IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 239651

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

PIN # 4685130195

APPLICANT/OWNER: Rebecca Starr APPLICANT ADDRESS: 135 Dan Roun Ln

SITE ADDRESS: 687 Patterson Farm Rd Mooresville 28115 PHONE: 980-521-8012 ALT. PHONE

SITE DIRECTIONS: Patterson Farm Road S Lot on R SAP CONTROLLED: Instal ☒ YES ☐ NO

SUBDIVISION: Earle E Underwood Property SECTION: — LOT # 1 LOT AREA: 2.39 DESIGN FLOW: 360gpd L.T.A.R.: .275

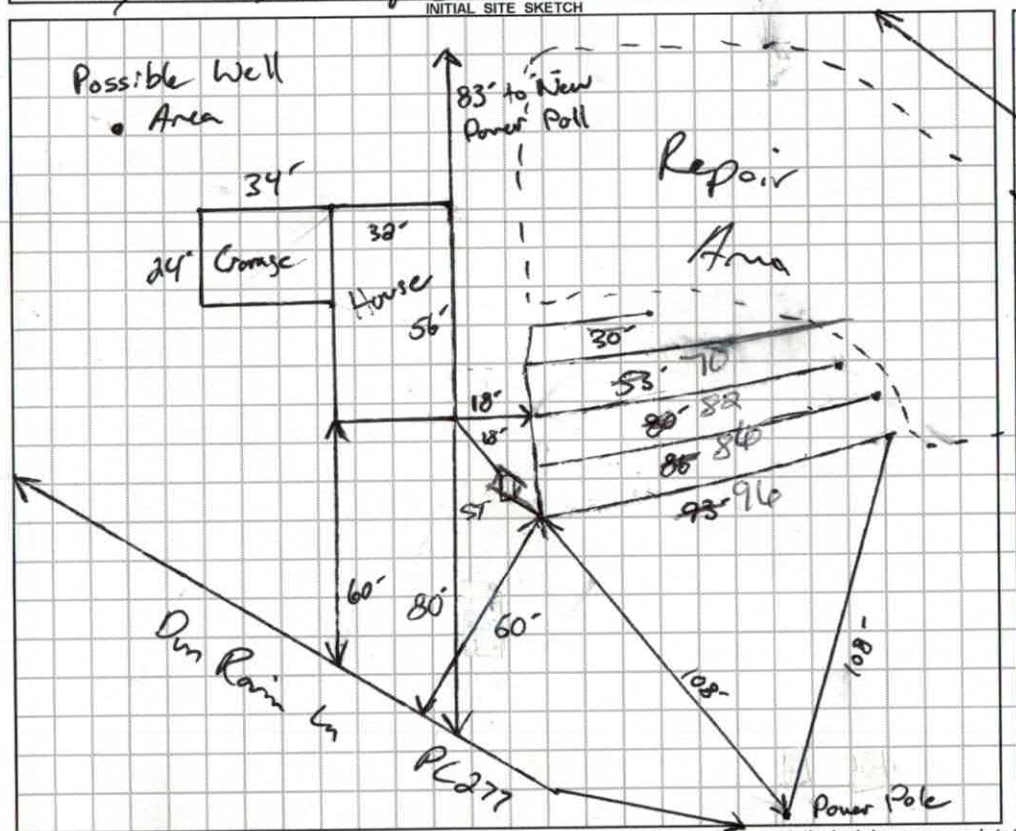
Septic Tank	1000	(gal)	STB	1012	Date	10-2-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% Reduction			
Pump Make		Model			Serial #		Repair System Description:	25% Reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft	328'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	36" Max		Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing		☐ Basement w/o plumbing	

