IREDELL COUNTY HEALTH DEPARTMENT

PIN # 4743106247.000

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

APPLICANT/OWNER: Kimberly Sneed / Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman

SITE ADDRESS: 192 Apple Valley Lane - Statesville PHONE: (704) 881-2326 ALT. PHONE: —

SITE DIRECTIONS: Shelton Ave toward Troutman, slight left onto Cumberland Rd, 2nd left onto Blue Bird Ln, R onto Skyview, Left to Apple Valley straight to Apple Valley SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Apple Valley SECTION: — LOT # 13 LOT AREA: 1.11 acres DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

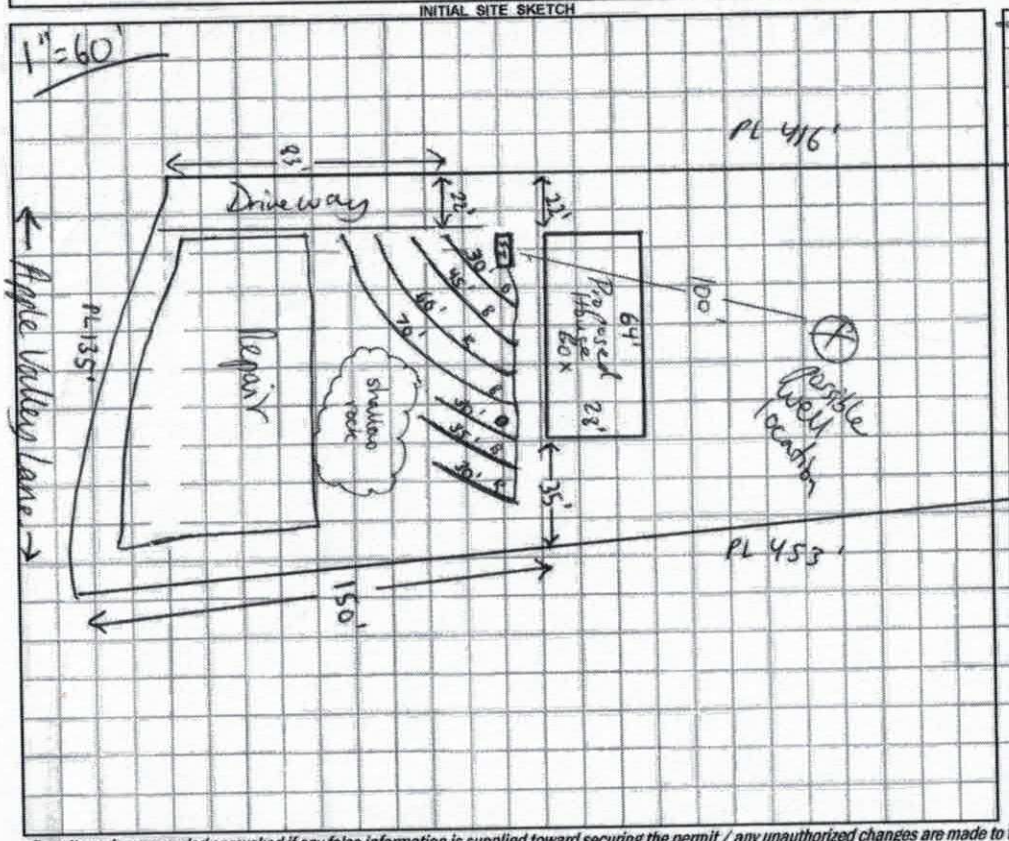
Septic Tank	1000	(gal)	STB	1012	Date	9-16-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description: 25% reduction				
Pump Make	—		Model	—	Serial #	—	Repair System Description: 25% reduction				
# Nitrification Fields	1		# Lines	7	Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Trench Bottom Depth (Low side)	* 18"	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 system on contour of the land.

