IREDELL COUNTY HEALTH DEPARTMENT

Statesville (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 246608

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

PIN # 4753994940.000

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

SITE ADDRESS: 393 Twin Oaks Rd Statesville NC 28625 PHONE: 704 881 2326 ALT. PHONE –

SITE DIRECTIONS: Salisbury Rd to Eastside Drive to E Gumbrie to Twin Oaks Lot across IC Landfill SAP CONTROLLED: ☐ YES ☒ NO

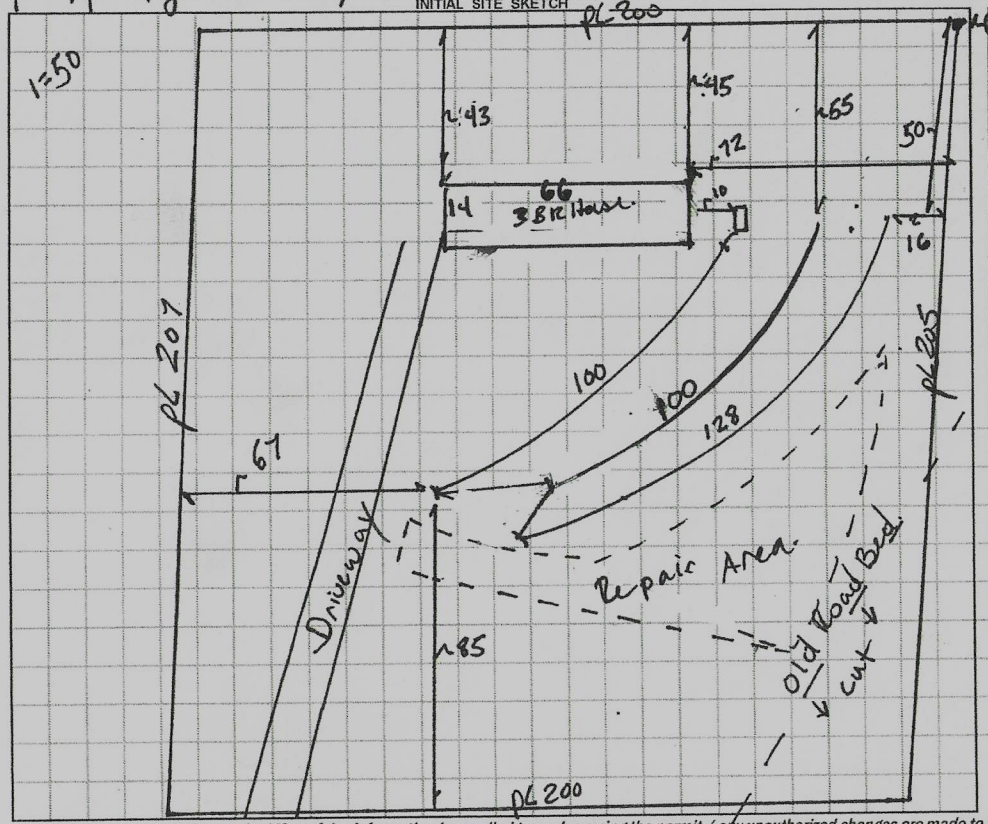
SUBDIVISION: Mrs Roby Lackey SECTION: – LOT # 1 LOT AREA: 0.942 Acres DESIGN FLOW: 360 L.T.A.R.: .275

Septic Tank	1000	(gal)	STB	760	Date	8/13	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	–	(gal)	PT	–	Date	–	System Description:	Gravity 25% Reduction.			
Pump Make	–	Model	–	Serial #	–		Repair System Description:	LP- Panel Block			
# Nitrification Fields	1	# Lines	3	Linear Ft	328		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36.	Trench Bottom Depth(Low side)	32	Gravel Depth	–			☒ GRAVITY	☐ PRESSURE		

				Water Supply
☑ Residence	No. Bedrooms	3		☐ Private
☐ Business	No. Persons	6		☑ Public
☐ Other	No. Employees			☐ Community
☐ Slab	☑ Crawl Space			
☐ Basement w/plumbing			☐ Basement w/o plumbing	

