10:30

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-243581

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

PIN # 4649-02-5085

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

SITE ADDRESS: 138 Hidden Meadows Dr. Mooresville, NC 28117 | PHONE: 704-360-2251 | ALT. PHONE —

SITE DIRECTIONS: Rt 150 → Perth Rd → Hidden Meadows → lot on Right | SAP CONTROLLED: ☐ YES ☒ NO

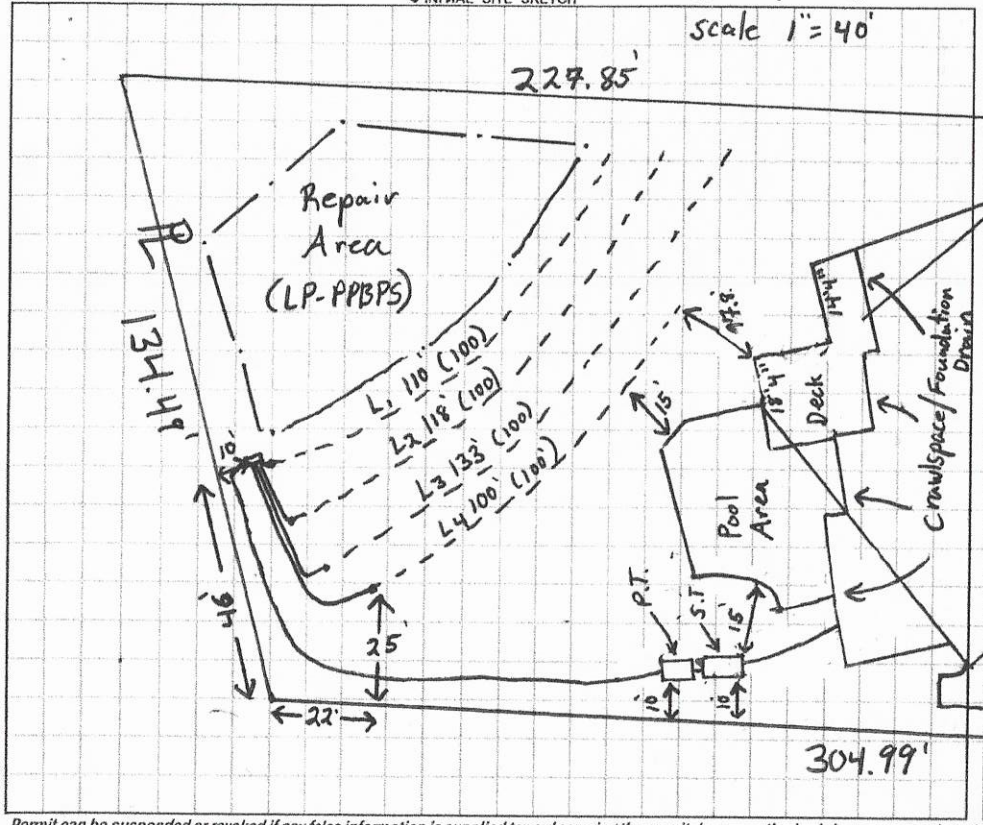
SUBDIVISION: Hidden Meadows | SECTION: — | LOT # 29 | LOT AREA: 0.788 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.3 / 0.3 repair

Septic Tank	1000 (gal)	STB	2071-1060	Date	In Ditch Tr	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT		Date		System Description:	PM - 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make		Model		Serial #		Repair System Description:	LP-PPBPS (50% Reduction)	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

