ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 312229

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

PIN # 4723 - 41 - 2936

APPLICANT/OWNER: James Boggs APPLICANT ADDRESS: 139 Gilead Lane Statesville NC

SITE ADDRESS: 179 Freeze Farm Drive Statesville NC 28677 PHONE: 704-878-3121 ALT. PHONE -

SITE DIRECTIONS: Buffalo Shoals toward Lake 3/4 Mile before old Mtn Rd on Freeze Farm SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 15± Ac DESIGN FLOW: 480 L.T.A.R.: .30

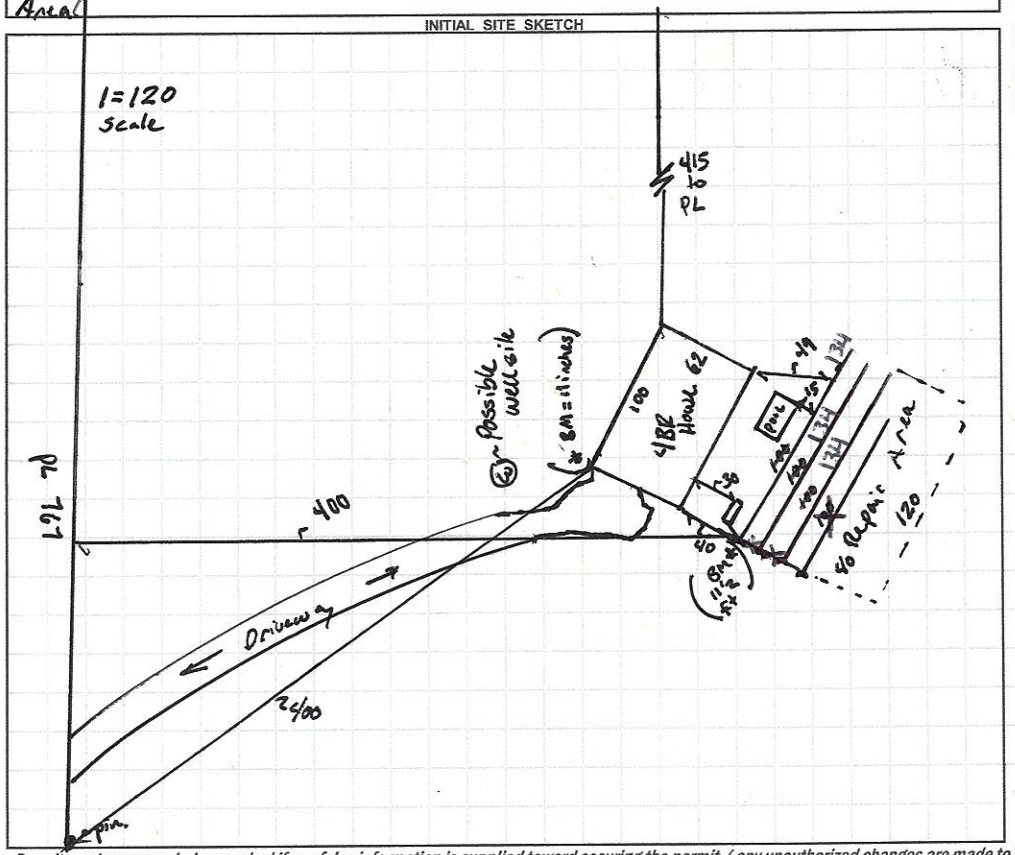
Septic Tank	1000 (gal)	STB	160	Date	4/7/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	- (gal)	PT		Date		System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 8
Pump Make	-	Model		Serial #		Repair System Description:	Gravity - 25% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	400	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36	Trench Bottom Depth	36 inches (High)	Gravel Depth	-	☒ GRAVITY	☐ PRESSURE	☒ 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 depths of 36 inches. Do not grade, pave, park, or bury utilities in drainfield Area

* Property must be Recorded Prior to A/C *
BK 2757 Pg. 1137-1140

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.

