173 Northington Woods, MUL 28/117

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 24961 24248 PIN# 4639631944 DATE 2/22/05

OWNER OR CONTRACTOR Shewenday Dal Group / Foundation Homes PHONE: Business Home

ADDRESS 1143 D. Executive Circle, Cary, N.C. 27511

LOCATION Perth Rd. N. TL Fern Hill Rd. TL Northington Woods Dr. on left near end

SUBDIVISION Northington Woods BLOCK / SECTION LOT 25 LOT AREA ±0.985 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. 0.3

Septic Tank: 1000 Gallons; STB Infiltrator Date IM-1060
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 6 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity 25% Reduction PPBPS
Repair System Description:
Maintenance Agreement Required: ☐ Yes ☑ No, Initially

☑ House/Mod. Home No. Bedrooms 4
☐ Mobile Home No. Bathrooms
☐ Business No. Employees
☐ Other

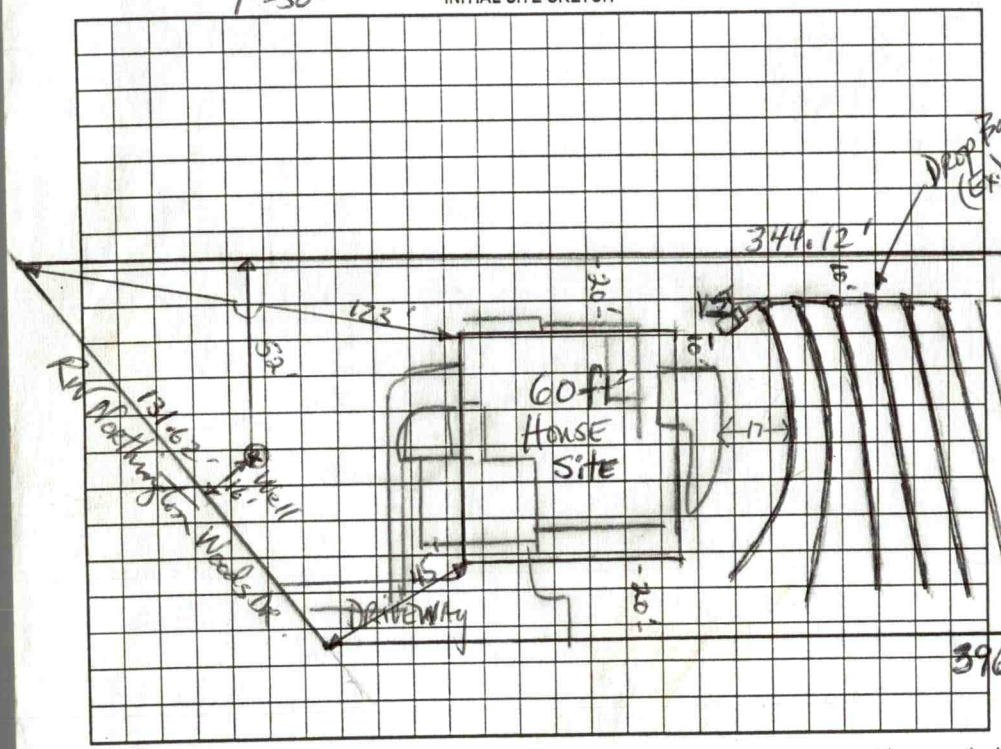
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

