ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (BB) Mooresville Office (704) 660-3625 2:00

PERMIT # AP-~~30~~7612 309462

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

PIN # 4810 - 76 - 5207

APPLICANT/OWNER: FREEDOM HOMES / JOAN HARRINGTON APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 251 MOUNTAIN VIEW ROAD, STATESVILLE, N.C. 28625 PHONE: 704-881-2326 ALT. PHONE 828-234-4249

SITE DIRECTIONS: (N) ON 115, (L) ON MOUNTAIN VIEW, LOT ON (L) SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: JOAN MARTIN SECTION: - LOT # 2 LOT AREA: 12 AC DESIGN FLOW: 360 GPD L.T.A.R.: 0.3

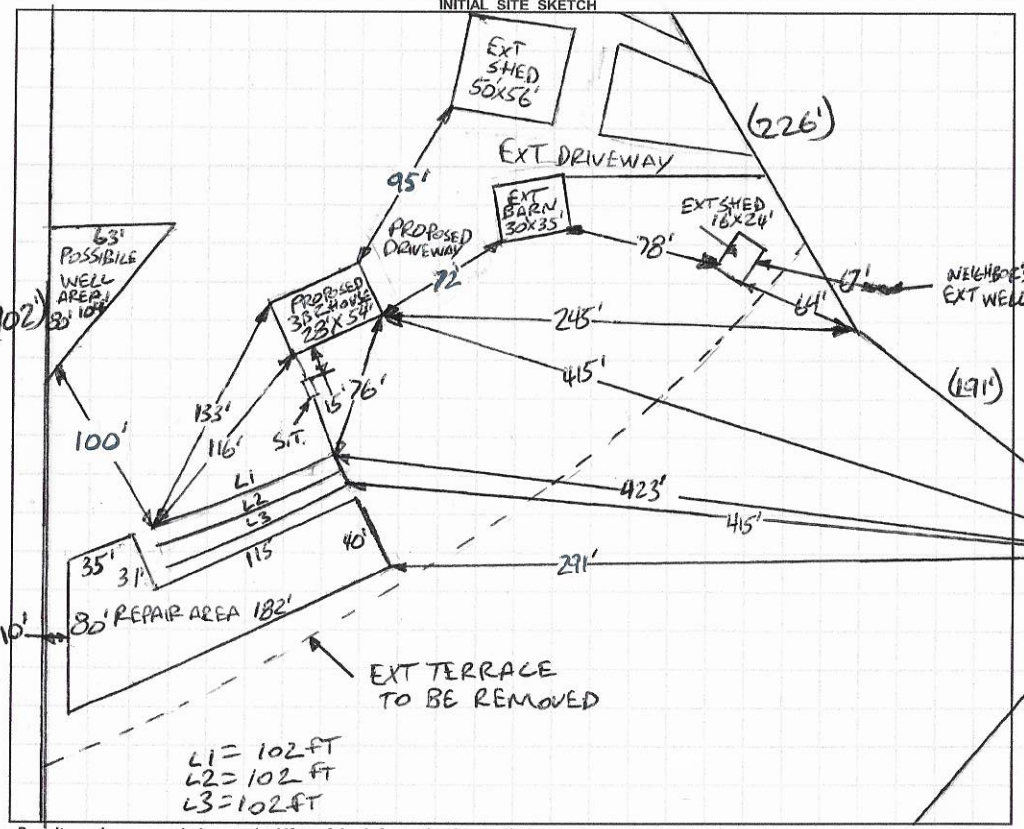
Septic Tank	1000	(gal)	STB	760.	Date	9-26.	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	25% REDUCTION			
Pump Make	-	Model	-		Serial #	-	Repair System Description:	25% REDUCTION			
# Nitrification Fields	1	# Lines	3		Linear Ft	306 FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36 IN	Trench Bottom Depth(Low side)	30 IN		Gravel Depth	-	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms	3	**Water Supply**		
☐ Business	No. Persons	6	☑ Private		
☐ Other	No. Employees	-	☐ Public		
☐ Slab	☑ Crawl Space		☐ Community		
☐ Basement w/plumbing	☐ Basement w/o plumbing				

Comments / Conditions: INSTALL ON 9FT CENTERS, INSTALL ON CONTOUR, UTILIZE SERIAL DISTRIBUTION, MAINTAIN 50FT FROM ALL WELLS

EXISTING TERRACE MUST BE GRADED TO PROMOTE POSITIVE DRAINAGE PRIOR TO ISSUANCE OF O.P.

