File/Permit #: OSWP 2024-61611

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

EXISTING SYSTEM APPROVAL

Issued by: ☒ Local Health Department ☐ AOWE ☐ Certified Inspector

☒ Existing System Approval
- ☐ Site modification (e.g., storage shed) or footprint addition with no DDF or wastewater strength increase
- ☒ Reconnection when the proposed facility is in the same footprint as existing/previous facility

☒ Construction Authorization/Notice of Intent to Construct

[issued for reconnection when the proposed facility is not in the same footprint as existing/previous facility pursuant to Session Law 2023-77, Section 5.(c)]
[certified inspectors are not authorized to approve reconnections outside of footprint pursuant to Session Law 2023-77, Section 5.(c)]

Applicant: Freedom Homes
Mailing Address: 1124 Charlotte Hwy
City: Troutman
State: NC Zip: 28166
Phone #: (704) 881-2326
Email:

Owner:
Mailing Address:
City: SAME
State: Zip:
Phone #:
Email:

PIN/Lot Identifier: 4761077442
Property Location/Address: 212 Starlight Rd Statesville, NC 28677 (No sub)
Facility Type: ☐ House/Modular ☒ Mobile/Manufactured Home ☐ Business ☐ Other:

Operation Permit/ATO #: OSWP 2024-61611 Design Daily Flow: Ext GPD
Number of Bedrooms: Ext Max # Occupants: Ext Other:
Wastewater Strength: ☒ Domestic ☐ High Strength ☐ Industrial Process Wastewater
Water Supply: ☒ Private well ☐ Public well ☐ Shared well ☐ Municipal Supply ☐ Spring ☐ Other:

Proposed Property Improvement: Replace doublewide with new one.

All of the following must be checked for approval:

***For Reconnections:**
- ☒ Site complies with its Operation Permit or the wastewater system was in use prior to July 1, 1977
- ☒ No current or past uncorrected malfunction of the system as described in 15A NCAC 18E .1303(a)(2)
- ☒ DDF and wastewater strength for the proposed facility do not exceed that of the existing system
- ☒ Facility meets the setbacks in Section .0600 of 15A NCAC 18E
- ☒ Existing system is being operated and maintained in accordance with Section .1300 of 15A NCAC 18E and permit conditions.

***For Site Modifications or Footprint Expansions:**
- ☐ Proposed structure meets the setbacks in Section .0600 of 15A NCAC 18E

Approval Conditions: New Doublewide going in same location as existing Doublewide. Maintain 10ft setbacks from septic and 25ft from well

