IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 230760

APPLICANT/OWNER: Freedom Homes/Kelsey Cline APPLICANT ADDRESS: 1124 Charlotte Highway Troutman

SITE ADDRESS: 140 Stowe Away Lane Mooresville, NC 28115 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: Rt 115 N from Mooresville → R on Shepherd Rd → R on Stowe Away Lane → Site @ end

PIN # 4659-95-1644 2904

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 2.25 acres SAP CONTROLLED: ☒ YES ☐ NO

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

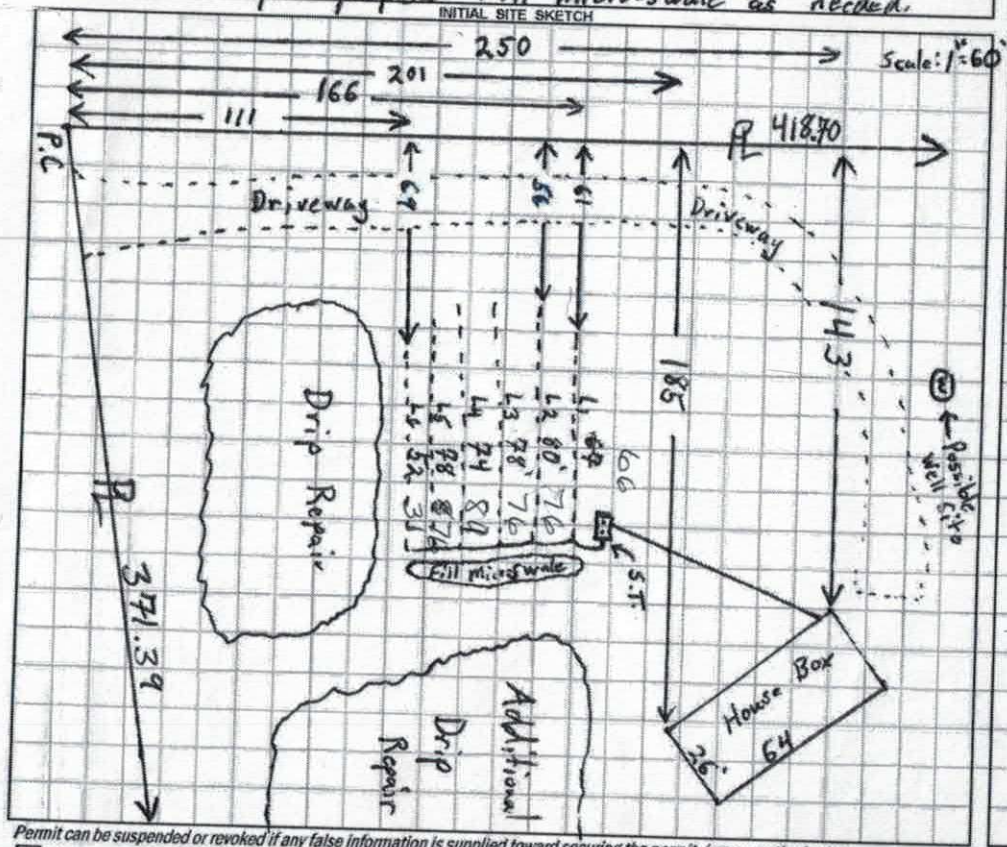
Septic Tank	1000 (gal)	STB	760	Date	7-8-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% Reduction (Serial Distribution)
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Drip
# Nitrification Fields	1	# Lines	6	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	31"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Though 429 L.F. of line has been laid out, only 400 feet need be installed. Extra/spare area to be set aside for future repair purposes. Fill micro-swale as needed.

Ensure that house sewer line exits residence at necessary location to allow gravity fall to septic tank.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed Arc 36
House not built at time of inspection.

