IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2334/22.

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

PIN # 4771437486

APPLICANT/OWNER: Larry T. Freeze APPLICANT ADDRESS: 187 MT. Tabor RD.

SITE ADDRESS: 1594 Ostwalt Amity RD Cleveland NC 27013. PHONE: 704'528 9556 ALT. PHONE 704 232 2612.

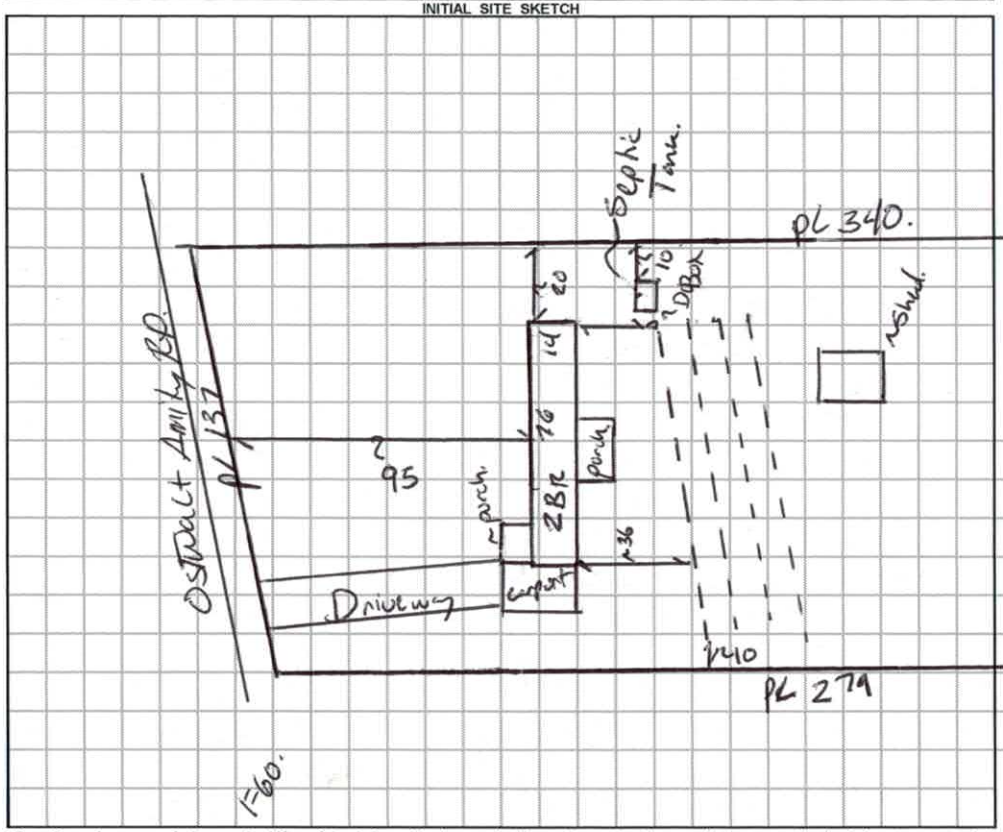
SITE DIRECTIONS: Ostwalt Amity RD, Past Cottonwood RD To Farm Lot on Right SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Wellwyn Estates SECTION: ~ LOT # 4 LOT AREA: 0.94 DESIGN FLOW: 360 gpd L.T.A.R.: EXT

