ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319358

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

PIN # 4639 -- 86 -- 3349

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

SITE ADDRESS: 153 Streamside Estates Dr. Mooresville NC 28117 PHONE: 704-360-2251 ALT. PHONE

SITE DIRECTIONS: (N) Perth → (L) Fern Hill → (L) Streamside Est. → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Streamside Estates SECTION: — LOT # 12 LOT AREA: 0.798 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (I) / 0.125 (R)

Septic Tank	1000	(gal)	STB 760	Date	11-2-22	☒ 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:	50% Reduction - VPPBPS			☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	Drip - 4200 ft²			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	268'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	32" / 36" max	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Do not pave grade, pave, drive, or bury utilities in drainfield areas. Divert all drainage from drainfields. Stay 15' off all gullies & cuts > 2'. Pool area must be marked at time of installation. Use drop box for equal distribution

Easement: Bk 2836 Pg 1180-1182 Plat: 74, 34

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates, 7/11/21

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.

Lines SH 12/30/22
Tank SH 12/30/22

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: Misty Owens Date: 9/3/21 Installed by: Specialty

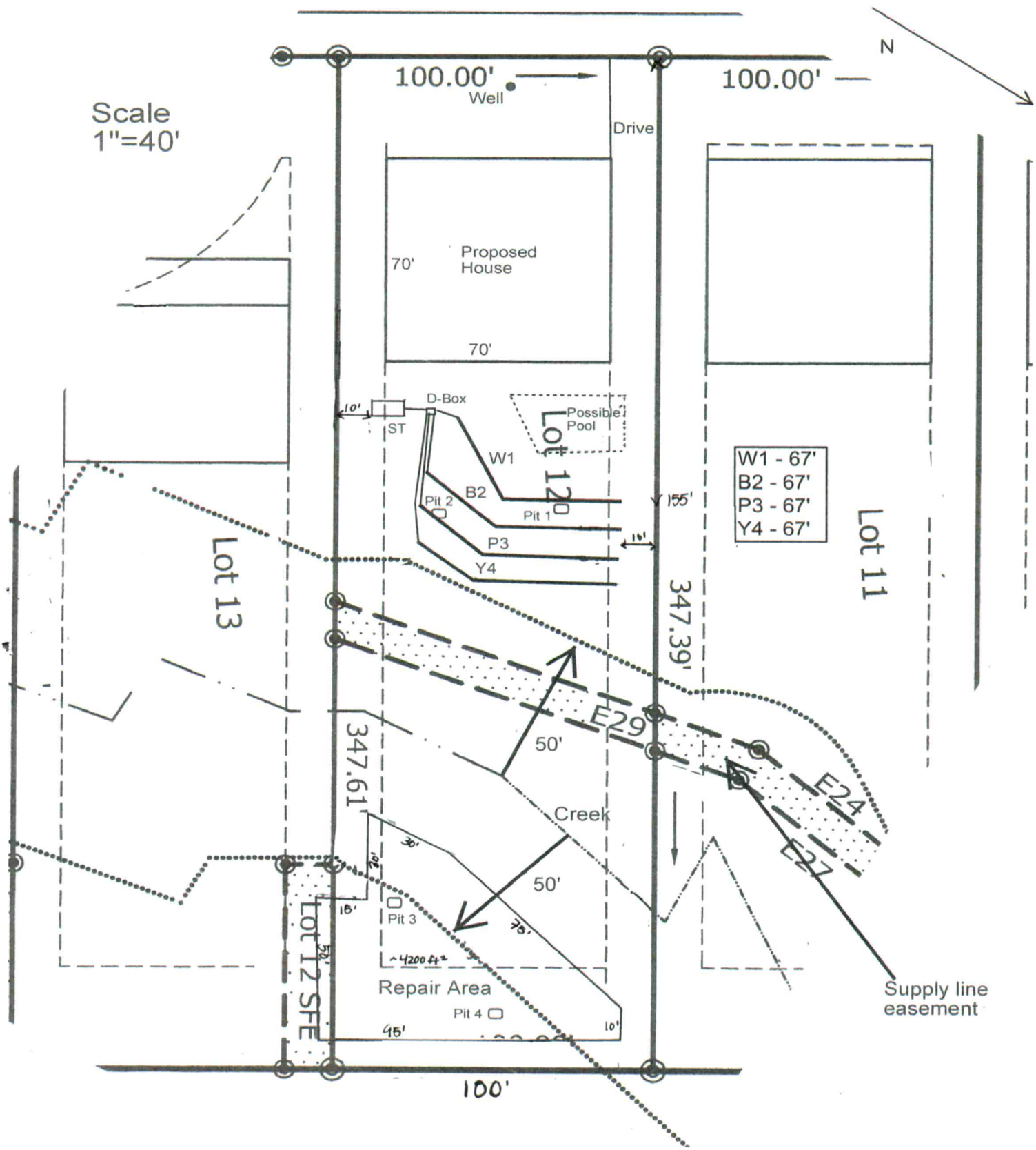
IMPROVEMENT PERMIT by: D. Wiebers Date: 7/11/21 OPERATION PERMIT by: Sidney Morland Date: 1/6/23

