# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 210562

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

PIN # 4615-89-8483.000

APPLICANT: Lake Luxury Homes | APPLICANT ADDRESS:

SITE ADDRESS: 410 Barber Ln. Mooresville NC 28117 | PHONE: 704-578-4951 | ALT. PHONE:

SITE DIRECTIONS: BSR, TR Chickenhead, TL Barber Ln. Site on R.

SUBDIVISION: Water Tree Landing | SECTION: 3 | LOT # 42 | LOT AREA: .690 Acre | DESIGN FLOW: 480 GPD. | L.T.A.R.: .25

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 875 | Date | 1-4-17 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 4 | Water Supply |
| Pump Tank | 1000 (gal) | PT | 302 | Date | 1-2-17 | System Description: CP-PP875 | | | | ☐ Business | No. Persons 8 | ☒ Private |
| Pump Make | Zoeller | Model | 153 | Serial # | | Repair System Description: Same | | | | ☐ Other | No. Employees | ☐ Public |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft: | 320' | Maintenance Agreement Required: | ☒ YES | ☐ NO | | ☐ Slab | ☒ Crawl Space | ☐ Community |
| Trench Width | 24" | Max. Trench Bottom Depth | 36" | Gravel Depth | N/A | | ☐ GRAVITY | ☒ PRESSURE | | ☐ Basement w/plumbing | ☐ Basement w/o plumbing | |

Comments / Conditions: Maintain 15' from Pool Area w/ Tanks and Drainfield.
Fill or Shape Any Micro Topography Changes.

House moved forward. Install system where shown JA

### INITIAL SITE SKETCH

See Attached / Approved Design

By Kathleen Saunders

Dates APPROVED AUG 31 2015

Pump info: Zoeller 153

### AS BUILT SKETCH

Floor Plans Revised 1-11-17 JA

Floor Plans Revised 2-1-2017 JA

| | Date | Initials |
|---|---|---|
| Drain Lines Checked | 6-29-17 | KW |
| Tanks Checked | 6-29-17 | KW |
| Pressure Manifold or Valve Box Checked | 6-29-17 | KW |
| Pressure Head Set | 6-29-17 | KW |
| Electrical Checked | 8.21.17 | BB |
| Floats Set | 6-29-17 | KW |
| Alarm Checked | 8.21.17 | BB |
| Maintenance Contract Y / N | | |
| Comments: | | |

