HS

CRUSE SEPTIC @ 4PM

AP 305126

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # ~~214350~~

PIN # 4649592373 ✓

APPLICANT/OWNER: Mario Freeman | APPLICANT ADDRESS: 123 Quail Springs Statesville, NC

SITE ADDRESS: 247 Carlyle Rd Troutman, NC ✓ | PHONE: 704 658-7150 | ALT. PHONE

SITE DIRECTIONS: Hwy 115N TL Flowerhouse TL Carlyle lot on left just Past Justin's

SUBDIVISION: Hedgegans ✓ | SECTION: | LOT # 1 ✓ | LOT AREA: 2 Ac ✓ | SAP CONTROLLED: ☐ YES ☒ NO

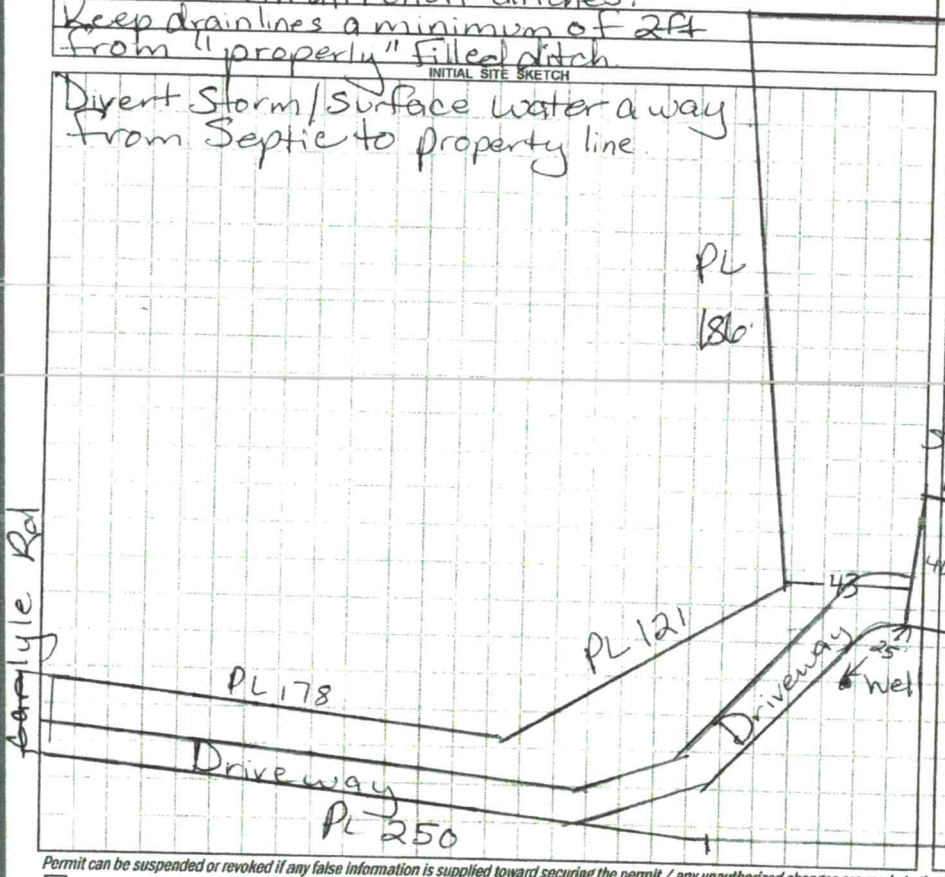
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	DESIGN FLOW: 360 gpd	L.T.A.R.: .3 1.225 Rep
Pump Tank	(gal)	PT	Date	System Description: Gravity - 25% Reduction				☒ Residence	No. Bedrooms 3
Pump Make		Model	Serial #	Repair System Description: 50% Reduction				☐ Business	No. Persons 6
# Nitrification Fields	1	# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Other	No. Employees
Trench Width	36"	Trench Bottom Depth(Low side)	30" / 36" Hi	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Slab	☒ Crawl Space
								☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

