ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 327364 -- 98 -- 9703

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

PIN # 4616

APPLICANT/OWNER: Eric Boon | APPLICANT ADDRESS: 2845 Virginia Ave, Charlotte

SITE ADDRESS: 660 Lakeview Shores Lp, Mooresville 28115 | PHONE: 704-499-1919 | ALT. PHONE: –

SITE DIRECTIONS: Brawley School - McKendree - Lakeview Shore | SAP CONTROLLED: ☐ YES ☐ NO

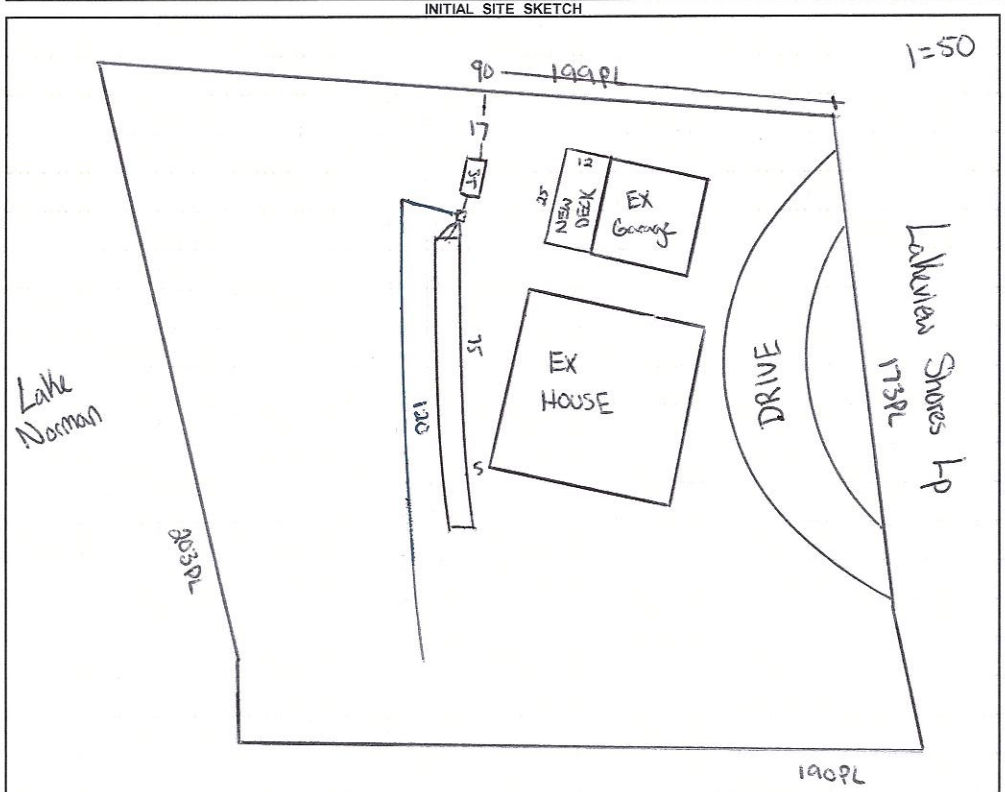
SUBDIVISION: CL&T | SECTION: 8 | LOT # 241 | LOT AREA: 0.78 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: EX

Septic Tank	EX	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	EXISTING			
Pump Make		Model			Serial #		Repair System Description:	EXISTING			
# Nitrification Fields	EX	# Lines	EX		Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	EX	Trench Bottom Depth(Low side)	EX		Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE			

☒ Residence	No. Bedrooms	3	Water Supply	
☐ Business	No. Persons	6	☒ Private	
☐ Other	No. Employees		☐ Public	
☐ Slab	☒ Crawl Space		☐ Community	
☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: System appeared to be working at time of inspection

INITIAL SITE SKETCH



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.

