ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 318592

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

PIN # 4810 -- 75 -- 6181

APPLICANT/OWNER: Freedom Homes - Betty Sloan APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman

SITE ADDRESS: 126 Newland Ln, Statesville 28625 PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: 115 North - Moutain View - Newland SAP CONTROLLED: ☐ YES ☒ NO

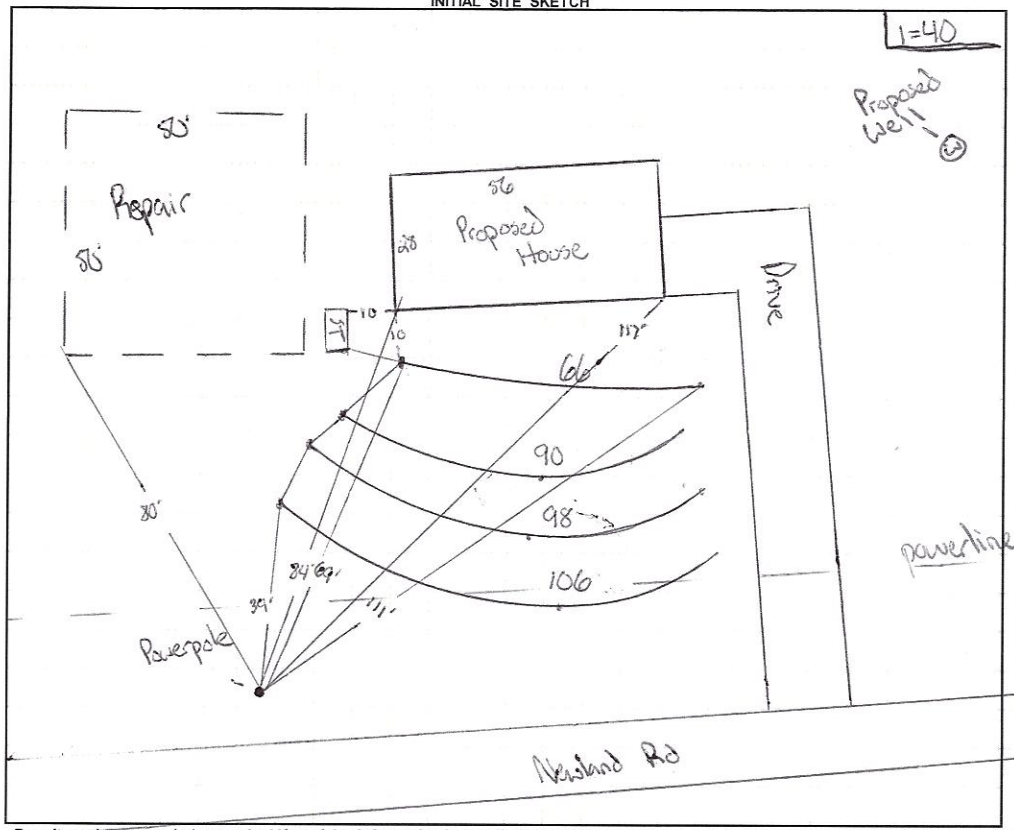
SUBDIVISION: Betty, Jonathan & Karen Sloan SECTION: — LOT Tract # 1 LOT AREA: 10.842 acres DESIGN FLOW: 360 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB 760	Date 2/18/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank		(gal)	PT	Date	System Description: 25% reduction				☐ Business	No. Persons 6	☒ Private
Pump Make		Model		Serial #	Repair System Description: LPPBPS				☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 360 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community
Trench Width	36 in	Trench Bottom Depth(Low side)		32 in	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install on contour of the land. Install at 36 in High side. Do not grade, park, or drive on septic area. Utilize serial distribution.

