ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 313076

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

PIN # 4752--77--1623

APPLICANT/OWNER: Freedom Homes - Ashlen Robinson APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 537 Shiloh Road Statesville NC 28677 PHONE: 704-881-2326 ALT. PHONE 704-500-6284

SITE DIRECTIONS: Cordus Bagnal toward Salisbury R on Shiloh Road House on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Freddie & Linda Shives family SECTION: — LOT # 1 LOT AREA: 0.576 DESIGN FLOW: 360gpd L.T.A.R.: .3/Repair .25

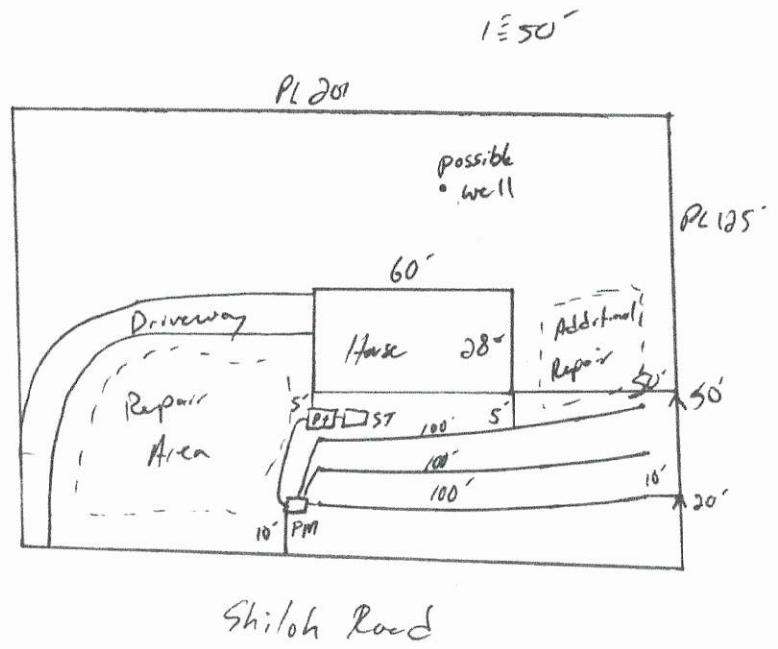
Septic Tank	1000	(gal)	STB 760	Date	3.15.21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000	(gal)	PT 363	Date	10.10.21	System Description:	25% PM			☐ Business	No. Persons 6
Pump Make	Zoeller	Model	BU53	Serial #	ZCPA1220X	Repair System Description:	50% LP			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Drainlines on Contour of land. Use Pressure manifold for distribution. No foundation drain on house.

Use 3 ½ SGL180 tops
136 Dose Volume
6.5" Drop down

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.

6/18/21 House locked, could not check Elect & alarm. Wires were sealed in PT

	Date	Initials
Drain Lines Checked	5-24-21	
Tanks Checked	5-24-21	
Pressure Manifold or Valve Box Checked	5-24-21	
Pressure Head Set	5-24-21	
Electrical Checked	DW	6-28-21
Floats Set	5-24-2021	
Alarm Checked	DW	6-28-21
Maintenance Contract ~~Y/N~~	Not Required	
Comments:		

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: 4-12-21 Installed by: Abbe's Clearing & Grading

IMPROVEMENT PERMIT by: [signature] Date: 4-9-2021 OPERATION PERMIT by: Danielle Stirberg Date: 6/28/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 4-9-2021 Existing System Inspected by: Date:

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 #: 4852771623
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS:
APPLICATION DATE: 12-20-2020
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360gpd
DATE EVALUATED: 4-9-2021
LOCATION OF SITE: Shiloh Road 537
PROPERTY SIZE: .57
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	C 18 18-48 SS 8%	0-6 6-18 18-48	SBL SCL ABL C SBL CL	Tr SSSPSap	Chroma 1 Mott @ 40"	50"	N/A	Tight Mott @ 36"	PS .25 Shallow
2	SS 5%	0-6 6-38 38-48	SBL SCL SBL C SBL CL		Mott @ 16"	52"	N/A	N/A	PS .3
3	SS 8%	0-6 6-32 32-48	SBL SCL SBL C SBL CL		N/A	50"	N/A	N/A	PS .3
4	SS 8%	0-6 6-36 36-48	SCL SBL C SBL CL SBL		N/A	50"	N/A	N/A	PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	240'
System Type(s)	25%	50%
Site LTAR	.3	.25

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

COMMENTS:

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		
					MOIST	**WET**
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
		O (Organic)	None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

