ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (#3) Mooresville Office (704) 660-3625 (12)

PERMIT # AP 310505

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

PIN # 4779 - 54 - 3107 3215

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 239 Marshall Farm Rd Harmony NC 28634 | PHONE: 704-881-2326 | ALT. PHONE

SITE DIRECTIONS: I-40E to Exit 152B, merge onto I-77N, Exit 54 to Ron Mt. Bethel Rd, Ron Marshall Farm Rd, Lot on

SUBDIVISION: Sanford Edward Hendrick Jr | SECTION: — | LOT # 34 | LOT AREA: 2.586 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	2071	Date	[illegible]	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction		
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LPPPBPS		
# Nitrification Fields	1	# Lines	3	Linear Ft:	300'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	29"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE	

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

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

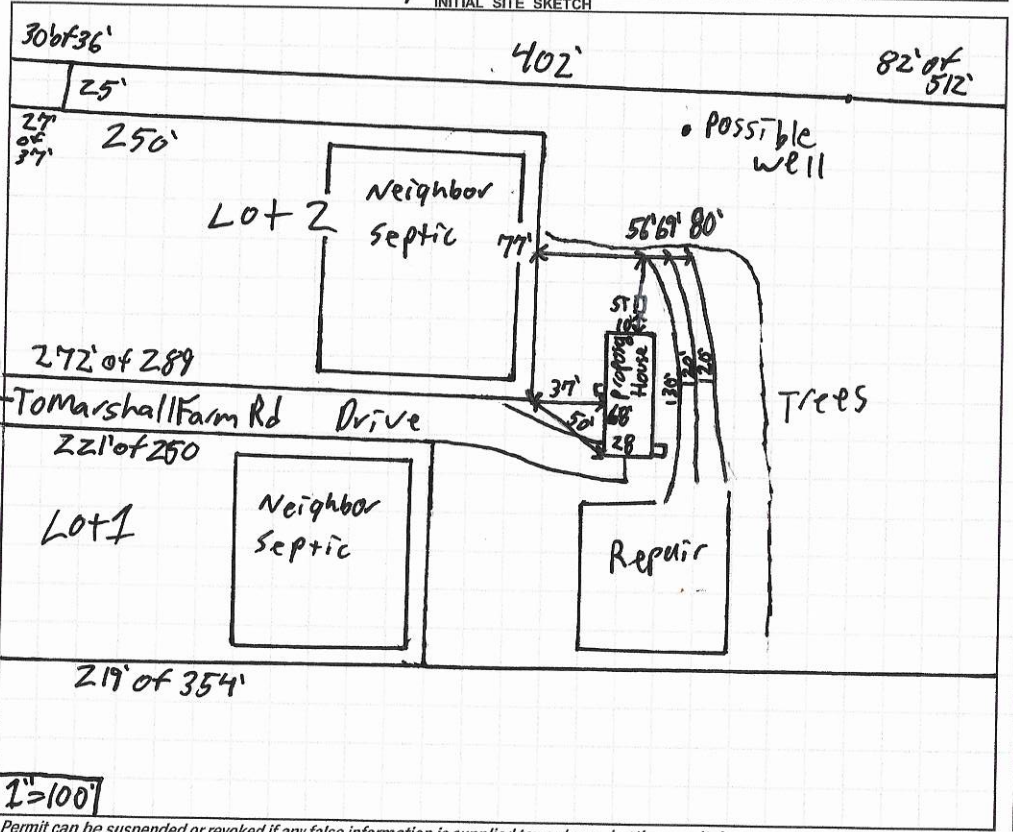
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour. Do NOT drive on store material or manipulate drainfield in any way. 370' of drainline shown only 300' needed.

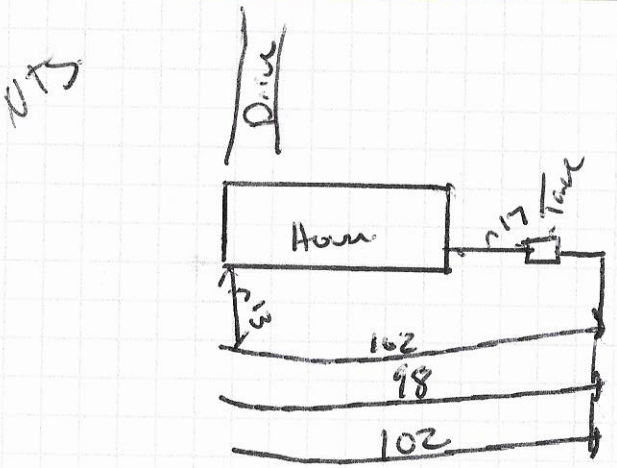
PROPERTY RECORDED IN BOOK 2761 PAGES 2175-2177

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.



