IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 BA 2:00. PERMIT # 227244

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

PIN # 4831352222

APPLICANT/OWNER: Freedom Homes / Erie Templeton APPLICANT ADDRESS: 1124 Charlotte Hwy

SITE ADDRESS: 275 Myers Mill Rd. Statesville, NC PHONE: 704-528-7960 ALT. PHONE 704-881-2326

SITE DIRECTIONS: 77N → L on Tomlin Mill Rd → L on Jennings Rd → R on Friendship Rd → R on Myers Mill Rd → 1st on L SAP CONTROLLED: ☐ YES ☑ NO

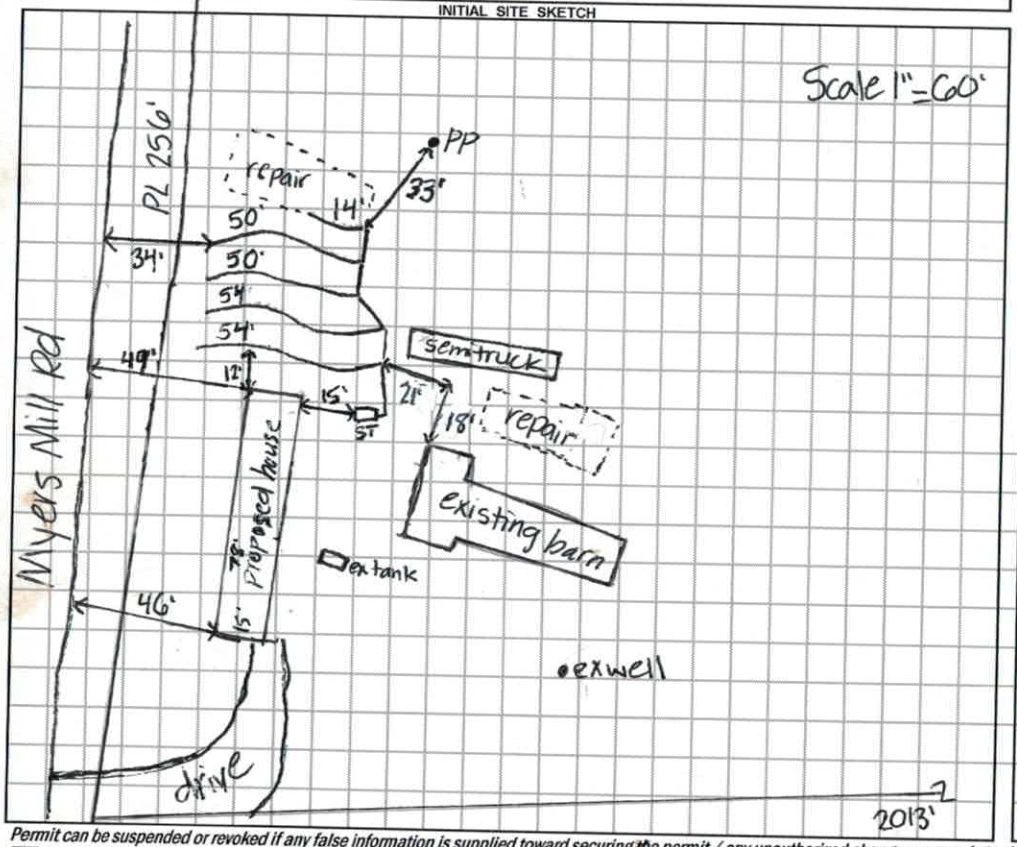
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 11.78AC DESIGN FLOW: 240gpd L.T.A.R.: .275/.275 repair

Septic Tank	1000 (gal)	STB	Infiltrator NG	Date	~	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT		Date		System Description: 25% reduction gravity		☐ Business	No. Persons 4
Pump Make		Model		Serial #		Repair System Description: LPP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	219'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	25"/28" highside	Gravel Depth	N/A	☑ GRAVITY ☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

