DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 322140

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

PIN # 4770 -- 08 -- 1203

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Trotman, NC 28166

SITE ADDRESS: 108 Apache Trail Ln Cleveland, NC 27013 | PHONE: | ALT. PHONE:

SITE DIRECTIONS: US21/Hwy 115 N TR Shinnville Rd TL Apache Trail D intersection | SAP CONTROLLED: NA ☐ YES ☒ NO

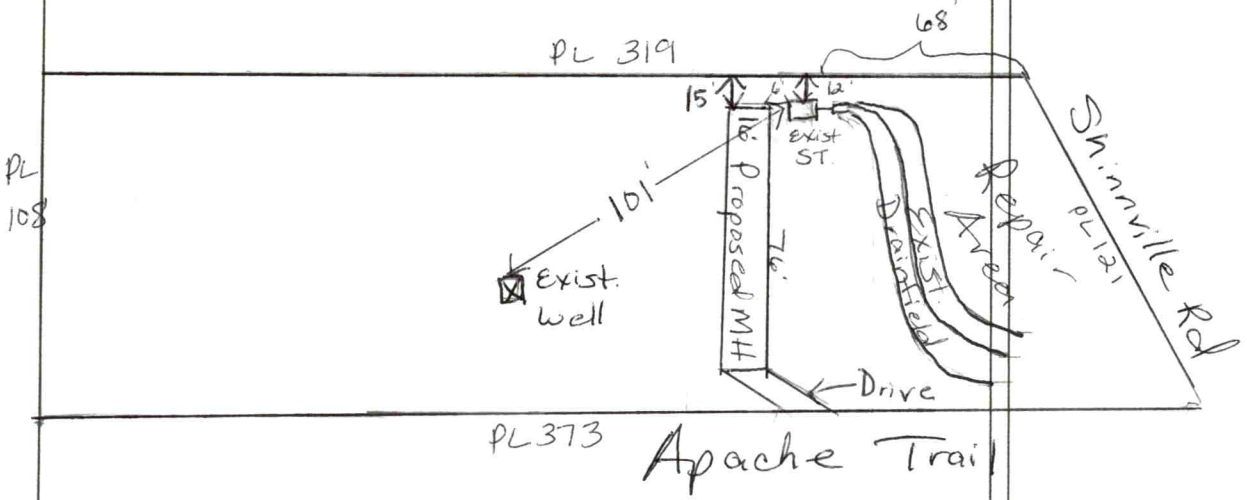
SUBDIVISION: | SECTION: — | LOT # — | LOT AREA: .85 | DESIGN FLOW: 360gpd | L.T.A.R.: —

Septic Tank: Existing (1000 gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms: 3	Water Supply: ☒ Private Exist
Pump Tank (gal)	PT	Date	System Description: Exist. Gravity - Conventional/Gravel		☐ Business	No. Persons: 6	☐ Public
Pump Make	Model	Serial #	Repair System Description:		☐ Other	No. Employees	☐ Community
# Nitrification Fields	# Lines: 3	Linear Ft: 300ft	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space	
Trench Width: 36"	Trench Bottom Depth(Low side): Existing		Gravel Depth	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Keep Proposed MH a minimum of 5ft (10ft if foundation drain present) from Exist Septic System. No Vehicular or Construction traffic over Septic System.

Septic System "appears" to be functioning ok at time of inspection.

INITIAL SITE SKETCH — Scale 1:60



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.

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 Bourque | Date: 11-16-21 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Maria Dolson | Date: 11/12/21

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

RECEIVED OCT C 8 2021

10/29/21 Stevish Couldn't access, Elect fencing

PD

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-322140 $250.00

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

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Freedom Homes/Kimberly Address: 1124 Charlotte Hwy Troutman Zip: 28166

Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: 9806367450

Owner Name: Bobby Davis Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 108 Apache Trail Lane Cleveland NC 27013

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

Driving Directions: I-77 toward Charlotte, Exit 45 Barium Springs, (L) onto Amity Hill, (R) onto Ostwalt Amity Rd, (R) onto Shiloville, (R) onto Apache Trl. .4 miles

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

CHECK FOUNDATION TYPE

(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: _____

(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 (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: Kimberly Sneed 10-6-2021

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

322140

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 **Area you prefer your septic system to be placed...**

