ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-1538

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

PIN # 4892 -- 21 -- 4492

APPLICANT/OWNER: TERRY S. & TERRY W. LOGAN

APPLICANT ADDRESS: 150 ROCKY KNOLL LANE, HARMONY, N.C. 28634

SITE ADDRESS: 150 ROCKY KNOLL LANE, HARMONY, N.C. 28634

PHONE: 336-655-4544

ALT. PHONE 704-546-3445

SITE DIRECTIONS: (Q) ON 21, (R) ON EAST HOUSTONVILLE, (R) ON ABBEY DALE, (R) ON ROCKY KNOLL, LOT ON (R)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: —

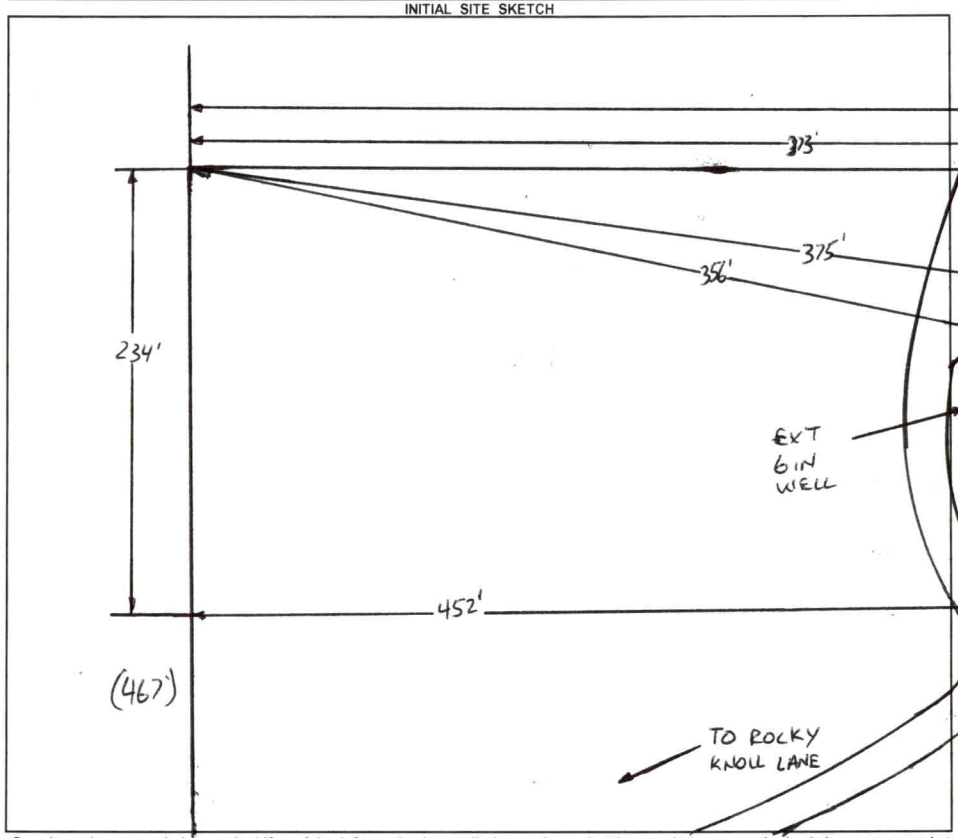
SECTION: — LOT # — LOT AREA: 10.02 AC

DESIGN FLOW: 360GPD L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ 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:	EXT - 25% REDUCTION	☐ Business	No. Persons	6	☑ Private EXT
Pump Make	—	Model	—		Serial #	—	Repair System Description:	EXISTING	☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	EXT	# Lines	EXT	3	Linear Ft	EXT 360FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT THE TIME OF INSPECTION, SEE EXISTING 3BR PERMIT FROM 2010, SYSTEM IS ONLY TO SERVE ONE RESIDENCE, EXISTING HOUSE MUST BE REMOVED

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 = 80 FT
S.T. = SEPTIC TANK
EXT = EXISTING
L1 = 120 FT
L2 = 120 FT
L3 = 120 FT

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: Terry S. Logan Date: 9-20-22 Installed by: —

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

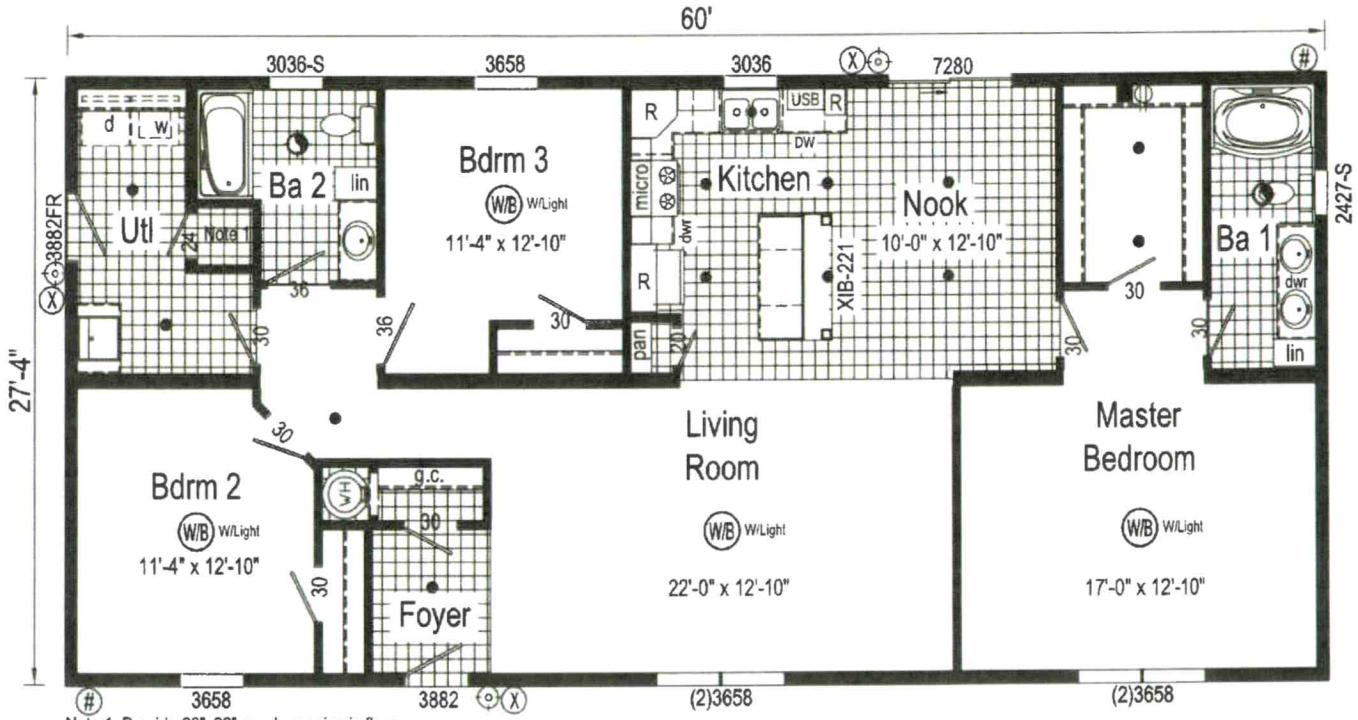
AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Burnett C. Allen Date: 9-8-2022

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? _____	

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



Note 1: Provide 22"x22" rough opening in floor of furnace closet for on-site HVAC chase with std. return air in ceiling and 18" flex duct run into ceiling for furnace closet with 45amp breaker and 4-4-6 wire run below floor under panel box location for on site furnace. Run wire under floor for on-site exterior GFCI receptacle under panel box location.

LEGEND



IMPORTANT NOTES:

1. LOCATIONS OF RECEPTS / LIGHTS / SWITCHES / FANS / FLOOR AND CEILING REGISTERS ARE SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE, DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

1BL1002-R63 2860 Approx. 1640 Sq. Ft.

Acknowledgement Of Plans Submittal ONLY!

