IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 228-128

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

M-A-D. PIN # 4679028288

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy

SITE ADDRESS: 136 Mallardwood Dr. Mt. Ulla, NC PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: NC 801 N → L on Triplett → L on Mallardwood → lot on R SAP CONTROLLED: ☑ YES ☐ NO

SUBDIVISION: Beechwood Estates SECTION: 2 LOT # 7 LOT AREA: .838 ac DESIGN FLOW: 480 gpd L.T.A.R.: .3 (-1 repair)

Septic Tank 1000 (gal) STB 1012 Date 7-24-17
Pump Tank 1000 (gal) PT 17 Date 10-18-15
Pump Make Goulds Model WE0311M Serial # 13HP
Nitrification Fields 1 # Lines 4 Linear Ft 267'
Trench Width 24" Trench Bottom Depth(Low side) #29"/33" high side Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: PM PPBPS
Repair System Description: drip
Maintenance Agreement Required: ☐ YES ☑ NO ☐ GRAVITY ☑ PRESSURE

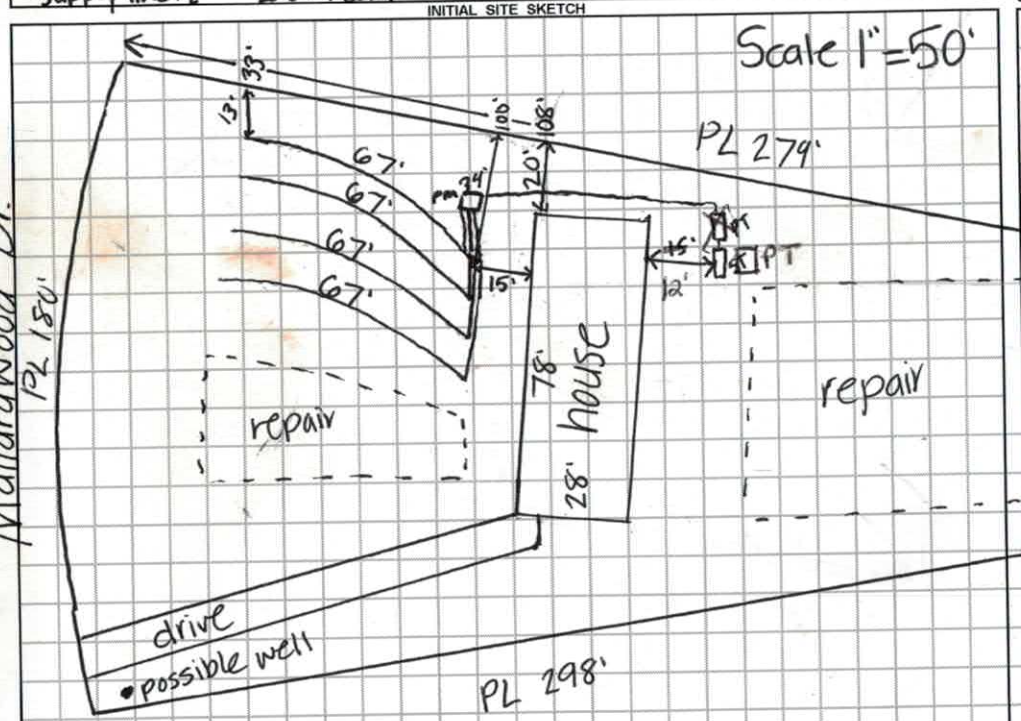
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees — ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Tap size: 1½" sch 40
Dosing volume: 216 gal
Draw down: 10in
Supply line: 2" 2' of head

Do not install lines any lower than what is shown on permit.
Well must maintain minimum 100' from septic
10/26/17 Checked tanks initial & lines. ST
didn't have filter yet 1 Panel short in
* No longer a Saprolite System * lowest line. MS

INITIAL SITE SKETCH



AS BUILT SKETCH

11/2/17: 6" of teether on the on/off float. 14" of vertical seperation between on/off float + alarm, 2' Pressure head at
* Electrical Panel needs checking
* 1 Additional panel requires installing
PL 71'
11-3-17. additional panel added. KW

