IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 · Mooresville Office (704) 660-3625 · PERMIT # 24/3318

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

PIN # 4649 11 1461

APPLICANT/OWNER: Hidden Meadows Ventures — APPLICANT ADDRESS: P.O. Box 4628 Mooresville NC 28117

SITE ADDRESS: 173 Hidden Meadows Drive Mooresville NC 28117 — PHONE: 919-606 5852 — ALT. PHONE: —

SITE DIRECTIONS: Highway 150 take Perth Rd towards Troutmt Subdivision is past Rocky Mt. Methodist

SAP CONTROLLED: ☐ YES ☒ NO

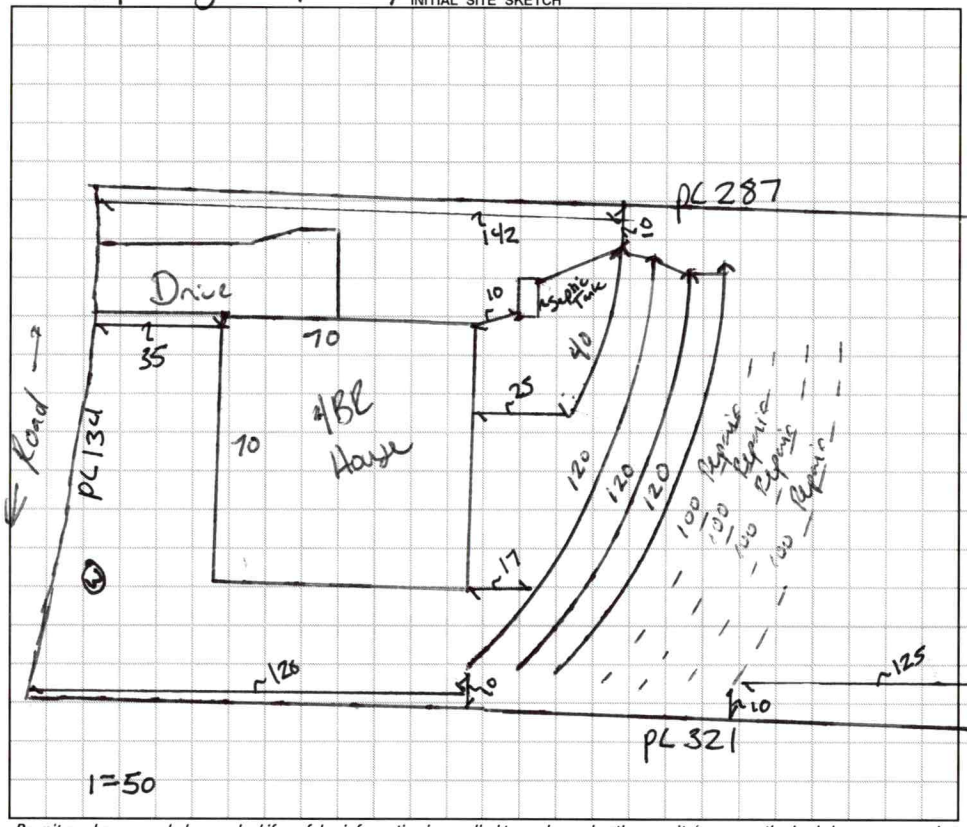
SUBDIVISION: Hidden Meadows — SECTION: — LOT # 7 — LOT AREA: .921 — DESIGN FLOW: 480 — L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	960	Date	2-4-2020	☒ New System	☐ Repair	☐ Expansion
Pump Tank		(gal)	PT		Date		System Type: I II III IV V VI		
Pump Make			Model		Serial #		System Description:	Gravity 25% Reduction	
# Nitrification Fields	1		# Lines	4	Linear Ft	400	Repair System Description:	Gravity 25% Reduction	
Trench Width	36		Trench Bottom Depth(Low side)	28 inches	Gravel Depth	—	Maintenance Agreement Required:	☐ YES	☒ NO
								☒ 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. Donot exceed max depth of 34 inches. Donot Drive, pave, grade, or bury utilities in drainfield area.

