ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-309733

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

PIN # 3796 - 51 - 0883

APPLICANT/OWNER: FREEDOM HOMES / MILLSAPS-SWEENEY DEVELOPERS | APPLICANT ADDRESS: 124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 115 GREENMONT DRIVE, STONY POINT, N.C. 28678 | PHONE: 704-881-2326 | ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (R) ON OLD MOUNTAIN ROAD, (R) ON LINDSEY FARM, (L) ON GREENMONT, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

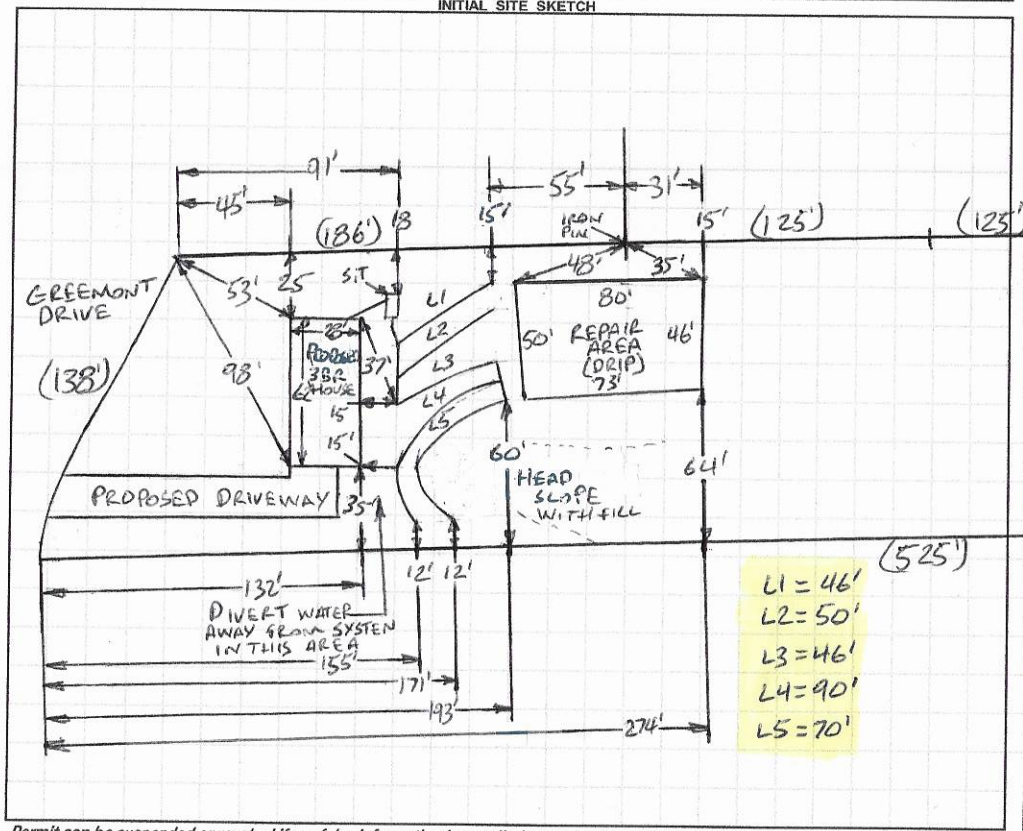
SUBDIVISION: WEST TREDELL ACRES | SECTION: 3 | LOT # 37 | LOT AREA: 1.521 AC | DESIGN FLOW: 360GPD | L.T.A.R.: 0.3 (0.15) REPAIR

Septic Tank	1000 (gal)	STB	760	Date	11-8-20	☐ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	TS-II DRIP		
# Nitrification Fields	1	# Lines	5	Linear Ft	302 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	36 IN	Trench Bottom Depth(Low side)	24 IN	Gravel Depth	—	☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☐ Private	
☐ Other	No. Employees	—	☑ Public	
☐ Slab	☑ Crawl Space		☐ Community	
☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS
UTILIZE SERIAL DISTRIBUTION

