ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-325299

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

PIN # 4777 -- 98 -- 9512

APPLICANT/OWNER: FREEDOM HOMES - Rebinnetta Tilley APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 301 DEERCHASE CIRCLE, STATESVILLE, N.C. 28625 PHONE: 704-881-2326 ALT. PHONE 704-528-7960

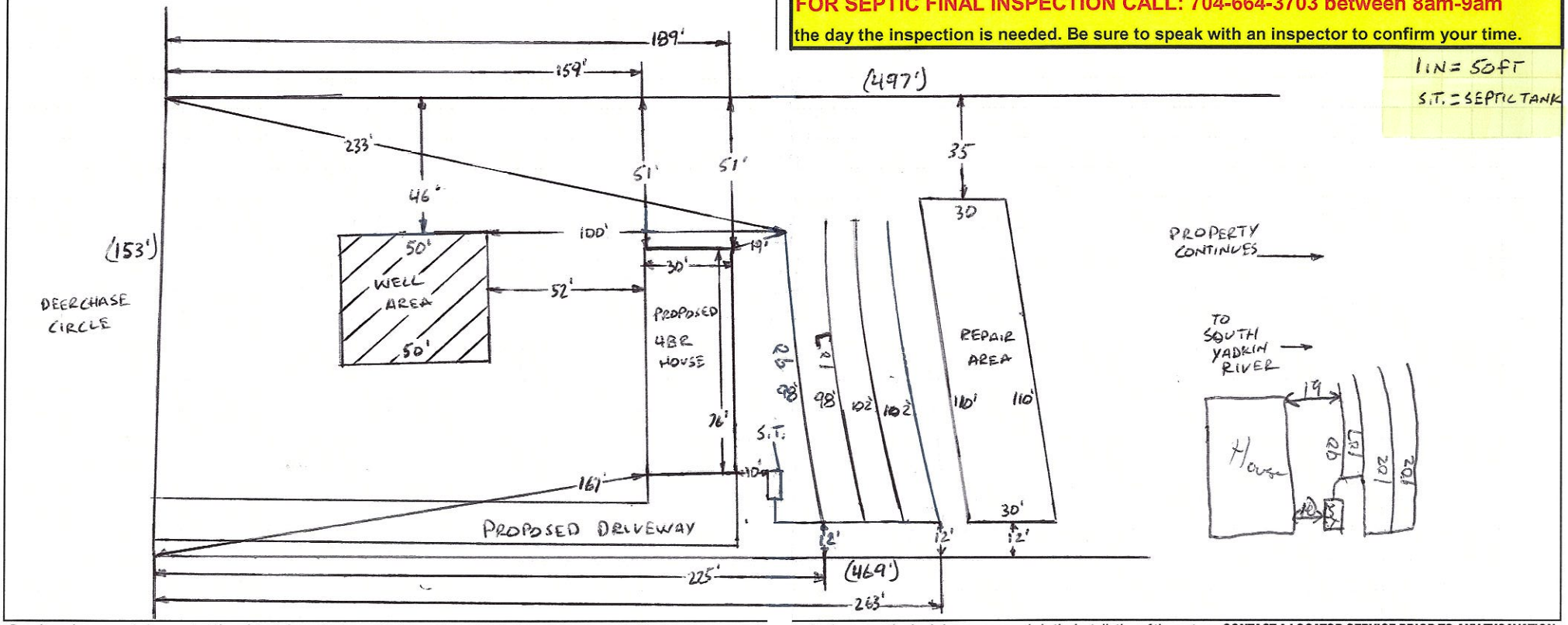
SITE DIRECTIONS: (E) ON 40, (L) ON OLD MOCKSVILLE, (R) ON WHITE OAK BRANCH, (L) ON DEERCHASE, LOT ON (R) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: DEER PARK SECTION: - LOT # 49 LOT AREA: 1.7 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	1012	Date	6/12/22	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	25% REDUCTION			☐ Business	No. Persons	8	☑ Private
Pump Make	-	Model	-	Serial #	-		Repair System Description:	50% REDUCTION			☐ Other	No. Employees	-	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	400 FT		Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth	-		☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH DEPTH

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.