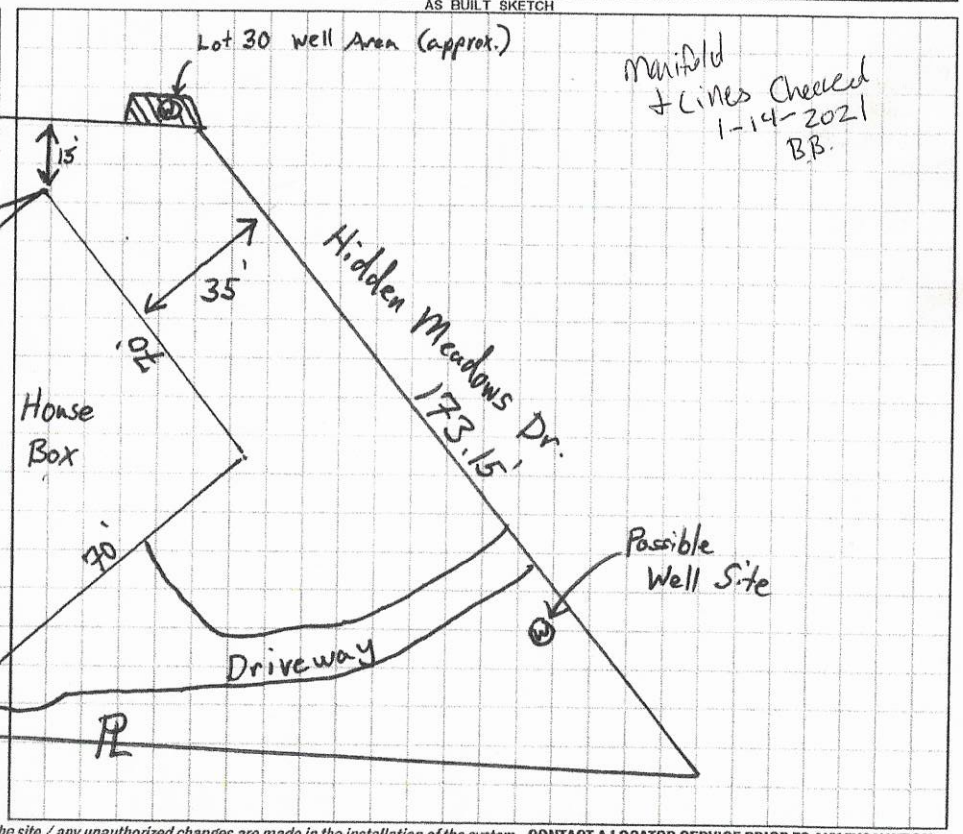
Comments / Conditions: Use 1/2" SCH 40 TAPS (4). House to be constructed at location shown on attached Plot Plan Survey by Don Allen + Associates. Recommend setting pump to dose 200 gallons per cycle.

Recommend having tank pumped every 5 years.

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: Brenda Smith Date: 7/30/2020 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/29/2020 OPERATION PERMIT by: Patrick J Boyle III Date: 4/1/2021

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/29/2020 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.

	Date	Initials
Drain Lines Checked	1-14-21	BB
Tanks Checked	1-11-21	[redacted]
Pressure Manifold or Valve Box Checked	4-1-21	BB
Pressure Head Set	4-1-2021	PJB
Electrical Checked	4-1-2021	PJB
Floats Set	4-1-2021	PJB
Alarm Checked	4-1-2021	PJB
Maintenance Contract Y/N	4-1-2021	PJB
Comments: not required		

RECEIVED JUL 23 2020

AP-243581
$105.00

* Limited Re-Layout *

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *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 Residential Address: 438 Williamson Rd, Ste C, Mooresville Zip: 28117
Applicant Email: lois@foundationhomesnc.com Phone: (704) 360 2251 Alt. Phone: _____
Owner Name: Foundation Homes Residential Address: 438 Williamson Rd, Ste C, Mooresville Zip: 28117
Owner Email: louisa@foundationhomesnc.com Phone: (704) 360 2251 Alt. Phone: ✓

Property Information:

Street Address: 138 Hidden Meadows Dr. Mooresville, NC. 28117
Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 29
Driving Directions: _____

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

(✓) 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: ~~3~~ 4 SF
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
(✓) 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.

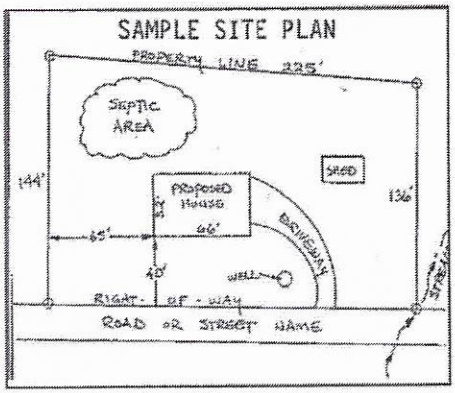
Signature: _____ 7/23/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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: _____ 7/23/20

