IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217407

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

PIN # 4626-62-3061

APPLICANT: BCSC / Lakeshore Holdings APPLICANT ADDRESS: 2524 Reliance Ave. Apex, NC 27539

SITE ADDRESS: 113 Hoskins House Ct. - Mrsvl. PHONE: 704-658-8616 ALT. PHONE:

SITE DIRECTIONS: BSR, TR S Fork, TL Freshwater, TR Hoskins House, @ the C End

SUBDIVISION: The Farms SECTION: 2 LOT # 237 LOT AREA: .18 AC DESIGN FLOW: 600 L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	964	Date	12-14-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1500 (gal)	PP	389	Date	3-21-16	System Description:	Offsite PM - 25% Reduction		
Pump Make	Goulds	Model		Serial #		Repair System Description:	Offsite Panel Block		
# Nitrification Fields	1	# Lines	6	Linear Ft:	510'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	5	Water Supply
☐ Business	No. Persons		☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☒ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: See Revised FP 7-28-16 BA 7-28-16
Aqua Vox

2" Supply line & tanks Checked 11/31/17
Drain lines, Brick & Checked 2/1/17

Off site septic on lot 251 SFE

INITIAL SITE SKETCH

See Plan From BCSC

AS BUILT SKETCH

PIN # 4626-61-2139

1:00

	Date	Initials
Drain Lines Checked (Offsite 2" Supply line)	2/1/17	MD
Tanks Checked (On Site Supply line)	11/31/17	MD
Pressure Manifold or Valve Box Checked	5-15-17	BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract Y / (N)		

5/4/17 Not enough Pump

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: 5-11-16

IMPROVEMENT PERMIT by: [signature] Date: APPROVED MAY 06 2016

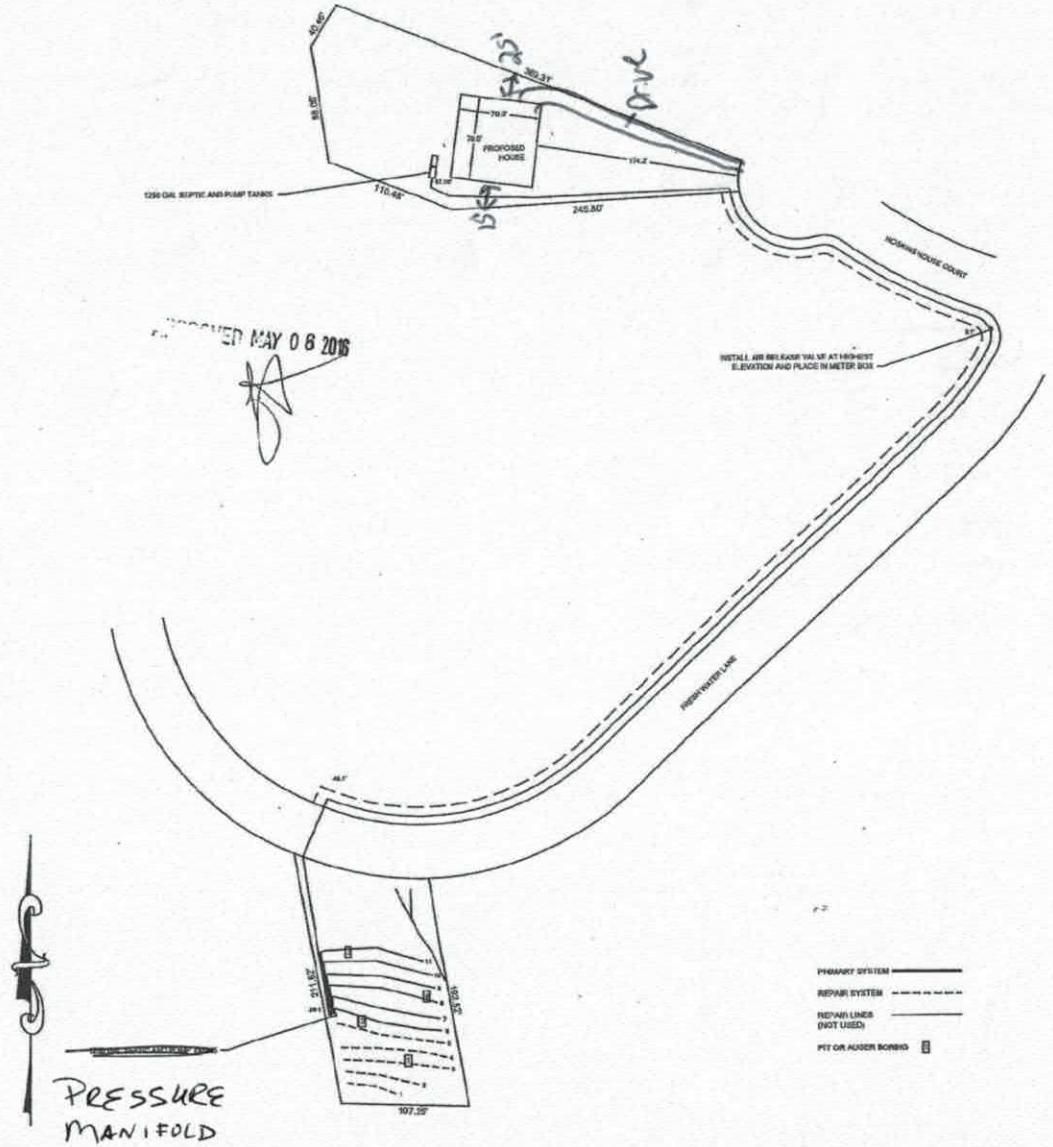
AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED MAY 06 2016

