ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 326786

HS BLDR - OSSCP-2023-23010

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

PIN # 4639-70-2894

APPLICANT/OWNER: Goodin Construction | APPLICANT ADDRESS: 915 River Hwy Mooresville, NC 28117

SITE ADDRESS: 121 Summerwind Dr. Mooresville, NC 28117 | PHONE: 704-363-7302 | ALT. PHONE

SITE DIRECTIONS: NC 150W TR Perth Tl Lura Ln TR Bay Crossing TR Summerwind on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing | SECTION: | LOT # 114 | LOT AREA: 2.53Ac | DESIGN FLOW: 60 Gpd | L.T.A.R. .3

Septic Tank	500 (gal)	STB	964	Date	9-19-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT	353	Date	8-26-23	System Description:	LP-CVB-PPBPS			☐ Business	No. Persons 10
Pump Make	Zoeller	Model	BN140	Serial #		Repair System Description:	PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	334	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	min 24"	Trench Bottom Depth (Low side)	36" max	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Storm/Surface water away from Septic

3 bedrooms shown must install 5 bed system

INITIAL SITE SKETCH

See attached, approved Plan by Michael Athanas & Assoc (dated 2/4/22)

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.

unfinished basement shown - max 3 bedrooms

Tanks - STI 1/20/23
*pool not marked at time of inspection

Top Line - MW 3/26/24
Bottom Line SW 4/1/24

MA 5/8/24

FLOATS 4-18-2024
ALARM BCW
ELECTRICAL
P.H.
CVB

POOL STILL NOT MARKED)

No pool being installed - See attached email

23 pgs 5-16-24 AD

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: Linda M Goodin | Date: 1/26/23 | Installed by: Shady Knoll

IMPROVEMENT PERMIT by: Maria Dotson | Date: 3/31/22 | OPERATION PERMIT by: ☒ | Date: 5/8/24

AUTHORIZATION TO CONSTRUCT by: D Inthavy | Date: 4/20/23 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

HS BLDR - OSWP-2023-23020

PERMIT # AP 326786

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

PIN # 4639--70--2899

APPLICANT/OWNER: Goodin Construction | APPLICANT ADDRESS: 915 River Hwy Mooresville, NC 28117

SITE ADDRESS: 121 Summer Wind Dr. Mooresville, NC 28117 | PHONE: 704 363-7302 | ALT. PHONE

SITE DIRECTIONS: NC 150 W TR Perth TL Lyra Ln TR Bay Crossing TR Summer Wind on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing | SECTION: | LOT # 114 | LOT AREA: 2.53 Ac | DESIGN FLOW: 600 gpd | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964	Date 9-19-23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT 353	Date 8-26-23	System Description:	LP-CVB-PPBPS	☐ Business	No. Persons	10	☒ Private
Pump Make	Zoeller	Model BN 140	Serial #	Repair System Description:	PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 334	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	min 24"	Trench Bottom Depth ~~(Low side)~~ max	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/ plumbing	☐ Basement w/o plumbing

Comments / Conditions: Divert Storm/Surface Water away from Septic

3 bedrooms shown: must install 5 bed system

INITIAL SITE SKETCH

See attached, approved Plan by Michael Athanas & Assoc (dated 2/4/22)

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.

unfinished basement shown - max 2 bedrooms

Tanks - Stl 1/20/23
*pool not marked at time of inspection

Top Line - MW 3/26/24
Bottom Line SW 4/1/24

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: Lynda M Goodin | Date: 1/20/23 | Installed by: Shady Knoll

IMPROVEMENT PERMIT by: Maria Dotson | Date: 3/31/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: D. Imeson | Date: 4/20/23 | Existing System Inspected by: | Date:

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

HS BLDR - OSWP-2023-23020

PERMIT # AP 326786

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

PIN # 4639 -- 70 -- 2894

APPLICANT/OWNER: Goodin Construction | APPLICANT ADDRESS: 915 River Hwy Mooresville, NC 28117

SITE ADDRESS: 121 Summerwind Dr. Mooresville, NC 28117 | PHONE: 704 363-7302 | ALT. PHONE

SITE DIRECTIONS: NC 150W TR Perth TL Liva Ln TR Bay Crossing TR Summerwind on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing | SECTION: | LOT # 114 | LOT AREA: 2.53Ac | DESIGN FLOW: 600gpd | L.T.A.R.: .3

Septic Tank	500 (gal)	STB 964	Date 9-19-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT 353	Date 8-26-23	System Description:	LP-CVB-PPBPS			☐ Business	No. Persons 10
Pump Make		Model	Serial #	Repair System Description:	PPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 334	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	min 24"	Trench Bottom Depth ~~(Low side)~~ max	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Divert Storm/Surface water away from Septic

3 bedrooms shown- must install 5 bed system

INITIAL SITE SKETCH

See attached, approved Plan by Michael Athanas & Assoc. (dated 2/4/22)

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.

