ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 242751

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

PIN # 4649--11--0832

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

SITE ADDRESS: 157 Hidden Meadows DR - MVL 28117 PHONE: 704-360-2251 ALT. PHONE

SITE DIRECTIONS: (W) NC 150 → (R) Perth → (R) Hidden Meadows → lot on (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows SECTION: — LOT # 4 LOT AREA: 1.014 acres DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (TER)

Septic Tank	1000 (gal)	STB	Infiltrator	Date	3-31-2021	☒ 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:	PPBFS - LP		
# Nitrification Fields	1	# Lines	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (~~Low side~~)	30" max	Gravel Depth	N/A		☒ 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 according to System design by Soil & Forestry Services of the Carolinas. Do not grade site heavily or system will be saprolite controlled

Direct all drainage away from drainfield, fill all gullies as directed on site plan.

INITIAL SITE SKETCH

See attached site plan by Paul Pennington, LSS Dated 3/31/21

AS BUILT SKETCH

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 time.

5/11/2021: Tank checked and ditch drifted. First drain line was checked and was good.

BLW 5-13-2021 - BOTTOM 3 LINES CHECKED 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

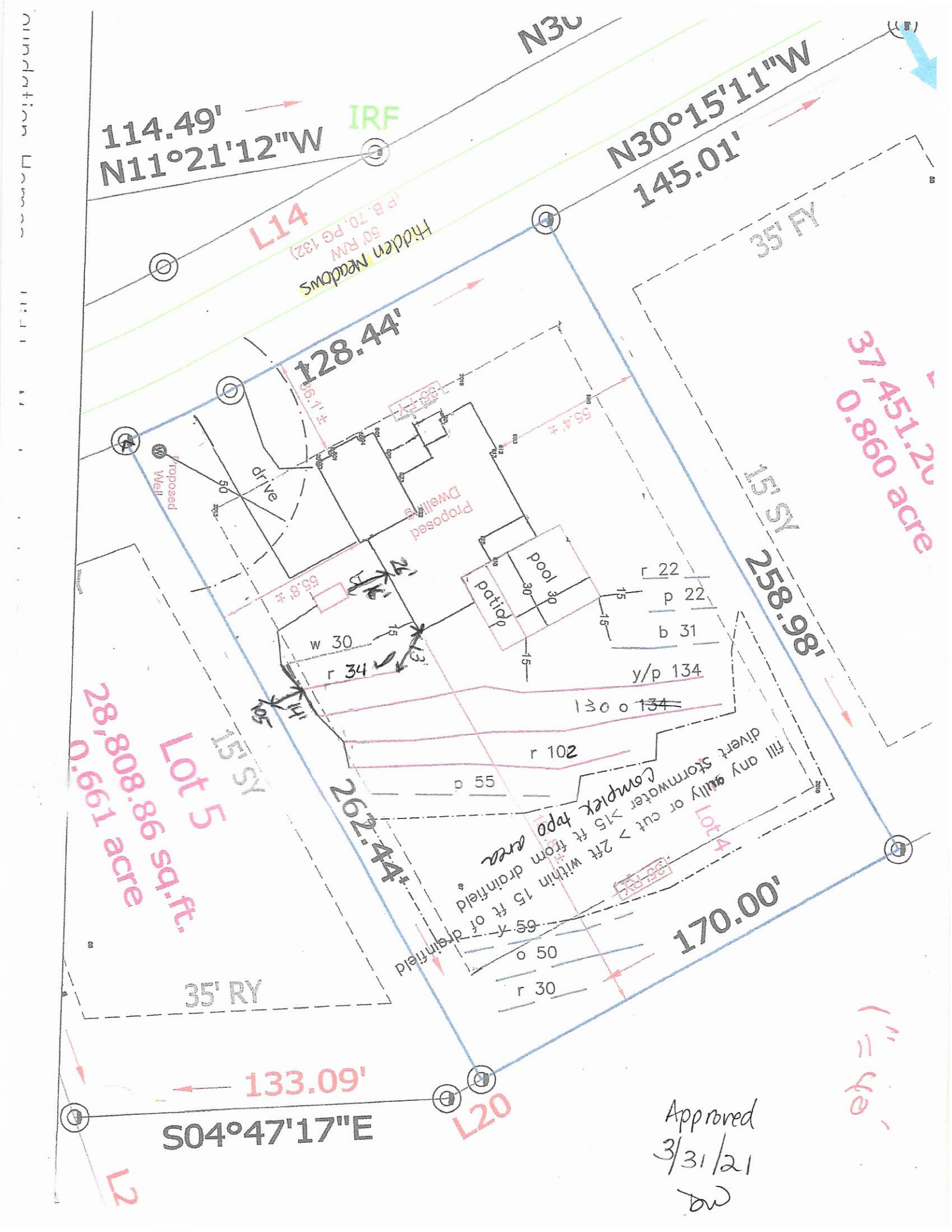
☐ IMPROVEMENT PERMIT *with plan* valid without expiration. ☒ IMPROVEMENT PERMIT *with site plan* valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Rebecca Gulbeyk Date: 5/6/21 Installed by: Specialty Septic

