IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 238932

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

PIN # 4614748360

APPLICANT/OWNER: Lakeshore Holdings LLC APPLICANT ADDRESS: PO Box 5350 Mooresville, NC

SITE ADDRESS: 143 Tuskarora Point Ln. Mooresville, NC PHONE: 919-389-4500 ALT. PHONE —

SITE DIRECTIONS: Brawley School Rd → R on Tuskarora Trail → R on Tuskarora Point → lot on L SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Tuskarora Point SECTION: — LOT # 14 LOT AREA: .691 ac DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date 4-4
Pump Tank ____ (gal) PT ____ Date ____
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 8 @ 40' Linear Ft 320'
Trench Width 24" (min) Trench Bottom Depth ~~(Low side)~~ MAX 36" Gravel Depth —

☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: gravity PPBPS
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees ____
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:
* Pool must be staked during time of installation and inspection.

INITIAL SITE SKETCH

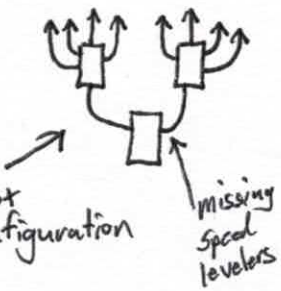
See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

11-13-19 Tank & 4 Line Lengths Checked 4@40 Ft Lay (BB)

11/14/19: Lines P_3, O_4, W_5, P_6 installed w/ 36" TB, 40 l.f. each and verified ok by laser. Installed substantially as permitted.

- Contractor ran out of 3" pipe. Needs final conveyance line to lowest line (P_6) inspected.
- Contractor ran out of speed levelers, needs D-Box setup reinspected
- Needs to relocated main conveyance line 10' min from pool corner.



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

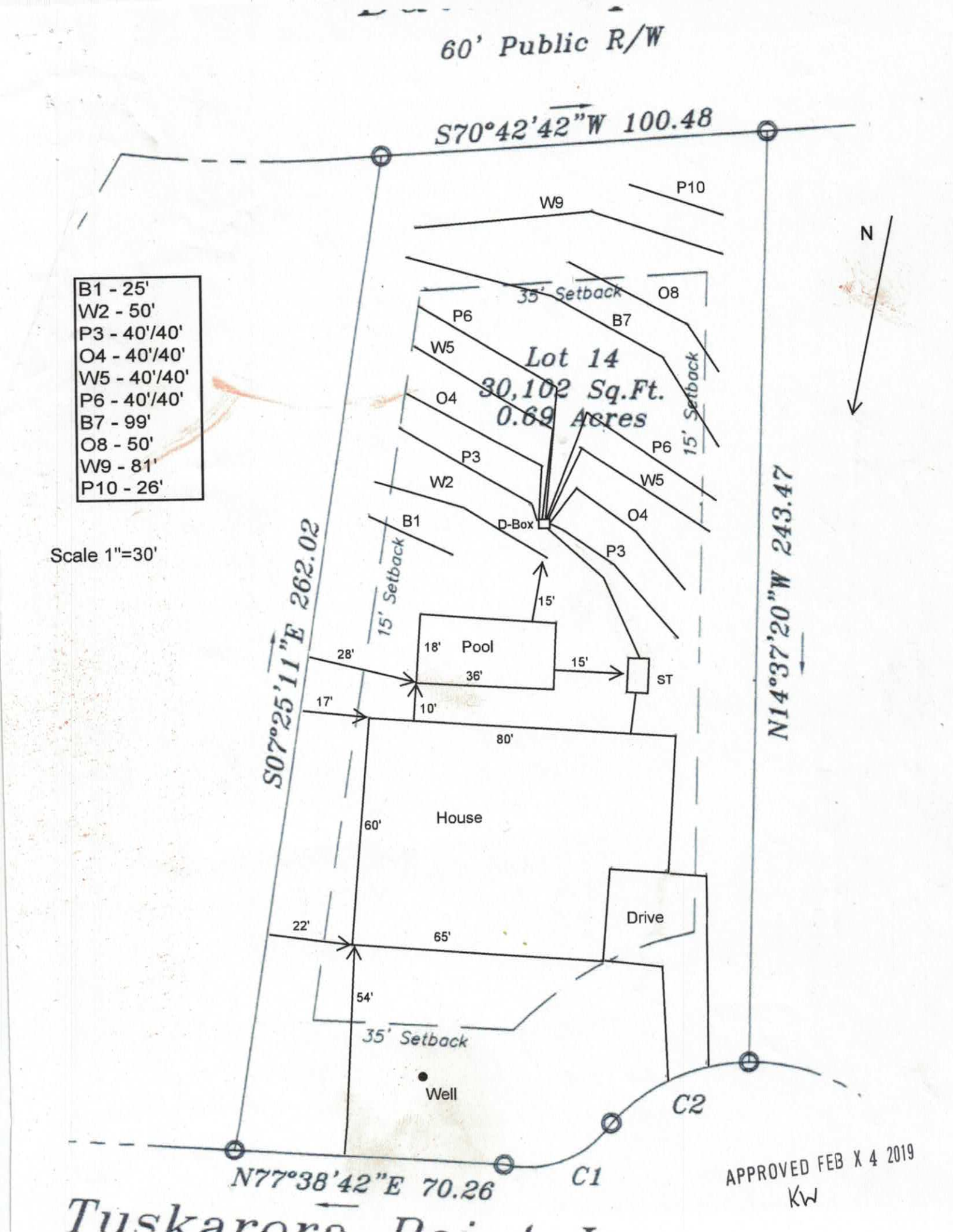
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☑ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 2/7/19 Installed by: Neil Stutz

