IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231530

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

PIN # 4722321176.

APPLICANT/OWNER: Kimberly Sneed / Freedom Homes APPLICANT ADDRESS: 124 Charlotte Hwy Troutman 28166.

SITE ADDRESS: 174 Brandenburg Drive Statesville NC 28677. PHONE: 704 881 2326 ALT. PHONE ~

SITE DIRECTIONS: Buffalo Shoals to OLD MTN RD Ron Compton Pave Ron Idlebrook Lon Brandenburg SAP CONTROLLED: ☐ YES ☒ NO

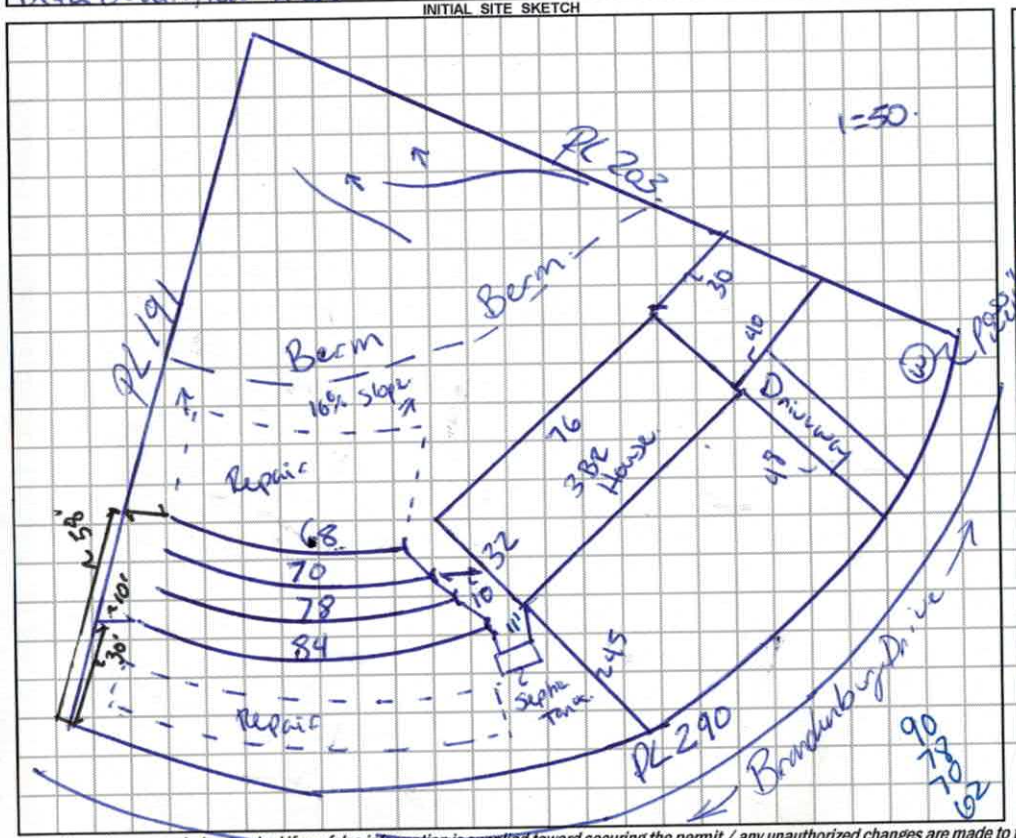
SUBDIVISION: Stonecrest @ Idlebrook SECTION: 2 LOT # 27 LOT AREA: .68 acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date	infiltrator pl.	☒ 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:	50% LPP Panel			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)			30		Gravel Depth	~	☒ GRAVITY	☐ PRESSURE	

