2:30

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # AP

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

PIN # 4627-10-4433.000

APPLICANT / OWNER [illegible] APPLICANT ADDRESS [illegible]

SITE ADDRESS 478 Lakeview Shores Dr PHONE [illegible] ALT PHONE [illegible]

SITE DIRECTIONS [illegible]

SAP CONTROLLED ☐ YES ☒ NO

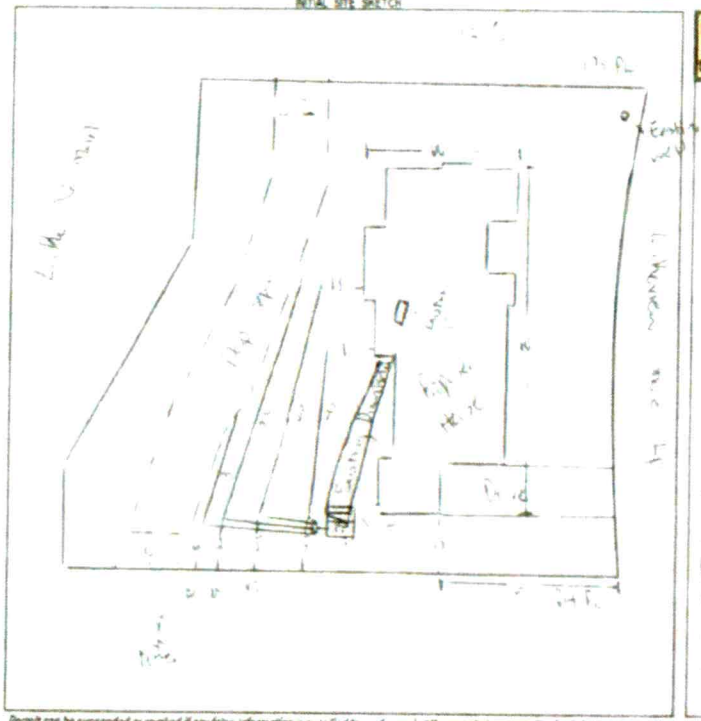
SUBDIVISION CLT SECTION 8 LOT # 274 LOT AREA [illegible] DESIGN FLOW 360 GPD L.T.A.R. [illegible]

Septic Tank	1000 (gal)	STB 765	Date 7-26-22	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	500 (gal)	PT 363	Date 6-15-22	System Description	[illegible]			☐ Business	No. Persons [illegible]
Pump Make	[illegible]	Model [illegible]	Serial # [illegible]	Repair System Description	[illegible]			☐ Other	No. Employees [illegible]
# Nitrification Fields	[illegible]	# Lines [illegible]	Linear Ft [illegible]	Maintenance Agreement Required	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width 24	Trench Bottom Depth(Low side) 36		Gravel Depth [illegible]		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Water line 10' [illegible] pipe [illegible]

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.

MW Tanks cleaned 9/23/22

10/11/22 - System to be installed in 3 Lines. Bottom 2 lines Pumped installed.

84

52

Permit can be suspended or revoked if any false information is supplied toward securing the permit, any unauthorized changes are made to the site, are 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 [illegible] Date 9/6/2022 Installed by Shady Knoll Septic

IMPROVEMENT PERMIT by [illegible] Date 10/5/22 OPERATION PERMIT by Burnett C. Little Date 4-10-2023

AUTHORIZATION TO CONSTRUCT by [illegible] Date 10/5/22 Existing System Inspected by [illegible] Date [illegible]

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

	Date	Initials
Drain Lines Checked	10/14/22	DW
Tanks Checked	9/23/22	DW
Pressure Manifold or Valve Box Checked	10/14/22	DW
Pressure Head Set	1/5/23	DW
Electrical Checked	4-10-2023	BCW
Floats Set	1/5/23	DW
Alarm Checked	4-10-2023	BCW
Maintenance Contract (Y) / N	4-10-2023	BCW

2:30

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 309025

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

PIN #

APPLICANT OWNER [illegible] APPLICANT ADDRESS [illegible]

SITE ADDRESS [illegible] PHONE [illegible] ALT PHONE [illegible]

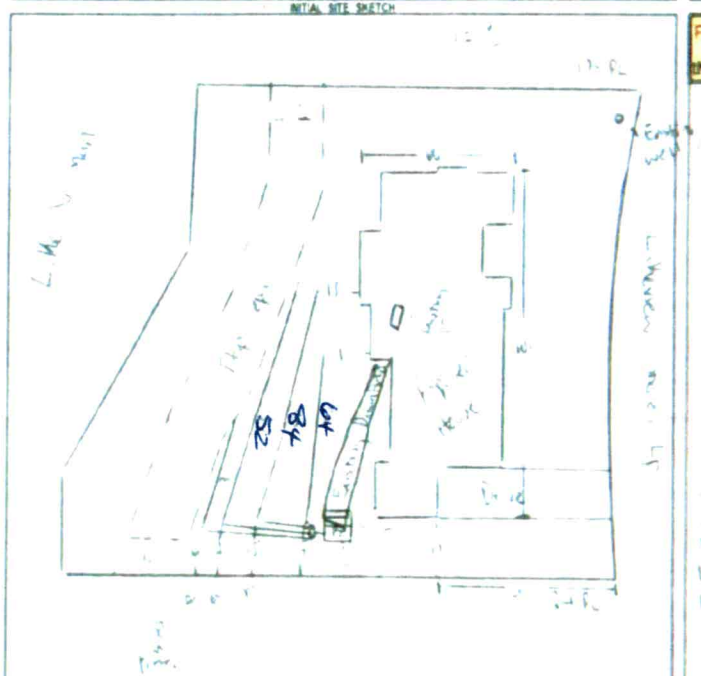
SITE DIRECTIONS [illegible] SAP CONTROLLED ☐ YES ☒ NO

