ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 246053

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

PIN # 4674445521 - 2347

APPLICANT/OWNER: Freedom Homes / Alan Goodman | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman, NC

SITE ADDRESS: 2347 Coddle Creek Hwy. Mooresville, NC | PHONE: 704-881-2326 | ALT. PHONE 980-622-2068

SITE DIRECTIONS: NC 3(S) → lot on L at county line (before Earnhardt Lake Rd.) | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: 62.265 ac | DESIGN FLOW: 240 gpd | L.T.A.R.: —

Septic Tank: existing (gal) | STB | Date
Pump Tank (gal) | PT | Date
Pump Make | Model | Serial #
Nitrification Fields: EXISTING | # Lines | Linear Ft
Trench Width | Trench Bottom Depth (Low side) | Gravel Depth

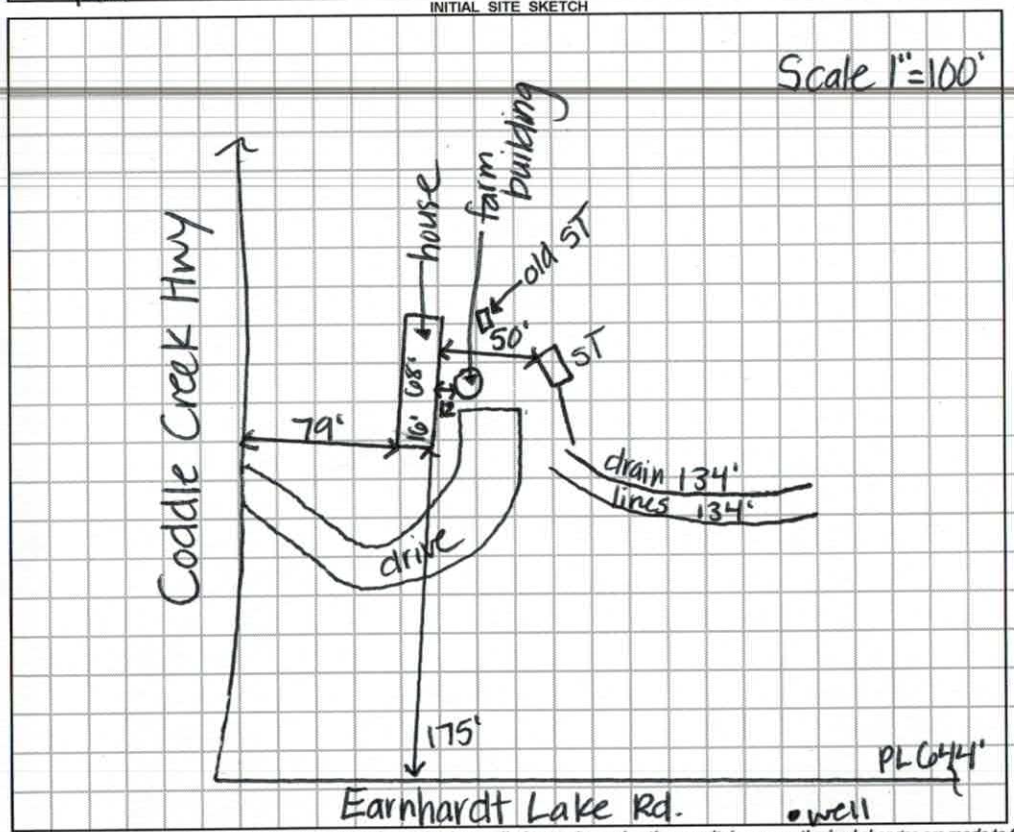
☐ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI
System Description: EXISTING
Repair System Description:
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms: 2 | No. Persons: 4 | No. Employees | ☑ Crawl Space
☐ Basement w/o plumbing

Water Supply: ☑ Private (across Rd) ☐ Public ☐ Community

Comments / Conditions: Existing system functioning properly during time of inspection. * Do NOT tie into old septic tank.