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.

* Terrace to be Removed by owner
- 1 inch Line Checked 11/23/2020 - BB.
- TERRACE REMOVED 1-8-2021 BCW

1 IN = 100 FT
S.T. = SEPTIC TANK
EXT. = EXISTING

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 Boyce Date: 10-30-20 Installed by: Abee Grading + Septic

IMPROVEMENT PERMIT by: Bradford C. White Date: 10-26-2020 OPERATION PERMIT by: Bradford C. White Date: 1-8-2021

AUTHORIZATION TO CONSTRUCT by: Bradford C. White Date: 10-26-2020 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

PROPERTY ID #: 4810765207
COUNTY: IREDELL

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

OWNER: JOAN HARRINGTON / FREEDOM HOMES — APPLICATION DATE 7-16-2020
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166 — DATE EVALUATED: 8-14-2020
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 12 AC
LOCATION OF SITE: 251 MOUNTAIN VIEW ROAD, STATESVILLE, N.C. 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1									
2				SEE PAGE 2					
3									
4									

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

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

COMMENTS: _____

SOIL/SITE EVALUATION

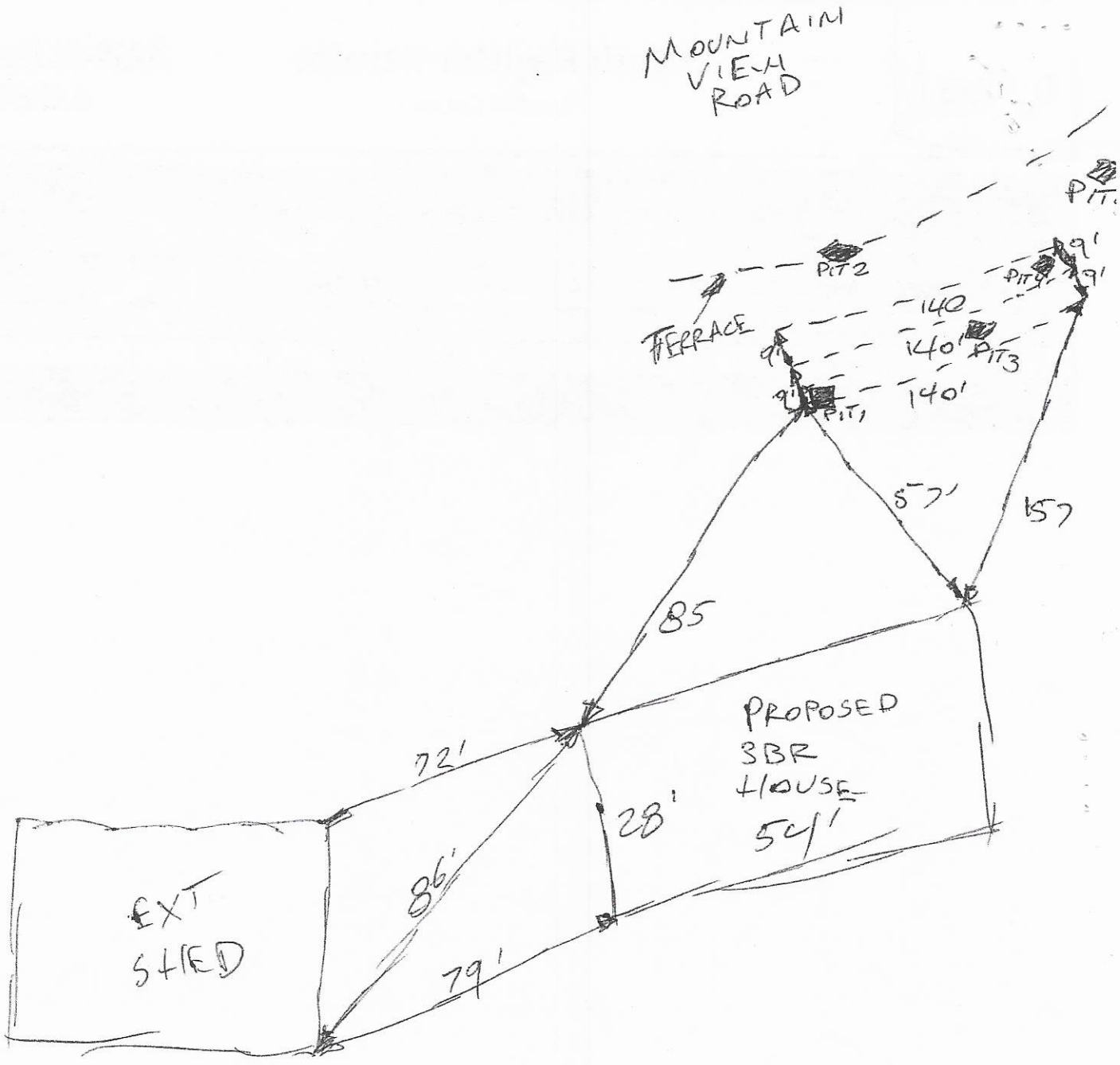
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4810765207
DATE OF EVALUATION: 8-14-2020
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 12%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	53"+	NA	NA	PS .325
		8-38	C, SBK	FR, S, P, SEXP					
		38-53	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12%	0-10	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		10-24	C, SBK	FR, S, P, SEXP					
		24-50	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE TERRACE 4%	0-16	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	64"+	NA	NA	PS .3 if fill is cut
		16-39	C, SBK	FR, S, P, SEXP					
		39-50	CL, WSBK	FR, SS, SP, SEXP					
		50-64	CL, W SBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 8%			~~S~~	SAP INC THRU OUT FEW FINE	53"+	NA	NA	PS .3
		0-8	SCL, SBK	FR, SS, SP, SEXP					
		8-26	C, SBK	FR, S, P, SEXP					
		26-53	CL, WABK	FR, SS, SP, SEXP					
5	LINEAR SIDE 12%	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	53"+	NA	NA	PS .325
		8-35	C, SBK	FR, S, P, SEXP					
		35-53	CL, WSBK	FR, SS, SP, SEXP					

