ICHD - ENVIRONMENTAL HEALTH DIVISION

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

AW MANF-2023-10884 | 326308

PERMIT # AP ~~326305~~

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

PIN # 4800 -- 92 -- 1352

APPLICANT/OWNER: FREEDOM HOMES-Michael Potts | APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 535 DAMASCUS CHURCH ROAD, STATESVILLE, N.C. 28625 | PHONE: 704-991-2326 | ALT. PHONE —

SITE DIRECTIONS: (N) ON 115, (L) ON DAMASCUS CHURCH, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: MINNIE M. BRAKFIELD ESTATE | SECTION: — | LOT # 19 | LOT AREA: 0.704 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3 (0.1) REPAIR

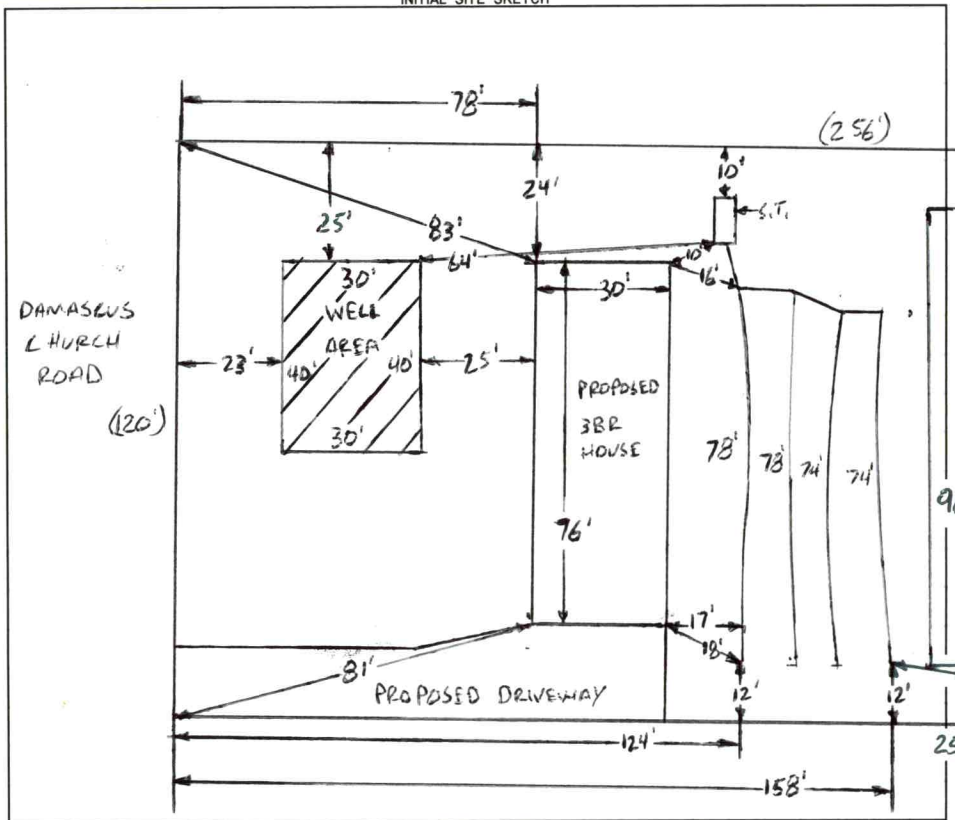
Septic Tank	1000 (gal)	STB 760	Date 1/22/23	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT —	Date —	System Description:			25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model —	Serial # —	Repair System Description:			TSII DRIP IRRIGATION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines 4	Linear Ft 304 ft	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	28 IN	Gravel Depth —	☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

