IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 229153

PIN # 4638276964

APPLICANT/OWNER: Foundation Homes / Jonathan Smith APPLICANT ADDRESS: 268 Glewcoc Ln

SITE ADDRESS: 620 Kenway Loop Mooresville, NC 28117 PHONE: 704-650-2260 ALT. PHONE —

SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Fernleaf SECTION: 1 LOT # 16 LOT AREA: .778 ac DESIGN FLOW: 480gpd L.T.A.R.: .225 (.225 repair)

Septic Tank	1000 (gal)	STB	794	Date	9-19-17	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	283	Date	10-12-17	System Description:	PM 25% reduction
Pump Make	Liberty	Model	290 HZ3/HF	Serial #		Repair System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	6	Linear Ft:	534'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth(Low side)	30"/36" high side	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE

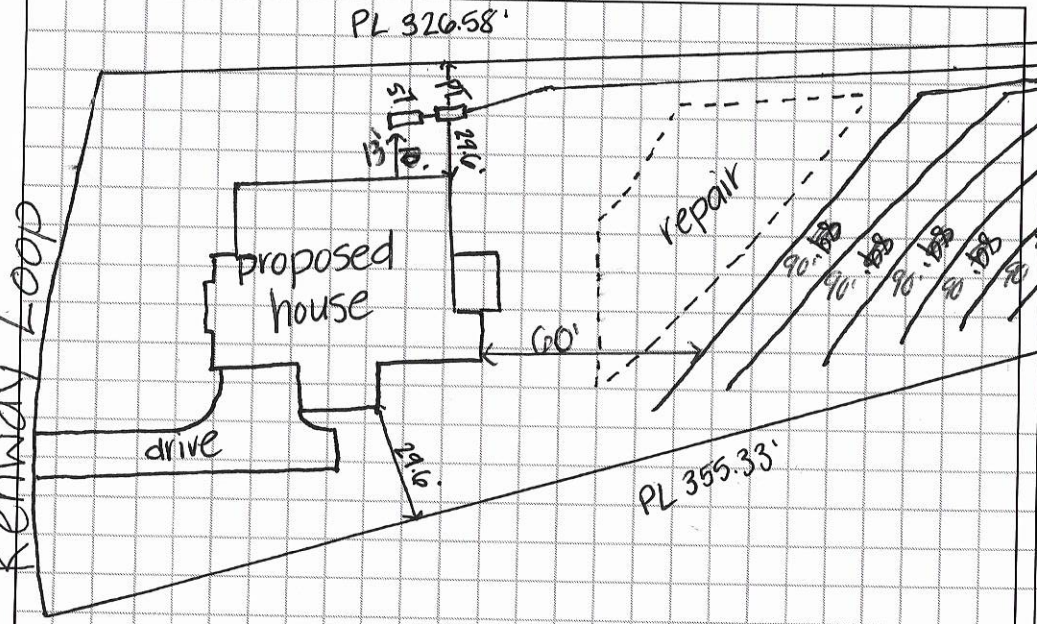
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

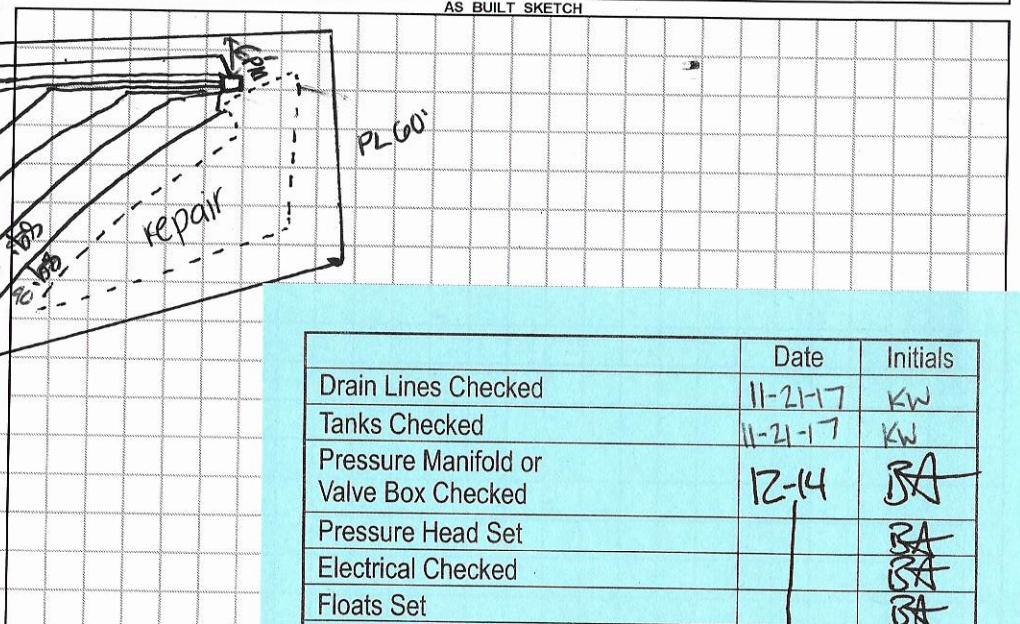
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install PM 25% reduction with drain lines on contour.

