ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320117

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

PIN # 4639-77-9077

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

SITE ADDRESS: 121 Streamside Estates Dr. Mooresville, NC | PHONE: 704 360-225 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N TL Fern Hill TL Streamside Est on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: StreamSide Estates | SECTION: | LOT # 5 | LOT AREA: .807 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: 3

Septic Tank	1000 (gal)	STB	710	Date	6/5/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity-25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	PPB PS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft.	400ft	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	34" / 36" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

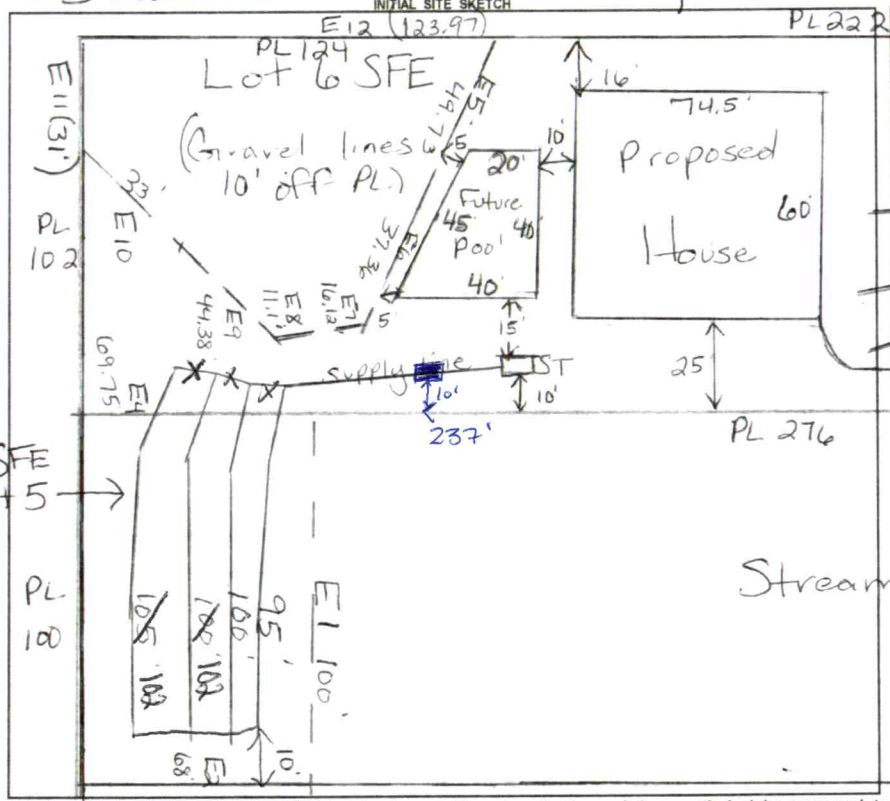
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Note: Septic perm. Heal for 4 Bedrooms (400' drainfield) if 3 bedrooms then (300' drainfield)

Pool must be marked at time of installation

INITIAL SITE SKETCH



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.

Scale 1:50

Potential Well Site

- DW top 2 Lines 7/8/22 CW
- bottom 2 lines 7/12/22

Driveway must avg PL. No cut >24" within 15ft of Septic (Initial & Repair)

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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: Rebecca Gilbert Date: 9/21/21 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 9/17/21 | OPERATION PERMIT by: Matt Wilk Date: 7/14/22

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 9/17/21 | Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # **AP 320117**

