ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (CCN) | PERMIT # 302163

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

PIN # 4685766114.000

APPLICANT/OWNER: IQ Custom Construction | APPLICANT ADDRESS: 840 Edmiston Rd Mt. Ulla NC

SITE ADDRESS: 828 Patterson Farm Rd Mooresville NC 28115 | PHONE: — | ALT. PHONE 704-578-4951 (LS)

SITE DIRECTIONS: Linwood Rd to Patterson Farm Rd lot on left | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Meadows Field | SECTION: — | LOT # 5 | LOT AREA: 1.13 ac | DESIGN FLOW: 480 | L.T.A.R.: .50

Septic Tank	1000 (gal)	STB	825	Date	6-4-2020	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - 25% Reduction	[ ] Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LD - PD BDS - 50% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft	460	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36	Trench Bottom Depth (lowside)	30 low	Gravel Depth	—	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: * Purpose of this permit is Re-design of Septic Area *
See updated Plan dated July 24, 2020.

Termination of Easement Bk 2724 PG 280-283

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 # 13B

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.

SEE ATTACHED PREVIOUS PERMIT

WELL HEAD PASSED BCW 8-18-2020

90ft LINE
+ 84ft LINE
CHECKED

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**

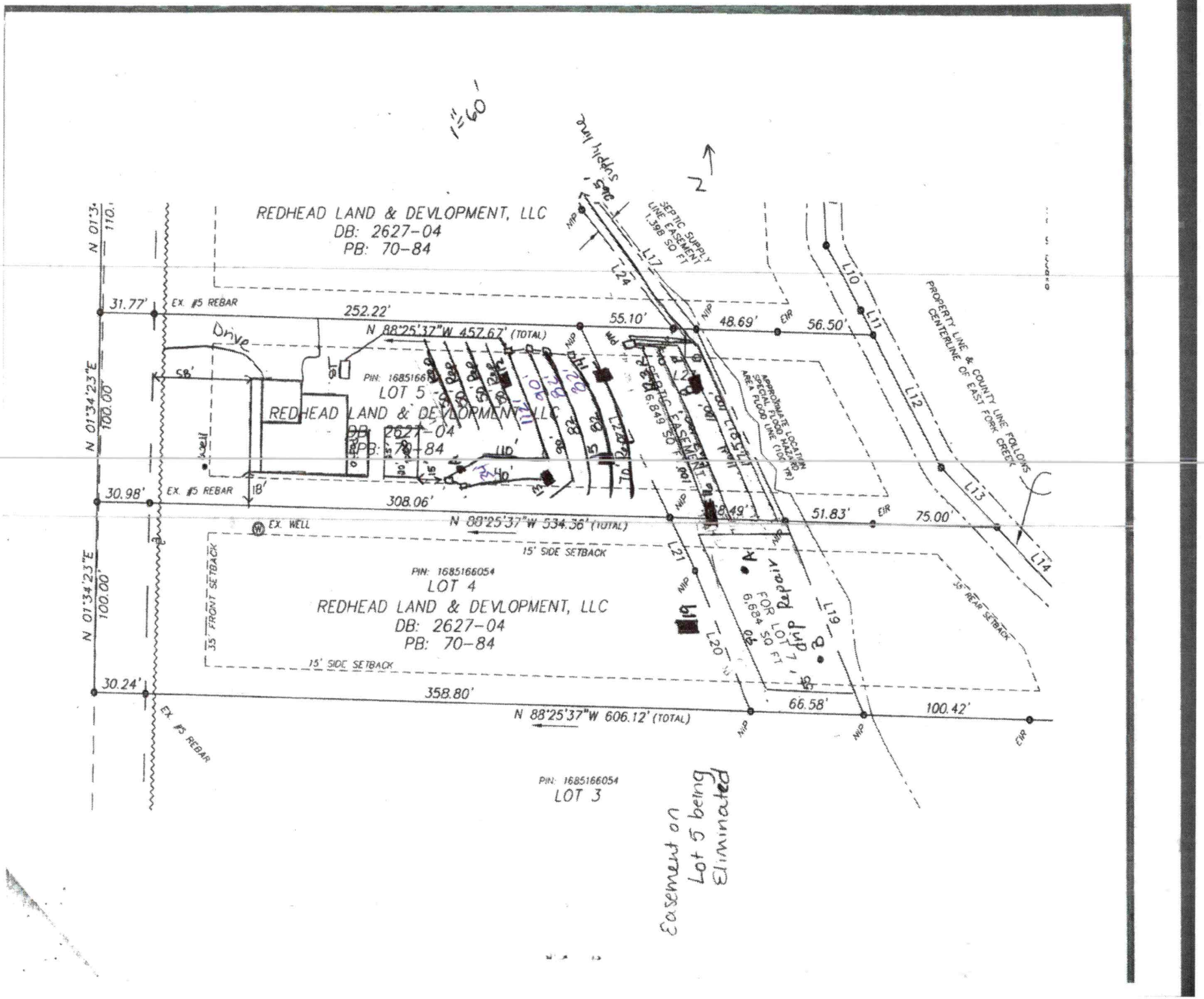
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [ ] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