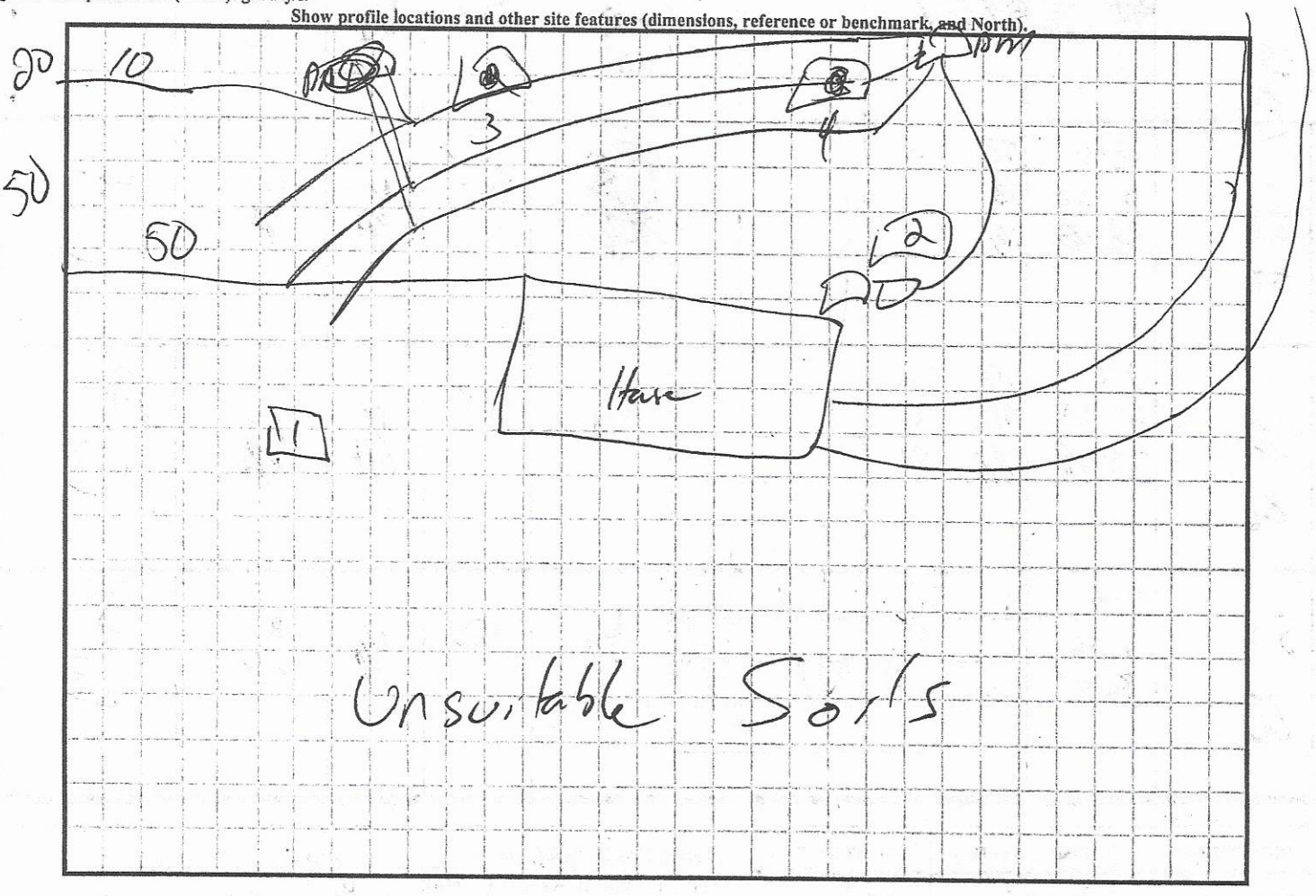
NOTES

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/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED DEC 09 2020

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)

AP - 313076

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

$600.00

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:

Freedom Homes / Kimberly Frye	1124 Charlotte Hwy Troutman NC 28166		704-881-2326
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Ashley Robinson	970 Perth Rd Troutman, NC 28166		704-500-6284
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

537 Shilon Rd Statesville, NC 28677	family Subdivision freddie Shives & Linda Shives	Lot #1
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Southeast on North Center St, Ⓡ onto Shelton Ave, Ⓛ onto E Garner Bagnal Blvd, Ⓡ onto Shilon Rd 537 is on left in 1.75 miles

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
- ( ) 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 _____

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

12-2-2020
DATE

DocuSign Envelope ID: 46CF9B68-A5F7-4031-8966-C1FA66A130FF

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Ashlee Robinson, am the legal owner(s) of the property located at 537 Shiloh Rd Statesville, NC, identified as PIN (Parcel Identification Number) recorded bk 2753, pg 943-945, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kimberly Fry-Lee, 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.