Installed by: Gunter Grading

OPERATION PERMIT by: [signature] Date: 5-15-17

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



APPROVED MAY 06 2016

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Ave, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378

LINE SCHEDULE

LINE NUMBER	COLOR	FIELD ELEVATION	LENGTH (FT)	DESIGN LENGTH
1	RED	21.80	40	40
2	BLUE	22.70	87	87
3	ORANGE	23.90	88	88
4	WHITE	24.40	89	89
5	YELLOW	25.60	90	90
6	PINK	26.10	92	85
7	RED	26.80	90	85
8	BLUE	26.10	90	85
9	ORANGE	28.80	89	85
10	WHITE	29.80	89	85
11	YELLOW	30.30	85	85
	TANKS	67.10		

LOT 237 THE FARMS SUBDIVISION

5-BEDROOM ACCEPTED STATUS PRESSURE MANIFOLD SYSTEM
LINES 6-11 TOTAL 510 LINEAR FEET
EZFLOW OR CHAMBER
LTAR 0.3
25% REDUCTION
36" TRENCH DEPTH MAX

5-BEDROOM LPP FED PANEL BLOCK REPAIR
LINES 1-5 TOTAL 394 LINEAR FEET
LTAR 0.3
36" TRENCH DEPTH MAX

FOR GENERAL USE NOT A SURVEY
PRELIMINARY NOT FOR CONSTRUCTION

SOIL PROFILES AND ANALYSIS PROVIDED BY
PRICE ENVIRONMENTAL RESOURCE CONSULTING

SEPTIC SYSTEM LAYOUT - LOT 237

FOR

MICHAEL HART

THE FARMS SUBDIVISION LOT 237
MOORESVILLE, IREDELL COUNTY

DATE: 04/18/16 DRAWN BY: TMB CHECKED BY: TMB

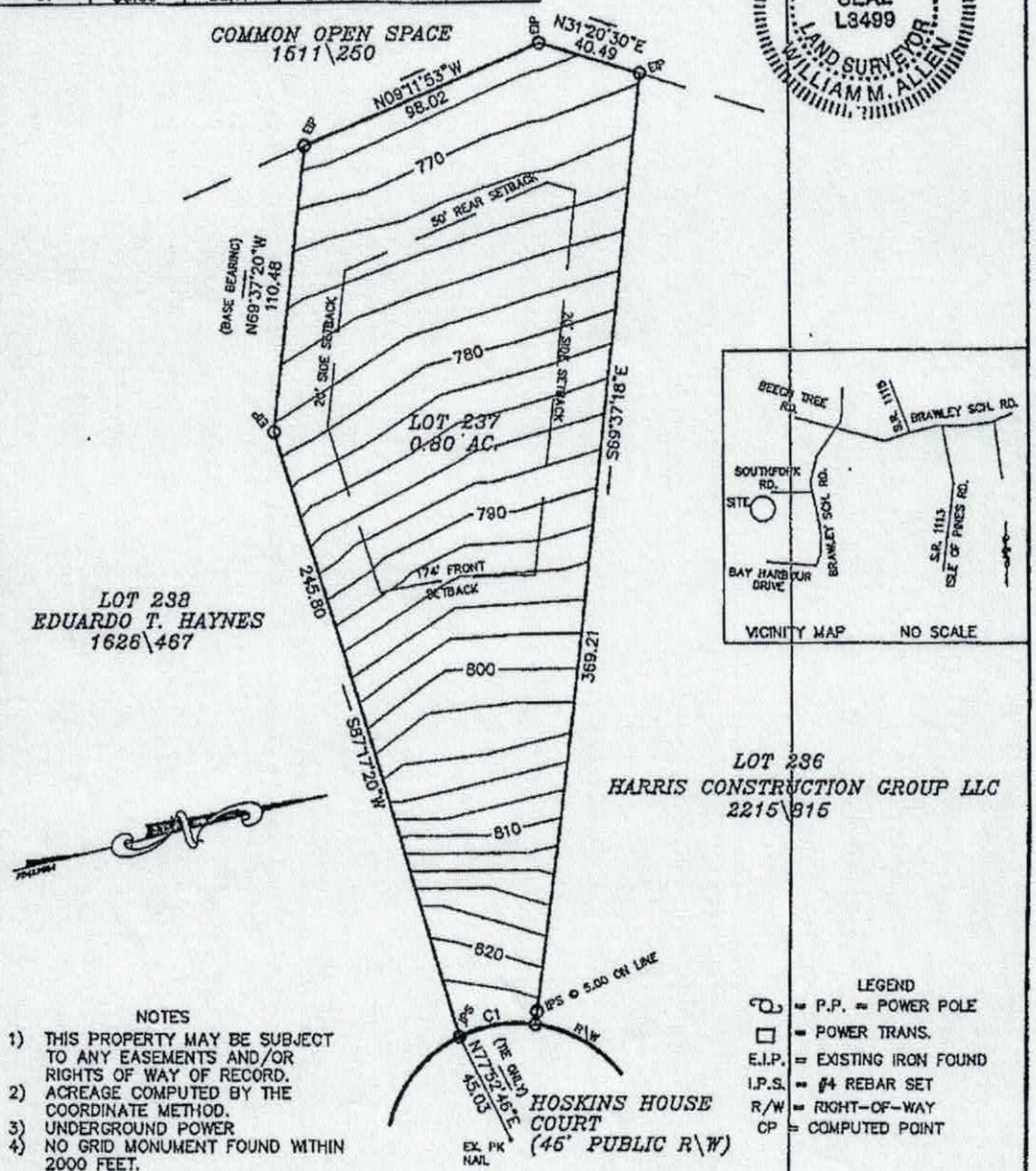
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical
131 Crosslake Park Drive – Suite 102 • Mooresville • NC • 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1690, page 2450, and/or plat book 43, page 93, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 21 day of APRIL A.D. 20 15.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	30.17'	S 04°39'16" W	29.72'



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

LEGEND
P.P. = POWER POLE
= POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
CP = COMPUTED POINT

