IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 225520

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

PIN # 4659-06-7720

APPLICANT/OWNER: Freedom Homes/Lynda Clark | APPLICANT ADDRESS: 2214 Charlotte Highway (unknown)

SITE ADDRESS: 127 Crystal Bay Drive - Mooresville, NC | PHONE: 704-881-2366 | ALT. PHONE

SITE DIRECTIONS: Rt 21/115 N from Mooresville → L on Clear Springs → R on Crystal Bay →

SUBDIVISION: Winward Point | SECTION: | LOT # ~~140~~ 38 | LOT AREA: 0.48 | SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 360 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	1M-1060	Date	—
Pump Tank	1000 (gal)	PT	1M-1060	Date	—
Pump Make	Goulds	Model	311 M	Serial #	
# Nitrification Fields	1	# Lines	4	Linear Ft	200
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—

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

System Description: PPBPS (50% Reduction) Pressure Manifold

Repair System Description: Drip + PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO | ☐ GRAVITY ☒ PRESSURE

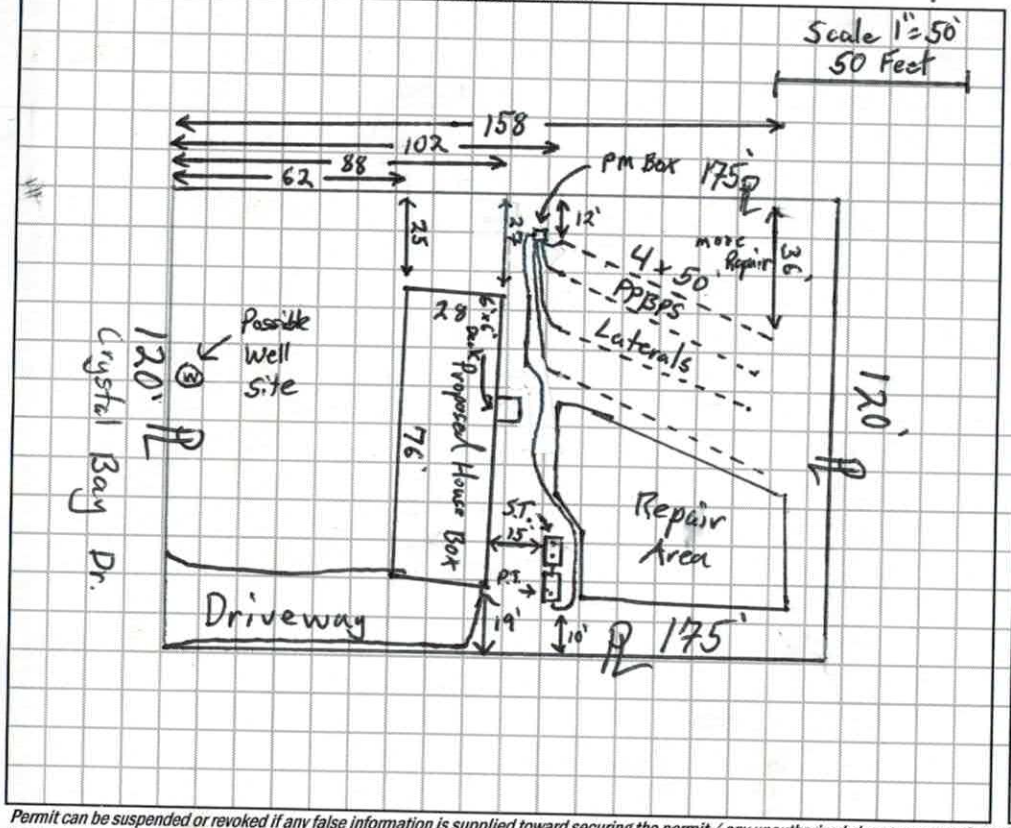
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

