ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 247724

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

PIN # 4746049.2488

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

SITE ADDRESS: 370 Brawley Rd Cleveland, NC 27013 | PHONE: 704 881-2326 | ALT. PHONE

SITE DIRECTIONS: US 21/Hwy 115 N to R Shinnville Rd TL Brawley Rd on left | SAP CONTROLLED: ☐ YES ☒ NO

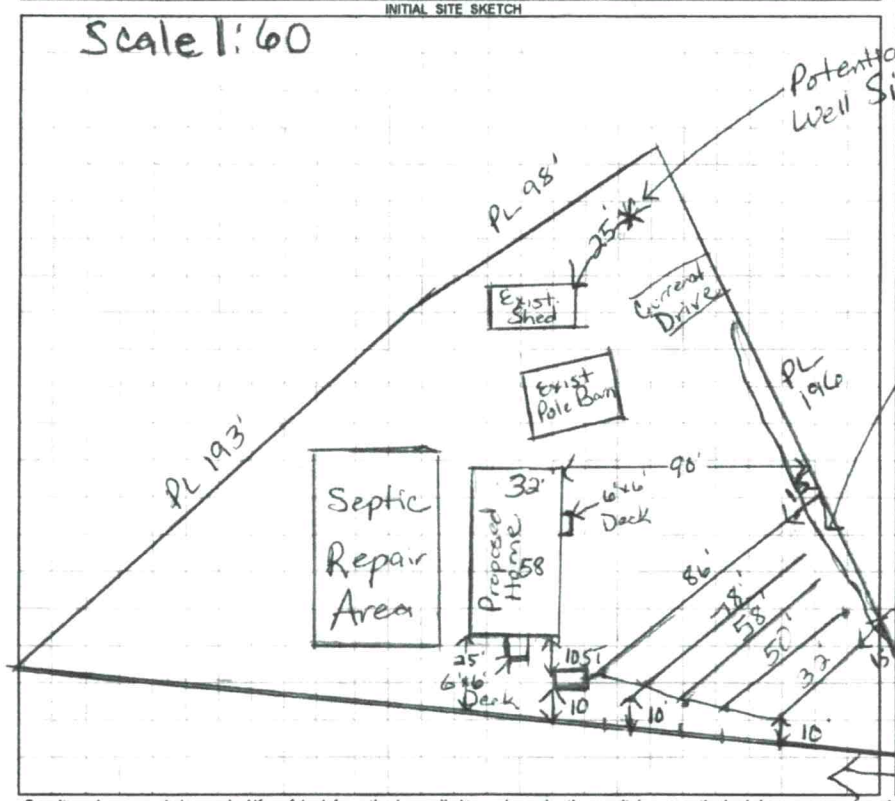
SUBDIVISION: Darren Diane Stutts Family | SECTION: — | LOT # 1 | LOT AREA: 1.062Ac | DESIGN FLOW: 360gpd | L.T.A.R.: .31 / .25R

Septic Tank	1000 (gal)	STB 760	Date 2-1-2020	☒ 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: Gravity – 25% Reduction		☐ Business	No. Persons 6	☒ Private
Pump Make		Model	Serial #	Repair System Description: 50% Reduction		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1		# Lines 5	Linear Ft 300 ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36"		Trench Bottom Depth(Low side) 30"		Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