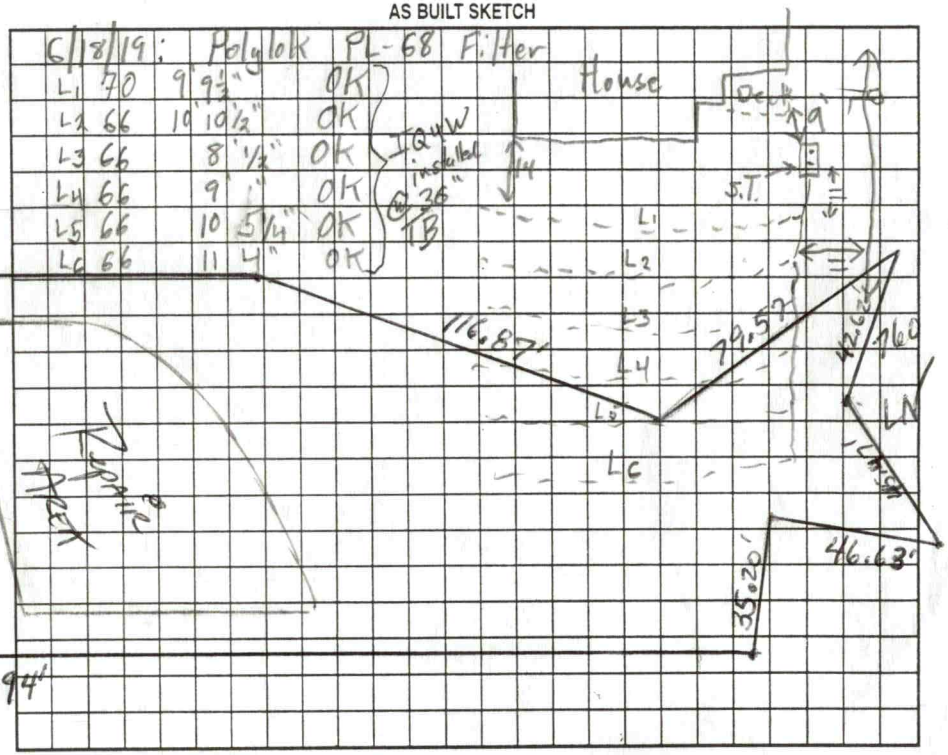
Comments:/Conditions: ★ Must keep pool "cut" a minimum of 15ft from Septic System.

Comments:/Conditions: 1/14/19 Reviewed Floor plans, in Compliance with Septic plan. Note: House is 10ft closer to road but depth of house is 10ft longer.

1"=50' 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: date 5/16/05
Improvement Permit by: date 2-22-05
Authorization to Construct by: date 1/14/19

Installed by: Jamie O'Daniel (Specialty Septic)
Operation Permit by: date 6/18/19
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

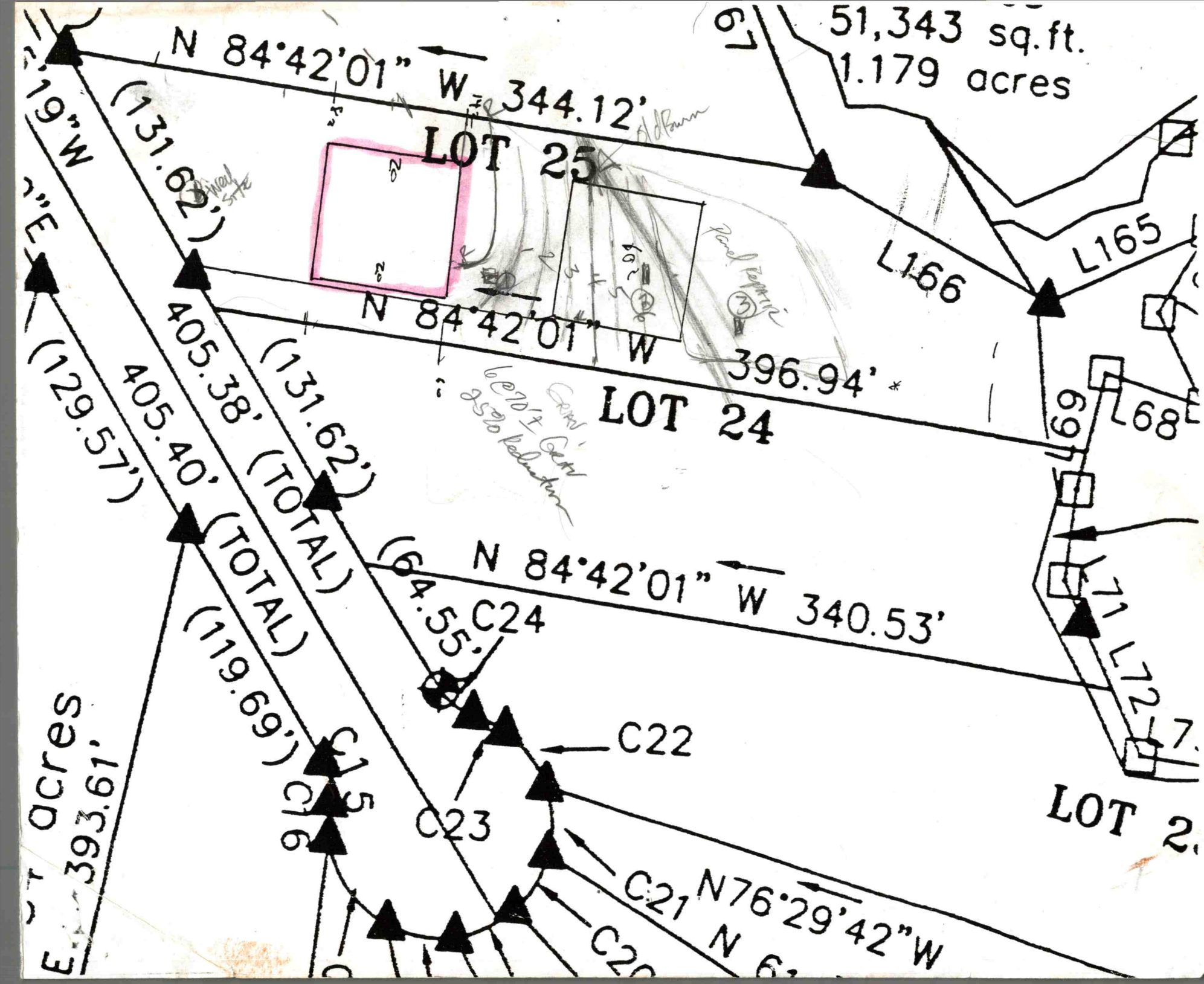
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shoreview Dev Corp APPLICANT: ____
ADDRESS: ____ APPLICATION DATE: ____ DATE EVALUATED: 11-8-04
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 gpd PROPERTY SIZE: ____
LOCATION OF SITE: Lot 25 - Northington Woods PROPERTY RECORDED: ____
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed 100' well radius

