(58)

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP-310473

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

PIN # 4731 -03 -2053

APPLICANT/OWNER: Freedom Homes - Debra Perry APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 729 Talley Rd Troutman NC 28166 PHONE: 704-881-2326 ALT. PHONE 704-706-7043

SITE DIRECTIONS: Shelton Ave T/R Talley St Lot on left SAP CONTROLLED: ☐ YES ☒ NO

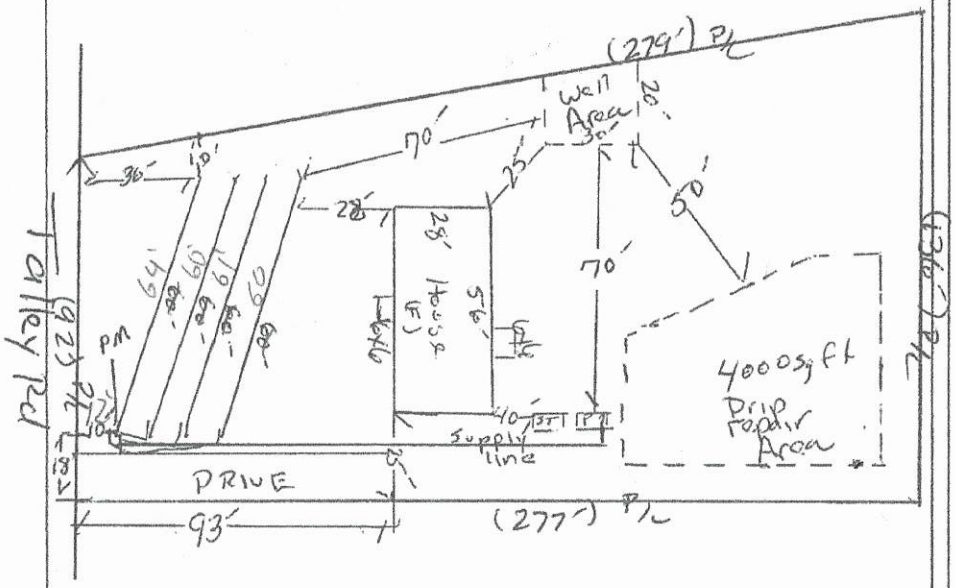
SUBDIVISION: Debra Perry SECTION: N/A LOT # 2 LOT AREA: 0.72ac DESIGN FLOW: 360 L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB	760	Date	10/2	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	5/12	System Description:	PM PPBPS (Horizontal)			☐ Business	No. Persons	6	☒ Private
Pump Make	AMPI		Model		Serial #	AmF700	Repair System Description:	Drip			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	240	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth(Low side)		18"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install Horizontal Panel with pressure manifold. Drive can be no greater than 15' wide Bring in group II or III

Soil and cover entire system minimum of 6" of cover. Cover must be approved by Health Dept.

INITIAL SITE SKETCH



AS BUILT SKETCH

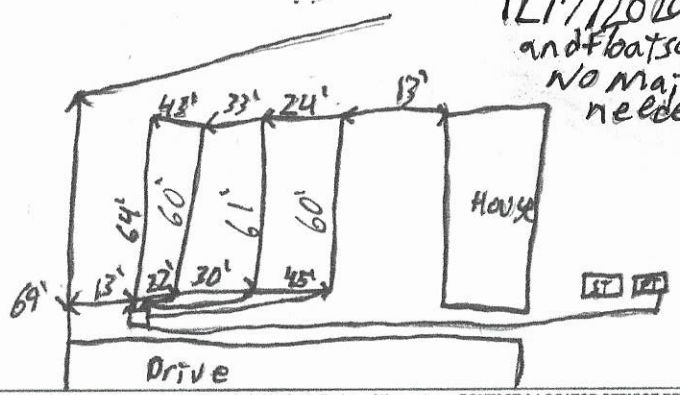
FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

1" = 50

- Use 4 1/2 sch 80 taps with 2' pressure head
- Dose 201.6 gpd
- Drawdown 9.6 inches

11/9/2020: drainlines, PumBox connections and tanks checked and good. Pressure set using a generator.

12/7/2020: Electric Alarm and float sa ll check and set No maintenance contract needed.