0' 25' 50' 100'
SCALE IN FEET

BOUNDARY / TOPO SURVEY

OF

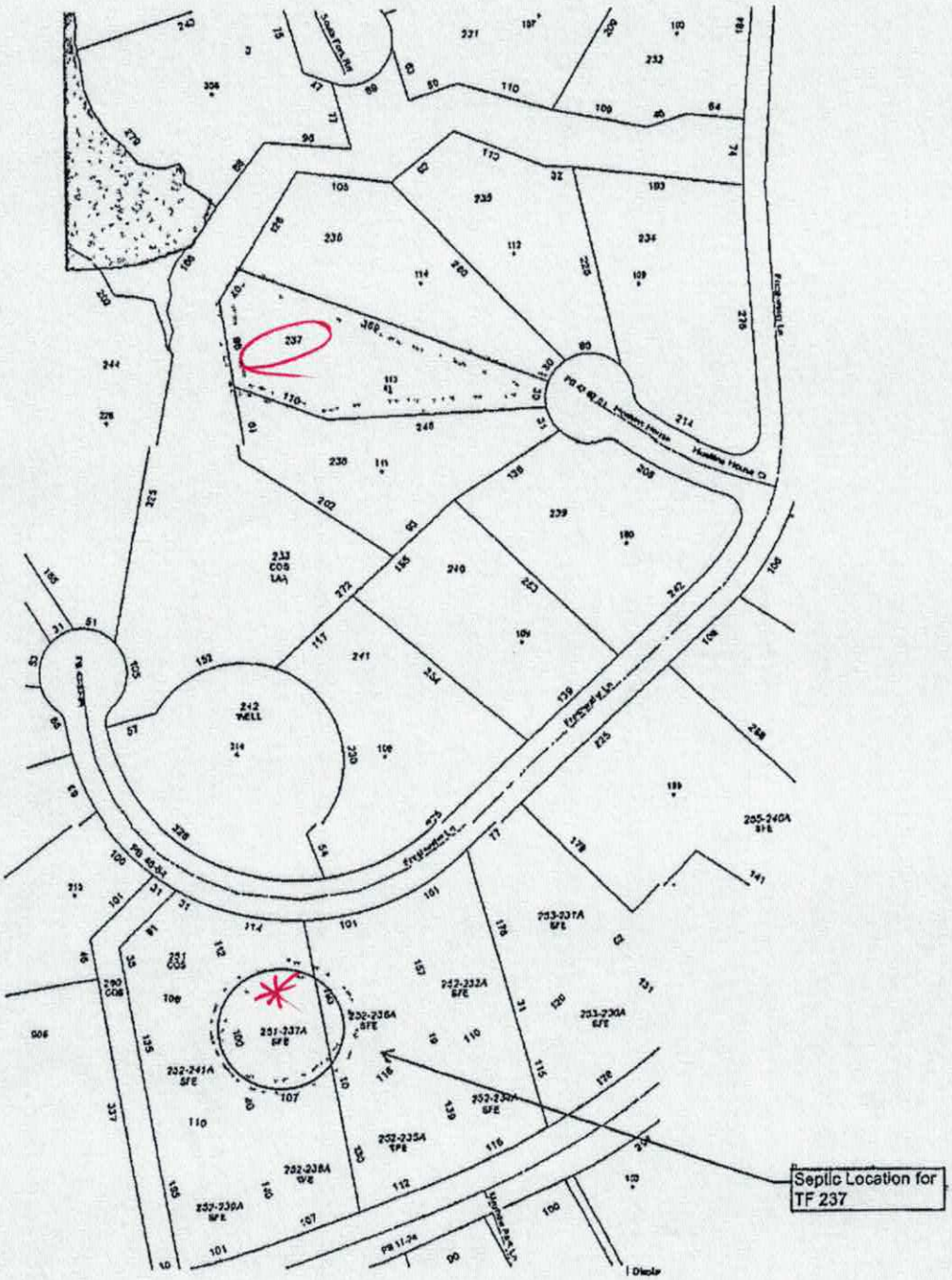
113 HOSKINS HOUSE
LOT 237 THE FARMS PHASE 2 MAP 1

SCALE 1" = 50' DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: MIKE GRIMLEY

FIELD BOOK: 500-F
FILE: FARMS 237 P2
DC FILE:
TAX MAP NO: 4626823061

CRESCENT
COMMUNITIES



CrescentCommunities.com
Crescent Communities, LLC
6120-A Brookshire Boulevard, Charlotte, NC 28216
O: 980-321-5180 F: 980-321-5183

Build Community. Better People's Lives

Pressure Manifold
Septic System Design

for

THE FARM S/D Lot 237
Mooresville, North Carolina

Designed by:

Matt Burdette
Bateman Civil Survey Company
Holly Springs, North Carolina
BCSC Project #: 160236

April 2016

THE FARM S/D Lot 237

Table of Contents

Contact Information ---------- 1
Specifications (system) ---------- 2
Site Plan ---------- 4
Control Panel Specifications ---------- 5
Pump Specifications ---------- 7
Effuent Filter Specifications ---------- 9
Air Release Valve ---------- 11
Supply Line Hydraulic Profile ---------- 17

Attachments

Septic and Pumptank Details — Figure 1
Pressure Mainfold and Trench Details — Figure 2

THE FARM S/D Lot 237

Contact Information

Client: Bhavna Joknaker
Attn: Michael Hart
