# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-312472

PIN # 4870--25--6405

APPLICANT/OWNER: HARMONY HOLDINGS, LLC. APPLICANT ADDRESS: 10239 STONE HILL LANE GOODRICH, MI, 48438

SITE ADDRESS: 119 BUCKHEAD ROAD, HARMONY, N.C. 28634 PHONE: 586-770-3256 ALT. PHONE —

SITE DIRECTIONS: (N) ON 21, (L) ON TOMLIN, (L) ON HICKORY GROVE, (L) ON BUCK HEAD, LOT ON (L) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: Welch Acres SECTION: — LOT # 8 LOT AREA: — DESIGN FLOW: — L.T.A.R.: —

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | EXT | (gal) | STB | EXT | Date | EXT | ☐ New System | ☐ Repair | ☐ Expansion | System Type: I II (III) IV V VI | |
| Pump Tank | — | (gal) | PT | — | Date | — | System Description: | EXT - 25% REDUCTION | | | |
| Pump Make | — | Model | — | | Serial # | — | Repair System Description: | EXT | | | |
| # Nitrification Fields | EXT (1) | # Lines | EXT (4) | | Linear Ft: | EXT (304') | Maintenance Agreement Required: | ☐ YES | ☑ ~~NO~~ | | |
| Trench Width | EXT | Trench Bottom Depth (Low side) | EXT | | Gravel Depth | — | | ☑ ~~GRAVITY~~ | ☐ PRESSURE | | |

☑ ~~Residence~~ ☐ Business ☐ Other ☐ Slab ☑ ~~Crawl Space~~ ☐ Basement w/ plumbing

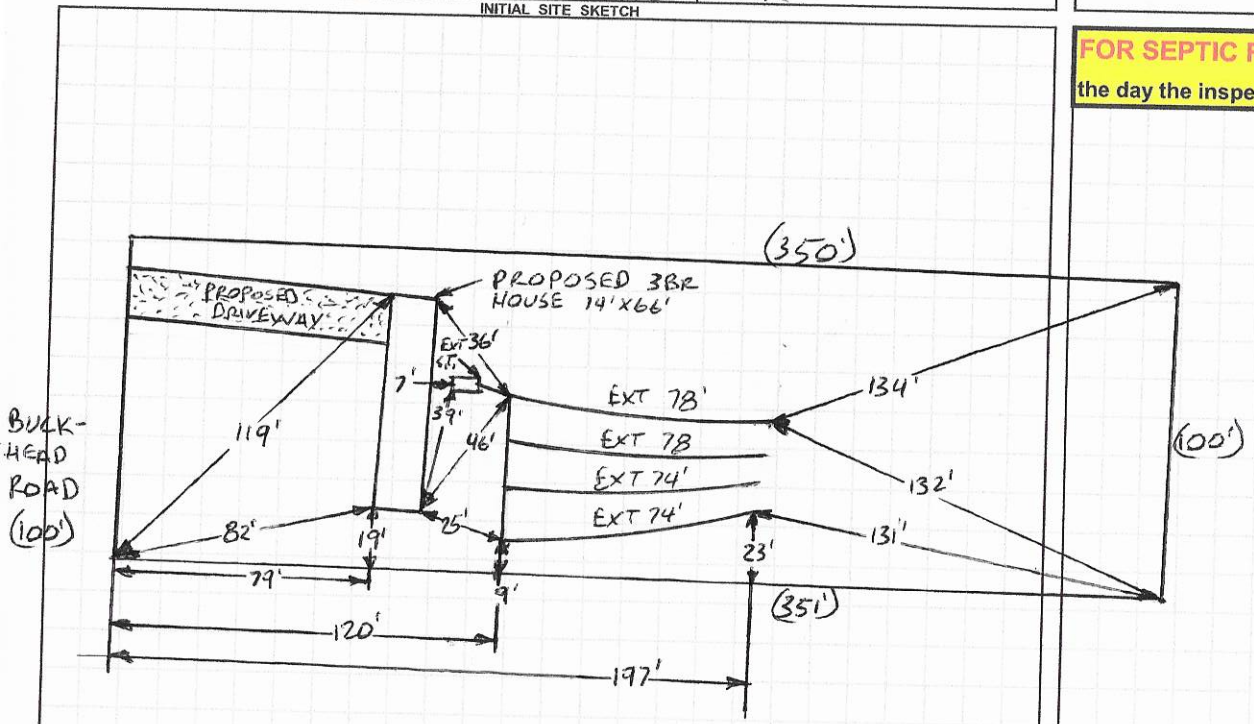
No. Bedrooms 3 No. Persons 6 No. Employees —

Water Supply: ☐ Private ☑ ~~Public~~ ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: EXISTING SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, NO DECKS, PORCHES, OR STEP FOOTERS TO BE CLOSER THAN 5FT TO SEPTIC TANK

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.

1 IN = 60 FT
S.T. = SEPTIC TANK
EXT = EXISTING

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

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 6/15/21 Installed by: —

IMPROVEMENT PERMIT by: — Date: — OPERATION PERMIT by: — Date: —

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Bryant C. White Date: 5-19-2021

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

DigiSign Verified: 2575AD6A-9749-44D3-A4CE-A632C9156E57

RECEIVED NOV 0 9 2020

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

AP-312472
$200.00

## Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Harmony Holdings, LLC Address: 10239 Stonehill Ln Goodrich, MI Zip: 48438
Applicant Email: Harmony NC holdings@gmail.com Phone: 586-770-3256 Alt. Phone:
Owner Name: Aaron Alexander Address: 10239 Stonehill Ln Goodrich MI Zip: 48438
Owner Email: SAME Phone: SAME Alt. Phone:

**Property Information:**

Street Address: 119 Buckhead Rd
Subdivision Name: Welch Acres Section/Phase: N/A Lot Number: 3
Driving Directions: HWY 21 to Harmony, left Tomlin Rd, left Hickory Grove Rd, Corner of Hickory Grove and Buckhead, Lot 3 Vacant lot

**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: 3
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

**CHECK FOUNDATION TYPE**
(✓) 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 ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: UNSURE
( ) 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:** Harmony Holdings, LLC - Aaron Edward Alexander 11-06-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: 2575AD6A-9749-44D3-A4CE-A632C9156E57

Public Health
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

## 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*) Harmony Holdings, LLC - Aaron E

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.**

[X] 2. I, Aaron Alexander owner of Harmony Holdings LLC, am the legal owner(s) of the property located at 119 Buckhead Road, identified as PIN (Parcel Identification Number) 4870-25-6405, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Alexander / Harmony Holdings LLC, 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.

Harmony Holdings, LLC - Aaron Edward Alexander — 11-06-2020

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

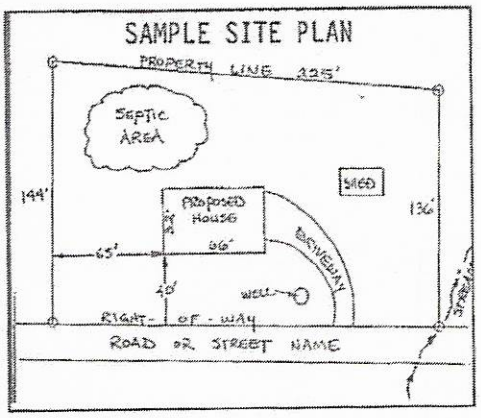
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# IREDELL COUNTY HEALTH DEPARTMENT

