ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 312721

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

PIN # 4637 -- 30 -- 6503

APPLICANT/OWNER: Cydney Olea | APPLICANT ADDRESS: 135 Teague Dr, Mooresville

SITE ADDRESS: 324 Patternote Rd, Mooresville 28117 | PHONE: 562-773-0705 | ALT. PHONE 562-254-4021

SITE DIRECTIONS: Brawley School - Blume - Patternote | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fellowship Acres | SECTION: - | LOT # 4 | LOT AREA: 1.15 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	Infiltrator	Date						
Pump Tank	1000	(gal)	PT	Infiltrator	Date						
Pump Make	Liberty	Model		115V	Serial #						
# Nitrification Fields	1	# Lines	3		Linear Ft	240 FT					
Trench Width	36 in	Trench Bottom Depth(Low side)		15 in	Gravel Depth	-					

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI

System Description: LPP HPPBPS (Horizontal)

Repair System Description: Drop (.15)

Maintenance Agreement Required: ☒ YES ☐ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

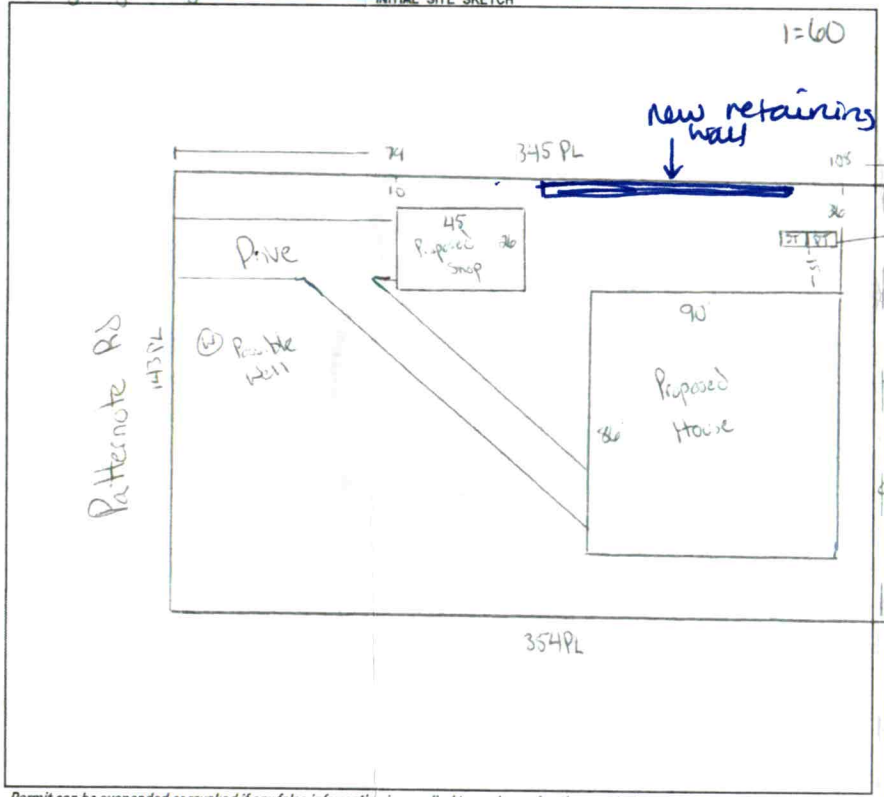
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: 6 inches of approved cover required (type III). Do not grade, park, or store materials on septic area. Any grading will cause permit to be revoked.

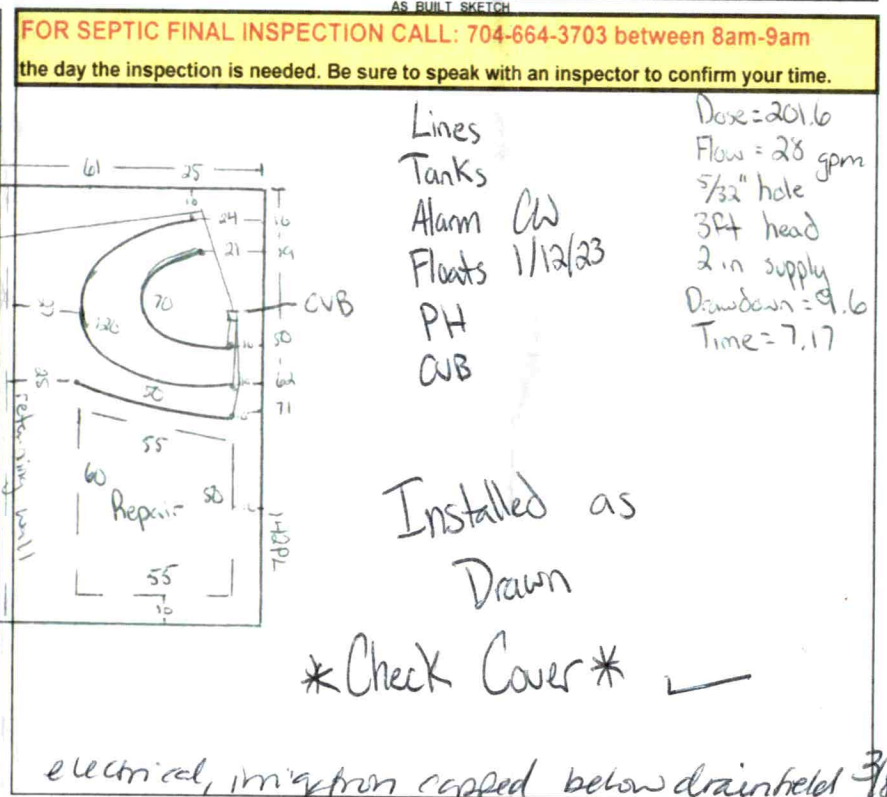
Do not exceed 20 inch trench bottom.

