ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 323538

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

PIN # 4880 -- 08 -- 6991

APPLICANT/OWNER: Freedom Homes - C. Steele APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 289 Redmon Road Harmony NC 28634 PHONE: 704 881-2326 ALT. PHONE 704-528-7960

SITE DIRECTIONS: Hwy 21 N R on Tomlinson Ave R Highland Straight on Redmond Lot on R SAP CONTROLLED: ☐ YES ☒ NO

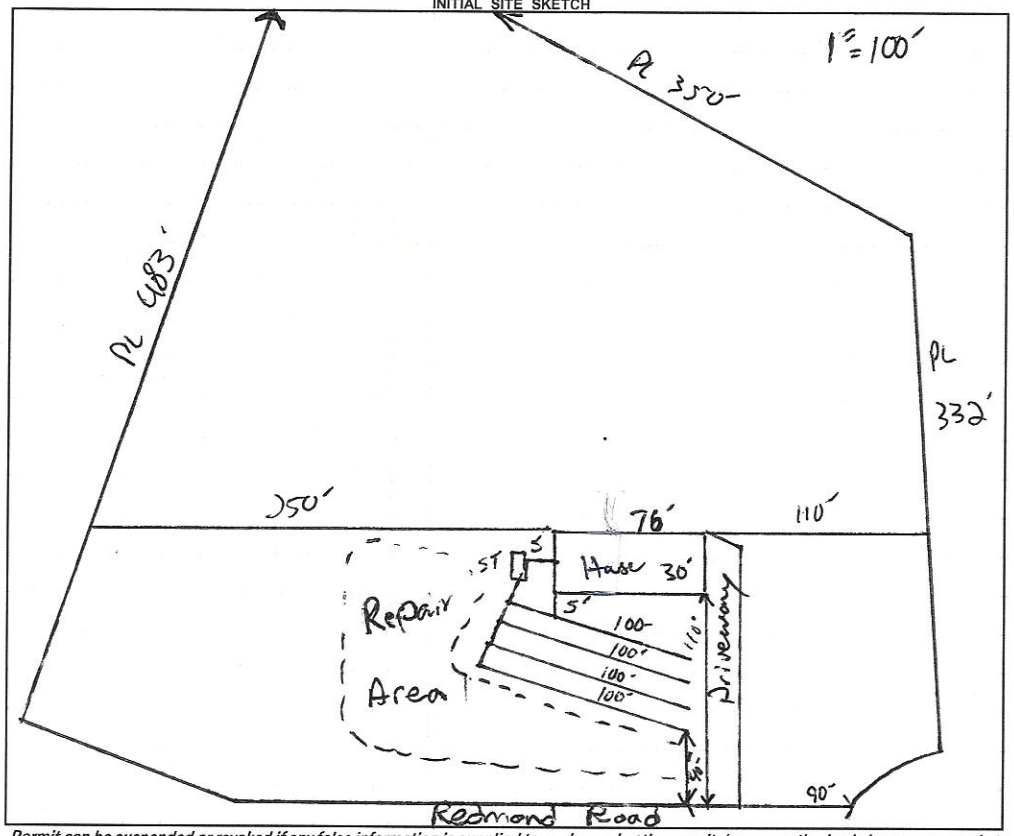
SUBDIVISION: SECTION: - LOT # - LOT AREA: 4.01 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	100	Date	6-11-21	☒ 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	4	Linear Ft	400'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth(Low side)	Max 36"	Gravel Depth		☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	Water Supply		
☐ Business	No. Persons	8	☒ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☒ Crawl Space		☐ Community		
☐ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: Install Drainlines on contour of land use Serial distribution.

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.

