IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 235707

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

PIN # 4655518354

APPLICANT/OWNER: Freedom Homes | Kathy Sims | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman, NC

SITE ADDRESS: 132 Nance Farm Rd. Mooresville, NC | PHONE: 704-881-2326 | ALT. PHONE —

SITE DIRECTIONS: NC 1155 → L on Faith → R on Midway Lake → R on Nance Farm → lot on R | SAP CONTROLLED: ☐ YES ☑ NO

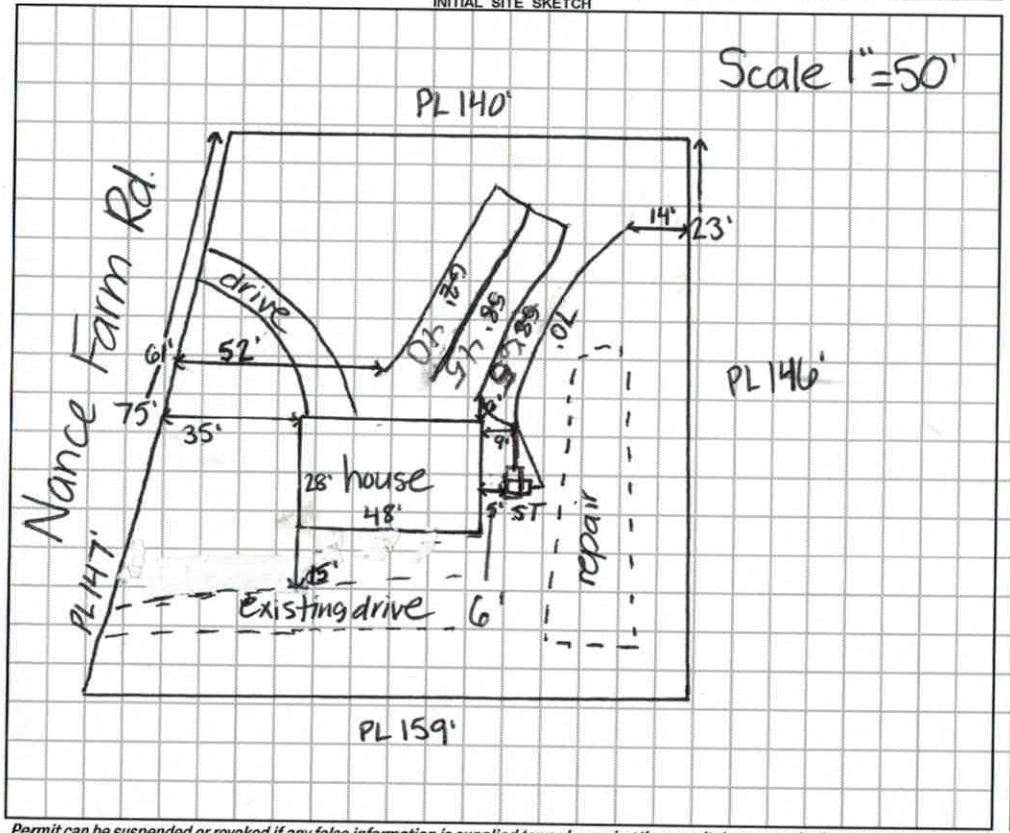
SUBDIVISION: Rebecca Fleming Carter Prop Div | SECTION: — | LOT # TR 2 | LOT AREA: .5 ac | DESIGN FLOW: 240gpd | L.T.A.R.: .275 (.3 repair)

Septic Tank	1000 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description: 25% reduction		☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1 # Lines 4		Linear Ft 220'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"/33" highside	Gravel Depth —	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: *Install at 33" highside → do NOT exceed 33" *Install 25% reduction with serial distribution and drain lines on contour. Maintain a minimum of 5' from house when installing. Although 238' is flagged, only 220' needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Arc36 as Drawn ST parallel to House.