COMMENTS:


MOUNTAIN VIEW ROAD
PIT
PIT2
PIT4
9'
9'
TERRACE
140'
140'
PIT3
9'
PIT1
140'
57'
157
85'
PROPOSED
SBR
HOUSE
54'
28'
72'
EXT
SHED
86'
79'

BW

RECEIVED JUL 3 0 2020 AP-307612 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 ( ) 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 Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Joan Harrington Address: 253 Mountain View Rd Statesville Zip: 28625
Owner Email: _____ Phone: 828-234-4249 Alt. Phone: _____

Property Information:

Street Address: 253 Mountain View Rd Statesville NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Go N Center St toward 1st Ave. NC 115 for 11.72 miles, Left on to Mtn View Rd .61 miles 253 Mtn View Road 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: 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
(X) 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: _____
(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 7-16-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Joan Harrington, am the legal owner(s) of the property located at 253 Mountain View Rd. Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4810765207, located in Iredell County, North Carolina.

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

Joan Harrington 7/11/2020 — Signature of Owner(s) — Date

Mark Thompson 7-11-20 — 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

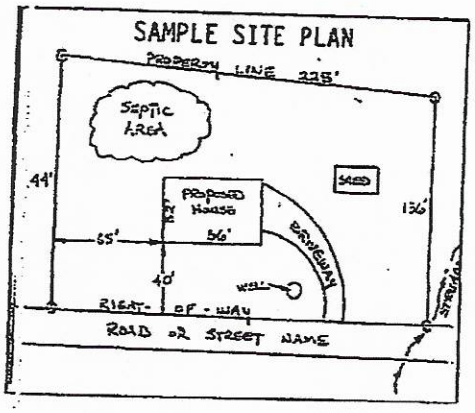
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
(X) 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

