ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 309430

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

PIN # 4625--50--4607

APPLICANT/OWNER: Natalie Boschele | APPLICANT ADDRESS: 132 Lightship Dr. Mooresville, NC 28117

SITE ADDRESS: 132 Lightship Dr., Mooresville NC 28117 | PHONE: 704-400-7525 | ALT. PHONE

SITE DIRECTIONS: (W) Brawley School Rd → (R) Lightship → lot on (R)

SUBDIVISION: The Point | SECTION: 8 | LOT # 821 | LOT AREA: 1.009 ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3 (I&R) existing

Septic Tank	1500 min (gal)	STB	390	Date	6/7/21	☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1500 (gal)	PT	353	Date	10/16/21	System Description:	Relocation of tanks + Ex. 25% red.
Pump Make	Zoeller	Model	N60511H	Serial #	1/2 hp	Repair System Description:	LPPDBPS
# Nitrification Fields		# Lines		Linear Ft	400'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	EXISTING	Trench Bottom Depth (Low Side)		Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms: 4 | No. Persons: 8 | No. Employees:

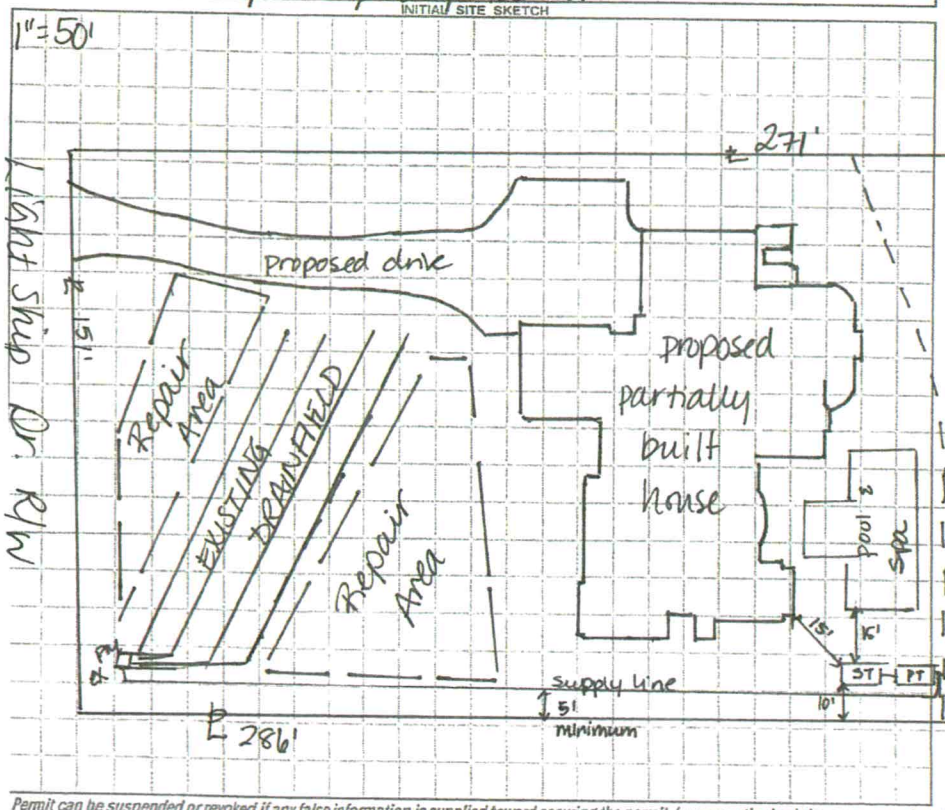
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: Old tanks have been removed. Purpose of this permit is to include the swimming pool & verify location of septic & pump tanks.

Must verify pressure head, electrical, alarm once tanks set.

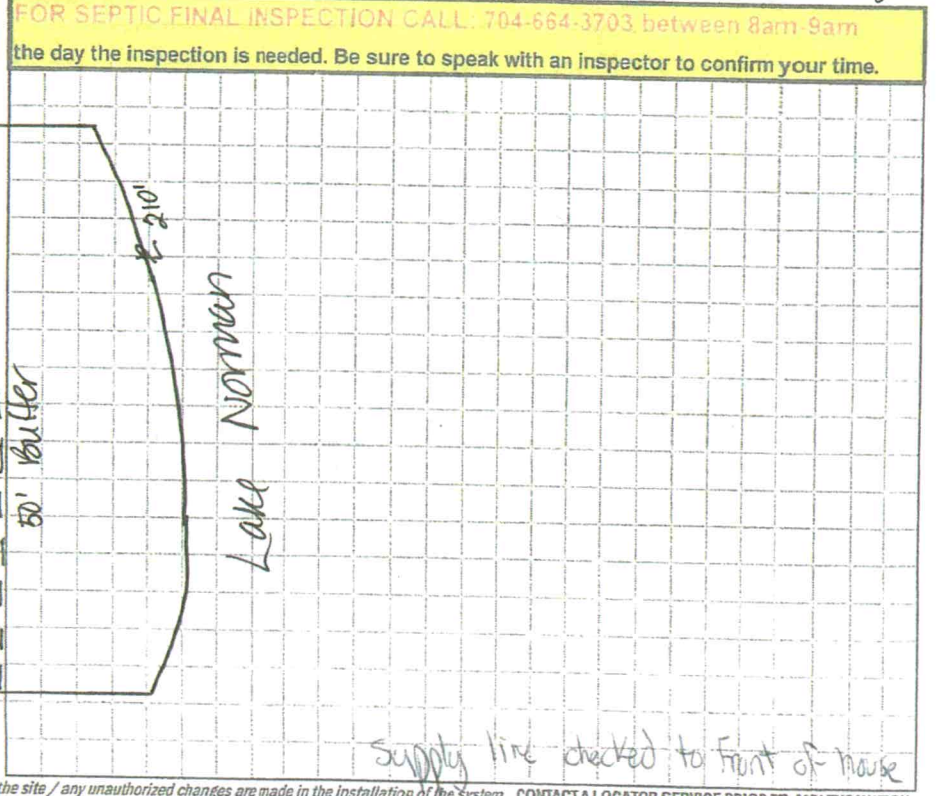
Keep tanks 15' from water's edge, 5' from patio slab. (Hook req. 1500 gal min)

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: | Date:

Installed by: Piedmont Backhoe

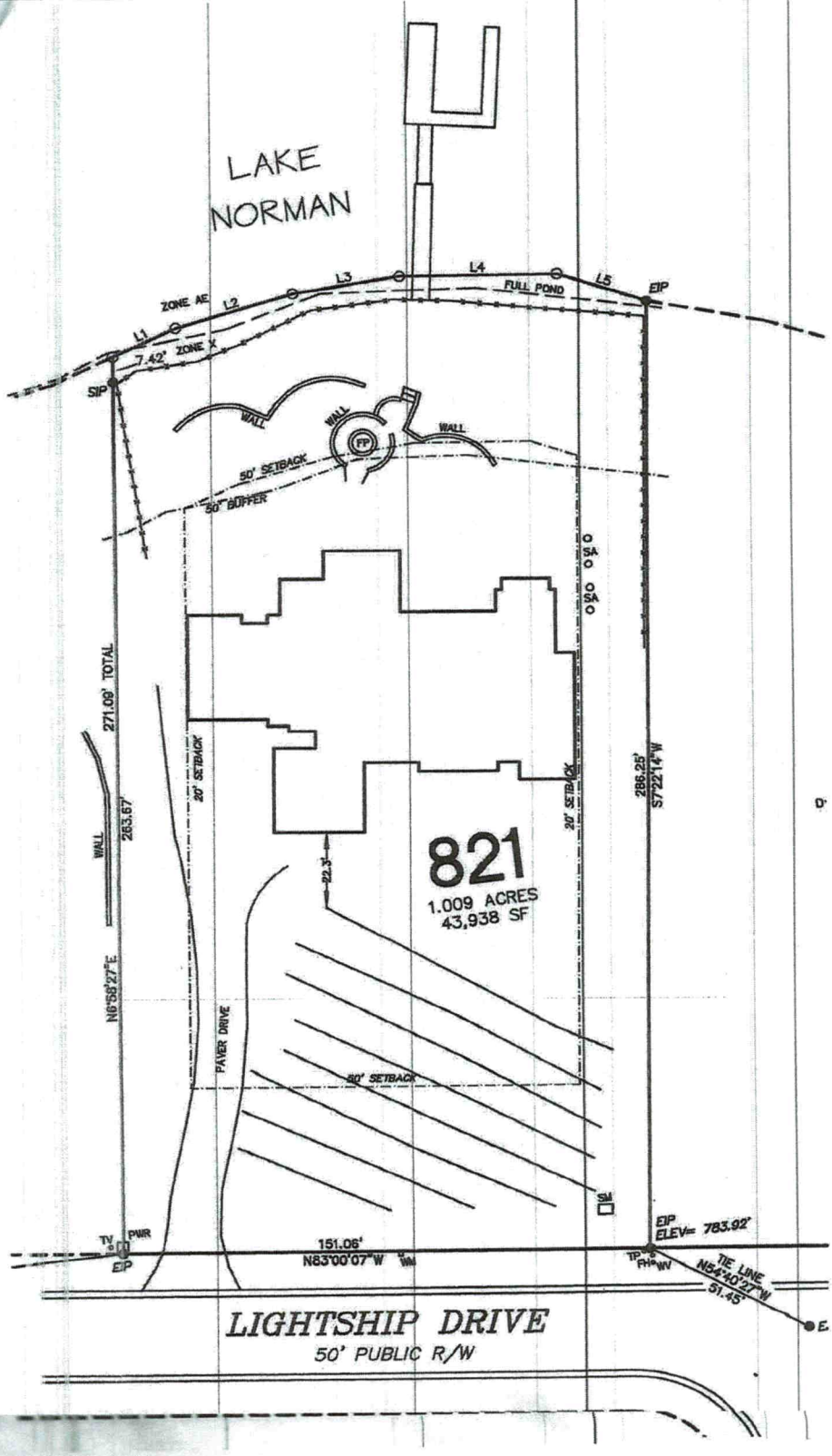
IMPROVEMENT PERMIT by: D. Wiebers | Date: 7/2/21

