ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP-312326 - 07 - 2228

PIN # 4659

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

APPLICANT/OWNER: FREEDOM HOMES/ WINDWARD SAILVIEW LLC APPLICANT ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166

SITE ADDRESS: 190 SAILWINDS ROAD, MOORESVILLE, N.C. 28115 PHONE: 704-881-2326 ALT. PHONE —

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

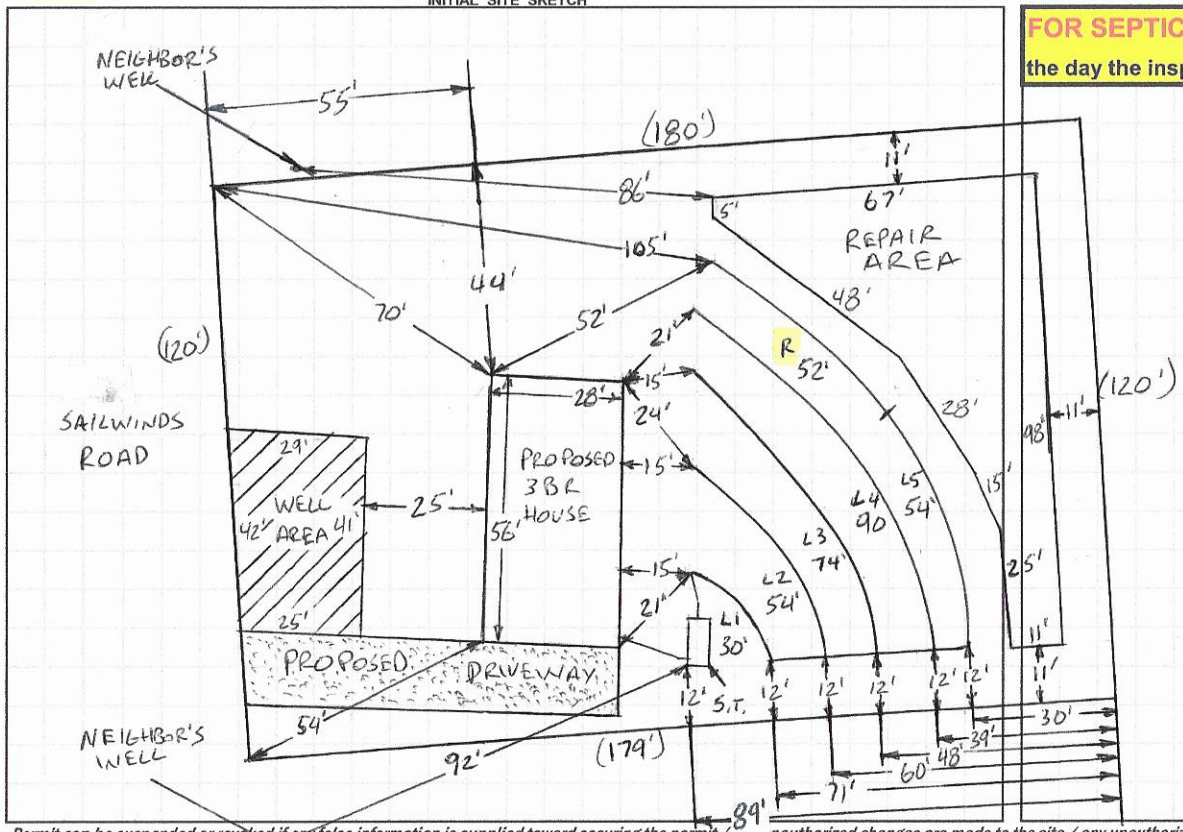
SUBDIVISION: WINDWARD POINTE SECTION: 1 LOT # 15 LOT AREA: 0.48 AC DESIGN FLOW: 360GPD L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	794	Date	12-21-20	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	—	Date	—	System Description:	25% REDUCTION	☐ Business	No. Persons 6
Pump Make	—	Model	—	Serial #	—	Repair System Description:	50% REDUCTION	☐ Other	No. Employees —
# Nitrification Fields	1	# Lines	5	Linear Ft:	302FT	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DO NOT EXCEED A 36 IN MAX TRENCH BOTTOM DO NOT SHALLOW UP, MAINTAIN 50FT FROM ALL WELLS

INITIAL SITE SKETCH



ST - 13ft from H.C.
13ft to PL
Red filter on ST

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.