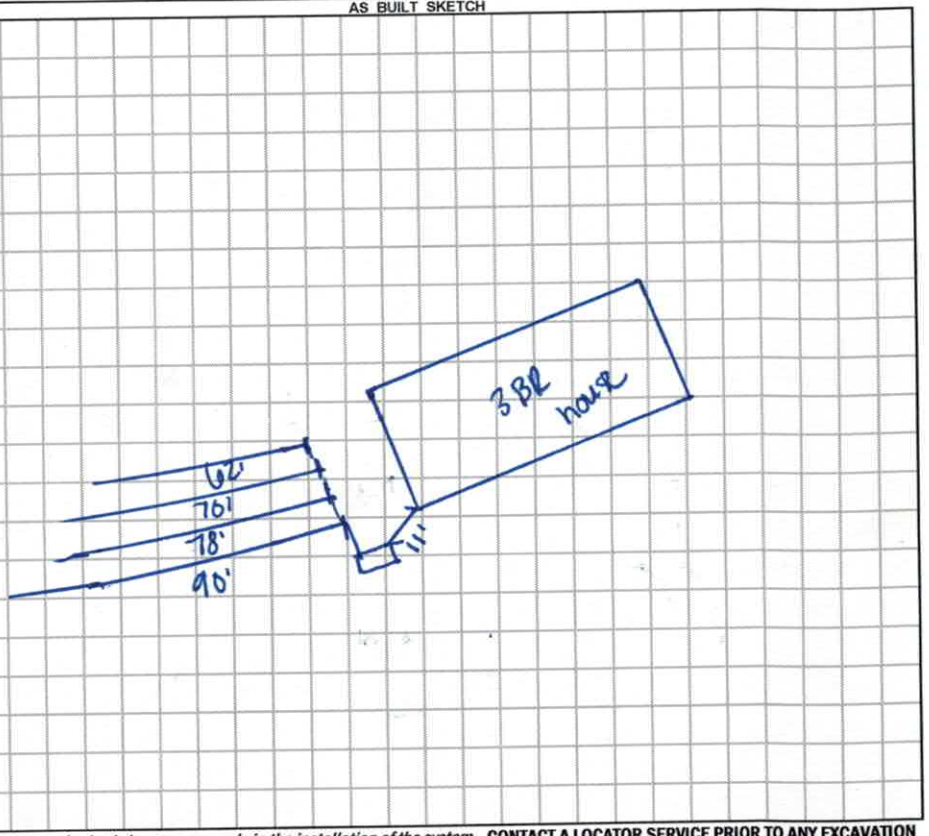
☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/ plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Install Septic Drainlines on the Contour of the land end. utilize serial distribution. Do not exceed max depth of 30 inches high side. Do not drive, park, pave, grade or bury 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 A Bolton Date: 12/1/2017 OPERATION PERMIT by: Carla C. Cowe Date: 3/15/18

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolton Date: 12/1/2017 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 #: 4782321176
COUNTY: Iredell

Lot 27.

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

OWNER: Kim Snead / FMH
APPLICATION DATE: 11/13/17
ADDRESS: 1124 Charlotte Hwy Troy
DATE EVALUATED: 11/28/17
PROPOSED FACILITY: SBR House
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .68
LOCATION OF SITE: 174 Brookberry Cir
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)		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	
1	Linear Foot	0-12	scl sbk	ss sp fr sk p	2.5YR4/6	55	Low	—	PS .3
		12-33	c sbk	ss sp fm					
		33-55	cl wsbk	ss sp fr					
		55-60	scp Loamy M	ns np vfr					
2	Linear Foot	0-10	scl sbk	ss sp fr sk p	2.5YR4/6	56	Low	—	PS .3
		10-35	c sbk	ss sp fm					
		35-56	cl wsbk	ss sp fr					
		56-66	Loamy Sap. M	ns np vfr					
3		0-10	scl sbk	ss sp fr sk p	2.5YR4/6	48	Low	—	PS .3
		10-37	c sbk	ss sp fm					
		37-49	cl wsbk	ss sp fr					
		49-60	Loamy Sap M	ns np vfr					
4		0-16	scl sbk	ss sp fr sk p	2.5YR4/6	52	—	—	PS .3
		16-46	c sbk	ss sp fm					
		16-52	cl wsbk	ss sp fr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360	260
System Type(s)	25% III	50 IV upp Pool
Site LTAR	.3	.3

OTHER FACTORS (.1946): Burn
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottles
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.

