# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320470

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

PIN # 4771 -- 37 -- 2303

APPLICANT/OWNER: Freedom Homes - Tina Settlemeyer | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC

SITE ADDRESS: 115 Carmelwood Ct. Cleveland NC 27013 | PHONE: 704 881-2326 | ALT. PHONE

SITE DIRECTIONS: NC 21 (S) → (L) Ostwalt Amity → (L) Triplett → (R) Carmelwood → lot on (L) | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Willow Ridge | SECTION: 1 | LOT # 54 | LOT AREA: 1.8 ac | DESIGN FLOW: 240 gpd | L.T.A.R.: EXISTING

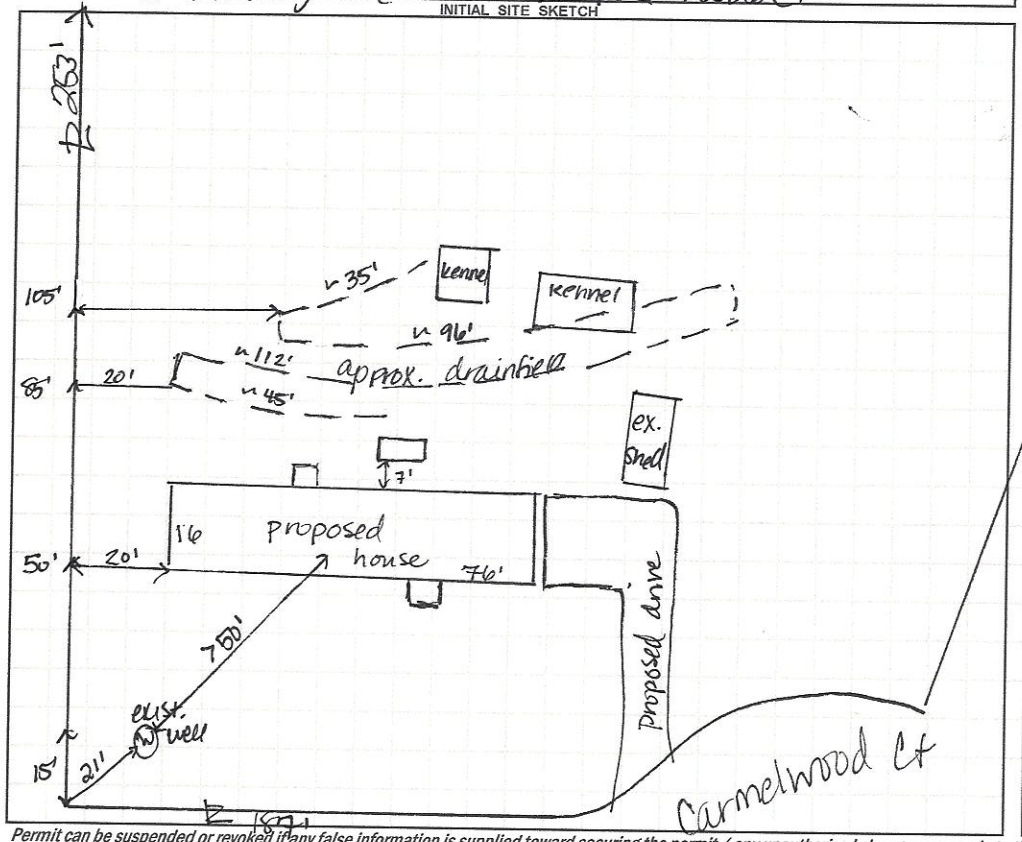
| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | EXISTING (gal) | STB | Date | [ ] New System [ ] Repair [ ] Expansion | System Type: I (II) III IV V VI | [X] Residence | No. Bedrooms 2 |
| Pump Tank | (gal) | PT | Date | System Description: | EXISTING | [ ] Business | No. Persons 4 |
| Pump Make | Model | | Serial # | Repair System Description: | | [ ] Other | No. Employees |
| # Nitrification Fields | # Lines | | Linear Ft: | Maintenance Agreement Required: | [ ] YES [X] NO | [ ] Slab | [X] Crawl Space |
| Trench Width | Trench Bottom Depth (Low side) EXISTING | | | Gravel Depth | [X] GRAVITY [ ] PRESSURE | [ ] Basement w/plumbing | [ ] Basement w/o plumbing |

**Water Supply:** [X] Private [ ] Public [ ] Community

Comments / Conditions: Proposed location of house meets all setbacks to the septic system. No foundation drains along the back of the house.

