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 # AP-243582

APPLICANT/OWNER: Foundation Homes LLC

APPLICANT ADDRESS: 438 Williamson Rd. Suite C. Mooresville, Nc

PIN # 4649-~~01-6361~~ 02-5240

SITE ADDRESS: 126 Hidden Meadows Dr. Mooresville, NC 28117

PHONE: 704-360-2251

ALT. PHONE

SITE DIRECTIONS: Perth Rd North from Rt 150 → R on Hidden Meadows Dr. → Lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows

SECTION: – LOT # 30 LOT AREA: 0.602 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	744	Date	7-10-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	27	Date	5-20-2020	System Description:	LP-PPBPS (50% Reduction)			
Pump Make			Model		Serial #		Repair System Description:	LP-PPBPS (50% Reduction)			
# Nitrification Fields	1		# Lines	7	Linear Ft	267'	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)		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: Though 275 l.f. of line has been laid out only 267 l.f. need be installed. Recommend setting control floats to dose system 187 gallons per pumping event (≈80% total panel volume)

Also recommend an event counter to track total # of pumping events.

INITIAL SITE SKETCH

See attached drawing (50-scale) with approval date of 7/21/2020 by Thomas Shuck

	L.F.	#Panels	Actual L.F.	#Panels
L1	30	7		
L2	50	12		
L3	55	13		
L4	50	12		
L5	30	7		
L6	30	7		
L7	30	7		
	275	65		

AS BUILT SKETCH

Checked tanks 11-9-2020 HS.
Checked top 5 lines 11-20-20 HS
Installed as Drawn
checked last 2 lines 11/23/20 HS
11/24/2020: Pressure set, Transducer set cv Bchecked

	Date	Initials
Drain Lines Checked	~~11/20~~ 11/23	JB HS
Tanks Checked	11/9	JB
Pressure Manifold or Valve Box Checked	11/24/2020	PJB
Pressure Head Set	11/24/2020	PJB
Electrical Checked	12-17	BB
~~Floats Set~~ Transducer set	11/24/2020	PJB
Alarm Checked	12-17	BB
Maintenance Contract Y / N	12-17	BB
Comments:		

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 Spivey Date: 7-21-2020 Installed by: Stanley Environmental

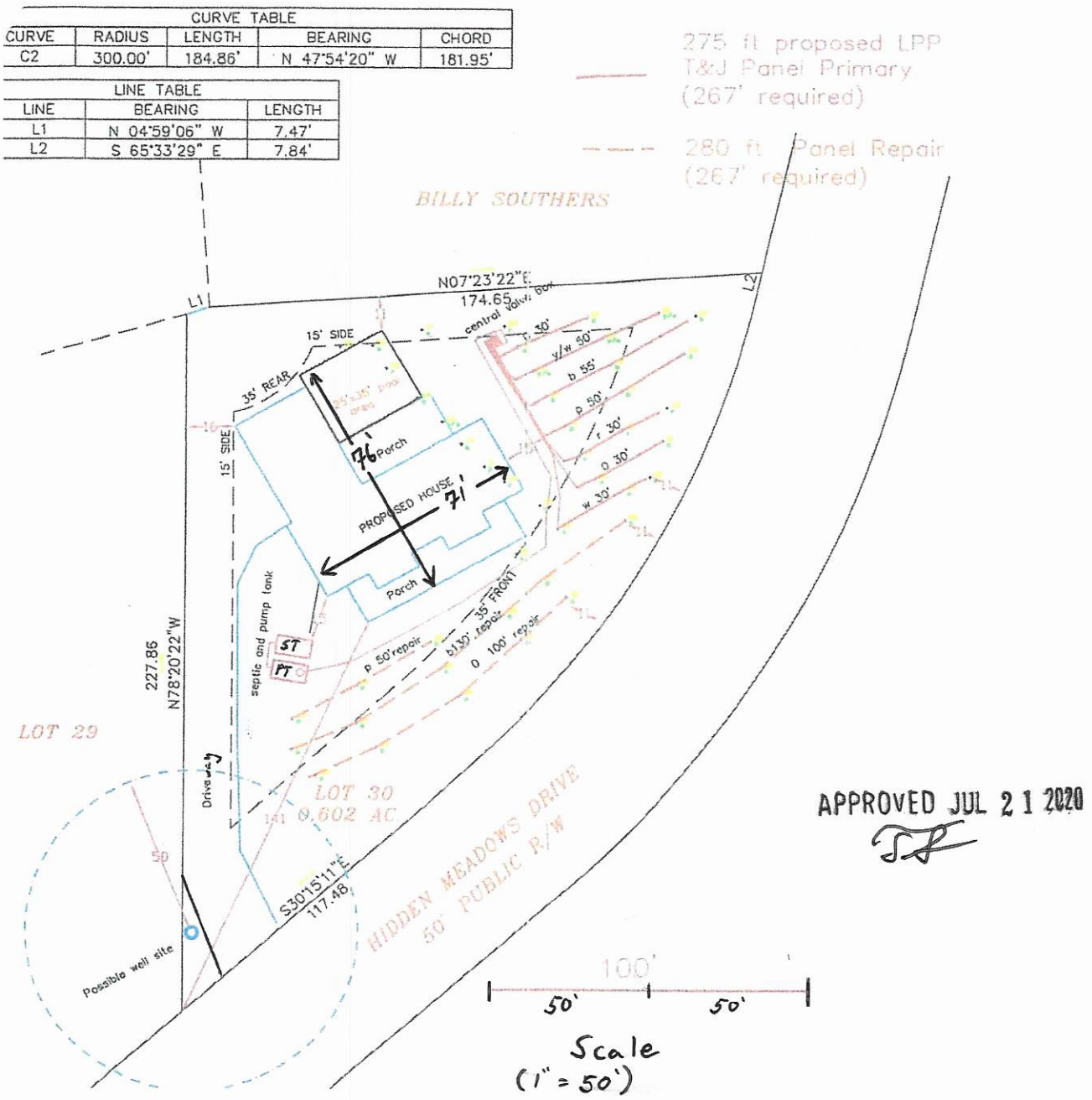
IMPROVEMENT PERMIT by: Tom Shuck Date: 7/21/2020 OPERATION PERMIT by: Benjamin A Bullman Date: 12/17/20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/21/2020 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 inspector to confirm your inspection time.

