ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320368

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

PIN # 4625 -- 39 -- 6049

APPLICANT/OWNER: Michael Morris/Lakeshore Hold | APPLICANT ADDRESS: 1912 Truman Rd Charlotte, NC 28205

SITE ADDRESS: 111 Island Cove Ln Mooresville, NC | PHONE: 973-869-4481 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Bay Harbour TL Island Cove Ln 2nd on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Harbour | SECTION: 5 | LOT # 2 | LOT AREA: .66 Acre | DESIGN FLOW: 480 | L.T.A.R.: .3

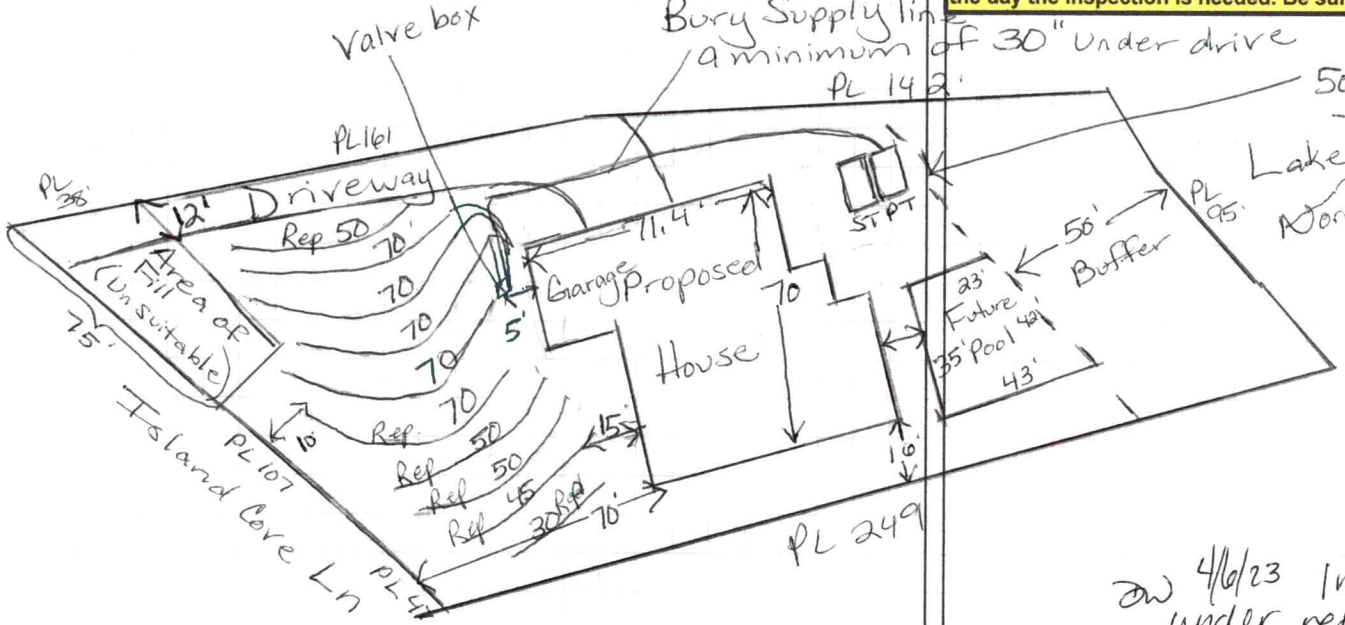
Septic Tank	1000 (gal)	STB	1060-Infiltrator	Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT	Infiltrator	Date		System Description: Pump-LP-Vert PPBPS		☐ Business	No. Persons 8	☐ Private
Pump Make		Model		Serial #		Repair System Description: TKII Pretreat PPBPS		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	4	Linear Ft	Min. 270'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☒ Community
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: ★Note: 267ft drainfield required but 280ft drainfield layed out. Drill 5/32" hole. Install drainlines 18ft on center

66 Panels - total 237.6 gals dose 41 gpm 27.06 gal/min. Drawdown 11.3 inches Pump run 8.78 minutes. 29 pressure. Install lines on Contour.

INITIAL SITE SKETCH

★Must build house as Shown. Scale 1:50



50' Buffer must be marked @ time of Septic installation.

★Remove soil from repair - STRONGLY recommend a septic installer do grading to minimize disturbance

★ see back for completed items ★

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.

DW 4/6/23 Installed as drawn - Supply under retaining wall & drive >30"; may "cheat" contour for lowest Line - keep fill ≤ 12" over top

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**

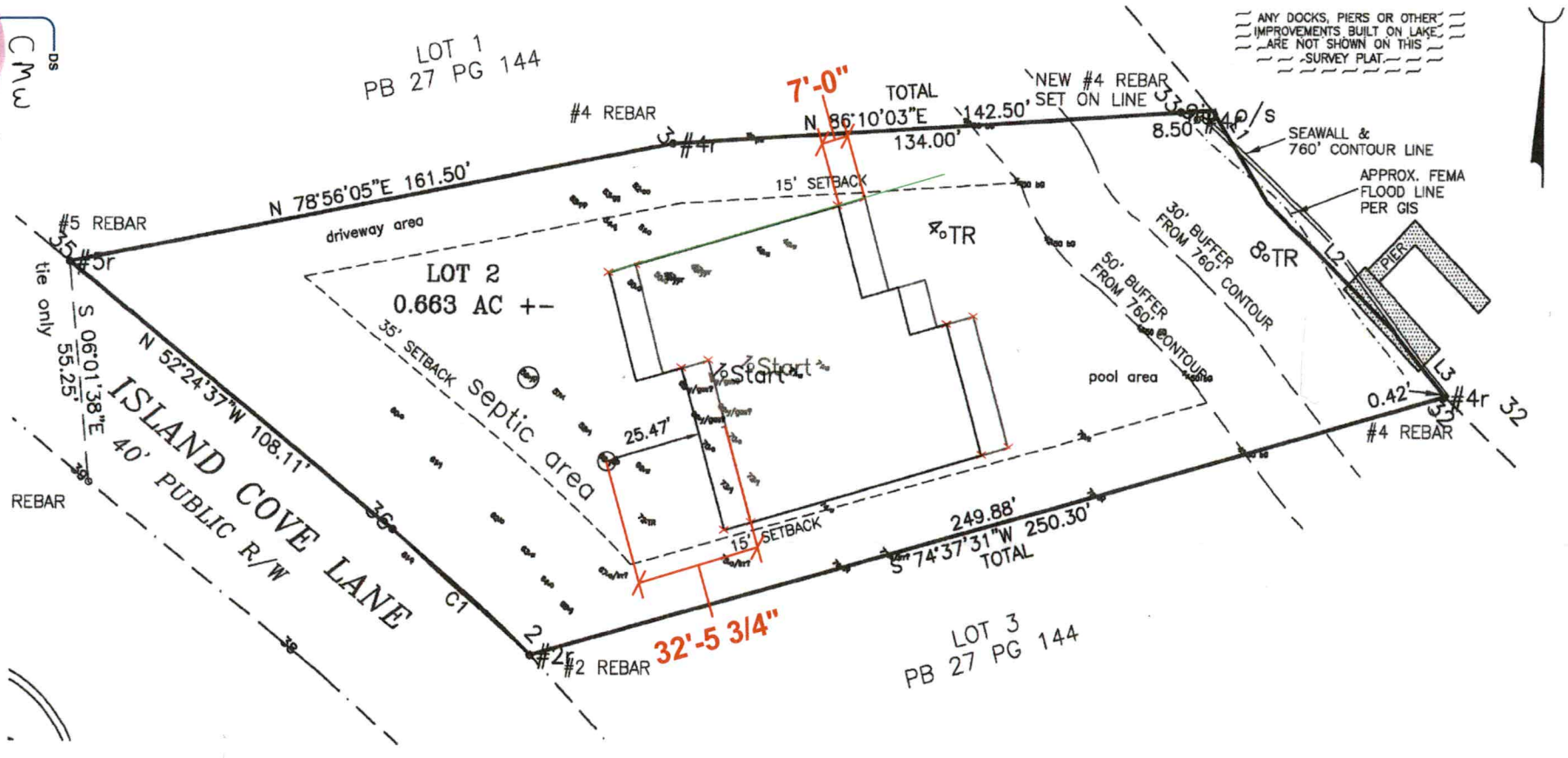
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: | Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Maria Dotson | Date: 1/28/22 | OPERATION PERMIT by: D. Inlebay | Date: 4/6/23

AUTHORIZATION TO CONSTRUCT by: Maria Dotson | Date: 1/31/22 | Existing System Inspected by: | Date:

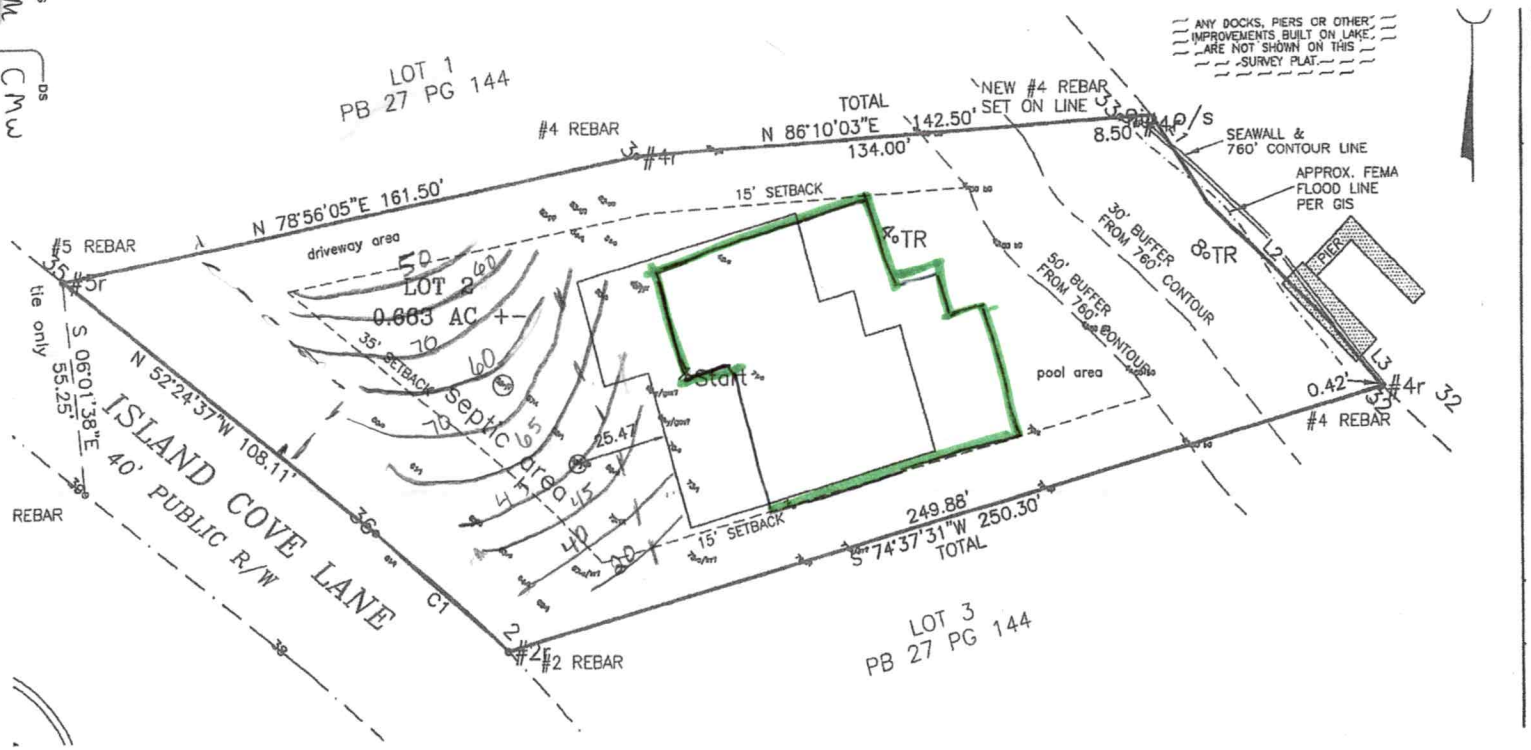
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



