ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 321964

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

PIN # 4678-08-5488

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

SITE ADDRESS: 129 Wallaces Grant Dr. Mooresville, NC | PHONE: 704 881-2326 | ALT. PHONE 704 528 7960

SITE DIRECTIONS: Main St N. TL Hwy 801 (Park) Cross Hwy 150 | SAP CONTROLLED: ☐ YES ☒ NO

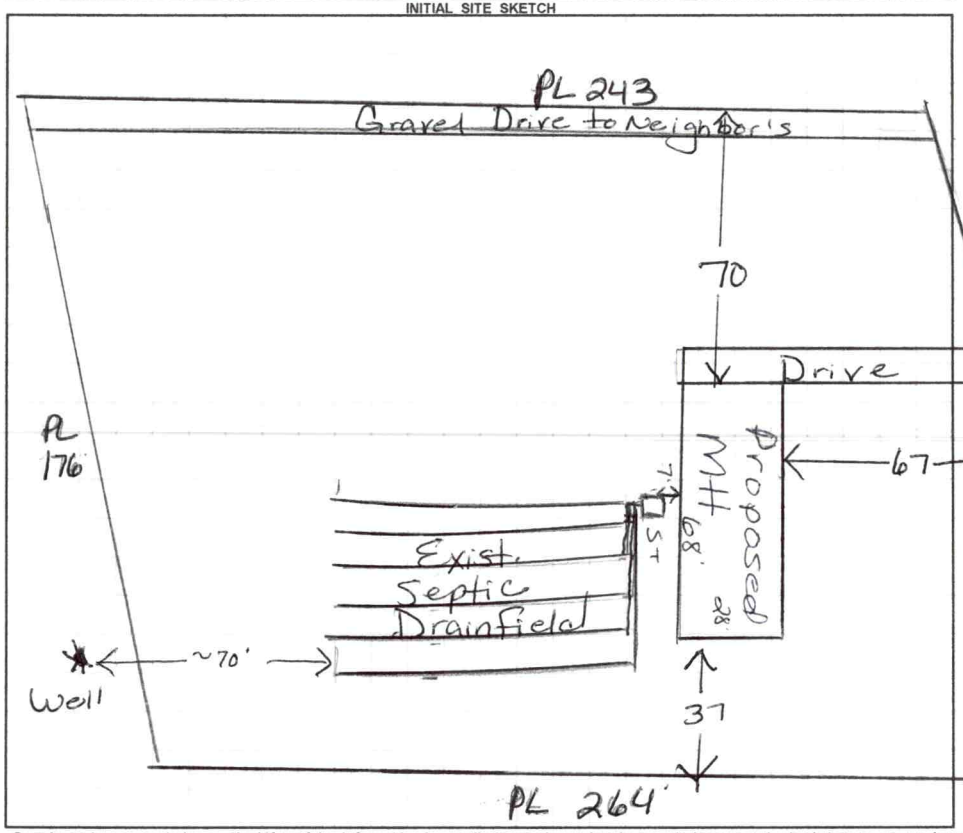
SUBDIVISION: | SECTION: | LOT #: | LOT AREA: 1 Ac | DESIGN FLOW: 360 gpd | L.T.A.R.:

Septic Tank Exist.	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Exist. Gravity-Conv. Gravel		☐ Business	No. Persons	6	☐ Private
Pump Make	Model		Serial #	Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	# Lines Exist.		Linear Ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Existing Septic System "appears" to be functioning OK at time of inspection.

Keep new Home a minimum of 5ft from Septic (if foundation drain then 10ft) Including decks & porches.

INITIAL SITE SKETCH



AS BUILT SKETCH

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

Scale 1:50

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: Kimberly Lange | Date: 11-15-21 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Maina Dotson | Date: 11/12/21

