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 32089D

PIN # 4705 -- 85 -- 4830

APPLICANT/OWNER: Freedom Homes - Builders Inc. | APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 139 Zircon Dr. Statesville 28625 | PHONE: 704-881-2326 | ALT. PHONE 704-528-7960

SITE DIRECTIONS: Taylorsville Rd - Lt Lippard Farm - Lt Stones Edge - Lt Gemstone - Rt Zircon | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stones Edge | SECTION: - | LOT # 32 | LOT AREA: 0.619 | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	760	Date	10-19-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	(gal)	PT		Date		System Description:	50% reduction PPBPS
Pump Make		Model		Serial #		Repair System Description:	50% Reduction LPPPBBS
# Nitrification Fields	1	# Lines	6	Linear Ft	240 FT	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	24 in	Trench Bottom Depth (~~Low Side~~)		36 in (max)	Gravel Depth		☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

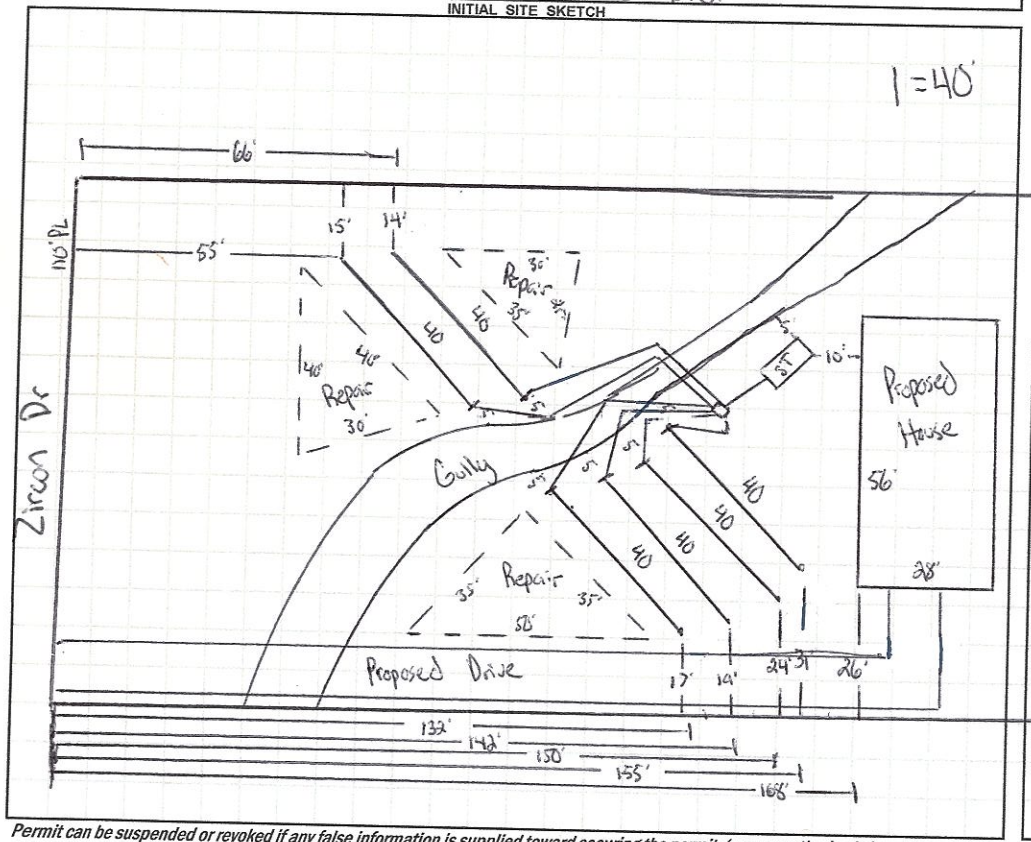
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space

Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

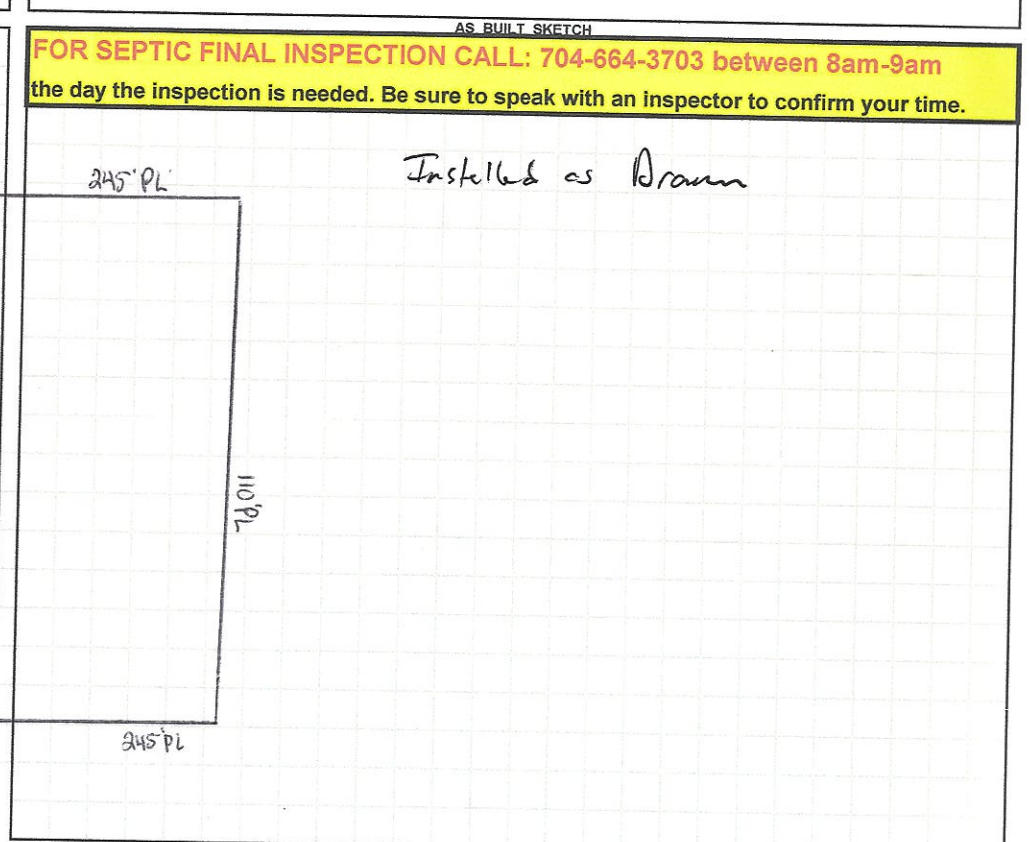
Comments / Conditions: Fill and Compact Gully. Keep water line 10 feet away from septic. Do not grade, park, or drive on septic area. Install drainlines on contour of the land.

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.



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 plot 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: [signature] Date: 9/15/21

IMPROVEMENT PERMIT by: Cory Wilson Date: 9/14/21

AUTHORIZATION TO CONSTRUCT by: Burgess Cuthbertson Date: 9-15-2021

Installed by: Fry Grading + Repair

OPERATION PERMIT by: [signature] Date: 12-15-2021

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 #: 4705854834
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1624 Charlotte Hwy, Troutman
PROPOSED FACILITY: 3 bd/ home
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 139 Zircon Dr

APPLICATION DATE 8/27/21
DATE EVALUATED: 9/10/21
PROPERTY SIZE: 0.619
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 5%	0 - 5	SCL SBK	SS SP FR SE	-	48	-	-	.3 PS
		5 - 28	C SBK	SS SP FR SE					
		28 - 48	CL SBK	SS SP FR SE					
2	Side 8%	0 - 8	SCL SBK	SS SP FR SE	-	48	-	-	PS .25
		8 - 30	C SBK	SS SP FI SE					
		30 - 48	CL SBK	SS SP FI SE					
3	Side 7%	0 - 7	SCL SBK	SS SP FR SE	-	48	-	-	.25 PS
		7 - 16	C SBK	SS SP FI SE					
		16 - 48	CL SBK	SS SP FI SE					
4	Side 8%	0 - 5	SCL SBK	SS SP FR SE	-	48	-	-	.25 PS
		5 - 19	C SBK	SS SP FI SE					
		19 - 48	CL SBK	SS SP FI SE					

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

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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

