ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317615

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

PIN # 4685 -- 12 -- 6500

APPLICANT/OWNER: Tabitha Jason | APPLICANT ADDRESS: 660 Patterson Farm Rd Mooresville NC 28115

SITE ADDRESS: 660 Patterson Farm Rd Mooresville NC 28115 | PHONE: 603-365-8834 | ALT. PHONE

SITE DIRECTIONS: NC 3 N to L on Williford Rd R on Linwood Rd, R on Patterson Farm Rd, Lot on L | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ronald E + Charles H Malcom Prop | SECTION: — | LOT # 1 | LOT AREA: 5.2 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 3

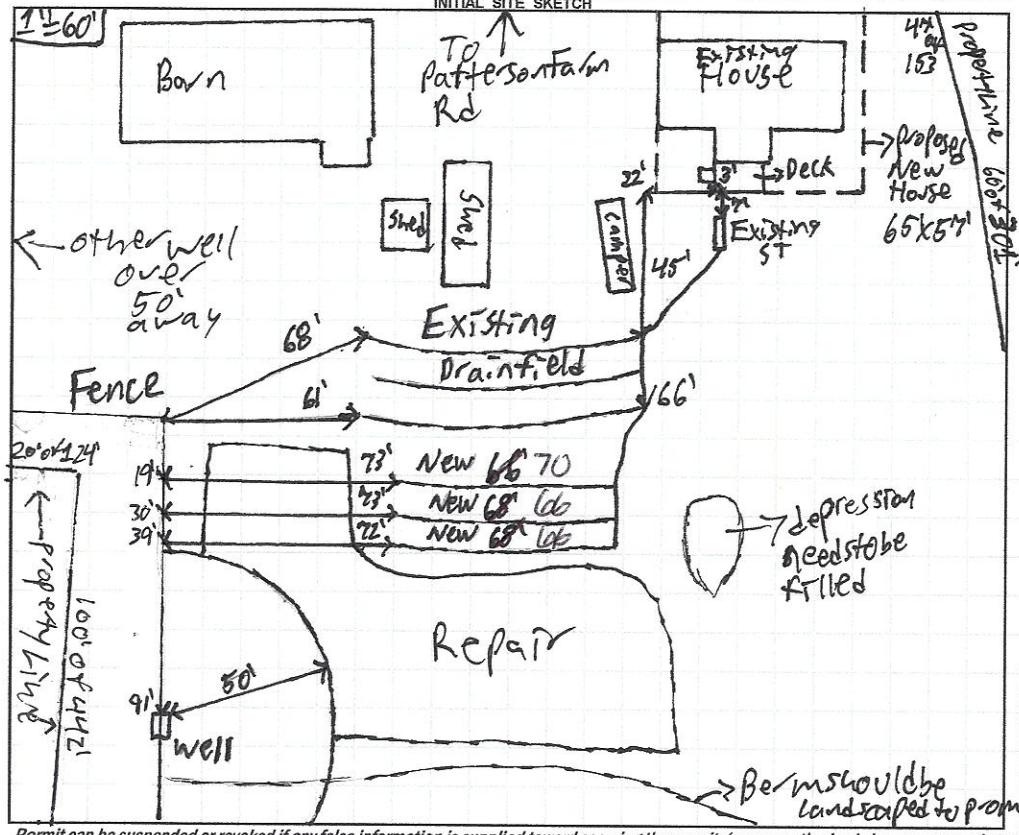
Septic Tank	1000 (gal)	STB	Existing	Date	Existing	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Existing + Gravity 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS
# Nitrification Fields	1	# Lines	3	Linear Ft:	200	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	51"	Gravel Depth	—		☒ 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 lines on contour. DO NOT drive on, store material or manipulate drainfield many way. NO Foundation drains should be installed around addition.