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

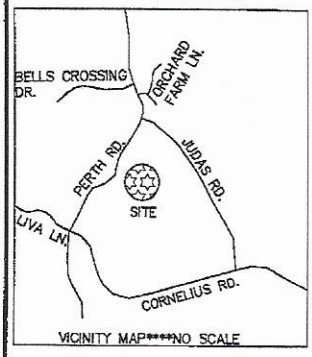
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2653, page 721, and/or plat book 70, page 132, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 10, day of JULY,
A.D. 20 20.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



PARCEL#: 4649022141
ROCKY MOUNT UNITED METHODIST CHURCH INC
2663/2396

PB.70 PG.132

N04°59'06"W 134.49'

35' REAR

LOT 29
0.79 AC.

15' SIDE

15' SIDE

304.99'

S78°20'22"E 227.85'

15.0

15.0

POOL AREA

17.8

13.2'

15.6

THE CAMDEN

16.0

35.5

35' FRONT

S30°15'11"E 173.15'

N78°20'22"W

LOT 30
FOUNDATION HOMES RESIDENTIAL LLC.
2653/721

LOT 1
ROCKY MT. METHODIST CHURCH INC.
2216/382

HIDDEN MEADOWS DR.
(50' R/W)

R/W

R/W

R/W

Approved
7/29/2020

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
Ⓦ = WELL
CP = COMPUTED POINT

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 30' 60' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
138 HIDDEN MEADOWS DR.
LOT 29 HIDDEN MEADOWS

SCALE 1" = 60'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: FOUNDATION HOMES

FIELD BOOK:
FILE: HIDDEN MEADOWS 29.DWG
DC FILE:
TAX MAP NO: 4649025085

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)* Pretorius

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.

_____ _____
Signature of Owner(s) Date

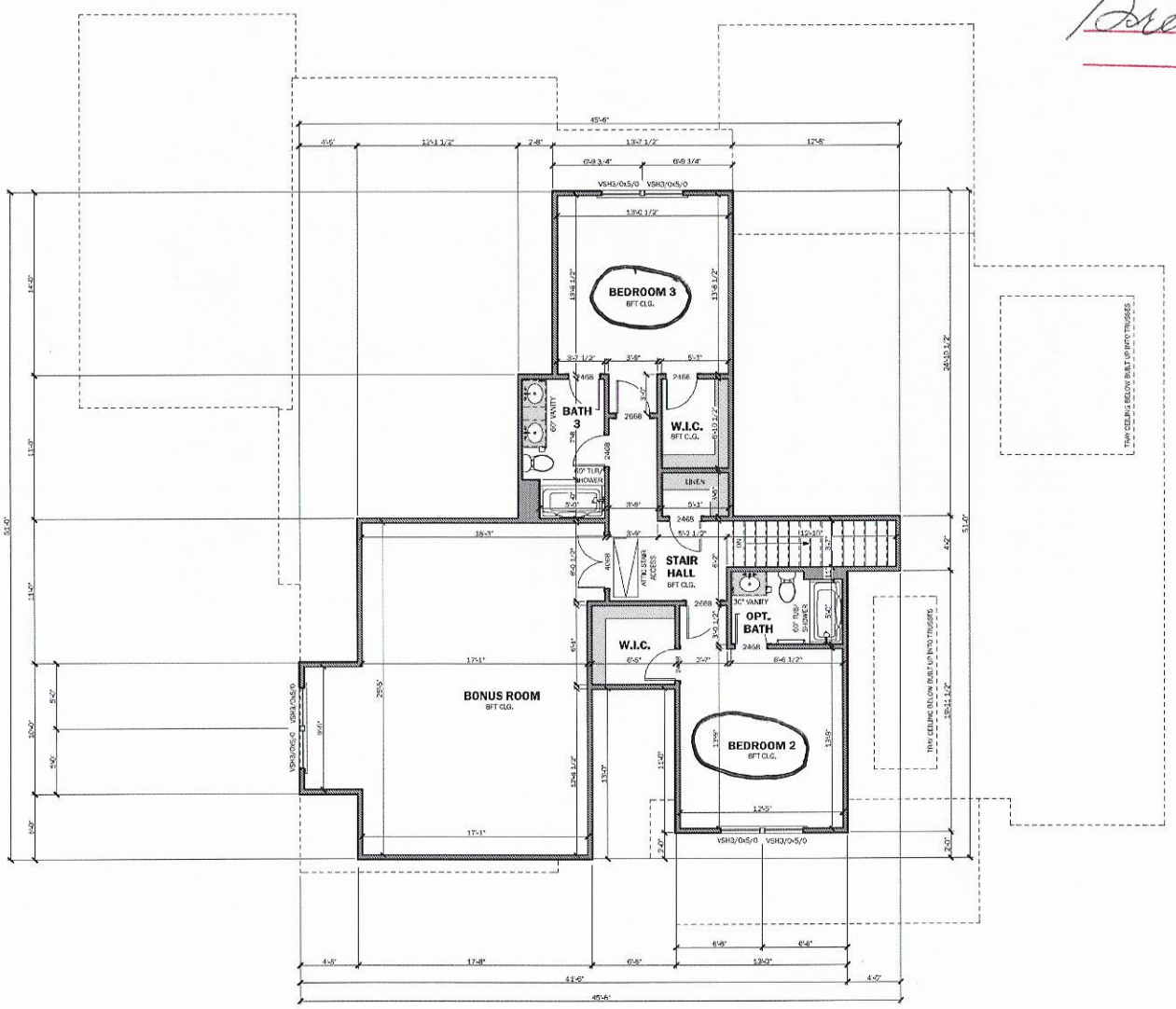
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of Plans Submittal ONLY!

