IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 (KB) | PERMIT # 241425

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

PIN # 4103912 1153

APPLICANT/OWNER: Foundation Homes | APPLICANT ADDRESS: 438 Williamson Rd

SITE ADDRESS: 140 Venus Ln, Mooresville 28117 | PHONE: 704-650-2260 | ALT. PHONE —

SITE DIRECTIONS: Fern Hill Rd → R on Riverbend Dr → L on Venus Ln → at end | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL + T | SECTION: 515 LOT # 192 LOT AREA: .75 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: ext

Septic Tank	ext (gal)	STB	ext	Date	ext	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	existing
Pump Make		Model		Serial #		Repair System Description:	
# Nitrification Fields	ext	# Lines	ext	Linear Ft	ext	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	ext	Trench Bottom Depth(Low side)	ext	Gravel Depth	ext	☒ GRAVITY	☐ PRESSURE

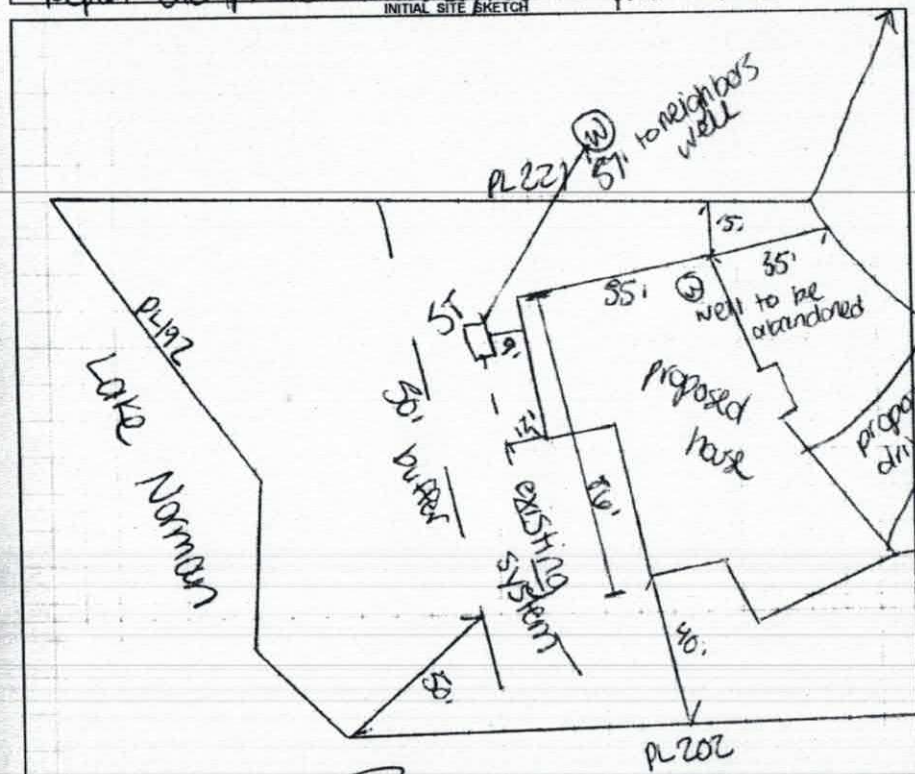
☒ Residence — No. Bedrooms: 3
☐ Business — No. Persons: 6
☐ Other — No. Employees:
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

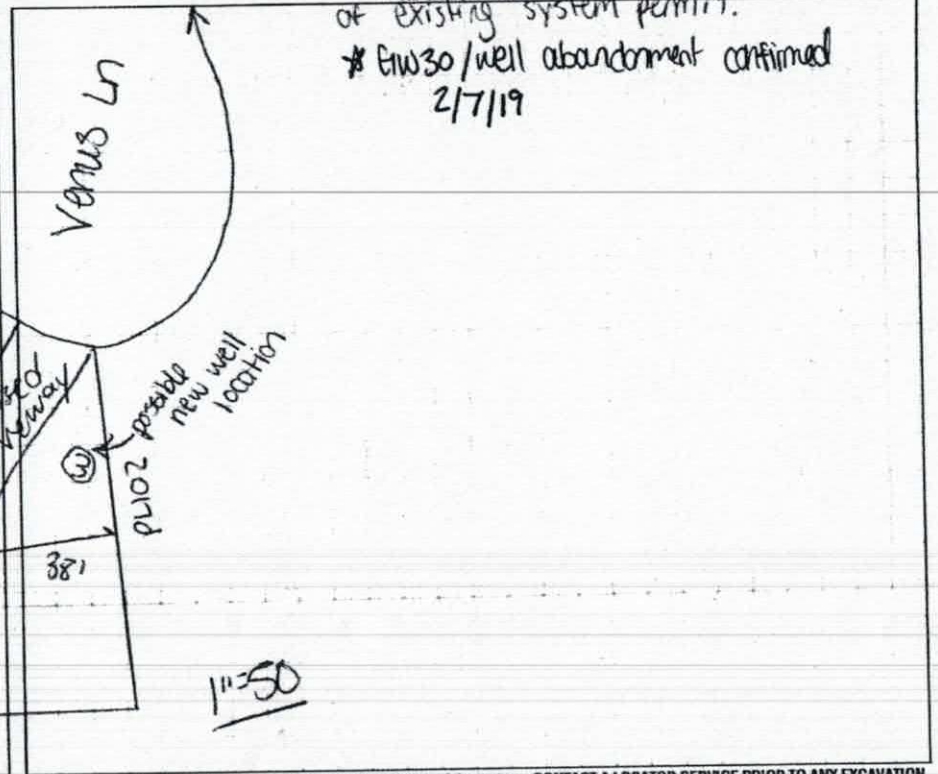
Comments / Conditions: Maintain minimum 5' setback from system (walkout basement treated as slab)
Repair exempt lot - deeded/recorded prior to 1982 →