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

* New Floorplan O.K. - Batcher

INITIAL SITE SKETCH

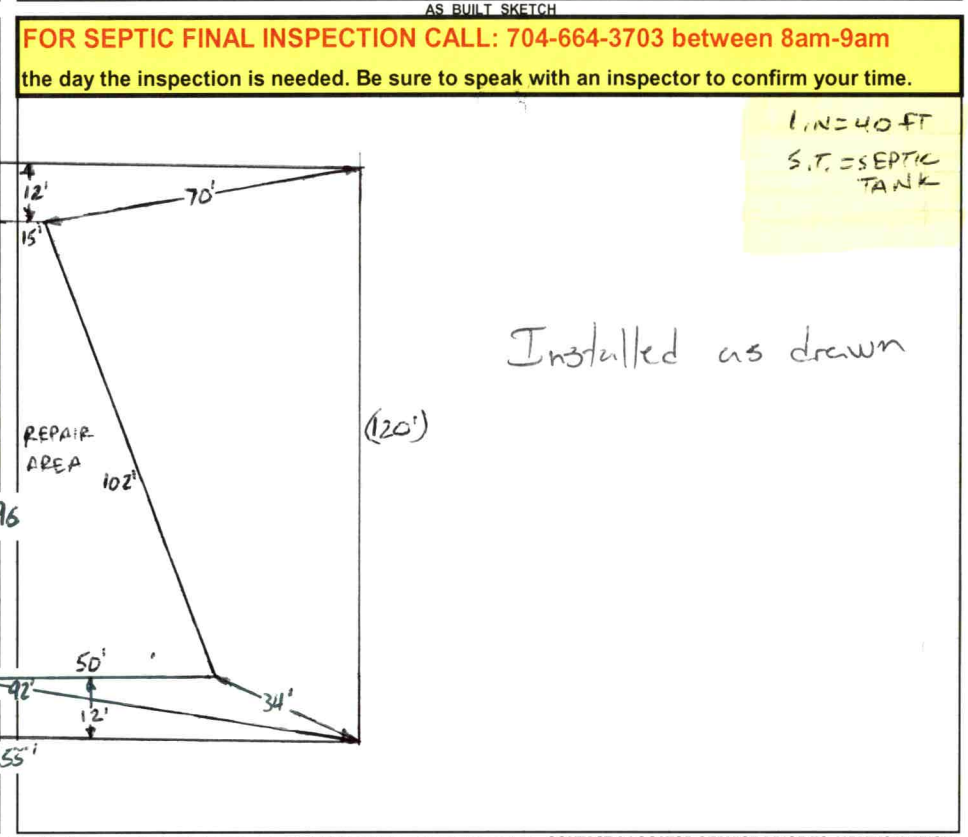


AS BUILT SKETCH

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 = 40 FT

S.T. = SEPTIC TANK



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 Smye | Date: 5-23-22 | Installed by: Williams Excavating

IMPROVEMENT PERMIT by: Bryant C. White | Date: 5-19-2022 | OPERATION PERMIT by: Matt Wi | Date: 3/16/23

AUTHORIZATION TO CONSTRUCT by: Bryant C. White | Date: 5-19-2022 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4820-92-1852
COUNTY: IREDELL

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

OWNER: FREEDOM HOMES
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 535 DAMASCUS CHURCH ROAD, STATESVILLE, N.C. 28625
APPLICATION DATE 3-10-2022
DATE EVALUATED: 4-14-2022
PROPERTY SIZE: 0.704 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	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	LINEAR SIDE 12%	0-7	FILL	MIXED	SAP INC THRU OUT FEW F1	49"+	N/A	N/A	PS .3
		7-33	C, SBK	FR, S, P, SEXP					
		33-49	CL, WSBK	FR, SS, SP, SEXP					
2	FOOT LINEAR SIDE 10%	0-11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW F1 Y/B MOTS	52"+ 18"-32"	NA	NA	PS .275
		11-40	C, SBK	FR, S, P, SEXP					
		40-52	CL, WSBK	FR, SS, SP, SEXP					
3	TOE LINEAR SIDE 8%	0-12	~~SCL~~, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	24"	V TT SL VF1	ROCK 35"	PS .1 DRIP ABOVE 24"
		12-24	CL, WSBK	FR, SS, SP, SEXP					
		24-35	~~LS~~, SAP, RC	VF1, NS, NP, SEXP					
4	LINEAR SIDE 15%	0-9	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW F1	48"+	NA	NA	PS .3
		9-27	C, SBK	FR, S, P, SEXP					
		27-48	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.3	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
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

