13 - 4647

APPLICANT/OWNER: Gregory & Amanda Honeychuck APPLICANT ADDRESS: 159 Heywatchis Drive Mooresville, NC 28115

SITE ADDRESS: 148 Haystack Lane, Clin. NC 28660 PHONE: 607-237-5482 ALT. PHONE -

SITE DIRECTIONS: 901 to Tabor Rd @ Dan Speares @ on Haystack Property Straight at End of Cul de Sac SAP CONTROLLED: ☐ YES ☒ NO

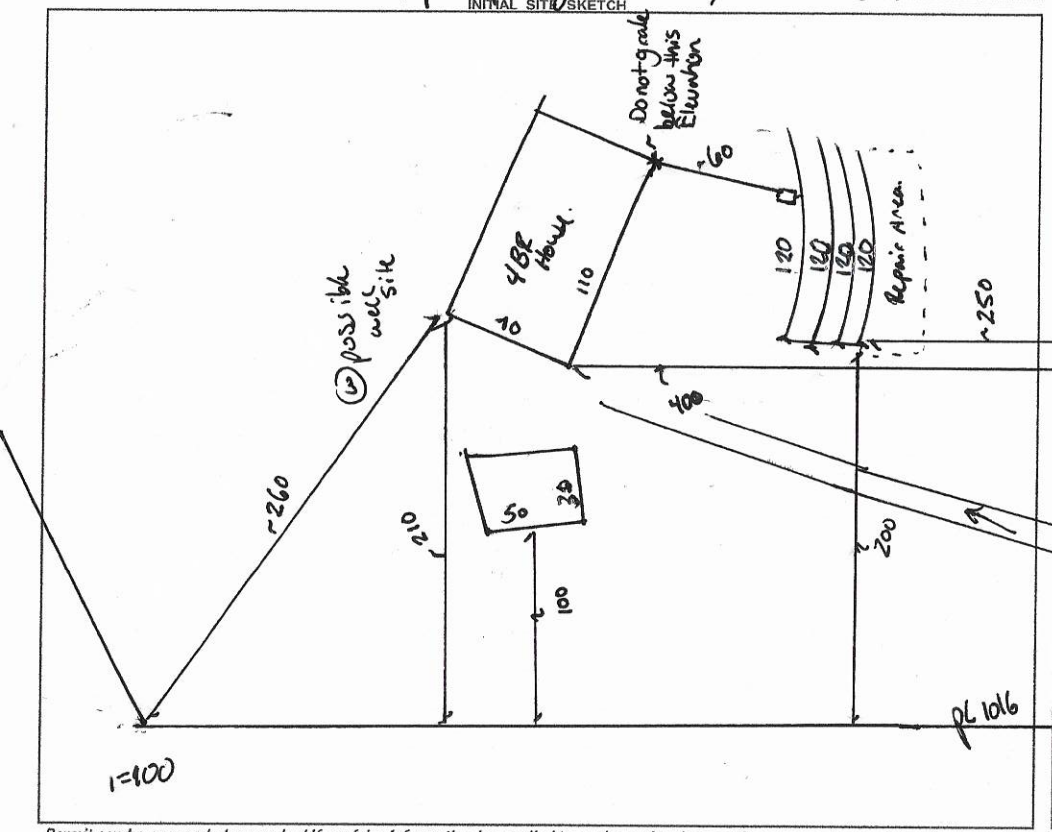
SUBDIVISION: Holly Bob Acres SECTION: - LOT # 25 LOT AREA: 9.886 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction.			
Pump Make			Model		Serial #		Repair System Description:	Gravity - 50% Reduction			
# Nitrification Fields	1	# Lines	4		Linear Ft:	480	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth	Max 36 in		Gravel Depth		☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing			☐ Basement w/o plumbing

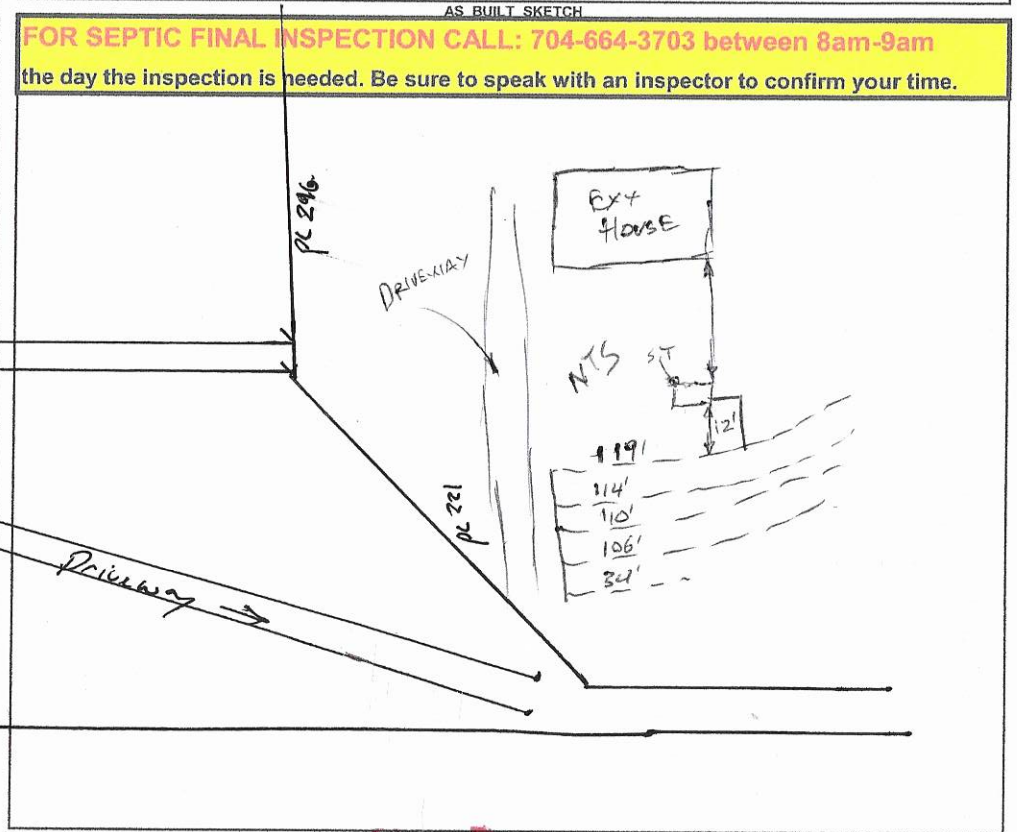
Comments / Conditions: System laidout for 10ft basement with Plumbing. Do not grade basement pad greater than lowest elevation of house. Install on the contour of the land & utilize Serial distribution. Do not Drive, park, pave, grade or clay utilities in Drainfield Area

