ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP - 314897

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

PIN # 4714 -- 77--8402

APPLICANT/OWNER: FREEDOM HOMES - Clayton Homes APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 645 ISLAND FORD ROAD, STATESVILLE, N.C. 28625 PHONE: 704-881-2326 ALT. PHONE 704-523-7960

SITE DIRECTIONS: (W) ON 40, (R) ON STAMEY FARM, (R) ON ISLAND FORD, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

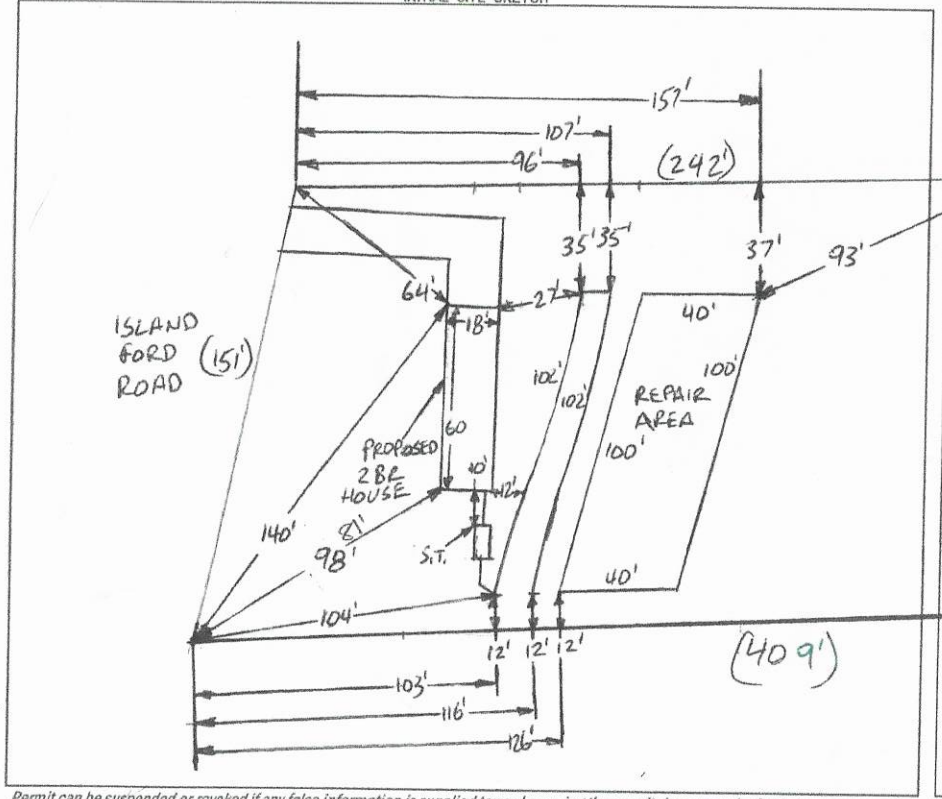
SUBDIVISION: LARRY L. CURTIS + JOANNE W. BOWERS SECTION: 2 LOT # 2 LOT AREA: 1.313 AC DESIGN FLOW: 240 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	SHOAF 710	Date	5/4/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	25% REDUCTION			
Pump Make	–		Model	–	Serial #	–	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	2		Linear Ft:	204ft	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN		Gravel Depth	–	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	2	Water Supply
☐ Business	No. Persons	4	☐ Private
☐ Other	No. Employees	–	☑ Public
☐ Slab	☑ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

