L.30

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 HS | Mooresville Office (704) 660-3625 | PERMIT # 238088

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

PIN # 4635160540

APPLICANT/OWNER: Bluefield Builders / Ken Foster | APPLICANT ADDRESS: 127 Promenade Dr. Mooresville, NC

SITE ADDRESS: 118 Forestdale Loop Mooresville, NC | PHONE: 704-658-7674 | ALT. PHONE 704-746-3536

SITE DIRECTIONS: Brawley School Rd → L on Chatham → L on Mayfair → R on Forestdale → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Point | SECTION: 1B | LOT # 24 | LOT AREA: .82ac | DESIGN FLOW: 480gpd | L.T.A.R.: .31.25 repair

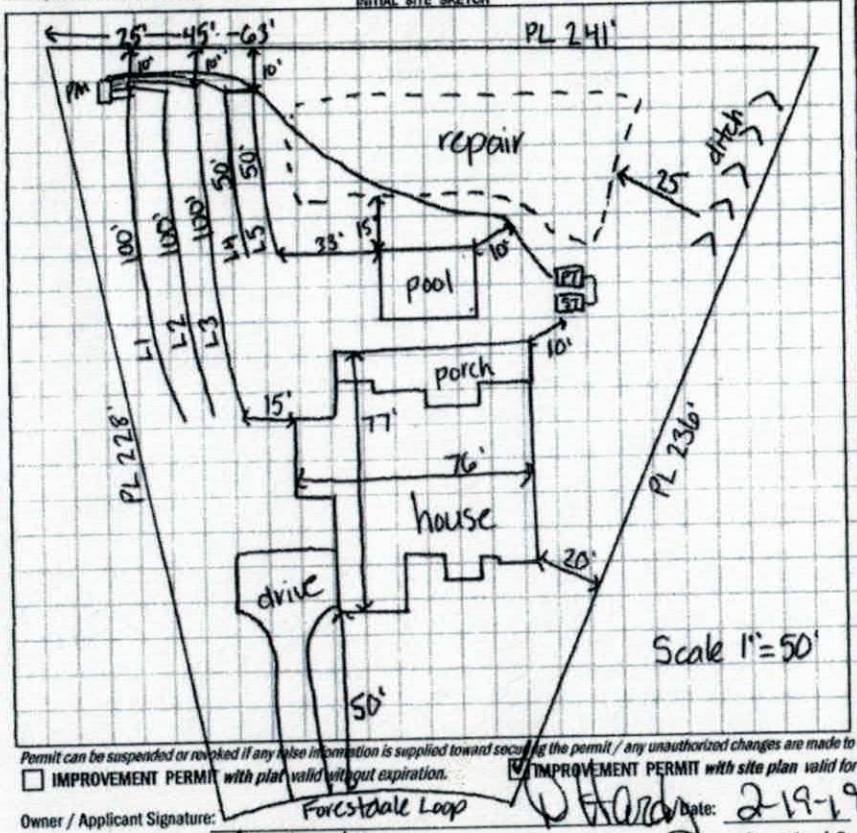
Septic Tank	1500 (gal)	STB	390	Date	2/4	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	363	Date	4/30	System Description:	PM 25% reduction
Pump Make	DRUCO	Model	PE300511	Serial #	9285,3005	Repair System Description:	LP PPBPS
# Nitrification Fields		# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth(Low side)	31" / 36" high side	Gravel Depth			☐ GRAVITY ☑ PRESSURE

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

Comments / Conditions: * HOA may require larger tanks. Supply line must maintain 10' from pool. Pool must be staked during time of install.