Installed as Drawn

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: Date: 11-30-2020 Installed by: Styron Solutions Corp Ltd

IMPROVEMENT PERMIT by: Benjamin A Button Date: 11/30/2020. OPERATION PERMIT by: Date: 6/15/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Button Date: 3/26/2021 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 #: N/A
COUNTY: Franklin

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

OWNER: Boggs
ADDRESS: 139 Gilead Lane Louisburg NC
PROPOSED FACILITY: 4BR Home
LOCATION OF SITE: 164 Frances Fay Rd.
APPLICATION DATE 11/2020
DATE EVALUATED: 11/2020
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 5+ Ac
PROPERTY RECORDED: No

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	Side 2%	0-24	C ABk/SBk	SS Sp FR SSAP	5YR 4/6	54	PS	N/A	PS .275 .30 e.36
		24-43	CL WSBk	SS Sp FR					
		43-54	L SaPM	SS MP FR					
2	Side 2-10	0-20	C SBk	SS Sp FR SSAP	5YR 4/6	40	PS	N/A	PS .30
		20-40	CC WSBk	SS Sp FR					
		40-55	L SaP M	SS MP FR					
3	Side 2-10%	0-16	C SBk	SS Sp FR SSAP	5YR 4/6	30	PS	N/A	PS .30
		16-30	CC WSBk	SS Sp FR					
		30-80	L SaP M	SS Sp FR					
4	Side 2%	0-28	C SBk	SS Sp FR SSAP	5YR 4/6	58	/	N/A	PS .30
		28-58	CC WSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	400
System Type(s)	III est.	III est.
Site LTAR	.30	.30

OTHER FACTORS (.1946): -
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BHuns
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) O (Organic)	0.4 - 0.1	0.2 - 0.05		
			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.