_____ **Preferred driveway location and configuration, preferred well location...**

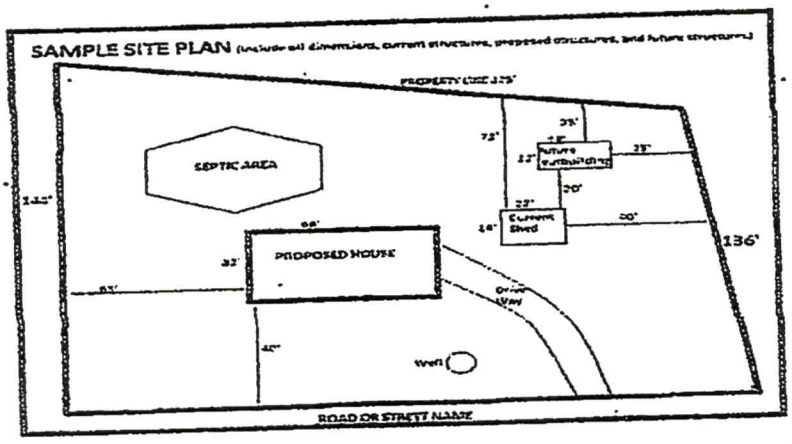
_____ **North arrow, or other sufficient indicator of direction...**

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

Attached

Signature: Kimberly Bruce

REQUIRED **property owner or owner's legal representative signature.**

10-6-2021

DATE

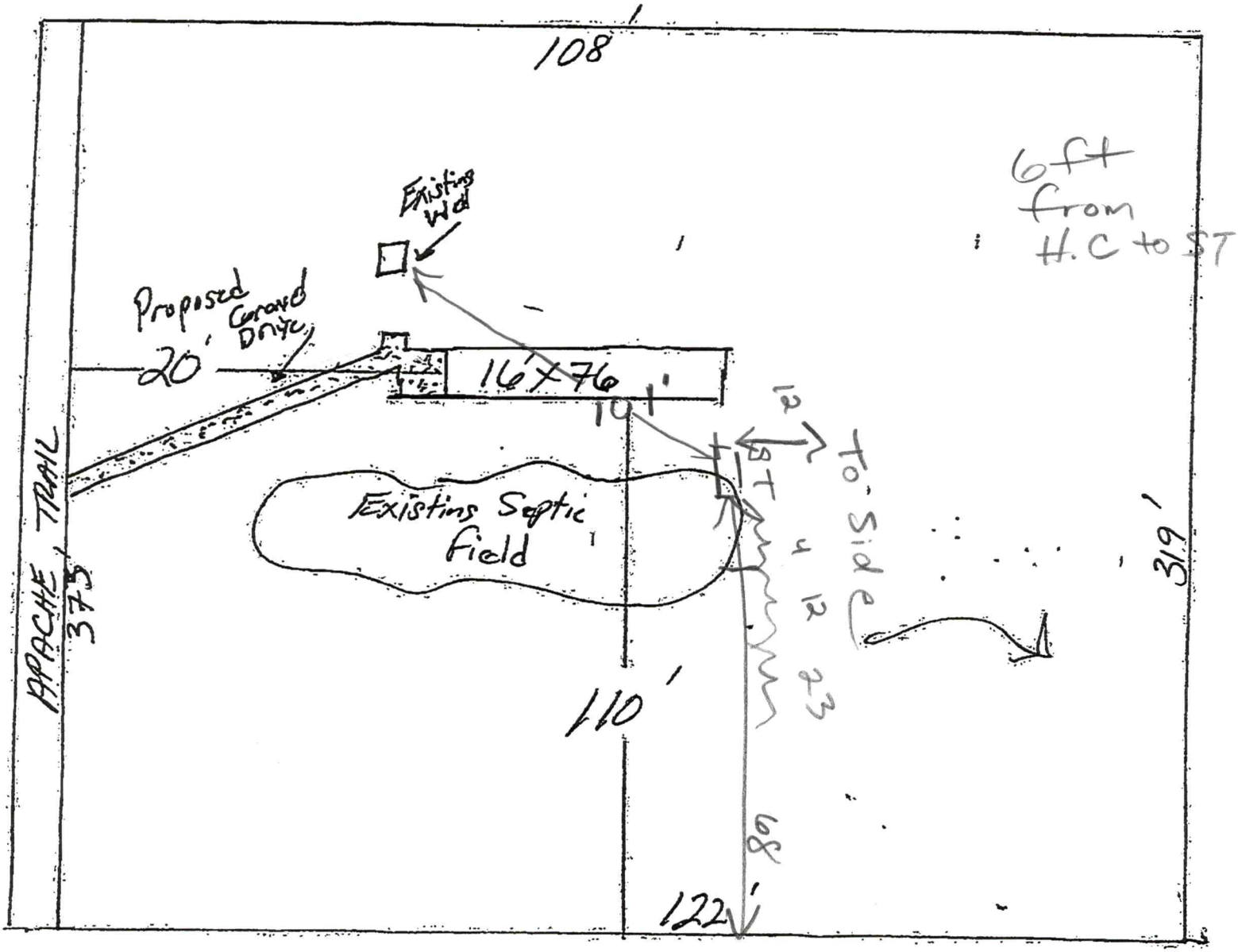
322140

PLOT PLAN

N.T.S.

