ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 221402

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

PIN # ✓4662-08-1908

APPLICANT/OWNER: Foundation Homes/Weston Short | APPLICANT ADDRESS: 438 Williamsen Road Mooresville 28117

SITE ADDRESS: ✓135 W Cold Hollow Farms Drive Mooresville 28117 | PHONE: 704 360-2251 | ALT. PHONE 704-960-2285

SITE DIRECTIONS: BSR R on Mckendree R on Barefoot L on W Cold Hollow at end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms | SECTION: 4 | LOT # 479 | LOT AREA: 1.42 Ac | DESIGN FLOW: 600 gpd | L.T.A.R.: .3

Septic Tank	1500	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II ✓III IV V VI
Pump Tank	1500	(gal)	PT		Date	System Description: 25% Reduction PM			
Pump Make			Model		Serial #	Repair System Description: 25% Reduction PM			
# Nitrification Fields	1	# Lines	4		Linear Ft: 500	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36		Gravel Depth -		☐ GRAVITY	☒ PRESSURE	

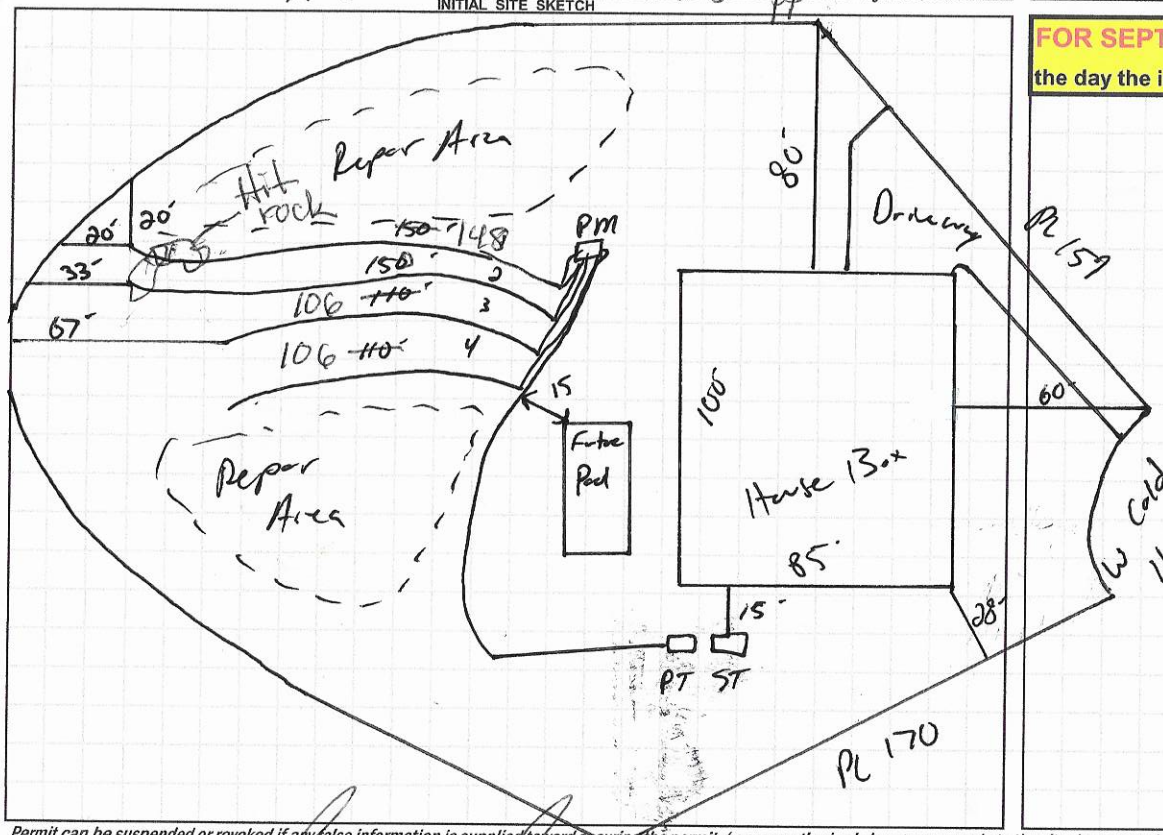
☒ Residence | No. Bedrooms 5 | ☐ Business | No. Persons 10 | ☐ Other | No. Employees | ☐ Slab | ☐ Crawl Space | ☒ Basement w/plumbing | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ✓ Community

