ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-30818

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

PIN # 4750281981

APPLICANT/OWNER: Freedom Homes / Steven Stiltner | APPLICANT ADDRESS: 1124 Charlotte Hwy. Troutman, NC

SITE ADDRESS: 215 Summertree Dr. Troutman, NC | PHONE: 704-881-2326 | ALT. PHONE 704-657-9362

SITE DIRECTIONS: NC 115 N → R on Ostwalt Amity → R on Franklin Woods → R on Summertree → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Summertree | SECTION: — | LOT # 15 | LOT AREA: .75ac | DESIGN FLOW: 360gpd | L.T.A.R.: .25

Septic Tank existing (gal) STB Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 2@60' Linear Ft. 120'
Trench Width 36" Trench Bottom Depth(Low side) 23"/27" highside Gravel Depth —

☐ New System ☐ Repair ☑ Expansion System Type: I II (III) IV V VI
System Description: 25% reduction + existing conv. lines
Repair System Description: LP PPAPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

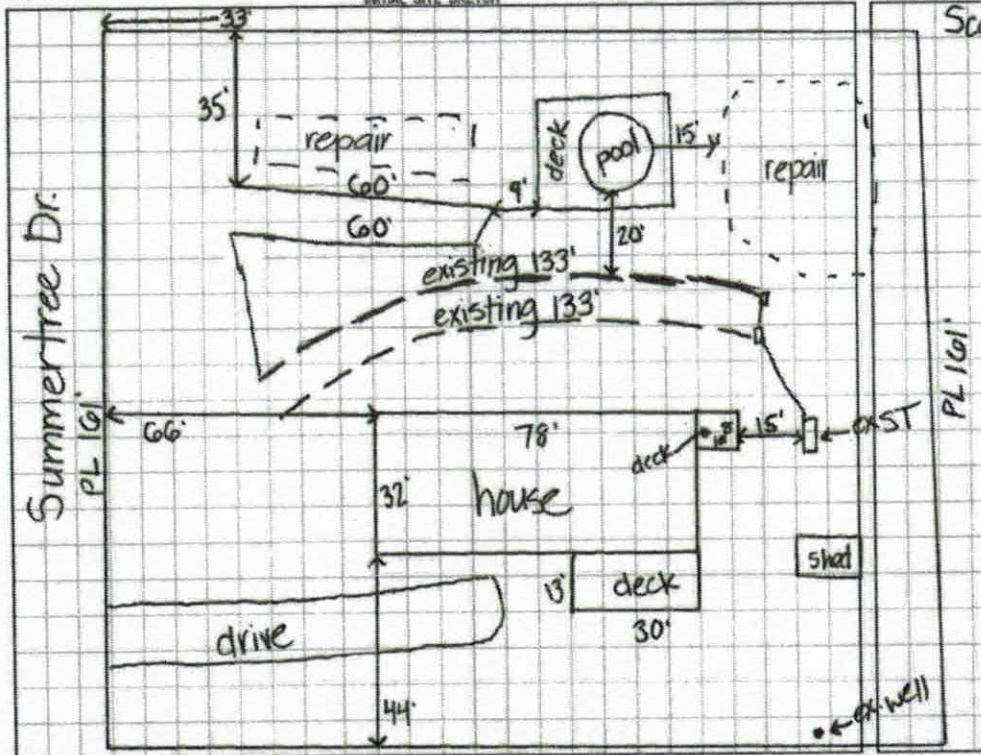
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with drain lines on contour. Replace tank if needed. Replace d box if needed Connect the 2 new lines with serial distribution.

