ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 239133

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

PIN # 4639-63-4600

APPLICANT/OWNER: Foundation Homes Residential | APPLICANT ADDRESS: 438 Williamson Rd. Suite C Mooresville, NC 28117

SITE ADDRESS: 191 Northington Woods Mooresville, NC 28117 | PHONE: 704-650-2260 | ALT. PHONE

SITE DIRECTIONS: Perth Rd → Fern Hill Rd → Northington Woods → Lot @ end of cul-de-sac | SAP CONTROLLED: ☒ YES ☐ NO

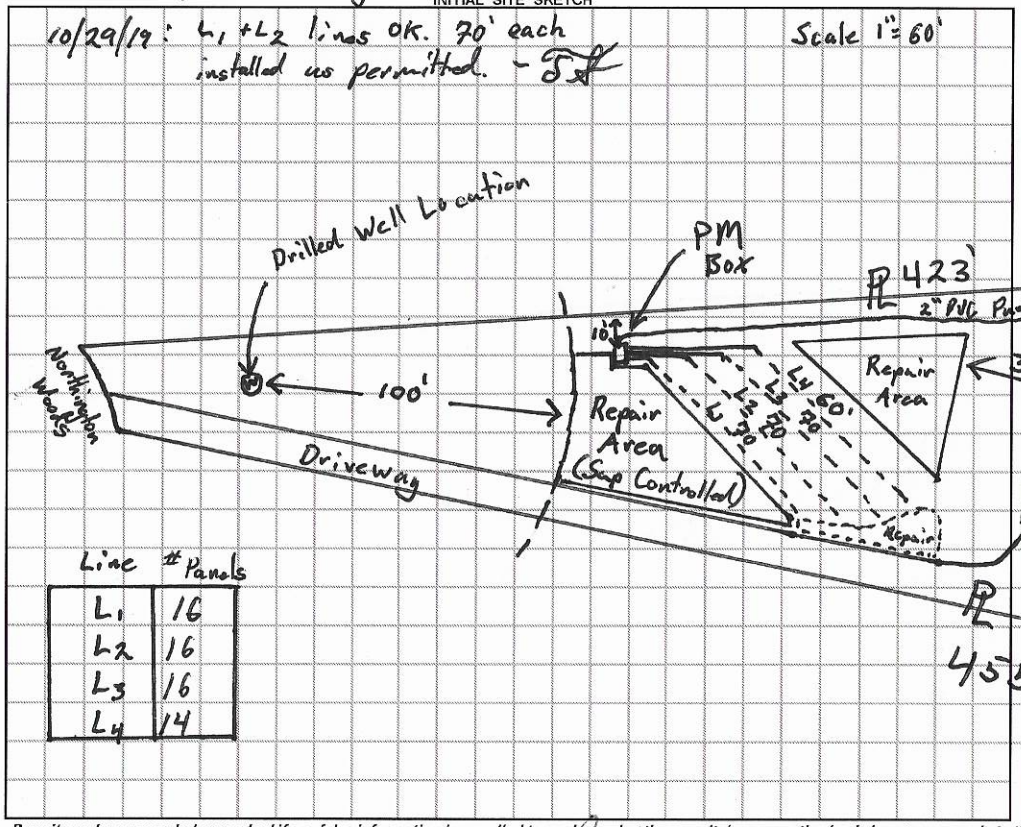
SUBDIVISION: Northington Woods | SECTION: – | LOT # 22 | LOT AREA: 0.865 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT		Date	System Description: PM-PPBPS (50% Reduction				☐ Business	No. Persons 8
Pump Make			Model		Serial #	Repair System Description: LP-PPBPS (50% Reduction)				☐ Other	No. Employees
# Nitrification Fields	1		# Lines	4	Linear Ft 270'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	24"		Trench Bottom Depth(~~cover~~)		36" max Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

