ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP- 320491

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

PIN # 4763 -- 22 -- 6106

APPLICANT/OWNER: ~~FREEDOM HOMES~~ - Leona Pendergrass APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 110 LENA DRIVE, STATESVILLE, N.C. 28677 PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: (E) ON 70, (R) ON NABORS, (L) ON LENA, LOT ON (R) SAP CONTROLLED: ☐ YES ☐ ~~NO~~ EXT

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 0.572 AC DESIGN FLOW: 360 GPD L.T.A.R.: EXT

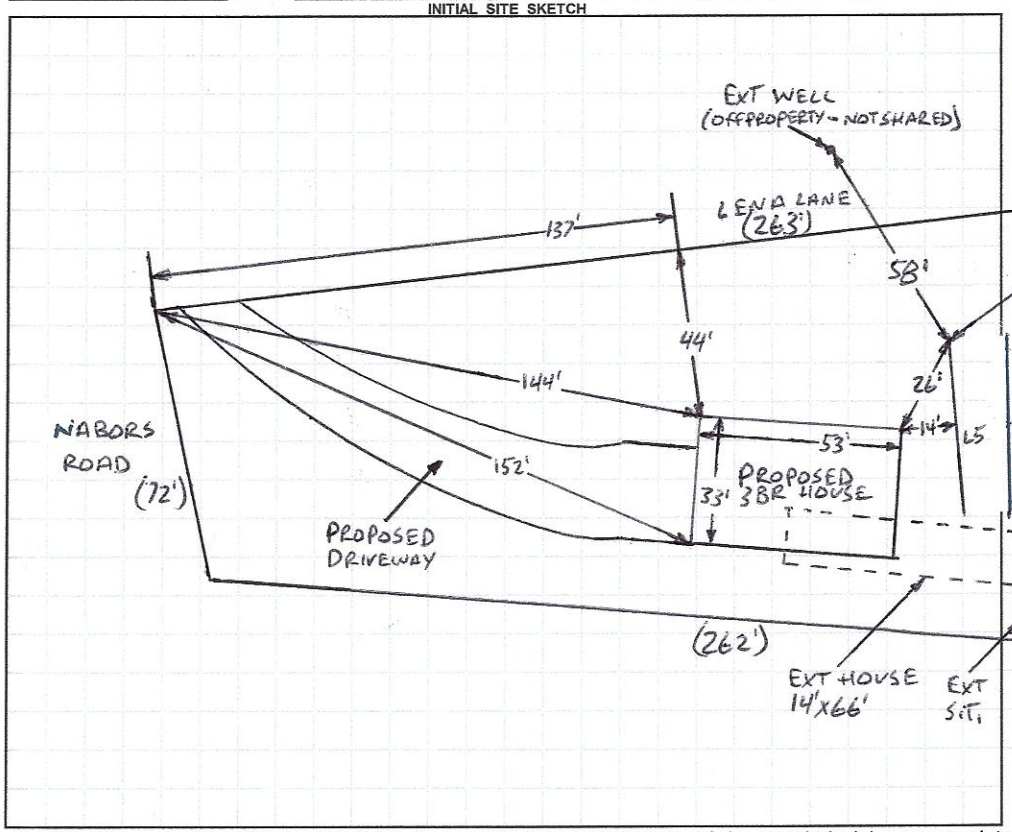
Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms	3
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	EXT - 25% REDUCTION	☐ Business	No. Persons	6
Pump Make	—	Model	—		Serial #	—	Repair System Description:	EXISTING	☐ Other	No. Employees	—
# Nitrification Fields	EXT(1)	# Lines	EXT(5)		Linear Ft:	EXT(310ft)	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☑ Private EXT ☐ Public ☐ Community

Comments / Conditions: SYSTEM APPEARED TO BE FUNCTIONING AT TIME OF INSPECTION, HOUSE MAY NEED TO BE SET ON GRINDER PUMP IF SO IT IS RECOMMENDED THAT 20FT OF 4IN PIPE SET LEVEL BEFORE ENTERING TANK BE USED

CARPORT MUST BE MOVED PRIOR TO C.O.C., SEE O.P.