*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**

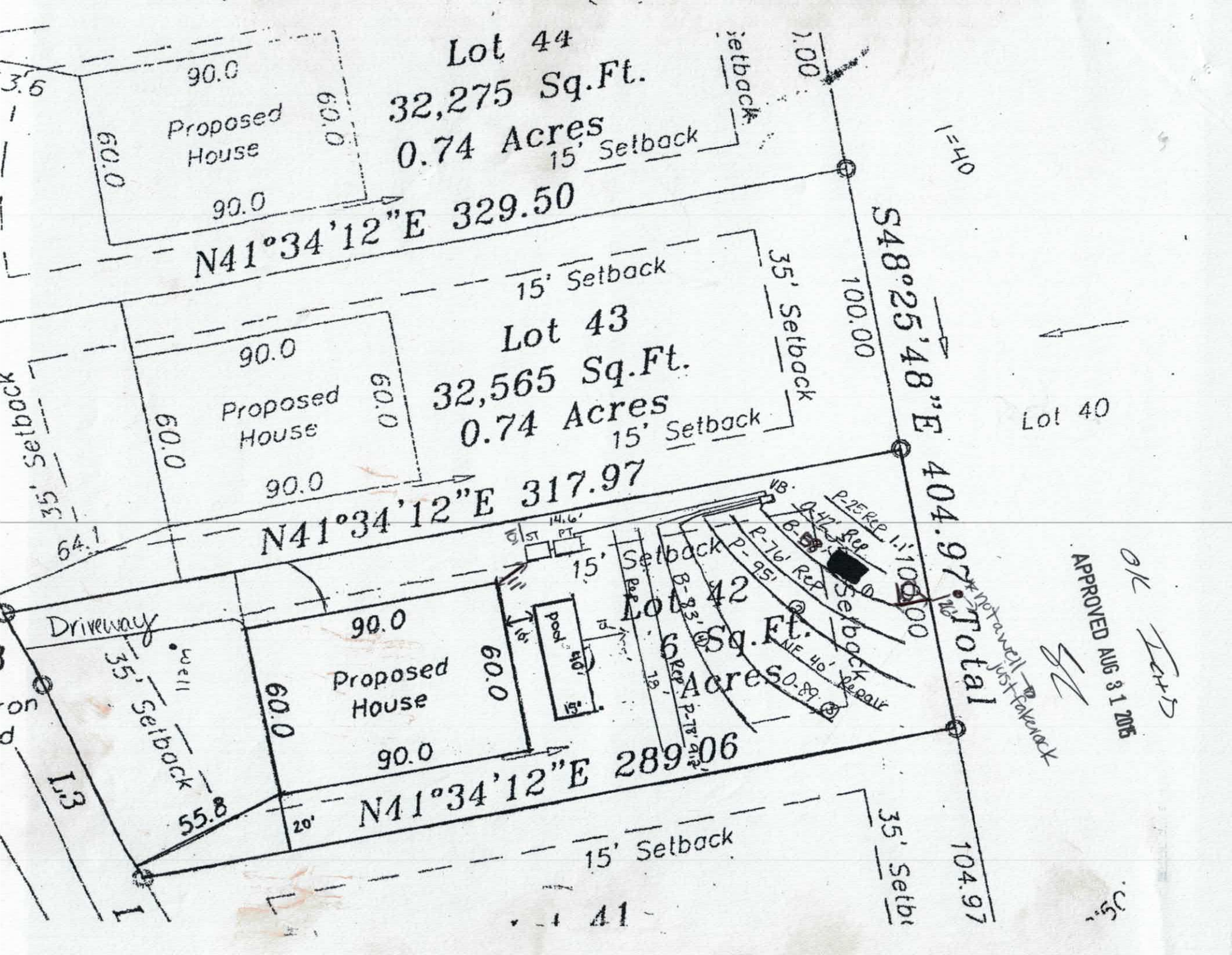
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/3/15 Installed by: Kevin w/ Rowan Septic

IMPROVEMENT PERMIT by: APPROVED AUG 31 2015 OPERATION PERMIT by: Benjamin Botkins@ Date: 8-21-17

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-3-15 Existing System Inspected by: Date:

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


Lot 44
32,275 Sq.Ft.
0.74 Acres
90.0
Proposed House
60.0
60.0
90.0
15' Setback
N41°34'12"E 329.50
15' Setback
35' Setback
Lot 43
32,565 Sq.Ft.
0.74 Acres
90.0
Proposed House
60.0
60.0
90.0
15' Setback
N41°34'12"E 317.97
S48°25'48"E 404.97' Total
100.00
Lot 40
1"=40'
64.1
35' Setback
Driveway
Well
35' Setback
90.0
Proposed House
60.0
60.0
90.0
Pool
Lot 42
6 Sq.Ft.
Acres
15' Setback
N41°34'12"E 289.06
55.8
20'
L3
15' Setback
35' Setback
104.97
APPROVED AUG 31 2015

