ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP3140641

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

PIN # 4659349275

APPLICANT/OWNER: Foley Home Sales LLC | APPLICANT ADDRESS: 1075 Blue Spruce Drive Mooresville NC 28115

SITE ADDRESS: 127 Country Meadows Drive Mooresville NC 28115 | PHONE: | ALT. PHONE

SITE DIRECTIONS: Hwy 115 to Hwy 21 N on Country Meadows Drive. | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Country Meadows | SECTION: - | LOT # 10 | LOT AREA: .82 Ac | DESIGN FLOW: 360 | L.T.A.R.: .275

Septic Tank 1000 (gal) STB 760 Date 7-5-2021
Pump Tank 1000 (gal) PT 363 Date 8-8-2021
Pump Make ZOELLER Model BN152-D Serial #
Nitrification Fields 1 # Lines 3 Linear Ft 328
Trench Width 36 Trench Bottom Depth (absolute) 30 in Gravel Depth —

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pressure manifold - 25% Reduction
Repair System Description: Pressure Manifold - 25% Red.
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing
No. Bedrooms 3 | No. Persons 6 | No. Employees

Water Supply: ☒ 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 April 19, 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.

9-14-2021 TANK SUPPLY

SEE ATTACHED

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: 7/23/21 Installed by: GROUND BREAKERS

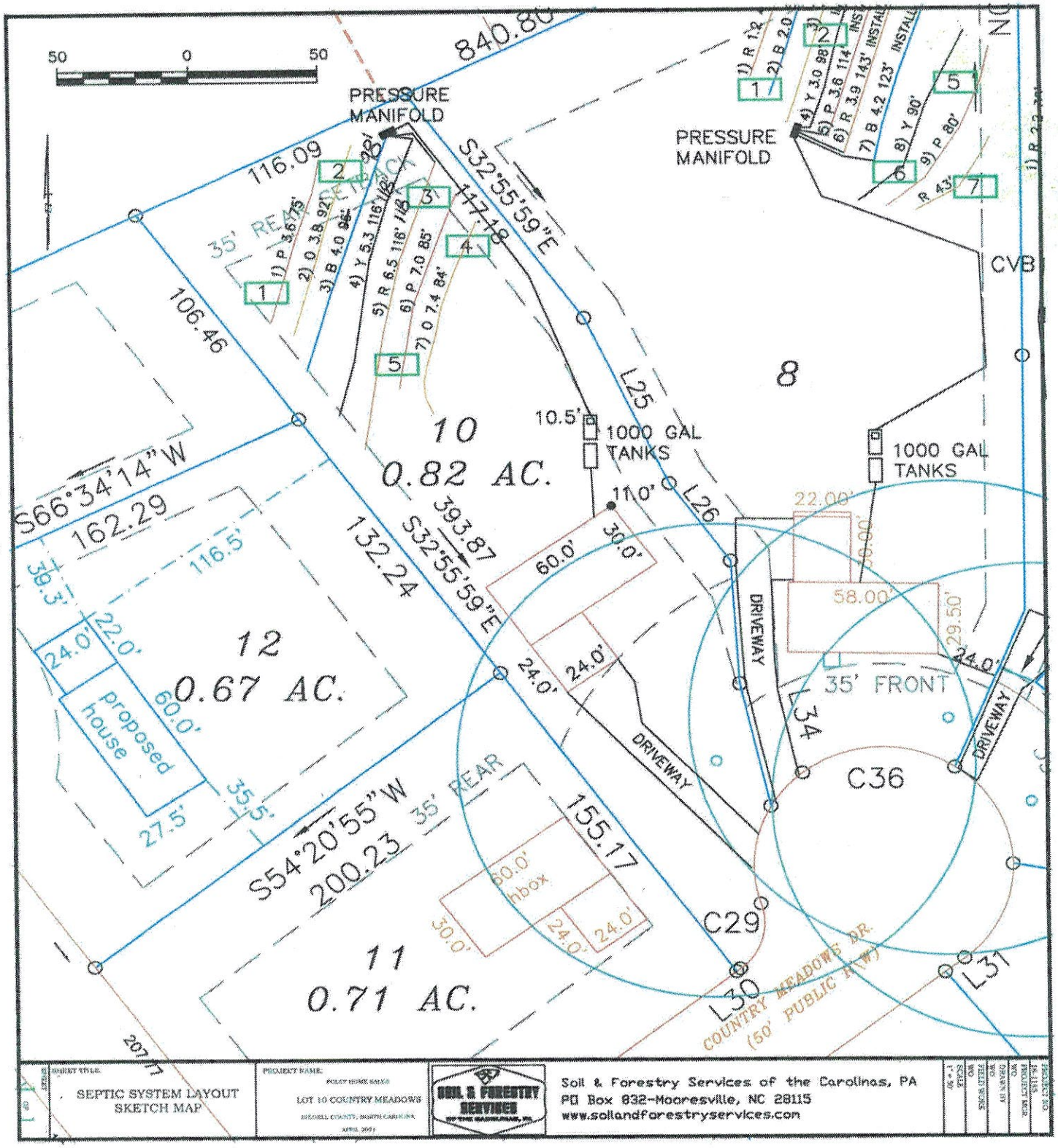
IMPROVEMENT PERMIT by: [signature] Date: 5/20/2021 OPERATION PERMIT by: D. Inebery Date: 10/15/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 7/23/2021 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked	9-14	BCW
Tanks Checked	9-14	BCW
Pressure Manifold or Valve Box Checked	9-14	BCW
Pressure Head Set	9-14	BCW
Electrical Checked	10-15	DW
Floats Set	9-14	BCW
Alarm Checked	10-15	DW
Maintenance Contract Needed? Y/(N)	9-14	BCW
Comments: SUPPLY 9-14-2021		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	