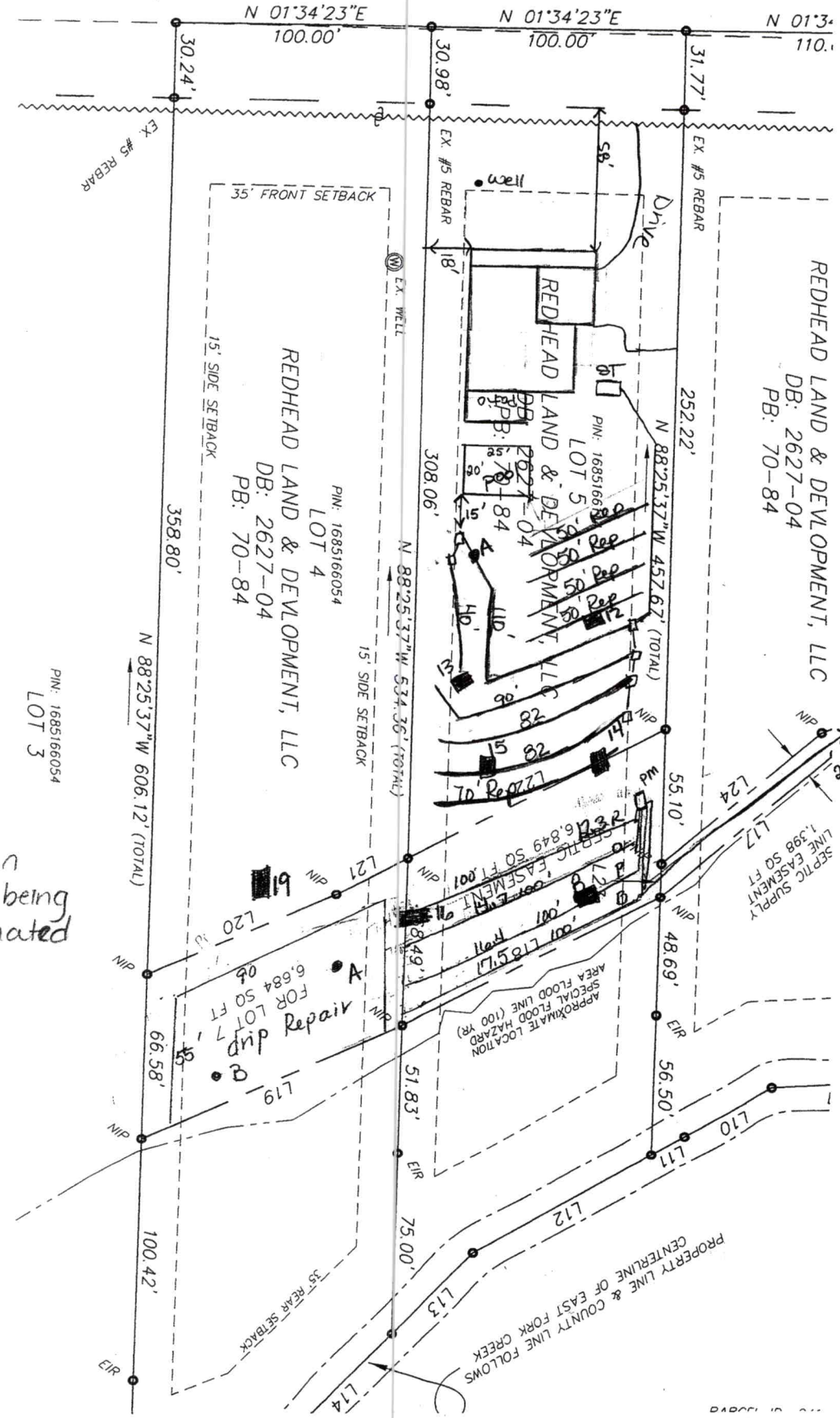
Owner / Applicant Signature: _____ Date: _____ Installed by: ROWAN