ST - 10ft from house
Drainfield 5ft from house
Used Quick 4

INITIAL SITE SKETCH



AS BUILT SKETCH

*Well not installed at time of inspection

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 Sneed Date: 8/29/2017 Installed by: Craig Thompson / Tommy Frye Date: 10/31/17

IMPROVEMENT PERMIT by: Mohamed Dumesich Date: 8/28/2017 OPERATION PERMIT by: Maria Lobos Date: —

AUTHORIZATION TO CONSTRUCT by: Mohamed Dumesich Date: 8/28/2017 Existing System Inspected by: — Date: —

DHHS

ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 4743162247.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Fox Den Acres INC
APPLICATION DATE 7/20/2017
ADDRESS:
DATE EVALUATED: 8/22/2017
PROPOSED FACILITY: 3 BR House
PROPOSED DESIGN FLOW (.1949): 360 GPD
PROPERTY SIZE: 1.11 acres
LOCATION OF SITE: 192 Apple Valley Lane
PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

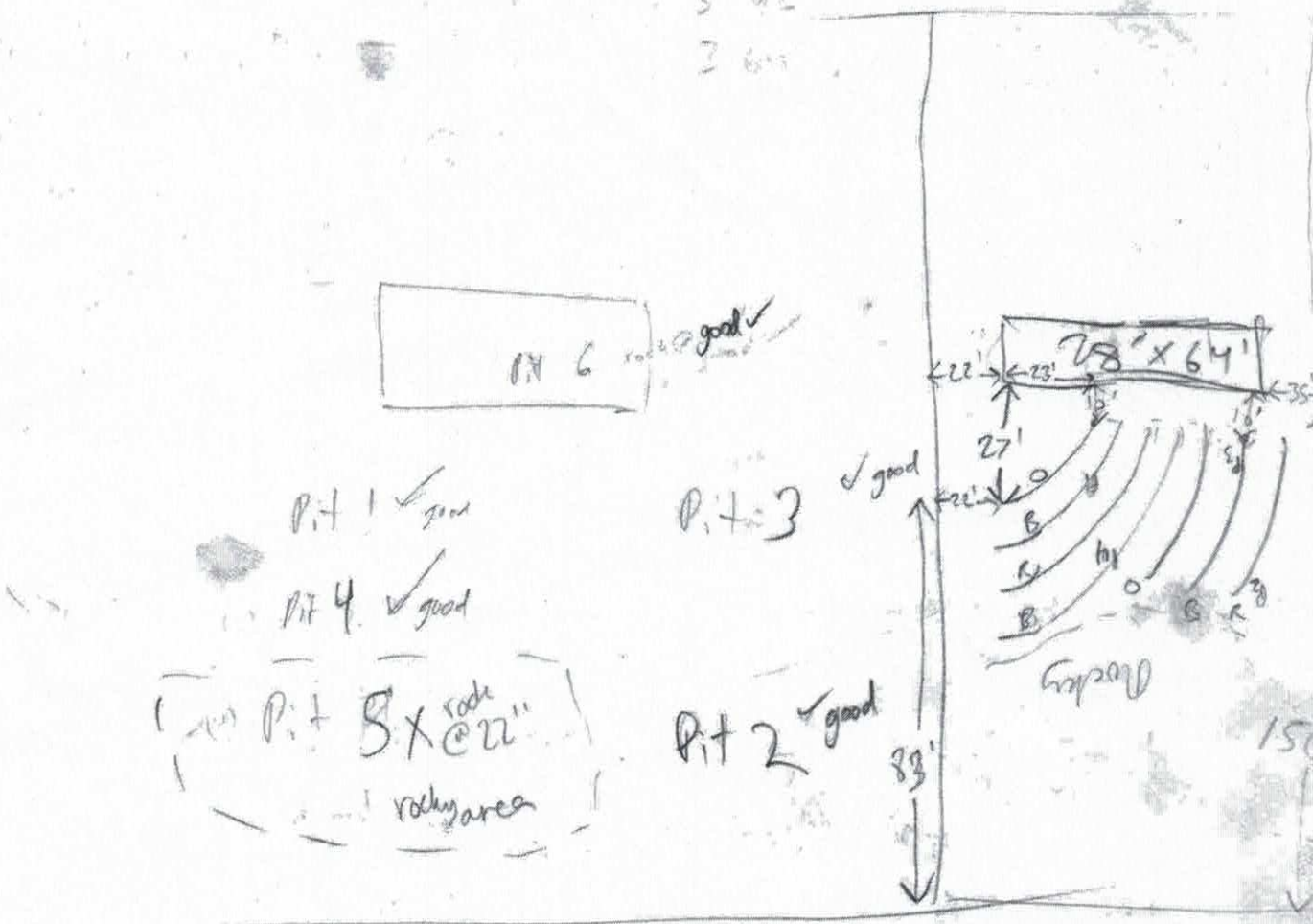
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 16%	0-13	MSBk C	FR SS SP Sap	—	48	sap @ 48"	—	0.3 PS
		13-37	WSBk CL	FR SS SP Sap					
		37-48	WSBk CL	Fi SS SP Sap					
		48-60	Sap	Fi Sap					
2	L 16%	0-20	MSBk C	FR SS SP Sap	—	49	sap @ 49"	—	0.3 PS
		20-34	WSBk CL	FR SS SP Sap					
		34-49	WSBk CL	Fi SS SP Sap					
		49-60	Sap	Fi Sap					
3	L 16%	0-22	MSBk C	FR SS SP Sap	—	45	sap @ 45"	—	0.3 PS
		22-31	WSBk CL	FR SS SP Sap					
		31-45	WSBk CL	Fi SS SP Sap					
		45-60	Sap	Fi Sap					
4	L 16%	0-10	MSBk C	FR SS SP Sap	—	36	sap @ 36"	—	0.3 PS
		10-20	WSBk CL	FR SS SP Sap					
		20-36	WSBk CL	Fi SS SP Sap					
		36-48	Sap	Fi Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 linear feet	300 linear feet
System Type(s)	25% reduction	25% reduction
Site LTAR	0.3	0.3

