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Paid $350.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Application for SEPTIC REPAIR PERMIT Paid $500.00 8-25-15 #210524

(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 X BOTH ___ Existing System Inspection

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2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X 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

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3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lake Luxury Homes LLC			

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Same as owner	Contact Kathleen Saunders	(704) 578-4951	

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4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
466 Barber Loop	Waterstree Landing	Lot 50

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

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4
( ) New, Multi-Family Residence — Maximum Number of Occupants 8
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
(X) Repair To Failing Septic System due to _____
( ) Other _____

(X) 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 _____

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6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) 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?

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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:** Emma Holt — 07/30/15

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, Lake Luxury Homes LLC, am the legal owner of the property located at 466 Barber Loop, identified as PIN(Parcel Identification Number) 4616809046.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group P.A. _____, _____, _____, _____, 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.

_____ 07/30/15
Signature of Owner Date

_____ _____
Signature of Witness Date

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

07/30/15 (Date)

Owner: Lake Luxury Homes LLC
Address: _____

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description):
Permit#: 14714B
Property: 466 Barber Loop

I, Ray Short, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 12/21/07 (date) for a system

LP PP13PS
(system name)

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704 878-5300

Mooresville Office
610 E. Center Avenue
Mooresville, NC 28115
704 664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704 878-5350

http://www.co.iredell.nc.us/Departments/Health/

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 14748 216524 PIN# 4626115224.000 DATE 12/21/07

OWNER OR APPLICANT Mid-Atlantic Custom Builders, Inc PHONE: Business 828 478 2761 Home

ADDRESS PO Box 3272, Mooresville NC 28117

LOCATION Between Salem Rd. & Chickenwood Rd. Bad Lucy on Rt

SUBDIVISION Waterview Landing BLOCK / SECTION LOT 58 LOT AREA 30,127 sqft SITE CLASS PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank 1000 Gallons STB Date

Pump Tank 1000 Gallons PT Date

Pump Make Model Serial No

Notification Field No Fields 1 Square Feet 540 Linear Feet 270

No. Lines 4 Trench Width 24" Max Trench Bottom Depth 36" Gravel Depth 12" ☐ Gravity ☑ Pressure

☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: LPP 1605

Repair System Description: Same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons

☐ Business No. Employees

☐ Other

Water Supply: ☑ Individual ☐ Public ☐ Community

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

Comments/Conditions: * Use approved in line filter on pump tank

Comments/Conditions: 1/10/08

Plans reviewed essentially same as IP A.C.

INITIAL SITE SKETCH

Elephant Rollins Soil & Site Services, Inc.

AS BUILT SKETCH

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. Improvement Permit with plat valid without expiration ☑ Improvement Permit with site plan valid for sixty months ☐ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed date

Improvement Permit by: date 12/28/07

Authorization to Construct by: date 1/10/08

Installed by:

Operation Permit by: date

Existing System Inspection by: date

HEALTH DEPT. COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK