ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 310701

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

PIN # 4626 -- 27 -- 4934

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: PO Box 5350 Mooresville NC 28117

SITE ADDRESS: 613 Kemp Rd Mooresville NC 28117 | PHONE: 704-799-7609 | ALT. PHONE

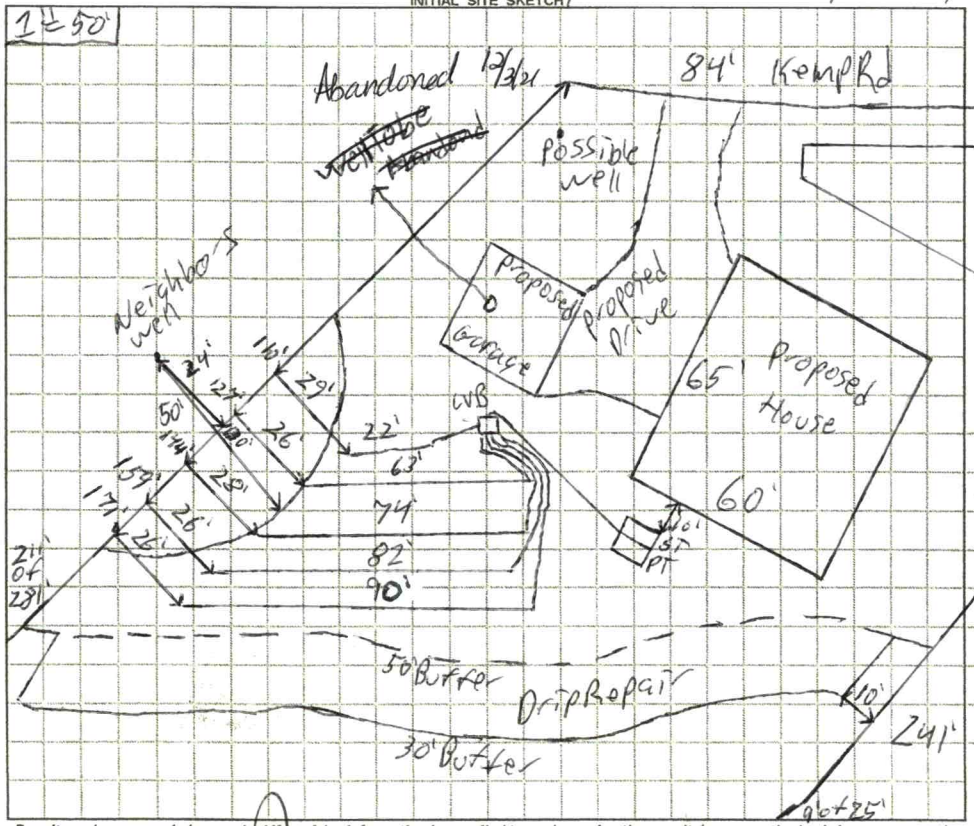
SITE DIRECTIONS: Brawley School Rd to R on McKendree Rd, L on Kirkwall Pl, L on Kemp Rd, L to Lot on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL and T | SECTION: 5B | LOT # 1631 | LOT AREA: 1.08 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .25 / 1 Repair

Septic Tank	1000 (gal)	STB ~~SHOAF~~ 760	Date 2/8/22	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	1000 (gal)	PT ~~SHOAF~~ 363	Date 3/22/22	System Description: LP Horizontal Panel		☐ Business	No. Persons 8	☒ Private
Pump Make		Model	Serial #	Repair System Description: TS2 Pretreatment Drip		☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 5	Linear Ft 320'	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Install lines on (on)tour. DO NOT drive on, store material or manipulate drainfield in anyway. All Property lines, corners and 50' Buffer must be marked by a licensed surveyor during time of installation and inspection. Old ST must be properly abandoned. Old well must be properly abandoned. 4" of county approved soil must be brought in.

