IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223845

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

PIN # 4654754944 6440

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

SITE ADDRESS: 257 Sink Farm Rd Mooresville, NC 28115 PHONE: ALT. PHONE

SITE DIRECTIONS: Hwy 115 S, L Presbyterian TR Sink Farm Rd towards end on left SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Davidson Downs SECTION: 3 LOT # 35 LOT AREA: .57 Acre DESIGN FLOW: 480gpd L.T.A.R.: .35 / .3

Septic Tank	1000 (gal)	STB	794	Date	4/11/18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	Gravity - PPBPS			☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	PPBPS			☒ Other Pool	No. Employees
# Nitrification Fields	1	# Lines	10	Linear Ft	270'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Must keep swimming pool at least 15ft from Septic Systems and 10ft from Supply line(s)

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (dated 5/2/2018)

AS BUILT SKETCH

5/15/18 - tanks checked
* top 5 lines checked
-CCC

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**

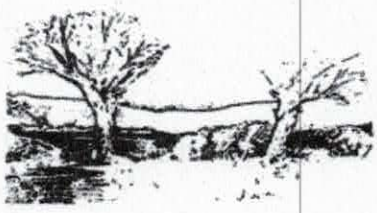
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/10/18 Installed by: R+H

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/10/18 OPERATION PERMIT by: Kayla Wilson Date: 5-23-18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/10/18 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 inspector to confirm your inspection time.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Approved
5/10/18
MD

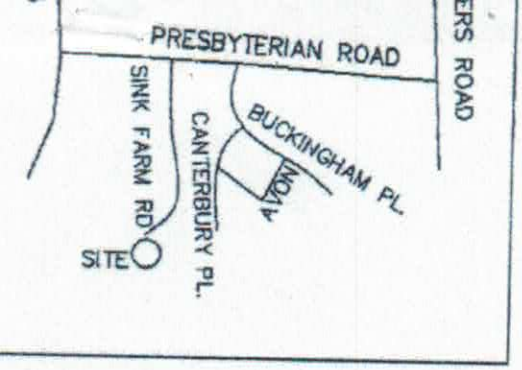
Reference: Data Sheet for 257 Sink Farm Rd. Davidson Downes Lot 135
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24" (8' on center)

Line	Design Length	Actual Length
Pink 1		50'
Yellow 2		65'
White 3		65'
Orange 4		60'
Yellow 5		60'
Blue 6		55'
Blue 7	**27'**	**40'**
Pink 8	**27'/27'**	**67'**
Yellow 9	**27'**	**41'**
Orange 10	**27'**	**36'**
White 11	**27'**	**35'**
Pink 12	**27'**	**29'**
Yellow 13	**27'**	**27'**
White 14	**27'**	**27'**
Pink 15	**27'**	**27'**



Initial System: 270' **Repair System:** 355'

Comments:
The system is being altered for a pool. The system will be fed with multiple distribution boxes (see site plan). Use speed levelers in the D-Boxes to ensure equal distribution. The tank needs to be set below the foundation drain elevation. The repair lines in the front are not laid out as they are not significantly impacted by the lot changes from the originally design.



AAA
AAA

Approved
5/10/18

S40°30'16"W
110.69

D-Box
P8-27'
Y9-27'
O10-27'
W11-27'
P12-27'
Y13-27'
W14-27'
P15-27'
35' REAR SETBACK
D-Box
B7-27'
P8-27'
5'
15' SIDE SETBACK
233.16
Pool
LOT 135
0.57 AC.
15' SIDE SETBACK
N55°54'51"W
220.78
PROPOSED HOUSE
21.2
CONC. DR.
30.0'
N55°54'51"W
P1-50'
Y2-65'
W3-65'
O5-60'
Y5-60'
B6-55'
35' FRONT
73.5
110.00
N34°05'09"E

Scale 1" = 40'

LOT 134

LOT 136

SINK FARM RD.
(50' PUBLIC R\W)

LEGEND
= P.P. = POWER POLE
= POWER TRANS.
= EXISTING IRON FOUND
= #4 REBAR SET
RIGHT-OF-WAY
COMPUTED POINT

NOTES
1) THIS PROPERTY MAY B
TO ANY EASEMENTS A
RIGHTS OF WAY OF RE
2) ACREAGE COMPUTED B
COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT F
2000 FEET.

RECEIVED MAY 2 - 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Int. Relayout $225.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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.

