ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (3:00) Mooresville Office (704) 660-3625 PERMIT # AP 323625

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

PIN # 3794--62--8347

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

SITE ADDRESS: 1719 Island Ford Rd Statesville, NC PHONE: 704881-2326 ALT. PHONE 704 528-7960

SITE DIRECTIONS: I-40 Toward Hickory TR Old Mtn Rd (exit 144) TL Island Ford ~1.95 miles on left SAP CONTROLLED: ☐ YES ☒ NO

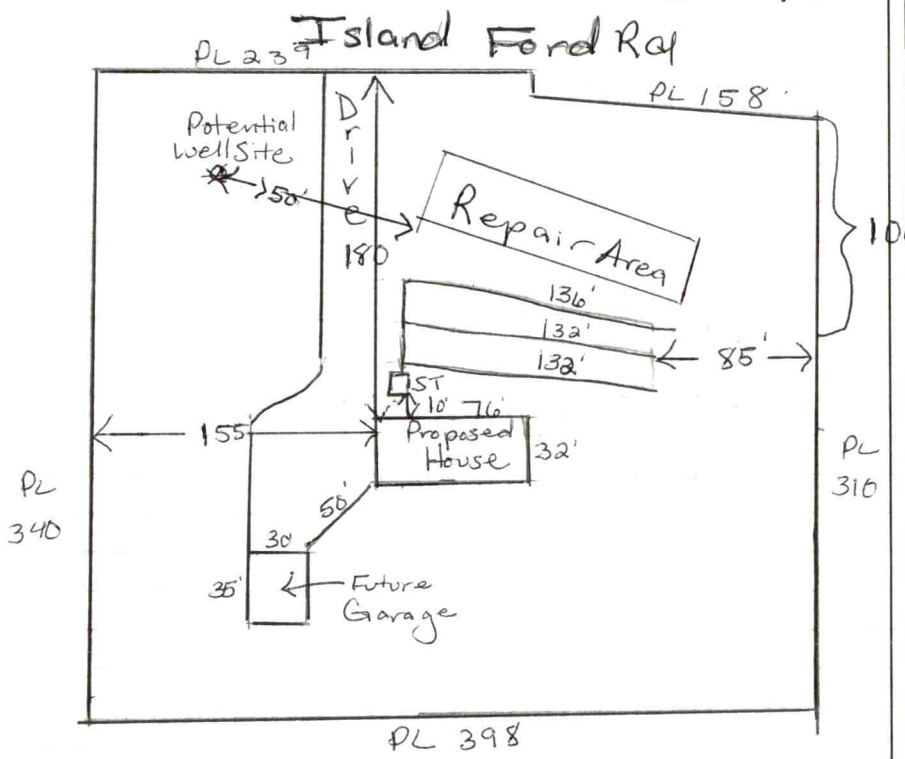
SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.008 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date	2-12-22	☒ 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
Pump Make		Model			Serial #		Repair System Description:	50% Reduction			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side may)				30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions:

Installed as permitted.

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.

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

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: Kimberly Bunge Date: 2/21/22 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/18/22 OPERATION PERMIT by: Benjamin Nobles Date: 8-19-22.

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/18/22 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? _____	

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

Sheet ___ of
PROPERTY ID #: 3794628347
COUNTY: ~~Iredell~~

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

Applicant
OWNER: Freedom Homes
ADDRESS: 1729 Charlotte Hwy Troutman NC
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): 480 gpd
LOCATION OF SITE: 1719 Island Ford Rd

