ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # CSWP-2022-2598

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

PIN # 4705 -- 22 -- 7991

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman NC 28166

SITE ADDRESS: 173 Horseshoe Loop, Statesville 28625 PHONE: 704-881-2326 ALT. PHONE

SITE DIRECTIONS: (N) Old Mountain → (R) Massey Dead → (R) Horseshoe up → lot on (R) SAP CONTROLLED: [X] YES [ ] NO EXISTING

SUBDIVISION: O M Perry SECTION: N/A LOT # 141 LOT AREA: ~ 1 ac DESIGN FLOW: 360 gpd L.T.A.R.: EXISTING

Septic Tank	1000	(gal)	STB	10 12	Date	9-13-2022	[ ] New System	[X] Repair	[ ] Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Existing Gravel			
Pump Make		Model			Serial #		Repair System Description:	New tank			
# Nitrification Fields		# Lines			Linear Ft		Maintenance Agreement Required:	[ ] YES	[X] NO		
Trench Width	EXISTING	Trench Bottom Depth(Low side)			Gravel Depth		[X] GRAVITY	[ ] PRESSURE			

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/plumbing

No. Bedrooms 3 No. Persons 6 No. Employees [X] Crawl Space

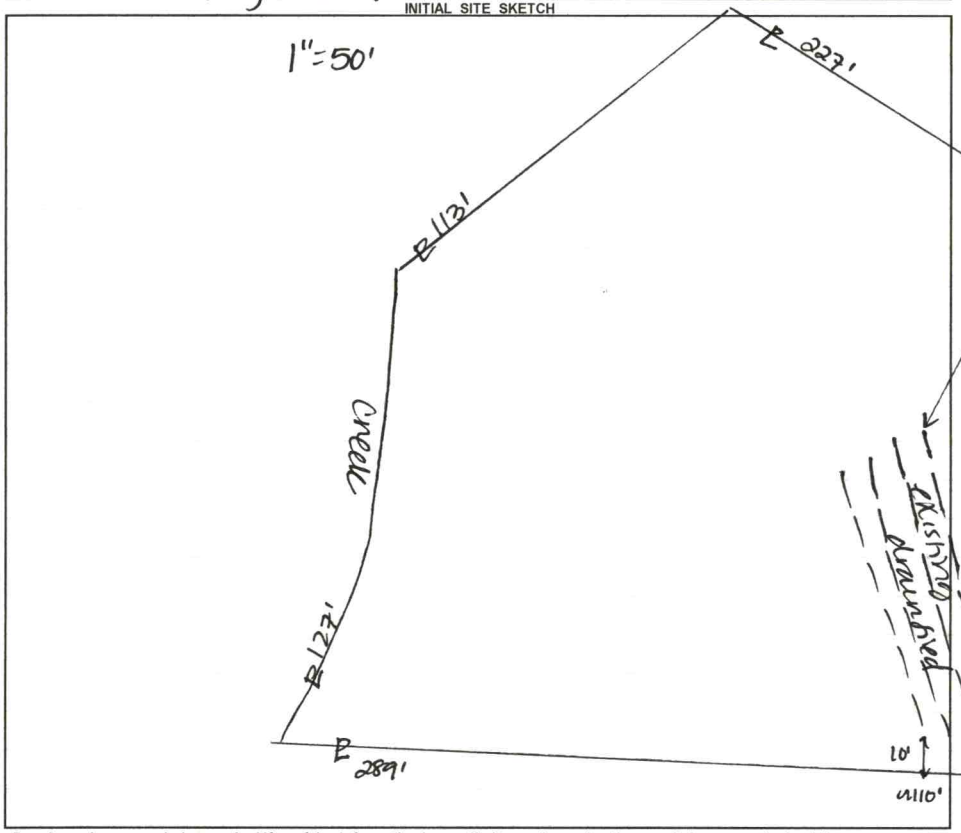
Water Supply: [ ] Private [X] Public [ ] Community

[ ] Basement w/o plumbing

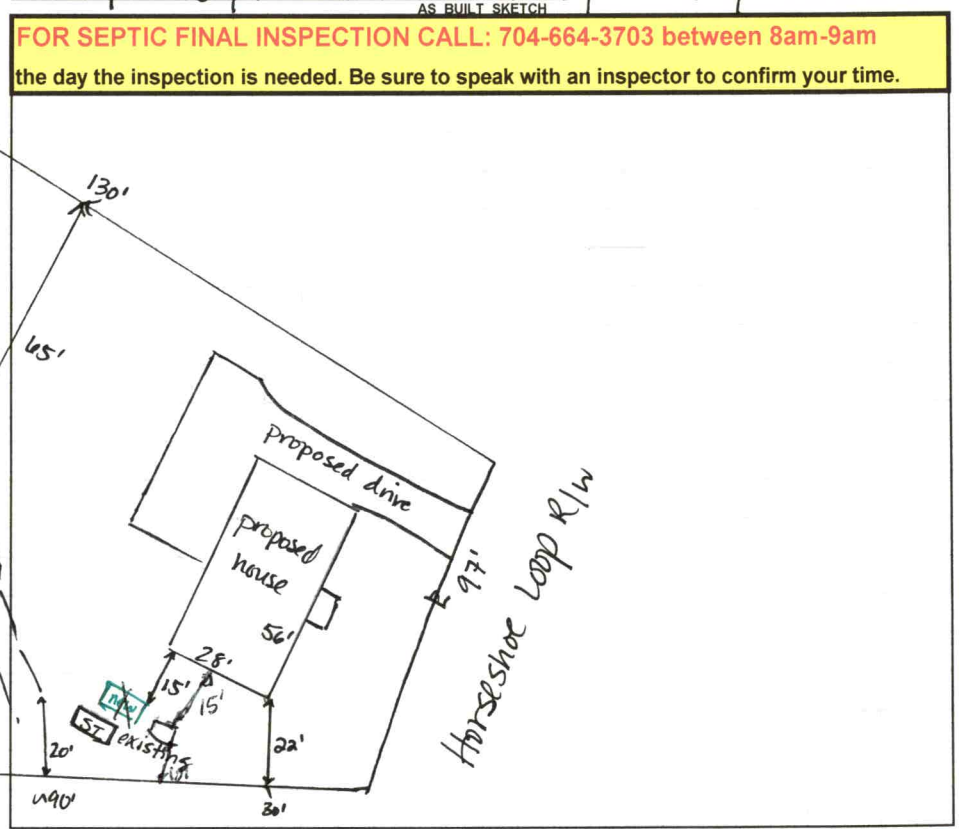
Comments / Conditions: Pump, crush & fill existing tank. Replace distribution device if necessary. Keep all structures 5' from existing drainfield.

Previously existing pool does not appear to have been installed in drainlines - was sitting directly on top of system. Monitor closely for any issues.

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.

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 Sapp Date: 9/22/22 Installed by: FRYE GRADING

IMPROVEMENT PERMIT by: D. Wiebers Date: 9/18/22 OPERATION PERMIT by: Burnett L. White Date: 11-10-2022

AUTHORIZATION TO CONSTRUCT by: D. Wiebers Date: 9/18/22 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? _____	

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 202127

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

PIN # 4705227991

APPLICANT: Michisha Campbell APPLICANT ADDRESS: 173 Horseshoe lp Statesville NC 28625

SITE ADDRESS: 173 Horseshoe lp Statesville NC 28625 PHONE: 704-380-2752 ALT. PHONE: N/A

