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 # 245795

PIN # 4649017395

APPLICANT/OWNER: Hidden Meadows Ventures (Foundation Homes)

APPLICANT ADDRESS: P.O. Box 4628 Mooresville, NC 28117

SITE ADDRESS: 116 Hidden Meadows Dr. Mooresville, NC 28117

PHONE: 9196065852 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd on right just past Rocky Mt. Methodist Church

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows SECTION: — LOT # 27 LOT AREA: .811 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	2071	Date	Installed	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	PPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	Min. 400	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE	

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

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

☐ Basement w/o plumbing

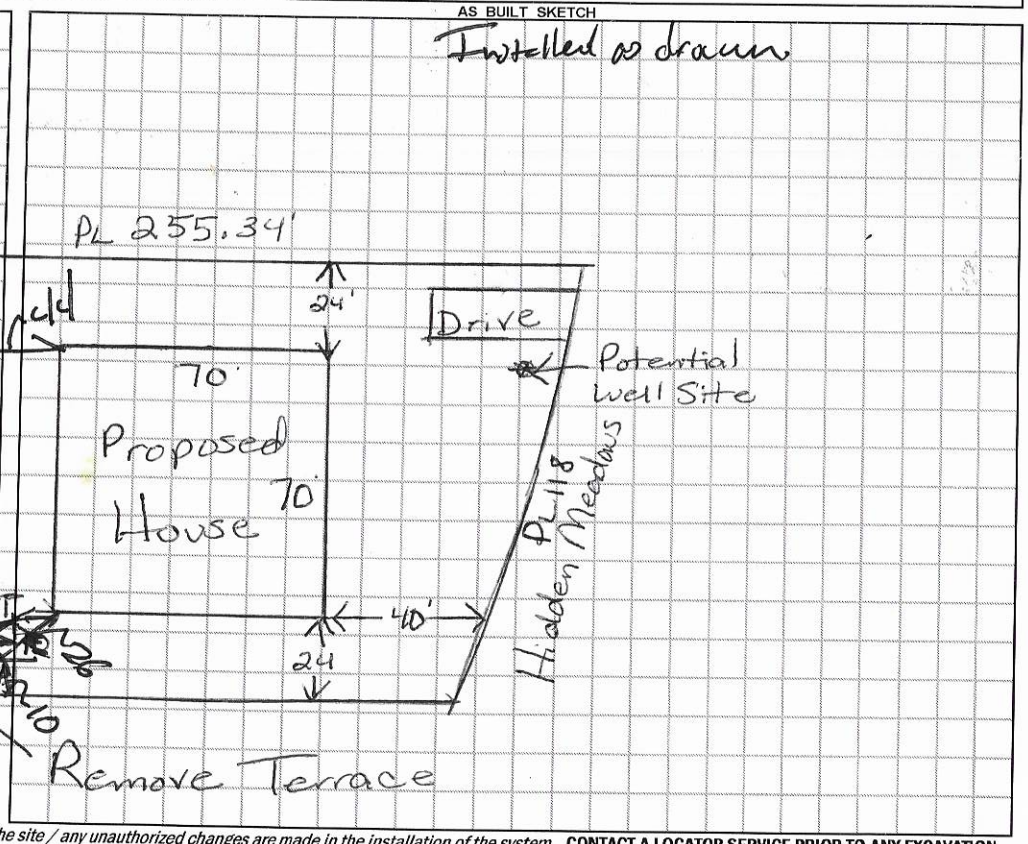
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert stormwater away from Septic

INITIAL SITE SKETCH



AS BUILT SKETCH



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]

IMPROVEMENT PERMIT by: [signature] Date: 9/15/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/21/2020

Installed by: Specialty Septic [signature] Date: 1-7-2021

OPERATION PERMIT by: [signature] Date: 8/22/19

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.