ELKIN

TBD APACHE TRAIL LANE
CLEVELAND



SHINVILLE ROAD

Heather Elkin

322140

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, Bobby Davis, am the legal owner(s) of the property located at 109 Apache Trail Lane, Cleveland NC 27013, identified as PIN (Parcel Identification Number) 4770-08-1203, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) CMH dba Freedom Homes 1124 Charlotte Hwy, Troutman, NC 28166 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.

X Laura A Davis 9/7/21
Signature of Owner(s) Date

Signature of Witness 9/7/21
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

322140

Department of Development Services
PLANNING DIVISION
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide ✓ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? 3 and stories? 1

If an addition, please describe project: _____

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Bobby Davis Phone # _____

Owner's Current Address _____

Property Information

Property Address 108 Apache Trail LN Cleveland Parcel # 4770-08-1203

Subdivision: _____ Lot: ___ Zoning: ___ Watershed: Y or (N) Flood Plain: Y or (N) Township: ___

Directions to property (from a MAIN ROAD) I-77 toward Charlotte, Exit 45 (L) onto Amity Hill, (L) onto Ostwalt Amity Rd, (R) onto Shiloville, (R) onto Apache TRL, Lot is .4 miles

Application Information

Applicant's Name or Company Freedom Homes Applicant's Phone # 704-528-7960

Applicant's Address 1124 Charlotte Hwy Troutman NC 28166

If Company, Representative's Name and Title Kimberly Frye / Site Coordinator

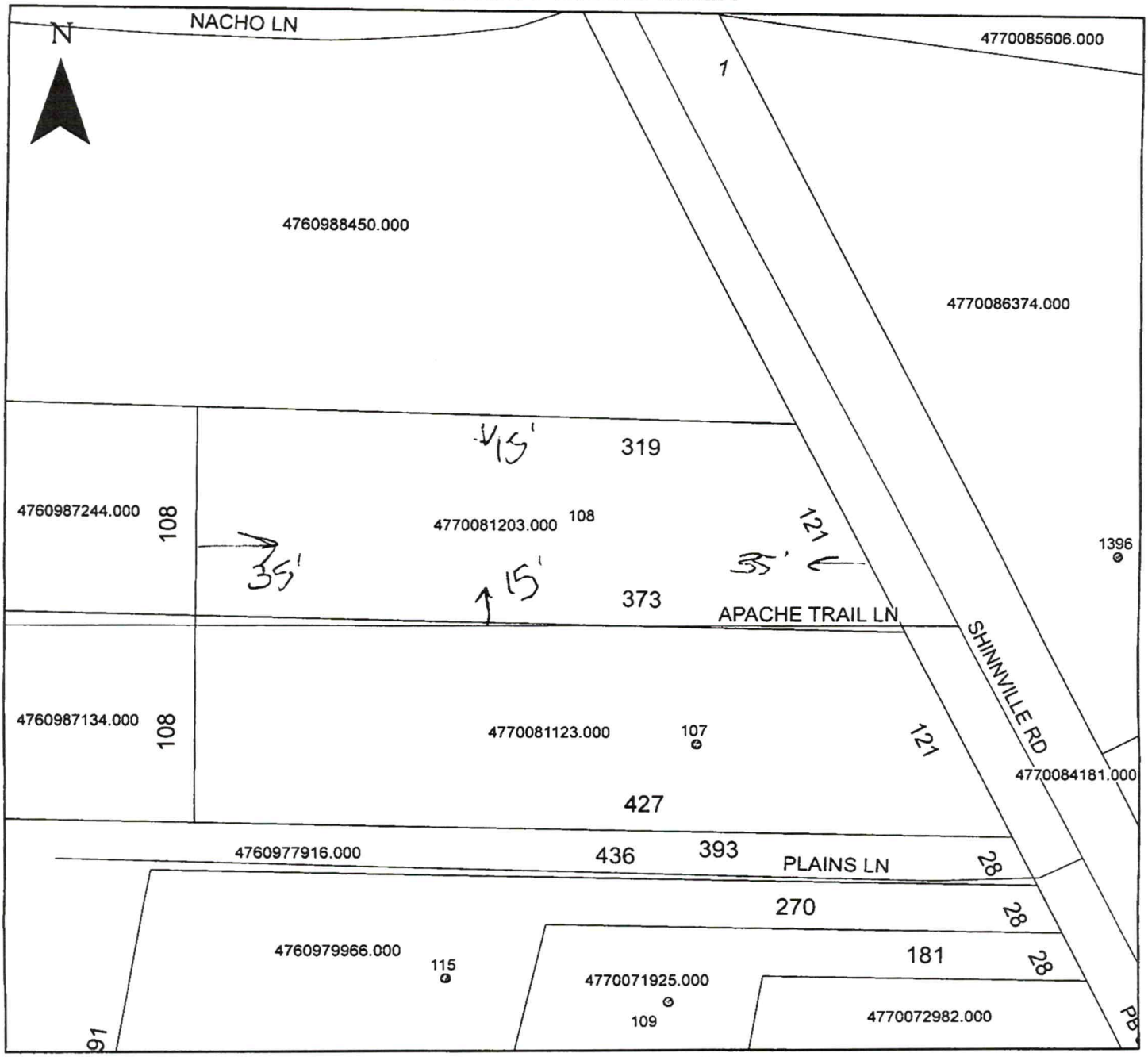
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Kimberly Frye DATE 10-6-2021