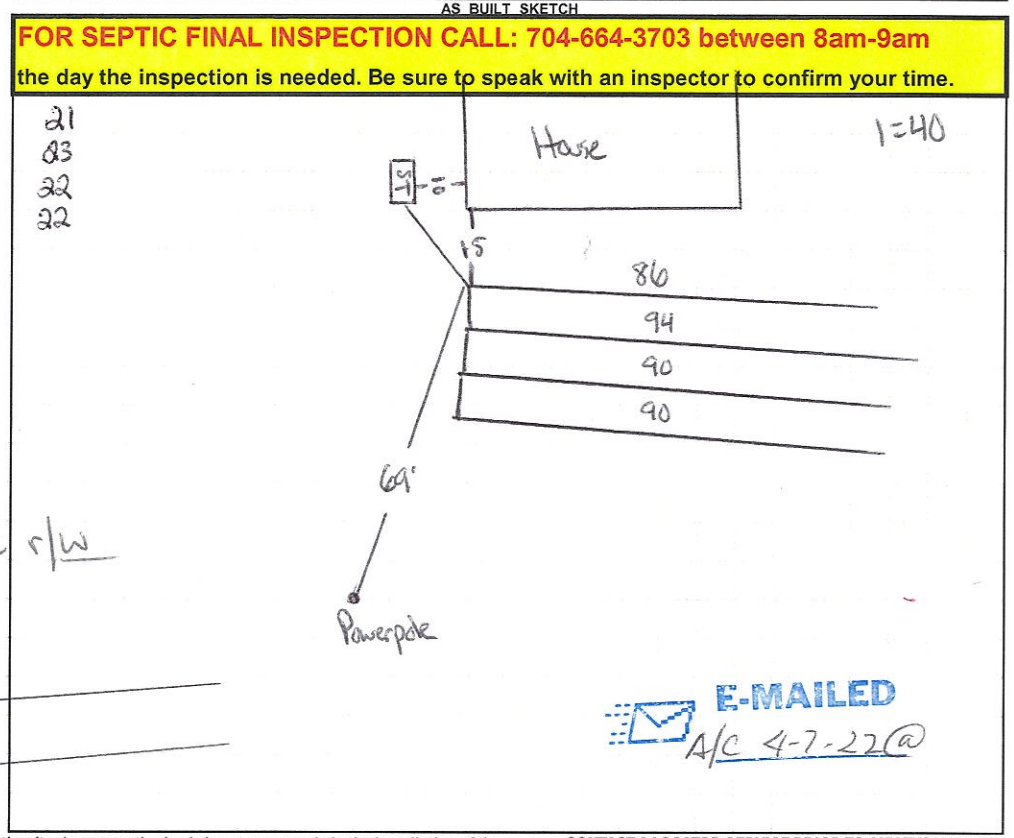
* Power line Encroachment Agreement needed * ✓

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.



E-MAILED A/C 4-7-22@

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 Sanger Date: 2-7-22 Installed by: Frye Grading

IMPROVEMENT PERMIT by: Cary Whit Date: 2/1/22 OPERATION PERMIT by: Cary Whit Date: 4/27/22

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 4/7/22 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 #: 4810746179
COUNTY: Iredell

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

OWNER: Freedom Homes
APPLICATION DATE 1/10/22
ADDRESS: 1124 Charlotte Hwy, Troutman
DATE EVALUATED: 1/28/22
PROPOSED FACILITY: 3 bdr home
PROPOSED DESIGN FLOW (.1949): 360 gpd
PROPERTY SIZE: 13.594 acres
LOCATION OF SITE: 126 Newland Ln, Statesville 28625
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 9%	0 - 28	C ABK	SS SP FR SE	Yellow/Brown at 28	49	–	–	.25 PS at 36 in
		28 - 49	CL SBK	SS SP FR SE					
2	Linear 8%	0 - 12	SCL SBK	SS SP FR SE	–	53	–	–	.3 PS
		12 - 32	C ABK	SS SP FR SE					
		32 - 53	CL SBK	SS SP FR SE					
3	Linear 10%	0 - 13	SCL SBK	SS SP FR SE	Chroma 2 at 30	48	–	–	.25 PS
		13 - ~~33~~ 33	C SBK	SS SP FR SE					
		~~33~~ 33 - 48	CL SBK	SS SP FR SE					
4	Linear 9%	0 - 8	SCL SBK	SS SP FR SE	Yellow/Brown in C layer 29 in	48	–	–	.25 PS 36 in
		8 - 30	C SBK	SS SP FR SE					
		30 - 48	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker
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) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	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)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	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 None	0.2 - 0.05 None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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.

