ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 314066

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

PIN # 4659440393

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

SITE ADDRESS: 131 Country Meadows Drive Mooresville NC 28115 | PHONE: (856) 404-5379 | ALT. PHONE –

SITE DIRECTIONS: Hwy 115 to 21 North From Mooresville On Country Meadows. | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Country Meadows | SECTION: – | LOT # 8 | LOT AREA: 1.32 Acres | DESIGN FLOW: 360 | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB	160	Date	4-21-	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	3163	Date	4-27-2	System Description: PM - 25% Reduction	
Pump Make	Zoeller	Model	N152	Serial #		Repair System Description: PM - 25% Reduction	
# Nitrification Fields	1	# Lines	4	Linear Ft	360	Maintenance Agreement Required: ☐ YES ☒ NO	
Trench Width	36	Trench Bottom Depth	30 in	Gravel Depth	–	☐ GRAVITY ☒ PRESSURE	

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions:

Redfilter installed 22ft from H.C to S.T. 6/10/21 MD
Alarm in Laundry room

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 9, 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.

6/11/2021: Drainlines checked and were good PM Box had wrong taps and needed to be Changed *as built measons. te sketch not to scale

6/24/21 Set 2ft pressure Checked elect & alarm.

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**

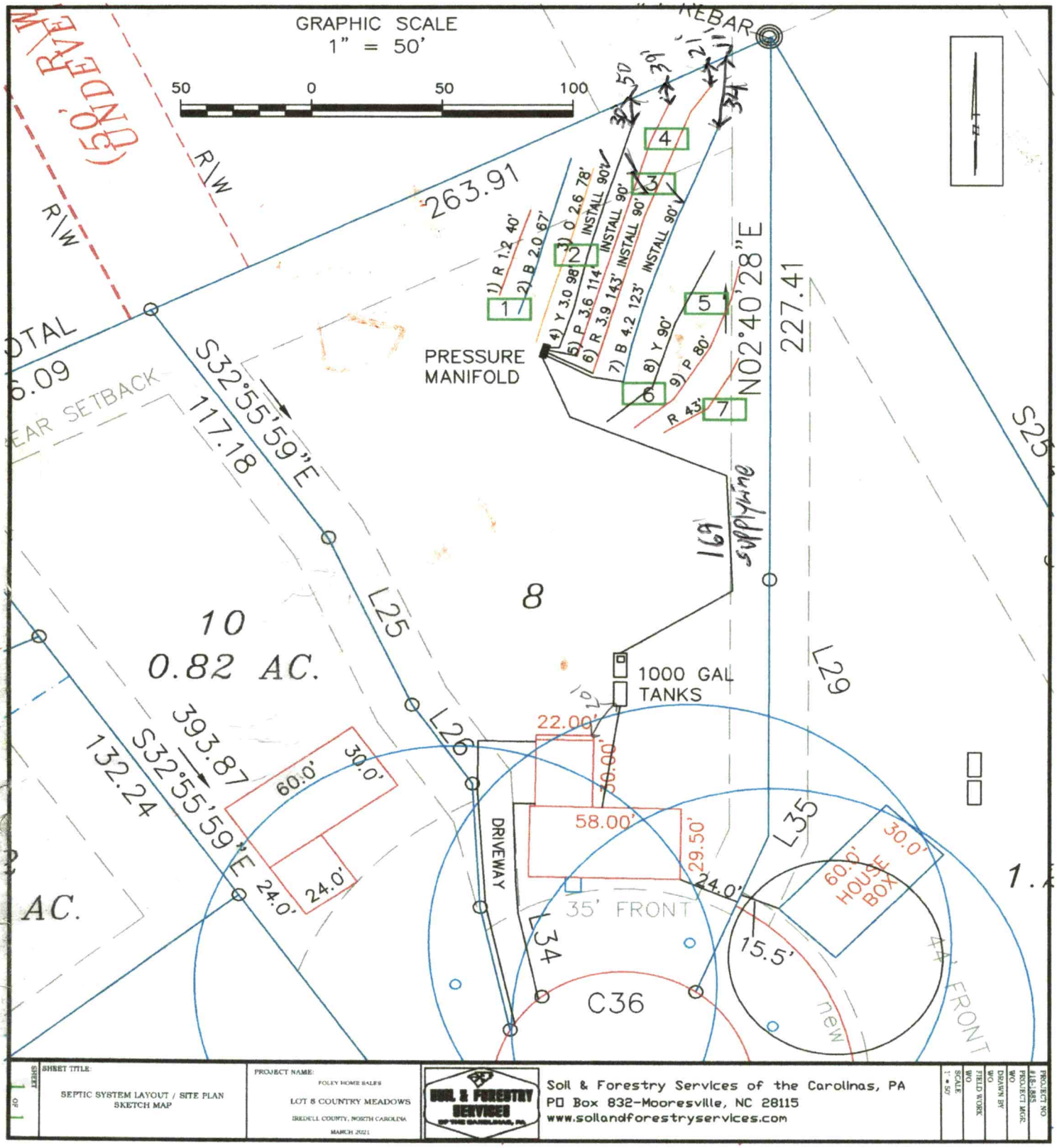
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Shiloh Folly Date: Installed by: Groundbreakers

