IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23/837

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

PIN # 4722216655

APPLICANT/OWNER: Freedom Homes / Dale Gish. APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC

SITE ADDRESS: 209 Brandenburg Drive Statesville NC 28677 PHONE: 704 881 2826 ALT. PHONE ~

SITE DIRECTIONS: 21 D MTN RD R on Compton Pole, R on Idlebrook L on Brandenburg on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Stonecrest at Idlebrook SECTION: 2 LOT # 15 LOT AREA: .529 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date			
Pump Tank	~ (gal)	PT	~	Date	~		
Pump Make	~	Model	~	Serial #	~		
# Nitrification Fields	1	# Lines	5	Linear Ft	360		
Trench Width	36	Trench Bottom Depth(Low side)	22	Gravel Depth	~		

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction

Repair System Description: 25% Reduction - Pump

Maintenance Agreement Required: ☐ YES ☒ NO

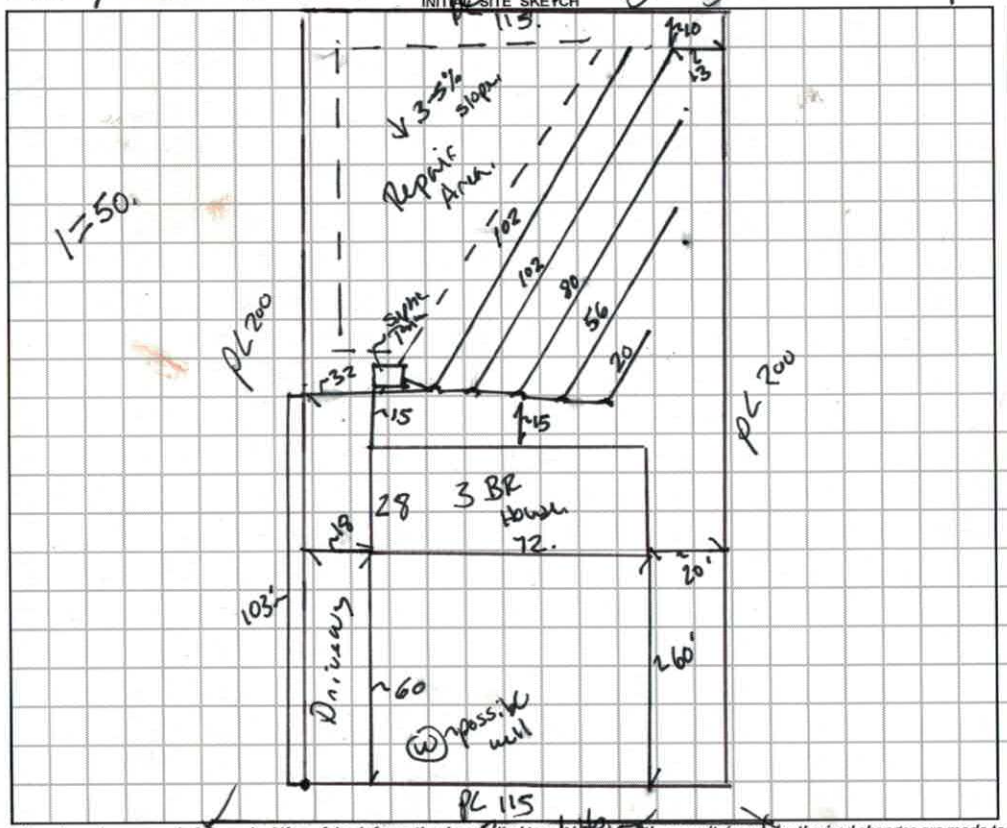
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3 ☐ Business No. Persons 6 ☐ Other No. Employees ☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

