IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-304193

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

PIN # 4638755615

APPLICANT/OWNER: Carl Patterson APPLICANT ADDRESS: 2821 Twinfield Dr. Concord, NC

SITE ADDRESS: 111 Ethan Ln. Mooresville, NC PHONE: 704-575-6493 ALT. PHONE 704-792-1888

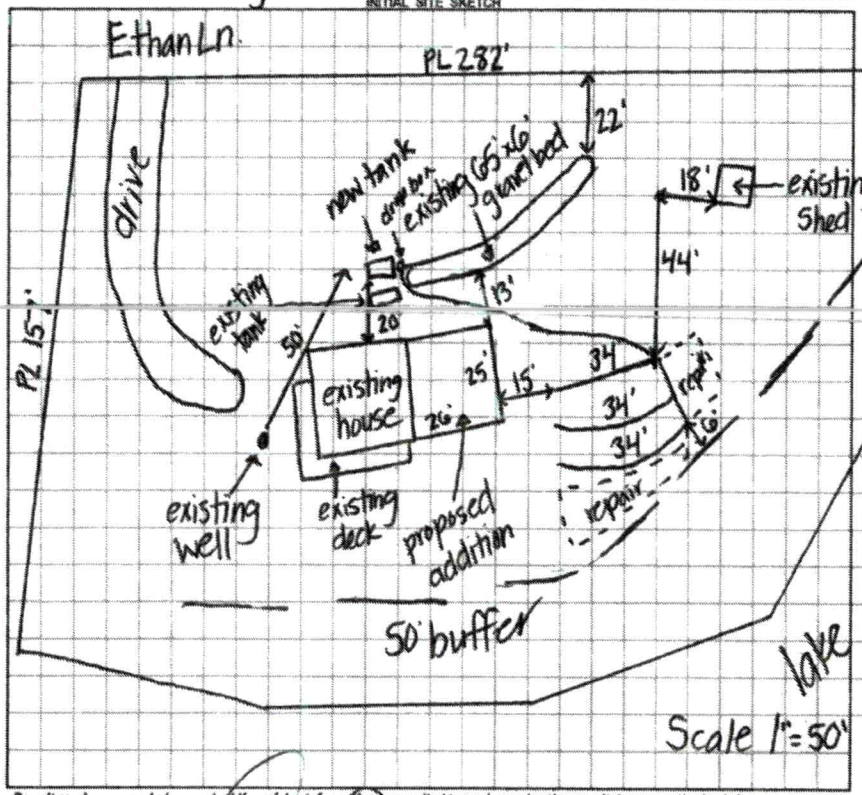
SITE DIRECTIONS: NC 150 W → R on Perth → L on Hideaway → L on Ethan → lot at end (on L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: CL+T SECTION: 14 LOT # 38 LOT AREA: .99ac DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	8-15	☐ 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: existing bed + 25% reduction		☐ Business	No. Persons	6	☑ Private
Pump Make		Model		Serial #		Repair System Description: LP horizontal PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3@34'	Linear Ft	102'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side) MAX	24"	Gravel Depth	—	☑ GRAVITY ☐ PRESSURE		☑ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: *Do not exceed max trench depth of 24". Pump, crush, and fill existing tank. New tank must maintain 50' from existing well. Basement cut cannot exceed 6'. No foundation drain to be installed around front of proposed addition. Recorded prior to 1977, so drain lines can be up to 8' from basement. Feed existing bed first with drop box. New drain lines should use serial distribution.

INITIAL SITE SKETCH



AS BUILT SKETCH

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: Carl Patterson Date: 2/22/20 Installed by: Richard Abernathy Grading & Septic

IMPROVEMENT PERMIT by: Kayla Watson Date: 2-20-20 OPERATION PERMIT by: Brigman A Pratt Date: 10/2/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/9/2020 Existing System Inspected by: Date:

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 inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4638-75560[illegible]
COUNTY: Fredell

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

OWNER: Carl Patterson
APPLICATION DATE: 1-16-20
ADDRESS: 111 Ethan Ln
DATE EVALUATED: 2-14-20
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .99ac
LOCATION OF SITE: 150W->R on Perth->L on Hideaway-> L on Ethan-> lot at end on L
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% LS	0-5	WSBK SCL	FR,SS,SP,SE	—	48	—		PS .3
		5-36	ABK C	FR,SS,SP,SE					
		36-48	SABK C	FR,FI,S,P,SE					
2	14% LS	0-9	WSBK SCL	FR,SS,SP,SE	—	41	23-41 common/SAP		PS .3
		9-23	ABK C	FR,SS,SP,SE					
		23-41	WSBK CL	FR,SS,SP,SE					
		41-48	L SAP	FR,NS,NP					
3	8% LS/FS	0-8	WSBK SCL	FR,SS,SP,SE	—	46	32-46 common SAP inc.		PS .3
		8-32	ABK C	FR,SS,SP,SE					
		32-46	WABK CL	FR,SS,SP,SE					
		46-48	L SAP	FR,NS,NP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

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

$500.00
AP - 304193
1/16/2020

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Expansion.

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: CARL L. PATTERSON II Address: 2821 TWINFIELD DRIVE Zip: 28025
Applicant Email: CLP21986@GMAIL.COM Phone: 704-575-6493 Alt. Phone: 704-792-1888
Owner Name: CARL L PATTERSON II Address: 2821 TWINFIELD DRIVE Zip: 28025
Owner Email: CLP21986@GMAIL.COM Phone: 704-575-6493 Alt. Phone: 704-792-1888

Property Information:

Street Address: 111 ETHAN LANE

Subdivision Name: CRESENT LAND & TIMBER CORP. Section/Phase: 14 Lot Number: 38
Driving Directions: HWY 150 W to PERTH - TURN RT ONTO HIDEAWAY LANE, .4 mile, go STRAIGHT when road turns left.