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

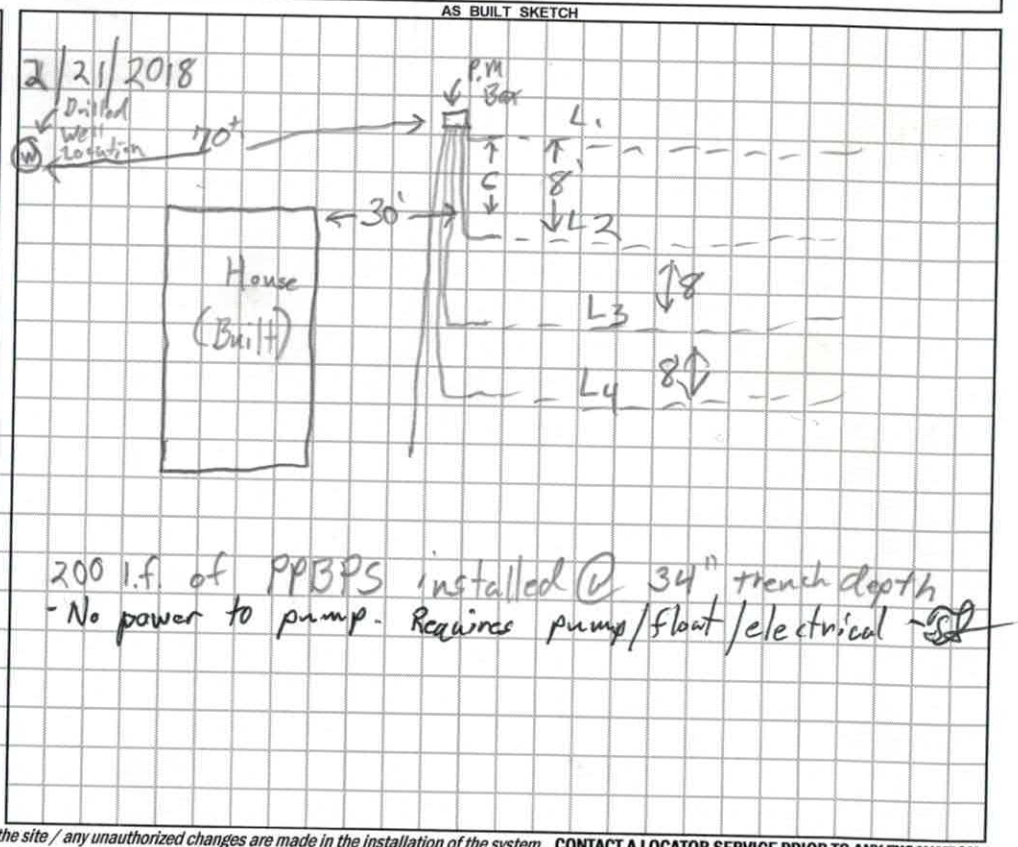
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Though 239 l.f. of primary drainfield has been laid out, only 200 l.f. need be installed. Use 1/2" SCH-80 TAPs for pressure manifold. Any spare area within primary septic area shall be set aside for future repair purposes. Recommend pumping septic tank every 3-5 years.

INITIAL SITE SKETCH



AS BUILT SKETCH



200 l.f. of PPBPS installed @ 34" trench depth - No power to pump. Requires pump/float/electrical

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 Smyth

IMPROVEMENT PERMIT by: Tom Shuck | Date: 10-17-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck | Date: 10-17-17

Installed by: Craig Thompson Grading | Date: 10-17-17

OPERATION PERMIT by: Mara Dolan | Date: 2/22/18

Existing System Inspected by: | Date:

	Date	Initials
Drain Lines Checked	2/21/18	SS
Tanks Checked	2/16/18	Ben Bottrell
Pressure Manifold or Valve Box Checked	2/21/18	SS
Pressure Head Set	2/22/18	MD
Electrical Checked	2/22/18	MD
Floats Set	2/22/18	MD
Alarm Checked		
Maintenance Contract Y/(N) not Required		
Comments: 2/22/18 Couldn't get alarm to Sound		

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

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

L1 3.82 60'
L2 4.46 60'
L3 — 60'
L4 5.4681 60'
L5 6.39 37'

SOIL/SITE EVALUATION 296'
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Lynda Clark
ADDRESS: 156 Flowering Grove Lane Mooresville
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 127 Crystal Bay Dr. Mooresville, NC
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE: 3/8/17
DATE EVALUATED: 9/28/17
PROPERTY SIZE: 0.48 acres
PROPERTY RECORDED: Yes - 1996

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	LSS 8% Upper	0-23	clay w-m SBK/ABK	Sl. Firm, sticky, Sp, Scep	—	48	—	—	0.325 PS
		23-48	clay Loam w. SBK some mica	Friable, SS, Sp, Scep					
		48-56	MA Loamy Saprolite	Very Friable/ well Drained					
2	LSS 8% middle	0-45	clay w-m SBK/ABK	Sl. Firm, sticky, Sp, Scep	— 32	57	—	—	0.30 PS
		45-57	clay Loam w. SBK	Sl. Friable, SS, Sp, Scep					
3	LSS Near 10%	0-11	SCL w. SBK	Sl. Firm, SS, Sp, Scep	—	28	—	—	0.1 Drip
		11-28"	clay m SBK	Sl. Firm, SS, Sp, Scep sticky					
			Rock/ Dense in Place SAP @ 28"						
4	LSS 10% Distal	0-12	SCL v.w SBK	Sl. Friable, SS, Sp, Scep	Mott Firm 12-30 Sl. Firm 30-53				0.275 Drip
		12-53	clay w-m SBK/ABK	Sl. Firm, SS, Sp, Scep					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200+ feet	78' + 2600 ft²
System Type(s)	PPBPS	Drip + PPBPS
Site LTAR	0.30	0.1 + 0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS (For 3 BR)
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___
(Switched to a 3BR on 10/3/17) SP