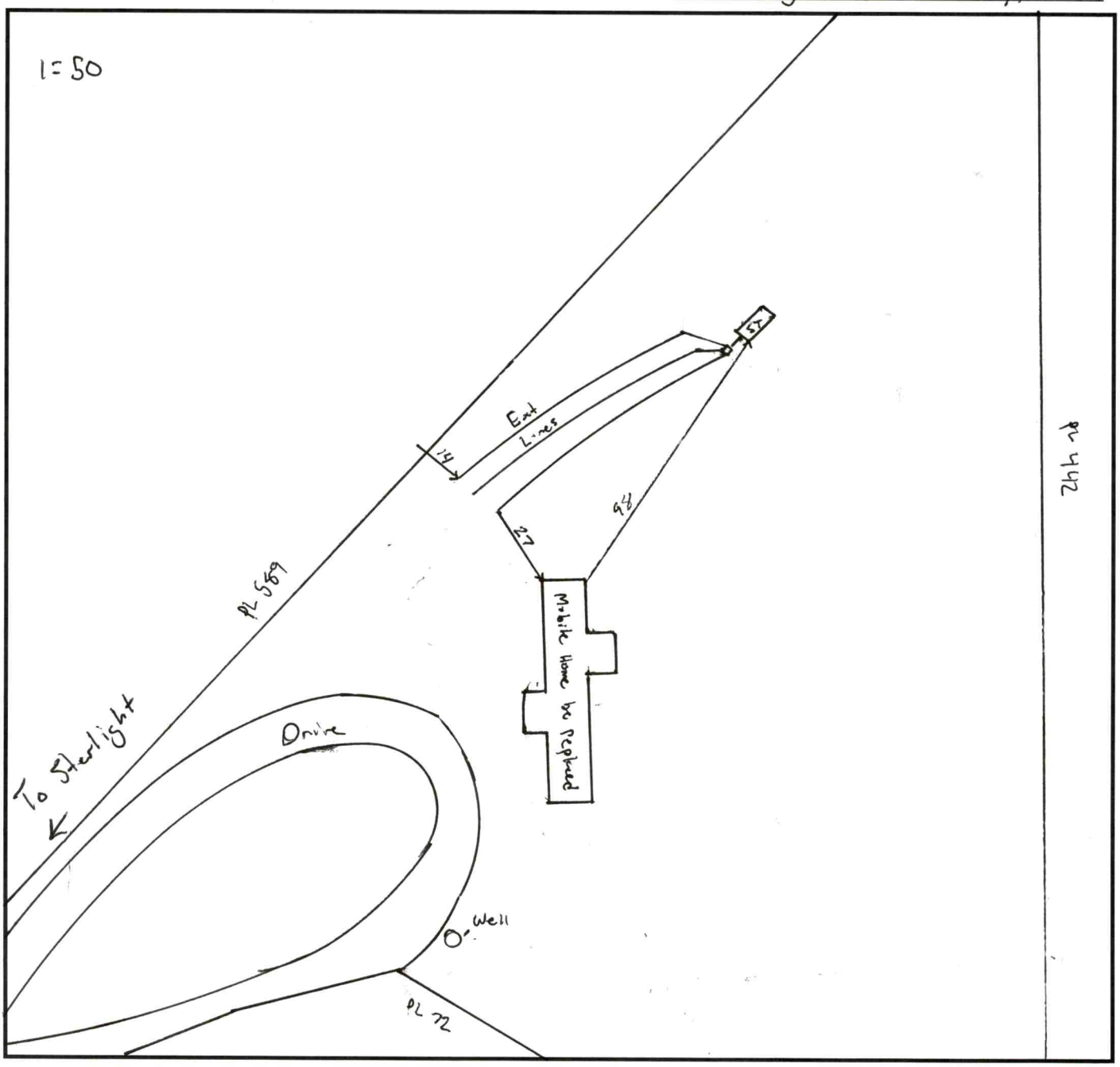
Inspector's Printed Name: Matthew Wilkinson Inspector Certification #: 3061
Inspector's Signature: Matt Wil Date: 9/18/24

See attached site sketch

EXISTING SYSTEM APPROVAL
SITE SKETCH

Operation Permit/ATO #: OSWP 2024-61611 PIN/Lot Identifier: 4761077442

Owner: Bruce Buzzett Property Location/Address: 217 Starlight Rd Statesville, NC 28677