acres .85 RA
Iredell
flood no

322140

ZONING DISCLAIMER

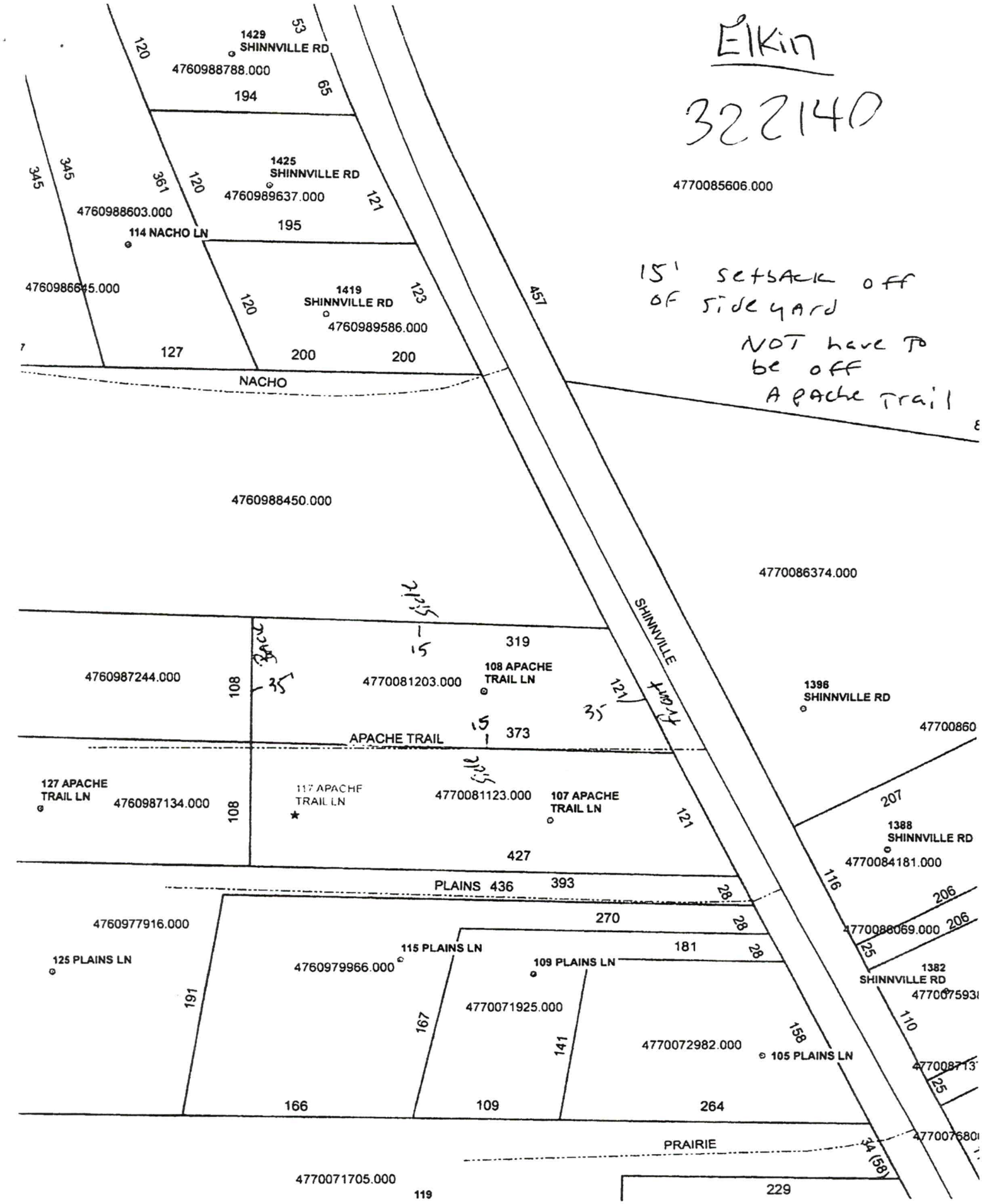


Property Address 108 Apache Trail Ln

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


Elkin
322140
15' setback off of sidegard
NOT have To be off Apache Trail
1429 SHINNVILLE RD
4760988788.000
1425 SHINNVILLE RD
4760989637.000
4760988603.000
114 NACHO LN
4760986645.000
1419 SHINNVILLE RD
4760989586.000
NACHO
4760988450.000
4770085606.000
4770086374.000
SHINNVILLE
4760987244.000
4770081203.000
108 APACHE TRAIL LN
APACHE TRAIL
127 APACHE TRAIL LN
4760987134.000
117 APACHE TRAIL LN
4770081123.000
107 APACHE TRAIL LN
1396 SHINNVILLE RD
1388 SHINNVILLE RD
4770084181.000
4770086069.000
1382 SHINNVILLE RD
PLAINS
4760977916.000
125 PLAINS LN
115 PLAINS LN
4760979966.000
109 PLAINS LN
4770071925.000
4770072982.000
105 PLAINS LN
PRAIRIE
4770071705.000
119

IREDELL COUNTY · NC