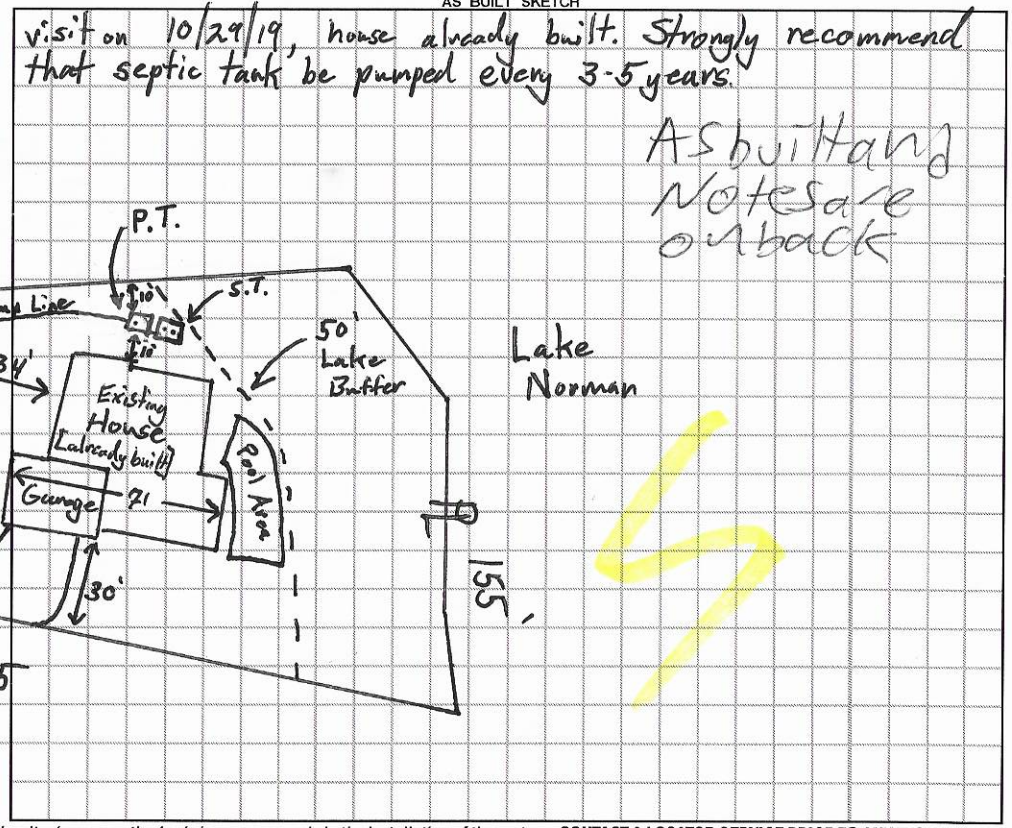
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: TAP design as follows: L_1, L_2, L_3 to each be served by ½" SCH 40 and L_4 to be served by ½" SCH 80. 4 total taps delivering 26.81 GPM. Set control float to dose system no more than 180 gallons per pumping event. 50' Lake Buffer Stakes must be marked by surveyor prior to tank installation and visible at time of inspection. At time of site visit on 10/29/19, house already built. Strongly recommend that septic tank be pumped every 3-5 years.

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: Brenda Smith Date: 11/8/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 11/4/19 OPERATION PERMIT by: James Boggs Date: 1-14-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/5/19 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 inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	11/5/19	PSB
Tanks Checked	11/5/19	PJB
Pressure Manifold or Valve Box Checked	11/5/19	PJB
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

