IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23532

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

PIN # 4722-22-8162.

APPLICANT/OWNER: Kimberly Sneed / Freedom Homes. APPLICANT ADDRESS: 1124 Charlotte Hwy Troy.

SITE ADDRESS: 186 Brandenburg Drive Statesville NC 28677 PHONE: 704 881-2326 ALT. PHONE ~

SITE DIRECTIONS: OLD MTN RD Rt Compton Pace Rd Idlebrook Left on Brandenburg SAP CONTROLLED: ☐ YES ☒ NO

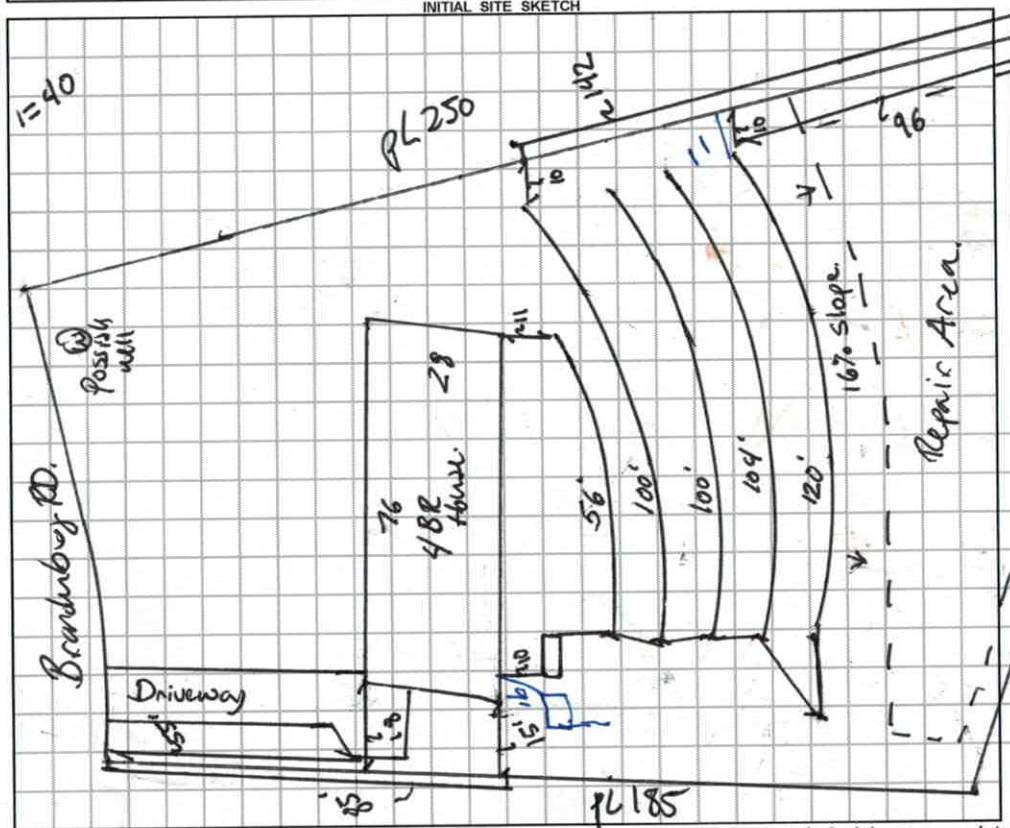
SUBDIVISION: Stonecrest @ Idlebrook SECTION: 2 LOT # 25 LOT AREA: .664 Acres. DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000 (gal)	STB		Date	Infiltrator pl.	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	~ (gal)	PT	~	Date	~	System Description: 25% Reduction		☐ Business	No. Persons 8
Pump Make	~	Model	~	Serial #	~	Repair System Description: 25% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	480	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36	Trench Bottom Depth(Low side)	18	Gravel Depth	~	☒ GRAVITY ☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

