RECEIVED AUG - 8 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350.00 Statesville

New

Application For:

( ) Septic Improvement Permit (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(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:

Place an (X) beside whichever 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: Freedom Homes Troutman NC 28166 704-883-

Applicant Name: CMH Homes Inc Address: 1124 Charlotte Hwy Phone: 6614

Owner Name: Charles Rogers Address: " " Phone:

Property Information:

Street Address: 402 Fern Hill

Subdivision Name: —

Driving Directions: 150 W, TR North, TR Fern Hill, Left on Left on 402 Fern Hill Rd

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

Year existing system installed:

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:

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

8-7-14

DATE

IREDELL COUNTY HEALTH DEPARTMENT

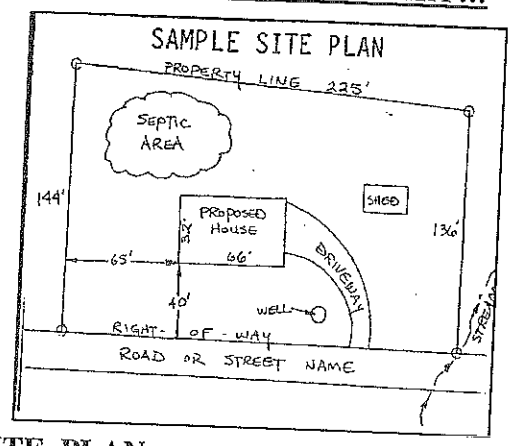
ENVIRONMENTAL HEALTH DIVISION

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:

- (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
- (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

See attached

Signature: _____

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

8-7-14

DATE

IREDELL COUNTY

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

APPLICATION NUMBER
204688
Issue Date: 07/16/2014

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649178787.000	402 FERN HILL ROAD, TROUTMAN, NC 28166	TROUTMAN

Owner Information	Applicant Information
Owner: BARRACLOUGH CINDI+CHARLES	Applicant: CMH HOMES INC
Address: 8008 IREDELL CO, NC 28625	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	PACL	

Remarks:

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.

Applicant: _____ Date: _____

Permit Number	17328	TOTAL FEES:	$ 77.25

Freedom Homes of Troutman - 402 Fern Hill Road System Information

S&ME Project No. 4358-14-064 (August 7, 2014)

Number of Bedrooms	3
Crawl	Mobile home - Crawl
Design Flow (gpd)	360
LTAR (gpd/sqft)	0.25
Primary System Type	**Gravity 25 Percent Reduction**
Proposed Trench Depth	30 inches
No. Lines	3 @ 90 ft.; 60 ft and 30 ft lines connected with drop box (See Site Plan)
Total Linear Feet	360
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	No
Distribution Device	Distribution Box with one drop box (can use other approved devices)
Maintenance Agreement Required	No

