IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 23062

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

PIN # 4763421571

APPLICANT/OWNER: Freedom Homes / Jaime L. Hutton — APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 244 Bethesda RD Statesville NC 28677 — PHONE: 704 881 2326 — ALT. PHONE: ~

SITE DIRECTIONS: Hwy 70 Turn Right on Bethesda RD Driveway on Right after Fire Dept. — SAP CONTROLLED: [X] YES [ ] NO

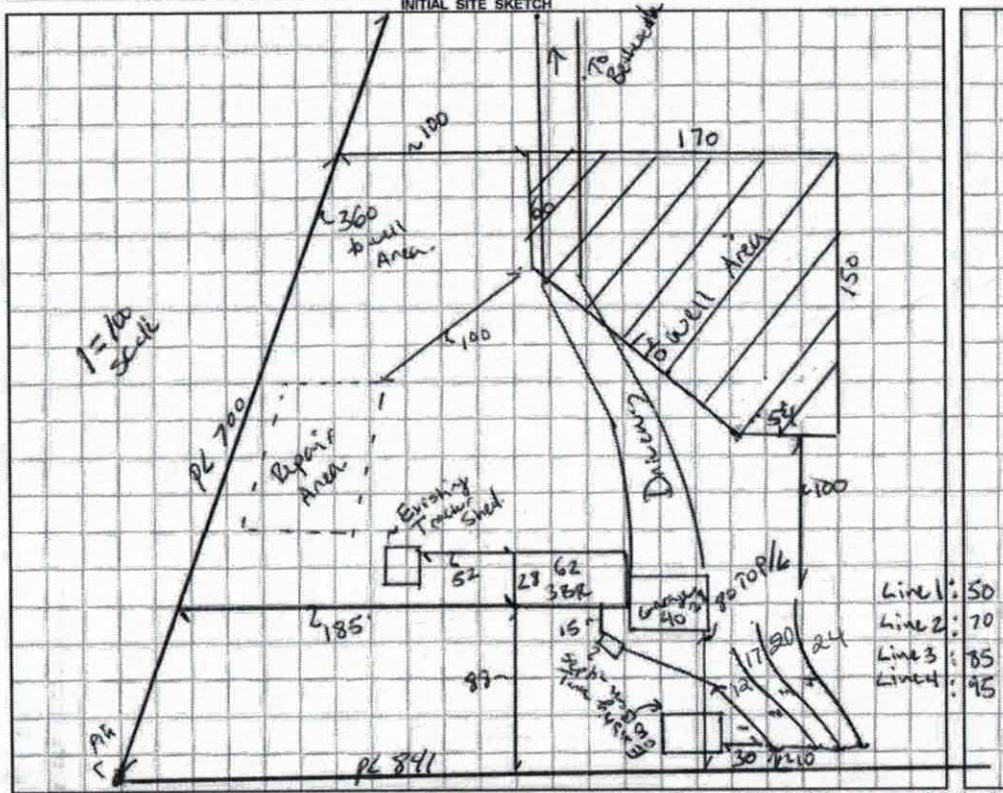
SUBDIVISION: ~ — SECTION: ~ LOT#: ~ LOT AREA: 12.5 Acres — DESIGN FLOW: 360 — L.T.A.R.: .30

Septic Tank	1000 (gal)	STB	858	Date	12-22-17	[X] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms	3	Water Supply: [X] Private
Pump Tank	~ (gal)	PT	~	Date	~	System Description:	25% Reduction	[ ] Business	No. Persons	6	[ ] Public
Pump Make	~	Model	~	Serial #	~	Repair System Description:	50% Reduction.	[ ] Other	No. Employees		[ ] Community
# Nitrification Fields	1	# Lines	4	Linear Ft	300	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		
Trench Width	36	Trench Bottom Depth(Low side)	32	Gravel Depth	~	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the contour of the land utilize Serial distribution. Do not exceed 36 inches high side. Do not drive, park, pave, grade, or bury utilities in the drainfield area.