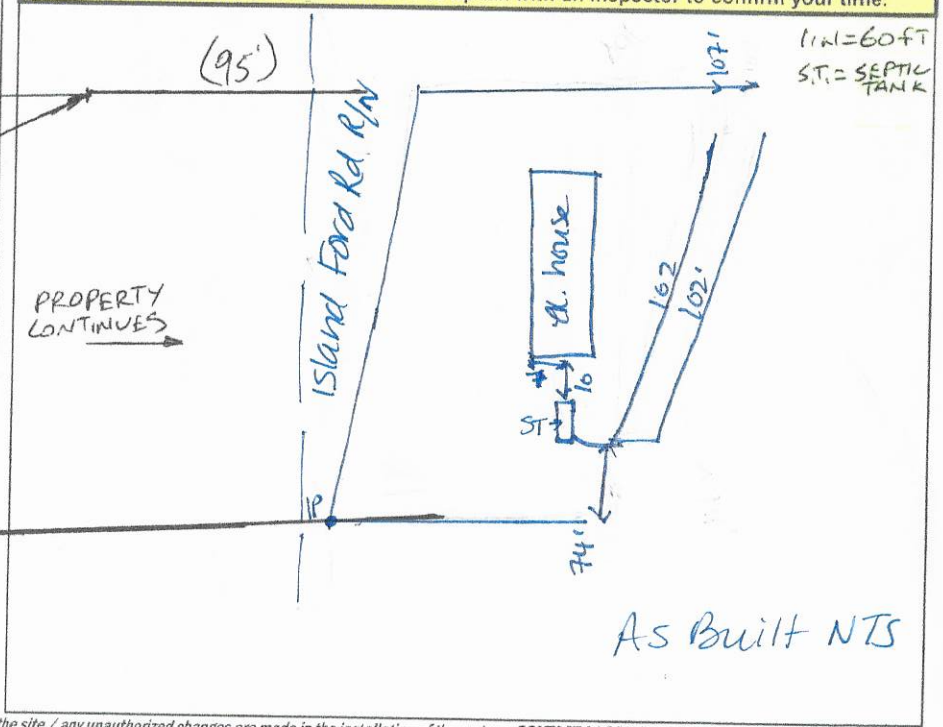
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS, DO NOT EXCEED A 34IN MAX TRENCH BOTTOM

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 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: [signature] Date: 5-13-2021 Installed by: Abel's Clearing & Grading

IMPROVEMENT PERMIT by: Burnett C. Miller Date: 5-7-2021 OPERATION PERMIT by: D. Meberg Date: 12/16/21

AUTHORIZATION TO CONSTRUCT by: Burnett C. Miller Date: 5-7-2021 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 #: 4714-77-8402
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 APPLICATION DATE 3-8-2021
PROPOSED FACILITY: 2BP PROPOSED DESIGN FLOW (.1949): 240GPD DATE EVALUATED: 3-25-2021
LOCATION OF SITE: 645 ISLAND FORD ROAD, STATESVILLE, N.C. 28625 PROPERTY SIZE: 1.313 AC
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED: YES
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	LINEAR SIDE 3%	0-24	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT MICA COMMON	50"+	NA	NA	PS .3
		24-50	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 5%	0-28	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI MICA COMMON	50"+	NA	NA	PS .3
		28-50	CL, WSB	FR, SS, SP, SEXP					
3	LINEAR SIDE 5%	0-25	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI MICA COMMON	46"	PS II SL (FI)	NA	PS .3
		25-46	CL, WSBK	FR, SS, SP, SEXP					
		46-51	SAP, MAS	FI, NS, NP, SEXP					
4	LINEAR SIDE 5%	0-20	C, SBK	FR, S, P, SEXP	SAP INC THRU OUT FEW FI MICA COMMON	50"+	NA	NA	PS .3
		20-50	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	25%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnett Construction
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.