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

APPLICATION NUMBER
322140
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770081203.000	108 APACHE TRAIL LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: DAVIS BOBBY G+LAURA	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
Single-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.85	35	35	15	15		NO

Remarks

SINGLEWIDE--NEED ZDISCLAIMER

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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.

Date: 10/07/2021

Signature of Owner/Contractor

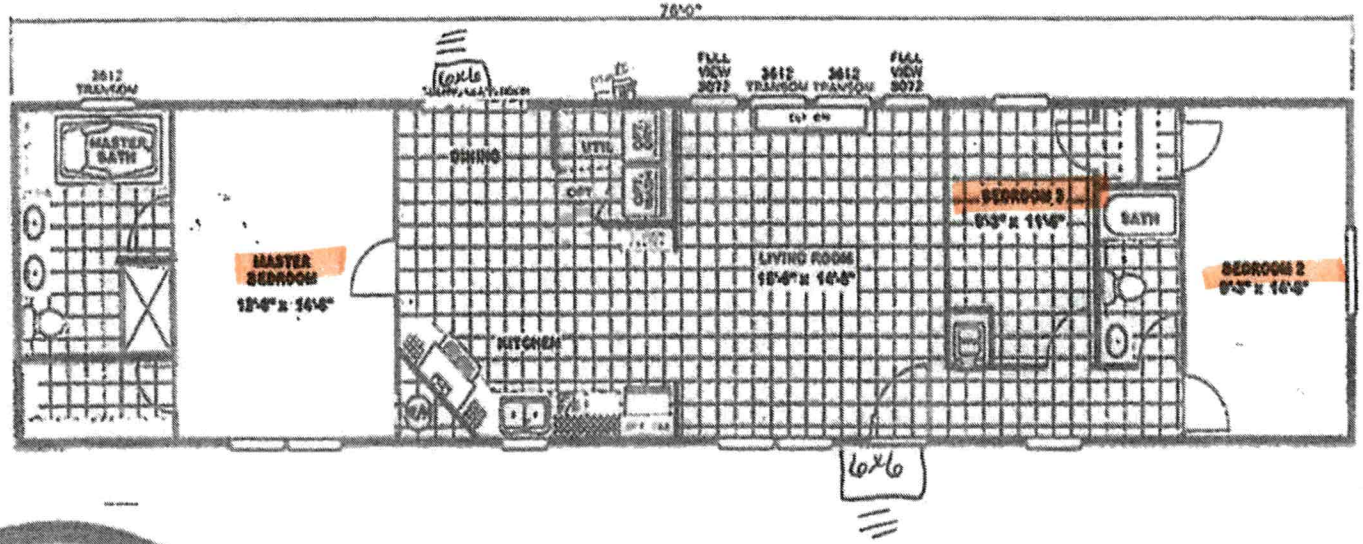
Permit Number	322140	TOTAL FEES:	$77.25

16x76 3BR

Acknowledgement of 11/12/21
Plans Submittal ONLY!
Date 11/12/21
Date

THE ANNIVERSARY

APPROVED
Date: 11/3/21



ASK ABOUT THE ENERGY SMART HOME

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Find us on
Office: 704.528.7900
Fax: 704.528.7905

