IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 23153I

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

PIN # 4801913140

APPLICANT/OWNER: Freedom Homes APPLICANT ADDRESS: 1124 Charlotte Hwy

SITE ADDRESS: 290 Shoemaker Farm Rd. Statesville, NC PHONE: 704-881-2326 ALT. PHONE —

SITE DIRECTIONS: NC 115 N → L on Mountain View Rd → L on Brookhaven Rd → L on Shoemaker Farm Rd → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — SECTION: — LOT # — LOT AREA: 3.179 ac DESIGN FLOW: 240gpd L.T.A.R.: —

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields EXISTING # Lines Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

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

System Description: EXISTING

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 2

☐ Business No. Persons 4

☐ Other No. Employees

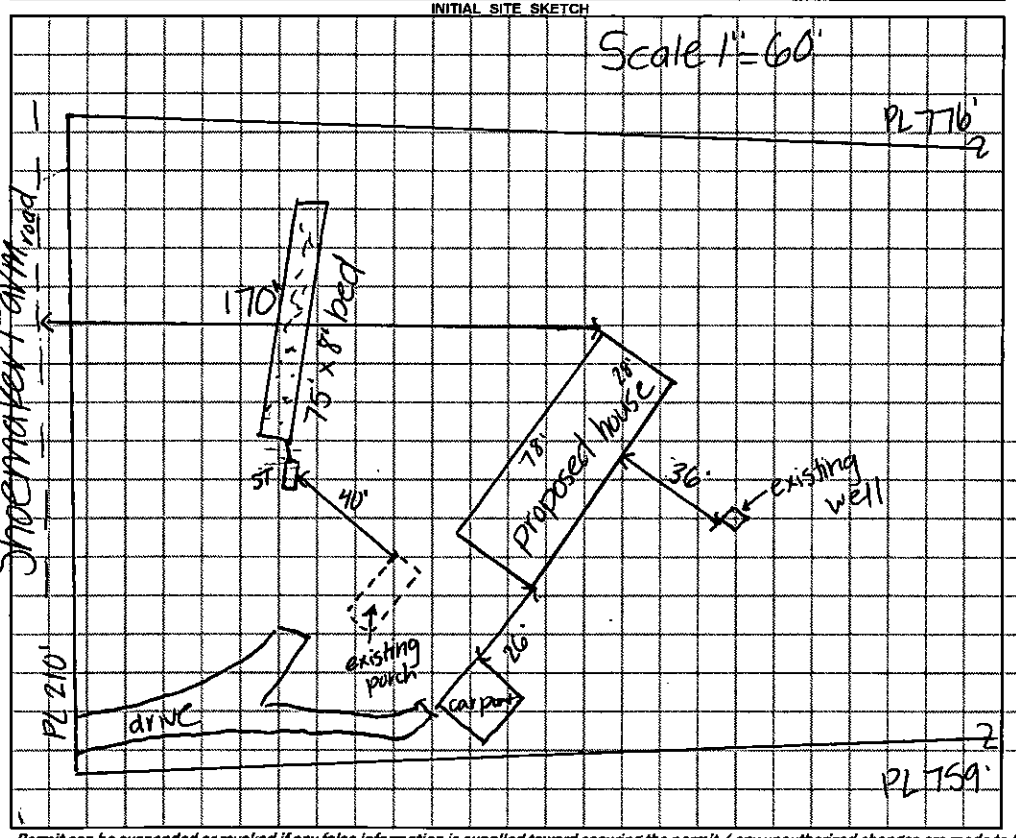
☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

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 Sneed Date: 12-13-17 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Kayla Wilson Date: 12-13-17

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.

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)

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

****

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 #
Freedom Homes / Kimberly Sneed	1124 Charlotte Hwy Troutman NC 28166		704-881-2326
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Gary Morabito	P.O Box 2605 AZ 86040	928-682-9430	

****

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
290 Shoemaker Farm Rd	Statesville, NC 28625	

Driving Directions: 12 miles on 115 Toward Wilkes, ⓒ onto Brookhaven Rd, 2.7 miles, .7 miles ⓒ onto Shoemaker Farm Rd, (.2 miles) Destination is on Left

****

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

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

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

- (X) 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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