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

COMMENTS:

3BR



Apple Valley Lane

30'	35'	30'	← 70'	↓ 60'	45'	30'
R	B	O	B	R	B	O
	8.18'	6.74'	5.58'	8.26'	6.98'	5.48'

dasor moved

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

228829

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Kimberly Sneed/Freedom Homes | 1124 Charlotte Hwy Troutman | | 704-881-2326
Applicant Name | Mailing Address | Home Phone # | Alternate Phone #

Fox Den Acres Inc | 5201 Monroe Rd Charlotte | |
Owner Name | Mailing Address | Home Phone # | Alternate Phone #

4. Property Information:

192 Apple Valley Lane | Apple Valley | Lot # 13
Street Address | Subdivision Name | Section/Phase and Lot Number

Driving Directions: Shelton Ave Toward Troutman, Slight left onto Cumberland Rd 2nd left onto Blue Bird LN, ② onto Skyuka Rd, ② Adjt. Loop, Straight to Apple valley lane. 192 Apple Valley LN IS ON Right.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

PAID 7/27/17 MH Tpo

6. Proposed Water Supply:

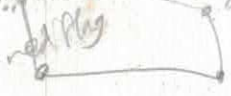
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ____ Year

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.



9. Signature: Kimberly Sneed — July 20 2017
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

Lot 13

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, _____, am the legal owner of the property located at 192 Apple Valley Lane Statesville NC 28677 identified as PIN(Parcel Identification Number 4743106247, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Freedom Homes, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 7-10-17
Signature of Owner Date

Jenna D Buckman 7-10-17
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

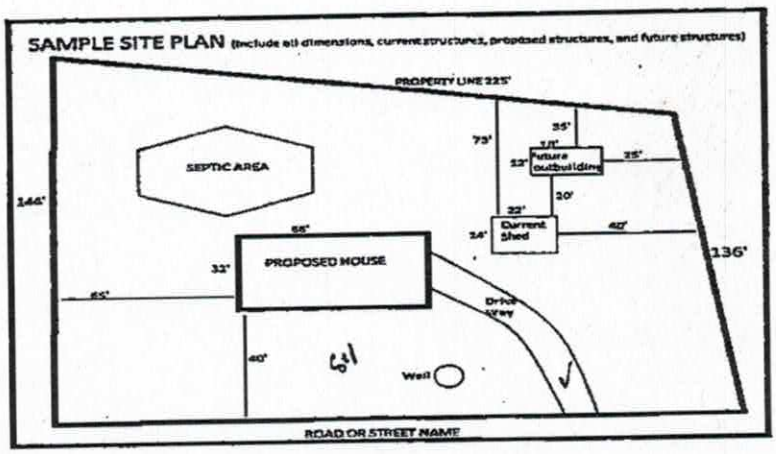
_____ Front and side setbacks from property line... **_____ Preferred driveway location and configuration, preferred well location...**

