ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326918

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

PIN # 3794--71--1878

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

SITE ADDRESS: 112 Cobalt Lane, Statesville, 28625 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: I-40 → Old Mtn Rd (N) → (L) Island Ford → (L) Goble → (L) Mainstone → (L) Arborgate → (L) Cobalt SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Featherstone SECTION: 3 LOT # 46 LOT AREA: 0.71 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	6/21/22
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	1	# Lines	6	Linear Ft	360'
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees ☒ Crawl Space

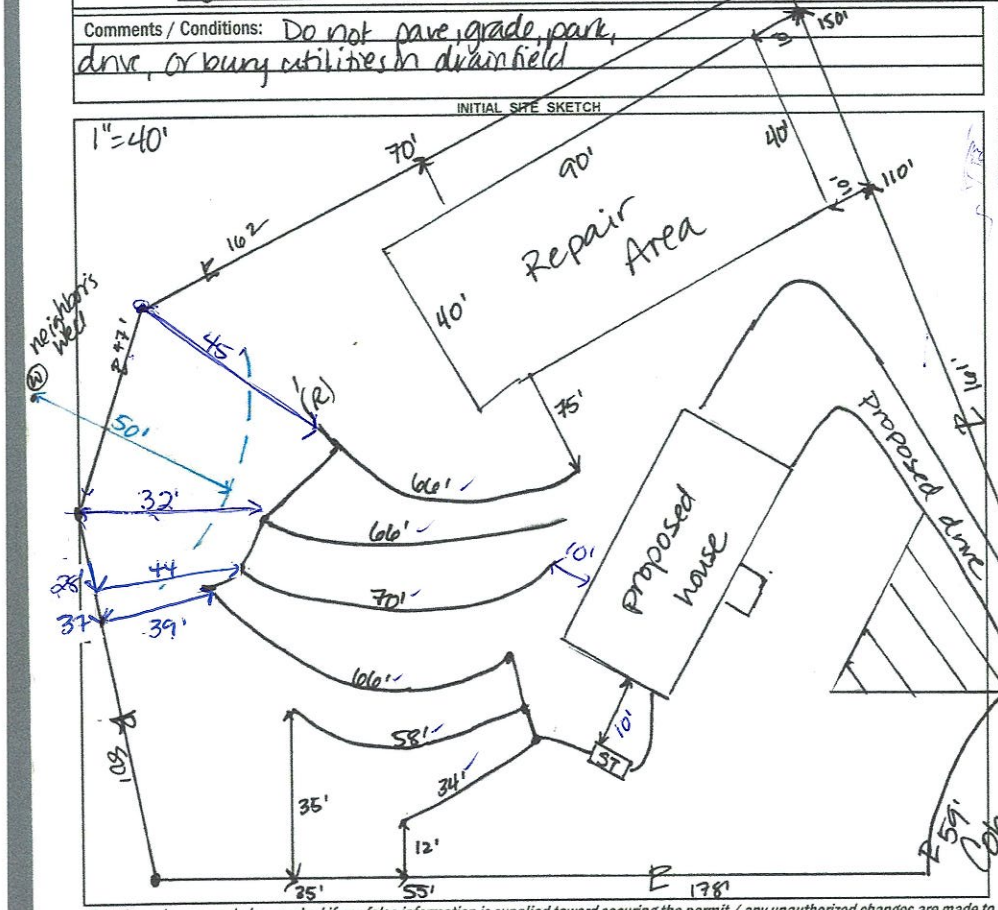
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield

Install on contour, divert drainage from drainfield. Stay 10' off back of house, 15' off side, 5' off porches. Future building not staked in field - will fit off driveway

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.

