ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 CCN Mooresville Office (704) 660-3625 PERMIT # 304084

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

PIN # 3794616380

APPLICANT/OWNER: Freedom Homes / Silver Krone APPLICANT ADDRESS: 1124 Charlotte Hwy Trutman NC 28166

SITE ADDRESS: 195 Maristone Dr Statesville NC 28625 PHONE: 704-891-2326 ALT. PHONE -

SITE DIRECTIONS: Island Ford Road Longoble Road L on Maristone Lot on L SAP CONTROLLED: ☐ YES ☒ NO

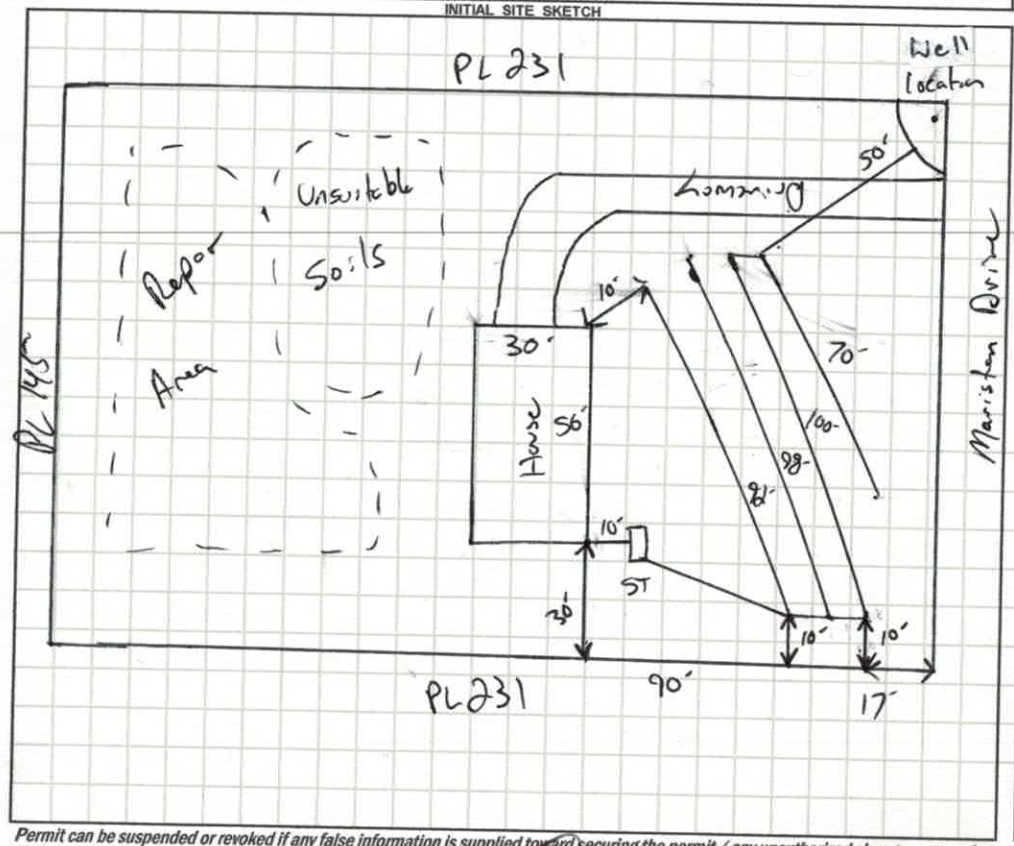
SUBDIVISION: Feather Stone SECTION: 3 LOT # 74 LOT AREA: 0.77 DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% Reduction				☐ Business	No. Persons 6	☒ Private
Pump Make			Model	Serial #	Repair System Description: 50% Reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft: 360'	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

