REDELL COUNTY HEALTH DEPARTMENT

(BB)

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

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

PERMIT # 2410784

PIN # 4767102065 ✓

APPLICANT/OWNER: Sara McLaurin / Freedom Homes APPLICANT ADDRESS: 9803 Glenbridge Way, Charlotte

SITE ADDRESS: 909 Old Mocksville Rd, Statesville 28625 PHONE: 910-625-7607 ALT. PHONE 704-581-2326

SITE DIRECTIONS: I40W exit 154 TL → ~3 miles on left

SUBDIVISION: —

SAP CONTROLLED: ☐ YES ☒ NO

Septic Tank	1000 (gal)	STB	760	Date	9-21-19	SECTION: —	LOT # —
Pump Tank	1000 (gal)	PT	363	Date	11-30-19	LOT AREA:	0.748 ac
Pump Make	ZOELLER	Model N	151-0005	Serial #	2K7917X	DESIGN FLOW:	360 gpd
# Nitrification Fields	1	# Lines	3	Linear Ft	300'	L.T.A.R.:	.3
Trench Width	36"	Trench Bottom Depth(Low side)	20"	Gravel Depth	—		

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% reduction - PM

Repair System Description: 25% reduction PM w/ cover

Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

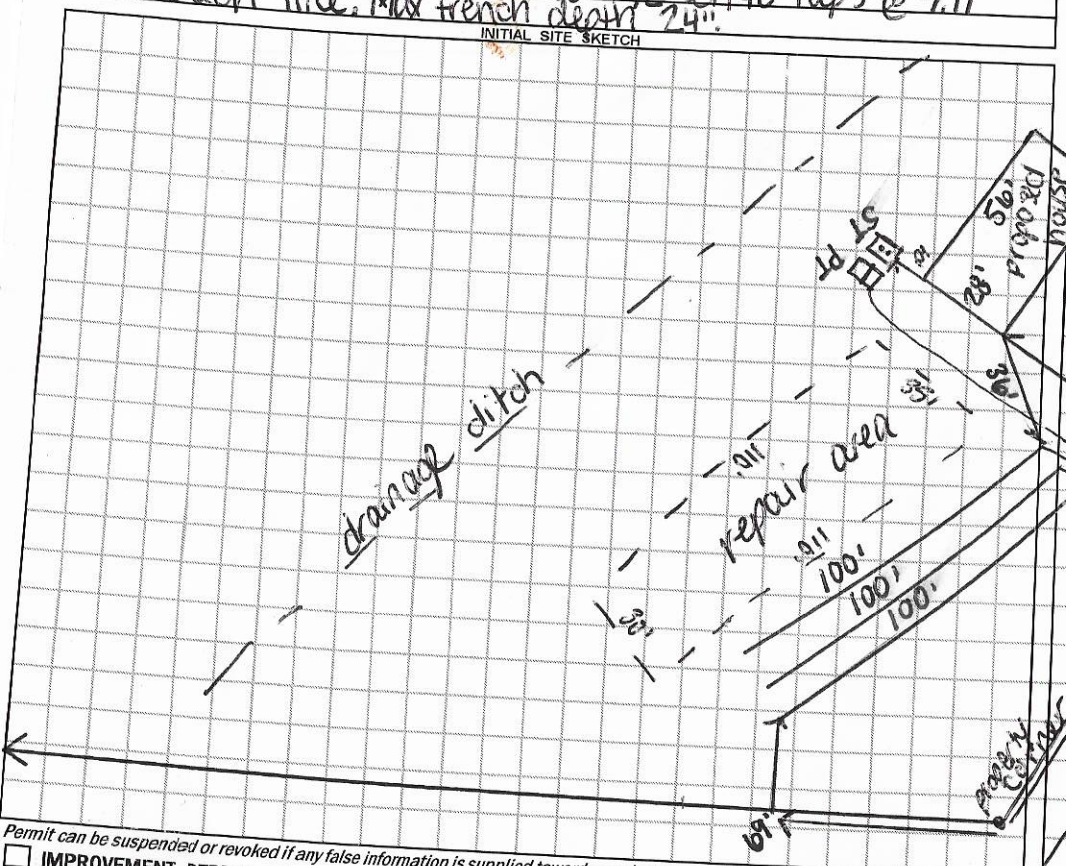
Water Supply: ☐ Private ☒ Public ☐ Community

