ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 316317

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

PIN # (House) 4711 --03 --8295

APPLICANT/OWNER: Foundation Homes APPLICANT ADDRESS: 638 Williamson Rd Mooresville NC 4711.03.7737

SITE ADDRESS: 159 Southern Horizon Drive Statesville NC 28677 PHONE: 704-360-2251 ALT. PHONE – offsite Septic

SITE DIRECTIONS: Buffalo Shoals turned left on Windingwood L on Southern Horizon SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Ridgewood SECTION: LOT # 31 LOT AREA: 0.96 DESIGN FLOW: 480gpd L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB 1000	Date 11-2-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000	(gal)	PT 363	Date 11.17.21	System Description: 25% Reduction				☐ Business	No. Persons 8	☐ Private
Pump Make		Model		Serial #	Repair System Description: 50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 36	Gravel Depth –		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Install Drawings a Center of Land Use PM for distribution

INITIAL SITE SKETCH

Please see attached By Michael Athanos & Associates

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.

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.*

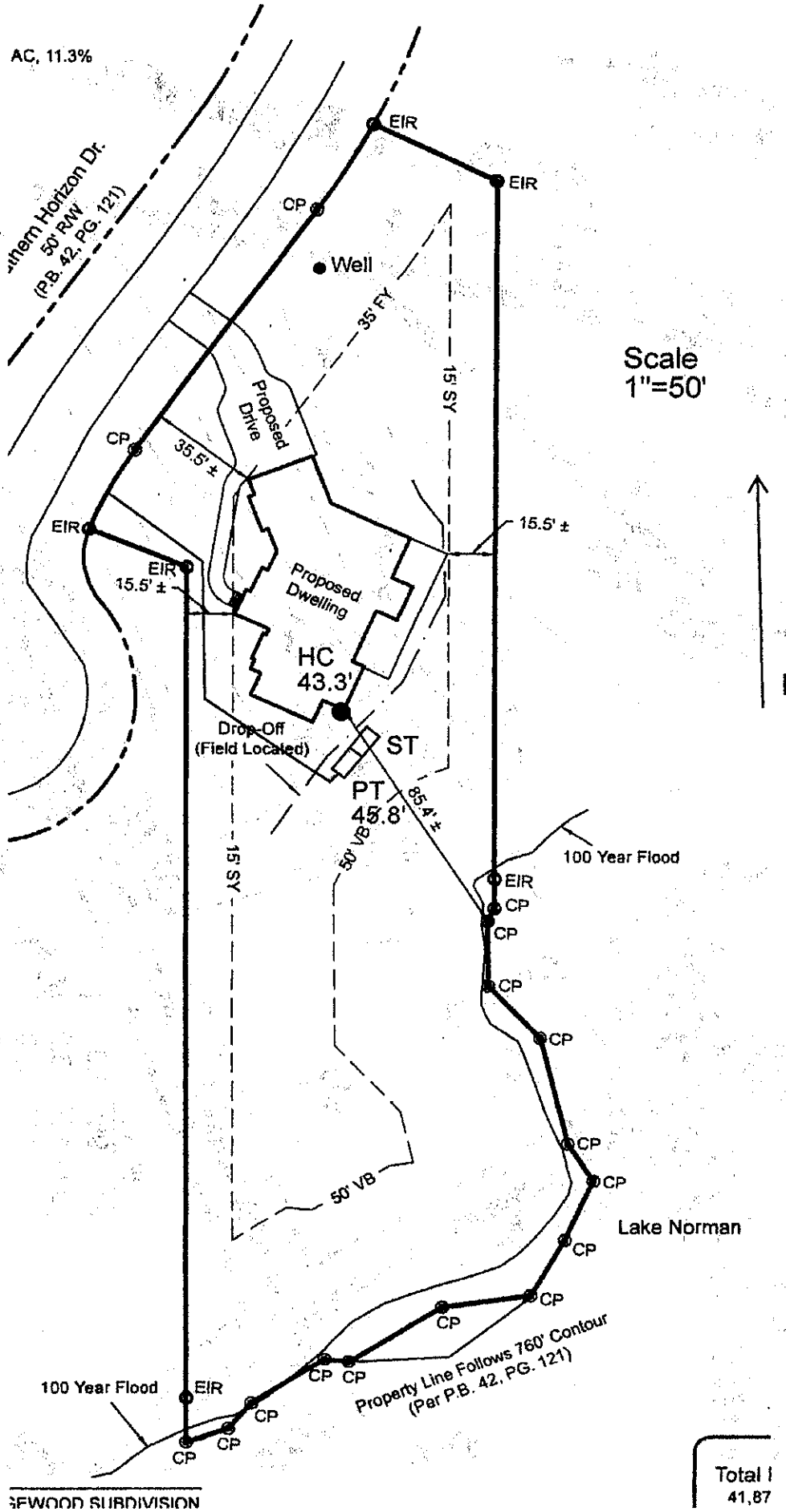
Owner / Applicant Signature: Date: 5-7-2021 Installed by: Specialty Septic