DocuSigned by:
Ashlee L. Robinson 11-18-20
Signature of Owner(s) Date

Signature of Witness 11-18-20
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 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...**

✓ **Area you prefer your septic system to be placed...**

✓ **Preferred driveway location and configuration, preferred well location...**

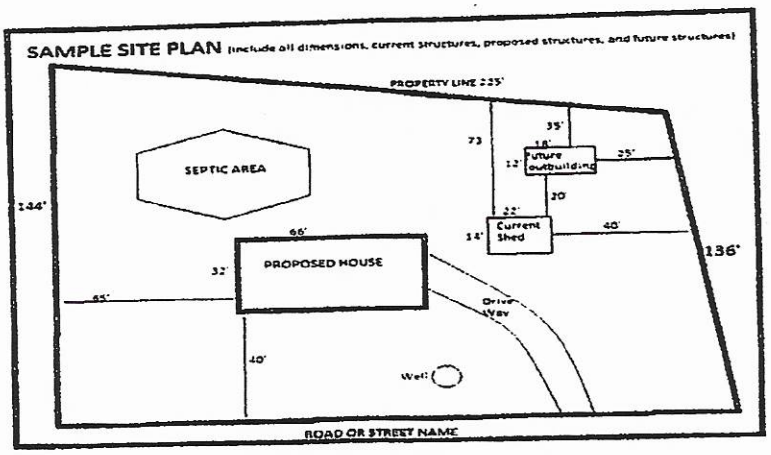
____ **North arrow, or other sufficient indicator of direction...**

