ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318306

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

PIN # 4639--86--2605

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

SITE ADDRESS: 141 Streamside Estates Dr Mooresville, NC 28117 | PHONE: 704 360-2251 | ALT. PHONE

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

SUBDIVISION: Streamside Estates | SECTION: | LOT # 9 | LOT AREA: .797Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank 1000 (gal)	STB StcAf 760	Date 6/21	☒ 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 (Dist. box) PPBPS	☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: PPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 7	Linear Ft 280'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width Min 24"	Trench Bottom Depth(Low side) 36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

7/6/21 Floor plans reviewed, in Compliance with Septic plan. House slightly larger but still meets Setbacks. Floorplans show 2 Bedrooms, Septic for 4 Bedrooms

INITIAL SITE SKETCH

See attached, approved Septic plan by Michael Athanas & Assoc. dated 4/29/2021

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.

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

As Built Attached

Pool must be staked to sign OP still needed 4/22/22-

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: 6/23/21 | OPERATION PERMIT by: [signature] Date: 4/27/22

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.

DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 318306

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

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

SUBDIVISION: Streamside Estates SECTION: LOT # 9 LOT AREA: .797 Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	STEAF 760	Date	6/21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity (Dist. box) PPBPS			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	7	Linear Ft	280'	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 Floor plans reviewed, in Compliance with Septic plan House slightly larger but still meets Setbacks. Floorplans show 2 Bedrooms, Septic for 4 Bedrms.

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FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

As Built Attached

Pool must be staked to sign OP
Staff needed 4/22/22-

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: [signature] Date: 7/8/21 Installed by: Specialty Septic

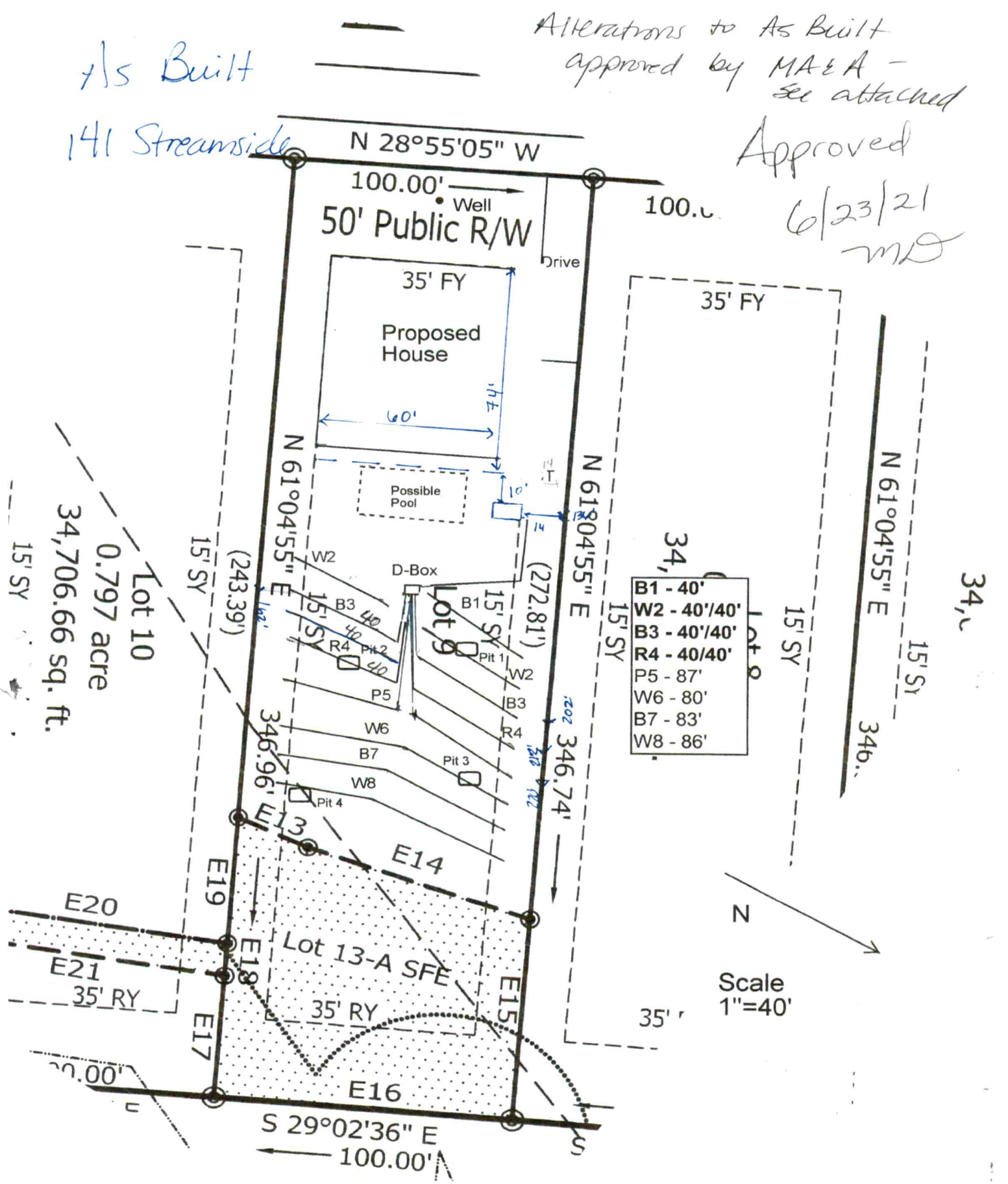
IMPROVEMENT PERMIT by: Marina Dotson Date: 6/23/21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Marina Dotson 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	2/15/22	DW
Tanks Checked	2/15/22	DW
~~Pressure Manifold or Valve Box Check~~ed D-Box		
Pressure Head Set	N/A	
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? _____	