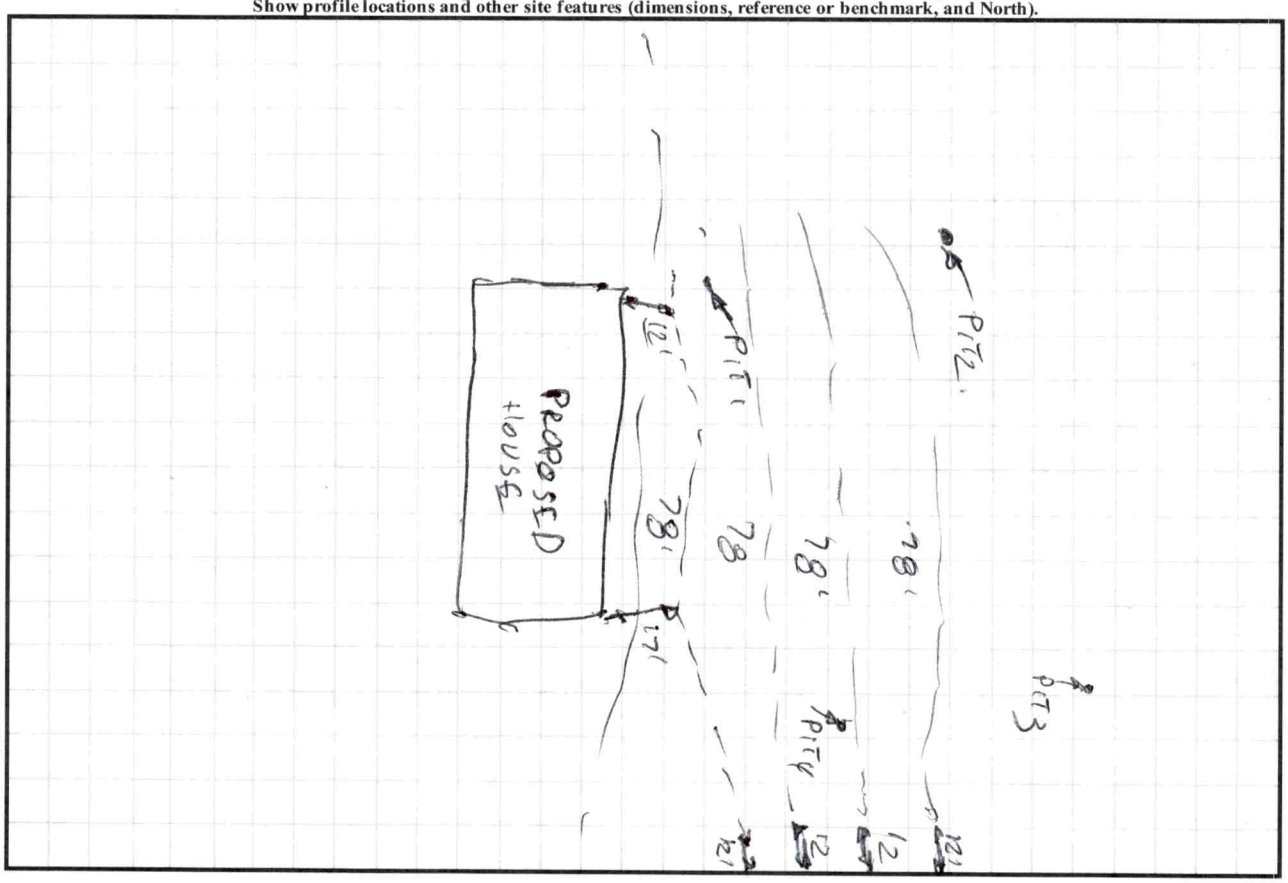
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

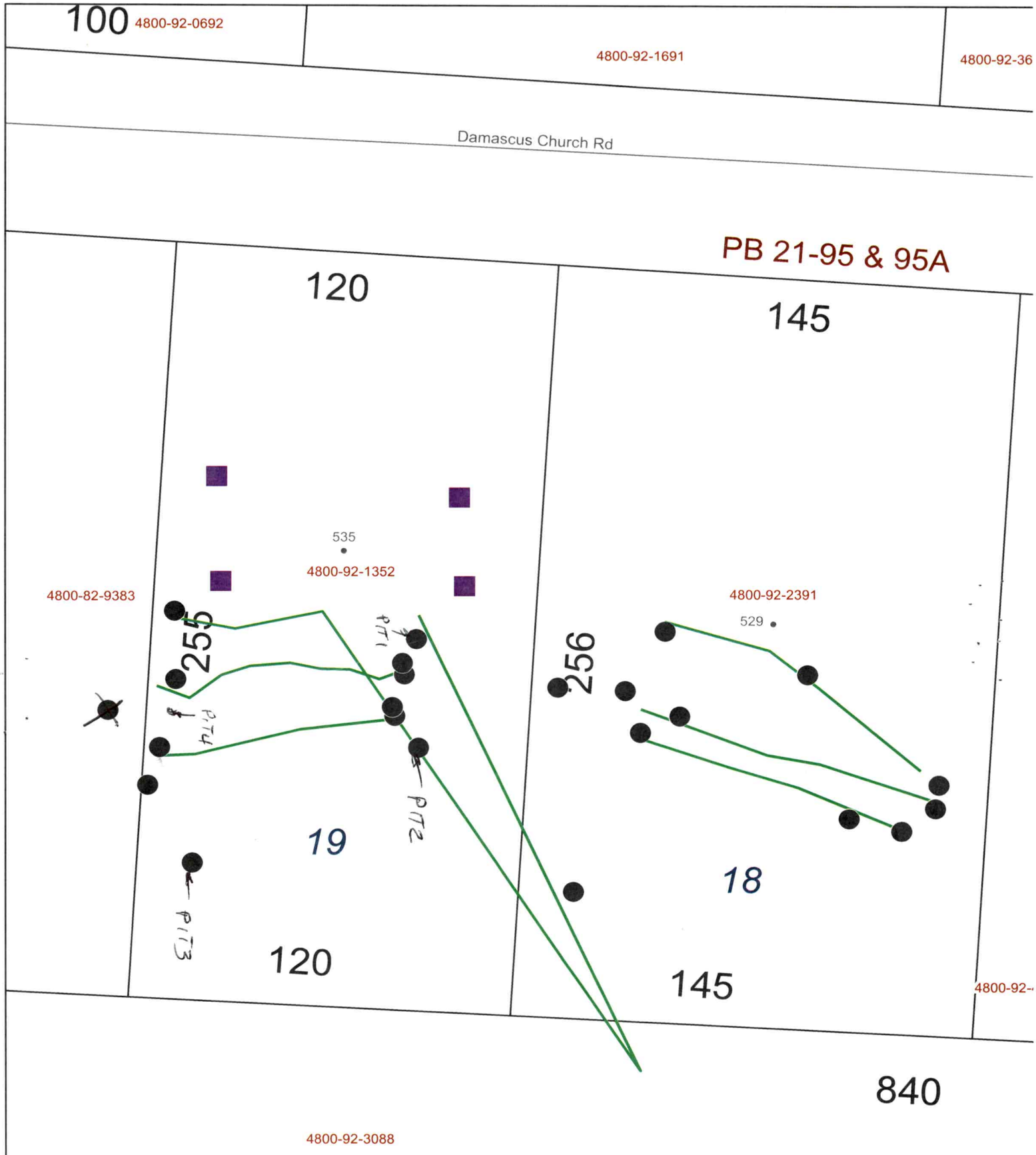
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