SUBDIVISION [illegible] SECTION: 5 LOT # 27 LOT AREA [illegible] DESIGN FLOW [illegible] L.T.A.R. [illegible]

Septic Tank	[illegible] (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 3	Water Supply
Pump Tank	[illegible] (gal)	PT 363	Date	System Description	LPP, PR			☐ Business	No. Persons [illegible]	☒ Private
Pump Make		Model	Serial #	Repair System Description				☐ Other	No. Employees	☐ Public
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required	☒ YES	☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY	☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions [illegible]

INITIAL SITE SKETCH

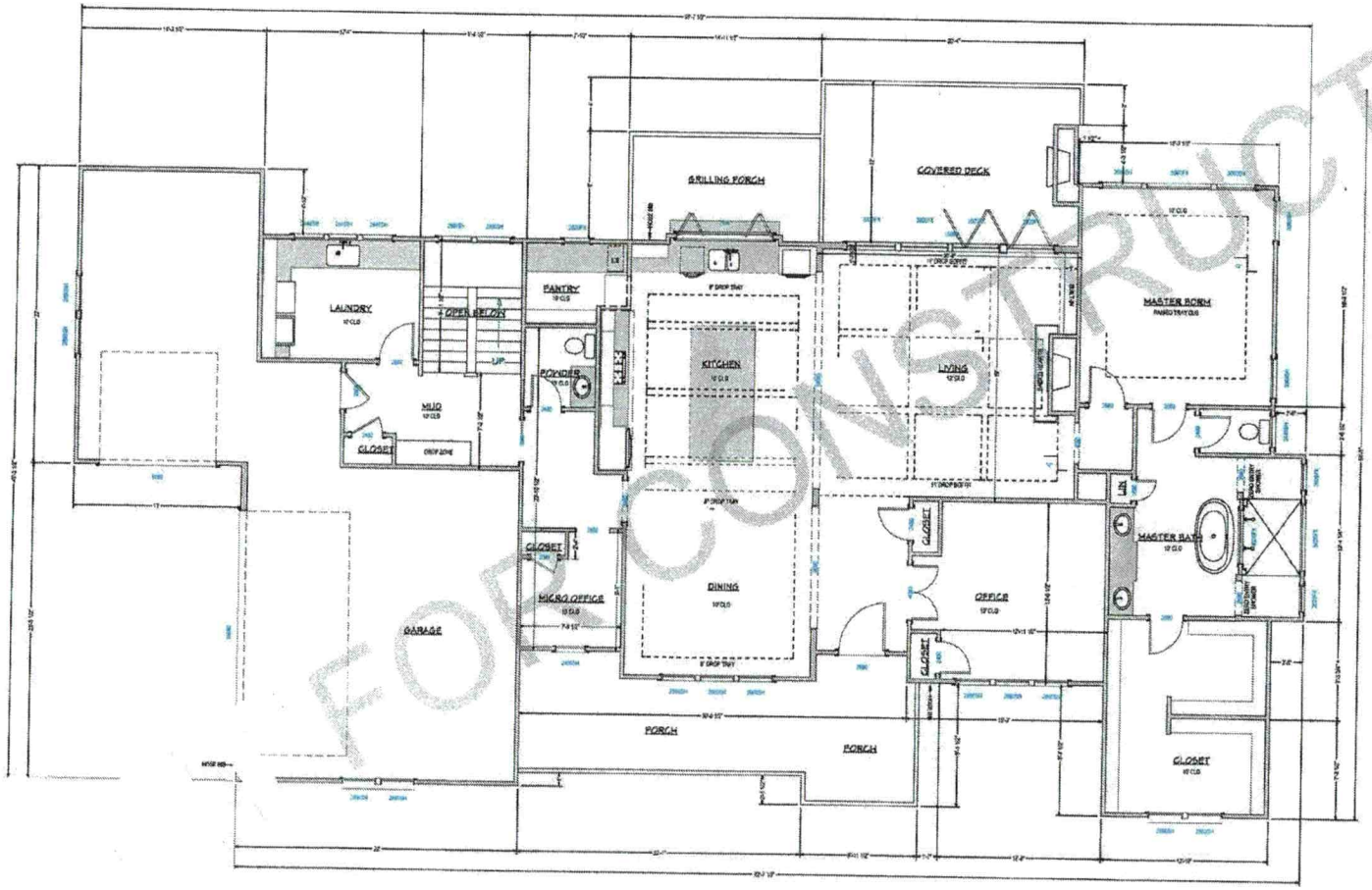

Existing well
Proposed well
Existing septic
Proposed septic
Proposed septic
Proposed

Acknowledgement Of
Plans Submittal ONLY!

