IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 223303

PIN # 4685-12-7323.650 ✓

APPLICANT: CMH Homes Inc. APPLICANT ADDRESS: 2026 Northside Drive Statesville, NC

SITE ADDRESS: 650 Patterson Farm Road Mooresville, NC 28115 PHONE: 704-873-2547 ALT. PHONE: 703-314-5328

SITE DIRECTIONS: Rt 3 South from Mooresville → L on Patterson Farm Rd → Property 2 miles Ahead on Right.

SUBDIVISION: Ronald/Charles Malcolm SECTION: — LOT # 2 LOT AREA: 5.146 DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000	(gal)	STB	960	Date	10-6-16	☒ New System	☐ Repair	☐ Expansion
Pump Tank	—	(gal)	PT	—	Date	—	System Type: I II (III) IV V VI		
Pump Make	—	Model	—		Serial #	—	System Description:	25% Reduction	
# Nitrification Fields	1	# Lines	5		Linear Ft:	328	Repair System Description:	25% Reduction	
Trench Width	36"	Max. Trench Bottom Depth		29"-32" low side	Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ GRAVITY	☐ PRESSURE

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

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

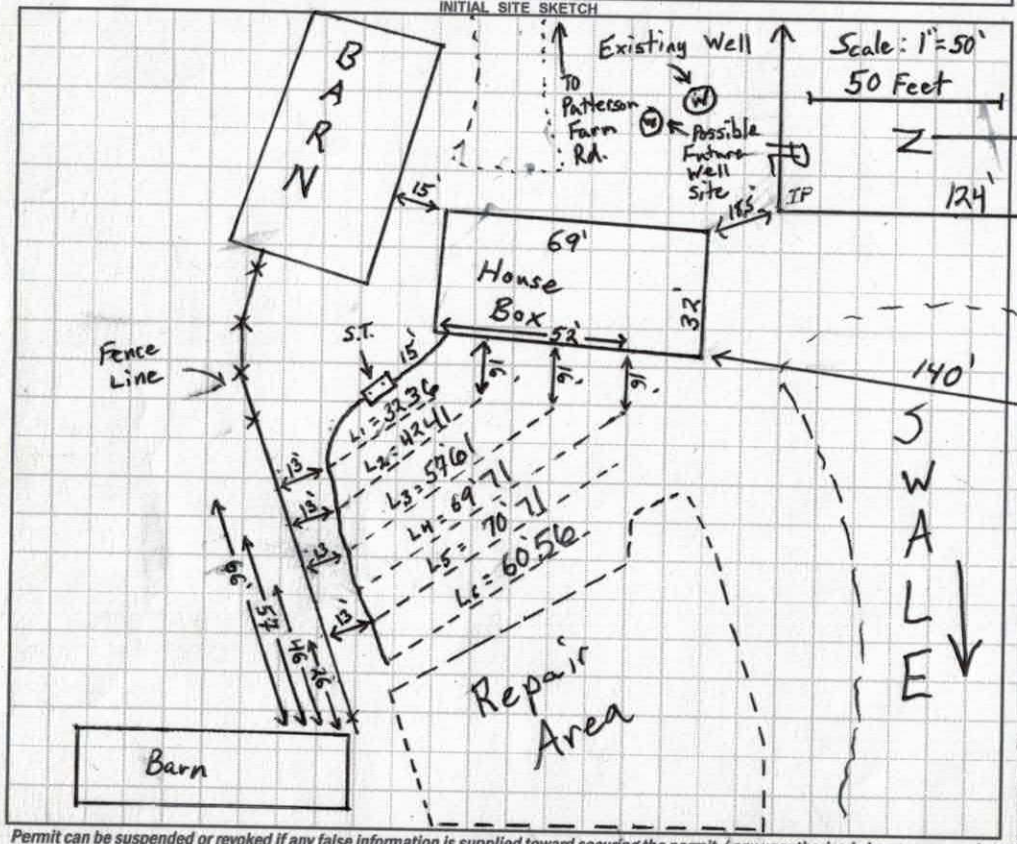
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