OPERATION PERMIT by: Cory Whit | Date: 4/25/23

AUTHORIZATION TO CONSTRUCT by: D. Wiebers | Date: 7/2/21

Existing System Inspected by: | Date:

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


LAKE
NORMAN
L1
L2
L3
L4
L5
ZONE AE
ZONE X
7.42'
FULL POND
EIP
SIP
WALL
WALL
WALL
FP
50' SETBACK
50' BUFFER
SA
SA
271.09' TOTAL
263.67'
WALL
N16°58'27"E
20' SETBACK
20' SETBACK
286.25'
S7°22'14"W
22.3'
821
1.009 ACRES
43,938 SF
PAVER DRIVE
50' SETBACK
MH
EIP
ELEV= 783.92'
TV
PWR
EIP
151.06'
N83°00'07"W
WM
TP
FH
WV
TIE LINE
N54°40'27"W
51.45'
E.
LIGHTSHIP DRIVE
50' PUBLIC R/W

...ION OF ENVIRONMENTAL HEALTH
SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

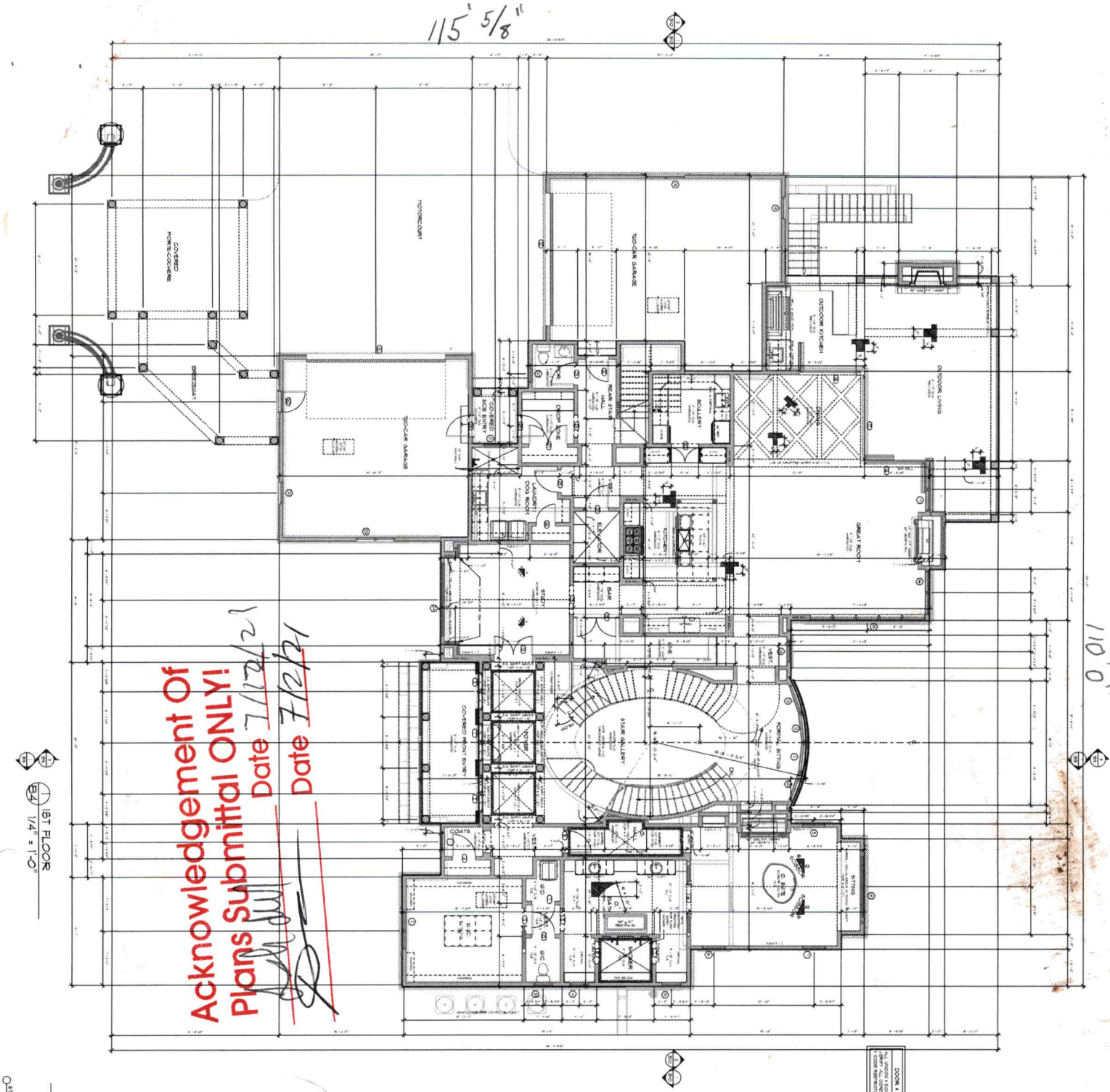
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

...NER: ____ APPLICANT: ____
DRESS: ____ APPLICATION DATE: ____ DATE EVALUATED: 7-23-01
...OPOSED FACILITY ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
...CATION OF SITE: Lot 821 ph 2 Rolff PROPERTY RECORDED: ____
...TER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
...ALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
...PE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

.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 & ETAR
MID	0-13	dk brn sandy loam	loose					3
	B 38	SAB RC	friable					
	38-46	SAB gry CL	firm/wet					
(2)	0-8	dkg brown loamy sand	friable					.3
	8-23	SAB RC	friable					
	23-48	mottled gry CL	firm/wet					
(3)	0-7	dk brn loamy sand	friable					.3
	7-28	sat brn RC	friable					
	28-40	mottled gry CL	firm/wet					

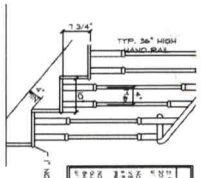
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
...vailable Space (.1945)		
...stem Type(s)		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____



B4 1ST FLOOR
1/4" = 1'-0"

FIRST FLOOR TO SECOND FLOOR STAIR DETAIL
STAIR SPECS



STAIR SPECS
NOTE: ALL RISERS ARE EQUAL IN HEIGHT AND ALL TREADS ARE EQUAL IN WIDTH

NOTE: WINDOW SIZES SHOWN ON PLAN MAY NOT REPRESENT THE FINAL WINDOW SIZES. REFER TO WINDOW SCHEDULE FOR FURNISHED SIZES.

