ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 24275

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

PIN # 4649111609

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

SITE ADDRESS: 163 Hidden Meadows Dr Mooresville, NC | PHONE: 704.360-2251 | ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR, Perth Rd TR Hidden Meadows 1st on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows | SECTION: — | LOT # 5 | LOT AREA: .661 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Infi Header tank	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4
Pump Tank	(gal)	PT		Date	System Description: Gravity - 25% Reduction		☐ Business	No. Persons	8
Pump Make		Model		Serial #	Repair System Description: LPPPBPS		☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4 @ 100'	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Public
Trench Width	36"	Trench Bottom Depth (~~Low side~~) Max	30"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	☐ Community

Water Supply: ☒ Private

Comments / Conditions:

Must keep pool a minimum of 15ft from Septic. Divert storm/surface water away from Septic.

INITIAL SITE SKETCH

See attached Site Drawing (dated 4/25/2020)

11Ft-ST from house 8/4/2020
Checked Supply line too.
Supply line 14ft from tank to elbow; 5ft to PL

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**

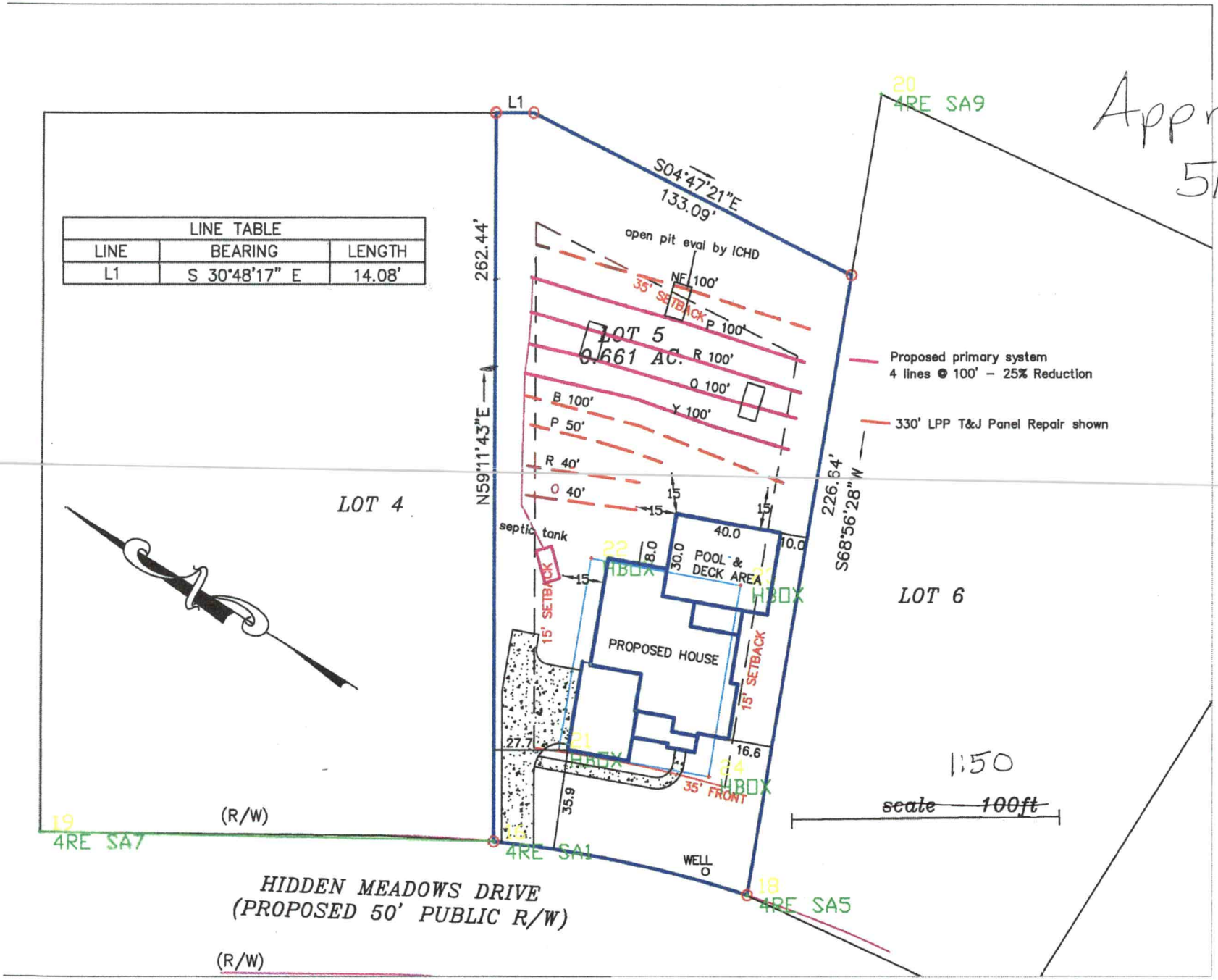
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Rec'd | Date: 5.14.2020 | Installed by: Specialty Septic

IMPROVEMENT PERMIT by: Maria Dotson | Date: 5/12/2020 | OPERATION PERMIT by: Maria Dotson | Date: 8/6/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 5/12/2020 | 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.



Approved
5/12/2020
MD

undation Homes – Lot 5 Hidden Meadows – Intermediate Relayout Site Plan for Pool
ptic system and well must be approved and permitted by ICHD April 25, 2020.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Nicolette Labrijn, am the legal owner or the agent of the property located at 163 Hidden Meadows, identified as PIN(Parcel Identification Number) 4649111609, located in Iredell County, North Carolina.
Permit # 242752.

I do hereby agree to the permit design and the conditions of this permit.

5/14/20
Signature of Owner/Authorized Agent Date

5/14/20
Signature of Witness Date

nicolette@foundationhomesnc.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-3625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

Sheet 1 of 1

PROPERTY ID #: 4644016361

COUNTY: Fredell

Approved 4/5/19 MD

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

OWNER: Hidden Meadows Ventures

ADDRESS: PO Box 4628 Mooresville NC 28117

PROPOSED FACILITY: 4BR

PROPOSED DESIGN FLOW (.1949): 480 gpd

LOCATION OF SITE: Hidden Meadows Lot 5

APPLICATION DATE

DATE EVALUATED: 2/2019

PROPERTY SIZE: 0.66 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/11%	0-28	BRC wmsbk	Fr ss sp	- Few to C. SAP	48			PS.3
		28-48	RBCL wfsbk	" " "					
2	L/11%	0-24	BRC wmsbk	Fr ss sp	- Few to C. SAP	48			PS.3 to .325
		24-48	RBCL wfsbk	" " "					
3	L/12%	0-30	BRC wmsbk	Fr ss sp	- Few to C. SAP	48			PS.3
		30-46	RBCL wmsbk	" " "					
		46-48	VAR L Mass						
4	L/10%	0-48	BRC wmsbk	Fr ss sp		48			PS.3

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

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: S. Ashley Rollans

OTHER(S) PRESENT:

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: 4649016361
COUNTY: Iredell

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

OWNER: Hidden Meadows Ventures — APPLICATION DATE: 3/13/19
ADDRESS: P.O Box 4628 Mooresville, NC — DATE EVALUATED: 3/27/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .66 Acre
LOCATION OF SITE: Hidden Meadows #5 — PROPERTY RECORDED: N
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 11%	D-26"	Rd/Brw	C m-w SBK SS, SP, SExP, FR	—	60"			PS .3
		26-60"	Rd/Brw	CL m-w SBK SS, SP, SExP, FR					
2	L 11%	0-12	Brw	SCL w SBK SS, SP, SExP, FR	—	60"			PS .3
		12-24	R	C m-w SBK SS, SP, SExP, FR					
		24-60	R	CL w SBK SS, SP, SExP, FR					
		Few rock Inclus >40"							
3	L 12%	0-30	Brw	C m-w SBK SS, SP, SExP, FR	—	46"			PS .3
		30-45	R/B	CL w SBK SS, SP, SExP, FR					
		46-70	L	SAP massive FR					
4	L 10%	0-56"	Rd/Brw	C/CL m-w SBK SS, SP, SExP, FR	—	56"			PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Reduct	PPBPS
Site LTAR	.3	.3

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

COMMENTS:

RECEIVED APR 2 8 2020 AP-242752

INT. RECIPOUT FOR ROAD

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

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. CALL PAUL PENNINGTON FOR SITE VISIT 704.996.6330

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: same as above **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 163 Hidden Meadows Drive