Installed as permitted

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: 3-1-2022 Installed by: [signature]

IMPROVEMENT PERMIT by: [signature] Date: 2.28.2022 OPERATION PERMIT by: [signature] Date: 7-20-2022

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-28-2022 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

Lot nubs clerk

Sheet 1 of 1
PROPERTY ID #: 1880080
COUNTY: Iredell

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

OWNER: Freedom Homes
ADDRESS: 1124 Charlotte Hwy
PROPOSED FACILITY: 4BR
LOCATION OF SITE: Redmond Road
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut

APPLICATION DATE 12-1-20
PROPOSED DESIGN FLOW (.1949): 480 gpd
DATE EVALUATED:
PROPERTY SIZE: 4.01 Ac
PROPERTY RECORDED: Yes
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	4-5% SL	0-6	SRL SiL	FI, SSSP Scap	N/A	1 48+	N/A	N/A	A .3
		6-30	SRL C						
		30-48	SRL CL						
2	4-5% SL	0-6	SRL SiL		N/A	48+	N/A	N/A	PS .3
		6-30	SRL C						
		30-48	SRL CL						
3	4-5% SL	0-6	SRL SiL		N/A	48+	N/A	N/A	PS .3
		6-30	SRL C						
		30-48	SRL CL						
4	4-5% SL	0-6	SRL SiL		N/A	48+	N/A	N/A	PS .3
		6-30	SRL C						
		30-48	SRL CL						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	300'
System Type(s)	2BR	2BR
Site LTAR	.3	.3

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

COMMENTS:

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)	0.4 - 0.1	0.2 - 0.05		
		O (Organic)	None	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.

