ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 309252

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

PIN # 4740-01-8462

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

SITE ADDRESS: 137 Ridge Creek Drive Troutman NC 28166 PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: Flower House Loop R on Clark Hill L on Ridge Creek Drive SAP CONTROLLED: ☐ YES ☒ NO

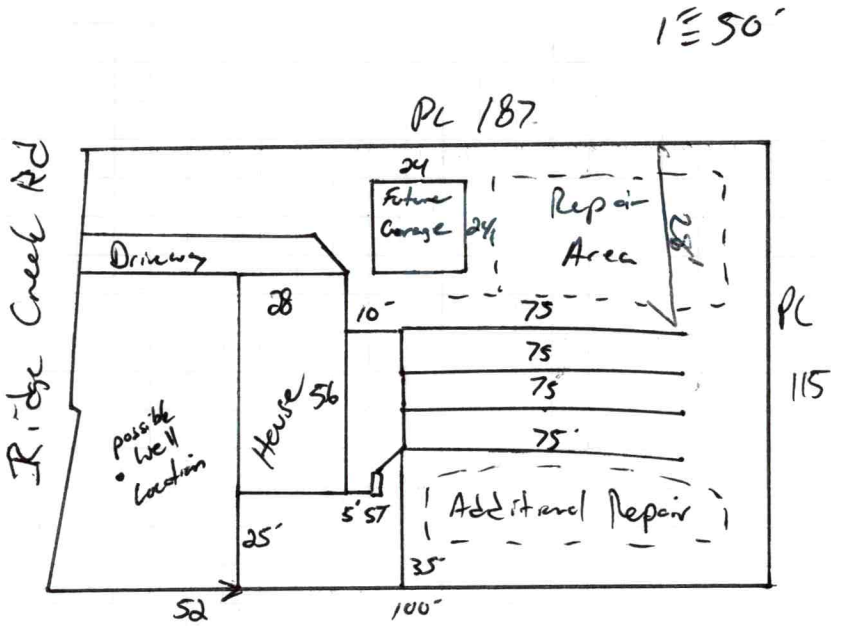
SUBDIVISION: Rocky Creed Subdivision SECTION: — LOT # 5 LOT AREA: 0.5 DESIGN FLOW: 360gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	9-28-20	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction	☐ Business	No. Persons 6
Pump Make		Model	Polylok	Serial #	PL-68	Repair System Description:	50% Reduction	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side)	Max 36"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

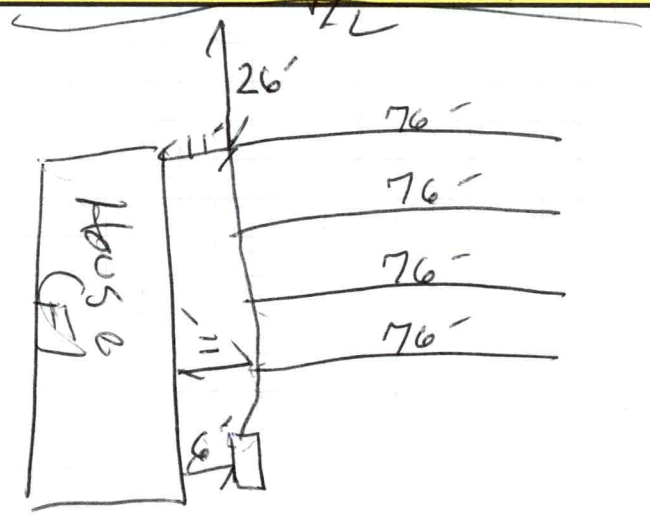
Comments / Conditions: Install Drainlines on Contour and use Serial distribution.

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.