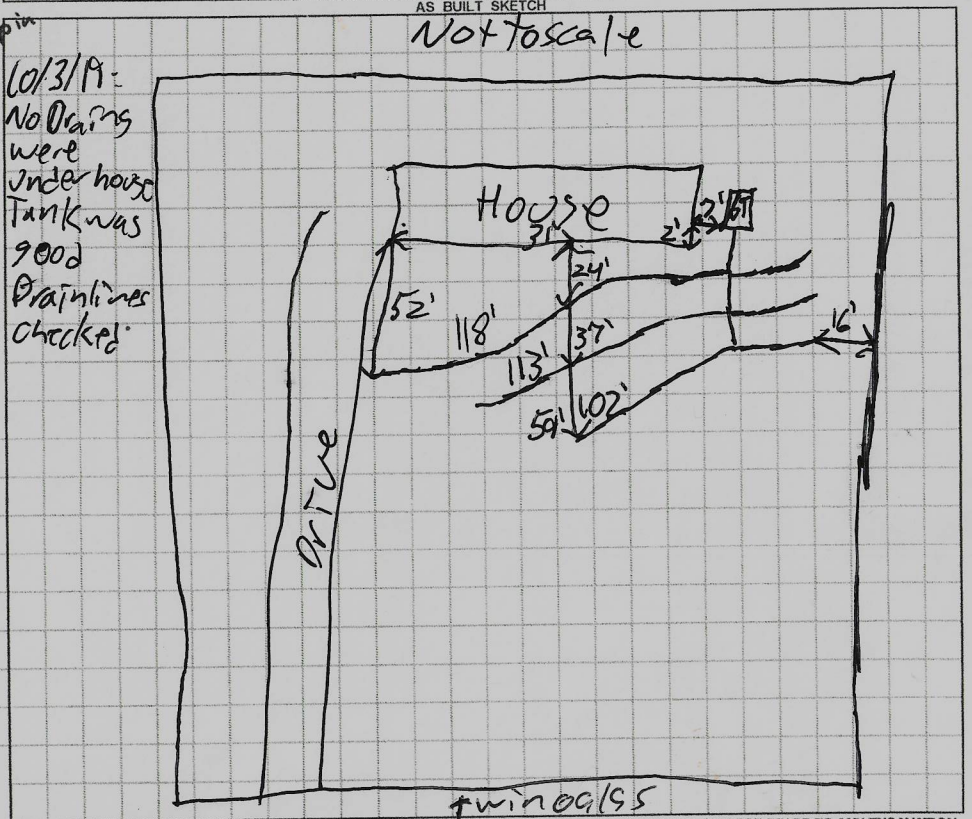
Comments / Conditions: Install Septic Drainlines on the Contour of the land and utilize Serial distribution. Smooth out Road Bed Cut. Do not Drive park, pave, grade or bury utilities in drain field area.

INITIAL SITE SKETCH



AS BUILT SKETCH

Not to scale



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: 8/15/19 Installed by: AREE's Grading

IMPROVEMENT PERMIT by: Benjamin A Botkin Date: 8/12/19 OPERATION PERMIT by: Patrick J Boyle III Date: 10/3/19

AUTHORIZATION TO CONSTRUCT by: Benjamin A Botkin Date: 8/12/19. 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 #: 4753994490
COUNTY: Iredell

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

OWNER: Fran Whitis
ADDRESS: Unknown.
PROPOSED FACILITY: 3BR Home
LOCATION OF SITE: 345 Twin Oaks Drive
APPLICATION DATE 7/12/19
DATE EVALUATED: 8/6/19
PROPERTY SIZE: 2 Lots.
PROPERTY RECORDED: NO
PROPOSED DESIGN FLOW (.1949): 360 gpd.

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	LSS	0-12	SC WSBK	SS SP FR SEXP	2.5YR 4/6	51		L. Lo. Matrix	PS .3
		12-37	C SBK	SS SP FM					
		37-51	CL WSBK	SS SP FM					
2	LSS	0-8	SC WSBK	SS SP FM SEXP	2.5YR 4/6	48		Minor Redox 7.5YR5/4 L. Lo Matrix	PS .275.
		8-28	C SBK	SS SP FM					
		28-48.	CL WSBK	SS SP FM					
3	Footslope	0-13	SC WSBK	SS SP FM SEXP	2.5YR 4/6.	52		L. Lo Matrix	PS .30.
		13-36	C SBK	SS SP FM					
		36-52	CL WSBK	SS SP FM					
4	Footslope	0-16	Fill		2.5YR 4/6	52.		L. Lo Matrix	PS .30.
		16-33	SC WSBK	SS SP FM					
		33-52	CL SBK	SS SP FM					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	329	220.
System Type(s)	II 25%	IV 49-50%
Site LTAR	.275	.275

OTHER FACTORS (.1946): Property Record
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Billy
OTHER(S) PRESENT: Tim Abee

COMMENTS: Western Iredell Property no Records.