1 IN = 50 FT

S.T. = SEPTIC TANK

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made ...e 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: 4-21-22 Installed by: Frye Grading

IMPROVEMENT PERMIT by: Bryant C. White Date: 4-18-2022 OPERATION PERMIT by: [signature] Date: 6/26/22

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 4-18-2022 Existing System Inspected by: Date:

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

SOIL/SITE EVALUATION

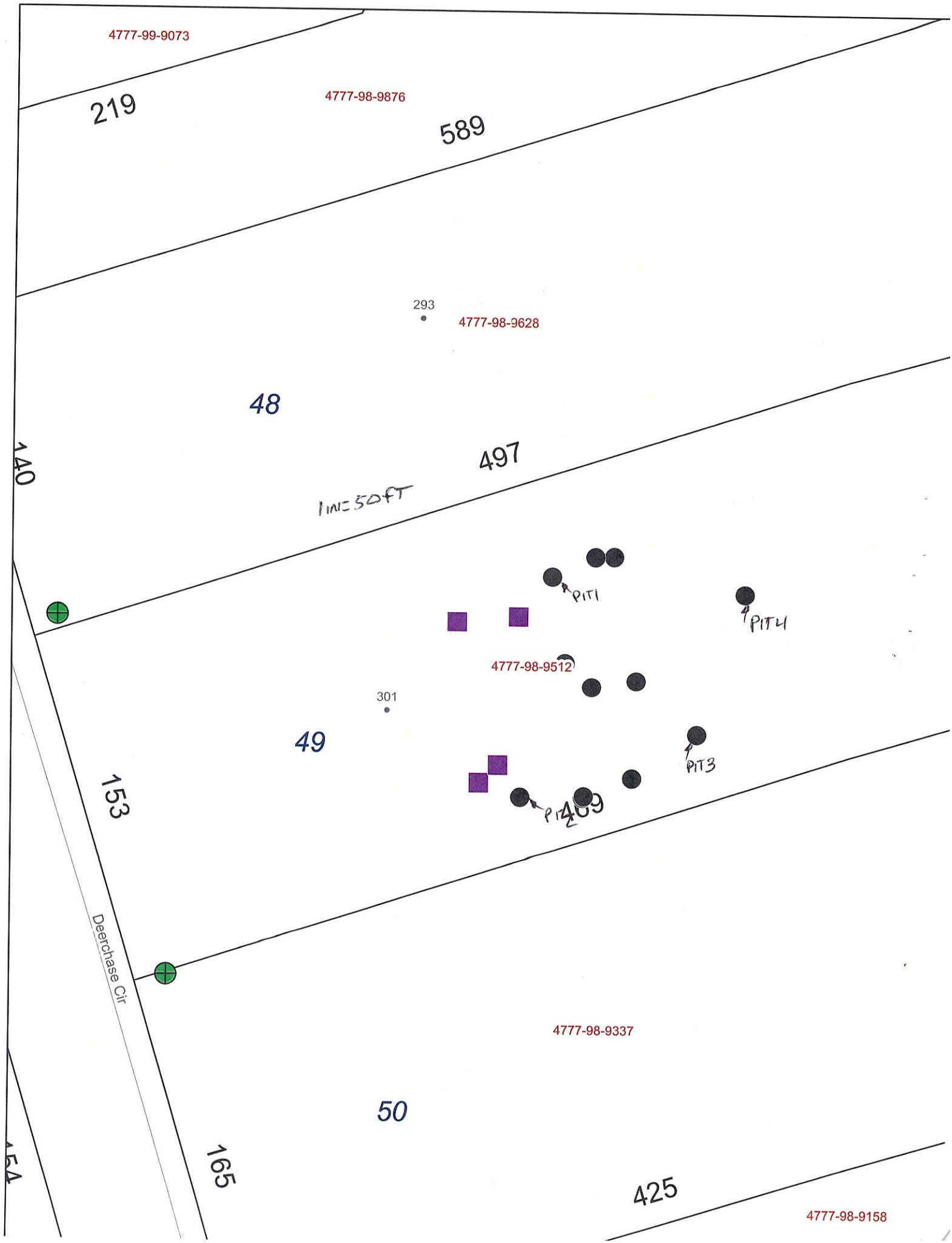
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4777-98-9512
DATE OF EVALUATION: 3-2-22
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZ ON 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	LINEAR SIDE 8%	0-10	FILL	MIXED	SAP INC THRU OUT	48"+	N/A	N/A	PS .3
		10-48	C, ABK	FR, S, P, SEXP					
2	LINEAR SIDE 10%	0-32	C / ABK	SI P I SEXP I FR	SAP INC THRU OUT	52"+	N/A	N/A	P.S .3
		32-52	CL / ABK	SS I SP I SEXP I FR					
3	LINEAR SIDE 14%	0-27	C, ABK	FR, S, P, SEXP	SAP INC THRU OUT	53"+	N/A	N/A	PS .3
		27-53	CL, WABK	FR, SS, SP, SEXP					
A	LINEAR SIDE 14%	0-8	FILL	MIXED	SAP INC THRU OUT	50"	N/A	N/A	P.S .3
		8-32	C I ABK	SI P I FR I SEXP					
		32-50	CL / WABK	SS I SP I FR I SEXP					