unfinished basement shown- max 2 bedrooms

Tanks - Stl 1/20/23

*pool not marked at time of inspection

Top Line - MW 3/26/24

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: Linda M. Collier Date: 1/20/23 Installed by: Shady Knoll

IMPROVEMENT PERMIT by: Maria Dotson Date: 3/31/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Imeboy Date: 4/20/23 Existing System Inspected by: Date:

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

HS BLDR - OSWP-2023-23020

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 326786

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

PIN # 4639 -- 70 -- 2899

APPLICANT/OWNER: Goodin Construction | APPLICANT ADDRESS: 915 River Hwy Mooresville, NC 28117

SITE ADDRESS: 121 Summerwind Dr. Mooresville, NC 28117 | PHONE: 704 363-7302 | ALT. PHONE

SITE DIRECTIONS: NC 150 W TR Perth TL Liva Ln TR Bay Crossing TR Summerwind on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Bay Crossing | SECTION: | LOT # 114 | LOT AREA: 2.53Ac | DESIGN FLOW: 600gpd | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 964	Date 9-19-23	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	1500 (gal)	PT 353	Date 8-26-23	System Description:	LP-CVB-PPBPS			☐ Business	No. Persons	10	☒ Private
Pump Make		Model	Serial #	Repair System Description:	PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 334	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	min. 24"	Trench Bottom Depth (Low side) max	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Divert Storm/Surface water away from Septic

3 bedrooms shown- must install 5 bed system

INITIAL SITE SKETCH

See attached, approved Plan by Michael Athanas & Assoc. (dated 2/4/22)

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.

unfinished basement shown- max 2 bedrooms

Tanks - Stl 1/20/23

*pool not marked at time of inspection

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**

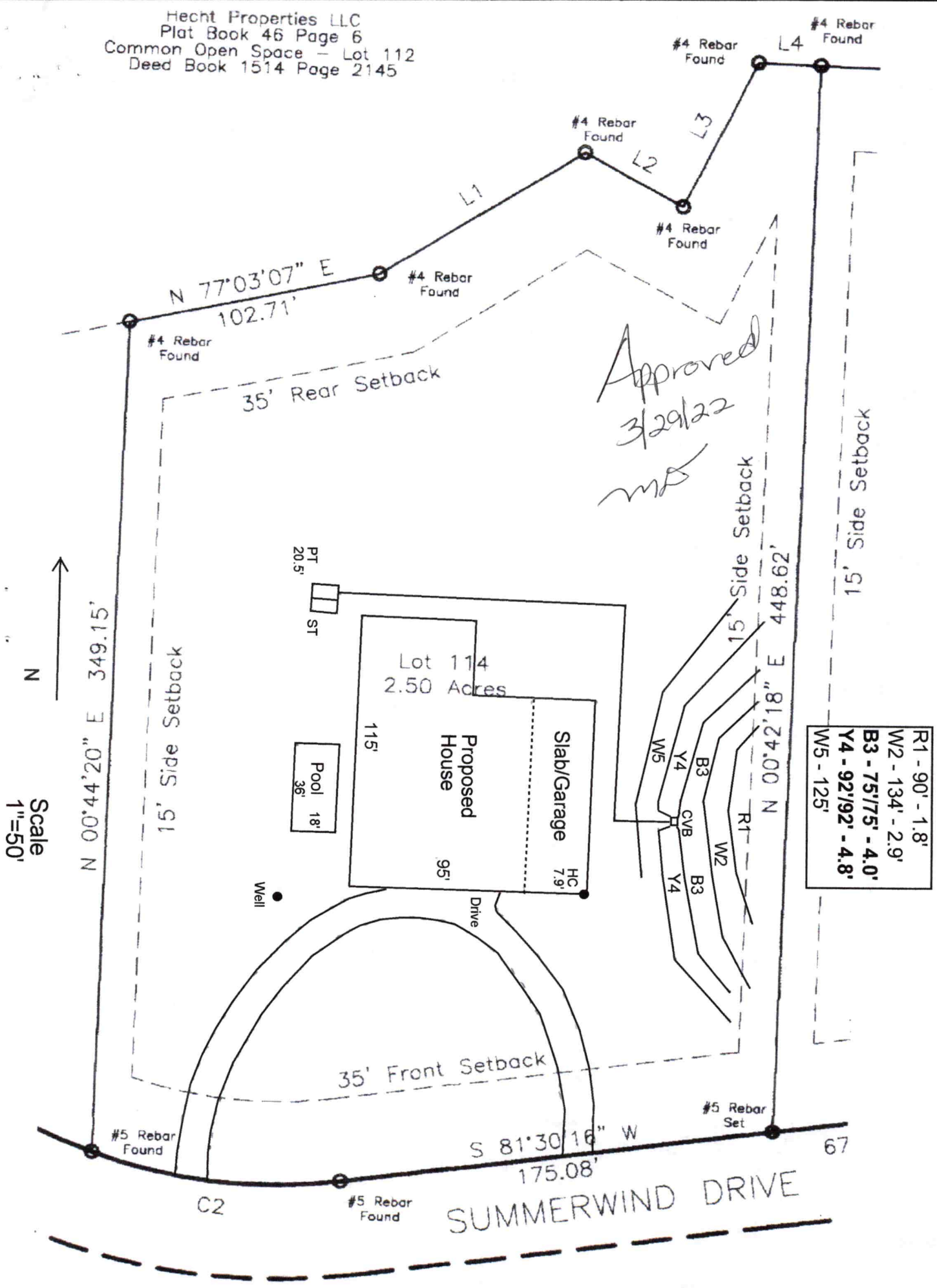
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