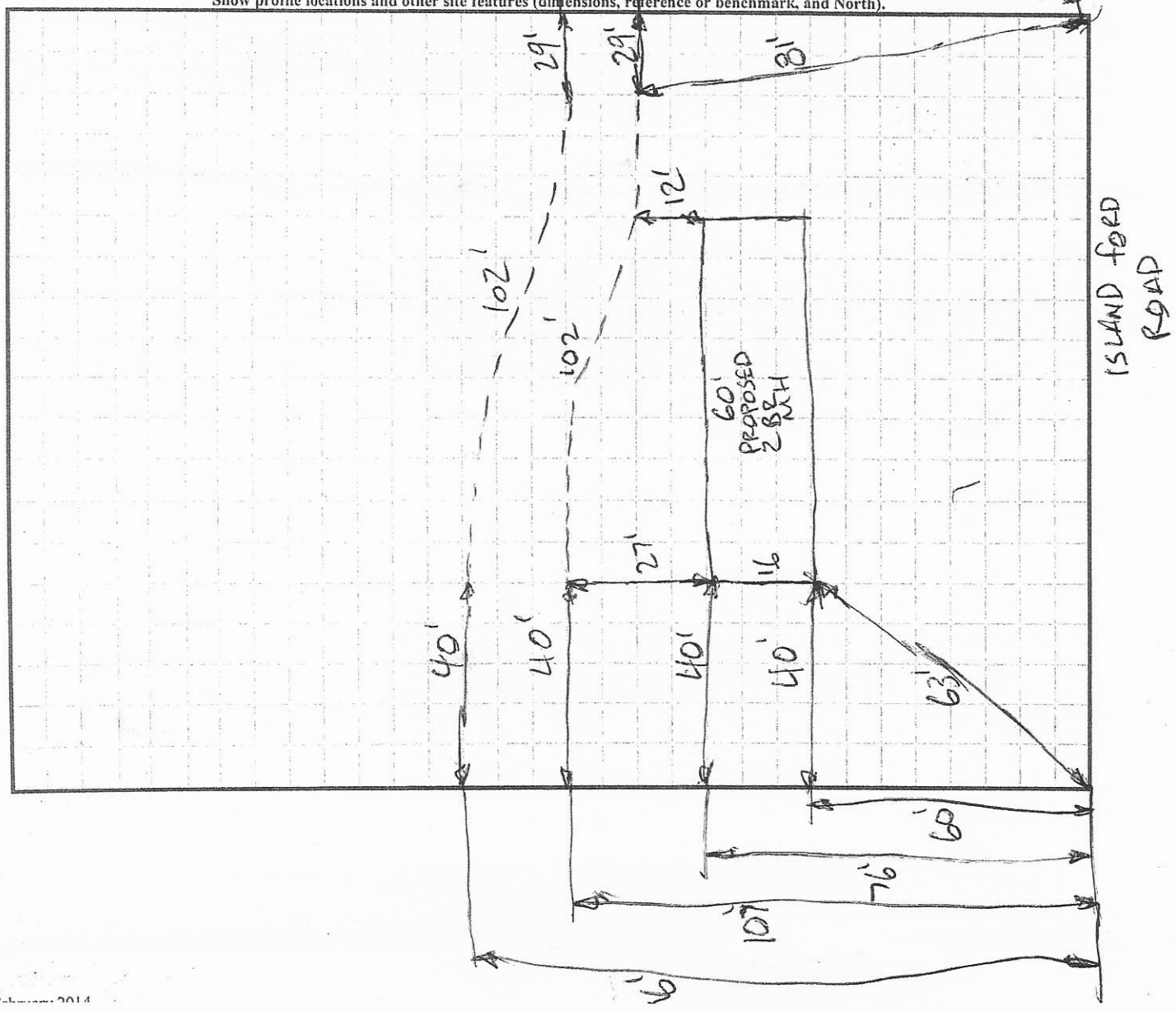
NOTES

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/ft²

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



RECEIVED MAR 0 8 2021

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

AP-314897

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

$500.00

Application For: ( ) 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: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____

Owner Name: CMH Homes INC Address: 5000 Clayton Rd Maryville TN Zip: 37804

Owner Email: _____ Phone: 704-528-7960 Alt. Phone: _____

Property Information:

Street Address: 645 Island ford Rd Statesville NC 28625

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

Driving Directions: I-40 Toward Hickory, Exit 148 B onto Taylorsville Rd, 2nd left onto Island ford Rd, 645 is on Left 1.6 miles

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 (X) 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 — 2-5-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. 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:

1. Complete this form to document his or her legal representative, or
2. Provide their 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.

X I, CMH Homes Inc., am the legal owner(s) of the property located at X Island Ford Rd. Statesville NC 28625, identified as PIN (Parcel Identification Number) X 4714-77-7485 & 4714-77-8454 located in Rowan County, North Carolina.

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

X _____ _____
Signature of Owner(s) Date

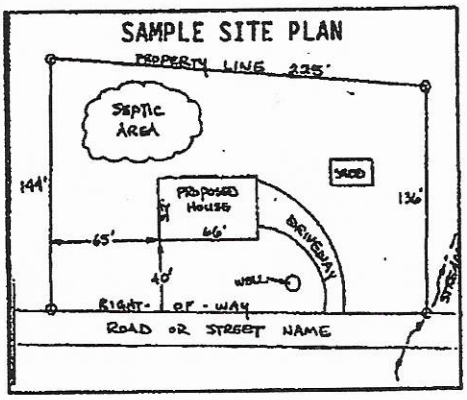
X _____ 2-5-21
Signature of Witness Date

