ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 3038606

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

PIN # 4740113630

APPLICANT/OWNER: Freedom Homes - Iron Sky LLC | APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 169 Ridge Creek Dr, Troutman 28166 | PHONE: 704-881-2326 | ALT. PHONE —

SITE DIRECTIONS: 21 → R on Wagner → L on Clontz Hill → R on Ridge Creek → on L | SAP CONTROLLED: ☐ YES ☒ NO

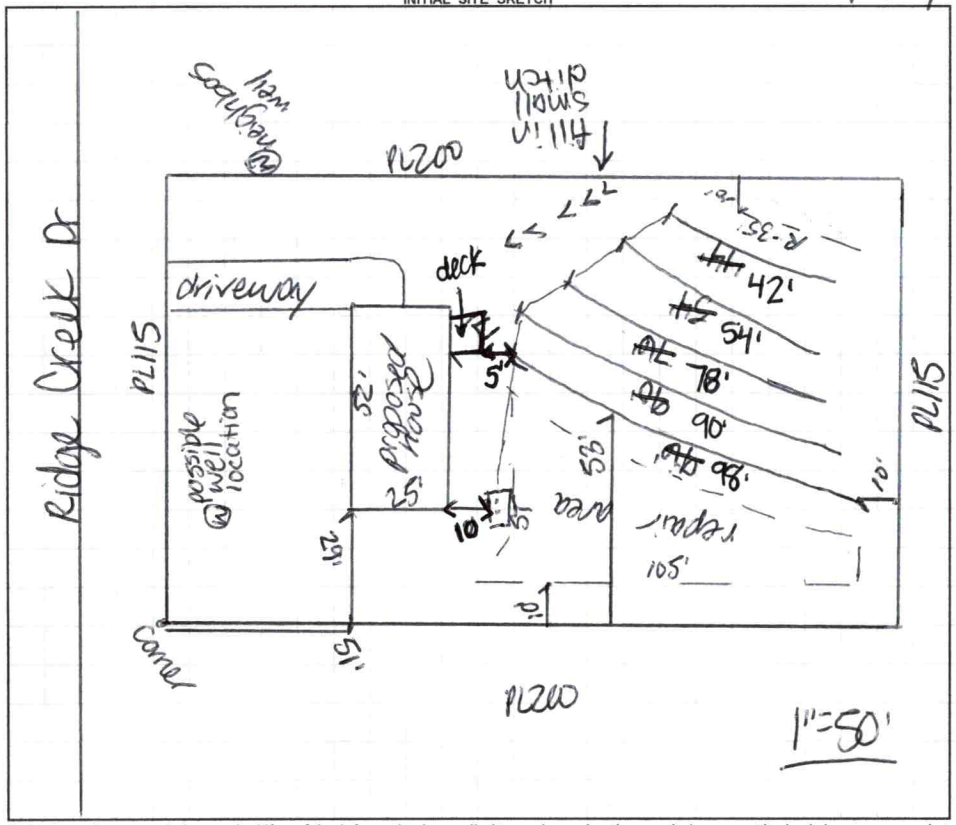
SUBDIVISION: Rocky Creek Cove | SECTION: — | LOT # 13 | LOT AREA: .53ac | DESIGN FLOW: 360gpd | L.T.A.R.: .25

Septic Tank	1000 (gal)	STB 7160	Date 1-24-20	☒ 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 10
Pump Make	Model		Serial #	Repair System Description:		LPP BPS		☐ Other	No. Employees
# Nitrification Fields 1	# Lines 5		Linear Ft 360'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth		30" max	Gravel Depth —		☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install on contour & utilize serial distribution. Do not exceed max trench depth of 36". Fill in small ditch on left side of property.

INITIAL SITE SKETCH



AS BUILT SKETCH

Installed as shown.

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: 1-30-20 | Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 1-24-20 | OPERATION PERMIT by: Kayla Wilson Date: 4-6-20

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 1-24-20 | 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.