APPLICATION DATE 12/3/21
DATE EVALUATED: 2/2/22
PROPERTY SIZE: 3.008 Ac
PROPERTY RECORDED: Y

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	5%	0-5	Brw SCL	w SBK	SS, SP, SExp, FR				PS
		5-22	RCm-w	SBK	SS, SP, SExp, FR				
		22-44	Pcd	CL w	SBK SS, SP, SExp, FR				.3
		44-50	R/R/y	CL w SBK	SS, SP, SExp, FR				
			Wx	SAP Fnds					
2	5%	0-7	Brw SCL	w SBK	SS, SP, SExp, FR				PS
		7-27	RCm	w SBK	SS, SP, SExp, FR				
		27-50	RCL	w SBK	SS, SP, SExp, FR, wf		Common		.3
			Mica	Flakes					
3	7%	0-10	Brw SCL	w SBK	SS, SP, SExp, FR				PS
		10-32	RC/CL	m-w SBK	SS, SP, SExp, FR				.3 to 30"
		30-40	RC/CL	m-w SBK	SS, SP, SExp, FR, wf layers				30-40" .25
			of W	Rock					>40" .3
		40-50	RCL	w SBK	SS, SP, SExp, FR				
4	7%	0-12	Brw SCL	w SBK	SS, SP, SExp, FR				PS
		12-34	RCm-	w SBK	SS, SP, SExp, FR				.3
		34-50	RCL	w SBK	SS, SP, SExp, FR				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Joe MacIntosh

COMMENTS: ___

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.