← As Built - NTS

58' to well at closest part

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

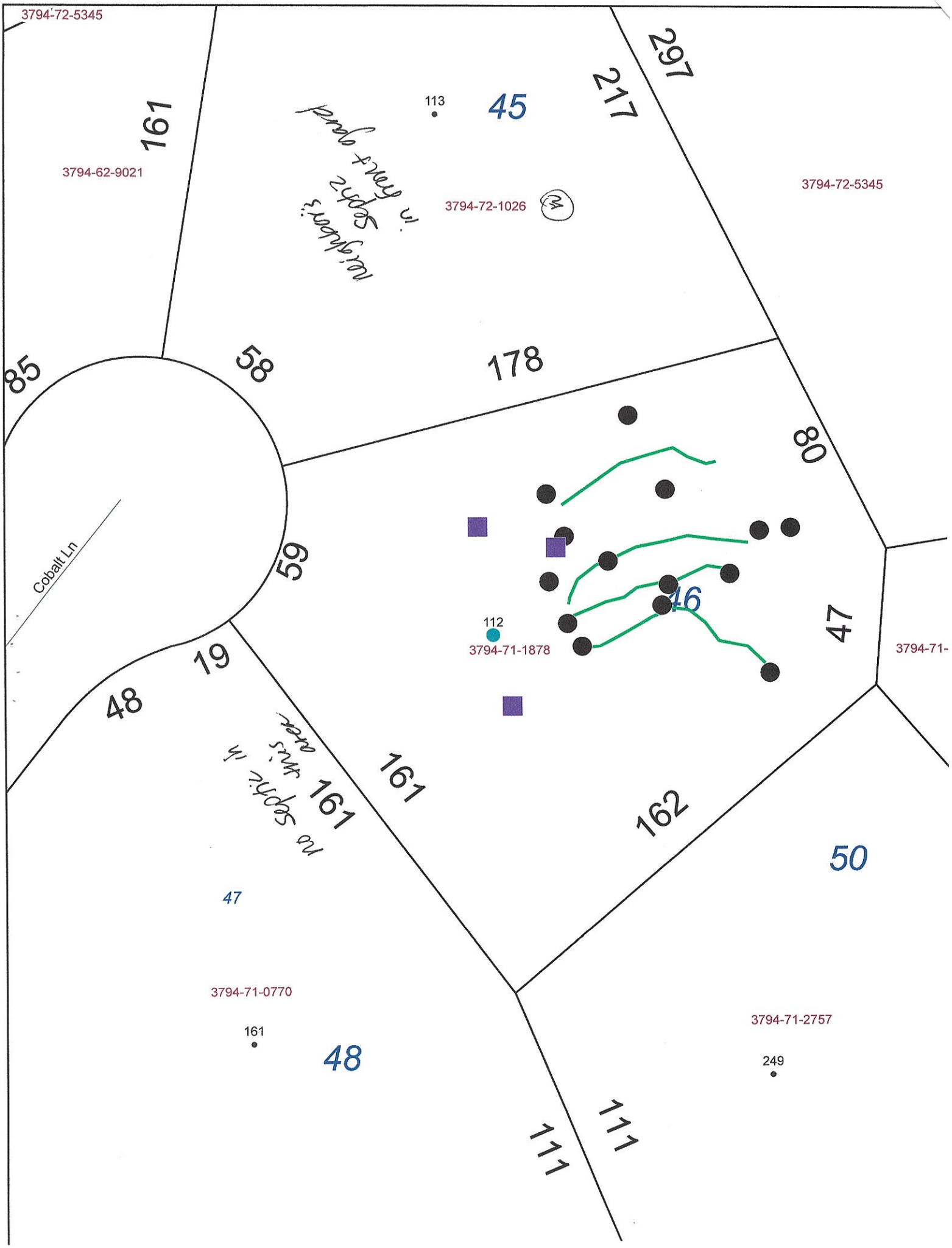
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Smyre Date: 5-17-22 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: D. Mebane Date: 5/5/22 OPERATION PERMIT by: D. Mebane Date: 8/1/22

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 5/5/22 Existing System Inspected by: Date:

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


3794-72-5345
161
3794-62-9021
113
45
217
297
Wayborn's Septic in here apart
3794-72-1026
3794-72-5345
85
58
178
80
Cobalt Ln
59
46
112
3794-71-1878
47
3794-71-
19
48
161
161
Septic in here apart
161
162
50
47
3794-71-0770
161
48
3794-71-2757
249
111
111