## Lot 42 Watertree Fast Track Septic System Information

| | |
|---|---|
| **Number of Bedrooms** | 4 |
| **Basement or Crawl** | **Crawl Space** |
| **Design Flow (gpd)** | 480 |
| **LTAR (gpd/ft2)** | 0.25 |
| | |
| **Primary System Type** | **LP PPBPS** |
| | |
| No. Lines | 4 (See Table) |
| Total Linear Feet | 325 |
| | |
| Trench Width | 2' |
| Trench Spacing | 8' |
| Trench Depth | 36" |
| | |
| Pump Required | Yes |
| Distribution Device | Gate Valve Box w/ LPP Distribution |
| | |
| Maintenance Agreement Required | Yes |
| | |
| Length and Diameter of Supply Pipe | 70' of 2" SCH 40 PVC |
| Size of laterals | 1 1/4" SCH 40 PVC |
| | |
| Flow Rate through the system | 36.5 gpm |
| Elevation head | Approx. 18.7' |
| Pressure head | 3.0' |
| Friction head | 1.7' |
| 20% Contingency | 4.7' |
| Total Head | 28.1' |
| | |
| Pump Requirements | 36.5 gpm @ 28.1' of head<br>To be designed by installer. |
| | |
| Maximum Dosing Volume | 262.8 gal -2.2 doses/day @ design flow* |
| | |
| Volume of water pumped per dose | Calculated to specific tank by measure or dealer engineering specifications ( 1 cubic ft. of water equals 7.48 gal.) |
| | |
| Pump Run per dose | approx. 7.2 min. |
| | |
| Check Valve | Yes |
| Siphon Break hole | No |
| | |
| **Repair System** | **LP PPBPS** |
| Total Linear Feet | 339 |
| Repair LTAR | 0.25 |

OK [illegible]
APPROVED AUG 31 2015

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

## Table 1: Summary of Primary and Repair Nitrification Line Specifications

| Line No. | Use | Line Color | System Type | Line Length (Ft.) | Rod Reading Elev. (Ft.) | Panels | Holes | Hole Spacing | Hole Size (In.) |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Repair | Pink | LPPPBPS | 25 | 1.1 | | | | |
| 2 | Repair | Orange | LPPPBPS | 42 | | | | | |
| initial 3 | ~~Repair~~ | **Blue** | **LPPPBPS** | **58 endfed** | | **13** | **13** | **1 per panel** | **5/32"** |
| 4 | Repair | Red | LPPPBPS | 76 | | | | | |
| **5** | **System** | **Pink** | **LPPPBPS** | **95 endfed** | | **21** | **21** | **1 per panel** | **5/32"** |
| | Repair | NF | LPPPBPS | 40 | | | | | |
| **6** | **System** | **Orange** | **LPPPBPS** | **89 endfed** | | **20** | **20** | **1 per panel** | **5/32"** |
| **7** | **System** | **Blue** | **LPPPBPS** | **83 endfed** | | **19** | **19** | **1 per panel** | **5/32"** |
| 8 | Repair | Pink | LPPPBPS | 78 | 9.2 | | | | |
| 9 | Repair | NF | LPPPBPS | 78 | | | | | |
| | | | | | | Total: 73 | Total: 73 (1 in each panel turned up) | | |
| | | | | Total System: 325' | | | | | |
| | | | | Total Repair: 339' | | | | | |

| | | | |
|---|---|---|---|
| Tank | orange | 1000 gal (2 compartment) | 14.6 |
| Pump Tank | orange | 1000 gal. | |
| House | staked | | |

**Note: All Rod Readings should be verified by installer prior to installation of system**
**Location of tanks and/or distribution devices can be moved at the ICHD's discretion**

DENR/DEH

ON-SITE WASTEWATER SECTION

Sheet 1 of 2
PROPERTY ID #: 8483
COUNTY: IREDELL

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: R. SHORT
ADDRESS: —
PROPOSED FACILITY: SFL
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 410 BARBER LP. MOORESVILLE NC
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