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	PROFIL CLASS & LTAI
1	9% S/L	0-5	gr fsm scl	frsssp					
		5-12	wk-m fsBK RC	fr sp so/p					.03
		12-29	m wk fsBK RCl	frsssp					
		27-57	(Bc) wk fsBK yr L — massive 4/52	sl/p frsssp					
					100' well radius				
2		0-26	m fsBK RC	frsssp sl/p					
		26-38	m wk fsBK RCl	frsssp	fair-common	mod/so/p			.03
		38-48	massive py L sl/p	frsssp					
3		0-7	gr wk fsBK fsm scl	frsssp					
		7-20/32	m fsBK RC	fr ss/ps so/p	wavy boundary				.3
		20/32-35	wk fsBK massive gr L / Lsp (Bc)	frsssp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAV 25% Red	GRAV / LPP PBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: DRH
OTHER(S) PRESENT: Paul Pennington


51,343 sq.ft.
1.179 acres
N 84°42'01" W 344.12'
LOT 25
(131.62')
405.38' (TOTAL)
(131.62')
N 84°42'01" W 396.94'
LOT 24
405.40' (TOTAL)
(129.57')
(64.55')
N 84°42'01" W 340.53'
C24
C22
C23
C15
C16
(119.69')
C21
N76°29'42"W
L66
L165
L69
L68
L71
L72
LOT 2
393.61'

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: Foundation Homes — APPLICATION DATE 1/3/19
ADDRESS: 438 Williamson Rd Ste C — DATE EVALUATED: 1/11/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 98.52 ac
LOCATION OF SITE: 173 Northington Woods — 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) .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	~9%	0-6"	Brw SCL	w SBK SS, SP, SExP, FR					PS .3
		6-12"	RC	m-w SBK SS SP, SExP, FR					
		12-30	RCL	w SBK SS, SP, SExP, FR w/few to many SAP Inclus					
		30-48	R/y L	SAP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____
OTHER(S) PRESENT: ____

