ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 320122

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

PIN # 4639 -- 77 -- 9338

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

SITE ADDRESS: Lot 19 Fern Hill Rd Mooresville NC 28117 PHONE: 704 360 2251 ALT. PHONE

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

SUBDIVISION: Streamside Estates SECTION: LOT # 1 LOT AREA: .689 DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (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	1000 (gal)	PT	363	Date	6/20/23	System Description:	Pump PM - 25% Reduction			☐ Business	No. Persons 8	☒ Private
Pump Make	Zoeller	Model	BN 152	Serial #		Repair System Description:	Drip			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft.	402'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	24-36" In	Gravel Depth			☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: TB - 6" Repair
Divert storm/surface water away from Septic

Any future pool must be 15ft from Septic.

INITIAL SITE SKETCH

See attached, approved

Septic System
(dated 7/29/21)

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.

Tanks CW
SL 8/9/23

8-17-2023 BCW
P.M
PRESSURE HEAD
FLOATS
ALARM
DRAINLINES

10-18-23 MW
Electrical

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: [signature] Date: 6/13/23 Installed by: Precision

IMPROVEMENT PERMIT by: Marla Dotson Date: 8/6/23 OPERATION PERMIT by: [signature] Date: 10/18/23

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/22/23 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? _____	



Approved
8/6/21

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
7/29/2021

Reference: Data Sheet for 619 Fern Hill Rd, Streamside Estates Lot 1
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: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Dispersal
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 32.9 GPM
Dosing Volume: 175 gallons
Pump Run Time: 5.3 minutes
Elevation Head: 7.7'
Friction Head: 3.3'
Pressure Head: 2'
Total Dynamic Head: 13'
Supply Line Length: 135' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 24-36" (initial), 6" (repair)



Line	Design Length	Actual Length	Elevation
Blue 1	67'	67'	5.2'
Orange 2	67'	67'	5.9'
White 3	67'	67'	6.8'
Pink 4	67'	67'	7.7'
Yellow 5	67'	67'	8.1'
Blue 6	67'	67'	8.4'

Initial System: 402' **Repair System:** 4000+ FT^2
Pump Tank: 7.9' **House Corner:** 7.5' **Benchmark:** 2.9'

Comments:

Sheet 1 of 1
PROPERTY ID #: 4639779338
COUNTY: Iredell

Approved 8/6/21 MD

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foundation Homes
ADDRESS: 438 Williamson Rd, Mooresville, NC 28117
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 109 Fern Hill Rd, Streamside Estates Lot 1
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut

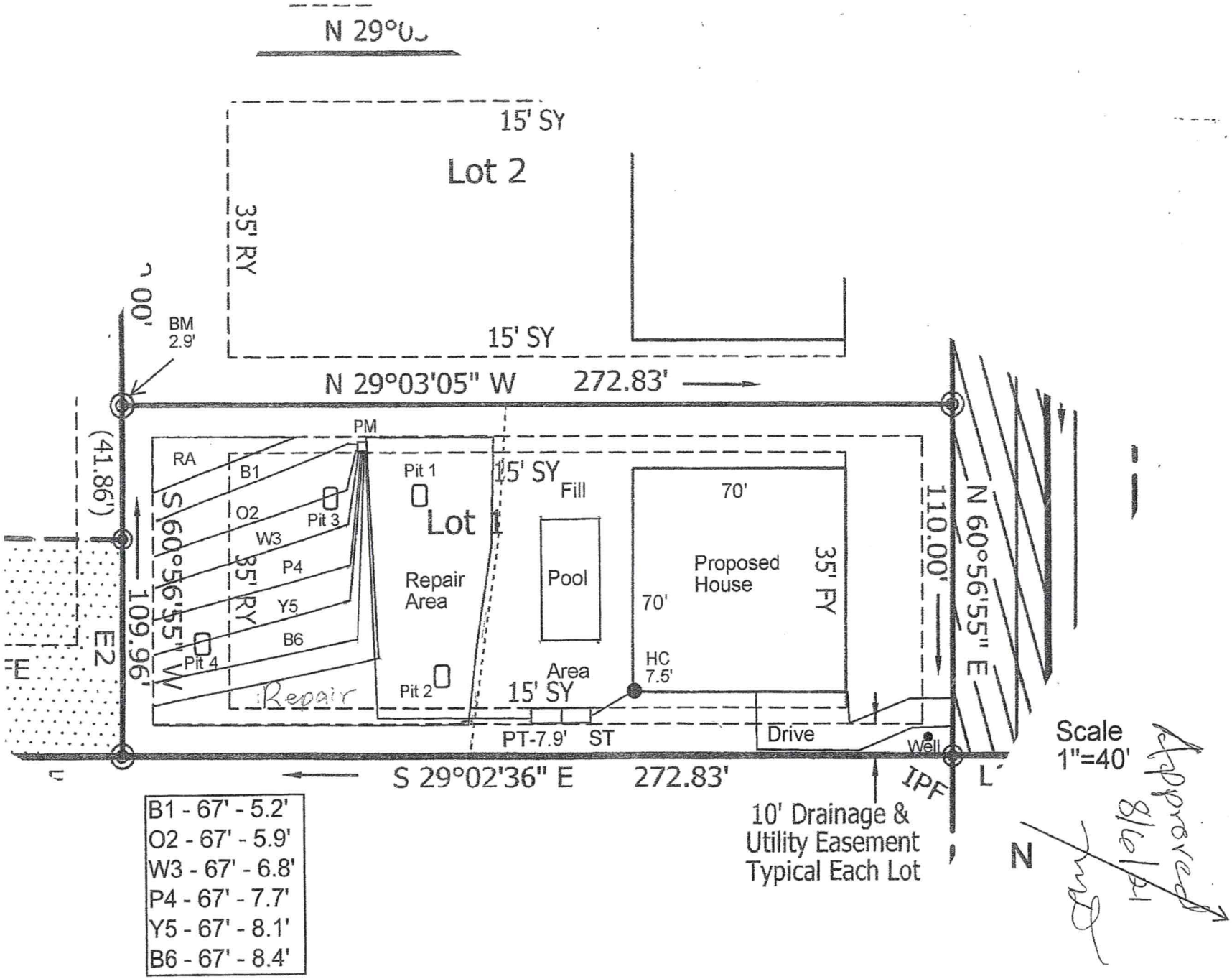
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.689 AC
PROPERTY RECORDED:
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

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%	0-8	Br CL WSBK	FR SS SP SXP	YB CHR 2 @ 27" No YB @ 35"	27"	F-C SAP	N/A	DRIP 0.125
		8-35	R C ABK	FR SS SP SXP					
		35-62	R CL WSBK	FR SS SP SXP					
2	LS 6%	0-6	Br CL WSBK	FR SS SP SXP	YB CHR 2 @ 35" No YB @ 38"	35"	N/A	N/A	DRIP 0.125
		6-38	R C ABK	FR SS SP SXP					
		38-55	R CL WSBK	FR SS SP SXP					
3	LS 6%	0-8	Br CL WSBK	FR SS SP SXP	N/A	62"	N/A	N/A	PS 0.3
		8-28	R C ABK	FR SS SP SXP					
		28-62	R CL WSBK	FR SS SP SXP					
4	LS 4%	0-4	Br CL WSBK	FR SS SP SXP	N/A	56"	Few SAP	N/A	PS 0.3
		4-18	R C ABK	FR SS SP SXP					
		18-56	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1206 FT^2	4000 FT^2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.3	0.125

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

COMMENTS:


N 29°0
15' SY
Lot 2
35' RY
15' SY
BM
2.9'
N 29°03'05" W 272.83'
PM
RA
B1
O2
W3
P4
Y5
B6
Pit 1
Pit 2
Pit 3
Pit 4
Lot
Repair
Area
15' SY
Fill
Pool
Area
15' SY
70'
Proposed
House
70'
35' FY
HC
7.5'
110.00'
N 60°56'55" E
(41.86')
S 60°56'55" W
109.96'
35' RY
E2
PT-7.9'
ST
Drive
Well
S 29°02'36" E 272.83'
IPF
10' Drainage &
Utility Easement
Typical Each Lot
Scale
1"=40'
N
B1 - 67' - 5.2'
O2 - 67' - 5.9'
W3 - 67' - 6.8'
P4 - 67' - 7.7'
Y5 - 67' - 8.1'
B6 - 67' - 8.4'
Approved
8/10/21

