ICHD–ENVIRONMENTAL HEALTH DIVISION

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

SR 4:00 AP

PERMIT # 306980

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

PIN # 4666869158

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman, NC 28166

SITE ADDRESS: 127 Woodridge Ln Mooresville NC 28115 | PHONE: 704881-2326 | ALT. PHONE

SITE DIRECTIONS: US 21 N TR Connector Rd continue onto Mazzepa TL Woodridge Ln on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Woodridge | SECTION: — | LOT # 3 | LOT AREA: .77 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

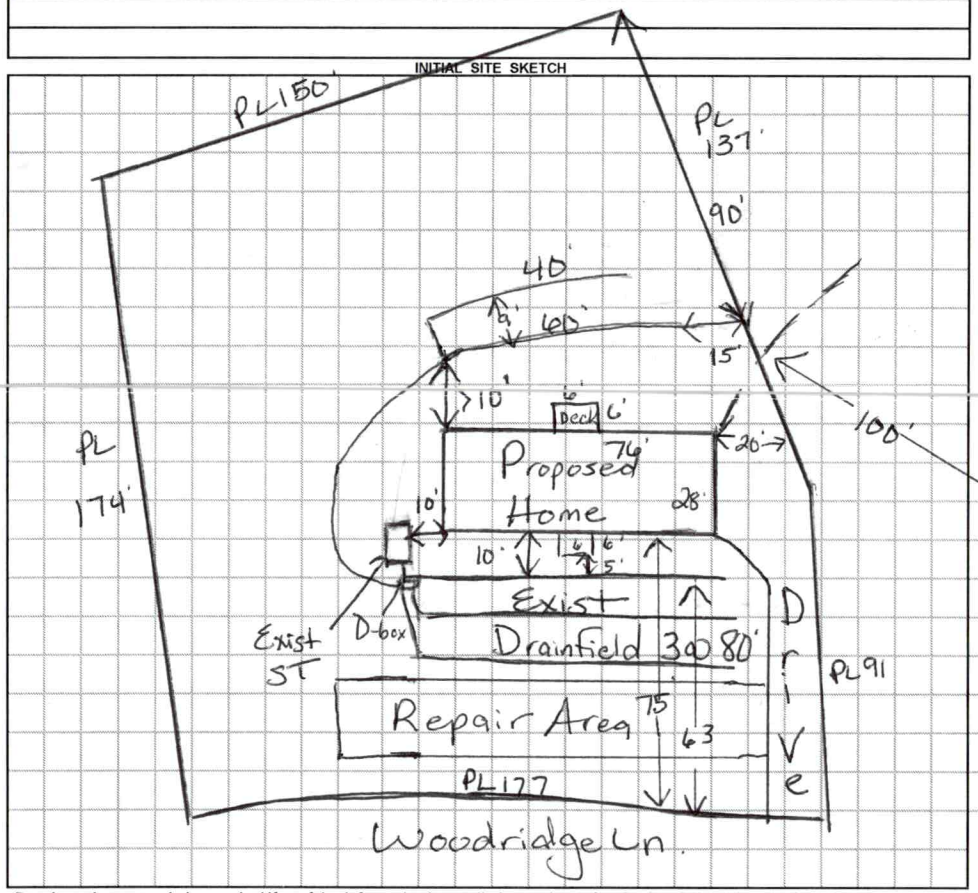
Septic Tank	1000 Exist (gal)	STB		Date		☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: Gravity-25% Red + Existing		☐ Business	No. Persons 8
Pump Make	Model			Serial #		Repair System Description: PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft	100'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	36" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Shared ☐ Public ☐ Community

Comments / Conditions:

If existing ST is not structurally sound new septic tank may be required. Use distribution box to feed all drainlines

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50

* Must keep drainlines 100ft from existing well.

7/29/2020 Checked new 60ft line & d-box. (40ft line flooded, has to dry out or pump out. MP

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: Acceptance of Permit Recv'd | Date: 5-26-2020 | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Maria Dotson | Date: 5/21/2020 | OPERATION PERMIT by: Maria Dotson | Date: 7/30/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 5/22/2020 | 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.

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Kimberly Sneed, am the legal owner or the agent of the property located at 127 Woodridge LN, identified as PIN(Parcel Identification Number) 4668691158, located in Iredell County, North Carolina.
Permit # 306980.

I do hereby agree to the permit design and the conditions of this permit.

