HS

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP313343

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

PIN # 4751 92 8285

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 126 TreeTop Ln Troutman NC 28166 | PHONE: 704-881-2326 | ALT. PHONE

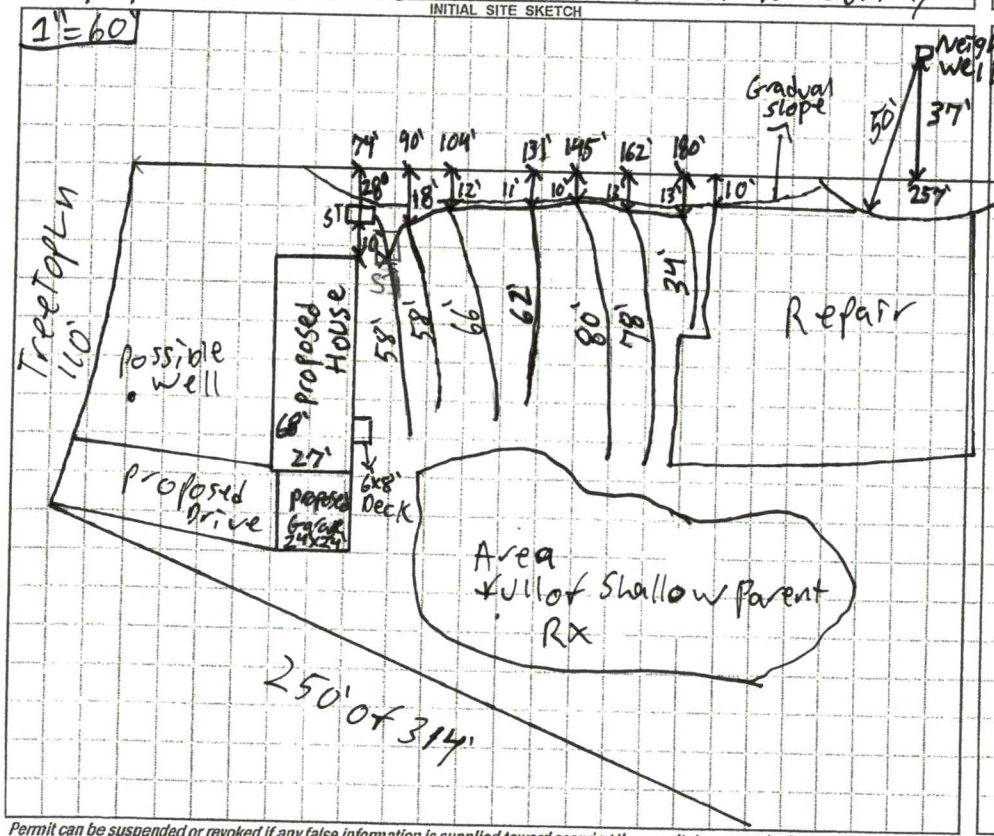
SITE DIRECTIONS: NC 115 N to Ronshinnville Rd, Lon Weathers Creek Rd, Lon Treetop Ln, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Oak Ridge | SECTION: PZ | LOT # 17 | LOT AREA: 1.8195 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

