ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318305

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

PIN # 4639--86 255

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

SITE ADDRESS: 145 Streamside Estates Dr Mooresville, NC 28117 | PHONE: 704360-2251 | ALT. PHONE

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

SUBDIVISION: Streamside Estates | SECTION: | LOT # 10 | LOT AREA: .797 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 7100	Date 5/27/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: PPBPS - Dist Box				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: Hort PPBPS				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft 268'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width min 24"	Trench Bottom Depth(Low side) 36"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

7/6/21 Reviewed Houseplans, House Slightly larger but Still Fits. MW

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc (dated 5/26/21)

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.

tank location & bottom drainline 7/13/22 (no plumbing) -DW

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: 7/8/21

IMPROVEMENT PERMIT by: [signature] Date: 6/24/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/6/21

Installed by: Specialty Septic

OPERATION PERMIT by: [signature] Date: 7/14/22

Existing System Inspected by: Date:

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

HB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318305

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

PIN # 4639--86-2556

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

SITE ADDRESS: 145 Streamside Estates Dr Mooresville, NC 28117 | PHONE: 704360-2251 | ALT. PHONE

SITE DIRECTIONS: Perth Rd N. TL Fern Hill TL Stream Walk on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Streamside Estates | SECTION: | LOT # 10 | LOT AREA: .79 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) STB 7100 Date 5/27/22 | Pump Tank (gal) PT Date | Pump Make Model Serial # | # Nitrification Fields 1 # Lines 4 Linear Ft 268' | Trench Width Min 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: PPBPS – Dist box

Repair System Description: Hort. PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

7/6/21 Reviewed Houseplans, House Slightly larger but Still Fits. MJ

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc (dated 5/26/21)

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.

tank location & bottom drainline 7/13/22 (no plumbing) -DW

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: 7/8/21 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: [signature] Date: 6/24/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/6/21 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? _____	

PROPERTY ID #: _____
COUNTY: __Iredell___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 6/24/21 mD

