ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 303402 / 238786

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

PIN # 474814737.000

APPLICANT/OWNER: Freedom Homes / Nellie Torrence APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166.

SITE ADDRESS: 832 Perry Rd Troutman NC 28166. PHONE: 704 881 2326 ALT. PHONE —

SITE DIRECTIONS: Hwy 21 to Troutman @ on Perry Rd Site on Right SAP CONTROLLED: ☐ YES ☒ NO

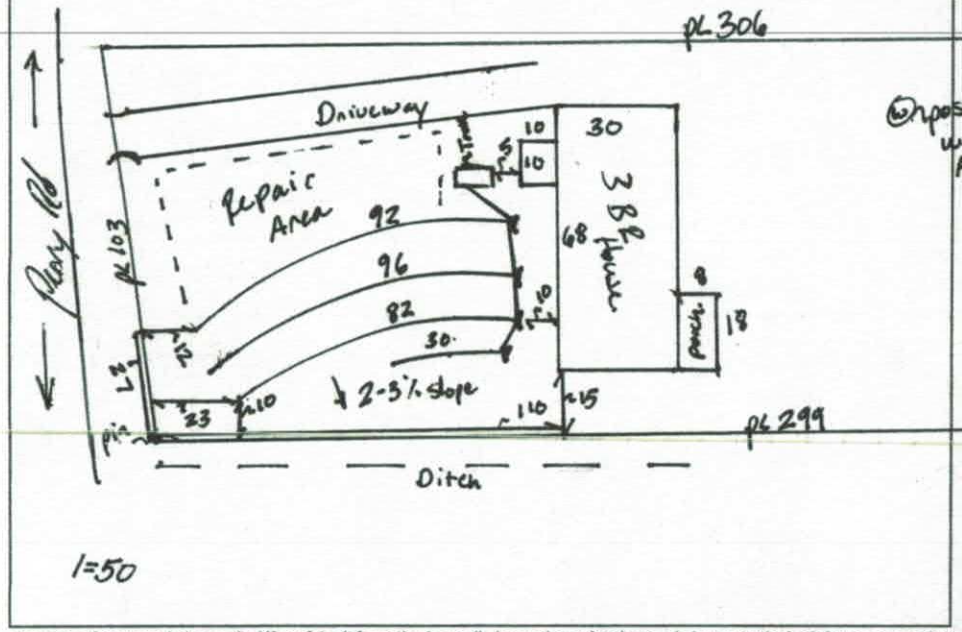
SUBDIVISION: — SECTION: — LOT # — LOT AREA: .693 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB	760	Date	4/6/2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II ☒ III IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction			
Pump Make	-	Model	-		Serial #	-	Repair System Description:	LP - Panel. 50% Reduction.			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36.	Trench Bottom Depth(Low side)	34		Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install septic drainlines on the contour of the land and utilize Serial distribution. Maintain 15ft from Ditch on neighboring property. Do not Drive, park, pave, grade or bury utilities in drainfield Area

INITIAL SITE SKETCH



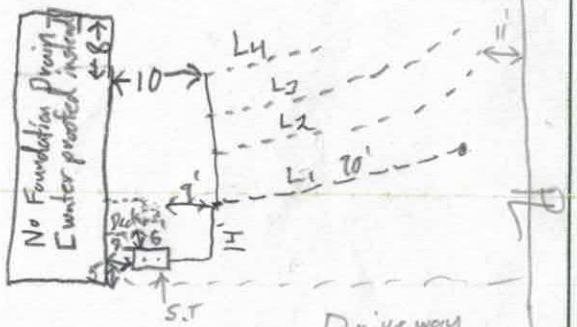
AS BUILT SKETCH

6/26/2020: Shoat mid-seam conc tank (1000 gal)

L1 90'
L2 96'
L3 84'
L4 38

34" TB
IQ4W installed substantially as permitted verified on by laser

308



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 Brand Date: 2-21-2020 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 2-19-2020 OPERATION PERMIT by: Sam Shuck Date: 6/26/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botts Date: 2-19-2020 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 #: 4744814
COUNTY: Iredell