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 to 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.*

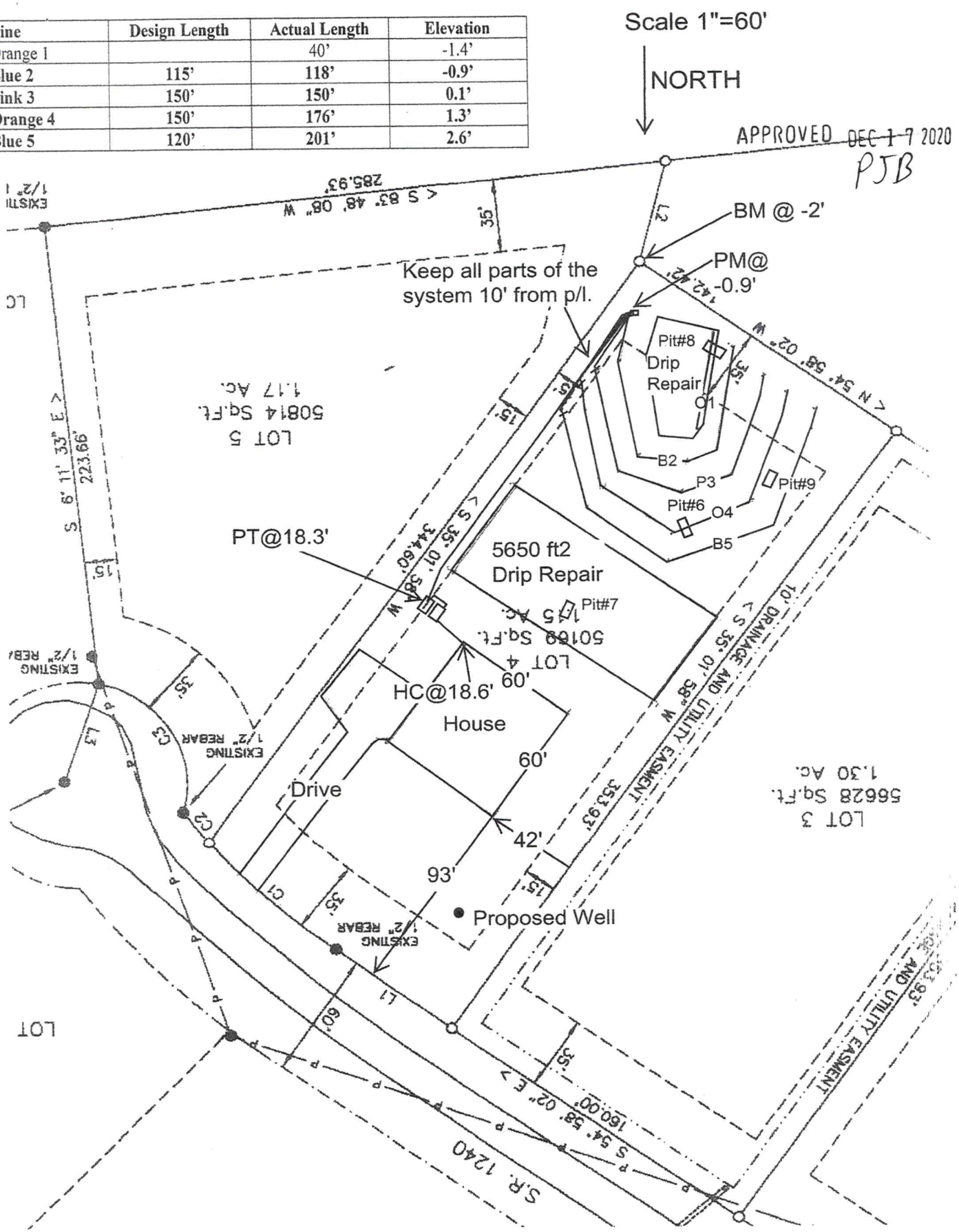
Owner / Applicant Signature: Cydney Olea | Date: 2/17/22 | Installed by: Stevens Septic

IMPROVEMENT PERMIT by: Cory Whitt | Date: 2/14/22 | OPERATION PERMIT by: D. Wiebey | Date: 3/8/23