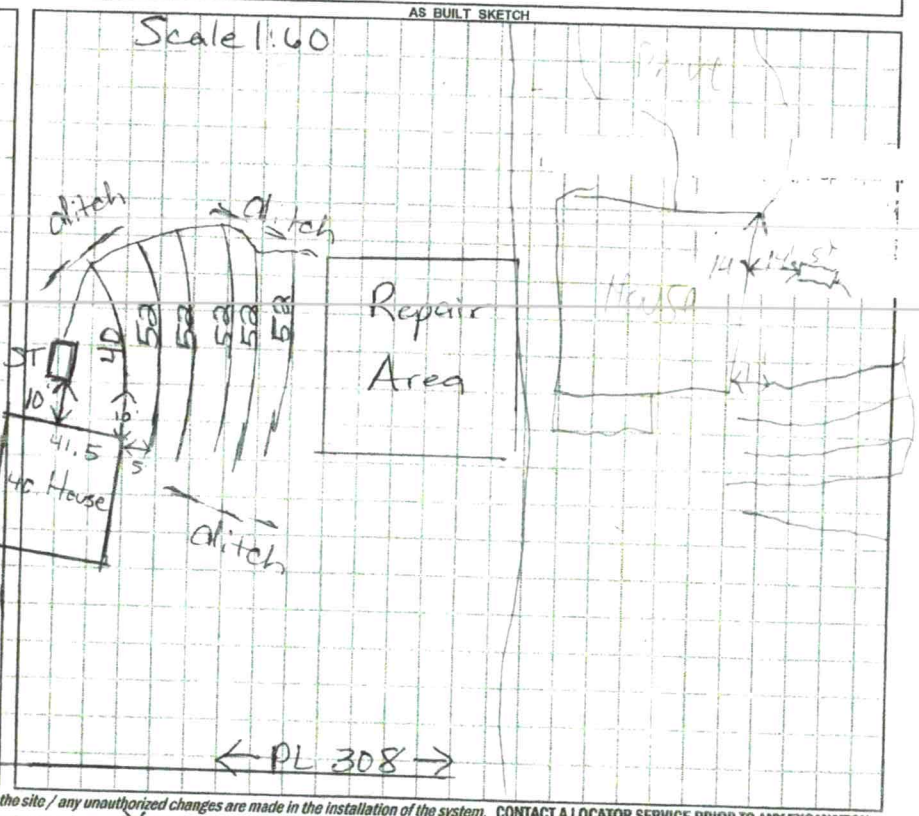
Comments / Conditions: Fill all runoff ditches. Keep drainlines a minimum of 2ft from "properly" filled ditch

3" Cover needed for repair area.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: [signature] Date: 8-24-2020 Installed by: Cruse Septic Service

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/21/2020 OPERATION PERMIT by: [signature] Date: 9-8-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/21/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4649592373
COUNTY: Iredell

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

OWNER: Mario Freeman
ADDRESS: 247 Carlyle Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: NC 115 N → L on Flower House → L on Carlyle → 1st on L
APPLICATION DATE: 7-3-17
DATE EVALUATED: 7-21-17
PROPERTY SIZE: 2 ac
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	15%	0-6	WSBK SCL	Fr, SS, SP, SEXP	—	51"	12-22" few rock inc.		PS
		6-29	ABK/SBK C	Fr, SS, SP, SEXP					
		29-51	WSBK CL	Fr, SS, SP, SEXP			41-51" com-many SAP inc.		.3
init	LS								
2	16%	0-10	WSBK SCL	Fr, SS, SP, SEXP	—	54"	42-54" few SAP inc.		PS
		10-32	SBK C	Fr, SS, SP, SEXP					
		32-54	WSBK CL	Fr, SS, SP, SEXP					.3
init	LS								
3	16%	0-12	WSBK SCL	Fr, SS, SP, SEXP	—	58"	20-40" few rock inc.		PS
		12-40	ABK C	Fr, SS, SP, SEXP					
		40-58	WSBK CL	Fr-Fi, SS, SP, SEXP					.275
rep	LS								
4	14%	0-9	WSBK SCL	Fr, SS, SP, SEXP	26-56" Com yellow brown mottles 33,44" chroma 2 2.5Y 7/2	33"	—	—	PS
		9-42	ABK C	Fr-Fi, SS, SP, SEXP					
		42-56	WABK CL	Fr-Fi, SS, SP, SEXP					.225
rep	LS								