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.



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: 3/12/2021 Installed by: STUTTS GRADING

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 3-9-2021 OPERATION PERMIT by: Burnt C. White Date: 10-1-2021

AUTHORIZATION TO CONSTRUCT by: Burnt C. White Date: 7-15-2021 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4961-12-46-47
COUNTY: Iredell

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

OWNER: Honeycutt.
ADDRESS: 154 Haywillow Dr MVL
PROPOSED FACILITY: 4/BR
LOCATION OF SITE: 148 Haystack Lane Off Shinn
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
PROPOSED DESIGN FLOW (.1949): 480 gpd.
APPLICATION DATE 2-20
DATE EVALUATED: 3-4
PROPERTY SIZE: 4+Ac
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	S:lc 10%	0-33	C SBK	SS Sp FR SEXP	2.5YR 4/6	54	–	A/A Some Mn Conc	PS .30
		33-54	CL WSBK	SS Sp FR					
2	Spur 10%	0-24	C SBK	SS Sp FR SEXP	2.5YR 4/6	50		N/A Some Mn Conc	PS .30
		24-50	CL WSBK	SS Sp FR					
3	S:lc 6%	0-5	SC		2.5YR 4/6	C/B		N/A	PS .30
		5-28	C SBK	SS Sp FR SEXP					
		28-49	CL WSBK	SS Sp FR					
4	S.L. 12%	0-20	SC		2.5YR 4/6	C/B		36-40 Fm Mn Conc	PS .25
		20-36	C	SS Sp FR SEXP					
		36-48	CL	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	267
System Type(s)	III 25%	III 50%
Site LTAR	.25	.30