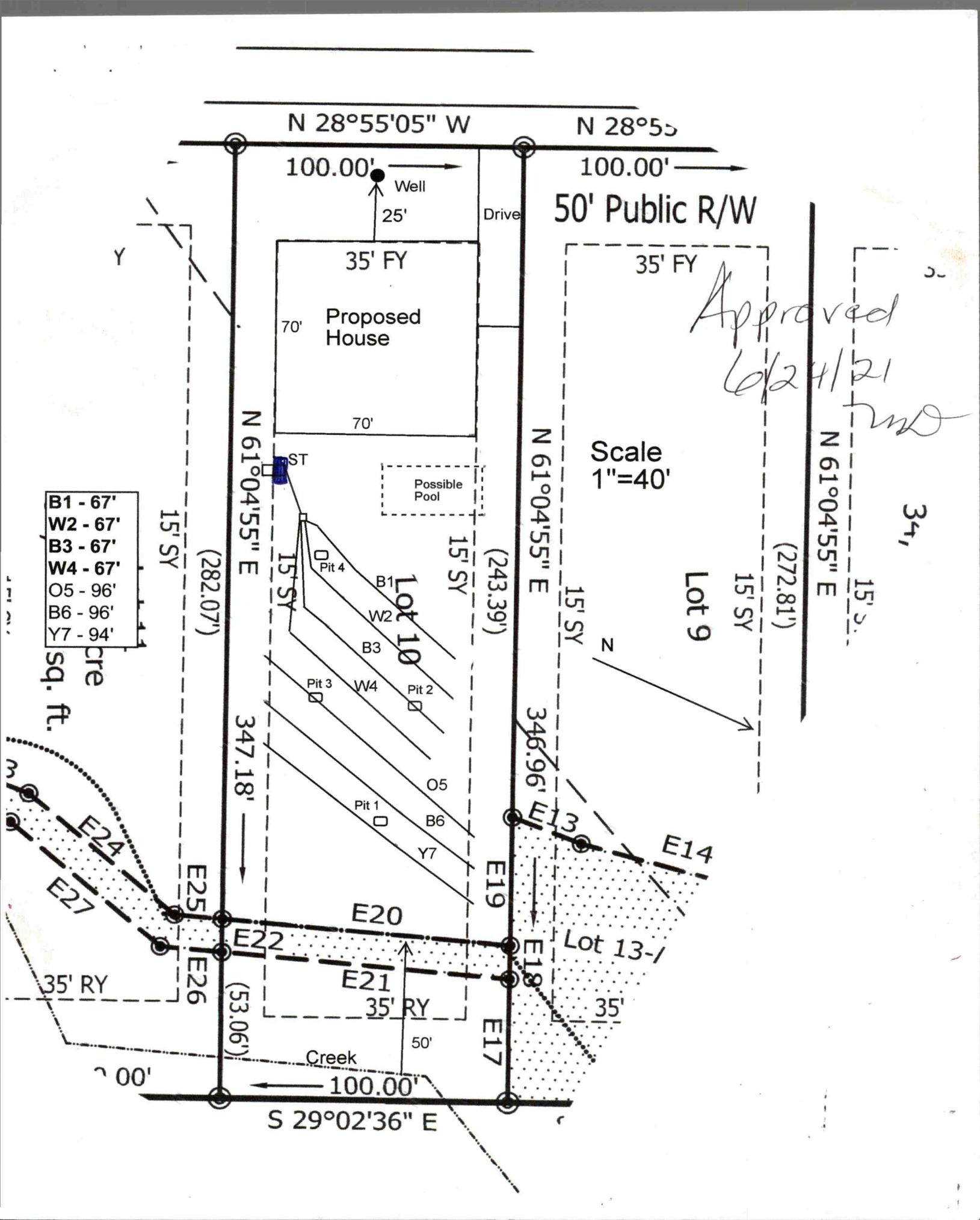
OWNER: Foundation Homes Developing LLC_____ APPLICATION DATE_____
ADDRESS: 438 Williamson Rd, Mooresville, NC 28117_____ DATE EVALUATED: __4/2021____
PROPOSED FACILITY: ___4 BDRM_____ PROPOSED DESIGN FLOW (.1949): __480 GPD___ PROPERTY SIZE: __0.797 AC_____
LOCATION OF SITE: Streamside Lot 10_____ PROPERTY 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

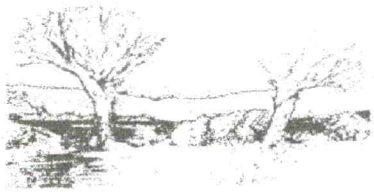
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 15%	0-6	Br CL WSBK	FR SS SP SXP	CHR 2 @ 40"	40"	N/A	N/A	PS 0.3 TO 40"
		6-14	Br SCL WSBK	FR SS SP SXP					
		14-40	R C SBK	FR SS SP SXP					
PIT 2	LS 10%	0-5	Br CL WSBK	FR SS SP SXP	N/A	56"	N/A	N/A	PS 0.3
		5-32	R C SBK	FR SS SP SXP					
		32-56	R CL WSBK	FR SS SP SXP					
PIT 3	LS 10%	0-10	Br CL WSBK	FR SS SP SXP	N/A	60"	Few SAP	N/A	PS 0.3
		10-34	R C SBK	FR SS SP SXP					
		34-60	R CL WSBK	FR SS SP SXP					
PIT 4	LS 10%	0-8	Br CL WSBK	FR SS SP SXP	N/A	50'	N/A	N/A	PS 0.3
		8-30	R C SBK	FR SS SP SXP					
		30-67	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT^2	552 FT^2
System Type(s)	PPBPS	Horz PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:_____
_____