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 10/7/21 Existing System Inspected by: Date:

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

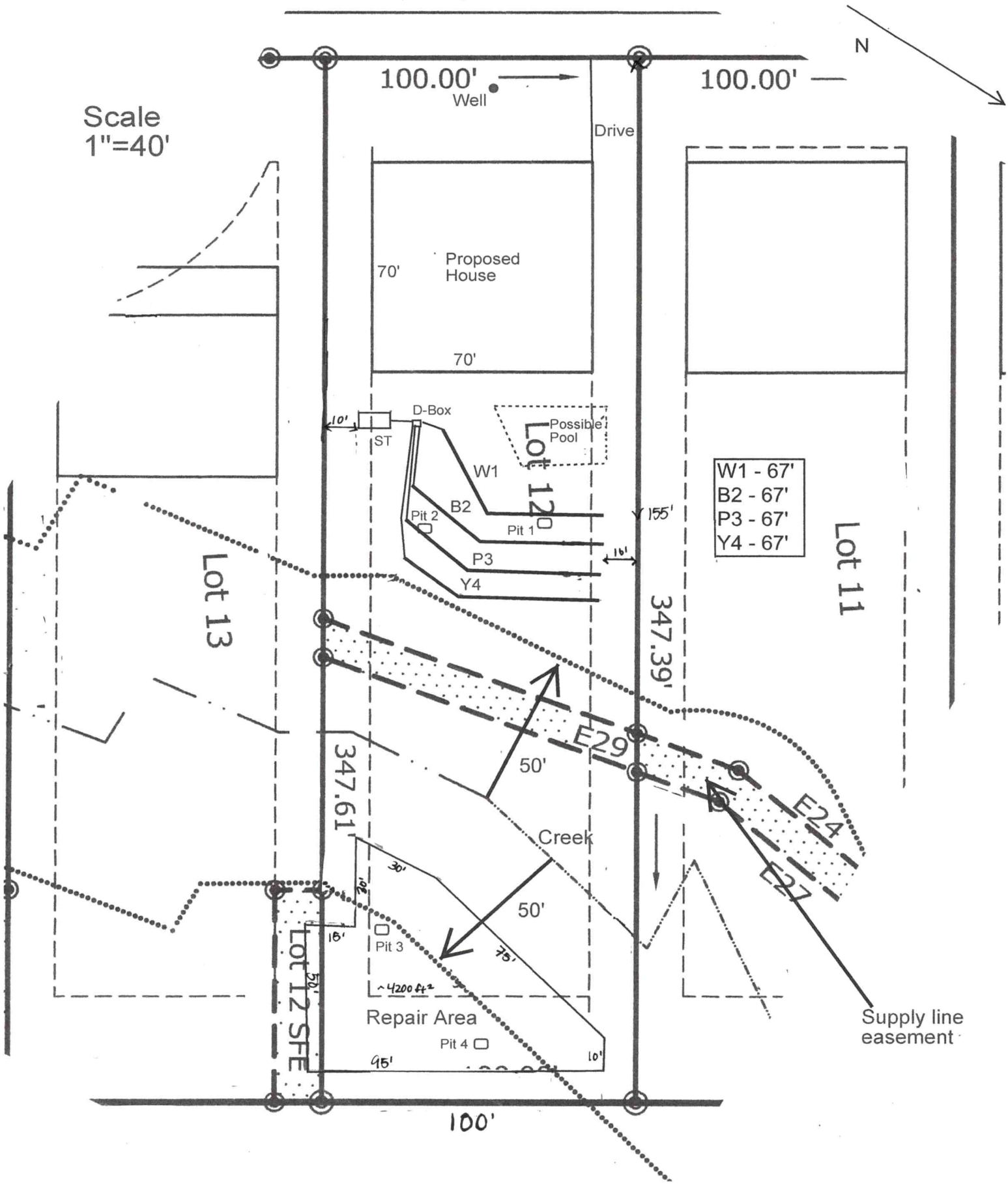
approved
7/11/21 DW

Streamside Estates Dr.



approved
7/11/21 DW

Streamside Estates Dr.



MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
6/30/2021

Reference: Data Sheet for 153 Stream Walk Dr, Streamside Estates Lot 12
House Footprint: See attached
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 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Dispersal
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
White 1	67'	85'
Blue 2	67'	100'
Pink 3	67'	90'
Yellow 4	67'	70'

Initial System: 270' **Repair System:** 4200 FT^2

Comments:



PROPERTY ID #: _____
COUNTY: __Iredell___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

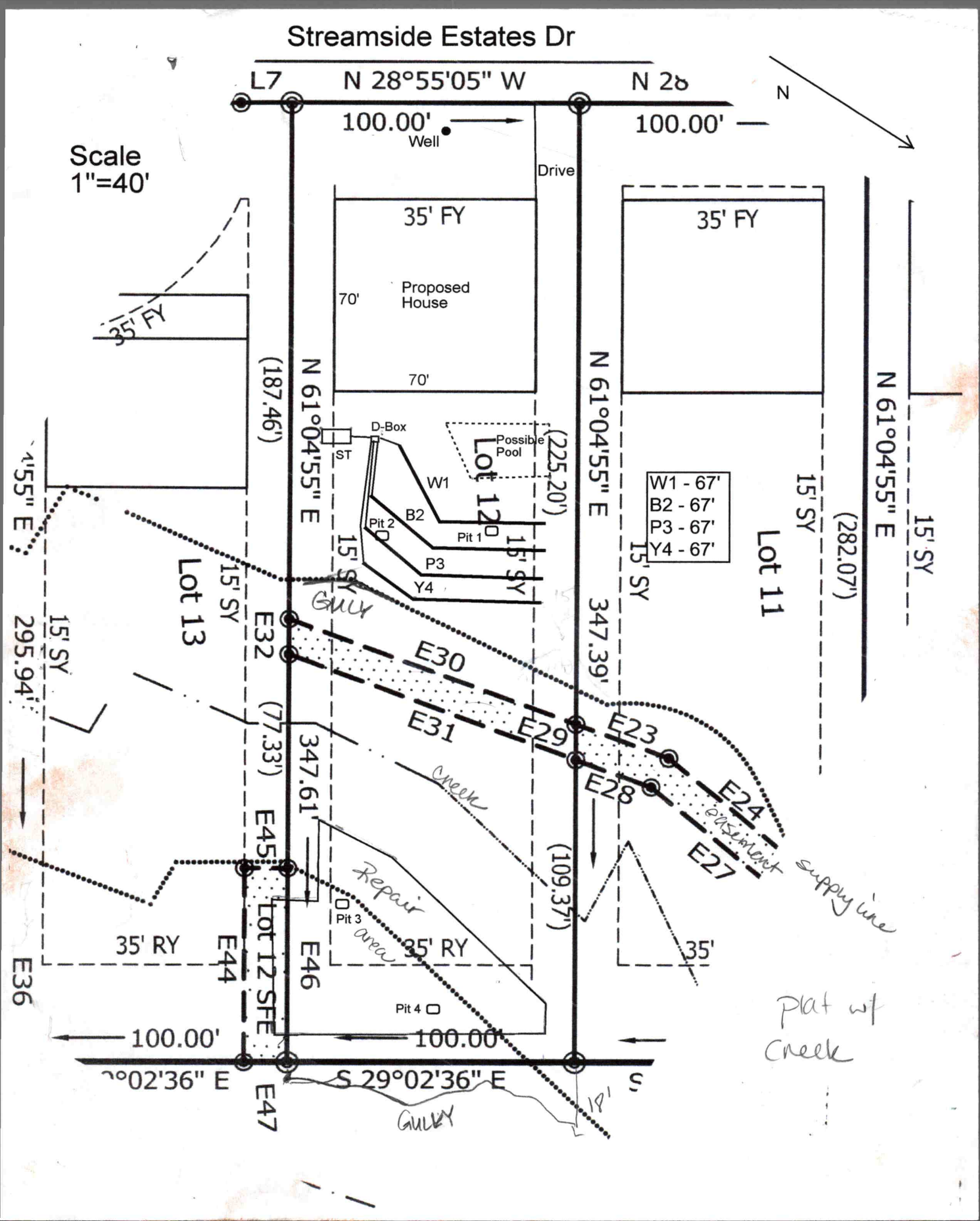
OWNER: Foundation Homes Developing LLC_____ APPLICATION DATE_____
ADDRESS: 438 Williamson Rd, Mooresville, NC 28117_____ DATE EVALUATED: __6/2021____
PROPOSED FACILITY: ___4 BDRM_____ PROPOSED DESIGN FLOW (.1949): __480 GPD___ PROPERTY SIZE: __0.798 AC_____
LOCATION OF SITE: 153 Streamside Estates Dr, Streamside Lot 12_____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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 8%	0-8	Br CL WSBK	FR SS SP SXP	N/A	55"	N/A	N/A	PS 0.3
		8-28	R C SBK	FR SS SP SXP					
		28-55	R CL WSBK	FR SS SP SXP					
						Sap ind. in 28"+			
					Mica				
PIT 2	LS 10%	0-8	Br CL WSBK	FR SS SP SXP	N/A	53"		N/A	PS 0.3
		8-25	R C SBK	FR SS SP SXP					
		25-53	R CL WSBK	FR SS SP SXP			Com SAP throughout	25"+ CL	
							Mica common		
PIT 3	LS 4%	0-5	Br CL WSBK	FR SS SP SXP	YB's 32" CHR 2 44"	44"	N/A	N/A	DRIP 0.125
		5-44	R C SBK	FR SS SP SXP					
PIT 4	LS 4%	0-4	Br CL WSBK	FR SS SP SXP	YB's - 24" CHR 2 - 41"	41"	N/A	N/A	DRIP 0.125
		4-41	R C SBK	FR SS SP SXP					

