ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP303753

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

PIN # 4679--12--2108

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

SITE ADDRESS: 135 Mallardwood Dr, Mt Ulla NC 28125 | PHONE: 704-881-2326 | ALT. PHONE

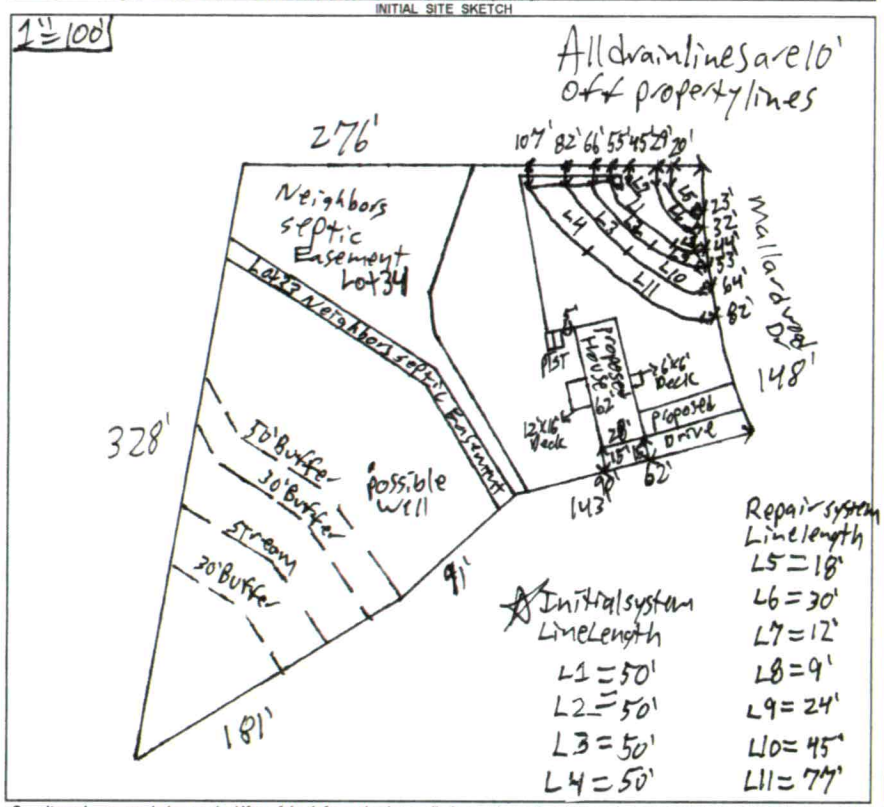
SITE DIRECTIONS: E Statesville Ave to Ron N Main st, L on NC 801 N, L on Triplett Rd, L on Mallardwood Dr, Lot on L

SUBDIVISION: Beechwood Estates | SECTION: SHTZ | LOT # 32 | LOT AREA: 1.565 acres | SAP CONTROLLED: [X] YES [ ] NO | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 8/15/22	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3	Water Supply
Pump Tank	1000 (gal)	PT 363	Date 8/13/22	System Description: PM PPBPS		[ ] Business	No. Persons 6	[X] Private
Pump Make		Model	Serial #	Repair System Description: LPPPBPS		[ ] Other	No. Employees	[ ] Public
# Nitrification Fields	1	# Lines 4	Linear Ft 200'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space	[ ] Community
Trench Width	24"	Trench Bottom Depth(Low side)	29"	Gravel Depth —	[ ] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing

Comments / Conditions: Install lines on Contour DO NOT drive on, Store material or manipulate drainfield in anyway NO Foundation drains can be installed around House

INITIAL SITE SKETCH



Repair system Line length
L5 = 18'
L6 = 30'
L7 = 12'
L8 = 9'
L9 = 24'
L10 = 45'
L11 = 77'

~~X~~ Initial system Line Length
L1 = 50'
L2 = 50'
L3 = 50'
L4 = 50'

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.

