ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-320127

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

PIN # 4884 -- 21 -- 3536

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

SITE ADDRESS: 171 ANTHONY ROAD, HAMPTONVILLE, N.C. 27020 | PHONE: 704-881-2326 | ALT. PHONE 336-469-9689

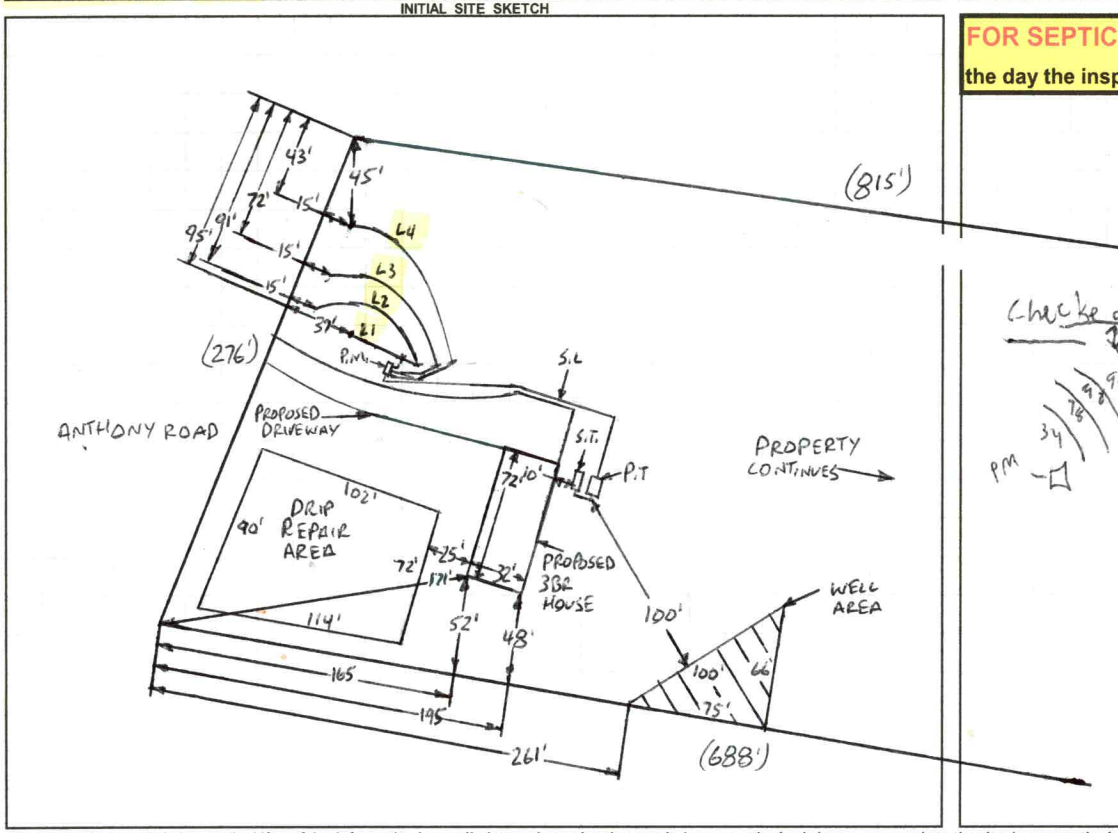
SITE DIRECTIONS: (N) ON 21, (R) ON ANTHONY ROAD, LOT ON (L) | SAP CONTROLLED: [x] YES [ ] NO REPAIR

SUBDIVISION: RH CAIN FARM | SECTION: 2 | LOT # 1 | LOT AREA: 4.978 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3 (0.1)

Septic Tank	1000	(gal)	STB 760	Date 12/11/22	[x] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[x] Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT 363	Date 1/2/23	System Description:	25% REDUCTION - P.M			[ ] Business	No. Persons	6	[x] Private
Pump Make		Model		Serial #	Repair System Description:	TS II DRIP IRRIGATION			[ ] Other	No. Employees	—	[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft 300 FT	Maintenance Agreement Required:	[ ] YES	[x] NO		[ ] Slab	[x] Crawl Space		[ ] Community
Trench Width	36 IN	Trench Bottom Depth(Low side)		18 IN	Gravel Depth	—	[ ] GRAVITY	[x] PRESSURE	[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTER, UTILIZE EQUAL DISTRIBUTION VIA PRESSURE MANIFOLD, DO NOT EXCEED A 24 IN MAX TRENCH DEPTH

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.