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

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

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

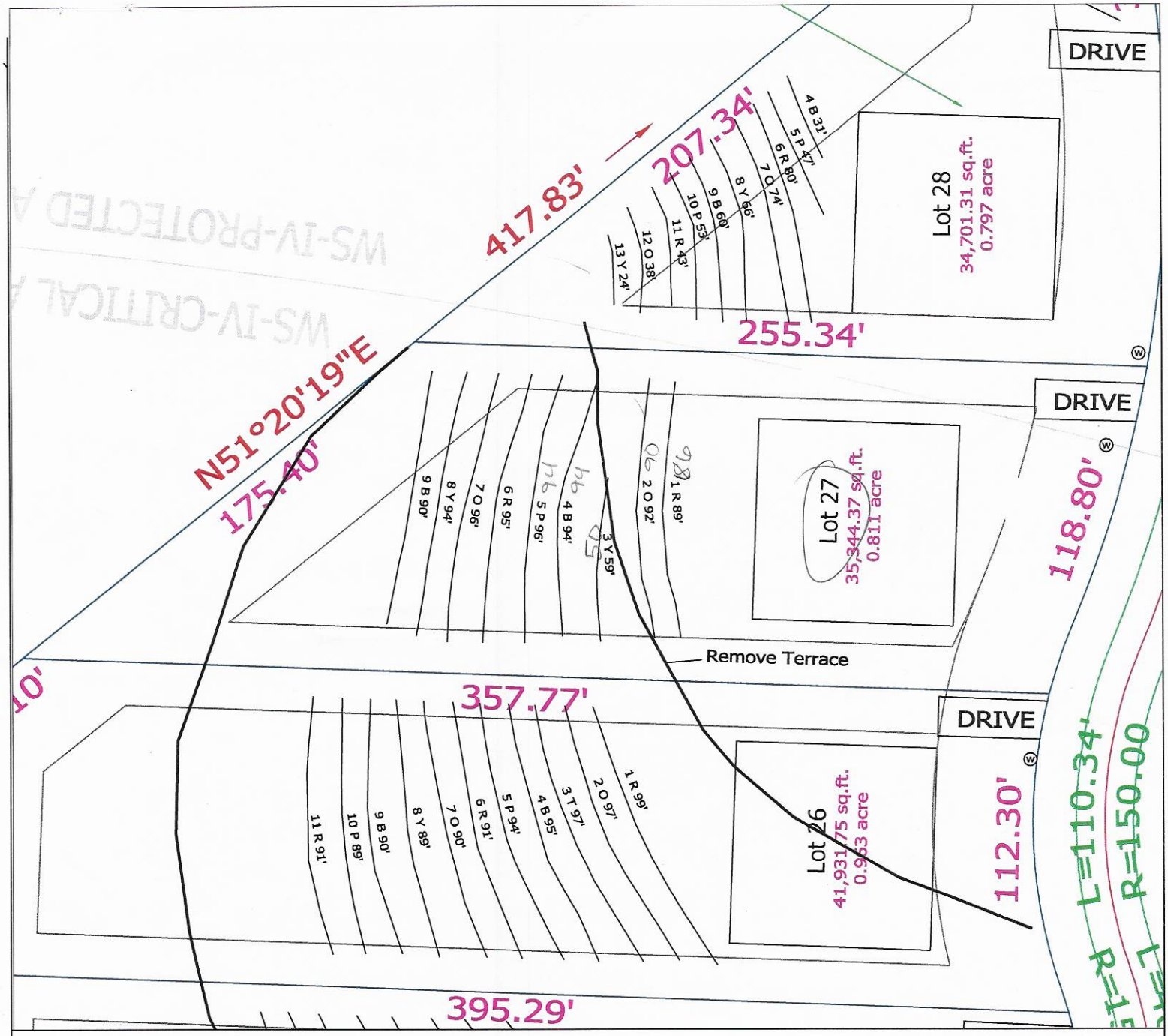
OWNER: Hidden Meadows Ventures — APPLICATION DATE: 6/19/19
ADDRESS: P.O. Box 4628 Mooresville NC 2811 — DATE EVALUATED: 6/28/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .81 Acre
LOCATION OF SITE: Hidden Meadows #29 — PROPERTY RECORDED: No
WATER SUPPLY: ☒ Private ☐ 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10% 6/28/19	0-5	Brw SCL	SS, SP, SExP, FR					PS .3
		5-32	RCm-w	SBK SS, SP, SExP, FR					
		32-53	RCL-w	SBK SS, SP, SExP, FR	—	53"			
2	12% 6/28/19	0-6	Brw SCL	SS, SP, SExP, FR					PS .3
		6-29	RCm-w	SBK SS, SP, SExP, FR					
		29-58	RCL-w	SBK SS, SP, SExP, FR	—	58"			
3	8% 6/28/19	0-7	Brw SCL	SS, SP, SExP, FR					PS .3
		7-25	RCm-w	SBK SS, SP, SExP, FR					
		25-54	RCL-w	SBK SS, SP, SExP, FR	—	54"			
		54"	water in pit						
4	7/16/19 10%	0-8	Brw SCL	SS, SP, SExP, FR					PS .3
		8-24	RCm-w	SBK SS, SP, SExP, FR					
		24-54	RCL-w	SBK SS, SP, SExP, FR	—	54"			

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

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

COMMENTS: ___



LEGEND

Areas contain soils with 24 inches or more of useable material and have potential for conventional, modified conventional and low-pressure pipe (lpp) septic systems.

House Footprint (70'X70'); Staked by Surveyor

System lines.

Repair lines.

Temporary Bench Mark (TBM) or House Elev.

(W) Well Location. (25) Pit/Boring Location.

GRAPHIC SCALE
1" = 50'

50 0 50 100

FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.