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 Freund Date: 8-18-17 Installed by: Tommy Frye Grading (Craig Thompson)

IMPROVEMENT PERMIT by: Kayla Wilson Date: 8-17-17 OPERATION PERMIT by: Kayla Wilson Date: 11-3-17

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 8-17-17 Existing System Inspected by: Date:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4679028288
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

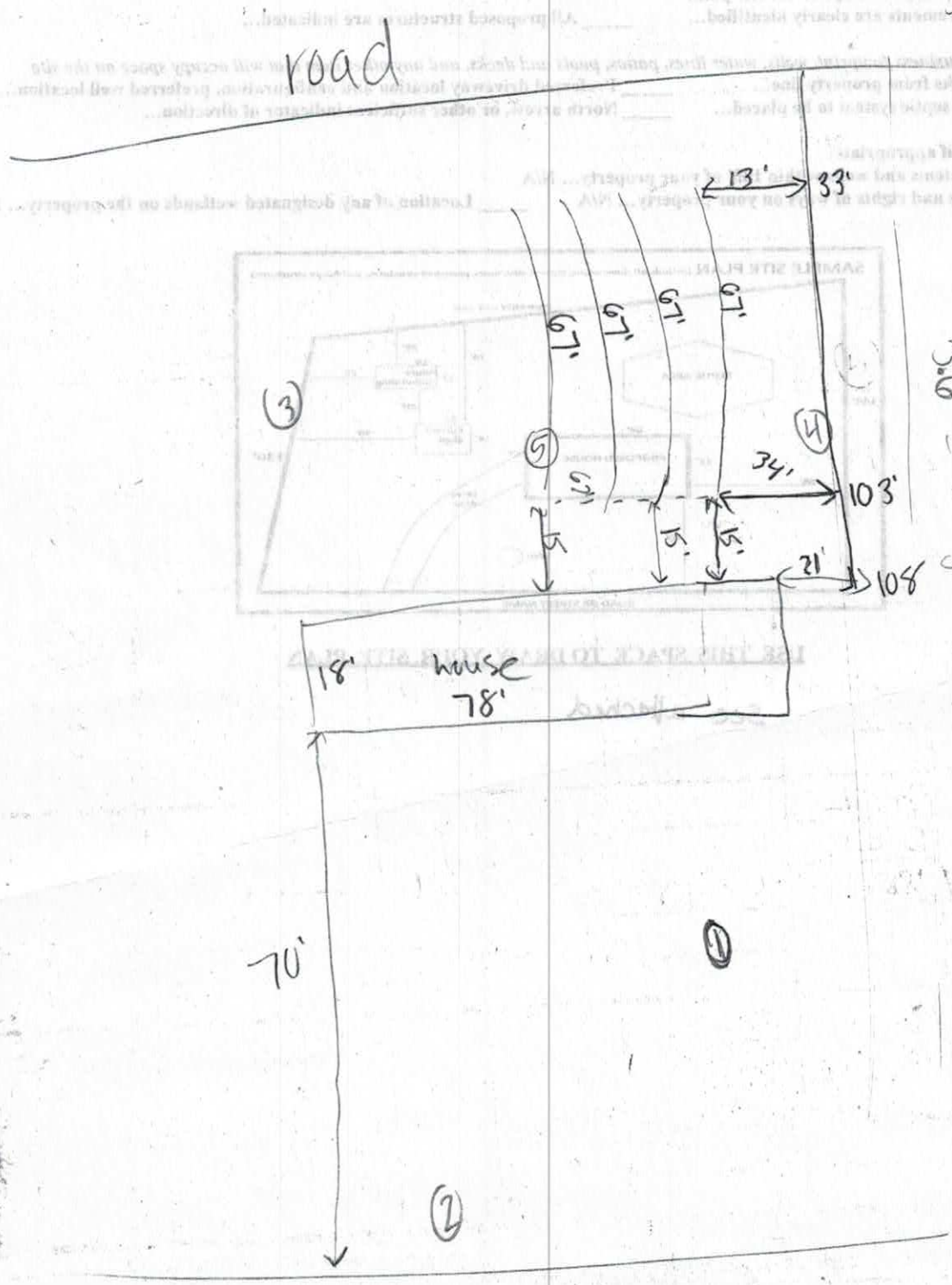
OWNER: Curtis Miller — APPLICATION DATE 6-24-17
ADDRESS: 136 Mallardwood Dr — DATE EVALUATED: 8-14-17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: .838 ac
LOCATION OF SITE: 801 N → L on Triplett → L on Mallardwood → 1st on R — PROPERTY RECORDED: yes
WATER SUPPLY: ☑ Private ☐ 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	6% LS (repair)	0-9	GrSL	VFr,NS,NP,SEXP	—	50	—	27-50 few SAP inc.	PS .3
		9-27	ABK C	Fr,SS,SP,SEXP					
		27-50	WABK CL	Fr,SS,SP,SEXP					
		50-55	SL SAP mas	Fr-Fi,NS,NP					
2	6% LS (repair)	0-8	WSBK SCL	Fr,SS,SP,SEXP	—	45	—	—	PS .3
		8-30	ABK C	Fr,SS,SP,SEXP					
		30-45	WSBK CL	Fr,SS,SP,SEXP					
		45-58	SL SAP	VFr-Fr					
3	FS (repair)	0-18	Gr SL	VFr,NS,NP,SEXP	34"-57" gley 1 8/1 5Y 8/1 chroma 2 0-57" com yellow brown mottles	34	—	—	U
		18-37	SBK C	Fr,SS,SP,SEXP					
		37-47	SBK C	Fi,VS,VP,EXP					
		47-57	WSBK CL	Fr-Fi,SS,SP,SEXP					
4	6% LS (init)	0-25	ABK C	Fr,SS,SP,SEXP	—	43	—	—	PS .3
		25-43	WSBK CL	Fr-Fi,SS,SP,SEXP					
		43-57	SL SAP	Fr-Fi,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	drip
Site LTAR	.3	.1

