ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (68) Mooresville Office (704) 660-3625 PERMIT # AP-314714

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

PIN # 4721--48--3411

APPLICANT/OWNER: FREEDOM HOMES / DONNIE BULLINS APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 135 TANGLE LANE, STATESVILLE, N.C. 28677 PHONE: 704-881-2326 ALT. PHONE 704-728-7440

SITE DIRECTIONS: (S) ON 21, (R) ON OLD MOUNTAIN, (L) ON TROUTMAN FARM, (R) ON TANGLE, LOT ON (L) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 4.3 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.25 (0.1 REPAIR)

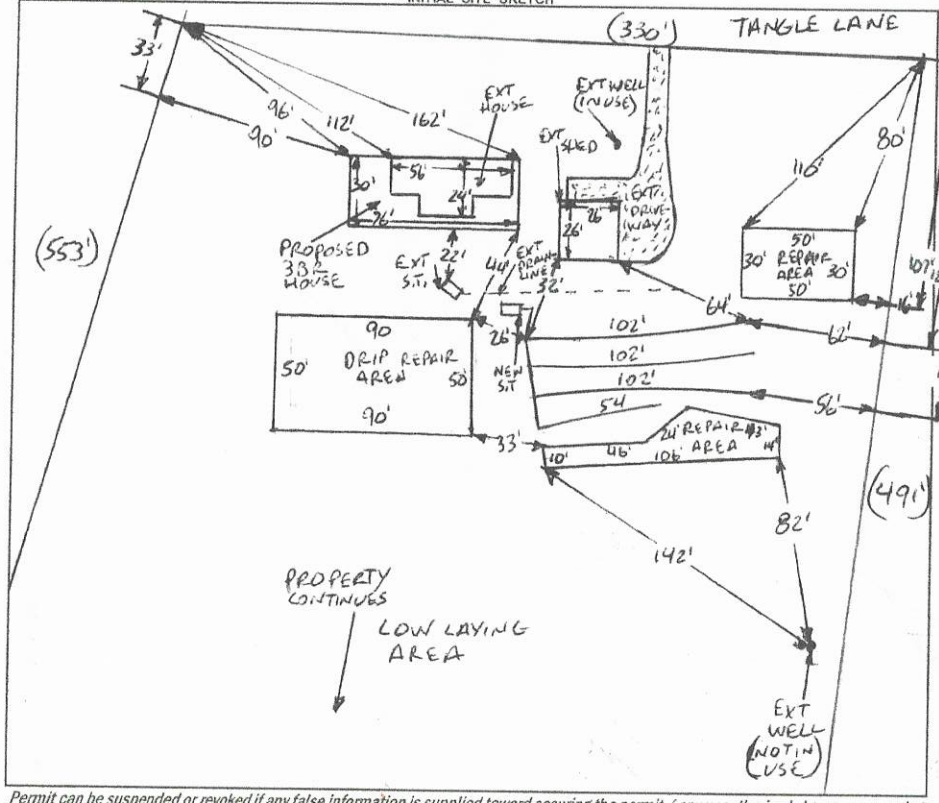
Septic Tank	1000	(gal)	STB	760	Date	6-8-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:			25% REDUCTION	
Pump Make	—		Model	—	Serial #	—	Repair System Description:			TST TO DRIP	
# Nitrification Fields	1		# Lines	4	Linear Ft:	360 FT	Maintenance Agreement Required:		☐ YES	☒ NO	
Trench Width	36 IN		Trench Bottom Depth(Low side)			29 IN	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	

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

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH BOTTOM, MAINTAIN 50FT FROM ALL WELLS

PUMP, CRUSH, AND FILL EXISTING TANK, DO NOT CONNECT TO EXISTING SYSTEM, RECOMMEND ABANDONING EXISTING WELL THAT IS NOT IN USE.

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.

