ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 327788

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

PIN # 4743 -- 11 -- 1211

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Highway, Troutman NC 28166

SITE ADDRESS: 116 Apple Valley Lane, Statesville NC 28677 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: (N) 21 → (R) Moose Club → (L) Skipuka → (R) Arrie Loop → (R) Apple Valley → lot on (R) SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Apple Valley SECTION: LOT # 1 LOT AREA: 0.795ac DESIGN FLOW: 300 L.T.A.R.: 0.275

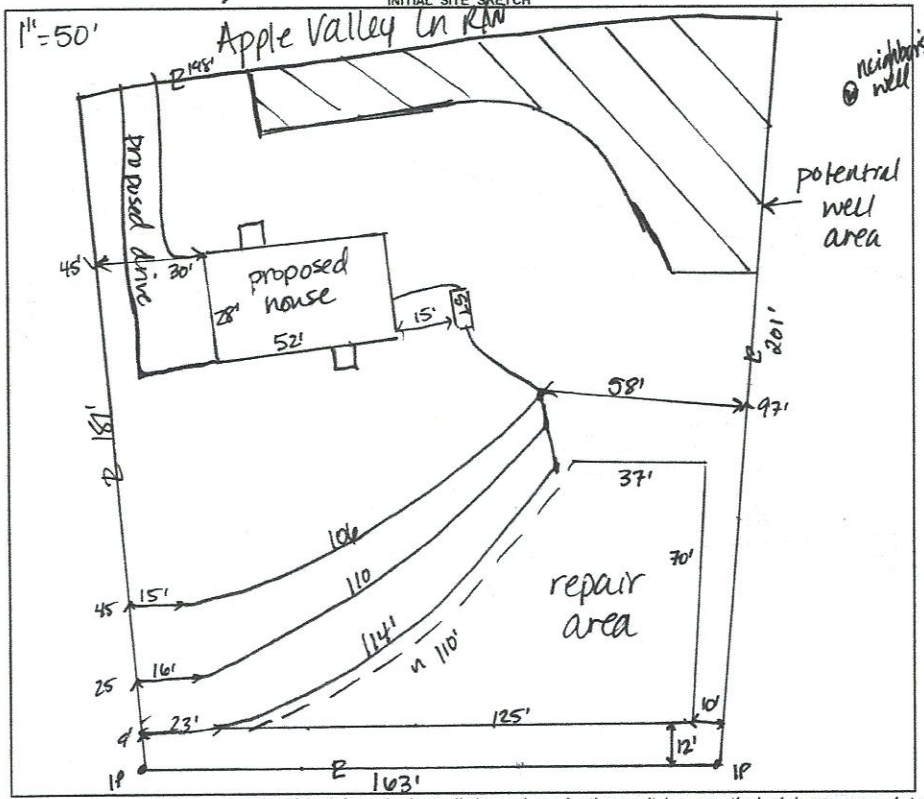
Septic Tank	1000 (gal)	STB	760	Date	6-13-22	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction	☐ Business	No. Persons	6
Pump Make		Model		Serial #		Repair System Description: 50% Reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	3	Linear Ft	330'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfield. Install on contour, divert all drainage from drainfield.

House location taken from surveyors site plan - lot lines too overgrown on side & front to fully verify in field - keep house in area on site plan

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: Kirby Bowe Date: 5/19/22 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: D. Weberg Date: 5/15/22 OPERATION PERMIT by: Benjamin Bass Date: 7/22/22

AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 5/15/22 Existing System Inspected by: Date:

neighbor's well

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 #: 4743 11 1211
COUNTY: Iredell

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

OWNER: Fox Den Acres Inc
ADDRESS: 5201 Monroe Rd Charlotte NC 28205
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360
LOCATION OF SITE: 116 Apple Valley, Statesville NC 28677
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 4/19/22
DATE EVALUATED: 5/12/22
PROPERTY SIZE: 0.795
PROPERTY RECORDED: yes

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	LS 12-15	0-5	SCL	SSSP-FR-SEXP	few YB CL tight minor Mn	48"	N/A	N/A	PS 0.275
		5-14	SC/SCL LB - WSBK						
		14-34	C - SBK/ABK						
		34-49	CL SBK						
2	15%	0-4	SCL - SBK	SSSP-FR-SEXP	few YB 17"-41" minor Mn	48"	N/A	N/A	PS 0.275
		4-27	C - SBK/ABK						
		27-48	CL - SBK						
3	15%	0-11	SCL - SBK	SSSP-FR-SEXP	YB few 11-40, concentrated @ BC transition	48"	N/A	N/A	PS 0.275
		11-40	C - SBK Min ABK						
		40-48	CL - SBK						
4	15%	0-8	SCL - SBK	SSSP-FR-SEXP	YB concentrated @ BC transition	48"	N/A	N/A	PS 0.275
		8-38	C - SBK, Min ABK						
		38-48	CL - SBK						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	330'	& 18
System Type(s)	25%	50%
Site LTAR	0.275	0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Meberg
OTHER(S) PRESENT: S. Holland

COMMENTS: 0" Slope correction

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 None	0.2 - 0.05 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.

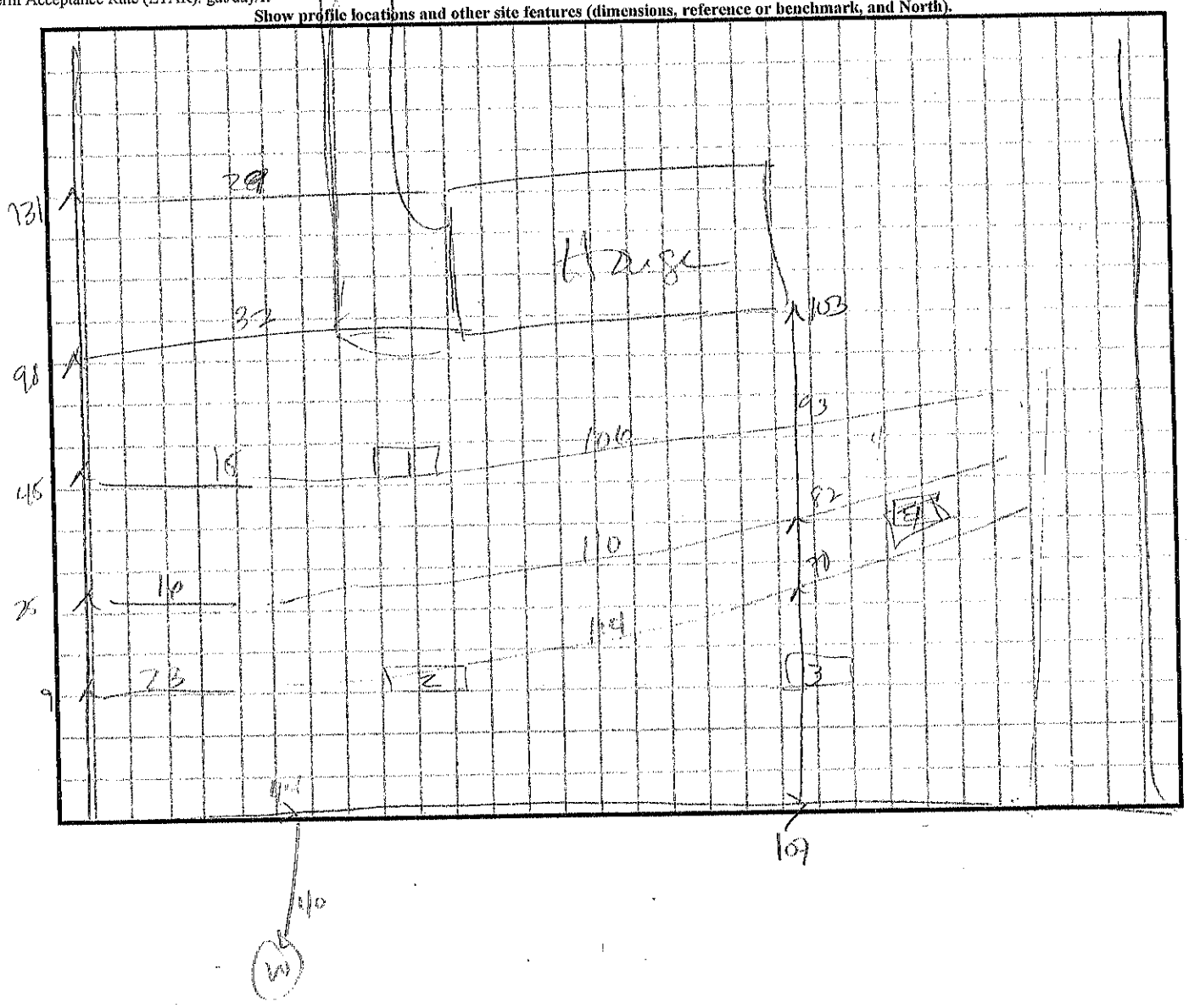
NOTES

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)

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).