## *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
- ( ) 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

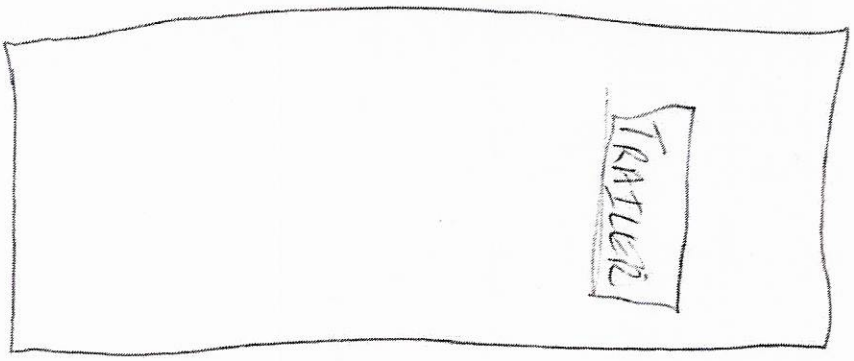
Circle N/A on the following if appropriate:

| | |
|---|---|
| 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***

Septic Already exists







**Signature:** Harmony Holdings, LLC - Aaron Edward Alexander 11-06-2020

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

119 Buckhead Rd - Harmony

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 078019 PIN# 4870 25 6405

OWNER OR CONTRACTOR JACK T. MOORE DATE 12-3-98

ADDRESS 3944 WILKESBORO HWY, STATESVILLE, NC 28625 PHONE: Business Home 876-4271

LOCATION US 21 N, TL TOMLIN ROAD, TL HICKORY GROVE, TL BUCKHEAD, 3RD LOT ON LEFT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 0.80 ACRE SITE CLASS PS DESIGN FLOW 360 L.T.A.R. 0.30 GPD/FT²

Septic Tank: 1000 Gallons: STB 854 Date 10-7-98

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field: No Fields 1 Square Feet EQ. TO 1200 Linear Feet 300

No Lines FOUR Trench Width: 36" Max Trench Bottom Depth 36"

✓ New System Repair System Type: I II III IV V VI

System Description 25% REDUCTION GRNTY

Repair System Description 25% REDUCTION GRNTY

Maintenance Agreement Required: Yes ✓ No

Depth: 6"

House/Mod. Home ✓ No. Bedrooms 3

Mobile Home No. Bathrooms 2

Business No. Employees

Other

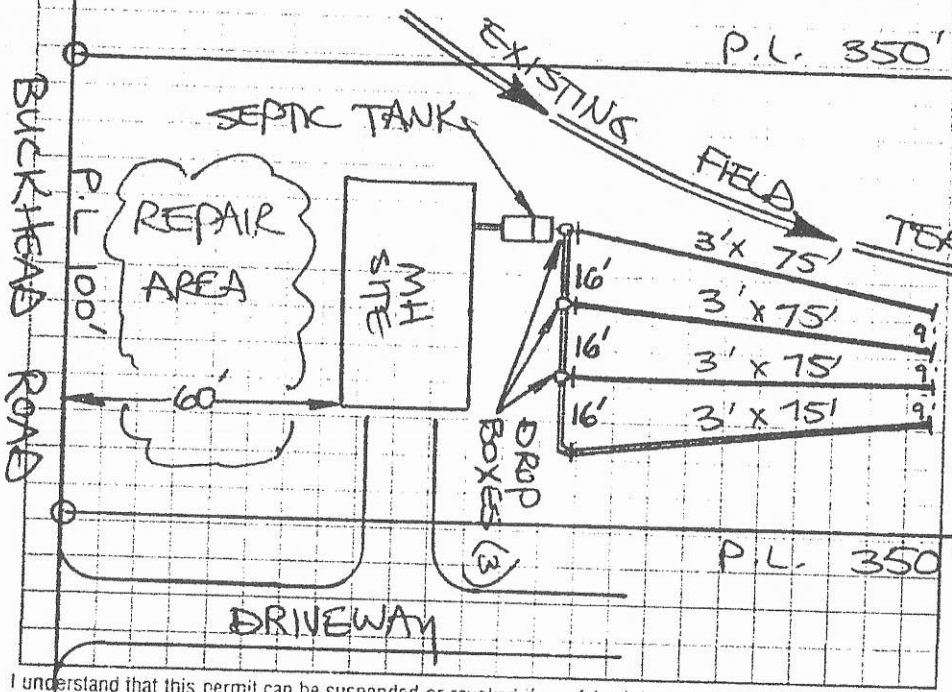
Slab ✓ Crawl Space Basement w/plumbing Basement wo/plumbing