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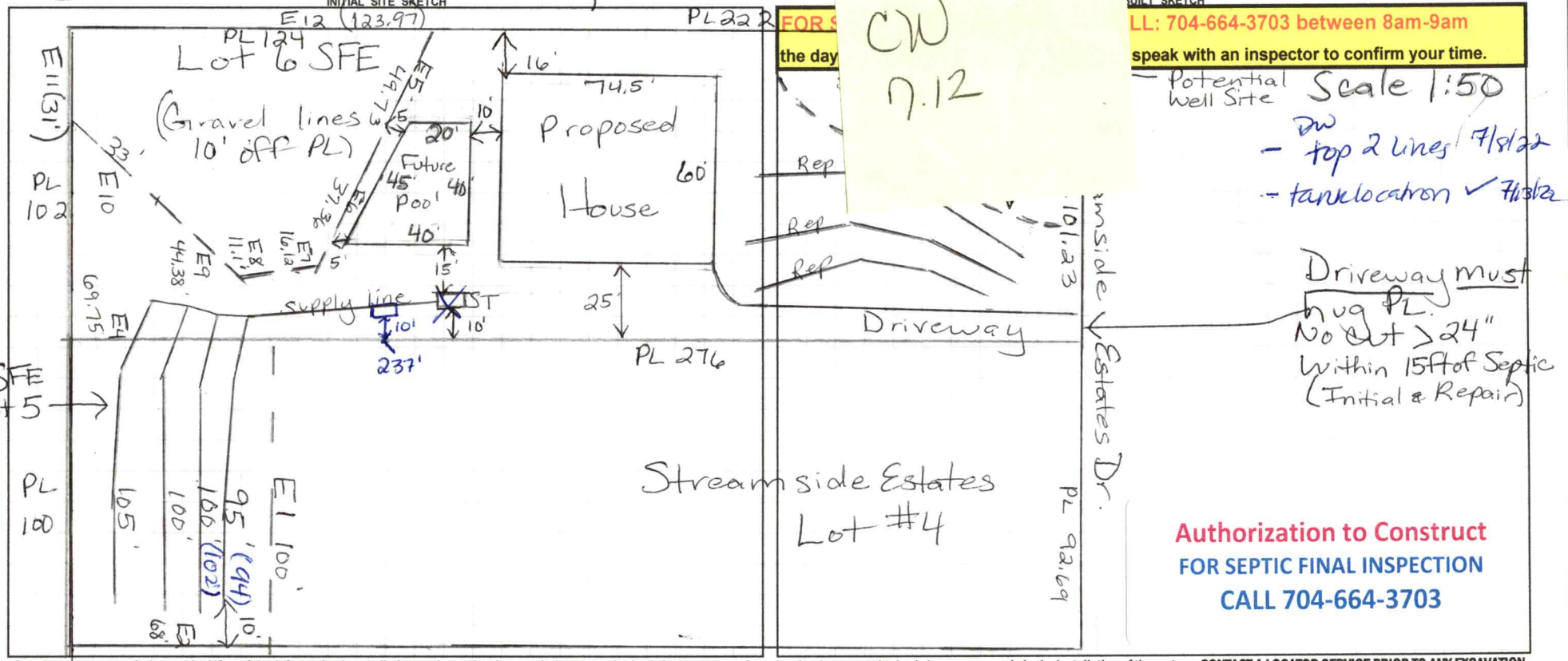
Septic Tank	1000 (gal)	STB	760	Date	6/4/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Gravity-25% Reduction	☐ Business	No. Persons	8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	JPPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft.	400ft	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	34" / 36" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

Note: Septic permitted for 4 Bedrooms (400' drainfield) if 3 bedrooms then (300' drainfield)

Pool must be marked at time of installation

INITIAL SITE SKETCH



FOR S… LL: 704-664-3703 between 8am-9am the day… speak with an inspector to confirm your time.

CW 7.12

DW
- top 2 lines 7/8/22
- tank location ✓ 7/13/22

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

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**

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Owner / Applicant Signature: Rebecca Gilbert | Date: 9/21/21 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 9/17/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 9/17/21 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED SEP 13 2021

RECEIVED AUG 26 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-320117 $105.00

limited

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 Residential Address: 438 Williamson Rd Ste C Mooresville Zip: 28117
Applicant Email: mitzi@foundationhomesnc.com Phone: 704-360-2251 Alt. Phone: _____
Owner Name: Michael & Denise Smith Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: 714-415-8569

Property Information:

Street Address: 121 Streamside Estates Dr
Subdivision Name: Streamside Estates Section/Phase: _____ Lot Number: 5
Driving Directions: Perth Road, W on Fernhill Rd, Streamside Estates on left about 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: 3
Maximum Number of Occupants: _____
(✓) 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: PPBPS

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?

