2:00.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217252

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

PIN # 4649-96-6898

APPLICANT: Freedom Homes / Anthony Russo APPLICANT ADDRESS: 1124 Charlotte Hwy, Troutman NC

SITE ADDRESS: 110 Tradewinds Ct. - Mrsvl PHONE: 704-681-2326 ALT. PHONE:

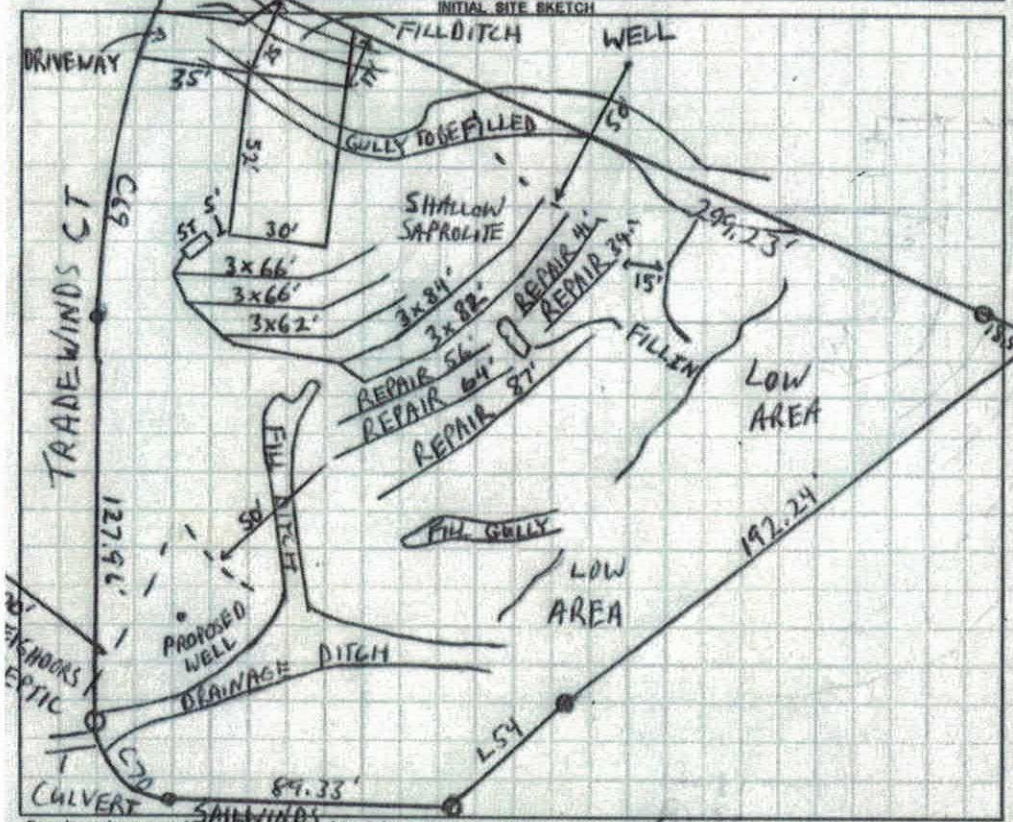
SITE DIRECTIONS: Hwy 115 N, TL Sailwinds, TL Tradewinds, Lot on Corner of Sailwinds and Tradewinds

SUBDIVISION: Windward Pointe SECTION: 2 LOT # 122 LOT AREA: 1.14 ac DESIGN FLOW: 360 gpd L.T.A.R.: 0.25(1) @ 225(R)

