IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231172

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

PIN # 4636521287

APPLICANT/OWNER: Foundation Homes APPLICANT ADDRESS: 268 Glencoe Ln Mooresville, NC 28117

SITE ADDRESS: 134 Palmetto Dr Mooresville, NC PHONE: 704 650-2260 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd L Stotts Cove TR Poinsettia TL Palmetto at end SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Stotts Cove SECTION: 2 LOT # 16 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	1-30-18	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	27	Date	2-7-18	System Description:	Pump - PM 25% Reduction		
Pump Make	Liberty	Model	290 HV-5	Serial #		Repair System Description:	LP PPBPS		
# Nitrification Fields	1	# Lines	6	Linear Ft	400'	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE	

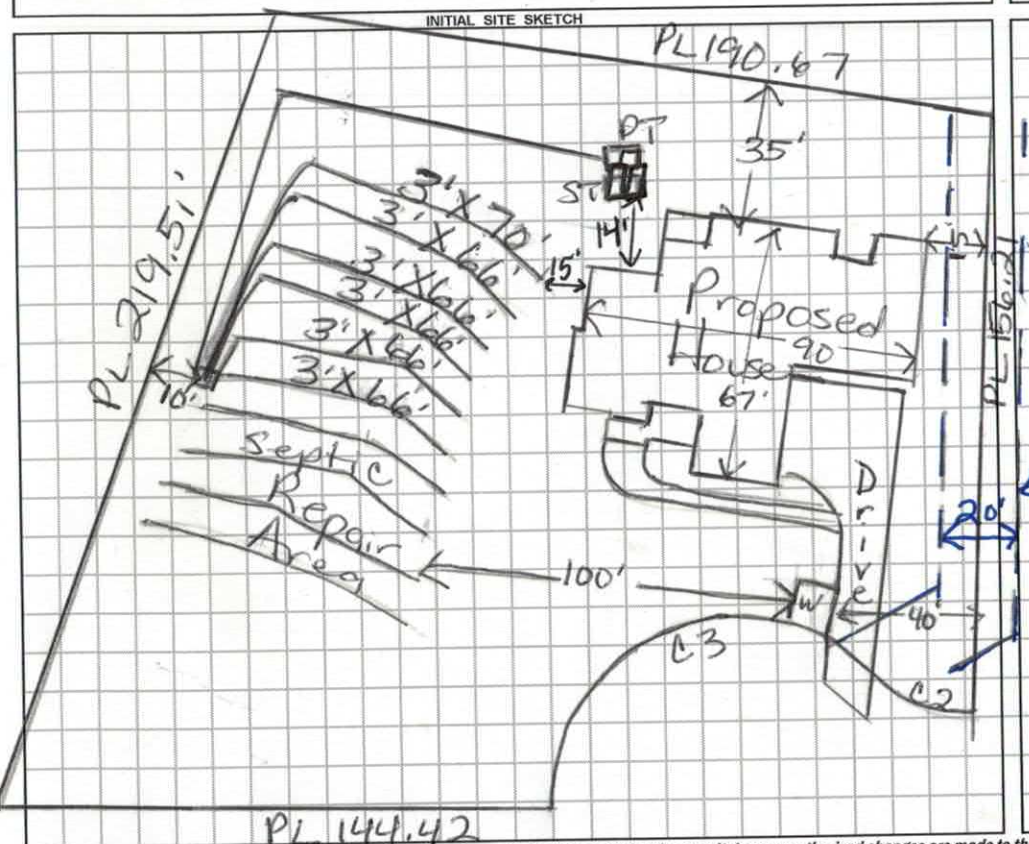
[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/ plumbing
No. Bedrooms 4 No. Persons 8 No. Employees [X] Crawl Space
[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: 1/2 sch 80 taps used

* Keep Septic 100ft from any well.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

4/20/18 4.5" feather for on/off float (≈160 gallons)
Orenco seal inside well riser [no need for caulking within control box]
Breaker box OK

← 20' Drainage Easement

Drain Lines Checked	3-23-18	KW
Tanks Checked	3-23-18	KW
Pressure Manifold or Valve Box Checked	3-23-18	KW
Pressure Head Set	4/20/18	
Electrical Checked	4/20/18	
Floats Set	4/20/18	
Alarm Checked	4/20/18	
Maintenance Contract Y (N)	—	—