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

Sheet 1 of 1
PROPERTY ID #: 4740113030
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 109 Ridge Creek
APPLICATION DATE: 1-6-20
DATE EVALUATED: 1-14-20
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: .53 ac
PROPERTY RECORDED: Y

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 15%	0-29	SBK C	FR SS SP SOMO	1Fth mottles throughout CL. sap inc (10YR6/6)	48"	–	–	PS .25
		29-48	SBK CL	" "					
2	L 15%	0-30	SBK C	FR SS SP SOMO	few sap inc	49"	–	–	PS .23
		30-49	ABK CL	" "					
3	L 12%	0-30	SBK C	FR SS SP SOMO	–	49"	–	–	PS .25
		30-49	ABK SC	" "					
4	L 12%	0-12	SBK SCL	FR SS SP SOMO	–	48"	–	–	PS .25
		12-48	ABK C	" "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	340'	240'
System Type(s)	2590	LPP2BPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

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

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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

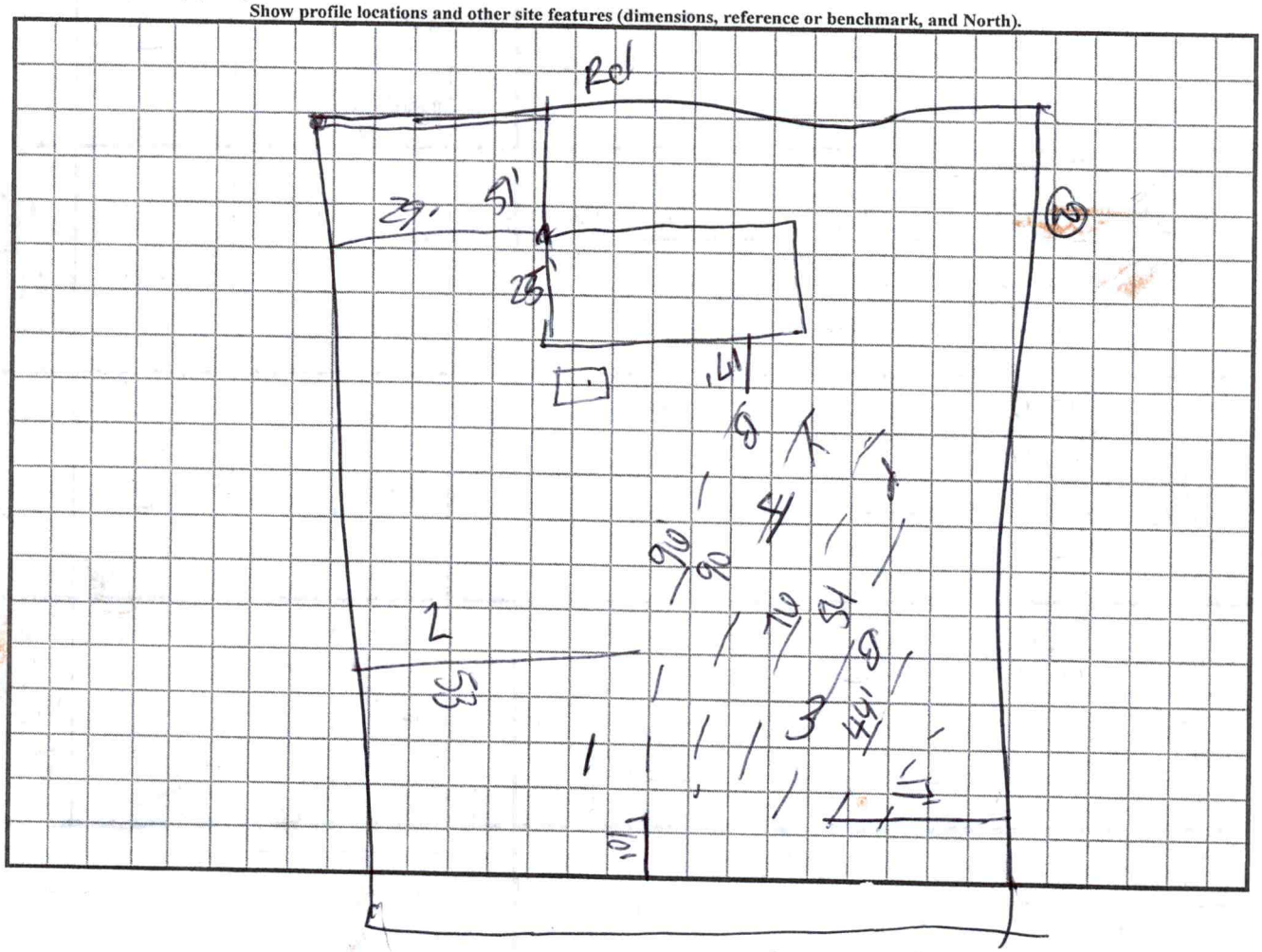
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

22x47

*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).



AP-3038666
1/6/20
$500/$550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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 Sneed Address: 1124 Charlotte Hwy Troutman NC 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: 1169 Bridge Creek Rd Troutman, NC 28166
Subdivision Name: Rocky Creek Cove Section/Phase: _____ Lot Number: 13
Driving Directions: ① Shelton Ave, ② Wagner St, ③ Clontz Hill Rd, ④ onto Bridge Creek Dr, .3 miles destination 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.

