ICHD–ENVIRONMENTAL HEALTH DIVISION

KW Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 220811

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

PIN # 4649965676 ✓

APPLICANT/OWNER: Freedom Homes | APPLICANT ADDRESS: 1124 Charlotte Hwy Troutman NC 28166

SITE ADDRESS: 126 Tradewinds Ct. Mooresville NC 28115 ✓ | PHONE: 704-881-2326 | ALT. PHONE —

SITE DIRECTIONS: NC 115 N to Lon Sailwinds Rd, Lon tradewinds Ct, Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Windward Pointe ✓ | SECTION: 2 ✓ | LOT # 124 ✓ | LOT AREA: .71 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	11/15		
Pump Tank	1000 (gal)	PT	363	Date	8/18		
Pump Make	Zoeller	Model	Mode MT 53	Serial #			
# Nitrification Fields	1	# Lines	4	Linear Ft	200'		
Trench Width	36"	Trench Bottom Depth(Low side)	21"	Gravel Depth	—		

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

System Description: LP Horizontal Pannel PIBPs

Repair System Description: LP Horizontal Pannel PIBPs

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

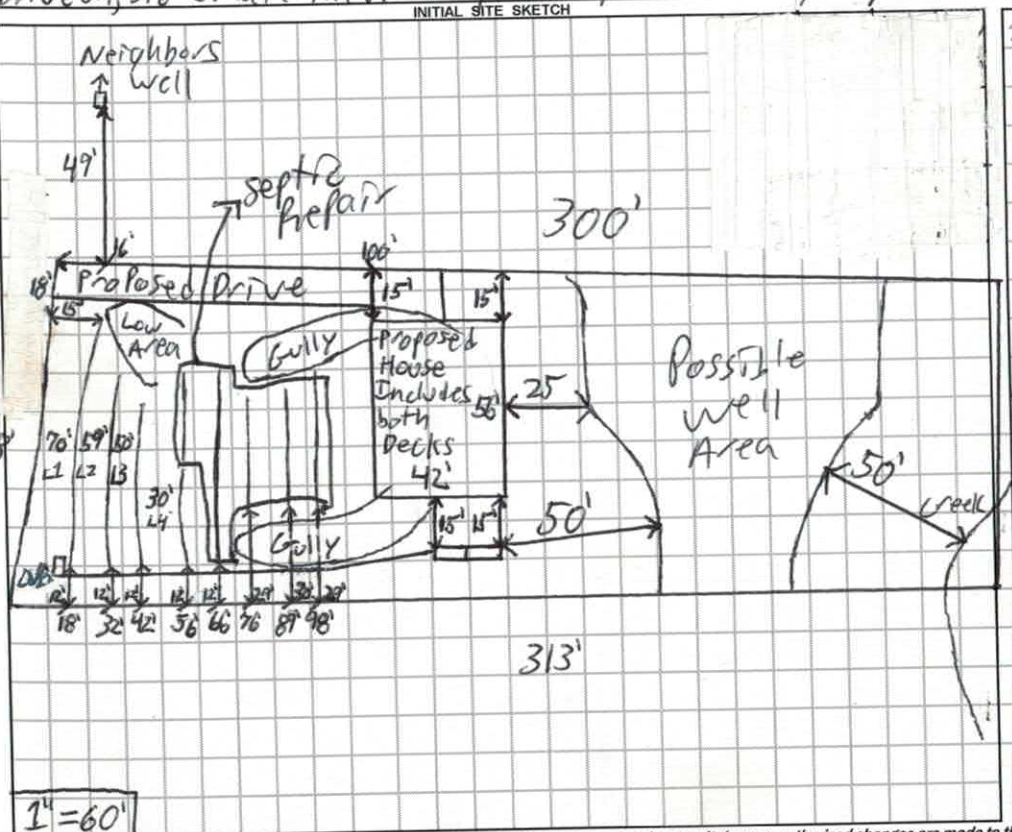
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

