ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 242750

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

PIN # 4649019966 ✓

APPLICANT/OWNER: Foundation Homes — APPLICANT ADDRESS: 438 Williamson Rd. Ste C Mooresville, NC

SITE ADDRESS: 149 Hidden Meadows Dr. Mooresville, NC ✓ — PHONE: 704-360-2251 — ALT. PHONE —

SITE DIRECTIONS: I50 W → R on Perth → R on Hidden Meadows → lot on L — SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Hidden Meadows ✓ — SECTION: - — LOT # 3 ✓ — LOT AREA: .86ac — DESIGN FLOW: 480gpd — L.T.A.R.: .3

Septic Tank	1000 (existing) (gal)	STE	LM1060	Date	infiltrator	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT		Date		System Description:	25% reduction
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS
# Nitrification Fields	1	# Lines	1	Linear Ft	100'	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36"	Trench Bottom Depth (Low side) MAX		30"		Gravel Depth	— ☑ GRAVITY ☐ PRESSURE

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: The purpose of this permit is to relocate a drain line for a new proposed pool. The edge of the water must maintain 15' from existing tank and drain lines.

Properly abandon & disconnect first drain line. Divert surface water away from septic & fill gully

INITIAL SITE SKETCH

See attached site plan

AS BUILT SKETCH

new line installed as permitted - see attached site plan

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**

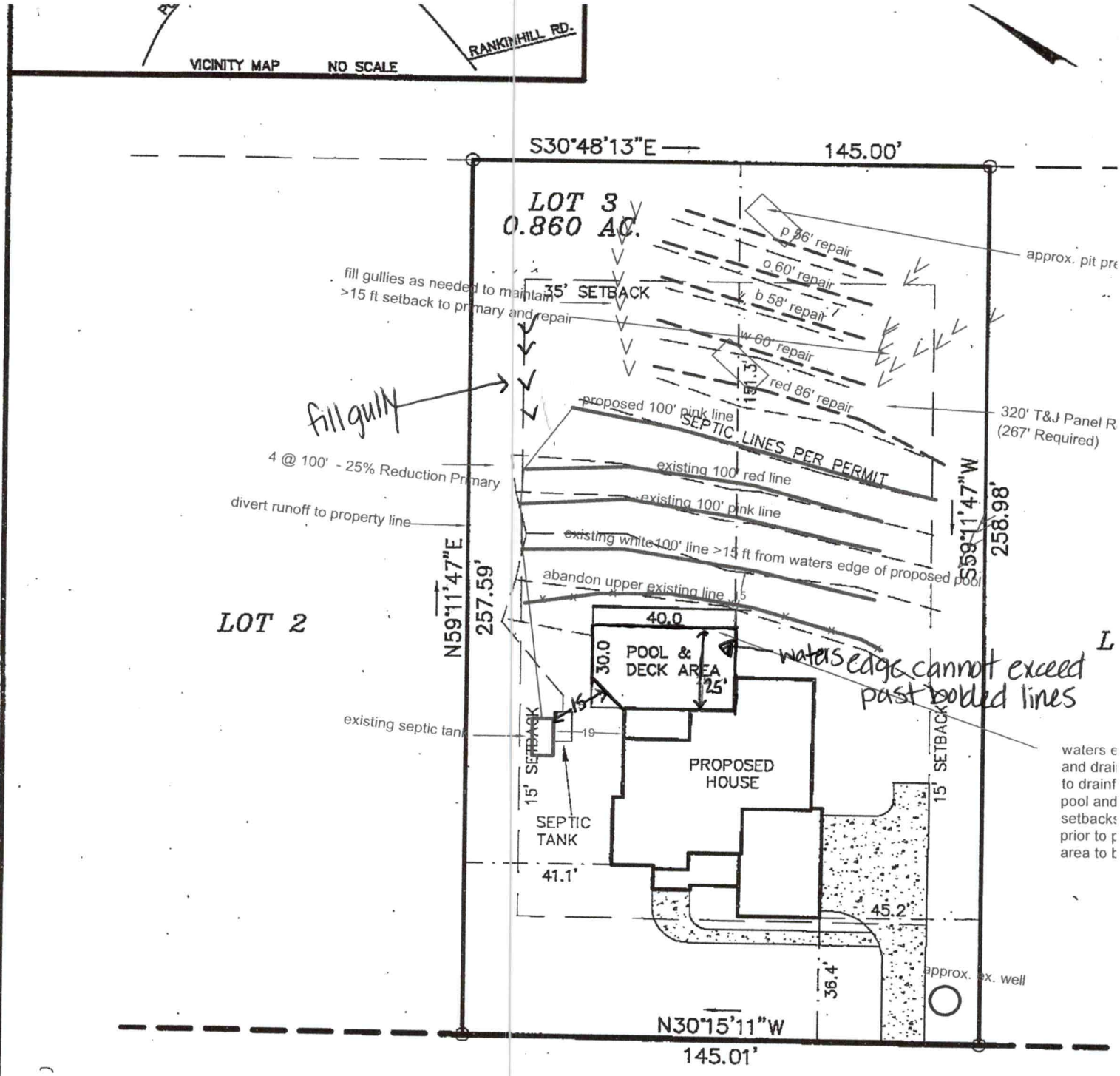
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT - not to exceed 60 mo.*

Owner / Applicant Signature: Brenda Smith — Date: 3-18-20 — Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Kayla Wilson — Date: 3-18-20 — OPERATION PERMIT by: Carla L. Nucks. — Date: 3-20-20

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson — Date: 3-18-20 — 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.



APPROVED MAR 1 8 2020
KW

LEGEND

- P.P. = POWER POLE
- = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL
- BTL = BUILD TO LINE
- LP = LIGHT POLE
- PDE = PUBLIC DRAINAGE EASEMENT
- CP = COMPUTED POINT

PLOT PLAN SURVEY

OF

1) TH TC RI
2) AC CC
3) UN
4) NC 20

RECEIVED MAR 12 2020

Call Paul Pennington for 5.26 Use 242750

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-300882 $500.00

APPLICATION FORM

704-881-6730

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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.

MARIA DID 1ST READ

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)** NEW Septic for Pool

Applicant Name: Foundation Homes, 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: _____

Property Information:

Street Address: 149 Hidden Meadows Drive

Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 3

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

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

House UNDER CONST.

(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
(X) 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: _____

( ) New Well (X) 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 (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: _____ 3.12.20
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

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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 149 Hidden Meadows Drive, identified as

PIN (Parcel Identification Number) 4649019966.000, 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.

_____ 3-12-20
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