COMMENTS:


4777-99-9073
219
4777-98-9876
589
293
4777-98-9628
48
140
497
1IN=50FT
PIT1
PIT4
4777-98-9512
301
49
153
PIT3
PIT2
409
Deerchase Cir
4777-98-9337
50
165
425
4777-98-9158

Karr

BW

RECEIVED FEB 17 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-325299 $500.00

Application For:
( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: *Place an (X) beside whichever is submitted if applicable*
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/Kimberly Frye Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail.com Phone: 704-881-2326 Alt. Phone: 704-528-7960
Owner Name: Babinette Tilley Address: 5660 Laurel Cove Rd Statesville Zip: 28677
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 301 Deerchase Circle Statesville NC 28625
Subdivision Name: Deer Park Section/Phase: _____ Lot Number: 49
Driving Directions: I-40 to old mocksville Rd, Exit 154, (L), R onto White oak Branch Rd, 1st left onto Deerchase Cir, 1st Right to Stay ON, .5 miles 301 is ON (R)

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: 4
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: _____
(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: _____ 2/2/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Verified

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Derrick Tilley

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.

X 2. I, Robinette C Tilley Living Trust, am the legal owner(s) of the property located at Lot 49 301 Deerchase Circle Statesville, identified as PIN (Parcel Identification Number) 4777-98-9512 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.

Derrick Tilley
Signature of Owner(s)

01-24-2022
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

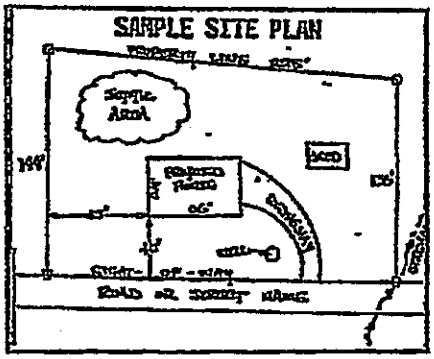
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) 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