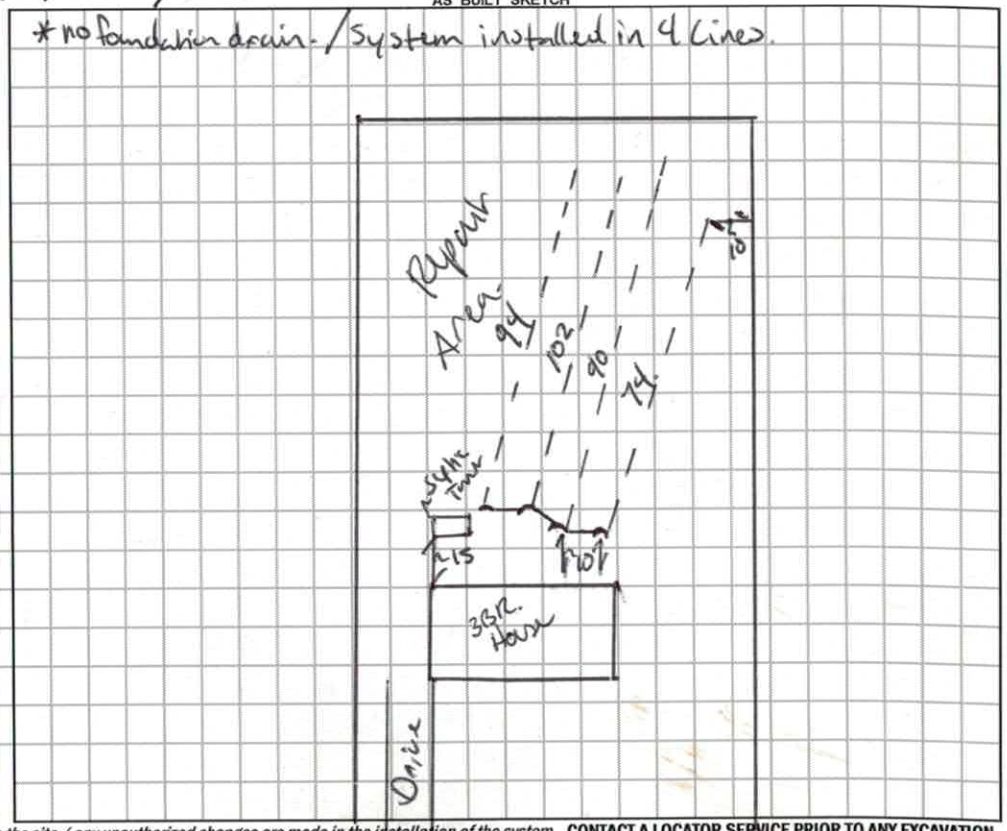
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic drainlines on the contour of the land and utilize serial distribution. Do not exceed max depth of 24 inches High side. Due to house placement there is to be no grading. If grading occurs then a pump system may be needed.

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied towards 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 Stroud Date: 12/19/17 Installed by: Tommy Fry Grading & Septic

IMPROVEMENT PERMIT by: Benjamin A. Bolkin Date: 12/15/17 OPERATION PERMIT by: Benjamin A Bolkin Date: 2/22/2018

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolkin Date: 12/15/17. 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 inpsector to confirm your inspection time.

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

Sheet 1 of 2
PROPERTY ID #: 4722216655
COUNTY: Iredell

51. 0-24
24-34
34-44
44-54
7.5YR 5/3, c40
possible Deep Ewt soil.

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

OWNER: Dale Gish Frankhouse
ADDRESS: 1124 Amity Hill TRL
PROPOSED FACILITY: 3BR Home
PROPOSED DESIGN FLOW (.1949): 360 gpd.
LOCATION OF SITE: 209 Brandenburg RD
APPLICATION DATE: 12/6/17.
DATE EVALUATED: 12/11/17.
PROPERTY SIZE: .52 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
I 1	3-5% side	0-8	scl. sbk	ss sp fr sexp	2.5YR 4/6.	56.	~	Some redox 44-47 Some redox 10YR 5/4 1/4.	PS .25. Max 30 hi/wi/hi
		8-44	c sbk	ss sp fm					
		44-56.	cl wsbk	ss sp fm					
I 2	3-5% side	0-12	scl wsbk	ss sp fr sexp	cleaned up	60		7.5YR 5/4 platy @40.	PS .25 28. in TB. H.S.
		12-36	c sbk	ss sp fm					
		36-40	cl wsbk	ss sp fr					
		40-47	cl PL wsbk	ss sp fm					
		47-60.	cl wsbk	ss sp fr.					
I 3	3-5% side	0-12	scl wsbk	ss sp fr sexp		54			PS .3
		12-39	c sbk.	ss sp fm					
		39-54.	cl wsbk	ss sp fr					
I 4	3-5% side	0-9	scl wsbk	ss sp fr sexp		53.		7.5YR 5/3 10YR 5/3. @43. plinth	PS .25 TB 24 in.
		9-36	c sbk	ss sp fm					
		36-53.	cl wsbk	ss sp fr					
		L7							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	
System Type(s)	I	
Site LTAR	.25	.25

OTHER FACTORS (.1946): -
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
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.