PRELIMINARY FOR REVIEW ONLY

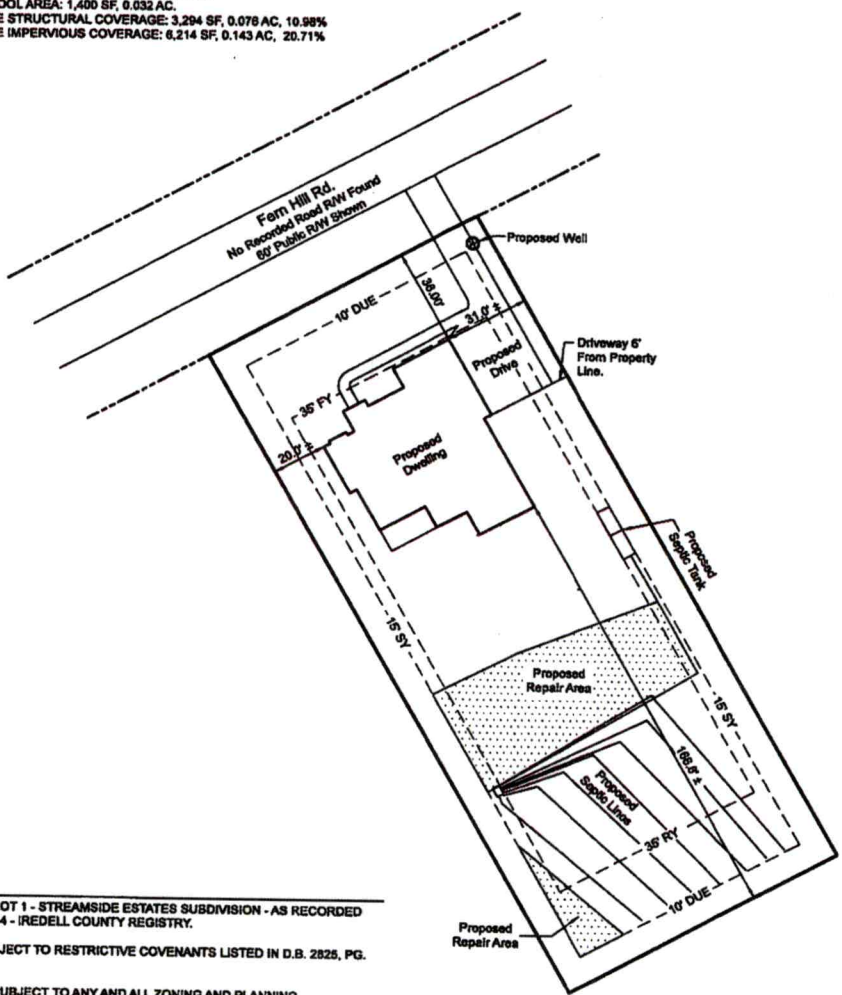
*** NOT AN ACTUAL SURVEY ***

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.

NAD83 - 2011

APPROXIMATE IMPERVIOUS COVERAGE:

TOTAL PROPERTY AREA: 30,006 SF, 0.689 AC.
PROPOSED DWELLING AREA: 3,294 SF, 0.076 AC.
PROPOSED DRIVE/SIDEWALK: 1,520 SF, 0.035 AC.
PROPOSED POOL AREA: 1,400 SF, 0.032 AC.
APPROXIMATE STRUCTURAL COVERAGE: 3,294 SF, 0.076 AC, 10.98%
APPROXIMATE IMPERVIOUS COVERAGE: 6,214 SF, 0.143 AC, 20.71%



Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 6/22/22

REFERENCE:

BEING ALL OF LOT 1 - STREAMSIDE ESTATES SUBDIVISION - AS RECORDED IN P.B. 74, PG. 34 - IREDELL COUNTY REGISTRY.