Updated February 2014

8-28-3118 3174

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** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) 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.

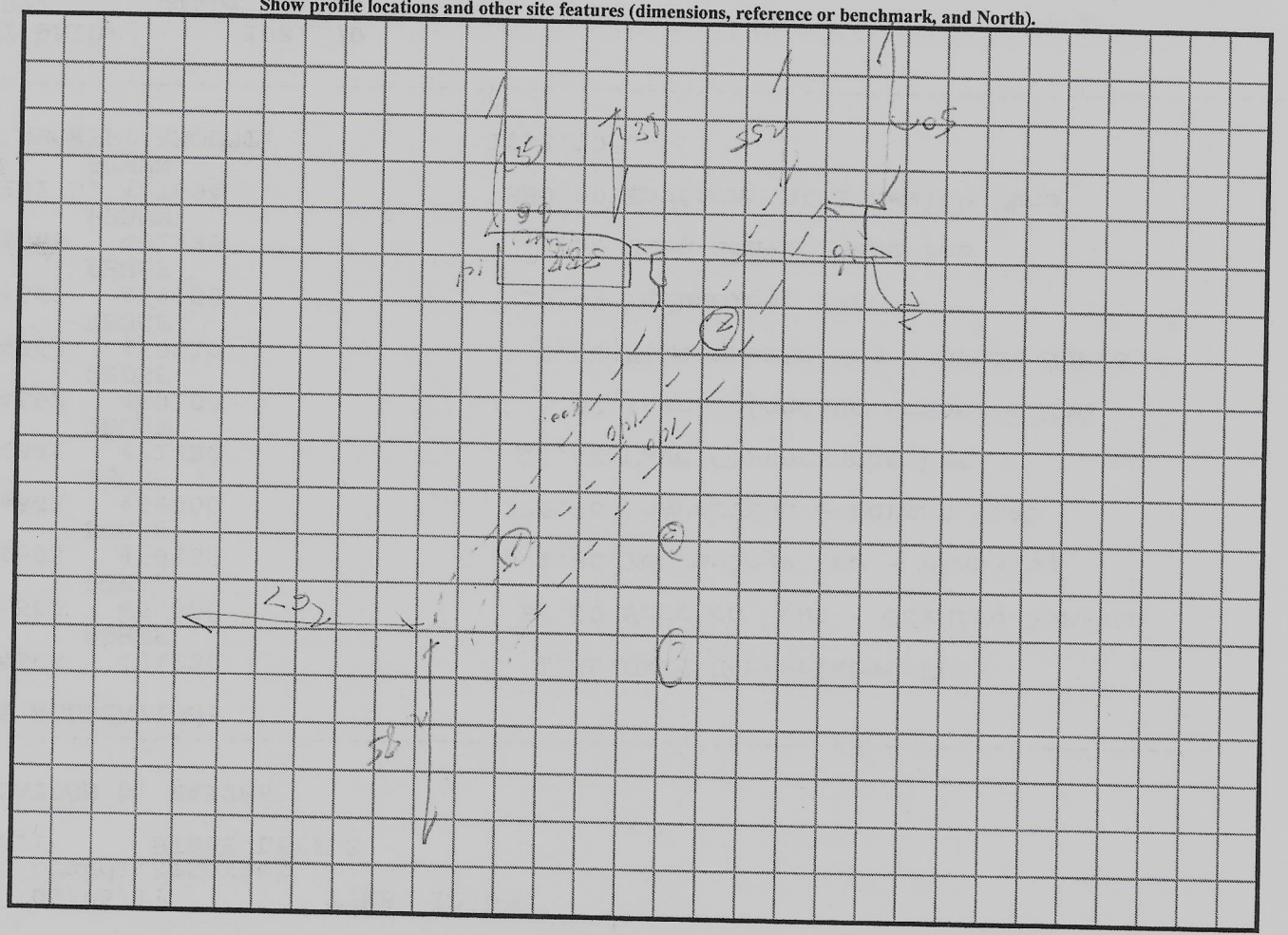
NOTES

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).