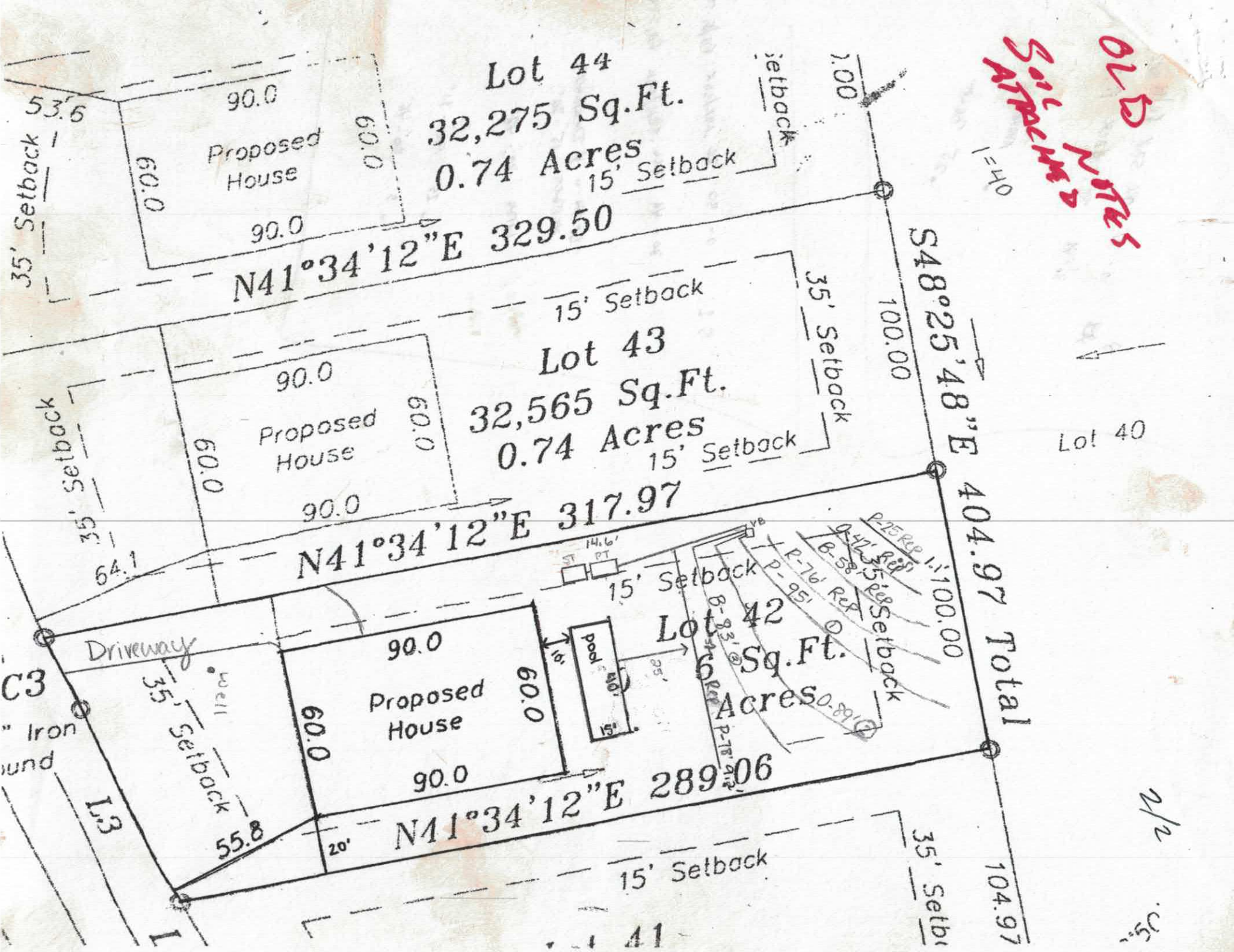
APPLICATION DATE
DATE EVALUATED: 8/27/15
PROPERTY SIZE:
PROPERTY RECORDED:

| 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 | |
| S1 | LL 7% | 0-38 | RL, SBK | fa/Fi, SS, SP | 1/B's 38-48" | 48" | N/A | N/A | .3 ABOVE 38"-40" .25 40"-48" |
| | | 38-48 | RL, SBK/ABK | Fi, S, P | | | | | |
| S2 | LL 12% | 0-30 | RL, ABK/SBK | fa/Fi, SS, SP | FEW 1/ DRAINAGE MOTTLES 15-30" | 48" | LITHO 15-48" | N/A | .25-.275 10"-30" .3 30-48" |
| | | 30-48 | RLL, SBK/ABK | fa, SS, SP | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | APPROVED | APPROVED |
| Site LTAR | .275 | .275 |