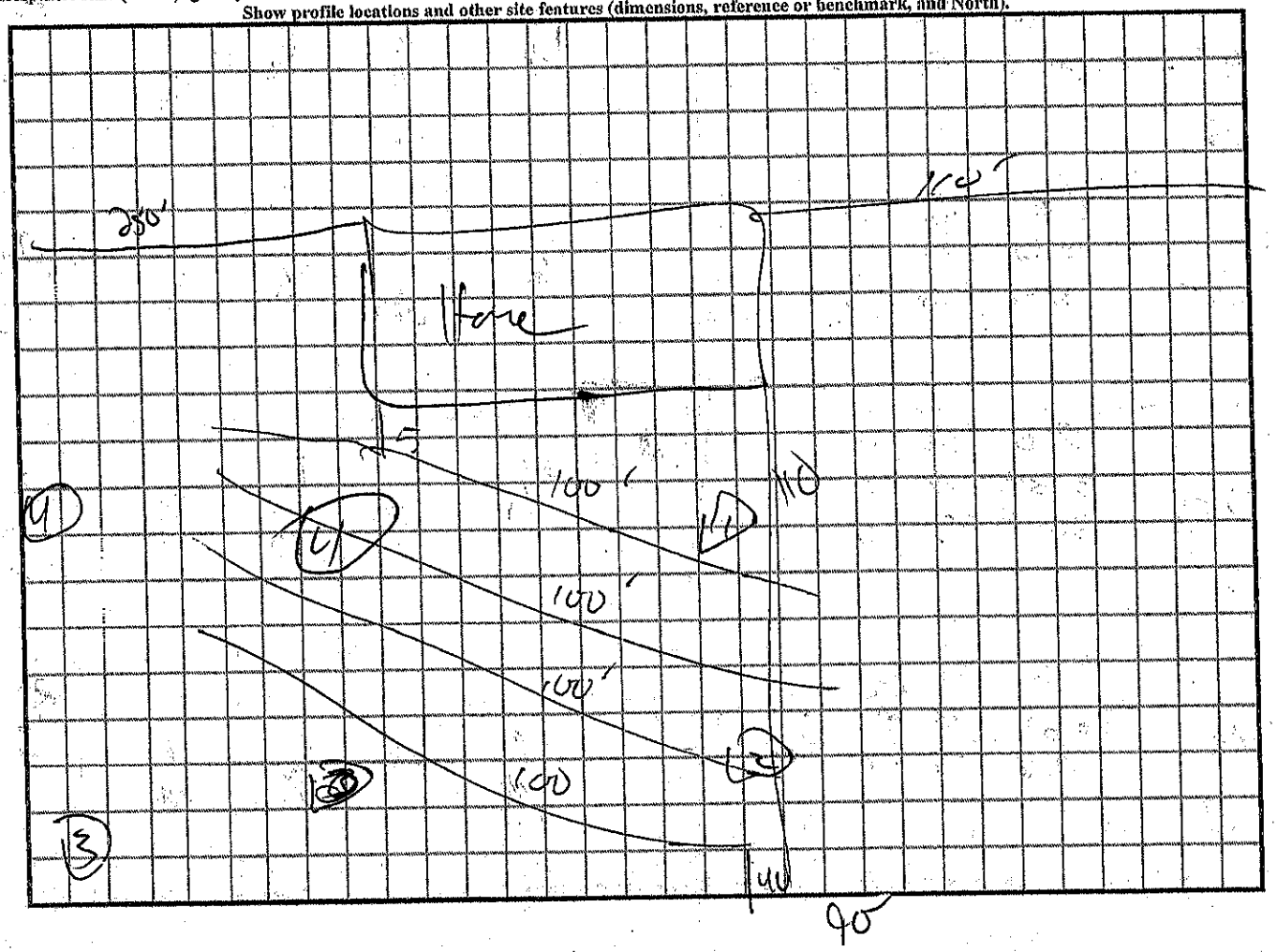
NOTES

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/ft^2

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



RECEIVED DEC C 6 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM AP-323538 $200.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Faye Address: 1124 Charlotte Hwy Troutman, NC Zip: 28166
Applicant Email: kimsnead.snead04@gmail Phone: 704-881-2326 Alt. Phone: 704-528-7960
Owner Name: Christopher Steele Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 289 Redmon Rd Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 toward Elkin, Exit 54, Us21, R, 9.88 miles R onto Highland Point Ave, 1st left, R onto highland Point Ave, L Redmon Rd, 1st left Redmond rd, lot 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: 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 Homes: _____ 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 Faye 12-1-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

323535

DocuSign Envelope ID: 280F9851-6612-4BE7-8569-E242B8C31214

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ 1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* _____

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.

☒ 2. I, Christopher Bryan Steele, am the legal owner(s) of the property located at 209 Redmon Road, Harmony, NC 28634, identified as FIN (Parcel Identification Number) 4880-08-6991, 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.

Christopher Steele
Signature of Owner(s)

10-28-21
Date

Mooresville - Environmental Health
barbara.nabel@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Scanned with CamScanner

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION:

323538

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...

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

X Front and side setbacks from property line...

X Area you prefer your septic system to be placed...

X Preferred driveway location and configuration, preferred well location...

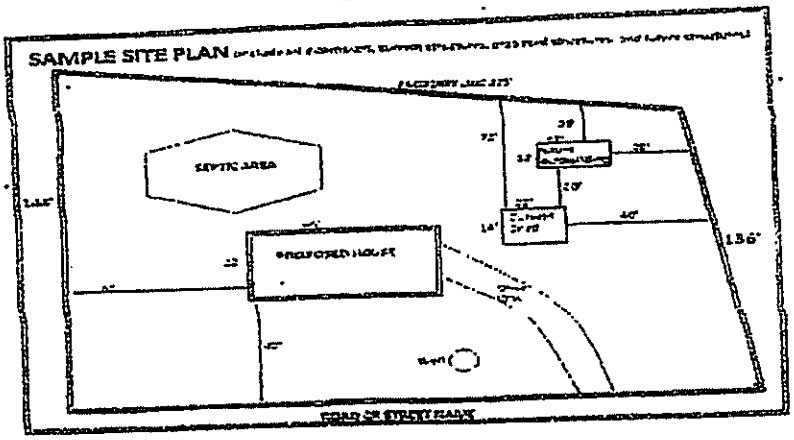
____ North arrow, or other sufficient indicator of direction...

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

Attached

Signature: Kimberly Long

REQUIRED property owner or owner's legal representative signature.