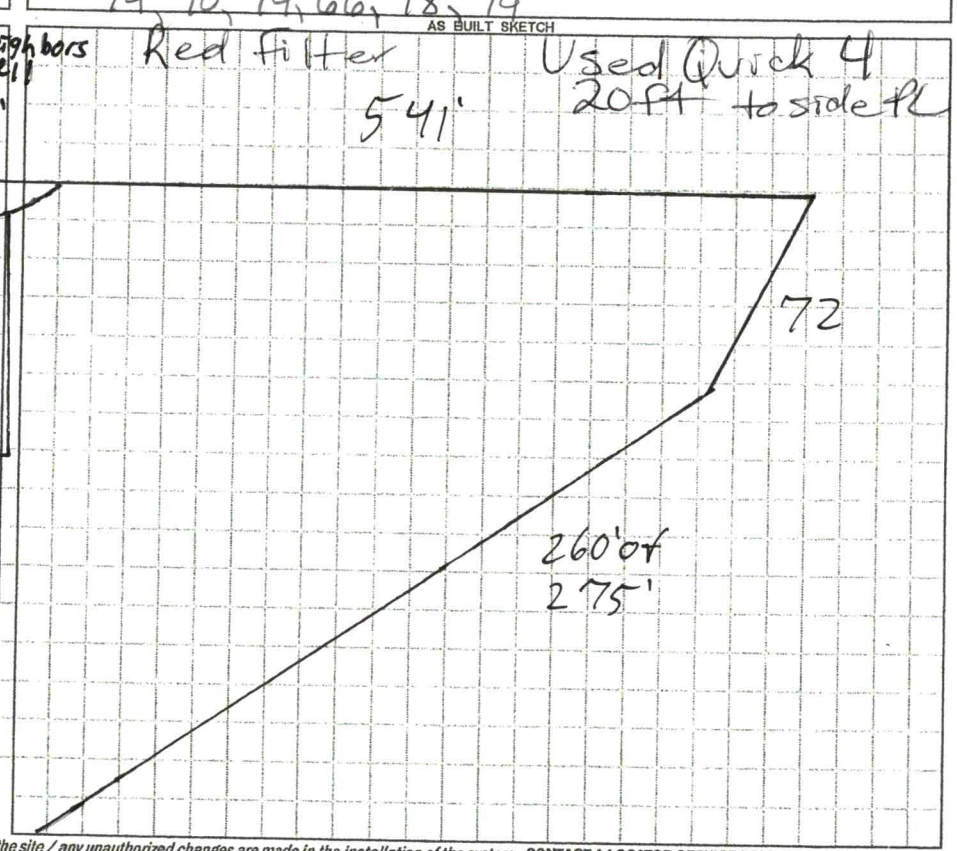
Septic Tank	1000 (gal)	STB	760	Date	1/29/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make	—	Model		Serial #	—	Repair System Description:	LPPPBPS	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	7 6	Linear Ft	436'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour, DO NOT Drive on store material or manipulate drainfield in any way. All property lines and corners must be marked during time of installation and inspection. ST-20ft to sideline ST 10ft to house, behind house 74, 70, 74, 66, 78, 74

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: [signature] Date: 2-11-21 Installed by: Tim Abee

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 2/9/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 2/9/2021 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 2
PROPERTY ID #: 4751928285
COUNTY: Iredell

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

OWNER: Freedom Homes get more flags
ADDRESS: 1124 Charlotte Hwy Troutman
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 126 Tree Top Ln