SEPTIC SYSTEM LAYOUT SKETCH MAP

LOT 10 COUNTRY MEADOWS

SOIL & FORESTRY SERVICES

Soil & Forestry Services of the Carolinas, PA
PO Box 832-Mooresville, NC 28115
www.soilandforestryservices.com

CALCULATIONS

Location: Country Meadows Lot 10

Project Number 18-1185

Lot No:	10	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2\ day}$
Accepted? (YES OR NO)	Yes	
Supply Line Length	150	ft.
Supply Line Volume	26.1	gal.
Required Feet of Line	327	ft.
Amount of Line from Layout	332	ft.
Gallons per Minute	19.70	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	216.796	gal.
Dosing Volume	151.76	gal.

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

Tank Draw Down	7.2	in.
		Generic Draw Down of 21 gal.per in.
Pump Run Time	7.70	minutes
Elevation Head	11	ft.
Pressure Head	2	ft.
Friction Factor	0.84	ft./100 ft. *(From the interpolater.)*
Friction Head	1.26	ft.
Friction Head +10%	1.449	
Total Dynamic Head	14.45	ft.

PRESSURE MANIFOLD DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Foley Home Sales
Phone:	856 404-5379
County:	Iredell
Location:	Country Meadows Lot 10

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	19.70 gpm

Design Specifications

Drainfield Size:	328 lf
Loading Rate:	0.275 gpd/ft.^{2}
Depth of Gravel in Trench:	n/a
Gravel Size:	n/a
Trench Depth:	30 in
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	150 lf
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	26.10 gal
Dosing Volume:	149.93 gal

Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.26 ft
Elevation Head:	11.00 ft
Total Dynamic Head:	14.45 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a

Country Meadows Lot 10

Manifold Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.275	gpd/ft.^{2}
TOTAL AREA TRENCH BOTTOM:	984	sf
TOTAL LATERAL LENGTH:	328	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	327	lf
SUPPLY LINE LENGTH:	150	lf
TOTAL DYNAMIC HEAD:	14.45	gpm
DOSING VOLUME:	149.93	gal
PUMP TANK DRAW DOWN*:	7.1	in
SEPTIC TANK SIZE:	1000	
PUMP TANK SIZE:	1000	

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

Country Meadows Lot 10

Layout for a 3 bedroom home

April 2021

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM INSTR. 1							
			REPAIR				
1	Pink			3.60		75	72
2	Orange			3.80		92	92
			SYSTEM				
3	*Blue*			*4.00*		*108*	*96*
4	*Yellow*			*5.30*		*120*	*116*
5	*Red*			*6.50*		*123*	*116*
			REPAIR				
6	Pink			7.00		85	84
7	Orange			7.40		84	84

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	*328*	*0.275*	*ACCEPTED*	*25%*	*MANIFOLD*	*30*
REPAIR	332	0.275	ACCEPTED	25%	MANIFOLD	30

Notes:

**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS and FS indicate rod readings

Country Meadows 10

SYSTEM FLOW

DESIGN SPECIFICATIONS

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR
3	Blue	105.8	96	SCH 80 1/2	5.48	100.14	288	0.057	0.35
4	Yellow	105	116	SCH 40 1/2	7.11	129.93	348	0.061	0.37
5	Red	104.3	116	SCH 40 1/2	7.11	129.93	348	0.061	0.37
	total	feet =	326	gal/min =	19.7				