FIRST FLOOR WINDOW SCHEDULE

NO.	LABEL	WIDTH	HEIGHT	COMMENTS
1	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
2	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
3	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
4	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
5	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
6	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
7	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
8	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
9	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
10	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
11	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
12	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
13	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
14	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
15	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
16	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
17	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
18	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
19	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
20	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
21	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
22	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
23	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
24	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
25	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
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30	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
31	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
32	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
33	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM
34	3' 1' 3'	7' - 0"	5' - 0"	DOUBLE CASEMENT TOP EACH W/ 2 ELLIPTICAL TRANSOM

FIRST FLOOR DOOR SCHEDULE

NO.	LABEL	WIDTH	HEIGHT	COMMENTS
1	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
2	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
3	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
4	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
5	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
6	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
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33	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM
34	3' 2' 3'	8' - 0"	8' - 0"	DOUBLE DOOR TOP EACH W/ 2 ELLIPTICAL TRANSOM

DOOR + WINDOW NOTE
THE WOOD DOOR SIZES SHOWN ON PLAN MAY NOT REPRESENT THE FINAL DOOR SIZES. REFER TO DOOR SCHEDULE FOR FURNISHED SIZES.

GENERAL FLOOR PLAN NOTES
SEE SHEET S1 FOR ADDITIONAL FRAMING NOTES

1. ALL RISERS ARE EQUAL IN HEIGHT AND ALL TREADS ARE EQUAL IN WIDTH.
2. PROVIDE 24" (MIN.) SEPARATION BETWEEN TOP OF GAS VENT AND BOTTOM OF GARAGE FLOOR FRAMING (IF APPLICABLE).
3. PROVIDE 18" (MIN.) SEPARATION BETWEEN TOP OF GAS METER AND BOTTOM OF GARAGE FLOOR FRAMING (IF APPLICABLE).
4. ALL ANGLES ARE @ 45 DEGREES (U.N.O.)
5. ALL INTERIOR DOORS ARE 6" FROM WALL TO CLOSEST EDGE OF DOOR (U.N.O.)
6. ALL INTERIOR DOORS ARE 4" FROM WALL TO CLOSEST EDGE OF DOOR (U.N.O.)
7. ALL INTERIOR DOORS ARE 6" FROM WALL TO CLOSEST EDGE OF DOOR (U.N.O.)
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33. ALL INTERIOR DOORS ARE 6" FROM WALL TO CLOSEST EDGE OF DOOR (U.N.O.)
34. ALL INTERIOR DOORS ARE 4" FROM WALL TO CLOSEST EDGE OF DOOR (U.N.O.)

SHEET: B4

DATE: JUNE 16, 2020

JOB NUMBER: 1088 - KBH - NEW

REVISIONS:

SMITH | SLOVIK
residential design group
TROY S. SMITH 704.641.3544
DAVE SLOVIK 704.560.9919
1307 W MOREHEAD ST. SUITE 105
CHARLOTTE, NC 28208
WWW.SMITHSLOVIK.COM

BOSCHELE RESIDENCE

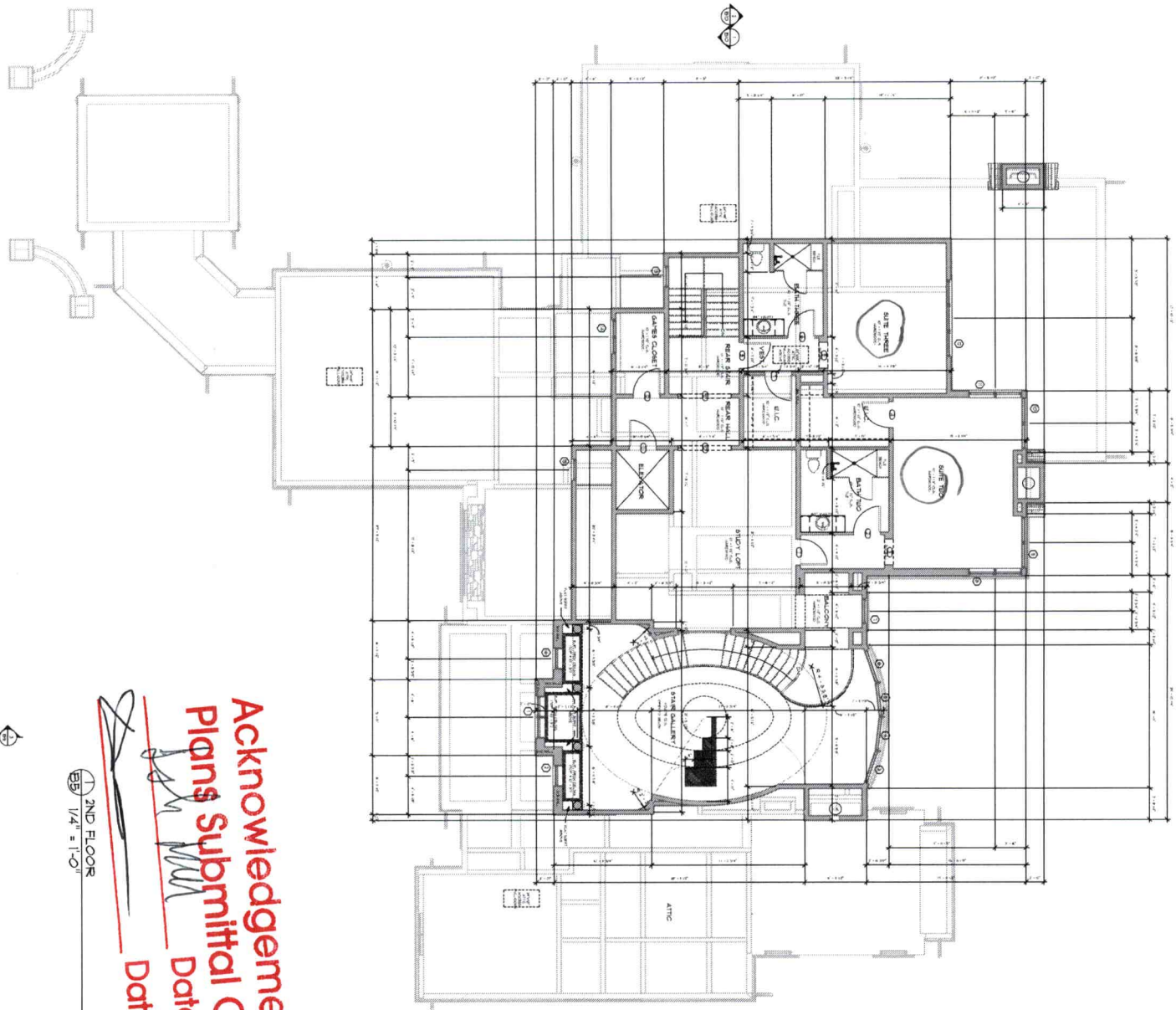
132 LIGHTSHIP DRIVE

IN

MOORESVILLE, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

BUILDER:



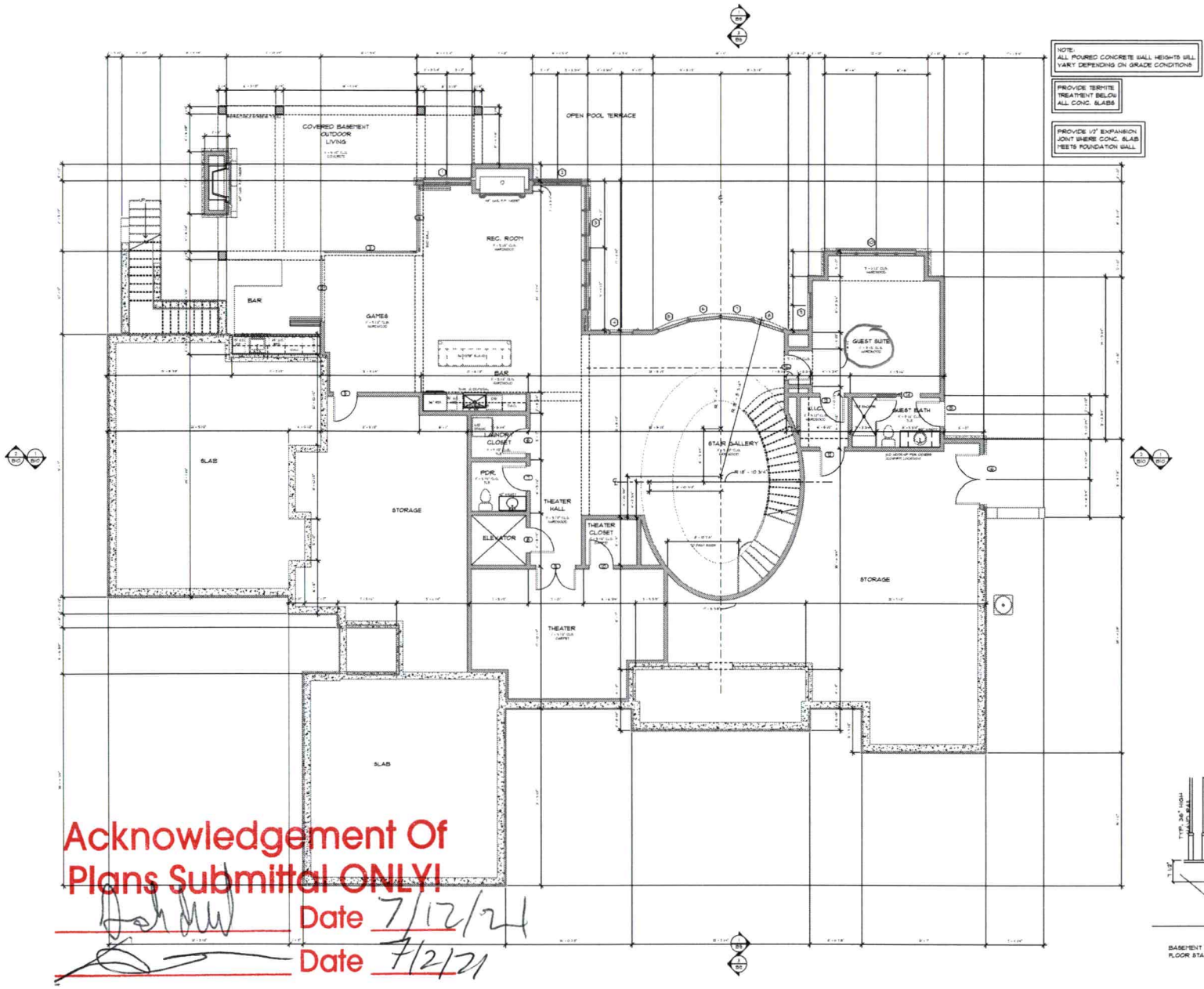
B5 2ND FLOOR
1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!
Date 7/12/21
Date 7/12/21

DOOR LINTEL NOTE
ALL DOORS TO HAVE LINTELS AS SHOWN ON ELEVATIONS. VERIFY ALL CONDITIONS & MANUFACTURER'S DOOR RESTRICTIONS

SECOND FLOOR WINDOW SCHEDULE

QTY	WIDTH	HEIGHT	TYPE
1	2'-6"	6'-0"	CASEMENT
1	2'-6"	6'-0"	CASEMENT
1	2'-6"	6'-0"	CASEMENT



NOTE:
ALL POURED CONCRETE WALL HEIGHTS WILL VARY DEPENDING ON GRADE CONDITIONS

PROVIDE TERMITE TREATMENT BELOW ALL CONC. SLABS

PROVIDE 1/2" EXPANSION JOINT WHERE CONC. SLAB MEETS FOUNDATION WALL

GENERAL FLOOR PLAN NOTES

1. SEE SHEET S04 FOR ADDITIONAL FRAMING NOTES.
2. ALL HEADERS ARE (2) 2x8 U.N.O.
3. PROVIDE 1/2" DRYWALL SEPARATION BETWEEN WALLS OF GARAGE + HOUSE. PROVIDE 5/8" TYPE 'X' DRYWALL SEPARATION ON CEILING OF GARAGE. (TABLE R302.6)
4. BUILD UP FLOOR AREAS AS REQUIRED TO HAVE FLUSH FLOOR FINISHES AT DIFFERENT MATERIALS - PER PLAN.
5. ALL ANGLES ARE 45 DEGREES U.N.O.
6. ALL INTERIOR DOORS ARE 6" FROM WALL UNLESS DIMENSIONED OTHERWISE.
7. INSTALL DBL. JOIST UNDER ALL PARALLEL PARTITION WALLS U.N.O.
8. INSTALL A MIN. OF (3) 2x4 STUDS UNDER ALL BEAMS, LVL'S, OR BUILT-UP, AT THE FIRST FLOOR LEVEL U.N.O.
9. ALL EXTERIOR WALLS TO HAVE 7/16" OSB SHEATHING FASTENED W/ 8d NAILS @ 6" o.c. AROUND EDGES + 12" o.c. IN FIELD
10. ALL EXTERIOR STUD WALLS TO BE 2x6 @ 16" o.c. U.N.O.
11. SEE STRUCTURAL SHEETS FOR ALL POINT LOADS, BEAMS, HEADERS, + JOIST LAYOUTS. PER STRUCTURAL ENGINEER DRAWINGS.
12. U.N.O. = UNLESS NOTED OTHERWISE
13. ALL INTERIOR STUD WALLS TO BE 2x4 @ 16" O.C. U.N.O.

DOOR & WINDOW NOTE

ALL WINDOW + DOOR SIZES ARE NOMINAL VERIFY ALL CONDITIONS W/ MANUFACTURER + CODE RESTRICTIONS.

BASEMENT DOOR SCHEDULE

	Width	Height	Comments
1	3' - 0"	8' - 0"	CONCRETE OPENING
2	8' - 0"	10' - 0"	TRIPLE - ACCORDION ST.ACKING GLASS
3	7' - 8"	10' - 0"	TRIPLE - ACCORDION ST.ACKING GLASS
4	8' - 0"	10' - 0"	TRIPLE - ACCORDION ST.ACKING GLASS
5	3' - 0"	8' - 0"	SINGLE-PANELED (30 MIN. R.R.)
6	3' - 0"	8' - 0"	SINGLE-PANELED
7	3' - 0"	8' - 0"	SINGLE-PANELED
8	3' - 0"	8' - 0"	SINGLE-PANELED
9	5' - 0"	8' - 0"	DBL-PANELED
10	3' - 0"	8' - 0"	SINGLE-PANELED
11	3' - 0"	8' - 0"	SINGLE-PANELED
12	3' - 0"	8' - 0"	SINGLE-PANELED (30 MIN. R.R.)
13	3' - 0"	8' - 0"	SINGLE-PANELED
14	3' - 0"	8' - 0"	SINGLE-PANELED POCKET
15	3' - 0"	8' - 0"	SINGLE-PANELED EXTERIOR
A	6' - 0"	8' - 0"	TWIN-PANELED EXTERIOR

BASEMENT WINDOW SCHEDULE

	Width	Height	Notes
1	3' - 0"	1' - 0"	TWIN-CASEMENT (TEMPERED) @ 24 IN TRANSOM (36" EACH)
2	3' - 0"	1' - 0"	TWIN-CASEMENT (TEMPERED) @ 24 IN TRANSOM (36" EACH)
3	3' - 0"	1' - 0"	QUINT-CASEMENT (TEMPERED) @ 24 IN TRANSOM (36" EACH)
4	3' - 0"	1' - 0"	SINGLE-CASEMENT (TEMPERED) @ 24 IN TRANSOM
5	4' - 0"	10' - 0"	SINGLE-FIXED CASEMENT (TEMPERED)
6	4' - 0"	10' - 0"	SINGLE-FIXED CASEMENT (TEMPERED)
7	4' - 0"	10' - 0"	SINGLE-FIXED CASEMENT (TEMPERED)
8	4' - 0"	10' - 0"	SINGLE-FIXED CASEMENT (TEMPERED)
9	3' - 0"	1' - 0"	SINGLE-CASEMENT (TEMPERED)
10	3' - 6"	1' - 0"	QUAD-CASEMENT (TEMPERED) (30" EACH)

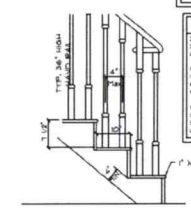
NOTE:
HANDRAILS + BALUSTERS SHOWN MAY NOT REPRESENT THE FINAL PRODUCT. THIS DRAWING IS FOR CODE PURPOSES ONLY.

STAIR SPECS.

12 RISERS @ 7" EACH
11 TREADS @ 10" EACH
w/ 1" NOSING

NOTE:
VERIFY ACTUAL CONDITIONS & FLOOR FINISH MATERIALS PRIOR TO STAIR FABRICATION

NOTE:
GUARD RAILS + HANDRAILS SHALL BE IN COMPLIANCE W/ 2018 N.C.R.C.



