IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT # 247721

PIN # 4702945764

APPLICANT/OWNER: FREEDOM HOMES

APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 942 EUFOLA ROAD, STATESVILLE, N.C. 28677

PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: (W) ON 40, (L) ON OLD MOUNTAIN, (R) ON LEWIS FERRY, (L) ON EUFOLA, LOT ON (R)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: KEY ACRES

SECTION: — LOT # 5 LOT AREA: 1.39 AC

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3/0.1 REPAIR

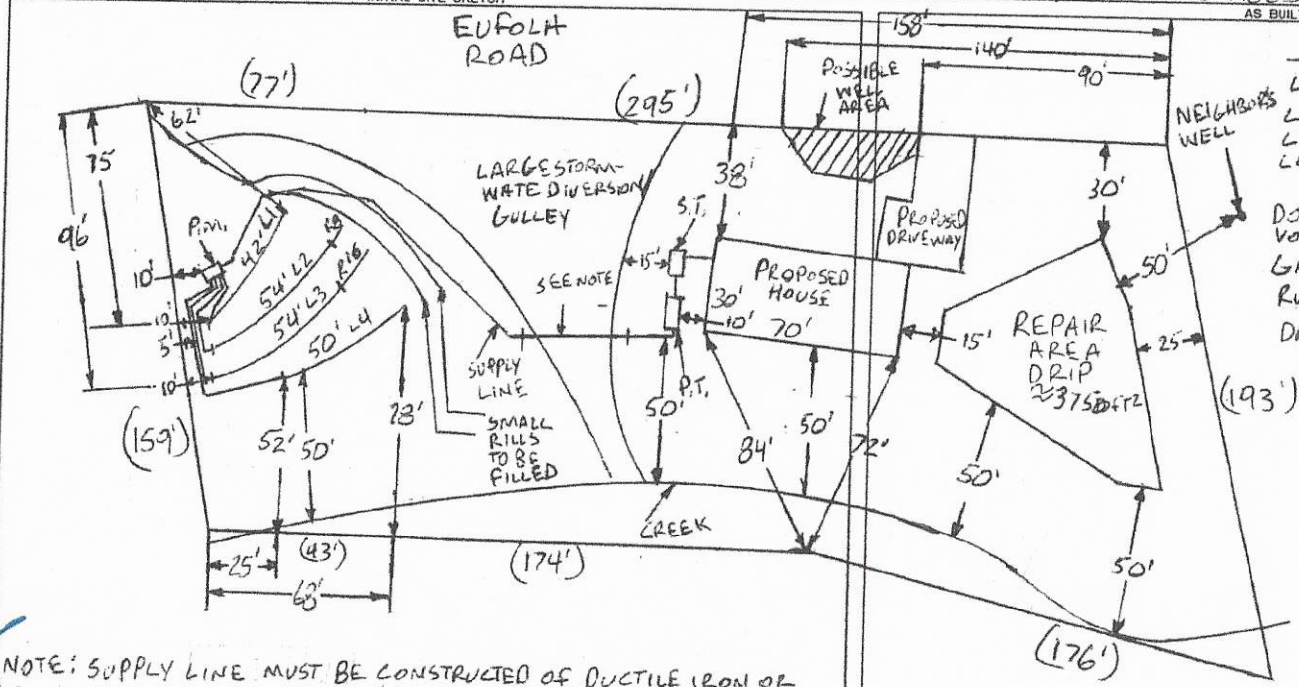
Septic Tank	1000 (gal)	STB	Plastic	Date	Infiltrator	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	Tanks	Date		System Description:	PPBPS - P.M.		
Pump Make		Model		Serial #		Repair System Description:	TSII DRIP		
# Nitrification Fields	1	# Lines	4	Linear Ft	200 FT	Maintenance Agreement Required:	☐ YES	☑ NO	
Trench Width	24 IN	Trench Bottom Depth(Low side)	32 IN	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 ON CONTOUR, INSTALL ON 3FT CENTERS MAINTAIN 6 IN OF STABLE COVER, MAINTAIN 50' FROM CREEK WITH ALL PARTS OF SEPTIC, UTILIZE PRESSURE MANIFOLD DISTRIBUTION

