ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # AP 314070

PIN # 4659338618

APPLICANT/OWNER: Foley Home Sales, LLC

APPLICANT ADDRESS: 1075 Blue Spruce Drive Mooresville NC 28115

SITE ADDRESS: 106 Country Meadows Drive Mooresville NC 28115

PHONE: 856 404-5379 ALT. PHONE

SITE DIRECTIONS: Hwy 115 to 21 Continue N to Country Meadows Drive

SUBDIVISION: Country Meadows

SECTION: - LOT # 1 LOT AREA: .85Ac

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB SHOAF 760	Date	8/19/21	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	Gravity - Accepted No Reduction.			[ ] Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	LPP - 50% Reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	438'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	AT 46in	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE			[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Soil + Forestry Services of the Carolinas, PA

LSS # 1218 Dated March 28, 2021.

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.

As Built Attached

tank checked, top 5 lines checked
last line not checked 8/11/21 DW

lines checked 8/12/21 448 installed

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.*

[X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.*

[X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/7/21

IMPROVEMENT PERMIT by: [signature] Date: 4-16-2021

AUTHORIZATION TO CONSTRUCT by: D. Wiebery Date: 4/28/21

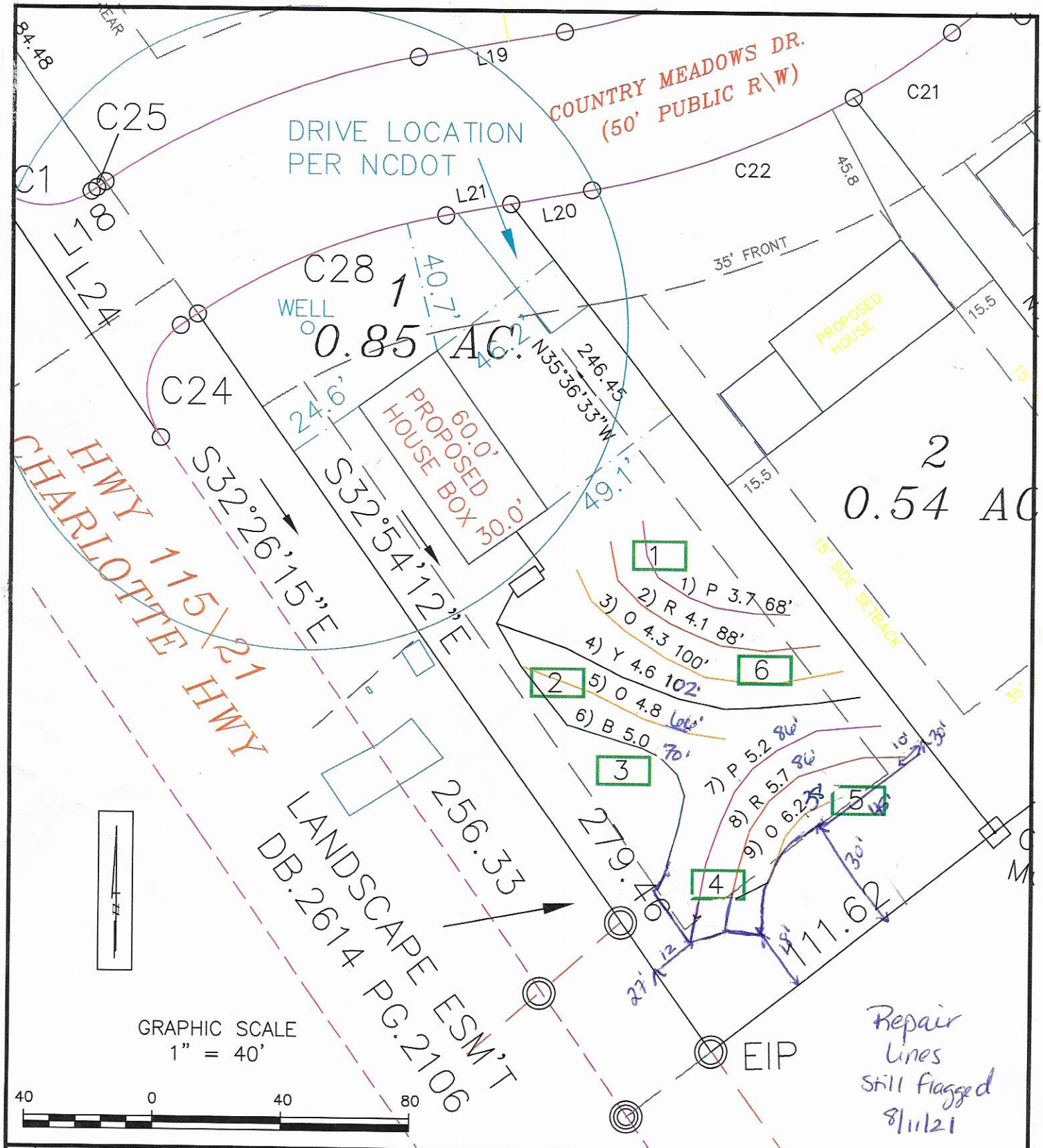
Installed by: Ground breakers

OPERATION PERMIT by: D. Wiebery Date: 8/12/21