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

COMMENTS: * located with GPS *

LEGEND

use the following standard abbreviations

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

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

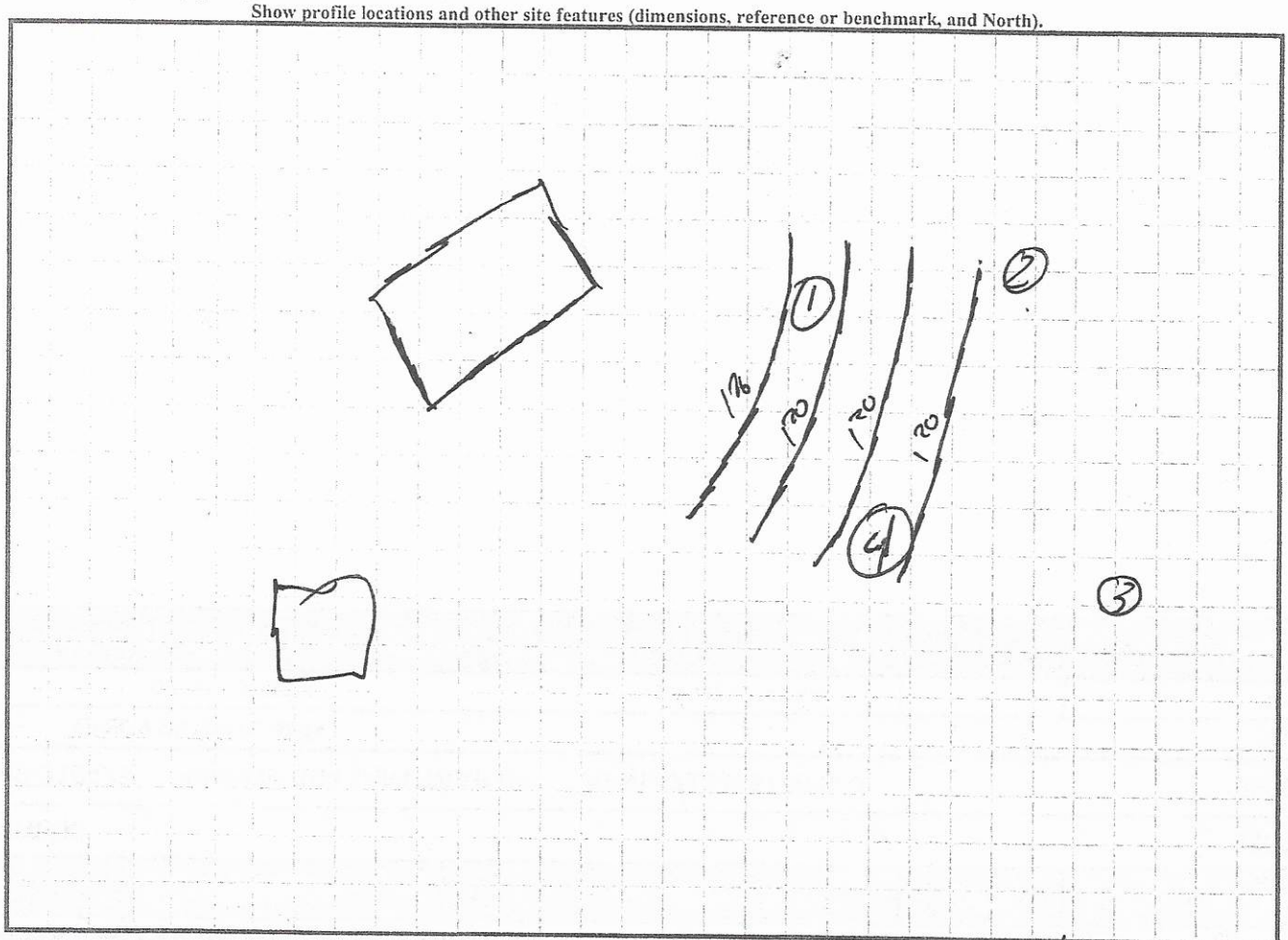
NOTES

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)

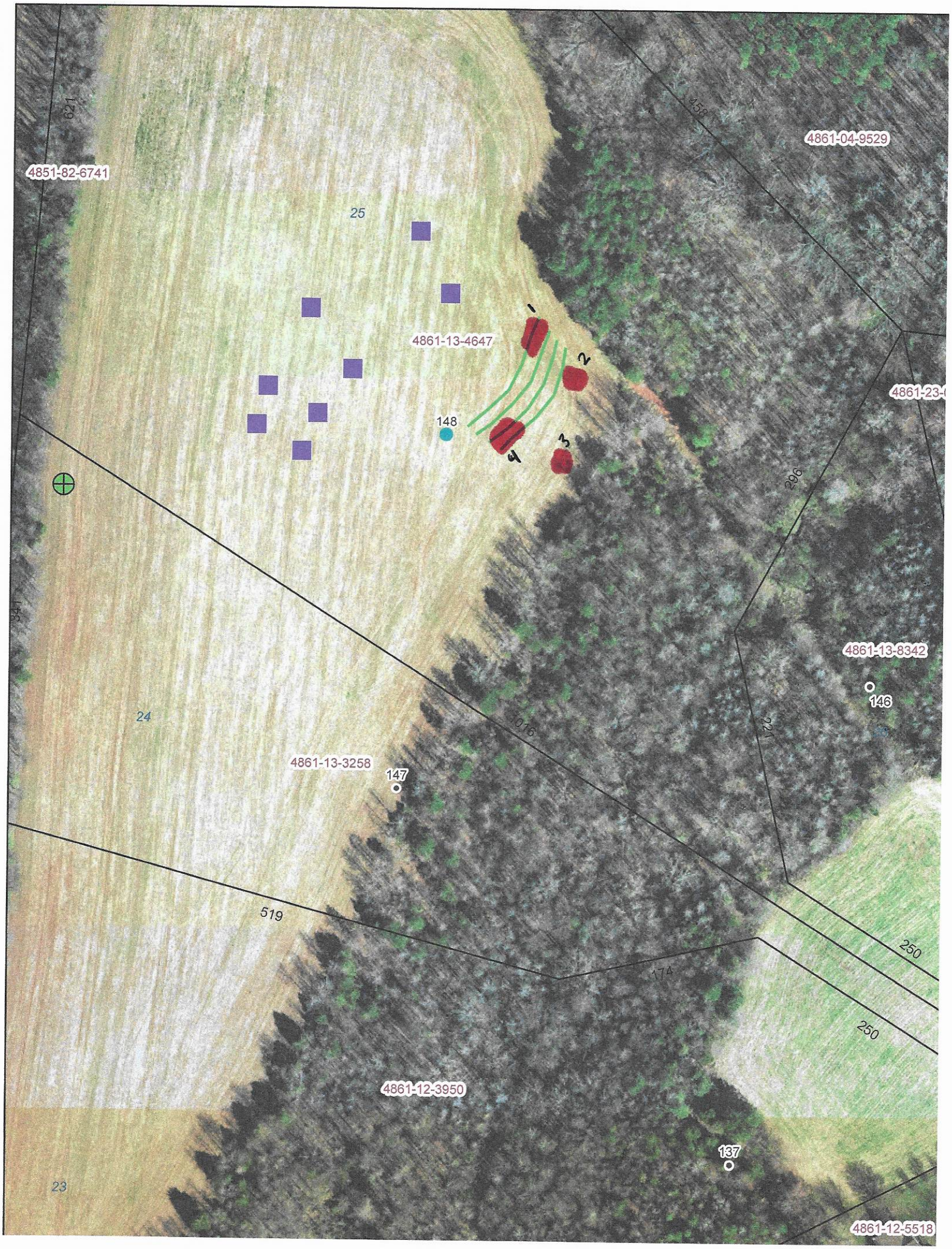
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