Street Address: 3925 Kalispell Lane
Charlotte, NC 28205
Phone: (704) 517-0256
Fax: na

Designer: Bateman Civil Survey Company, PC
Attn: Matt Burdette
Street Address: 2524 Reliance Ave.
Apex, NC 27539
Phone: 919-577-1080
Fax: 919-577-1081

APPROVED MAY 0 6 2016

THE FARM S/D Lot 237

Layout/Design Specifications

Facility Type:	Single Family Home	
# of Bedrooms:	5	
Daily Flow:	600	**gal/day**
L.T.A.R.:	0.30	**gal/day/sq.ft**
Trench Depth:	36	**in**
Trench Width:	36	**in**
Stone Depth:	chamber	**in**
Manifold Length:	54	**in**
Manifold Diameter:	4	**in sch 80pvc**
Supply Line Length:	1444	**ft**
Supply Line Diameter:	2	**in sch 40pvc**
Supply Line Volume:	251.26	**gallons**
Friction Loss + Fitting Loss:	38.27	**ft (+ 25% for fittings)**
Design Head:	2	**ft**
Elevation Head:	63.40	**ft**
Total Head:	103.67	**ft**
Dose Volume:	248.93	**gals**
% of Pipe Vol.	.75	
Drawdown:	11.42	**in @ 21.8 gal/in**
Pump Run Time:	7.57	**minutes**
Control Panel:	SJE Rhombus Model112 control panel (or approved equivalent)	
Pump:	Zoeller 5033-0009 high head (or approved equivalent)	
Septic Tank Effluent Filter:	Zoeller 170-0144 residential effluent filter (or approved equivalent)	
Septic Tank:	1500 ~~1250~~	**gallon** MB
Pump Tank:	1500 ~~1250~~	**gallon** MB