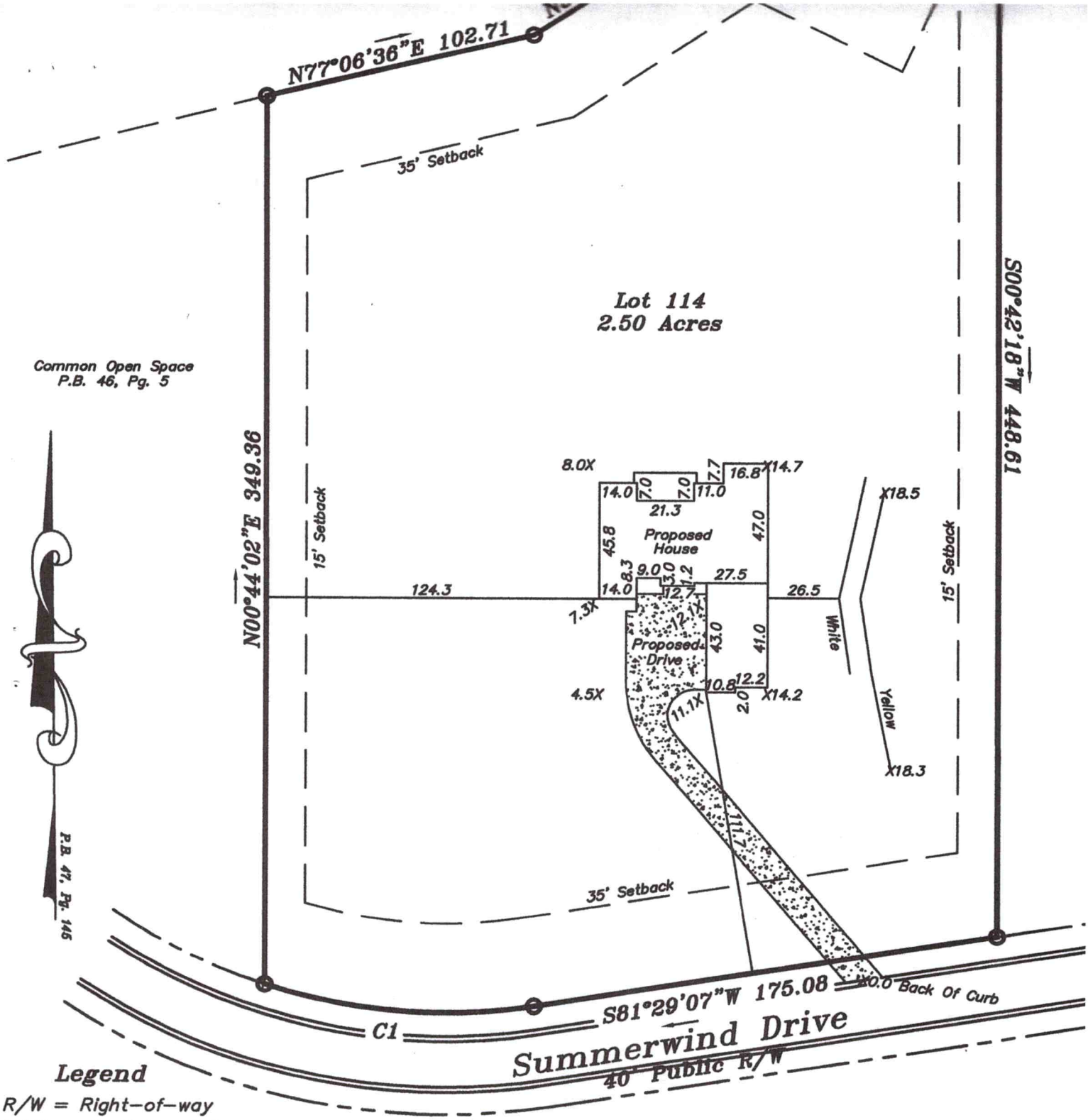
Owner / Applicant Signature: Linda M. Collier | Date: 1/20/23 | Installed by: Shady Knoll

IMPROVEMENT PERMIT by: Maria Dotson | Date: 3/31/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: D. Mabry | Date: 4/20/23 | Existing System Inspected by: | Date:

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


Hecht Properties LLC
Plat Book 46 Page 6
Common Open Space – Lot 112
Deed Book 1514 Page 2145
#4 Rebar Found
#4 Rebar Found
L4
#4 Rebar Found
#4 Rebar Found
L3
L2
L1
#4 Rebar Found
N 77°03'07" E
102.71'
#4 Rebar Found
#4 Rebar Found
35' Rear Setback
Approved
3/29/22
15' Side Setback
15' Side Setback
N 00°42'18" E 448.62'
PT
20.5'
ST
Lot 114
2.50 Acres
Proposed House
115'
95'
Slab/Garage
HC
7.9'
Pool
36'
18'
Well
Drive
W5
Y4
B3
CVB
R1
W2
Y4
B3
R1 - 90' - 1.8'
W2 - 134' - 2.9'
B3 - 75'/75' - 4.0'
Y4 - 92'/92' - 4.8'
W5 - 125'
N
N 00°44'20" E 349.15'
15' Side Setback
Scale
1"=50'
35' Front Setback
#5 Rebar Found
#5 Rebar Set
S 81°30'16" W
175.08'
67
C2
#5 Rebar Found
SUMMERWIND DRIVE



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
B.O.C. = Back of Curb
= Not to scale
= Telephone Pedestal
= Utility Pole
= Cable Pedestal
= Calculated Point

GRAPHIC SCA

60 0 30 60

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
2/4/2022

Approved
3/29/22
MD

Reference: Data Sheet for 121 Summerwind Dr, Bay Crossing Lot 114
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private Well
Number of Bedrooms/Daily Flow: 5/600 GPD
Predetermined LTAR: 0.3 GPD/FT^2 (ICHD)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low Pressure-Central Valve Box
Flow per Orifice: 0.41 GPM
Orifice Size: 5/32"
System Flow: 31.2 GPM
Dosing Volume: 273.6 gallons
Pump Run Time: 8.8 minutes
Elevation Head: 21.5'
Friction Head: 5.7'
Pressure Head: 2'
Total Dynamic Head: 29.2'
Supply Line Length: 230' of 2" PVC
Septic/Pump Tank Size: 1500/1500 gallons
Proposed Trench Bottom: 36"

LICENSED SOIL SCIENTIST
MICHAEL
SEAL
STATE OF NORTH CAROLINA

Line	Design Length	# of Panels	Actual Length	Elevation
Red 1			90'	1.8'
White 2			134'	2.9'
Blue 3	**75'/75'**	**17/17**	**165'**	**4.0'**
Yellow 4	**92'/92'**	**21/21**	**193'**	**4.8'**
White 5			125'	5.5'

Initial System: 334' **Repair System:** 349'
Pump Tank: 20.5' **House Corner:** 7.9'
Benchmark: 0.7' (Nail in Tree)

Comments:

TYPE IV CONTRACT AND AGREEMENT

STATE OF NORTH CAROLINA
COUNTY OF IREDELL

CONTRACT FOR TYPE IV INSPECTION AND MAINTENANCE
GROUND ABSORPTION SEWAGE TREATMENT AND DISPOSAL SYSTEM
LOT NUMBER 114, PHASE ____('THE LOT') BAYCROSSING – 121 SUMMERWIND DRIVE

(I), (WE), as the owner of Lot(s) Number 114, Phase ____ of the subdivision known as Baycrossing, have certain duties and responsibilities for the maintenance of any ground absorption sewage treatment and disposal system as regulated and set out in N.C.G.S. Article II, Chapter 130A; 15A NCAC 18E.1301 "Maintenance of Sewage Systems"; and under the "Declaration of Covenants, Conditions and Restrictions-Baycrossing", (the "Declaration") as recorded in the Register of Deeds of Iredell County, N.C., and under the Bylaws of Baycrossing Owners Association, Inc.

Baycrossing Owners Association, Inc. to provide for uniform inspection, maintenance, and repair and operation of sewage treatment and disposal systems within Baycrossing, has entered into a Master Agreement dated March 14, 2023.

The undersigned lot(s) owner(s) hereby agrees and contracts with TCW Wastewater Management, Inc. and with Baycrossing Owners Association, Inc. as follows:

1. The Master Contract referred to above be hereby accepted, agreed, and is binding upon the undersigned with TCW Wastewater Management, Inc. and its successors and assigns. The undersigned lot owner(s), their successors, and assigned agree to be bound by this Master Contract and any further or future contracts in substitution thereof.

2. The undersigned lot owner(s) further acknowledge and agree that Baycrossing Owners Association, Inc. acting by and under its Declaration of Covenants, Conditions, and Restrictions - Baycrossing, has and is hereby granted the full power and authority to assess the undersigned for fees, expenses, and costs associated with the inspection, maintenance, and or repair of septic disposal systems on the lot.

This agreement is binding upon the undersigned, their heirs, administrators, personal representatives, successors, and assigns, and the transfer and assignment of the duty and responsibility to contract with a qualified maintenance contractor (operator) is a covenant running with the land ("The Lot"). This agreement will terminate: (1) when The Association is dissolved or liquidated; or (2) when the undersigned has no legal duty to maintain a sewage disposal system on "The Lot", or (3) when the Master Contract referred to above has been cancelled or terminated.

