ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 32012

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

PIN # 4639-77-8342

APPLICANT/OWNER: Foundation Homes APPLICANT ADDRESS 348 Williamson Rd Mooresville NC 28117

SITE ADDRESS: 123 Fern Hill Rd Mooresville NC 28117 PHONE: 704 360 2251 ALT PHONE

SITE DIRECTIONS: North Rd A. TL Fern Hill TL Streamside Estates Left SAP CONTROLLED ☐ YES ☒ NO

SUBDIVISION: Streamside Estates SECTION: LOT # 2 LOT AREA: 1.89 ac DESIGN FLOW: 480 gpd L.T.A.R .275

Septic Tank	1500 (gal)	STB	760	Date	6/21/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	500 (gal)	PT	3663	Date	6/25/23	System Description:	Pump-PM-VRTBPS	☐ Business	No. Persons	8	☒ Private
Pump Make	Zoeller	Model	152	Serial #		Repair System Description:	Drip Dispersal	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft	360	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth (low side)	34" / 36	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Divert Storm/Surface water away from Septic

Keep any future pool a minimum of 15ft from Septic

Install as site plan shows

INITIAL SITE SKETCH

See Attached Septic Plan by Engineer

Athanas & Assoc.

(Dated 7/30/21)

AS BUILT SKETCH

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 time.

Updated floor plan 6/16/23 shows 3 bedroom - must still install 4 BR system

See attached for tank location Tanks ok 8/9/23

Pool staked at time of install.

Lines
PM
PH ok 8/16/23
Floats
Alarm

Needs Eletrical

Riser - Stl 9/11/23

BCW 9-5-2023
ELECTRICAL ✓
P.T. RISER NOT 6"

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: Melissa Owens Date: 9/3/21 Installed by: Pearson

IMPROVEMENT PERMIT by: Nyaba Date: 8/15/22 OPERATION PERMIT by: Sydney Howard Date: 9/11/23

AUTHORIZATION TO CONSTRUCT by: Date: 3/24/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

6/16/22



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
7/30/2021

Approved
8/9/21
MD

Reference: Data Sheet for 623 Fern Hill Rd, Streamside Estates Lot 2
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Dispersal
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 35.6 GPM
Dosing Volume: 252 gallons
Pump Run Time: 7.1 minutes
Elevation Head: 9.1'
Friction Head: 3.4'
Pressure Head: 2'
Total Dynamic Head: 14.5'
Supply Line Length: 140' of 2" PVC
Septic/Pump Tank Size: 1000/~~1000~~ gallons
Proposed Trench Bottom: 36" (initial), 6" (repair)

LICENSED SOIL SCIENTIST MICHAEL STATE OF NORTH CAROLINA

Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1	60'	14	60'	4.6'
Yellow 2	60'	14	60'	5.6'
White 3	60'	14	60'	6.4'
Orange 4	60'	14	60'	7.1'
Blue 5	60'	14	60'	7.4'

Initial System: 300' **Repair System:** 4300 FT^2
Pump Tank: 8.7' **House Corner:** 8.5' **Benchmark:** 1.6'

Comments:

PROPERTY ID #: 4639778342
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 8/9/21 mw

OWNER: Foundation Homes
ADDRESS: 438 Williamson Rd, Mooresville, NC 28117
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 623 Fern Hill Rd, Streamside Estates Lot 2
APPLICATION DATE:
DATE EVALUATED:
PROPERTY SIZE: 0.689 AC
PROPERTY RECORDED:

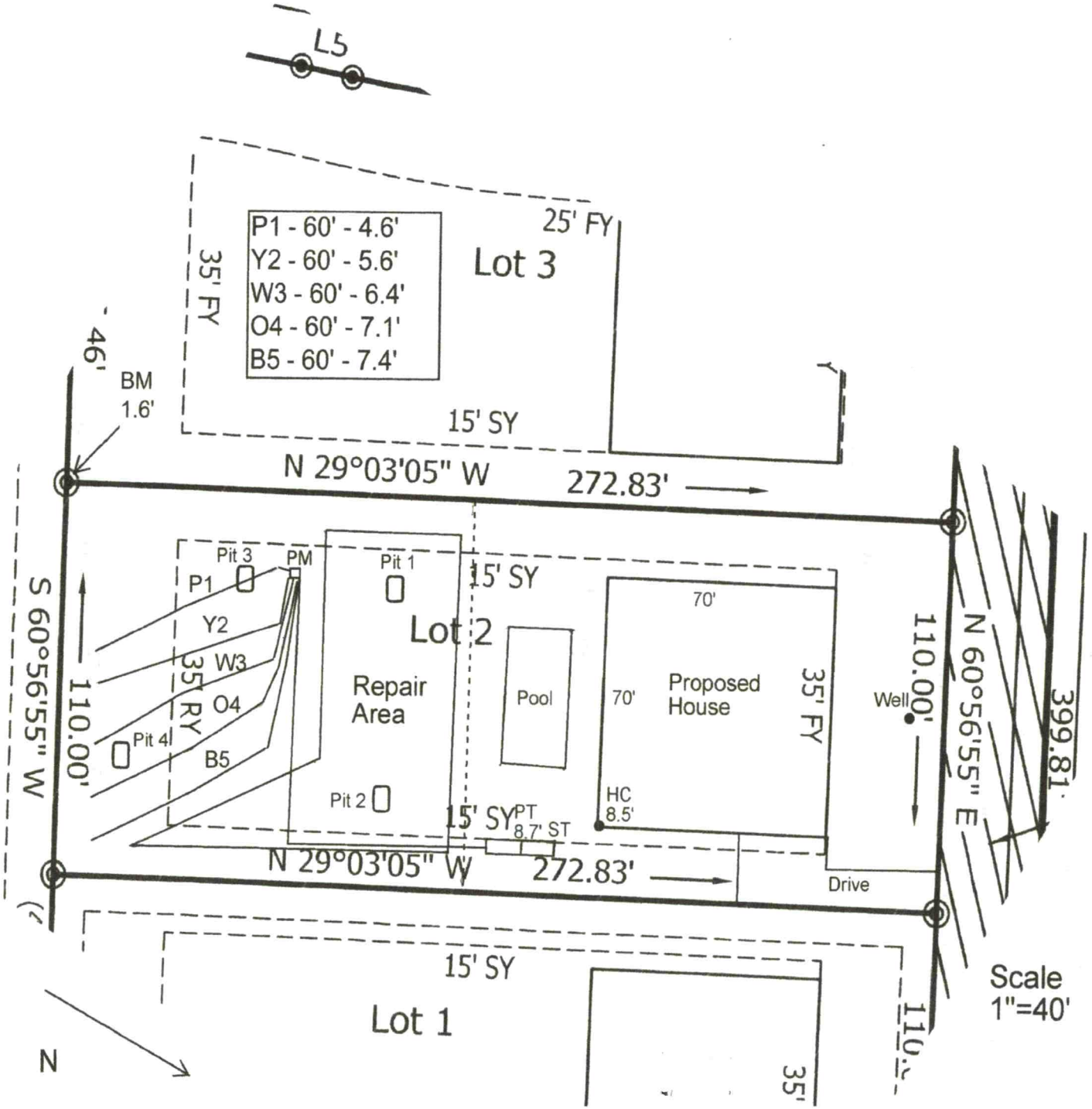
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