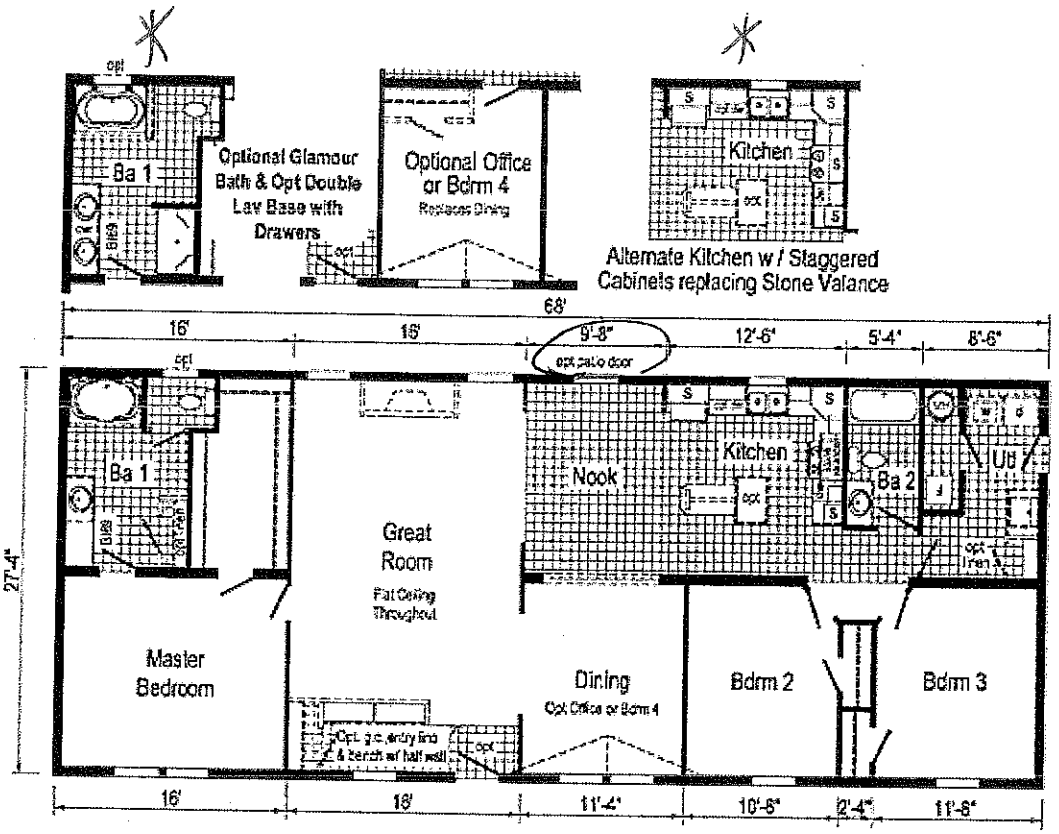
OK 8-14-14

Repair System	**25 Percent Reduction**
Total Linear Feet	360+ feet shown
Repair LTAR (gpd/sqft)	0.25

Note: **Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.**
System is to be installed according to any other ICHD requirements or policies.
These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design.
Use trench depth on ICHD IP.

FREEDOM HOMES

THE CUMBERLAND



Acknowledgement Of Plans Submittal ONLY!

_____ Date_____

_____ Date 8-14-14

3 Beds · 2 Bath · 1904 sq. ft. · 68' width · 28' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (704) 528-7960 to speak with a Home Consultant. Copyright © 2010, CMH. All rights reserved.

Published July 08, 2014

http://www.freedomhomestroutman.com

FREEDOM HOMES-TROUTMAN
1124 CHARLOTTE HWY - TROUTMAN, NC
Monday - Friday: 9am - 6pm , Saturday: 9am - 5pm , Sunday: Closed
(704) 528-7960

NOTES:

1. APPARENT SOURCE OF TITLE
TAX PARCEL #4649176787
DB 2041 PG 569 (IREDELL COUNTY REGISTER OF DEEDS)

2. AREA CALCULATED BY COORDINATE GEOMETRY METHOD
TOTAL AREA = 127,377/2.924 ACRES

3. SUBJECT TO IREDELL COUNTY ZONING REGULATIONS.
PARCEL ZONED RA.

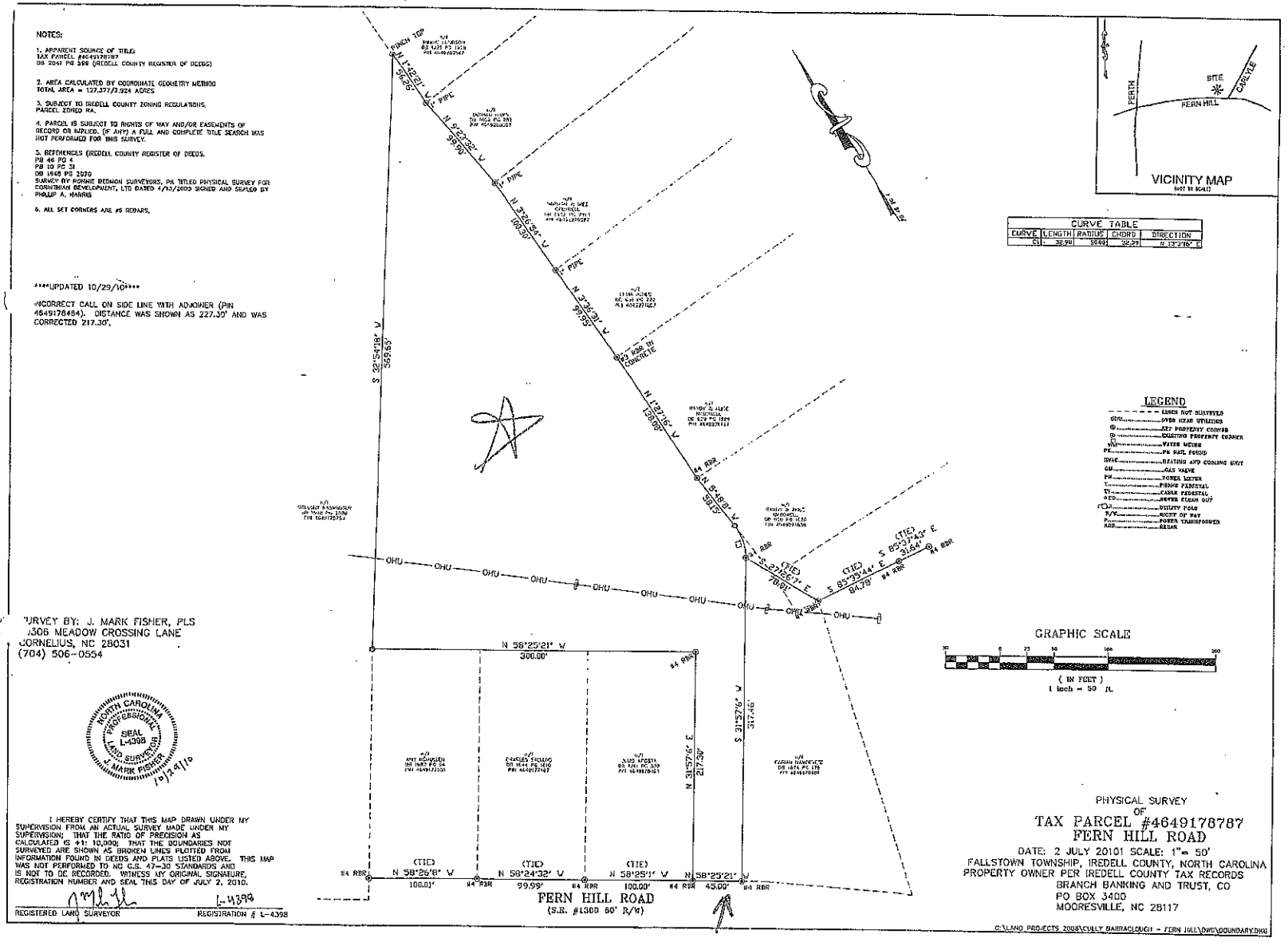
4. PARCEL IS SUBJECT TO RIGHTS OF WAY AND/OR EASEMENTS OF RECORD OR IMPLIED, (IF ANY) A FULL AND COMPLETE TITLE SEARCH WAS NOT PERFORMED FOR THIS SURVEY.

5. REFERENCES (IREDELL COUNTY REGISTER OF DEEDS.
PB 46 PG 4
PB 10 PG 38
DB 1645 PG 2070
SURVEY BY RONNIE REDMON SURVEYORS, PA TITLED PHYSICAL SURVEY FOR CORINTHIAN DEVELOPMENT, LTD DATED 4/03/2003 SIGNED AND SEALED BY PHILIP A. HARRIS

6. ALL SET CORNERS ARE #5 REBARS.

****UPDATED 10/29/10****

INCORRECT CALL ON SIDE LINE WITH ADJOINER (PIN 4649176484). DISTANCE WAS SHOWN AS 227.30' AND WAS CORRECTED 217.30'.