1 IN = 80 FT
S.T. = SEPTIC TANK
EXT = EXISTING

Installed Quick 4
as drawn
28' from deck to ST
38' from ST to house

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 Bruce Date: 5-12-2021 Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: Burnett C. White Date: 5-12-2021 OPERATION PERMIT by: Mara Dotson Date: 7/30/21

AUTHORIZATION TO CONSTRUCT by: Burnett C. White Date: 5-12-2021 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 #: 4721-43-3411
COUNTY: IREDELL

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

OWNER: FREEDOM HOMES / DONNIE BULLINS — APPLICATION DATE 2-10-2021
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166 — DATE EVALUATED:
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 4.3 AC
LOCATION OF SITE: 135 TANGLE LANE, STATESVILLE, N.C. 28677 — 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	LS 10%	0-8	SCL, SBK	FR, SS, SP, SEXP	LITHO	20"	U II SL (VFI)	NA	DRIP .1
		8-20	CL, SBK	FR, SS, SP, SEXP					
		20-22	SAP RL	VFI, NS, NP, SEXP					
2	LS 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	53"+	NA	NA	PS .3
		6-33	C, SBK	FR, S, P, SEXP					
		33-53	CL, WSBK	FR, SS, SP, SEXP					
3	LS HEAD 12%	0-18	SCL, SBK	VFR,	COLLUVIAL 10YR 6/6 @ 50" 10YR 5/8	56"+ 40"+	NA	NA	PS .25
		18-44	C, SBK	FR,					
		44-56	CL, WSBK	FI,					
4	LS 15%	0-12	~~SCL~~ fill	MIXED	FEW MOTTLES	53"+	NA	NA	PS .275
		12-18	SCL, SBK	FR, SS, SP, SEXP					
		18-33	C, SBK	FR, S, P, SEXP					
		33-53	CL, WSBK	FI, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burnt Cubbage
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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		None	None			

