ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

PERMIT # AP-308326

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

PIN # 4769 - 84 - 6741

APPLICANT/OWNER: FREEDOM HOMES / CELIA COOPER

APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 2605 HARMONY HIGHWAY, HARMONY, N.C 28634

PHONE: 704-881-2326 ALT. PHONE 704-495-1519

SITE DIRECTIONS: (N) ON 77, (R) ON 21, LOT ON (L)

SAP CONTROLLED: ☐ YES ☐ NO EXT

SUBDIVISION: 21 ACRES

SECTION: — LOT # 2 LOT AREA: 1.00 AC

DESIGN FLOW: 360 GPD L.T.A.R.: EXT

Septic Tank	EXT	(gal)	STB	EXT	Date	EXT	
Pump Tank	—	(gal)	PT	—	Date	—	
Pump Make	—	Model	—		Serial #	—	
# Nitrification Fields	1	# Lines	3		Linear Ft	EXT-300ft	
Trench Width	EXT	Trench Bottom Depth(Low side)	EXT		Gravel Depth	EXT	

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

System Description: EXT - CONVENTIONAL

Repair System Description: EXT

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

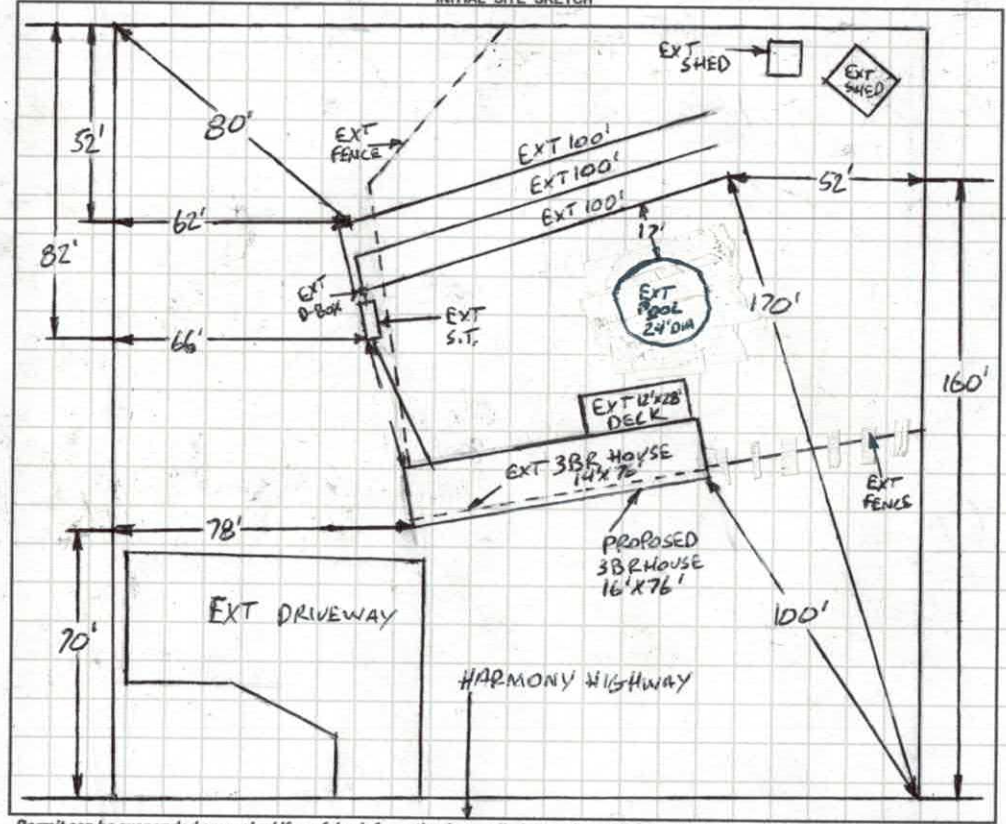
No. Bedrooms 3 | No. Persons 6 | No. Employees — | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: THE PURPOSE OF THIS PERMIT IS TO REPLACE A 3BR HOUSE WITH ANOTHER 3BR HOUSE. SYSTEM WAS FUNCTIONING AT TIME OF INSPECTION