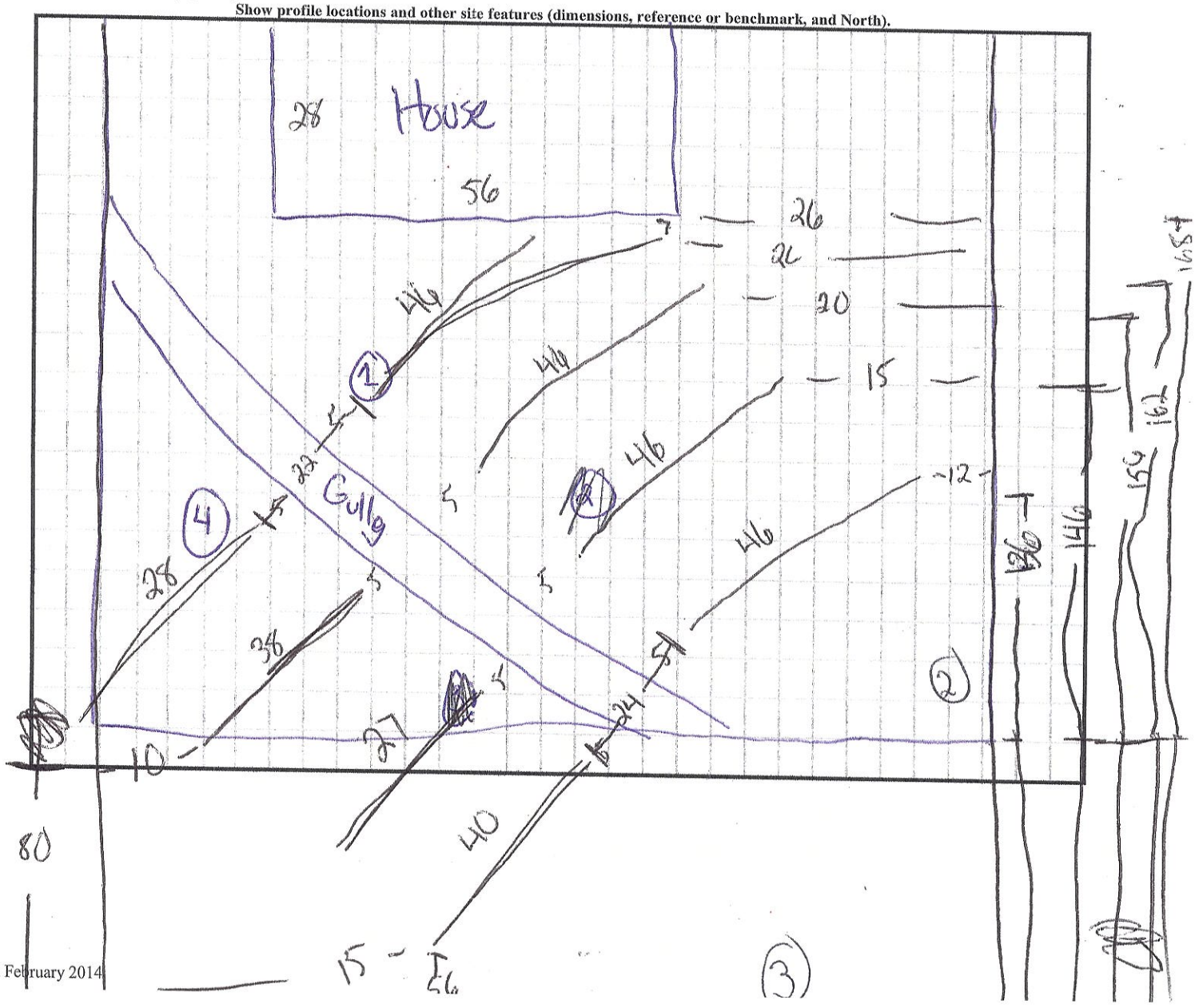
NOTES

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/ft²

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



RECEIVED AUG 2 7 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-320890 $500.00

Application For:
( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) 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.Co Phone: 704-881-2326 Alt. Phone: 704-528-7960
Owner Name: Buildings, Incorporated Address: 2200 old Salisbury-Concord Rd Concord NC Zip: 28025
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 139 Zircon Drive Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 toward Hickory, Exit 148, toward Statesville, R onto Taylorsville Rd, L onto Leopard Farm Rd, 2nd left Stone Edge Rd, L Agenstone Drive, R onto Zircon DR, Lot on Left. Home

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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 8-26-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE:

320890

-CC5CBF61B5FB

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, Buildings, Incorporated am the legal owner(s) of the property located at 139 Zircon Drive, Statesville NC 28625, identified as PIN (Parcel Identification Number) 4705-85-4830, 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.

