ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309448

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

PIN # 474-010-2996

APPLICANT/OWNER: Freedom Homes / Kimberly Frye | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman 28166

SITE ADDRESS: 165 Brook Creek Drive Troutman NC 28166 | PHONE: 704-881-2326 | ALT. PHONE -

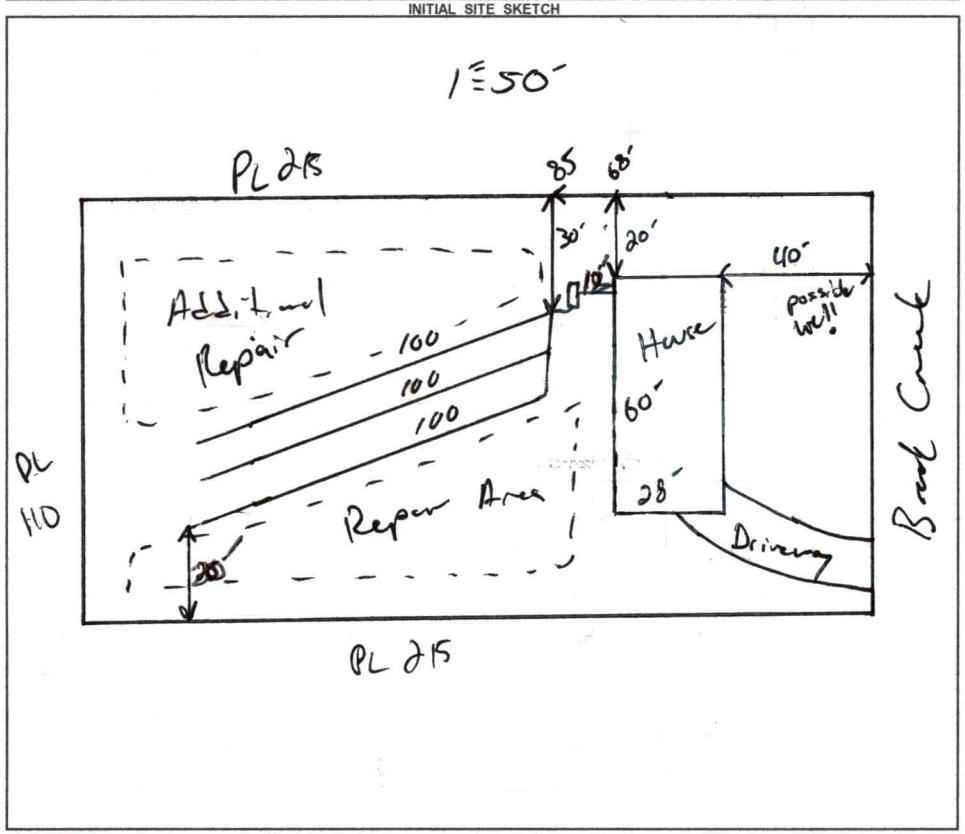
SITE DIRECTIONS: Perth Road L on Clarke Hill R on R. Rye Creek R on Brook Creek | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Rocky Creek Cove | SECTION: - | LOT # 84 | LOT AREA: 0.53 | DESIGN FLOW: 360gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	[illegible]	Date	9-28-20	☒ 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			☐ Business	No. Persons 6	☒ Private
Pump Make		Model	Polylok	Serial #	PL68	Repair System Description:	25% Reduction PM			☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36"	Gravel Depth	-		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install Drawings on Center of Level 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: Kimberly Frye | Date: 8-31-2020 | Installed by: Adam Garcia

IMPROVEMENT PERMIT by: [signature] | Date: 8-24-2020 | OPERATION PERMIT by: [signature] | Date: 11/5/20

AUTHORIZATION TO CONSTRUCT by: [signature] | Date: 8-24-2020 | 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 #: 9740103996
COUNTY: Franklin

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

OWNER: Freedom Homes
ADDRESS: 165 Brook Creek
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: 165 Brook Creek Drive
APPLICATION DATE 7-23-20
DATE EVALUATED: 8-10-20
PROPERTY SIZE: 57
PROPERTY RECORDED: Yes