Comments / Conditions: Install Drainlines on contour of land and use Pressure manifold for Distribution.
Note: Hit rock at end of 2 upper lines

Lines 1 & 2 3/4 sch 80 — 34 gpm
Lins 3 & 4 1/2 sch 40 — Dose Volume 230
Must Have 2' Head Pressure — Draw Down 9 in

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.

1=60 Installed Quick 4 95
Shown
47ft from deck posts to supply line
49ft to drainfield
3/4/21 Checked drainfield, supply lines & PM.

	Date	Initials
Drain Lines Checked	3/4/21	MD
Tanks Checked	2/26/21	BW
Pressure Manifold or Valve Box Checked	3/4/21	MD
Pressure Head Set	5-19-21	JB
Electrical Checked	5-13-21	BW
Floats Set		
Alarm Checked		
Maintenance Contract Y (N)	not Required	
Comments:		

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: Brenda Smith Date: 10-7-2020 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Date: 10-6-2020 OPERATION PERMIT by: James Boggs @ Date: 5-18-21

AUTHORIZATION TO CONSTRUCT by: Date: 10-6-2020 Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 221402

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

PIN # 4662-608-1908

APPLICANT/OWNER: Foundation Homes/Weston Short | APPLICANT ADDRESS: 438 Williamson Road Mooresville 28117

SITE ADDRESS: 135 W Cold Hollow Farms Drive Mooresville 28117 | PHONE: 704 360-2251 | ALT. PHONE 704-960-2285

SITE DIRECTIONS: BSR R on Mckendree R on Barefoot L on W Cold Hollow at end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms | SECTION: – | LOT # 479 | LOT AREA: 1.42 Ac | DESIGN FLOW: 600 gpd | L.T.A.R.: .3

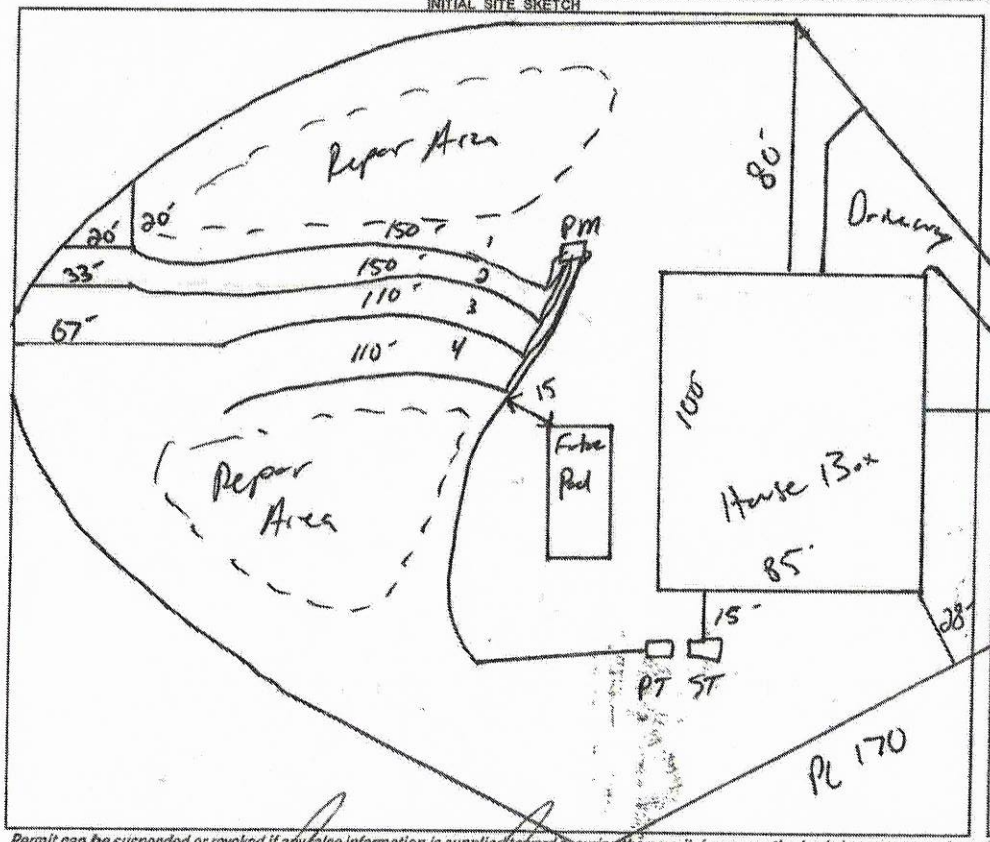
Septic Tank	1500 (gal)	STB	964	Date	1-14-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT	~~3884~~ 353	Date	11-8-2020	System Description: 25% Reduction PM		☐ Business	No. Persons 10
Pump Make		Model		Serial #		Repair System Description: 25% Reduction PM		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	500	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36	Gravel Depth	–	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Install drainlines on center of lands and use Pressure manifold for Distribution.