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: JASON CASHION
OTHER(S) PRESENT: —

COMMENTS:


OLD NOTES
SOIL APPEARS
Lot 44
32,275 Sq.Ft.
0.74 Acres
Proposed House
90.0
60.0
53.6
35' Setback
15' Setback
N41°34'12"E 329.50
Lot 43
32,565 Sq.Ft.
0.74 Acres
Proposed House
64.1
N41°34'12"E 317.97
S48°25'48"E 404.97 Total
100.00
Lot 40
Lot 42
Sq.Ft.
Acres
Driveway
Pool
Proposed House
55.8
20'
N41°34'12"E 289.06
Lot 41
104.97
1"=40
2/2

# IREDELL COUNTY HEALTH DEPARTMENT

## *ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

**Application For:**

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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*** ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** Lake Luxury Homes **Address:** P.O. Box 3792 Mooresville NC 28117 **Phone:** _____

**Owner Name:** SAME **Address:** _____ **Phone:** (704) 516-23[illegible]

**Property Information:**

**Street Address:** 410 Banker Loop

**Subdivision Name:** Waterfree Landing **Section/Phase:** _____ **Lot Number:** 42

**Driving Directions:** Brawley, Rt Chuckwood, Lt Banker

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

(X) New Single Family Residence — **Maximum Number of Bedrooms:** 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — **Maximum Number of Occupants:** _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing

**Non-Residential Site Development:**
**Type of Business:** _____
**Square Footage of Building:** _____
**Maximum Number of Employee:** _____
**Maximum Number of Seats/Beds/Other:** _____

**Water Supply:**

(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 (X) Alternative ( ) 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:** _____ 11/3/15
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**

County Copy

RECEIVED AUG 2 4 2015

# IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 (s/b $225) Int. Relayout #210562

*ENVIRONMENTAL HEALTH DIVISION*

**PAGE 1: *APPLICATION FORM***

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(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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*Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:**

**Applicant Name:** Lake Luxury Homes **Address:** _____ **Phone:** _____

**Owner Name:** same as applicant **Address:** contact Kathleen Saunder **Phone:** (704)578-49

**Property Information:**

**Street Address:** 410 Barber Loop Mooresville

**Subdivision Name:** Watertree Landing **Section/Phase:** 3 **Lot Number:** 42

**Driving Directions:** Brawley School Rd, Right on Chuckwood, Left on Barber Loop

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

**Maximum Number of Bedrooms:** 4
**Maximum Number of Occupants:** 8
(X) Swimming Pool
( ) Other Addition/Structure: _____

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

**Non-Residential Site Development:**
**Type of Business:** _____
**Square Footage of Building:** _____
**Maximum Number of Employee:** _____
**Maximum Number of Seats/Beds/Other:** _____

**Water Supply:**

(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 ( ) 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:** Emma Helton
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

08/13/15
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, Ray Short, am the legal owner of the property located at _____, identified as PIN(Parcel Identification Number) 4615898430000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group _____, _____, _____, _____, 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 09/13/15

Signature of Witness — Date

← 64' →

87'