3BR

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




100
4800-92-0692
4800-92-1691
4800-92-36
Damascus Church Rd
PB 21-95 & 95A
120
145
535
4800-92-1352
4800-82-9383
4800-92-2391
529
255
256
PIT1
PIT4
PIT2
PIT3
19
18
120
145
4800-92-
840
4800-92-3088

BLO

RECEIVED MAR 1 0 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-326308 $500.00

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: Freedom Homes/Kimberly Fye Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsneed.Sneed@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Michael Potts Address: 25 Ridley Ranch Rd Hiddenite Zip: 28636
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 535 Damascus Church Rd Statesville NC 28625
Subdivision Name: Minnie M Brakefield Estates Section/Phase: _____ Lot Number: 19
Driving Directions: NC-115 toward 1st Ave, 11.38miles, (L) onto Damascus Church Rd, 3rd right to stay ON Damascus Church Rd, 1.17miles Lot is ON left

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: 8
( ) 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: _____ 2-25-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RA
D: 704
WS-IV-CA
NO

DocuSign Envelope ID: A2B9A70F-F7A6-485C-AB57-BF458E86F1FF

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 535 _____, 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.

DocuSigned by: 2/9/2022
Signature of Owner(s) Date

DocuSigned by: 2/9/2022
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

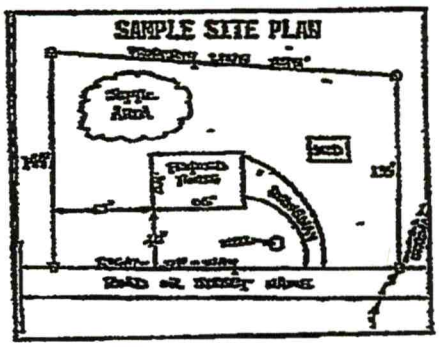
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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

