ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 316109

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

PIN # 4635 -- 70 -- 8383

APPLICANT/OWNER: Terrance Fiest | APPLICANT ADDRESS: 17040 Jetton Rd Cornelius NC 28031

SITE ADDRESS: 317 Lakeshore Dr Mooresville NC 28117 | PHONE: 704-258-0044 | ALT. PHONE

SITE DIRECTIONS: 77(S) → (R) Langtree → (R) Lakeshore → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeview Shores | SECTION: 1 | LOT # 30 | LOT AREA: 0.747 | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB SHOAF 760	Date 2/22/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT	Date	System Description:	50% Reduction - VPPBPS	☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description:	partial - exempt	☐ Other	No. Employees		☐ Public
# Nitrification Fields 1	# Lines 6		Linear Ft 270'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width 24" min	Trench Bottom Depth(Low side)	44"	Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield. If lot is further manipulated & fall cannot be achieved, will need a pump system.

May shallow up to 36" if fall can be achieved.

If tank goes in > 36", must be traffic rated.

INITIAL SITE SKETCH

see attached site plan by Paul Penninger, LSS approved 2/7/22

AS BUILT SKETCH

As Built Attached

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.

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: Victoria Owens Date: 2/9/22 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: D. Wreberg Date: 2/8/22 | OPERATION PERMIT by: D Wreberg Date: 4/13/22

AUTHORIZATION TO CONSTRUCT by: D. Wreberg Date: 2/8/22 | 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 ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Foundation Homes
ADDRESS: 438 Williamson Rd suite C Mooresville NC 28117
PROPOSED FACILITY: Newsinglefam PROPOSED DESIGN FLOW (.1949): 4806PD
LOCATION OF SITE: 317 Lakeshore Dr

APPLICATION DATE 3/24/2021
DATE EVALUATED: 4/20/2021
PROPERTY SIZE: ___
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

