ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 311085

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

PIN # 4627-21-4847

APPLICANT/OWNER: Foundation Homes | APPLICANT ADDRESS: 438 Williamson Rd Ste C Mooresville, NC 28117

SITE ADDRESS: 266 Lakeview Shores Ln Mooresville, NC 28117 | PHONE: 704 360 2251 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Lakeview Shores Lp on Rt just past Goat Hill | SAP CONTROLLED: ☐ YES ☒ NO

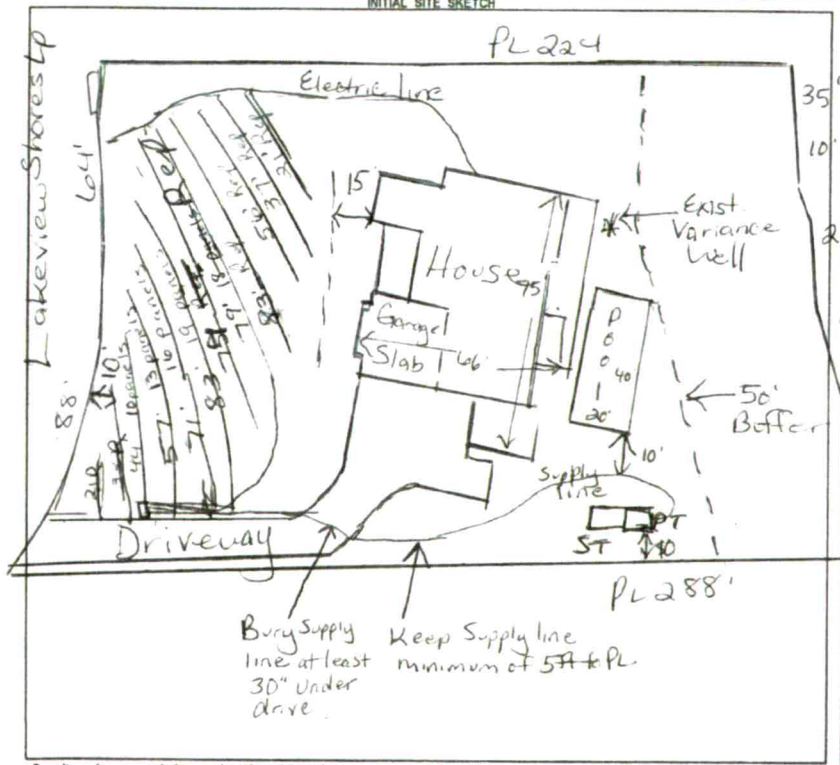
SUBDIVISION: CL & TJ | SECTION: 8 | LOT # 314 | LOT AREA: .78Ac | DESIGN FLOW: 600 gpd | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964	Date 7/26/21	☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	5	Water Supply	
Pump Tank	1500 (gal)	PT 353	Date 7/30/21	System Description: LPPPBPS + 3" Soil Cap	☐ Business	No. Persons	10	☒ Private	
Pump Make		Model	Serial #	Repair System Description: TSII Pretreatment PPBPS	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	I	# Lines 5	Linear Ft 333	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community	
Trench Width	24"	Trench Bottom Depth(Low side)	25"	Gravel Depth N/A ☐ GRAVITY ☒ PRESSURE	☒ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Do Not Exceed 25" Trench Bottom on low side
3" Soil Cap must be Type 3 Soil. Approved by TcHD

** No Vehicular traffic over Septic System.
Install Drainlines 8ft on center No cut 24" or greater within 15ft of Septic 76 panels total

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.

Scale 1:50

2ft press 273.6 gals Wase Volume
5/32" hole 31.16 gal/min 13.03" drawdown
8.78 min - Pump run.

