IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 224091

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

PIN # 4740-01-5192

APPLICANT: DAVID WOOD | APPLICANT ADDRESS: 704-881-2326 (Freedom)

SITE ADDRESS: 116 BROOK CREEK DR. TROUTMAN 28166 | PHONE: 704-996-6330 | ALT. PHONE: → PAUL PENNINGER

SITE DIRECTIONS: CLONTZ HILL, TR RIDGE CREEK, TR BROOK CREEK, ON R

SUBDIVISION: ROCKY CREEK COVE | SECTION: 5 | LOT # 60 | LOT AREA: 1.3AC | DESIGN FLOW: 360 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 760	Date 8/25/21	☑ 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: PANEL BLOCK		☐ Business	No. Persons 6	☑ Private
Pump Make	Model		Serial #	Repair System Description: LP- PANEL BLOCK		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4 @ 50'		Linear Ft: 200'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width 24"	(Max.) Trench Bottom Depth 36"		Gravel Depth —	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

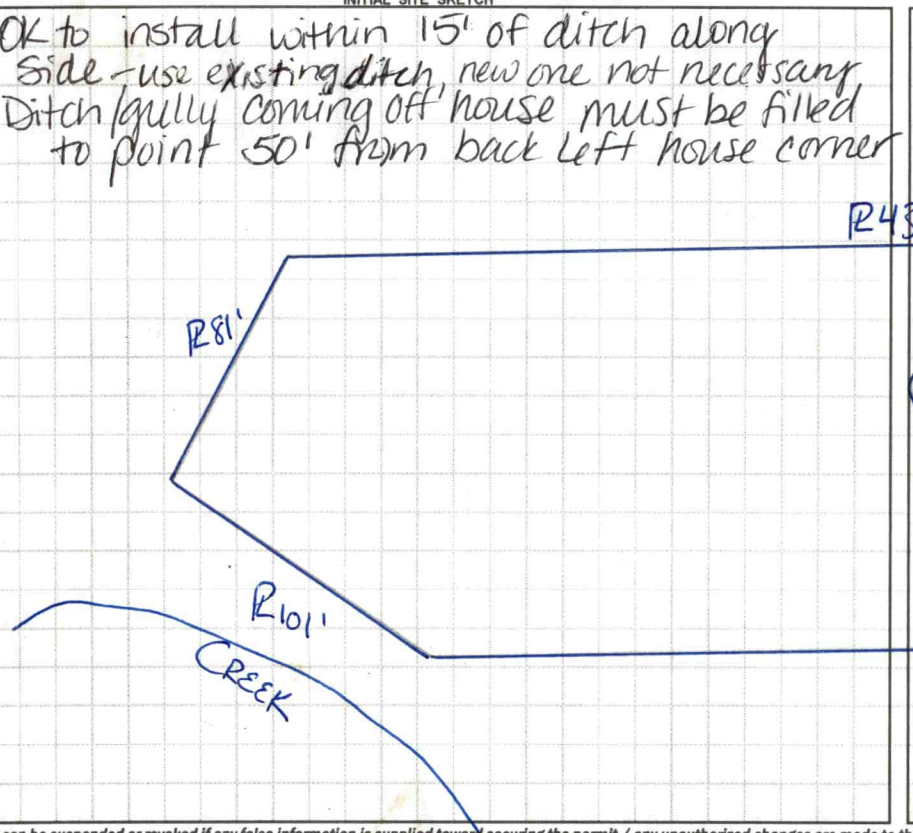
Comments / Conditions: STORM DRAW DITCH MUST BE DIVERTED AS SHOWN TO ACHIEVE 25' SETBACK
ON-SITE MEETING WITH HD REQUIRED BEFORE INSTALLATION - met 9/17/21 see notes below

★ Install storm water ditch around well.