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TS II
Repair
for setback
to foundation
drain

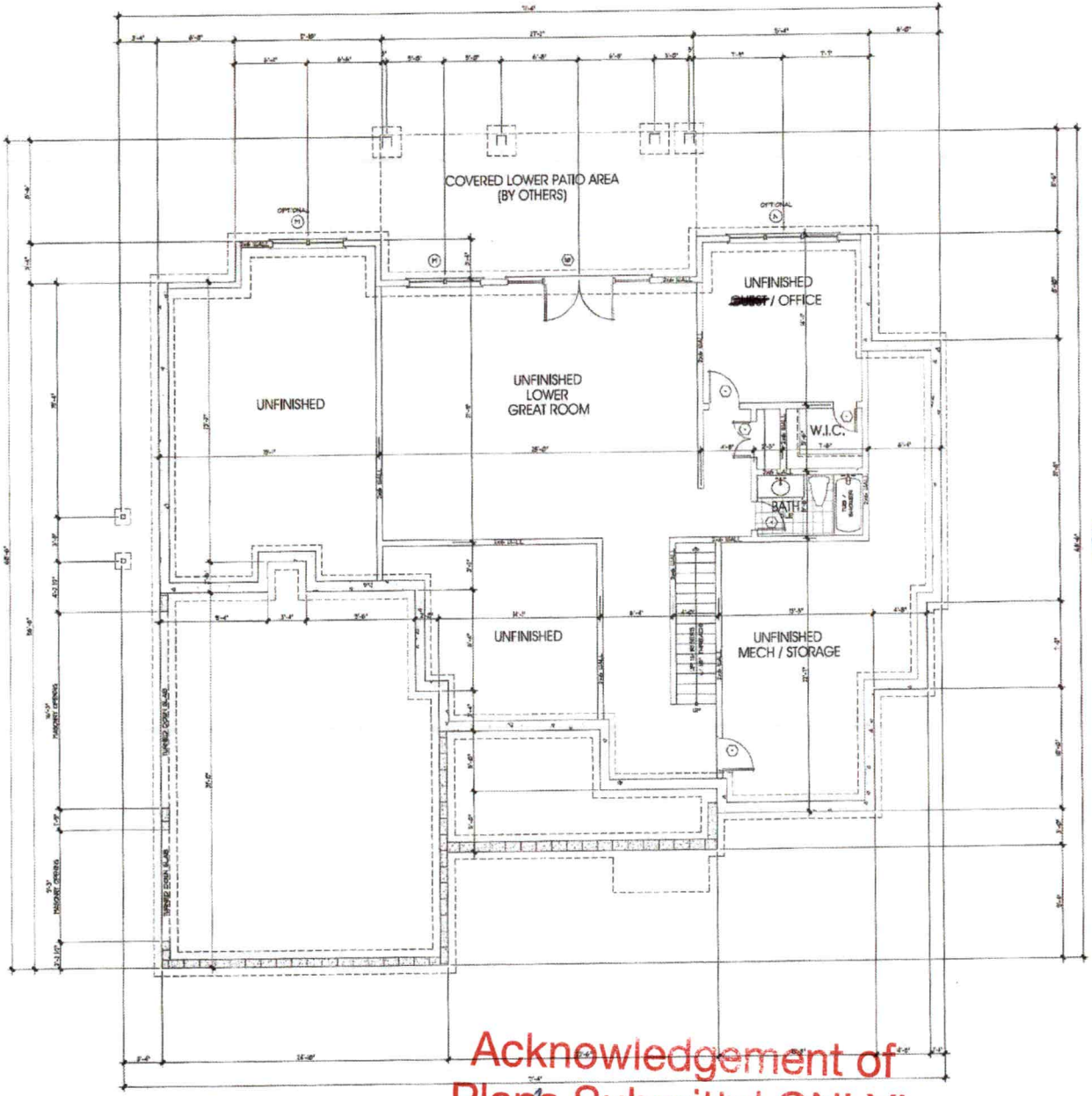
1:50



525

DocuSign Envelope ID: A925B896-B253-49A0-868B-DED2272AAAF9

71'4"



Acknowledgement of
Plans Submittal ONLY!

Date

Date 1/31/22

NOTES:

TYPICAL BASEMENT SLAB TO BE 4" THICK CONCRETE (3.5 KSI) OVER 10MIL WELDED WIRE MESH OR FIBER MESH OVER VAPOR BARRIER OVER 4" COMPACTED GRAVEL BASE

SEE FRAMING NOTE 1 ON COVER SHEET FOR TYPICAL HEADER INFORMATION UNLESS NOTED OTHERWISE

FOUNDATION WALL TO BE 10" THICK POURED CONCRETE - SEE DETAIL SHEET 6 FOR DETAILS ON REINFORCEMENT, ETC.

TYPICAL EXTERIOR FOOTING TO BE 24"x10" W/ (2) #5 BARS CONTINUOUS @ BASEMENT CONDITIONS = 24"x10" THICK WITH (3) #5 BARS CONTINUOUS @ GARAGE CONDITIONS

SLAB INSULATION TO BE R-5 MINIMUM 24" AT PERIMETER OF FOUNDATION WALL

TERMITE CONTROL SHALL BE BY CHEMICAL SOIL TREATMENT OR OTHER PEST MEANS APPROVED BY THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE

ALL EXTERIOR STUDS TO BE 2x6 @ 16" O.C. INTERIOR WALLS TO BE 2x4 @ 12" O.C. UNLESS BEARING. BEARING WALL TO BE 2x6 @ 16" O.C.

ALL ANGLED WALLS ARE 45° U.N.O.

(B) INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS UNLESS NOTED OTHERWISE

PROVIDE DRAIN AT ANY MECHANICAL LOCATION. SLOPE CONCRETE TOWARDS DRAIN

PROVIDE FOUNDATION DRAIN ON FILL SIDE OF WALL + DRAIN TO DAYLIGHT

STUB IN PLUMBING FOR ALL FUTURE AREAS

ALL DOORS ARE 6" FROM WALL, UNLESS DIMENSIONED OTHERWISE

PROVIDE BEAM POCKET IN POURED WALL IF REQUIRED FOR BEARING OF DROPPED BEAM

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2-3" x 6'-8"	ENTRY w/ 12" TRANSOM
2	2-3" x 6'-8"	FRENCH
3	2'-8" x 6'-8"	SOLID PANEL
4	3'-0" x 6'-8"	SOLID PANEL
5	3'-0" x 6'-8"	SOLID PANEL
6	2'-6" x 6'-8"	SOLID PANEL
7	2'-6" x 6'-8"	FIRE RATED
8	2'-0" x 6'-8"	SOLID PANEL
9	2'-6" x 6'-8"	SOLID PANEL
10	6'-0" x 6'-8"	EXT. FRENCH w/ (2) FIXED
11	3'-0" x 6'-8"	CASED OPENING
12	11'-0" x 8'-0"	CASED OPENING
13	10'-0" x 8'-0"	CASED OPENING
14	16'-0" x 8'-0"	CASED OPENING
15	2'-6" x 6'-8"	SOLID PANEL
16	2'-10" x 6'-8"	SOLID PANEL
17	2'-6" x 6'-8"	SOLID PANEL
18	2'-6" x 6'-8"	SOLID PANEL
19	2'-6" x 6'-8"	SOLID PANEL
20	2'-6" x 6'-8"	CASED OPENING
21	2'-6" x 6'-8"	EXT. HALF LITE

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3'-0" x 5'-0"	SINGLE HUNG w/ 12" TRANSOM
B	2'-0" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
C	2'-0" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
D	2'-0" x 4'-0"	SINGLE HUNG
E	2'-0" x 2'-0"	FIXED
F	4'-0" x 3'-0"	SINGLE HUNG
G	2'-0" x 3'-0"	SINGLE HUNG
H	3'-0" x 3'-0"	SINGLE HUNG
J	3'-0" x 2'-0"	SINGLE HUNG
K	2'-0" x 4'-0"	SINGLE HUNG
L	3'-0" x 4'-0"	SINGLE HUNG
M	3'-0" x 6'-0"	SINGLE HUNG
N	3'-0" x 5'-0"	SINGLE HUNG
P	3'-0" x 5'-0"	SINGLE HUNG
Q	2'-0" x 6'-0"	FIXED
R	2'-0" x 4'-0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,459 SQFT.
UPPER LEVEL	1,601 SQFT.
TOTAL HEATED	4,076 SQFT.
UNF. LOWER LEVEL	1,208 SQFT.
BONUS ROOM	451 SQFT.
UNFINISHED	772 SQFT.
MECH/ STORAGE	472 SQFT.
THREE CAR GARAGE	765 SQFT.
FRONT PORCH	204 SQFT.
COVD LOWER PATIO	330 SQFT.
TOTAL UNDER ROOF	8,250 SQFT.

Ruth Custom Designs
704.631.6031
www.ruthcustomdesigns.com

LAKEMIST HOMES

PLAN INFO:

A New Custom Residence
The Morris Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: D.R.

CHECKED BY:

DATE:

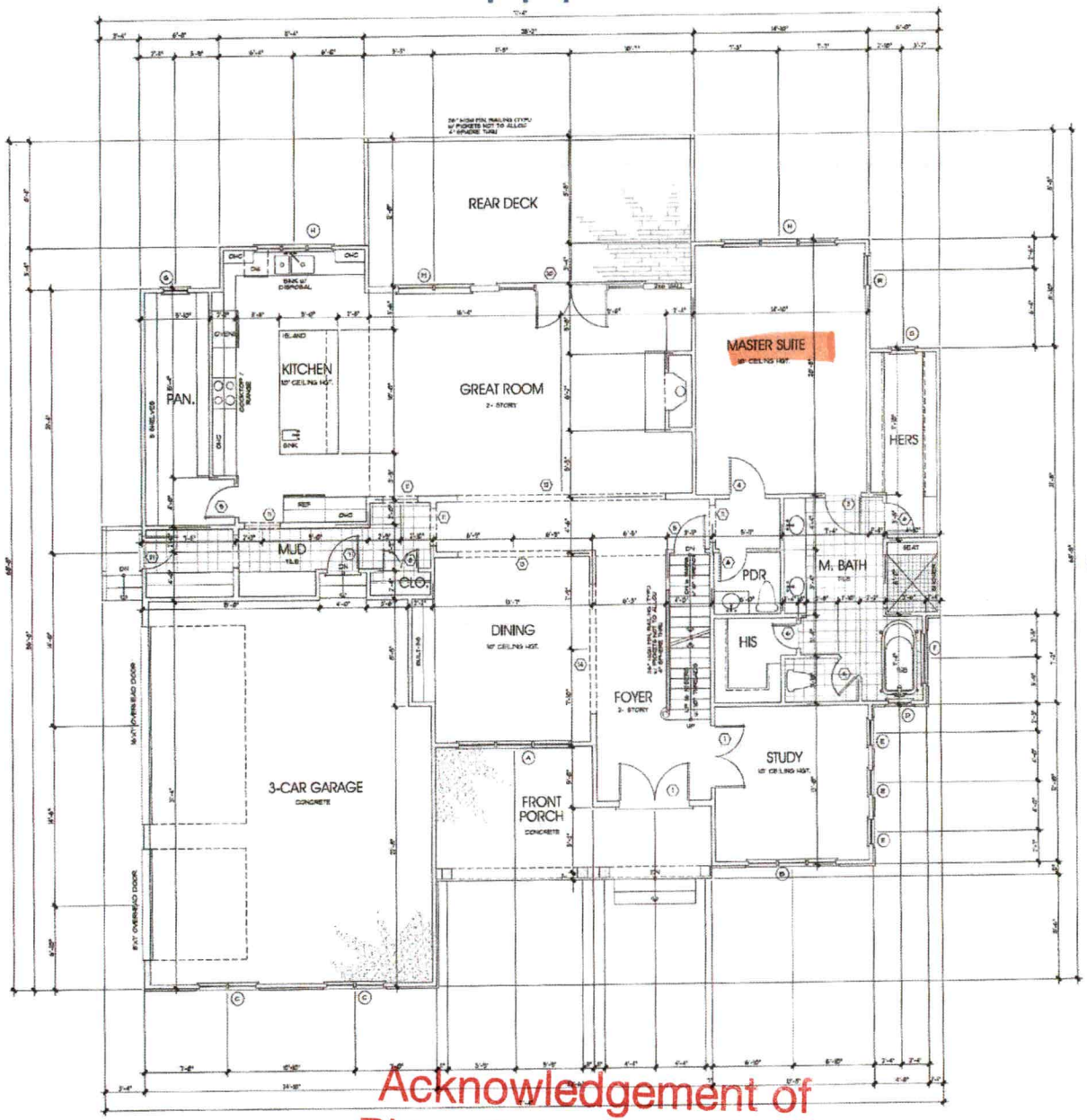
DRAWING TITLE:
LOWER LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO.