Checked lines & Tank MW 2/9/23

TAPS	
L1+L2 = 3/4 SCH 40	1 IN = 100 FT
L3 = 3/4 SCH 80	S.T. = SEPTIC TANK
L4 = 3/4 SCH 80	P.T. = PUMP TANK
GPM = 32.7	S.L. = SUPPLY LINE
DOSE VOLUME = 136.5 GAL	P.M. = PRESSURE MANIFOLD
DRAW DOWN = 6.5 IN	L1 = 34 FT
RUN TIME = 4.17 MIN	L2 = 78 FT
PRESSURE HEAD = 2 FT	L3 = 90 FT
SUPPLY LINE DIAMETER = 2 IN	L4 = 98 FT

Taps + Pressure Head Checked 2/20/23 SB

Alarm + Electrical Checked 2/22/23 SB

Floats CW 2/21/23

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.* [x] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [x] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Gaye | Date: 11-10-21 | Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Burgett C. White | Date: 11-9-2021 | OPERATION PERMIT by: Sarah Bowler | Date: 2/22/2023

AUTHORIZATION TO CONSTRUCT by: Burgett C. White | Date: 11-9-2021 | 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? _____	

FREEDOM HOMES

Acknowledgement Of
Plans Submittal ONLY!

SIGNATURE: [signature]
DATE: 5-14-21

Bryant C. White Date 11-9-2021

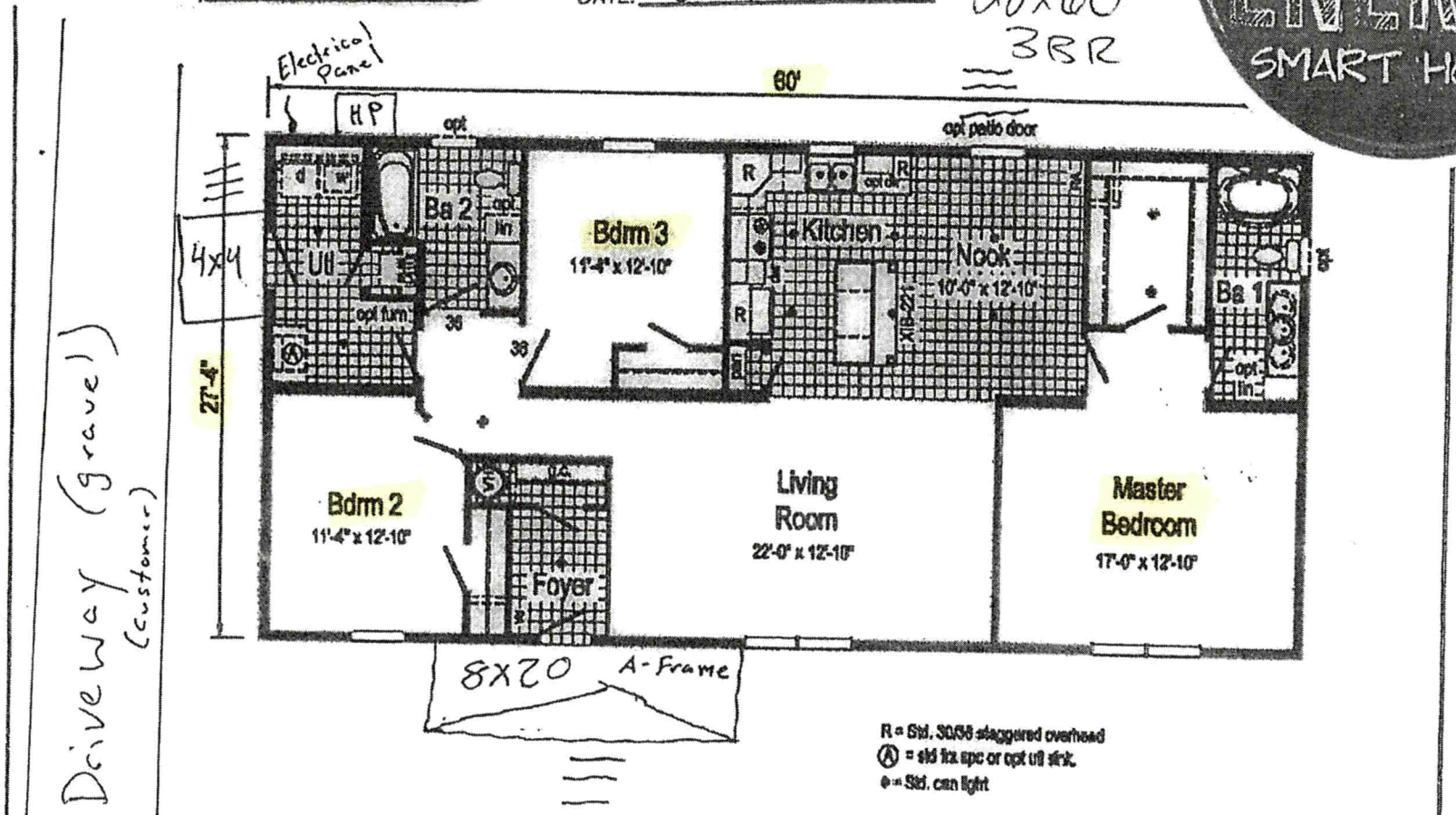
APPROVED
SIGNATURE: Katherine Harris
DATE: 5-14-21