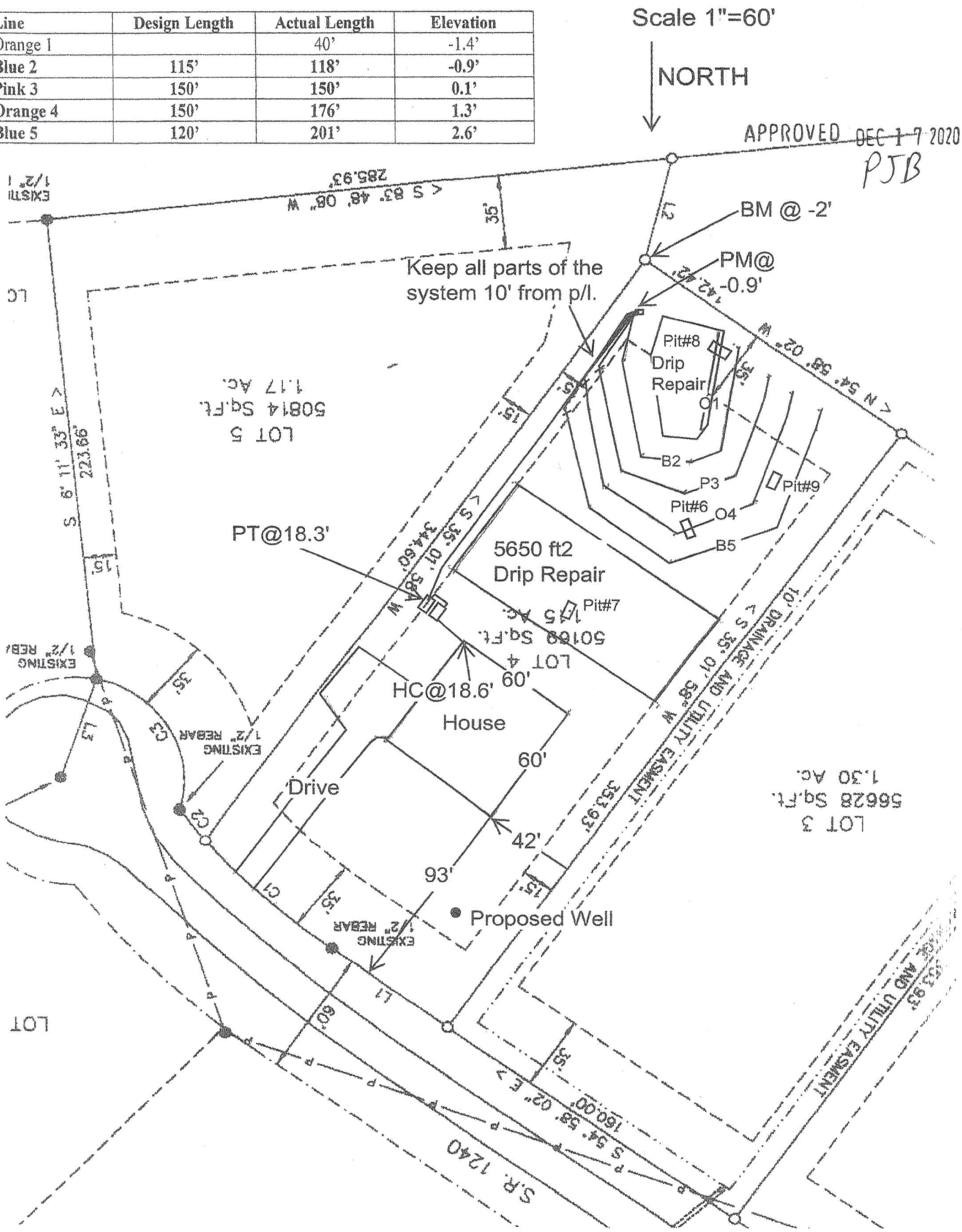
AUTHORIZATION TO CONSTRUCT by: Cory Whitt | Date: 2/14/22 | Existing System Inspected by: | Date:

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

Line	Design Length	Actual Length	Elevation
Orange 1		40'	-1.4'
Blue 2	115'	118'	-0.9'
Pink 3	150'	150'	0.1'
Orange 4	150'	176'	1.3'
Blue 5	120'	201'	2.6'



Line	Design Length	Actual Length	Elevation
Orange 1		40'	-1.4'
Blue 2	**115'**	**118'**	**-0.9'**
Pink 3	**150'**	**150'**	**0.1'**
Orange 4	**150'**	**176'**	**1.3'**
Blue 5	**120'**	**201'**	**2.6'**





P5B

APPROVED DEC 17 2020

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Patternote Road; Fellowship Acres Lot 4; PID# 4637306503.000; Iredell County, NC

House Footprint: 60'x60'
Building Setback: 35' Front/Rear; 15' Side
Water Source: Private Well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.225 gpd/ft2
Suggested Initial System Type: 25% Reduction
Repair System LTAR: 0.1 gpd/ft2
Repair System Type: Drip
Distribution: Pressure Manifold
Flow per Tap: 2 @ ½" SCH 40 @ 7.11 GPM; 2 @ ½" SCH 80 @ 5.48 GPM
Tap Size and Material: 2 @ ½" SCH 80; 2 @ ½" SCH 80
System Flow: 25.18 GPM
Dosing Volume: 234.07 Gallons
Pump Run Time: 9.30 minutes
Elevation Head: 24.7'
Friction Head: 3.23'
Pressure Head: 2'
Total Dynamic Head: 24.2'
Supply Line Length: 175'
Septic/ Pump tank size: 1000 gallon septic tank; 1000 gallon pump tank
Proposed Trench Bottom: 15"

Line	Design Length	Actual Length	Elevation
Orange 1		40'	-1.4'
Blue 2	**115'**	**118'**	**-0.9'**
Pink 3	**150'**	**150'**	**0.1'**
Orange 4	**150'**	**176'**	**1.3'**
Blue 5	**120'**	**201'**	**2.6'**

Initial System: 535' 25% Reduction **Repair System:** 5650 ft2 Drip
Pump Tank: 18.3' **House Corner:** 18.6' **Pressure Manifold:** -0.9'

Comments: The purpose of the evaluation is to permit this site for a 4-bedroom residence.

- The driveway should not exceed 15' from the property line.
- Not cuts within 15' of any part of the system.
- Keep the pressure line 10' from property line.
- 3" of Class III soils will need to be brought in for the required cover.

APPROVED DEC 17 2020

PJB

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
ON-SITE WASTEWATER SECTION

Patternote Road; Fellowship Acres Lot 4 PID#463730
COUNTY: [illegible]

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Light House Evangelical Presbyterian Church APPLICATION DATE: ____
ADDRESS: PO Box 3023 Mooresville, NC 28117 DATE EVALUATED: 10/2020
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 1.15Acres
LOCATION OF SITE: Patternote Road PROPERTY RECORDED: 5/6/2008
WATER SUPPLY: Ξ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
Pit 6	L 8-9%	0"-5"	Br SL WSBK	SS SP FR SEXP	Few YBrs 13"-32"	32"		Rock structured saprolite at 32".	0.25
		5"-13"	YBr SCL WSBK	SS SP FR SEXP					
		13"-32"	R C WSBK	SS SP FR SEXP					
Pit 7	L 8-9%	0"-10"	YBr SCL WSBK	SS SP FR SEXP	Chroma 2 at 27"	27"			0.25 0.1+ Drip
		10"-27"	RY CL WSBK	SS SP FR SEXP					
Pit 8	L 8-9%	0"-15"	YBr SCL WSBK	SS SP FR SEXP		24"		Rock structured saprolite at 42".	0.25
		15"-24"	RY CL WSBK	SS SP FR SEXP					
		24"-42"	V L Saprolite M	SS SP FR SEXP					
Pit 9	L 8-9%	0"-11"	Br L WSBK	SS SP FR SEXP		32"		Rock structured saprolite at 32".	0.25
		11"-32"	YBr CL WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1605 ft2	5650ft2
System Type(s)	25% Reduction	Drip
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: ____