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

Attached

Signature: Kimberly Gaye

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

2-2-2022

DATE

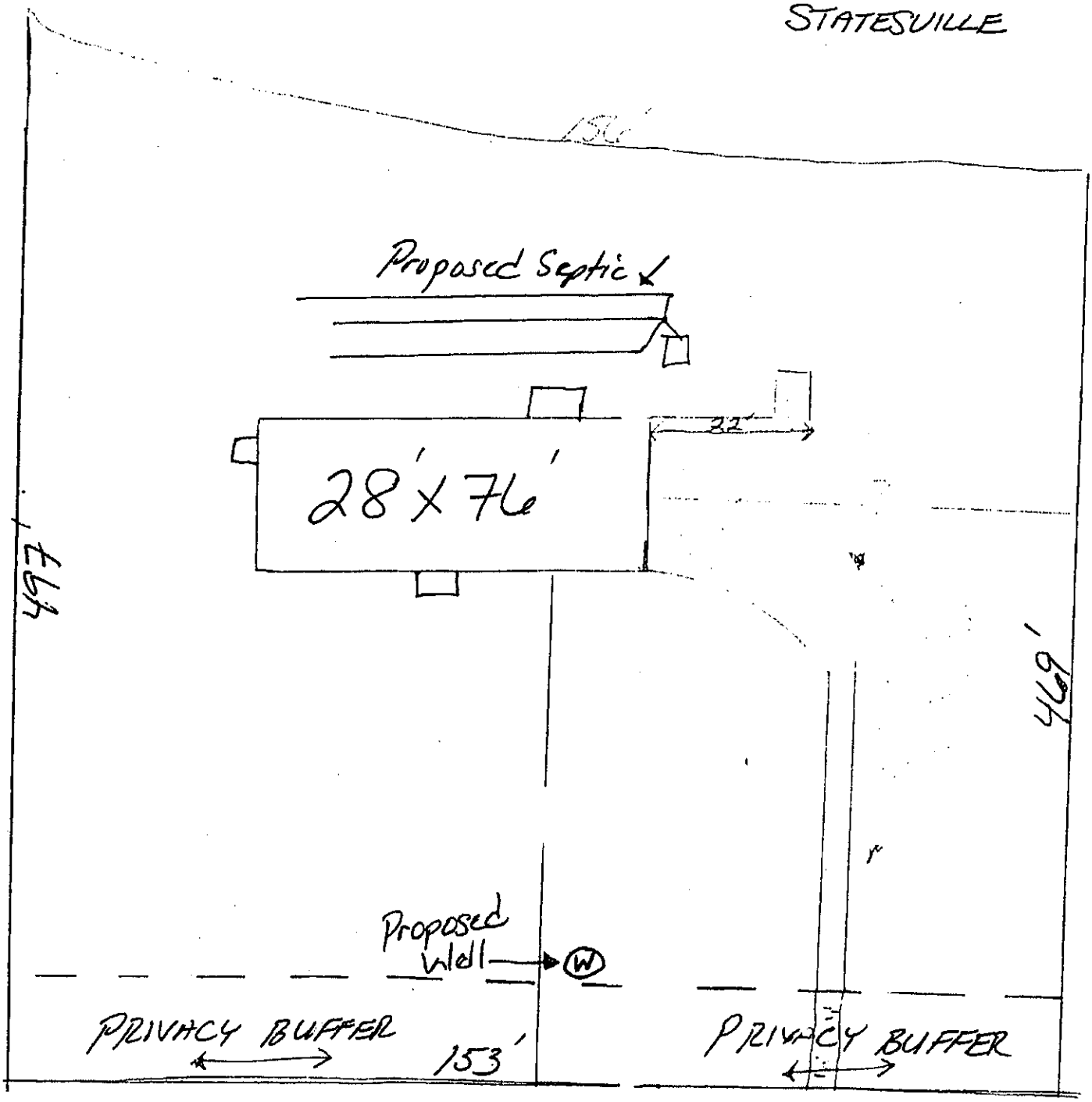
PLOT PLAN

N.T.S.