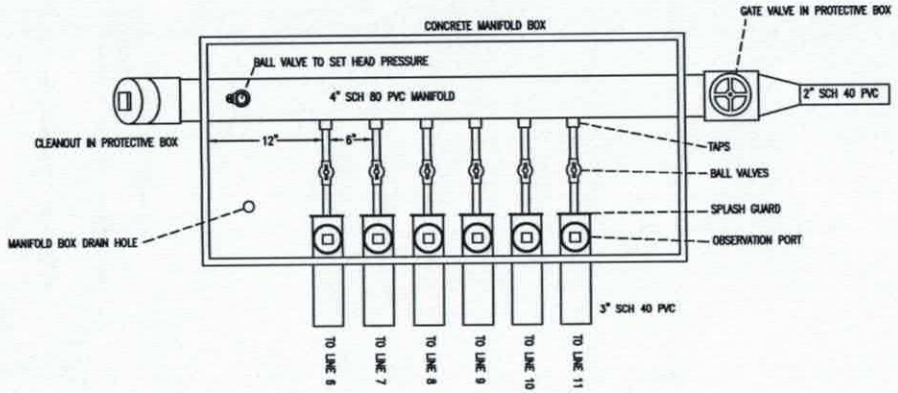
THE FARM S/D Lot 237
SYSTEM TAP CHART

Bench Mark:	0	= 100.00	**Manifold elev:**	74.90	
Pump tank elevation:	32.90		**Pump elev:**	27.50	

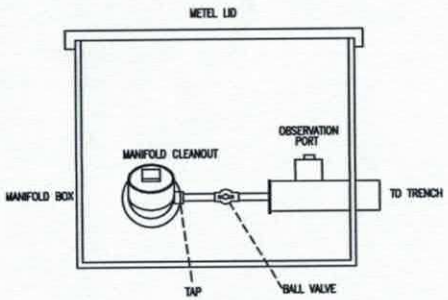
line	color	rod read	elevation	length	hole size	flow/tap	gal/day	trench area	LINE LTAR
1	Pink	26.10	73.90	85	1/2in SCH 80	5.48	100.00	255	0.392
2	Red	26.80	73.20	85	1/2in SCH 80	5.48	100.00	255	0.392
3	Blue	28.10	71.90	85	1/2in SCH 80	5.48	100.00	255	0.392
3	Orange	28.80	71.20	85	1/2in SCH 80	5.48	100.00	255	0.392
3	White	29.60	70.40	85	1/2in SCH 80	5.48	100.00	255	0.392
3	Yellow	30.30	69.70	85	1/2in SCH 80	5.48	100.00	255	0.392
	P-TANK	67.10	32.90						
		total	**feet =**	**510**	**gal/min =**	**32.88**		**LTAR =**	**0.300**
				Des. Flow	600			**(ltar + 5%)**	0.32
				Pump Run=	18.25			**(ltar W/ INOV)**	0.40
								(ltar + 5%)	0.42

Comments:

PRESSURE MANIFOLD DETAILS
TOP VIEW

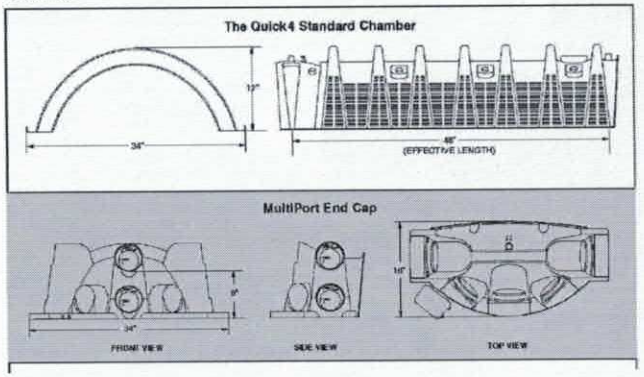


PRESSURE MANIFOLD DETAILS
END VIEW



TAP SCHEDULE	
LINE #	TAP
6	½" SCH 80
7	½" SCH 80
8	½" SCH 80
9	½" SCH 80
10	½" SCH 80
11	½" SCH 80

The
Quick4® Standard
Chamber



CHAMBER DETAILS

APPROVED MAY 06 2016

MANIFOLD DETAILS - LOT 237

FOR

MICHAEL HART

Bateman Civil Survey Company
Engineers • Surveyors • Planners
2524 Reliance Ave, Apex, NC 27539 Ph: 919.577.1080 Fax: 919.577.1081
www.batemancivilsurvey.com info@batemancivilsurvey.com
NCBELS Firm No. C-2378