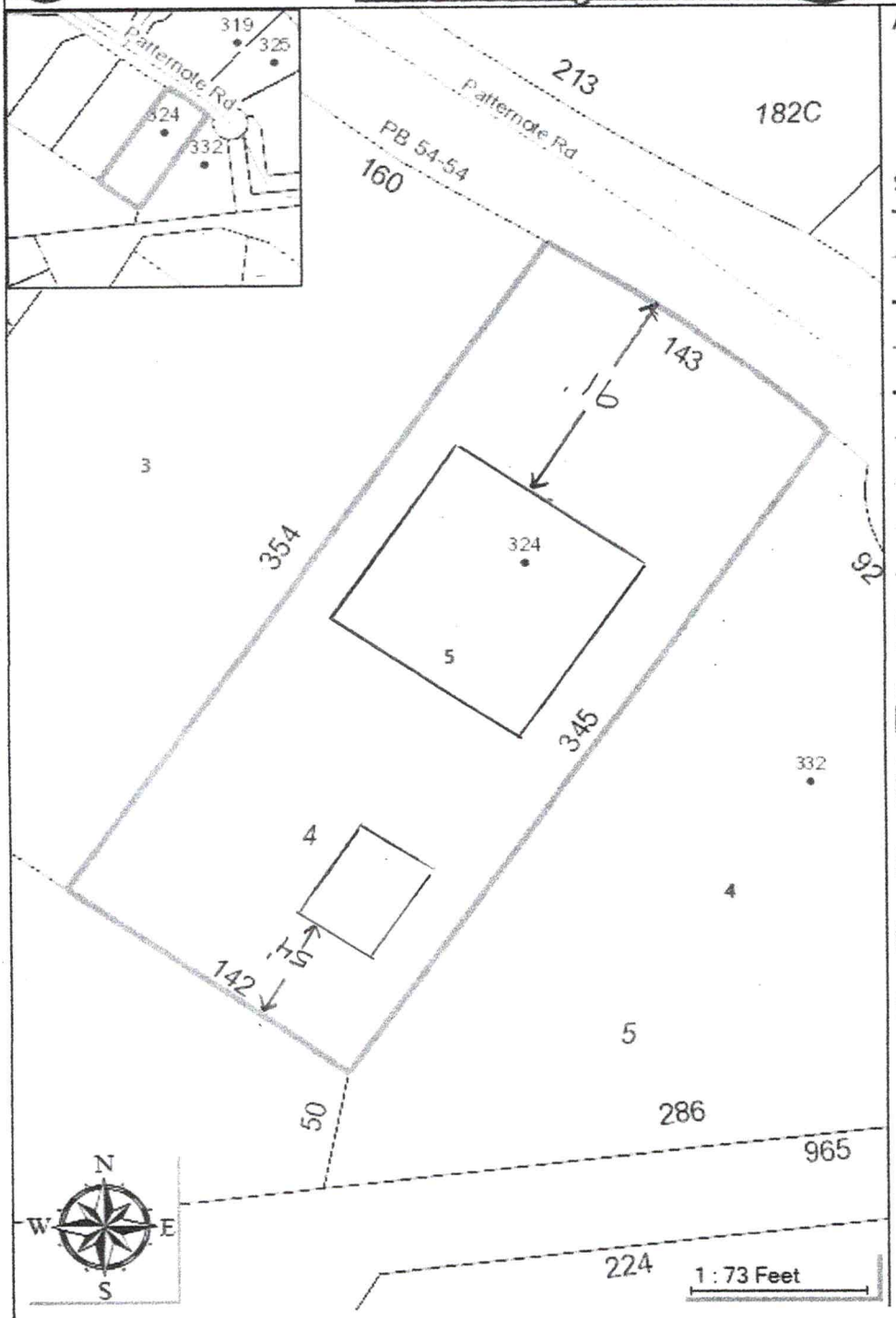
Comments: **Pits 1-5 were dug on Lot 5 during preliminary evaluation.**

APPROVED DEC 17 2020
PJB

CONNECTGIS WEB HOSTING

Iredell County

Iredell
Printed July 21, 2021
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

RECEIVED NOV 17 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP- 312721

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: Light House Evangelical Pres Church **Address:** PO Box 3023, Mooresville, NC **Zip:** 28117

Applicant Email: Cliff-lovinlakenorman@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 324 Patternote Rd

Subdivision Name: Fellowship Acres **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: _____

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

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: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other: Accepted

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: _____ 11/16/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Comments: The purpose of the evaluation is to permit this site for a 4-bedroom residence.

- The driveway should not exceed 15' from the property line.
- Not cuts within 15' of any part of the system.
- Keep the pressure line 10' from property line.
- 3" of Class III soils will need to be brought in for the required cover.



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Lighthouse Evangelical Presbyterian Church, am the legal owner(s) of the property located at Patternote Road _____, identified as PIN (Parcel Identification Number) 4637306503.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates , _____, 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.