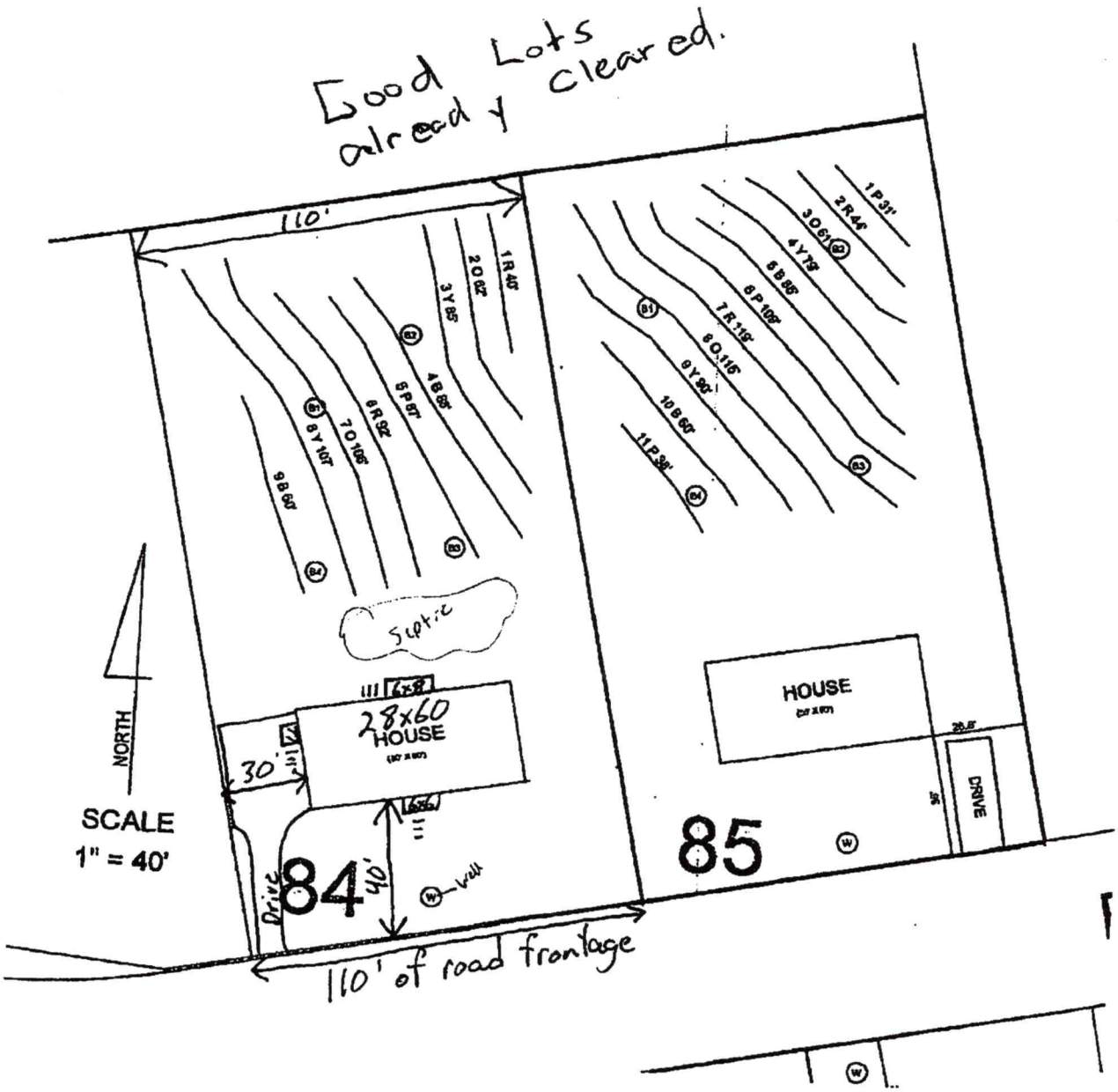
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

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	SS 4-5%	0-6 6-30 30-48	SBK SCL SBK C SBK CL	FV SSSP SNP	N/A	48+	N/A	N/A	PS .3
2	SL 4-5%	0-6 6-29 29-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3
3	SL 4-5%	0-6 6-26 26-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3
4	SL 4-5%	0-6 6-37 37-48	SBK SCL SBK C SBK CL		N/A	48+	N/A	N/A	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	300
System Type(s)	2S2	2S2 PM
Site LTAR	.3	.3

