IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Date **1/12/15**

Re: Application for improvement permit for **Freedom Homes**, property site **2312 E. Greenbriar Rd. Statesville, NC**
Health Department file number: **207385**

Dear **Stanley McMullen,** (Owner or Owner's Agent)

The Iredell County Health Department, Environmental Health Division on **(1/9/15)** evaluated the above referenced property at the site designated on the plat/site plan that accompanied your improvement permit application. According to your application the site is to serve a **3 bedroom residence** (describe facility – example: 3 bedroom residence, 10 employee office) with a design wastewater flow of **360** gallons per day. The evaluation was done in accordance with the laws and rules governing wastewater systems in North Carolina General Statute 130A-333 including related statutes and Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1900 and related rules.

Based on the criteria set out in Title 15A, Subchapter 18A, of the North Carolina Administrative Code, Rule .1940 through .1948, the evaluation indicated that the site is UNSUITABLE for a ground absorption sewage system. Therefore, your request for an improvement permit is DENIED. A copy of the site evaluation is enclosed. The site is unsuitable based on the following:

_____ Unsuitable soil topography and/or landscape position (Rule .1940)
__X__ Unsuitable soil characteristics (structure or clay mineralogy) (Rule .1941)
_____ Unsuitable soil wetness condition (Rule .1942)
__X__ Unsuitable soil depth (Rule .1943)
_____ Presence of restrictive horizon (Rule .1944)
__X__ Insufficient space for septic system and repair area (Rule .1945)
_____ Unsuitable for meeting required setbacks (Rule .1950)
_____ Other (Rule .1946) _____

These severe soil or site limitations could cause premature system failure, leading to the discharge of untreated sewage on the ground surface, into surface waters, directly to ground water or inside your structure.

The site evaluation included consideration of possible site modifications, and modified, innovative, or alternative systems. However, the Health Department has determined that none of the above options will overcome the severe conditions on this site. A possible option might be a system designed to dispose of sewage to another area of suitable soil or off-site to additional property.

For the reasons set out above, the property is currently classified UNSUITABLE, and no improvement permit shall be issued for this site in accordance with Rule .1948(c).

However, the site classified as UNSUITABLE may be classified as PROVISIONALLY SUITABLE if written documentation is provided that meets the requirements of Rule .1948(d). A copy of this rule is enclosed. You may hire a consultant to assist you if you wish to try to develop a plan under which your site could be reclassified as PROVISIONALLY SUITABLE.

You have a right to an information review of this decision. You may request an informal review by the soil scientist or environmental health supervisor at the local health department. You may also request an information review by the North Carolina Department of Health and Human Services regional soil scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. To get a copy of a petition form, you may write the Office of Administrative Hearings or call the office at (919) 431-3000 or from the OAH web site at http://www.ncoah.com/forms.html. The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. N.C. General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

Please note: If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **1/12/15**. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (N.C. General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, N.C. Department of Health and Human Services, 2001 Mail Service Center, Raleigh, N.C. 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in N.C. General Statute 150B-23 that you send a copy to the Office of General Counsel, N. C. Department of Health and Human Services.
You may call or write the local health department if you need any additional information or assistance.

Sincerely, Justin Henderson

Signature of Authorized Agent – DHHS
Enclosures: (Enclose copy of site evaluation)
(Copy of Rule .1948)

15A NCAC 18A .1948 SITE CLASSIFICATION

(a) Sites classified as SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules. A suitable classification generally indicates soil and site conditions favorable for the operation of a ground absorption sewage treatment and disposal system or have slight limitations that are readily overcome by proper design and installation.

(b) Sites classified as PROVISIONALLY SUITABLE may be utilized for a ground absorption sewage treatment and disposal system consistent with these Rules but have moderate limitations. Sites classified Provisionally Suitable require some modifications and careful planning, design, and installation in order for a ground absorption sewage treatment and disposal system to function satisfactorily.