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: 9-30-2020 Installed by: Adan Garcia

IMPROVEMENT PERMIT by: [signature] Date: 9-3-20 OPERATION PERMIT by: [signature] Date: 11/5/20

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9-3-2020 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 #: 47400146
COUNTY: Iredell

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

OWNER: Iron Ivy LLC
ADDRESS:
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 137 Rocky Creek Drive

APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.5 Acre
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) .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	4-5% SS	0-6	SiCL sgr	Fr SSSP Semo	N/A	48+	Sap Inc @ 24+	N/A	PS .3
		6-24	SiCL C						
		24-48	SiCL CL						
2	4-5% SS	0-6	SiCL sgr		N/A	48+	Sap Inc @ 19+	N/A	PS .3
		6-19	SiCL C						
		19-48	SiCL CL						
3	4-5% SS	0-12	SiCL C		N/A	48+	Sap Inc @ 12+	N/A	PS .3
		12-30	SiCL CL						
		30-48	SAP						
4	4-5% SS	0-6	SiCL sgr		N/A	48+		N/A	PS .3
		6-24	SiCL C						
		24-48	SiCL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	200'
System Type(s)	25%	50
Site LTAR	.3	.3

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

COMMENTS: This is not a permit. It is only soil notes taken during the soil Evaluation to determine soil Suitability, Available Space and product type to be Determined at a later date.

Updated February 2014

RECEIVED JUL 2 8 2020

AP-309252
$500.00

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: Freedom Homes/Kimberly Snyder Address: 1124 Charlotte Hwy Troutman, NC Zip: 28166
Applicant Email: kimsnyder.Sneed04@gmail Phone: 704-881-2326 Alt. Phone:
Owner Name: Iron Ivey LLC Address: 935 Bronx River Ave. Bronx NY Zip: 10473
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 137 Ridge Creek Dr Troutman NC 28166
Subdivision Name: Rocky Creed Subdivision Section/Phase: Lot Number: 5
Driving Directions: I-77 toward Charlotte, Exit 42 ⓞ and ⓞ onto flower house loop 3rd ⓞ onto Cloate Hill Rd, Left onto Ridge Creek Dr 137 is on left.

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: 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.

Kimberly Snyder 7-9-2020

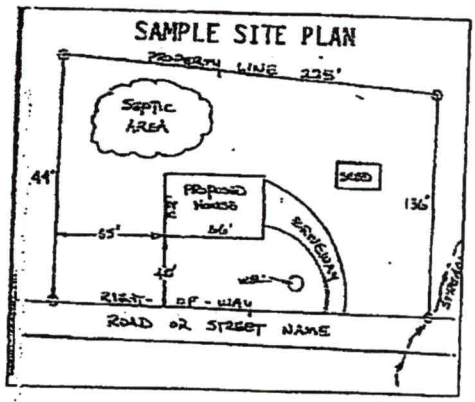
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