_____ Area you prefer your septic system to be placed... **_____ North arrow, or other sufficient indicator of direction...**

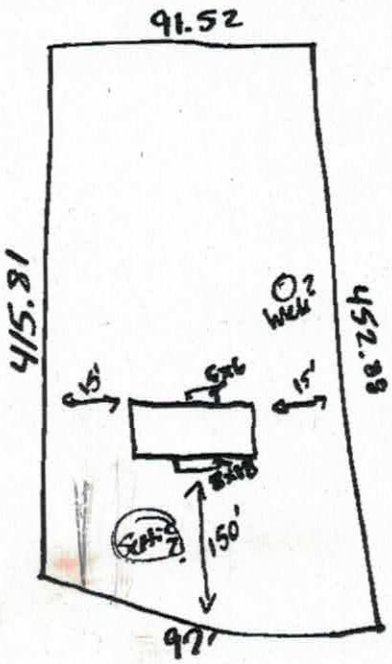
Circle N/A on the following if appropriate:

_____ 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



28' x 64' house

driveway on left

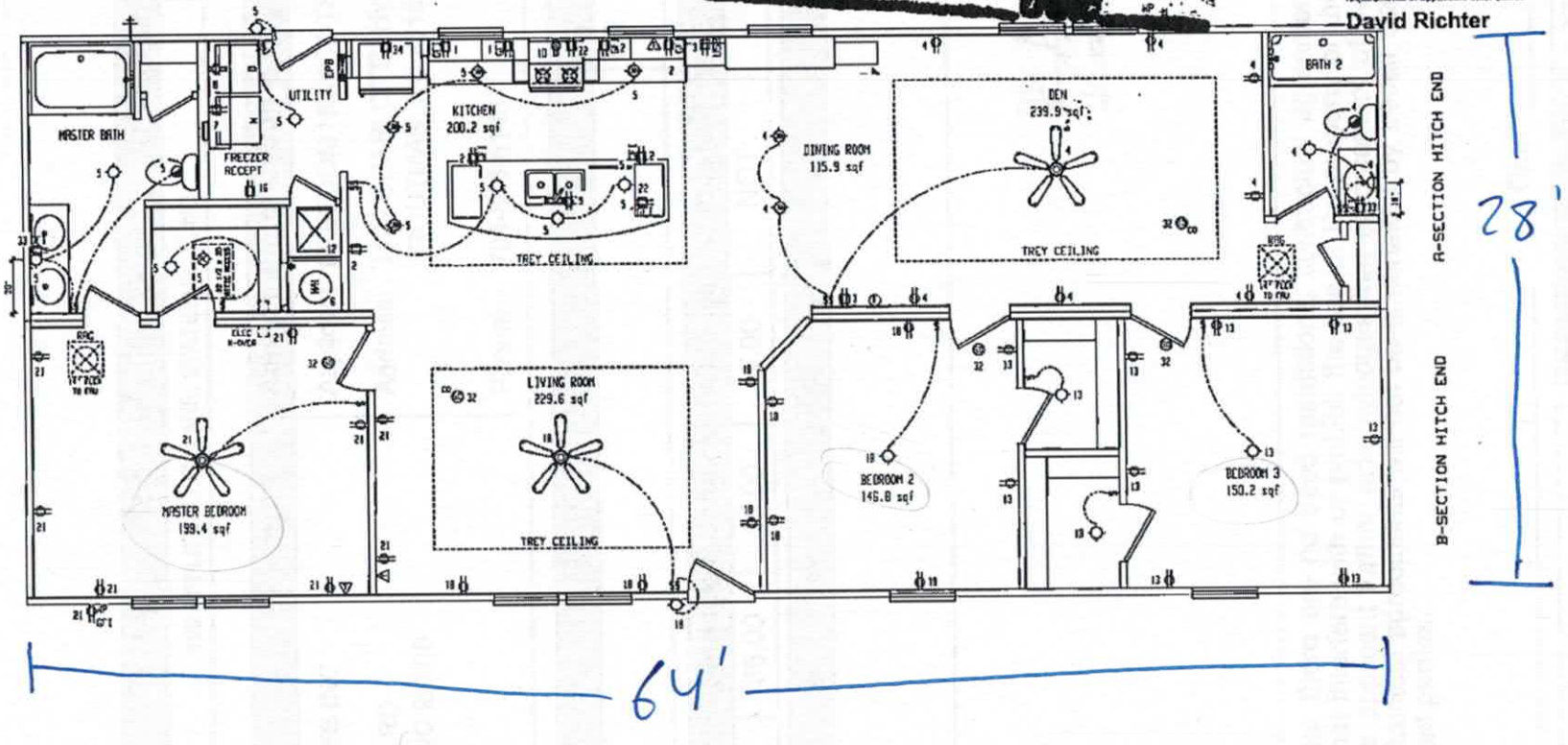
Signature: Kimberly Sund
***REQUIRED* property owner or owner's legal representative signature.**