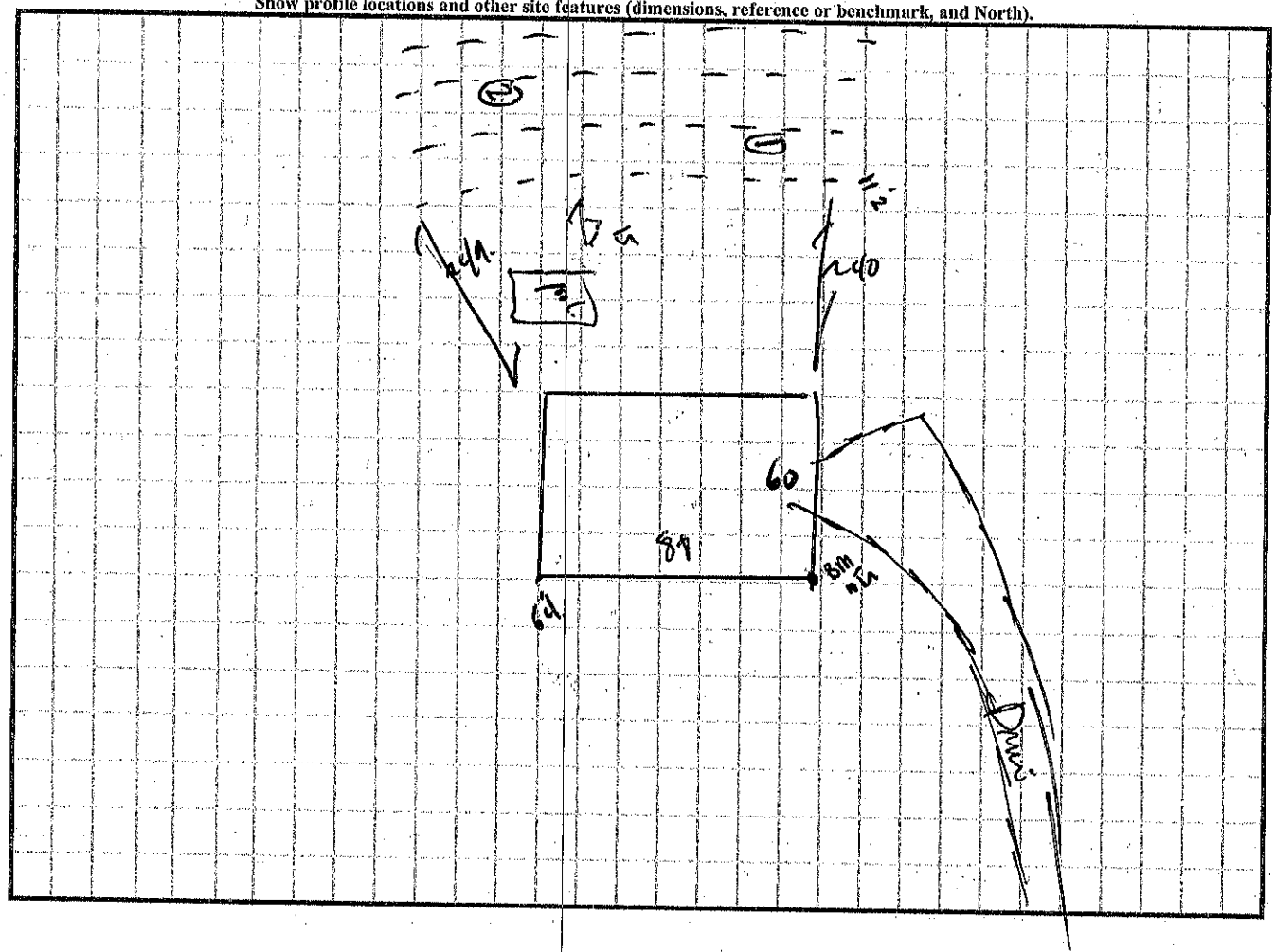
NOTES

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)

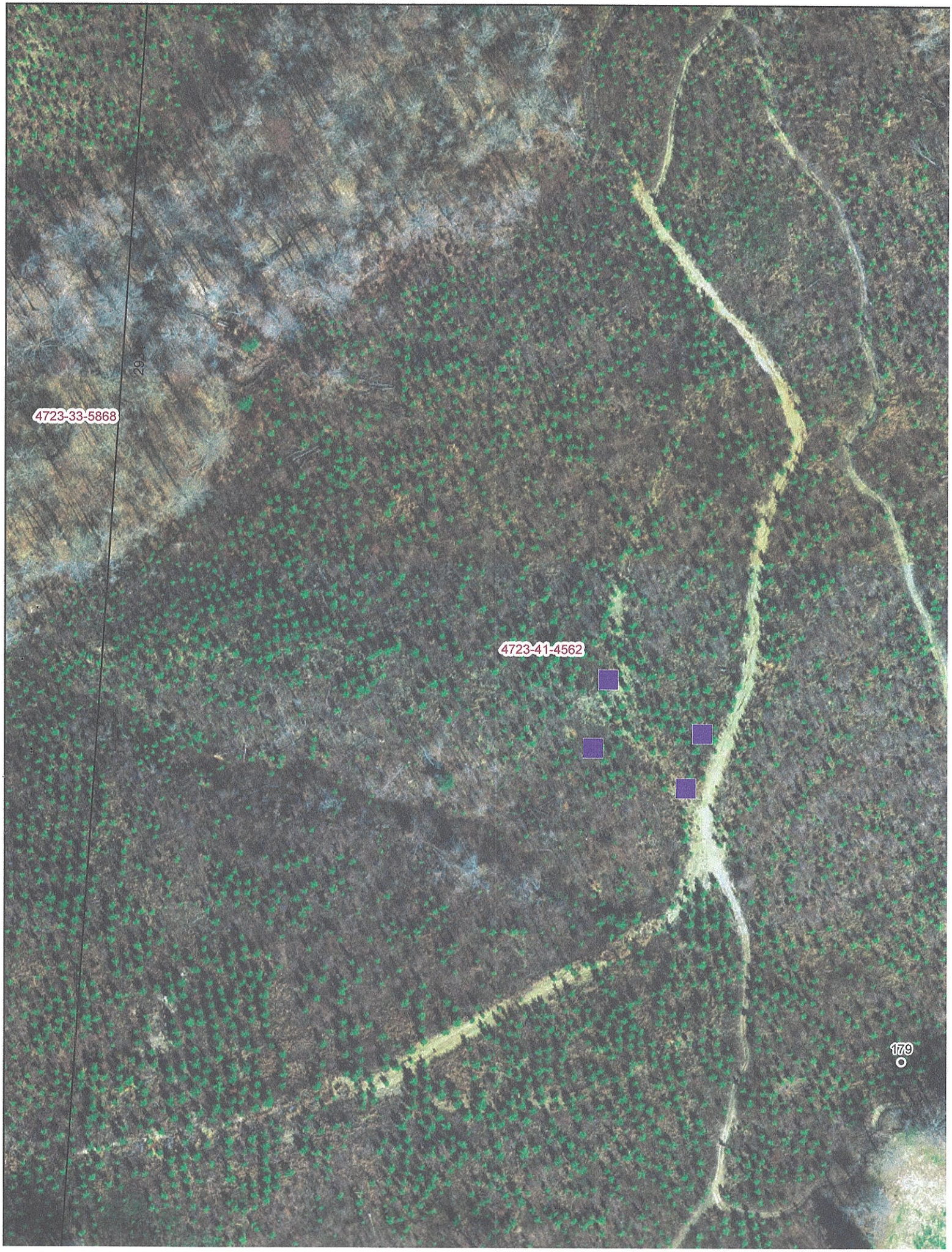
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



2703 - 1538.