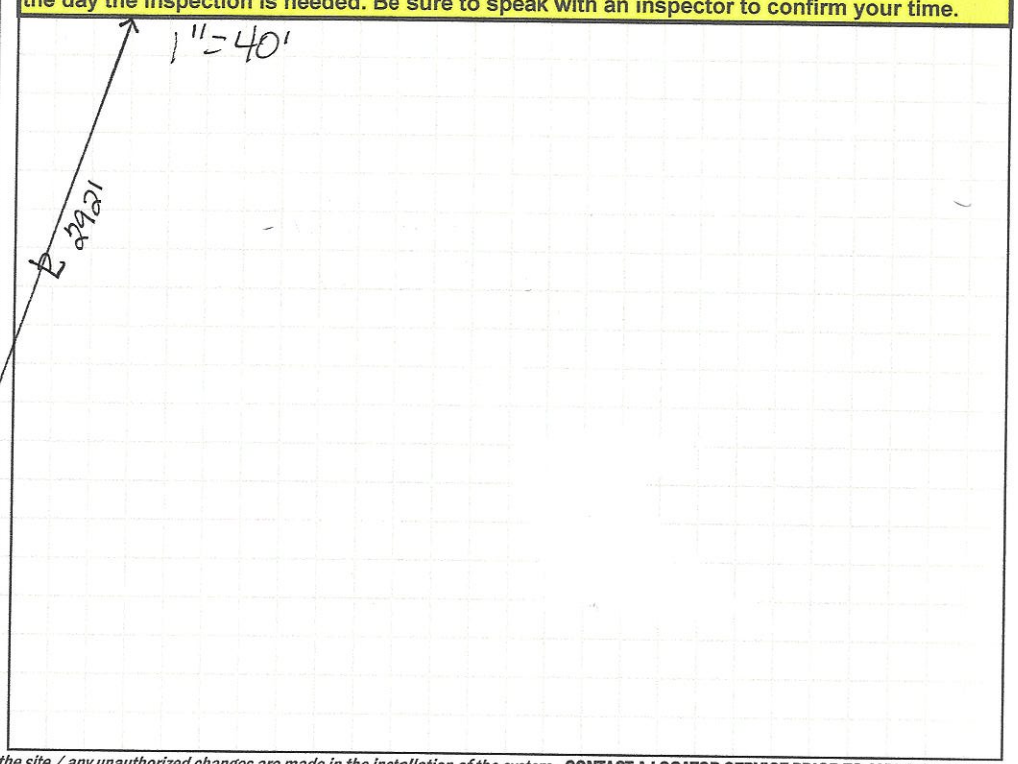
System appears to be functioning at time of permit

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.