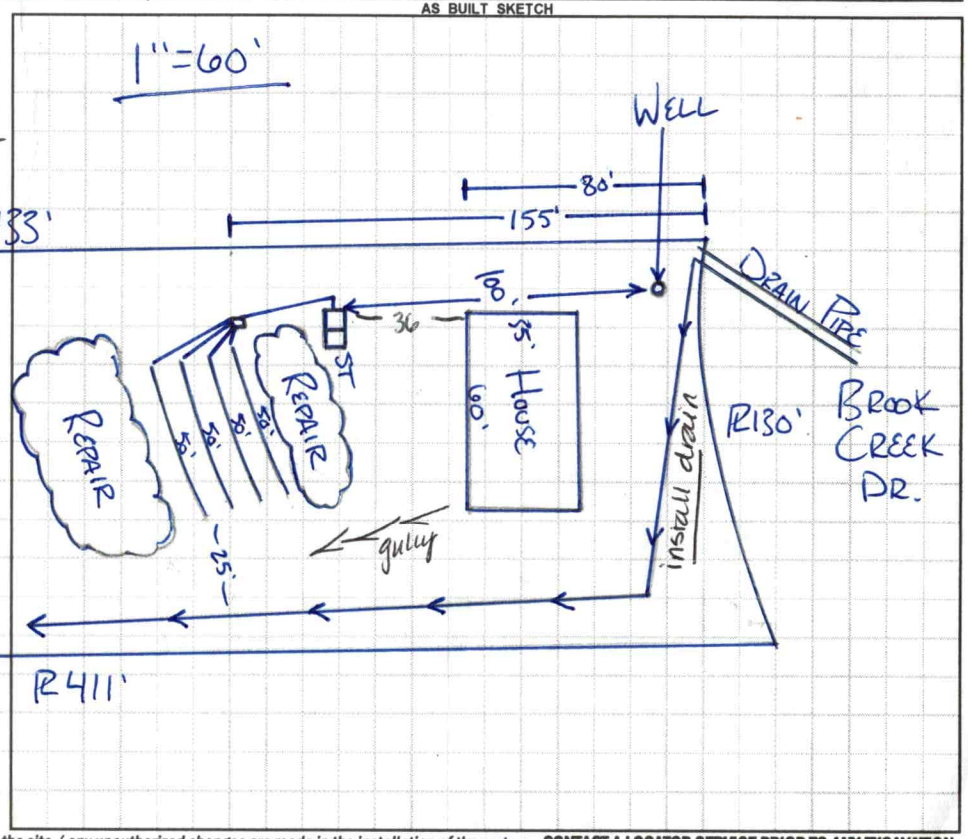
SAP

INITIAL SITE SKETCH

- OK to install within 15' of ditch along side - use existing ditch, new one not necessary
- Ditch/gully coming off house must be filled to point 50' from back left house corner



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: David B Wood | Date: 2/9/17 | Installed by: AJ Remodeling

IMPROVEMENT PERMIT by: [signature] | Date: 1-31-17 | OPERATION PERMIT by: Cory Whit | Date: 10/27/21

AUTHORIZATION TO CONSTRUCT by: [signature] D. Wiebers | Date: 6/2/21 | Existing System Inspected by: | Date:

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

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 2
PIN #: 4740-01-5192
Lot #: 60
Permit #: 224091
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: DAVID WOOD
Applicant:
Address:
Date Evaluated: 10/4/2016
Proposed Facility: SFR
Design Flow (.1949) 360gpd
Property Size: 1.3 AC
Location of Site: ROCKY CREEK COVE 60
Property Recorded: YES
Water Supply: [ ] Public [M] Individual [M] Well [ ] Spring [ ] Other
Evaluation Method: [ ] Auger Boring [M] Pit [ ] Cut
Type of Wastewater: [M] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	nose slope	0-7"	SCL	Fr SS SP SE XP					PS
		7-26"	M SBK RC	Fr SS SP SE XP					
		26-38"	W SBK CL	Fr SS SP SE XP					0.3
		38-58"	M SBK RC	Fr SS SP SE XP		58"			
2	nose slope	0-14"	FILL						PS
		14-23"	W SBK SCL	Fr SS SP SE XP					
		23-41"	M SBK RC	Fr SS SP SE XP					0.3
		41-62"	W SCL	Fr SS SP SE XP		62"	F-C		
3	nose slope	0-6"	W SBK SCL	Fr SS SP SE XP					PS
		6-19"	M SBK RC	Fr SS SP SE XP					
		19-40"	W SBK CL	Fr SS SP SE XP		40"			0.35
		40-70"	SL SAP						
4	nose slope	0-4"	W SBK SCL	Fr SS SP SE XP					PS
		4-26"	M SBK RC	Fr SS SP SE XP					
		26-40"	W SBK SCL	Fr SS SP SE XP		40"			0.35
		40-74"	S SAP						