Top size (L1, L2, L3, L4 + L5) 1/2 sch 40 | pressure head: 2'
dosing volume: 182gal | supply line: 2"
draw down: 8.6

INITIAL SITE SKETCH



AS BUILT SKETCH

* Floor plans submitted for 3 bedroom. Permit OK for 1 bedroom. 2-18-19 KW
* L4 + L5 should be fed w/ serial distribution

	Date	Initials
Drain Lines Checked	1/31	BB
Tanks Checked	1/31	BB
Pressure Manifold or Valve Box Checked	1/31	BB
Pressure Head Set	8/21/19	PJB
Electrical Checked	8/21/19	PJB
Floats Set	8/21/19	PJB
Alarm Checked	8/21/19	PJB
Maintenance Contract Y (N)	8/21/19	PJB
Comments: * Pressure line Manifold changed to 1½ sch 80 Tees	1/31	BB
		BB

8.5 min Run Time

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: Forestdale Loop | Date: 2-19-19 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Kayla Watson | Date: 2-18-19 | OPERATION PERMIT by: Patrick J. Boyle III | Date: 8/21/19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 2-18-19 | Existing System Inspected by: | Date:

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

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (HB) Mooresville Office (704) 660-3625 PERMIT # 238088

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

PIN # 4603516O540

APPLICANT/OWNER: Bluefield Builders / Ken Foster APPLICANT ADDRESS: 127 Promenade Dr. Mooresville, NC

SITE ADDRESS: 118 Forestdale Loop Mooresville, NC PHONE: 704-658-7674 ALT. PHONE 704-746-3536

SITE DIRECTIONS: Brawley School Rd → L on Chatham → L on Mayfair → R on Forestdale → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Point SECTION: 1B LOT # 24 LOT AREA: .82ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.25 repair)

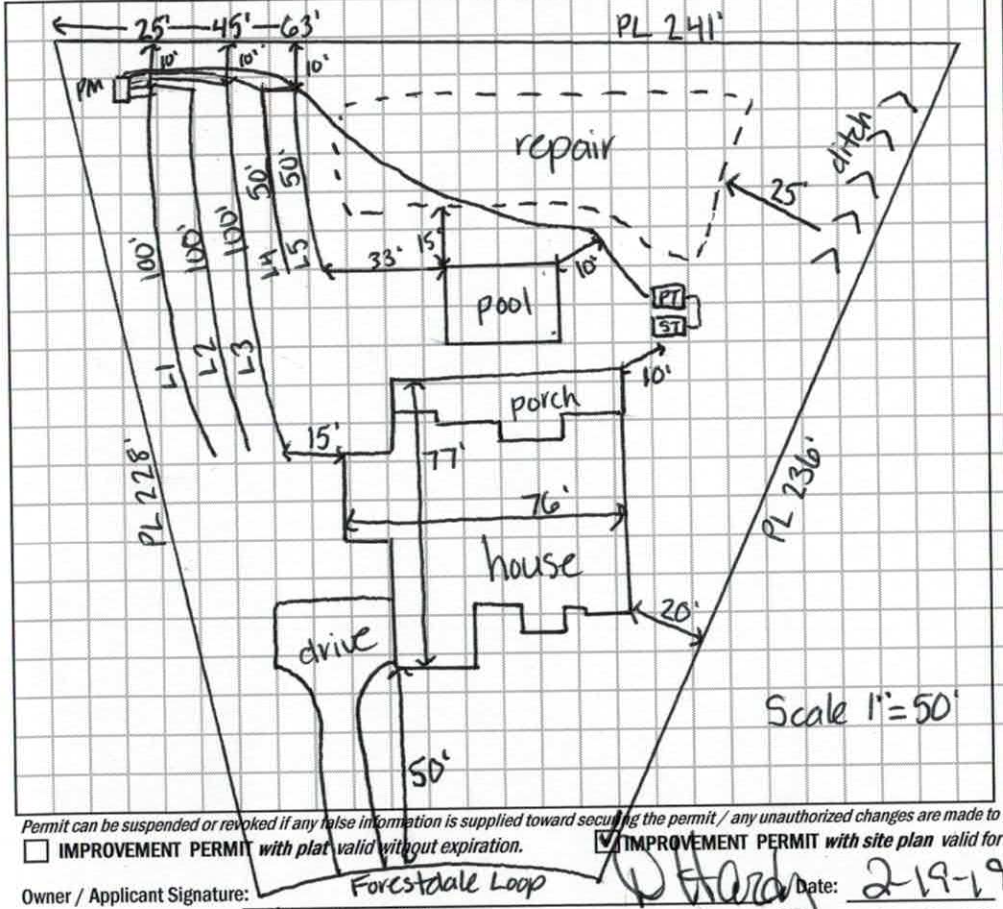
* Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT		Date		System Type: I II (III) IV V VI		
Pump Make			Model		Serial #		System Description: PM 25% reduction		
# Nitrification Fields	1	# Lines	5		Linear Ft	400'	Repair System Description: LP PPBPS		
Trench Width	36"	Trench Bottom Depth(Low side)	31"/36" highside		Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☑ NO
								☐ 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: * HOA may require larger tanks. Supply line must maintain 10' from pool. Pool must be staked during time of install.

