IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-303649

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

PIN # 4629533791 + 4629-53-8717

APPLICANT/OWNER: Foundation Homes / Howard Adams APPLICANT ADDRESS: 438 Williamson Rd. suite C Mooresville, NC

SITE ADDRESS: 186 April Rd. Troutman, NC 28166 PHONE: 704-360-2251 ALT. PHONE 704-650-5809

SITE DIRECTIONS: Perth → L on State Park → L on Morrison Farm → R on April → 1st on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Hawkes Bay SECTION: – LOT # 18 LOT AREA: .59ac DESIGN FLOW: 480gpd L.T.A.R.: .3

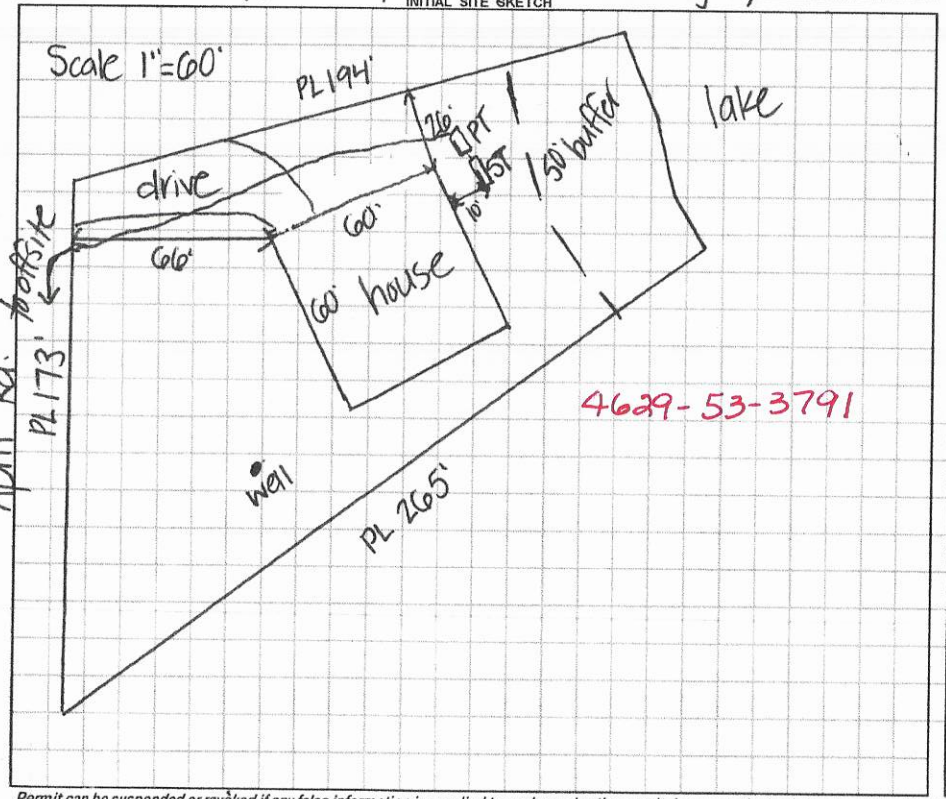
Septic Tank	1000	(gal)	STB	infiltrator	Date	plastic	☑ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	infiltrator	Date	plastic	System Description:	LP horizontal PPBPS (offsite)			
Pump Make	OrenCO	Model		PF-30D	Serial #		Repair System Description:	LP PPBPS			
# Nitrification Fields	1	# Lines	3		Linear Ft	268'	Maintenance Agreement Required:	☑ YES	☐ NO		
Trench Width	36"	Trench Bottom Depth (Low side)			18" MAX		Gravel Depth	☐ GRAVITY	☑ PRESSURE		