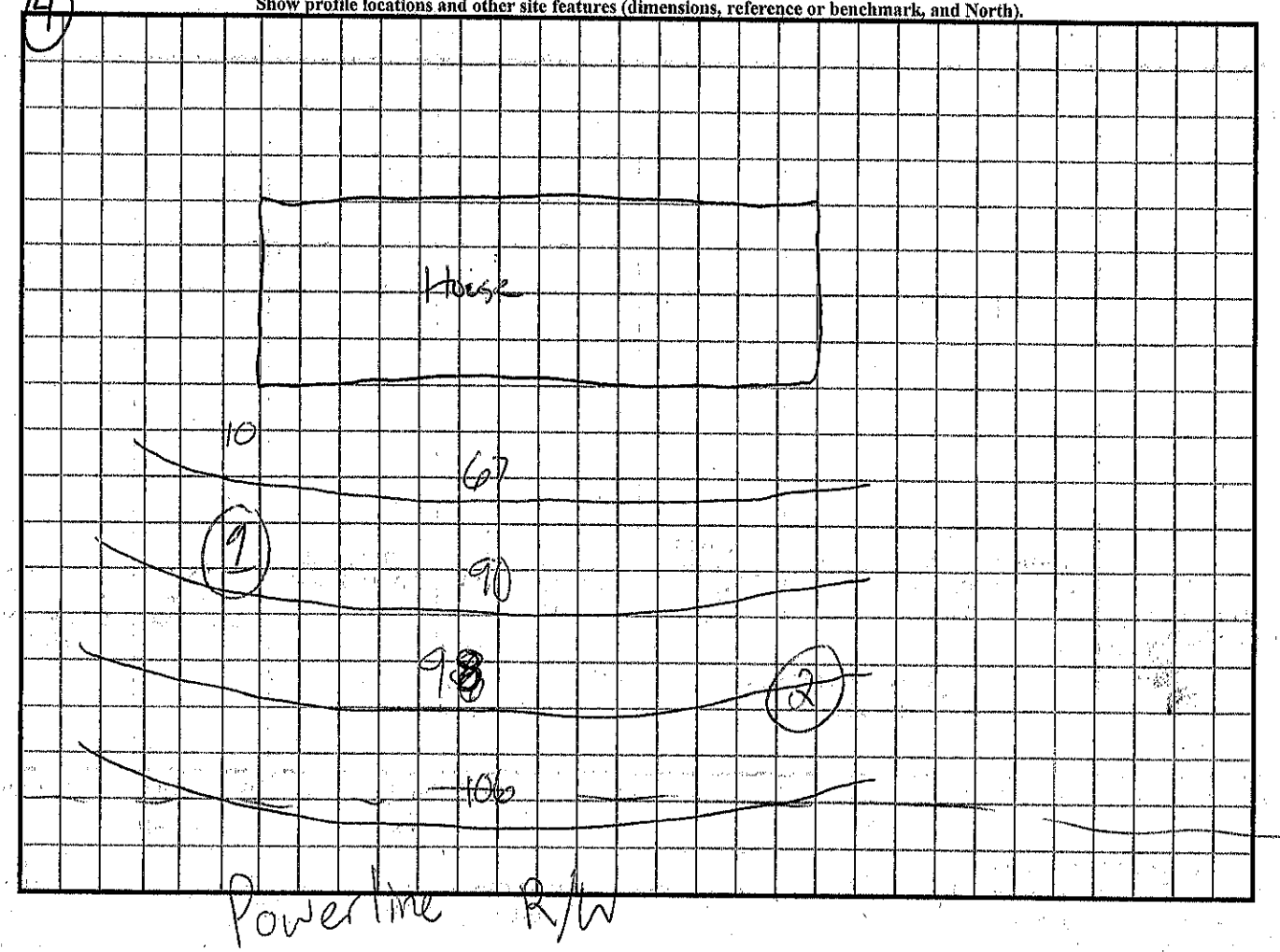
NOTES

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)