Witness our hands and legal seals, this 19 day of APRIL, 2024.

_____(SEAL)
Signature

JAMES CLARK
Owners Printed Name

_____(SEAL)
Signature

BRITTANY CLARK
Owners Printed Name

RECEIVED MAR 1 8 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

ER Intermediate

APPLICATION FORM 326786 $225.00

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

Applicant Information: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Goodin Construction **Address:** 915 River Hwy, Mooresville **Zip:** 28117
Applicant Email: jamie@chadgoodin.com **Phone:** (704) 363-7302 **Alt. Phone:**
Owner Name: Lynda Collier **Address:** **Zip:**
Owner Email: lyndacollier@att.net **Phone:** (704) 778-5559 **Alt. Phone:**

Property Information:

Street Address: 121 Summerwind Dr

Subdivision Name: Bay Crossing **Section/Phase:** **Lot Number:** 114

Driving Directions: NC-150 to Perth Rd. to (L) Liva Ln, Liva Ln turns slightly (L) & becomes Stumpy Creek Rd. (R) Bay Crossing 4639702894 (PIN)

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

(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: 5
Maximum Number of Occupants: 10
(X) Swimming Pool
( ) Other Addition/Structure:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:
(X) New Well ( ) 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 (X) 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: Jamie Castaneda 2-11-22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, LYNDA M. COLLIER, am the legal owner(s) of the property located at 121 Summerwind Dr Bay Crossing 114, identified as PIN (Parcel Identification Number) 4639702894, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

Lynda M. Collier 2/14/22 _____ 2/14/22

Signature of Owner(s) Date 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

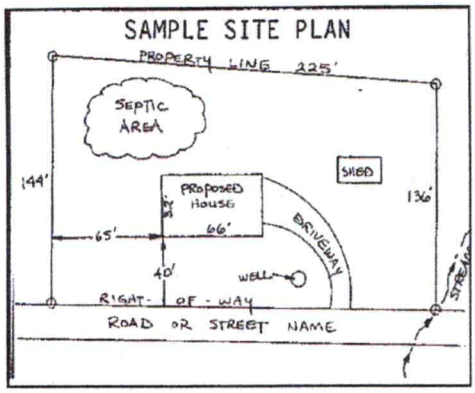
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