Installed Quick 4 as Shown

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. [X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos. [X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Kimberly Bond — Date: 11-9-17 — Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Benjamin L. Bottoms — Date: 11/7/2017 — OPERATION PERMIT by: Marcus Olson — Date: 2/22/18

AUTHORIZATION TO CONSTRUCT by: Benjamin L. Bottoms — Date: 11/7/2017 — Existing System Inspected by: ~ — Date: ~

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 230621

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

PIN # 4763421571

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

SITE ADDRESS: 244 Bethesda RD Statesville NC 28677 PHONE: 704 881 2326 ALT. PHONE ~

SITE DIRECTIONS: Hwy 70 Turn Right on Bethesda RD Driveway on Right after Fire Dept. SAP CONTROLLED: ☒ YES ☐ NO

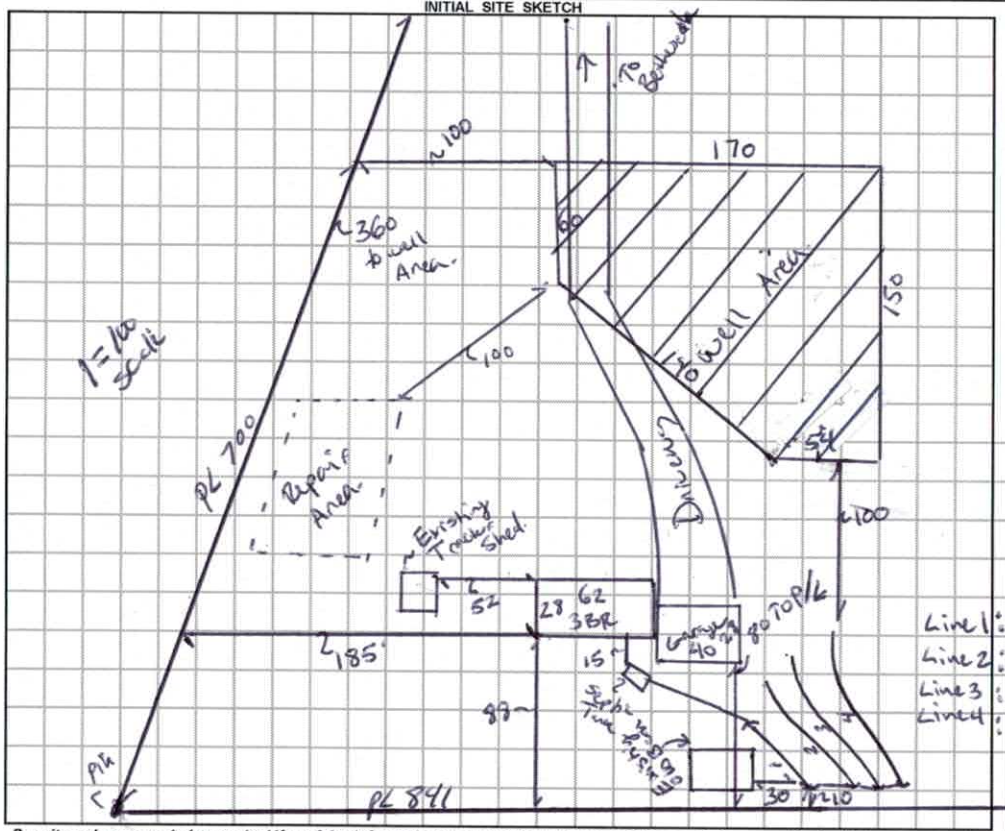
SUBDIVISION: ~ SECTION: ~ LOT # ~ LOT AREA: 12.5 Acres DESIGN FLOW: 360 L.T.A.R.: .30

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	~	(gal)	PT	~	Date	~	System Description:	25% Reduction			
Pump Make	~	Model		~	Serial #	~	Repair System Description:	50% Reduction.			
# Nitrification Fields	1	# Lines	4		Linear Ft	300	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36	Trench Bottom Depth(Low side)		32	Gravel Depth	~	☒ GRAVITY	☐ PRESSURE			

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

Comments / Conditions: Install Septic Drainlines on the contour of the land utilize Serial distribution. Do not exceed 36 inches high side. Do not drive, park, pave, grade, or bury utilities in the drainfield area.