IMPROVEMENT PERMIT by: D. Wiebers Date: 3/31/21 OPERATION PERMIT by: Brent L. Wilson Date: 5-13-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 3/31/21 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is needed.



Approved
3/31/21
DW

GRAVITY ACCEPTED SYSTEM FOR WASTEWATER TREATMENT

Owner/Applicant:	Hidden Meadows Ventures
Address:	Hidden Meadows Mooresville, NC 28117
Phone:	919.606.5852
County:	Iredell
Location:	Hidden Meadows- Lot 4

Approved
4/8/19
MD

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480
System Flow:	N/A

Design Specifications

Drainfield Size:	400	
Loading Rate (gpd/ft.^{2}):	0.3	
Depth of Gravel in Trench:	N/A	
Gravel Size:	N/A	
Max.Trench Depth:	30 in.	Repair Trench Bottom 30 in.
Trench Width:	36 in.	
Septic Tank Size:	1000	

Estimated Supply Line Length:	30
Supply Line Diameter:	4 in. SCH 40 PVC
Supply Line Volume:	19.59
Dosing Volume:	N/A
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	N/A
Recommended Control Panel:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Total Dynamic Head:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

Hidden Meadows- Lot 4

ACCEPTED SYSTEM

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	1200
TOTAL LATERAL LENGTH:	400
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	400
SUPPLY LINE LENGTH:	30
TOTAL DYNAMIC HEAD:	N/A
MANIFOLD SIZE:	N/A
DOSING VOLUME:	N/A
PUMP TANK DRAW DOWN*:	N/A
SEPTIC TANK SIZE:	1000

Approved
4/8/19
MD

Approved 4/8/19 MD

Layout Specifications - Hidden Meadows

Project #: 18-0108

LAYOUT FOR 4 BEDROOM HOME

February 22, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
1	RED					43	43
2	PINK					64	64
3	***BLUE***					***100***	***100***
4	***YELLOW***					***137***	***100***
5	***ORANGE***					***100***	***100***
6	***RED***					***100***	***100***
7	PINK					71	71
8	YELLOW					59	59
9	ORANGE					52	52
10	RED					32	32
					Total	758	721

	LINE LENGTH	LTAR GPD/FT2	SYSTEM TYPE	SOIL LTAR GPD/FT2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***400***	***0.300***	***ACCEPT.***	***0.300***	***25% RED***	***GRAVITY***
Repair	321	0.300	MOD. CONV.	0.300	PPBPS	LOW PRESSURE

Notes: **All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

**Nitrification lines were located byGPS.

CALCULATIONS

Approved
4/8/19
MD

Location	Hidden Meadows Mooresville, NC 28117	
Project Number	18-0108	
Lot No:	4	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	NO	
Supply Line Length	30	ft.
Supply Line Volume	19.59	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	N/A	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Septic Tank Size	1000	gal.
Panel Volume	N/A	gal.
# of Panels	N/A	
Dosing Volume	N/A	gal.
Tank Draw Down	N/A	
Pump Run Time		
Elevation Head	N/A	ft.
Pressure Head	N/A	ft.
Friction Factor	N/A	ft./100 ft. *(From the interpolater.)*
Friction Head	N/A	ft.
Total Dynamic Head (+15%)	N/A	ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

www.soilandforestryservices.com

Attached is a proposed design for an Accepted Septic System with gravity dist. for a 4 bedroom single family residence on Hidden Meadows Subdivision Lot 4, Mooresville 28117, Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4

Site Plan/System Plan---------- 5

Calculations---------- 6

Profile Descriptions---------- 7

Expedited Review Process Checklist---------- 8

Zoning Permit & Receipt---------- 9-11

Application---------- 12-13

Green Sheet---------- 14

Agent Authorization Form---------- 15

February 22, 2019
Project #: 18-0108
Design By: Soil & Forestry Services of the Carolinas, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. The following are details that must be considered along with all other considerations.

- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a gravity 25% reduction (Accepted) installation.
- Repair is specified as a PPBPS system with low pressure distribution.
- **Note that some small gullies need to be filled in with GROUP IV material**

Sheet 1 of 1
PROPERTY ID #: 4644016361
COUNTY: Iredell

Approved
4/8/19 mw

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
LOCATION OF SITE: Hidden Meadows Lot 4

APPLICATION DATE
DATE EVALUATED: 2/2019
PROPOSED DESIGN FLOW (.1949): 480 spd
PROPERTY SIZE: 1.014 ac
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	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
1	L/17%	0-13	BCL wmsbk	Fr ss sp					PS .3
		13-48	RC wmsbk	" " "					
2	L/13%	0-10	RBCL wmsbk	Fr ss sp					PS .3 to .325
		10-27	RC wmsbk	" " "					
		27-47	RBCL wfsbk	" " "	-C. SAP				
		47-48	VAR SL Mass	" " "					
3	L/8%	0-10	RBC wmsbk	Fr ss sp					PS .3
		10-46	RC wmsbk/Abk	" " "					
		46-AR	Quartz						
4	L/13%	0-24	BRC wmsbk	Fr ss sp					PS .3 to .325
		24-48	RBCL wfsbk	" " "	- Few to C. SAP				

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

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

COMMENTS:

Intermediate Report for Pool

RECEIVED MAR 1 5 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

DELIVERED MAR 1 8 2021

APPLICATION FORM

AP-242751 $320.00

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.

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 Res., LLC Address: 438 Williamson Road, Suite C Mooresville Zip: 28117
Applicant Email: justin@foundationhomeslkn.com Phone: 704-360-2251 Alt. Phone:
Owner Name: Mark Peters Address: 268 GLENCOE LN MOORESVILLE NC Zip: 28117
Owner Email: justin@foundationhomeslkn.com Phone: 704-360-2251 Alt. Phone:

Property Information: Call Pam Pennington for site visit 704-996-1330

Street Address: 157 Hidden Meadows Drive
Subdivision Name: Hidden Meadows Section/Phase: Lot Number: 4
Driving Directions: 150W, TR Perth, TR Hidden Meadows, lot on left

language about positive drainage off drainfield !!

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

(X) New Single Family Residence UNDER CONST
( ) 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:

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: _____ 3-15-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Res., LLC Address: 438 Williamson Road, Suite C Mooresville Zip: 28117

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

Owner Name: Mark Peters Address: 268 GLENCOE LN MOORESVILLE NC Zip: 28117

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

Property Information:

Street Address: 157 Hidden Meadows Drive

Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 4

Driving Directions: 150W, TR Perth, TR Hidden Meadows, lot on left

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

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
(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: _____

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: _____ 3-15-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: B0296DE1-EFAC-40B0-A032-D893DF327D62

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, MARK and MARAVILLA PETERS, am the legal owner(s) of the property located at 157 HIDDEN MEADOWS DR. (LOT 4), identified as

PIN (Parcel Identification Number) 4649110842.000, located in Iredell County, North Carolina.