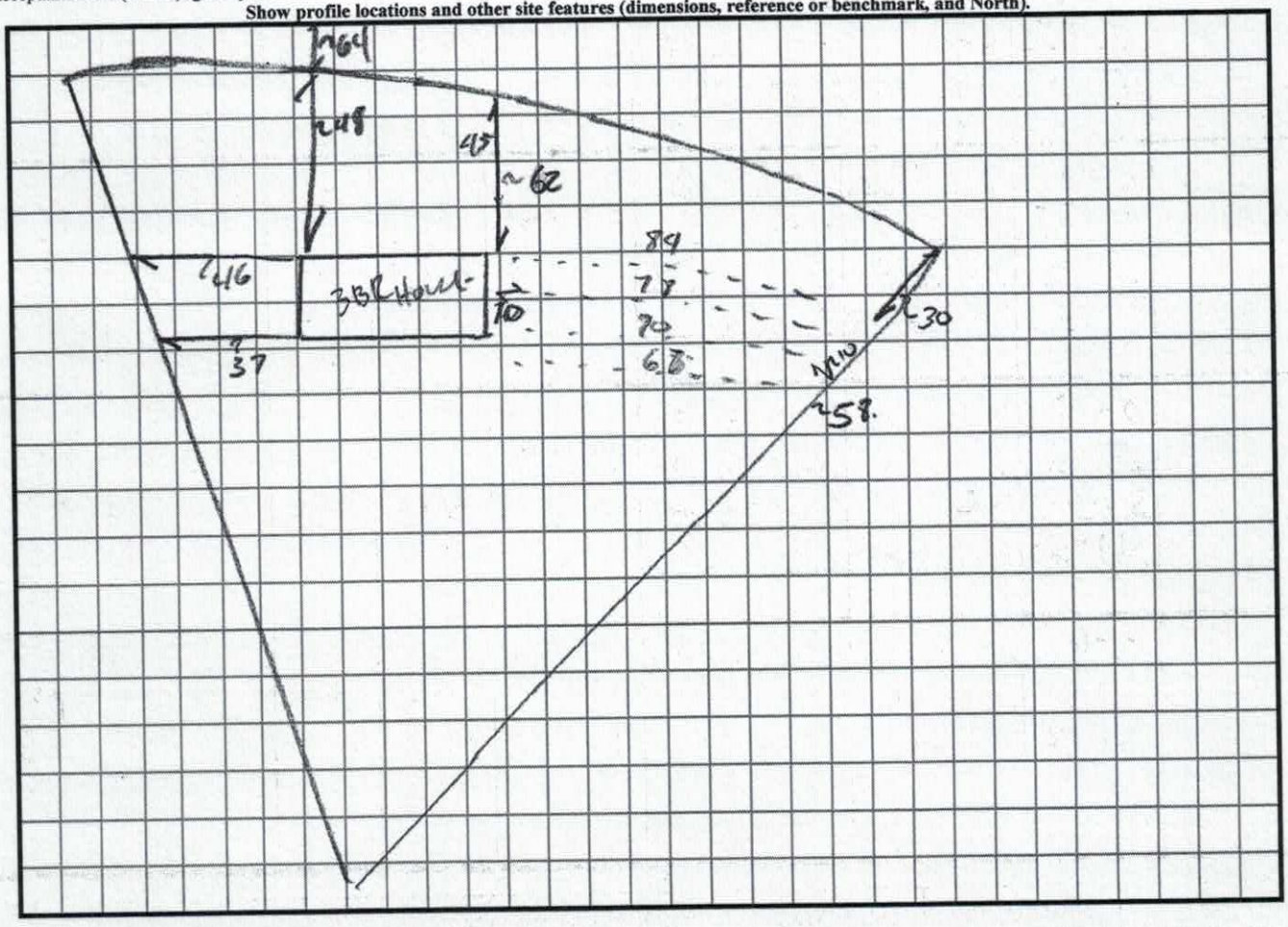
NOTES

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/ft^2

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



231530

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Land Development Services Address: PO Box 5602 Statesville Zip: 28687
Owner Email: _____ Phone: 704-883-6899 Alt. Phone: _____

PAID 1/2307 MC 2/1/17

Property Information:

Street Address: 174 Brandenburg Dr Statesville, NC 28677
Subdivision Name: Stonecrest at Tidebrook Section/Phase: _____ Lot Number: 27
Driving Directions: I-77 toward Troutman 43a1 ® onto old mtn rd ® onto Compton park Dr ® onto Tidebrook Rd 2nd ® Brandenburg ® .3 mi destination is 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: 3
Maximum Number of Occupants: 6
( ) 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: _____
(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 11-28-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Sandra Davidson, am the legal owner(s) of the property located at 174 Brandenburg Dr Statesville N.C. 28677, identified as PIN (Parcel Identification Number) 4722-32-1176, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Freedom Home, Kimberly Sneed, 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.

Sandra R. Davidson 11/10/17 — Signature of Owner(s) / Date

[signature] 11/10/17 — Signature of Witness / 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

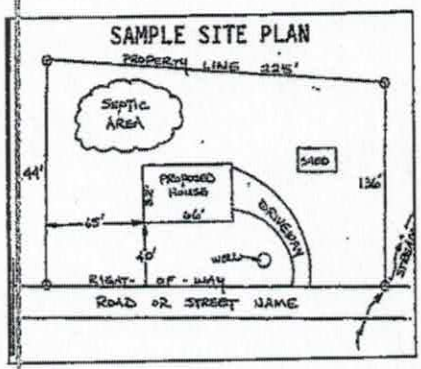
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

