ICHD - ENVIRONMENTAL HEALTH DIVISION

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

(1) Ben BLD-2023-17825

PERMIT # 2023-24429

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

PIN # 4789 -- 87 -- 3632

APPLICANT/OWNER: Steele Patterson APPLICANT ADDRESS: 165 Apple Loose Ln. Statesville, NC 28625

SITE ADDRESS: 135 York Farm Ln, Harmony, NC 28634 PHONE: (704) 902-8092 ALT. PHONE -

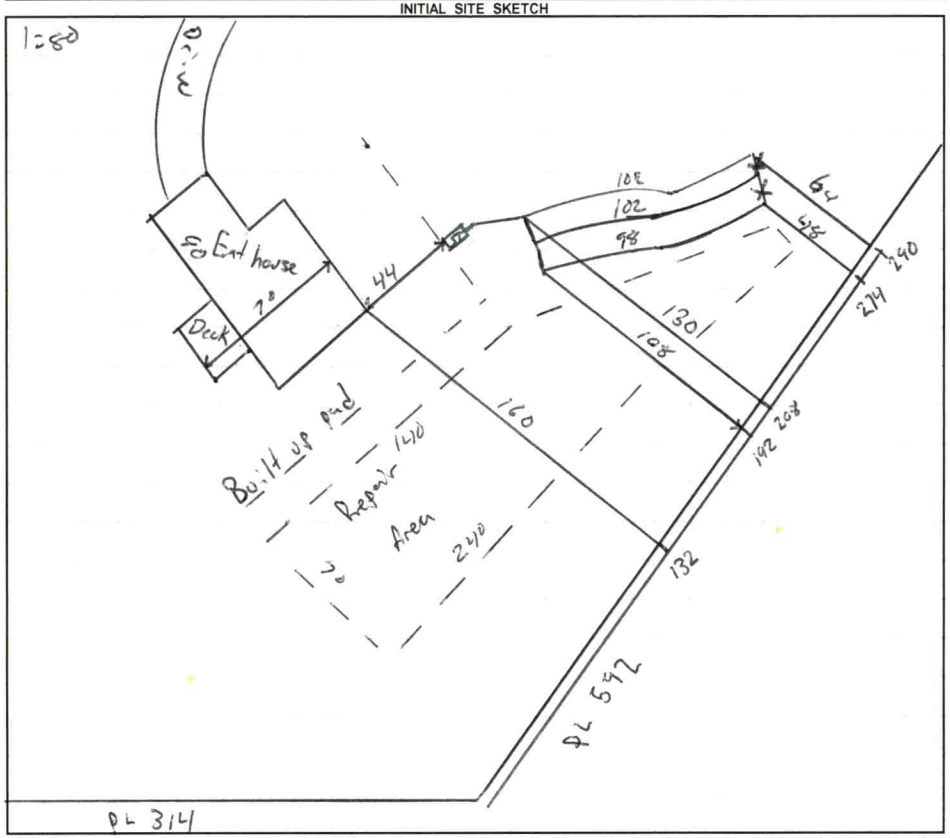
SITE DIRECTIONS: (N) on 21, (R) on 901, (R) York Farm, Lot on left SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: - SECTION: LOT # 4 LOT AREA: 36.81 AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	160	Date	4/24/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction Gravity			☐ Business	No. Persons 6	☐ Private
Pump Make		Model		Serial #		Repair System Description:	25% Reduction Gravity			☐ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	302 ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth (Cut Side)	36 in max	Gravel Depth	-		☑ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install on contour with 4ft on center.
Do not drive, park or construct on septic area.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Installed as Drawn

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Online Signature Date: Installed by: Shevin Bowles

IMPROVEMENT PERMIT by: Matt Weir Date: 6/7/23 OPERATION PERMIT by: Tony Whitt Date: 7/12/23

AUTHORIZATION TO CONSTRUCT by: Matt Weir Date: 6/7/23 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4784873632
COUNTY: Iredell

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

OWNER: Stacie Patterson
ADDRESS: 185 Appaloosa Ln, Statesville, NC 28625
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 135 Fork Farm
APPLICATION DATE: –
DATE EVALUATED: 5/31/23
PROPERTY SIZE: 36.6 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)		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	
1	LS 7%	0-23	C/SBK	SS Sp frSE	–	48	Sap inclusions in CL	–	PS .3
		25-48	CL/SBK	SS Sp frSE					
2	LS 9%	0-8	SCL/Gr	↓	–	48	Sap inclusions at 26+ Heavy 40+	–	PS .3
		8-22	C/SBK						
		22-48	CL/SBK						
3	LS 12%	0-8	SCL/Gr	↓	–	43	Sap inclusions in CL	–	PS .3
		8-25	C/SBK						
		25-43	CL/SBK						
		43-48	LSAP/						
4	LS 13%	0-5	SCL/Gr	↓	–	48	Sap inclusions 27+	–	PS .3
		5-26	C/SBK						
		26-48	CL/SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	25%	25%
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH In inches below natural soil surface

DEPTH OF FILL In inches from land surface

RESTRICTIVE HORIZON Thickness and depth from land surface

SAPROLITE S(suitable) or U(unsuitable)

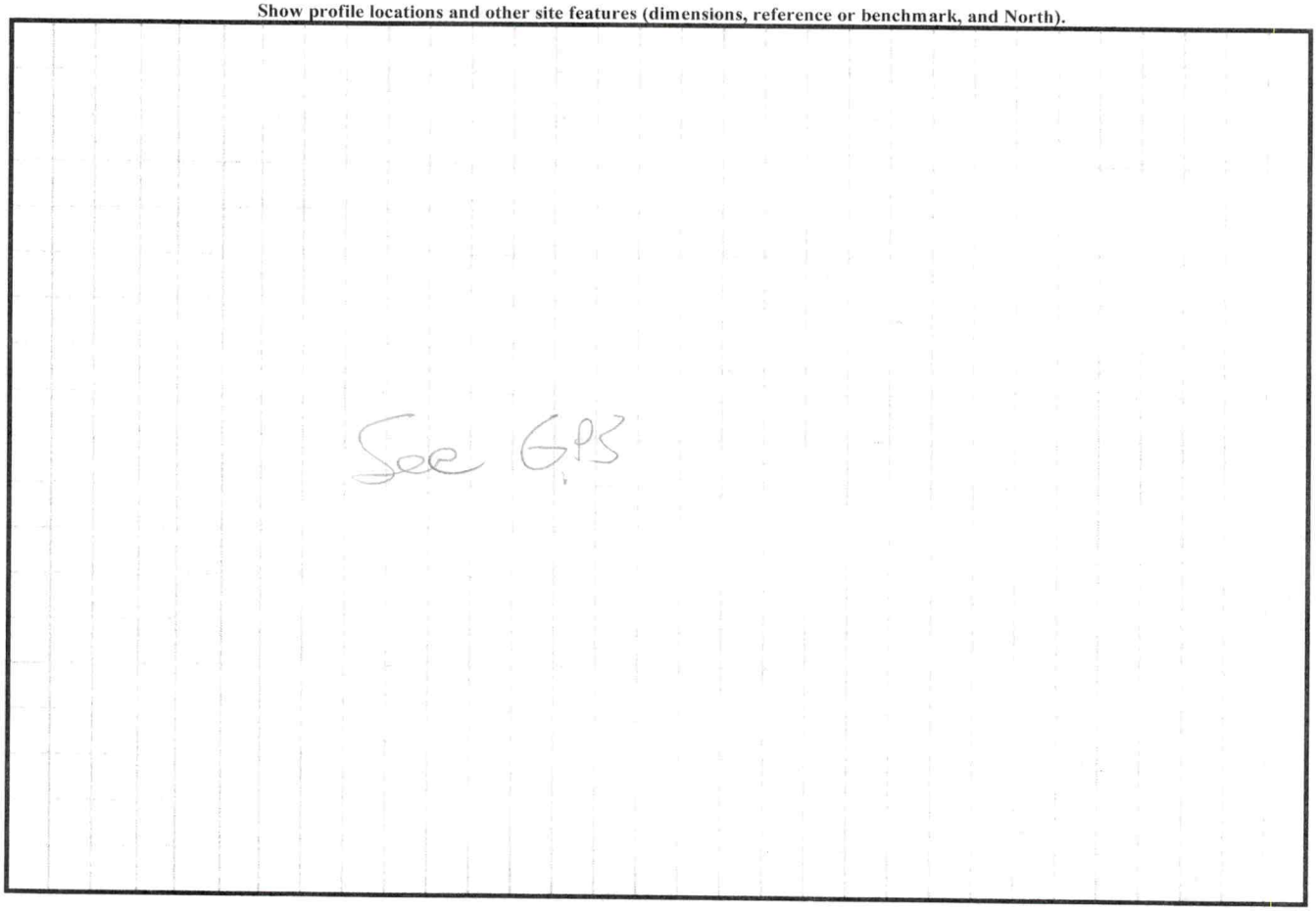
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation

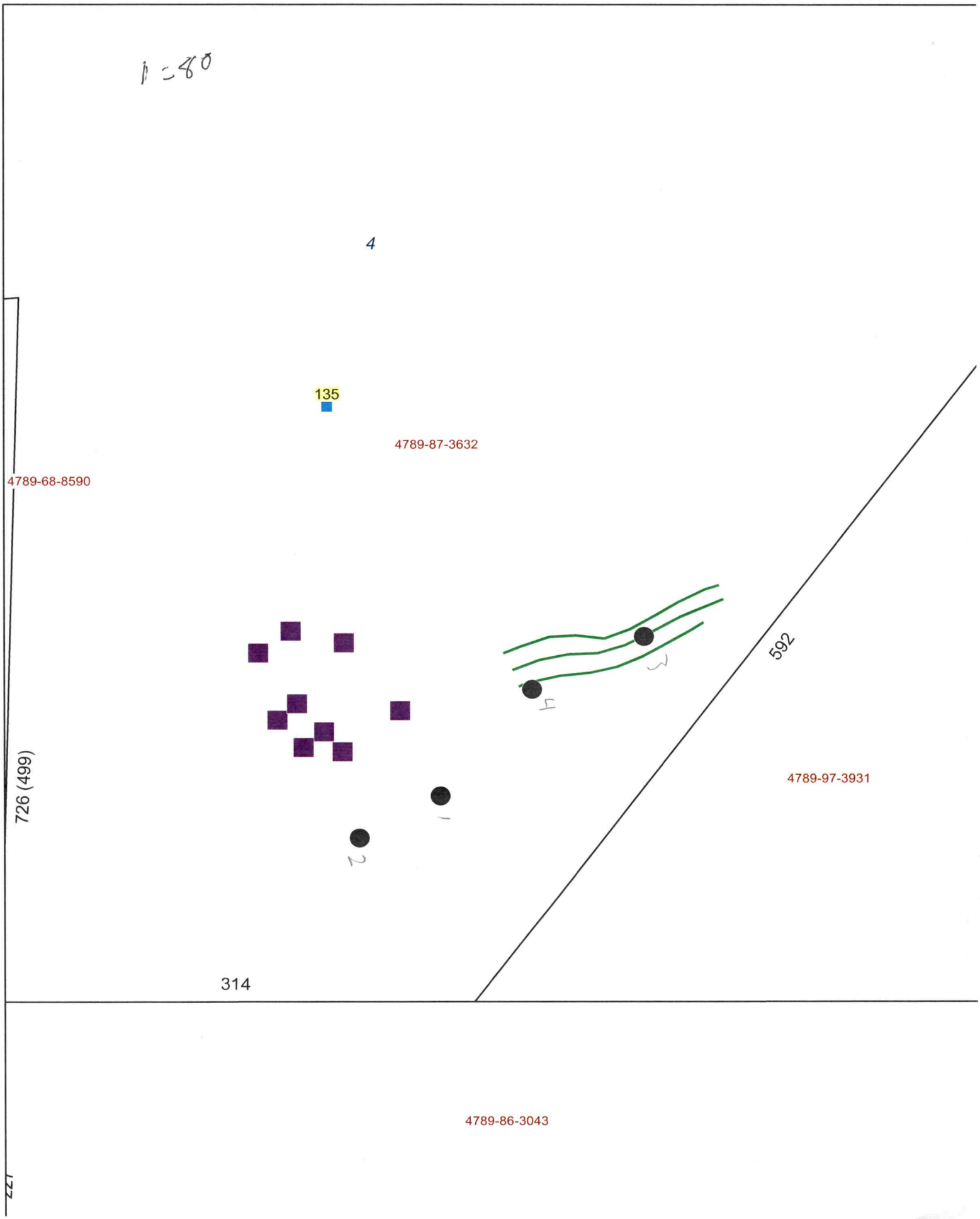
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




1"=80'
4
135
4789-87-3632
4789-68-8590
592
726 (499)
4789-97-3931
314
4789-86-3043
1
2
3
4

PERMIT SNAPSHOT REPORT OSWP-2023-24429 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Work Class: EH Septic Permit
Status: In Progress
Valuation: $0.00
Project:
District: Iredell County
Square Feet: 0.00
Assigned To: Wilkinson, Matthew
App Date: 05/08/2023
Exp Date: NOT AVAILABLE
Completed: NOT COMPLETED
Approval Expire Date:

Description: Applying for septic tank permit again. The grading of the land interfered with the perking that was previously approved. We want a conventional septic.

Parcel: 4789873632.000 Main
Address: 135 York Farm Ln Main
Harmony, NC 28634
Zone: RA(Residential Agricultural District)

Applicant/Authorized Agent
PATTERSON STACIE
135 York Farm Road 165
APPALOOSA LN
Harmony, NC 28625
Business: (704) 902-8092
Mobile: (704) 902-8092

Property Owner
Stacie Patterson
Home: (704) 902-8092
Mobile: (704) 902-8092

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Septic Application/Permit Type	Improvement Permit	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	86 X 64
Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3	If other Addition/Structure, please explain	
Number of Occupants	4	Foundation Type	Concrete Slab Foundation	Residential/Business/Other	Residential
Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)	Additional Unique Setbacks Apply	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_PATTERSON_STACIE_5/8/2023.jpg	05/08/2023 11:59	STACIE, PATTERSON		Uploaded via CSS
AGENT-AUTH-FORM 2_v1.pdf	05/16/2023 8:10	Hart, Ronda	Available Online	AA
AGENT-AUTH-FORM 2_v1 (1).pdf	05/16/2023 8:11	Hart, Ronda	Available Online	AA

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2023-95027	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	05/23/2023			05/23/2023 7:42	05/23/2023 7:42

Inspectors: Bracken, Sarah (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Note	Created By	Date and Time Created
1. Called	Sarah Bracken	05/17/2023 12:17

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00014093	Comprehensive Gravity System Re-layout	$500.00	$500.00
	Total for Invoice INV-00014093	$500.00	$500.00
	Grand Total for Permit	**$500.00**	**$500.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		05/16/2023 8:14	05/16/2023 8:14
Confirm application complete v.1	Generic Action		05/16/2023 8:14

PERMIT SNAPSHOT REPORT (OSWP-2023-24429)

~~**Zoning Review v.1**~~			05/16/2023 8:14
~~Floodplain Admin Overview v.1~~	Task		05/16/2023 8:14
~~Iredell County Zoning Approval v.1~~	Task		05/16/2023 8:14
~~Issue Invoice v.1~~	Generic Action		05/16/2023 8:14
~~Fees Paid v.1~~	Generic Action		05/16/2023 8:14
Fees v.1		05/16/2023 8:14	05/17/2023 8:15
Issue Invoice v.1	Generic Action		05/16/2023 8:14
Fees Paid v.1	Generic Action		05/17/2023 8:15
Lot Readiness Verification v.1		05/23/2023 7:42	
OSWP Septic Preliminary Site Visit v.1	Inspection	05/23/2023 7:42	05/23/2023 7:43
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

(BB)