BASEMENT TO FIRST FLOOR STAIR DETAIL

Acknowledgement Of Plans Submittal ONLY!

Date 7/12/24

Date 7/12/24

B3 BASEMENT
1/4" = 1'-0"

BUILDER:

BOSCHELE RESIDENCE
132 LIGHTSHIP DRIVE
IN
MOORESVILLE, NORTH CAROLINA

NOTE: GENERAL CONTRACTOR TO VERIFY ALL DIMENSIONS AND ANGLES IN FIELD.

SMITH | SLOVIK residential design group
TROY S. SMITH 704.641.3944
DAVE SLOVIK 704.560.9919
1307 W MOREHEAD ST. Suite 105
CHARLOTTE, NC 28208
WWW.SMITHSLOVIK.COM

DATE: JUNE 18, 2020
JOB NUMBER: 1088 - KSH - VEU
REVISIONS:

SHEET: B3

DocuSign Envelope ID: 2D08BBF1-7A73-44F3-B680-F7A83EE23201

RECEIVED MAY 1 2 2021

Pool to be marked

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED * Septic Re-layout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-317717 $250.00

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 MO THS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accon any 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: Blue Haven Pools Address: 1522 Cross Beam Dr. Charlotte, NC Zip: 28217
Applicant Email: mbonnema@bluehavennc.com Phone: 704-889-1300 Alt. Phone: _____
Owner Name: Natalie Boschele Address: 132 Lightship Dr. Mooresville Zip: 28117
Owner Email: Natalie@myidealrealty.com Phone: 704-400-7525 Alt. Phone: _____

Property Information:

Street Address: 132 Lightship Dr. Mooresville, NC 28117
Subdivision Name: The Point Section/Phase: _____ Lot Number: 821
Driving Directions: From Charlotte: 77N to NC-1100 Brawley School Rd. keep left for Brawley School Rd. At traffic circle take 2nd exit to NC-1100 to Lightship Dr.

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

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 4
(✓) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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: Re-layout

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.

DocuSigned by:
Signature: Natalie Boschele 5/7/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

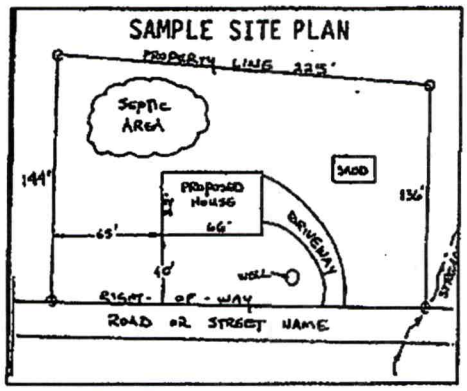
DocuSign Envelope ID: 2D08BBF1-7A73-44F3-B680-F7A83EE23201

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:

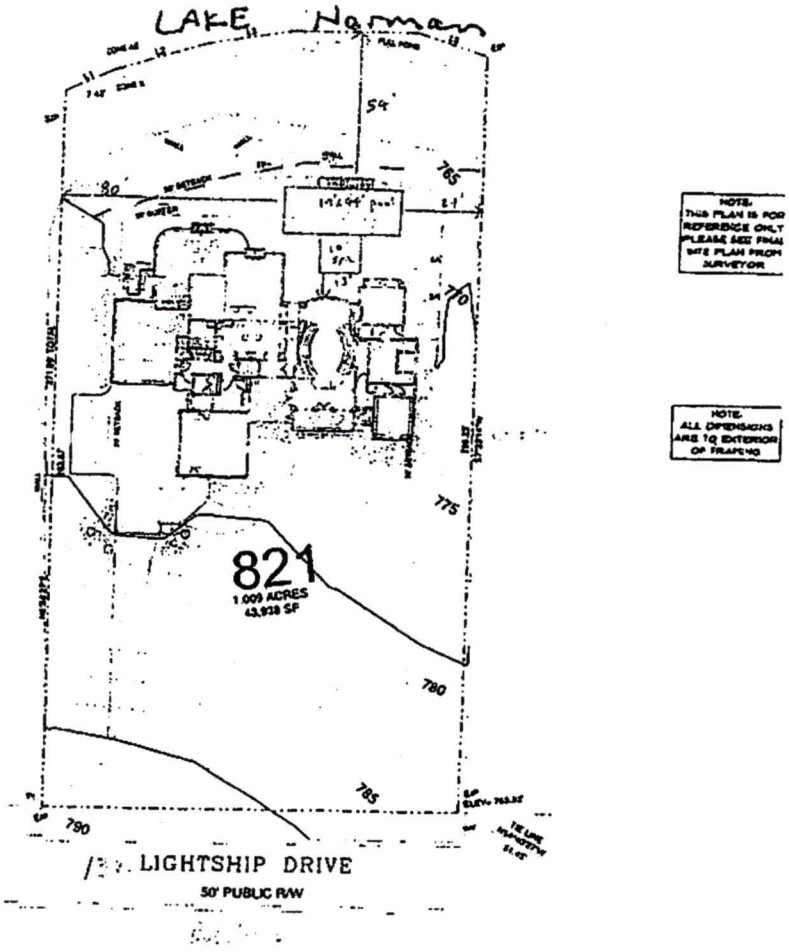
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location and well location > By Home builder
- ( ) Area you prefer your septic system to be placed
- ( ) North arrow, or other 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: DocuSigned by: Natalie Boschulte 5273BBB0B9A94BD... 5/7/2021

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

DocuSign Envelope ID: 2D08BBF1-7A73-44F3-B680-F7A83EE23201

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, DocuSigned by: Natalie Bosclule 5273DDD6D9A94BD..., am the legal owner(s) of the property located at 132 Lightship Dr Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4692550410007.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) BH Charlotte, LLC, T/A Blue Haven Pools & Spas Charlotte, NC, 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: Natalie Bosclule 5273DDD6D9A94BD... — 5/7/2021

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

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 *****

MM **Complete all Environmental Health forms:**

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

MM **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.**

N/A Builder **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.**

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

MM **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) an 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 Michelle Malone **Date** 5/7/2021

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

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Natalie Boschele
Address: 132 Lightship Drive, Mooresville, NC 28117

Date: 7/2/2021

Subject: Notice of Intent to Revoke: 132 Lightship Dr, Mooresville, NC 28117: #309430 (Improvement Permit/Construction Authorization

Dear **Natalie Boschele** :

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 132 Lightship Dr, Mooresville, NC 28117: #309430 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 III _____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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.

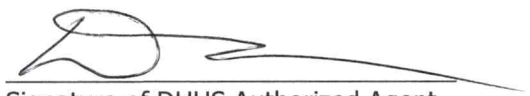
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **7/2/**2021 . Meeting the 30-day deadline is critical to your formal appeal.

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,



Signature of DHHS Authorized Agent

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Natalie Boschele Date: 7/2/2021
Address: 132 Lightship Drive, Mooresville, NC 28117

Subject: Notice of Intent to Revoke: 132 Lightship Dr, Mooresville, NC 28117: #309430 (Improvement Permit/Construction Authorization

Dear **Natalie Boschele** :

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 132 Lightship Dr, Mooresville, NC 28117: #309430 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 III _____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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.

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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 **7/2/**2021 . Meeting the 30-day deadline is critical to your formal appeal.

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

Sincerely,



Signature of DHHS Authorized Agent

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

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

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

7/2/2021

Owner: Natalie Boschele
Address: 132 Lightship Drive, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 132 Lightship Dr, Mooresville, NC 28117: #309430

I, Joshua Dunford, 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 6/25/2020 for a system:
(permit date)

Type III at 132 Lightship Dr, Mooresville, NC 28117: #309430

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

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department

PJB

AP-309430

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # ~~AP-304423~~

PIN # 4625-50-4607

APPLICANT/OWNER: Stonebridge Luxury Homes

APPLICANT ADDRESS: P.O. Box 4297 Mooresville, NC

SITE ADDRESS: 132 Lightship Dr. Mooresville, NC

PHONE: 704-400-1235 (Ron)

ALT. PHONE

SITE DIRECTIONS: BSR → R on Lightship → Lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Point

SECTION: 8 LOT # 821 LOT AREA: ±1.00 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30 (Ex)

Septic Tank	1500 (gal)	STB	Date		
Pump Tank	1500 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1 (Ex)	# Lines	4 (Ex)	Linear Ft	400 (Ex)
Trench Width	36" (Ex)	Trench Bottom Depth(Low side)	33" (Ex)	Gravel Depth	—

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

System Description: Relocated S.T. + P.T. as shown.