Bottom 3 lines ✓ CW 11/9/21
Top 2 lines ✓ MD 11/10/21
Checked Supply lines 11-12-2021

Lake Norman

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: [signature] 11-5-21 Date:

Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/2/21

OPERATION PERMIT by: Maria Dotson Date: 12/20/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/4/21

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	11-12-2021	
Tanks Checked	9/17/21	MD
Pressure Manifold or Valve Box Checked	11-12-2021	
Pressure Head Set	11-12-2021	
Electrical Checked	11-12-202	
Floats Set	11-12-2021	
Alarm Checked	11-12-2021	
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 #: 4627214847
COUNTY: Iredell

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

OWNER: Foundation Homes
ADDRESS: 438 Williamson Rd
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 600 GPM
LOCATION OF SITE: 266 Lakeview Shore Lp

APPLICATION DATE 9/21/2020
DATE EVALUATED: 12/14/2020
PROPERTY SIZE: 0.78 acres
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	SS 8%	0-6	Topsoil	—	—	40"	Litho inclusions common to Loamy Sapric 40"	Small Rocks scattered throughout	PS.3
		6-18	C SBK	Fr SS SP SexP					
		18-40	CL WSBK	Fr SS SP Sexp					
		40-60	Loamy sap mass	VFr					
2	SS 6%	0-4	Topsoil	—	—	52"	Litho inclusions common to Loamy Sapric 52"	—	PS.3
		4-20	C SBK	Fr SSSP Sexp					
		20-52	CL WSBK	Fr SS SP Sexp					
		52-61	Loamy sap mass	VFr					
3	SS 8%	0-13	Sand mass	VFr	—	60"	Few Litho inclusions	Small Rocks scattered throughout	PS.3
		13-29	C SBK	Fr SS SP Sexp					
		29-60	CL SBK	Fr SS SP Sexp					
4	SS 7%	0-5	Topsoil	—	few YBmottles	42"	Litho inclusions common to Loamy sap at 42"	—	PS.3
		5-10	SCL WSBK	Fr SSSP Sexp					
		10-20	C SBK	Fr SS SP Sexp					
		20-42	CL WSBK	Fr SS SP Sexp					
		42-60	Loamy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	333	333
System Type(s)		LPPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick P
OTHER(S) PRESENT: _____

COMMENTS: Sunny Undercome treelover

Updated February 2014

RECEIVED OCT 27 2021

CW

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

Intermediate Redraw AP-311085

PAGE 1: *APPLICATION FORM* AP-311085 $320.00

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 Address: 438 Williamson Rd Ste C Zip: 28117
Applicant Email: mitzie@foundationhomesllc.com Phone: 704-360-2251 Alt. Phone: _____
Owner Name: Dane & Glen Baltich Address: 266 Lakeview Shore Loop Zip: 28117
Owner Email: danebaltich@gmail.com Phone: 770-630-5055 Alt. Phone: _____

Property Information:

Street Address: 266 Lakeview Shores Loop Mooresville NC 28117
Subdivision Name: N/A - PIN 4627-21-4847 Section/Phase: _____ Lot Number: N/A
Driving Directions: Brawley School Rd east, R on McKendree Rd, R on Lakeview Shores Loop

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

(✓) 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: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____
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: Type 4

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: _____ 10/26/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: BBD11EA9-A44C-4F2A-BB65-5D069D7031FF

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*) _____

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, Dane Baltich, am the legal owner(s) of the property located at 266 Lakeview Shores Loop, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4627-21-4547, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Laiisa Pretorius, Foundation Homes Residential, 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.

Docusigned by: _____ 9/21/2020

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

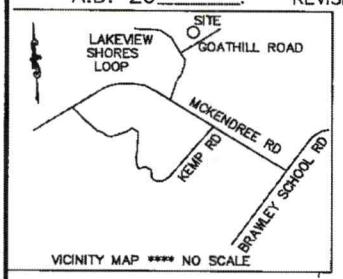
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