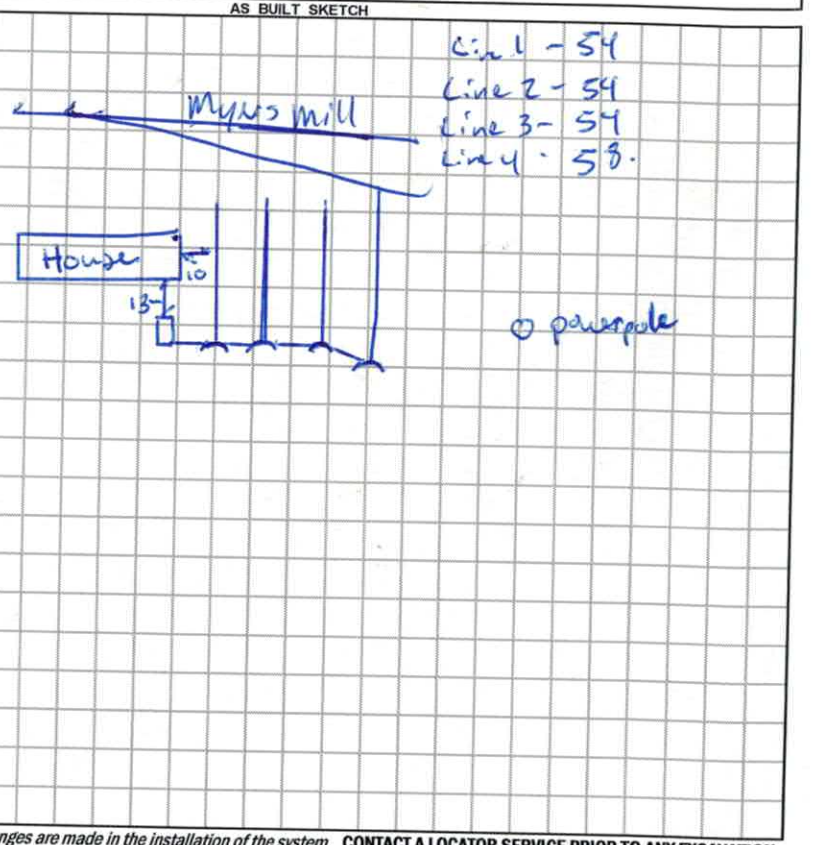
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Install 25% reduction with serial distribution + drain lines on contour. Pump + crush existing septic tank. Front of home should meet zoning setbacks → can move home back exactly 5' if needed. Semi truck must be removed prior to septic system installation to prevent potential issues with system in future.

INITIAL SITE SKETCH



AS BUILT SKETCH



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: 6-19-17 Installed by: Tommy Frye Grading + Septic

IMPROVEMENT PERMIT by: [signature] Date: 6-16-17 OPERATION PERMIT by: [signature] Date: 6/27/2017

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6-16-17 Existing System Inspected by: Date:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of 1
PROPERTY ID #: 48313522
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