#2466608
7.12.19
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 ( ) 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.sneed04@gmail Phone: 704-881-2826 Alt. Phone:
Owner Name: Frank & Wanda Whiting Address: Zip:
Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 393 Twin Oaks Rd Statesville, NC 28625
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: Salisbury Rd, Onto Eastside Drive, Take 1st R onto E Greenbriar Rd - Turns Into Twin Oaks Rd (Freedom Homes Sign)

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:
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 7-12-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

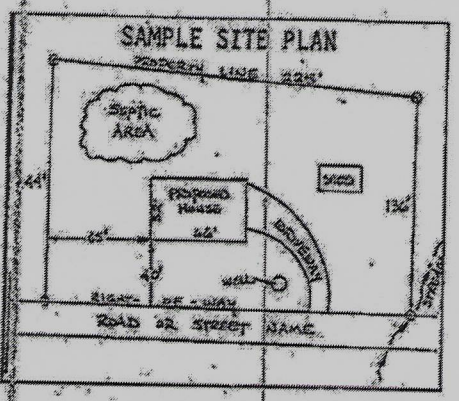
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) 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

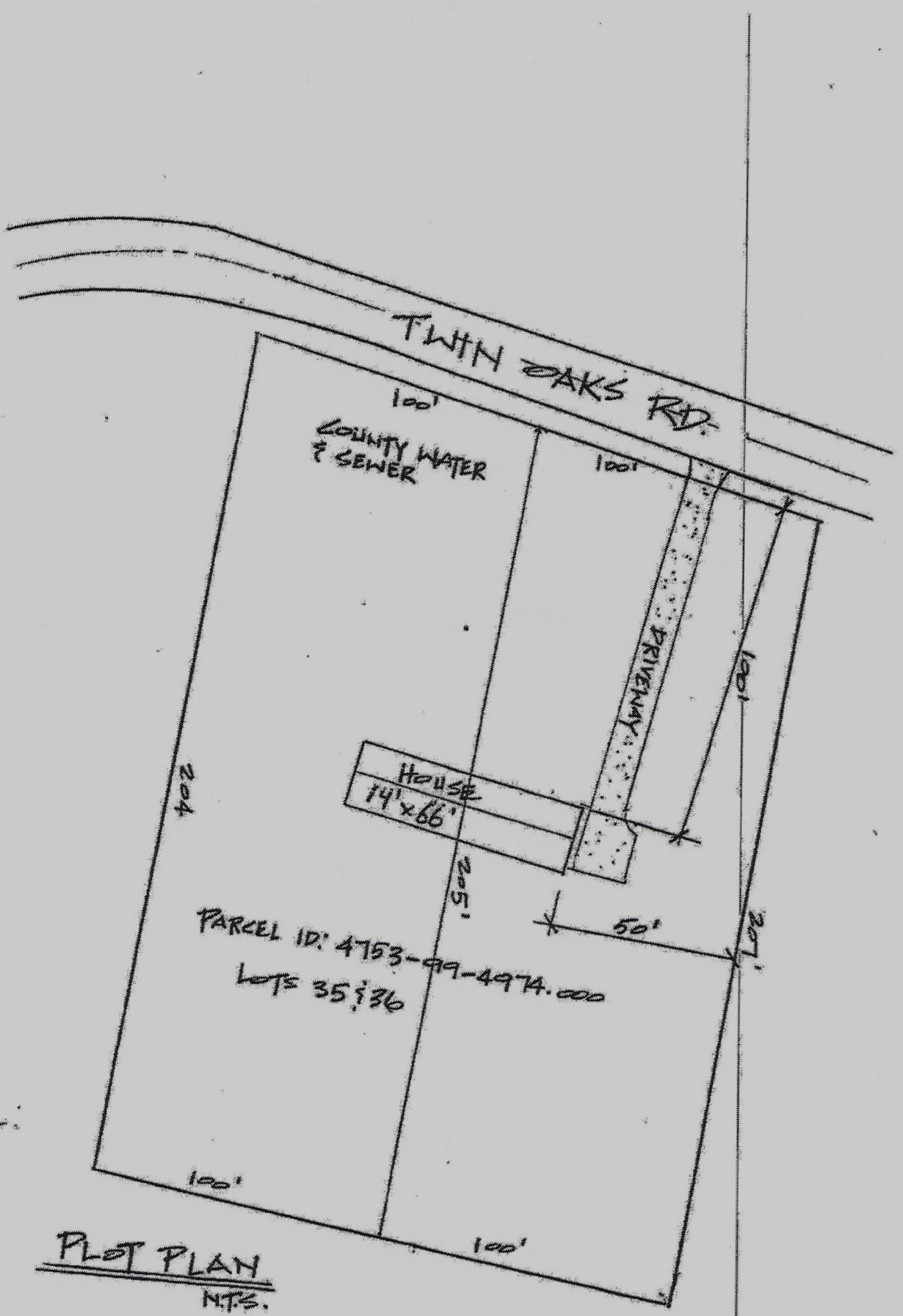
Attached

Signature: Kathleen Snead

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

7-12-19

DATE



PLOT PLAN

N.T.S.

DigiSign Verified: AD2F7A93-6D82-4024-9D99-411D90ECCA10