Top size (L1, L2, L3, L4 & L5) 1/2 sch 40
dosing volume: 182gal
draw down: 8.6
pressure head: 2'
supply line: 2"

INITIAL SITE SKETCH



AS BUILT SKETCH

* Floor plans submitted for 3 bedroom. Permit OK for 4 bedroom. 2-18-19 KW
* L4 & L5 should be fed w/ serial distribution

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: K Hardy Date: 2-19-19 Installed by:

IMPROVEMENT PERMIT by: Kayla Watson Date: 2-18-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 2-18-19 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4635160540
COUNTY: Iredell

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

OWNER: Ken Foster
APPLICATION DATE 8-15-18
ADDRESS: 118 Forestdale Loop
DATE EVALUATED: 10-22-18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE: .82ac
LOCATION OF SITE: Brawley School → L on Chatham → L on Mayfair → R on Forestdale → lot on R
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% LS	0-10	WSBK SCL	FR,SS,SP,SE	—	52	26-52 few SAP inc		PS .3
		10-26	ABK C	FR,SS,SP,SE					
		26-52	WSBK CL	FR,SS,SP,SE					
2	7% LS	0-9	WSBK SCL	FR,SS,SP,SE	—	50	36-50 com-many SAP inc		PS .3
		9-28	SBK C	FR,SS,SP,SE					
		28-50	WSBK CL	FR,SS,SP,SE					
3	6% FS	0-14	GR SL	VFR,NS,NP,SE	—	49	—		PS .275
		14-24	WSBK SCL	FR,SS,SP,SE					
		24-40	SBK SC	FR,SS,SP,SE					
		40-49	WSBK CL	FR,SS,SP,SE					
4	9% LS	0-28	WSBK SCL	FR,SS,SP,SE	28-49 few YB mottles	49	—		PS .25
		28-49	SBK SC	FR,S,P,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	N
Site LTAR	.3	.25

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

COMMENTS:

DEPARTMENT OF ENVIRONMENTAL HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRI APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 8-11-98
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 24 phase 1B The Pt. PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-8	SH brscl fr						PS .25
		8-26	mSBK yRCL	frssso					
		26-47	mSBK yRCL	fr ssso					
			bottom yBrown mottles, few mang. coatings						
2		0-38	SaSCL/cl						PS .3
		38-60	SLSAP						
3		0-18	massive compacted cl						PS .3
		18-48	mSBK RCL	frssso					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

Comprehensive Redraw

238088

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) Bluefield Builders, LLC

Applicant Name: Dave Hardy Address: 127 Promenade Dr. Zip: 28117
Applicant Email: dhardy@arthome.com Phone: 704-746-3536 Alt. Phone:
Owner Name: Ken Foster Address: 1111 Crossing Way Zip: 07470
Owner Email: kmfoster2122@gmail.com Phone: 201-370-5115 Alt. Phone:

Property Information:

Street Address: 118 Forestdale Loop Mooresville NC 28117
Subdivision Name: The Point Section/Phase: 1B Lot Number: 24
Driving Directions: Brawley School Rd ⇒ left on Chatham ⇒ left on Mayfair ⇒ Right on Forestdale ⇒ lot on Right

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 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 (X) 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 (X) 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: _____ 2/6/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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: Bluefield Builders Mooresville

Applicant Name: Dawn Harvey Address: 127 Promenade Dr. NC 28117 Phone: 704 746 3536

Owner Name: Ken Foster Address: 1111 Crossing Way Wayne NJ 07470 Phone: 201-370-5115

Property Information:

Street Address: 118 Forestdale Loop Wayne NJ 07470

Subdivision Name: The Point Section/Phase: _____ Lot Number: 24

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) 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 (X) 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: _____ 8/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Richard Skaff	PO Box 5188 Mooresville, NC 28117	704-774-0337	704-663-1563
Applicant Name	Mailing Address	Home Phone	Work Phone
Southern Supply	PO Box 3216 Mooresville, NC 28117		704-663-1563
Owner Name	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

116 Forestdale Loop	The Point	Lot 24
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley School Rd. left on Chatham. left on Mayfair. Right Forestdale Loop.