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C2	300.00'	184.86'	N 47°54'20" W	181.95'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 04°59'06" W	7.47'
L2	S 65°33'29" E	7.84'



APPROVED JUL 21 2020

Foundation Homes – Lot 30 Hidden Meadows Septic Site Plan 6.18.20

Base site plan from DAS. Most of proposed septic lines were previously permitted by ICHD as flagged in field.

Septic flags were located by DAS and trimmed to length.

Septic system and well must be approved and permitted by Iredell Co. Env. Health Dept.

Sheet 1 of
PROPERTY ID #: 4649016361
COUNTY: Iredell

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

OWNER: Hidden Meadows Ventures
ADDRESS: PO Box 4628 Mooresville NC 28117
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 126 Hidden Meadow Dr Lot 30
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 6/2019
DATE EVALUATED: 2/26/19
PROPERTY SIZE: .602ac
PROPERTY RECORDED: NO

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
B 1	L/7%	0-5	Bclwfsbk	FrSSSPSExP	-fsap white min. (litho)	50	-	-	PS 0.3
		5-44	Rcwmsbk	" " " "					
		44-50	Rclwmsbk	" " " "					
B 2	L/7%	0-6	Bclwfsbk	FrSSSPSExP	-fsap	48	-	-	PS 0.3
		6-41	Rcwmsbk	" " " "					
		41-48	RBclwfsbk	" " " "					
B 3	L/10%	0-6	RBclwfsbk	FrSSSPSExP	fsap	48	-	-	PS 0.3
		6-42	Rcwmsbk	" " " "					
		42-48	Rclwmsbk	" " " "					
B 4	L/6%	0-3	Bl sr	FrSSSPSExP	-fsap	48	-	-	PS 0.3
		3-35	Rcwmsbk	" " " "					
		35-48	Rclwfsbk	" " " "					

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 1 of 1
PROPERTY ID #: 4644016360
COUNTY: Iredell

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

OWNER: Hidden Meadows Ventures
ADDRESS: PO Box 4628 Mooresville NC 28117
PROPOSED FACILITY: New Singletary PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 126 Hidden Meadows Dr. Mooresville NC 28117