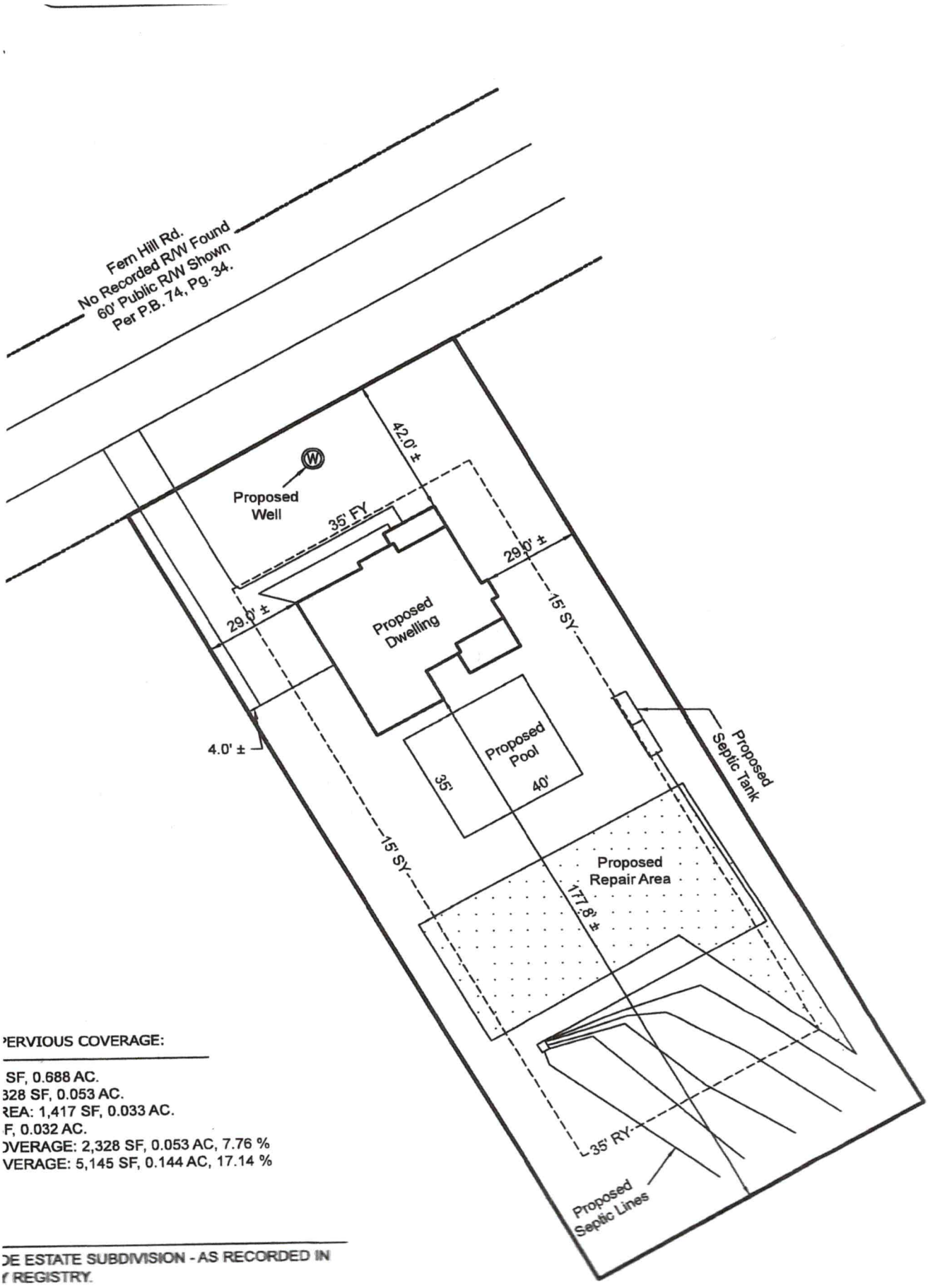
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	LS 6%	0-9	Br CL WSBK	FR SS SP SXP	Mn, YB CHR 2 @ 32" No YB	32"	N/A	N/A	DRIP 0.125
		9-38	R C ABK	FR SS SP SXP					
		38-51	R CL WSBK	FR SS SP SXP					
2	LS 6%	0-10	Br CL WSBK	FR SS SP SXP	Mn YB 32" No YB	64"	N/A	N/A	PS 0.25
		10-48	R C ABK	FR SS SP SXP					
		48-64	R CL WSBK	FR SS SP SXP					
3	LS 6%	0-8	Br CL WSBK	FR SS SP SXP	Few YB No YB	58"	N/A	N/A	PS 0.275
		8-32	R C SBK	FR SS SP SXP					
		32-58	R C ABK	FR SS SP SXP					
4	LS 6%	0-10	Br SCL WSBK	FR SS SP SXP	Few YB No YB	64"	N/A	N/A	PS 0.275
		10-33	R C ABK	FR SS SP SXP					
		33-64	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	600 FT^2	4300 FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.275	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:


L5
P1 - 60' - 4.6'
Y2 - 60' - 5.6'
W3 - 60' - 6.4'
O4 - 60' - 7.1'
B5 - 60' - 7.4'
Lot 3
25' FY
35' FY
46'
BM
1.6'
15' SY
N 29°03'05" W
272.83'
Pit 3
PM
Pit 1
P1
Y2
W3
O4
B5
Pit 4
Pit 2
15' SY
Lot 2
Repair
Area
Pool
70'
Proposed
House
70'
35' FY
Well
110.00'
S 60°56'55" W
N 60°56'55" E
399.81'
35' RY
HC
8.5'
PT
8.7' ST
15' SY
N 29°03'05" W
272.83'
Drive
15' SY
Lot 1
35'
Scale
1"=40'
N



ERVIOUS COVERAGE:

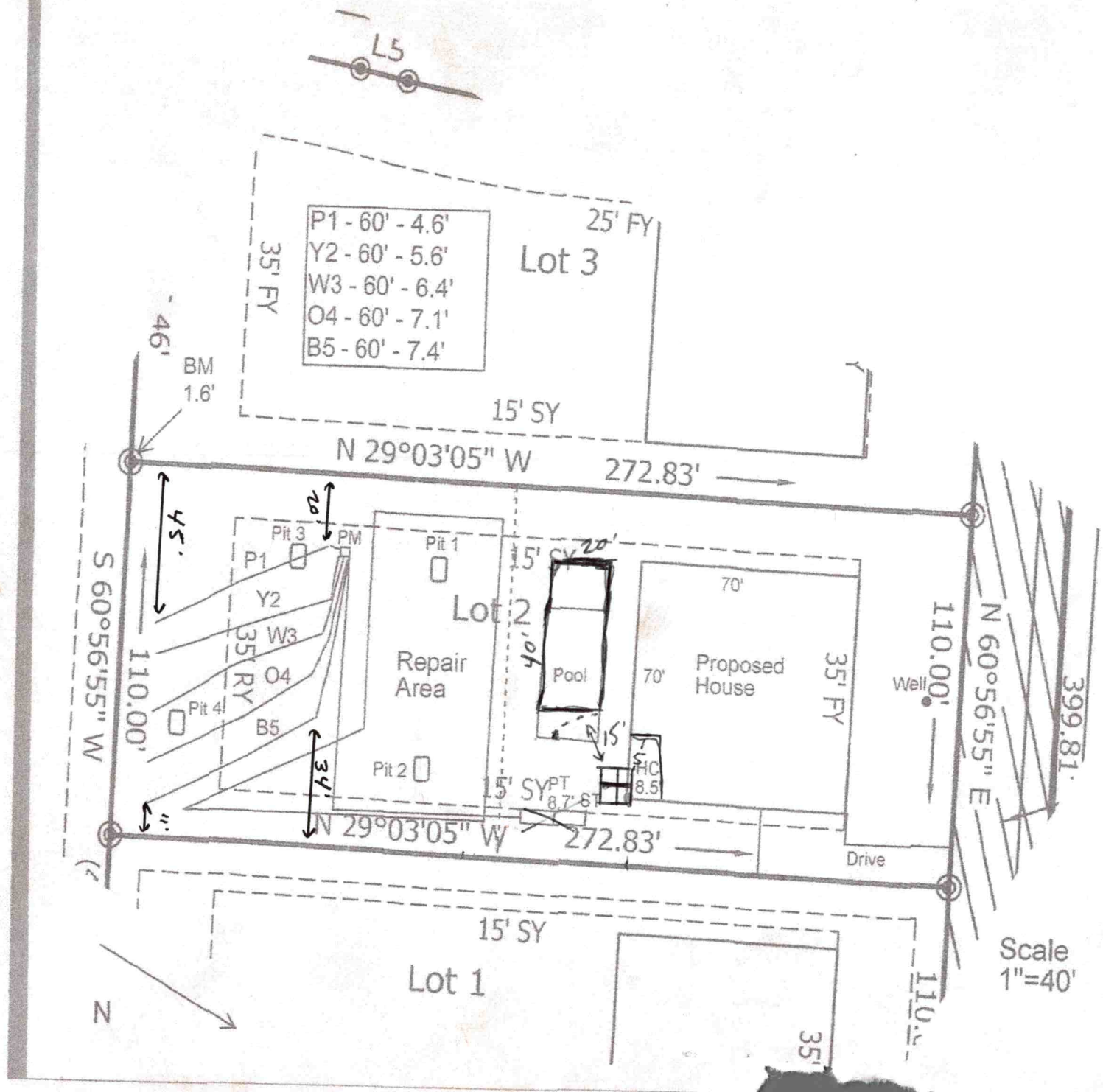
SF, 0.688 AC.
328 SF, 0.053 AC.
REA: 1,417 SF, 0.033 AC.
F, 0.032 AC.
OVERAGE: 2,328 SF, 0.053 AC, 7.76 %
VERAGE: 5,145 SF, 0.144 AC, 17.14 %

DE ESTATE SUBDIVISION - AS RECORDED IN
REGISTRY.

RICTIVE COVENANTS PER D.B. 2825, PG. 2825.

AND ALL ZONING AND PLANNING
HTS-OF-WAY, AND RESTRICTIONS OF


399.81
N 60°56'55" E
110.00'
Scale
1"=40
35' FY
272.83'
N 29°03'05" W
Lot 3
Lot 2
Lot 1
Area
20'
34'
45'
110.00'
S 60°56'55" W
46'