See Attached Plan

Signature: Jaime Castaneda

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

2-11-25

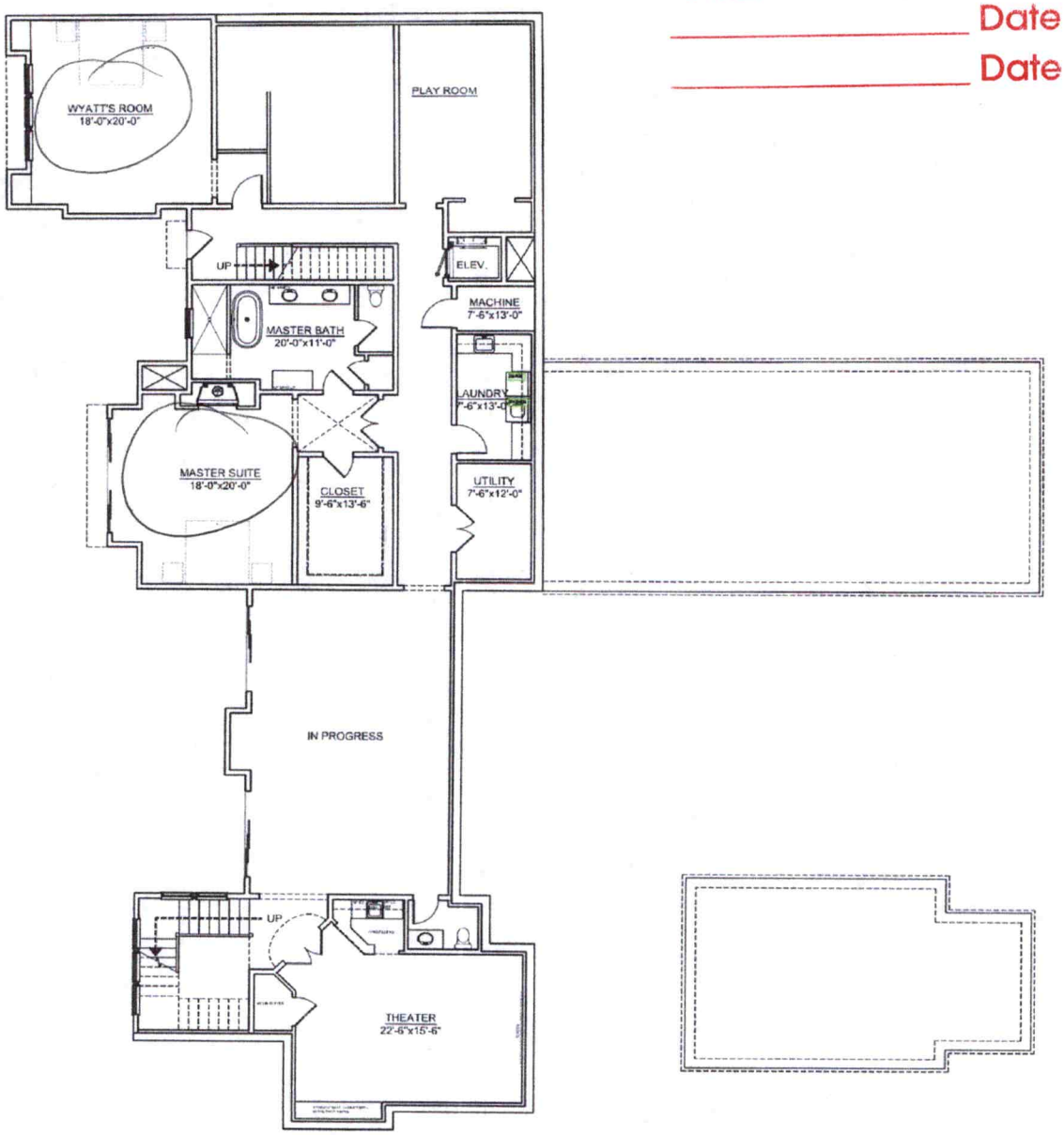
DATE

Collier

Acknowledgement Of
Plans Submittal ONLY!

_____ Date _____

_____ Date _____

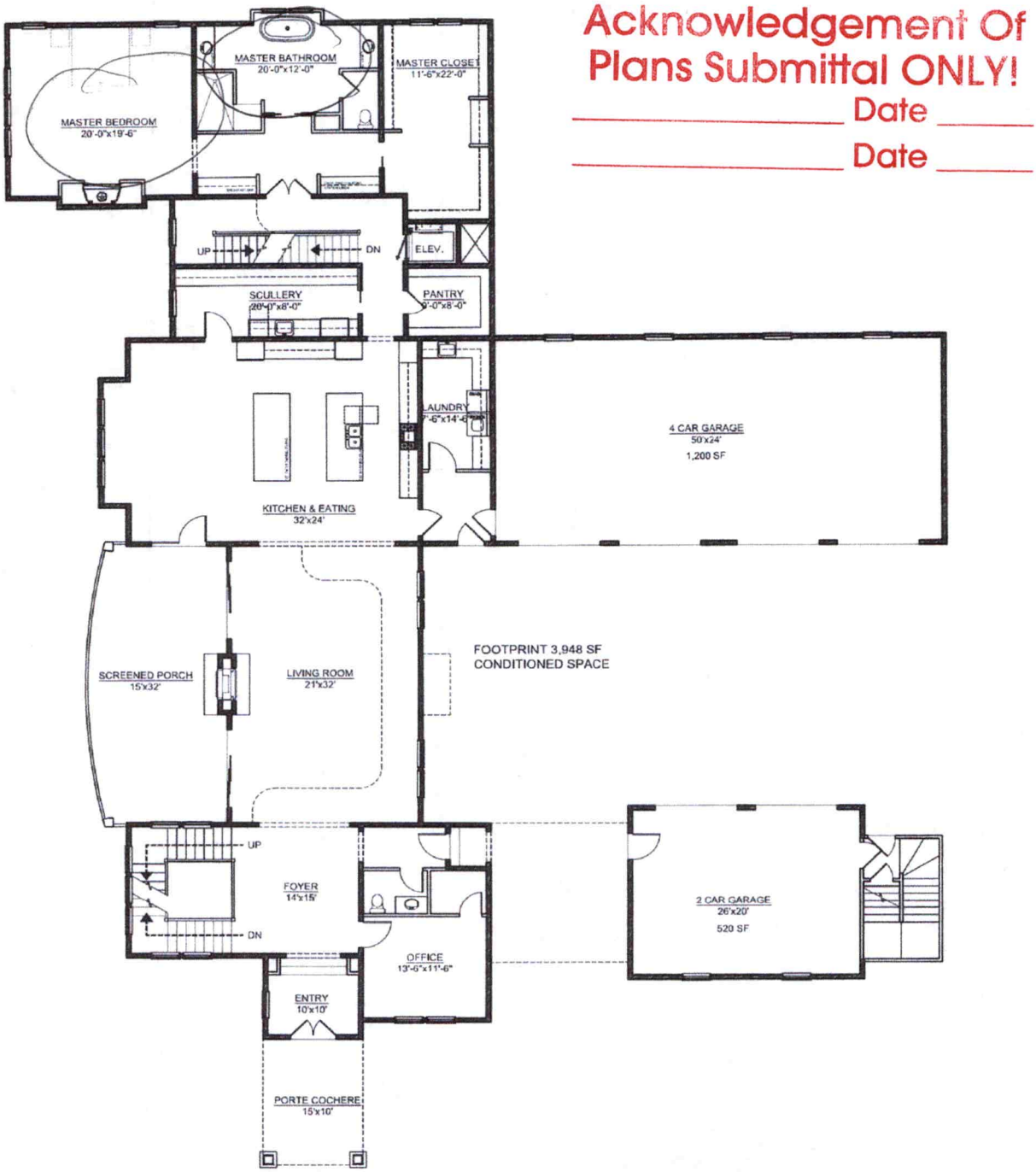


Collier

Acknowledgement Of Plans Submittal ONLY!

