IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218948

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

PIN # 4649-96-2266

APPLICANT: FREEDOM HOMES John McCoy APPLICANT ADDRESS: 1124 CHARLOTTE HWY.

SITE ADDRESS: 144 TRADEWINDS CT. Mrsdl PHONE: 704-528-7960 ALT. PHONE:

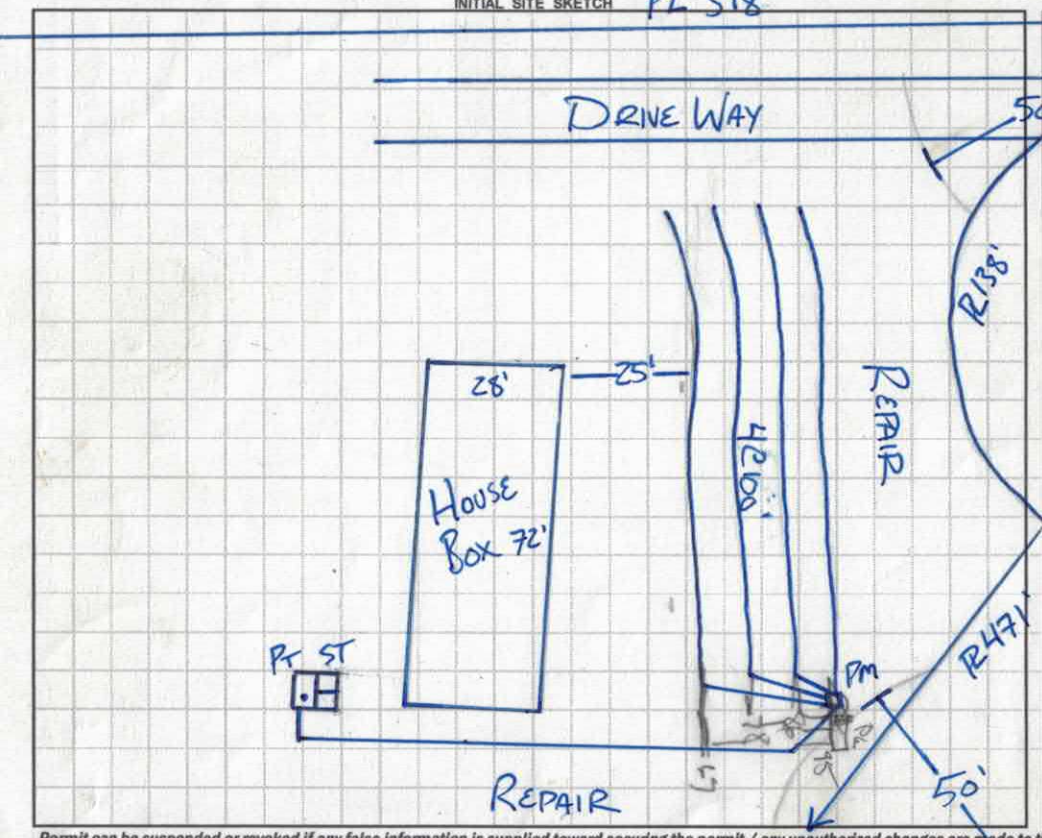
SITE DIRECTIONS: 21, TL SAILWINDS, TL TRADEWINDS, ON RC END.