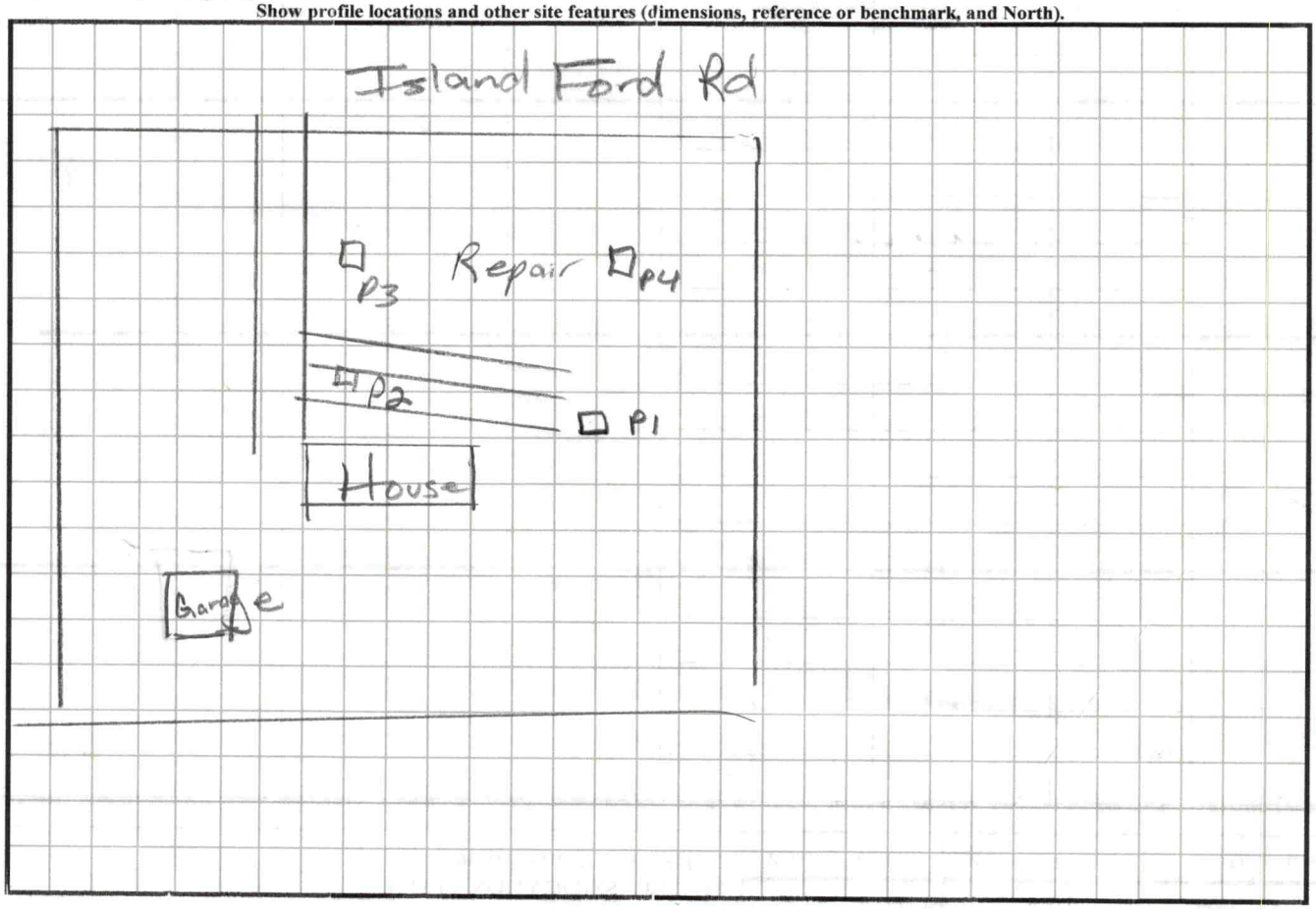
NOTES

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).



Feb. 3 AM

Pits Wed 4/19/22

RECEIVED DEC 0 8 2021

MD

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-323625 $500.00

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 Frye **Address:** 1124 Charlotte Hwy Troutman **Zip:** 28166
Applicant Email: kimsreed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** 704-528-7960
Owner Name: Justin + Tiffanie Shelton **Address:** 130 Brantley Pace DR Mooresville **Zip:** 28117
Owner Email: _____ **Phone:** 530-966-3668 **Alt. Phone:** _____

Property Information:

Street Address: 1719 Island ford Rd Statesville, NC 28625

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

Driving Directions: I-40 Toward Hickory, Exit 144, (R) onto Old Mtn Rd, (L) onto Island ford Rd, 1.95 Lot is on the left.....

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 — ( ) 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:** _____

(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 Frye — 12-3-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

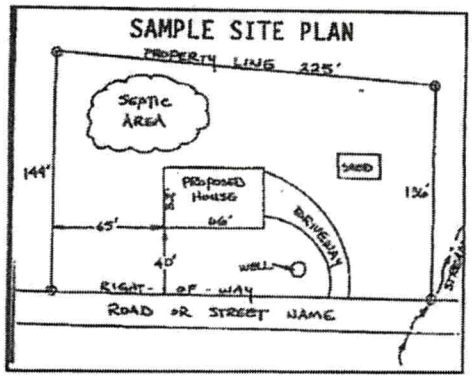
IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

