IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 220891

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

PIN # 4784392961

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy TMV. 4760-59-1537

SITE ADDRESS: 156 Fairhaven Lane Cleveland NC PHONE: 7045287960 ALT. PHONE 7048765866.

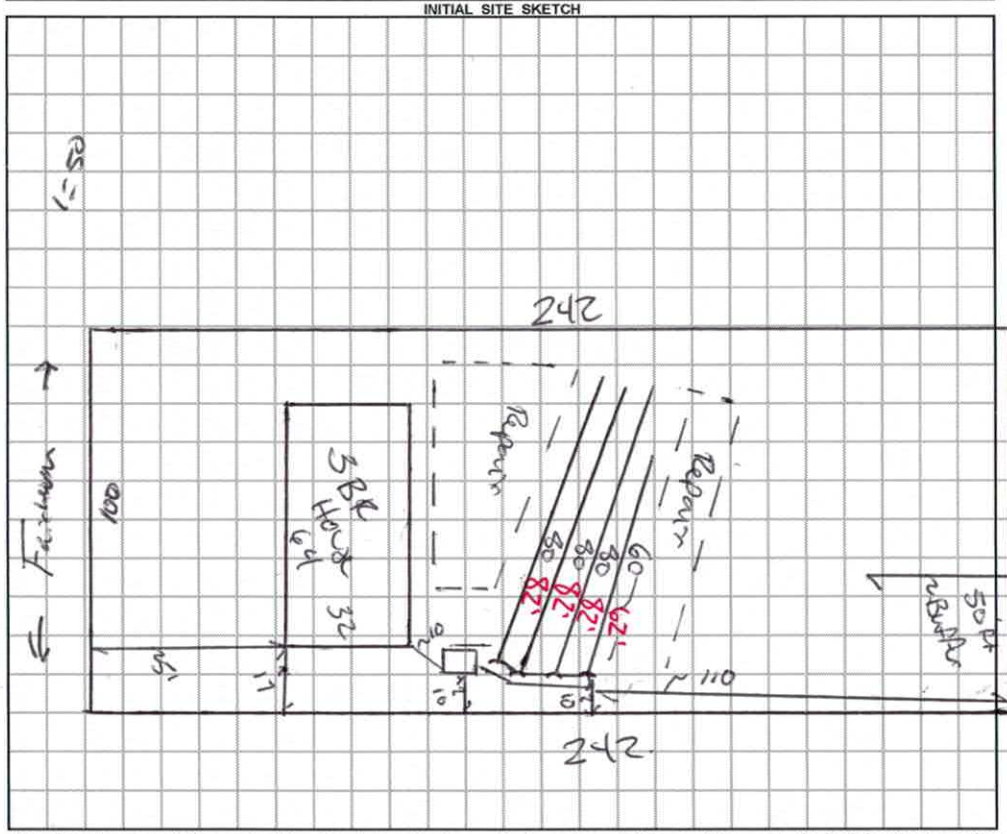
SITE DIRECTIONS: US 21 Turn Rt onto OSwalt Amity RD Turn Rt onto Beauty RD Take 1st L onto Fairhaven SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fairhaven SECTION: - 1 - LOT # 23 LOT AREA: .56 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	11-13-16	☒ 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: 25% reduction				☐ Business	No. Persons 6	☒ Private
Pump Make	Model			Serial #		Repair System Description: 50% reduction				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1 # Lines 4			Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36 Trench Bottom Depth(Low side)		33	Gravel Depth	~		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: *House placement moved in order to not use pump system. Tank must be level with top of ground. Stub plumbing as shown on permit. Maintain 2ft of separation between septic drainfield and septic tank. Do not exceed max depth of 36 inches High Side.