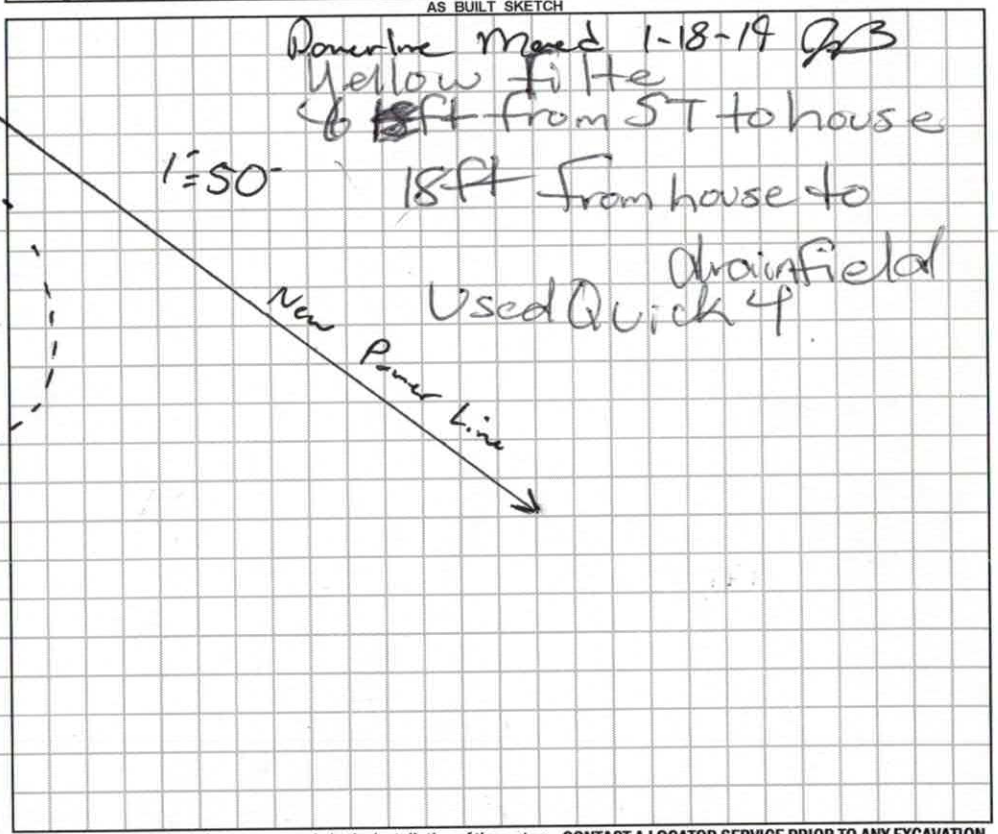
Comments / Conditions: Install Drainlines on center of land and use Serial distribution. Do not drive, park, pave, grade or bury utilities in Septic area.

To get AC Powerline will have to be relocated away from Septic Area. 342' of drainline laid out, only 328' are needed.

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: Date: 1-24-19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 1-23-19 OPERATION PERMIT by: Maria Dotson Date: 2/4/19

AUTHORIZATION TO CONSTRUCT by: Date: 1-23-19 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 inpsector 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 #: 468513 0194
COUNTY: Iredell

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

OWNER: Rebecca S Tarr
ADDRESS: 135 Dun Roven Ln
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 687 Pathway Farm Rd

APPLICATION DATE 10-9-18
DATE EVALUATED: 11-5-18
PROPERTY SIZE: 2.39 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) .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	4% SS	0-6	SBk SCL	Fr SS SP Scap	PS	48"	N/A	N/A	PS .275
		6-36	ABk C	Fr SS SP Scap					
		36-48	SBk CL	Fr SS SP Scap					
2	SS 4%	0-10	SBk SCL	Fr SS SP Scap	PS	40"	40-60	N/A	.3
		10-40	SBk & C	Fr SS SP Scap					
		40-60	MA L SAP						
3	SS 4%	0-12	SBk SCL	Fr SS SP Scap	PS	60"	N/A	N/A	.275
		12-39	ABk SCL	Fr SS SP Scap					
		39-60	SBk SCL	Fr SS SP Scap					
4	SS 4%	0-8	SBk SCL	Fr SS SP Scap	PS	60"	N/A	N/A	.275
		8-30	ABk C	Fr SS SP Scap					
		30-60	ABk CL	Fr SS SP Scap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	328"	328"
System Type(s)	2S%	2S%
Site LTAR	.275	.275