323625

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 Gage

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

12-3-2021

DATE

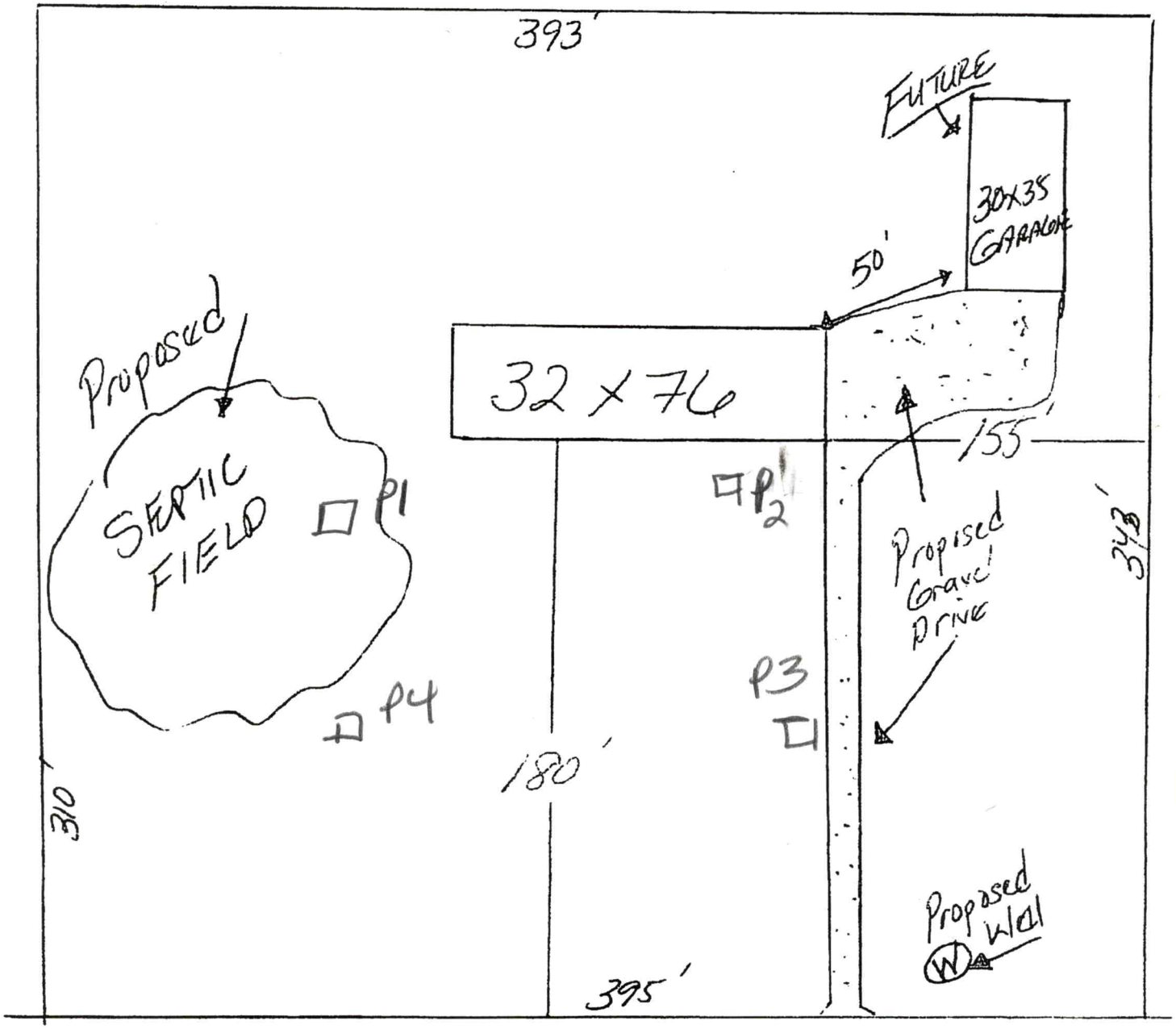
323625

PLOT PLAN

N.T.S.

SHELTON

1719 ISLAND FORD RD.
MOORESVILLE



323625

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, JUSTIN SHELTON & TIGARDIE SHELTON, am the legal owner(s) of the property located at 1719 ISLAND FORD ROAD, STATESVILLE, NC, identified as PIN (Parcel Identification Number) 3794628347, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes Kimberly Frye, 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.

Signature of Owner(s) — Date 11/13/21

Signature of Witness — Date 11/13/21

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

323625

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

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?___

Please describe project (Details, Purpose, or Use): _____

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 Justin & Tiffanie Shelton Phone # 530-966-3668

Owner's Current Address 130 Brantley Place DR mooresville, NC 28117

Property Information

Property Address 1719 Island ford Rd Statesville, NC 28625 Parcel # 3794628347

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y /(N) Flood Plain: Y /(N) Township:_____

Directions to property (from a MAIN ROAD) I-40 toward hickory, Exit 144, R onto Old mtn rd, L onto Island ford Rd, 1.95 miles lot is on the left.

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-881-2326 / 704-528-7961

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 PLANNING & DEVELOPMENT 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.