Water Supply: ☐ Individual ✓ Public ☐ Community

Comments/Conditions: INSTALL FORTY-EIGHT (48) CHAMBERS IN FOUR EQUAL LENGTH LINES ON CONTOUR AS SHOWN (OWNER'S REQUEST)

Comments/Conditions:

INITIAL SITE SKETCH SCALE: 1" = 40'




AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITIAL SITE SKETCH.

REPAIR AREA

I understand that this 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jack Moore

Improvement Permit by: STEVE HEDRICK date 12-3-98

Authorization to Construct by: STEVE HEDRICK date 12-3-98

Installed by: TOM MOORE'S HAULING (MORGANTON FALLS)

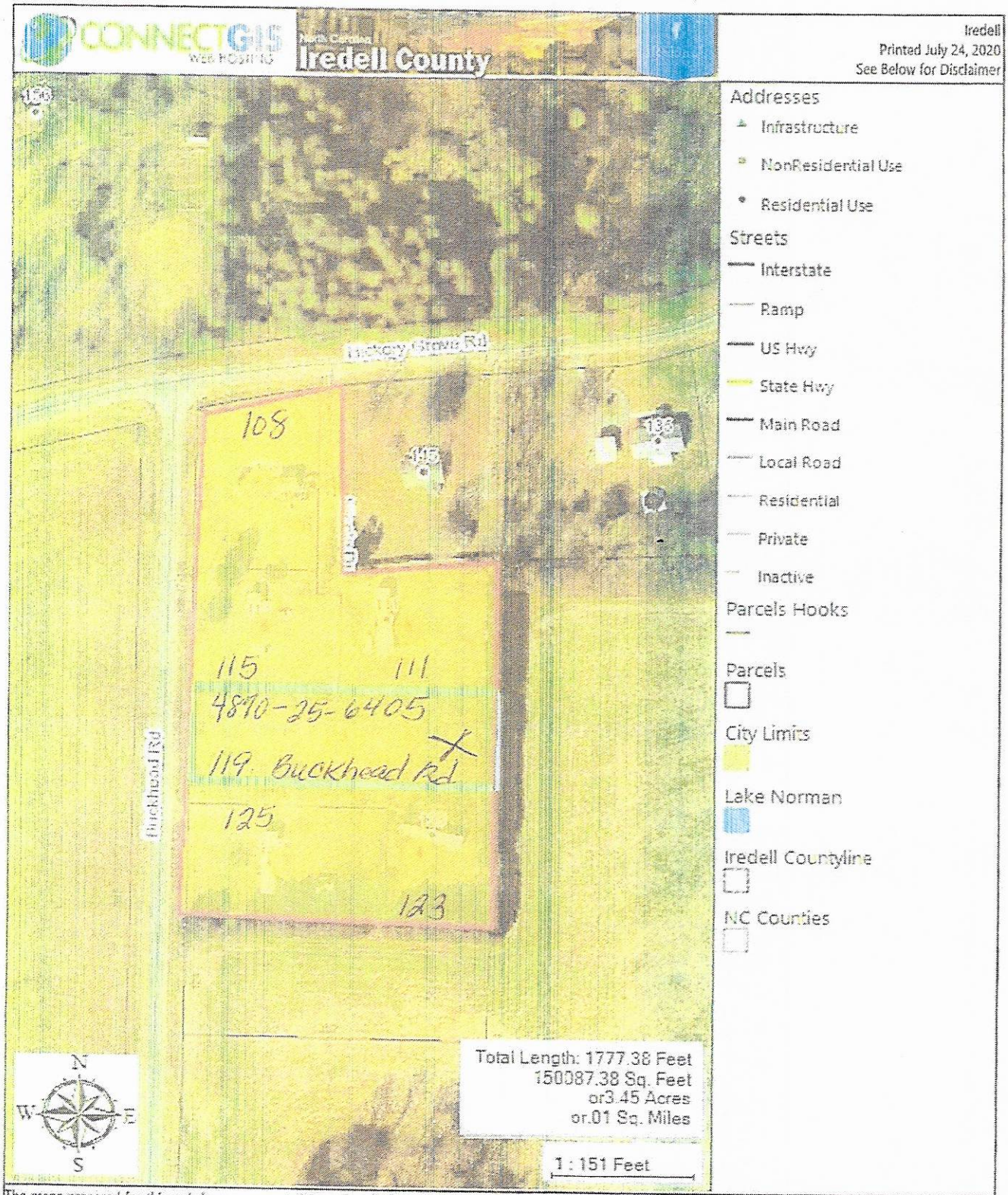
Operation Permit by: STEVE HEDRICK date 12-10-98

