IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 242216

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

PIN # 4779583106.000.

APPLICANT/OWNER: Freedom Homes

APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 127 Pishner Drive Harmony NC 28634

PHONE: 704-881-2326 ALT. PHONE –

SITE DIRECTIONS: Exit 54 7.89 miles Onto Mont Bethel Rd 2nd Left onto Pishner Drive on left

SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Pishner Estates

SECTION: 1 LOT # 4 LOT AREA: .465

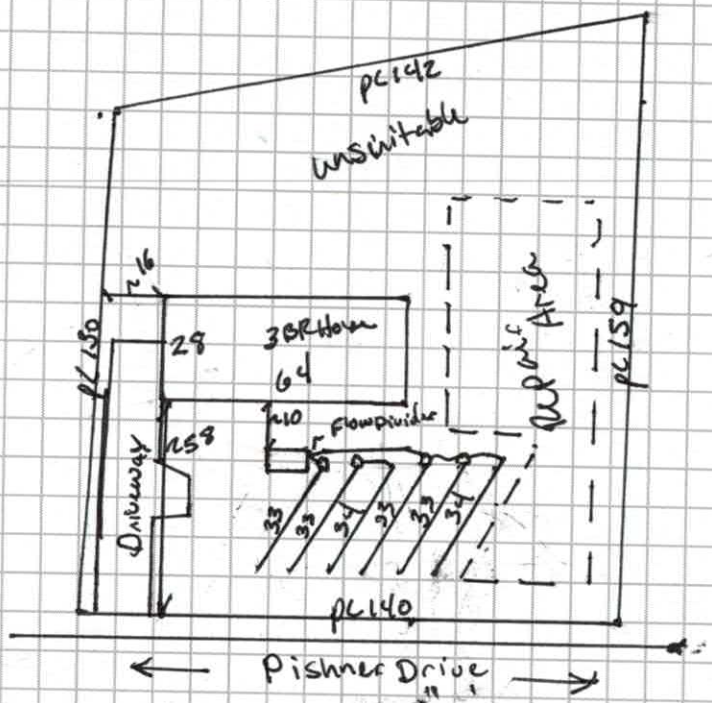
DESIGN FLOW: 360 L.T.A.R.: .30 EXT

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

Water Supply: ☐ Private ☑ Public ☐ Community

Comments / Conditions: System functioning at time of inspection. Do not Drive, park, pave, grade or bury utilities in designated area.

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: Kimberly Smead Date: 3/12/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Benjamin A Bottis Date: 3/8/2019

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 14 2018

242216 Paid $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 Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Esther Pishner Address: 141 Pishner Drive Harmony NC Zip: 28634
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 127 Pishner DR Harmony NC 28634
Subdivision Name: Pishner Estates Section/Phase: _____ Lot Number: 4
Driving Directions: I-77 toward Elkin, Exit 54 (R) 7.89miles (R) onto Mount Bethel Rd, 2nd left onto Pishner Dr, all 127 Pishner Dr is on left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) 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: _____

PAID 2-14-18

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 County Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 2007
( ) 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 2-14-19
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, Esther M. Pishner, am the legal owner(s) of the property located at 117 4127 Pishner Drive Harmony NC 28634, identified as PIN (Parcel Identification Number) 7741570574277231 6, located in Iredell County, North Carolina.

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

Esther M Pishner 2-13-19
Signature of Owner(s) Date

Signature of Witness 2-13-19
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

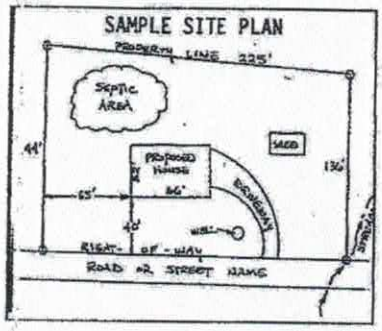
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) 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