Lines 1+2 3/4 sch80 — 34 gpm
Lines 3+4 1/2 sch 40 — Dose Volume 230
Must Have 2' Head Pressure — Drawn Down 9"

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.

1" = 60'

BLW - TANKS CHECKED 2-26-2021
PT NEEDS EXTRA RISER NO PUMP

Drainlines 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: Brenda Smith | Date: 10-7-2020 | Installed by: SPECIALTY SEPTIC

IMPROVEMENT PERMIT by: | Date: 10-6-2020 | OPERATION PERMIT by: James Boggs @ | Date: 5-19-21

AUTHORIZATION TO CONSTRUCT by: | Date: 10-6-2020 | Existing System Inspected by: | Date:

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

	Date	Initials
Drain Lines Checked	3/4/21	MD
Tanks Checked	2/24/21	BW
Pressure Manifold or Valve Box Checked	3/4/21	MD
Pressure Head Set	5-19-21	
Electrical Checked	5/13/21	BW
Floats Set	5/13/21	BW
Alarm Checked	5/13/21	BW
Maintenance Contract Y / (N)	5/13/21	BW
Comments:		

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

Sheet 1 of 1
PROPERTY ID #: 462081908
COUNTY: Iredell

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

OWNER: Kevin Brasier
APPLICATION DATE 3-13-19
ADDRESS: 128 Freshwater Dr
DATE EVALUATED: 4-10-19
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 600 gpd
PROPERTY SIZE: 1.42 Ave
LOCATION OF SITE: 135 Cold Hollow Farm Rd
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10%	0-41	SBk & C	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		41-48	SBk CL	Fr SSSP Serp					
2	LS 10%	0-22	SBk SC	Fr SSSP Serp	N/A	48"	N/A	Rock @ 48"	PS .3 Shallow
		22-30	SBk C	Fr SSSP Serp					
		30-48	SBk CL	Fr SSSP Serp					
3	LS 10%	0-28	SBk C	Fr SS SP Serp	N/A	48"	N/A	N/A	PS .3
		28-48	SBk CL	Fr SSSP Serp					
4	LS 10%	0-6	SBk SCL	Fr SSSP Serp	N/A	48"	N/A	N/A	PS .3
		6-35	SBk C	Fr SS SP Serp					
		35-48	SBk CL	Fr SS SP Serp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	500'	500'
System Type(s)	25% RM	25% RM
Site LTAR	.3	.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: [illegible]
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		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