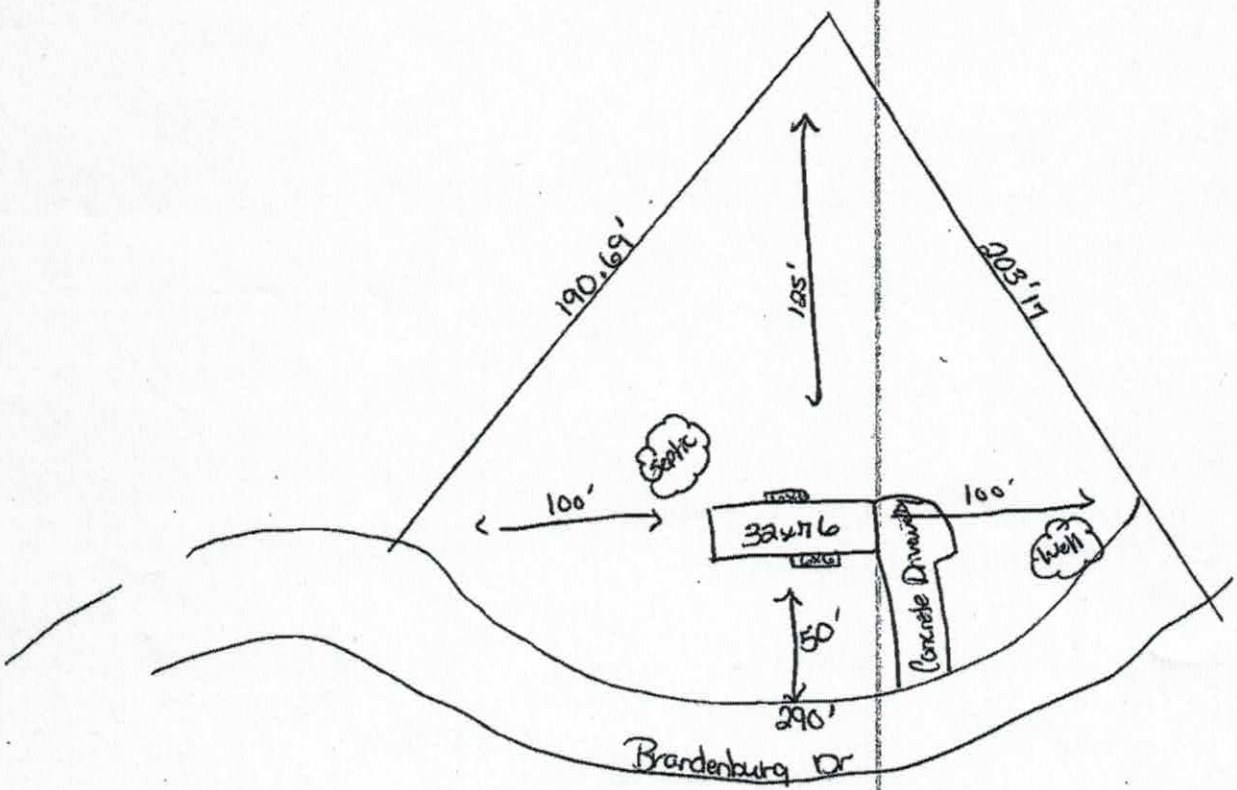


Circle N/A on the following if appropriate:

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

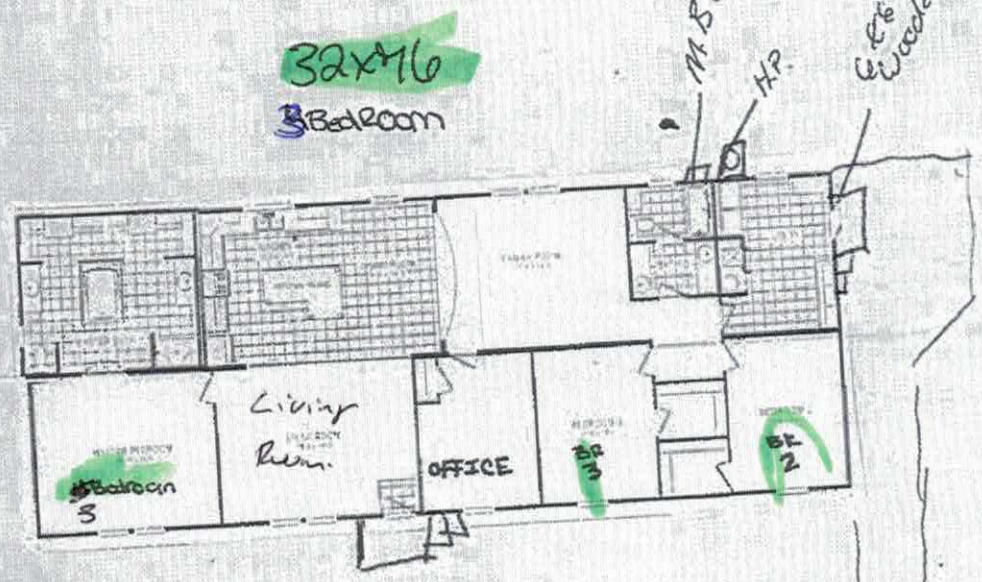


Signature: Kimberly Smith
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-13-19
DATE

32x76

3 Bedroom



Emily Lane

3 Bedroom Floor Plan

Acknowledgement Of Plans Submittal ONLY!