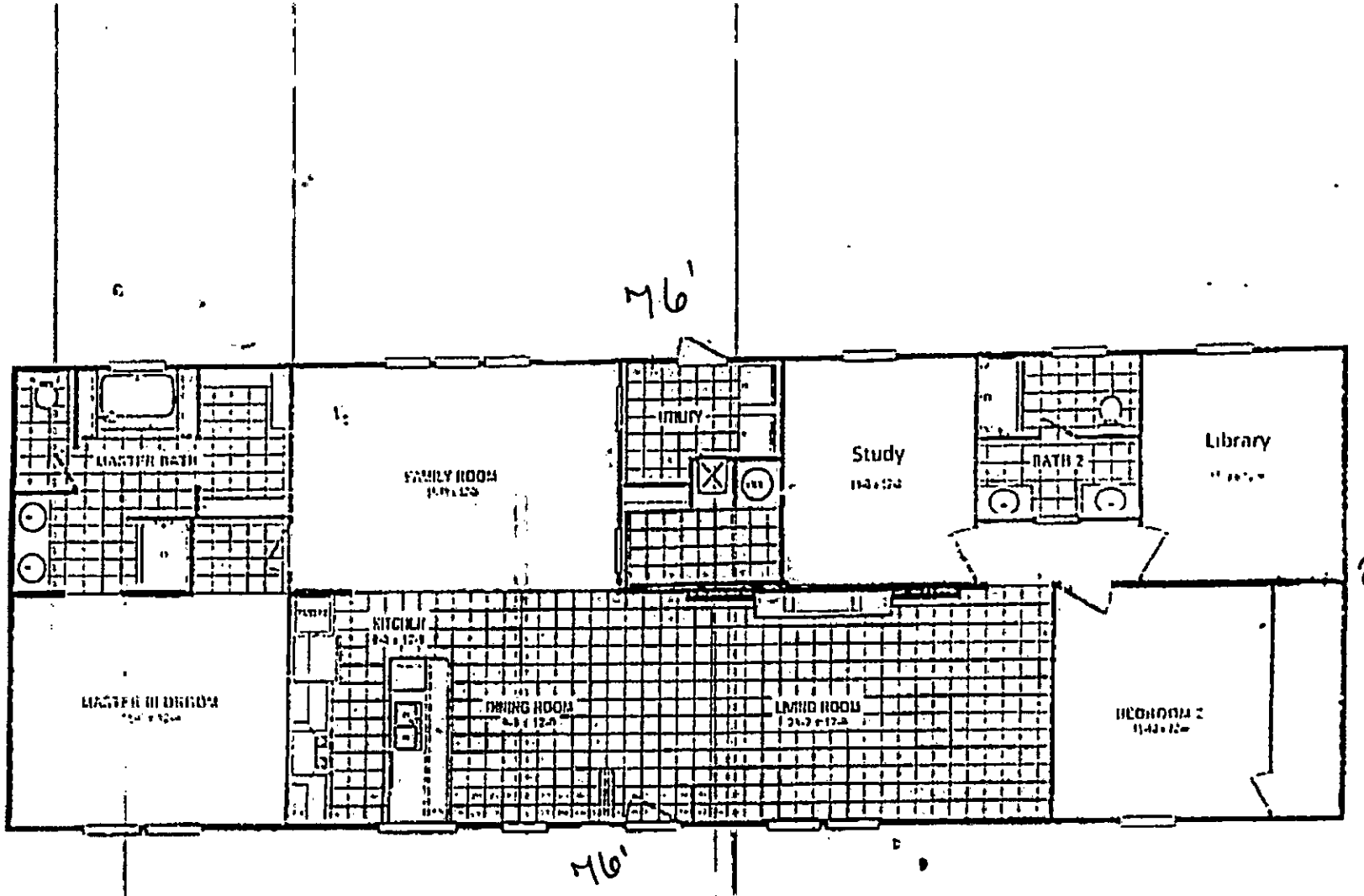
8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes ( ) No Is the site subject to approval by any other public agency?

****

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

12-13-17
DATE



Acknowledgement Of
Plans Submitted Properly!

Date 12-12-17

Date 12-13-17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 4801913140
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Gary Morabito
ADDRESS: 290 Shoemaker Farm Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: NC 115 N→L on Maintain View→L on Brookhaven→L on Shoemaker Farm→1st on L
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 11-13-17
DATE EVALUATED: 11-30-17
PROPERTY SIZE: 3.179 ac
PROPERTY RECORDED: yes

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8% LS	0-10	WABK SCL	Fr,SS,SP,SEXP	23-50 few yellowbrown mottles	23	30-50 many RC sap inc!		U
		10-23	ABK C	Fr,S,P,SEXP					
		23-30	platy C	Fr-Fi,S,P					
		30-50	WABK CL	Fi,SS,SP,SEXP					
2	6% SS	0-8	WABK SCL	Fr,SS,SP,SEXP	16"-41" chroma 2 2.5 Y 7/2 612	16	8-16 com rock inc 16-24 many rock inc.		U
		8-16	ABK C	Fr-Fi,S,P,SEXP					
		16-24	platy C	Fi,S,P					
		24-41	ROCK	VFi					
3	9% LS	0-8	rock	—	—	26	26-39 few-com rock inc.		U
		8-14	WABK SCL	Fr,SS,SP,SEXP					
		14-26	ABK C	Fr-Fi,S,P,SEXP					
		26-39	Platy C	Fr-Fi,S,P					
		39-49	rock	—					
4	10% LS	0-7	WABK SCL	Fr,SS,SP,SEXP	36-48 com yellow brown mottles	23	—		U
		7-23	ABK C	Fr-Fi,S,P,SEXP					
		23-36	platy C	Fi,S,P					
		36-48	platy CL ABK	Fi,SS,SP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	U	U
System Type(s)	1	1
Site LTAR		