N 28°55'05" W
N 28°55
100.00'
Well
25'
Drive
100.00'
50' Public R/W
35' FY
35' FY
Approved
6/24/21
70'
Proposed
House
70'
Scale
1"=40'
ST
Possible
Pool
B1 - 67'
W2 - 67'
B3 - 67'
W4 - 67'
O5 - 96'
B6 - 96'
Y7 - 94'
15' SY
15' SY
15' SY
15' SY
N 61°04'55" E
N 61°04'55" E
N 61°04'55" E
(282.07')
(243.39')
(272.81')
Pit 4
B1
W2
Lot 10
B3
Pit 3
W4
Pit 2
O5
Pit 1
B6
Y7
Lot 9
N
346.96'
347.18'
E24
E27
E25
E20
E22
E21
E26
E19
E18
E17
E13
E14
Lot 13-1
35' RY
35' RY
(53.06')
50'
35'
Creek
100.00'
S 29°02'36" E
sq. ft.
cre



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
5/26/2021

Approved
6/24/21
MD

Reference: Data Sheet for 145 Stream Walk Dr, Streamside Estates Lot 10
House Footprint: 70' x 70'
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: Horizontal PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36" (initial), 20" (repair)

Line	Design Length	Actual Length
Blue 1	**67'**	**107'**
White 2	**67'**	**81'**
Blue 3	**67'**	**102'**
White 4	**67'**	**100'**
Orange 5		96'
Blue 6		96'
Yellow 7		94'

Initial System: 268' **Repair System:** 286'

Comments:



RECEIVED MAY 27 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP-318305

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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)** 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: 145 Stream Walk Dr

Subdivision Name: Streamside Estates **Section/Phase:** _____ **Lot Number:** 10

Driving Directions: Perth Rd N, TL Fern Hill, TL Stream Walk, on LT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) 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: _____

(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 (X) Modified Conventional ( ) Other: _____

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: _____ 5/12/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

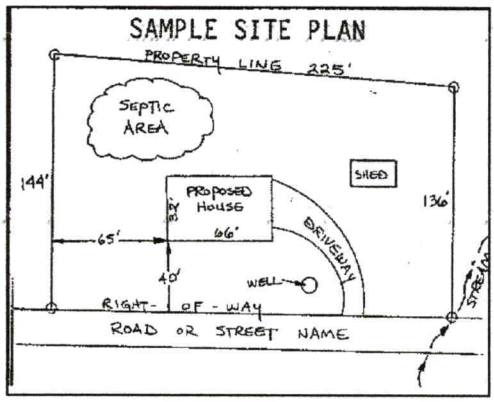
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 5/12/2021

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

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.

I, Jonathan Smith, am the legal owner(s) of the property located at 145 Stream Walk Dr Streamside Estates Lot 10, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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.

_____ 5/12/2021 _____ 5/12/2021

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318305 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	145 Streamwalk Dr.	Iredell County

Owner Information	Applicant Information
Name: FOUNDATION HOMES DEVELOPING LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA 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.