deed book 14 pg 3
EXISTING 3BR permit from '76
- well in Horse box must be abandoned prior to issuance of existing system permit.
* GW30 / well abandonment confirmed 2/7/19

INITIAL SITE SKETCH



AS BUILT SKETCH



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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: _____ Date: _____ OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Carla C. Cave Date: 2/7/19

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.

Jonathan Smith

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

(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 X 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:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Foundation Homes	458 Williamson Rd	704-650-2260	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jay Roberto	140 Venus Lane		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
140 Venus Ln	N/A	Lot # 192

Driving Directions: Perth (Lt) Fern Hill (Rt) Venus 1st end

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 3
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** ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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:** _____ 1-10-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Jay A. Ribuito, am the legal owner(s) of the property located at 140 Venus Lane, identified as PIN (Parcel Identification Number) 4639-12-1153, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Foundation Homes Resident 1, LLC, 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.

Jay Ribuito — Signature of Owner(s) — 11/6/19 — Date

Signature of Witness — 11-4-19 — 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

Mooresville Office

✓4639121153

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James Kilpatrick DATE 12-22-94 PERMIT NO. 326

PHONE: Business _____ Home _____

LOCATION 1300 Turn 2nd DJ past church Turn 1st right at end S. R. No. _____

SUBDIVISION NAME CL+J/Lake Norman LOT NO. 192 SECTION OR BLOCK NO. 15

Site Address: 140 Venus Lane - Stat

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)

Auto. Dishwasher Yes ( ) No (✓)

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable Yes (✓) No ( )

Lot Area _____

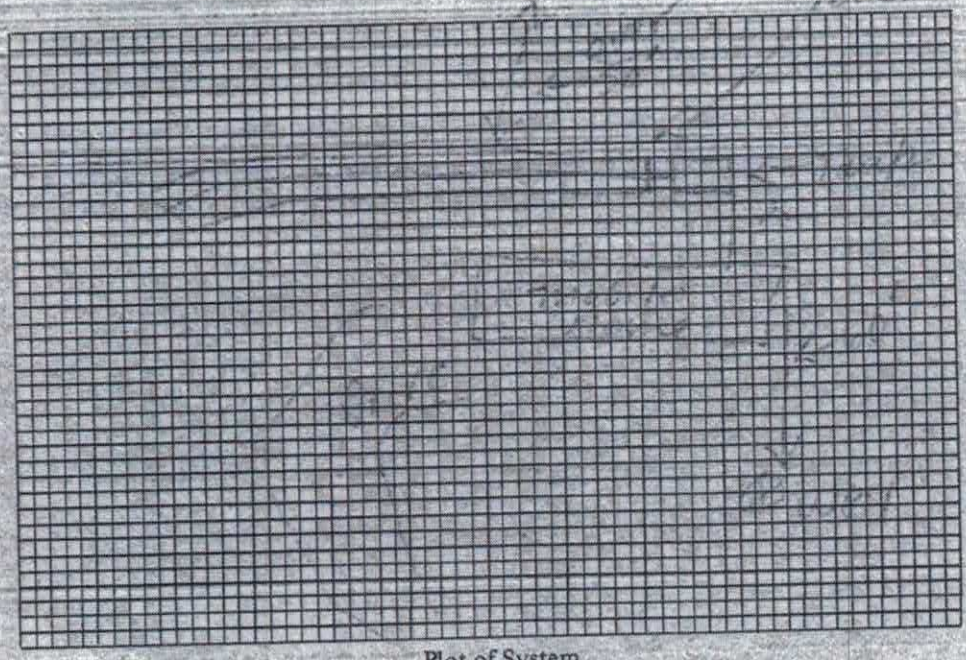
Character & Porosity of Soil Clay loam Porosity Fair

Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 450 Linear Ft. 225

Depth of Stone in Lines 24

Water Supply: Individual (✓)

Public ( )

Installed by Charles Mathis Fairview, NC

IMPROVEMENTS PERMIT BY J. L. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY J. L. Moore DATE 2-2-95

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

140 Venus Lane

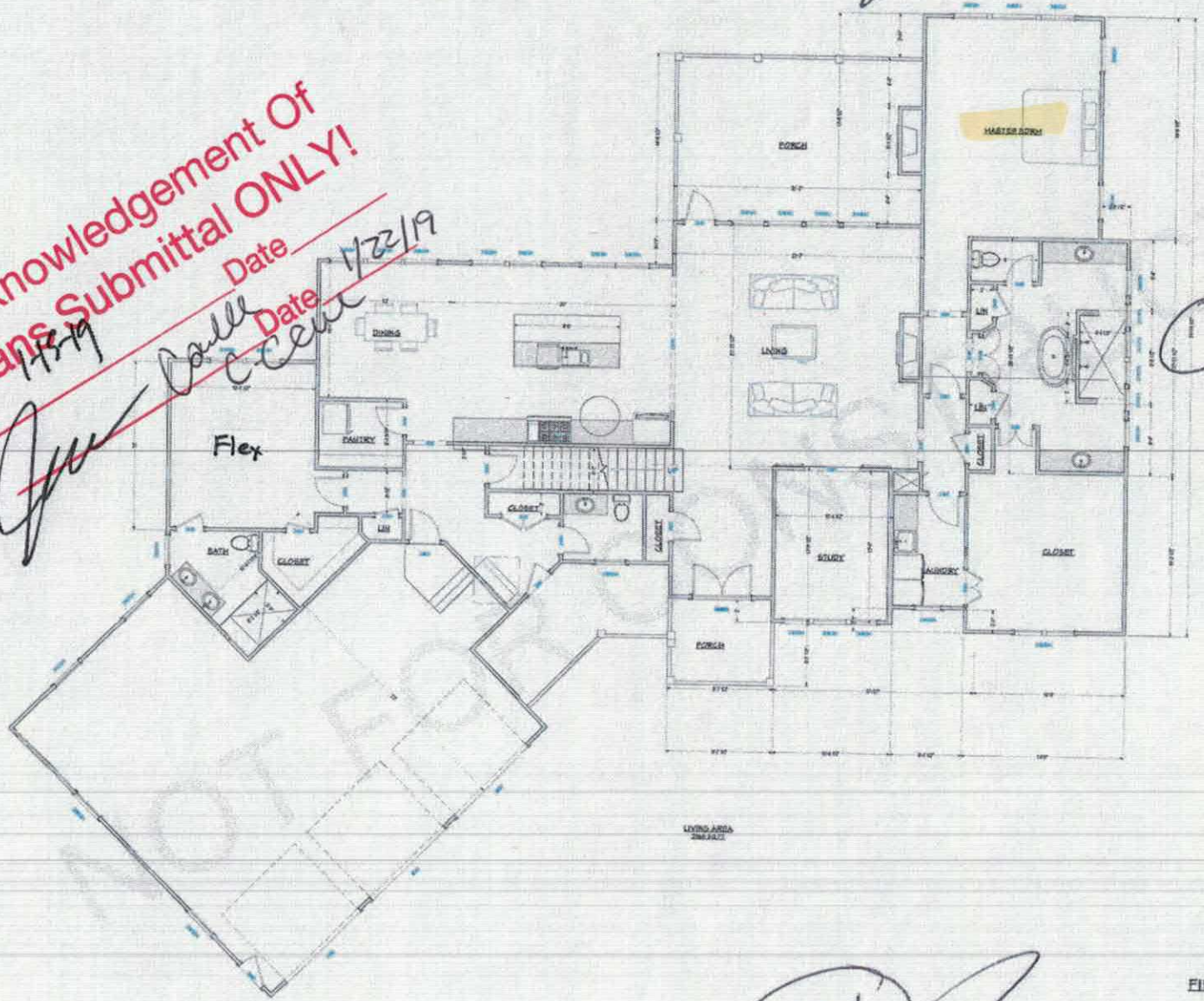
86'

Acknowledgement Of Plans Submittal ONLY!