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: 8/8/22 | Installed by:

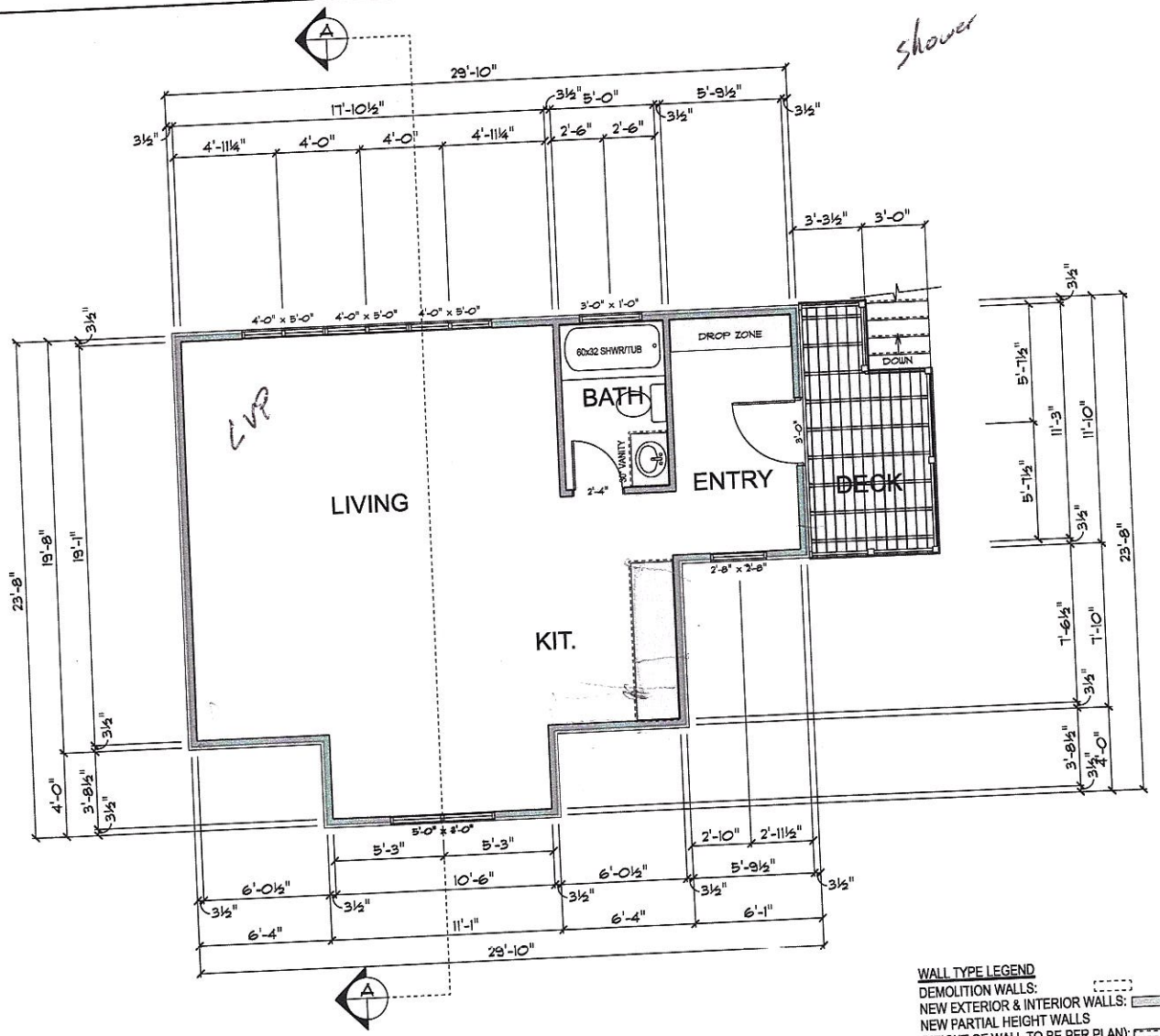
IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Cary Whit | Date: 8/3/22