OSWP-2022-1606

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-313377

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

PIN # 4789 -- 78--9400

APPLICANT/OWNER: STACIE PATTERSON APPLICANT ADDRESS: 165 APPALOOSA LANE, STATESVILLE, NC. 28625

SITE ADDRESS: 135 YORK FARM LANE, HARMONY, N.C. 28634 PHONE: 704-902-8092 ALT. PHONE 980-223-9420

SITE DIRECTIONS: (N) ON 21, (R) ON 901, (R) ON YORK FARM, LOT ON LEFT SAP CONTROLLED: ☑ YES ☐ NO

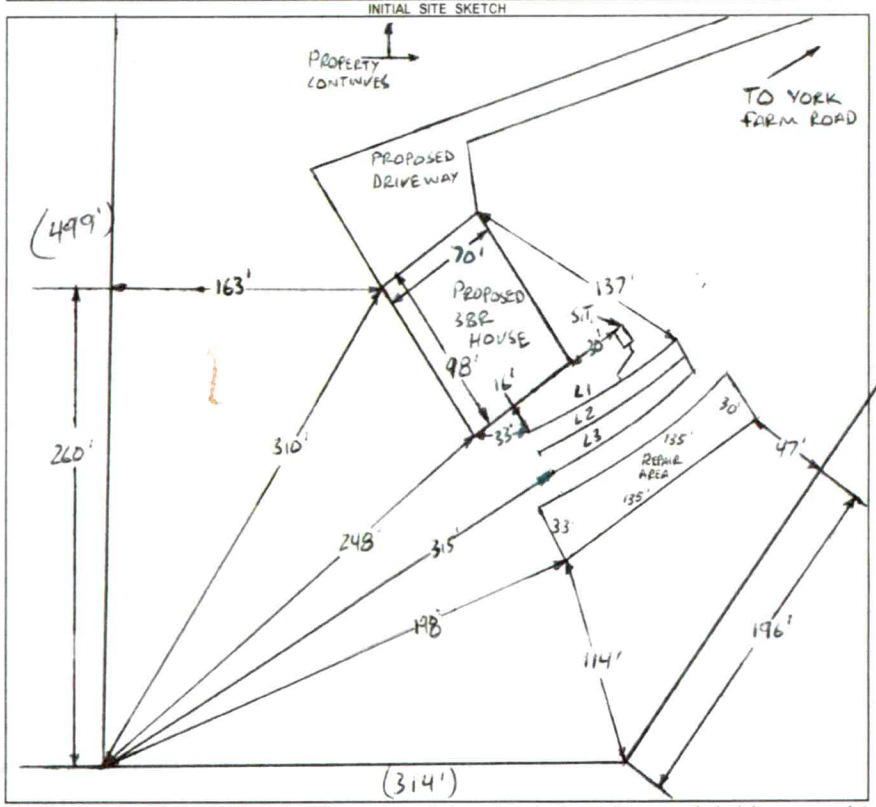
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 36.81AC DESIGN FLOW: 360GPD L.T.A.R. 0.3

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:	25% REDUCTION			
Pump Make	-	Model		-	Serial #	-	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines		4	Linear Ft	302FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36IN	Trench Bottom Depth(Low side)		28 IN	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 ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

INITIAL SITE SKETCH



AS BUILT SKETCH

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

1IN = 100FT
S.T. = SEPTIC TANK
L1 = 98FT
L2 = 102FT
L3 = 102FT

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: Stacie Patterson Date: 11-14-2022 Installed by:

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-8-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-10-2022 Existing System Inspected by: Date:

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

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Stacie Patterson Date: 6/7/2023

Address: 165 Appaloosa Ln, Statesville, NC, 28625

Subject: Notice of Intent to Revoke: Address: 135 York Farm Lane, Harmony, NC 28634 Permit 2022-1606 (Improvement Permit/Construction Authorization

Dear **Stacie Patterson**

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located 515 Jennings Rd 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 _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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 **6/7/23**. 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
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

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

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

6/7/2023

Owner: Stacie Patterson
Address: 165 Appaloosa Lane, Statesville, NC 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address: _____

I, _____, 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 _____ for a system:
(permit date)

Type III at Address: 135 York Farm Lane, Statesville, NC, 28625

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, 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)

11-8-2022 (Date)

Owner: Stacie Patterson
Address: 165 Appaloosa Lane, Statesville, N.C. 28625

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
135 York Farm Lane, Harmony, N.C. 28634
PIN: 4789-78-9400

I, Stacie Patterson, 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 01-25-2021 for a system
(date)
Pump 25% Reduction
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Stacie Patterson
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

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 MURRAY, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
11/08/2022

Owner: Stacie Patterson
Address: 165 Appaloosa Lane, Statesville, N.C. 28625

Subject: Notice of Intent to Revoke/Suspend: 135 York Farm Lane, Harmony, N.C. 28634

Dear Stacie Patterson:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 135 York Farm Lane 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 Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

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 11/08/2022. 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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-313377

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

PIN # 4789 -- 78 -- 9400

APPLICANT/OWNER: STACIE PATTERSON APPLICANT ADDRESS: 165 APPALOOSA LANE, STATESVILLE, N.C. 28625

SITE ADDRESS: 135 YORK FARM LANE, HARMONY, N.C. 28634 PHONE: 704-902-8092 ALT. PHONE 980-223-9420

SITE DIRECTIONS: (N) ON 21, (R) ON 901, (R) ON YORK FARM, LOT ON LEFT SAP CONTROLLED: ☑ YES ☐ NO

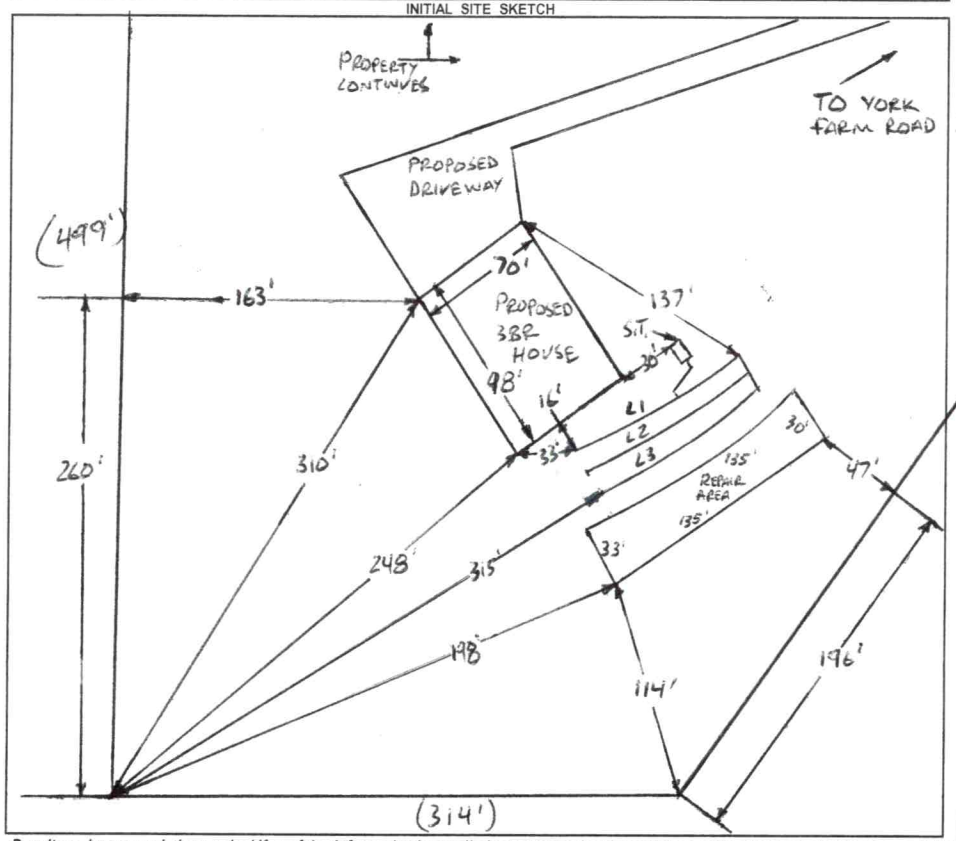
SUBDIVISION: – SECTION: – LOT # – LOT AREA: 36.81AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

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:	25% REDUCTION			
Pump Make	–	Model	–		Serial #	–	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	4		Linear Ft	302FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36IN	Trench Bottom Depth(Low side)	28 IN		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 ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

INITIAL SITE SKETCH



AS BUILT SKETCH

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

1IN = 100FT
S.T. = SEPTIC TANK
L1 = 98FT
L2 = 102FT
L3 = 102FT

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-8-2022 OPERATION PERMIT by: _____ Date: _____

