ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP - 312328

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

PIN # ~~4626-57-2748~~ 4659.06.1151

APPLICANT/OWNER: ~~FREEDOM HOMES~~ / ELIZABETH JACINTO | APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, NC, 28166

SITE ADDRESS: ~~192~~ CLEAR SPRINGS ROAD, MOORESVILLE, N.C. 28115 | PHONE: 704-881-2326 | ALT. PHONE –

SITE DIRECTIONS: (S) ON 21, (R) ON CLEAR SPRINGS, LOT ON (R) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: ~~WINDWARD POINTE~~ Elizabeth Jacinto | SECTION: ~~3~~ | LOT # ~~146 & 147~~ #1 | LOT AREA: 1.036 AC | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.3 (0.275) REPAIR

Septic Tank	1000	(gal)	STB	760	Date	3/1/21	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	
Pump Tank	1000	(gal)	PT	368	Date	2/26/21	System Description:	50% REDUCTION; PPBPS- P.M.			
Pump Make	Zoeller	Model	BN151		Serial #		Repair System Description:	50% REDUCTION			
# Nitrification Fields	1	# Lines	4		Linear Ft:	200FT	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	24 IN	Trench Bottom Depth(Low side)	30 IN		Gravel Depth	–		☐ GRAVITY	☑ PRESSURE		

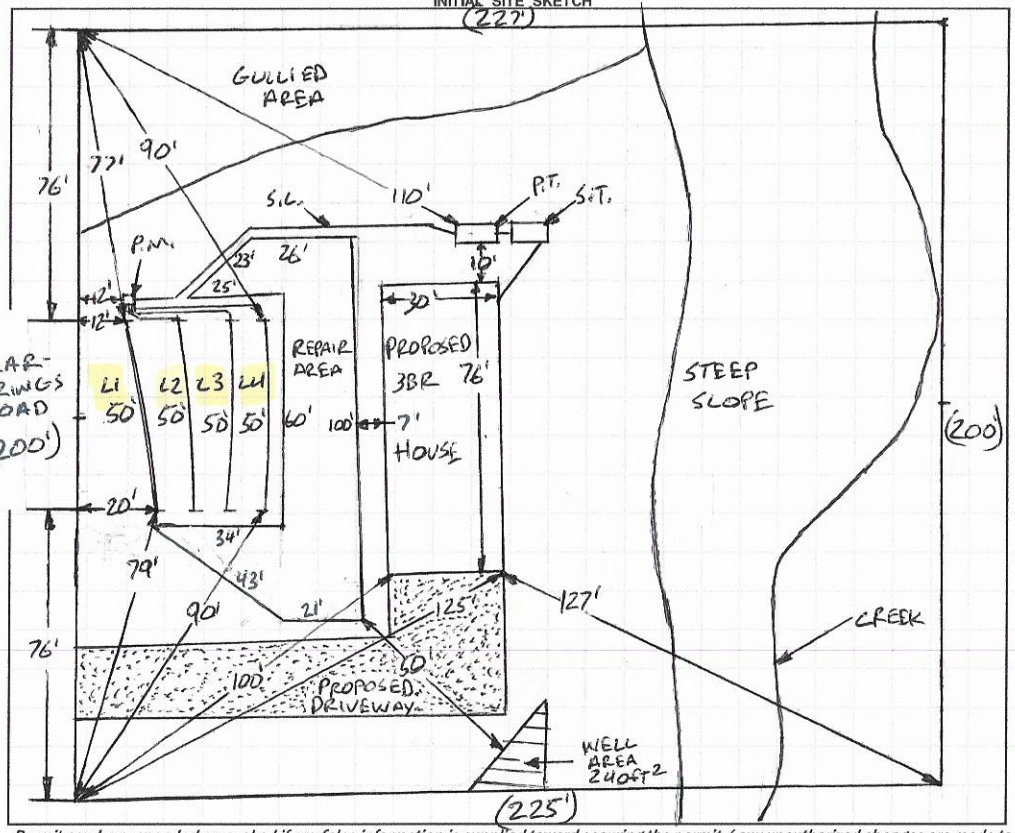
☑ Residence	No. Bedrooms	3	**Water Supply**	
☐ Business	No. Persons	6	☑ Private	☐ Public
☐ Other	No. Employees	–	☐ Community	
☐ Slab	☑ Crawl Space			
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION, DO NOT EXCEED A 36IN MAX TRENCH BOTTOM, MAINTAIN 15FT FROM ALL GULLIES OR THE GULLIES MUST BE FILLED

