ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 312481

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

PIN # 3796 - 42 - 7066

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

SITE ADDRESS: 134 West Valley Ln Stony Point NC 28678 | PHONE: | ALT. PHONE:

SITE DIRECTIONS: Old Mth Rd to Linds Farm Rd W Valley Lane Lot on Right | SAP CONTROLLED: [X] YES [ ] NO

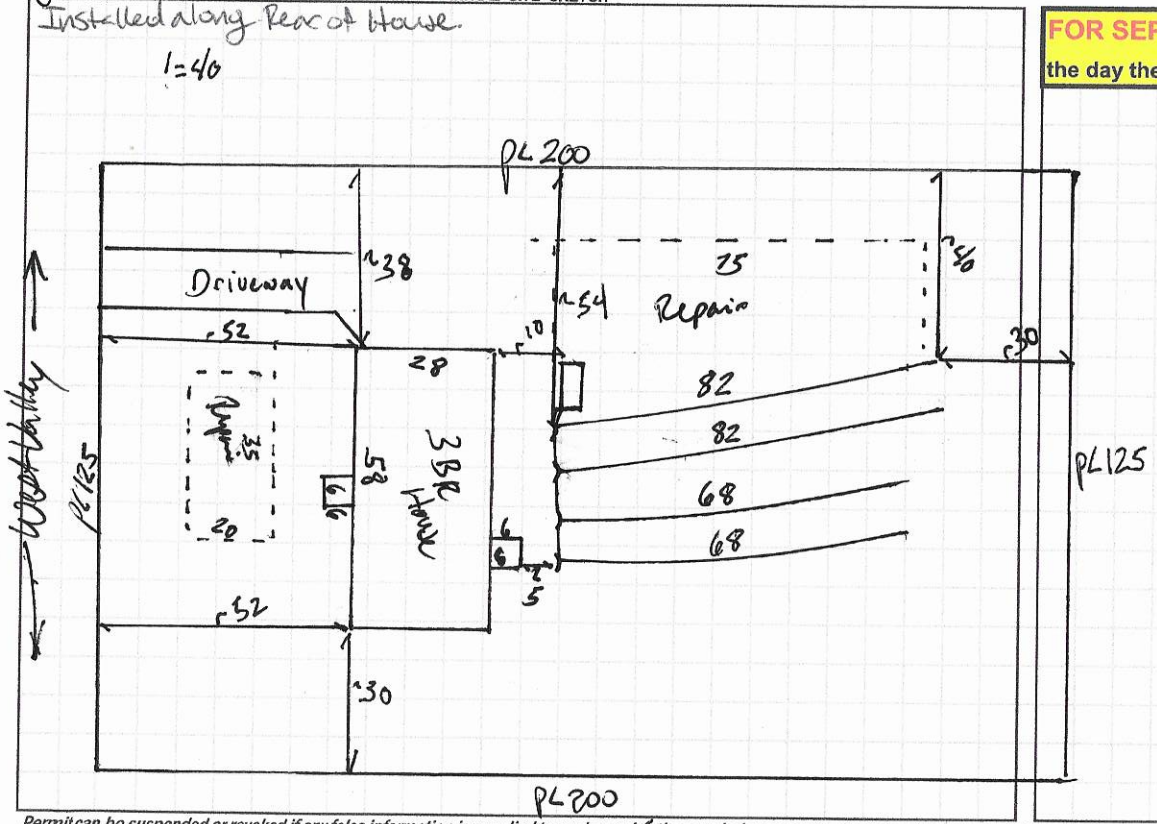
SUBDIVISION: West Fredell Acres. | SECTION: - | LOT # 18 | LOT AREA: .57 Acres | DESIGN FLOW: 360 | L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	760	Date	12-27	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank	- (gal)	PT	-	Date	-	System Description:	Gravity - 25% Reduction	[ ] Business	No. Persons 6
Pump Make	-	Model	-	Serial #	-	Repair System Description:	LP-PPBS - 50% Reduction	[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	300	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	20in	Gravel Depth	-	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/ plumbing	[ ] Basement w/o plumbing

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

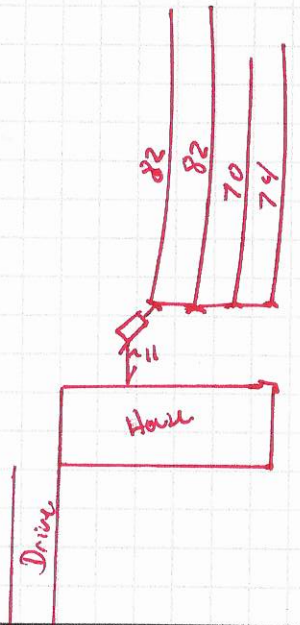
Comments / Conditions: Install on the contour of the land and utilize serial distribution. Do not exceed max depth of 26 inches. Do not Drive, pave, pave grade or lay utilities in drainfield Area. NO Foundation Drain to be Installed along Rear of House.