Subdivision Name: Hidden Meadows **Section/Phase:** **Lot Number:** 5

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 — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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: _____ 4.23.20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, Foundation Homes Residential, LLC, am the legal owner(s) of the property located at 163 Hidden Meadows Drive, identified as

PIN (Parcel Identification Number) 4649111609.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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

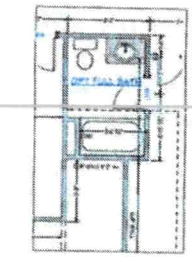
Justin Smith _____ 4-25-20

Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

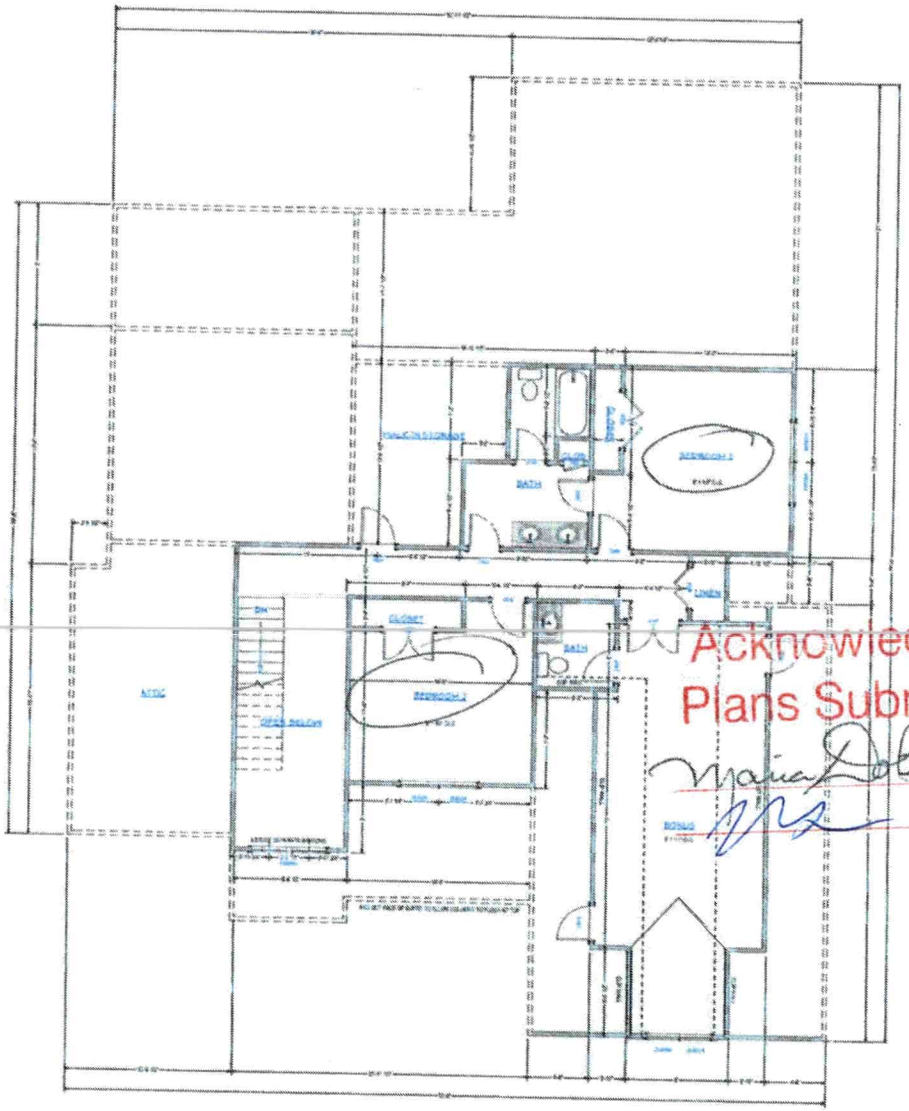
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

SQUARE FOOTAGE	
1ST FLOOR HEATED	2170
2ND FLOOR HEATED	756
TOTAL HSF	2926
BONUS	362
PORCHES	336
GARAGE	729
TOTAL UNDER ROOF	4335



OPT FULL BATH

SCALE 1/4" = 1'-0"