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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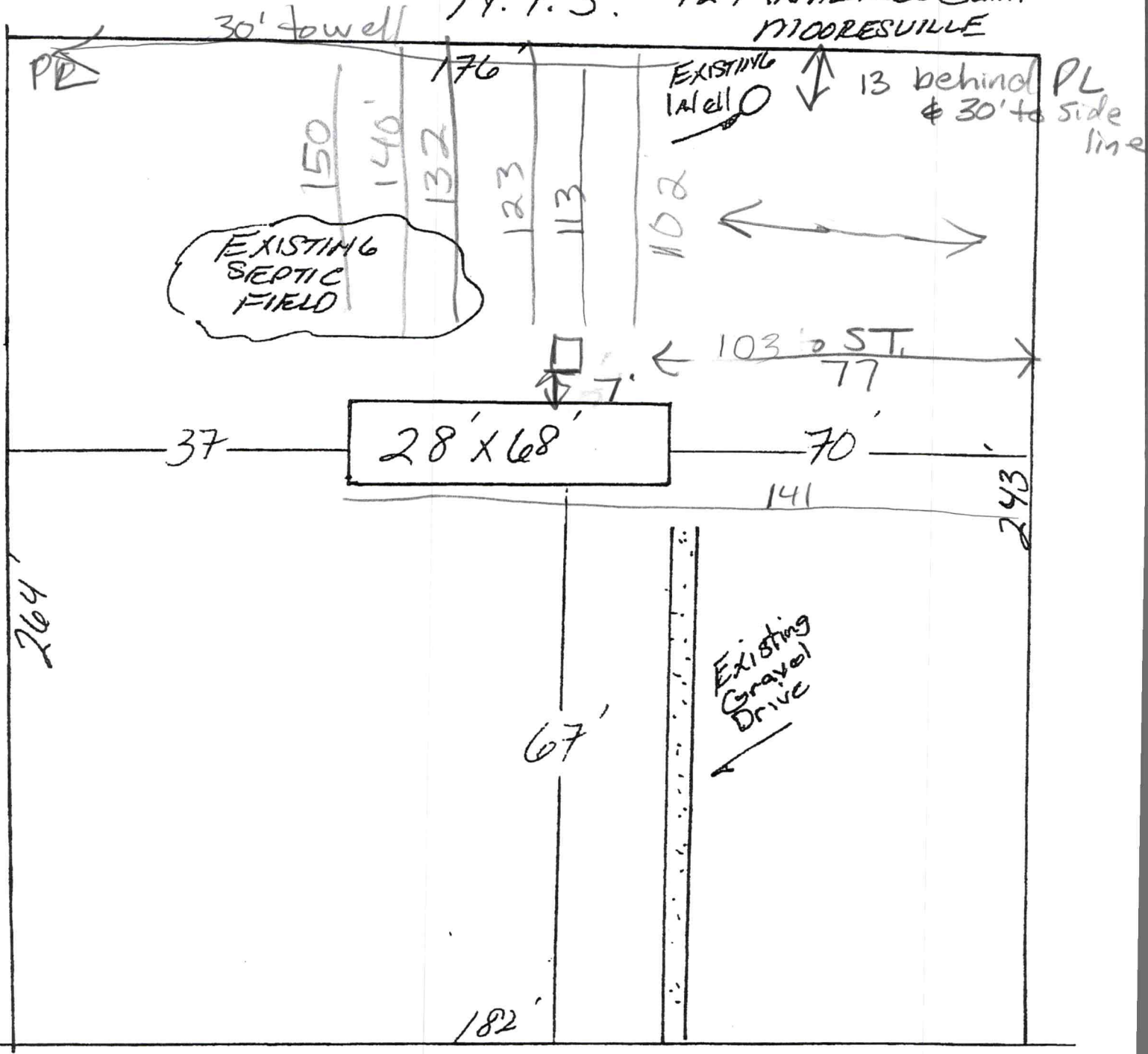
PLOT PLAN

N.T.S.

BRYANT

129 WALLACES GRANT

MOORESVILLE



WALLACES GRANT DR.