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well (✓) Community Well ( ) City Water ( ) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

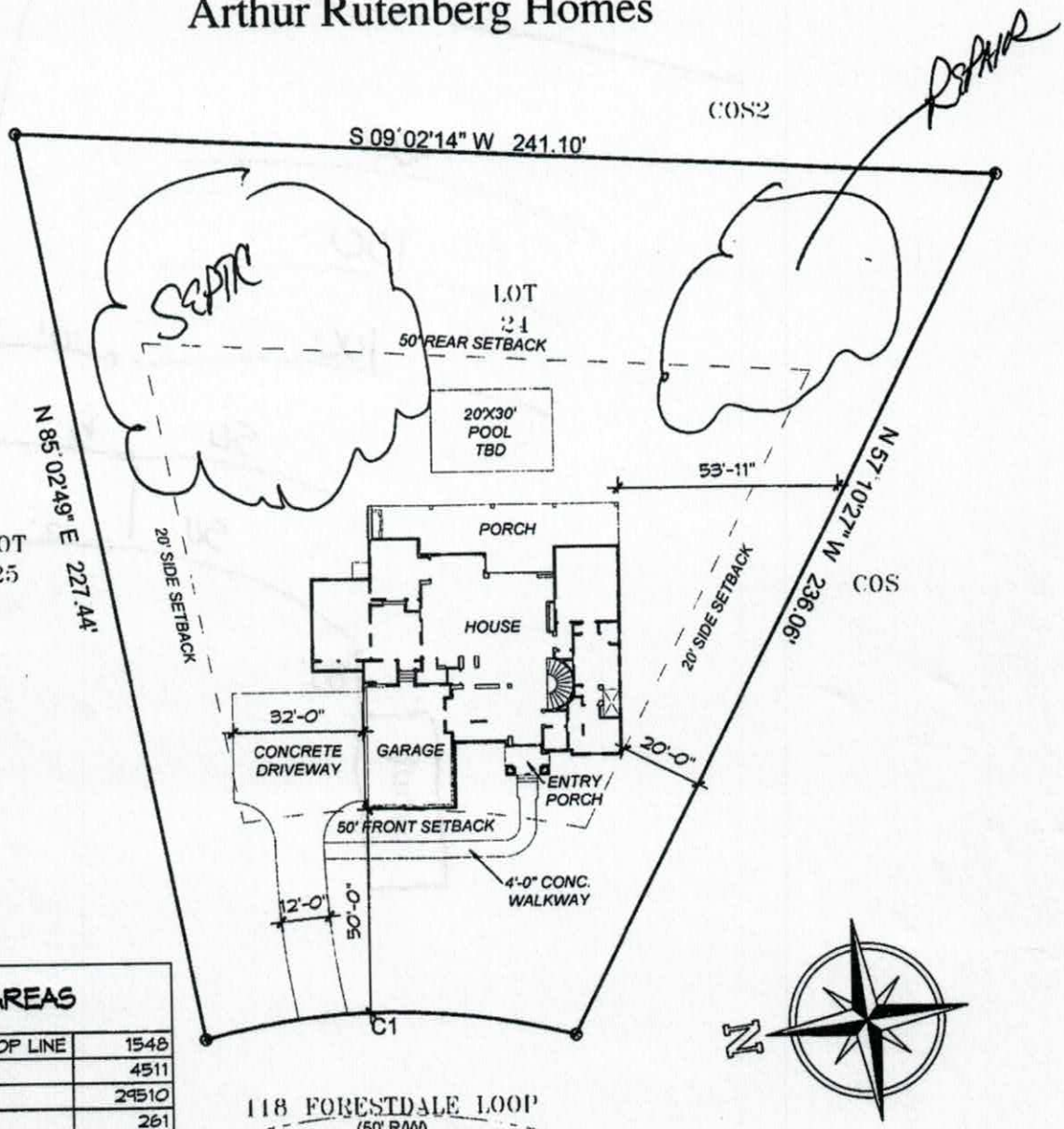
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

****

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.