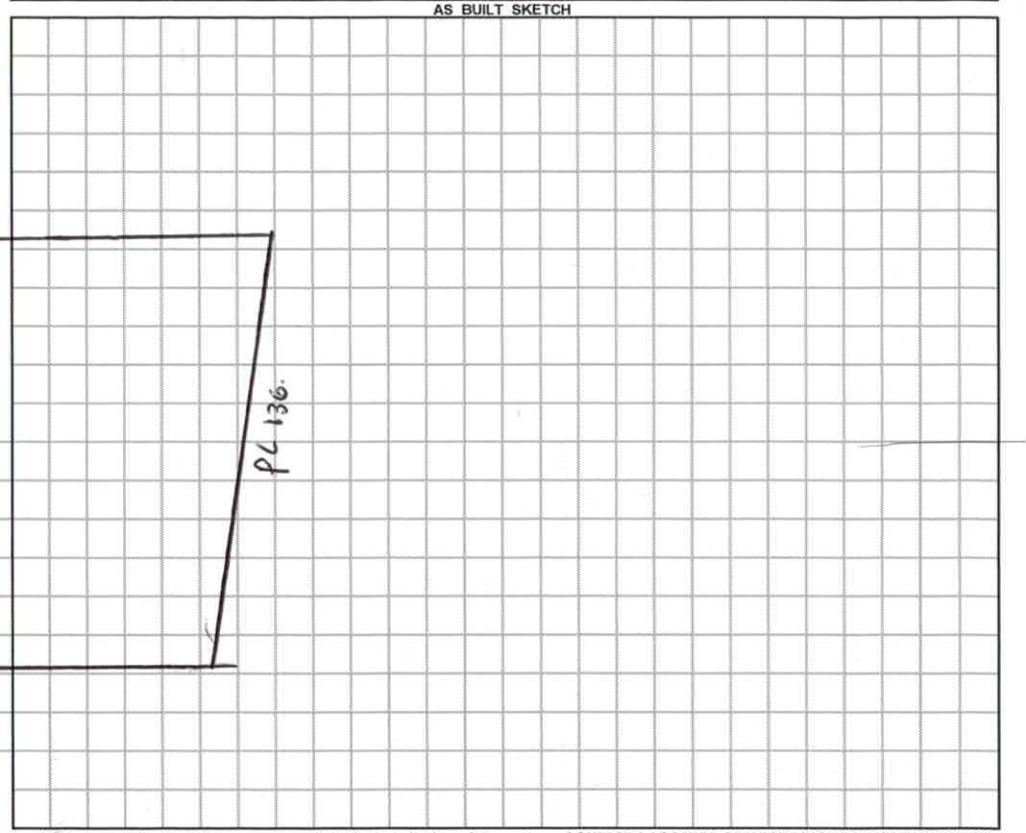
Septic Tank	Ext 1000 (gal)	STB ~	Date ~	☐ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	3	Water Supply
Pump Tank	~ (gal)	PT ~	Date ~	System Description: Existing Gravity Conventional.		☐ Business	No. Persons	6	☐ Private
Pump Make	~	Model	Serial #	Repair System Description: ~		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 400	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space		☑ Community
Trench Width	36	Trench Bottom Depth(Low side) ~		Gravel Depth 12	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: 3 bedroom system in ground 2 BR Mobile Home being brought in.

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. **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: Larry T Freeze Date: 5 MAR 2018 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A. Bottoms Date: 3/2/2018.

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

RECEIVED FEB 26 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

233422

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct X Existing System Inspection

Paid $250.00

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
LARRY T. FREEZE	187 MT. TABOR Rd	704 528 9556	704 232 2612
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
LARRY T FREEZE	187 MT. TABOR Rd	704 528 9556	704 232 2612

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
1594 OSTWALT AMITY Rd	WELLWYN ESTATES	4

Driving Directions: ON OSTWALT AMITY Rd, PAST COTTONWOOD Rd TO FOURTH LOT ON RIGHT

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed 1995 *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Larry T Freeze — 18 FEB 2018

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, Larry J Trey, am the legal owner(s) of the property located at 1594 Old Statesville Amity Rd, identified as PIN (Parcel Identification Number) 4771 437 486, located in Iredell County, North Carolina.

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

Larry J Trey 2/26/18 — Signature of Owner(s) / Date

Brenden D. Trey 2-26-18 — Signature of Witness / 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

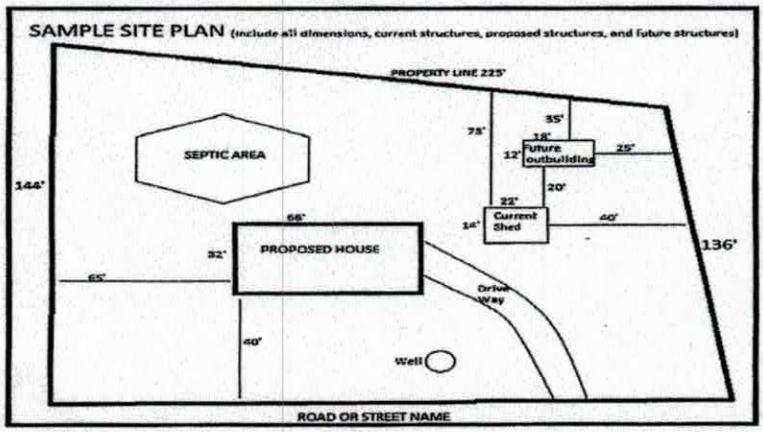
X Front and side setbacks from property line… **X Preferred driveway location and configuration, preferred well location…**