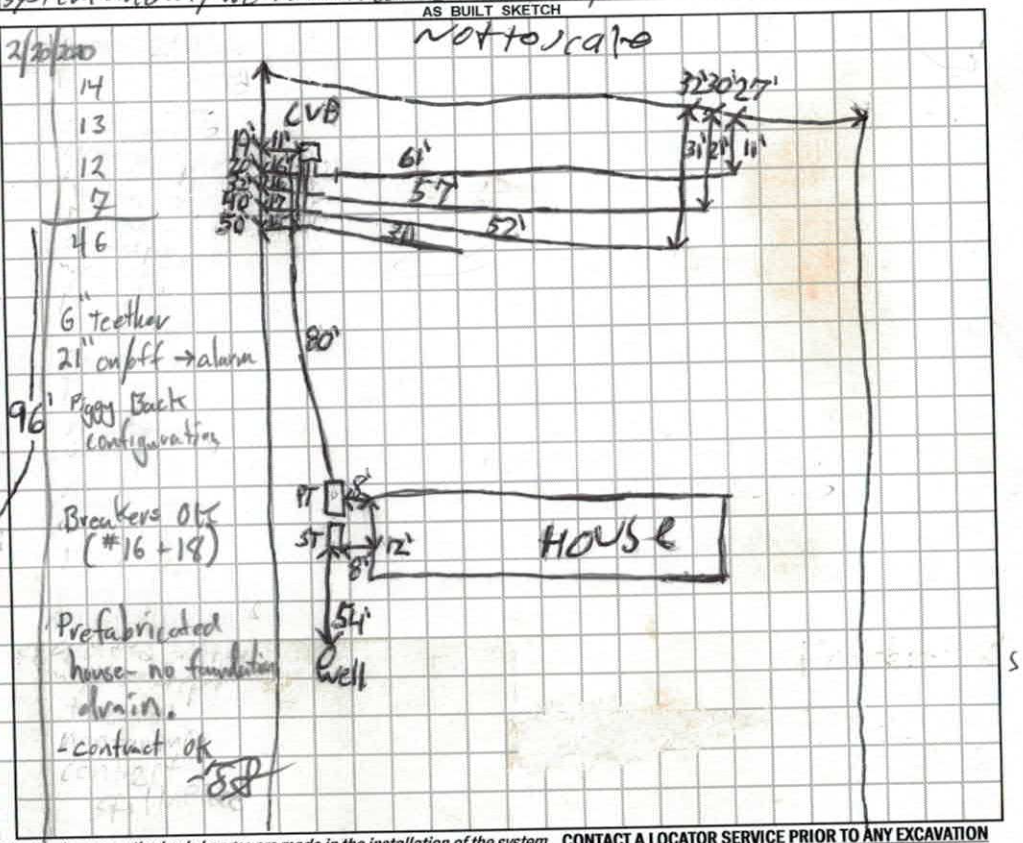
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Lines on Contour. Gullies and Low area must be filled during time of installation and inspection. DO NOT Grade, Drive on, store material or manipulate septic Area in any way or this permit will be revoked. Septic must be 50' off any well on Lot or Lots surrounding if septic is installed deeper than 24" it will become a super lite system and any Well will need to be 100' away.

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: [signature] Date: 8/19/19

IMPROVEMENT PERMIT by: [signature] Date: 8/16/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8/16/19

Installed by: Craig Thompson

OPERATION PERMIT by: Tom Shuck Date: 2/20/2020

Existing System Inspected by: Date:

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.

2/19/2020: Drain lines checks all connected to CVB and all good. Supply Line to tanks was connected. Filter inst was good, pump was in PT. Pressure was set using a generator. Electrical was not setup. Floats, Alarm, and Electric box was not checked. Area around tanks may need to be graded or tanks will be deeper than 3'. maintenance contract still needed. As of 2/19/2020 no foundation drains were present around house.