DIVISION OF ENVIRONMENTAL HEALTH — PROPERTY ID #: _____
ON-SITE WASTEWATER SECTION — COUNTY: _____

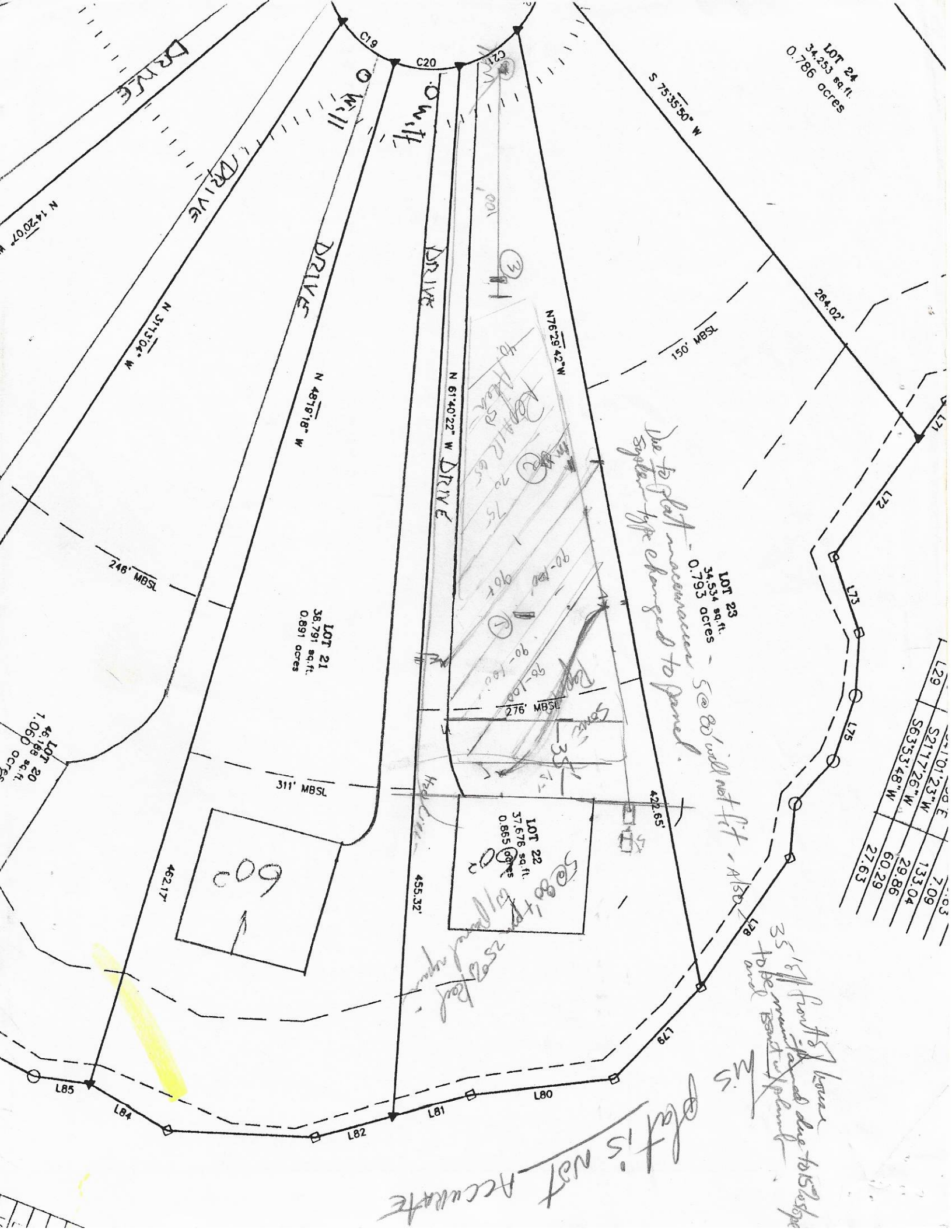
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Shavender Dev. Group — APPLICANT: _____
ADDRESS: _____ — APPLICATION DATE: _____ — DATE EVALUATED: 10-11-04
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 22 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	15% S/L	0-8	wkfsbk brn scl	frsssp	few w rock, common vfdsop				.4
		8-23	wkfsbk ry cl	frsssp					
		23-52	massive SL	lgmotlbrn frsssp					
2		0-4	wksbk brn scl	fr					.3+
		4-19	mfsbk RC/cl	frsssp SE sp					
		19-28	B-Q wkfsbk gr L	frsssp					
		28-51	massive interbedded SL	frsssp					
3		0-18	mfsbk RC	frsssp					.3
		18-30	m-wkfsbk RCL	frsssp few vfdsop					
		30-53	wkfsbk gr L	frsssp common vfdsop					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPP PBPS	LPP PBPS
Site LTAR	.3	.3