☐ Basement w/o plumbing

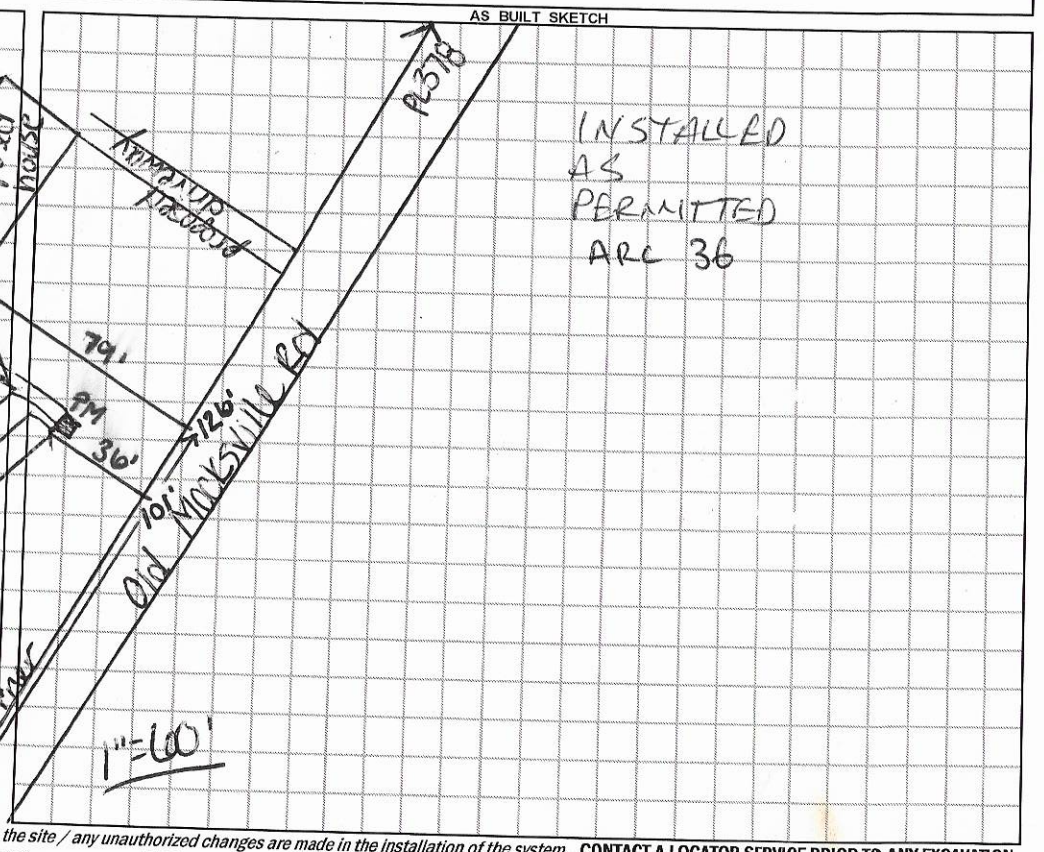
Comments / Conditions: Install system on contour + utilize pressure manifold for distribution use 1/2" x 40 taps @ 7.11 for each line. Max trench depth 24".

Dose volume - 136.5 g
6.5" drawdown

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

IMPROVEMENT PERMIT by: Carla C. Cave Date: 8-5-19

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 7-25-19

Date: 7-31-19

Installed by: ABFE GRADING

OPERATION PERMIT by: Brandt C. White Date: 2-4-2020

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.