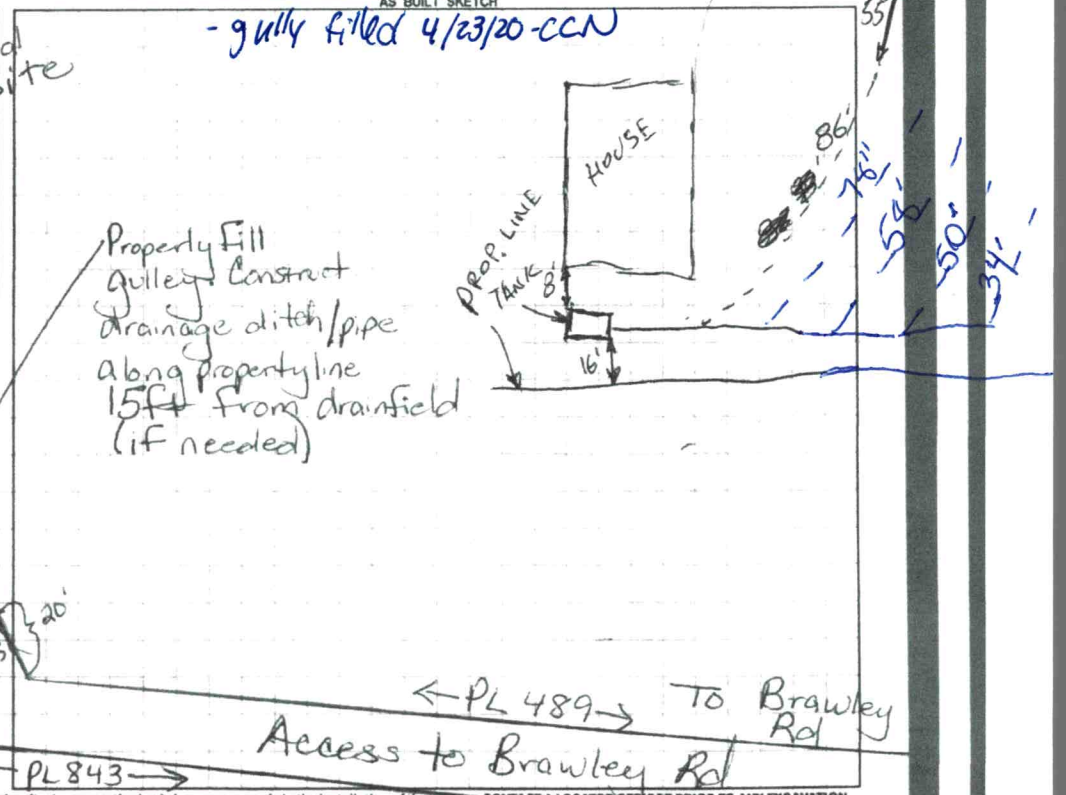
Comments / Conditions: Divert Surface/Storm water away from Septic

TANK & 1ST DRAINLINE CHECKED 4-17-2020
BCW 2nd, 3rd, 4th, 5th drainline checked 04/22/20

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: 11/19/19 Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/18/19 OPERATION PERMIT by: Carla C. Nickle Date: 4-23-20

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/18/19 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.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4760492488
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Freedom Homes — APPLICATION DATE: 8/21/19
ADDRESS: 124 Charlotte Hwy Troutman NC 28166 — DATE EVALUATED: 9/5/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: 1.062 Ac
LOCATION OF SITE: 370 Brawley Rd / Darren Duane Stuffle Lot 9 — PROPERTY RECORDED: Y
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	7%	0-8	Brw SCL	wSBK SS,SP,SEXP FR					PS
		8-21	RCm-L	wSBK SS,SP,SEXP FR					
		21-55	RCL	wSBK SS,SP,SEXP FR					.3
			w/few to many	SAP Inclus					
		55-60	L	SAP FR mass	—	55"	—	—	
2	10%	0-8	Brw SCL	wSBK SS,SP,SEXP FR					PS
		8-20	RCm-L	wSBK SS,SP,SEXP FR					
		20-54	RCL	wSBK SS,SP,SEXP FR					.3
			w/few to many	SAP Inclus					
		54-57	Rd/Brw L	SAP mass FR	—	54"	—	—	
3	8%	0-5	Brn to Rd Brw SCL	wSBK SS,SP,SEXP FR					PS
		5-22	RCm-L	wSBK SS,SP,SEXP FR					
		22-47	RCL	wSBK SS,SP,SEXP FR w/few to many					.3
			SAP	Inclus					
		47-60	L	SAP FR massive	—	47"	—	—	
4	7%	0-5	Brn to Rd Brw SCL	wSBK SS,SP,SEXP					PS
		5-18	RCm-L	wSBK SS,SP,SEXP FR					
		18-47	RCL	wSBK SS,SP,SEXP FR					.25
		47-52	Few W Rock & Mn staining		—	—	—	—	
		47-52	R to W	CL w/W Rock	—	47"			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Joe (Backhoe Operator)

COMMENTS:

Joe Pits Thurs 9/5/19

(828)228-4956 247724

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

$50
$550

Application For: (X) 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 (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 Zip: 28166

Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____

Owner Name: Darren D. Stutts Address: 350 Brawley Rd Cleveland NC Zip: 27013

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 370 Brawley Rd Cleveland NC 27013

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

Driving Directions: Onto Shelton Ave. Onto Garner Bagnal Blvd Onto Bethesda Rd Onto Ostwalt Amity Onto Brawley Rd lot on Right

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

CHECK FOUNDATION TYPE

(X) 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
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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 Sneed 8/21/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Elder
This proposed log shaped lot.
N 71°
FLAG PLAZ
- BRAWLEY RD.
CLEVELAND, NC
842'
PROPOSED SEPTIC
4'x6' DECK
215'
EXIST. HOUSE
EXIST. DRIVE
531'
BRAWLEY RD.
NEW HOUSE 28'x58'
PROPOSED WELL
EXIST. SHED
EXIST. BLDG.
193'
405'