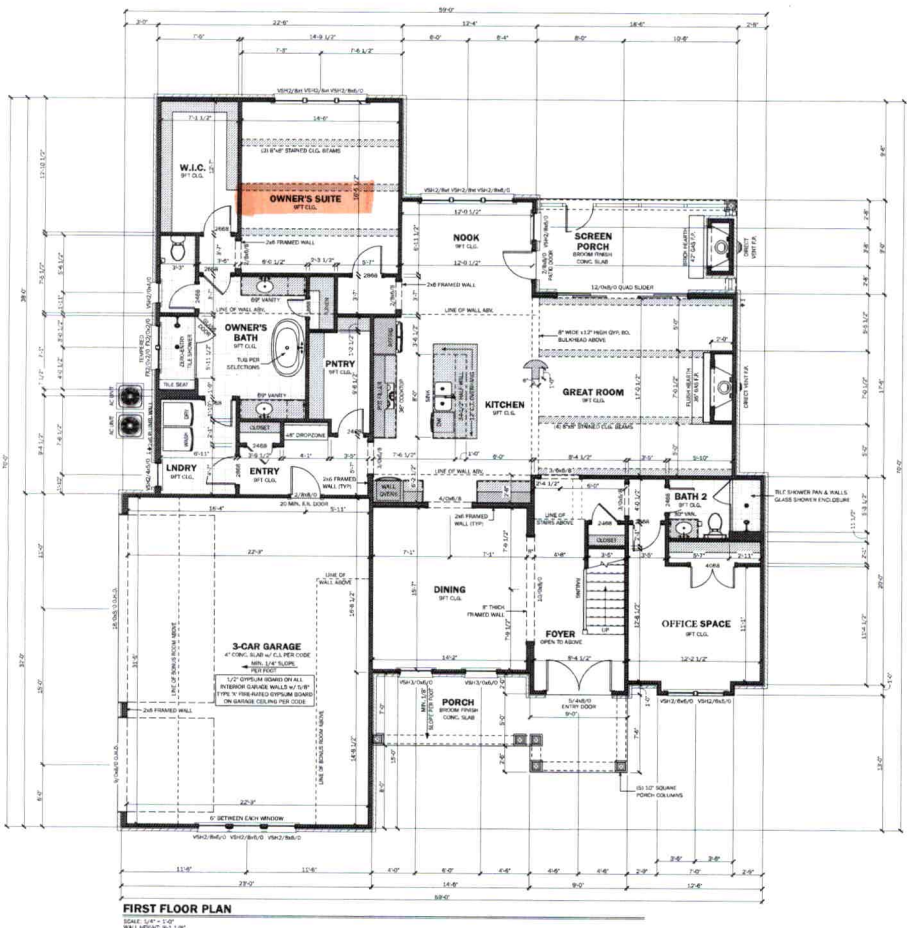
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT^2	4200 FT^2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