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 4-1-2021 OPERATION PERMIT by: Maria Dotson Date: 6/24/21

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 4-1-2021 Existing System Inspected by: Date:

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



SHEET 1 OF 1

SHEET TITLE:
SEPTIC SYSTEM LAYOUT / SITE PLAN
SKETCH MAP

PROJECT NAME:
FOLEY HOME SALES
LOT 8 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.sollandforestryservices.com

SCALE: 1" = 50'
FIELD WORK BY:
DRAWN BY:
PROJECT MGR:
PROJECT NO: 18-885

CALCULATIONS

Location Country Meadows Lot 8

Project Number 18-1185

Lot No:	8	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.25	$^{gal}/_{ft^2\ day}$
Accepted? (YES OR NO)	Yes	
Supply Line Length	190	ft.
Supply Line Volume	33.06	gal.
Required Feet of Line	360	ft.
Amount of Line from Layout	360	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	235.08	gal.
Dosing Volume	164.56	gal.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
28.44	1.62
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	7.8	in.
		Generic Draw Down of 21 gal.per in.
Pump Run Time	5.79	minutes
Elevation Head	13	ft.
Pressure Head	2	ft.
Friction Factor	1.62	ft./100 ft. *(From the interpolater.)*
Friction Head	3.08	ft.
Elevation Head +15%	14.95	
Total Dynamic Head	20.03	ft.

PRESSURE MANIFOLD DOSED SYSTEM
FOR WASTEWATER TREATMENT

Applicant:	Foley Home Sales
Phone:	(856) 404-5379
County:	Iredell
Location:	Country Meadows Lot 8

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	360 gpd
System Flow:	28.44 gpm

Design Specifications

Drainfield Size:	360 lf
Loading Rate:	0.25 gpd/ft2
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:	190 lf
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	33.06 gal
Dosing Volume:	164.56 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:	3.08 ft
Elevation Head:	13.00 ft
Total Dynamic Head:	20.03 ft
Threaded Union:	In Tank
Gate Valves:	1 in Tank: 1 @ manifold
Check Valves:	In Tank
Anti-Siphon Hole:	n/a
Recommended Pump:	

Country Meadows Lot 8

Manifold Design

DESIGN FLOW:	360	gpd
SOIL APPLICATION RATE:	0.25	gpd/ft2
TOTAL AREA TRENCH BOTTOM:	1080	sf
TOTAL LATERAL LENGTH:	360	lf
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	360	lf
SUPPLY LINE LENGTH:	190	lf
TOTAL DYNAMIC HEAD:	20.03	gpm
DOSING VOLUME:	164.56	gal
PUMP TANK DRAW DOWN*:	7.8	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 8