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: [signature] Date: 10-21-20 Installed by: Abee Grading

IMPROVEMENT PERMIT by: [signature] Date: 10/19/20 OPERATION PERMIT by: Patrick J Bagley III Date: 12/7/2020

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 10/20/20 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

	Date	Initials
Drain Lines Checked	11/19/2020	PJB
Tanks Checked	11/19/2020	PJB
Pressure Manifold or Valve Box Checked	11/19/2020	PJB
Pressure Head Set	11/19/2020	PJB
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

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

Sheet 1 of 2
PROPERTY ID #: 473103253
COUNTY: Franklin

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

OWNER: Freedom Homes — APPLICATION DATE 8-26-20
ADDRESS: 729 Talley St — DATE EVALUATED: 9-25-20
PROPOSED FACILITY: SFD — PROPOSED DESIGN FLOW (.1949): 360 — PROPERTY SIZE: ± 72 ac
LOCATION OF SITE: 729 Talley Rd — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other N/A
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 5%	0-8	SCL SBK	fr SE	2.5 y 6/2 cn rom 2.5 @ 15"	48"	W/A	W/A	UNS
		8-27	C ABK	fi SE					
		27-38	BC Platy	fi SE					
		38-48	BC w/ABK	fr/fi SE					
2	L 6%	0-8	SCL SBK	fr SE	2.5Y 5/2 @ 18"	48"	W/D	W/A	PS Drp 0.1
		8-46	ABK C	fi SE					
3	L 5%	0-9	SCL SBK	fr SE	Chroma 3 @ 38"	5-0"	W/A	W/A	PS .25
		9-38	C w/SBK	fi SE					
		38-50	C ABK	fi SE					
4	L 6%	0-8	SCL SBK	fr SE	Chroma 2 @ 32"	52"	W/A	W/A	PS .25
		8-31	SL SBK	fi/fr SE					
		31-52	C ABK	fi SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PD	PD
System Type(s)	~~LPP~~	~~LPP~~
Site LTAR	.25	.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: H. Snow
OTHER(S) PRESENT:

COMMENTS:

729 Talley St

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 #: 473103205
DATE OF EVALUATION: 9/25/20
COUNTY: Iredell

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
5	L 6%	0-7	SCL Gr	fr SE	Chroma 2's @ 28"	48	W/A	W/A	PS 0.25
		7-28	C STBK/Adx	fi SE					
		28-48	BC WABK	fi/f SE					
6	L 5%	0-10	SCL Gr	fr SE	Platy horizon 22-24" Chroma 2's @ 22"	48	W/A	W/A	PS 0.1 PRP
		10-48	ABC C	fi SE					
7	L 10%	0-6	SCL Gr	fr SE	Chroma 5's 22"-48"	48	W/A	W/A	PS .25
		6-22	ABC C	fi SE					
		22-48	ADX BC	f/f SE					
8	L 10%	0-4	SCL Gr	fr SE	Chroma 5's & 6's 26"-42"	48	W/A	W/A	PS .25
		4-26	BBC C	fi SE					
		26-48	WABK BC	f/fi SE					

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	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.

