ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

PERMIT # AP 319972

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

PIN # 3792--46--1478

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 108 Rosa Jane Ct, Statesville | PHONE: 704-881-2326 | ALT. PHONE

SITE DIRECTIONS: (W) I-40 → Sharon School Rd (L) → (L) Hwy 70 → (L) Rosa Jane → lot on (R)

SUBDIVISION: CA Stewart Estates | SECTION: | LOT # 6 | LOT AREA: 0.56 ac

SAP CONTROLLED: [X] YES [ ] NO

DESIGN FLOW: 360 gpd | L.T.A.R.: 0.275/0.25(R)

Septic Tank	1000 (gal)	STB	760	Date	8/13/22
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	6	Linear Ft:	218'
Trench Width	24" min	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: 50% Red - VPPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | [X] Crawl Space

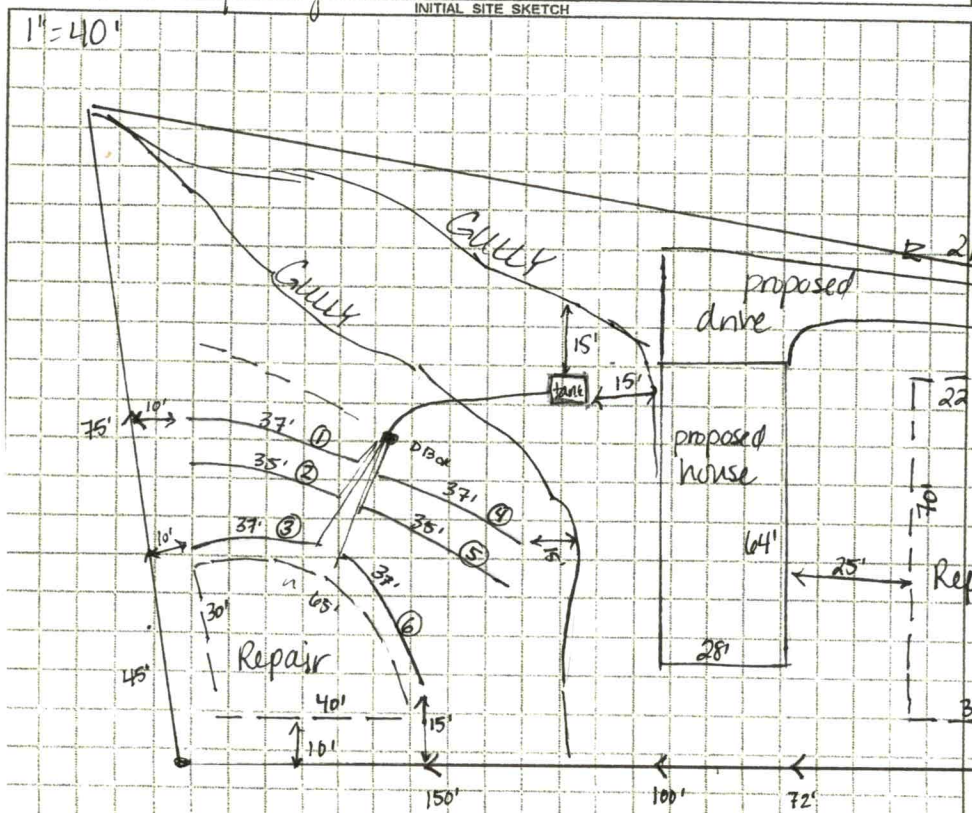
Water Supply: [ ] Private [X] Public [ ] Community

[ ] Basement w/o plumbing

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield. Use distribution box to feed all lines equally.

Maintain 15' from the edge of all gullies w/ system, including tank. - Fill gullies near tank if needed, may stay 2' from filled gullies

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.