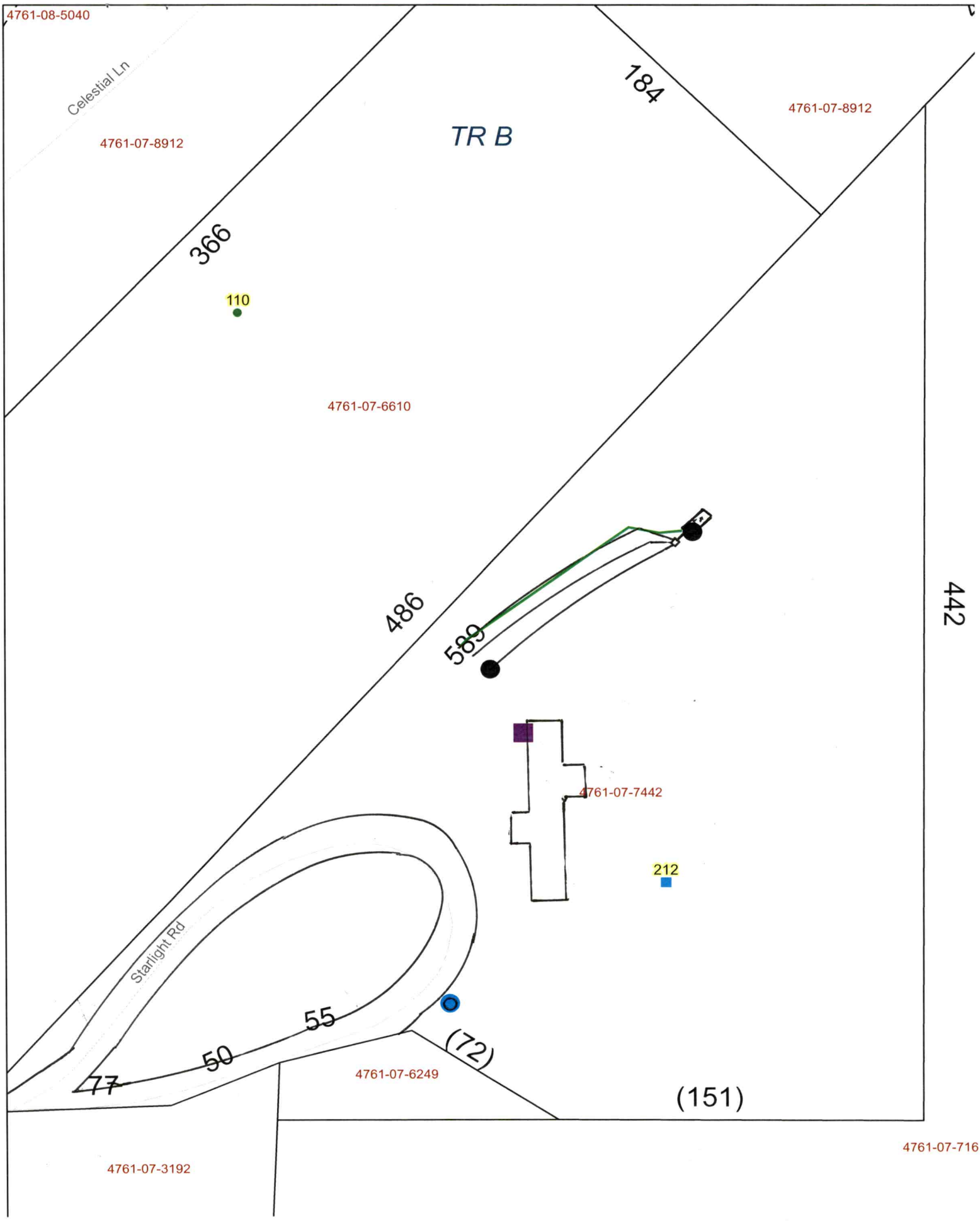
Include the existing and proposed structures and applicable setbacks.

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5305 x3456

www.co.iredell.nc.us/161/Health-Department


4761-08-5040
Celestial Ln
184
4761-07-8912
4761-07-8912
TR B
366
110
4761-07-6610
486
589
442
4761-07-7442
212
Starlight Rd
55
50
77
(72)
4761-07-6249
(151)
4761-07-716
4761-07-3192

PERMIT SNAPSHOT REPORT OSWP-2024-61611 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	09/11/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wilkinson, Matthew	**Approval Expire Date:**	
Description:	REPLACING A DOUBLEWIDE THAT A TREE FELL ON, WITH A 28X56 DOUBLEWIDE MOBILE HOM BEDROOM AND EXISTING WELL				

Parcel: 4761077442.000 Main	**Address:** 212 Starlight Rd Statesville, NC 28677 Main	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent	Applicant/Authorized Agent
BRUCE A+JEANEENE A BAZZETT	FREEDOM HOMES #667 FREEDOM HOMES-TROUTMA #667- USE THIS ONE FREEDOM 1124 CHARLOTTE HWY TROUTMAN, NC 28166 Business: (704) 881-2326	FREEDOM HOMES OF TROUTMAN(MOD BOND) Home: (704) 528-7960 Business: (704) 528-7960

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Existing System Inspection	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	28X56 DOUBLE WIDE , 6X6 FRONT DECK AND BACK STEPS
What are the proposed structures	Manufactured Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	2	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Water Supply	Existing Well	Desired Septic System Type	Other
If other septic system type, please explain	EXISTING SEPTIC SYSTE	Pump Make		# of Nitrification Fields	
Model		Serial #		System Description	
Repair System Description		Comments/Conditions		Permit type(s)	Authorization to Construct
Has this project been approved by TRC	No	Lot Acreage	1.78	Front Setback	35
Back Setback	35	Left Setback	15	Right Setback	15
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Zoning Notes/Addendums	REQUIREMENTS FOR AL 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 more than 20 degrees from parallel to the front property line. Original mobile home must be removed before Certificate of Occupancy can be approved.