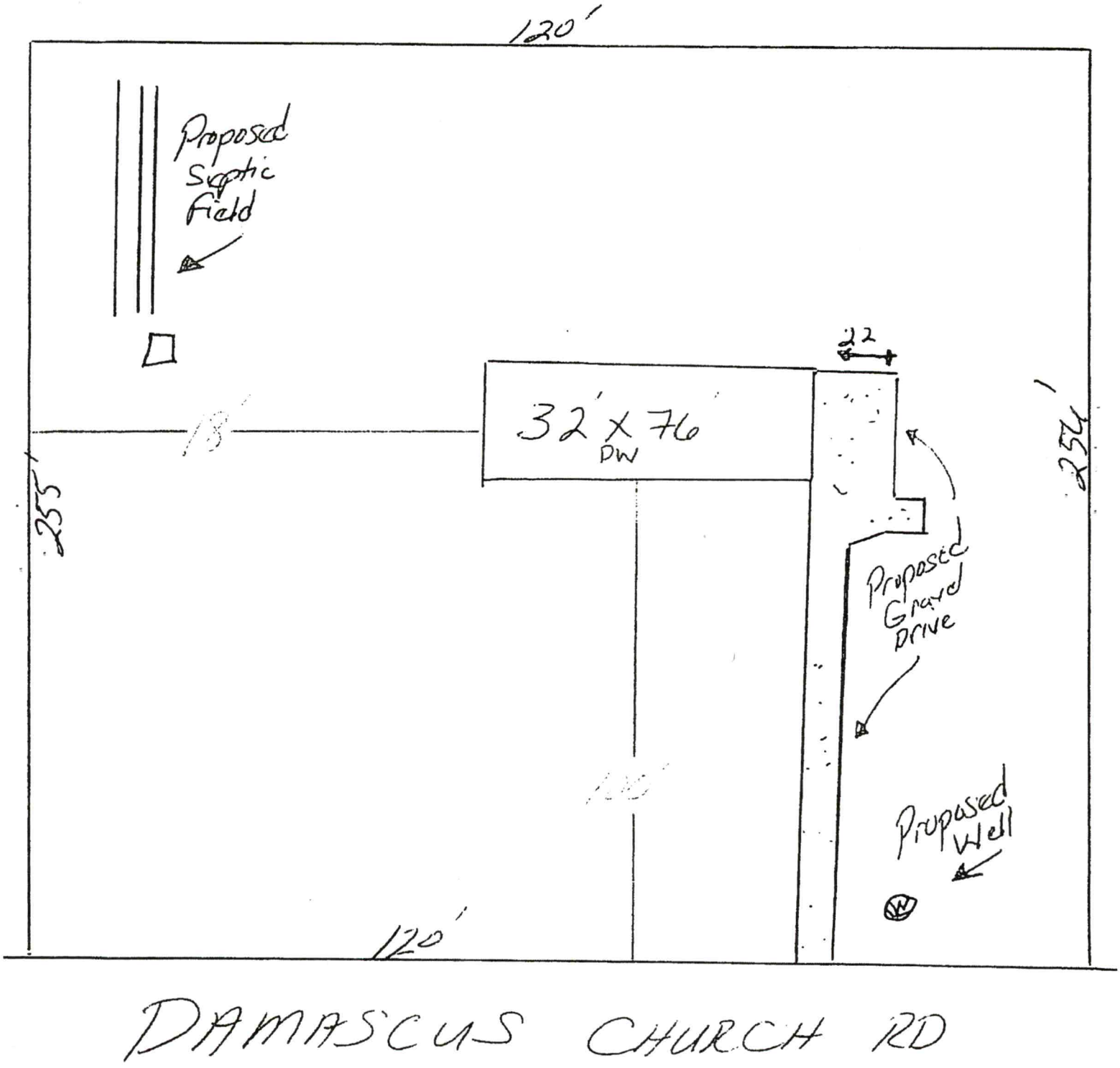
Attached

Signature: Kimberly Bryce (SIGNATURE REQUIRED)
Property owner or owner's legal representative designee

