ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319731

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

PIN # 4765 -- ~~70 -- 0998~~ 71-1014

APPLICANT/OWNER: Freedom Homes / Suzanne King APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC

SITE ADDRESS: 248 Birchwood Road Statesville NC 28625 PHONE: 704-381-2326 ALT. PHONE 603-303-7103

SITE DIRECTIONS: Hwy 64 E Rt Bell Farm L on Evergreen R on Birchwood SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Sun Brook SECTION: — LOT # -1- OT AREA: 1 Acre DESIGN FLOW: 360gpd L.T.A.R.: .25

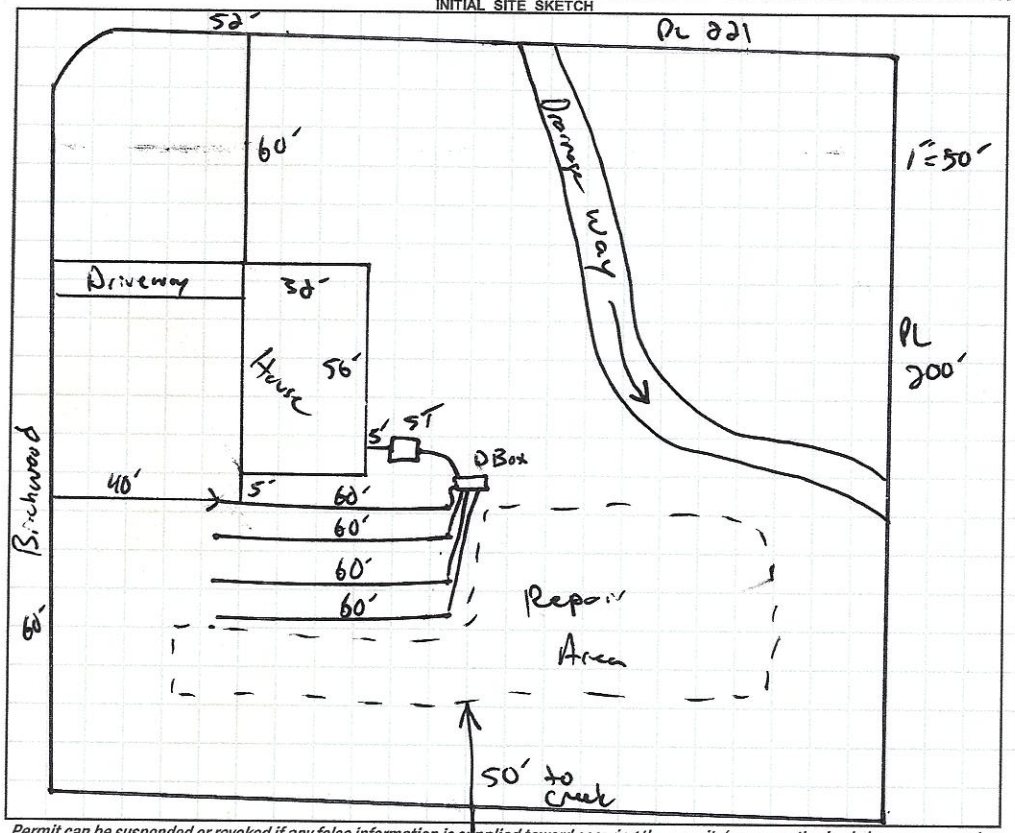
Septic Tank	1060	(gal)	STB 760	Date	10-1-2021	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank		(gal)	PT	Date		System Description:	50% Reduction Gravity Horizontal			☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description:	50% Reduction Horizontal			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	240'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(~~Low side~~)	Max 22"	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install Drainlines on contour of land use
D Box for distribution

See Bk. 2870 ; Pg. 874

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.

