ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-323893

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

PIN # 4751 -- 02 -- 1575

APPLICANT/OWNER: STEVE GOODWIN APPLICANT ADDRESS: 162 EMMANUEL ROAD, TROUTMAN, N.C.

SITE ADDRESS: 158 EMMANUEL ROAD, TROUTMAN, N.C. 28166 PHONE: 704-657-8005 ALT. PHONE 704-657-8088

SITE DIRECTIONS: ③ ON 21, ⓛ ON OSTWALT AMITY, ⓛ ON EMMANUEL, LOT ON ⓡ SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: BETTY R MCDANIEL SECTION: — LOT # — LOT AREA: 0.48 AC DESIGN FLOW: EXT 600GPD L.T.A.R.: EXT

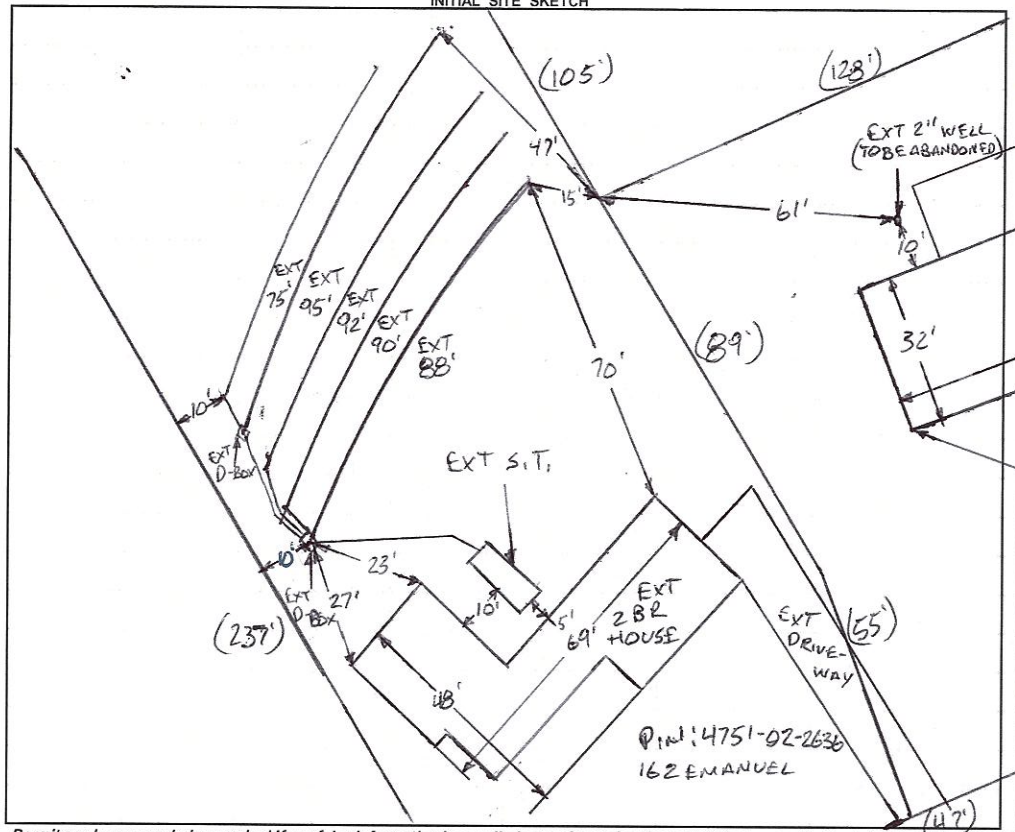
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXISTING - CONVENTIONAL			
Pump Make	—	Model	—		Serial #	—	Repair System Description:	EXISTING			
# Nitrification Fields	EXT	# Lines	EXT		Linear Ft	EXT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	☑ GRAVITY	☐ PRESSURE			

☑ Residence	No. Bedrooms EXT 2 + 3	Water Supply	
☐ Business	No. Persons EXT 4 + 6	☑ Private EXT	
☐ Other	No. Employees —	☐ Public	
☐ Slab	☑ Crawl Space	☐ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: SYSTEM APPEARS TO BE FUNCTIONING AT TIME OF INSPECTION SYSTEM IS SHARED 162 EMMANUAL IS AN EXISTING 2BR AND 158 IS PROPOSED AS A 3BR HOUSE, SEE PREVIOUS PERMIT FROM 2007

SEE EASEMENT RECORDED IN DEED BOK 1908 PAGES 202-204
O.P. IS FOR WELL ABANDONMENT WELL MUST BE ABANDONED PRIOR TO C.O.O.

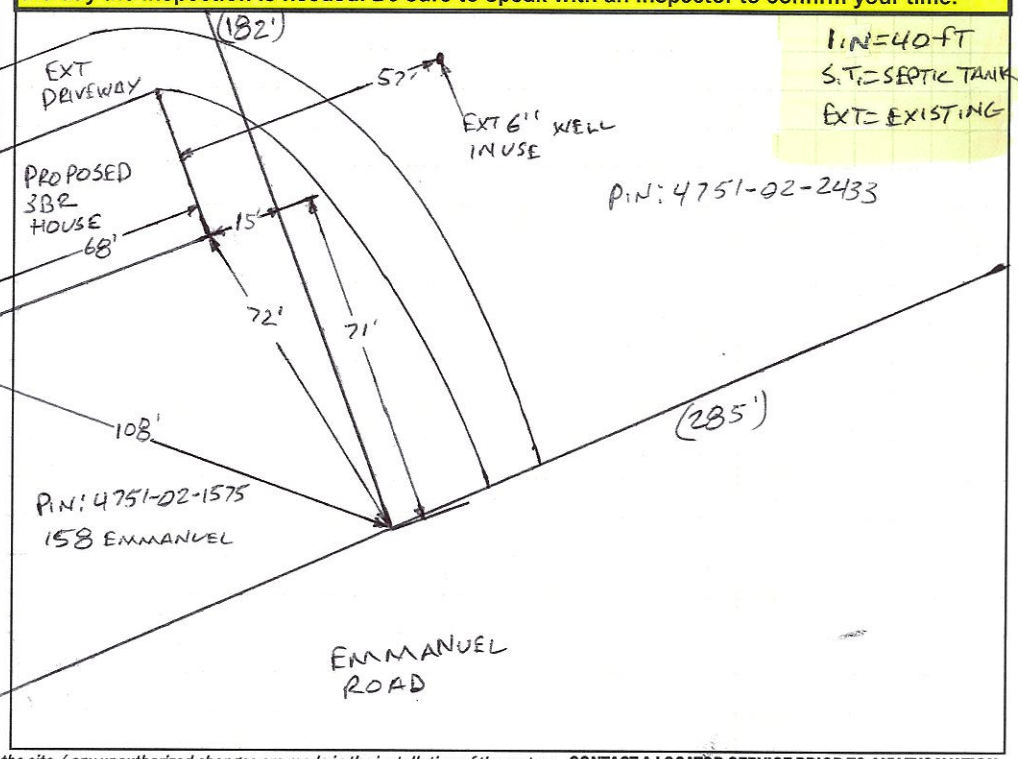
INITIAL SITE SKETCH



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.

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING



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**

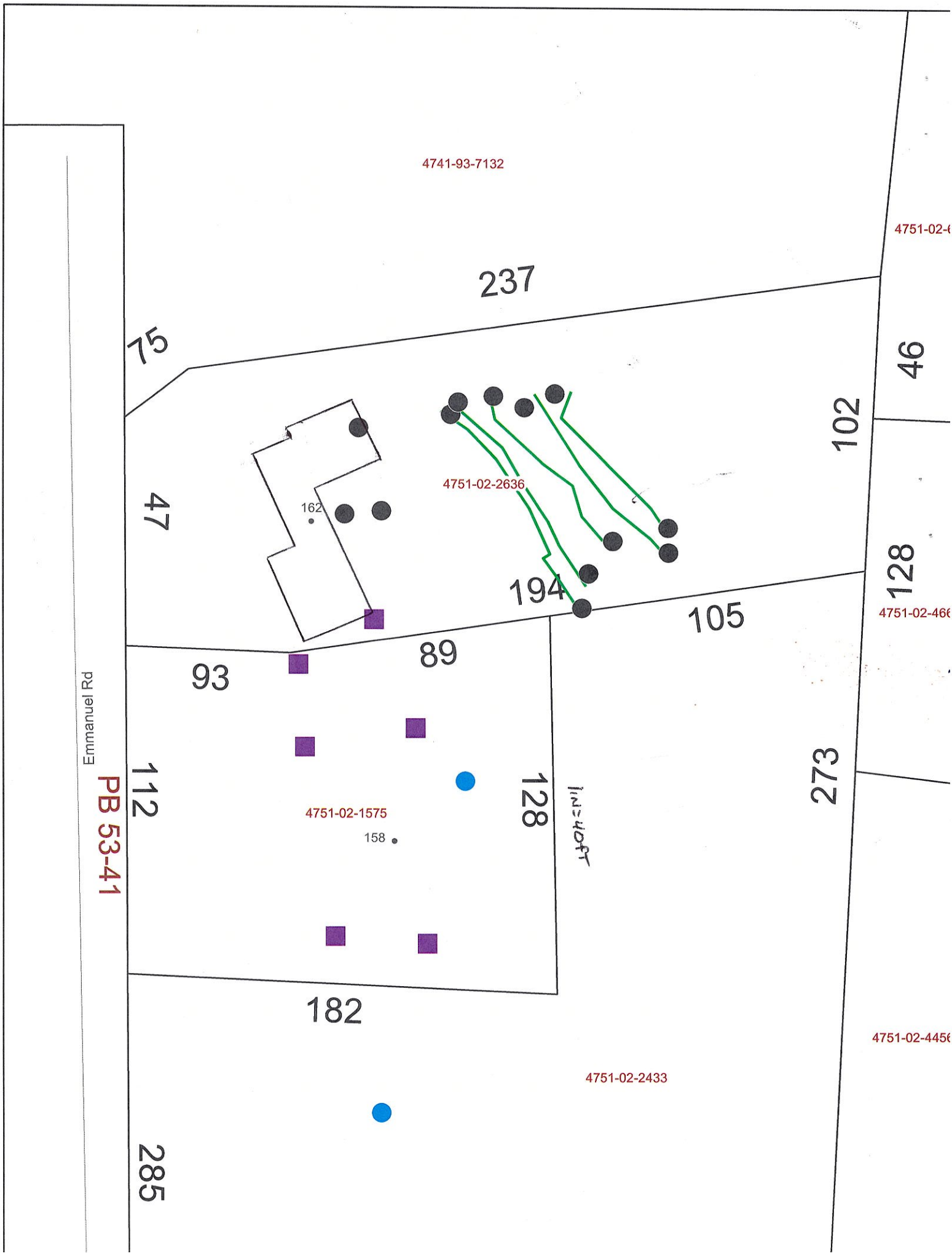
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 3/14/22 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Burgess C. White Date: 3-8-22

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


4741-93-7132
4751-02-
237
75
46
102
47
4751-02-2636
162
194
128
105
4751-02-466
89
93
Emmanuel Rd
PB 53-41
112
128
273
4751-02-1575
158
182
4751-02-445
4751-02-2433
285

RECEIVED DEC 15 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-323893 Paid: $250.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Steve Goodwin Address: 162 Emmanuel Rd Troutman NC Zip: 28166
Applicant Email: smgltmg@bellsouth.net Phone: 704 657 8005 Alt. Phone: 704 657 8088
Owner Name: SAME AS Above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 158 Emmanuel Rd Troutman NC 28166
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: turn off Ostwalt Amity onto Emmanuel Rd - Last 2 mobile homes on Right

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

(✓) New Single Family Residence Maximum Number of Bedrooms: 3
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

( ) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Existing

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: Steve Goodwin 12/14/21
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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) X Steven Goodwin

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, Steven Goodwin, am the legal owner(s) of the property located at 158 Emmanuel Rd Troutman NC 28166, identified as PIN (Parcel Identification Number) 4751-02-1575, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, 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.

Steven Goodwin
Signature of Owner(s)

12/14/21
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

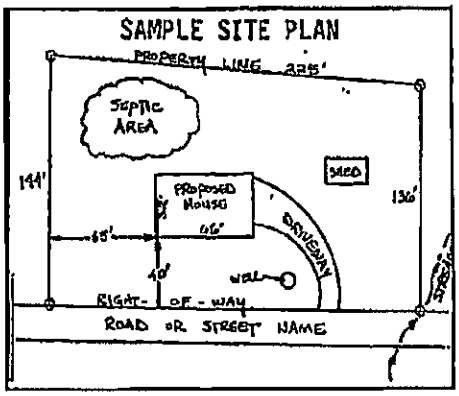
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY 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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) 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

See attached

Signature: _____

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

12/14/21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

DATE 12-31-07

PERMIT# 146575 PIN# 4751-02-2510 1575 PHONE: Business 704-872-0179 Home

OWNER OR APPLICANT FREEDOM HOMES - STATESVILLE #661

ADDRESS 1270 NORTHSIDE DRIVE, STATESVILLE, NC 28677

LOCATION US 21 South, TL ostwalt Amity ROAD TL EMMANUEL ROAD, AT END on RIGHT

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.53 ACRES 0.48 ACRES SITE CLASS. PS DESIGN FLOW 600 gpd T.A.R. EXISTING

Septic Tank: 2400 Gallons: ST# Date

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No:

Nitrification Field: No Fields 1 Square Feet Linear Feet EXISTING

No Lines FIVE Trench Width Max Trench Bottom Depth Gravel Depth

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: CONV. GRAVITY

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☑ No

☐ Gravity ☐ Pressure

☐ Home/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Persons No. Employees

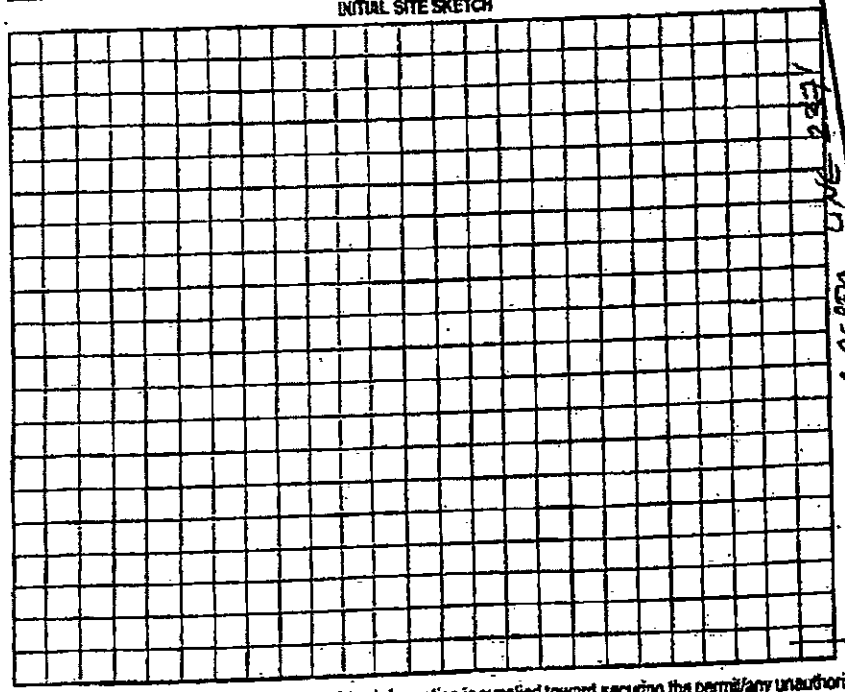
Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions: ① SYSTEM SIZED TO ACCOMODATE FIVE BEDROOMS MAXIMUM (SEE ATTACHED PERMIT of OCTOBER 12, 1988 ② SEE ATTACHED DEED of EASEMENT FOR CROSSING PROPERTY LINE.

Comments/Conditions:

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. Improvement Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☐

Signed: date 12-31-07

Improvement Permit by: date

Authorization to Construct by: date

Installed by: date

Operation Permit by: date

Existing System Inspection by: STEVE HEDRICK date 12-31-07

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

158 EMMANUEL

Fairgreen

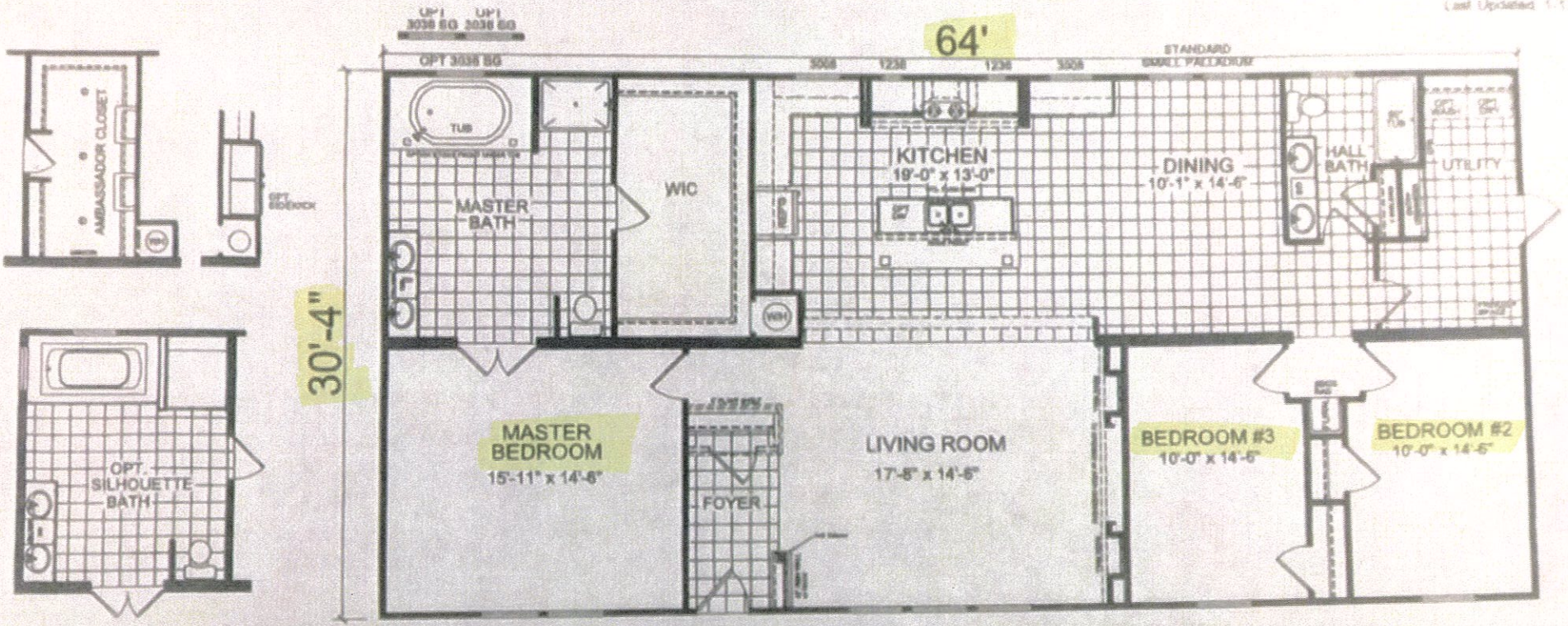
Chateau Collection

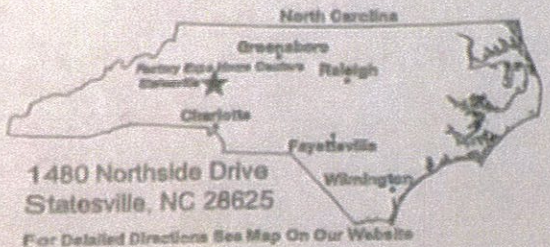
FactorySelectHomes

3 Bedrooms, 2 Baths

Approx. 1,941 Sq. Ft.

Last Updated: 1-1-16





1480 Northside Drive
Statesville, NC 28625

For Detailed Directions See Map On Our Website

Acknowledgement Of Plans Submittal ONLY!

Date 3/14/22

Date 3-9-2022

I authorize Factory Select Homes to build my house, per this plan.

X _____
Customer Signature/Date

1-800-965-6842 www.FactorySelectHomeCenter.com 1-800-965-6842 www.FactorySelectHomeCenter.com

nportant: Due to our policy of continuing improvement, all information in our brochures may vary from actual home. The right is reserved to make changes at any time, without notice or obligation, in colors, materials, specifications, processes nd models. All dimensions and square footage calculations are nominal and approximate figures. Please check with your sales person for specific and current information.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
323893 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4751021575.000	158 EMMANUEL RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: GOODWIN STEVEN M+THERESA M	Name: GOODWIN STEVEN M+THERESA M
Address: 162 EMMANUEL RD	Address: 162 EMMANUEL RD
TROUTMAN , NC 28166	TROUTMAN, NC 28166
Phone: (704)657-8005	Phone: (704)657-8005

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.48	35	35	15	15	N/A	NO

Remarks

DOUBLEWIDE REMOVING SINGLEWIDE

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

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.

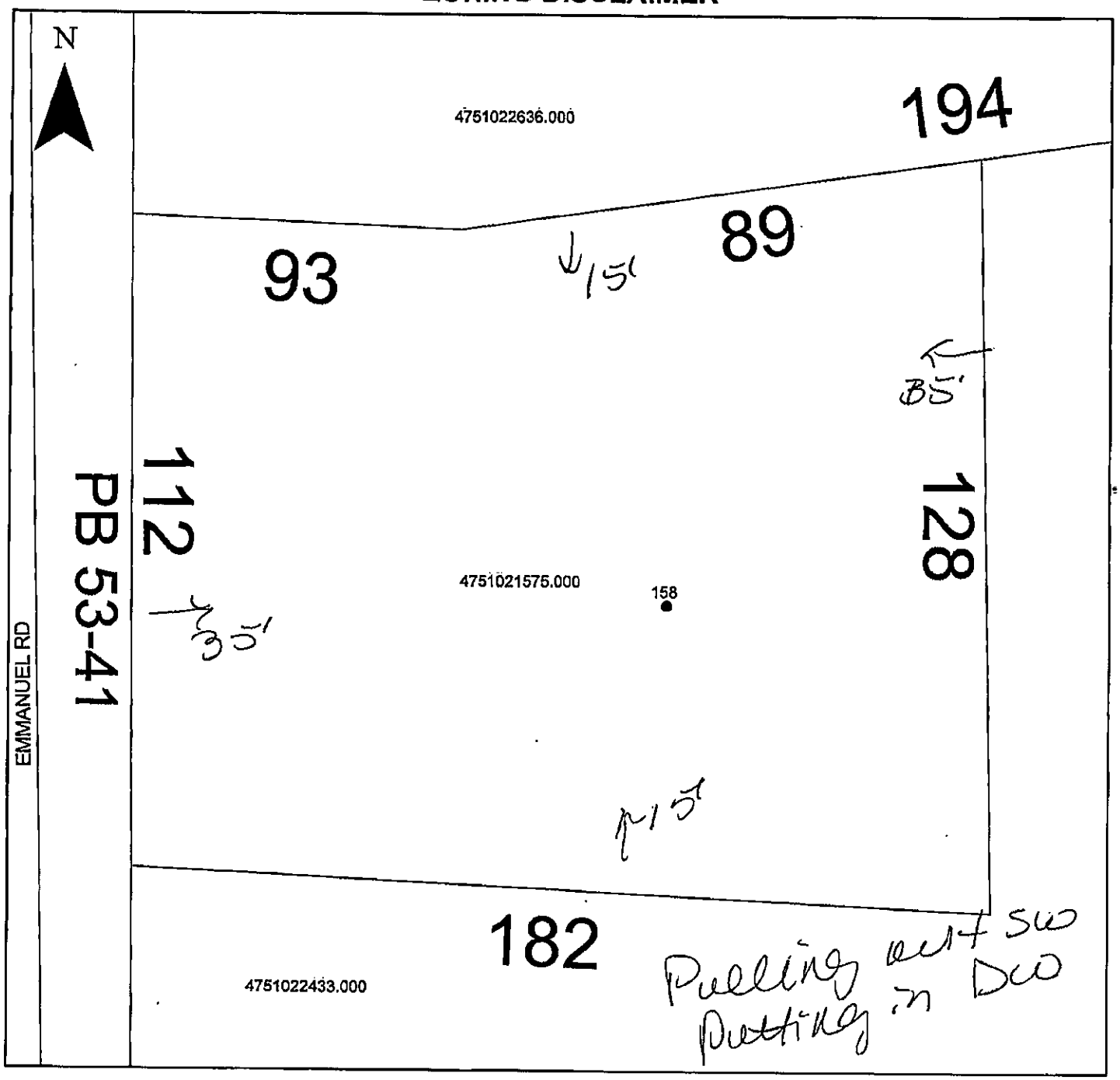
Signature of Owner/Contractor

Date: 12/14/2021

Permit Number	323893

TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 138 Emmanuel

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.

Steven Goodson

Applicant

12/14/21

Date