INITIAL SITE SKETCH

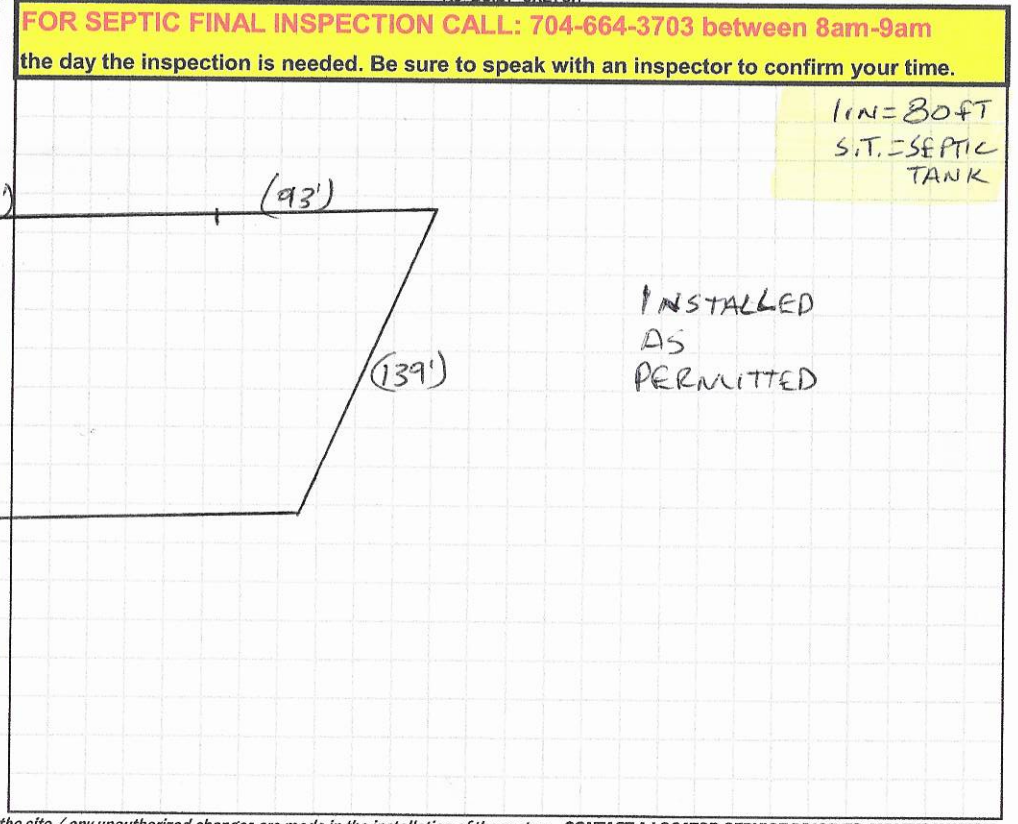


AS BUILT SKETCH

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.

1 IN = 80 FT
S.T. = SEPTIC TANK

INSTALLED AS PERMITTED



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 Page | Date: 11-16-2020 | Installed by: ABEE GRADING

IMPROVEMENT PERMIT by: Burgett C. Wilder | Date: 11-12-2020 | OPERATION PERMIT by: Burgett C. Wilder | Date: 12-30-2020

AUTHORIZATION TO CONSTRUCT by: Burgett C. Wilder | Date: 11-12-2020 | 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

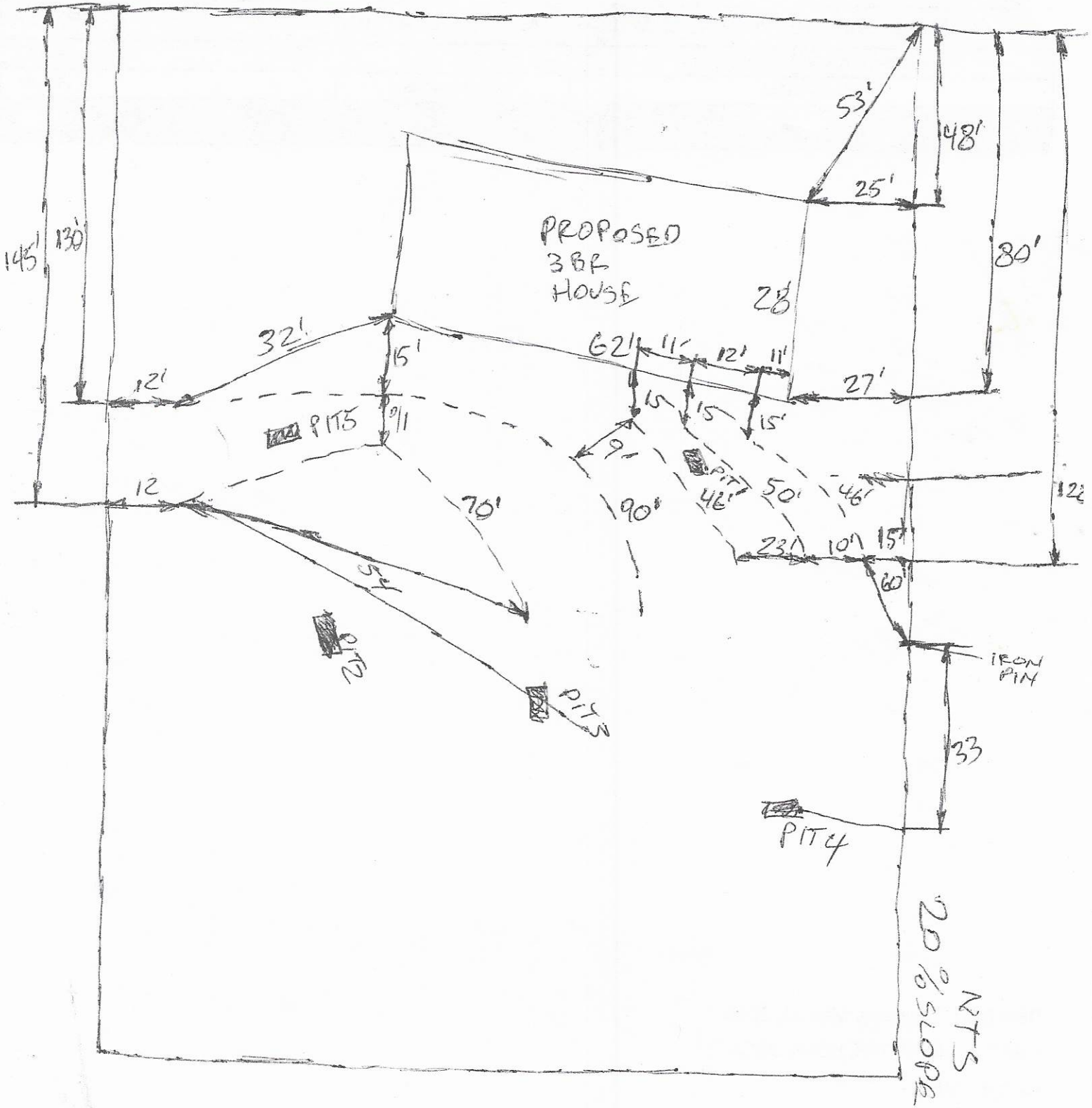
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 3796510883
DATE OF EVALUATION: 10-15-2020
COUNTY: IREDELL
Bryant C. Mata