APPLICATION DATE 9/8/19
DATE EVALUATED: 9/11/19
PROPERTY SIZE: 0.602 acres
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS 7%	0-40	C SBK	Fr SSS/SSP	—	50"	—	—	PS.3
		40-50	CSBK	Fr SSS/SSP					
2	SS 6%	0-44	C SBK/ABK	Fr SS SP SP	—	50"	—	—	PS.3
		44-50	CL SBK	Fr SS SP SP					
3	SS 9%	0-40	C SBK	Fr SSS PSP	—	48"	—	—	PS.3
		40-48	CL SBK	Fr SSS PSP					
4	SS 6%	0-33	C SBK	Fr SSS PSP	—	50"	—	—	PS.3
		33-50	CL SBK	Fr SSS PSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	267'	267'
System Type(s)	LPPBBS	LPPBBS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Patrick B
OTHER(S) PRESENT: _____

COMMENTS: _____

AP-243582
$320.00

INTERMEDIATE RELAYOUT

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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, LLC Address: 438 Williamson Road, Suite C Mooresville Zip: 28117
Applicant Email: justin@foundationhomesIkn.com Phone: 704-360-2251 Alt. Phone: _____
Owner Name: same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 126 Hidden Meadows Drive
Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 30
Driving Directions: 150W, TR Perth, TR Hidden Meadows, Lot on RT

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
(X) 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 ( ) Other: LPP

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: _____ 6.18.20
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, Foundation Homes Residential, LLC, am the legal owner(s) of the property located at 126 Hidden Meadows Drive, identified as

PIN (Parcel Identification Number) 4649025240.000, 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.

_____ 6-18-20
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

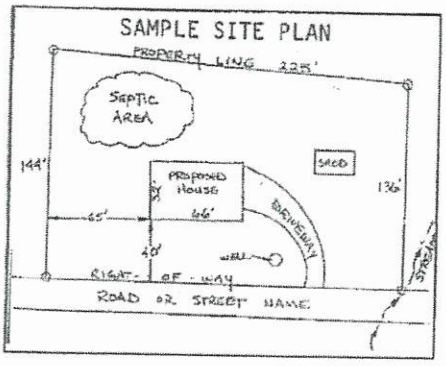
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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

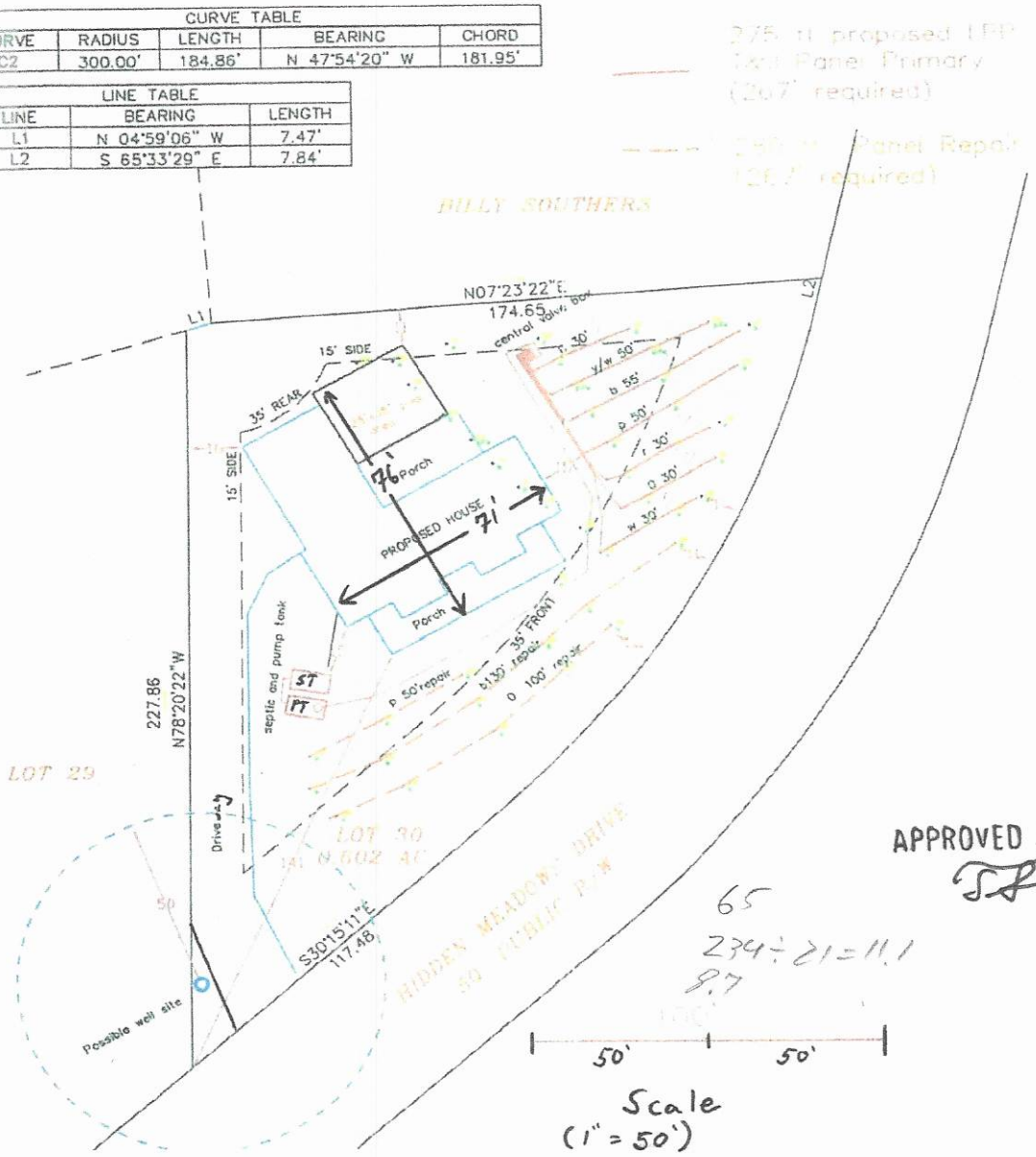
See attached site plan.