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

GENERAL NOTES:

1. 2ND FLOOR CEILING HEIGHT TO BE 8'-1 1/2"
2. WINDOW & EXTERIOR DOOR HEADER HEIGHT TO BE 6'-8" U.N.O.
3. TRANSFER ALL POINT LOADS FROM ABOVE THROUGH THE CEILING & WALLS OF THIS LEVEL W/ AN EQUAL AMOUNT OF STUD MATERIAL, U.N.O.
4. CLOSET SHELF HEIGHT ABOVE FLOOR TO BE: 65" FOR SINGLE & 42"/84" FOR DOUBLE
5. ALL TUBS/SHOWERS TO HAVE NAILERS AT FLANGE.
6. PROVIDE BLOCKING @ 24" O.C. FOR 3 ROWS BETWEEN JOISTS WHERE RUNNING PARALLEL TO EXTERIOR WALLS



WALL TYPE LEGEND

DEMOLITION WALLS:

NEW EXTERIOR & INTERIOR WALLS:

NEW PARTIAL HEIGHT WALLS (HEIGHT OF WALL TO BE PER PLAN):

2ND FLOOR PLAN PROPOSED REV 2

SCALE: 3/16" = 1'-0"

CONTACT INFORMATION

PHONE: (704) 610-8070

ADDRESS: 812 Cotton Gin Aly Davidson, NC 28036

Advanced DRAFTING & DESIGN CO.

DRAWN BY:

FINAL REV 10/21/21

ROOMS

SQUARE FOOTAGES:

NEW HEATED:	600
COVD PORCH:	360
TOTAL:	960

ADVANCED DRAFTING & DESIGN CO. PROUDLY PRESENTS:

Julie Lux

Addition

SHEET NUMBER

5.1

Thursday, October 21, 2021

4016989703

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18496 DATE May 25, 94 TAX MAP NO. 2L3A241 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR Jerry Just PHONE: Business Home

ADDRESS 7116 Fairhill Pl Charlotte 28270

LOCATION 1100 TR 1115 TR 1455 (Lakeview DR - 2nd entrance) .6 mile on left

SUBDIVISION Crescent LN BLOCK / SECTION 8 LOT 241 LOT AREA ~3/4Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: Existing Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 360+EX Linear Feet 120+EX

No Lines 1+EX Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: gravity conventional

Repair System Description: gravity conv.

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

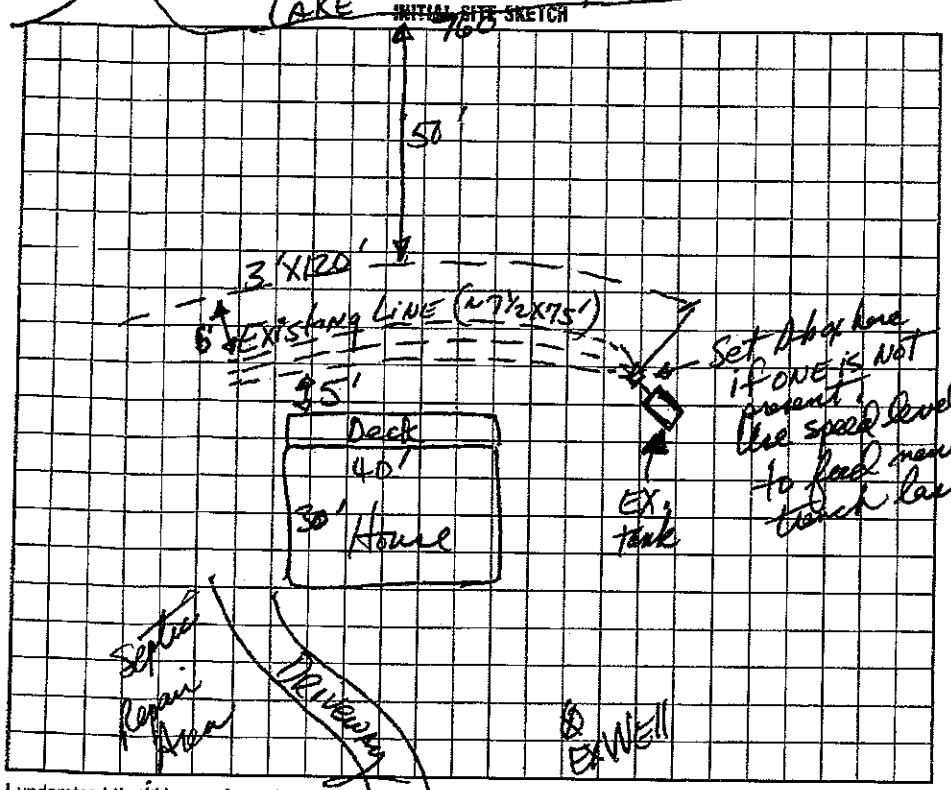
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments: Upgrading septic system from 2 bedroom to 3 bedroom capacity. Check tank for integrity and for "tee".

