2:00

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243322

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

PIN # 4649101950.000

APPLICANT/OWNER: Foundation Homes LLC APPLICANT ADDRESS: 438 Williamson Rd Suite C Mooresville NC 28117

SITE ADDRESS: 197 Hidden Meadows Drive Mooresville NC 28117 PHONE: 7043602251 ALT. PHONE —

SITE DIRECTIONS: Hwy 150 @ Perth @ on Hidden Meadows Lot on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows SECTION: — LOT # 11 LOT AREA: .94c DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal)	STB Infi. Hunter	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: LP Panel Blocks 50% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 480	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36 in	Trench Bottom Depth(Low side) 30 in	Gravel Depth —	☒ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Do not exceed max depth of 36 inches Do not Drive, park, pave, grade or bury utilities in drainfield Area.

INITIAL SITE SKETCH

* See updated Site Design Dated 1-7-2020 *

See Relayout Plan From Paul Pennington Lss

AS BUILT SKETCH

* installed as shown *

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: 1-9-2020 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Benjamin A. Bottoms Date: 1-7-2020 OPERATION PERMIT by: Benjamin A. Bottoms Date: 3-11-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bottoms Date: 1-8-2020 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.

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Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243322

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Pump Make		Model			Serial #		Repair System Description:	LP Panel Block 50% Reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth(Low side)		30 in	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: Install Septic Drainlines on the contour of the Land and utilize Serial distribution. Do not exceed max depth of 36 inches Do not Drive, park, pave, grade or bury utilities in drainfield Area.

INITIAL SITE SKETCH

* See updated Site Design Dated 1-7-2020 *

See Relayout Plan From Paul Pennings LSS

AS BUILT SKETCH

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☐ **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: 1-9-2020 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bell Date: 1-7-2020 OPERATION PERMIT by: Date:

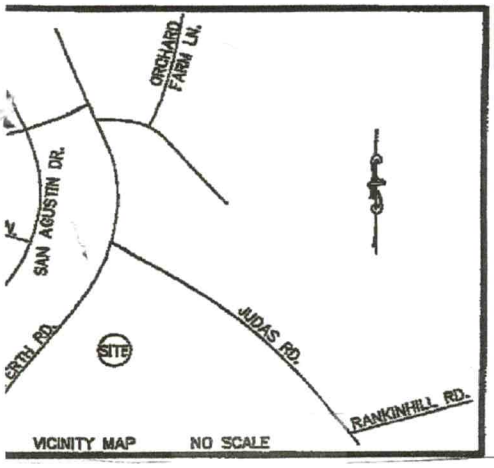
AUTHORIZATION TO CONSTRUCT by: Benjamin A Bell Date: 1-8-2020 Existing System Inspected by: Date:

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.

and and seal on the 4, day of SEPTEMBER
20 19. REVISED : DEC. 3, 2019 (REVISED POOL)

WILLIAM M. ALLEN, PLS

NORTH CAR PROFESSIO SEAL L-349 LAND SURV WILLIAM M



Foundation Homes, LLC - Lot 11 Hidden Meadows Septic System Relayout for Pool December 20, 2019

- Proposing 5 lines @ 96 ft for 480 ft gravity, 25 percent reduction primary system
- 440 ft LPP T&J Panel Repair shown (320 ft required)
- Soil approved by ICHD at 0.25 gpd/sqft LTAR in 4.29.19 IP. No new soil work for relayout by Penninger Soil Consulting
- Upper Red – Lower Blue lines on site plan previously permitted by ICHD with flags still on lot. Lower pink and orange lines flagged by Penninger Soil Consulting.

LOT 10
0.940 AC.

APPROVED FEB [illegible] - 2020

(BASE BEARING)
S01°36'57"W
125.01'

~TREE/BRUSH LINE

35' SETBACK

100' O
100' P
100' R
96' Y
96' O
96' R
96' P
96' R
60' Y
58' B
30' R

LOT 11
0.922 AC.

324.55'

318.16'

LO
0.90

15' SETBACK

15' SETBACK

>15'

PROPOSED POOL

SEPTIC TANK

S87°51'16"E

N87°51'16"W

PROPOSED HOUSE

29.6

15.5

35' SETBACK

>25'

35.8

N01°18'27"W
125.23'

HIDDEN MEADOWS DRIVE
(50' PUBLIC R/W)

LEGEND
P.P. = POWER POLE
POWER TRANS.
EXISTING IRON FOUND
#4 REBAR SET

0' 25' 50' 100'

1" = 30'

NOTES

INTERNAL LAYOUT FOR POOL

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Call Pool Permit Cost For Site Visit

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.