As Built
141 Streamside
Alterations to As Built approved by MA&A - See attached
Approved 6/23/21 MD
N 28°55'05" W
100.00'
Well
50' Public R/W
Drive
35' FY
Proposed House
60'
Possible Pool
10'
N 61°04'55" E
(243.39')
(272.81')
346.96'
346.74'
15' SY
W2
B3
R4
P5
W6
B7
W8
D-Box
B1
Pit 1
Pit 2
Pit 3
Pit 4
Lot 9
Lot 10
0.797 acre
34,706.66 sq. ft.
Lot 8
B1 - 40'
W2 - 40'/40'
B3 - 40'/40'
R4 - 40/40'
P5 - 87'
W6 - 80'
B7 - 83'
W8 - 86'
E13
E14
E15
E16
E17
E18
E19
E20
E21
Lot 13-A SFE
35' RY
S 29°02'36" E
100.00'
N
Scale 1"=40'

Danielle Wieberg

From: gary michaelathanas.com <gary@michaelathanas.com>
Sent: Monday, February 28, 2022 8:44 AM
To: Danielle Wieberg
Subject: RE: 141 Streamside Est

MA&A approve the modification to the septic system and the as built drawing for 141 Streamside Estates.

Gary McNeely
Michael Athanas & Associates
(704) 310-1832

-----Original Message-----
From: Danielle Wieberg <danielle.wieberg@co.iredell.nc.us>
Sent: Thursday, February 17, 2022 11:21 AM
To: gary michaelathanas.com <gary@michaelathanas.com>
Subject: 141 Streamside Est

Gary -
Jamie mentioned that you had been out to this lot while they were installing and knew that they were going to be installing in the repair area. The initial area appears to be intact, but I just need an email saying you are ok with the altered design. I have attached my "as built" for your review.

Thanks!

Danielle Wieberg
Work Cell: 704-902-4482
https://www.co.iredell.nc.us/161

-----Original Message-----
From: mvehscanner@co.iredell.nc.us <mvehscanner@co.iredell.nc.us>
Sent: Thursday, February 17, 2022 10:25 AM
To: Danielle Wieberg <danielle.wieberg@co.iredell.nc.us>
Subject: Scan from Mooresville EH Scanner

Do not reply to this message

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

RECEIVED MAY 27 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP- 318306

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: 141 Stream Walk Dr

Subdivision Name: Streamside Estates **Section/Phase:** _____ **Lot Number:** 9

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

CHECK FOUNDATION TYPE
(X) 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: _____

(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

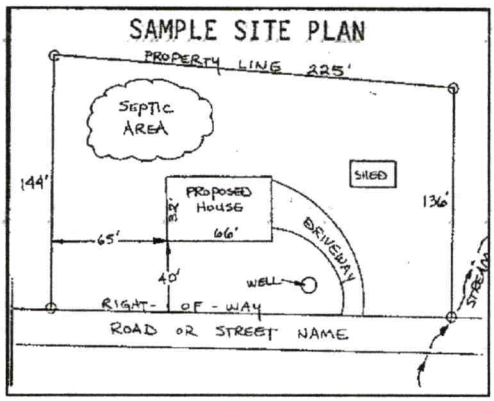
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