Existing System Inspected by: Date:

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

As Built - NTS



SHEET 1 OF 1	SHEET TITLE: SEPTIC SYSTEM LAYOUT / SITE PLAN SKETCH MAP	PROJECT NAME: FOLEY HOME SALES, LLC LOT 1 COUNTRY MEADOWS IREDELL COUNTY, NORTH CAROLINA MARCH 2021	SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA	Soil & Forestry Services of the Carolinas, PA PO Box 832-Mooresville, NC 28115 www.soilandforestryservices.com	PROJECT NO. 18-1185 PROJECT MGR. WO DRAWN BY WO FIELD WORK WO SCALE 1"=40'

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

March 28, 2021

Iredell County Environmental Health
Attn: Heath Snow
349 N Center Street
Statesville, NC 28677

Re: Session Law 2018-114 Submittal for Country Meadows Subdivision-Mooresville

Lot 1-106 Country Meadows Drive

Mr. Snow,

Attached please find sealed soil notes as well as site plans and design related data for a 3-bedroom accepted system using gravity distribution. *Due to the necessary trench depth the 25% reduction will not be applicable*. The design packet is submitted under Session Law 2018-114 (HB 374).

"The LSS Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c)."

Owner: Doug Foley, Foley Home Sales, Inc.:

Signature: _____

"The LSS Evaluation is being submitted pursuant to and meets requirements of SL 2018-114 Section 11.(c)."

Wendell Overby, LSS

Signature: Wendell Overby

Seal:



Three (3) Bedroom Accepted Septic System Design using Gravity Distribution for Lot 1 of Country Meadows 106 Country Meadows Drive