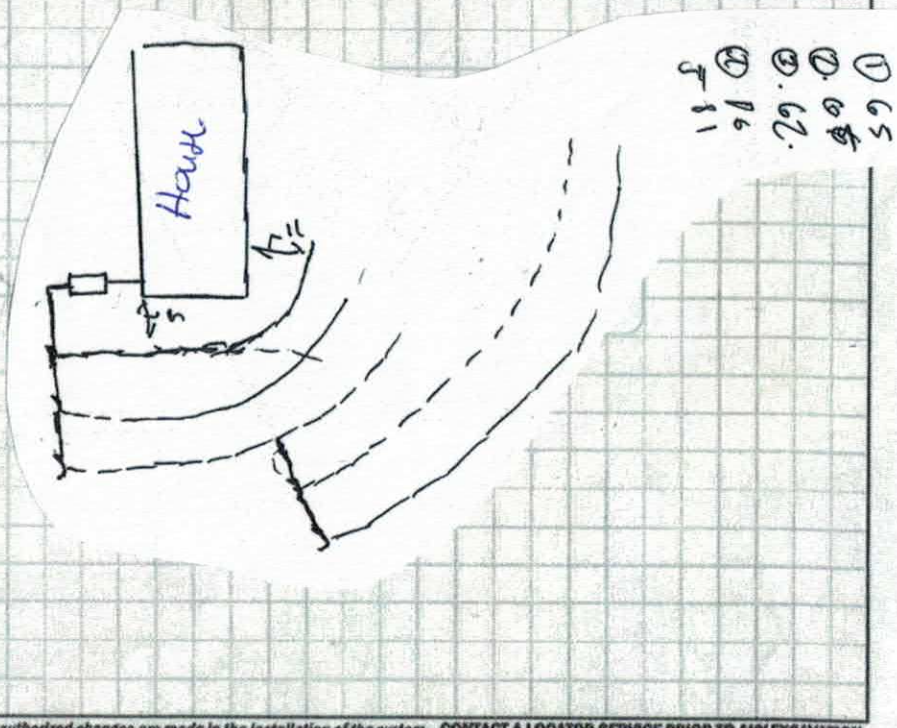
Septic Tank	1000 (gal)	STB	760	Date	11-15	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 3	Water Supply: ☑ Private
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction			☐ Business	No. Persons 6	☐ Public
Pump Make		Model		Serial #		Repair System Description:	LPP PPBPS			☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	5	Linear Ft:	360'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space	
Trench Width	36"	Max. Trench Bottom Depth	* 28"	* Gravel Depth	N/A		☑ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: * Install trenches 28" Deep Low side, Fill all gullies and ditches with group IV (clay) and compact