June 20-17
DATE

Acknowledgement Of Plans Submittal ONLY!
Mohamed Durnaich Date 8/28/2017
Kimberly Smead Date 8/29/2017

Acknowledgement Of Plans Submittal ONLY!
Kimberly Smead Date 07-20-17
Date

APPROVED BY
NTA INC. 06/29/15
Approval of this document does not authorize or approve any deviation or deviations from the requirements of applicable State Laws.
David Richter



NOTE: ALL FAMILY, DINING, LIVING, PARLOR, LIBRARIES, DENS, BEDROOMS, SUNROOMS, RECREATION ROOMS, CLOSETS, HALLWAYS OR SIMILAR ROOMS OR SPACES SHALL BE PROTECTED BY A LISTED ARC-FAULT CIRCUIT INTERRUPTER IN ACCORDANCE WITH SECTION 210.12 OF THE NEC.

ELECTRICAL SCHEDULE

CIR. NO.	DESCRIPTION	AMP.	VOLTS	COPPER WIRE
1	PORTABLE APPLIANCES	20	120	12
2	PORTABLE APPLIANCES	20	120	12
3	PORTABLE APPLIANCES	20	120	12
4	GEN. LIGHTING/RECEPT.	15	120	14
5	GEN. LIGHTING/RECEPT.	15	120	14
6	ELEC. WATER HEATER	CIRCUITS VARY, SEE DRAW PAGE PLM-3.1 FOR MOD, PLM-1.1 FOR MOD		
7	WASHER RECEPT.	20	120	12
8	DRYER RECEPT.	30	240	10
9	OPT. DISHWASHER	15	120	14
10	ELECT. RANGE/OVEN	40	240	8
11	CAS FURNACE	15	120	14
12	ELECTRIC FURNACE	CIRCUITS VARY, SEE DRAW PAGE PLM-3.5 FOR MOD, PLM-1.5 FOR MOD		
13	GEN. LIGHTING/RECEPT.	15	120	14
14	OPT. COOKTOP BOX	15	120	14
15	OPT. GARAGE RECEPT.	15	120	14
16	FREEZER	20	120	12
17	OPT. WHIRLPOOL	20	120	12
18	GEN. LIGHTING/RECEPT.	15	120	14
19	GEN. LIGHTING/RECEPT.	15	120	14
20	GEN. LIGHTING/RECEPT.	15	120	14
21	GEN. LIGHTING/RECEPT.	15	120	14
22	OPT. MICROWAVE	20	120	12/2
24	ELECT. BUILT-IN OVEN	20	240	12/2
25	GEN. LIGHTING/RECEPT.	15	120	14
26	GEN. LIGHTING/RECEPT.	15	120	14
27	GEN. LIGHTING/RECEPT.	15	120	14
28	GEN. LIGHTING/RECEPT.	15	120	14
29	GEN. LIGHTING/RECEPT.	15	120	14
30	GEN. LIGHTING/RECEPT.	15	120	14
31	SITE DEFELLER HEAT PUMP	40	240	8/3
32	SPARE BURNER	15	120	14
33	BATH EXT. MOD ONLY!	20	120	12
34	DEHUMIDIFIER	20	120	12

BRAND: SCHULT
SERIES: CL28
CMH MANUFACTURING, INC.