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: 5/3/2021 | Installed by: Emailed Atc 12/6/21 DW Neil Stutts - Stutts Grading

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 4/27/2021 | OPERATION PERMIT by: D. Weberg | Date: 9/19/22

AUTHORIZATION TO CONSTRUCT by: | Date: 12/6/21 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked caps added 5/11/22	5/11/22	BCW/DW
Tanks Checked filter 5/11/22	5/11/22	BCW/DW
Pressure Manifold or Valve Box Checked	5/11/22	DW
Pressure Head Set	9/16/22	DW
Electrical Checked	9/16/22	DW
Floats Set	9/16/22	DW
Alarm Checked	9/16/22	DW
Maintenance Contract Needed? (Y) N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 310701

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

PIN # 4626--27--4934

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: POBox 5350 Mooresville NC 28117

SITE ADDRESS: 613 Kemp Rd Mooresville NC 28117 | PHONE: 704-799-7609 | ALT. PHONE

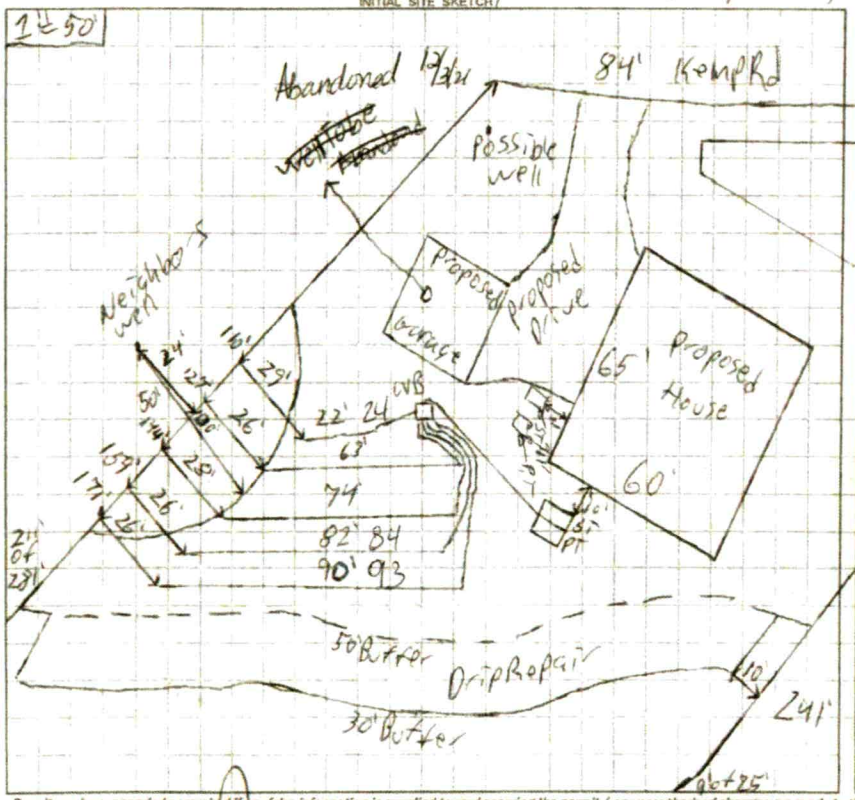
SITE DIRECTIONS: Brawley School Rd to R on McKendree Rd, L on Kirkwall Pl, L on Kemp Rd, 1st on R

SUBDIVISION: CL and T | SECTION: 5B | LOT # 1631 | LOT AREA: 1.08 acres | SAP CONTROLLED: ☐ YES ☒ NO | DESIGN FLOW: 480GPD | L.T.A.R.: .25/1 Repair

Septic Tank 1000 (gal)	STB 3-28-2022	Date 760	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT 363	Date 3-8-2022	System Description: LP Horizontal Panel		☐ Business	No. Persons 8	☒ Private
Pump Make	Model	Serial #	Repair System Description: TS2 Pretreatment Drip		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft 320'	Maintenance Agreement Required: ☒ YES ☐ NO		☒ Slab	☒ Crawl Space	☐ Community
Trench Width 36"	Trench Bottom Depth(Low side) 18'	Gravel Depth	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