Signature: _____ 6.18.20

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C2	300.00'	184.86'	N 47°54'20" W	181.95'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 04°59'06" W	7.47'
L2	S 65°33'29" E	7.84'



Scale
(1" = 50')

APPROVED JUL 2 1 2020

65
234 ÷ 21 = 11.1
8.7

Foundation Homes – Lot 30 Hidden Meadows Septic Site Plan 6.18.20

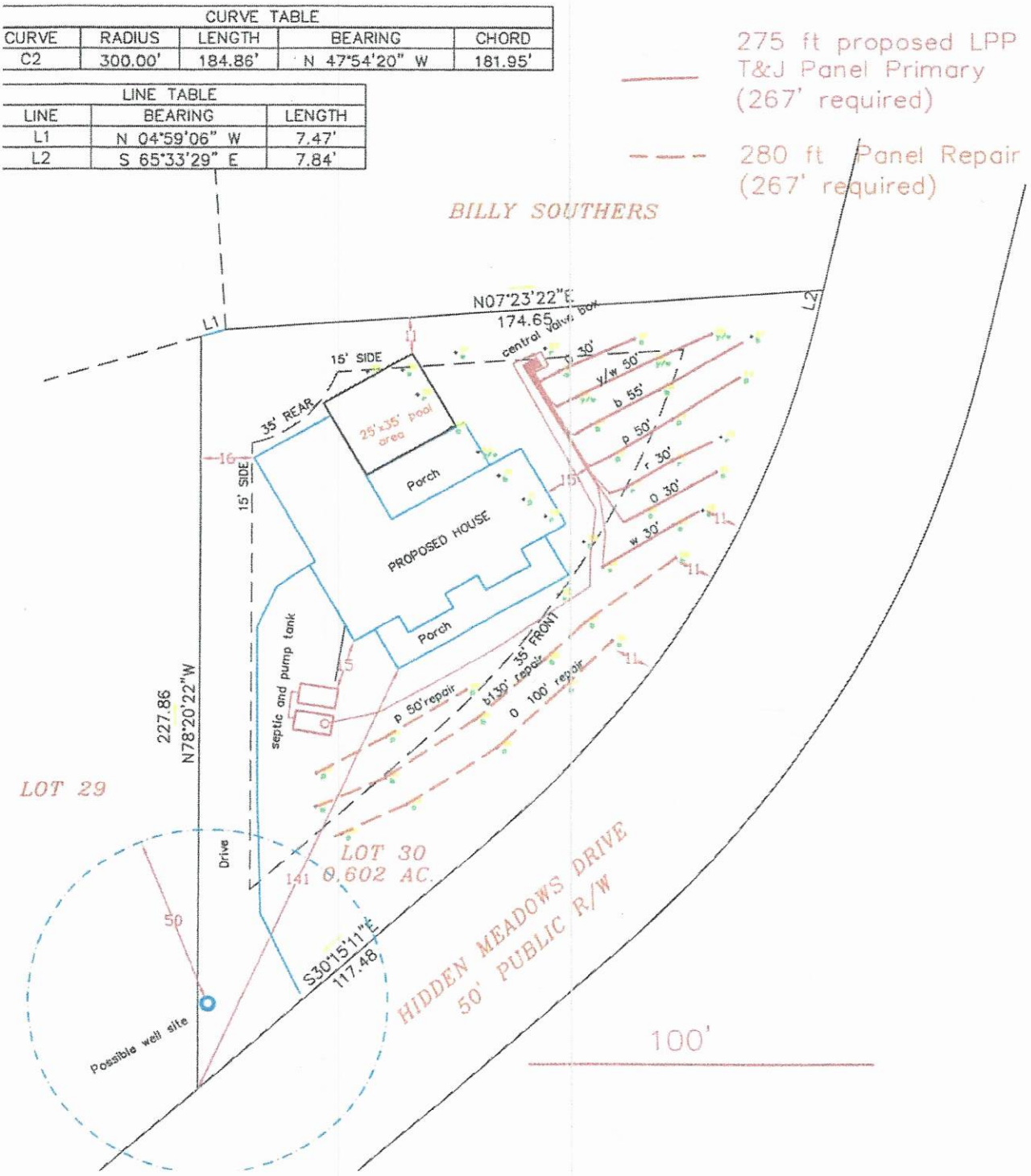
Base site plan from DAS. Most of proposed septic lines were previously permitted by ICHD as flagged in field.