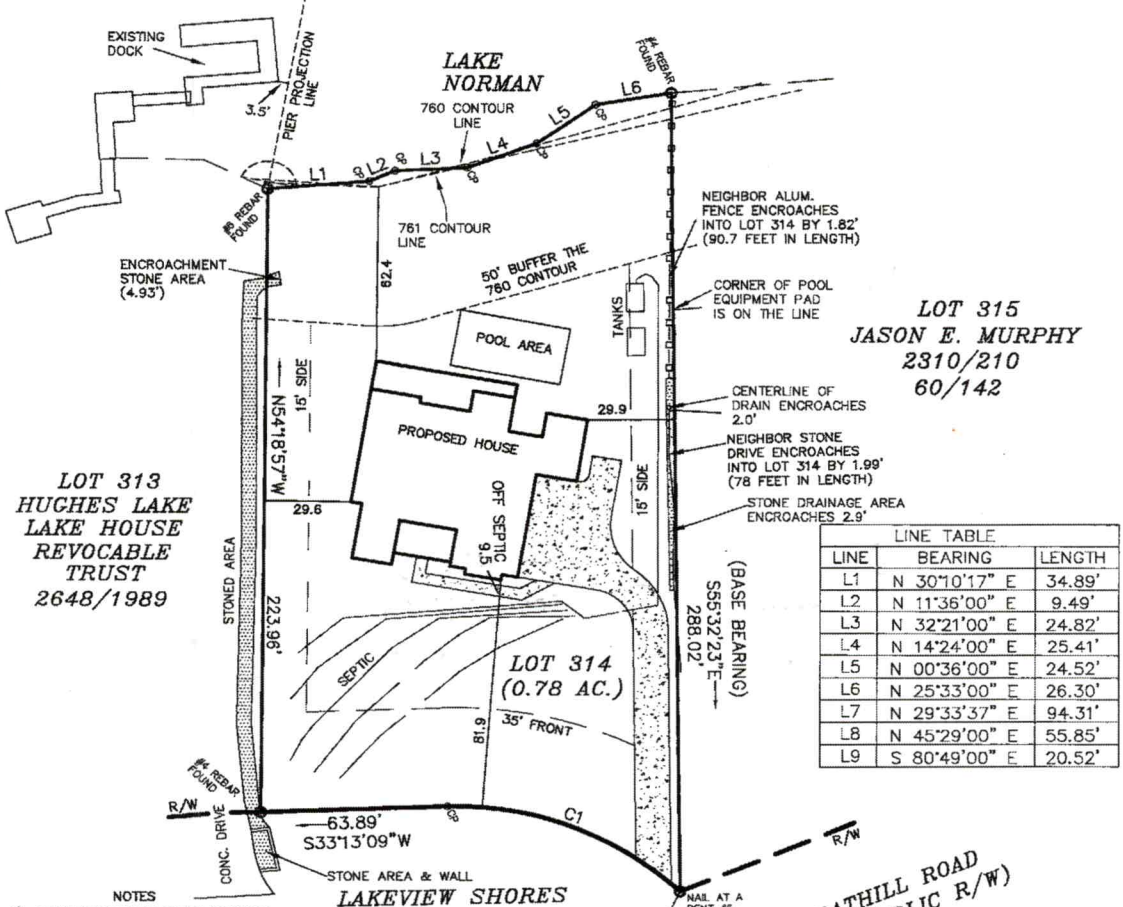
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1974, page 641, and/or plat book 60, page 142, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 7, day of OCT,
A.D. 20 20. REVISED : NOV. 4, 2020 (MOVED HOUSE)

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



PB. 15 PG. 67



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 30°10'17" E	34.89'
L2	N 11°36'00" E	9.49'
L3	N 32°21'00" E	24.82'
L4	N 14°24'00" E	25.41'
L5	N 00°36'00" E	24.52'
L6	N 25°33'00" E	26.30'
L7	N 29°33'37" E	94.31'
L8	N 45°29'00" E	55.85'
L9	S 80°49'00" E	20.52'

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.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	110.00'	87.92'	S 56°17'51" W	85.60'

