IREDELL COUNTY HEALTH DEPARTMENT

705 Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242733

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

PIN # 4731312646.000

APPLICANT/OWNER: Freedom Homes / CMH Homes APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 116 DunLan Lane Troutman NC 28166 PHONE: 704 881 2326 ALT. PHONE –

SITE DIRECTIONS: Hwy 21 to Tilly St Left on DunLan Silo on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Car Del SECTION: – LOT # 9 LOT AREA: .53 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date												
Pump Tank		(gal)	PT		Date												
Pump Make			Model		Serial #												
# Nitrification Fields	1		# Lines	1	Linear Ft	76											
Trench Width	36		Trench Bottom Depth (Low side)	24 max	Gravel Depth	–											

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

System Description: 25% Reduction - Gravity

Repair System Description: 50% Reduction - CP Horizontal

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

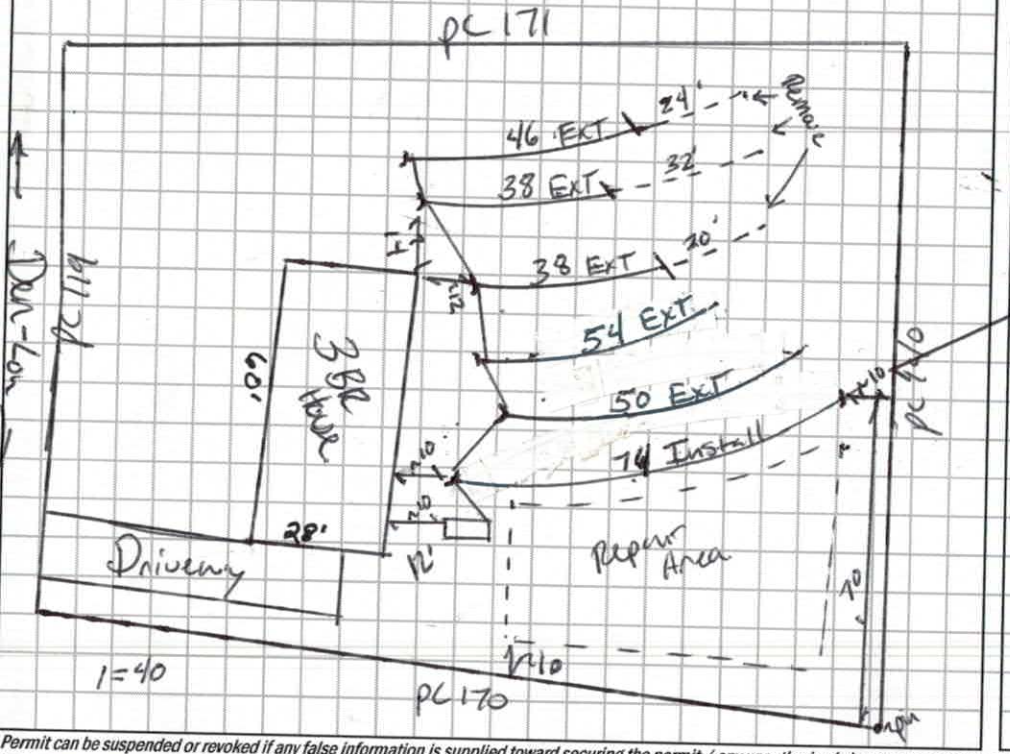
No. Bedrooms 3 No. Persons 6 No. Employees – ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Existing 226 Linear Feet was installed Properly. 76 Linear Feet is to be Removed placed as shown on Permit for Plumb house and Move tank in order to get proper Fall. Tank & New 76 Pad Line to be inspected. Trenches that have product Removed will need to be properly backfilled.

INITIAL SITE SKETCH



AS BUILT SKETCH

- tank 12' from house
- new 76' line installed

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: 4/23/19 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Benjamin A Batton Date: 4/23/19 OPERATION PERMIT by: Carlton C. Cave Date: 5-7-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batton Date: 4/23/19. 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.