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Freedom Homes / Kimberly Frye
APPLICATION DATE 3-29-22
ADDRESS: 112 Charlotte Hwy Troutman NC 28166
DATE EVALUATED: 4-27-22
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
PROPERTY SIZE:
LOCATION OF SITE: 112 Cobalt Ln, Statesville, NC 28625
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	10%	0-5	Organic	MIXED	2.5Y5/2 @41" Yellow/ Brown mottles Present 33"+	51" Few Floater Rocks Present 38"+	N/A	N/A	P.S .25
		5-33	C/NSBK	SS-SP-FR-SEXP					
		33-51	CL/ABK	SS-SP-FR-SEXP					
2	10%	0-31	C/SBK/ABK	SS-SP-FR-SEXP	Litho Incl 31"+	51"	N/A	N/A	P.S .3 0.275
		31-51	CL/SBK	SS-SP-FR-SEXP					
3		0-9	SCL/SBK	SS-SP-FR-SEXP	SAP INC common 33"+ Y/B	57" 7-33 Heavy	N/A	N/A SAP INCL	P.S .275/ .25
		9-33	C/SBK/ABK	SS-SP-FR-SEXP					
		33-74	CL/SBK	SS-SP-FR-SEXP					
4	8%	0-15	SCL-Comp	SSSP-FI-SEXP	Compact 2.5Y6/3 @33" Yellow/Browns to 38" 5Y6/2 @28"	Heavy SAP INC INCL			PS 0.25
		15-41	C-SBK/ABK	SS-SP-FR-SEXP					
		41-70	CL-SBK	SS-SP-FR-SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): B
EVALUATED BY: D. Wiebern
OTHER(S) PRESENT: S. Holland

COMMENTS:

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: 112 COBalt _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED ~~FACILITY~~: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ 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) .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
1	5-8%	0-9	SCL 1SBK	SSP-FR-SEXP	Y/B Mottles @ 20"+ & Rock Incl	59"	N/A	N/A	P.S .25
		9-40	C 1SBK	↓					
		40-59	CL 1SBK						
2									
3									
4									