Installed Quick 4 as Shown

1 IN = 40 FT
S.T. = SEPTIC TANK
R = REPAIR

Permit can be suspended or revoked if any false information is supplied toward securing the permit / ... 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 Gage Date: 1-12-2021 Installed by: Adam Gaccion

IMPROVEMENT PERMIT by: Burgent C. Miller Date: 1-11-2021 OPERATION PERMIT by: Mandy Olson Date: 4/28/21

AUTHORIZATION TO CONSTRUCT by: Burgent C. Miller Date: 1-11-2021 Existing System Inspected by: Date:

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

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

Sheet 1 of 1
PROPERTY ID #: 4659072228
COUNTY: IREDELL

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

OWNER: FREEDOM HOMES
ADDRESS: 1124 CHARLOTTE HIGHWAY, TROUTMAN, N.C. 28166
PROPOSED FACILITY: 3BR
PROPOSED DESIGN FLOW (.1949): 360 GPD
LOCATION OF SITE: 190 SAILWINDS ROAD, MOORESVILLE, N.C. 28115
WATER SUPPLY: ☒ ~~Private~~ ☐ Public ☒ ~~Well~~ ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ ~~Pit~~ ☐ Cut
TYPE OF WASTEWATER: ☒ ~~Sewage~~ ☐ Industrial Process ☐ Mixed

APPLICATION DATE 10-29-2020
DATE EVALUATED: 12-2-2020
PROPERTY SIZE: 0.48 AC
PROPERTY RECORDED: YES

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%	0-9	SCL, SBK	FR, SS, SP, SEXP	FEW V-B MOTS 18"-23" SAP, INC THRU OUT	49"+	NA	NA	PS .3 BELOW 23"-.275 ABOVE
		9-27	C, ABK	FR, S, P, SEXP					
		27-49	CL/WSBK	FR, SS, SP, SEXP					
2	LINEAR SIDE SHOULDER 12%	0-11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT FEW fi	52"+	NA	NA	PS .3
		11-24	C, ABK	FR, S, P, SEXP					
		24-52	CL/SBK	FR, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-11	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	58"+	NA	NA	PS .3
		11-30	C, ABK	FR, S, P, SEXP					
		30-58	CL, WSBK	FR, SS, SP, SEXP					
4	LINEAR SIDE 12%	0-8	SCL/SBK	FR, SS, SP, SEXP	SAP INC THRU OUT	50"+	NA	NA	PS .3
		8-30	C, ABK	FR, SP, SEXP					
		30-50	CL, WSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	50%
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bryant C. Miller
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		
		O (Organic)	None	None		

MOIST	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
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