FILL ALL GULLEY AND RILLS THAT IMPACT SEPTIC SEE NOTE REGARDING SUPPLY LINE 9ft ST to house

INITIAL SITE SKETCH



AS BUILT SKETCH

TAPS
L1 = 1 1/2 SCH 80
L2 = 1 1/2 SCH 40
L3 = 1 1/2 SCH 40
L4 = 1 1/2 SCH 40

DOSE VOLUME = 165.6 GAL
GAL PER MIN = 26.81
RUN TIME = 6.1 MIN
DRAWDOWN = 7 3/8 IN

1 IN = 60 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
P.M. = PRESSURE MANIFOLD
R = REPAIR

NOTE: SUPPLY LINE MUST BE CONSTRUCTED OF DUCTILE IRON OR ENCASED IN CONCRETE OR DUCTILE IRON AND EXTEND 5ft PAST CROSSING. .1950 (6)(2)

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 Sneed Date: 11-4-19

IMPROVEMENT PERMIT by: Burkett C. White Date: 10-31-19

AUTHORIZATION TO CONSTRUCT by: Burkett C. White Date: 10-31-19

Installed by: Craig Thompson

OPERATION PERMIT by: Carla C. Nicks Date: 3-4-20

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 inspector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	3/2/20	MD
Tanks Checked	3/2/20	MD
Pressure Manifold or Valve Box Checked	3-4-20	CCW
Pressure Head Set	3-4-20	CCW
Electrical Checked	3-4-20	CCW
Floats Set	3-4-20	CCW
Alarm Checked	3-4-20	CCW
Maintenance Contract Y / (N)		

- drawdown checked
- taps checked

* Supply line not passed not enclosed in ductile iron or Concrete → concrete 3-4-20

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

Sheet 1 of 2
PROPERTY ID #: 4702945764
COUNTY: IREDELL

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

OWNER: FREEDOM HOMES
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 942 EUFOLA ROAD, STATESVILLE, NC, 28677
APPLICATION DATE 8-21-19
DATE EVALUATED: 9-5-19
PROPERTY SIZE: 1.39 AC
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LINEAR SIDE 10%	0-22	C, ABK	FR, S, P, SEXP	5Y 7/2 @ 18" MOT WORSENS PAST 15" MATRIX PAST 36" 10R 4/6	53"+ 2.5 X 5/1	NA	WET @ 18"	PS .1 DRIP
		22-53	SC W ABK	FR, S, P, SEXP					
2	LINEAR SIDE 10%	0-38	C, ABK	FR, S, P, SEXP	5Y 7/2 @ 23" MOT WORSEN PAST 23" MATRIX PAST 38" 10R 4/8 +2	52"+ 5Y 5/1	NA	WET @ 23"	PS .2 LOW-PRO OR .1 DRIP
		38-52	SC, WABK	FR, S, P, SEXP					
3	LINEAR SIDE 10%	0-22	C, ABK	FR, S, P, SEXP	5Y 7/2 @ 18" MOTS WORSEN PAST 20" 5Y 5/1 @ 22 IN	48"+	NA	WET @ 18"	PS .1 DRIP
		22-48	SC, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 8%	0-12	C, ABC	FR, S, P, SEXP	5Y 7/2 @ 20" MOTS WORSEN PAST 20" 5Y 5/1 @ 22"	48"+	NA	WET @ 20"	PS .1 DRIP
		12-43	SC/ABK	FI, S, P, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	DRIP
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Benjamin C. White
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4702945764
DATE OF EVALUATION: 9-27-2019
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	LINEAR SIDE 10%	0-10	C, ABK	FR, S, P, SEXP	5Y 5/2 @ 7"	51"	NA	WET 7" – 51"	~~A~~ U
		10-51	~~SCL~~, ABK	FI, S, P, SEXP	5Y 7/1 @ 10" MOTS THRU OUT				
6	LINEAR SIDE 14%	0-12	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS, 3
		12-33	C, ABK	FR, S, ~~SP~~, SEXP					
		33-48	CL, WABK	FI, SS, SP, SEXP					
7	RIDGE 10%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	48"+	NA	NA	PS, 3
		9-20	C, ABK	FR, S, P, SEXP					
		20-48	CL, WABK	FI, SS, SP, SEXP					