Contents: **Page**

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

Design Information

Design Specifications---------- 2-3

Layout Specifications---------- 4

Site Plan---------- 5

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

Profile Descriptions---------- 7-8

Iredell County Septic Application---------- 9-10

Iredell County Zoning Permit---------- 11

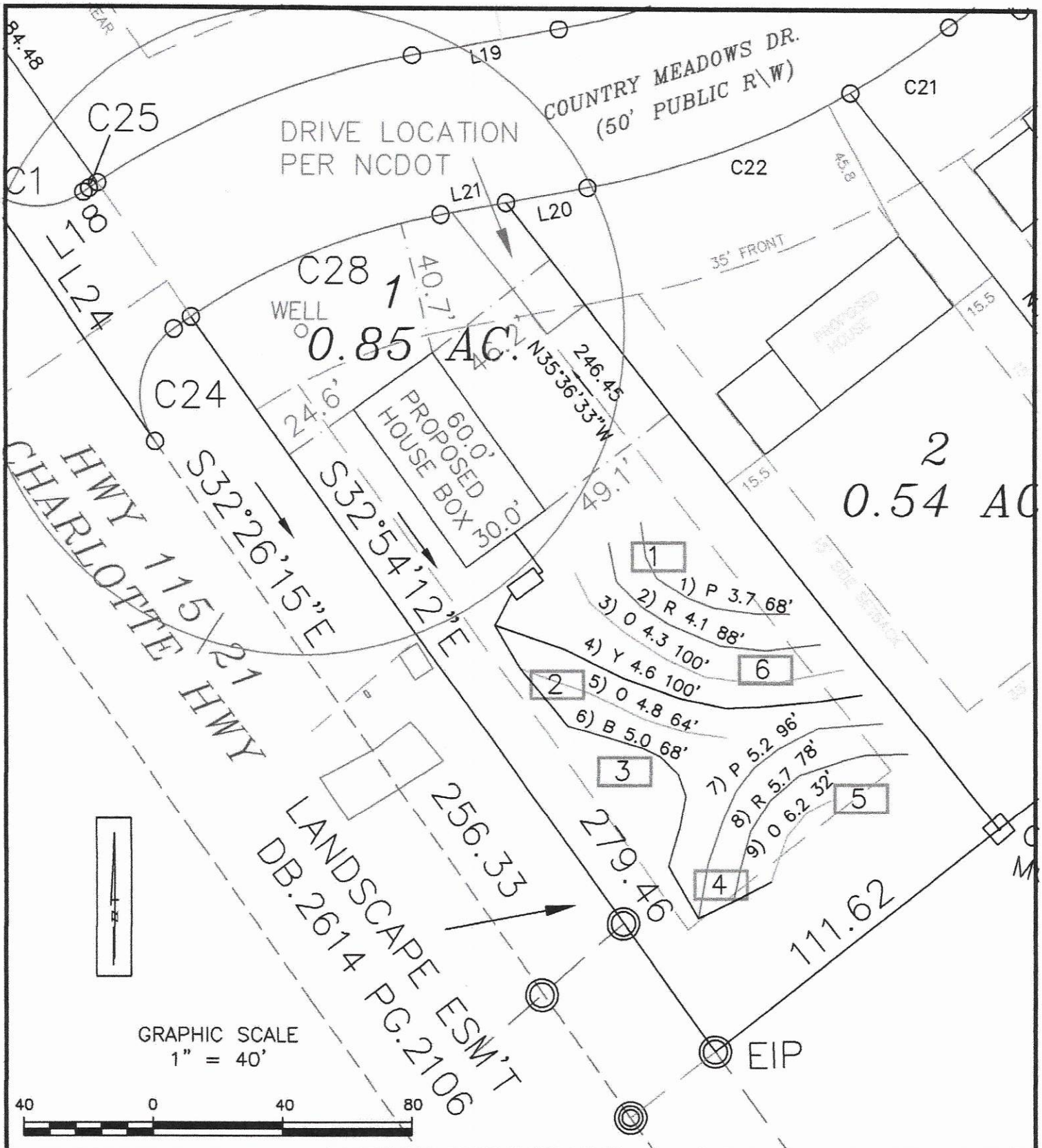
Environmental Health Requirements---------- 12

Agent Authorization---------- 13

Owner: Foley Home Sales, LLC
(856) 404-5379
March 2021
#18-1185
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 DHH, and certification supplied by the manufacturer.
- 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
- 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.
- Elevations at pinflag locations should be checked by the installer prior to beginning
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- **System specified as accepted type using gravity distribution (no reduction)**
- **Repair specified as VPPBPS with p.manifold distribution**
- **System trench depth specified at 46"**
- **System trenches installed on 9' minimum; 3' wide trenches**
- **Iredell County has approval to move tanks or distribution devices**



SHEET 1 OF 1	SHEET TITLE: SEPTIC SYSTEM LAYOUT / SITE PLAN SKETCH MAP	PROJECT NAME: FOLEY HOME SALES, LLC LOT 1 COUNTRY MEADOWS IREDELL COUNTY, NORTH CAROLINA MARCH 2021	Soil & Forestry Services of the Carolinas, PA PO Box 832-Mooresville, NC 28115 www.soilandforestryservices.com	SCALE: 1" = 40'	PROJECT NO.: 18-1185 PROJECT MGR.: WO DRAWN BY: WO FIELD WORK: WO

CALCULATIONS

Location 106 Country Meadows Drive

Project Number 18-1185

Lot No: 1

No. of Bedrooms 3

Design Flow 360 $^{gal}/_{day}$

LTAR 0.275 $^{gal}/_{ft^2\ day}$

Accepted? (YES OR NO) Yes

Supply Line Length 93 ft.

Supply Line Volume 35.34 gal.

Required Feet of Line 436 ft.
Amount of Line from Layout 438 ft.

Gallons per Minute n/a $^{gal}/_{min}$

Required Septic Tank Capacity 1000 gal.
Minimum Standard Tank Size 1000

Lateral Line Volume 286.014 gal.

Dosing Volume n/a gal.

Tank Draw Down 0.0 in.
Generic Draw Down of 21 gal.per in.

Pump Run Time 0.00 minutes

Elevation Head 0 ft.
Pressure Head 0 ft.
Friction Factor 0 ft./100 ft. *(From the interpolater.)*
Friction Head 0.00 ft.
Elevation Head +15% 0
Total Dynamic Head 0.00 ft.

