IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 235335

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

PIN # 4747910049

APPLICANT/OWNER: Freedom Homes/Sherra Mills APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman

SITE ADDRESS: 879 Perry Rd Troutman PHONE: 704-881-2326 ALT. PHONE 704-528-1393

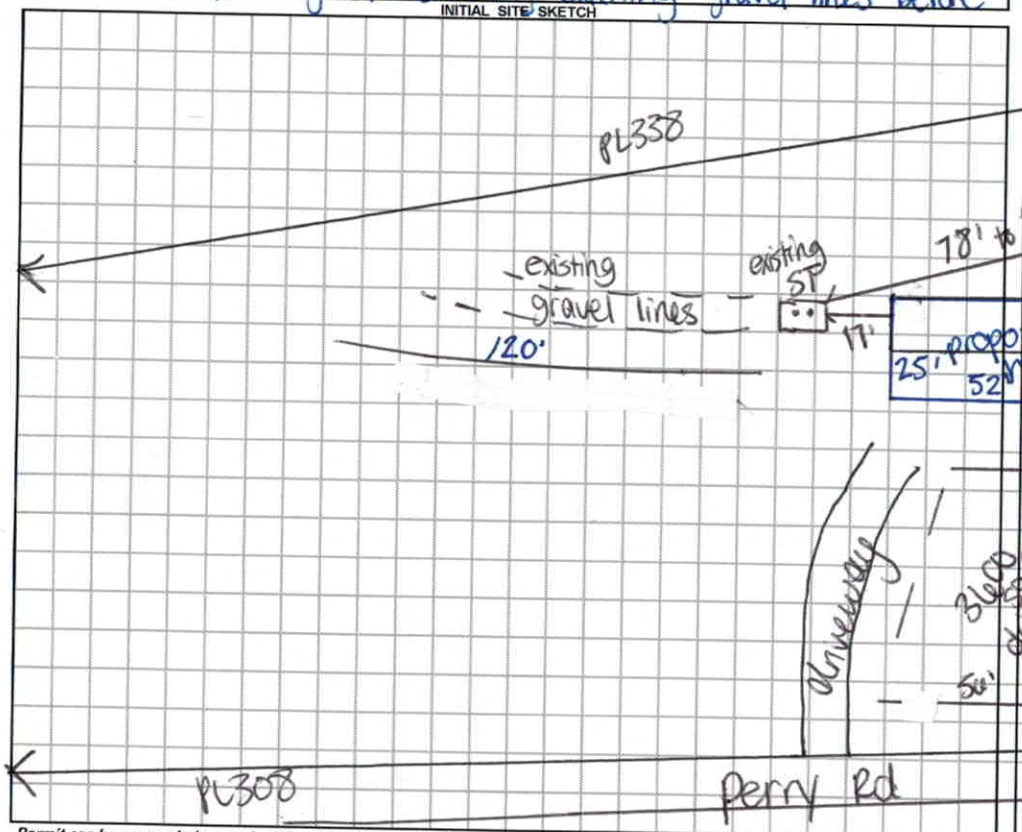
SITE DIRECTIONS: 77S exit 42 TL → R on Ostwalt Amity Rd → L on Perry Rd → on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Annie Allison Property SECTION: — LOT # 7 LOT AREA: 1.391 ac DESIGN FLOW: 300 gpd L.T.A.R.: .25

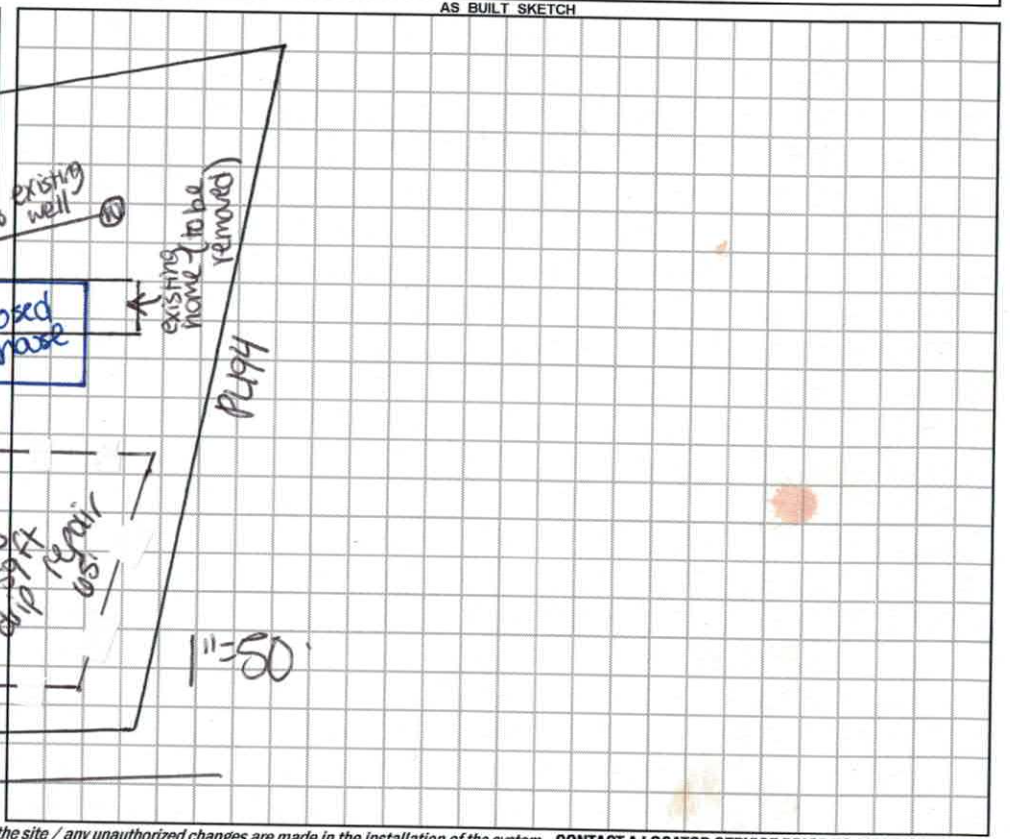
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank		(gal)	PT		Date		System Description:		25% reduction		☐ Business	No. Persons	6	☒ Private	
Pump Make			Model		Serial #		Repair System Description:		drip		☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	1	Linear Ft	120'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"		Trench Bottom Depth(Low side)	35"	Gravel Depth	—	☒ GRAVITY		☐ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install additional 120' line below existing gravel lines on contour. ★ Brush / weeds must be removed from ground covering existing gravel lines before new line is installed. ★

INITIAL SITE SKETCH



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: Kristy Sherrel Date: 7/6/18 Installed by: Tommy Fox Grading + Septic

IMPROVEMENT PERMIT by: Carla C. Cave Date: 7/5/18 OPERATION PERMIT by: Benjamin A. Boone Date: 7/5/2018

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 7/6/18 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 #: Iredell
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: 2 3BR
LOCATION OF SITE: 879 Perry Rd
PROPOSED DESIGN FLOW (.1949): 360gpd
APPLICATION DATE 5/2/18
DATE EVALUATED: 6/29/18
PROPERTY SIZE: 1.3 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 I	SS 2-3%	0-18"	SCL SBK	Fr ss sp sexp	few rocks	52"	N/A	N/A	PS .25
		18-31"	C SBK	" "					
		31-52"	SBK CL	" "	→ few saprine @ 40"				
2 R	SS 2-3%	0-12	SBK SCL	Fr ss sp sexp	10YR 6/2 @ 30"	48"	N/A	N/A	PS -25
		12-30	SBK C	" "					
		30-48	SBK CL	" "					
3 R	SS 2-3%	0-18	frM	—	remains frM	30"	N/A	N/A	PS / drip
		17-32	SBK C	Fr ss sp sexp					
		32-47	SBK CL	" "					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	120'	3400 sq ft
System Type(s)	25% red	drip
Site LTAR	.25	.1

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

COMMENTS:

