CW

Bldr-2022-16605

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 PERMIT # 329454

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

PIN # 4684 -- 29 -- 4583

APPLICANT/OWNER: Graham W Lyerly APPLICANT ADDRESS: PO Box 623 Rockwell, NC 28138

SITE ADDRESS: 149 Rustic Rd, Mooresville, NC 28115 PHONE: (704) 239-1653 ALT. PHONE -

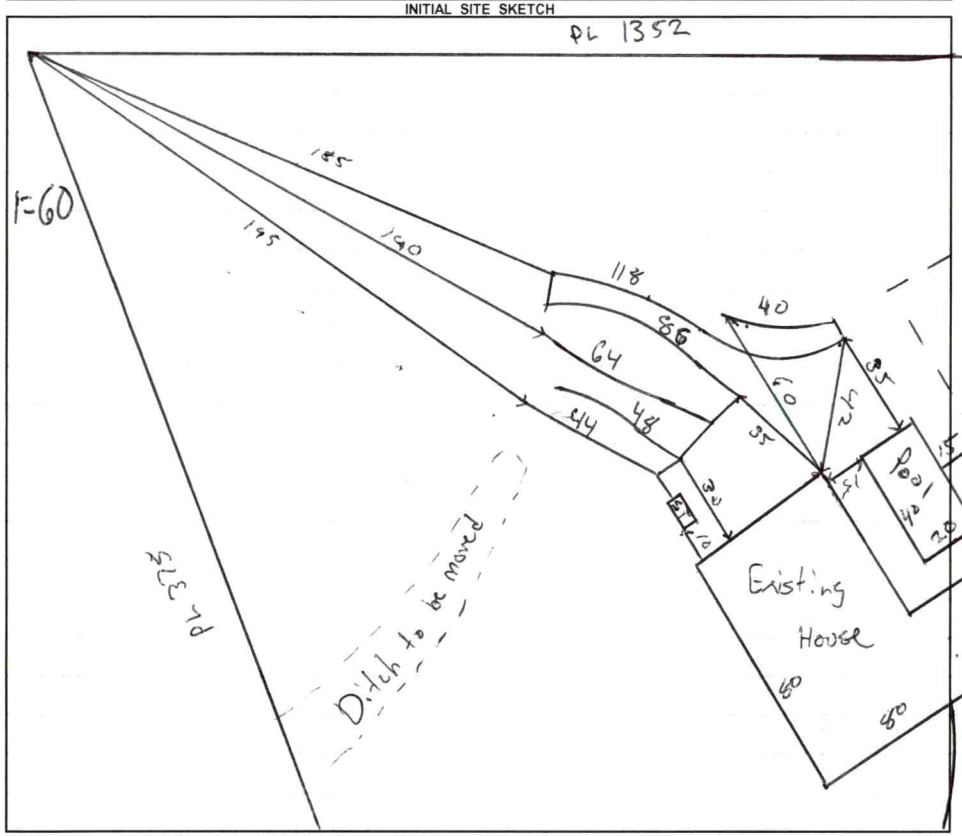
SITE DIRECTIONS: Turn on Rustic Rd from Patterson Farm Rd SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Darlene Patterson SECTION: - LOT # 7 LOT AREA: 11 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB 760	Date	7-1-23	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4	Water Supply
Pump Tank		(gal)	PT	Date		System Description:	25% Reduction - Gravity - Serial			☐ Business	No. Persons 8	☑ Private
Pump Make		Model		Serial #		Repair System Description:	50% Reduction Vertical			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	400ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth	36 in max	Gravel Depth	N/A	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing	

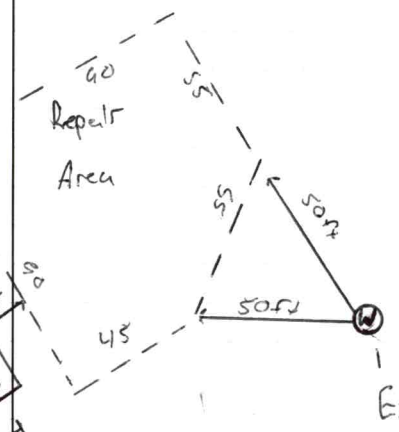
Comments / Conditions: Install on contour with eff centers. Do not drive, park or construct on septic area.

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.