INITIAL SITE SKETCH

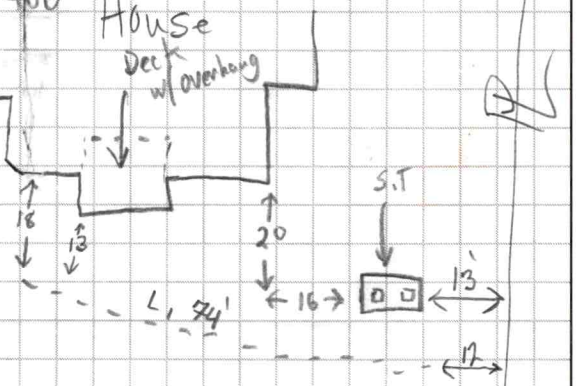


AS BUILT SKETCH

5/1/2020: Sheaf 1000-Gal mid seam conc. tank w/a PL-68 effluent filter.

L1	18	174	4' 7.0"	verified alt by laser
L2	25	102	5' 10.0"	28" TB of IQ4W
L3	28	114	6' 9.0"	L1 longer due to smaller house. Meets code
L4	27	110	8.25	

400



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: 4/30/19 — Installed by: Neil Stuffz

IMPROVEMENT PERMIT by: Benjamin A Boykin Date: 4/29/19 — OPERATION PERMIT by: Tom Shuck Date: 5/1/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 10-10-19 — 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

L+7 Hilda Mendoza

OWNER: Hilda Mendoza.
ADDRESS: 173 Hwy PO Box 4629 Mtn
PROPOSED FACILITY: 4BR Home
LOCATION OF SITE: I-77 Hilda Mendoza
APPLICATION DATE: 3/29/19
DATE EVALUATED: 4/17/19
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .90 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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side	0-31	C SBK	SS SP FR SEP	2.5YR4/6	52.		Some Mica Little gravel	PS .30.
		31-52	CL WSBK	SS SP FR					
2	Side	0-28	C SBK	SS SP FR SEP	2.5YR4/6.	46		Little	PS .30.
		28-46	CL WSBK	SS SP FR					
		46-62	Loamy Sand M	NS NP VFR					
3	Side	0-9	SC SBK	SS SP FR SBP	2.5YR4/6	55		Little	PS .30
		9-28	C SBK	SS SP FR					
		28-55	CL WSBK	SS SP FR					
4	Side	0-6	SC SBK	SS SP FR SEP		55		Heavy Little Spot & 48 inches Mica	PS .30
		6-31	C SBK	SS SP FR					
		31-55	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	III 25%	III 25%
Site LTAR	.30	.30.

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

COMMENTS:

L+7 Remove Trees 19.

400. L+7 46 + 12083.

243318

pd $500

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: rdenzler06130@roadrunner.com Phone: 919-606-5852 Alt. Phone:
Owner Name: Same Address: Same Zip: Same
Owner Email: rdenzler06130@roadrunner.com Phone: 919-606-5852 Alt. Phone:

Property Information:

Street Address: 173 Hidden Meadows Dr Mooresville NC 28117
Subdivision Name: Hidden Meadows Section/Phase: Lot Number: 7
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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 3/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) 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