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


LOT 24
34,253 sq.ft.
0.786 acres
LOT 23
34,534 sq.ft.
0.793 acres
LOT 22
37,676 sq.ft.
0.865 acres
LOT 21
38,791 sq.ft.
0.891 acres
LOT 20
41,198 sq.ft.
1.060 acres
DRIVE
C19
C20
C21
S 75°35'50" W
N 76°29'42" W
N 61°40'22" W
N 31°30'04" W
N 14°20'07" W
N 48°18'18" W
264.02'
150' MBSL
246' MBSL
276' MBSL
311' MBSL
422.65'
455.32'
462.17'
L72
L73
L75
L78
L79
L80
L81
L82
L84
L85
Due to lot measurements - 5@8' will not fit - Also, type changed to panel.
Lot is not accurate
35' from house due to slope and property line

AC + well 239133

Pd $550 online

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: Jonathan Smith Address: 438 Williamson Rd suite C Zip: 28117

Applicant Email: _____ Phone: _____ Alt. Phone: _____

Owner Name: Jonatha Smith Address: 438 Williamson Rd suite C Zip: 28117

Owner Email: Jsmithfoundationhomes@gmail.com Phone: 704-650-2260 Alt. Phone: _____

Property Information:

Street Address: 191 Northington Woods

Subdivision Name: Northington Woods Section/Phase: _____ Lot Number: _____

Driving Directions: (N) Perth (Lt) Fern Hill Rd Northington Woods

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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____ 4-4-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

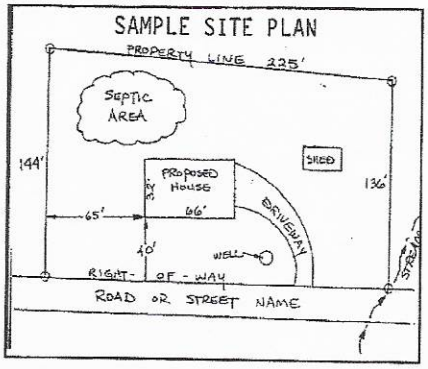
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

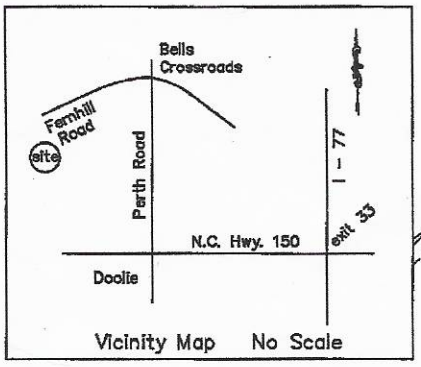
DATE 4-24-19

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 1825, page 2493, and/or plat book 48, page 42, 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 2, day of OCT., A.D. 20 18. REVISED : APRIL 9, 2019 (NEW PLANS)

WILLIAM M. ALLEN, PLS

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



Vicinity Map No Scale

LAKE NORMAN

LOT 22
0.864 AC.

50' BUFFER
POOL AREA
AMELIA (REV)
15' SIDE
15' SIDE SETBACK
21.6
33.4
20.0
276' FRONT
57.3
422.65
S76°29'42"E
N61°40'22"W
455.32
SEPTIC REPAIR
SEPTIC
SEPTIC REPAIR
60'
10'
10'
10'
WELL
C1
PB48PG42