IMPROVEMENT PERMIT by: Kayla Watson Date: 2-4-19 OPERATION PERMIT by: Kayla Watson Date: 11-15-19

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-6-19 Existing System Inspected by: ____ Date: ____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.



Tuskarora Point



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 143 Tuskarora Pt Ln, Tuaskarora Pt Lot 14
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Predetermined LTAR: 0.25 GPD/FT^2 (ICHD)
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Gravity-Distribution Box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length
Blue 1			25
White 2			50'
Pink 3	**40'/40'**	**9/9**	**105'**
Orange 4	**40'/40'**	**9/9**	**104'**
White 5	**40'/40'**	**9/9**	**100'**
Pink 6	**40'/40'**	**9/9**	**98'**
Blue 7			99'
Orange 8			50'
White 9			81'
Pink 10			26'

Initial System: 320' **Repair System:** 331'

Comments:
MA&A have adjusted the house and added a pool area.



APPROVED FEB X 4 2019
KW

Division of Environmental Health
On-site Wastewater Section

Property ID: 4814-74-8590
Lot #: 14
File #: 159250
AppID:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: Woodland & Waterview LLC
Address: PO Box 3785 Mooresville, NC 28117
Proposed Facility: SFR Design Flow (.1949) 480 GPD
Location of Site: Tuskarora Point Lot 14
Water Supply: [ ] Public [x] Individual [x] Well [ ] Spring [ ] Other
Evaluation Method: [x] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [x] Sewage [ ] Industrial Process [ ] Mixed

Applicant:
Date Evaluated: 12/22/2009
Property Size: .691 AC
Property Recorded: Yes