	Date	Initials
Drain Lines Checked	2/19/2020	PJB
Tanks Checked	2/19/2020	PJB
Pressure Manifold or Valve Box Checked	2/19/2020	PJB
Pressure Head Set	2/19/2020	PJB
Electrical Checked	2/20/2020	DS
Floats Set	2/20/2020	DS
Alarm Checked	2/20/2020	DS
Maintenance Contract (Y) N	2/20/2020	DS

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

Sheet 1 of 1
PROPERTY ID #: 4649765676
COUNTY: Iredell

930-1102

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

OWNER: Freedom Homes/Kimberly Sneed
APPLICATION DATE: 7/8/19
ADDRESS: 1124 Charlotte Hwy Troutman NC 28166
DATE EVALUATED: 7/16/19
PROPOSED FACILITY: New Single Fam PROPOSED DESIGN FLOW (.1949): 360GPD
PROPERTY SIZE: 0.71acres
LOCATION OF SITE: 126 Tradewinds Ct Mooresville NC 28115
PROPERTY RECORDED: Yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	SS 6%	0-48	C SBK	Fr SSS SPSAP	—	48"	Sandy SAP @ 48" sap common inclusions throughout	—	1,3,5
		48-60	Sap mass	VFr SSS SAP					
2	SS 9%	0-6	SCL SBK	Fr SS SP SAP	—	36"	SAP starting @ 36"	Rock layer between 22" and 26"	PS,3
		6-36	C SBK	Fr SS SP SAP					
		36-60	Sap mass	VFr SS SP SAP					
3	SS 11%	0-6	SCL WSBK	Fr SS SP SAP	—	60"	SAP inclusions starting at 28" more common at bottom	—	PS,3
		6-40	C SBK	Fr SS SP SAP					
		40-60	C SBK	Fr SSS P SAP					
4	SS 11%	0-7	SCL SBK	Fr SS SP SAP	—	55"	Sandy SAP starting @ 55" SAP inclusions scattered throughout	Variant small Rocks Between 24" and 36"	PS,3
		7-36	C SBK	Fr SS SP SAP					
		36-55	C SBK	Fr SSS P SAP					
		55-60	Sap mass	VFr SS P SAP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200'	200'
System Type(s)	4 Horizontal Panel	4 Horizontal Panel
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick Boyle
OTHER(S) PRESENT:

COMMENTS: Cloudy

7-8-2019
#220811
$500 $550

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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 (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: John McCoy/Wiedward Sail View LLC Address: 21313 Catawba Ave Cornelius NC Zip: 28031
Owner Email: _____ Phone 423-595-3509 Alt. Phone: _____

Property Information:

Street Address: 126 Tradewinds Ct Mooresville, NC 28115
Subdivision Name: Windward Pointe Section/Phase: _____ Lot Number: 124
Driving Directions: I-77 toward Charlotte, Exit 42, R onto US-21 toward Mooresville, L onto Sailwinds Rd, R onto Tradewinds Ct, 1st 124 is on Right

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: 3
Maximum Number of Occupants: 2
( ) 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

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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