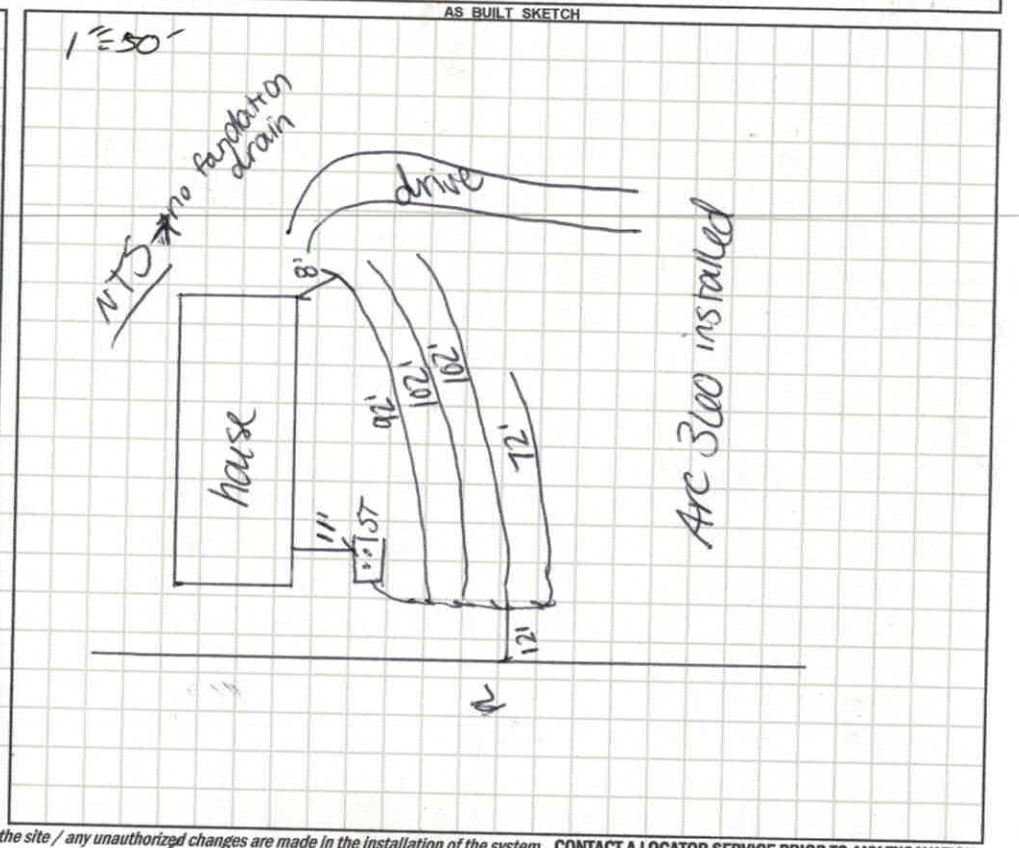
Comments / Conditions: Install Drainlines on center of land and use Serial distribution.

* House plan changed did not impact Septic 3-5-20

INITIAL SITE SKETCH



AS BUILT SKETCH



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] Date: 2-25-20 Installed by: Abel Grading

IMPROVEMENT PERMIT by: [signature] Date: 2-24-20 OPERATION PERMIT by: Carla C. Nicks Date: 6-8-20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-24-20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of
PROPERTY ID #: 3794
COUNTY: Jack

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy Troutman 28166 — APPLICATION DATE 1-10-2
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — DATE EVALUATED: 2-10-20
LOCATION OF SITE: 195 Maristone Dr — PROPERTY SIZE: 0.77
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other — PROPERTY RECORDED: Yes
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	SS 6-7%	0-6	SBK SCL	Fr SSSP Sap	P/D	48"	N/A	N/A	PS .25
		6-28	SBK C	Fr SSSP Sap	Mottles				
		28-48	SBK CL	Fr SSSP Sap	@ 28"				
2	SS 6-7%	0-8	SBK SCL		P/B mottles @ 25"	48"	N/A	N/A	PS .25
		8-30	SBK C						
		30-48	SBK CL						
3	SS 6-7%	0-12	SBK C		Chroma PR 5/2 Mottles @ 12" throughout Tiger Dirt	48"	N/A	N/A	N
		12-48	SBK CL						
4	SS 6-7%	0-18	SBK C		Few F/B Mottles @ 18"	48"	N/A	N/A	PS .25
		18-48	SBK CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	240'
System Type(s)	25% Reduction	50% Reduction
Site LTAR	.25	.25

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 3794616380
DATE OF EVALUATION: 2-10-20
COUNTY: Iredell

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
5	6-72 SS	0-6 6-24 24-48			Chroma 10 4/2 @ 40" down	48"	N/A	N/A	PS .25 Shallow

COMMENTS:

LEGEND

use the following standard abbreviations

ANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
(Drainage Way)						CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (Foot Slope)						ABK (Angular Blocky)
. (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
(Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
I (Nose Slope)		CL (Clay Loam)				
. (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
. (Shoulder Slope)		SiL (Silt Loam)				
' (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.