Repair System Description: PPBPS (50% Reduction)

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

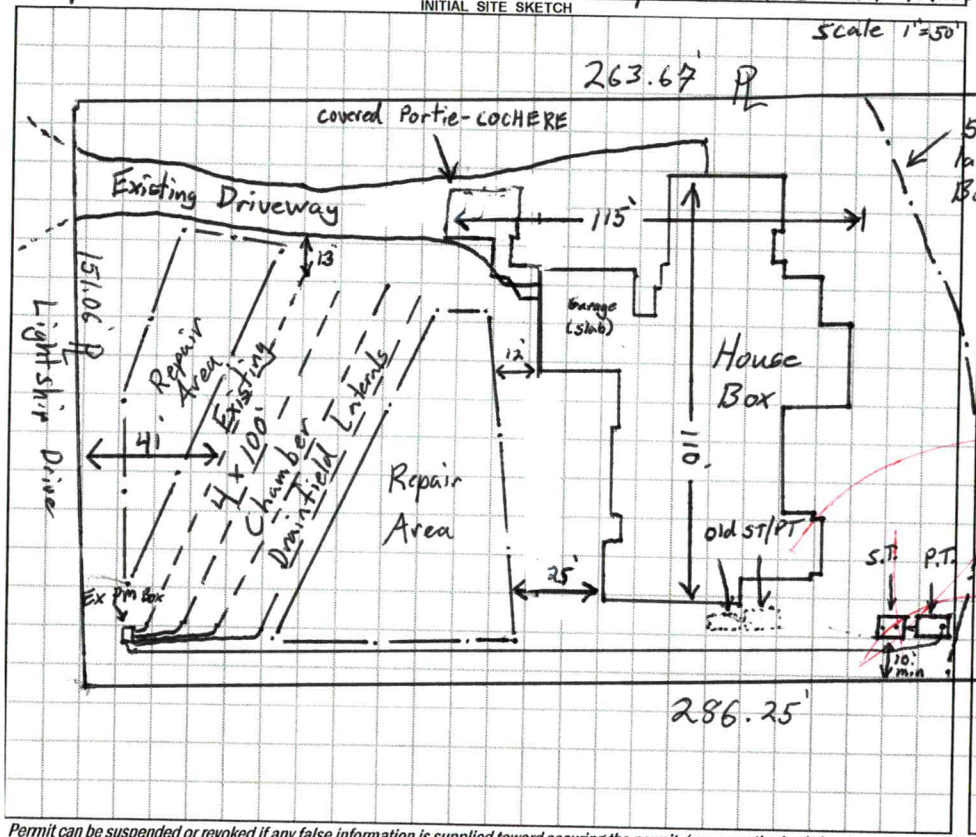
☐ Slab ☐ Crawl Space

☒ Basement w/plumbing ☐ Basement w/o plumbing

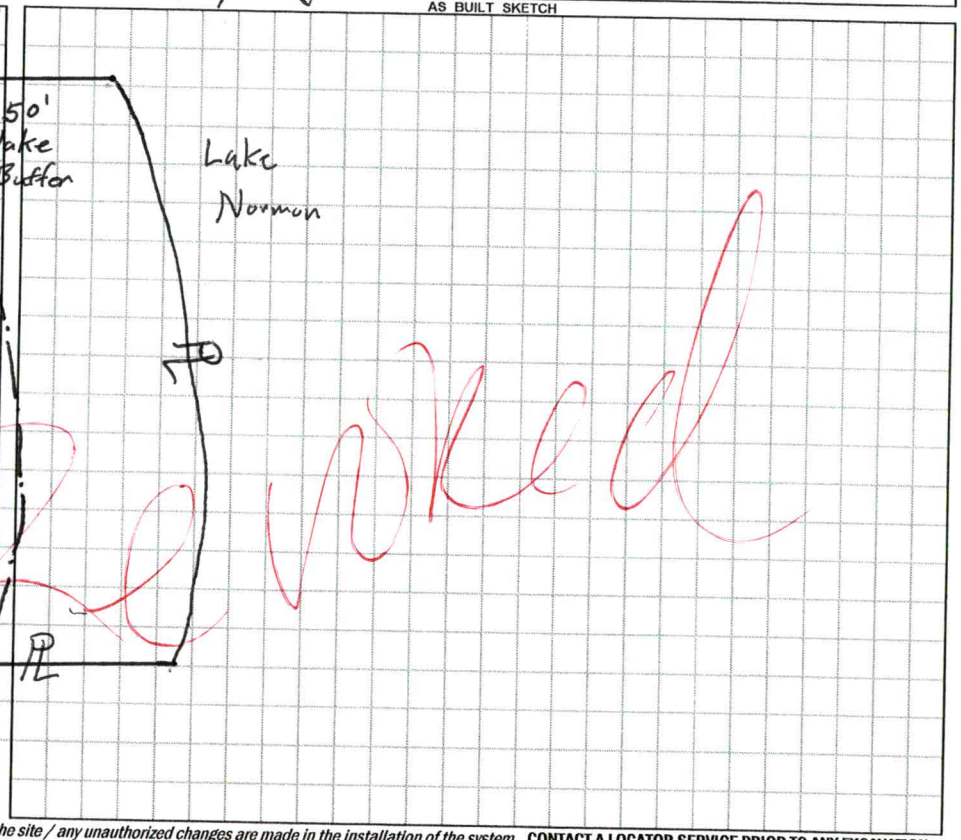
Water Supply: ☐ Private ☒ Public ☒ Community

Comments / Conditions: Pump + crush/haul away old S.T + P.T. Install new as needed in location shown. 50' lake buffer survey stakes must be present at time of installation and inspection. Basement fixtures may need to be ejected to septic tank. Functional test of system / pump / electrical / floats is required. Garage slab may be no deeper / cut greater than 24".

INITIAL SITE SKETCH



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. **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: 6-30-20 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/25/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/25/2020 Existing System Inspected by: Date:

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

RECEIVED JUN 19 2020

AP-304423
$250.00

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
( ) Septic Improvement Permit ( ) Authorization to Construct (✓) Existing System Inspection ( ) Septic System Repair
my loc Re-Dose Tanks

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: Stonebridge Luxury Homes **Address:** PO Box 4297 Mooresville, NC **Zip:** 28117
Applicant Email: ron@stonebridgeluxuryhomes.com **Phone:** 704-400-1235 **Alt. Phone:** 704-658-1404
Owner Name: Kris Boschele **Address:** 132 Lightship Dr. Mooresville NC **Zip:** 28117
Owner Email: Kris@myidealrealty.com **Phone:** 704-402-0741 **Alt. Phone:** 704-658-0381

Property Information:

Street Address: 132 Lightship Drive.
Subdivision Name: The Point **Section/Phase:** 8 **Lot Number:** 821
Driving Directions: Brawley School Rd to Rt. on Lightship Dr. Property on Rt.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:**
Non-Residential Site Development: **Type of Business:**
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

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

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) 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:** 2002
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

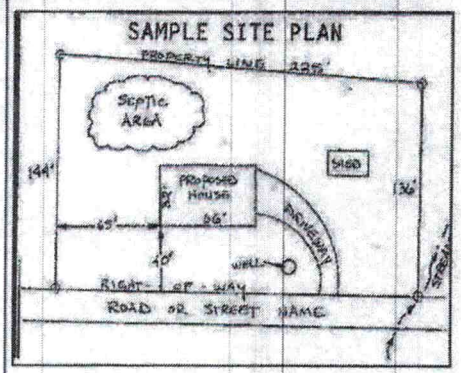
Please answer the following to the best of your ability:
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: _____ 6/13/20
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