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

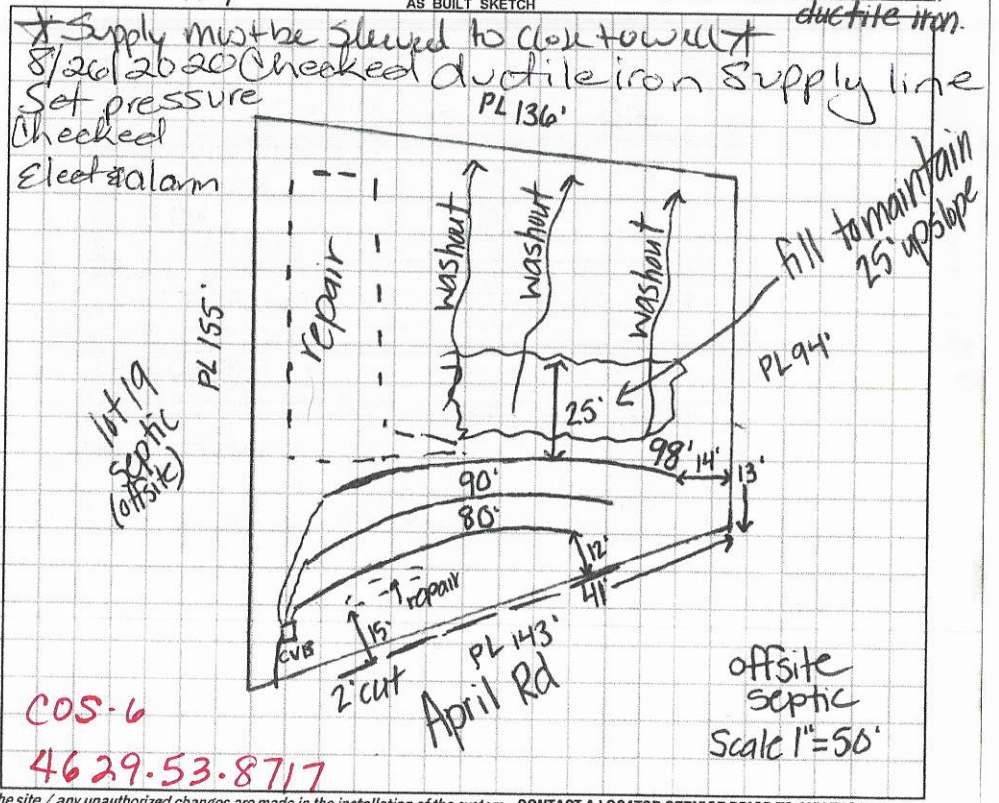
Comments / Conditions: * Do NOT exceed max trench depth of 18". 6" of soil cover must be brought in + cover system. The cover soil must be approved by ICHD prior to covering system.

Maintain 15' from 2' cut with any part of septic system. Fill small gullies/washouts near septic to maintain 25' upslope. Supply line must be buried >30" under drive or sleeved in ductile iron.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 2/20/20 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Kayla Wilson Date: 2-20-20 OPERATION PERMIT by: Maria Dotson Date: 8/27/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 2-20-20 Existing System Inspected by: Date:

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

tanks 14' off back of house

	Date	Initials
Drain Lines Checked	7-29	CCN
Tanks Checked	7-29	CCN
Pressure Manifold or Valve Box Checked	7-29	CCN
Pressure Head Set	8-26-20	MB
Electrical Checked	↓	↓
Floats Set	↓	↓
Alarm Checked	↓	↓
Maintenance Contract (Y) / N		