PERMIT SNAPSHOT REPORT (OSWP-2024-61611)

Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_FREEDOM_HOMES-TROUTIAN_9/11/2024.jpg	09/11/2024 14:17	Kimberly Frye, Freedom Homes		Uploaded via CSS
BAZZETT AUTH TO ACT_v1.pdf	09/11/2024 14:43	Kimberly Frye, Freedom Homes	Available Online	
BAZZETT FLOOR PLAN_v1.pdf	09/11/2024 14:46	Kimberly Frye, Freedom Homes	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-248905	Requested	OSWP Septic/Well Preliminary Site Visit	09/13/2024	09/16/2024 0:00	09/16/2024 0:00		

Inspectors: Fleming, Latasha (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00035857	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Total for Invoice INV-00035857	$327.25	$327.25
	Grand Total for Permit	**$327.25**	**$327.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		09/11/2024 14:44	09/11/2024 14:44
Confirm application complete v.1	Generic Action		09/11/2024 14:44
Zoning Review v.1		09/11/2024 16:28	09/13/2024 7:14
~~Floodplain Admin Overview v.1~~	Task		09/11/2024 16:28
Iredell County Zoning Approval v.1	Task	09/11/2024 16:28	09/11/2024 16:35
Issue Invoice v.1	Generic Action		09/11/2024 16:30
Fees Paid v.1	Generic Action		09/13/2024 7:14
Fees v.1		09/11/2024 16:34	09/13/2024 7:14
Issue Invoice v.1	Generic Action		09/11/2024 16:34
Fees Paid v.1	Generic Action		09/13/2024 7:14
Lot Readiness Verification v.1		09/13/2024 15:44	
OSWP Septic Preliminary Site Visit v.1	Inspection	09/13/2024 15:44	09/13/2024 15:44
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 92686 PIN# 4761 07 7442 DATE 11/9/00

OWNER OR CONTRACTOR David Banfield PHONE: Business _____ Home 876-1328

ADDRESS 180 Shumaker Dr. Statesville NC 28625

LOCATION 215, L Oswalt Amity, L Amity Hill, R Starlight Near End on Lt

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 1.78 AC SITE CLASS. — DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing Gallons: STB _____ Date _____
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields ___ Square Feet _____ Linear Feet _____
No Lines Existing Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I. II. III. IV. V. VI
System Description: Existing
Repair System Description: _____
Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other
No. Bedrooms 3 No. Bathrooms 3 No. Employees ___

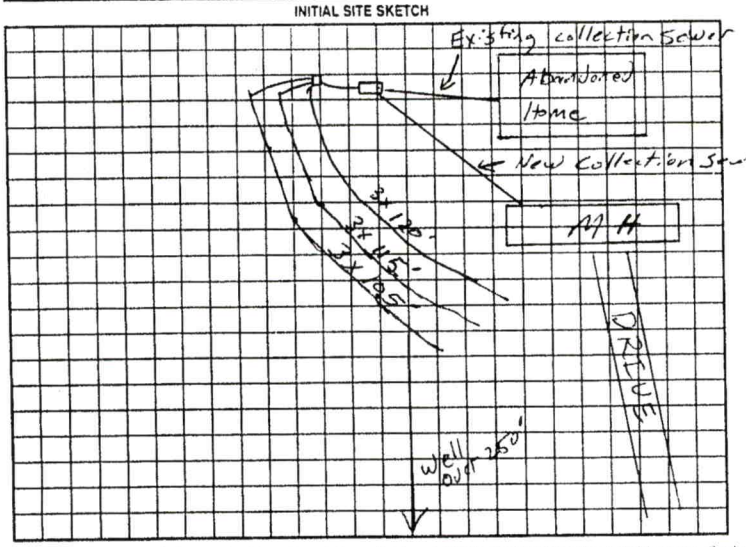
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

