HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # AP244223

APPLICANT/OWNER: Foundation Homes

PIN # 4649006036

SITE ADDRESS: 226 Hidden meadows Dr Mooresville NC 28117

APPLICANT ADDRESS: 438 Williamson Rd Mooresville NC 28117

SITE DIRECTIONS: NC 115 N to L on connector Rd, S on Cornelius Rd, R on Judas Rd, L on Rethrd L on Hidden meadows, 1st lot at end

PHONE: 704-360-2251 ALT. PHONE

SUBDIVISION: Hidden Meadows

SECTION: — LOT # 17 LOT AREA: 2.177 acres

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480GPD L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date	
Pump Tank	— (gal)	PT	—	Date	—
Pump Make	—	Model	—	Serial #	—
# Nitrification Fields	1	# Lines	5	Linear Ft	480'
Trench Width	36	Trench Bottom Depth(Low side)	30"	Gravel Depth	—

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

System Description: Gravity 25% Reduction

Repair System Description: Gravity 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

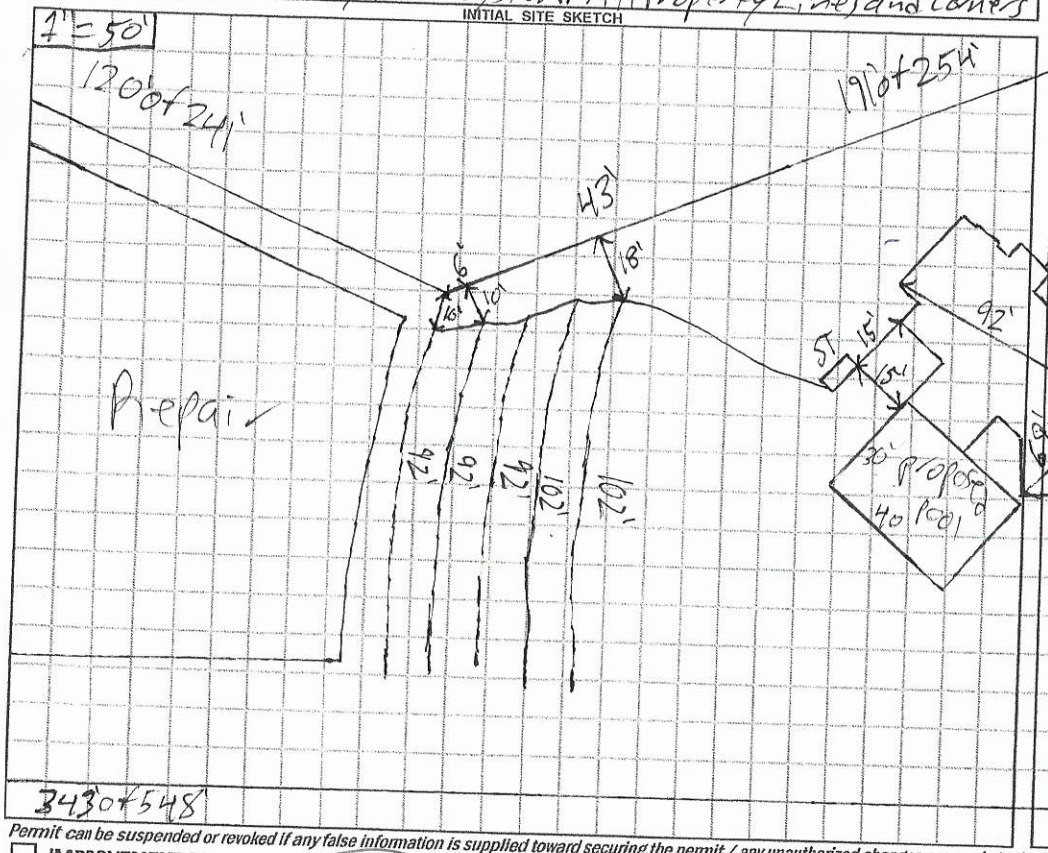
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