Kenneth C Chin 11/15/2020
Signature of Owner(s) Date

Signature of Witness 11/15/20
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

***** Initial all lines below to indicate you have submitted each form and completed every site requirement *****

✓ **Complete all Environmental Health forms:**
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 11/16/2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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

Sheet 1 of 1
PROPERTY ID #: 4637306303
COUNTY: Iredell

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

OWNER: Cydney Olea
ADDRESS: 1355 Teague Dr
APPLICATION DATE 10/5/21
DATE EVALUATED: 10/25/21
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 1.15 acres
LOCATION OF SITE: 324 Patternote RD, Mooresville 28115
PROPERTY RECORDED: yes
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 9%	0 - 10	SCL SBK	SS SP FR SE	Yellow/Browns in C layer	32	-	-	.25 PS
		10 - 32	C SBK	SS SP FI SE					
		32 - 51	SAP Rock	Controlled					
2	Linear 9%	0 - 8	SCL SBK	SS SP FR SE	-	24	-	-	.25 PS
		8 - 24	C SBK	SS SP FI SE					
		24 - 55	SAP LS	FR					
3	Linear 9%	0 - 11	SCL SBK	SS SP FR SE	-	32	-	-	.25 PS
		11 - 32	C SBK	SS SP FI SE					
		32 - 55	SAP Rock	Controlled					
4	Linear 10%	0 - 17	SCL SBK	SS SP FR SE	Chroma 2 at 23	23	-	-	.15 Drip
		17 - 23	C SBK	SS SP FI SE					
		23 - 48	SAP Rock	Controlled					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% red	Drip
Site LTAR	.25	.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Wilcher
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