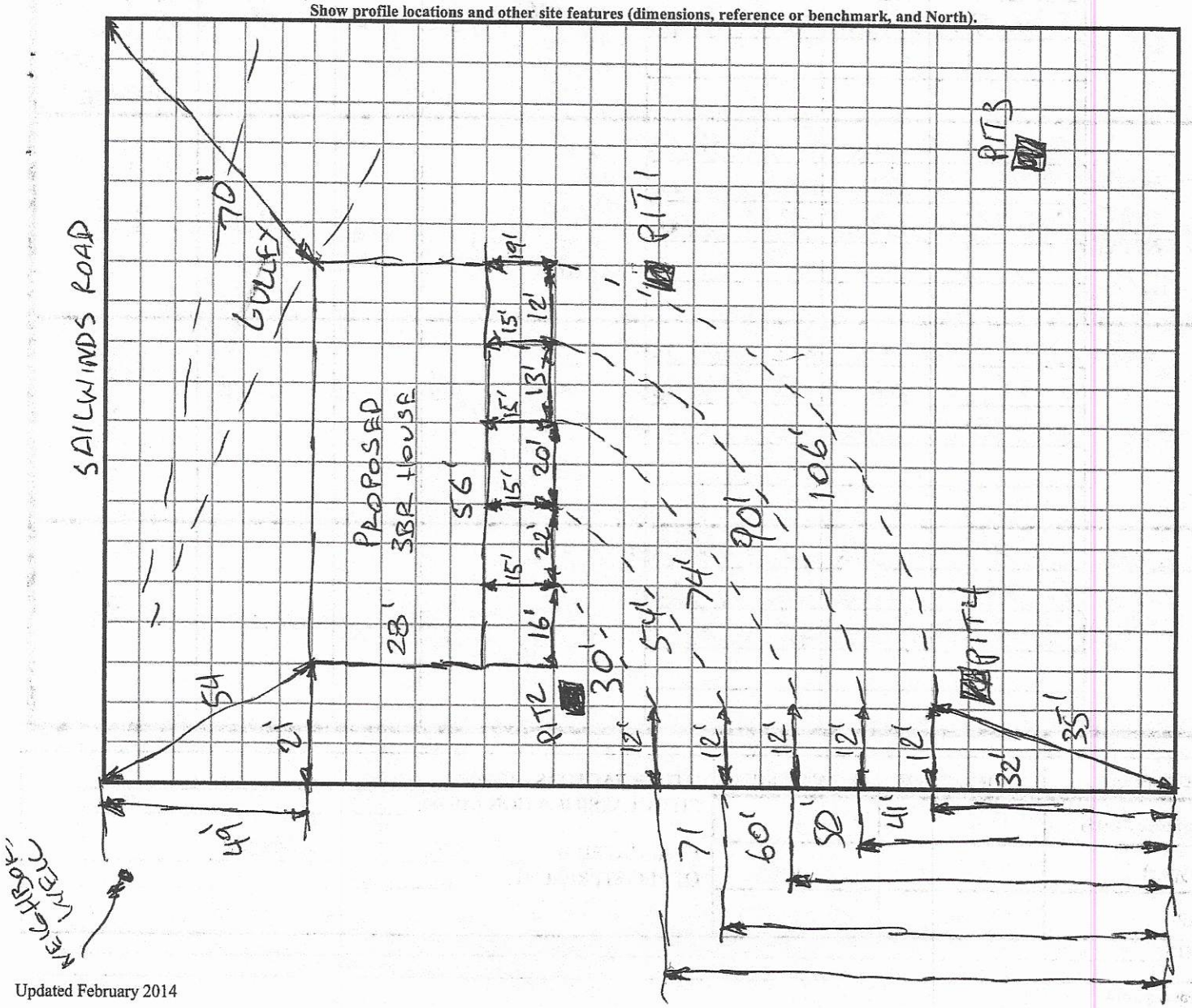
HORIZON DEPTH — In inches below natural soil surface
DEPTH OF FILL — In inches from land surface
RESTRICTIVE HORIZON — Thickness and depth from land surface
SAPROLITE — S(suitable) or U(unsuitable)
SOIL WETNESS — Inches from land surface to free water or inches from land surface to soil colors with chroma 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

NTS

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



AP-312326
$500.00

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: Kimberly Frye Freedom Homes Address: 1124 Charlotte Hwy Troutman NC Zip: 28166
Applicant Email: kimsneed.sneed@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Windward Sailview LLC Address: 21313 Catawba Ave Cornelius NC Zip: 28031
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 190 Sailwinds Rd Mooresville, NC 28115
Subdivision Name: Windward Pointe Section/Phase: _____ Lot Number: 15
Driving Directions: I-77 Toward Charlotte, Exit 42, Stay Right, 1.96miles
Route Sailwinds Rd, 34 190 Sailwinds Rd 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: _____

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.

DocuSign Envelope ID: 057C089C-4299-404E-9A93-60D848AF939A

Public Health

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public 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, Windward Sailview LLC, am the legal owner(s) of the property located at 190 Sailwinds Rd. Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4659-07-2228, located in Iredell County, North Carolina.