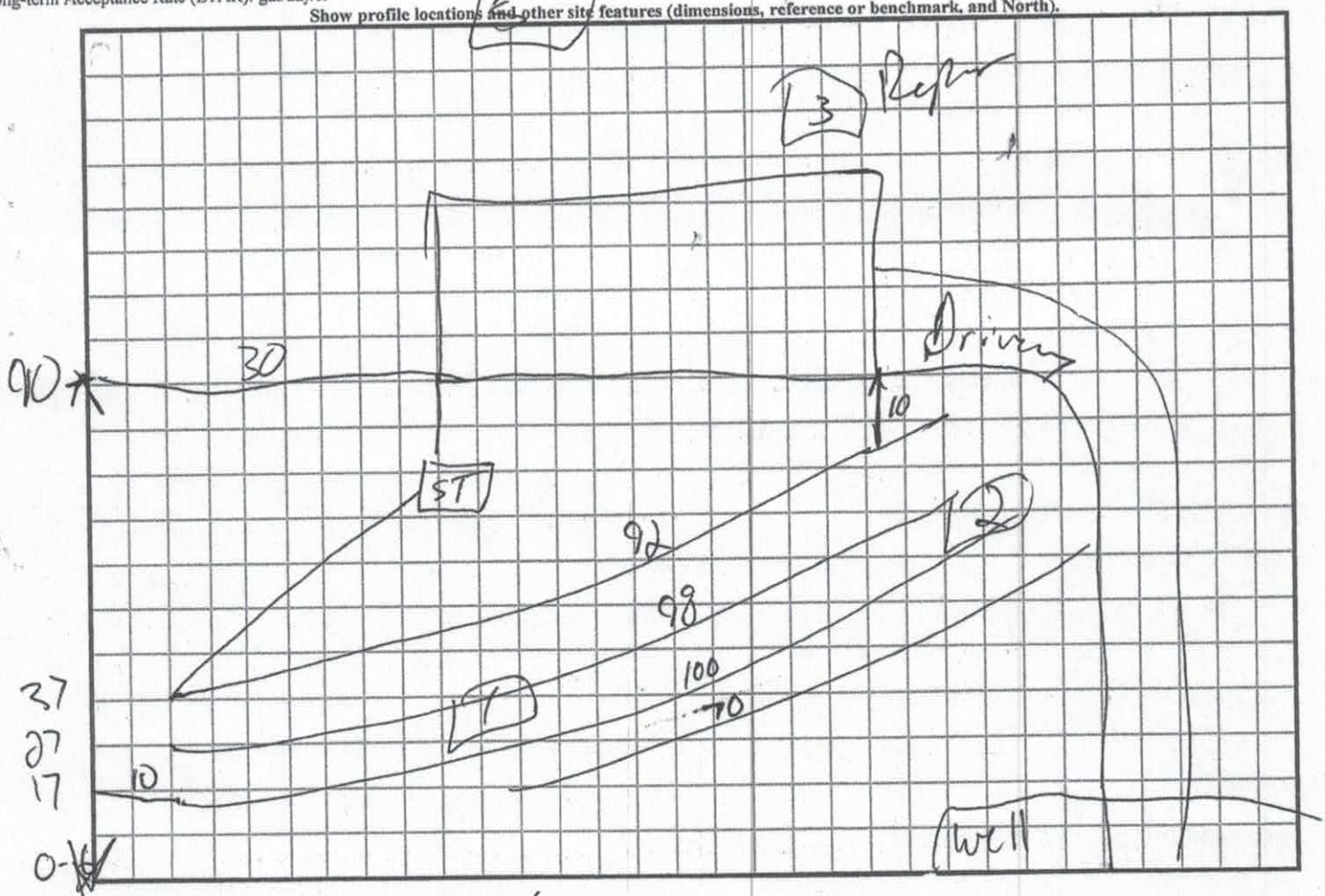
NOTES

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).