Description	Initial System	Repair System
Available Space (.1945)	~~PPBPS~~ PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE, PAUL P., GRACE H.
Others Present:
Site Classification (.1948): PS
Site Evaluation By: SAME
Others Present:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2 of 2
PIN #: 4940-01-5192
Lot #:
Permit #:
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:
Address:
Proposed Facility: Design Flow (.1949)
Location of Site:
Applicant:
Date Evaluated: 10/4/2016
Property Size:
Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] 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	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
5		0-16"	wSBK RC	Fr SS SP SE XP		42"			PS 0.35
		16-42"	wSBK SCL	Fr SS SP SE XP					
		42-68"	L SAP						
		"							
6		0-12"	wSBK SCL	Fr SS SP SE XP					PS to 28" 0.2
		12-28"	SL	Fr SS SP SE XP					
		28-48"	wSBK SC	Fi S P SE XP	7.5YR 5/6 ; 40" 7.5YR chroma II				
7					chroma II				US <12"

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

RECEIVED MAY 2 7 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-224091 AP-318314 - fees only

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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 Frye **Address:** 1124 Charlotte Hwy Troutman **Zip:** 28166

Applicant Email: Kimsneed.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: 116 Brook Creek DR Troutman, NC 28166

Subdivision Name: Rocky Creek Cove **Section/Phase:** _____ **Lot Number:** 60

Driving Directions: Glontz Hill, TR, Ridge Creek, RR Brook Creek on R

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) 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: _____

(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 ( ) 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 Frye 5-26-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

113024

224091

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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:

Applicant Name: DAVID WOOD **Address:** _____ **Phone:** _____

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 116 BROOK CREEK DR

Subdivision Name: ROCKY CREEK COVE **Section/Phase:** _____ **Lot Number:** 60

Driving Directions: NORTH, TL CLOUD HILL, TR RIDGE CREEK, TL BROOK CREEK 2ND OR RT

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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:** _____
(X) No Preference ( ) Alternative ( ) 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?** NOT ON G-25
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?** SINGLE AT LOT RMC
( ) 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: _____ 1-3-D
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

DocuSign Envelope ID: 74376269-7DDE-40FA-86A1-C22F1B24D7DE

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, Kory Sasnett, am the legal owner(s) of the property located at 116 Brook Creek Drive Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4744005192.00, located in Iredell County, North Carolina.

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

DocuSigned by: Kory Sasnett 4B7772C68D7942B... 5/25/2021

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

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:

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I, AH Inc. DAVID WOOD ERIC WOOD, am the legal owner(s) of the property located at 116 Brooks Creek Drive, identified as PIN (Parcel Identification Number) 4744015192.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Pennington, 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.