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

Signature of Owner(s) — Date 9/28/20

Signature of Witness — Date 9/28/20

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

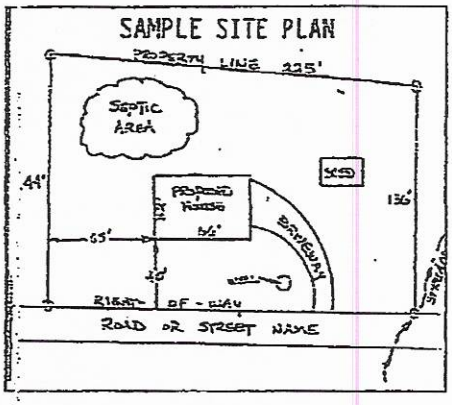
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

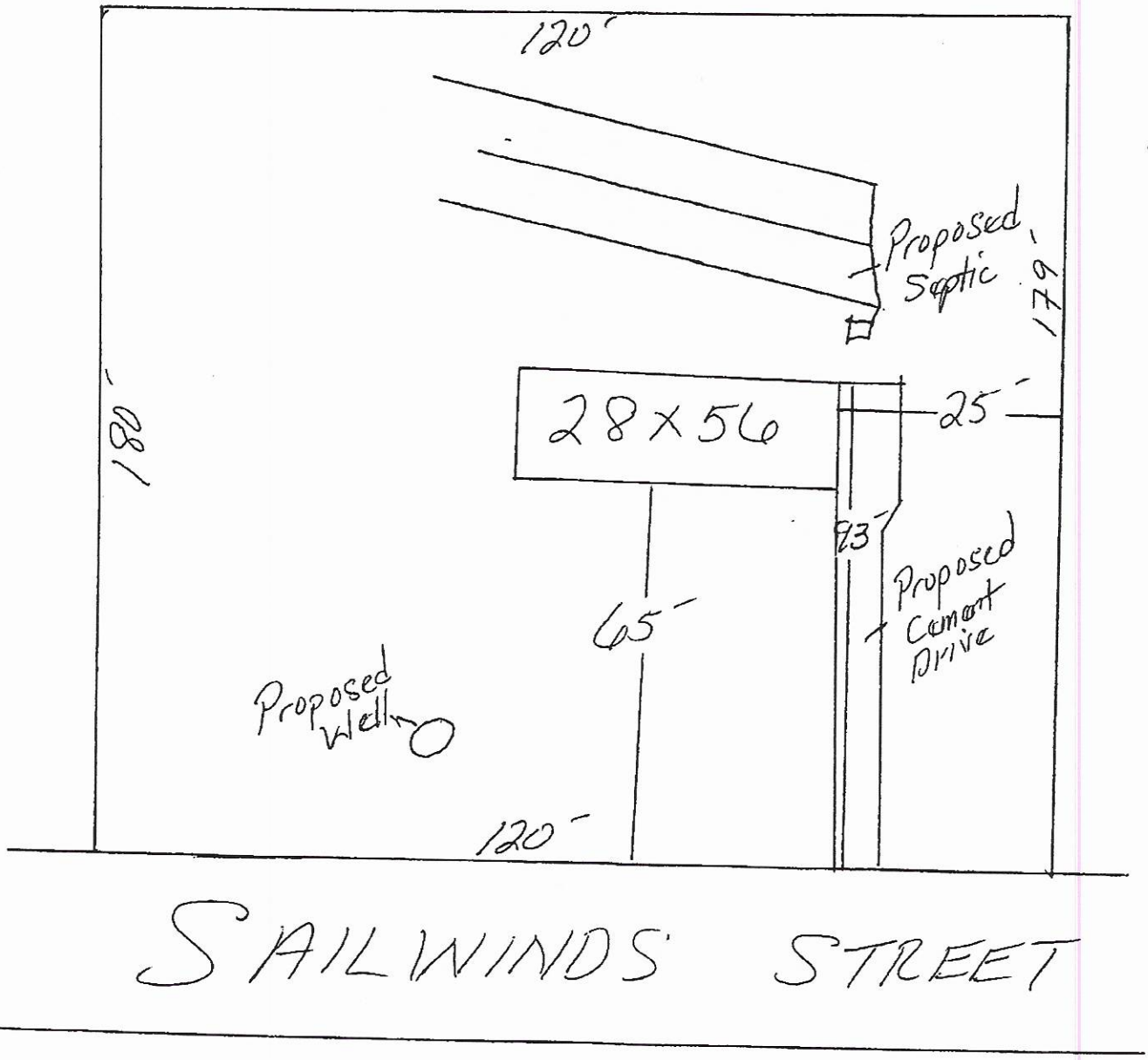
Signature: Kimberly Gayle 10-29-2020

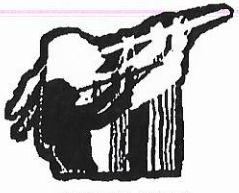
Property Owner or Owner's Legal Representative

PLOT PLAN

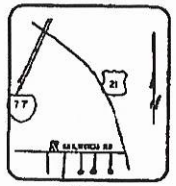
N.T.S.

Mc DUFFIE
190 SAILWINDS RD.
MOORESVILLE, NC
28115









Vicinity Map
Scale None



PB 27 PG 125
Nov. 1996

Robert R. Barton
DB 1468 pg 282

N 81°26'45"E 120.01'

Lot 15
0.496 ACRE

35' Rear Setback

Proposed Dwlg

54'

39' Front Setback

30'

5' Side Setback

N 09°33'27"W 180.14'

S 09°20'26"E 179.24'

Lot 16
Aquilina M. Torres
DB 2308 pg 669

Lot 14
Lee O. Stapel
DB 2302 pg 1773

Lot 13

N 80°54'33"E 120.00'

S 80°54'49"W 120.00'

Sailwinds Rd. 50' R/W
(SR 2191)

Keyside Ln.

LEGEND
DB = Deed Book
Pg = Page
PB = Plat Book
IPF = Iron Pipe