See attached Image / GIS Layout


4851-82-6741
4861-04-9529
25
4861-13-4647
148
1
2
3
4
4861-23-
4861-13-8342
146
24
4861-13-3258
147
519
250
174
4861-12-3950
137
23
4861-12-5518
621
458
296
016
541

RECEIVED JUL 0 8 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-314832

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: Greg Honeychuck Address: P.O. Box 667 Zip: 28166
Applicant Email: ghoneychuck@gmail.com Phone: 607 237 5482 Alt. Phone:
Owner Name: Greg Honeychuck Address: P.O. Box 667 Zip: 28166
Owner Email: ghoneychuck@gmail.com Phone: 607 237 5482 Alt. Phone:

Property Information:

Street Address: 148 Haystack Ln Olin NC 28660
Subdivision Name: Holly Bob Farms Section/Phase: Lot Number:
Driving Directions: Exit 59 77N Right on Tomlin Mill, ① on Tabor, ② on Sparks, ⑫ on Hy

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

(X) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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:
( ) 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: _____ 7/7/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ **2.** I, Grey Honeycutt, am the legal owner(s) of the property located at 148 Haystack Ln, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Wayne Hooker Americas Home Place, 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.

_____ 7/7/2021

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

DocuSign Envelope ID: D5BF647F-9116-4496-8B05-18DF1CC3CF2F

RECEIVED FEB 10 2021

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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)

AP-314832

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___ Existing System Inspection

$500.00

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Gregory + Amanda Honeychuck	159 Heywatchis Dr Mooresville NC 28115	607-237-5482	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Freddie + Audrey Murdock	1460 Friendship Rd Statesville 28625	803-899-0791	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

148 Haystack Lane Olin NC 28660	Holly Bob Acres	Lots 25 + 26
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Memorial Hwy to Tabor Rd, Right on Speaks Rd, Right on Haystack, property straight ahead at end of cul-de-sac.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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: Amanda Honeychuck

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

1/28/2021
DATE

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Freddie & Audrey Murdock, am the legal owner(s) of the property located at 148 Haystack Lane Olin NC 28660, identified as PIN (Parcel Identification Number) 4861-13-8342 + 4861-13-4647, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Gregory Honeychuck, Amanda Honeychuck, 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.

DocuSigned by: 1/31/2021
Signature of Owner(s)

DocuSigned by: Audrey C. Murdock 1/31/2021
Date

DocuSigned by: Brent Mason 1/31/2021
Signature of Witness

Date

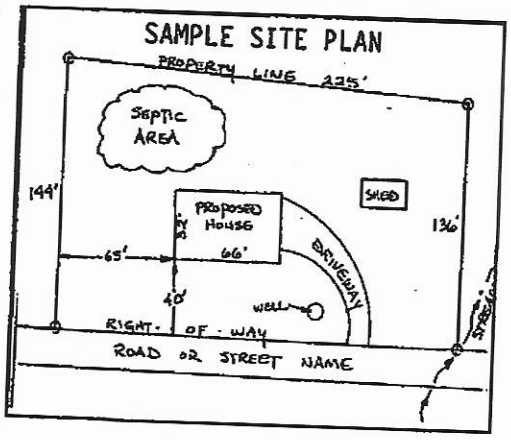
Please return this signed form to the appropriate office:

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

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

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



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

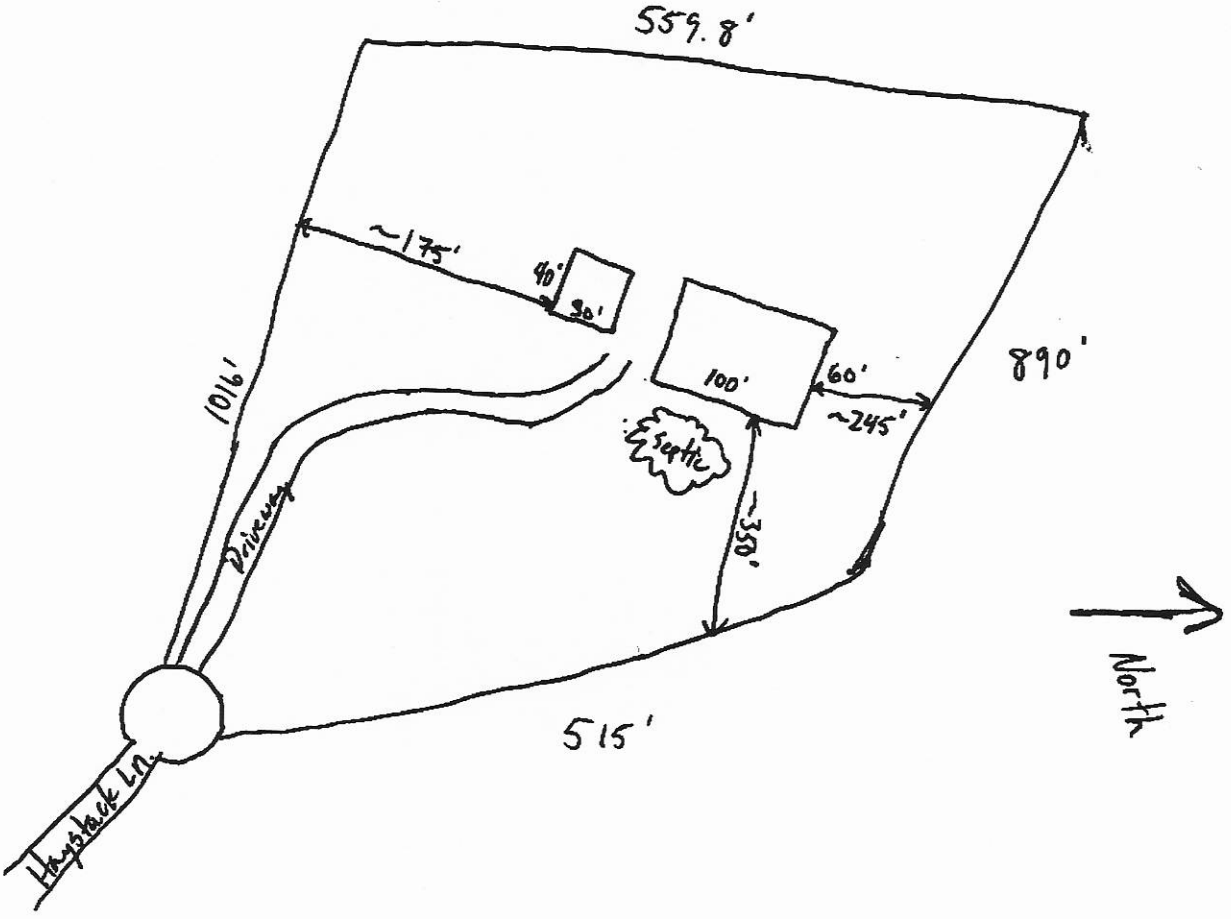
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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

Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____

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

2/09/2021

DATE

CONNECTGIS WEB HOSTING

North Carolina
Iredell County

Iredell
Printed January 02, 2020
See Below for Disclaimer



Addresses
- Infrastructure
- NonResidential Use
- Residential Use

Streets
- Interstate
- Ramp
- US Hwy
- State Hwy
- Main Road
- Local Road
- Residential
- Private
- Inactive

Parcels Hooks

Parcels

City Limits

Lake Norman

Iredell Countyline

NC Counties

The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

SURVEYOR'S CERTIFICATION

I, Marty S. Cline, Professional Land Surveyor, hereby certify that this plat was drawn under my direct supervision from an actual survey made under my direct supervision with a precision ratio of 1:10,000+ before adjustment; that this survey creates a subdivision of land within an area of a county or municipality that has an ordinance which regulates parcels of land; and that this plat was prepared in accordance with G.S. 47-30 as amended.

Witness my hand and official seal this 1-29-19

Marty S. Cline
NCPLS 3361

NORTH CAROLINA PROFESSIONAL SEAL L-3361 LAND SURVEYOR MARTY S. CLINE

CERTIFICATE OF OWNERSHIP AND DEDICATION

I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent and establish minimum lot size and building setback lines and dedicate all roads, alleys, walks, parks, and other sites and easements to public use.

I further certify that:

a) there are no deed restrictions which will be violated by the requested subdivision; and

b) there are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and

c) I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, will not be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.

Jerry M. Taylor — 1-29-2019
OWNER — DATE

OWNERS' NOTARIZATION

Iredell County, NC

I, Kelly L Clark, a Notary Public of the county and state aforesaid, hereby certify that Jerry M. Taylor personally appeared before me this day and acknowledged the execution of the foregoing instrument.

Witness my hand and official stamp this 1/29/2019

Kelly L Clark

My commission expires 1-29-19

WATERSHED STATEMENT

To the best of my knowledge, the subdivision hereon does not lie within a watershed designated by the North Carolina Division of Environmental Management as appears on the Watershed Protection Map of Iredell County.

Subdivision Administrator — 2-12-19 Date

CERTIFICATE OF APPROVAL FOR RECORDING

I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.

Subdivision Administrator — 2-12-19 Date

REVIEW OFFICER'S APPROVAL

Iredell County, North Carolina

I, Bobbie M. Allison, a Review Officer of Iredell County, certify that the map or plat to which this certification is affixed meets all statutory requirements for recordation.

Review Officer — 2-12-19 Date

NOTICE:

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.

SURVEYOR'S NOTES

1) This survey shall be made subject to any discrepancies that may be disclosed by a thorough and accurate title search.

2) This property does not lie in a flood hazard area as appears on HUD/FIA Flood Insurance Rate Map 3710486100J (Effective date 3-18-08).

3) This property and all adjoining properties are zoned R-A.

4) The lots shown hereon shall be subject to minimum building set-backs as follow: Front - Thirty-five (35) feet, Sides - Fifteen (15) feet, Rear - Thirty-five (35) feet unless denoted otherwise.

5) These lots shall be subject to a ten (10) foot drainage and utilities easement across the front, rear, and sides.

6) No horizontal control monuments were found within 2000 feet of this site.

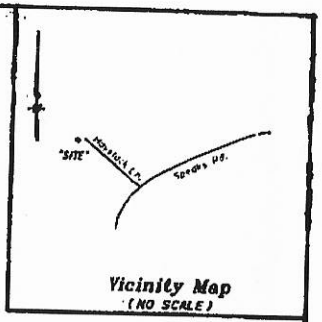
7) These lots shall be served by private wells and individual septic systems.

8) A #4 rebar was set at each lot corner except as noted.