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4685130195
DATE OF EVALUATION: 11-5-18
COUNTY: Iredell

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
5		6-8	SBK SCL	Fr SS SP Sexp	PS	42"	42-60	N/A	.275
		8-42	SBK C	Fr SS SP Sexp					
		42-60	MA LSAP						

COMMENTS:

Updated February 2014

FOR CLAYTON HOMES STATESVILLE 7048732547

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

(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: *Place check ( ) 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

3. **Applicant Information:**

REBECCA STARR (Applicant Name)	x 135 Dun Roamin Lane (Mailing Address)	980-521-8012 (Home Phone #)	___ (Alternate Phone #)
x Elizabeth Ellen Bufield (Owner Name)	x 150 Dun Roamin Lane (Mailing Address)	x 704-877-1093 (Home Phone #)	___ (Alternate Phone #)

ADAM CASSTEVENS 704 929 1552 — CONTACT QUESTION

4. **Property Information:**

6087 PATTERSON FARM RD (Street Address) MOORESVILLE (Subdivision Name) LOT 7 (Section/Phase and Lot Number)

Driving Directions: (SEE ATTACHED)

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 ___

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 To The Best of Your Ability:** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) 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 making the site accessible so that a complete site evaluation can be performed.

9. **Signature:** x Elizabeth Ellen Bufield (Property owner or owner's legal representative signature (SIGNATURE REQUIRED)) x 10-9-18 (DATE)

S:\Shared\EH_Admin\Office\WP\ Application for New or Existing System

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.

X Elizabeth Ellen Banfield am the legal owner(s) of the property located at 687 PATTERSON FARM RD MOORESVILLE, identified as PIN (Parcel Identification Number) 4685-03-7243, located in Iredell County, North Carolina.
TO BE Split (SEE NEW SURVEY)

I do hereby authorize (print legal representative/company name) X ADAM CASSTEVENS, 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.

X Elizabeth Ellen Banfield X 10.9.18
Signature of Owner(s) Date

Signature of Witness ADAM CASSTEVENS 10-9-18
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



VICINITY MAP NO SCALE

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

I, _____, REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

10-8-18
DATE

REVIEW OFFICER

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF REGISTER OF DEEDS OF IREDELL COUNTY.

SUBDIVISION ADMINISTRATOR
IREDELL CO., NORTH CAROLINA

10-8-18
DATE

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 73°28'12" W	30.18'
L2	N 82°02'30" W	25.09'
L3	N 02°31'10" W	14.31'
L4	N 06°43'19" E	40.80'
L5	S 09°27'53" E	37.30'
L6	S 09°30'05" W	50.62'
L7	S 87°02'37" E	19.37'
L8	N 01°37'45" W	34.15'
L9	S 80°27'15" W	15.00'

IREDELL COUNTY, NORTH CAROLINA

THE LOT SHOWN ON THIS PLAT TO THE BEST OF MY KNOWLEDGE LIES WITHIN THE WS-4 GALANCE DR WATERSHED AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

10-8-18
DATE

SUBDIVISION ADMINISTRATOR

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK _____ PAGE _____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000. (THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK _____ PAGE _____; THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 2 DAY OF Oct A.D. 2018.