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Find us on Facebook
Fax: 704.528.7355
Office: 704.528.7960

ASK ABOUT THE ENERGY SMART HOME

28X60
3BR



R = Std. 30/56 staggered overhead
Ⓐ = std fix spc or opt utl sink.
⊕ = Std. can light

Builder: R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Callout: 2660	Revisions: Date / Number	5/5/10		Scale: 1/8" = 1'-0"	Date: 1/5/10	Cust: -	Modulars No.: 1BL1002-R
Title: Literature		4/6/10			Drawn by: OT	Reference: EL28601-A	Dr: -	Pg: LIT
		5/5/10					Bill: -	

SHOULDER 3%	0-12	SCL, SBK	fR, SS, SP, SEXP	Y/B MOTS 12"-40" 10YR 6/2 24-38" TIGER		NA	NA	PS .225 ABOVE 24"
	12-39	C, ABK	f1, S, P, SEXP					
	39-48	CL, WABK	f1, SS, SP, SEXP					
SHOULDER 4%	0-16	C, SBK	fR, S, P, SEXP	SAP INC THRU OUT		NA	NA	PS .3
	16-50	CL, WSBK	fR, SS, SP, SEXP					
SHOULDER 4%	0-27	C, SBK	fR, S, P, SEXP	SAP INC THRU OUT FEW f1	PSII SL (VFI)	f1SAP 36"		PS .3 ABOVE 36"
	27-36	CL, WSBK	fR, SS, SP, SEXP					
	36+	SAP, MAS	VF1, NS, NP, SEXP					
SHOULDER 4%	0-13	C, SBK	fR, S, P, SEXP	SAP INC THRU OUT FEW f1	PSII SL		NA	PS .3
	13-24	CL, WSBK	fR, SS, SP, SEXP					
	24-50	SAP, MAS	fR, NS, NP, SEXP					
LINEAR SIDE 4%	0-10	PLOW	MIXED	Y/B MOTS 20"+ 10YR 6/2 26"+		NA	NA	PS .225 ABOVE 26"
	10-48	C, ABK	f1, S, P, SEXP					

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
WEB14199

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			**$1,127.25**
AP-320127 Address: 171 ANTHONY RD APN: 4884213536.000			**$1,127.25**
EH NEW SYSTEM PERMITS			$500.00
GRAVITY SYSTEM	10492751-447004	0	$500.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
ZONING			$77.25
TECH FEE ZONING	104563-460450	0	$2.25
ZONING PERMIT	104563-472223	0	$75.00
TOTAL FEES PAID BY RECEIPT: WEB14199			**$1,127.25**