Brenda Smith Date 7-30-2020

Date



SECOND FLOOR PLAN

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

438 Williamson Road
Suite C
Mooresville, NC 28117
704-350-2251
www.foundationhomesinc.com

Township/County: TOWNSHIP COUNTY

Engineer:
IDE INTELLIGENT DESIGN ENGINEERING
INTELLIGENT DESIGN ENGINEERING
1945 J N PEASE PLACE #204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-535-7205

Stamp/Seal:

Project Name/Owner:
THE CAMDEN
HIDDEN MEADOWS
LOT 29
133 HIDDEN MEADOWS DR.
MOORESVILLE, NC 28117
BROOKS & MARY SIPOLARICH

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Date: 6/26/2020
Drawn By: RES
Reviewed By: —
Plan Set Scale: 24x36 sheet 1/4" = 1'-0" 11x17 sheet 1/8" = 1'-0"
Project Plan Date: —
Drawing Set: FOR CONSTRUCTION
Sheet Title Description: SECOND FLOOR PLAN

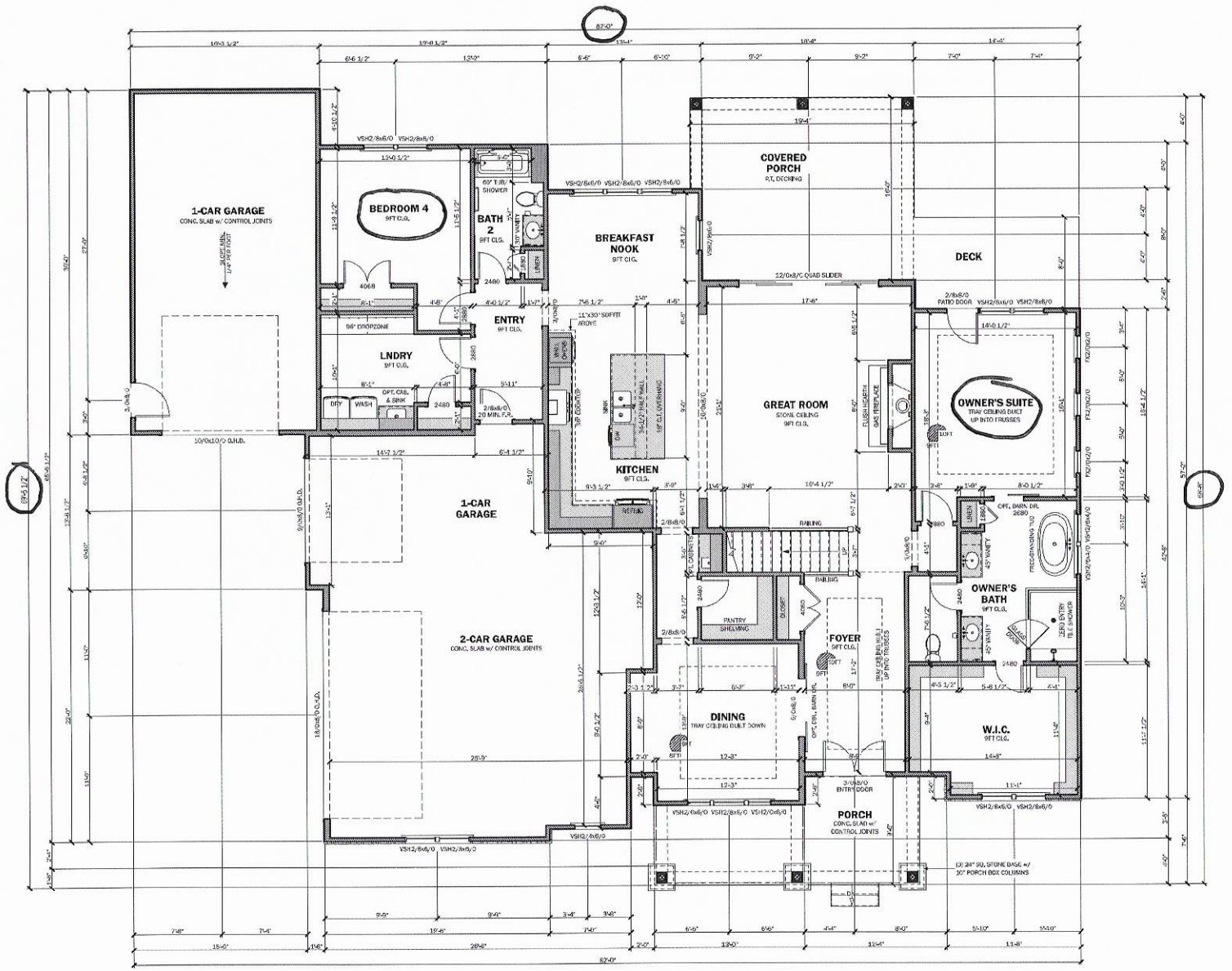
Sheet Number: **A4.0**

Master Plan Version: v13