Attached

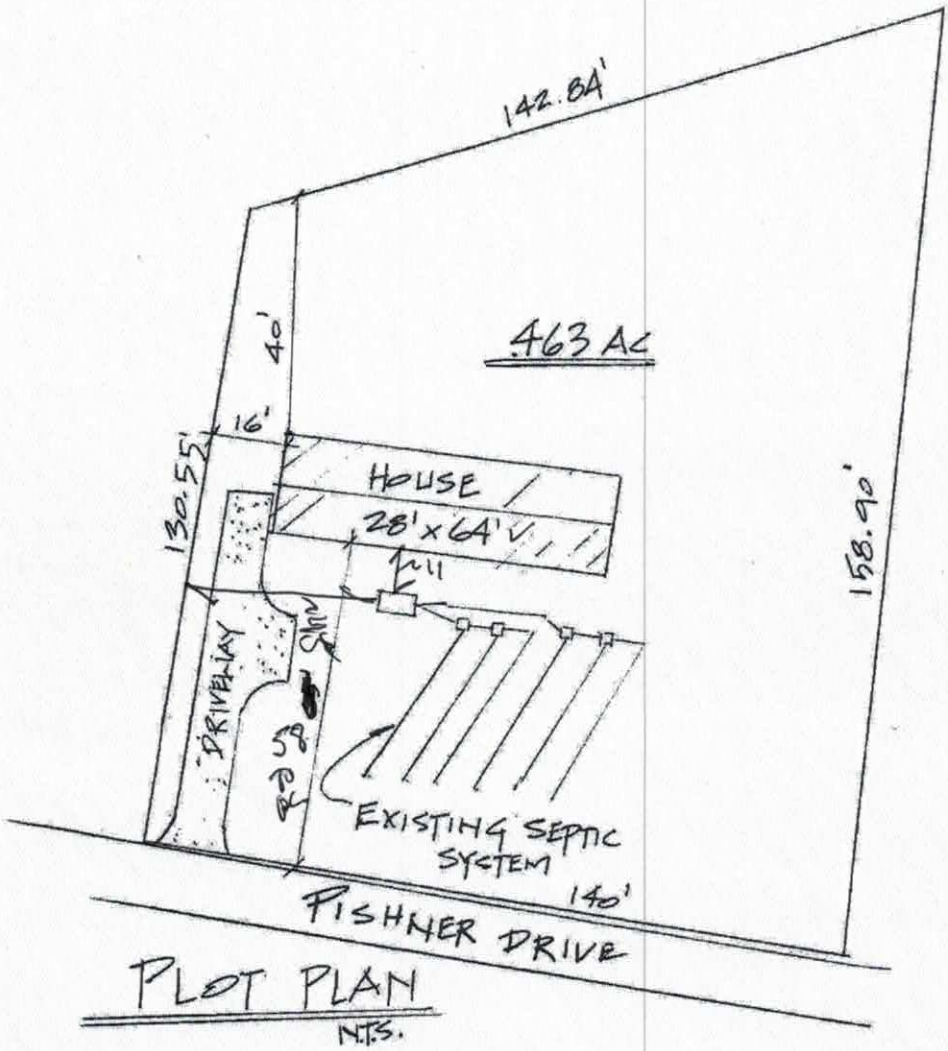
Signature: Kimberly Smith

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

2-14-19

DATE

JOSH SELLS
127 PISHNER DR.
HARMONY, NC



PLOT PLAN
N.T.S.

IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 107052 PIN# 4779-60-5124.4 4999-58-3106 DATE 6-27-02

OWNER OR CONTRACTOR FILBERT W. PISHNER PHONE, Business Home 704-546-1478

ADDRESS 127 PISHNER DRIVE HARMONY NC 28634

LOCATION US 21 N TR MT BETHEL RD TL PISHNER DR 3RD LOT ON LEFT

SUBDIVISION Pishner Estates BLOCK / SECTION 1 LOT 4 LOT AREA 0.765 ACRS SITE CLASS B5 DESIGN FLOW 360 I.T.A.R. 0.30 GPD/SQ FT

Septic Tank: 1000 Gallons: STD 900 Date 8-27-98

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Notification Fee: No. Fields 1 Square Feet 450 sq. ft. / 250 Linear Feet 200'

No. Lines 5 1/2 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 24" & 6" ☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

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

System Description: 50% REDUCTION GRAY

Repair System Description: 50% REDUCTION LOW

Maintenance Agreement Required: ☐ Yes NONE REQUIRED ☐ Other

☐ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

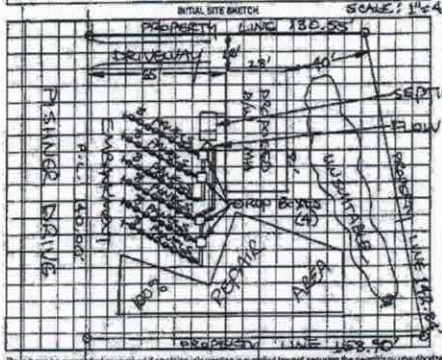
☐ Business: No. Employees

Water Supply: ☐ Individual ☐ Public ☐ Community

Comments/Conditions: INSTALL 50% REDUCTION SYSTEM USING 48 PPBS PANELS IN SIX EQUAL LENGTH LINES W/ CONTOUR AS FLAGGED.