301 KARR

DEER CHASE CIRCLE

STATESVILLE



DEER CHASE CIRCLE

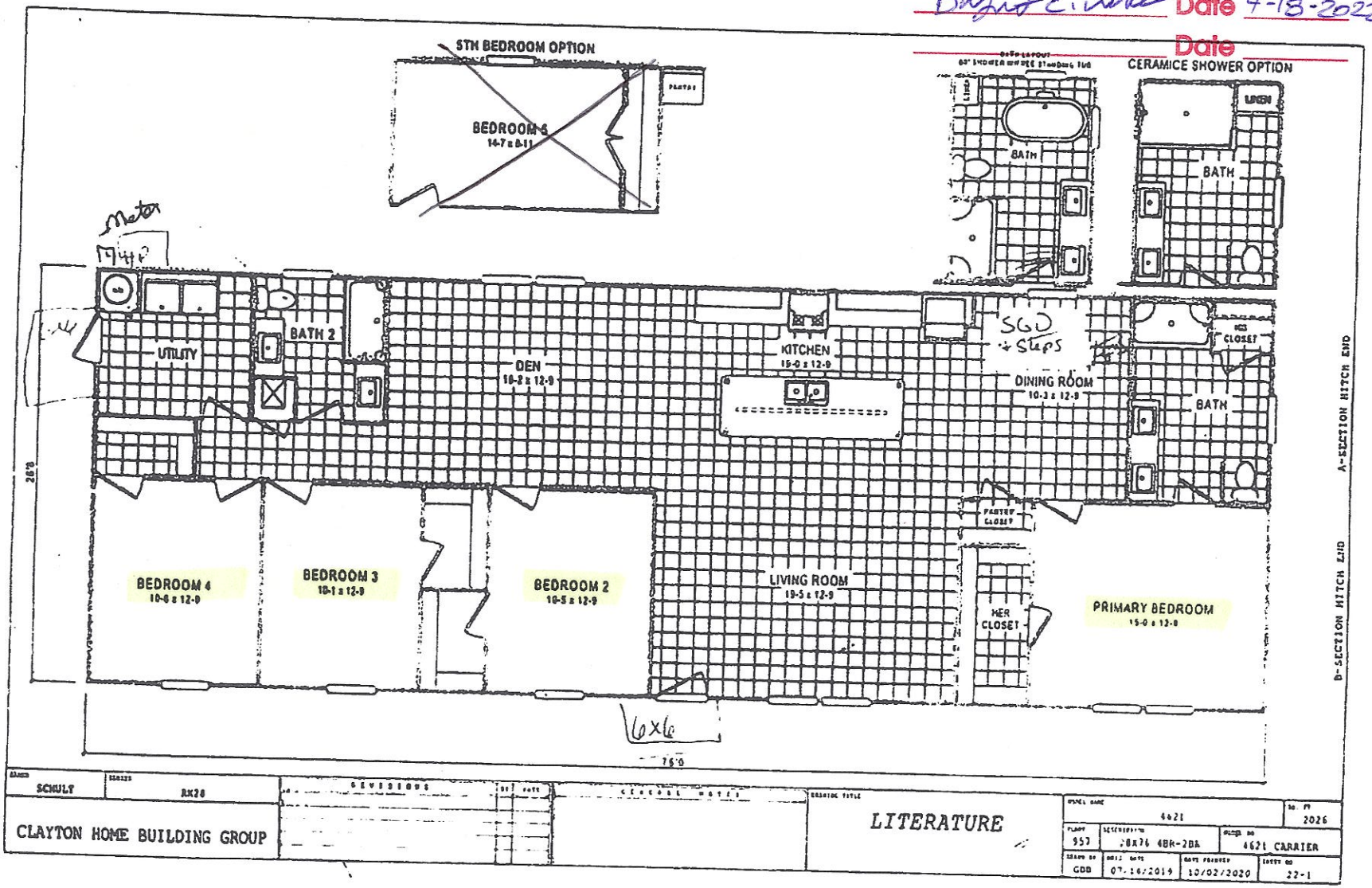
#2

28x76

Acknowledgement Of Plans Submittal ONLY!

Bryant C. White Date 4-18-2022

Date



SCHULT	RX28	REVISIONS	LITERATURE
CLAYTON HOME BUILDING GROUP			

4621			2026
953	28X76 4BR-2BA	4621 CARRIER	
GDB	07-16-2019	10/02/2020	22-1

IREDELL COUNTY · NC

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

APPLICATION NUMBER

325299
Issue Date: 02/10/2022

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4777989512.000	301 DEERCHASE CIR	IREDELL COUNTY

Owner Information	Applicant Information
Name: TILLEY ROBINETTE C LIV TR	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
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.7	35	50	15	15		YES

Remarks

DOUBLEWIDE

Must meet both the 50-foot setback from the streambank and the 35-foot setback from the rear property line for any structure.

