ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 325990

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

PIN # 4764 -- 34 -- 0167

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

SITE ADDRESS: 228 Carters Farm Drive Statesville NC 28625 | PHONE: 704-360-2251 | ALT. PHONE

SITE DIRECTIONS: Exit 49A Hwy 70 east @ Oak Bell Farm @ on Skyland @ on Carters Farm Drive | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Carters Farm | SECTION: | LOT # 33 | LOT AREA: 1.824 | DESIGN FLOW: 480 | L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date 12/19/22 | ☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI | ☒ Residence No. Bedrooms 4 | Water Supply

Pump Tank (gal) PT Date | System Description: Gravity - 25% Reduction | ☐ Business No. Persons 8 | ☐ Private ☒ Public +

Pump Make Model Serial # | Repair System Description: Horizontal - PPBPS - 50% Reduction | ☐ Other No. Employees | ☐ Community

Nitrification Fields 1 # Lines 5 Linear Ft 480 | Maintenance Agreement Required: ☐ YES ☒ NO | ☐ Slab ☒ Crawl Space

Trench Width 36in Trench Bottom Depth (Low Side) 24in max Gravel Depth – | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/ plumbing ☐ Basement w/o plumbing

Comments / Conditions:

INITIAL SITE SKETCH

See attached site plan and design by Michael Athanas + Associates

Dated 2/18/2022

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.

Installed as drawn

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: 3/16/2022 | Installed by: Specialty Septic

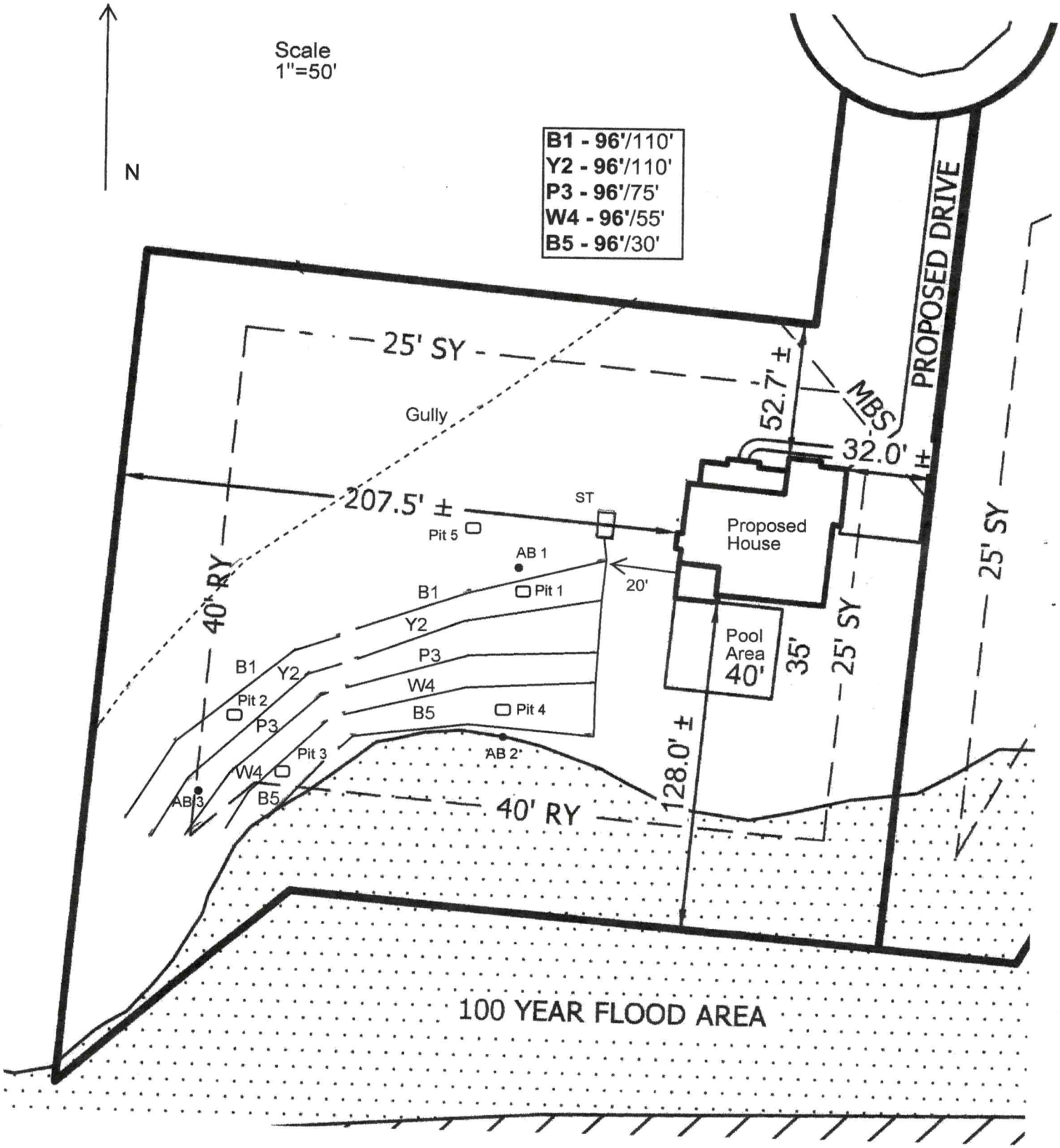
IMPROVEMENT PERMIT by: Date: 3-3-2022 | OPERATION PERMIT by: Date: 2/9/23