INITIAL SITE SKETCH



AS BUILT SKETCH



Scale 1" = 50'

	Date	Initials
Drain Lines Checked	11-21-17	KW
Tanks Checked	11-21-17	KW
Pressure Manifold or Valve Box Checked	12-14	BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
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.* ☑ **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:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-8-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-8-17

Installed by: R + H Date: 8-8-17

OPERATION PERMIT by: BA Date: 12-14-17

Existing System Inspected by: Date:

RECEIVED JUL 2 6 2017

New Permit # 229153

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT

No fee AC only

(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:

Foundation Homes	268 Glencoe LN	704-650-2260	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Jonatha Smith	268 Glencoe LN	704-650-2260	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

620 Kenway loop	Fern leaf	~~#~~ Lot 16
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Perth Rd (TL) Fern Hill (TL) Kenway loop lot on (Lt)

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 6
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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

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: _____ 7-26-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Jsmith foundationhomes@gmail.com

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Woodbrige Partners LLC, am the legal owner of the property located at 620 Kenway Loop, Mooresville, identified as PIN(Parcel Identification Number) 4638276964, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Jonatha Smith Foundation Homes Residential Jonatha Smith, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Woodbridge Partners LLC

By: _____ 8/2/2017

Signature of Owner Jeffery Cernuto — Date

Manager/Member

_____ _____

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

or

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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 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…**

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

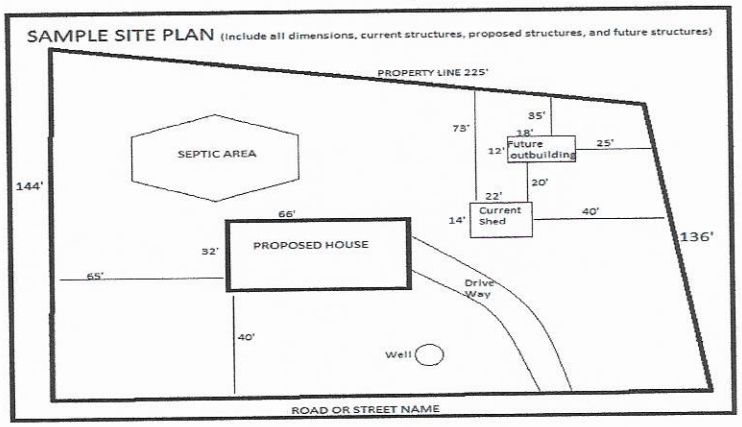
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

X **Area you prefer your septic system to be placed…** ____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

X **Location of septic systems and wells within 100' of your property… N/A**

X **Location of easements and rights of ways on your property… N/A** W/A **Location of any designated wetlands on the property..** (N/A)