APPLICATION DATE 12/10/2020
DATE EVALUATED: 1/18/2021
PROPERTY SIZE: 1.819 acres
PROPERTY RECORDED: yes

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

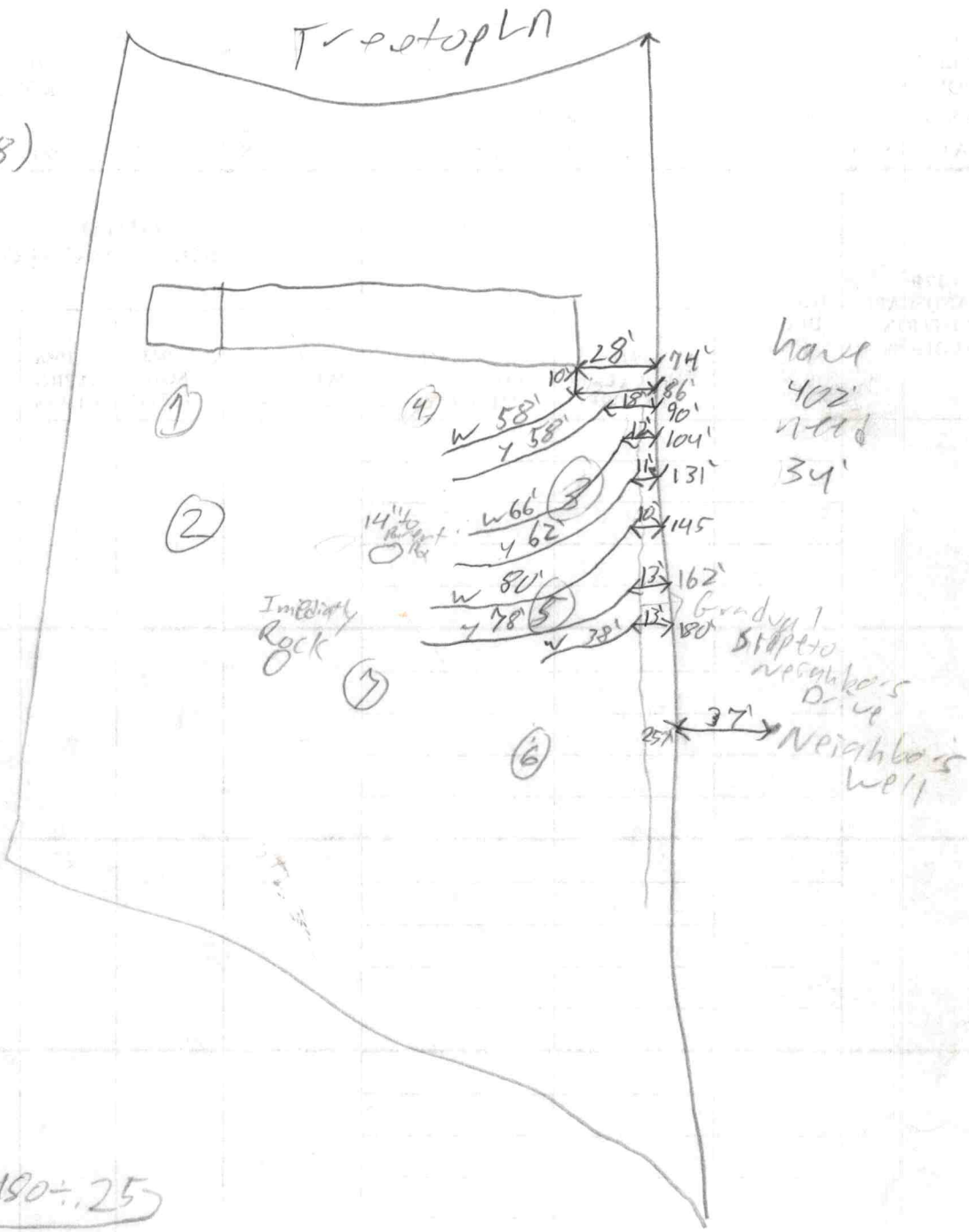
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 8%	0-10	Topsoil	—	—	33"	Litho inclusions	Rock at 33	PS, .275 to Vat 33
		10-15	SCL WSBK	FrSSSPSeXP					
		15-33	C SBK	FrSSSPSeXP					
		33-43	Parent RX						
2	SS 7%	0-7	Topsoil	—	—	34"	Litho inclusions	Rock at 34	PS .275 to Vat 34
		7-34	CL SBK	FrSSSPSeXP					
			Parent RX						
3	SS 7%	0-6	Topsoil	—	—	36"	Litho inclusions throughout loamy sap at 36	—	PS, 3
		6-12	SCL WSBK	FrSSSP SeXP					
		12-20	CSBK	FrSSSP SeXP					
		20-36	CL SBK	FrSSSP SeXP					
		36-65	loamy sap mass	VFr					
4	4%	0-7	SCL WSBK	FrSSSP SeXP	—	45"	Litho inclusions throughout to sandy sap at 45"	—	PS, 3
		7-24	L SBK	FrSSSP SeXP					
		24-45	CL SBK/ABK	FrSSSPSeXP					
		45-60	Sandy sap mass	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	320
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.275	.25

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PatrickB
OTHER(S) PRESENT: _____

COMMENTS: Sunny Cool

Updated February 2014



(36-12)-(36X.08)

24 - 3

21"



480÷.275
↳1746÷3
↳582 x.75
↳436

480÷.25
↳1920÷3
↳640 x.5
↳320'

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #: 475192828S
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: Newsingle Fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 126 Treetop Ln