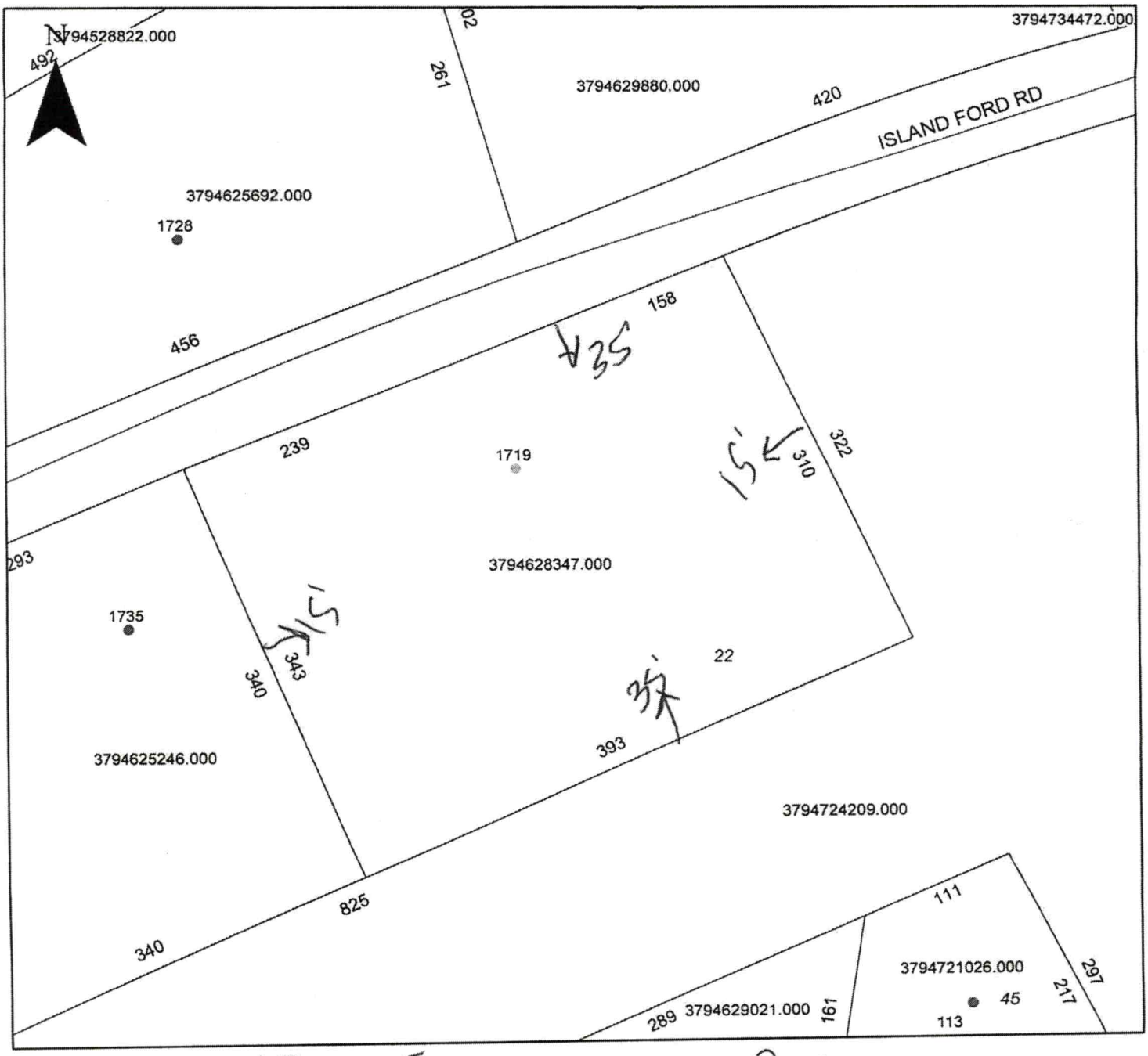
SIGNATURE OF APPLICANT Kimberly Frye DATE 12-3-2021

acres 2.97
Iredell RA

Catawba/hkw
WS-IV-PA
Flood-no

323625

ZONING DISCLAIMER



Property Address 1719 Island Ford Rd

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

323625

I certify that this map was drawn under my supervision from an actual survey made under my supervision (description recorded in DB 700 PG 804 or other reference source PG5/87) that the boundaries not surveyed are indicated as drawn from information in DB ____ PG ____ or other reference source ____ that the ratio of precision or positional accuracy is 1:10,000+ and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600).
This 18 day of NOV 2022.