PROPERTY SUBJECT TO RESTRICTIVE COVENANTS LISTED IN D.B. 2825, PG. 2025.

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

SETBACKS:

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE.

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

PROPERTY LIES WITHIN THE LAKE NORMAN/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 PANNEL NUMBER 3710463900J EFFECTIVE DATE 3/18/2008.

0 40 80 120

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
2351 SIMONTON RD, STATESVILLE, NC 28625
MATT.GRANT@JORDAN-GRANT.COM
704-928-7919
FIRM # P-1227

PLOT PLAN FOR:

Vasquez

DRAWN BY: JWE	CHECKED BY: MJG	SCALE: 1" = 40'
PIN NO: 4639-77-9338		
DEED REF: 2780-2255		
DATE OF MAP: 08-02-21	SURVEY DATE:	
REVISION: 05-12-22	DRAWING FILE: 20200543-LOT1	

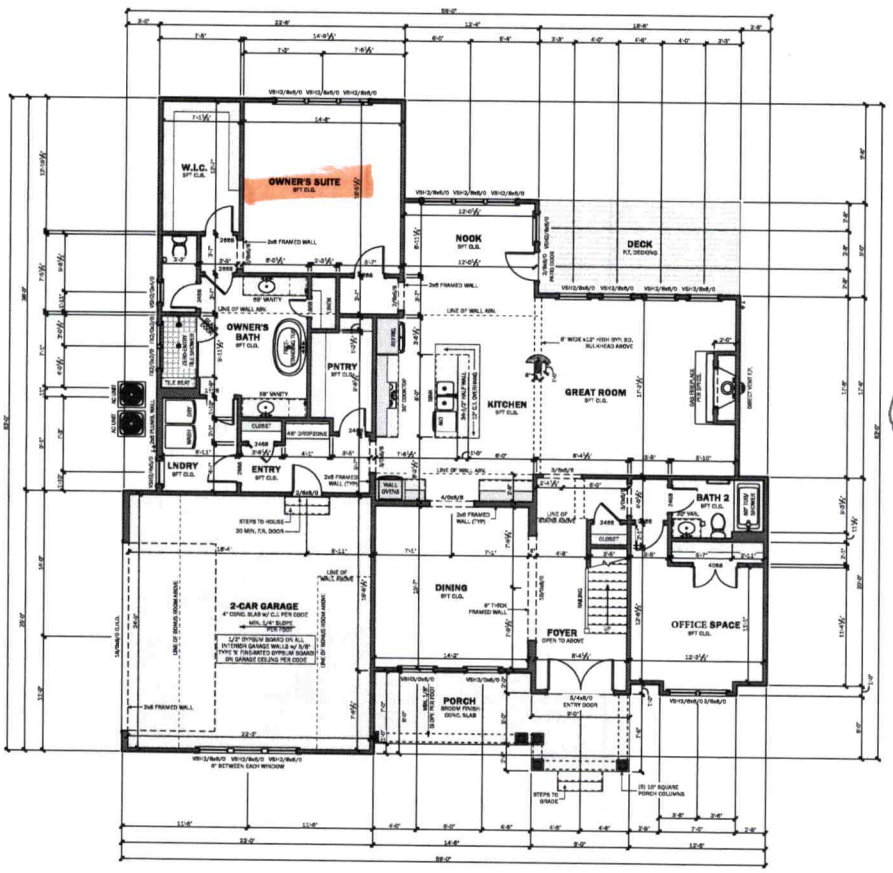
619 Fern Hill Rd, Mooresville, NC 28117
Fallstown TWSP - Iredell County - North Carolina

Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 5/23/22

59'



63'

63'

01 FIRST FLOOR PLAN

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

59'

438 Williamson Road
Suite C
Mooresville, NC 28117
704-869-2261

TOWNSHIP
COUNTY

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY

THE BRADLEY
LEA NOE AND JUAN VASQUEZ
618 FERN ROAD
MOORESVILLE, NC 28117

5/18/2022

Drawn By

Reviewed By

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

FIRST FLOOR PLAN

A3

TYPICAL HANGERS

MEMBER	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGLS462
(2) 14" - (2) 18" LVL	HGLS414
(3) 9-1/4" - (3) 11-7/8"	HGLS436/10
(3) 14" - (3) 18" LVL	HGLS536/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGLS536/10
(4) 14" - (4) 18" LVL	HGLS536/14

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 ≤ 16'-0"	2x6 @ 16" O.C.
H ≥ 16'-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/ 8d 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 R602.10D.