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

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

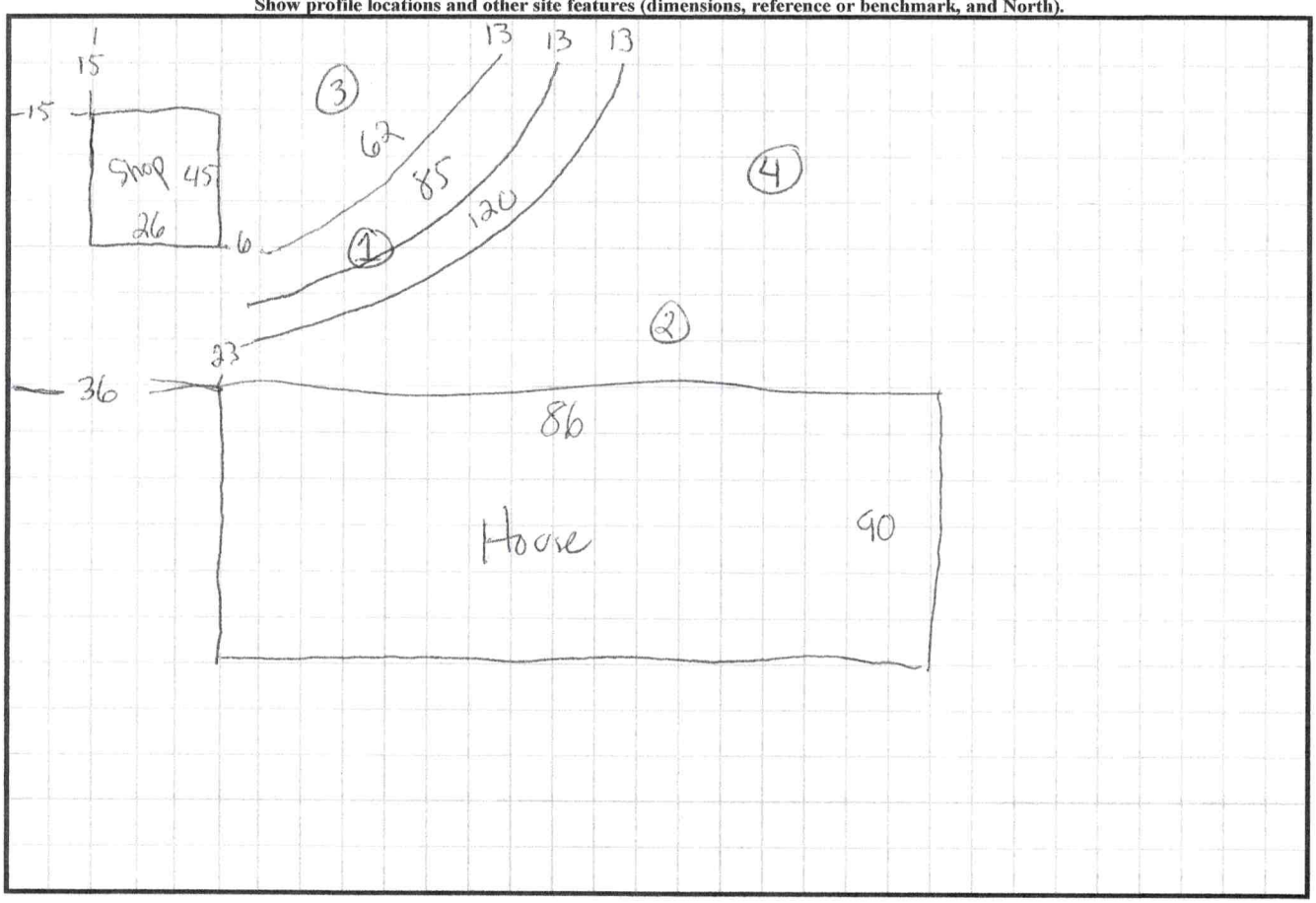
NOTES

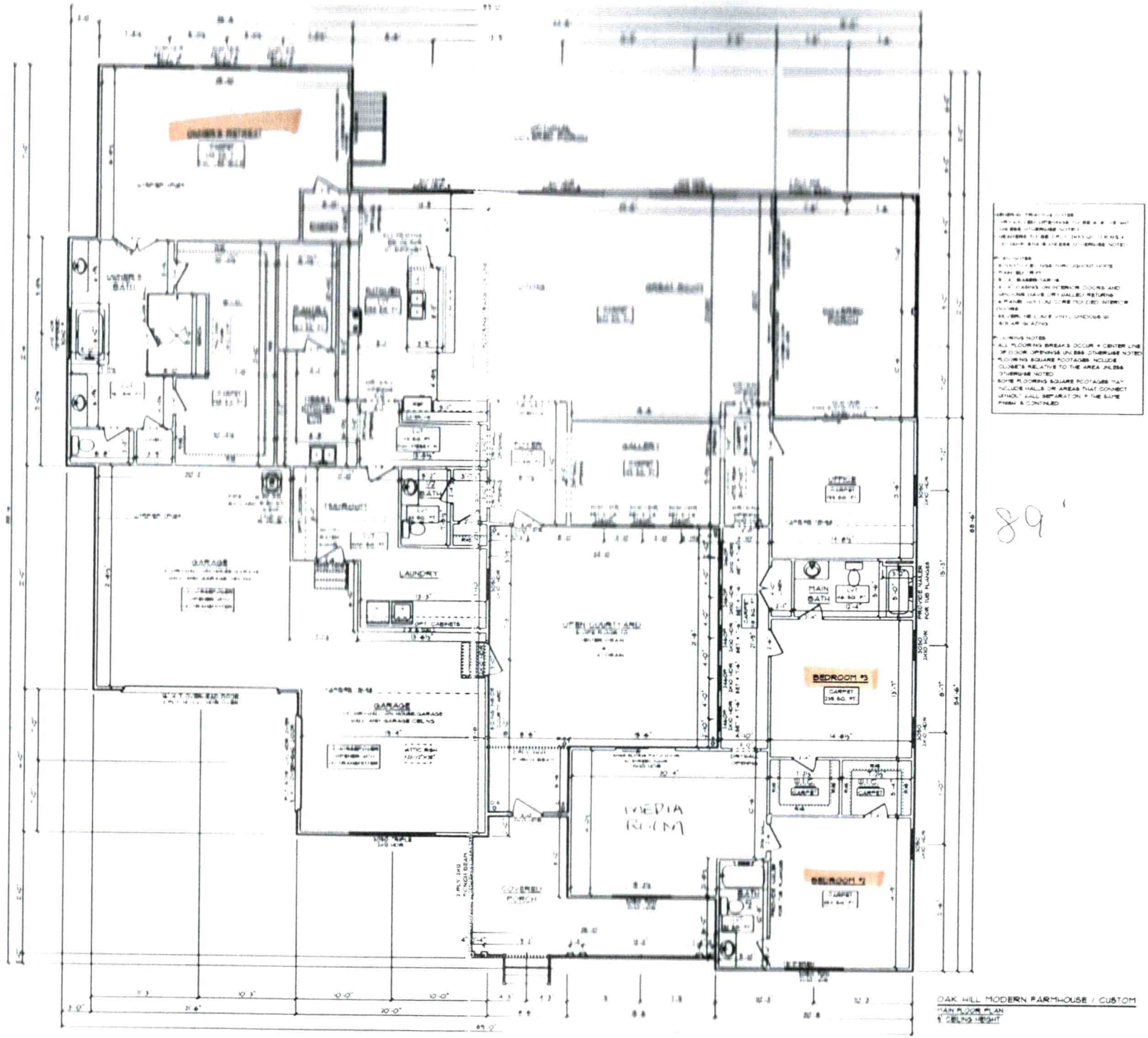
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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 71 80 89

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





OAK HILL MODERN FARMHOUSE / CUSTOM
MAIN FLOOR PLAN
& CEILING HEIGHT

Schumacher Operations, INC.
(CAROLINA)

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

SQUARE FOOTAGES
MAIN FLOOR 4,???
GARAGE 908

CUSTOM BUILT FOR

RECEIVED FEB 0 8 2022

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-312721 $320.00

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: CYDNEY OLEA **Address:** ~~324 PATTERNOTE RD~~ 135 TEAGUE DR. **Zip:** 28117

Applicant Email: CYDNEYOLEA@HOTMAIL.COM **Phone:** 562-773-0705 **Alt. Phone:** 562-254-4021

Owner Name: MARK A. OLEA / CYDNEY C. OLEA **Address:** 135 TEAGUE DR. **Zip:** 28117

Owner Email: CYDNEYOLEA@HOTMAIL **Phone:** 562-773-0705 **Alt. Phone:** 562-254-4021

Property Information:

Street Address: 324 PATTERNOTE RD

Subdivision Name: FELLOWSHIP ACRES **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: OFF BLUME

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

(X) 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 FUTURE
(✓) Other Addition/Structure: OUTBUILDING

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: 4093 **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: TYPE 4 PANEL