OF - SHEETS

71'4"



68'8"

Acknowledgement of Plans Submittal ONLY!

Date

Date 1/28/22

NOTES:

ALL ANGLED WALLS ARE 45° UNO.

4B INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS UNO

SEE FRAMING NOTE 16 FOR HEADER SIZES UNLESS NOTED ON PLAN

ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

EXTERIOR WALL HEIGHT (h)	STUD SIZE/ SPACING
h ≤ 10'	2x4 @ 16" o/c
10' < h ≤ 11'	2x4 @ 12" o/c
11' < h ≤ 13'	2x6 @ 16" o/c
h > 13'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 9' IN HEIGHT

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2'-5" x 6'-8"	ENTRY w/ 5" TRANSOM
2	2'-0" x 6'-8"	FRENCH
3	2'-0" x 6'-8"	SOLID PANEL
4	3'-0" x 6'-8"	SOLID PANEL
5	2'-6" x 6'-8"	SOLID PANEL
6	2'-4" x 6'-8"	SOLID PANEL
7	2'-8" x 6'-8"	FIRE RATED
8	2'-10" x 6'-8"	SOLID PANEL
9	2'-4" x 6'-8"	SOLID PANEL
10	6'-0" x 6'-8"	EXT. FRENCH w/ (2) FIXED
11	2'-6" x 6'-8"	CASED OPENING
12	11'-0" x 8'-0"	CASED OPENING
13	9'-0" x 8'-0"	CASED OPENING
14	16'-0" x 8'-0"	CASED OPENING
15	2'-8" x 6'-8"	SOLID PANEL
16	2'-10" x 6'-8"	SOLID PANEL
17	2'-8" x 6'-8"	SOLID PANEL
18	2'-8" x 6'-8"	SOLID PANEL
19	2'-0" x 6'-8"	SOLID PANEL
20	3'-0" x 6'-8"	CASED OPENING
21	2'-8" x 6'-8"	EXT. HALF LITE

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3'-0" x 5'-0"	SINGLE HUNG w/ 5" TRANSOM
B	2'-0" x 6'-0"	SINGLE HUNG w/ 5" TRANSOM
C	2'-0" x 6'-0"	SINGLE HUNG w/ 5" TRANSOM
D	2'-0" x 4'-0"	SINGLE HUNG
E	2'-0" x 2'-0"	FIXED
F	4'-0" x 3'-0"	SINGLE HUNG
G	2'-0" x 3'-0"	SINGLE HUNG
H	3'-0" x 3'-0"	SINGLE HUNG
J	2'-0" x 4'-0"	SINGLE HUNG
K	2'-0" x 4'-0"	SINGLE HUNG
L	2'-0" x 4'-0"	SINGLE HUNG
M	2'-0" x 6'-0"	SINGLE HUNG
N	2'-0" x 5'-0"	SINGLE HUNG
P	2'-0" x 5'-0"	SINGLE HUNG
Q	2'-0" x 6'-0"	FIXED
R	2'-0" x 4'-0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,469 SQ.FT.
UPPER LEVEL	1,607 SQ.FT.
TOTAL HEATED	4,076 SQ.FT.
UNF. LOWER LEVEL	1269 SQ.FT.
BONUS ROOM	431 SQ.FT.
UNFINISHED	772 SQ.FT.
MECH/ STORAGE	472 SQ.FT.
THREE CAR GARAGE	765 SQ.FT.
FRONT PORCH	204 SQ.FT.
COV'D LOWER PATIO	330 SQ.FT.
TOTAL UNDER ROOF	8,250 SQ.FT.

Rudy Designs
704.631.6031
www.rudydesigns.com

LAKEMIST HOMES

A New Custom Residence
The Morris Residence

PLAN INFO.

PLAN NO.

REVISIONS

SEAL

DRAWN BY: D.R.

CHECKED BY:

DATE: -

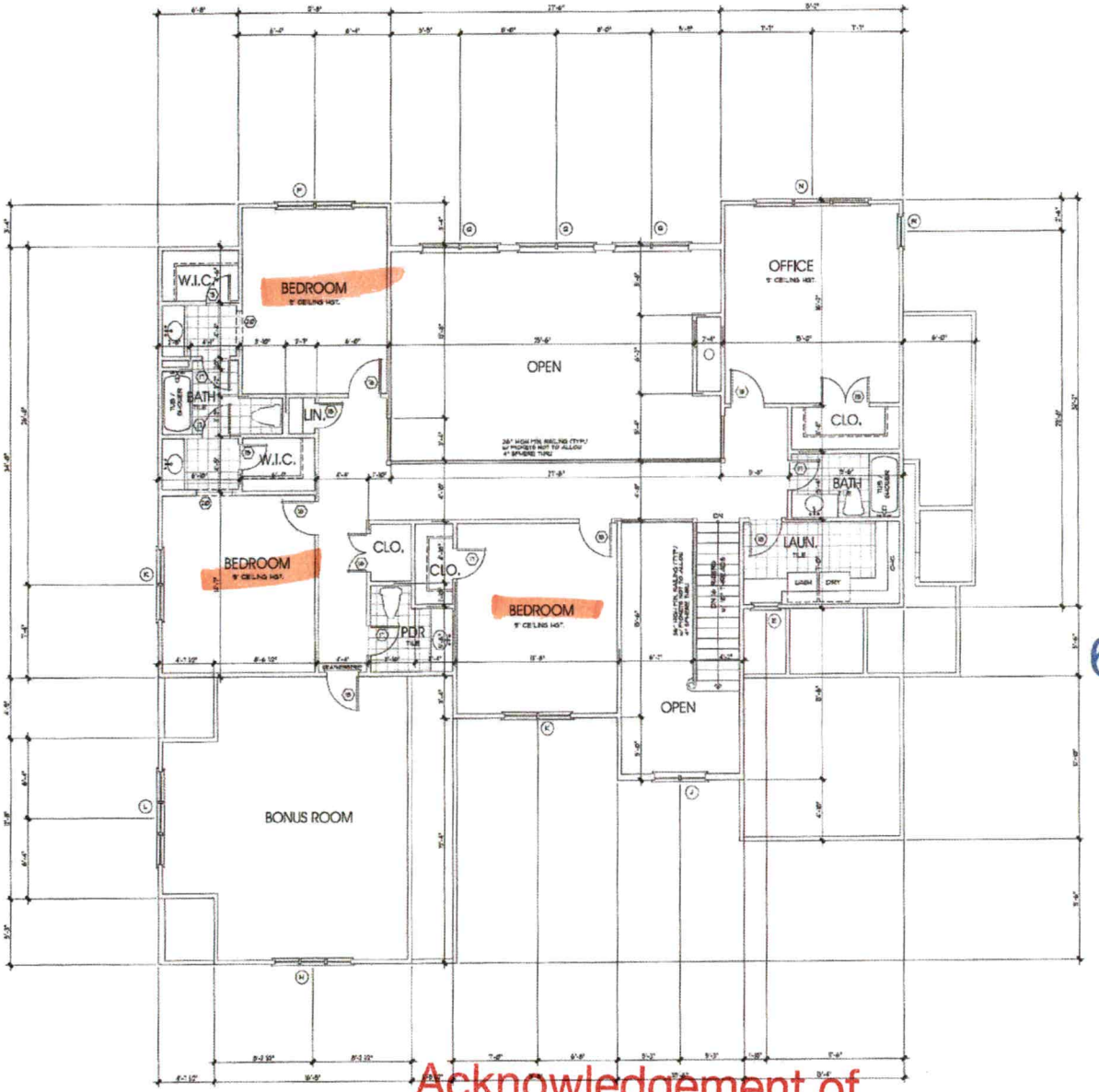
DRAWING TITLE: MAIN LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO.

OF - SHEETS

62'



60'

NOTES:

ALL ANGLED WALLS ARE 45° U.N.O.

* BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS WHERE NOTED

SEE FRAMING NOTES for HEADER SIZES UNLESS NOTED ON PLAN

ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

WEATHERSTRIP ALL DOORS INTO ATTIC SPACE

EXTERIOR WALL HEIGHT (H)	STUD SIZE/ SPACING
H ≤ 10'	2x4 @ 16" OC
10' < H ≤ 11'	2x4 @ 12" OC
11' < H ≤ 18'	2x6 @ 16" OC
H > 18'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 12' IN HEIGHT

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2-3'0" x 6'8"	ENTRY w/ 12" TRANSOM
2	2-2'0" x 6'8"	FRENCH
3	2'0" x 6'8"	SOLID PANEL
4	3'0" x 6'8"	SOLID PANEL
5	2'8" x 6'8"	SOLID PANEL
6	3'0" x 6'8"	SOLID PANEL
7	2'8" x 6'8"	FIRE RATED
8	2-1'6" x 6'8"	SOLID PANEL
9	2'6" x 6'8"	SOLID PANEL
10	4-3'0" x 6'8"	EXT. FRENCH w/ (2) FIXED
11	3'0" x 6'8"	CASED OPENING
12	11'0" x 8'0"	CASED OPENING
13	5'0" x 8'0"	CASED OPENING
14	10'0" x 8'0"	CASED OPENING
15	2'6" x 6'8"	SOLID PANEL
16	2-1'0" x 6'8"	SOLID PANEL
17	2'6" x 6'8"	SOLID PANEL
18	2'8" x 6'8"	SOLID PANEL
19	2-2'6" x 6'8"	SOLID PANEL
20	5'0" x 6'8"	CASED OPENING
21	2'6" x 6'8"	EXT. HALF LITE

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3-3'0" x 5'0"	SINGLE HUNG w/ 2" TRANSOM
B	3-3'0" x 6'0"	SINGLE HUNG w/ 12" TRANSOM
C	2-2'6" x 6'0"	SINGLE HUNG w/ 12" TRANSOM
D	2'0" x 4'0"	SINGLE HUNG
E	2'0" x 2'0"	FIXED
F	4'0" x 3'0"	SINGLE HUNG
G	2'0" x 3'0"	SINGLE HUNG
H	3-3'0" x 3'0"	SINGLE HUNG
I	2-3'0" x 4'0"	SINGLE HUNG
K	3-2'0" x 4'0"	SINGLE HUNG
L	3-2'0" x 4'0"	SINGLE HUNG
M	3-2'0" x 6'0"	SINGLE HUNG
N	3-3'0" x 5'0"	SINGLE HUNG
P	2-3'0" x 5'0"	SINGLE HUNG
Q	2-3'0" x 6'0"	FIXED
R	2'0" x 4'0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,468 SQFT.
UPPER LEVEL	1,607 SQFT.
TOTAL HEATED	4,076 SQFT.
UNF. LOWER LEVEL	1,286 SQFT.
BONUS ROOM	431 SQFT.
UNFINISHED	772 SQFT.
MECH/ STORAGE	472 SQFT.
THREE CAR GARAGE	765 SQFT.
FRONT PORCH	284 SQFT.
COVD LOWER PATIO	330 SQFT.
TOTAL UNDER ROOF	8,250 SQFT.