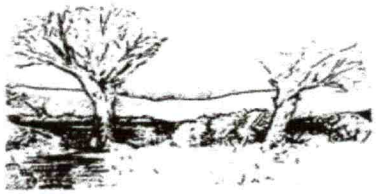
USE THIS SPACE TO DRAW YOUR SITE PLAN

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**



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
4/29/2021

Approved
6/23/21
MD

Reference: Data Sheet for Streamside Estates Lot 9
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: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Blue 1	**40'**	**63'**
White 2	**40'/40'**	**97'**
Blue 3	**40'/40'**	**93'**
Red 4	**40'/40'**	**88'**
Pink 5		87'
White 6		80'
Blue 7		83'
White 8		86'

Initial System: 280' **Repair System:** 336'

Comments:



PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 6/23/21 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 9 _____ 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 3%	0-8	FILL		N/A	62"	N/A	N/A	PS 0.3
		8-20	Br SCL WSBK	FR SS SP SXP					
		20-40	R C SBK	FR SS SP SXP					
		40-62	R CL WSBK	FR SS SP SXP					
PIT 2	LS 10%	0-8	Br CL WSBK	FR SS SP SXP	N/A	54"	N/A	N/A	PS 0.3
		8-36	R C SBK	FR SS SP SXP					
		36-54	R CL WSBK	FR SS SP SXP					
PIT 3	LS 10%	0-10	Br SL WSBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		10-20	Br SCL WSBK	FR SS SP SXP					
		20-43	R C SBK	FR SS SP SXP					
		43-58	R CL WSBK	FR SS SP SXP					
PIT 4	LS 10%	0-11	Br CL WSBK	FR SS SP SXP	N/A	50'	N/A	N/A	PS 0.3
		11-30	R C SBK	FR SS SP SXP					
		30-58	R CL WSBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT^2	672 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: _____

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 141 Stream Walk Dr Streamside Estates Lot 9, 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
318306 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	141 STREAM WALK DR	Iredell County

Owner Information	Applicant Information
Name: GREEN RODNEY	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-CA Catawba/Lake Norman	NO

Remarks
SFD

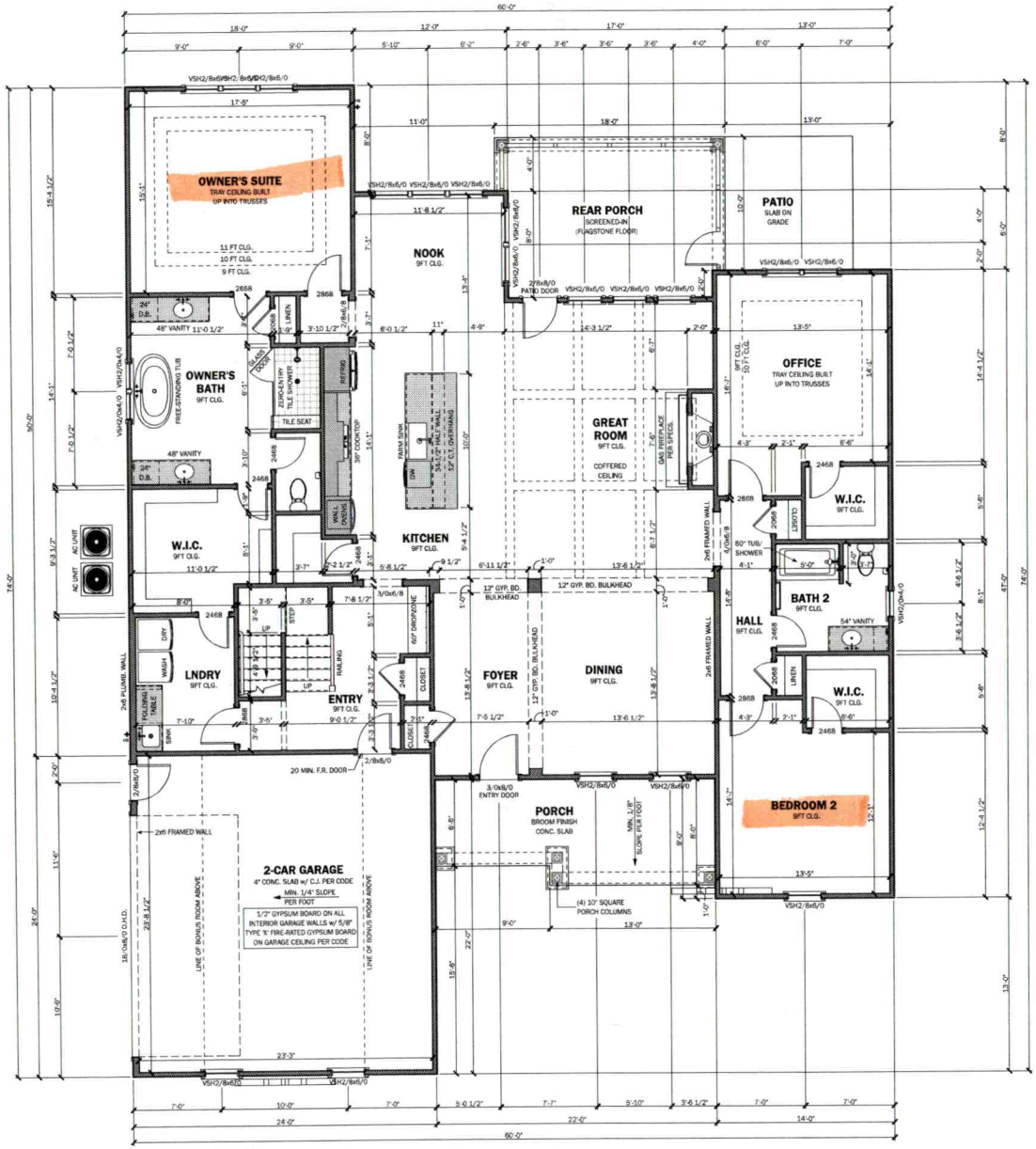
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 05/27/2021