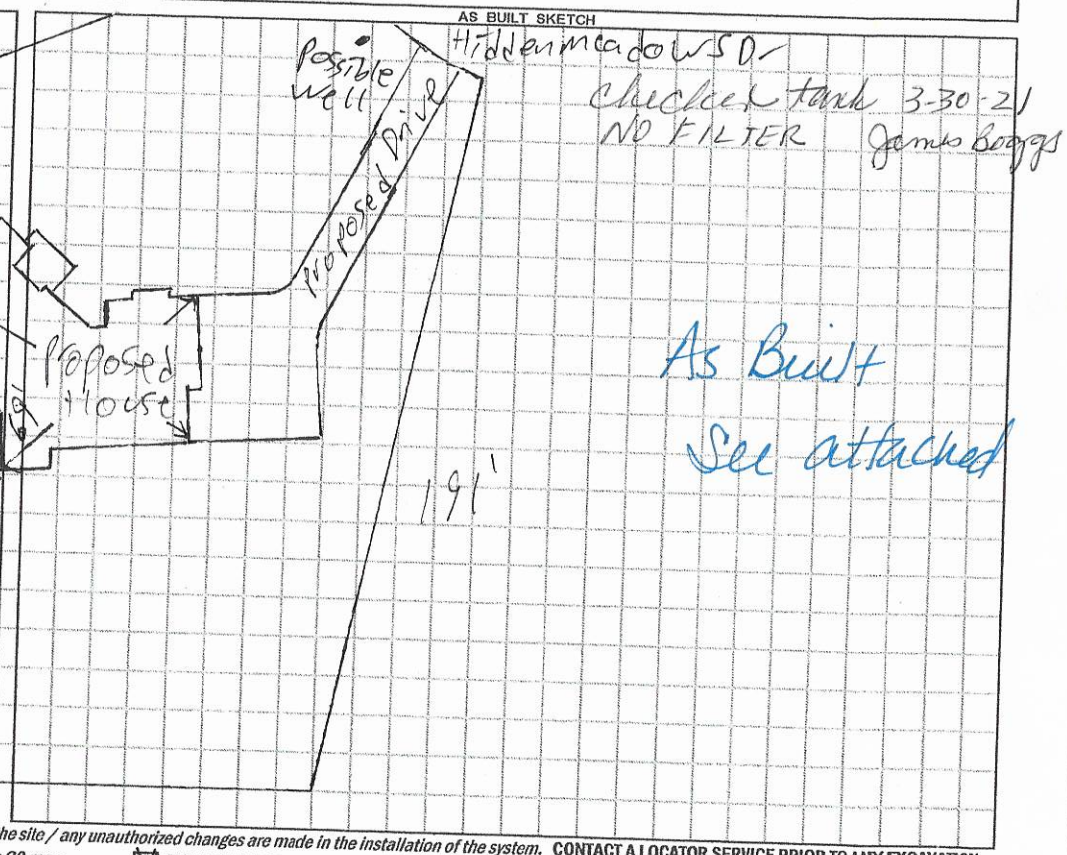
Comments / Conditions: Install lines on contour. DO NOT Drive on, store material or manipulate drainfield in any way. Divert all storm surface water away from system. All Property Lines and corners must be marked during time of installation and Inspection. All part of septic MUST be 15' off water's edge of pool.

INITIAL SITE SKETCH

1" = 50'



