IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 24/3321

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

PIN # 4649111053

APPLICANT/OWNER: Hidden Meadows Ventures | APPLICANT ADDRESS: Po Box 4628 Mooresville NC 28117

SITE ADDRESS: 191 Hidden Meadows Drive Mooresville NC 28117 | PHONE: 919 606 5852 | ALT. PHONE: –

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

SUBDIVISION: Hidden Meadows | SECTION: – | LOT # 10 | LOT AREA: .940 Acres | DESIGN FLOW: 480 | L.T.A.R.: .25

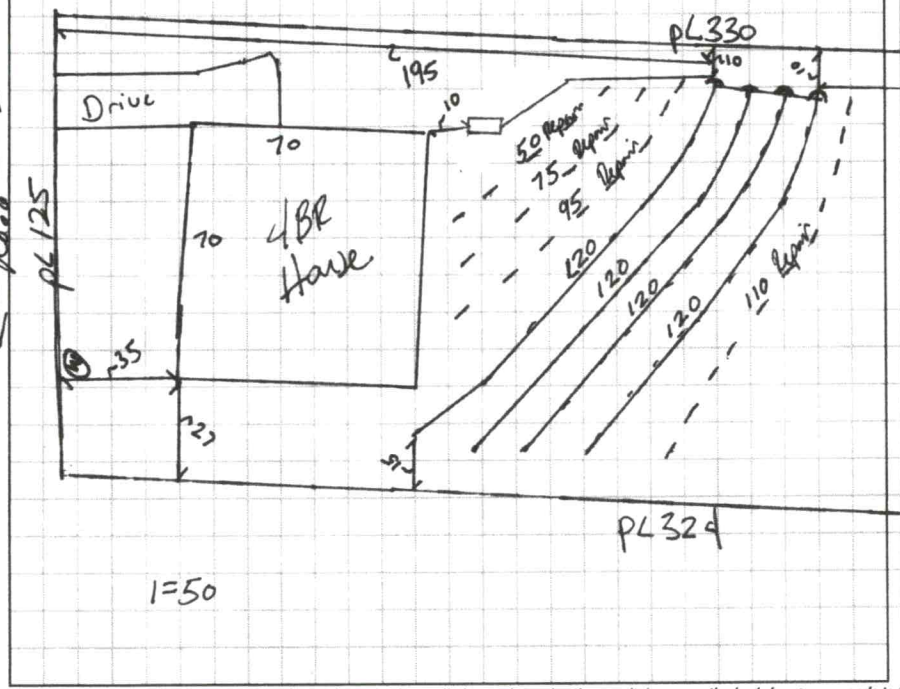
Septic Tank	1000 (gal)	STB	760	Date	3-1-2020	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	– (gal)	PT	–	Date	–	System Description:	Gravity 25% Reduction
Pump Make	–	Model	–	Serial #	–	Repair System Description:	LP Panel Block 50% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	480	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	–	☒ GRAVITY ☐ PRESSURE	

☑ Residence — No. Bedrooms: 4
☐ Business — No. Persons: 8
☐ Other — No. Employees:
☐ Slab ☒ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

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. Smooth out Terrace

INITIAL SITE SKETCH



AS BUILT SKETCH

Tank 12' off House

Installed as Drawn

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: [signature] Date: 4/24/19 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: [signature] Date: 4/25/2019 OPERATION PERMIT by: [signature] Date: 5-5-2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-30-19 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 24/3321

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

PIN # 4649111053

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

SITE ADDRESS: 191 Hidden Meadows Drive Mooresville NC 28117 | PHONE: 919 606 5852 | ALT. PHONE: –

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

SUBDIVISION: Hidden Meadows | SECTION: – | LOT # 10 | LOT AREA: .940 Acres | DESIGN FLOW: 480 | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	– (gal)	PT	–	Date	–		
Pump Make	–	Model	–	Serial #	–		
# Nitrification Fields	1	# Lines	4	Linear Ft	480		
Trench Width	36	Trench Bottom Depth(Low side)	30	Gravel Depth	–		

☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction

Repair System Description: LP Panel Block 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