9) Total area in subdivision: 23.776 acres+-

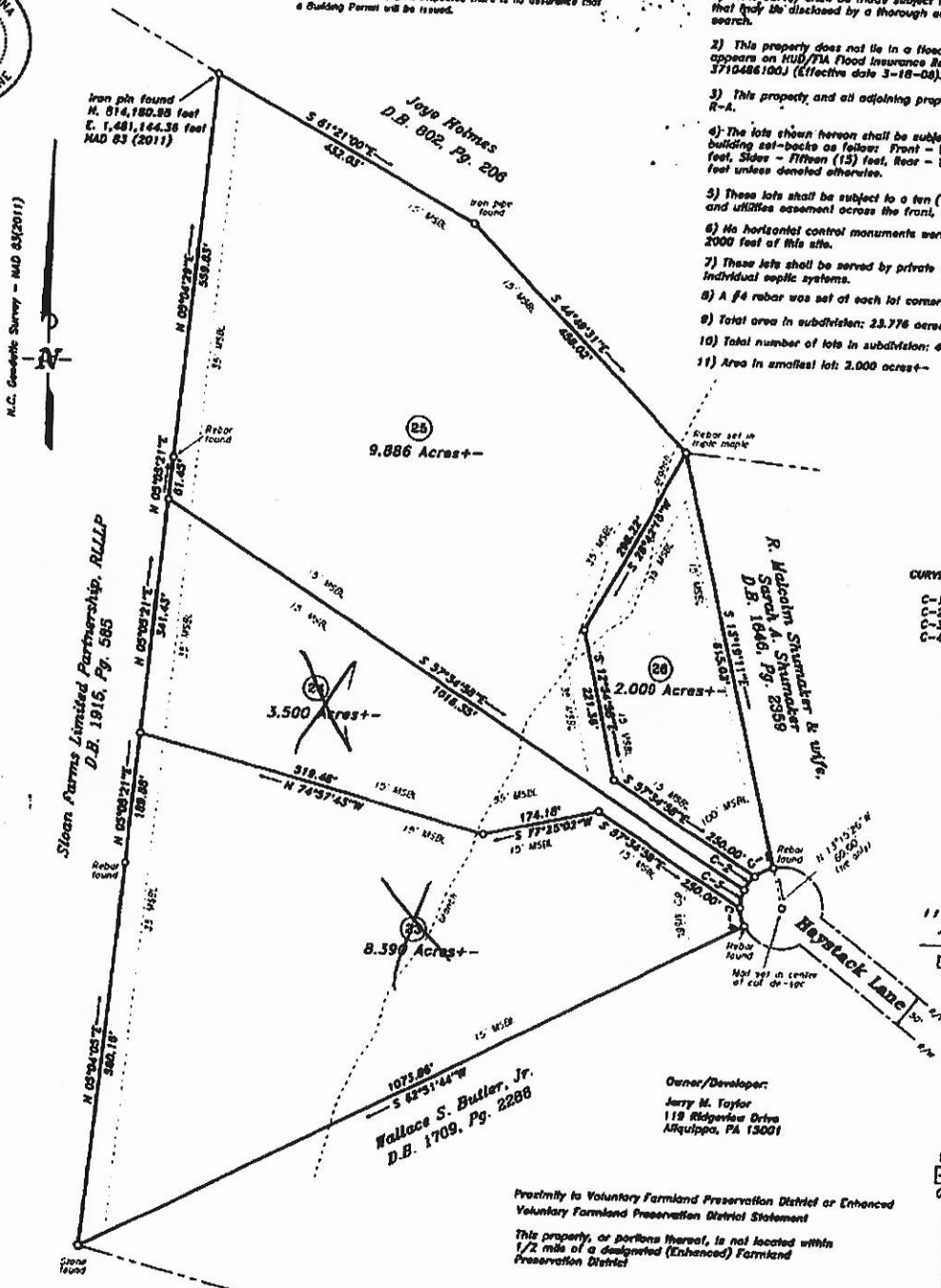
10) Total number of lots in subdivision: 4

11) Area in smallest lot: 2.000 acres+-



Vicinity Map
(NO SCALE)

Doc ID: 018468420001 Type: CRP
Recorded: 02/14/2019 at 04:13:07 pm
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald M. Wyatt Register of Deeds
BK 69 PG 105



CURVE TABLE

CURVE	RADIUS	LENGTH	CHORD	CH.BEARING
C-1	60.00'	29.12'	28.84'	S 62°50'20"W
C-2	60.00'	25.26'	25.08'	S 36°32'24"W
C-3	60.00'	26.91'	26.68'	S 11°37'52"W
C-4	60.00'	27.47'	27.23'	S 14°00'01"E

Owner/Developer:
Jerry M. Taylor
119 Ridgeview Drive
Aliquippa, PA 15001

Proximity to Voluntary Farmland Preservation District or Enhanced Voluntary Farmland Preservation District Statement

This property, or portions thereof, is not located within 1/2 mile of a designated (Enhanced) Farmland Preservation District

Redivision of Lots 13, 14, & 15 of

"HOLLY-BOB FARMS"

Union Grove Twsp., Iredell Co., N.C.
Plat reference - P.B. 25, Pgs. 229-231
Deed reference - D.B. 1038, Pg. 790
Survey initiated January 15th, 2019
Platted January 25th, 2019
Tax PIN: 4861 13 4697
4861 13 3281
4861 12 3855
Scale: 1" = 120'