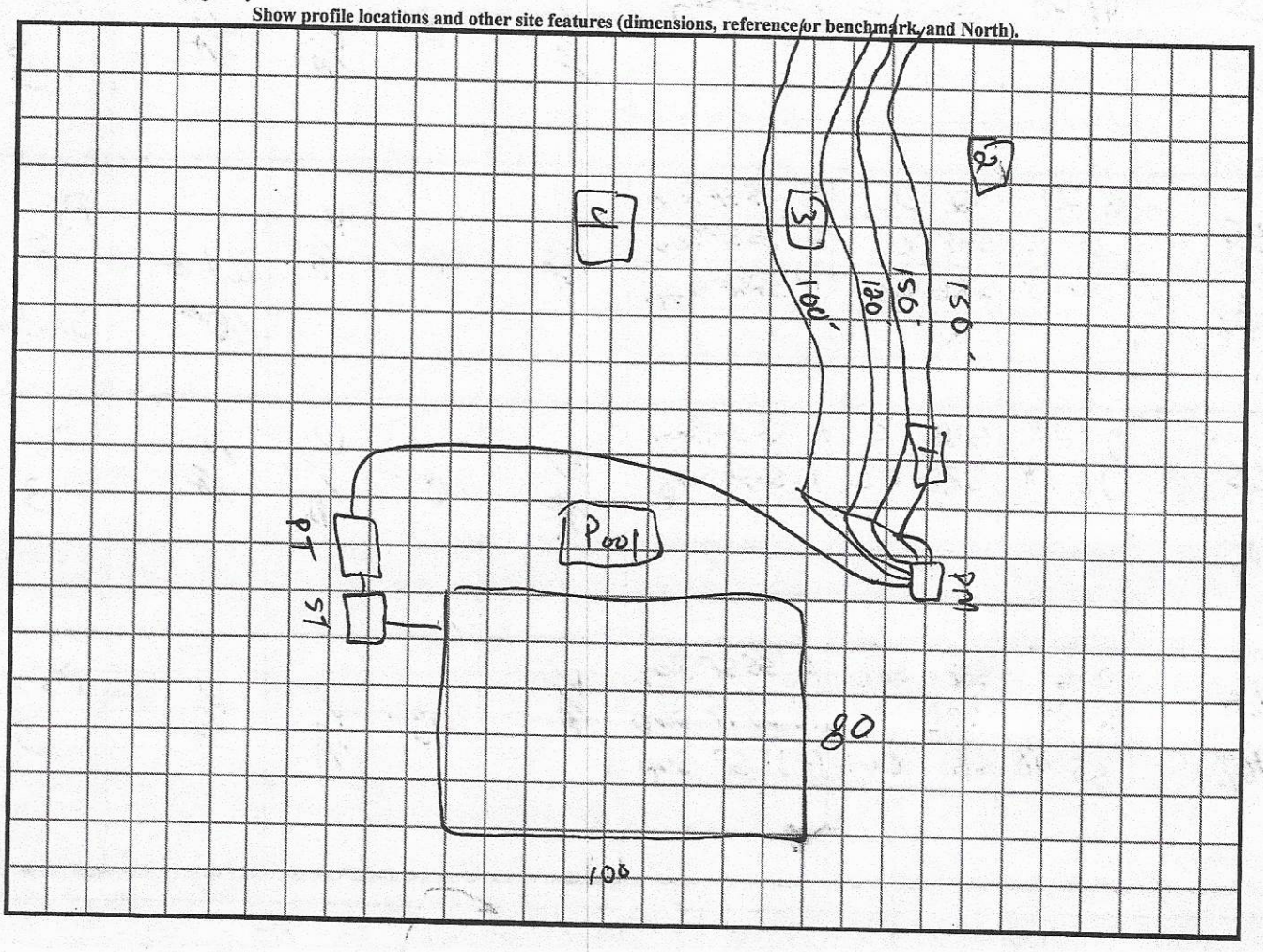
NOTES

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).