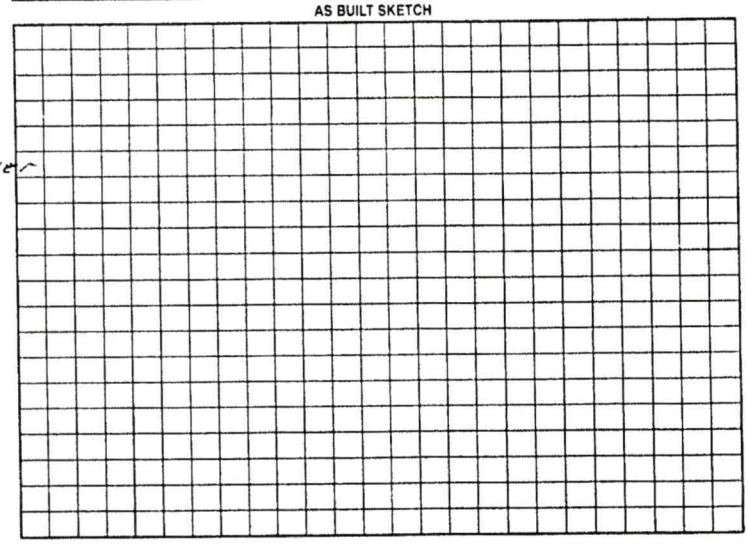
Comments/Conditions: Existing Collection Sewer must be Disconnected from Tank – New Collection sewer needs clean-outs at 25' Intervals

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 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: _____ date _____

Improvement Permit by: _____ date _____

Authorization to Construct by: _____ date _____

Installed by: _____

Operation Permit by: _____ date _____

Existing System Inspection by: [signature] RST date 11/9/00

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

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 Joseph Sloan DATE 7-13-82 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION I-77 S TL on Amity Hill Rd Past Starlite Lake TL on Small Dirt St ½mi S. R. No. _____

SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

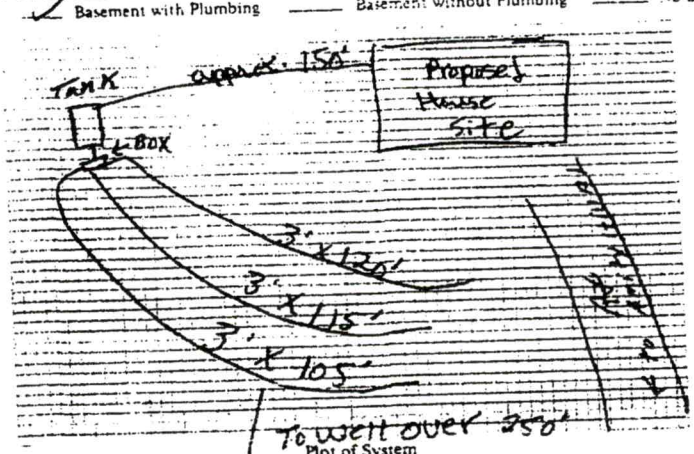
No. Bedrooms 5 No. Bathrooms 4

Garbage Disposal Unit: Yes ( ) No (✓)
Auto. Dishwasher: Yes (✓) No ( )
Auto. Wash. Machine: Yes (✓) No ( )
Site Suitable: Yes (✓) No ( )

Character & Porosity of Soil Cecil Sandy Clay
Percolation Rate .75 gal/sq. ft/day
Topography 2 to 6 %
Depth to Water Table 10'+
Rock or other impervious formations none

Lot Area 45.17 acres

(✓) Basement with Plumbing ____ Basement without Plumbing ____ No Basement



Plot of System

Size of Tank 1500 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 1020 Linear Ft. 340
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by Ed O'Keeffe

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

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS Well [redacted]