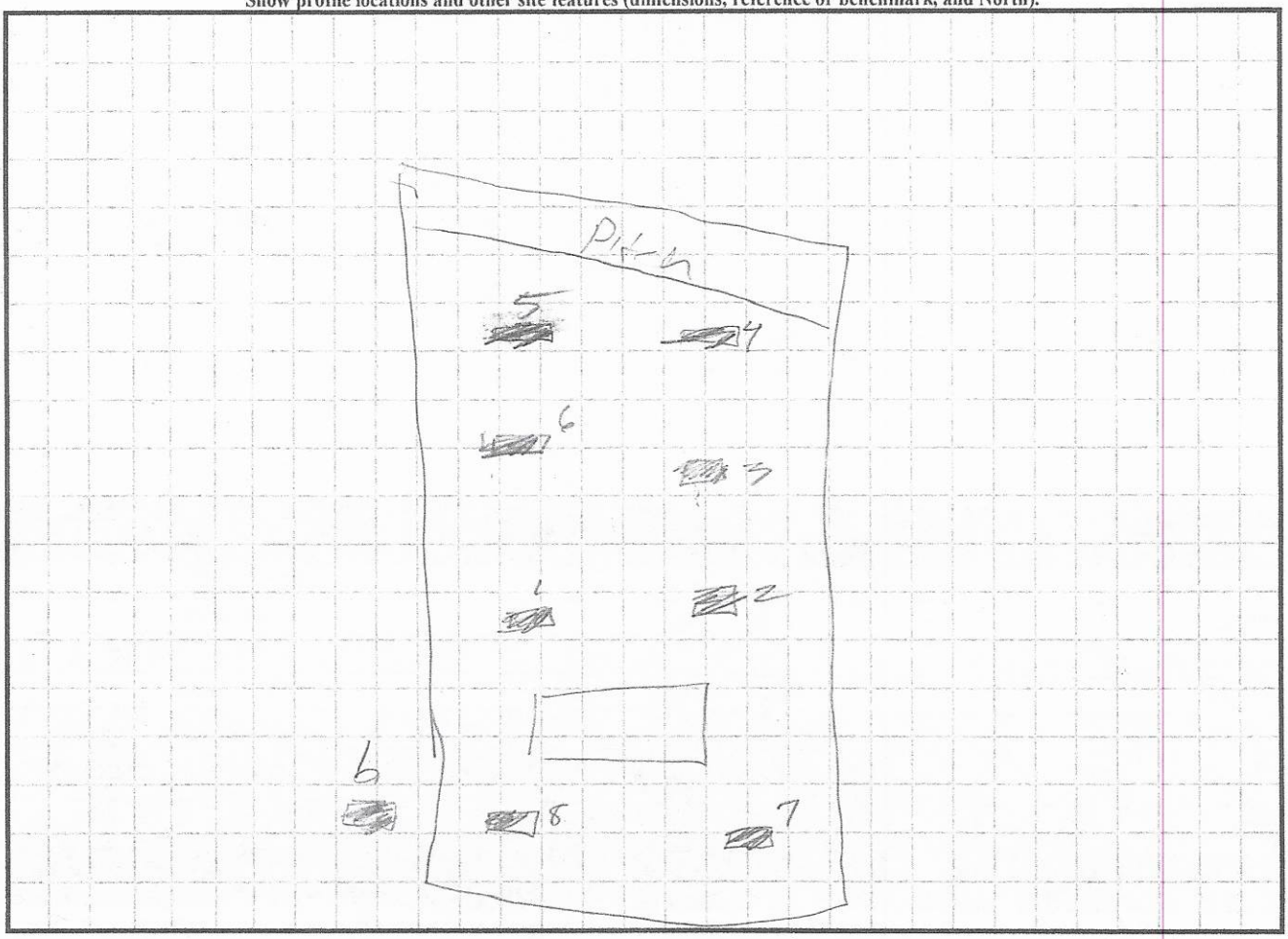
NOTES

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).



PAS
9:30 09/22/20

RECEIVED SEP 1 1 2020

AP-310473
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

(X) 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 NC Zip: 28166

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

Owner Name: Debra Percy Address: 735 Talley Rd Troutman Zip: 28166

Owner Email: _____ Phone: 704-706-7043 Alt. Phone: _____

Property Information:

Street Address: 729 Talley Rd Troutman NC 28166

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

Driving Directions: Onto Shelton Ave Se 29 miles Onto talley St, Go all the way to End right Befor Stop Sign Lot is on Left (1st past 134)

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:
Square Footage of Building: _____ Type of Business: _____
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.

Kimberly Frye 8-26-2020

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:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. 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:

1. Complete this form to document his or her legal representative, or
2. Provide their 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.

X I, Debra Perry, am the legal owner(s) of the property located at X729 Talley Rd. Troutman NC 28166, identified as PIN (Parcel Identification Number) X473103205 3, located in Rowan County, North Carolina.

I do hereby authorize (print legal representative/company name) X Freedom Homes, Kimberly Frye, 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 Rowan County Department of Public Health, Environmental Health Division.

X Debra Perry 8-19-20X — Signature of Owner(s)

8-19-2020 — Date

Paul Allen — Signature of Witness

8-19-2020 — Date

HEATH

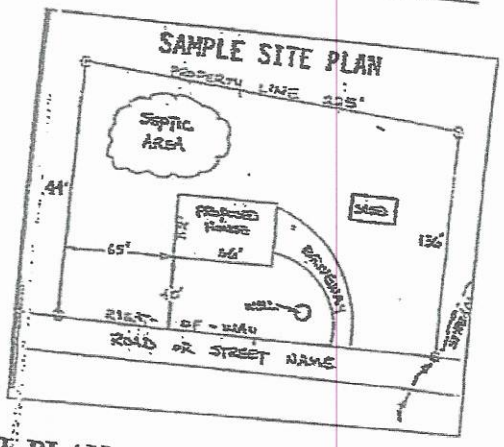
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

