IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24542

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

PIN # 4751214565

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

SITE ADDRESS: 212 Franklin Woods Ln, Troutman 28166 PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: Amity Hill → R on Pilch → L on Pilch → R on Ostwalt Amity → L on Franklin Woods → R end SAP CONTROLLED: ☐ YES ext ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: .459 ac DESIGN FLOW: 360 gpd L.T.A.R.: ext

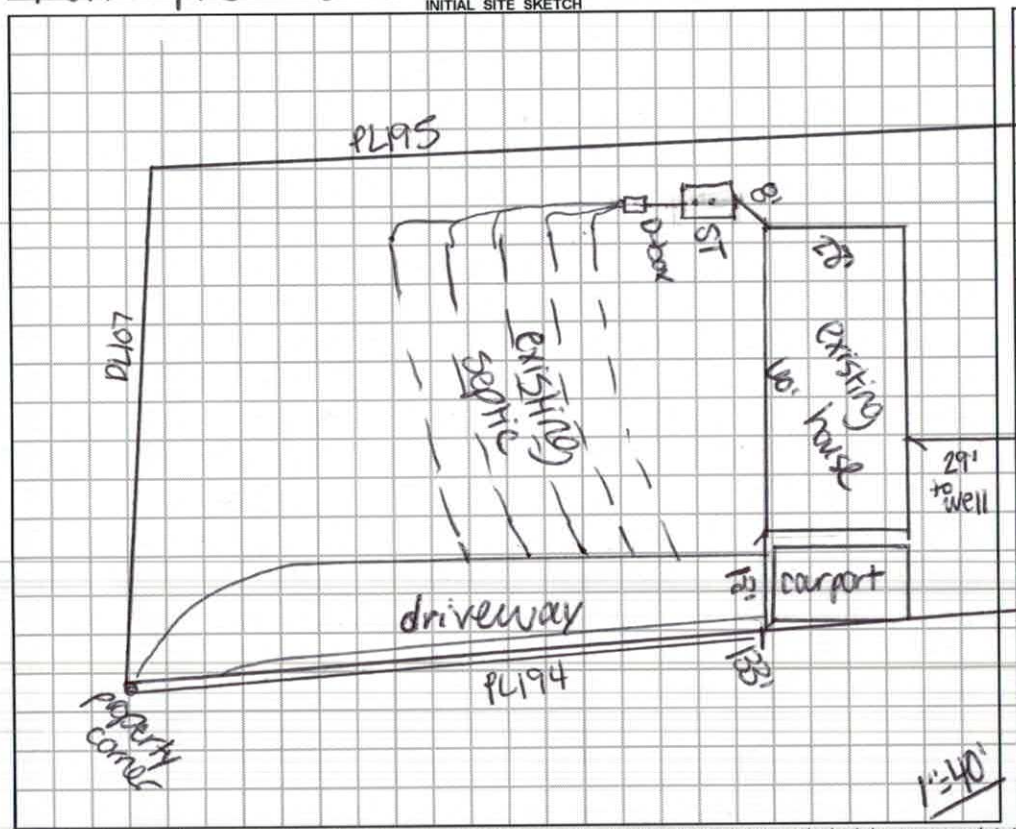
Septic Tank	1000 (ext) (gal)	STB	ext	Date	ext	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: existing		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	ext	Gravel Depth	ext	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: New home to be placed where existing home is. Maintain minimum 5' setback from septic and 25' from well.

Existing system functioning properly at time of inspection.

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: Kimberly Shue Date: 6-11-19 Installed by: —

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

AUTHORIZATION TO CONSTRUCT by: — Date: — Existing System Inspected by: Carlen C. Cave Date: 10-10-19

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.

#245142
$250.00
5.29.19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

plication For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
) Septic Improvement Permit ( ) 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: Lisa Newton Address: 3481 Amity Hill Rd Statesville Zip: 28677
Owner Email: Phone: 980-434-3892 Alt. Phone:

Property Information:

Street Address: 312 Franklin Woods lane Troutman, NC 28166
Subdivision Name: Section/Phase: Lot Number:
Driving Directions: ⓢ onto Shelton ave, ⓛ onto Amity Hill Rd, ⓡ onto Pilch Rd, ⓛ onto Stuart Amity Rd ⓡ onto Franklin woods LN, 500ft House straight Ahead

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:
( ) 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 (✓) 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: Kimberly Sneed 5-29-19
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, Lisa B. Newton, am the legal owner(s) of the property located at 212 Franklin Woods Ln. Troutman, NC, identified as PIN (Parcel Identification Number) 4751-21-4565, located in Iredell County, North Carolina.