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 3
PROPERTY ID #: 1472
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Homer Jordan
ADDRESS: 121 Den-Lon Sul NC
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 116 Den Lon Ln. Sul. NC
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 5/26/16
DATE EVALUATED: 7/12/16
PROPERTY SIZE:
PROPERTY RECORDED: YES

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
A1	HS 18%	0-6	BRCL, WSBK	FR,SS,SP	/	36"	C-M SAP INCL 15"-36"	/	.3
		6-18	RCL, SBK	" " "					
		18-36	RCL, SBK, WSBK	" " "					
		36-48	MASS SAP	VFR, NS, NP					
A2	LS/LL 7%	0-24	RC, SBK	FR,SS,SP	/	48"	C-M SAP INCL. 15"-48"	/	.3 .325 24"-48"
		24-48	RCL, SBK/WSBK	" " "					
A3	LS 7%	0-12	FILL	—	/	12"-45"	C-M SAP INCL 20"-45"	/	.3 12"-45"
		12-25	RCL, SBK	FR,SS,SP					
		25-45	RCL, WSBK	" " "					
		45-48	MASS SAP	" " "					
A4	LS	0-23	RC, SBK	FR,SS,SP	/	46"	C-M SAP INCL.	/	.3-.325
		23-46	RCL, SBK/WSBK	" " "					
		46-48	MASS SAP	VFR, NS, NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Conv.; 25%	Conv.; 25%
Site LTAR	.3	.3

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: SL
OTHER(S) PRESENT: Claude Estes

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
C (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
V (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
) (Drainage Way)					EXP (Expansive)	CR (Crumb)
S (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
P (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
S (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.