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

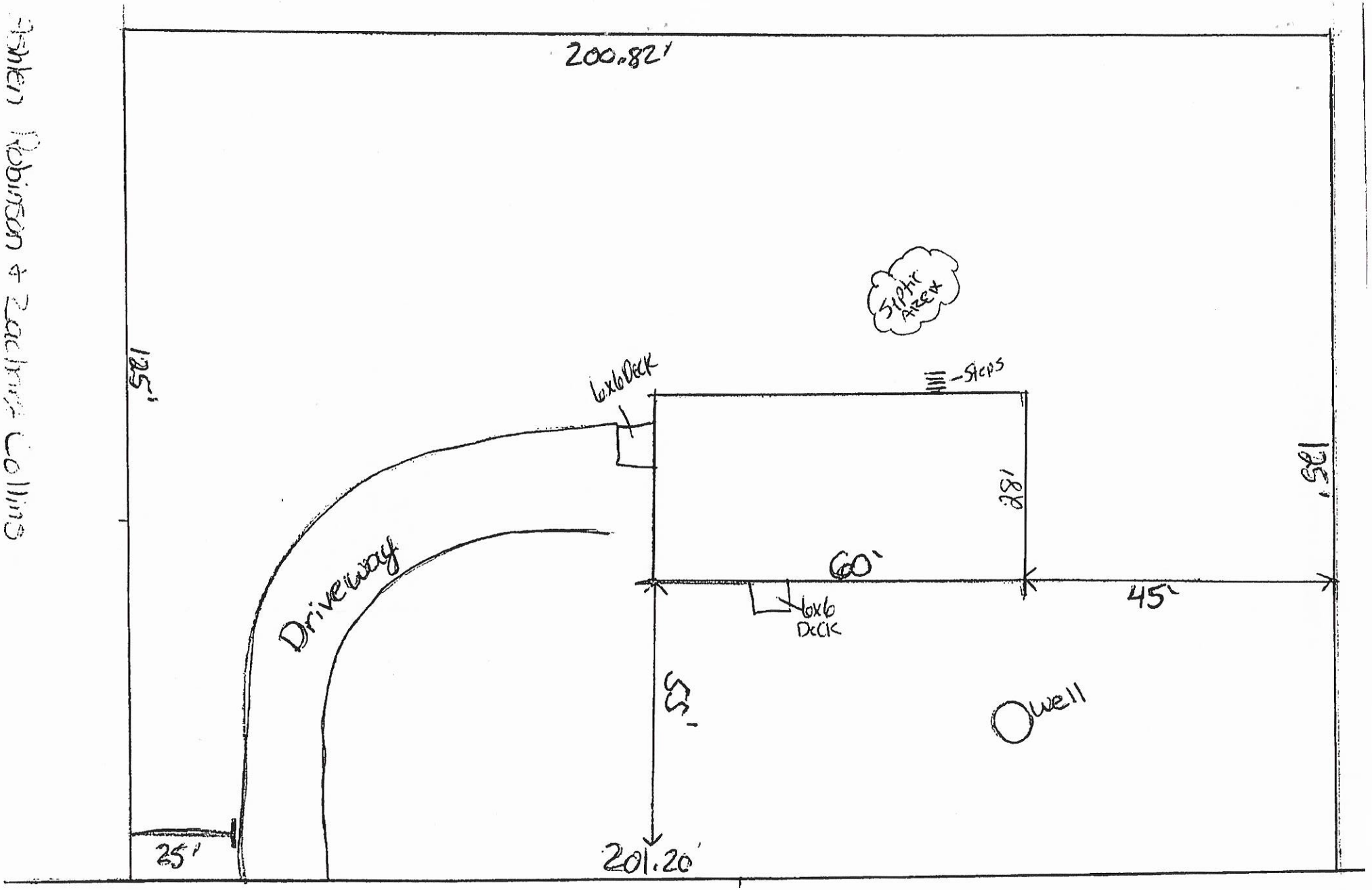
Attached

Signature: Kimberly Gray

REQUIRED **property owner or owner's legal representative signature.**

12-2-2020

DATE



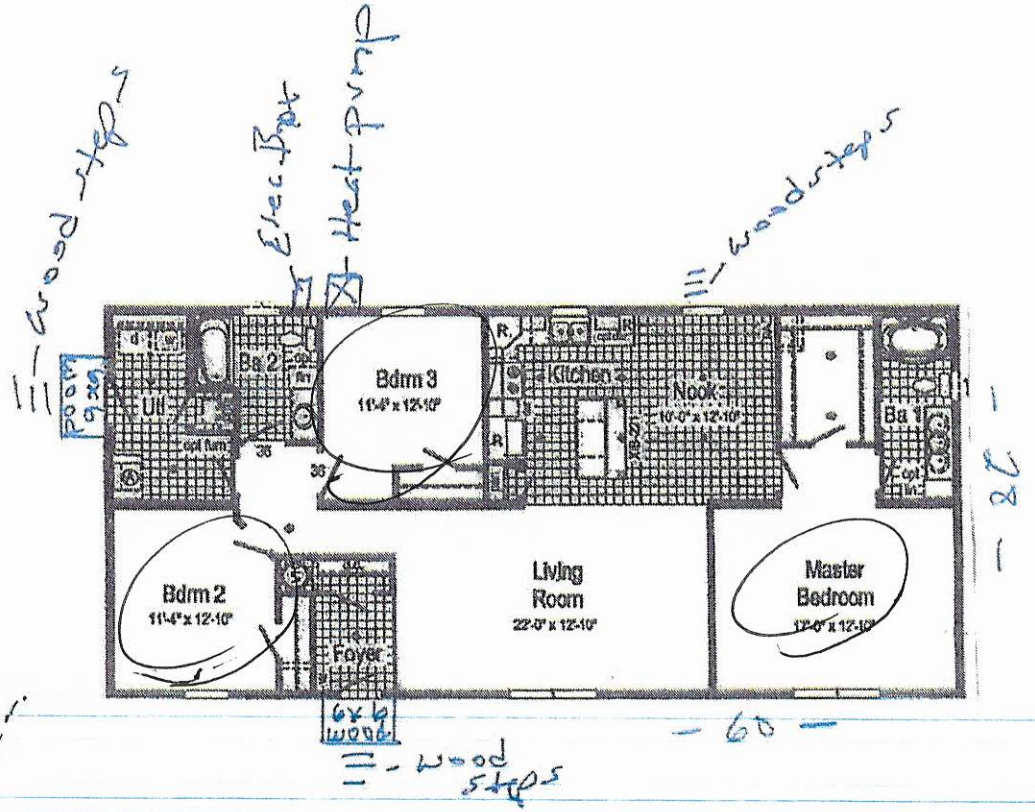
537 Shiloh Rd.

Owen Robinson & Zachary Collins

Collins/Robinson

APPROVED
SIGNATURE: Ashton Patterson
DATE: 9-4-2020

4-9-2020



Gravel Driveway up to shed

* split face block foundation

IREDELL COUNTY · NC

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

APPLICATION NUMBER
313076 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4752771623.000	537 SHILOH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: ROBINSON ASHLEN L	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	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
0.576	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.

Signature of Owner/Contractor

Date: 12/03/2020

Permit Number	313076	TOTAL FEES:	$77.25