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941		b PROFILE FACTORS				Profile Class & LTAR
			.1941 Structure/ Texture	.1941 Consistence Mineralogy	.1942 Soil Wetness/ Color	.1943 Soil Depth (IN.	.1956 Sapro Class	.1944 Restr Horiz	
AB	4%	0-52	C,M,SBK/ABK	SS,SP,SEXP,FI					
#1	LINEAR				NA/RED	52"	NA	NA	.25
AB	4%	0-10	SCL,W,SBK	SS,SP,SEXP,VFR	NA/RED				
#2	LINEAR	10-19	C,M,SBK	SS,SP,SEXP,FR	NA/RED				
		19-50	C,M,SBK/ABK	SS,SP,SEXP,FI	NA/RED	50"	NA	NA	.25
AB	4%	0-15	CL,M,SBK	SS,SP,SEXP,FR	NA/RED				
#3	LINEAR	15-49	C,M,SBK	SS,SP,SEXP,FI	NA/RED	49"	NA	NA	.25
AB	4%	0-29	C,M,SBK	SS,SP,SEXP,FR	NA/RED				
#4	LINEAR	29-53	C,M,ABK	S,SP,SEXP,FI	NA/RED	53"	NA	NA	.25

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	G-25%	LP-50%
Site LTAR	.25	.25

Other Factors (.1946):
Soil Evaluation By: Ben Aldridge
Others Present: None
Site Classification (.1948): PS
Site Evaluation By: Ben Aldridge
Others Present: None

238932 Int Redraw $225 pd 2/1/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakemist Homes Address: _____ Zip: _____
Applicant Email: _____ Phone: 919-389-4500 Alt. Phone: _____
Owner Name: Lakeshore Holdings LLC Address: PO Box 5350, Mooresville, NC Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 143 Tuskarora Pt
Subdivision Name: Tuskarora Point Section/Phase: _____ Lot Number: 14
Driving Directions: _____

Site Development Information: *(check or complete ALL that apply*

(✓) 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: 4
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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: _____
(✓) 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 ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 2/1/2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

238932

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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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: Lakeshore Holdings, LLC Address: 132 Marketplace Drive, Mooresville, NC Zip: 28117
Applicant Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: /
Owner Name: Lakeshore Holdings Address: PO Box 5350, Mooresville, NC Zip: 28117
Owner Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____

Property Information:

Street Address: 143 Tuskarora Pt Tuskarora Point Ln, Mooresville, NC 28117
Subdivision Name: Tuskarora Point Section/Phase: _____ Lot Number: 14
Driving Directions: Sath on Brawley School Rd, R Tuskarora Trail, R onto Tukarora Point, house on Left

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: 4
Maximum Number of Occupants: _____
( ) 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: _____ 9/17/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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 ___BOTH ___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	Work Phone
Kenneth Bealer Homes	P.O. Box 3398		704-662-6400
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
Lot 14	Tuskarora Point	1/14 Lot

Driving Directions: Brawley School Rd to Rt on Tuskarora Trail Rd. to Rt. on Tuskarora pt. Lane Job on Left Before Cul-de-sac

****

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

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 ___

****

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)*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. 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. 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: Kenneth Bealer Homes Inc — 12-07-09
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

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, Aaron Feldman (Lakeshore Holdings LLC), am the legal owner(s) of the property located at 143 Tuskarora Point Lane, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4614748360, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Michael Athanas, Gary McNeely, 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	Signature of Witness	Date
	1/18/19		01/18/19

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

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, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) 4614748360, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC Aaron Feldman, 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) 9/17/18 Date