5-26-20
Signature of Owner/Authorized Agent Date

Signature of Witness Date

Kimsneed.Sneed04@gmail.com
email

Central Office (Health Dept.)
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville – Environmental Health
610 E. Center Avenue
Mooresville, NC 28115
704 660-5625

Statesville - Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5305 x3456

http://www.co.iredell.nc.us/Departments/Health/

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

Sheet ___ of ___
PROPERTY ID #: 4668691158
COUNTY: Iredell

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

Applicant / Owner
OWNER: Freedom Homes / Steven Kolstad APPLICATION DATE 4/8/20
ADDRESS: 1124 Charlotte Hwy Troutman, NC 28166 DATE EVALUATED: 5/19/20
PROPOSED FACILITY: Home PROPOSED DESIGN FLOW (.1949): 480gpd PROPERTY SIZE: .77Ac.
LOCATION OF SITE: 127 Woodridge PROPERTY RECORDED: Y
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	7%	0-5	BrwSCL	wSBK SS, SP, SExP, FR					PS
		5-17	RCm-L	wSBK SS, SP, SExP, FR					.35
		17-44	RCL	wSBK SS, SP, SExP, FR					
			W/SAP Inclus &		Common Mica				
		44-55	L SAP	massive, FR	—	44"	PS	—	
2	7%	0-4	BrwSCL	wSBK SS, SP, SExP, FR					PS
		4-20	RCL	mwSBK SS, SP, SExP, FR					
		20-42	RCL	wSBK SS, SP, SExP, FR					.35
			W/many SAP Inclus						
		42-60	L SAP	massive, FR	—	42"	PS	—	
3	5%	0-6	BrwSCL	wSBK SS, SP, SExP, FR					PS
		6-21	RCm-L	wSBK SS, SP, SExP, FR					
		21-50	RCL	wSBK SS, SP, SExP, FR					.3
			W/SAP Inclus &		Common Micas				
		50-56	L SAP	massive, FR		50"	PS	—	
4	5%	0-12	Fill CL						PS
		12-26	RCL/CL	wSBK SS, SP, SExP, FR					
		26-45	RCL	wSBK SS, SP, SExP, FR					.3
					—	45"	PS	—	
		45-56	L SAP	massive FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Joe McIntosh

COMMENTS:

5/13/2020
Needs backhoe pits for Expansion.

RECEIVED APR 3 0 2020

Paid $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP- 306980

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone:
Owner Name: Steven Kulstad Address: 127 Woodridge LN Mooresville Zip: 28115
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 127 Woodridge LN Mooresville, NC 28115
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: I-77 toward Charlotte, Exit 42 take (E) (L) onto Mazeppa Rd, (L) onto Woodridge LN, Lot is ON Left

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: 2
( ) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

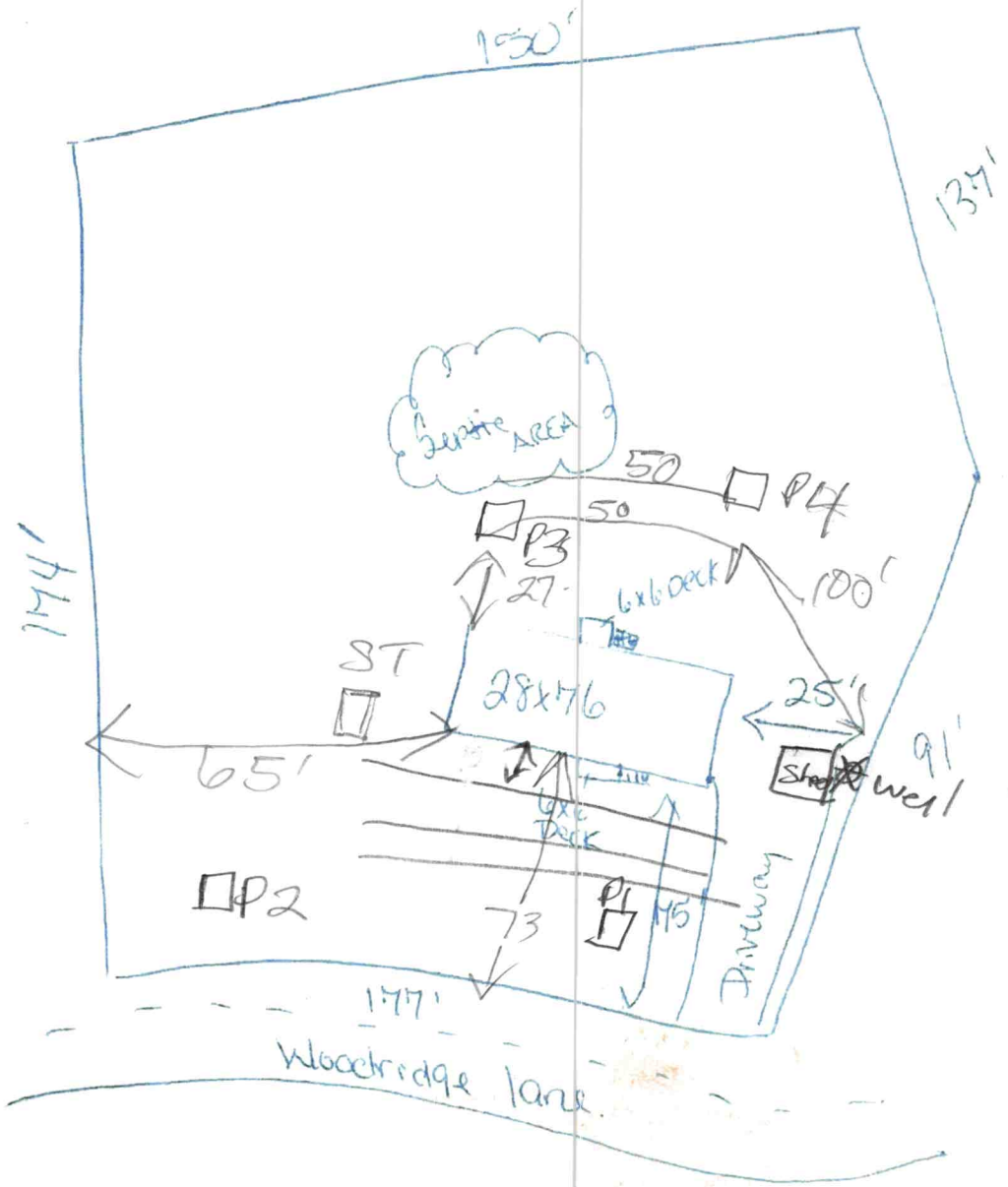
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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 4-8-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