Supply line checked 7-30 JB

~~Supply Line~~ needs to be Sleeved ~~X~~ ok 8/26/2020 MB

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

Sheet 1 of 1
PROPERTY ID #: 4629533791
COUNTY: Iredell

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

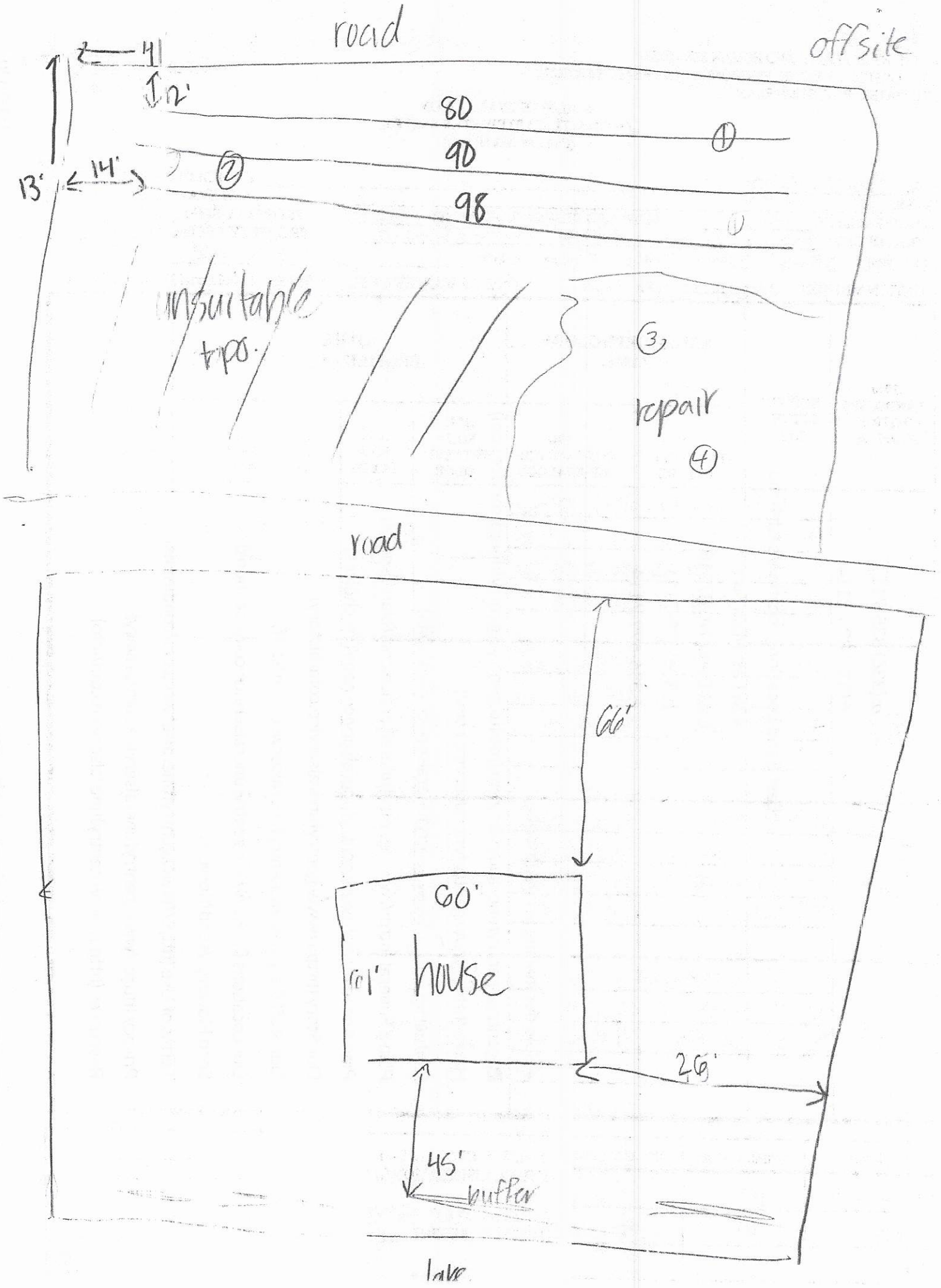
OWNER: Howard Adams
ADDRESS: 186 April Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: State Park Rd → L on Morrison Farm → R on April Rd → lot on R
APPLICATION DATE: 10-18-19
DATE EVALUATED: 2-18-20
PROPERTY SIZE: .59ac
PROPERTY RECORDED: yes
WATER SUPPLY: ☑ Private ☐ 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	7% LS	0-4	WSBK SCL	FI,SS,SP,SE	—	45	14-45	com-many SAP inc	PS .3
		4-14	SBK C	FI,SS,SP,SE					
		14-45	WSBK CL	FI,SS,SP,SE					
		45-52	SL SAP	VFI, NS, NP					
2	8% LS	0-5	WSBK SCL	FI,SS,SP,SE	—	30	5-30 many SAP inc		PS .325
		5-30	WSBK CL	FI,SS,SP,SE					
		30-62	SL SAP	VFI, NS, NP					
3	12% LS	0-4	WSBK SCL	FI,SS,SP,SE	—	39	13-39 com-many SAP inc		PS .3
		4-13	SBK C	FI,SS,SP,SE					
		13-39	WSBK CL	FI,SS,SP,SE					
		39-60	SL SAP	VFI, NS, NP					
4	14% LS	0-6	WSBK SCL	FI,SS,SP,SE	—	31	31-53 few RC SAP inc; 6-31 com-many SAP inc		PS .3
		6-31	WSBK CL	FI,SS,SP,SE					
		31-53	SL SAP	FI-FI, NS, NP					

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

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

COMMENTS:


road
offsite
4'
12'
80
90
98
13'
14'
①
②
③
④
unsuitable
tree
repair
road
66'
60'
61' house
26'
45'
buffer
lake

$500 | $550
12/23/19
AP-303649

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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, LLC Address: 438 Williamson Rd Suite C Zip: 28117
Applicant Email: justin@foundationhomesnc.com Phone: (704) 360-2251 Alt. Phone: _____
Owner Name: Howard and Allison Adams Address: _____ Zip: _____
Owner Email: aadams@luxottilaretail.com Phone: (661) 904-1174 Alt. Phone: _____

Property Information:

Street Address: 196 April Rd Troutman, NC 28166
Subdivision Name: Hawkes Bay Section/Phase: _____ Lot Number: 18
Driving Directions: From Perth Rd take a sharp left onto State Park Rd, Turn left onto Morrison Farm Rd, turn right on April Rd

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: 6
( ) 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: OFF-Site septic

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.