CERTIFICATE OF COMPLETION BY L. C. Moore DATE 7-13-82

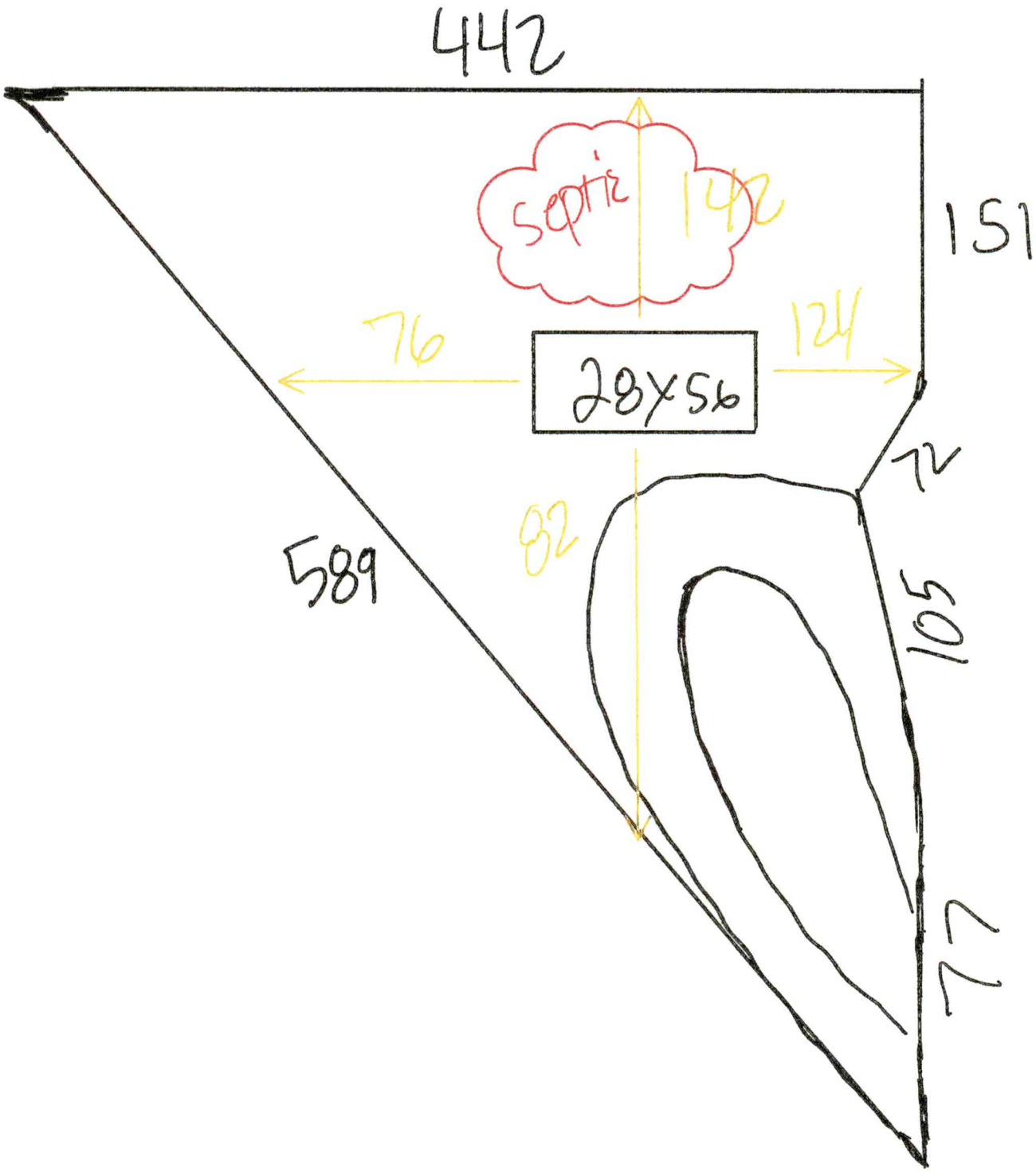
EXISTING SYSTEM CHECKED BY: _____ DATE _____

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

MAY. 29, 19;5 5:12


442
septic
142
151
76
124
28X56
72
82
589
105
77



Tax Map Information

• PIN	4761077442.000
• Address	212 STARLIGHT RD
• Account #	Acct 80079167
• Tax Owner	BAZZETT BRUCE ALLEN
• Mailing Address	212 STARLIGHT RD
•	STATESVILLE, NC 28677
• GIS Owner	BAZZETT BRUCE A+JEANEENE A
• Deed Info	2782 / 1921 - WD - 20210216
• Tax Acres	1.78 AC
• Lot #	
• Description	CHRISTY SR2342
• Zoning	RA
• Old Parcel #	1305B00000A081
• Bldg Value	$47,130
• OBXF Value	$0
• Land Value	$17,980
• Total Value	$65,110
• Defer Value	$0
• Tax Districts	-ALLCNTY FIRE- -

IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 09/12/2024
Data updated 09/12/2024

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.