120 0 120 240 360
GRAPHIC SCALE - FEET

MARTY S. CLINE, PLS
115 Evening Star Dr.
Statesville, N.C. 28625
(704) 546-5975

DocuSign Envelope ID: 1DFBD394-3C4C-4E37-8812-A245B3762415

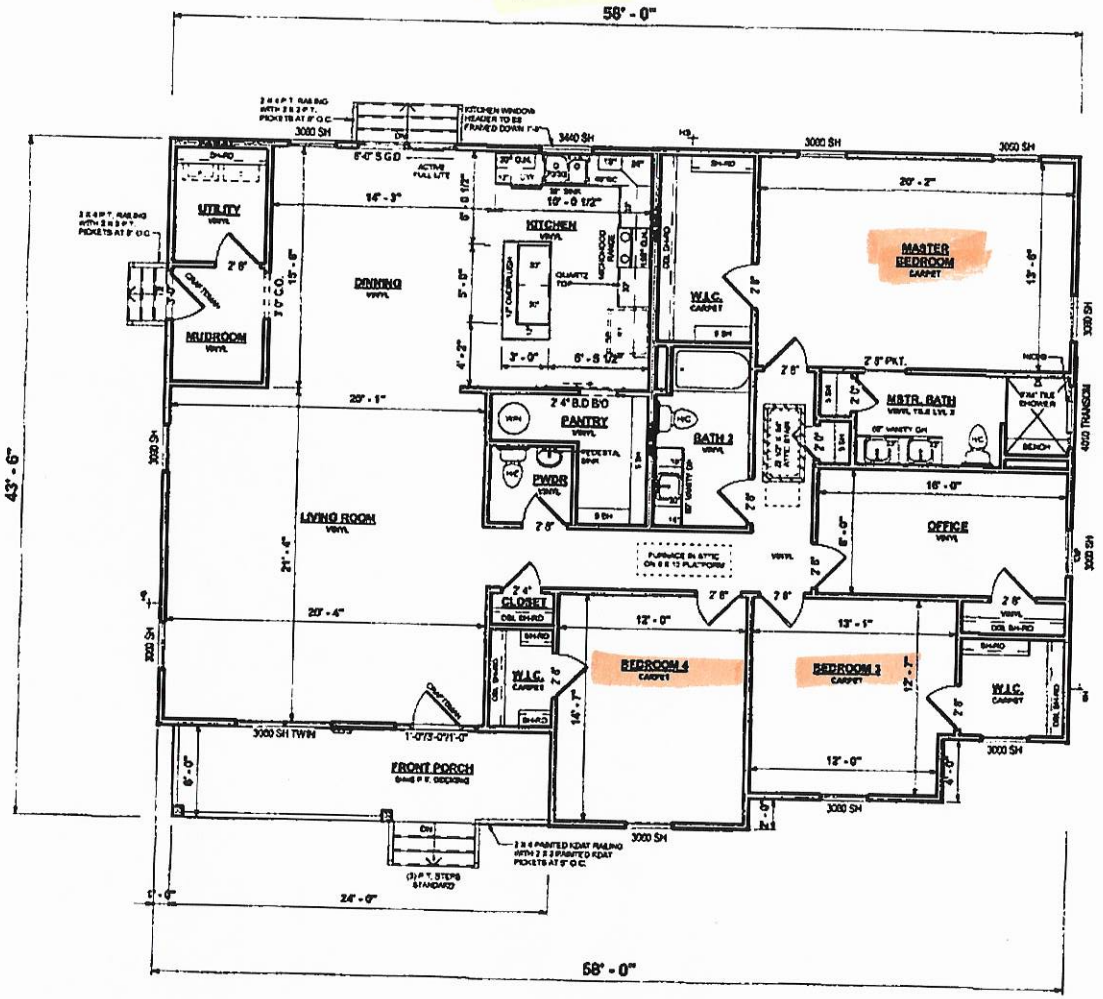
Plans Submittal ONLY!

Date 7/7/2021

Date 7-15-2021

58'0"

43'6"



First Floor Plan

THESE FINAL DESIGN PLANS ARE INTENDED TO SHOW LAYOUT AND STYLE ONLY. ACTUAL DIMENSIONS MAY VARY SLIGHTLY. GRADE SHOWN IS FOR DEMONSTRATIONAL PURPOSES ONLY AND DOES NOT NECESSARILY REFLECT FINAL GRADE. SIGNATURE INDICATES APPROVAL AND ACCEPTANCE OF THESE FINAL DESIGN PLANS.

OWNER SIGNATURE

OWNER SIGNATURE

CREATION DATE:

OWNER AND CONTRACTOR AGREE THAT THESE SIGNED FINAL DESIGN PLANS SHALL SUPERSEDE ANY PREVIOUSLY SIGNED FINAL DESIGN PLANS

SPECIAL NOTES

- CREDIT ALL VANITY MIRRORS
- INTERIOR DOOR STYLE TO BE CRAFTSMAN LEVEL 2
- LEVEL 3 TILE IN MASTER BATH
- LEVERED HANDLES THROUGHOUT
- QUARTZ IN KITCHEN COUNTER TOP
- BARN DOOR ON PANTRY TO BE BY OWNER
- BY OWNER FEE ON GRADING CONCEDED
- SQUARE SINKS IN MASTER & BATH 2
- UPGRADED GUTTER COLOR
- CROWS FEET WRAP W/ BLACK COIL STOCK

Revision Schedule

Revision Number	Revision Description	Revision Date

AREAS:

FIRST FLOOR HEATED	2,290 SF
	2,290 SF
FRONT PORCH	144 SF
	144 SF
TOTAL UNDER ROOF	2,434 SF

TITLE: CUSTOM

FOR: HONEYCHUCK G. & A.