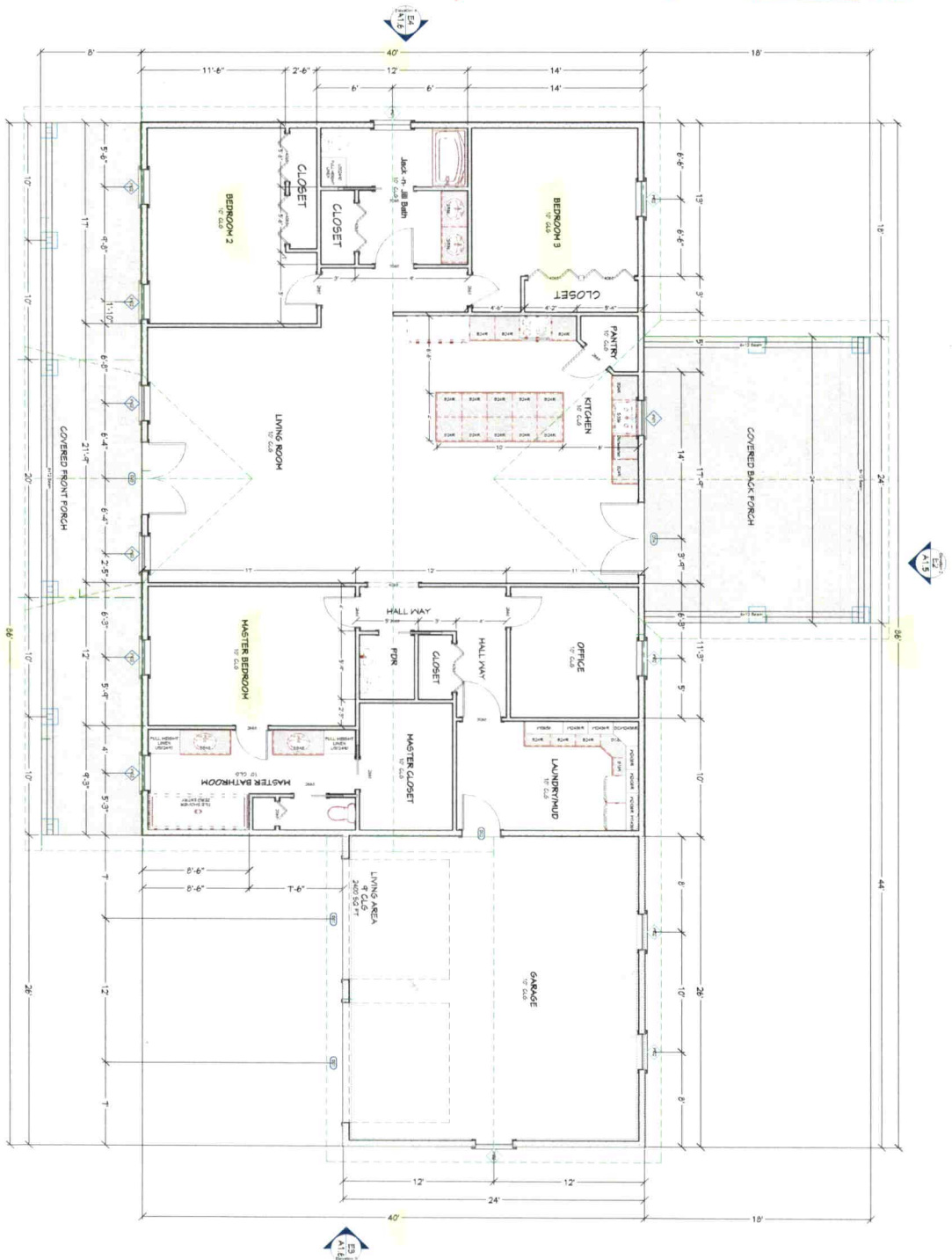
AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-10-2022 Existing System Inspected by: _____ Date: _____

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

Acknowledgement Of
Plans Submittal ONLY!

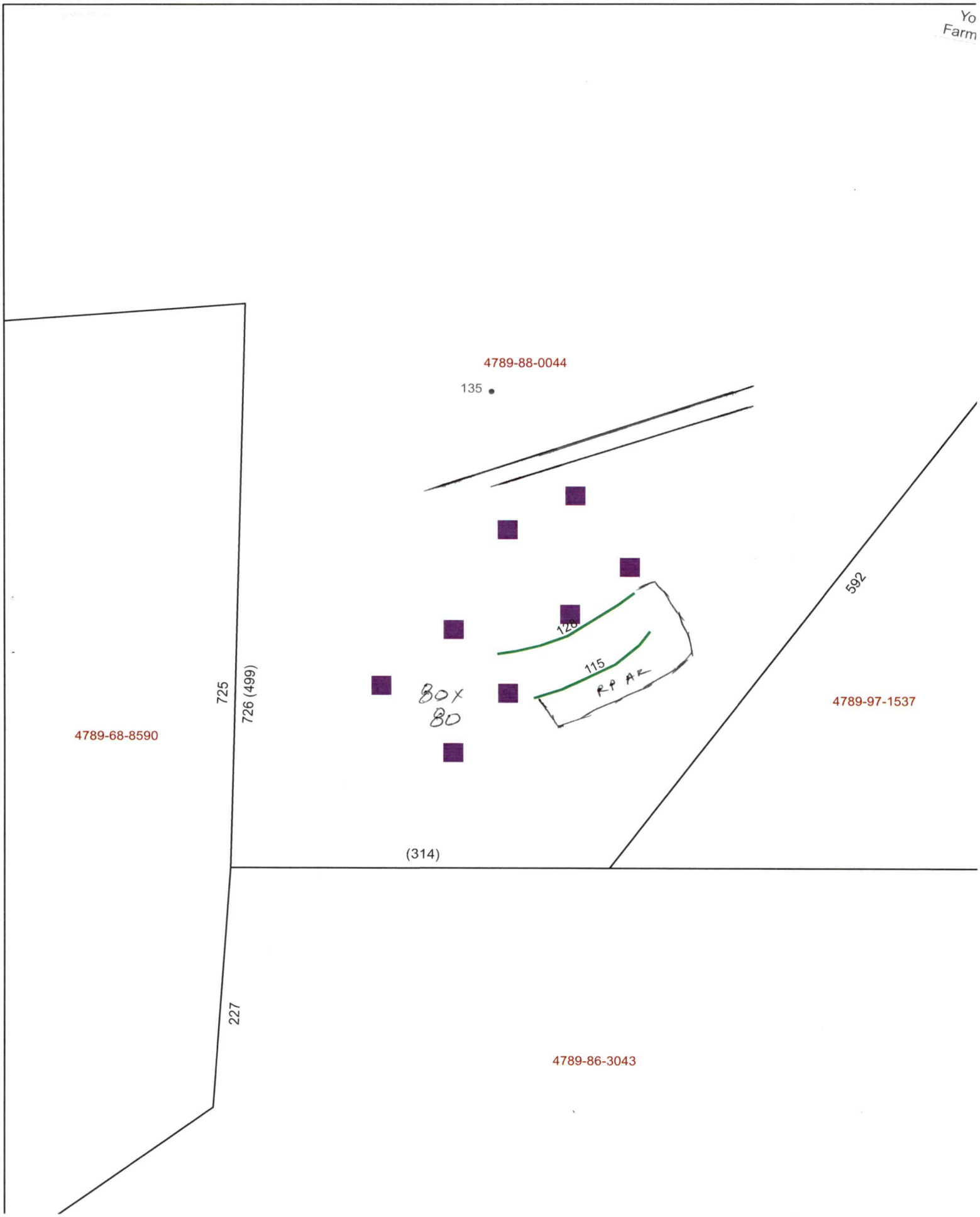
ONLINE SIGNATUR Date

Brent C. White Date 11-10-2022



THESE PLANS ARE THE SOLE PROPERTY OF SUMMERTOWN METALS, LLC. ANY UNAUTHORIZED REPRODUCTION OF THESE PLANS IS STRICTLY PROHIBITED.

SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY:	Project Name:	Page Title:	REVISION TABLE
A1.3		08/16/2022	SUMMERTOWN METALS	Stacy Patterson Residence	Home layout	NUMBER | DATE | REVISED BY | DESCRIPTION


Yo
Farm
4789-88-0044
135
592
126
115
RP AR
80 x
80
725
726 (499)
4789-68-8590
4789-97-1537
(314)
227
4789-86-3043

PERMIT SNAPSHOT REPORT OSWP-2022-1606 FOR IREDELL COUNTY

Permit Type: Environmental Health OSWP
Project:
App Date: 08/15/2022

Work Class: EH Septic Relocation Improvement Permit
District: Iredell County
Exp Date: NOT AVAILABLE

Status: In Progress
Square Feet: 0.00
Completed: NOT COMPLETED

Valuation: $0.00
Assigned To: White, Bryant
Approval Expire Date:

Description: INT. RELAYOUT - We have decided to build a one level home. On 1-25-21 we received approval permit # 313377 for a reduction system because at that time we planned to build a home with a basement. We have decided to build a one level home and would like a conventional system

Parcel:	**Address:**	**Zone:**
4789880044.000 Main	135 York Farm Ln Main Harmony, NC 28634	RA(Residential Agricultural District)

Applicant/Authorized Agent
PATTERSON STACIE
135 York Farm Road 165
APPALOOSA LN
Harmony, NC 28625
Business: (704) 902-8092
Mobile: (704) 902-8092

Applicant/Authorized Agent
Mark Josey
Home: (980) 223-9420
Mobile: (980) 223-9420