Acknowledgement of Plans Submittal ONLY!

Date

Maria Dobson Date 1/31/22

Rauff Residential DESIGNS
704.631.6031
www.rauffresidentialdesigns.com

LAKEMIST HOMES

A New Custom Residence
The Morris Residence

PLAN NO.

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DR
CHECKED BY:

DATE: -

DRAWING TITLE:
UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO.
-

OF - SHEETS

***Limited Redraw

RECEIVED JAN 2 4 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP - 320368 $105.00

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: Lakeshore Holdings, LLC **Address:** 637 Williamson Rd, Ste 102, Mooresville, NC **Zip:** 28117

Applicant Email: lakemistoperations@gmail.com **Phone:** 704-799-7609 **Alt. Phone:**

Owner Name: Lakeshore Holdings, LLC **Address:** PO Box 5350, Mooresville, NC **Zip:** 28117

Owner Email: lakemisthomes@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Property Information:

Street Address: 111 Island Cove Lane, Mooreville, NC 28117

Subdivision Name: The Harbour **Section/Phase:** **Lot Number:** 2

Driving Directions: Brawley School Rd to left on Bay Harbour. Turn left on Island Cove and homesite will be on the left.

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

CHECK FOUNDATION TYPE

(×) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (×) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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: Per IP

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: Lakeshore Holdings, LLC dba Lakemist Homes — 12/22/21

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

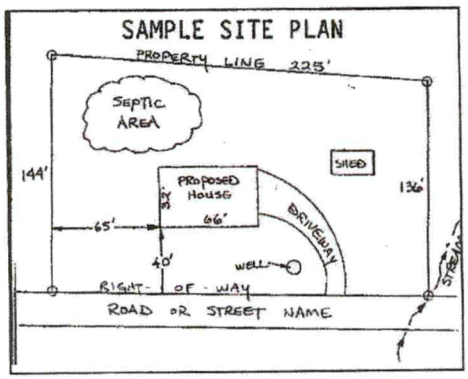
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) 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

see attached

Signature: _____ Lakeshore Holdings, LLC dba Lakemist Homes

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

12/22/21

DATE

IREDELL COUNTY HEALTH DEPARTMENT

JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization

1/31/22 (Date)

Owner: Lakeshore Holdings LLC
Address: 637 Williamson Rd Ste 102
Mooresville, NC 28117

Subject: Notice of Intent to Revoke/Suspend The Harbour 5 Lot 2
(**specify name/location**) Improvement Permit/Construction Authorization

Dear Lakeshore Holdings
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 111 Island Cove Ln (physical address) for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Type 4 LPPPBPS (specify type and number) conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
2 permits	15A NCAC 18A .1937 Permits

[Example #1 - 18 inches of soil removed from site in violation of NCGS 130A-335(f), Rule .1937(g), Rule .1943, Rule .1947(c), and IP Condition No. 2.]
[Example #2 - Nitrification trenches installed at a depth of 30 inches in violation of Rule .1955 (m) and CA Condition No. 2.]

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 1/3/22. Meeting the 30 day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,

Maria L Olson

Signature of DHHS Authorized Agent

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 320368

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

PIN # 4625--39--6049

APPLICANT/OWNER: Michael Morris | APPLICANT ADDRESS: 1912 Truman Rd. Charlotte NC 28205

SITE ADDRESS: 111 Island Cove Ln Mooresville NC | PHONE: 973869-4481 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR Bay Harbour Tl. Island Cove Ln 2nd on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Harbour | SECTION: 5 | LOT # 2 | LOT AREA: .66 Acre | DESIGN FLOW: 480gpd | L.T.A.R.: .3

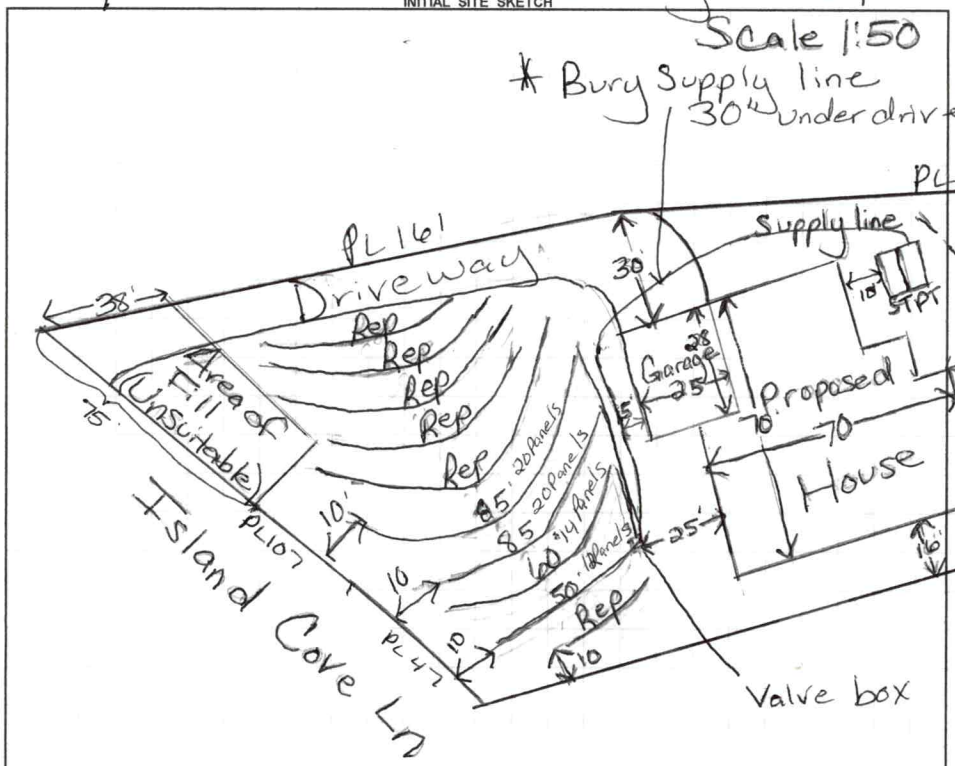
Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion
Pump Tank	1000	(gal)	PT		Date		System Type: I II III IV V VI		
Pump Make			Model		Serial #		System Description:	Pump-LP- Vert PPBPS	
# Nitrification Fields	1		# Lines	4	Linear Ft	280	Repair System Description:	Vert. PPBPS	
Trench Width	24"		Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	Maintenance Agreement Required:	☒ YES ☐ NO	
								☐ GRAVITY ☒ PRESSURE	

☒ Residence	No. Bedrooms	4	**Water Supply**		
☐ Business	No. Persons	8	☐ Private		
☐ Other	No. Employees		☐ Public		
☐ Slab	☐ Crawl Space		☒ Community		
☒ Basement w/plumbing			☐ Basement w/o plumbing		

Comments / Conditions: * Install PPBPS drainlines 8ft on center.
* Minimum of 267ft of Drainfield required
Drill 5/32" hole. Divert stormwater away from Septic

66 Panels - total 237.6gals dose
41.9pm 27.0gal/min Drawdown 11.3
Pump run 8.78 minutes. Install lines on contour

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.

Revoked

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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 plan 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: | Date: 8/24/21 | Installed by:

IMPROVEMENT PERMIT by: Maria Dotson | Date: 8/25/21 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: | Date:

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

DocuSign Envelope ID: EAB3539D-A231-419E-9B45-14D3F2C815A6

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
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*) _____

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, Michael J. Morris & Catherine M. Waggy, am the legal owner(s) of the property located at 111 Island Cove Lane, Mooreville, NC 28117, identified as PIN (Parcel Identification Number) 4625396049, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, Lakeshore Holdings, LLC, 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.

DocuSigned by: Michael Morris 4CD4C3ABB9034F9... DocuSigned by: Catherine M. Waggy AE4EC8D7DD63484...
Signature of Owner(s)

12/22/2021 12/22/2021
Date

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

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 *****

AF **Complete all Environmental Health forms**:
- X Application
- X Site Plan with dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

AF **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.**

AF **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**.

AF **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.

AF 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 non-refundable. 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 _____ Lakeshore Holdings, LLC dba Lakemist Homes **Date** 12/21/21

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

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*

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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Michael J. Morris **Address:** 1912 Truman Road, Charlotte, NC **Zip:** 28205
Applicant Email: mjm259@gmail.com **Phone:** 973-769-4481 **Alt. Phone:** 973-937-6722
Owner Name: Michael J. Morris & Catherine M. Waggy **Address:** 1912 Truman Road, Charlotte NC **Zip:** 28205
Owner Email: mjm259@gmail.com **Phone:** 973-769-4481 **Alt. Phone:** 973-937-6722

Property Information:

Street Address: 111 Island Cove Lane, Mooresville, NC 28117

Subdivision Name: The Harbour **Section/Phase:** 5 **Lot Number:** 2

Driving Directions: Brawley School Road south to right on Bay Harbour Road. Drive Bay Harbour Road for appox. 1 mile, then left on Island Cove Lane. Second lot on the left hand side.

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

CHECK FOUNDATION TYPE

(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: 8
(X) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)*

Year existing system installed:
(X) 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: _____ Aug. 25, 2021
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

(Check and sign only ONE of the options below)

[X] **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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

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

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

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

Sheet 1 of 2
PROPERTY ID #: 4725396049
COUNTY: Iredell

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

OWNER: Michael Morris
ADDRESS: 1912 Truman Rd Charlotte, NC 28205
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: 111 Island Cove Ln Mooresville, NC
APPLICATION DATE 8/10/21
DATE EVALUATED: 8/23/21
PROPERTY SIZE: .66 AC
PROPERTY RECORDED: Y
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	FILL	0-48"						
2	L 8%	0-12	Brn SCL w SBK FR		w SBK, SS, SP, SExp, FR				PS .3
		12-34	RC/CL m-w SBK SS, SP, SExp, FR						
		34-64	RCL w SBK SS, SP, SExp, FR w/ Common SAP Inclus		—	64"	—	—	
3	L 10%	0-6	Compaction						PS .3
		6-15	RC/CL m-w SBK		SS, SP, SExp, FR				
		15-62	RCL w SBK SS, SP, SExp, FR w/ few to many SAP Inclus		—	62"	PS	—	
		62-65	SL/L SAP						
4	L 8%	0-11	Brn SCL w SBK		SS, SP, SExp, FR				PS .3
		11-31	RC/CL m-w SBK		SS, SP, SExp, FR				
		31-62	RCL w SBK SS, SP, SExp, FR w/ Common SAP Inclus		—	62"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Michael Morris, David Beane

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 472539604A
DATE OF EVALUATION: 8/23/21
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	L 10%	0-10	Brw SCL	w SBK SS, SP, SExP, FR					PS Inches .3
		10-20	RCL M-C	w SBK SS, SP, SExP, FR					
		20-36	RCL	w SBK SS, SP, SExP, FR					
		36-51	RCL	w SBK SS, SP, SExP, FR	w/Common	SAP			
		51-62	L/SL	SA Massive	FR				

IREDELL COUNTY HEALTH DEPARTMENT Const. Auth STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PROPERTY DESCRIPTION NO. 24354 DATE Aug 13, '96 (DAVID MORRIS) TAX MAP NO. part of 2CA3 Watershed: ☐ Yes ☐ No

OWNER OR CONTRACTOR Crescent Resources Inc. PHONE: Business _____ Home _____

ADDRESS PO Box 1003, Charlotte

LOCATION Brawley Sch Rd. TR Bay Harbour Dr Island Cove Ln.