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

COMMENTS:


Good Lots already cleared.
110'
1R40'
2O62
3Y85
4B85
5P87
6R92
7O105
8Y107
9B60'
1P31'
2R44
3O61
4Y79
5B85
6P105
7R119
8O116
9Y90
10B60'
11P38'
Septic
28x60
HOUSE
30'
NORTH
SCALE
1" = 40'
84
40'
Drive
Well
HOUSE
DRIVE
85
110' of road frontage

RECEIVED JUL 2 8 2020

AP-309448
$550.00

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 Frye Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsteed.Sneedoy@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: 1165 Brook Creek DR Troutman, NC 28166
Subdivision Name: Rocky Creek Section/Phase: _____ Lot Number: 84
Driving Directions: I-77 toward Troutman (2) onto Wagner St, Becons Perth Rd, (2) onto Chantz Hill Rd, 1st R onto Ridge Creek Drive first (L) onto Bronx Creek 1165 is on the left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

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

7-23-2020
DATE

RA 0.57 WS-IV-CA No

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, Iron Ivey LLC, am the legal owner(s) of the property located at 165 Brook Creek Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4740-10-2996, 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.

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

Oxford

Opening doors to a better life.

Atkins

ISLAND BREEZE 56' - 29NOW28563IH

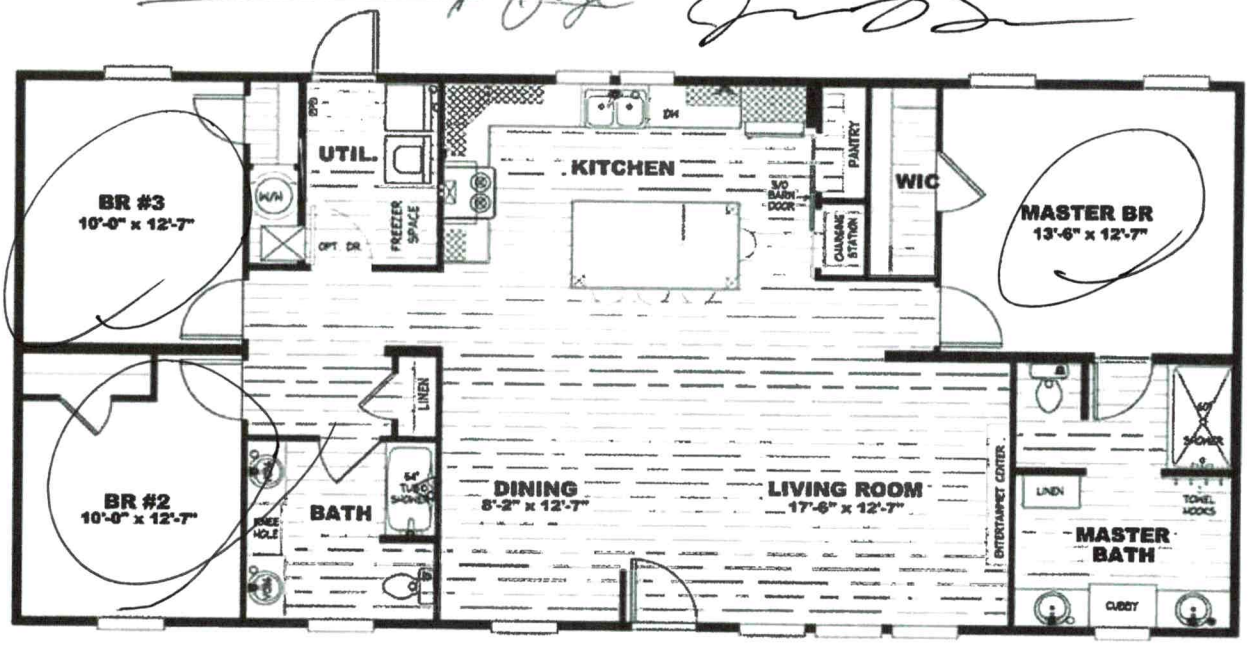
165 Brook Creek DR
Troutman

N/A

8-25-2020
X Kimberly Frye

28 X 56

8-28-2020



Plan Details

Bedrooms	3
Bathrooms	2
Sq Feet	1484
Width	28
Depth	56