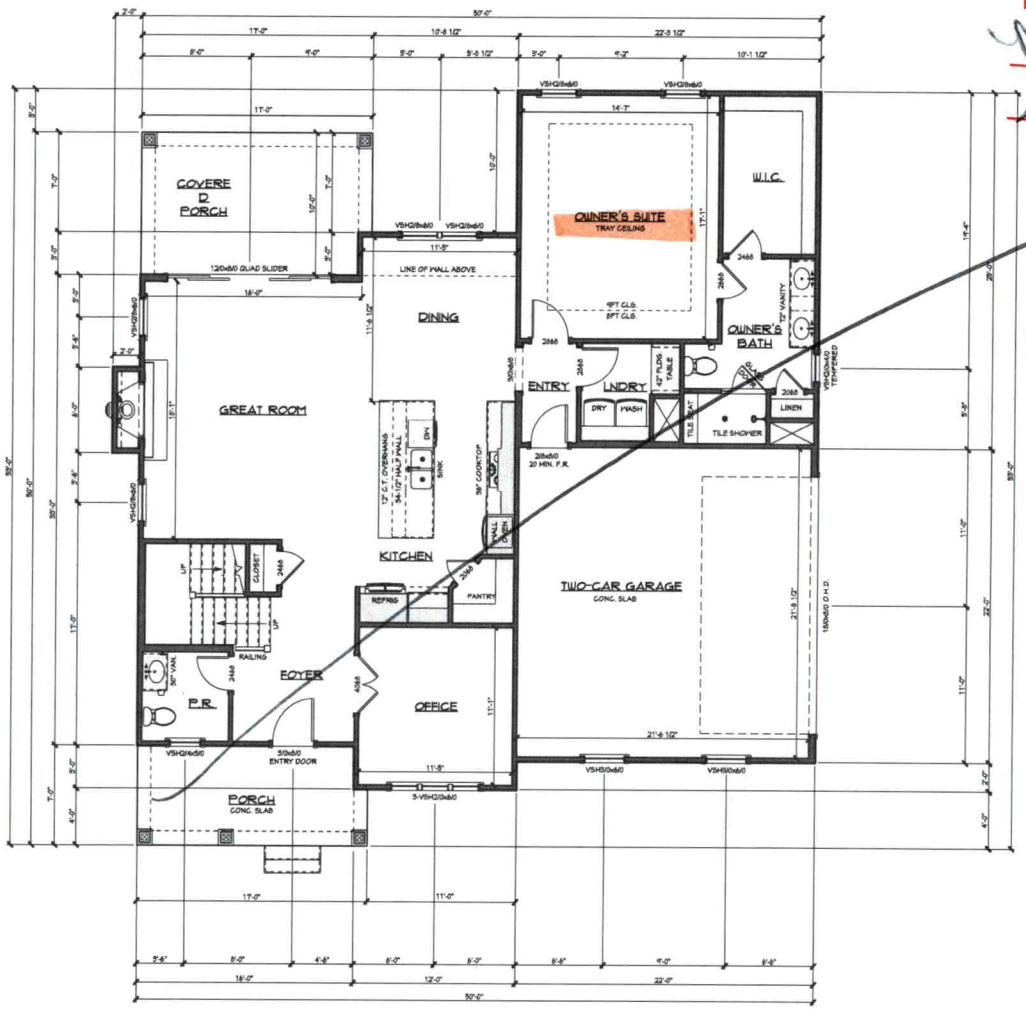

L5
P1 - 60' - 4.6'
Y2 - 60' - 5.6'
W3 - 60' - 6.4'
O4 - 60' - 7.1'
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272.83'
S 60°56'55" W
110.00'
N 60°56'55" E
399.81'
110.00'
Pit 3
PM
Pit 1
P1
Y2
W3
O4
B5
Pit 4
Pit 2
Lot 2
Repair
Area
15' SY
20'
40'
Pool
70'
Proposed
House
35' FY
Well
15'
HC
8.5
PT
8.7'
8T
15' SY
N 29°03'05" W
272.83'
Drive
15' SY
Lot 1
35' RY
Scale
1"=40'
N

50'

Acknowledgement Of Plans Submittal ONLY!

Misty Owens Date 3/15/22

Date 3/24/22



1 A2.0 FIRST FLOOR PLAN

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

WALL HEIGHT: 9'-1 1/8" U.N.O.

WINDOW HEADERS: 6'-0" U.N.O.

- Garage to be flipped to left side
- Driveway will be on left side

438 Williamson Road
Suite C
Mooresville, NC 28117
704-360-2251
www.foundationhomesnc.com

Township/County: TOWNSHIP COUNTY

Engineer:

INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal:

Project Name/Owner:

THE ANDREW

STREAMSIDE ESTATES
LOT 2
SITE ADDRESS LINE 1
CITY, STATE ZIP

CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP

PH:000-000-0000

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Date: 2/8/2022

Drawn By: RES

Reviewed By: ---

Plan Set Scale: 24x36 sheet 1/4" = 1'-0" / 11x17 sheet 1/8" = 1'-0"