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

OWNER: Cowan
APPLICATION DATE: 9/12
ADDRESS: 847 Perry Rd TMR
DATE EVALUATED: 9/25
PROPOSED FACILITY: 4 Bedroom
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .6 Ac
LOCATION OF SITE: 432 Perry Rd TMR
PROPERTY RECORDED: Y3
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	Side 5%	0-6	SCL WSBK	SSSP FR SEXP	2.5YR 4/6	48	~		~~.275~~ .30
		6-29	C SBK	SSSP FR					
		29-48	CL WSBK	SSSP FM					
2	Side 5%	0-8	SCL WSBK	SSSP FR SEXP	2.5YR 4/6	55	~		.30
		8-30	C SBK	SSSP FR					
		30-55	CL WSBK	SSSP FR					
3	Side 9%	0-6	SCL WSBK	SSSP FR SEXP	2.5YR 4/6	52	~		.30
		6-35	C SBK	SSSP FR					
		35-52	CL WSBK	SSSP FR					
4	Side 8%	0-7	SCL WSBK	SSSP FR SEXP	" "	55	~		.30.
		7-33	C SBK	SSSP FR					
		33-55	CL WSBK	SSSP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	25% III	50% ~~III~~
Site LTAR	.3	.3.

OTHER FACTORS (.1946): Ditch
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT: White

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*
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
	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

MINERALOGY/ CONSISTENCE	STRUCTURE
SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)

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

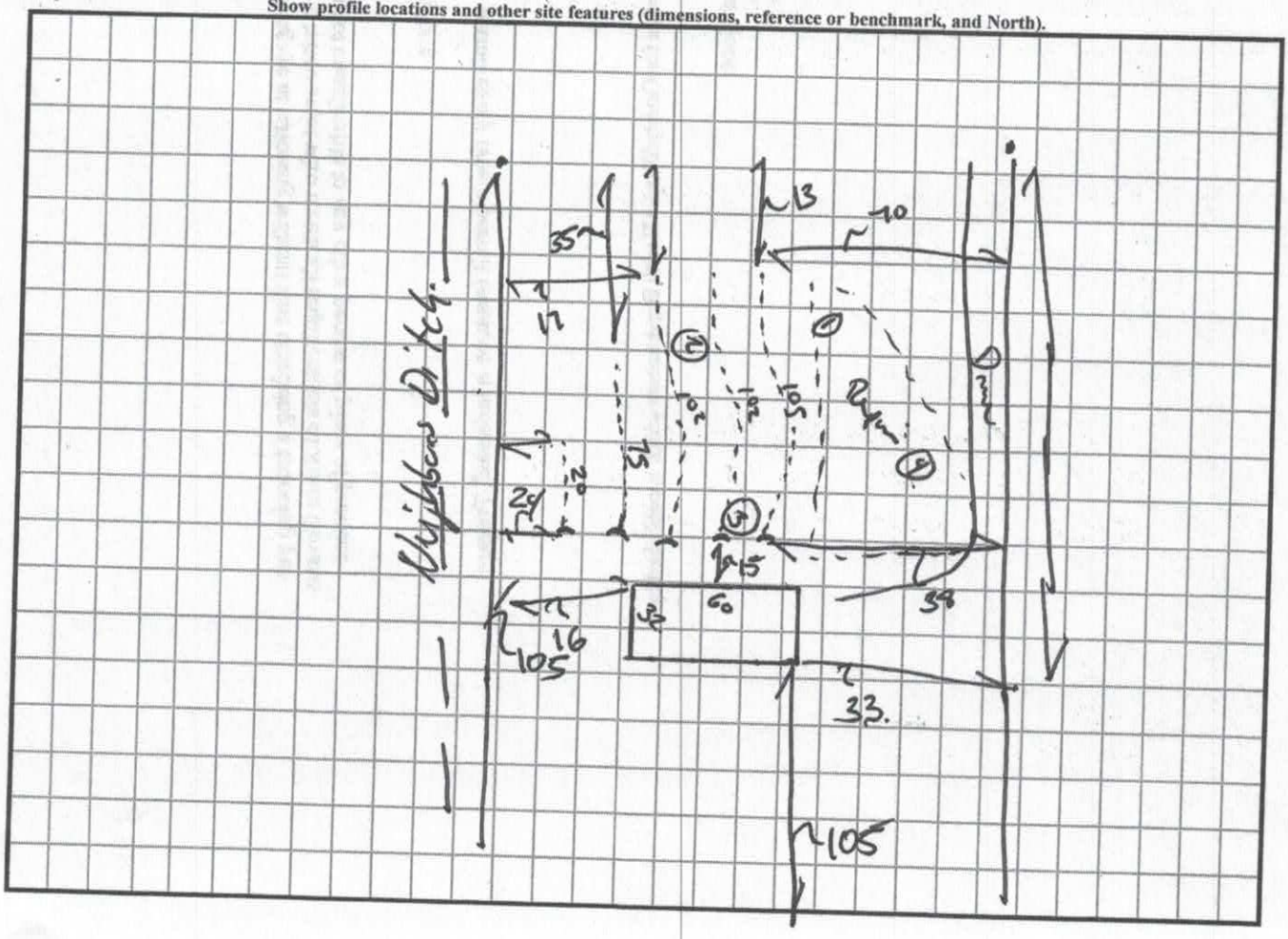
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-303402/238786
12/12/19
$320.00