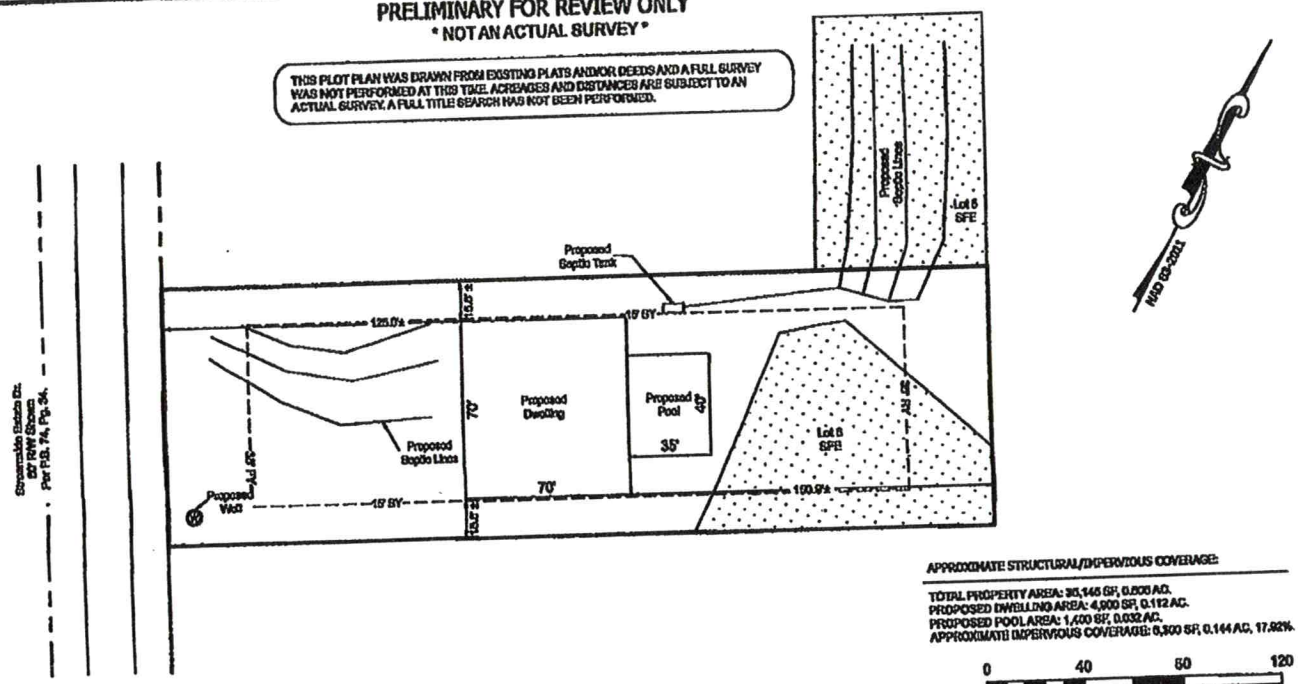
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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 8/25/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PRELIMINARY FOR REVIEW ONLY

*** NOT AN ACTUAL SURVEY ***

THIS PLOT PLAN WAS DRAWN FROM EXISTING PLATS AND/OR DEEDS AND A FULL SURVEY WAS NOT PERFORMED AT THIS TIME. ACREAGES AND DISTANCES ARE SUBJECT TO AN ACTUAL SURVEY. A FULL TITLE SEARCH HAS NOT BEEN PERFORMED.



APPROXIMATE STRUCTURAL/IMPERVIOUS COVERAGE:

TOTAL PROPERTY AREA: 36,145 SF, 0.830 AC.
PROPOSED DWELLING AREA: 4,900 SF, 0.112 AC.
PROPOSED POOL AREA: 1,400 SF, 0.032 AC.
APPROXIMATE IMPERVIOUS COVERAGE: 6,300 SF, 0.144 AC, 17.92%.

0 40 60 120

REFERENCE:

BEING ALL OF LOT 6 - STREAMSIDE ESTATE SUBDIVISION - AS RECORDED IN P.B. 74, PG. 34.- IREDELL COUNTY REGISTRY.

PROPERTY IS SUBJECT TO RESTRICTIVE COVENANTS PER D.B. 2025, PG. 2025.

PROPERTY IS SUBJECT TO ANY AND ALL ZONING AND PLANNING ORDINANCES, EASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF RECORD.

SETBACKS:

PROPERTY CURRENTLY CURRENTLY ZONED: RA (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY) AND 35' REAR YARD (RY) AS PER P.B. 74, PG. 34.

PROPERTY IS SUBJECT TO 10' DRAINAGE AND UTILITY AROUND INSIDE PERIMETER OF LOT PER P.B. 74, PG. 34.

PROPERTY LIES WITHIN LAKE/ CATAWBA RIVER "WS-IV CA" WATERSHED OVERLAY.