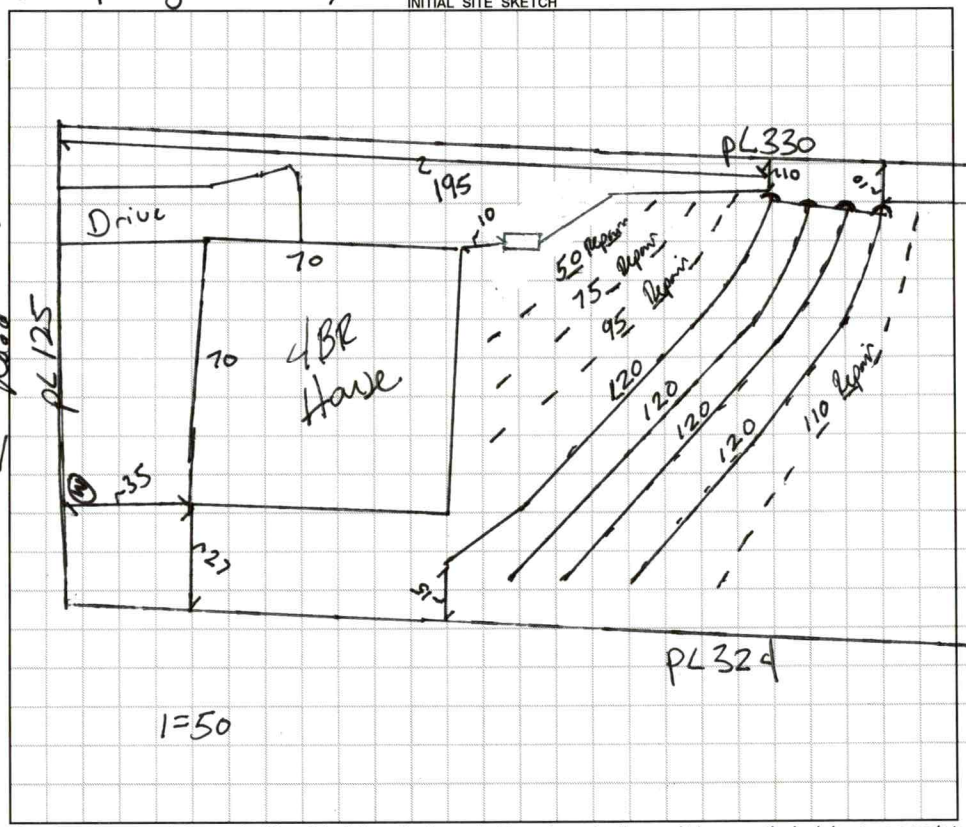
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

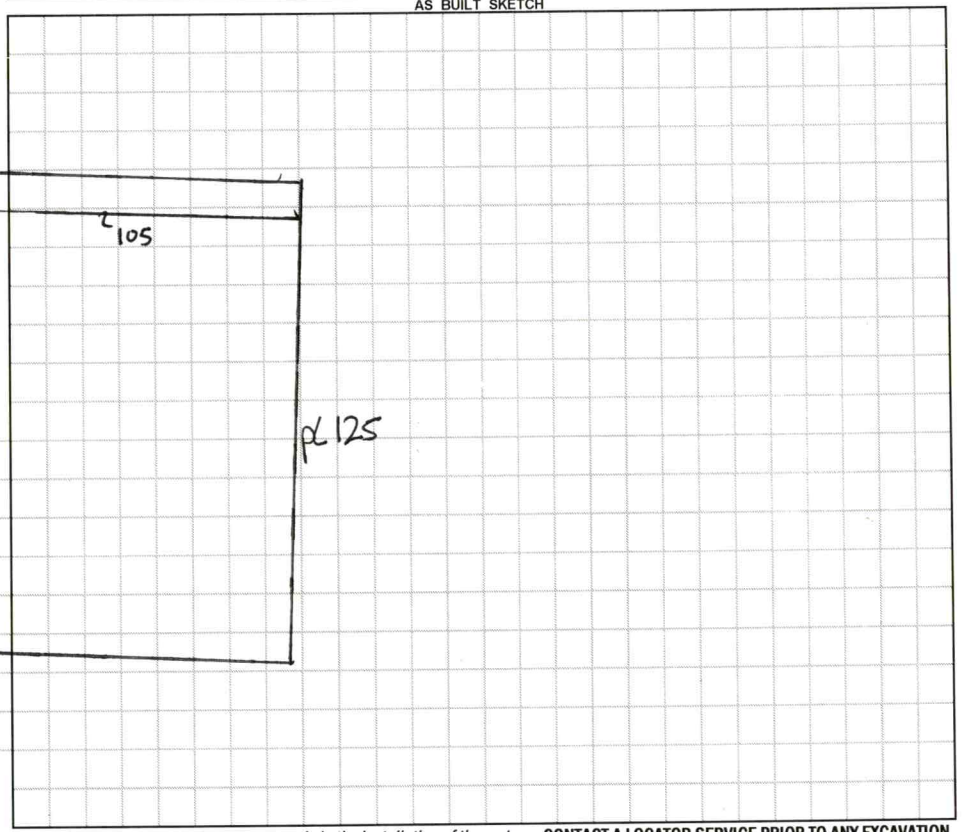
Water Supply: ☒ Private ☐ Public ☐ Community