VICINITY MAP
(NOT TO SCALE)

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	DIRECTION
C1	38.99	50.00	38.29	N 13°5'16" E

LEGEND
- - - - - - LINES NOT SURVEYED
OHU.....OVER HEAD UTILITIES
@.....SET PROPERTY CORNER
.....EXISTING PROPERTY CORNER
W.....WATER METER
WM.....WATER MONUMENT
PK.....PK NAIL FOUND
HVAC.....HEATING AND COOLING UNIT
GM.....GAS VALVE
PM.....POWER METER
T.....PEDDE PEDESTAL
TV.....CABLE PEDESTAL
SCO.....SEWER CLEAN OUT
.....UTILITY POLE
R/W.....RIGHT OF WAY
P.....POWER TRANSFORMER
RBR.....REBAR

GRAPHIC SCALE
30 0 30 60 90 120 180
(IN FEET)
1 inch = 50 ft.

SURVEY BY: J. MARK FISHER, PLS
306 MEADOW CROSSING LANE
CORNELIUS, NC 28031
(704) 506-0554

NORTH CAROLINA PROFESSIONAL SEAL L-4398 LAND SURVEYOR J. MARK FISHER
10/29/10

I HEREBY CERTIFY THAT THIS MAP DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; THAT THE RATIO OF PRECISION AS CALCULATED IS +1: 10,000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN DEEDS AND PLATS LISTED ABOVE. THIS MAP WAS NOT PERFORMED TO NC G.S. 47-30 STANDARDS AND IS NOT TO BE RECORDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS DAY OF JULY 2, 2010.

REGISTERED LAND SURVEYOR — REGISTRATION # L-4398

PHYSICAL SURVEY
OF
TAX PARCEL #4649176787
FERN HILL ROAD
DATE: 2 JULY 20101 SCALE: 1"= 50'
FALLSTOWN TOWNSHIP, IREDELL COUNTY, NORTH CAROLINA
PROPERTY OWNER PER IREDELL COUNTY TAX RECORDS
BRANCH BANKING AND TRUST, CO
PO BOX 3400
MOORESVILLE, NC 28117

C:\LAND PROJECTS 2008\CULLY, BARRACLOUGH - FERN HILL\DWG\BOUNDARY.DWG

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

OWNER: Freedom Homes 4258-14-0647 APPLICATION DATE 8-7
ADDRESS: 402 Fern Hill Rd DATE EVALUATED: 9-6-11
PROPOSED FACILITY: 3 bd PROPOSED DESIGN FLOW (.1949): 360 PROPERTY SIZE: 2.9±c
LOCATION OF SITE: 402 Fern Hill 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/F ~5%	0-11	wssbk/cl	fr ss/sp	red fl br AP				PS .3 11.4
		11-24	wssbk/scl	fr ss/sp					
		24-41	wssbk/sc	fr s/p	red br,	f gravelly	f 10YR 5/8		
		41-60	mssbk/c-d	fr ss/st	red	f bedrock (60")		weathered	
2	L 5-10%	0-14	wssbk/scl	fr ss/sp	red br				PS .3
		14-36	mssbk/c	fr s/p	red				
		36-47	mssbk/c-d	fr ss/sp	red				
						(47")			
3	L ~10%	0-5	wssbk/cl	fr ss/sp					PS .2+ .3
		5-46	mssbk/APBk/c	fr s/p	red fl 10YR 5/8,	gravelly			
						(46")			
		AB	REFUSAL) 46" on		gravelly coarse				
4	LS ~10%	0-6	wssbk/cl	fr ss/sp	br				PS .3
		6-22	mssbk/c	fr s/p	red				
		22-47	wssbk/cl	fr ss/sp	red fl	stony ld	36"		
						47			
		AB 47 on	rock						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	CSS	3PEB
Site LTAR	.2+	.2+

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS (Must be approved)
EVALUATED BY: PSP - by ICHD
OTHER(S) PRESENT: AB 47 on WR PS .2-.3

COMMENTS: LS 0-9 br scl; wssbk fr ss/sp
9-47 red/red br C wssbk fr s/p; f 10YR 5/8 gravelly