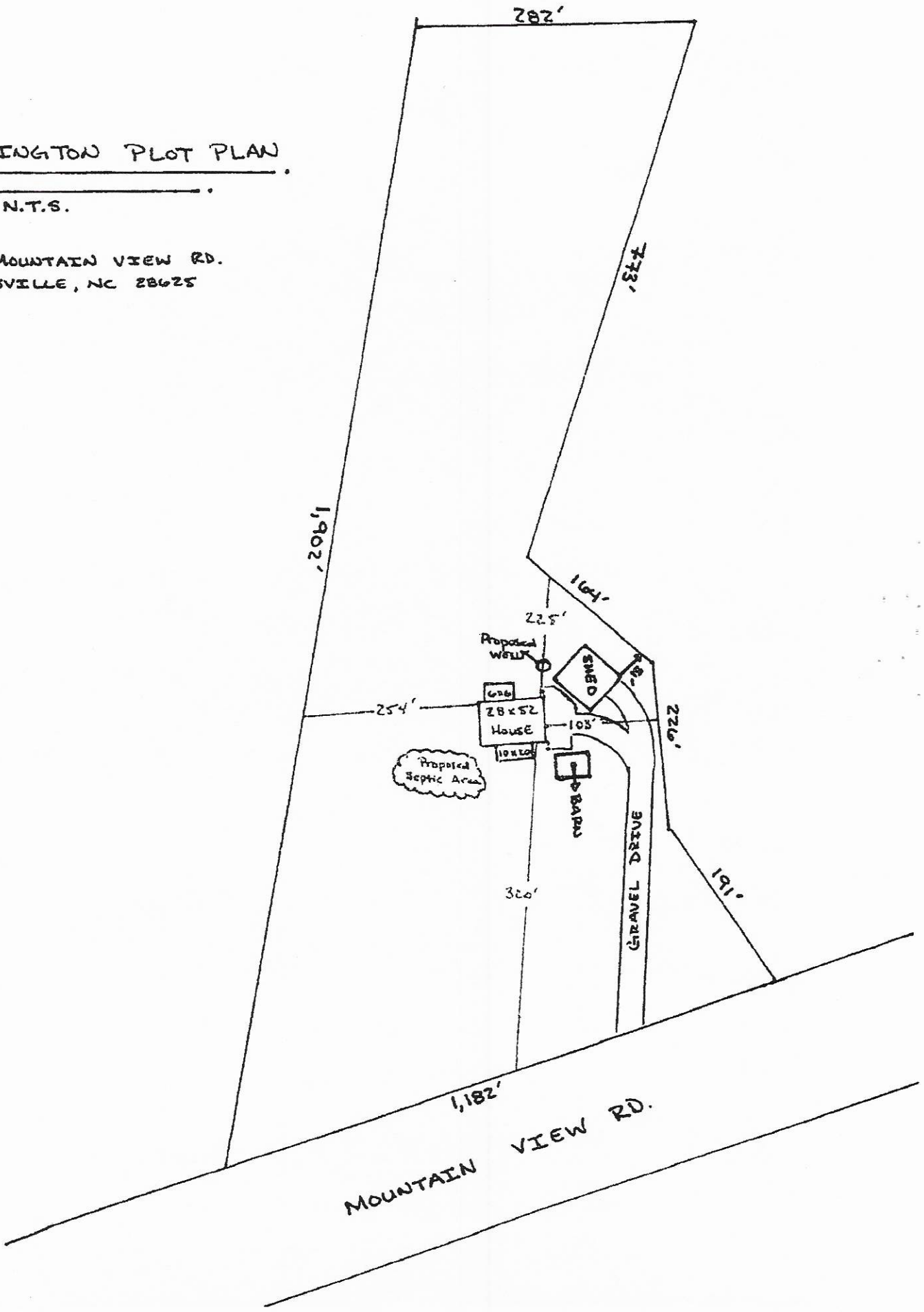
Signature: Kimberly Frye
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-16-2020
DATE