FRICTION FACTOR
INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
27.4	1.51
30	1.78
	-1.76
35	2.37
37	2.63
40	3.03
42.7	3.43
45	3.77
46.51	4.01
50	4.58
57.11	5.89
60	6.42

Country Meadows Lot 1

Layout for a 3 bedroom home **March 2021**

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
HOUSE			104.3	4.30	100.0		
TANK				4.50	99.8		
			REPAIR				
1	Pink			3.70	100.6	68	68
2	Red			4.10	100.2	88	75
3	Orange			4.30	100.0	100	75
			SYSTEM				
4	Yellow			4.60	99.7	120	100
5	Orange			4.80	99.5	64	64
6	Blue			5.00	99.3	68	68
7	Pink			5.20	99.1	96	96
8	Red			5.70	98.6	78	78
9	Orange			6.20	98.1	64	32

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	438	0.275	ACCEPTED	0%	GRAVITY	46
REPAIR	218	0.275	PPBPS	50%	LPP	36

Notes:
- **TBM of house stake set at 100'
- **All measures in feet
- **Nitrification lines are demonstrated on contour via colored pin flags
- **BS and FS indicate rod readings

GRAVITY DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Foley Homes Sales, LLC
Phone:	856 404-5379
County:	Iredell
Location:	Country Meadows Lot 1

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	gpm

Design Specifications

Drainfield Size:	438	lf
Loading Rate:	0.275	gpd/ft2
Depth of Gravel in Trench:	n/a	
Gravel Size:	n/a	
Trench Depth:	46	in
Trench Width:	36 in.	
Septic Tank Size:	1000	
Pump Tank Size:	n/a	
Estimated Supply Line Length:	93	lf
Supply Line Diameter:	3 in. SCH 40 PVC	
Supply Line Volume:	35.34	gal
Dosing Volume:	n/a	gal

Recommended Float Controls:	n/a
Recommended Control Panel:	n/a

Pressure Head:	n/a	
Friction Head:	n/a	ft
Elevation Head:	n/a	ft
Total Dynamic Head:	n/a	ft
Threaded Union:	n/a	
Gate Valves:	n/a	
Check Valves:	n/a	
Anti-Siphon Hole:	n/a	
Recommended Pump:	n/a	

Country Meadows Lot 1

Gravity Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.275	gpd/ft2
TOTAL AREA TRENCH BOTTOM:	1314	sf
TOTAL LATERAL LENGTH:	438	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	436	lf
SUPPLY LINE LENGTH:	93	lf
TOTAL DYNAMIC HEAD:	n/a	gpm
DOSING VOLUME:	n/a	gal
PUMP TANK DRAW DOWN*:	n/a	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	n/a	

**Pump tank draw down based on a volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

PROPERTY ID #: 4659338618
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foley Home Sales
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 4/30/19
PROPOSED FACILITY: New Home PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: .85ac
LOCATION OF SITE: Country Meadows Lot 1-106 CountryMeadows Dr
PROPERTY RECORDED:
WATER SUPPLY: x☐ Private ☐ Public x☐ Well ☐ Spring Other
EVALUATION METHOD: ☐ Auger Boring x☐ Pit ☐ Cut
TYPE OF WASTEWATER: x ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	L / 11%	0-9	DB SL WFGr	Fr SS SP	N/A	43	PS	N/A	PS .3
		9-20	R C WMS	Fr SS SP					
		20-43	BR CL WFS	Fr SS SP c sap					
		43-72	VAR SL MASS	VFr SS SP					
2	L / 3%	0-8	DB SL WFGr	Fr SS SP	2 chroma 28-32"	56	PS	N/A	PS .275 .3 > 32"
		8-32	R C WFS	Fr SS P					
		32-44	R C WFS	Fr SS SP					
		44-56	R CL WFS	Fr SS SP few sap					
		56-72	VAR SL MASS	VFr NS NP					
3	L / 4%	0-12	B SL WFGr	Fr SS SP	20-31" '3/4 Chromas	65	PS	N/A	PS .275 .3 > 30"
		12-31	YR C WFS	Fr S P					
		31-43	R C WFS	Fr SS SP					
		43-70	BR CL WFS	VFr SS SP c sap					
4	L / 7%	0-12	B SL WFGr	Fr SS SP	N/A	43			PS .275 .3 > 30 inches
		12-30	R C WMS	Fr SS SP (few Y/B mottes)					
		30-43	BR CL WFS	Fr SS SP f/c sap					
		43-72	VAR SL MASS	VFr SS SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	327	218
System Type(s)	accepted	PPBPS
Site LTAR	.275	.275