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 = 50 FT
SEPTIC = SEPTIC TANK
EXT = EXISTING
L1 = 82 FT
L2 = 78 FT
L3 = 54 FT
L4 = 50 FT
L5 = 46 FT

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 Sorge Date: 11-10-21 Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Bryant C. White Date: 11-10-2021

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


4763-22-7818
4763-22-6446
120
145
85
214
214
4763-22-5371
245
246
235
4763-22-9321
4763-22-8593
102
Lena Dr
121
150'+/-
25
25
4763-22-6106
110
262
72
Nabors Rd
PB 23-130
4763-22-8034
4762-29-2863
367
261
Source: Esri, Maxar, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA

RECEIVED AUG 17 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-320491 $250.00

Application For:
( ) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
(X) Existing System Inspection
( ) Well Abandonment
( ) 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(j) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(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: Kimsneed.Sneed04@gmail **Phone:** 704-881-7326 **Alt. Phone:** _____
Owner Name: Lena Pendergrass **Address:** 110 Lena DR Statesville, NC **Zip:** 28677
Owner Email: _____ **Phone:** 980-635-3612 **Alt. Phone:** _____

Property Information:

Street Address: 110 Lena DR Statesville, NC, 28677

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

Driving Directions: Onto East garner Bagnal, Onto Nabors DR, 1st left onto Lena DR, 110 is on the Right.

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(X) 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 (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 ( ) 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: _____ 8-12-2021
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, Lena Pendergrass, am the legal owner(s) of the property located at 110 Lena Dr Statesville NC 28677, identified as PIN (Parcel Identification Number) 4716322616, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Freedom Homes Kimberly Frye, 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.

Signature of Owner(s)	7/16/21 Date	Signature of Witness	7/16/21 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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

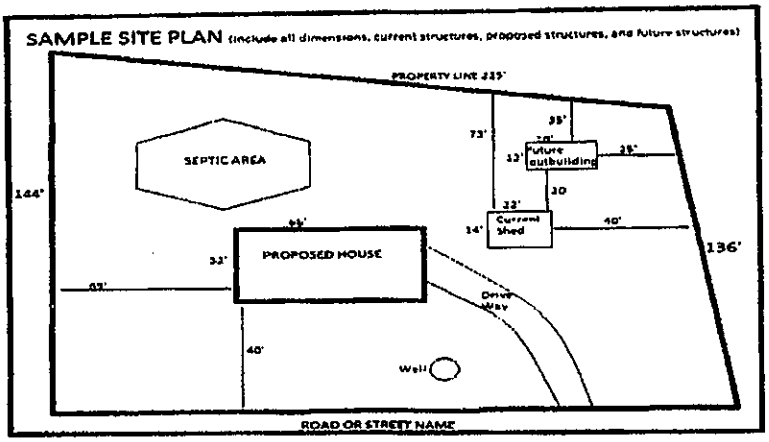
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