Signature of Owner/Contractor

Permit Number	318306	TOTAL FEES:	$77.25

60'


OWNER'S SUITE
TRAY CEILING BUILT UP INTO TRUSSES
11 FT CLG.
10 FT CLG.
9 FT CLG.
NOOK
9FT CLG.
REAR PORCH
SCREENED-IN
(FLAGSTONE FLOOR)
PATIO
SLAB ON GRADE
OWNER'S BATH
9FT CLG.
FREE-STANDING TUB
48" VANITY
ZERO-CLEARANCE TILE SHOWER
TILE SEAT
W.I.C.
9FT CLG.
KITCHEN
9FT CLG.
GREAT ROOM
9FT CLG.
COFFERED CEILING
OFFICE
TRAY CEILING BUILT UP IN TO TRUSSES
W.I.C.
9FT CLG.
BATH 2
9FT CLG.
54" VANITY
HALL
9FT CLG.
W.I.C.
9FT CLG.
LNDRY
9FT CLG.
ENTRY
9FT CLG.
FOYER
9FT CLG.
DINING
9FT CLG.
BEDROOM 2
9FT CLG.
PORCH
BROOM FINISH CONC. SLAB
2-CAR GARAGE
4" CONC. SLAB w/ C.J. PER CODE
MIN. 1/4" SLOPE PER FOOT
1/2" GYPSUM BOARD ON ALL INTERIOR GARAGE WALLS w/ 5/8" TYPE 'X' FIRE-RATED GYPSUM BOARD ON GARAGE CEILING PER CODE
LINE OF BONUS ROOM ABOVE
(4) 10" SQUARE PORCH COLUMNS
20 MIN. F.R. DOOR
2x6 FRAMED WALL
12" GYP. BD. BULKHEAD
60" TUB/ SHOWER
60" DROP ZONE
FARM SINK
36" COOKTOP
34 1/2" HALF WALL
12" CLG. OVERHANG
FIRE PLACE W/ MANTEL
LINEN
LAUNDRY
WASH
DRY
FOLDING TABLE
SINK
CLOSET
STEP
RAILING
UP
DN
2668
2468
2868
2068
3/0x6/8
2/8x8/0
3/0x8/0 ENTRY DOOR
2x8/0 PATIO DOOR
VSH2/8x6/0
VSH2/8x8/0
VSH2/8x6/0 VSH2/8x8/0 VSH2/8x6/0
VSH2/8x6/0 VSH2/8x8/0 VSH2/8x6/0 VSH2/8x6/0
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