APPLICATION DATE: 12/10/2020
DATE EVALUATED: 1/13/2020
PROPERTY SIZE: 1.819 acres
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	SS	0-17	SCL WSBK	Fr SS SP SPX	few YB mottles	60"	Litho including more common at bottom	—	PS .275
	5%	17-35	C SBK	Fr SS SP SPX					
		35-60	CL SBK/ABK	Fr SS SP SPX					
6	SS	0-8	SC WSBK	Fr SS SP SPX	small band of chroma 3's between 18"+024"	60"	Litho including throughout no common at bottom		PS .25
	7%	8-20	C SBK/ABK	Fr S P SPX					
		20-60	CL SBK/ABK	Fr S P SPX					
7	SS	0-6	SL SBK	Fr SS SP SPX	—	44"	Litho including to sandy SAPRO 44"		PS .3
	6%	6-25	C SBK	Fr SS SP SPX					
		25-44	CL SBK	Fr SS SP SPX					
		44-60	sandy SAPROCK	Vfr					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	320
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.275	.25

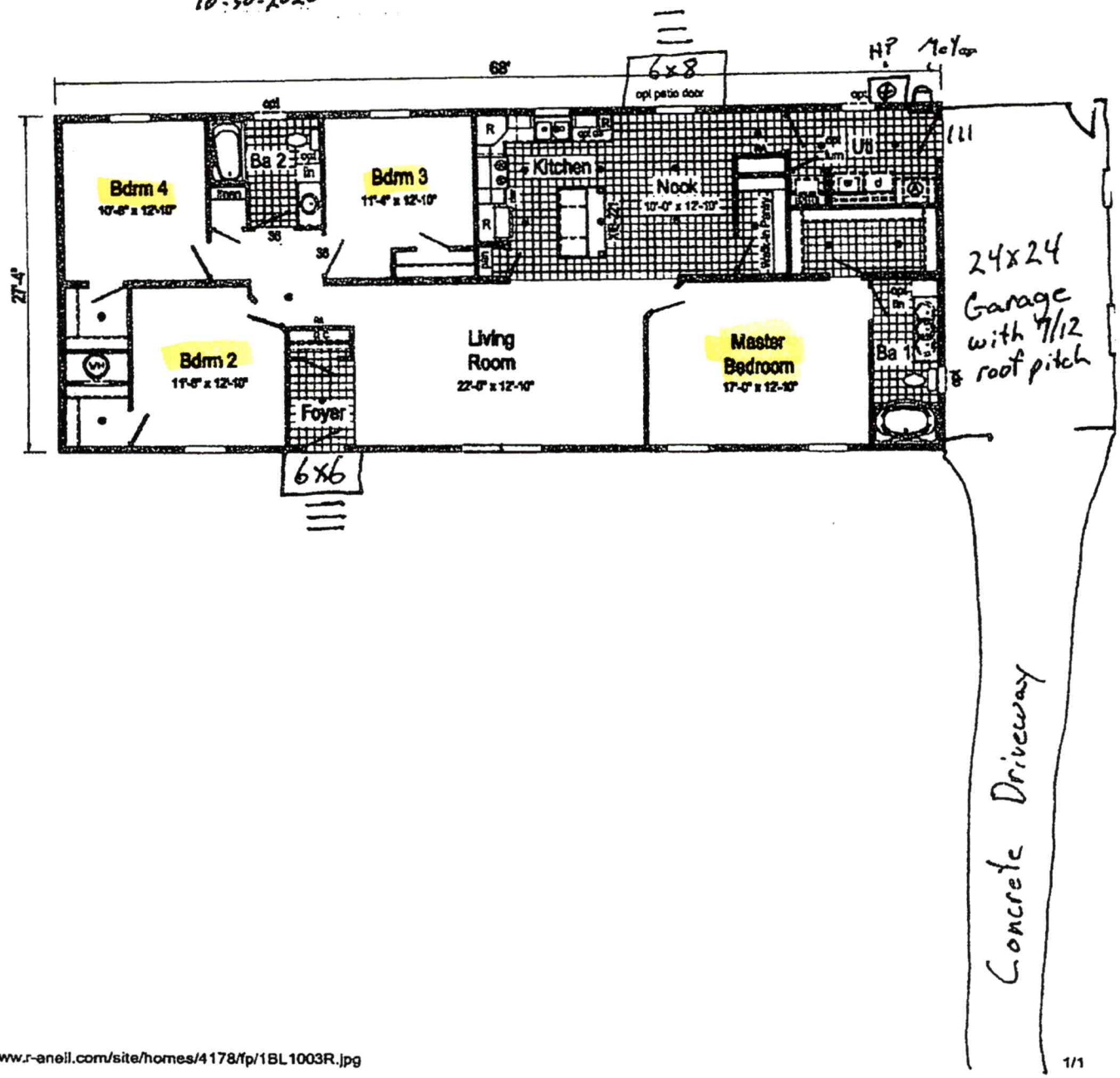
OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