X **Signature:** _____ 10-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

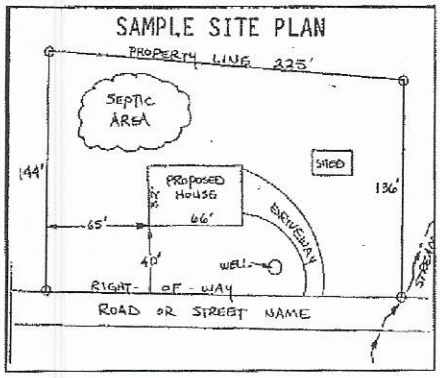
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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

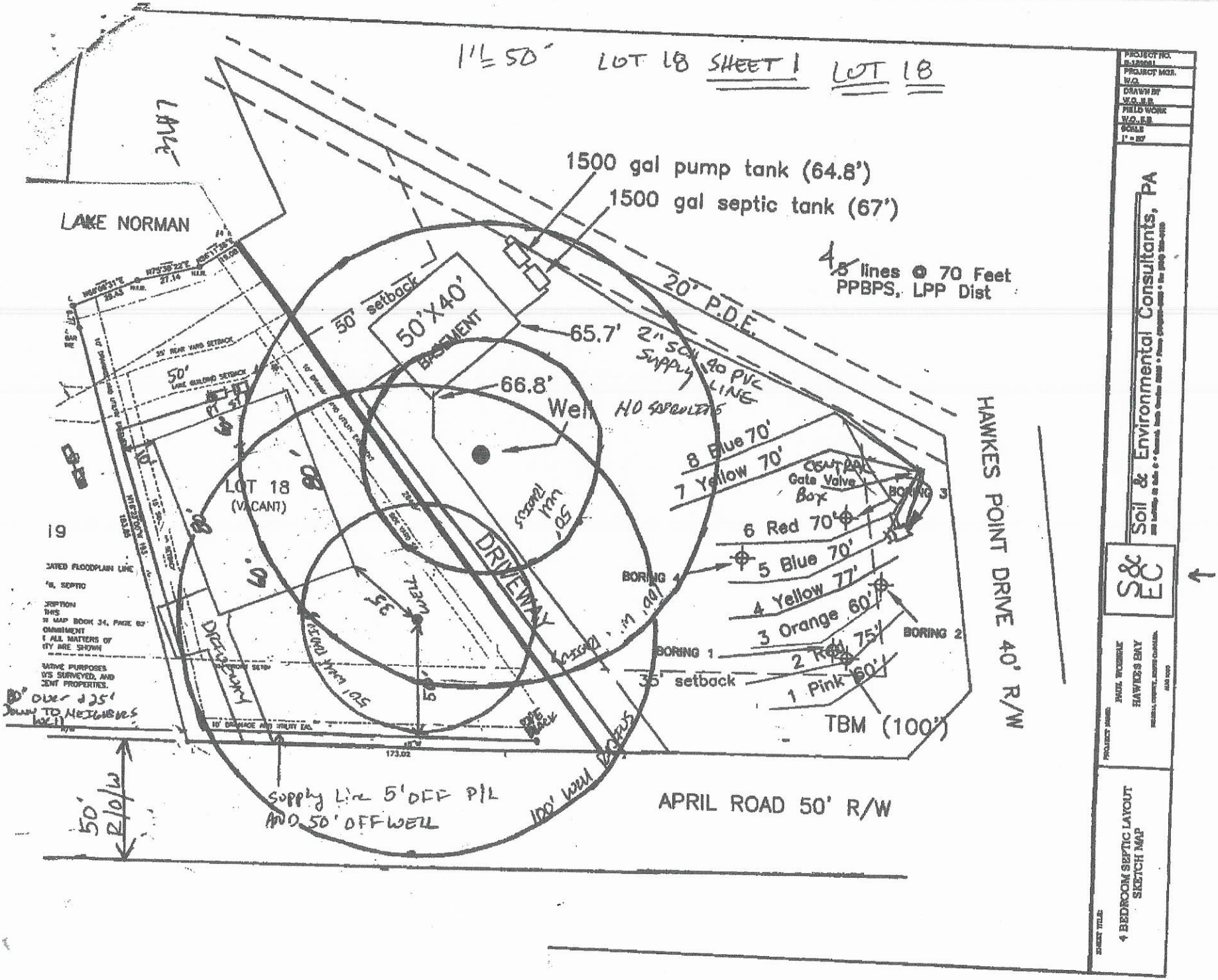
USE THIS SPACE TO DRAW YOUR SITE PLAN

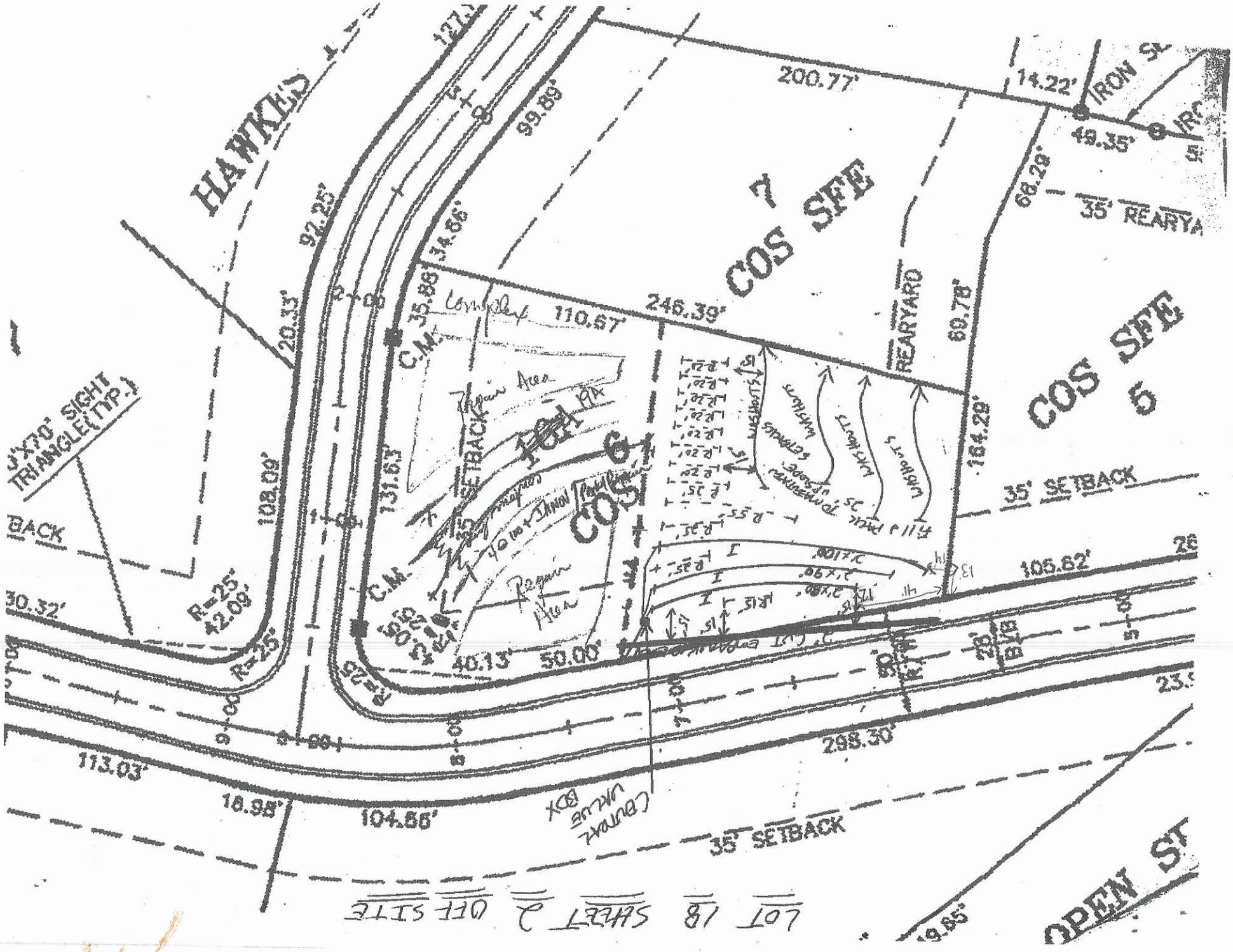
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached diagram

X **Signature:** _____ 12-18-19

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


1" = 50'
LOT 18
SHEET 1
LOT 18
1500 gal pump tank (64.8')
1500 gal septic tank (67')
4 lines @ 70 Feet
PPBPS, LPP Dist
20' P.D.E.
LAKE NORMAN
50' setback
50'X40'
BASEMENT
65.7'
2" SCH 40 PVC
SUPPLY LINE
66.8'
Well
NO SPRINKLERS
8 Blue 70'
7 Yellow 70'
CURB BOX
Gate Valve
Box
BORING 3
6 Red 70'
5 Blue 70'
4 Yellow 77'
3 Orange 60'
2 Red 75'
1 Pink 60'
BORING 4
BORING 2
BORING 1
35' setback
TBM (100')
LOT 18
(VACANT)
19
DRIVEWAY
HAWKES POINT DRIVE 40' R/W
APRIL ROAD 50' R/W
Supply Line 5' OFF P/L
AND 50' OFF WELL
100' Well Radius
50' R/W
Soil & Environmental Consultants, PA
4 BEDROOM SEPTIC LAYOUT
SKETCH MAP
HAWKES BAY