_____ Date _____

_____ Date _____

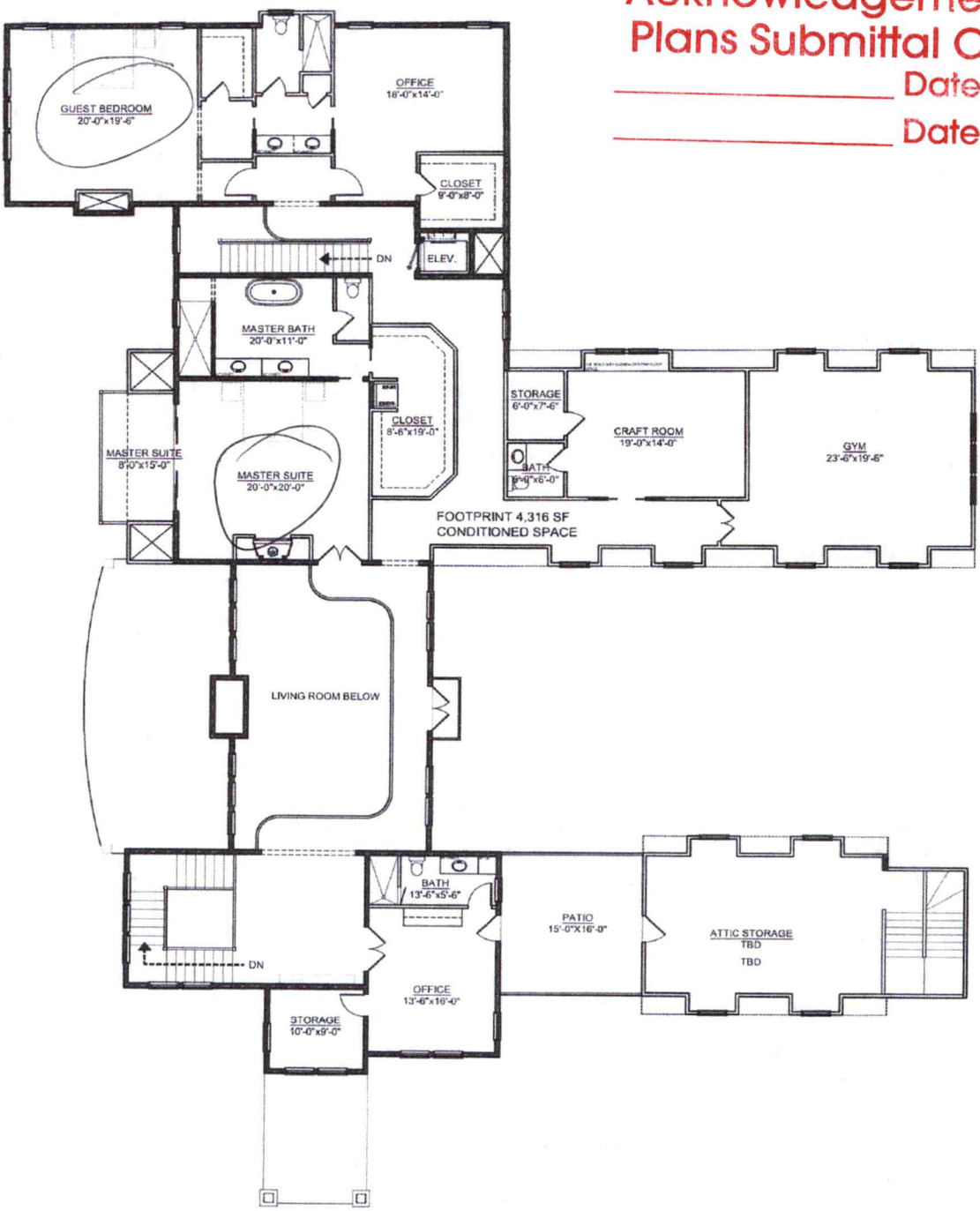


Collier

Acknowledgement Of Plans Submittal ONLY!