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	
Site LTAR	.3	.225

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

*Septic Re-Draw For Permit # 214350 RECEIVED JUL 21 2020 AP- 305126 $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) 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 (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: _____ **Address:** _____ **Zip:** _____

Applicant Email: _____ **Phone:** _____ **Alt. Phone:** _____

Owner Name: Mario Freeman **Address:** 123 Quail Springs Rd. Statesville **Zip:** 28677

Owner Email: MF72880@yahoo.com **Phone:** 704-658-7150 **Alt. Phone:** _____

Property Information:

Street Address: 247 Carlyle Rd. Troutman, NC 28166

Subdivision Name: N/A **Section/Phase:** N/A **Lot Number:** N/A

Driving Directions: Hwy 21 to Flower House Loop - 1 ft on Carlyle - Property on left down Carlyle

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: _____ — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) 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 ( ) City Water ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 7-20-2020
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here***)** Mario Freeman

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.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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.

Mario Freeman _____ 7-20-2020

Signature of Owner(s) Date

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

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
_____(Date)

Owner: _____
Address: _____
_____

Subject: Notice of Intent to Revoke/Suspend _____
(**specify name/location**) Improvement Permit/Construction Authorization

Dear _____:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at _____ (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____ (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
_____	15A NCAC 18A .1937 Permits
_____	
_____	
_____	

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is _____. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

_____

Signature of DHHS Authorized Agent

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*

Application For:
- [X] Septic Improvement Permit
- [X] New Well Permit
- [X] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [ ] Well Abandonment
- [ ] Septic System Repair

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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
- [ ] Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MARIO (Robert) FREEMAN Address: 123 GUM SPRINGS STATESVILLE, NC Zip: _____

X Applicant Email: mf72880@yahoo.com Phone: X (704) 658-7150 Alt. Phone: _____

Owner Name: MARIO (Robert) FREEMAN Address: 123 GUM SPRINGS STATESVILLE NC Zip: _____

X Owner Email: mf72880@yahoo.com Phone: X (704) 658-7150 Alt. Phone: _____

Property Information:

Street Address: 247 CARLYLE ROAD, TROUTMAN, NC

Subdivision Name: HEAGGANS Section/Phase: _____ Lot Number: 1

Driving Directions: NC 115 N → L ON FLOWERHOUSE LOOP → L ON CARLYLE → 1ST LOT ON L.

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

CHECK FOUNDATION TYPE

- [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: 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: _____ 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

