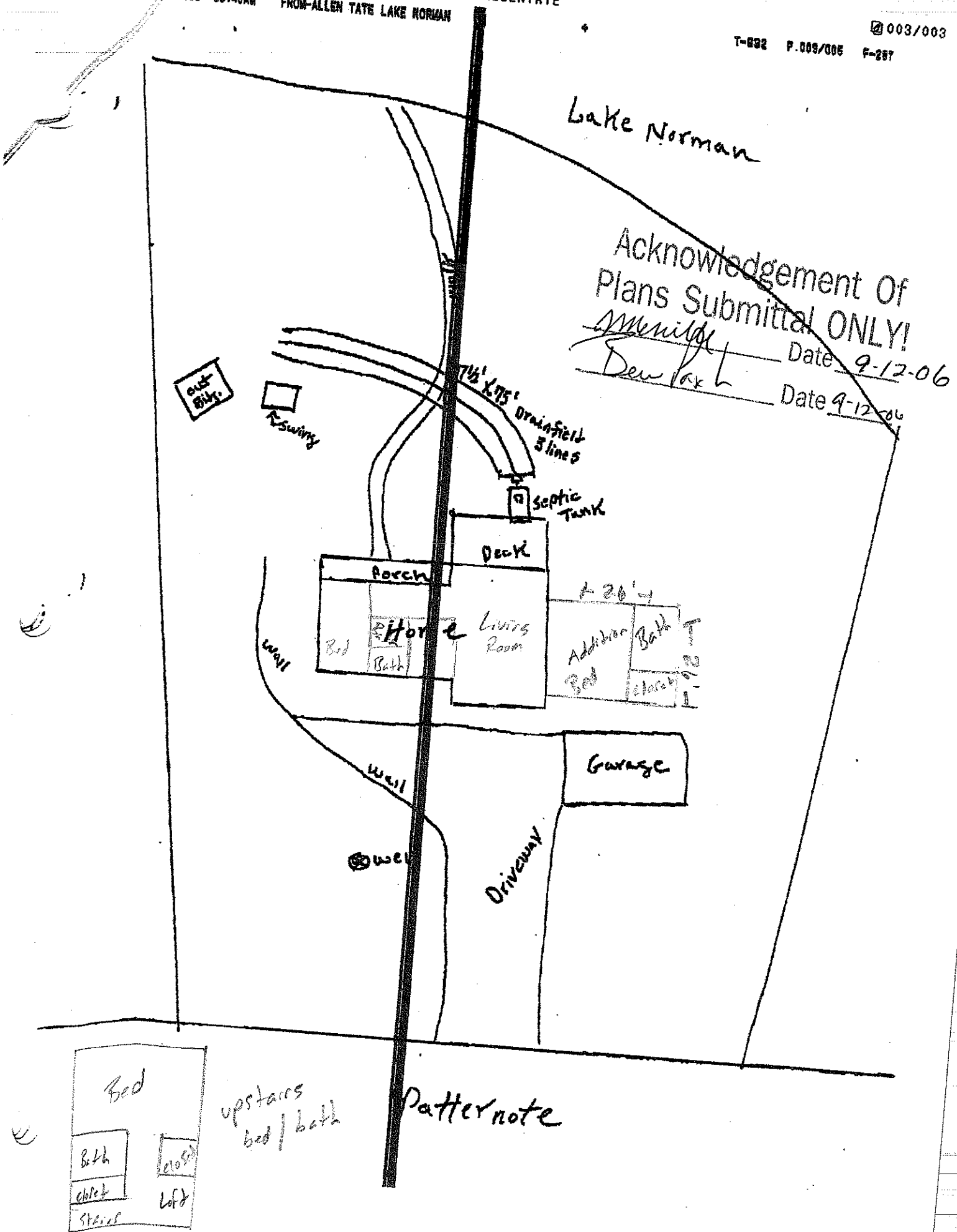

Lake Norman
Acknowledgement Of
Plans Submittal ONLY!
Date 9-12-06
Date 9-12-06
Out Bldg.
R Swing
7½' X 75' Drainfield 3 lines
Septic Tank
Deck
Porch
Home
Bed
Bath
Living Room
Addition
Bed
Bath
Closet
Wall
Garage
Wall
Well
Driveway
Patternote
Bed
Bath
Closet
Stairs
Loft
upstairs bed / bath