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

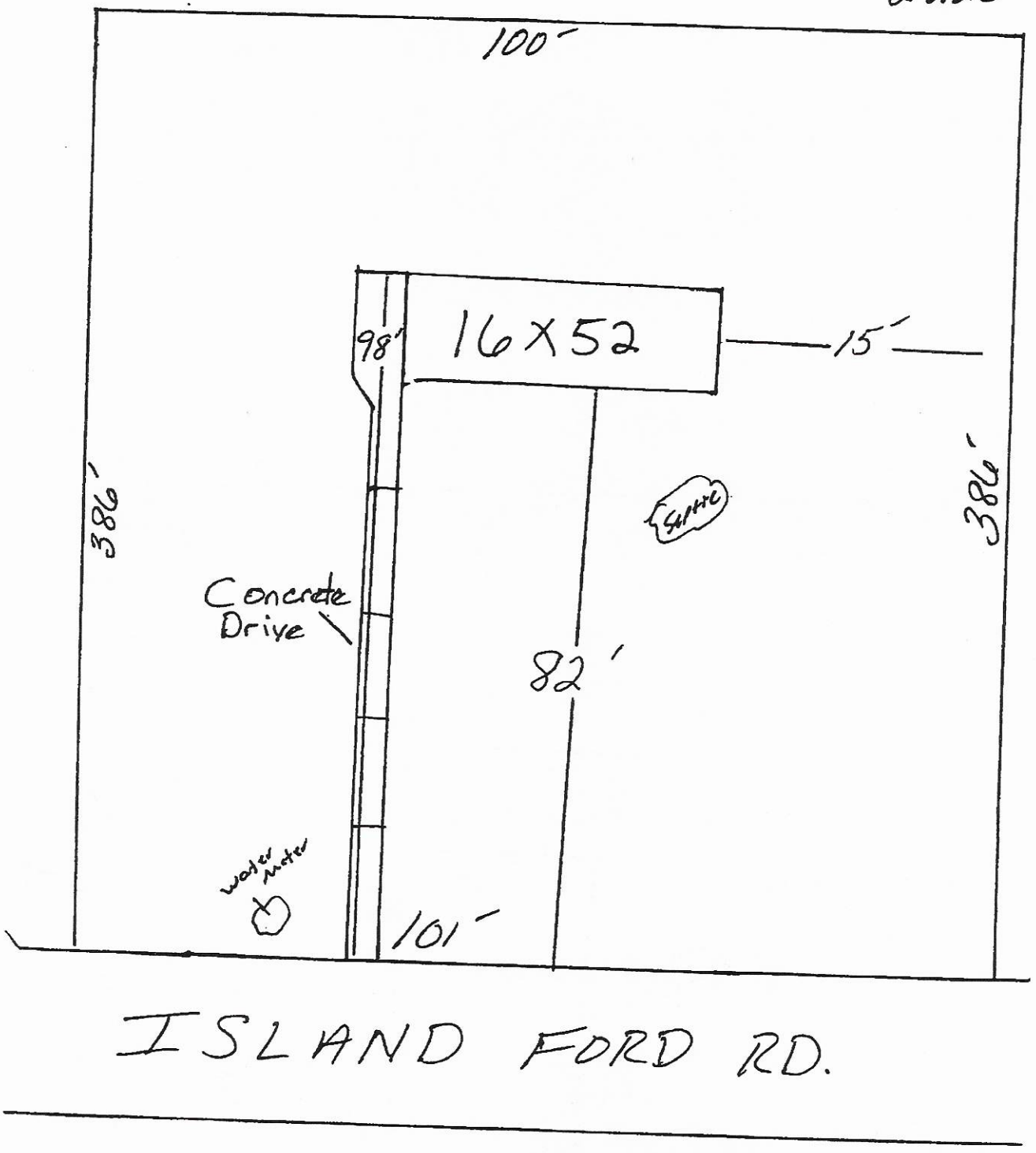
2-5-2021
DATE

PLOT PLAN

N. T. S.

Spence

730 Island Ford
Statesville, NC
28625



Acknowledgement Of Plans Submittal ONLY!