SUBDIVISION: WINDWARD POINT SECTION: 2 LOT # 128+129 LOT AREA: 2.1 AC DESIGN FLOW: 480 L.T.A.R.: .3

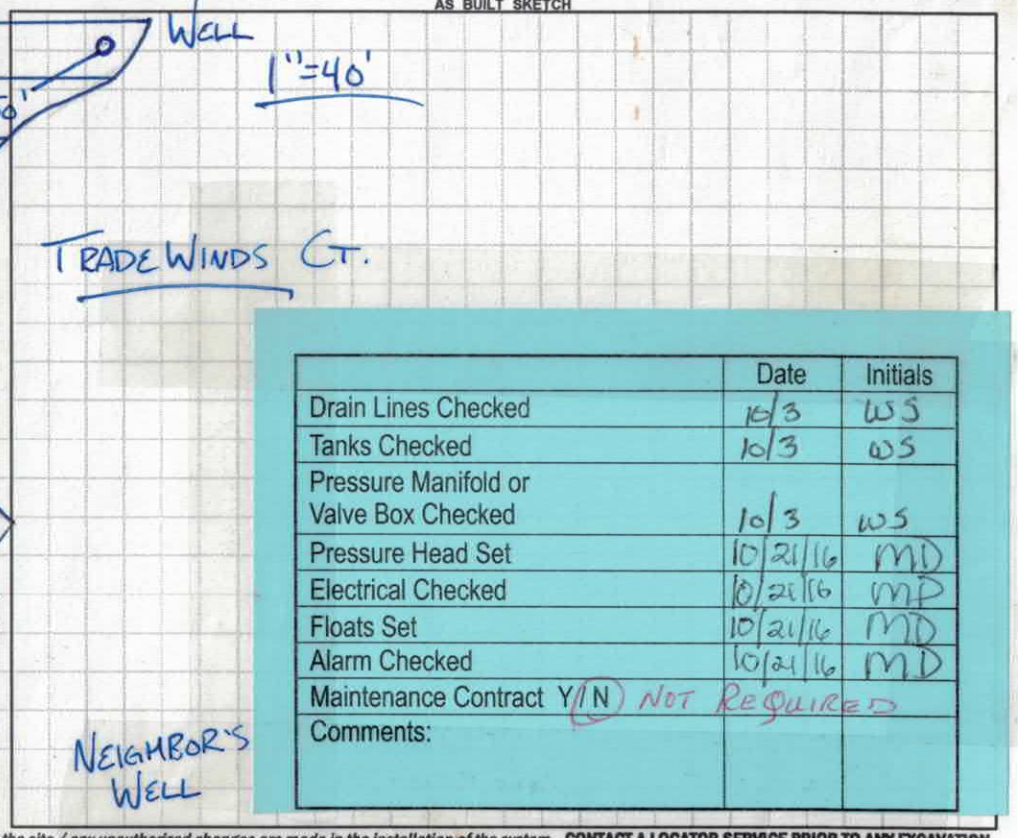
Septic Tank	1000	(gal)	STB	1512	Date	4/7/16	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	17	Date	5/18/16	System Description:			PM - 25% REDUCTION	☐ Business	No. Persons	8	☒ Private	
Pump Make	Geo		Model	WEO 512	Serial #	CLK 7005	Repair System Description:			25% REDUCTION	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	4@100'	Linear Ft:	400'	Maintenance Agreement Required:		☐ YES	☒ NO	☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"		Max. Trench Bottom Depth		36"		Gravel Depth	—	☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: HOUSE SHOULD BE 80' FROM FRONT PROPERTY LINE & 100' FROM LEFT.

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	10/3	WS
Tanks Checked	10/3	WS
Pressure Manifold or Valve Box Checked	10/3	WS
Pressure Head Set	10/21/16	MD
Electrical Checked	10/21/16	MP
Floats Set	10/21/16	MD
Alarm Checked	10/21/16	MD
Maintenance Contract Y / N	(N) NOT REQUIRED	
Comments:		

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: Stephen A Ik Date: 8-5-16 Installed by: Craig Thompson

IMPROVEMENT PERMIT by: [illegible] Date: 7-28-16 OPERATION PERMIT by: Marian Dotson RS Date: 10/21/16

AUTHORIZATION TO CONSTRUCT by: [illegible] Date: 7-28-16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 OF 2
PIN #: 4649-96-2266
Lot #: 128
Permit #: 218948
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: JOHN MCCOY
Applicant: FREEDOM HOMES
Address: 1124 CHARLOTTE HWY. TROUTMAN, NC
Date Evaluated: 7/28/2016
Proposed Facility: SFR
Design Flow (.1949) 480
Property Size: 2.1 AC
Location of Site: WINDWARD POINT 128
Property Recorded: YES
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Other
Evaluation Method: [X] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
AB 1	LINEAR 8%	0-8	SL,GR	NS	CH2 @ 31"	34"	NA	34"+	.225 TO 31"
		8-27	SCL,W,SBK	SS					
		27-34	SC,W,SBK	SS					
		34+	ROCK	PROBABLY ISOLATED					
AB 2	LINEAR 10%	0-6	SL,GR	NS	CH2 @ 20"	20"	NA	20"	.1 DRIP
		6-12	C,W,SBK	SS					
		12-20	SC,W,SBK	SS					
AB 3 R	LINEAR 7%	0-41	SCL,W,SBK	SS	NA	50"	NA	50"+	.3
		41-50	C,M,SBK	SS					
PIT 1	LINEAR 8%	0-8	SCL,W SBK	SS	CH2 @ 26"	33"	NA	33"	.2 TO 26"
		8-33	SC/SAP	STICKY					