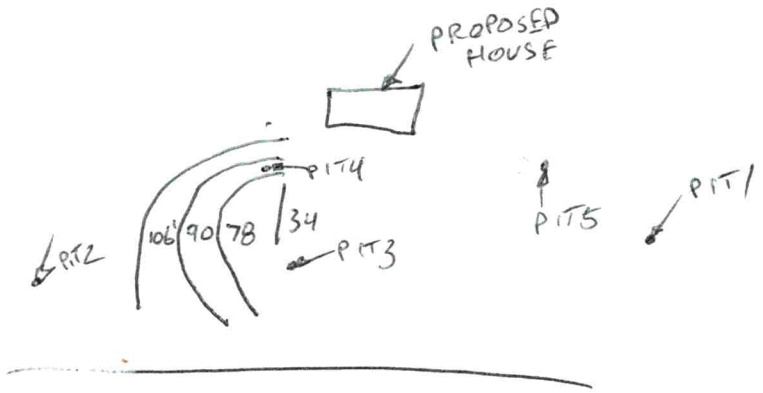
Date Paid: Thursday, August 05, 2021

Paid By: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE

Cashier: ECON

Pay Method: CREDIT 04917D

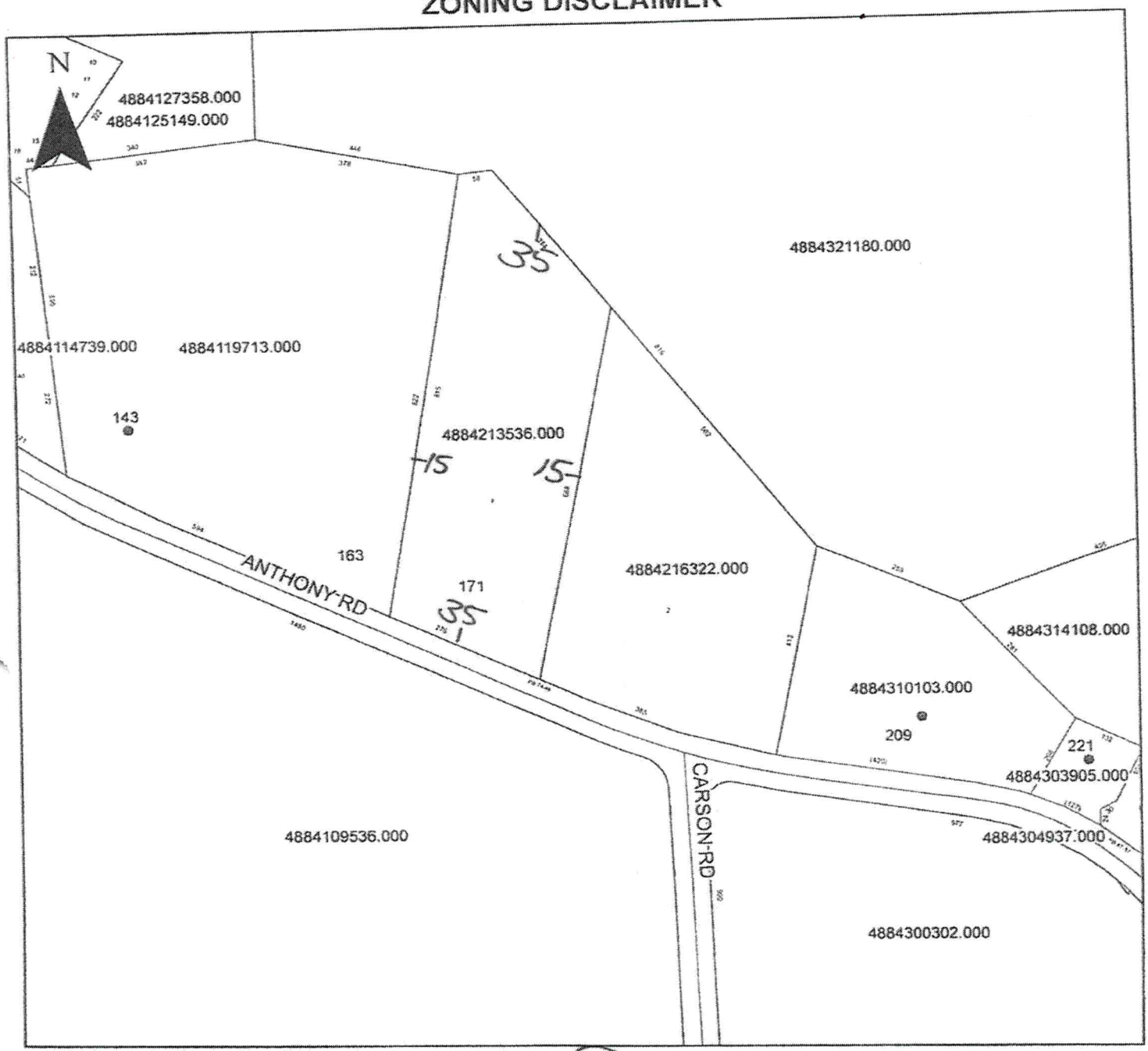
NTS 10% SLOPE



ANTHONY ROAD

34' > 112' - 3/4 SCH80
78' -
86' - 1/2 SCH40
102' - 3/4 SCH80

ZONING DISCLAIMER

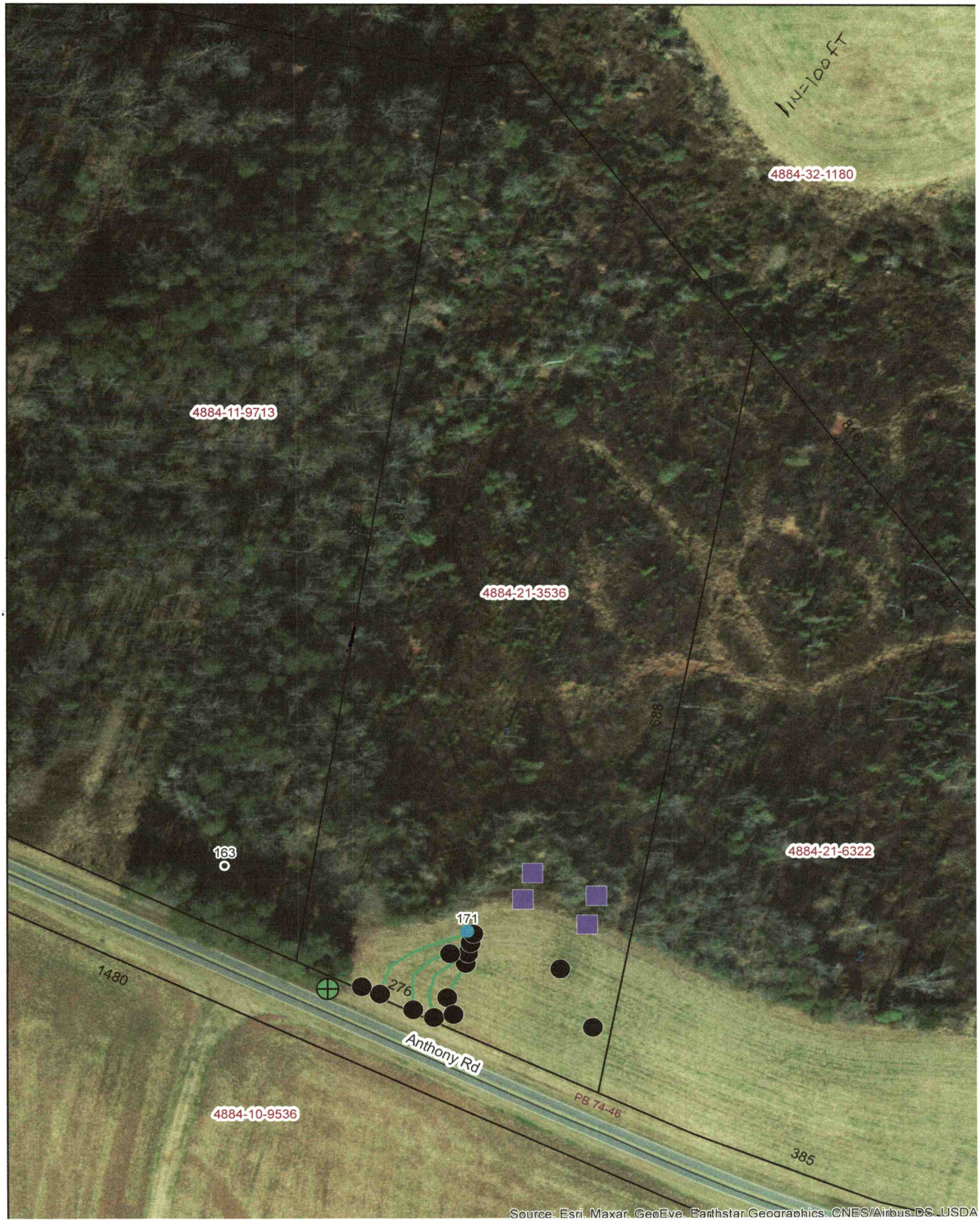


Property Address 171 Anthony Rd.

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.

Kirkby Caye
Applicant

8-5-2021
Date


1IN=100FT
4884-32-1180
4884-11-9713
4884-21-3536
4884-21-6322
4884-10-9536
163
171
276
1480
385
PB 74-46
Anthony Rd
Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA

RECEIVED AUG C 9 2021

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-320127 $500.00

Application For:
- (X) Septic Improvement Permit
- (X) New Well Permit
- ( ) 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 Frye Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: Kimsnead.Snead@gmail.com Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Joshua & Katherine Harris Address: 1510 Longtown Rd Bonneville, NC Zip: 27011
Owner Email: _____ Phone: 336-469-9689 Alt. Phone: _____

Property Information:

Street Address: 171 Anthony Road Harmony, NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 toward Elkin, Exit 65 turn R, Onto Eagle Mills Rd, 1st Right W Houstonville Rd. Onto Harmony Hwy 21, Onto Anthony Rd

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: _____

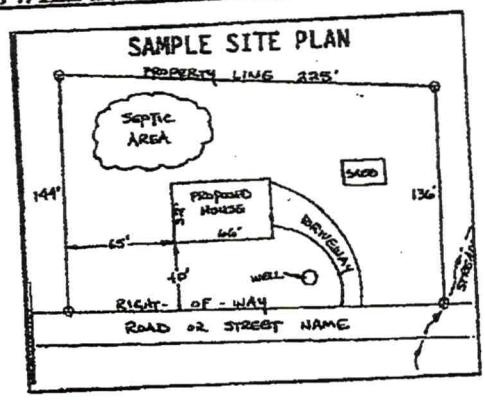
Please answer the following to the best of your ability:
- ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
- ( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
- ( ) Yes (X) No Is the site subject to approval by any other public agency?

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 7-29-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