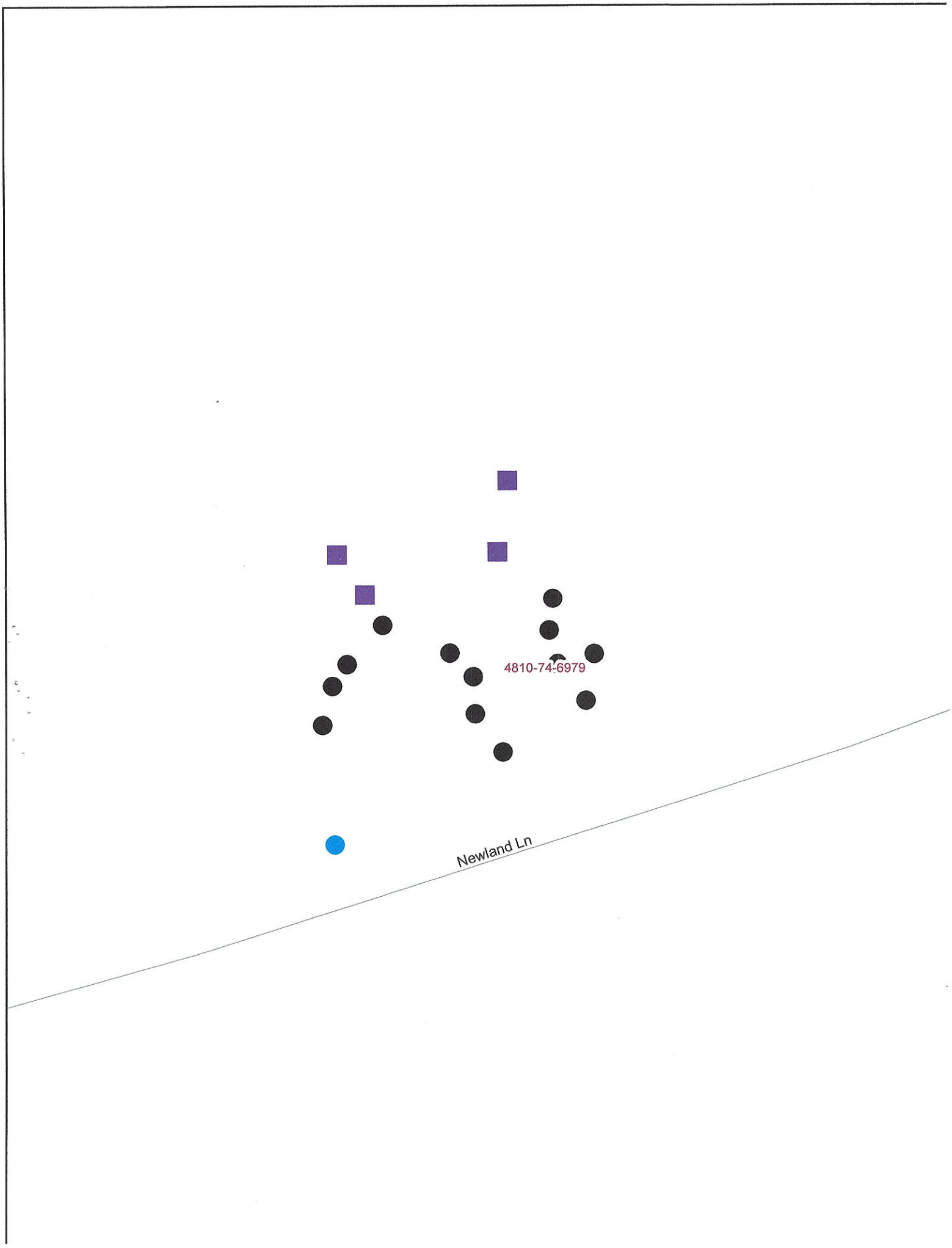
Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

