ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 314232

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

PIN # 4776-82-0606

APPLICANT/OWNER: LFDD Properties LLC APPLICANT ADDRESS: 540 Mocksville Rd Statesville NC

SITE ADDRESS: 135 Meadow Springs Ct Statesville NC 28625 PHONE: 704 662 1722 ALT. PHONE

SITE DIRECTIONS: Hwy 64 E on Swann Rd to Left of Grand Drive SAP CONTROLLED: ☐ YES ☒ NO

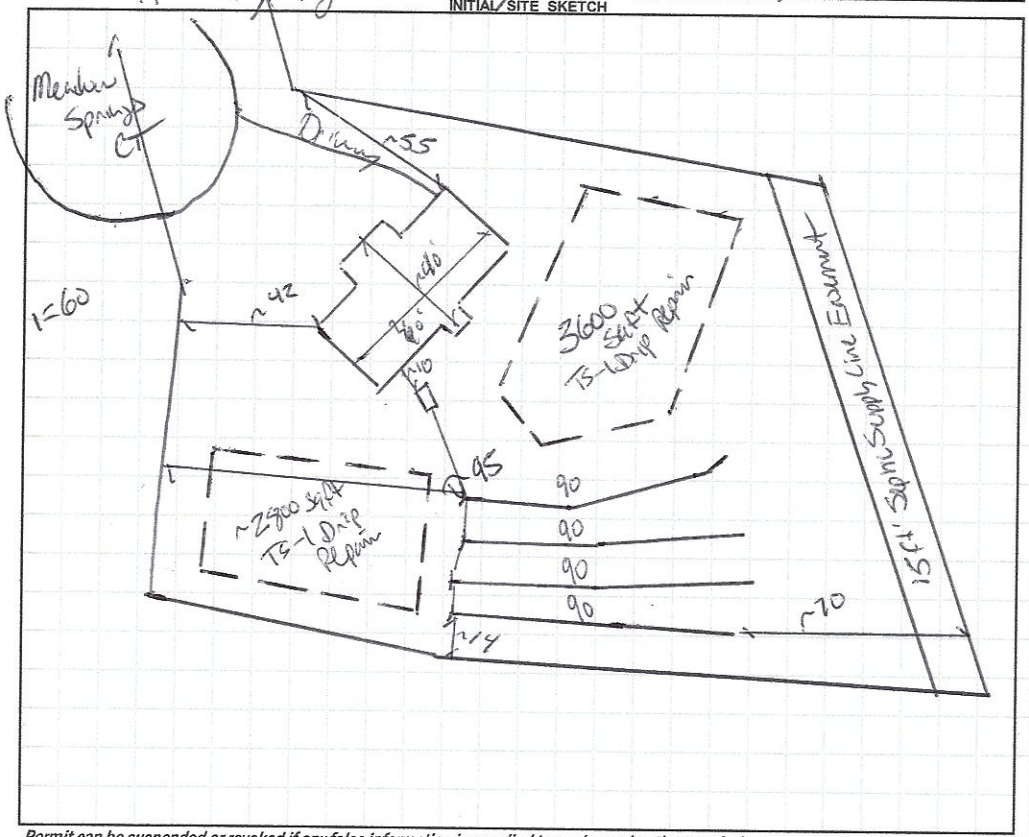
SUBDIVISION: Subdivision of Swann Rd. SECTION: - LOT # 3 LOT AREA: 1.66 AC DESIGN FLOW: 360 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 1012	Date	1/14/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank		(gal)	PT	Date		System Description:	Gravity 25% Reduction		
Pump Make		Model		Serial #		Repair System Description:	TS-1 Drop		
# Nitrification Fields	1	# Lines	4	Linear Ft	360	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36 in	Trench Bottom Depth (Lowside)	21 in max	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☒ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing			☐ Basement w/o plumbing

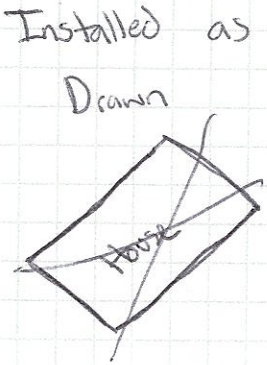
Comments / Conditions: Install on the Contour of the Land utilize Serial distribution Maintain 6in of cover over system if Front approved cover will be required. Do not Drive, park, pave, grade or bury utilities in Drainfield Area