LOT 23

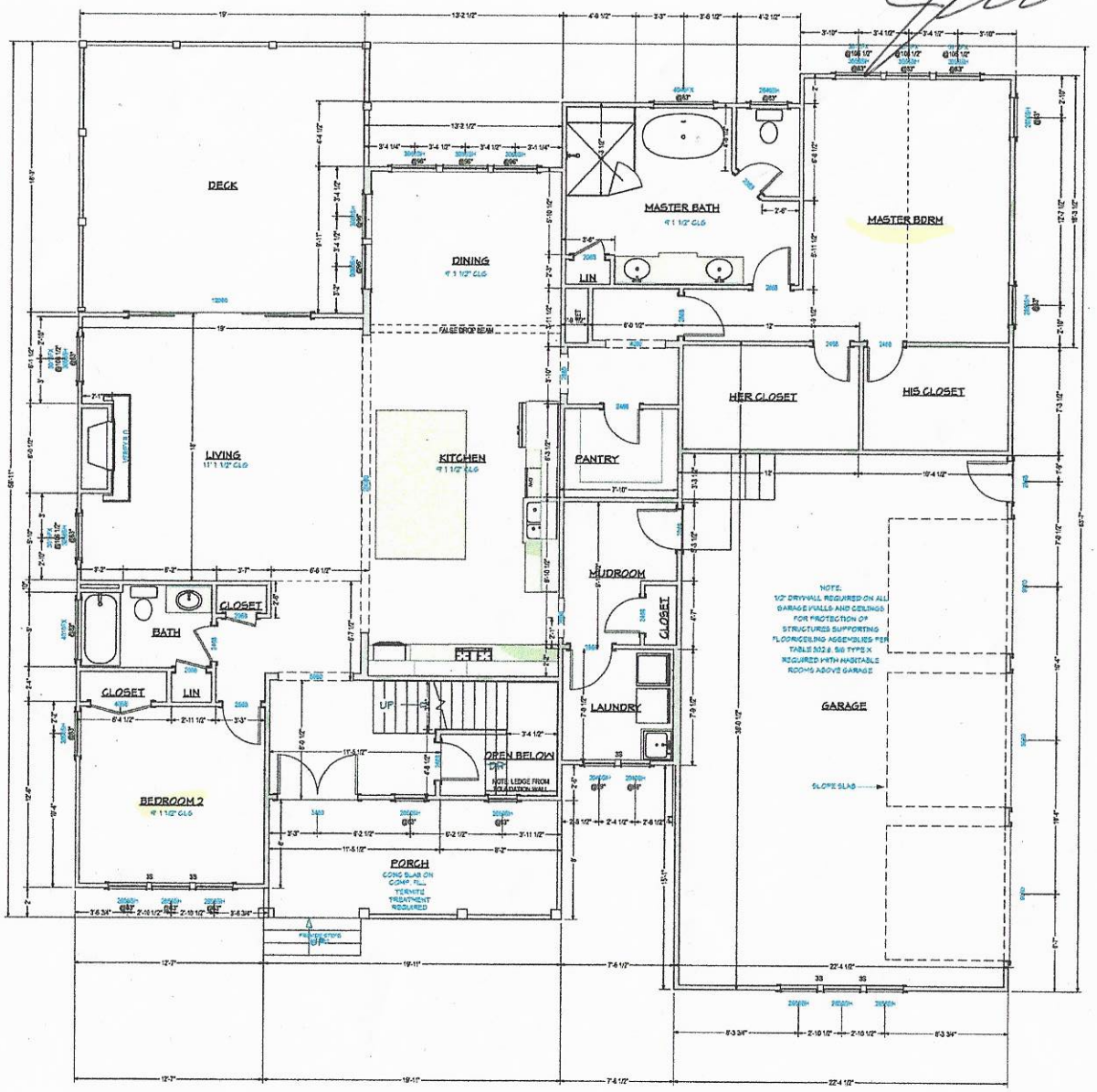
LOT 21

NORTHINGTON WOODS DR.
(60' PUBLIC R\W)

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 21°08'41" E	55.39'
L2	S 18°40'16" W	24.38'
L3	S 18°40'16" W	39.50'
L4	S 10°09'23" W	35.71'

LEGEND
= P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

0' 30' 60' 100'
SCALE IN FEET



FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of Plans Submittal ONLY!