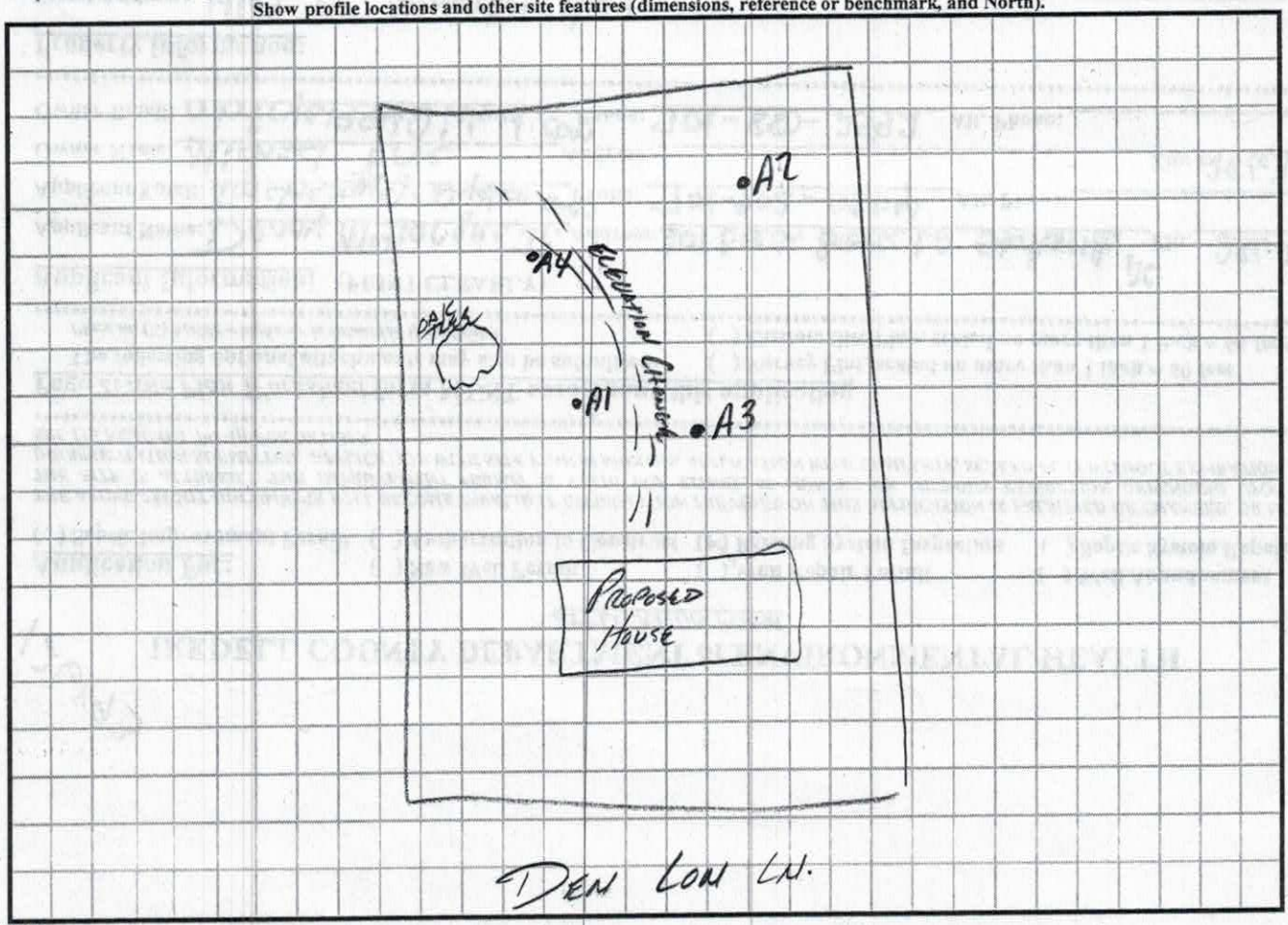
NOTES

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).



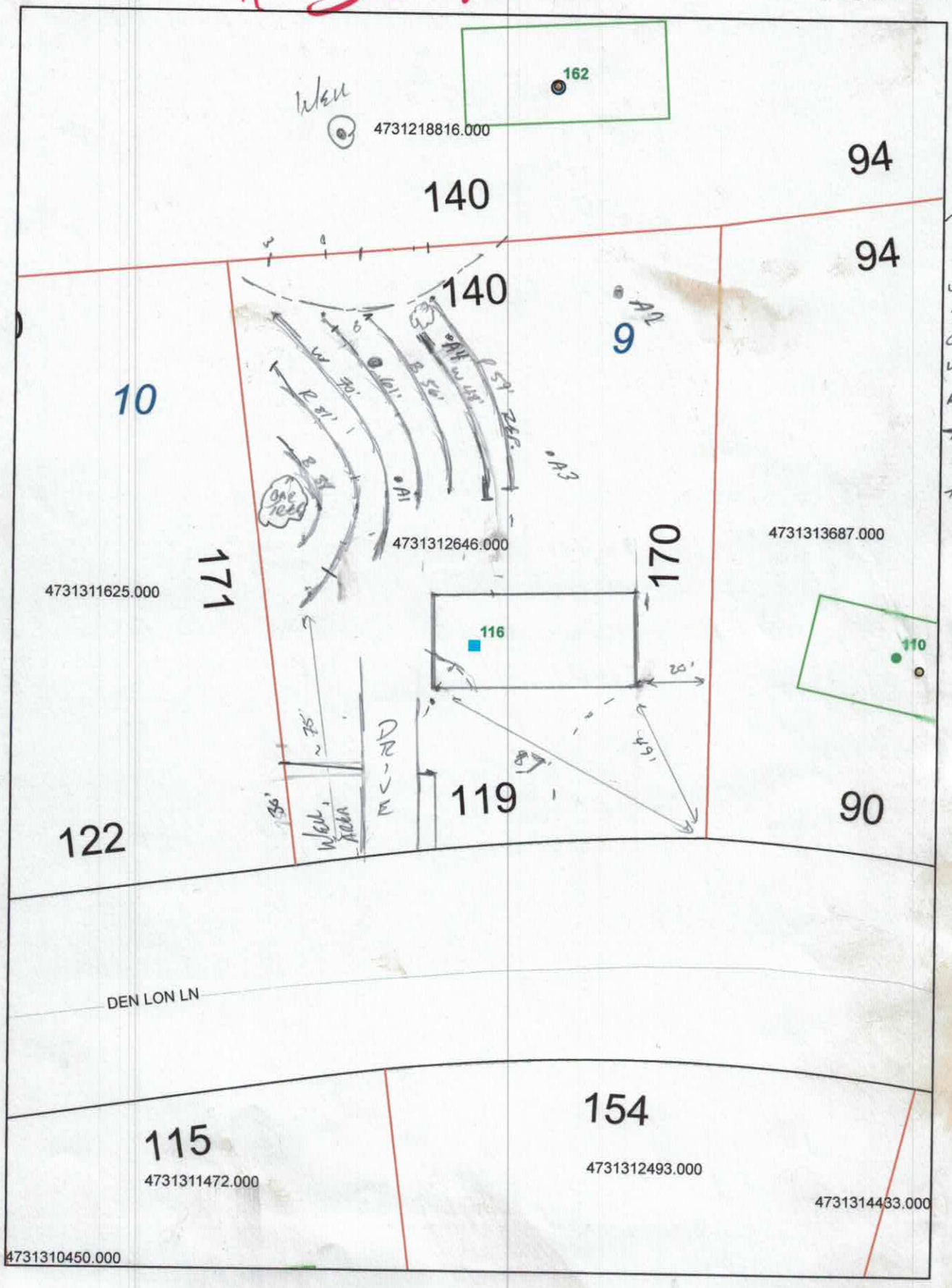
DENR (######)
Review (#####)