Installed as Shown

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: Online Signature Date: Installed by: Select Drainage 15574 ()

IMPROVEMENT PERMIT by: Mark Wimmer Date: 8/11/23 OPERATION PERMIT by: Sydney Holland Date: 8/16/23

AUTHORIZATION TO CONSTRUCT by: Mark Wimmer Date: 8/11/23 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 7684294583
COUNTY: Iredell

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

OWNER: Graham W Lyerly
ADDRESS: PO Box 623 Rockwell, NC 28138
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 149 Rust Ln
APPLICATION DATE: 5/25/22
DATE EVALUATED: 7/11/22
PROPERTY SIZE: 11 ac
PROPERTY RECORDED: yes

WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

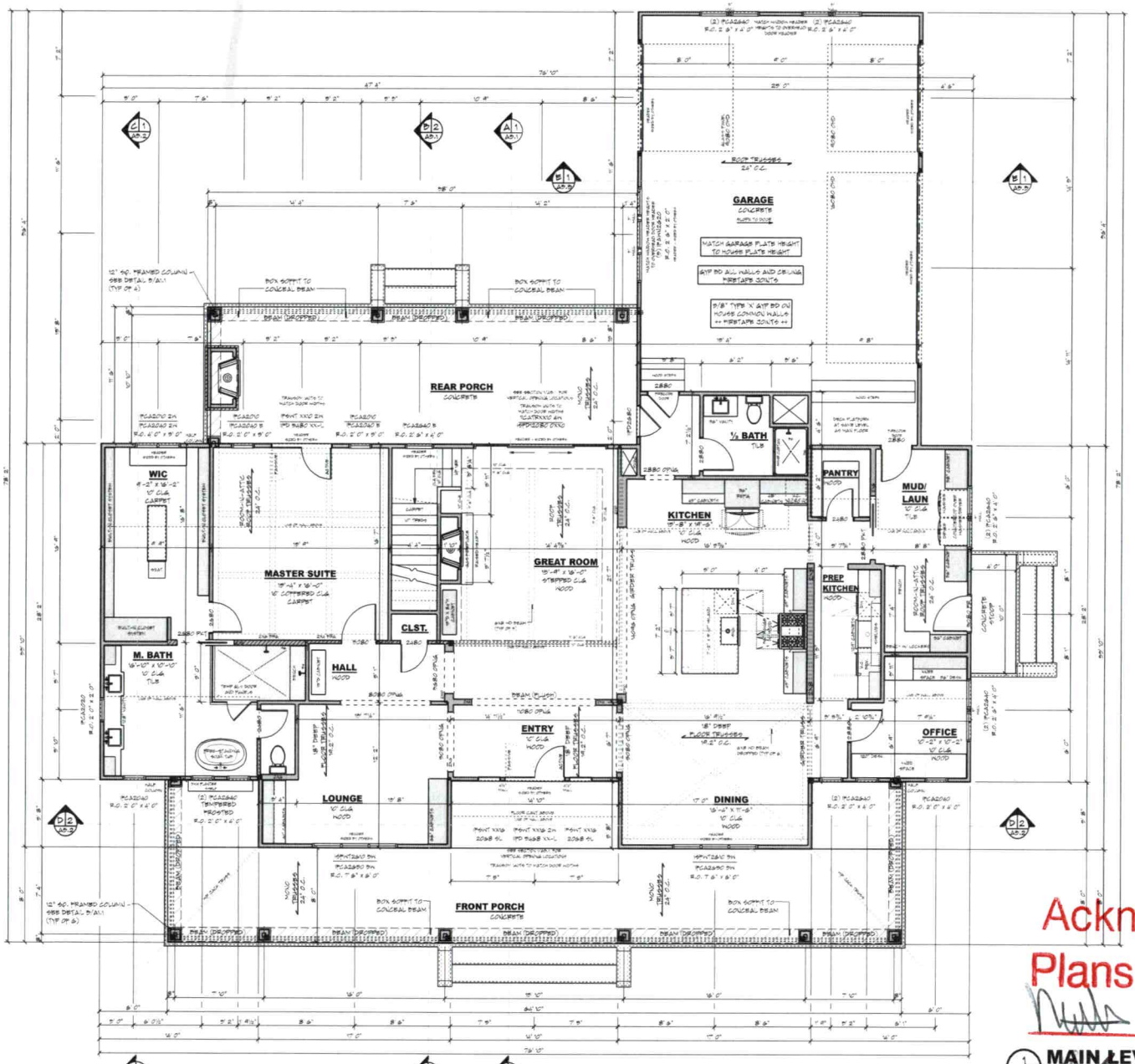
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 12%	0-6	SCL/Gr	ms mp fr SE	-	48	-	-	PS .3
		6-26	C/SBK	ss sp fr SE					
		26-48	CL/ABK	ss sp fr SE					
2	LS 14%	0-6	SCL/Gr	ms mp fr SE	-	48	-	-	PS .3
		6-21	C/SBK	ss sp fr SE					
		21-48	CL/ABK	ss sp fr SE					
3	LS 12%	0-6	SCL/Gr	ms mp fr SE	-	42	-	-	PS .3
		6-23	C/SBK	ss sp fr SE					
		23-48	CL/ABK	ss sp fr SE					
4	LS 11%	0-10	SCL/Gr	ms mp fr SE	-	48	-	-	PS .3
		10-27	C/SBK	ss sp fr SE					
		27-48	CL/ABK	ss sp fr SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	25%	25%
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Matthew W. Kingsmore
OTHER(S) PRESENT: -