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 Drawn

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: [signature] Date: 7/2/2021 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 6/30/2021 OPERATION PERMIT by: Cory Whit Date: 3/7/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 6/30/2021 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 #: 468512 6560
COUNTY: Iredell

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

OWNER: Tabitha Jason
APPLICATION DATE 4/29/2021
ADDRESS: 660 patterson farm Rd
DATE EVALUATED: 7/8/2021
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 5.7acres
LOCATION OF SITE: 660 Patterson Farm Rd
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	SS 12%	0-9	SCLWSBK	FrSSSPSmp	—	60"	—	—	PS,3
		9-60	CSBK	FrSSSPSmP					
2	SS 10%	0-9	SCLWSBK	FrSSSPSmp	—	60"	—	very few small Rock inclusions	PS,3
		9-60	CSBK	FrSSSPSmP					
3	SS 12%	0-8	SCLWSBK	FrSSSPSmP	—	60"	few parent Rx	some small Rock inclusions	PS,3
		8-60	CSBK	FrSSSPSmP					
4	SS 1%	0-9	SCLWSBK	FrSSSPSmP	—	60"	few parent Rx inclusions	—	PS,3
		9-60	CSBK	FrSSSPSmP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	400
System Type(s)	Gravity 25%	LPP BAS
Site LTAR	.3	.3

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

COMMENTS: Cloudy only need 2 more bedrooms for Initial and full 4 bd repair

240 ÷ .3
↳ 800 ÷ 3
↳ 266 x .75
↳ 200'

480 ÷ .3
↳ 1600 ÷ 3
↳ 533 x .75
↳ 400'

480 ÷ .3
↳ 1600 ÷ 3
↳ 533 x .5
↳ 267

need flowplans

480 ÷ .25
↳ 1920 ÷ 3
↳ 640 x .75
↳ 480

480 ÷ .25
↳ 1920 ÷ 3
↳ 640 x .5
↳ 320

240 ÷ .25
↳ 960 ÷ 3
↳ 320 x .75
↳ 240'

Barn

House

Deck

22'

3'

7'

Plastic tank

45'

Existing

86 W

96 O

80 W

66'

old system

68'

Fence

61'

19'

73'

66 y new ①

30'

73'

68' R New

59'

72'

69 y new ②

91'

well

④

depression should be filled

go to gas line Monday

RECEIVED MAY 07 2021

EXPANSION

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- 317615 $ 500.00

Application For:
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) New Well Permit ( ) Existing System Inspection ( ) Well Repair Permit ( ) Septic System Repair ( ) Well Abandonment

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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: TABITHA JASON Address: 660 PATTERSON FARM RD MOORESVILLE NC Zip: 28115
Applicant Email: TABITHA.JASON@GMAIL.COM Phone: 603-365-8834 Alt. Phone:
Owner Name: TABITHA JASON Address: 660 PATTERSON FARM RD Zip: 28115
Owner Email: TABITHA.JASON@GMAIL.COM Phone: 603-365-8834 Alt. Phone:

Property Information:

Street Address: 660 PATTERSON FARM RD MOORESVILLE NC 28115
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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: 2 (+2)
Maximum Number of Occupants: 4 (+0)
( ) 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
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2018
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: _____ 4/29/21
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*) _____

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, TABITHA JASON, am the legal owner(s) of the property located at 660 PATTERSON FARM RD MOORESVILLE NC 28115, identified as PIN (Parcel Identification Number)_____, 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

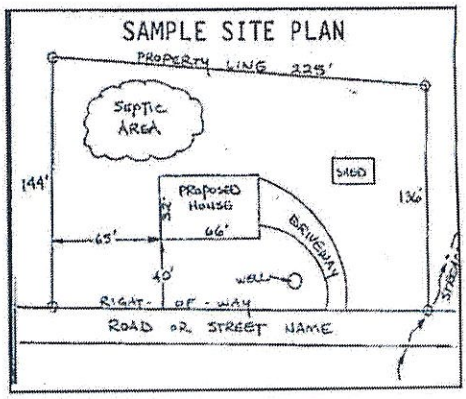
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (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