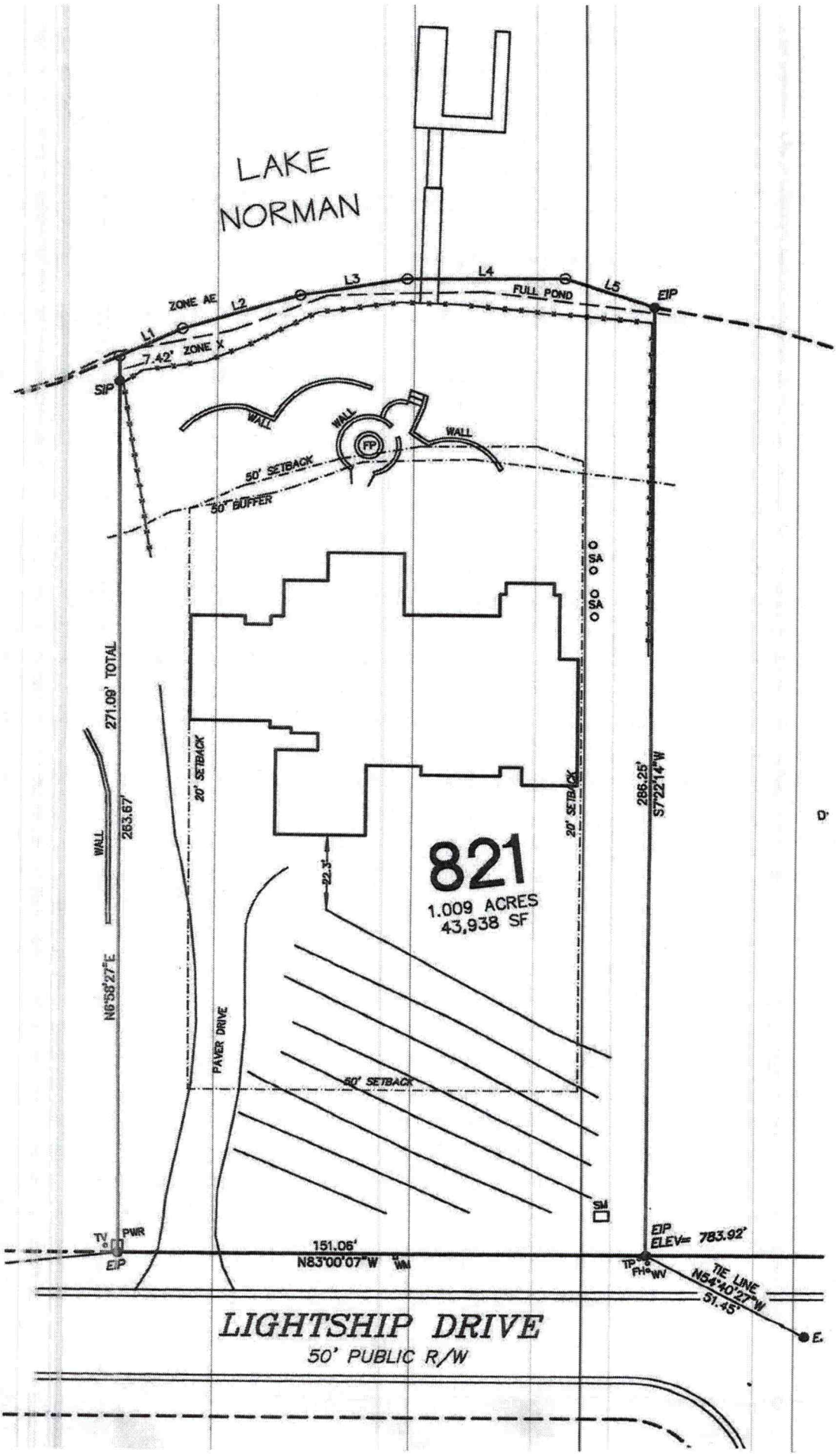
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached

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

6-18-20
DATE


LAKE
NORMAN
L1
L2
L3
L4
L5
ZONE AE
7.42' ZONE X
FULL POND
EIP
SIP
WALL
WALL
WALL
FP
50' SETBACK
30' BUFFER
SA
SA
SA
271.09' TOTAL
263.67'
WALL
N6°58'27"E
20' SETBACK
PAVER DRIVE
22.3'
821
1.009 ACRES
43,938 SF
20' SETBACK
286.25'
S7°22'14"W
50' SETBACK
SM
D'
TV
PWR
EIP
151.06'
N83°00'07"W
EIP
ELEV= 783.92'
TP
FH
WV
TIE LINE
N54°40'27"W
51.45'
E.
LIGHTSHIP DRIVE
50' PUBLIC R/W

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101222 PIN# 4625 94 1684.821 4625 50 4607 DATE Sept. 28 01

OWNER OR CONTRACTOR Crescent Resources Attn: Brad Schrick Const. PHONE: Business Home

ADDRESS P.O. Box 1003, Charlotte N.C. 28201

LOCATION Crawley Sch Rd. TR Lightning DRIVE on Right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 821 LOT AREA 43,942 ft² SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .03

Septic Tank: 1000 1500 Gallons; STB 338 Date 7/2/02

Pump Tank: 1000 1500 Gallons; PT 379 Date 7/2/02

Pump Make: Environ Model WEC 7/2 Serial No. E025165

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@134's Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 3m-Infiltrative -25% Red.

Repair System Description: LP Innovative or PPBS

Maintenance Agreement Required: ☐ Yes ☑ No

Gravel Depth NA ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement wo/plumbing

☑ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Bathrooms 4

☐ Business No. Employees

☐ Other

Water Supply: ☐ Individual ☑ Public ☑ Community

Comments:/Conditions:

1-10-02 Received house plan - basement unfinished.

9/25/02 - Will use 4 @ 100'x3' chamber trench - DPKT

Comments:/Conditions: Sprinklers through drainfield area one on top of a drainline

AES 4@100'x3' installed

INITIAL SITE SKETCH

1"=50'

291.09'

DRIVEWAY

Repair Area

Repair Area

Repair Area

80'

All Weather Surface

House Site

100'

Pool

125'

10'

2" Sch 40

288.11'

50'

Lake Norman

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 until 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: [signature] date 10/10/01 Installed by: Hallman

Improvement Permit by: [signature] date 9-28-01 Operation Permit by: Wesley Sparks RS. date 12/2/02

Authorization to Construct by: [signature] date 1-10-02 Existing System Inspection by: date

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

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 an application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

☐ 2. I, Kris Boschele, am the legal owner(s) of the property located at 132 Lightship Drive Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stonebridge Luxury Homes, Inc., 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.

_____ 6-3-20
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

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 *****

fc **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

fc **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.**

fc **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.**

fc **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.

fc **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** 6-18-20

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

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 101222 PIN# 4625 94 1684.821 4625 50 4607 DATE Sept. 28, 01

OWNER OR CONTRACTOR Crescent Resources Inc. // Brookshire Const. PHONE: Business Home

ADDRESS P.O. Box 1003, Charlotte N.C. 28201

LOCATION Brawley Sch Rd. TR Lightship DRIVE on Right

SUBDIVISION The Point BLOCK / SECTION 8 LOT 821 LOT AREA 43,942 ft² SITE CLASS. PS DESIGN FLOW 460gpd L.T.A.R. .03

Septic Tank: ~~1000~~ 1500 Gallons; STB 338 Date 7/2/02

Pump Tank: ~~1000~~ 1500 Gallons; PT 379 Date 7/2/02

Pump Make: Goulds Model WE0712H Serial No. E025156-5

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3@134's Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth NA

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

System Description: PM-Innovative-25% Red.

Repair System Description: LP Innovative or PPBPS

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:

1-10-02 Received homeplan - Basement unfinished.