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

COMMENTS: _____


Streamside Estates Dr
L7
N 28°55'05" W
N 28
100.00'
Well
Drive
100.00'
N
Scale
1"=40'
35' FY
35' FY
35' FY
70'
Proposed
House
70'
(187.46')
N 61°04'55" E
D-Box
ST
Possible
Pool
(225.20')
Lot 12
W1
B2
Pit 2
Pit 1
P3
Y4
15' SY
15' SY
Gully
W1 - 67'
B2 - 67'
P3 - 67'
Y4 - 67'
N 61°04'55" E
347.39'
15' SY
15' SY
Lot 11
(282.07')
N 61°04'55" E
15' SY
Lot 13
15' SY
295.94'
E32
E30
E31
E29
E23
E22
E24
E27
easement
supply line
(77.33')
347.61'
E45
Creek
Repair
area
Pit 3
(109.37')
35' RY
E44
Lot 12 SFE
E46
35' RY
35'
E36
Pit 4
100.00'
100.00'
S 29°02'36" E
S 29°02'36" E
E47
GULLY
18'
Plat w/
Creek

59'



FIRST FLOOR PLAN

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

436 Wilkinson Road
Suite 100
Mooresville, NC 28117
704-360-7251
www.foundationhomesinc.com

Township/County: TOWNSHIP COUNTY

Engineer:

Stamp/Seal:

Project Name/Owner:
THE SHADLEY
COMMUNITY NAME
LOT NUMBER
SITE ADDRESS LINE 1
CITY, STATE ZIP
CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP
PH: 000-000-0000

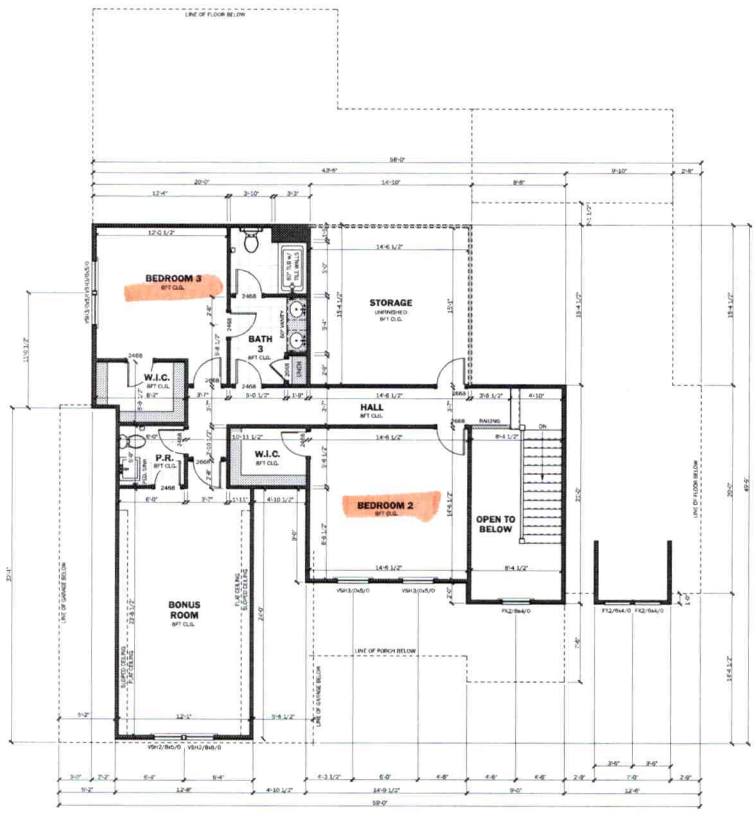
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Date: 9/24/2021
Drawn By: RES
Reviewed By: —
Plan Set Scale: 24x36 sheet 1/4" = 1'-0" 11x17 sheet 1/8" = 1'-0"
Project Plan Code: —
Drawing Set: FOR CONSTRUCTION
Sheet Title Description: FIRST FLOOR PLAN
Sheet Number: **A3.0**
Master Plan Version: v1.0

Acknowledgement Of Plans Submittal ONLY!