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

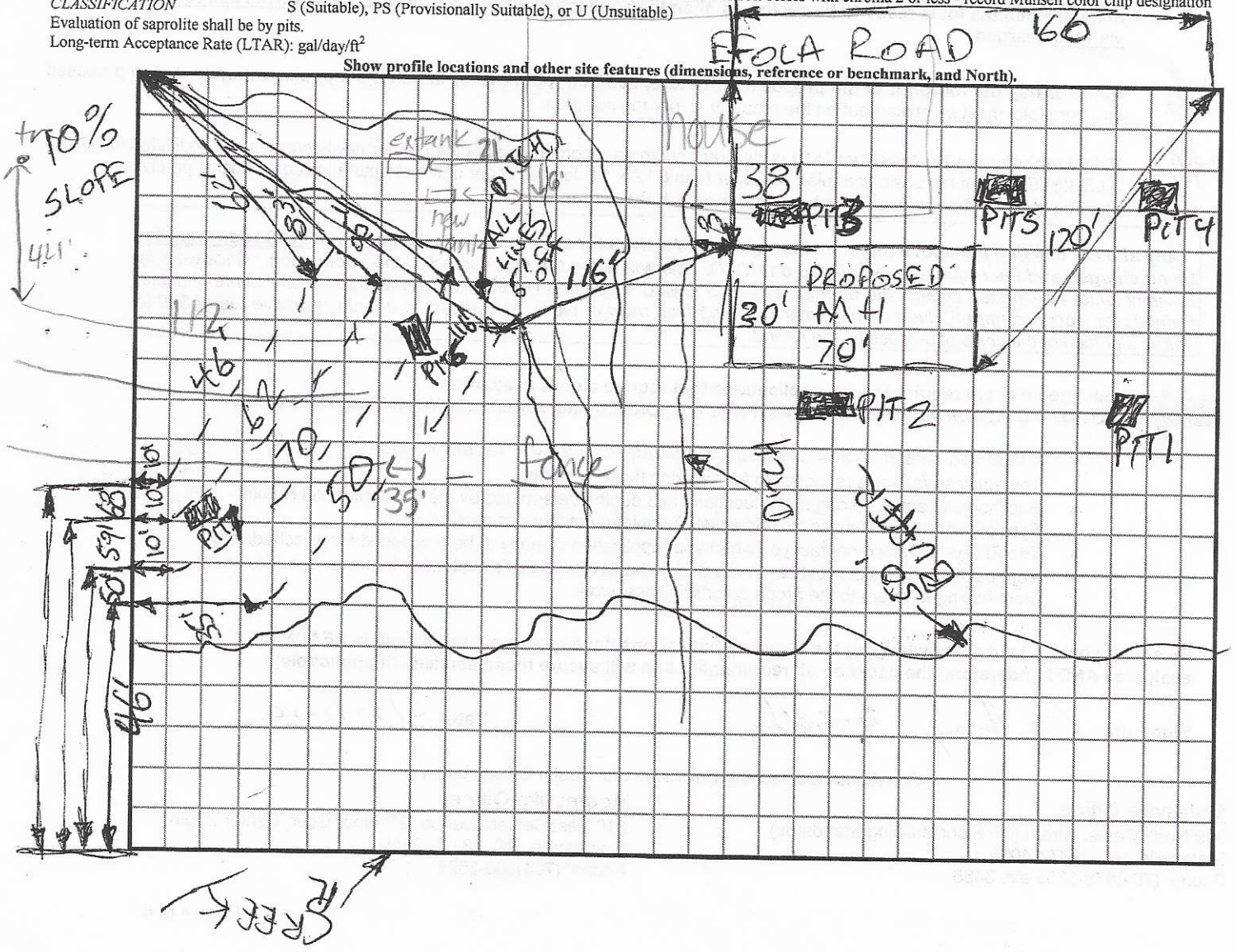
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or 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).

NTS



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

247721

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment $500
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair $550

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 Snead Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: Kimsnead.Snead04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Ellen J Snead + Emmett Snead Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 942 Eufola Rd, Statesville, NC 28677 (PARCEL#) 4702-94-5764
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: On to W Front St, On to Newton DR, On onto Old Mountain Rd
On onto Lewis Ferry Rd On onto Eufola Rd 1.7 miles on On

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 Snead 8-21-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

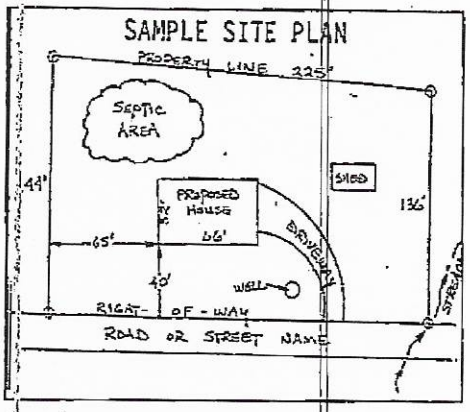
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system 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