	Date	Initials
Drain Lines Checked	1-9	BCW
Tanks Checked	1-9	BCW
Pressure Manifold or Valve Box Checked	1-9	BCW
Pressure Head Set	1-9	BCW
Electrical Checked	1-4	BCW
Floats Set	1-9	BCW
Alarm Checked	1-4	BCW
Maintenance Contract Y / (N)	1-9	BCW

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

Sheet 1 of 1
PROPERTY ID #: 4760110205
COUNTY: Iredell

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

OWNER: Equity Trust Co / Kim Speed
ADDRESS: 9908 Glenbridge Way, Charlotte
PROPOSED FACILITY: 3BR
LOCATION OF SITE: 909 Old Mocksville
APPLICATION DATE: 7-17-19
DATE EVALUATED: 7-25-19
PROPERTY SIZE: 1.748 ac
PROPERTY RECORDED: Y
PROPOSED DESIGN FLOW (.1949): 300 gpd

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 R	L 10%	0-32	SBK C	Fr ss sp sexp	no topsoil	32"	—	Stay above CR	PS .3 (above 32")
		32-42	M CR	Firm					
2 R	L 10%	0-28	SBK C	Fr ss sp sexp	some firm	36"	U	—	PS .3
		28-36	SBK CL	Fr ss sp sexp					
		36-49	M Sap	Fr/Fi					
3 I	L 10%	0-8	SBK SCL	Fr ss sp sexp	RC matrix	50"	—	—	PS .3
		8-35	SBK C	Fr ss sp sexp					
		35-50	SBK CL	Fr ss sp sexp					
4 I	L 10%	0-28	SBK C	Fr ss sp sexp	RC matrix	38"	PS	—	PS .3
		28-38	SBK CL	Fr ss sp sexp					
		38-50	M Sap	VFr					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	25%	25% w/cover
Site LTAR	.3	.3

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

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
DS (Debris Slump) FP (Flood Plain) FS (Foot Slope)	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1	0.2 - 0.05	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)
			None	None		