Lines: 1, 3, 4 & 6 = 9 panels each
2 & 5 = 8 panels each
> 52 total

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* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kristy Sorge | Date: 10/20/21 | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: D. Wiebery | Date: 10/15/21 | OPERATION PERMIT by: Craig Wil | Date: 9/21/22

AUTHORIZATION TO CONSTRUCT by: D. Wiebery | Date: 10/15/21 | 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? _____	

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

Sheet 1 of
PROPERTY ID #: 3792461478
COUNTY: Iredell

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

OWNER: Kelly Wood
APPLICATION DATE: 7/26/21
ADDRESS: 410 Holland Dr. Statesville
DATE EVALUATED: 9/29/21
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.56
LOCATION OF SITE: 108 Rosa Jane Ct SVL
PROPERTY RECORDED: Yes
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) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 8%	0-12	SCL/CL-SBK	SSSP-FR-SEXP	small coarse fragments, minor mn throughout; few YB @ BC transition	48"	N/A	N/A	PS 0.275
		12-40	C-SBK						
		40-48	CL-SBK						
2	LS 10%	0-6	C	SSSP-FR-SEXP	heavy sap 6-24" clay veins thru sap to 48"	40"	S/SL	N/A	PS 0.35
		6-24	CL	SSNP-FR-SEXP					
		24-60	SAP-S/SL-M	NSNP-VFR					
3	LS 10	0-5	SL-SBK	SSSP-FR-SEXP	minor mn & small coarse frag. 5-16"	34"	S	N/A	PS 0.275
		5-16	C-SBK	"					
		16-34	CL-SBK	NSNP-FR-SEXP					
		34-54	SAP-S-M	NSNP-VFR					
4	LS 5%	0-6	SCL-SBK	SSSP-FR-SEXP	YB frequent 6-30", Chroma 4/5 sap incl				PS 0.25 TO 34"
		6-30	C-SBK	SSSP-FI-SEXP					
		30-48	CL-SBK	SSSP-FR-SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	218	218
System Type(s)	PPBPB	LPPPBPS
Site LTAR	0.275	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: D. Weber
OTHER(S) PRESENT: J. McIntosh