NO FOUNDATION DRAINAGE TO BE INSTALLED ON HOUSE

4/30/21 Checked tanks ~~13FT to House~~ & Checked lines installed as Drawn

INITIAL SITE SKETCH



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.

Checked Supply line. Installed Sch 80 ½" taps.

TAPS
L1 = ½ SCH 40
L2 = ½ SCH 40
L3 = ½ SCH 40
L4 = ½ SCH 40
# OF PANEL = 48
DOSE VOLUME = 173 GAL
GPM = 28.44
RUN TIME = 6 MINS
DRAW DOWN = 8.25 IN

1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

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 Jacinto | Date: 4-1-2021 | Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: Burpust C. Willett | Date: 3-31-2021 | OPERATION PERMIT by: James Boggs | Date: 6/10/2021

AUTHORIZATION TO CONSTRUCT by: Burpust C. Willett | Date: 4-1-2021 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked	4/30/21	MD
Tanks Checked	4/30/21	MD
Pressure Manifold or Valve Box Checked	6-9-21	
Pressure Head Set	6-9-21	
Electrical Checked	6-9-21	
Floats Set	6-9-21	
Alarm Checked	6-9-21	
Maintenance Contract Needed? Y (N)		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4626-57-2743
COUNTY: IREDELL

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

OWNER: FREEDOM HOMES — APPLICATION DATE: 11-5-2020
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166 — DATE EVALUATED: 1-6-2021
PROPOSED FACILITY: 3BR — PROPOSED DESIGN FLOW (.1949): 360GPD — PROPERTY SIZE: 1.036 AC
LOCATION OF SITE: 192 CLEARSPRINGS ROAD, MOORESVILLE, N.C. 28115 — PROPERTY RECORDED: YS
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	LINEAR SIDE 12% 1FT REMOVED FROM GRADED THIS PIT	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	72"±	NA	NA	PS .3
		8-44	C, SBK	FR, S, P, SEXP					
		44-72	CL, WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE 12% 1FT REMOVED FROM GRADED THIS PIT	0-8	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT MICA COMMON	78"±	NA	NA	PS .3
		8-45	C, SBK	FR, S, P, SEXP					
		45-78	CL, WSBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 15%	0-5	SCL, SBK	FR, SS, SP, SEXP	FEW SAP INC FEW V/B MOTS 20"-42"	66"+	NA	NA	PS .275
		5-40	C, ABK	FR, S, P, SEXP					
		40-66	CL, WABK	FI, SS, SP, SEXP					
4	LINEAR SIDE HEAD 15%	0-30	SCL, SBK	FR, SS, P, SEXP	SAP INC THRU OUT MICA COMMON	54"	PS II SL	N/A	PS .385
		30-54	CL, WSBK	FR, SS, SP, SEXP					
		54-63	SAP, MAS	FR, NS, NP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50%	50%
Site LTAR	0.3	0.275

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. White
OTHER(S) PRESENT:

COMMENTS:

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay)	0.4 - 0.1	0.2 - 0.05	**MOIST** VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky)	**WET** NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

