ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-301892

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

PIN # 4639-79-4880

APPLICANT/OWNER: Foundation Homes Residential | APPLICANT ADDRESS: 458 Williamson Rd. Suite C Mooresville, NC 28117

SITE ADDRESS: 181 Winding Forest Drive Trontman, NC 28166 | PHONE: 704-360-2251 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Winding Forest → lot on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Winding Forest | SECTION: – | LOT # 8 | LOT AREA: 0.771 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.295

Septic Tank	1000 (gal)	STB	infiltrator	Date	plastic	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	infiltrator	Date	plastic	System Description:	LP-Panel Block (50% Reduction)	☐ Business	No. Persons	8	☐ Private
Pump Make	Goulds	Model	PE5	Serial#		Repair System Description:	PPBPS (50% Reduction) + TS II Pretreatment	☐ Other	No. Employees		☒ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	291	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	24"	Trench Bottom Depth	40"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Though 300 l.f. of line has been laid out (per design) only 291 need be installed. 67 total panels. Recommend setting control floats/pump to dose system 260 gallons per pumping event. Tanks must be 25' minimum setback (on the upslope) from any drains or culverts.

INITIAL SITE SKETCH

See attached 40-scale drawing with approval date of 11/8/19 by

William A. Allen L.S. # L-3499

AS BUILT SKETCH

L1, L3, & L4 checked 5-7-20

L1 - 19 panels

L3 - 16 panels

L4 - 14 panels - CCN

L2 18 panels - 78' CPPBPS

69 panels

	Date	Initials
Drain Lines Checked	5/8/2020	[illegible]
Tanks Checked	5-7-20	CCN
Pressure Manifold or Valve Box Checked	7/7/2020	PJB
Pressure Head Set	7/7/2020	PJB
Electrical Checked	7/7/2020	PJB
Floats Set	7/7/2020	PJB
Alarm Checked	7/7/2020	PJB
Maintenance Contract Y / N	7/10/2020	PJD

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

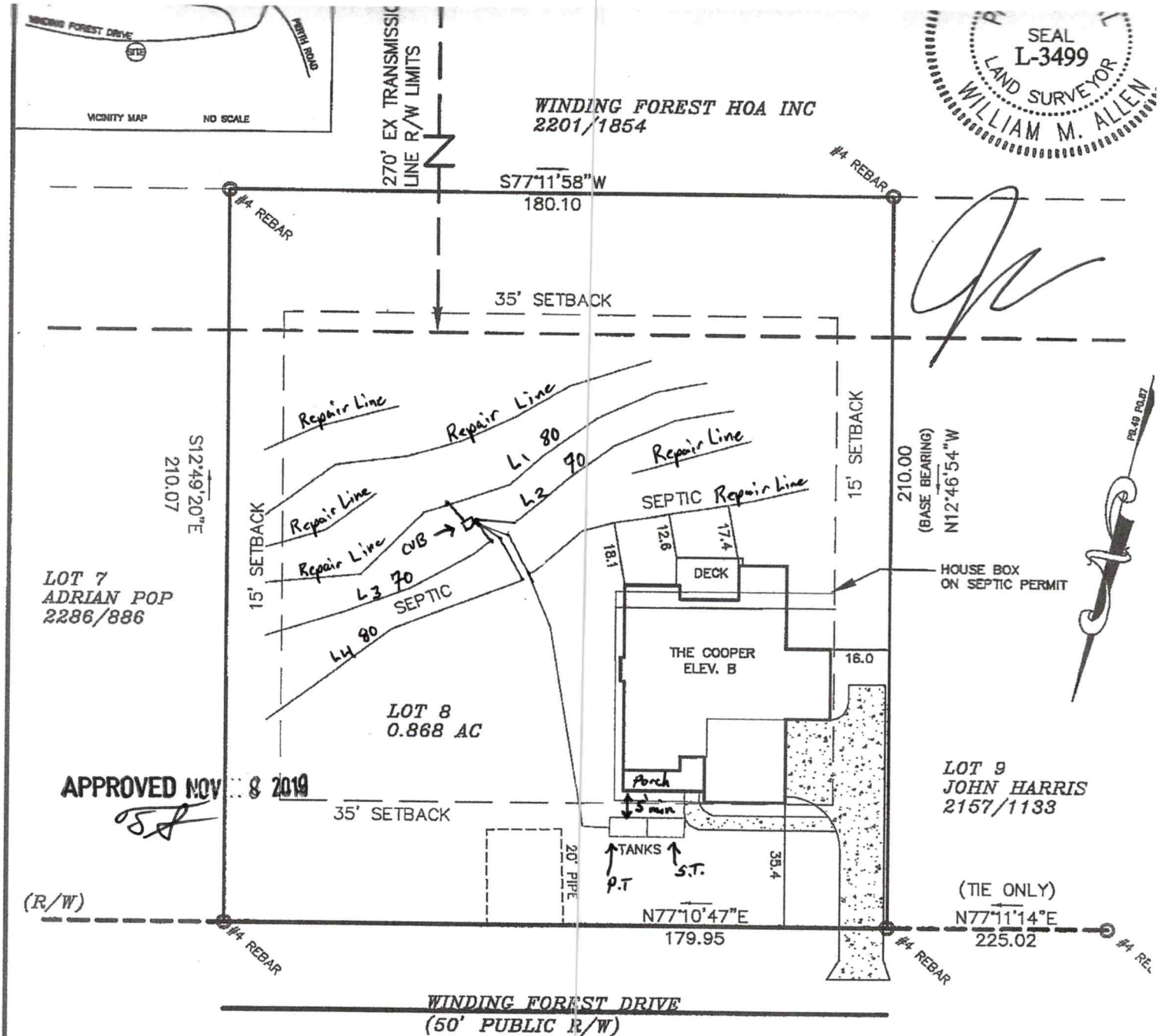
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/12/19 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuch Date: 11/8/19 OPERATION PERMIT by: Patrick J Pigelli Date: 7/10/2020