EIR = Existing Iron Rod
NIR = New Iron Rod
CM = Concrete Marker
Dwlg = Dwelling
Bldg = Building
C/L = Center Line
R/W = Right of Way
CP = Computer Point

NORTH CAROLINA PROFESSIONAL LAND SURVEYOR SEAL L-2923 DAVID S. CLARK

I, David S. Clark, PLS certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2178 page 1043); that the boundaries not surveyed are clearly indicated as drawn from information found in book 27 page 125; that the ratio of precision as calculated is 1:10,000; that this plat was prepared in accordance with 21 NCAC 56 as amended. Witness my original signature, license number and seal this 27th day of Oct. A.D. 2020

David S. Clark PLS L-2923
Surveyor

30 0 30 60 90
GRAPHIC SCALE - FEET

Survey Plat for
Melvin McDuffie
190 Sailwinds Rd, Mooresville NC, 28115
Berringer Township, Iredell County, North Carolina
PIN 4659072228.000
DB 2178 pg 1043
Date Oct 27th, 2020
Drawn By DKB
Scale 1"=30'
Windward Pointe S/D
PB 27 pg 125

SURVEYOR

David S. Clark
Surveyor, PA
1920 32nd St. NE, Hickory, NC 28601
828-256-6400 www.clarksurveying.com