HAWKINS
COS SFE 7
COS SFE 5
REARYARD
35' SETBACK
35' REARYARD
200.77'
14.22'
IRON ST
49.35'
68.29'
246.39'
110.67'
99.89'
92.25'
34.66'
35.88'
20.33'
108.09'
131.63'
164.29'
60.78'
105.62'
40.13'
50.00'
30.32'
R=25'
42.09'
113.03'
16.98'
104.86'
298.30'
9.85'
OPEN ST
C.M.
Repair Area
Retaining Wall
Planting
Lawn
Shrubs
Trees
Fill
Cut
Centre Value Box
LOT 18 SHEET 2 OFF SITE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Howard & Allison Adams, am the legal owner(s) of the property located at 1960 April Rd Troutman, NC 28166, identified as

PIN (Parcel Identification Number) 4629533791, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Foundation Homes Residential, LLC Justin Smith, 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.

A Adams — 12.19.19

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

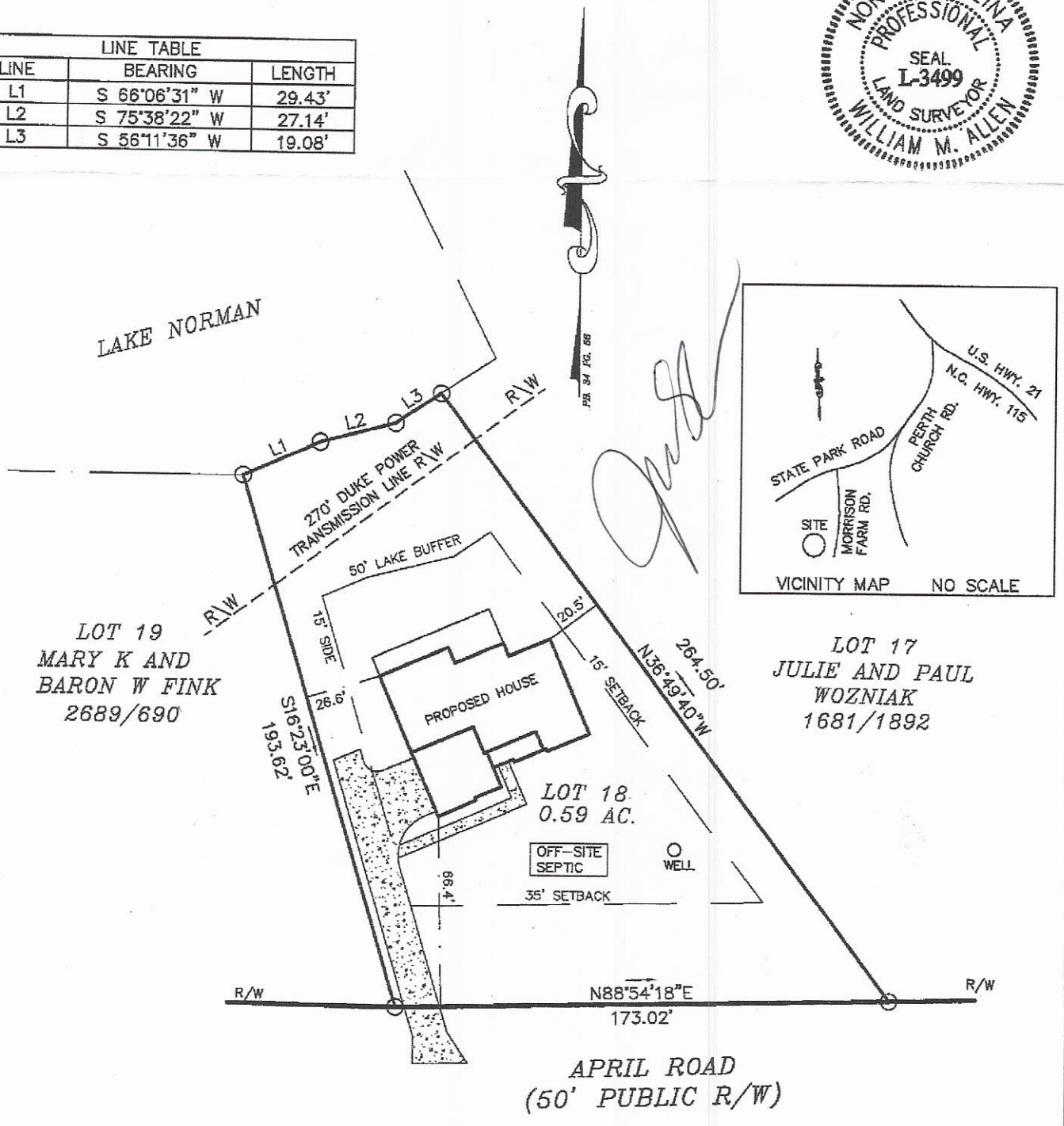
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2624, page 894, and/or plat book 34, page 56, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 11, day of DEC.,
A.D. 20 2019.