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 lay utilities in drainfield area. Smooth out Terraces

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: [signature] Date: 4/24/19 Installed by: _____

IMPROVEMENT PERMIT by: [signature] Date: 4/25/2019 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10-30-19 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.

243321

PDB500

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Hidden Meadows Ventures Address: P.O. Box 4628 Mooresville NC Zip: 28117
Applicant Email: rdenzler0613@roadrunner.com Phone: 919-606-5852 Alt. Phone: _____
Owner Name: Same Address: Same Zip: Same
Owner Email: rdenzler0613@roadrunner.com Phone: 919-606-5852 Alt. Phone: _____

Property Information:

Street Address: 191 Hidden Meadows Dr Mooresville NC 28117
Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 10
Driving Directions: From Highway 150 take Perth Rd (North) towards Troutman. Subdivision is past Rocky Mt. Methodist Church on right.

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 ( ) 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: _____ 3/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

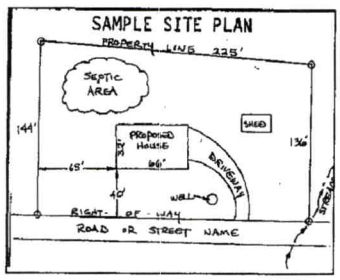
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

Signature: Samuel A Tollison
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/29/19
DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Richard Denzler, am the legal owner(s) of the property located at Hidden Meadows Ventures, identified as PIN (Parcel Identification Number) 4649016361, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans, 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.