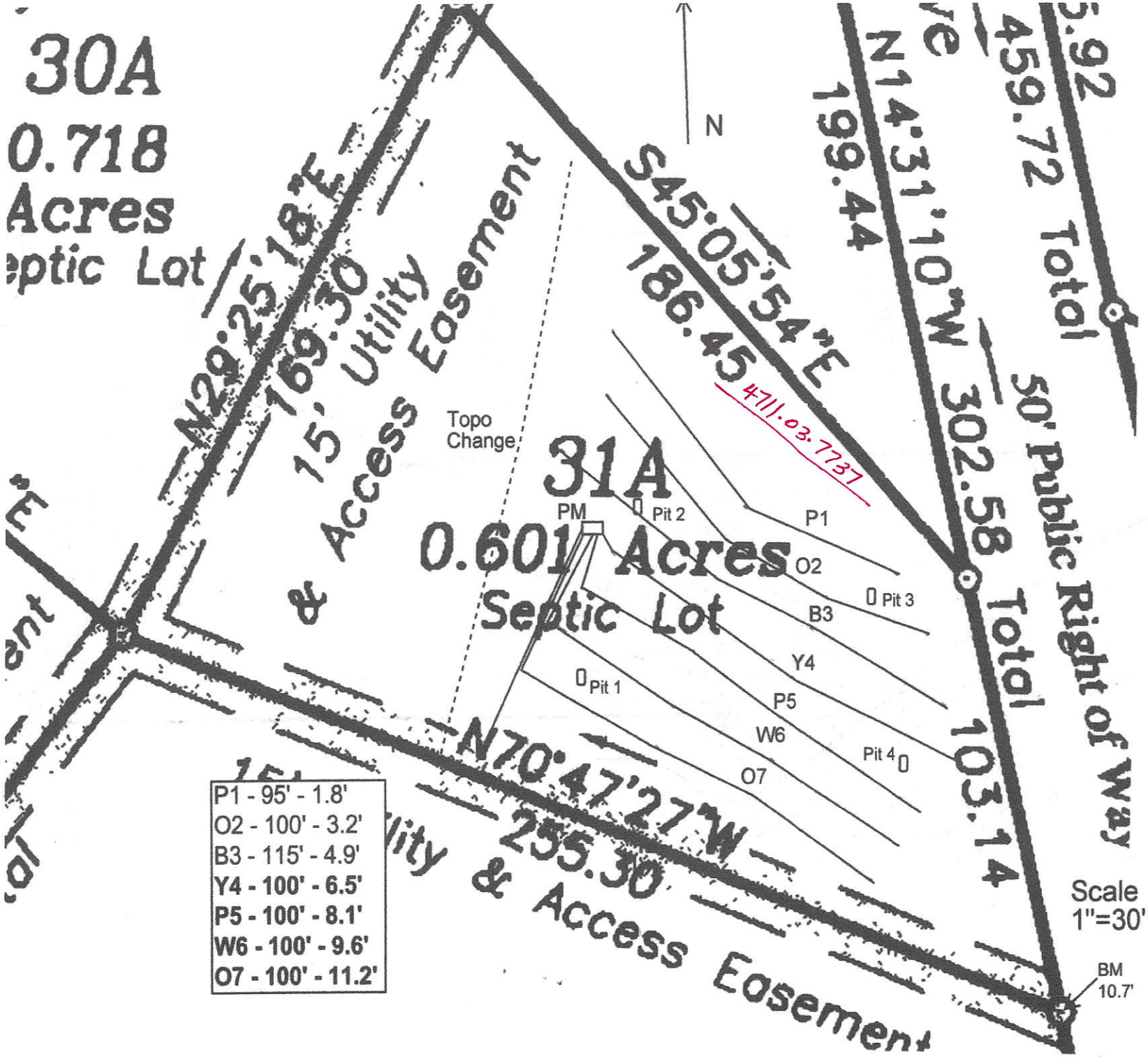
IMPROVEMENT PERMIT by: Date: 5-6-2021 OPERATION PERMIT by: Bryant C. White @ Date: 1-5-2022

