ICHD–ENVIRONMENTAL HEALTH DIVISION

KW

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

PERMIT # 203037

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

PIN # 4626627027

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: 637 Williamson Rd Ste 102 Mooresville, NC 28117

SITE ADDRESS: 108 Hoskins House Ct. Mooresville, NC 28117 | PHONE: 704 799-7609 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR South Fork TL Freshwater TR Hoskins Ct end

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Farms | SECTION: | LOT # 234 | LOT AREA: 1.05 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	390	Date	11-5-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	1500 (gal)	PT	353	Date	7-24-20	System Description:	Hvt. LP PPBPS (off site)
Pump Make		Model		Serial #		Repair System Description:	Same
# Nitrification Fields	1	# Lines	4	Linear Ft	280*	Maintenance Agreement Required:	☒ YES ☐ NO
Trench Width	36"	Trench Bottom Depth(Low side)		26"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE

☒ Residence — No. Bedrooms 4
☐ Business — No. Persons 8
☐ Other — No. Employees
☐ Slab ☐ Crawl Space
☒ Basement w/plumbing ☐ Basement w/o plumbing

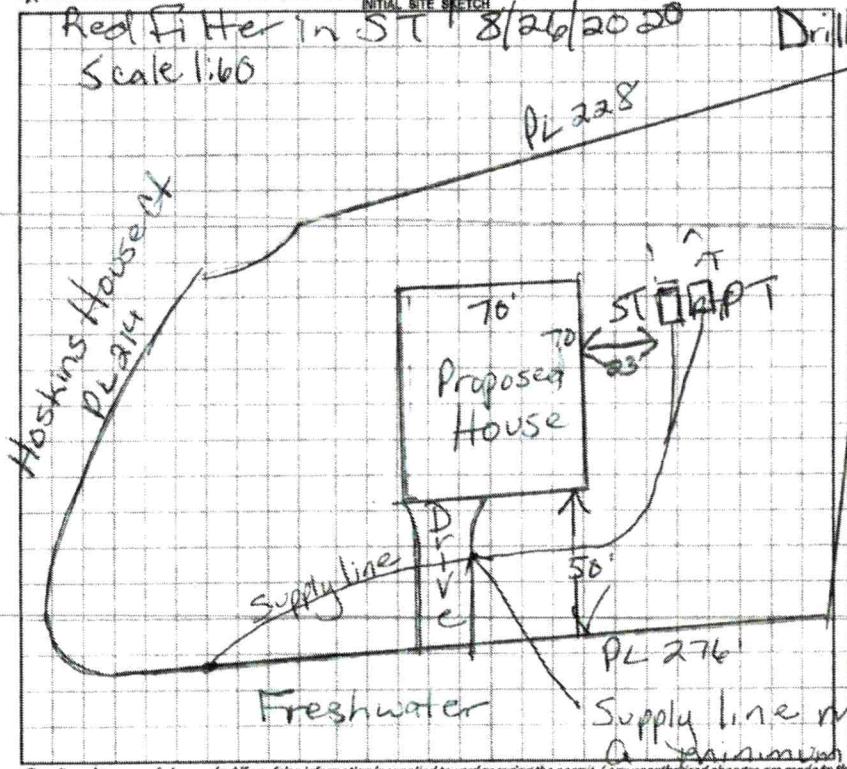
Water Supply: ☐ Private ☐ Public ☒ Community

Comments / Conditions: ☒ Refer to Crescent Communities On Site Sewage Systems Construction Guidelines
*Minimum 267Ft required.