Date 10/6/2021

Date 10/1/21

SQUARE FOOTAGE	
1ST FLOOR HEATED	2320
2ND FLOOR HEATED	644
FINISHED BASEMENT	1320
TOTAL HEATED	4284
UNFIN BSMT	1044
GARAGES	869
PORCHES	518
TOTAL UNDER ROOF	6784



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

FOR CONSTRUCTION

BID

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Martin Residence
478 Lakeview Shores Loop
Mooresville NC 28117

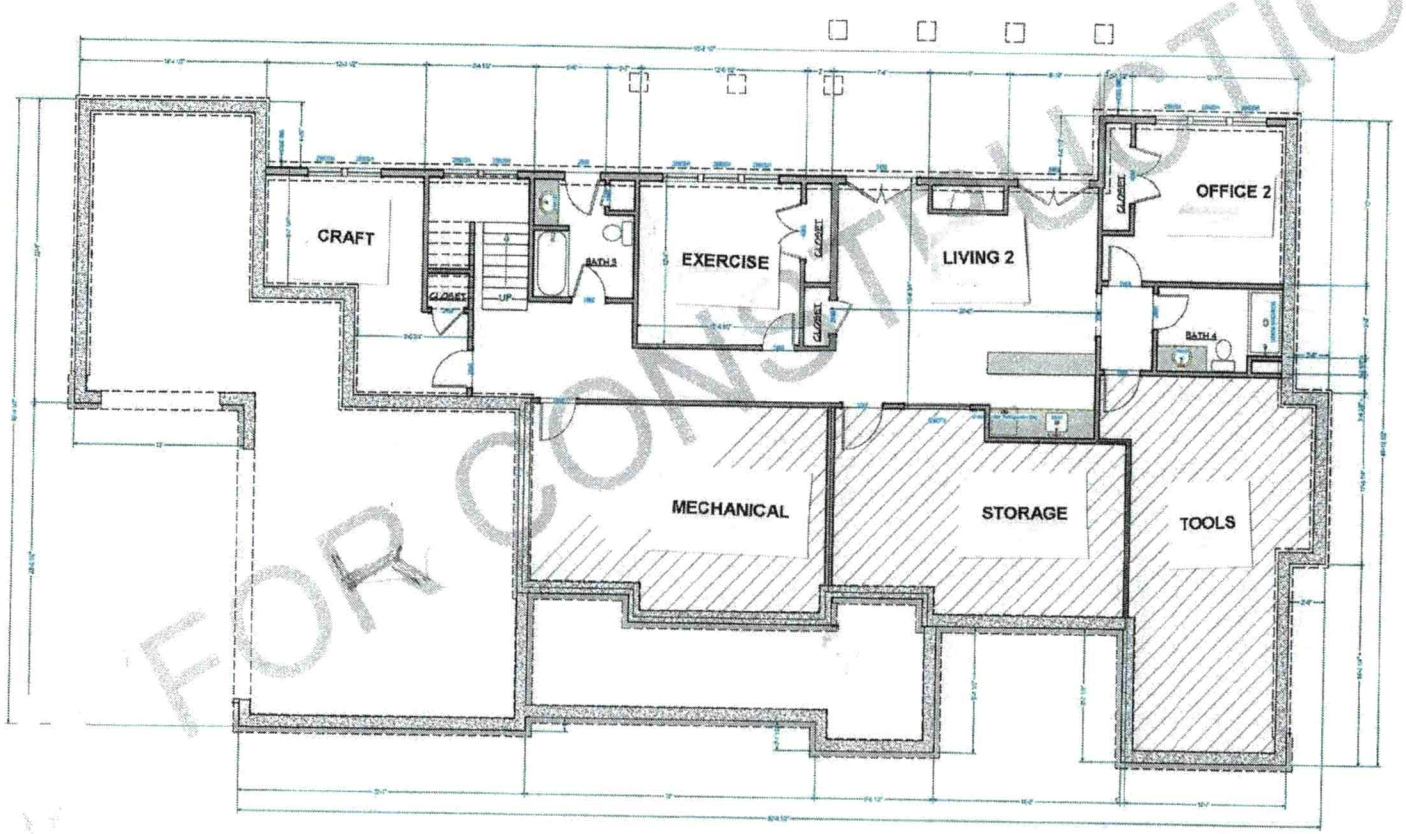
4G DESIGN BUILD
BUILD4G.com
488 Powells Rd
Statesville NC 28677
704-855-7578

DATE:
6/25/2021

SCALE:

SHEET:
A-6

Acknowledgement Of
Plans Submittal ONLY!
Date 10/1/21
Date 10/6/2021



NOTE: HATCHED AREA NOT INCLUDED IN FIN LIVING CALCULATIONS

FOUNDATION PLAN

SCALE 1/4" = 1'-0"

FOR CONSTRUCTION

BID

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Martin Residence
478 Lakeview Shores Loop
Mooresville NC 28117

4G DESIGN BUILD
BUILD4G.com
488 Pinedale Rd
Statesville NC 28677
704-665-7578

DATE: 6/25/2021

SCALE:

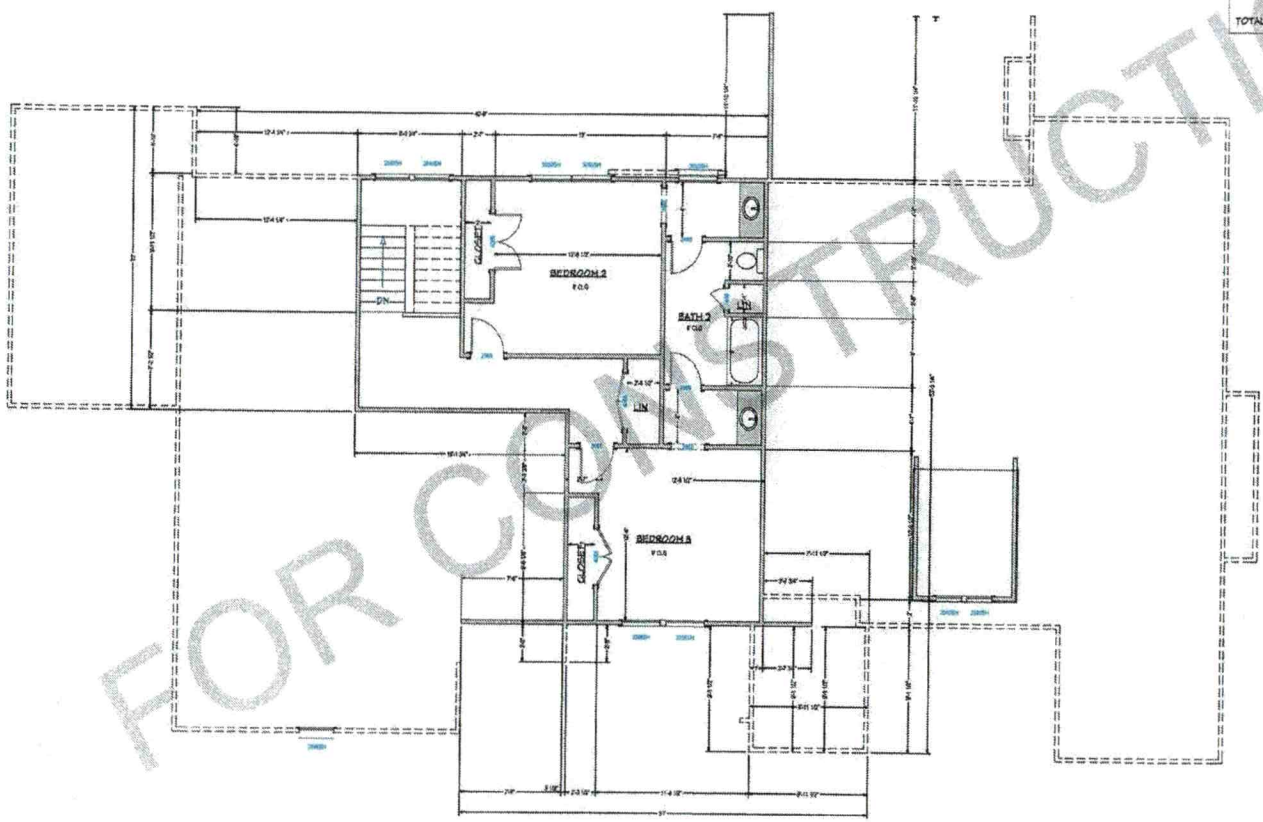
SHEET: A-5

Acknowledgement Of
Plans Submittal ONLY!

Date 12/6/2021

Date 10/1/21

SQUARE FOOTAGE	
1ST FLOOR HEATED	2320
2ND FLOOR HEATED	644
FINISHED BASEMENT	1320
TOTAL HEATED	4284
UNFIN BSMT	1069
GARAGES	868
PORCHES	515
TOTAL UNDER ROOF	6184



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

FOR CONSTRUCTION

BID

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Martin Residence
478 Lakeview Shores Loop
Mooresville NC 28117

4G DESIGN BUILD
BUILD4G.com
838 Pineville Rd
Statesville NC 28677
704-655-7578

DATE:
6/25/2021

SCALE:

SHEET:
A-7

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP309025

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

PIN # 4627104433

APPLICANT/OWNER: James Nash | APPLICANT ADDRESS: 19306 Wildcat Trl. Davidson NC 28036

SITE ADDRESS: 478 Lakeview Shores Lp Mooresville NC 28117 | PHONE: 704-634-0499 | ALT. PHONE: —

SITE DIRECTIONS: Brawley School Rd to Ron Mckendree Rd, Ron Lakeview shores Lp, Lot will be on R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLand T | SECTION: 58 | LOT # 274 | LOT AREA: 0.64 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	1000	(gal)	PT		Date				
Pump Make			Model		Serial #				
# Nitrification Fields	1		# Lines	4	Linear Ft	200			
Trench Width	24"		Trench Bottom Depth(Low side)	30"	Gravel Depth	—			

☒ New System ☐ Repair ☐ Expansion | System Type: I II III ☒ V VI

System Description: LPPPBPS

Repair System Description: TS2 Drip

Maintenance Agreement Required: ☒ YES ☐ NO | ☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