Maintain 15' from swimming pool with repair if it is ever needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1"=40'

-Arc 360 installed
2 lines @ 62'
installed as permitted

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: 11-7-19 Installed by: Abee's Grading

IMPROVEMENT PERMIT by: Kayla Walton Date: 11-6-19 OPERATION PERMIT by: Carla L. Nicks Date: 1-10-20

AUTHORIZATION TO CONSTRUCT by: Kayla Walton Date: 11-6-19 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 inspector to confirm your inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-301818

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

PIN # 4750281981

APPLICANT/OWNER: Freedom Homes / Steven Stiltner APPLICANT ADDRESS: 1124 Charlotte Hwy. Troutman, NC

SITE ADDRESS: 215 Summertree Dr. Troutman, NC PHONE: 704-881-2326 ALT. PHONE 704-657-9362

SITE DIRECTIONS: NC 115 N → R on Ostwalt Amity → R on Franklin Woods → R on Summertree → lot on L SAP CONTROLLED: ☐ YES ☑ NO

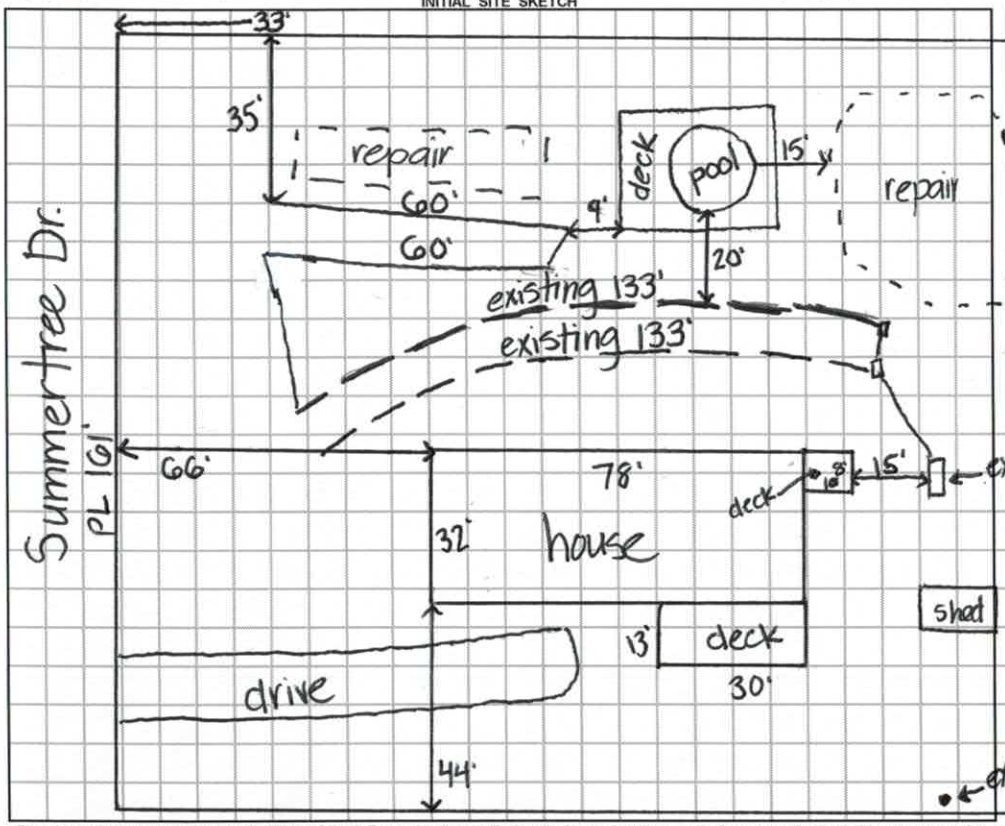
SUBDIVISION: Summertree SECTION: — LOT # 15 LOT AREA: .75ac DESIGN FLOW: 360gpd L.T.A.R.: .25

Septic Tank existing	(gal)	STB	Date	☐ 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 + existing conv. lines				☐ Business	No. Persons 6	☑ Private
Pump Make	Model		Serial #	Repair System Description: LP PPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 2 @ 60'		Linear Ft 120'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 23"/27" high side			Gravel Depth —	☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install 25% reduction with drain lines on contour. Replace tank if needed. Replace d'boxs or w/ distribution if needed Connect the 2 new lines with serial distribution.