Acknowledgement of Plans Submittal ONLY!

Brenda Quintin Date 7-30-2020

Date



FIRST FLOOR PLAN

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

438 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
#204
CHARLOTTE, NC 28262
CHAD RITTER, P.E.
CORPORATE LIC. #C-3118
704-896-7200

Stamp/Seal

Project Name/Owner: THE CAMDEN
HIDDEN MEADOWS
LOT 29
138 HIDDEN MEADOWS DR.
MOORESVILLE, NC 28117
BROOKS & MARY SPOLARICH

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Date: 6/25/2020
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**

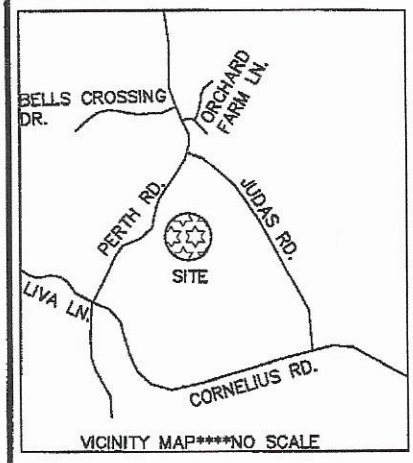
Master Plan Version: v1.0

plat book 70, page 132, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 10, day of JULY, A.D. 20 20.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



PARCEL#: 4649022141
ROCKY MOUNT UNITED METHODIST CHURCH INC
2663/2396

N04°59'06"W 134.49'

PB.70 PG.132

35' REAR

LOT 29
0.79 AC.