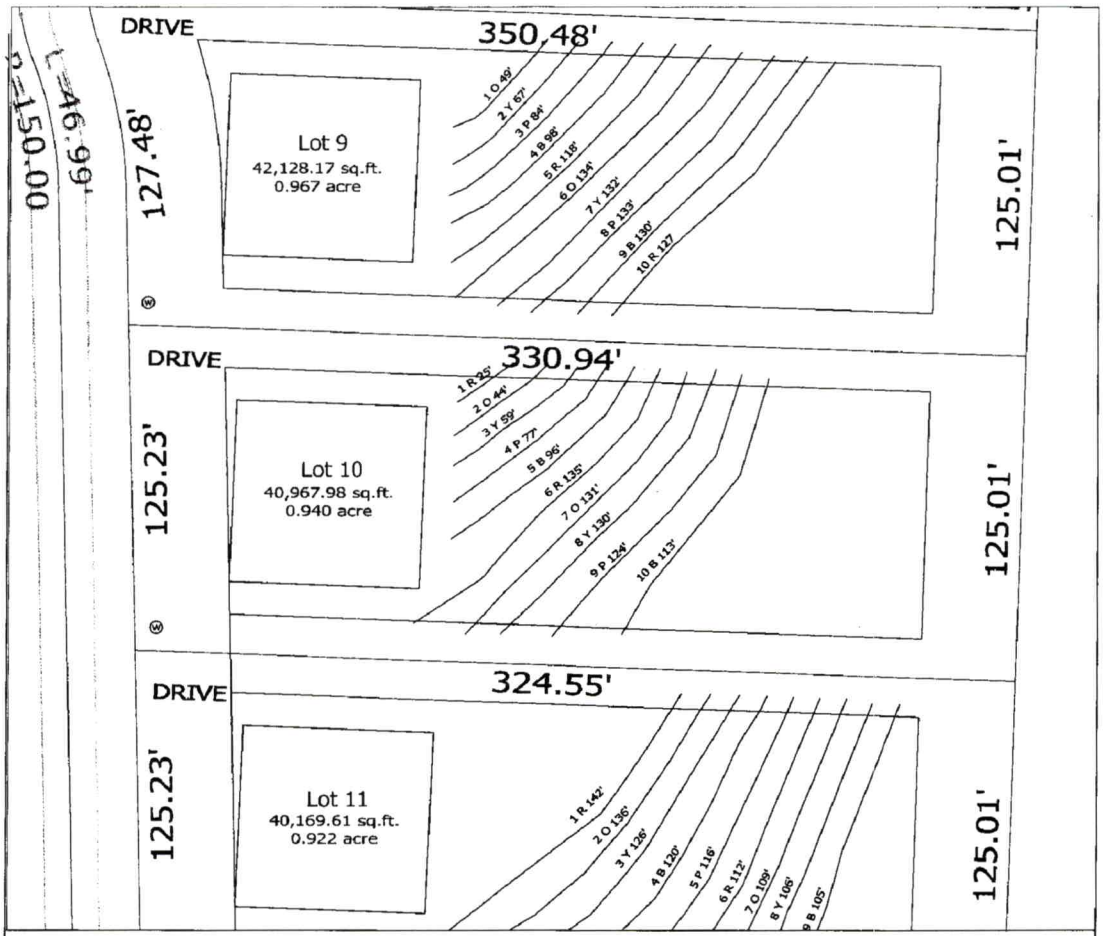
Signature of Owner(s) 3/11/19 Date

Signature of Witness 3/11/19 Date

Please return this signed form to the appropriate office:

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



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')

System lines.

Repair lines.

Temporary Bench Mark (TBM)

(W) Well Location. (25) Boring Location.

GRAPHIC SCALE
1" = 50'

500 0 50 100

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) 278-0589
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746-5016
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RICHARD DEIDLER / HIDDEN MEADOWS SUBDIVISION

LOCATION/DATE: PERTH ROAD - HIDDEN MEADOWS, PREDELL COUNTY, NORTH CAROLINA, FEBRUARY 2018

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

IREDELL COUNTY

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

APPLICATION NUMBER
243321
Issue Date: 04/01/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	191 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 HOLD BUILDING PERMIT TILL PLAT IS RECORDED	

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: 4/1/19

Permit Number	172433	TOTAL FEES:	$ 77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
'O BO ESVILLE NC 28687-0788
49 N et / Building Standards Center
704) 878-511 8 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ~4000

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Hidden Meadows Ventures Phone # 919-606-5852

Owner's Current Address P.O. Box 4628 Mooresville NC 28117

Property Information

Property Address 191 Hidden Meadows Dr Parcel # 4649016361

Subdivision: Hidden Meadows Ventures Lot: 10 Zoning:____ Watershed: Y / (N) Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) From Highway 150 take Perth (North) towards Troutman. Subdivison is past Rocky Mt. Methodist Church on right.