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, Frank H Whiting III and Wanda B Whiting, am the legal owner(s) of the property located at 000 Twin Oaks Rd Statesville NC 28625, identified as PIN (Parcel Identification Number) 4753-99-4974 & 4753-99-4816, 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.

Frank Whiting Wanda Whiting 07-01-2019 11:55 AM EDT — 7-1-19

Signature of Owner(s) Date Signature of Witness Date

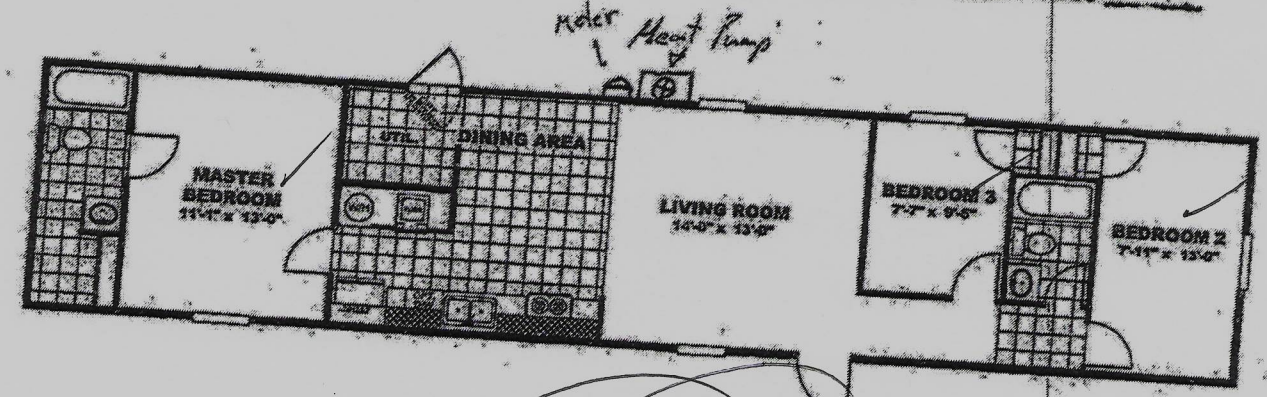
Please return this signed form to the appropriate office:

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

902 sq ft // 3 beds // 2 baths

Acknowledgement Of
Plans Submittal ONLY!
Date 7-12-19
Date 8/12/19



14x66 Singlewide

Twin Oaks

IREDELL COUNTY

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

APPLICATION NUMBER
246608
Issue Date: 07/12/2019

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4753994974.000	393 TWIN OAKS ROAD, STATESVILLE, NC 28625	

Owner Information		Applicant Information	
Owner:	WHITING FRANK H III+WANDA B	Applicant:	FREEDOM HOMES-TROUTMAN
Address:	431	Address:	1124 CHARLOTTE HWY
	IREDELL CO, NC 28625		TROUTMAN, NC 28166
Phone:		Phone:	704-883-6148