P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278 - 0989

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ashleyrollans@gmail.com

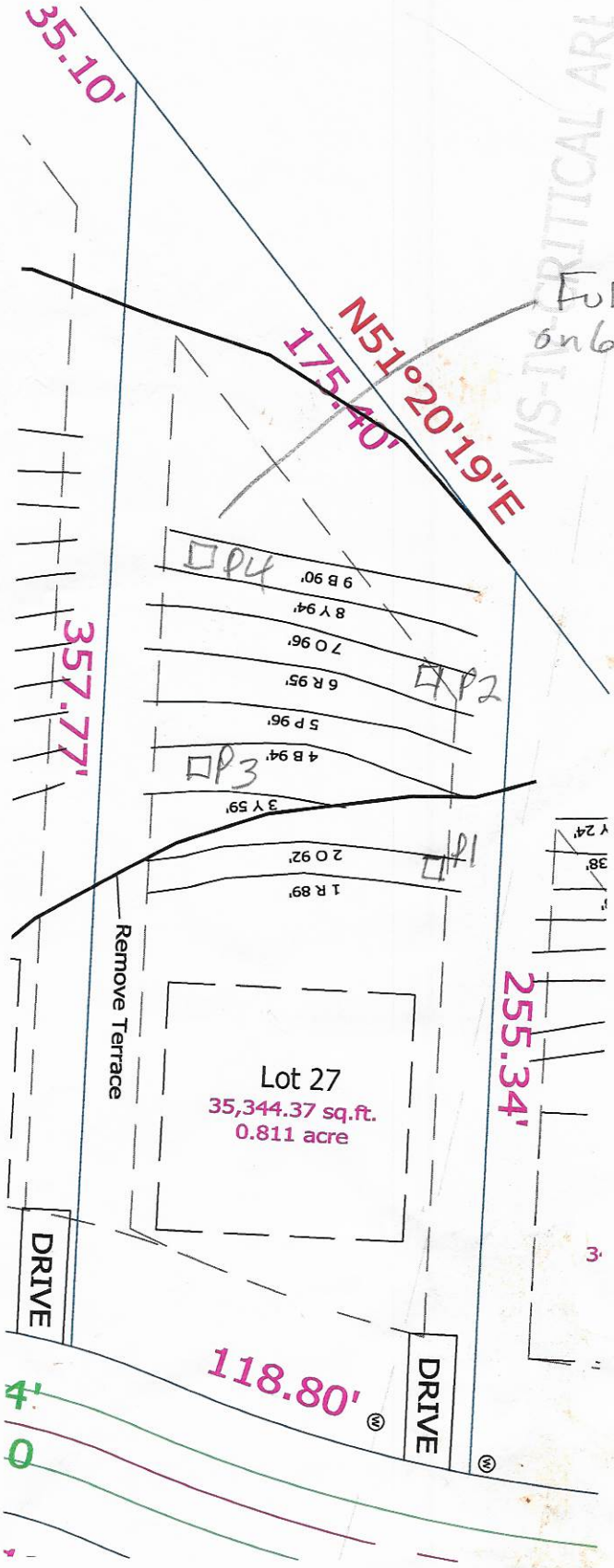
MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RICHARD DENZLER / HIDDEN MEADOWS SUBDIVISION

LOCATION/DATE: PERTH ROAD - HIDDEN MEADOWS IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2019

JOB # :	18-0108
FILE:	C:\JOBS\18-0108
PROJECT MGR.:	S.A.R.
FIELD WORK:	S.A.R.
DRAWN BY:	S.A.R.

1:50 Scale


35.10'
N51°20'19"E
175.40'
Full of water on 6/28/19
357.77'
P4
P2
P3
P1
9 B 90'
8 Y 94'
7 O 96'
6 R 95'
5 P 96'
4 B 94'
3 Y 59'
2 O 92'
1 R 89'
Remove Terrace
Lot 27
35,344.37 sq.ft.
0.811 acre
255.34'
DRIVE
DRIVE
118.80'
WS-1 CRITICAL AR

RECEIVED JUL 15 2020

AP-245795
$350.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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, Ste C Zip: 28117
Applicant Email: louisa@foundationhomesllc.com Phone: (704) 360 2251 Alt. Phone: _____
Owner Name: Foundation Homes Address: 438 Williamson Rd, Ste C Zip: 28117
Owner Email: louisa@foundationhomesllc.com Phone: (704) 360 2251 Alt. Phone: —

Property Information:

Street Address: 176 Hidden Meadows Drive
Subdivision Name: _____ Section/Phase: _____ Lot Number: 27
Driving Directions: at the corner of Perth & Judas

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: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: Antonius. 7/1/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

7/3/19 PH 4 Still had water in it

RECEIVED JUN 19 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $500.00 # 245795

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Hidden Meadows Ventures **Address:** P.O. Box 4628 Mooresville NC **Zip:** 28117

Applicant Email: rdenzler06130@roadrunner.com **Phone:** 919-606-5852 **Alt. Phone:**

Owner Name: Same **Address:** Same **Zip:** Same

Owner Email: rdenzler06130@roadrunner.com **Phone:** 919-606-5852 **Alt. Phone:**

Property Information:

Street Address: 176 Hidden Meadows Dr

Subdivision Name: Hidden Meadows **Section/Phase:** **Lot Number:** 27

Driving Directions: From Highway 150 take Perth Rd (North) towards Troutman. Subdivision is past Rocky Mt. Methodist Church on right.