Property Owner
Mark Josey
Home: (980) 223-9420
Mobile: (980) 223-9420

Permit Custom Fields

How is your site plan being submitted	Survey Plat	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	40 feet wide X 86 feet long	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	3	Number of Occupants	~~4~~ 6
Foundation Type	~~Concrete Slab Foundation~~ CRAWL SPACE	Residential/Business/Other	Residential	Number of Employees	0
Total number of seats	0	Water Supply	Other Public Water	Desired Septic System Type	Conventional (most common)
If other septic system type, please explain		Additional Unique Setbacks Apply	No		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_PATTERSON_STACIE_8/15/2022.jpg	08/15/2022 12:36	STACIE, PATTERSON		Uploaded via CSS
AGENT-AUTH-FORM 2_v1.pdf	08/31/2022 17:09	Hart, Ronda	Available Online	Authorize to Act as Agent
Doc1_v1.pdf	08/31/2022 17:12	Hart, Ronda	Available Online	Site Plan
Xerox Scan_08312022170535.pdf	08/31/2022 17:12	Hart, Ronda	Available Online	Original IP

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-15430	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	09/14/2022			09/13/2022 8:19	09/13/2022 8:19

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00001384	New Gravity System	$320.00	$320.00
	Total for Invoice INV-00001384	$320.00	$320.00
	Grand Total for Permit	**$320.00**	**$320.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		08/31/2022 0:00	08/31/2022 17:16
Confirm application complete v.1	Generic Action		08/31/2022 17:16
~~Zoning Review v.1~~			08/31/2022 17:16

PERMIT SNAPSHOT REPORT (OSWP-2022-1606)

~~Iredell County Zoning Approval v.1~~	Task		08/31/2022 17:16
~~Issue Invoice v.1~~	Generic Action		08/31/2022 17:16
~~Fees Paid v.1~~	Generic Action		08/31/2022 17:16
Fees v.1		08/31/2022 0:00	09/07/2022 8:29
Issue Invoice v.1	Generic Action		08/31/2022 17:16
Fees Paid v.1	Generic Action		09/07/2022 8:29
Lot Readiness Verification v.1		09/14/2022 0:00	
OSWP Septic Preliminary Site Visit v.1	Inspection	09/14/2022 0:00	09/14/2022 8:20
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

RECEIVED DEC 1 4 2020

X Call mark 980-223-9420

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-313377 $600.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Stacie Patterson Address: 1165 Appaloosa Lane Statesville NC Zip: 28625
Applicant Email: sjpatterson98@yahoo.com Phone: 704-902-8092 Alt. Phone: _____
Owner Name: Christopher Sartner Address: 255 Beechwood Farm Rd. Zip: 28625
Owner Email: seed4u@bellsouth.net Phone: 704-902-0155 Alt. Phone: _____

Property Information:

Street Address: 135 York Farm Lane
Subdivision Name: _____ Section/Phase: ___ Lot Number: ___
Driving Directions: From Harmony, take 901 E. Turn right onto York Farm Lane.

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 (2 on main floor, 2 in basement)
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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

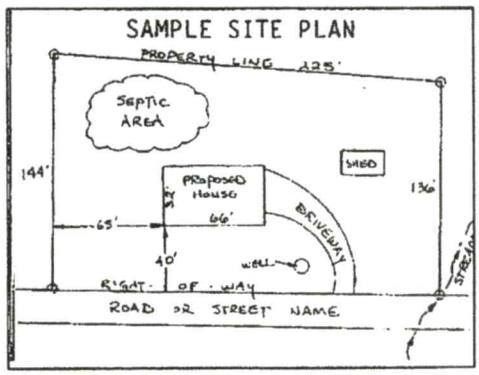
Signature: Stacie Patterson 12/13/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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



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

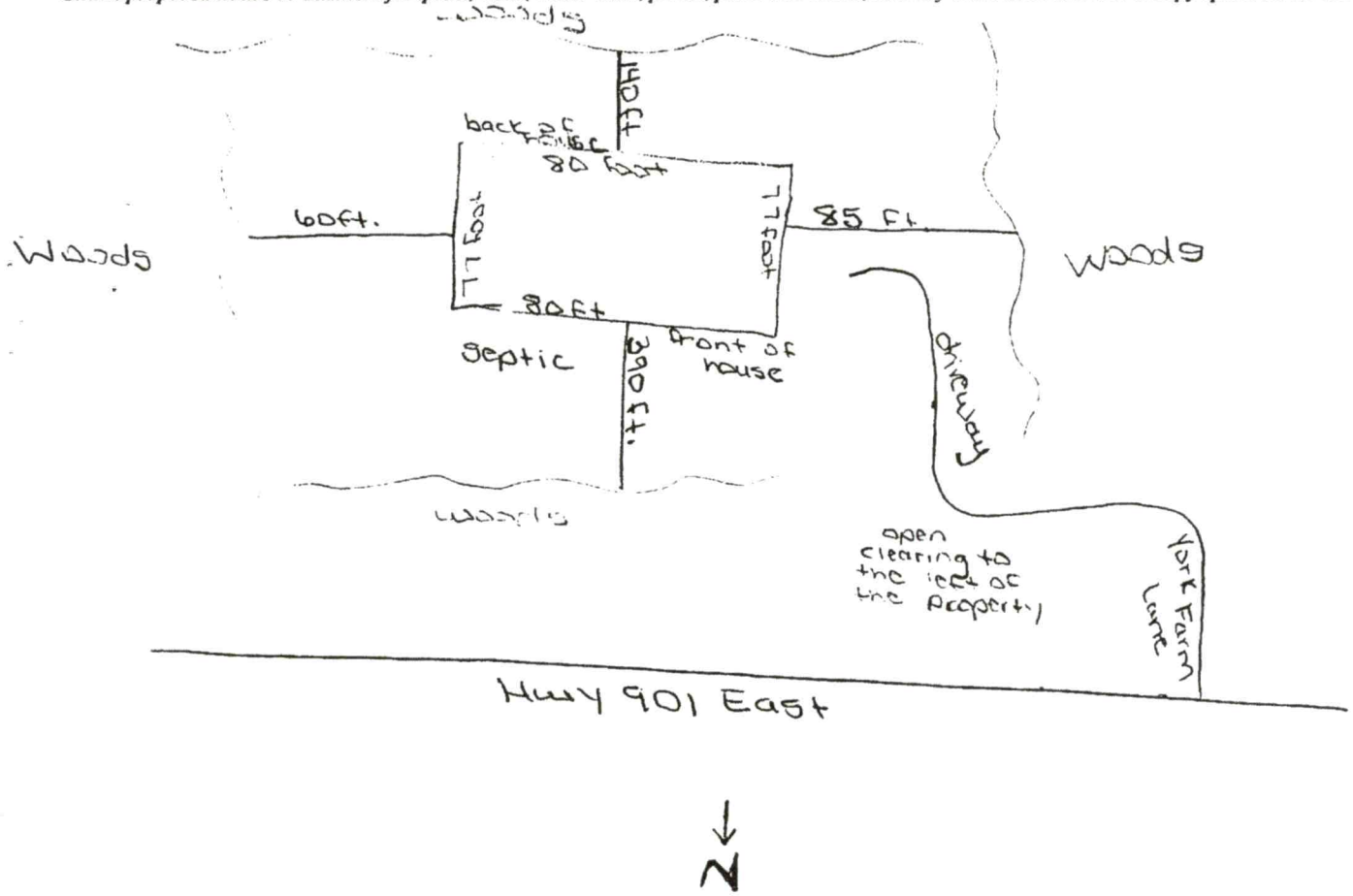
- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: Stacie Patterson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/13/2020
DATE

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Christopher Cartner, am the legal owner(s) of the property located at 135 York Farm Lane, identified as PIN (Parcel Identification Number) 4789882349 tract 3, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Stacie Patterson, _____, 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.

CCCartner
Signature of Owner(s)

12/13/2020
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

SP **Complete all Environmental Health forms:**

- SP Application
- SP Site Plan including the dimensions of proposed structure, addition, pool etc.
- SP Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- NA Copy of Zoning Permit when applicable
- SP Sign this sheet after you have completed all items

SP **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

SP **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

SP **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The propos structure, etc. must be staked out on the property as per the site plan.