12-1-21

DATE

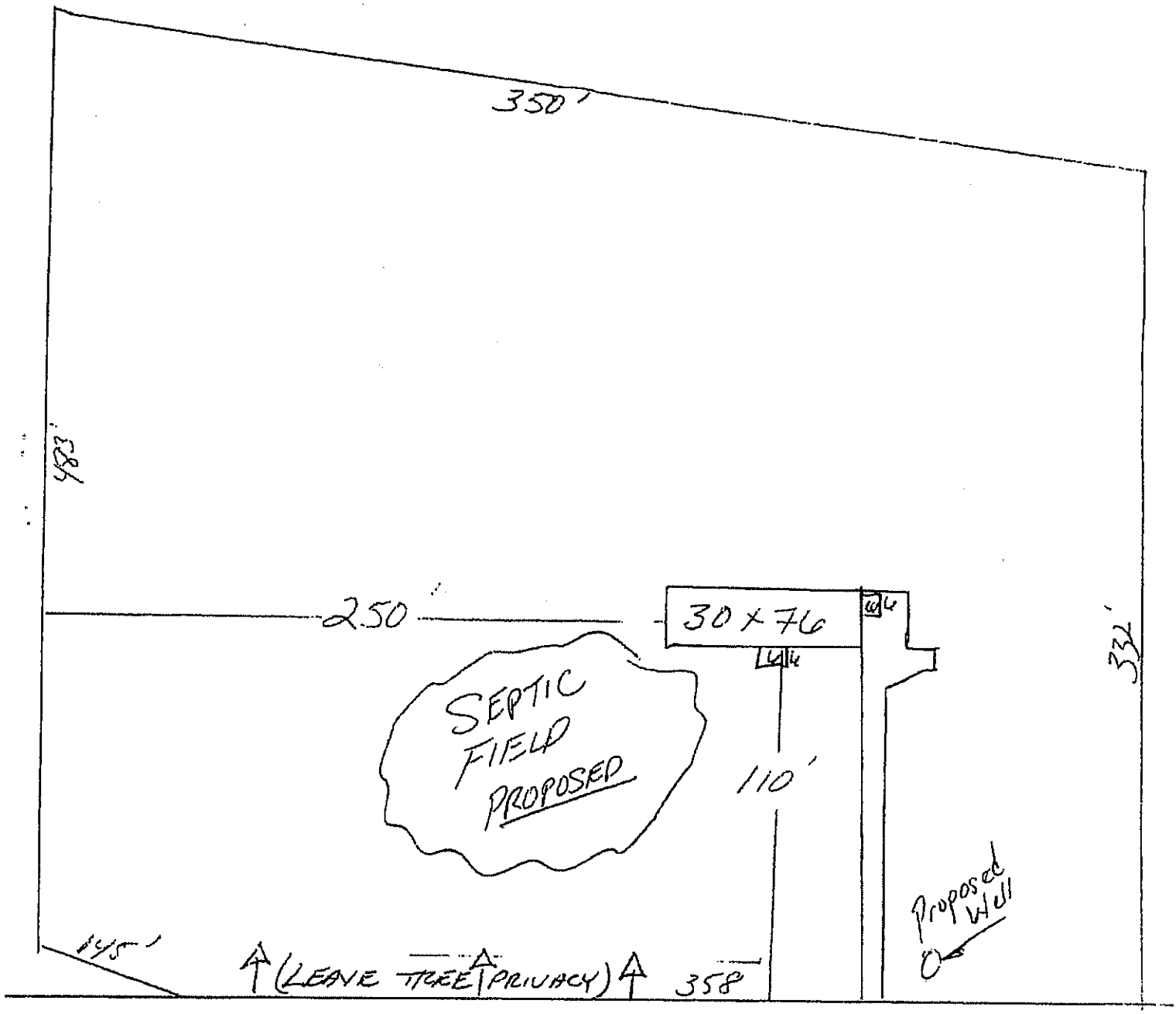
PLOT PLAN

N.T.S.