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

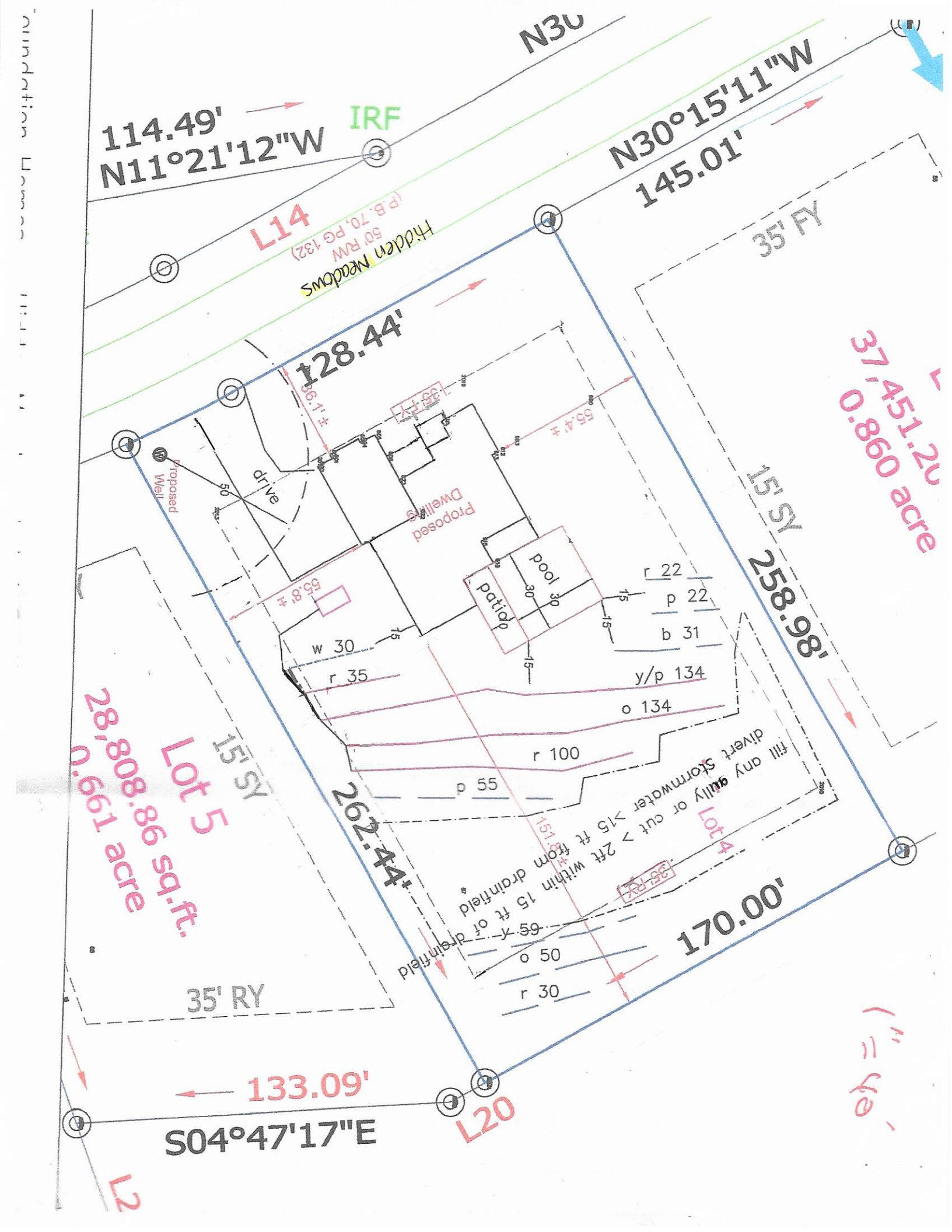
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

DocuSigned by: Mark Peters 22F28C36FCAB40A... DocuSigned by: 088A7FEBE8FA43C...

Signature of Owner(s) 3/13/2021 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


N30
114.49'
N11°21'12"W
IRF
L14
(P.B. 70, PG 132)
50' RW
Hidden Meadows
N30°15'11"W
145.01'
35' FY
128.44'
55.4'±
55.8'±
Proposed Well
drive
Proposed Dwelling
pool
patio
r 22
p 22
b 31
w 30
r 35
y/p 134
o 134
r 100
p 55
fill any gully or cut > 2ft within 15 ft of drainfield
divert stormwater >15 ft from drainfield
Lot 4
262.44'±
151.98'±
170.00'
o 50
r 30
15' SY
258.98'
37,451.20
0.860 acre
15' SY
Lot 5
28,808.86 sq.ft.
0.661 acre
35' RY
133.09'
S04°47'17"E
L20
L2

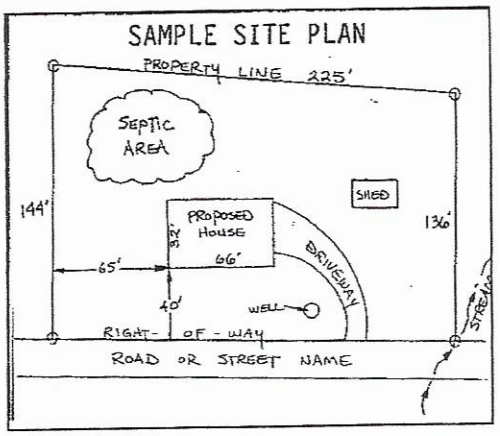
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