THE FARMS SUBDIVISION LOT 237
MOORESVILLE, IREDELL COUNTY

DATE: 04/18/16 DRAWN BY: TMB CHECKED BY: TMB

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

APPROVED MAY 0 6 2016
BA

Sheet 1 of 1
PROPERTY ID #: _____
COUNTY: Iredell

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

OWNER: Michael Hart _____ APPLICATION DATE _____
ADDRESS: 113 Hoskins House Court (Lot 237 The Farms) _____ DATE EVALUATED: _____
PROPOSED FACILITY: 5 Br _____ PROPOSED DESIGN FLOW (.1949): 600 _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 251-237A The Farms Subdivision_(offsite septic easement) _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LS 10%	0-39	SBK / C	FR SS SP SEXP	NA	48	NA	NA	PS 0.3
		39-45	W SBK / C	FI SS SP SEXP	FEW Y				
		45-48	W SBK / C	FI SS SP SEXP	COM YB				
2	LS 10%	0-6	W SBK / SCL	FR SS SP SEXP	NA	48	NA	NA	PS 0.3
		6-40	ABK / C	FI SS SP SEXP					
		40-48	W ABK / C	FI SS SP SEXP	FEW YB				
3	LS 10%	0-28	SBK / C	FI SS SP SEXP	NA	48	NA	NA	PS 0.3
		28-42	ABK / C	FI SS SP SEXP					
		42-48	W ABK / C	FR SS SP SEXP	FEW YB				
4	LS 10%	0-32	SBK / C	FI SS SP SEXP	NA	48	NA	NA	PS 0.3
		32-48	W SBK / CL with saprolite	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% RED	50% RED
Site LTAR	0.3	0.3

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

LICENSED SOIL SCIENTIST STEVEN PRICE #1153 STATE OF NORTH CAROLINA

COMMENTS: Some rock from quartz veins encountered in both borings 1 and 4. There were 2 old pits on the lot but they had not been cleaned out and were only approximately 30 inches deep.

Steven Price #1153

Updated February 2014

RECEIVED JUL 28 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

1. APPLICATION FOR: ___ Improvement Permit ___✓___ Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lakeshore Holdings LLC	Po Box 5350	704 799 7609	919 389-4500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Bhavna + Umang Jolchaker	"	"	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
113 Hoskins House Ct	Mooresville NC 28117	F237

Driving Directions: Brawley School Rd, Right at entrance to Farms, Left on Fresh Water, Right at cul de sac at Hoskins House, lot is in Center.

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

- (✓) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (✓) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 7/28/16
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

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.

I, UMANG JAKHAKER, am the legal owner(s) of the property located at 113 Haskins House Court, Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Umang Jakhaker 7/28/16

Signature of Owner(s) Date

_____ _____

Signature of Witness Date

Please return this signed form to the appropriate office:

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

Scanned by CamScanner

RECEIVED APR 26 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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) Paid $850.00

1. **APPLICATION FOR:** /Improvement Permit /Authorization To Construct ___ Existing System Inspection

****

217407

2. **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 check ( ) beside whichever is submitted if applicable /Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

BCSC	2524 Reliance Ave Fayetteville NC 28307		7046588610
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Bhavna Jotwaker			704 517 0256
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

113 Hoskins House CT	The Farms	237
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Brawley School Rd W, R on S Fork Rd, L on Freshwater Ln R onto Hoskins House CT, OFFsite on Freshwater Ln

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

- (/) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

- (/) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (/) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. **Proposed Water Supply:**

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (/) Other _____

8. **Please Answer The Following** ( ) Yes (/) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (/) No Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 4-18-16
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Document ID: lawrielawrence-BrCE5 - Page 1

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Michael Hart, am the legal owner of the property located at 113 Hoskins House Ct Mooresville NC 28117, identified as PIN(Parcel Identification Number) 4626-62-3061.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Bateman Civil Survey Company Michael Benfield, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

ID:S9cEe

Michael Hart — Mar 22, 2016

Signature of Owner — Date

_____ _____

Signature of Witness — Date

D g a S g a u e Ve ca o Repo

Authorizing Agent form

Seller Signature (position 558, 32)