32140

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 Dennis Eisenhour DATE 8-11-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115-21N TR 2383 (Shinnicle Rd.) X Creek
~ 1/2 mile on left S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 2 SECTION OR BLOCK NO. _____

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

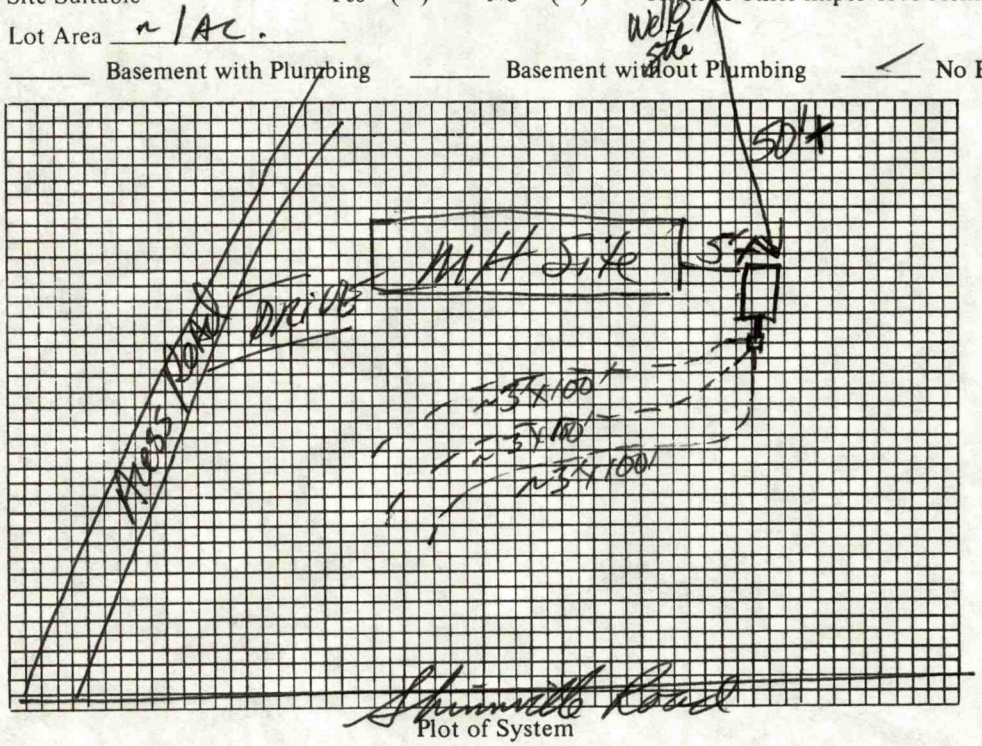
No. Bedrooms 3 No. Bathrooms 2

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

Lot Area ~1 Ac.

Character & Porosity of Soil clay
Percolation Rate ~ 4
Topography 2%
Depth to Water Table 4ft
Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 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 ACS, DR Barkley

COMMENTS: _____

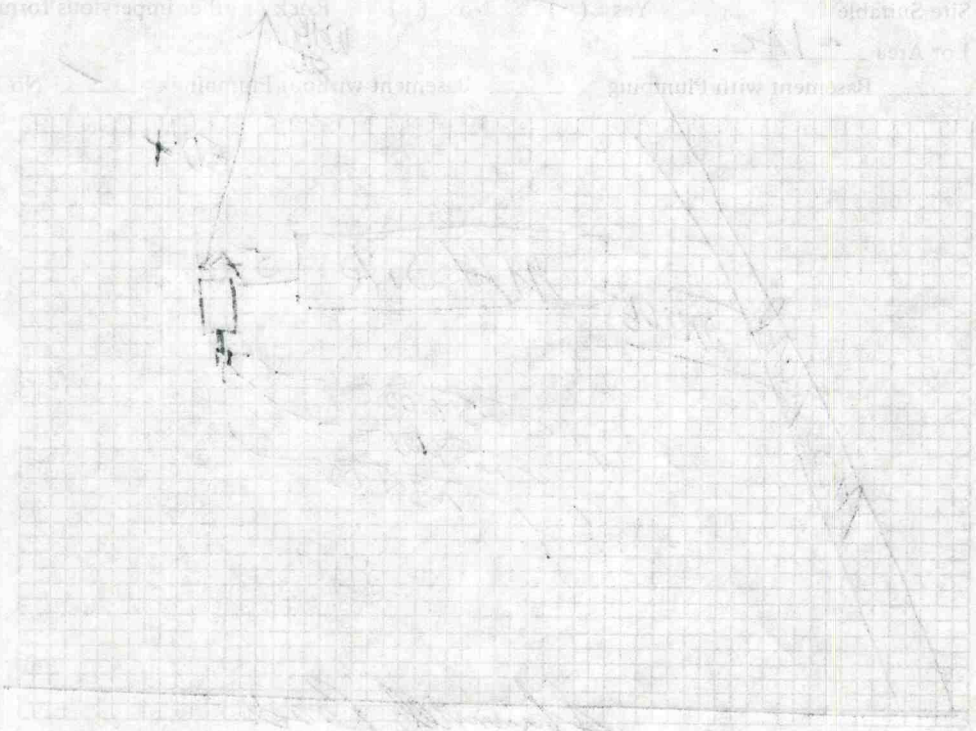
CERTIFICATE OF COMPLETION BY DR Hinson, R.S. DATE 8-11-87