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

PROPERTY ID #: 4626081908_
COUNTY: _Iredell_____

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

OWNER: Calvin Poole_____ APPLICATION DATE_____
ADDRESS: 132 Cherry Tree Dr, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD__ PROPERTY SIZE: __1.429 AC_____
LOCATION OF SITE: 135 W Cold Hollow Dr, The Farms Lot 479_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☰ Public ☰ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☰ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☰ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		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 10%	0-40	R C SBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		40-48	R CL WSBK	FR SS SP SEXP					
2	LS 10%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	48"	Few SAP	N/A	PS 0.3
		8-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
3	LS 10%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
4	LS 10%	0-35	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		35-48	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	1221 FT2
System Type(s)	25% Reduction	25% Reduction
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _4626081908_____
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LS 8%	0-13	R Br SCL WSBK	FR SS SP SEXP	YB'S CHR 2 @ 30"	30"	N/A	N/A	PS 0.25 NOT IN SYSTEM AREA
		13-30	Br R C WSBK	FR SS SP SEXP					
6	LS 10%	0-8	Br SCL WSBK	FR SS SP SEXP	N/A	36"	N/A	N/A	PS 0.3
		8-36	R C SBK	FR SS SP SEXP					
		36-	SL SAP M	VFR SS SP SEXP					
7	LS 10%	0-24	R C SBK	FR SS SP SEXP	N/A	36"	N/A	N/A	PS 0.3
		24-36	R CL WSBK	FR SS SP SEXP					
		36-	SL SAP M	VFR SS SP SEXP					

COMMENTS: _____



Farmer Soil Notes

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet 135 W. Cold Hollow Farms Dr, The Farms Lot 479
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Community Water
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: 25% Reduction
Proposed Repair System Type: 25% Reduction
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 21.33 GPM
Dosing Volume: 175 gallons
Pump Run Time: 8.2 minutes
Elevation Head: 15.6'
Friction Head: 2.2'
Pressure Head: 2'
Total Dynamic Head: 19.8'
Supply Line Length: 170' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum (initial), 18" (repair)