COMMENTS:

Updated February 2014



AREA TABULATION	
CRAWL SPACE	2422 SF
MAIN LEVEL	2422 SF
UPPER LEVEL	1880 SF
TOTAL FINISHED	5982 SF
TOTAL LIVABLE	5982 SF
GARAGE	840 SF
FRONT PORCH	278 SF
REAR PORCH	280 SF

FLOOR AREAS ARE CALCULATED FROM THE OUTSIDE OF FOUNDATION WALLS AND/OR OUTSIDE FACE OF EXTERIOR STUD AT FRAMED WALLS.

STAIRS ARE INCLUDED IN CALCULATIONS AT ALL LEVELS.

GENERAL NOTES

- ALL WRITTEN DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM EXTERIOR FACE OF EXTERIOR STUD WALLS AND CENTERLINE OF INTERIOR PARTITIONS
- WHILE EVERY EFFORT HAS BEEN MADE TO MAKE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER/BUILDER MUST VERIFY ALL DIMENSIONS, CONSTRUCTION METHODS, SITE CONDITIONS AND SPECIFICATIONS AND BE RESPONSIBLE FOR SAME.
- ANY NOTATIONS OF SIZES OF STRUCTURAL MEMBERS SUCH AS FOOTINGS, FOUNDATION WALLS, POSTS, BEAMS, JOISTS, RAFTERS, TRUSSES ETC. THAT APPEAR ON THESE PLANS ARE FOR GENERAL REVIEW AND BIDDING PURPOSES ONLY. IT IS RECOMMENDED A PROFESSIONAL ENGINEER BE ENGAGED TO CALCULATE AND DESIGN ALL STRUCTURAL COMPONENTS INVOLVED IN THIS STRUCTURE.

WINDOWS

- MARVIN INTEGRITY ALL WOOD SERIES
  - STYLE AND SIZE AS NOTED
- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
- WINDOWS DESIGNATED WITH 'E' MEET EGRESS CODES
- WINDOW HEADER HEIGHTS SET TO 8'-1 1/8" (RUSTY GREAT ROOM)
- WINDOW HEADER HEIGHTS SET TO 7'-1 1/8" (U.N.O.)
- BUILDER TO VERIFY WINDOW AND DOOR ROUGH OPENINGS AND HEADER HEIGHTS

FLOOR SYSTEM

- ENGINEERED WOOD FLOOR TRUSSES
  - DESIGNED TO MAX L/480 DEFLECTION OR LESS
- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS FOR POINT LOADS FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 10' 1 1/8" PLATE HEIGHT (U.N.O.)
- END WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS
- ■ = INDICATES FRAMING POINT LOAD
  - PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

+++ STRUCTURAL NOTICE +++

ALL STRUCTURAL BEAM AND HEADER SIZES, BEARING CONDITIONS AND ANCHORING REQUIREMENTS MUST BE REVIEWED BY A STRUCTURAL ENGINEER BASED ON EXISTING SITE CONDITIONS. OWNER/BUILDER TO ASSUME ALL RESPONSIBILITY FOR BUILT STRUCTURE.