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 137102ZO

Printed: 7/19/2006

Master #: 137102

Associated Permits:
137102ZO Zoning

Applicant

Name: Precision Custom Homes, LLC
Address: 19422 Meta Road
Cornelius, NC 28031
Phone: 704-655-9050

Parcel

Parcel Number: 463723021.000
Address: 149 Patternote Rd.
Mooresville, NC 28117
Subdivision: Duke
Zoning: RR
Township: 1700
Area: .792
Lot(s): 156
Directions to Parcel: Brawley School R Blume R Patternote house on L

Owners

Name: Grady & Patricia Woodward
Address:

Contractors

Contractor Type: Building
Name: Precision Custom Homes, LLC
Address: 19422 Meta Road
Cornelius, NC 28031
Phone: 704-655-9050

Fees and Receipts:

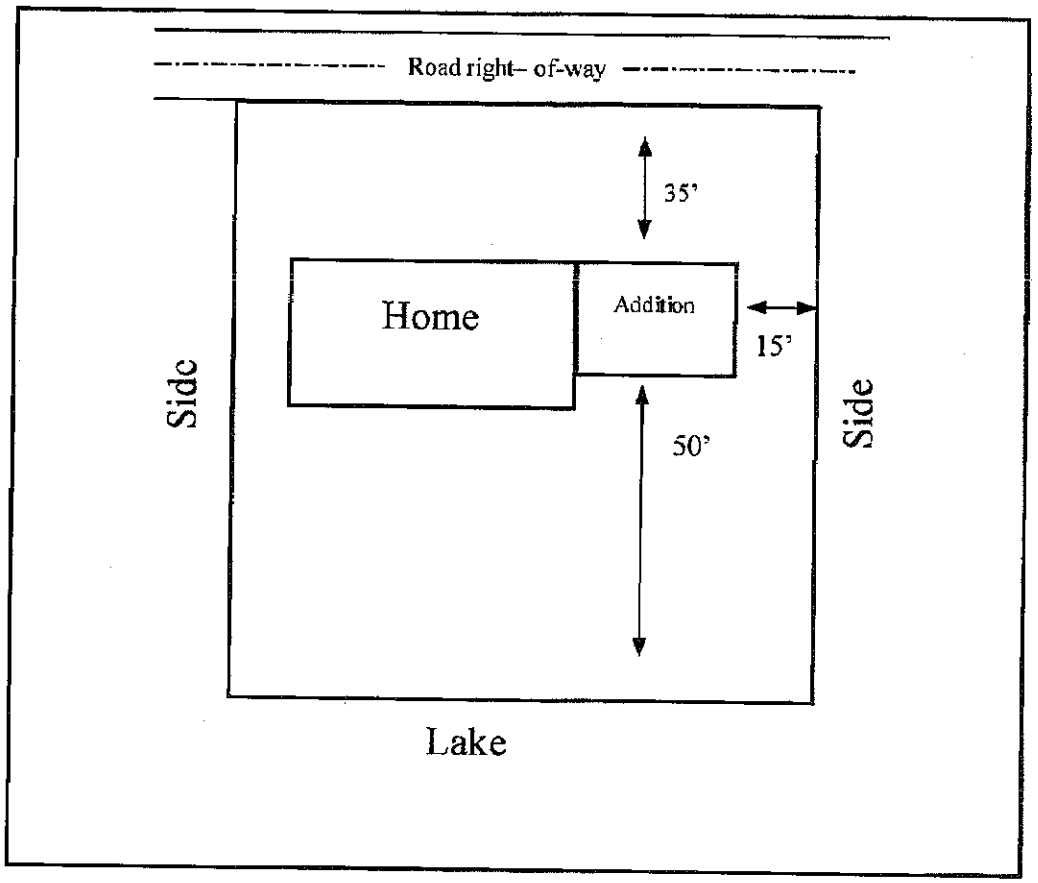
Number	Description	Amount
FEE-131918-06	Environmental Health - Existing System	$100.00
FEE-131919-06	Zoning - Permit / Inspection	$45.00
	Total Fees:	**$145.00**