Maintain 15' from swimming pool, with repair if it is ever needed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1" = 40'

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: 11-7-19 Installed by:

IMPROVEMENT PERMIT by: Kayla Wilson Date: 11-6-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 11-6-19 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 #: 475028198
COUNTY: Iredell

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

OWNER: Steven Stiltner
ADDRESS: 215 Summertree Dr.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 360 gpd
LOCATION OF SITE: NC 115 N → R on Ostwalt Amity → R on Franklin Woods → R on Summertree → 1st on L

APPLICATION DATE 10-15-19
DATE EVALUATED: 11-5-19
PROPERTY SIZE: .75 ac
PROPERTY RECORDED: YES

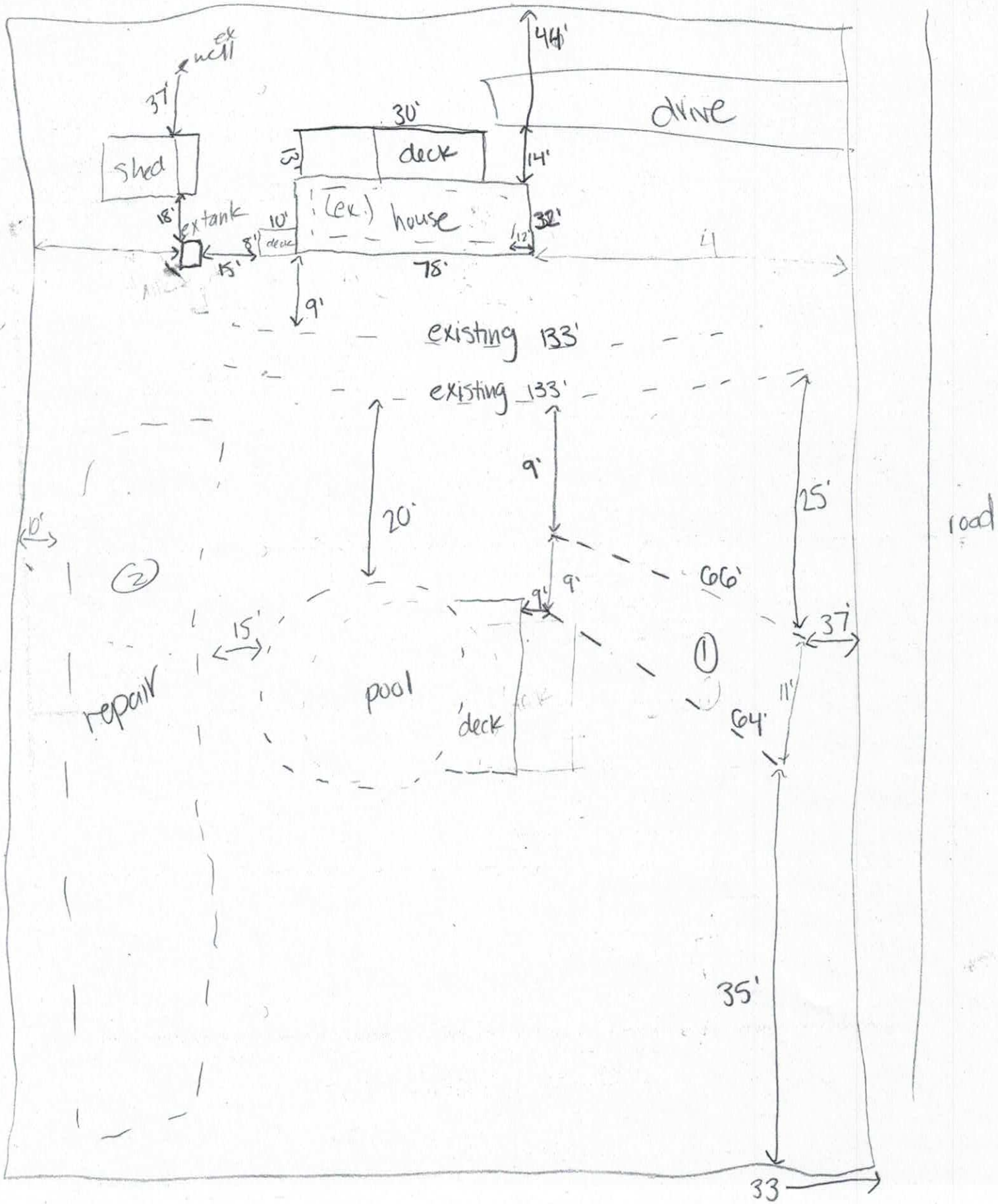
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11% LS	0-27	SBK SC	FI,SS,SP,SE	27-49 com YB mottles	49	—		PS .25
		27-49	WSBK CL	FI,S,P,SE					
2	12% LS	0-6	WSBK SCL	FI,SS,SP,SE	13" chroma 2 2.5Y 7/2 6-24" com YB mottles	25-48	—		PS .25
		6-28	SABK C	FI,S,P,SE					
		28-48	WSBK CL	FI,SS,SP,SE					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	III	IV
Site LTAR	.25	.25