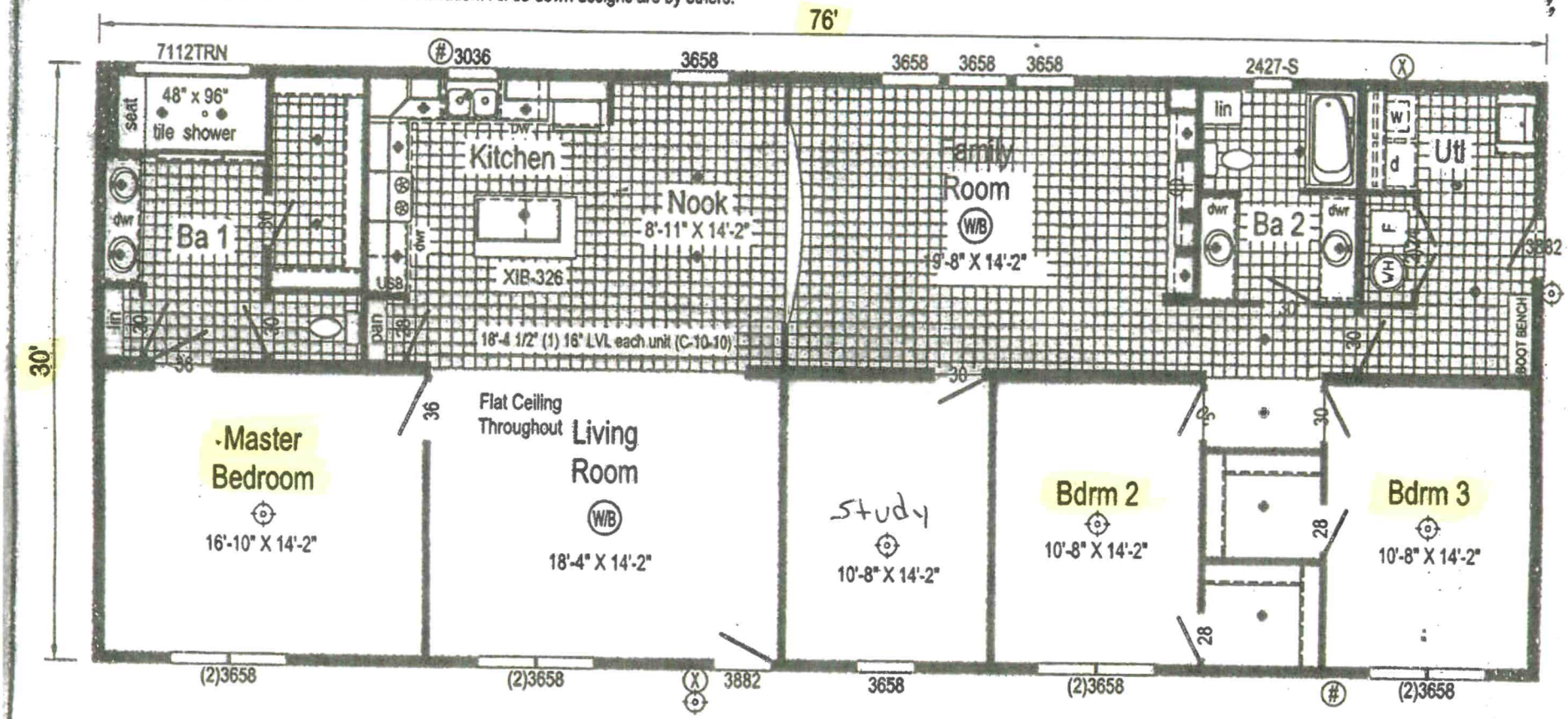
2-25-2022
DATE

PLOT PLAN
N.T.S.

WHITLOCK
535 DAMASCUS CHURCH RD.
STATESVILLE



NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



LEGEND

*WIRE AND BRACE · *STANDARD FAN · *FLOOD LIGHT · *HOSE BIB · *EXT GFCI · *EXT GFCI UNDER LIGHT · *BATH LIGHT/FAN COMBO · *VENTILATION FAN · *STANDARD LIGHT · *RECESSED CAN LIGHT · *THERMOSTAT · *PHONE JACK · *TV JACK · *JUNCTION BOX · *FIRE EXTINGUISHER

IMPORTANT NOTES:

1. LOCATIONS OF RECEPTS / LIGHTS / SWITCHES / FANS / FLOOR AND CEILING REGISTERS ARE SUBJECT TO CHANGE UPON ENGINEERING AND CODE REQUIREMENTS
2. PRODUCTION OF HOME MAY VARY FROM LIT OR PERMIT PRINTS WITHOUT NOTICE, DUE TO UNSEEN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

Acknowledgement Of Plans Submittal ONLY!

Buyer's Initials 5-19-2022

Date

1B1010-V10 3276 Approx. 2280 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3276	Revisions	Scale: 1/8" = 1'-0"	Date: 02/11/2021	Cust: STOCK	Model/Eng. No.: 1B1010-V10	
File: Literature		Drawn By: SG	Reference: B32721-A		Dir: FREEDOM HOMES	Pg.: LIT	
					S/N: ----		

N:\R-ANELL\1B\19-1B1010-V10\

IREDELL COUNTY · NC

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

APPLICATION NUMBER
326308 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4800921352.000	535 DAMASCUS CHURCH RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: POTTS MICHAEL A	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
0.704	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks

32X76 DOUBLEWIDE

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.