Authorized Signature of Owner(s) — 08/05/2021 Date

Authorized Signature of Witness: Marcia Liedle — 08/05/2021 Date

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:

SITE PLAN WORKSHEET

320890

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 plans:

__O__ Property Line measurements are clearly identified...

__Y__ 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

__6__ Front and side setbacks from property line...

__O__ Preferred driveway location and configuration, preferred well location...

__D__ Area you prefer your septic system to be placed...

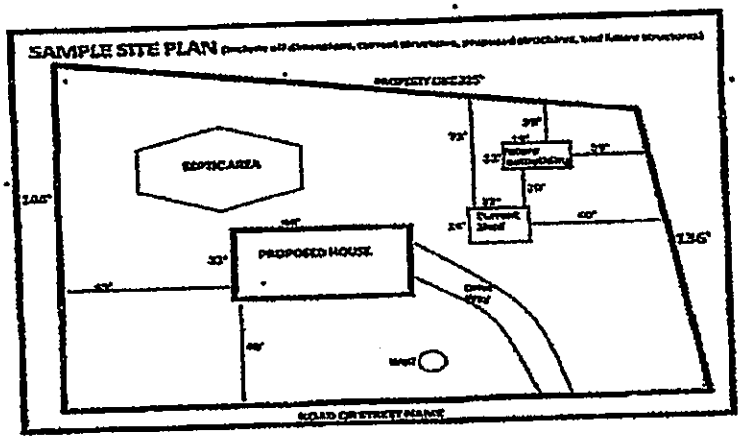
_____ North arrow, or other sufficient indicator of direction...