AUTHORIZATION TO CONSTRUCT by: Tom Shuch Date: 11/12/19 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 inspector to confirm your inspection time.



SEAL
L-3499
LAND SURVEYOR
WILLIAM M. ALLEN

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND

- P.P. = POWER POLE
- POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL
- BTL = BUILD TO LINE
- LP = LIGHT POLE
- PDE = PUBLIC DRAINAGE EASEMEN
- CP = COMPUTED POINT

PLOT PLAN SURVEY

OF

181 WINDING FOREST DR

LOT 8 WINDING FOREST

FALLSTOWN TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: BRANDON ELSICK

FIELD BOOK:
FILE: WINDING FOREST 8
DC FILE:
TAX MAP NO: 4639794880.000

Redraw

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

Iredell County Health Department – Environmental Health Division

AP-301892
10-30-19
$320.00

PAGE 1: *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) Residential

Applicant Name: Foundation Homes Address: 431 Williamson Rd, Ste C Zip: 28117
Applicant Email: justin@foundationhomesnc.com Phone: 704-360-2251 Alt. Phone:
Owner Name: Brandon Eslick Address: Zip:
Owner Email: Phone: 704-978-9708 Alt. Phone:

Property Information:

Street Address: 181 Winding Forest Dr, Troutman NC 28166
Subdivision Name: Winding Forest Section/Phase: Lot Number:
Driving Directions: Take Perth Rd → turn Left on Winding Forest Drive

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: 6
( ) 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.

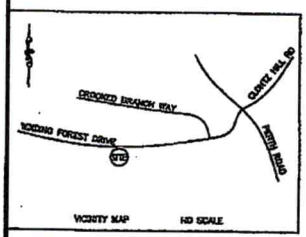
Signature: _____ 10-25-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2286, page 921, and/or plat book 49, page 87, 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 19.

WILLIAM M. ALLEN, PLS

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



270' EX TRANSMISSION LINE R/W LIMITS

WINDING FOREST HOA INC
2201/1854

#4 REBAR

S77°11'58"W
180.10

#4 REBAR

35' SETBACK

15' SETBACK

S12°49'02"E
210.07

15' SETBACK

210.00
(BASE BEARING)
N12°46'54"W

PK-SS POST

SEPTIC

12.8

17.4

18.1

DECK

HOUSE BOX
ON SEPTIC PERMIT

SEPTIC

THE COOPER
ELEV. B

18.0

LOT 7
ADRIAN POP
2286/886

LOT 8
0.868 AC

LOT 9
JOHN HARRIS
2157/1133

35' SETBACK

TANKS

20' PIPE

38.4

(R/W)

#4 REBAR

N77°10'47"E
179.95

(TIE ONLY)
N77°11'14"E
225.02

#4 REBAR

#4 REBAR

WINDING FOREST DRIVE
(50' PUBLIC R/W)

0' 20' 40' 100'
SCALE IN FEET

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PLOT PLAN SURVEY

OF

181 WINDING FOREST DR
LOT 8 WINDING FOREST
FALLSTOWN TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: BRANDON ELSICK

FIELD BOOK:
FILE: WINDING FOREST 8
DC FILE:
TAX MAP NO: 4639794880.000

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, Brandon Eslick, am the legal owner(s) of the property located at 181 Winding Forest Dr, Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4639 7948. 000, located in Iredell County, North Carolina.

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

Jonathan Smith, Foundation Home Residential, 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

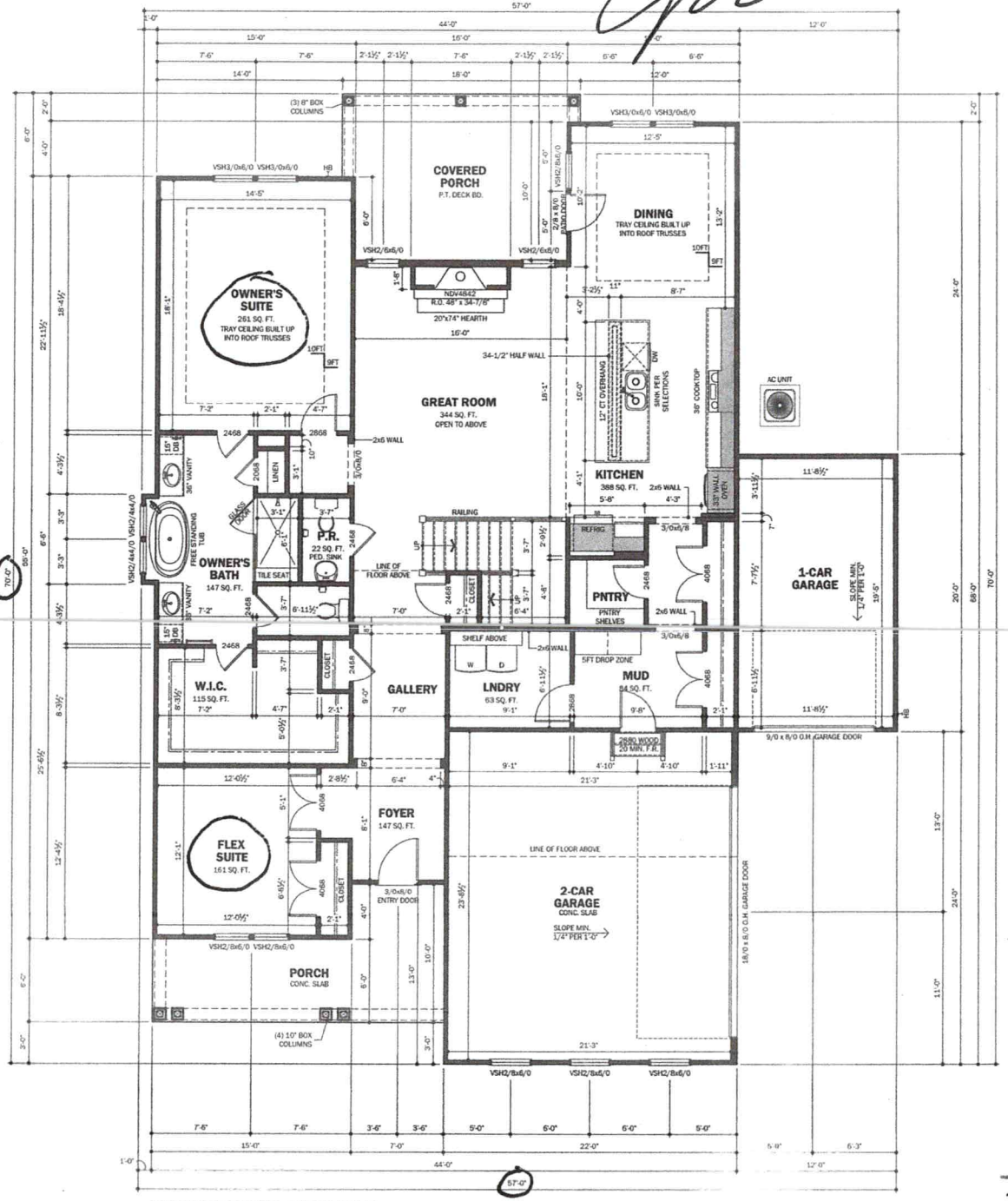
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

X _____ X 10/17

Signature of Owner(s) Date

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

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



FIRST FLOOR PLAN - ELEVATION B

SCALE: 1/4" = 1'-0"
9'-1 1/8" WALL HEIGHT
WINDOW HEADER @ 6'-0" A.F.F.

E:\Dropbox (Personal)\4_CAD FILES\1_JOBS\FOUNDATION HOMES\ESKUCHE RESIDENCE\COOPER B_ESKUCHE RESIDENCE.dwg Plot Date: Monday, September 30, 2019 11:42:03 PM Plot Scale: 11"x17" = 1/8"=1'-0" 22"x36" = 1/4"=1'-0" Plotted by:Robert Smith

Acknowl
Plans Su
Brenda
Tom

SECOND FLOOR PLAN - ELEVATION B

SCALE: 1/4" = 1'-0"
ALL INTERIOR WALLS ARE 4" WIDE
WINDOW HEADER @ 7'-10" A.F.F.

E:\Optibook (Personal)\4_CAD FILES\1_JOBS\FOUNDATION HOMES\BELICK RESIDENCE\COPIER B_BELICK RESIDENCE.dwg Plot Date: Monday, September 30, 2019 1:42:06 PM

Plot Scale: 11"x17" = 1'-0"-1'-0" 22"x36" = 1/4"=1'-0" Plotted By: Robert Smith

IREDELL COUNTY · NC

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

APPLICATION NUMBER
301892 Issue Date: 10/18/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4639794880.000	181 WINDING FOREST DR	IREDELL COUNTY

Owner Information		Applicant Information	
Name:	ESLICK WESLEY B	Name:	FOUNDATION HOMES RESIDENTIAL LLC
Address:	104 GABRIEL DR	Address:	438 WILLIAMSON RD. SUITE C
	MOORESVILLE, NC 28115		MOORESVILLE, NC 28117
Phone:		Phone:	(704)360-2251

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.771	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/18/2019

Signature of Owner/Contractor

Permit Number	000588	TOTAL FEES:	$77.25