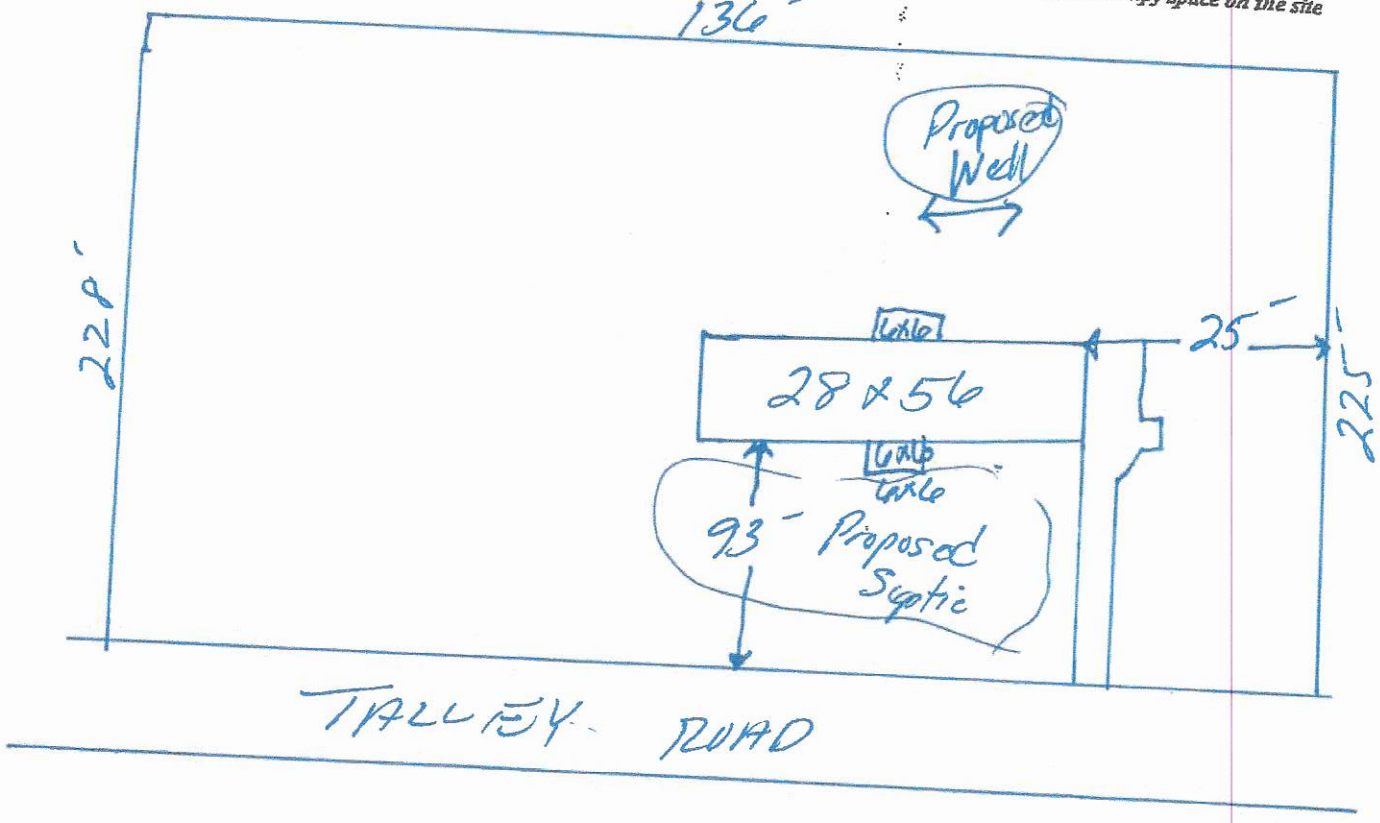


Circle N/A on the following if appropriate:

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

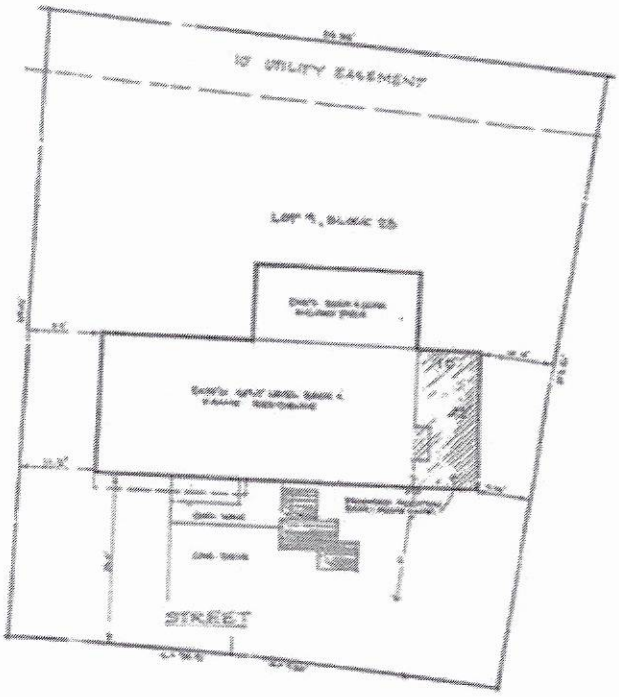
USE THIS SPACE TO DRAW YOUR SITE PLAN

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: Kim Sneed — Kim Sneed 10/16/20

Property owner or owner's legal representative



Please provide a drawing of your property in the space below (similar to drawing on the left) or attached in a separate document showing the layout of your home or business on the lot. If applicable, please clearing note expansions.

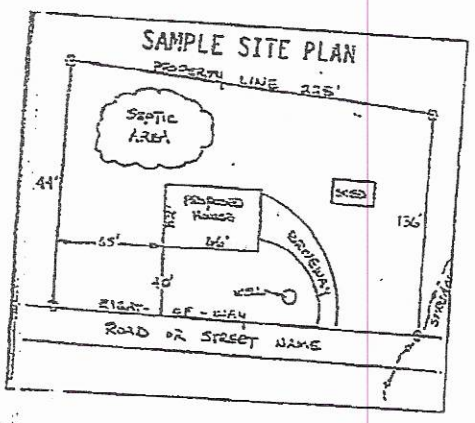
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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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

Attached

Signature: Kimberly Kaye 8-26-2020

Property owner or owner's agent

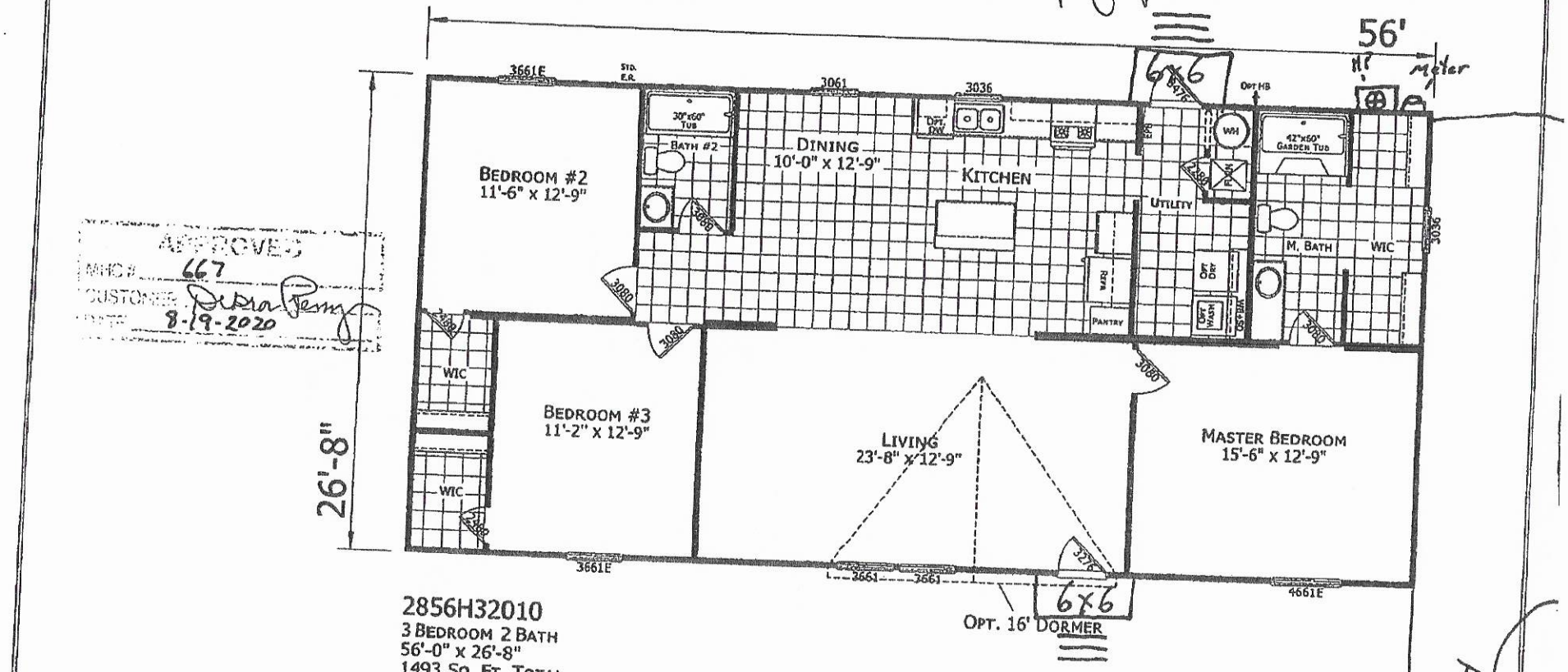
Acknowledgement Of
Plans Submittal ONLY!