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**

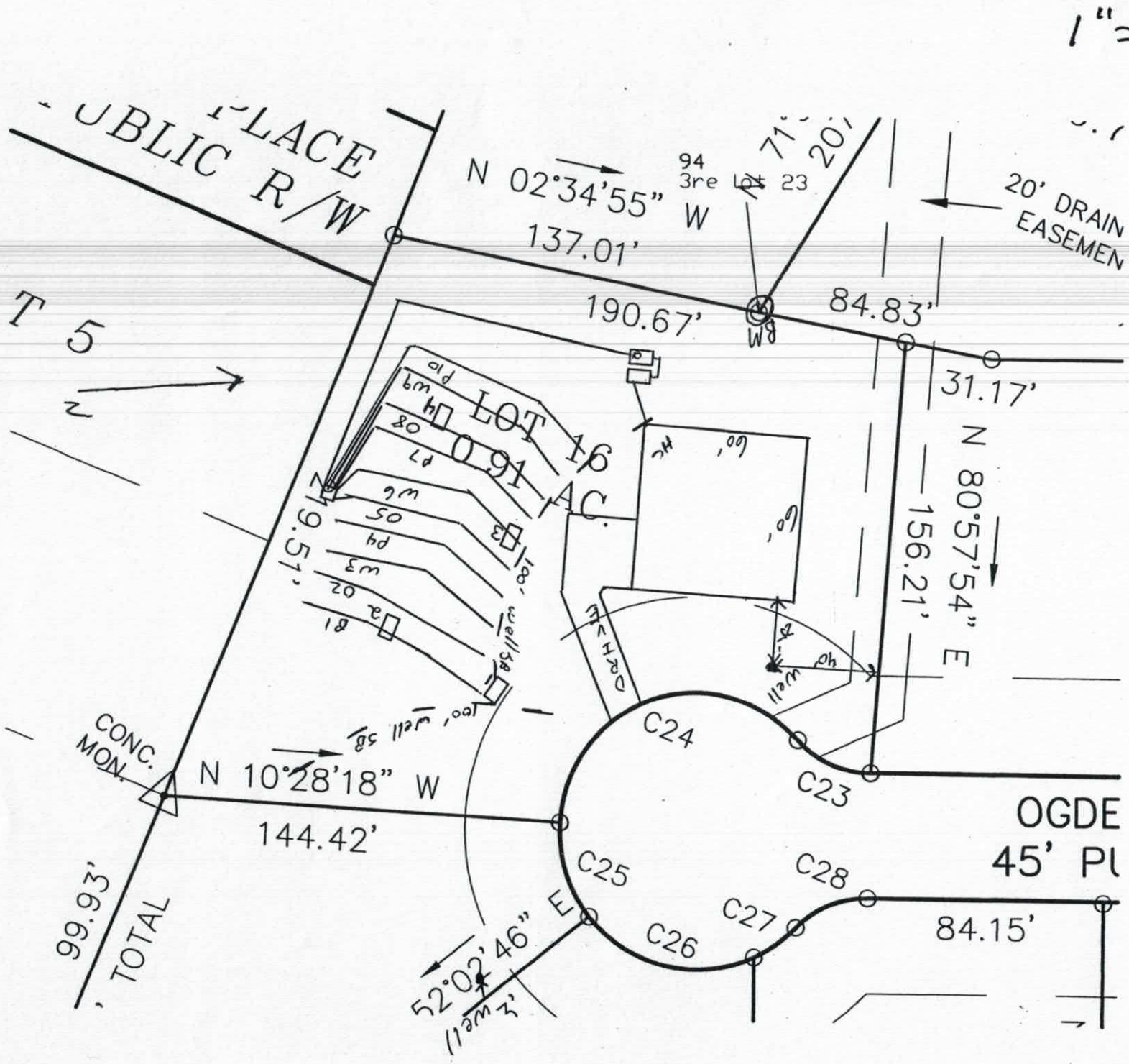
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 11/15/17 Installed by: R+H (Brad Russell)

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/13/17 OPERATION PERMIT by: Tom Shuck Date: 4/20/2018

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/13/17 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.