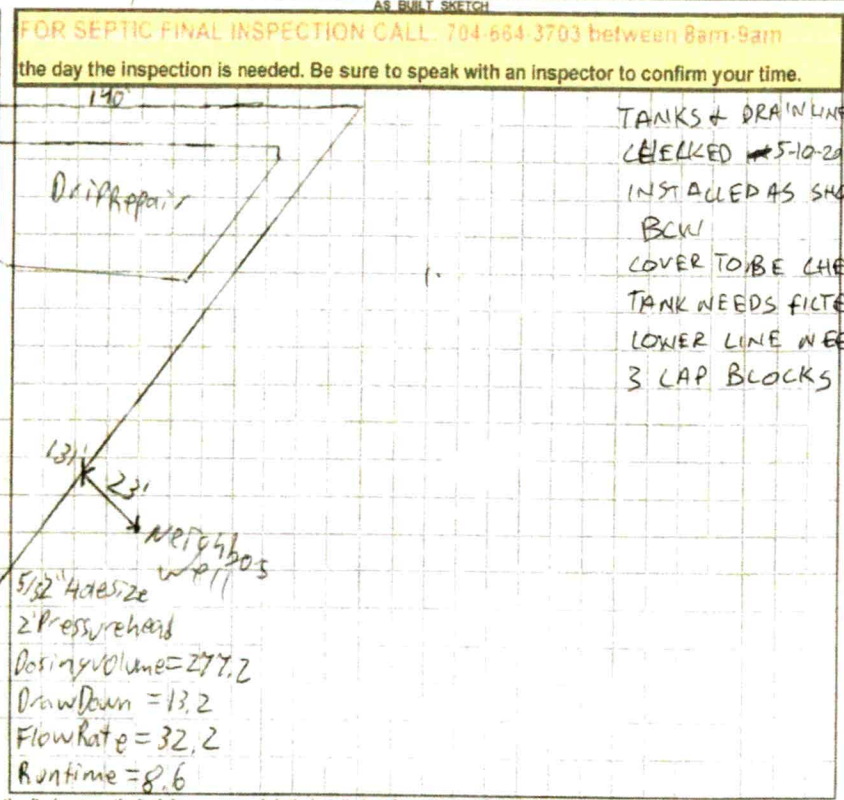
Comments / Conditions: Install lines on/on tour. DO NOT drive on store material or manipulate drainfield in anyway. All Property lines corners and 50' Buffer must be marked by a licensed surveyor during time of installation and inspection. Old ST must be properly abandond. Old well must be properly abandond. 4" of county approved soil must be brought in.

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.



TANKS & DRAIN LINES CHECKED 5-10-2022
INSTALLED AS SHOWN BCW
COVER TO BE CHECKED
TANK NEEDS FILTER
LOWER LINE NEEDS 3 CAP BLOCKS

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: [signature] Date: 5/3/2021 Installed by: Emailed A/C 12/6/21 dw STUTTS GRADING

IMPROVEMENT PERMIT by: Patrick J Bagley III Date: 4/27/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 12/6/21 Existing System Inspected by: Date:

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

ICHD – Environmental Health Division

Statesville Office – (704) 878-5305 x3456 Mooresville Office (704) 660-3625

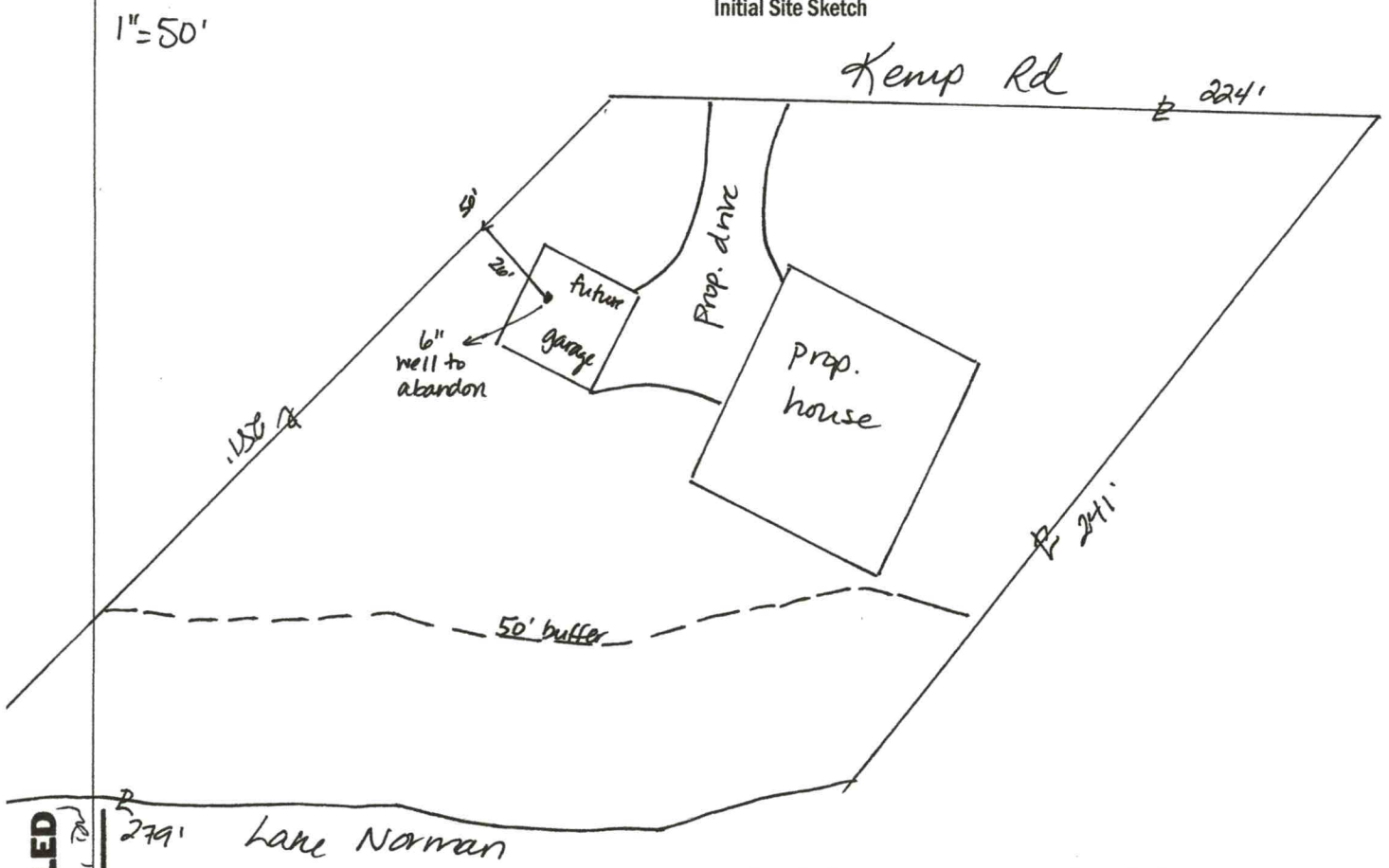
PRIVATE DRINKING WATER WELL PERMIT # 310701 **PIN #** 4626-27-4934 **Type of Permit (circle one): New Repair Abandonment**

APPLICANT/OWNER NAME: Lake Shore Holdings LLC ADDRESS: 637 Williamson, Suite 102 Mooresville 28117 PHONE: 704-799-7609

DIRECTIONS TO SITE: (W) Brawley School → (R) McKendree → (L) Kirkwall → (L) Kemp → lot on (R)

SITE ADDRESS: 613 Kemp Rd. Mooresville NC 28117 SUBDIVISION: CL&T SECTION/LOT: 8/1631

Initial Site Sketch



GROUTING RESULTS

Grout Depth _____

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

60 bags

PDS poured

Well GPS Latitude: _____

Longitude: _____

E-MAILED 11/30/21

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules – chlorinate before abandoning, fill completely w/ approved grout.

WELL PERMIT ISSUED BY: D. Wiebery DATE: 11/29/21 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Neill Pardue-Air Drilling CONTRACTOR CERT #: 2609A GROUT INSPECTION BY: D Wiebery DATE: 12/3/21

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: D Wiebery DATE: 12/5/21 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

RECEIVED NOV 17 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-310701

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

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

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (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: 613 Kemp Rd, Mooresville, NC 28117

Subdivision Name: CL&T **Section/Phase:** 58 **Lot Number:** 1631

Driving Directions: Brawley School Rd to right on Mckendree Rd, left on Kirkwall Place to left on Kemp Rd

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
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
(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: Lakeshore Holdings, LLC dba Lakemist Homes 11/16/21

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

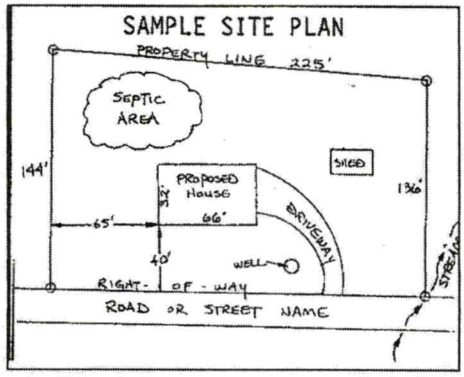
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: _____ 11/10/21