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:


well
37'
shed
18'
ex tank
15'
8'
10'
deck
(ex.) house
78'
12'
32'
30'
deck
5'
14'
44'
drive
9'
existing 133'
existing 133'
20'
9'
25'
10'
road
66'
9'
9'
15'
37'
repair
pool
deck
64'
11'
35'
33'

AP-301818
10.16.19
$500.00

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(j) 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.sneedoy@gmail.com Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Steven + Christine Stiltner Address: 223 Summertree Drive Troutman NC Zip: 28166
Owner Email: _____ Phone: 704-657-9362 Alt. Phone: _____

Property Information:

Street Address: 213 Summertree Dr Troutman, NC 28166
Subdivision Name: Summertree Section/Phase: _____ Lot Number: 15
Driving Directions: I-77 Toward Charlotte Exit 42 toward Troutman, Dest on Left.
Onto Charlotte Hwy (R) onto Autumn Amity Rd, (R) Sparkling Woods, (R) Summertree

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
(X) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Has 2BR Need 3BR.
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: _____
( ) 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 10-15-19
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, Steven & Christine Shiltner, am the legal owner(s) of the property located at 215 Summertree Dr. Troutman, NC 28166, identified as PIN (Parcel Identification Number) 4750-28-1981, 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.

9-30-19 — 9-30-19

Signature of Owner(s) — Date — Signature of Witness — Date

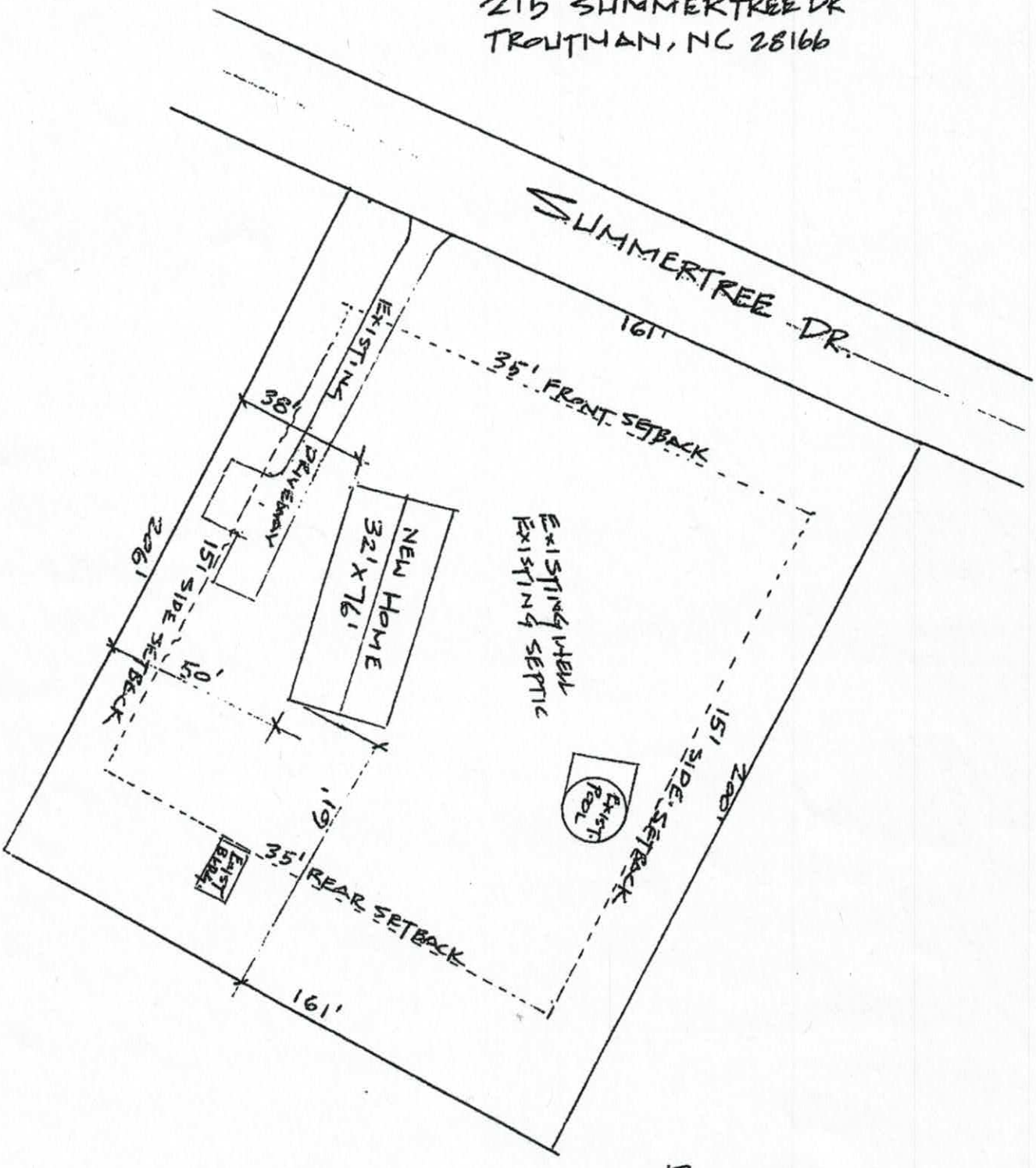
Christine Shiltner 9-30-19

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

STEVEN & CHRISTINE STILTNER
215 SUMMERTREE DR
TROUTMAN, NC 28166



PLOT PLAN

N.T.S.

Construction Placement

32x76

APPROVED

SIGNATURE:

DATE: 9-30-19

Acknowledgement Of Plans Submittal ONLY!