COMMENTS:

28x68 Modular
4BR
4 Bay

Acknowledgement of Plans Submitted ONLY!
Date
Date

667
Robert Schafer
10-30-2020



RECEIVED DEC 16 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

AP-313343
$500.00

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) 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 Frye **Address:** 1124 Charlotte Hwy Troutman NC **Zip:** 28166
Applicant Email: kimsneed.sneed@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____
Owner Name: Robert Schifano **Address:** 189 Wagner St Troutman, NC **Zip:** 28166
Owner Email: _____ **Phone:** 631-754-4563 **Alt. Phone:** _____

Property Information:

Street Address: 126 Tree Top Lane Troutman NC 28166

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-77 toward Charlotte, Exit 45 (L) onto Amity Hill Rd, (L) onto Oswalt Amity Rd, R onto Weathers Creek Rd, 2nd right treetop LN, 126 is on right.

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

CHECK FOUNDATION TYPE

(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
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____

(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.

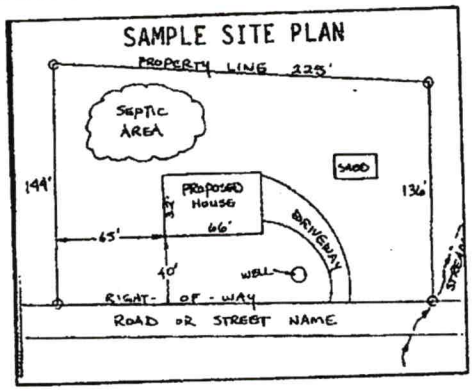
Signature: Kimberly Frye
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-10-2020
DATE

RA 181 NO

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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:

- (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 and well location
- (X) Area you prefer your septic system to be placed
- (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

