# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 302632

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

PIN # 4760059162000

APPLICANT/OWNER: Freedom Homes/Daniel Doerman APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC

SITE ADDRESS: 183 Fairhaven Ln, Cleveland NC PHONE: 704-881-2326 ALT. PHONE —

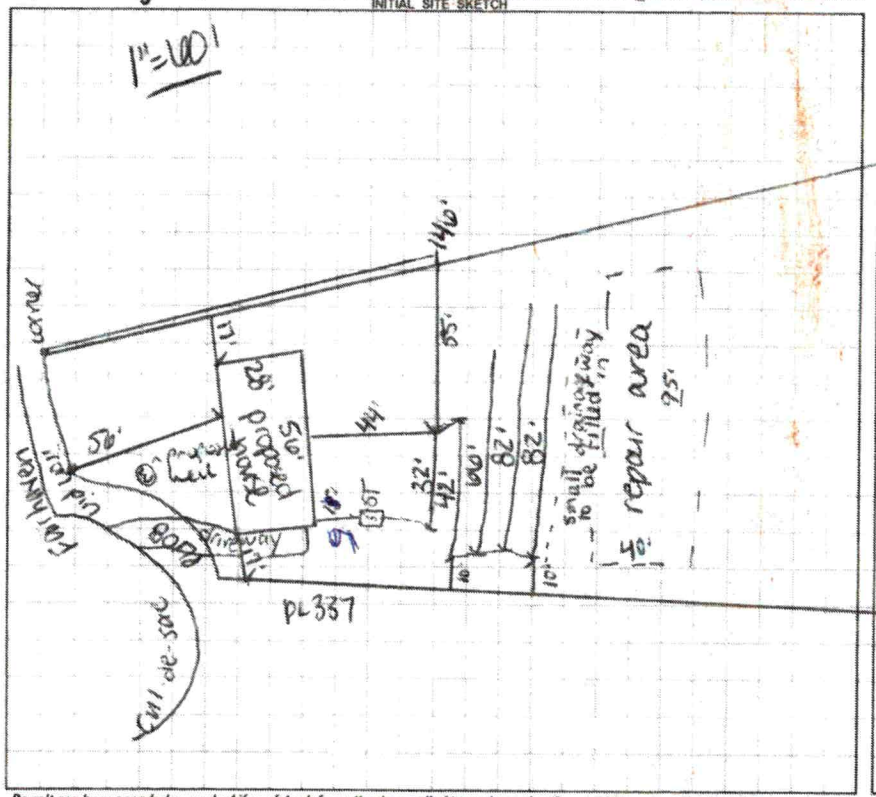
SITE DIRECTIONS: Amity Hill → L on Ostwalt Amity → R on Brawley → L on Fairhaven → at end on L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Fairhaven SECTION: 1 LOT # 13 LOT AREA: 1.15ac DESIGN FLOW: 360 gpd L.T.A.R.: .3 (1st repair)