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: 9/12/18

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/11/2018

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/12/2018

Installed by: Tim Abee

OPERATION PERMIT by: Maria Dotson Date: 9/14/18

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 ___ of ___
PROPERTY ID #: ___
COUNTY: Iredell

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

OWNER: Jerry Cline
ADDRESS: 120 Stowe Away Lane Mooresville
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___
LOCATION OF SITE: 120 Stowe Away Lane

APPLICATION DATE 10/9/17
DATE EVALUATED: 10/20/17
PROPERTY SIZE: 2.25 acres
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	HS Prim	0-30	Clay some fica w SBK/ABK	SI. Firm, S Sticky, Sp, Sexp		51"	-	-	0.30 PS
		30-51	Clay Loam w SBK Abundant Saprolite	SI. Friable, SS, Sp, Sexp					
2	LSS 12% ✓	0-20	Clay w SBK/ABK	SI. Firm, Sticky, Sp, Sexp		32	-	-	0.30 PS
		20-32	Clay Loam w. SBK some Sap/ clay plugs	SI. Friable, SS, Sp, Sexp					
		32-62	Loamy Saprolite MA	Friable + well drained					
3	LTS 10%	0-22			2.5Y 7/1 Light Gray @22"		-	-	0.1 Drip
		22-30	Clay Loam + Some Sap w/SBK	SI. Firm, SS, Sp, Sexp					
		30-49"	Loamy Saprolite MA						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	~~NE~~ 400	4800 S.F
System Type(s)	25%	Drip + MBBS
Site LTAR	0.30	0.1

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___

CONDITIONS:

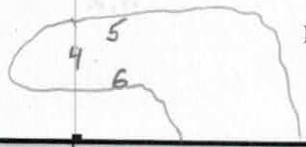
SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

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

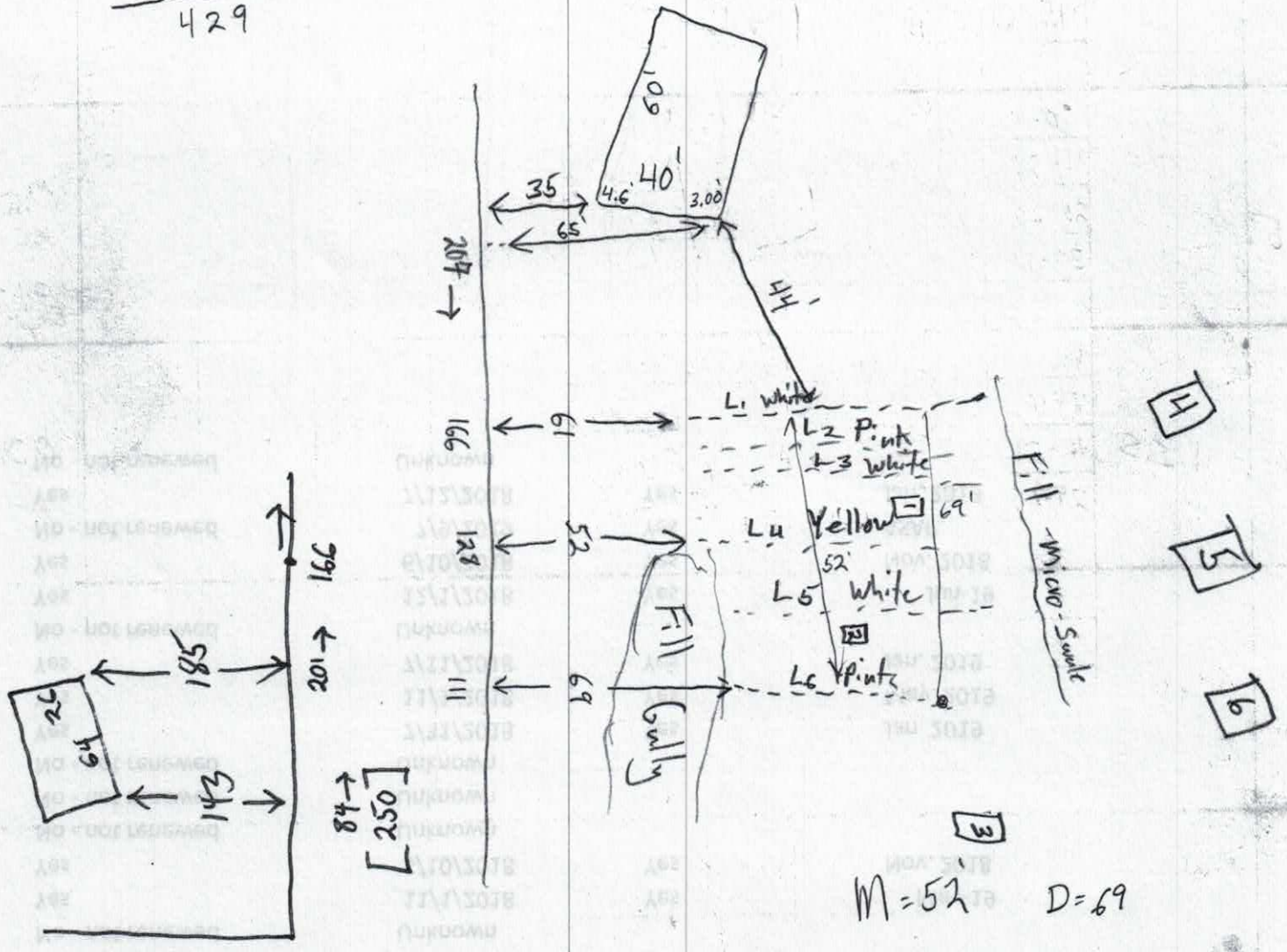
PROPERTY ID #: ___
DATE OF EVALUATION: 10/25/17
COUNTY: Iredell