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	PM 25% RED	SHALLOW 25% RED
Site LTAR	.3	.225

Other Factors (.1946):
Soil Evaluation By: BEN ALDRIDGE
Others Present: STEVE AKERS
Site Classification (.1948): PS
Site Evaluation By: BEN ALDRIDGE
Others Present: STEVE AKERS

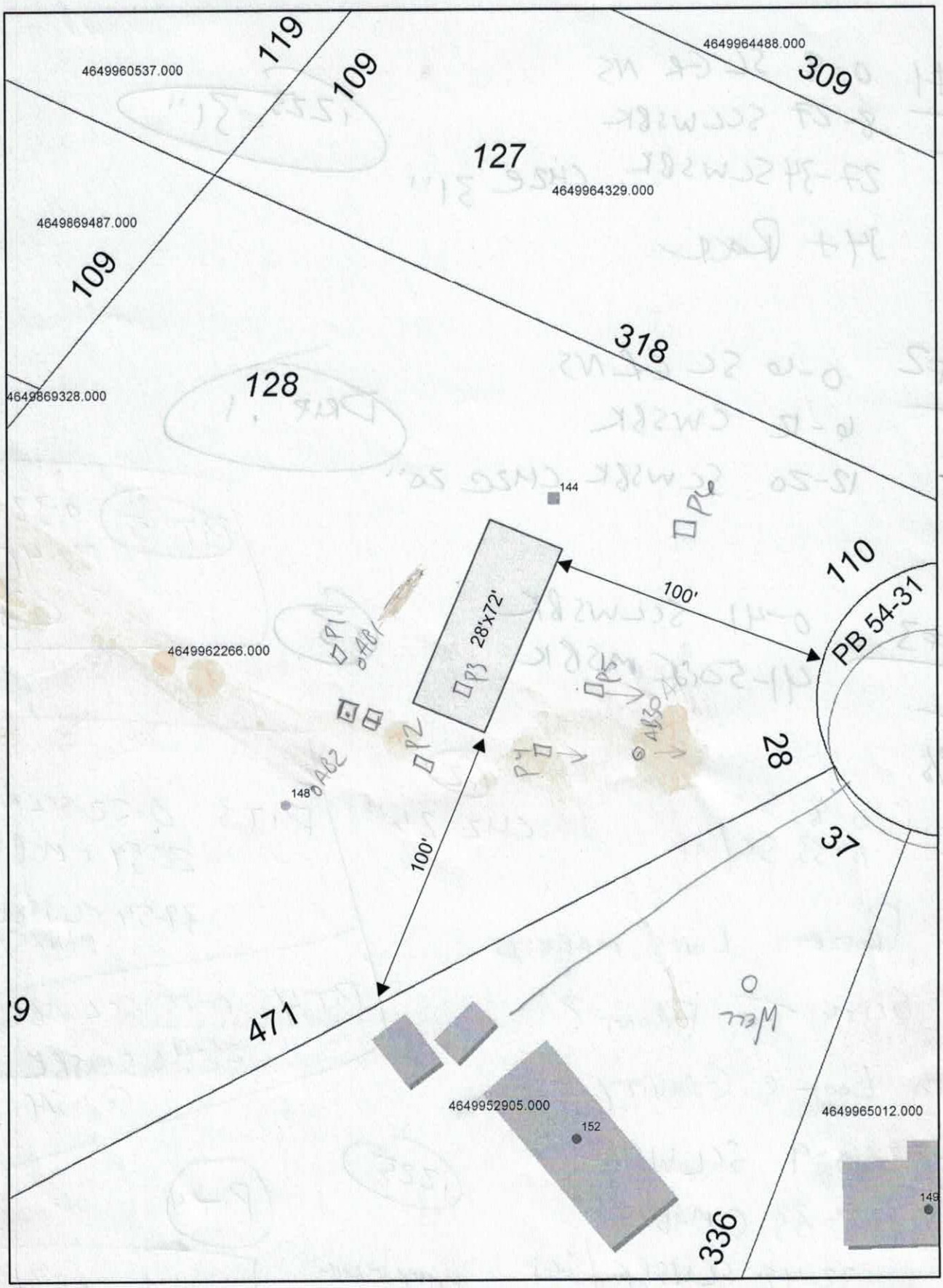
Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 2 OF 2
File #: 218948