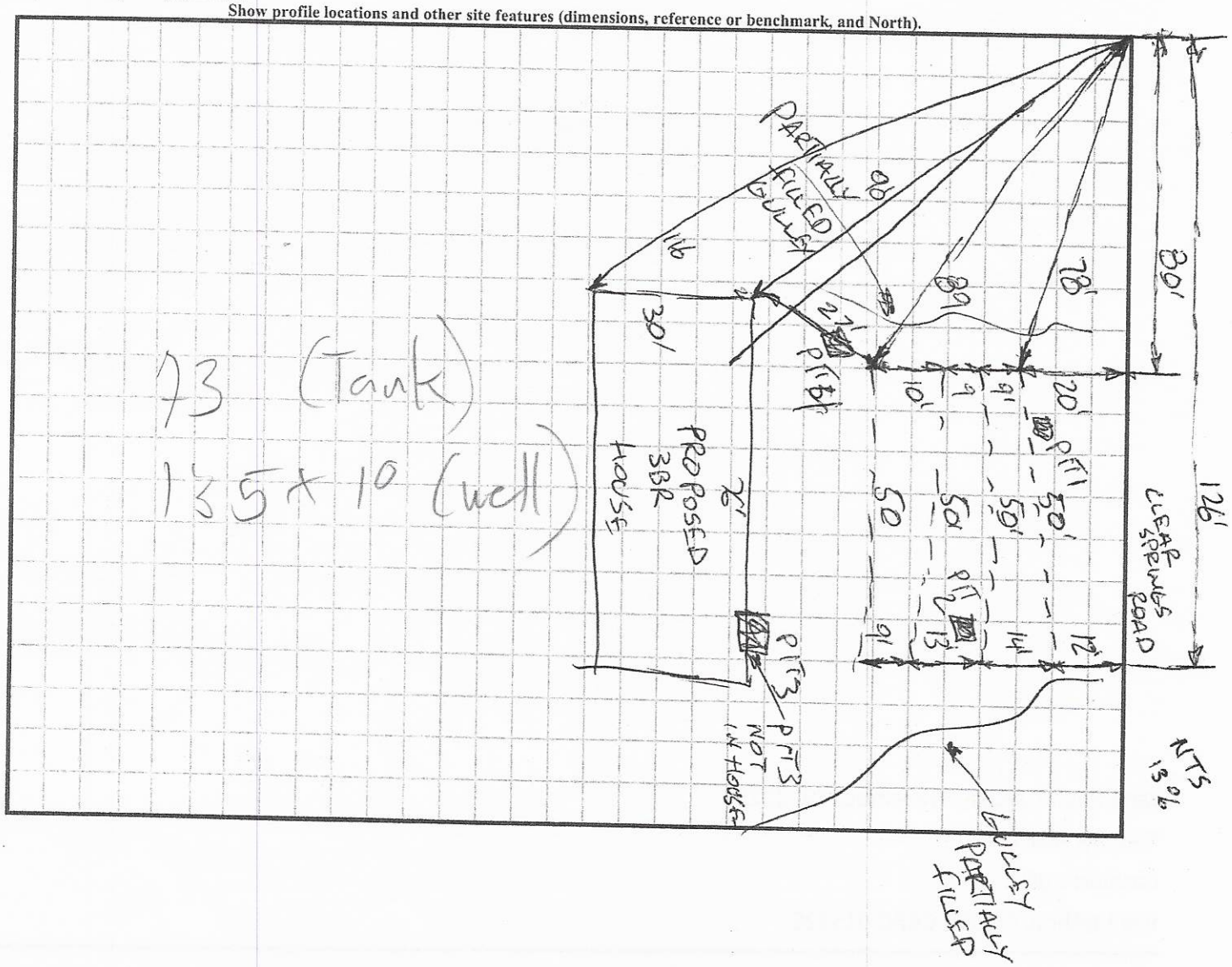
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED NOV 05 2020

AP-312328 $500.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For:
(X) Septic Improvement Permit
(X) New Well Permit
(X) Authorization to Construct
( ) Well Repair Permit
( ) Existing System Inspection
( ) Well Abandonment
( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kimberly Frye/Freedom Homes Address: 1124 Charlotte Hwy Troutman, Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Windward Sailview LLC Address: 2313 Catawba Ave Cornelius Zip: 28031
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 192 Clear Springs Rd Mooresville, NC
Subdivision Name: Windward Pointe Section/Phase: _____ Lot Number: 146 & 147 Combining.
Driving Directions: I-77 Toward Charlotte, Exit 42 - R, 2.20miles R onto Clear Springs Rd. .40miles Lot 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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: _____
(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.

