ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 326818

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

PIN # 4702 -- 48 -- 4317.62

APPLICANT/OWNER: Freedom Homes-Michael Byers APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 625 Eufola Rd, Statesville 28677 PHONE: 704-881-2326 ALT. PHONE -

SITE DIRECTIONS: Old Mtn Rd - Lewis Ferry - Eufola - Behind 627 Eufola SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 3 acres DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

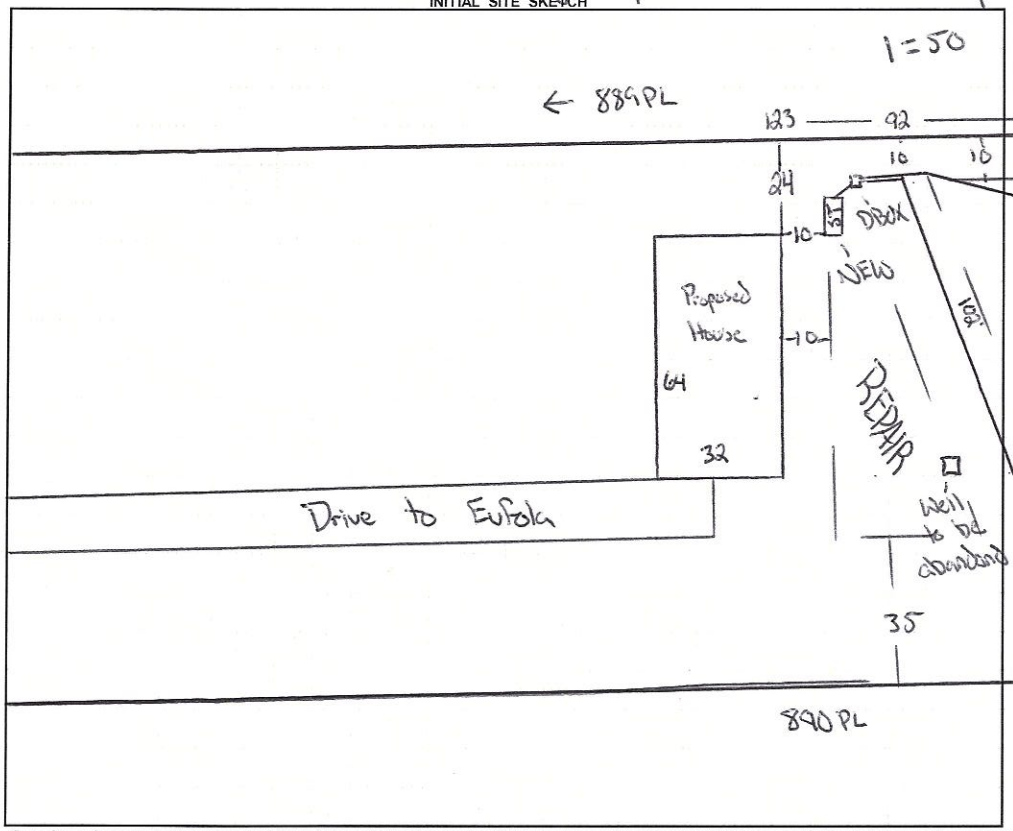
Septic Tank	1000	(gal)	STB 760	Date	5/3/22	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	EX + 25% reduction			[ ] Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	25% reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	1	Linear Ft	EX + 102'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[X] Crawl Space
Trench Width	36 in	Trench Bottom Depth (Low side)		36 in (max)	Gravel Depth -		[X] GRAVITY	[ ] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing

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

Comments / Conditions: Pump, crush, & fill old septic tank. Feed 2/3 to existing line and 1/3 to new line. Install drainline on contour of the land. Do not grade, park, or drive on septic area.