ID: S9cEe	Name:	Signed:
Michael Hart	Michael Hart	3/22/16 @ 3:28 PM
	Email Address: michael.hart@kellogg.com	IP Address: 12.1.219.177

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Michael Hart, am the legal owner(s) of the property located at 113 Haskins House Ct Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626-62-3061.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Bhavna Jokhaker, NA, 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]	03/18/16		
Signature of Owner(s)	Date	Signature of Witness	Date

Please return this signed form to the appropriate office:

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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:

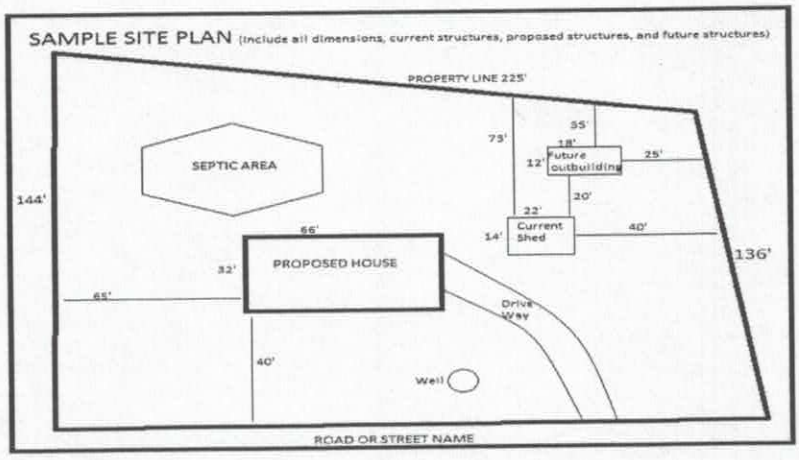
- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

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

- ✓ **Front and side setbacks from property line…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **Preferred driveway location and configuration, preferred well 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**
- N/A **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

7/28/16

DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

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

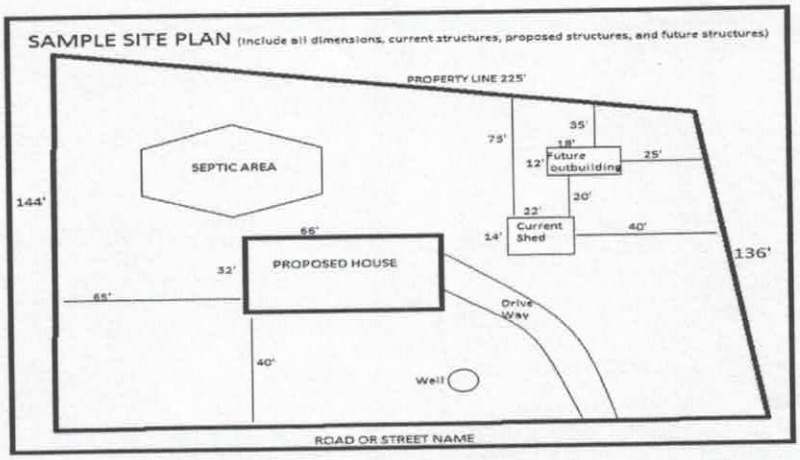
__X__ Front and side setbacks from property line… **__X__ Preferred driveway location and configuration, preferred well location…**

__X__ Area you prefer your septic system to be placed… **__X__ 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

See Attached

Signature: Will Reel

REQUIRED **property owner or owner's legal representative signature.**

4-18-16

DATE

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
217407
Issue Date: 03/21/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4626623061.000	113 HOSKINS HOUSE COURT, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: HART MICHAEL B	Applicant: BHAVNA, JOKHAKER
Address: 119 LANDINGS DR APT 403 MOORESVILLE, NC 28117	Address: 3925 KALISPELL LN CHARLOTTE, NC 28269
Phone:	Phone: 704-517-0256

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.800	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	63292	TOTAL FEES:	$ 77.25

	NO. DESCRIPTION BY DATE	SHEET TITLE:	PROJECT DESCRIPTION: JOKHAKER RESIDENCE LAKEMIST HOMES	VISUAL DESIGN & DRAFTING	DATE:	SCALE:	SHEET: A-5

Acknowledgement of Plans Submittal ONLY!