4723-33-5868
4723-41-4562
179

704-878-3121

RECEIVED OCT 30 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-312229 $500.00

Application For: (✓) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: James Boggs Address: 139 Gilead LN Zip: 28625
Applicant Email: Jdboggs88@gmail.c Phone: 704-929-8175 Alt. Phone: ____
Owner Name: James Boggs Address: Same Zip: ____
Owner Email: Same Phone: 704-929-8175 Alt. Phone: ____

Property Information:

Street Address: 164 Freeze Farm Dr Statesville NC 28677
Subdivision Name: — Section/Phase: — Lot Number: —
Driving Directions: Buffalo Shoals toward Lake ¾ mile before old Mtn on R, Freeze Farm Drive

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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 ( ) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: ____ 10·30·2020
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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, James Boggs, am the legal owner(s) of the property located at 164 Freece Farm, identified as

PIN (Parcel Identification Number) 4723-41-4562, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Jimmy Canty, Canty Construction, 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.

_____ 10-30-2020
Signature of Owner(s) Date

Mooresville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

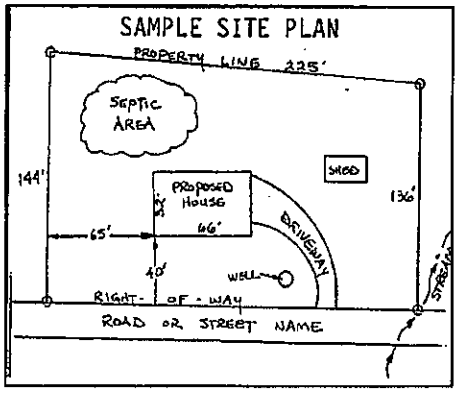
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) North arrow, or other sufficient indicator of direction

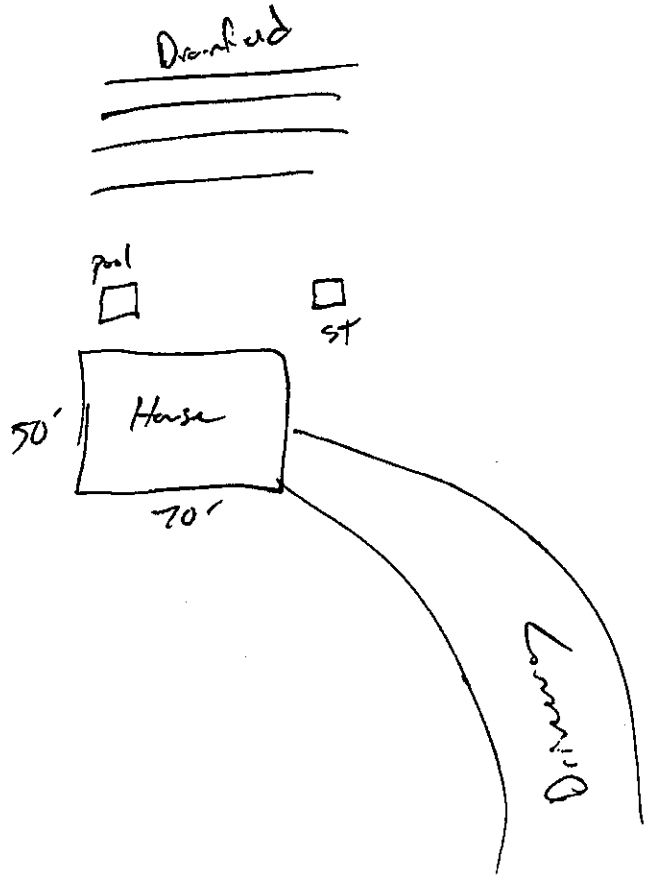


Circle N/A on the following if appropriate:

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

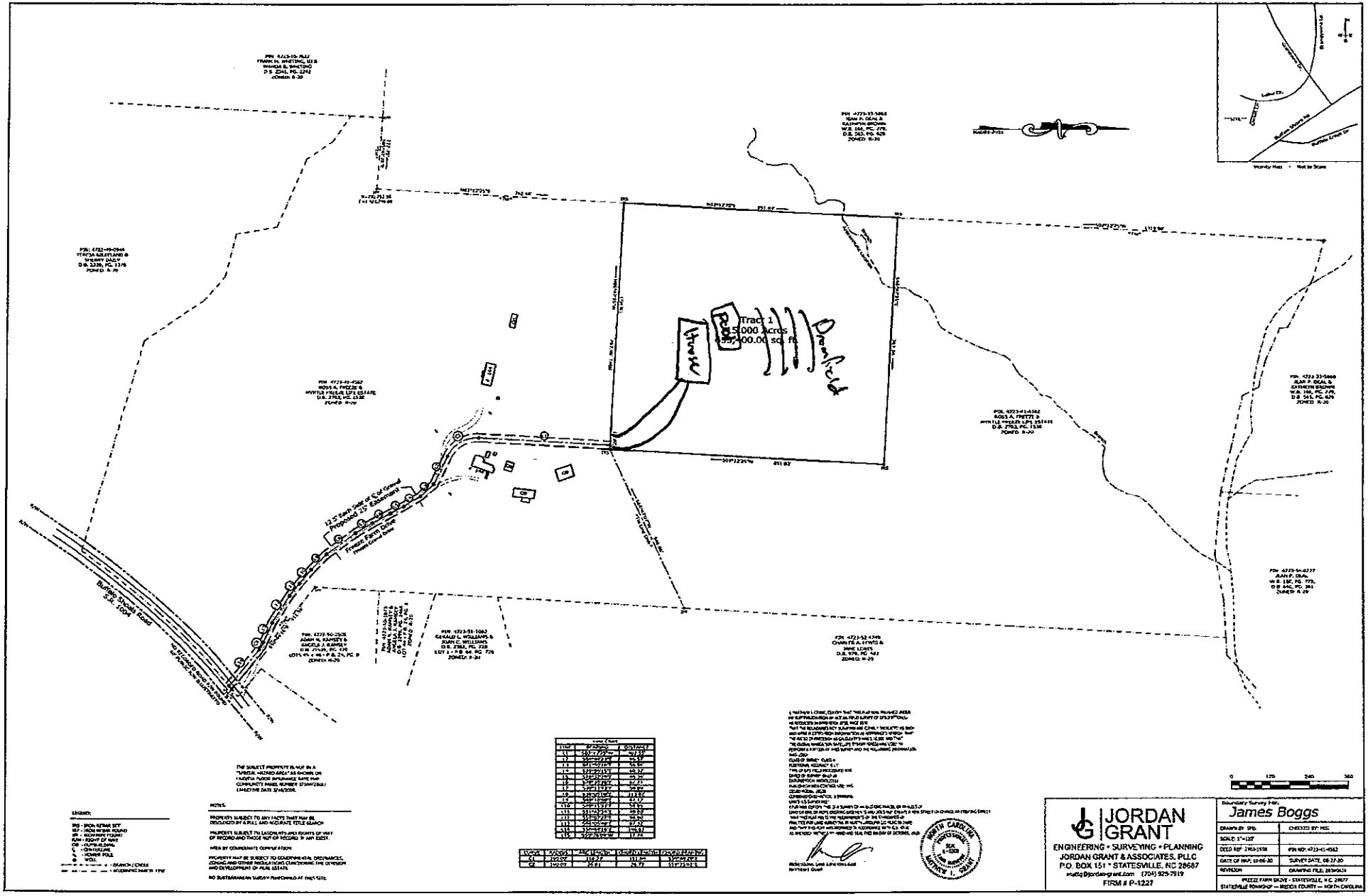
USE THIS SPACE TO DRAW YOUR SITE PLAN

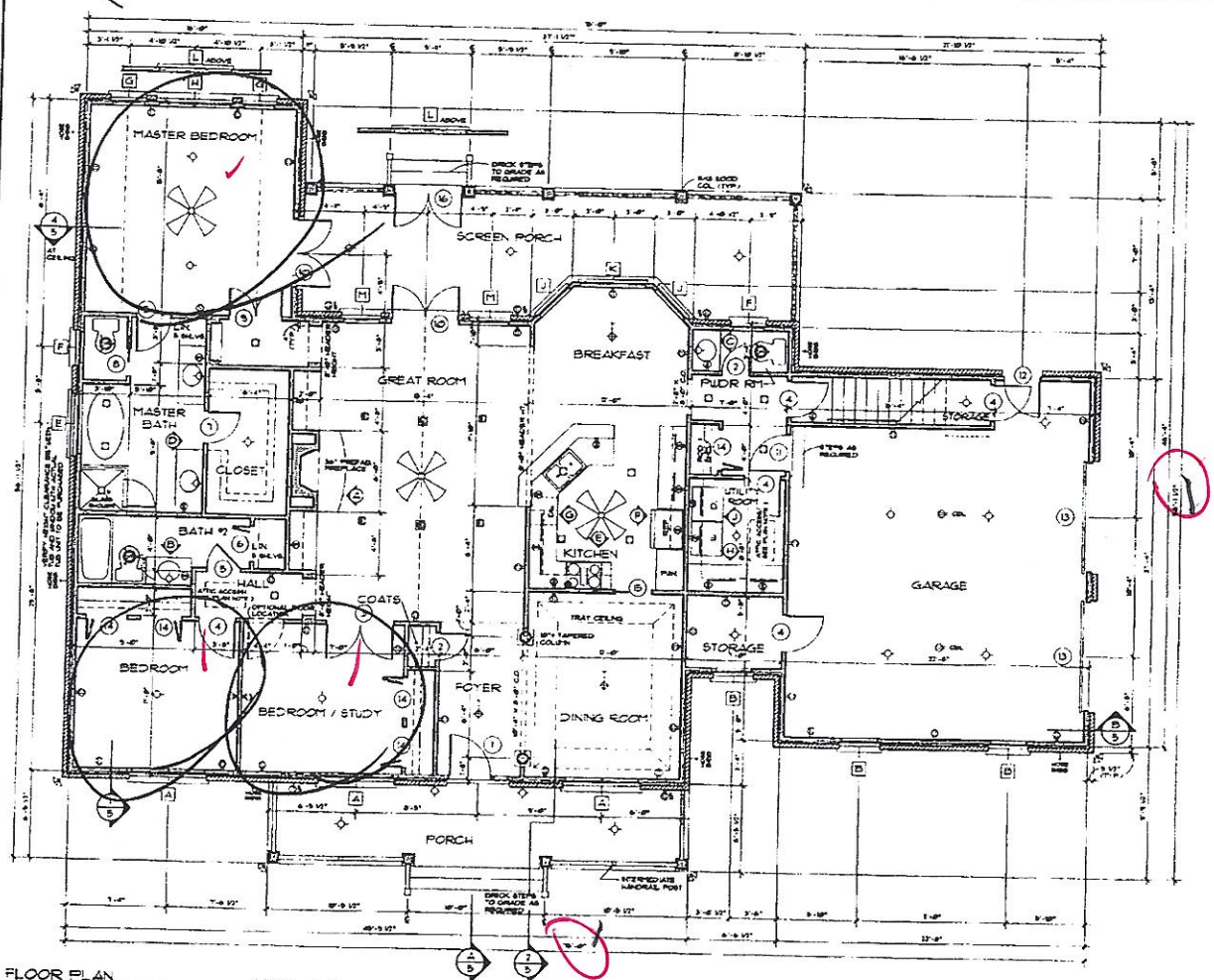
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____ _____

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


Tract 1
5.000 Acres
217,800.00 sq. ft.
Proposed
Driveway
12.5' Each Side of C of Gravel
Proposed 25' Easement
Frozen Farm Drive
Private Gravel Road
Buffalo Shoals Road
S.R. 1004
JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 • STATESVILLE, NC 28687
mail@jordangrant.com (704) 925-7519
FIRM # P-1227
Boundary Survey For:
James Boggs
DRAWN BY: SRB
CHECKED BY: MGC
SCALE: 1"=120'
DEED REF: 2163-1938
PIN NO: 4723-41-4562
DATE OF MAP: 10-06-20
SURVEY DATE: 08-27-20
REVISION
DRAWING FILE: 20190619
PRIZZI FARM DRIVE - STATESVILLE, N.C. 28677
STATESVILLE TOWNSHIP — IREDELL COUNTY — NORTH CAROLINA