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

COMMENTS:



top size: 1250
dosing volume 15×4×3.6 = 216
15 panels
×3.6 = 54 gal
draw down ≈ 10 in
pump run 54/7.11 = 1.5?

5 57% init	0-7 WSBK SCL 41-58 SL SAP 7-25 ABK C 25-41 vGBK CL	0-20 few yellow brown mottles PS.3

RECEIVED JUL 25 2017 RECEIVED JUL 25 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#228928

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

Paid $500.00

2. 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 check ( ) beside whichever is submitted if applicable ✓ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kimberly Sneed / Freedom Home	1124 Charlotte Hwy troutman		704-881-2826
Curtis Miller, Michelle Miller	124 Downey thistle LN Mooresville		

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

4. Property Information:

136 mallardwood DR Mt ulla — Street Address
Beechwood Estates — Subdivision Name
Lot 7 — Section/Phase and Lot Number

Driving Directions: I-77 south toward Charlotte, Exit 45, @ Amity Hill, @ oStuart Amity (R) onto triplett Rd, (R) onto mallard wood, location is on the right

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- ✓ New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

- ✓ Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

✓ New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Year

( ) Alternative ✓ Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. industry) 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.

9. Signature: Kimberly Sneed — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

June, 24-17 — DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Curtis Miller and Michelle Miller, am the legal owner of the property located at 136 Mallardwood Dr. Mount Ulla NC 28125 identified as PIN(Parcel Identification Number) 4679-02-8288, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/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.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Curtis Miller — 07-21-2017 — Michelle Miller 07-21-2017
Signature of Owner — Date

Brooke Leslie — 07-20-2017
Signature of Witness — Date

DigiSign Verified: 0527ADEB-8743-44B4-94E7-CE6BE7E3C22F

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT*!!!