(c) Sites classified UNSUITABLE have severe limitations for the installation and use of a properly functioning ground absorption sewage treatment and disposal system. An improvement permit shall not be issued for a site which is classified as UNSUITABLE. However, where a site is UNSUITABLE, it may be reclassified PROVISIONALLY SUITABLE if a special investigation indicates that a modified or alternative system can be installed in accordance with Rules .1956 or .1957 of this Section.

(d) A site classified as UNSUITABLE may be used for a ground absorption sewage treatment and disposal system specifically identified in Rules .1955, .1956, or .1957 of this Section or a system approved under Rule .1969 if written documentation, including engineering, hydrogeologic, geologic or soil studies, indicates to the local health department that the proposed system can be expected to function satisfactorily. Such sites shall be reclassified as PROVISIONALLY SUITABLE if the local health department determines that the substantiating data indicate that:

(1) a ground absorption system can be installed so that the effluent will be non-pathogenic, non-infectious, non-toxic, and non-hazardous;

(2) the effluent will not contaminate groundwater or surface water; and

(3) the effluent will not be exposed on the ground surface or be discharged to surface waters where it could come in contact with people, animals, or vectors.

The State shall review the substantiating data if requested by the local health department.

History Note: *Authority G.S. 130A-335(e);*
Eff. July 1, 1982;
Amended Eff. April 1, 1993; January 1, 1990.

857

THE CITY of Statesville NORTH CAROLINA

City of Statesville Jurisdiction
ZONING APPROVAL

For building permit application 704-878-3575

General Information

Job Address	2312 EAST GREENBRIAR ROAD	Permit Number	207385
Owner	MCMULLEN STANLEY	Tax Map	4754328105.000
Owner Addr.	BOX 535	Zoning	RA
	GLOUCESTER, VA 23061	Flood Hazard Area	
Phone No.		Historic District	
Contractor	FREEDOM HOMES-TROUTMAN #667	Architect	
Address	BOX 535	Address	
	GLOUCESTER, VA 23061		
Phone No.		Phone No.	

Type of Application MOBILE HOME NEW - STATESVILLE

Utility Source

Electric
Water
Sewer

Required Information

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

	Lot Dimensions		Required Parking	Setbacks	
	Structure Size &		Landscaping	35.00	Front Yard
	Location		Utility Clearance	35.00	Rear Yard
	Easements		TRC Review	12.00	Right Yard
	Flood Certification		Other	12.00	Left Yard
	Driveway Cuts				

Department Approval

Planning Department _____ Public Works _____

Comments

NEW MANUFACTURED HOME,MASONARY CURTAIN WALL REQUIRED

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant Signature

12/09/2014
Date

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

( ) Septic Improvement Permit (✓) New Well Permit (✓) 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 (✓) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: FREEDOM HOMES FIELDED Address: 1124 Charlotte Hwy, Troutman NC. Phone: 704 893 6148

Owner Name: Destiny Reeves Address: 110 Superior Dr, Mooresville NC Phone: 910-610-3362

Property Information:

Street Address: 2312 E GREENBRIAR RD, STATESVILLE NC. 28625

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

Driving Directions: [redacted] Salisbury Rd towards Gordon Junk yard left on Eastside then Right on Greenbriar Lot is on Right in front of Liberty

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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 ( ) Conventional (✓) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 12-9-14

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

IREDELL COUNTY HEALTH DEPARTMENT

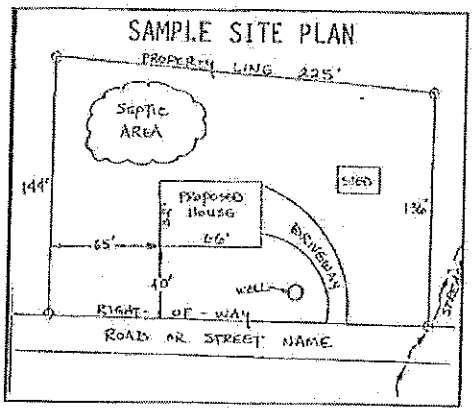
ENVIRONMENTAL HEALTH DIVISION

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:

- (✓) Property Line measurements are clearly identified
- (✓) All proposed structures are indicated
- (✓) Front and side setbacks from property line
- (✓) Preferred driveway location and well location
- (✓) Area you prefer your septic system to be placed
- (✓) North arrow, or other sufficient indicator of direction

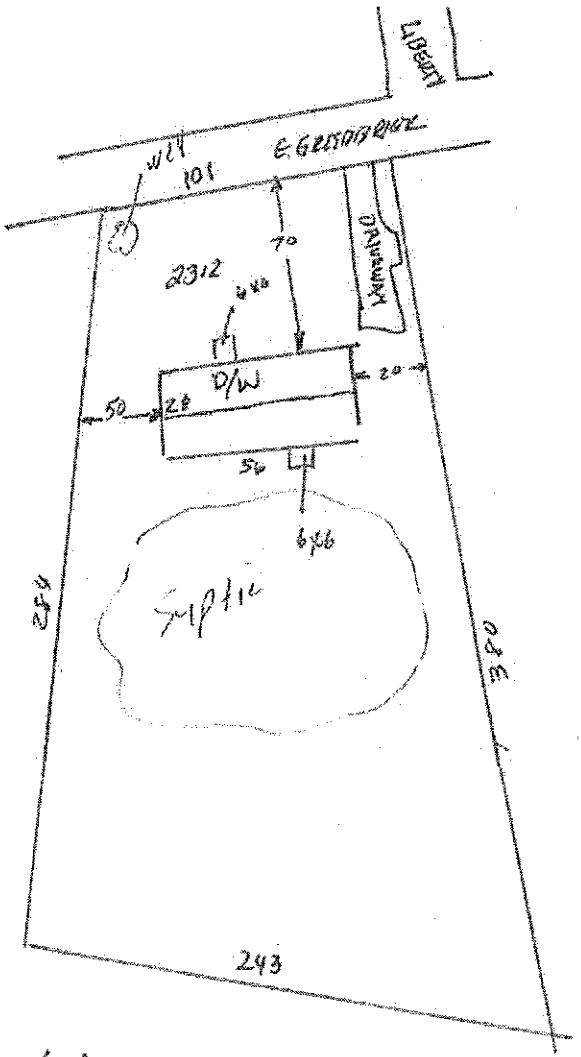


Circle N/A on the following if appropriate:

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



Signature: _____

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

12-9-14

DATE

FREEDOM HOMES

Freedom Homes of Troutman
(704) 528-7960

Contact Us

Loc 190

Manufactured and Modular Homes for Sale

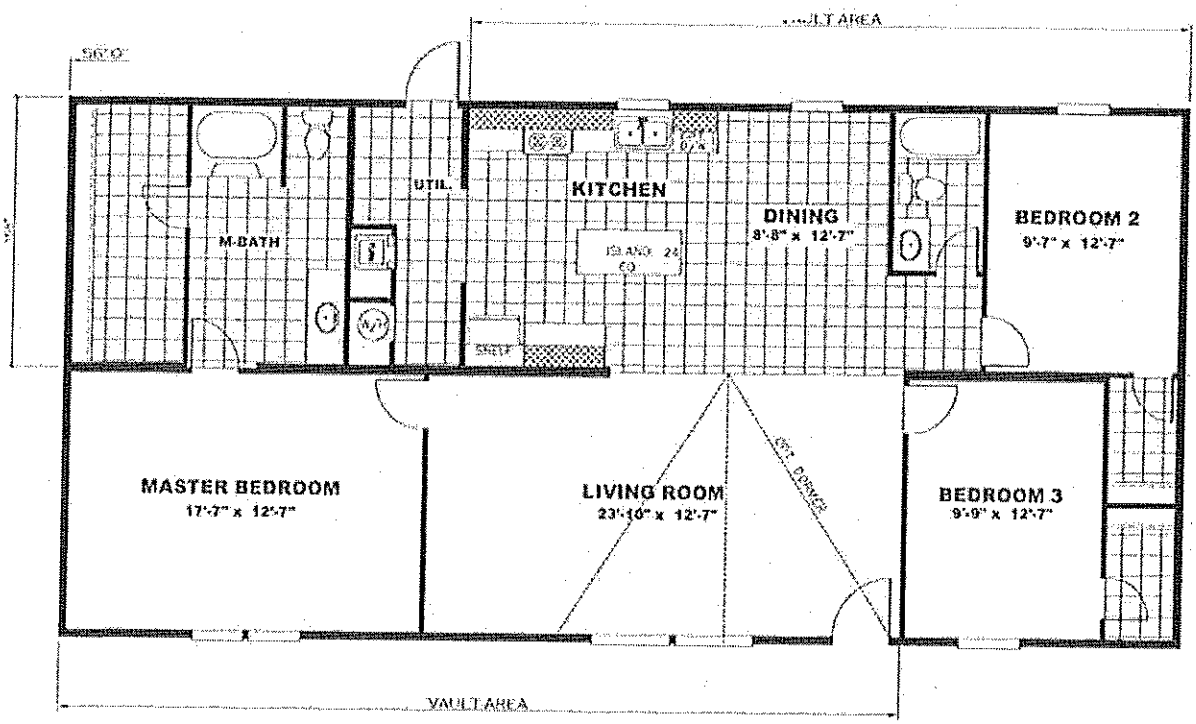
28 x 56

Home for Sale: The Touchdown!

1568 Sq.Ft. • 3 Beds • 2 Baths HomeID: WH7040-0667

Brochure

Back to Listings



Acknowledgement
Plans Submittal ONLY!
Emily Date 12-11-14
_____ Date _____

Home features include:

Kitchen island, breakfast bar, split bedrooms, and open floorplan.

The Touchdown! 3 bedroom, 2 bathroom home is available for immediate purchase.

Want more info? Let us help.

Name: *

PERMITS/INSP PAYMENT
COUNTY OF IREDELL
PO BOX 788
200 SOUTH CENTER STREET
STATESVILLE NC 28687

RECEIPT# 350655

DATE: 12/11/14 TIME: 12:24
CLERK: mark.baker
PAID BY: FREEDOM HOMES-TROUTMAN #667

APPLICATION #: 207385

PERMIT ALLOCATION:

1	10492751 447004 PEHIA	500.00	OSWP & WELL Fees
1	10492751 447004 PEHWN	495.00	OSWP & WELL Fees
TOTAL RECEIPT AMOUNT:		995.00	

AMOUNT PAID: 995.00
PAID BY: FREEDOM HOMES-TROUTMAN #667
PAYMENT METHOD: CHECK 1545
APPLICATION #: 207385

AMT TENDERED: 995.00
AMT APPLIED: 995.00
CHANGE: .00

$ PAID
MAB

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 4754328105
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 360gpd
LOCATION OF SITE: 2312 E. Greenbriar Rd.
WATER SUPPLY: • Private • Public • Well • Spring • Other N/A
EVALUATION METHOD: • Auger Boring • Pit • Cut
TYPE OF WASTEWATER: • Sewage • Industrial Process • Mixed