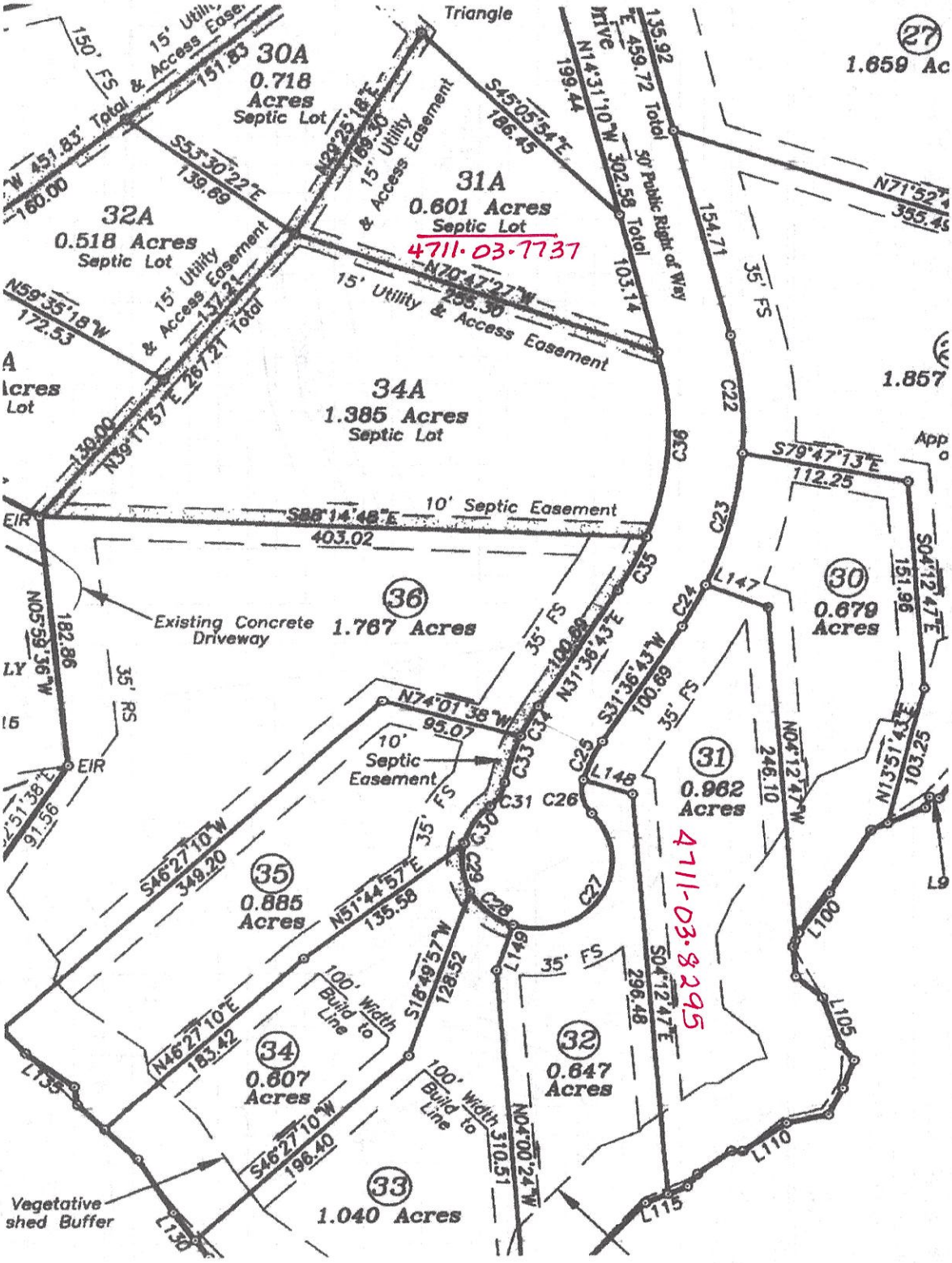
AUTHORIZATION TO CONSTRUCT by: Date: 5-6-2021 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	1-27-22	
Tanks Checked	1-27-22	
Pressure Manifold or Valve Box Checked	1-27-22	
Pressure Head Set	7-5-2022	BCH
Electrical Checked	6/15/22	CW
Floats Set	6/15/22	CW
Alarm Checked	6/15/22	CW
Maintenance Contract Y (N)	7-5-2022	BCH
Comments:		


AC, 11.3%
Ahem Horizon Dr.
50' R/W
(P.B. 42, PG. 121)
EIR
EIR
CP
Well
35' FY
15' SY
Scale
1"=50'
Proposed
Drive
CP
35.5' ±
EIR
EIR
15.5' ±
15.5' ±
Proposed
Dwelling
HC
43.3'
N
Drop-Off
(Field Located)
ST
PT
45.8'
85.4' ±
50' VB
15' SY
100 Year Flood
EIR
CP
CP
CP
CP
CP
CP
CP
50' VB
Lake Norman
CP
CP
CP
CP
CP
Property Line Follows 760' Contour
(Per P.B. 42, PG. 121)
100 Year Flood
EIR
CP
CP
CP
Total
41.87
GEWOOD SUBDIVISION

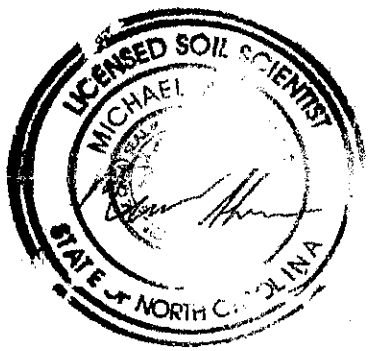

30A
0.718
Acres
eptic Lot
N29°25'18"E
169.30
15' Utility
& Access Easement
S45°05'54"E
186.45
N14°31'10"W
199.44
459.72 Total
50' Public Right of Way
302.58 Total
103.14
N
Topo
Change
31A
PM
Pit 2
P1
0.601 Acres
Septic Lot
O2
Pit 3
B3
Y4
Pit 1
P5
W6
Pit 4
O7
N70°47'27"W
255.30
Utility & Access Easement
P1 - 95' - 1.8'
O2 - 100' - 3.2'
B3 - 115' - 4.9'
Y4 - 100' - 6.5'
P5 - 100' - 8.1'
W6 - 100' - 9.6'
O7 - 100' - 11.2'
Scale
1"=30'
BM
10.7'


