ICHD–ENVIRONMENTAL HEALTH DIVISION

KW 10:00

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

PERMIT # 241823

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

PIN # 4638044021

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

SITE ADDRESS: 329 Robinson Rd Mooresville, NC 28117 — PHONE: (704) 650-2260 — ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Robinson Rd property on left

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: — SECTION: — LOT # 202 — LOT AREA: .862 — DESIGN FLOW: 480 gpd — L.T.A.R.: .325

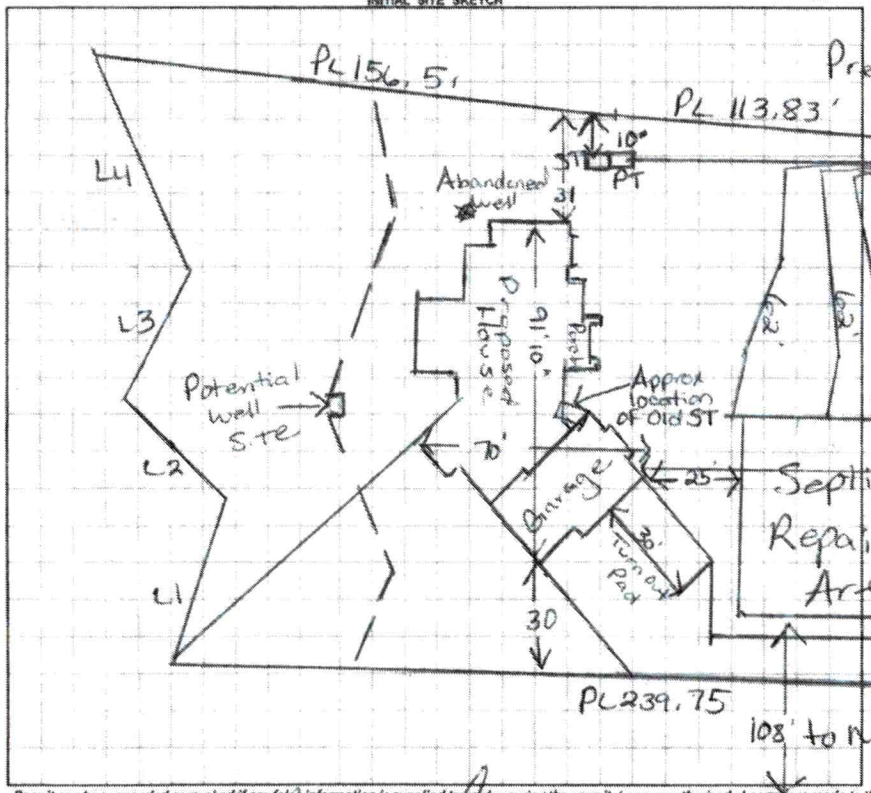
Septic Tank	1000 (gal)	STB	994	Date	2-11-2020	[X] New System [ ] Repair [ ] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	2-19-2020	System Description:	Pump-PM-50% Reduction	[ ] Business	No. Persons 8
Pump Make	Liberty	Model	283-115 volt	Serial #	[illegible]	Repair System Description:	50% Reduction-PPBPS	[ ] Other	No. Employees
# Nitrification Fields		# Lines	4	Linear Ft	248'	Maintenance Agreement Required:	[X] YES [ ] NO	[ ] Slab	[X] Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)			37"	Gravel Depth	N/A	[X] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing [ ] Basement w/o plumbing

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

Comments / Conditions: Use ½" Sch 80 taps
Recommend setting floats to dose 140 gpd per dose

"Properly abandon" existing ST.