PROFESSIONAL LAND SURVEYOR

L-3499
REGISTRATION NUMBER

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

PROFESSIONAL LAND SURVEYOR

Doc ID: 018846480001 Type: OPP
Recorded: 10/08/2018 at 12:08:07 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald M. Wyatt Register of Deeds
BK 69 PG 22

OWNERS CERTIFICATE AND NOTARIZATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT AND ESTABLISH MINIMUM BUILDING SETBACKS AS NOTED, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

I FURTHER CERTIFY THAT:

A: THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

B: THERE ARE NO GOVERNMENTAL REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER IREDELL COUNTY SUBDIVISION ORDINANCE REGULATIONS, WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

C: I UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER CONTRACTUAL AGREEMENTS IS NOT THE RESPONSIBILITY OF IREDELL COUNTY, WILL NOT BE UNDERTAKEN BY IREDELL COUNTY, AND IS THE SOLE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATIONS OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

10-3-18 DATE — Earl E. Underwood OWNER

10-3-18 DATE — OWNER

10/3/18 DATE — OWNER

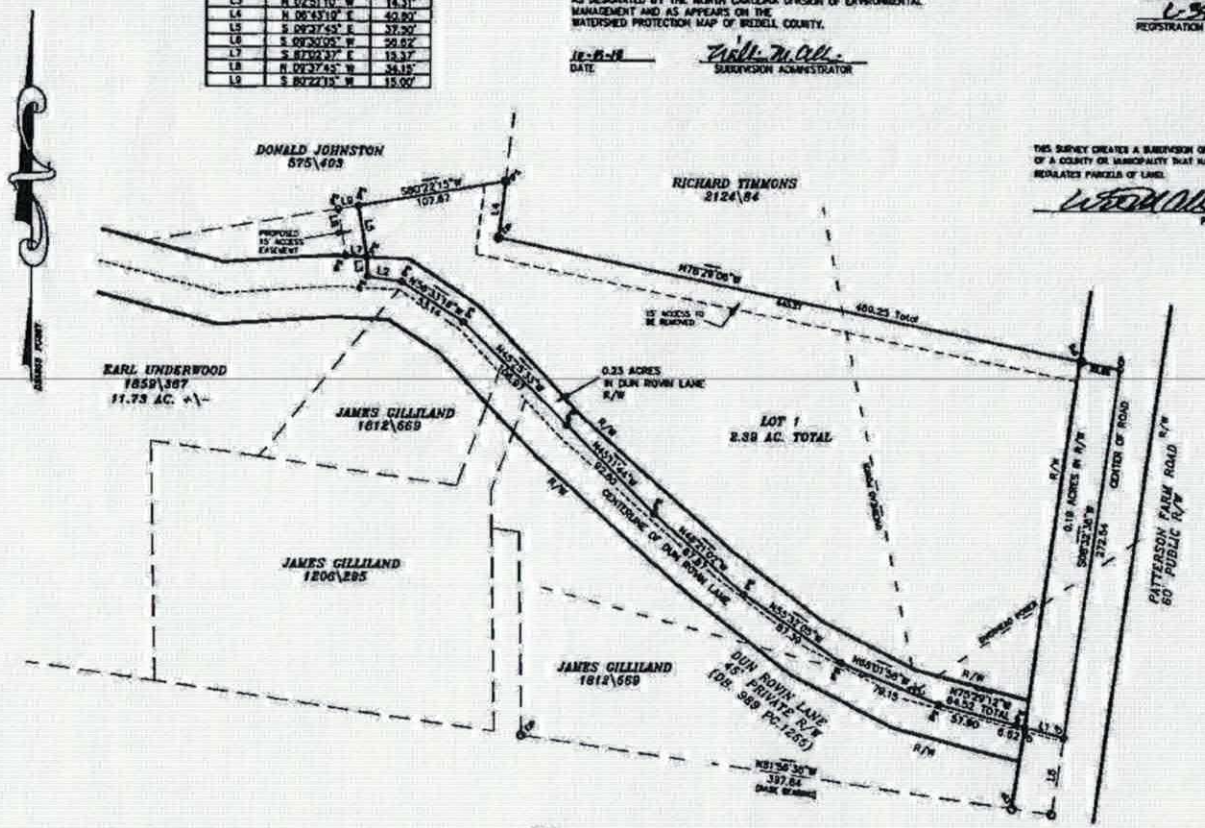
NORTH CAROLINA
IREDELL COUNTY

I, Courtney N. Cox
A NOTARY PUBLIC FOR SAID COUNTY AND STATE
DO HEREBY CERTIFY THAT
EARL E. UNDERWOOD, ELIZABETH ELLEN BENFIELD
AND JAMES RANDALL BENFIELD
OWNER(S) PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL,
THIS 3 DAY OF October, 2018.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 11/17/2022

COURTNEY N. COX NOTARY PUBLIC IREDELL COUNTY, NC



THE SUBJECT PROPERTY IS NOT LOCATED WITHIN A SPECIAL FLOOD HAZARD AREA ACCORDING TO FLOOD INSURANCE RATE MAP – COMMUNITY PANEL #3710468500K EFFECTIVE DATE: 06\16\2009.

NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Tax Parcel No. 4685037243
3) Deed Ref. 1859\387
4) Property Zoned : RA AND ALL SURROUNDING PROPERTY
5) Minimum Building SetBack Per County Zoning: 35' FRONT, 35' REAR, 15' SIDE
6) The property is located in COOLEE CREEK TWSP., IREDELL CO., N.C.
7) TOTAL AC.= 2.39 AC.
8) No geodetic monument found within 2000' of said property.
9) The lots shown on this plat does not lie in a designated flood area.
10) TOTAL # LOTS SUBDIVIDED = 1
11) ALL LOTS ARE SUBJECT TO A 10' UTILITY & DRAINAGE EASEMENT ALONG ALL LOT LINES.
12) AS OF THE DATE OF THIS RECORDING, THE LOTS REPRESENTED ON THIS PLAT HAVE NOT BEEN INSPECTED OR APPROVED BY THE IREDELL COUNTY HEALTH DEPT. UNTIL INSPECTED THERE IS NO ASSURANCE THAT A BUILDING PERMIT WILL BE ISSUED.

DAS
DON ALLEN & ASSOCIATES P.A
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Creekside Park Drive (suite 102) * Mooresville, N.C. 28117
(704) 664-7228 (704) 664-8043 Fax
dondhesurvey@gmail.com

MINOR PLAT OF EARL E. UNDERWOOD PROPERTY

COOLEE CREEK TWSP., IREDELL CO., N.C.

SCALE: 1" = 50' DATE SURVEYED: SEPT. 14, 2018
DATE PLAT PREPARED: OCTOBER 2, 2018

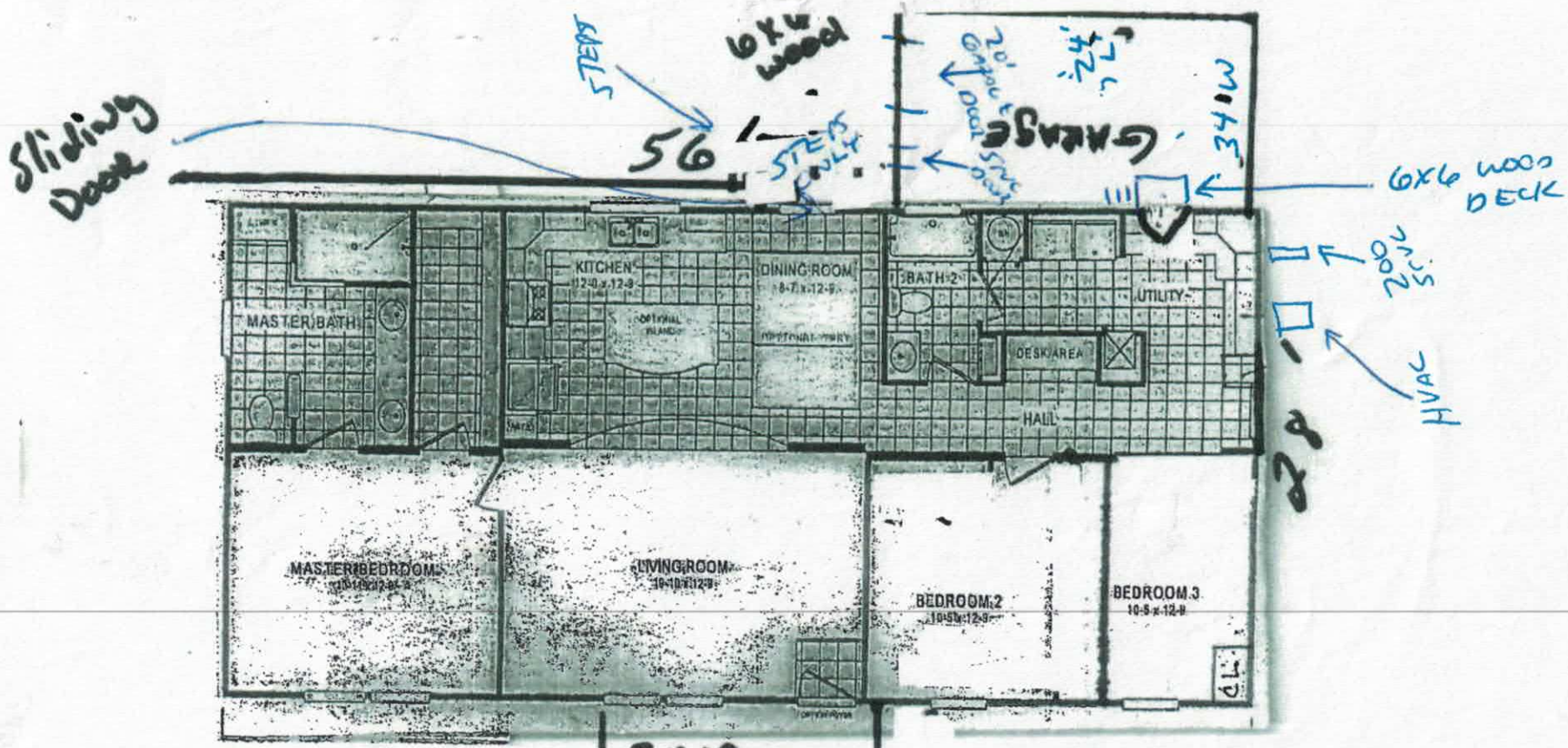
OWNER: EARL E. UNDERWOOD
150 DUN ROVIN LN,
MOORESVILLE, N.C. 28115

OWNERS: ELIZABETH ELLEN BENFIELD
AND
JAMES RANDALL BENFIELD

GRAPHIC SCALE

(IN FEET)
1 inch = 50 ft.

FILE NAME: DUN ROVIN LN — 13533.DWG



Acknowledgement of Plans Submittal ONLY!

Date 1-23-18

Date 1-24-18

#NOTE: I NEED REVIEW WITH CUSTOMER

IREDELL COUNTY

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

FILE COPY

APPLICATION NUMBER
239651
Issue Date: 10/18/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4685037243.000	687 PATTERSON FARM ROAD, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: UNDERWOOD EARL E LE	Applicant: CLAYTON HOMES OF STATE
Address: 186 DUN ROVIN LANE	Address: 2026 NORTHSIDE DR
MOORESVILLE, NC 28115	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
14.121	35.00	35.00	25.00	15.00	BOWC	AE

Remarks:

PAID
#6374
10-18-18

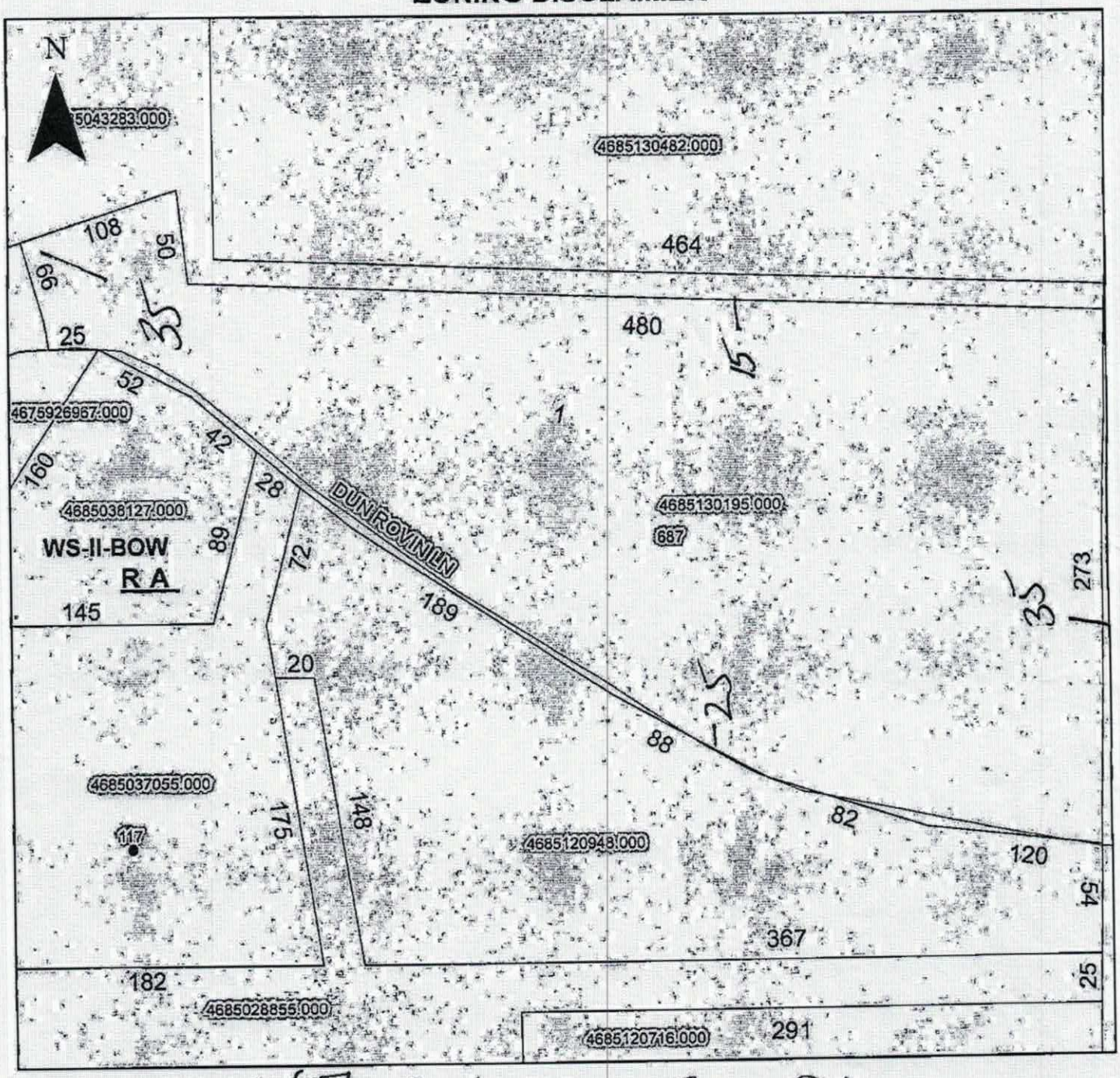
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

See Attached

Applicant: _____ Date: _____

Permit Number	156057	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 487 Patterson Farm Rd.

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

10/18/18
Date