COMMENTS: ____

#241248
pd. $500 - New 4/0
$550 - well

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Address: 438 Williamson Rd ste C. Zip: 28117
Applicant Email: jsmithfoundationhomes@gmail.com Phone: 704-650-2260 Alt. Phone: _____
Owner Name: Foundation Homes Address: 173 Northington Woods Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 173 Northington Woods, Mooresville, NC 28117
Subdivision Name: Northington Woods Section/Phase: _____ Lot Number: 25
Driving Directions: Take a left off Perth road, take a left off fern hill road

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

(✓) 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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____ 1-3-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:

Applicant Name	Mailing Address	Home Phone	Work Phone
Shavender Devel Group, LLC	1143 D. Executive Circle Cary NC 27511		(704) 902-1372
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Northington Woods	25

Driving Directions: _____

****

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

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 _____
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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

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: _____ 7-22-04
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1717, page 9, and/or plat book 47, page 86, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

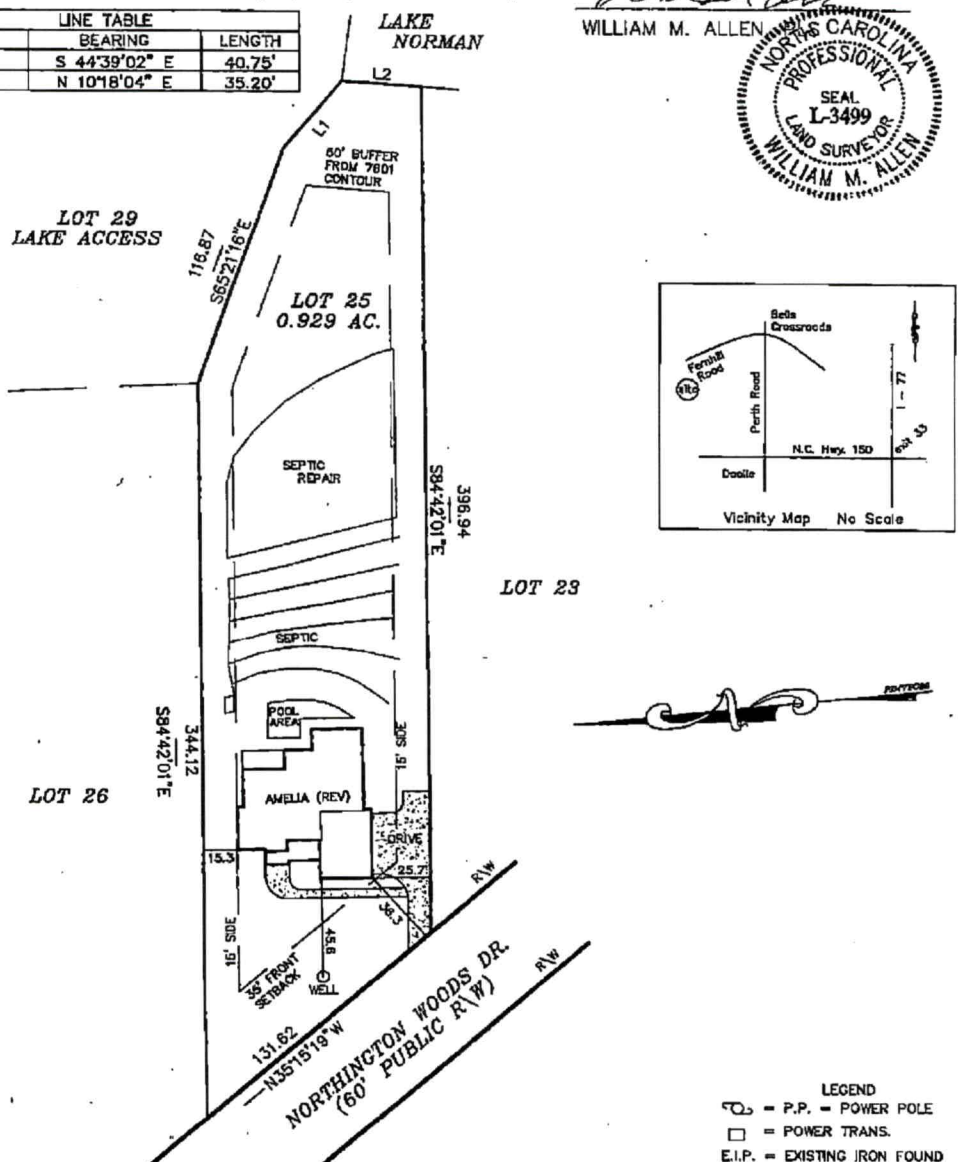
my hand and seal on the 3, day of DEC.,

A.D. 20 18 REVISED: 12\27\2018 (ADDED NEW HOUSE)