REVISIONS

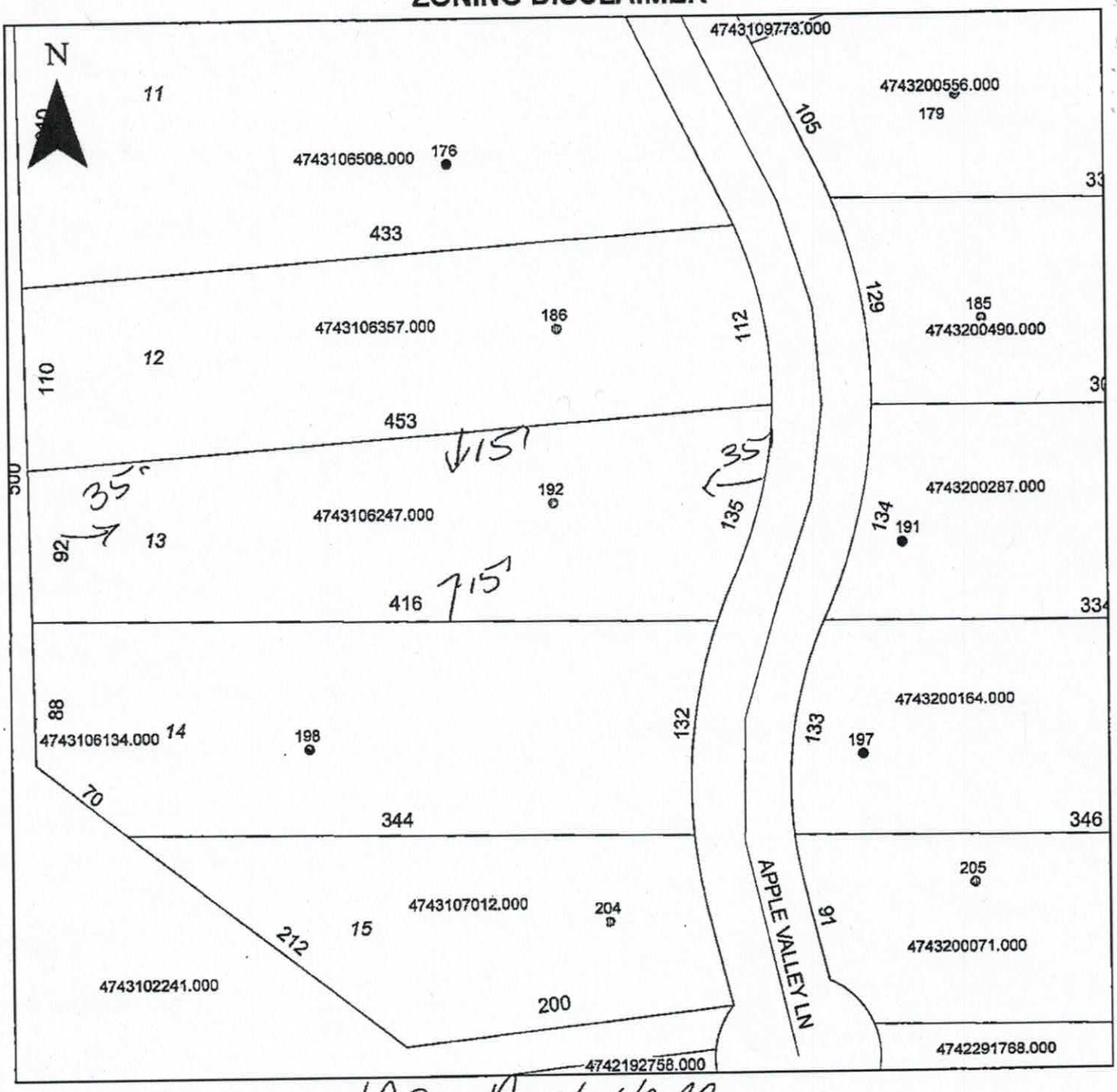
	BY	DATE

GENERAL NOTES
LOCK-OUT BREAKER ON CIRCUIT #5

DRAWING TITLE: ELECTRICAL PLAN

MODEL NAME: 5594 SHEET CAROLINE-64-MOD
SQ. FT.: 1706
PLANT: 958
DESCRIPTION: 28X64 3BR-2BA
MODEL NO.: SN247385
DRAWN BY: RXP
ORIG. DATE: 06/18/2015
DATE PRINTED: 06/29/2015
SHEET NO.: 11-1

ZONING DISCLAIMER



Property Address 192 Apple Valley

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 Smead
Applicant

7-20-17
Date