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



7197

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 Dennis Isenhour DATE 8-5-87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 21 N. TR. Shinnville Rd. Pass Shinn Store ~2mi. on left. 4 lots w/ mobile homes. (on left) S. R. No. _____

SUBDIVISION NAME _____ LOT NO. 2 SECTION OR BLOCK NO. _____

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

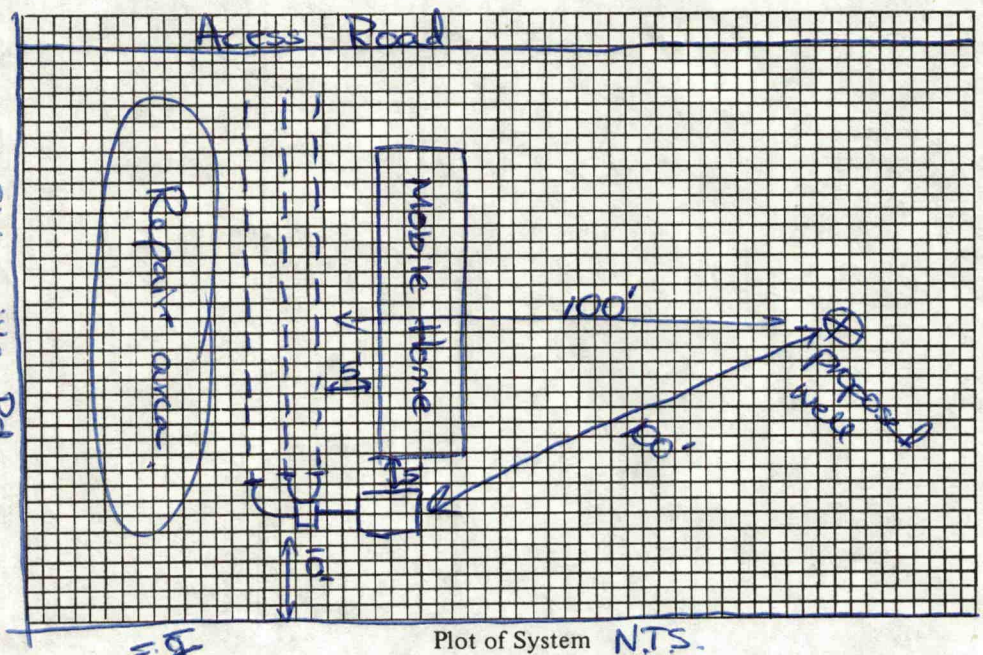
No. Bedrooms 3 No. Bathrooms 2

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

Character & Porosity of Soil clayey
Percolation Rate ~4 gpd/ft²
Topography 2%
Depth to Water Table 4'+
Rock or other impervious formations none observed

Lot Area ~1 acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System N.T.S.

Size of Tank 1000 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 _____

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

Signed: X Dennis Isenhour

IMPROVEMENTS PERMIT BY Andrew C. Pierce DR Kingsley LHS

COMMENTS: Keep Mobile Home at least 75' from road right of way in order to install system and have room for 100% repair. Install system shallow (24" depth to ditches). Stay on grade.