Date 10-18-18

Date 6-3-19

NO.	DESCRIPTION	BY	DATE

FOUNDATION HOMES

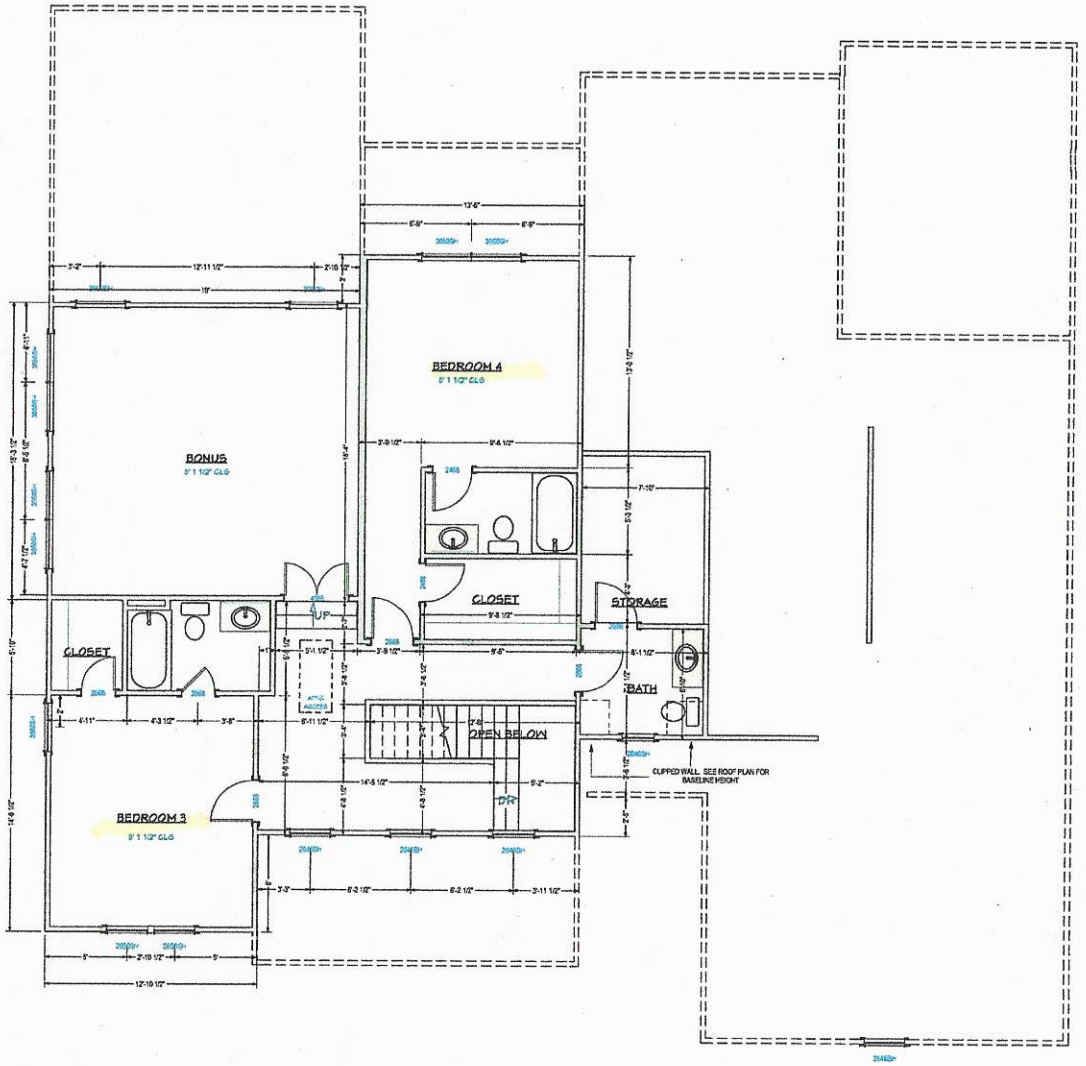
PROJECT DESCRIPTION:
FOUNDATION HOMES
MADISON

VISUAL DESIGN & DRAFTING
Justin Travis
780-983-0907
Visualdesignandrafting@gmail.com

DATE:
9/11/2018

SCALE:

SHEET:
A-6



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of
Plans Submittal ONLY!
Date 10-15-18
Date 6/3/19