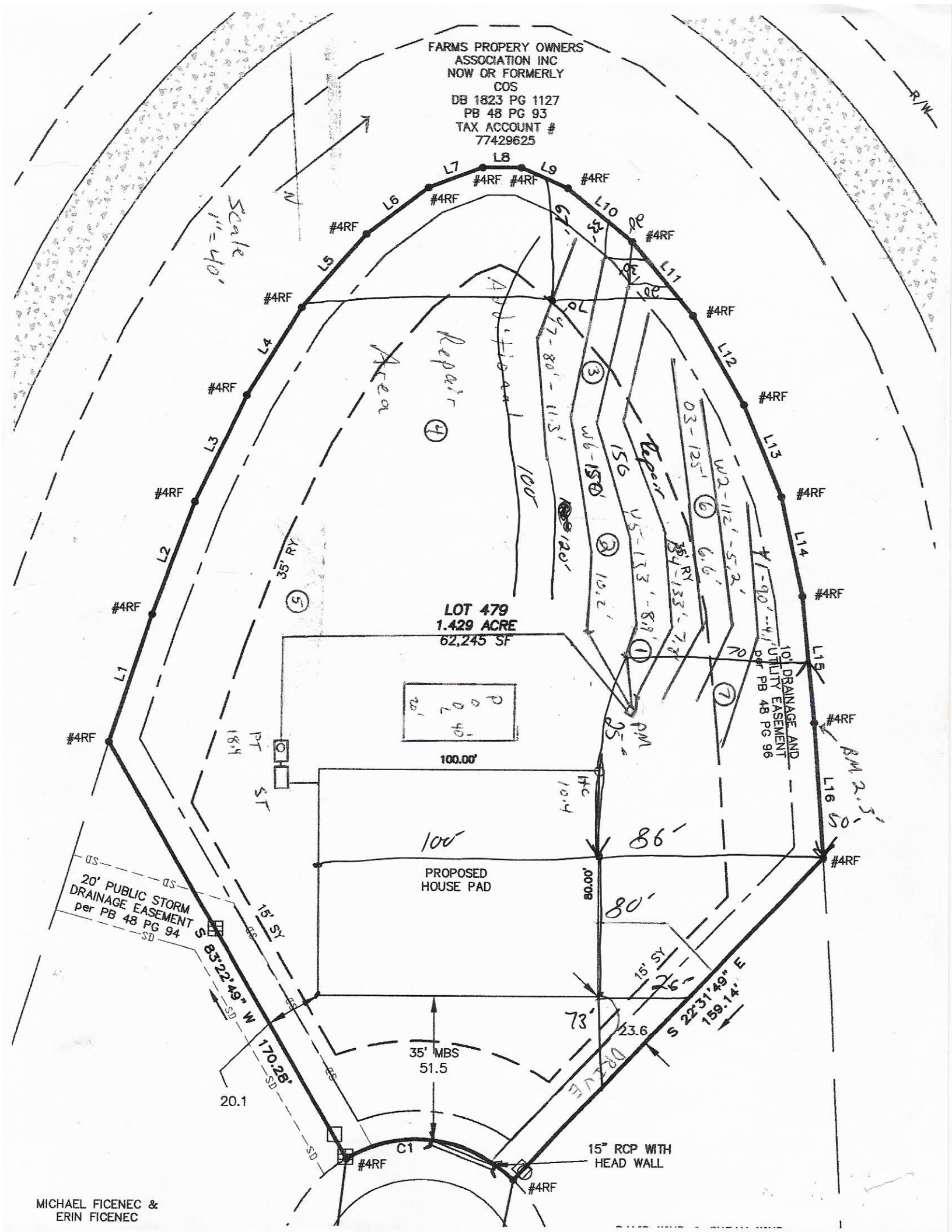
Line	Design Length	Actual Length	Elevation
Yellow 1		90'	4.1'
White 2		112'	5.2'
Orange 3		125'	6.6'
Blue 4	**133'**	**145'**	**7.8'**
Yellow 5	**133'**	**151'**	**8.9'**
White 6	**134'**	**160'**	**10.2'**
Yellow 7		80'	11.3'

Initial System: 400'
Repair System: 407'
Pump Tank: 18.4'
House Corner: 10.4'
Benchmark: 2.3'

Comments

The original permit for this lot has expired. MA&A have evaluated the lot for a four bedroom residence and a pool. The house box is staked and the pool is marked with blue flags. The trench bottom for the repair system is 18" because of the presence of saprolite. MA&A chose not to evaluate the saprolite with pits and keep the system shallow enough in the profile to keep the saprolite out of the treatment area. There is additional repair area below the initial system.




FARMS PROPERY OWNERS
ASSOCIATION INC
NOW OR FORMERLY
COS
DB 1823 PG 1127
PB 48 PG 93
TAX ACCOUNT #
77429625
Scale 1" = 40'
N
R/W
L1
L2
L3
L4
L5
L6
L7
L8
L9
L10
L11
L12
L13
L14
L15
L16
#4RF
LOT 479
1.429 ACRE
62,245 SF
100.00'
PROPOSED
HOUSE PAD
80.00'
35' RY
15' SY
10' DRAINAGE AND
UTILITY EASEMENT
per PB 48 PG 96
20' PUBLIC STORM
DRAINAGE EASEMENT
per PB 48 PG 94
S 83°22'49" W
170.28'
S 22°31'49" E
159.14'
35' MBS
51.5
20.1
C1
15" RCP WITH
HEAD WALL
DRIVE
Repair
Area
Repair
100'
86'
80'
73'
26'
23.6
BM 2.3'
MICHAEL FICENEC &
ERIN FICENEC