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

WINDWARD POINT 128

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		OTHER PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	
PIT 2	LINEAR 10% R	0-9	SCL,W,SBK	SS	MANY MANG @ 40"	48"	MANY INC 33-48"	48"+	.225
		9-33	C,M,ABK	SS					
		33-48	CL,W,SBK	STICKY					
PIT 3	LINEAR 10%	0-22	SCL,W,SBK	SS	NA	54"	MANY INC 39-54"	54"	.25
		22-39	C,M,SBK	SS					
		39-54	CL,W,SBK	SS					
PIT 4	LINEAR 10% I	0-25	SCL,W,SBK	SS	NA	48"	COMM INC @ 25-48"	48"	.3
		25-48	C,M,SBK	SS					
PIT 5	LINEAR 7% I	0-38	SCL,W,SBK	SS	NA	48"	NA	48"+	.3
		38-48	C,M,SBK	SS					
PIT 6	LINEAR 7% I	0-31	SCL,W,SBK	SS	NA	48"	NA	48"+	0.3
		31-48	C,M,SBK	SS					


4649960537.000
119
109
4649964488.000
309
127
4649964329.000
4649869487.000
109
318
128
4649869328.000
144
110
100'
PB 54-31
4649962266.000
28'x72'
P1
P2
P3
148
100'
28
37
471
4649952905.000
152
4649965012.000
336

AB#1
0-8 SL GR NS
8-27 SCLWSBK
27-34 SCWSBK CH2e 31"
34+ Rock
8%
.1225 e31"

AB#2
0-6 SL GR NS
6-12 CWSBK
12-20 SCWSBK CH2e 20"
18%
DRIP .1

AB#3
0-41 SCLWSBK
41-50 CMSBK
7%
.3

PIT 5
0-38 SCLWSB
38-48 CMSB
.3

PIT 1 0-8 SCL
8-33 SC/SAP
.2
CH2 26"

PIT 3
0-22 SCLWSBK
22-39 CMSBK
39-54 CLWSBK
MANY SAP
.125

PIT 4
0-25 SCLWSBK
25-48 CMSBK
COM SAP
.3

NEED PROPERTY LINES MARKED
MORE SEPTIC TO FRONT?
PITS TO LOOK @ GRAVITY

PIT 2 0-9 SCLWSBK
9-33 CMABK SS
33-48 CLWSBK/SAP
.1225
MANY MANY @40"

PIT 4

PIT 6 0-31 SCLWS
31-48 CMSBK
.3

RECEIVED MAY 18 2016

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)

218948

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

Paid $500.00

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

Paid $700.00 8-5-16

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Stephen Akers Freedom Homes	1124 Charlotte Hwy Troutman NC 28166	704-876-5866	704-528-7960
John McCoy (Owner Name)			

4. Property Information:

4649962266

Street Address	Subdivision Name	Section/Phase and Lot Number
144 Trade Winds Court	Windward Point	Ph. 2 128

Driving Directions: Hwy 115 towards Troutman, TL onto Sailwinds Dr. Left on Tradewinds Court, Lot is at the End on the 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 4
Maximum Number of Occupants 2
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

PAID 1808 5/18

6. Proposed Water Supply:

(✓) New Well ( ) 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 ____ Year

( ) Alternative (✓) Conventional (1) ( ) Innovative (✓) Modified Conventional (2) ( ) 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: Stephen Akers 5-18-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

steve.aikers@freedom-homes.com
james.workman@freedom-homes.com

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, John M. McCoy, am the legal owner of the property located at 144 Tradewinds Court Mooresville NC identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Freedom Homes _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

John M. McCoy — Signature of Owner — 5/2/16 — Date

Paul J. Allen — Signature of Witness — 5/2/16 — Date

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:

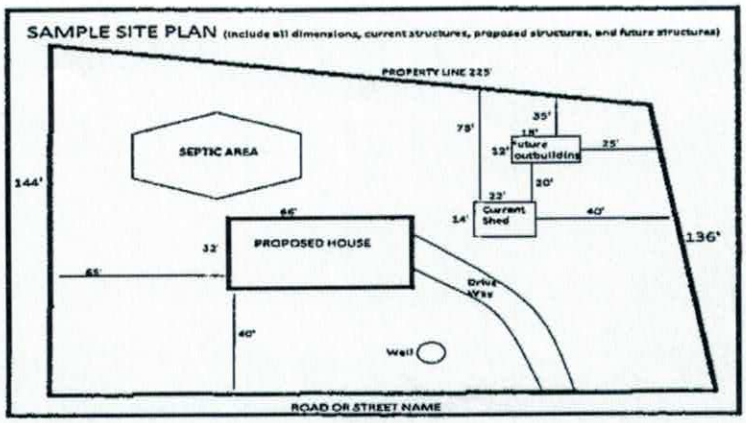
- ✓ **Property Line measurements are clearly identified...**
- ✓ **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

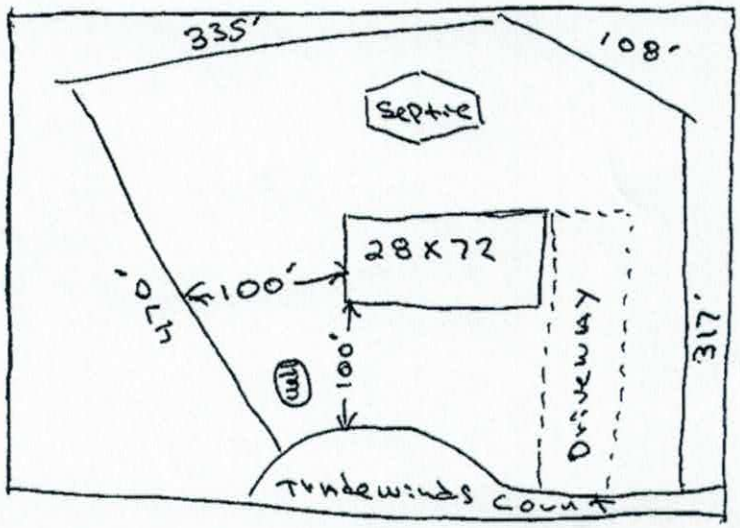
- ✓ **Front and side setbacks from property line...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- ✓ **Area you prefer your septic system to be placed...**
- ✓ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

- N/A **Location of septic systems and wells within 100' of your property... N/A**
- 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