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

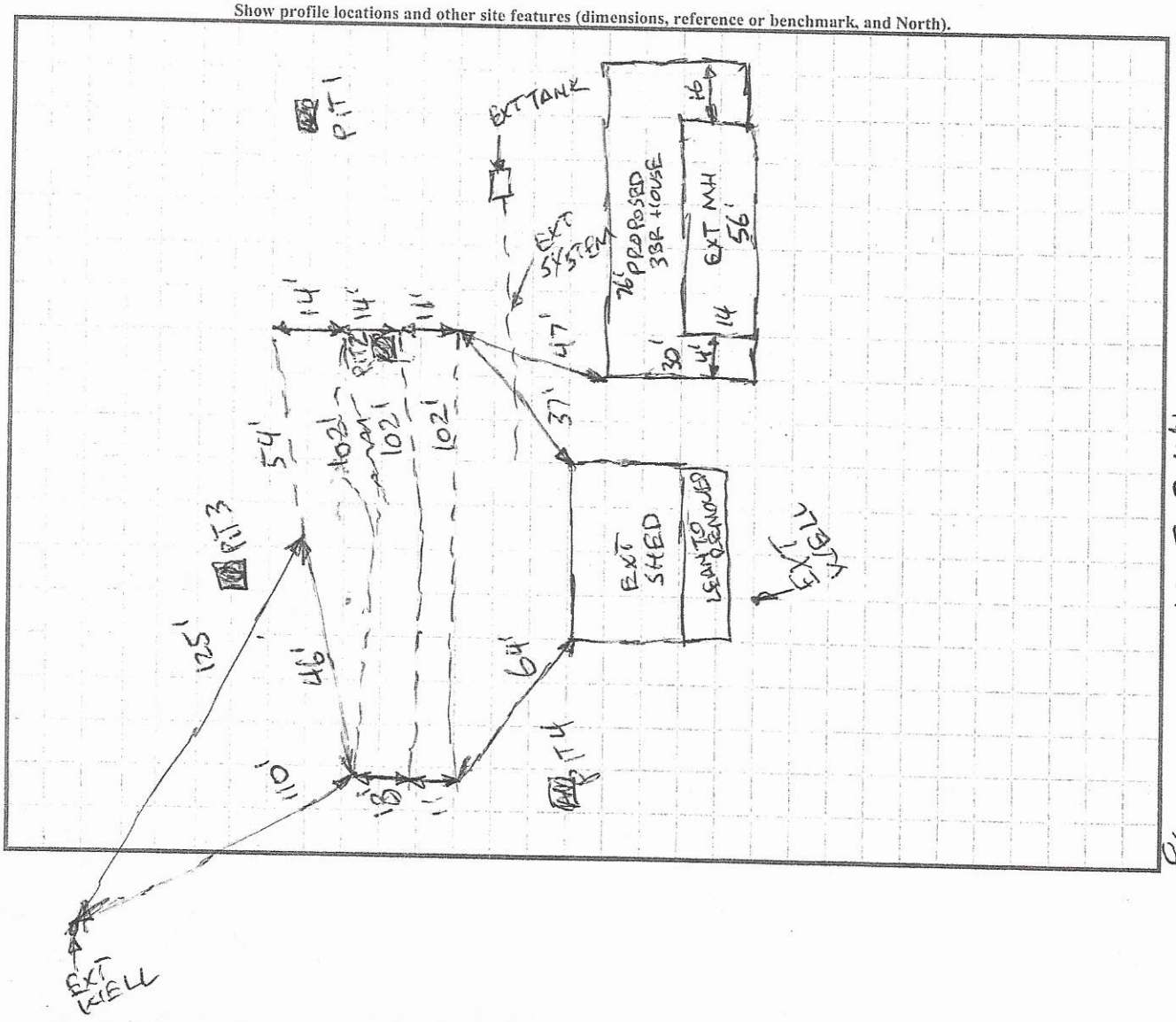
NOTES

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 FEB 10 2021

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

Iredell County Health Department – Environmental Health Division

AP-314714
$500.00

PAGE 1: *APPLICATION FORM*

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
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 **Zip:** 28166
Applicant Email: kimsneed.sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** 704-528-7960
Owner Name: Donnie & Debra Bullin **Address:** 135 Tangle LN Statesville **Zip:** 28677
Owner Email: _____ **Phone:** 704-728-7440 **Alt. Phone:** _____

Property Information:

Street Address: 135 Tangle LN Statesville, NC 28677

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

Driving Directions: Ⓡ onto Shelton Ave, Ⓡ onto Gaither Regional Blvd, Ⓛ onto Wilson W Lee Blvd, Ⓡ onto Wallace Springs Rd, Ⓡ onto Old Mtn. Rd, Ⓛ onto Troutman Farm Rd, Ⓡ onto Tangle LN Home 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: _____

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 (X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

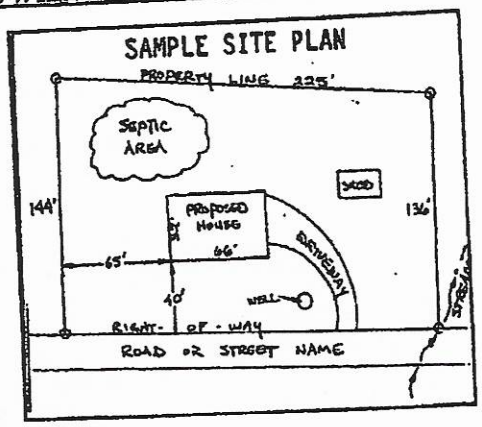
Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

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 2-3-2021
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
- ( ) 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