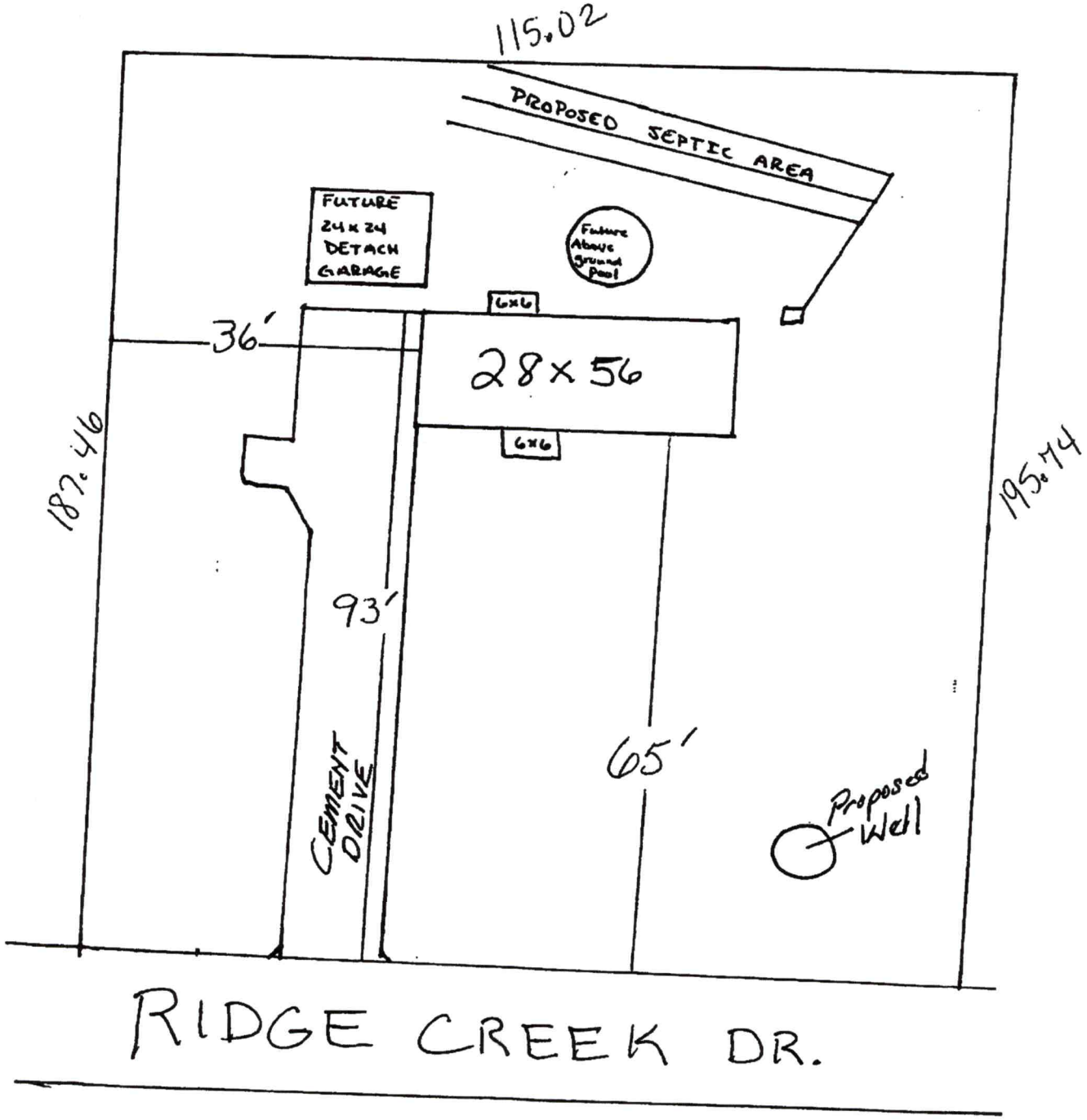
Attached

Signature: Kimberly Pope 7-9-2020

PLOT PLAN

N.T.S.

LATES
TBD RIDGE CREEK DR
TROUTMAN, NC
28166



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, _____, am the legal owner(s) of the property located at 137 Bridge Creek Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, _____, 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.