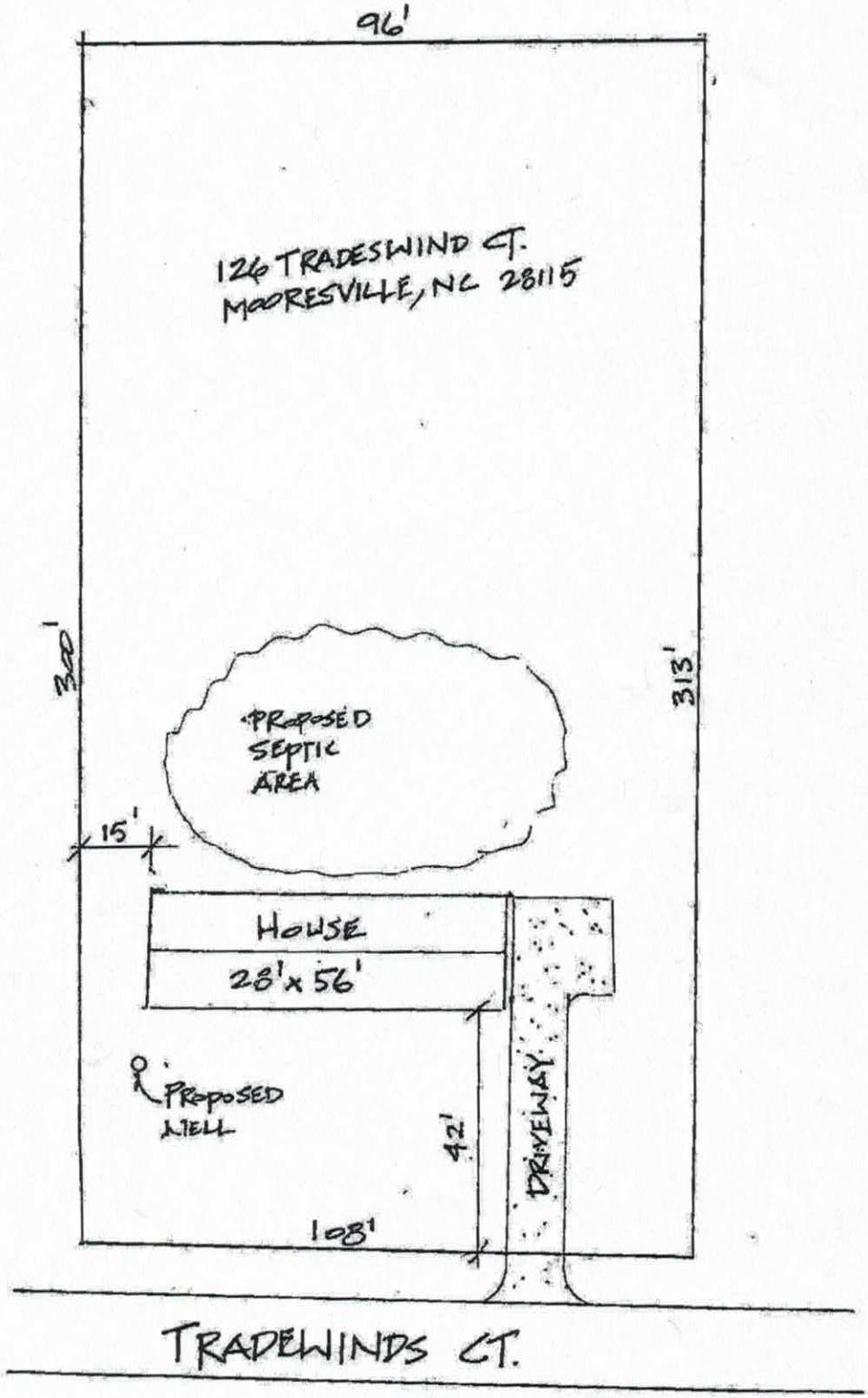
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

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 7-8-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



PLOT PLAN

N.T.S.

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, John Martin McCoy, am the legal owner(s) of the property located at lot 124 Tradewinds Ct Mooresville NC 28115 identified as

PIN (Parcel Identification Number) 4649965676, located in Iredell County, North Carolina.

