IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 302161

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

PIN # 4685166054

APPLICANT/OWNER: IQ Custom Construction APPLICANT ADDRESS: 840 Edmonton Rd Mt Ulla Mooresville NC 28125

SITE ADDRESS: 822 Patterson Farm Rd Mooresville NC PHONE: — ALT. PHONE 704-578-4951 (CSS).

SITE DIRECTIONS: Linwood @ Patterson Farm on Left SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Meadows Field Place SECTION: — LOT # 4 LOT AREA: 1.33 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	825	Date	8-18-2020	☒ 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:	Gravity - 25% Reduction	☐ Business	No. Persons	8.	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	LP-PPBPS - Horizontal - 50%	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		6	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36.	Trench Bottom Depth(Low side)		30	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of S.L. 2018-114 using the Signed and Sealed LSS Evaluation by: The Oaks Group, PA LSS LI 1313.

AS BUILT SKETCH

INSTALLED AS SHOWN TO BE OK'ED BY KATHLEEN ✓

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: Kathleen Saunders Date: 9/28/2020 Installed by: ROWAN SEPTIC

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 9/25/2020 OPERATION PERMIT by: Benjamin C. White Date: 10-7-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 9/25/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

ON FARM RD
SR #1
30.983
30.24
52.06
38.10
Creek
15' SIDE SETBACK
15' SIDE SETBACK
15' SIDE SETBACK
STKDNL INE
STKDNL INE
STKDNL INE
STKDNL INE
531.36
537.77
LOT 4
Drive
30' pool
50' Paddock
Existing
Addition
Addition
Addition

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

Sheet ___ of ___
TY ID #:
OUNTY: Iredell

ON-SITE WATER PROTECTION BRANCH

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

OWNER: IQ Custom Const. APPLICATION DATE ___/___/___
ADDRESS: DATE EVALUATED: 4/24/19
PROPOSED FACILITY: STR PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 1.33
LOCATION OF SITE: Lot 4 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	
AB A	L ~5%	0-48	Mo SBK CL	FR SS/SP	R; C sap	48+	N/A	N/A	0.3
17	L ~5%	0-24 24-55	WK SBK CL MA L sap	FR SS/SP ↓	R; C sap multi	24"	PS	N/A	0.3
18	L 5-10%	0-24 24-55	WK SBK CL MA L sap	FR SS/SP ↓	R; C/M sap multi	24"	PS	N/A	0.3
19	L 5-10%	0-4 4-26 26-55	Mo GR SL WK SBK C MA L sap	FR ns/np FR SS/SP ↓	Br R; C sap multi	26"	PS	N/A	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	IV H
Site LTAR	0.3	0.3

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

COMMENTS:

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Updated February 2014

RECEIVED SEP 2 4 2020 Session Law #500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 AP- 302161

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: IQ Custom Const Address: 840 Edmiston Rd Mt Ulla Zip: 28125
Applicant Email: Phone: Alt. Phone:
Owner Name: Same Address: Zip:
Owner Email: Phone: Alt. Phone: 704-578-4951 (Jess)

Property Information:

Street Address: 822 Patterson Farm Rd
Subdivision Name: Meadows Field Section/Phase: Lot Number: 4
Driving Directions: Linwood, R Patterson Farm, on L

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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: Number of Persons:
( ) Multi-connection Well Number of Houses:
( ) 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:
( ) No Preference ( ) Alternative ( ) 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: Kathleen Saunders 9-16-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, IQ Custom Construction, am the legal owner(s) of the property located at 822 Patterson Farm Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** The Oaks Group, 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]	9/16/2020	[signature]	9/16/2020
Signature of Owner(s)	Date	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

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 822 Patterson Farm Road

Date: September 8, 2020

Attached is the septic specification information required to permit 822 Patterson Farm Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

Kathleen Saunders

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
1313
STATE OF NORTH CAROLINA

Patterson Farm Lot 4 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	6 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS - Horizontal**
Total Linear Feet	380
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	NF	LP PPBPS	45
2	Repair	NF	LP PPBPS	100
3	Repair	NF	LP PPBPS	50
4	Repair	NF	LP PPBPS	25
5	System	Blue	25% Reduction	50 endfed
6	System	Red	25% Reduction	70 endfed
7	System	Blue	25% Reduction	75 endfed
8	System	Red	25% Reduction	60 endfed
9	System	Blue	25% Reduction	65 endfed
10	System	Red	25% Reduction	80 endfed
11	Repair	NF	LP PPBPS	80
12	Repair	NF	LP PPBPS	80
				Total System: 400'
				Total Repair: 380'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Only system was flagged for installation. Repair lines added from previous permit

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

9-16-2020 (Date)

Owner: IQ custom Construction
Address: 890 Edmisten Rd
Mount Ulla, NC 28125

Subject: Voluntary *Relinquishment of Administrative* Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
4685 16 6054
822 Patterson Farm Rd

I, IQ custom const, 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 11/6/19 for a system
(date)

III
(system name)

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 Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-3281

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

http://www.co.iredell.nc.us/Departments/Health/

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

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
09/25/2020

Owner: IQ Custom Homes
Address: 840 Edmiston Rd Mt Ulla NC

Subject: Notice of Intent to Revoke/Suspend _: 822 Patterson Farm Rd Mooresville

Dear IQ Custom Homes :
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 822 Patterson Farm Rd Mooresville 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 III determined the following violations:

Violation	Law or Rule Citation
Change in system and design location	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 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 suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* 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 09/25/2020. 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

Statesville Office (704) 878-5305 CC Mooresville Office (704) 660-3625 PERMIT # 302161

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

PIN # 4685166054.000

APPLICANT/OWNER: IQ Custom Const. APPLICANT ADDRESS: 840 Edmiston Rd Mt Ulla NC 28125

SITE ADDRESS: 822 Patterson Farm Rd Mooresville NC PHONE: — ALT. PHONE 704 578-4951 (Lss).

SITE DIRECTIONS: Linwood, R Patterson Farm site on Left SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Meadows Place SECTION: — LOT # 4 LOT AREA: 1.33 Acres. DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity 25% Reduction.			
Pump Make		Model			Serial #		Repair System Description:	CP-PD BPS - Horizontal			
# Nitrification Fields	1	# Lines	5		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		30	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private - EXT
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Maintain 100ft from any well. Existing Septic System that encroaches on lot is not to be used. Existing house is Removed.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

The Oaks Group, PA

LSS # 1313

AS BUILT SKETCH

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: Kathleen Saunders Date: 11-12-19 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bolkin Date: 11/6/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 11/6/2019. 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.

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 822 Patterson Farm Rd

Date: October 21, 2019

Attached is the septic specification information required to permit 822 Patterson Farm Rd for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Session Law 14 permitting process.

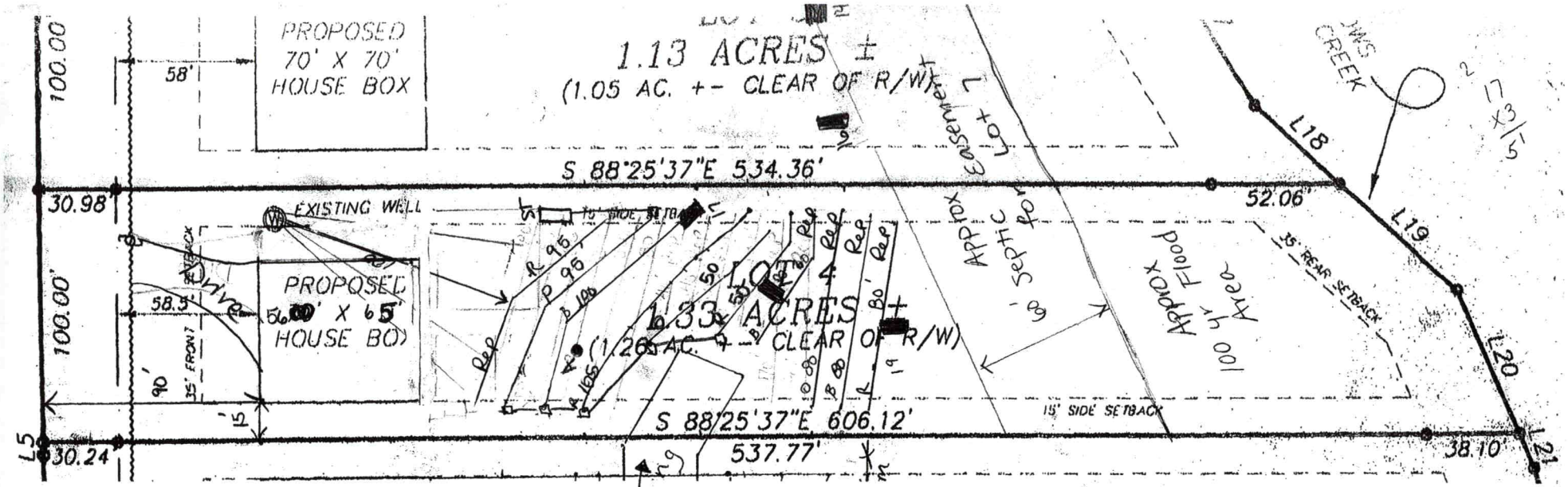
The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the Iredell with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, **excluding** soil descriptions, before permitting and/or septic system installation. The site contains highly variable soils; there may be soil features present that were not encountered during the evaluation.

The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c). The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 11.(c). The LSS Evaluation contains sufficient information to produce design and construction features for an IP/CA, and the LSS contains the proper insurance with the proper coverage.

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

Kathleen Saunders


PROPOSED
70' X 70'
HOUSE BOX
1.13 ACRES ±
(1.05 AC. +- CLEAR OF R/W)
100.00
58'
S 88°25'37"E 534.36'
30.98
52.06'
EXISTING WELL
10' SIDE SETBACK
R 95'
P 95'
LOT 4
1.33 ACRES ±
(1.26 AC. +- CLEAR OF R/W)
Approx Eastern Lot Septic Area
Approx Flood Plain Area
100 yr
35' REAR SETBACK
L18
L19
L20
L21
L5
100.00'
58.5'
PROPOSED
60' X 65'
HOUSE BOX
90'
35' FRONT SETBACK
15'
S 88°25'37"E 606.12'
15' SIDE SETBACK
30.24
537.77'
38.10'
Portion of Existing System Area
1"=60'

Patterson Farm Lot 4 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space or Slab**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	5 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth (Low Side)	30"
Maintenance Agreement Required	No
Repair System	**LP PPBPS - Horizontal**
Total Linear Feet	395
Repair Loading Rate	0.3
Repair trench depth	30"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Red	LP PPBPS	95
2	System	Pink	25% Reduction	95 endfed
3	System	Blue	25% Reduction	100 endfed
4	System	Pink	25% Reduction	105 endfed
5	System	Orange	25% Reduction	50 endfed
6	System	Red	25% Reduction	50 endfed
7	Repair	Blue	LP PPBPS	60
8	Repair	Orange	LP PPBPS	80
9	Repair	Blue	LP PPBPS	80
10	Repair	Red	LP PPBPS	80
				Total System: 400'
				Total Repair: 395'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion

RECEIVED OCT 2 9 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

302161 Paid $500.00 Session Law

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: IQ Custom Const Address: 840 Edmiston Rd Mt Ulla Zip: 28125

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

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: 704-578-4951 (Jess)

Property Information:

Street Address: 822 Patterson Farm Rd

Subdivision Name: Meadows Field Section/Phase: _____ Lot Number: 4

Driving Directions: Linwood, R Patterson Farm, on L

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

Describe Problem: _____

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: _____
( ) No Preference ( ) Alternative ( ) 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: Kathleen Saunders 10-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

The LSS evaluation attached is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).

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

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

OWNER: IQ Custom Const. APPLICATION DATE ____
ADDRESS: ____ DATE EVALUATED: 4/24/19
PROPOSED FACILITY: STR PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: 1.33
LOCATION OF SITE: Lot 4 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
AB A	L ~5%	0-48	Mo SBK CL	FR SS/SP	R; C sap	48+	N/A	N/A	0.3
17	L ~5%	0-24 24-55	WK SBK CL MA L sap	FR SS/SP ↓	R; C sap multi	24"	PS	N/A	0.3
18	L 5-10%	0-24 24-55	WK SBK CL MA L sap	FR SS/SP ↓	R; C/M sap multi	24"	PS	N/A	0.3
19	L 5-10%	0-4 4-26 26-55	Mo GR SL WK SBK C MA L sap	FR ns/NP FR SS/SP ↓	Br R; C sap multi	26"	PS	N/A	0.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III g	IV H
Site LTAR	0.3	0.3

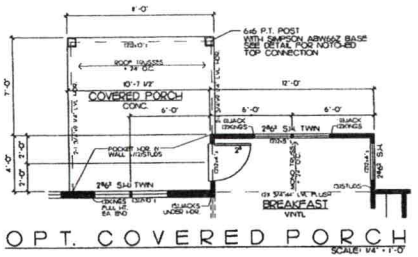
OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: KMS
OTHER(S) PRESENT: ____

LICENSED SOIL SCIENTIST
KATHLEEN M. SAUNDERS
1313
STATE OF NORTH CAROLINA

COMMENTS: ____

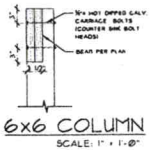
Kathleen Saunders

Updated February 2014



OPT. COVERED PORCH

SCALE: 1/4" = 1'-0"

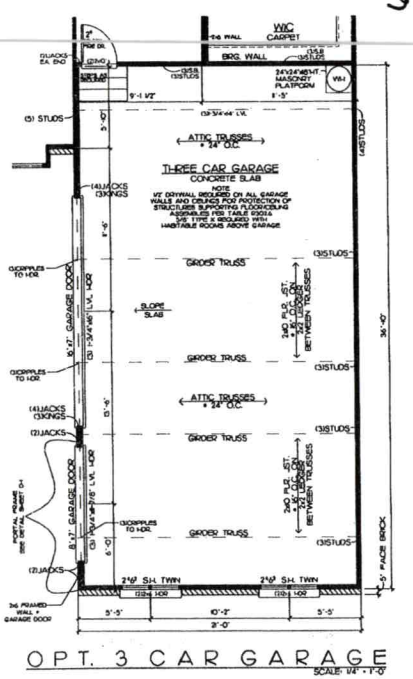


6x6 COLUMN

SCALE: 1" = 1'-0"

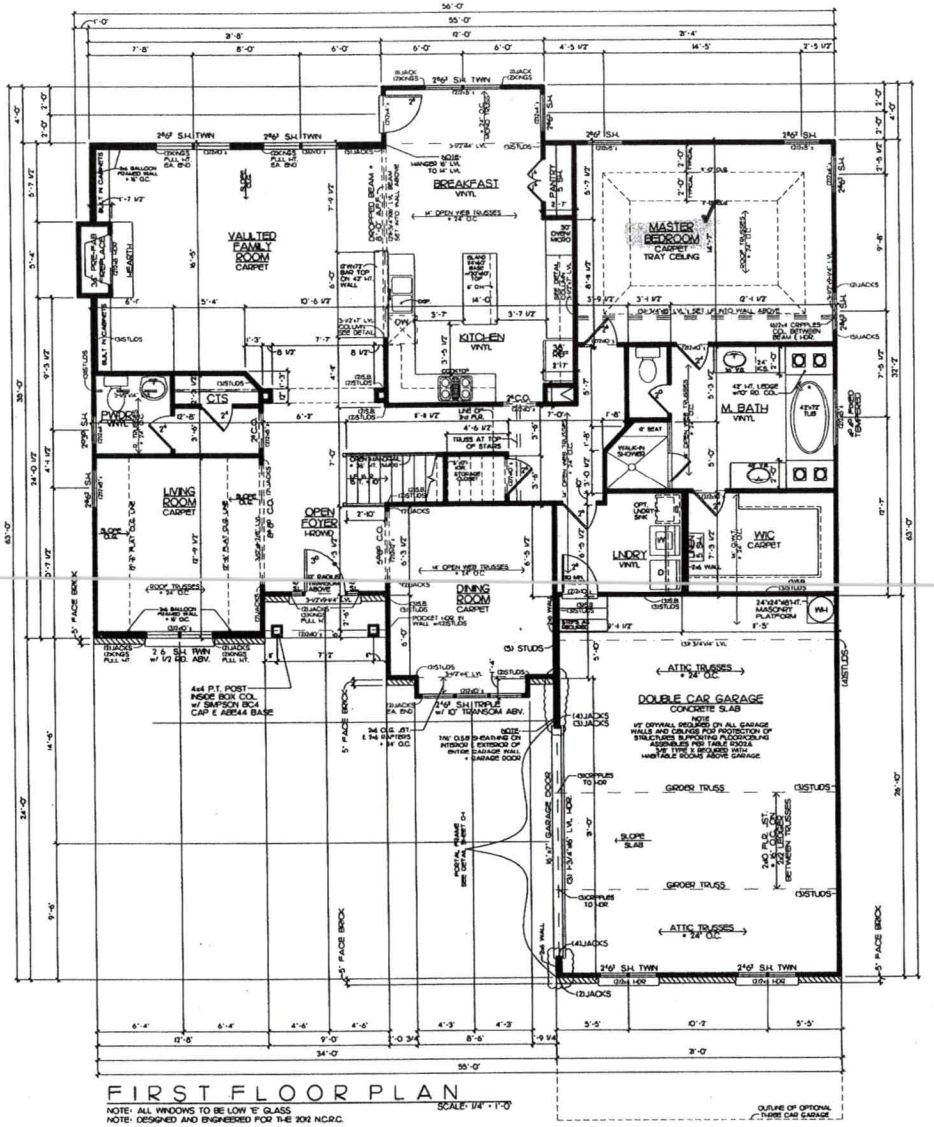
56

63



OPT. 3 CAR GARAGE

SCALE: 1/4" = 1'-0"



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS

NOTE: DESIGNED AND ENGINEERED FOR THE 2012 N.C.R.C.

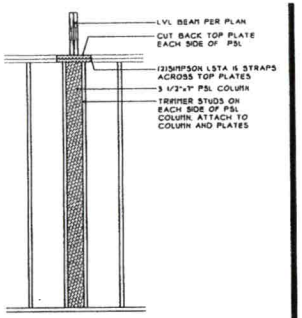
WALL BRACING NOTES:

1. THE LATERAL BRACING REQUIREMENTS FOR THIS PLAN HAVE BEEN ACCOMPLISHED FOR UTILIZING AN ENGINEERED DESIGN AS PERMITTED IN R602.10.4 OF THE 2012 NORTH CAROLINA RESIDENTIAL CODE WITH SEPTEMBER 1, 2013 AMENDMENTS.

2. ALL PERIMETER WALLS ARE TO BE FULLY SHEATED WITH A MINIMUM 7/16" O.S.B. AND ATTACHED TO THE WALL FRAMING STUDS WITH 8d (2.5"x0.131") NAILS AT 6" O.C. SPACING AT PANEL EDGES AND 12" O.C. AT INTERMEDIATE SUPPORTS.

3. INSTALL BLOCKING ALONG O.S.B. PANEL EDGES. FASTEN PANEL EDGES TO BLOCKING AT 3" O.C. AND 6" O.C. AT INTERMEDIATE FRAMING WHEN LESS THAN 50% BUT GREATER THAN 25% OF THE WALL IS SHEATHED.

4. SHEATH ALL GABLE END WALLS WITH 7/16" O.S.B.



TYPICAL PSL COLUMN DETAIL

SCALE: 1/2" = 1'-0"

HANGER SCHEDULE FOR JOISTS AND BEAMS	
MEMBER (NUMBER OF PLY'S)	HANGER
2X8	LUS28
2X10	LUS210
2X12	LUS210
2-2X8	HUS28-2
2-2X10	HUS210-2
2-2X12	HUS212-2
3-2X8	LUS28-3
3-2X10	LUS210-3
3-2X12	HU212-3 FRR
2-1 3/4" x 9 1/4" LVL	HGUS410
2-1 3/4" x 9 1/8" LVL	HGUS412
2-1 3/4" x 11" LVL	HGUS611
2-1 3/4" x 14" LVL	HGUS611
2-1 3/4" x 16" LVL	HGUS611
2-1 3/4" x 18" LVL	HGUS611
3-1 3/4" x 9 1/4" LVL	HGUS5.50/10
3-1 3/4" x 9 1/8" LVL	HGUS5.50/12
3-1 3/4" x 11" LVL	HGUS5.50/14
3-1 3/4" x 14" LVL	HGUS5.50/14
3-1 3/4" x 16" LVL	HGUS5.50/14
3-1 3/4" x 18" LVL	HGUS5.50/14
4-1 3/4" x 9 1/4" LVL	HGUS7.25/10
4-1 3/4" x 9 1/8" LVL	HGUS7.25/12
4-1 3/4" x 14" LVL	HGUS7.25/14
4-1 3/4" x 16" LVL	HGUS7.25/14
4-1 3/4" x 18" LVL	HGUS7.25/14

NOTE:
PROVIDE FIRE BLOCKING AND DRAFTSTOPPING AT ALL CONCEALED FLOOR & WALL SPACES TO COMPLY w/2012 N.C.R.C. R302.11 & R302.12

GENERAL NOTES:

1. ALL FRAMED WALLS THAT FORM THE THERMAL BARRIER OF A HOUSE SHALL HAVE INSULATION INSTALLED FREE FROM GAPS, VOIDS, OR COMPRESSION AND SHALL BE ENCLOSED ON ALL SIDES WITH A RIGID MATERIAL OR AN APPROVED AIR BARRIER MATERIAL. THESE AREAS SHALL INCLUDE BUT NOT LIMITED TO TUBS, SHOWERS, STAIRS, FIREPLACE UNITS, AND THE UN-HEATED SIDE OF ALL KNEE WALLS.

2. ALL SILLS OF OPERABLE WINDOWS GREATER THAN 72" ABOVE GRADE OR WALKING SURFACE BELOW MUST HAVE A SILL HT. OF 24" MINIMUM ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. IF THE SILL HT. IS LESS THAN 24" THE WINDOW MUST MEET THE REQUIREMENTS OF SECTION R613 OR R614.

SQUARE FOOTAGE

(HEATED)	
FIRST FLOOR:	1843 SF
SECOND FLOOR:	998 SF
TOTAL HEATED:	2841 SF
3 CAR BONUS RM:	362 SF
OPT. 3 CAR BONUS RM:	547 SF
2 CAR GARAGE:	561 SF
3 CAR GARAGE:	771 SF

Acknowledgement Of Plans Submittal ONLY!

Kathleen Samelson Date 10-29-19

Benjamin A Batton Date 11/6/19.

I.Q. CUSTOM CONSTRUCTION
840 Edmonston Rd.
MT. Ulla, NC 28125 Ph. 704-660-5738

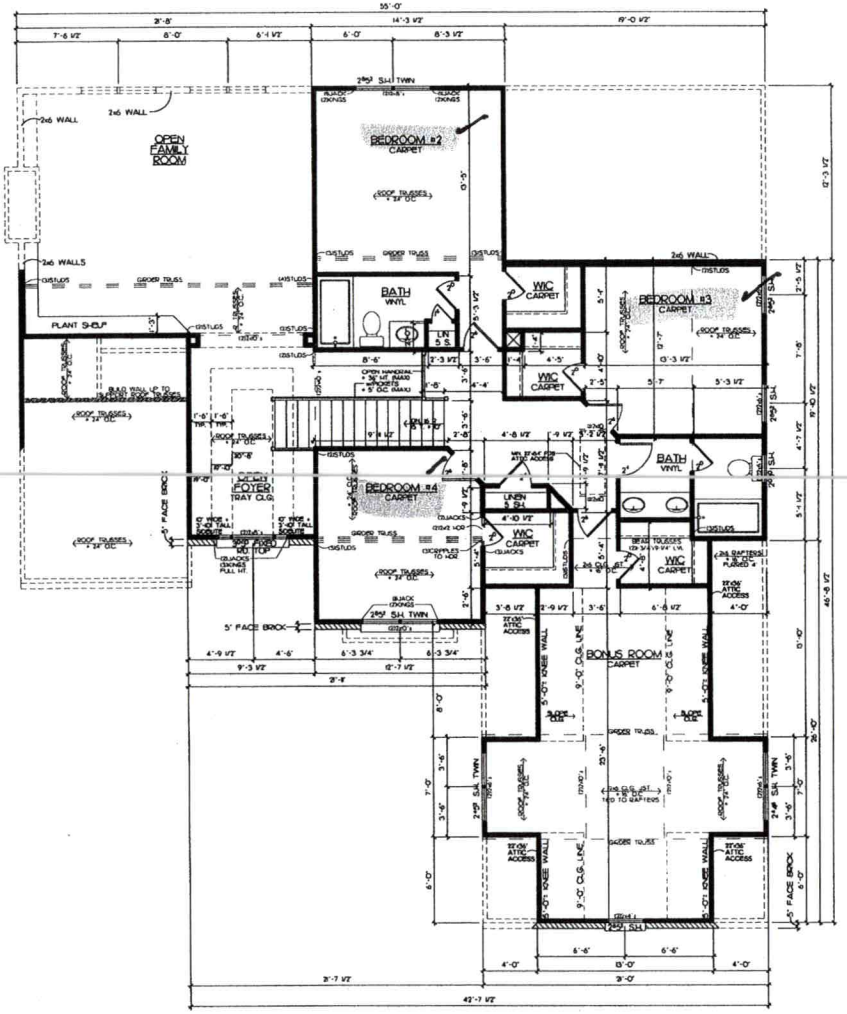
Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
NC Cert. of Licensure P-0713
Seal for Structural Only

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: FIRST FLOOR PLAN

Drawn By: JD
Date: 07-31-13
REV: 08-01-16, 10-21-16
Site:

Sheet 3

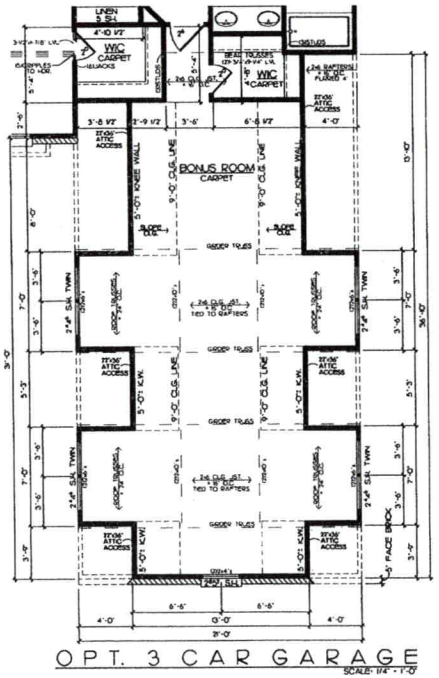


SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

NOTE: ALL WINDOWS TO BE LOW 'E' GLASS

NOTE: DESIGNED AND ENGINEERED FOR THE 2012 N.C.R.C.



OPT. 3 CAR GARAGE

SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Kathleen Samuel Date 10-29-19

Benjamin A Baker Date 11/6/2019.

Scott Brooks
3405
REGISTERED PROFESSIONAL ENGINEER
NORTH CAROLINA
11/6/19

Southern Dynamic Engineering and Design, PLLC
P.O. Box 87
Waxhaw, NC 28173
NC Cert. of Licensure P-0711
Seal for Structural Only

I.Q. CUSTOM CONSTRUCTION
840 Edminston Rd.
MT. Ulla, NC 28125 Ph. 704-660-5738

Project: THE BURNSIDE HOUSE PLAN

Sheet Title: SECOND FLOOR PLAN

Drawn By: JD
Date: 9-03-05
REV: 06-09-16
06-09-16
Site:

Sheet: 4

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, IQ Custom Construction, am the legal owner(s) of the property located at 822 Patterson Farm Rd, identified as PIN (Parcel Identification Number) 4685 16 6054, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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]	10/21/19	[signature]	10/21/19
Signature of Owner(s)	Date	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 · NC

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

APPLICATION NUMBER
302161 Issue Date: 10/29/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4685166054.000	822 PATTERSON FARM RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: REDHEAD LAND+DEV LLC	Name: THE OAKS GROUP
Address:	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: (704)578-4951

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.33	35	50	15	15	WSII-BOW Coddle Creek	YES

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: 10/29/2019

Signature of Owner/Contractor

Permit Number	000666	TOTAL FEES:	$77.25