N/A **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

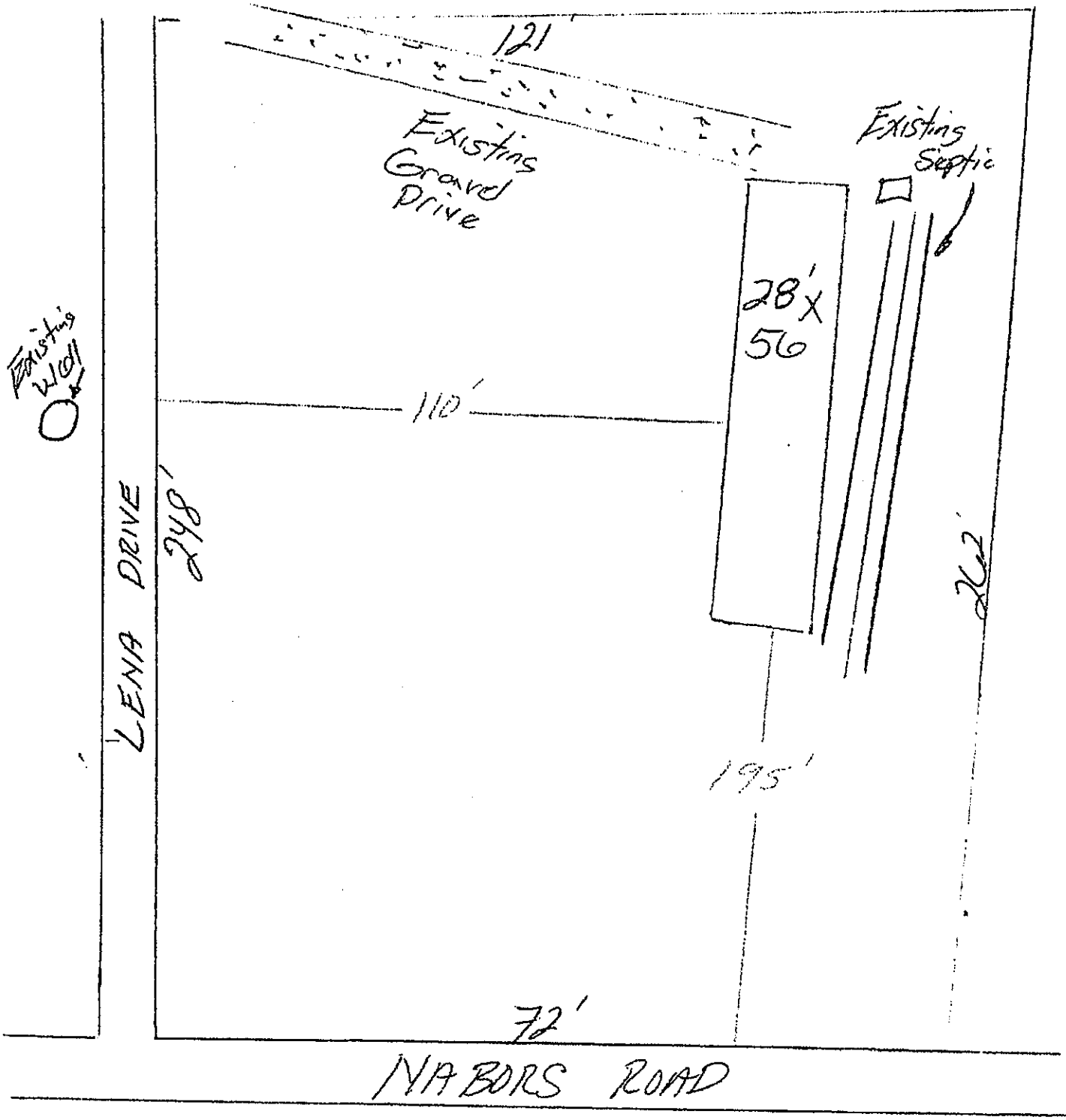
Attached

Signature: Kimberly Lynn
REQUIRED **property owner or owner's legal representative signature.**