Signature: Stephen A Ikner

REQUIRED **property owner or owner's legal representative signature.**

5-18-16

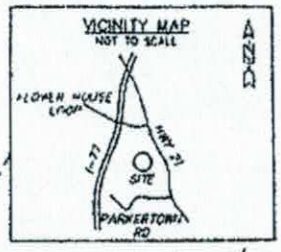
DATE

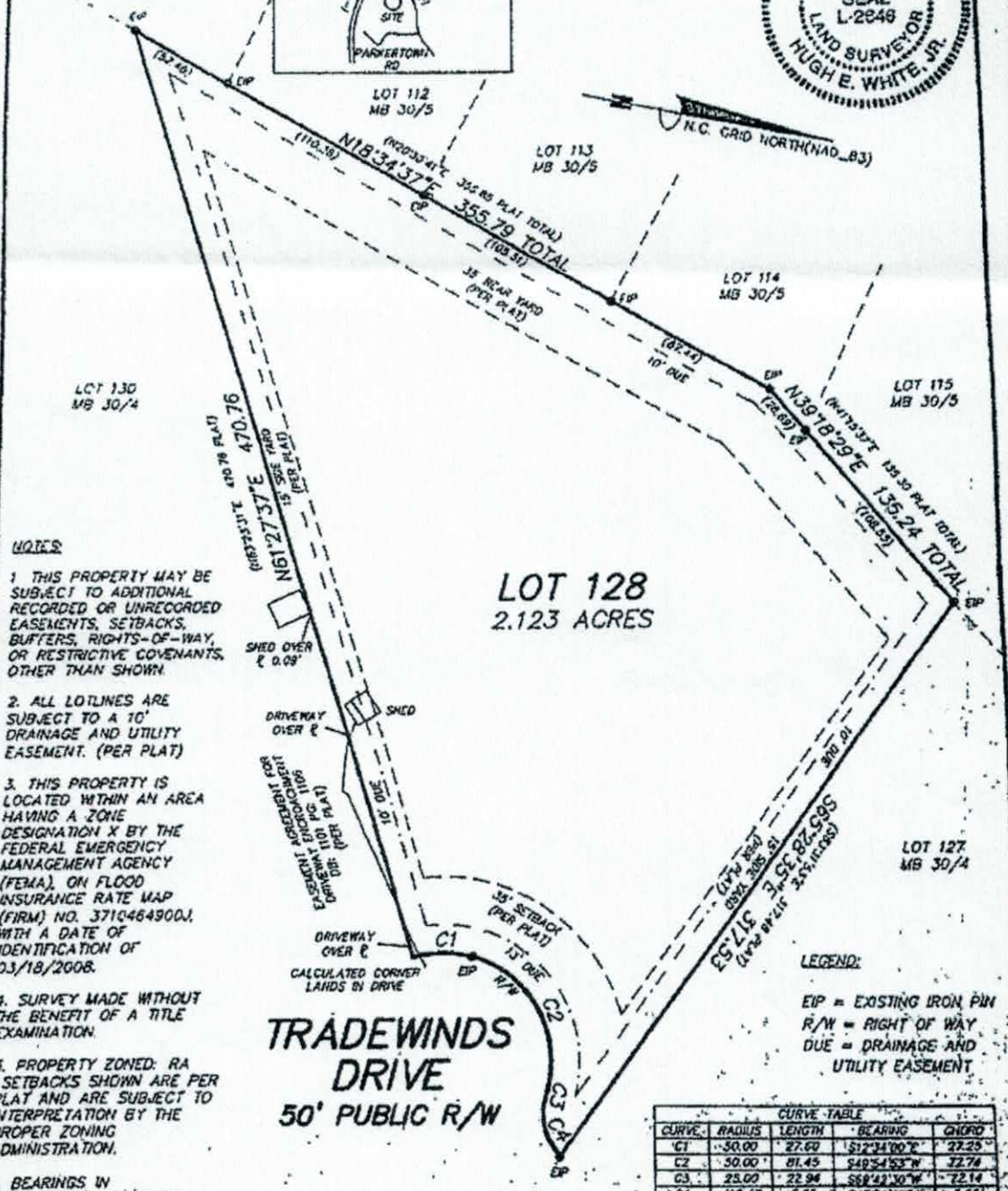
I HEREBY CERTIFY THAT ON THE 20th DAY OF OCTOBER, 2014, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY ARE AS SHOWN HEREON.

SIGNED _____ PROFESSIONAL LAND SURVEYOR

NORTH CAROLINA PROFESSIONAL SEAL L-2648 LAND SURVEYOR HUGH E. WHITE, JR.

survey of Combined lots





NOTES:

1. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, SETBACKS, BUFFERS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.
2. ALL LOTLINES ARE SUBJECT TO A 10' DRAINAGE AND UTILITY EASEMENT. (PER PLAT)
3. THIS PROPERTY IS LOCATED WITHIN AN AREA HAVING A ZONE DESIGNATION X BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA), ON FLOOD INSURANCE RATE MAP (FIRM) NO. 3710464900J, WITH A DATE OF IDENTIFICATION OF 03/18/2008.
4. SURVEY MADE WITHOUT THE BENEFIT OF A TITLE EXAMINATION.
5. PROPERTY ZONED: RA SETBACKS SHOWN ARE PER PLAT AND ARE SUBJECT TO INTERPRETATION BY THE PROPER ZONING ADMINISTRATION.
6. BEARINGS IN PARENTHESIS ARE FROM RECORDED PLAT ORIENTATION. ALL OTHER BEARINGS ARE BASED ON N.C. GRID NORTH.

LEGEND:

EIP = EXISTING IRON PIN
R/W = RIGHT OF WAY
DUE = DRAINAGE AND UTILITY EASEMENT

CURVE TABLE

CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00	27.60	S12°34'00"E	27.25
C2	50.00	81.45	S49°54'53"W	72.74
C3	25.00	22.96	S69°43'10"W	22.14
C4	410.47	5.85	S43°26'57"W	5.85

BOUNDARY SURVEY OF LOT 128 of WINDWARD POINTE PH. 2

MOORESVILLE, IREDELL COUNTY, NORTH CAROLINA

SCALE 1"=60'

SURVEYED FOR FULCRA ENTERPRISES, INC.