Note: Septic Supply line to ☒ Site already installed
SITE 234A on Huckwood across from Mayberry Pk
23Ft from Bay Window to ST

INITIAL SITE SKETCH

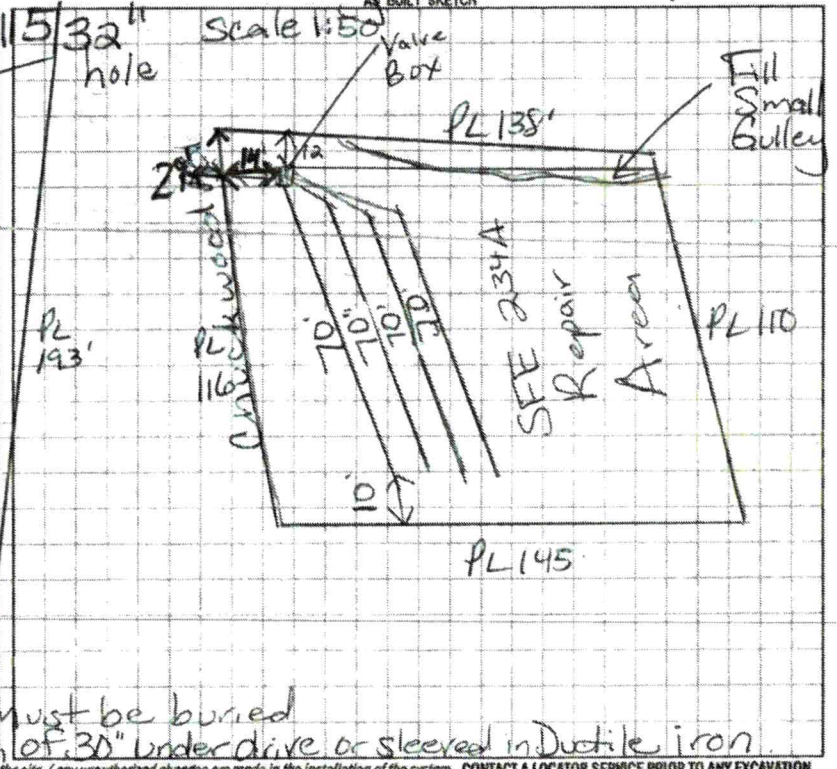
Red Fi Hte In ST 8/26/2020
Scale 1:60



AS BUILT SKETCH

Drill 5/32" hole

Scale 1:50



Supply line must be buried a minimum of 30" under drive or sleeved in Ductile iron.

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: 2/18/2020 Installed by: Neill Stotts

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/4/2020 OPERATION PERMIT by: Patrick Gale III Date: 10/30/2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/7/2020 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.

Checked 4th line & supply line 4:00 8/28/20 MD

Upper 3 lines	Date	Initials
Drain Lines Checked	8/27/20	MD
Tanks Checked	8/21/20	MD
Pressure Manifold or Valve Box Checked	10/20/2020	PJB
Pressure Head Set		
Electrical Checked	10/20/2020	PJB
Floats Set	10/20/2020	PJB
Alarm Checked	10/20/2020	PJB
Maintenance Contract Y / N		

8/27/20 Checked Supply line & connection to ~~d~~ site
>30" under drive

The Farms
Offsite
Piping Runs
Lot #234

Access from Mayhew Park

Mayhew Park Lane →

CHUCKWOOD ROAD SR#1177
NO MONUMENTATION SET IN
60' PUBLIC RIGHT OF WAY
DB 48# PG 33
CHUCKWOOD ROAD SR#1177

All Trees
SOR

Lot #234

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

Sheet ___ of ___
PROPERTY ID #: 4626627027
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Cynthia Cronin / Russell Black
ADDRESS: _____
PROPOSED FACILITY: _____
PROPOSED DESIGN FLOW (.1949): 600gpd
LOCATION OF SITE: The Farms #234 SFE
APPLICATION DATE: 4/28/14
DATE EVALUATED: 7/2/14
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L AH-1 8%	0-4"	Brn SCL	GR, FR, SS, SP					PS
		4-43"	Rd C	m-w SBK, FR, SS, SP, SE					
		43"-45"	Yel/Rd C	m-w SBK, FR, SS, SP w/ Inclus of SAP & Some W Rock		45"			.3
		45"	Couldn't auger through						to 45"
2	L AH-2 7%	0-3	Brn SCL	GR, FR, SS, SP					PS
		3-34	R C/CL	m-w SBK SS, SP, SE, FR					.3 to
		34-42	Y/R CL	m-w SBK, FR, SS, SP, SE w/ SAP Inclus & Some W Rock					42"
		42"	Couldn't auger any deeper 42"						
3									
4									