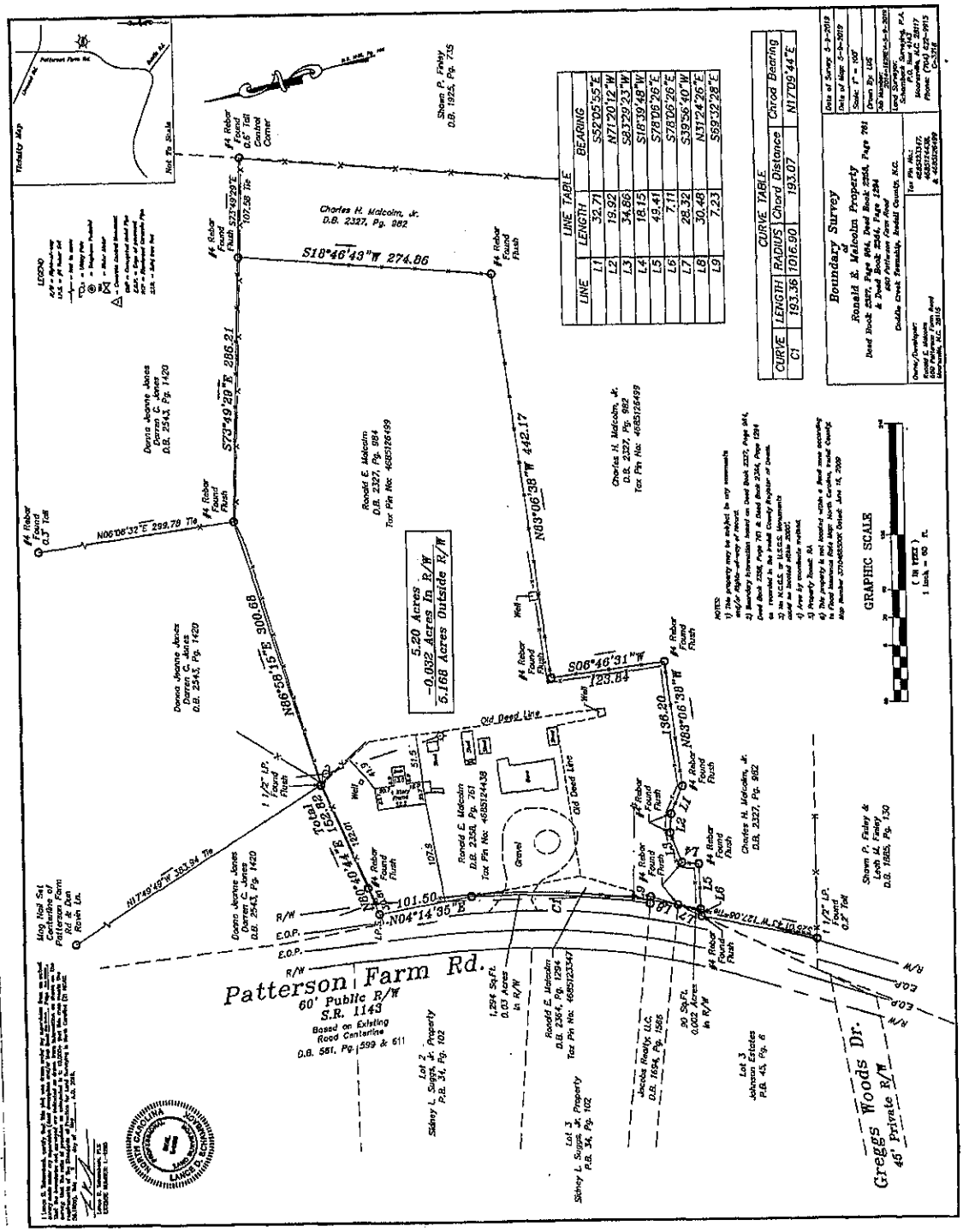
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ 4/29/21

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

"THIS MAP MAY NOT BE A CERTIFIED SURVEY and has not been reviewed by a local government agency for compliance with any applicable land development regulations and has not been reviewed for compliance with recording requirements for plats."