INITIAL SITE SKETCH



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: [signature] Manager Date: 7/8/2024 Installed by: Piedmont Backhoe

IMPROVEMENT PERMIT by: [signature] Date: 6/16/2021 OPERATION PERMIT by: Cary Whit Date: 4/5/22

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/16/2021 Existing System Inspected by: Date:

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ____ of ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

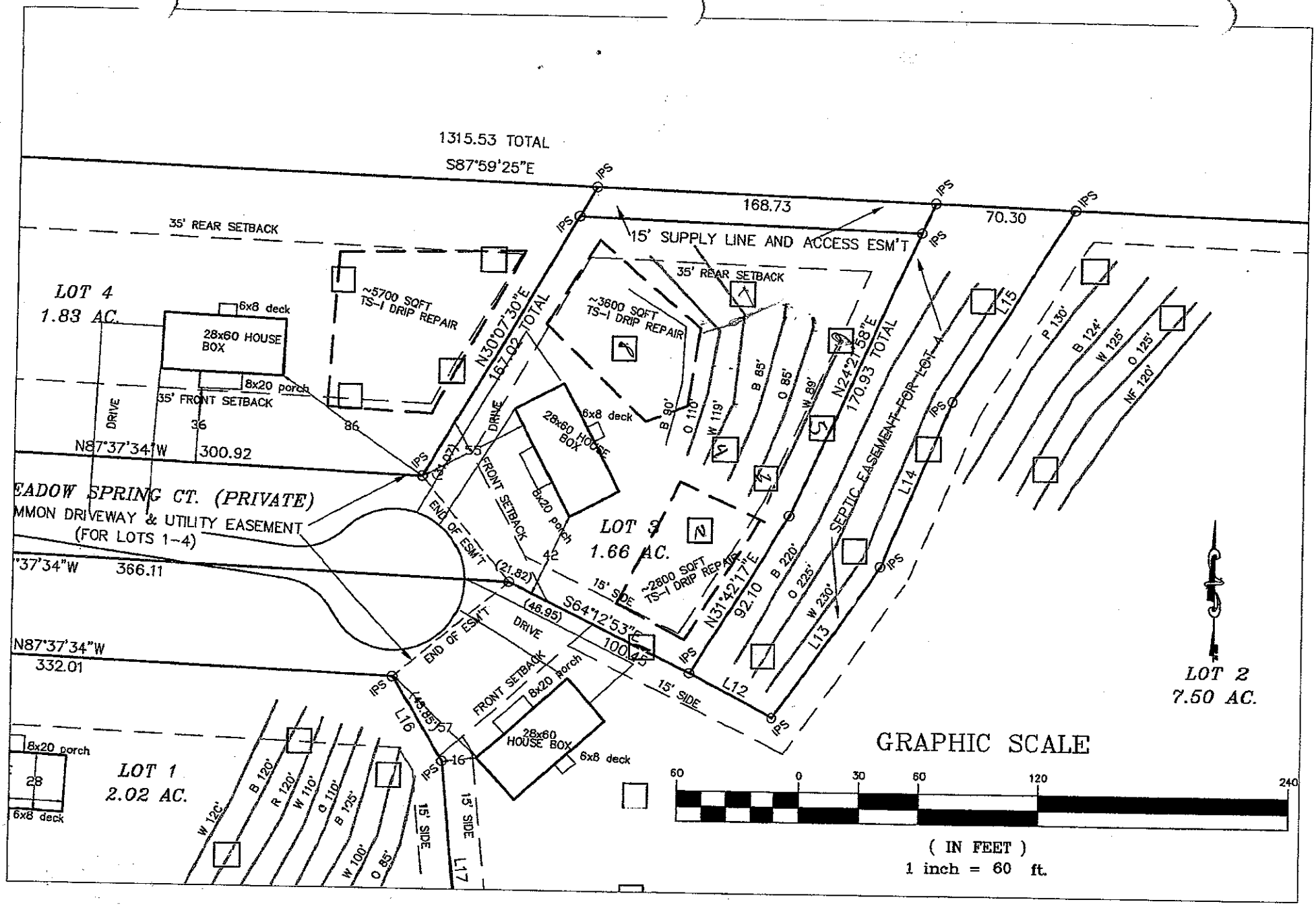
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 3 135 Meadow Spring Ct PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ 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		0-4	Disturbed						PS Shallow Drying
		4-13	SC vSBK/1M	SS SP FR					
		13-29	C ABK/SBK	SS SP FR				Rock @ 29	
		29-48	RCSAP.	FIRM					
2		0-3	Disturbed						PS Shallow
		3-24	C SBK						
		24-49	RCSAP					FIRM @ 24	
3		0-3	Disturbed		2.5Y 4/6	46			PS .25
		3-10	SC	SSS SP SFM					
		10-32	C	SS SP FM					
		32-46	CL	SS SP FM					
		46-55	RCSAP.						
4		0-4	Disturbed						PS .30
		4-38	C SBK	SS SP FM					
		38-63	CC vSBK	SS SP FM					