Signature of Owner(s) _____ Date 7/13/20 Signature of Witness _____ Date 7-13-20

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

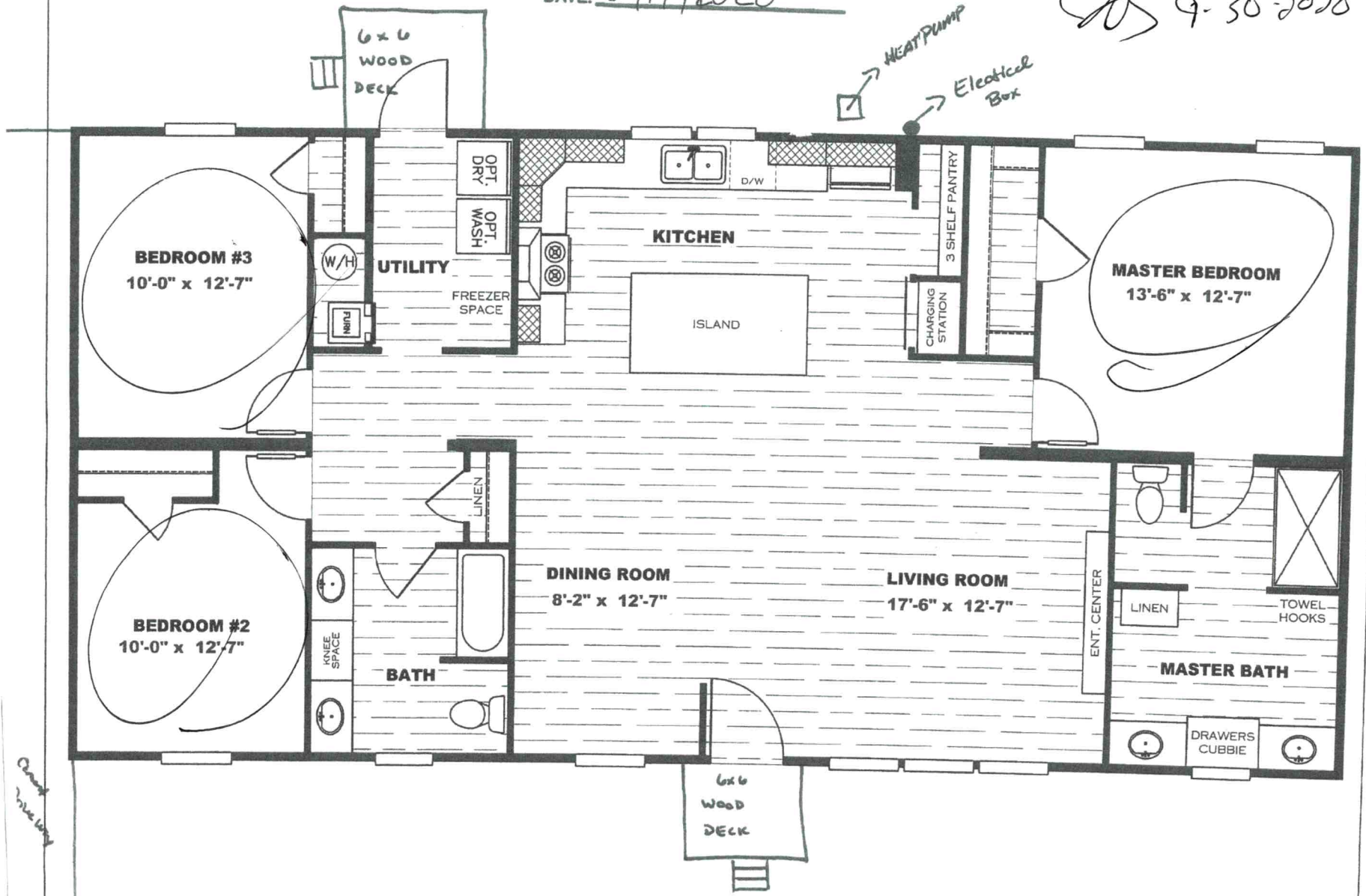
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