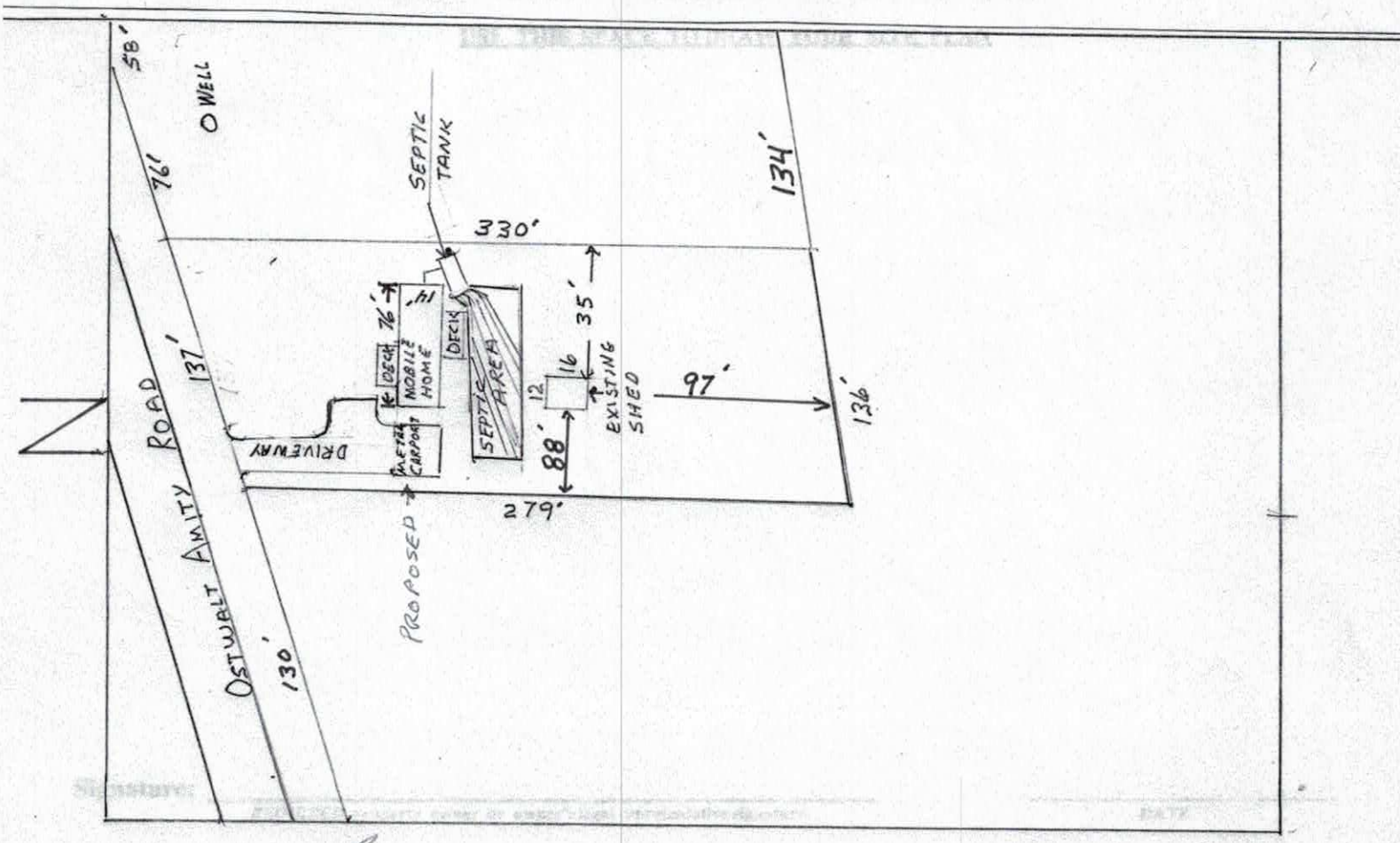
X Area you prefer your septic system to be placed… **X North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

X 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**





Larry L Frey 26 FEB 2018

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 10473170 PIN# 4771 43 7486 DATE 2-11-2002

OWNER OR CONTRACTOR Larry Freeze PHONE: Business 528-9556 Home

ADDRESS 187 Mt. Tabor Rd Mexeland, NC

LOCATION Oswalt Amity Rd. Pass Cottonwood 4th on Rt.