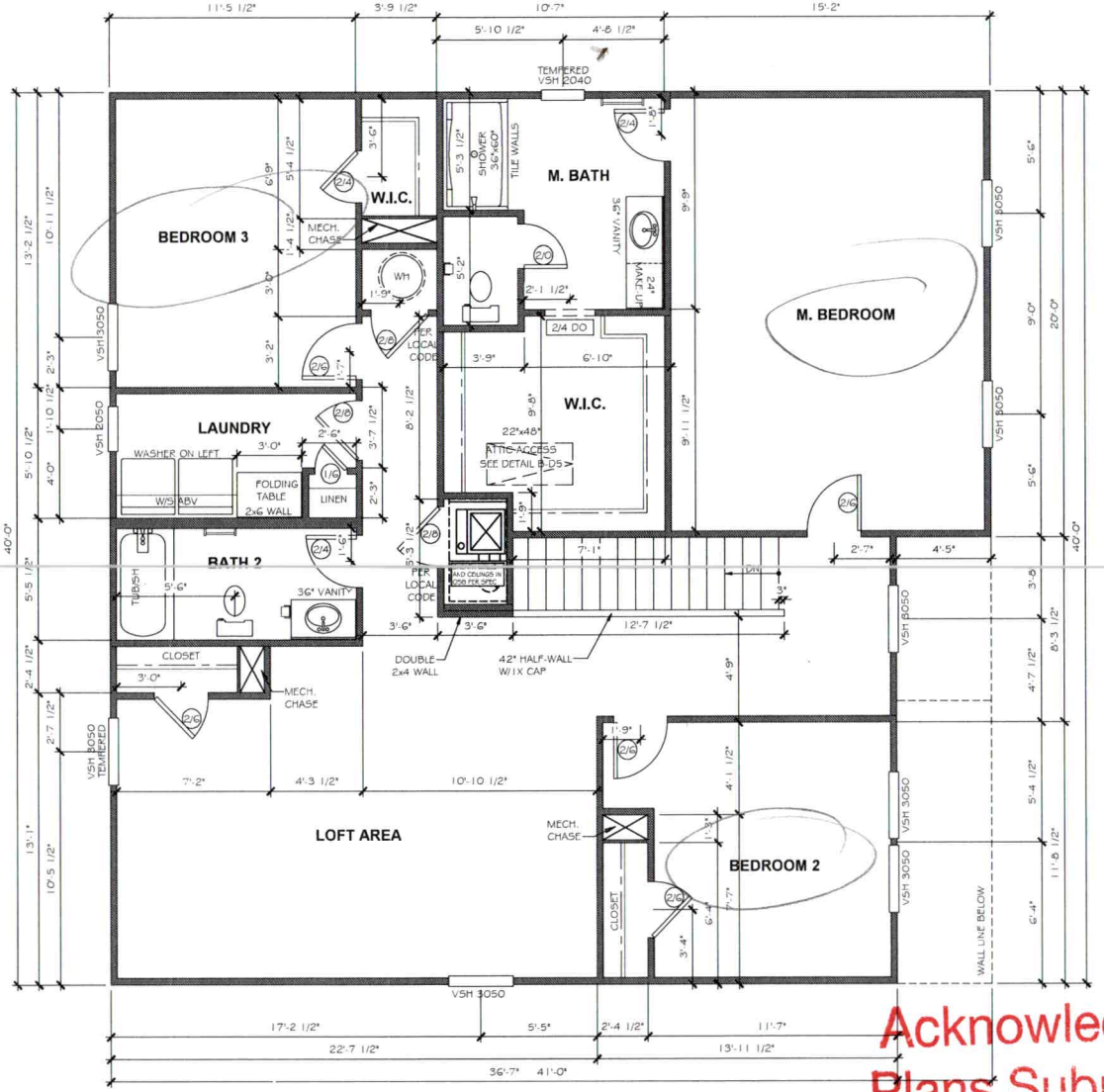
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference (3) Alternative (4) Conventional (1) Innovative (2) Modified Conventional ( ) Other: _____

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: _____ 4-2-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



2812 - OPT. SECOND FLOOR PLAN # 1

Acknowledgement of Plans Submittal ONLY!