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

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

COMMENTS: Gravity 25% Reduction Drying Room Shallow 110 86% DCI



LFDD Properties, LLC – Lot 3 Minor Subdivision of Swann Road Septic Site Plan 5.25.21
Base site plan from DAS. DAS has staked property lines and located flagged septic lines and backhoe pits.
Any septic system must be approved and permitted by the ICHD.

RECEIVED MAY 27 2021

call Paul Penninger for site visit 704.996.6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 318232 Paid: $500.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: LFDD PROPERTIES LLC Address: 540 MOCK MILL RD STATESVILLE NC Zip: 28677

Applicant Email: ddavidson@statesvilleroofing.com Phone: 704.622.1722 Alt. Phone: _____

Owner Name: same as applicant Address: _____ Zip: _____

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

Property Information:

Street Address: ~~290 Swann Road~~ 135 MeadowSpring CT

Subdivision Name: Minor Subdivision of Swann Road Section/Phase: _____ Lot Number: 3

Driving Directions: Highway 64 (Mocksville Hwy) east from Statesville, Left on Swann, lots at end of new gravel 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: _____

( ) New Well ( ) Existing Well ( ) Community Well (X) 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: 2-Fe

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: _____ 5-24-21
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, LFDD PROPERTIES LLC, am the legal owner(s) of the property located at 286, 288, 290, and 292 Swann Road, identified as

PIN (Parcel Identification Number) 4654688991.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting 4776823652.000, 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.

M. [signature] - J. MANAGER
Signature of Owner(s)

5-24-21
Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

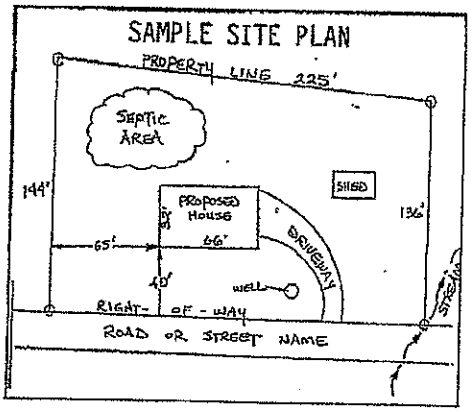
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (N/A) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

