IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 230941

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

PIN # 4626629377

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

SITE ADDRESS: 151 Freshwater Ln. Mooresville, NC 28117 | PHONE: 704-799-7609 | ALT. PHONE: ——

SITE DIRECTIONS: Brawley School Rd → R on South Fork → L on Freshwater → lot on L | SAP CONTROLLED: ☐ YES ☒ NO

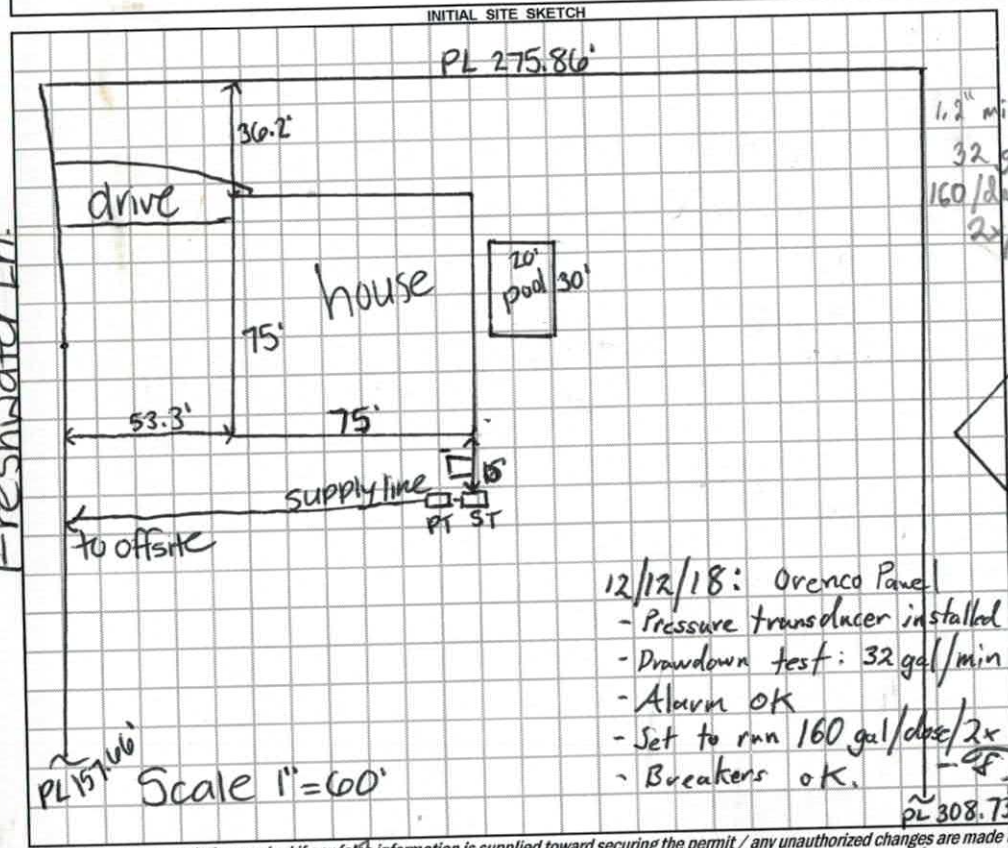
SUBDIVISION: The Farms | SECTION: 2 | LOT # 262 | LOT AREA: 1.85 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	390	Date	7-20-18	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	389	Date	9-10-18	System Description: PM 25% reduction		☐ Business	No. Persons 8
Pump Make	Goulds	Model	220 1.5HP	Serial #	WE1512HU	Repair System Description: PM 25% reduction		☐ Other	No. Employees ——
# Nitrification Fields	1	# Lines	3 @ 133'	Linear Ft	400'	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side) max	36"	Gravel Depth	——	☐ GRAVITY ☑ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