Installed as Drawn

Tanks
Lines CW
PM 9/26/22

Floats
PH
Alarm

Line	Tap Size	
L1	½" Sch 80	2' pressure head
L2	½" Sch 80	Dosing Volume = 172.8
L3	½" Sch 80	Draw Down = 8.2
L4	½" Sch 80	Flow Rate = 21.92
		Run Time = 7.4

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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9-2-21 | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Patrick J Byrd III Date: 8/26/2021 | OPERATION PERMIT by: D. Wiebenz Date: 10/3/22

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrd III Date: 8/26/2021 | Existing System Inspected by: Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP303753

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

PIN # 4679 -- 12 -- 2108

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

SITE ADDRESS: 135 Mallardwood Dr, Mt Ulla NC 28125 | PHONE: 704-881-2326 | ALT. PHONE

SITE DIRECTIONS: E Statesville Ave to Ron N Main st, L on NC 801 N, L on Triplett Rd, L on Mallardwood Dr, Lot on L | SAP CONTROLLED: ☒ YES ☐ NO

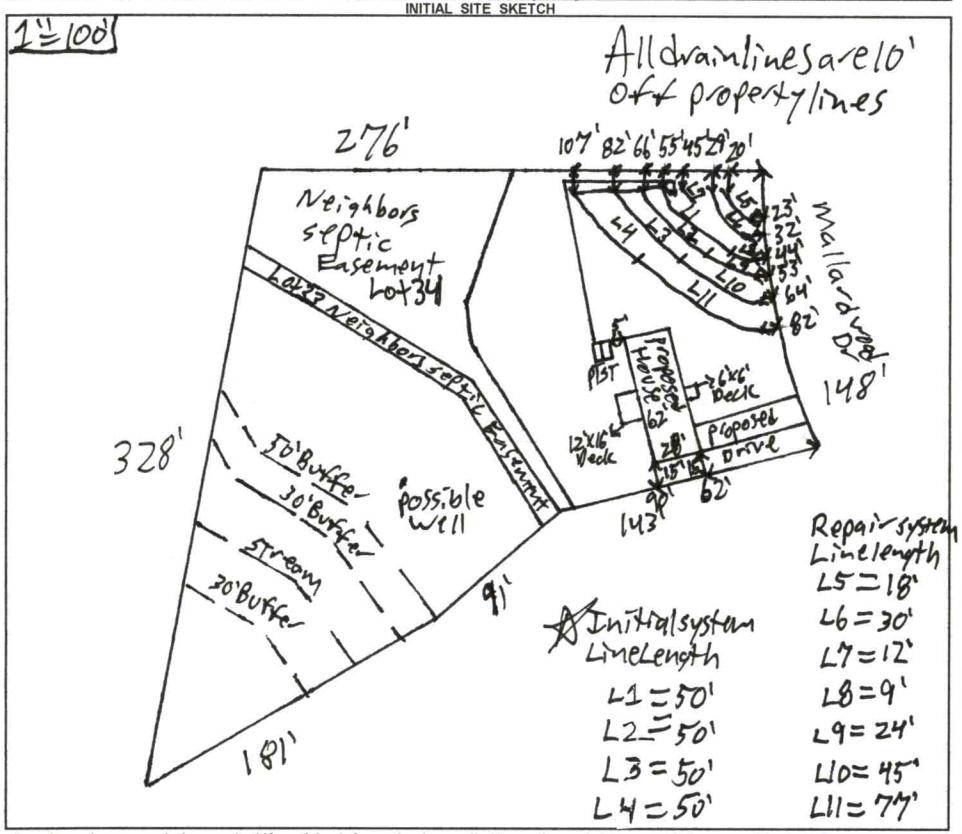
SUBDIVISION: Beech Wood Estates | SECTION: SHTZ | LOT # 32 | LOT AREA: 1.565 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	PM PPBPS			
Pump Make			Model		Serial #		Repair System Description:	LPPPBPS			
# Nitrification Fields	1	# Lines	4	Linear Ft:	200'		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	24"	Trench Bottom Depth(Low side)		29"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on Contour. DO NOT drive on, store material, or manipulate drainfield in any way NO Foundation drains can be installed around House

INITIAL SITE SKETCH



~~Initial~~ system Line Length

L1 = 50'
L2 = 50'
L3 = 50'
L4 = 50'

Repair system Line length

L5 = 18'
L6 = 30'
L7 = 12'
L8 = 9'
L9 = 24'
L10 = 45'
L11 = 77'

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.

Line	Tap Size	
L1	½" Sch 80	2' pressure head
L2	½" Sch 80	Dosing Volume = 172.8
L3	½" Sch 80	Draw Down = 8.2
L4	½" Sch 80	Flow Rate = 21.92
		Run Time = 7.9

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 Comer | Date: 9-2-21 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Byrd III | Date: 8/26/2021 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Byrd III | Date: 8/26/2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

Oxford

Opening doors to a better life.