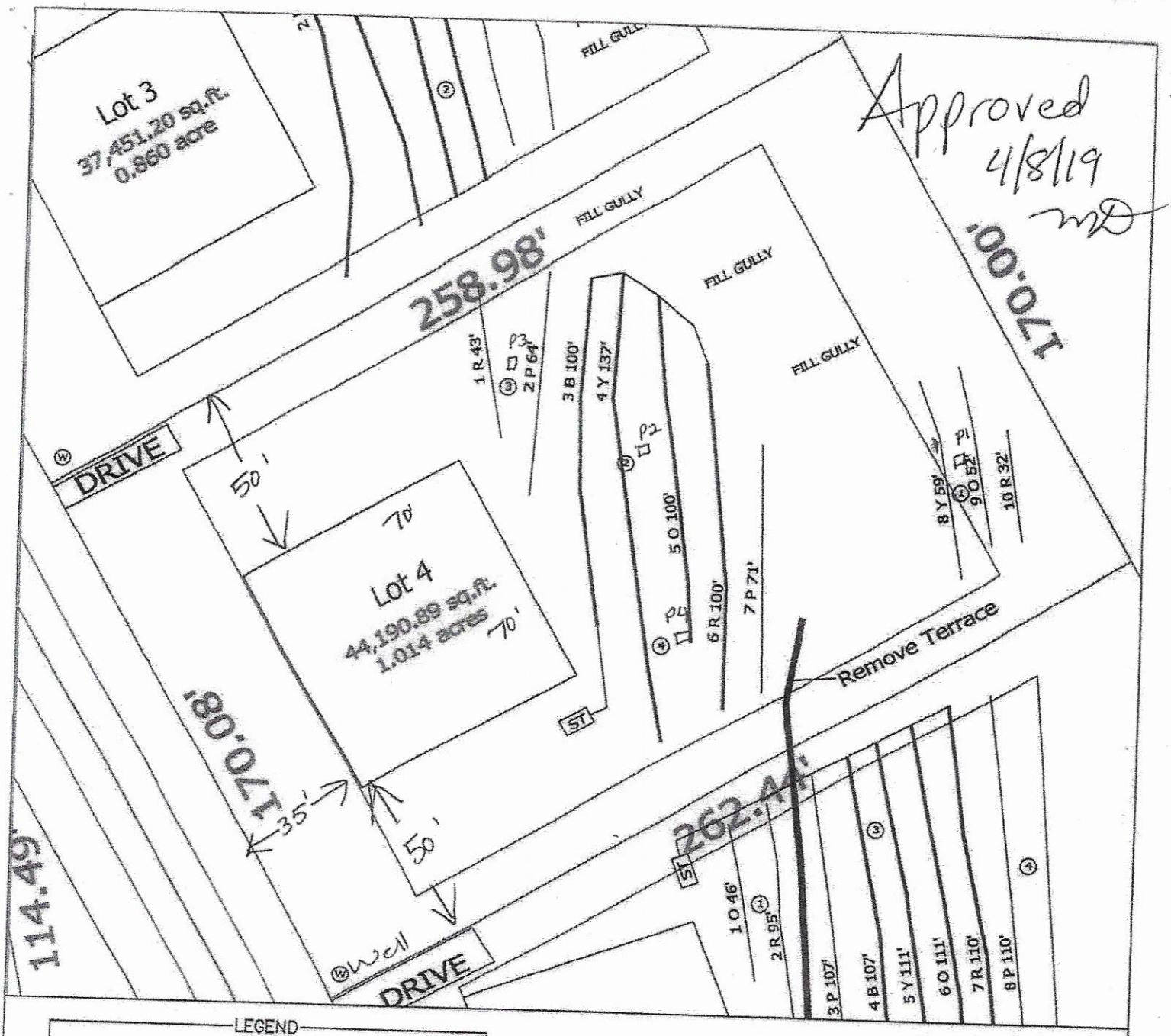
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: _____ 3-15-21

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



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) Boring Location.

GRAPHIC SCALE
1" = 40'

40 0 40 80

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) 278-0569
ASHLEY ROLLINS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5046
EMAIL: ashleyrollins@gmail.com