Date 10/8/21

Date 10/7/21



SECOND FLOOR PLAN

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

438 W Bostian Road
Suite C
Mooresville, NC 28117
704-360-3331
www.foundationhomesnc.com

Township/County: TOWNSHIP COUNTY

Engineer:

Stamp/Seal:

Project Name/Owner:
THE BRADLEY
COMMUNITY NAME
LOT NUMBER
SITE ADDRESS LINE 1
CITY, STATE ZIP

CLIENT NAME
STREET ADDRESS
CITY, STATE ZIP

PH 000-000-0000

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Date: 9/28/2021
Drawn By: REB
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

Acknowledgement Of Plans Submittal ONLY!

M Joy Owens Date 10/8/21

D. Mc[illegible] Date 10/7/21

RECEIVED OCT 0 1 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP- 319358

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: 153 Streamside Estates Dr

Subdivision Name: Streamside Estates **Section/Phase:** _____ **Lot Number:** 12

Driving Directions: Perth Rd N, TL Fern Hill, TL Streamside Estates, 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: _____ 7/2/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

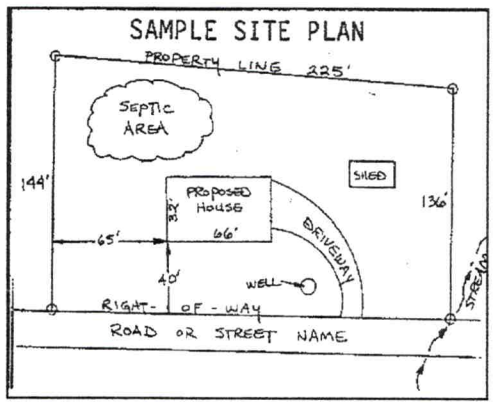
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 7/2/2021

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

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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 153 Streamside Estates Dr Streamside Estates Lot 12, 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

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** 7/2/2021

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 JUL 2 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP- 319358

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: 153 Streamside Estates Dr

Subdivision Name: Streamside Estates **Section/Phase:** _____ **Lot Number:** 12

Driving Directions: Perth Rd N, TL Fern Hill, TL Streamside Estates, 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: _____ 7/2/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

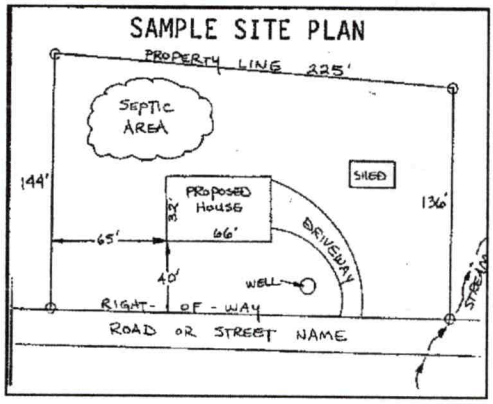
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 7/2/2021

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 153 Streamside Estates Dr Streamside Estates Lot 12, 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

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** 7/2/2021

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

Type: CONSOLIDATED REAL PROPERTY
Recorded: 7/28/2021 1:01:56 PM
Fee Amt: $26.00 Page 1 of 3
Revenue Tax: $0.00
Iredell County, NC
Maureen P. Purcell Register of Deeds

BK 2836 PG 1180 - 1182

PREPARED BY AND RETURN TO:
Thomas & Webber, PLLC.
514 Williamson Road, Ste 431
Mooresville, NC 28117

EASEMENT AGREEMENT FOR SEPTIC LINES

North Carolina
Iredell County

THIS EASEMENT AGREEMENT entered this 27th day of July, 2021 and between Foundation Homes Developing, LLC and Foundation Homes Residential, LLC.