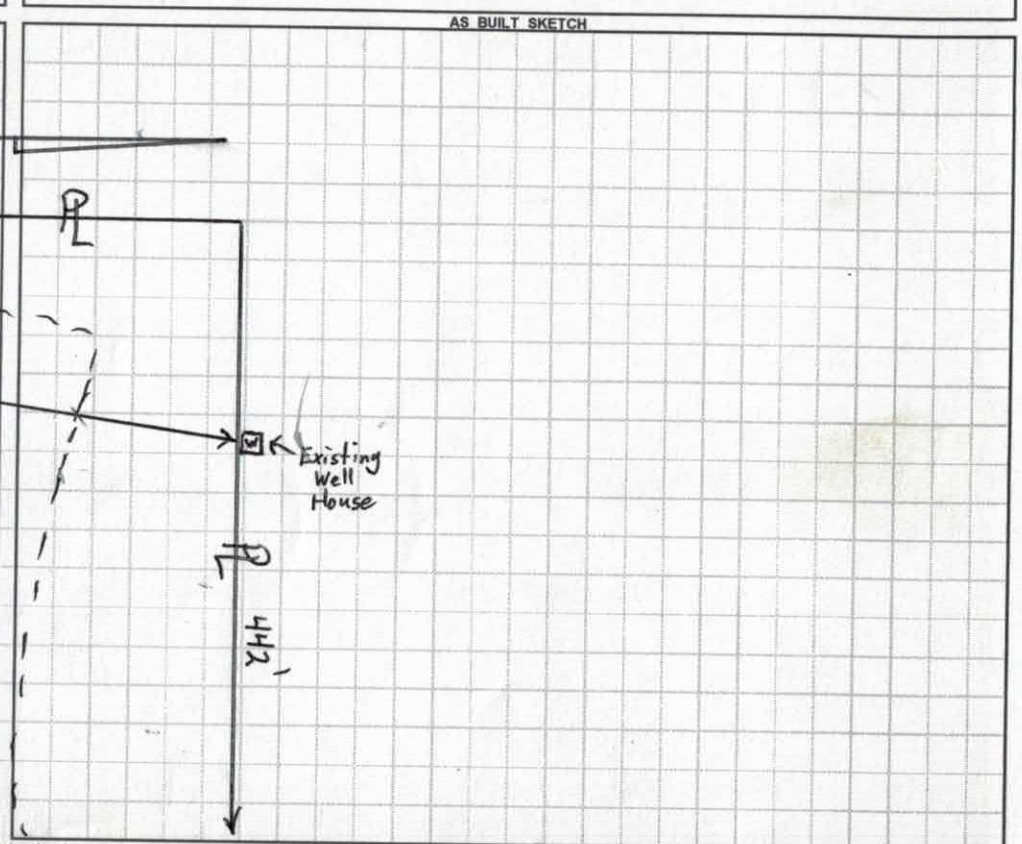
Comments / Conditions: Follow all N.C. septic rules. Recommend pumping septic tank every 3-5 years.

ADS Chambers (584 segments)