323538

GIBSON

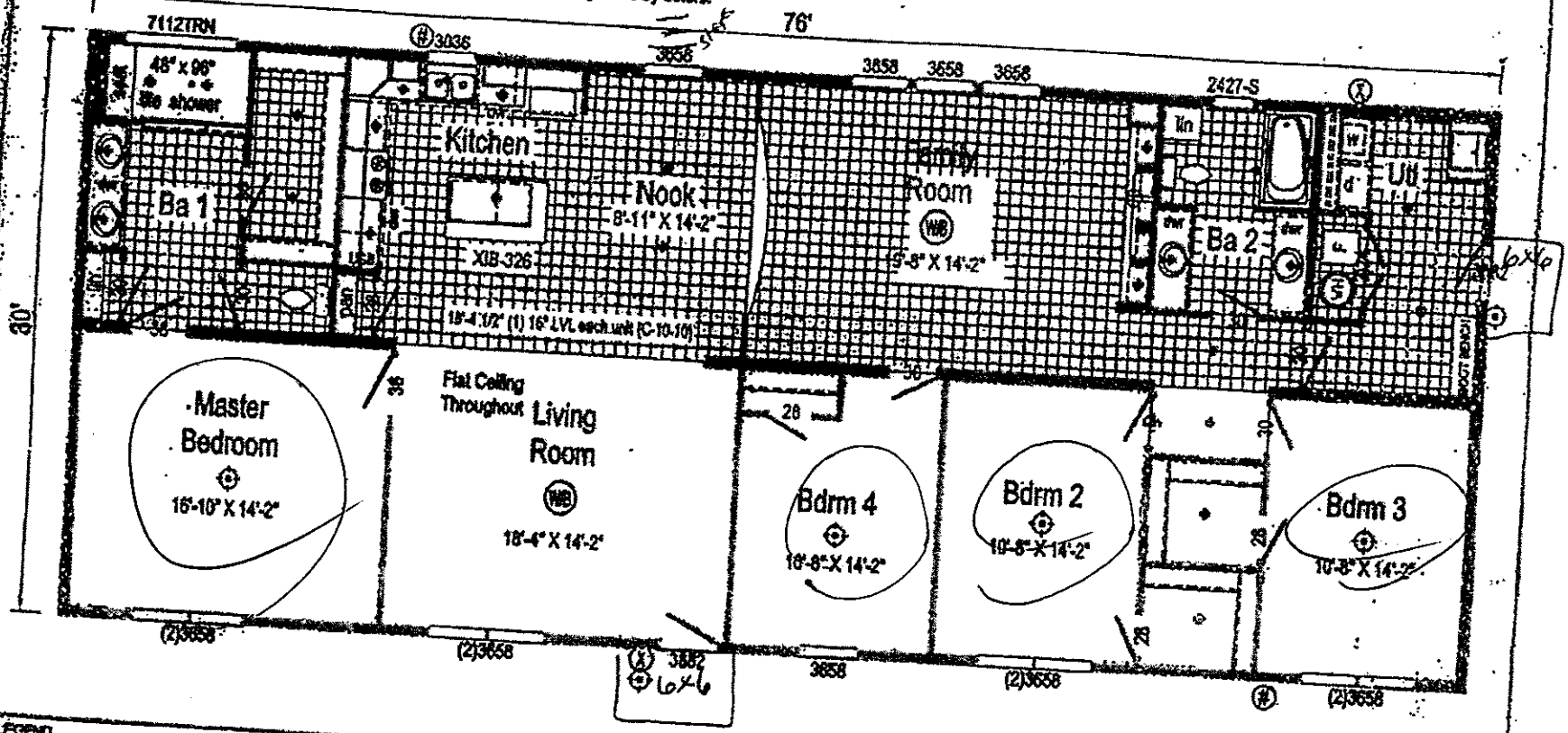
289 REDMON RD
HARMONY



6

Savannah

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:

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 UNKNOWN CODE OR CONSTRUCTION CHALLENGES AT THE TIME PRODUCTION PRINTS ARE PRODUCED.

32x76
Kimberly Faye
Cindy Gibson
12-1-21

2-25-2022

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

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.
Title: Literature
Cabinet: 3276
Revisions:
Drawn By: SG
Scale: 1/8" = 1'-0"
Date: 02/14/2021
Reference: B32721-A
Cust: STOCK
Dlr: FREEDOM HOMES
Sht: —
Pg:
Model/Elev No: 1B1010-V10 UT

223530

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323538 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4880086991.000	289 REDMON RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: STEELE CHRISTOPHER B	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
Modular	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
4.01	35	35	15	15	WSII-BOW Hunting Creek	NO

Remarks
MODULAR HOME

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.