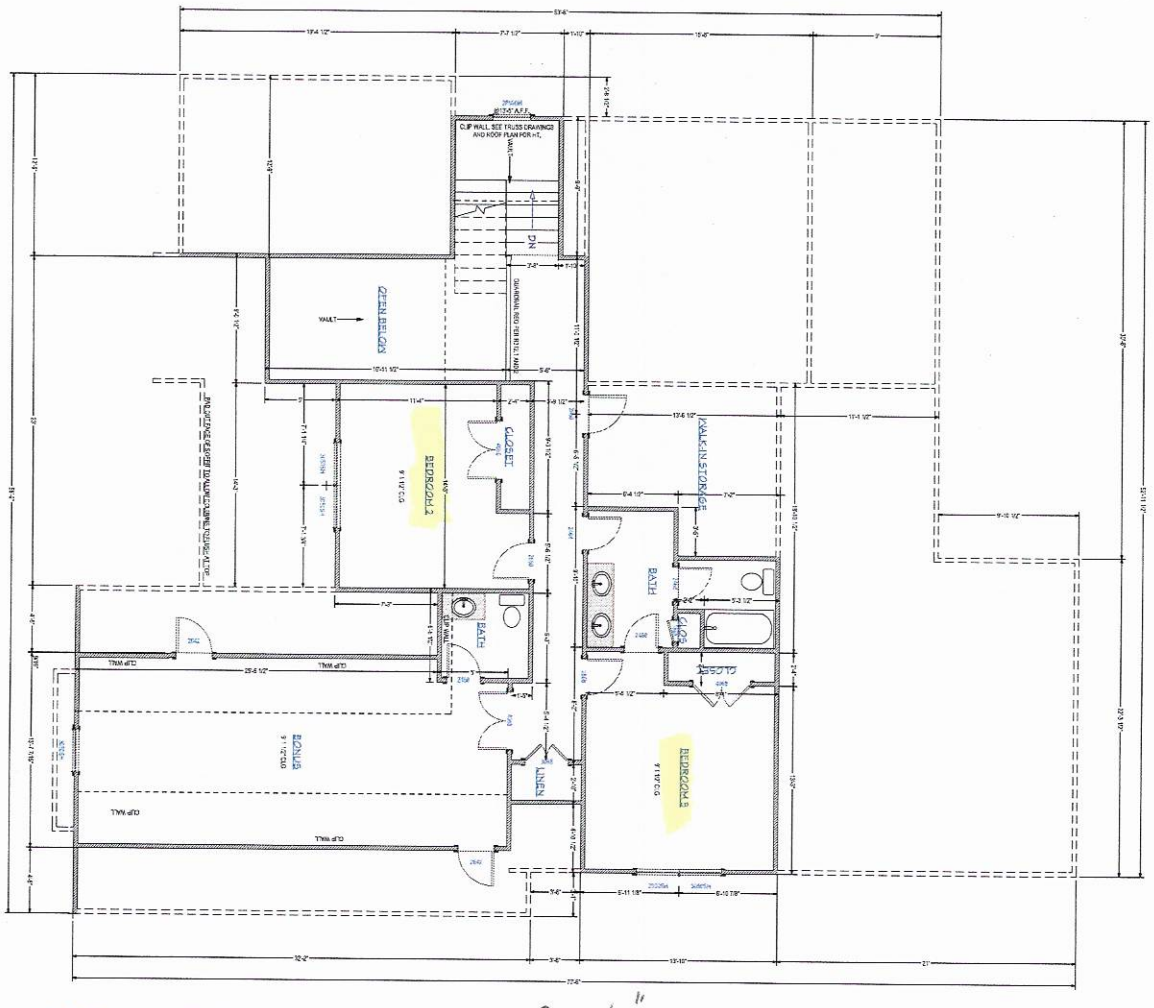
MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RICHARD DOEGLER / HIDDEN MEADOWS SUBDIVISION

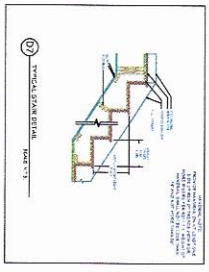
LOCATION/DATE: PERTH ROAD - HIDDEN MEADOWS, IREDELL COUNTY, NORTH CAROLINA, FEBRUARY 2019

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

Acknowledgement Of
Plans Submittal ONLY!
Deterius Date 10/22/20
Patrick J Boyle III Date 10/22/2020

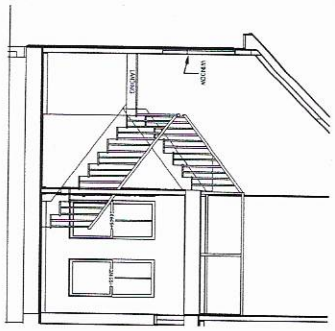


SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"