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

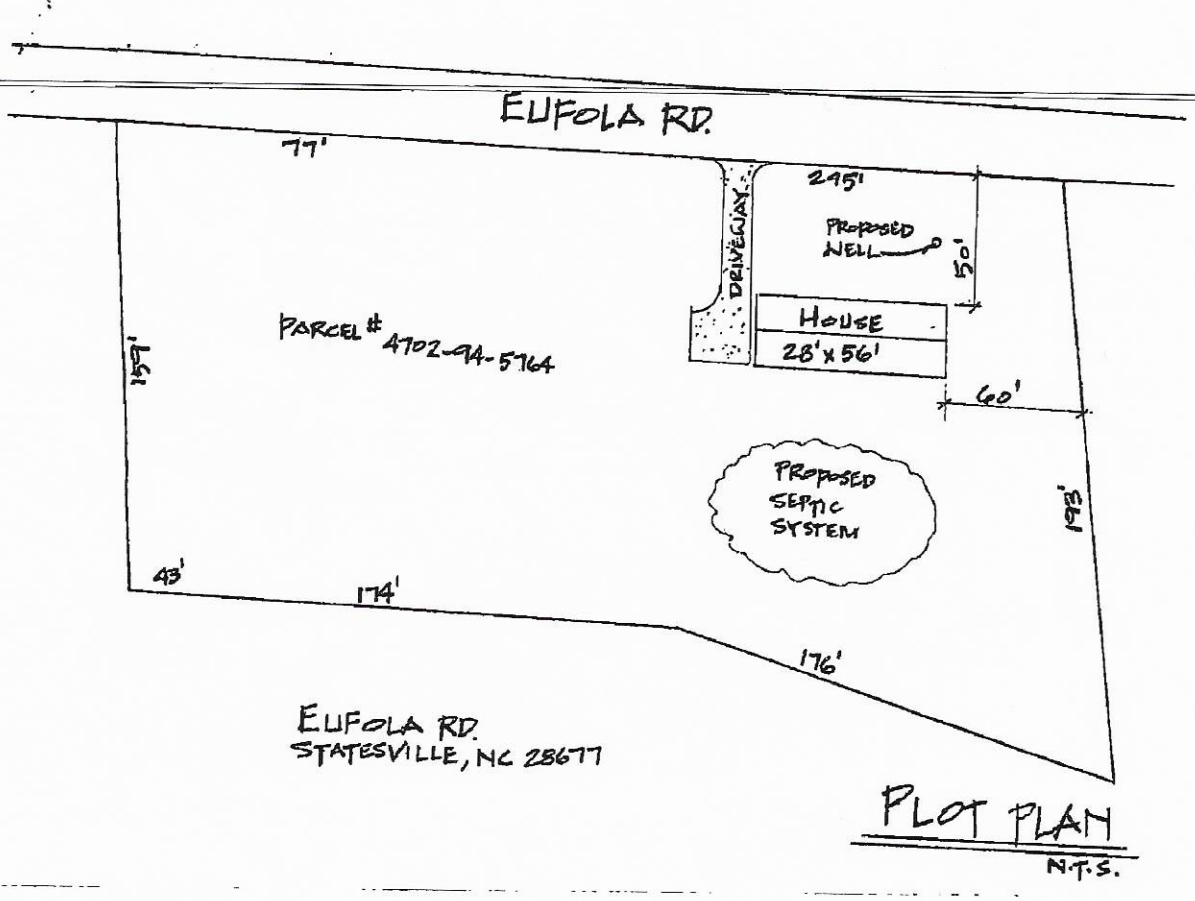
Attached

Signature: Kirkly Sweet

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

8-21-19

DATE



PLOT PLAN

N.T.S.

DocuSign Envelope ID: 75DD57SC-36B0-48CC-BE81-DA2EE639B7DB

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, Ellen J Snead and Emmett C Snead III, am the legal owner(s) of the property located at 00 Eufola Road, Statesville NC 28677, identified as PIN (Parcel Identification Number) 4702-94-5764, located in Iredell County, North Carolina.