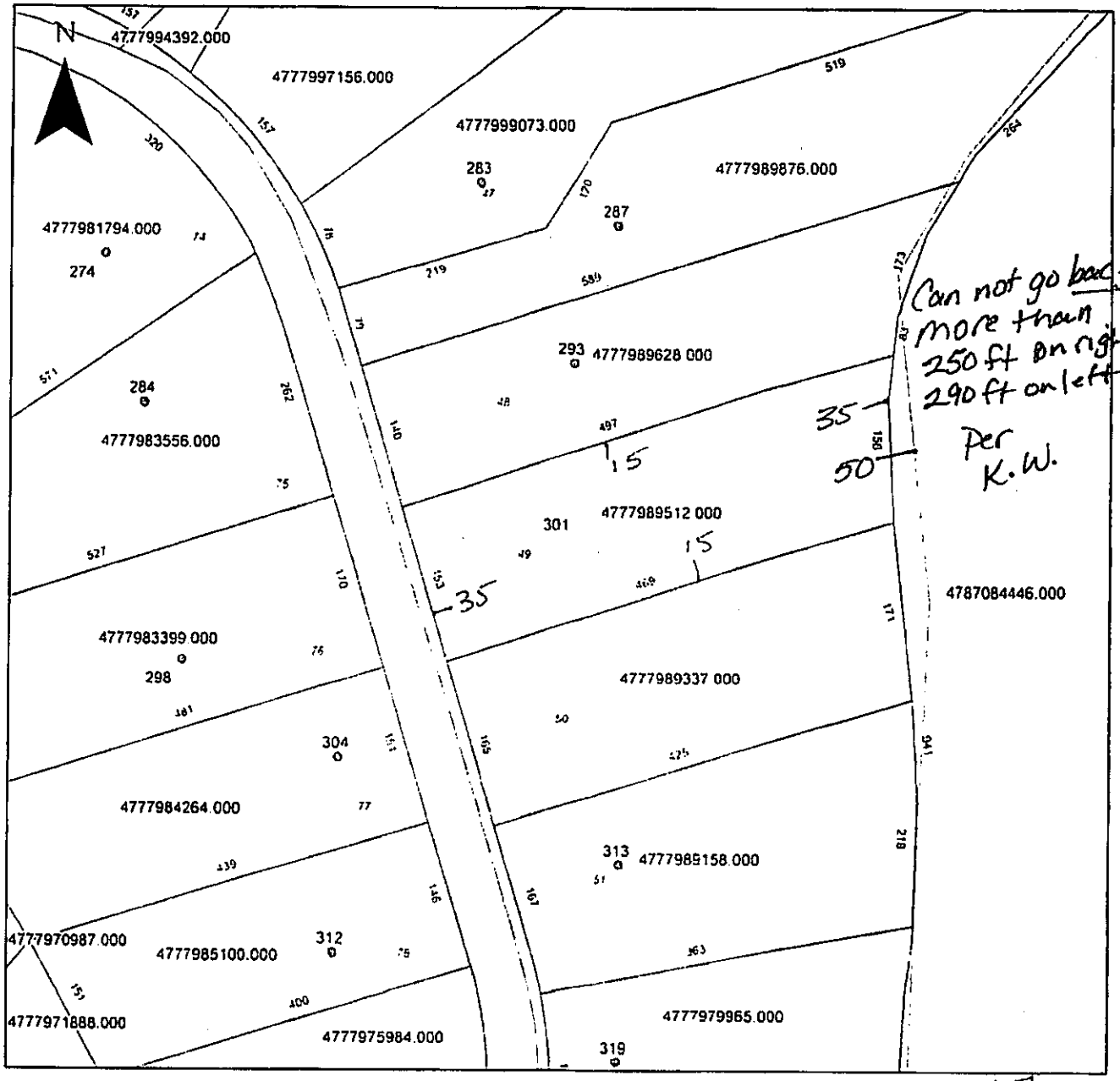
The applicant certifies that there are no deec restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Signature of Owner/Contractor

Date: 02/11/2022

Permit Number	325299	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 301 Deerchase Cir

1.7
RA
Yes

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

2-10-2022
Date