HOME CANNOT BE BUILT UNTIL THE CUSTOMER HAS SIGNED OFF ON ALL PAGES. FOLLOWING CUSTOMER SIGN OFF, PLANS AND SPECS WILL BE SENT TO 3RD PARTY FOR STAMPED APPROVAL. ANY CHANGES AFTER SIGNOFF WILL RESULT IN A MINIMUM $500.00 ENGINEERING FEE.

Date 9/19/22

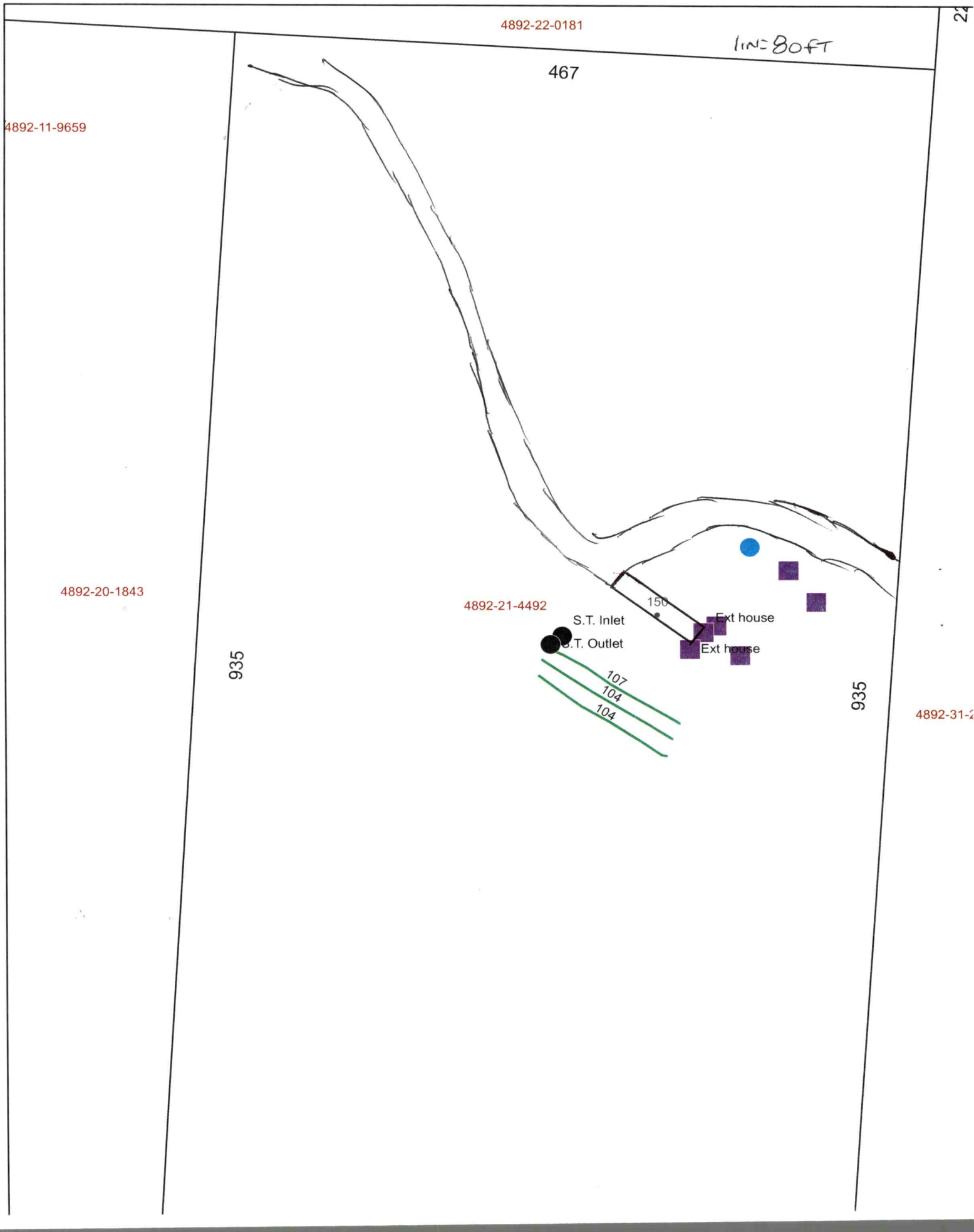
Home Owner: Gary S. Logan Date: 11/11/2021