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

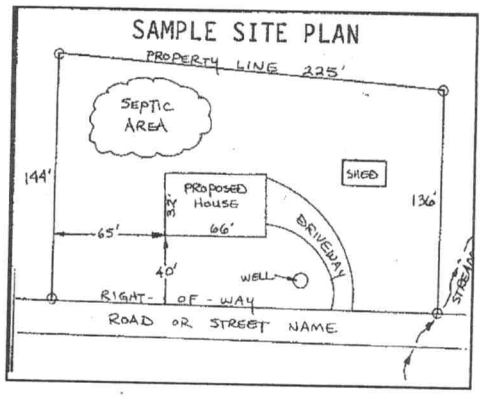
10/5/2021
DATE

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

See attached

Signature: _____

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

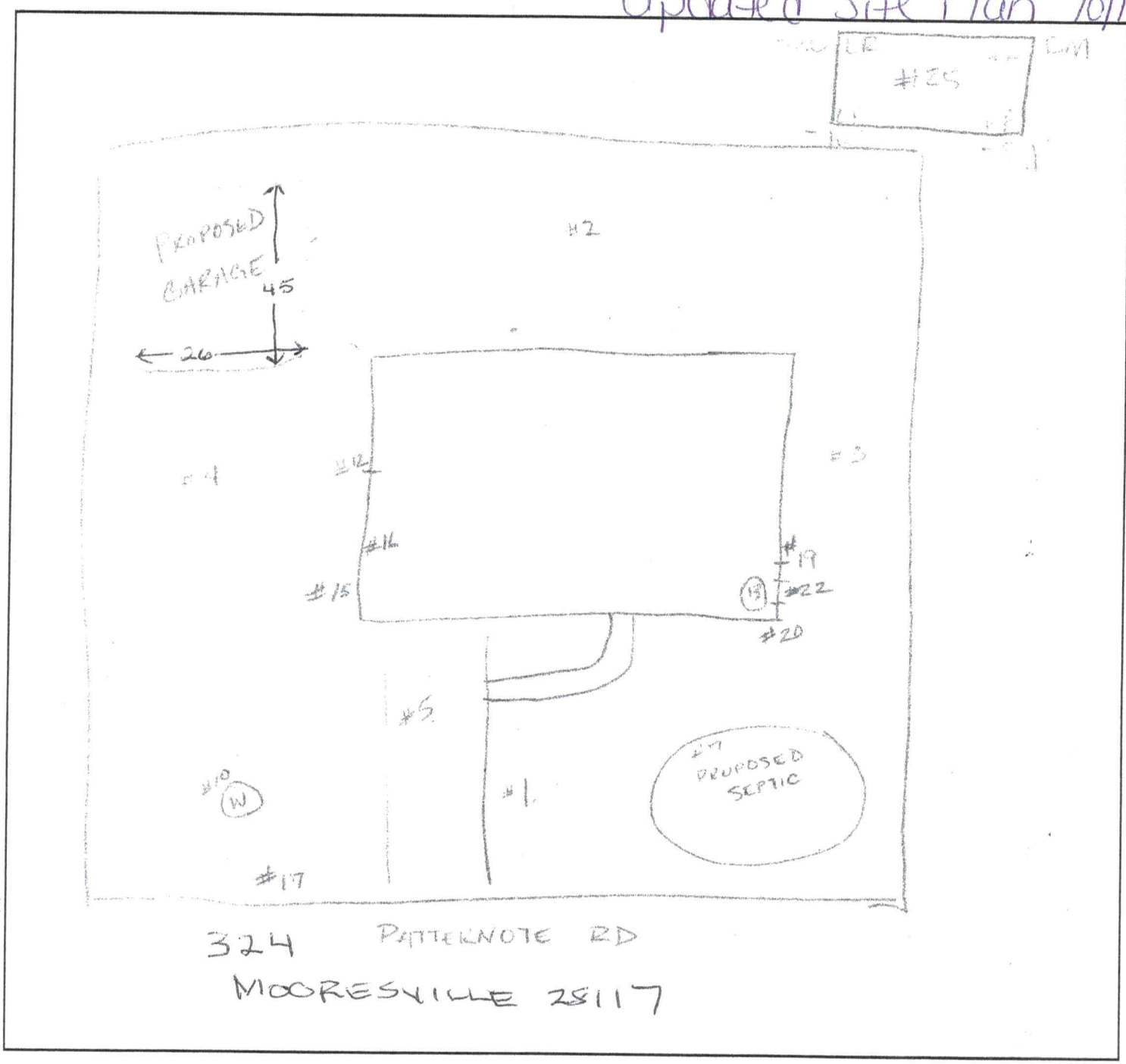
_____

DATE

BUILDER TO SHOW THE FOLLOWING ITEMS ON SITE SKETCH BELOW FROM THE HOMESITE INSPECTION

1. Front Set Back
2. Rear Set Back
3. Right Set Back
4. Left Set Back
5. Driveway / Sidewalks
6. Existing Structures
7. Septic Location
8. Sewer Tap
9. Sewer / Septic Exit
10. Well Location
11. Water Tap
12. Water Entry
13. Well Pressure Tank
14. Nearest Transformer
15. Electric Meter Base
16. Breaker Panel
17. Temp Power Pole
18. Propane Tank
19. Gas Line Stub
20. Natural Drain
21. Sump Crocks
22. Foundation Door
23. Identify **B**ench **M**ark
24. Identify **H**igh **C**orner
25. Shoot Existing Grade Elevations
26. Approximate distance top of foundation will be above existing grade at high corner: 24

Updated Site Plan 10/13 BM



324 PATTERSON RD
MOORESVILLE 28117

#14

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*) Cydney Olea

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, MARK A. OLEA + CYDNEY C. OLEA, am the legal owner(s) of the property located at 324 PATTERNOTE RD, identified as PIN (Parcel Identification Number) 4637306503.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

_____ _____
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

____ **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ____ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Cydney Olea **Date** 10/5/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED OCT C 5 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- 312721 $500.00

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

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Applicant Name: CYDNEY OLEA **Address:** ~~324 PATTERNOTE RD~~ 135 TEAGUE DR. **Zip:** ~~28117~~

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Property Information:

Street Address: 324 PATTERNOTE RD

Subdivision Name: FELLOWSHIP ACRES **Section/Phase:** _____ **Lot Number:** 4

Driving Directions: OFF BLUME

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

(X) 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 FUTURE
(✓) Other Addition/Structure: OUTBUILDING

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
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Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: ~~4093~~ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: TYPE 4 PANEL

Please answer the following to the best of your ability:
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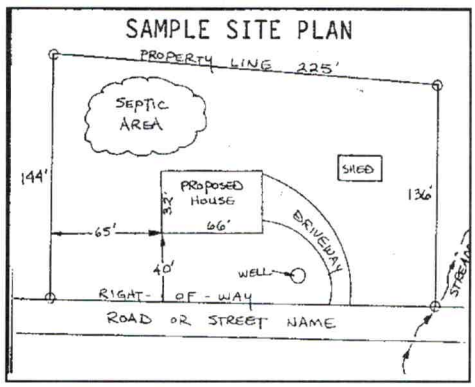
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Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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!!!*