SQUARE FOOTAGE	
1ST FLOOR HEATED	2234
2ND FLOOR HEATED	1159
TOTAL HSF	3393
PORCHES	357
GARAGE	746
TOTAL UNDER ROOF	4501

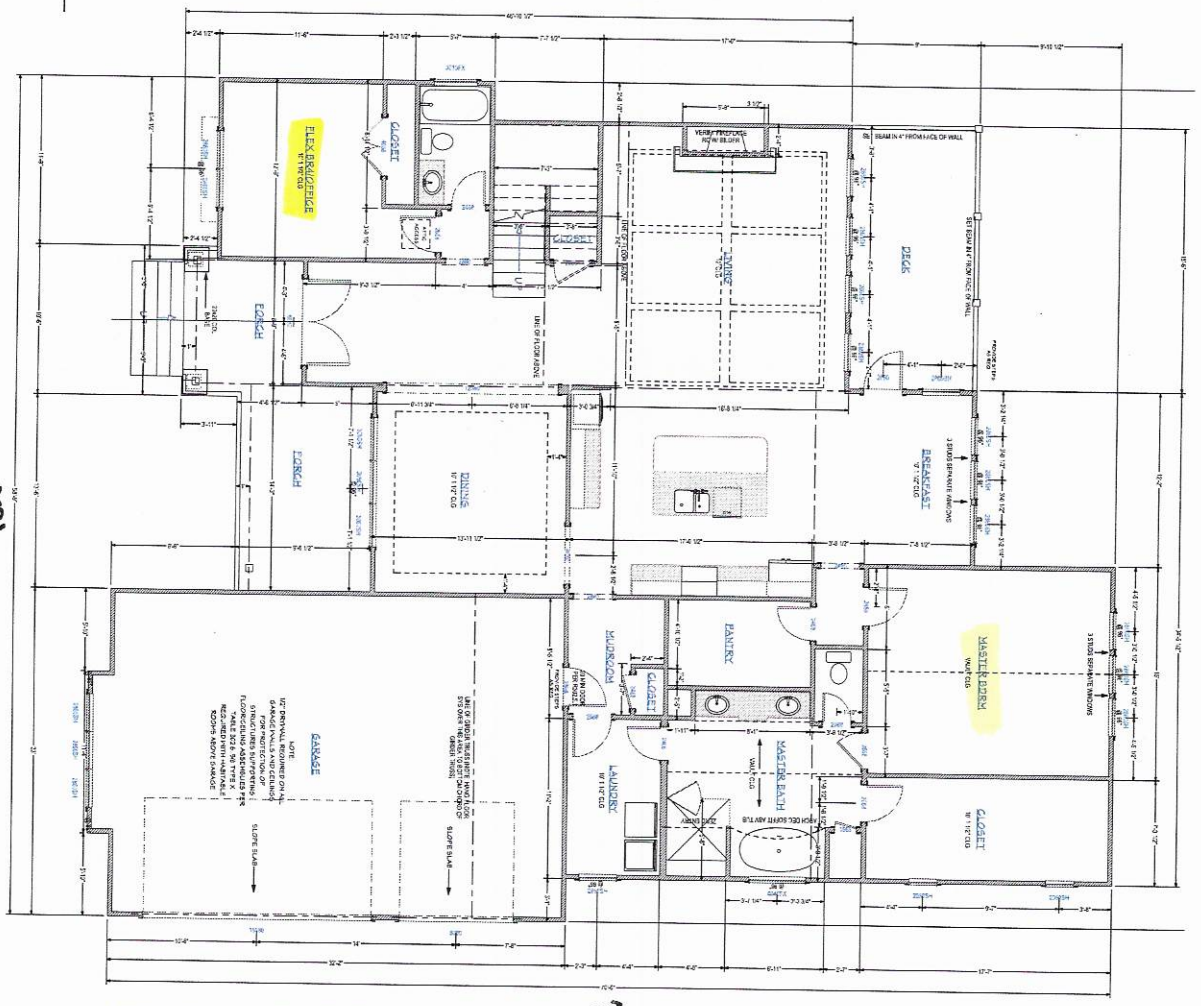
SHEET: A-7	SCALE:	DATE: 9/29/2020	VISUAL DESIGN & DRAFTING — Justin Travis 704-363-0907	PROJECT DESCRIPTION: FOUNDATION HOMES AMELIA-A FARM (ALT STAIR)	FOUNDATION HOMES	NO. / DESCRIPTION / BY / DATE	FIELD



STAIR SECTION

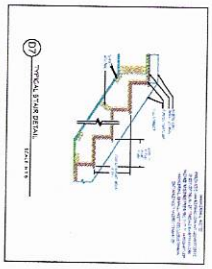
SCALE 1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
L Deterius Date 10/23/20
Patrick J Boyle III Date 10/22/2020



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"



SQUARE FOOTAGE	
1ST FLOOR HEATED	2239
2ND FLOOR HEATED	1154
TOTAL HSF	3393
PORCHES	357
GARAGE	746
TOTAL UNDER ROOF	4501

SHEET:	SCALE:	DATE:	VISUAL DESIGN & DRAFTING	PROJECT DESCRIPTION:	NO.	DESCRIPTION	BY	DATE
A-6		9/29/2020	VisualDesignAndDrafting@gmail.com VISUAL DESIGN & DRAFTING Justin Travis 704-363-0501	FOUNDATION HOMES AMELIA-A FARM (ALT STAIR)				