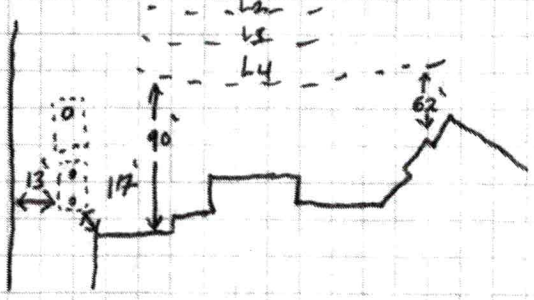
INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

3/20/2020: Dellinger mid-seam 1000-gal conc. trench
L1 62' 14
L2 62' 14
L3 62' 14
L4 62' 14
56
w/PL-68 effluent filter (2 qty) TOP seam conc. pump tank
PPBPS installed @ 37 TB 10" gal
Verified OK by laser
½" SCH 80 taps.



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: Brenda Smith — Date: 12/9/19 — Installed by: Wesson Septic

IMPROVEMENT PERMIT by: Marian Lotson — Date: 9/3/19 — OPERATION PERMIT by: Benjamin A Robb — Date: 4-20-2020

AUTHORIZATION TO CONSTRUCT by: Marian Lotson — Date: 9/3/19 — 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 inspector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	3/20/20	
Tanks Checked	3/20/20	
Pressure Manifold or Valve Box Checked	4/20	BB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Linda + Doug Gould
APPLICATION DATE 1/24/19
ADDRESS: ___
DATE EVALUATED: 2/15/19
PROPOSED FACILITY: 4BR SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
PROPERTY SIZE: 0.862 acres
LOCATION OF SITE: 329 Robinson Rd. Mooresville, NC
PROPERTY RECORDED: Yes 1996
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	LSS 7%	0-5"	SCL V.W.SBK	SL Friable, SS, Sp, Sexp	–	10"	★ Loamy Saprolite [Distal sidewall] 10"→65" ★	–	0.325 PS
		5-16	clay M.SBK W.ABK	SL Firm, Sticky, Sp, Sexp					
		16-65" ★	Clay Loam Abundant W.SBK Saprolite	Friable, SS, Sp, Sexp					
2	LSS 6%	0-6	SCL V.W.SBK	SL Friable, SS, Sp, Sexp	–	32"	–	–	0.30 PS 0.4 (Saprolite)
		6-10	Clay M.SBK	SL Firm, Sticky, Sp, Sexp					
		10-32	Clay Loam common V.W.SBK Saprolite	SL Friable, SS, Sp, Sexp					
		32-63"	MA Loamy Saprolite	Well Drained + very Friable					
3	LSS 6%	0-8	SCL V.W.SBK	SL Friable, SS, Sp, Sexp	7.5YR6/4	34"	–	8"-24" MA/ Platy	0.30 PS 0.325 Deep
		8-24"	clay, MA/Platy	very Firm, Sticky, Sp, Sexp					
		24-34	Clay W.SBK Loam common Saprolite	Friable, SS, Sp, Sexp					
		34-50"	MA Loamy Saprolite	very Friable + well Drained					
		50-66"	MA Sandy Saprolite	very Friable + very well drained					
4	LSS 7%	0-6"				48"	–	–	0.4" [40"-89"]
		6-24"	Clay W.SBK/ABK	Firm, Sticky, Sp, Sexp	[Don't use top 25"]				
		24-48"	Clay Loam V.W.SBK	SL Friable, SS, Sp, Sexp					
		48-58"	MA Loamy Saprolite	Friable, well drained					
		58-89"	MA Sandy Saprolite	very Friable, very well drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	493+	Partial-Exempt
System Type(s)	Conv.	Conv.
Site LTAR	0.325	0.325

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: David Bean - Michael Bentfield

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

241823

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

$320 + $510

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 **Address:** 438 Williamson Rd Ste C **Zip:** 28117

Applicant Email: justin@foundationhomesllc.com **Phone:** 704-650-2260 **Alt. Phone:** _____

Owner Name: Doug + Linda Gould **Address:** 329 Robinson Rd, Mooresville **Zip:** 28117

Owner Email: lsw4763@roadrunner.com **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 329 Robinson Road, Mooresville, NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: Hwy 150 → turn right on Robinson Road → property on left

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____

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 ( ) 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: _____