ROYAL OAKS DESIGN
3459 Lake Elmo Ave
Lake Elmo, MN
651-964-2726
www.royaloaksdesign.com
CERTIFIED PROFESSIONAL BUILDING DESIGNER
NATIONAL COUNCIL OF
Kieran J. Lietz 24-106

ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR ANY STRUCTURAL OR DIMENSIONAL ERRORS OR OMISSIONS. THE CONTRACTOR AND/OR OWNER SHALL BE RESPONSIBLE FOR THE VERIFICATION AND OBEYING OF ALL DIMENSIONS AND CONDITIONS SHOWN ON THESE FLOOR PLANS AND NOTIFY ROYAL OAKS DESIGN, INC. OF ANY ERRORS PRIOR TO START OF CONSTRUCTION. ROYAL OAKS DESIGN, INC. ASSUMES NO RESPONSIBILITY FOR THE WORKMANSHIP OF THE SUB-CONTRACTORS.

CL-20-020
2x4 CRAWL SPACE
STD. 3-CAR SIDE

Document Date: 11/1/2021
Document Phase:
Drawn by: DML

ISSUE	DATE	REMARK
1	07/28/22	2nd SUBMISSION - DML
2	8/1/22	EDITS - DML

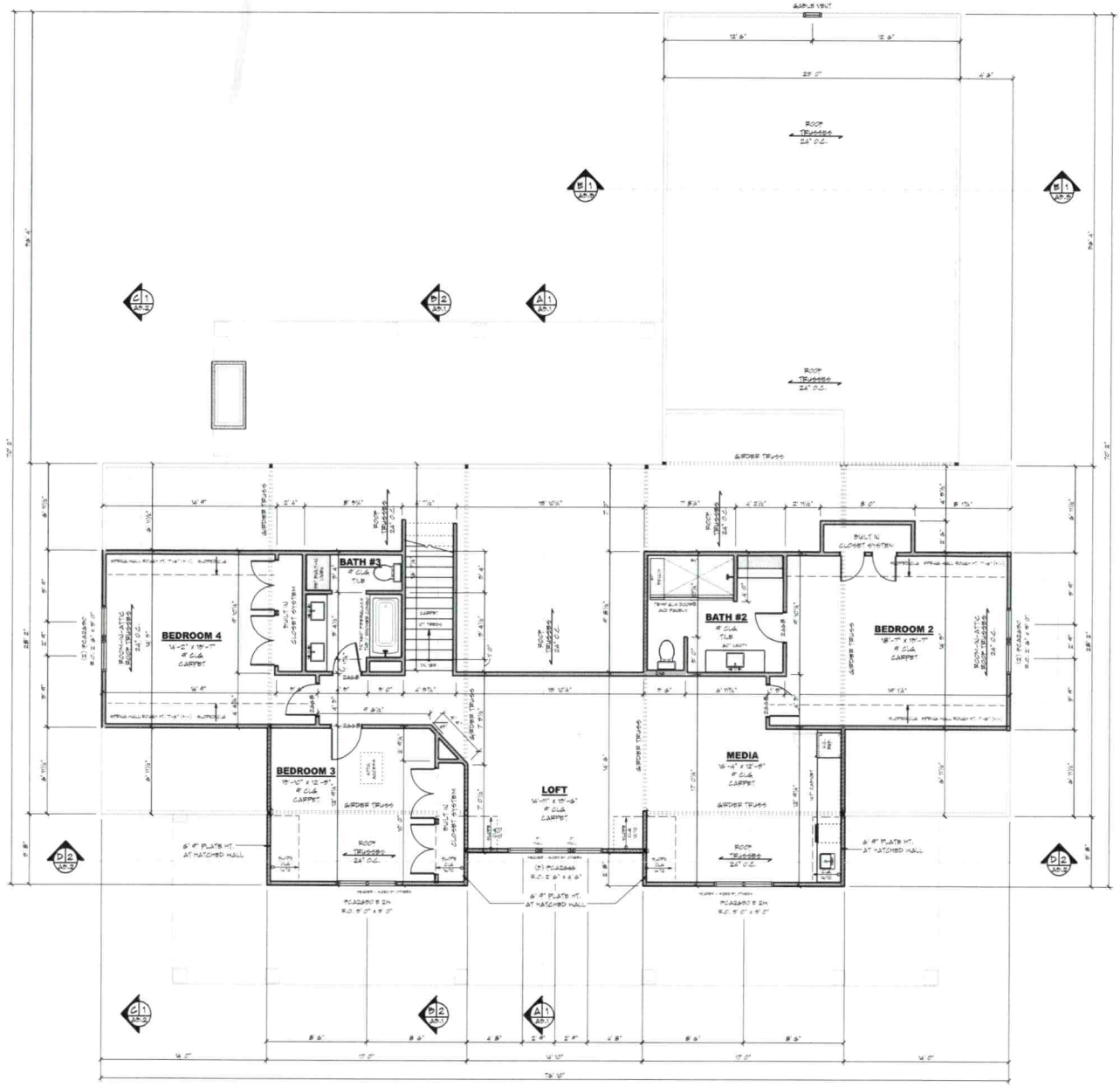
Acknowledgement Of Plans Submittal ONLY!
Date 8/14/22
Date 08.15/2022