15' SIDE

15' SIDE

304.99'

S78°20'22"E 227.85'

POOL AREA

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S30°15'11"E 173.15'

LOT 30
FOUNDATION HOMES RESIDENTIAL LLC.
2653/721

LOT 1
ROCKY MT. METHODIST CHURCH INC.
2216/382

HIDDEN MEADOWS DR. (50' R/W)

R/W

R/W

R/W

LEGEND

- P.P. = POWER POLE
- = POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
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4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 30' 60' 100'

PLOT PLAN SURVEY

IREDELL COUNTY

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

APPLICATION NUMBER
243581
Issue Date: 04/09/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	138 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:

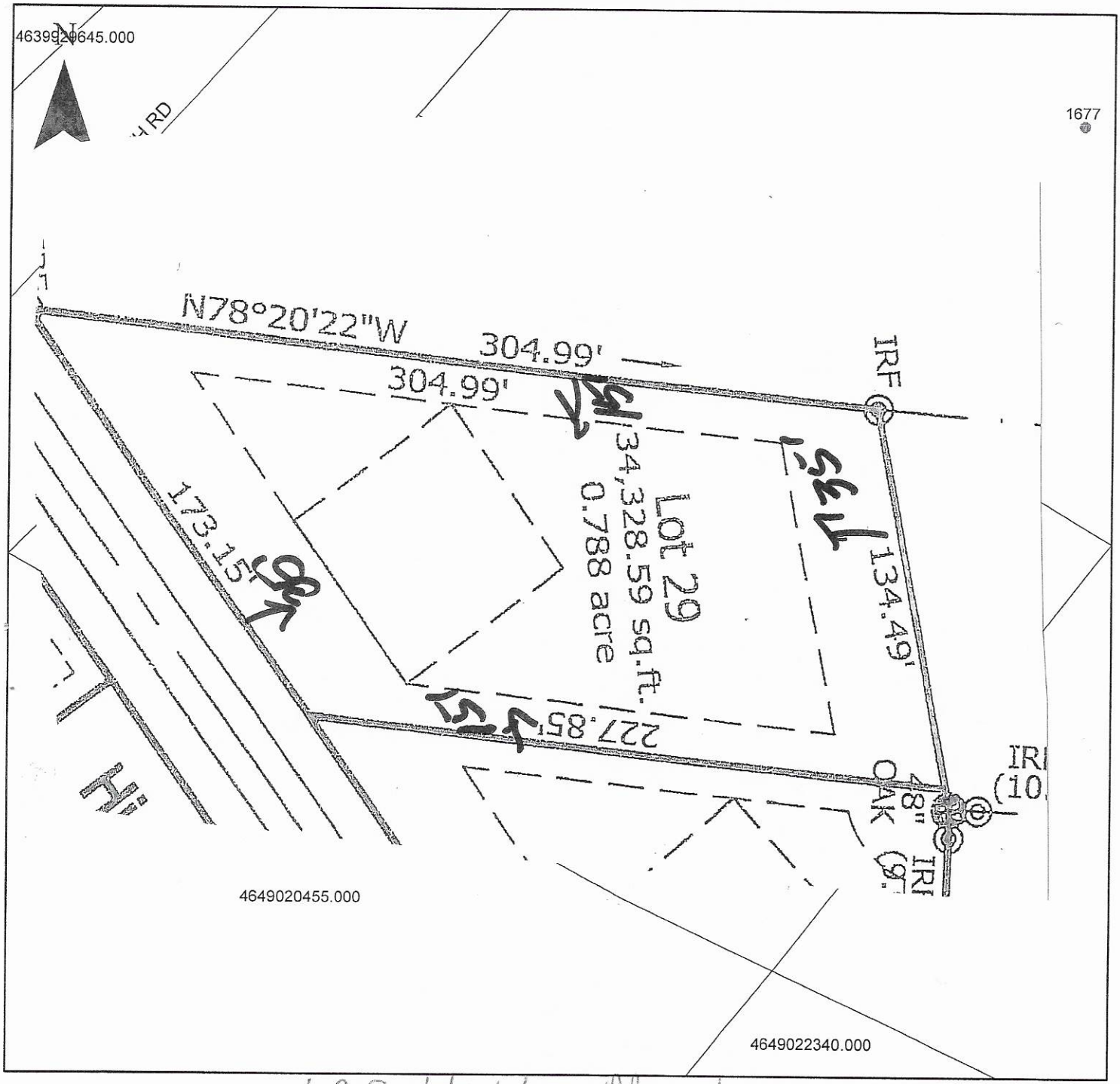
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: _____ Date: 4/10/19

Permit Number	173397	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

243581



Property Address 138 Hidden Meadows

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 Tallent

Applicant

2/10/19

Date