Application For:
( ) Septic Improvement Permit (X) Authorization to Construct ( ) New Well Permit ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 Sue Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: Kimsaicord.Sue@yahoo Phone: 704-881-2326 Alt. Phone:
Owner Name: Nellie Beronta Address: 574 Perry Rd Troutman, NC Zip: 28166
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 832 Perry Rd Troutman NC 28166
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Hwy 21 to Troutman (E) on Perry Rd Site is on Right.

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: ~~4~~ 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

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 Sue Freed 12-12-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

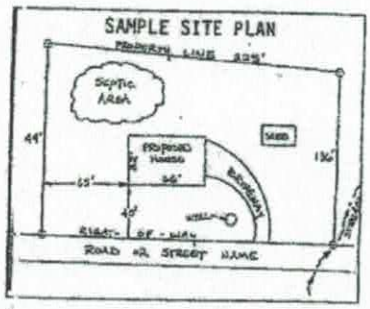
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) 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: Kirby Sneed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-12-19
DATE

3 Bedroom
28×60

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704)-878-5305 Mooresville Office (704) 660-3625 PERMIT # 238786.

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

PIN # 4741814737

APPLICANT/OWNER: Millard Lydell Cowen APPLICANT ADDRESS: 847 Peony Rd Troutman NC 28166.

SITE ADDRESS: 832 Peony Rd Troutman NC 28166 PHONE: 704-702-2041 ALT. PHONE

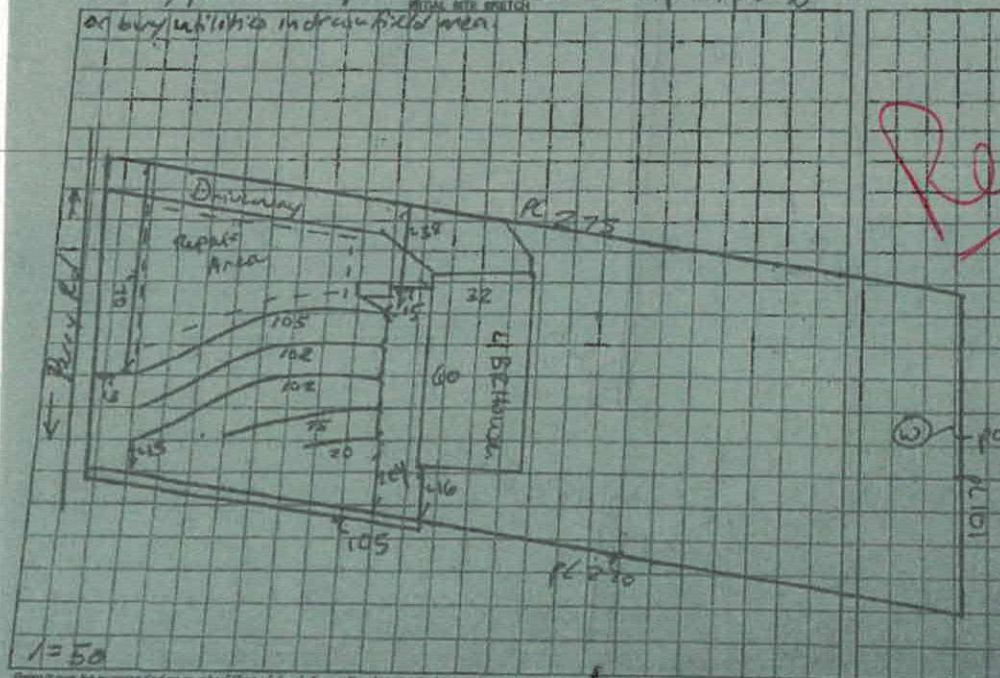
SITE DIRECTIONS: Hwy 21 to Troutman Dr on Peony Rd 5th on Right SAP CONTROLLED: ☐ YES ☒

SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: .693 DESIGN FLOW: 480 L.T.A.R.: .30

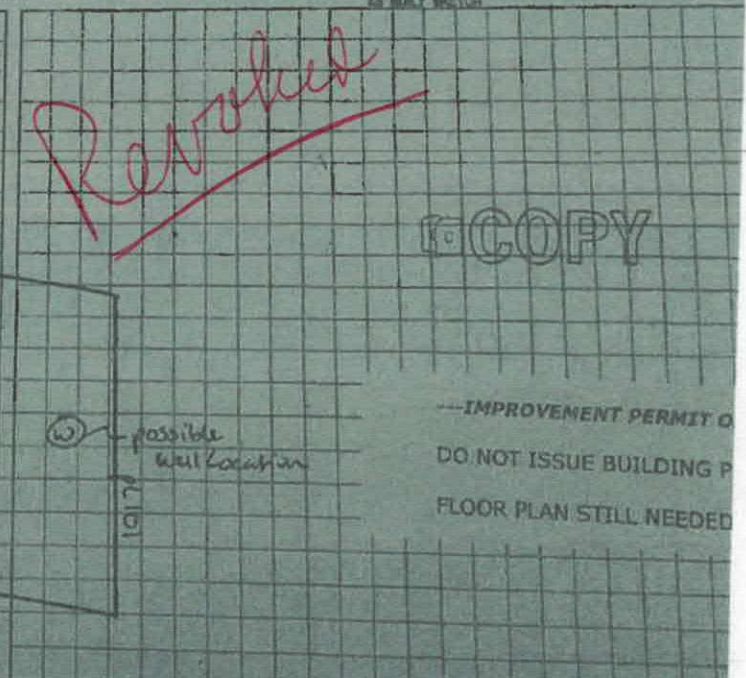
Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water S
Pump Tank		(gal)	PT		Date	System Description:	25% Reduction - Gravity			☐ Business	No. Persons	8	☒ Priv
Pump Make		Model			Serial #	Repair System Description:	50% Reduction			☐ Other	No. Employees		☐ Pub
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Co
Trench Width	36	Trench Bottom Depth (Low Inlet)	34	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o

Comments / Conditions: Take # Septic Drawings on contour and Lay the Serial distribution Mountain ISA from Neighbor's ditch & the rest of the Septic System - Do not Drive, prep, pile, grade or buy additional increase field area.

INITIAL SITE SKETCH



AS BUILT SKETCH



Revoked

COPY

---IMPROVEMENT PERMIT O

DO NOT ISSUE BUILDING P

FLOOR PLAN STILL NEEDED

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 to the installation of the system. CONTACT A LOCATION SERVICE FI

☐ IMPROVEMENT PERMIT with plot valid with ~~authorization~~ ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☐ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT

Owner / Applicant Signature: Millard Lydell Cowen Date: 10-3-18 Installed by:

IMPROVEMENT PERMIT by: Benjamin A. Bobbitt Date: 9/27/2018 OPERATION PERMIT by:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by:

FOR SEPTIC FINAL INSPECTION CALL 704-664-3703 between 8am-9am the day the inspection is wanted.

DocuSign Envelope ID: 82410DE3-B8D7-4C77-B9C8-E652D212C5A5

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, Hollis Browning Trenoris Cowan, am the legal owner(s) of the property located at 832 [illegible] 28164 identified as PIN (Parcel Identification Number) 741-8-7.7009 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