Lakeshore Holdings, LLC dba Lakerrast Homes

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 310101

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

PIN # 4626--27--4934

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: PO Box 5350 Mooresville NC 28117

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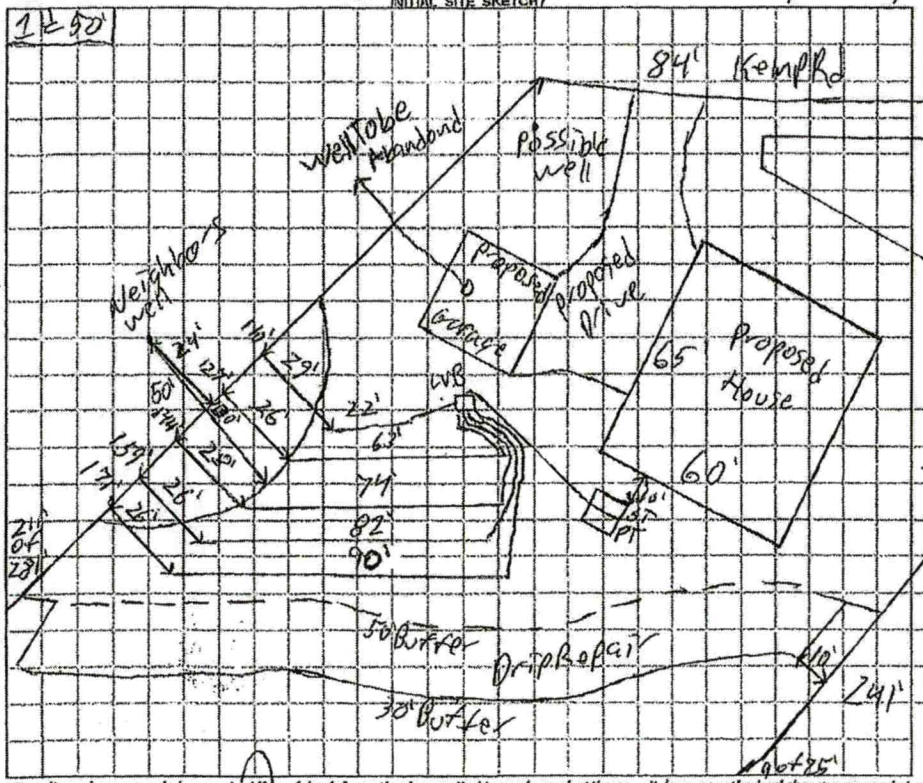
SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL and T | SECTION: 5B | LOT # 1631 | LOT AREA: 1.08 acres | DESIGN FLOW: 480GPD | L.T.A.R.: .25/1 Repair

Septic Tank	1000 (gal)	STB	Date	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date	System Description:	LP Horizontal Panel	☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description:	TS2 Pretreatment Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5	Linear Ft: 320'	Maintenance Agreement Required: ☒ YES ☐ NO	☒ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	18"	Gravel Depth	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on contour. DO NOT drive on, store material or manipulate drainfield in any way. All property lines, corners and 50' Buffer must be marked by a licensed surveyor during time of installation and inspection. Old ST must be properly abandond. Old well must be properly abandond. 4" of county approved soil must be brought in.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-5pm the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!
well needs to be Abandond and
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 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: 5/3/2021 | Installed by:

IMPROVEMENT PERMIT by: Patrick J. Bagley III | Date: 4/27/2021 | OPERATION PERMIT by: | Date:

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

DocuSign Envelope ID: 8E050BE4-426B-440D-B3F9-C689372BE7D2

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, Kenny & Rebecca Francis, am the legal owner(s) of the property located at 613 Kemp Rd, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4626274934, 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: 60E05AABA8884FB... DocuSigned by: Rebecca Francis 6E1943ECA40144F...