WILLIAM M. ALLEN

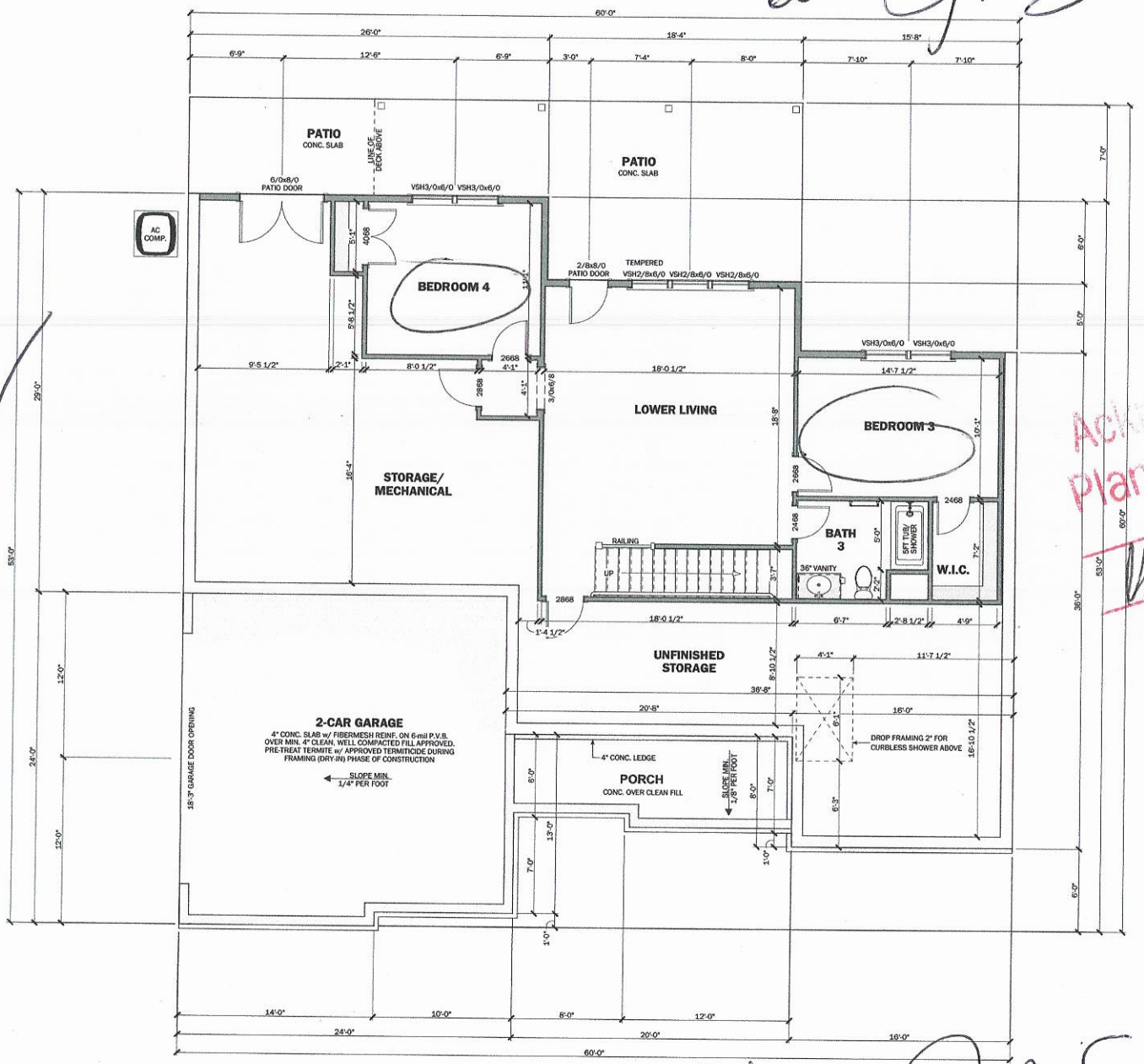
NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 66°06'31" W	29.43'
L2	S 75°38'22" W	27.14'
L3	S 56°11'36" W	19.08'



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

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR



FOUNDATION PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 10'-0"
WINDOW HEADERS @ 8'-0" A.F.F.