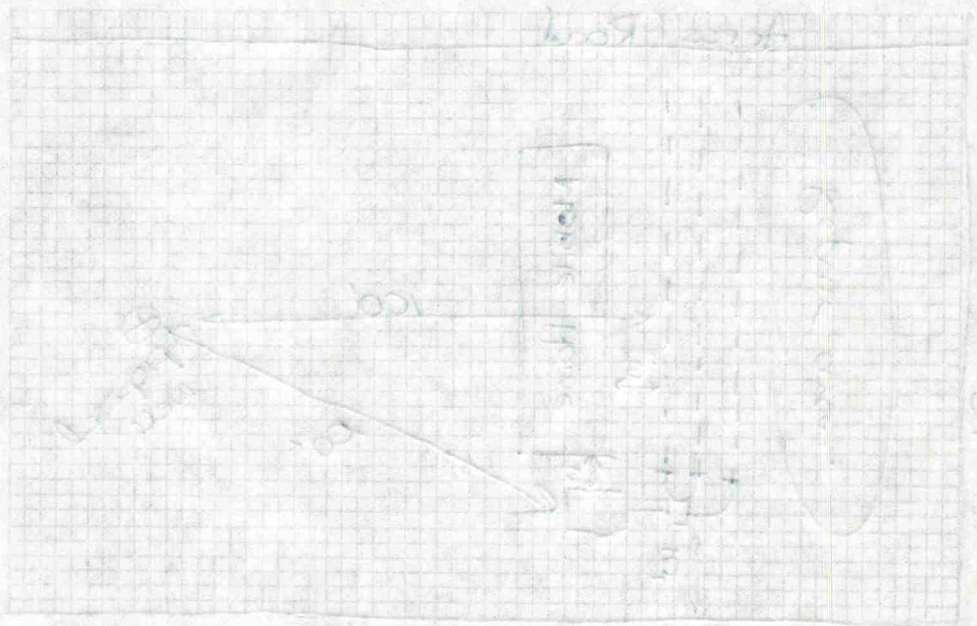
CERTIFICATE OF COMPLETION BY _____ DATE _____

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



IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 080093 PIN# 4770081203 DATE 1/4/99

OWNER OR CONTRACTOR Richard Nelson PHONE: Business — Home —

ADDRESS 206 Apache Trail, Cleveland NC 27013

LOCATION 115 S, TL Shinnville Rd, TL Apache, on Rt

SUBDIVISION — BLOCK / SECTION — LOT ~~85~~ LOT AREA .85 SITE CLASS PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: 1000 Gallons ~~STB~~ Date

Pump Tank: ~~Existing~~ Gallons Existing Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3 @ 100 Trench Width — Max Trench Bottom Depth — Gravel Depth —

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

System Description:

Repair System Description Existing

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms

☐ Business No. Employees

☐ Other

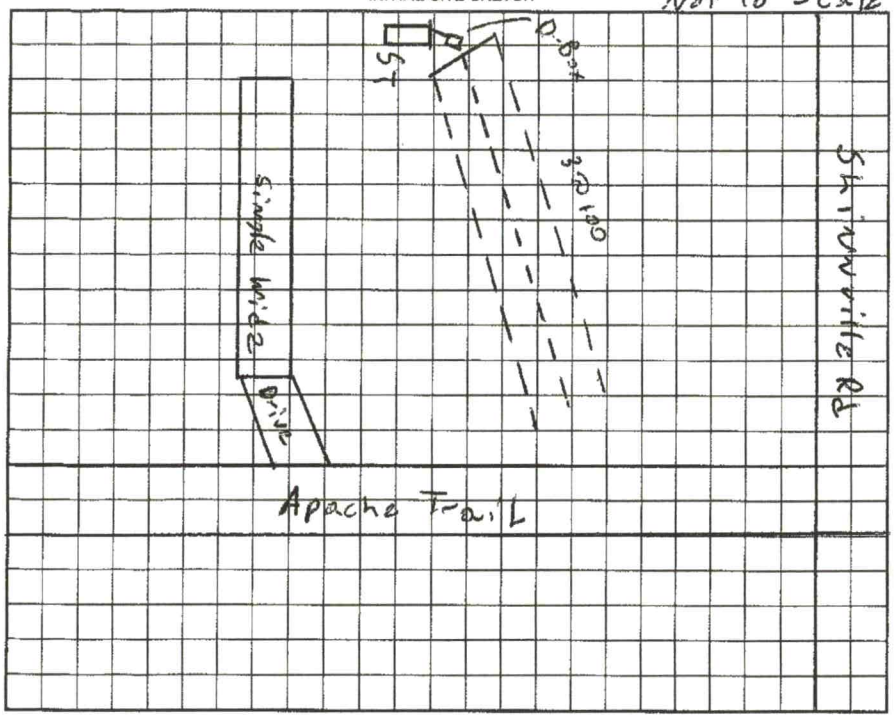
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply:
☒ Individual
☐ Public
☐ Community

Comments:/Conditions: Addition of 3 Bedroom is adequate for the size of System.

Comments:/Conditions:

INITIAL SITE SKETCH Not to Scale



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: Jason Beuter date 4/5/99 Installed by:

Improvement Permit by: date Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Jeff Morgan date 1/4/99

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