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.* [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: Kimberly Cooper | Date: 12-17-20 | Installed by: Craig Thompson Craig

IMPROVEMENT PERMIT by: Benjamin A Butts | Date: 12-10-2020 | OPERATION PERMIT by: Benjamin A Butts | Date: 3-17-2021

AUTHORIZATION TO CONSTRUCT by: Benjamin A Butts | Date: 12-10-2020 | Existing System Inspected by: | Date:

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

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

134 Westhaven Ln SVL

PROPERTY ID #: 3796427066
DATE OF EVALUATION: 12-10-2025
COUNTY: Iredell

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	Side 10-15%	0-16	C SBk	SS Sp FR SPo	2.5Y 4/6	45	US	CL Sap @45	PS .30 Max .53
		16-45	CL wSBk	SS Sp VFR					
		45-55	CL Sap M	SS Sp	Hem Mn Conc				
2	Side 10%-15%	0-20	C SBk	SS Sp FR	2.5Y 4/6	38	US	CL Sap @38	PS .3 Max 26
		20-38	CL wSBk	SS Sp VFR					
		38-60	CL Sap M	SS Sp Hem Mn/Mica					
3	Side. 8% Slope	0-18	C SBk	SS Sp FR SExP	2.5Y 4/6	34	PS	L Sap	PS .3 Max 36.
		18-34	CL wSBk/Mas	SS Sp VFR					
		34-61	L Sap M	NS Sp VFR					
4	Side 6%	0-16	C SBk	SS Sp FR SBK/P	2.5Y 4/6	32	PS	Hem Mica	PS .30
		16-32	CL wSBk	SS Sp VFR					
		32-50	L Sap M	SS Sp FR SP					

COMMENTS:

300
212
6.9.
30
①
②
③
④
72 ft
69
72 ft
42
52
58
29
37
110
52
82

Pitsel
12/10

4796-427066 Swinney

RECEIVED NOV 25 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-312481 $600.00

Application For:

(X) Septic Improvement Permit ( ) 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: ( ) 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: Kimberly Frye/Freedom Homes Address: 1124 Charlotte Hwy Troutman NC Zip: 28166

Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: 704-528-7960

Owner Name: Millsaps Sweeney Developers Address: PO Box 1143 Statesville NC Zip: 28687

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

Property Information:

Street Address: 134 West Valley LN Stony Point NC 28678

Subdivision Name: West Iredell Acres Section/Phase: _____ Lot Number: 18

Driving Directions: I-40 to Exit 144, (R) on old Mtn Rd, (L) 4.4 miles (R) onto Lindsey Farm Rd, (L) onto W Valley Lane Lot is on Right

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: 2 — ( ) 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 (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.

Kimberly Frye 11-6-2020

RA 0.57 NO

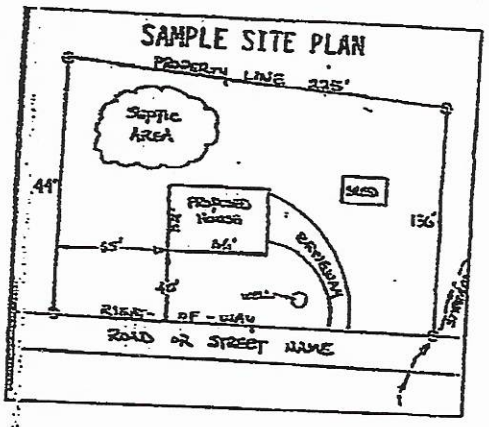
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