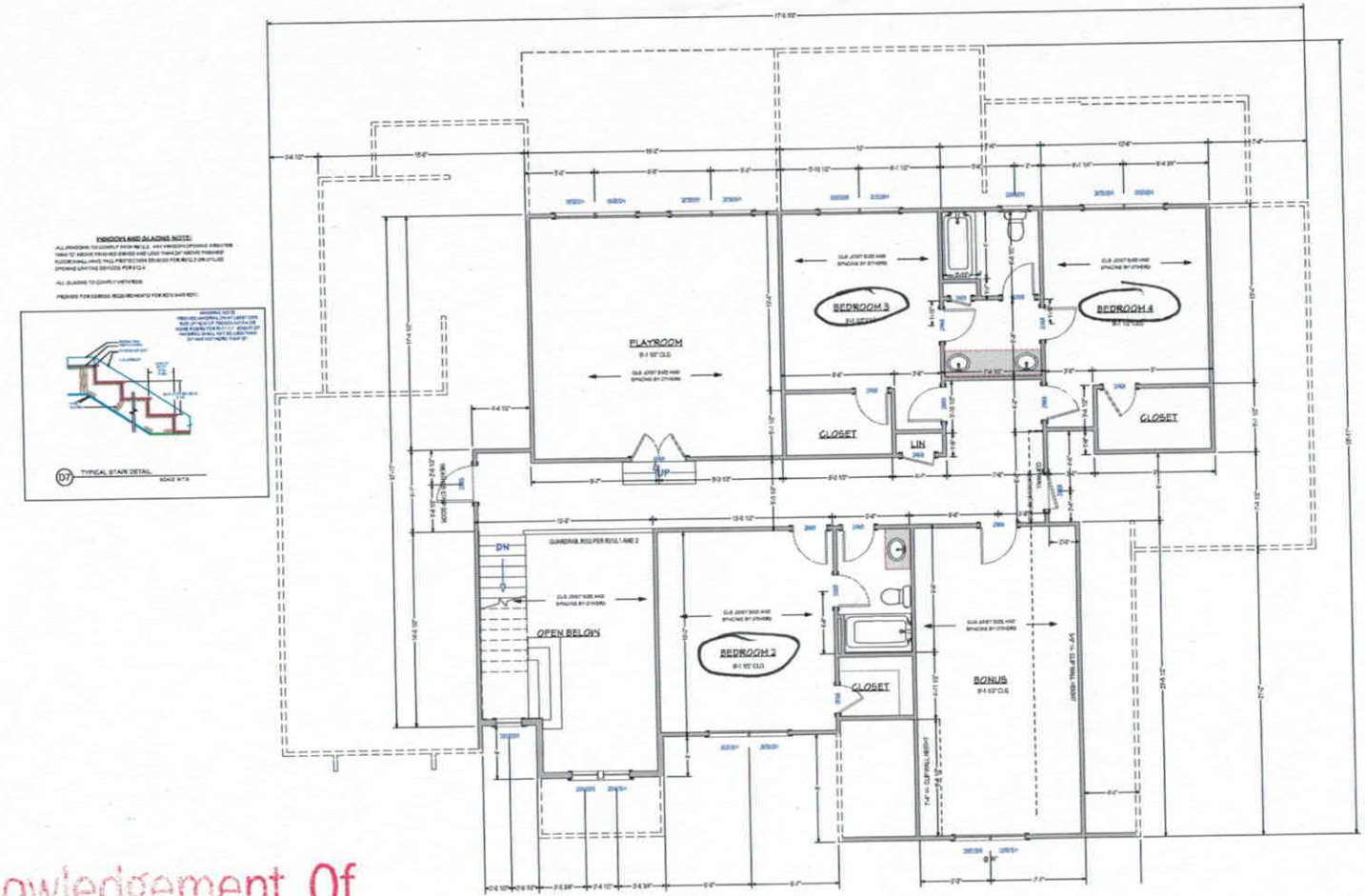
Signature of Witness Date

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

SQUARE FOOTAGE	
1ST FLOOR HEATED	2478
2D FLOOR HEATED	1749
TOTAL HEATED	4227
GARAGES	967
PORCHES	256
TOTAL UNDER ROOF	5450



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of
Plans Submittal ONLY!
Date 5-6-19
Date 6/27/19

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Feldman Residence
LAKEMIST HOMES