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: Kimberly Smith Date: 7/10/17 Installed by: CRAIG THOMPSON

IMPROVEMENT PERMIT by: Benjamin D. Bottles Date: 6/23/2017 OPERATION PERMIT by: APPROVED Date: JUL 26 2017

AUTHORIZATION TO CONSTRUCT by: Benjamin D. Bottles Date: 6/23/2017 Existing System Inspected by: Date:

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

Sheet 1 of 1
PROPERTY ID #: 4784392961
COUNTY: Iredell

156 Fairhaven

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

OWNER: Claysie Cedric Haven / Freedom Homes, LLC — APPLICATION DATE: 5/19/17
ADDRESS: 1124 Charlotte Hwy TMV — DATE EVALUATED: 5/17/17
PROPOSED FACILITY: 4 bed SFR — PROPOSED DESIGN FLOW (.1949): 360gpd — PROPERTY SIZE: .5 AC
LOCATION OF SITE: 156 Fairhaven — 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	Ridge Side slope.	0-10	SCL WSBk	SS Sp FR SEAP	2.5YR4/6.	48	-	Sap Inc	PS .3
		10-27	C SBk	SS Sp FM					
		27-48	CL WSBk	SS Sp FR					
2	< 5% 4%	0-17	SCL WSBk	SS Sp FR SEAP	"	48	-	Sap Inc	PS .3
		17-30	C SBk	SS Sp FM					
		30-48.	CL WSBk	SS Sp FR					
3	< 5% 6%	0-13	SCL WSBk	SS Sp FR SEAP	"	48	-	SCL Indur	PS .3
		13-26	C SBk	SS Sp FM					
		26-48	CL WSBk	SS Sp FR					
4	< 5% 6%	0-10	SCL WSBk	SS Sp FR SEAP	"	48	-	Heavy Sap Indurate @ 30	PS. .3.
		10-30	C SBk	SS Sp FM					
		30-48.	CL WSBk	SS Sp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes.
System Type(s)	25% reduction pump	50% reduct
Site LTAR	.3	.5

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS.
EVALUATED BY: Botkins.
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)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			MOIST	WET
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	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.