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223467

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

PIN # 4685-12-4438

APPLICANT: Ronald Mincom APPLICANT ADDRESS: 660 Patterson Farm Road Mooresville, NC 28115

SITE ADDRESS: 660 Patterson Farm Road Mooresville NC 28115 PHONE: 704-662-9366 ALT. PHONE:

SITE DIRECTIONS: Rt 3 (Coddle Creek Highway) South from Mooresville → L on Patterson Farm Rd → House on Right

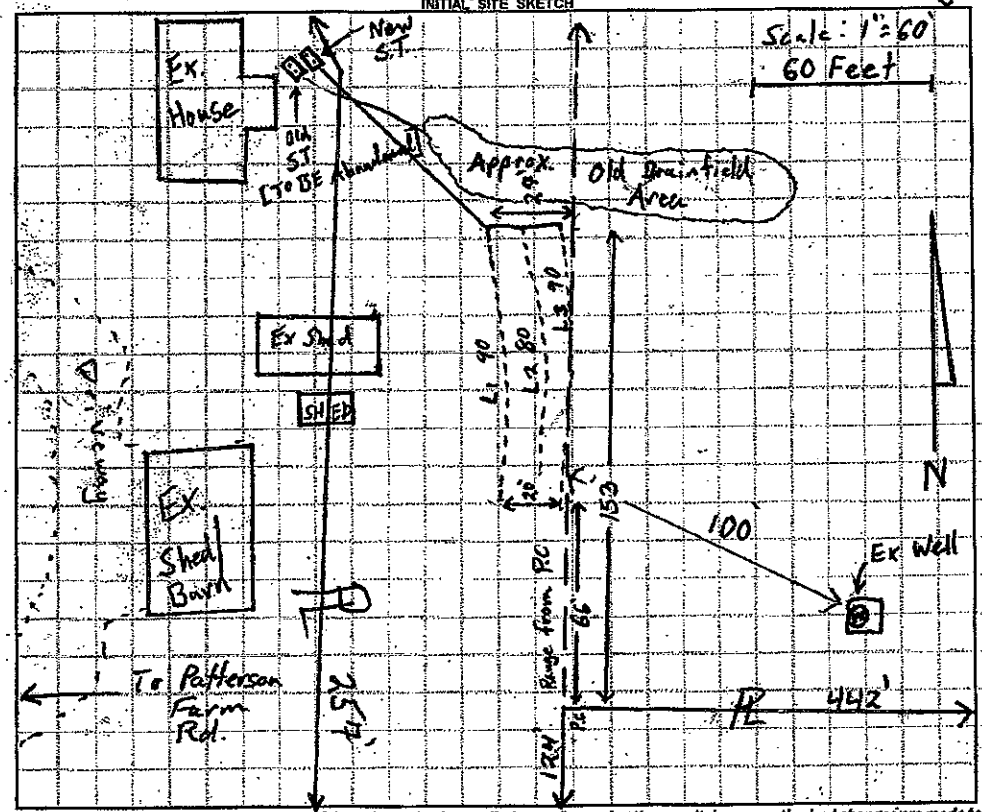
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 1.012 acres DESIGN FLOW: 240 GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB Infiltrator IM 1060	Date	Tank Ephdc	☒ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 2	Water Supply
Pump Tank	—	(gal)	PT —	Date	—	System Description:				☐ Business	No. Persons 4	☒ Private
Pump Make	—	Model	—	Serial #	—	Repair System Description: Tank + 25% Reduction				☐ Other	No. Employees —	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft:	240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years. Previous/old tank shall be pumped, limed and 1) Crushed in place 2) Hauled away or 3) Filled with clean-flowable fill that is self-leveling (sand, gravel or cement) Strongly recommend creating an easement connecting the primary parcel to the drainfield area.