Date 10/20/19

Date ~~8-26-2020~~

28x56

x Kimberly Frye



APPROVED
MHC # 467
CUSTOMER Debra Penny
DATE 8-19-2020

2856H32010
3 BEDROOM 2 BATH
56'-0" x 26'-8"
1493 SQ. FT. TOTAL
05-13-2020

Driveway

CHAMPION
HOME BUILDERS
735 W. BIG BEAVER ROAD, SUITE 1000 TROY, MI 48084
PHONE: 248-614-8200

MODIFICATIONS
1 ADDED CLOSET DOORS 5/13/20 BC

PROJECT: 2856H32010 56'-0" x 26'-8" 3 BD 2 BT
DRAWN BY: B.CAMPBELL
DATE: 05-07-20
SCALE: 3/16" = 1'-0"

TITLE: LITERATURE PLAN
FILENAME: 2856H32010 5-13-2020

SHEET: L-101

PROPRIETARY AND CONFIDENTIAL
THESE DRAWINGS AND SPECIFICATIONS ARE CONSIDERED PROPRIETARY AND CONFIDENTIAL MATERIALS OF CHAMPION.
COPYRIGHT © 19[illegible] BY CHAMPION

Zoning Permit # 310473

Fee $561.35

Code 104

See reverse for new construction.

Zoning Permit

LOCATION	Date (mm/dd/yy)	08/28/20	Tax Parcel #	4731032053.000
	Business Name or Property Owner	PERRY DEBRA M		
	Street Address & Lot Number	729 TALLEY RD		
	Business Type and/or Project Description	SFR		
APPLICANT	Applicant	Freedom Homes/Kimberly Frye	Preferred Phone	(704)881-2326
	Address City/State/Zip	1124 Charlotte Hwy Troutman , NC 28166		
	E-Mail			
	Would you like your e-mail address added to: (check any of interest)	☐ The Whistle Stop (Town of Troutman newsletter) ☐ Troutman Business Council (Local Chamber of Commerce) ☐ Sunshine List (Agenda for Town Board Meetings)		

Following approval of this permit proceed to Iredell County Building Inspections (349 N Center St, Statesville, NC 28677). All Applicants, please note that final inspection by the Town is required prior to occupancy. Business Applicants, please note that proof of RPZ (backflow) inspection is required prior to occupancy (in addition, restaurants may be required to have a grease trap inspection).

Office Use Only					
	Zoning District(s)	RS	TL: NO | ETJ: YES	Plans Attached	YES
	Utilities			Floodplain	NO
	Permitted Use of Property	SFR			
	Minimum Setback Requirements	Front 25 , Rear 25 , Left Side 15 , Right Side 15 , *Setback measure from nearest projecting point of structure to Property Line.*			
	Comments:				

I hereby certify that all of the information provided for this application is to the best of my knowledge, accurate and complete. I understand that this permit will expire and become invalid unless the work for which it was issued is started within six (6) months of the date of issue or is the work authorized is suspended or abandoned for a period of one (1) year.

Signature of Applicant

To the best of my knowledge, this application is deemed complete and approved based on the information provided to me and my knowledge of the Town of Troutman Unified Development Ordinance.

Signature of Zoning Adminstrator