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: Kathy Sims Date: 7-3-18 Installed by: Jim Abee

IMPROVEMENT PERMIT by: Kayla Wilson Date: 6-29-18 OPERATION PERMIT by: Marian Dotson Date: 10/8/18

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 6-29-18 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 #: 4655518354
COUNTY: Iredell

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

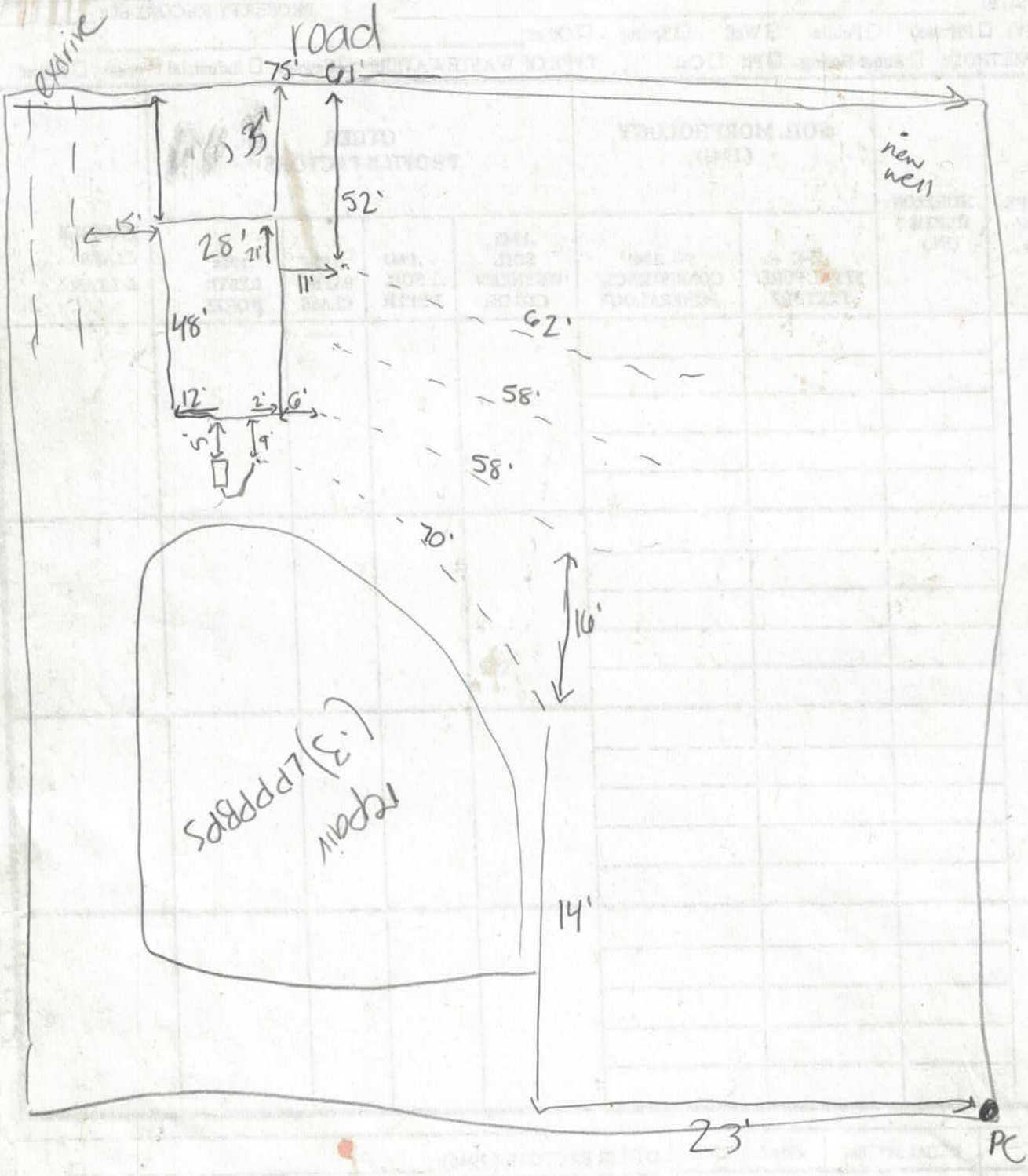
OWNER: Kathy Sims
ADDRESS: 132 Nance Farm Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 240gpd
LOCATION OF SITE: NC 115 S → L on Faith → R on Midway Lake → R on Nance Farm → lot on R
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 5-16-18
DATE EVALUATED: 5-30-18
PROPERTY SIZE: .5ac
PROPERTY RECORDED: yes