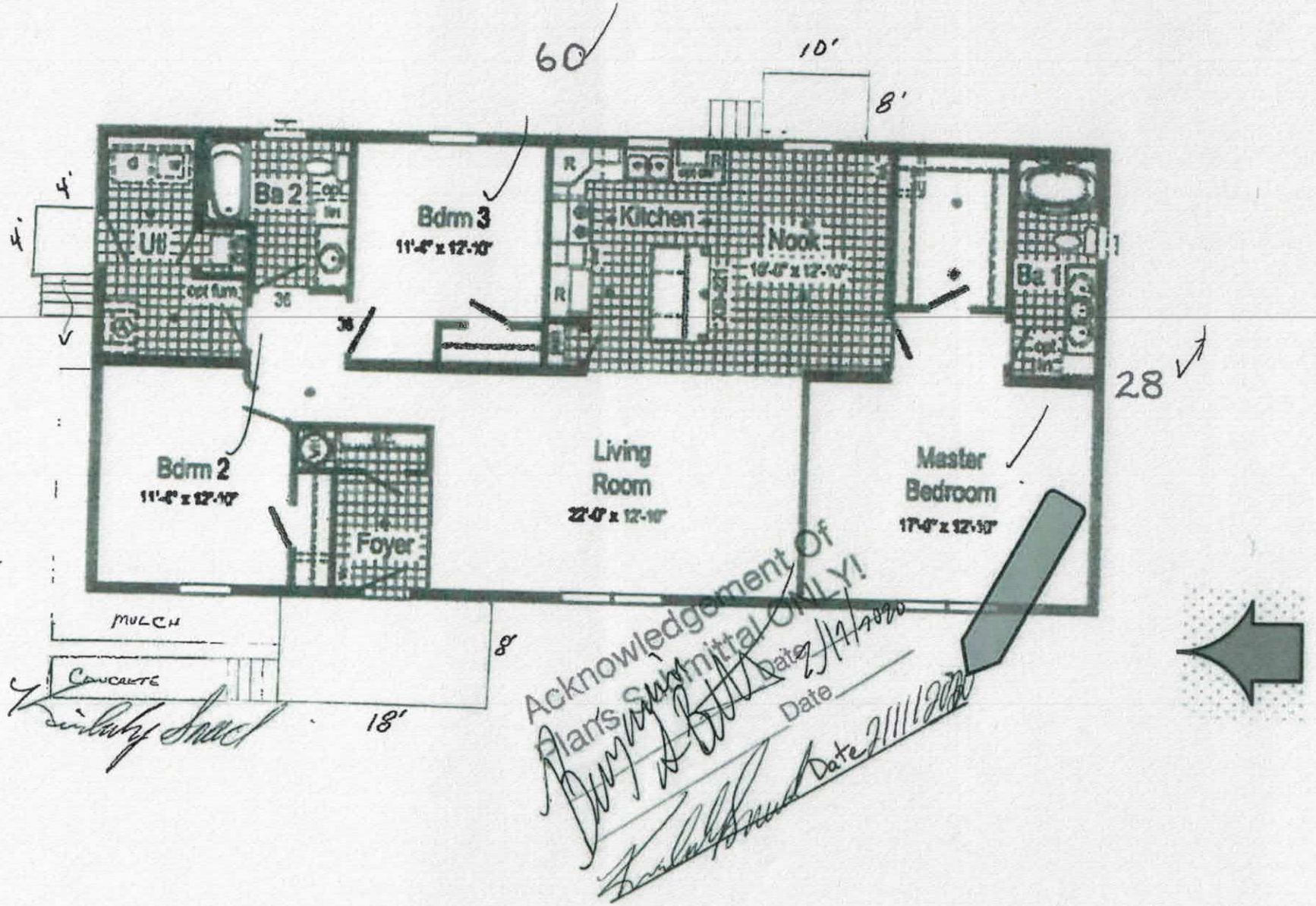
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Hollis Browning Trenoris Cowan 12/10/2019 | 6:44 AM PST — 12-10-19
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


60
10'
8'
4'
4'
Ba 2
Bdrm 3
11'-4" x 12'-10"
Kitchen
Nook
12'-0" x 12'-10"
Ba 1
Util
opt furn
36
36
28
Bdrm 2
11'-4" x 12'-10"
Foyer
Living
Room
22'-0" x 12'-10"
Master
Bedroom
17'-0" x 12'-10"
MULCH
CONCRETE
8'
18'
Acknowledgement Of
Plans Submittal ONLY!
Date 2/11/2020
Date
Date 2/11/2020

IREDELL COUNTY

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

APPLICATION NUMBER
238786
Issue Date: 09/12/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4741814737.000	832 PERRY ROAD, TROUTMAN, NC 28166	IREDELL COUNTY