Kristy Jones Date 10-16-19

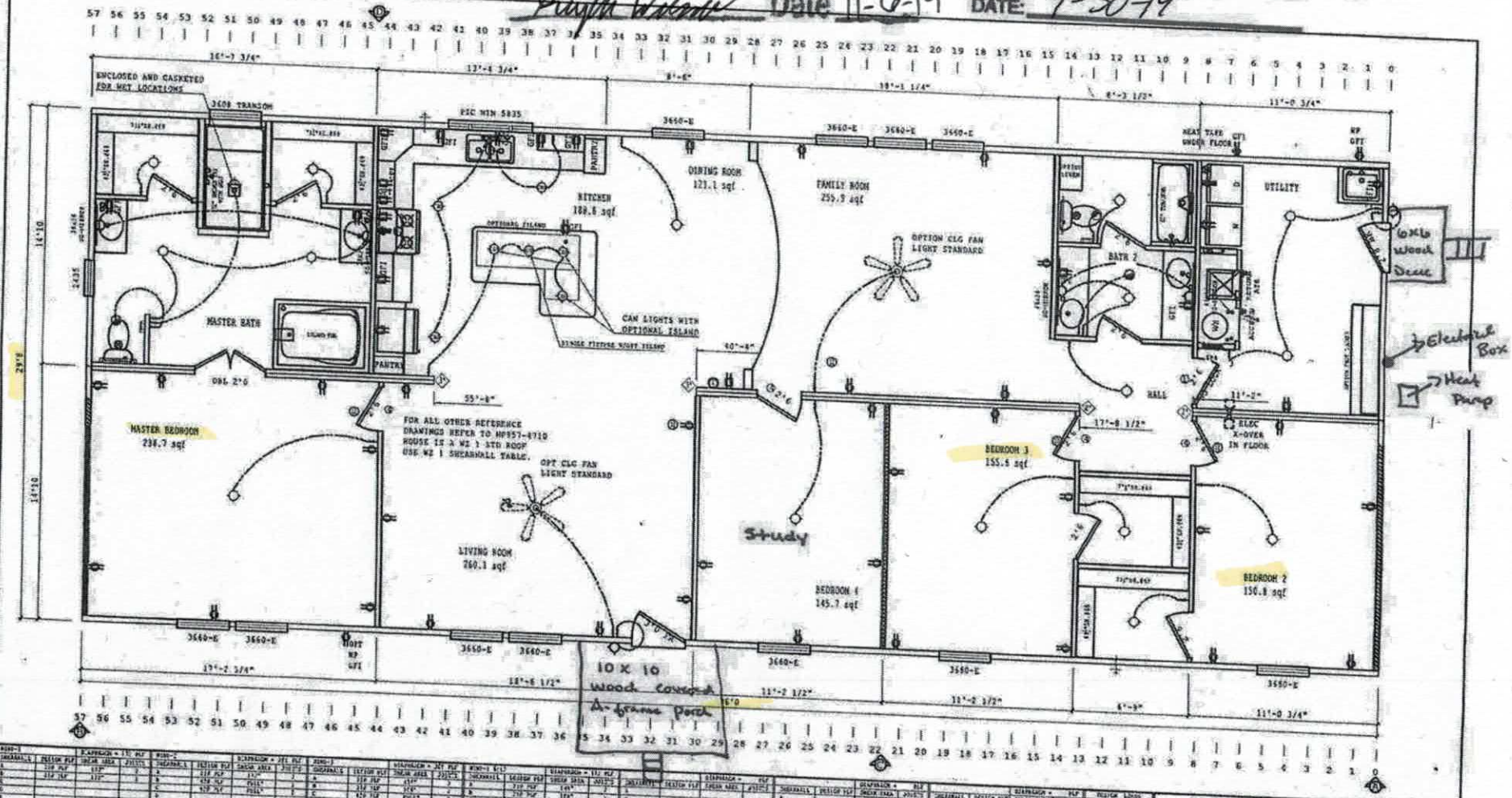
Dwight Vickers Date 11-6-19

APPROVED

SIGNATURE:

DATE: 9-30-19

Summertree Dr.



SCHULT

SERIES GM32

CLAYTON HOME BUILDING GROUP

REVISIONS

GENERAL NOTES

CEILING HEIGHT = 96.00

DRAWING TITLE

MASTER PLAN

RETURN AIR REQUIREMENTS

1. 28"x16" GRILL REQUIRED
2. 6"x10" GRILL W/ 1 1/2" DOOR UNDERCUT
3. DOORWAY MUST BE UNDERCUT 1 1/2" MIN.
4. 6"x24" OR 8"x24" GRILL REQUIRED

INDICATES REQUIRED NUMBER OF STUDS IN COLUMN

THE * SPECIFIES THAT THESE CAN BE NO HOLES IN STUDS IN COLUMN

MODEL NAME 2410 SQ. FT. 2254

PLANT 957 DESIGNATION 32X76 MARONA MODEL NO. ROC731726

GRAPH BY GDB ORIG. DATE 08/05/2016 DATE PRINTED 08/05/2016 SHEET NO. 1-1

NOT RELEASED FOR PRODUCTION

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

APPLICATION NUMBER
301818 Issue Date: 10/16/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4750281981.000	215 SUMMERTREE DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: STILTNER STEVEN+CHRISTINE	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ON
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.75	35	35	15	15	N/A	NO

Remarks
MODULAR

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: 10/16/2019

Signature of Owner/Contractor

Permit Number	000564	TOTAL FEES:	$77.25