Place an (X) beside each item as you complete the site plan:

_____Property Line measurements are clearly identified...

_____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

_____Front and side setbacks from property line...

_____Preferred driveway location and configuration, preferred well location...

_____Area you prefer your septic system to be placed...

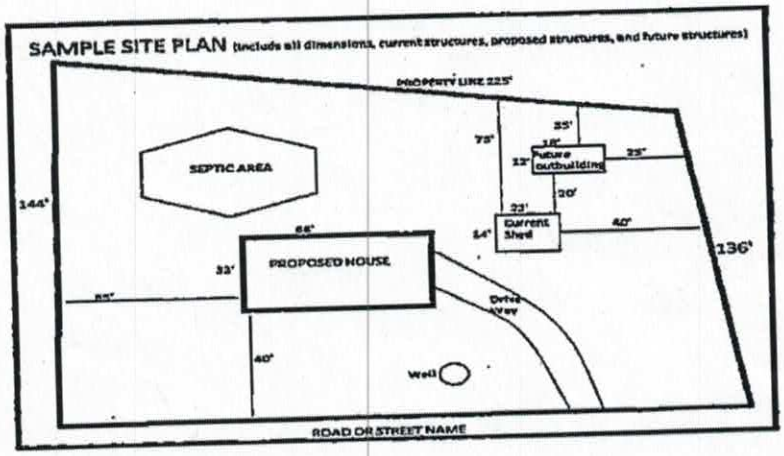
_____North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

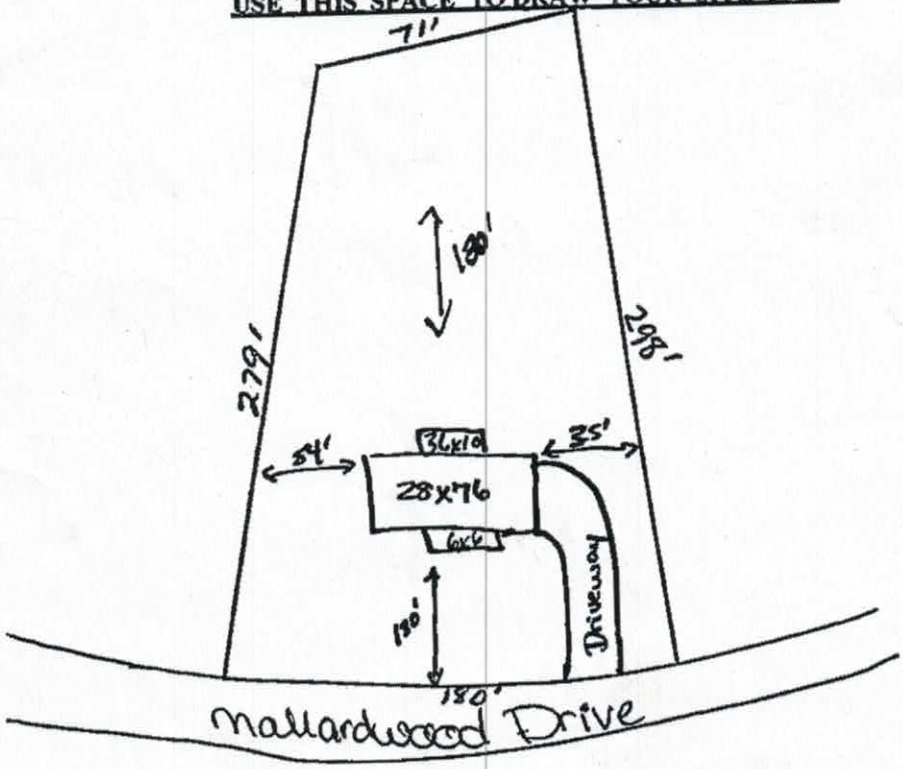
_____Location of septic systems and wells within 100' of your property... N/A