SITE DIRECTIONS: Old mtn Rd T/R Massey Deal T/R Horseshoe lp home on right

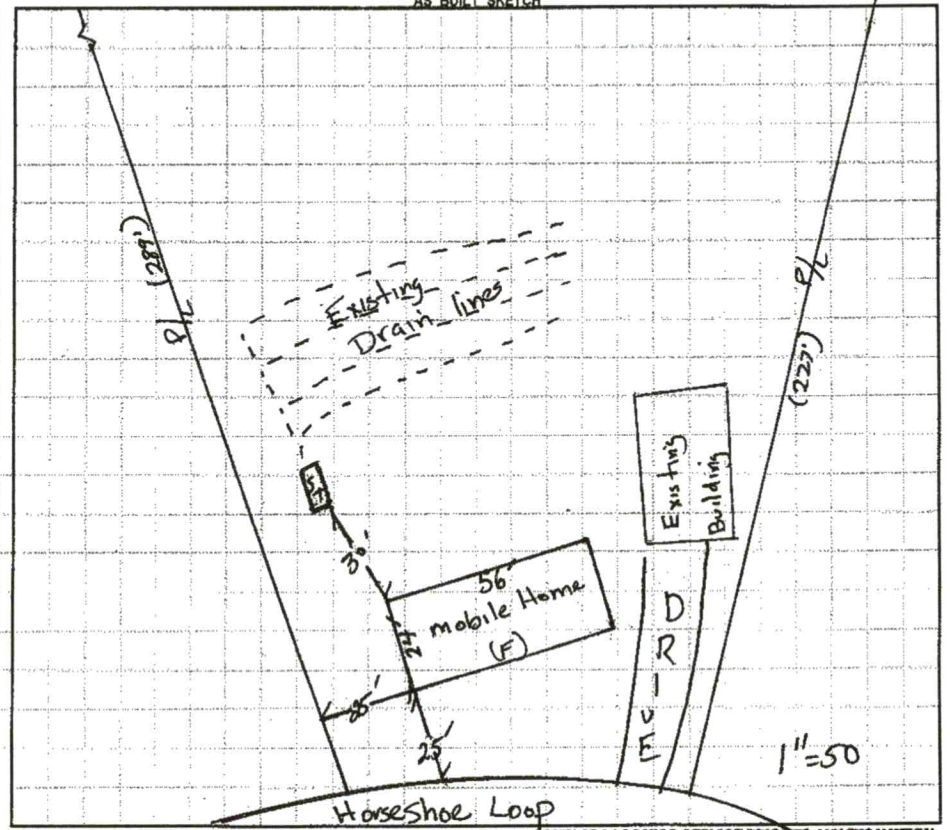
SUBDIVISION: O M Perry SECTION: N/A LOT # 41 LOT AREA: DESIGN FLOW: 360 L.T.A.R.: Ex

Septic Tank	EX	(gal)	STB	EX	Date	EX	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	N/A	(gal)	PT	N/A	Date	N/A	System Description:		☐ Business	No. Persons	6	☐ Private
Pump Make	N/A	Model		N/A	Serial #	N/A	Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	EX	# Lines	EX		Linear Ft:	EX	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	EX	Max. Trench Bottom Depth	EX		Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: All building foundations must be ≥5' from any part of STS.

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: MiaCell Date: Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Robert H. Law Date: 03/17/14

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

01986

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 BART MILLSAPS DATE 12-31-84 PERMIT NO.

PHONE: Business Home

LOCATION Old Mtn. Rd. - T.R. on Massey Dean Rd. - T.R. on Horseshoe Loop - 2 mobile home on (L).

SUBDIVISION NAME S. R. No.

LOT NO. 9 SECTION OR BLOCK NO.

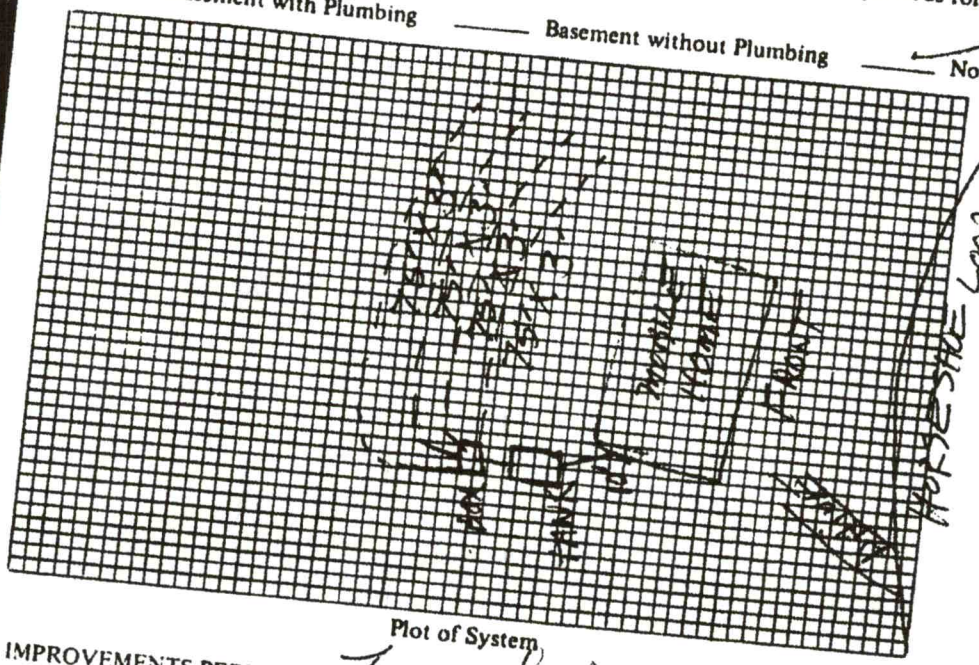
House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil Class III
Percolation Rate 4 gal/sq.ft.
Topography 2-6%
Depth to Water Table 6'+
Rock or other impervious formations None Observed.

___ Basement with Plumbing ___ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 4
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual ( )
Public (✓)

Installed by Allen Corbett / Bart Millsaps

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

Signed:

IMPROVEMENTS PERMIT BY Terry L. Pierce

COMMENTS:

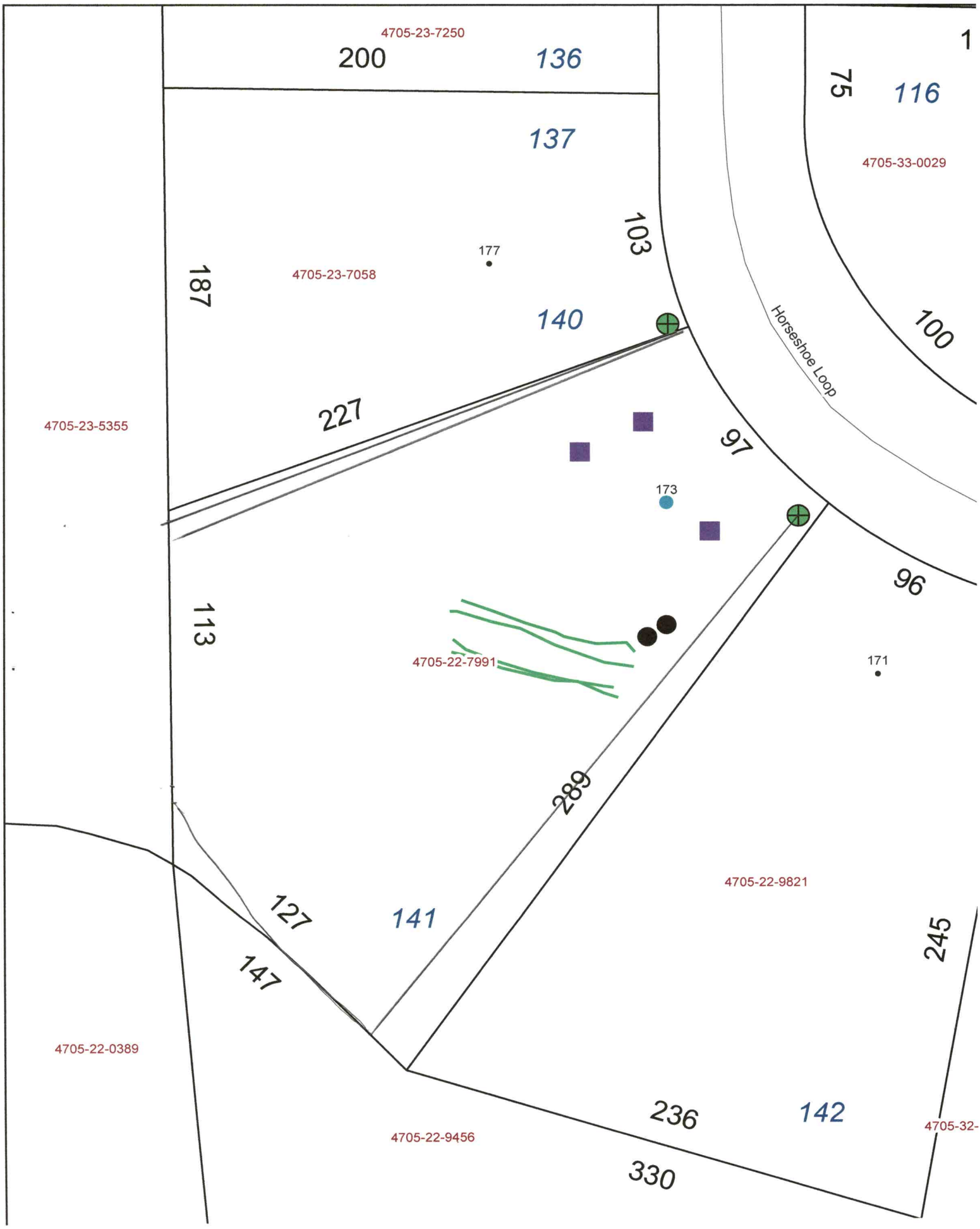
CERTIFICATE OF COMPLETION BY Steve Brown DATE 12-31-84.

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


4705-23-7250
200
136
1
75
116
137
4705-33-0029
103
177
187
4705-23-7058
140
Horseshoe Loop
100
227
4705-23-5355
97
173
96
113
4705-22-7991
171
289
4705-22-9821
127
141
147
245
4705-22-0389
236
142
4705-32-
4705-22-9456
330

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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 Frye **Address:** 1124 Charlotte Hwy Troutman NC **Zip:** 28166

Applicant Email: kimsneeds.sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____

Owner Name: Michisha Campbell **Address:** 173 Horseshoe Loop Statesville NC **Zip:** 28625

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 173 Horseshoe Loop Statesville, NC 28625

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: I-40 toward Hickory Exit 148 Toward Taylorsville. @ Lippard Farm Rd, @ Massey Dean Rd, @ Horseshoe Loop, 173 is on Left.

Site Development Information: ***(check or complete ALL that apply***

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
(X) Repair to failing septic system ✓ Tank ✓ Drain lines **Describe Problem:** Need Septic Repair

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:** _____
( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (X) 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 _____ 8-25-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

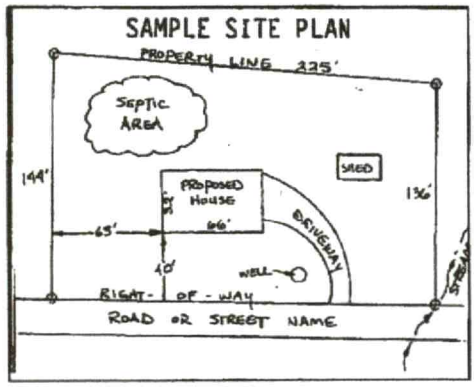
ENVIRONMENTAL HEALTH DIVISION

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**
- (X) **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 Bruce

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

8-25-22

DATE

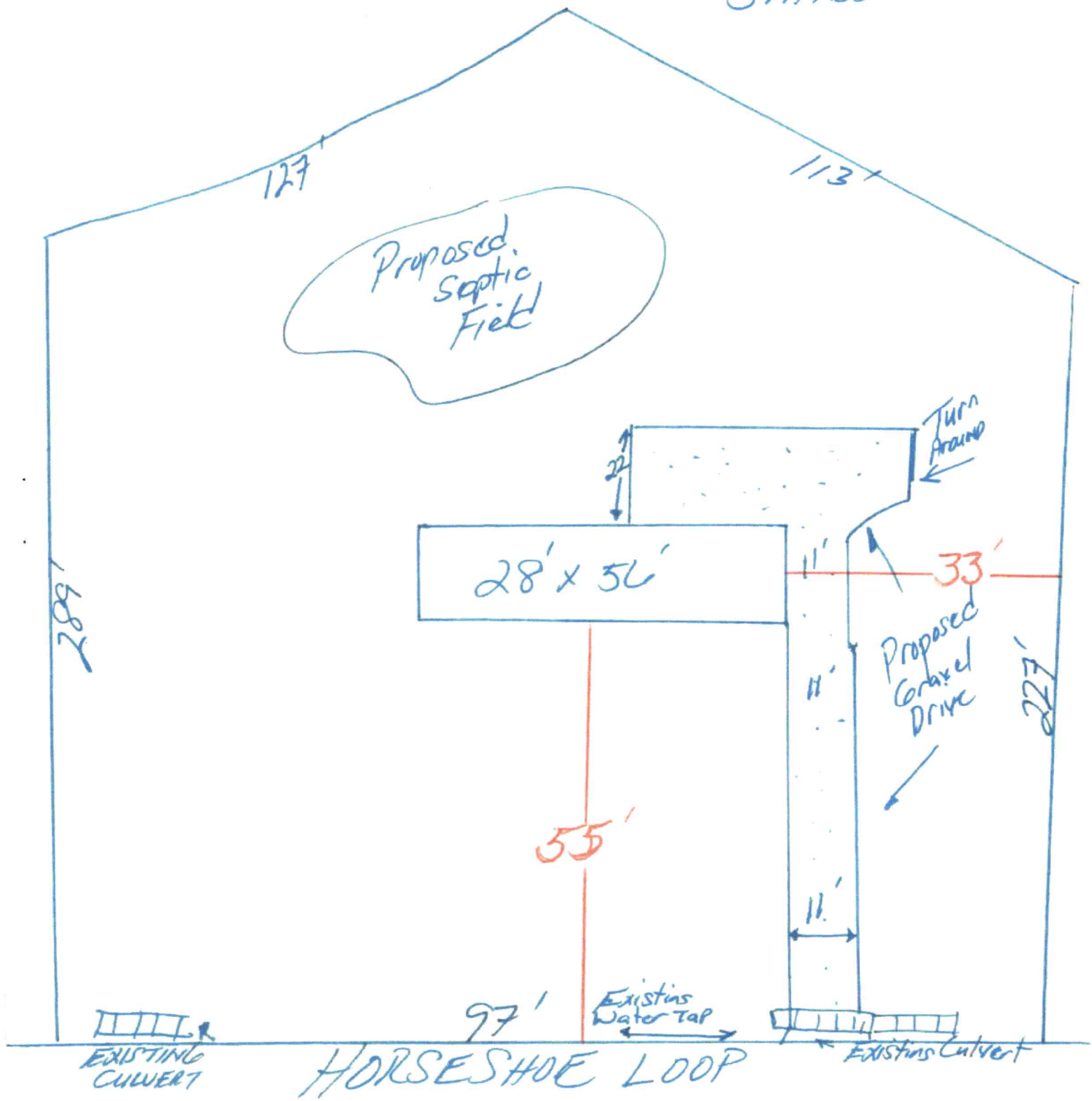
PLOT PLAN

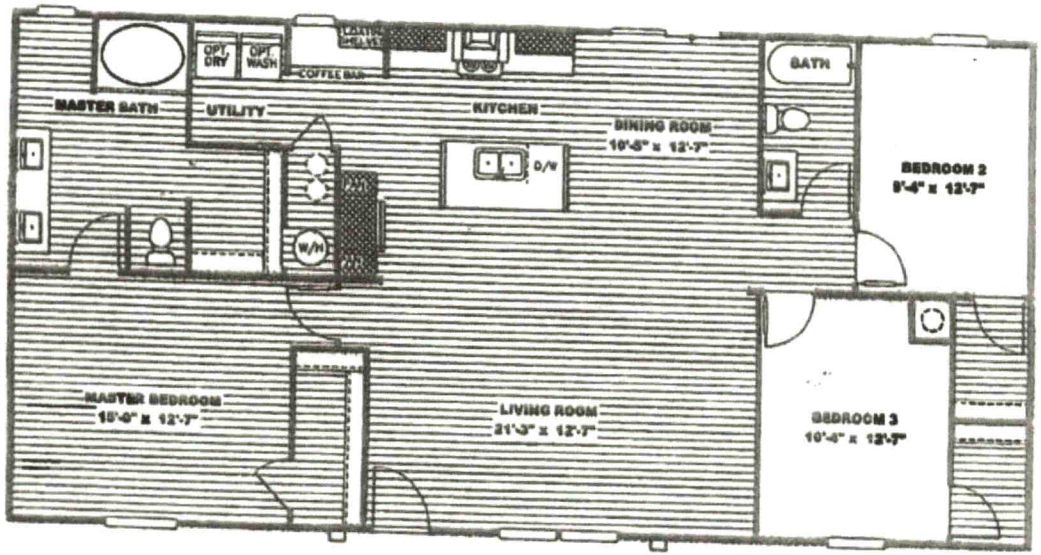
N.T.S.

JONES

173 HORSESHOE - LOOP

STATESVILLE





MODEL #CEA28563AH
DRAWING # CE-M022-56-3

28'x56' RIO

3 BR

Kimberly Fryc 8/25/22

Authentisign ID: CF12C3C7-5764-4C94-AFE5-5411696DB49B 1-A0E0C07533AB

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, Michisha B Campbell, am the legal owner(s) of the property located at 173 Horseshoe Loop, Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4705-22-7991, 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.

Authentisign
MICHISHA B CAMPBELL
7/27/2022 12:03:39 PM EDT

_____ 07/27/2022

Signature of Owner(s) Date

Mooresville - Environmental Health
barbara.nebel@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

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)878-3171

Residential Zoning Permit Application

What are you building?(Please check) ***No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.**

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide ✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? ___ and stories?___

Please describe project (Details, Purpose, or Use): Residential 28x56 Doublewide

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Michisha Campbell Phone # 385-347-1980

Owner's Current Address 173 Horseshoe Loop Statesville, NC 28625

Property Information

Property Address 173 Horseshoe Loop Statesville NC Parcel # 4705-22-7991

Subdivision:_____ Lot:____ Zoning:_____ Watershed: Y (N) Flood Plain: Y (N) Township:_____

Directions to property (from a MAIN ROAD) I40 Toward Hickory Exit 148 Toward Taylorsville, @ Lippard farm Rd, @ massey Deal Rd. @ Horseshoe Loop, 173 is on the Left.

Application Information

Applicant's Name or Company Freedom Homes of Troutman Applicant's Phone # 704-528-7960

Applicant's Address 1124 Charlotte Hwy Troutman NC 28166

If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT Kimberly Frye DATE 8-25-22