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	4% LS	0-12	ABKCL	FR,SS,SP,SE	—	45	12-45" common SAP inc.		PS .3
		12-45	WSBKCL	FI,SS,SP,SE					
		45-60	SL, SAP	FR SS,SP,SE					
2	6% LS	0-18	ABKC	FR,SS,SP,SE	—	49	18-49 common		PS .3
		18-49	ABKCL	FI,SS,SP,SE					
		49-60	SL, SAP	FR,SS,SP,SE					
3	8% LS	0-12	WSBKSCL	FR,SS,SP,SE	32-46" few yellow compounds	48	—		PS .275
		12-32	SC, SBK	FI,SS,SP,SE					
		32-46	SBKC	FI,S,P,SE					
		46-48	WSBKCL	FI,SS,SP,SE					
4	7% LS	0-13	WSBKSCL	FR,SS,SP,SE	28-55" few yellow brown models	55	—		PS .275
		13-28	SBKSC	FR,SS,SP,SE					
		28-55	SBKC	FR,SS,SP,SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.275	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT: James Boggs, Mary Allen


road
75'
61'
35'
52'
15'
28'
21'
11'
48'
12'
2'
6'
5'
9'
new well
62'
58'
58'
70'
16'
14'
23'
PC

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) 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:
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: Freedom Homes Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.Sneed04@gmail Phone: 704-881-2386 Alt. Phone: _____
Owner Name: Kathy Sims Address: 10600 Washam Potts Rd Cornelius Zip: 28031
Owner Email: _____ Phone: 704-995-9124 Alt. Phone: _____

Property Information:

Street Address: 182 Nance Farm Rd Mooresville NC 28115
Subdivision Name: Parcel# 4655518354 Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 15 miles Exit 33 (R) onto Williamson Rd (R) onto Faircrest Rd (L) onto NC 16 Hwy, (L) onto Faith Rd (R) onto Midway Lake Rd (R) onto Nance Farm Rd

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: 2
Maximum Number of Occupants: 1
( ) 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)* 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.

Signature: Kimberly Sneed 6/18/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAY 16 2018

Paid $500.00

235707

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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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 Sneed Address: 1124 Charlotte Hwy Fairmont Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Kathy Sims Address: 10600 Washam Potts Rd Cornelius Zip: 28031
Owner Email: _____ Phone: 704-995-9124 Alt. Phone: _____

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Subdivision Name: Parcel# 4655518354 Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 15 miles Exit 33 (L) onto Williamson Rd (R) onto Fairview Rd (R) onto Mock Hwy, (L) onto Faith Rd (R) onto Midway Lake Rd (R) onto Nance Farm Rd

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

(X) New Single Family Residence Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence Maximum Number of Occupants: 1
( ) Accessory Building ( ) Swimming Pool
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Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

CHECK FOUNDATION TYPE

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( ) 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 hereon 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: Kimberly Sneed 5/16/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Kathy Sims, 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**) Freedom Homes, Kimberly Sneed, 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.