C-2923

Oxford

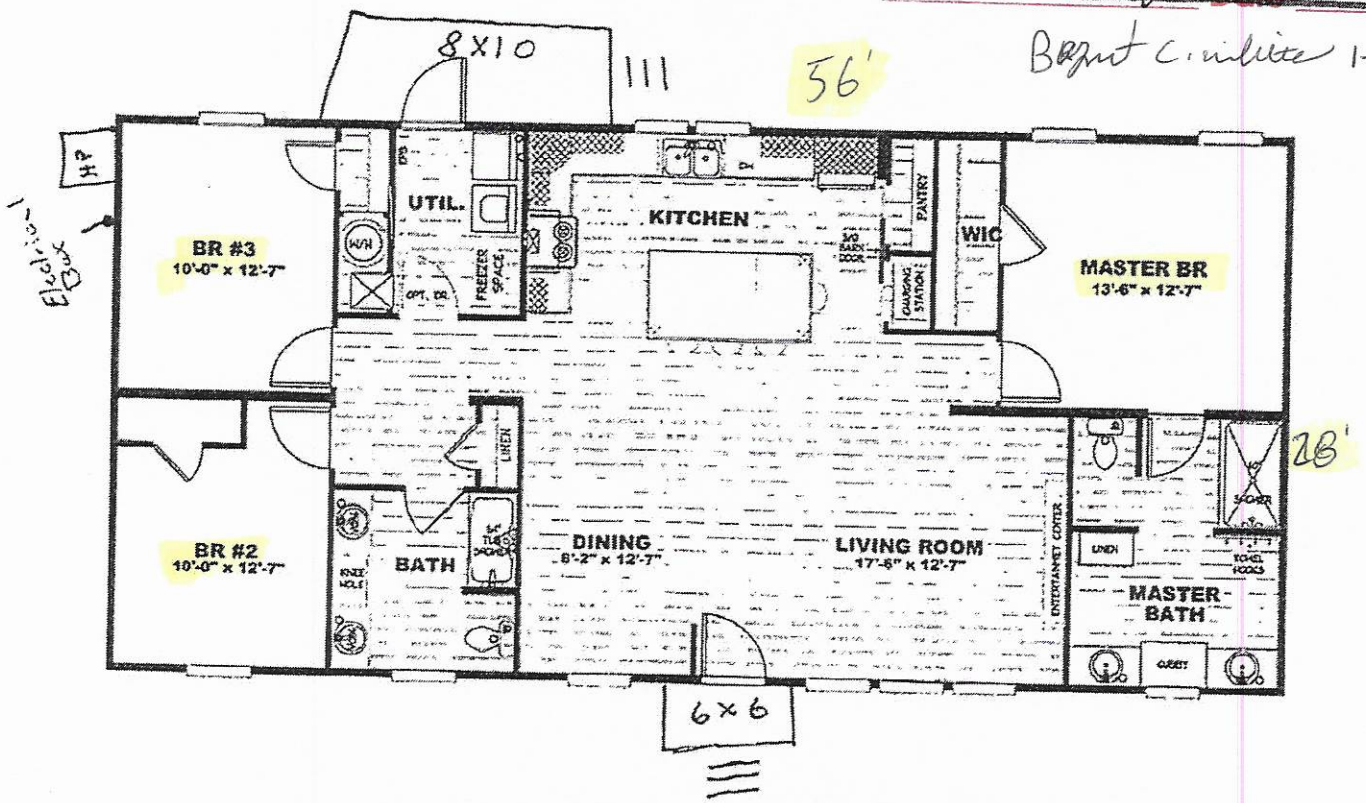
Opening doors to a better life.

ISLAND BREEZE 56' - 29NOW28563IH

APPROVED
SIGNATURE:
DATE: 10/20/2020

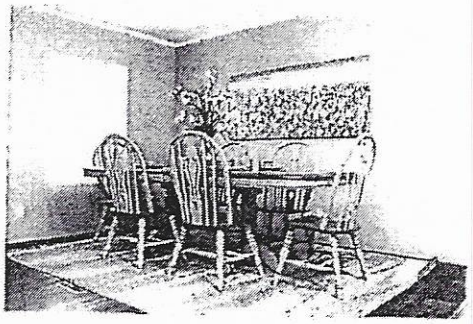
Acknowledgement Of Plans Submitted ONLY!
APPROVED
SIGNATURE:
DATE: 10-29-20

Bryant Civil Utilities 1-11-2021



Plan Details

Bedrooms	3
Bathrooms	2
Sq Feet	1484
Width	28
Depth	56



IREDELL COUNTY · NC

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

APPLICATION NUMBER
312326 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4659072228.000	190 SAILWINDS 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
0.48	35	35	15	15	WSIV-PA Catawba/Lake Norman	NO