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Lakeview Drive

Permit by: Jerry Just date 5/25/94

Inspection by: Jerry R. Hanson, RS date

Installed by: Richard Abernathy

Certificate of Completion by: J.K. Hanson date 7-7-95

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

CW

RECEIVED MAY 19 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-327364 $500.00

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Eric Boon Address: 2845 Virginia Ave Charlotte NC Zip: 28205
Boon & Company Construction LLC

Applicant Email: Eric@Boonbuilds.com Phone: 704-499-1919 Alt. Phone:

Owner Name: Julie Lux Address: 660 Lakeview Shores Loop Mooresville Zip: 28117

Owner Email: Julielux220@gmail.com Phone: 704-287-2266 Alt. Phone:

Property Information:

Street Address: 660 Lakeview Shores Loop

Subdivision Name: Crescent/LN Section/Phase: 8 Lot Number: 241

Driving Directions: Brawley school Rd to McKendree to Lakeview Dr
Approx 1 mile on left

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(X) Other Addition/Structure: Add Above garage

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 (X) 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.

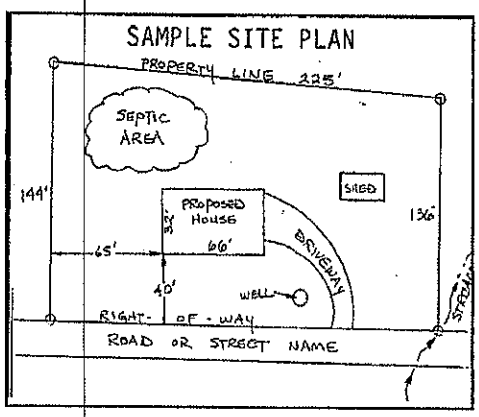
Signature: EB 2/23/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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:

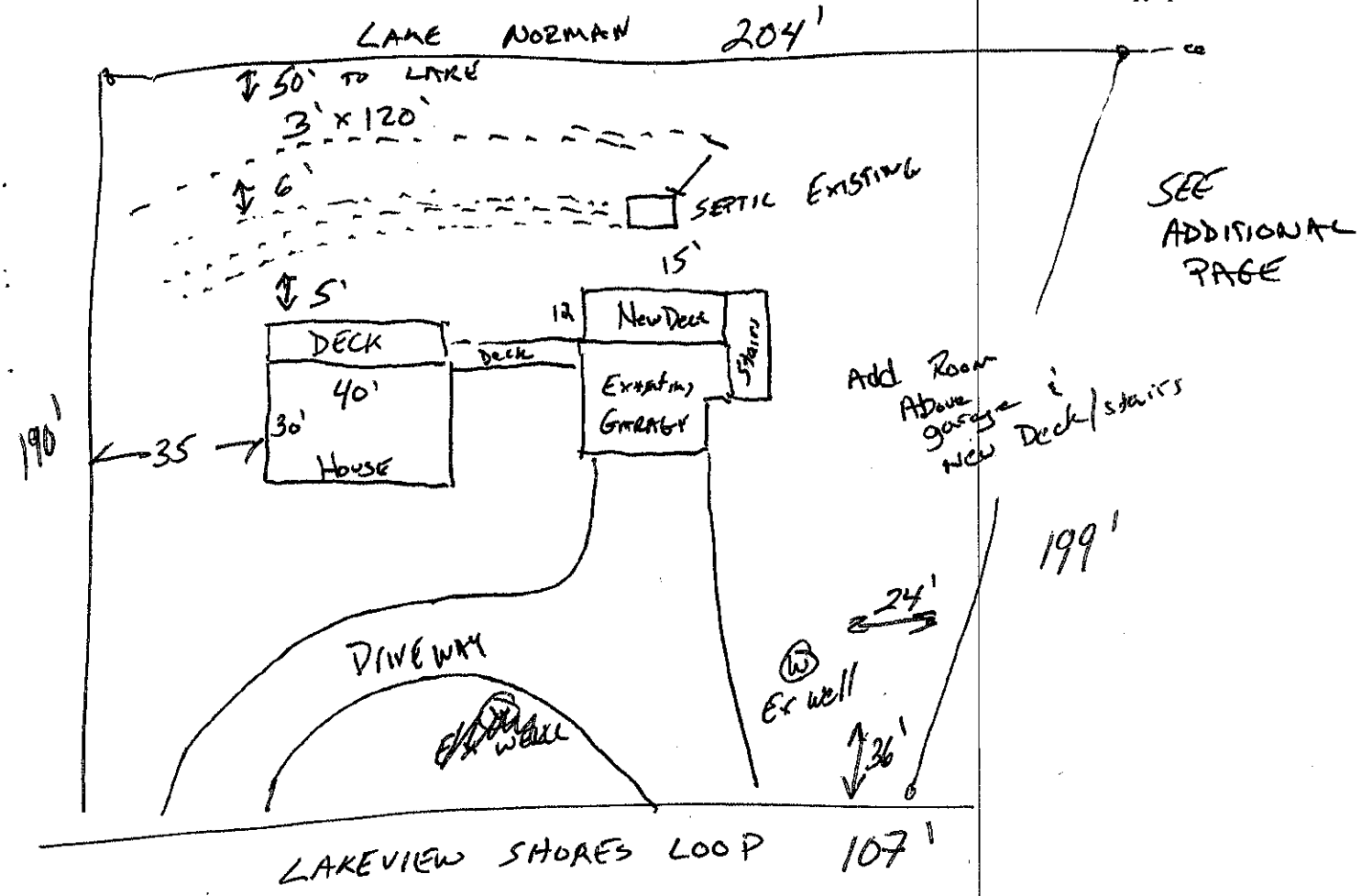
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/23/22
DATE

DAS

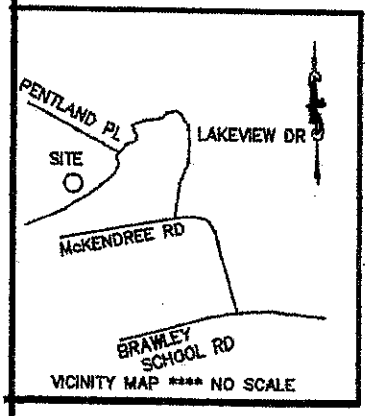
DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
(704) 664-7029 (704) 664-8041 Fax

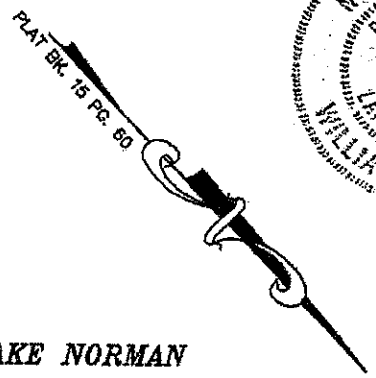
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 927, page 1310, and/or plat book 15, page 60, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 10, day of MARCH, A.D. 20 04.