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 44°39'02" E	40.75'
L2	N 10°18'04" E	35.20'



LEGEND
- P.P. = POWER POLE
- □ = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = ø4 REBAR SET
- R/W = RIGHT-OF-WAY
- (W) = WELL
- CP = COMPUTED POINT

0' 30' 60' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF

173 NORTHINGTON WOODS DR.

LOT 25 NORTHINGTON WOODS

SCALE 1" = 60'

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

ACQUIRED BY: FOUNDATION HOMES

FIELD BOOK:
FILE: NORTHINGTON WOODS 25
DC FILE:
TAX MAP NO: 4639631944

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

_____, _____, 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.

_____ 1-3-19

Signature of Owner(s) Date

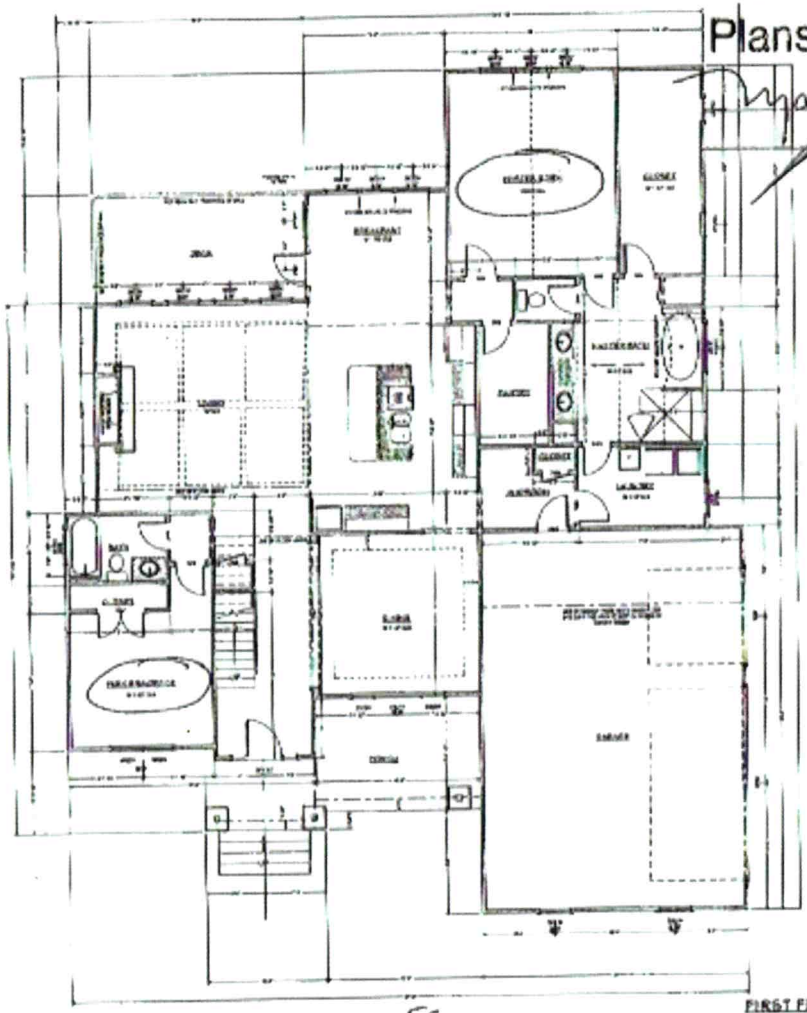
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of
Plans Submittal ONLY

Date 1/14/19

Date 1-14



FIRST FLOOR PLAN

SQUARE FOOTAGE	
1ST FLOOR HEATED	2170
2ND FLOOR HEATED	156
TOTAL HEATED	2326
PORCHES	333
GARAGE	721
TOTAL UNDER ROOF	4865