IMPROVEMENT PERMIT by: Brianna G Bolton Date: 8-7-2020 OPERATION PERMIT by: Bryant Certified Date: 8-18-2020

AUTHORIZATION TO CONSTRUCT by: Brianna G Bolton Date: 8-7-2020 Existing System Inspected by: _____ Date: _____

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


1"=60'
N
REDHEAD LAND & DEVLOPMENT, LLC
DB: 2627-04
PB: 70-84
N 01°34'23"E 110.00'
31.77'
EX. #5 REBAR
252.22'
N 88°25'37"W 457.67' (TOTAL)
55.10'
48.69'
56.50'
Drive
58'
PIN: 1685166054
LOT 5
REDHEAD LAND & DEVLOPMENT, LLC
DB: 2627-04
PB: 70-84
Well
18'
30.98'
EX. #5 REBAR
308.06'
N 88°25'37"W 534.36' (TOTAL)
51.83'
75.00'
EX. WELL
15' SIDE SETBACK
35' FRONT SETBACK
PIN: 1685166054
LOT 4
REDHEAD LAND & DEVLOPMENT, LLC
DB: 2627-04
PB: 70-84
15' SIDE SETBACK
15' REAR SETBACK
N 01°34'23"E 100.00'
30.24'
EX. #5 REBAR
358.80'
N 88°25'37"W 606.12' (TOTAL)
66.58'
100.42'
PIN: 1685166054
LOT 3
SEPTIC SUPPLY LINE EASEMENT 1,398 SQ FT
SEPTIC EASEMENT 6,849 SQ FT
APPROXIMATE LOCATION SPECIAL FLOOD HAZARD AREA FLOOD LINE (100 YR)
PROPERTY LINE & COUNTY LINE FOLLOWS CENTERLINE OF EAST FORK CREEK
Septic Repair
FOR LOT 7
6,684 SQ FT
L10
L11
L12
L13
L14
L17
L19
L20
L21
L24
NIP
EIR
Easement on Lot 5 being Eliminated



Easement on Lot 5 being Eliminated

Patterson Farm Lot 5 - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Concrete 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	404
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**
Total Linear Feet	270
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	Pink	LP PPBPS	50
2	Repair	Blue	LP PPBPS	50
3	Repair	NF	LP PPBPS	50
4	Repair	Red	LP PPBPS	50
5	System	Pink	25% Reduction	110 endfed
6	System	Orange	25% Reduction	40 endfed
7	System	Orange	25% Reduction	90 endfed
8	System	Blue	25% Reduction	82 endfed
9	System	Orange	25% Reduction	82 endfed
10	Repair	Blue	25% Reduction	70
				Total System: 400'
				Total Repair: 270'

Note: Keep necessary setbacks to foundation drains if used
Tank locations and distribution devices can be altered at ICHD's discretion
Easement on back of lot is being removed

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 Construction
ADDRESS: 340 Edmiston Rd
PROPOSED FACILITY: SFR
LOCATION OF SITE: Lot 5
APPLICATION DATE ____
DATE EVALUATED: 4/04/19
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.13 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
12	L 3-5%	0-14	WK SBK SCL	FR SS/SP	BR	55+	N/A	N/A	0.3
		14-33	Mo ABK C	↓	R; F sap				
		33-48	WK ABK C	↓	R; C sap				
		48-55	WK SBK CL	↓	R; C sap				
13	LR 3-5%	0-30	Mo ABK C	FR SS/SP	R; F sap	50+	N/A	N/A	0.3
		30-50	WK SBK C	↓	R; C sap				
14	L 10%	0-10	WK SBK CL	FR SS/SP	R multi	10"	PS	N/A	0.3
		10-60	MA L sap	↓					
15	L 10%	0-15	WK SBK CL	FR SS/SP	R; C/M sap multi	15"	PS	N/A	0.3
		15-60	MA L sap	↓					