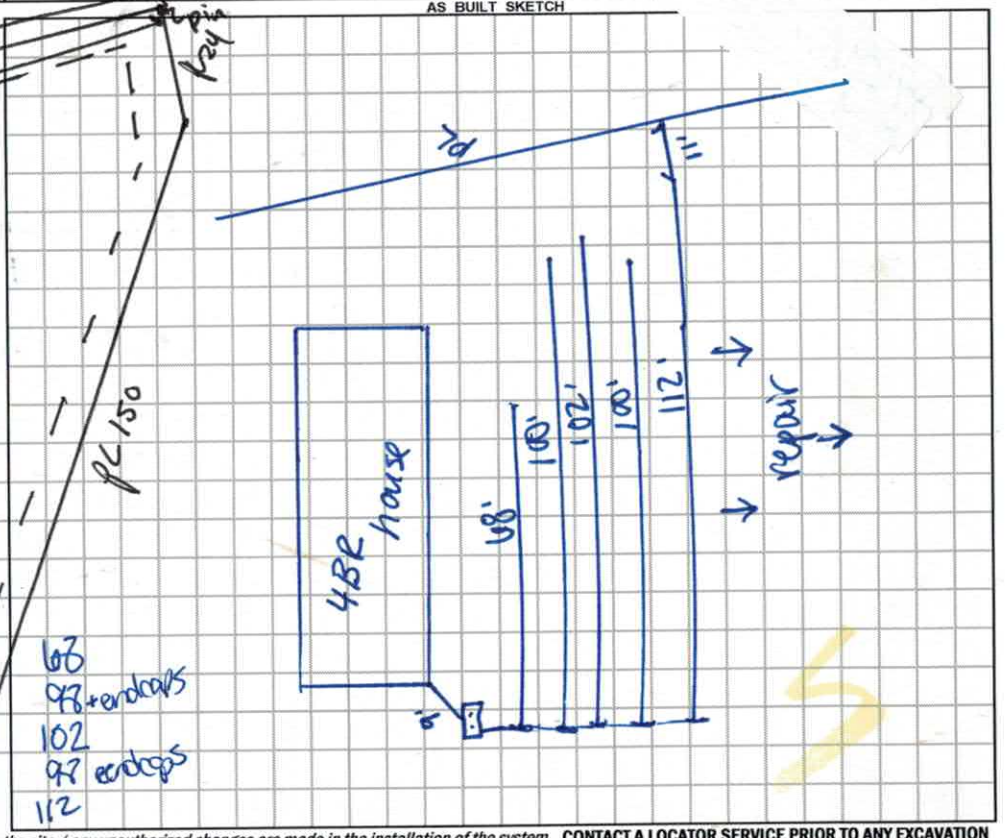
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on the contour of the land. Utilize Serial distribution
Do not exceed max depth of 24 inches high wide. DO not drive, park, pave.
Grade, achey utilities in the drainfield area.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 12/5/17 Installed by: Tommy Frye / Frye Grading + repair

IMPROVEMENT PERMIT by: Benjamin Butts Date: 12/4/2017 OPERATION PERMIT by: Carlon C. Carey Date: 3/15/18

AUTHORIZATION TO CONSTRUCT by: Benjamin Butts Date: 12/4/2017. Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 47222281 10
COUNTY: Iredell

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

Lot 285

OWNER: Kim Sneed / Fowler Home
ADDRESS: 1124 Christmas Hwy TM
PROPOSED FACILITY: 4BR Home
LOCATION OF SITE: 186 Brantley Dr Site
APPLICATION DATE: 11/13/17
DATE EVALUATED: 11/21/17
PROPERTY SIZE: .664 Acres
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 470 gpd
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	0-7	SCL wSBk	SSSp FR	2.5YR4/6.	62	—	—	PS .3.
		7-41	C SBk	SSSp FM					
		41-62	CL wSBk	SSSp FR					
2	Linear Side	0-9	SCL wSBk	SSSp FR		40	—	—	PS .25 TB 24+29.
		9-27	C SBk	SSSp FM					
		27-40	CL SaFi	SSSp FR					
		40-	Rock/Weath	FM —					
3	Linear Side	0-10	SCL wSBk	SSSp FR		38.	—	—	PS .3.
		10-24	C SBk	SSSp FM					
		24-38	CL wSBk	SSSp FR					
		38-62	Lam Sap. IM	NS WP. VFR					
4	Linear Side	0-10	SCL wSBk	SSSp FR		60	—	—	PS .3.
		10-37	C SBk	SSSp FM					
		37-60	CL wSBk	SSSp FR.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	480
System Type(s)	III 25% Reduct	III 25% Reduct
Site LTAR	.25	.25

OTHER FACTORS (.1946): ~
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS:

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.

PAID $250.00 11/14

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.Sneed at gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Land Development Service LLP Address: P.O Box 5602 Statesville, Zip: 28687
Owner Email: 186 Brandenburg Dr Phone: 704-380-1348 Alt. Phone: _____

Property Information:

Street Address: 186 Brandenburg Dr Statesville, NC 28677
Subdivision Name: Stonecrest at Idlewood Section/Phase: _____ Lot Number: 25
Driving Directions: 115 old mountain rd Turn R onto Compton Park Rd, 1.7 miles R Idle Brook Rd R onto Brandenburg, 4 on Right

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: 4
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 Sneed 11-23-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