RECEIVED SEP 04 2020 AP-221402 $105.00 (AP-310239 fee)

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Limited

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: Foundation Homes Residential Address: 438 Williamson Rd, Ste C, Mooresville Zip: 28117

Applicant Email: laura@foundationhomesnc.com Phone: 704 360 2251 Alt. Phone: 704 960 2285

Owner Name: Wesley & Katy Short Address: 125 Swamp Rose dr, Mooresville Zip: 28117

Owner Email: katy.short@gmail.com Phone: 704 728 1600 Alt. Phone: /

Property Information:

Street Address: 135 W Cold Hollow Farms Drive, Mooresville NC 28117

Subdivision Name: The Farms Section/Phase: ~~149~~ Lot Number: 149

Driving Directions: Take NC-1100/Brawley School Rd to McKendree Rd,
Follow McKendree Rd to W Cold Hollow Farms Drive

Site Development Information: *(check or complete ALL that apply*

(✓) New Single Family Residence — Maximum Number of Bedrooms: 5
( ) New Multi-Family Residence — Maximum Number of Occupants: 10
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure:
( ) Repair to failing septic system ___ Tank ___ Drain lines 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

( ) 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 ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: [signature] 9/2/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 75ADDAD9-F2E8-4848-93EE-1998A7959AB2

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL 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)* [signature]

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, Katy Short, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name)

_____, _____, 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] 9/2/2020

Signature of Owner(s) Date

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

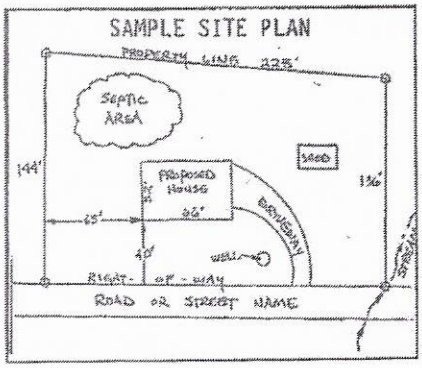
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**



Circle N/A on the following if appropriate:

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

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

* Attached plot plan

Signature: Pretorius

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/2/20

DATE

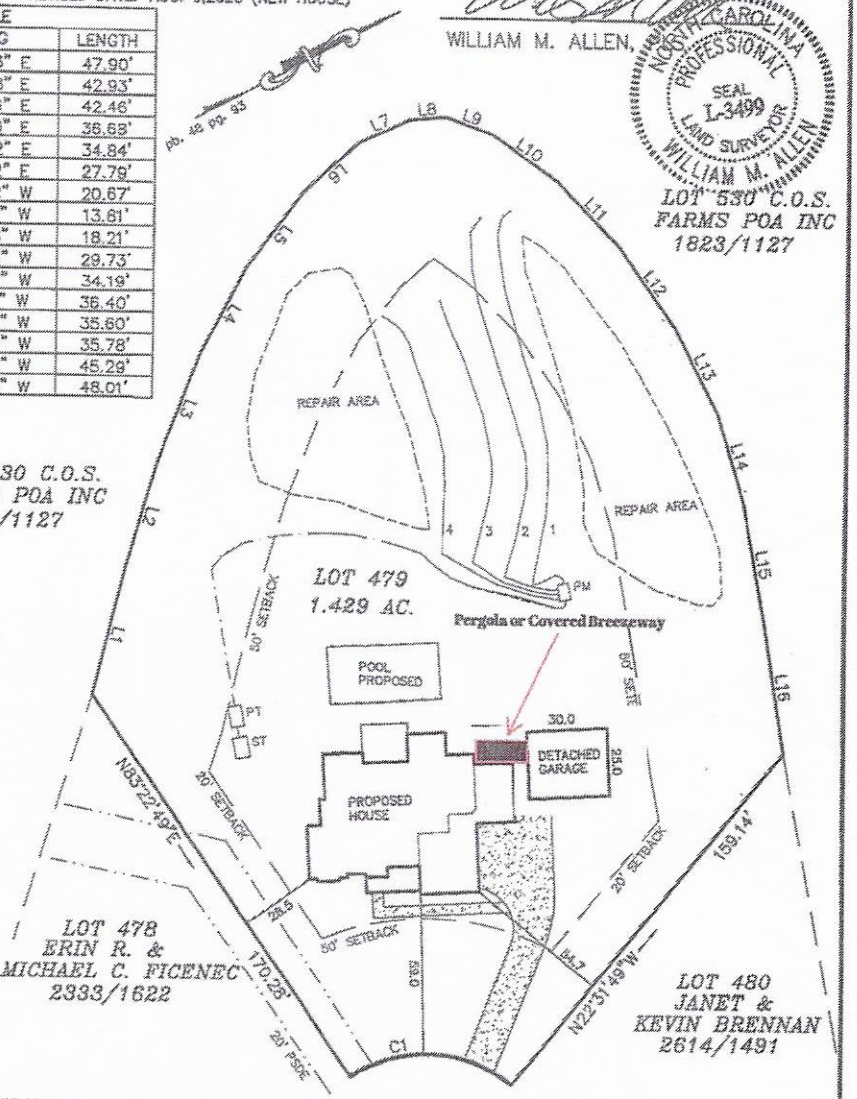
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crossiake Park Drive - Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2699, page 1452, and/or plat book 48, page 93, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 29, day of JUNE, A.D. 20 20.

REVISED DATE: AUG. 6,2020 (NEW HOUSE)

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

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 47°51'43" E	47.90'
L2	S 45°41'28" E	42.93'
L3	S 40°45'16" E	42.46'
L4	S 34°21'46" E	36.68'
L5	S 24°52'32" E	34.84'
L6	S 13°36'02" E	27.79'
L7	S 02°56'32" W	20.67'
L8	S 23°35'31" W	13.61'
L9	S 47°23'28" W	18.21'
L10	S 63°07'56" W	29.73'
L11	S 73°39'37" W	34.19'
L12	S 83°16'41" W	36.40'
L13	N 88°41'37" W	35.60'
L14	N 78°48'05" W	35.78'
L15	N 72°08'52" W	45.29'
L16	N 70°32'00" W	48.01'



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	64.56'	S 30°28'26" W	60.17'

LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = ¾ REBAR SET
R/W = RIGHT-OF-WAY
(W) = WELL
BTL = BUILD TO LINE
LP = LIGHT POLE
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

PLOT PLAN SURVEY

OF

135 W COLD HOLLOW FARM DR.

LOT 479 THE FARMS

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: FOUNDATION HOMES

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

FIELD BOOK:
FILE: FARMS 479.DWG
DC FILE:
TAX MAP NO: 4628081908

FIRST FLOOR PLAN

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

SQUARE FOOTAGE	
1ST FLOOR HEATED	2974
2ND FLOOR HEATED	1440
TOTAL HEATED	4414
GARAGES	811
PORCHES	330
TOTAL UNDER ROOF	5555

10-6-2020

9/3/20

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Katy Short Residence

VISUAL DESIGN & DRAFTING

FIELD

SHEET:	SCALE:	DATE:
A-6		8/24/2020

SECOND FLOOR PLAN

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

SQUARE FOOTAGE	
1ST FLOOR HEATED	2274
2ND FLOOR HEATED	1692
TOTAL HEATED	4284
GARAGES	811
PORCHES	383
TOTAL UNDER ROOF	5095

SHEET:	SCALE:	DATE:
A-7		6/24/2020

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

PROJECT DESCRIPTION:
Katy Short Residence

NO	DESCRIPTION	BY	DATE

FIELD

10-6-2020

9/5