Date 1/22/19

Date 1/22/19

54'10" 1/2



86'

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

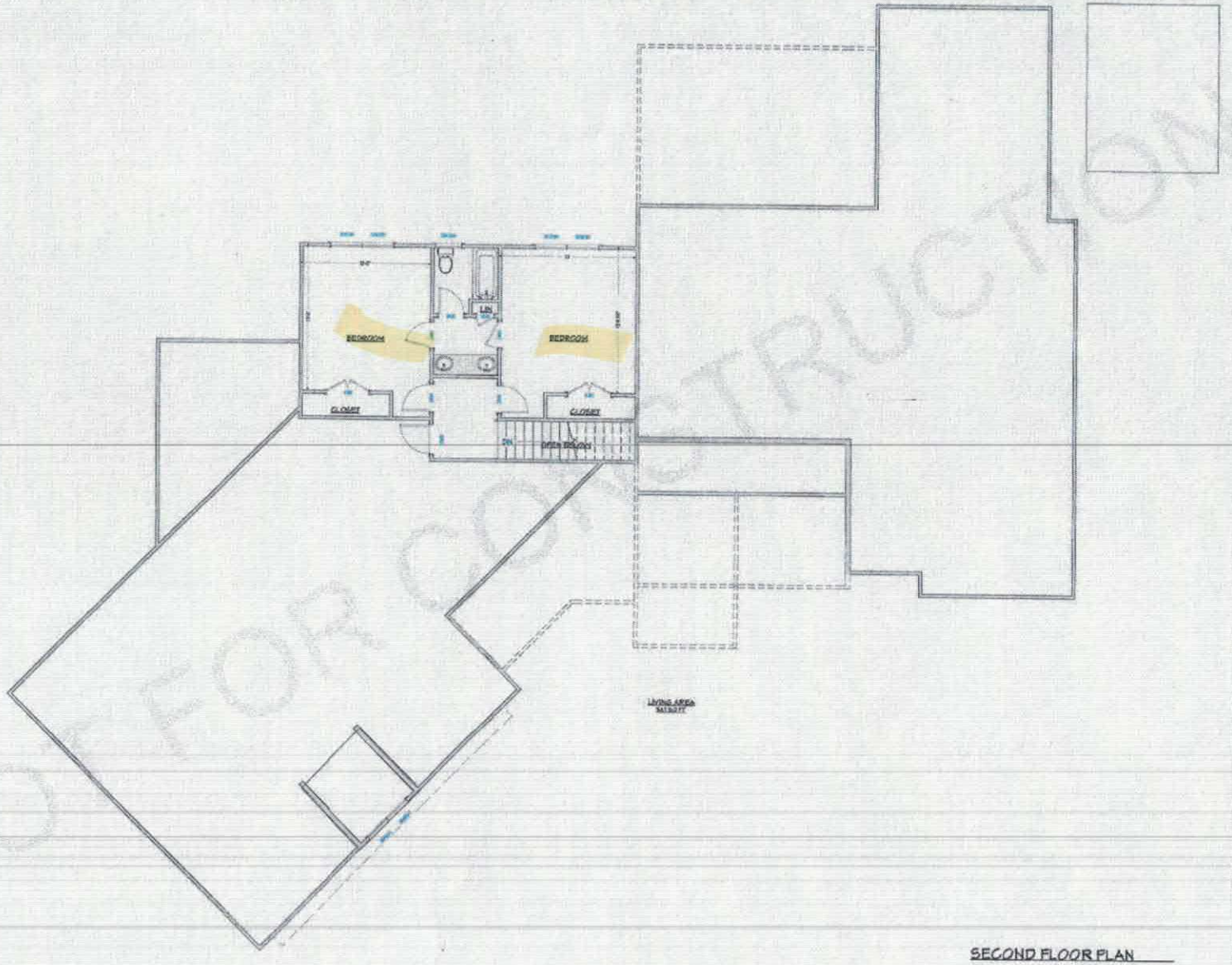
DEV

Ruberto Residence
140 Venus Ln
Mooresville NC

DATE: 1/14/2019

SCALE:

SHEET: A-5



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

NOT FOR CONSTRUCTION

DEV

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Ruberto Residence
140 Venus Ln
Mooresville NC

DATE:
1/14/2019

SCALE:

SHEET:
A-6

IREDELL COUNTY

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

APPLICATION NUMBER
241425
Issue Date: 01/11/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639121153.000	140 VENUS LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: STEWART REVOCABLE LIVING TR	Applicant: FOUNDATION HOMES RESID
Address: 732 AINTREE RD	Address: 268 GLENCOE LN
CHARLOTTE, NC 28215	MOORESVILLE, NC 28117
Phone:	Phone: 704-650-2260

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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

The applicant certifies that there are no deed restrictions, contractual agreements or governmer regulations of any kind that interfere with or prohibit the use of the property or the use for which t permit is requested. The applicant further acknowledges that enforcement of deed restrictions, p conditions and other contractual agreements will not be undertaken by Iredell County and is the s responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	164289	TOTAL FEES:	$ 79.50