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 — MOORESVILLE 704-664-5281

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

PERMIT# 094076 PIN# ~~4698085349 PT~~ 4698 08 5488 DATE 2/6/2001

OWNER OR CONTRACTOR Michele McGuire PHONE: Business 450-7730 Home 528-9948

ADDRESS 139 Autumn Leaf Rd Troutman NC 28166

LOCATION Hwy 150 E TL Hwy 801 TL Wallaces Grant Rd behind 1st MH on left

SUBDIVISION — BLOCK / SECTION — LOT — LOT AREA 1.0 Acre SITE CLASS. — DESIGN FLOW 360gpd L.T.A.R. .25

Septic Tank: 1000 Gallons; STB — Date 5/23/01
Pump Tank: — Gallons; PT — Date —
Pump Make: — Model — Serial No. —
Nitrification Field: No Fields 1 Square Feet 1440' Linear Feet 480'+
No Lines 6 at 80' Trench Width 36" Max Trench Bottom Depth 28" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity-Conventional
Repair System Description: Gravity-Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

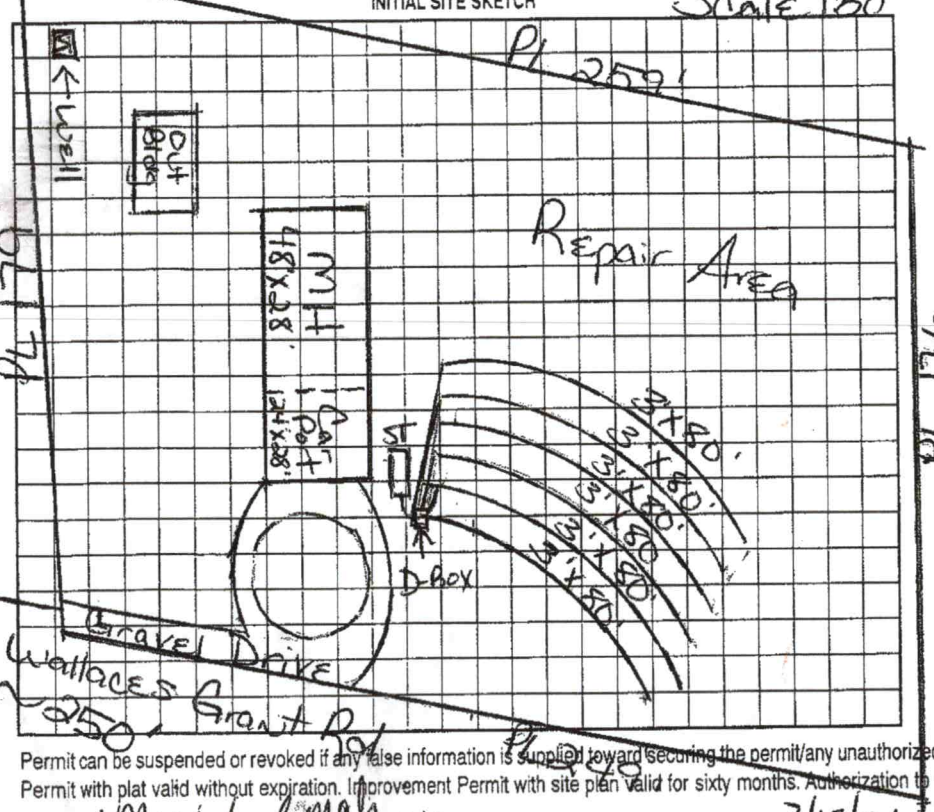
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees —
☐ Other —
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

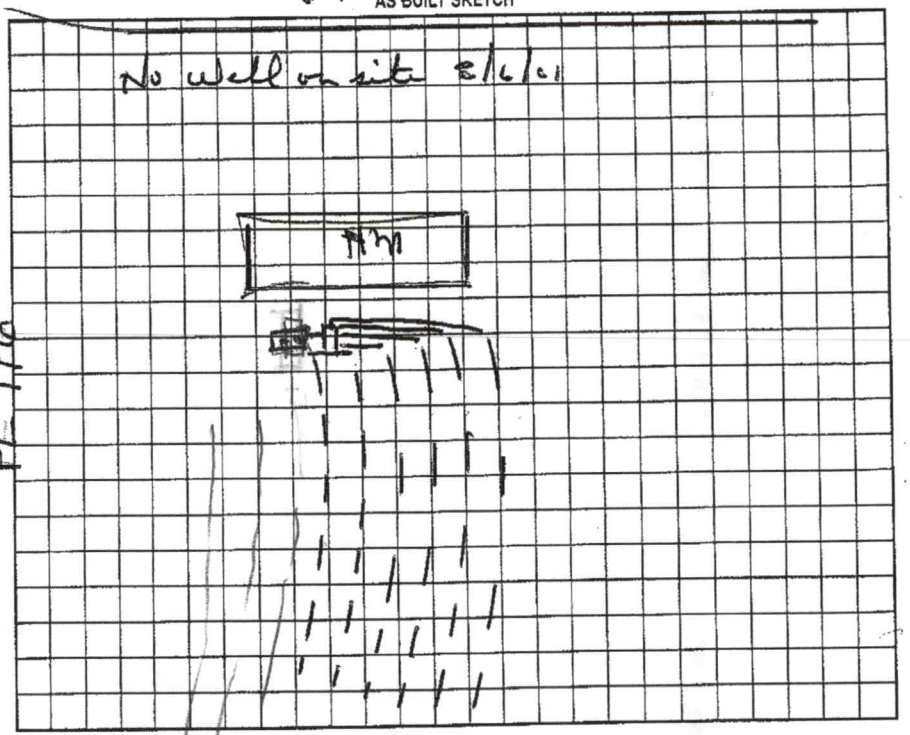
Comments:/Conditions: Keep Septic System at least 10' From PL, 5' From House & at least 50' From any well.