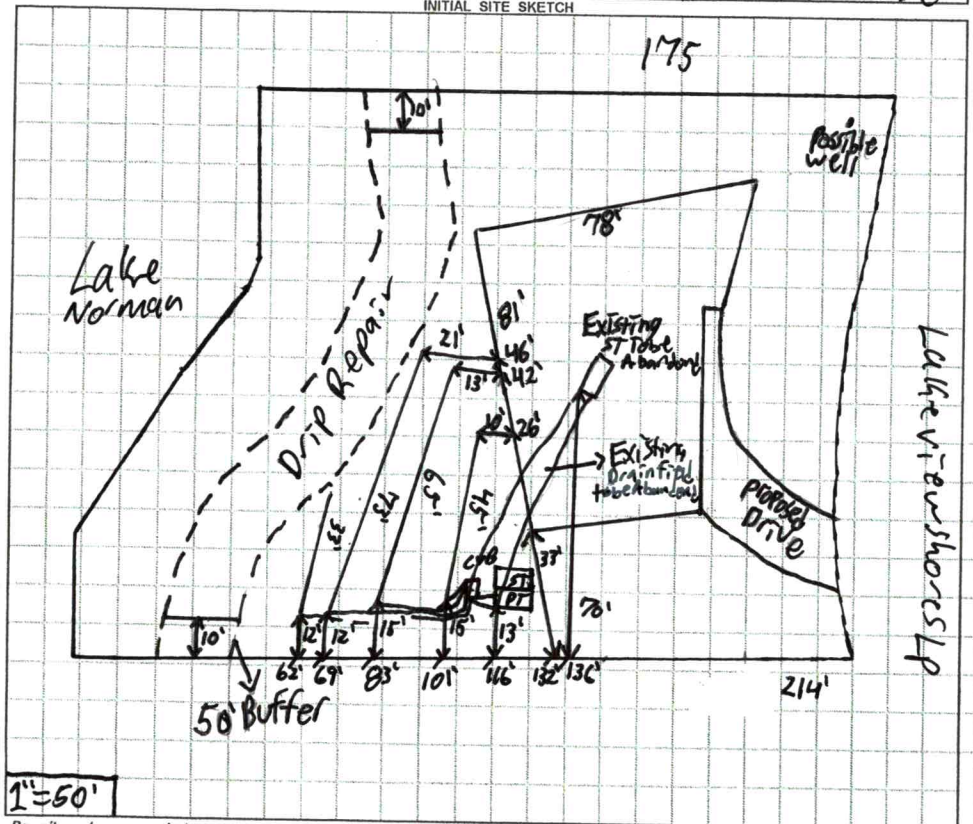
No. Bedrooms: 3 | No. Persons: 6 | No. Employees: | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Install lines on contour. DO NOT drive on, Store material or manipulate drain field in any way. Old well must be found and Abandond. Old ST and drain field must be properly abandond. Before A Cissued 50' Buffer and all Property Lines and corners must be marked by a licensed surveyor. 216 of Line shown only need 200'

INITIAL SITE SKETCH



AS BUILT SKETCH

Revoked

5/32" hole
2' pressure head
Dosing volume = 180
Drawdown = 8.6
Flow Rate = 20.9
Run time = 8.6

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!
well needs to be Abandond, 50' Buffer marked
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: James Geoffrey Nash | Date: 10/26/2020 | Installed by:

IMPROVEMENT PERMIT by: Patrick J Boyle III | Date: 10/26/2020 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | 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.

* Re-Draw permit # AP309025

RECEIVED SEP 17 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

CW

Intermediate

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-309025 $320.00

Application For:

( ) Septic Improvement Permit (X) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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: 4G Design Build **Address:** 488 Pineville Rd. Statesville **Zip:** 28677

Applicant Email: Quinton@Build4G.com **Phone:** 704-634-3647 **Alt. Phone:** 704-208-8342

Owner Name: Gregory Martin **Address:** 2533 Twilight Rd. Snellville, Ga. **Zip:** 30078

Owner Email: GregMartin69@Me.com **Phone:** 707-846-0901 **Alt. Phone:** _____

Property Information:

Street Address: 478 Lakeview Shores Loop Mooresville 28117

Subdivision Name: C.L.+T **Section/Phase:** 8 **Lot Number:** 274

Driving Directions: Brawley School Rd. to Ron McKendree, R on Lakeview Shores Loop Lot on R

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: Pipers

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?

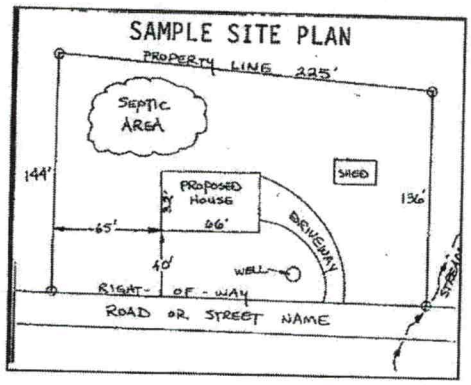
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 9-9-21

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 site plan attached

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

9-9-21
DATE

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, Gregory Martin, am the legal owner(s) of the property located at 478 Lakeview Shores Loop, identified as PIN (Parcel Identification Number) 4627044433, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) 46 Design Build, LLC Quinton Gandy, 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.

Gregory C. Martin (Sep 2, 2021 16:26 EDT)

Signature of Owner(s) — Sep 2, 2021 — 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 *****

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

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.**

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**.

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.