Application Information

Applicant's Name or Company Hidden Meadows Ventures Applicant's Phone # 919-606-5852

Applicant's Address P.O. Box 4628 Mooresville NC 28117

If Company, Representative's Name and Title Richard Denzler / Owner

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 3/13/19

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM** L.+10
(Complete all fields in full)

OWNER: Hidden Meadows Ventures
ADDRESS: PO Box 4625 Mvc NC
PROPOSED FACILITY: 4BR Home
LOCATION OF SITE: 191 Hidden Meadows Mvc
APPLICATION DATE 3/29/19
DATE EVALUATED: 4/17/19
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .9 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	Side 10%	0-8	SC WSBK	SS SP FR SEAP	—	53	—	—	PS .25
		8-30	C SBK/ABK	SS SP FR					
		30-53	CL WSBK	SS SP FR					
2	Side 10%	0-7	SC WSBK	SS SP FR SEAP	—	55	—	—	PS .25
		7-37	C SBK/ABK	SS SP FR					
		37-55	CL WSBK	SS SP FR					
3	Side 10%	0-9	SC WSBK	SS SP FR SEAP	—	60	—	Some Firm Sap throughout w/MW conc.	PS .25
		9-39	C SBK	SS SP FR					
		39-60	CL WSBK	SS SP FR					
4	Side 10%	0-10	SC WSBK	SS SP FR SEAP	—	62	—		PS .25
		10-31	C SBK	SS SP FR					
		31-62	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	480
System Type(s)	III 25%	III 25%
Site LTAR	.25	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins.
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

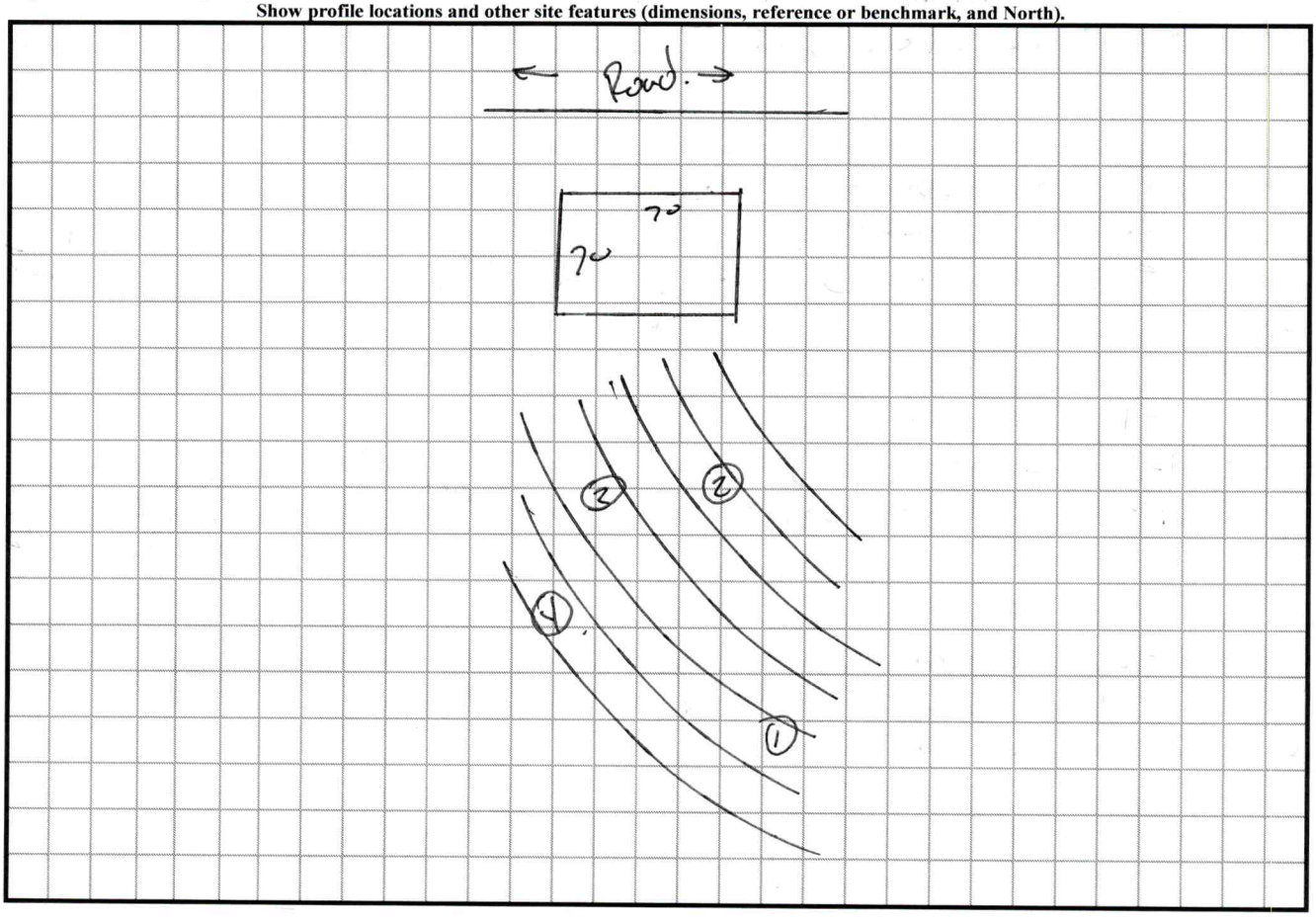
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).