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: Delna Dye Date: 1/24/17

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/10/2017

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/11/2017

Installed by: Abee's Grading

OPERATION PERMIT by: Maria Golden Date: 2/27/17

Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 223303
COUNTY: Iredell

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

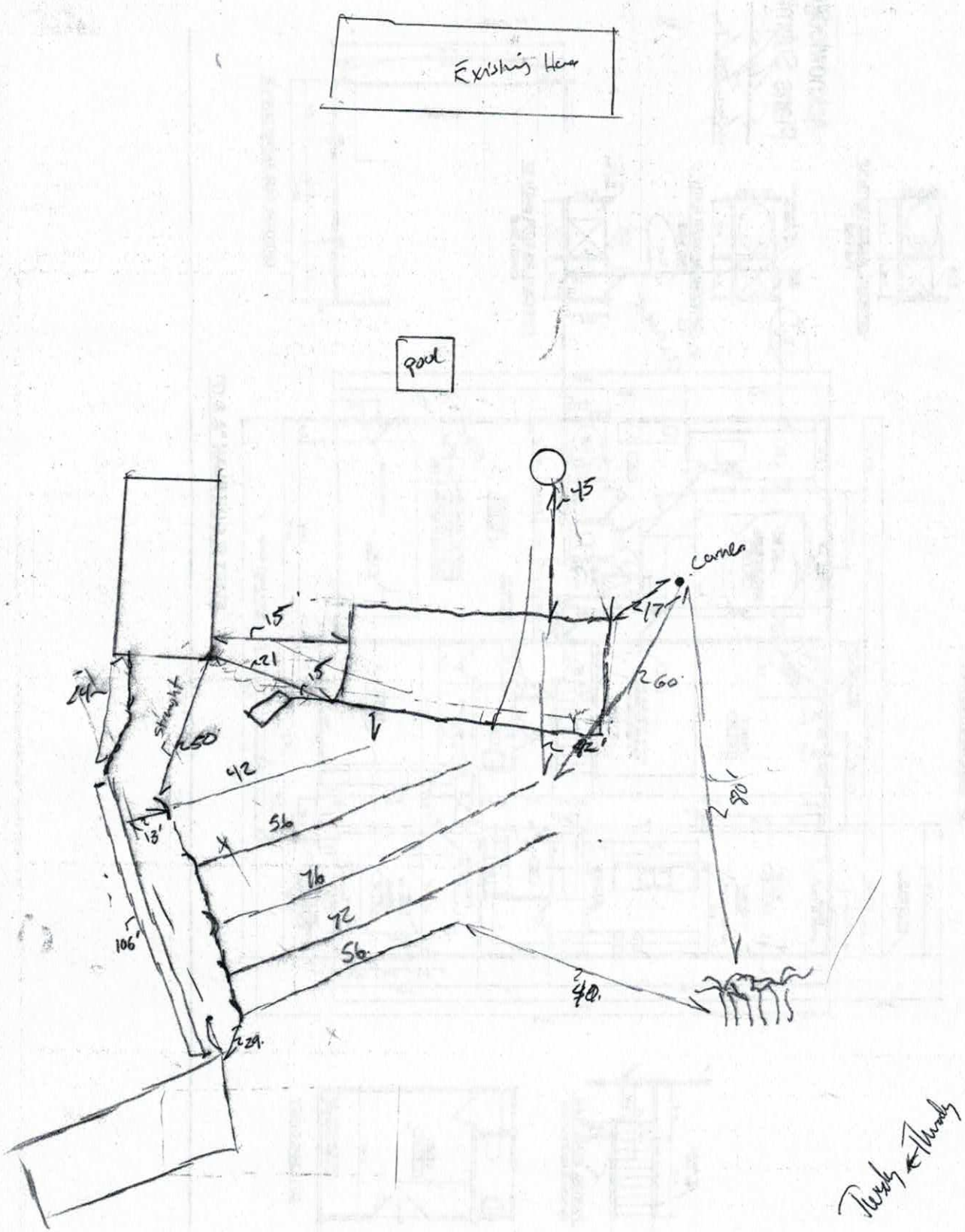
OWNER: Clayton Homes — APPLICATION DATE:
ADDRESS: 2026 Orchard Drive Statesville NC — DATE EVALUATED:
PROPOSED FACILITY: Home — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE:
LOCATION OF SITE: 646 Pathway Farm Rd — PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8%	0-2	SCL wkBK	SS Sp FI SEXP	7.5YR4/4	48	Sandy Subsoil 2.37	—	3 CLTRI P3
		2-37	C SBK	SS Sp FM SEXP.	2.5YR4/6				
		37-49	C SBK	SS Sp FM SEXP.	2.5YR4/8				
2	10%	0-2	SCL wkBK	SSSp FI SEXP	7.5YR4/4	47	—	—	P3 .3 CLTAR
		2-49	C SBK	SS Sp FM SEXP.	2.5YR4/6				
3	9%	0-2	SCL wkBK	SSSp FI SEXP	7.5YR4/4	47	—	—	P3 .3 CLTAR
		2-48	C SBK	SS Sp FM SEXP.	2.5YR4/6				
4	10%	6-49	C SBK	SS Sp FM SEXP.	2.5YR4/6	49	—	—	P3 .3 CLTAR