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 3710453900J EFFECTIVE DATE: 03/18/2009.

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 161 • STATESVILLE, NC 28687
Matt.Grant@jordan-grant.com (704) 929-7919
FIRM # P-1227

Plot Plan For:

Foundation Homes

DRAWN BY: DDV	CHECKED BY: JWE	SCALE: 1" = 40'
PIN NO: 4639-77-9077		
DEED REF: 2760-2253		
DATE OF MAP: 09-02-21	SURVEY DATE: 05-25-21	
REVISION:	DRAWING FILE: 20200543-LOTS	

121 Streamside Estates Dr., Mooresville, NC 28117
Fallstown Twsp - Iredell County - North Carolina

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, Jonathan Smith - Foundation Homes Developing, LLC, am the legal owner(s) of the property located at 121 Streamside Estates Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639779077, 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.

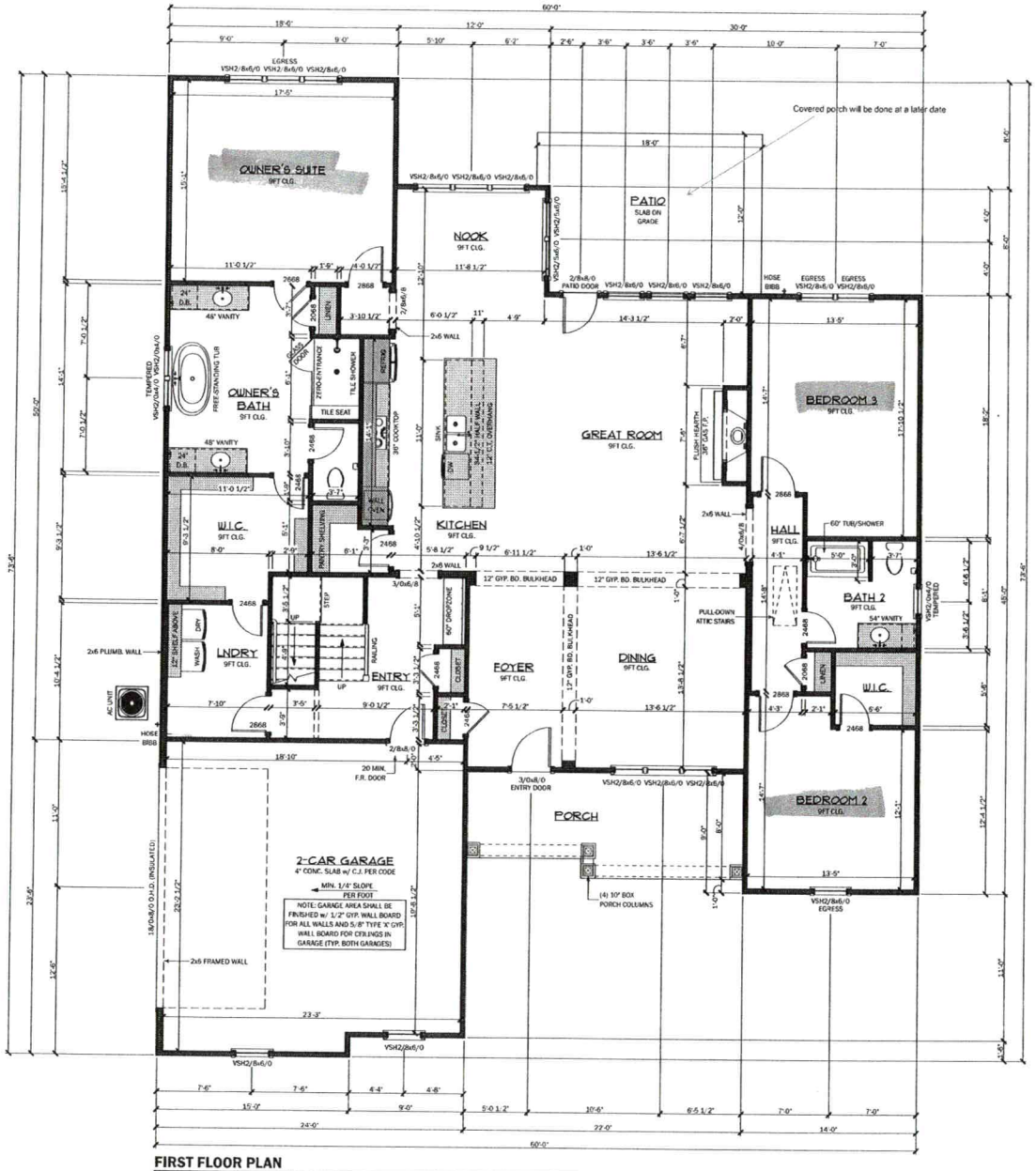
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 08/25/2021
Signature of Owner(s) Date

