ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 321298

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

PIN # 4639 -- 85 -- 5815

APPLICANT/OWNER: Founders Homes Residential, LLC APPLICANT ADDRESS: 438 W. Wilmson Road Suite C Mooresville NC 28117

SITE ADDRESS: 165 Streamside Estates Drive Mooresville NC 28117 PHONE: 704-360-2251 ALT. PHONE

SITE DIRECTIONS: Plaza to Fenthill 1/4 mile to Streamside on Left.

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Streamside Estates SECTION: - LOT # 15 LOT AREA: 3.284 AC DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	7/14/23	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	303	Date	7/14/23	System Description: PM-PPBPS-50% Reduction	☐ Business	No. Persons	8	☑ Private
Pump Make	Zoeller	Model		ZN1105	Serial #		Repair System Description: CP-PPBPS-50% Reduction	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		4	Linear Ft	268	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24in	Trench Bottom Depth(Low side)		36in max	Gravel Depth	-	☐ GRAVITY ☑ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Michael Allmons + Associates

LSS # _____ David 3/16/22

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.

See Surveyor Site plan for tank location

tanks 9/22/23 DW

10/30/23 - Top 2 Lines, manifold

Remaining Lines BCW + SUPPLY 11/1/23

P.H., FLOATS + ALARM + ELECTRICAL BCW 12-14-2023

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**

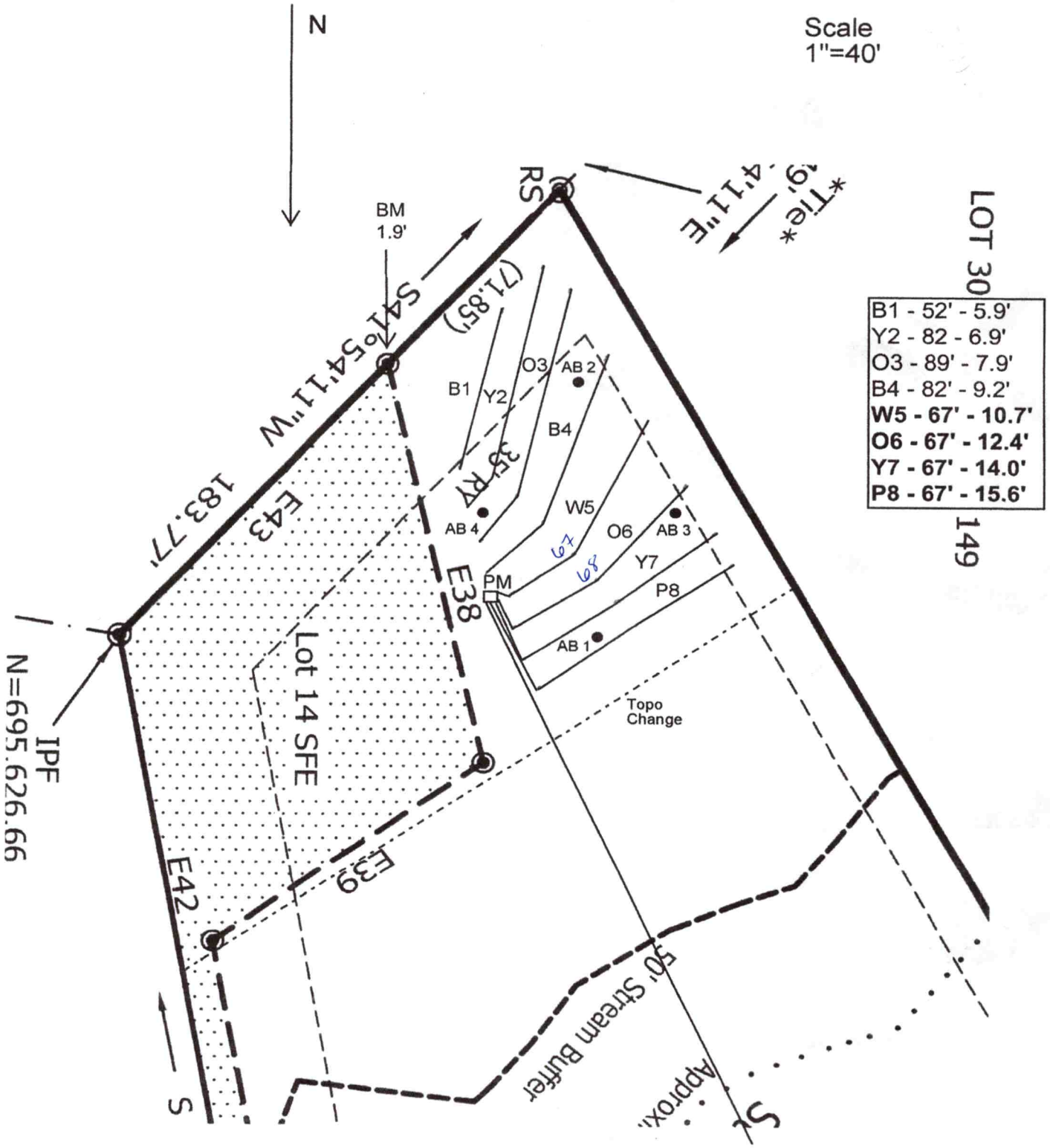
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