MAIN LEVEL FLOOR PLAN

1 A2.2 **MAIN LEVEL FLOOR PLAN** SCALE: 1/4" = 1'-0"

4 **A2.2** 9

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AREA TABULATION	
CRAWL SPACE	3222 SF
MAIN LEVEL	3222 SF
UPPER LEVEL	1990 SF
TOTAL FINISHED	5212 SF
TOTAL LIVABLE	5212 SF
GARAGE	840 SF
FRONT PORCH	278 SF
REAR PORCH	260 SF

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WINDOWS

- MARVIL INTEGRITY ALL VINYL SERIES
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- WINDOWS DESIGNATED WITH 'T' TO HAVE TEMPERED GLASS
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FLOOR SYSTEM

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- TRUSS MANUFACTURER TO PROVIDE CHASES FOR ALL SUPPLY AND RETURN DUCTWORK
- TRUSS MANUFACTURER TO VERIFY FRAMING AT CANTILEVERS NOT TO EXCEED MFGR. LIMITS
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY CONCENTRATED LOADS, SUCH AS GRANITE COUNTERTOPS, AND PROVIDE PROPER FRAMING AS NEEDED

FRAMING

- 6'-1 1/8" PLATE HEIGHT (U.N.O.)
- 2X6 WALLS AT ALL POCKET DOORS
- PROVIDE SOLID BLOCKING AT ALL POINT LOADS

■ - INDICATES BEARING POINT LOAD
- PROVIDE CONTINUOUS SOLID BLOCKING TO FOUNDATION BELOW - VERIFY LOADS W/ LOCAL STRUCTURAL ENGINEER

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UPPER LEVEL FLOOR PLAN

1 A2.5

100% SCALE @ 36"x24" 0 2' 4' SCALE: 1/4" = 1'-0"

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CL-20-020
2x4 CRAWL SPACE
STD. 3-CAR SIDE

Document Date: 11/1/2021
Document Phase:
Drawn by: DML

ISSUE	DATE	REMARK
1	7/7/2021	2nd CONSTRUCT. - DML
	8/17/21	BOT'd - DW

UPPER LEVEL FLOOR PLAN

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RECEIVED JUN 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-329454 $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

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) Trail West Builders LLC

Applicant Name: Graham W Lyerly Address: PO Box 623 Rockwell, NC Zip: 28138

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: _____ Address: _____ Zip: _____

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

Property Information:

Street Address: 149 Rustic Road Mooresville, NC 28115

Subdivision Name: _____ Section/Phase: _____ Lot Number: 7

Driving Directions: Turn on Rustic Road from Patterson farm Rd. Drive approx. 900' down Rustic Road, Turn left onto gravel drive, drive 900'

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: 4
Maximum Number of Occupants: 4
( ) 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: _____ 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: _____

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?

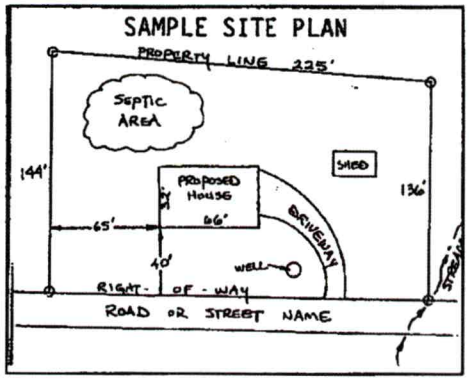
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Graham W Lyerly 05/25/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

- (✓) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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: _____ 06/06/2[illegible]

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

All lots within this subdivision, to the best of my knowledge, lie within the WS-II Balance of Watershed of Caddle Creek, as designated by the Environmental Management Commission and as appears on the Watershed Protection Map of Iredell County.

I, RUFUS JACKSON LOVE, CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION; THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.0 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS 16 DAY OF NOV. 2021

Rufus Jackson Love
L-2861
LICENSE NO.
PROFESSIONAL LAND SURVEYOR

HEALTH DISCLAIMER (REGARDING SOIL TESTING)

As of the date of this recording, the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected, there is no assurance that a building permit will be issued.