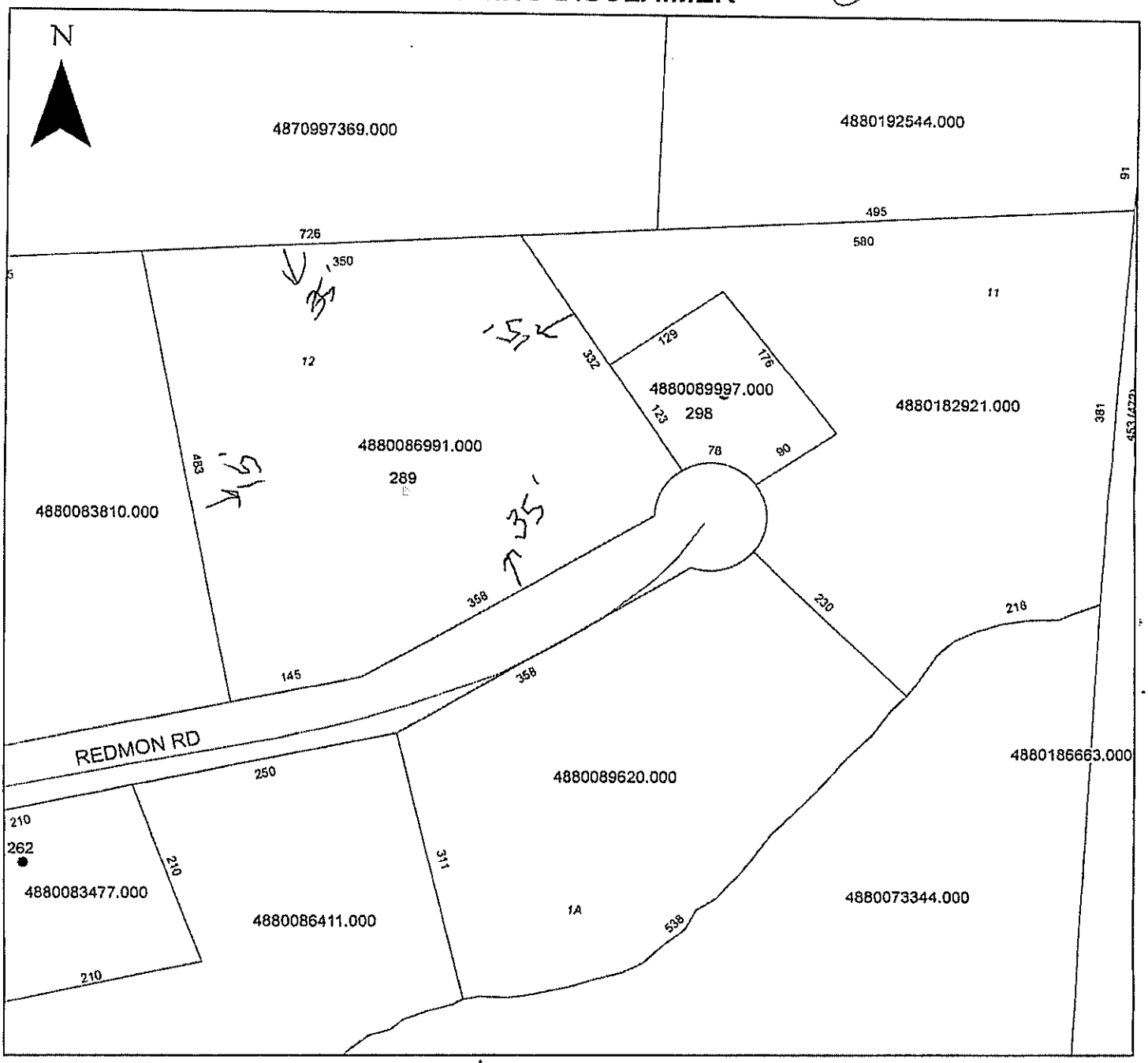
Signature of Owner/Contractor

Date: 12/02/2021

Permit Number	323538	TOTAL FEES:	$77.25

ZONING DISCLAIMER

32353P



Property Address 289 Redmon 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.

V

Applicant

V

Date