1" = 50
PLACE
PUBLIC R/W
N 02°34'55" W
137.01'
20' DRAIN EASEMEN
190.67'
84.83'
31.17'
N 80°57'54" E
156.21'
T 5
LOT 16
0.91 AC.
CONC. MON.
N 10°28'18" W
144.42'
99.93'
TOTAL
52°02'46" E
C23
C24
C25
C26
C27
C28
OGDE
45' Pl
84.15'

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ *of* ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _Mike Fox_____ APPLICATION DATE_____
ADDRESS:_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bedroom_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: _____
LOCATION OF SITE: _Stutts Cove lot 16_____ 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 15%	0-4	Br SCL WSBK	FR SS SP		20"	PS		PS 0.3
		4-20	R C SBK	FR SS SP					
		20-67	Ver SL SAP M	VFR SS SP					
2	LS 15%	0-13	Br SCL WSBK	FR SS SP		40"	PS		PS 0.3
		13-40	R C SBK	FR SS SP					
		40-72	Ver SL SAP M	VFR SS SP					
3	LS 15%	0-8	Br SCL WSBK	FR SS SP		55"	PS		PS 0.3
		8-38	R C SBK	FR SS SP					
		38-55	R CL WSBK	FR SS SP					
		55-64	Ver L SAP M	VFR SS SP					
4	LS 15%	0-8	Br SCL WSBK	FR SS SP		34"	PS		PS 0.3
		8-25	R C SBK	FR SS SP					
		25-34	R CL WSBK	FR SS SP					
		34-71	Ver SL SAP M	VFR SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	540 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

EVALUATED BY: ___M A & Assoc_____
OTHER(S) PRESENT: _____

COMMENTS:_____

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, Margaret Schmitt, am the legal owner(s) of the property located at 134 Palmetto Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4636-52-1287, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jonathan Smith, 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.

Margaret Schmitt 10/24/17 Julie Howell 10/24/17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

RECEIVED OCT 2 7 2017

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

#231172

(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)

Int. Relayout $ 320.00

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ BOTH ✓ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

✓ New Well

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Foundation Homes Residential	268 Glencoe LN	JSmithfoundationhomes@gmail.com / Jonathan Smith 704-650-2260	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Julie Horsfall / Margaret Schmitt	134 Palmetto Dr	336-403-9944	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
134 Palmetto Dr.	Stutts Cove	Phase II Lot # 16

Driving Directions: Brawley school Rd (Lt) stutts cove (Rt) stutts cove Lot on (Rt)

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 due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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 _____ Ma

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)* ( ) EXISTING SYSTEM installed_____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

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: _____ 10-24-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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:

Applicant Name: Stutts Cove LLC **Address:** 156 B Raceway Dr Mooresville NC 28117 **Phone:** _____

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: _____

Subdivision Name: Stutts Cove **Section/Phase:** _____ **Lot Number:** 16

Driving Directions: BSR, TL Stutts, TR Poinsetia, TL Palmer at end

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

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:

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

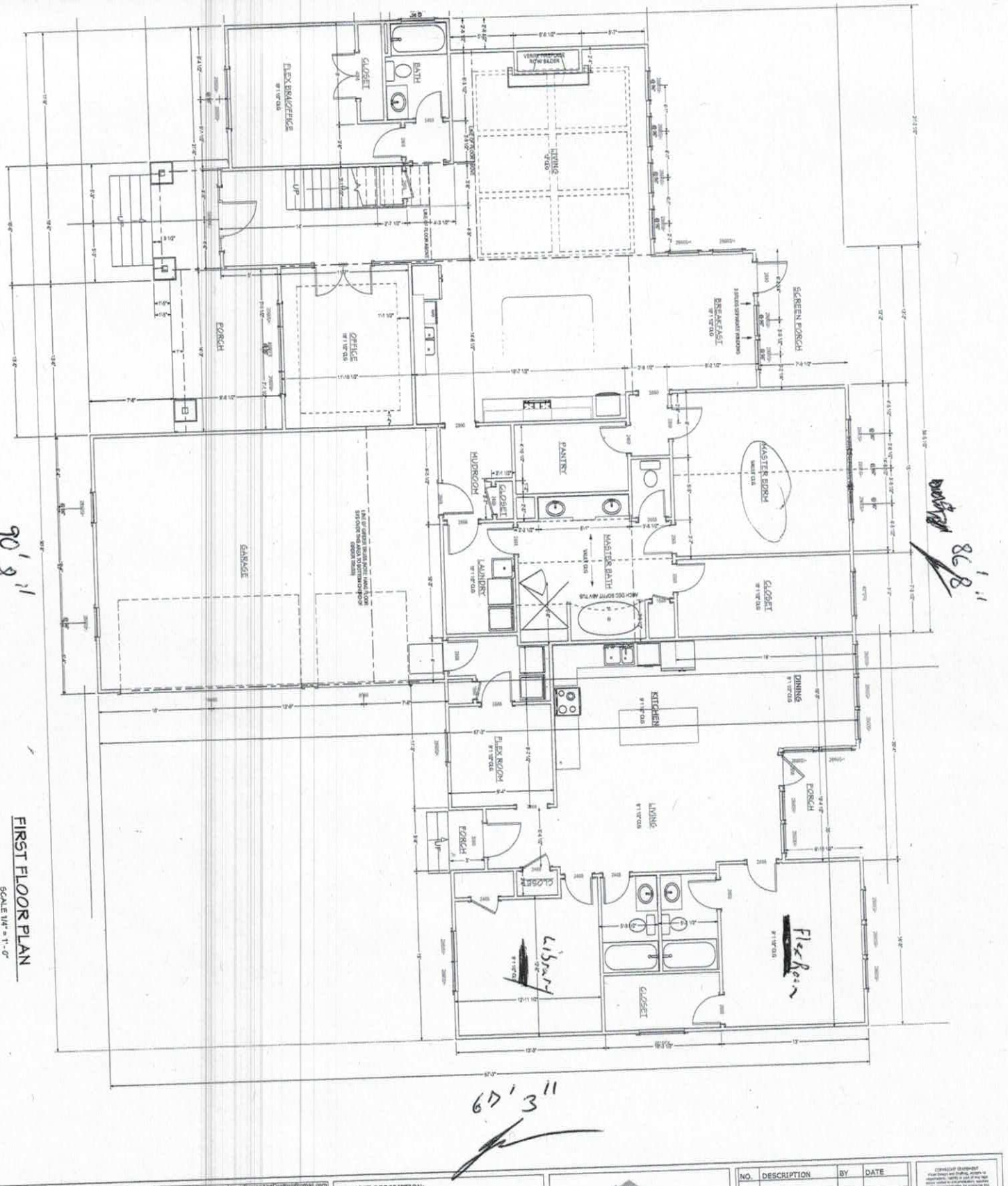
Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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: _____ 8/28/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