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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
4		0-6	SCL V,W,SBK	Sl. Friable, SS, Sp, Sexp	—	45	—	—	0.175 PS
		6-22	Clay W SBK/ABK Trace mica/sap	Sl. Firm, Sticky, Sp, Sexp					
		22-45	Clay Loam W SBK some Saprolite	Sl. Friable, SS, Sp, Sexp					
		45-60	Loamy Saprolite MA	Friable + moderately Drained					
5		0-4	SCL V,W SBK	Sl. Friable, SS, Sp, Sexp	2.5Y 7/1 Grey @ 30"	30"	—	—	0.25 PS 0.1 Drip
		4-25	Clay W,SBK/ABK Trace mica	Sl. Firm, Sticky, Sp, Sexp					
		25-30	Clay Loam W,SBK some mica	Sl. Friable, SS, Sp, Sexp					
		30-61	Dense Sandy Saprolite MA	Poorly Drained + Dense					
6	LSS	0-7	SCL V,W,SBK	Sl. Friable, SS, Sp, Sexp	—	29"	—	—	0.30 PS
		7-16	Clay some W,SBK Saprolite	Sl. Firm, Sticky, Sp, Sexp					
		16-29	Clay Loam W,SBK Abundant Saprolite	Friable, SS, Sp, Sexp					
		29-62	Saprolite (Loamy) MA	Moderately Drained + very Friable					

COMMENTS: ___

L_1	W	67'	5.32
L_2	P	80'	6.37
L_3	W	78'	—
L_4	Y	74'	8.44
L_5	W	78	—
L_6	P	52	10.45
		429	



#230 1062 9105.

BK 2520 Pg 2241-224

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) 704-528-7960 (Mike Freedom Homes)

Applicant Name: ~~Kimberly~~ Freedom Homes/Kimberly Sneed Address: 1624 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone:
Owner Name: Kelsey Cline Address: ~~140~~ 164 Stowe Away lane mooresville Zip: 28115
Owner Email: Phone: 704-929-2110 Alt. Phone:

Property Information:

Street Address: 140 Stowe Away LN Mooresville, NC 28115
Subdivision Name: Section/Phase: Lot Number:
Driving Directions:

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: 4
Maximum Number of Occupants: 8
( ) 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 8-3-18
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

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, Kelsey Cline Crabtree, am the legal owner(s) of the property located at 140 Stowe Away Ln. Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4659952904, 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.

Kelsey Cline Crabtree 6-22-18

Signature of Owner(s) Date

Signature of Witness 6/22/18

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

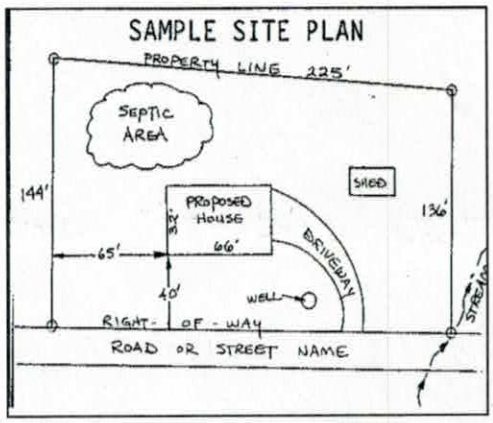
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