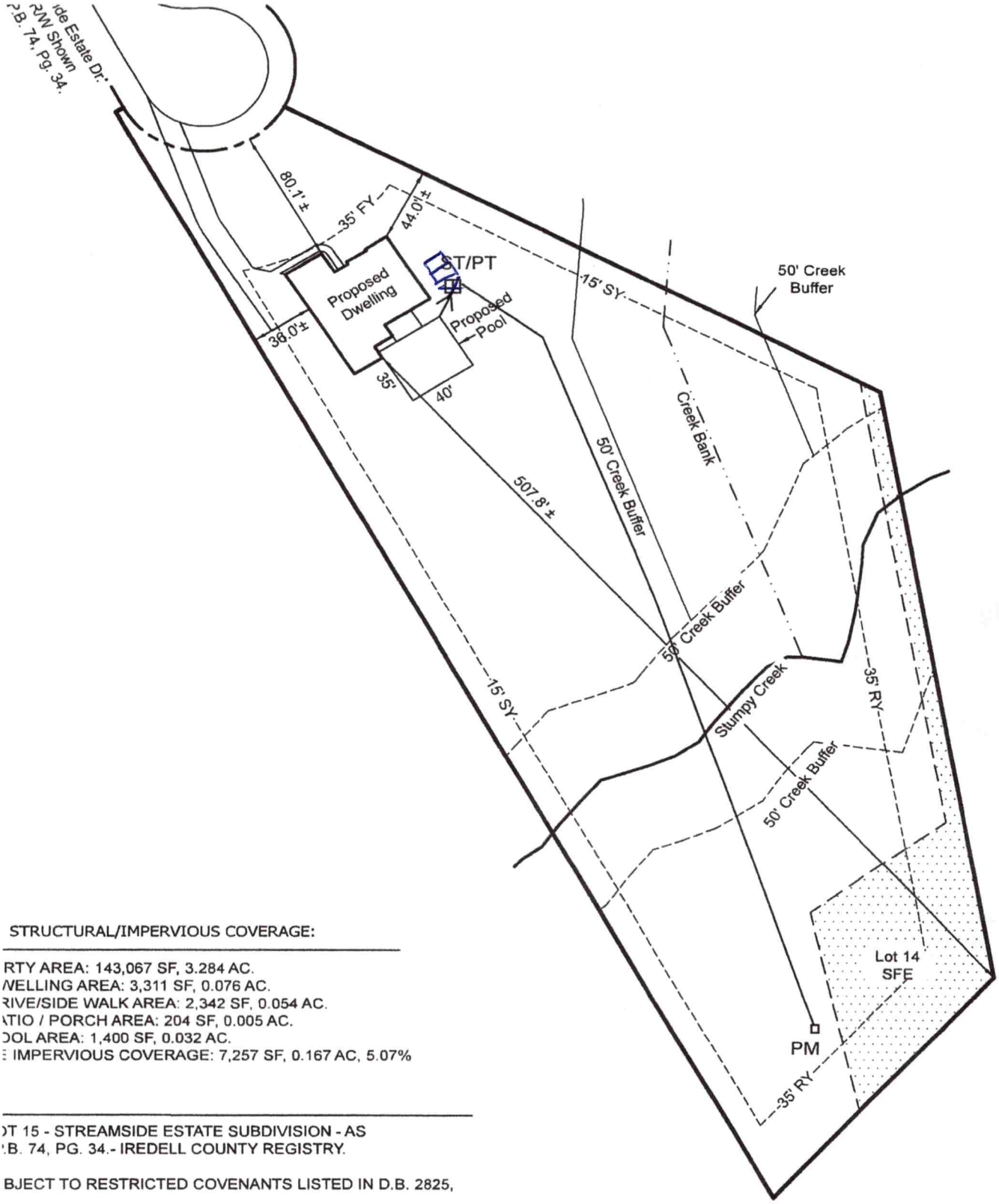
Owner / Applicant Signature: _____ Date: 3/31/22 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: _____ Date: 3/29/22 OPERATION PERMIT by: _____ Date: 12-14-2023