ULTRA PRO 68 - 28ULT2668AH

28x68

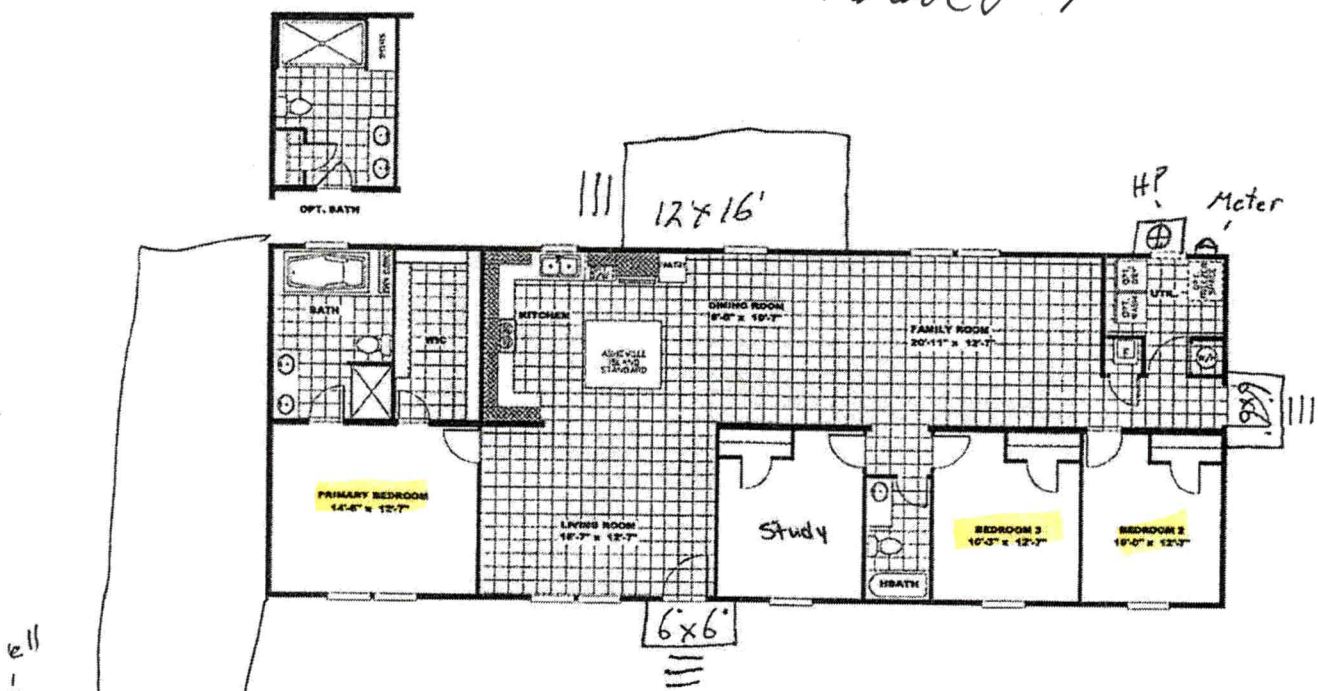
Acknowledgement Of Plans Submittal ONLY!

Date 28686

6-16-21

Date

Tatsiana J Byde III 8/26/2021



Plan Details

APPROVED
667
6-12-21

RECEIVED JUL 20 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-303753 $320.00

Intermediate

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: ( ) 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 Frye Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: kimsweet.sweet04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Lourdes Serrano Address: 135 Mallardwood DR Mt Ulla Zip: 28125
Owner Email: _____ Phone: 704-577-1232 Alt. Phone: _____

Property Information:

Street Address: 135 Mallardwood DR Mount Ulla NC 28125
Subdivision Name: Beechwood Estates Section/Phase: _____ Lot Number: 32
Driving Directions: I-77, Exit 45, (L) onto Amity hill Rd, (L) onto Stwalt Amity, (R) onto triplett, (R) onto Mallard Wood DR, 1/6 miles 135 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: 3
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: _____
(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.