6-24

24-48

Chrom 10yr 6/2 @ 40" down

PS. 25

Shallow

$500/$550.
AP - 304084
1/13/2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 709-881-2326 Alt. Phone: _____
Owner Name: Silver Wave properties Inc Address: 5551 Monroe Rd Charlotte Zip: 28212
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 195 maristone Dr Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: L Northside Dr, L Goble Rd, L maristone DR Lot on Left (.4)

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: _____
(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 (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 Sneed 1-10-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

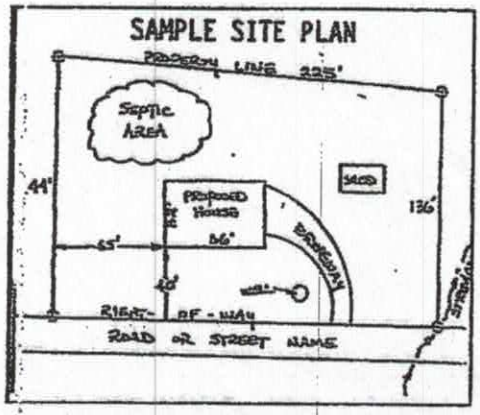
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- (X) **Preferred well location**
- (X) **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

Attached







Lot 68
Jason Van Tassel
DB 2416 pg 61

Lot 69
Nancy E. Zelusky
DB 1928 pg 1043

S 88°28'15"E 145.37'

proposed well location

Lot 74
0.771 Acre

60

36'

Proposed Dwelling

6x6

6x6

31'

31'

35' Rear Setback

15' Side Setback

15' Side Setback

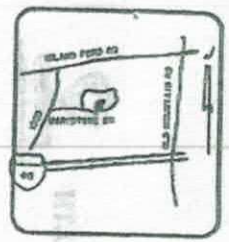
98'

Septic area
25' Front Setback

Driveway

N 01°42'16"E 230.93'

S 01°42'16"W 227.10'



Vicinity Map
Scale None

Lot 75
Silverwave Properties
DB 1109 pg 222

Lot 73
Jeffery L. Fox
DB 1499 pg 1913

LEGEND
DB = Deed Book
pg = Page
PP = Power Pole
MN = Mag Nail
RN = Rebar Nail
EIP = Existing Iron Pipe
EIR = Existing Iron Rod
NIR = New Iron Rod
CM = Concrete Marker
Dwlg= Dwelling
Bldg = Building
C/L = Center Line
R/W = Right of Way
CP = Computer Point

N 88°15'47"W 145.44'

N 88°15'49"W 145.47'

(The Line)
S 66°56'36"W 201.59'

Maristone Dr. 50' R/W
(SR 1783)

Ctr. line
Intersection of
Arborgate Loop

Survey Plat for
Michelle A. Rocheleau
195 Maristone Dr, Statesville NC, 28625
Shiloh Township, Iredell County, North Carolina
PIN 3794616380.000 Drawn By DtB
DB 1109 pg 222 PB 159 pg 26
Date Jan 3rd, 2020 Scale 1"=30'
Featherstone S/D PB 35 pg 63

David S. Clark, PLS certify that this plat is drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 1109, page 222); that the boundaries not surveyed are clearly indicated as drawn from information found in Book ___, page ___; that the ratio of precision as calculated is 1: Adjusted; that this plat was prepared in accordance with Standards of Practice. Witness my original signature, License number and seal this 3rd day of Jan, A.D., 2020.