System Installed as Drawn

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 Boone Date: 11-23-21 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Date: 11-22-2021 OPERATION PERMIT by: Date: 11-30-2021

AUTHORIZATION TO CONSTRUCT by: Date: 11-22-2021 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4765 7009
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: SFR
LOCATION OF SITE: 248 Bethwood Ct
APPLICATION DATE 7-14-2021
DATE EVALUATED: 9-29-2021
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 1 Ac
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
R 1	2-3%	0-6	SiL gr	Fr SS SP SO	Chro 10YR 6/3 @ 46"	48"	N/A	46"	PS .3 Shallow
		6-26	SiL C						
		26-48	SiCL CL						
R 2	2-8%	0-6	SiL gr		Chro 10YR 6/3 @ 45 Fr Clay @ 45"	48"	N/A	45"	PS .25 Shallow
		6-26	SiL C						
		26-48	SiL CL						
I 3	2-2%	0-6	SiL gr		Chro 10YR 6/3 @ 34"	48"	N/A	34"	PS .25 Shallow
		6-34	SiL C						
		34-48	SiL CL						
I 4	2-3%	0-6	SiL gr			48"	N/A	N/A	PS .25
		6-18	SiL C						
		18-48	SiL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240	240
System Type(s)	SOL	SOL
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Boggs / Bolin
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.

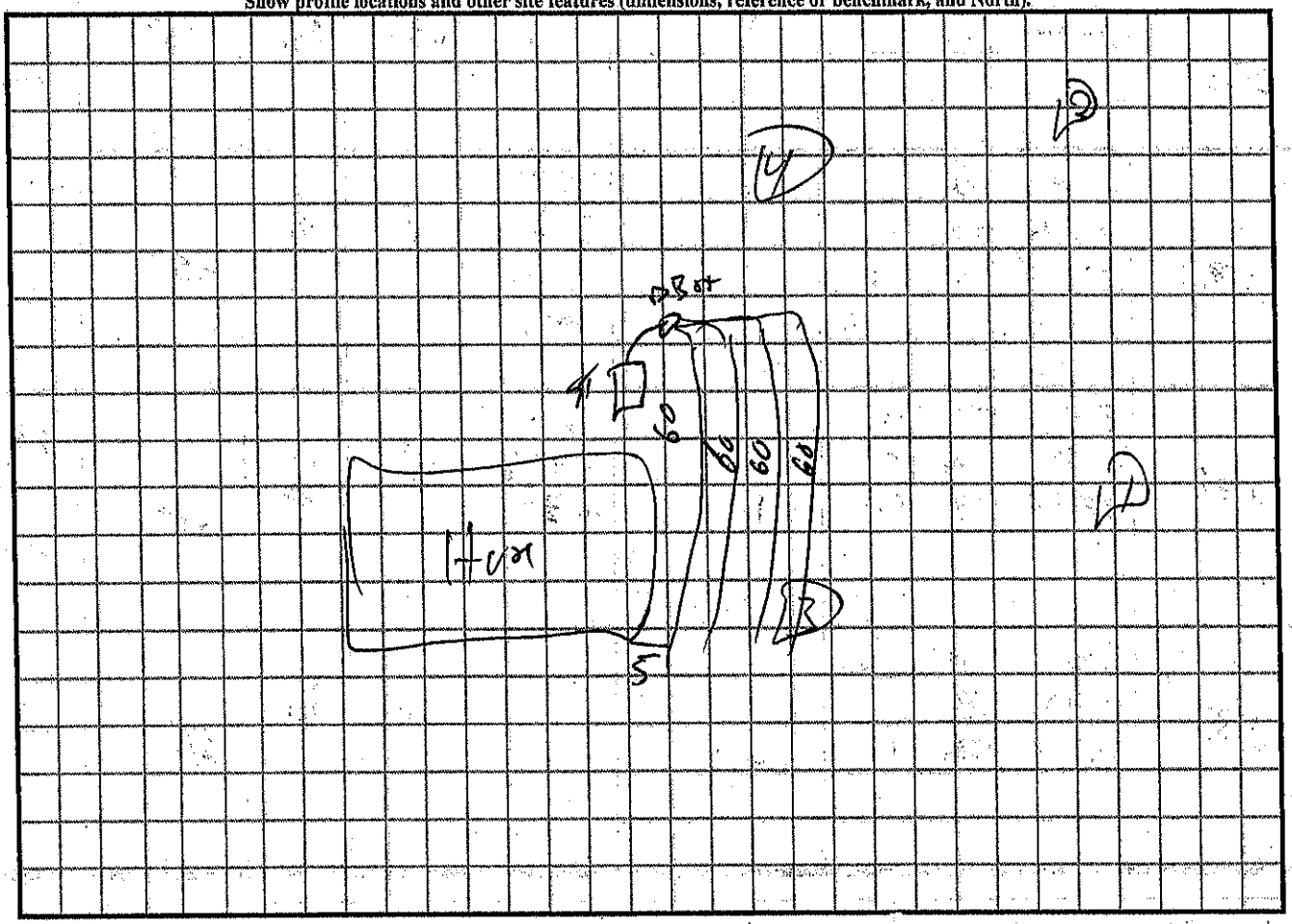
NOTES

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/ft^2

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



RECEIVED JUL 2 2 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-319131 $500.00

Application For: ( ) 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: Freedom Homes/ Kimberly Sneed Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: Kimsneed.Sneed1982@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Suzanne King Address: 50 Newton Junction Rd Kingston NH Zip: 03848
Owner Email: _____ Phone: 603-303-7103 Alt. Phone: _____

Property Information:

Street Address: 248 Birchwood Rd Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 to Exit 154, R onto Old Mocksville Rd (2) onto 64 (3) onto Bellfair Rd, (4) onto Evergreen Woods (5) onto Birchwood Rd, Lot on Left at stop sign.

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: _____

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

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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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.

Kimberly Sneed 7-14-21

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:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. 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:

1. Complete this form to document his or her legal representative, or
2. Provide their 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.

X I, Suzanne King, am the legal owner(s) of the property located at X 248 Birchwood Rd Statesville NC. identified as PIN (Parcel Identification Number) X _____ located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) X Freedom Homes Kimberly Frye 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 Rowan County Department of Public Health, Environmental Health Division.

X Suzanne King 6/30/21 X _____ 6-30-21

Signature of Owner(s) Date Signature of Witness Date

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:

X **Property Line measurements are clearly identified...**

X **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***

X **Front and side setbacks from property line...**

X **Area you prefer your septic system to be placed...**

X **Preferred driveway location and configuration, preferred well location...**

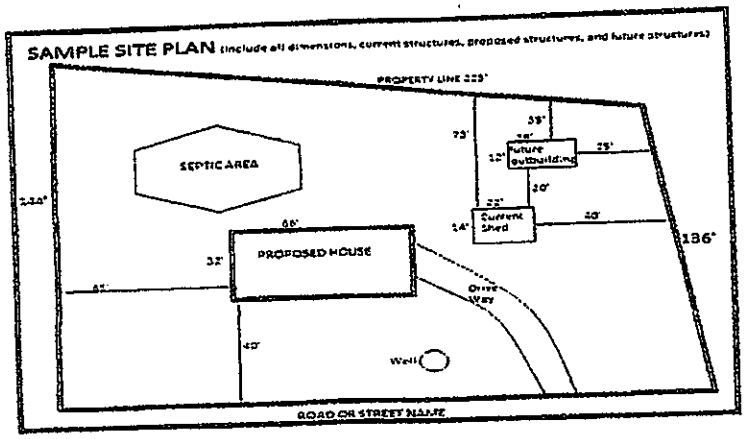
____ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