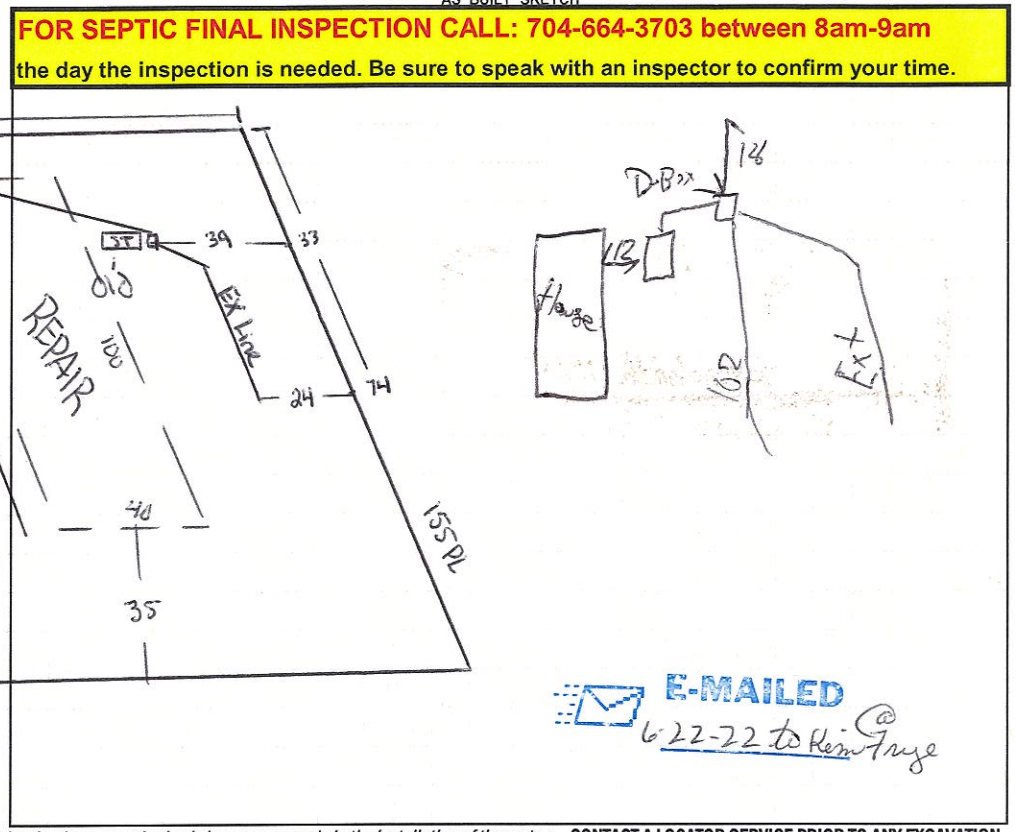
Well abandoned 6/22/22

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.



E-MAILED 6-22-22 to Kim@Frye

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 EXCEPTION**

[ ] **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: Kimberly Frye Date: 5/20/22 Installed by: Chris Frye

IMPROVEMENT PERMIT by: Cary Wilt Date: 5/18/22 OPERATION PERMIT by: Matt Wilt Date: 6/23/22

AUTHORIZATION TO CONSTRUCT by: Cary Wilt Date: 6/22/22 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4702484317
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy, Troutman
PROPOSED FACILITY: 3 bd/r home PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 6225 Eufola Rd, Statesville
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 4/07/22
DATE EVALUATED: 5/11/22
PROPERTY SIZE: 3 acres
PROPERTY RECORDED: yes

TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear 9%	0 - 4	Compacted	SCL	–	35	SAP CL	inc in layer	.3 PS
		4 - 13	C SBK	SS SP FR SE					
		13 - 35	CL wSBK	SS SP FR SE					
		35 - 49	SAP LS	FR					
2	Linear 10%	0 - 5	Compacted	SCL	–	52	–	–	.3 PS
		5 - 18	C SBK	SS SP FR SE					
		18 - 52	CL SBK	SS SP FR SE					
3	Linear 10%	0 - 9	Compacted	SCL	–	49	SAP CL	inc in layer	.3 PS
		9 - 32	C SBK	SS SP FR SE					
		32 - 49	CL wSBK	SS SP FR SE					
4	Linear 10%	0 - 5	Compacted	SCL	–	48	–	–	.3 PS
		5 - 24	C SBK	SS SP FR SE					
		24 - 48	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%.	50%.
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	NP (Non-plastic)
	SP (Slightly Plastic)
	P (Plastic)
	VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