243318 173 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

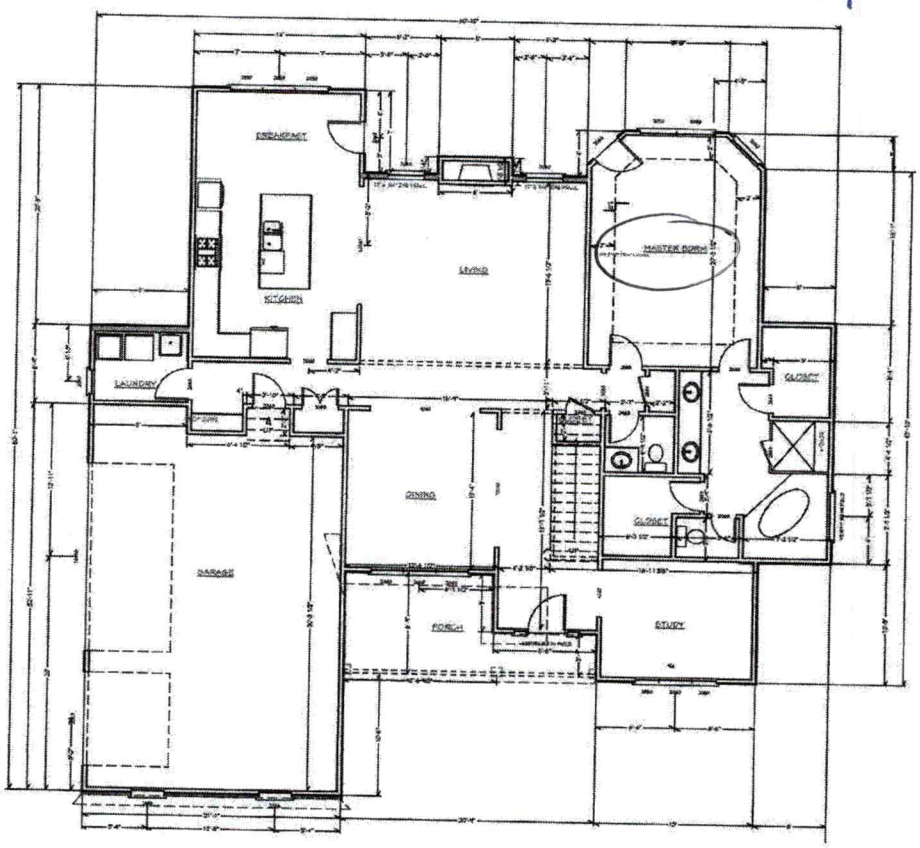
PROJECT NAME: RICHARD DENZLER / HIDDEN MEADOWS SUBDIVISION

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.

60'10"

60'1"



FIRST FLOOR PLAN

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, CONDITIONS, DETAILS AND BUILDING CODES BEFORE/WITH PRIOR TO CONSTRUCTION.

3

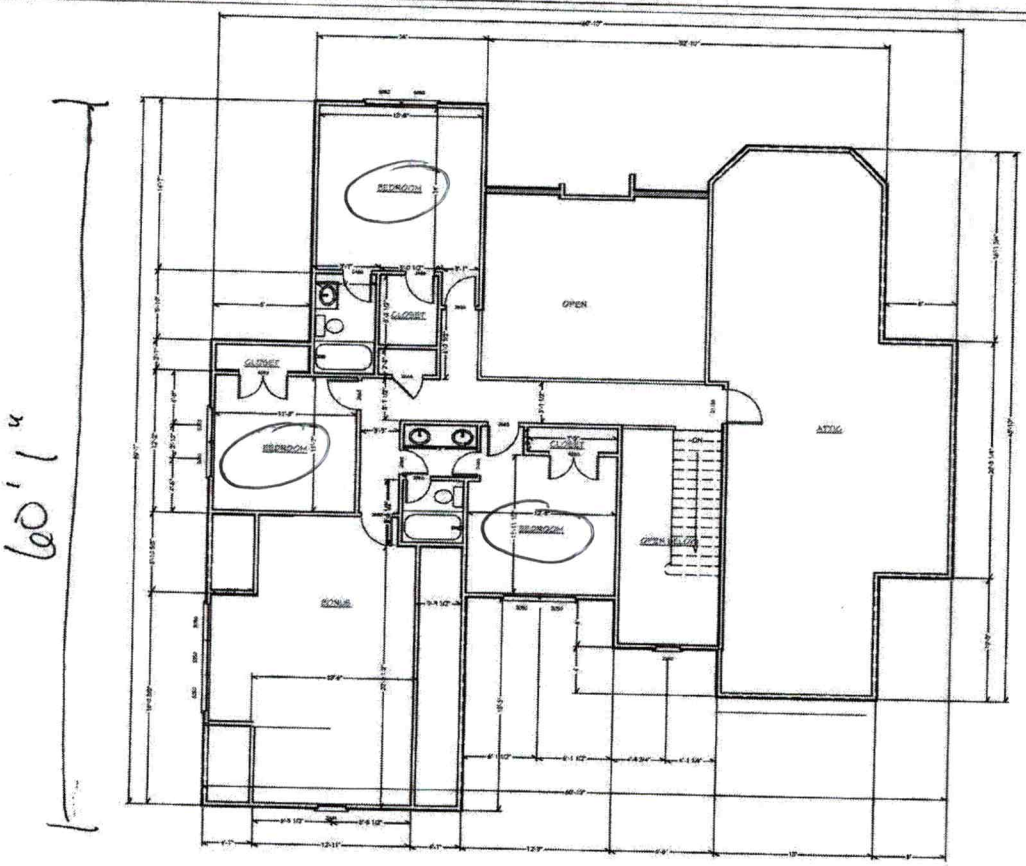
Acknowledgement of Plans Submittal ONLY!

Kayla Watson Date 10-10-19

Date 9/27/19

60' 10"

60' 1"



SECOND FLOOR PLAN

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

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

4

Acknowledgement of Plans Submittal ONLY!

9/27/19
Date

Date 10-10-19

IREDELL COUNTY

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

APPLICATION NUMBER
243318
Issue Date: 04/01/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	173 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	172430	TOTAL FEES:	$ 77.25