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

CHECK FOUNDATION TYPE

(✓) 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:

(✓) 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: _____ 6/19/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

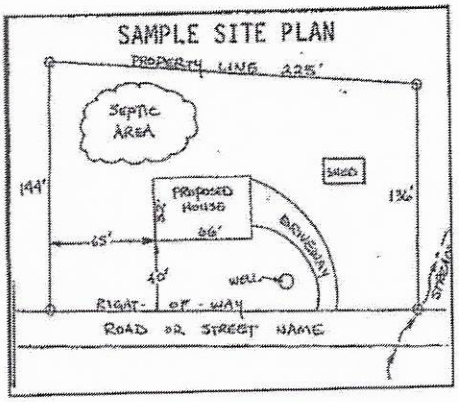
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: _____ 7/1/20

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

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 245795

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

PIN #

APPLICANT/OWNER: Hidden Meadows Venture APPLICANT ADDRESS: P.O. Box 46628 Mooresville, NC 28117

SITE ADDRESS: 176 Hidden Meadows Dr Mooresville, NC PHONE: 9196065852 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd on right just past Rocky Mt. Methodist Church

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows SECTION: LOT # 27 LOT AREA: .811 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ 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 25% Reduction			☐ Business	No. Persons	8	☒ Private
Pump Make	Model		Serial #	Repair System Description:	SPPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1 # Lines	5	Linear Ft min. 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36" Trench Bottom Depth(Low side)	30"	Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Divert stormwater away from Septic.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED! ✓

Lot must be recorded prior to issuance of AC

New PIN needed ✓

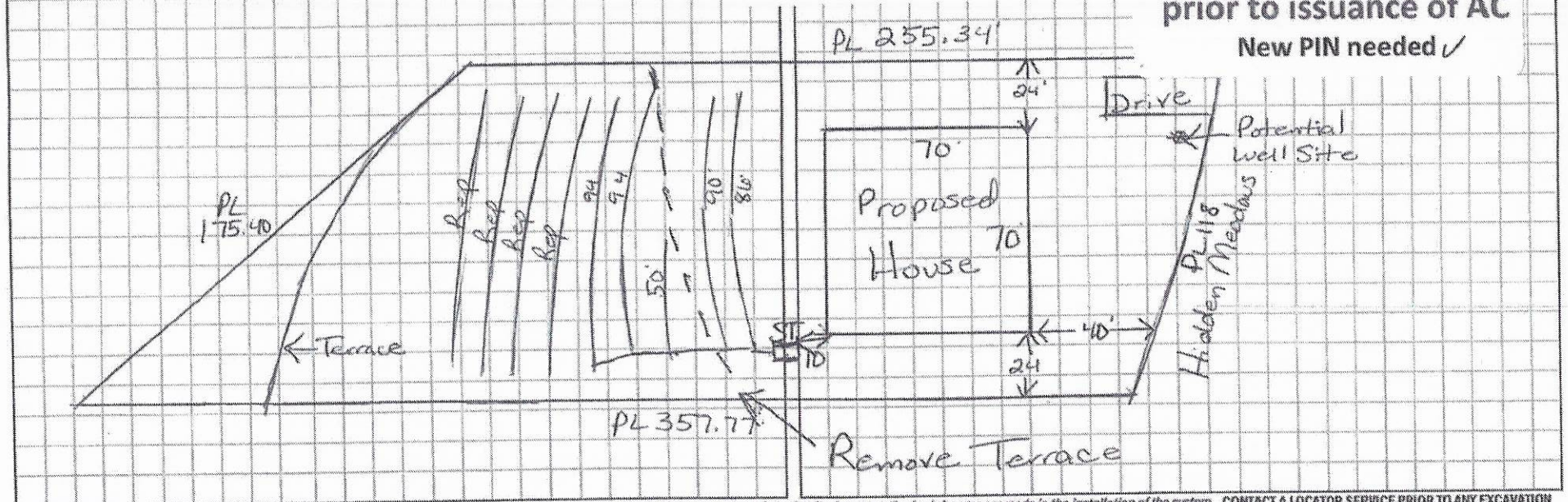
INITIAL SITE SKETCH

Scale 1:50

Owner/Applicant R. Denzler

EHS M. Dotson

Site revisit fee Amount Owed $ 100.00



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: NOT A VALID SEPTIC PERMIT

IMPROVEMENT PERMIT by: Signed "Acknowledgement of

AUTHORIZATION TO CONSTRUCT by: Acceptance of Permit" Required

FOR SEPTIC P

Date: Installed by:

Date: 8/22/19 OPERATION PERMIT by: Date:

Date: Existing System Inspected by: Date:

am-Date the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

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*) Richard Scherczinger

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, Jonathan Smith, am the legal owner(s) of the property located at Mooresville, identified as PIN (Parcel Identification Number) 4649017395.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Laura Peterkus, Foundation Homes Residential 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.

Richard Scherczinger — 09/14/2020

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

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, Richard Denzler, am the legal owner(s) of the property located at 176 Hidden Meadows ~~Lane~~ Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4649016361 Lot 27, located in Iredell County, North Carolina.

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

Signature of Owner(s) 3/11/19 Date

Signature of Witness 3/11/19 Date

Please return this signed form to the appropriate office:

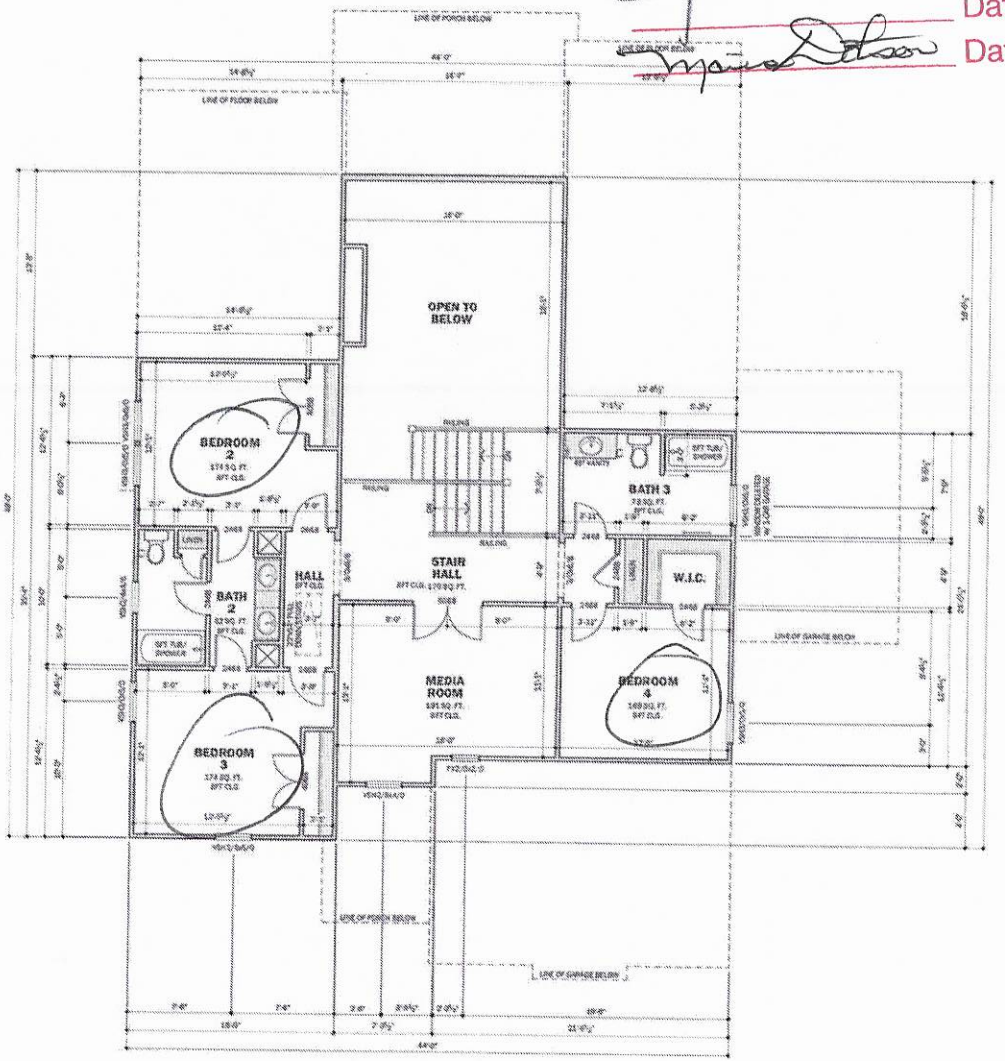
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of Plans Submittal ONLY!