*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**

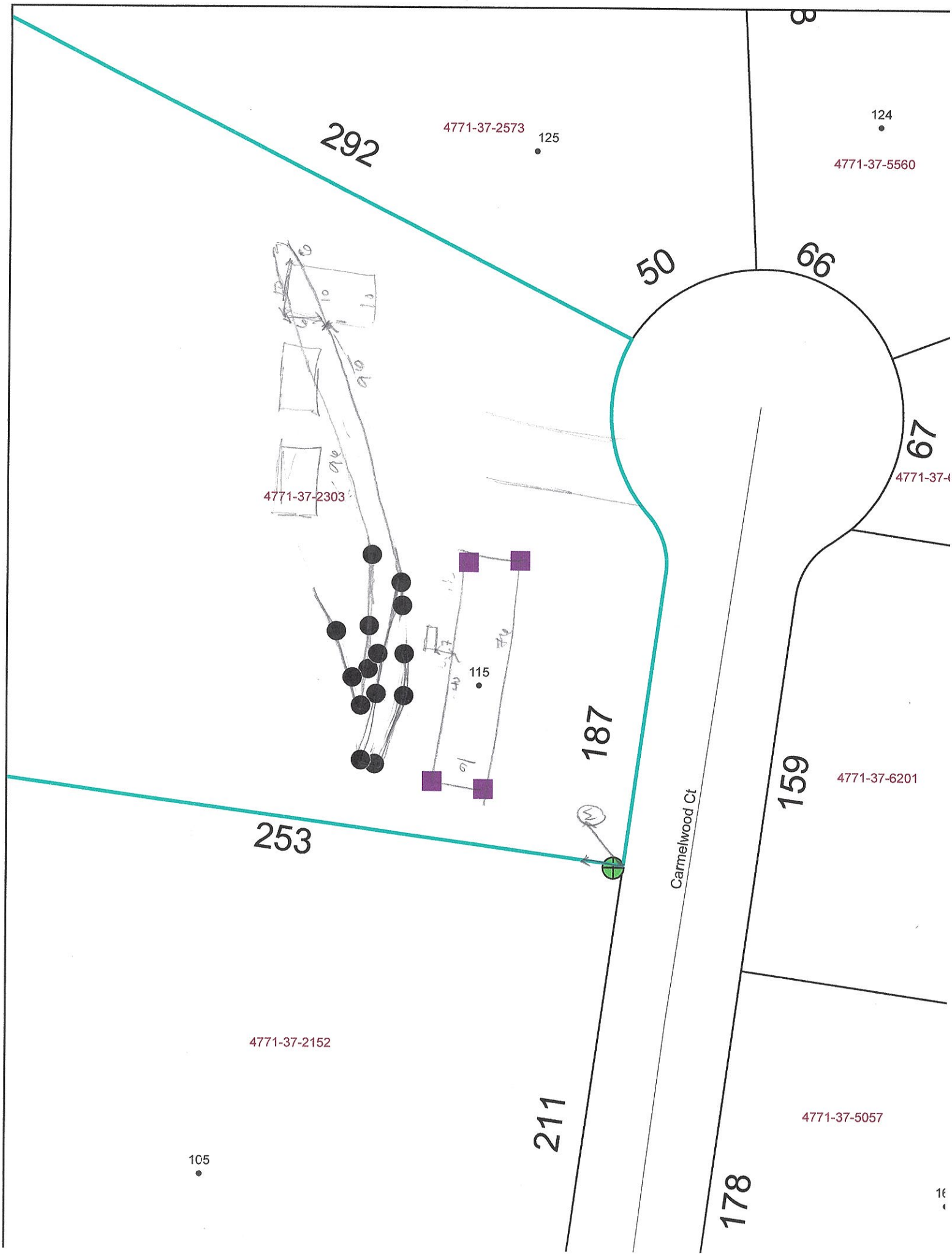
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [ ] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Kimberly Smyre | Date: 11-10-21 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: D. Wiebery | Date: 11/8/21

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


292
4771-37-2573
125
124
4771-37-5560
50
66
67
4771-37-2303
115
187
159
4771-37-6201
253
Carmelwood Ct
211
178
4771-37-2152
4771-37-5057
105

RECEIVED OCT 1 8 2021

DW

# 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-320470 $250.00

**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:** Kimberly Faye / Freedom Homes **Address:** 1124 Charlotte Hwy Troutman NC **Zip:** 28166

**Applicant Email:** Kimsneed.sneed04@gmail **Phone:** 704-881-2326 **Alt. Phone:** _____

**Owner Name:** Tina Settlemyre **Address:** 1582 Shinville Rd Cleveland NC **Zip:** 27013

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

**Property Information:**

**Street Address:** 115 Carmelwood Ct Cleveland NC 27013

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

**Driving Directions:** Onto East garner Bagnal Blvd, Onto Bethesda Rd, Onto Coneflower rd, Onto trident Rd, Onto Watermoss Dr, Onto Carmelwood Ct, 115 is on left

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 2
( ) New Multi-Family Residence — Maximum Number of Occupants: 2
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

**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 (X) Other: Existing

**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 Faye 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, Tina Settlemyre, am the legal owner(s) of the property located at 115 Carmelwood Ct. Cleveland NC, identified as PIN (Parcel Identification Number) 4771-37-2303, located in Iredell County, North Carolina.