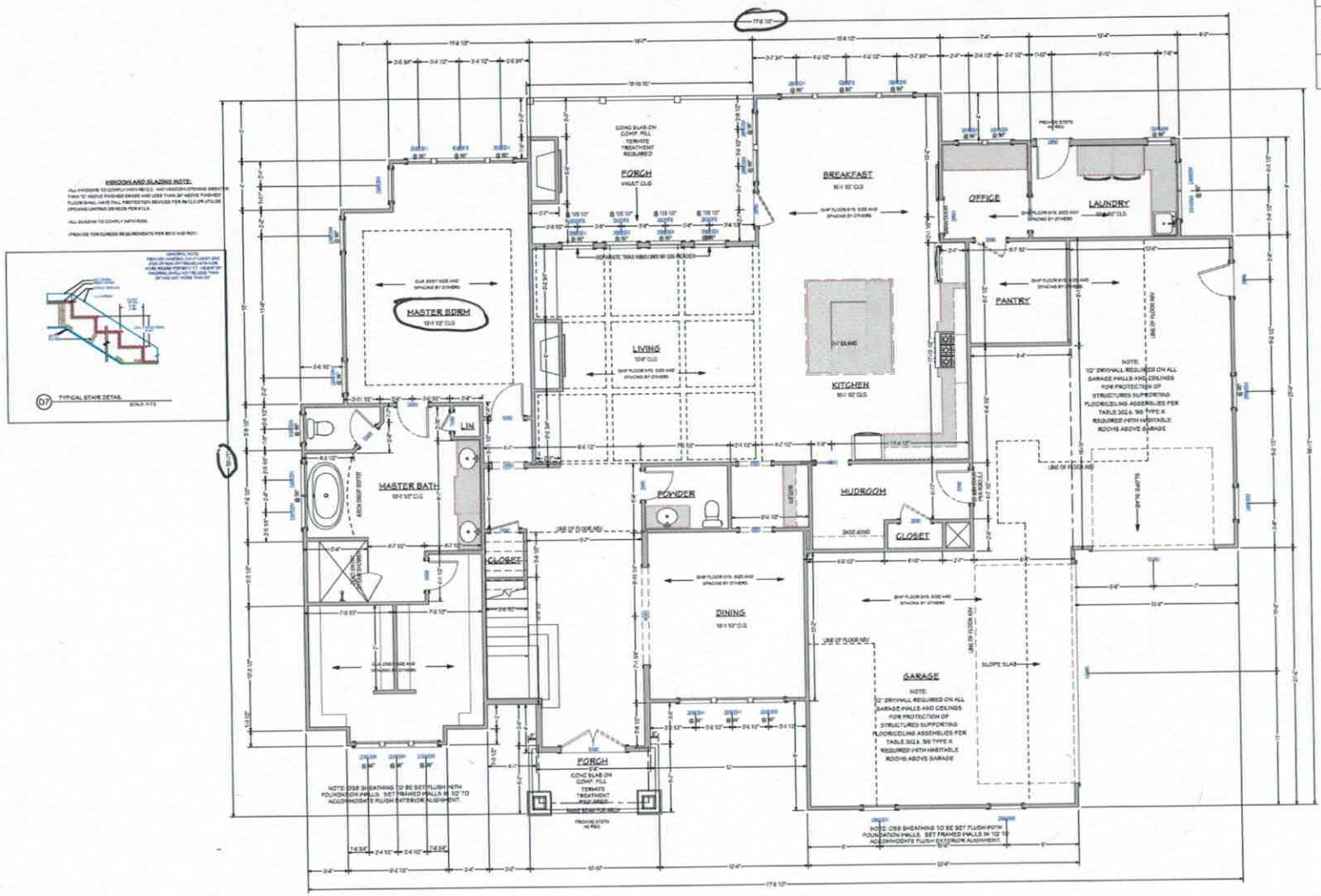
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE: 4/4/2019

SCALE:

SHEET: A-7

SQUARE FOOTAGE	
1ST FLOOR HEATED	2478
2D FLOOR HEATED	1749
TOTAL HEATED	4227
GARAGES	467
PORCHES	256
TOTAL UNDER ROOF	5450



FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

Acknowledgement Of
Plans Submittal ONLY!
Kayla Watson Date 5-6-19
Date 6/27/19

NO.	DESCRIPTION	BY	DATE

FIELD

PROJECT DESCRIPTION:
Feldman Residence
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING
Justin Thane
(706)302-6855

DATE:
4/4/2019

SCALE:

SHEET:
A-6