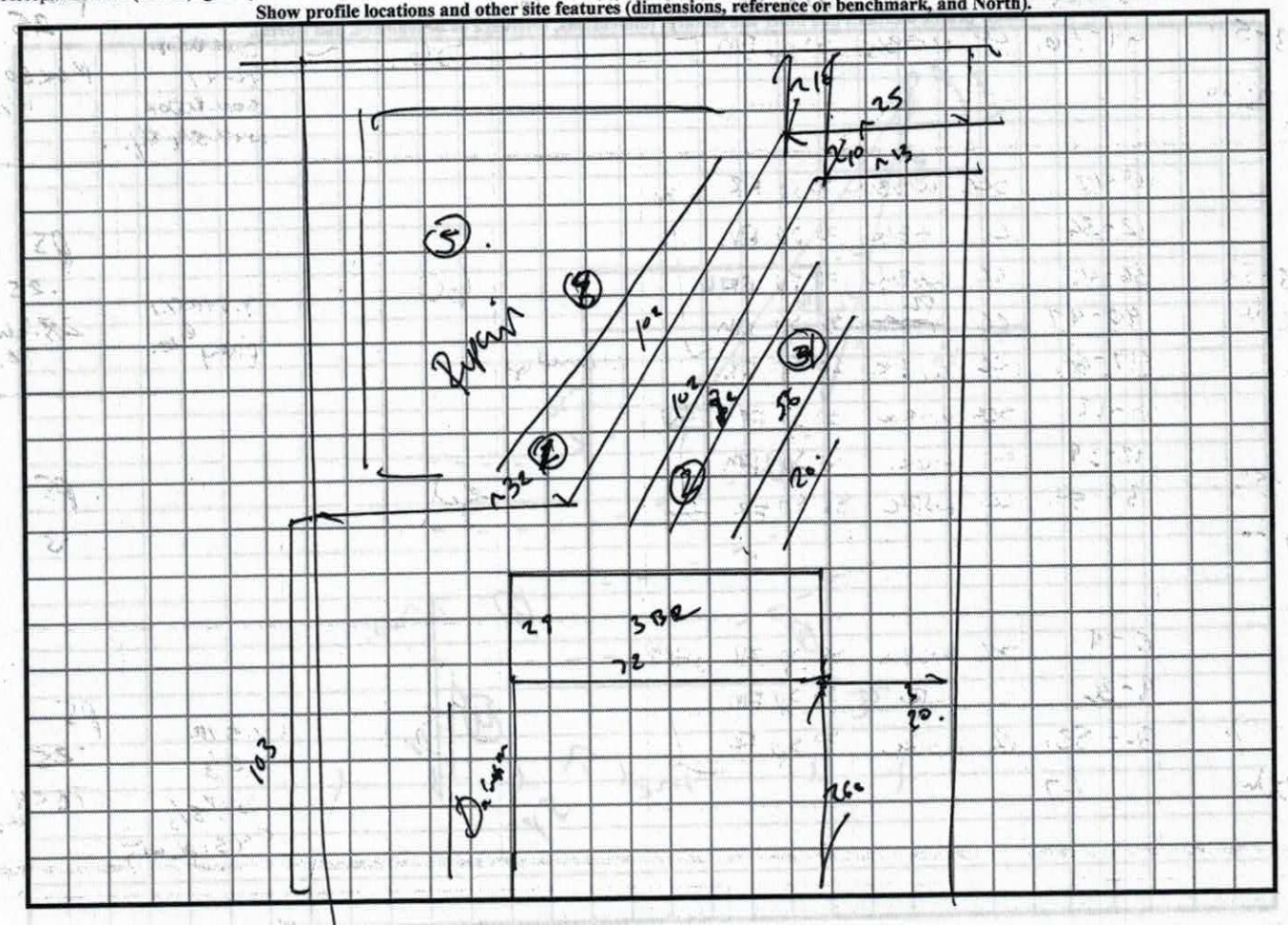
NOTES

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).



SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 *of* 2

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

PROPERTY ID #: 4722216655
DATE OF EVALUATION: 12/11/17.
COUNTY: Rachel

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5		0-24	SCL SBK	SS Sp FR SExp					
		24-34	C WSBK	SS Sp FM					
		34-44	CL WSBK	SS Sp FR		54		PC @ 40 in	PS .25
		44-54.	CL PL @ 40.	SS Sp FM	10YR 5/3 @ 40.				24 Hrs

COMMENTS:

Updated February 2014

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) 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: Kimberly Sneed / Freedom Homes Address: 1124 Charlotte Hwy Troutman Zip: 28166

Applicant Email: KimSneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____

Owner Name: Dale H Gish Address: 817 Chief Thomas Rd Harmony Zip: 28634

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 209 Brandenburg Dr Statesville NC 28677

Subdivision Name: Stone Crest at Idlebrook Section/Phase: 15 Lot Number: _____

Driving Directions: _____

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: 2016 Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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 Sneed 12-6-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

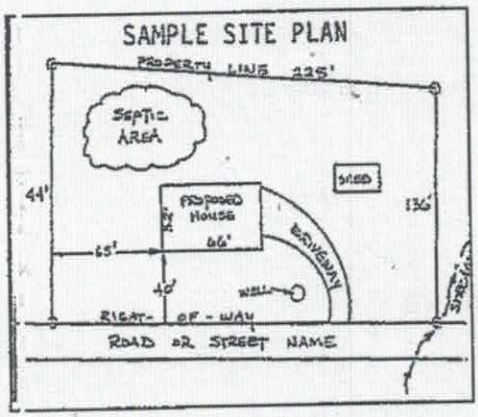
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

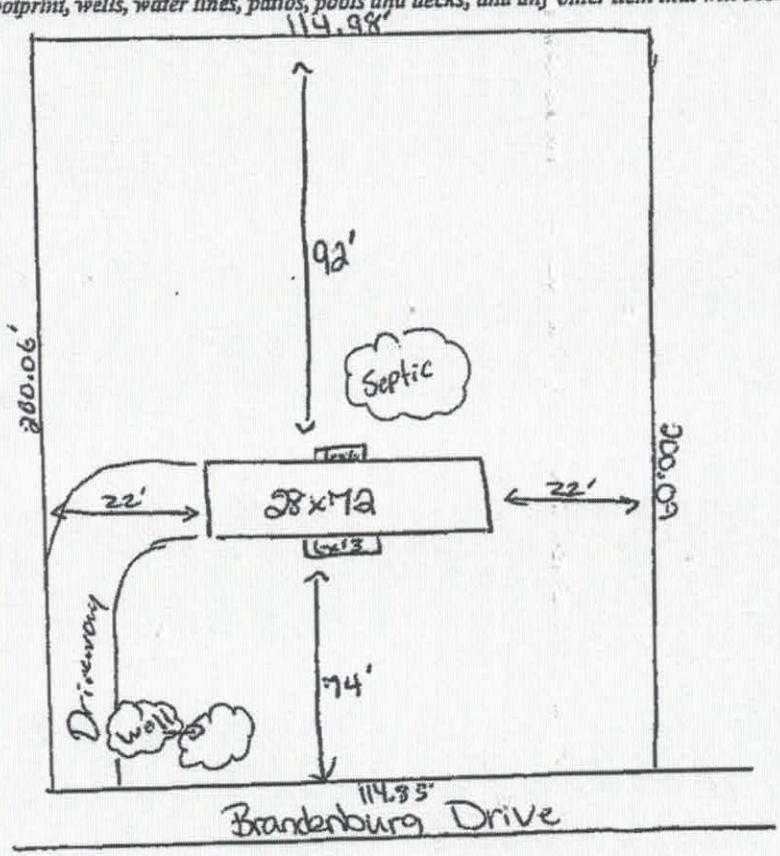


Circle N/A on the following if appropriate:

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

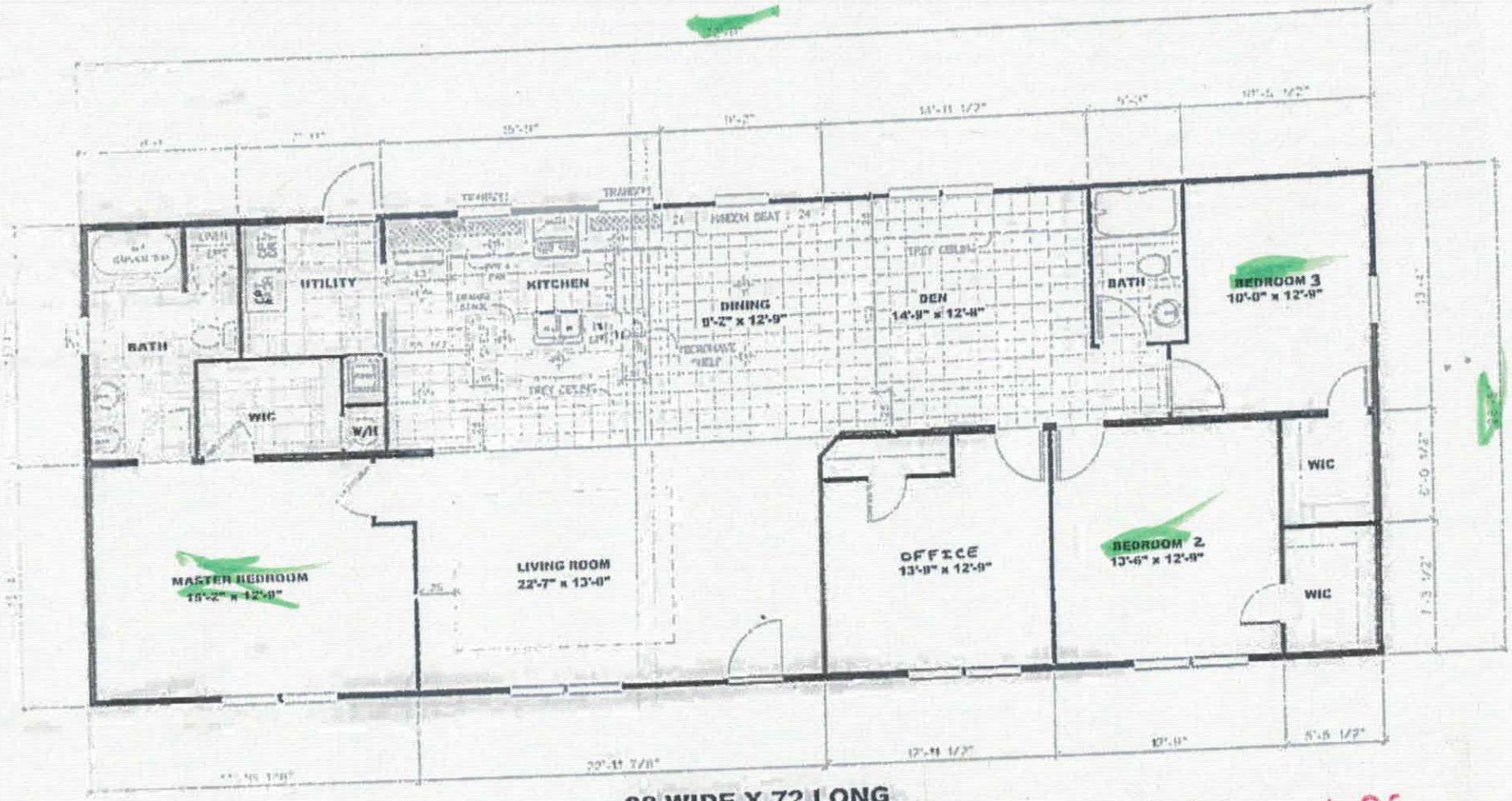


Signature: Kimberly Isaacs
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-6-17
DATE

Devereaux

The Tuscany



28 WIDE X 72 LONG
(FOUR BEDROOM STANDARD)

Acknowledgement Of
Plans Submittal ONLY!
X _____ Date 12/6/17
_____ Date 12/15/2017

IREDELL COUNTY

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

APPLICATION NUMBER
231837
Issue Date: 11/29/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4722216655.000	209 BRANDENBURG DRIVE, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: LAND DEVELOPMENT SERVICE LLP	Applicant: FREEDOM HOMES-TROUTMAN
Address: P O BOX 5602 STATESVILLE, NC 28687	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
DOUBLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.528	35.00	35.00	15.00	15.00	PACL	X