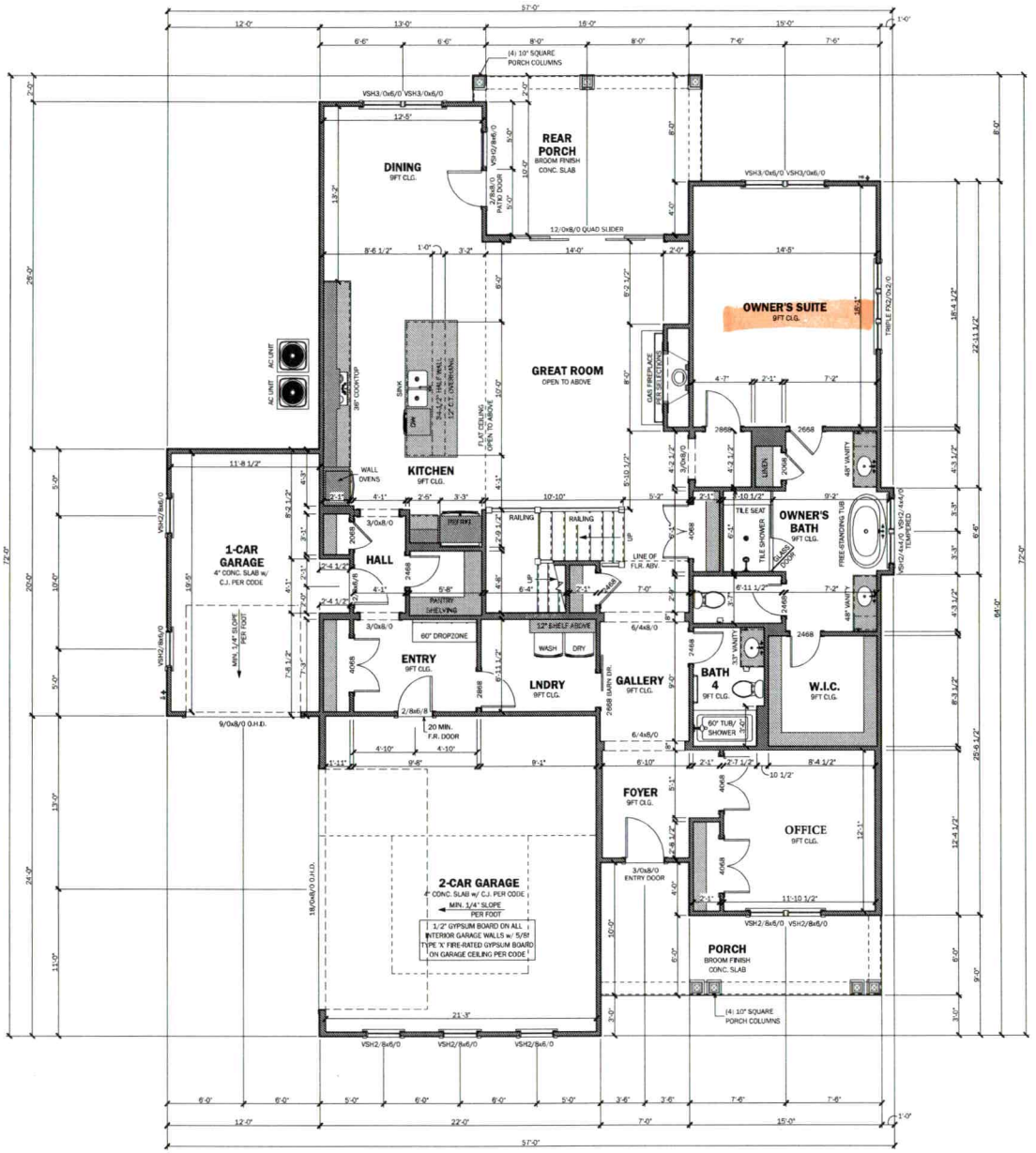
Date: 05/27/2021

Signature of Owner/Contractor

Permit Number	318305	TOTAL FEES:	$77.25

57'

72'



FIRST FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Maria Folsom Date 7/6/21