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 Sneed Date: 11-9-17 Installed by: _____

IMPROVEMENT PERMIT by: Benjamin D. Robbins Date: 11/7/2017 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin D. Robbins Date: 11/7/2017 Existing System Inspected by: _____ Date: _____

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 #: 4763-21-5711
DATE OF EVALUATION: 11/2/2017
COUNTY: Franklin.

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
5	5%	0-19	C SBK	SS SP FM SE/P.	2.5YR5/8.	32	Sap Inclusion	-	PS .30 36 TB.
		19-32	CL WSBK	SS SP FR SE/P.					
		32-72	Loamy Sap. M.	NS/P VFR SE/P					
6	5%	0-12	C SBK	SS SP FM SE/P	" "	24	Sap Inc	-	PS .30
		12-24	CL WSBK	SS SP FR SE/P.					
		24-60	Loamy Sap. M	NS/P VFR SE/P					
7	5-10%	0-12	SCL WSBK	SS SP FR SE/P.	" "	60.	Sap Inc	-	PS .3
		12-24	C SBK	SS SP FM SE/P					
		28-60	CL WSBK	SS SP FR SE/P					
8	5-10%	0-6	SCL WSBK	SS SP FR SE/P	" "	32.	Sap Inc	-	PS .3
		6-11	SC GR SBK	SS SP FR SE/P.					
		11-24	C SBK	SS SP FM SE/P					
		24-32	CL WSBK	SS SP FR SE/P					
		32-70	Loamy Sap M	NS/P VFR					

COMMENTS:

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

p.t & l.o Dr. - Thursday

Sheet 1 of 2
PROPERTY ID #: 476342157
COUNTY: Iredell

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

OWNER: Jamie Hutton
ADDRESS: 244 Bethesda.
PROPOSED FACILITY: House 3BR
PROPOSED DESIGN FLOW (.1949): 360.
LOCATION OF SITE: 244 Bethesda.
APPLICATION DATE: 10/2/17.
DATE EVALUATED: Oct
PROPERTY SIZE: 12+ Acres
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	3-10%	0-6	GR SL		7.5YR5/4				PR 6-20
		6-32	SBK/ABK SCL PR		5YR5/6 w/ sap + mica inclusions, clean root channels throughout				
		32-42	WABK CL		10R3/4 manganese inclusions w/ sap inclusions				
		42-56	M LSAP						U.S.
2	3-10%	0-6	GR SL						
		6-21	SBK/ABK SCL						U.S.
		21-36	WABK CL						
		36-60	M LSAP						
3	3-10%	0-12	ABK C			many sap inclusions			U.S
		12-42	PL CL						
		42-60	M LSAP						
4	3-10%	0-16	ABK C			dry			U.S.
		16-43	WABK CL						
		43-60	M LSAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300	200
System Type(s)	III 25%	IV 50%
Site LTAR	.30	.30

OTHER FACTORS (.1946): ~
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Botkins
OTHER(S) PRESENT: -

COMMENTS:

RECEIVED OCT -2 2017
Paid $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

230621

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: Kimberly Sneed / Freedom Hunt Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Jaime Hutton Address: 244 Bethesda Rd Statesville Zip: 28677
Owner Email: _____ Phone: 704-902-2594 Alt. Phone: _____

Property Information:

Street Address: 244 Bethesda RD Statesville, NC 28677

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

Driving Directions: Onto Garner bagnal Blvd, 4.55miles Turn Right onto Bethesda rd .32miles Driveway to right right after fire Dept.