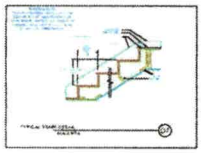
Signature of Owner(s)

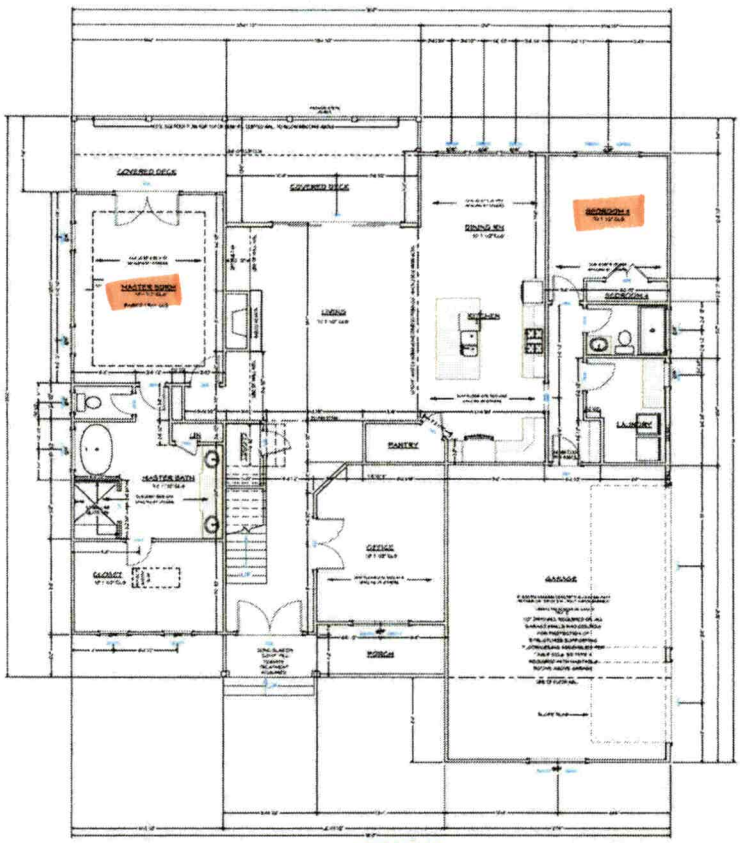
11/16/2021 11/15/2021

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





SQUARE FOOTAGE	
1ST FLOOR HEATED	2155
2ND FLOOR HEATED	1446
TOTAL HEATED	3601
GARAGES	824
PORCHES	406
TOTAL UNDER ROOF	4831

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FRANCIS RESIDENCE
LAKEMIST HOMES

DATE: 10/4/2021

SCALE:

SHEET: A-6

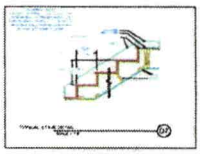
FIRST FLOOR PLANS

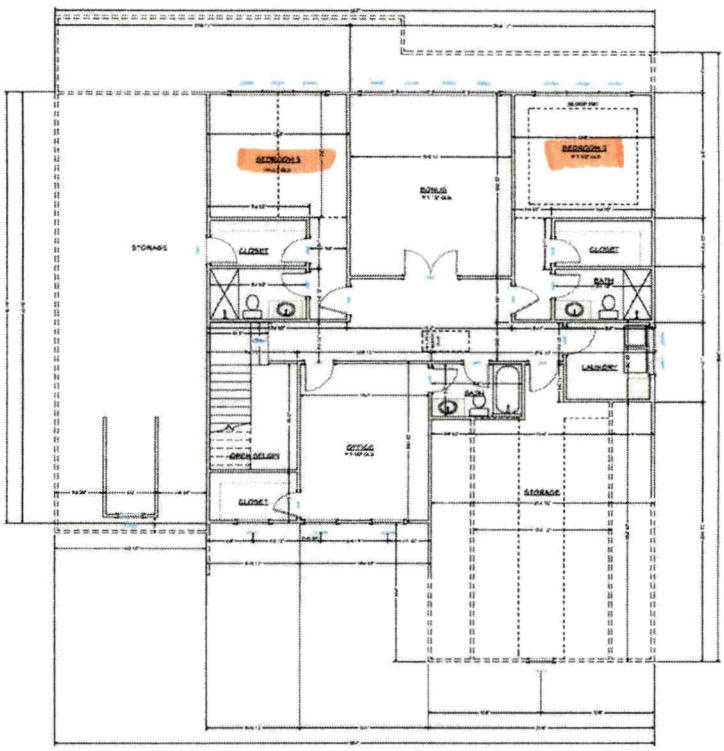
SCALE 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date _____

Date 12/6/21





SQUARE FOOTAGE	
1ST FLOOR HEATED	2159
2ND FLOOR HEATED	1446
TOTAL HEATED	3601
GARAGES	624
PORCHES	406
TOTAL UNDER ROOF	4631

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
FRANCIS RESIDENCE
LAKEMIST HOMES

DESIGN

DATE:
10/4/2021

SCALE:

SHEET:
A-7

Acknowledgement Of
Plans Submittal ONLY!