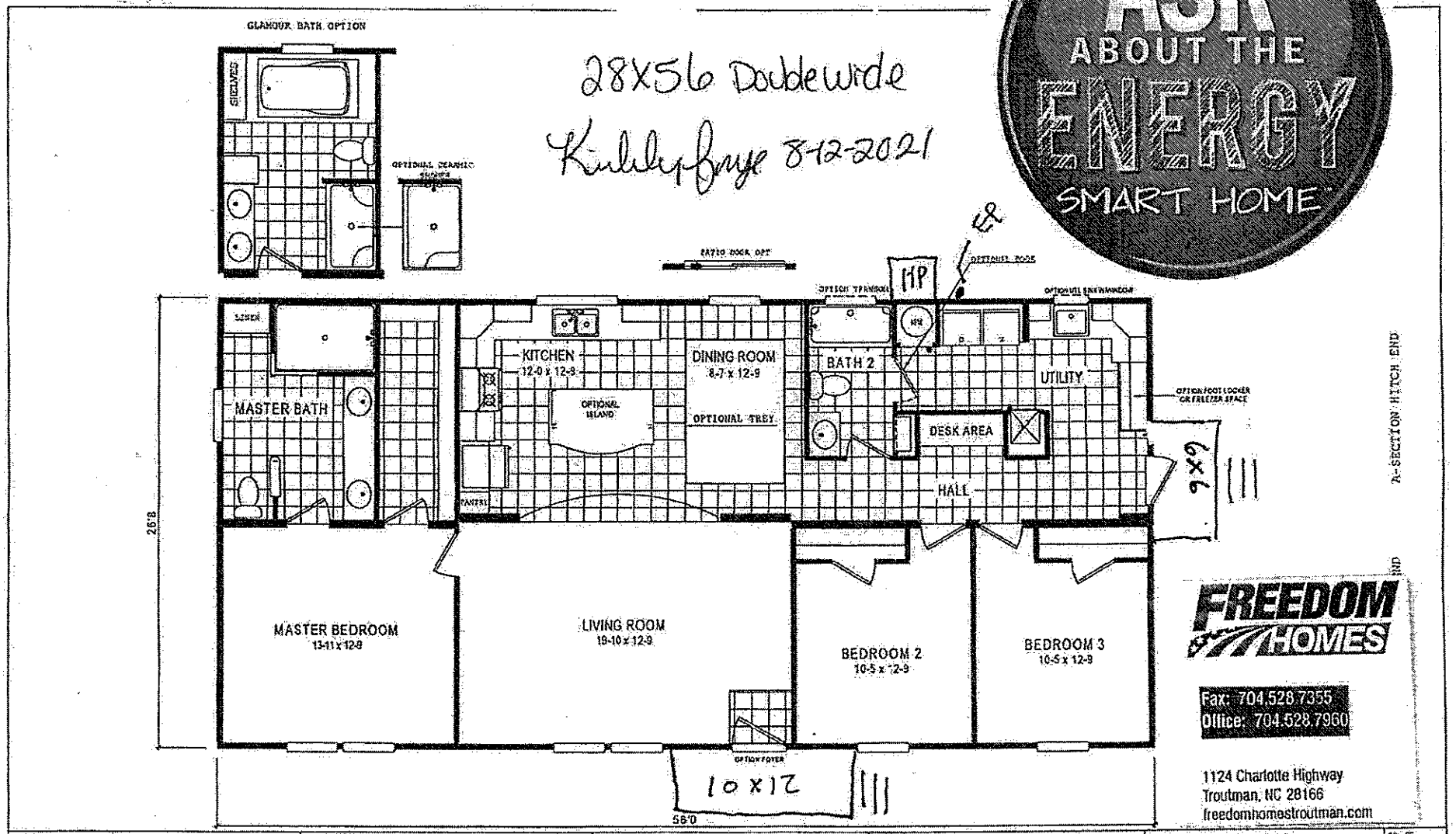
8-12-2021
DATE

PLOT PLAN
N.T.S.

PENDERGRASS
110 LENA DRIVE
STATESVILLE



The Charleston



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: SCHULT	SERIES: RK28	REVISIONS / BY / DATE	GENERAL NOTES	DRAFTING OFFICE: LITERATURE	HOUSE NAME: 4608 — SQ. FT.: 1493
CLAYTON HOME BUILDING GROUP					PLANT: 957 — DESCRIPTION: 28X56 3BR-2BA — MODEL NO.: 4608
					DRAWN BY: GDB — ORIG. DATE: 03/14/2016 — PAGE REVISED: 06/09/2016 — PAGE NO.: 22-1

APPROVED

SIGNATURE: _____

DATE: 7/16/21

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

APPLICATION NUMBER
320491 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4763226106.000	110 LENA DR	IREDELL COUNTY

Owner Information	Applicant Information
Name: PENDERGRASS LEONA N	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address:	Address: 1124 CHARLOTTE HWY
	TROUTMAN, NC 28166
Phone:	Phone: (704)528-7960

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.572	35	35	15	15		NO

Remarks

DOUBLEWIDE

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.