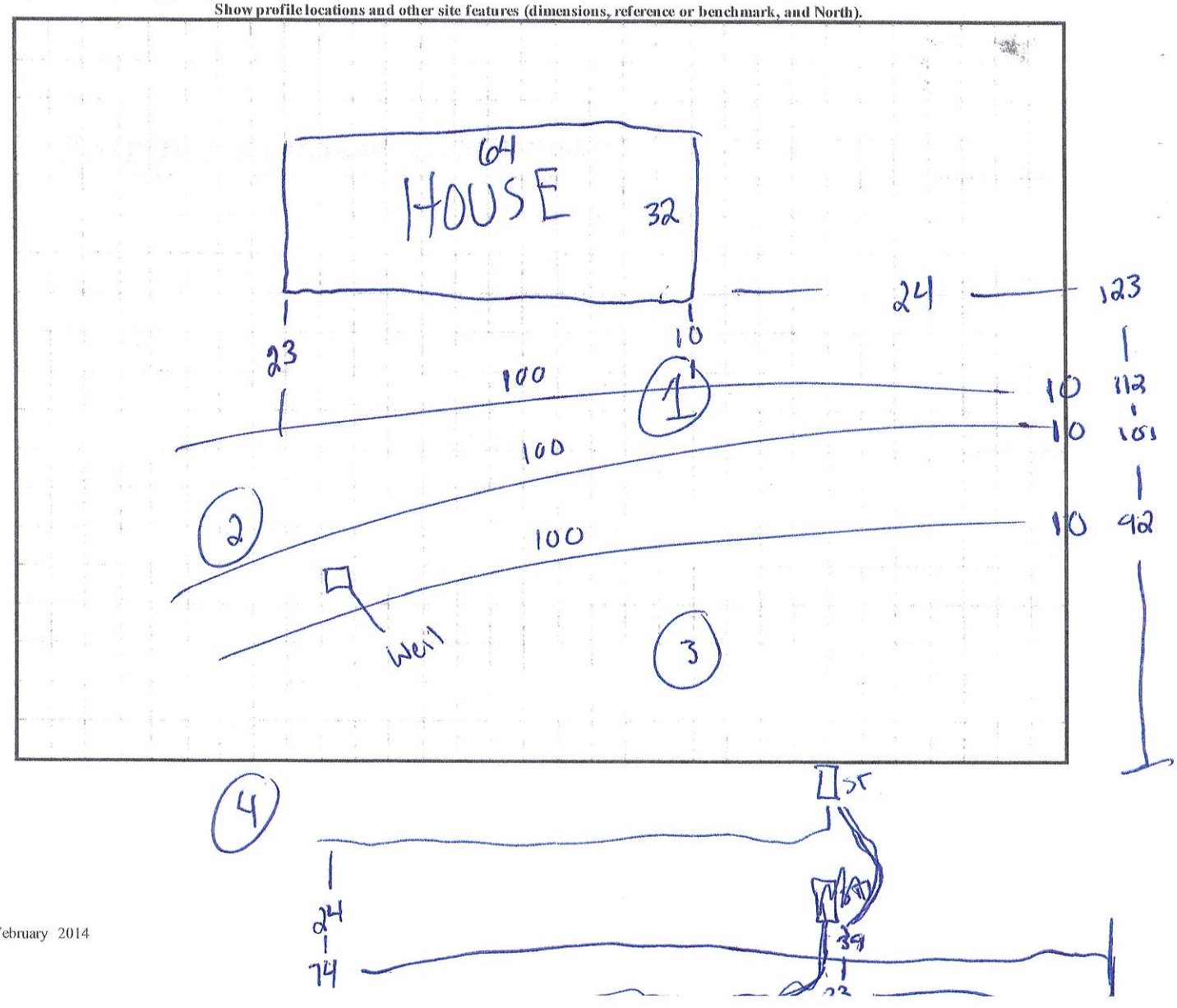
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED APR 07 2022

AP-326818

Expansion

Add A line to Existing Septic to make 3 Bedroom

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* $500.00

Expansion

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)

Applicant Name: Freedom Homes/ Kimberly Frye Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Michael Byers Address: 627 Eufola Rd Statesville Zip: 28677
Owner Email: _____ Phone: 704-682-3482 Alt. Phone: _____

Property Information:

Street Address: 625 Eufola Rd Statesville, NC 28677

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: I-40 toward Hickory, Exit 144, Onto old 115th Rd, Onto lewisferry Rd, Onto Eufola Rd, Use Drive for 627 On Right. Lot is Behind house.