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(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 (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 10-2-17
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, Jaime L. Hutton, am the legal owner(s) of the property located at 244 Bethesda Rd. Statesville, NC 28677, identified as PIN (Parcel Identification Number) 4763-42-1571, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Freedom Homes, Kimberly Sheard, 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.

Jaime Hutton — Signature of Owner(s) — 9-29-17 — Date

Kimberly Sheard — Signature of Witness — 9-29-17 — 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

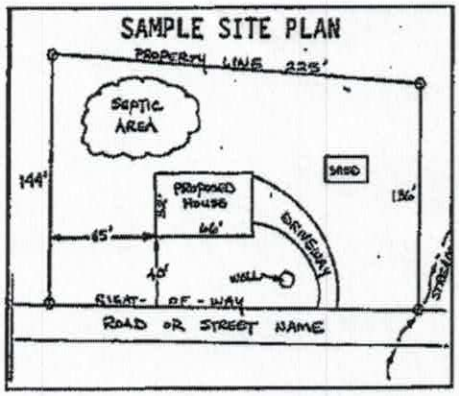
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other sufficient indicator of direction**

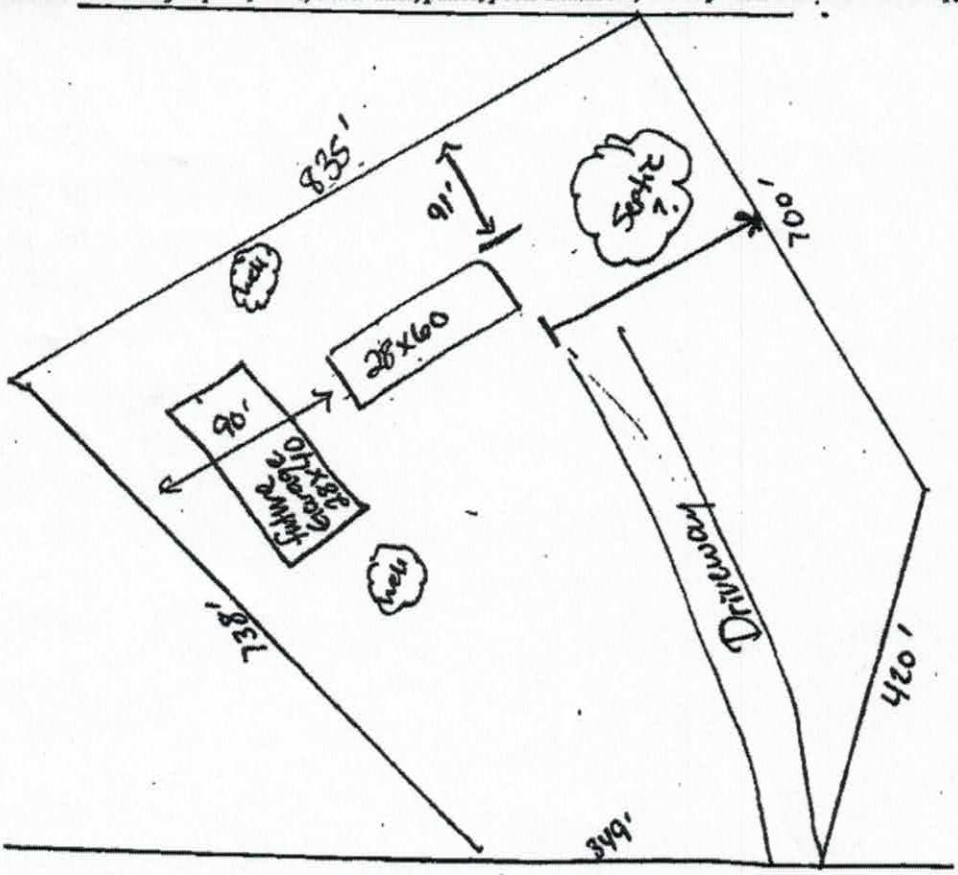


Circle N/A on the following if appropriate:

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

10-2-19
DATE

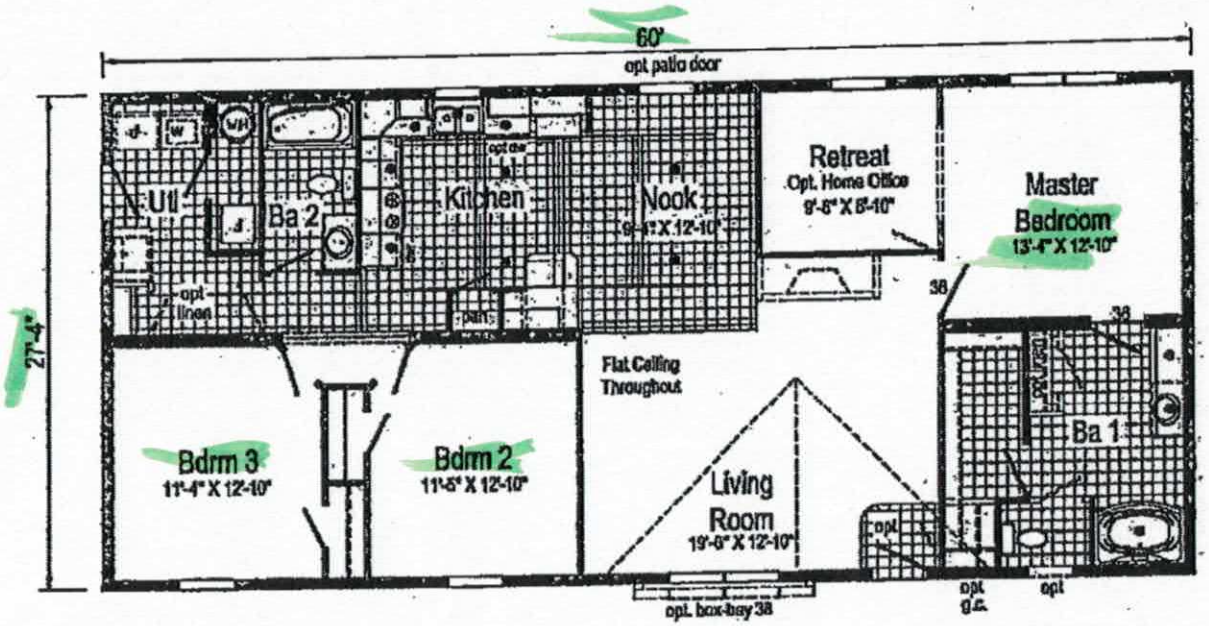
Acknowledgement of Plans Submittal ONLY!

Date

Date 11/7/17

B28602-A

Note: Std. soffit with recessed can lights over kitchen cabinets. Additional soffits & ceiling beams at kitchen & nook are optional.



B28602-A 2860 Approx. 1640 Sq. Ft.
Shown with Optional Peninsula Kitchen & Pantry

= Std. can light

Linville Max 28

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Cutout: 2860	Revisions: Date / Number	12-17-15	Scale: 1'-0" = 1'-0"	Date: 10/13/2015	Cust:	Model/Dwg. No.: B28602-A
Title: Literature		10-12-15		Drawn By: BF	Reference: B28601-A	Div:	Pg.: PAGE 2
		10-13-15				Site:	

IREDELL COUNTY

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

APPLICATION NUMBER
230621
Issue Date: 10/02/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4763421571.000	244 BETHESDA ROAD, STATESVILLE, NC 28677	

Owner Information	Applicant Information
Owner: BUMGARNER ALLISON	Applicant: FREEDOM HOMES-TROUTMAN
Address: 340 IREDELL CO, NC 28625	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
12.500	35.00	35.00	15.00	15.00	NO	X