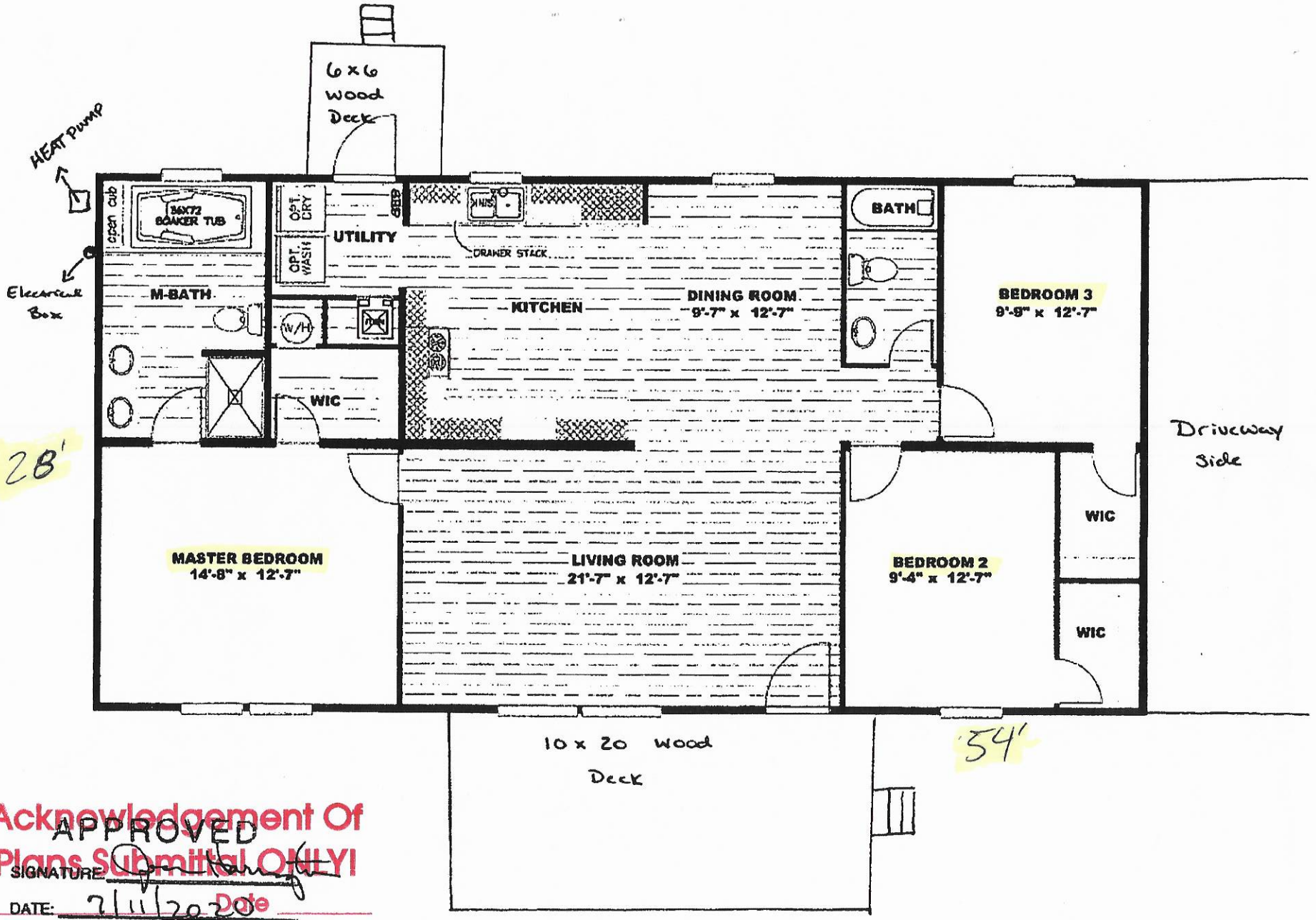
HARRINGTON PLOT PLAN

N.T.S.

253 MOUNTAIN VIEW RD.
STATESVILLE, NC 28625



Construction Placement



Acknowledgement Of Plans Submittal ONLY!

APPROVED

SIGNATURE _____

DATE: 7/11/2020 Date

Brent Cimbre Date 10-26-2020

IREDELL COUNTY · NC

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

APPLICATION NUMBER
309462 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4810765207.000	253 MOUNTAIN VIEW RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: HARRINGTON JOAN M	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
12	35	35	15	15		NO

Remarks
DOUBLE WIDE

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.