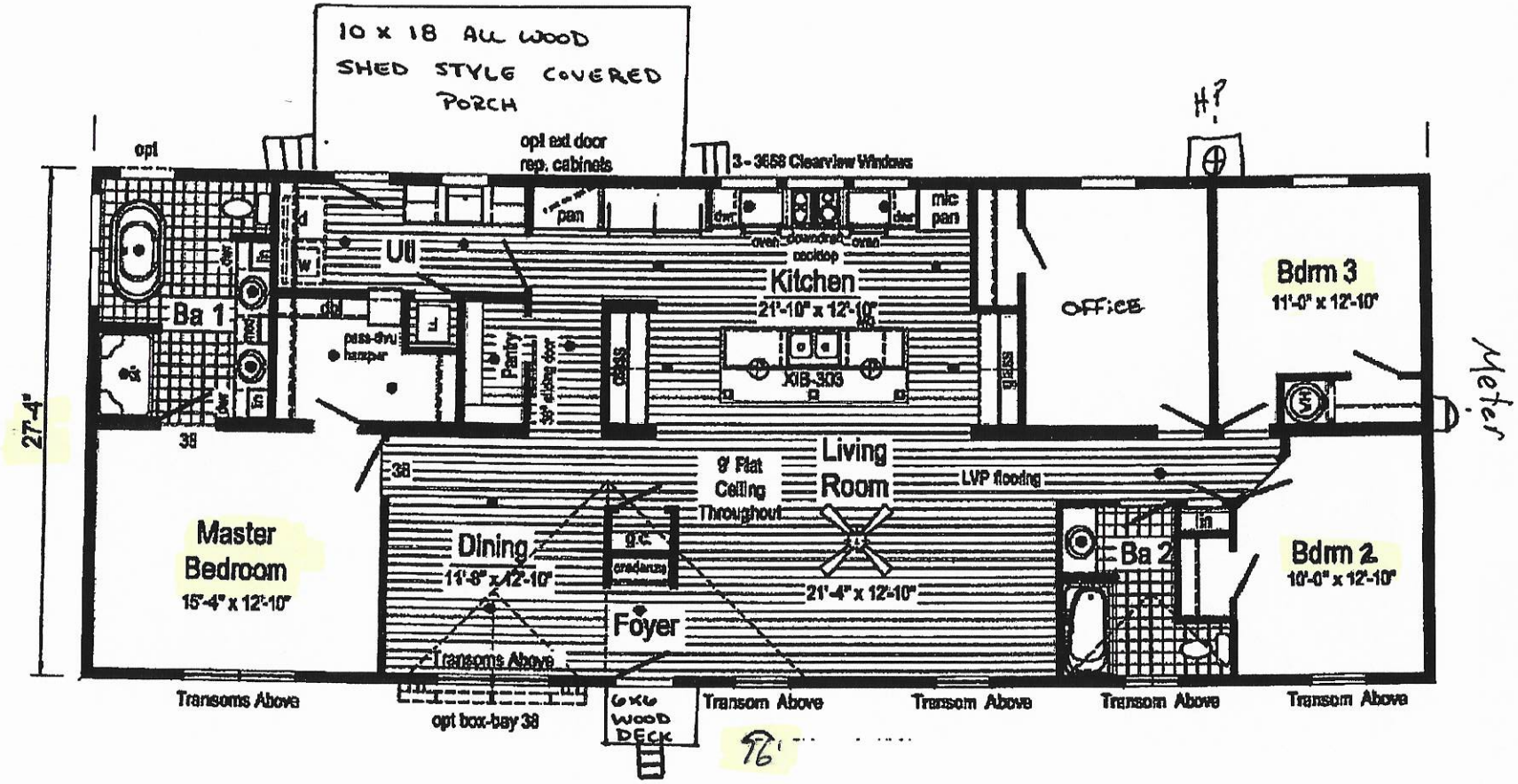
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Attached

Signature: Kimberly Boyd
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-3-2021
DATE

Construction Placement



APPROVED
SIGNATURE: Winnie Bull
DATE: 1-13-2021
Burghart C. White
5-12-2021

APPROVED
SIGNATURE: Debra Bull
DATE: 1/13/2021

IREDELL COUNTY · NC

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

APPLICATION NUMBER
314714 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4721483411.000	135 TANGLE LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: BULLIN DONNIE+DEBRA	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
Modular	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.3	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks
MODULAR//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.