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

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

COMMENTS


Existing Home
pool
45
corner
17
15
21
15
24
straight
50
42
60
42
56
76
72
56
106
13
29
40
90

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

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

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

OWNER: Malcom Jr.
APPLICATION DATE 11/21/16
ADDRESS: 650 Patterson Farm Rd. Mooresville, NC
DATE EVALUATED: 12-30-16
PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 5.146
LOCATION OF SITE: 646 Patterson Farm Rd.
PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

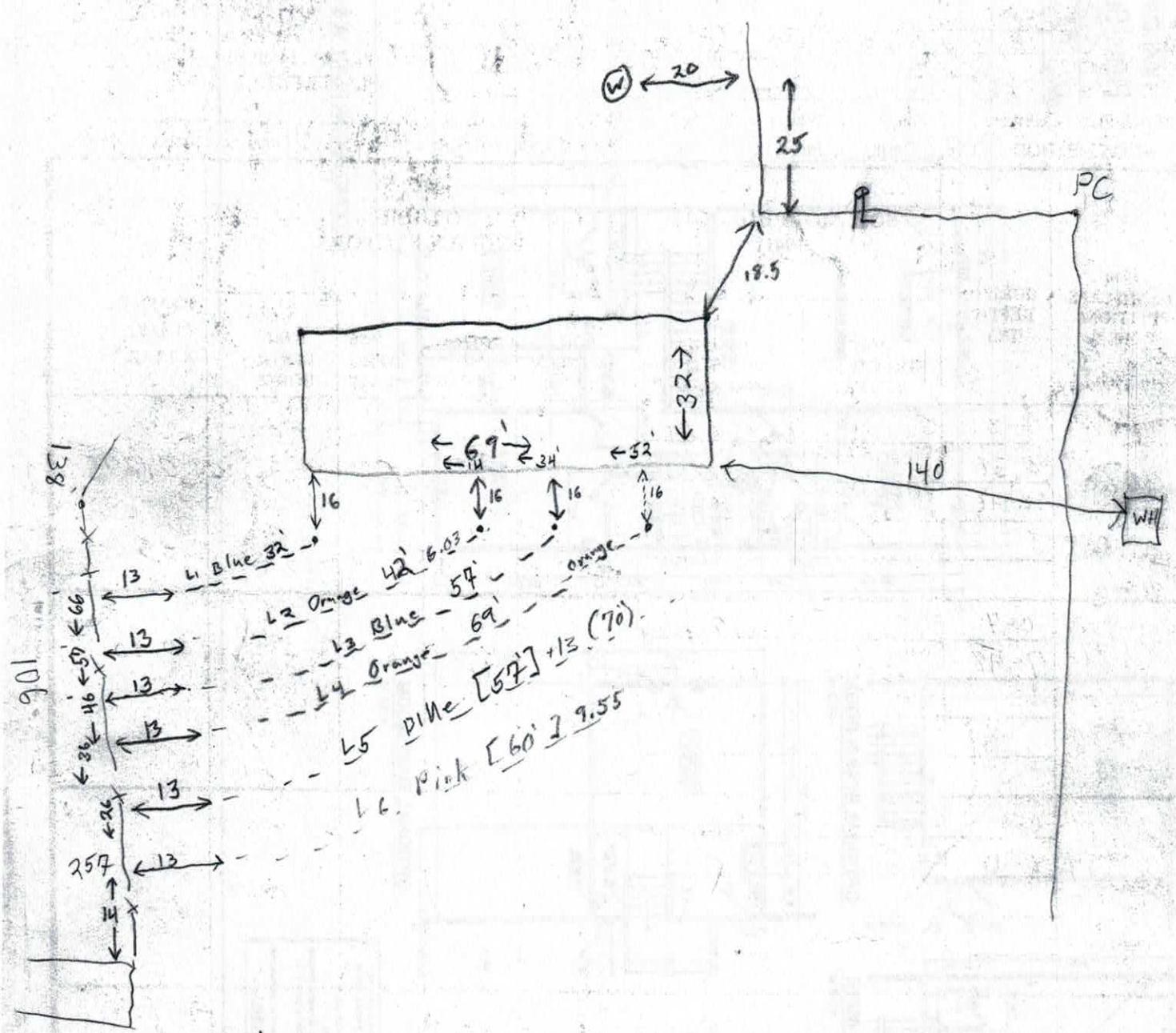
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% Shoulder Primary	0-8	SCL + Granls V.V. SBK	SI Firm, SS, Sp, Sexp	—	48	—	—	0.275 PS
		8-38	Clay m/SBK	Firm, SS, Sp, Sexp					
		38-48	clay m SBK + YB Saprolite trace	SI Firm, SS, Sp, Sexp					
					TB install @		30"-	28"	
2	10% Shoulder Primary	0-7	SCL V.V.SBK	SI. Firm, SS, Sp, Sexp	—	48	—	—	0.30 PS
		7-48	clay m. SBK Trace Saprolite 34-48"	SI. Firm, SS, Sp, Sexp					
						OK @	30-28"		
3	Shoulder/ LSS 12% Repair	0-8	SCL V.V. SBK	SI. Firm, SS, Sp, Sexp	—	48	—	—	0.3 PS
		8-48	clay Trace W. SBK Saprolite	SI. Firm, SS, Sp, Sexp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330	400+
System Type(s)	25% Reduction	25% reduction
Site LTAR	0.275	0.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