RECEIVED APR 19 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-327788 $500.00

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 Frye **Address:** 1184 Charlotte Hwy Troutman NC **Zip:** 28166
Applicant Email: KimSneed.Sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____
Owner Name: Fox Den Acres INC **Address:** 5201 Monroe Rd Charlotte NC **Zip:** 28205
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 116 Apple Valley LN Statesville, NC 28677

Subdivision Name: Apple Valley **Section/Phase:** _____ **Lot Number:** 1

Driving Directions: SE on North Center St, R Shelton Ave, L Cumberland Rd, L Bluebird LN, R onto Skyuka Rd, R Arlie Loop, straight on Apple Valley LN, .9miles lot 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: 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 Frye 4-18-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 7AC6F882-D72D-4E66-B853-FFFEA32FFC91

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

☒ 2. I, Fox Den Acres, Inc. , am the legal owner(s) of the property located at 110 Apple Valley Lane Statesville NC 28677 , identified as PIN (Parcel Identification Number) 4743-11-1211 , 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.

William Bryant V.P. 2/23/22

Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel-sxo@iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

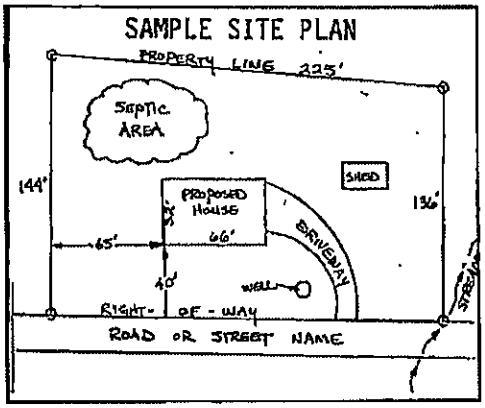
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
( ) **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

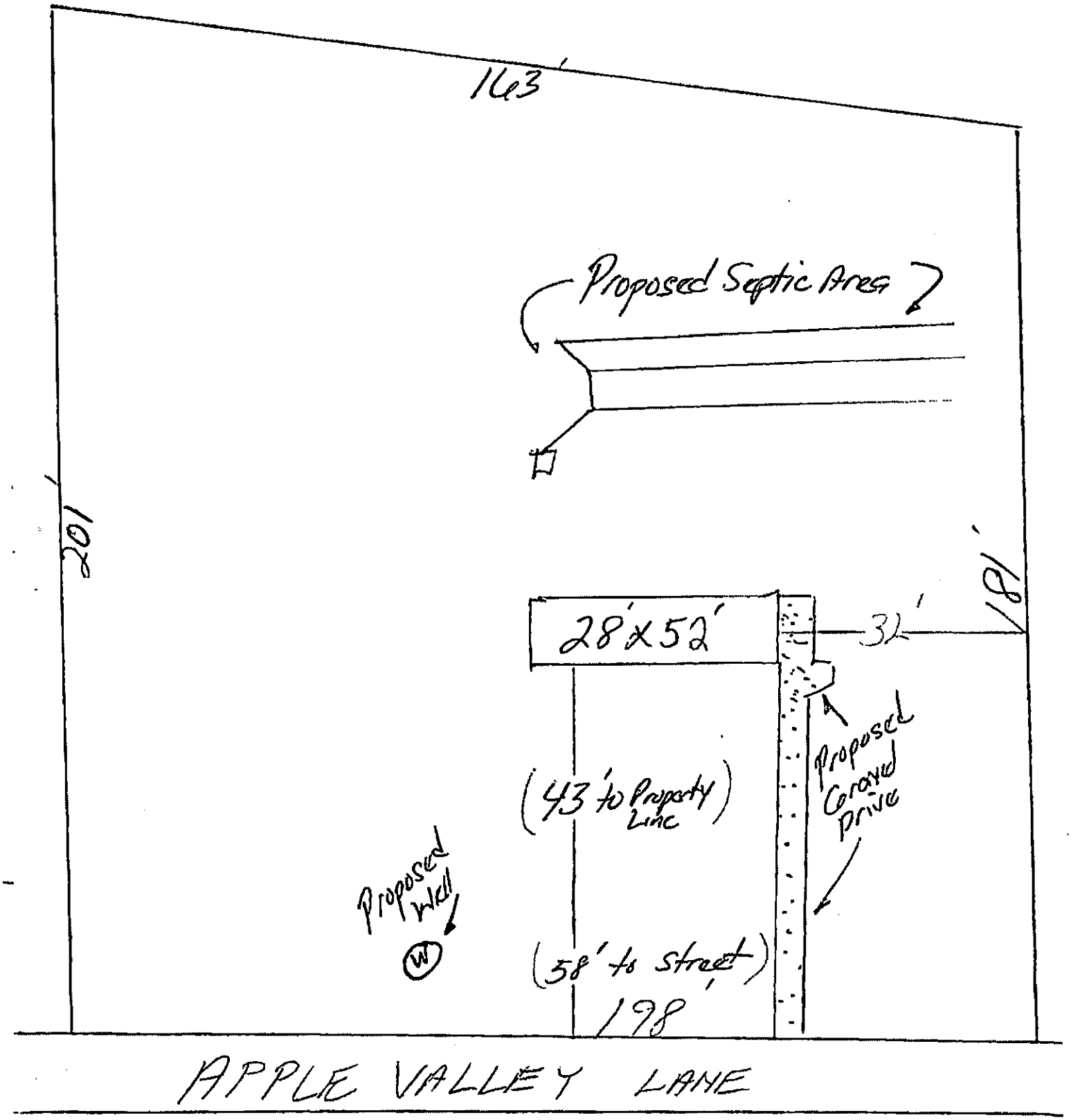
Attached

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

4-18-2022
DATE

PLOT PLAN
N.T.S.

AISHA PATTERSON
TBD APPLE VALLEY LN.
STATESVILLE



DocuSign Envelope ID: 4783F81D-001C-4207-83BD-19B8D11C90A9

28x52 3Bedroom

Kimberly Boyce 4/18/2022

5/5/22

APPROVED

DocuSigned by:
SIGNATURE: Alisha Patterson
C23E7A3FC8B3420...