TONY BURY JR
DB 2311-391
PIN 4685-216-8865

N 83°22'18"E 1580.00'
1037.63'

LOT 5
13.261 ACRES
0.018 ACRES IN R/W

CENTERLINE OF CREEK

S 86°36'40"W 1465.95'
1438.94'
NEW PROPERTY LINE

LOT 6
12.145 ACRES
0.017 ACRES IN R/W

PERSON
501
L-0828

Pwell Area??

NEW PROPERTY LINE
N 89°19'12"E 1352.26'
1316.25'

UNSUITABLE

Septic Area

Area for Pool (Future)

Gravity Sewer Drain

House

LOT 7
11.00 ACRES
0.018 ACRES IN R/W

DRWY

+/- 550 LF (Get Closer)

~7000 SF

NEW PROPERTY LINE
N 87°32'41"E 1684.62'
1622.61'

DB 749-501
DB 731-563

10.08 ACRES
0.018 ACRES IN R/W
(9.97 ACRES CENTERLINE OF ROAD TO CENTERLINE OF CREEK)
PART OF DB 731-563
PART OF DB 749-501
(TO BE ACQUIRED BY MITCH LATHAM)

912.35'
S 86°50'25"W 959.87'

OLD STUMP

KURT T. BUSCH
DB 1486-1453
PIN 4684-28-4700
ZONED: RA

SET #5 REBAR ON LINE

24.70'
24.70'

S 03°21'08"E 408.74'

100 FT ESMT/PUBLIC USE (NOTED PER CO RECORDS)

4.23'
23.10'

S 03°21'08"E 1138.24' TOTAL

FEMA MAP #3710468400L
FEMA MAP #3710468500K

S 03°21'08"E 393.97'

POND

THIRD TRACT
KARRIKER LAND MANAGEMENT, LLC.
DB 1908-437
PID 248 010

4684294583

27.00'
8.01'

COUNTY LINE FOLLOWING CENTERLINE OF CREEK

IREDELL COUNTY

ROWAN COUNTY

S 03°21'08"E 335.54'

23.49'
12.26'

S 03°21'08"E 250.01'

18.89'
30.63'

CRIMPED PIPE

NOTES:

1. THIS PROPERTY IS LOCATED IN A DESIGNATED FLOOD ZONE PER FEMA MAPS 3710468400L & 3710468500K, DATED JUNE 16, 2009.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NCGS GRID MONUMENTS ARE WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.
7. ALL LOTS SHALL HAVE A 10' DRAINAGE & UTILITY EASEMENT ALONG ALL SIDES.
8. THIS PROPERTY AND ALL ADJOINING PROPERTIES ARE ZONED RA. SETBACKS FOR RA ZONING ARE: FRONT - 35' SIDE - 15' REAR - 35'
9. PROPERTY MAY BE SUBJECT TO ANY EASEMENTS OR RIGHTS-OF-WAY OF RECORD.
10. PROPERTY SUBJECT TO ANY FACTS THAT MAY BE DISCLOSED BY A FULL AND ACCURATE TITLE SEARCH.
11. THIS PROPERTY LIES IN THE WS-II BALANCE OF WATERSHED.
12. SET #5 REBARS AT THE ROAD RIGHT OF WAY OF ALL NEW PROPERTY LINES.

LEGEND:

- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- EDGE OF PAVEMENT
- SETBACK LINE
- CP COMPUTED POINT
- PP POWER POLE

OWNERS INFO:

DARLENE PATTERSON
550 PATTERSON FARM RD.
MOORESVILLE, NC 28115

BOUNDARY SURVEY
FOR
CHRISTINE & EVAN LOCKWOOD
PROPERTY OF
DARLENE PATTERSON
RUSTIC ROAD
LOT 7, UNRECORDED MAP
PART OF DEED BOOK 731-563, PART OF PIN 4684-29-0828
CODDLE CREEK TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
SEPTEMBER 20, 2021

FILE NAME: PATTERSON-DARLENE

100 0 100 200 300
GRAPHIC SCALE - FEET
1" = 100'

DocuSign Envelope ID: B2C4BB04-E364-4000-AF0C-50F20F1464CA

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*) _____

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, Evan Lockwood Christine Lockwood, am the legal owner(s) of the property located at 149 Ruskin Road Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4684244583, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Graham W Lyerly Trail West Builders 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.