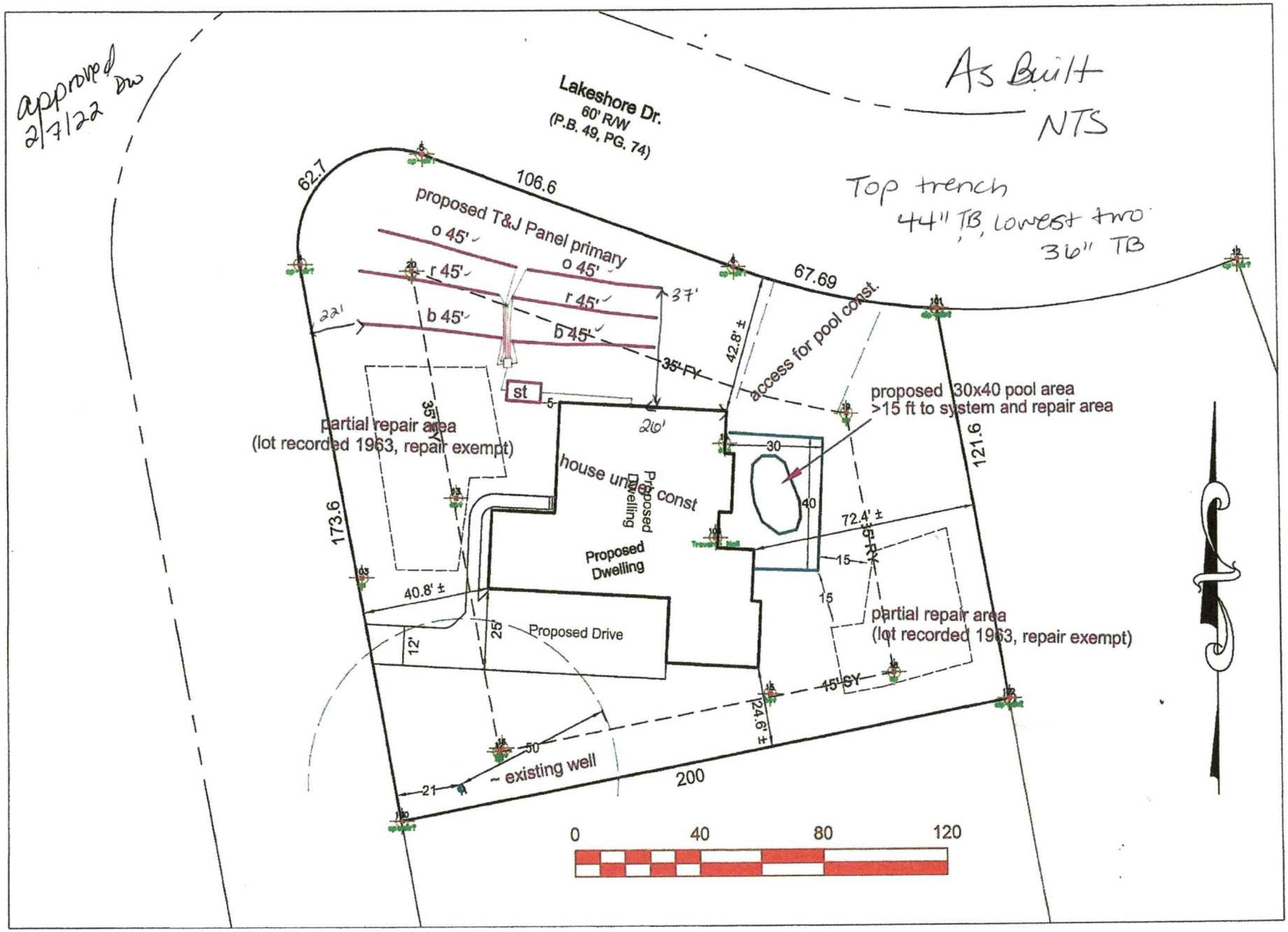
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-7	SCL WSBK	FR SS SP SOAP	—	67"	Litho inclusions more common at bottom	—	PS, 3
		7-27	C SBK	FR SS SP SOAP					
		27-67	CL SBK	FR SS SP SOAP					
2	SS 6%	0-5	SCL WSBK	FR SS SP SOAP	—	65"	Litho inclusions more common at bottom	—	PS, 3
		5-33	C SBK	FR SS SP SOAP					
		33-65	CL SBK	FR SS SP SOAP					
3	SS 5%	0-4	SCL WSBK	FR SS SP SOAP	—	66"	Litho inclusions more common at bottom	—	PS, 3
		4-38	C SBK/ABK	FR SS SP SOAP					
		38-66	CL SBK	FR SS SP SOAP					
4	SS 5%	0-4	SCL WSBK	FR SS SP SOAP	few YBmottles	72"	Litho inclusions more common at bottom	Random Rock inclusions	PS, 3
		4-46	C SBK/ABK	FR SS SP SOAP					
		46-72	CL SBK	FR SS SP SOAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	267
System Type(s)	Gravity 2500	LPPBPS
Site LTAR	3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: PatrickB
OTHER(S) PRESENT: PaulP, DavidD

COMMENTS: Sunny but under dense treecover

Updated February 2014



Lakeview Shores Lot 30 Septic Site Plan - Int. Relayout for proposed pool and T&J Panel 1.25.22