* Though ≈ 263 l.f. of line was laid out, only 240 l.f. need be installed.

INITIAL SITE SKETCH



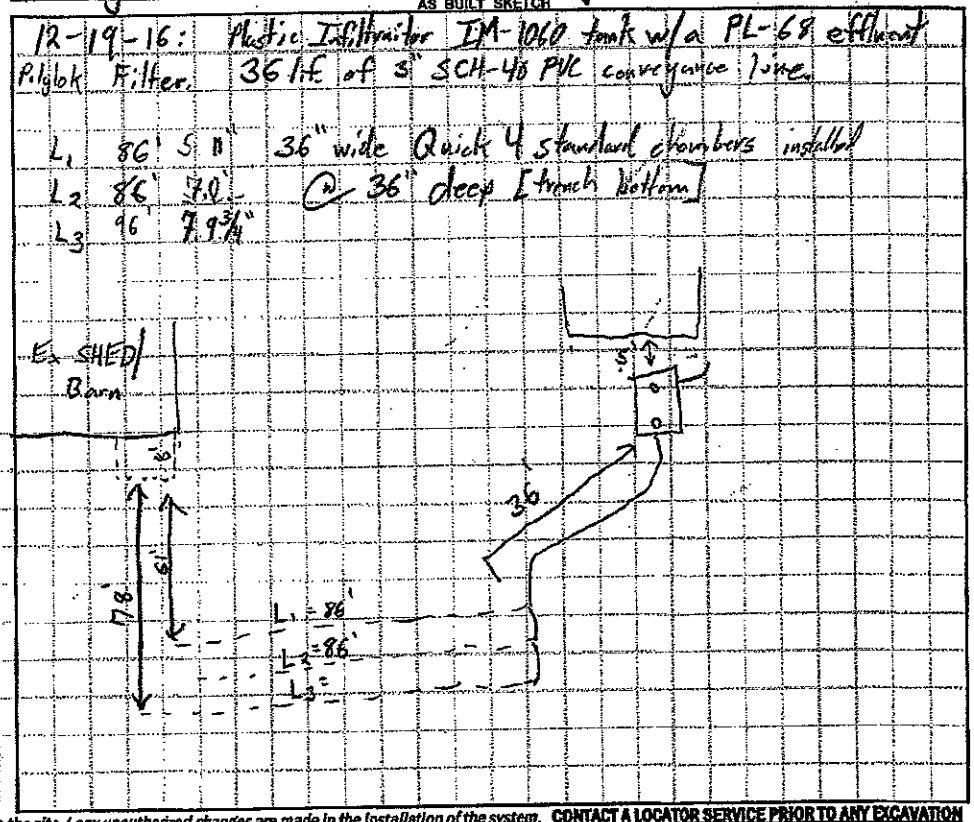
AS BUILT SKETCH

12-19-16: Plastic Infiltrator IM-1060 tank w/a PL-68 effluent Pigtok Filter. 36 l.f. of 3" SCH-40 PVC conveyance line.

L1 86' SB" 36" wide Quick 4 Standard chambers installed

L2 86' 7.0' @ 36" deep [trench bottom]

L3 96' 7.9¾"