NA **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) a a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Stacie Patterson **Date** 12/13/2020

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313377 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4789789400.000	135 YORK FARM LN	Iredell County

Owner Information	Applicant Information
Name: CARTNER CHRISTOPHER C	Name: STACIE PATTERSON
Address: 429 OLD MOCKSVILLE RD	Address: 165 APPALOOSA LN
STATESVILLE, NC 28625	STATESVILLE , NC 28625
Phone:	Phone: (704)902-8092

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	50	50	50	50	N/A	NO

Remarks
SFD

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

✓1003 12/14/20

Date: 12/14/2020

Signature of Owner/Contractor

Permit Number	313377	TOTAL FEES:	$77.25

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

3 3377

Residential Zoning Permit Application

What are you building? (Please check)

Stick built X Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? (Yes) No If yes, please list who provides it: Iredell water

Does the property have community sewer? ~~Yes~~ (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Christopher Cartner Phone # 704-902-0155

Owner's Current Address 255 Beachwood Farm Road Statesville, NC 28625

Property Information

Property Address 135 York Farm Lane Parcel # 4789882349 Tract 3

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township: Harmony

Directions to property (from a MAIN ROAD) From Harmony, take 901 E. Turn right onto York Farm Road.

Application Information

Applicant's Name or Company Stacie Patterson Applicant's Phone # 704-902-8092

Applicant's Address 169 Appaloosa Lane Statesville NC 28625

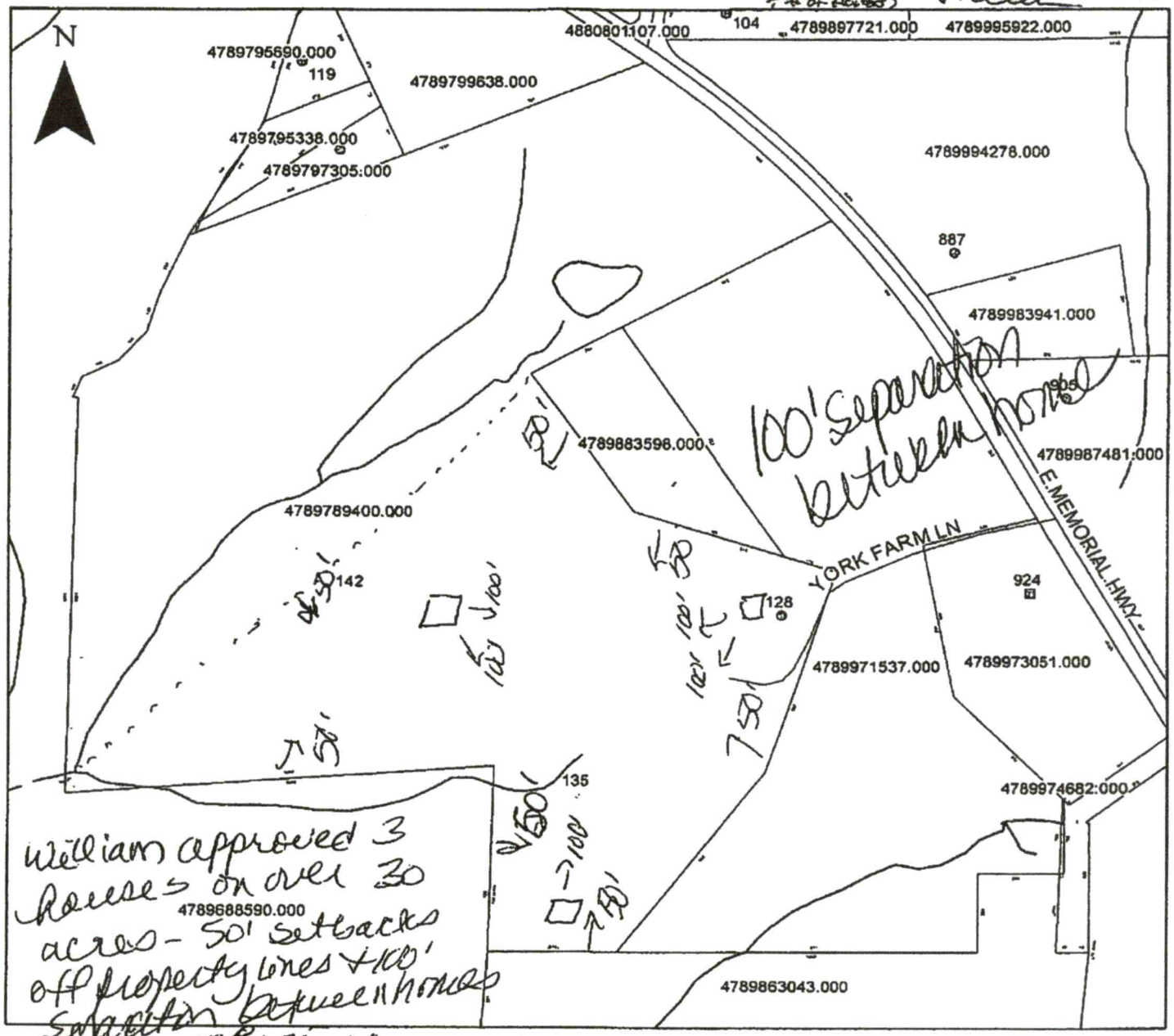
If Company, Representative's Name and Title _____

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Stacie Patterson DATE 12/13/2020

ZONING APPROVAL

ZONING DISCLAIMER (SETBACK + # OF HOMES) W. Allen 12-14-2



Property Address 142 York Farm

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

Mark A Jones

Applicant

12/14/20

Date

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R8672

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$577.25**
AP-313377 Address: 135 YORK FARM LN APN: 4789789400.000			**$577.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
ZONING			$77.25
ZONING PERMIT	104563-472223	0	$75.00
TECH FEE ZONING	104563-460450	0	$2.25
TOTAL FEES PAID BY RECEIPT: R8672			**$577.25**

Date Paid: Monday, December 14, 2020

Paid By: STACIE PATTERSON

Cashier: MJH

Pay Method: CHECK 1003

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

Sheet 1 of 1
PROPERTY ID #: 0178979400
COUNTY: Iredell

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

135 Y/N Farm

OWNER: Crotwell
ADDRESS: 255 Beckwood Farm Rd.
PROPOSED FACILITY: 4 BR Home
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 135 Y/N Farm Lane
APPLICATION DATE: 12-2020
DATE EVALUATED: 1-2021
PROPERTY SIZE: 62 ac
PROPERTY RECORDED: NO

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	Side 15%	0-19	C SBk	SS SP FR	PS	48	PS	ND	PS .30
		19-46	CC wSBk	SS SP FR					
		46-48	LSCp M	NS NP VFR					
2	Side 15%	0-29	C SBk	SS SP FR SEAP	PS	49	PS	NA	PS .30
		29-49	CC wSBk	SS SP FR					
3	Side Foot 13%	0-30	C SBk	SS SP FR SEAP	PS	49	PS	NA	PS .30
		30-49	CC wSBk	SS SP FR					
		49-53	LSCp M	NS NP VFR					
4	Side Foot 15%	0-30	C SBk	SS SP FR SEAP	P.S.	50		NA	PS .30
		30-50	CC wSBk	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500	500
System Type(s)	25%	25%
Site LTAR	.30	.30

OTHER FACTORS (.1946): Not Ponded
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B Kim
OTHER(S) PRESENT:

COMMENTS: See attached GIS Diagram

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

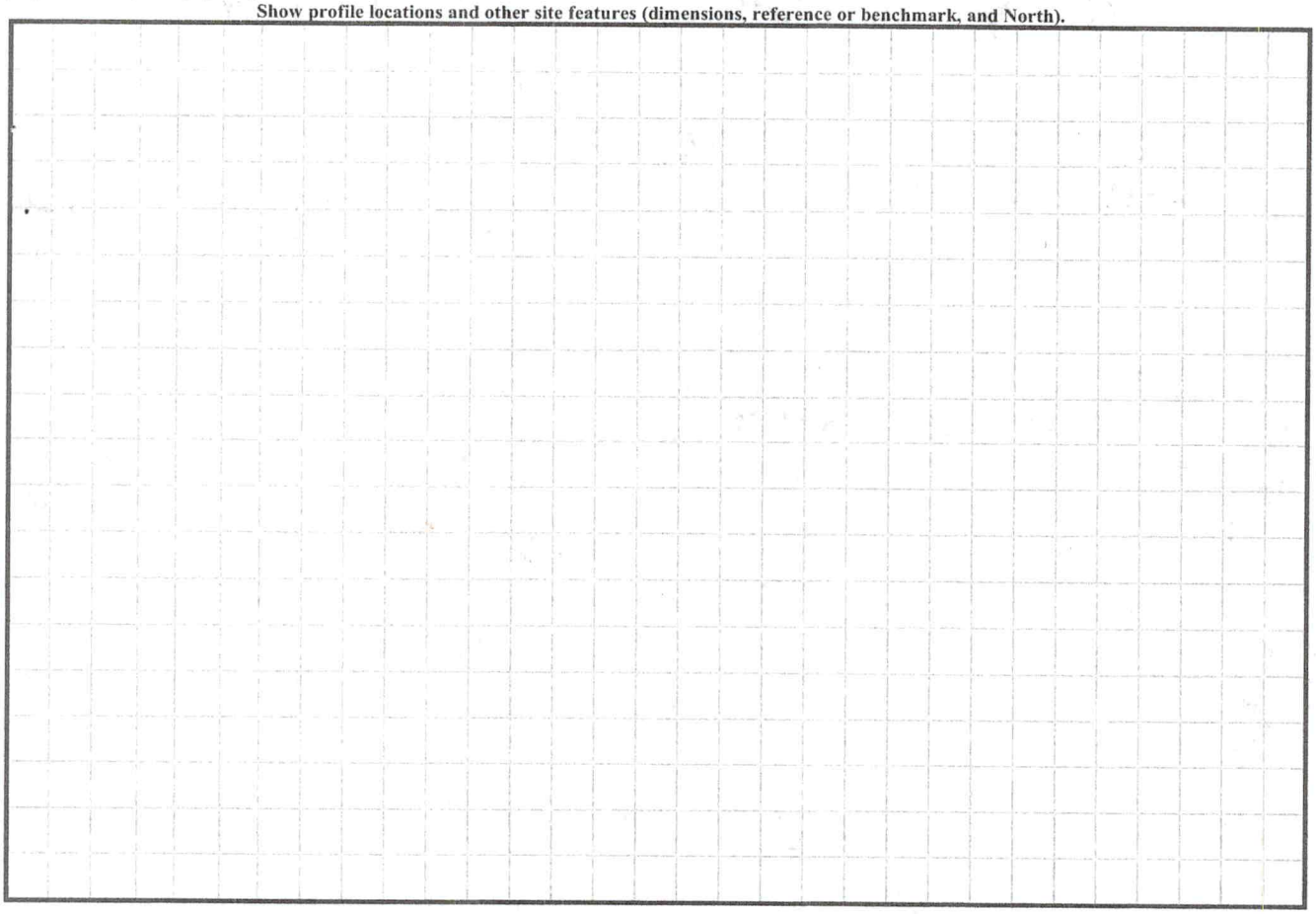
NOTES

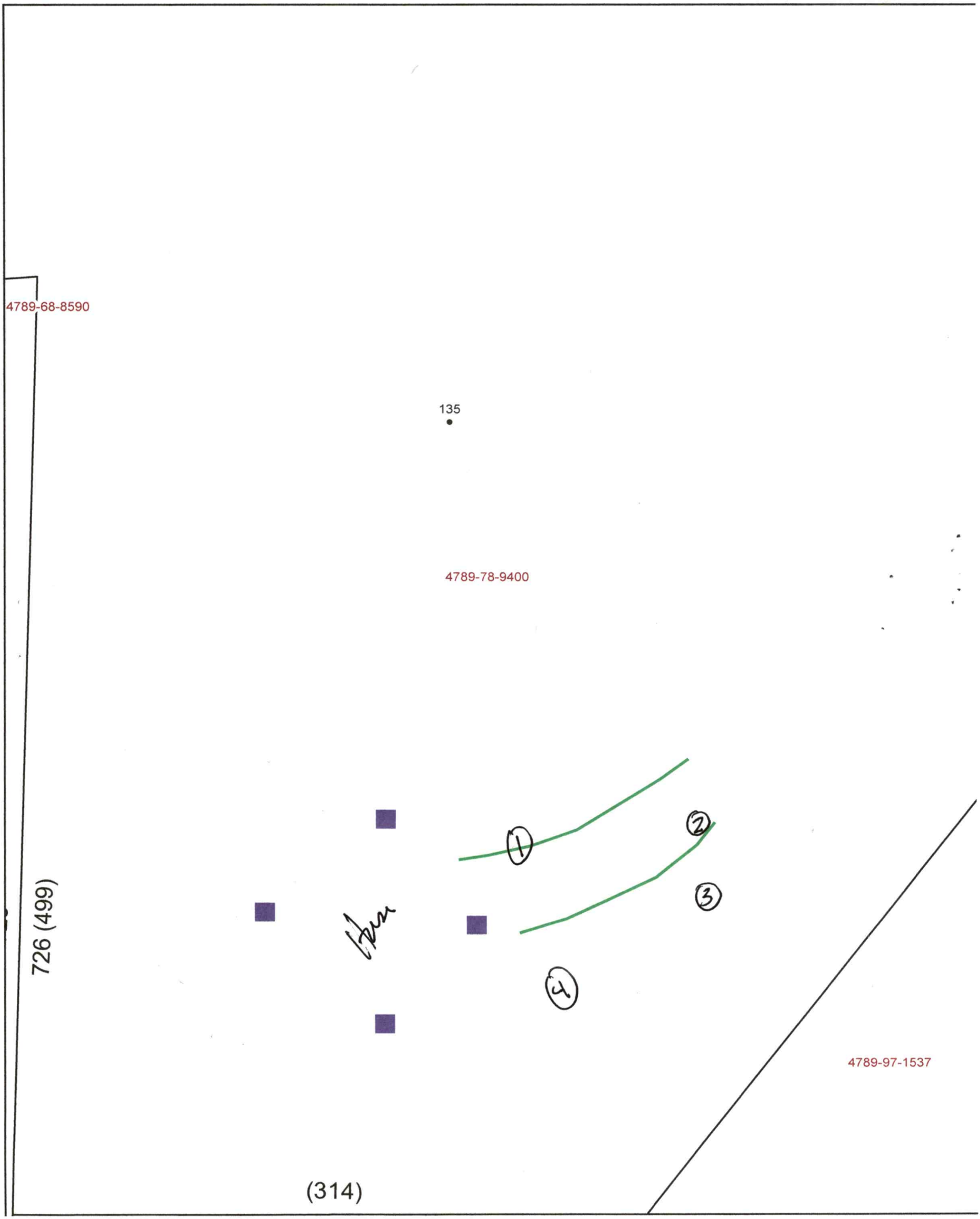
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

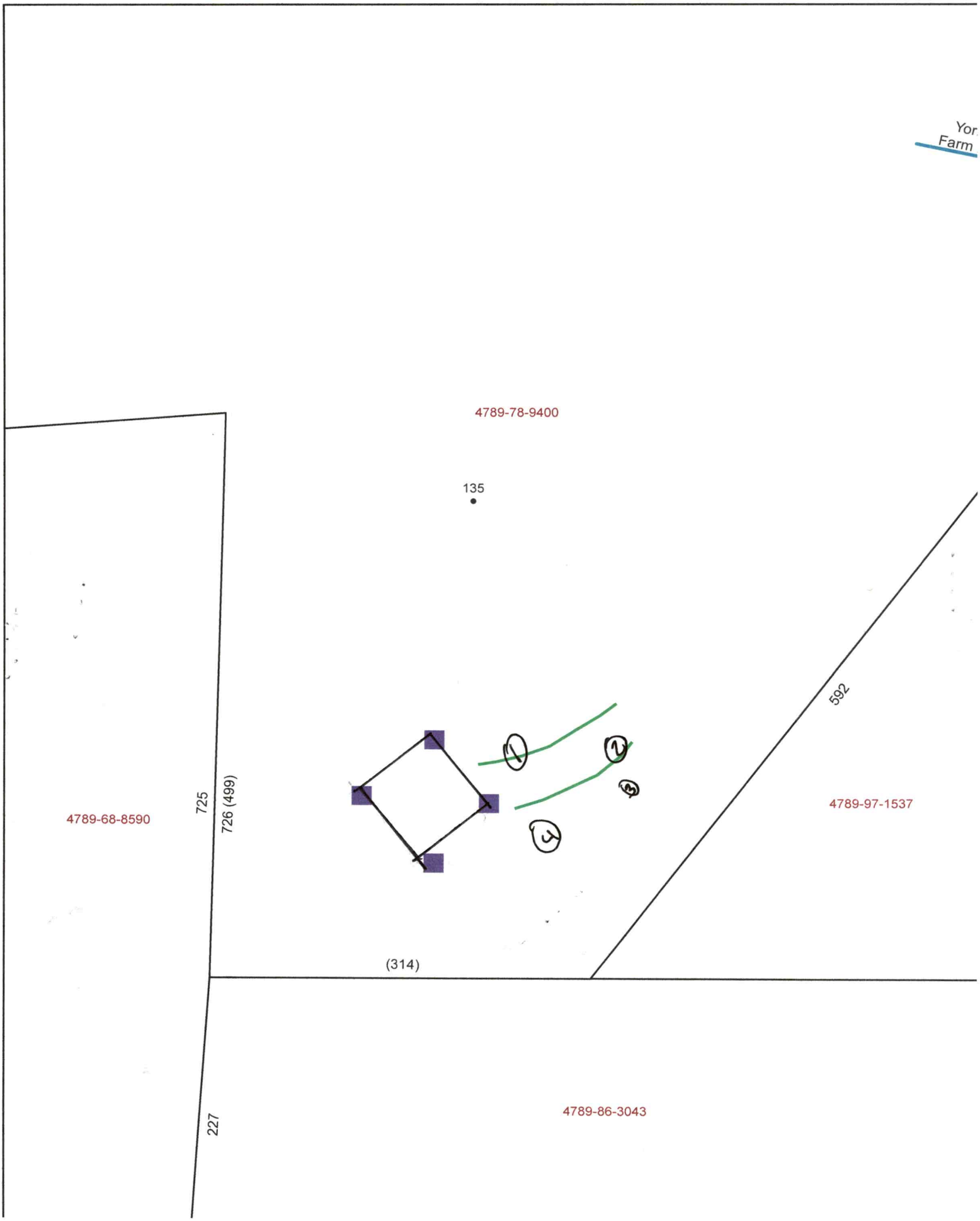
Evaluation of saprolite shall be by pits.