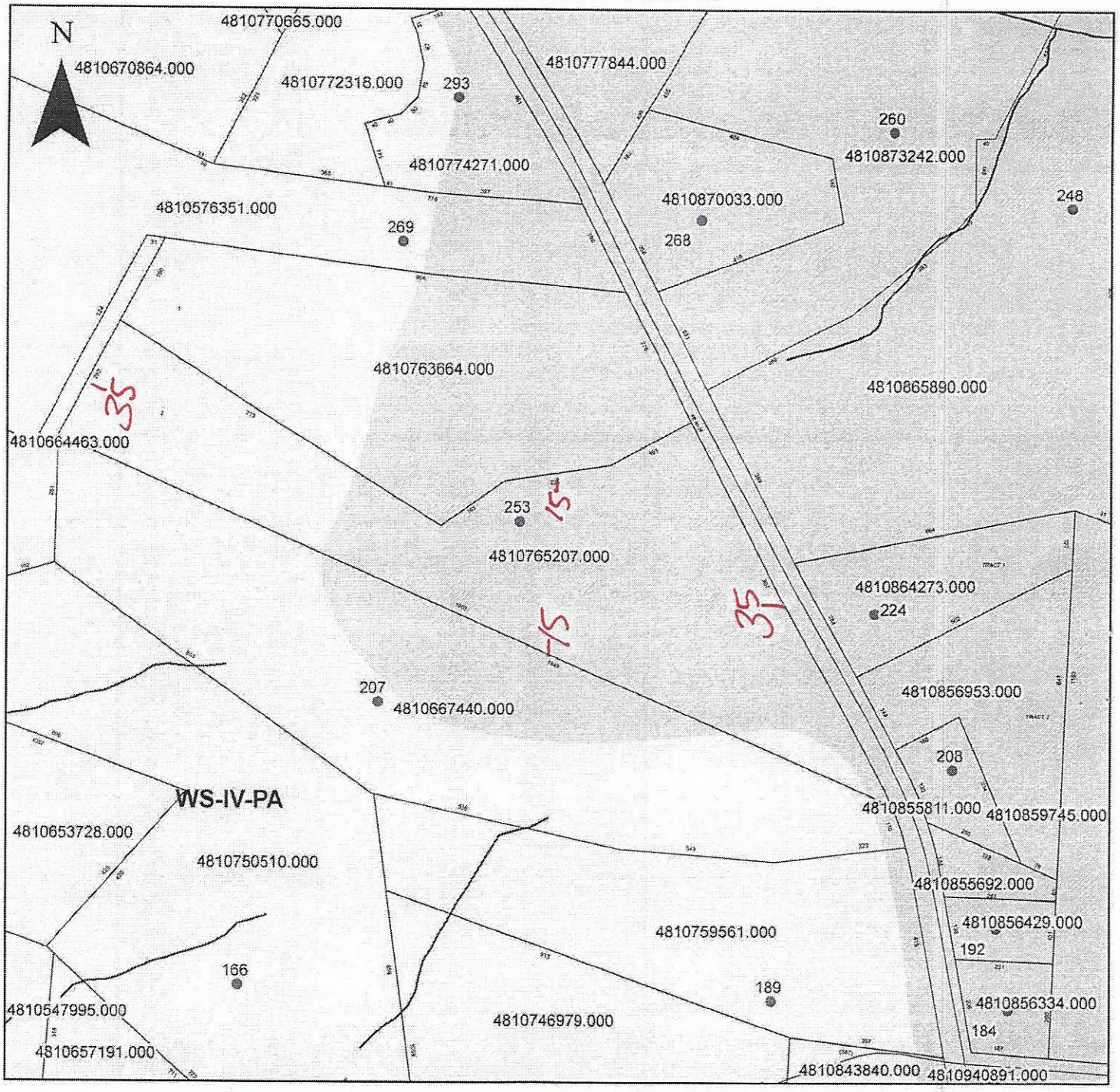
Date: 07/28/2020

Signature of Owner/Contractor

Permit Number	309462

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 253 Mountain View 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