AUTHORIZATION TO CONSTRUCT by: Date: 3-7-22 | 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		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

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? _____	

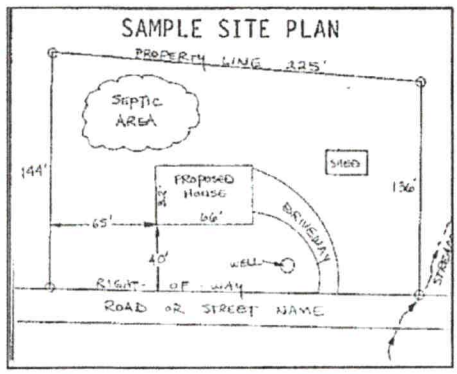

Scale
1"=50'
N
B1 - 96'/110'
Y2 - 96'/110'
P3 - 96'/75'
W4 - 96'/55'
B5 - 96'/30'
25' SY
Gully
52.7' ±
MBS
PROPOSED DRIVE
32.0' ±
207.5' ±
ST
Pit 5
AB 1
Proposed House
20'
40' RY
B1
Pit 1
Y2
P3
W4
B5
Pit 4
Pool Area 40'
35'
25' SY
25' SY
B1
Y2
Pit 2
P3
Pit 3
W4
AB 3
B5
AB 2'
128.0' ±
40' RY
100 YEAR FLOOD AREA