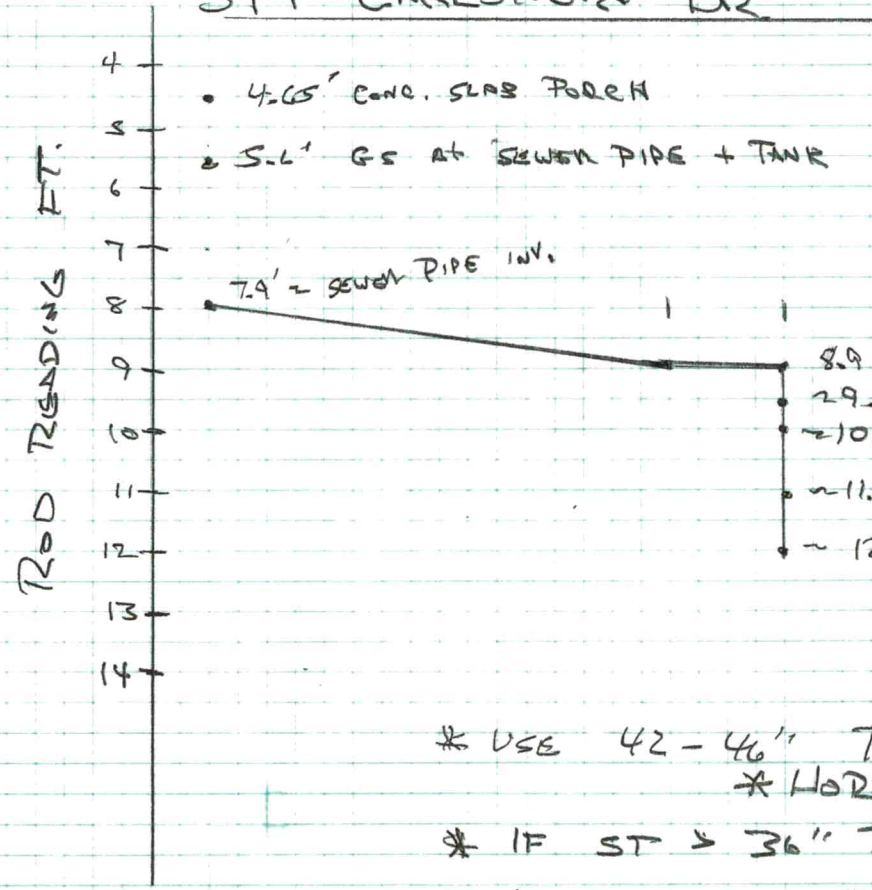
Base site plan and lot line staking from Jordan Grant for 2021 permitting. Septic details by Penninger Soil Consulting. Home under construction

Approx. septic line locations. Refer to flags in field. Septic system and well must be approved and permitted by ICHD.

Proposed septic areas permitted by ICHD in 2006 and 2021 at 0.3 gpd/sqft LTAR.

Lot 20 Lakeview Shores – Prop. Sys. Elevations

317 Lakeshore Dr — For Review 2/3/22



- 4.65' Conc. Slab Porch
- 5.6' GS at Sewer Pipe + Tank

7.4' – Sewer Pipe Inv.

8.9' – Tank Outlet Inv.

9.6' D. Box Outlet Inv.

~10.0' Inv. to Horiz. T:J Panel at Blue Line

~11.2' Inv. " Red Line

~12.0' " Orange Line

	Rod Reading (Ft)
Porch Slab	4.65
GS Sewer Pipe	5.6
GS Tank	5.6
GS Blue	7.3
Red	8.5
Orange	9.7

* Sewer Pipe ~ 24" BGS

* Use 42 – 46" T.B to achieve gravity flow
* Horiz T:J Panel
* If ST > 36" BGS Traffic Rated Tank Req.
* Installer must verify to ICHD gravity flow can be utilized at installation, otherwise, a pump system will be required
* ICHD to Review Per .1900 Rules & Permit Sys.

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SECOND FLOOR P

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 8'-1 1/8"
WINDOW HEADERS @ 7'-0" A.F.F.

Acknowledgement Of
Plans Submittal ONLY!

Date 5/3/2021

Date 4/28/2021

438 WILLIAMSON ROAD
SUITE C
MOORESVILLE, NC 28117
704-360-2251
www.foundationhomesnc.com

Township/County
TOWNSHIP
COUNTY

Engineer

INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal

Project Name/Owner
CUSTOM HOME
FIEST RESIDENCE
LOT 30
LAKESHORE DRIVE
MOORESVILLE, NC
28117

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Date
2/23/2021

Drawn By
RES

Reviewed By

Plan Set Scale
30x42 sheet (E1)
1/4" = 1'-0"
11x17 sheet
NOT TO SCALE

Project Plan Code

Drawing Set
FOR CONSTRUCTION

Sheet Title Description
SECOND FLOOR PLAN

Sheet Number
A4.0

Master Plan Version
v1.0

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438 WILLIAMSON ROAD
SUITE C
MOORESVILLE, NC 28117
704-360-2231
www.foundationhomesfm.com

Township/County: TOWNSHIP COUNTY

Engineer: IDE
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC #C-3119
704-385-7200

Stamp/Seal:

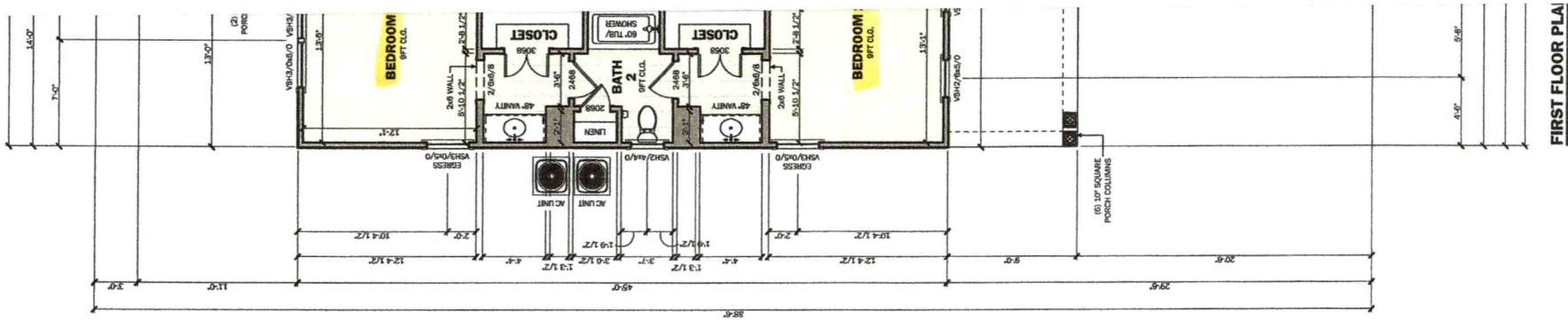
Project Name/Owner: CUSTOM HOME
FIEST RESIDENCE
LOT 30
LAKESHORE DRIVE
MOORESVILLE, NC
28117

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Date: 2/23/2021
Drawn By: REB
Reviewed By: —
Plan Set Scale: 30x42 sheet (E1) 1/4" = 1'-0" 11x17 sheet NOT TO SCALE
Project Plan Code: —
Drawing Set: FOR CONSTRUCTION
Sheet Title Description: FIRST FLOOR PLAN

Sheet Number: A3.0
Master Plan Version: v1.0

Acknowledgement Of
Plans Submittal ONLY!
Date 5/3/2021
Date 4/28/2021



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

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2

Int. Relayouts for T & J Pool & Pool

RECEIVED JAN 27 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Call P. Penner @ 704-996-6330 AP-31409

APPLICATION FORM

$320

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: TERRANCE FIEST **Address:** 17040 JETTON RD CORNELIUS NC **Zip:** 28031

Applicant Email: tammy.russ@datatech-global.com **Phone:** 704-258-0044 **Alt. Phone:**

Owner Name: same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 317 Lakeshore Drive

Subdivision Name: Lakeview Shores **Section/Phase:** **Lot Number:** 30

Driving Directions: Brawley Sch Rd, TL Williamson, TR Alcove, R to Langtree, 2nd Lakeshore, Lot on right at corner

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

UNDER CONST

(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: 8
(X) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) 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:

EX.
(X) 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:
(X) No Preference ( ) Alternative ( ) 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: _____ 1.27.22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

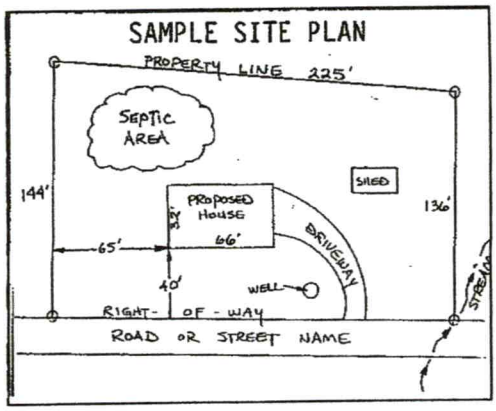
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **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 site plan.