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FIRST FLOOR PLAN

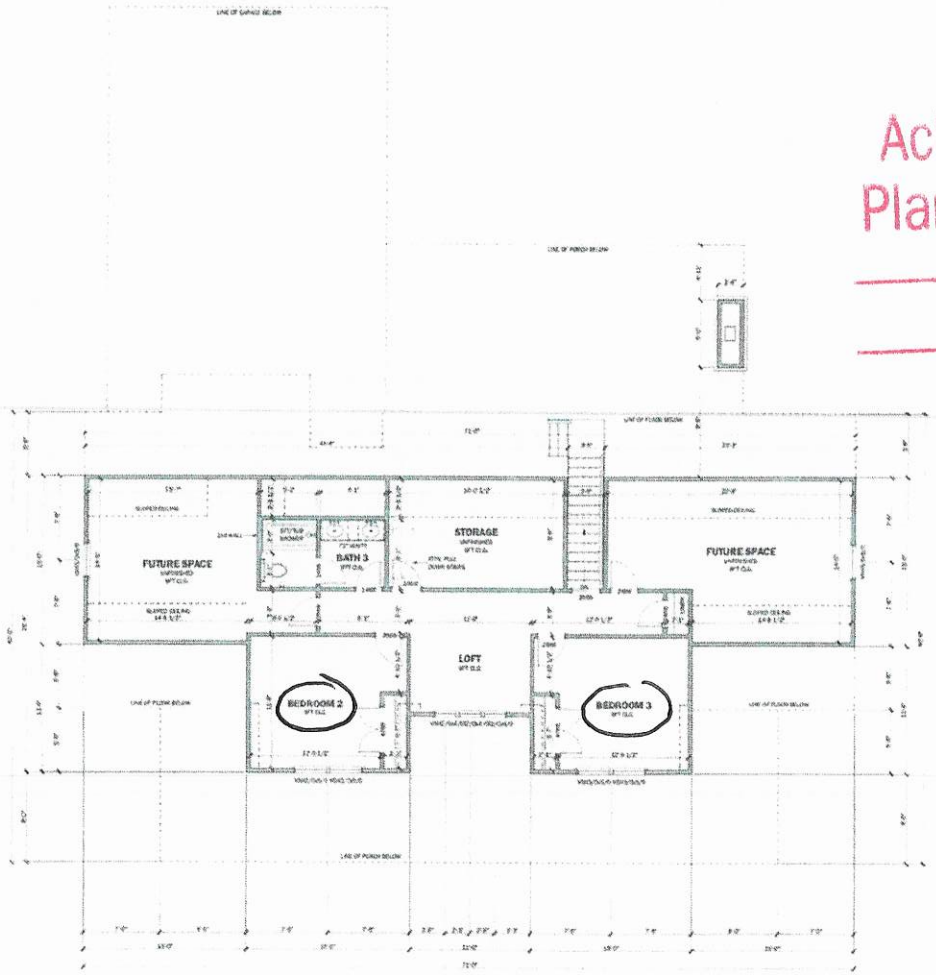
Acknowledgement Of Plans Submittal ONE

Date

Date

Tom Shuck 9/21/2020

A3.0



SECOND FLOOR PLAN

Acknowledgement Of Plans Submittal ONLY!