Date: 03/04/2022

Signature of Owner/Contractor

Permit Number	326308	TOTAL FEES:	$77.25

326308

ZONING DISCLAIMER



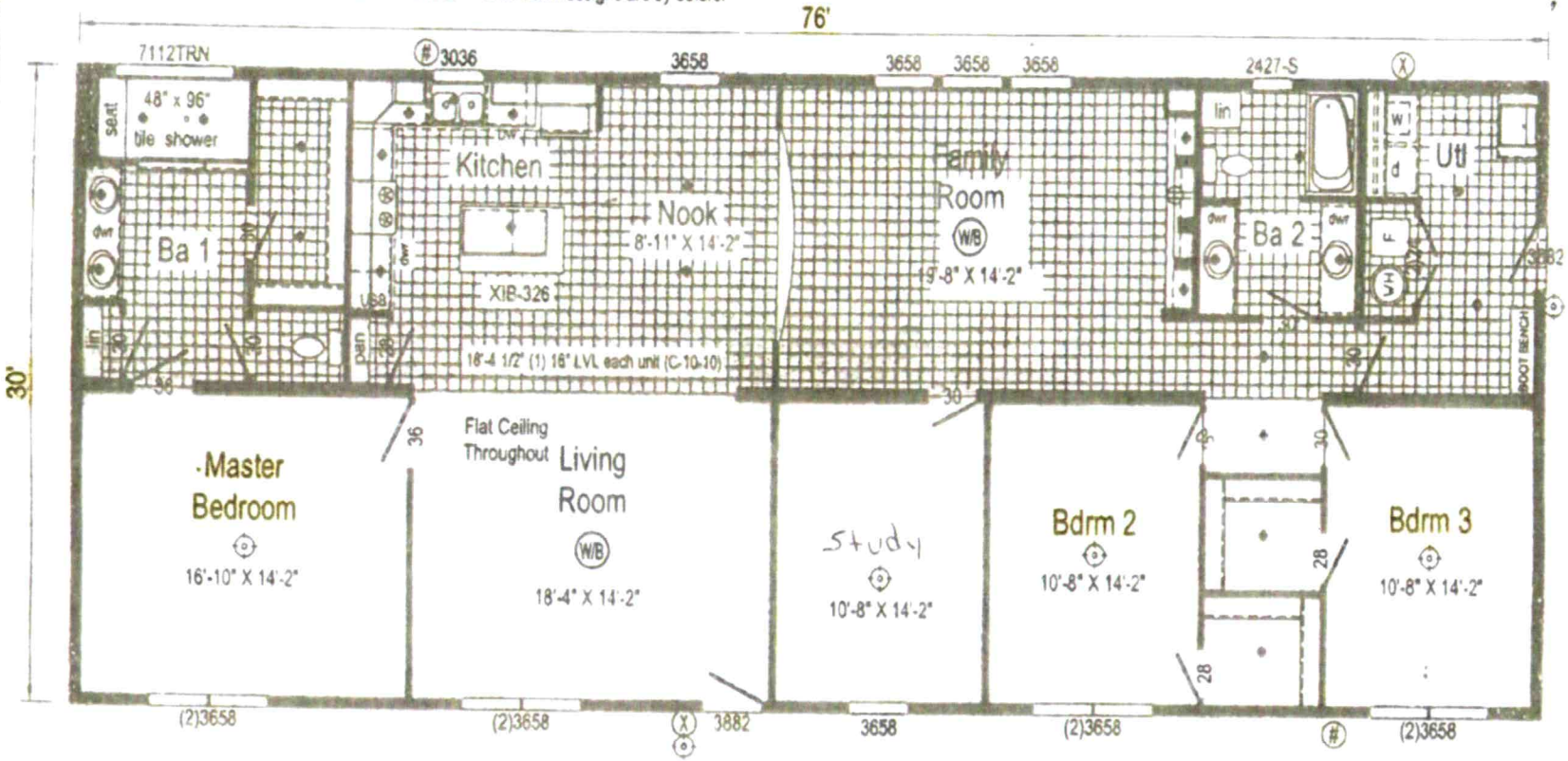
Property Address 535 Damascus Church Rd

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

NOTE: This home may require wall bracing tie-downs depending on wind/seismic design. Please refer to the permit set for tie-down loads and locations if applicable. Some areas of the exterior wall sheathing may be shipped loose to allow access for tie-down installation. All tie-down designs are by others.



LEGEND

IMPORTANT NOTES:

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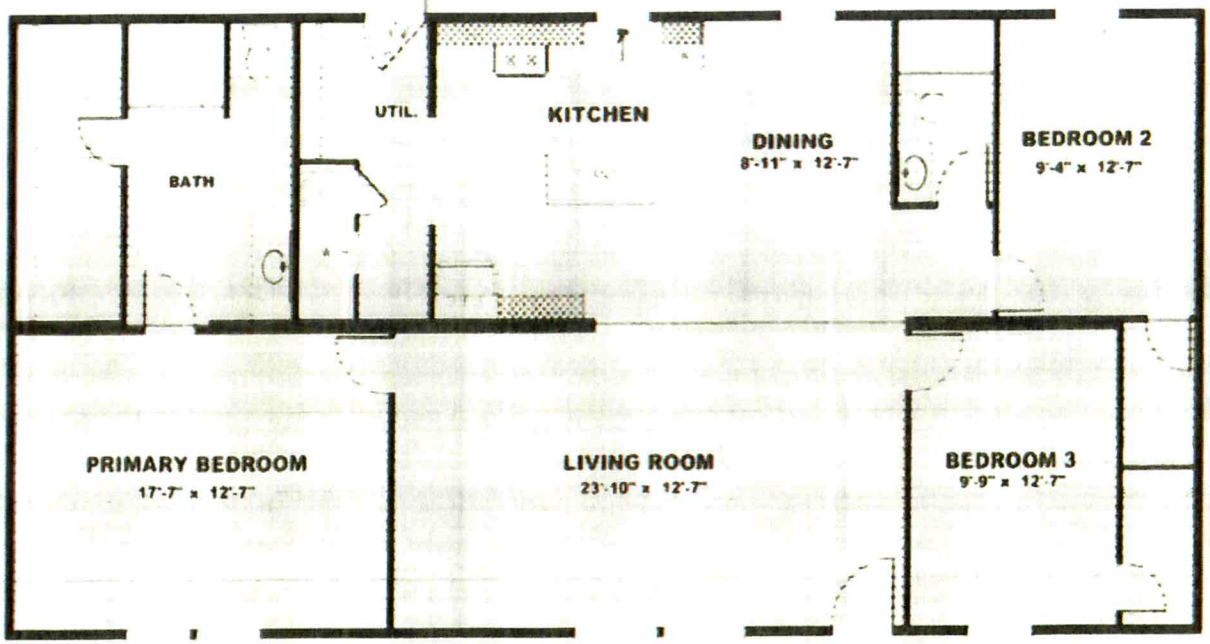
Acknowledgement Of Plans Submitted ONLY!
Buyer's Initials
Date 5-19-2022
Date 5-24-22