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

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Brady Freeman / Maria Dotson
OTHER(S) PRESENT: _____

COMMENTS: _____

$105.00 #203037 1/28/2020

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 (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 Address: 637 Williamson Rd, Mooresville Zip: 28117
Applicant Email: lakemidhomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____
Owner Name: Lakeshore Holdings Address: POBox 5350, Mooresville, NC Zip: 28117
Owner Email: lakemidhomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____

Property Information:

Street Address: 108 Hoskins House Court, Mooresville NC 28117
Subdivision Name: The Farms Section/Phase: _____ Lot Number: 234
Driving Directions: Brawley School Rd, rt on S Fork Rd, left on Freshwater Ln, rt on Hoskins House Ct

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well ( ) Existing Well (X) 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 (X) 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: _____ 1/15/2020
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, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 108 Hawkins House Ct, Mooresville NC 28117 identified as PIN (Parcel Identification Number) 4672062702?, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC Aaron Feldman, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health/ Environmental Health Division.

Signature of Owner(s)	1/17/2020 Date	Signature of Witness	1/16/2020 Date
	1/17/2020		

Please return this signed form to the appropriate office:

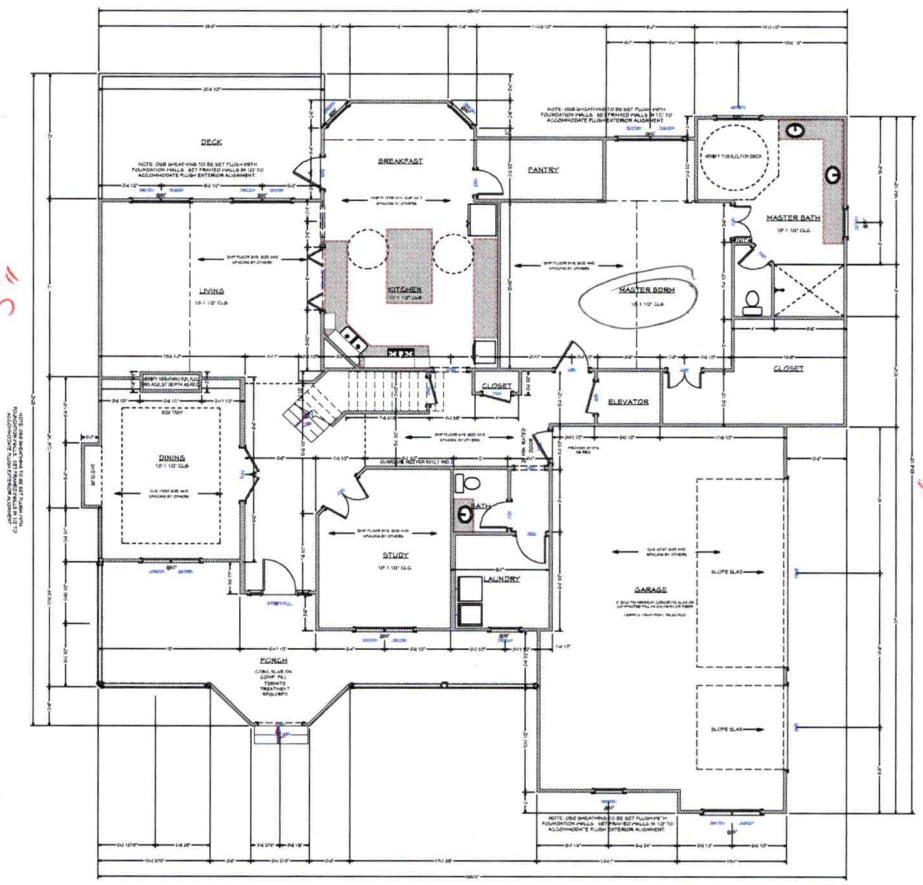
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