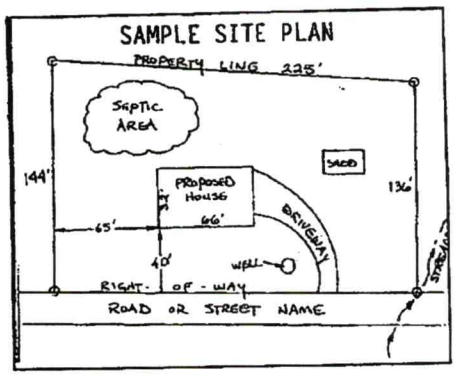
Signature: Kimberly Frye 6-16-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

- (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 and well location**
- (X) **Area you prefer your septic system to be placed**
- (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

Attached

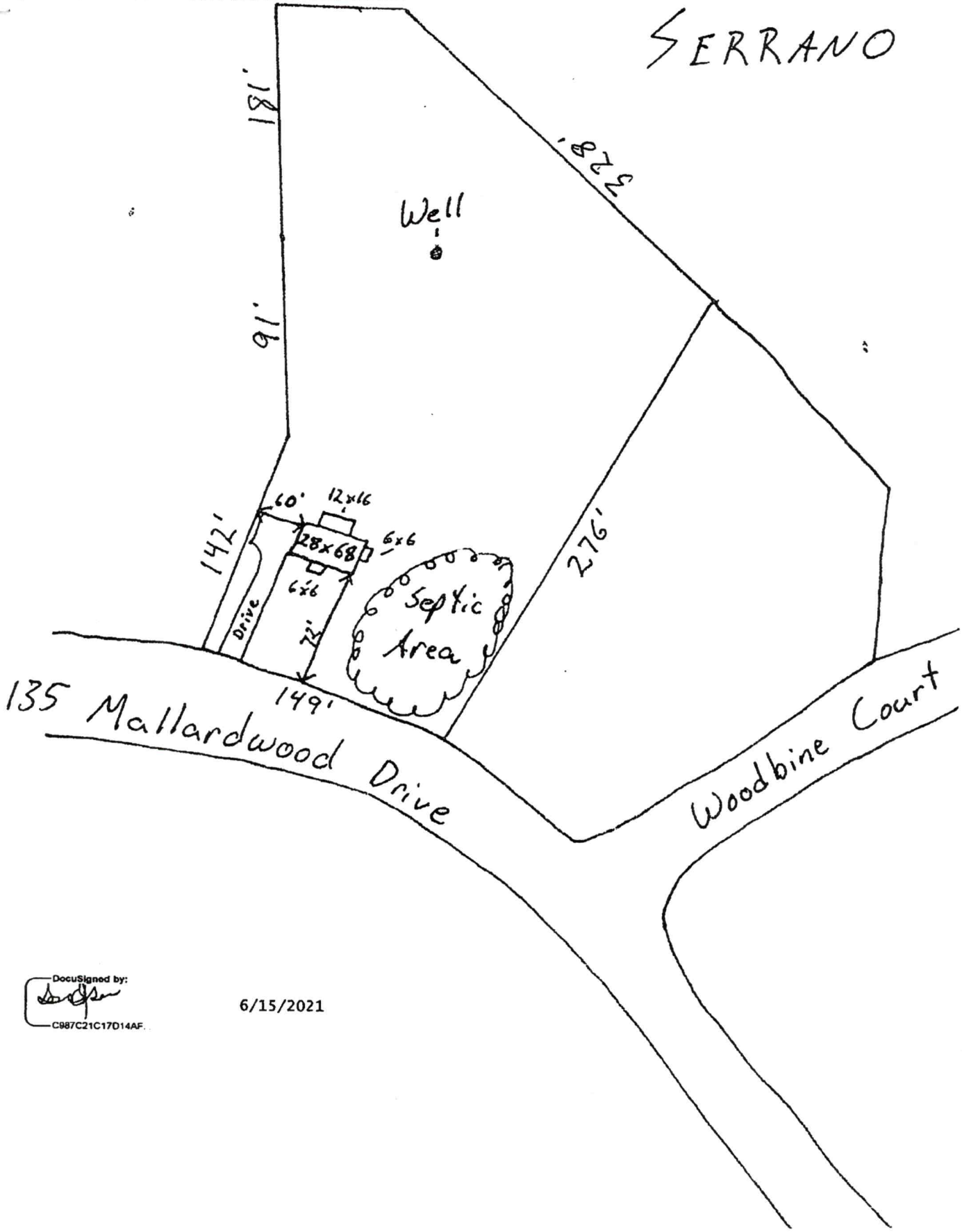
Signature: Kimberly Long

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

6-16-2021

DATE

DocuSign Envelope ID: 11DE737A-CD06-49E0-9BB0-AFC8F0527D5D



DocuSigned by:
C987C21C17D14AF...