Remarks

28x56 DOUBLEWIDE

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

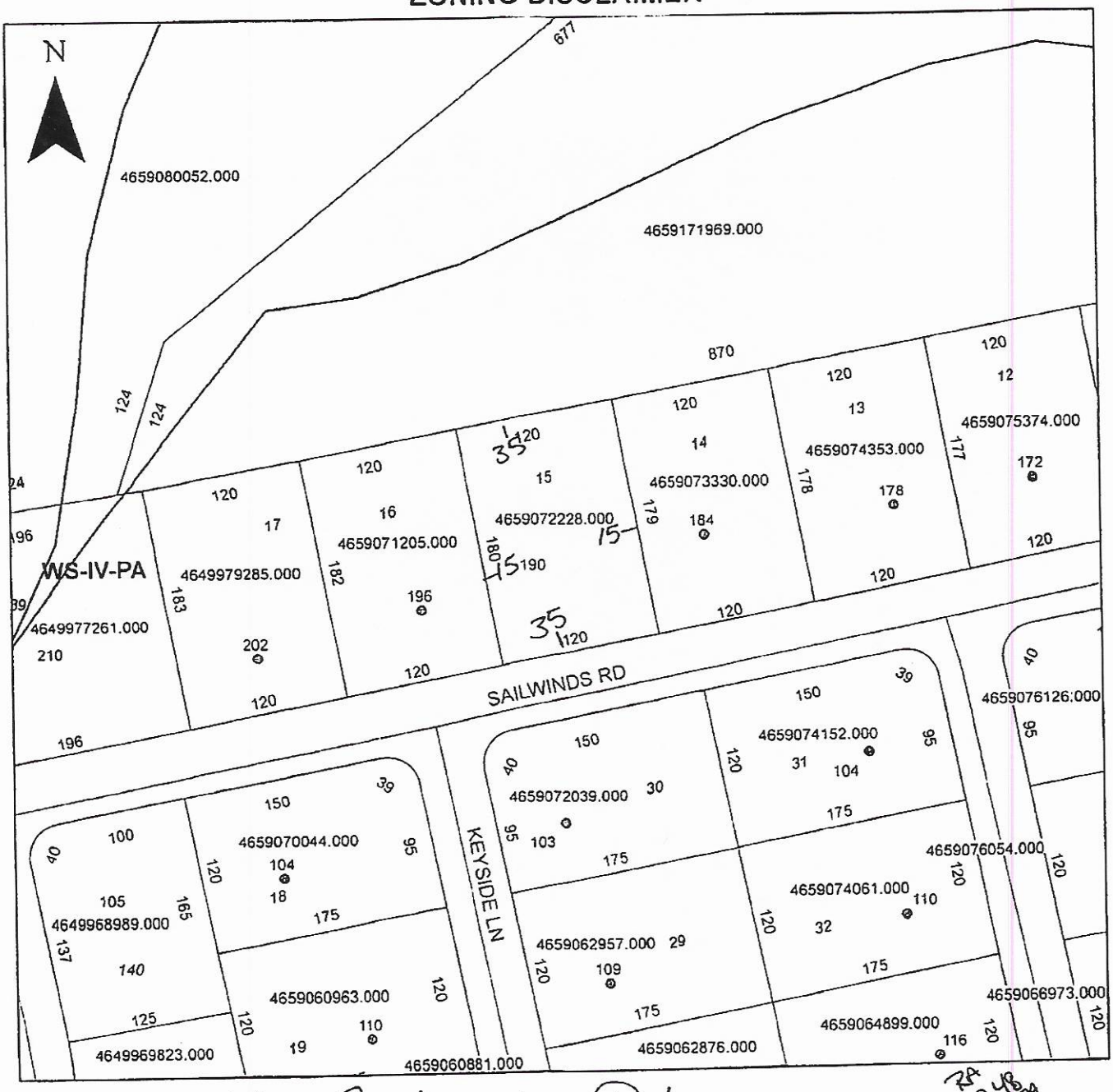
PAID Mline 11-4-20 ck.

Signature of Owner/Contractor

Date: 11/03/2020

Permit Number	312326	TOTAL FEES:	$77.25

ZONING DISCLAIMER



Property Address 190 Sailwinds Rd.

RA 0.46 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 Sage
Applicant

11-4-2020
Date