****

#223845

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: Foundation Homes Residental **Address:** 438 Williamson Rd Suite C, Mooresville, NC **Zip:** 28117

Applicant Email: jsimthfoundationhomes@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

****

Property Information:

Street Address: 257 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 135

Driving Directions: _____

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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:** _____

( ) 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: _____ 5/2/2018
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, Jonathan Smith, am the legal owner(s) of the property located at 357 Sixth Farm Rd Davidson Downs lot 135, identified as PIN (Parcel Identification Number) 4654756440, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Atherman, 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

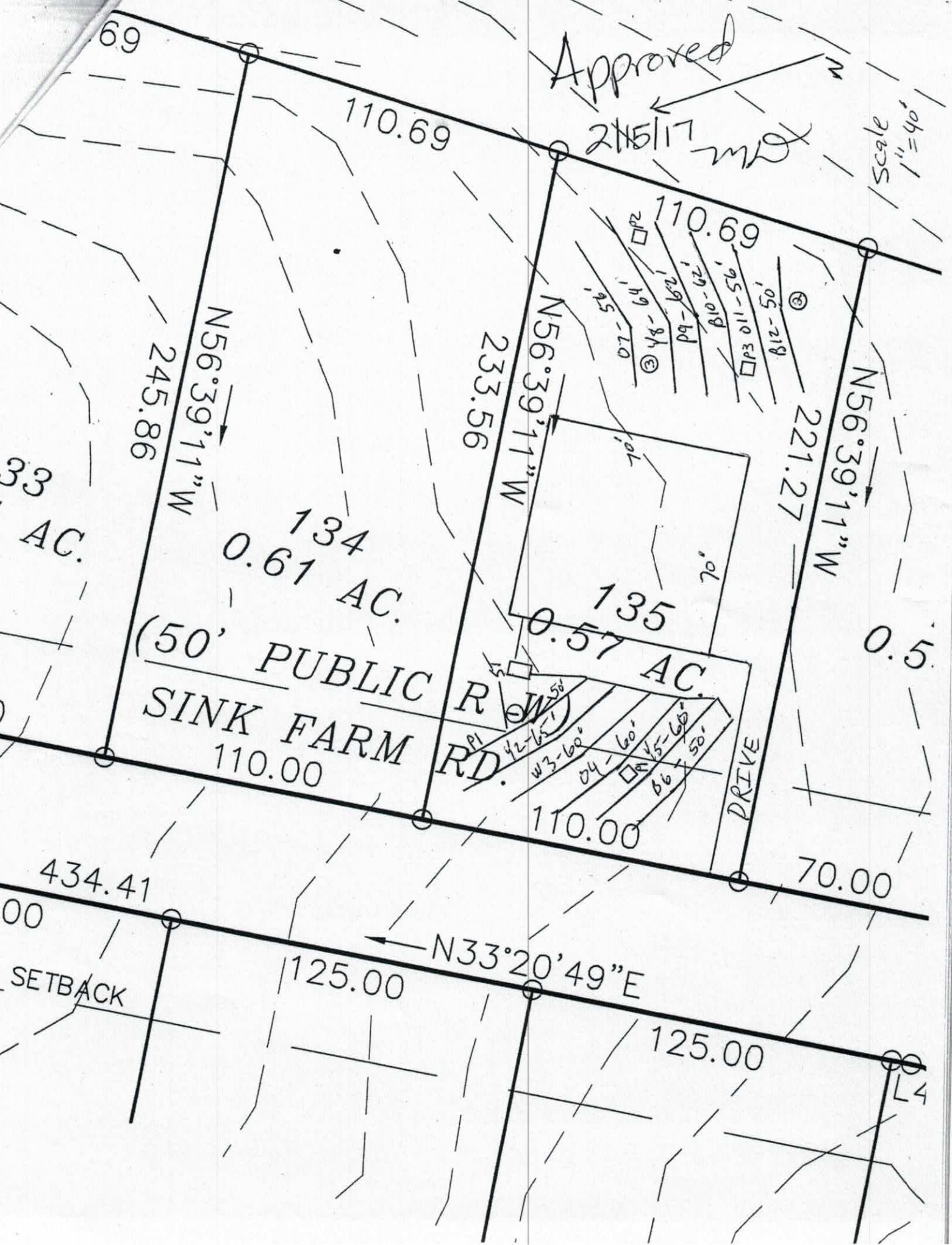
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
	4-26-18		

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


Approved
2/15/17
N
Scale 1"=40'
69
110.69
110.69
N56°39'11"W
245.86
233.56
N56°39'11"W
221.27
N56°39'11"W
33
AC.
134
0.61 AC.
135
0.57 AC.
0.5
70'
70'
(50' PUBLIC R/W)
SINK FARM RD.
110.00
110.00
70.00
DRIVE
434.41
N33°20'49"E
125.00
125.00
SETBACK
L4
P1
P2
P3
P4
P5
P6
P7
P8
P9
P10
P11
P12
W1
W2
W3
W4
W5
W6
W7
W8
W9
W10
W11
W12