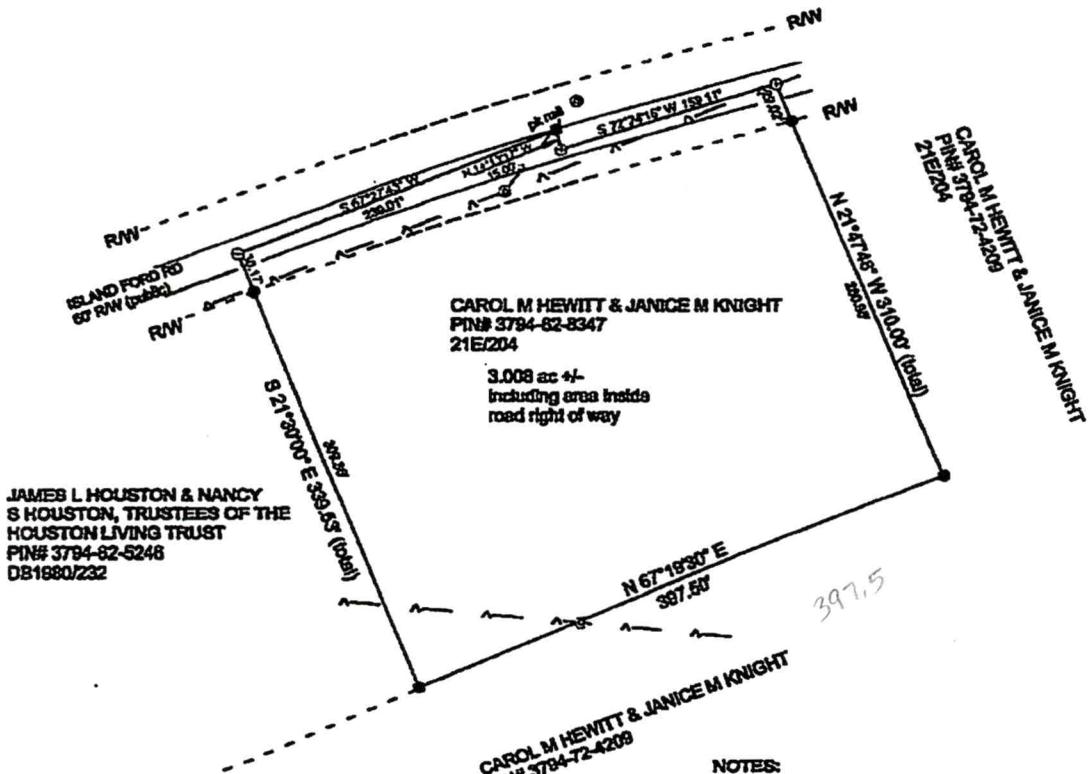
Professional Land Surveyor L-5137

NORTH CAROLINA PROFESSIONAL SEAL L-5137 LAND SURVEYOR DUSTIN J. HILL

DB1980/232

THIS MAP IS SUBJECT TO ANY EASEMENTS OR RIGHTS-OF-WAY OF RECORD PRIOR TO THE DATE OF THIS MAP, WHETHER VISIBLE OR NOT.

TITLE SEARCH NOT PROVIDED



NOTES:

*PROPERTY IS SUBJECT TO A 40' PERMANENT EASEMENT GRANTED TO THE CITY OF STATESVILLE AS SHOWN IN DEED BOOK 1102 PAGE 1296

VICINITY MAP (no scale)



100 0 100 200

WATER METER
SEWER MANHOLE
POWER POLE
IRON FOUND
IRON SET
MONUMENT
PROPERTY LINE (surveyed)
PROPERTY LINE (not surveyed)
POINT NOT MONUMENTED
R/W RIGHT-OF-WAY
STREAM
OVERHEAD POWER LINE
WELL HOUSE

BY SEAL AND SIGNATURE CERTIFY THAT THIS MAP IS THE RESULT OF AN ACTUAL SURVEY PERFORMED UNDER MY SUPERVISION.

MAP FOR: JUSTIN SHELTON

SCALE	COUNTY	TOWNSHIP	DATE	FIELD, RATIO
1"=100'	IREDELL	SHILOH	18 NOV 2022	1:10,000+

PROPERTY DESCR: PIN# 3794-82-8347

DEED REF: DEED BOOK TO PAGE 804 "THIRD TRACT" LOT 33 PLAT BOOK 6 PAGE 87

DRAWN BY: DJH

DIXON HILL LAND SURVEYING, DUSTIN J. HILL, L-5137, 213 Danbury Ridge Rd, MOORESVILLE, N.C. 28115, PHONE: (704) 918-4288

JOB #: 21125

SURVEYED BY: DJH