Date

Date 8/21/2020



SECOND FLOOR PLAN - ELEVATION A

SCALE: 1/4" = 1'-0"
8"x 1.81" WALL ASSEMBLY
W HOOD HEADER @ 7'-10" A.F.F.

UPPER LEVEL NOTES

UPPER LEVEL FRAMING NOTES:
BRACED WALL LINE NOTE:
THIS STRUCTURE HAS BEEN ANALYZED FOR LATERAL LOADING USING CONTINUOUSLY SHEATHED ½" OSB WALL BRACING USING 8D NAILS AT 6"/12"O.C. ALONG THE EDGE AND 12"O.C. AT INTERMEDIATE FRAMING, BLOCKING AND ALL PANEL EDGES. WHERE BRACED WALLS DID NOT MEET THE PRESCRIPTIVE REQUIREMENTS OF SECTION R602.10 OF THE CODE, IT HAS BEEN ANALYZED BY ENGINEERING ANALYSIS INCORPORATING ENGINEERED LATERAL BRACING ELEMENTS WHERE NEEDED TO MEET THE INTENT OF THE CODE. SEE PLANS FOR ALL NOTES AND DETAILS.

3. "T.S.W." INDICATES "TIE (CEILING JOIST) TO RAFTER WITH FOUR 3 "X0.131" NAILS"

4. ALL LOAD- BEARING HEADERS SHALL BE (2)2X8 (DFNO) UNLESS OTHERWISE NOTED ON THE PLAN.

5. WHERE DIMENSIONS ARE NOT INDICATED, BEAMS THAT RUN PARALLEL TO FLOOR JOISTS ARE INTENDED TO ALIGN UNDER LOAD BEARING WALLS. SEE THE ARCHITECTURAL PLANS FOR DIMENSIONS TO WALLS.

6. ALL WALLS UP TO 10 FT. TALL SHALL BE 2X4 STUDS @ 16" O.C UNLESS NOTED OTHERWISE ON THE PLAN. TALLER WALLS SHALL COMPLY WITH TABLE R602.3(5) OF THE CODE OR AS NOTED ON THE PLAN.

7. WOOD BEAMS SHALL BE SUPPORTED BY METAL HANGERS OF ADEQUATE CAPACITY WHERE FRAMING INTO STEEL OR CMU GIRDERS. THE FOLLOWING HANGER SCHEDULE MAY BE USED UNLESS NOTED OTHERWISE ON THE PLAN:

MEMBER SIZE	SIMPSON HANGERS
(2) 2X6	LUS 26-3
(2) 2X10	LUS 210-2
(2) 2X12	LUS 210-2
(2) 1 ¾" X 9 ¼" LVL	HUS 410
(2) 1 ¾" X 11 ⅞" LVL	HUS 412
(2) 1 ¾" X 14" LVL	HUS 414
ALL TRIPLE LVLs	HHUS 5.50/12

8. NOTE: FILL ALL OF THE HOLES IN HANGERS WITH 1.5IN X 3" COMMON NAILS (30) X 0.162"(OR 16D COOLER SHANK) NAILS UNLESS OTHERWISE DIRECTED BY THE MANUFACTURER. DO NOT BEND OR MODIFY THE HANGER OR USE INAPPROPRIATE FASTENERS. DO NOT USE JOIST ST/ HANGER NAILS" UNLESS OTHERWISE NOTED ON THE PLANS OR IN SITUATIONS WHERE ONLY 12" OR LESS OF WOOD IS PRONGED TO NAIL INTO.

9. "LVL" AND GLU-LAM BEAMS MUST HAVE ENOUGH STUDS TO SUPPORT ALL PLIES AT EACH END WITH A MINIMUM OF (2)-2X6 OR (1)-2X8 STUDS UNDER EACH END UNLESS NOTED OTHERWISE.

10. ALL POINT LOADS FROM ROOF RAFTERS, JACK STUDS, BEAM SUPPORTS (WHETHER WOOD OR STEEL) CARPET EDGE ON SHEATHING ALONE, BLOCKING EQUAL TO OR BETTER THAN THE POINT LOAD SUPPORTED ABOVE MUST BE FRAMED THROUGH ALL CONSTRUCTION TO THE FOUNDATION. INSTALL 2X4 SOLID BLOCKS (S.B.) OF EQUAL NUMBER TO COLUMN ABOVE BETWEEN SUBFLOOR AND FOUNDATION WALL OR LOWER PLATE. RIM BOARDS AND I-JOIST BLOCKING SHALL NOT BE CONSIDERED AS AN ACCEPTABLE MEANS OF SUPPORT UNDER CONCENTRATED POINT LOADS FROM LVL AND STEEL BEAMS OR WHERE 15 K" IS INDICATED ON THE PLAN.