1 inch = 40 feet

Soil Notes

3/3

1:480



RECEIVED APR 1 7 2019

Intermediate Permit # 219167
Per Heath 3200

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH 242733

APPLICATION FORM

Redraw

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: Freedom Homes/Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2526 Alt. Phone:
Owner Name: CMH Homes Address: 5000 Clayton Rd Maryville TN Zip: 37804
Owner Email: Phone: 704-528-7966 Alt. Phone:

Property Information:

Street Address: 116 Den Inn LN Troutman, NC 28166
Subdivision Name: COR - DEL Section/Phase: Lot Number: 9
Driving Directions:

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) 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:

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

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: [signature] 4-17-19
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, Luz Castenada, am the legal owner(s) of the property located at 116 Dawson Dr Troutman NC. 28166, identified as PIN (Parcel Identification Number) 4731312646.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Freedom Homes 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.

Luz Castenada _____ _____ _____

Signature of Owner(s) Date 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

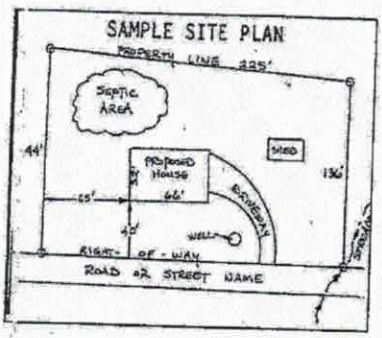
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (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