9. Signature: Richard Skaff — 4-17-07
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Arthur Rutenberg Homes



LOT AREAS	
DRIVEWAY TO PROP LINE	1548
HOUSE	4511
PERVIOUS	29510
WALKWAYS	261
SITE TOTALS	35830

Graphic Scale: 1" = 40"

0 40' 80' 120' 160'

This plan is the sole and exclusive property of Arthur Rutenberg Homes, Inc.
The reproduction, use or modification of this plan, for any purpose other than building a home with Arthur Rutenberg Homes or its authorized franchisees, is strictly prohibited.

Note: Plan information is conceptual only. Certain items may be changed at production stage.

Franchise:	*98 Bluefield Builders, LLC*	*1267F-L-02-3S*
File # :	*Foster-B*	
Drawn By:	*WGC*	
Date:	*August 06, 2018*	

A Custom Residence for:

Mr. and Mrs. Foster

The Point, Lot 24

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, LORE FOSTER, am the legal owner(s) of the property located at 113 FORESTDALE LOOP MOORESVILLE NC, identified as PIN (Parcel Identification Number) 4635160540.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) DAVID HARDY / ARTHUR RUTENBERG HOMES-BLUEFIELD BUILDERS, 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] 8-15-18

Signature of Owner(s) Date

Signature of Witness Date

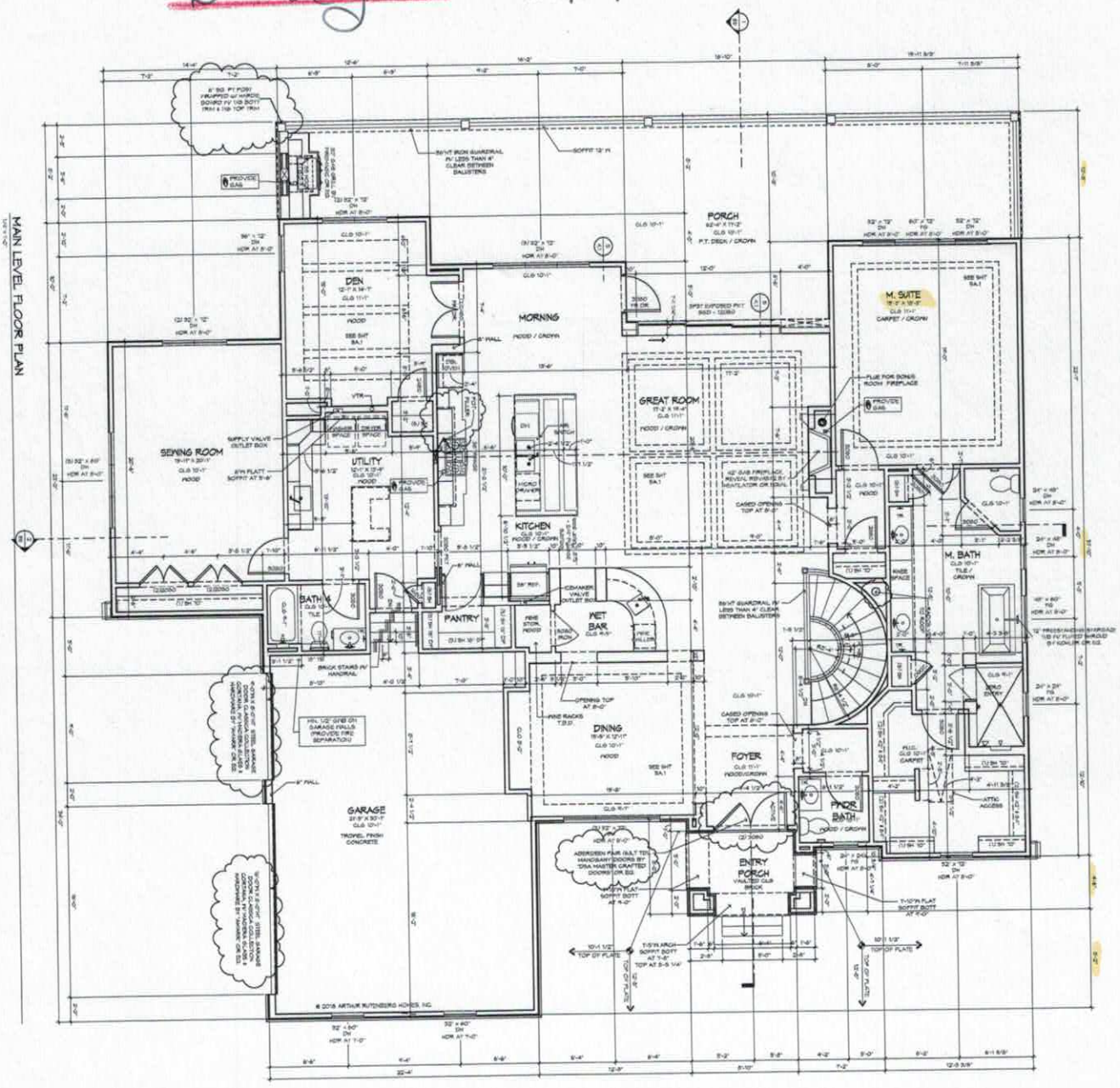
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
renda.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