David S. Clark, PLS L-3829
Surveyor

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR L-3829 DAVID S. CLARK

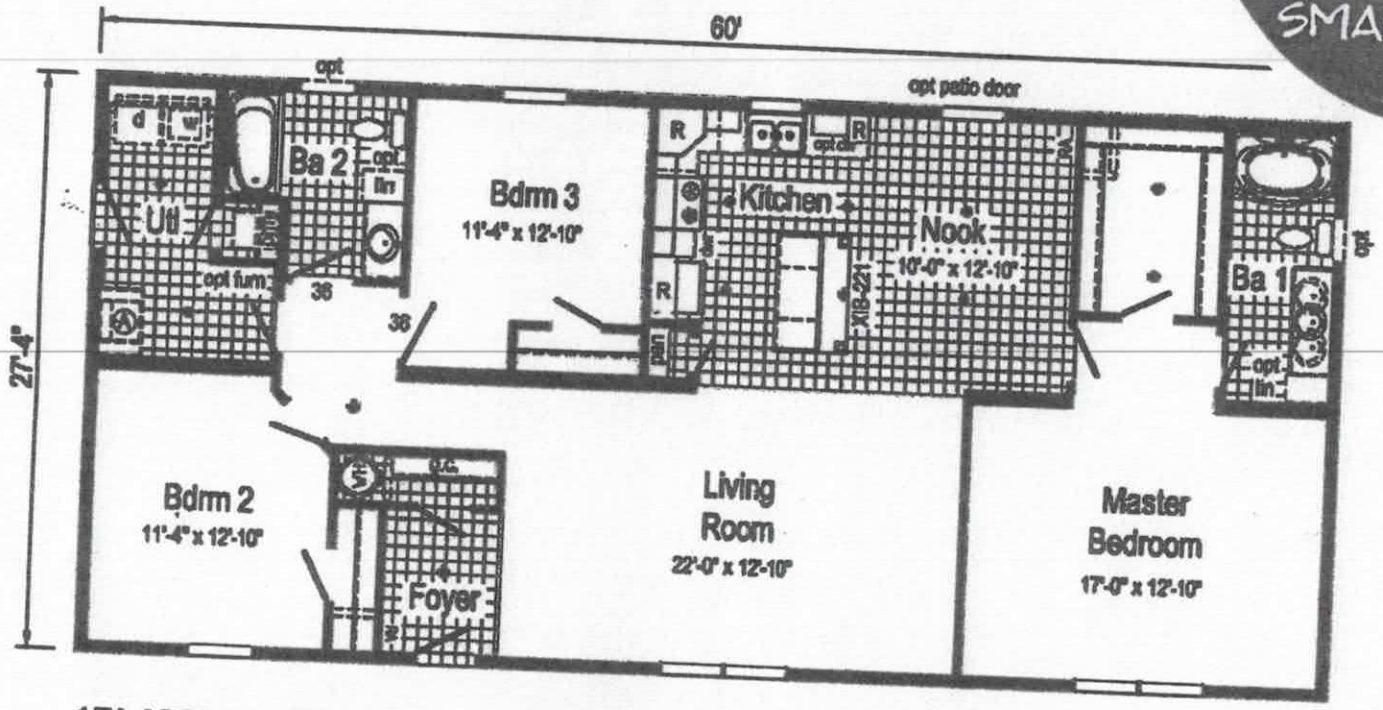
30 0 30 60 90
GRAPHIC SCALE - FEET

SURVEYOR

David S. Clark
Surveyor, PA
1920 32nd St. NE, Hickory, NC 28601
828-256-6400 www.clarksurveying.com

C-2772

The Winston



1BL1002-R 2860 Approx. 1640 Sq. Ft.

Blue Ridge Limited

R = Std. 30/36 staggered overhead
Ⓐ = std frz spc or opt util sink.
● = Std. can light

Acknowledgement Of Plans Submittal ONLY!
Builder Date 3-5-2020
Date 3-5-2020

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Cutout: 2869	Revisions: Date / Number	6/3/19		Scale: 1/8" = 1'-0"	Date: 1/3/19	Cust: -	Model/Fg. No.: 1BL1002-R
Title: Literature		4/8/19			Drawn By: CY	Reference: BL28601-A	Dr: -	Pg: LIT
		5/21/19					Bill: -	

IREDELL COUNTY · NC

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

APPLICATION NUMBER
304084 Issue Date:

Permit Type: BUILDING RESIDENTIAL - SINGLE FAMILY NEW

Parcel Number	Street Address
3794616380.000	195 MARISTONE DR
Zone Code	**Jurisdiction**
RA	Iredell County

Owner Information	Applicant Information
Name: SILVER WAVE PROPERTIES INC Phone:	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ON Phone: (704)801-2326

Contractor Information

Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ON
Address: 1124 CHARLOTTE HWY
Phone: (704)801-2326

Project Description

DOUBLE WIDE

Building Information

Proposed Use:	Heated Sq. Ft: 0
Construction Type:	Unheated Sq. Ft: 0
Number of Stories: 0	Gross Sq. Ft: 0
Estimated Cost of Construction:	

Conditions	Fees		
	COMPLET BUILDING PERMIT F	Amount:	$75.00
	HOMEOWNERS RECOVERY FU	Amount:	$10.00
	TECH FEE BUILDING	Amount:	$2.55