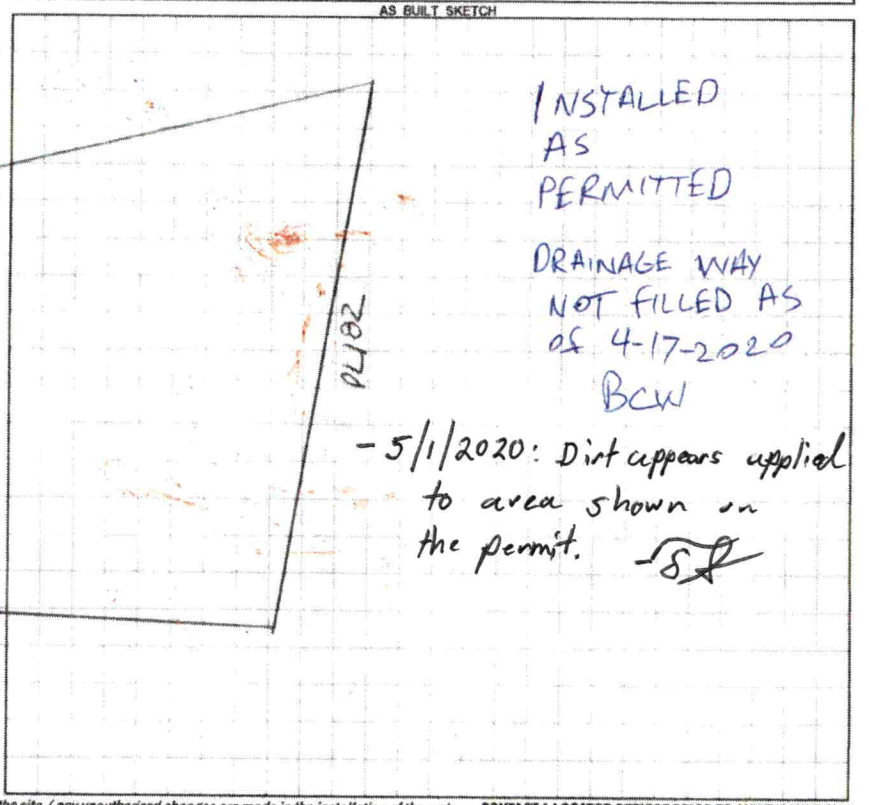
| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 2021 | Date | INFILTRATE | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 3 | Water Supply |
| Pump Tank | (gal) | PT | | Date | | System Description: | 25% reduction | ☐ Business | No. Persons 10 | ☒ Private |
| Pump Make | | Model | | Serial # | | Repair System Description: | drip | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 300' | Maintenance Agreement Required: | ☐ YES ☒ NO | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | 36" | Trench Bottom Depth | | | 30" max | Gravel Depth — | ☒ GRAVITY ☐ PRESSURE | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: Install on contour + utilize serial distribution. Small drainage way must be filled in (below 1ST drain line). DO not exceed max trench depth of 30".

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: 12-12-19 Installed by: WILLIAMS EXCAVATING

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 12-9-19 OPERATION PERMIT by: [signature] Date: 5/1/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 12-9-19 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 inspector 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 2
PROPERTY ID #: 4700590200
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 183 Fairmeadows
APPLICATION DATE: 11-13-19
DATE EVALUATED: 12-3-19
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1.15 ac
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 | .1941 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | L 12% | 0-5 | GR SCL | Fr ss sp sexp | – | 49" | – | – | PS .3 |
| | | 5-35 | SBK C | Fr ss sp sexp | | | | | |
| | | 35-49 | SBK CL | Fr ss sp sexp | | | | | |
| 2 | L 10% | 0-2 | GR SCL | Fr ss sp sexp | few y/b mottles ~30" | 48" | – | – | PS .25 |
| | | 2-32 | SBK C | Fr ss sp sexp | | | | | |
| | | 32-48 | SBK CL | Fr ss sp sexp | | | | | |
| 3 | L 10% | 0-6 | GR SCL | Fr ss sp sexp | ~~few y/b~~ chroma 2s @ 30" | 48" | – | drainage issues | PS .225 (dr lpd @ spod) |
| | | 6-32 | ABK C | Fr ss sp sexp | | | | | |
| | | 32-48 | SBK CL | Fr ss sp sexp | | | | | |
| 4 | L 18% | 0-4 | GR SBK SCL | Fr ss sp sexp | Firm CL layer, no rock | 45" | – | – | PS .3 |
| | | 4-19 | SBK C | Fr ss sp sexp | | | | | |
| | | 19-45 | SBK CL | Fi ss sp sexp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 300' | 31600 sqft |
| System Type(s) | 25% red. | drip |
| Site LTAR | .3 | .1 |

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C-Cave
OTHER(S) PRESENT:

COMMENTS:



5-0-24 fill 19%

# SOIL/SITE EVALUATION

*(Continuation Sheet-Complete all field in full)*

Sheet 2 of 2

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

PROPERTY ID #: 4760596266
DATE OF EVALUATION: 12-3-19
COUNTY: Iredell

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZ ON 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 |
|---|---|---|---|---|---|---|---|---|---|
| 5 | L 18% | 0-24 | fill | — | water coming in | 48" | — | — | U unless fill removed |
| | | 24-48 | SBK C | fr ssssp slsp | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

COMMENTS:

Updated February 2014

$500 #550

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH 11-13-19

## *APPLICATION FORM*

AP-302632

**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* ( ) 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: Daniel & Kathleen Dorman Address: 2504 Madison Ave Union City CA Zip: 94587
Owner Email: _____ Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 183 Fairhaven LN Cleveland NC 27013
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: ① onto Shelton Ave, ② onto Amity Hill Rd, ③ onto Stuart Amity, ④ onto Brawley Rd, ⑤ onto Fairhaven LN lot is on Left .3 miles

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

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

**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 ( ) 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 11-13-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DigiSign Verified: FFE0EB78-66F5-484B-9F7E-74C782157563

# 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, Daniel J Dorman and Kathleen Dorman, am the legal owner(s) of the property located at 183 Fairhaven Lane, Cleveland NC 27013, identified as PIN (Parcel Identification Number) 4760-59-6266, 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.