OTHER FACTORS (.1946): U
SITE CLASSIFICATION (.1948): U
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

Deeded: 1959

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Expansion to more Bedrooms

Application For: ( ) New Well Permit (X) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 from Bedroom

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: Gary Morabito Address: PO Box 21605 / AZ 86046 Zip: _____
Owner Email: _____ Phone: 904-682-9430 Alt. Phone: _____

Property Information:

Street Address: 290 Shoemaker Farm Rd Statesville, NC 28625
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 12 miles on 115 Toward Wilkesboro, L onto Brookhaven Rd, 2.7miles, .7miles Left onto Shoemaker Farm Rd, 2 Destination is on left

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

		CHECK FOUNDATION TYPE
(X) New Single Family Residence	Maximum Number of Bedrooms: 4	(X) Crawl Space Foundation
( ) New Multi-Family Residence	Maximum Number of Occupants: 3	( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	( ) Basement with Plumbing
(X) 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/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 ( ) 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 11-13-17
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, Gary Morabito, am the legal owner(s) of the property located at 290 Shoemaker Farm Rd Statesville, NC 28625, identified as PIN (Parcel Identification Number) 4801-91-3140, 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.

Gary Morabito 11-8-17
Signature of Owner(s) Date

Signature of Witness 11-8-17
Date

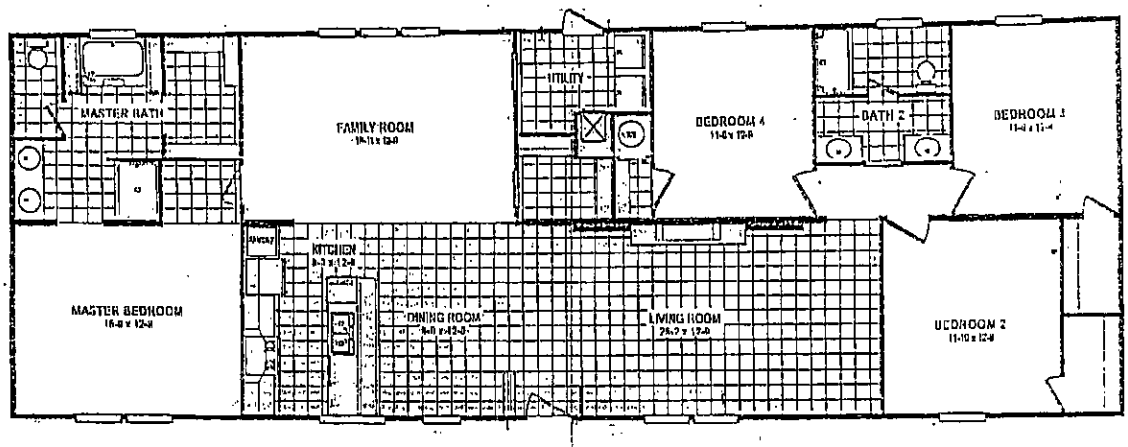
Please return this signed form to the appropriate office:

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

The Breeze 2

Acknowledgement Of
Plans Submittal ONLY!
Date 11-13-17
Date



IREDELL COUNTY

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

APPLICATION NUMBER
231531
Issue Date: 11/13/2017

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4801913140.000	290 SHOEMAKER FARM ROAD, STATESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MORABITO GARY	Applicant: FREEDOM HOMES-TROUTMAN
Address: P O BOX 4215 ASPEN, CO 81612	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
DOUBLEWIDE GOING IN PLACE OF SINGLEWIDE WILL NEED EXPANSION	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
3.179	35.00	35.00	15.00	15.00	PASY	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Minimum size of main body is at least 22 feet by 40 feet; Must have standard residential shingles; Minimum of 3/12 roof pitch; Must have continuous masonry underpinning; Must have minimum roof eave and raker projections of 6 inches; Must have a 36 square foot deck or porch at all front and rear entrances; Exterior siding must consist of vinyl or aluminum lap siding, wood, or hardboard, comparable in composition, appearance and durability to residential siding; Must remove towing apparatus; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original mobile 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: _____ Date: _____

Permit Number	120552	TOTAL FEES:	$ 77.25