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

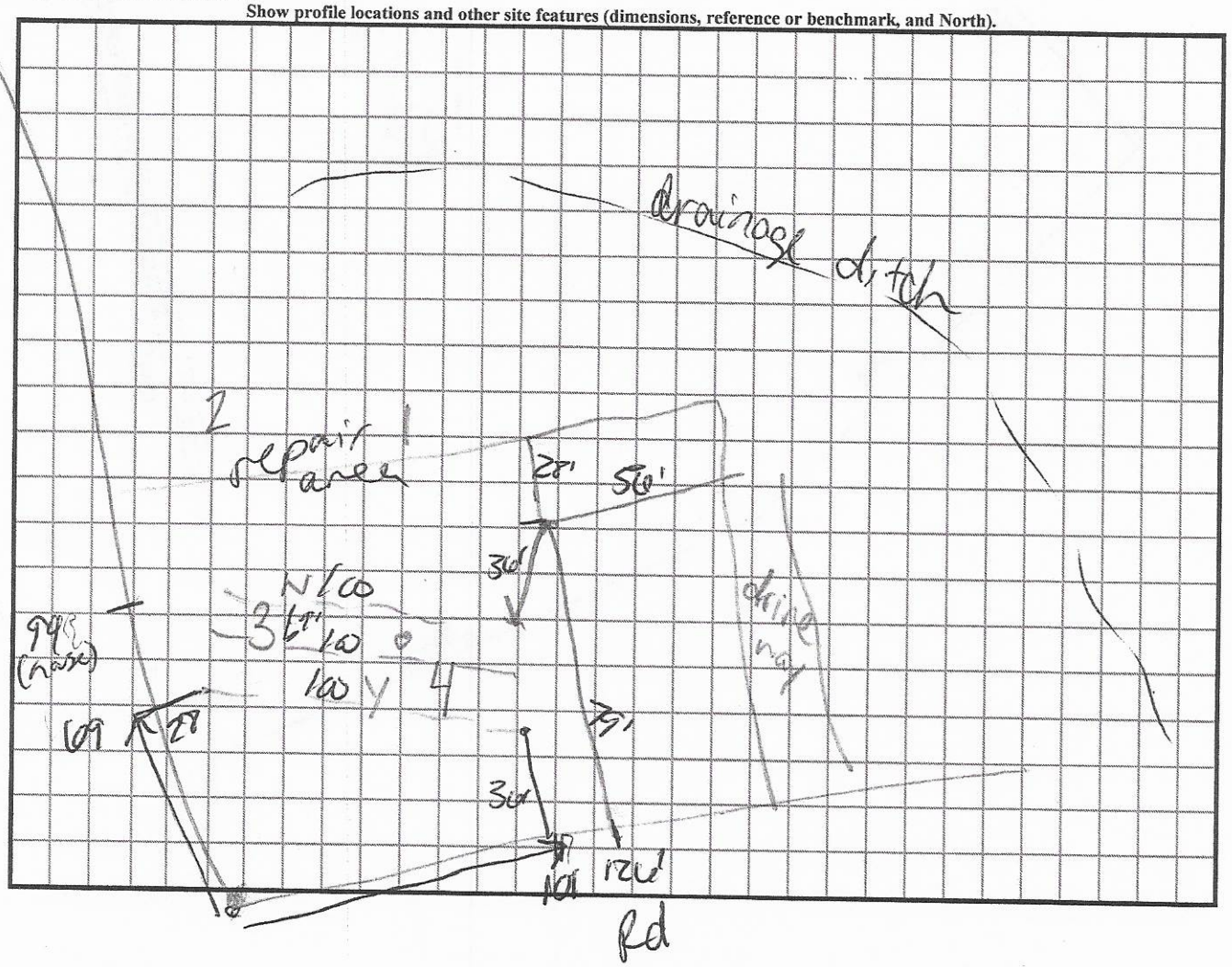
NOTES

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).



Updated February 2014

246784
Fpd 500

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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) Kimberly Sneed 704 881 2326

Applicant Name: Sara McLaurin Address: 9808 Glenbridge Way Charlotte, NC Zip: 28078
Applicant Email: mclaurinsara88@gmail.com Phone: 910 625 7687 Alt. Phone: _____
Owner Name: Equitity Trust Company Address: 785 Old Mocksville Highway Zip: 28625
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information: 909
Street Address: ~~0000~~ Old Mocksville Highway Statesville, NC 28625
Subdivision Name: Parcel ID: 4767102045 Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 to I-40W to Old Mocksville Rd Exit - Left on Old Mocksville Rd go 3 miles Land on left.

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

(✓) 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
(✓) 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: _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water (County)

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (V) Conventional ( ) Innovative (2) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

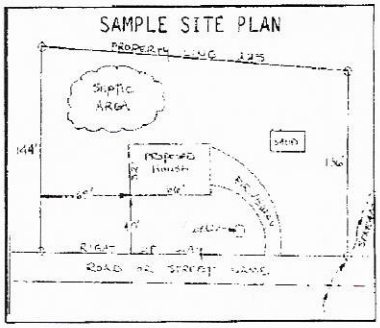
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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.

Signature: Kimberly Sneed 7-18-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) **Preferred well location**
( ) **Preferred septic system location**
( ) **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