Comments:/Conditions: ☆ Divert Storm/Surface Water around Drainfield (away from)

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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Michele B McGuire date 2/13/01 Installed by: Leathurman

Improvement Permit by: Maria H. Dotson RS date 2/6/2001 Operation Permit by: Wesley Sparks RS. date 8/7/01

Authorization to Construct by: Maria H. Dotson RS date 2/6/2001 Existing System Inspection by: — date —

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Oxford

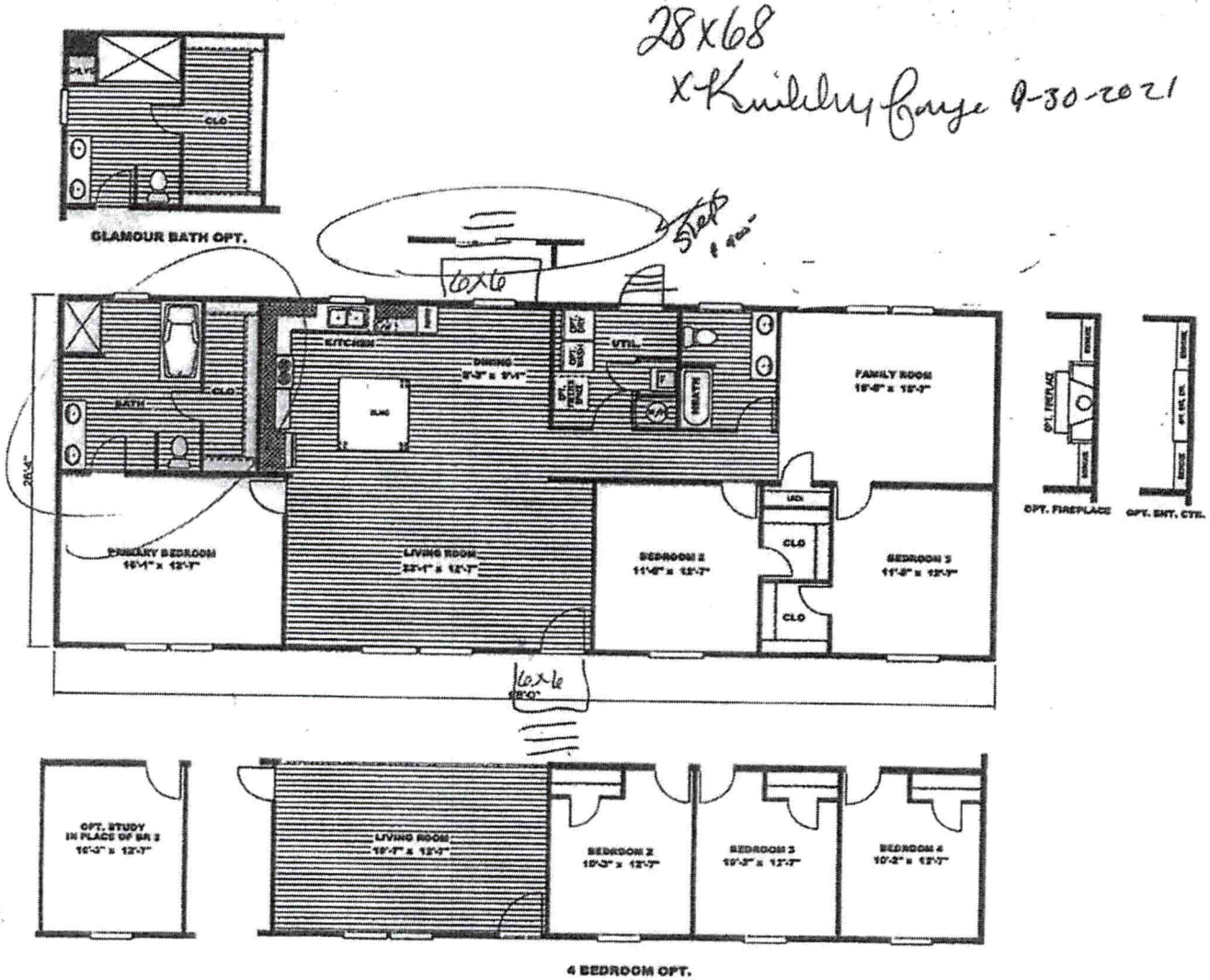
Opening doors to a better life.