SUBDIVISION Wellwyn Est BLOCK / SECTION LOT 4 LOT AREA .94Acres SITE CLASS PS DESIGN FLOW 360gpd T.A.R.

Existing

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields Square Feet 1200' Linear Feet 400'

No Lines 4@100 Trench Width 36" Max Trench Bottom Depth Gravel Depth 12"

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

System Description: Existing Gravity Conventional

Repair System Description: Same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

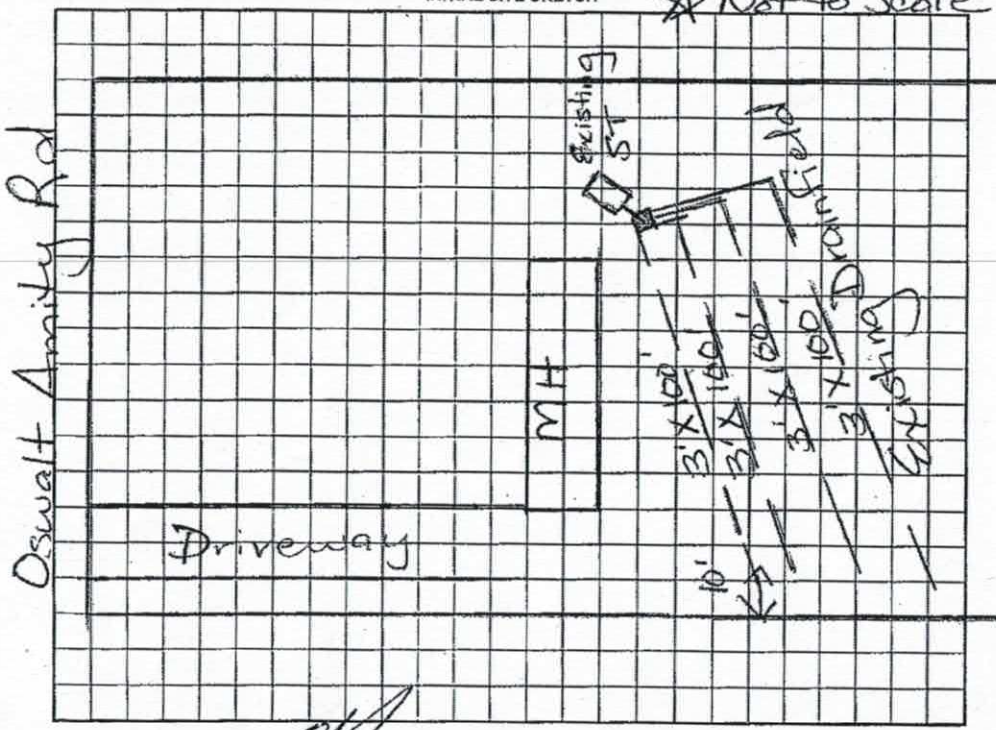
Water Supply: ☐ Individual ☐ Public ☒ Community

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

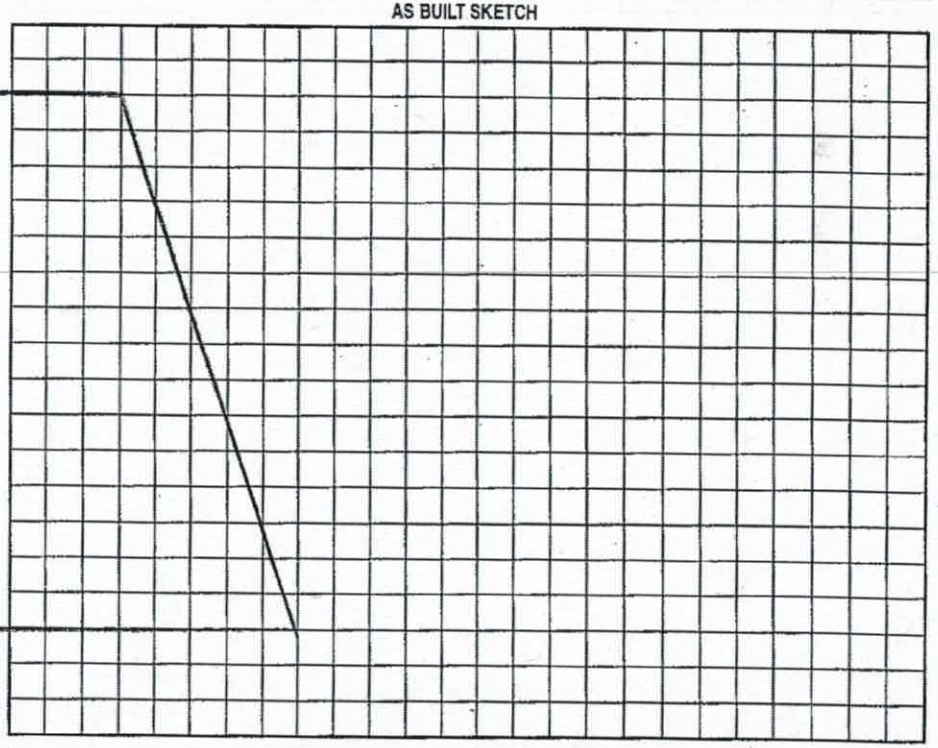
Comments:/Conditions: Existing Septic System appears to be functioning okay at time of inspection