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

Tina Settlemyre 7-22-21
Signature of Owner(s) Date

Signature of Witness 7-22-21
Date

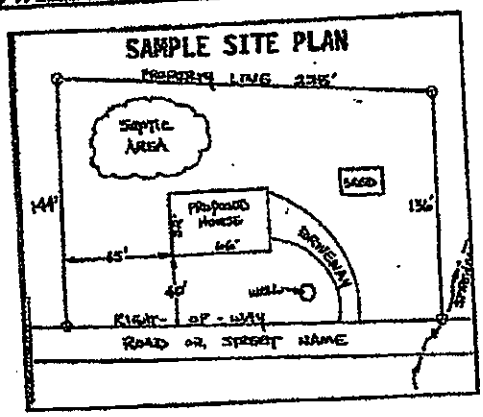
Please return this signed form to the appropriate office:

**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*
### PAGE 2: *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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- ( ) 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 |

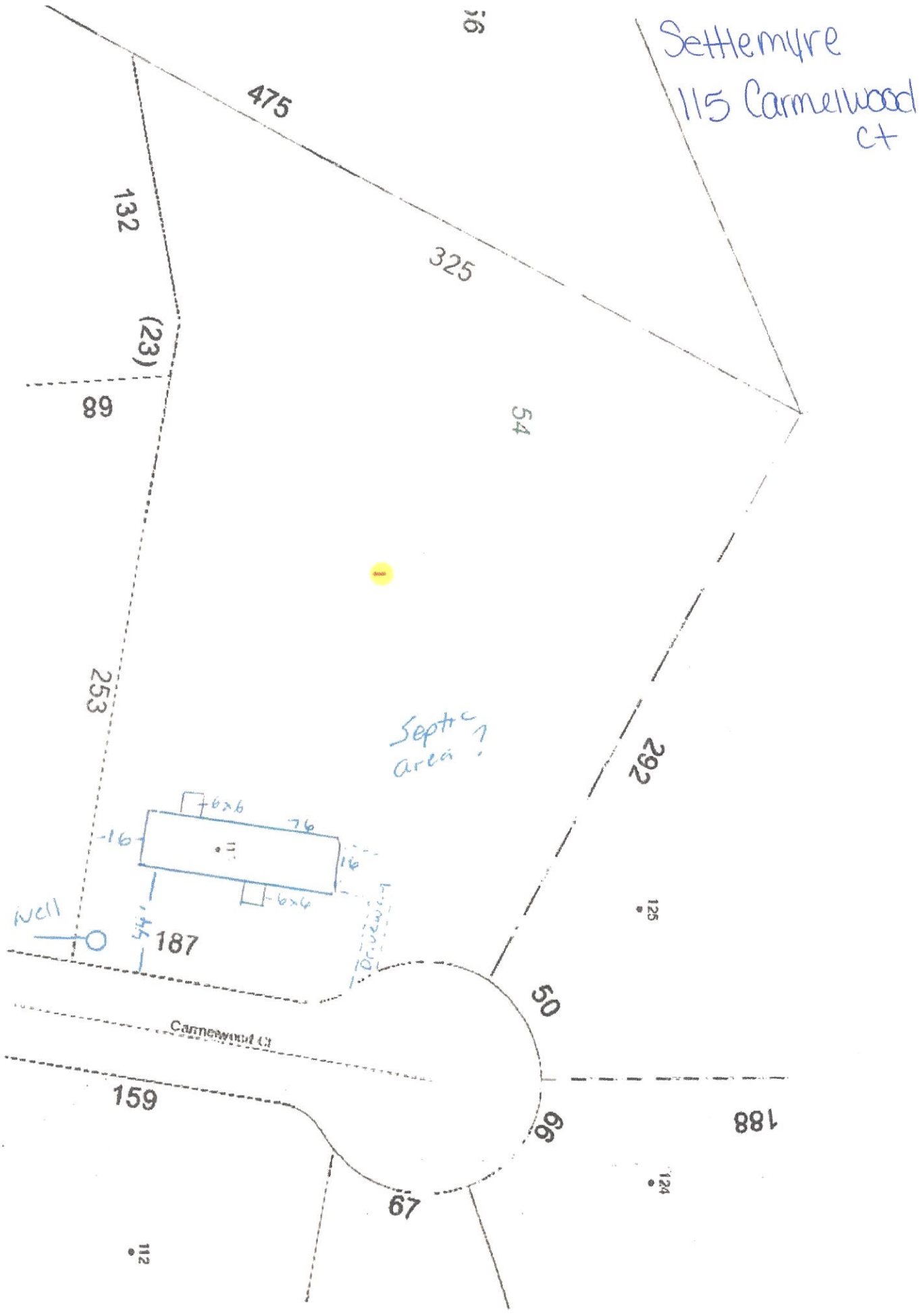
**USE THIS SPACE TO DRAW YOUR SITE PLAN**