Des. Flow	360
Pump Run to Dose 360gpd=	18.27
soil LTAR	0.275
Accepted LTAR	0.37

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

April 19, 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 10-127 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 pressure manifold distribution. 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: D Foley

"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:



PROPERTY ID #: 4659349026
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foley Home Sales — APPLICATION DATE: _____
ADDRESS: 1571 Charlotte Hwy Mooresville, NC 28115 — DATE EVALUATED: 3/20/19
PROPOSED FACILITY: New Home — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: .82
LOCATION OF SITE: Country Meadows Lot 10 — 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) .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 / 6%	0-5	RB SCL WMS	Fr SS SP	N/A	40	PS	N/A	PS .3
		5-22	RB CL WMS	Fr SS P					
		22-40	RB CL WMS	Fr SS SP f/c sap					
		40-64	VAR SL Mass	VFr NS NP					
2	L / 5%	0-8	RB SCL WMS	Fr SS SP	N/A	43	PS	N/A	PS .275
		8-27	BR C WMS	Fr SS SP [c y/b mot]					
		27-43	BR CL WFS	Fr SS SP f sap					
		43-68	VAR L Mass	VFr NS NP					
3	L / 6%	0-9	YB SL WFGr	Fr SS SP	N/A	68	PS	N/A	PS .275
		9-24	RB C MMA/S	Fr SS SP [f y/b mottle]					
		24-54	RB CL WMS	Fr SS SP					
		54-68	RB L WFS	Fr SS SP f/c sap					
4	L / 5%	0-9	RB SCL WFS	Fr SS SP	N/A	72	PS	N/A	PS .3
		9-33	RB C MMA	Fr SS SP					
		33-72	RB CL WMS	Fr SS SP f/c sap					

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

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

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4659349026
DATE OF EVALUATION: 3/20/19
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%	0-8	RB SCL WMS	Fr SS SP	2.5Y 8/3 35-60" Root channels	70			.275
		8-18	RB C MMA	Fr SS SP f Y mottles					
		18-40	RB CL WFS	Fr SS SP					
		40-70	YB CL WFS	Fr SS SP c sap					

RECEIVED JUL 2 2 2021

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 Dr. Mooresville Zip: 28115
Applicant Email: Foley1301@GMAIL.com Phone: 856-404-5379 Alt. Phone: 704-677-8482
Owner Name: Foley Home Sales Address: 1075 Blue Spruce Dr Mooresville Zip: 28115
Owner Email: foley1301@gmail.com Phone: 856-404-5379 Alt. Phone: 704-677-8482

Property Information:

Street Address: 127 Country Meadows Drive, Mooresville, NC 28115
Subdivision Name: Country Meadows Section/Phase: _____ Lot Number: 10
Driving Directions: Charlotte Hwy 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE

(X) 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: _____

(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: _____ 7/21/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

RECEIVED APR 20 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-314064 $200.00

S.L.

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

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Page 2: *Site Plan Worksheet* form MUST accompany this application

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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 M'VILLE Zip: 28115
Applicant Email: FOLEY1301@GMAIL.COM Phone: (856) 404-5379 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 127 COUNTRY MEADOWS DRIVE MOORESVILLE NC
Subdivision Name: COUNTRY MEADOWS Section/Phase: _____ Lot Number: 10
Driving Directions: HWY 115 N TO HWY 21. TURN RIGHT ON 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
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Water Supply: ( ) Replacement Well – Reason: _____
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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: _____ 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.

2. I, Doug Foley, am the legal owner(s) of the property located at 127 Country Meadows Drive, Mooresville, identified as PIN (Parcel Identification Number) 4659349275.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Shelagh Foley, Foley Home Sales, 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: 7/21/21

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

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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.
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☒ **2.** I, DOUG FOLEY, am the legal owner(s) of the property located at 127 COUNTRY MEADOWS DRIVE, identified as PIN (Parcel Identification Number) 4659349274, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) WENDEN 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
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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.