Signature of Owner/Contractor

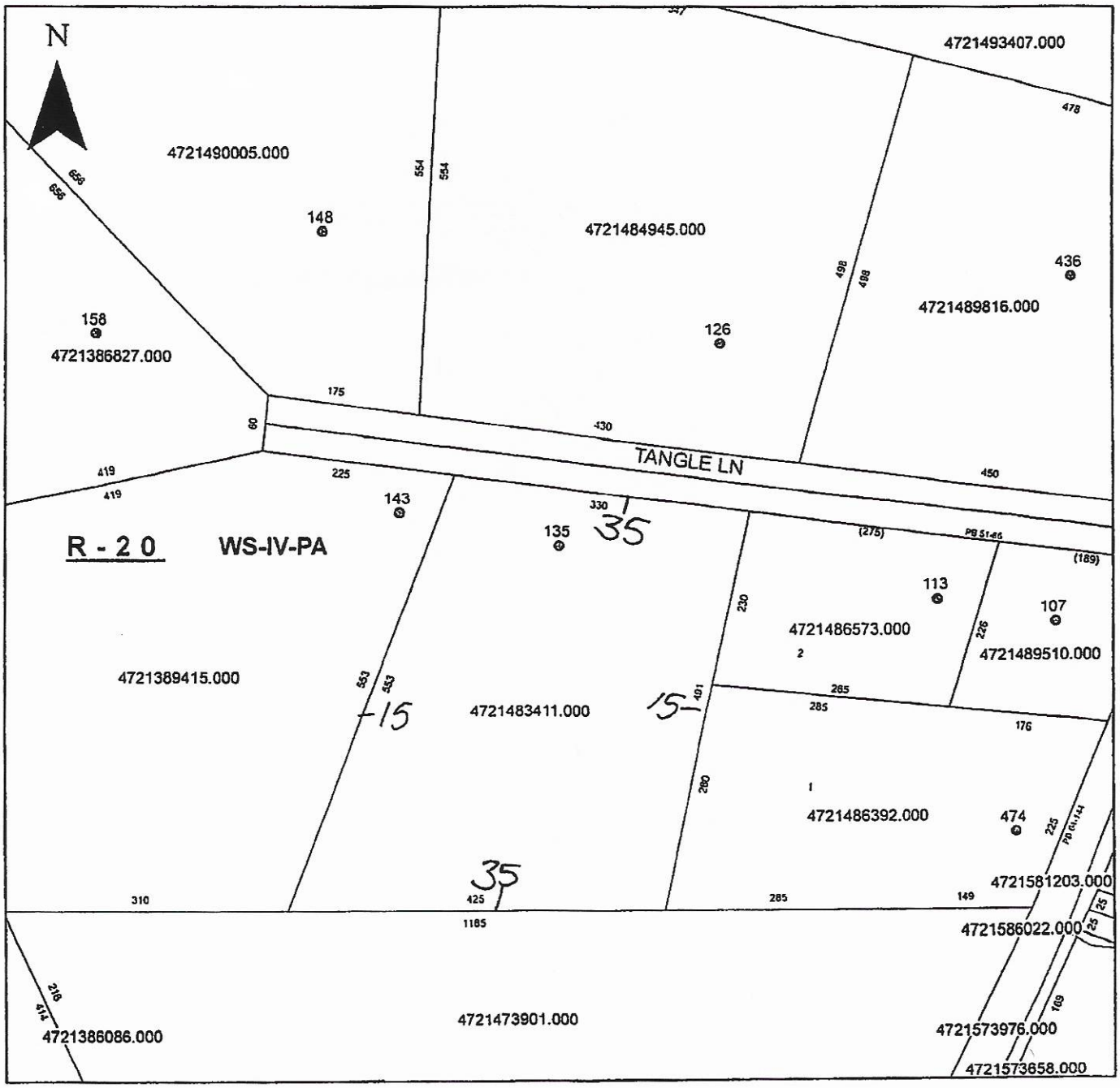
Date: 02/04/2021

Permit Number	314714

TOTAL FEES:	$77.25

314714

ZONING DISCLAIMER



Property Address 135 Tangle Lane

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 Lange
Applicant

2-4-2021
Date