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

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

COMMENTS: _____

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

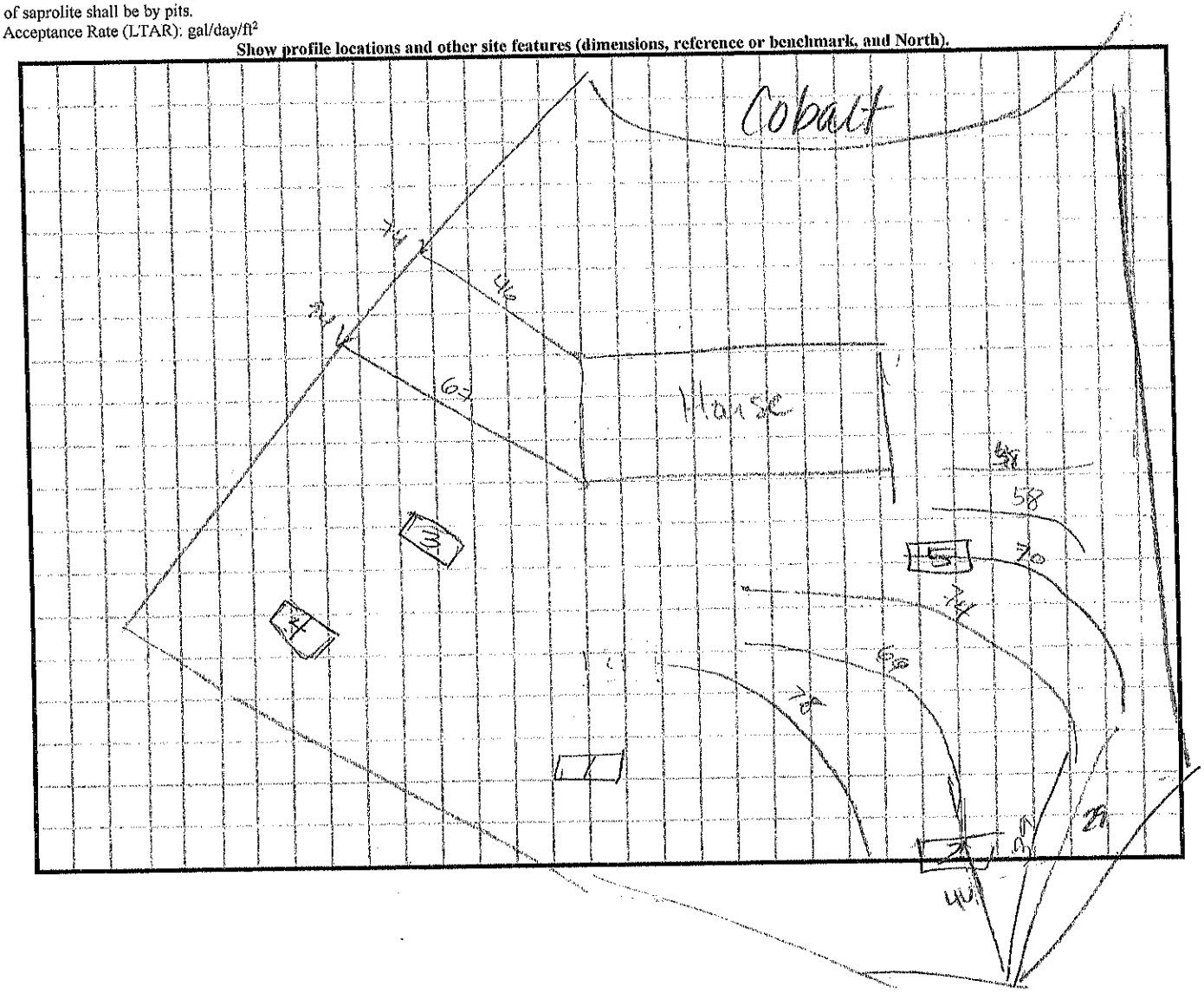
NOTES

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/ft²

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



9 4/27

DW

RECEIVED MAR 2 9 2022

(Wolfmeyer)

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-32918 $500.00

Application For:
( ) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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: *Place an (X) beside attachment is submitted if applicable*
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

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

Applicant Email: kimsneed.sneed@gmail Phone: 704-881-2826 Alt. Phone: _____

Owner Name: Laramie Reist Address: 249 Maristone DR Statesville Zip: 28625

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

Property Information:

Street Address: 112 Cobalt Lane Statesville, NC 28625

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

Driving Directions: I-40 west toward Hickory, Exit 144 Turn Right, Onto Island Ford Rd, Onto Goble Rd, Onto Maristone DR, Onto Cobalt. 112 is 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: 3
( ) 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)* Your 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 staking the site accordingly so that a complete site evaluation can be performed.

Signature: Kimberly Snyder 3-16-2022
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

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, Lawrence Reid, am the legal owner(s) of the property located at 112 Cobalt Lane Statesville NC 28625, identified as PIN (Parcel Identification Number) 3739471878, located in Iredell County, North Carolina.

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

Lawrence Reid 3/8/22
Signature of Owner(s) Date

3-7-22
Signature of Witness Date

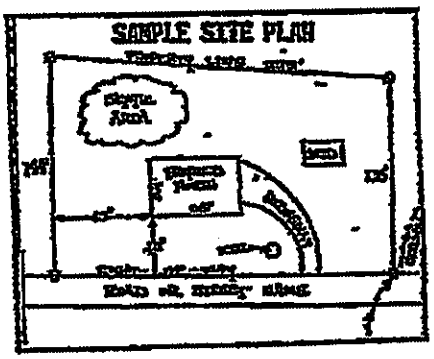
Please return this signed form to the appropriate office:

Mooresville - Environmental Health
[illegible]@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: 704-871-3583
349 N. Center Street, Statesville, NC 28677