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	LINEAR SIDE 7%	0-8	FILL	FILL	SAP INC THRU OUT MICA COMMON	54"+	NA	NA	PS .325
		8-29	C, SBK	FR, S, P, SEXP					
		29-54	CL, WSBK	FR, SS, SP, SEXP					
2	HEAD 2%	0-36	FILL	FILL	SAP INC 36"+ ROCK/ OPN: 0"-36"	54"+	NA	NA	~~PS~~ U UNFILL FILL REMOVED
		36-54	C, SBK	FR, S, P, SEXP					
3	LINEAR SIDE 16%	0-6	FILL	FILL	SAP INC THRU OUT MICA COMMON	58"+	NA	N/A	PS .325
		6-10	SCL, SBK	FR, SS, SP, SEXP					
		10-26	C, SBK	FR, S, P, SEXP					
		26-58	CL, WSBK	VFR, SS, SP, SEXP					
4	LINEAR SIDE 5%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	31"	U VFI SL ~~N/A~~	NA	PS .3 ABOVE 31" (0.15) DRIP
		6-18	C, SAP	FR, S, P, SEXP					
		18-31	CL, WSBK	FR, SS, SP, SEXP					
		31-33	~~SAP~~, R C	FI, NS, NP, SEXP					
		33+	BHR	ROCK					
5	LINEAR SIDE 10%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	48"+	NA	NA	PS .3
		6-27	C, SBK	FR, S, P, SEXP					
		27-48	CL, WSBK	FI, SS, SP, SEXP					

COMMENTS:


PROPOSED
3BR
HOUSE
145'
130'
53'
48'
25'
80'
28'
32'
12'
15'
11'
12'
11'
27'
15
15
15
PIT5
PIT7
PIT2
PIT3
PIT4
70'
90'
50'
46'
46'
23'
10'
15'
60'
IRON PIN
33
NTS
20 0'
SLOPE

not market 2-15 9-16-20 9-30-20

8-11-20

AP-309733

$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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
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, NC Zip: 28166

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

Owner Name: Millsaps-Sweeney Developers Address: 115 Greenmont Dr. Stony Point NC Zip: 28678

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

Property Information:

Street Address: 115 Greenmont Drive Stony Point NC 28678

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

Driving Directions: I-40 toward Hickory Exit 144 old mtn Rd. turn Right, 6 onto Lindsay Farm Rd, 2nd left onto Greenmont Drive, 115 is on the Left. .4 miles.

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 ( ) 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 8-5-2020

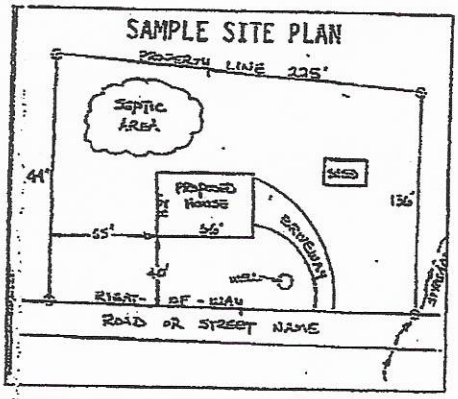
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) 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