ZONING DISCLAIMER

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 _____ Date _____

STREET NAME : 149 Patternote Rd



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ✓ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone	Work Phone
Beau Paxton	19422 Meta Road-Cornelius		704-622-3425
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: _____

****

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

( ) New, Single Family Residence
( ) ✓ New, Multi-Family Residence
(✓) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 2

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) 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:

( ) 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)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. 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. 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.

9. Signature: Beau Paxton — 7-27-06

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

IREDELL COUNTY HEATLH DEPARTMENT

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...
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
____ Front and side setbacks from property line...
____ Preferred driveway location and configuration, preferred 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:

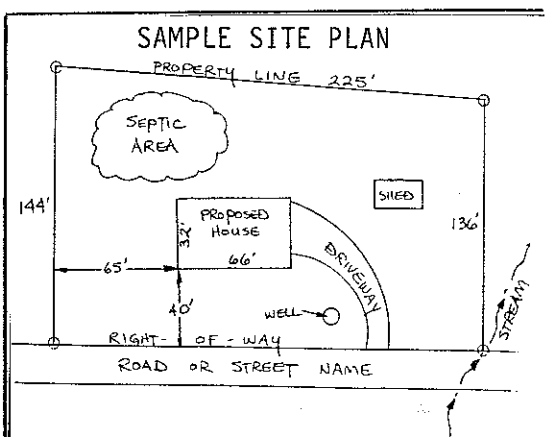
____ Location of septic systems and wells within 100' of your property... N/A
____ Location of easements and rights of ways on your property... N/A
____ Location of any designated wetlands on the property... N/A

Signature: Ben Park
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-27-06
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See Drawing Attached



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

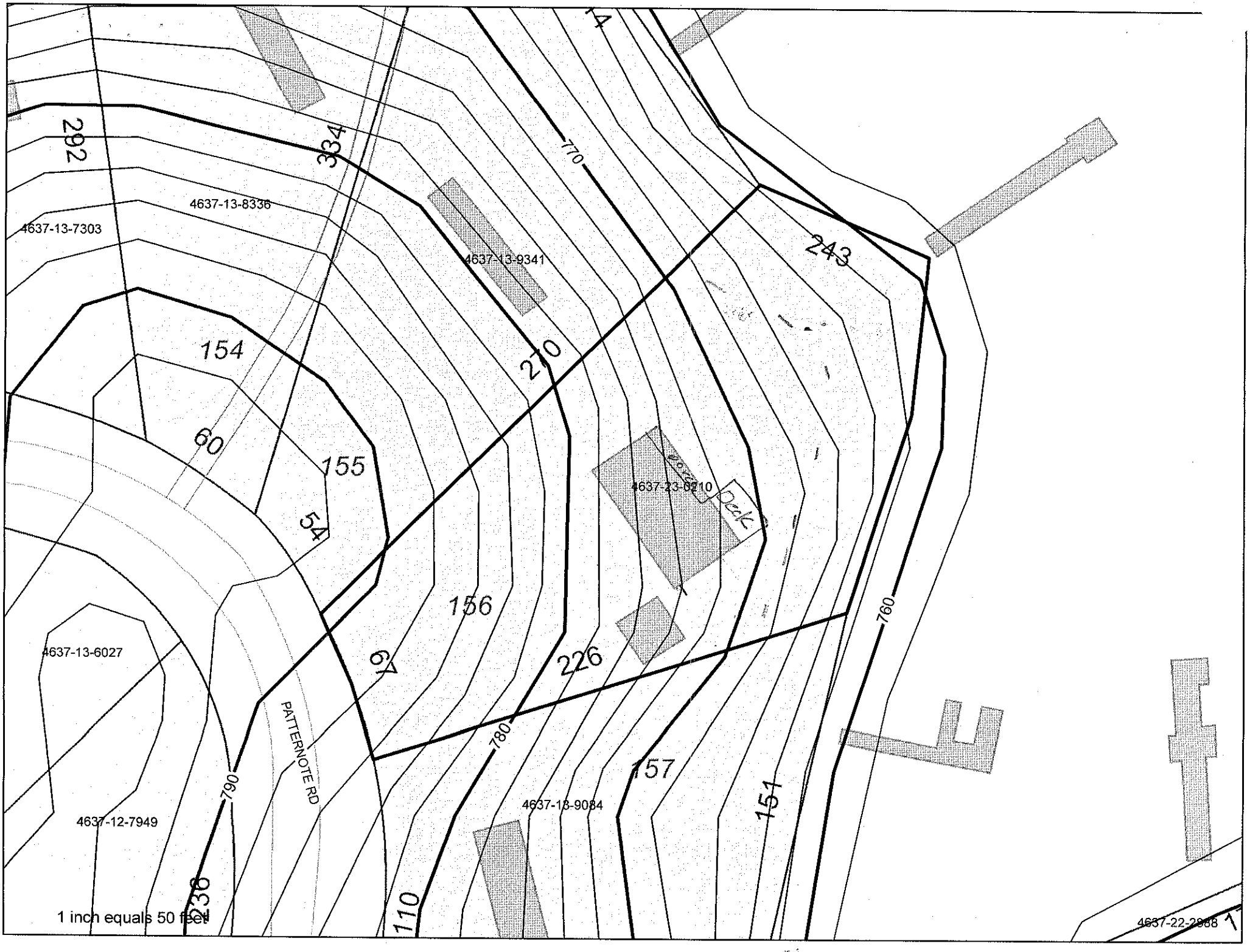
OWNER: Beau Paxton
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 7-27-06
LOCATION OF SITE: Patternote #156 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-6	1sbk l			48			PS .3
		6-24	1sbk c						
		24-36	1sbk cl						
		36-48	cl+sap						
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: J Melville
OTHER(S) PRESENT: _____