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: 7-1-19 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Kayla Watson | Date: 6-28-19

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED JUN 2 6 2019

Paid $250.00 #246053

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct (X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes / Kimberly Sneed Address: 1124 Charlotte Hwy Troutman Zip: 28166

Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone:

Owner Name: Alan Goodman Address: 13000 Mooresville Statesville Rd Davidson Zip: 28036

Owner Email: Phone: 980-622-2068 Alt. Phone:

Property Information:

Street Address: 2347 Coddle Creek Hwy Mooresville, NC 28115

Subdivision Name: Section/Phase: Lot Number:

Driving Directions: Onto Shelton Ave, Onto E Garner Bagnal, I-77 toward Charlotte, Exit 42 (R) West Todd Ave, 7 miles, 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: 2
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:
( ) New Well (X) 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 Sneed 6-25-19
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, Alan Goodman, am the legal owner(s) of the property located at 2347 Coddle Creek Highway Mooresville, NC 28115, identified as PIN (Parcel Identification Number) 4674445521, 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.

Alan F Goodman 6/12/19
Signature of Owner(s) Date

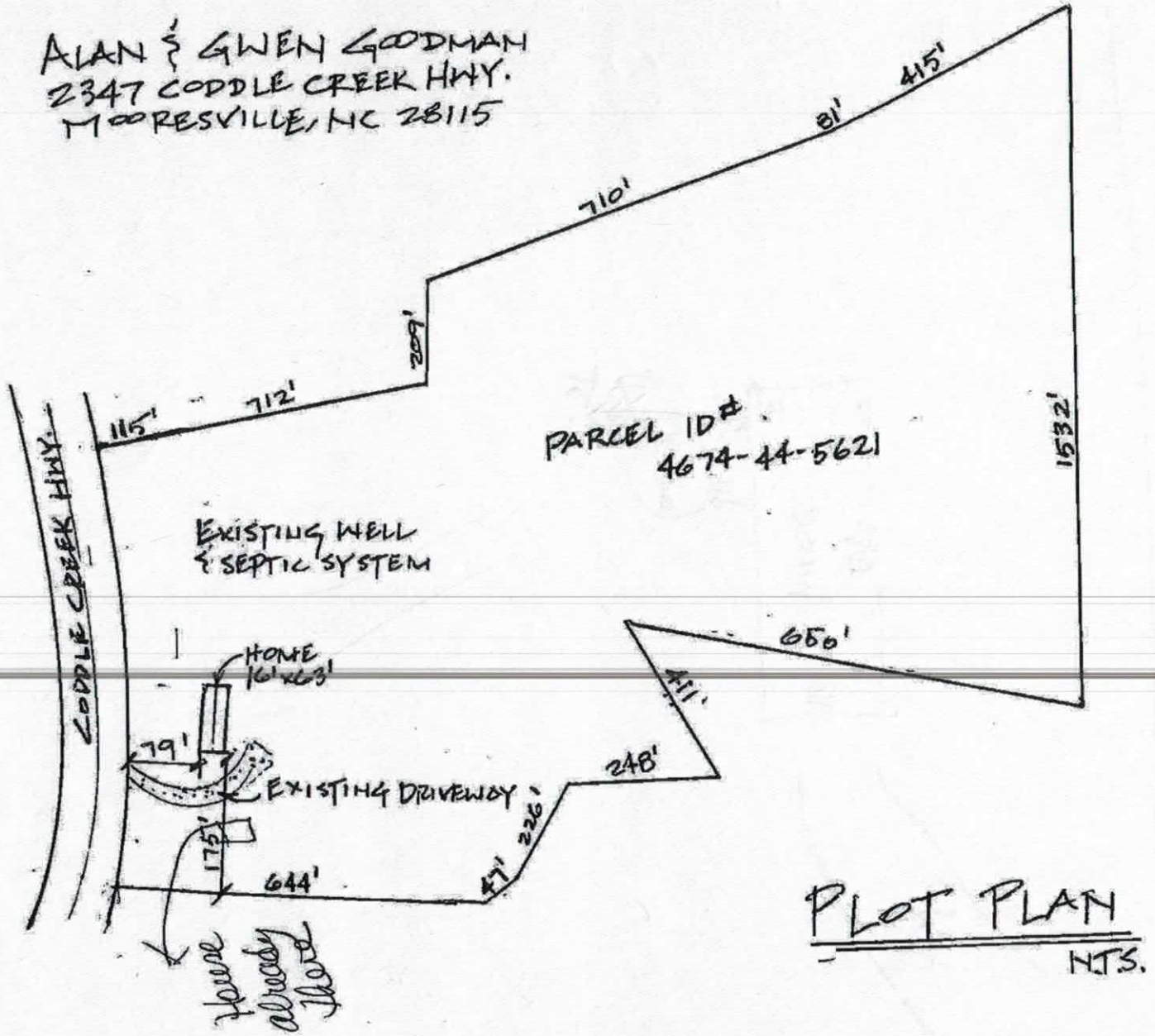
Gwynn Goodman 6/12/19
Signature of Witness Date