Project Plan Code: ---

Drawing Set: FOR CONSTRUCTION

Sheet Title Description: FIRST FLOOR PLAN

Sheet Number: **A2.0**

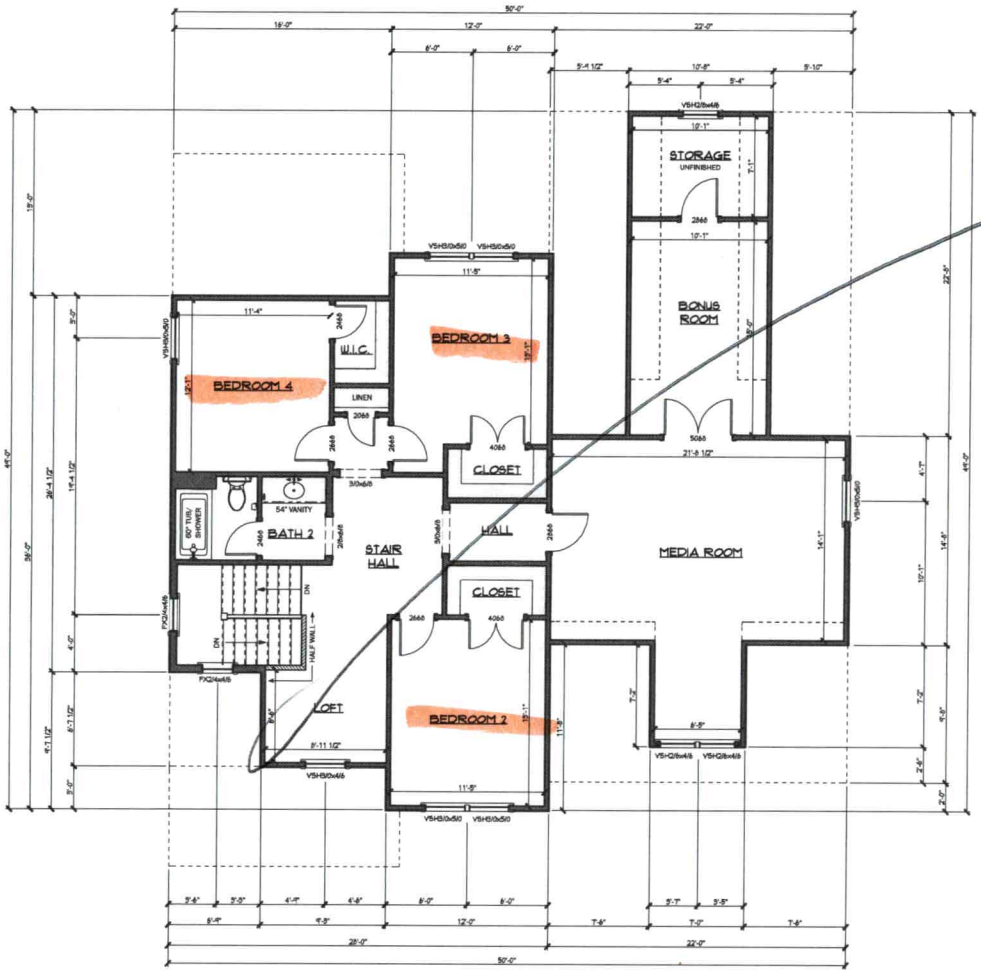
Master Plan Version: v1.8

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Acknowledgement Of Plans Submittal ONLY!

Date 3/25/22

Date 3/24/22



1 A3.0 SECOND FLOOR PLAN

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

WALL HEIGHT: 9'-1 1/8" U.N.O.

WINDOW HEADERS: 7'-0" U.N.O.

438 Williamson Road
Suite C
Mooresville, NC 28117
704-360-2251
www.foundationsmadeinc.com

Township/County: TOWNSHIP COUNTY

Engineer:

INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal:

Project Name/Owner:

THE ANDREW

STREAMSIDE ESTATES
LOT 2
SITE ADDRESS LINE 1
CITY, STATE ZIP

CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP

PH:000-000-0000

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Date: 2/6/2022

Drawn By: RES

Reviewed By: —

Plan Set Scale:
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project Plan Code: —