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

X Ellen J Snead 8-1-19
Signature of Owner(s) Date

X Emmett C Snead, III 8/1/19

Signature of Witness Date 8/1/19

Please return this signed form to the appropriate office:

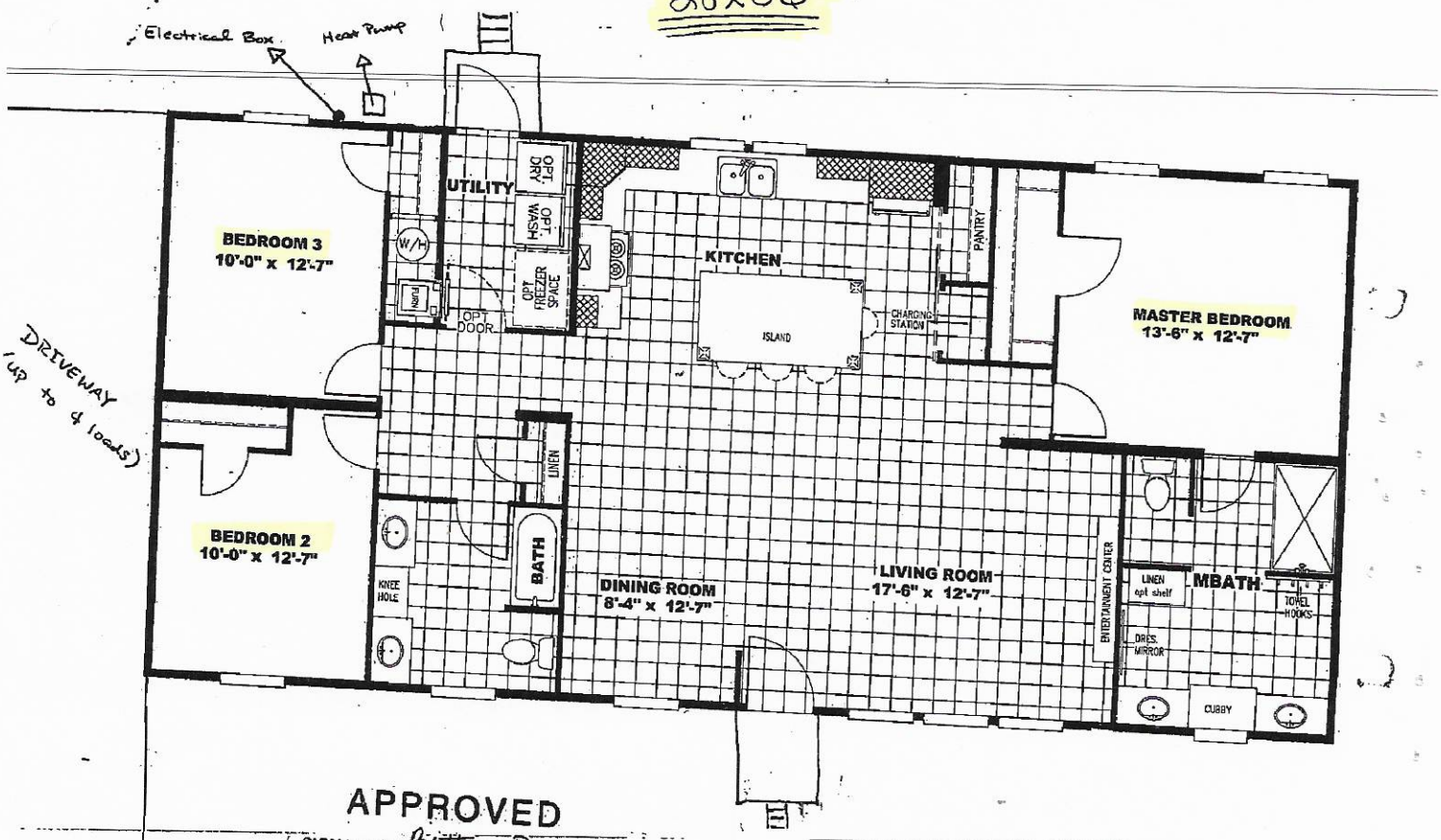
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

003/010
08/02/2019 FRI 10:48 FAX

Construction Placement

Size 28x56



APPROVED

SIGNATURE: Brittany Peck

DATE: 10-30-19

Acknowledgement Of Plans Submittal ONLY!