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

ALAN & GWEN GOODMAN
2347 CODDLE CREEK HWY.
MOORESVILLE, NC 28115



PLOT PLAN
N.T.S.

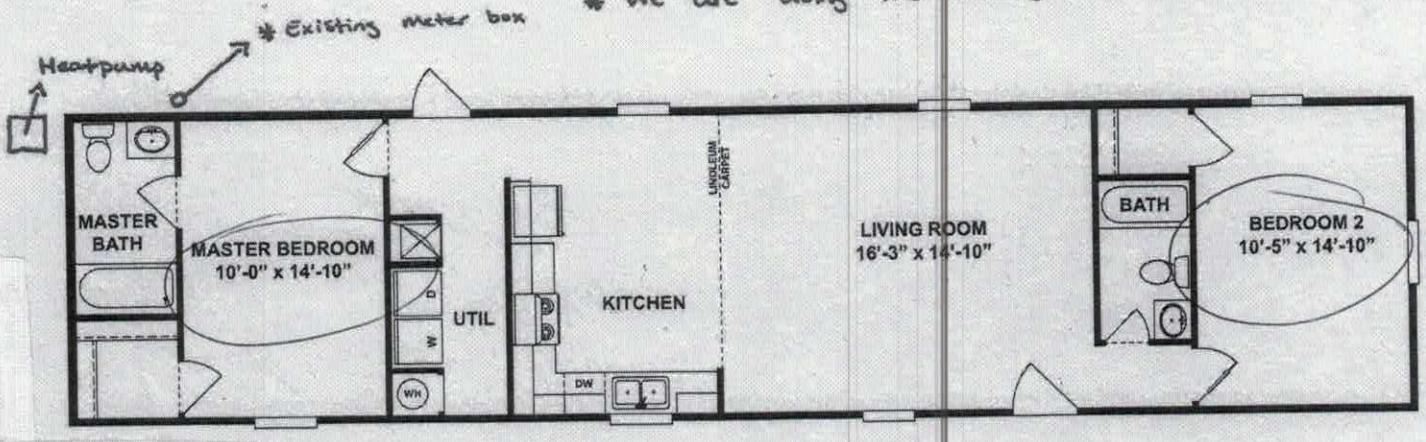
SCHULT
ROCKWELL

4615 ADVANTAGE PLUS 6616 (57ADP16663BH)

Construction Placement

* Customer doing own decks
* We are using the existing meter box / base

Beds: 3 | Baths: 2 | SqFt: 1023



Two Bedroom

Utility

- Washer and Dryer

Kitchen

- Dishwasher

66 x 16

APPROVED
SIGNATURE: Alan J. Goodman
DATE: 6/18/19
~~Acknowledgement of~~
Plans Submittal ONLY!
Kayla Watson Date 6-18-19
Kim Turley Date

IREDELL COUNTY

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

APPLICATION NUMBER
246053
Issue Date: 06/26/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4674445521.000	2347 CODDLE CREEK HIGHWAY, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GOODMAN ALAN F	Applicant: FREEDOM HOMES-TROUTMAN
Address: 13000 MOORESVILLE RD	Address: 1124 CHARLOTTE HWY
DAVIDSON, NC 28036	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

FILE COPY

Use Requested	Zone Code
SW REPLACE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
62.265	35.00	35.00	15.00	15.00	BOWC	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. 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; Must have 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 #24537 Ref 6/26/19

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: See Attached Date: _____

Permit Number	182940	TOTAL FEES:	$ 77.25