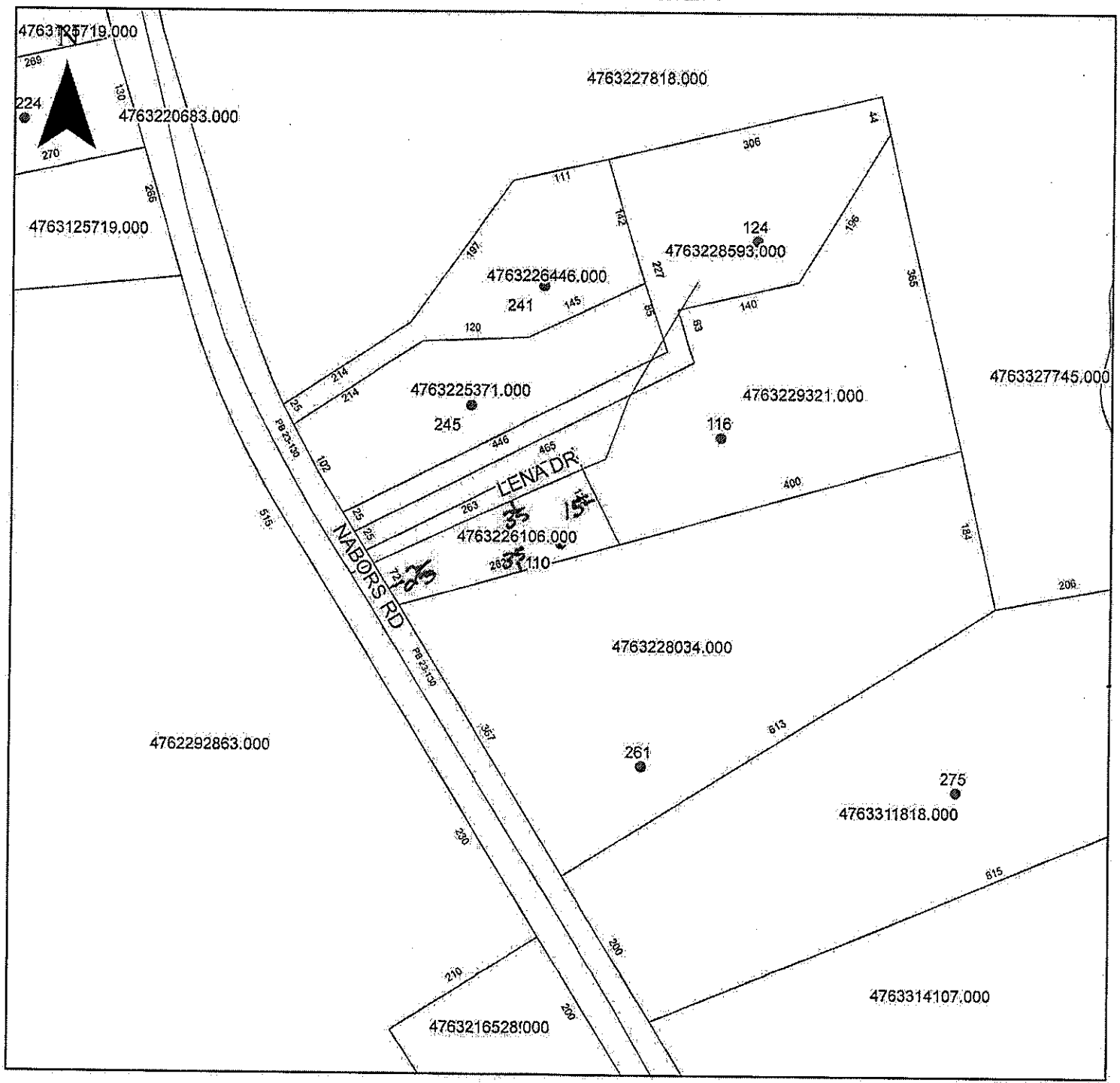
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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: 08/13/2021

Permit Number	320491	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 110 Lena Dr.

B.572
RA
No

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

Date