_____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

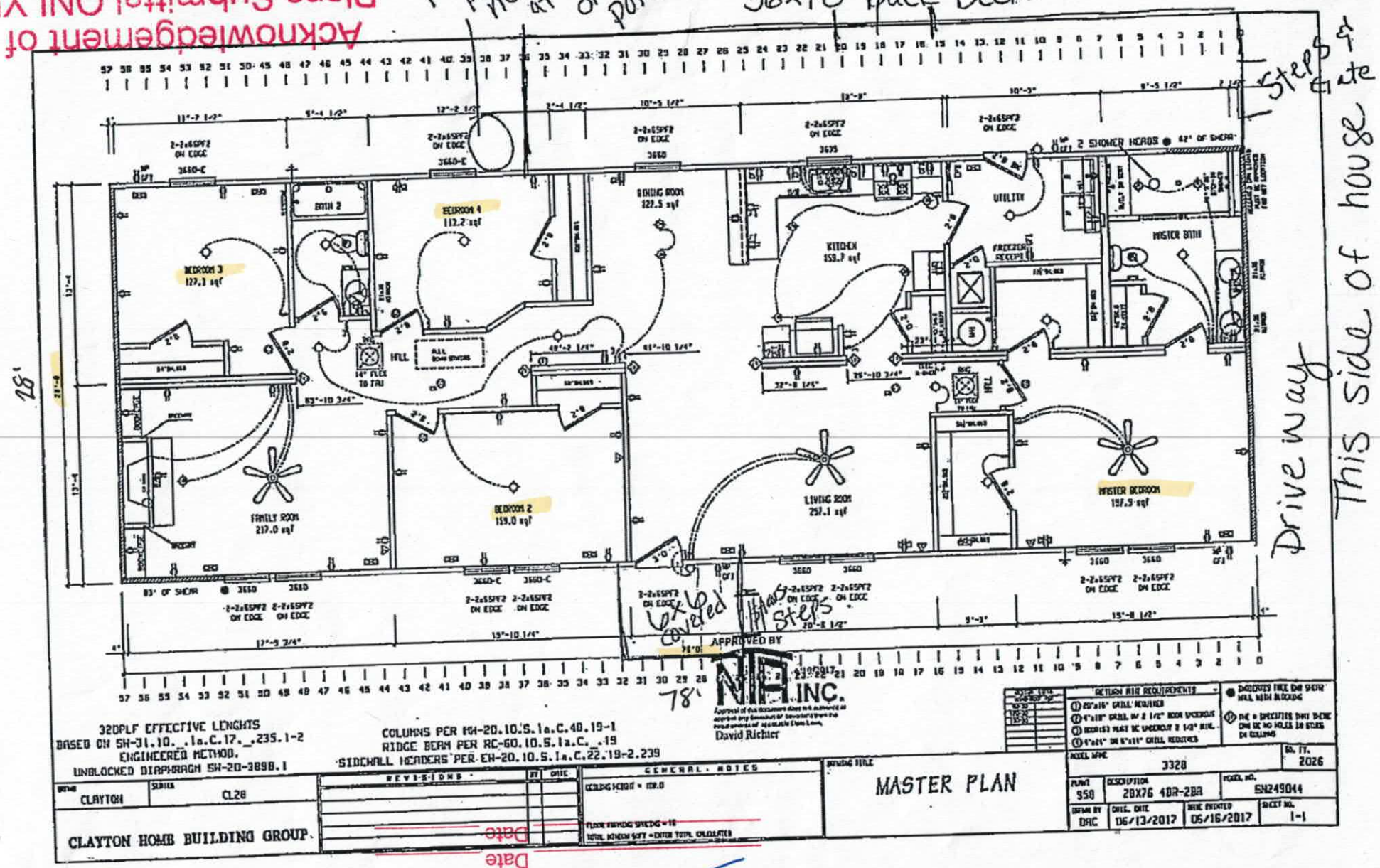


Signature: Kimberly Sneed

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

June 24-11

DATE



Acknowledgement of Plans Submittal ONLY!
Date 8-17-17

Acknowledgement of Plans Submittal ONLY!
Date 8-18-17

Lmerchant 7/18/17

IREDELL COUNTY

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

APPLICATION NUMBER
228928
Issue Date: 07/25/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4679028288.000	136 MALLARDWOOD DRIVE, MT ULLA, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MILLER CURTIS+MICHELLE	Applicant: FREEDOM HOMES-TROUTMAN
Address: 124 DOWNEY THISTLE LANE MOORESVILLE, NC 28115	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.838	35.00	35.00	15.00	15.00	BOWB	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	110114	TOTAL FEES:	$ 77.25