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

8-12-2021
DATE

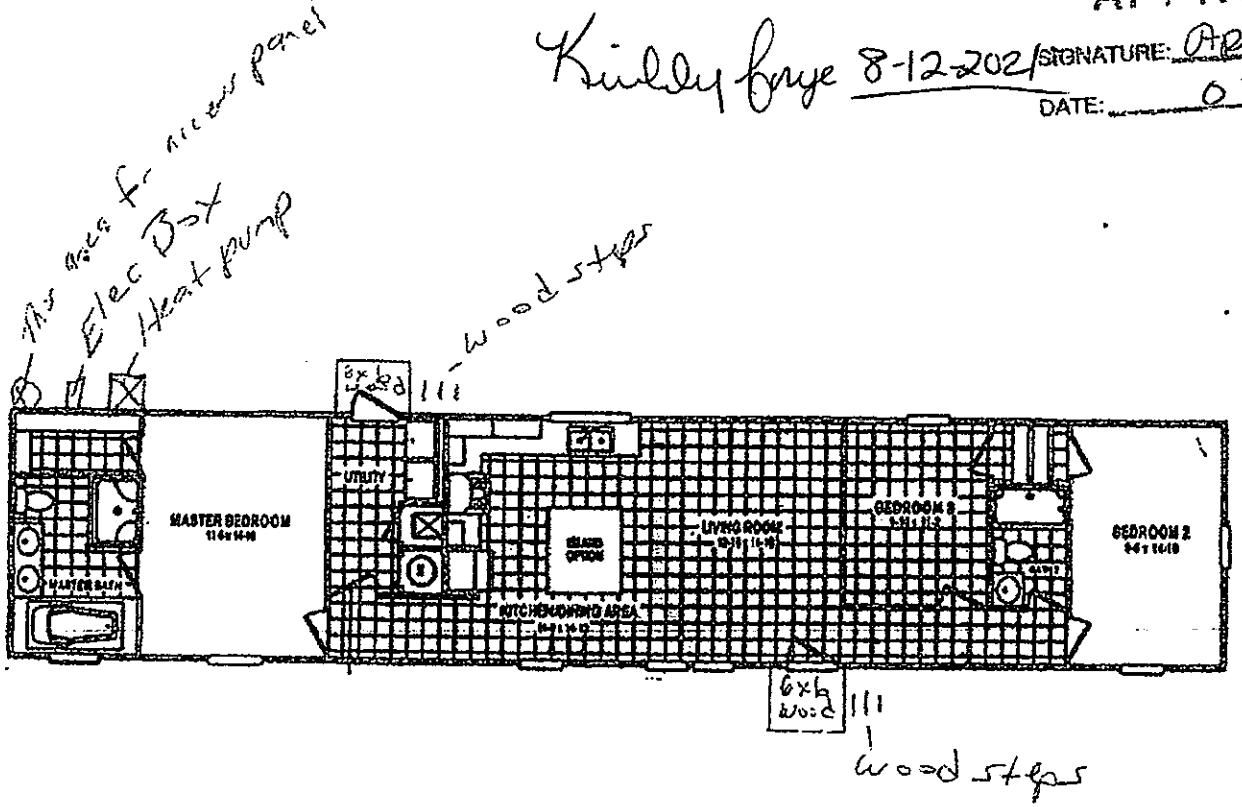

Settlemyre
115 Carmelwood ct
475
132
325
(23)
89
54
253
292
Septic area?
6x6
76
16
16
6x6
well
54'
187
Carmelwood Ct
50
159
99
188
67
125
124
112

16x76 Singlewide

APPROVED

Kirby Frye 8-12-2021 SIGNATURE: Approved

DATE: 07-22-21




* Split face block underpinning

Existing drive

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **320470**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4771372303.000 | 115 CARMELWOOD CT | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Name: SETTLEMYRE TINA K | Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE |
| Address: | Address: 1124 CHARLOTTE HWY<br>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 |
|---|---|---|---|---|---|---|
| 1.8 | 35 | 35 | 15 | 15 | | NO |

**Remarks**

SINGLE WIDE

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.