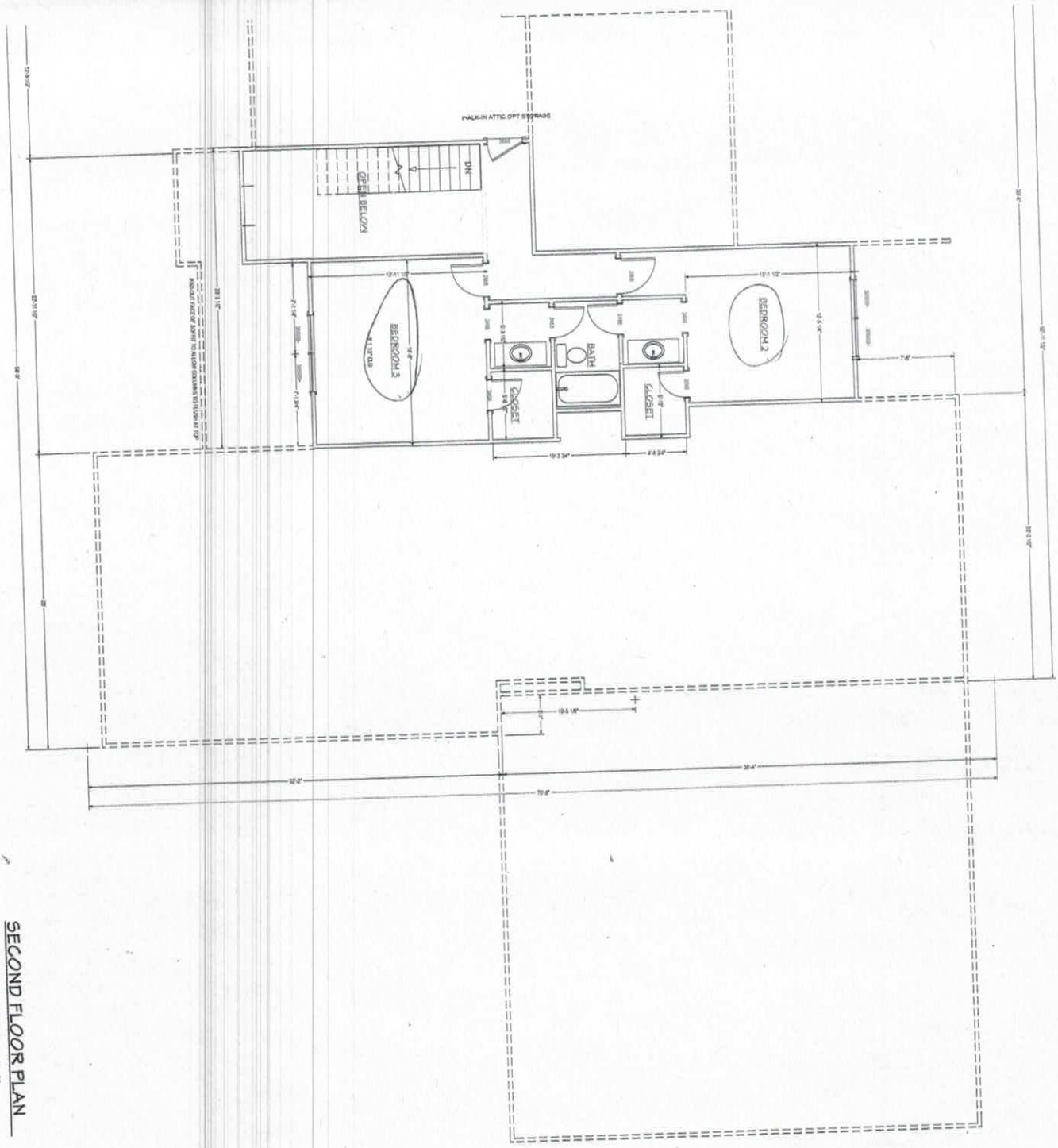
FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

SHEET:	SCALE:	DATE:	PROJECT DESCRIPTION:	NO.	DESCRIPTION	BY	DATE
A-5		9/13/2017	FOUNDATION HOMES				

VISUAL DESIGN & DRAFTING
VisualDesignAndDrafting@gmail.com
Justin Travis
704-363-0507

FOUNDATION HOMES
BY DESIGN



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

SHEET:	SCALE:	DATE:
A-6		9/13/2017

VisualDesignAndDrafting@gmail.com
VISUAL DESIGN & DRAFTING
Justin Travis
704-363-0507

PROJECT DESCRIPTION:

FOUNDATION HOMES

NO.	DESCRIPTION	BY	DATE

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Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Printed: 8/27/2013

Zoning Permit

Permit Number: 134378ZO

Master #: 134378

Associated Permits:
134378ZO Zoning

Applicant

Name: Michael Athanas
Address: 1999 Candlewick Dr
Fort Mills, SC 29715
Phone: 803-802-4402

Parcel

Parcel Number: 4636521287.000
Address: 134 Palmetto Dr.
Mooresvile, NC 28117
Subdivision: Stutts Cove
Zoning: RR
Township: 1700
Area: .91
Lot(s): 16
Directions to Parcel: 77 south, exit 36, go west 150, left Williamson Rd, right Brawley School Rd, left Stutts Rd, right Poinsetia, left Palmetto at end on right

Owners

Name: STUTTS COVE LLC
Address: 156 B RACEWAY DR
MOORESVILLE, NC 281170000

Contractors

Contractor Type:
Name: Michael Athanas
Address: 1999 Candlewick Dr
Fort Mills, SC 29715
Phone: 803-802-4402

Fees and Receipts:

Number	Description	Amount
FEE-120948-06	Zoning - Permit / Inspection	$45.00
FEE-120949-06	Environmental Health - Type I or II System	$350.00
FEE-294947-07	Zoning - Permit Application	$75.00
FEE-294948-07	Technology Fee - Planning	$2.25