LOWER LEVEL FLOOR PLAN
5
A Custom Residence for Mr. & Mrs. Foster
The Point, Lot 24
BLUEFIELD BUILDERS, LLC
DISCLAIMER
Arthur Rutenberg Homes
RECESSED FLOOR DTL
STAIR DETAIL
STAIR LANDING DTL
Acknowledgement Of
Plans Submittal ONLY!
Date 10-24-18
Date 10/2
LOWER LEVEL FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Kayla Wilson Date 10-24-18
D Hardy Date 10/25/18



AREA SCHEDULE - FRAME	
NAME	AREA
PORCH	172 SF
GARAGE	1,000 SF
TOTAL	1,172 SF

AREA SCHEDULE - FRAME LIVABLE	
NAME	AREA
LIVING	2,000 SF
TOTAL	2,000 SF

GENERAL NOTES:

VERIFY ALL FIELD CONDITIONS AND DIMENSIONS PRIOR TO CONSTRUCTION. NOTIFY DESIGNER OF ANY DISCREPANCIES.

ALL FOYER DOOR FRAMES TO BE SHEETROCKED ONE SIDE.

INTERIOR DOORS SHALL BE 1 3/8" SOLID CORE.

EXTERIOR DOORS SHALL BE SOLID CORE.

ALL DOORS TO BE 6'-8" HIGH UNLESS NOTED OTHERWISE.

PROVIDE SOLID BLOCKING AT ALL DOORS TO ACCOMMODATE FUTURE INSTALLATION OF GRAB BARS.

REFER TO ELEVATIONS FOR WINDOW AND DOOR HEADER HEIGHTS.

REFER TO FLOOR PLANS FOR ALL DOOR AND WINDOW DIMENSIONS.

REFER TO FLOOR PLANS FOR ALL DOOR AND WINDOW DIMENSIONS.

ALL GLASS IN DOORS, BOTH HORIZONTAL AND VERTICAL SHALL BE SAFETY GLASS.

ALL INTERIOR DOOR TRIM SHALL BE 3 1/4" CASING.

SEE SHEET 2 FOR SPECIFIC FLOOR DETAILS.

SEE SHEET 2 FOR SPECIFIC SECURITY DETAILS.

INSTALL 5/8" TYPE 'X' GYPSUM BOARD ON GARAGE SIDE OF WALLS AND CEILING

IREDELL COUNTY

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

APPLICATION NUMBER
238088
Issue Date: 08/15/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4635160540.000	118 FORESTDALE LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SOUTHERN SUPPLY INC	Applicant: BLUEFIELD BUILDERS, LLC
Address: PO BOX 3216	Address: 127 PROMENADE DR SUITE C-2
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-746-3536

Use Requested	Zone Code
	20CU

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.820	35.00	35.00	15.00	15.00	CACL	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	149095	TOTAL FEES:	$ 77.25