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: 11/3/2020

IMPROVEMENT PERMIT by: Patrick J Bglett III Date: 10/29/2020

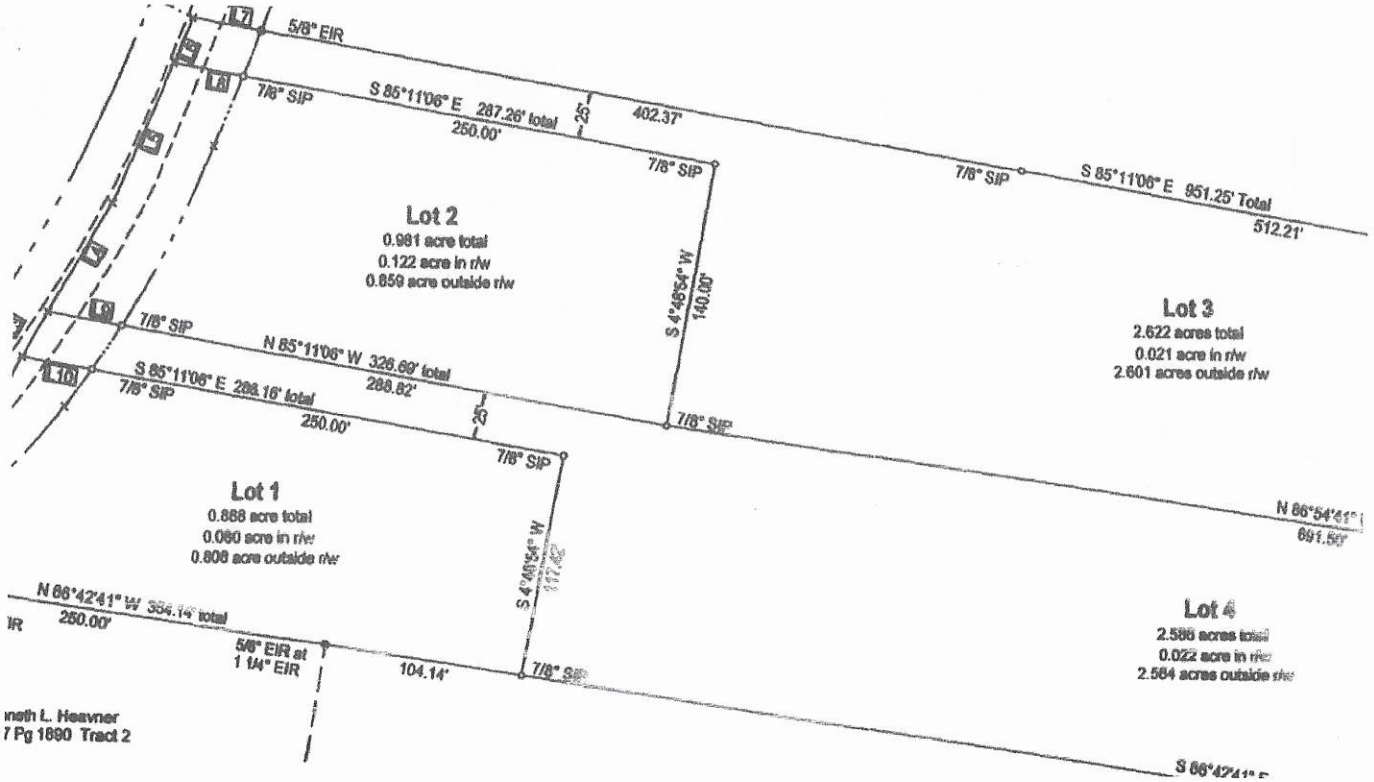
AUTHORIZATION TO CONSTRUCT by: Brent C. White Date: 12-16-2020

Installed by: AJ Remedial, Adam Garcia

OPERATION PERMIT by: [signature] Date: 2-10-2021

Existing System Inspected by: Date:

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


5/8" EIR
7/8" SIP
S 85°11'06" E 287.26' total
250.00'
25
402.37'
7/8" SIP
7/8" SIP
S 85°11'06" E 951.25' Total
512.21'
Lot 2
0.981 acre total
0.122 acre in r/w
0.859 acre outside r/w
S 4°48'54" W
140.00'
Lot 3
2.622 acres total
0.021 acre in r/w
2.601 acres outside r/w
7/8" SIP
N 85°11'06" W 326.69' total
288.82'
S 85°11'06" E 288.16' total
7/8" SIP
250.00'
25
7/8" SIP
7/8" SIP
N 86°54'41"
691.59'
Lot 1
0.888 acre total
0.080 acre in r/w
0.808 acre outside r/w
S 4°48'54" W
117.45'
N 86°42'41" W 354.14' total
250.00'
5/8" EIR at
1 1/4" EIR
104.14'
7/8" SIP
Lot 4
2.586 acres total
0.022 acre in r/w
2.564 acres outside r/w
S 86°42'41"
nneth L. Heavner
7 Pg 1690 Tract 2

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

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

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

OWNER: ___
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: ___
LOCATION OF SITE: 239 Marshall farm Rd PROPERTY SIZE: ___
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	SS 8%	0-9	SCL WSBK	FrSSSP Sexp	few YB Mottles	53"	Litho inclusons more common at bottom FoLony saprat 53"	some Rock inclusons some manganese insap	PS.3
		9-26	C SBK	FrSSSP Sexp					
		26-53	CL WSBK	FrSSSP Sexp					
		53-66	Lomy Sap Mass	VFr					
2	SS 8%	0-6	SCL WSBK	FrSSSP Sexp	few Brown mottles	45"	Litho Inclusons FoLony saprat 45"	manganese inclusons insap	PS.3
		6-24	C SBK	FrSSSP Sexp					
		24-45	CL WSBK	FrSSSP Sexp					
		45-60	Lomy Sap Mass	VFr					
3	SS 6%	0-14	Fill	—	few YRMottles	60"	—	14" of Fill	PS.2 PS
		14-21	SCL WSBK	FrSP Sexp					
		21-48	C SBK	FrSP Sexp					
		48-60	CL WSBK	FrSS Sexp					
4	SS 7%	0-7	SCL WSBK	FrSSSP Sexp	—	60"	few Litho inclusons	—	PS.3
		7-30	C SBK	FrSSSP Sexp					
		30-60	CL WSBK	FrSSSP Sexp					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Patrick G
OTHER(S) PRESENT: ___