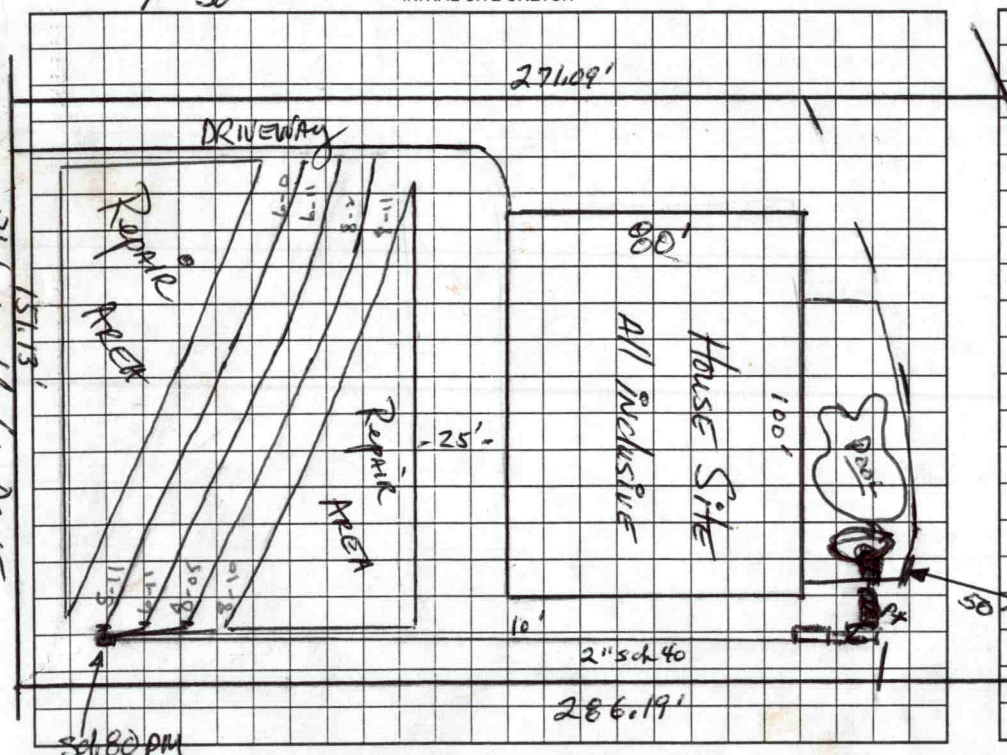
9/25/02 - Willcox 4@100'x3' chg filtrators - OPR

Comments:/Conditions: Sprinklers through drainfield area one on top of a drainline

AWS 4@100'x3' installed

1"=50'

INITIAL SITE SKETCH



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: Agent date 10/10/01 Installed by: Hallman

Improvement Permit by: date 9-28-01 Operation Permit by: Wesley Sparks RS. date 12/2/02

Authorization to Construct by: date 1-10-02 Existing System Inspection by: date

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

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Applicant	Phone #	Mailing Address	City	State	Zip Code
Brookshire Const	704 363-7901	19900 HWY 73 West	Cornelius	N.C.	28031

Current Property Owner	Mailing Address	City	State	Zip Code
Brookshire Const	19900 HWY 73 West	Cornelius	NC	28031

PROPERTY INFORMATION:

(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #
Point	821	Phase 8	

(Proposed) Water Supply: Public, Private Well	**Preliminary Plat Approval Date** (DEVELOPERS ONLY)	Tax Map #
Public / Comm.	Lot 821	

Specific Directions to Property Brawley School Rd to Lightship Drive Make A Right

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 4

No. Persons or Employees (commercial only) _____ Basement X Basement with Plumbing _____

Crawl Space _____ Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

1/10/02 DATE _____ SIGNATURE OF OWNER/AUTHORIZED AGENT

ISION OF ENVIRONMENTAL HEALTH
SITE WASTEWATER SECTION

PROPERTY ID #: ____
COUNTY: ____

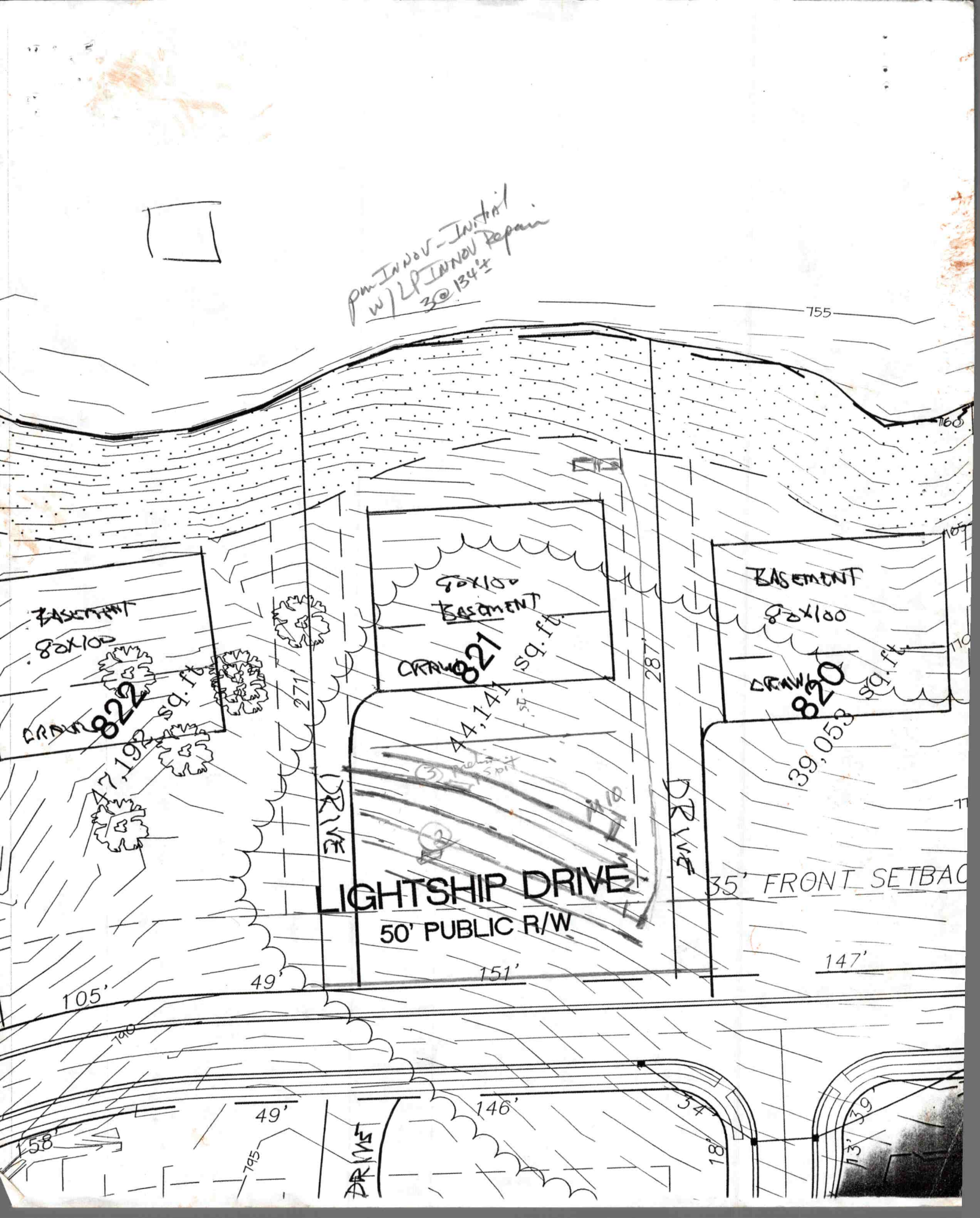
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

NER: ____ APPLICANT: ____
DRESS: ____ APPLICATION DATE: ____ DATE EVALUATED: 7-23-01
OPOSED FACILITY: ____ PROPOSED DESIGN FLOW (.1949): ____ PROPERTY SIZE: ____
CATION OF SITE: lot 821 ph. 8 The Pt. PROPERTY RECORDED: ____
TER SUPPLY: ❑ Private ❑ Public ❑ Well ❑ Spring ❑ Other ____
ALUATION METHOD: ❑ Auger Boring ❑ Pit ❑ Cut
PE OF WASTEWATER: ❑ Sewage ❑ Industrial Process ❑ Mixed

.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON 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
MID	0-13	wksbk brn sl	fr ss sp					.3
	B 38	sbk RC	fi fr ss sp					
	38-48	sbk RY CL	fr ss ss sp					
(2)	0-8	dry massive brn sil	fi-fr					.3
	8-23	sbk RC	fi ss sp					
	23-48	m-wk sbk yr cl	fr ss ss sp	common mi sap				
(3)	0-7	wk sbk R brn sil	fr ss ss sp					.3
	7-28	sbk/gr RC	fi ss p					
	28-44	wk sbk RY cl	fr ss ss sp	common mi sap				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
vailable Space (.1945)		
ystem Type(s)		

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: ____


pm Invov - Initial
w/ LP Invov Repair
3@134±
755
BASEMENT
80x100
CRAWL
822
47,198 sq. ft.
271'
80x100
BASEMENT
CRAWL
821
44,141 sq. ft.
287'
BASEMENT
80x100
CRAWL
820
39,053 sq. ft.
DRIVE
DRIVE
LIGHTSHIP DRIVE
50' PUBLIC R/W
35' FRONT SETBAC
105'
49'
151'
147'
700
49'
146'
158'
795
18'
13'
39