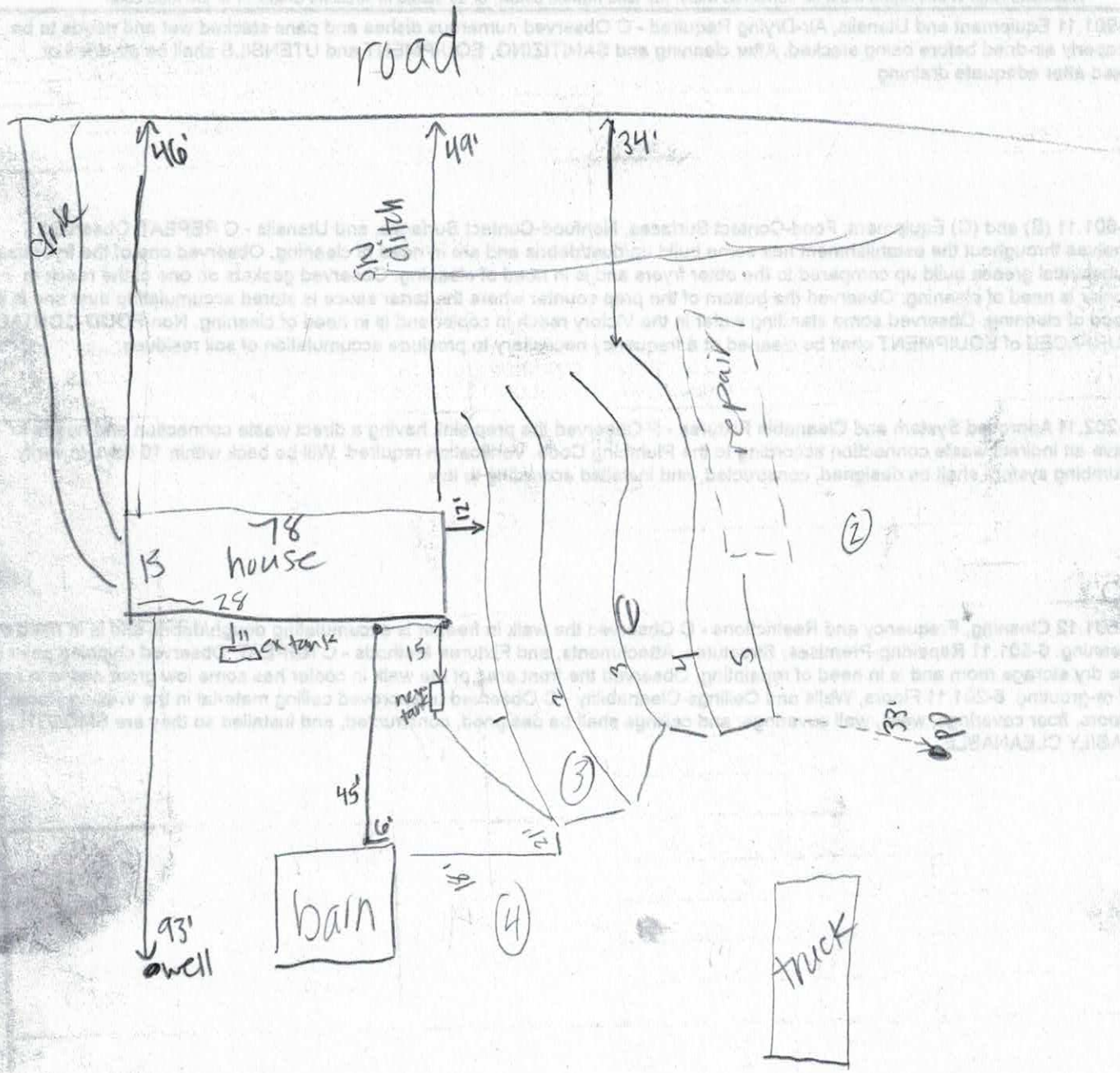
OWNER: Eric Templeton
ADDRESS: 275 Myers Mill Rd
APPLICATION DATE 5-17-17
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 240 gpd DATE EVALUATED: 6-15-17
LOCATION OF SITE: Tomlin Mill Rd → L on Jennings Rd → R on Friendship Rd → R on Myers Mill Rd → 1st on L PROPERTY SIZE: 11.78
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other PROPERTY RECORDED: yes
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6% LS	0-21	SBK C	Fr,SS,SP,SEXP	0-16" few com. yellow brown mottles	48	41-48" many SAP inc.		PS .275
		21-48	WSBK CL	Fr,SS,SP,SEXP					
2	4% LS	0-3	compacted		0-13 few yellow brown mottles	48	44-48" com SAP inc.		PS .275
		3-13	WSBK SCL	Fr,SS,SP,SEXP					
		13-30	SBK C	Fr,SS,SP,SEXP					
		30-48	WSBK CL	Fr,SS,SP,SEXP					
3	4% LS	0-10	WSBK SCL	Fr,SS,SP,SEXP		40	0-17 few rock inc 32-40" com. SAP inc		PS .275
		10-22	SBK C	Fr,SS,SP,SEXP					
		22-40	WSBK CL	Fr-F,SS,SP,SEXP					
		40+	RC SAP						
4	3% FS	0-11	WSBK SCL	Fr,SS,SP,SEXP	—	48	0-11" com rock inc 37-48" com SAP inc		PS .275
		11-25	SBK C	Fr,SS,SP,SEXP					
		25-48	WSBK CL	Fr,SS,SP,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	type III	type IV
Site LTAR	.275	.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:



L_1: 54 L_4: 50

L_2: 54 L_5: 14

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Freedom Homes/Kimberly Sneed	1124 Charlotte Hwy Troutman	704-528-7960	704-881-2326
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Eric Templeton	1284 Gobble Rd Hiddenite, NC	828-851-1606	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
289 Myers Mill Rd Statesville,	X	X

Driving Directions: NC 115 Toward Wilkes Go 14 miles Turn (R) onto Bruce Farm Rd (R) Friendship (L) onto Myers Mill Go .75 miles lot is on the left. 289 Myers Mill Rd.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to
( ) Other

Maximum Number of Bedrooms 2
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Kimberly Sneed
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

05-17-17
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, Eric Templeton, am the legal owner(s) of the property located at 275 Myers Mill Road Statesville N.C., identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Eric Templeton 5-15-17 — Signature of Owner(s) — Date

[signature] 5-15-17 — 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:*

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:

_____Property Line measurements are clearly identified... **_____All proposed structures are indicated...**

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

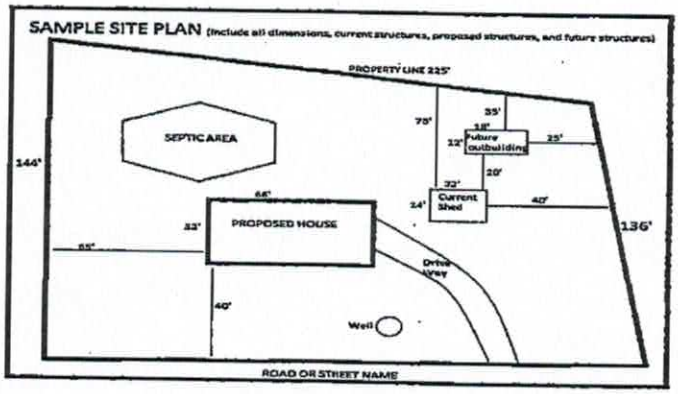
_____Front and side setbacks from property line... **_____Preferred driveway location and configuration, preferred well location...**

_____Area you prefer your septic system to be placed... **_____North arrow, or other sufficient indicator of direction...**

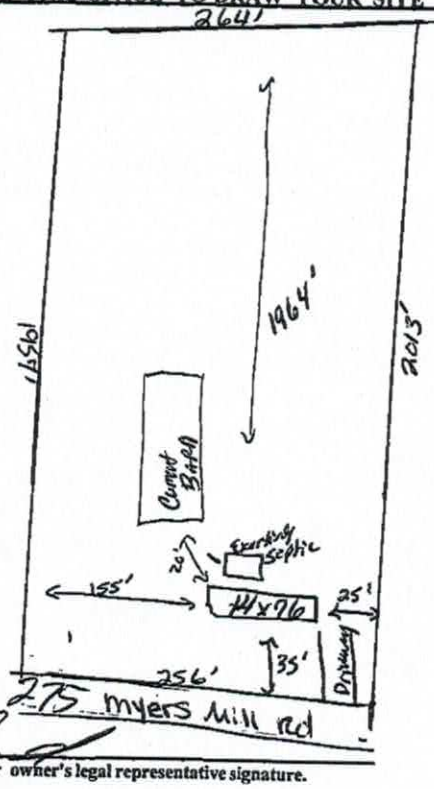
Circle N/A on the following if appropriate:

_____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



Signature: _____

***REQUIRED* property owner or owner's legal representative signature.**

05-17-17

DATE

04666

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert Templeton DATE 6-4-86 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 115 N Thru Friendship Ld - Tl on Myers Mill Rd Go approx 1 Mile Mbl. on left. S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

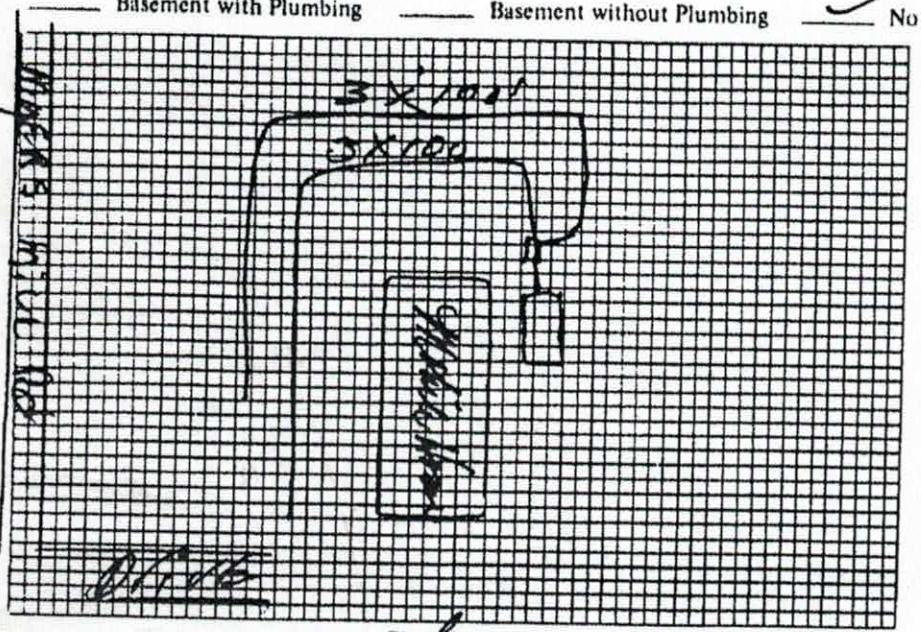
House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes ( ) No (✓)
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )
Lot Area 40 Acres

Character & Porosity of Soil Loam Sandstone
Percolation Rate 30 Min per Inch
Topography Rolling
Depth to Water Table 10' +
Rock or other impervious formations None

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 12
Water Supply: Individual (✓)
Public ( )

Installed by Tommy Reavis

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Steve Brown

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Brown DATE 6/4/86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