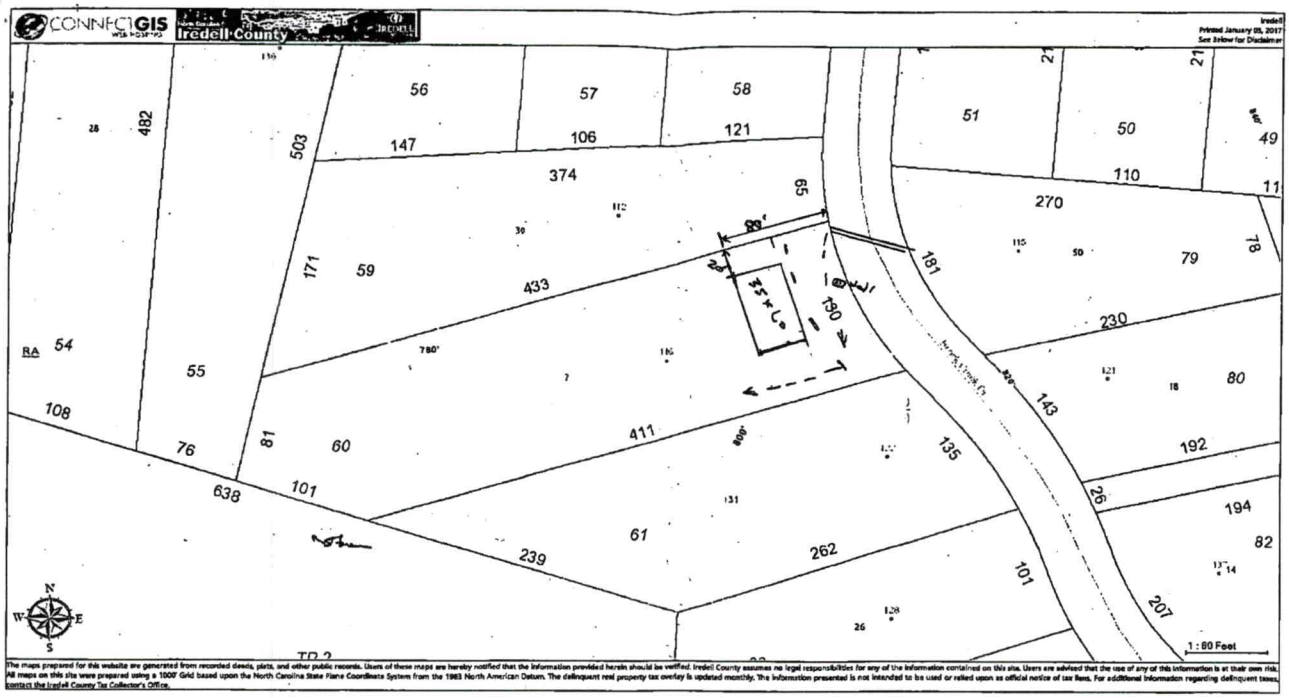
Signature of Owner(s) 11/3/17 Date

Signature of Witness 11-3-17 Date

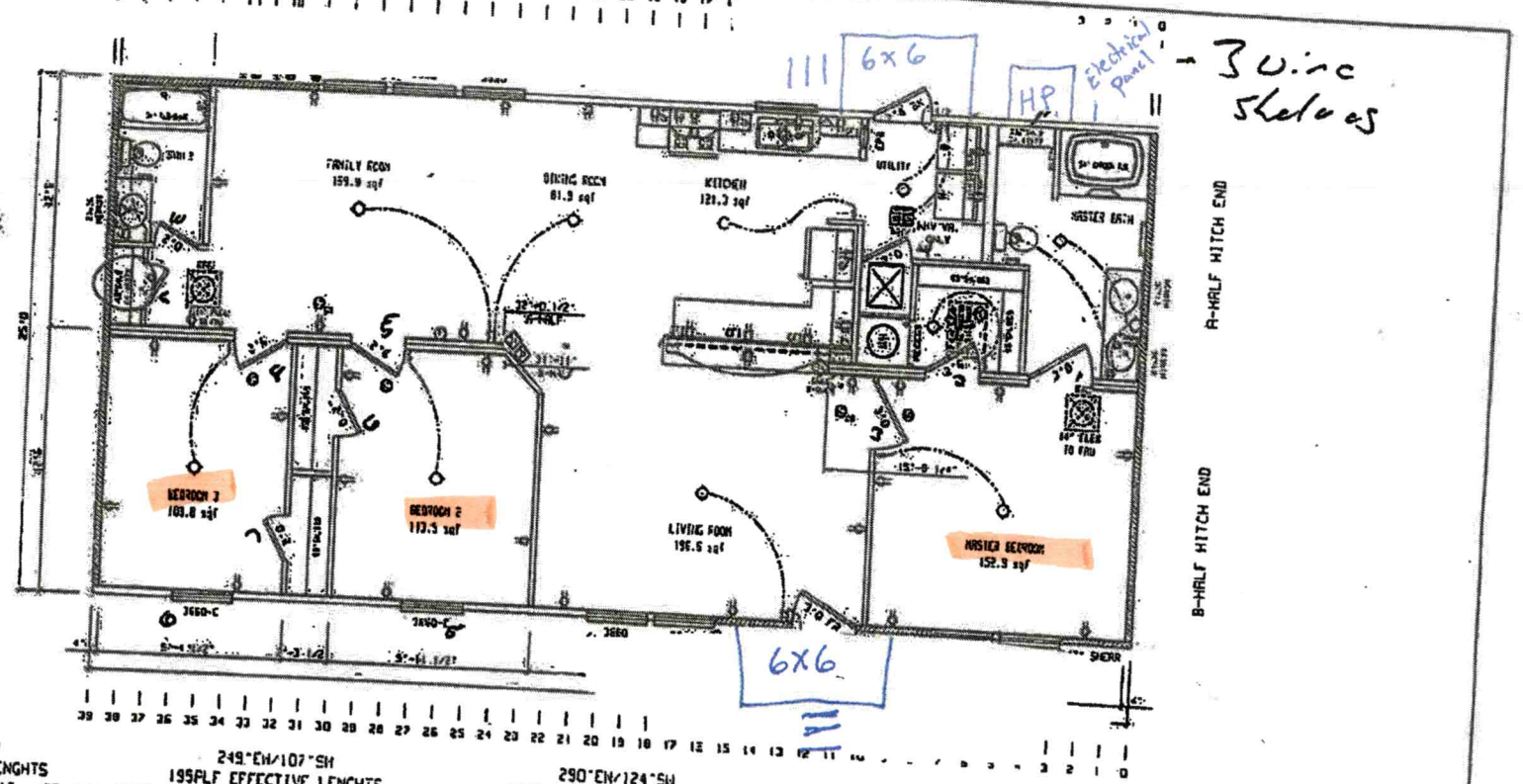
Please return this signed form to the appropriate office:

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



Lot 60 Rocky Creek Cove



- 30.inc
sheets

293°EW/ 86°SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.D.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
90 MPH WIND SPEED
EXTERIOR WALL HEADERS PER
EW-20.3.R.G.C.22.20
MATEWALL BEAMS PER
RC-60.3.R.G.M.20
90 MPH

249°EW/107°SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.D.E.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
100 MPH WIND SPEED
EXTERIOR WALL HEADERS PER
EW-20.3.R.G.E.22.20
MATEWALL BEAMS PER
RC-60.3.R.G.M.20
100 MPH

290°EW/124°SW
241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.D.I.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-2C-3898.1
120 MPH WIND SPEED
EXTERIOR WALL HEADERS PER
EW-20.3.R.G.I.22.20
MATEWALL BEAMS PER
RC-60.3.R.G.M.20
120 MPH

247°EW/110°SW
320PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.D.K.17._.78.1-2
ENGINEERED METHOD.
BLOCKED DIAPHRAGM SW-20-3898.1
130 MPH WIND SPEED
EXTERIOR WALL HEADERS PER
EW-20.3.R.G.K.22.20
MATEWALL BEAMS PER
RC-6C.3.R.G.M.20
130 MPH

INSULATION DONE PER THE
VIRGINIA 2012 PRESCRIPTIVE METHOD
R-38 CEILING R-15 WALLS R-22 FLOOR
WINDOW UV VALUE=.35

SCHULT	CL25
CLAYTON HOME BUILDING GROUP	

GENERAL NOTES
CEILING HEIGHT = 96.00
FLOOR FRAMING SPACING = 16

DRAWING TITLE: MASTER PLAN

MODEL NAME	TRUE PERFORMANCE
SQ. FT.	1300
PLANT	958
DESCRIPTION	25X52 3BR-2BA
MODEL NO.	2552
DRAWN BY	BLH
ORIG. DATE	08/21/2013
DATE PRINTED	08/28/2016
SHEET NO.	1-1

APPROVED
SIGNATURE: [signature]
DATE: 5-15-2021

*Lindsey Frye 5-25-21
[signature] 6/2/21

IREDELL COUNTY

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

APPLICATION NUMBER
224091
Issue Date: 01/03/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4740015192.000	116 BROOK CREEK DRIVE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: A H INC	Applicant:
Address: 2710 S MAIN ST STE-E SALISBURY, NC 28147	Address:
Phone:	Phone:

Use Requested	Zone Code
DOUBLE WIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.300	35.00	35.00	15.00	15.00	CACL	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	89493	TOTAL FEES:	$ 77.25