FRAMING NOTES:

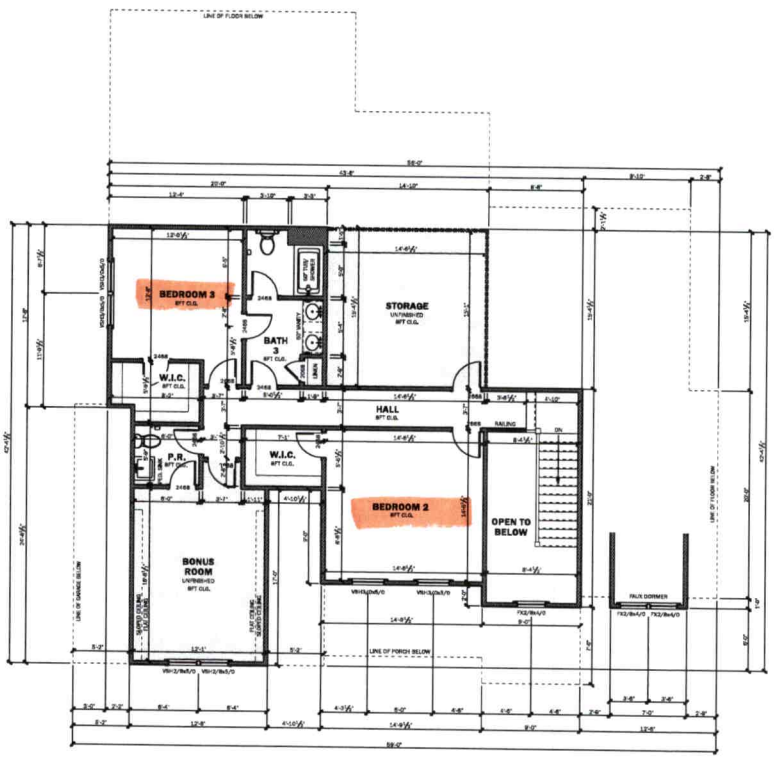
- FRAMING AS GENERAL NOTES
- ALL INT. & EXT. LOAD BEARING HEADERS TO BE (2) 2x10 U.N.O. w/ (1) JACK AND (1) KING STUD AT EACH END U.N.O.
- INSTALL AN EXTRA TRUSS UNDER ALL PARALLEL PARTITION WALLS GREAT THAN 8'-0" LONG.
- TRANSMIT ALL POINT LOADS FROM ABOVE TO THE FOUNDATION BELOW w/ EQUAL # OF STUDS.
- 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.

Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 5/23/22

6/23/22



01 SECOND FLOOR PLAN

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

TYPICAL HANGERS	
MEMBER	HANGER
2x6	LUS26
2x10	LUS210
2x12	LUS212
(2) 2x6	HUS26-2
(2) 2x10	HUS210-2
(2) 2x12	HUS212-2
(3) 2x6	LUS26-3
(3) 2x10	LUS210-3
(3) 2x12	HUS212-3
(2) 9-1/4" - (2) 11-7/8" LVL	HGLB419
(2) 14" - (2) 18" LVL	HGLB414
(3) 9-1/4" - (3) 11-7/8"	HGLBA.56/10
(3) 14" - (3) 18" LVL	HGLBA.56/14
(4) 9-1/4" - (4) 11-7/8" LVL	HGLB1.29/10
(4) 14" - (4) 18" LVL	HGLB1.29/14

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 SHEATHING FASTENED w/ 8d 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 R602.10.5.

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 8'-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.