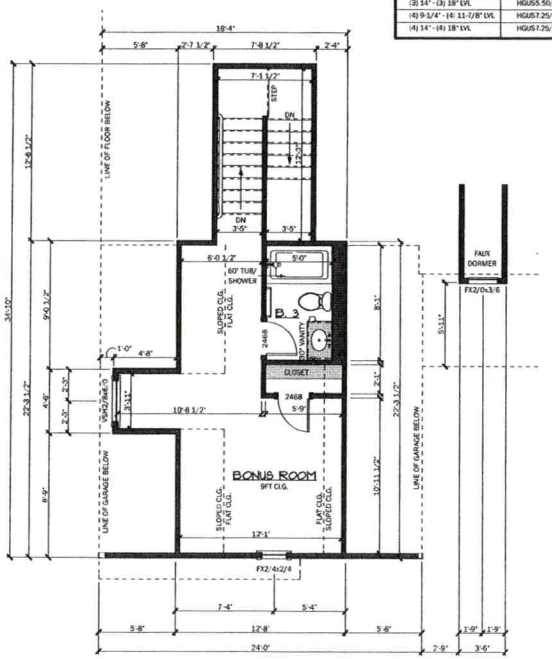
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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



FIRST FLOOR PLAN

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



SECOND FLOOR PLAN

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

EXTERIOR WALL HGT. (H)	STUD SIZE/SPACING
H ≤ 10'-0"	2x4 @ 16" O.C.
10'-1" ≤ H ≤ 11'-0"	2x4 @ 12" O.C.
11'-1" ≤ H ≤ 18'-0"	2x6 @ 16" O.C.
H ≥ 18'-0"	CONSULT ENGINEER

WALL BRACING NOTE:

DESIGN LATERAL LOAD: WIND 115 MPH EXPOSURE B

THIS STRUCTURE HAS BEEN DESIGNED USING CONTINUOUSLY SHEATHED (CS-WSP METHOD) 3/8" APA RATED OSB SHEATHING FASTENED w/ 6d NAILS SPACED AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG THE INTERIOR SUPPORTS. ALL SHEATHING EDGES SHALL HAVE CONTINUOUS SUPPORT. FOR MORE INFO. REFER TO THE 2018 NC RESIDENTIAL BUILDING CODE SECTION 602.10.3.

FRAMING NOTES:

- FRAMING AS GENERAL NOTES
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL PARTITION WALLS GREAT THAN 5'-0" LONG.
- TRANSFER ALL POINT LOADS FROM ABOVE TO THE FOUNDATION BELOW w/ EQUAL # OF STUDS.
- ALL EXTERIOR WALLS TO BE SHEATHED w/ 7/16" OSB ATTACHED TO FRAMING w/ 8d NAILS AT 6" O.C. EDGE AND 12" O.C. FIELD. PROVIDE BLOCKING AT ALL PANEL SPLICES
- ALL ANGLED WALLS ARE 45° U.N.O.

TYPICAL HANGERS

MEMBER	HANGER
2x8	LUS28
2x10	LUS210
2x12	LUS212
(2) 2x8	HUS28-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x8	LUS28-3
(3) 2x10	LUS210-3
(3) 2x12	HU212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGUS410
(2) 14" - (2) 18" LVL	HGUS414
(3) 9-1/4" - (3) 11-7/8"	HGUS5.50/10
(3) 14" - (3) 18" LVL	HGUS5.50/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGUS7.25/10
(4) 14" - (4) 18" LVL	HGUS7.25/14

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:

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY

Project Name/Owner:

THE ZACHARY
ALT. ELEVATION

STREAMSIDE ESTATES
LOT #____

121 STREAMSIDE ESTATES
MOORESVILLE, NC 28117

MICHAEL & DENISE SMITH

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Date: 8/19/2021

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: **A3.0**

Master Plan Version: v1.0

121 Streamside Estate