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** 5-9-21

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

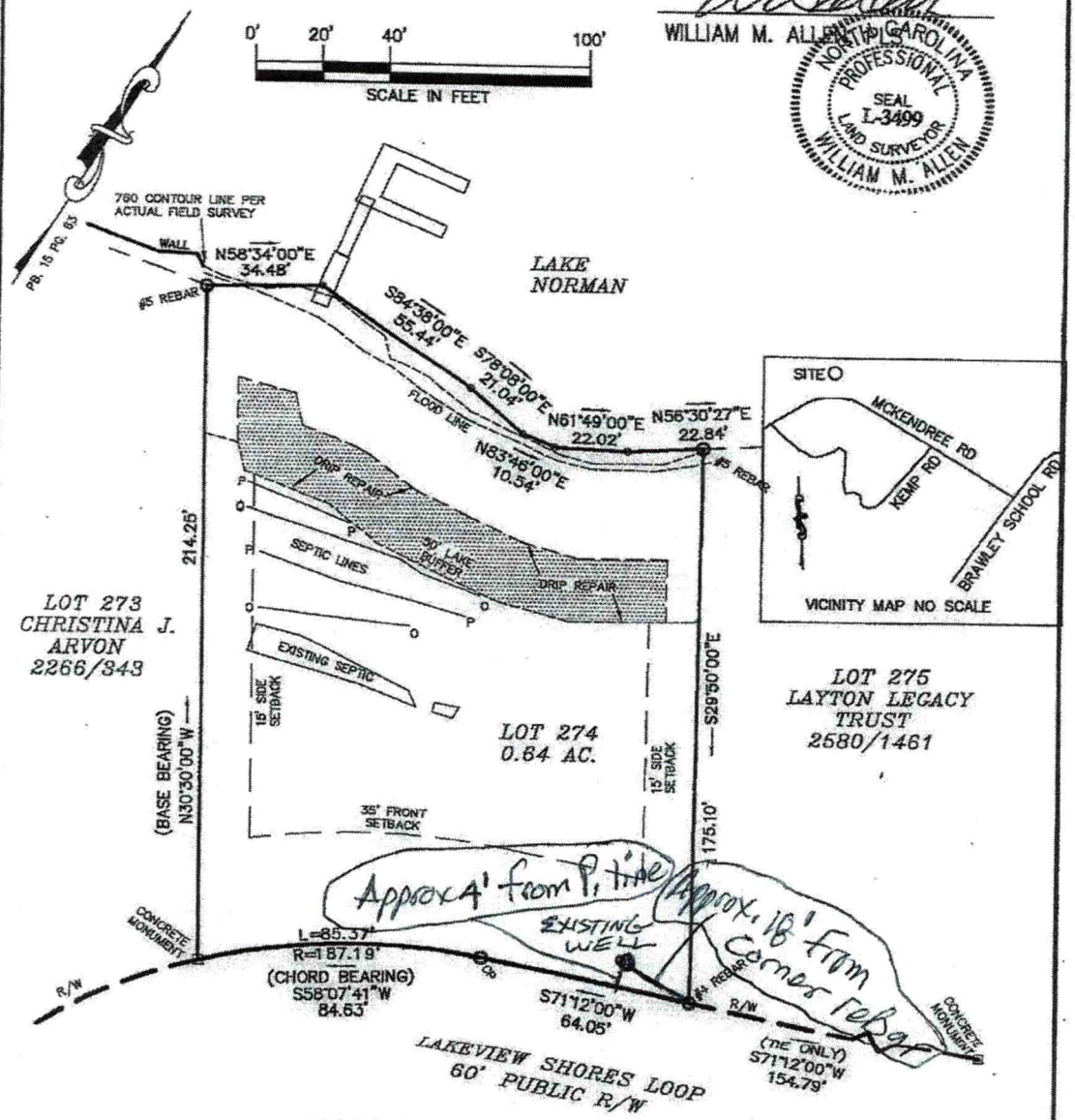
Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

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 2349, page 1366, and/or plat book 15, page 63, 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 17, day of NOVEMBER A.D. 20 20.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT DOWAN'S POND DAM (READING ON 11/16/2020) ELEVATION: 758.1'
4) OVERHEAD POWER
5) 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
W = WELL
PDE = PUBLIC DRAINAGE EASEMENT
CP = COMPUTED POINT

BOUNDARY SURVEY

OF

478 LAKEVIEW SHORES LOOP
LOT 274 CRESCENT LAND & TIMBER CORP., SECT. 8
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = 40'

ACQUIRED BY: GREGORY & MARYBETH MARTIN

FIELD BOOK: 502L
FILE: CLT 274 SS
DC FILE:
TAX MAP NO: 4627104433

FLOOD STATEMENT

Re: Lot 274 Crescent Land & Timber Corp. Sect. 8
478 Lakeview shores Loop
Mooresville, NC 28117
Gregory & Marybeth Martin

According to FEMA's Flood Insurance Rate Map is the above referenced property located in a special hazard area.

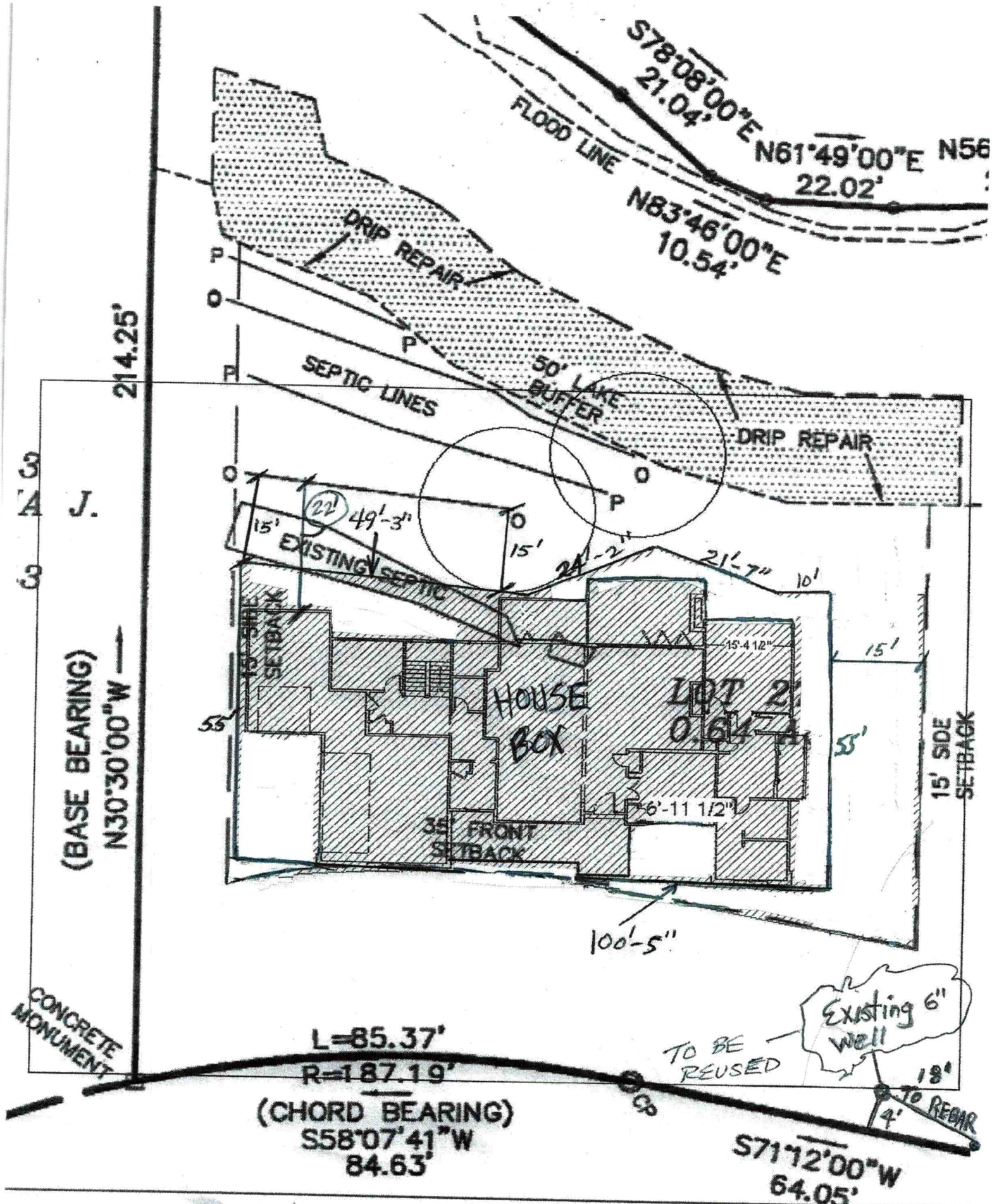
( ) - No – Property not in flood
(x) - Yes- Up to flood line as shown
( ) - Above mentioned map not available