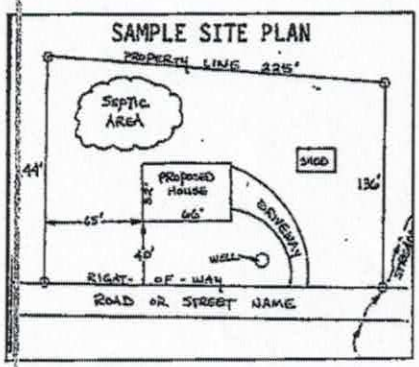
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

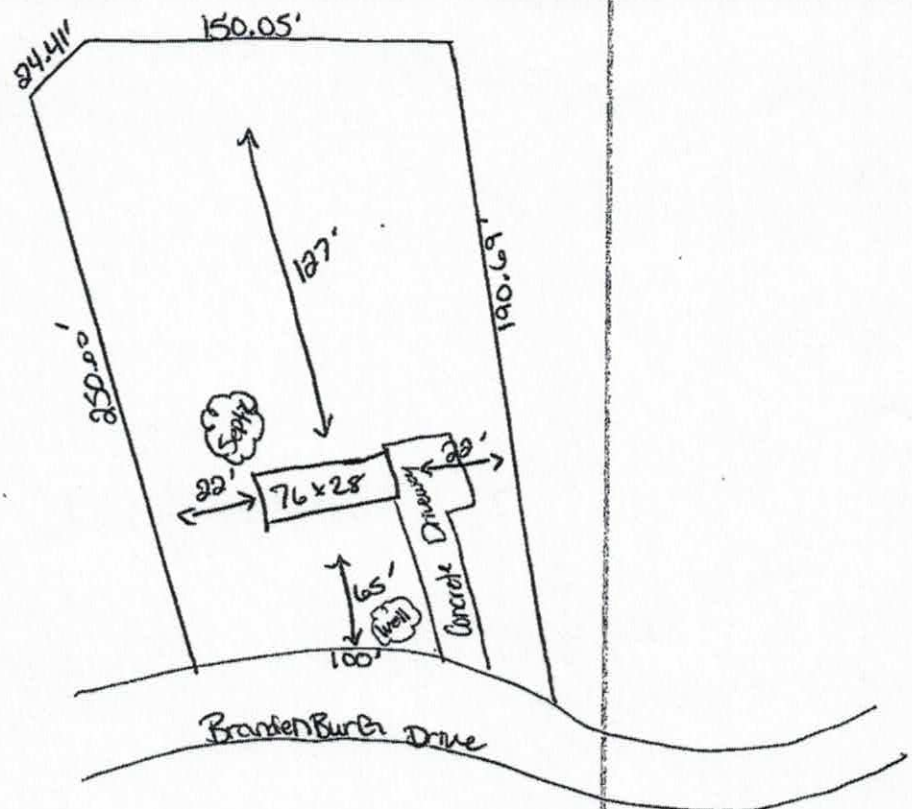


Circle N/A on the following if appropriate:

- 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)

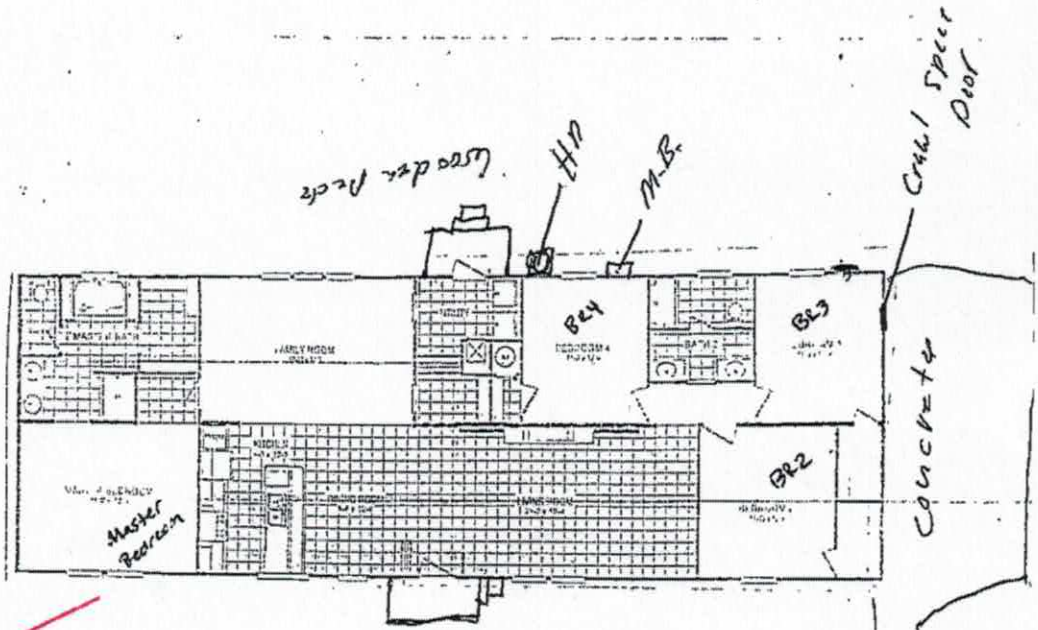
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

11-13-17
DATE



6X6 Brick

76X28

4 Bedroom

Brandenburg Rd

Acknowledgement of plans Submittal ONLY!