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

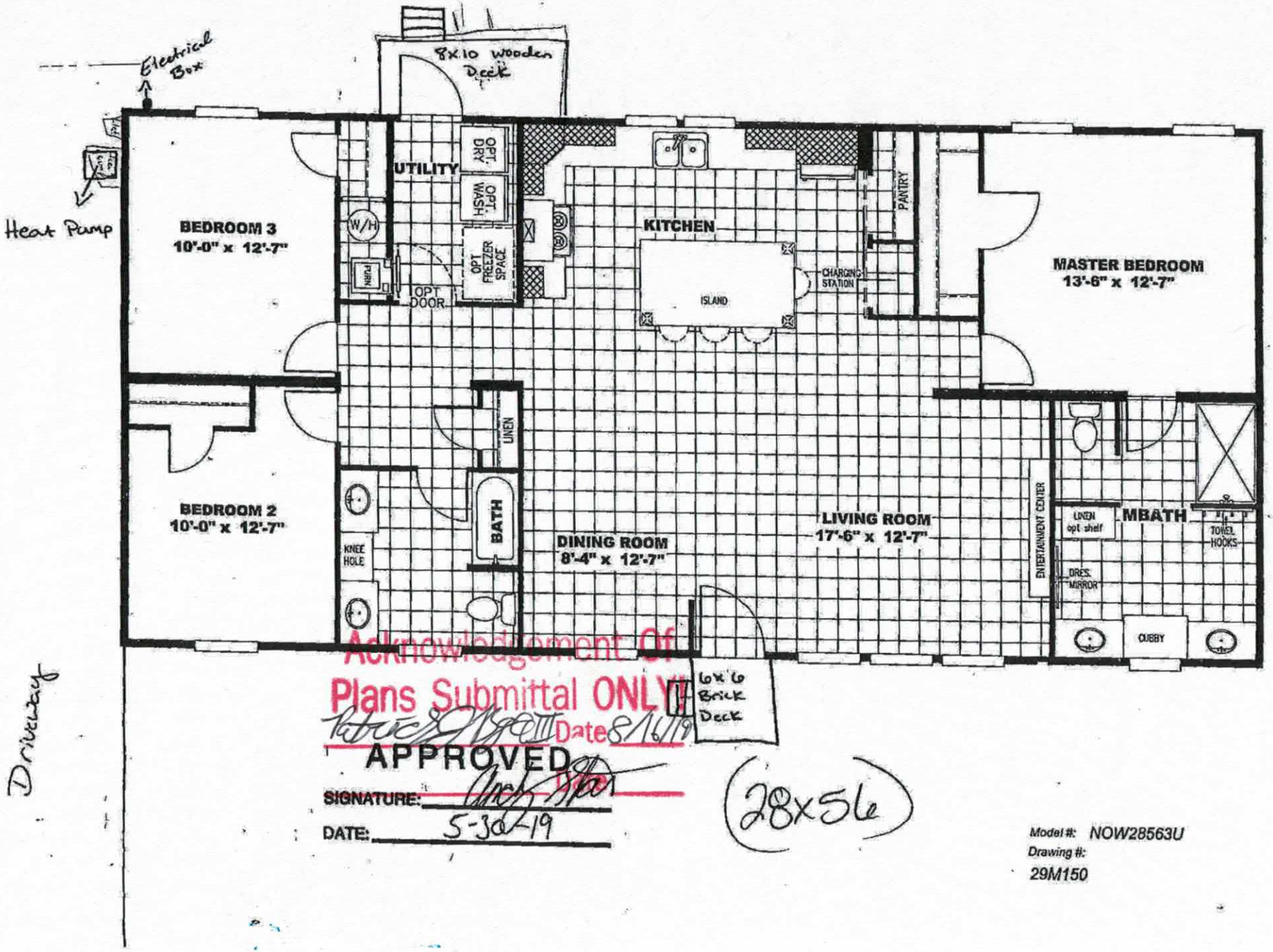
J Martin McCoy
Signature of Owner(s)

4/19/19
Date

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

Construction Placement



Acknowledgement Of Plans Submittal ONLY

Patrick Orrell Date 8/16/19

APPROVED

SIGNATURE: Mark Stutz

DATE: 5-30-19

(28x56)

Model #: NOW28563U

Drawing #: 29M150

IREDELL COUNTY

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

APPLICATION NUMBER
220811
Issue Date: 07/08/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649965676.000	126 TRADEWINDS COURT, MOORESVILLE, NC	IREDELL COUNTY

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

Use Requested	Zone Code
DOUBLE WIDE HOME	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.710	35.00	35.00	15.00	15.00	PACL	X

Remarks:

REQUIREMENTS FOR ALL MULTI -SECTIONAL MOBILE HOMES Must meet requirement R9 of the LDC. 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 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	184151	TOTAL FEES:	$ 77.25