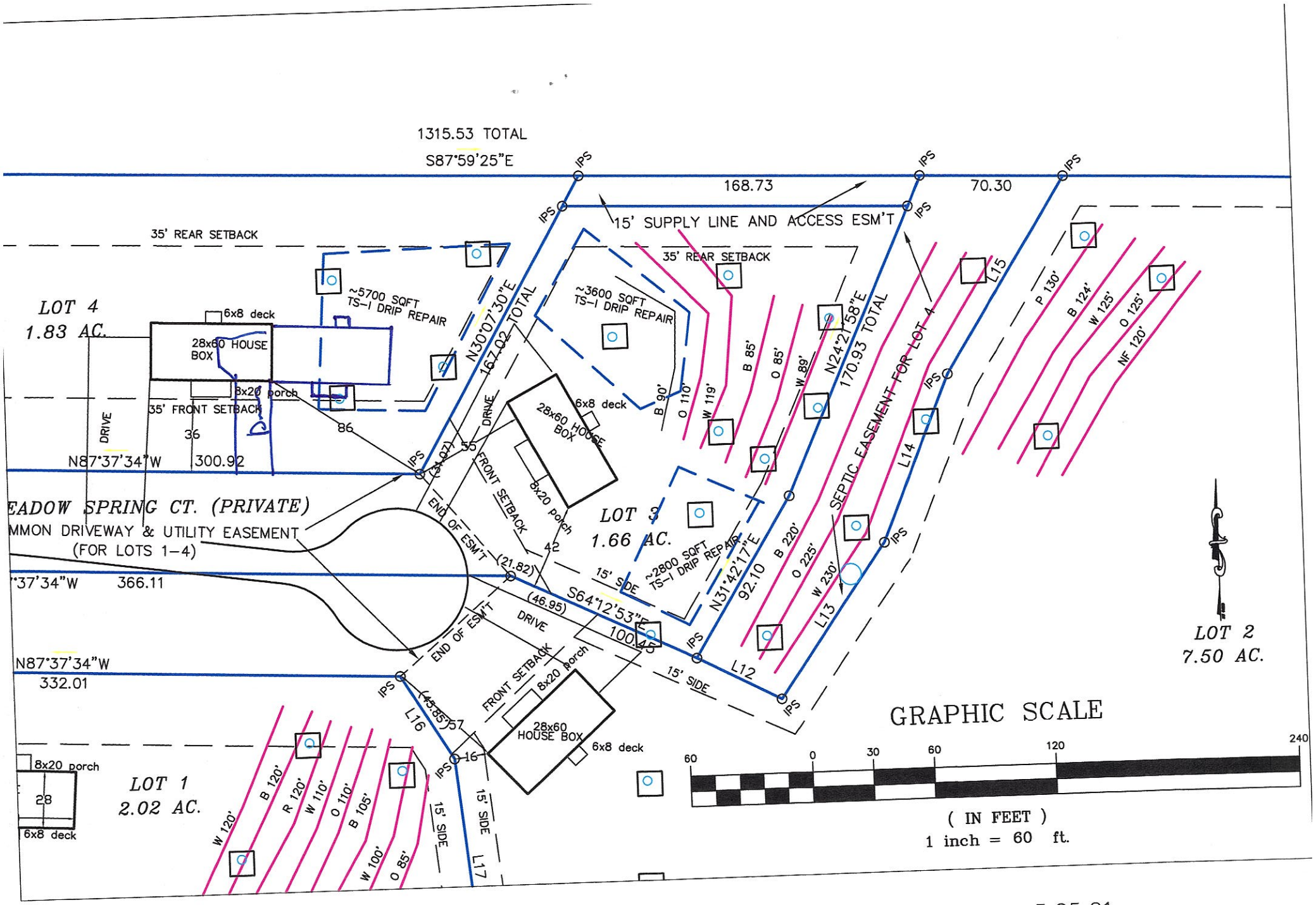
See attached site plan.

Signature: _____

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

5-24-21

DATE



LFDD Properties, LLC – Lot 3 Minor Subdivision of Swann Road Septic Site Plan 5.25.21
Base site plan from DAS. DAS has staked property lines and located flagged septic lines and backhoe pits.
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Lot #3 / 135 Meadow Spring Court

ANTIQUE WHITE / PEARL SIDING

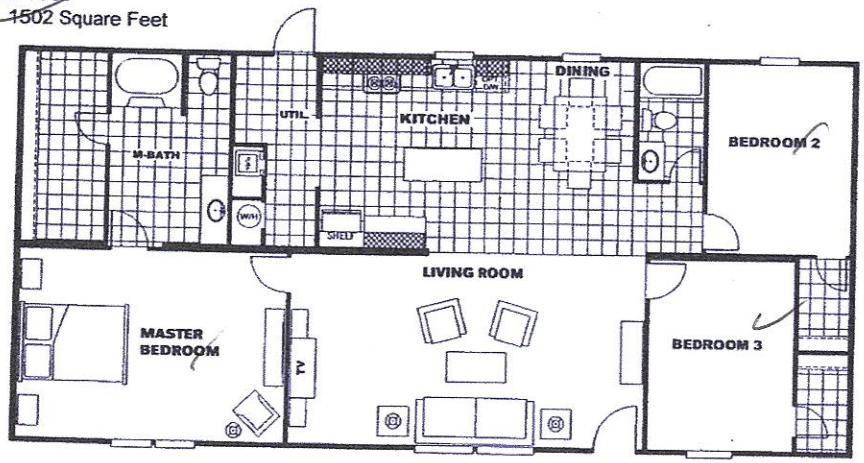
Acknowledgement
Plans Submittal ONLY!
Date 7/21/2021
Date 6/16/2021