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')
- System lines.
- Repair lines.
- Temporary Bench Mark (TBM)
- (W) Well Location.
- (25) Boring Location.

345

GRAPHIC SCALE
1" = 50'

500 0 50 100

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

243321 191 Hidden Meadows

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.
P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278 - 0989
ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RICHARD DENZLER / HIDDEN MEADOWS SUBDIVISION

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

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

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*

#243321
10-30-19
Ø

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings Address: 637 Williamson Rd, Mooresville Zip: 28117
Applicant Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____
Owner Name: Lakeshore Holdings Address: POBox 5350, Mooresville, NC Zip: 28117
Owner Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____

Property Information:

Street Address: 191 Hidden Meadows Dr, Mooresville NC 28117
Subdivision Name: Hidden Meadows Section/Phase: _____ Lot Number: 10
Driving Directions: NC 150 to right on Perthard to right in Hidden Meadows

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 (X) 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: _____ 10/29/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

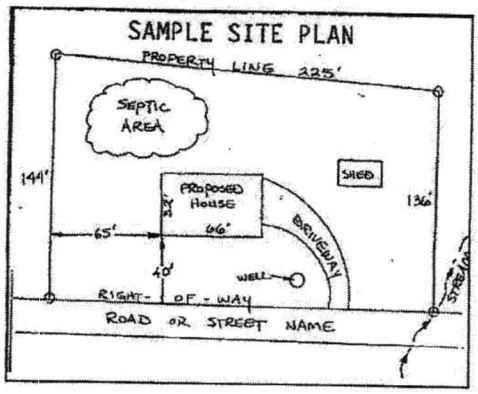
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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 improvement permit that has already been filed

Signature: _____ 10/29/14

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

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.

I, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 191 Hidden Meadows Dr, Mooresville 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC Aaron Feldman, 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)	10/29/19 Date	Signature of Witness	10/29/19 Date

Please return this signed form to the appropriate office:

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

PO BO[illegible]
349 N[illegible]
(704) 878-511[illegible]

IREDELL COUNTY PLANNING & DEVELOPMENT
ESVILLE NC 28687-0788
et / Building Standards Center
8 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built ✓ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
NO

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? 4 and stories? 2

Please describe project (Details, Purpose, or Use): New Residental

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Lakeshore Holdings LLC Phone # 704 799 7609

Owner's Current Address 637 Williamson Road Suite 102, Mooresville NC 28117

Property Information

Property Address 191 Hidden Meadows Dr, Mooresville 28117 Parcel # _____

Subdivision Hidden Meadows Lot: 10 Zoning: _____ Watershed: Y / N Flood Plain: Y / N Township: _____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Lakeshore Holdings LLC Applicant's Phone # 704 799 7609

Applicant's Address 637 Williamson Road Suite 102

If Company, Representative's Name and Title Aaron Feldman President

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 10/29/19

Acknowledgement Of
Plans Submittal ONLY!
Date 10-30-19
Date

64'-0"

50'-5"

FIRST FLOOR PLAN

1

NOTE: CONTRACTOR TO VERIFY ALL STRUCTURAL DETAILS AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

REVISIONS

LAKEMIST HOMES

Cypress II

VISUAL DESIGN & DRAFTING

C4'2"