3219164

ULTRO PRO HERCULES - 29ULT28683AH

28x68

x Knibby Page 9-30-2021



4 BEDROOM OPT.

Plan Details

Gino Bryant

RECEIVED OCT 0 1 2021

MD

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-321964 $250.00

Application For:
( ) Septic Improvement Permit
( ) New Well Permit
( ) Authorization to Construct
( ) Well Repair Permit
(X) Existing System Inspection
( ) Well Abandonment
( ) 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
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Frye **Address:** 1124 Charlotte Hwy Troutman NC **Zip:** 28166
Applicant Email: KimSneed_Sneed04@gmail.com **Phone:** 704-881-2326 **Alt. Phone:** 704-528-7960
Owner Name: Jackie Michele McGuire **Address:** 139 Autumn Leaf Rd Troutman NC **Zip:** 28166
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 129 Wallaces Grant DR Mooresville, NC 28115
Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____
Driving Directions: I-77 Toward Charlotte, Exit 45, (L) onto Amity Hill Rd. @ 0.5 at Amity Hill Rd. (R) onto Triplett Rd / (R) onto Wallaces Grant DR, 129 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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

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 Frye 9-30-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

SITE PLAN WORKSHEET

3219164

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…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X **Front and side setbacks from property line…**

X **Area you prefer your septic system to be placed…**

X **Preferred driveway location and configuration, preferred well location…**

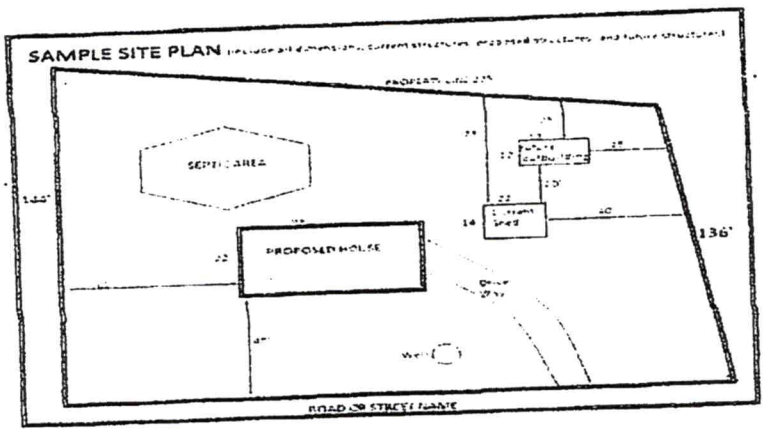
____ North arrow, or other sufficient indicator of direction…

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

Attached

Signature: Kristy Gray

***REQUIRED* property owner or owner's legal representative signature.**

DATE

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items must be completed PRIOR to the SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

321964

*** Initial each statement to indicate you have read and agree. ***

Complete all Environmental Health forms: septic system application, site plan, new well water application (if applicable), and sign this green sheet after you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

Lots must be cleared to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

Stake or flag the footprint of the proposed building structure or addition to match site plan application. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Kimberly Rayo **Date** 9-30-2021

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.