The Foreman

14 x 76

Pt is Subject to Final ONLY!
Date 6-16-17

IREDELL COUNTY

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

APPLICATION NUMBER
227244
Issue Date: 05/17/2017

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4831352222.000	275 MYERS MILL ROAD, STATESVILLE, NC 28625	

Owner Information	Applicant Information
Owner: TEMPLETON THOMAS L SR ETAL	Applicant: FREEDOM HOMES-TROUTMAN
Address: 243 IREDELL CO, NC 28625	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
SW REPLACE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
11.780	35.00	35.00	15.00	15.00	NOT	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

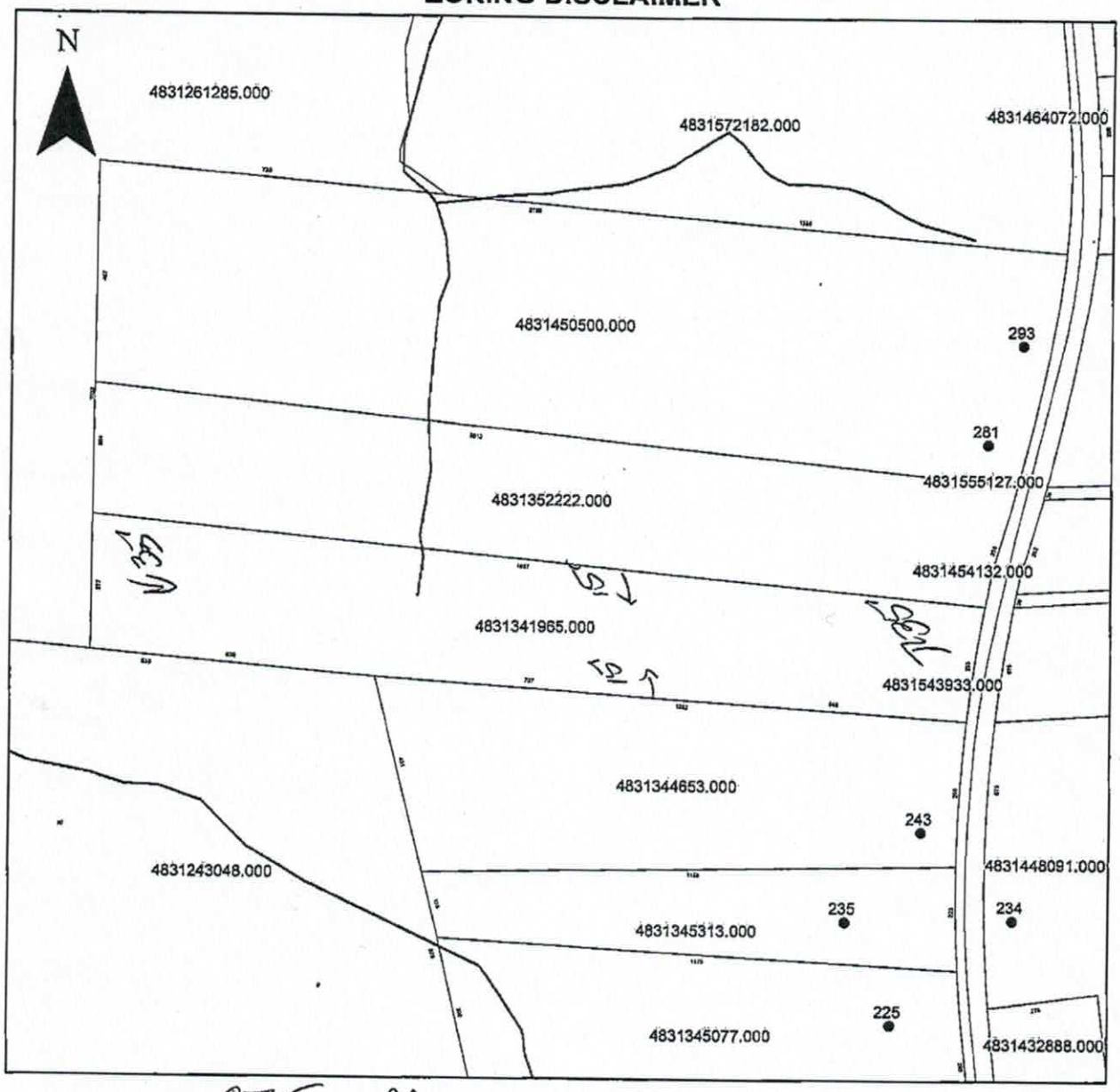
PAID 5/17/17

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.

Applicant: _____ Date: _____

Permit Number	103196	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 275 Myers Mill

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.

Kimberly Sewell
Applicant

05-17-17
Date