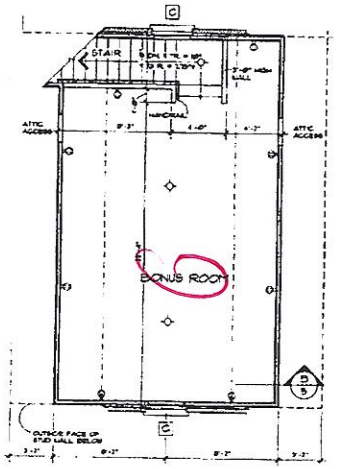


FLOOR PLAN

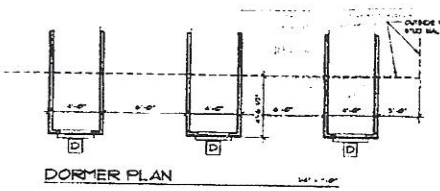
ELECTRICAL LEGEND	
SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
	WEATHER PROOF DUPLEX OUTLET
	WALL SWITCH CONTROLLED DUPLEX OUTLET
	ABOVE COUNTER LOCATION
	FLUSH FLOOR WALL SWITCH CONTROLLED DUPLEX OUTLET. OWNER VERIFY LOCATION
	240 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER COUNTER FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN, LIGHT AND HEATER

PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION.
2. REVISE SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION. RECOMMENDED LOCATIONS ARE AS FOLLOWS: THE WATER HEATER MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE GARAGE. HVAC UNITS MAY TYPICALLY BE PLACED IN THE CRAWL SPACE OR IN THE ATTIC FOR ONE STORY HOUSES. IN THE CRAWL SPACE FOR THE FIRST FLOOR AND IN ATTIC FOR TWO STORY HOUSES. HVAC EQUIPMENT IN ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING AS LARGE AS THE LARGEST PIECE OF EQUIPMENT AND IN NO CASE LESS THAN 22"X36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL BAL. 2'-6" x 6'-8" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELL TRANSFORMER, AND CHIME.



BONUS ROOM FLOOR PLAN



DORMER PLAN

WINDOW SCHEDULE			
MARK	SIZE	QUAN.	DESCRIPTION
A	(2)2'-0" X 6'-0"	1	DH
B	2'-0" X 3'-0"	1	DH
C	2'-0" X 5'-2"	1	FIXED W/ ARCHED TOP *
D	2'-0" X 6'-0"	3	DH
E	4'-0" X 5'-2"	1	FIXED
F	2'-0" X 5'-2"	1	DH
G	3'-0" X 5'-10"	1	DH
H	(3)2'-0" X 5'-10"	1	DH
I	3'-0" X 6'-0"	2	DH
K	4'-10" X 6'-0"	1	FIXED
L	5'-0" DIAMETER	1	FIXED CIRCLE HEAD
M	2'-0" X 6'-0"	2	DH

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
* SEE ELEVATION FOR TRANSOM.

DOOR SCHEDULE			
MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" X 6'-8"	1	EXT. 3/4 GLASS 9/0" ADJ. TO 8'-0" TRANSOM
2	2'-8" X 6'-8"	1	INT.
3	(2)2'-6" X 6'-8"	1	INT.
4	2'-8" X 6'-8"	8	INT.
5	2'-6" X 6'-8"	2	INT.
6	2'-8" X 6'-8"	1	EXT.
7	2'-4" X 6'-8"	1	INT.
8	2'-8" X 6'-8"	1	INT. POCKET
9	(2)2'-6" X 6'-8"	1	INT.
10	(2)2'-6" X 6'-8"	2	EXT. 3/4 GLASS 9/0" TRANSOM
11	2'-8" X 6'-8"	1	EXT., 1 HR FIRE RATED
12	3'-0" X 6'-8"	1	EXT.
13	8'-0" X 7'-0"	1	GARAGE
14	2'-8" X 6'-8"	6	INT. BI-FOLD
15	2'-6" X 6'-8"	1	INT. POCKET
16	(2)2'-6" X 6'-8"	1	SCREEN

DO NOT SCALE DRAWINGS.
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DONALD A. GARDNER, INC.
ARCHITECTS • PLANNERS
P.O. BOX 26170 • GREENVILLE S.C. • 29616
864 • 288 • 7660
www.dongardner.com

RESIDENCE NO. 1023
SHEET 3 OF 6
FLOOR PLAN

60 X 70

Benjamin A Barnes 11/30/20

11-30-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312229 Issue Date: 10/30/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4723414562.000 2936	~~184~~ FREEZE FARM DR 179	Iredell County

Owner Information	Applicant Information
Name: FREEZE MYRTLE O LE ETAL	Name: JAMES BOGGS
Address:	Address: 139 GILEAD LN STATESVILLE, NC 28625
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
100	35	35	15	15		NO