Comments/Corrosive:

INITIAL SITE SKETCH SCALE: 1"=40'



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: F.W. Pishner date 7-3-02 Installed by: JOHNNY TRAVIS

Improvement Permit by: STEVE HEDRICK date 6-27-02 Operation Permit by: Kelly Cook date 2-28-07

Authorization to Construct by: STEVE HEDRICK date 6-27-02 Existing System Inspection by: date

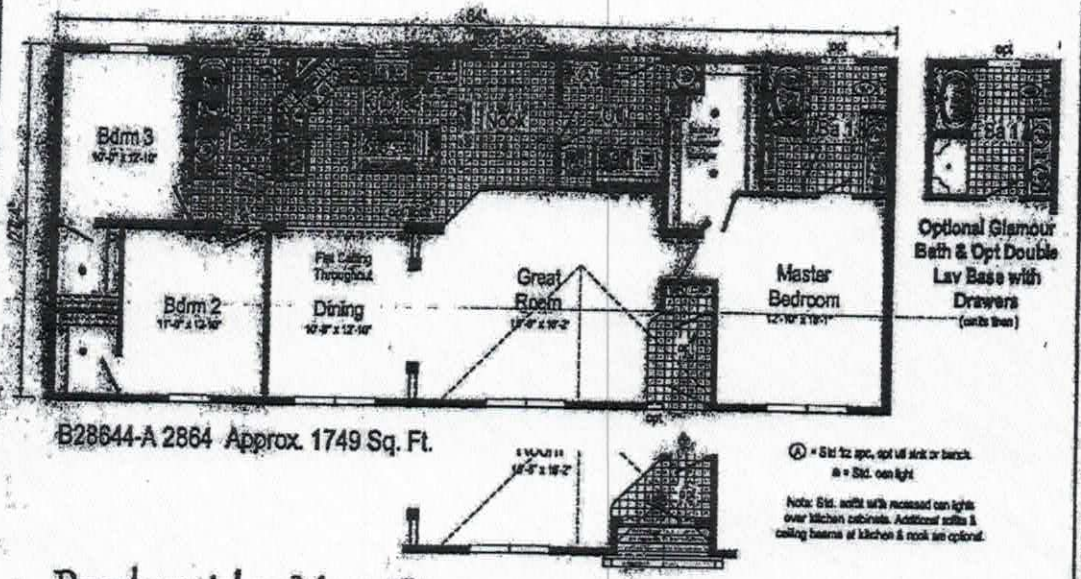
HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

FREEDOM HOMES

1124 Charlotte Highway
Troutman, NC 28166
freedomhomestroutman.com

Breckenridge

ASK ABOUT THE ENERGY SMART HOME



B28644-A 2864 Approx. 1749 Sq. Ft.

Ⓐ = Std 12 spc, opt u/l slnk or bench.
ⓐ = Std. can light

Note: Std. soffit with recessed can lights over kitchen cabinets. Additional soffits & ceiling beams at kitchen & nook are optional.

Breckenridge Max 28

Opt. Recessed Covered Entry with Columns

R-Anell Housing Group, LLC - Subsidiary of The Commodore Corp.	Orig.cd: 2004		Scale: 1/8" = 1'-0" Down 8in OT	Date: 10/17	Cust.:		B28644-A
Title: Upstairs				Reference: B28644	Dir.:	Pg:	LIT
					Elev.:		

Date

Date

IREDELL COUNTY

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

APPLICATION NUMBER
242216
Issue Date: 02/14/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4779583106.000	127 PISHNER DRIVE, HARMONY, NC	IREDELL COUNTY

FILE COPY

Owner Information	Applicant Information
Owner: PISHNER ESTHER M	Applicant: FREEDOM HOMES-TROUTMAN
Address: 141 PISHNER DR	Address: 1124 CHARLOTTE HWY
HARMONY, NC 28634	TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR--SEPTIC ON PROPERTY WAS PUT IN FOR DW BUT NOW MODULAR SAME # OF BEDROOMS AND SMALLER BOX SIZE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.465	35.00	35.00	15.00	15.00	NOT	X