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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 Speed Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimspeed.Speed04@gmail.com Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Sherra Mills Address: 1312 Fifth Street Statesville Zip: 28677
Owner Email: _____ Phone: 704-528-1393 Alt. Phone: _____

Property Information:

Street Address: 879 Perry Rd Troutman NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 toward Charlotte. 7.0 miles Ext 42 (R) onto Charlotte Hwy. Stay (R) onto Oswalt Smith Rd. .6 miles (R) onto Perry Rd. 800 ft 879 Perry Rd

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: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: Existing
( ) 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 Speed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-2-18
DATE

* possibly looking @ pits thurs. or Friday

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, Sherra Mills, am the legal owner(s) of the property located at 319 Perry Rd Troutman NC 28166, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Sherra D. Mills 04/21/18
Signature of Owner(s) Date

Kimberly Sneed 04-21-18
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

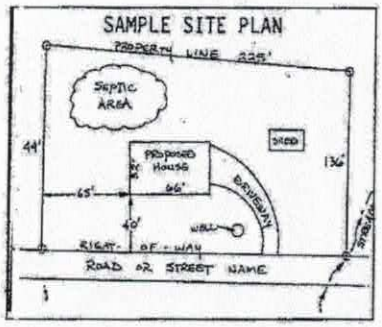
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- (X) North arrow, or other sufficient indicator of direction

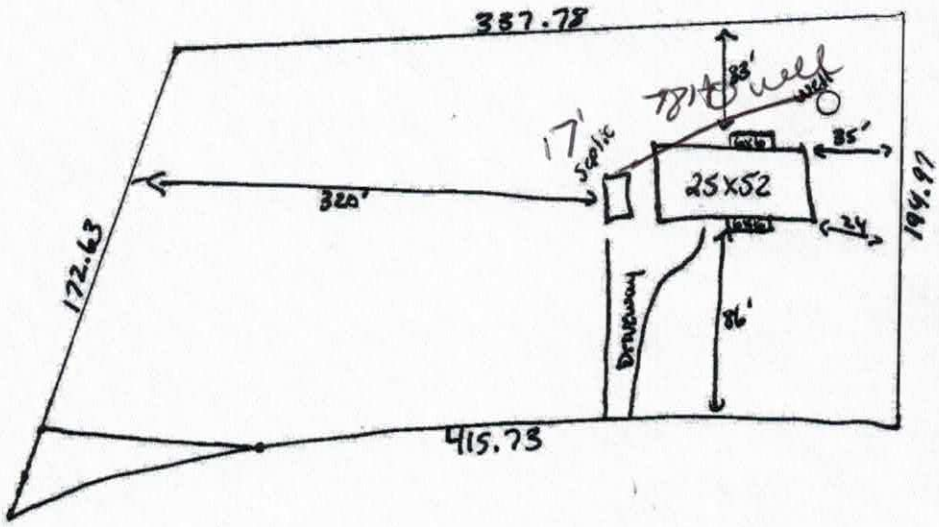


Circle N/A on the following if appropriate:

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



-4/20 1pay stub 135.00

- letter of job change

- savings account bank statement

* send 162 rushing water to mooresville

Signature: Kimberly Bond

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

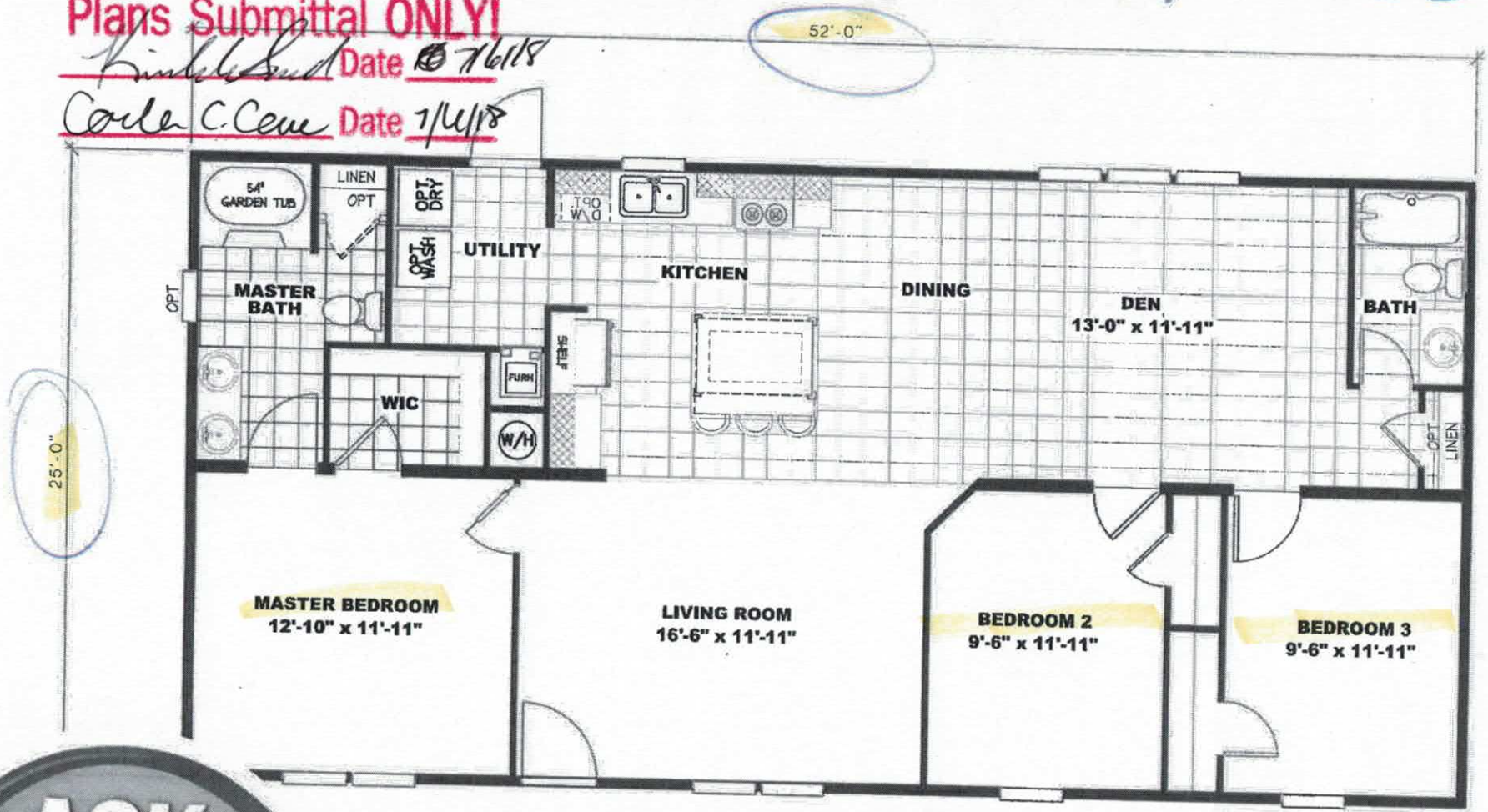
DATE 5-2-18

- Friday 10am 5/12 Homestead & State dr.

Acknowledgement Of
Plans Submittal ONLY!
Linda Sherrill Date 7/6/18
Carla C. Cline Date 7/6/18

The Freedom

MILLS



ASK ABOUT THE ENERGY SMART HOME

25 WIDE
(THREE BEDROOM STANDARD)

FREEDOM HOMES

Find us on
Fax: 704.528.7355
Office: 704.528.7960

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

IREDELL COUNTY

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

APPLICATION NUMBER
235335
Issue Date: 05/02/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4741910049.000	879 PERRY ROAD, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SMITH ANNIE MILLS	Applicant: FREEDOM HOMES-TROUTMAN
Address: 879 PERRY RD	Address: 1124 CHARLOTTE HWY
TROUTMAN, NC 28166	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.391	35.00	35.00	15.00	15.00	NOT	X