Triangle
30A
0.718 Acres
Septic Lot
31A
0.601 Acres
Septic Lot
4711-03-7737
32A
0.518 Acres
Septic Lot
34A
1.385 Acres
Septic Lot
36
1.767 Acres
35
0.885 Acres
34
0.607 Acres
33
1.040 Acres
31
0.962 Acres
4711-03-8295
32
0.647 Acres
30
0.679 Acres
27
1.659 Ac
1.857
50' Public Right of Way
15' Utility & Access Easement
10' Septic Easement
Existing Concrete Driveway
100' Width Build to Line
Vegetative shed Buffer
App
EIR
35' FS
10' Septic Easement



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
3/30/2021

Reference: Data Sheet for 159 Southern Horizon Dr, Ridgewood, Lot 31/31A
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM
Tap Size and Material: ½" SCH 40
System Flow: 28.44 GPM
Dosing Volume: 175 gallons
Pump Run Time: 6.2 minutes
Elevation Head: 44.3'
Friction Head: 9.2' *
Pressure Head: 2'
Total Dynamic Head: 55.5' *
Supply Line Length: 950' of 3" PVC, 200' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	Actual Length	Elevation
Pink 1		95'	1.8'
Orange 2		100'	3.2'
Blue 3		115'	4.9'
Yellow 4	**100'**	**118'**	**6.5'**
Pink 5	**100'**	**127'**	**8.1'**
White 6	**100'**	**127'**	**9.6'**
Orange 7	**100'**	**100'**	**11.2'**

Initial System: 400'
Repair System: 310'
Pump Tank: 45.8'
House Corner: 43.3'
Benchmark: 10.7'

Comments:

The 3" PVC supply line has been installed and MA&A are not sure of the actual way it is run. We have estimated the friction loss based on the easements on the recorded subdivision plat. The 2" PVC length is based on the distance from the tanks to the 3" PVC stub and the distance from the easement to the proposed pressure manifold,

PROPERTY ID #: 4711038295
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: George & Rebecca Gilbert APPLICATION DATE
ADDRESS: 253 Ashmore Cir, Troutman, NC 28116 DATE EVALUATED:
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.962 AC
LOCATION OF SITE: 159 Southern Horizon Dr, Ridgewood Lot 31 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	LS 12%	0-9	Br SCL WSBK	FR SS SP SXP	N/A	53"	Few SAP	N/A	PS 0.3
		9-41	R C SBK	FR SS SP SXP					
		41-53	R CL WSBK	FR SS SP SXP					
2	LS 12%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3
		6-32	R C SBK	FR SS SP SXP					
		32-52	R CL WSBK	FR SS SP SXP					
3	LS 12%	0-9	Br SCL WSBK	FR SS SP SXP	N/A	60"	F-C SAP	N/A	PS 0.3
		9-20	R C SBK	FR SS SP SXP					
		20-60	R CL WSBK	FR SS SP SXP					
4	LS 12%	0-3	Br SCL WSBK	FR SS SP SXP	N/A	50'	F-C SAP PS	N/A	PS 0.3
		3-20	R C SBK	FR SS SP SXP					
		20-50	R CL WSBK	FR SS SP SXP					
		50-60	VER L SAP M	VFR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT^2	930 FT^2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

RECEIVED APR 6 - 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $350.00 AP-316317

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

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Dan & Becky Gilbert **Address:** 253 Ashmore Cir, Troutman, NC **Zip:** 28166

Applicant Email: _____ **Phone:** Jonathan-704-650-2260 BLDR **Alt. Phone:** _____

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

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

Property Information:

Street Address: 159 Southern Horizon Dr

Subdivision Name: Ridgewood **Section/Phase:** _____ **Lot Number:** 31

Driving Directions: _____

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: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: _____ 4/6/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 2B6BD7A3-A38C-498E-A516-153032031504

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Dan and Becky Gilbert, am the legal owner(s) of the property located at 159 Southern Horizon Dr., Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4711078267.31, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

Dan Gilbert 3/31/2021
Signature of Owner(s) Date

Signature of Witness 3/31/2021
Signature of Witness Date

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

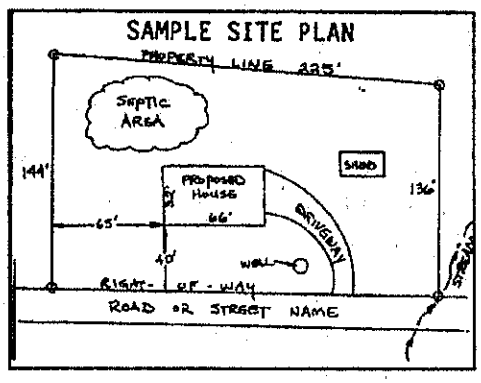
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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 Plan