USE THIS SPACE TO DRAW YOUR SITE PLAN

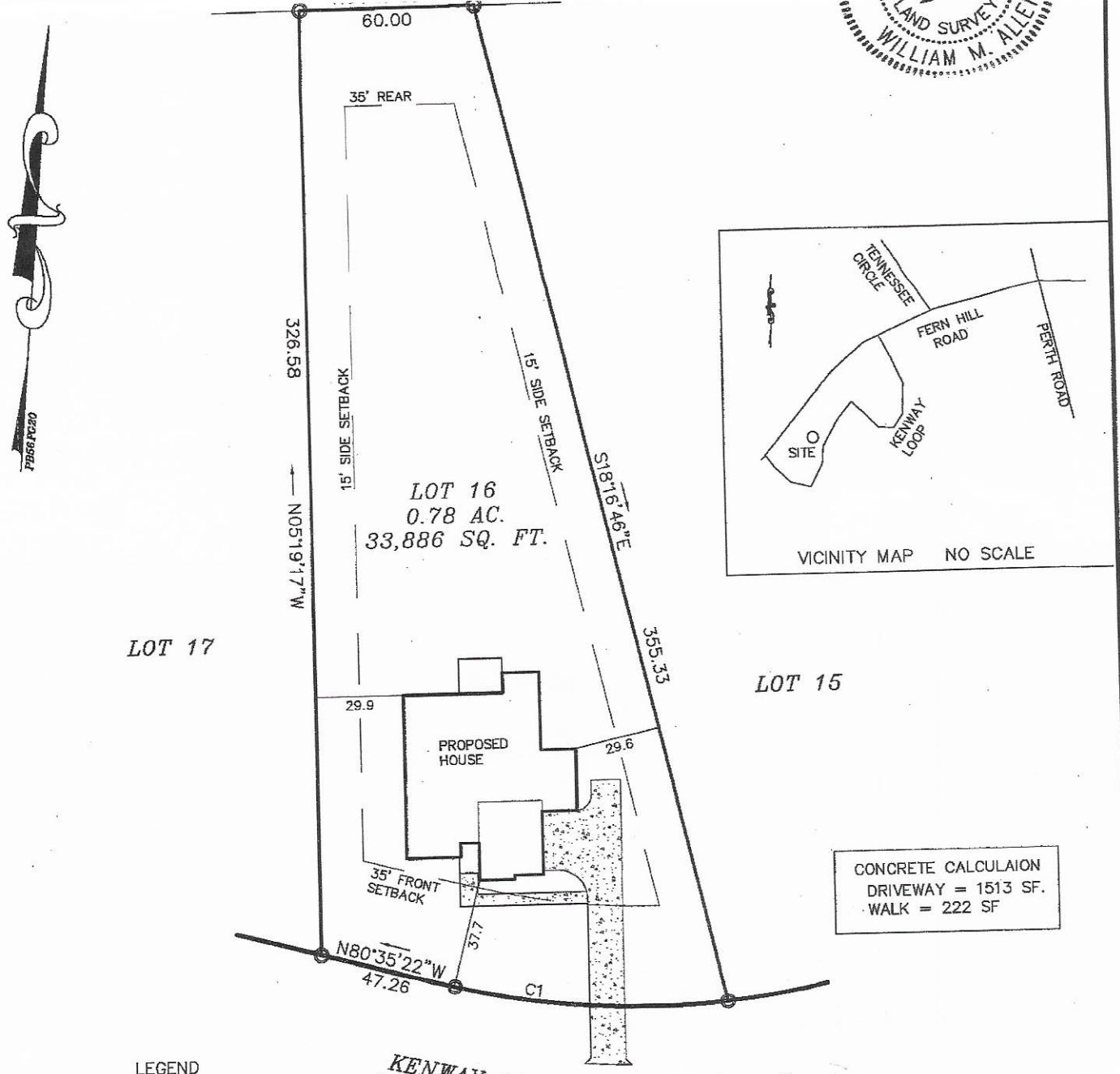
See attached plat plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