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



Newland


4810-74-6979
Newland Ln

DocuSign Envelope ID: 33FE6175-DC93-4086-B1D2-9A814299B81F

318592

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, **Betty Sloan** ..... am the legal owner(s) of the property located at 116 Newland Lane, Statesville, NC ..... identified as PIN (Parcel Identification Number) 4610-74-6976 ..... located in Iredell County, North Carolina

I do hereby authorize (**print legal representative/company name**) Freedom Homes Troutman ..... to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. 28676

- 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: Betty Sloan. 11/17/2021
Signature of Owner(s) Date

Signature of Witness 11/17/21 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

CW

RECEIVED JAN 10 2022

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* AP-318592 $552.00

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: ( ) 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 Frye Address: 1124 Charlotte Hwy Troutman NC Zip: 28166

Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____

Owner Name: Betty Sloan Address: 185 Ernest Rd Statesville NC Zip: 28625

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 126 Newland Lane Statesville, NC 28625

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: (NW) 115 for 11.72 miles (L) onto Mountain View Rd, .30 miles Newland LN is on the 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: 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: _____

(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: Kimberly Frye 12-13-2021

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

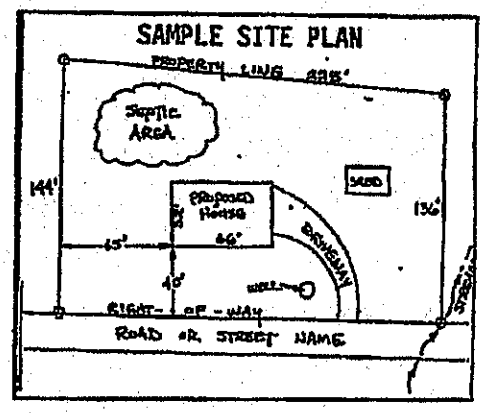
318592

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

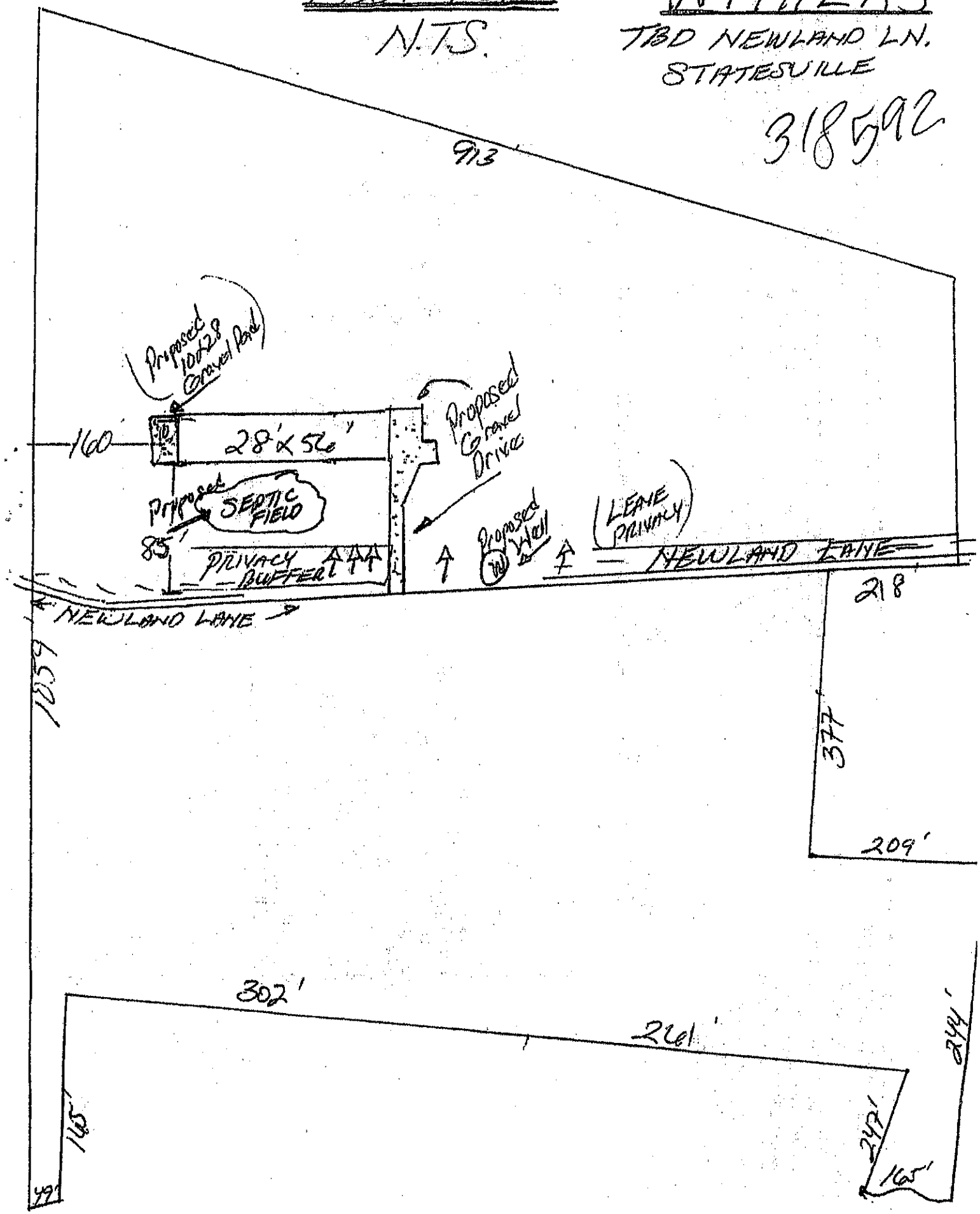
Signature: Kimberly Bass
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-13-2021
DATE

PLOT PLAN
N.T.S.