148 HAYSTACK LANE OLIN NC 28660

OFFICE: STATESVILLE

SOLD BY: J. SCHOOLEY

ADM# 87-21-033

2x4 EXTERIOR WALLS

FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: N. BALLOU

CHECKED BY: J. SNYDER

PRINT DATE: 7/21/2021 11:18:42 PM

PROPERTY OF: AMERICA'S HOME PLACE

SHEET NUMBER: DP-3

FIRST FLOOR DESIGN PLAN

© COPYRIGHT - 2020

OPT. PAPER SIZE: for 1/4" = 1'-0" on 24"X36" PAPER SIZE ENLARGE PRINTS TO 200%

FINAL DESIGN PLANS

PAPER SIZE: 11" x 17"

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

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
© COPYRIGHT-ALL RIGHTS RESERVED NOTE VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314832
Issue Date: 02/09/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4861134647.000	148 Haystack Ln.	Iredell County

Owner Information	Applicant Information
Name: MURDOCK FREDDIE E II+AUDREY C	Name: GREGORY AND AMANDA HONEYCHUCK
Address:	Address: 159 HEYWATCHIS DR.
	MOORESVILLE, NC 28115
Phone:	Phone: (607)237-5482

Use Requested	Zone Code
Single Family Dwelling	RA

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

Remarks
SFD

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.

Signature of Owner/Contractor

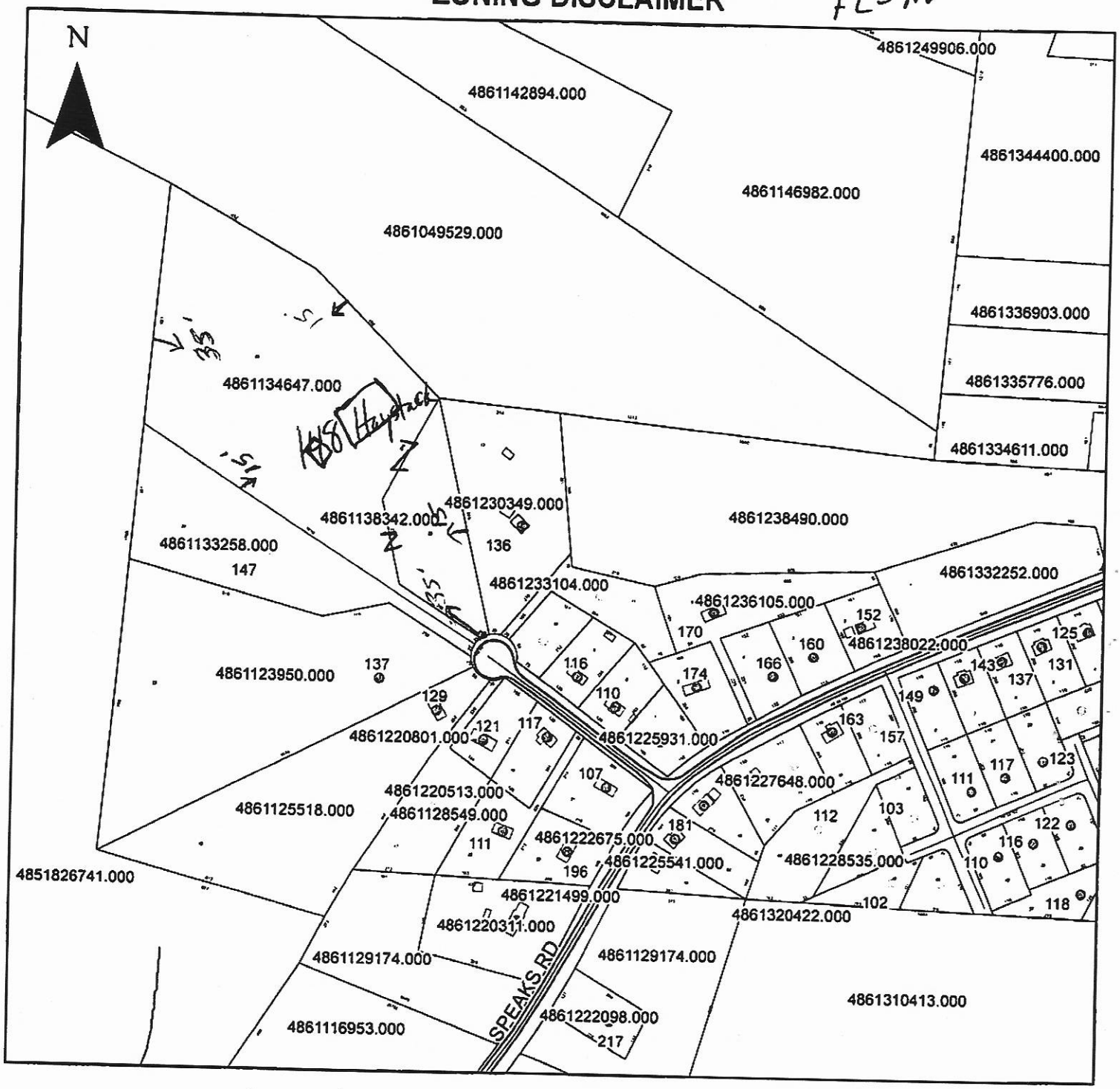
Date: 02/09/2021

Permit Number	314832

TOTAL FEES:	$77.25

KA
WS - NO
FL - NO

ZONING DISCLAIMER



Property Address 148 Haystack Ln.

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

2/9/2021
Date