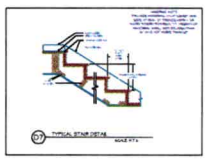
Checked 4th 4" 8/28/20 MD
line & Supply line
Upper 3 lines

	Date	Initials
Drain Lines Checked	8/27/20	MD
Tanks Checked	8/24/20	MD
Pressure Manifold or Valve Box Checked	10/20/2020	PJB
Pressure Head Set	10-21-2020	BCW
Electrical Checked	10/20/2020	PJB
Floats Set	10/20/2020	PJB
Alarm Checked	10/20/2020	PJB
Maintenance Contract (Y) / N	10/30/2020	PJB

8/27/20 Checked Supply line & connection to ~~off~~ site
>30" under drive



SQUARE FOOTAGE	
1ST FLOOR HEATED	2513
2ND FLOOR HEATED	1424
TOTAL HEATED	3947
UNFINISHED BSMT	2563
GARAGES	748
PORCHES	361
TOTAL UNDER ROOF	7122



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

FIELD

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION
Moran Residence
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

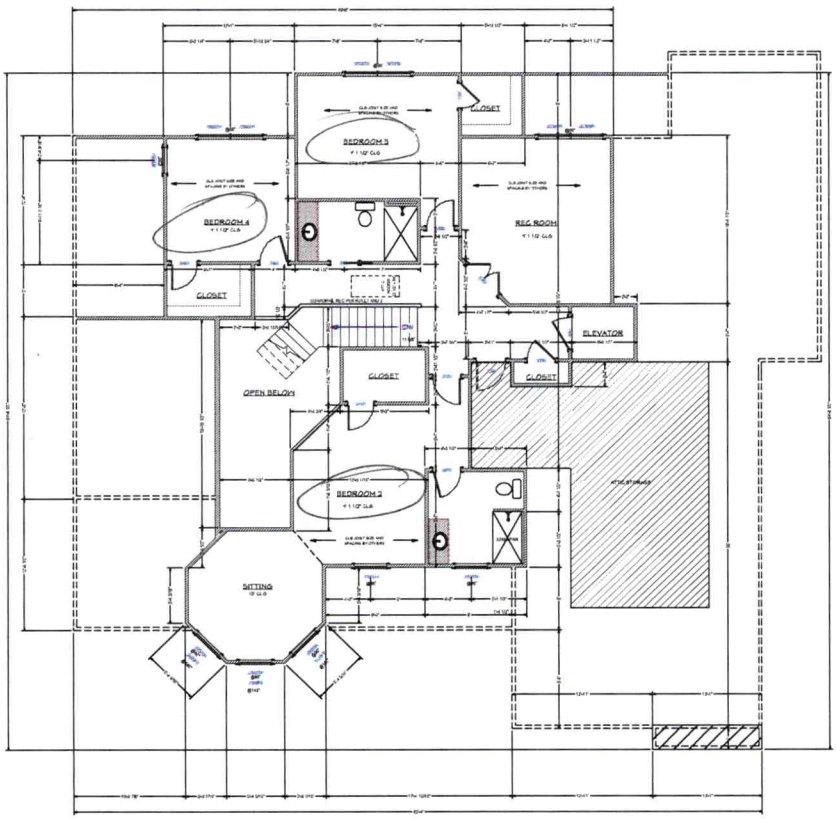
DATE: 1/12/2020
SCALE:
SHEET: A-6

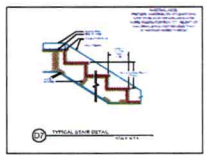
Hoskins House
drive off
Freshwater

Acknowledgement of
Plans Submittal ONLY!

Date 2/6/20

Date





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

NO.	DESCRIPTION	BY	DATE

FIELD

PROJECT DESCRIPTION:
Moran Residence
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE: 1/12/2020

SCALE:

SHEET: A-7

Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 2/7/20

Date