COMMENTS: Heavily wooded will need underbrush cleared to lay out system

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

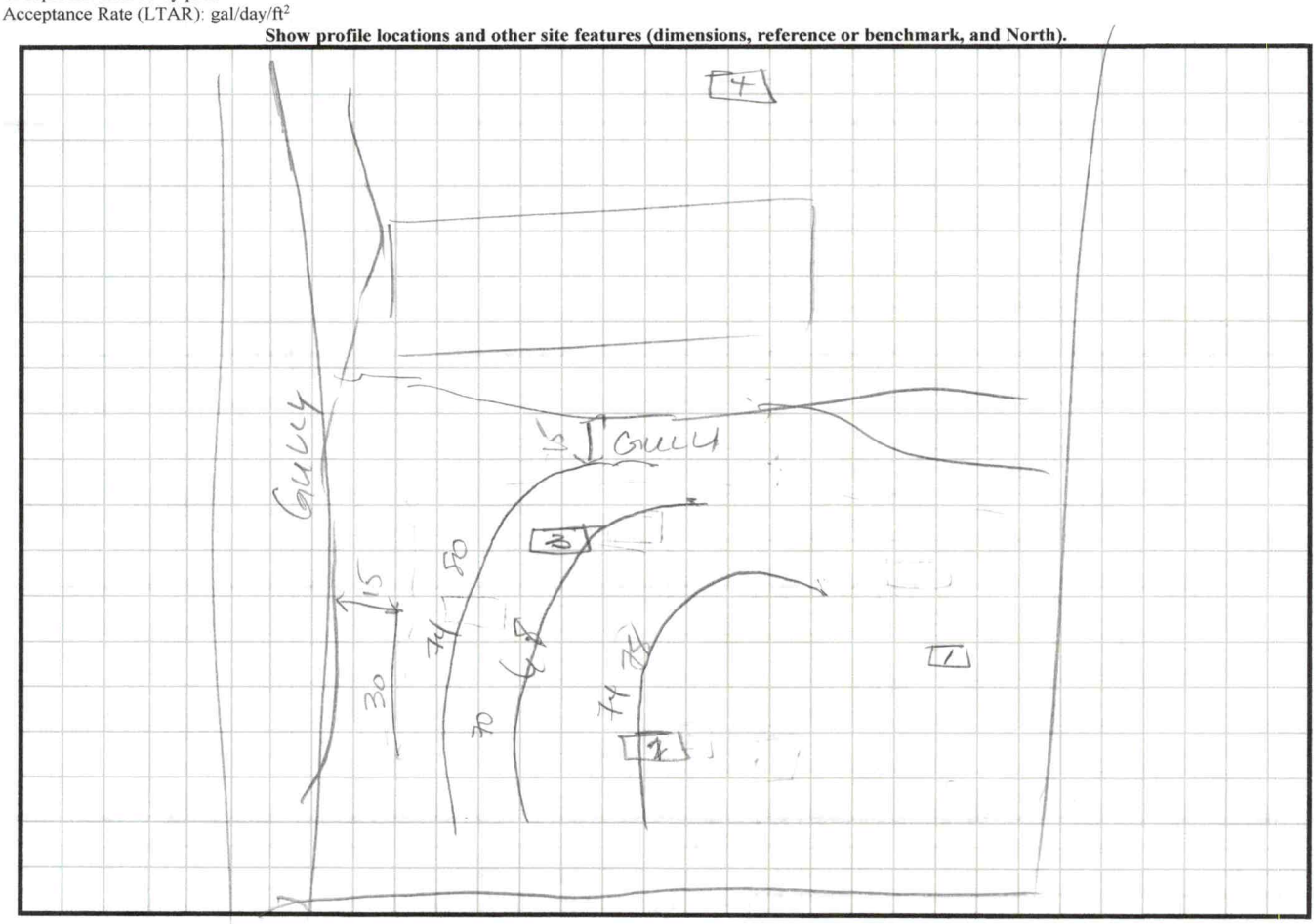
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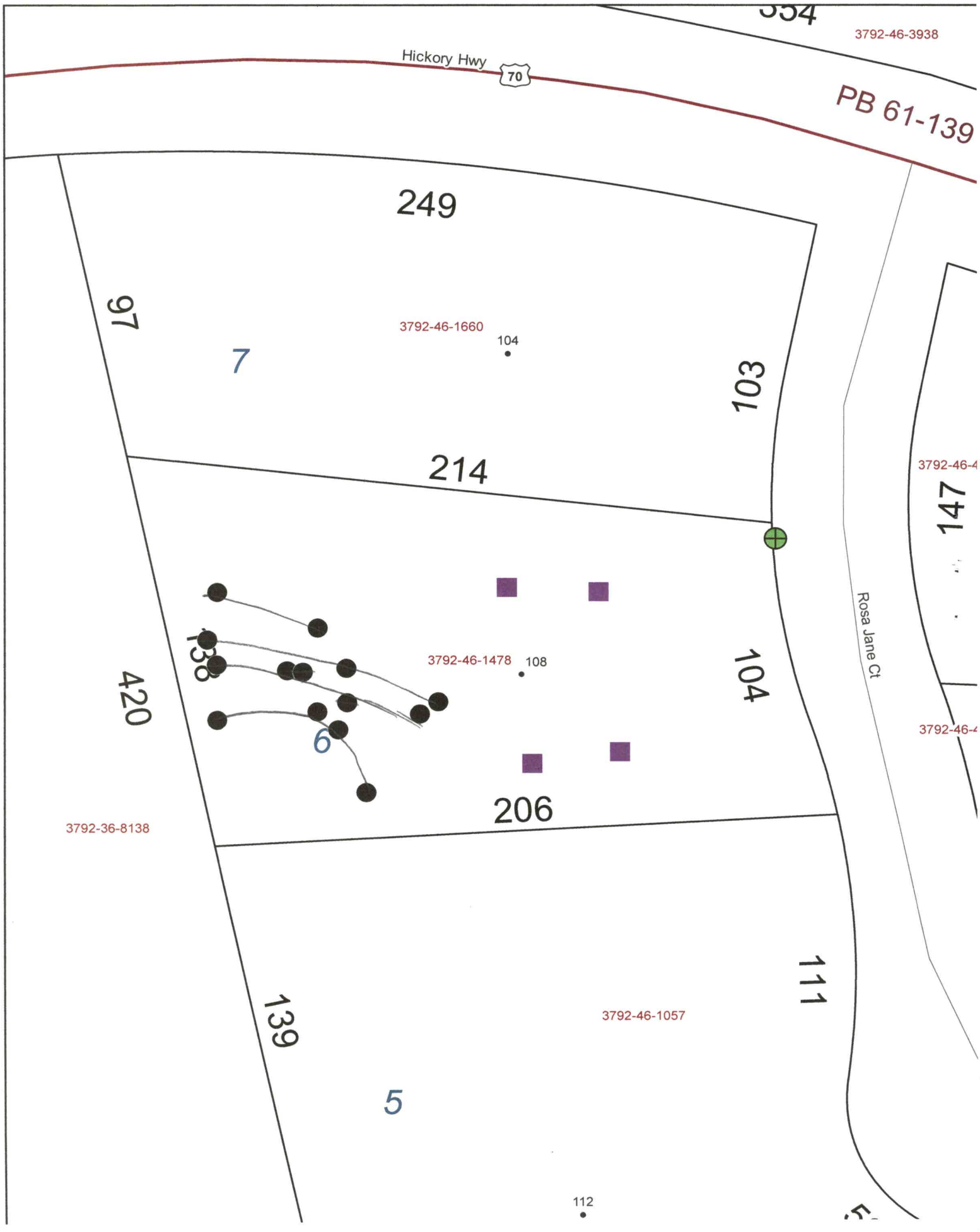
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).




354
3792-46-3938
Hickory Hwy
70
PB 61-139
249
97
3792-46-1660
104
7
103
214
3792-46-4
147
Rosa Jane Ct
138
3792-46-1478
108
104
420
6
3792-46-4
206
3792-36-8138
111
139
3792-46-1057
5
112

9129 1200

RECEIVED JUL 26 2021

Dylan

DW

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-319972 $500.00

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

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/ Kimberly Frye **Address:** 1124 Charlotte Hwy Troutman NC **Zip:** 28166

Applicant Email: Kimsneed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:**

Owner Name: Kelly Wood **Address:** 410 Holland DR Statesville NC **Zip:** 28677

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

Property Information:

Street Address: 108 Rosa Jane Ct Statesville, NC

Subdivision Name: C A Stewart Estates **Section/Phase:** **Lot Number:** 6

Driving Directions: I-40 toward Hickory, @ Sharon School Rd, @ onto Hickory Hwy, @ onto Rosa Jane Ct lot at End on Right.

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: 2
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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:**

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:**
( ) No Preference ( ) Alternative (X) 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.

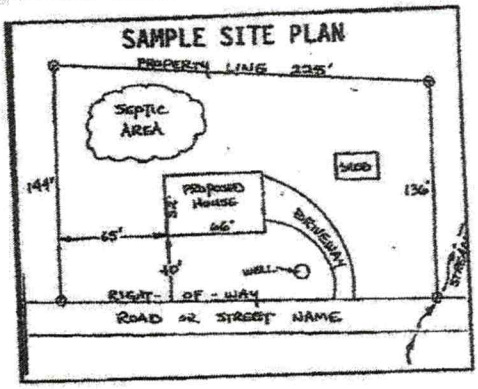
Signature: Kimberly Frye 7-22-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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**
- ( ) **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