FIELD

IREDELL COUNTY

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

APPLICATION NUMBER
242751
Issue Date: 03/12/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	157 HIDDEN MEADOWS DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: JOHN CLONTZ FAMILY LLC	Applicant: ROLLANS SOIL & ENVIRON
Address: 2933	Address: 470 NORTH BROAD STREET SUITE D
IREDELL CO, NC 28625	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:

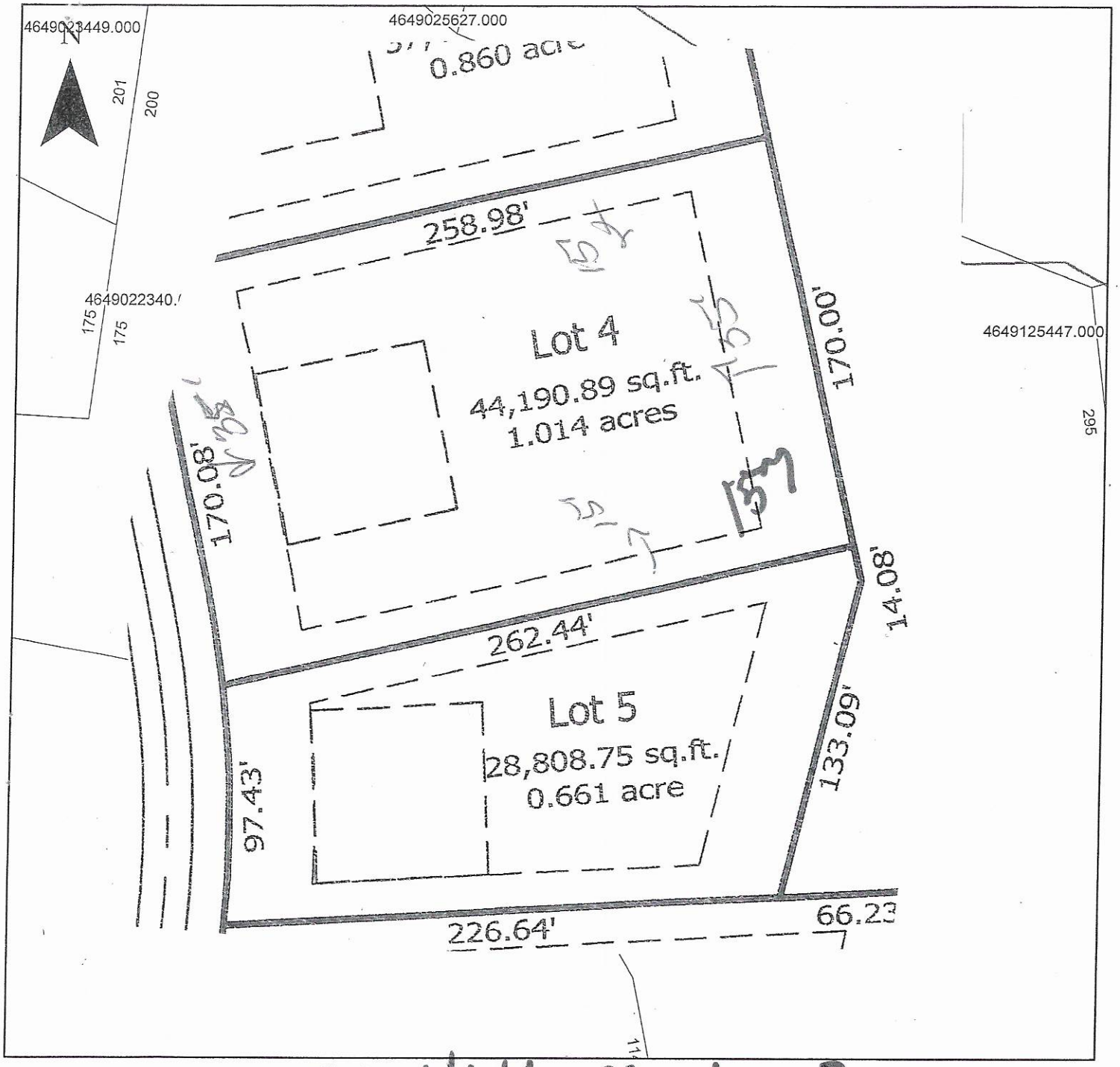
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Applicant: _____ Date: _____

Permit Number	170305	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER

242751



Property Address 157 Hidden Meadows Dr

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.

Applicant

Date