_____ Date _____

_____ Date _____



IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

3/3/22 **(Date)**

Owner: Goodin Construction
Address: 915 River Hwy
Mooresville, NC 28115

Subject: Notice of Intent to Revoke/Suspend Bay Crossing Lot #114
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Goodin Construction:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 121 Summer Wind (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 3 Gravity-25% Reduction (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Number of bedrooms changed.	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 3/31/22. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria Dotson

Signature of DHHS Authorized Agent

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

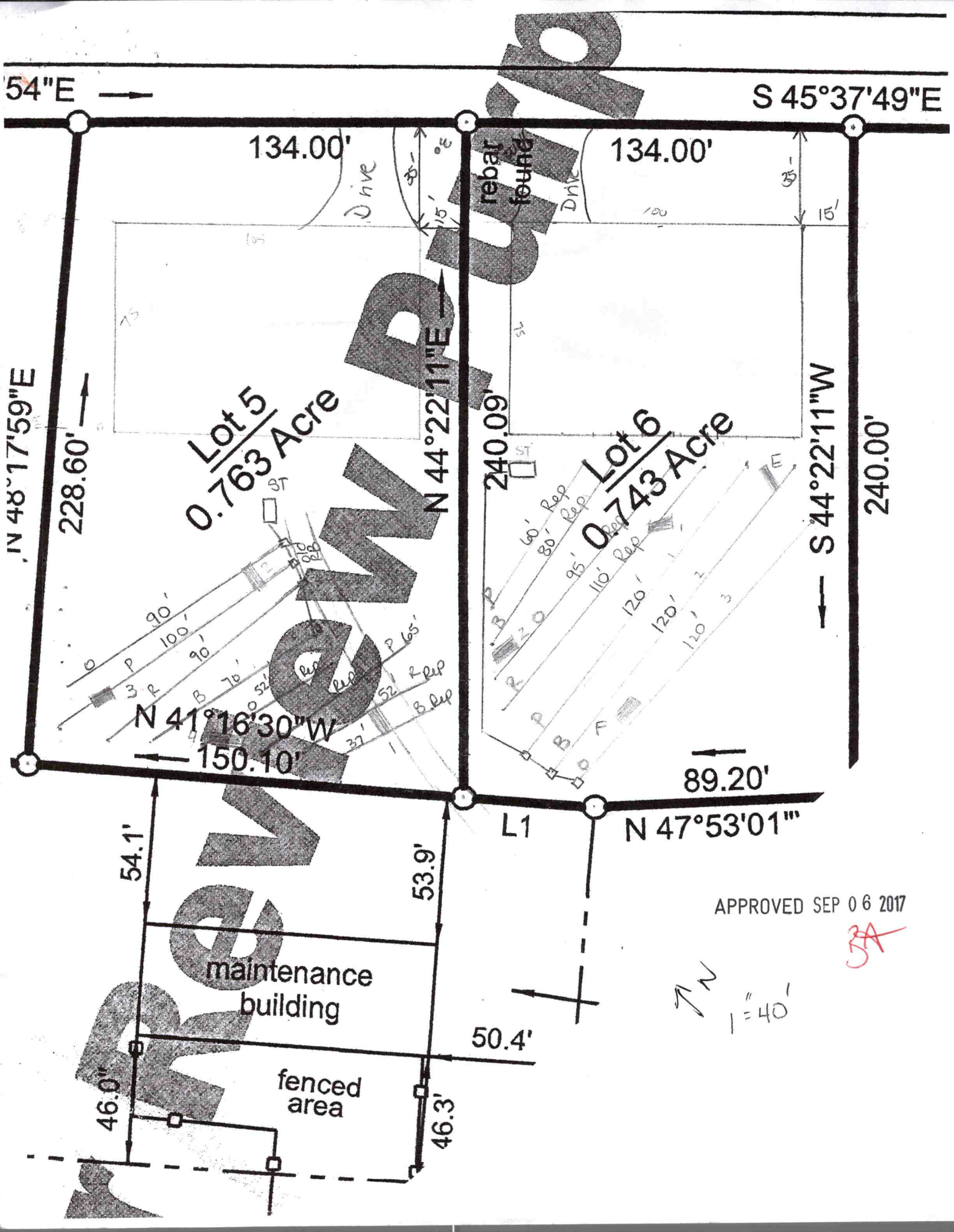
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 114 Bay crossing PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-3	DSL GR	fri SSSP					PS .3
		3-34	RC MFGSM	fri SSSP					
		34-50	RCL WMKSM	fri SSSP	few SAP				
2		0-30	RC SMK	fri SSSP-	low-SAP				PS .3
		30-50	SLSAP WSMK	fri SSSP-CL FRG.					
3		0-36	RC MFGSM	fri SSSP	few SAP				PS .3
		36-50	RCL MFSM	fri SSSP					
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____ 907-4602
OTHER(S) PRESENT: _____


54"E
S 45°37'49"E
134.00'
Drive
35'
15'
rebar found
134.00'
Drive
35'
15'
N 48°17'59"E
228.60'
Lot 5
0.763 Acre
ST
N 44°22'11"E
240.09'
Lot 6
0.743 Acre
ST
S 44°22'11"W
240.00'
N 41°16'30"W
150.10'
89.20'
L1
N 47°53'01"
54.1'
53.9'
maintenance building
50.4'
fenced area
46.0'
46.3'
APPROVED SEP 06 2017
N
1"=40'