N/A **Location of septic systems and wells within 100' of your property... N/A**

N/A **Location of easements and rights of ways on your property... N/A**

N/A **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Attached

Signature: Kimberly Lange

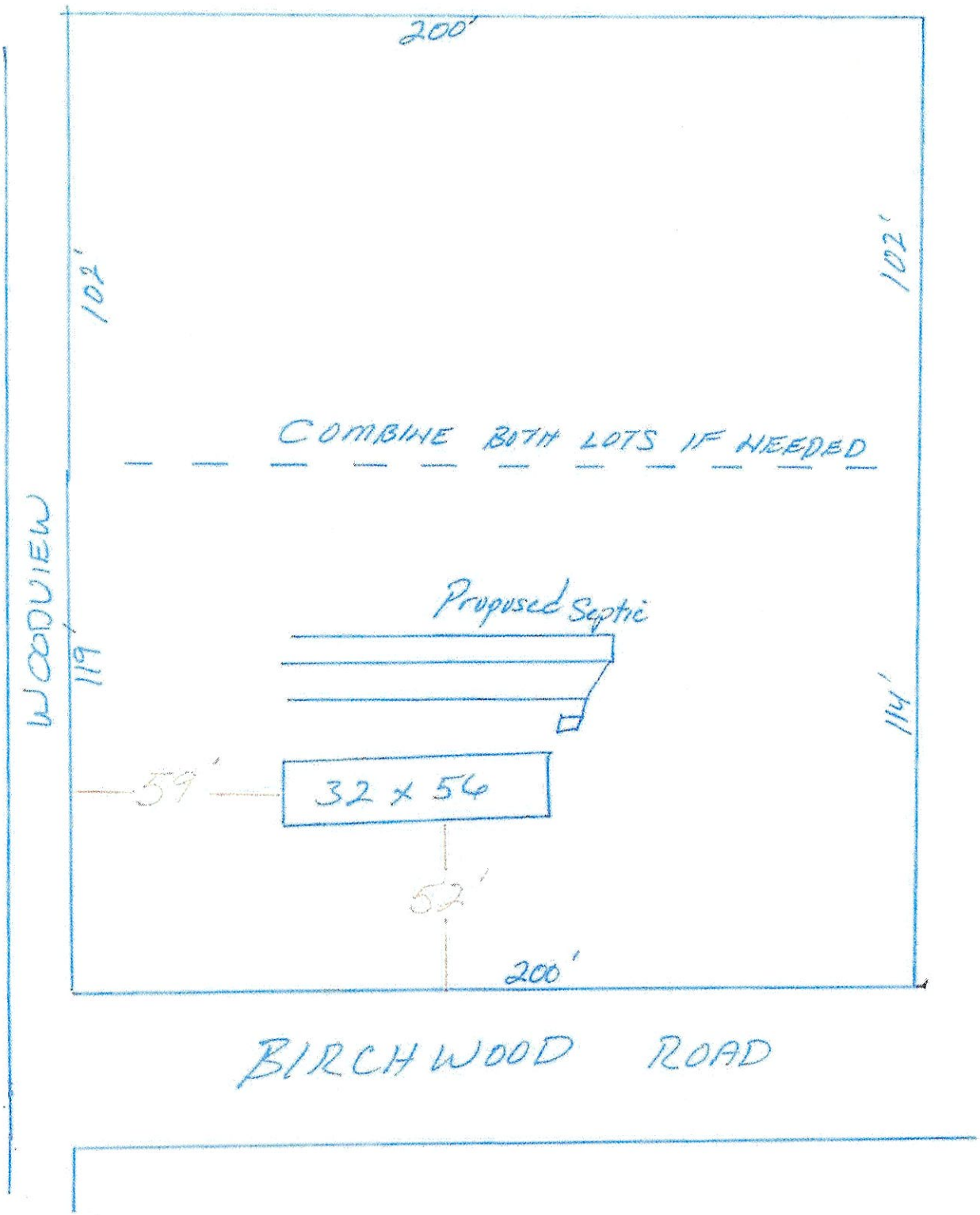
REQUIRED **property owner or owner's legal representative signature.**

7-14-2021

DATE

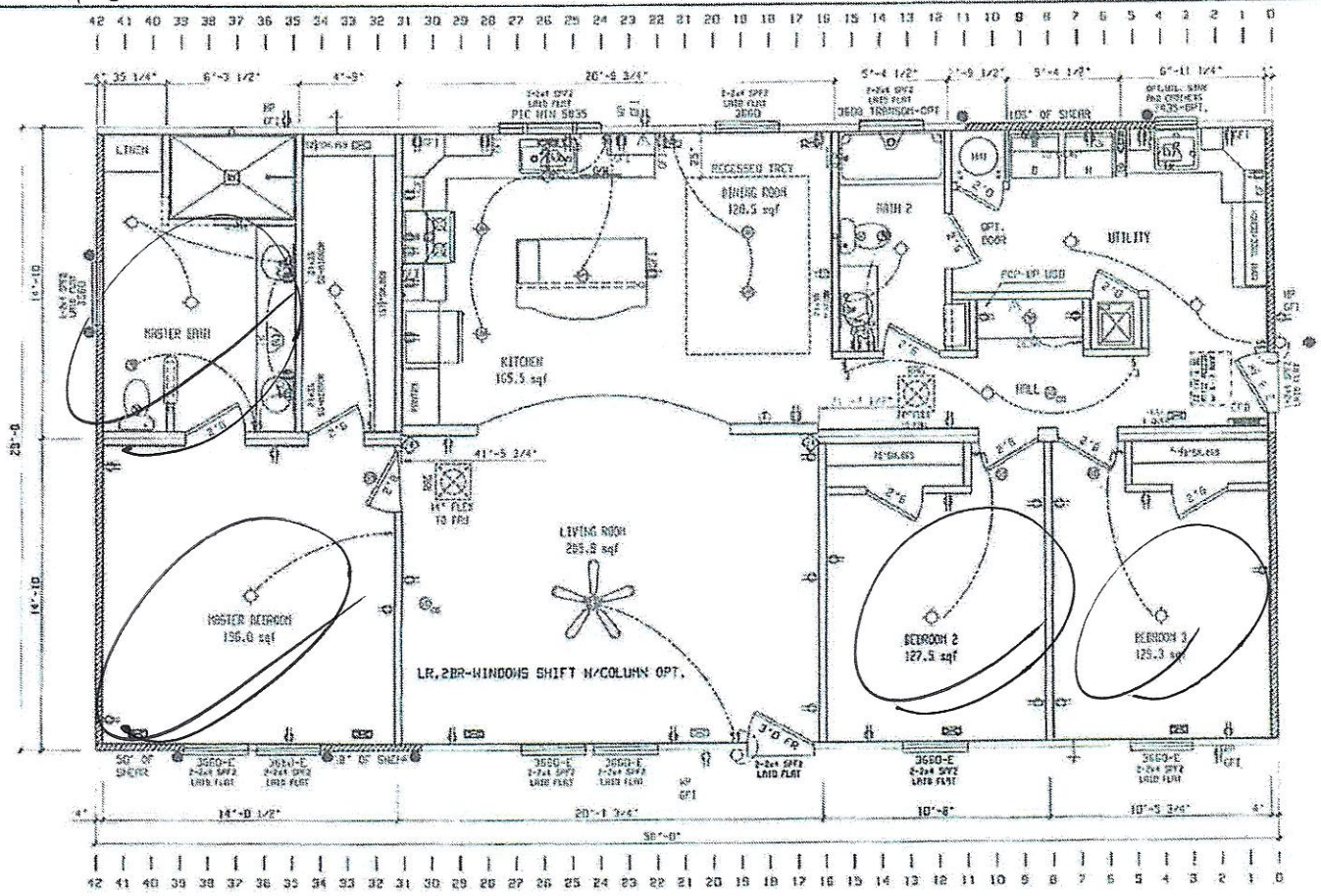
PLOT PLAN
N.T.S.

KING
248 BIRCHWOOD RD.
STATESVILLE



11-22-2021

32x56 (3BR)
x Kirkly-Bye 7-14-21



A-SECTION HITCH END

B-SECTION HITCH END

2x6 SIDEWALL HEADERS PER:
EN-20.3.R.K.C.22.20-1 (90MPH)
EH-20.3.R.K.E.22.20-1 (100MPH)
EH-20.3.R.K.I.22.20-1 (120MPH)

RIDGE BEAM PER-RG-20.3.R.K.M._-20
COLUMNS PER: EH-20.3.R.K.M.47.20
SIDEWALL HEADERS PER:
EN-20.3.R.K.C.22.20 (90MPH)
EH-20.3.R.K.E.22.20 (100MPH)
EH-20.3.R.K.I.22.20 (120MPH)

APPROVED BY
NTA INC.

229*EW/100*SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
90 MPH WIND SPEED

229*EW/100*SW
241PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.E.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
100 MPH WIND SPEED

217*EW/101*SW
366PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.N.I.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3988.1
120 MPH WIND SPEED

INSULATION DONE PER THE NORTH CAROLINA 2018 PRESCRIPTIVE METHOD
CZ3: R-38 CEILING R-15 WALLS R-22 FLOOR
CZ4: R-38 CEILING R-15 WALLS R-22 FLOOR
CZ5: R-38 CEILING R-19 WALLS R-30 FLOOR
U = 0.35 / SHGC = 0.28

BEDROOM AIR REQUIREMENTS	
① 20"x15" GRILL REQUIRED	● INDICATES FREE END WHERE WIRE BLOCKING
② 4"x10" GRILL W/ 2 1/2" DOOR UNDERCUT	◈ USE # INDICATES WIRE OVER WIRE OR NO HOLES IN STUDS IN COLUMN
③ BEDROOMS MUST BE UNDERCUT 2 1/2" MIN.	
④ 4"x24" OR 6"x14" GRILL REQUIRED	

MFG	SERIES
SCHULT	RK32

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES
CEILING HEIGHT = 86 -Std / 108 - Opt
FLOOR FRAMING SPACING = 16

DRAWING TITLE
MASTER PLAN

MODEL NAME	SQ. FT.
4608-32-WIDE	1661

PLANT	DESCRIPTION	MODEL NO.
958	32X56 3BR-2BA	4608-50-32H

DRAWN BY	ORIG. DATE	DATE PRINTED	SHEET NO.
RXP	05/09/2018	06/28/2019	1-1

IREDELL COUNTY · NC

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

FILE COPY

APPLICATION NUMBER
319731 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4765711028.000	248 BIRCHWOOD RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: KING SUZANNE M	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Modular	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.537	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.