FOUNDATION HOMES
AMELIA (REV)

DATE: 4/29/2019

SCALE:

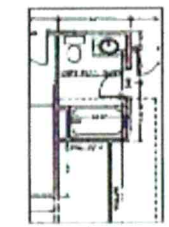
SHEET: A-6

SIGN HERE

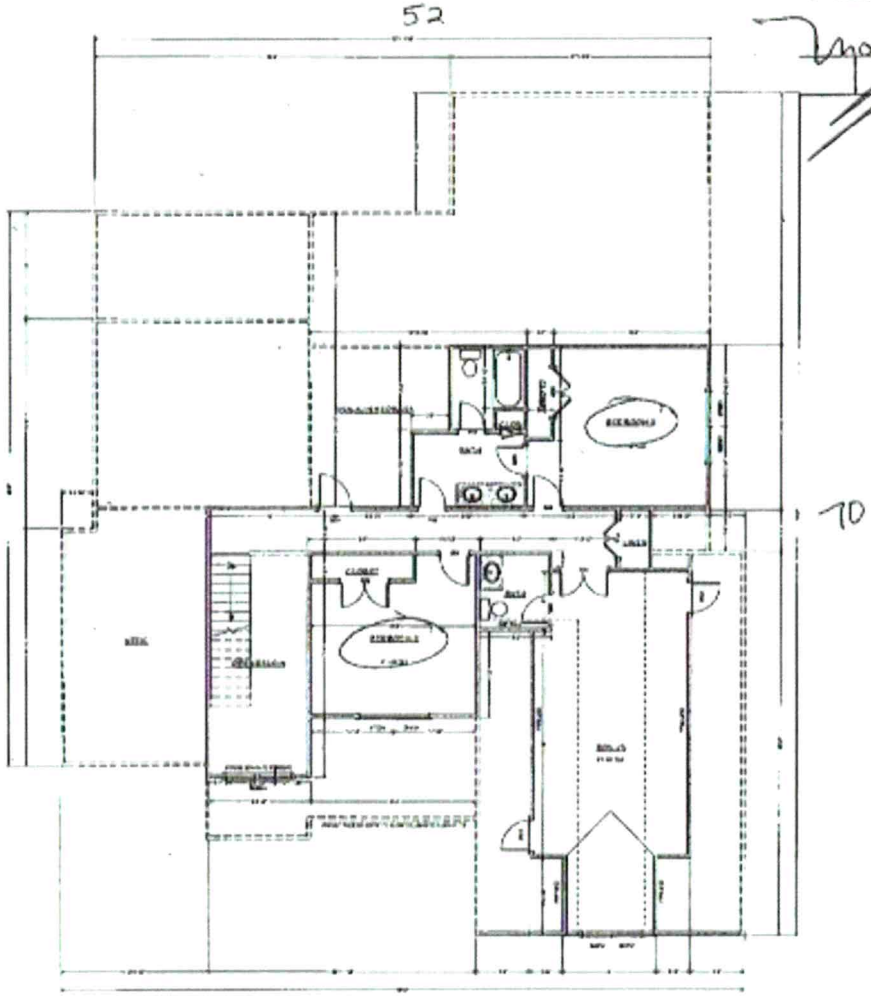
Acknowledgement of
Plans Submittal ONLY!

Date 4/19

Date 4/19



OPT FULL BATH



SECOND FLOOR PLAN

FOUNDATION HOMES
AMELIA (REV)

DATE
4/25/2018

SCALE:

SHEET:
A-7

SIGN HERE

IREDELL COUNTY

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

APPLICATION NUMBER
241248
Issue Date: 01/03/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639631944.000	173 NORTHINGTON WOODS DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	FOUNDATION HOMES RESIDENTIAL L LC	Applicant:	FOUNDATION HOMES RESID
Address:	268 GLENCOE LN MOORESVILLE, NC 28117	Address:	268 GLENCOE LN MOORESVILLE, NC 28117
Phone:	704-650-2260	Phone:	704-650-2260

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.929	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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	163553	TOTAL FEES:	$ 77.25