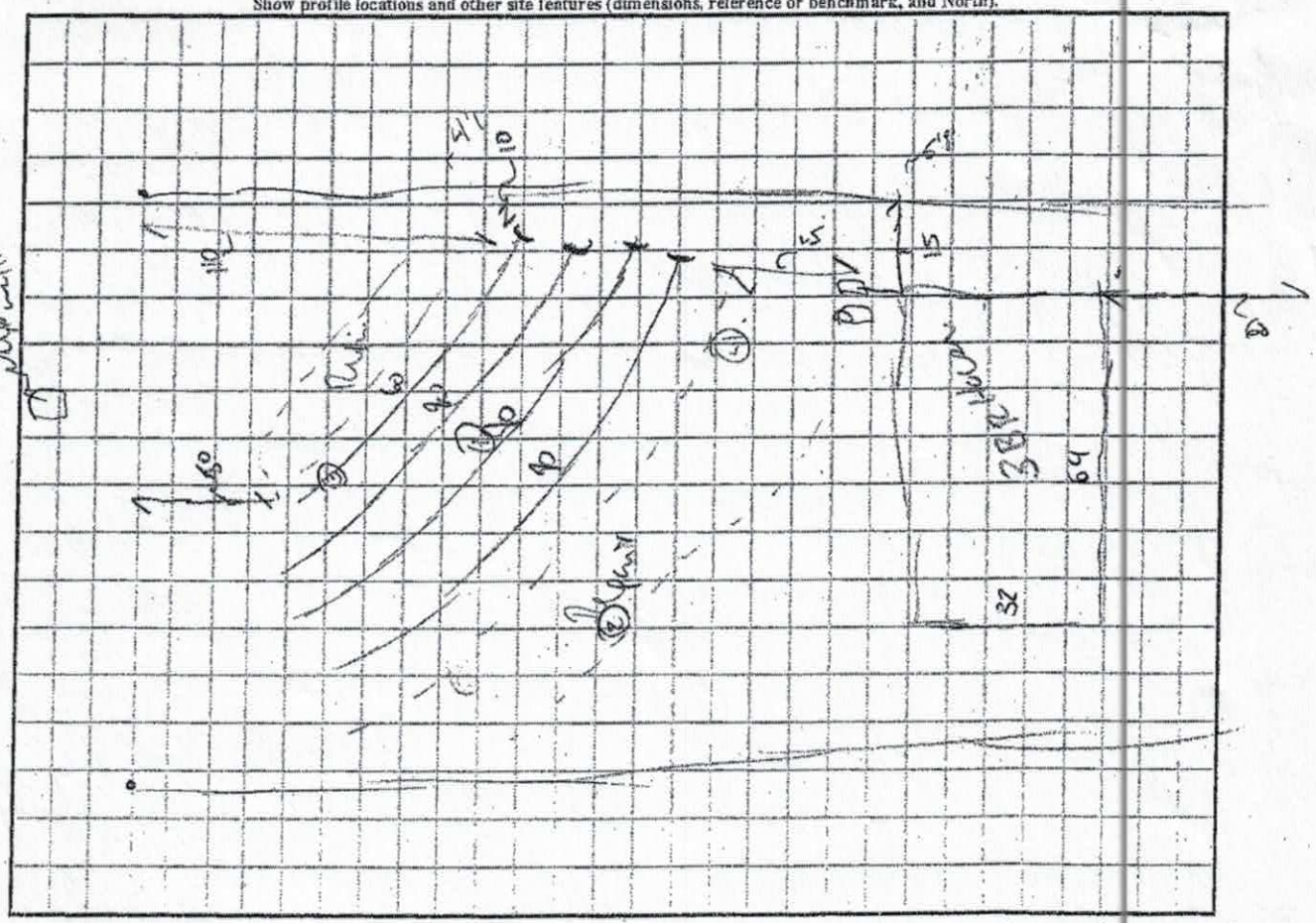
NOTES

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/ft²

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



T.O.G 41'

Pump Elev 13'.

18" ± Elevation

18TOH.

Line 1 ½ Sch 80 . 5.47 gpm.

Line 2, 3, 4 ½ Sch 40 - 7.11 gpm.

26.81 gpm. per ft

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)

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

****

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Freedom Homes	1124 Charlotte Hwy / Troutman	704-528-7960	704-881-2326
CMH Homes	↓	704-528-7960	

Owner Name / **Mailing Address** / **Home Phone #** / **Alternate Phone #**

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
156 Fairhaven LN, Cleveland	Fairhaven	Lot 23

Driving Directions: North on US-21, (R) onto Ostwalt Amity Rd, turn (R) onto Brawley Rd, Take 1st (L) onto Fairhaven LN, lot is on Right.

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to ___
- ( ) Other ___

Maximum Number of Bedrooms 3

Maximum Number of Occupants ___

If Expansion, Current Number of Bedrooms ___

- (✓) 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:

(✓) 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 (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Kimberly Smith — 7-10-17

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

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, [illegible], am the legal owner(s) of the property located at 156 Fairhaven Lane, identified as PIN (Parcel Identification Number) 4760-59-1537, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Vincent Nathaniel 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

[signature] 8-3-2016 [signature] 8-3-2016

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 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

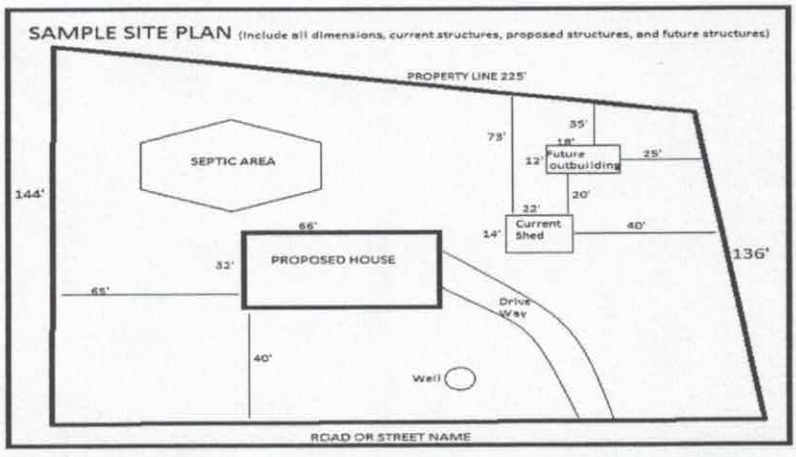
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