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

Lisa B Newton 5-24-19 _____ 5-24-19

Signature of Owner(s) Date 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

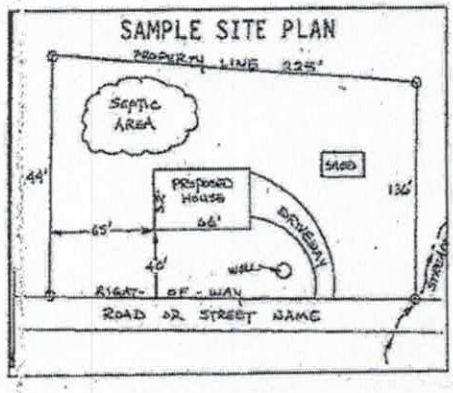
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
( ) Preferred well location
( ) Preferred septic system 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

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 Smith

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

5-29-19

DATE



PIN. # 4751-21-4565

PLOT PLAN

H.I.S.

ADDRESS:
212 FRANKLIN WOODS LN
TROUTMAN, NC 28166

Image Not Found

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 089559 PIN# 4751214552 PT 4751 21 4565 DATE 5-22-2000

OWNER OR CONTRACTOR Lisa Newton PHONE: ~~Business~~ Home 528-9258 ~~Home~~ Clayton Homes (John) 873-2547

ADDRESS 208 Franklin Woods Ln Troutman, NC 28166

LOCATION Hwy 115 N of I-77 TR Oswalt Amity Rd TR Franklin Woods at end

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA .46 Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .37

Septic Tank: 1000 Gallons; STB 1012 Date 3/3/00
Pump Tank: _____ Gallons; PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5 at 80' Trench Width 36" Max Trench Bottom Depth 24-36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI
System Description: Gravity - Conventional
Repair System Description Gravity - Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

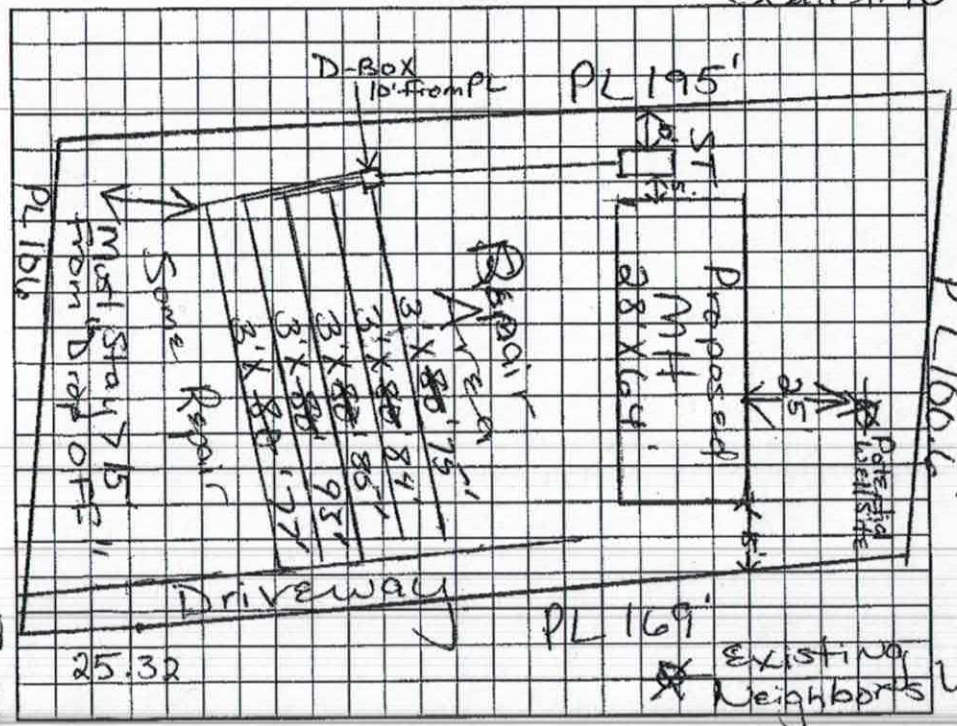
☐ House/Mod. Home No. Bedrooms 3
☒ Mobile Home No. Bathrooms 2
☐ Business No. Employees ____
☐ Other _____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

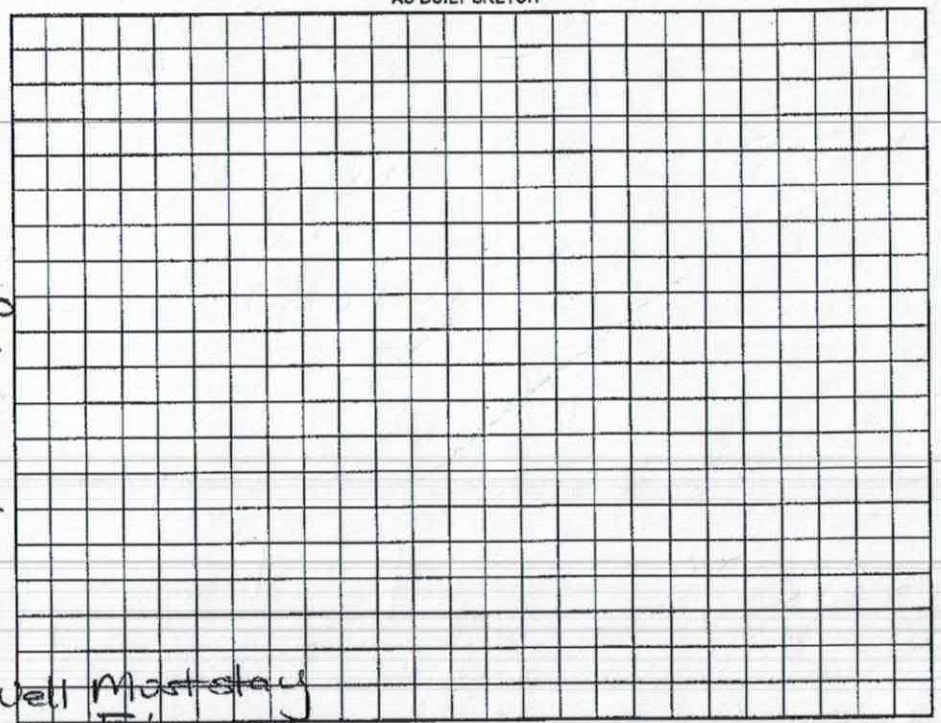
Comments:/Conditions: Keep at least 10' away from PL, 5' from House & 50' to any well

Comments:/Conditions: Well not installed at time of inspection
System 60' from Neighbor's well

INITIAL SITE SKETCH Scale 1:40



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 Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Vicki Day date 5-22-00 Installed by: A-1 Backhoe by [illegible] RS

Improvement Permit by: Maria H. Dobson R.S. date 5/22/2000 Operation Permit by: Maria H. Dobson R.S. date 6/8/2000

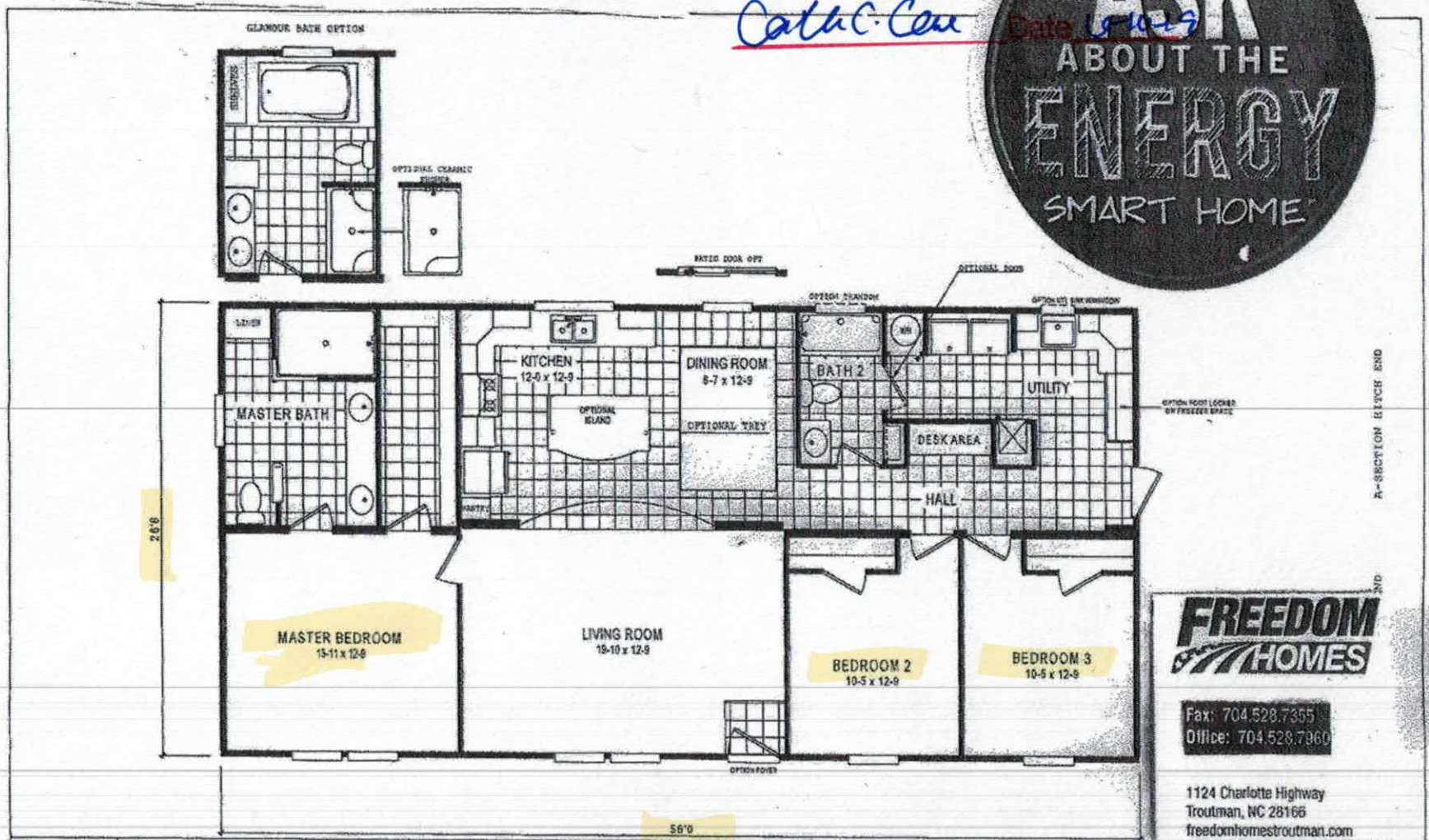
Authorization to Construct by: Maria H. Dobson R.S. date 5/22/2000 Existing System Inspection by: _____ date _____

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

Franklin Woods Ln

The Charleston

Acknowledgement Of
Plans Submittal ONLY!
Date
Date 6-10-16



ASK ABOUT THE ENERGY SMART HOME

FREEDOM HOMES

Fax: 704.528.7355
Office: 704.528.7960

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

BRAND	SERIES	REVISIONS	BY	DATE	GENERAL NOTES	DRAWING TITLE
SCHULT	RR28					LITERATURE

CLAYTON HOME BUILDING GROUP

MODEL NUMB			NO. PT.
	4608		3493
PLANT	DESCRIPTION		MODEL NO.
957	28X56 3BR-2BA		4608
DRAWN BY	DRAW. DATE	DATE PRINTED	SHEET NO.
GDB	03/14/2016	06/09/2016	22-1

IREDELL COUNTY

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

APPLICATION NUMBER
245142
Issue Date: 05/29/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4751214565.000	212 FRANKLIN WOODS LANE, TROUTMAN, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	NEWTON LISA B	Applicant:	FREEDOM HOMES--NEWTON
Address:	212 FRANKLIN WOODS LANE TROUTMAN, NC 28166	Address:	1255 HWY 70 WEST UNKNOWN NEWTON, NC 28658
Phone:		Phone:	

Use Requested	Zone Code
DOUBLEWIDE REPLACE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.459	35.00	35.00	15.00	15.00	NOT	X

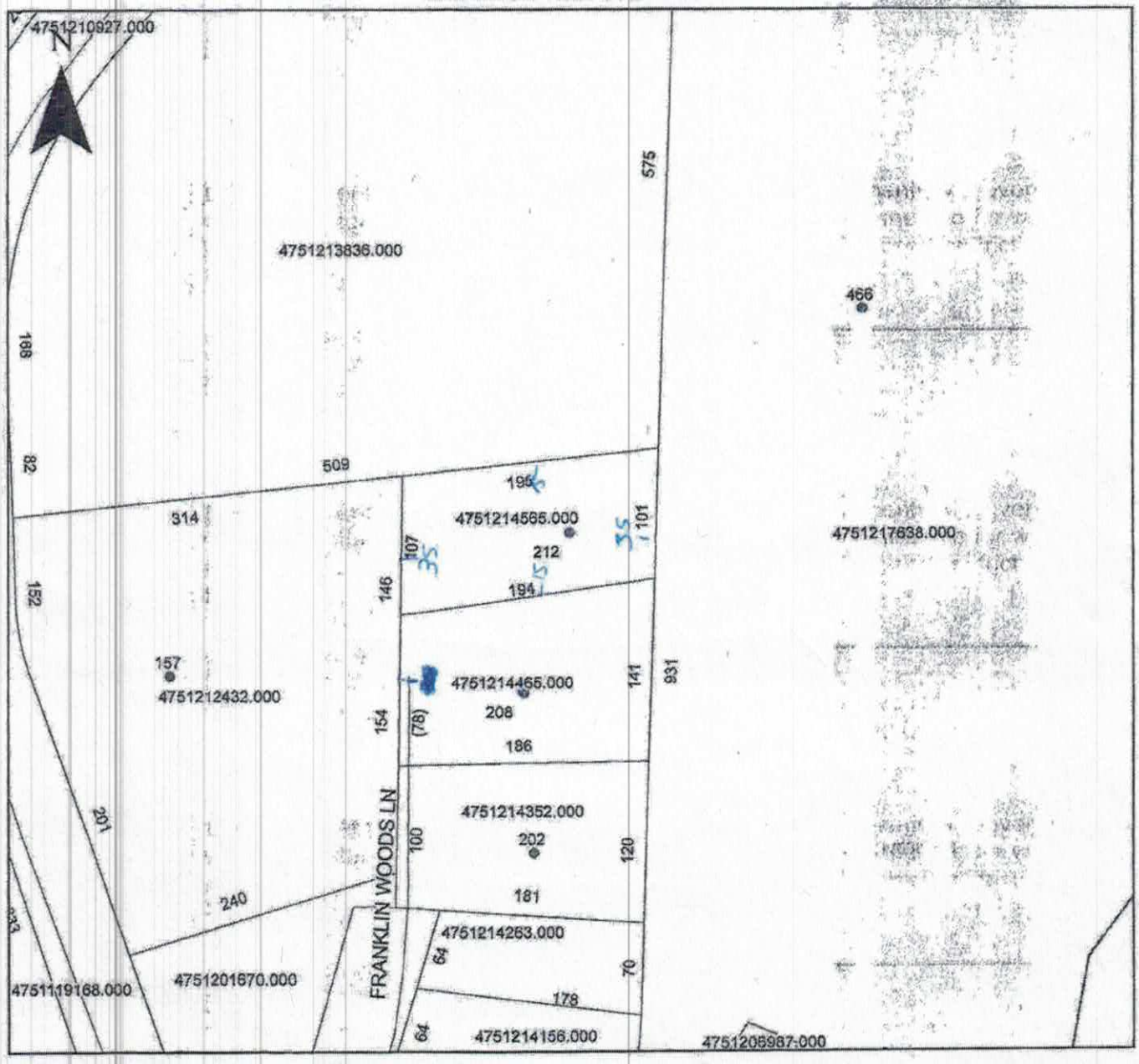
Remarks:

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: _____ Date: _____

Permit Number	179060	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 212 Franklin Woods Lane

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.

Applicant

5-29-19
Date