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, Darren Duane Stutts, am the legal owner(s) of the property located at 350 Brawley Rd Cleveland NC 27013, identified as PIN (Parcel Identification Number) 4760495452.000, located in Iredell County, North Carolina. New - 4760492488

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.

x Darren Duane Stutts 7/12/19 x Linda C. Allen 7-12-19

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

Linda Eller

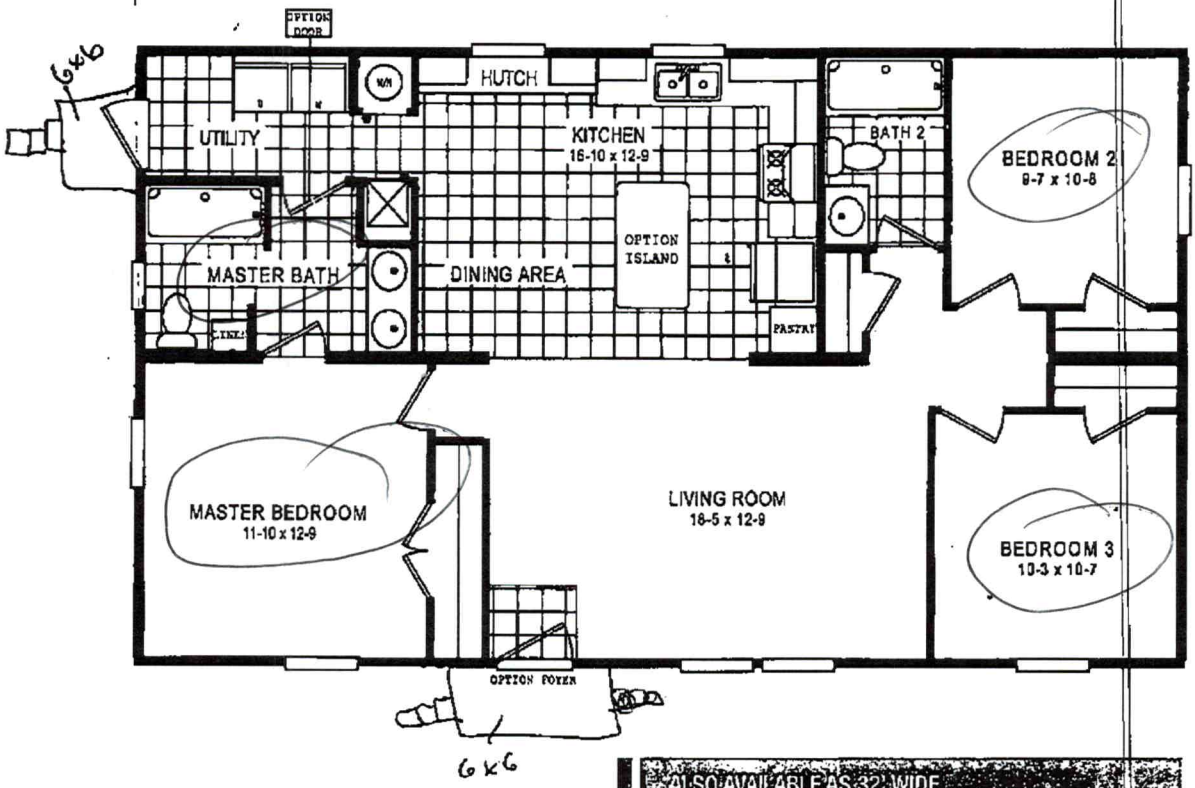
(New) 8-20-19

MODEL: 6110

28X44 « 1,173 SQ FT. « 3 BED / 2 BATH

THE ROCKETEER

House will be flipped & making it bigger to a 32x44 size.



ALSO AVAILABLE AS 32' WIDE

MODEL: 6210

32X44 « 1,306 SQ FT. « 3 BED / 2 BATH

IREDELL COUNTY

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

APPLICATION NUMBER
247724
Issue Date: 08/21/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4760492488.000	370 BRAWLEY ROAD, CLEVELAND, NC 27013	

Owner Information	Applicant Information
Owner: ELLER LINDA C	Applicant: FREEDOM HOMES-TROUTMAN
Address: 303 COOK ST	Address: 1124 CHARLOTTE HWY
MOORESVILLE, NC 28117	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
NEW DOUBLE WIDE	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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	189664	TOTAL FEES:	$ 77.25