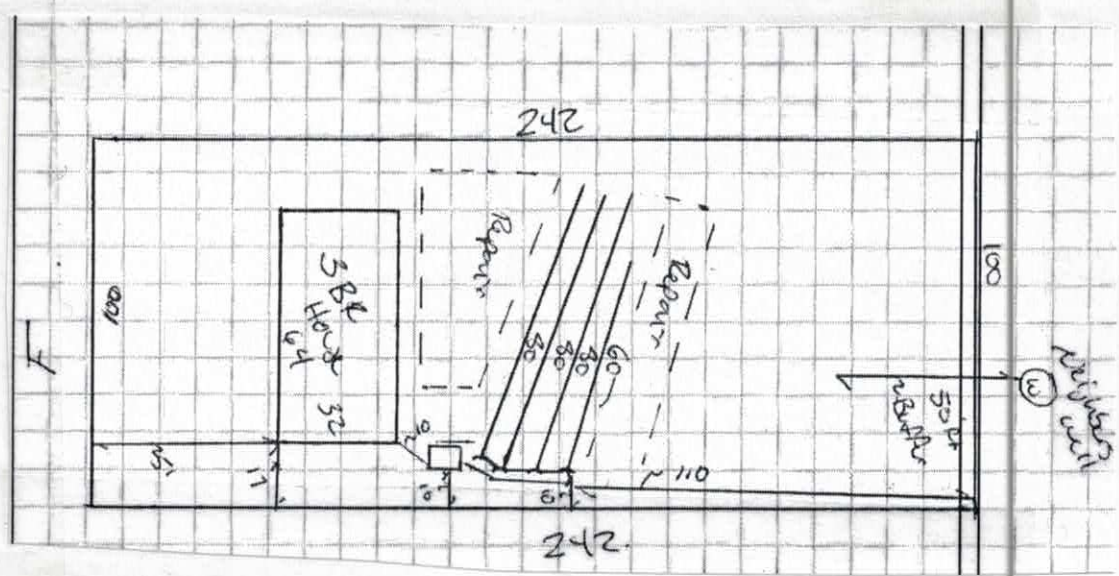
Circle N/A on the following if appropriate:

_____ 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



Signature: Kimberly Sewell

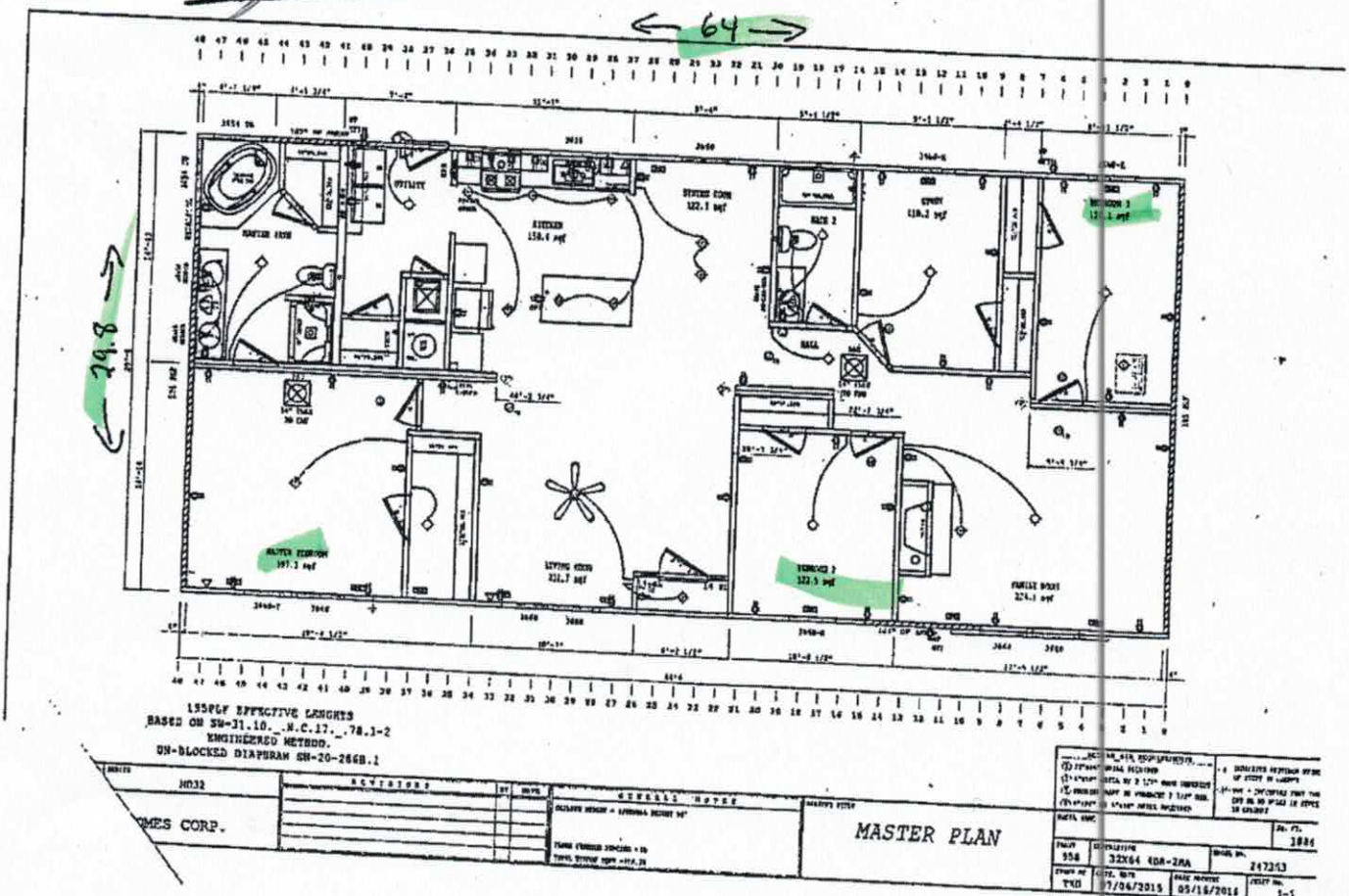
REQUIRED property owner or owner's legal representative signature.

7-10-17

DATE

Acknowledgement Of
Plans Submittal ONLY!
Stephen A Date 4-19-17
Date 5/23/17

Hutchins



LSSPLF EFFECTIVE LENGTHS
BASED ON SW-31.10._.N.C.17._.78.1-2
ENGINEERED METHOD.
UN-BLOCKED DIAPHRAM SH-20-266B.1

MODEL	REVISIONS	BY	DATE	OWNER'S NOTES	
H032					
OMES CORP.					

PLAN	ELEVATION		
958	32X64 4DR-2RA		247253
DRAWN BY	CHK. BY	DATE	DATE REVISED	SHEET NO.
TKD		7/06/2015	05/16/2016	1-1

IREDELL COUNTY

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

APPLICATION NUMBER
220891
Issue Date: 08/08/2016

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4760591537.000	156 FAIRHAVEN LANE, CLEVELAND, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CAROLINA CLASSIC HOMES BY SIMPLEX LLC	Applicant: FREEDOM HOMES-TROUTMAN
Address: 1 SIMPLEX DR SCRANTON, PA 18504	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.560	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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	76892	TOTAL FEES:	$ 77.25