COMMENTS: ___

0.275



16% slope

3b | 3.52

RECEIVED NOV 21 2016

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION Application for SEPTIC REPAIR PERMIT

Paid $500.00 #223303

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

CMH Homes Inc	3026 Northside Dr Statesville, NC 28625	7048732547	7033145328
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Charles H Malcolm Jr	646 Patterson Farm RD Mooresville, NC 28115	7049297668	7046824988
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

650 646 Patterson Farm RD Mooresville, NC 28115	N/A	PIN# 4685127323
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 77 S EXIT 36 MAKE RIGHT ON TO 150 MAKE RIGHT ON TO W. IREDELL AVE. (3) TURN LEFT ON WILLFORD RD RIGHT ONTO LINWOOD THEN RIGHT ON PATTERSON FARM RD. LOT ON LEFT

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to ___
(✓) Other NEW SYSTEM

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

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and marking the site accessible so that a complete site evaluation can be performed.

9. Signature: ___ 11/21/16
   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

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, Charles H. Mallette Jr, am the legal owner(s) of the property located at 646 Patterson Farm Rd Mooresville N.C. 28115, identified as PIN (Parcel Identification Number) 4685127323, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jonathan Estep Clayton Homes, 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.

Chas H. Mallette 11/21/16
Signature of Owner(s) Date

Adrienne Shea 11/21/16
Signature of Witness 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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

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

✓ Property Line measurements are clearly identified...

✓ All proposed structures are indicated...

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

✓ Front and side setbacks from property line...

____ Area you prefer your septic system to be placed...

____ Preferred driveway location and configuration, preferred well location...

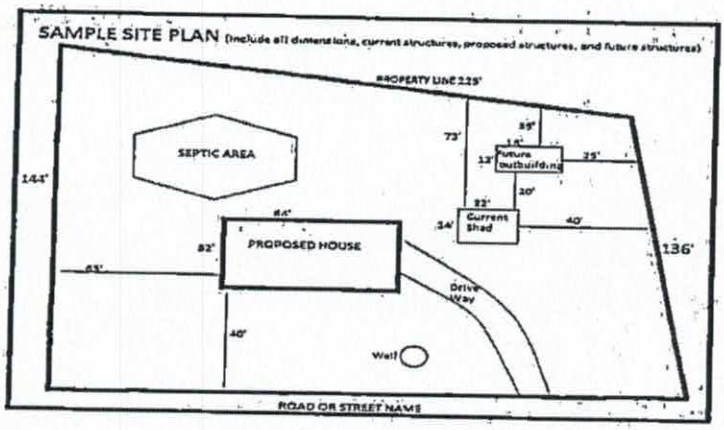
____ North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