WITNESSETH:

WHEREAS, Foundation Homes Developing, LLC (hereinafter referred to as "Developing") is the owner of those certain parcels or tracts of land located in Iredell County, known as Lots 4,5,9,11,12,13,14,15 of the Streamside Estates Subdivision as shown in Plat Book 74 at Page 34 the same being the land conveyed to Foundation Homes Developing, LLC from Foundation Homes Residential, LLC by deed recorded in Book 2780, Page 2255, in the Iredell County Registry ("Developing Property"); and

WHEREAS, Foundation Homes Residential, LLC (hereinafter referred to as "Residential") is the owner of those certain parcels or tracts of Land located in Iredell County known as Lots 3,7,10 of the Streamside Estates Subdivision as shown in Plat Book 74 at Page 34, the same being the land conveyed to Foundation Homes Residential, LLC by deed recorded in Book 2825, Page 1356 in the office of the Register of Deeds of Iredell County, reference to which deed is made for greater certainty of description ("Residential' Property"); and

WHEREAS, Developing and Residential desires to convey to Developing and Residential, a nonexclusive septic easement over Lot 4 to service the septic field for Lot 5 (the "Septic Easement Area") to operate, repair and maintain the Septic Lines as indicated on that plat recorded in Book 74, Page 34, incorporated herein by reference;

Page Count 3 R.O.T.C.
NS PQ SI

WHEREAS, Developing and Residential desires to convey to Developing and Residential, a nonexclusive septic easement over Lot 5 to service the septic field for Lot 6 (the "Septic Easement Area") to operate, repair and maintain the Septic Lines as indicated on that plat recorded in Book 74, Page 34, incorporated herein by reference;

WHEREAS, Developing and Residential desires to convey to Developing and Residential, a nonexclusive septic easement over Lot 9 to service the septic field for Lot 13A (the "Septic Easement Area") to operate, repair and maintain the Septic Lines as indicated on that plat recorded in Book 74, Page 34, incorporated herein by reference;

WHEREAS, Developing and Residential desires to convey to Developing and Residential, a nonexclusive septic easement along the rear of Lots of 10, 11, 12 to service the septic field for Lot 13 (the "Septic Easement Area") to operate, repair and maintain the Septic Lines as indicated on that plat recorded in Book 74, Page 34, incorporated herein by reference;

WHEREAS, Developing and Residential desires to convey to Developing and Residential, a nonexclusive septic easement over Lot 14 to service the septic field for Lot 13B (the "Septic Easement Area") to operate, repair and maintain the Septic Lines as indicated on that plat recorded in Book 74, Page 34, incorporated herein by reference;

WHEREAS, Developing and Residential desires to convey to Developing and Residential, a nonexclusive septic easement over Lot 15 to service the septic field for Lot 14 (the "Septic Easement Area") to operate, repair and maintain the Septic Lines as indicated on that plat recorded in Book 74, Page 34, incorporated herein by reference;

NOW THEREFORE, the parties for and in consideration of ten dollars and other good and valuable consideration, the receipt of which is hereby acknowledged, has and by these presents does give, grant and convey unto the other the following easements:

> The parties convey to each other a perpetual, nonexclusive septic easement over and across Septic Easement Area. The owner of the dominant tracts shall maintain any and all lines which run from the Septic Easement Area solely to service their Lot. The owners of the servient tracts shall maintain the landscaping for their tracts.

The easements conveyed herein shall be binding upon and shall inure to the benefit of the parties hereto, their respective heirs, successors and assigns, it being agreed that the right and easements hereby granted are appurtenant to and are to run with the lands.

(Signatures to follow)

IN TESTIMONY WHEREOF, the parties have set their hands and seals the day and year first above written.

Foundation Homes Developing, LLC

_____(SEAL)
Jonathan Smith, Member/Manager

Foundation Homes Residential, LLC

_____(SEAL)
Jonathan Smith, Member/Manager

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

I, a Notary Public for said County and State, do hereby certify that Jonathan Smith, Member/Manager of Foundation Homes Developing, LLC, a North Carolina Limited Liability Company personally appeared before me this day and acknowledged the due execution of the foregoing instrument on behalf of the company.

WITNESS my hand and official seal, this 27th day of July, 2021.

MARJORIE E. OWENS NOTARY PUBLIC IREDELL COUNTY, NC

Marjorie E. Owens
Notary Public
My Commission Expires: 10/21/2023

STATE OF NORTH CAROLINA

COUNTY OF IREDELL

I, a Notary Public for said County and State, do hereby certify that Jonathan Smith, Member/Manager of Foundation Homes Residential, LLC, a North Carolina Limited Liability Company personally appeared before me this day and acknowledged the due execution of the foregoing instrument on behalf of the company.

WITNESS my hand and official seal, this 27th day of July, 2021.

MARJORIE E. OWENS NOTARY PUBLIC IREDELL COUNTY, NC

Marjorie E. Owens
Notary Public
My Commission Expires: 10/21/2023