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

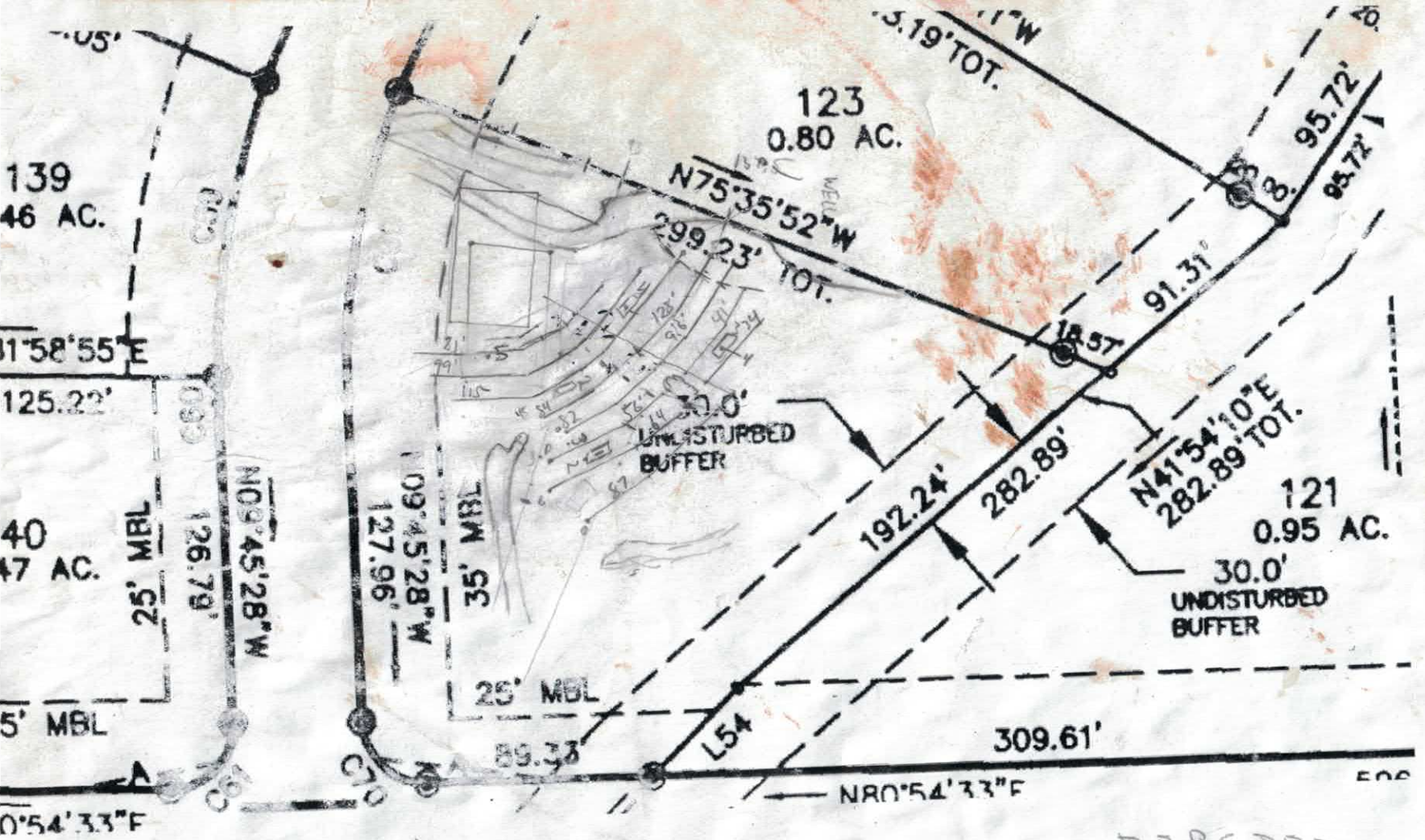
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 9/14/17 Installed by: Jim Abee Septic

IMPROVEMENT PERMIT by: Date: 6-1-16 OPERATION PERMIT by: Benjamin A. Bolton Date: 12/23/2016

AUTHORIZATION TO CONSTRUCT by: Date: 6-1-16 Existing System Inspected by: Date:

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


123
0.80 AC.
139
46 AC.
40
47 AC.
121
0.95 AC.
N75°35'52"W
299.23' TOT.
95.72'
91.31'
N41°54'10"E
282.89' TOT.
282.89'
192.24'
30.0'
UNDISTURBED
BUFFER
30.0'
UNDISTURBED
BUFFER
35' MBL
25' MBL
25' MBL
5' MBL
N09°45'28"W
127.96'
126.79'
89.33'
309.61'
L54
C10
C9
C8
C7
C6
C5
C4
C3
C2
C1
N80°54'33"E

DHHS

ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4649-96-6898

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Anthony Russo APPLICATION DATE 3-13-16

ADDRESS: 107 Commodore Lp Mooresville NC DATE EVALUATED:

PROPOSED FACILITY: 3 bdrm PROPOSED DESIGN FLOW (.1949): 360 gpd PROPERTY SIZE: 1.14ac

LOCATION OF SITE: 110 Tradewinds Ct, 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
B1	LSS 10%	0-6	B SCL Gr	Fr SS SP SE vP	few sap	26"	PS	—	PS .35
		6-15	R C L WFSBK	Fr SS SP SE vP					
		15-20	R CL WFSBK	Fr SS SP SE vP					
		20-26	R CL WFSBK	Fr SS SP SE vP	common sap				
		26-48	Var SL Sap M	Fr SS SP SE vP	few R/C/CL vein				
B2	NS 20% Shal	0-5	b SCL Gr	Fr SS SP SE vP		48"	—	—	
		5-18	RL WFSBK	Fr SS SP SE vP	common mica				
		18-27	RC WFSBK	Fr SS SP SE vP	common YB, few chr 2/1, few mineral				
		27-40	R C/CL WFSBK	Fr SS SP SE vP	few YB				
		40-48	R CL WFSBK	Fr SS SP SE vP				Need P.4	
B3	NS 14% Shal	0-4	B SL Gr	Fr SS SP SE vP		48"	—	—	PS .25
		4-10	BR CL WFSBK	Fr SS SP SE vP					
		10-24	R C WFSBK	Fr SS SP SE vP	few Mn, few mica				
		24-40	R C WFSBK	Fr SS SP SE vP	few YB, few Mn few mica				
		40-48	R C/CL WFSBK	Fr SS SP SE vP	few mica				
B4	LSS 20%	0-12	B SCL Gr	Fr SS SP SE vP		48"	—	—	PS .3
		12-30	R C WFSBK	Fr SS SP SE vP	few mica				
		30-48	R CL WFSBK	Fr SS SP SE vP	few sap, few mica				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Gravity 25%	LP PPBPS
Site LTAR	0.25	0.225

OTHER FACTORS (.1946): None

SITE CLASSIFICATION (.1948): OS

EVALUATED BY: ALP, Justin Henderson

OTHER(S) PRESENT: None

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet 2 of 2

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4649-96-6898
DATE OF EVALUATION: _____
COUNTY: Iredell

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
P 1	LSS 15%	0-8	B SCL Gr	Fr SS SP SE P	½" peds or less few B mottles large peds 1" or less a lot of vertical cracking few mica + sap	60"	-	-	PS .25
		8-26	R C MFABk	Fr SS SP SE P					
		26-36	R C ABk	Fi S P SE P					
		36-60	R CL MFSBk	Fr SS SP SE P					
P 2	LSS 20%	0-7	B SCL Gr	Fr SS SP SE P	few 1.1Rs, few YB con mineral, few ½ peds few mineral, few sap	60"	-	-	PS .25
		7-16	R C MFABk	Fr SS SP SE P					
		16-30	R C MFABk	Fi S P SE P					
		30-60	R CL MFSBk	Fr SS SP SE P					
P 3	LSS 25%	0-8	B SL/SCL Gr	Fr SS SP SE P	few B mottles few sap con YB >36" 2.5Y 7/3 @ 45" few vertible some mineral	56" YB's @	-	-	PS .25 x 36" .225 x 56"
		8-26	R C MABk	Fi S P SE P					
		26-56	R C MFABk/SBk	Fi SS SP SE P					
P 4	LSS 10%	0-12	Compacted		few mica con sapric, con c flows/veins	29"	PS	-	PS .25
		12-22	R C MASBk/ABk	Fi S P SE P					
		22-29	R CL SBk	Fr SS SP SE P					
		29-64	Var C M	Fr SS SP SE P					
B 5	LSS 12%	0-6	B SCL Gr	Fr SS SP SE P	con mica con mica, con sap few c veins, con clay con mica	38"	PS	-	PS .3
		6-24	R C MFSBk	Fr SS SP SE P					
		24-38	R CL MFSBk	Fr SS SP SE P					
		38-48	Var SL Sap M	Fr SS SP SE P					

COMMENTS: _____

RECEIVED MAR 15 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)

Paid $500.00 #217252 #217752

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:

Kimberly Sneed (Freedom Homes)	1124 Charlotte Hwy Troutman		704-881-2326
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Anthony Russo	104 Commodore Loop Mooresville		609-432-0112
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

110 Tidewind (Tradewinds) Ct Mooresville 28115	Windward Pointe	Lot 122
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: From I-77 North Take Exit 42, Troutman Exit, Go two miles Toward Mooresville, Windward point is on the left, Big Sign Can't Miss it, Sailwinds Rd. go a little ways and lot is on Corner of Sailwinds And Tradewinds CT.