RECOMMEND REMOVING FENCE FROM DRAINFIELD

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
EXT = EXISTING
S.T. = SEPTIC TANK
DIA = DIAMETER
D-BOX = DISTRIBUTION BOX

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 Longe Date: 8-24-2020 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Bryant C. Miller Date: 8-17-2020

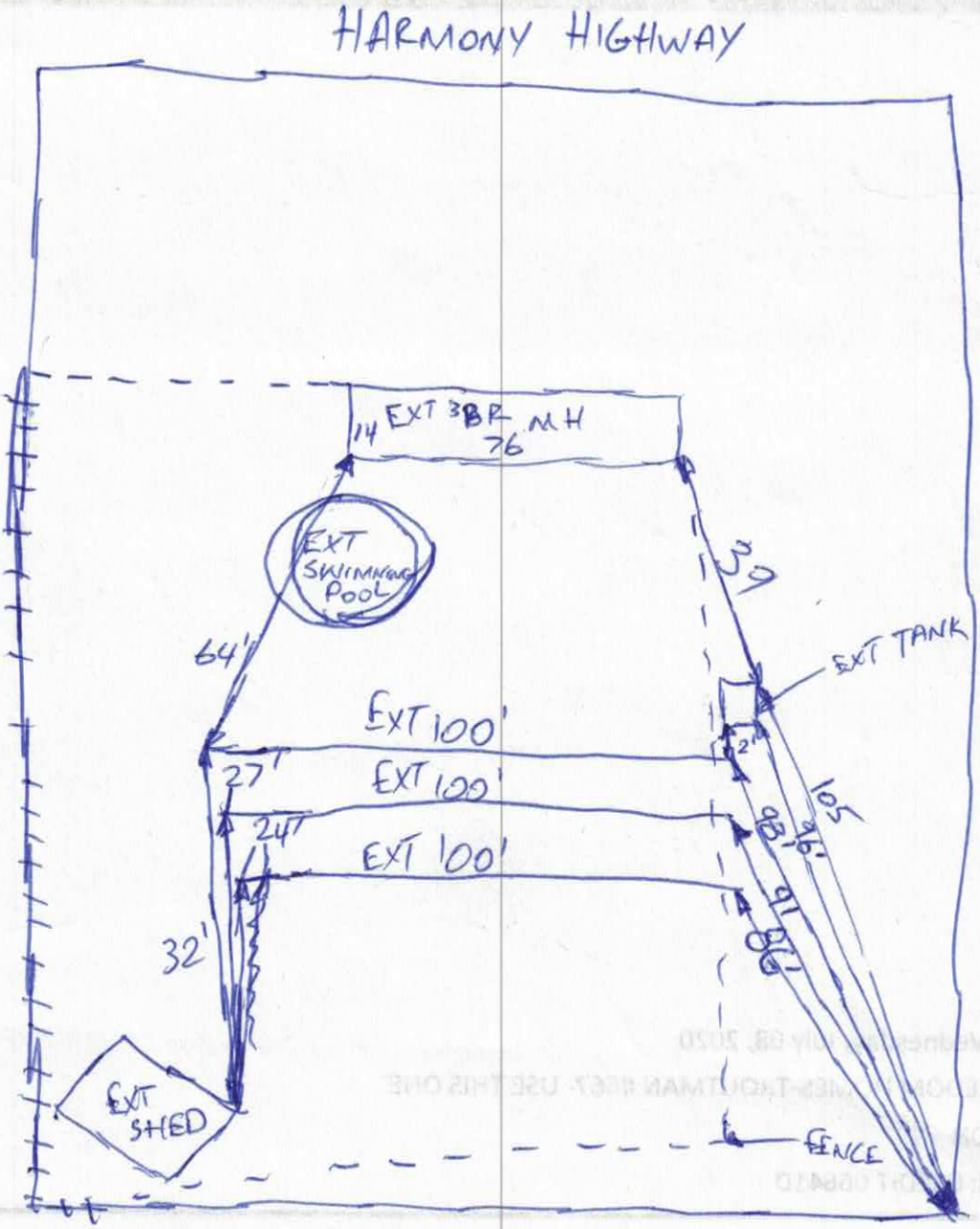
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

6

NTS

NEW HOME TO BE 16'X76'
AND SET IN PLACE OF EXT

DRAINLINES ON 9FT CENTER
REGARDLESS OF CONTOUR



RECEIVED JUL 0 8 2020 AP-30832 $250.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application 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 NC Zip: 28166
Applicant Email: Kimsneed.Sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Celia Cooper Address: 2605 Harmony Hwy Harmony NC Zip: 28634
Owner Email: _____ Phone: 704-495-1519 Alt. Phone: _____

Property Information:

Street Address: 2605 Harmony Hwy Harmony NC 28634
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-40 toward Mocksville, Exit 152B toward Elkin - I-77, Exit 54 (D) 6.98 miles 2605 is on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) 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: _____

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

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.

Kimberly Sneed 6-17-2020

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, Celia Cooper, am the legal owner(s) of the property located at 2605 Harmony Hwy Harmony, NC 28634, identified as PIN (Parcel Identification Number) 4769-84-6741, located in Iredell County, North Carolina.

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

Celia Cooper 04-30-20
Signature of Owner(s) Date

Signature of Witness 04-30-20
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

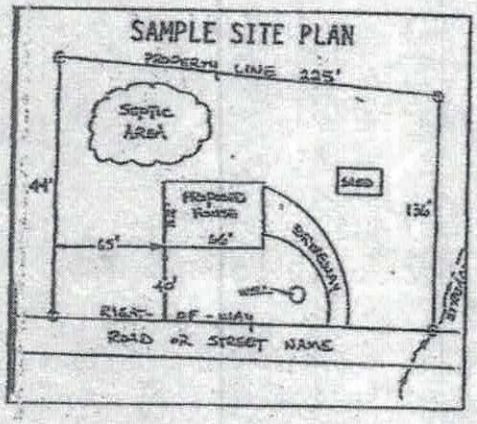
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (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**
- (X) **Preferred well location**
- (X) **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

See Attached Plot plan

Signature: Kristy Sneed 6-17-2020

41780

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

13481

OWNER OR CONTRACTOR ROBERT & CELIA COOPER DATE 12/9/91 PERMIT NO. 126-2-A-2

PHONE: Business _____ Home _____

LOCATION US 21 N, 2ND LOT ON (L) PAST TABOR ROAD. S. R. No. _____

SUBDIVISION NAME TWENTY-ONE ACRES LOT NO. 2 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 ( )

Character & Porosity of Soil PS

Percolation Rate 4 GPD / FT²

Topography 4-6% LS

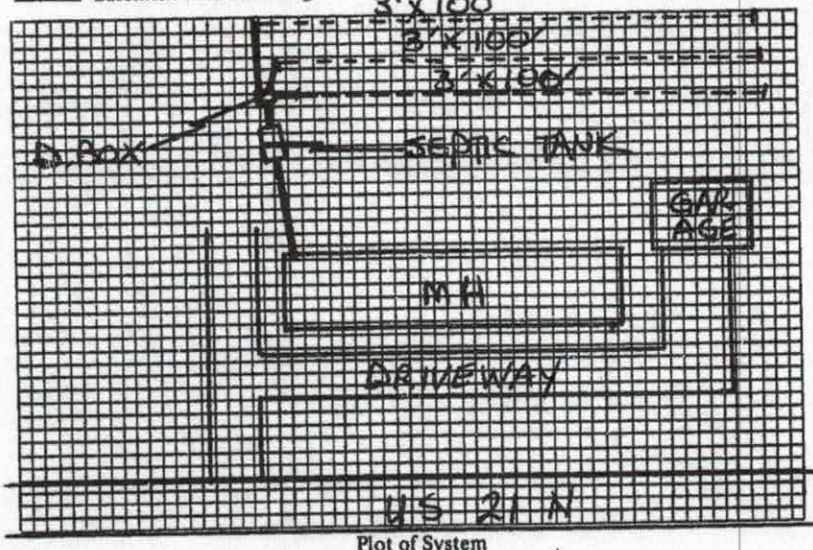
Depth to Water Table >41"