AS BUILT SKETCH



Hiddenmeadows 0-
checked tank 3-30-21
NO FILTER James Boggs

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: 1/15/2021

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 1/11/2021

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 1/11/2021

Installed by: Specialty Septic

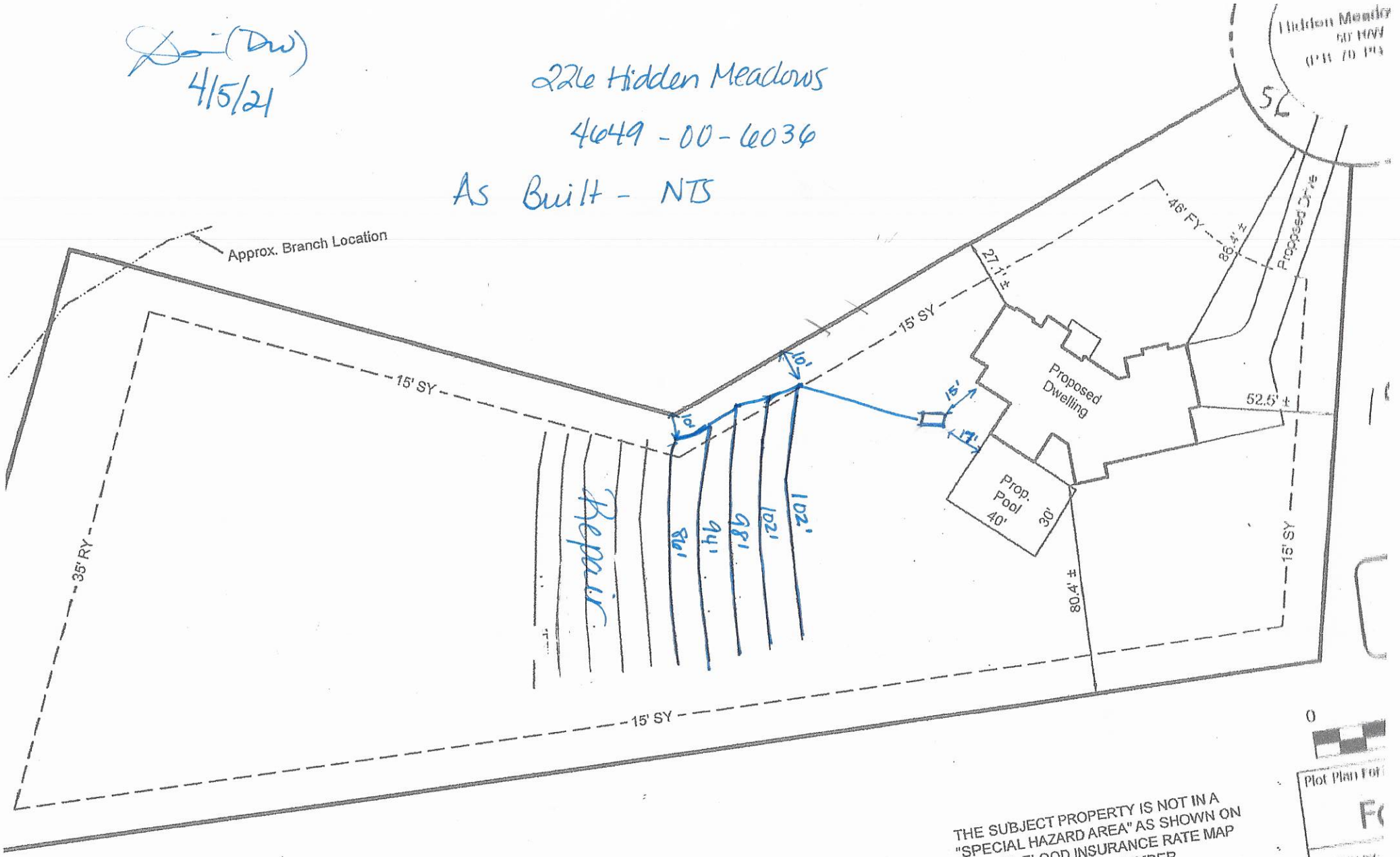
OPERATION PERMIT by: D. Swieberg Date: 4/9/21

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Joi (DW)
4/5/21

226 Hidden Meadows
4649-00-6036
As Built - NTS



THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710464900J EFFECTIVE DATE 3/18/2008.

REFERENCE:
BEING ALL OF LOT 17 - HIDDEN MEADOWS SUBDIVISION - AS RECORDED IN P.B. 70, PG. 132 - IREDELL COUNTY REGISTRY.