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

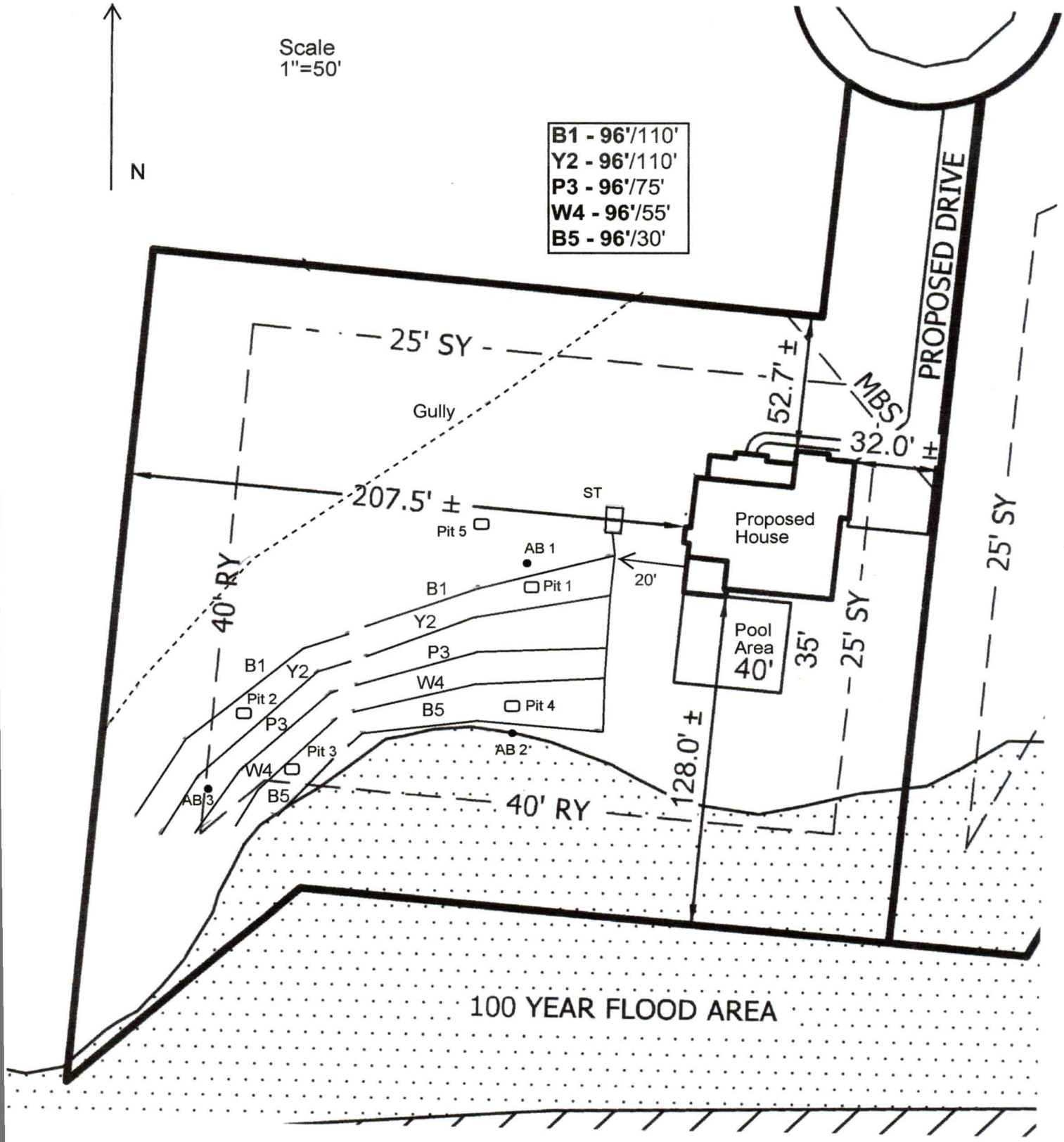
USE THIS SPACE TO DRAW YOUR SITE PLAN

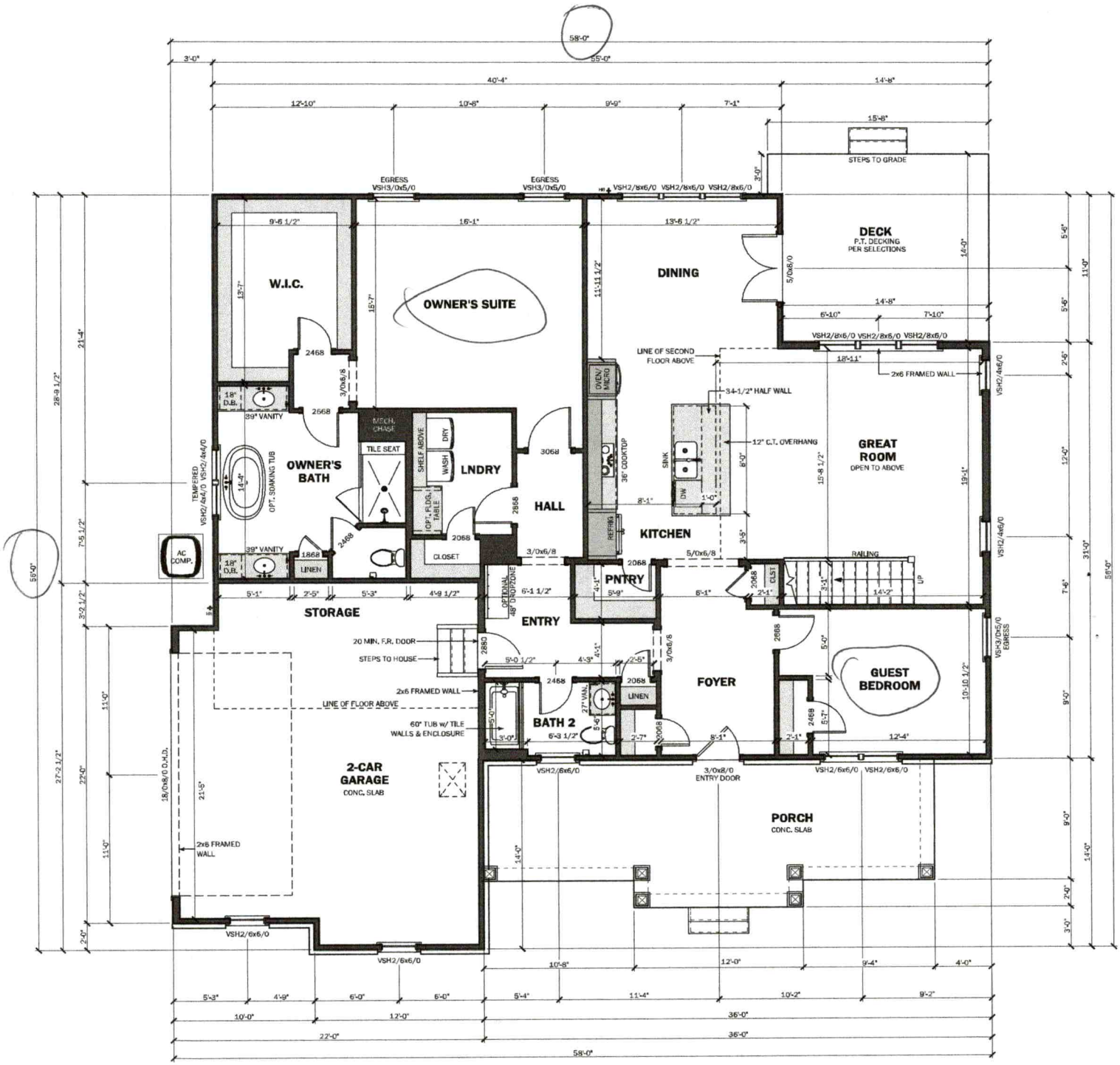
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see attached

Signature: _____ _____ 2/7/2022

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


Scale
1"=50'
N
B1 - 96'/110'
Y2 - 96'/110'
P3 - 96'/75'
W4 - 96'/55'
B5 - 96'/30'
PROPOSED DRIVE
25' SY
52.7' ±
MBS
32.0' ±
Gully
207.5' ±
ST
Pit 5
AB 1
Proposed House
20'
40' RY
B1
Pit 1
Y2
P3
W4
B5
Pit 4
Pool Area 40'
35'
25' SY
B1
Y2
Pit 2
P3
Pit 3
W4
B5
AB 2
AB 3
128.0' ±
40' RY
100 YEAR FLOOD AREA