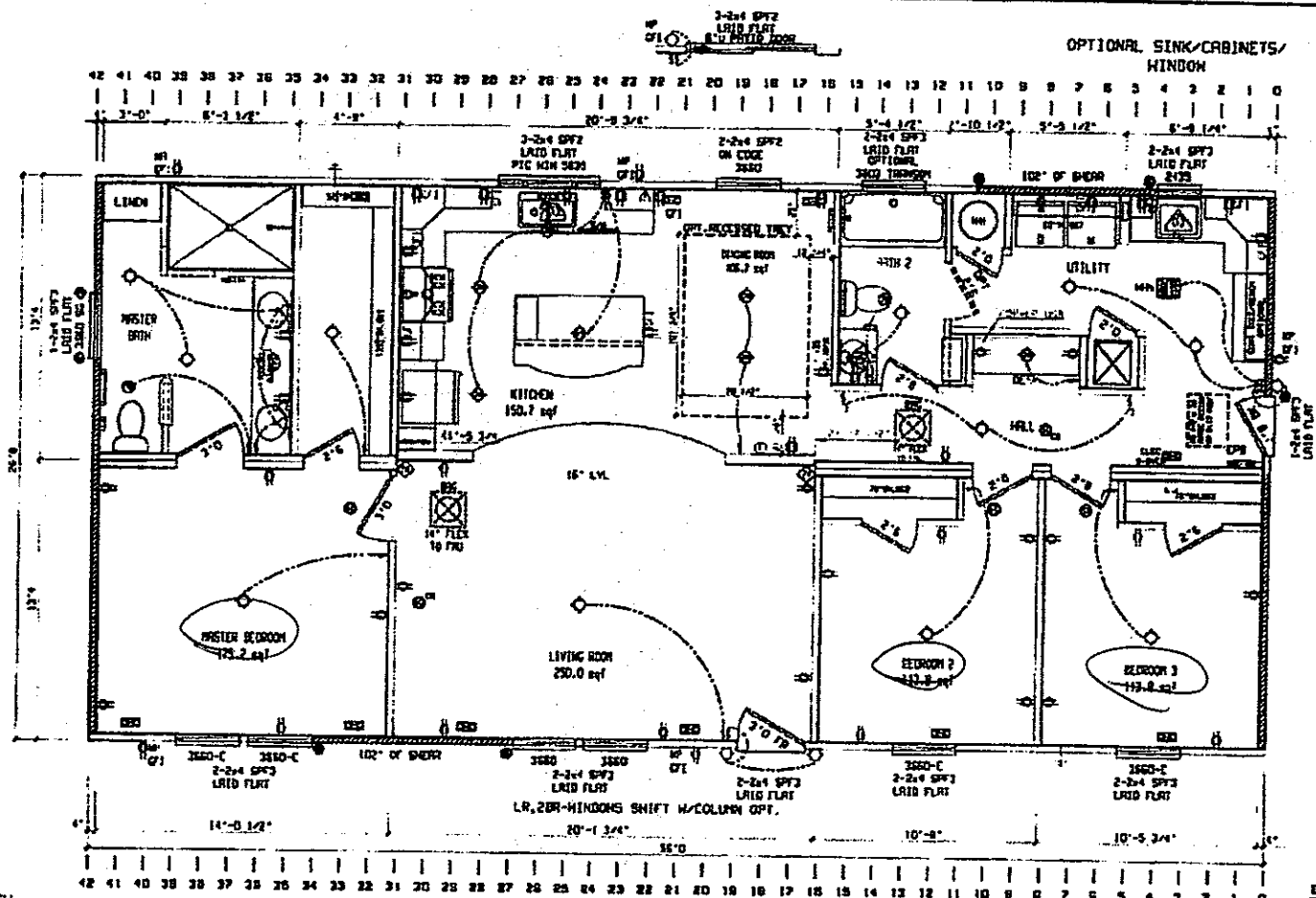
WITHERS
TBD NEWLAND LN.
STATESVILLE

318592



Cory Whit 2/3/22 28X56

Kimberly Forge 12-9-21



271°EW/ 94°SW
195PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.C.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
90 MPH WIND SPEED

271°EW/ 94°SW
241 PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.E.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-2378.1
100 MPH WIND SPEED

271°EW/102°SW
320 PLF EFFECTIVE LENGHTS
BASED ON SW-31.10._.1a.L.17._.78.1-2
ENGINEERED METHOD.
UNBLOCKED DIAPHRAGM SW-20-3898.1
120 MPH WIND SPEED

BRAND	SERIES
SCHULT	RK28

CLAYTON HOME BUILDING GROUP

REVISIONS	BY	DATE

GENERAL NOTES

DRAWING TITLE: MASTER PLAN

MODEL NAME	SQ. FT.
4608-MOD-50	1493
PLANT: 958	DESCRIPTION: 28X56 3BR-2BA
MODEL NO.: 4608-50
DRAWN BY: RDP	DATE: 02/20/2018	DATE PRINTED: 01/31/2019	SHEET NO.: 1-1

21552

IREDELL COUNTY · NC

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

APPLICATION NUMBER
318592
Issue Date: 06/09/2021

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4810746979.000	126 NEWLAND LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: SLOAN BETTY S	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 185 ERNEST RD	Address: 1124 CHARLOTTE HWY
STATESVILLE, NC 28625	TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
13.594	35	35	15	15	SWIV-PA South Yadkin	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.

Date: 01/10/2022

Signature of Owner/Contractor

Permit Number	318592	TOTAL FEES:	$77.25