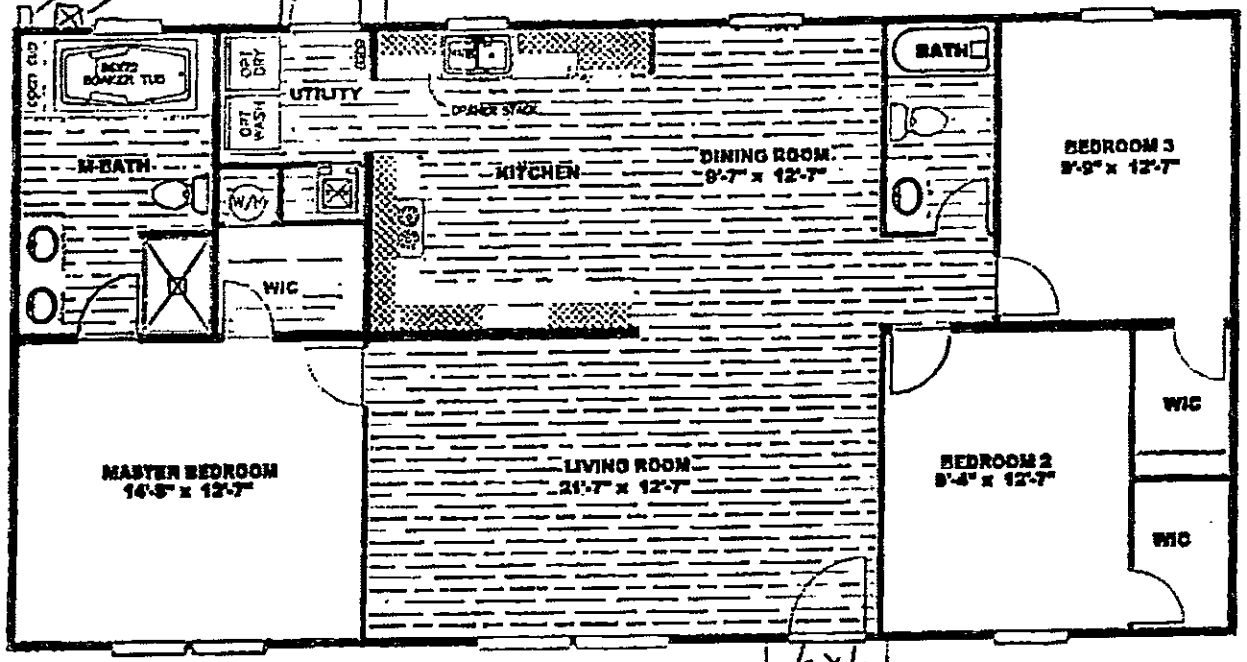
DATE: 4/7/2022

Elec Box
Heatpump
= Wood steps

6x6 Wood

-52-

-28-



6x6 Brick

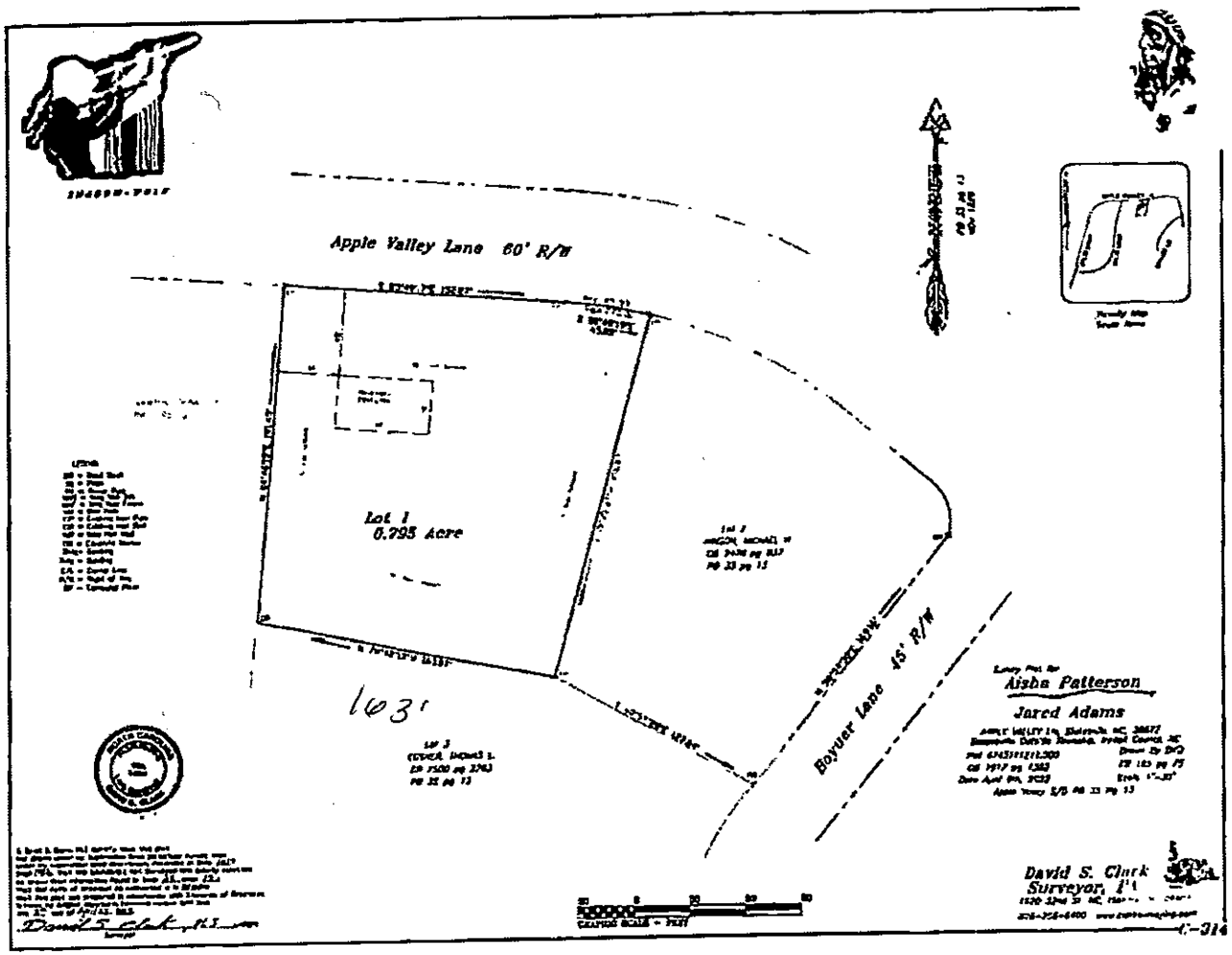
= Brick steps
Wood rails

https://www.manufacturedhomes.com/home/225425/Clayton-Built/Oxford/Ultra-Pro/52/Gallery-8x425b1-1

Brick underpinning

Gravel Driveway

4 ft
up to
4 ft


Apple Valley Lane 60' R/W
Lot 1
0.795 Acre
163'
Boyster Lane 45' R/W
Aisha Patterson
Jared Adams
David S. Clark
Surveyor, PA