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

LINE #	FLAG COLOR	BS	HI	FS	ELEV	FLAGGED LENGTH	DESIGN LENGTH
TBM							
INSTR. 1							
TANK				11.10	100.0		
HOUSE				9.10	102.0		
			REPAIR				
1	Red			1.20	109.9	40	40
2	Blue			2.00	109.1	67	64
3	Orange			2.60	108.5	78	76
			SYSTEM				
4	Yellow			3.00	108.1	98	90
5	Pink			3.60	107.5	114	90
6	Red			3.90	107.2	144	90
7	Blue			4.20	106.9	123	90
			REPAIR				
8	Yellow			4.90	106.2	90	90
9	Pink			5.80	105.3	80	80
10	Red			6.60	104.5	40	40

	LINE LENGTH	LTAR GPD/FT	SYSTEM TYPE	REDUCTION TYPE	DIST	TRENCH DEPTH
SYSTEM	360	0.250	ACCEPTED	25%	MANIFOLD	30
REPAIR	360	0.250	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 Lot 8

SYSTEM FLOW

DESIGN SPECIFICATIONS

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Line gpd	Line Trench Area	Flow/Line	Line LTAR
4	Y	108.1	90	SCH 40 1/2	**7.11**	90.00	270	**0.079**	**0.33**
5	P	107.5	90	SCH 40 1/2	**7.11**	90.00	270	**0.079**	**0.33**
6	R	107.2	90	SCH 40 1/2	**7.11**	90.00	270	**0.079**	**0.33**
7	B	106.9	90	SCH 40 1/2	**7.11**	90.00	270	**0.079**	**0.33**
	total	**feet =**	**360**	**gal/min =**	**28.44**				

Des. Flow	**360**
Pump Run to Dose 360gpd=	**12.66**
soil LTAR	**0.25**
Accepted LTAR	**0.33**

DocuSign Envelope ID: 2F8B7BED-C403-4C46-BF5F-252E352C101E

SOIL & FORESTRY SERVICES
OF THE CAROLINAS, PA

March 9, 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 8-131 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: DocuSigned by: Doug Foley 4DCFB69930AB43F...

"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
Pressure Manifold Distribution for Lot 8 of Country Meadows Subdivision
131 Country Meadows Drive