COMMENTS: Sunny Clear in open field

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

PROPERTY ID #: _____
COUNTY: _____

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

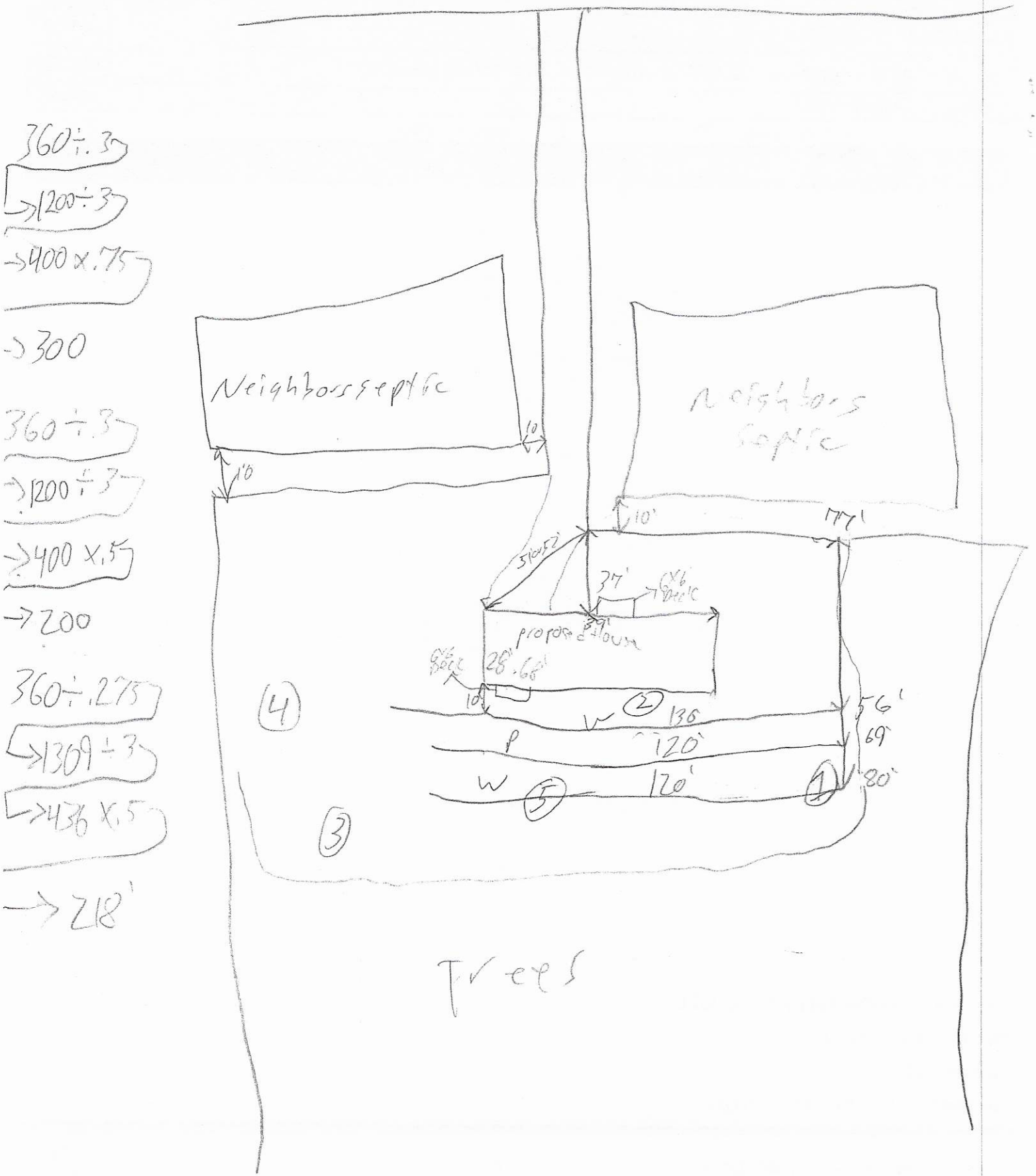
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
5	SS	0-5	SCLwsBK	FrSSSPSoxP	Few Mottles	44"	Litho inclusions to Lomy Sapr 44"	—	PS.3
1	7%	5-25	C SBK	FrSSSPSoxP					
		25-44	CLWSBK	FrSSSPSoXP					
		44-60	Lomy Sap Mass	VFr					
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____



360 ÷ .3
→ 1200 ÷ 3
→ 400 x .75
→ 300

360 ÷ .3
→ 1200 ÷ 3
→ 400 x .5
→ 200

360 ÷ .275
→ 1309 ÷ 3
→ 436 x .5
→ 218'

RECEIVED SEP 0 8 2020

AP-310505
$500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:

(X) 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 NC Zip: 28166

Applicant Email: kimsneed.sneed@gmail Phone: 704-881-2326 Alt. Phone:

Owner Name: Sanford & Hedy Hedrick Address: 185 Glenwood Valley Drive Harmony Zip: 28634

Owner Email: Phone: Alt. Phone:

Property Information:

Street Address: 239 Marshall Farm Rd Harmony NC 28634

Subdivision Name: Section/Phase: Lot Number:

Driving Directions: I-40 toward Mocksville, Exit I-77 Toward Elkin, Exit 54 onto 21, R onto Turnersburg Hwy (R) onto Mt Bethel Rd, (R) Marshall Farm Rd, .48 miles lot is on Left Right after 235

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

( ) 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.

Kimberly Frye 8-26-2020

RA 2-586 NC

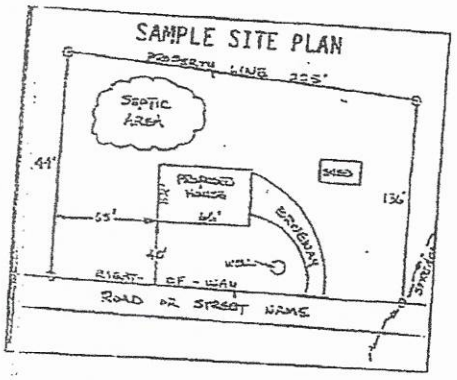
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
- ( ) 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 Lange 8-26-2020