COMMENTS: _____


292
334
770
14
4637-13-8336
4637-13-7303
4637-13-9341
243
154
270
60
155
54
4637-23-0210
Deck
156
94
226
760
4637-13-6027
PATTERNOTE RD
780
790
157
151
4637-12-7949
4637-13-9084
230
110
1 inch equals 50 feet
4637-22-2968

MOORE'S ENVIRONMENTAL SERVICES
1227 TROUTMAN DRIVE
STATESVILLE, NC 28625
HOME: (704) 873-2171
CELL: (704) 902-1122 FAX: (704) 873-9928

Christy VanHoy
Allen Tate Realty

Dear Ms. VanHoy:

At your request, on May 10, 2006, I inspected the septic system at 149 Patternote Road, Mooresville, NC. Enclosed is a site drawing I made that shows the position of this system.

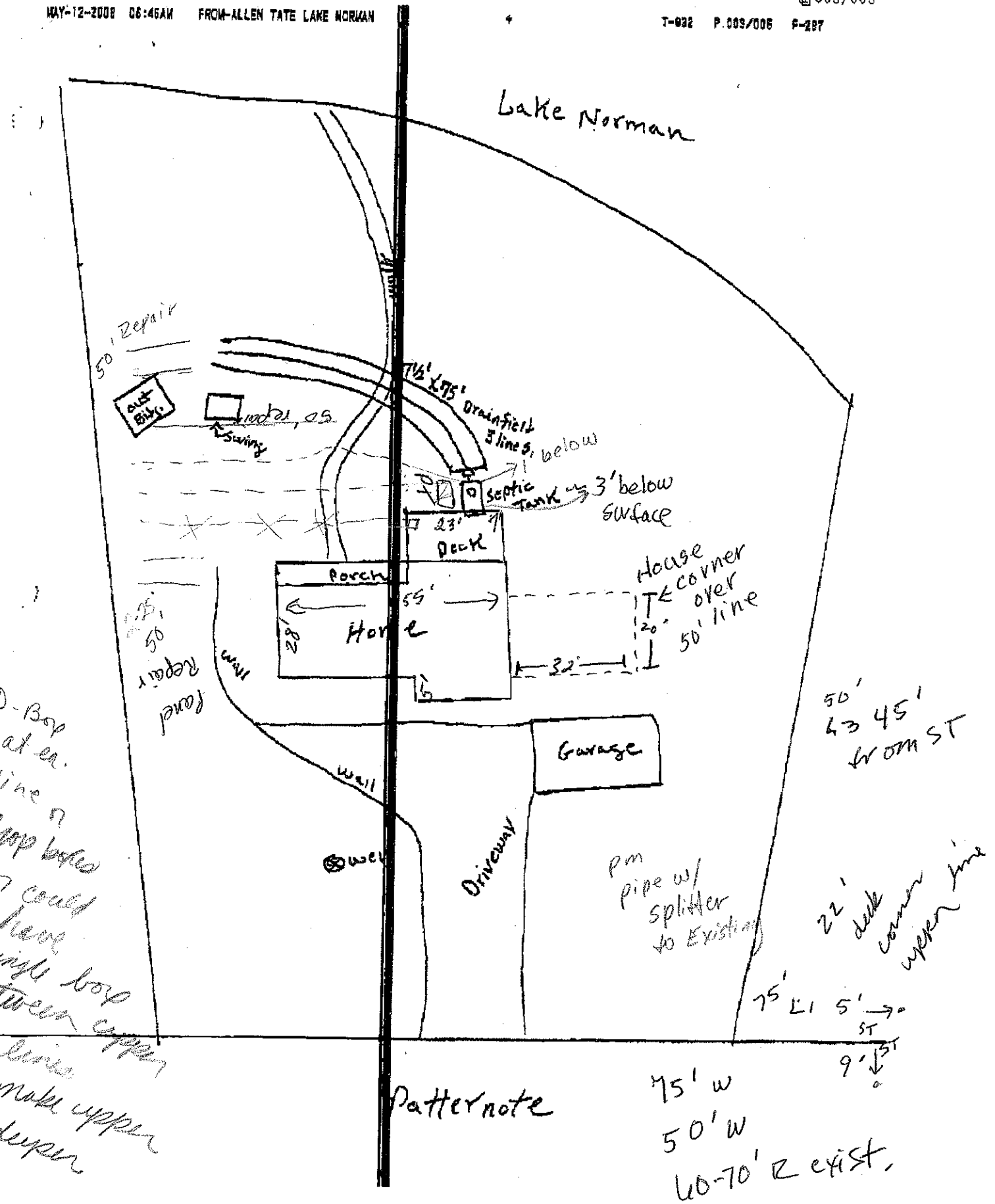
I probed out the location of the septic tank and drain field. The system appeared to be functioning properly on the date of my inspection. At the owner's request, I did not open the septic tank to check the sludge and scum levels and the condition of the tank itself and the sanitary tee. I talked to the supervisor of the Mooresville office of the Iredell County Health Department, David Hinson. He stated to me that if the home is currently a two-bedroom home then he could only assume, without any documentation to the contrary, that this system was only approved for a two-bedroom home. If a third bedroom is added, then the septic system will have to be increased to take care of this addition. It is my opinion that there is ample room to increase this system, but it is the health department's responsibility to make this determination.

Thank you for the opportunity to serve you in this matter.

Sincerely,

J. C. Moore

J. C. Moore
NC Registered Sanitarian #372
Subsurface System Operator/Cert. #985357


Lake Norman
50' Repair
Add Bldg.
Water, as is
Existing
7½' x 75' Drainfield 3 lines, below
Septic Tank
3' below surface
23'
Deck
Porch
55'
Home
28'
House corner over 50' line
20'
32'
50' Repair Area
Road
Well
Garage
Driveway
Well
Pattern note
D-Box at ea. line & drop boxes or could have single box between & make upper deeper
pm pipe w/ splitter to Existing
22' deck corner over property line
75' LI
5'
ST
9'
ST
50' 43 45' from ST
75' W
50' W
40-70' R exist.