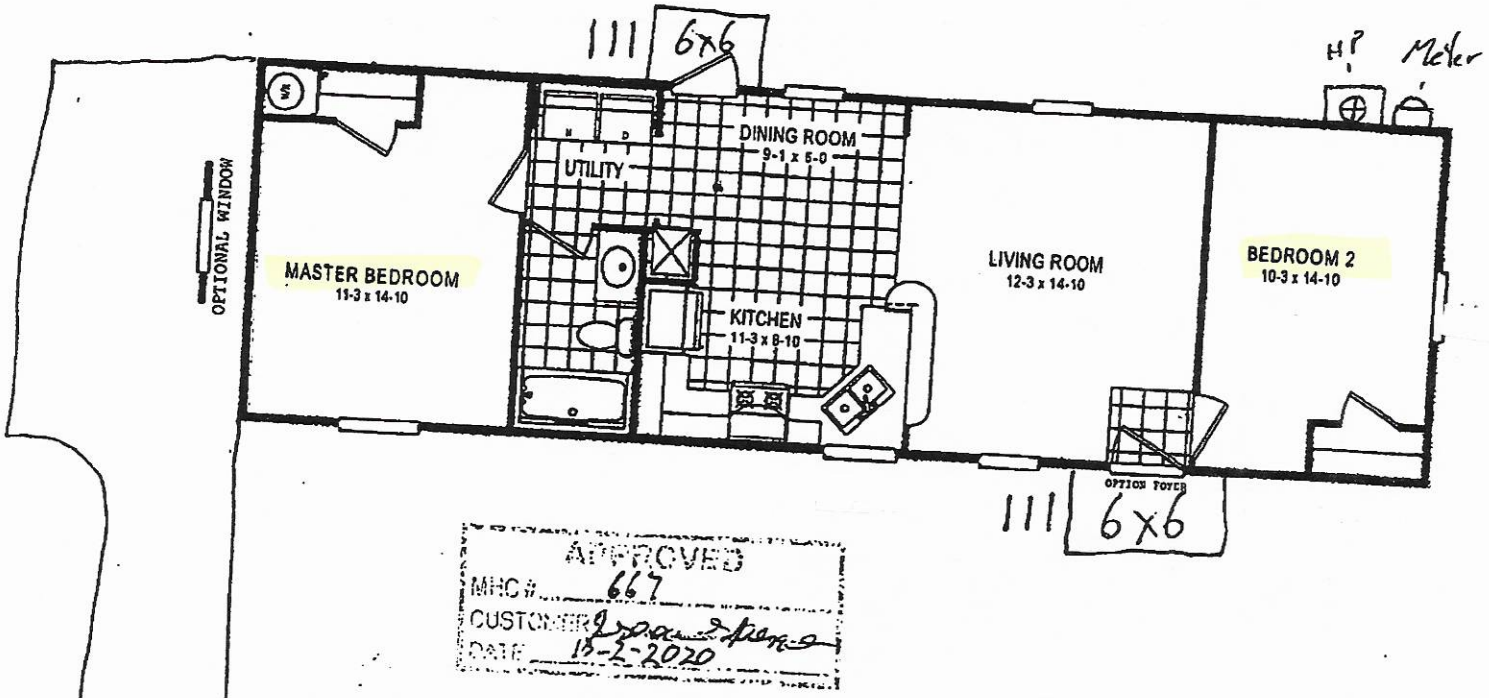
~~Bryant L. Ulrich~~ Date _____

~~_____~~ Date ~~5-7-2021~~

Kimberly Cryer 2-5-2021

16x52 Singlewide

2 Bedroom.



APPROVED
MHC # 667
CUSTOMER Bryant Ulrich
DATE 15-2-2020

Driveway

IREDELL COUNTY · NC

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

APPLICATION NUMBER

314897
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4714778402.000	645 ISLAND FORD RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: CMH HOMES INC	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
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.31	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
MODULAR

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: 02/11/2021

Signature of Owner/Contractor

Permit Number	314897	TOTAL FEES:	$77.25

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular ✓ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name CMH Homes INC Phone # 704-528-7960

Owner's Current Address 5000 Clayton Rd Maryville, TN 37804

Property Information

Property Address 645 Island Ford Rd Statesville Parcel # 4714778402.000

Subdivision: _____ Lot:___ Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) I-40 W toward Hickory, Exit 148 (R) onto Taylorsville Hwy, 2nd left onto Island Ford Rd, 645 is on left in 1.6 Smiles.