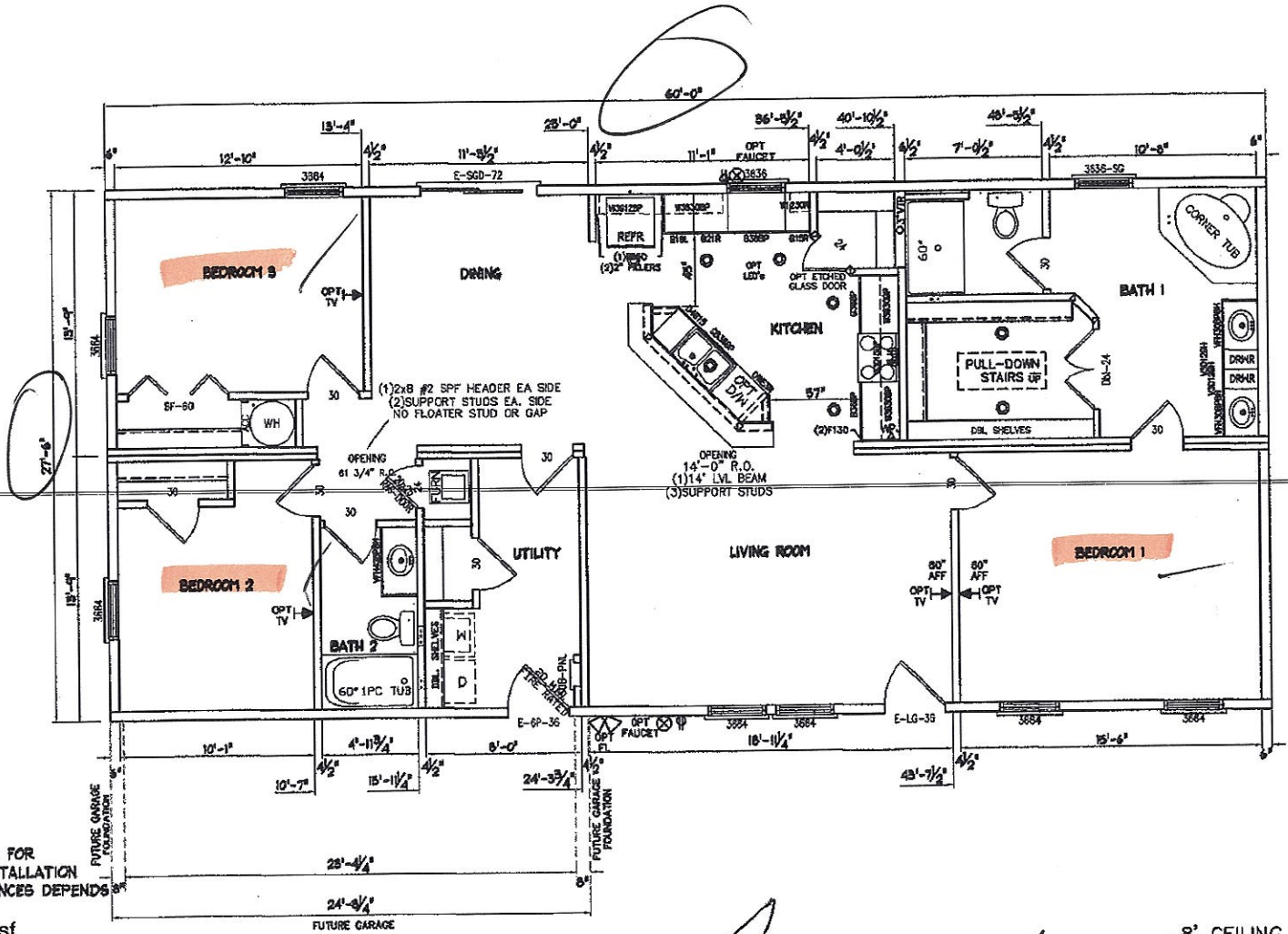
_____ 1/11/2021
Signature of Owner(s) Date

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

AFF=ABOVE FINISHED FLOOR



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

TOTAL AREA = 1650sf

CONDITIONED AREA = 1564sf

8' CEILING

201

FOLEY HOME SALES/CM LOT 6

60'-0" x 27'-6"

CP-60' Foley Spec CM Lot 6

1st FLOOR ORDER

DRAWN GLH DATE 3/26/21

REV. DATE

SCALE 3/16"=1'-0"

Manis & Crestline Custom Builders
5880 Crestline Road
Lawrenceburg, NC 27352
1-800-772-0195
www.crestlinecustombuilders.com
www.manischeerfulness.com

All Plans © Copyright 2006 Manis Custom Homes, Inc.

2/22/2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314064 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659349274.000	127 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
0.82	35	35	15	15	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	314064	TOTAL FEES:	$77.25