Property owner or owner's legal representative

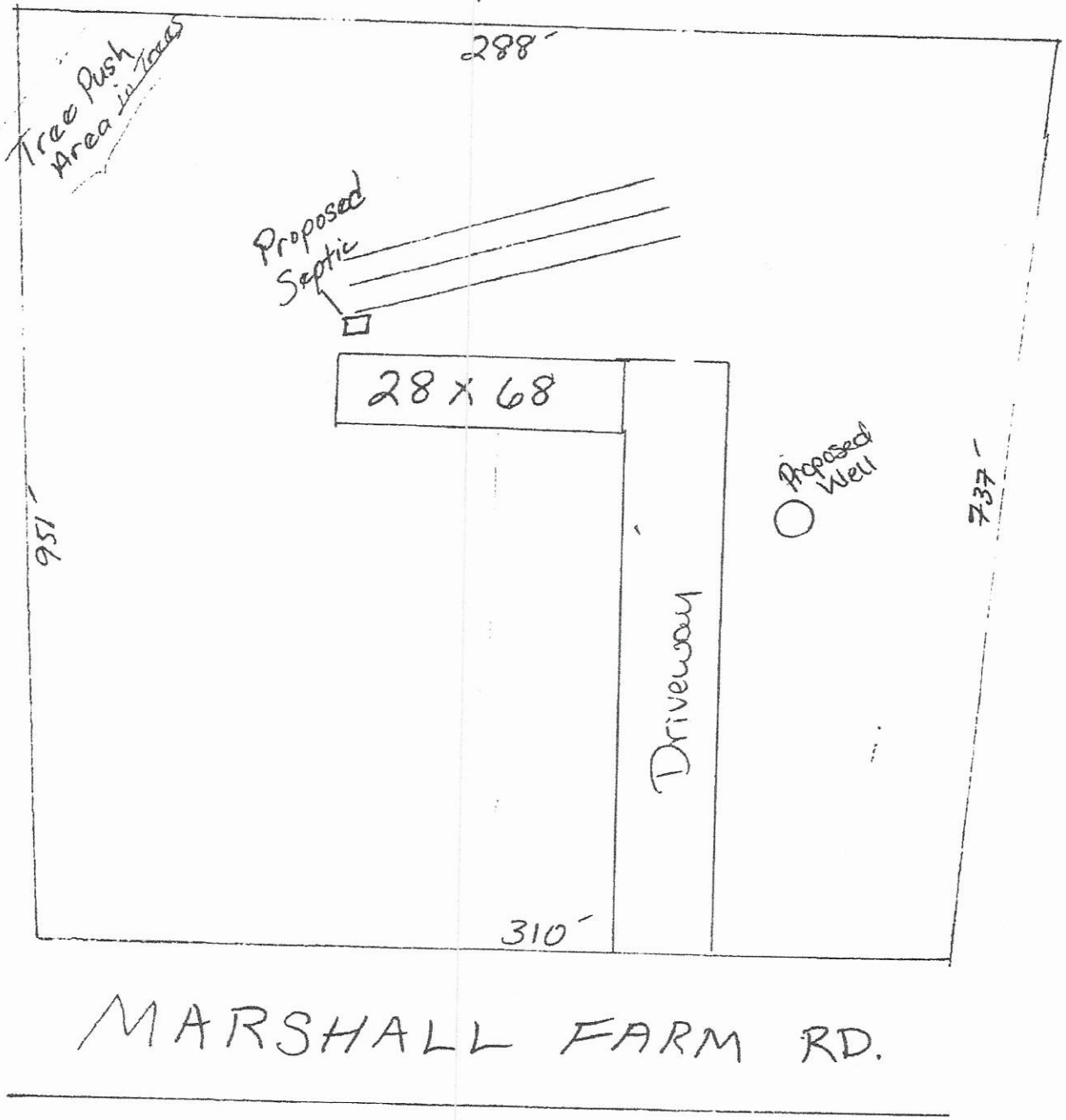
PLOT PLAN

N.T.S.

Martin

TBD Marshall Farm Rd.
Harmony, NC 28634

Combine Parcel #s 4779543322
4779543107



MARSHALL FARM RD.