2019

The Chesapeake

By: Heavenly Homes

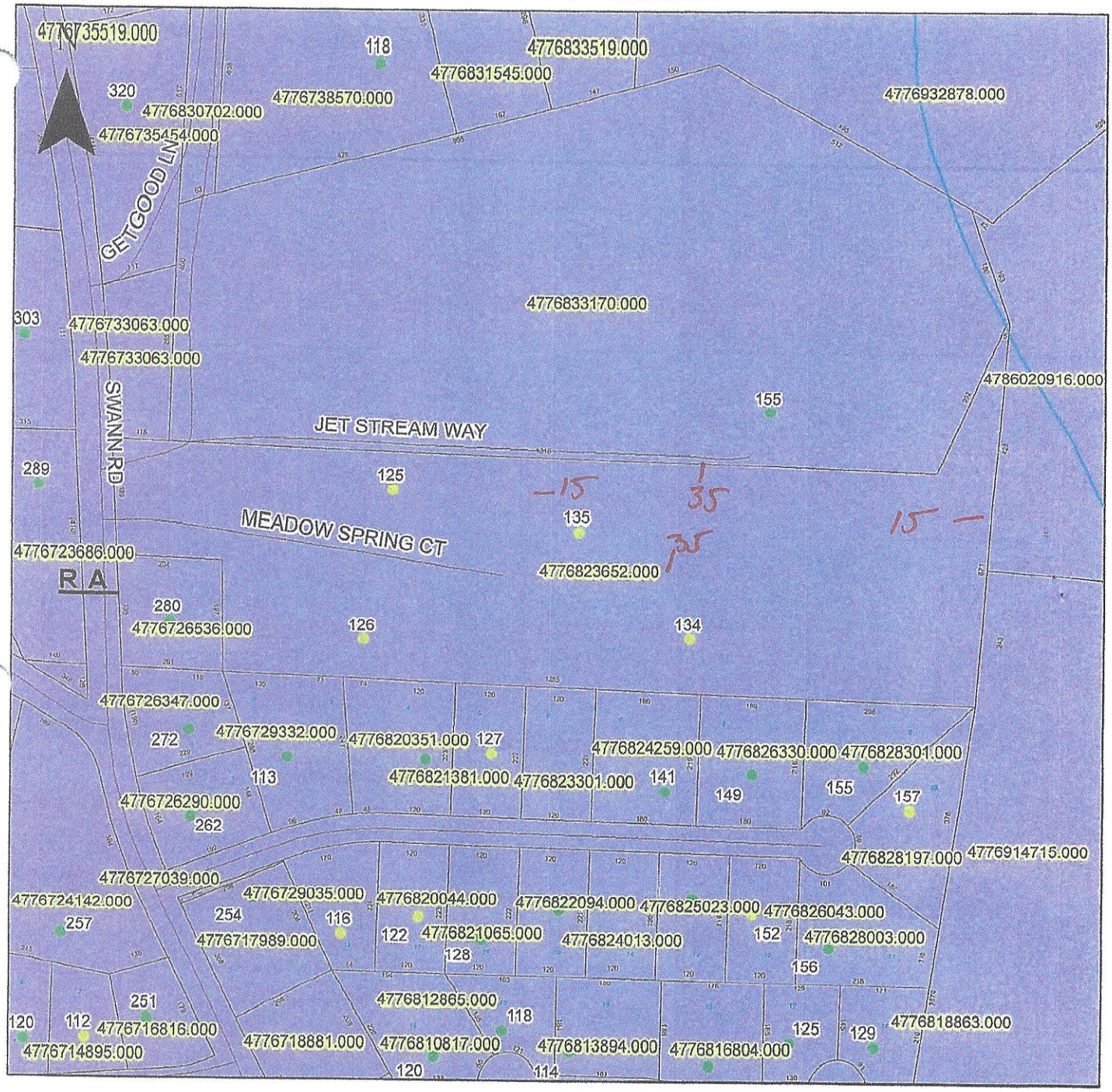
3 Bedroom, 2 Bath
Approx. size: 27' X 56'
Approx. area: 1502 Square Feet



x_____ x_____

Due to continuous product development and improvement, and material availability, specifications, colors and materials are subject to change without notice or obligation. Square footage and other dimensions are approximate. Some images may be artist renderings or photos of similar models and are not intended to be an accurate representation of your specific home. Renderings, drawings, photos, floorplans, etc. may be shown with optional features and/or third-party additions.

ZONING DISCLAIMER



Property Address 135 Meadow Spring

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

Date