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

(✓) 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 3
Maximum Number of Occupants ___
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 _____

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 ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (✓) 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 3-13-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Windward Sailview, LLC by Martin McCoy (president), am the legal owner of the property located at 160 Tradewinds Ct Mooresville, NC identified as Lot # 122 PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/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.

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.

Signature of Owner — Date: 3/9/16

Signature of Witness — Date: 3/9/16

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

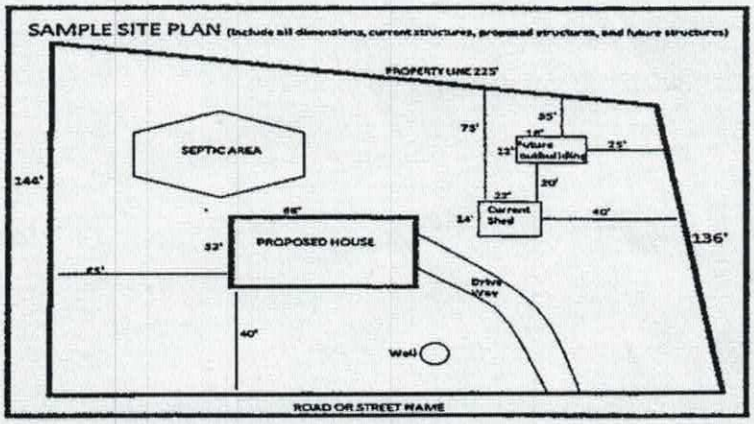
✓ Front and side setbacks from property line... ____ Preferred driveway location and configuration, preferred well location...

✓ Area you prefer your septic system to be placed... ____ North arrow, or other sufficient indicator of direction...

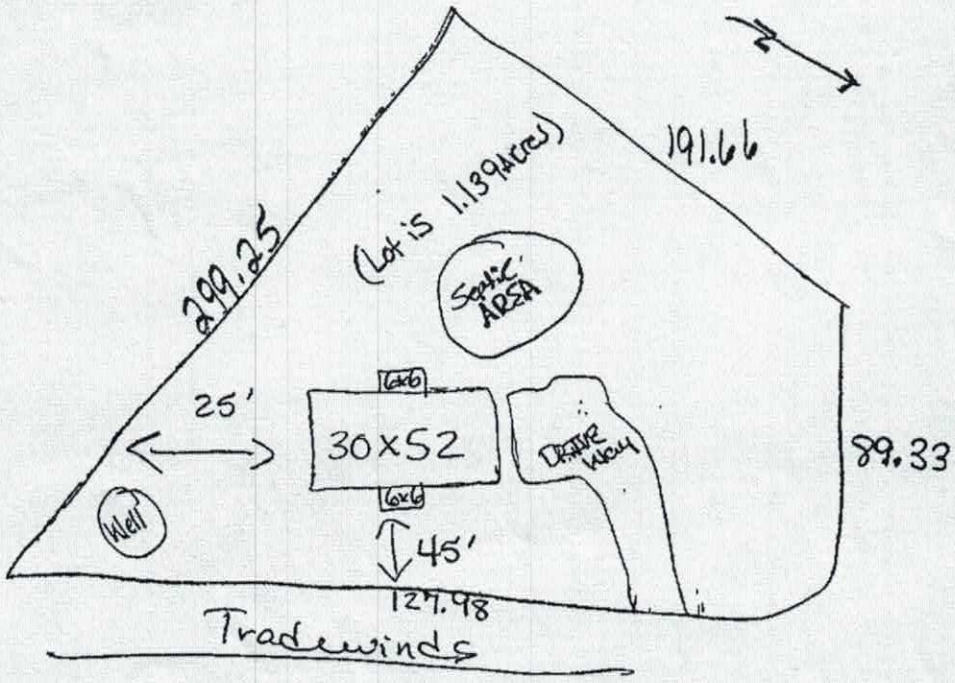
Circle N/A on the following if appropriate:

____ 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



Signature: Kimberly Smith

REQUIRED property owner or owner's legal representative signature.