IREDELL COUNTY · NC

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

APPLICATION NUMBER
327788 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4743111211.000	116 APPLE VALLEY LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: FOX DEN ACRES INC	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 5201 MONROE RD	Address: 1124 CHARLOTTE HWY
CHARLOTTE, NC 28205	TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.795	35	35	15	15	N/A	NO

Remarks

DOUBLEWIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

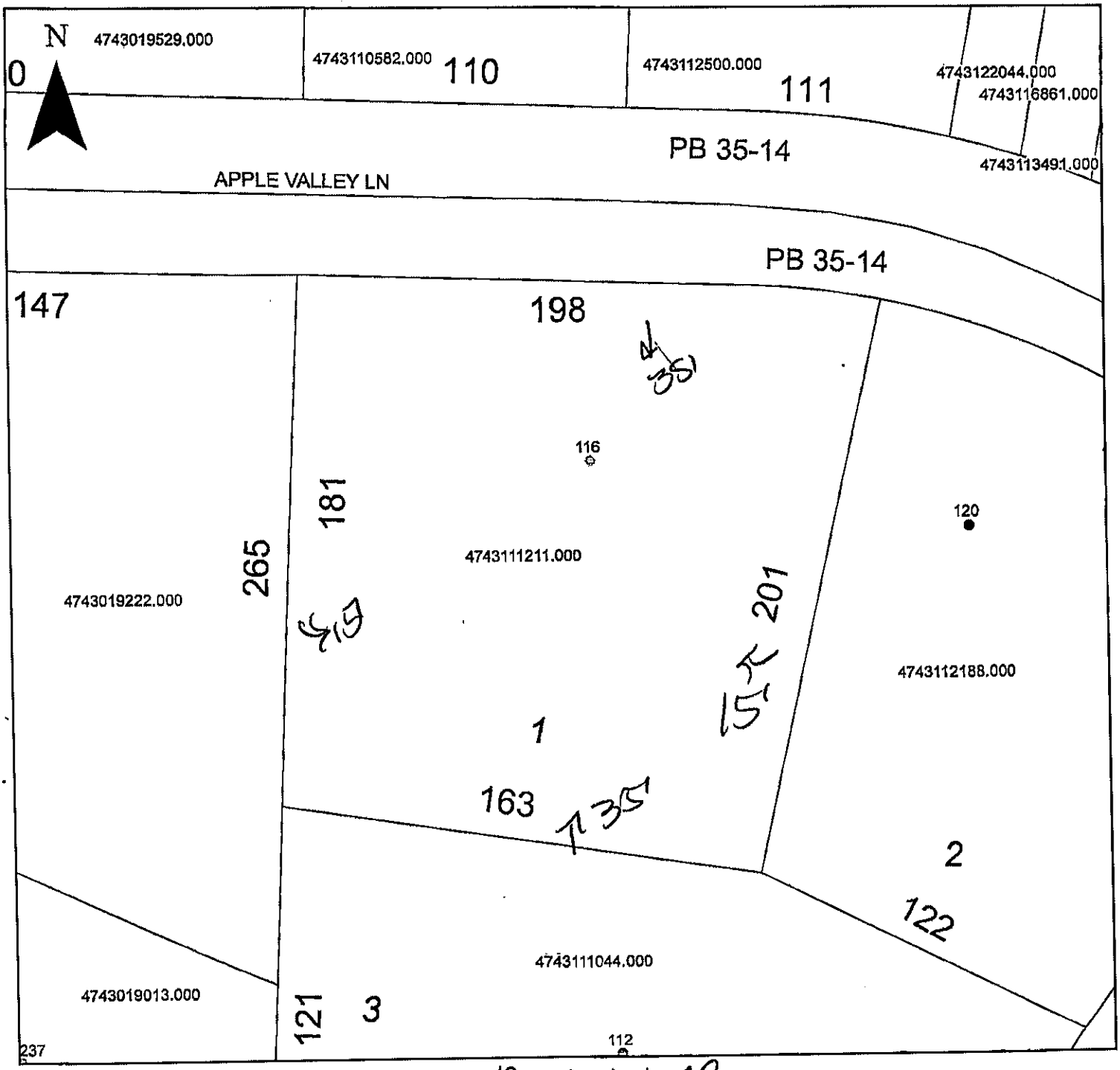
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 04/18/2022

Signature of Owner/Contractor

Permit Number	327788	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 116 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 Sample
Applicant

4-18-22
Date