127 Woodridge LN
Mooresville, NC 28115



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:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. 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:

1. Complete this form to document his or her legal representative, or
2. Provide their 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.

X I, Steven Casper Kolstad, am the legal owner(s) of the property located at X 127 Woodridge Lane Mooresville NC 28115, identified as PIN (Parcel Identification Number) X 4668-69-1158, located in Rowan County, North Carolina.

I do hereby authorize (print legal representative/company name) X 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 Rowan County Department of Public Health, Environmental Health Division.

X _____ 3-20-20
Signature of Owner(s) Date

X _____ 3-20-20
Signature of Witness Date

TRU

WONDER

Acknowledgement Of Plans Submittal ONLY!
Marian Dotson Date 5/22/2020
Date
Environmental Health
Kimberly Steed 4-8-2020

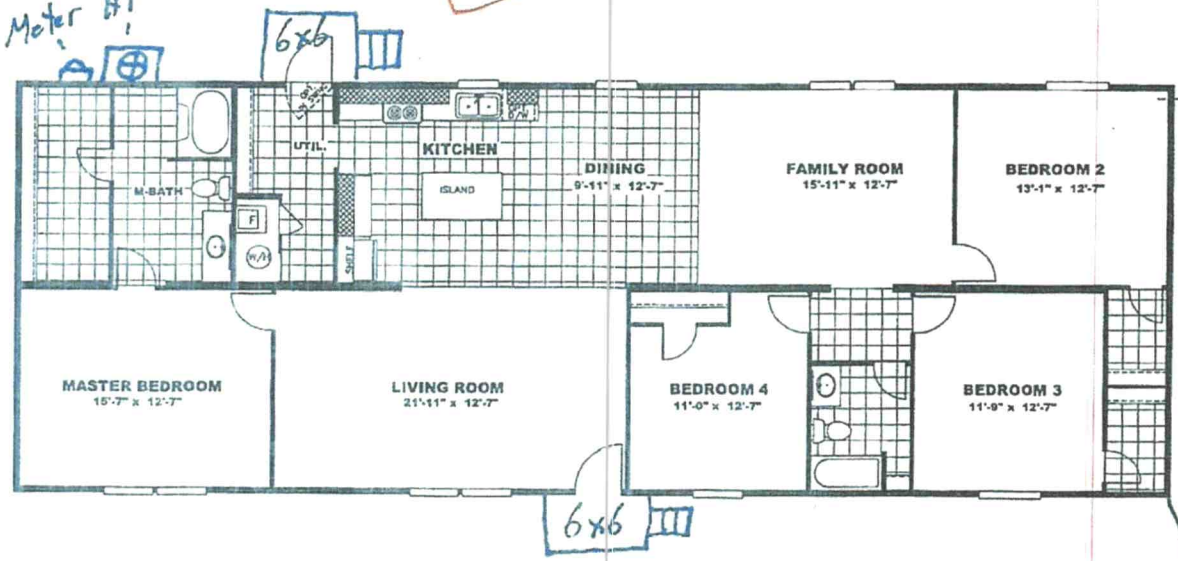


TRU28724R

1,896 sq ft // 4 beds // 2 baths

667
2-10-2020

Meter H?



Driveway



The home series and floor plans shown all have starting prices within the price range indicated. Your local Home Center can quote you specific prices and terms of purchase for specific homes. TRU invests in continuous product and process improvement. All home series, floor plans, specifications, dimensions, features, materials, availability, and starting prices shown are artist's renderings or estimates and are subject to change without notice or obligation. Dimensions are nominal and length and width measurements are from exterior wall to exterior wall. Starting prices include the home only, plus typical delivery and installation. Starting prices do not include other costs such as taxes, title fees, insurance premiums, filing or recording fees, land or improvements to the land, optional home features, optional delivery or installation services, wheels and axles, community or homeowner association fees, or any other items not shown on your Retailer Closing Agreement and related documents (your RCA). Your RCA will show the details of your purchase. 2020 TRU. All rights reserved.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
306980
Issue Date:

FILE COPY

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4668691158.000	127 WOODRIDGE LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: KOLSTAD STEVEN C	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
0.77	35	35	15	15	N/A	NO

Remarks

DOUBLE WIDE

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.

SEE ATTACHED

Signature of Owner/Contractor

PAID

Date: 04/24/2020

Permit Number	306980	TOTAL FEES:	$77.25