Attached

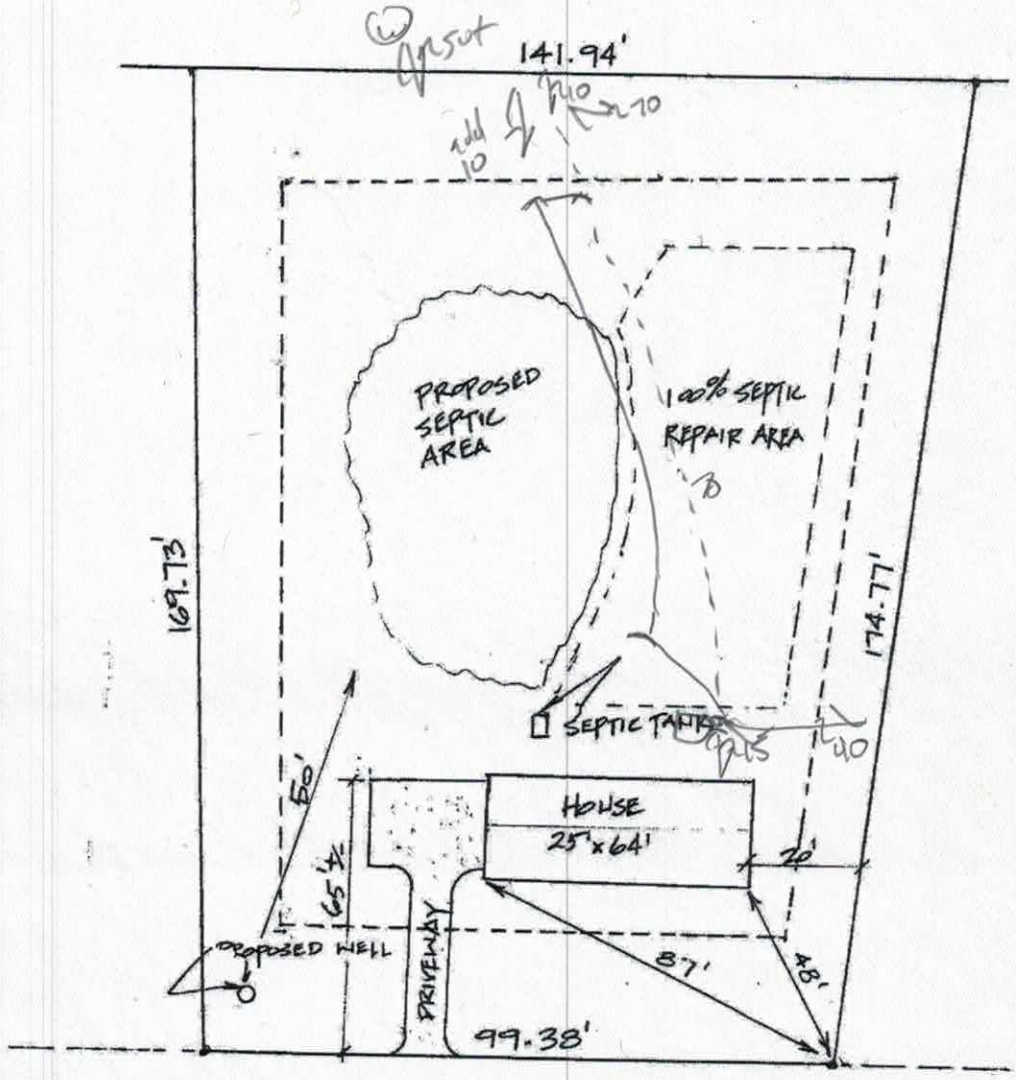
Signature: Kimberly Sund

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

4-17-19

DATE

116 Den Lon Lane Troutman N.C. 28166



IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219167

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

PIN # 4731-31-2646.000

APPLICANT: Luz Castraneda APPLICANT ADDRESS: 118 Valencia Ln. Statesville NC

SITE ADDRESS: 116 Den Lon Ln. Statesville NC PHONE: 704-433-6810 ALT. PHONE: 704-528-6563

SITE DIRECTIONS: Hwy 21 S. To Tally Rd. TL Lytton Farm, To Den Lon, Site on R

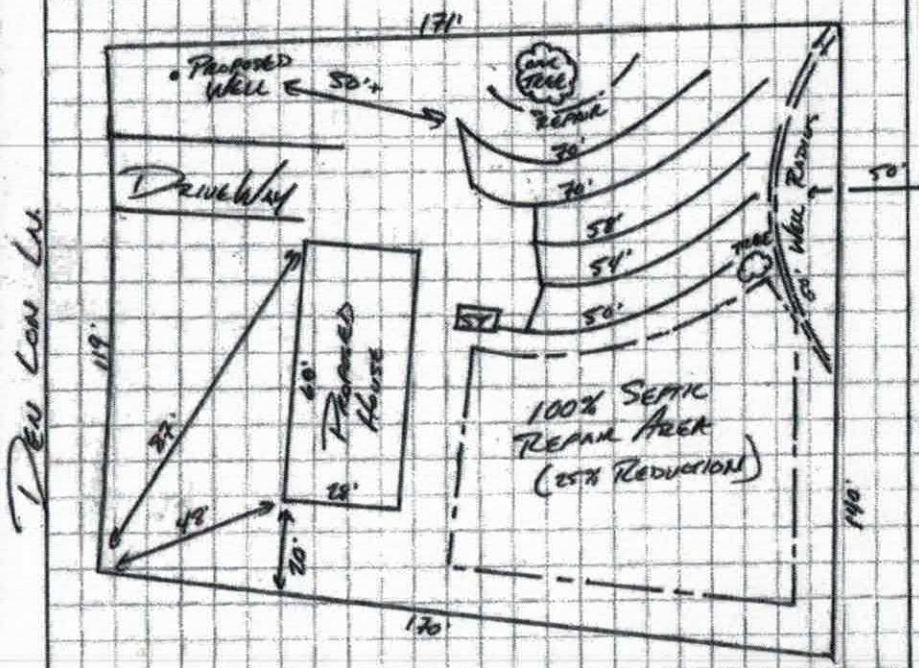
SUBDIVISION: Cote-Del SECTION: — LOT # 9 LOT AREA: .53 Acre DESIGN FLOW: 360 GPD L.T.A.R.: .3