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

LICENSED SOIL SCIENTIST JAMES WENDELL OVERBY 1218 STATE OF NORTH CAROLINA

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4659338618
DATE OF EVALUATION: 4/30/19
COUNTY: Iredell

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	L / 5%	0-6	B SL WFGr	Fr SS SP	N/A	45	PS	N/A	PS .3
		6-20	R C WMS	Fr SS SP					
		20-45	BR CL WFS	Fr SS SP c sap					
		45-70	VAR SL MASS	VFr NS NP					
6	L / 5%	0-10	B SL WFGr	Fr SS SP	N/A	45	PS	N/A	PS .3
		10-24	R C WFS	Fr SS SP					
		24-45	BR CL WFS	Fr SS SP					
		45-70	VAR L MASS	VFr NS NP					

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*

Application For:
(X) 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: Foley Home Sales Address: 1075 Blue Spruce Drive Mooresville Zip: 28115
Applicant Email: Foley1301@gmail.com Phone: 856-404-5379 Alt. Phone: 704-677-8982
Owner Name: Doug Foley Address: SAME AS Above Zip: _____
Owner Email: Foley1301@gmail.com Phone: 856-404-5379 Alt. Phone: 704-677-8982

Property Information:

Street Address: 106 Country Meadows Drive, Mooresville, NC 28115
Subdivision Name: Country Meadows Section/Phase: _____ Lot Number: 1
Driving Directions: Charlotte Highway to Country Meadows Drive

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: 3
Maximum Number of Occupants: 6
( ) 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: _____ 4/20/2021
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, Doug Foley, am the legal owner(s) of the property located at 106 Country Meadows Dr. Mooresville 28115 identified as

PIN (Parcel Identification Number) 4659338618.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Shelagh Foley, 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.

_____ 4/21/21
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

RECEIVED APR C 7 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

S.L

PAGE 1: ***APPLICATION FORM*** AP-314070 $500.00

Application For: (X) 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: (X) 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: FOLEY HOME SALES, LLC **Address:** 1075 BLUE SPRUCE DRIVE **Zip:** 28115

Applicant Email: FOLEY1301@GMAIL.com **Phone:** (856) 404-5379 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 106 COUNTRY MEADOWS DRIVE MOORESVILLE NC

Subdivision Name: COUNTRY MEADOWS **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: HWY 115 TO 21, CONTINUE N TO COUNTRY MEADOWS DRIVE

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) 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 (X) 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: Wendell G _____ 1/8/21
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.

X 2. I, DOUG FOLEY, am the legal owner(s) of the property located at 106 COUNTRY MEADOWS, identified as PIN (Parcel Identification Number) 4659338618, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDELL OVERBY, SOIL & FORESTRY SERVICES, 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.

D Foley
Signature of Owner(s)

1/11/2021
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

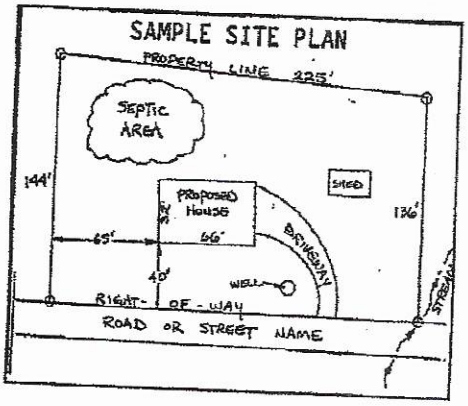
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