AUTHORIZATION TO CONSTRUCT by: _____ Date: 3/29/22 Existing System Inspected by: _____ Date: _____

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


N
Scale
1"=40'
BM
1.9'
RS
Tie
LOT 30
149
B1 - 52' - 5.9'
Y2 - 82 - 6.9'
O3 - 89' - 7.9'
B4 - 82' - 9.2'
W5 - 67' - 10.7'
O6 - 67' - 12.4'
Y7 - 67' - 14.0'
P8 - 67' - 15.6'
S47°54'11"W (71.85')
183.77'
E43
E38
E39
E42
Lot 14 SFE
IPF
N=695,626.66
B1
Y2
O3
AB 2
B4
35' RY
AB 4
W5
O6
AB 3
Y7
P8
PM
AB 1
67
68
Topo
Change
50' Stream Buffer
Approx.
S



STRUCTURAL/IMPERVIOUS COVERAGE:

RTY AREA: 143,067 SF, 3.284 AC.
/ELLING AREA: 3,311 SF, 0.076 AC.
RIVE/SIDE WALK AREA: 2,342 SF, 0.054 AC.
ATIO / PORCH AREA: 204 SF, 0.005 AC.
OOL AREA: 1,400 SF, 0.032 AC.
E IMPERVIOUS COVERAGE: 7,257 SF, 0.167 AC, 5.07%

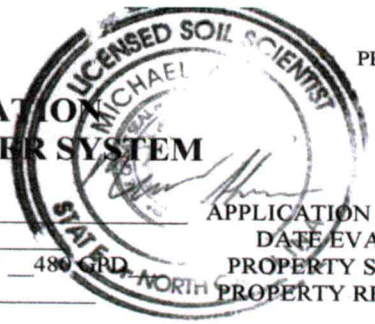
OT 15 - STREAMSIDE ESTATE SUBDIVISION - AS
.B. 74, PG. 34.- IREDELL COUNTY REGISTRY.

BJECT TO RESTRICTED COVENANTS LISTED IN D.B. 2825,

JBJECT TO ANY AND ALL ZONING AND PLANNING
ASEMENTS, RIGHTS-OF-WAY, AND RESTRICTIONS OF

PROPERTY ID #: 4639855815_
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM



OWNER: Foundation Homes Dev. LLC_____ APPLICATION DATE_____
ADDRESS: 438 Williamson Rd Unit C, Mooresville, NC 28117_____ DATE EVALUATED: __7/2021_____
PROPOSED FACILITY: __4 BDRM_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: __3.243 AC_____
LOCATION OF SITE: 165 Streamside Estates Dr, Streamside Estates Lot 15_____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X Auger Boring ☐ 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	
AB 1	LS 15%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		6-20	R C SBK	FR SS SP SXP					
		20-48	R CL WSBK	FR SS SP SXP			C-M SAP		
AB 2	LS 15%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-48	R CL WSBK	FR SS SP SXP			C-M SAP		
AB 3	LS 15%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-48	R CL WSBK	FR SS SP SXP			F-C SAP		
AB 4	LS 15%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"		N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-48	R CL WSBK	FR SS SP SXP			F-C SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	536 FT^2	610 FT^2
System Type(s)	PPBPS	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS: *The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).*

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
3/16/2022

Reference: Data Sheet for 165 Streamside Estates Dr, Streamside Estates Lot 15
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: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Pressure Manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 230.4 gallons
Pump Run Time: 8.1 minutes
Elevation Head: 38.2'
Friction Head: 8.3'
Pressure Head: 2'
Total Dynamic Head: 48.5'
Supply Line Length: 450' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1			52'	5.9'
Yellow 2			82'	6.9'
Orange 3			89'	7.9'
Blue 4			82'	9.2'
White 5	**67'**	**16**	**76'**	**10.7'**
Orange 6	**67'**	**16**	**72'**	**12.4'**
Yellow 7	**67'**	**16**	**73'**	**14.0'**
Pink 8	**67'**	**16**	**75'**	**15.6'**

Initial System: 268'
Pump Tank: 33.9'
Benchmark: 1.9'
Repair System: 305'
House Corner: 32.9'
Creek: 43.9'

Comments:
The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).



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

Session Law 218-114, Section 11. (C)/ House Bill 374, Section 11.(C) Authorization Form

Michael Athanas and Associates (MA&A) has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (County) on behalf of Foundation Homes Residential, LLC (Owner/Applicant) for the property located at 165 Streamside Estates Dr (Lot 15) / PIN 4639-85-5815 (Address/PIN).

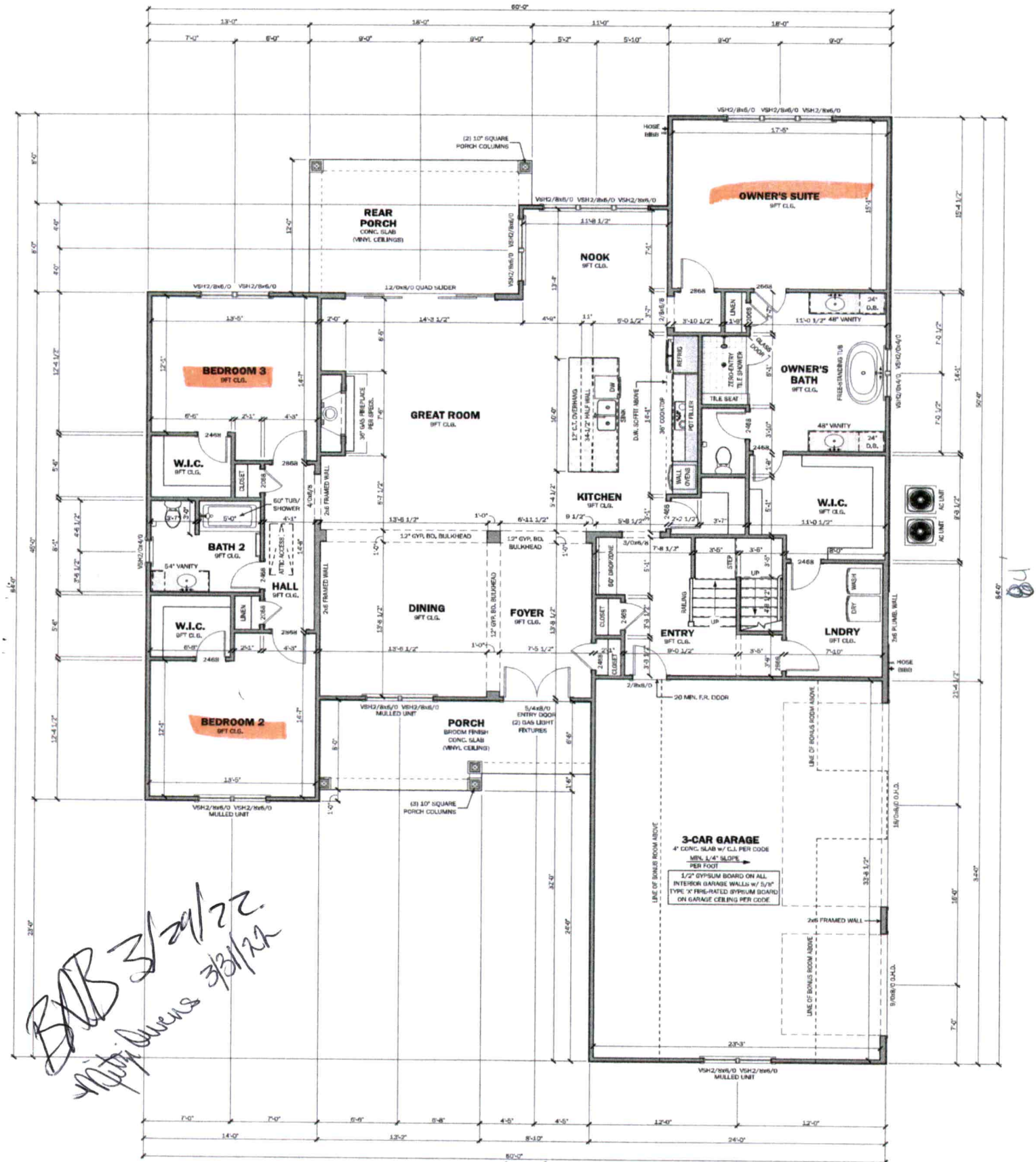
The Licensed Soil Scientist (LSS) evaluation attached to the application is to be used to produce, design, and construct features for permitting in accordance with SL 2018-114 section 11. (C).