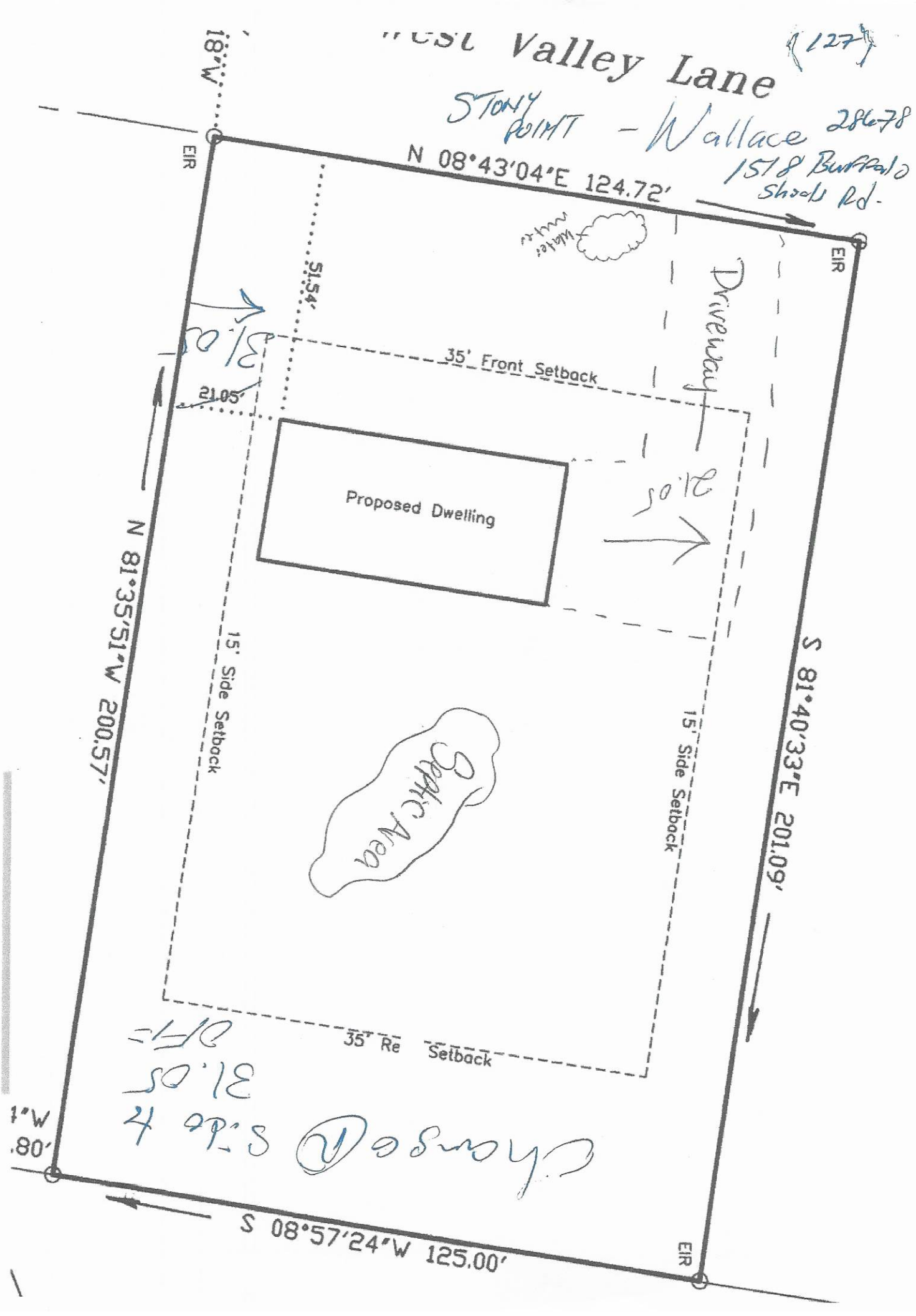
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