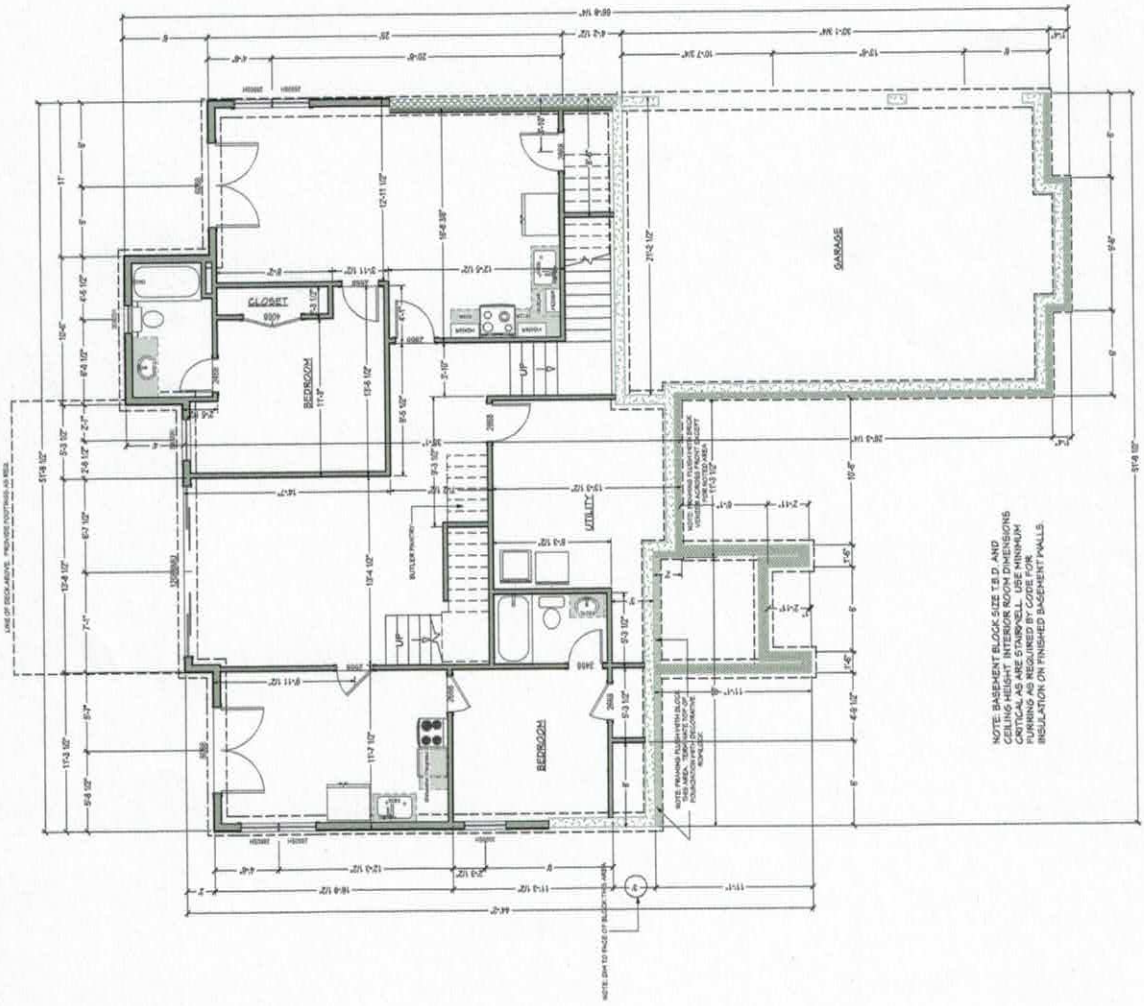
Date 7/28/16

Date 7-28-16

Future 5 Bdrms

FOUNDATION PLAN

SCALE 1/4" = 1'-0"



SQUARE FOOTAGE	
1ST FLOOR HEATED	1578
2ND FLOOR HEATED	1254
BASEMENT HEATED	1468
TOTAL HSF	4300
BASEMENT UNHEATED	209
PORCHES	70
GARAGE	661
TOTAL UNDER ROOF	5240

FIRST FLOOR PLAN

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

Acknowledgement of Plans Submittal ONLY!

Date 7/28/16

Date 3-28-17

SHEET:	SCALE:	DATE:	VISUAL DESIGN & DRAFTING	PROJECT DESCRIPTION:	SHEET TITLE:	NO.	DESCRIPTION	BY	DATE
A-6			VisualDesignAndDrafting@gmail.com Justin Trevino 936.828.0597	JOKHAKER RESIDENCE LAKEMIST HOMES					

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
JOKHAKER RESIDENCE
LAKEMST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET: A-7

Acknowledgement of
Plans Submittal ONLY!

Date 7/28/11

Date

SECOND FLOOR PLAN
SCALE 1/4" = 1'-0"