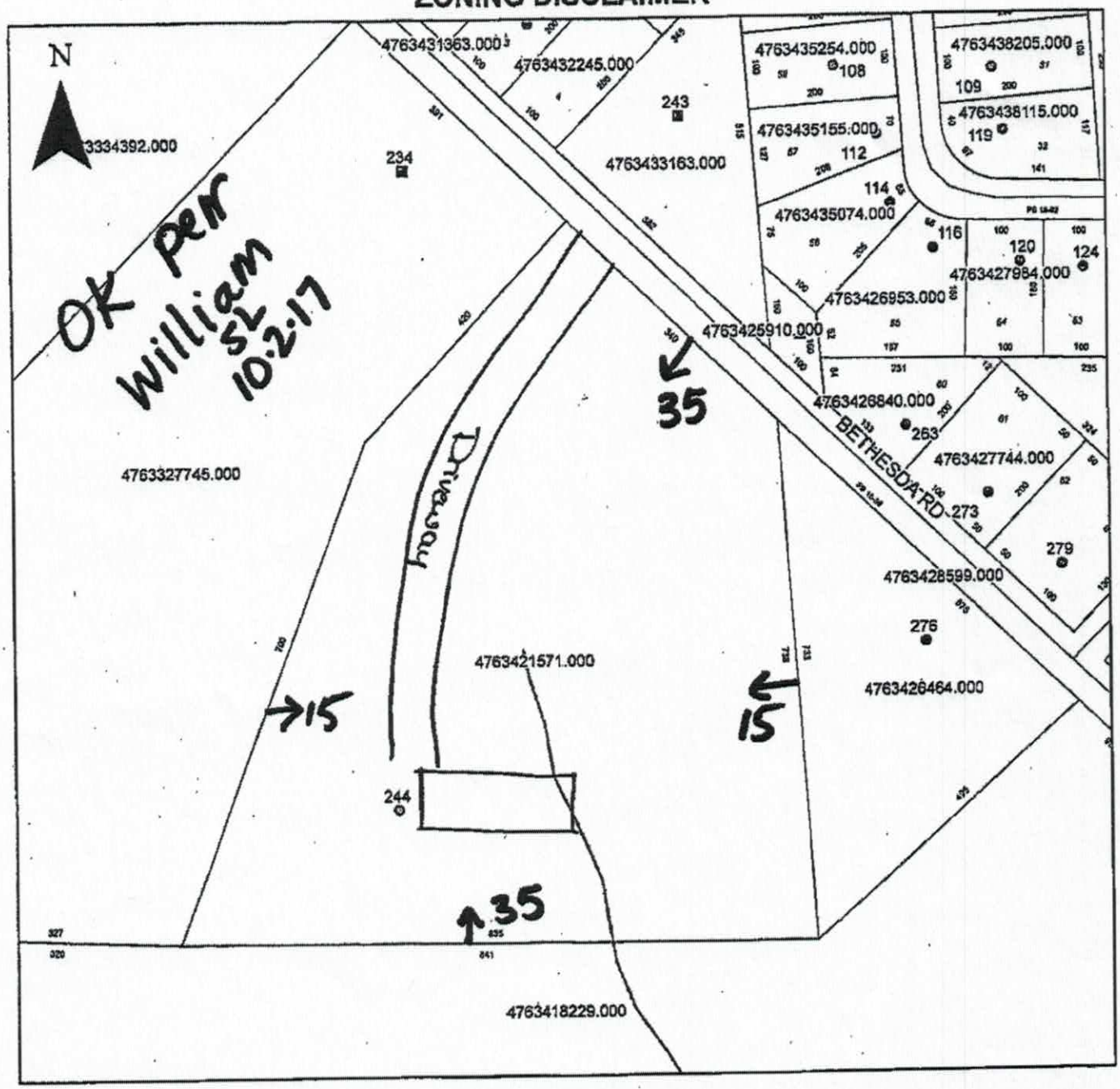
Remarks:

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	116699	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 244 Bethesda

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 Kimberly Sneed
Applicant

X 10-2-17
Date