SUBDIVISION The Harbour BLOCK / SECTION 5 LOT 2 LOT AREA > 20,000 ft² SITE CLASS. PS per HS6 DESIGN FLOW 460 gpd L.T.A.R. .03

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: 1000 Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 560 Linear Feet 280

No Lines 4@70' Trench Width 24" Max Trench Bottom Depth ~30" Gravel Depth N/A

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

System Description: LP Panel Block

Repair System Description: same

Maintenance Agreement Required: ☑ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees _____

☐ Other _____

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

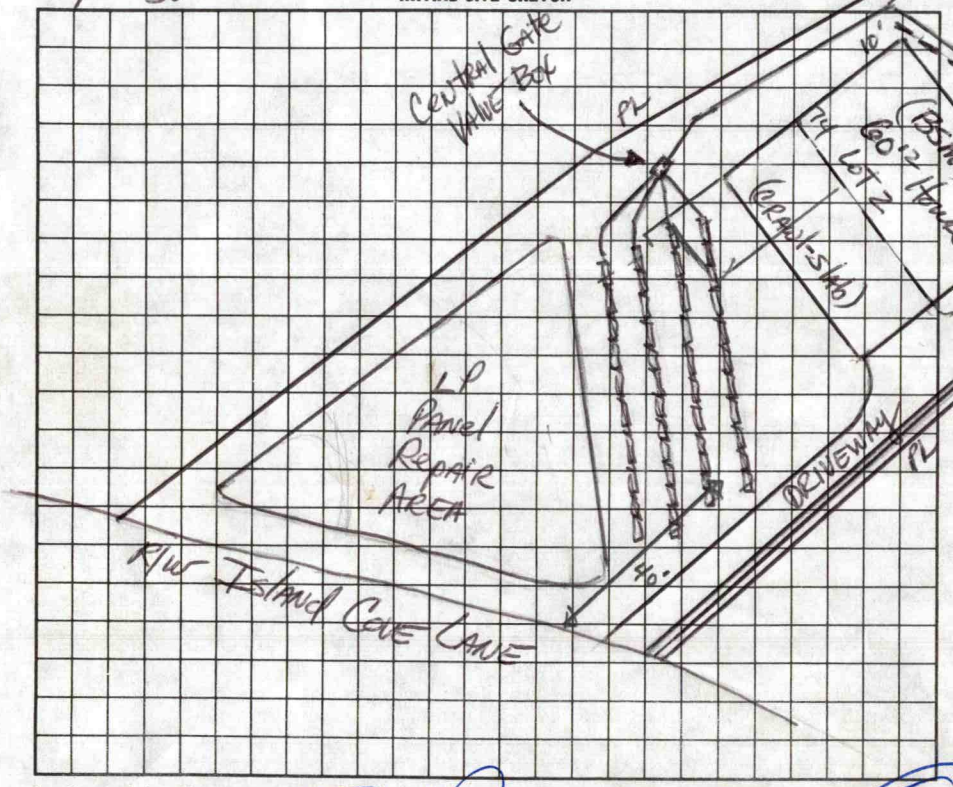
Water Supply:
☐ Individual
☐ Community
☑ Public

Comments:

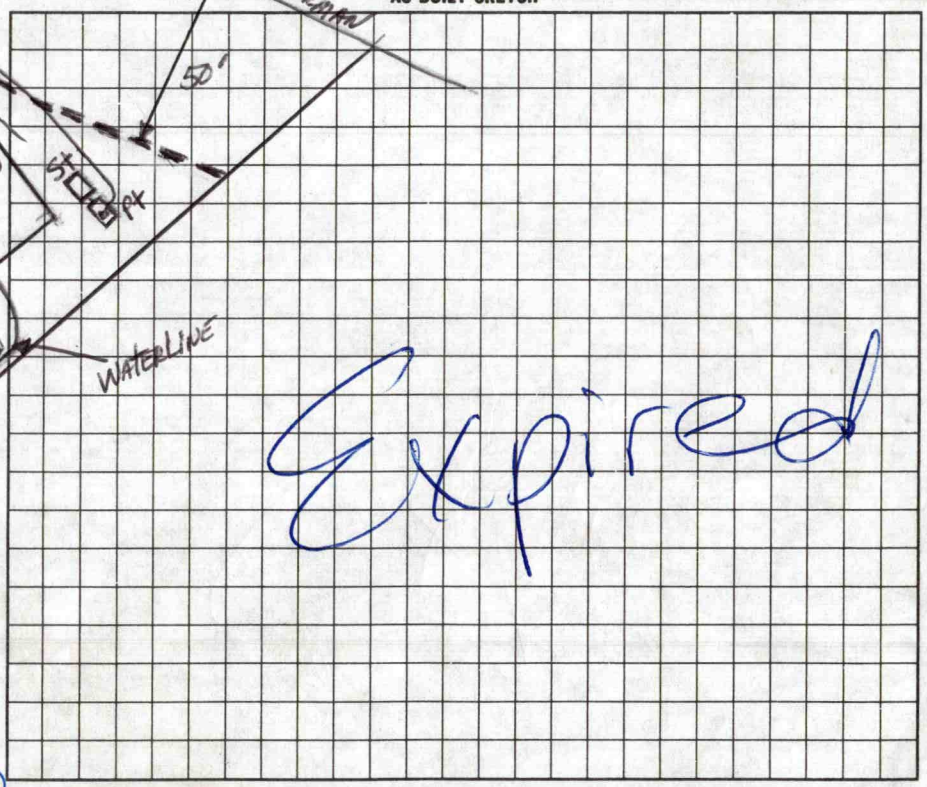
Comments: painted

1" = 50'

INITIAL SITE SKETCH



AS BUILT SKETCH



Expired

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.

Signed: _____ Agent

Improvement Permit by: _____ date 8-13-96

~~Construction Authorization~~ ~~Existing System Inspection~~ by: _____ date _____

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date _____

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

___OUNTY HEALTH DEPARTMENT

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

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

PERMIT# 24354 PIN# Pt of 2CA3 DATE 6/3/99

OWNER OR CONTRACTOR David Morris PHONE: Business 828-324-3686 Home

ADDRESS 1134 Torrance Circle Davidson, NC. 28036

LOCATION 1100 TR Bay Harbour TL Island Cove Lane, to 2ND lot on (L)

SUBDIVISION HARBOUR BLOCK / SECTION 5 LOT 2 LOT AREA >20,000 FT² SITE CLASS. PS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 840 Linear Feet 280

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

☒ New System ☐ Repair System Type: I, II, (III) IV, V, VI

System Description: GRAVITY - 16" PVC

Repair System Description: SAME

Maintenance Agreement Required: ☒ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

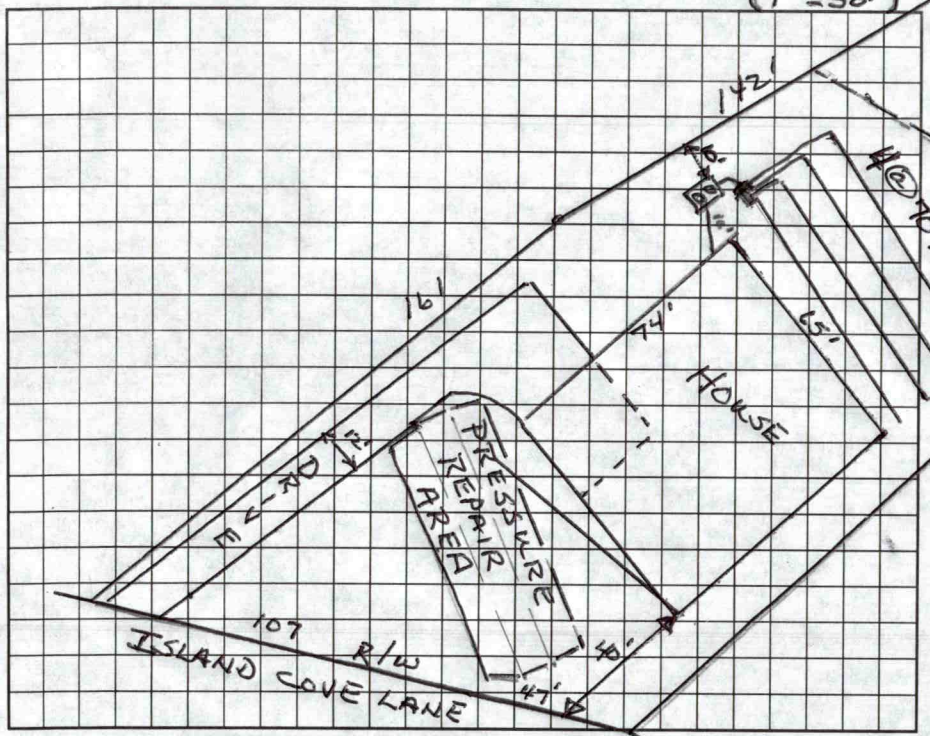
☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Public ☒ Community

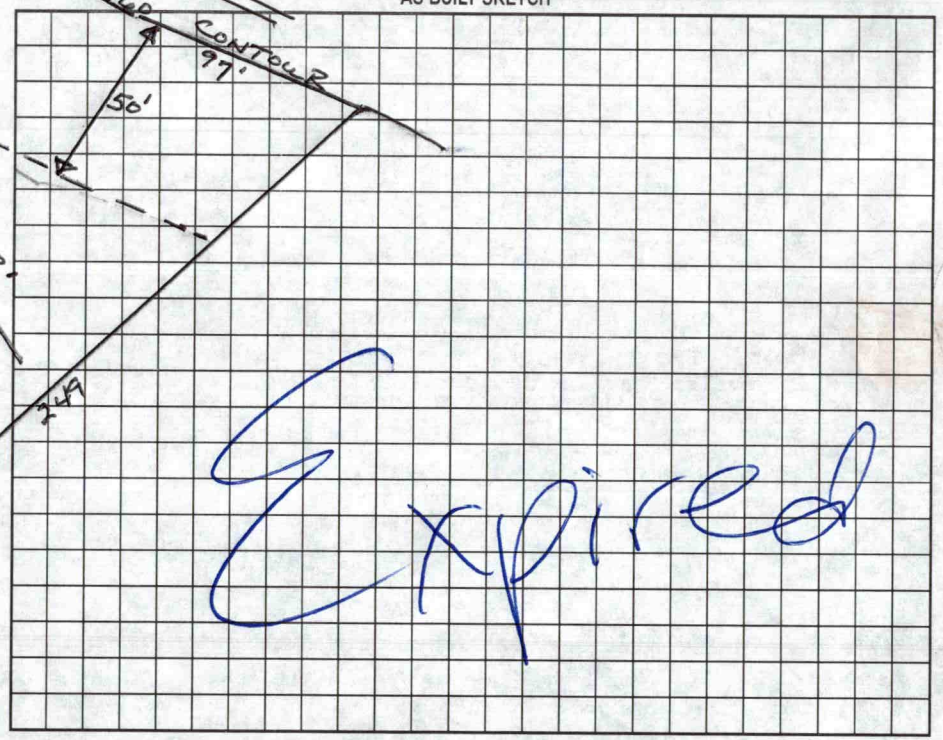
Comments:/Conditions: 50% reduction calculated; install linear footage shown here

Comments:/Conditions:

INITIAL SITE SKETCH (1" = 50')