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 system 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, poles, ponds and docks, and any other item that will occupy space on the site

Attached

Signatures: [signature] 3-16-2022
Property Owner or Authorized Applicant/Agent Signature (SIGNATURE RECOMMENDED) DATE

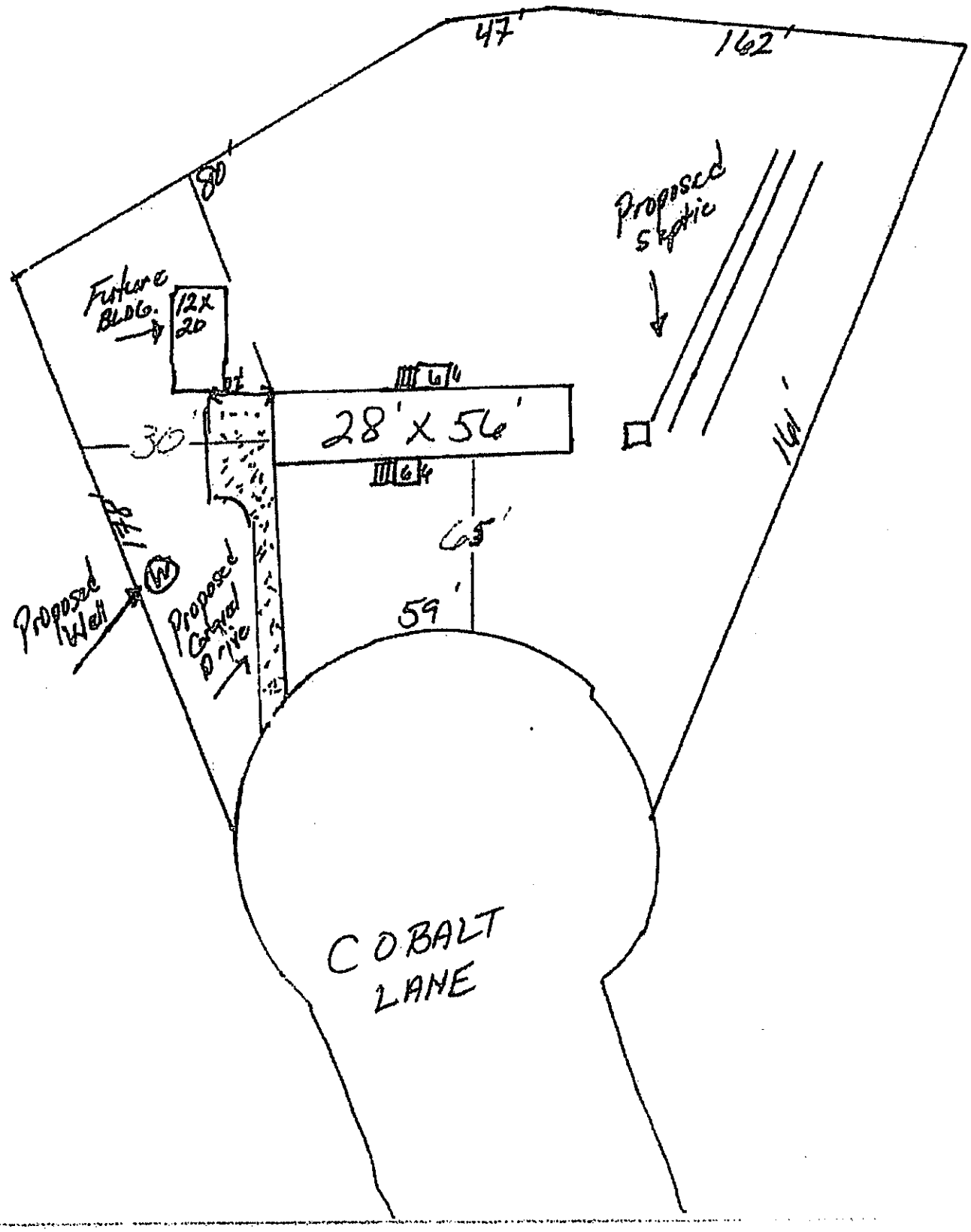
PLOT PLAN

N.T.S.