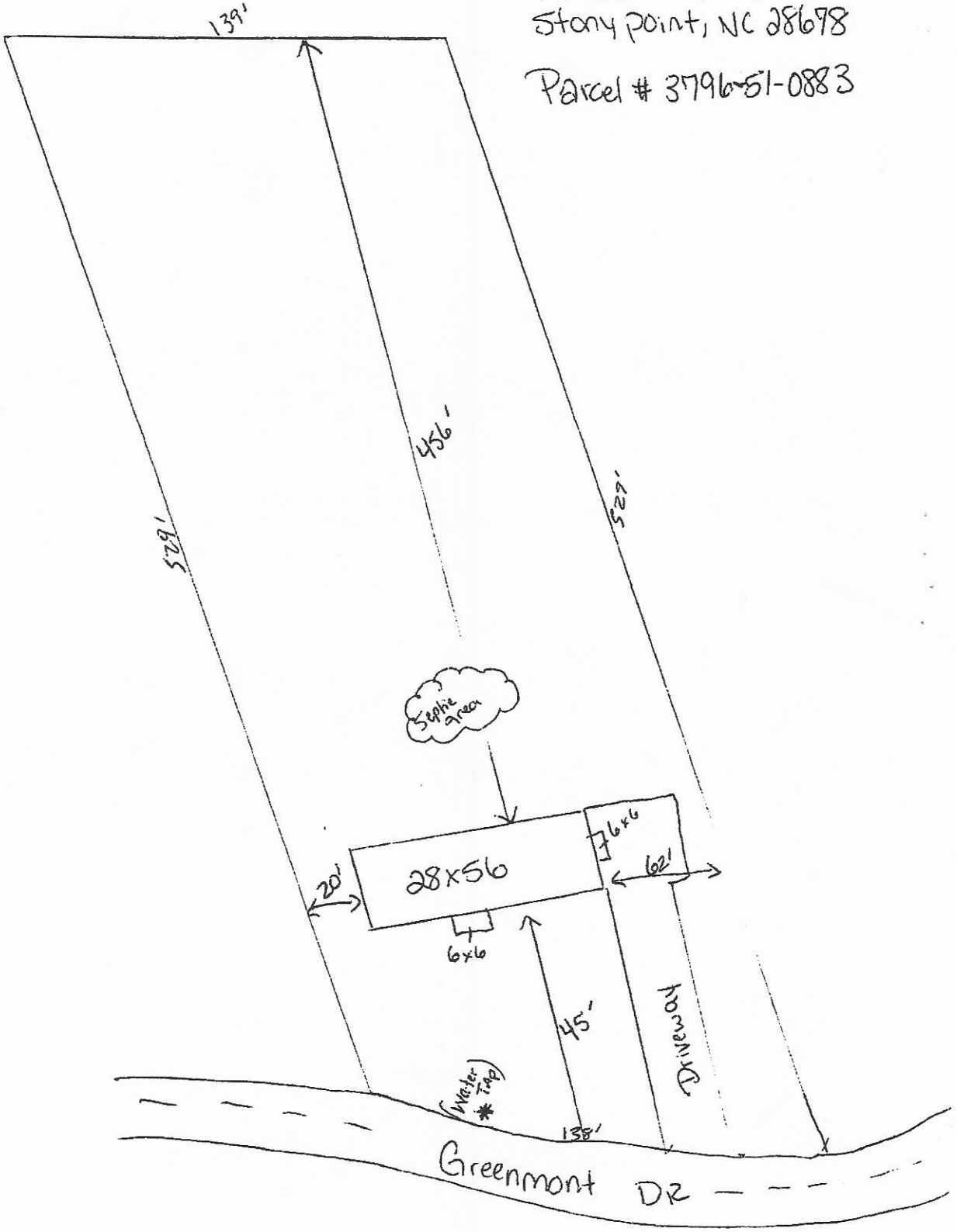
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Attached

Signature: Kimberly Bryk 8-5-2020

Dufault
115 Greenmont Dr.
Stony Point, NC 28678

Parcel # 3796-51-0883



DocuSign Envelope ID: 0ADB02EC-588C-43E6-A229-22A62EE94007

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Millsaps-Sweeney Developers, am the legal owner(s) of the property located at 115 Greenmont Drive, Stony Point NC 28678, identified as PIN (Parcel Identification Number) 3796-51-0883, located in Iredell County, North Carolina.

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

X _____ 7/27/2020
Signature of Owner(s) Date

_____ 7-27-20
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

DocuSign Envelope ID: B567AC57-F8FA-4491-98AA-9E77EEAF2BDB

DocuSigned by:
8/3/2020
9F30177E0719411...

DocuSigned by:
8/3/2020
9F30177E0719411...