60'

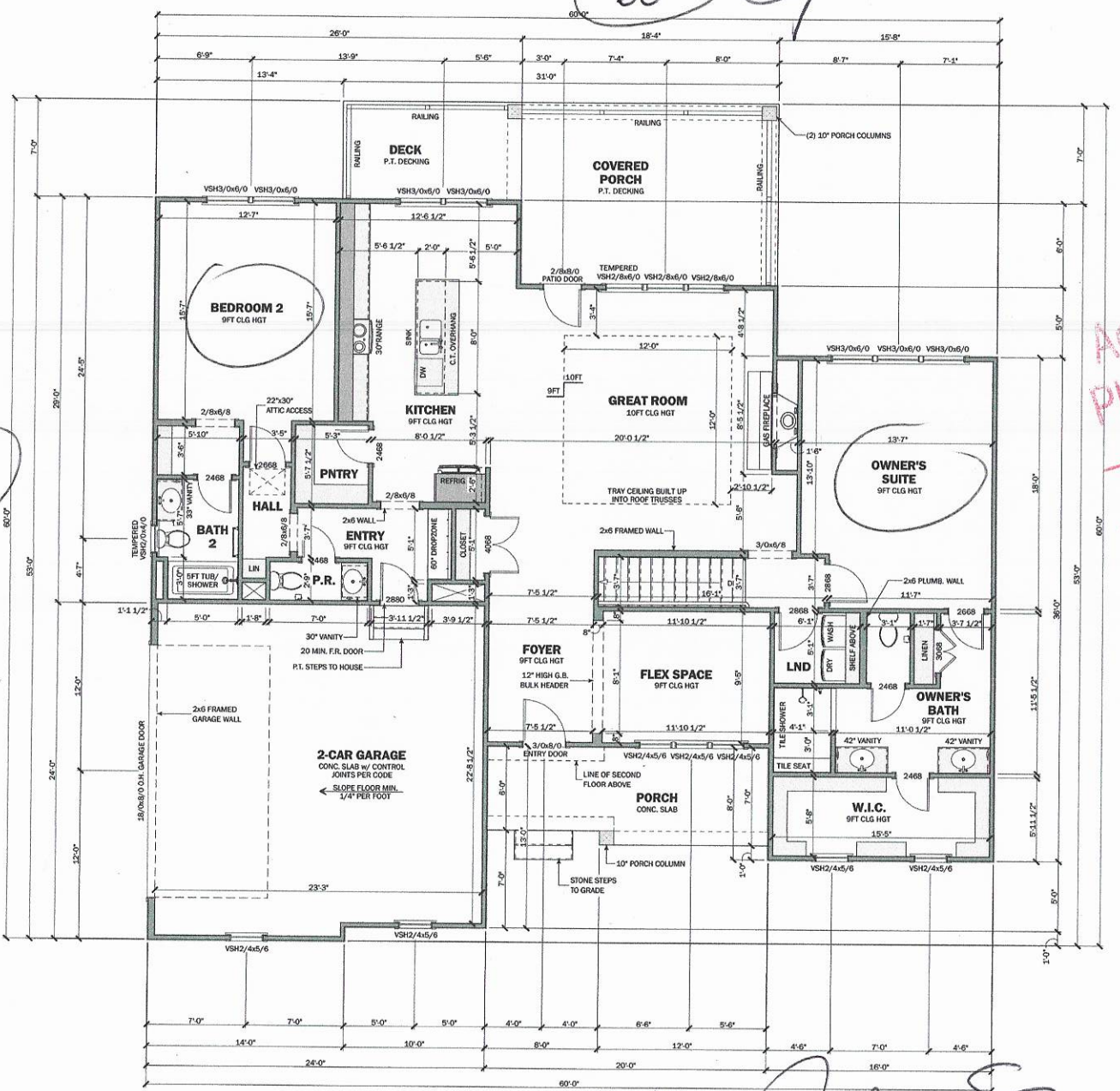
60'

53'

60'

Acknowledgement Of Plans Submittal ONL
Date
Date
2-20-20

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FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-1 1/8"
WINDOW HEADERS @ 6'-0" A.F.F.

60'

60'

60'

60'

Acknowledgement C
Plans Submittal ON
Date 2-20
Date
60'

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