704-996-5550

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@foundationhomeslkn.com **Phone:** 704-360-2251 **Alt. Phone:** _____

Owner Name: James and Julia Bates **Address:** 438 Williamson Road, Suite C Mooresville **Zip:** 28117

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

Property Information:

Street Address: 197 Hidden Meadows Drive

Subdivision Name: Hidden Meadows **Section/Phase:** _____ **Lot Number:** 11

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

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

CHECK FOUNDATION TYPE

(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: _____

(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: 252

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: _____ 12.20.19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

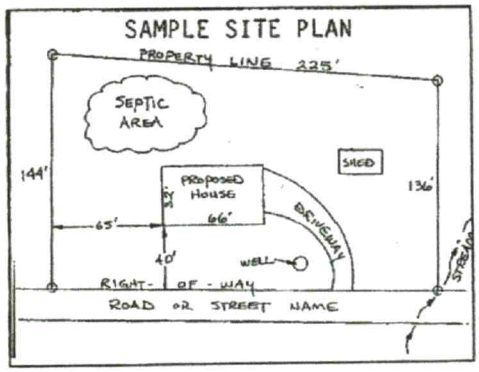
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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)

12.20.19
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, James and Julia Bates, am the legal owner(s) of the property located at 197 Hidden Meadows Drive, identified as

PIN (Parcel Identification Number) 4649101950.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting Justin Smith/Foundation Homes, 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.

James Bates

Signature of Owner(s)

12-20-19

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 HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 243322

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

PIN #

APPLICANT/OWNER: Hidden Meadow Ventures APPLICANT ADDRESS: PO Box 4628 Mooresville NC 28117

SITE ADDRESS: 197 Hidden Meadows Drive Mooresville NC 28117 PHONE: 919-606-5852 ALT. PHONE –

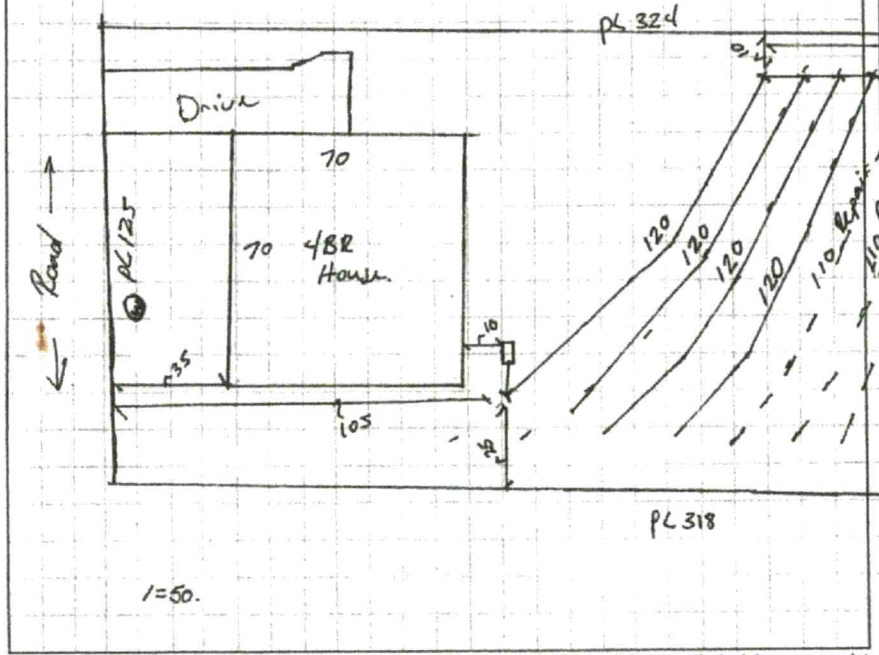
SITE DIRECTIONS: Hwy 150 to Perth Rd Past Rocky Mt Methodist Church SAP CONTROLLED: ☐ YES ☒ NO

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INITIAL SITE SKETCH



AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

Lot must be recorded prior to issuance of AC

New PIN needed

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Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Benjamin H Beeler Date: 4/29/2019 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

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