Signature: Kimberly Sneed 1-6-2020
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, IRON EYE LLC, am the legal owner(s) of the property located at 169 Ridge Creek Drive, Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4761811963.0, 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) 11/3/20 Date

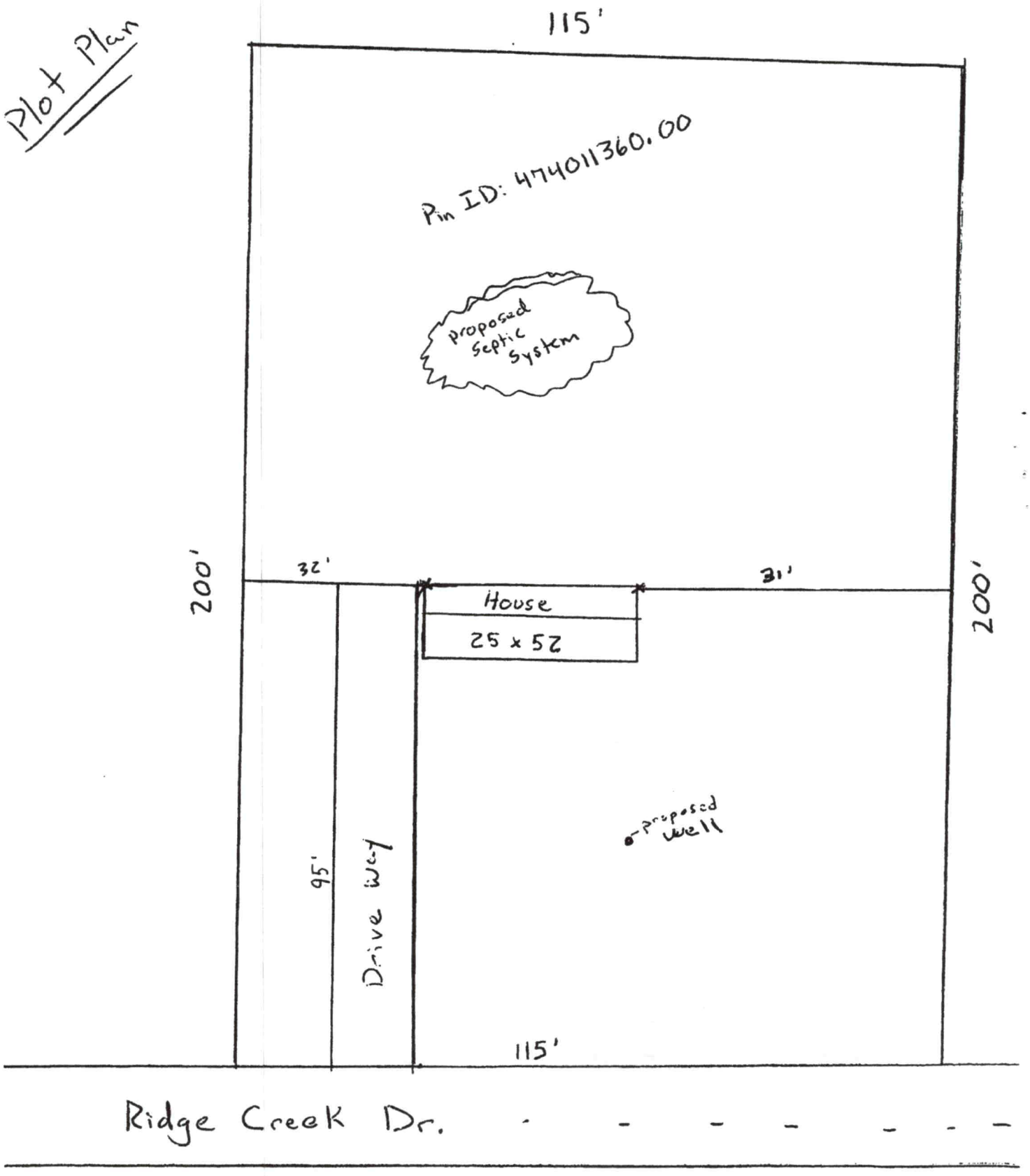
Signature of Witness 11/3/20 Date

Please return this signed form to the appropriate office:

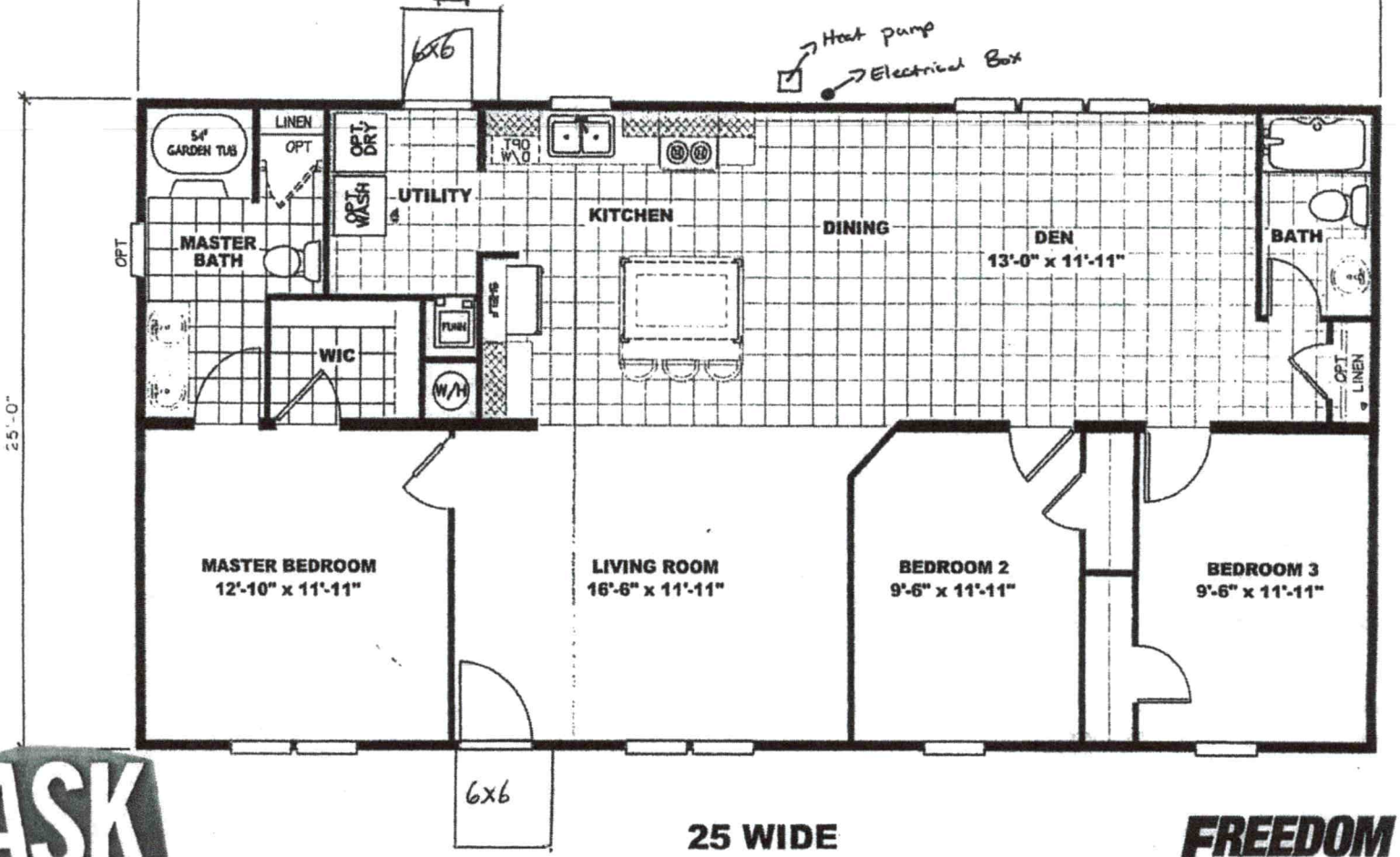
Mooresville - Environmental Health
ronda.hall@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Plot Plan


115'
Pin ID: 474011360.00
proposed Septic System
200'
32'
31'
House
25 x 52
200'
95'
Drive way
proposed well
115'
Ridge Creek Dr.

The Freedom 52'



25 WIDE

ASK ABOUT THE ENERGY SMART HOME

FREEDOM HOMES

APPROVED
SIGNATURE: Betty L. Utley
DATE: 11/20/19
Carla C. Nicks 1-24-20
ICHD

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

IREDELL COUNTY · NC

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

APPLICATION NUMBER
303866 Issue Date: 01/06/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4740113630.000	169 RIDGE CREEK DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: IRON IVEY LLC	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ON
Address: 935 BRONX RIVER AVENUE	Address: 1124 CHARLOTTE HWY
BRONX, NY 10473	TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.53	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
MODULAR HOME

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.

Date: 01/06/2020

Signature of Owner/Contractor

Permit Number	303866	TOTAL FEES:	$77.25