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Flow---------- 5

Site Plan---------- 6

Calculations---------- 7

Pressure Manifold Specifications---------- 8

Profile Descriptions---------- 9-10

Iredell County Septic Application---------- 11-12

Iredell County Zoning Permit---------- 13

Environmental Health Requirements---------- 14

Agent Authorization---------- 15

Owner: Foley Home Sales
(856) 404-5379

March 2021
Project #18-1185

Design By: Soil & Forestry Services of the Carolinas, PA

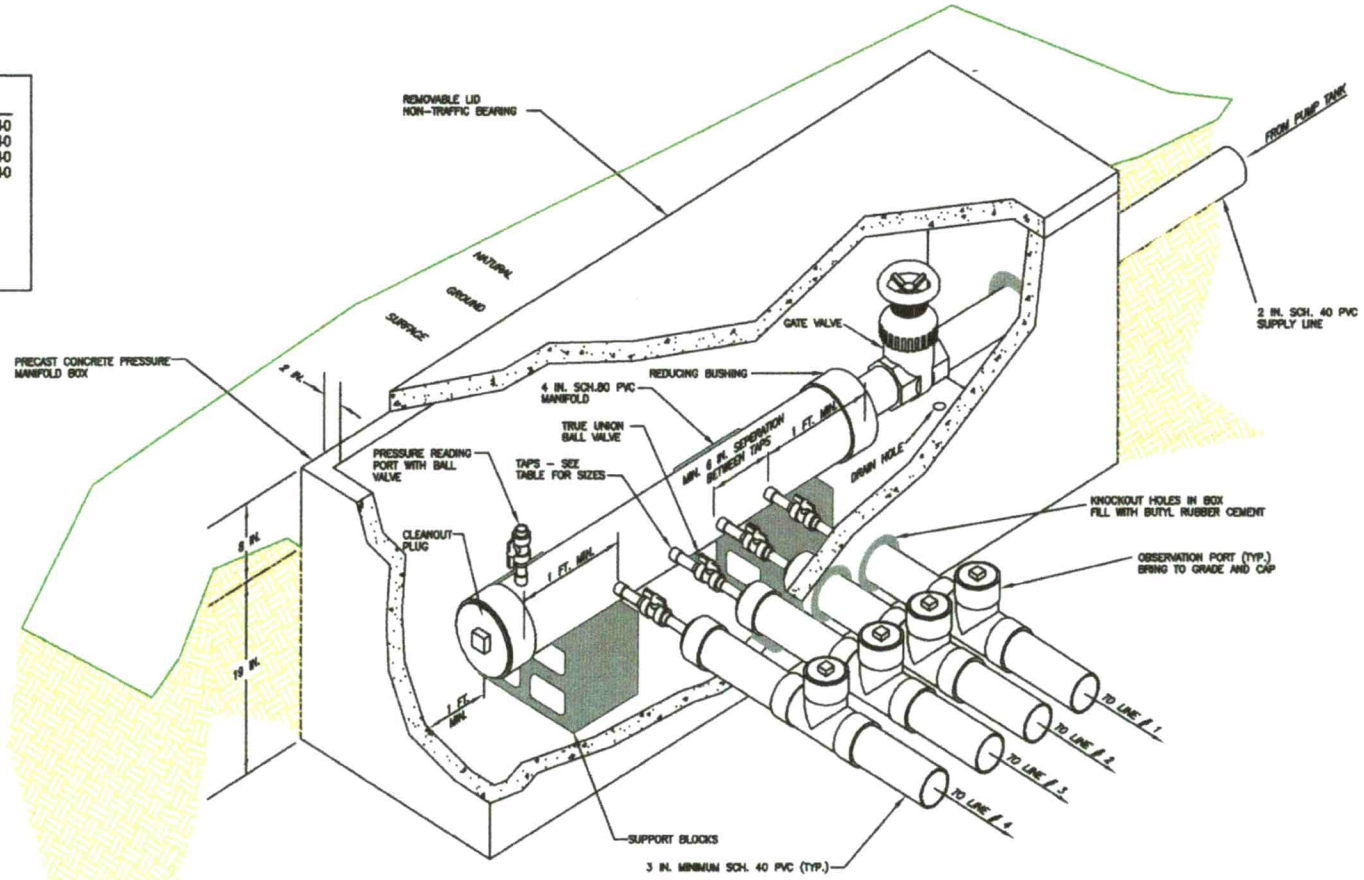
INFORMATION FOR THE INSTALLER:

- 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 fittings shall be pressure rated fittings.
- 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 p manifold distribution**
- **Repair specified as accepted type using p manifold distribution**
- **System trench depth specified at 30"**
- **System trenches installed on 9' minimum; 3' wide trenches**
- **Iredell County has approval to move tanks or distribution devices**