Remarks:

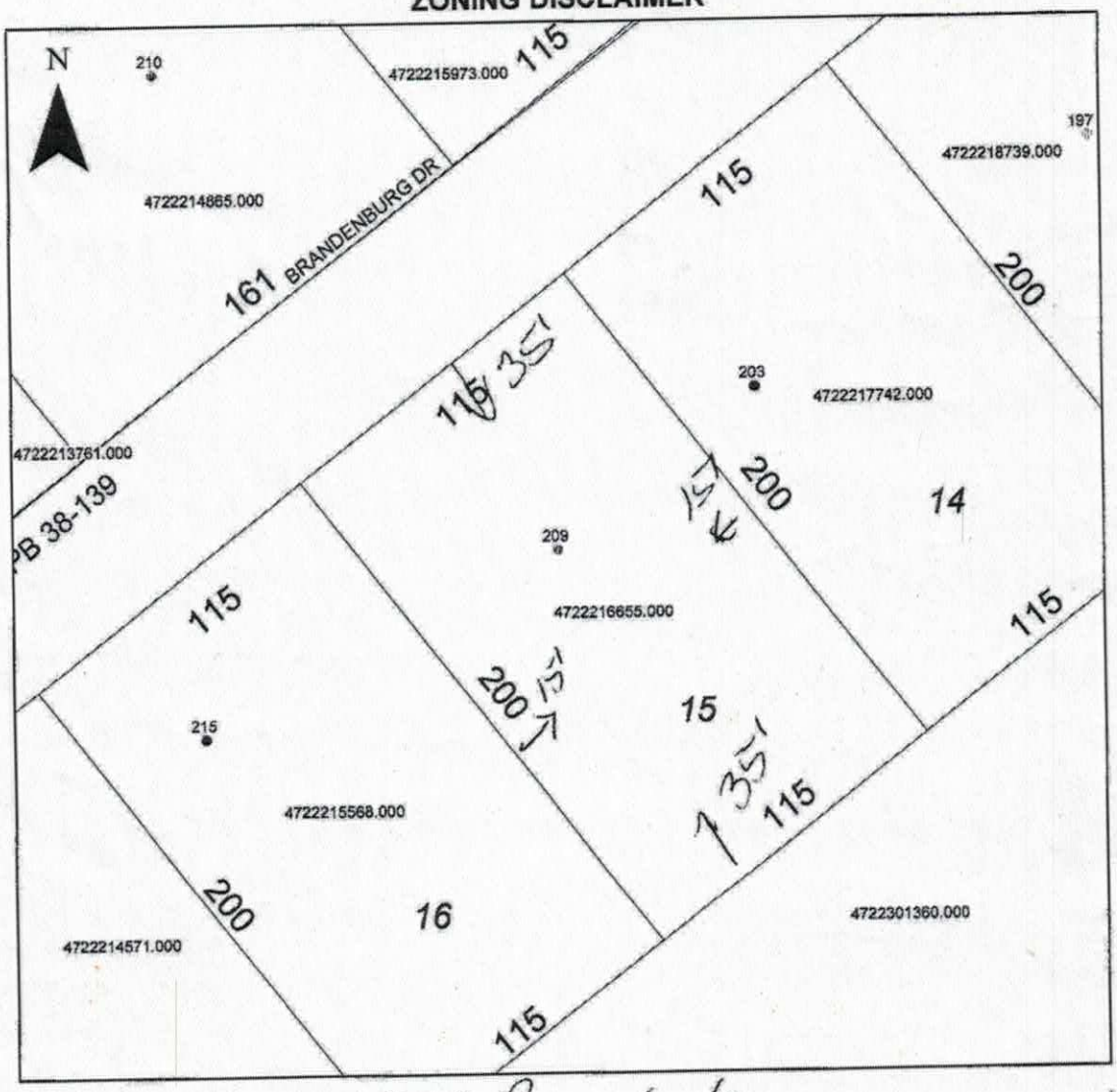
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear 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	121859	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 209 Brandenburg

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 Sowle
Applicant

11-29-17
Date