Kathy Sims 3.23.18
Signature of Owner(s) Date

Signature of Witness 3/23/18
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

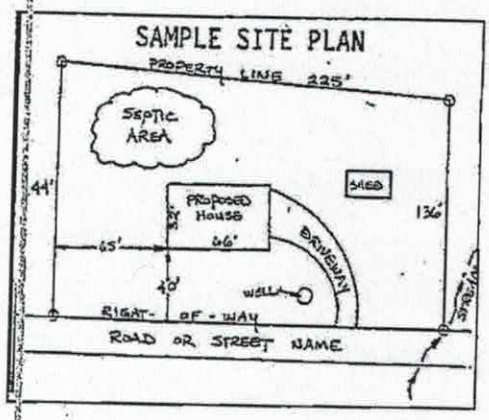
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

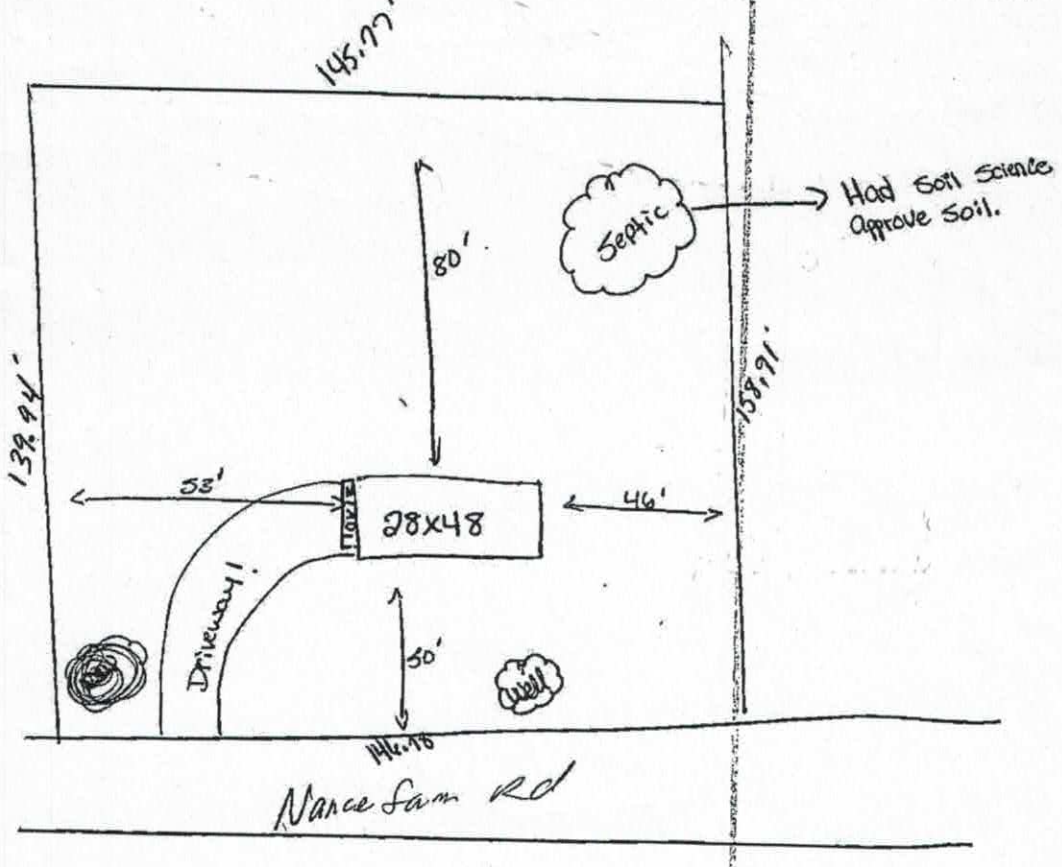


Circle N/A on the following if appropriate:

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



Signature: Kimberly Sands

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

5/16/18

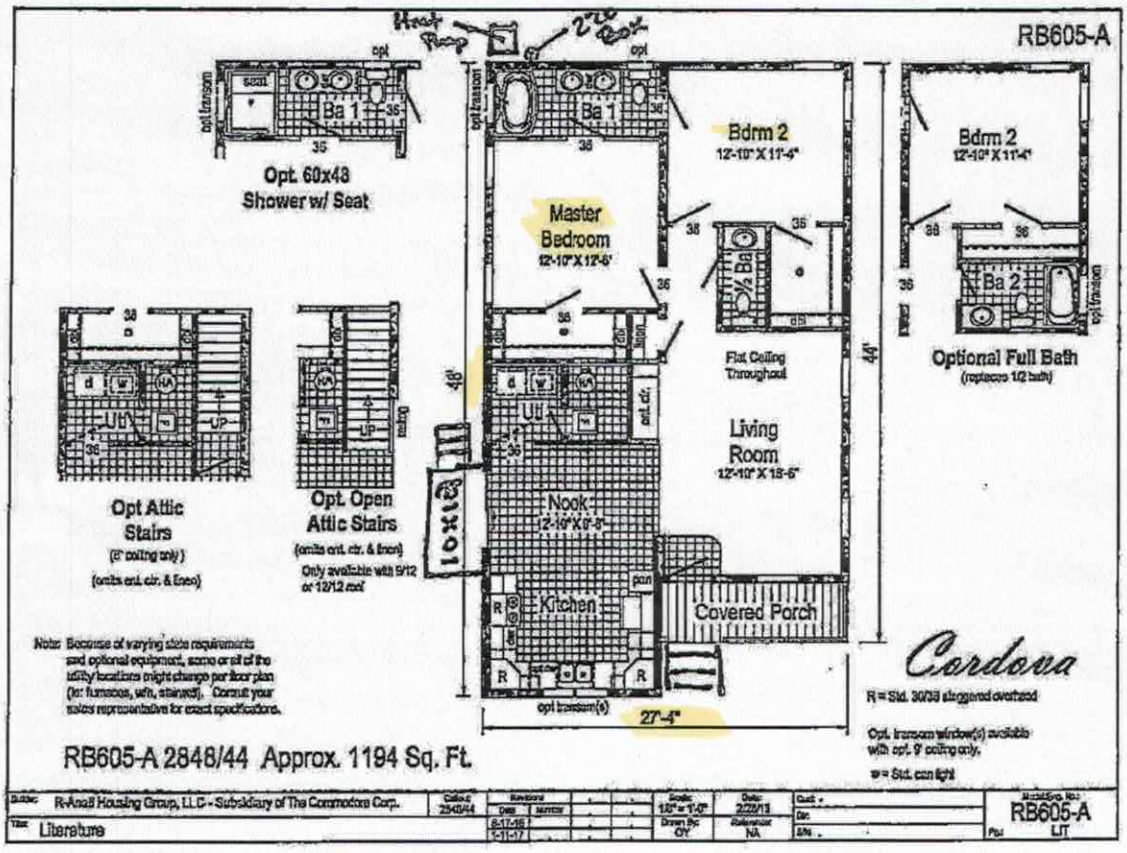
DATE

PRINTABLE INFO SHEET

Series: Rockbridge Modular Homes
Model: RB605A Cordova

R-Anell Homes

Construction Placement



About This Model

Style: Ranch / Bedrooms: 2 / Bathrooms: 2 / Square Feet: 1194

CUSTOMER CONTACT

Notes:

Acknowledgement Of
Plans Submittal ONLY!
Date 6/18/18
Date 6-29-18

IREDELL COUNTY

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

APPLICATION NUMBER
235707
Issue Date: 05/16/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4655518354.000	132 NANCE FARM ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: SIMS KATHY J	Applicant: FREEDOM HOMES-TROUTMAN
Address: 10600 WASHAM POTTS RD	Address: 1124 CHARLOTTE HWY
CORNELIUS, NC 28031	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
NEW MODULAR	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
					NOT	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	139094	TOTAL FEES:	$ 77.25