Owner Information	Applicant Information
Owner: COWAN NELLIE BERNITA TORRENCE	Applicant: COWAN NELLIE BERNITA T
Address: 847 PERRY RD	Address: 847 PERRY RD
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.693	35.00	35.00	15.00	15.00	NOT	X

Remarks:

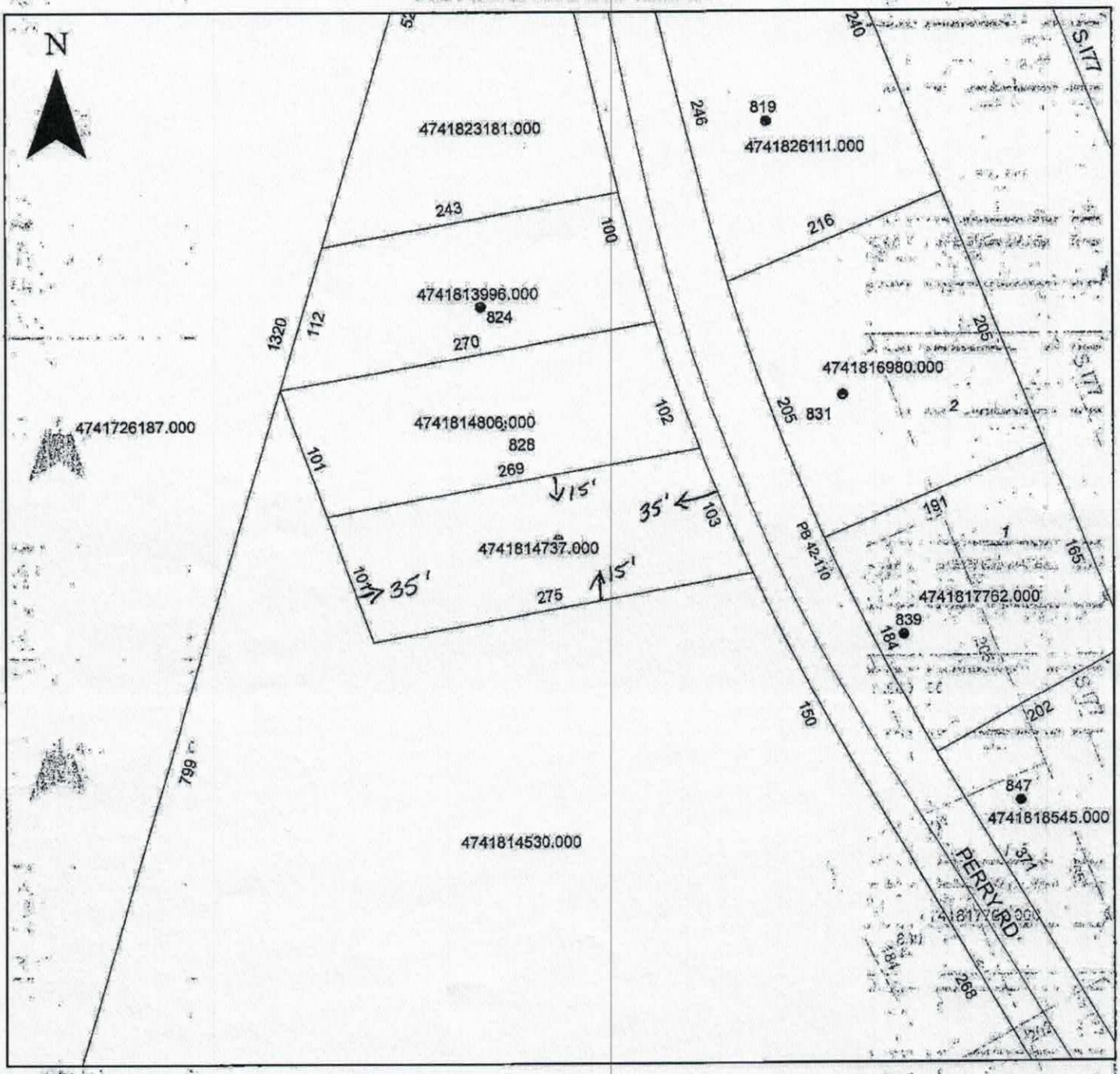
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	152184	TOTAL FEES:	$ 79.50

238786

ZONING DISCLAIMER



Property Address 832 Perry Rd.

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.

Applicant

9-12-18
Date