Attached

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

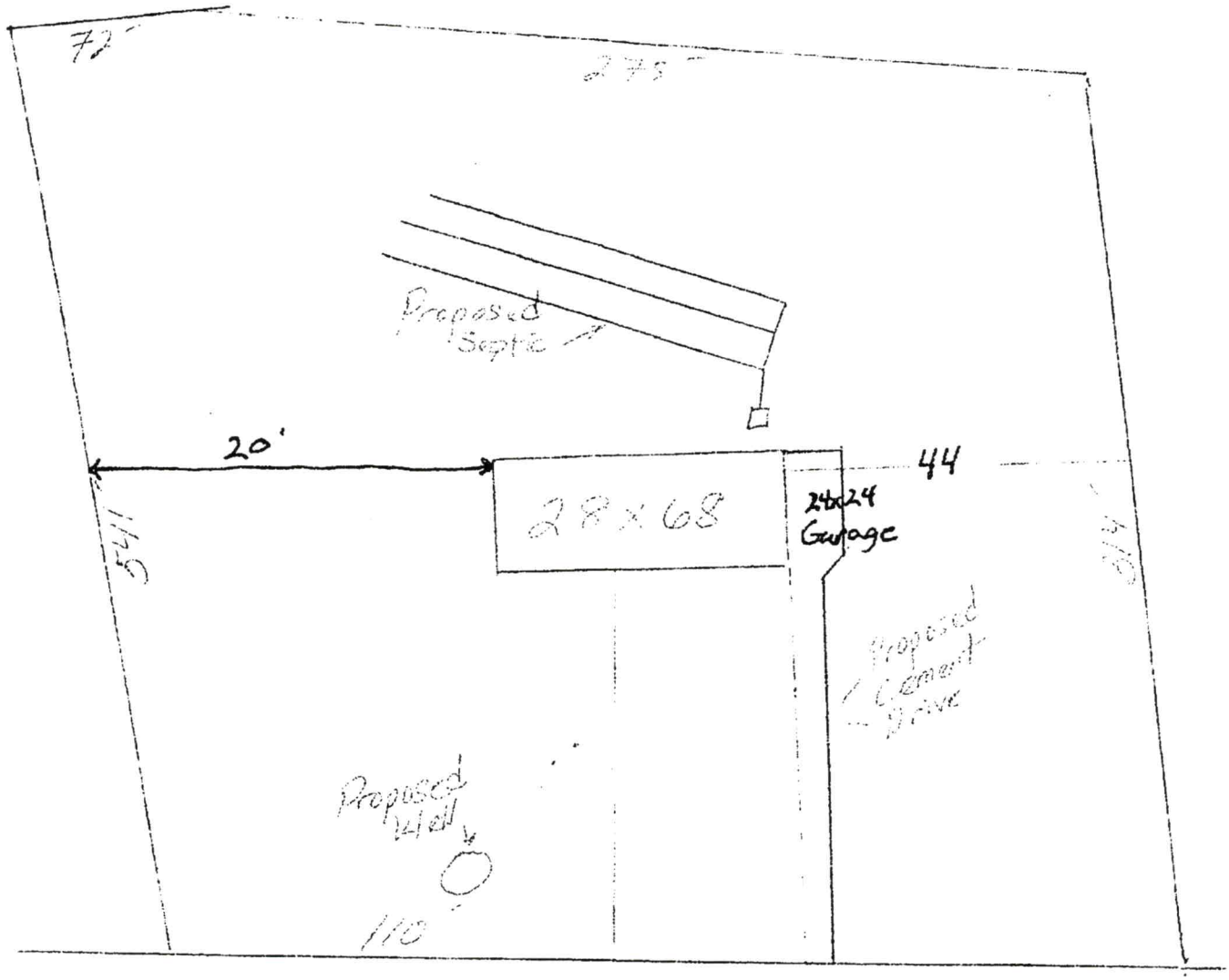
12-10-2020
DATE

PLOT PLAN

N.T.S.

SCHIFANO
TBD TREE TOP LN
TROUTMAN, NC
28166

467
Robert Schifano
10-30-2020



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, Robert Schifano, am the legal owner(s) of the property located at 126 Tree Top Lane Troutman NC 28166, identified as PIN (Parcel Identification Number) 4751-92-8285.000, located in Iredell County, North Carolina.

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

Robert Schifano 10 30 2020 — 10-30-2020

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

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
313343 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751928285.000	126 TREETOP LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: SCHIFANO ROBERT	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 17 KALMIA STREET EAST NORTHPORT, NY 11731	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.81	35	35	15	15	N/A	NO

Remarks
MODULAR//NEED ZD

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.

SEE ATTACHED

PAID

Signature of Owner/Contractor

Date: 12/11/2020

Permit Number	313343	TOTAL FEES:	$77.25

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular J Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? Yes (No) If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Robert Schifano Phone # 631-754-4563

Owner's Current Address 189 Wagner St Troutman, NC 28166

Property Information

Property Address 126 Tree Top Lane Troutman, NC Parcel # 4751-92-8285.000

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y / (N) Flood Plain: Y / (N) Township:_____

Directions to property (from a MAIN ROAD) I-77 Toward Charlotte, Exit 45 (L) onto Amity Hill Rd. (L) onto Oswalt Amity Rd, (R) onto Weathers Creek Rd, 2nd right treetop, 126 is ON right