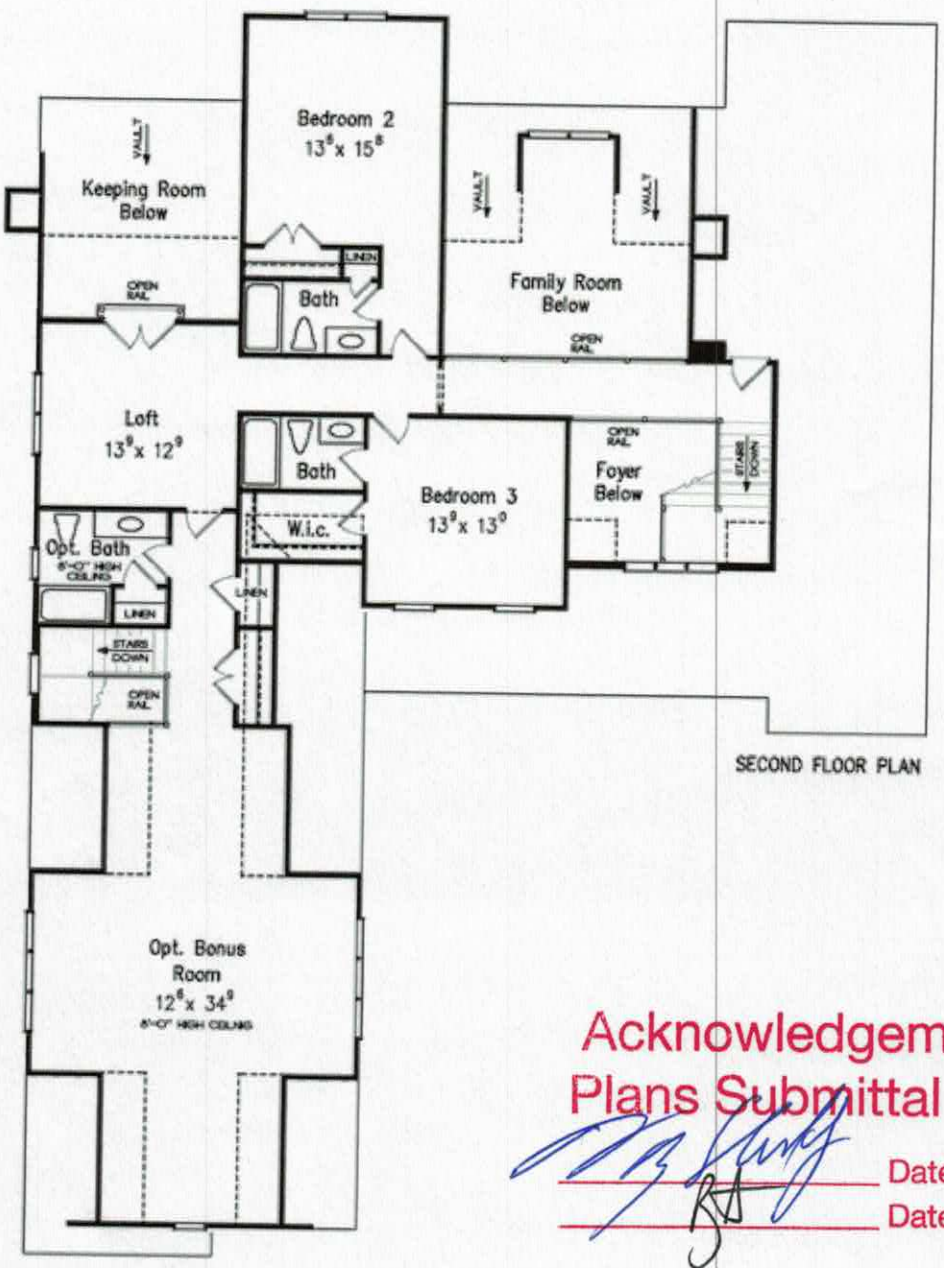



FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 11/3/15

Date 11-3-15




SECOND FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 11/3/15

Date 11-3-15

# IREDELL COUNTY

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

| APPLICATION NUMBER |
|---|
| 210562 |
| Issue Date: 06/09/2015 |

## ZONING PERMIT

Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4615898483.000 | 410 BARBER LOOP, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: YONEDA YUKIKO GERBER | Applicant: LAKE LUXURY HOMES LLC |
| Address: 29-23-303 DAIKANCHO<br>MOORESVILLE, 254 | Address: PO BOX 3792<br>MOORESVILLE, NC 28117 |
| Phone: | Phone: 828-478-2761 |

| Use Requested | Zone Code |
|---|---|
| SFD REPLACING PERMIT 147077 | RR |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .690 | 35.00 | 35.00 | 15.00 | 15.00 | CACL | X |

**Remarks:**

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 | 40526 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|