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

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

COMMENTS: A 0-33 Mo SBK CL FR SS/SP R; F sap 0.3
33-48 WK SBK CL ↓ R; C sap

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

Kathleen Saunders

Updated February 2014

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

RE: 828 Patterson Farm Rd

Date: July 24, 2020

Attached is the septic specification information required to permit 828 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

RECEIVED JUL 27 2020

Session Law $500
AP-302163
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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: 704-678-4951 (LSS)

Property Information:

Street Address: 328 Patterson Farm Rd
Subdivision Name: Meadows Field Section/Phase: _____ Lot Number: 5
Driving Directions: Linwood, R Patterson Farm Rd, 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
(X) 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: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:

( ) Yes (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 7-24-2020
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 828 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]	7/24/2020	[signature]	
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
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
302163 Issue Date: 10/29/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4685166114.000	828 PATTERSON FARM RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: TRAILS END REAL ESTATE 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
1.13	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.

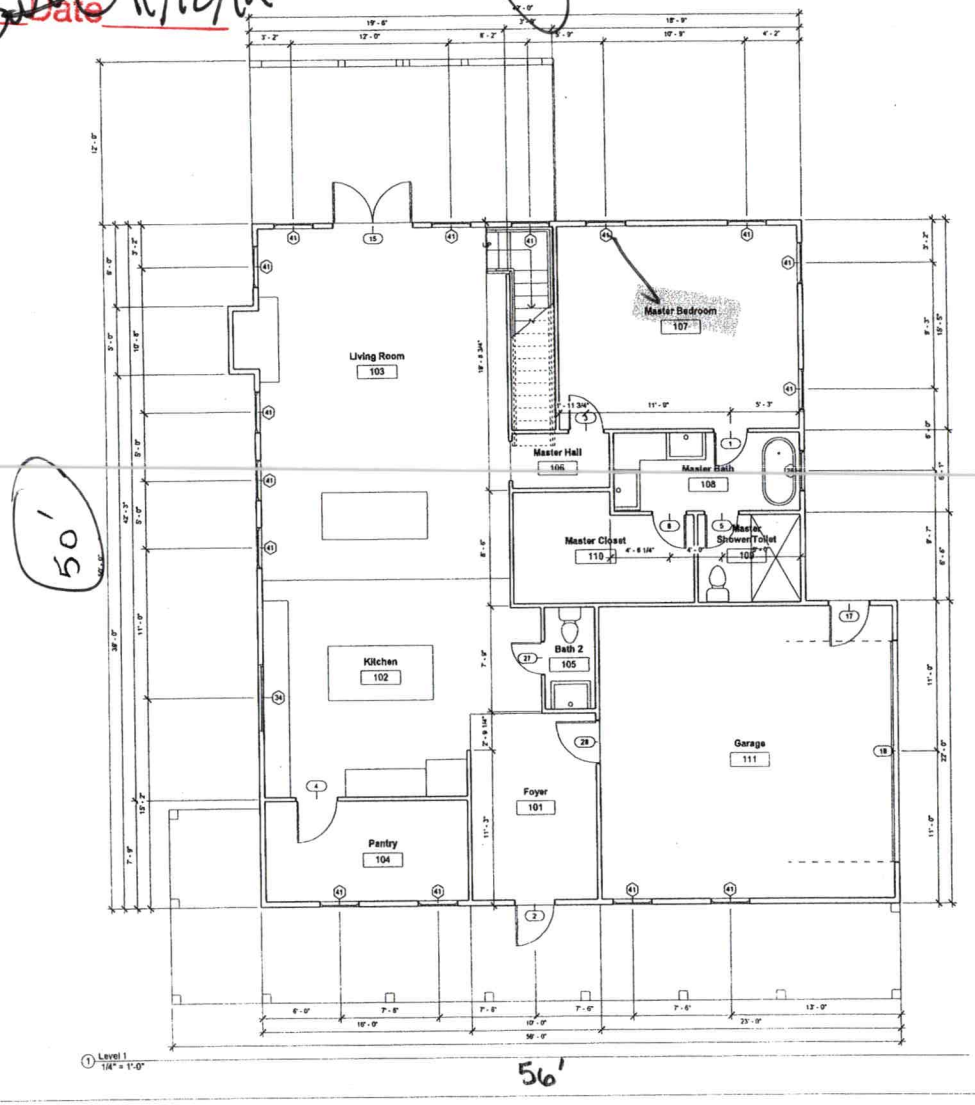
Signature of Owner/Contractor

Date: 10/29/2019

Permit Number	000669

TOTAL FEES:	$77.25

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Savidge Date 10-29-19
Date 11/12/19.



Room Schedule		
Name	Number	Area
Foyer	101	131 SF
Kitchen	102	300 SF
Living Room	103	552 SF
Pantry	104	112 SF
Bath 2	105	28 SF
Master Hall	106	30 SF
Master Bedroom	107	272 SF
Master Bath	108	82 SF
Master Shower/Toilet	109	51 SF
Master Closet	110	102 SF
Garage	111	478 SF
Upstairs Hall	201	169 SF
Bedroom 2	202	203 SF
Bedroom 3	203	201 SF
Office/Bedroom 4	204	136 SF
Bonus Room	205	308 SF
Laundry Room	206	48 SF
Bath 4	207	45 SF
Bath 3	208	82 SF
Bath 3 Shower	209	31 SF
Bath 3 Toilet	210	19 SF
Bedroom 2 Closet	211	14 SF
Bedroom 3 Closet	212	39 SF
Hall Closet	213	10 SF
Bedroom 4 Closet	214	21 SF
Bonus Closet	215	22 SF

Door Schedule		
Mark	Width	Height
1	2' - 6"	6' - 8"
2	3' - 0"	6' - 8"
3	2' - 6"	6' - 8"
4	3' - 0"	6' - 8"
5	2' - 6"	6' - 8"
6	2' - 6"	6' - 8"
7	2' - 10"	6' - 8"
8	2' - 6"	6' - 8"
9	2' - 4"	6' - 8"
10	2' - 4"	6' - 8"
11	2' - 8"	6' - 8"
12	2' - 8"	6' - 8"
13	2' - 8"	6' - 8"
14	2' - 8"	6' - 8"
15	6' - 0"	6' - 8"
16	16' - 0"	7' - 0"
17	3' - 0"	6' - 8"
18	2' - 4"	6' - 8"
19	2' - 4"	6' - 8"
20	2' - 4"	6' - 8"
21	2' - 4"	6' - 8"
22	2' - 4"	6' - 8"
23	2' - 4"	6' - 8"
24	2' - 4"	6' - 8"
25	2' - 6"	6' - 8"
26	2' - 0"	6' - 8"
27	2' - 4"	6' - 8"
28	3' - 0"	6' - 8"
29	2' - 4"	6' - 8"
30	2' - 4"	6' - 8"