DocuSigned by: 5EDF95A3EC05413... DocuSigned by: A12CB75867A944C... Signature of Owner(s) — 5/25/2022 — 5/25/2022 — 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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 6/3/2022 2:16:39 PM
Fee Amt: $696.00 Page 1 of 2
Revenue Tax: $670.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2924 PG 70 - 71

GENERAL WARRANTY DEED

Excise Tax: $670.00

Tax Parcel ID No.: 4684294583 Verified by: Iredell County

on the ____ day of_____, 20____ By:_____

This instrument was prepared by and mail to: Kevin C. Donaldson, Jones, Childers, Donaldson & Webb, PLLC, PO Box 3010, 149 Welton Way, Mooresville, NC 28117

Title Co: Barristers Title

Brief description for the Index: Lot 7, Phase 2, MB 75/110

THIS DEED, made this the 3rd day of June, 2022, by and between

GRANTOR: **Jeremy Robert Patterson, trustee of the Darlene Patterson Family Trust dated October 26, 2021 and as executor of the Estate of Darlene J. Patterson Estate File 22-E-288**
whose mailing address is 134 Big Bear Trail Troutman, NC 28166

(herein referred to collectively as **Grantor**) and

GRANTEE: **Evan Lockwood and wife, Christine Lockwood**
whose mailing address is 447 Spring Street, Davidson, NC 28036
(herein referred to collectively as **Grantee**) and

WITNESSETH:

For valuable consideration from Grantee to Grantor, the receipt and sufficiency of which is hereby acknowledged, Grantor hereby gives, grants, bargains, sells and conveys unto Grantee in fee simple, subject to the Exceptions and Reservations hereinafter provided, if any, the following described property located in the City of **Mooresville**, Township of **Coddle Creek**, County of **Iredell**, State of North Carolina, more particularly described as follows:

BEING all of Lot 7, Phase 2, as shown on a map entitled "Phase 2, Lots 5,6 & 7 Exempt Subdivision Plat, property of Darlene Patterson", as recorded in Map Book 75, Page 110, in the office of the Register of Deeds for Iredell County, North Carolina.

This conveyance is subject to the following restrictions which shall attach and run with the land: No mobile homes or modular homes allowed, all homes must be "stick built" and the property may only be divided one time for up to 2 homes on this tract, proved said division meets county zoning guidelines.

Said property having been previously conveyed to Grantor by instrument(s) recorded in Book 749, Page 501, and being reflected on plat(s) recorded in Map Book 75, page 110.

All or a portion of the property herein conveyed does not include the primary residence of a Grantor.

Submitted electronically by "Jones, Childers, Donaldson & Webb, PLLC"
in compliance with North Carolina statutes governing recordable documents
and the terms of the submitter agreement with the Iredell County Register of Deeds.

TO HAVE AND TO HOLD unto Grantee, together with all privileges and appurtenances thereunto belonging, in fee simple, subject to the Exceptions and Reservations hereinafter and hereinabove provided, if any.

And Grantor hereby warrants that Grantor is seized of the premises in fee and has the right to convey same in fee simple, that title is marketable and is free and clear of encumbrances other than as set forth herein, and that Grantor will forever warrant and defend the title against the lawful claims of all persons or entities whomsoever.

This conveyance is made subject to the following Exceptions and Reservations:

1. **ANY AND ALL EASEMENTS, RIGHTS OF WAY AND RESTRICTIONS OF RECORD.**
2. **ANY AND ALL ZONING AND PLANNING ORDINANCES.**

All references to Grantor and Grantee as used herein shall include the parties as well as their heirs, successors and assigns, and shall include the singular, plural, masculine, feminine or neuter as required by context.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

(SEAL)
Jeremy Robert Patterson, trustee of the Darlene Patterson Family Trust dated October 26, 2021

(SEAL)
Jeremy Robert Patterson, Executor of the Estate of Darlene Patterson

State of North Carolina
County of Iredell

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: Jeremy Robert Patterson, trustee of the Darlene Patterson Family Trust dated October 26, 2021 and Jeremy Robert Patterson as Executor of the estate of Darlene Patterson.

Date: 6-3-2022

Lois Grindstaff Notary Public
Notary's Printed or Typed Name

My Commission Expires:
04/20/24

(Official/Notarial Seal)

Lois Grindstaff
NOTARY
PUBLIC
Lincoln County, NC

Revised December 17, 2009

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 ****

GWL **Complete all Environmental Health forms**:

GWL ✓ Application

GWL ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.