Date _____

Date 12/6/21

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Septic Maintenance Service Contract Details:

The setup fee is due before contract is signed by operator and submitted to the county. The fee covers operator obtaining and reviewing the property septic permit, drafting up and signing contract, submitting contract to county, 30 min site visit to assessneeds of system.

The annual fee is due every year before maintenance is performed. This covers 2 maintenance visits and reports for the year, and submittal of the reports to the county. The operator will contact the homeowner to schedule the visits.

The operator reserves the right to cancel the contract and notify the county of cancelation if the homeowner cannot be reached to schedule maintenance.

The contract term is 5 years. If maintenance has been regularly performed, services can easily be renewed with a new signed contract. If a renewed contract is requested and maintenance was unable to be performed because homeowner could not be contacted, a set up fee will be required.

Due to the nature of septic systems and concrete corrosion, lids have been known to break or fall apart during maintenance and we're not finically responsible for the lid replacement.

It is the homeowner's responsibility to make sure the components continue to be readily accessible for bi-annual maintenance. The setup fee includes having the operator make sure the needed components are accessible.

It is the operator's responsibility to send the reports from the bi-annual maintenance to the County to be kept on record.

This contract does not include repairs. If any repair is needed, the operator will bring it to the homeowner's attention in the report and let the homeowner decide on how to proceed. We can quote and perform repair, but do not require you go through the operator for repairs.

The operator requests as a courtesy to notify them if property has been sold. So that time and resources are not exhausted trying to contact homeowner for the next maintenance, when they no longer are responsible for the property.

Signature of Homeowner: _____ Date: 9/6/22

Signature of Operator: _____ Date: 9/8/22

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Request for Professional Services

Date of Request: 08/23/22 **BOSS Job #:** 1795SM

Division: Onsite Wastewater **Project Manager:** Michael Benfield

The undersigned party hereby requests the following Professional Onsite Wastewater Services:

Bi-annual Septic maintenance with report turned into owner and county.

Project Name: 1795SM_ Kemp Rd.

Property Address: 613 Kemp Rd Mooresville

Structure on Premises: (Yes) No **If yes, occupied by owner:** (Yes) No **Gates?** Code: N/A

Special Instructions/Scope of Work: 5 years of routine bi-annual maintenance of the septic and pump tanks, central valve box, and drainlines

Anticipated date when services are needed: Spring 2023
(Turnaround time varies depending on current workload. **Rush jobs will include an expedition fee**)

Name of Ordering Party: Rebecca Francis **Phone #:** 704-756-7768

Email: ken19rebecca@yahoo.com

Bill To: Same as above **Phone #:**

Email:

Address:

Signature of Person Responsible for Payment:

Service Contract Fees:

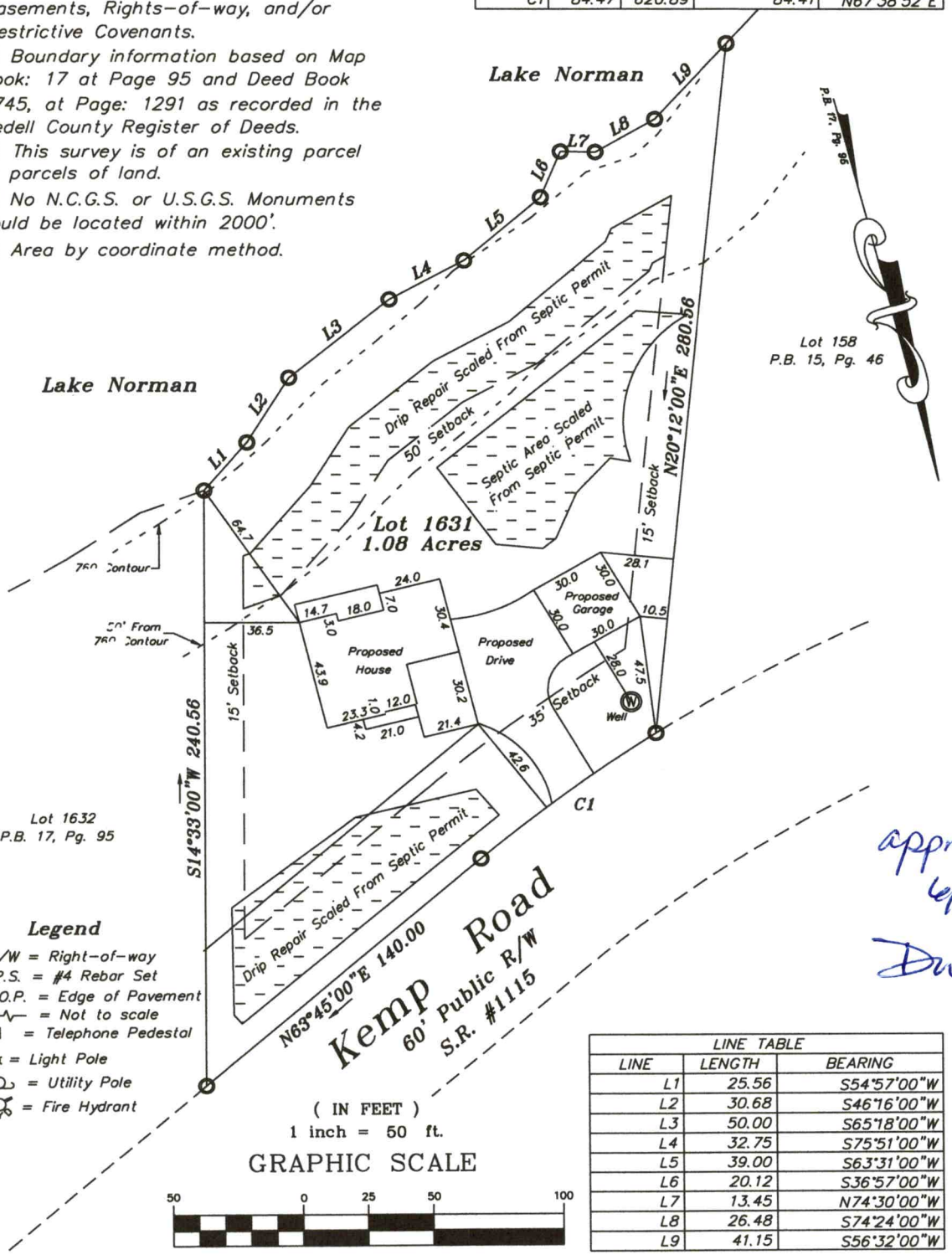
Setup fee (due at time of signature):

Annual fee (due before 1st maintenance of each year): $300.00 year, $150.00 per visit

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 17 at Page 95 and Deed Book 2745, at Page: 1291 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	84.47	620.89	84.41	N67°38'52"E



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
E.O.P. = Edge of Pavement
= Not to scale
= Telephone Pedestal
= Light Pole
= Utility Pole
= Fire Hydrant

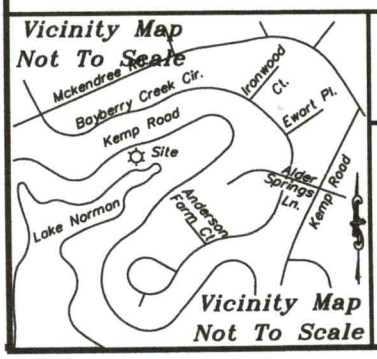
(IN FEET)
1 inch = 50 ft.

GRAPHIC SCALE

50 0 25 50 100

LINE TABLE		
LINE	LENGTH	BEARING
L1	25.56	S54°57'00"W
L2	30.68	S46°16'00"W
L3	50.00	S65°18'00"W
L4	32.75	S75°51'00"W
L5	39.00	S63°31'00"W
L6	20.12	S36°57'00"W
L7	13.45	N74°30'00"W
L8	26.48	S74°24'00"W
L9	41.15	S56°32'00"W

approved
6/26/22
DW



Plot Plan

FOR

Rebecca Francis & Kenneth Francis

PROPERTY DESCRIPTION

613 Kemp Road
Lot 1631, Section 8
Crescent Land & Timber Corp.
Plat Book 17 at Page 95
Davidson Township, Iredell County, NC

SCALE: 1" = 50

FIELD BOOK:

FILE: 2021-97

Tax Parcel ID#: 4626274934

Schambock Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218