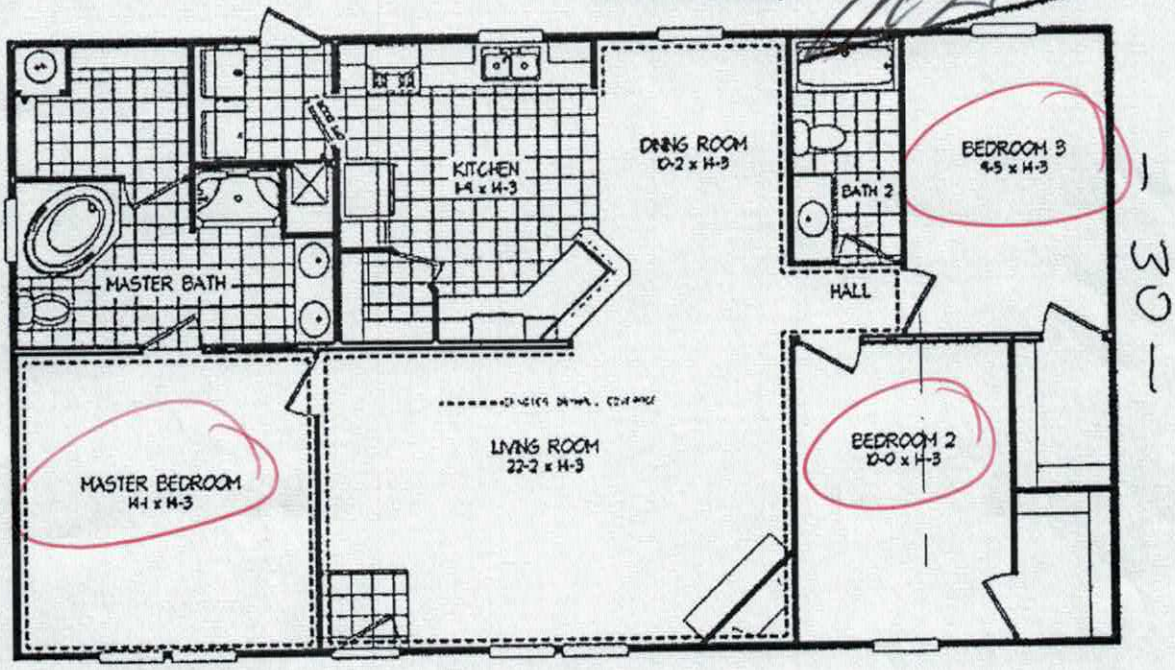
3-13-16

DATE

FREEDOM HOMES

THE BIG DEAL

Acknowledgement Of Plans Submittal ONLY!
Kimberly Sneed Date 3/15/16
Date 6-1-16



1301

52

X Kimberly Sneed.

3 Beds · 2 Bath · 1664 sq. ft. · 52' width · 32' depth

Our home building facilities invest in continuous product and process improvements. Plans, dimensions, features, materials, specifications and availability are subject to change without notice or obligation. Renderings and floor plans are representative likenesses of our homes and may differ from the actual homes. We invite you to tour a Home Center near you and inspect the highest value in quality housing available or call (704) 528-7960 to speak with a Home Consultant. Copyright © 2010, CMH. All rights reserved.

Published February 09, 2016

http://www.freedomhomestroutman.com

FREEDOM HOMES-TROUTMAN
1124 CHARLOTTE HWY
TROUTMAN, NC
Monday - Friday: 9am - 6pm, Saturday: 9am - 5pm, Sunday: Closed
(704) 528-7960

IREDELL COUNTY

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

APPLICATION NUMBER
217252
Issue Date: 03/15/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4649966898.000	110 TRADEWINDS COURT, MOORESVILLE, NC	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
DOUBLEWIDE	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.140	35.00	35.00	15.00	25.00	PACL	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	62808	TOTAL FEES:	$ 77.25