Use Requested	Zone Code
NEW MOBILE HOME - HOLD BU UNTIL PLAT HAS BEEN RECORDED.	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NO	X

Remarks:

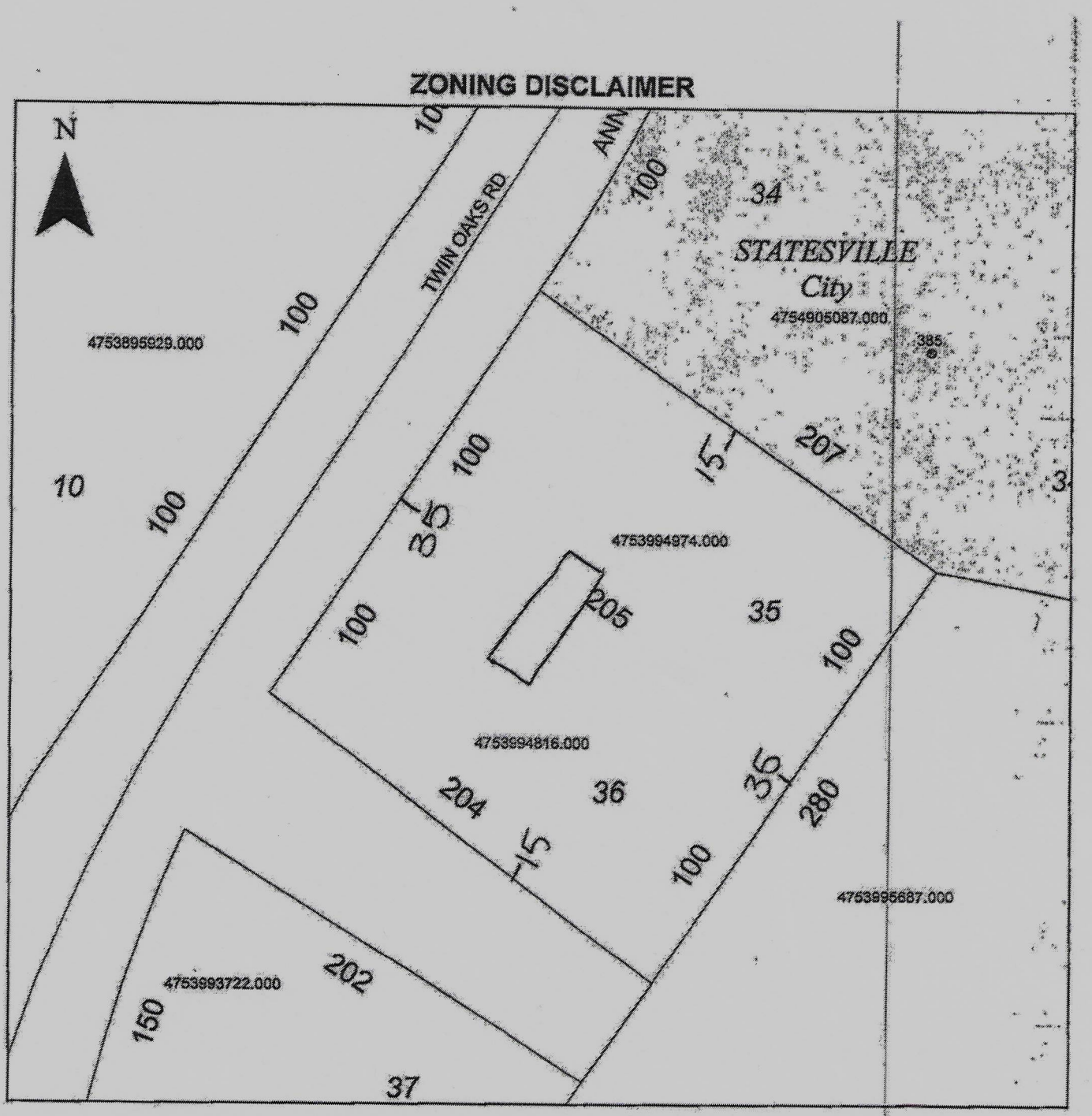
Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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.

Applicant: _____ Date: _____

Permit Number	184878	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 393 Twin Oaks

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.

X _____
Applicant

X 7-12-19
Date