AS BUILT SKETCH



Expired

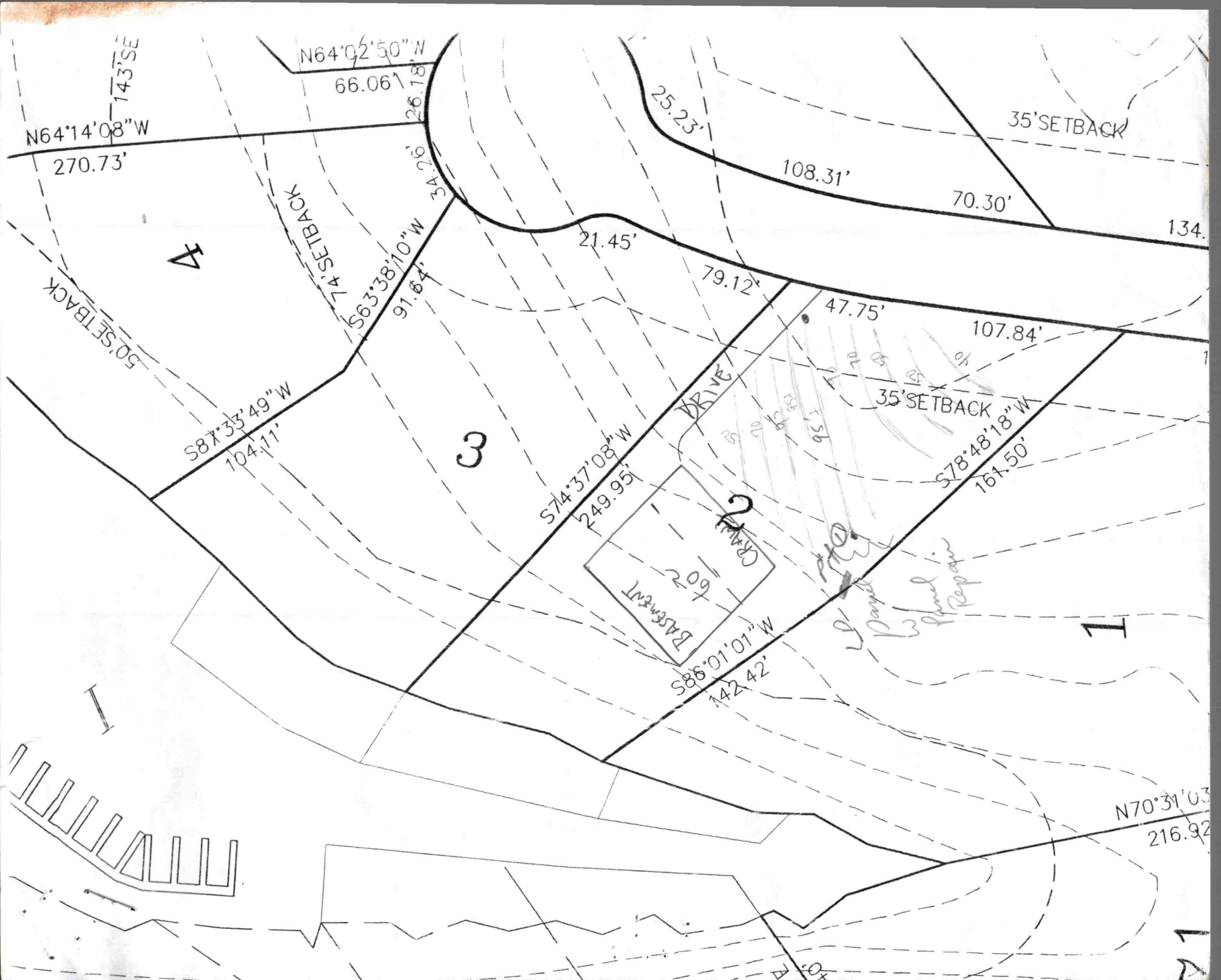
Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: * David H. Morris date 6/4/99 Installed by:

Improvement Permit by: Wesley Sparks RS. date 6/3/99 Operation Permit by: date

Authorization to Construct by: Wesley Sparks RS. date 6/3/99 Existing System Inspection by: date

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


N64°02'50"W
66.06'
26.18'
N64°14'08"W
270.73'
143'SE
34.26'
25.23'
35'SETBACK
108.31'
70.30'
134.
21.45'
79.12'
47.75'
107.84'
35'SETBACK
S63°38'10"W
91.64'
74'SETBACK
50'SETBACK
S87°33'49"W
104.11'
S74°37'08"W
249.95'
DRIVE
S78°48'18"W
161.50'
S86°01'01"W
142.42'
N70°31'03
216.92
4
3
2
1
1
Proposed Island Repair
Basement
Garage

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: CRT APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 7-17-96
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): 400 gpd PROPERTY SIZE: _____
LOCATION OF SITE: Lot 2 Harbour S PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) 1941 STRUCTURE/ TEXTURE	1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 15-25%	0-8	gr SL	fr					.3
		8-50	Sab Rc	fi sp l:l					
2	L 10-15%	0-3	gr bkn cl	fr					.3+
		3-30	mod sbk R c	fi fr sp l:l					
		30-60	m-wk sbk y cl/scl	fr ss sp l:l					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: _____
OTHER(S) PRESENT: _____

IREDELL COUNTY DEPARTMENT of ENVIR

APPLICATION FORM

Site plan shows house moved forward, sitting over drainfield

Emailed 1/3/22

Application For: ( ) New Well Permit ( ) Well Repa
( ) Septic Improvement Permit (×) Authorization to Construct ( ) Existing S

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON TH THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONT DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WIT SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this applicatio

The following optional attachments may also be submitted: ( ) Survey P
Place an (X) beside whichever is submitted if applicable ( ) Custom S

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings, LLC **Address:** 637 Williamson

Applicant Email: lakemistoperations@gmail.com **Phone:** 704-799-7609

Owner Name: Lakeshore Holdings, LLC **Address:** PO Box 5350, Mooresville, NC **Zip:** 28117

Owner Email: lakemisthomes@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:** _____

Property Information:

Street Address: 111 Island Cove Lane, Mooreville, NC 28117

Subdivision Name: The Harbour **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: Brawley School Rd to left on Bay Harbour. Turn left on Island Cove and homesite will be on the left.

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

CHECK FOUNDATION TYPE

(×) 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: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) 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: Per IP

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: _____ Lakeshore Holdings, LLC dba Lakemist Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12/22/21
DATE

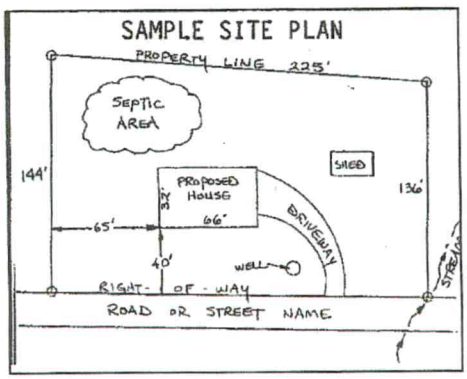
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

see attached

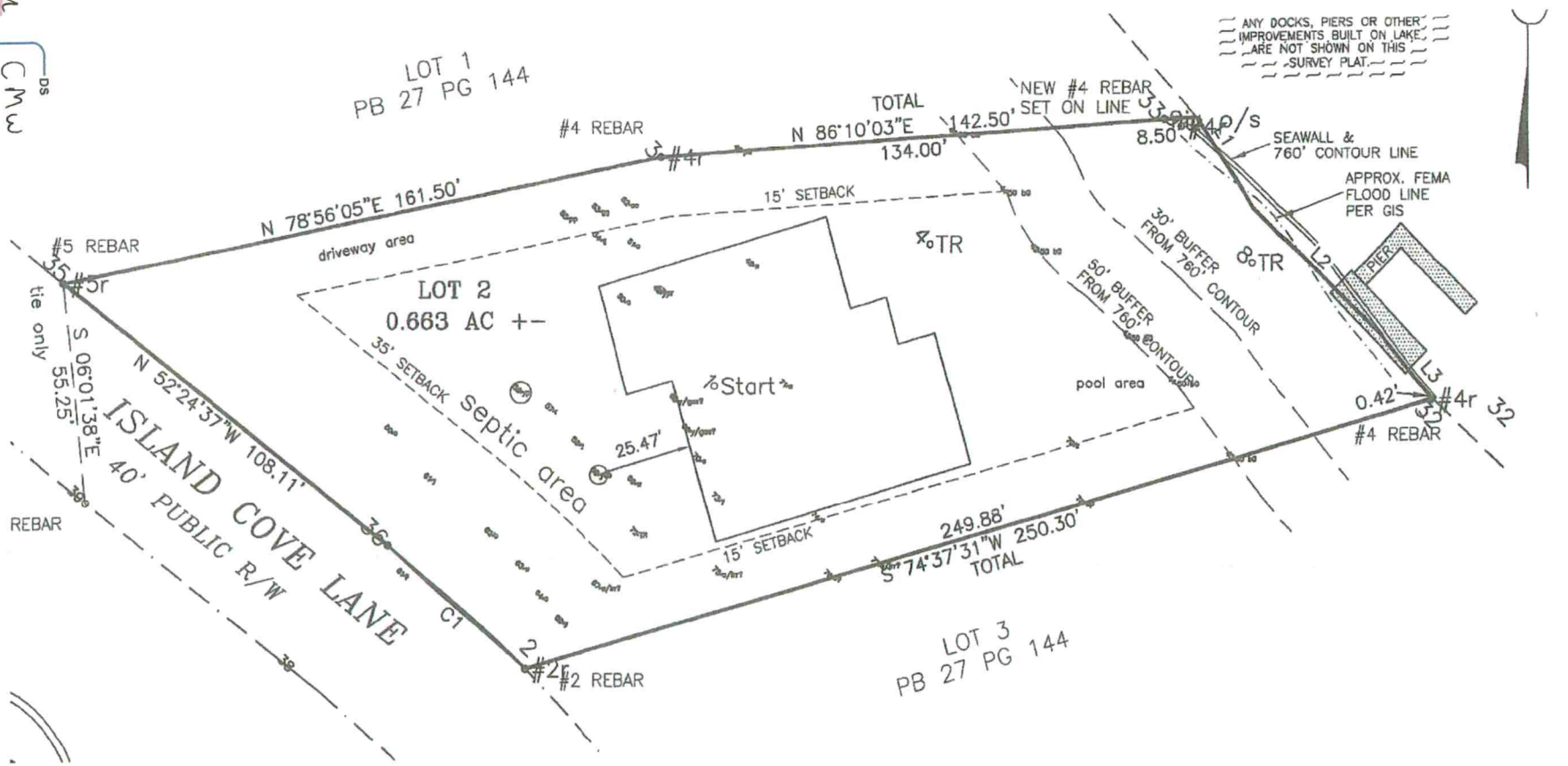
Signature: _____ Lakeshore Holdings, LLC dba Lakemist Homes

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

12/22/21

DATE

DocuSign Envelope ID: A925B896-B253-49A0-868B-DED2272AAAF9



DocuSign Envelope ID: EAB3539D-A231-419E-9B45-14D3F2C815A6

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*) _____

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, Michael J. Morris & Catherine M. Waggy, am the legal owner(s) of the property located at 111 Island Cove Lane, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4625396049, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, Lakeshore Holdings, LLC, 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.

DocuSigned by: Michael Morris 4CD4C3ABB9054F9... DocuSigned by: Catherine M. Waggy AE4EC8D7DD63484...

Signature of Owner(s)

12/22/2021 12/22/2021

Date

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

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 *****

AF **Complete all Environmental Health forms**:
- X Application
- X Site Plan with dimensions of proposed structure, addition, pool etc.
- X Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- X Copy of Zoning Permit when applicable
- X Sign this sheet after you have completed all items

AF **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.**

AF **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**.

AF **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.

AF 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 non-refundable. 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).