NOTES:

COUNTY) & 35'

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
NC 28687

Plot Plan For
DRAWN BY:
PIN NO: 46
DEED REF
DATE OF
REVISIO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Hidden Meadows Ventures
ADDRESS: PO Box 4628
PROPOSED FACILITY: 4BR House PROPOSED DESIGN FLOW (.1949): 480 gpd.
LOCATION OF SITE: 226 Hidden Meadows Mill
APPLICATION DATE 5/19
DATE EVALUATED: 5/19
PROPERTY SIZE: 1.4 AC
PROPERTY RECORDED: NO.
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side. 10%.	0-22	C SBK	SS SP FR SEP	2.5Y 7/6	50	—	MN conc.	PS .25
		22-39	CL WSBK	SS SP FR					
		39-50	Sap R	M VFR					
2	Side. 10%	0-26	C SBK	SS	" "	60	—	FM @ 36	PS .25
		26-36	CL WSBK	SS					
		36-60	CL FM	S FIRM					
3	Side. 8-10%	0-28	C SBK	SS SP FR SEP	" "	56	—	MN conc.	PS .25
		28-56	CL WSBK	SS SP FR					
4	Side. 8%	0-36	C SBK	SS SP FR	" "	56.	—	FIRM @ 40	PS .25
		36-40	CL WSBK	SS SP FR					
		40-56	CL FM	MI conc					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	480
System Type(s)	III 25%	III 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins.
OTHER(S) PRESENT:

COMMENTS:

RECEIVED DEC 04 2020

11/25/20

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Limited

AP-244223 $100.00

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 **Address:** 438 Williamson Rd, Mooresville, NC **Zip:** 28117

Applicant Email: laura@foundationhomesllc.com **Phone:** 704 360 2251 **Alt. Phone:** /

Owner Name: Foundation Homes **Address:** 438 Williamson Rd, Mooresville NC **Zip:** 28117

Owner Email: laura@foundationhomesllc.com **Phone:** 704 360 2251 **Alt. Phone:** /

Property Information:

Street Address: 226 Hidden Meadows dr. Mooresville, NC. 28117

Subdivision Name: Hidden Meadows **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: at the corner of Perth & Judas Road

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

CHECK FOUNDATION TYPE

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

(✓) 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: _____ 11/25/20
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, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 11/25/20
Signature of Owner(s) Date

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

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

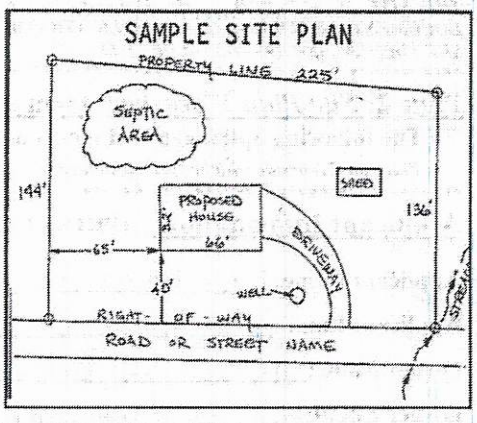
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

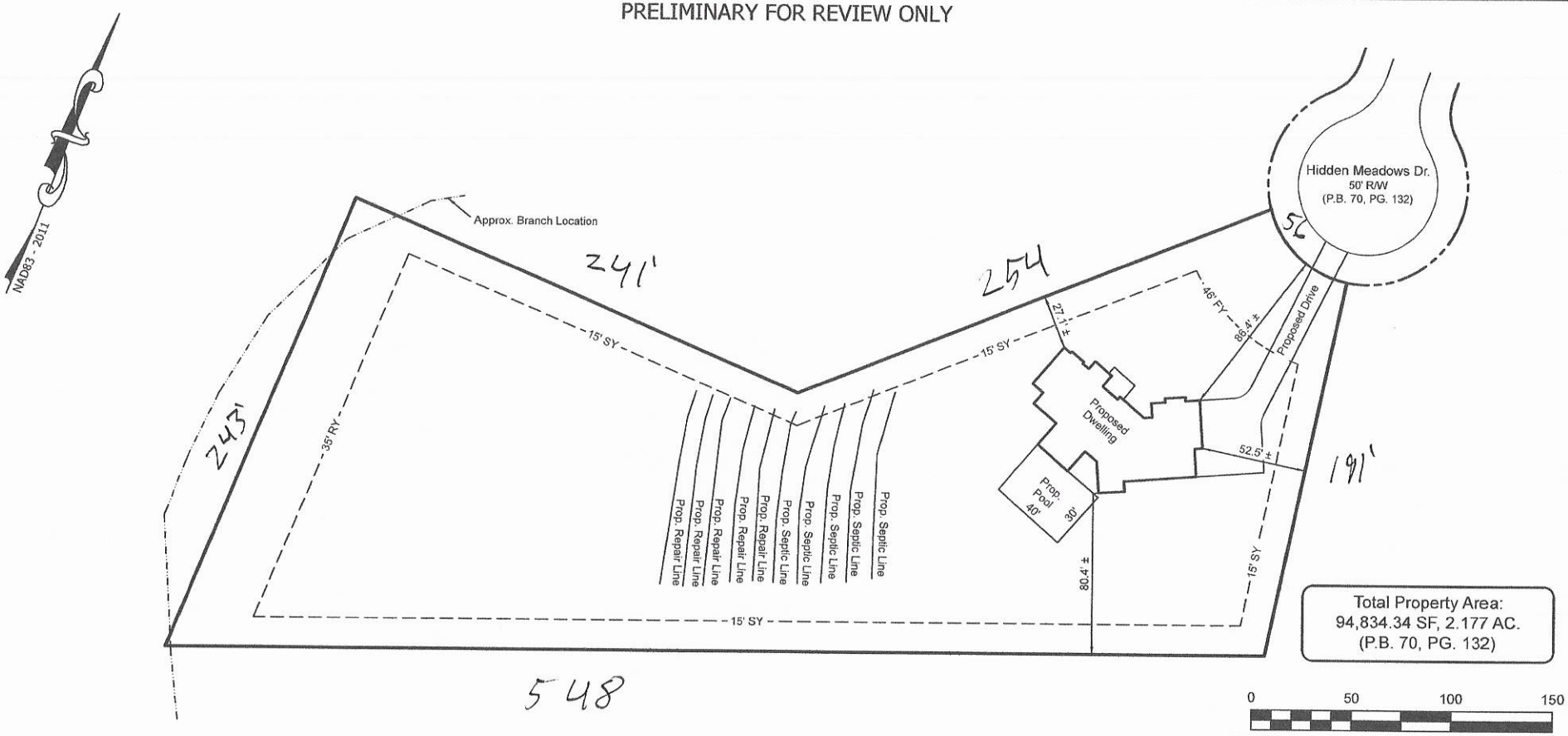
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

* See attached *

Signature: _____ _____

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

PRELIMINARY FOR REVIEW ONLY



Total Property Area:
94,834.34 SF, 2.177 AC.
(P.B. 70, PG. 132)

0 50 100 150

LEGEND	
FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE

REFERENCE:

BEING ALL OF LOT 17 - HIDDEN MEADOWS SUBDIVISION - AS RECORDED IN P.B. 70, PG. 132 - IREDELL COUNTY REGISTRY.

NOTES:

PROPERTY ZONED: RA (IREDELL COUNTY)

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) AS RECORDED IN P.B. 70, PG. 132.

PROPERTY LIES IN THE "WS-IV CA" WATERSHED OVERLAY.

PROPOSED SEPTIC LINES & PROPOSED SEPTIC REPAIR LINES WERE COMPUTED GRAPHICALLY FROM SEPTIC PERMIT #244223.

THE SUBJECT PROPERTY IS NOT IN A "SPECIAL HAZARD AREA" AS SHOWN ON HUD/FIA FLOOD INSURANCE RATE MAP COMMUNITY PANNEL NUMBER 3710464900J EFFECTIVE DATE 3/18/2008.

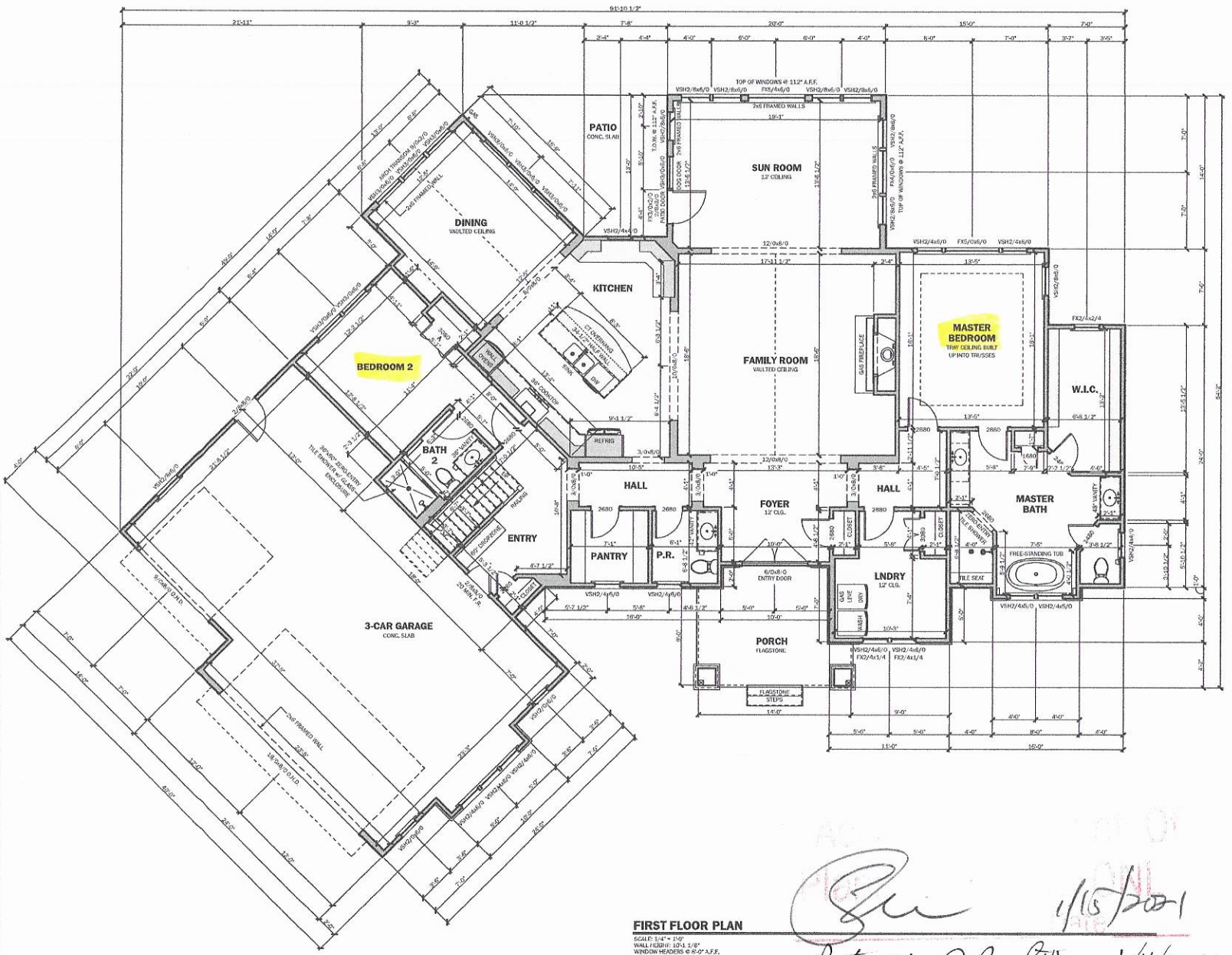
JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

Plot Plan For:

Foundation Homes

DRAWN BY: JWE	CHECKED BY: MIG	SCALE: 1" = 50'
PIN NO: 4649-00-6306		
DEED REF: 2692 - 1363		
DATE OF MAP: 11-23-20	SURVEY DATE:	
REVISION:	DRAWING FILE: 20201132 - PlotPlan	

226 Hidden Meadows Dr, Mooresville, NC 28117
Davidson TWSP - Iredell County - North Carolina



FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 10'-1 1/8"
WINDOW HEADERS @ 8'-0" A.F.F.

1/15/2021

Patrick J Byrd Date 1/11/2021

436 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
#284
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-376-7200

Stamp/Seal

Project Name/Owner
THE JOHNNY
HIDDEN MEADOWS
LOT 17
226 HIDDEN MEADOWS DR.
MOORESVILLE, NC 28117
JOHN AND ANZEA GAMBLE

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Date
1/2/2021

Drawn By
RES

Reviewed By

Plan Set Scale
24x36 sheet
1/4" = 1'-0"
11x17 sheet
1/8" = 1'-0"

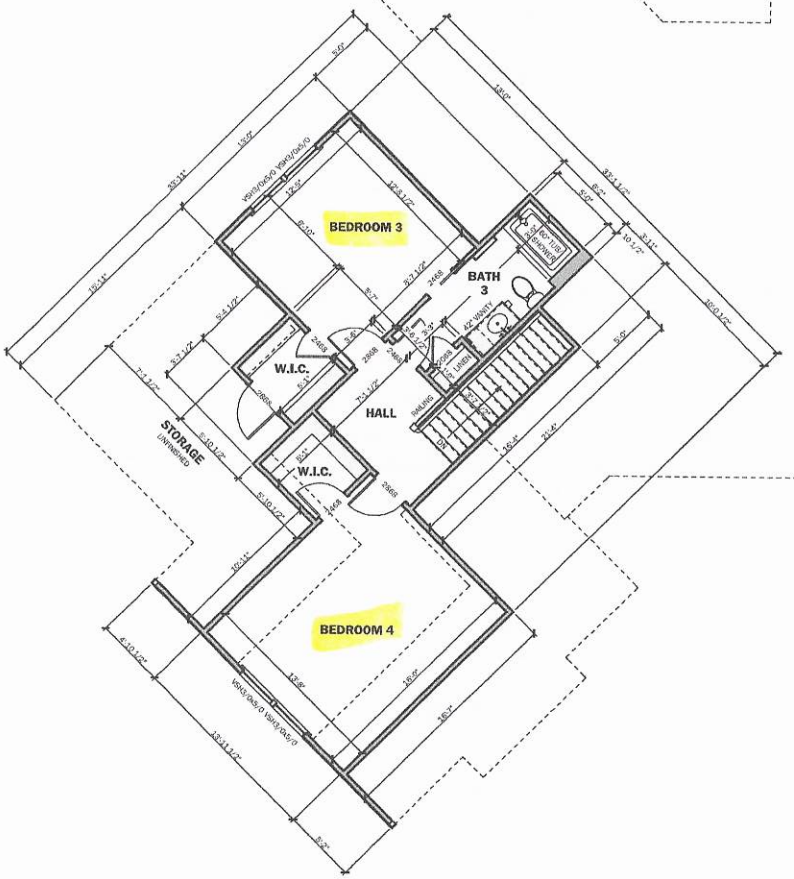
Project Plan Code

Drawing Set
FOR CONSTRUCTION

Sheet Title Description
FIRST FLOOR PLAN

Sheet Number
A3.0

Master Plan Version
v1.3



SECOND FLOOR PLAN

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

436 Williamson Road
Suite C
Mooresville, NC 28117
704-360-2231
www.foundationhomesllc.com

Township/County
TOWNSHIP
COUNTY

Engineer
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE
#294
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7200

Stamp/Seal

Project Name/Owner
THE JOHNNY
HIDDEN MEADOWS
LOT 17
226 HIDDEN MEADOWS DR.
MOORESVILLE, NC 28117
JOHN AND ANZEA
GAMBLE

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Date
1/22/2021

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

Approved
Planning Director
Date 1/15/2021
Patrick J Byrd III
Date 1/11/2021

IREDELL COUNTY

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

APPLICATION NUMBER
244223
Issue Date: 04/30/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	226 HIDDEN MEADOWS DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: ROBINSON WOODS DEVELOPMENT CO LLC	Applicant: ROLLANS SOIL & ENVIRON
Address: PO BOX 4628	Address: 470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28117	MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
43.460	35.00	35.00	15.00	15.00	PACL	X

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	175612	TOTAL FEES:	$ 77.25

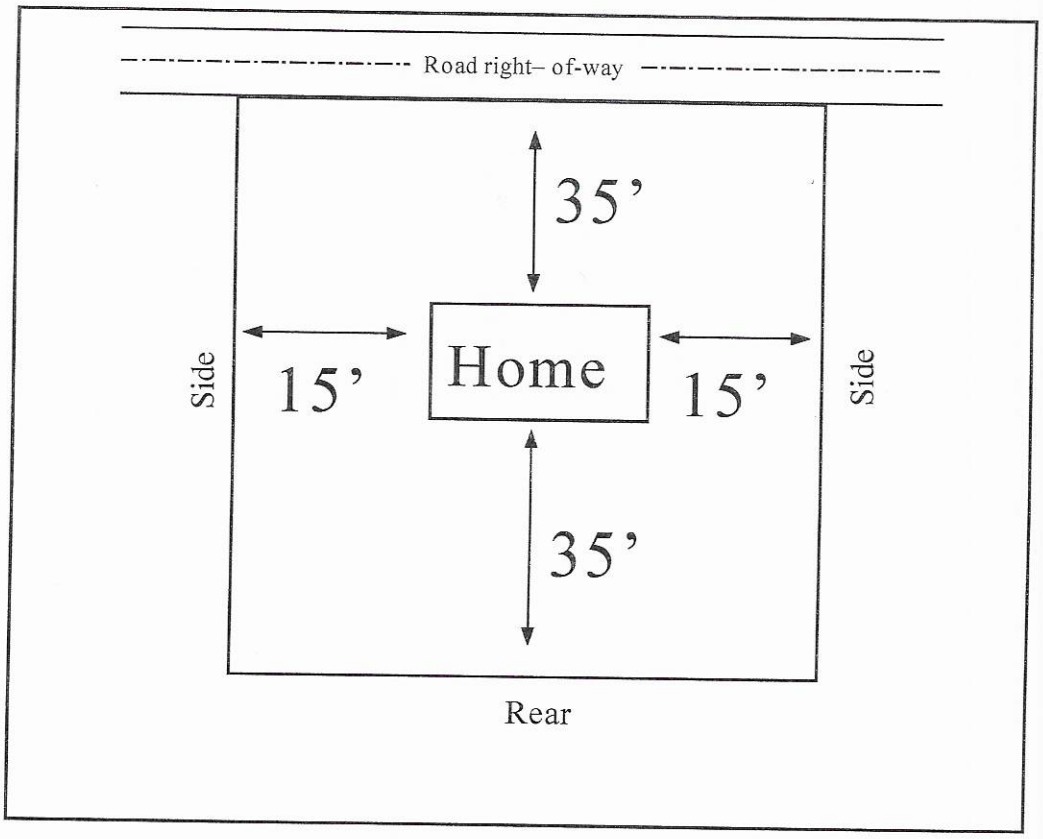
ZONING DISCLAIMER

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. Applicant further acknowledges that the 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.

Chad Wagner — 4/30/2019

Applicant — Date

STREET NAME: 228 HIDDEN MEADOWS



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.