Kimberly Frye 10-30-2020

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, John Martin McCoy, am the legal owner(s) of the property located at [redacted] 192 Clean Springs Rd Mooresville NC, identified as PIN (Parcel Identification Number) 4659661019 / 4659062104, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Paul Allen, Freedom Homes, 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 10/28/20 — Signature of Owner(s) — Date

Heather J Cannahan 10/28/20 — 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

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

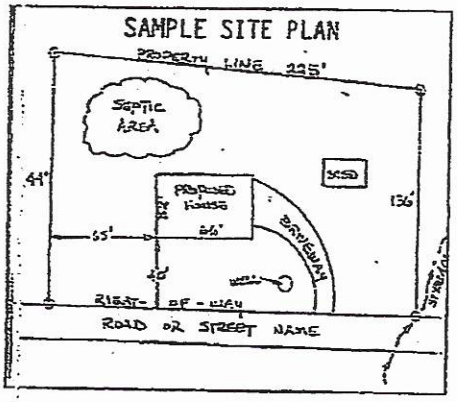
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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

Attached

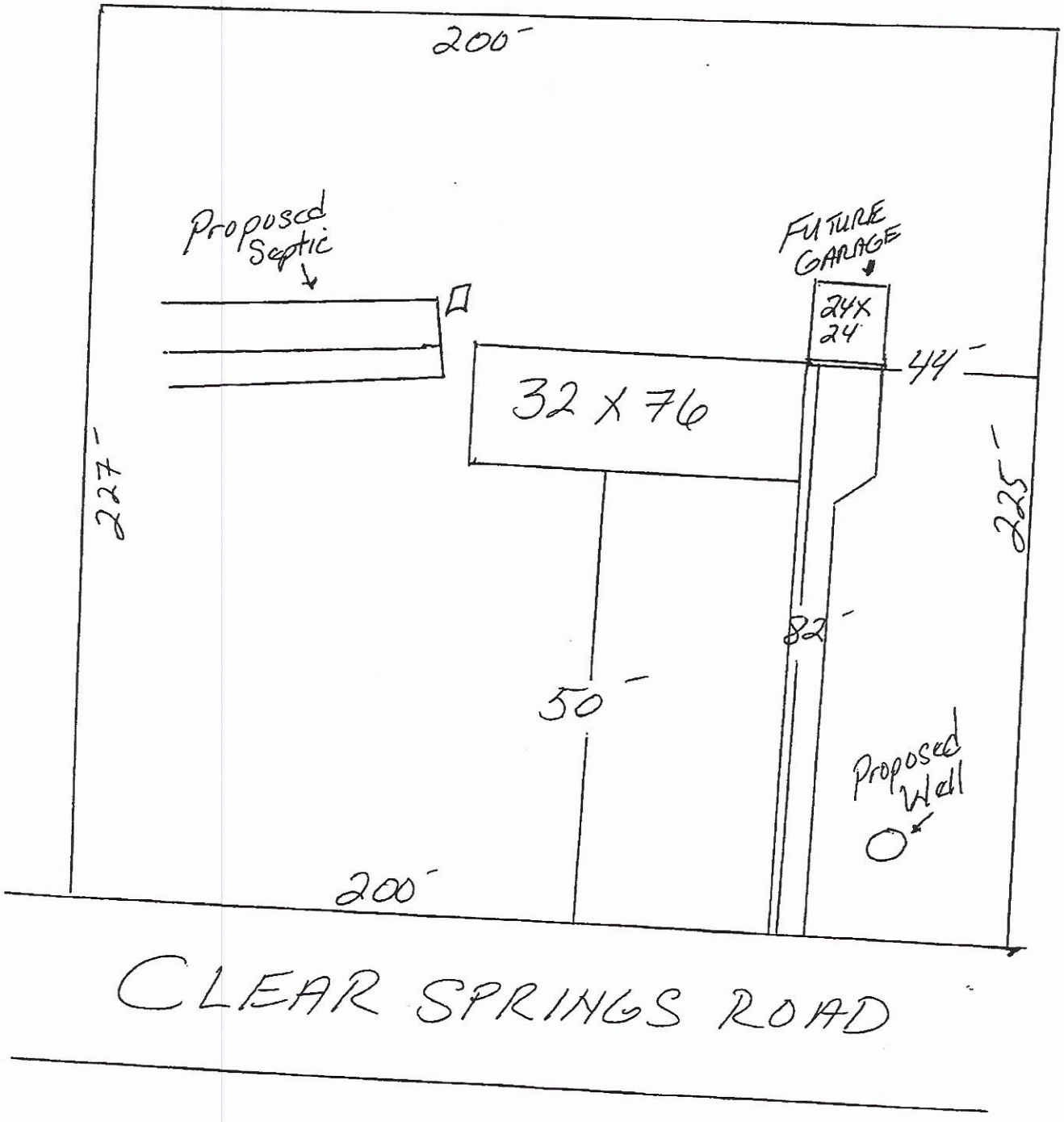
Signature: Kimberly Lyle 10-30-2020

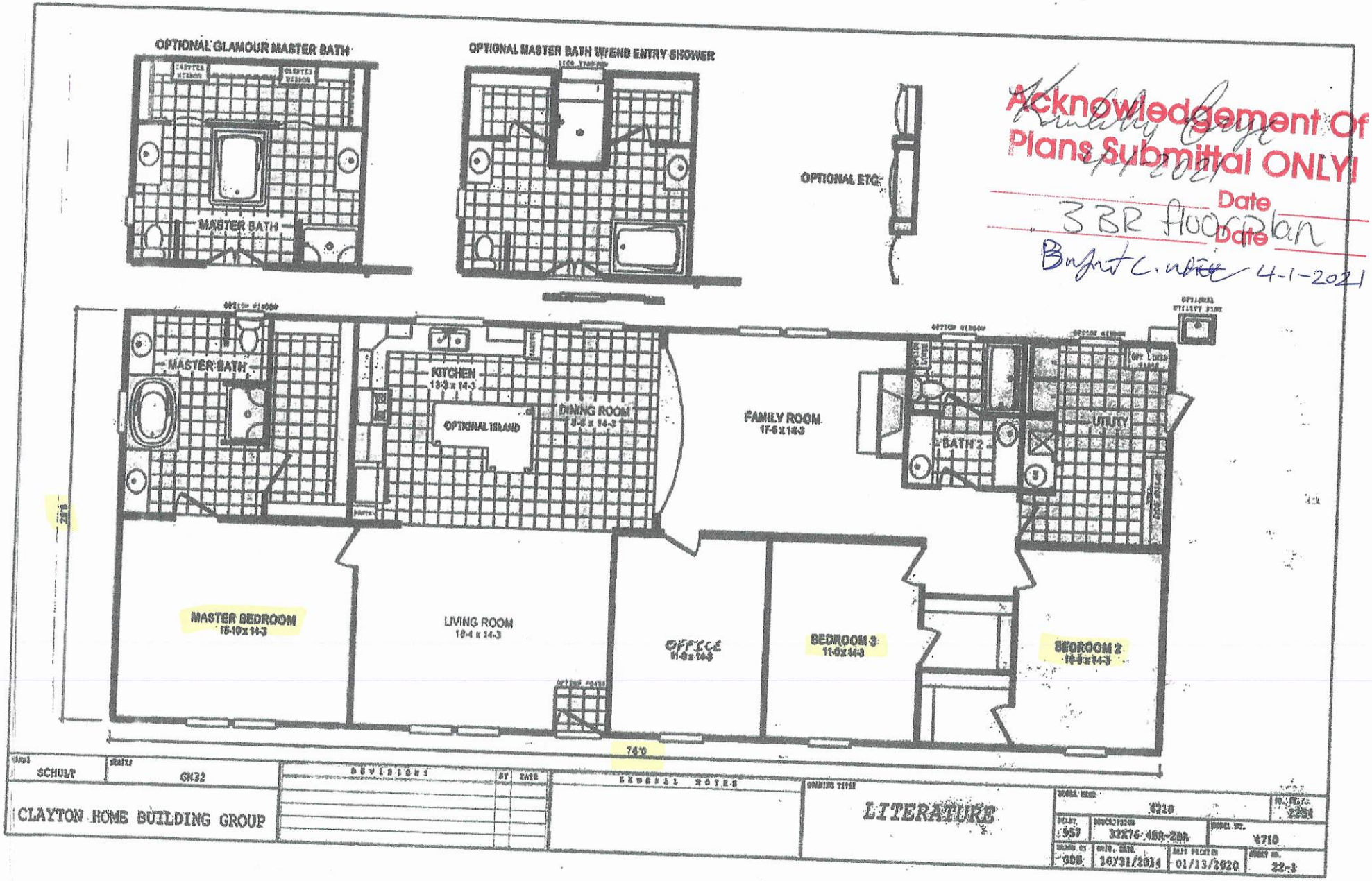
Property owner or owner's agent

PLOT PLAN

N.T.S.

JACINTO
192 CLEAR SPRINGS DR
MOORESVILLE, NC




OPTIONAL GLAMOUR MASTER BATH
MASTER BATH
OPTIONAL MASTER BATH W/ END ENTRY SHOWER
OPTIONAL ETC.
Acknowledgement Of
Plans Submittal ONLY!
Date
3BR floor plan
Date
4-1-2021
MASTER BATH
KITCHEN
13-3 x 14-3
OPTIONAL ISLAND
DINING ROOM
FAMILY ROOM
17-6 x 14-3
BATH 2
UTILITY
MASTER BEDROOM
15-10 x 14-3
LIVING ROOM
18-4 x 14-3
OFFICE
11-6 x 14-3
BEDROOM 3
11-6 x 14-3
BEDROOM 2
74'0
SCHULT
GN32
CLAYTON HOME BUILDING GROUP
REVISIONS
BY
ZONE
GENERAL NOTES
LITERATURE
4710
32X76-468-28A
4710
16/31/2014
01/13/2020
22-1

IREDELL COUNTY · NC

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

APPLICATION NUMBER
312328 Issue Date:

Permit Type: ZONING

FILE COPY

Parcel Number	Street Address	Jurisdiction
4659062104.000	192 CLEAR SPRINGS RD	IREDELL COUNTY

Owner Information	Applicant Information
Name: WINDWARD SAILVIEW LLC	Name: FREEDOM HOMES-TROUTMAN #667- USE THIS ONE
Address: 21313 CATAWBA AVE CORNELIUS, NC 28031	Address: 1124 CHARLOTTE HWY TROUTMAN, NC 28166
Phone:	Phone: (704)801-2326

Use Requested	Zone Code
Double-Wide Mobile Home	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.52	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

32X76 DOUBLEWIDE//NEED ZD

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.