IQ CUSTOM

IQ Custom Construction

Farmstead Plan

No.	Description	Date

First Floor

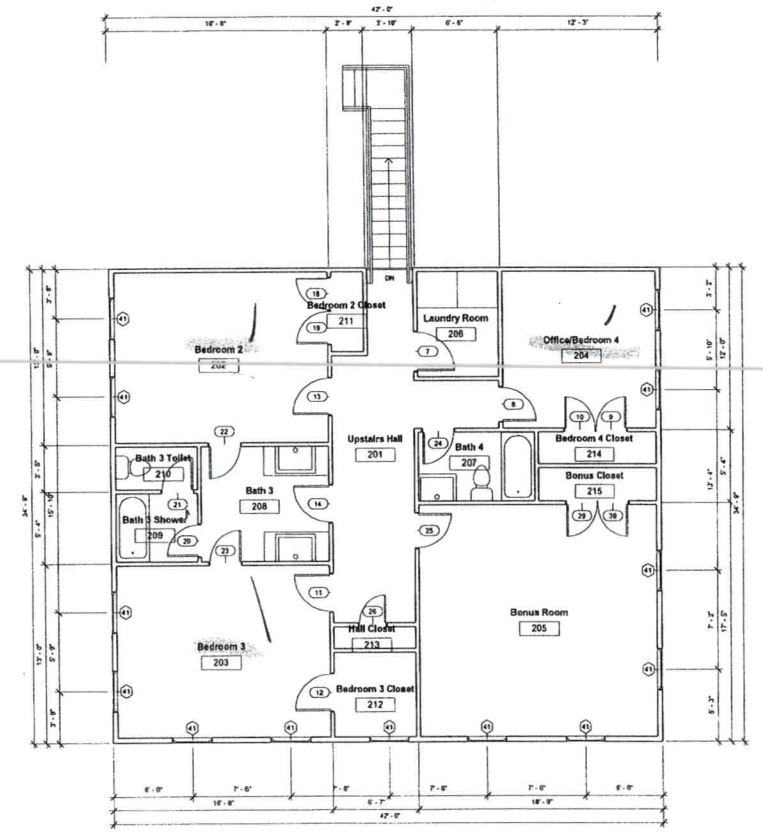
Project number	Project Number
Date	4/1/19
Drawn by	IQ Custom Construction
Checked by	Checker

A101

Scale 1/4" = 1'-0"

4/24/2019 3:24:35 PM

Acknowledgement Of
Plans Submittal ONLY!
Kathleen Saundo Date 10-29-19
Benjamin A Bl Date 11/12/19.



1 Level 2 Walls
1/4" = 1'-0"

Room Schedule		
Name	Number	Area
Foyer	101	131 SF
Kitchen	102	300 SF
Living Room	103	552 SF
Pantry	104	112 SF
Bath 2	105	28 SF
Master Hall	106	30 SF
Master Bedroom	107	272 SF
Master Bath	108	82 SF
Master Shower/Toilet	109	51 SF
Master Closet	110	102 SF
Garage	111	478 SF
Upstairs Hall	201	169 SF
Bedroom 2	202	203 SF
Bedroom 3	203	201 SF
Office/Bedroom 4	204	136 SF
Bonus Room	205	308 SF
Laundry Room	206	48 SF
Bath 4	207	45 SF
Bath 3	208	82 SF
Bath 3 Shower	209	31 SF
Bath 3 Toilet	210	19 SF
Bedroom 2 Closet	211	14 SF
Bedroom 3 Closet	212	39 SF
Hall Closet	213	10 SF
Bedroom 4 Closet	214	21 SF
Bonus Closet	215	22 SF

Door Schedule		
Mark	Width	Height
1	2' - 6"	6' - 8"
2	3' - 0"	6' - 8"
3	2' - 6"	6' - 8"
4	3' - 0"	6' - 8"
5	2' - 6"	6' - 8"
6	2' - 6"	6' - 8"
7	2' - 10"	6' - 8"
8	2' - 6"	6' - 8"
9	2' - 4"	6' - 8"
10	2' - 4"	6' - 8"
11	2' - 8"	6' - 8"
12	2' - 8"	6' - 8"
13	2' - 8"	6' - 8"
14	2' - 8"	6' - 8"
15	6' - 0"	6' - 8"
16	16' - 0"	7' - 0"
17	3' - 0"	6' - 8"
18	2' - 4"	6' - 8"
19	2' - 4"	6' - 8"
20	2' - 4"	6' - 8"
21	2' - 4"	6' - 8"
22	2' - 4"	6' - 8"
23	2' - 4"	6' - 8"
24	2' - 4"	6' - 8"
25	2' - 6"	6' - 8"
26	2' - 0"	6' - 8"
27	2' - 4"	6' - 8"
28	3' - 0"	6' - 8"
29	2' - 4"	6' - 8"
30	2' - 4"	6' - 8"

IQ CUSTOM

IQ Custom Construction

Farmstead Plan

No.	Description	Date

Second Floor

Project number	Project Number
Date	4/1/19
Drawn by	Author
Checked by	Checker

A102

Scale 1/4" = 1'-0"

4/24/2019 3:24:35 PM