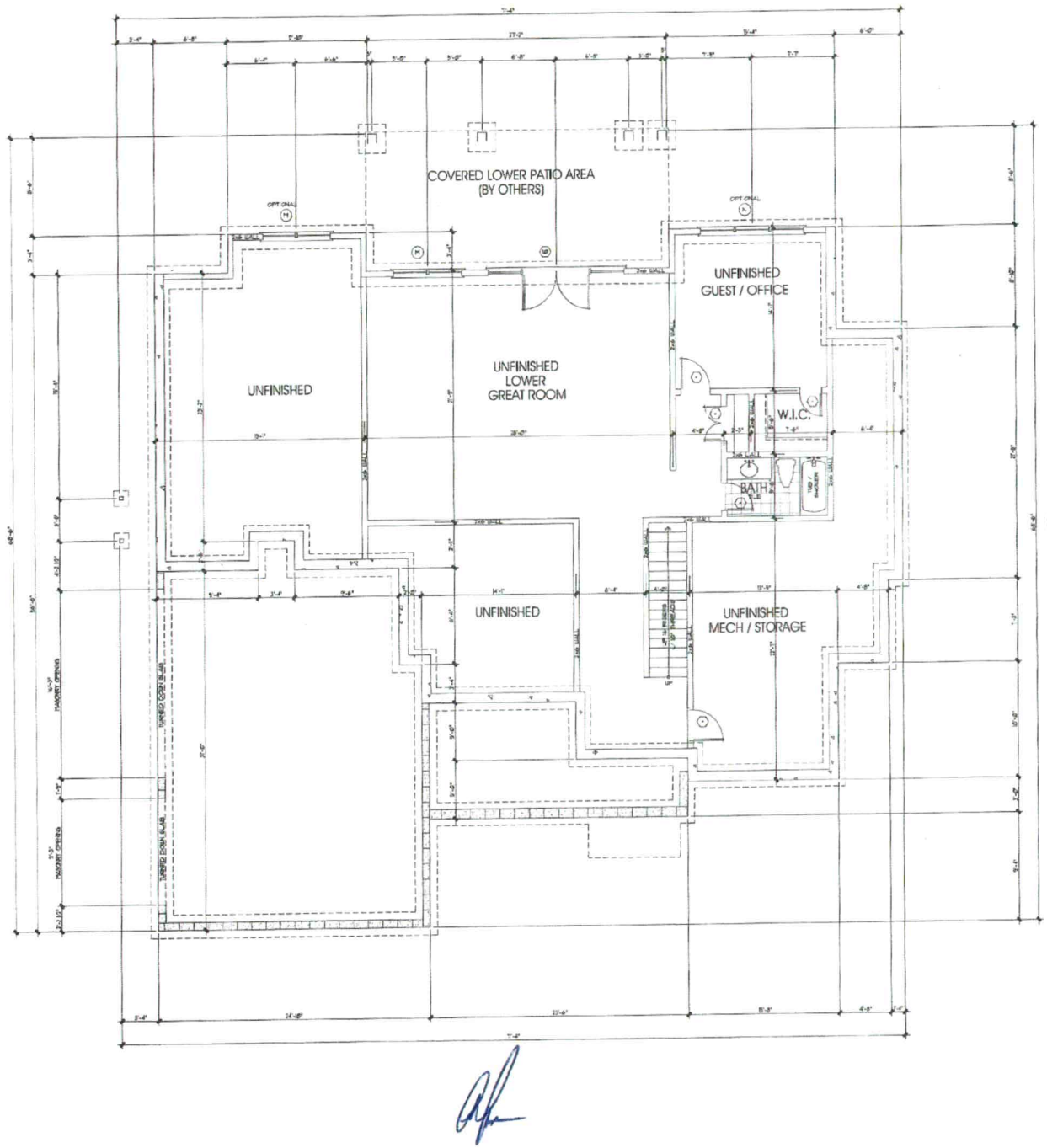
Signature _____ Lakeshore Holdings, LLC dba Lakemist Homes **Date** 12/21/21

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

71'4"



68'6"

NOTES:

- TYPICAL BASEMENT SLAB TO BE 4" TH CIC CONCRETE @ 6x6 - 10/10 WELDED WIRE MESH OR FIBER MESH OVER VAPOR BARRIER OVER 4" COMPACTED GRAVEL BASE
- SEE FRAMING NOTE 16 ON COVER SHEET FOR TYPICAL HEADER INFORMATION UNLESS NOTED OTHERWISE
- FOUNDATION WALL TO BE 10" THICK POURED CONCRETE- SEE DETAIL SHEETS FOR DETAILS ON REINFORCEMENT, ETC.
- TYPICAL EXTERIOR FOOTING TO BE 24"x12" THICK WITH 2-#4 BARS CONTINUOUS # BASEMENT CONDITIONS # 24"x10" TH CIC WITH 2-#4 BARS CONTINUOUS # GARAGE CONDITIONS
- SLAB INSULATION TO BE R-9 MINIMUM 24" AT PERIMETER OF FOUNDATION WALL
- TERMITE CONTROL SHALL BE BY CHEMICAL SOIL TREATMENT OR OTHER METHODS APPROVED BY THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE
- ALL EXTERIOR STUDS TO BE 2x6 @ 16" O.C. INTERIOR WALLS TO BE 2x4 @ 12" O.C. UNLESS BEARING. BEARING WALL TO BE 2x6 @ 16" O.C.
- ALL ANGLED WALLS ARE 45° U.N.O.
- ■ INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS UNLESS NOTED OTHERWISE
- PROVIDE DRAIN AT ANY MECHANICAL LOCATION SLOPE CONCRETE TOWARDS DRAIN
- PROVIDE FOUNDATION DRAIN ON FILL SIDE OF SLAB, 4 DRAIN TO DAYLIGHT
- STUB IN PLUMBING FOR ALL FUTURE AREAS
- ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE
- PROVIDE BEAM POCKET IN POURED WALL IF REQUIRED FOR BEARING OF DROPPED BEAM

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2'-5" x 6'-8"	ENTRY w/ 12" TRANSOM
2	2'-2" x 6'-8"	FRENCH
3	2'-6" x 6'-8"	SOLID PANEL
4	5'-0" x 6'-8"	SOLID PANEL
5	2'-6" x 6'-8"	SOLID PANEL
6	2'-6" x 6'-8"	SOLID PANEL
7	2'-6" x 6'-8"	RIBS PLATED
8	2'-1" x 6'-8"	SOLID PANEL
9	2'-6" x 6'-8"	SOLID PANEL
10	4'-5" x 6'-8"	EXT. FRENCH w/ (2) FIXED
11	3'-0" x 6'-8"	CASED OPENING
12	7'-0" x 6'-8"	CASED OPENING
13	10'-0" x 8'-0"	CASED OPENING
14	10'-0" x 8'-0"	CASED OPENING
15	2'-8" x 6'-8"	SOLID PANEL
16	2'-1" x 6'-8"	SOLID PANEL
17	2'-4" x 6'-8"	SOLID PANEL
18	2'-4" x 6'-8"	SOLID PANEL
19	2'-2" x 6'-8"	SOLID PANEL
20	5'-0" x 6'-8"	CASED OPENING
21	2'-8" x 6'-8"	EXT. HALF LITE

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3'-5" x 5'-0"	SINGLE HUNG w/ 12" TRANSOM
B	2'-2" x 6'-0"	SINGLE HUNG w/ 6" TRANSOM
C	2'-2" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
D	2'-0" x 4'-0"	SINGLE HUNG
E	2'-0" x 2'-0"	FIXED
F	4'-0" x 3'-0"	SINGLE HUNG
G	3'-0" x 5'-0"	SINGLE HUNG
H	2'-3" x 3'-0"	SINGLE HUNG
J	2'-3" x 4'-0"	SINGLE HUNG
K	2'-3" x 4'-0"	SINGLE HUNG
L	2'-2" x 4'-0"	SINGLE HUNG
M	2'-3" x 6'-0"	SINGLE HUNG
N	2'-3" x 5'-0"	SINGLE HUNG
P	2'-3" x 5'-0"	SINGLE HUNG
Q	2'-3" x 6'-0"	FIXED
R	2'-0" x 4'-0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,463 SQFT
UPPER LEVEL	1,607 SQFT
TOTAL HEATED	4,076 SQFT
UNF. LOWER LEVEL	1,208 SQFT
BONUS ROOM	431 SQFT
UNFINISHED	772 SQFT
MECH/ STORAGE	473 SQFT
THREE CAR GARAGE	765 SQFT
FRONT PORCH	204 SQFT
COV'D LOWER PATIO	330 SQFT
TOTAL UNDER ROOF	8,250 SQFT

Ruddy Designs
704.631.6031
www.ruddydesigns.com

LAKEMIST HOMES

PLAN INFO.

A New Custom Residence
The Morris Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DR | CHECKED BY:

DATE: -

DRAWING TITLE:
LOWER LEVEL PLAN

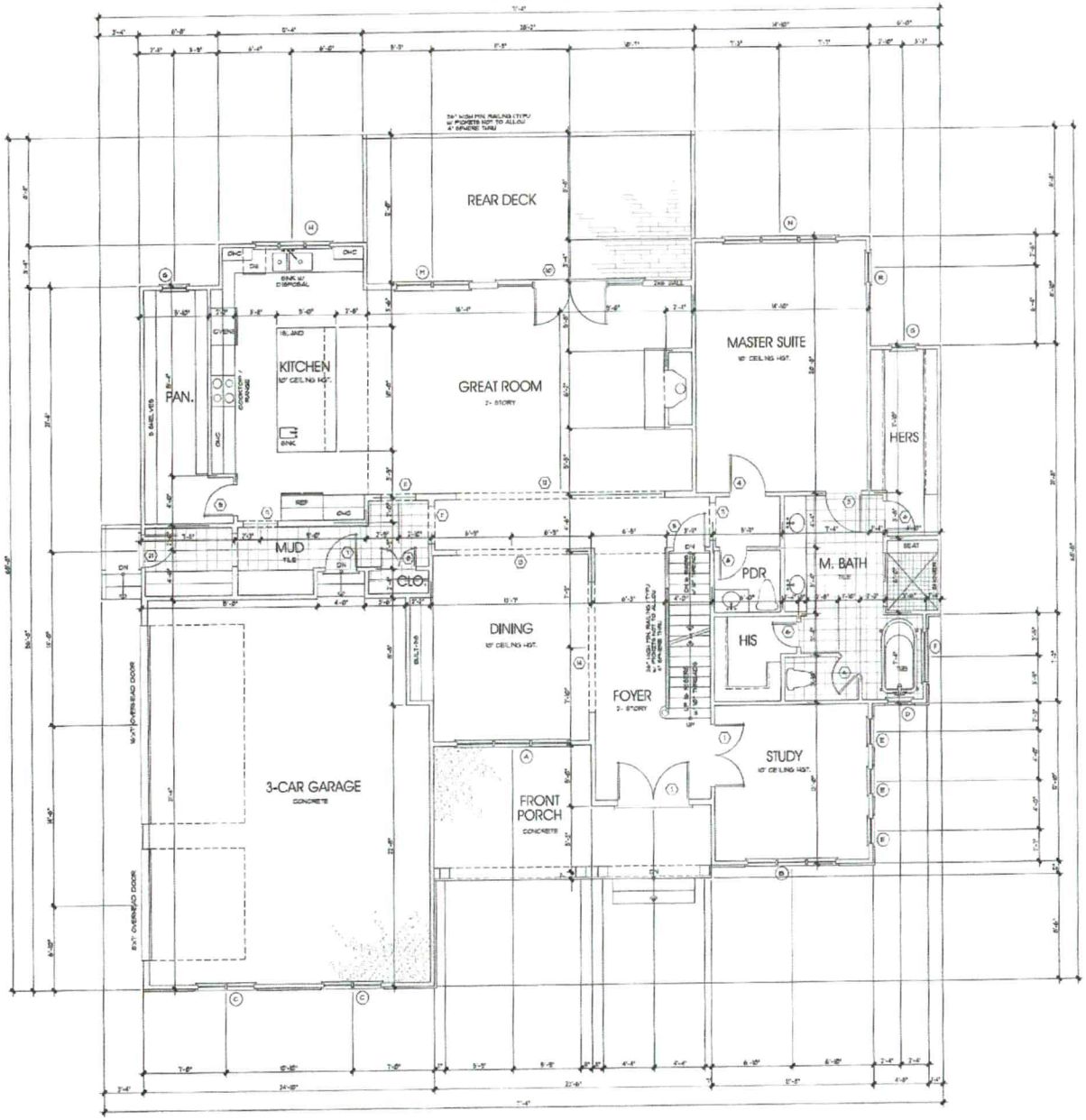
SCALE: 1/4" = 1'-0"

SHEET NO.
-

OF - SHEETS

71'4"

68'8"



NOTES:

ALL ANGLED WALLS ARE 45° UNO.