1B1010-V10 3276 Approx. 2280 Sq. Ft.

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 3276	Revisions	Scale: 1/8" = 1'-0"	Date: 02/11/2021	Cust: STOCK	Model/Eng. No 1B1010-V10
Title: Literature		Drawn By: SG	Reference: B32721-A		Dir: FREEDOM HOMES S/N: —	Pg. LIT

N:\R-ANELL\1B\1B-1B1010-V10\

28'x56'

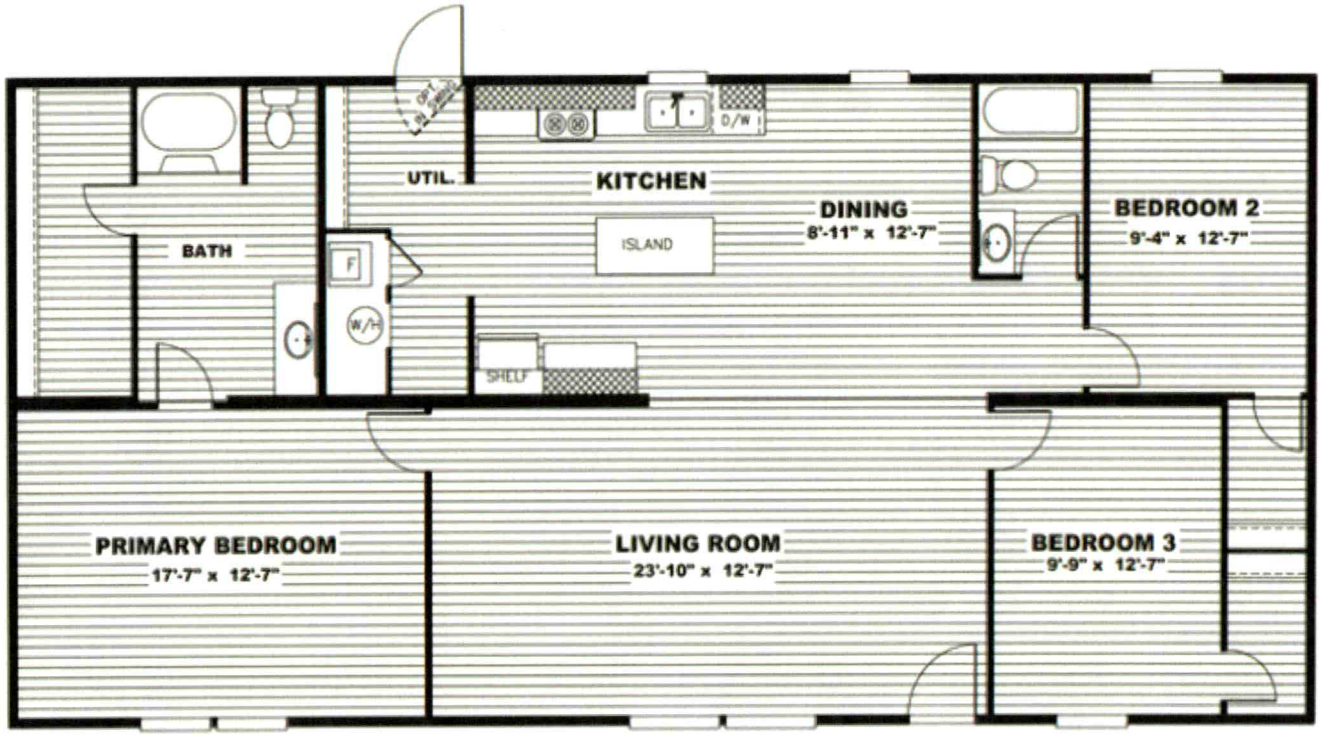


Acknowledgement Of
Plans Submittal ONLY!

BAB Date 2-20-23

Date 2-20-23

28'x56'



Acknowledgement Of Plans Submittal ONLY!

BAB Date 2-20-23.

Date