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

Attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

8-26-21

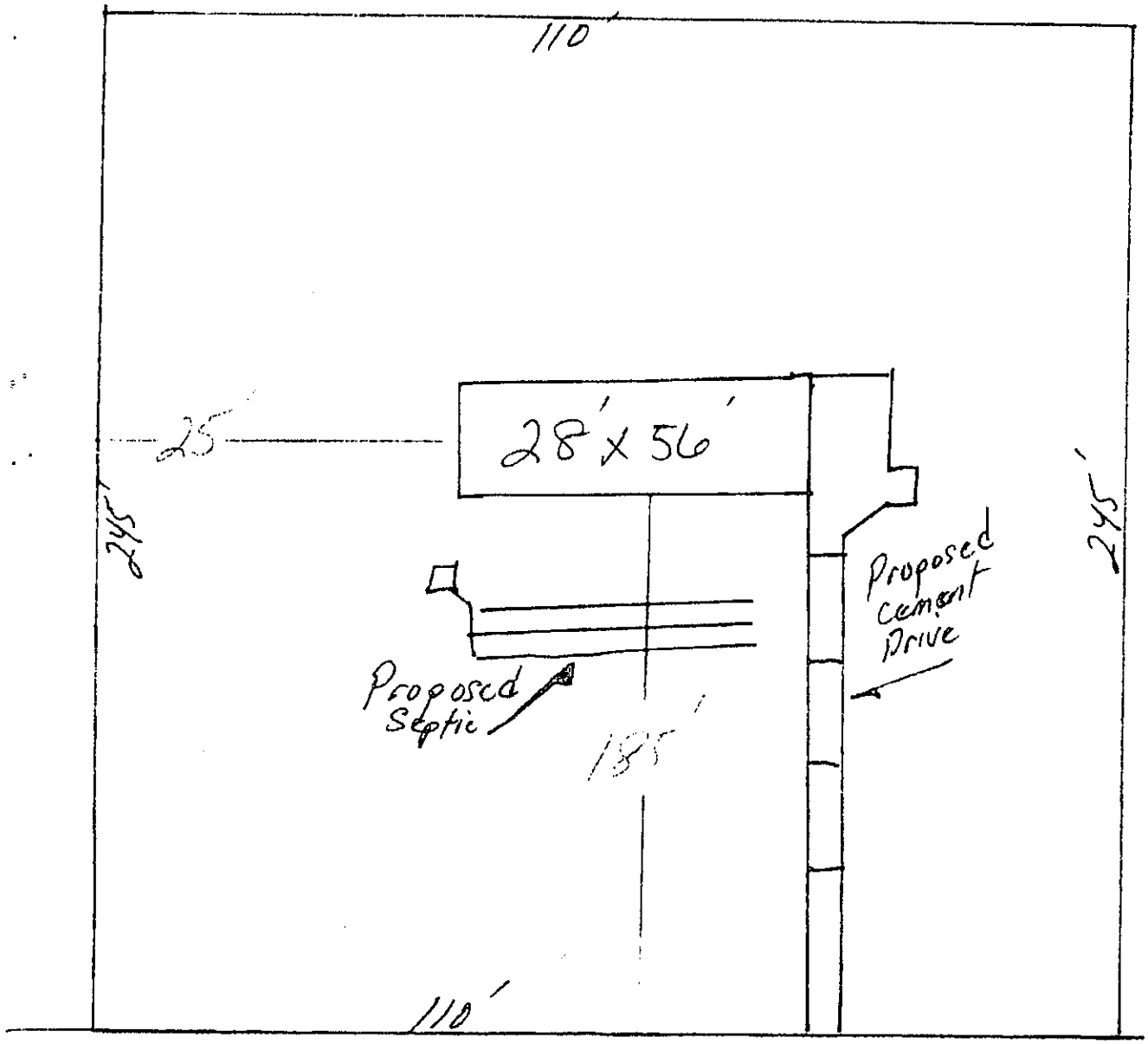
DATE

320890
ALLISON

PLOT PLAN

N.T.S

TBD ZIRCON DRIVE
STATESVILLE



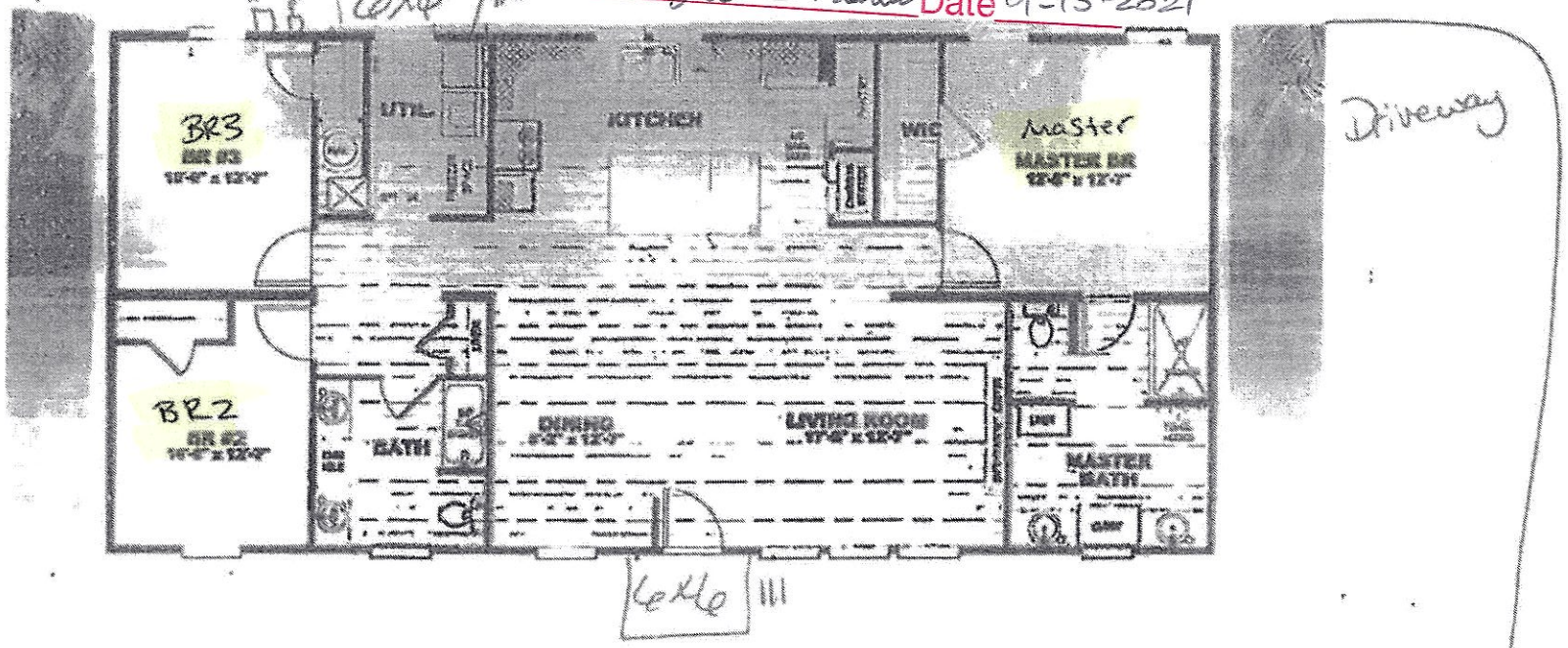
ZIRCON DRIVE

28x56

Acknowledgement Of Plans Submittal ONLY!