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**

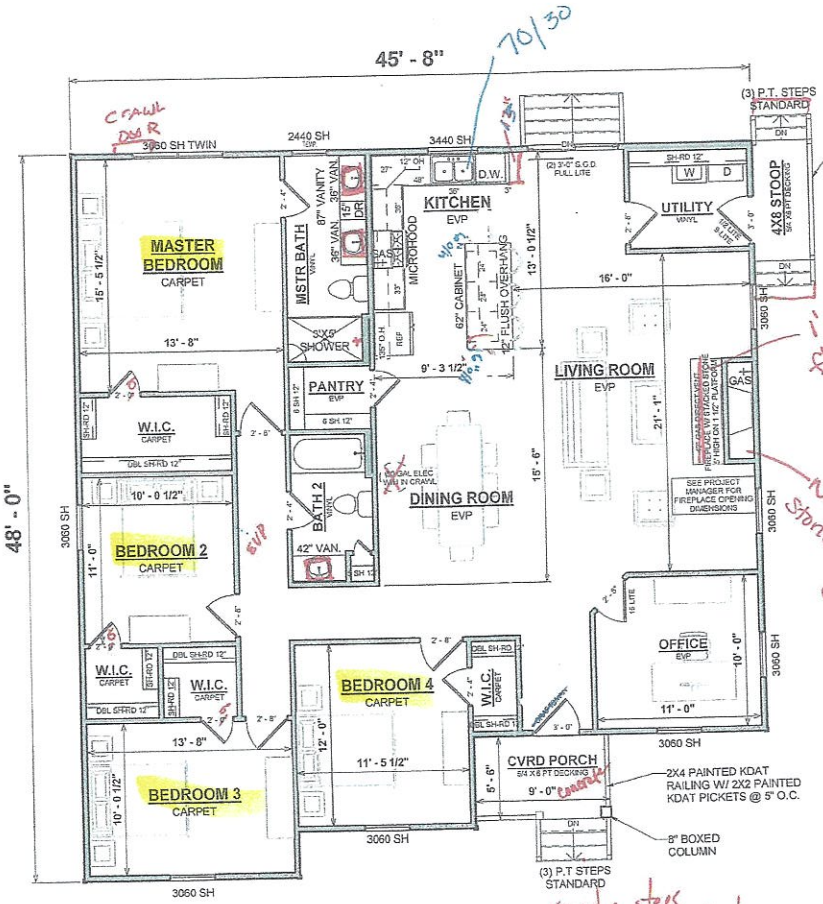
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 12-16-16 Installed by: Tim Ammons

IMPROVEMENT PERMIT by: Tom Shuck Date: 12/16/16 OPERATION PERMIT by: Tom Shuck Date: 12/19/16

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 12/16/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



FIRST FLOOR PLAN

Acknowledgement Of Plans Submitted ONLY!

Date

Patrick Beckett Date 6/30/202

Revision Schedule		
Revision Number	Revision Description	Revision Date

AREAS:	
FIRST FLOOR HEATED	1,981 SF
FRONT PORCH	50 SF
TOTAL UNDER ROOF	2,030 SF
4X8 STOOP	32 SF
TOTAL UNROOFED	32 SF

THE: MURRAY

FOR: TABITHA JASON & MISTY GRIMES

660 PATTERSON FARM RD. MOORESVILLE, NC 28

OFFICE: STATESVILLE

SOLD BY: JS

JOB# 87-21-035

FOUNDATION TYPE: CRAWL SPACE

DRAWN BY: MM

CHECKED BY: KK

PRINT DATE: 6/2/2021 2:56:03 PM

PROPERTY OF:

© COPYRIGHT - 2021

SHEET NUMBER: DP-3

FLOOR PLAN

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIM DESIGN PLANS

PAPER SIZE: 11" x 17"

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

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $1000 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
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IREDELL COUNTY

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
317615 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4685126500.000	660 PATTERSON FARM RD	Iredell County

Owner Information	Applicant Information
Name: JASON TABITHA D+JUSTIN D Address: Phone:	Name: JASON TABITHA D+JUSTIN D Address: Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.2	35	35	15	15	WSII-BOW Coddle Creek	NO