NO.	DESCRIPTION	BY	DATE

FOUNDATION HOMES

PROJECT DESCRIPTION:
FOUNDATION HOMES
MADISON

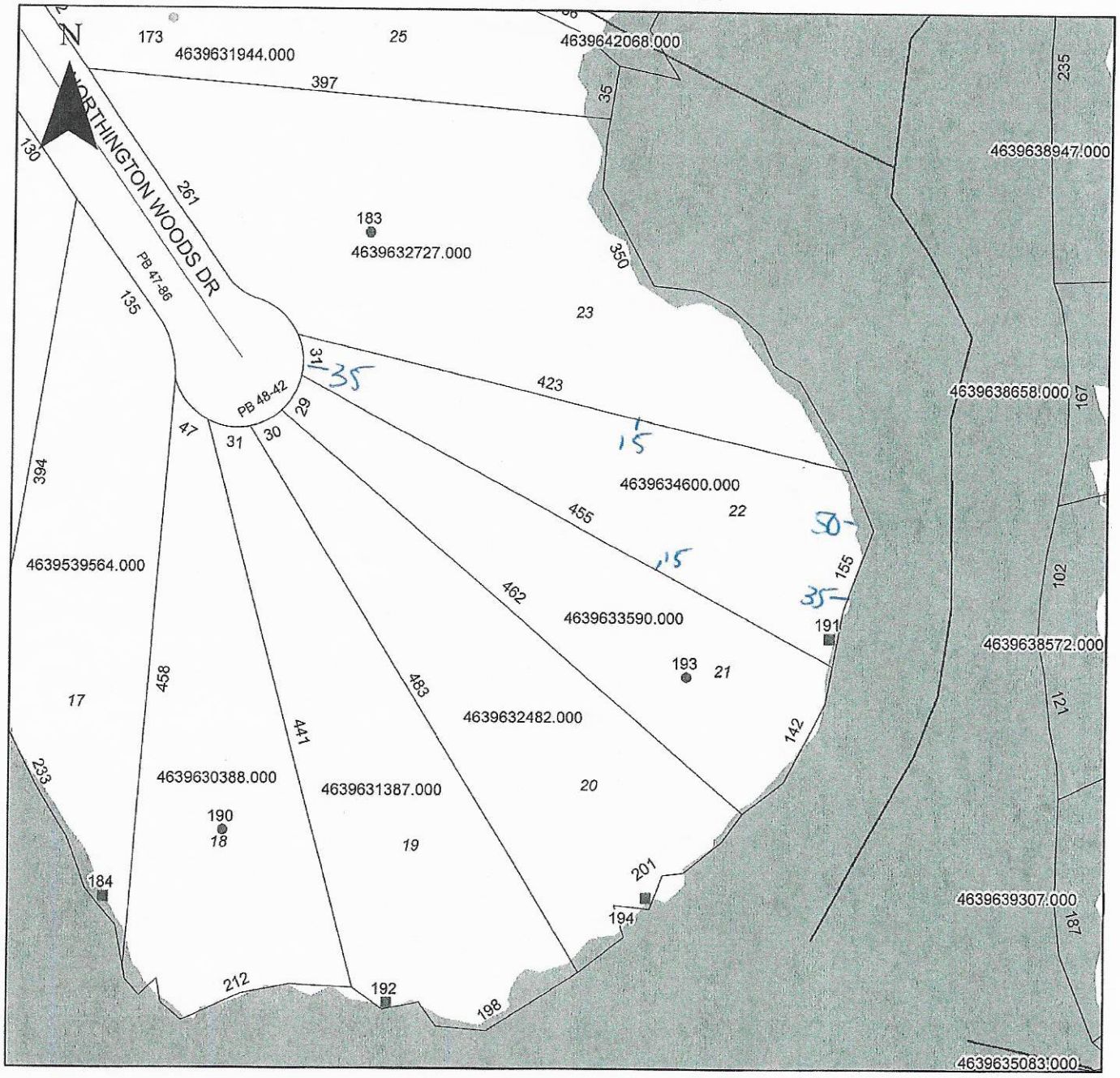
VISUAL DESIGN & DRAFTING
Justin Travis
704-293-0907
VisualdesignandDrafting@gmail.com

DATE:
9/11/2018

SCALE:

SHEET:
A-7

ZONING DISCLAIMER



Property Address 191 Northington Woods

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. Applicant further acknowledges that the 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.

X _____
Applicant

X 4-9-19
Date