Existing System Inspection by: date

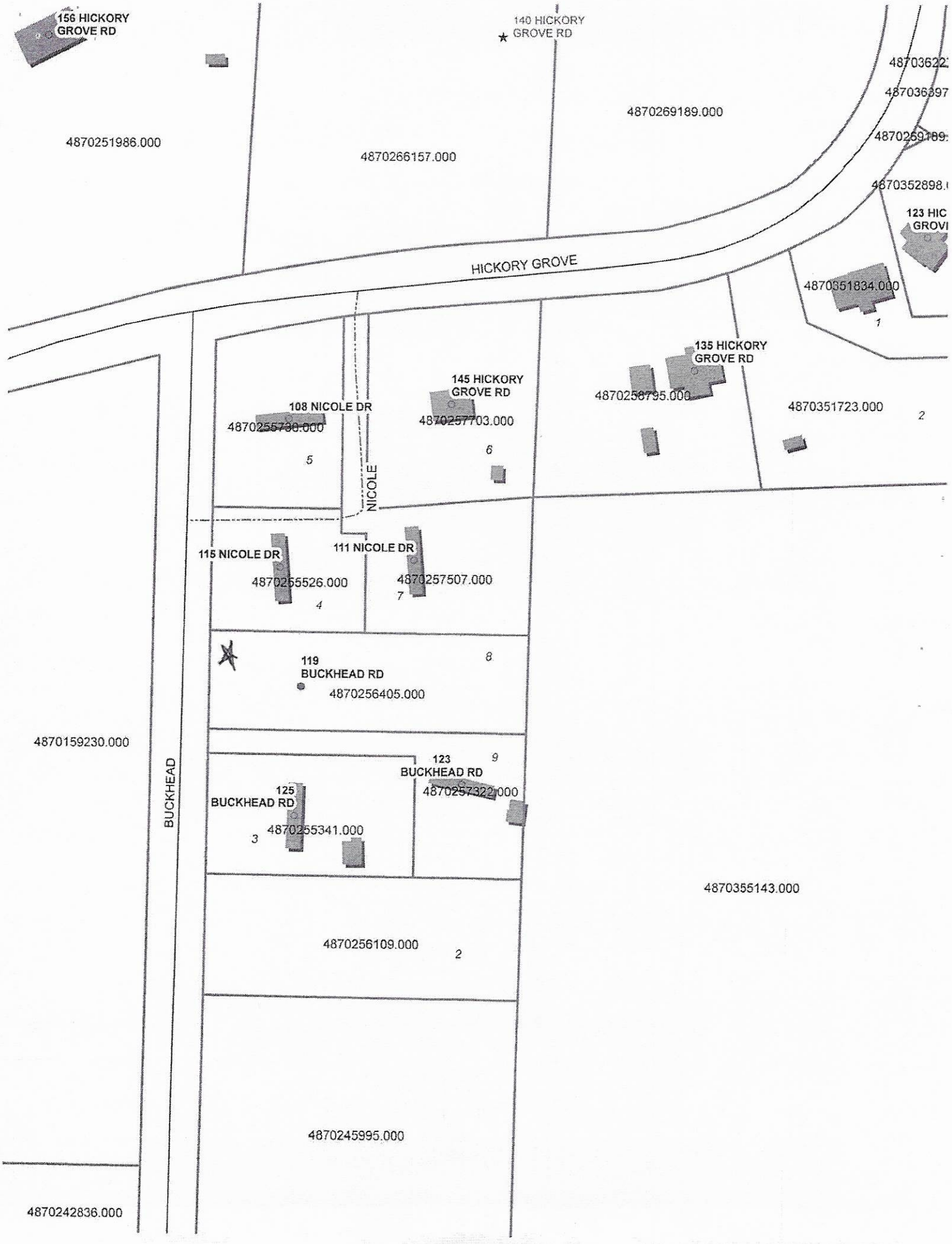
HEALTH DEPT COPY WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD

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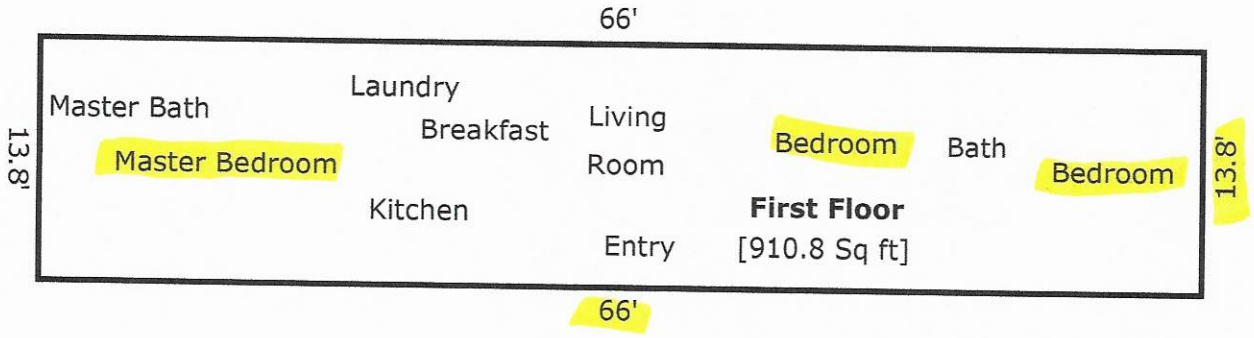





The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users 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.


156 HICKORY GROVE RD
140 HICKORY GROVE RD
4870269189.000
4870251986.000
4870266157.000
HICKORY GROVE
4870351834.000
1
135 HICKORY GROVE RD
145 HICKORY GROVE RD
108 NICOLE DR
4870256795.000
4870351723.000
2
4870257703.000
6
5
NICOLE
115 NICOLE DR
111 NICOLE DR
4870255526.000
4870257507.000
7
4
119 BUCKHEAD RD
8
4870256405.000
4870159230.000
BUCKHEAD
123 BUCKHEAD RD
9
125 BUCKHEAD RD
4870257322.000
4870255341.000
3
4870355143.000
4870256109.000
2
4870245995.000
4870242836.000

Acknowledgement Of
Plans Submittal ONLY!
Date 6/15/21
Date 5-26-2021




TOTAL Sketch by a la mode, inc.

**Area Calculations Summary**

| **Living Area** | | **Calculation Details** |
|---|---|---|
| First Floor | 910.8 Sq ft | 66 × 13.8= 910.8 |

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 312472<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4870256405.000 | 119 Buck Head Rd. | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: HARMONY HOLDINGS LLC<br>Address:<br><br>Phone: | Name: HARMONY HOLDINGS LLC<br>Address:<br><br>Phone: |

| Use Requested | Zone Code |
|---|---|
| Single-Wide Mobile Home | RA |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0.8 | 35 | 35 | 15 | 15 | N/A | NO |