****

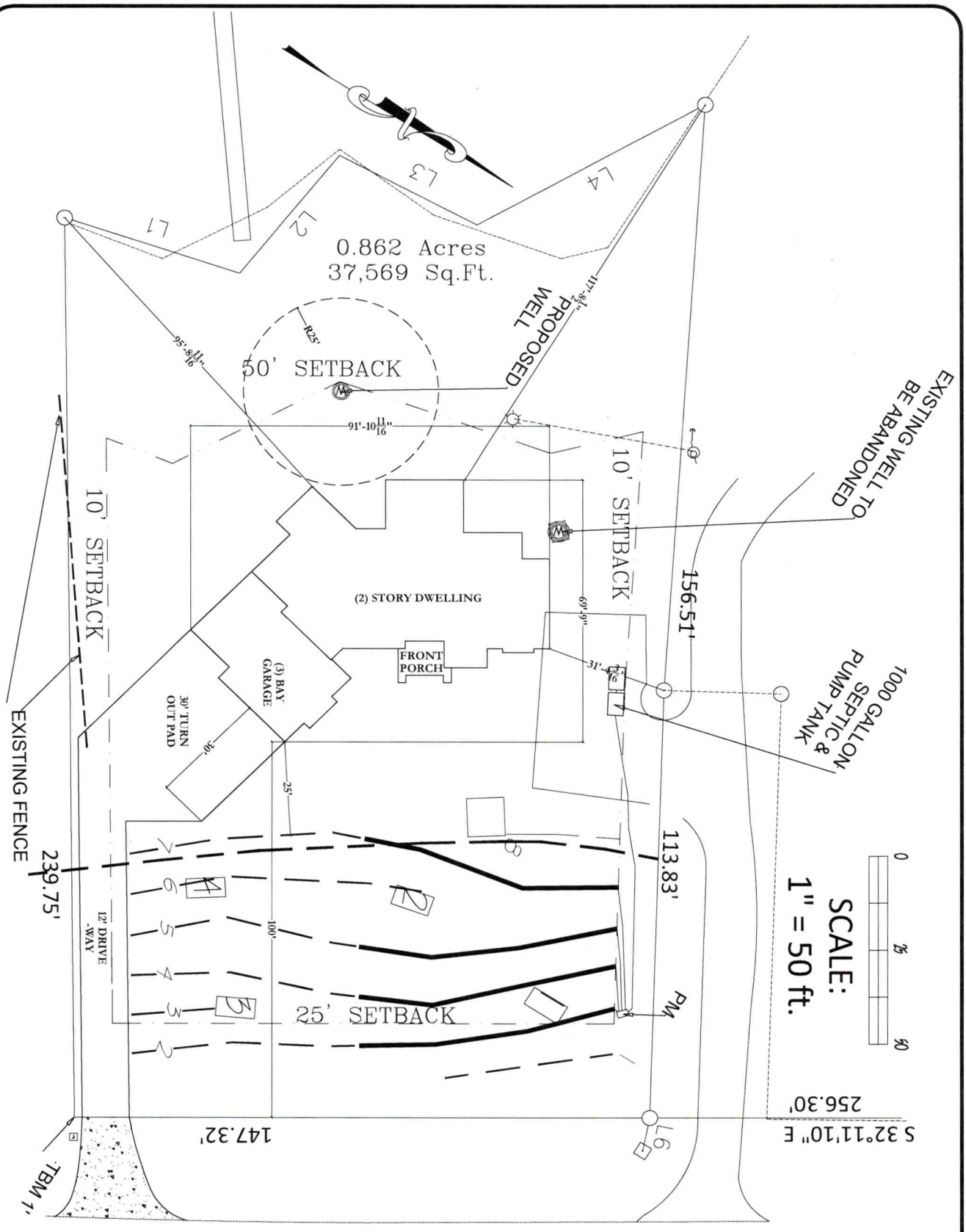
Please answer the following to the best of your ability:

( ) 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: _____ 8-5-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



Site Plan	McFarland Design Group Inc. 342 Highway 16 North, Denver, NC 28037 980-722-1726 www.mcfarlanddesign.com	"The Gould Residence" 329 Robinson Road, Mooresville, Iredell County, NC 28117
C-2		

McFarland Design Group or Robert S. McFarland assumes no liability for any home constructed from this plan. Release of these plans contemplates further cooperation among the owner and his contractor. Changes made from these plans without consent of the McFarland Design Group are unauthorized and shall relieve the designer of responsibility for all consequences arising out of such changes. Written dimensions on these drawings shall have precedence over scaled dimensions, contractor shall verify and be responsible for all dimensions and conditions on the job.