DocuSign Envelope ID: FC1BCE78-ECFB-492F-B444-7D02E6B9C025

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Sanford E Hedrick Jr & Hedy Hedrick, am the legal owner(s) of the property located at 239 Marshall Farm Road #3 & 4, Harmony NC 28634, identified as PIN (Parcel Identification Number) 4779543322 & 4779543107, 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.

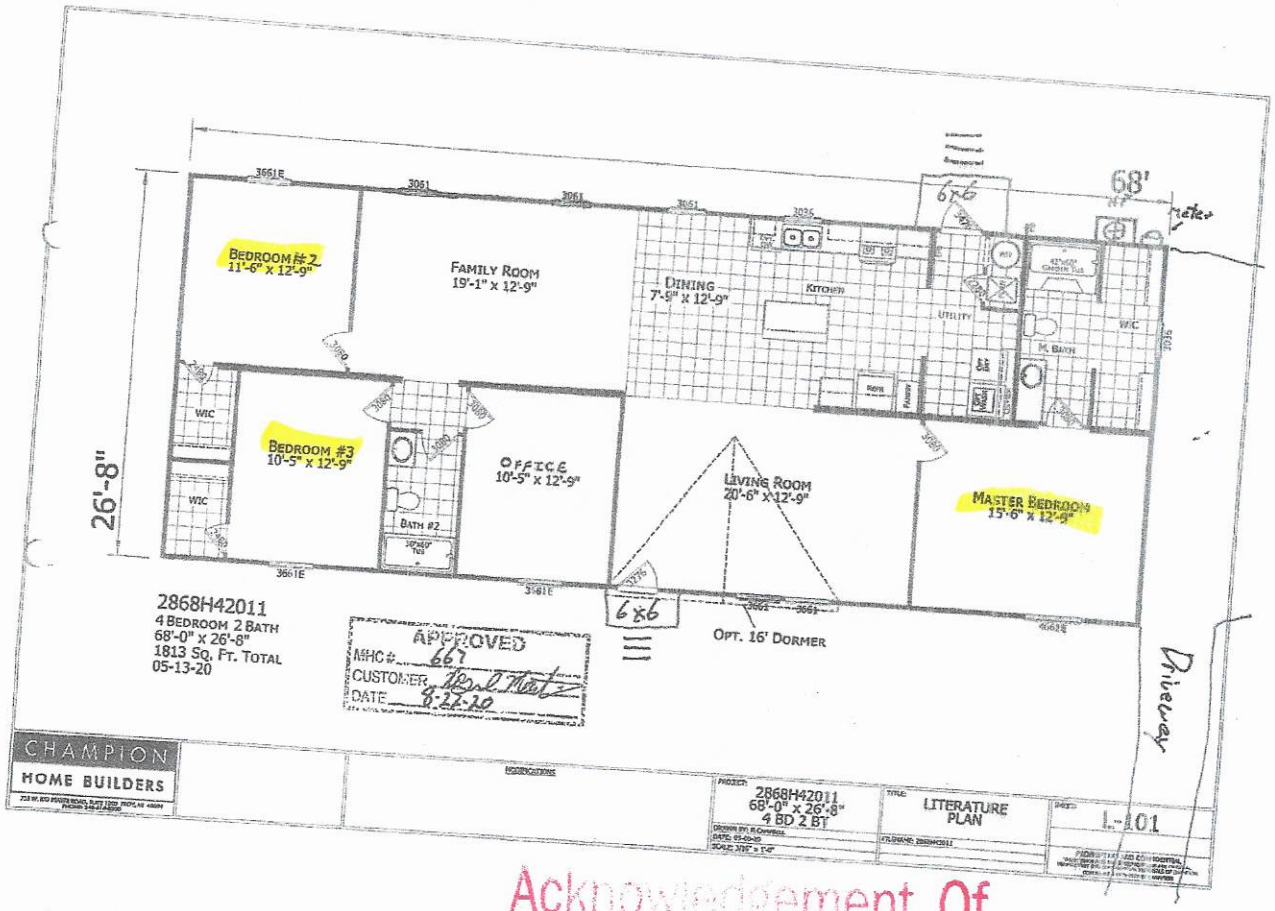
DocuSigned by:
Sanford Edward Hedrick Jr. 8/13/2020
Signature of Owner(s) Date

Paul T. Allen 8-13-2020
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



Acknowledgement Of
Plans Supplied ONLY!