Signature: _____

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

1.27.22

DATE

DocuSign Envelope ID: 7C6EEA64-7C46-444C-A20C-68263E2C8C14

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, TERRANCE and ROBERTA FIEST, am the legal owner(s) of the property located at Lot 30 Lakeview Shores, identified as

PIN (Parcel Identification Number) 4635708383.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting Foundation Homes/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

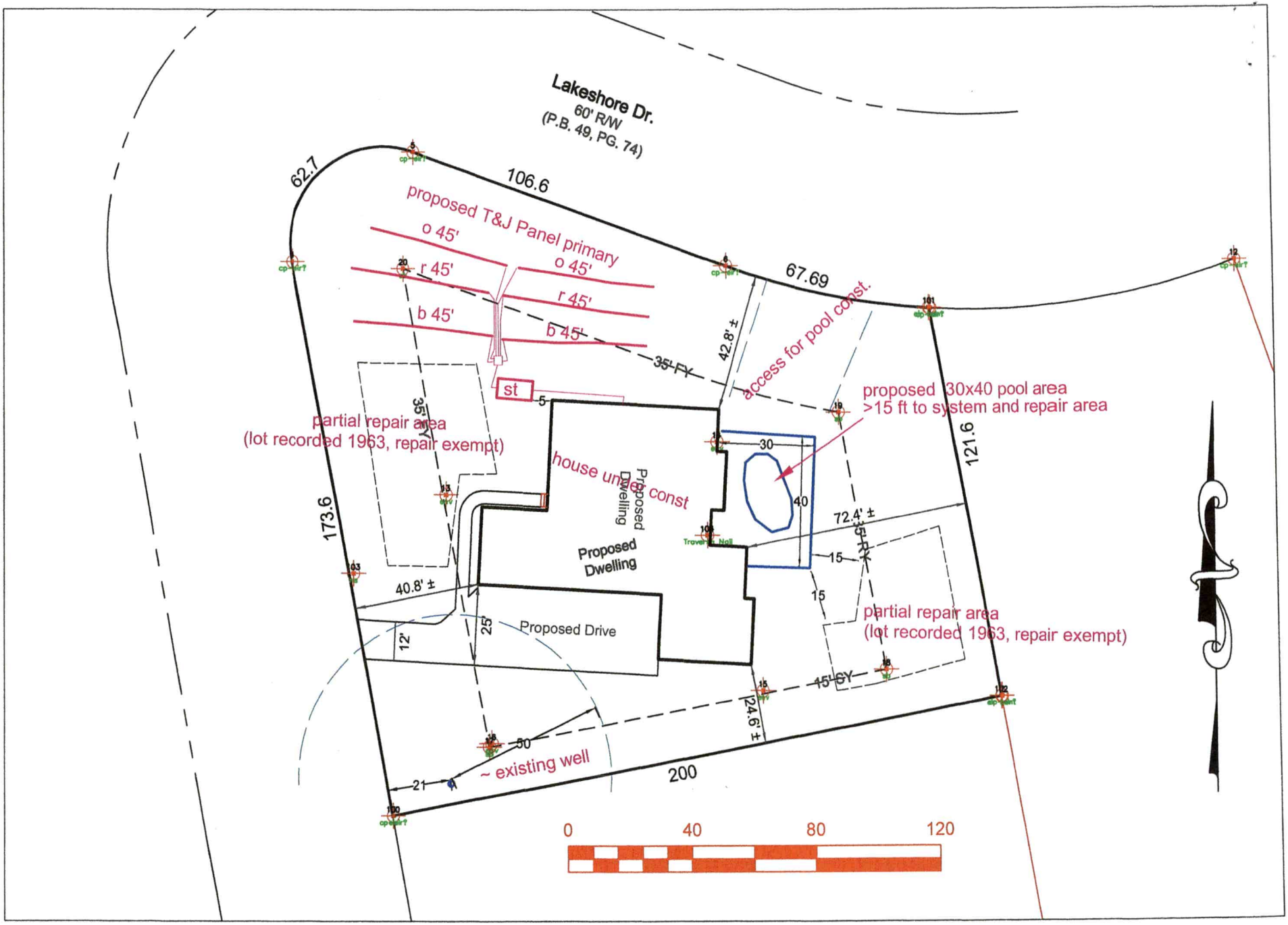
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by:
Terrance J Fiest
3D75D84EAF854AB...
Signature of Owner(s)

3/19/2021
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



Lakeview Shores Lot 30 Septic Site Plan - Int. Relayout for proposed pool and T&J Panel 1.25.22

Base site plan and lot line staking from Jordan Grant for 2021 permitting. Septic details by Penninger Soil Consulting. Home under construction

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