**Remarks**

14X70 SINGLEWIDE

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

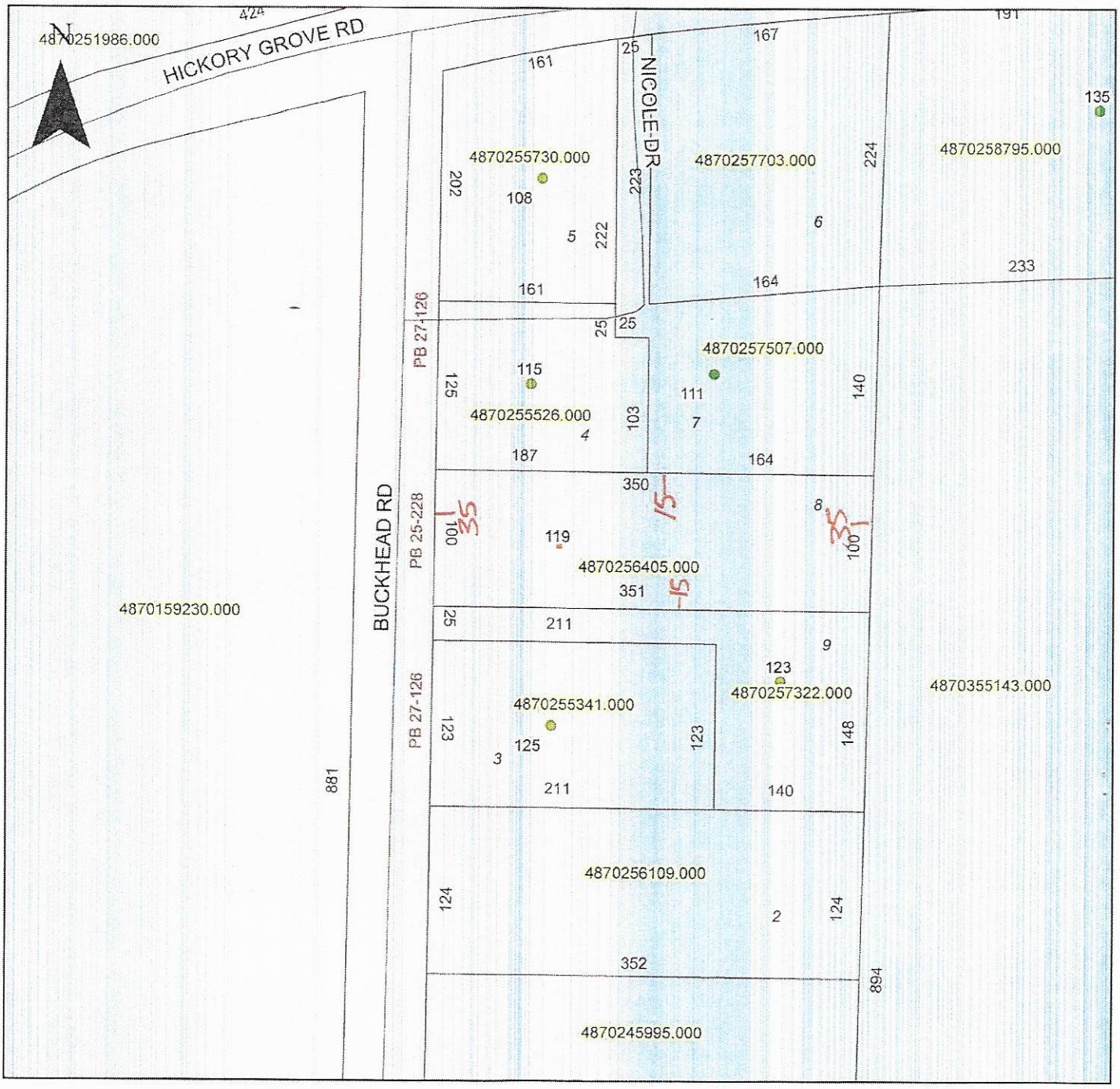
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

**Date:** 11/06/2020

| Permit Number | 312472 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 119 Buckhead Rd.

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.

Angela Purvis
Applicant

11-6-2020
Date