HB INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS UNO

SEE FRAMING NOTE 14 FOR HEADER SIZES UNLESS NOTED ON PLAN

ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

EXTERIOR WALL HEIGHT (h)	STUD SIZE/ SPACING
h ≤ 10'	2x6 @ 16" o/c
10' < h ≤ 11'	2x6 @ 12" o/c
11' < h ≤ 13'	2x6 @ 8" o/c
h > 13'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 10' IN HEIGHT

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	2'-3" x 6'-8"	ENTRY w/ 0" TRANSOM
2	2'-2" x 6'-8"	FRENCH
3	2'-0" x 6'-8"	SOLID PANEL
4	3'-0" x 6'-8"	SOLID PANEL
5	2'-6" x 6'-8"	SOLID PANEL
6	2'-8" x 6'-8"	SOLID PANEL
7	2'-0" x 6'-8"	FIRE RATED
8	2'-10" x 6'-8"	SOLID PANEL
9	2'-4" x 6'-8"	SOLID PANEL
10	4'-0" x 6'-8"	EXT. FRENCH w/ (2) FIXED
11	3'-0" x 6'-8"	CASED OPENING
12	7'-0" x 6'-8"	CASED OPENING
13	9'-0" x 8'-0"	CASED OPENING
14	16'-0" x 8'-0"	CASED OPENING
15	2'-8" x 6'-8"	SOLID PANEL
16	2'-10" x 6'-8"	SOLID PANEL
17	2'-4" x 6'-8"	SOLID PANEL
18	2'-8" x 6'-8"	SOLID PANEL
19	2'-2'' x 6'-8"	SOLID PANEL
20	3'-0" x 6'-8"	CASED OPENING
21	2'-8" x 6'-8"	EXT. HALF LITE

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	3'-3" x 5'-0"	SINGLE HUNG w/ 12" TRANSOM
B	2'-2" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
C	2'-2" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
D	2'-0" x 4'-0"	SINGLE HUNG
E	2'-0" x 2'-0"	FIXED
F	4'-0" x 3'-0"	SINGLE HUNG
G	2'-0" x 5'-0"	SINGLE HUNG
H	2'-2'' x 3'-0"	SINGLE HUNG
J	2'-2'' x 4'-0"	SINGLE HUNG
K	2'-2" x 4'-0"	SINGLE HUNG
L	2'-2" x 4'-0"	SINGLE HUNG
M	2'-5" x 6'-0"	SINGLE HUNG
N	2'-3" x 5'-0"	SINGLE HUNG
P	2'-3" x 5'-0"	SINGLE HUNG
Q	2'-3" x 6'-0"	FIXED
R	2'-0" x 4'-0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,469 SQFT.
UPPER LEVEL	1,607 SQFT.
TOTAL HEATED	4,076 SQFT.
UNF. LOWER LEVEL	1200 SQFT.
BONUS ROOM	491 SQFT.
UNFINISHED	772 SQFT.
TECH. STORAGE	472 SQFT.
THREE CAR GARAGE	765 SQFT.
FRONT PORCH	284 SQFT.
COVD LOWER PATIO	330 SQFT.
TOTAL UNDER ROOF	8,250 SQFT.

Rodney Bruns Designs
704.631.6031
www.rodneybrunsdesigns.com

LAKEMIST HOMES

PLAN INFO.

A New Custom Residence

The Morris Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DJR

CHECKED BY:

DATE: -

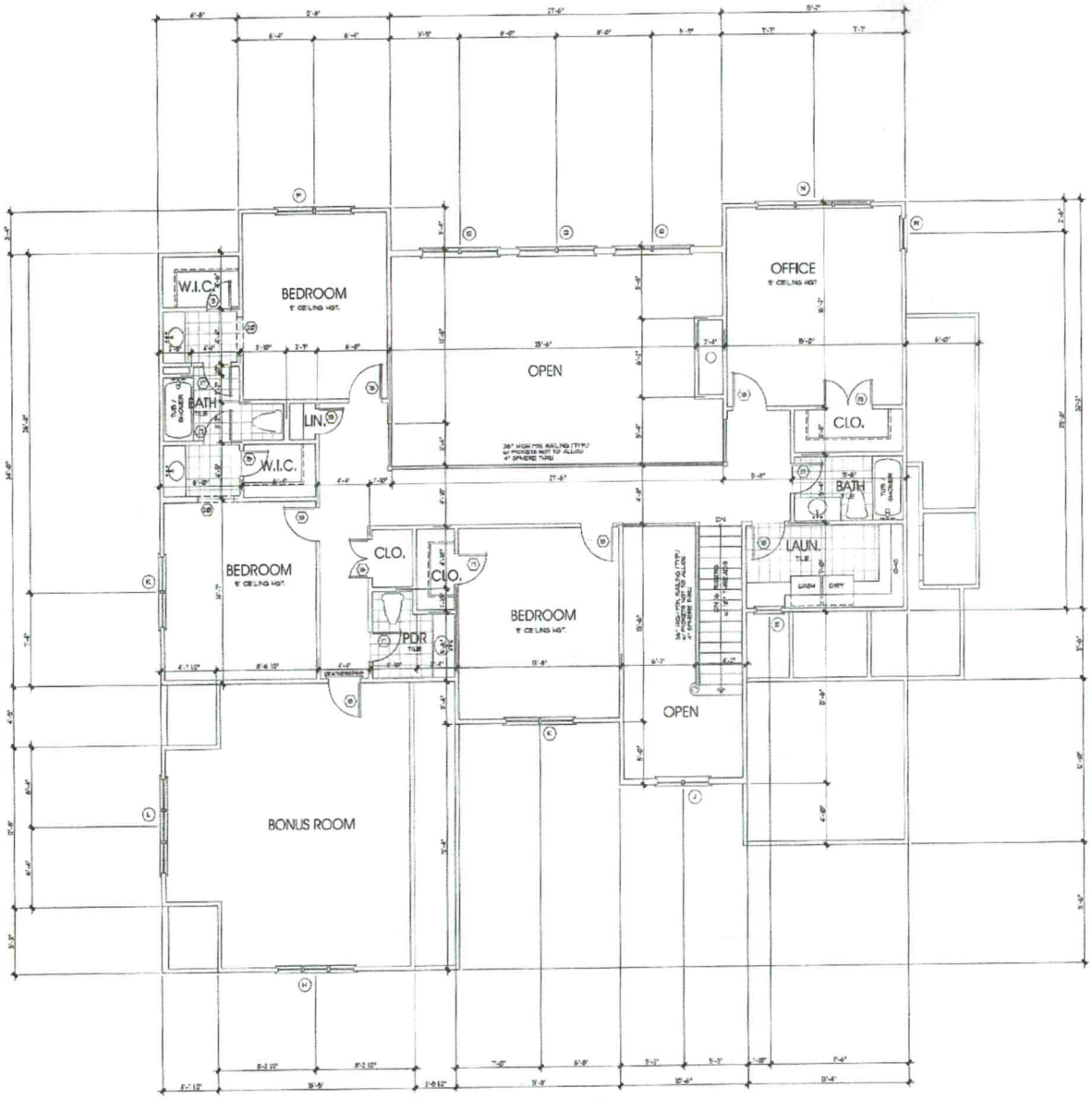
DRAWING TITLE:
MAIN LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO.: -

OF - SHEETS

62'



60'

NOTES:

ALL ANGLED WALLS ARE 45° U.N.O.

• ⊞ INDICATES BLOCKING FOR ABOVE CONCENTRATED LOADS AND ROOF BRACING POINT LOADS U.N.O.

SEE FRAMING NOTE 14 FOR HEADER SIZES UNLESS NOTED ON PLAN

ALL DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE

WEATHERSTRIP ALL DOORS INTO ATTIC SPACE

EXTERIOR WALL HEIGHT	STUD SIZE/ SPACING
h ≤ 8'	2x4 @ 16" o.c.
10' ≤ h ≤ 12'	2x4 @ 12" o.c.
12' ≤ h ≤ 16'	2x6 @ 16" o.c.
h > 16'	CONSULT ENG.

GARAGE WALL TO BE 2x6 @ 16" O.C. IF EXCEEDING 10' IN HEIGHT

DOOR SCHEDULE

#	SIZE	DESCRIPTION
1	3'-0" x 6'-8"	ENTRY w/ 12" TRANSOM
2	2'-0" x 6'-8"	FRENCH
3	2'-6" x 6'-8"	SOLID PANEL
4	3'-0" x 6'-8"	SOLID PANEL
5	2'-6" x 6'-8"	SOLID PANEL
6	2'-6" x 6'-8"	SOLID PANEL
7	2'-6" x 6'-8"	FIRE RATED
8	2'-1" x 6'-8"	SOLID PANEL
9	2'-6" x 6'-8"	SOLID PANEL
10	4'-0" x 6'-8"	EXT. FRENCH w/ (2) FIXED
11	3'-0" x 6'-8"	CASED OPENING
12	11'-0" x 8'-0"	CASED OPENING
13	9'-0" x 8'-0"	CASED OPENING
14	16'-0" x 8'-0"	CASED OPENING
15	2'-6" x 6'-8"	SOLID PANEL
16	2'-1" x 6'-8"	SOLID PANEL
17	2'-6" x 6'-8"	SOLID PANEL
18	2'-6" x 6'-8"	SOLID PANEL
19	2'-0" x 6'-8"	SOLID PANEL
20	3'-0" x 6'-8"	CASED OPENING
21	2'-6" x 6'-8"	EXT. HALF LITE

WINDOW SCHEDULE

#	SIZE	DESCRIPTION
A	3'-0" x 5'-0"	SINGLE HUNG w/ 12" TRANSOM
B	3'-0" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
C	2'-0" x 6'-0"	SINGLE HUNG w/ 12" TRANSOM
D	2'-0" x 4'-0"	SINGLE HUNG
E	2'-0" x 2'-0"	FIXED
F	4'-0" x 3'-0"	SINGLE HUNG
G	3'-0" x 3'-0"	SINGLE HUNG
H	3'-0" x 3'-0"	SINGLE HUNG
J	2'-0" x 4'-0"	SINGLE HUNG
K	3'-0" x 4'-0"	SINGLE HUNG
L	3'-0" x 4'-0"	SINGLE HUNG
M	2'-0" x 6'-0"	SINGLE HUNG
N	3'-0" x 5'-0"	SINGLE HUNG
P	2'-0" x 5'-0"	SINGLE HUNG
Q	3'-0" x 6'-0"	FIXED
R	2'-0" x 4'-0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,489 SQ.FT.
UPPER LEVEL	1,801 SQ.FT.
TOTAL HEATED	4,078 SQ.FT.
UNF. LOWER LEVEL	1,200 SQ.FT.
BONUS ROOM	431 SQ.FT.
UNFINISHED	712 SQ.FT.
MECH/ STORAGE	472 SQ.FT.
THREE CAR GARAGE	765 SQ.FT.
FRONT PORCH	204 SQ.FT.
COVD LOWER PATIO	330 SQ.FT.
TOTAL UNDER ROOF	8,250 SQ.FT.

Rabbit Road DESIGNS
704.631.6031
www.rabbitroaddesigns.com

LAKEMIST HOMES

PLAN INFO.

A New Custom Residence

The Morris Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DR

CHECKED BY:

DATE: -

DRAWING TITLE: UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO: -

OF - SHEETS