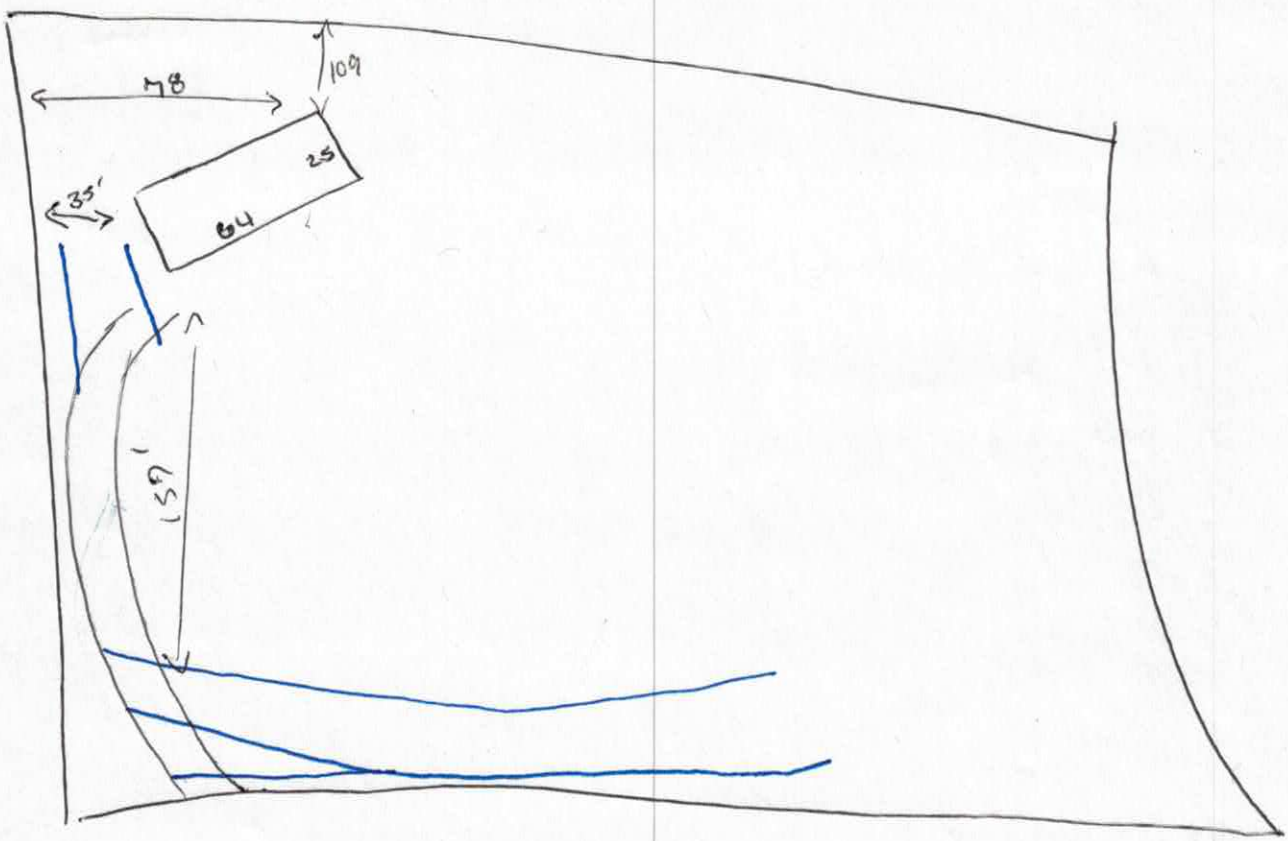


Circle N/A on the following if appropriate:

- 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

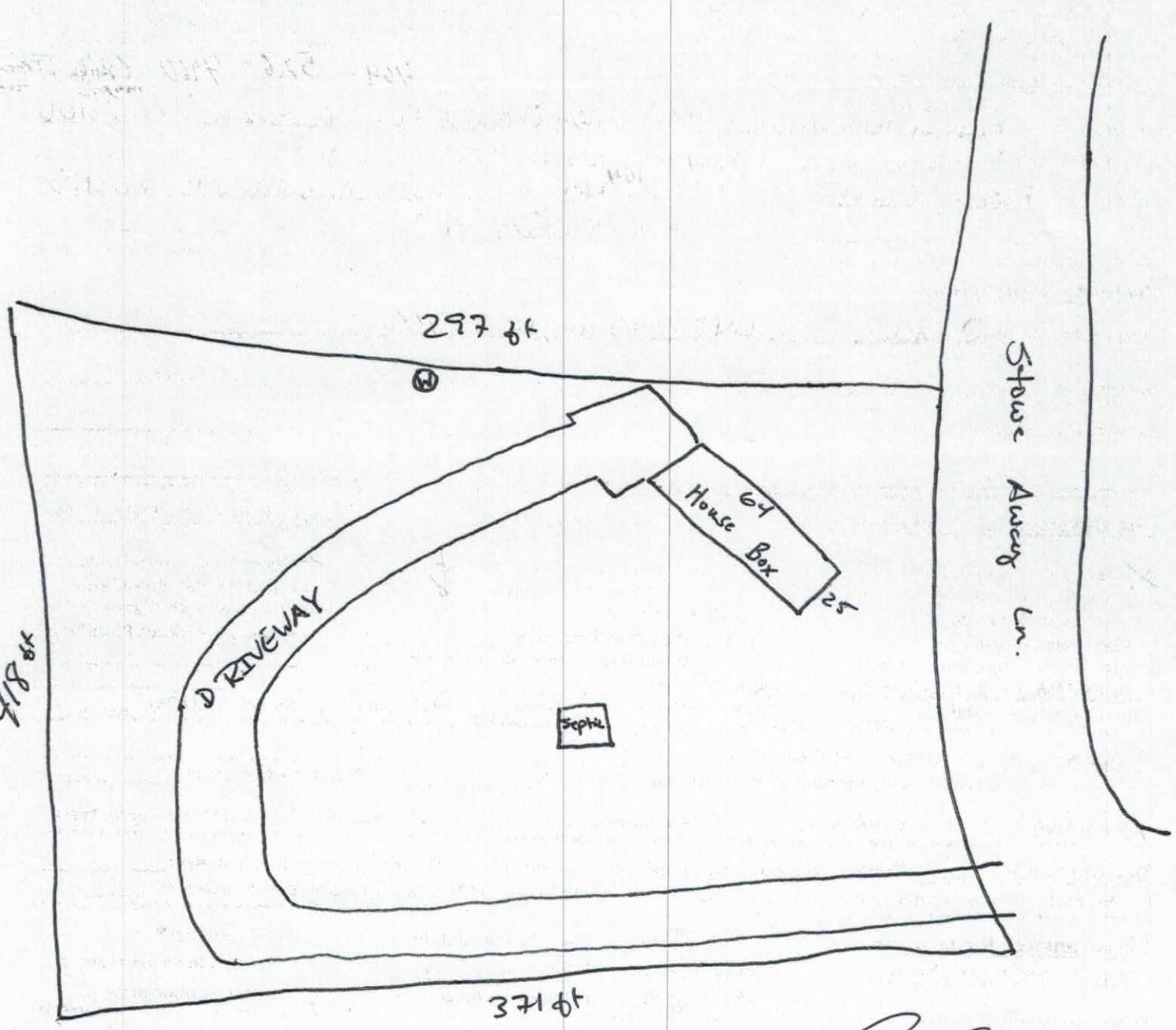


Signature: Kimberly Sneed

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

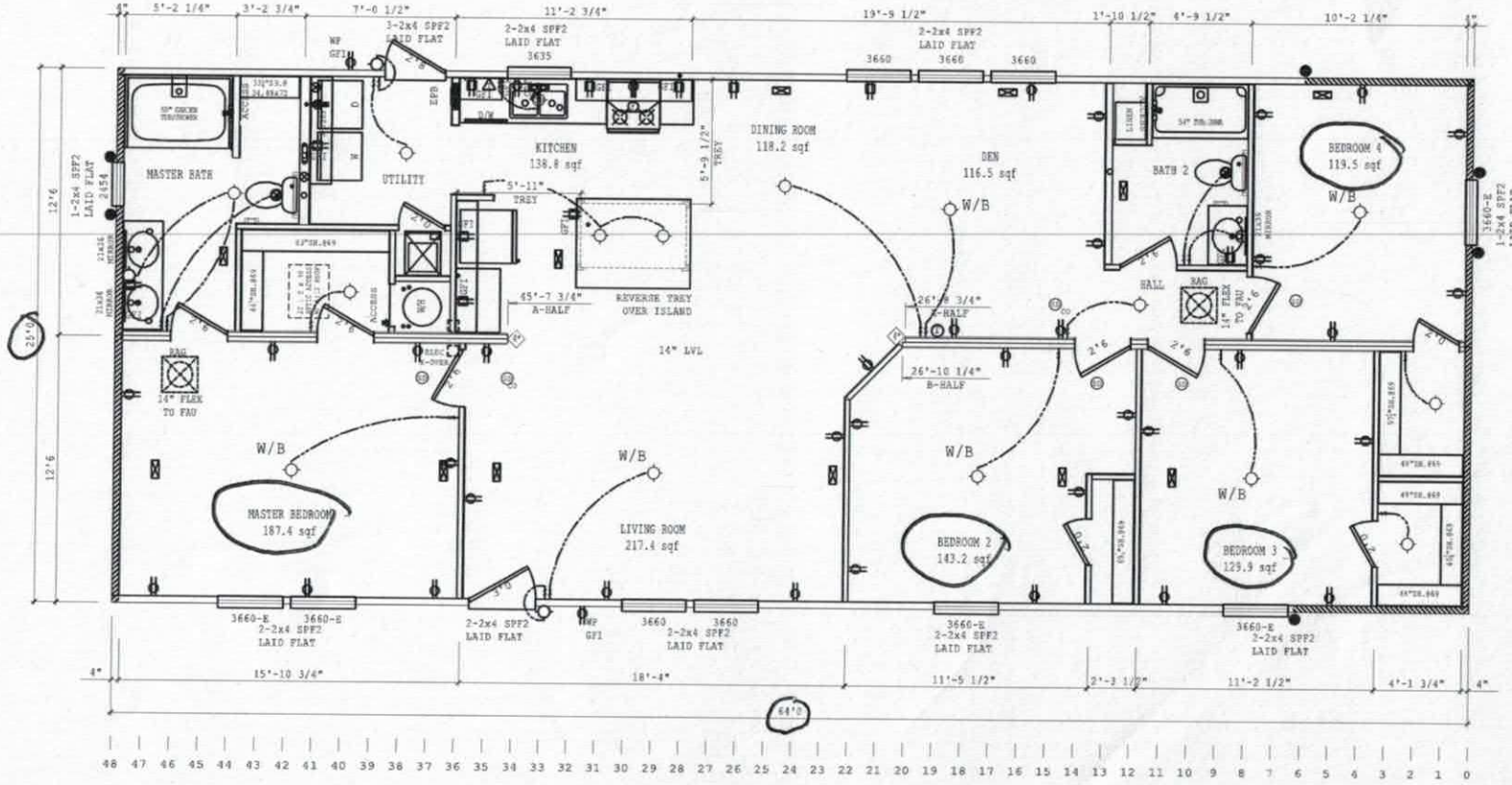
8-3-18

DATE



(FREEDOM HOMES)
8-31-18

Acknowledgement Of
Plans Submittal ONLY!
Kimberly Lund Date 9/12/18
Tom Schultz Date 9/12/18



229"EW/ 86"SW
241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.D.E.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-237B.1
100 MPH WIND SPEED

SIDEWALL HEADERS:
EW-20.3.R.G.E.22.20 (100 MPH)
RIDGE BEAM:
RC-60.3.R.G.N._.20

RETURN AIR REQUIREMENTS
1. 30"x16" GRILL REQUIRED
2. 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT
3. DOOR(S) MUST BE UNDERCUT 2 1/2" MIN.
4. 6"x24" OR 6"x14" GRILL REQUIRED

● INDICATES FREE END SHEAR WALL WITH BLOCKING
(P) THE * SPECIFIES THAT THERE CAN BE NO HOLES IN STUDS IN COLUMNS

BRAND	SERIES
SCHULT	CL25

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 96.00
FLOOR FRAMING SPACING = 16
TOTAL WINDOW SQFT =ENTER TOTAL CALCULATED

DRAWING TITLE
MASTER PLAN

MODEL NAME		SQ. FT.
2563-TPS-4BR		1600
PLANT	DESCRIPTION	MODEL NO.
958	25X64 4BR-2BA	SN250234
DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
GCK	08/29/2018	08/29/2018	1-1

IREDELL COUNTY

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

APPLICATION NUMBER
230760
Issue Date: 10/09/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4659951644.000	140 STOWE AWAY LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: CLINE JERRY LEE+SARA S	Applicant: CLINE JERRY LEE+SARA S
Address: 164 STOWE AWAY LN MOORESVILLE, NC 28115	Address: 164 STOWE AWAY LN MOORESVILLE, NC 28115
Phone:	Phone:

Use Requested	Zone Code
SFD (ACCESSORY DWELLING W/LIVING QUARTERS-EVENTUALLY BUILD HOME W/UNDERSTANDING HAVE TO REMOVE KITCHEN FROM ACCESSORY	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		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	117314	TOTAL FEES:	$ 77.25