Maria Date 4/23/2020

Date

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A

LOT# 1019

KIPLING 2812

IREDELL

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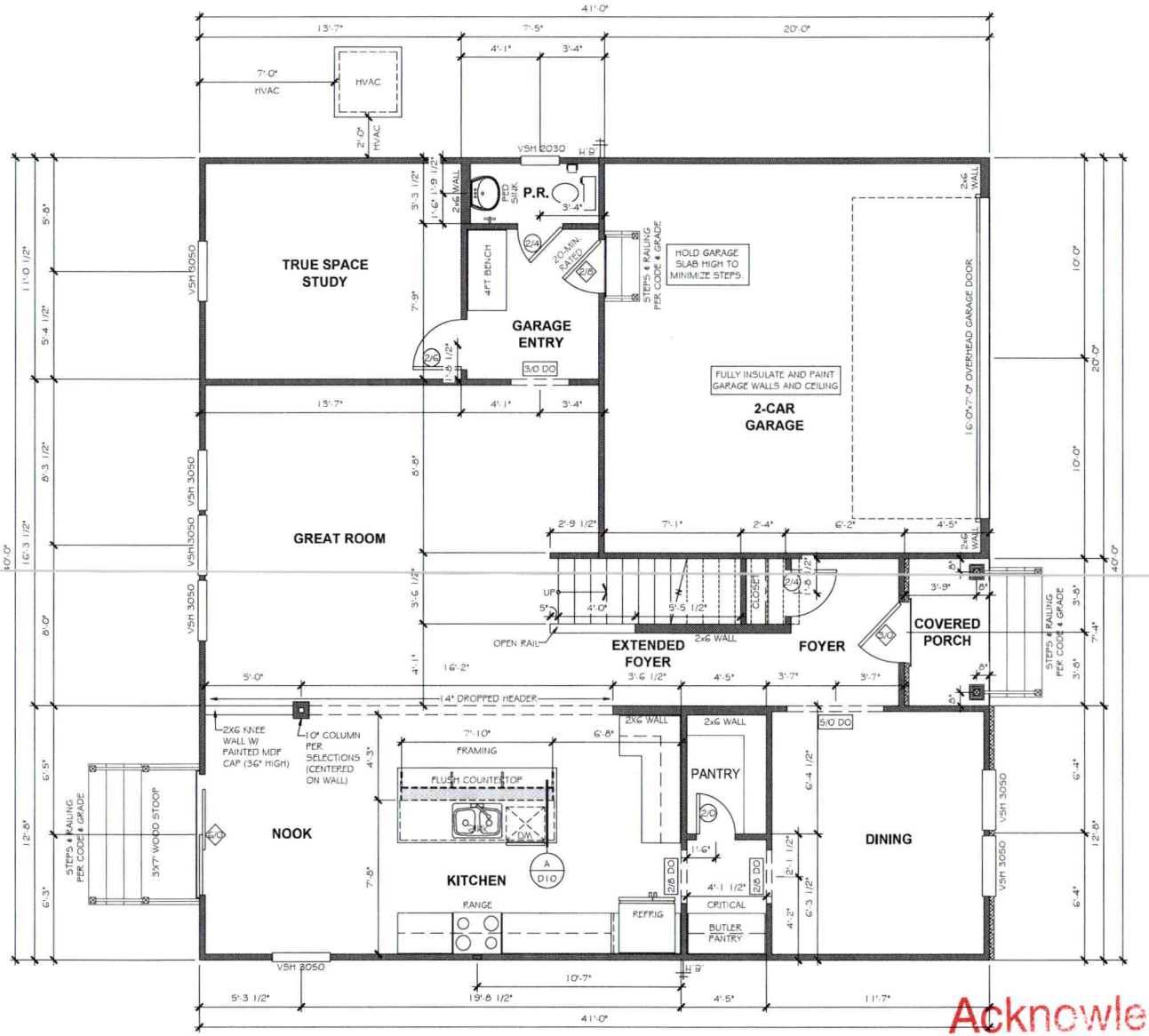
PREPARED BY: T.J.

DATE: 02-05-20

SCALE: 3/16"= 1'-0"

REVIEWED BY: SCOTT

SHEET: A2.2



2812 - FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Marion Dotson Date 4/23/2020

Date

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

YOUR LOT - REGION A

LOT# 1019

KIPLING 2812

IREDELL

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PREPARED BY: T.J.

DATE: 02.05.20

SCALE: 3/16"= 1'-0"

REVIEWED BY: SCOTT

SHEET: A2.1

IREDELL COUNTY

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

APPLICATION NUMBER
214350
Issue Date: 07/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649597118.000	247 CARLYLE ROAD, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HEAGGANS EVELYN MELZETTA HALL	Applicant: FREEMAN, MARIO
Address: 245 CARLYLE RD TROUTMAN, NC 28166	Address: 204 JASMINE CIR TROUTMAN, NC 28166
Phone:	Phone: 704-658-7150

Use Requested	Zone Code
SFD HOLD BUILDING PERMIT SUBDIVIDED PROPERTY HAS BEEN DEEDED PER RONDA MH – See attached	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
~~23.460~~ 2	35.00	35.00	15.00	15.00	PACL	X

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	108052	TOTAL FEES:	$ 77.25