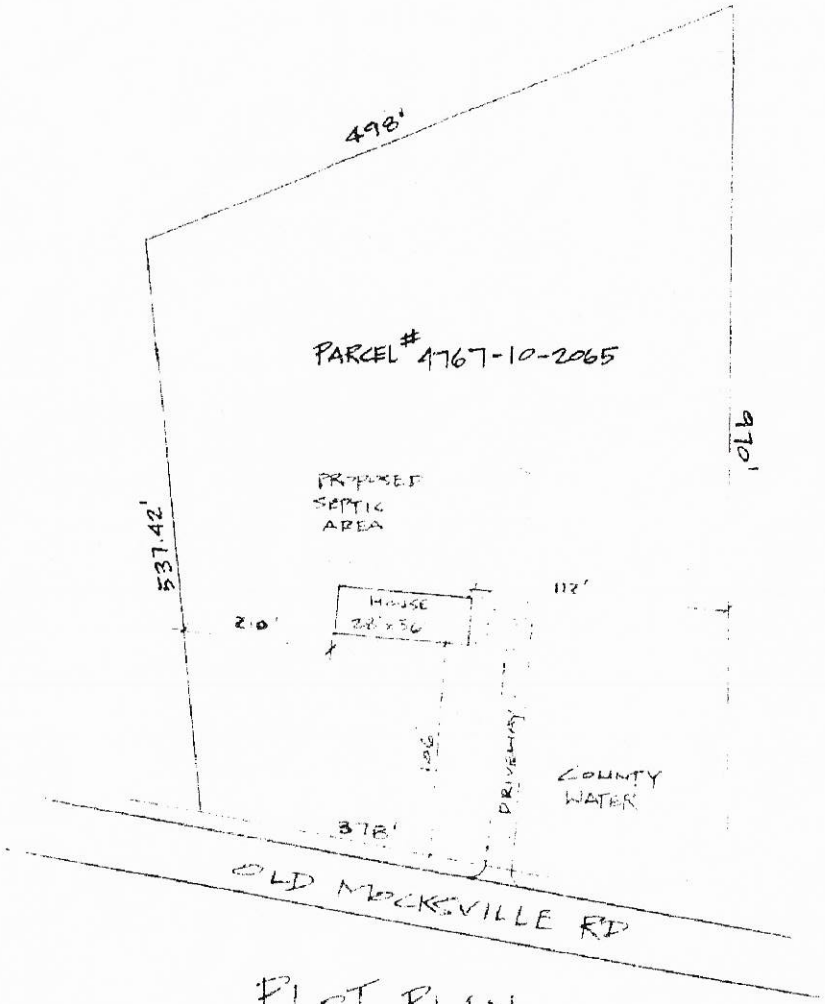
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Kimberly Sneed 7-18-19

Signature: _____ 7-18-19

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



PLOT PLAN

N.T.S.

TBD OLD MOCKSVILLE RD.
STATESVILLE, NC 28625

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, 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