LEGEND
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

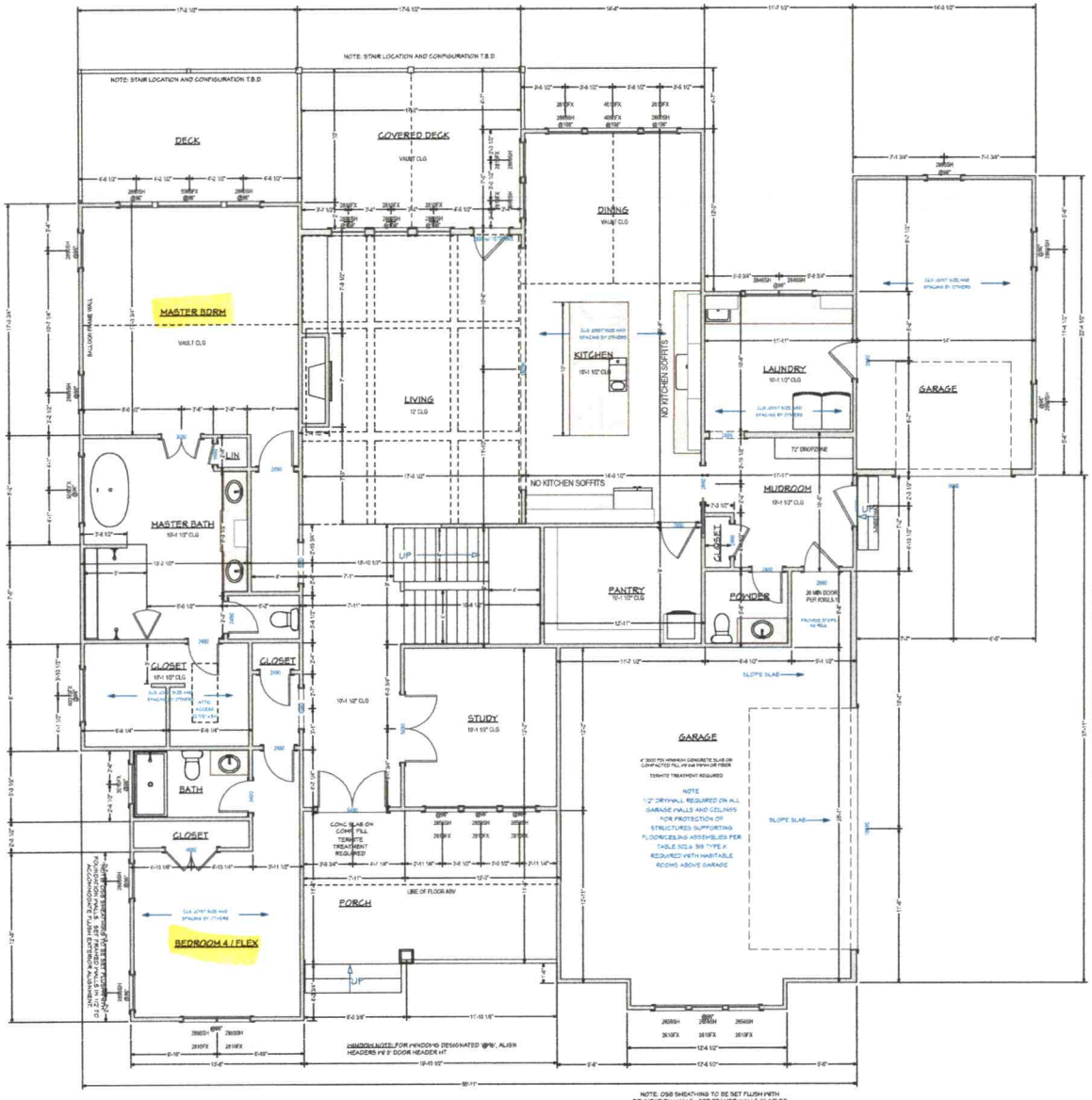
PLOT PLAN SURVEY

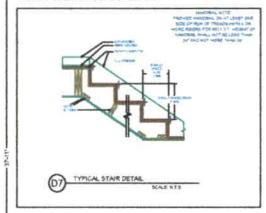
OF
266 LAKEVIEW SHORES LOOP
LOT 314 CRESCENT LAND & TIMBER CORP., SECT. 8
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'
ACQUIRED BY: ROBERT J. MELVILLE

FIELD BOOK: 502L
FILE: CLT 313-314 S8
DC FILE:
TAX MAP NO: 4627214847

266 Lakeview Shores





SQUARE FOOTAGE	
1ST FLOOR HEATED	2512
2ND FLOOR HEATED	651
TOTAL HSF	3163
LOWER LEVEL	2577
PORCHES	440
GARAGE	979
TOTAL UNDER ROOF	7159