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Maria Lotsa Date 5/12/2020

Date 5/14/20

FIELD

NO.	DESCRIPTION	BY	DATE

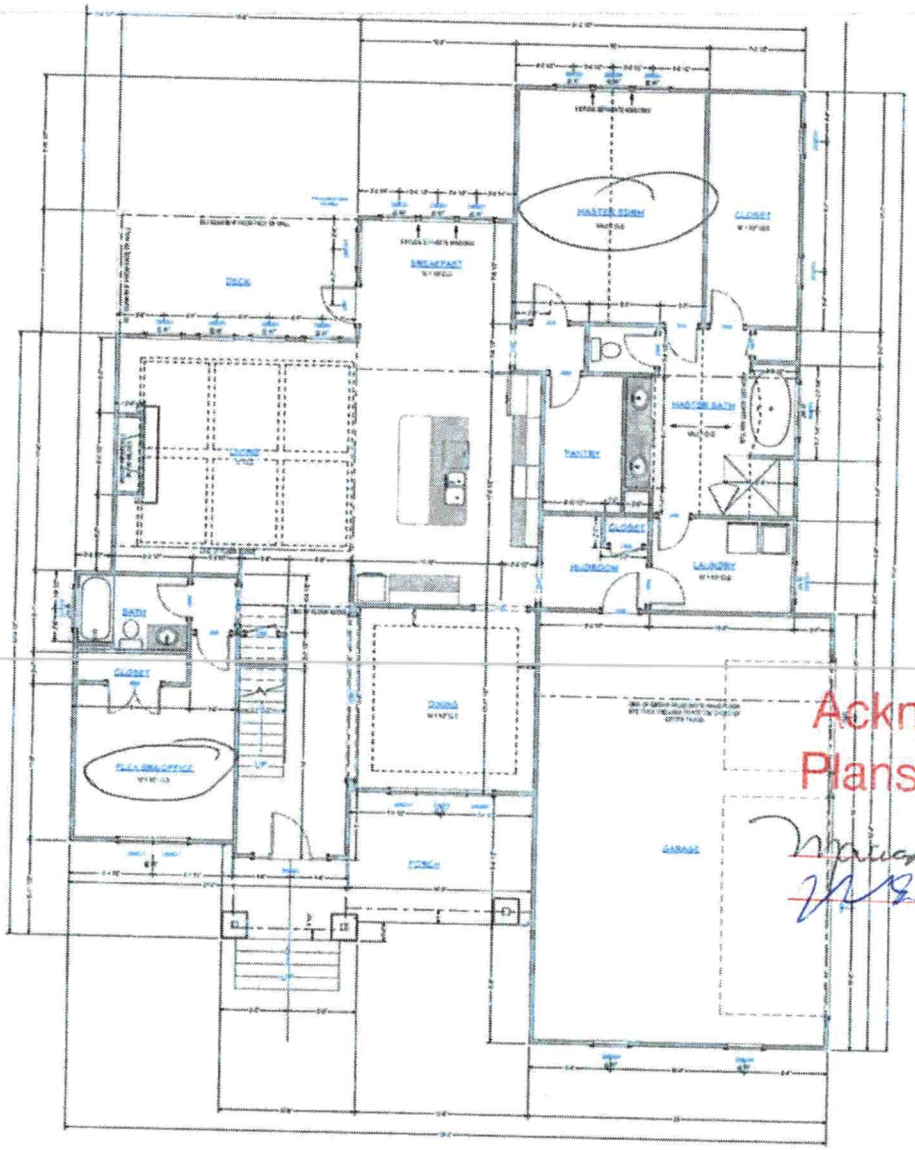
FOUNDATION HOMES
AMELIA B

PROJECT DESCRIPTION

DATE:
5/2/2019

SCALE:

SHEET:
A-7



FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	2170
2ND FLOOR HEATED	756
TOTAL HSF	2926
BONUS	562
PORCHES	338
GARAGE	729
TOTAL UNDER ROOF	4335

Acknowledgement of Plans Submittal ONLY!

Date 5/12/2020

Date 5/14/20

FIELD

FOUNDATION HOMES
AMELIA B

DATE:
5/2/2019

SCALE:

SHEET:
A-6

IREDELL COUNTY

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

APPLICATION NUMBER
242752
Issue Date: 03/12/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	163 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	170308	TOTAL FEES:	$ 77.25