Drawing Set: FOR CONSTRUCTION

Sheet Title Description: SECOND FLOOR PLAN

Sheet Number: **A3.0**

Master Plan Version: v1.0

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Mitzi Owens
6/17/22

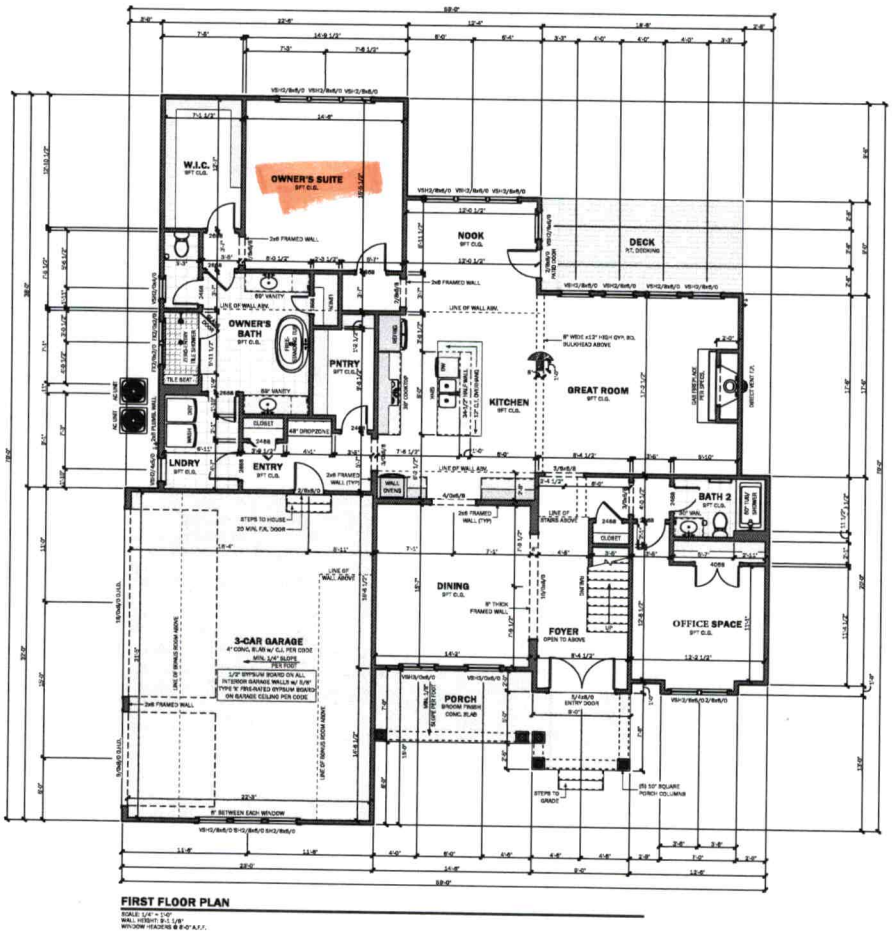
Acknowledgement of Plans Submittal ONLY!

Date

Date 6/20/22

59'

70'



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-0, U/N
WINDOW HEADERS @ 6'-0" A.F.F.

THE MODEL NAME
COMMUNITY NAME
LOT NUMBER
SITE ADDRESS: LINE 1
CITY, STATE ZIP

CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP

PH:000-000-0000

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Date: 5/5/2022
Drawn By: REB
Approved By: —
Plan Set Scale: 24x36 sheet 1/4" = 1'-0" / 11x17 sheet 1/8" = 1'-0"
Project Plan Code: —
Drawing Set: FOR CONSTRUCTION
Sheet Title Description: FIRST FLOOR PLAN
Sheet Number: A3.0
Master Plan Version: v1.0

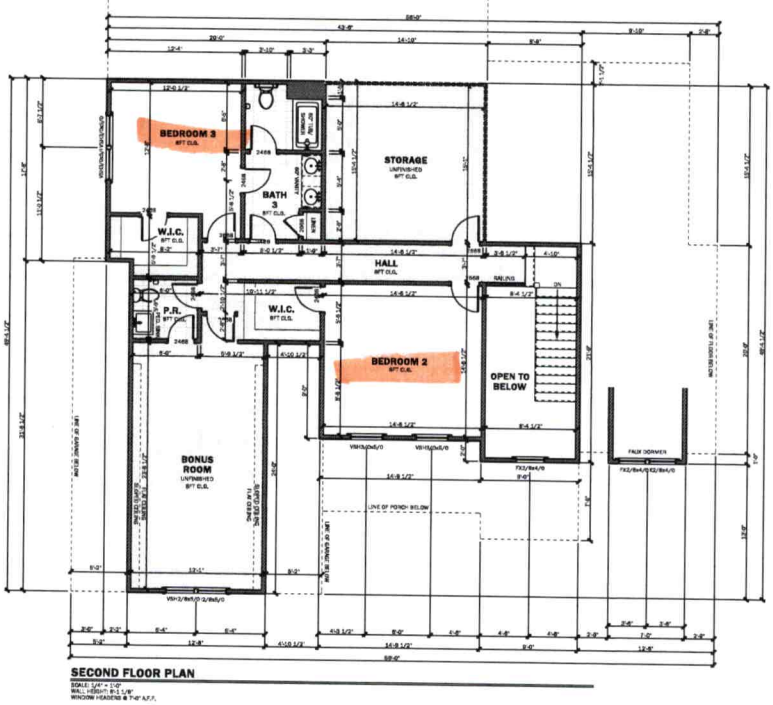
623 Fern Hill

Acknowledgement of
Plans Submittal ONLY!