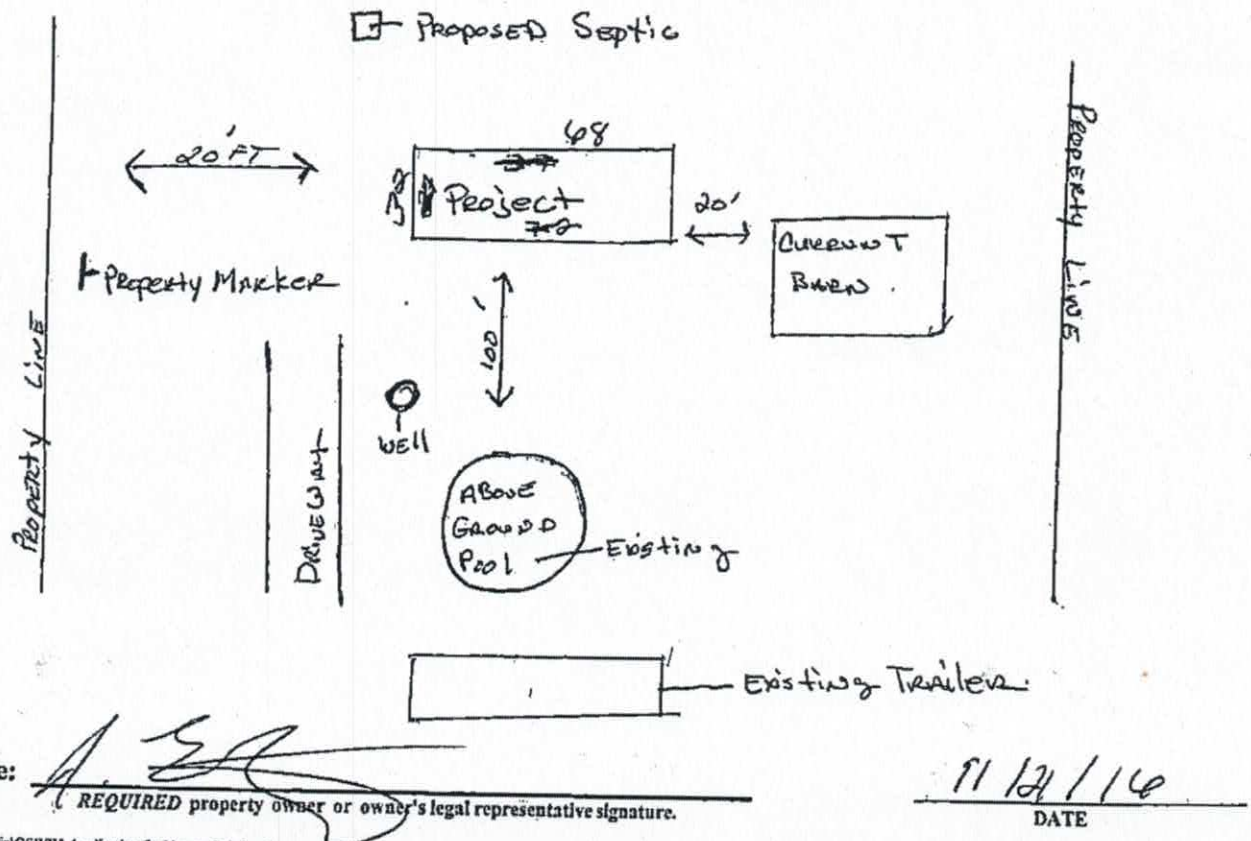
____ Location of septic systems and wells within 100' of your property... N/A