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

4/6/2021
DATE

IREDELL COUNTY HEALTH DEPARTMENT — STATESVILLE 704-878-5305 — MOORESVILLE 704-663-3202

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

PERMIT# 109842 PIN# 4711678067.31 DATE 3/31/03

OWNER OR CONTRACTOR BRIDGEWATER LLC PHONE: Business 749-9770 Home

ADDRESS PO BOX 3608 MOORESVILLE NC 28117

LOCATION BUFFALO SHOALS TOWARD LAKE - TL EVENDEN-WOOD - TL SOUTHERN HORIZON - SEPTIC ON LT (LOT ON RT)

SUBDIVISION RIDGEWOOD BLOCK / SECTION LOT 31 LOT AREA .974AC SITE CLASS. I-S DESIGN FLOW 480GPD L.T.A.R. .360/.12

Septic Tank: 1000 Gallons: STB Date

Pump Tank: 1000 Gallons: PT Date

Pump Make: Model Serial No

Nitrification Field No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth #57

☑ New System ☐ Repair System Type: I. II (III) IV. V. VI

System Description: PUMP 25% REDUCTION

Repair System Description: SAME

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

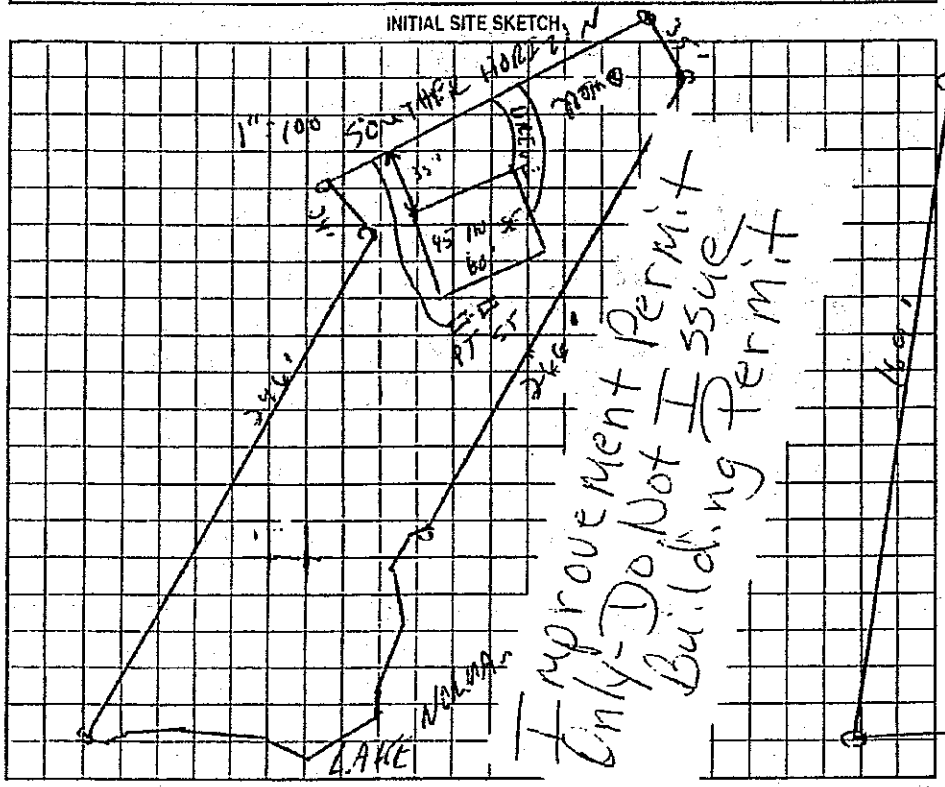
☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

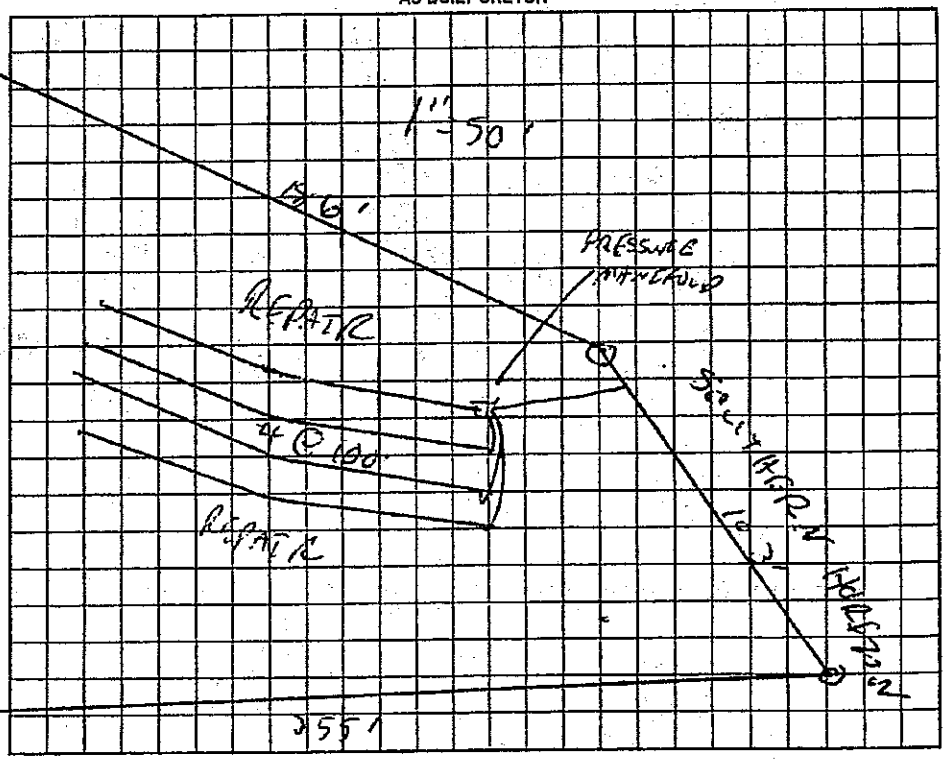
Comments/Conditions: 1) SEE COLOR CODED MAP FOR PUMP SUPPLY LINE EASEMENT RUNS
2) KEEP TANKS 50' FROM NEIGHBORS WELL