PRESSURE MANIFOLD DETAILS
FOR
LOT 8 COUNTRY MEADOWS

TAP SIZES

LINE No.	TAP SIZE
1	1/2" SCH. 40
2	1/2" SCH. 40
3	1/2" SCH. 40
4	1/2" SCH. 40



PROPERTY ID #: 4659440392
COUNTY: Iredell

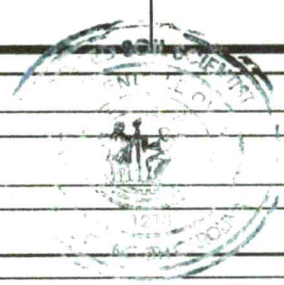
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Foley Home Sales, LLC APPLICATION DATE
ADDRESS: 1075 Blue Spruce Drive, Mooresville, DATE EVALUATED: 4/30/19
PROPOSED FACILITY: New Home PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 1.32ac
LOCATION OF SITE: Country Meadows Lot 8 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 / 7%	0-3	DB SL WFGr	Fr SS SP	N/A	37	PS	N/A	PS .275
		3-18	R C MMA	Fr SS P					
		18-37	RB CL WMA/S	Fr SS SP c Y mottles					
		37-57	VAR L WMS	Fr NS NP					
2	L / 6%	0-9	B SCL WFS	Fr SS SP	N/A	30	PS	N/A	PS .3
		9-20	BR C WMS	Fr SS SP					
		20-30	BR SCL WMS	Fr SS SP f sap					
		30-63	VAR SL Mass	VFr NS NP					
3	L / 4%	0-12	B SCL WFS	Fr SS SP	N/A	55	PS	N/A	PS .25
		12-42	BR C WFA/S	Fr SS P c '3/4 mottles					
		42-55	BR CL WFS	Fr SS SP					
		55-59	VAR SL Mass	Fr SS SP f/c sap					
4	L / 4%	0-13	B SCL WFS	Fr SS SP [compacted]	'8-13" 2 chroma mottles	40	PS	N/A	PS .25
		13-33	R C WFS/A	Fr SS P f/c Fe mot					
		33-40	R SCL WMS	Fr SS SP f sap					
		40-60	VAR SL MASS	VFr NS NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	360
System Type(s)	ACCEPTED	ACCEPTED
Site LTAR	.25	.25

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



COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4659440392
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 / 11%	0-6	DB SL WFGr	Fr SS SP	N/A	52	PS	N/A	.3
		6-24	R C WM/S	Fr SS SP					
		24-52	RB CL WFS	Fr SS SP f/c sap					
		52-68	VAR SL MASS	VFr NS NP					
6	L / 12%	0-5	DB SL WFGr	Fr SS SP	N/A	45	PS	N/A	.3
		5-25	R C WMS	Fr SS SP					
		25-45	RB CL WMS	Fr SS SP f/c sap					
		45-66	VAR SL MASS	VFr NS NP					
7	L / 10%	0-6	DB SL WFGr	Fr SS SP	N/A	48	PS	N/A	.3
		6-27	R C WMS	Fr SS SP					
		27-48	R CL WFS f sap	Fr SS SP					
		48-63	VAR SL MASS	VFr NS NP					

COMMENTS:

Lot 8

RECEIVED MAR 2 6 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*

AP-314066

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: _____ Address: _____ Zip: _____
Owner Email: SAME AS ABOVE Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 131 Country Meadows Dr. Mooresville, NC 28115
Subdivision Name: Country Meadows Section/Phase: 1 Lot Number: 8
Driving Directions: Charlotte Highway to Country Meadows Dr

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
( ) 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: _____ 3/25/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 1 0 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED AP- 314066

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

Paid #1200.00 SessionLaw

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

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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 **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: 131 COUNTRY MEADOWS DRIVE

Subdivision Name: COUNTRY MEADOWS **Section/Phase:** **Lot Number:** 8

Driving Directions: HWY 115 TO 21 NORTH FROM MOORESVILLE. TURN RIGHT ON 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.

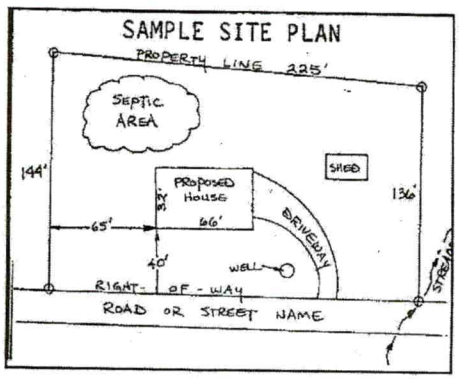
Signature: Wendell Foley 1/8/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