Date 10-30-19

Date 10-24-2019

Model #: NOW28563U

Drawing #: 29M150

IREDELL COUNTY

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

APPLICATION NUMBER
247721
Issue Date: 08/21/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4702945764.000	942 EUFOLA ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: SNEAD ELLEN J+EMMETT C SNEAD I II	Applicant: FREEDOM HOMES-TROUTMAN
Address: 0	Address: 1124 CHARLOTTE HWY
IREDELL CO, NC 28625	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
NEW DOUBLE WIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.390	35.00	35.00	15.00	15.00	PA	X

Remarks:

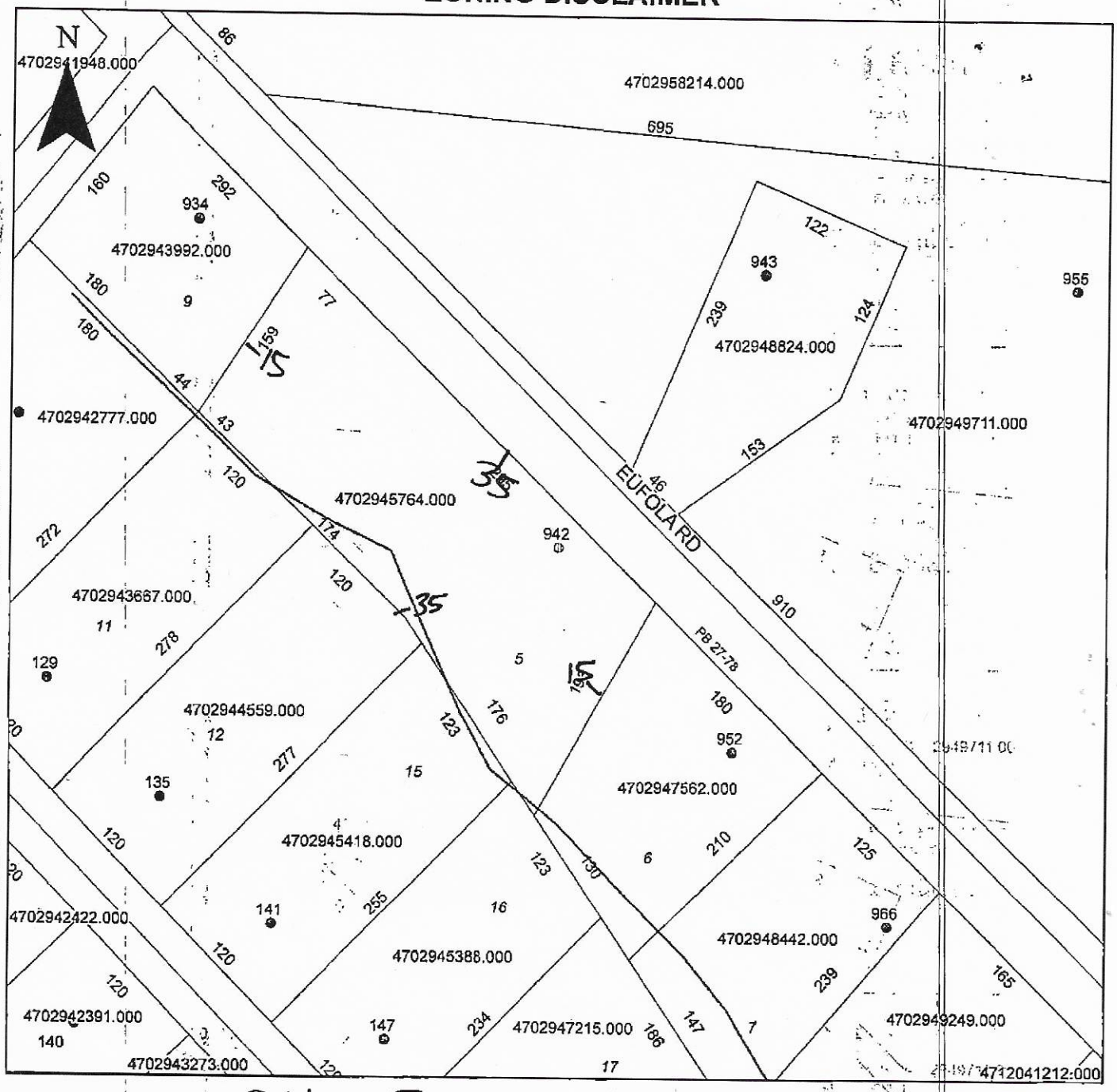
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections 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.

Applicant: _____ Date: _____

Permit Number	189655	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 942 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.

Applicant

8-21-19
Date