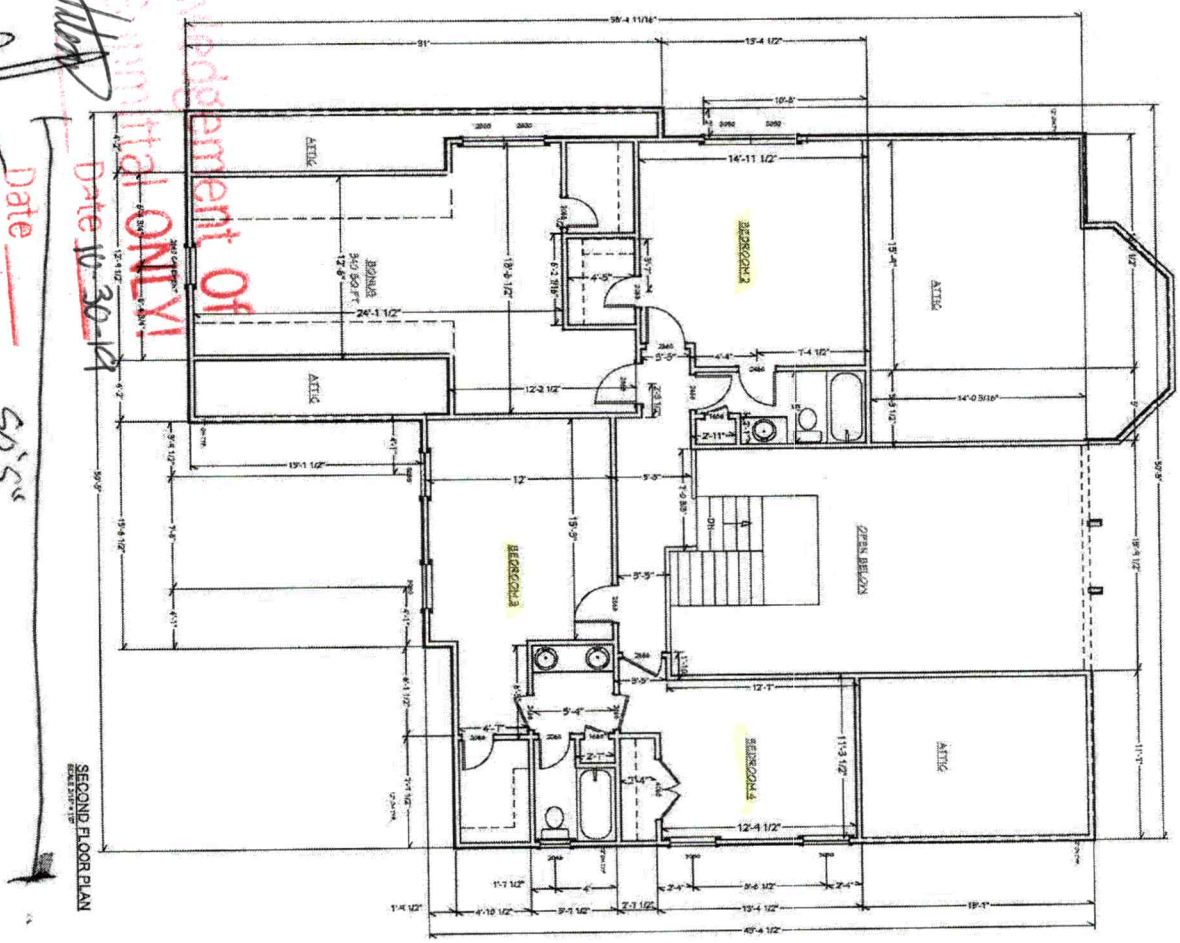
Preliminary Approval

Date

Architectural Statement Of Basis Of Submittal ONLY!

Date 10-30-12

50'5"



SECOND FLOOR PLAN

2	NOTE: CONTRACTOR TO VERIFY ALL CODES, STRUCTURAL DETAILS AND BUILDING CODES REQUIRED PRIOR TO CONSTRUCTION.	REVISIONS	LAKEMIST HOMES Cypress II	VISUAL DESIGN & DRAFTING