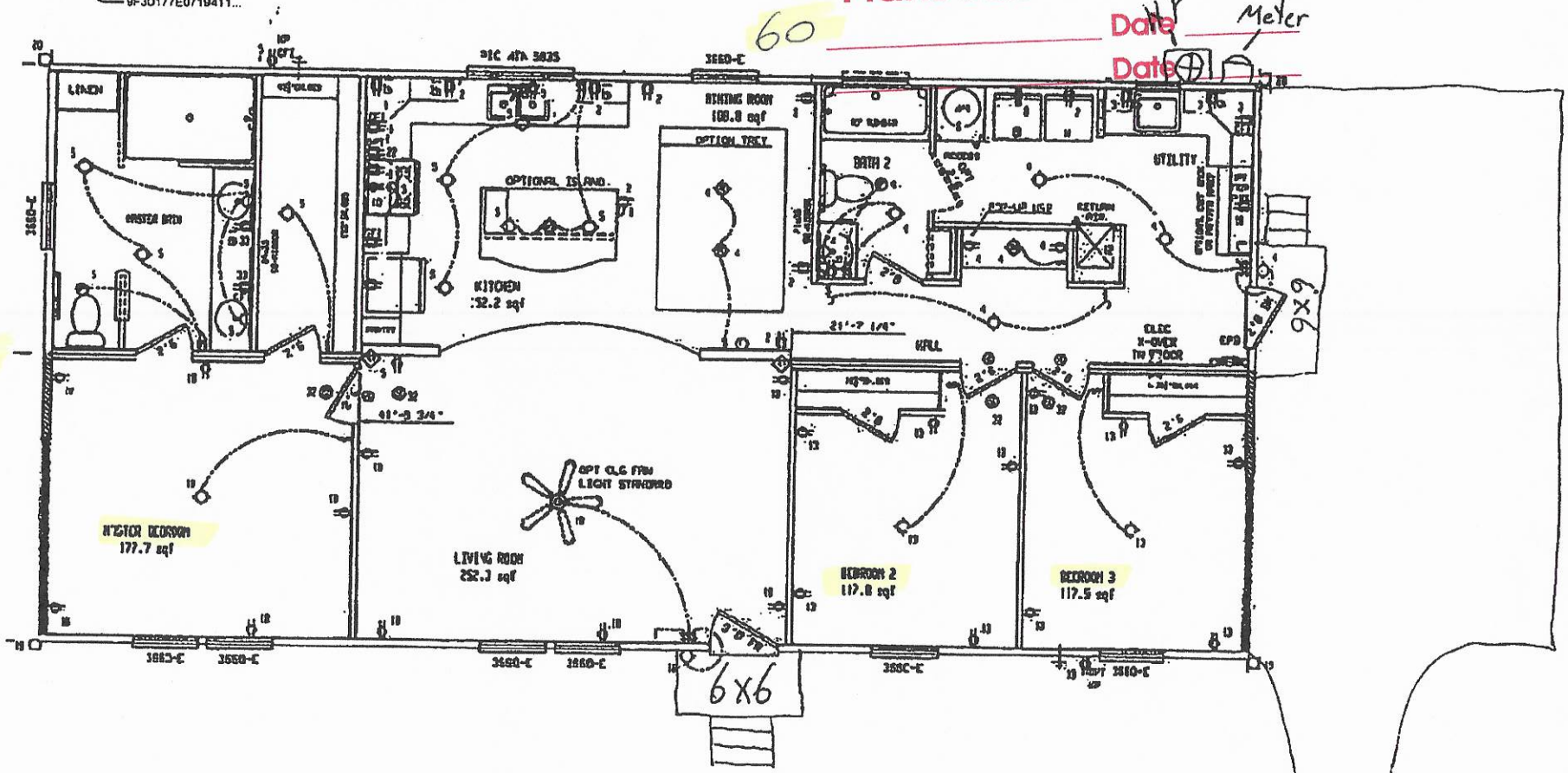
Kimberly Bye 8-5-20
Bright Construction 11-12-2020

Acknowledgement Of Plans Submittal ONLY!

Date
Date

60

28



Meter

Driveway

IREDELL COUNTY · NC

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

APPLICATION NUMBER

309733
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
3796510883.000	115 GREENMONT DR	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
1.52	35	35	15	15		NO

Remarks

DOUBLE WIDE//need 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.