General Notes

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, Doug Gould, am the legal owner(s) of the property located at 329 Robinson Road, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638044021.000, 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.

Signature of Owner(s) _____ Date 8/05/2019

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

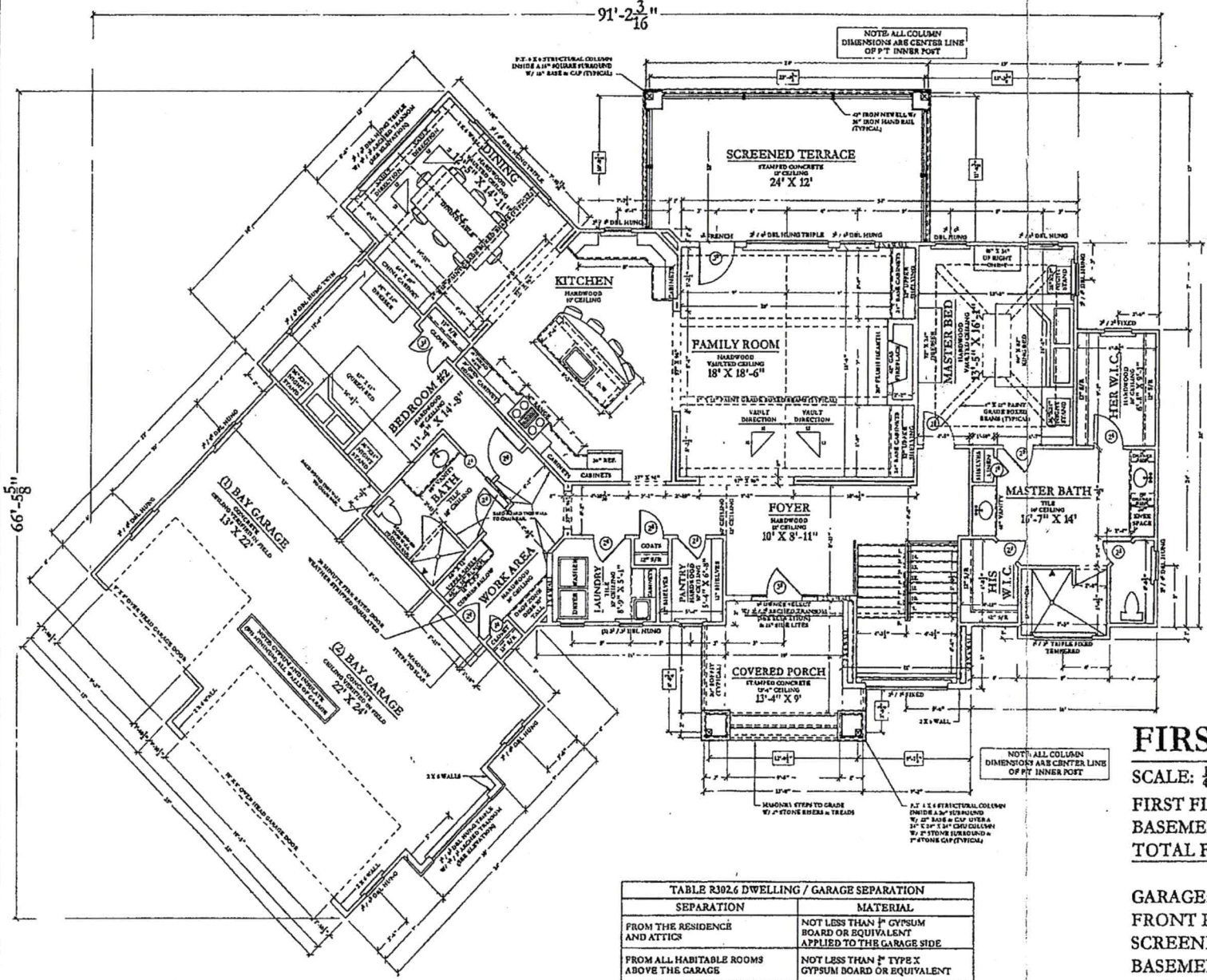


TABLE R302.6 DWELLING / GARAGE SEPARATION	
SEPARATION	MATERIAL
FROM THE RESIDENCE AND ATTICS	NOT LESS THAN ½" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE
FROM ALL HABITABLE ROOMS ABOVE THE GARAGE	NOT LESS THAN ⅝" TYPE X GYPSUM BOARD OR EQUIVALENT
STRUCTURE(S) SUPPORTING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION	NOT LESS THAN ½" GYPSUM BOARD OR EQUIVALENT
GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT	NOT LESS THAN ½" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE INTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA

NOTE: THESE PLANS ARE PRELIMINARY AND ARE FOR BIDING ONLY. THEY ARE NOT FOR CONSTRUCTION!!!!

FIRST FLOOR

SCALE: ¼" = 1'-0"

FIRST FLOOR FINISHED:
BASEMENT FINISHED:
TOTAL FINISHED:

GARAGE:
FRONT PORCH:
SCREENED TERRACE:
BASEMENT UNFINISHED:
TOTAL UNFINISHED:

TOTAL HOUSE UNDER FOOTING / ROOF:

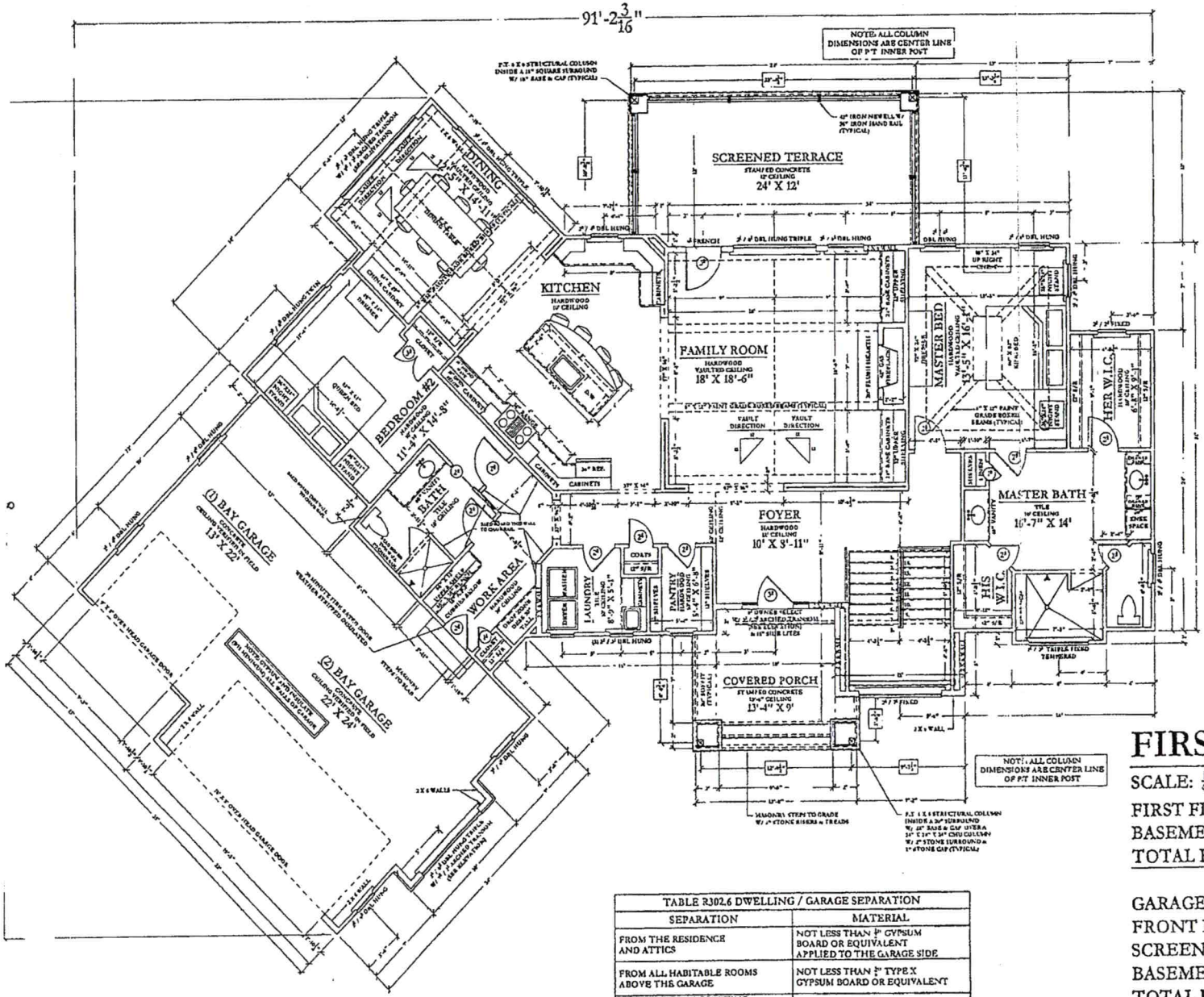


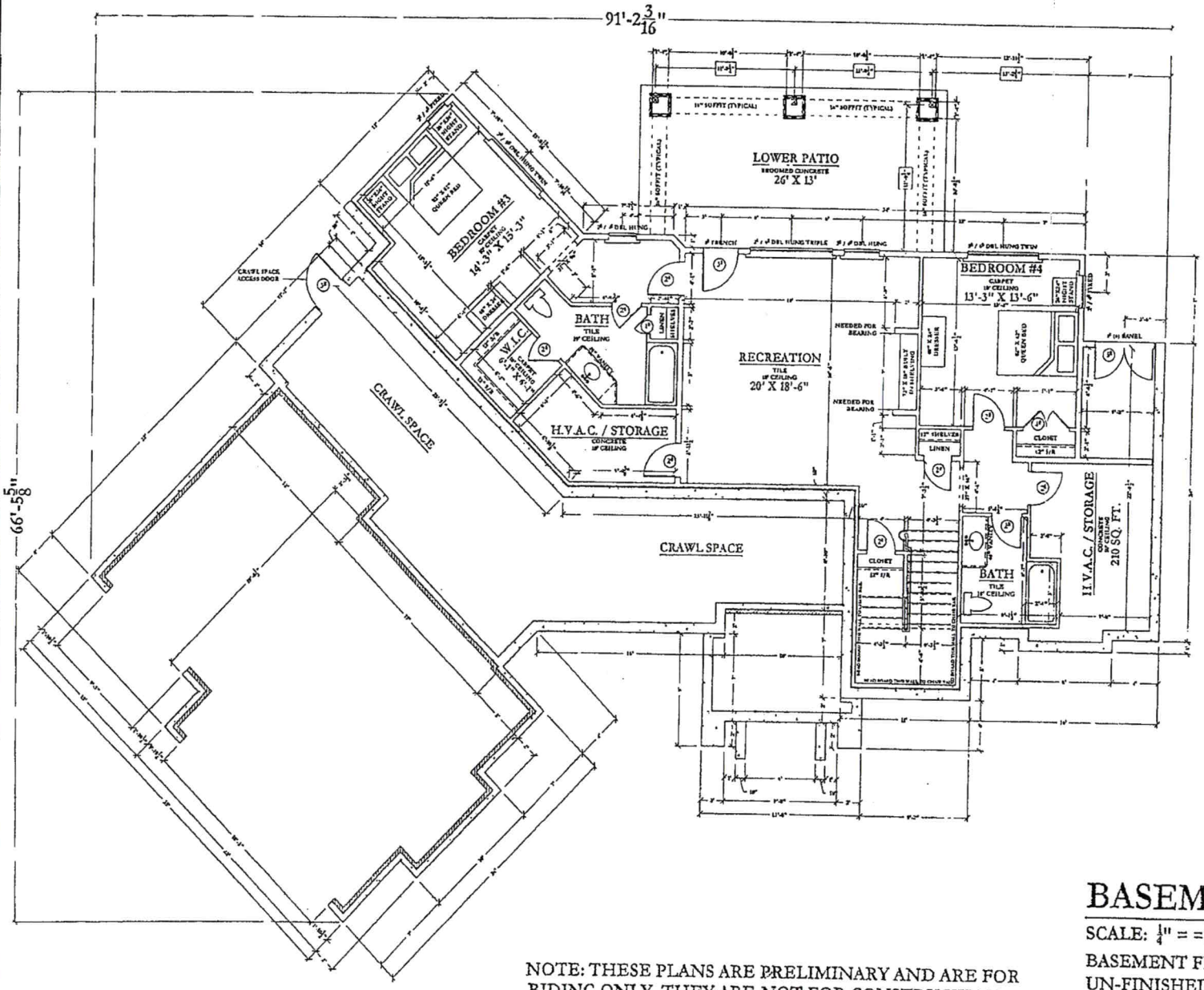
TABLE R302.6 DWELLING / GARAGE SEPARATION	
SEPARATION	MATERIAL
FROM THE RESIDENCE AND ATTICS	NOT LESS THAN 5/8" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE GARAGE SIDE
FROM ALL HABITABLE ROOMS ABOVE THE GARAGE	NOT LESS THAN 5/8" TYPE X GYPSUM BOARD OR EQUIVALENT
STRUCTURE(S) SUPPORTING ASSEMBLIES USED FOR SEPARATION REQUIRED BY THIS SECTION	NOT LESS THAN 1/2" GYPSUM BOARD OR EQUIVALENT
GARAGES LOCATED LESS THAN 3 FEET FROM A DWELLING UNIT ON THE SAME LOT	NOT LESS THAN 1/2" GYPSUM BOARD OR EQUIVALENT APPLIED TO THE INTERIOR SIDE OF EXTERIOR WALLS THAT ARE WITHIN THIS AREA