Remarks
SFD

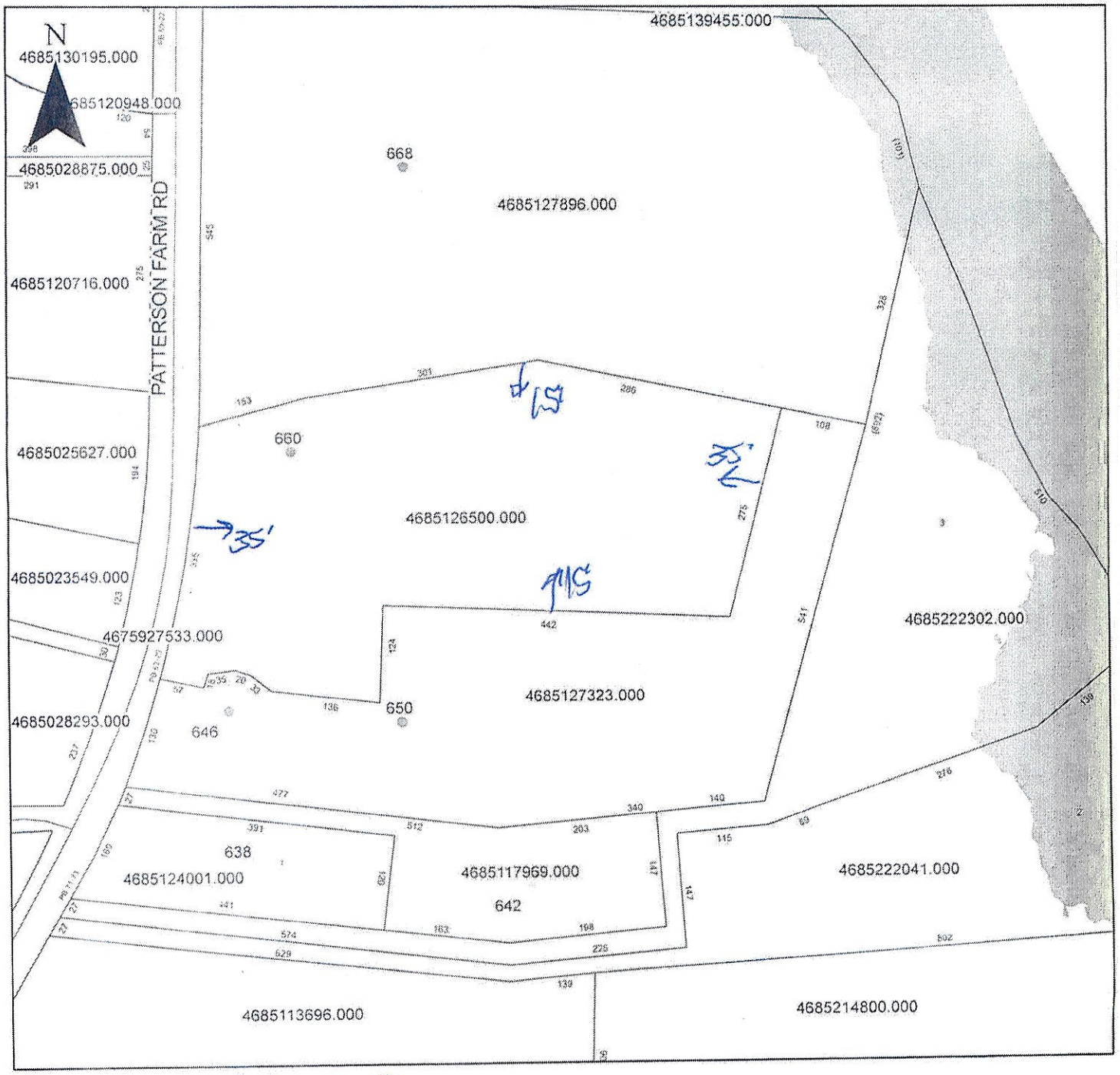
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/07/2021

Signature of Owner/Contractor

Permit Number	317615	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 1060 Patterson Farm

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

5/7/21
Date