Date _____

Date 6/16/22

Mitzi Owens
6/17/22



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-1 1/8"
WINDOW HEADERS @ 7'-0" A.F.F.

428 Williamson Road
Mooresville, NC 28117
704-360-2331

TOWNSHIP/County
TOWNSHIP
COUNTY

Engineer

Stamp/Seal

Project Name/Owner
THE MODEL NAME
COMMUNITY NAME
LOT NUMBER
SITE ADDRESS LINE 1
CITY, STATE ZIP

CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP

PH:000-000-0000

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Date
6/6/2022

Drawn By
RES

Reviewed By
—

Plan Set Scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

Project Plan Code
—

Drawing Set
FOR CONSTRUCTION

Sheet Title Description
SECOND FLOOR PLAN

Sheet Number
A4.0

Master Plan Version
v1.0

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

03/10/2022 (Date)

Owner: Foundation Homes Developing, LLC
Address: 438 Williamson Road, Suite C
Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
623 Fern Hill Road, Mooresville NC 28117 / Lot 2 / PIN 4639-77-8342

I, Jonathan Smith, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system
(date)

_____
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5358

http://www.co.iredell.nc.us/Departments/Health/

Expedited Review
AP 320121 Pd. $350.00 7-30-21 @

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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() FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Foundation Homes **Address:** 348 Williamson Rd, Mooresville, NC **Zip:** 28117
Applicant Email: _____ **Phone:** 704-360-2251 **Alt. Phone:** _____
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 623 Fern Hill Rd
Subdivision Name: Streamside Estates **Section/Phase:** — **Lot Number:** 2
Driving Directions: Perth Rd N, TL Fern Hill, TL Streamside Estates, on LT

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:** _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____
(X) 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 (X) Other: Accepted

Please answer the following to the best of your ability:
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: _____ 7/30/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

✓ **Complete all Environmental Health forms**:
- ✓ Application
- ✓ Site Plan with dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers**. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

✓ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.

Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
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By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 7/30/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

RECEIVED MAR 17 2022

AP-320121

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-320121

Existing AP-320121

Application For:

( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Residential, LLC **Address:** 438 Williamson Road, Suite C, Mooresville NC **Zip:** 28117

Applicant Email: mitzi@foundationhomesIkn.com **Phone:** 704-360-2251 **Alt. Phone:**

Owner Name: Foundation Homes Residential **Address:** 438 Williamson Road Suite C Mooresville **Zip:** 28117

Owner Email: mitzie foundationhomesIkn.com **Phone:** 704-360-2251 **Alt. Phone:**

Property Information:

Street Address: 623 Fern Hill Road Mooresville NC 28117

Subdivision Name: Streamside Estates **Section/Phase:** **Lot Number:** 2

Driving Directions: Perth Road North, left on Fern Hill Road, on left approx 1/4 mile

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 proposed/not part of the build
( ) 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: VPPBPS III

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: Mitzi Owens 3/10/2022

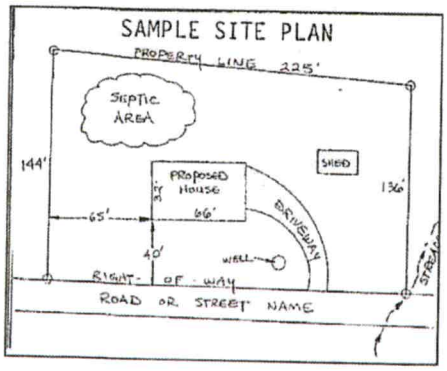
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) 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:

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

[X] **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.

[X] **2.** I, Jonathan Smith - Foundation Homes Residential, LLC, am the legal owner(s) of the property located at 623 Fern Hill Road, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639-77-8342, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens, Foundation Homes Residential, 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.

_____ 03/10/2022
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

MCO **Complete all Environmental Health forms**:

_____ Application
_____ Site Plan including the dimensions of proposed structure, addition, pool etc.
_____ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
_____ Copy of Zoning Permit when applicable
_____ Sign this sheet after you have completed all items

MCO **Lot must be cleared of heavy undergrowth**. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

MCO **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged**.

MCO **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted**. The proposed structure, etc. must be staked out on the property as per the site plan.

MCO **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

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