Attached

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

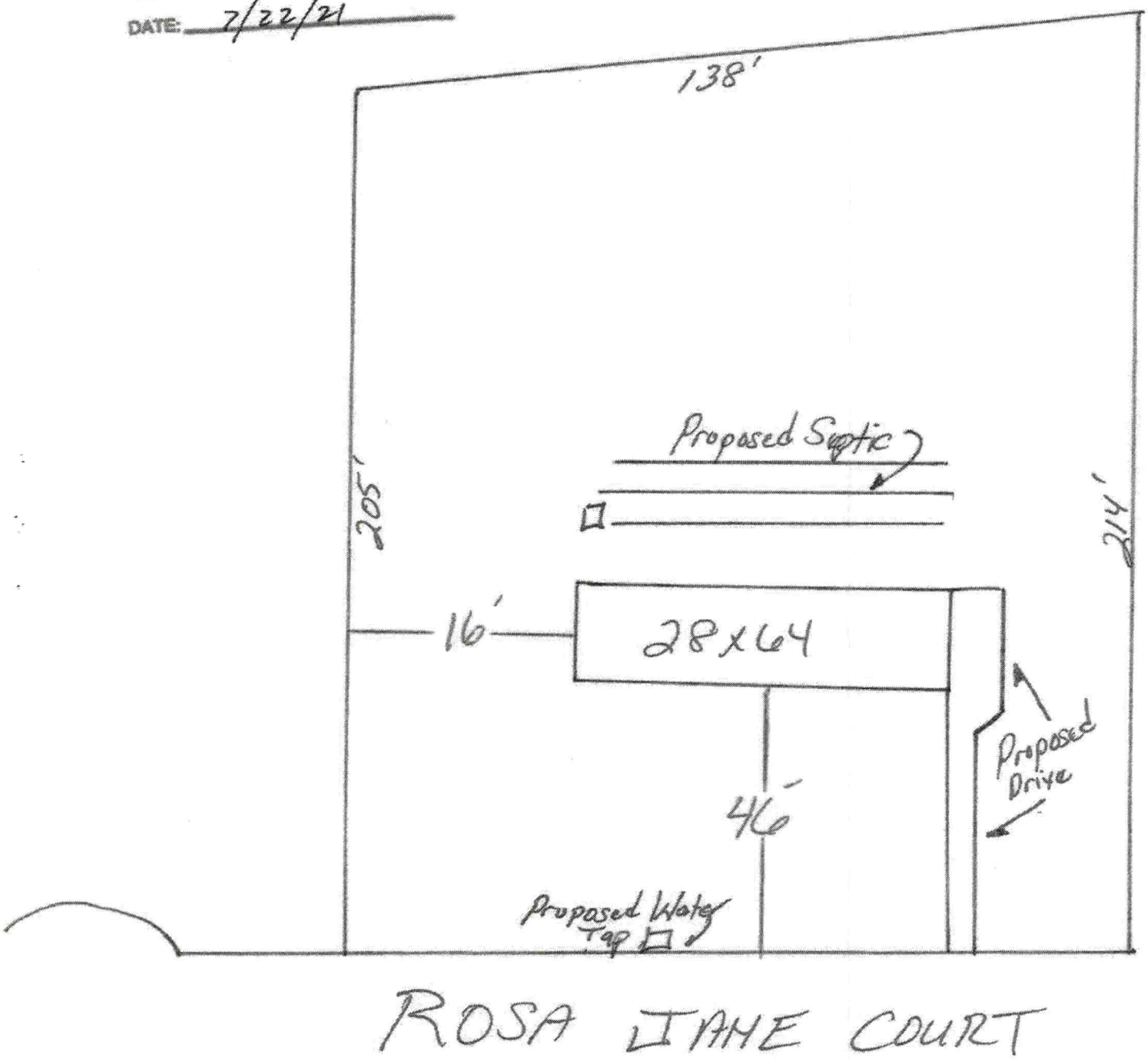
7-22-2021
DATE

PLOT PLAN D. RAJAPAKSA

N.T.S.