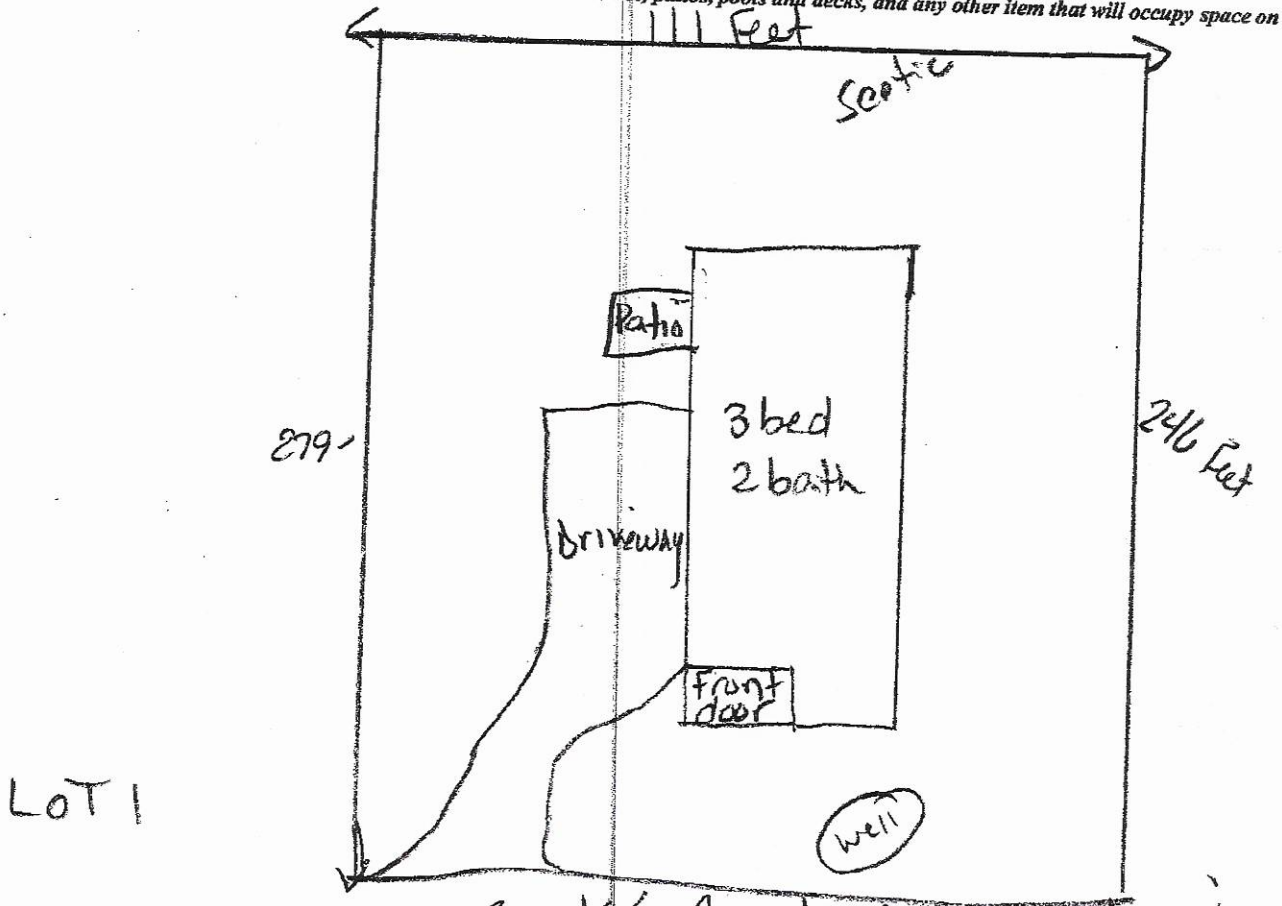


Circle N/A on the following if appropriate:

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



Signature: _____ 4/22/21

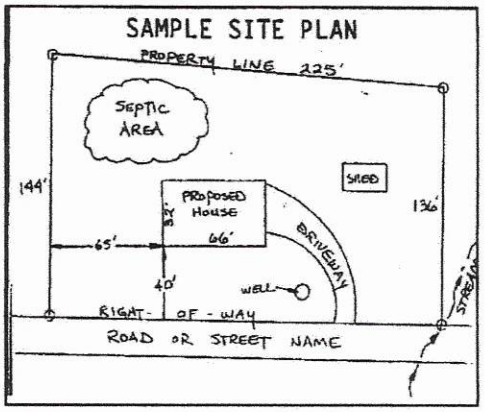
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
- (X) Area you prefer your septic system to be placed
- (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