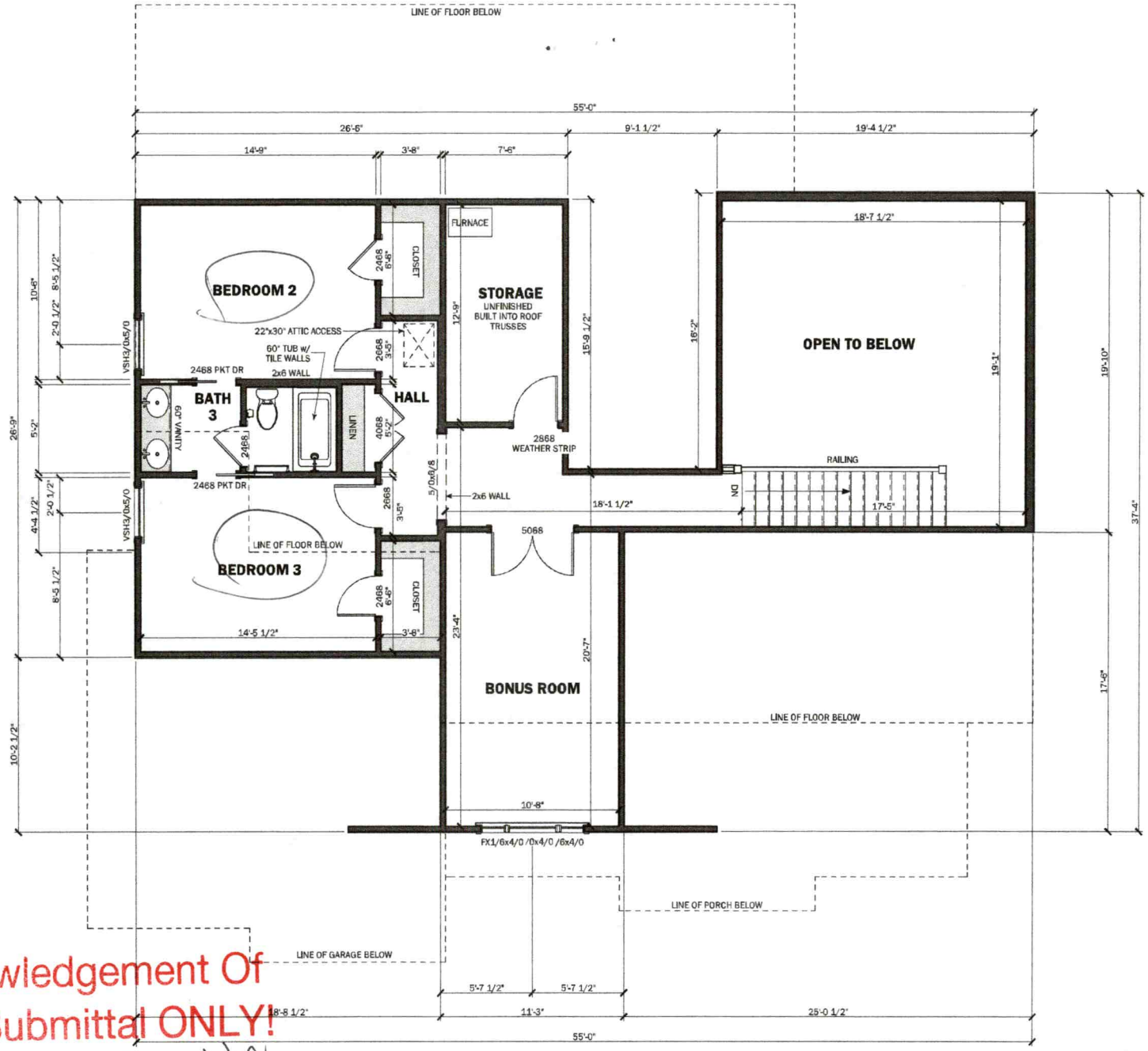
FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 9'-1 1/8"
WINDOW HEADERS @ 6'-0" A.F.F.

Acknowledgement Of
Plans Submittal ONLY!

Benjamin Date 3/3/2022.

Date 3/16/2022



Acknowledgement Of
Plans Submittal ONLY!

Date 3/2/22

Date 3/16/2022

SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"
WALL HEIGHT: 8'-1 1/8"
WINDOW HEADERS @ 7'-0" A.F.F.

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
2/18/2022

Reference: Data Sheet for 228 Carters Farm Rd, Carters Farm Lot 33
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Public Water
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT^2
Proposed System Type: 25% Reduction
Proposed Repair System Type: Horizontal PPBPS
Distribution: Gravity-End cap/Drop Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24"

Line	Design Length	Repair Length	Actual Length
Blue 1	**96'**	110'	**210'**
Yellow 2	**96'**	100'	**200'**
Pink 3	**96'**	75'	**175'**
White 4	**96'**	55'	**155'**
Blue 5	**96'**	30'	**130'**

Initial System: 480' **Repair System:** 370'

Comments:



PROPERTY ID #: 4764340167_
COUNTY: _Iredell_

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Wade Reeves_____ APPLICATION DATE_____
ADDRESS: 1531 Mocksville Hwy, Statesville, NC 28625_____ DATE EVALUATED: __2/2022_____
PROPOSED FACILITY: __4 BDRM_____PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: __1.824 AC_____
LOCATION OF SITE: 228 Carters Farm Rd, Carters Farm lot 33_____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private X Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: X 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	
PIT 1	LS 8%	0-20	Br SCL WSBK	FR SS SP SXP	YB/Mn	52"	N/A	N/A	PS 0.25 ✓
		20-32	RBr SC WSBK	FR SS SP SXP					
		32-52	R C SBK	FR SS SP SXP					
PIT 2	LS 8%	0-4	Br SCL WSBK	FR SS SP SXP	Litho Colors	60"	SAP INCL	N/A	PS 0.25 ✓
		4-28	RY C ABK	FR SS SP SXP					
		28-60	R CL WSBK	FR SS SP SXP					
PIT 3	LS 8%	0-6	Br SCL WSBK	FR SS SP SXP	N/A	67"	SAP INCL	N/A	PS 0.25
		6-40	RBr C WSBK	FR SS SP SXP					
		40-67	R CL ABK w/ 3/4	FR SS SP SXP					
PIT 4	LS 8%	0-14	Br CL WSBK	FR SS SP SXP	Mn	65"	N/A	N/A	PS 0.25 ✓
		14-65	YR C WABK	FR SS SP SXP					

10YR 6/2 c46 Incl

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT^2	1110 FT^2
System Type(s)	25% Reduction	Horz PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4764340167_____
DATE OF EVALUATION: _____
COUNTY: __IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	LS 8%	0-4	Br CL WSBK	FR SS SP SXP	YB/Litho	69"	SAP INC	N/A	PS 0.25 ✓
		4-45	R C WABK	FR SS SP SXP					
		45-69	R CL WSBK	FR SS SP SXP					
AB 1	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.25-0.3
		6-38	R C ABK	FR SS SP SXP					
		38-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 8%	0-8	Br SCL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.25-0.3
		8-48	YR WSBK	FR SS SP SXP					
AB 3	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		6-30	R C SBK	FR SS SP SXP					
		30-48	R CL WSBK	FR SS SP SXP					

COMMENTS:_____

RECEIVED FEB 2 3 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED Paid $350.00 Exp R

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 325990

Application For: ( ) 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: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Residential, LLC **Address:** 438 Williamson Road, Suite C, Mooresville NC **Zip:** 28117

Applicant Email: mitzi@foundationhomeslkn.com **Phone:** 704-360-2251 **Alt. Phone:**

Owner Name: Jeff & Nichole Gagich **Address:** 228 Carters Farm Drive, Statesville **Zip:** 28625

Owner Email: jeffandnikie@hotmail.com **Phone:** 419-351-1637 **Alt. Phone:**

Property Information:

Street Address: 228 Carters Farm Dr Statesville, Nc 28625

Subdivision Name: Carters Farm **Section/Phase:** **Lot Number:** 33

Driving Directions: I-77 north, exit 49A Hwy 70, go east, turn left on Bell Farm Rd, turn left on Skyland Dr, turn right onto Carters Farm Dr

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — (X) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water Iredell Water Corp

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
(X) 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: Mitzi Owens — 2/7/2022
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, Jeff + Nicole Gagich, am the legal owner(s) of the property located at 227 + 228 Carters Farm Drive Statesville NC, identified as PIN (Parcel Identification Number) 4764-34-0167, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens/ Michael Athanas & Associates Foundation Homes Residential, LLC 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.

X _____ 2/2/22
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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
325988 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4624051529.000	107 BEARCREEK RD	Iredell County

Owner Information	Applicant Information
Name: OGDEN FAMILY HOLDINGS LLC	Name: MICHAEL ATHANAS & ASSOCIATES
Address: PO BOX 1281	Address: 561 ENNIS RD
DAVIDSON, NC 28036	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.163	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
sfd 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: 02/23/2022

Signature of Owner/Contractor

Permit Number	325988

TOTAL FEES:	$77.25

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R15020

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$427.25**
AP-325990 Address: 228 CARTERS FARM DR APN: 4764340167.000			**$427.25**
EH NEW SYSTEM EXPEDITED REVIEW			$350.00
GRAVITY SYSTEM	10492751-447004	0	$350.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT:R15020			**$427.25**

Date Paid: Wednesday, February 23, 2022

Paid By: MICHAEL ATHANAS & ASSOCIATES

Cashier: DMW

Pay Method: CHECK 2764

SUPERION