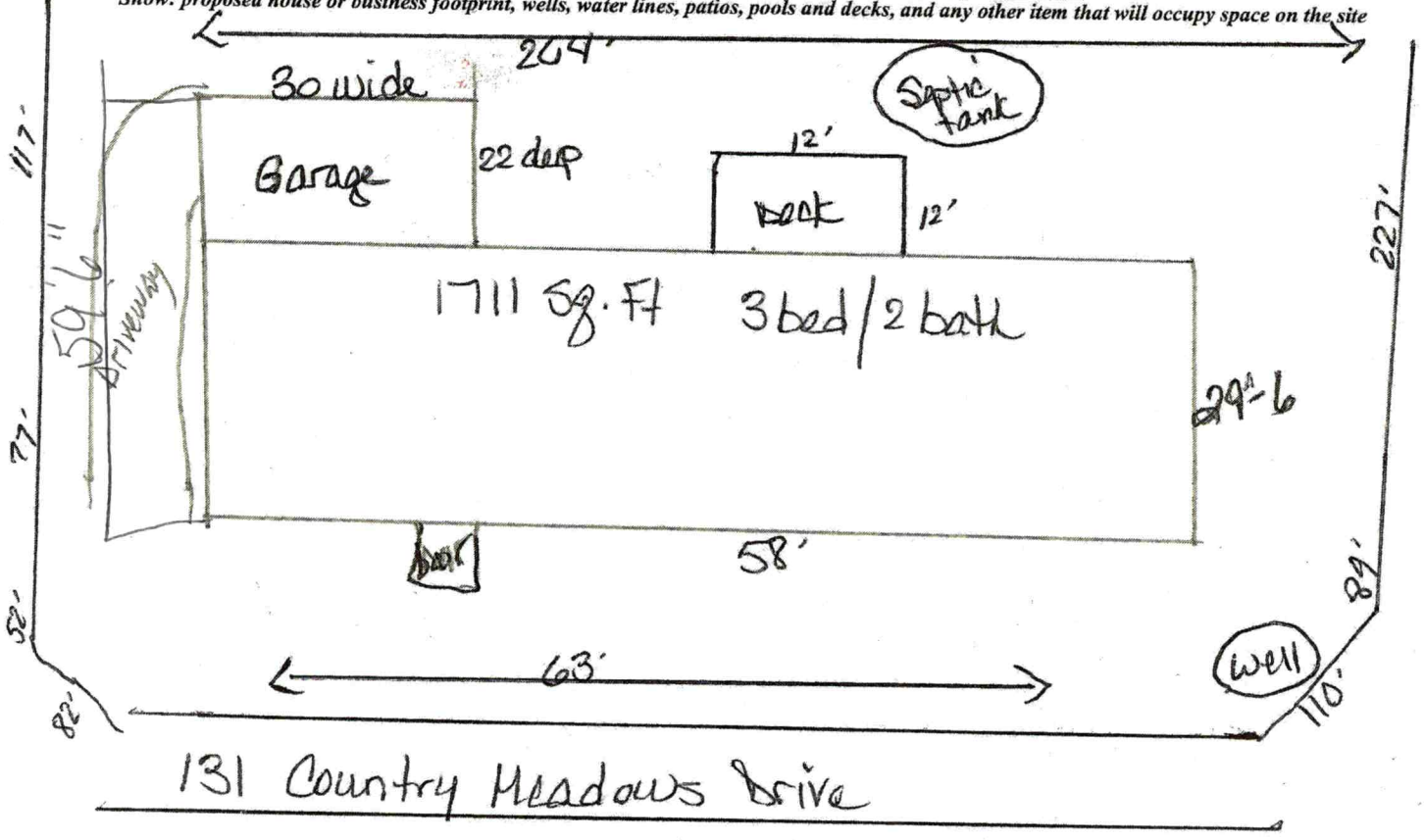
Septic Line

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



131 Country Meadows Drive

Signature: _____

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

3/25/21
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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ 3/25/21
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

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

(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 131 COUNTRY MEADOWS DRIVE, identified as PIN (Parcel Identification Number) 4659440342, 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.