X _____ Date 10-29-2020

Patrick J Boyle II Date 10/29/2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
310505 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4779543107.000	239 MARSHALL FARM RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: HEDRICK SANFORD E JR	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.586	35	35	15	15		NO

Remarks

DOUBLE WIDE//need disclaimer

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

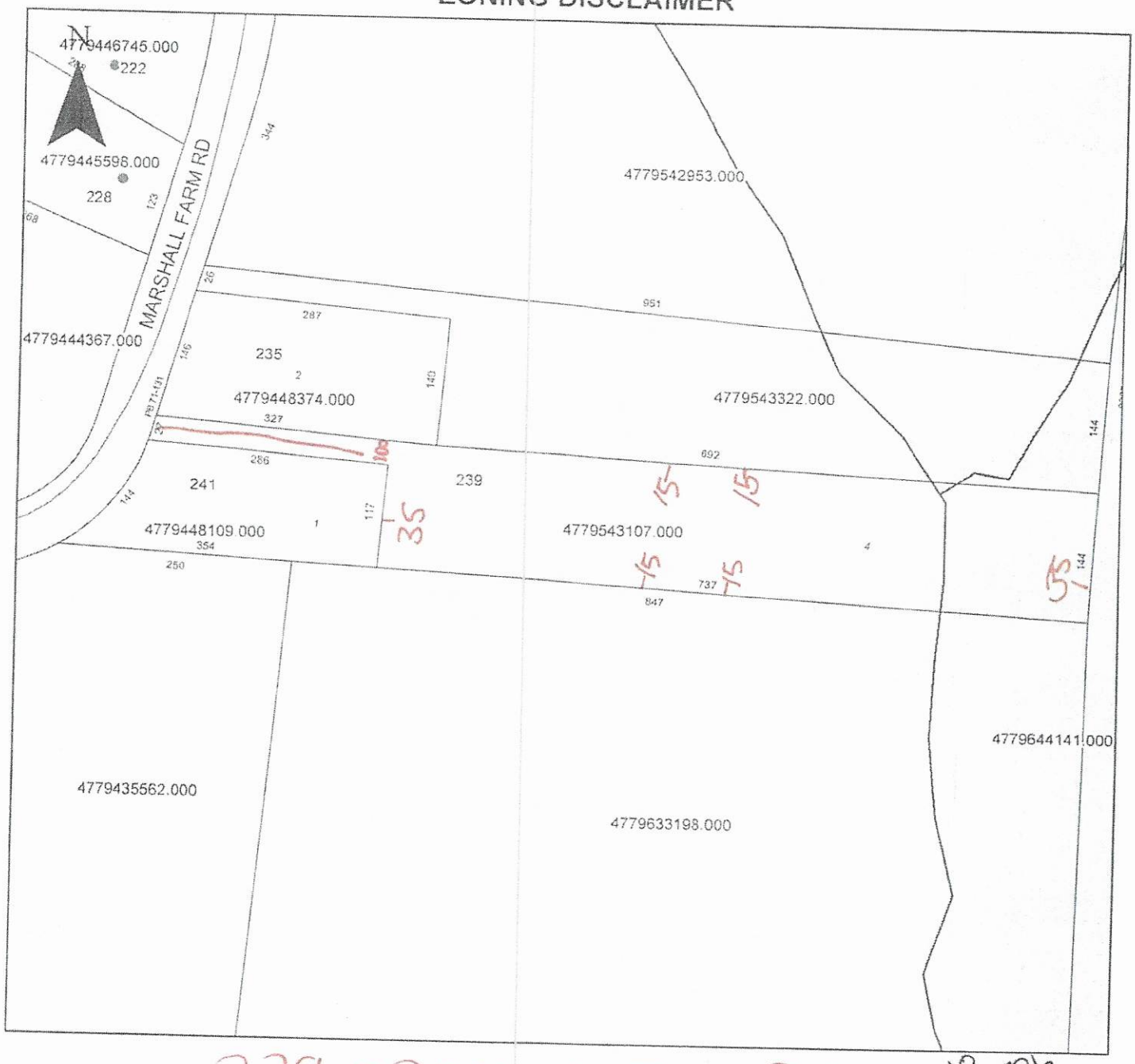
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions,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

Signature of Owner/Contractor

Date: 09/02/2020

Permit Number	310505	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 239 Marshall Farm Rd.

NO 2.5BL RA

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