Daniel Dorman
Kathleen Dorman
Signature of Owner(s)

10-14-2019
Date

Signature of Witness

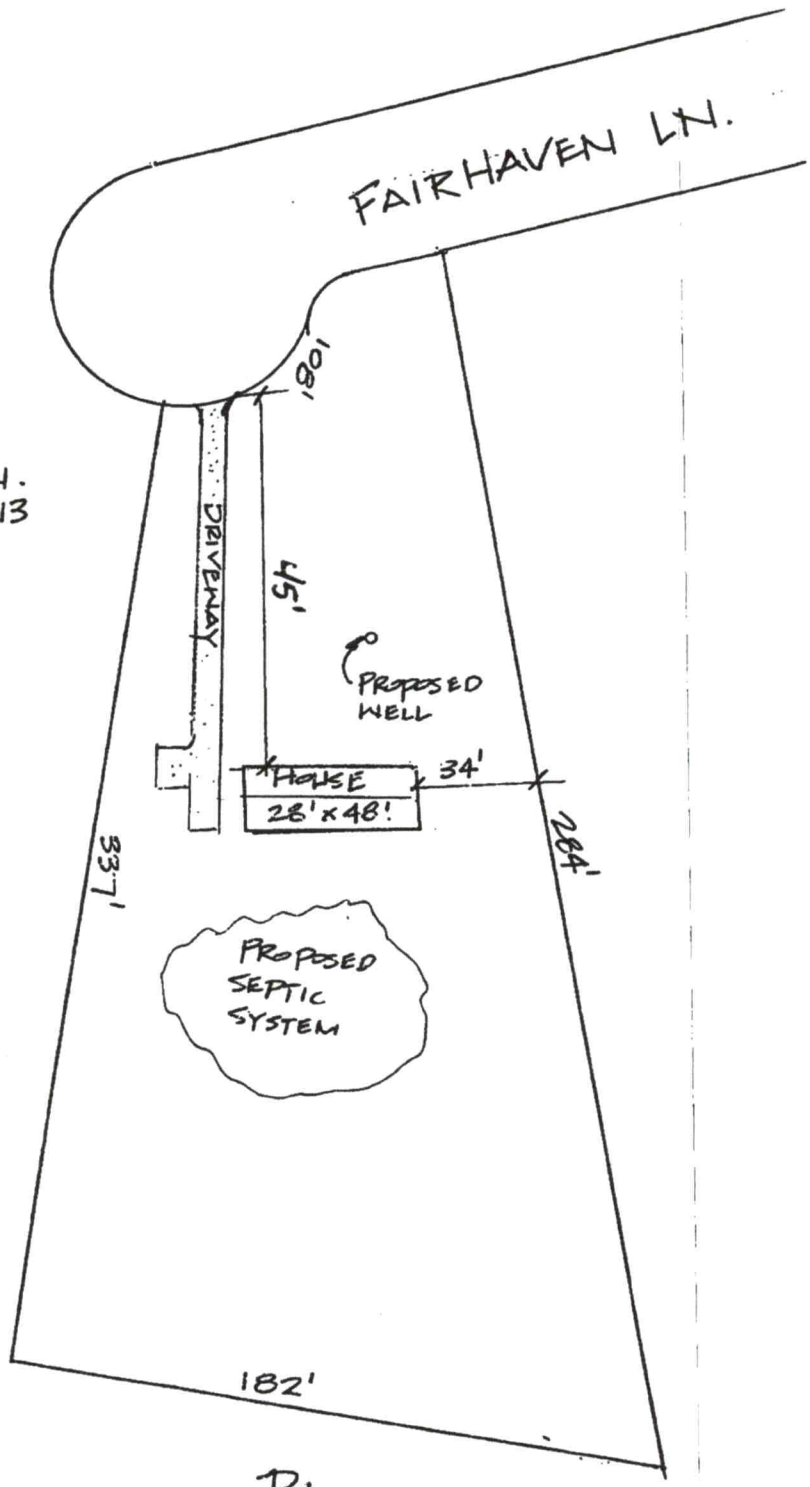
Date

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

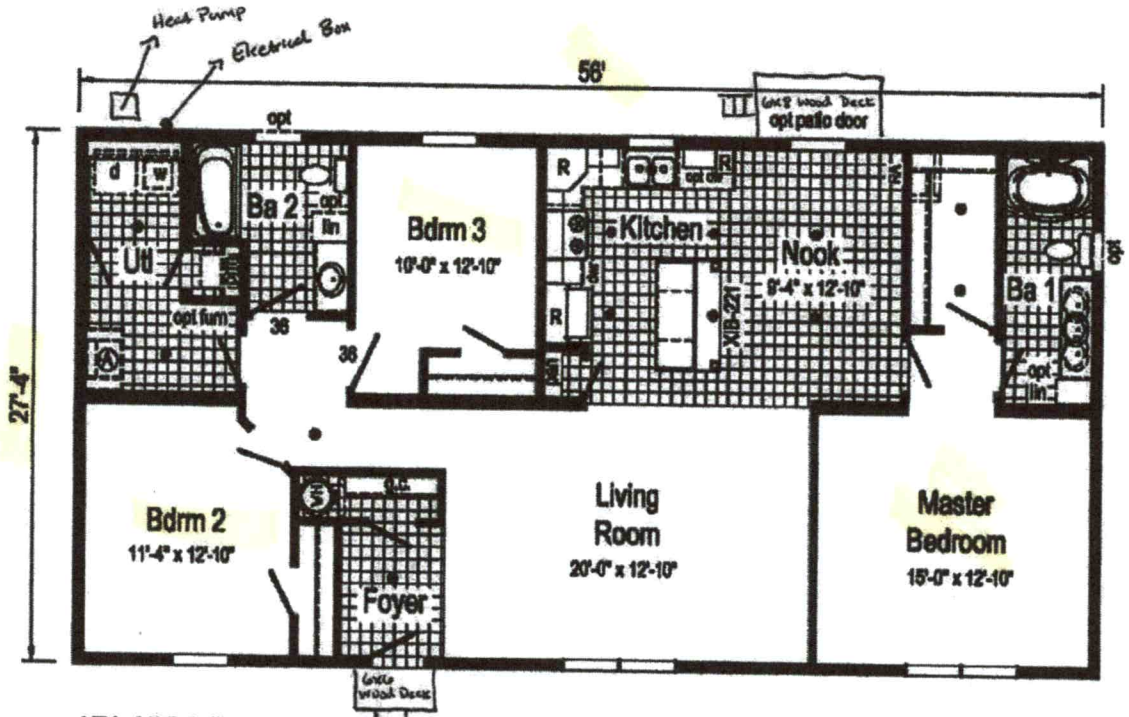
**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

TINA KETCHELL
183 FAIRHAVEN LN.
CLEVELAND, NC 27013




PLOT PLAN
N.T.S.

Construction Placement




1BL1001-R 2856 Ap[illegible]. 1531 Sq. Ft.

R = Std. 30/36 staggered overhead
Ⓐ = std fiz spc or opt utl sink.
● = Std. can light

# Blue Ridge Limited

APPROVED
SIGNATURE: Christine Ketchell
DATE: 10/22/19
Carla C. Nicks 12/9/19

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp. | Status: 2856 | Revisions Date / Number | 5/2/19 | | Scale: 1/8" = 1'-0" | Date: 1/3/19 | Cust: - | Model/Eng. No.: 1BL1001-R |
| Title: Literature | | 4/8/19 | | | Drawn By: OY | Reference: BL2856R-A | Dr: - | Pg: LIT |
| | | 5/21/19 | | | | | Site: - | |

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| 302632<br>Issue Date: 11/13/2019 |

**Permit Type: ZONING RESIDENTIAL**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4760596266.000 | 183 FAIRHAVEN LN | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: DORMAN DANIEL J+KATHLEEN | Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ON |
| Address: | Address: 1124 CHARLOTTE HWY<br>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 | 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.

**Date:** 11/13/2019

Signature of Owner/Contractor

| Permit Number | 000808 | TOTAL FEES: | $77.25 |
|---|---|---|---|