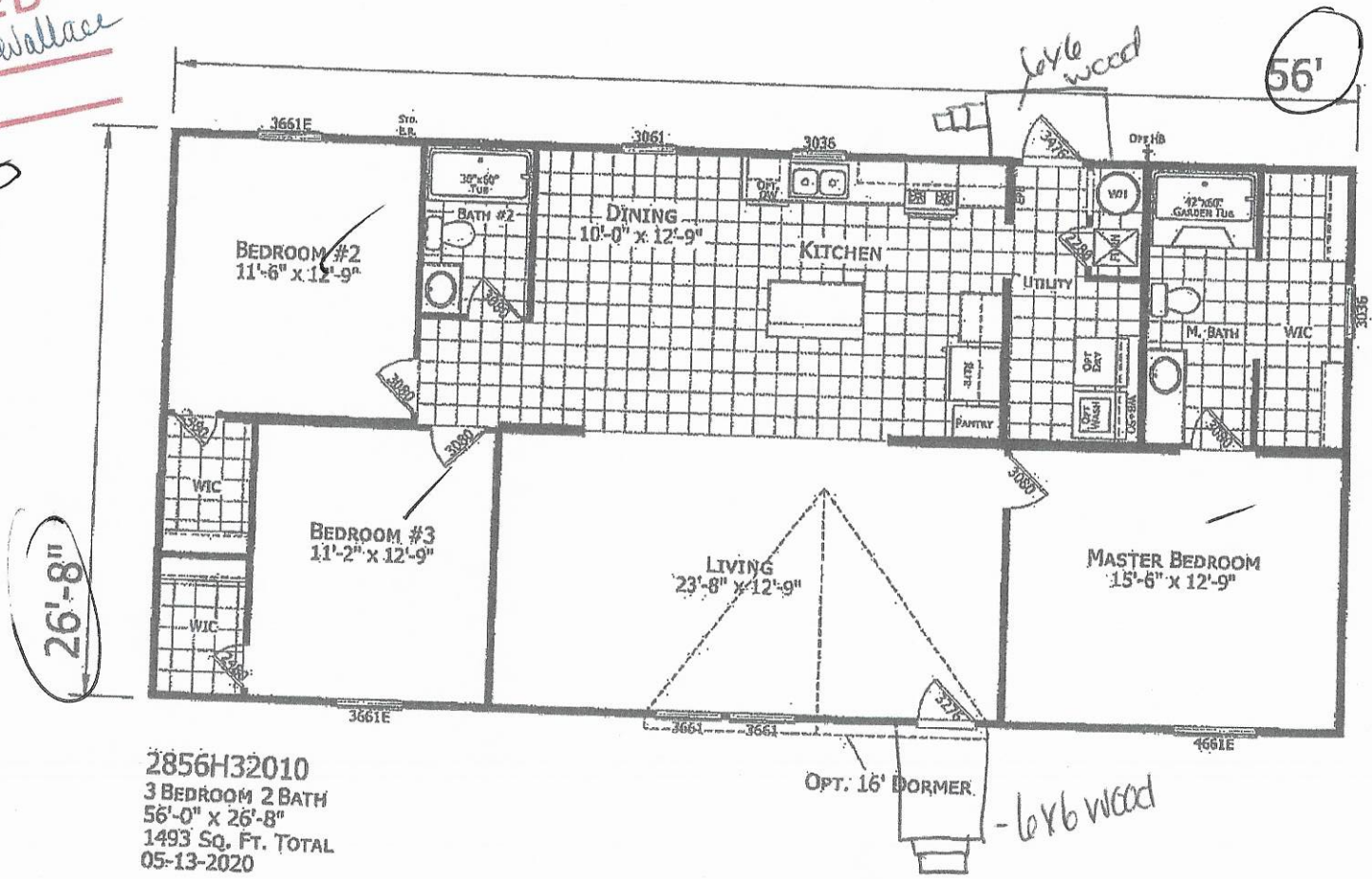
Attached

Signature: Kimberly Gray
Property owner or owner's legal

11-6-2020


West Valley Lane
(127)
STONY POINT - Wallace 28678
1518 Buffalo Shoals Rd.
18"W
EIR
N 08°43'04"E 124.72'
EIR
Water Main
51.54'
Driveway
35' Front Setback
21.05'
Proposed Dwelling
21.05'
N 81°35'51"W 200.57'
15' Side Setback
Septic Area
15' Side Setback
S 81°40'33"E 201.09'
35' Re Setback
1"W
.80'
S 08°57'24"W 125.00'
EIR
31.05
Change Setback

APPROVED
SIGNATURE: Kortney Wallace
DATE: 10/16/20
BA Bell
12/10/2020



2856H32010
3 Bedroom 2 Bath
56'-0" x 26'-8"
1493 Sq. Ft. Total
05-13-2020

CHAMPION HOME BUILDERS

MODIFICATIONS
1 Added Closet Doors 6/13/20 BC

PROJECT: 2856H32010 56'-0" x 26'-8" 3 BD 2 BT
DRAWN BY: B.CAMPBELL
DATE: 05-07-20
SCALE: 3/16" = 1'-0"

TITLE: LITERATURE PLAN
FILENAME: 2856H32010 5-13-2020

SHEET: L-101

PROPRIETARY AND CONFIDENTIAL
THESE DRAWINGS AND SPECIFICATIONS ARE ORIGINAL PROPRIETARY AND CONFIDENTIAL MATERIALS OF CHAMPION.
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IREDELL COUNTY · NC

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

APPLICATION NUMBER
312481 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3796427066.000		IREDELL COUNTY

Owner Information	Applicant Information
Name: MILLSAPS SWEENEY DEVELOPERS	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY
,	TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.57	35	35	15	15	N/A	NO

Remarks

DOUBLE WIDE

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.