Site Development Information: *(check or complete ALL that apply*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(✓) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Need to Add 1 lines to make 3 BR

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) 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: _____

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) Other Public Water County 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 3-21-22
Property owner or owner's legal representative Signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 1073187C-8951-405C-B71E-0CB167A07AD8

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, _____. am the legal owner(s) of the property located at 625 _____. identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, 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	Signature of Witness	Date
[signature]	3/15/2022	[signature]	3-15-2022

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

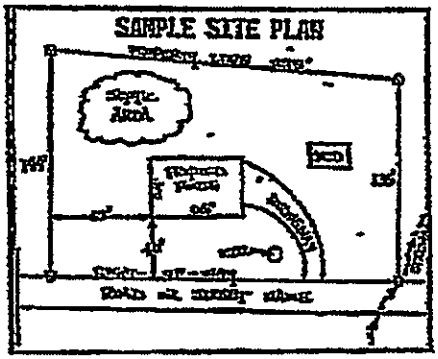
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and 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

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: _____
Property owner or owner's legally appointed representative (SIGNATURE REQUIRED)

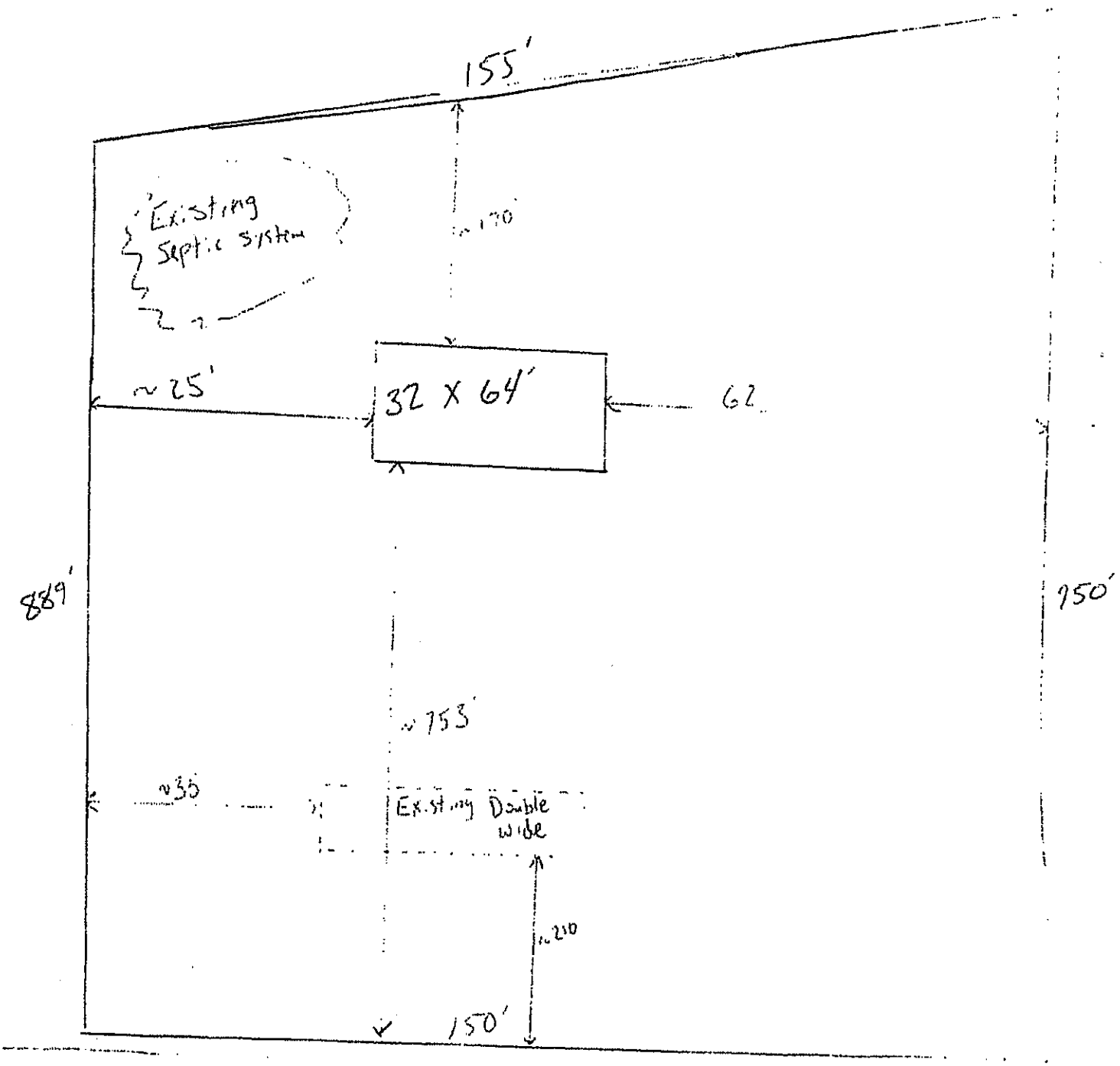
3-21-2022
DATE

PLOT PLAN

MICHAEL & BRANDON BYERS

N. T. S.

625 Eufola Rd.
Statesville, NC
28677



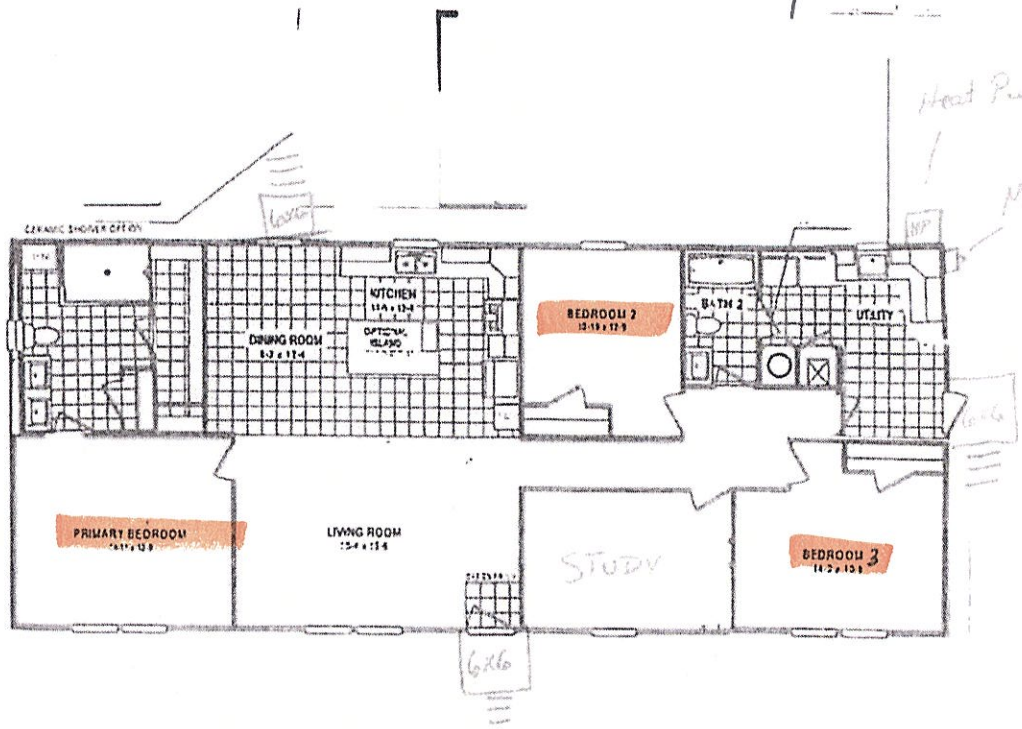
Rockwell

Opening doors to a better life.

4620 "957 PARK AVENUE" 6428 - 57ROC28643CH

3 Bedroom 32x64

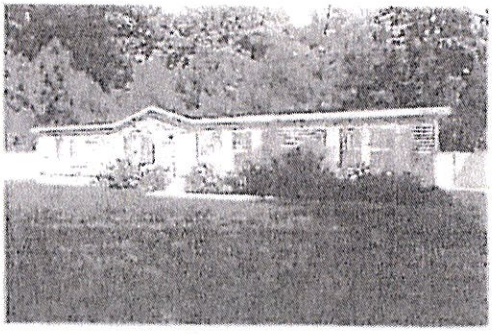
Kimberly Bruce 3-16-22
Comp With 5/19/22