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-881-2326

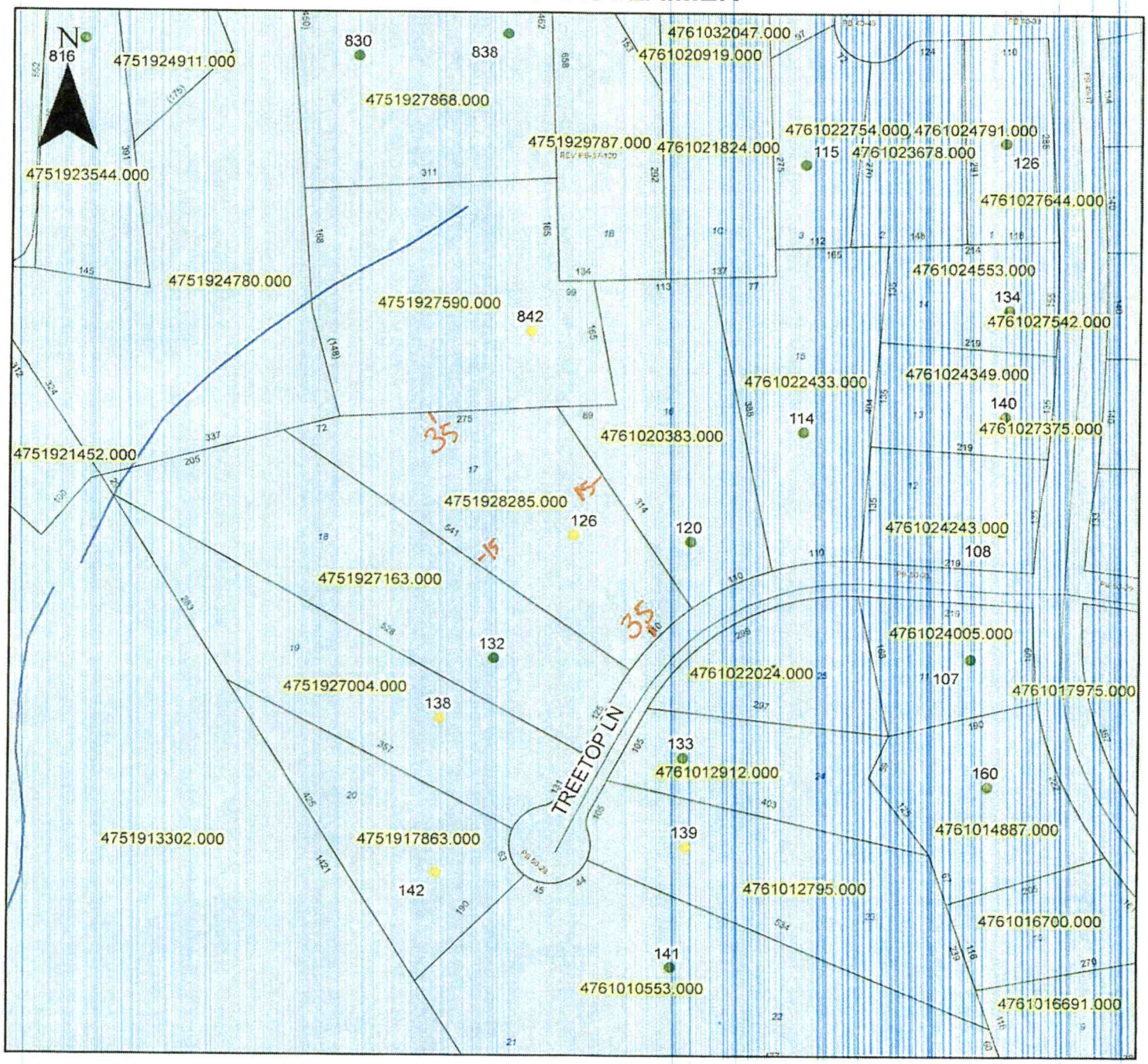
Applicant's Address 1124 Charlotte Hwy Troutman, NC 28166

If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Kimberly Frye DATE 12-10-20