Date: 11/11/2021

Retailer: Date: 11/11/21

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 2860	Revisions	Scale: 1/8" = 1'-0"	Date: 11/5/2021	Cust: LOGAN	Model/Eng. No.: 1BL1002-R63
Title: Literature		Drawn By: RR	Reference: 1BL1002-R5		Dlr: CLAYTON HOMES MOCKSVILLE S/N:	Pg.. LIT

N:\R-ANELL\1BL119-1BL1002-R63\


4892-22-0181
1in:80ft
467
4892-11-9659
4892-20-1843
4892-21-4492
150
S.T. Inlet
S.T. Outlet
Ext house
Ext house
107
104
104
935
935
4892-31-2

Zoning AP-326601

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Paid $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* OSWP-2022-1538

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: Terry S. Logan & Terry W. Logan Address: 150 Rocky Knoll Lane, Harmony Zip: NC-28634
Applicant Email: logan7366l@gmail.com Phone: 336-655-4544 Alt. Phone: 704 546-3445
Owner Name: Same as Above Address: same as above Zip: _____
Owner Email: Same as Above Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 150 Rocky Knoll Lane, Harmony, N.C. 28634
Subdivision Name: 4892202502 Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy. 21 N From Statesville. Turn R onto Powell Bridge Rd. Go to the end. Turn left onto Turkey Foot Rd. Go to end. Turn L onto Sandy Springs Rd. Next Rd. on L Abbeydale Rd. Turn left. Go 3/4 mile Turn left onto Rocky Knoll Lane.

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: 2
( ) 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: 1 Number of Persons: 2
( ) 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: 2014 ?
( ) 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.

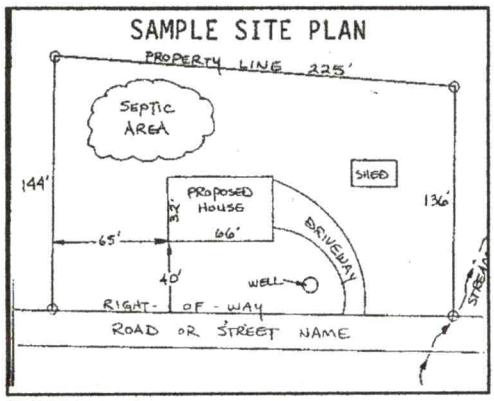
Signature: Terry S. Logan Terry W. Logan 7-25-2022
Property owner or owner's legal representative signature (~~SIGNATURE REQUIRED~~) DATE

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:

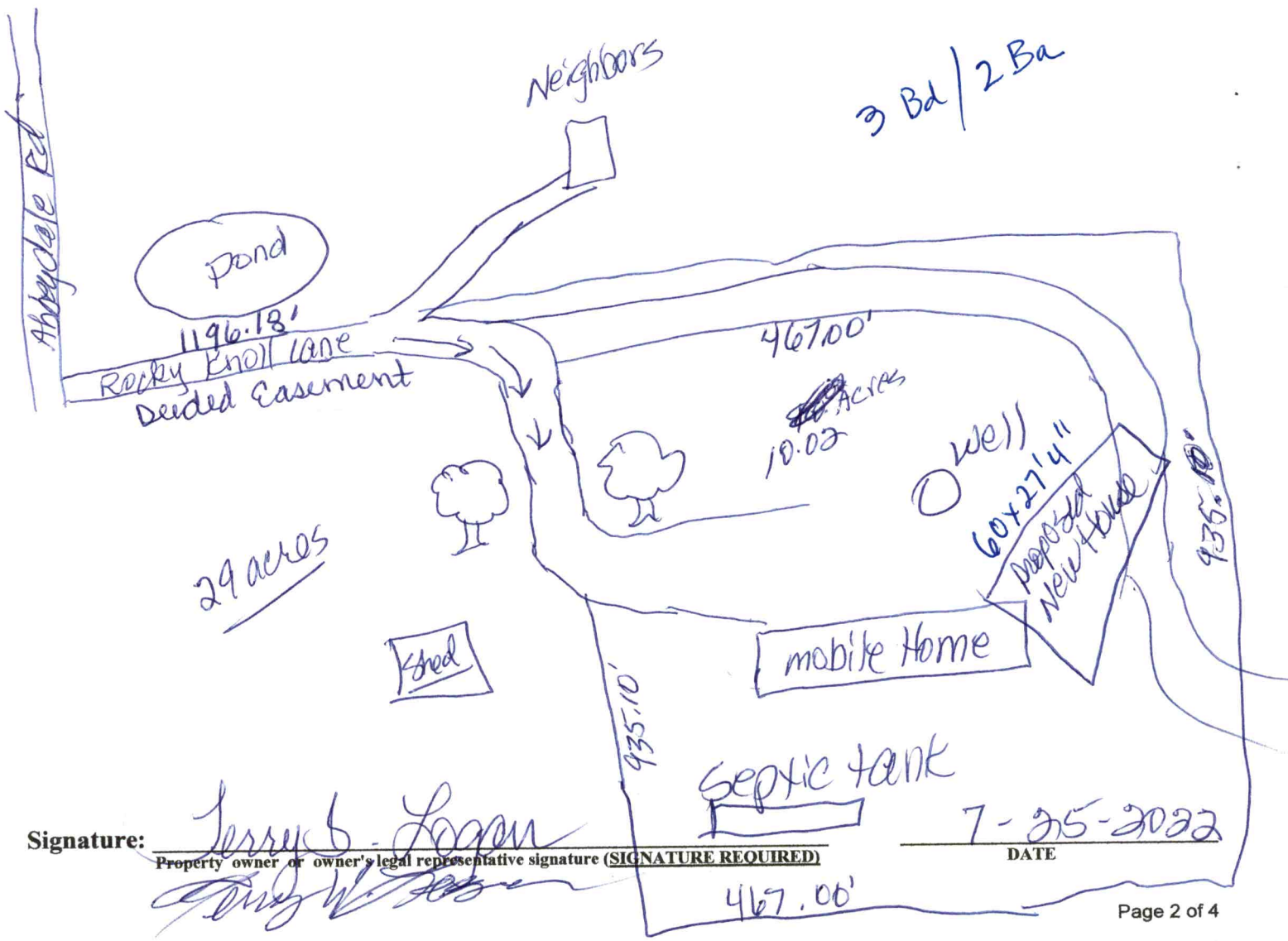
- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator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



Signature: Terry S. Logan 7-25-2022

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

(Check and sign only ONE of the options below)

☑ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Terry S. Logan

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, Terry S. Logan, am the legal owner(s) of the property located at 150 Rocky Knoll Lane, Harmony NC 28634 identified as PIN (Parcel Identification Number) 4892202802, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Anthony Tillery Clayton Homes Mooresville, 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.

Terry S. Logan — Signature of Owner(s)

7-25-2022 — 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 PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

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

Stick built___ Modular ✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

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

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

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

Please describe project (Details, Purpose, or Use): Personal Dwelling

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): 1680

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

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

Owner Information

Property Owner's Name Terry W. Logan Terry Spillman Logan Phone # (H) 704-546-3445 (C) 336-655-4544

Owner's Current Address 150 Rocky Knoll Lane, Harmony, N.C. 28634

Property Information

Property Address 150 Rocky Knoll Lane, Parcel # 4892202802

Subdivision:_____ Lot: 10.03 acres Zoning: RA Watershed: (Y) / N Flood Plain: Y / (N) Township: Eagle Mills

Directions to property (from a MAIN ROAD) Hwy. 21 N. Rt 115 Powell Bridge Rd. Turn left on Turkey Foot left. Stay slight turn left onto Sandy Springs - Next Rd. on left Abbeydale Rd. Go 3/4 of a mile turn left onto Rocky Knoll.

Application Information

Applicant's Name or Company Terry S. Logan Applicant's Phone # 336-655-4544

Applicant's Address 150 Rocky Knoll Lane, Harmony NC. 28634

If Company, Representative's Name and Title _____

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

SIGNATURE OF APPLICANT Terry S. Logan DATE 7-25-2022

Terry W Logan