Rock or other impervious formations NONE

Lot Area AMPLE

ACP 11/12/91

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1500 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 900 Linear Ft. 300

Depth of Stone in Lines 12"

Water Supply: Individual ( )

Public (✓)

Installed by WAYNE POTTS

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

Signed: _____

IMPROVEMENTS PERMIT BY STEVE HEARICK

COMMENTS: _____

CERTIFICATE OF COMPLETION BY STEVE HEARICK DATE 12/9/91

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

FREEDOM HOMES

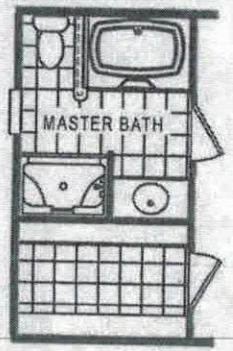
The Arch

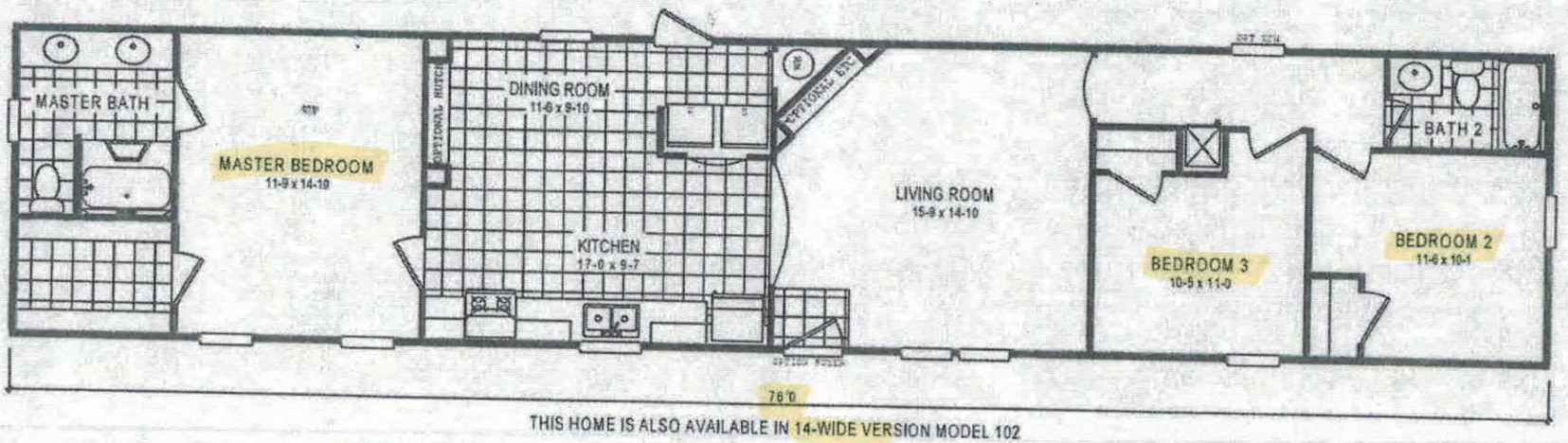
1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

ASK ABOUT THE ENERGY SMART HOME™

Acknowledgement Of Plans Submittal ONLY
Kimberly Reed 8/11/20 Date
Bryant C. White 8-7-2020 Date

GLAMOUR BATH OPTION





THIS HOME IS ALSO AVAILABLE IN 14-WIDE VERSION MODEL 102

SCHULT	VN16	REVISIONS	GENERAL NOTES	LITERATURE	101 — 1176
CMH MANUFACTURING, INC.					16X76 3BR-2BA — 101
					GE-P — 12/09/2013 — 11/17/2014 — 23-1

Cooper

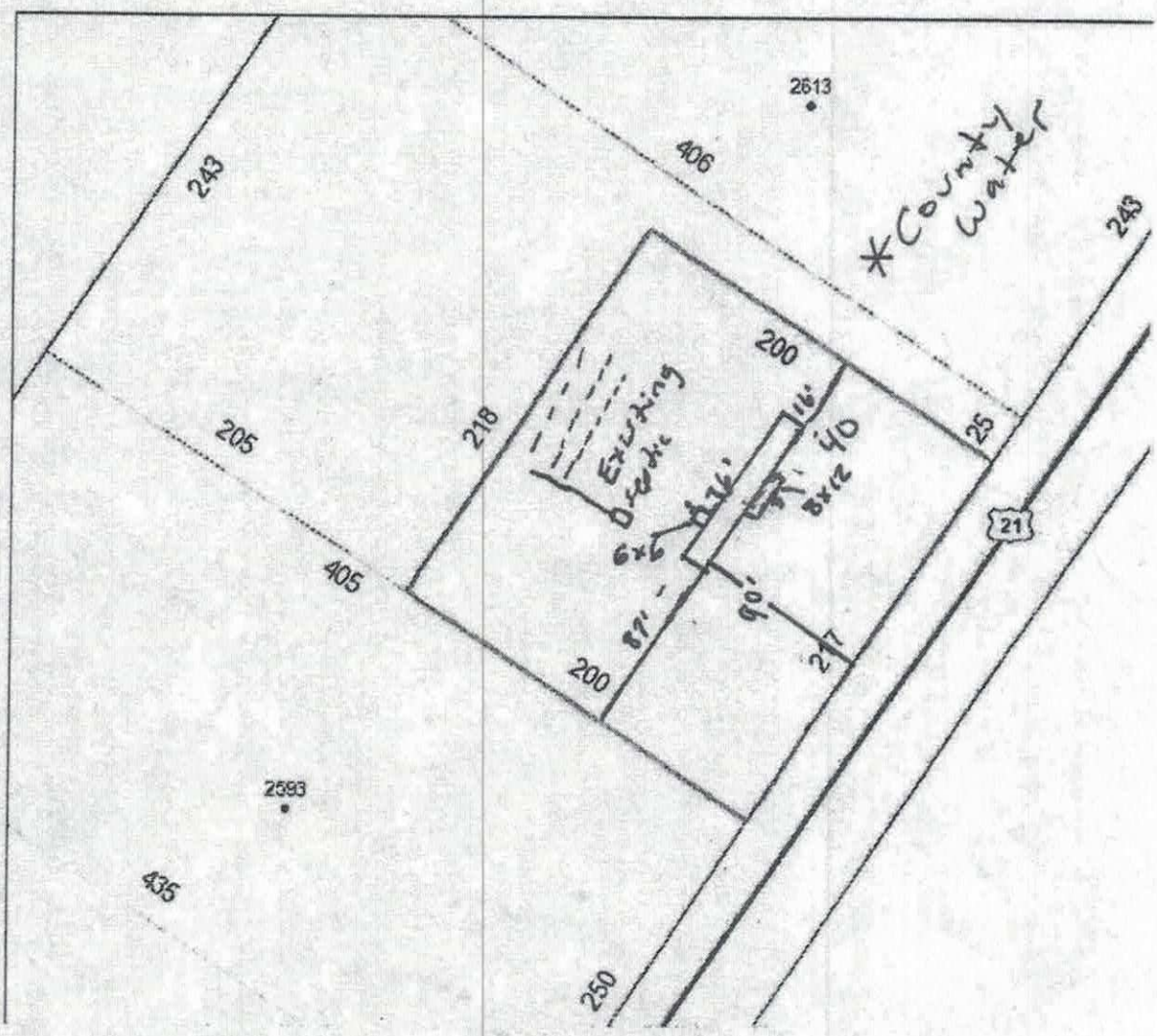
Iredell County

Property Data

Parcel Number: 4769846741.000
Inquiry Date: 5/4/2020

Disclaimer: While every effort is made to keep information provided over the internet accurate and up-to-dat certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for th data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 14774400
Old Parcel Number: 0712G02000A002
Owner Name: COOPER ROBERT W+CELIA A
Mailing Address: 2605 HARMONY HWY HARMONY NC 28634
Property Location: HARMONY HWY
Lot Number: 2