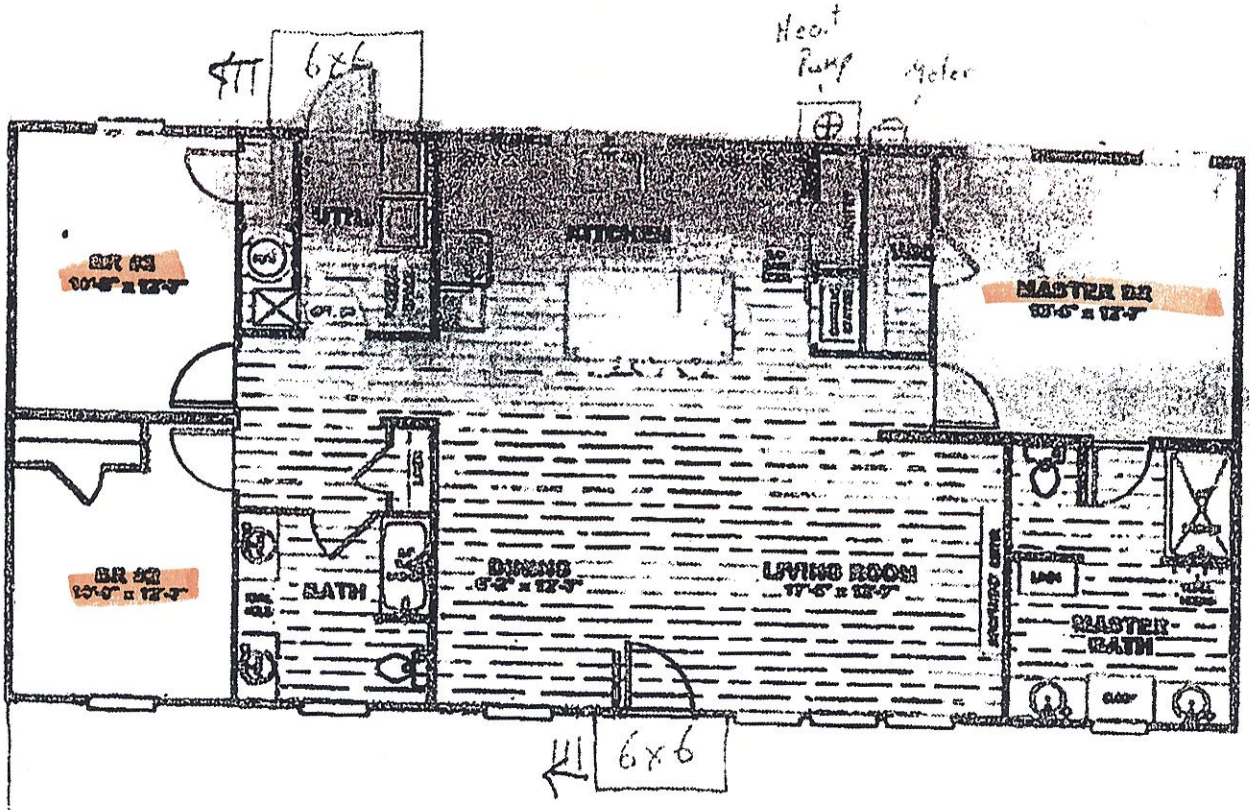
WOLFMEYER

112 COBALT RD.

STATESVILLE



Acknowledgement Of
Plans Submittal ONLY!
3 Bedroom 28x Slate
Kimberly Bryce Date 3-16-22



667
3-5-2022

Driveway

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326918 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3794711878.000	112 COBALT LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: REIST LAREMIE	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RU-R

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

DWMH **NEEDS SIGNED ZONING DISCLAIMER**

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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: 03/28/2022