Cathy Joan Norris 7/12/19
Signature of Owner(s) Date

Signature of Witness Date

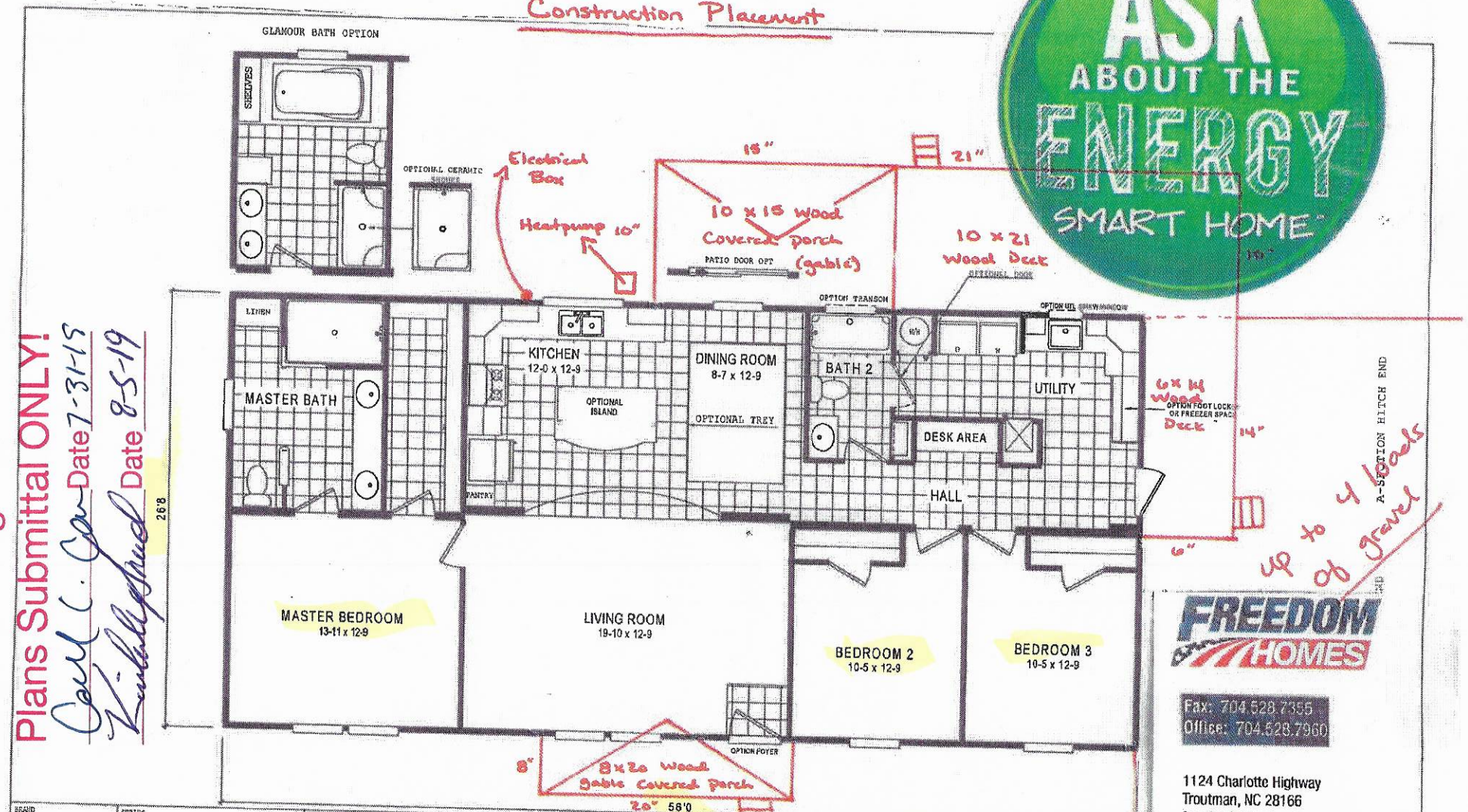
EQUITY TRUST CO. Please return this signed form to the appropriate office:

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

The Charleston 28x56

Construction Placement



Acknowledgement Of Plans Submittal ONLY!

Carol C. Cox Date 7-31-19

Kimberly Hood Date 8-5-19

ASK ABOUT THE ENERGY SMART HOME

FREEDOM HOMES
Fax: 704.528.7355
Office: 704.528.7960
1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

BRAND	SERIES
SCHULT	RK28

CLAYTON HOME BUILDING GROUP

REVISIONS | BY | DATE

GENERAL NOTES

DRAWING TITLE: LITERATURE

MODEL NAME		SQ. FT.
4608		1493
PLANT 957	DESCRIPTION 28X56 3BR-2BA	MODEL NO. 4608
DRAWN BY GDB	ORIG. DATE 03/14/2016	DATE PRINTED 06/09/2016
		SHEET NO. 22-1

APPROVED

SIGNATURE:

DATE: 06-27-2019

APPROVED

SIGNATURE:

DATE: 06-27-2019

IREDELL COUNTY

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

APPLICATION NUMBER
246784
Issue Date: 07/18/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4767102065.000	909 OLD MOCKSVILLE ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: EQUITY TRUST COMPANY	Applicant: FREEDOM HOMES-TROUTMAN
Address: 0	Address: 1124 CHARLOTTE HWY
IREDELL CO, NC 28625	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
6.740	35.00	35.00	15.00	15.00		X