SEE ATTACHED

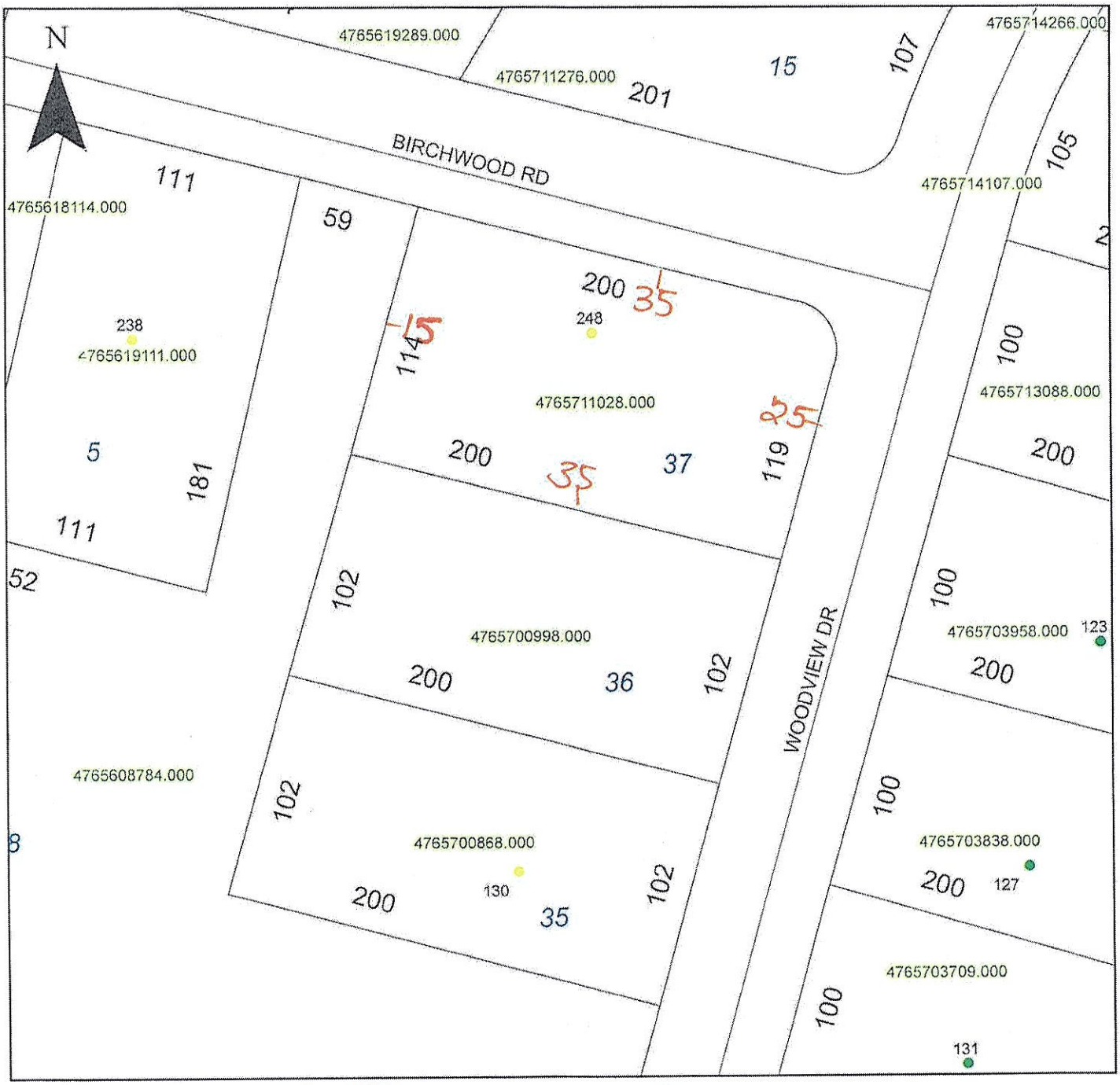
PAID

Signature of Owner/Contractor

Date: 07/16/2021

Permit Number	319731	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 248 Birchwood Rd.

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.

Applicant

Date