MAP RECORDED IN BOOK 54 AT PAGE 31 DEED RECORDED BOOK ____ PAGE ____

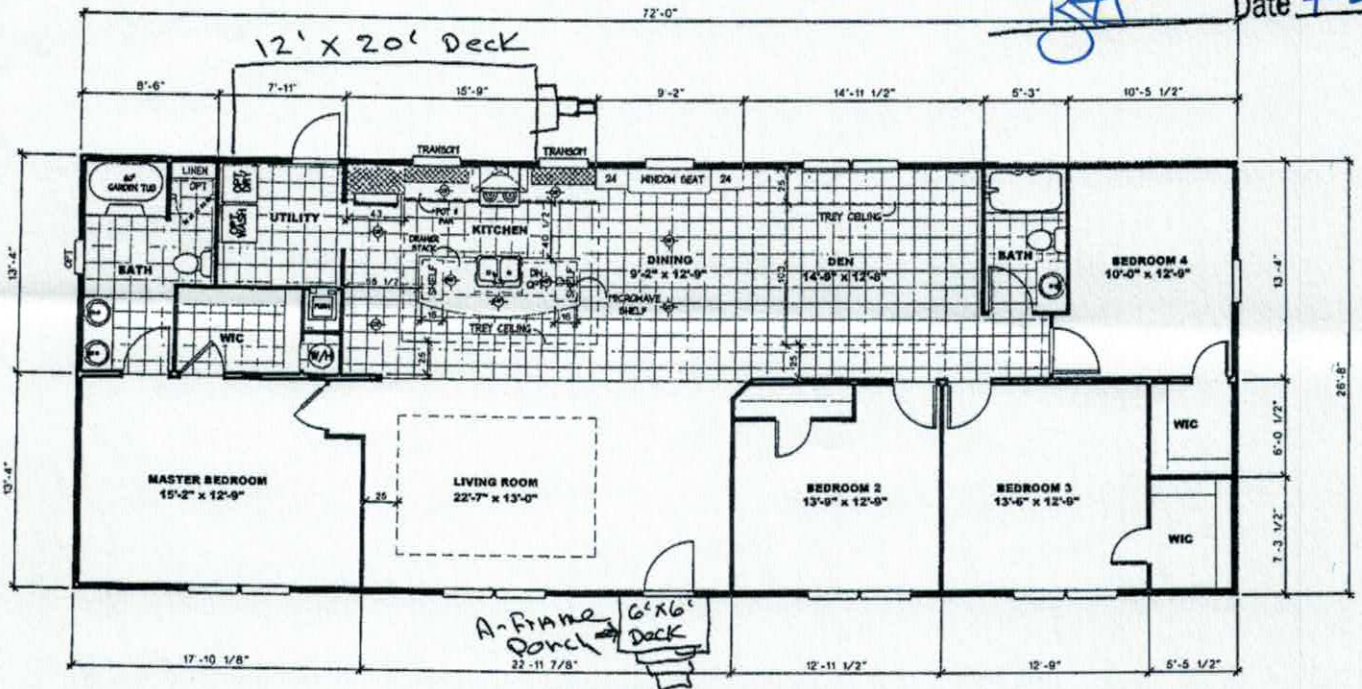
DRAWN BY JW FIELD WORK EW/JW FIELD BOOK. # ____

CAROLINA SURVEYORS, INC
P.O. BOX 267
PINEVILLE, N.C. 28134
(704) 889-7501
FAX (704) 889-7518
CERTIFICATE OF AUTHORIZATION NO. C-1252 SQ 686

2014\DAT\Windward Pointe
2014\W\Windward Pointe

The Tuscany

Acknowledgement Of
Plans Submittal ONLY!
Date 5-18-16
Date 7-28-16



28 WIDE X 72 LONG
(FOUR BEDROOM STANDARD)

IREDELL COUNTY

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

APPLICATION NUMBER
218948
Issue Date: 05/18/2016

FILE COPY

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649962266.000	144 TRADEWINDS, MOORESVILLE, NC 28115	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WINDWARD SAILVIEW LLC	Applicant: FREEDOM HOMES-TROUTMAN
Address: 21313 CATAWBA AVE MOORESVILLE, NC 28031	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: 704-883-6148

Use Requested	Zone Code
MODULAR HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.123	35.00	35.00	15.00	15.00	PACL	X

Remarks:

PAID
VISA SMB 5/18

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.

See Attached

Applicant: _____ Date: _____

Permit Number	69121	TOTAL FEES:	$ 77.25