Septic Tank 1000 (gal)	STB 460	Date 12-15-16	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction - Gravity		☐ Business	No. Persons 6	☒ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction - Pump		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 300'	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	! Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth * 24" *	Gravel Depth N/A		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Maintain 50' from Any Well. Maintain 5' From Proposed House With Septic If No Foundation Drain Present. Otherwise 10'.

* Approximately 1" of Additional Cover will Need To Be Added @ Time of Backfill.

INITIAL SITE SKETCH

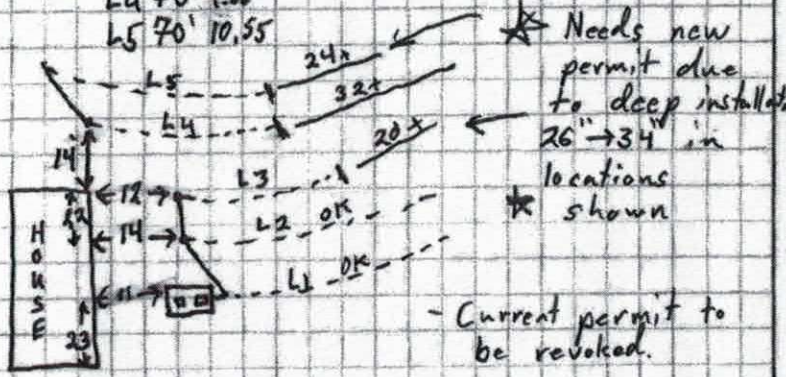


AS BUILT SKETCH

1" = 40'

4/17/19: Shoaf mid-seam 1000-gal conc. tank w/ a Polylok PL-68 filter.

Existing Well
L1 50 4.27
L2 54' 5.56
L3 58' 8.05 (55' to neighbor's well) Before removal
L4 70' 7.66
L5 70' 10.55



★ Needs new permit due to deep installation 26" → 34" in locations shown

- Current permit to be revoked.

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.

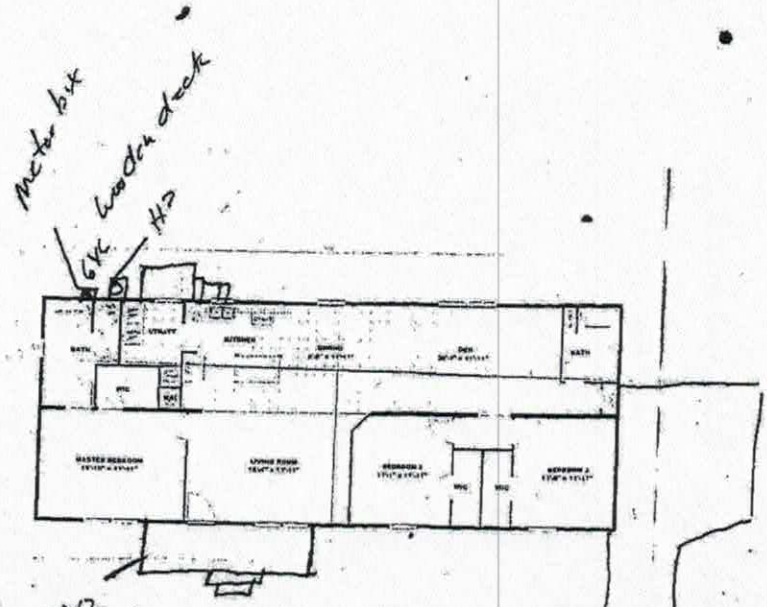
Owner / Applicant Signature: Claude Estes Date: 7-11-17 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: APPROVED JUL 21 2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 7/26/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

116 Denton



Lic # Expired 05-25-18

248730