Comments:/Conditions: Originally installed 6/14/95

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: date Installed by:

Improvement Permit by: Maria H. Dotson RS date 2/11/2002 Operation Permit by: date

Authorization to Construct by: date Existing System Inspection by: Maria H. Dotson RS date 2/11/2002

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

IREDELL COUNTY

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

APPLICATION NUMBER
233422
Issue Date: 02/14/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4771437486.000	1594 OSTWALT AMITY ROAD, CLEVELAND, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: FREEZE LARRY T+BRENDA	Applicant: FREEZE LARRY T+BRENDA
Address: 187 MT TABOR RD	Address: 187 MT TABOR RD
CLEVELAND, NC 27013	CLEVELAND, NC 27013
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.940	35.00	35.00	15.00	15.00	NOT	X

Remarks:

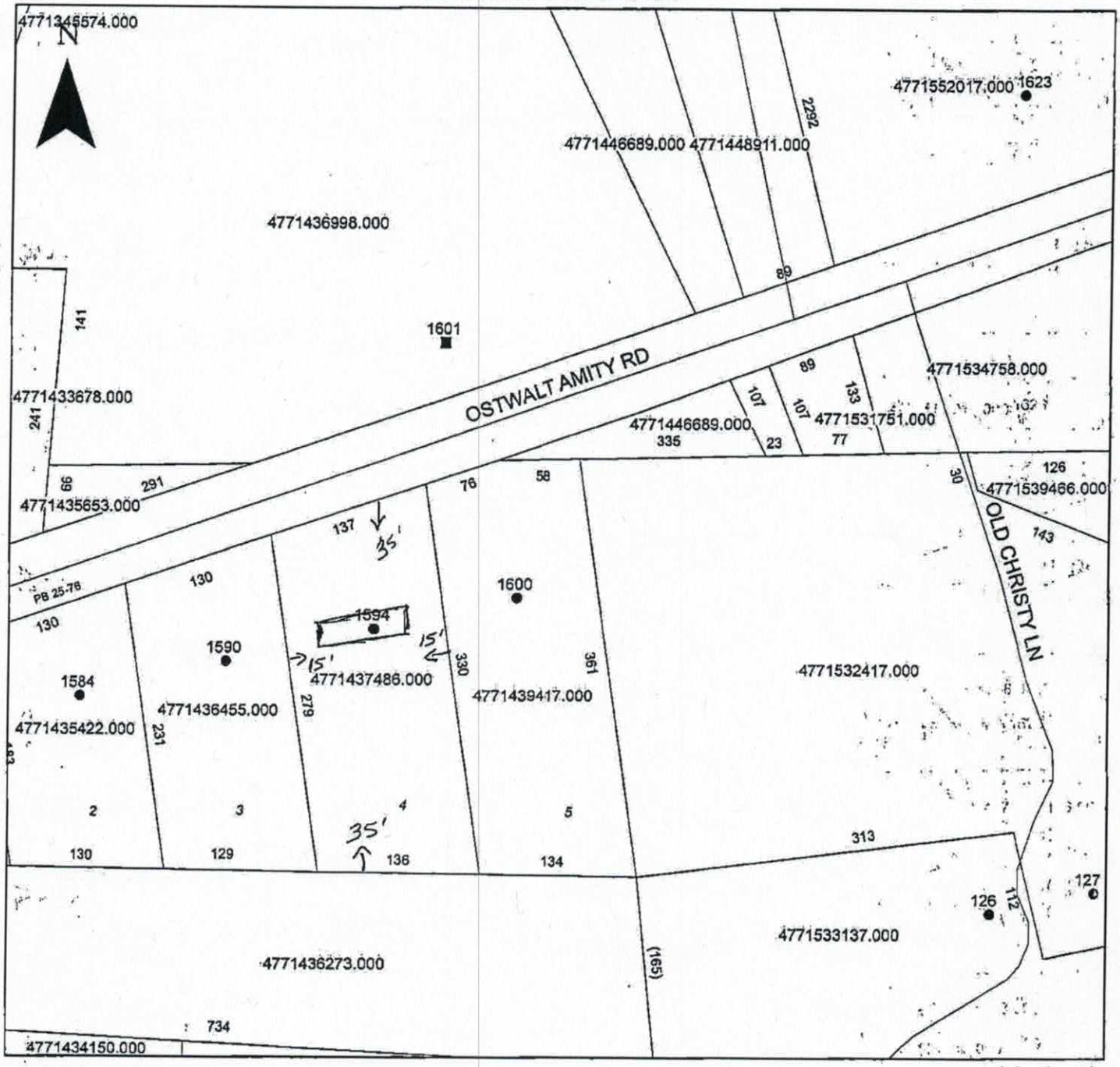
REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have 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.