APPLICATION DATE 12-9-14
DATE EVALUATED: 1-5-14
PROPERTY SIZE: 1.42acres
PROPERTY RECORDED: yes

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	7% NS	0-8	SCL SBK	Fr Mod SE	>48"	>48"	>48"	>48"	Need Pits
		8-20	SC SBK (Brown)	Fr SlSt Mod SE					
		20-31	C Y/B mottles SBK	Fr SlSt Mod SE					
		31-48	CL Y/B mottles WABK	Fr Mod SE					
2	5% NS	0-9	SCL SBK	Fr Mod SE	>48" 2.5Y 6.4	>48"	>48"	>48"	Need Pits
		9-30	C Y/B mottles SBK	Fr SlSt Mod SE					
		30-48	CL Mica/Quartz WABK	Fr Mod SE					
			Mag deposits in Clay horizon						
3	5% L	0-10	SCL SBK	Fr Mod SE	>48" 2.5Y 6.6	>48"	>48"	>48"	Need Pits
		10-28	C Y/B mottles SBK	Fr SlP Mod SE					
		28-48	CL Y/B mottles WABK	Fr Mod SE					
			some mag deposits in Clay horizon						
4	5% L	0-8	SCL SBK	Fr Mod SE	>48" 2.5Y 6.6	>48"	>48"	>48"	Need Pits
		8-16	SC SBK	Fr Mod SE					
		16-23	SC SBK	Fr SlP Mod SE					
		23-33	C Y/B mottles SBK	Fr SlP Mod SE					
		33-48	CL Y/B mottles WABK	Fr Mod SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	US	US

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): US
EVALUATED BY: Justin Alexander
OTHER(S) PRESENT: Heath Snow

COMMENTS: N/A

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 475432810S
DATE OF EVALUATION: 1-9-15
COUNTY: Iredell

PITS

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
PIT 5	7% NS	0-8	SBK SCL	Fr Mod	+38"	58"	+58"	20"	FS 0.1 Drp
		8-20	SBK Brown C	Fr SlSP Mod SE					
		20-45	PL Yellow-Red C	Fi SlP Mod	20"-45" Platy				
		45-58	WABK BC	Fr Mod					
PIT 6	5% L	0-7	SBK Organic SCL	fr SE	38" Chroma 2's 38"-60"	+60"	+60"	30"	PS 0.15
		7-16	SBK SC	Fr SlSP Mod SE					
		16-30	ABL C	Fr Mod SE					
		30-60	PL C	Fi					
		30"-60" platy							
PIT 7	5% L	0-7	SBK SCL	Fr Mod SE	+78" 14"43" Platy	54"	54"	14"	US
		7-14	SBK SC	Fr Mod SE					
		14-43	PL C	fi Mass					
		43-54	WABK BC	fi/fr					
		54-78	Sap CL	fi/fr SE					
PIT 8	5% NS	0-12	SCL SBK	Fr Mod SE	+65"	42"	42"	12"	US
		12-39	C PL	Fi Mod					
		39-42	BC CL WABK	Fr Mod					
		42-65	CL SAP						

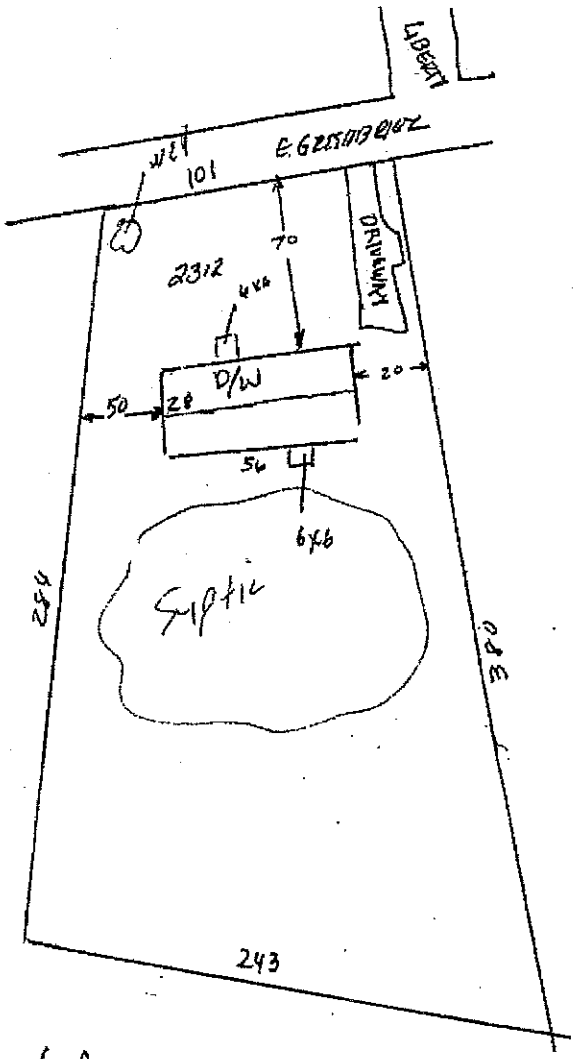
COMMENTS:

IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division
Statesville Office 704-878-5305 Mooresville Office 704-660-3625

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

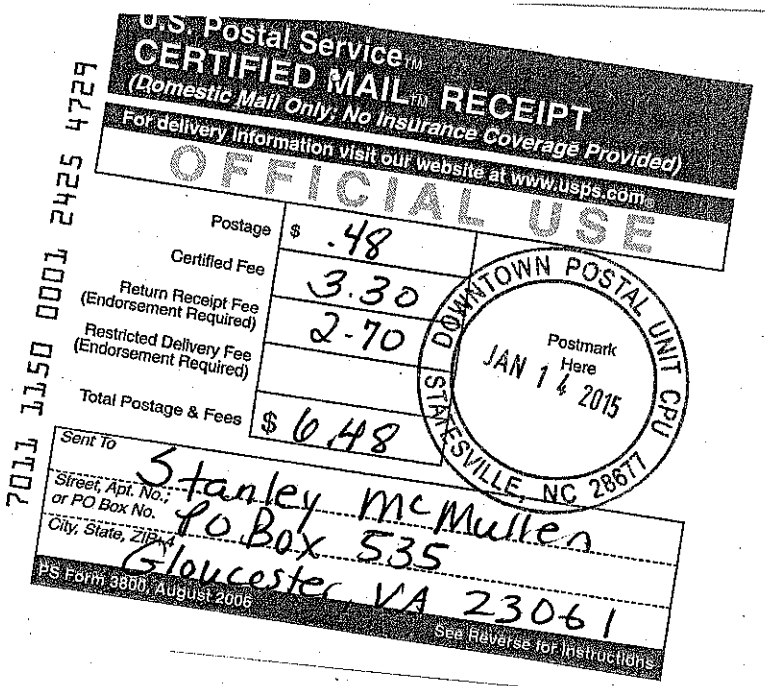
FREEDOM HOMES ERIC WARD	1124 Charlotte Hwy Troutman NC.	704-528-7960
Applicant Name	Full Address	Phone Number
Destiny Reeves	110 Superior Dr Mooresville NC.	910-610-3362
Name of Owner / Authorized Agent	Full Address	Phone Number
2512 E GREENBRIAR RD STATESVILLE NC		
Property Street Address	Subdivision	Lot Number
4754328105,000	NEW RESIDENTIAL	(New, Repair, Abandonment)
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit

All site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction must be identified on the site plan sketch below.



Signature: _____ 12-9-14

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



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE

7011 1150 0001 2425 4729

Postage	$ .48
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.48

DOWNTOWN POSTAL UNIT CPO STATESVILLE, NC 28677
Postmark Here
JAN 14 2015

Sent To: Stanley McMullen
Street, Apt. No.; or PO Box No.: PO Box 535
City, State, ZIP+4: Gloucester, VA 23061

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Stanley McMullen
PO Box 535
Gloucester, VA
23061

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Stanley McMullen ☐ Agent ☑ Addressee

B. Received by (Printed Name) Stanley McMullen C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

GLOUCESTER VA 23061
JAN 20 2015

3. Service Type
☒ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☑ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7011 1150 0001 2425 4729

PS Form 3811, July 2013 Domestic Return Receipt