M.B.K
2-21-22

Plan Details

Bedrooms	3
Bathrooms	2
Sq Feet	2048
Width	32
Depth	64



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

APPLICATION NUMBER
326818
Issue Date: 03/21/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4702484317.000	625 EUFOLA RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: SHOAF VERNON R SR ETAL	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Accessory Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
R8 Accessory Mobile Home*NEED ZD

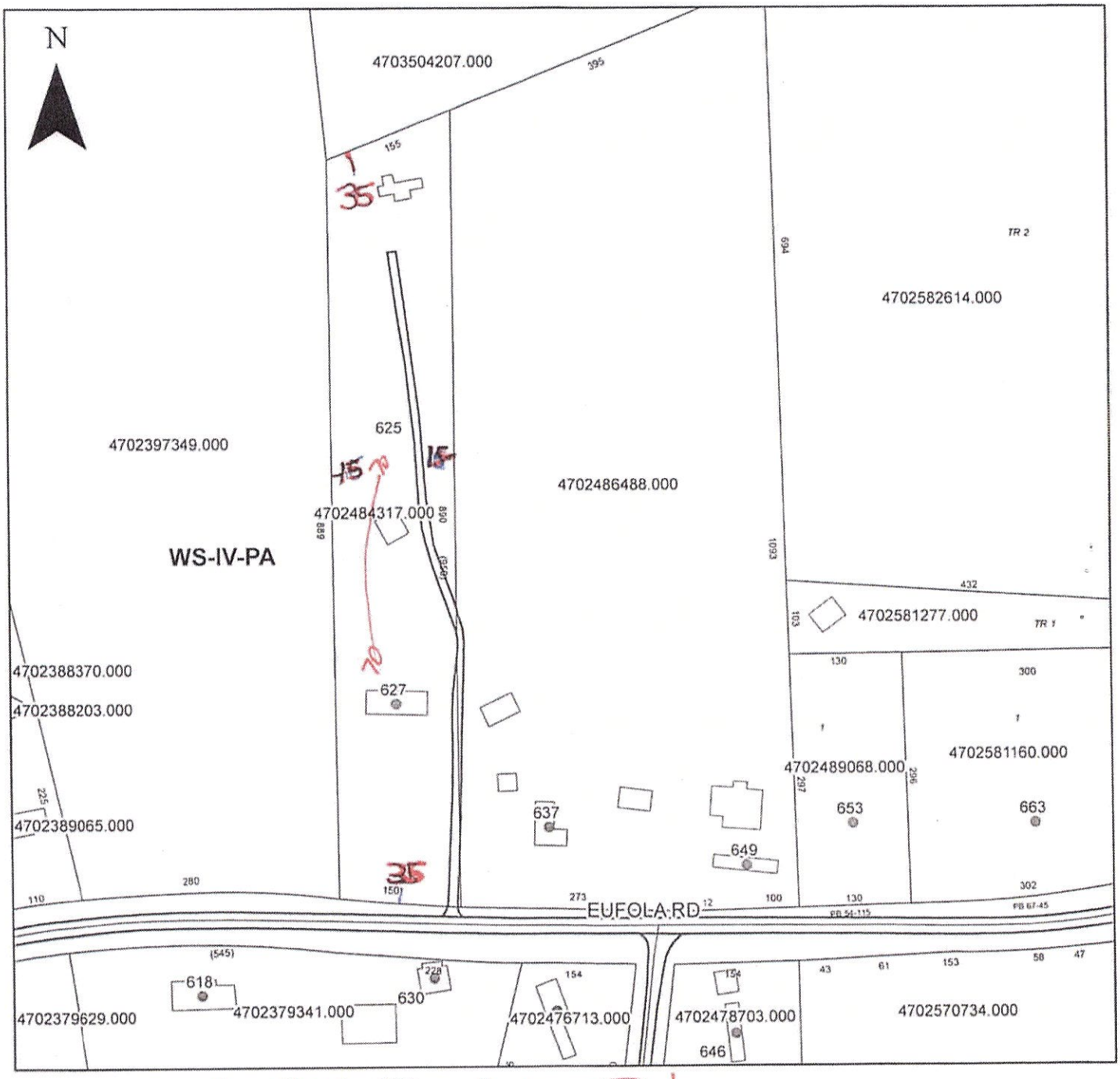
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 04/05/2022

Signature of Owner/Contractor

Permit Number	326818	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 625 Eufola Rd.

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 Sorge
Applicant

4-5-2022
Date