438 Williamson Road
Suite C
Mooresville, NC 28117
704.799.8750
www.hc-mooresville.com

Township/County
TOWNSHIP
COUNTY

Engineer

Stamp/Seal

PRELIMINARY
NOT FOR CONSTRUCTION
FOR PRICING ONLY

Project Name/Owner
THE BRADLEY
LEA NOE AND JUAN VASQUEZ
618 FERN ROAD
MOORESVILLE, NC 28117

Date
5/18/2022

Drawn By

Reviewed By

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

Sheet Title Description
SECOND FLOOR PLAN

Sheet Number
A4

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB22014

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$500.00**
AP-320122 Address: 619 FERN HILL RD	**APN: 4639779338.000**		**$500.00**
EH NEW SYSTEM EXPEDITED REVIEW			$500.00
PUMP BALANCE NEW SYSTEM EXPEDITED REVIEW	10492751-447004	0	$500.00
TOTAL FEES PAID BY RECEIPT: WEB22014			**$500.00**

Date Paid: Wednesday, June 22, 2022

Paid By: FOUNDATION HOMES RESIDENTIAL LLC

Cashier: ECON

Pay Method: CREDIT 00652G

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 **PERMIT #** 312469

PRIVATE DRINKING WATER WELL PERMIT **PIN #** 4639 86 1650 **Type of Permit (circle one):** (New) Repair Abandonment

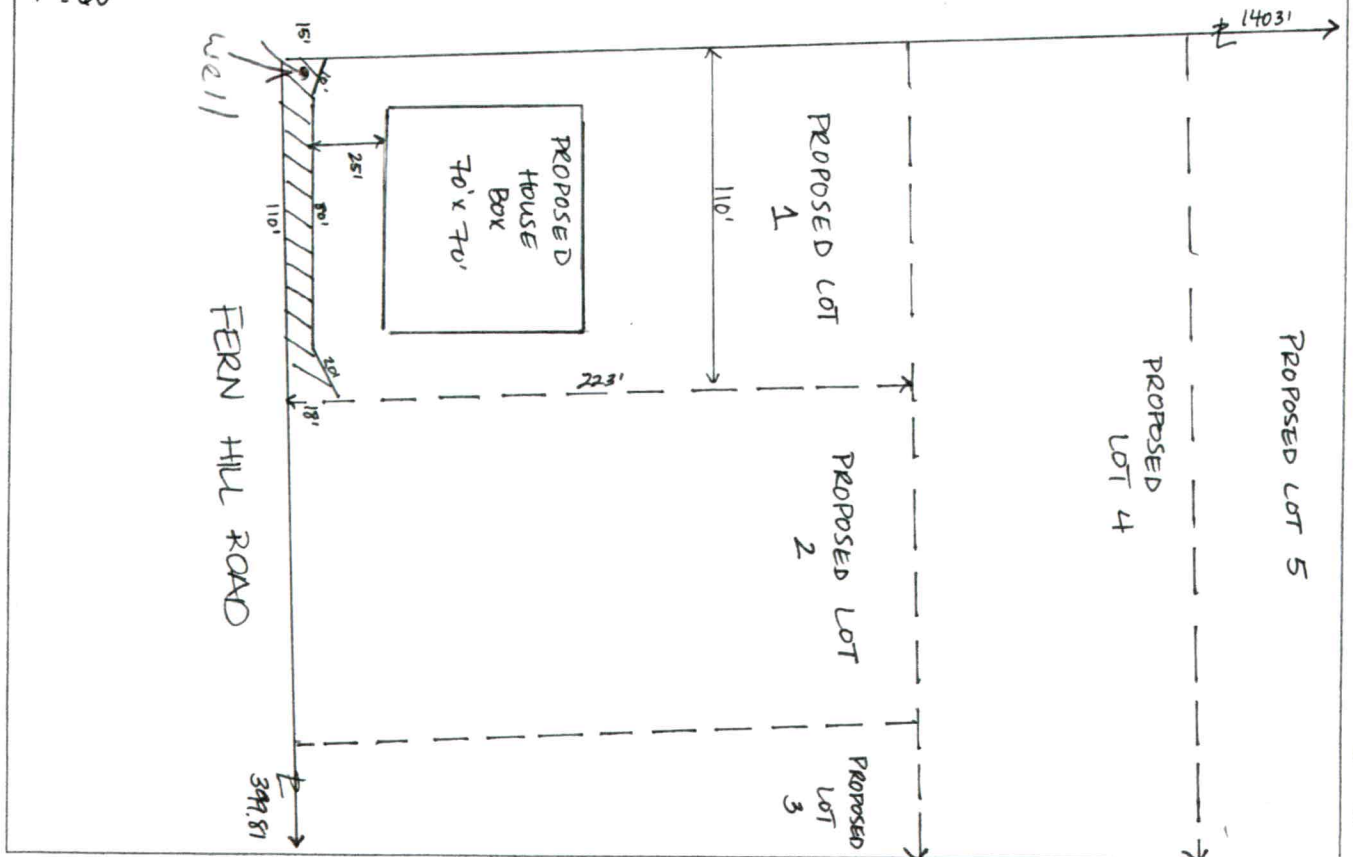
APPLICANT/OWNER NAME: Foundation Homes ADDRESS: 438 Williamson Rd, Ste C. Mooresville 28117 PHONE: 704-360-2251