Kristi Owens Date 7/8/21

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

Township/County: TOWNSHIP COUNTY

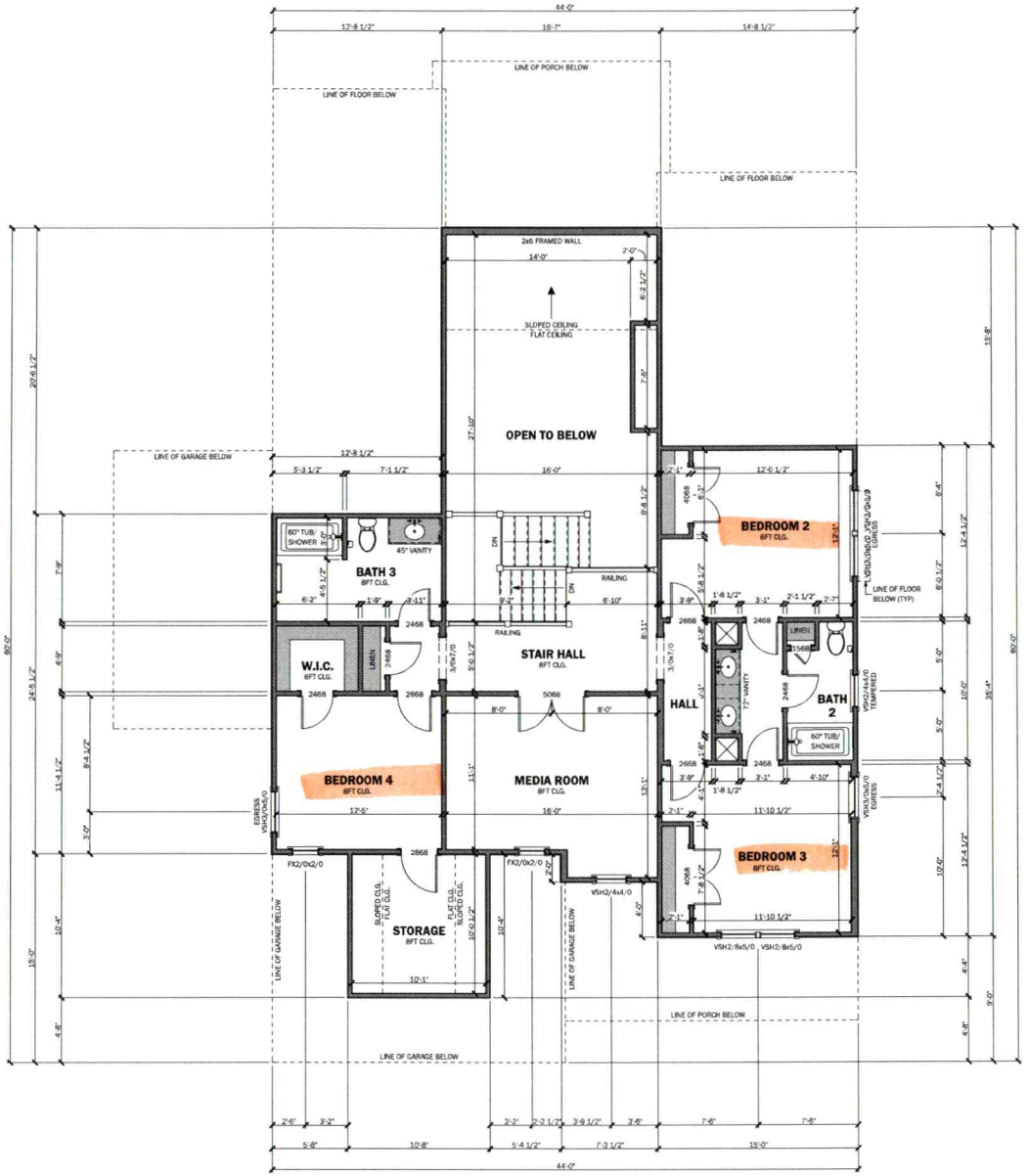
Engineer: INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal

Project Name/Owner: THE COOPER ELEVATION B
STREAMSIDE ESTATES LOT 13
NICK & STEPHANIE ORZEL

© 2021 copyright notice Foundation Homes Residential. All rights reserved. These plans are the property of Foundation Homes Residential. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Foundation Homes Residential.

Date: 5/20/2021
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



SECOND FLOOR PLAN

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

Acknowledgement Of Plans Submittal ONLY!

Marian Olson Date 7/6/21

Mindy Owens Date 7/8/21

438 W'Bannon Road
Suite C
Mooresville, NC 28117
704-360-2251
www.foundationhomesclt.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 COOPER
ELEVATION B

STREAMSIDE ESTATES
LOT 13

NICK & STEPHANIE ORZEL

© 2021 copyright notice Foundation Homes Residential. All rights reserved. These plans are the property of Foundation Homes Residential. Any use, reproduction, licensing, or distribution of these drawings is strictly prohibited. This document contains confidential and proprietary information that cannot be reproduced or divulged, in whole or in part, without written authorization from Foundation Homes Residential.

Date: 5/20/2021

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: SECOND FLOOR PLAN

Sheet Number: **A4.0**

Master Plan Version: v1.0