Applicant: Larry T Freeze Date: 26 FEB 2018

Permit Number	128784	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 1594 Ostwalt Amity Rd.

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.

Larry L Trey

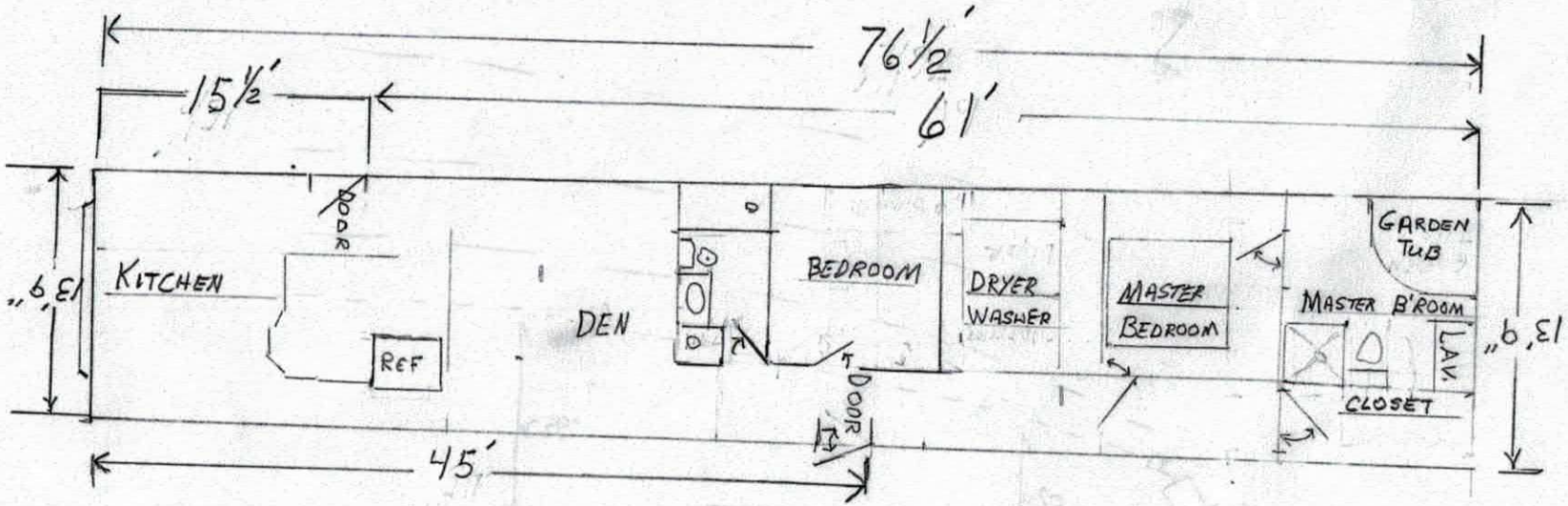
Applicant

14 Feb 2018

Date

N

OSTWALT AMITY Rd



Acknowledgement of
Plans Submittal ONLY!

Date 27 FEB 2018

Date