Crystal Bay Dr.
JP
IP
Tele Box
62'
88'
102'
158'
25'
29'
12'
36'
28'
75'
14'
15'
10'
54'
89'
114' usable
Slope
Change/Drop
S 55° W 37'
S 47° W 60'
S 43° W 60'
S 55° W 60'
S 47° W 60'
S 55°
S 47°
S 43°
S 55°
S 47°
S 43°
S 55°
S 47°
S 43°

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

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

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

Craig Thompson

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 3-31-17
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 124 Crystal Bay PROPERTY RECORDED: _____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	primary LSS Upper middle	0-3	scl v,w, sbk	sl. Firm, ss, sp, scap	–	48	–	–	0,3 PS
		3-26	clay w-m sbk w. ABK	sl. Firm, ss, sp, scap					
		26-48	clay loam w. sbk some mica	Friable, ss, sp, scap					
			saprolite						
				Deep Good!					
2	LSS [Above Berm]	0-3	scl v.w.sbk						Need Backhoe pit
		3-14	clay w. sbk	Water in Hole					
				Examined last night + this morning]					
3	LSS Below Berm Header	0-4	scl v.w.sbk	sl. Firm, ss, sp, scap					
		4-26	clay w-m ABK/sbk	sl. Firm, ss, sp, scap					
		26-48	Clay loam v.w. sbk + some saprolite	Friable, ss, sp, scap					
4									

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

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

COMMENTS:

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)

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kimberly Sneed (Freedom Homes)	2214 Charlotte Hwy		704-881-2326
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Lynda Clark	156 Flowering Grove Lane Mooresville		704-902-7187

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
121 Crystal Bay Drive	Windward Point	140

Driving Directions: Exit 42 onto 21 go 7miles Turn @ Charlotte Hwy (2miles) Turn-@ onto Clear Springs Rd Turn Right onto Crystal Bay Dr 500 ft on Right

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

- (✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?
- ( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?
- ( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
- (X) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
- ( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) 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 (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.

9. Signature: Kimberly Sneed — 10-3-17
   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, John Martin McCoy, am the legal owner of the property located at 127 Crystal Bay Dr. 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 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.

J Martin McCoy — 6-20-2016
Signature of Owner — Date

Dan Whitesides — 6-20-2016
Signature of Witness — Date

RECEIVED MAR 8 - 2017

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

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

Paid $700 + 100 Revisit #225520

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:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Kimberly Sneed (Freedom Homes)	2214 Charlotte Hwy		704-881-2326
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
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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 4
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 ___

DEVELOPED

6. Proposed Water Supply:

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) 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 (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.

9. Signature: Kimberly Sneed
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3-8-17
DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