GWL ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

GWL ✓ Copy of Zoning Permit when applicable

GWL ✓ Sign this sheet after you have completed all items

GWL ✓ **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.**

GWL ✓ **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.**

GWL ✓ **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.

GWL 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** 05/25/2022

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

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Graham W Lyerly Date: 8/11/2023

Address: PO Box 623 Rockwell, NC 28138

Subject: Notice of Intent to Revoke: Address:
Permit (Improvement Permit/Construction Authorization

Dear
Graham Lyerly

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located 149 Rustic Rd for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

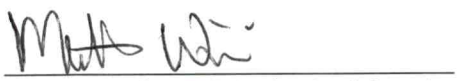
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **8/11/23**. Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

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)

Owner: Graham Lyerly
Address: PO Box 623 Rockwell, NC 28138

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address: 149 Rustic Rd, Mooresville, NC 28115

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:

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

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 329454

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

PIN # 4684 -- 25 -- 4583

APPLICANT/OWNER: Graham W Lyerly
APPLICANT ADDRESS: PO Box 623 Rockwell, NC 28138
SITE ADDRESS: 142 Rustic Road Mooresville 28115
PHONE: 704-234-1653
ALT. PHONE —
SITE DIRECTIONS: Turn on Rustic Road from Patterson Farm Rd
SAP CONTROLLED: ☐ YES ☑ NO
SUBDIVISION: Darlene Patterson
SECTION: — LOT # 7 LOT AREA: 11 Ac
DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	5	Linear Ft	400 ft			
Trench Width	36 in		Trench Bottom Depth (Max)	36 in	Gravel Depth	N/A			

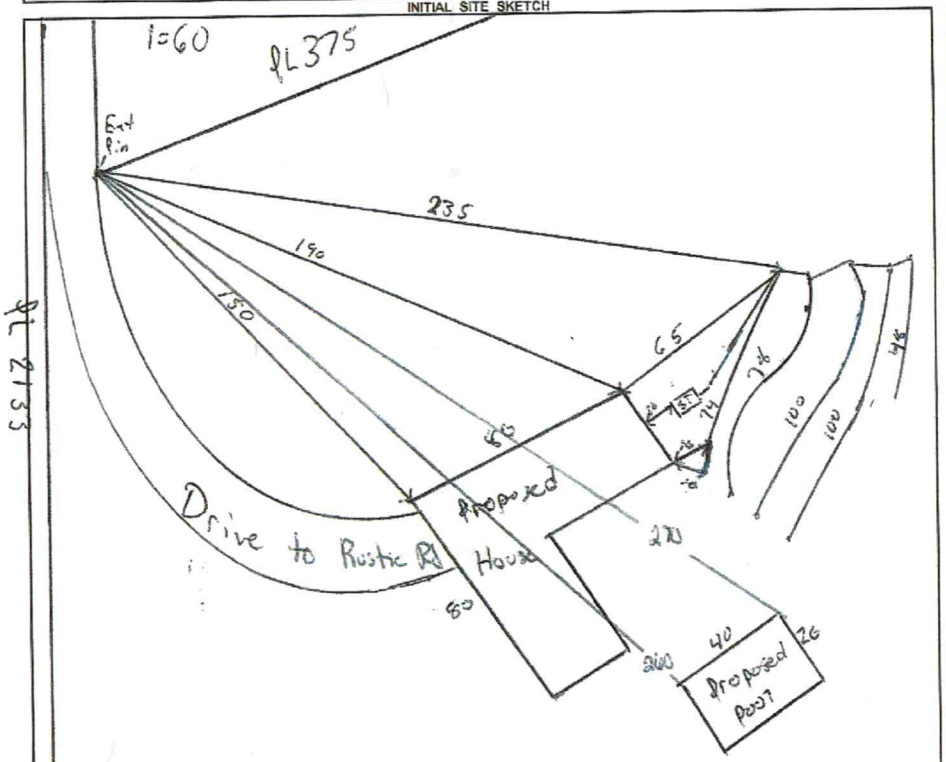
☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction - Gravity - Serial
Repair System Description: 50% Reduction
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour with 6ft on center. Do not drive, park, or construct on septic area.

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.

Revoked

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: Graham W Lyerly Date: 08/15/2022 Installed by:
IMPROVEMENT PERMIT by: Matt Wilkie Date: 7/21/22 OPERATION PERMIT by: Date:
AUTHORIZATION TO CONSTRUCT by: Matt Wilkie Date: 8/4/22 Existing System Inspected by: Date:

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