Date 11/4/2012

Date

IREDELL COUNTY

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

APPLICATION NUMBER
231532
Issue Date: 11/13/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4722228162.000	186 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
DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.664	35.00	35.00	15.00	15.00	PACL	X

Remarks:

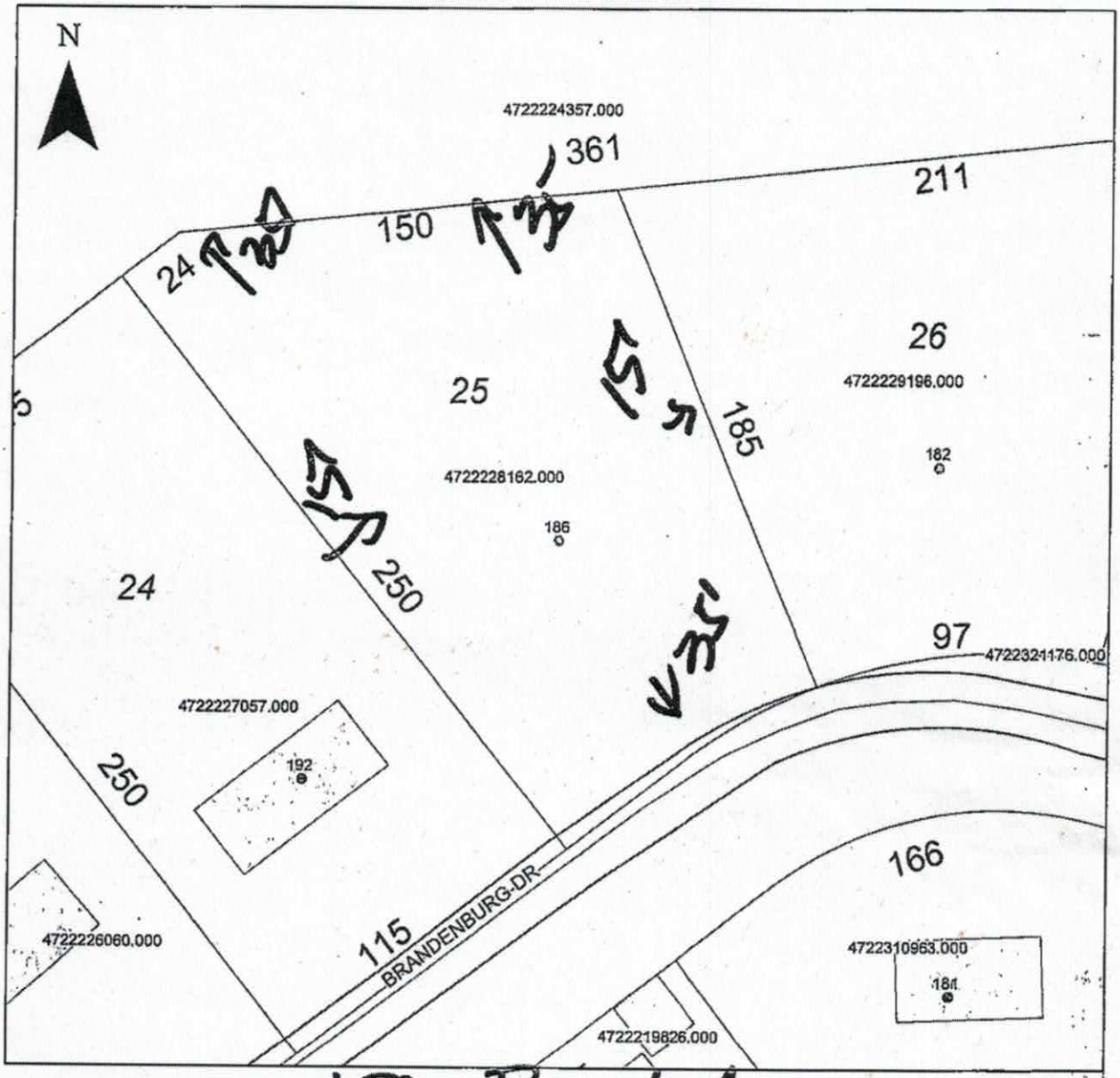
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square 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	120553	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 186 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 Samuel
Applicant

11-13-19
Date