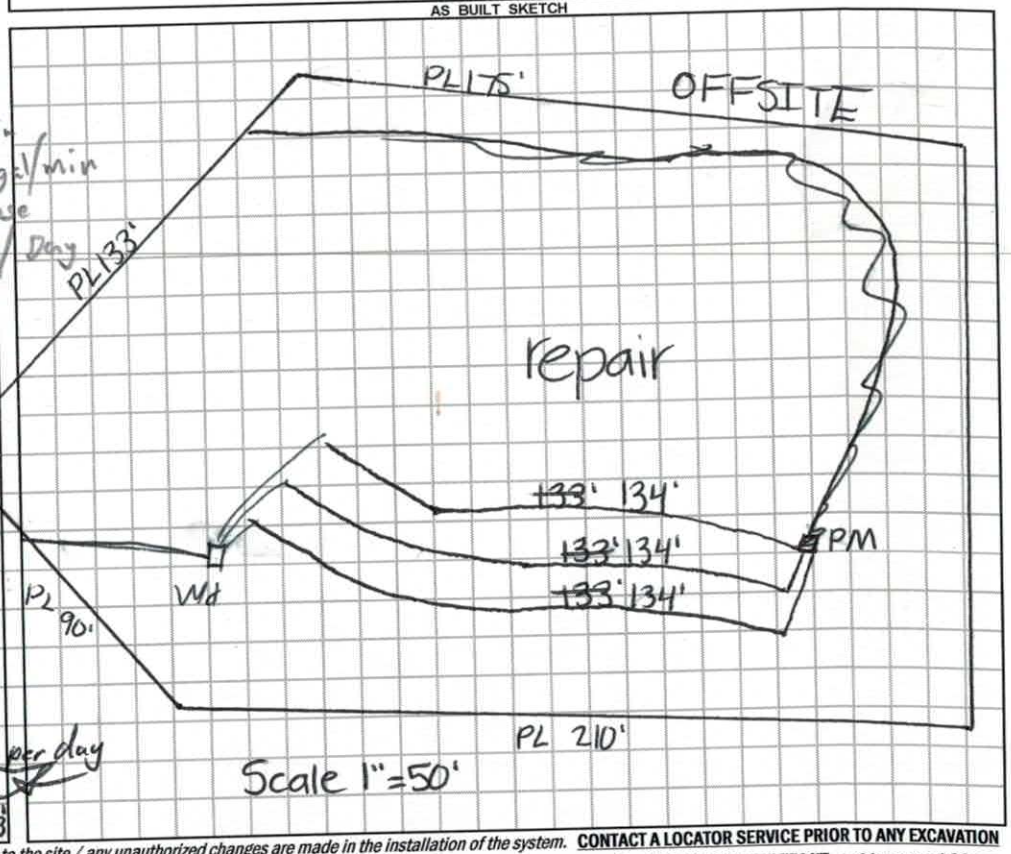
Water Supply: ☐ Private ☐ Public ☑ Community

Comments / Conditions: See color coded map for pump supply line details.
* See HOA → larger tanks may be required.

INITIAL SITE SKETCH



AS BUILT SKETCH



CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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 60 mos. ☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 5/10/18

IMPROVEMENT PERMIT by: Kayla Watson Date: 5-7-18

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 5-7-18

Installed by: Gunter Grading

OPERATION PERMIT by: Tom Shuck Date: 12/13/18

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 APR 2 - 2018

AC w/inspection
#230941

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

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

****

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

Paid $105.00 Ltd Relay.

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: Po Box 5350 Mooresville Zip: 28117
Applicant Email: LAKEMIST HOMES@yahoo Phone: 704 799 7609 Alt. Phone:
Owner Name: " Address: " Zip:
Owner Email: " Phone: " Alt. Phone:

****

Property Information:

Street Address: 151 Freshwater Lane, Mooresville NC 28117
Subdivision Name: Farms Section/Phase: 2 Lot Number: 262
Driving Directions: Brawley School towards Point, Right on South Fork, Left on Fresh Water, Lot is on left

****

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

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

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

****

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

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

****

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed:
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

****

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: _____ 4/2/18
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, Aaron Rikmon (Lakeshore Holdings LLC) am the legal owner(s) of the property located at 151 Freshwater Ln, identified as PIN (Parcel Identification Number) 4626253377, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
	4/6/18		

Please return this signed form to the appropriate office:

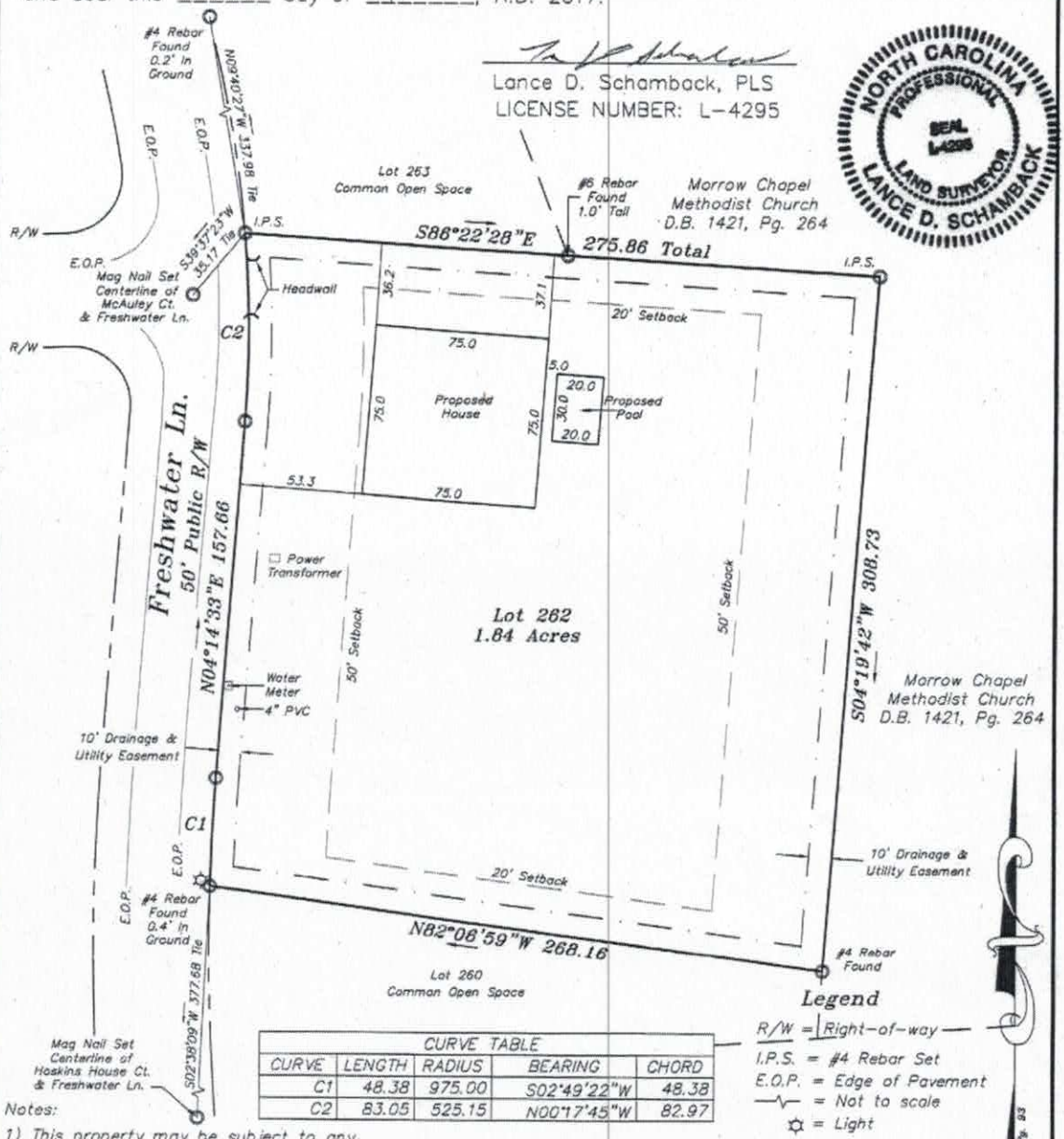
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 43, Page 93. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 22 day of April, A.D. 2017.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	48.38	975.00	S02°49'22"W	48.38
C2	83.05	525.15	N00°17'45"W	82.97

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
E.O.P. = Edge of Pavement
= Not to scale
☼ = Light

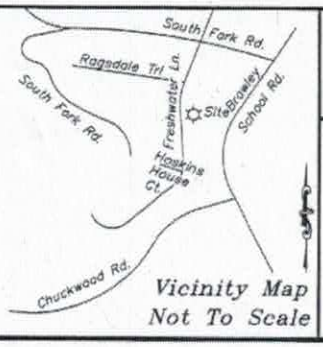
Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 43 at Page: 93 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.

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.