Comments/Conditions: 1) SYSTEM AND REPAIR OFFSITE

INITIAL SITE SKETCH



AS BUILT SKETCH



Improvement Permit + Authorization to Construct + Building Permit

Permit can be suspended or revoked if any false information is supplied towards securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months

Signed: _____ date 4/1/03 Installed by:

Improvement Permit by: _____ date 3/31/03 Operation Permit by: _____ date

Authorization to Construct by: _____ date Existing System Inspection by: _____ date

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER

316317
Issue Date: 03/31/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4711038295.000		Iredell County

Owner Information	Applicant Information
Name: GILBERT GEORGE D+REBECCA J	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

SFD

Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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: 03/31/2021

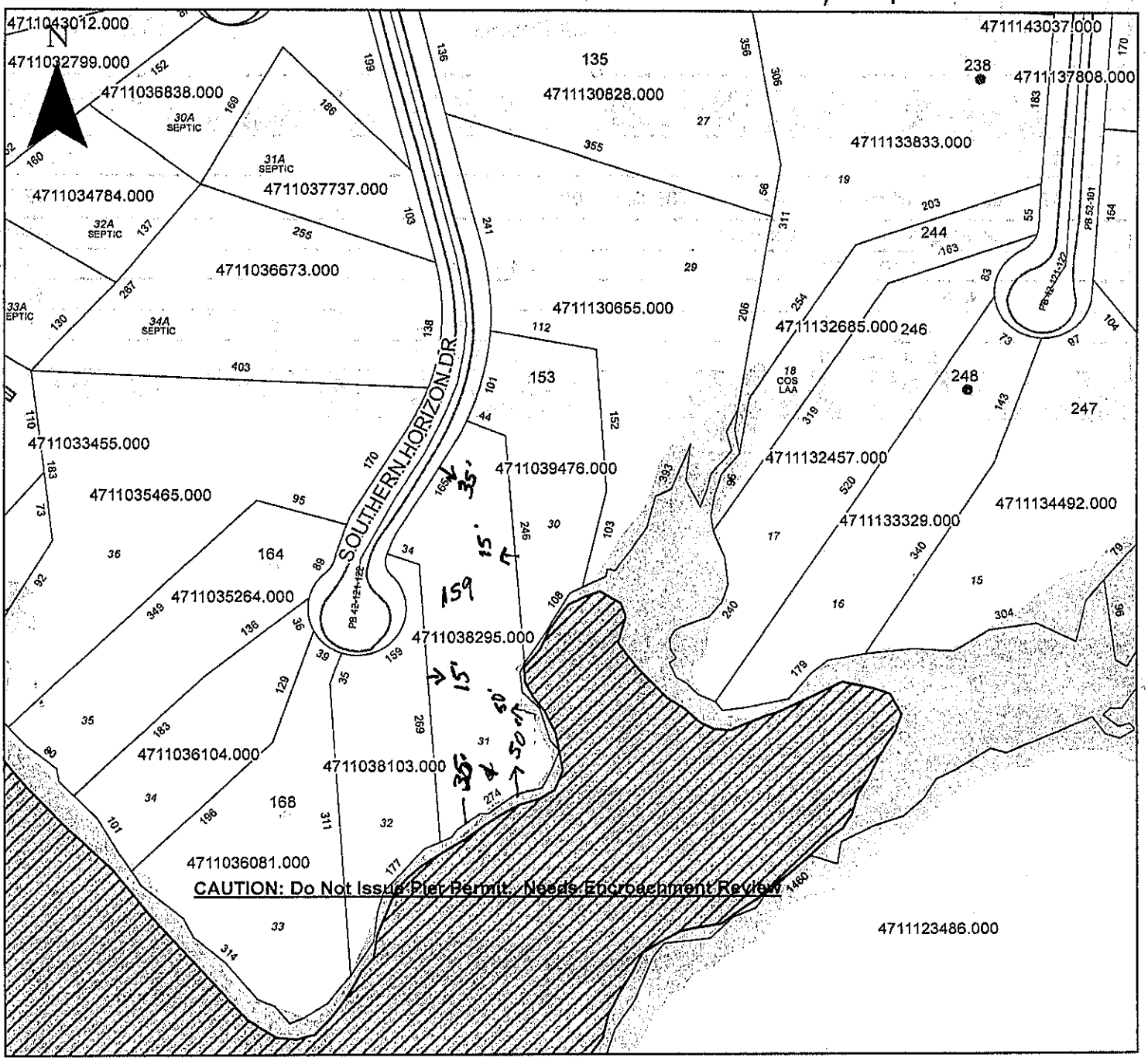
Signature of Owner/Contractor

Permit Number	316317	TOTAL FEES:	$77.25

316 317

AR
WS IV CA C/LN
FL-Y

ZONING DISCLAIMER



Property Address 159 Southern Horizon Dr.

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. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

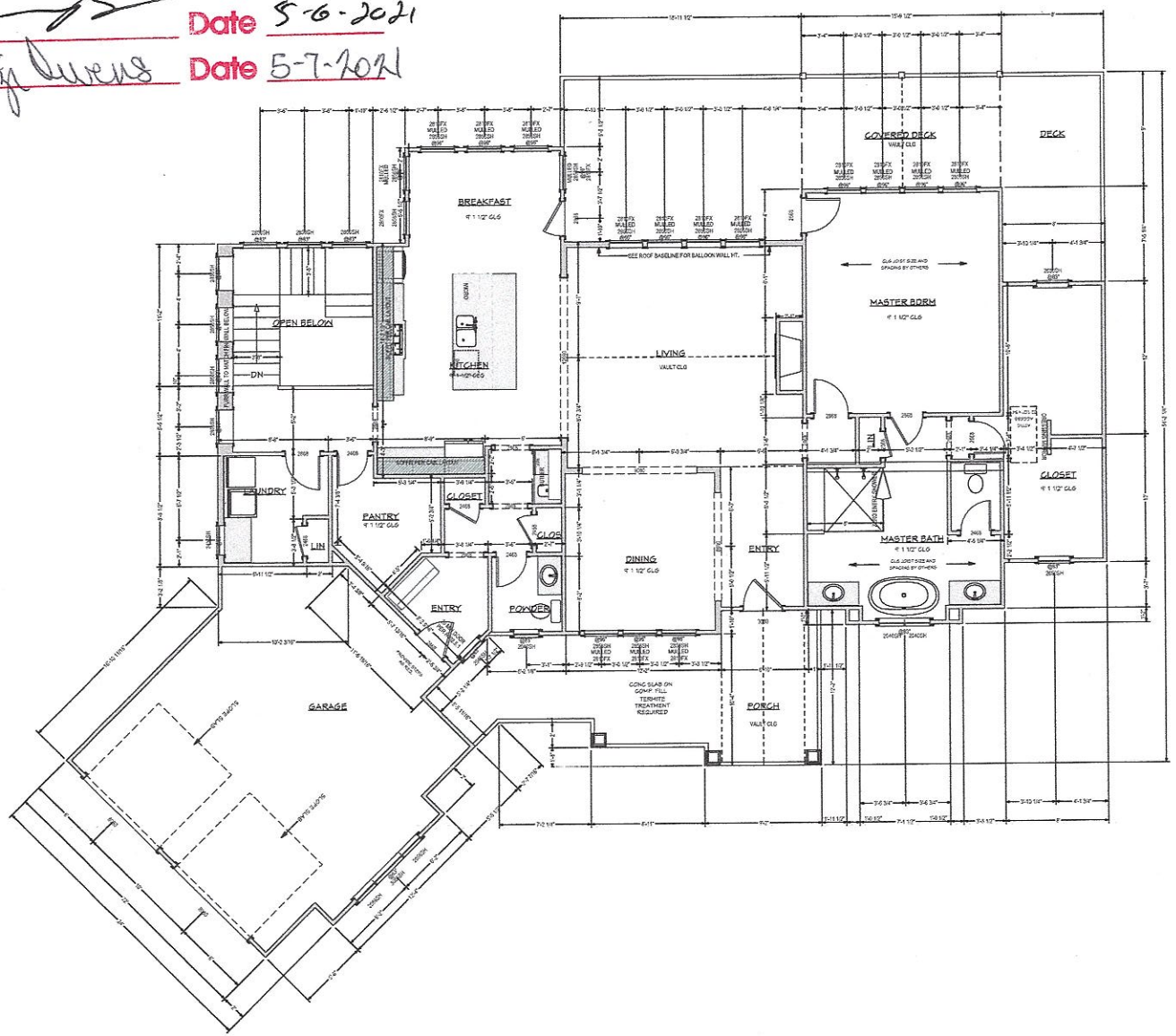
3/30/2021
Date

Acknowledgement Of Plans Submittal ONLY!