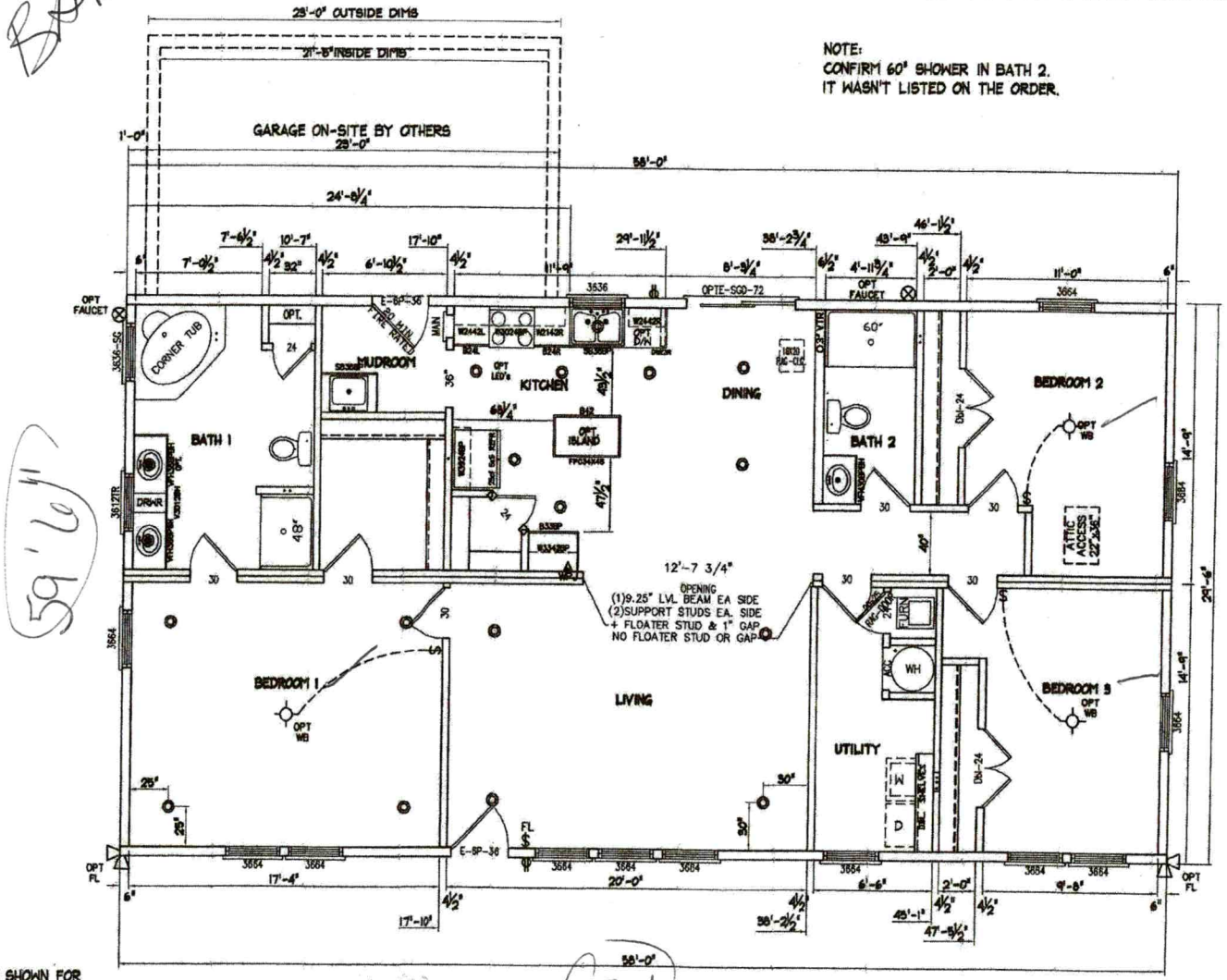
_____ 1/11/2021
Signature of Owner(s) Date

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

Lot 8

BAB 4/1/2021



201

Foley Homes / Spec Lot 8
SN 4073
58'-0"x28'-6"
16'-0"-A-50%2' Flipped Foley Spec

1st FLOOR ORDER

DRAWN GLH DATE 12/31/20
REV A-JRH DATE 2/4/2021
SCALE 3/16"=1'-0"

Monks & Crestline Custom Builders
5880 Crestline Road
Laurinburg, NC 28352
1-800-772-0195
www.crestlinecustombuilders.com
www.monkscustomhomes.com

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314066
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659440392.000	131 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
1.32	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.

Date: 01/12/2021

Signature of Owner/Contractor

Permit Number	314066	TOTAL FEES:	$77.25