APPROVED

SIGNATURE: Yolonda Cates

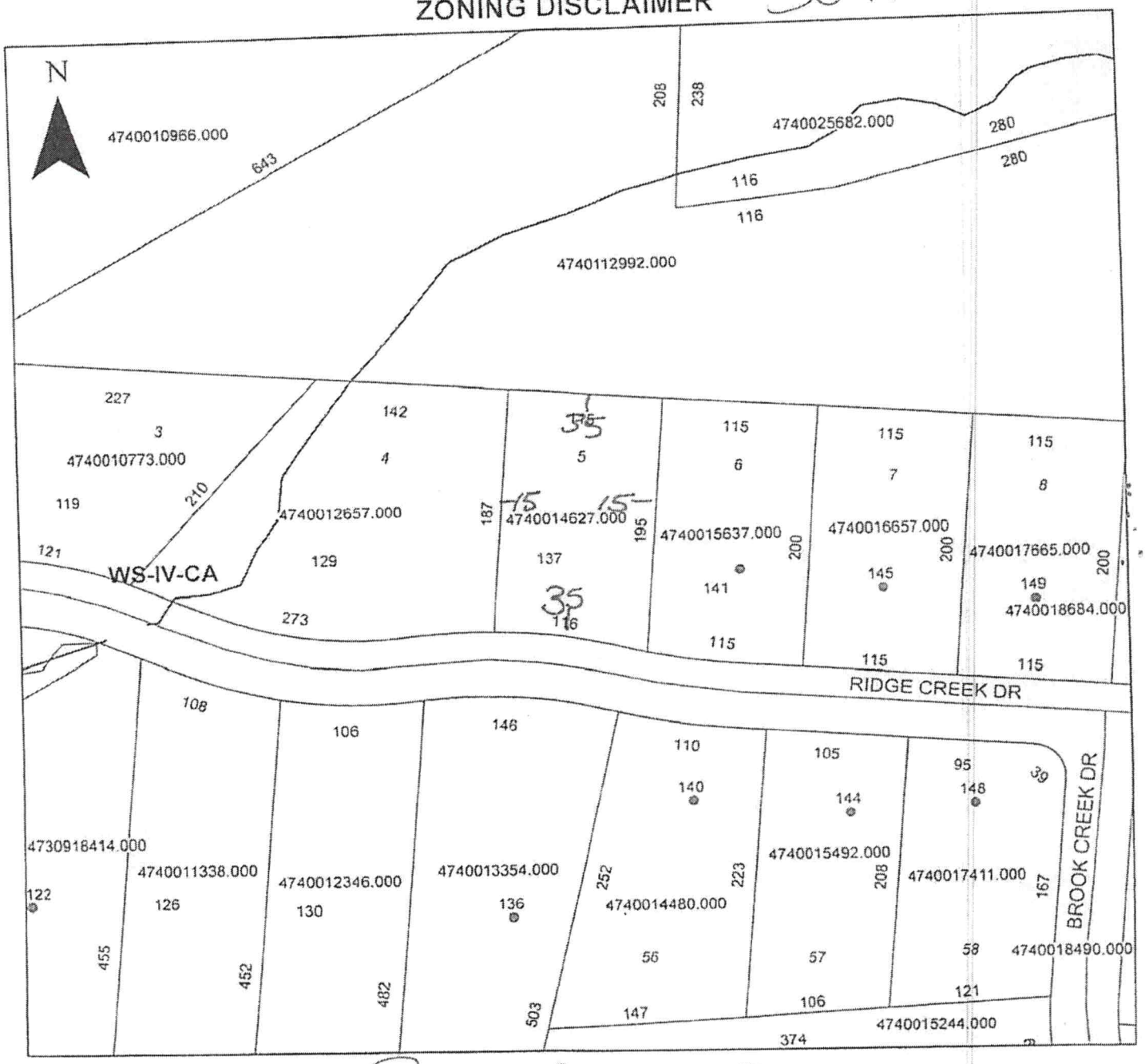
DATE: 6/17/2020

9-30-2020



SHEET:						
SL.1	SALES LITERATURE	Clayton Clayton - 934 1420 Mountain Rd. Andersonville, TN 37705 PH: 865.494.7800 FAX: 865.494.0243	HILBORN, WERNER, CARTER, AND ASSOCIATES, INC. 1627 SOUTH MYRTLE AVE. CLEARWATER, FL. 33756	DRAWING #: 34M178 MODEL #: MVP28563A DATE: 05/09/2018 SCALE: N.T.S.	MODEL: ISLAND BREEZE SERIES: THE M.V.P. PRODUCT DESIGNER: DANIEL C. SHELDON	STD PLAN "CONDITIONED": 1,475 FT² REV. BY: DCS REV. DATE: 06/01/2018

ZONING DISCLAIMER 309252



Property Address 137 Ridge Creek Dr.

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 Gregg
Applicant

7-21-2020
Date