Permit Details

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

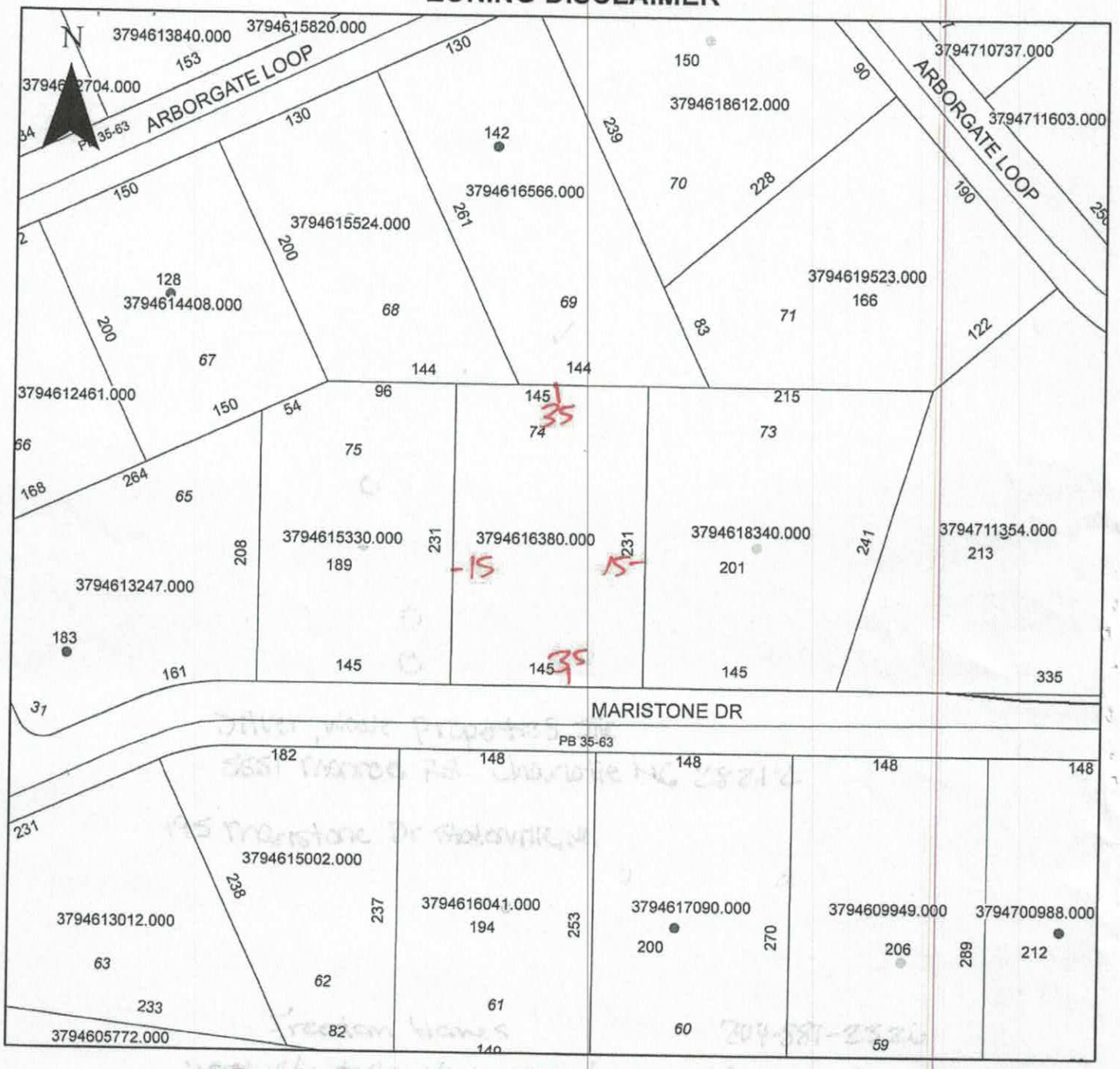
Signature of Owner/Contractor

Date: 01/13/2020

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	304084	TOTAL FEES:	$77.55

ZONING DISCLAIMER



Property Address 195 Maristone 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.

Kimberly Smith
Applicant

1-13-20
Date