By completing the form, sign and dating you agree that the permit issued by Iredell (County) will fall under the above referenced law.

Owner/Owner's Legal Representative Foundation Homes Residential, LLC
Mailing Address 438 Williamson Road, Suite C, Mooresville NC 28117
Telephone Number 704-360-2251
Email Address mitzi@foundationhomeslkn.com

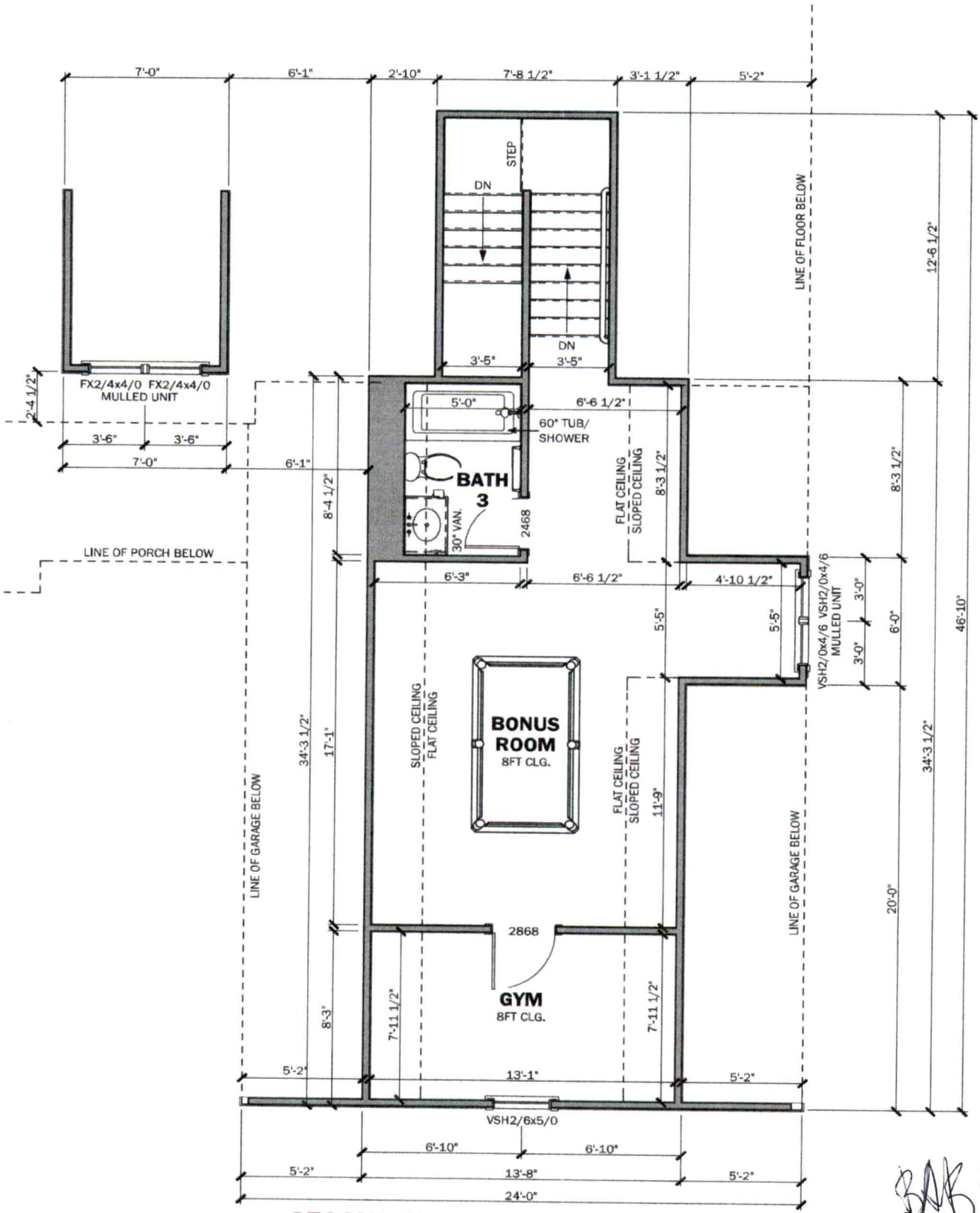
Signature of Owner/Owner's Legal Rep.

03/17/2022
Date



BMB 3/29/22
Kathy Owens 3/31/22

60'



BAB 3/24/22

SECOND FLOOR PLAN

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

RECEIVED MAR 1 8 2022

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

Iredell County Health Department – Environmental Health Division

SL. PAGE 1: *APPLICATION FORM* AP-321298 $500.00

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, LLC **Address:** 438 Williamson Road, Suite C, Mooresville NC **Zip:** 28117
Applicant Email: mitzi@foundationhomeslkn.com **Phone:** 704-360-2251 **Alt. Phone:**
Owner Name: Rick Kojan **Address:** 1706 Epping Forest Dr Huntersville NC **Zip:** 28078
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 165 Streamside Estates Dr
Subdivision Name: Streamside Estates Dr **Section/Phase:** **Lot Number:** 15
Driving Directions: Perth Road north to Fern Hill Rd, west on Fern Hill approx 1/4 mile, Streamside on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

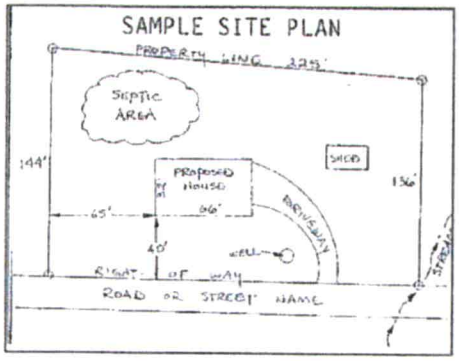
Signature: Mitzi Owens 2/22/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 / Septic permit # AP-321298

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)

☐ 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 165 Streamside Estates Drive, Mooresville NC 28117 / Lot 15, identified as PIN (Parcel Identification Number) 4639855815, 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.

_____ 2/22/2022
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.

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** 2/22/22

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