FIRST FLOOR PLAN

PROJECT DESCRIPTION: BALTICH RESIDENCE

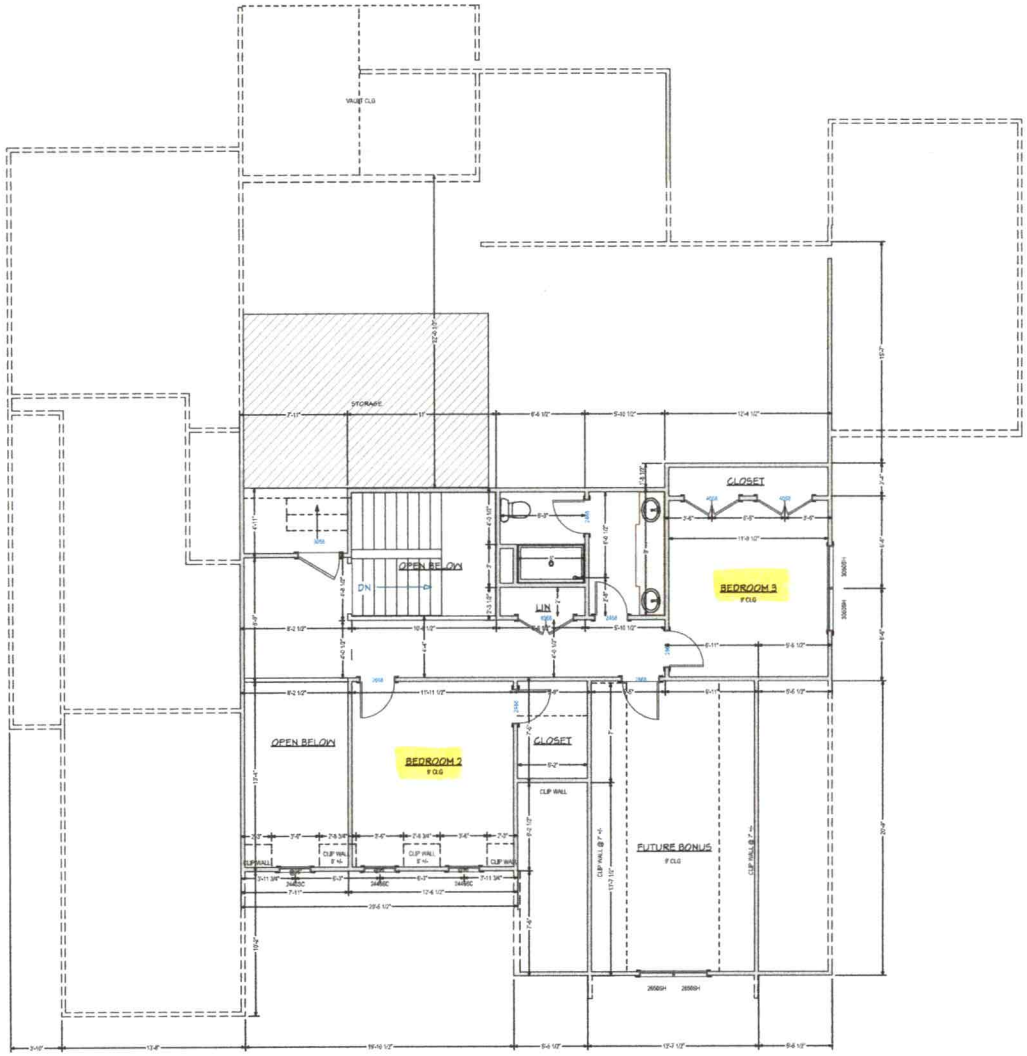
VISUAL DESIGN & DRAFTING

DATE: 12/1/2020

SCALE:

SHEET: A-6

SQUARE FOOTAGE	
1ST FLOOR HEATED	2512
2ND FLOOR HEATED	651
TOTAL HSF	3163
LOWER LEVEL	2577
PORCHES	440
GARAGE	979
TOTAL UNDER ROOF	7159



SECOND FLOOR PLAN

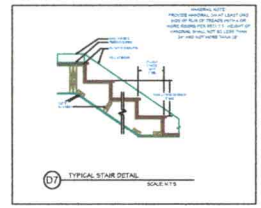
SCALE 1/4" = 1' - 0"

WINDOW AND GLAZING NOTE:

ALL WINDOWS TO COMPLY WITH R612. ANY WINDOW/OPENING GREATER THAN 72" ABOVE FINISHED GRADE AND LESS THAN 24" ABOVE FINISHED FLOOR SHALL HAVE FALL PROTECTION DEVICES PER R312.2 OR UTILIZE OPENING LIMITING DEVICES PER R312.4.

ALL GLAZING TO COMPLY WITH R308.

PROVIDE FOR EGRESS REQUIREMENTS PER R310 AND R311



D7 TYPICAL STAIR DETAIL

SCALE: N.T.S.