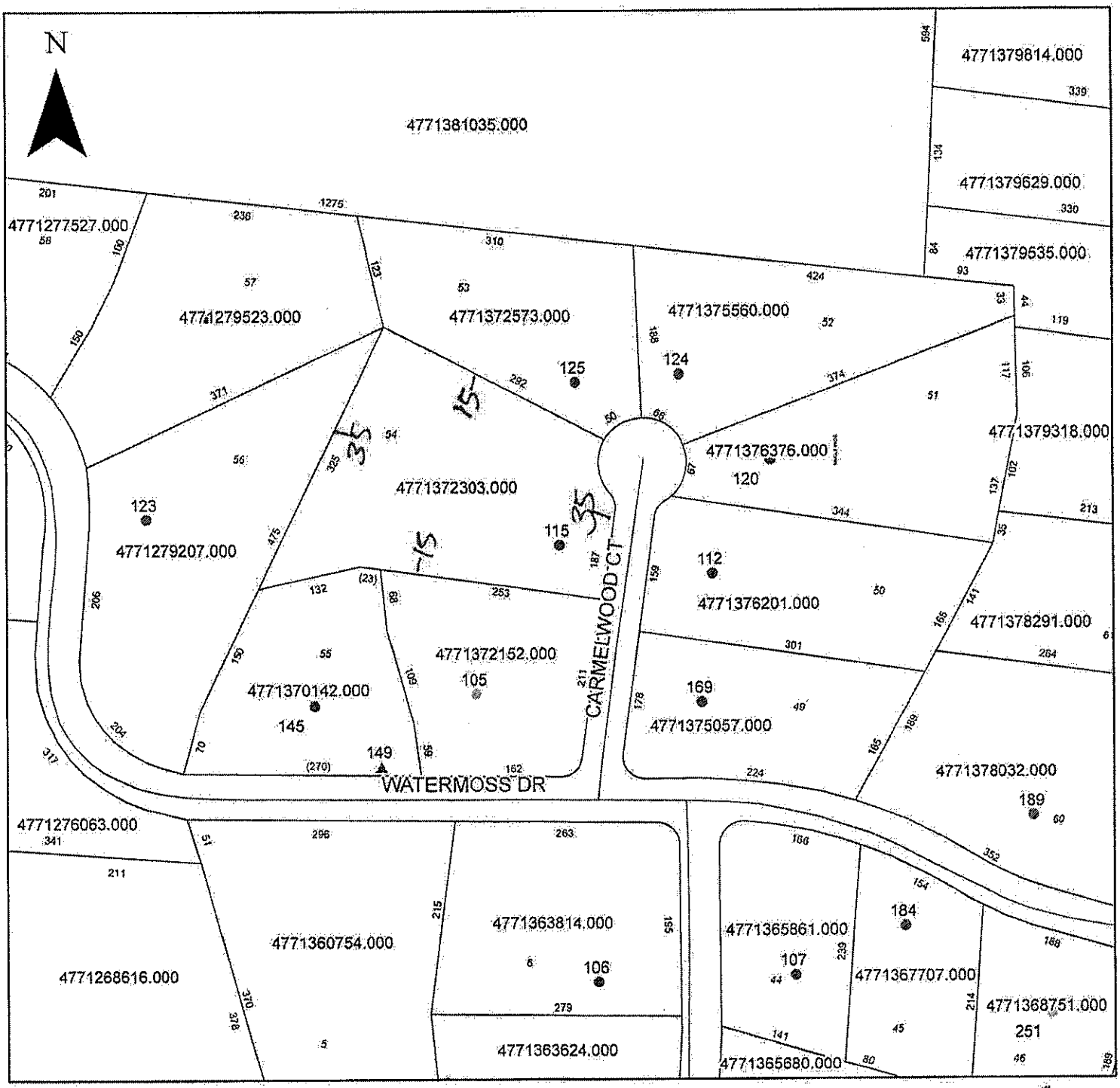
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

**Date:** 08/13/2021

Signature of Owner/Contractor

| Permit Number | 320470 | TOTAL FEES: | $77.25 |
|---|---|---|---|

# ZONING DISCLAIMER




Property Address 115 Carmelwood CT

1.9 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