Date

Date

Sean Shuck 7/21/2020

A4.0

IREDELL COUNTY

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

APPLICATION NUMBER
243582
Issue Date: 04/09/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	126 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:

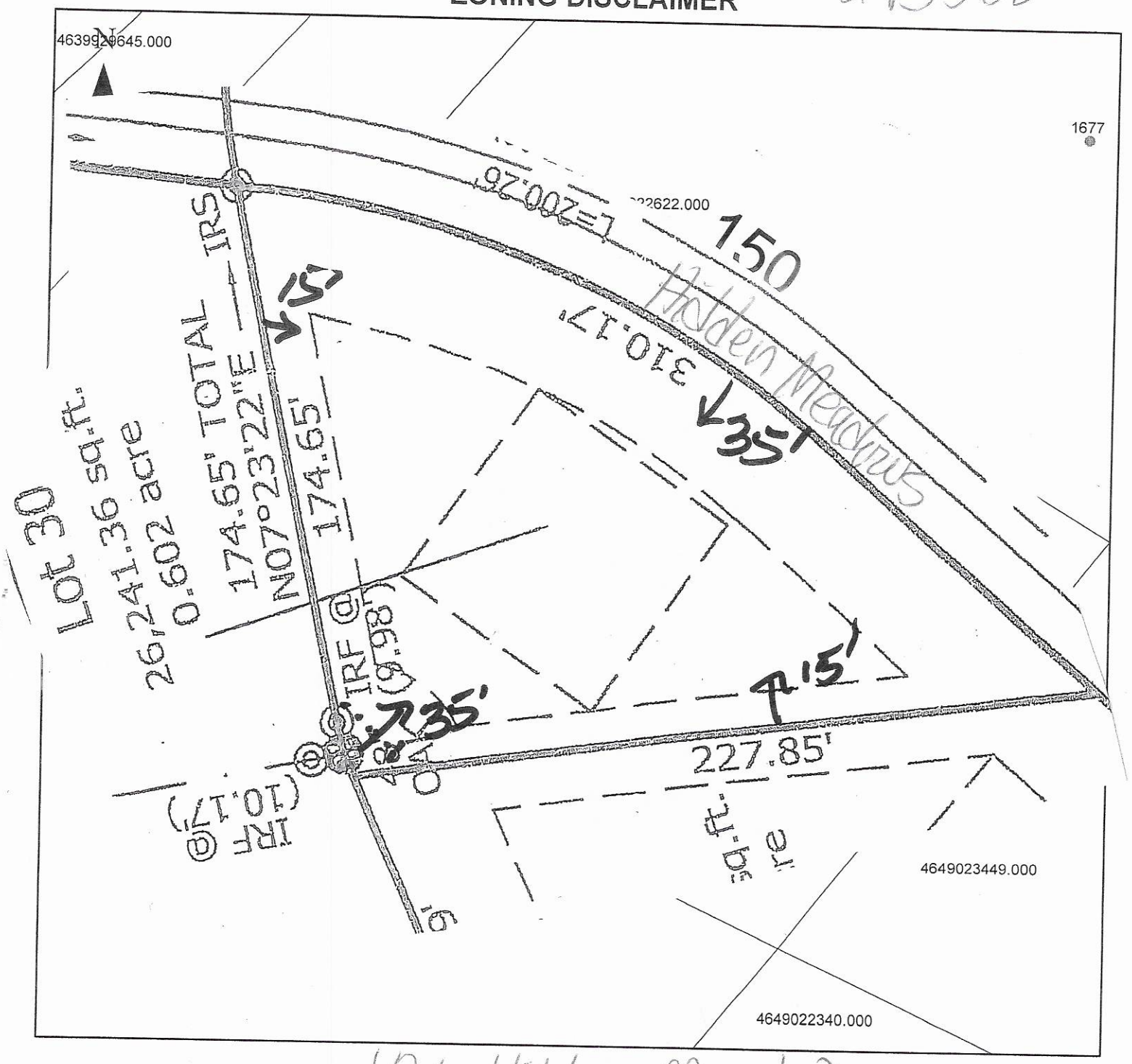
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	173398	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

243582



Property Address 126 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 Teller

Applicant

4/10/19

Date