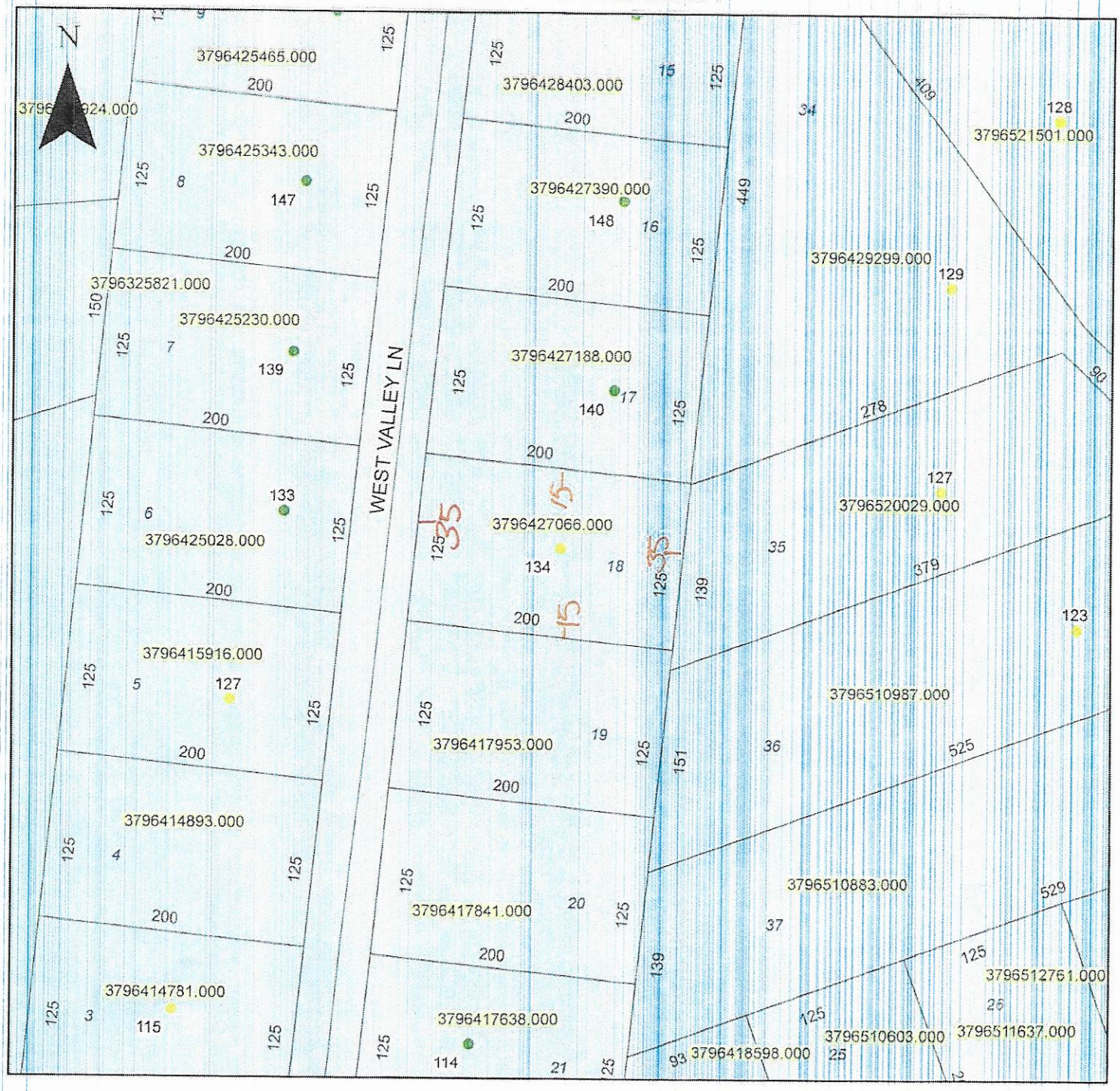
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 11/09/2020

Permit Number	312481	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 134 West Valley Lane

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