11. FASTEN ALL TRIPLE PLY LVL'S TOGETHER WITH TWO ROWS OF 3" LONG 10D SIDLOK OR SIMPSON SDS SCREWS @ 12" O.C. AND FOUR 3" LONG WITH TWO ROWS OF 6" LONG SCREWS @ 16" O.C. UNLESS NOTED OTHERWISE ON THE PLANS. THE SCREWS SHALL BE LOCATED A MINIMUM OF 3" AND A MAXIMUM OF 3" FROM THE TOP OR BOTTOM OF THE BEAM.

12. JACK AND KING STUD SCHEDULE AT WALL OPENINGS:
TO BE INSTALLED AT EACH END OF OPENING UNLESS OTHERWISE NOTED AS "K" OR "KK" ON PLAN
SPANS UP TO 4'-0" ..... 1 JACK, 1 KING
SPANS >4'-0" TO 8'-0" ..... 1 JACK, 2 KINGS
SPANS >8'-0" TO 12'-0" ..... 2 JACK, 2 KINGS
SPANS >12'-0" ..... SEE PLAN

13. CONTRACTOR TO PROVIDE 22"X30" ACCESS TO ATTIC.

438 WILKINSON ROAD
SUITE G
MOORESVILLE, NC 28117
(o) 980-235-0

Township, County
IREDELL COUNTY

Engineer
IDE
INTELLIGENT DESIGN ENGINEERING
2849 J M PEASE PLACE #206
CHARLOTTE, NC 28269
CHAD WETEN, P.E.
704-535-7500
CORP. LIC. # C-3118

Drawing Issue

Project name / owner
THE COOPER
ELEVATION A
HIDDEN MEADOWS
LOT 27
BRAD & CARRIE FEKETE
174 HIDDEN MEADOWS DRIVE
MOORESVILLE, NC 28117

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Date
July 1, 2020

Drawn by
RCS

Revisions by
INITIALS

Print width
24x36 sheet
3/4" = 1'-0"
11x17 sheet
NOT TO SCALE

Property lines (circle)

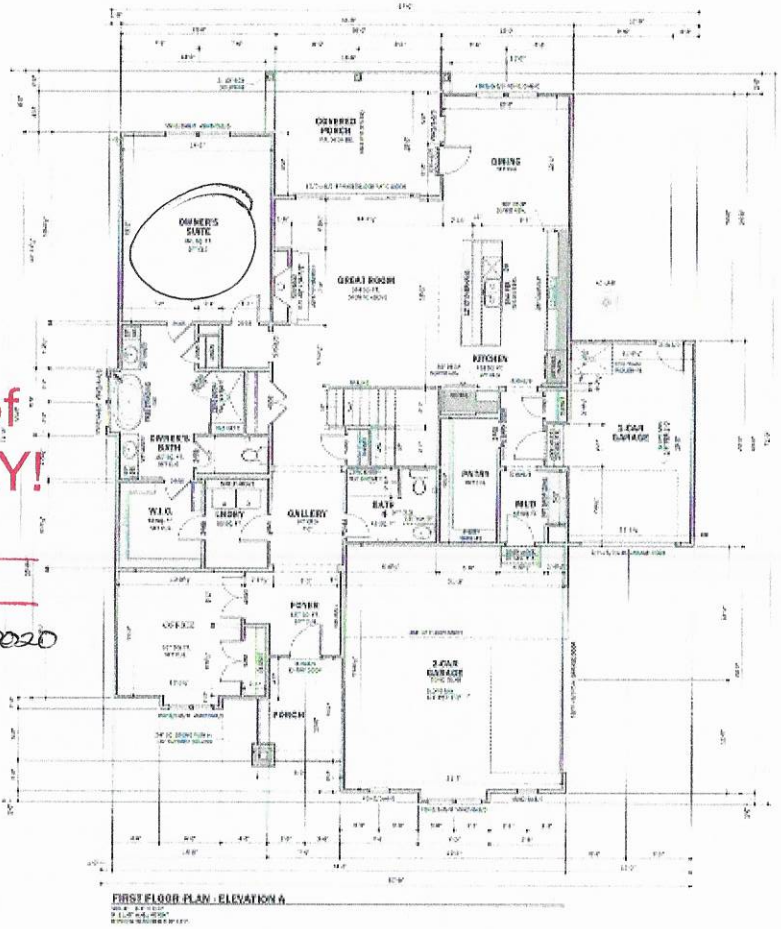
Drawing list
FOR CONSTRUCTION

Sheet title / description
SECOND FLOOR PLAN
& ELEVATIONS

Sheet no.
A4.0

Master plan version
v1.0

Plot Date: Thursday, July 2, 2020 11:00:44 AM Plotted by: Robert Smith



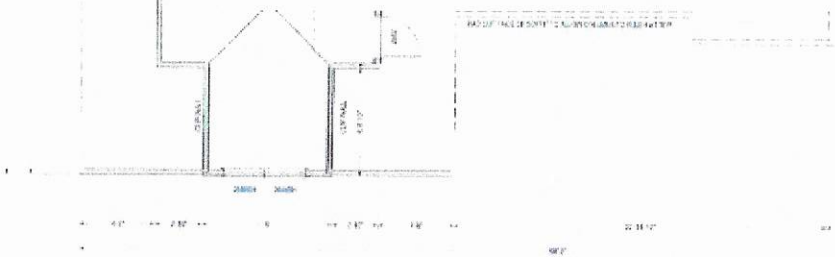
FIRST FLOOR PLAN - ELEVATION A

Acknowledgement of Plans Submittal ONLY!