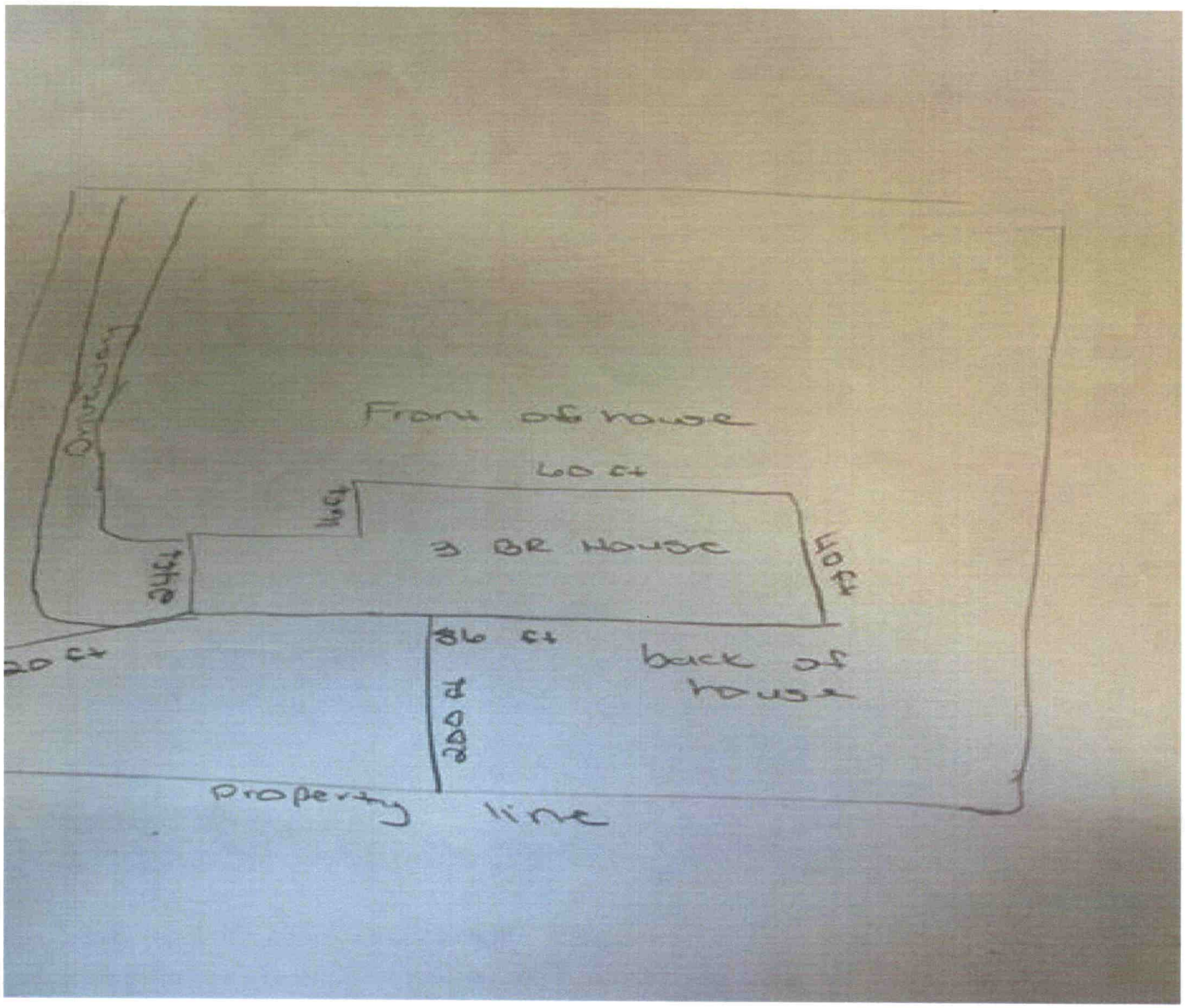
Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




4789-68-8590
135
4789-78-9400
726 (499)
(314)
4789-97-1537


Yor
Farm
4789-78-9400
135
592
4789-97-1537
725
726 (499)
4789-68-8590
(314)
227
4789-86-3043


Front of house
60 ft
3 BR House
40ft
36 ft
back of house
200 ft
Property line

BCW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 313377

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

PIN # 4789 -78 -9400.

APPLICANT/OWNER: Stacie Patterson APPLICANT ADDRESS: 165 Appaloosa Lane Statesville NC 28625

SITE ADDRESS: 135 York Farm Lane Harmony NC 28625 PHONE: ALT. PHONE

SITE DIRECTIONS: Harmony to 901 E @ onto York Farm Lane SAP CONTROLLED: [X] YES [ ] NO

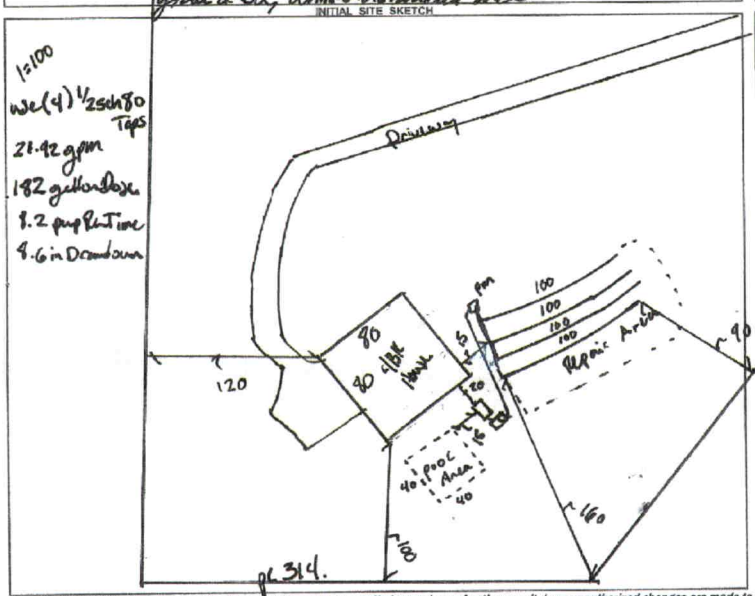
SUBDIVISION: - SECTION: - LOT # - LOT AREA: 62 Ac DESIGN FLOW: 480 L.T.A.R.: 30

Septic Tank 1000	(gal)	STB	Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II [III] IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank 1000	(gal)	PT	Date	System Description: 1 PM 25% Reduction				[ ] Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description: 6 Pi- Panel Blocks 50% Reduction				[ ] Other	No. Employees
# Nitrification Fields 1		# Lines 4	Linear Ft: 400	Maintenance Agreement Required:		[ ] YES	[X] NO	[ ] Slab	[ ] Crawl Space
Trench Width 36		Trench Bottom Depth (~~Lowest~~)	36 max	Gravel Depth -		[ ] GRAVITY	[X] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: Install Septic Drawing on the center of the Land utilize Pressure Manifold. Panel exceed max depth of 36in. Do not Drive upon, Place goods or any utilities in designated area

INITIAL SITE SKETCH



AS BUILT SKETCH

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

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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.* [X] **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: Stacie Patterson Date: 2/1/21 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Bolin Date: 1-25-2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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