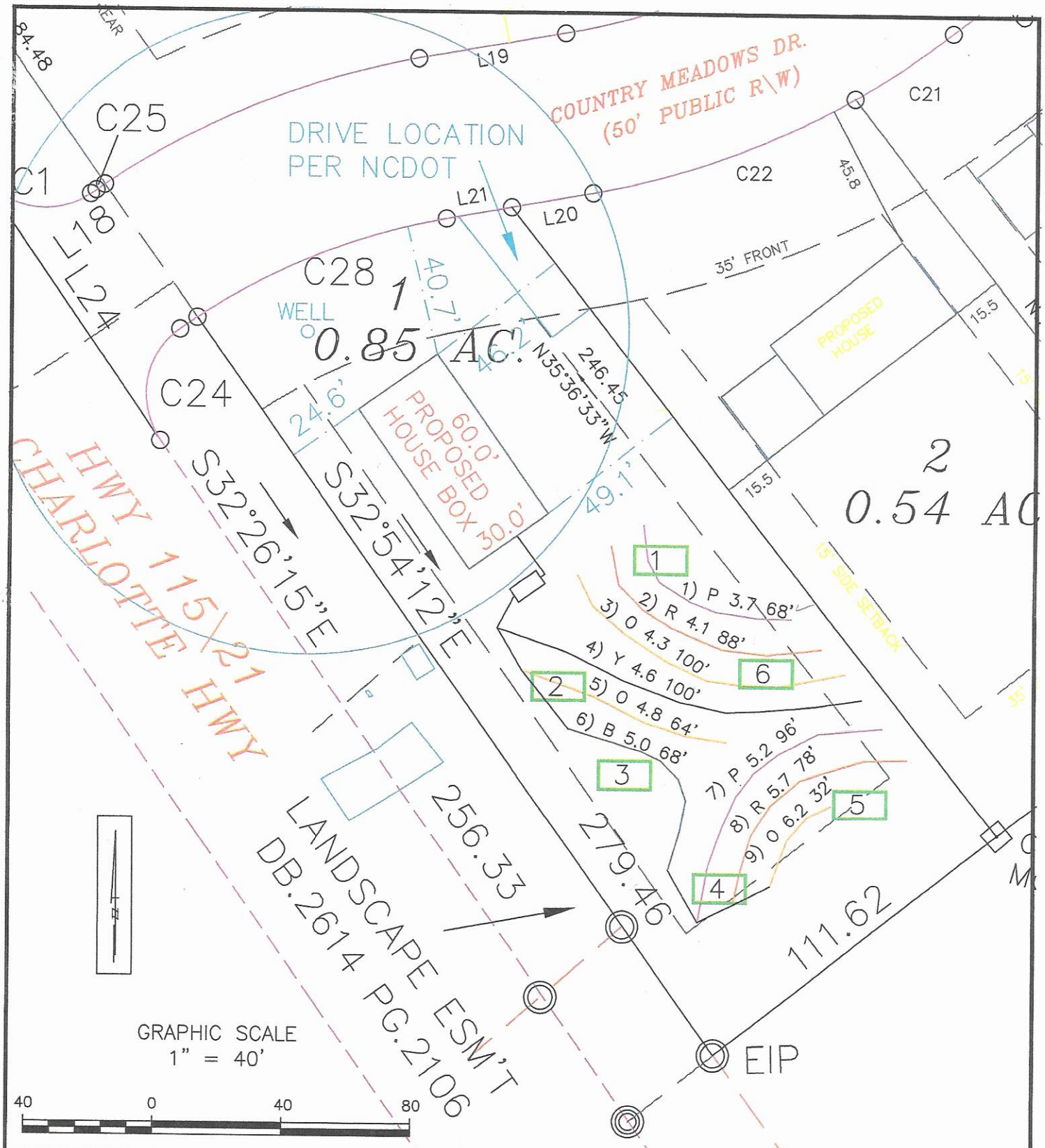
Signature: Willy

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

1/8/21

DATE

NTS

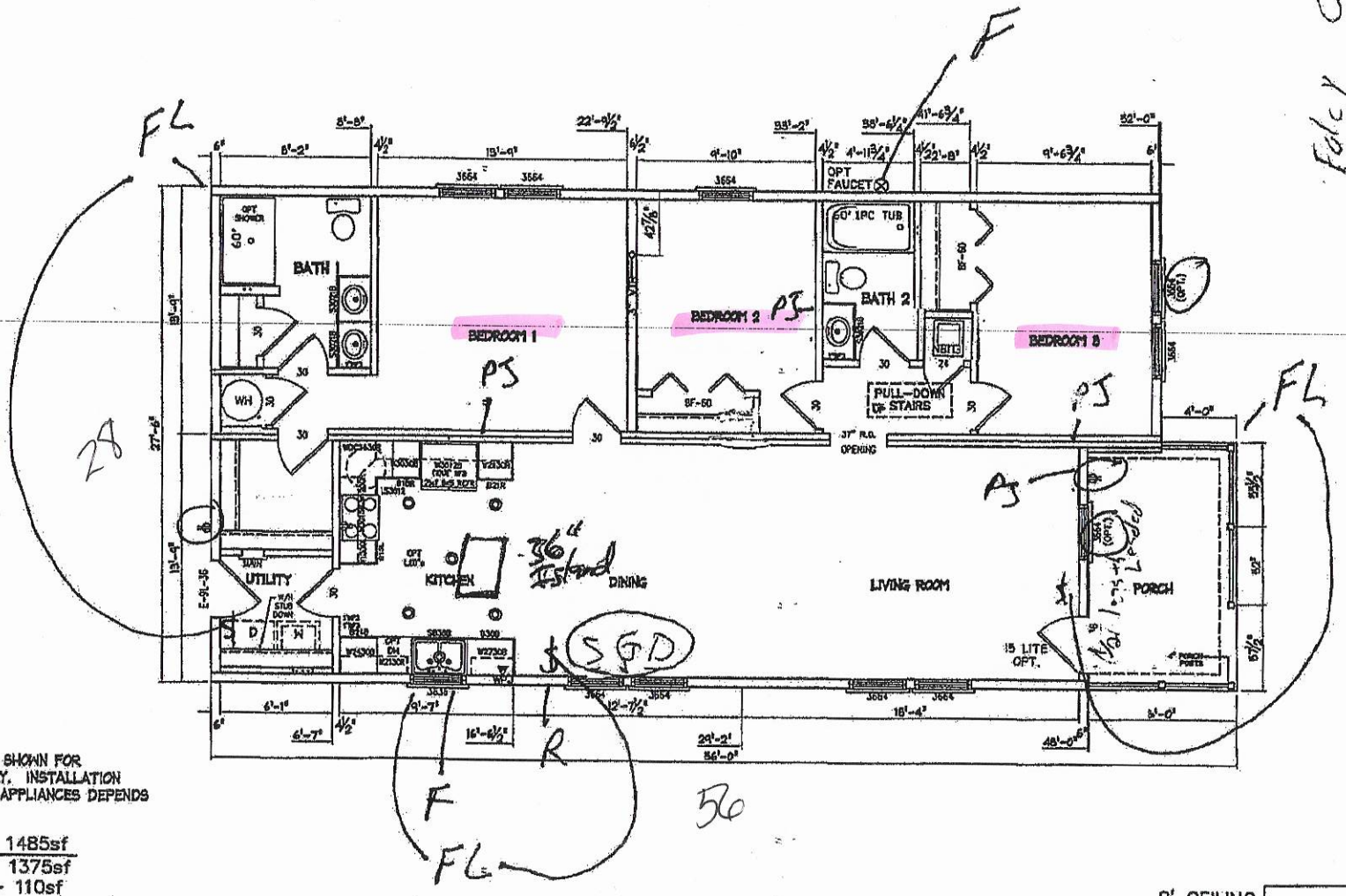


SHEET 1 OF 1	SHEET TITLE: SEPTIC SYSTEM LAYOUT / SITE PLAN SKETCH MAP	PROJECT NAME: FOLEY HOME SALES, LLC LOT 1 COUNTRY MEADOWS IREDELL COUNTY, NORTH CAROLINA MARCH 2021	SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA	Soil & Forestry Services of the Carolinas, PA PO Box 832-Mooresville, NC 28115 www.soilandforestryservices.com

PROJECT NO.	18-185
PROJECT MGR.	WO
DRAWN BY	WO
FIELD WORK	WO
SCALE	1" = 40'

Ok to Build: OH

Folly Cir. Lot 1



ALL APPLIANCES ARE SHOWN FOR REPRESENTATION ONLY. INSTALLATION AND/OR SHIPPING OF APPLIANCES DEPENDS ON SALES ORDER.

TOTAL AREA = 1485sf
LIVING – 1375sf
PORCH – 110sf

8' CEILING

201
56'-0" X 27'-6"
CP-127 Cutler Spec FLIP L-R
1st FLOOR ORDER
DATE 8/21/20
SCALE 3/16"=1'-0"
DRAWN GJH

Manis & Crestline Custom Builders
5880 Crestline Road
Laurelville, NC 28352
1-800-772-0195
www.crestlinecustombuilders.com

Acknowledgement Of
Plans Submittal ONLY

Date 4/28/21

Date 4/28/21

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

APPLICATION NUMBER
314070 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659338618.000	106 COUNTRY MEADOWS DR	Iredell County

Owner Information	Applicant Information
Name: FOLEY HOME SALES LLC	Name: WENDELL OVERBY
Address: 1075 BLUE SPRUCE DR	Address: PO BOX 832
MOORESVILLE, NC 28115	MOORESVILLE, NC 28115
Phone:	Phone: (704)239-2001

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.85	0	0	0	0	N/A	NO

Remarks
SFD

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.

Wendell Overby
Signature of Owner/Contractor

Date: 01/12/2021

Permit Number	314070	TOTAL FEES:	$77.25