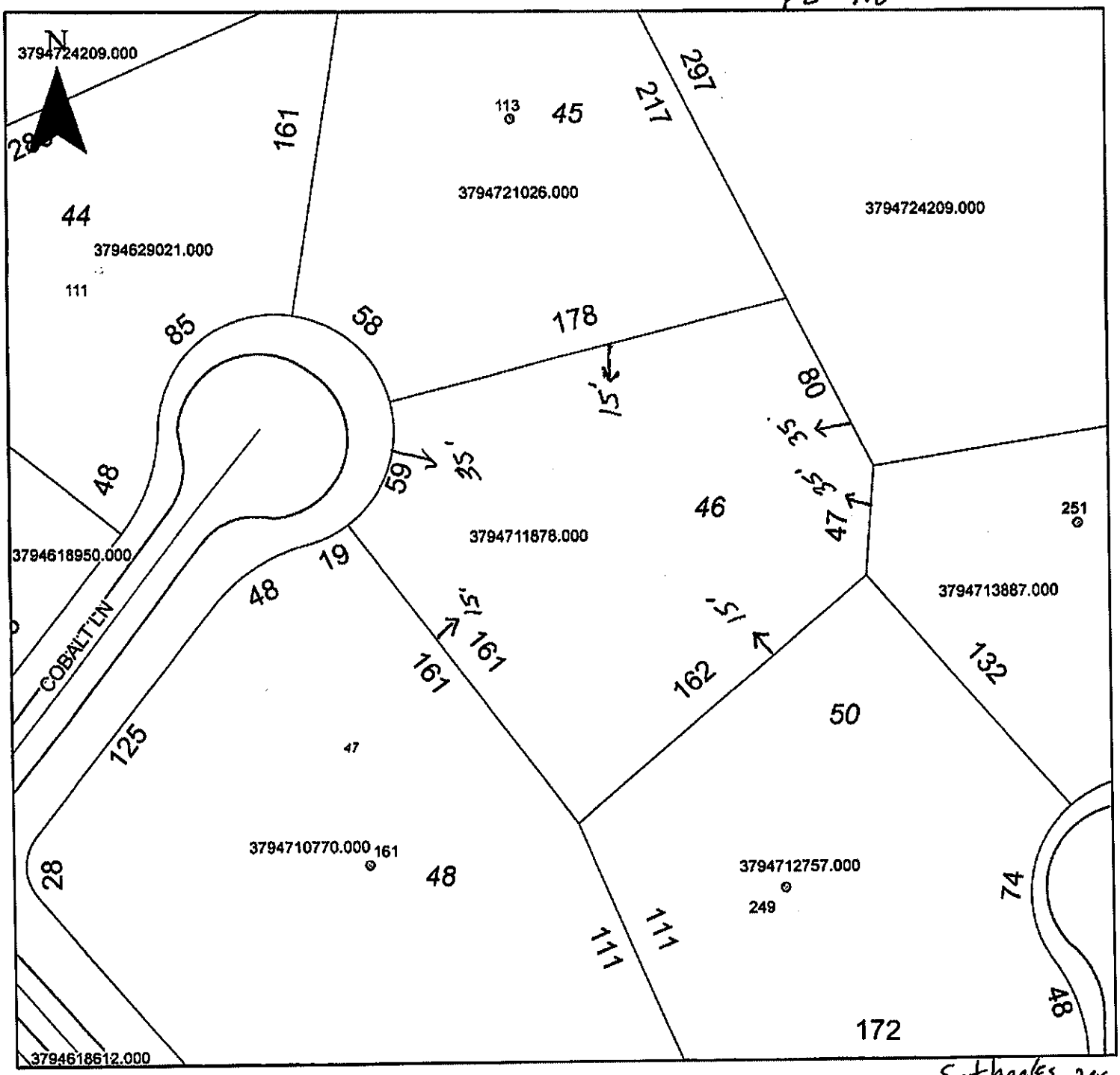
Signature of Owner/Contractor

Permit Number	326918	TOTAL FEES:	$77.25

326918

RU-R
WS IV PA C/LN
FL-NO

ZONING DISCLAIMER



Setbacks per Rich.

Property Address 112 Cobalt Ln.

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 _____