DIRECTIONS TO SITE: W NC 150 → (R) Perth → (L) Fern Hill → lot on (L)

SITE ADDRESS: 617 OTH Fern Hill, Mooresville 28117 SUBDIVISION: Streamside Estates SECTION/LOT: 1

Initial Site Sketch

1" = 60'



GROUTING RESULTS

Total Depth 205'

Depth of Casing 44'

Yield 15 gpm

Notes: 14 bags Bentonite

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Current lot to be subdivided for neighborhood – well area based on future house location shown in field. Follow all NC 2C well rules – grant min 20', set min 20' casing. Stay 25' off structures. No known contaminant release within 1000'

WELL PERMIT ISSUED BY: D. WIEBERG DATE: 11/24/2020 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: B & K Well Drilling CONTRACTOR CERT #: 3271 GROUT INSPECTION BY: _____ DATE: 12/16/20

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: 10/13/23

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: 10/13/23 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

E-MAILED NOV 30 2020

EXPEDITED REV.
AP 320122 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(f) 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: 619 ~~619~~ Fern Hill Rd
Subdivision Name: Streamside Estates Section/Phase: — Lot Number: 1
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: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) 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
(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

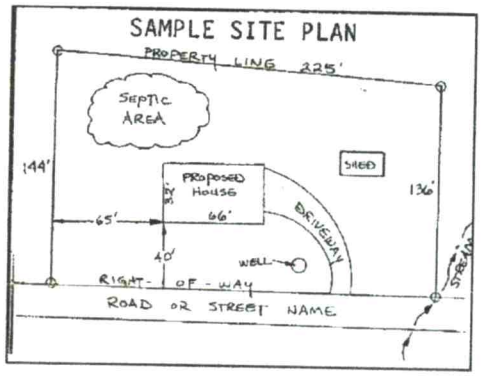
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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

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.**
- **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.**

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 MAY 23 2022

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

Iredell County Health Department – Environmental Health Division

AP-320122

PAGE 1: *APPLICATION FORM* AP-320122

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

Existing ( ) 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, LLC **Address:** 438 Williamson Road, Suite C, Mooresville NC **Zip:** 28117

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

Owner Name: Juan Vasquez + Leah Noe **Address:** **Zip:**

Owner Email: L.noee@icloud.com **Phone:** 704-953-8044 **Alt. Phone:**

Property Information:

Street Address: 619 Fern Hill Road Mooresville Nc 28117

Subdivision Name: Streamside Estates **Section/Phase:** **Lot Number:** 1

Driving Directions: Perth Road North, (L) on Fern Hill Rd, go approx 1/4 mile, on the (L)

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (✓) Concrete Slab Foundation

( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing

( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing

( ) 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:**

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: Mitzi Owens

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

04/21/2022

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 619 Fern Hill Road, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639-77-9338, 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.

_____ 04/21/2022

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