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: 1966
(✓) 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: Carl L Patterson II 1/16/2020
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*) Carl L. Patterson II

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, Carl L. Patterson II, am the legal owner(s) of the property located at 111 Ethan Lane, Mooresville, identified as

PIN (Parcel Identification Number) 4638-75-5615.00, 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.

Carl L. Patterson II
Signature of Owner(s)

1/16/2020
Date

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

DAS DON ALLEN SURVEYORS, INC.

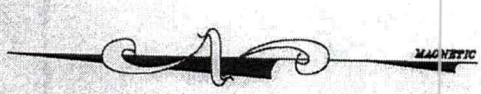
Rt 7 BOX 293 • MOORESVILLE, N.C. 28115 • (704) 664-7029

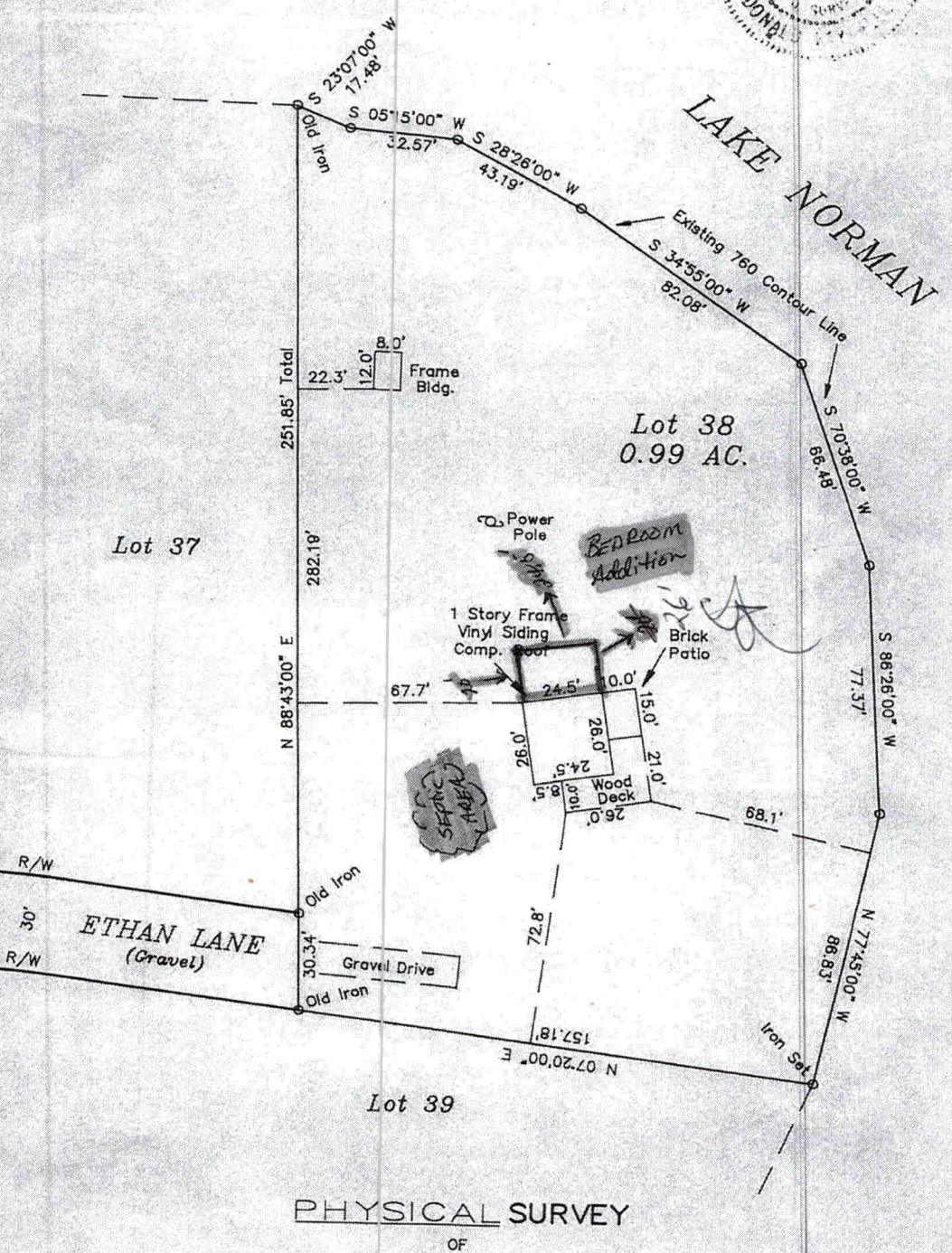
THIS IS TO CERTIFY THAT ON THE 3rd DAY OF MAY 19 89 I, SURVEYED THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS ARE SHOWN HEREON.

SIGNED _____

DONALD RAY ALLEN, RLS

NORTH CAROLINA L-1131 DONALD RAY ALLEN





PHYSICAL SURVEY

OF

LOT 38 CRESCENT LAND & TIMBER CORP. SECTION 14

DAVIDSON TOWNSHIP, IREDELL CO., N.C.

SCALE 1" = 40'

THE PROPERTY OF HAROLD L. & BETTY L. PATTERSON

MAP RECORDED IN BOOK 13 AT PAGE 24&25 DEED RECORDED IN BOOK _____ PAGE _____

TAX MAP NO: