ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 24783

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

PIN # 4649 -- 00 -- 7534

APPLICANT/OWNER: Foundation Homes Residential | APPLICANT ADDRESS: 438 Williamson Rd, Mooresville NC 28117

SITE ADDRESS: 214 Hidden Meadows Dr. Mooresville NC 28117 | PHONE: 704-360-2251 | ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (R) Hidden Meadows → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows | SECTION: — | LOT # 20 | LOT AREA: 1.232 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB 760	Date 3-1-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description: 50% Red-PPBPS				☐ Other	No. Employees
# Nitrification Fields 1	# Lines 5		Linear Ft: 438'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side) 30"		Gravel Depth N/A	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert all drainage from drainfield. Newly cut swales MUST be on property lines to allow for drainfield installation - stay >15' from swales.

Do not pave, grade, drive, park, or bury utilities in drainfields. Install on contour of land, use serial distribution.

INITIAL SITE SKETCH

See attached site plan by Paul Penninger, LSS dated 4/1/21

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.

INSTALLED AS PERMITTED

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

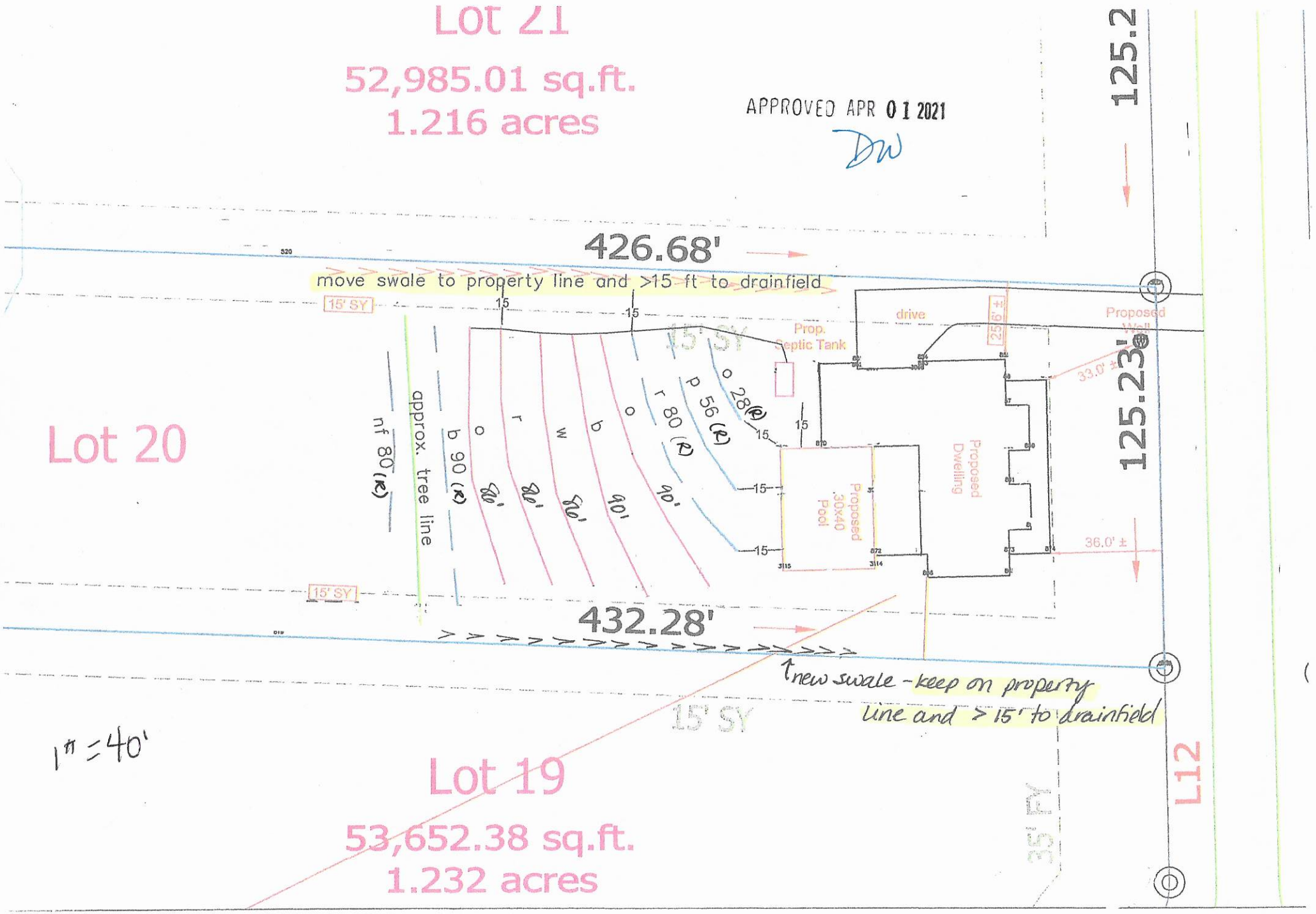
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Rebecca Culbert | Date: 4/5/21 | Installed by: SPECIALITY SEPTIC

IMPROVEMENT PERMIT by: D. Wiekerz | Date: 4/1/21 | OPERATION PERMIT by: Burgent C. White | Date: 5-7-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiekerz | Date: 4/1/21 | Existing System Inspected by: | Date:

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


Lot 21
52,985.01 sq.ft.
1.216 acres
APPROVED APR 01 2021
DW
125.2
426.68'
move swale to property line and >15 ft to drainfield
15' SY
15
15
15' SY
drive
25' ±
Proposed Well
Prop. Septic Tank
33.0' ±
125.23'
Lot 20
nf 80 (R)
approx. tree line
b 90 (R)
o
r
w
b
o
r 80 (R)
p 56 (R)
o 28 (R)
80'
80'
80'
90'
90'
15
15
15
15
Proposed Dwelling
Proposed 30x40 Pool
36.0' ±
15' SY
432.28'
new swale - keep on property line and > 15' to drainfield
15' SY
1" = 40'
Lot 19
53,652.38 sq.ft.
1.232 acres
35' BY
L12

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

Sheet ___ of ___
PROPERTY ID #: 4649016361
COUNTY: Iredell

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

OWNER: Hidden Meadows Ventures
ADDRESS: P.O. Box 4628 Mooresville, NC 28117
PROPOSED FACILITY: House
LOCATION OF SITE: 214 Hidden Meadows Dr / Lot #20
APPLICATION DATE: 5/1/19
DATE EVALUATED: 5/20/19
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: .826 Ac
PROPERTY RECORDED: N

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 8%	0-7"	Brw SCL	wSBK, SS, SP, SExP, FR					.3
		7-23	R to Rd/Brw C m-	wSBK	—				
			SS, SP, SExP			53"			
		23-53	RCL	wSBK, SS, SP, SExP, FR					
			w/Few to many	SAP Inclus					
2	L 10%	0-7	Brw	SCL wSBK, SS, SP, SExP					.275
		7-16	RCm	SBK SS, SP, SExP, FR					
		16-32	RCL	wSBK, SS, SP, SExP, FR					
		32-48	SC L/Rd	wSBK SS, SP, SExP, F	—	48"			
		48-58	SL	SAP massive FR					
3	L 10%	0-6	Brw	SCL wSBK, SS, SP, SExP, FR					.3
		6-26	R C m-	wSBK SS, SP, SExP, FR					
		26-50	RCL	wSBK, SS, SP, SExP, FR					
			w/Few to many	SAP Inclus					
		50-53	L/SL	SAP massive FR	—	50"			
4	L 8%	0-4"	Brw SCL	wSBK SS, SP, SExP, FR					.3
		4-24"	RCm-	wSBK SS, SP, SExP, FR					
		24-54"	RCL	wSBK SS, SP, SExP, FR					
					—	54"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

RECEIVED MAR 1 2 2021

Intermediate Request for Pool

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-244783 $320.00

Application For: DELIVERED MAR 1 2021 ( ) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Res., LLC Address: 438 Williamson Road, Suite C Mooresville Zip: 28117

Applicant Email: justin@foundationhomeslkn.com Phone: 704-360-2251 Alt. Phone: _____

Owner Name: same as above Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

cell Paul Deininger for site visit
704-996-6330

Property Information:

Street Address: 214 Hidden Meadows Drive

Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 20

Driving Directions: 150W, TR Perth, TR Hidden Meadows, Lot on Rt

lanyard about positive drainage away from site

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 ( ) Modified Conventional (X) Other: 25% Reduction or less

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: _____ 3-12-21
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, FOUNDATION HOMES RESIDENTIAL LLC, am the legal owner(s) of the property located at 214 HIDDEN MEADOWS DR. (LOT 20), identified as

PIN (Parcel Identification Number) 4649007534.000, located in Iredell County, North Carolina.

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

_____ 3-10-2021
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

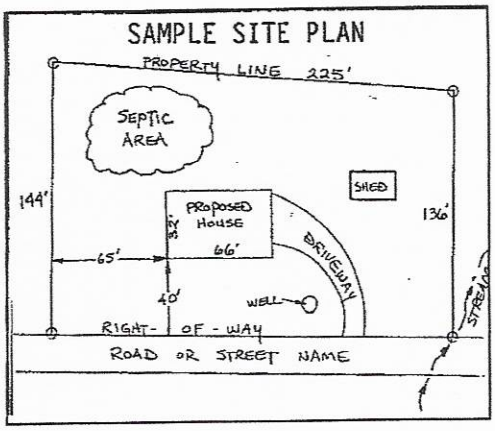
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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

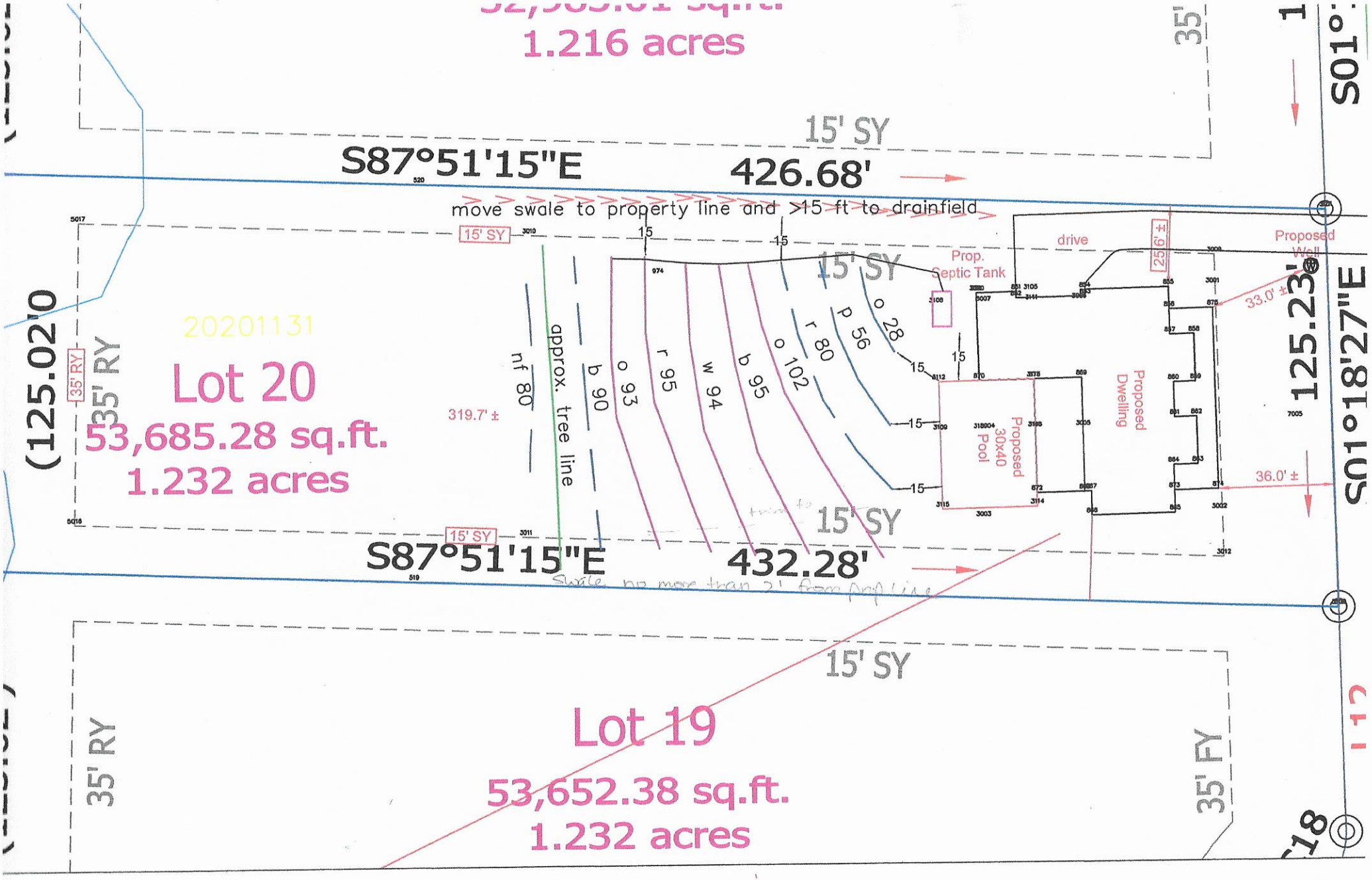
See attached site plan.

Signature: _____

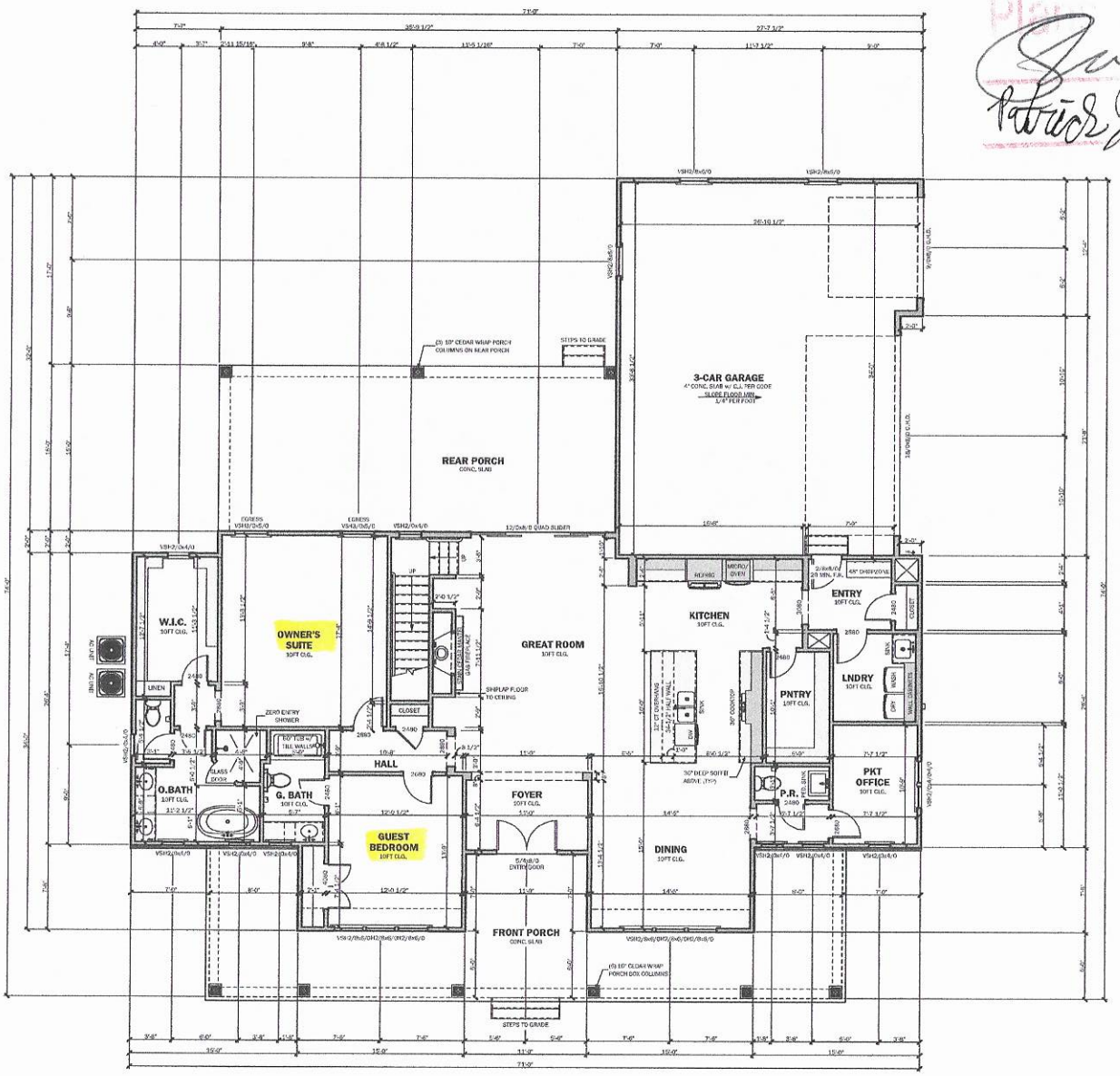
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-12-21

DATE



Foundation Homes – Hidden Meadows Lot 20 Septic Relayout Site Plan for Proposed Approx. septic line locations. Refer to flags in field. Septic system and well must be Existing ID issued by ICHD 6.10.19



FIRST FLOOR PLAN

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

Approved
Plans Examiner ONL Date 2/15/2021
Patrick J Bagley III Date 1/8/2021

438 WILLIAMSON ROAD
SUITE C
MOORESVILLE, NC 28117
704-360-2251
www.foundationhomesnc.com

Township/County
TOWNSHIP
COUNTY

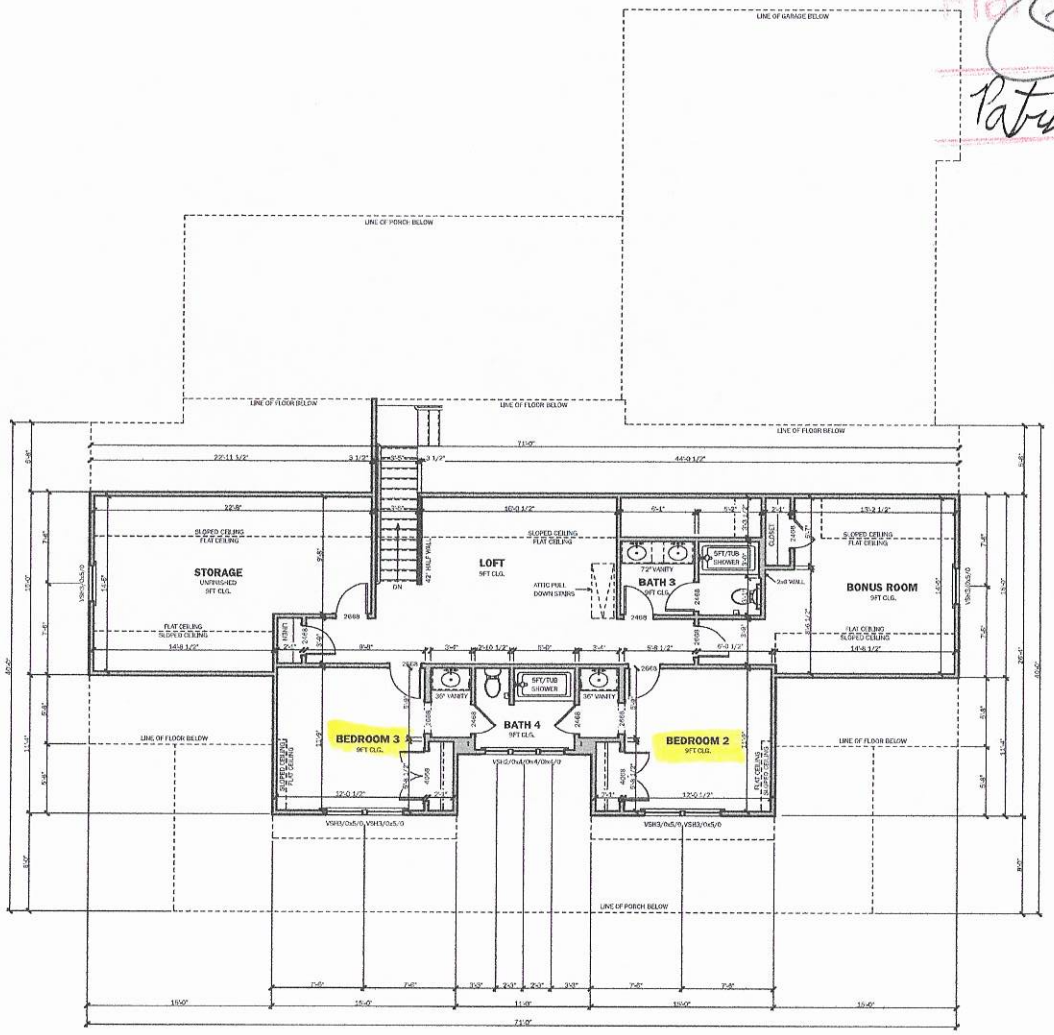
Engineer
INTELLIGENT DESIGN ENGINEERING
1845 J M PEARE PLACE
#201
CHARLOTTE, NC 28262
CHAD REITER, P.E.
CORPORATE LIC. #C-3119
704-335-7205

Stamp/Seal

Project Name/Owner
THE SHELLEY
HIDDEN MEADOWS
LOT 20
WYATT & ANDREA WILSON
214 HIDDEN MEADOWS DR.
MOORESVILLE, NC 28117

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Date 1/6/2021
Drawn By RES
Reviewed By —
Plan Set Scale
30x42 sheet (D1) 1/4" = 1'-0"
11x17 sheet NOT TO SCALE
Project Plan Code —
Drawing Set FOR CONSTRUCTION
Sheet Title Description FIRST FLOOR PLAN
Sheet Number **A3.0**
Revision Item Index



SECOND FLOOR PLAN

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

Approved As Noted
Plan Review ONLY
Date 1/15/2021

Patrick J Bigbee Date 1/8/2021

438 WILLIAMSON ROAD
SUITE C
MOORESVILLE, NC 28117
704-360-2251
www.foundationhomesllc.com

Township/County
TOWNSHIP
COUNTY

Engineer
IDE
INTELLIGENT DESIGN ENGINEERING
INTELLIGENT DESIGN ENGINEERING
1845 J N PEASE PLACE
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-335-7238

Stamp/Seal

Project Name/Owner
THE SHELLEY
HIDDEN MEADOWS
LOT 20
WYATT & ANDREA WILSON
214 HIDDEN MEADOWS DR.
MOORESVILLE, NC 28117

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Date
1/8/2021

Drawn By
RLG

Reviewed By
—

Print Set Scales
30x42 sheet (E1)
1/4" = 1'-0"
11x17 sheet
NOT TO SCALE

Project Plan Date
—

Drawing Set
FOR CONSTRUCTION

Sheet Title Description
SECOND FLOOR PLAN

Sheet Number
A4.0

Master Plan Version
v1.0