Brenda Smith 12/29/2020
Patrick Bissett 12/18/2020

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:

BALTICH RESIDENCE

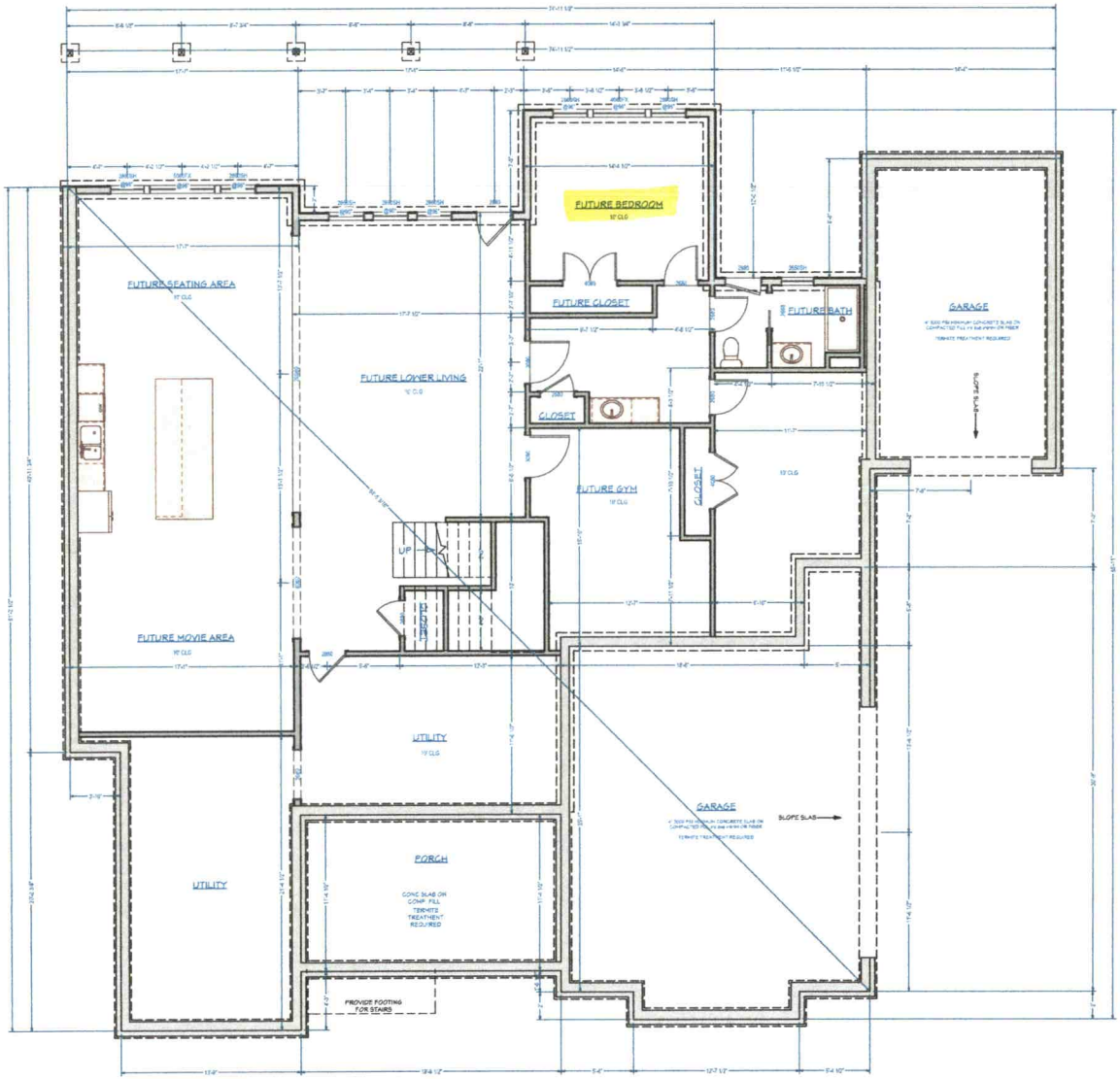
VisualDesignAndDrafting@gmail.com
Justin Travis
704-583-0907
VISUAL DESIGN & DRAFTING

DATE:
12/1/2020

SCALE:

SHEET:
A-7

75'



66'

FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
BALTICH RESIDENCE

VISUAL DESIGN & DRAFTING
Justin Frowe
708-567-0007

DATE:
12/1/2020

SCALE:

SHEET:
A-5