Remarks:

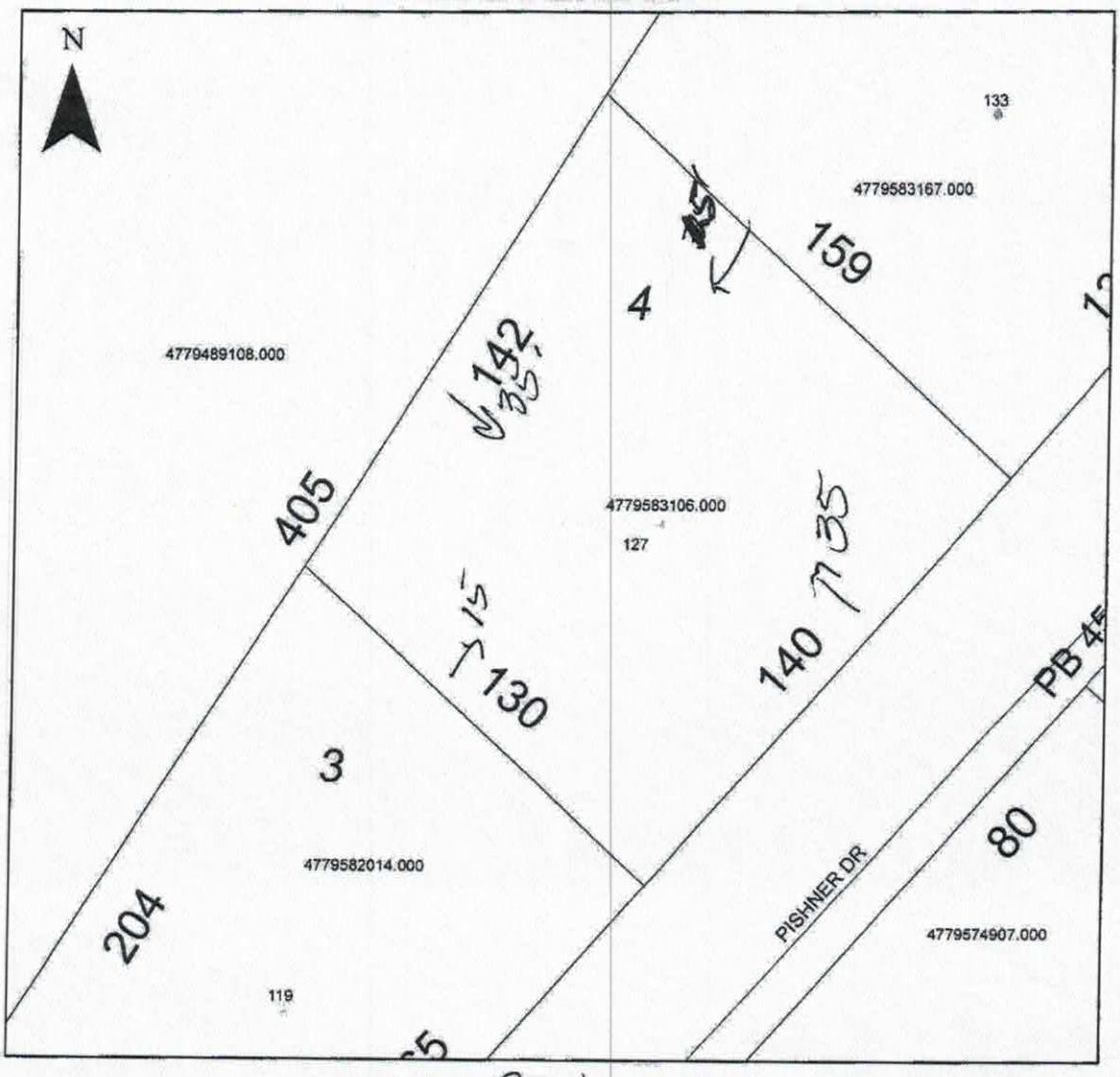
PAID
2699
MH 2/14

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: _____ Date: _____

Permit Number	167610	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 127 Pishner

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.

Kimberly Smith
Applicant

2-14-19
Date