Remarks
SFD/DO NOT ISSUE BUILDING PERMIT UNTIL LAND IS SUBDIVIED

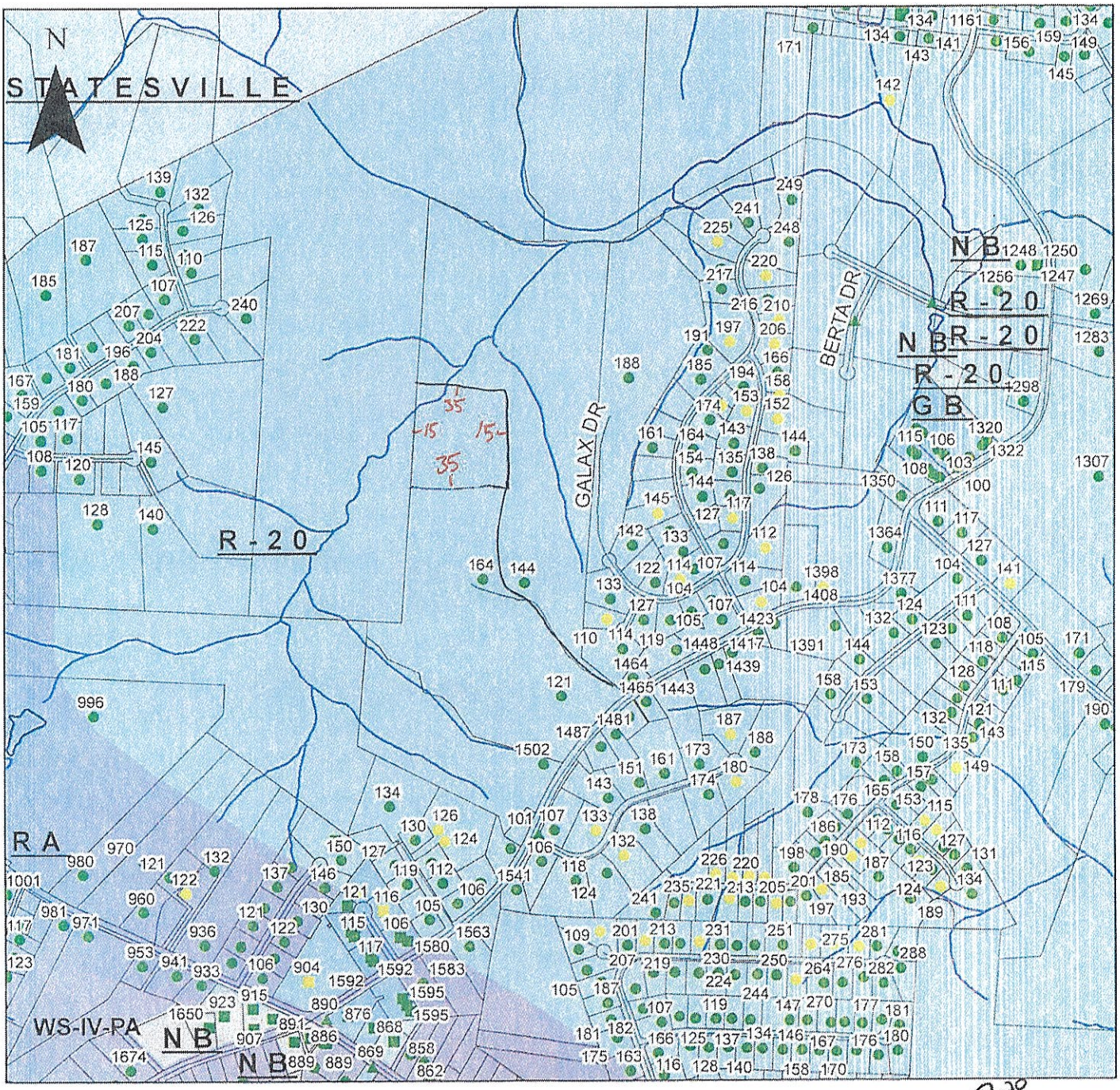
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 10/30/2020

Signature of Owner/Contractor

Permit Number	312229	TOTAL FEES:	$77.25

ZONING DISCLAIMER



R-20
100
No

Property Address Freeze Farm

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.

Applicant

10-30-2020
Date