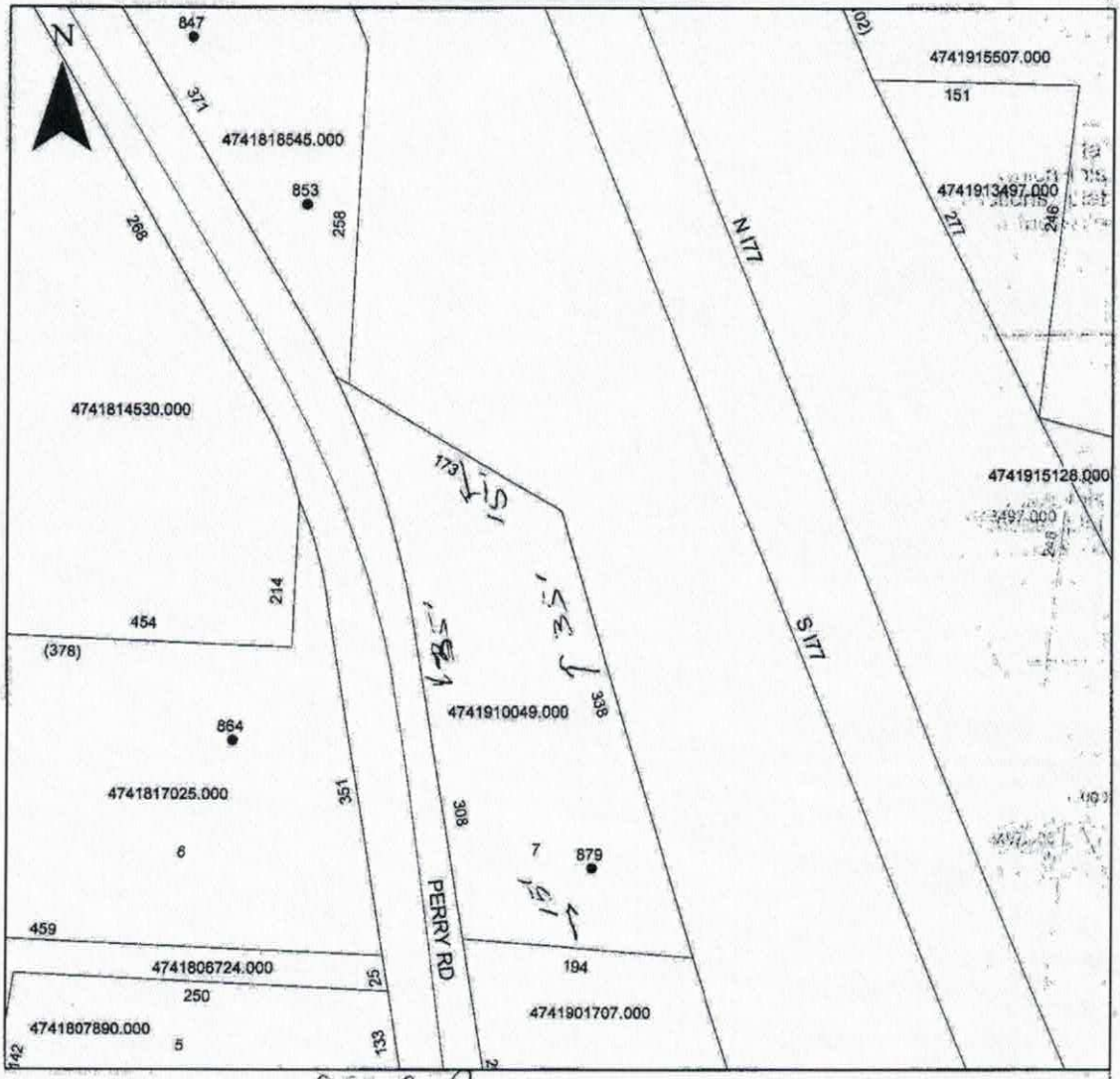
Remarks:

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	137483	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 879 Perry

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 Smith
Applicant

5-2-18
Date