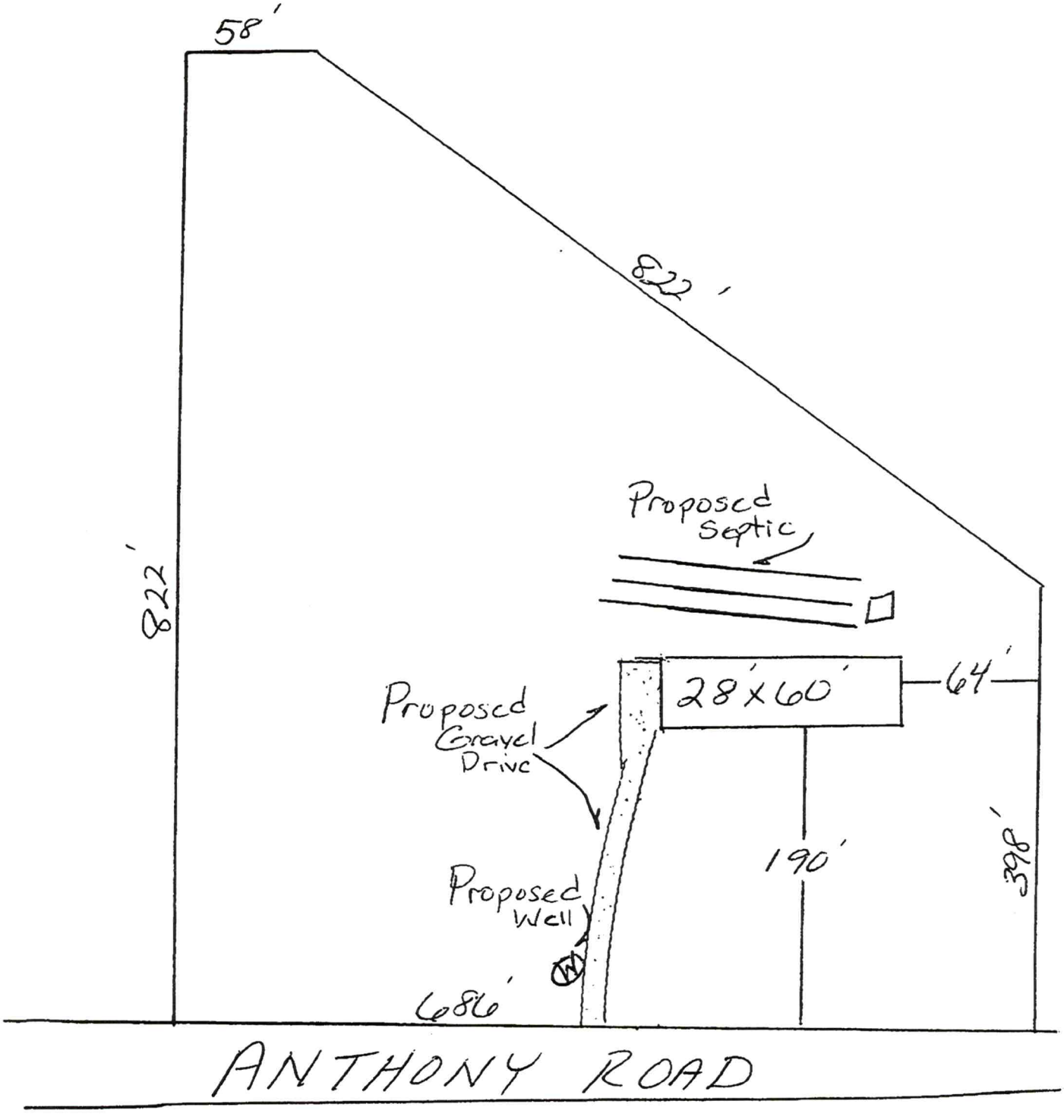
7-29-2021
DATE

PLOT PLAN

N.T.S.

HARRIS

171 ANTHONY RD.
HAMPTONVILLE 27020



ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

KD **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- I Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

KD **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

KD **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

KD **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

KD **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature Kimberly Gaye **Date** 7-29-2024

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)680-3625

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:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. 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:

1. Complete this form to document his or her legal representative, or
2. Provide their 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.

X I, Katherine Harris Josh Harris, am the legal owner(s) of the property located at X 171 Anthony Road Harmony, NC, identified as PIN (Parcel Identification Number) X 4884-21-4475 / 488421353G, located in Rowan County, North Carolina.

I do hereby authorize (print legal representative/company name) X Kimberly Frye 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 Rowan County Department of Public Health, Environmental Health Division.

X Katherine Harris — Signature of Owner(s) — 5-14-21 — Date

X Kimberly Frye — Signature of Witness — 5-14-21 — Date

Josh Harris 5-14-21

IREDELL COUNTY · NC

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

APPLICATION NUMBER
320127 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4884213536.000	171 ANTHONY RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: HARRIS ALBERT L	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
4.98	35	35	15	15	WSII-BOW Coddle Creek	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: 08/02/2021

Signature of Owner/Contractor

Permit Number	320127	TOTAL FEES:	$77.25