NOTE: THESE PLANS ARE PRELIMINARY AND ARE FOR BIDING ONLY. THEY ARE NOT FOR CONSTRUCTION!!!!

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

FIRST FLOOR FINISHED:	2297 SQ. FT.
BASEMENT FINISHED:	1279 SQ. FT.
TOTAL FINISHED:	3576 SQ. FT.
GARAGE:	829 SQ. FT.
FRONT PORCH:	115 SQ. FT.
SCREENED TERRACE:	286 SQ. FT.
BASEMENT UNFINISHED:	221 SQ. FT.
TOTAL UNFINISHED:	1451 SQ. FT.
TOTAL HOUSE UNDER FOOTING / ROOF:	5027 SQ. FT.



NOTE: THESE PLANS ARE PRELIMINARY AND ARE FOR BIDING ONLY. THEY ARE NOT FOR CONSTRUCTION!!!!

BASEMENT PLAN

SCALE: $\frac{1}{4}$" = =1'-0"

BASEMENT FINISHED:	1279 SQ. FT.
UN-FINISHED STORAGE:	221 SQ. FT.
LOWER PATIO:	335 SQ. FT.

IREDELL COUNTY

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

APPLICATION NUMBER
241823
Issue Date: 01/30/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638044021.000	329 ROBINSON ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: JABS WILLIAM RAYMOND	Applicant: GOULD DOUGLAS A+LINDA
Address: 401 S PUTMAN	Address: 157 PRESTWOOD LANE
TROUTMAN, MI 48895	MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.870	35.00	50.00	15.00	25.00	CACL	AE

Remarks:

Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	166009	TOTAL FEES:	$ 77.25