108 ROSA LANE CT.
STATESVILLE

APPROVED
SIGNATURE:
DATE: 7/22/21



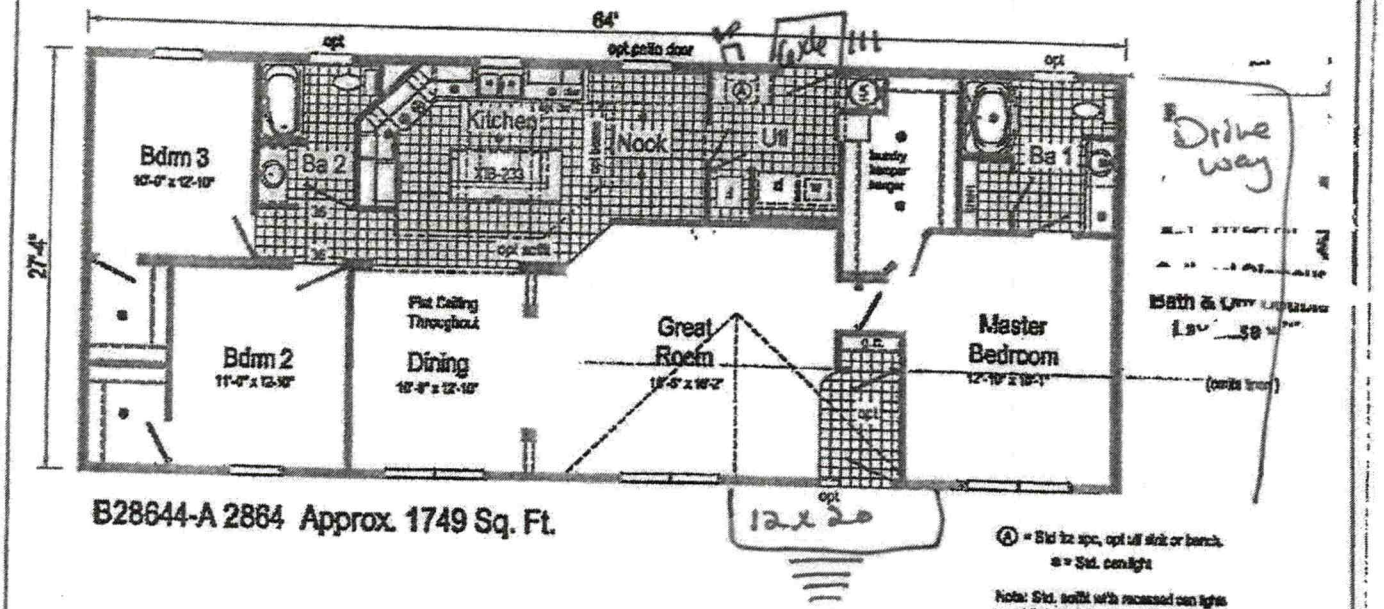
Acknowledgement
Plans Submittal ONLY
Dylan Rajapaksha Date 10-20-21
10/25/21

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Breckenridge

ASK ABOUT THE ENERGY SMART HOME



B28644-A 2864 Approx. 1749 Sq. Ft.

Ⓐ = Std 1x spc, opt u/l shlf or bench.
= Std. ceilight

Note: Std. soffit with recessed can lights over kitchen cabinets. Additional soffits & ceiling beams at kitchen & nook are optional.

Breckenridge Max 28

Opt. Recessed Covered Entry with Columns

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Cat.# 2864	Revisions: Date / Number			Scale: 1/8" = 1'-0"	Date: 1/31/17	Cust. -
Title: Literature		3/28/17			Drawn By: CY	Reference: B28644	Dlr. -
							Sec. -

Sheet Key No.: B28644-A
Pg: LIT

DocuSign Envelope ID: E207DC92-FC47-42DF-9E0C-427C4EBE9772

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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, Kelly Wood, am the legal owner(s) of the property located at 8454 Jane Ct, Statesville NC 28677, identified as PIN (Parcel Identification Number) 3792461478.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CMH dba Freedom Homes 1324 Charlotte Hwy, Troutman NC 28166, 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.

DocuSigned by: Kelly Wood — 7/6/2021 | 2:56:12 PM EDT
Signature of Owner(s) — Date

DocuSigned by: kristi Pfeifer — 7/6/2021 | 4:51:16 PM EDT
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 · NC

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

APPLICATION NUMBER
319972 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3792461478.000	108 ROSA JANE CT	IREDELL COUNTY

Owner Information	Applicant Information
Name: WOOD KELLY R	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 410 HOLLAND DR	Address: 1124 CHARLOTTE HWY
STATESVILLE, NC 28677	TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.56	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
modular

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: 07/26/2021

Signature of Owner/Contractor

Permit Number	319972	TOTAL FEES:	$77.25

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular ✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project:

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only):

Does the property have community water? Yes (No) If yes, please list who provides it:

Does the property have community sewer? Yes (No) If yes, please list who provides it:

Owner Information

Property Owner's Name Kelly Wood Phone #

Owner's Current Address 410 Holland Drive Statesville, NC 28677

Property Information

Property Address 108 Rosa Jane Ct Statesville Parcel # 3792.46147 8.000

Subdivision: Lot: Zoning: Watershed: Y or N Flood Plain: Y or N Township:

Directions to property (from a MAIN ROAD) I-40 Toward Hickory @ Sharon School Rd, ② onto Hickory Hwy ③ onto Rosa Ct Lot at End on Right