SEE ATTACHED

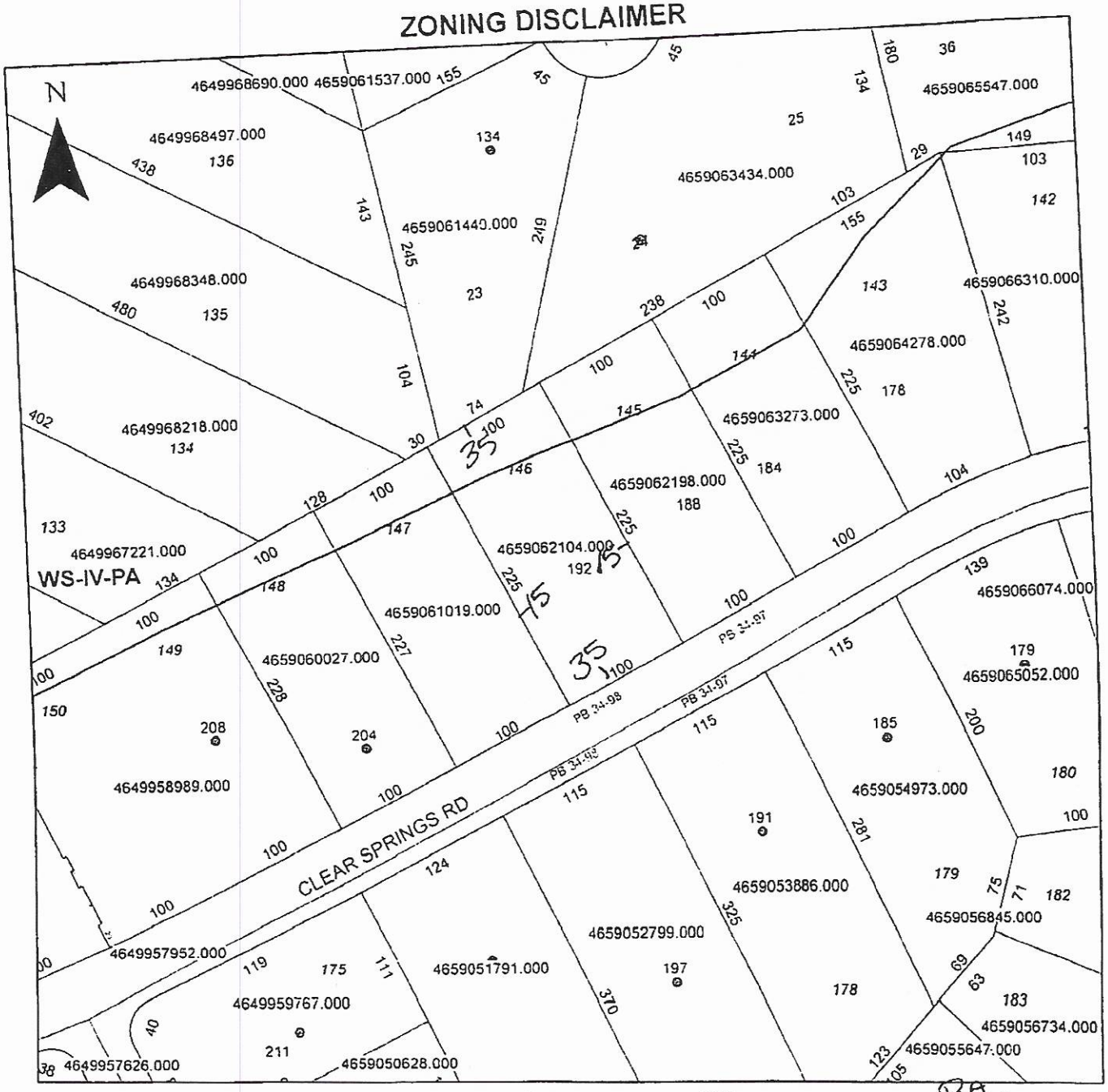
PAID
Online
11-4-20 pk

Signature of Owner/Contractor

Date: 11/03/2020

Permit Number	312328	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 192 Clear Springs Rd.

RA
Dist
WS-IV-PA
No

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. Applicant further acknowledges that the 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.

Kimberly Boyle
Applicant

11-4-2020
Date