Date

Date 9-15-2021



8/11/2021

DocuSign Envelope ID: 66ABB00C-F8D2-4E0C-B635-1F418EF8210D

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320890 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4705854830.000	139 ZIRCON DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: BUILDINGS INC	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 2200 OLD SALISBURY CONCORD RD CONCORD, NC 28025	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.619	35	35	15	15		NO

Remarks
DOUBLE WIDE

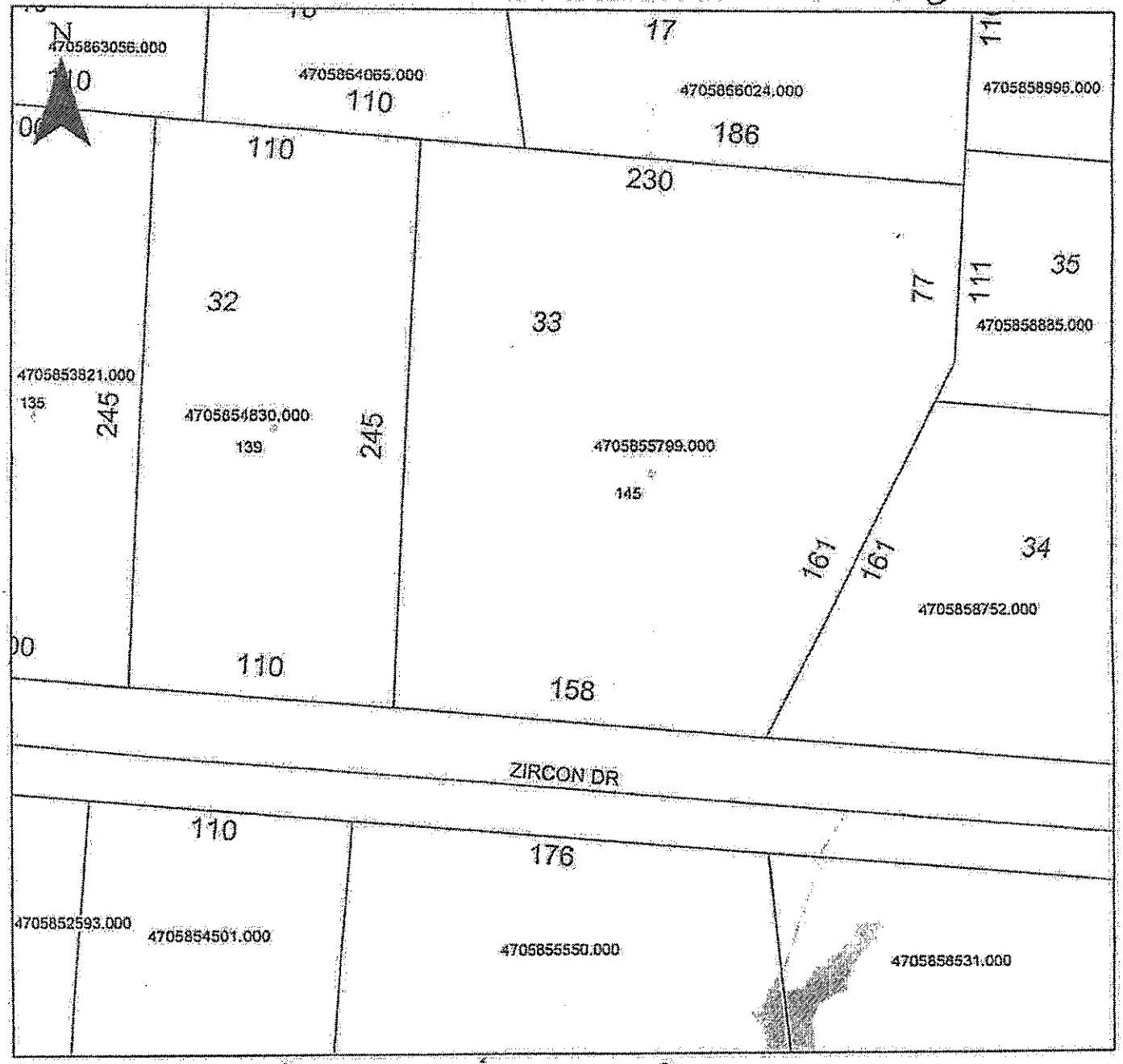
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Date: 08/27/2021

Signature of Owner/Contractor

Permit Number	320890	TOTAL FEES:	$77.25

ZONING DISCLAIMER 320890



Property Address 139 Zircon 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.

Kelly Gaye
Applicant

8-27-21
Date