6/15/2021

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, Lourdes X Serrano, am the legal owner(s) of the property located at 135 Mallardwood Drive Mount Ulla NC 28125, identified as PIN (Parcel Identification Number) 4679-12-2108, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes, Kimberly Frye, 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.

Signature of Owner(s) — Date: 6-12-21

Signature of Witness — Date: 6-12-21

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

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP 303753

APPLICANT/OWNER: Lourdes x Serrano | APPLICANT ADDRESS: 8221 Nations Ford Rd Charlotte NC 28217 | PIN # 4679 12 2108

SITE ADDRESS: 135 Mallard wood Dr Mt. Ulla NC 28125 | PHONE: 704-451-6669 | ALT. PHONE

SITE DIRECTIONS: E Statesville Ave to R on N Main St, L on W Park Ave, L on Triplett Rd, R on Mallard wood Dr, 1st on L

SUBDIVISION: Beech wood Estates | SECTION: 2 | LOT # 32 | LOT AREA: 1.565 acres | SAP CONTROLLED: [X] YES [ ] NO | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	4	Linear Ft:	200
Trench Width	24"	Trench Bottom Depth(Low side)		Gravel Depth	

[X] New System [ ] Repair [ ] Expansion | System Type: I II (III) IV V VI

System Description: Pm PPBPS

Repair System Description: LPPPBPS

Maintenance Agreement Required: [ ] YES [X] NO | [ ] GRAVITY [X] PRESSURE

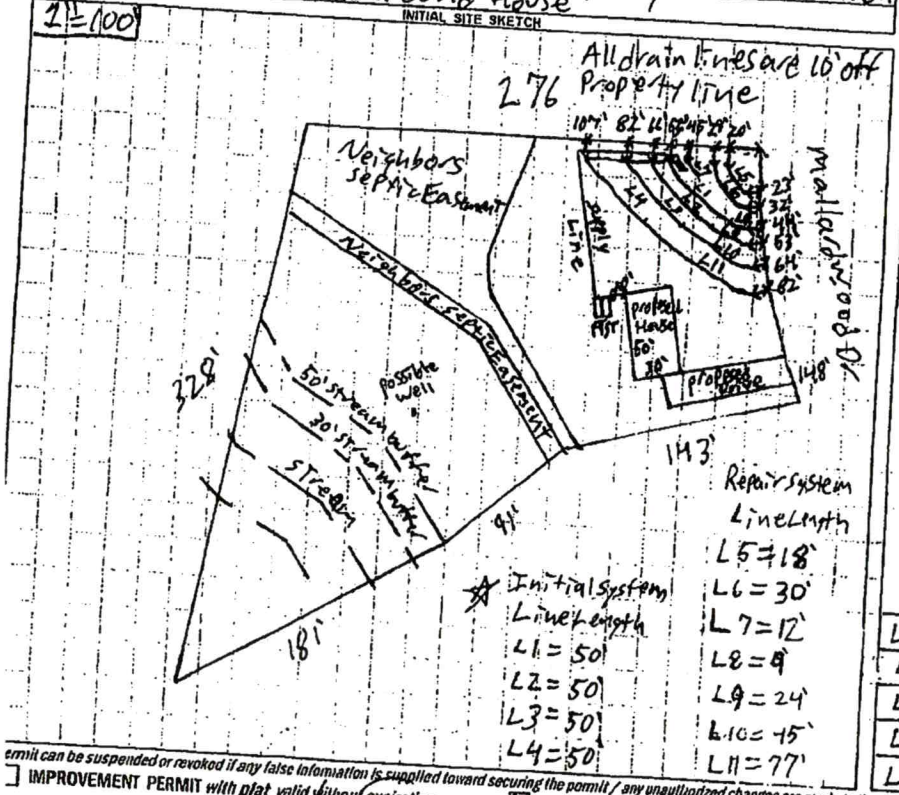
[X] Residence | No. Bedrooms 3 | [ ] Business | No. Persons 6 | [ ] Other | No. Employees | [ ] Slab | [X] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. No Foundation drain can be installed around House

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1" = 100'



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L4	1/2" Sch 80

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Drawdown = 18.2
Flow Rate = 21.92
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[ ] IMPROVEMENT PERMIT with plat valid without expiration. [X] 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: Lourdes Serrano Date:

IMPROVEMENT PERMIT by: Patrick J Byrne III Date: 2/12/2021

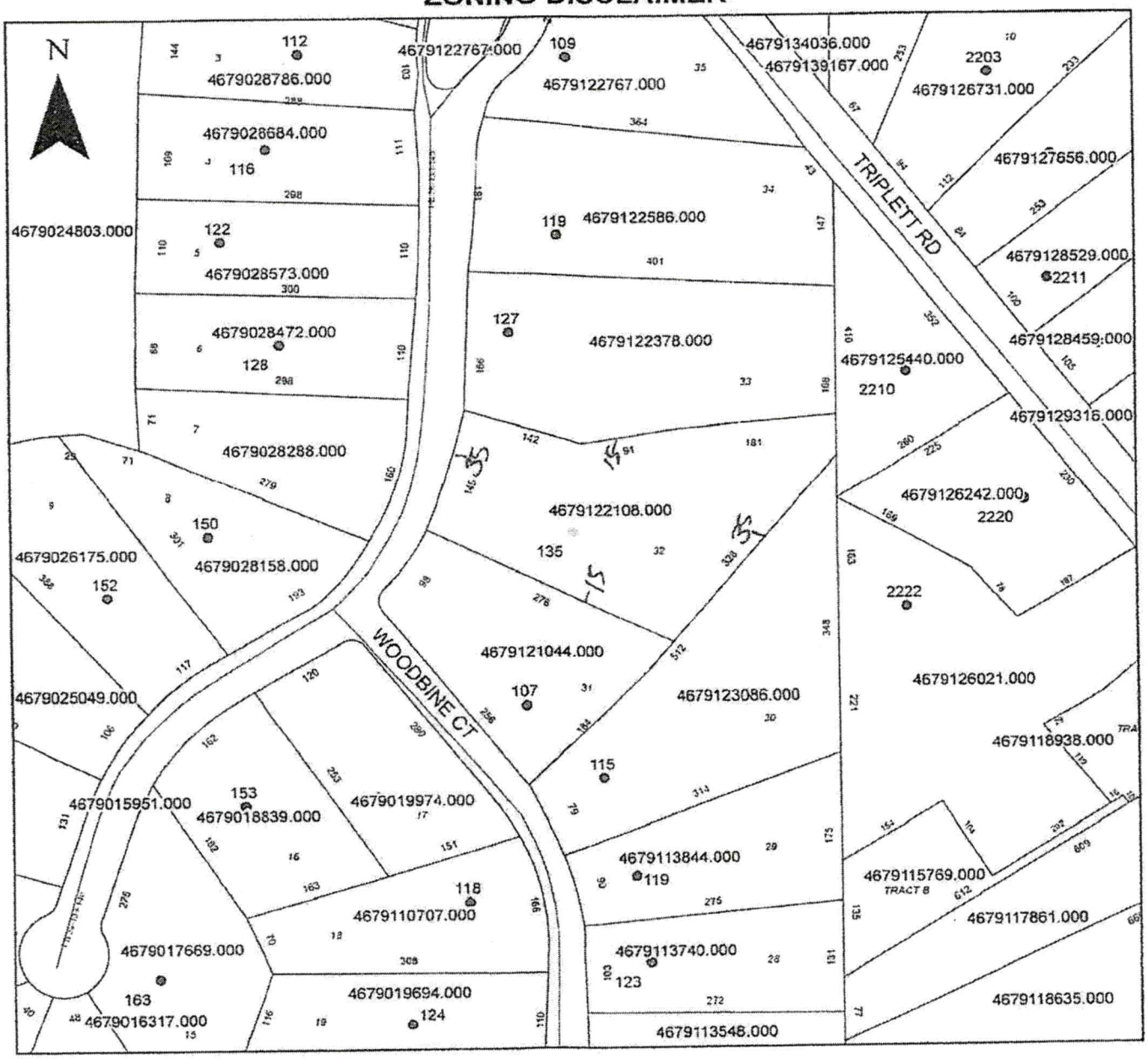
AUTHORIZATION TO CONSTRUCT by: Date: 4-5-21

Installed by:

OPERATION PERMIT by: Date:

Existing System Inspected by: Date:

ZONING DISCLAIMER



Property Address 135 Mallardwood Dr.

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. Applicant further acknowledges that the 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.

Kimberly Cooper
Applicant

6-21-21
Date