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-881-2326

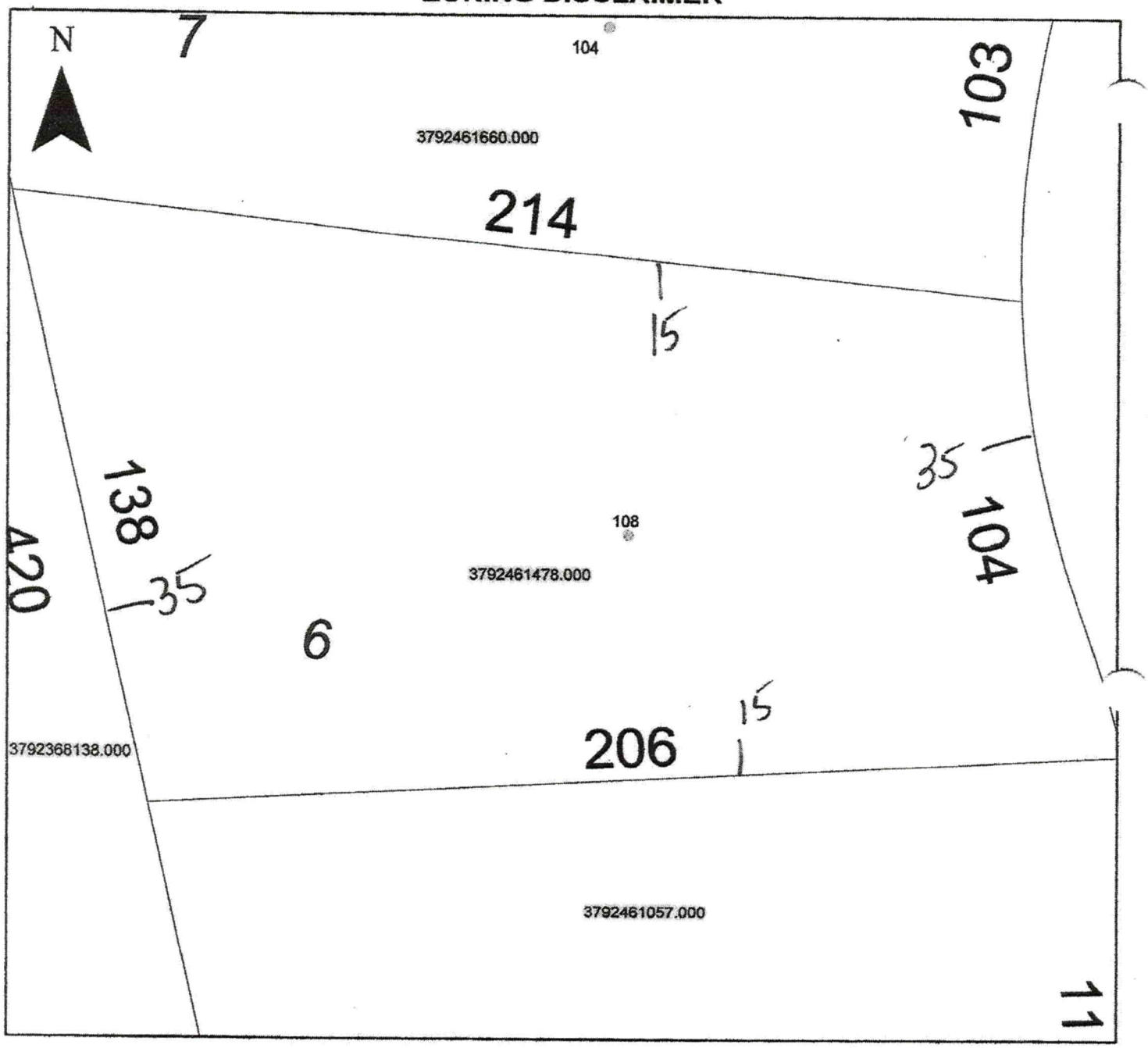
Applicant's Address 1124 Charlotte Hwy Troutman, NC 28166

If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Kimberly Frye DATE 7-22-2021

ZONING DISCLAIMER



Property Address 108 Rosa Jane CT

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.

Kimberly Boyle
Applicant

2-26-21
Date