ZONING DISCLAIMER



Property Address 126 Treetop Lane

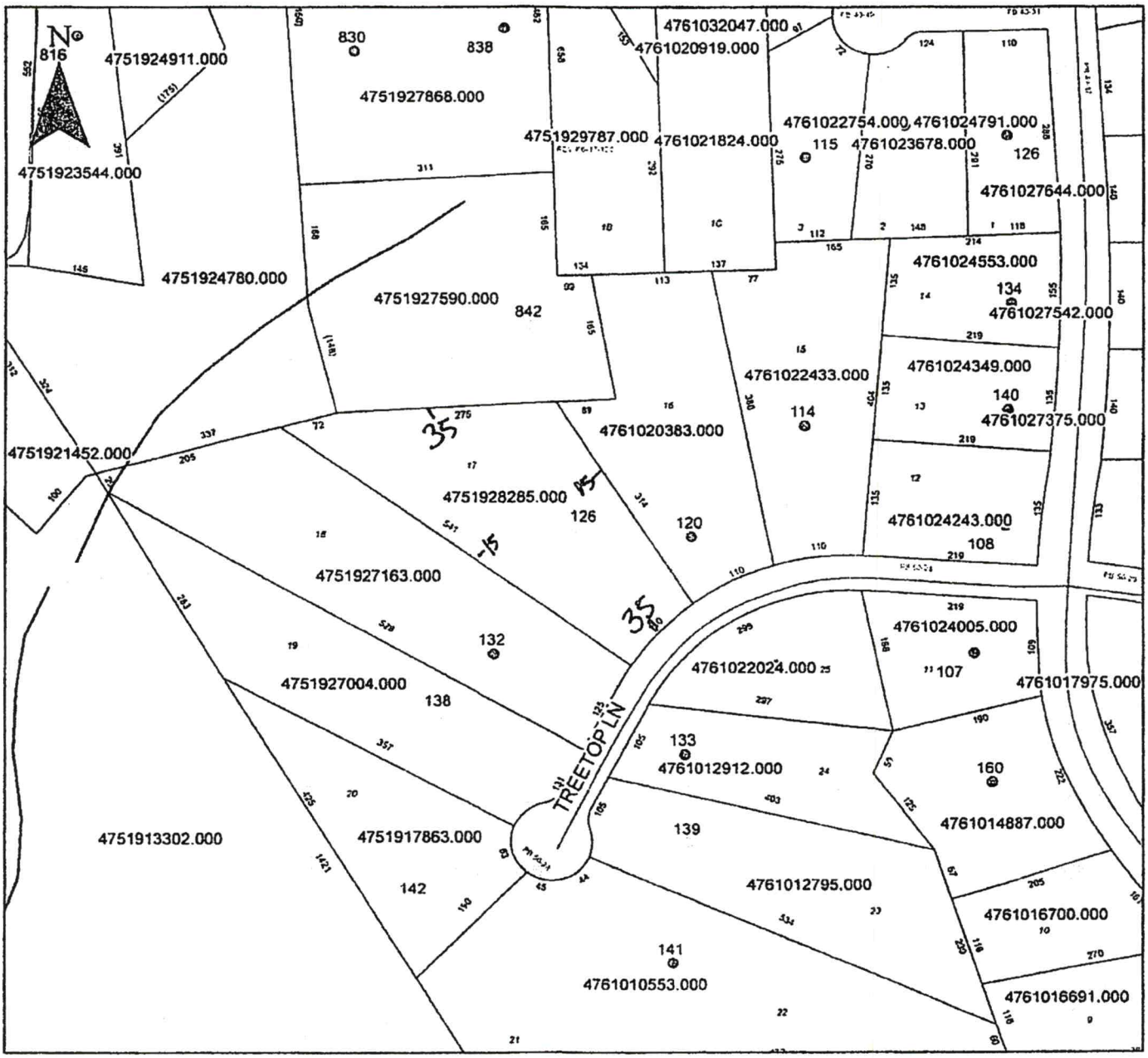
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions,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

Applicant

Date

3,3343

ZONING DISCLAIMER



Property Address 126 Treetop Lane

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

12-11-20

Date

71.88'
IRF AT FEN
CORNER
BARBED WIRE FENCE
S 69°44'36"E - 361.96' TOTAL
239.02'
N 56°30'47"W
CONC
BLOCK
BLDG
PED
17
1.8185
ACRES
N 36°32'27"W 314.02'
C-5