Emily Lund Date 8-17

Date 12/5/17

IREDELL COUNTY

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

APPLICATION NUMBER
231530
Issue Date: 11/13/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4722321176.000	174 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
.680	35.00	35.00	15.00	15.00	PACL	X

Remarks:

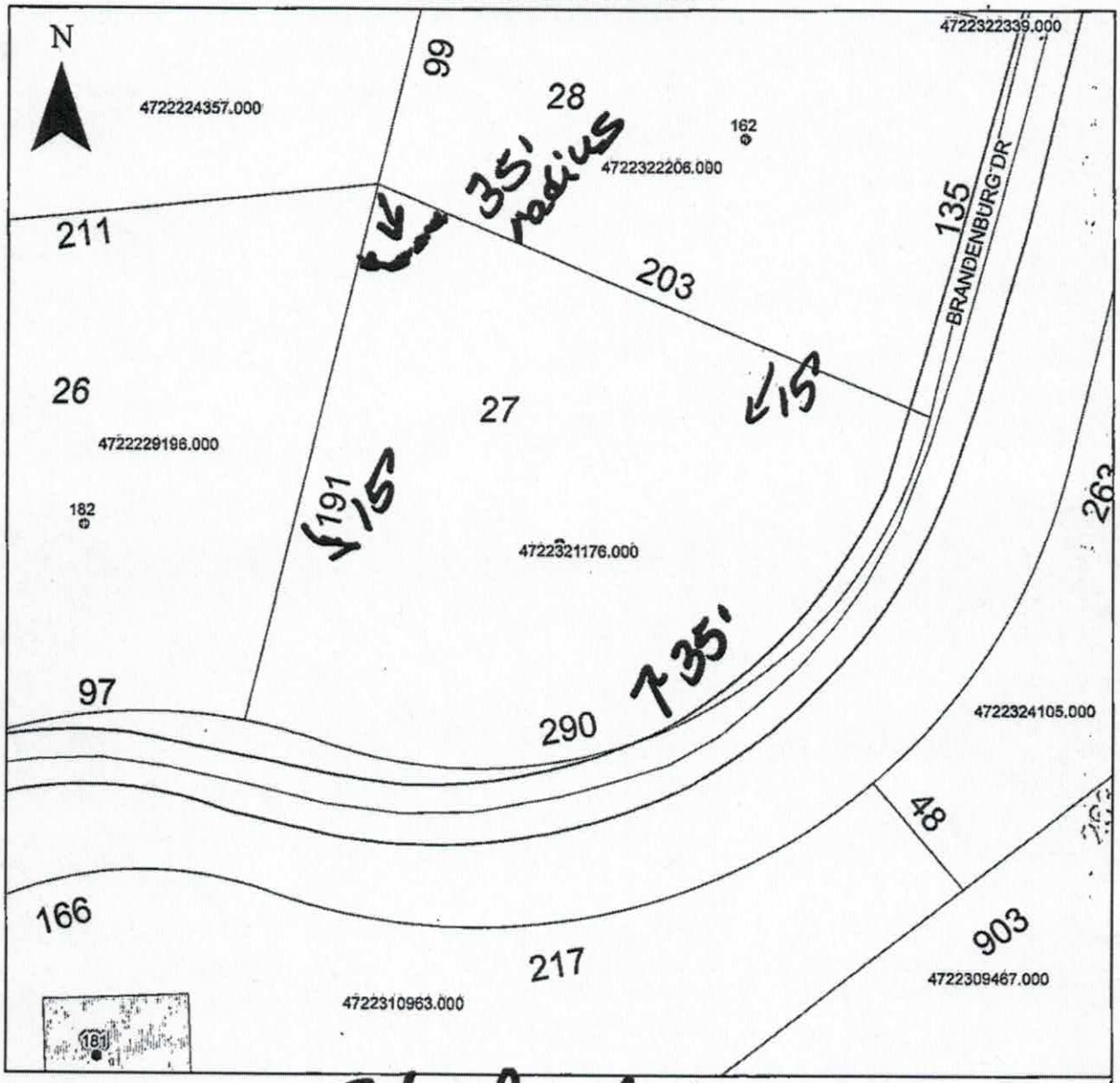
REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square 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	120549	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 174 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 Smith
Applicant

11-13-17
Date