7-27-17

DATE



PLOT PLAN SURVEY

OF

620 KENWAY LP.

LOT 16 FERNLEAF PHASE 1

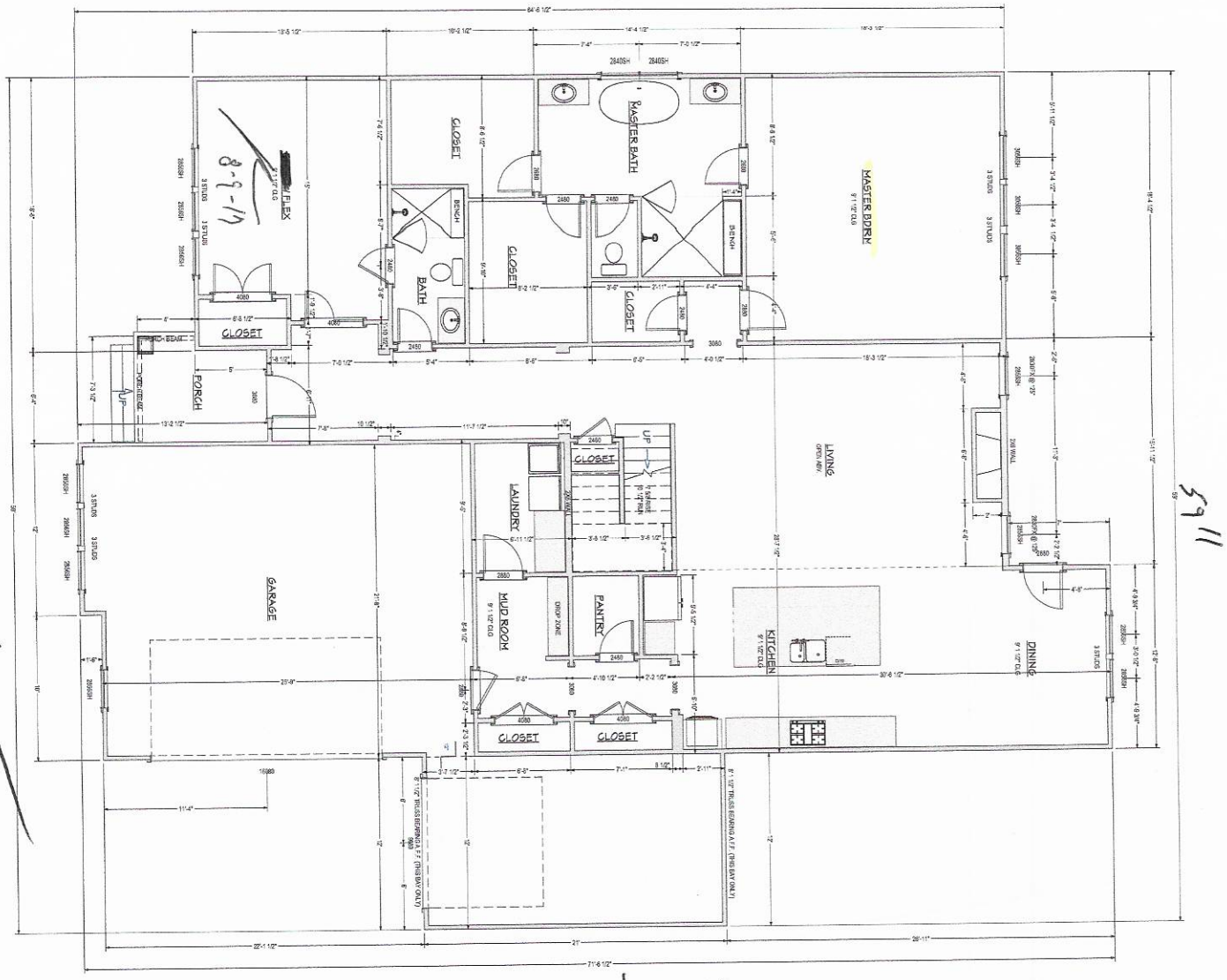
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 50'

ACQUIRED BY: FOUNDATION HOMES RESIDENTIAL LLC

FIELD BOOK:
FILE: FERNLEAF 16
DC FILE:
TAX MAP NO: 4638276964

64' 6 1/2"



71' 6 1/2"

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

Date 7-26-17

Date 8-8-17

Acknowledgement of Plans Submittal ONLY!