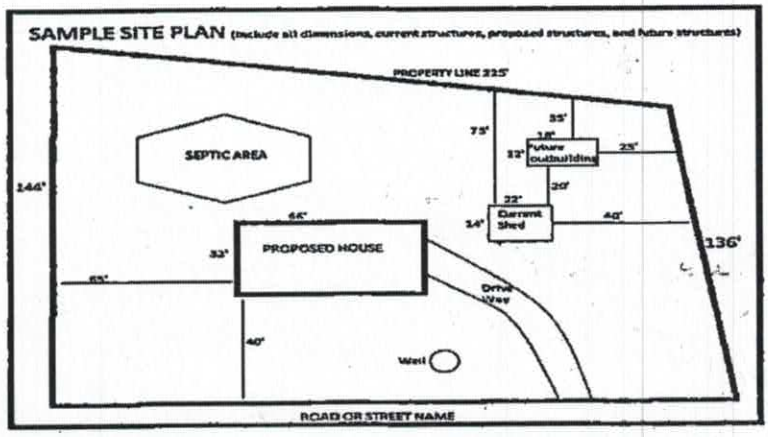
SITE PLAN WORKSHEET

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!!!*

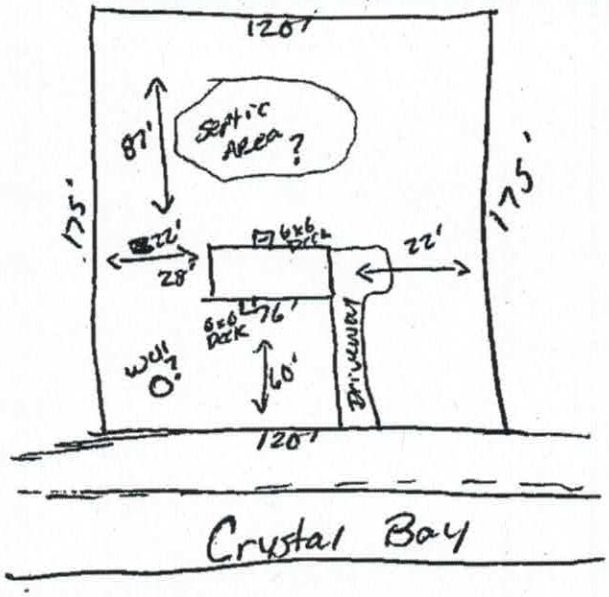
Place an (X) beside each item as you complete the site plan:
_____ Property Line measurements are clearly identified... **_____ All proposed structures are indicated...**

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:
_____ 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

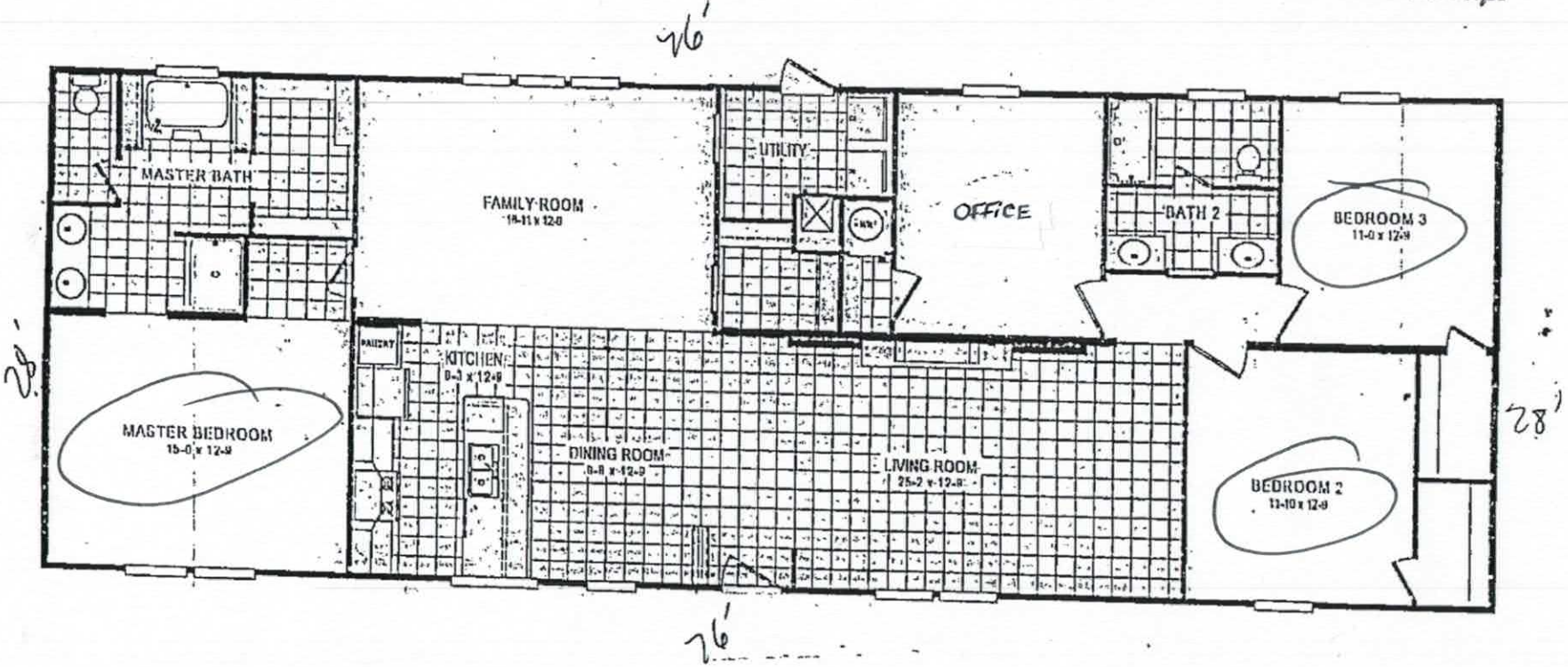


Signature: Kimberly Sneed
REQUIRED **property owner or owner's legal representative signature.**

3-8-17
DATE

The Breeze 2

Acknowledgement
Plans Submittal ONLY!
Kristy Lynch Date 3-8-17
Tom Shuck Date 10/17/17



IREDELL COUNTY

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

APPLICATION NUMBER
225520
Issue Date: 03/08/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4659067720.000	127 CRYSTAL BAY DRIVE, MOORESVILLE, NC	IREDELL COUNTY

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

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.480	35.00	35.00	15.00	15.00	PACL	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original 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	95653	TOTAL FEES:	$ 77.25