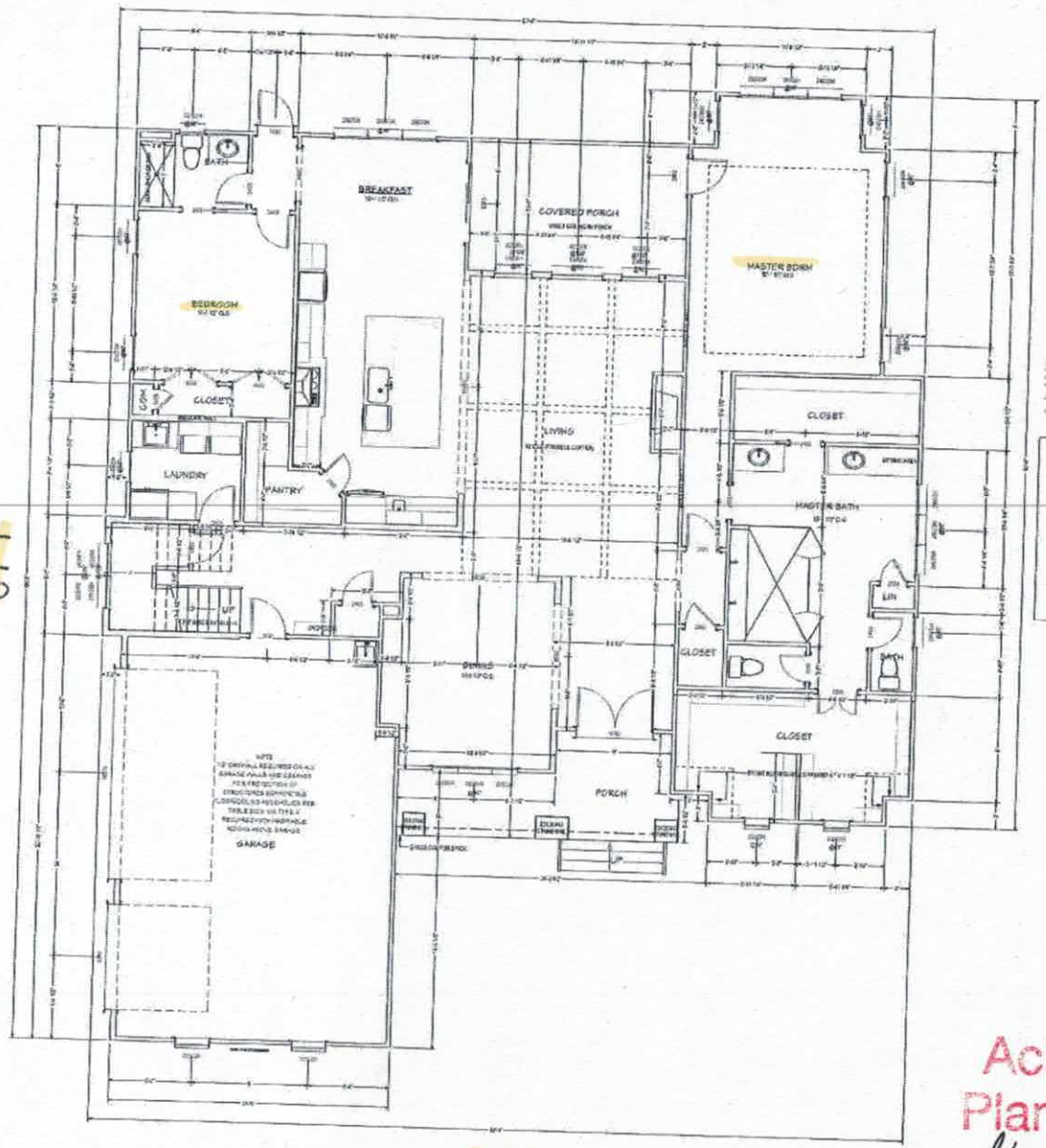
Vicinity Map
Not To Scale

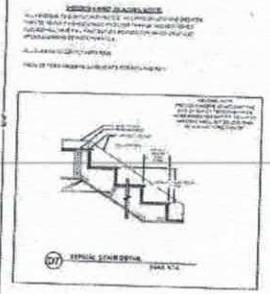
Boundary Survey
FOR
Don Papernik & Lynn Gibbons-Beddow

PROPERTY DESCRIPTION
Lot 262,
The Farms, Phase 2, Map 1
Sheet 1 of 2
P.B. 43, Pg. 93
Davidson Township, Iredell County, NC

SCALE: 1" = 60
FIELD BOOK:
FILE: 2017-125
Tax Parcel ID#: 4626629377

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





SQUARE FOOTAGE	
1ST FLOOR HEATED	2657
2ND FLOOR HEATED	1303
TOTAL HSF	3960
COVERED PORCHES	310
GARAGE	654
TOTAL UNDER ROOF	4924

FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 5-7-18

Date

4/2/18

WILLIAMS RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE: 3/21/2018

SCALE:

SHEET: A-6

Acknowledgement of
Plans Submittal ONLY!

SECOND FLOOR PLAN

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

Date 5-7-18

Date

4/18

SCALE:	1/4" = 1'-0"
DATE:	3/21/2018
SHEET:	A-7

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

PROJECT DESCRIPTION:
WILLIAMS RESIDENCE
LAKEMIST HOMES

SHEET TITLE:

NO.	DESCRIPTION	BY	DATE