SHEET:	SCALE:	DATE:
A-6		7/20/2017

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

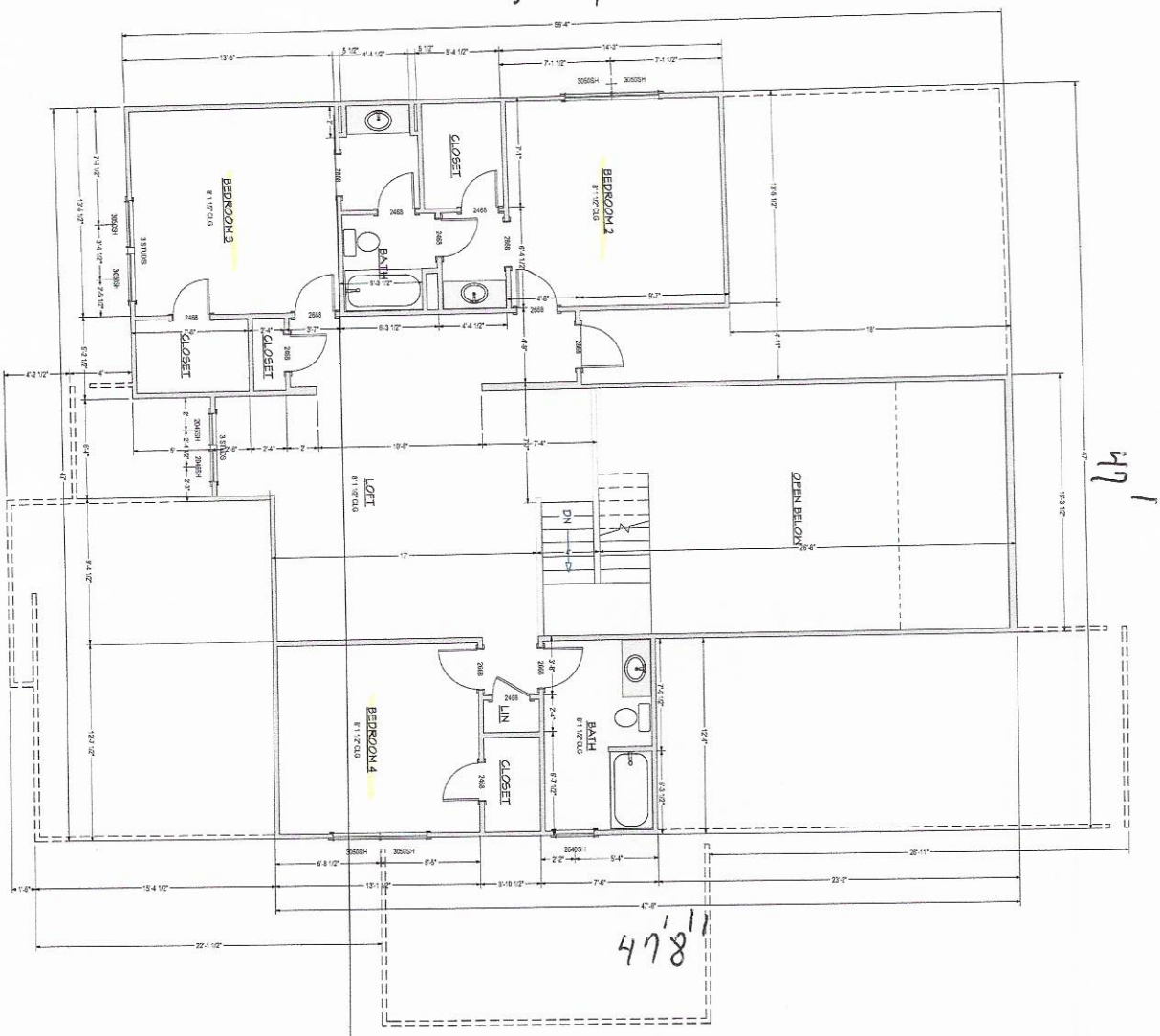
PROJECT DESCRIPTION:

FOUNDATION HOMES
COOPER

FOUNDATION HOMES RESIDENTIAL

NO.	DESCRIPTION	BY	DATE

COPYRIGHT STATEMENT
Visual Design and Drafting, owners of Visual Design and Drafting, retain all rights, title and interest to documentation, sketches by the owner/contractor for preparing this drawing, that may be copyrighted or unofficially. All materials used to produce this drawing, and all ideas, designs and sketches by the owner/contractor for the copyright, and, as required by law, the owner/contractor has obtained approval from any originating copyright owner(s), known or unknown to Visual Design and Drafting.



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

Date 8-8-17

Date 7-26-17

Acknowledgement of Plans Submittal ONLY!

SHEET:	SCALE:	DATE:
A-7		7/20/2017

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

PROJECT DESCRIPTION:

FOUNDATION HOMES
COOPER

FOUNDATION HOMES RESIDENTIAL

NO.	DESCRIPTION	BY	DATE

COPYRIGHT STATEMENT
Visual Design and Drafting, accepts no responsibility, liability or part of any legal action relative to documentation, supplied by the owner/contractor for construction, this drawing, that may be copyrighted by another party. All rights reserved unless otherwise noted. Drawing are protected as house designs created by the owner/contractor for any copyright, and, as required by law, the owner/contractor has obtained approval from any originating copyright owner(s), known or unknown by Visual Design and Drafting.