Date 5-6-2021

Date 5-7-2021

SQUARE FOOTAGE	
1ST FLOOR HEATED	1984
LOWER LVL HEATED	1551
TOTAL HEATED	3540
UNFIN BASEMENT	546
GARAGES	579
PORCHES	462
TOTAL UNDER ROOF	5175



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Gilbert Residence
FOUNDATION HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING
VisualDesignAndDrafting@gmail.com
Justin Travis
(754) 263-2027

DATE: 4/9/2021

SCALE:

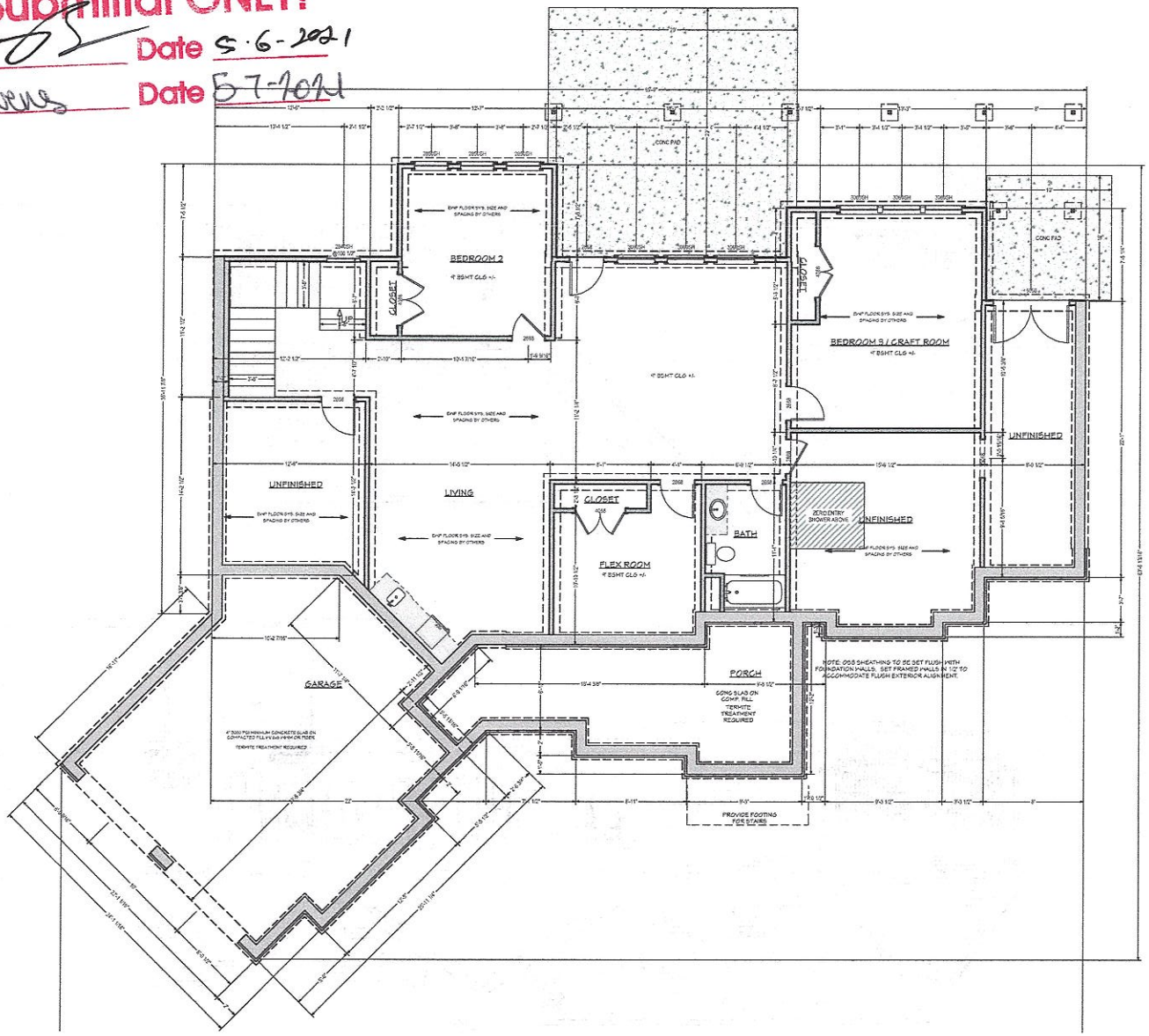
SHEET: A-6

Acknowledgement Of
Plans Submittal ONLY!

Date 5-6-2021

Date 5-7-2021

SQUARE FOOTAGE	
1ST FLOOR HEATED	1989
LOWER LVL HEATED	1551
TOTAL HEATED	3540
UNFIN BASEMENT	594
GARAGES	579
PORCHES	462
TOTAL UNDER ROOF	5175



BASEMENT / FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Gilbert Residence
FOUNDATION HOMES

VISUAL DESIGN & DRAFTING
VisualDesignAndDrafting@gmail.com
Justin Travis
701-412-0000

DATE: 4/9/2021

SCALE:

SHEET: A-5