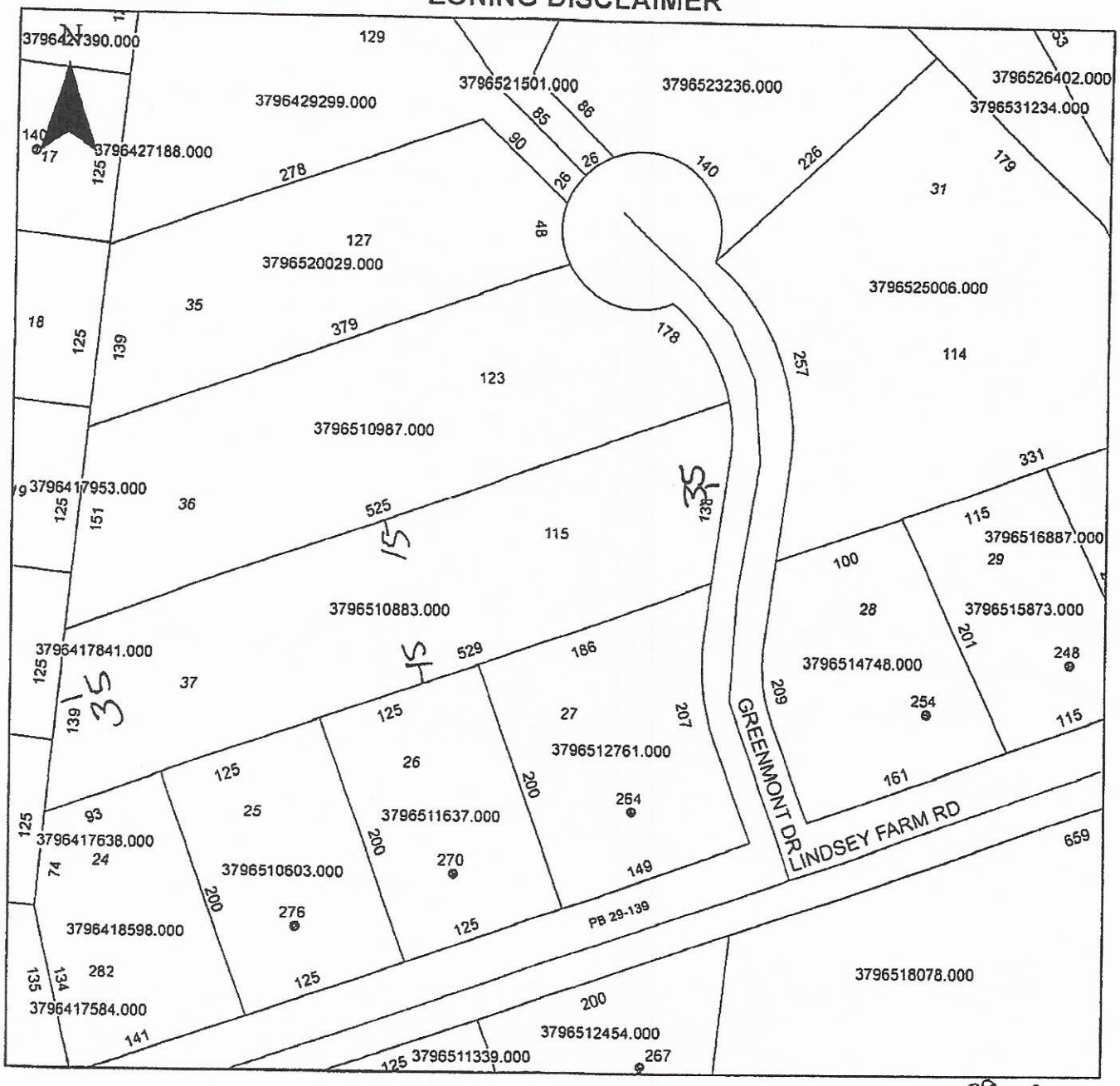
$ PAID Online 8-10-20 DL

Signature of Owner/Contractor

Date: 08/05/2020

Permit Number	309733	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 115 Greenmont Drive

RA 1:52 No

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 Boyd
Applicant

8-10-20
Date