Date

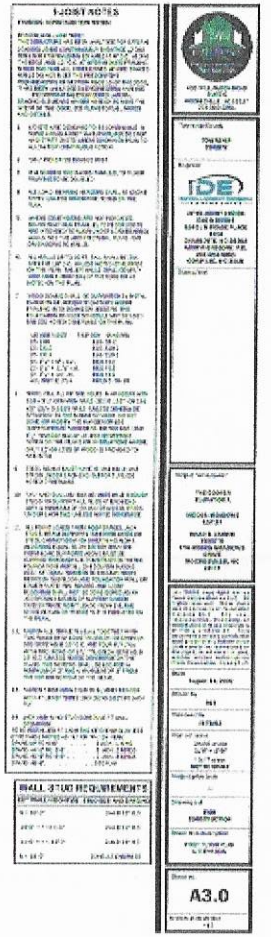
Date

Marian Dotson 8/21/2020



SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"



DATE: 4/28/2020
SCALE:
SHEET: A-7

IREDELL COUNTY

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

APPLICATION NUMBER
245795
Issue Date: 06/18/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	176 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 27	

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: Sam Tollison Date: 6/13/19

Permit Number	181675	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

245795

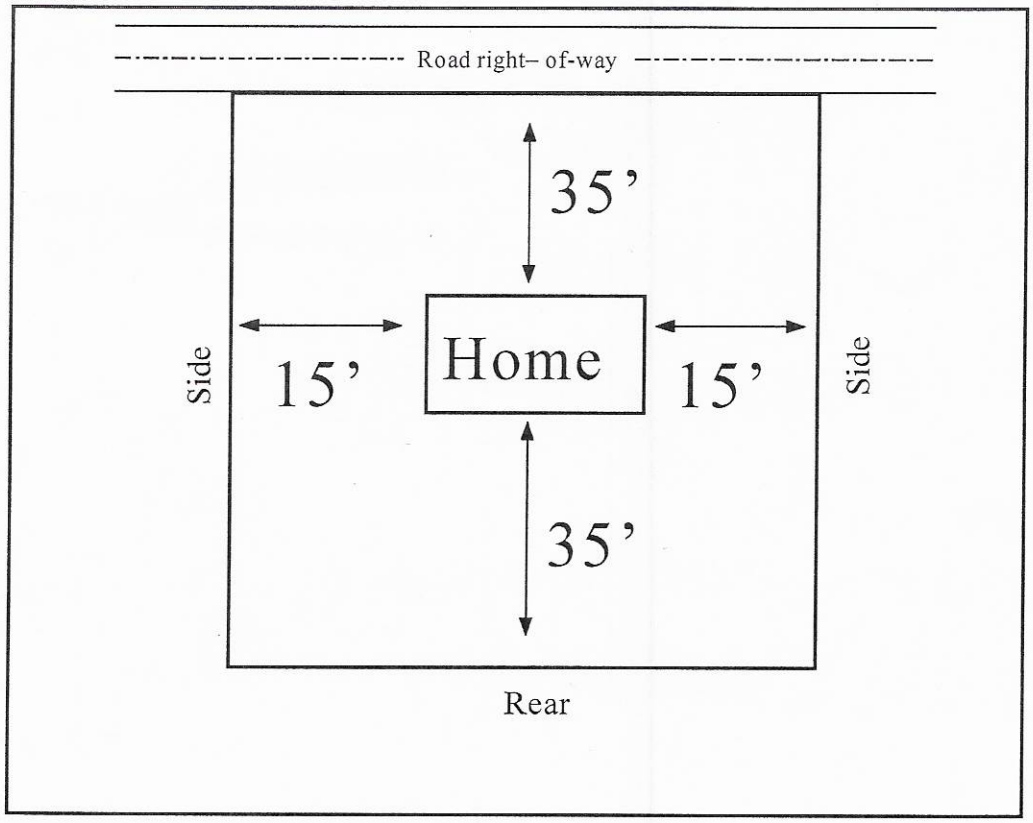
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions,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

Sam Talbert — Applicant

6/15/19 — Date

176

STREET NAME: Lot 27 · 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.