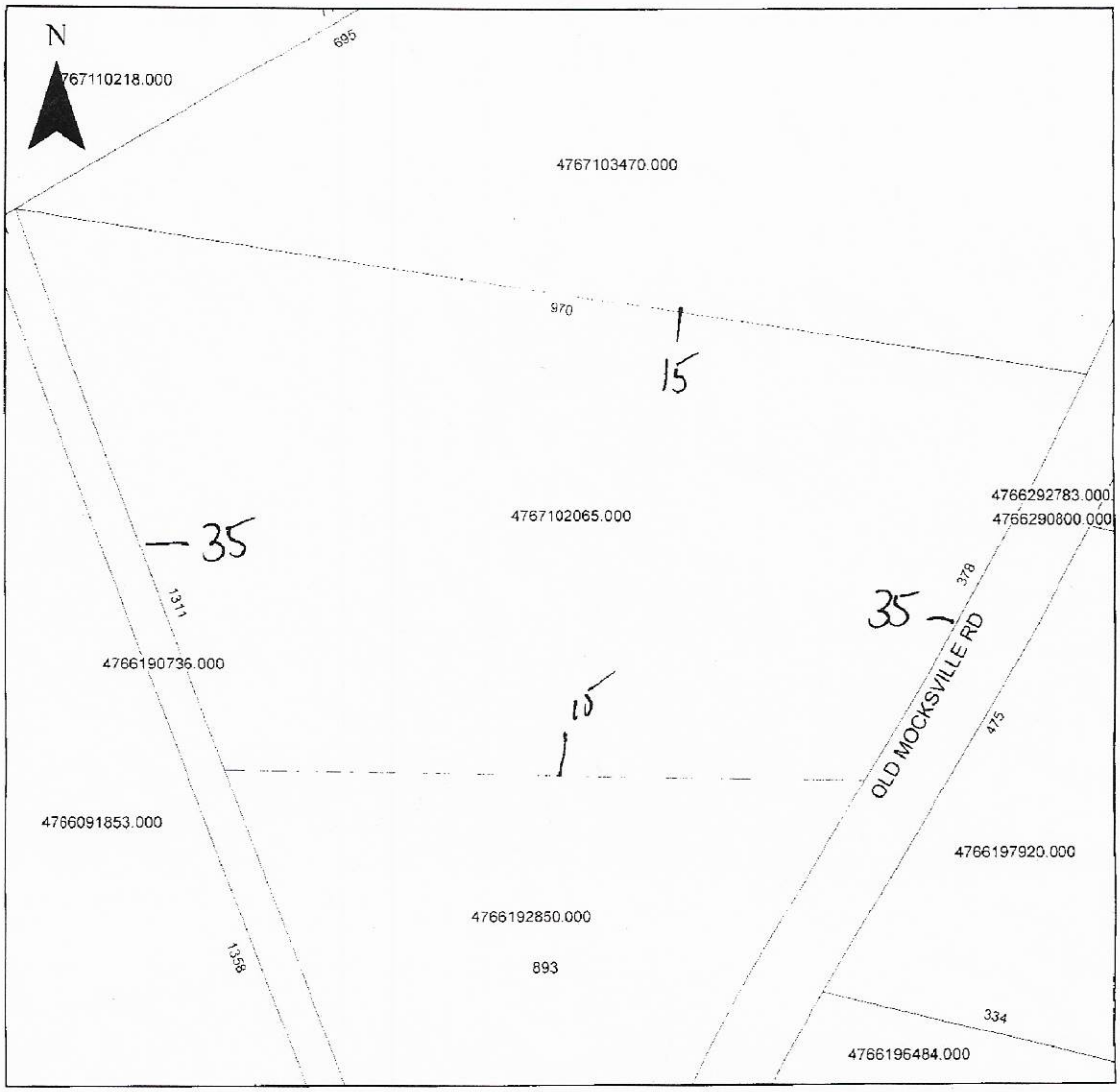
Remarks:

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	185690	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 909 Old Mocksville NC.

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.

Kimberly Sowell
Applicant

7-18-19
Date