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

WILLIAM M. ALLEN, PLS





LINE DATA TABLE

LINE	DIRECTION	DISTANCE
L1	N 39°57'36" W	24.53'
L2	N 75°58'00" W	12.81'
L3	N 01°58'00" W	17.29'
L4	N 54°08'00" W	149.43'

LAKE NORMAN

780 CONTOUR PER ACTUAL FIELD SURVEY

761 CONTOUR PER ACTUAL FIELD SURVEY

#4 REBAR ON LINE

EXISTING 3/4" REBAR

L1 L2 L3 L4

5.16'

69.0'

190.43' TOTAL

185.27'

S 46°12'51" W

CARL L. SPEARS, JR. LOT 239 623/88

LOT 241
0.78 AC.

199.50'

N 52°52'00" E (BASE BEARING)

LOT 242
LOUIS A. NOOE, III
1411/1840

769.83'

PATIO BELOW

45.4'

770.48'

13.3'

15.2'

14.3'

8.0'

8.0'

769.83'

25.4'

A/C = 772.50'

2 STORY FRAME COMP. ROOF W/BASEMENT FF = 779.52' BASE = 769.88'

15.5'

10.3'

5.8'

4.8'

16.8'

4.0' DECK

54.4'

45.0'

8.0'

9.8'

2.0'

5.3'

772.12'

30.1'

24.2'

FRAME 6.0' GARAGE FF = 776.98'

12.2'

30.0'

776.12'

12.0'

777.10'

24.1'

CONCRETE DRIVE

44.5'

EXISTING #4 REBAR

EXISTING CONCRETE CONTROL MONUMENT

R/W

S 49°58'00" E 106.66'

L=66.15'
R=372.24'
(CHORD)
S 44°54'00" E
66.07'

(TIE ONLY) N 30°35'01" W 119.98'

EXISTING #4 REBAR

POWER LINE

60.00'

LAKEVIEW SHORES LOOP
(PAVED) 60' R/W

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) Julie Lux

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.

☐ **2.** I, Julie Lux, am the legal owner(s) of the property located at 660 Lakeview Shores Loop Mooresville NC 28117, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Boon & Company Construction _____, 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.

Julie Lux
Signature of Owner(s)

2/23/22
Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

____ **Complete all Environmental Health forms:**

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

✓ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

✓ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

✓ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. must be staked out on the property as per the site plan.

✓ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 3/30/22

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition X Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
GARAGE

Is there a septic tank on the property? Yes No If residence how many bedrooms? ~~4~~ 3 and stories? 3

If an addition, please describe project: Remove Roof @ Garage & Frame for heat/cool sq Ft

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): Addition 651 sq Ft
Deck 360 sq Ft

Does the property have community water? Yes ~~No~~ If yes, please list who provides it: _____

Does the property have community sewer? Yes ~~No~~ If yes, please list who provides it: _____

Owner Information

Property Owner's Name Julie Lux Phone # 704-287-2266

Owner's Current Address 660 Lakeview shores loop Mooresville NC 28117

Property Information

Property Address 660 Lakeview Shores Loop Parcel # 2L3A241

Subdivision: Crescent/LN Lot: 241 Zoning:___ Watershed: Y or N Flood Plain: Y or N Township:___

Directions to property (from a MAIN ROAD) Brawley School Rd to McKendree to Lakeview Drive on Approx 1 mile on LEFT

Application Information

Applicant's Name or Company Boon & Company Construction Applicant's Phone # 704-499-1919

Applicant's Address 2845 Virginia Ave Charlotte NC 28205

If Company, Representative's Name and Title Eric Boon / owner

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT EB DATE 2/23/22