Application Information

Applicant's Name or Company Freedom Homes of Troutman Applicant's Phone # 704-528-7960 / 704-881-2326

Applicant's Address 1124 Charlotte Hwy Troutman NC 28166

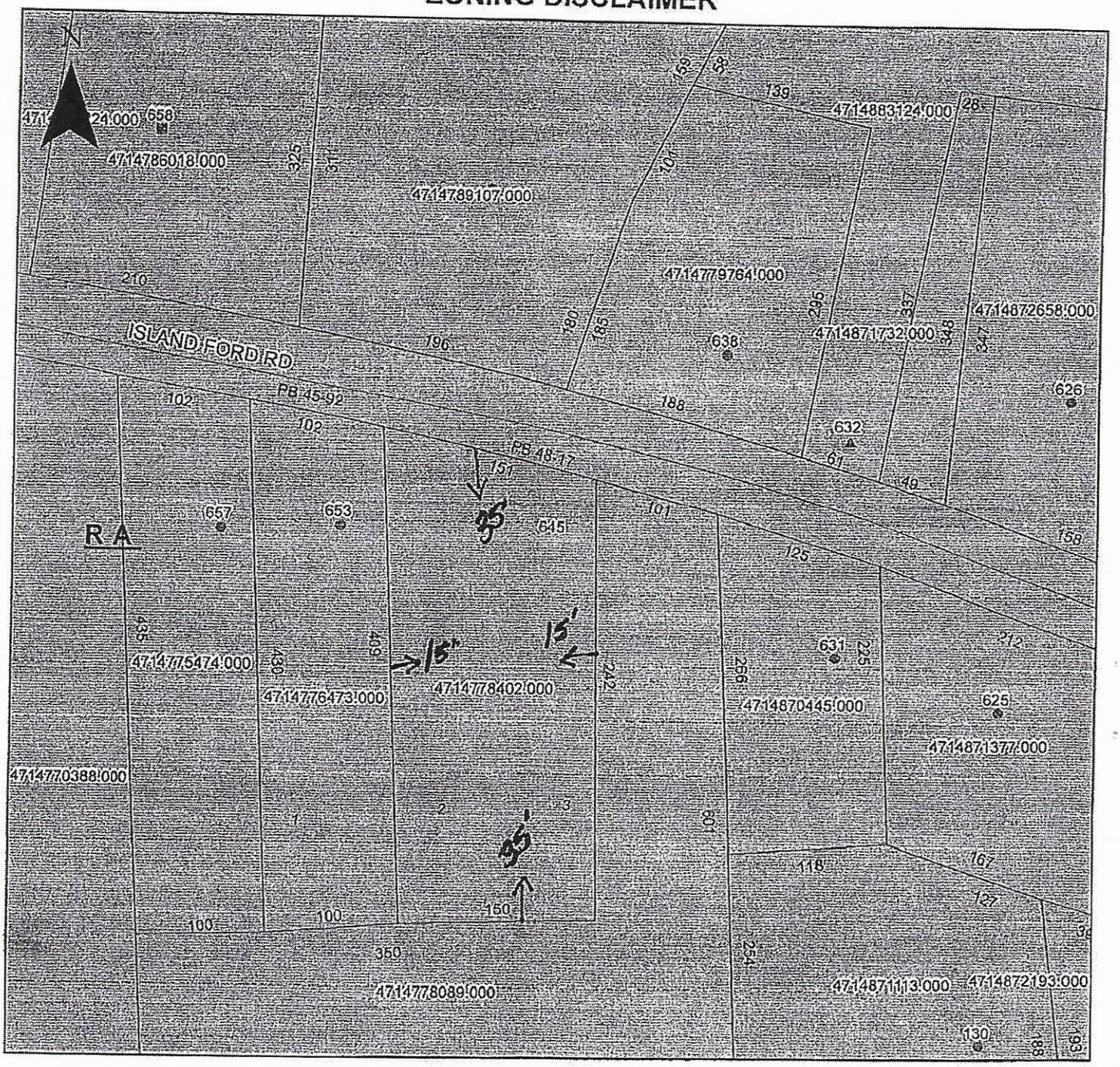
If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Kimberly Frye DATE 1-18-2021

1:31
RA
NO

ZONING DISCLAIMER



Property Address 645 Island Ford 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 Cooper
Applicant

1-20-21
Date