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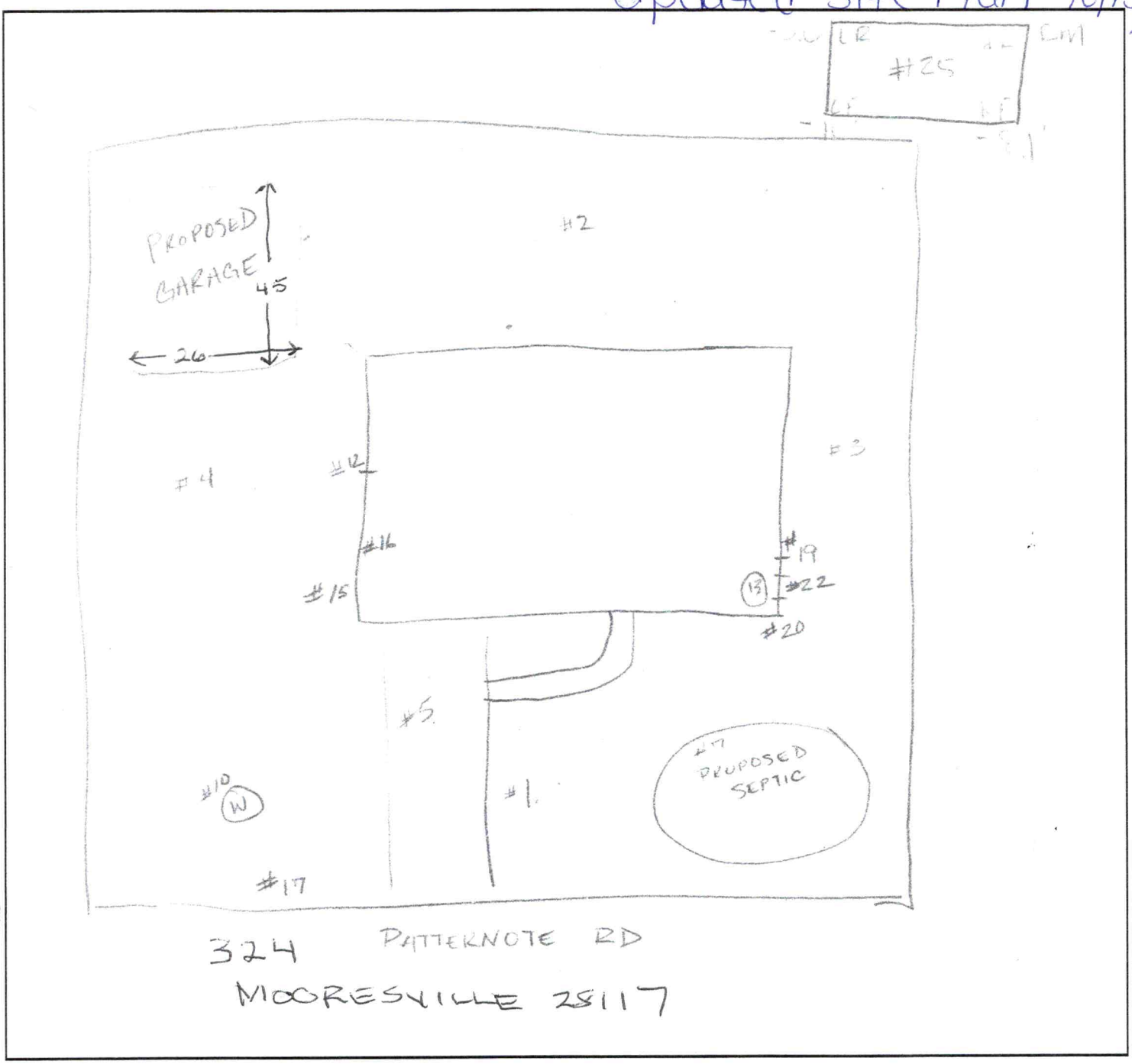
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25. Shoot Existing Grade Elevations
26. Approximate distance top of foundation will be above existing grade at high corner: 24"

Updated Site Plan 10/13 BM



#14

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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_____ _____
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
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Signature Cydney Olea **Date** 10/5/2021

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Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

11/3/2021

Owner: Cydney Olea
Address: 135 Teague Dr, Mooresville, NC 28115

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 324 Patternote Rd, Mooresville, NC 28115 Permit 312721

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III_ at Address : 324 Patternote Rd, Mooresville, NC 28115 Permit 312721

for the site will be "revoked" immediately by the authorized agent/local health department.

Cydney Olea
Signature of Property Owner

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP312721

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

PIN # 4637 - 30 - 6503

APPLICANT/OWNER: Light House Evangelical Free Church APPLICANT ADDRESS: PO Box 3023 Mooresville NC 28117

SITE ADDRESS: 324 Patternoter Rd Mooresville NC 28117 PHONE: 704-576-3887 (Mshea) ALT. PHONE

SITE DIRECTIONS: Brawley School Rd to Ron Blume Rd, Ron Patternoter Rd, Lot on R SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Fellowship Acres SECTION: SHT 1 LOT # 4 LOT AREA: 1.15 acres DESIGN FLOW: 480 GPD L.T.A.R.: .225

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:			PM 25% reduction	☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:			Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft: 535	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	15"	Gravel Depth		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour, DO NOT drive on store material or manipulate drainfield in any way, 3" of Approved type 350 must be brought in.

INITIAL SITE SKETCH

See Attached and Approved Siteplan by Michael Athanas and Associates Dated 12/17/2020 PD

AS BUILT SKETCH

REVOKED

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.

IMPROVEMENT PERMIT ONLY

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 12.22.20 Installed by:

IMPROVEMENT PERMIT by: Patrick J Byrd II Date: 12/17/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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