____ 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



Signature: _____ 11/21/16

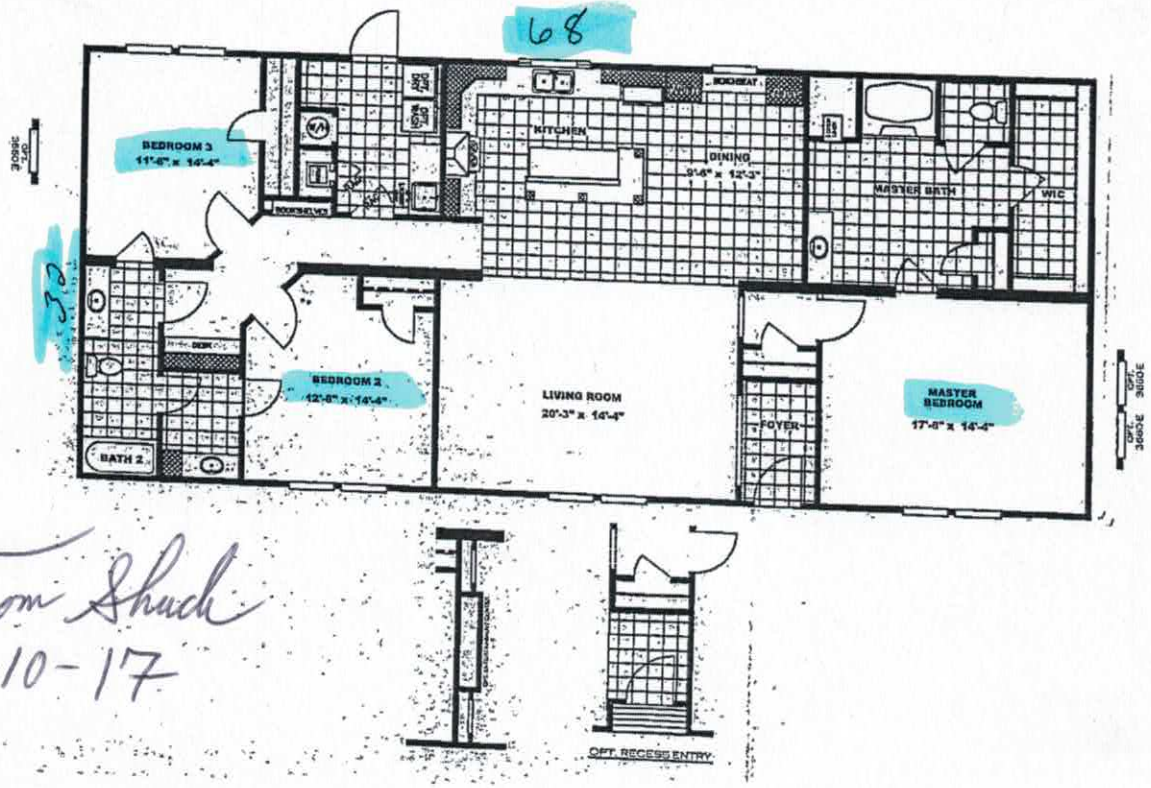
REQUIRED property owner or owner's legal representative signature. **DATE**

Acknowledgement
Plans Submittal ONLY!
[illegible] Date
11-21-10 Date

PLANET HOLLYWOOD

32x68

68



32

Tom Shuck
1-10-17

IREDELL COUNTY

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

APPLICATION NUMBER
223303
Issue Date: 11/21/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4685127323.000	650 PATTERSON FARM ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MALCOLM CHARLES H JR	Applicant: CLAYTON HOMES OF STATE
Address: 1236 FIELDSTONE RD MOORESVILLE, NC 28115	Address: 2026 NORTHSIDE DR STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME; MH ON LOT TO BE ACCESSORY MH MH MUST MUST MEET R8, FAMILY ONLY	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
5.146	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

MOBILE HOME ON LOT MUST MEET R8; FOR FAMILY ONLY; MUST BE AT LEAT 70 FEET OF SEPARATION BETWEEN HOMES

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.

Applicant: _____ Date: _____

Permit Number	86289	TOTAL FEES:	$ 77.25