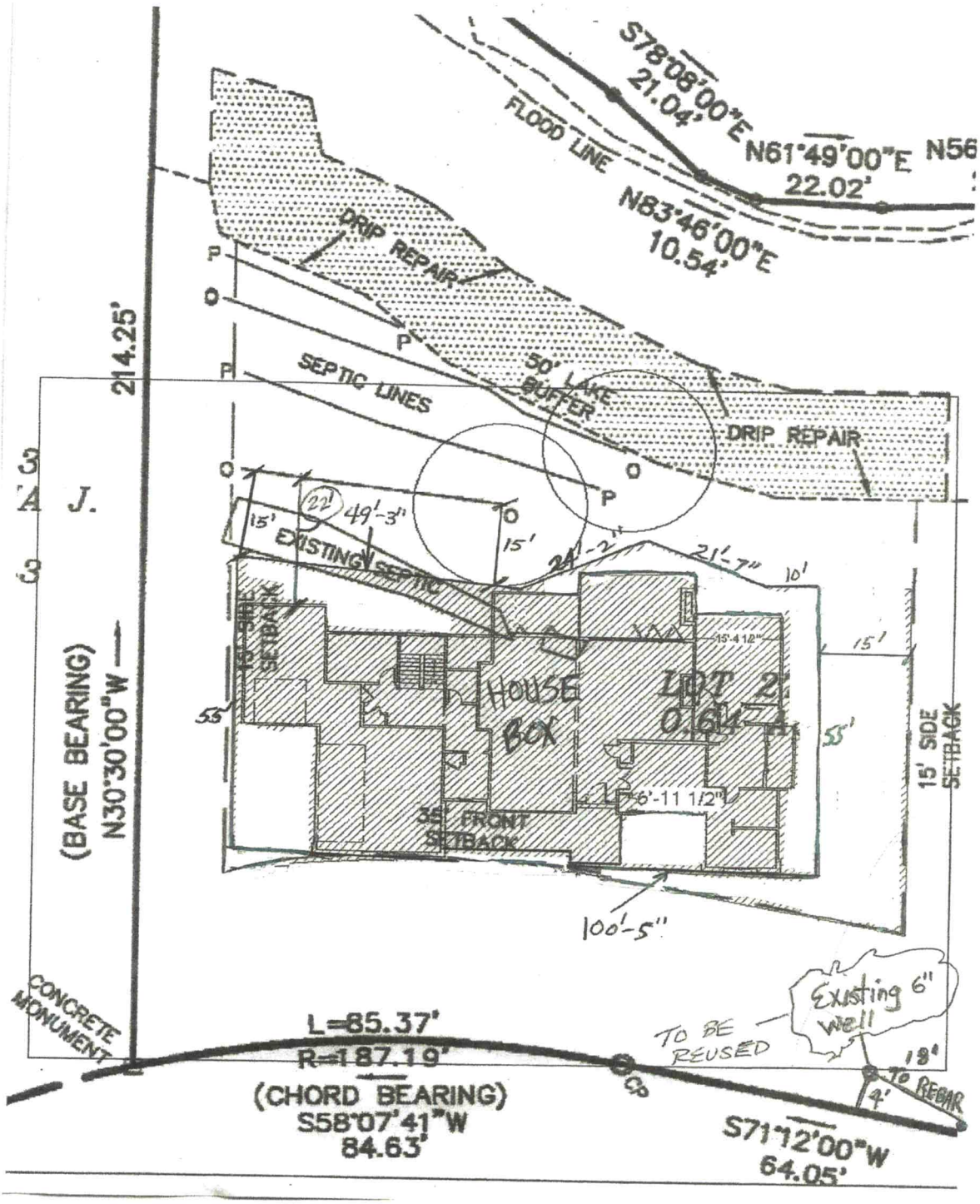
Comments:

William M. Allen



November 17, 2020
Date


S78°08'00"E
21.04'
FLOOD LINE
N61°49'00"E
22.02'
N56
N83°46'00"E
10.54'
DRIP REPAIR
P
O
P
P
214.25'
SEPTIC LINES
50' LAKE BUFFER
DRIP REPAIR
O
P
O
3
A J.
3
(BASE BEARING)
N30°30'00"W
22'
49'-3"
15'
EXISTING SEPTIC
15'
24'-2"
21'-7"
10'
15' SIDE SETBACK
HOUSE BOX
LOT 2
0.64 ±A
15'-4 1/2"
15'
55'
55'
15' SIDE SETBACK
6'-11 1/2"
35' FRONT SETBACK
100'-5"
CONCRETE MONUMENT
L=85.37'
R=187.19'
(CHORD BEARING)
S58°07'41"W
84.63'
Existing 6" well
TO BE REUSED
18"
4'
TO REBAR
S71°12'00"W
64.05'


S78°08'00"E
21.04'
FLOOD LINE
N61°49'00"E
22.02'
N56
N83°46'00"E
10.54'
DRIP REPAIR
214.25'
SEPTIC LINES
50' LAKE BUFFER
DRIP REPAIR
A J.
(BASE BEARING)
N30°30'00"W
49'-3"
15' EXISTING SEPTIC
15'
24'-2"
21'-7"
10'
15' SIDE SETBACK
HOUSE BOX
LOT 2
0.61±
15'-4 1/2"
15'
55'
6'-11 1/2"
35' FRONT SETBACK
100'-5"
15' SIDE SETBACK
CONCRETE MONUMENT
L=85.37'
R=187.19'
(CHORD BEARING)
S58°07'41"W
84.63'
Existing 6" well
TO BE REUSED
18"
4'
TO REBAR
S71°12'00"W
64.05'

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

Sheet 1 of 1
PROPERTY ID #: 962710443 3
COUNTY: Iredell

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

OWNER: James Nash
ADDRESS: 19306 Wildcatt / Davidson
PROPOSED FACILITY: Newsingleram PROPOSED DESIGN FLOW (.1949): 3600
LOCATION OF SITE: 478 Lakeview Shores Lp

APPLICATION DATE 9/2/2020
DATE EVALUATED: 10/6/2020
PROPERTY SIZE: 0.64 acres
PROPERTY RECORDED: yes

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) .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	SS 11%	0-7	SCLWSBK	FrSSSPSexP	—	60"	Few Litho inclusions Most common at bottom	Some parent Rx mixed in some manganese	PS.3
		7-32	CSBK	FrSSSPSexP					
		32-60	CLWSBK	FrSSSPSexP					
2	SS 16%	0-9	SCLWSBK	FrSSSPSexP	Few YBmottles	60"	Litho inclusions to common at bottom	Small Rock vein between 42" and 50" on one side	PS.3
		9-33	CSBK/ABK	FrSSSPSexP					
		33-60	CLWSBK	FrSSSPSexP					
3	SS 19%	0-10	SCLWSBK	FrSSSPSexP	Few YBmottles	60"	Few Litho inclusions	—	PS.3
		10-30	CSBK/ABK	FrSSSPSexP					
		30-60	CLSBK	FrSSSPSexP					
4	SS 9%	0-8	SCLWSBK	FrSSSPSexP	—	60"	Litho inclusions more common at bottom	Small Vein of sandy saprolite Vertical	PS.3
		8-29	CABK	FrSSSPSexP					
		29-60	CLSBK	FrSSSPSexP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	200	2400
System Type(s)	LPPBPS	Drip TSZ
Site LTAR	.3	.15

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: sunny & under trees

Updated February 2014

RECEIVED SEP 0 3 2020

AP-309025
$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
(X) 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

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: James Geoffrey Nash Address: 19306 Wildcat Trail Davidson, NC Zip: 28036
Applicant Email: jamesgeoffreynash@gmail.com Phone: 704 634 0499 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 478 Lakeview Shores Loop Mooresville, NC
Subdivision Name: C&T Section/Phase: 8 Lot Number: 274
Driving Directions: Brawley Sch Road to McKendrie; Right on LSL; Left on Abbott; Right on LSL

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

(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: 3
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
(X) 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 (X) 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 (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.

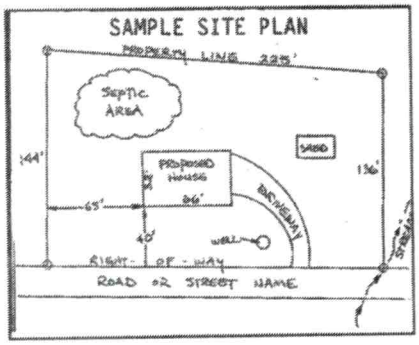
Signature: James Geoffrey Nash 9/2/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and 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

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: James Geoffrey Nash
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

9/2/2020
DATE

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*) James Geoffrey Nash

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, JAMES GEOFFREY NASH, am the legal owner(s) of the property located at 478 LAKEVIEW SHORES LOOP MOORESVILLE, identified as PIN (Parcel Identification Number) 4627104433.000, located in Iredell County, North Carolina.

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

James Geoffrey Nash
Signature of Owner(s)

9/2/2020
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 *****

JM **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

JM **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.**

JM **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.**

JM **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.

JM **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).

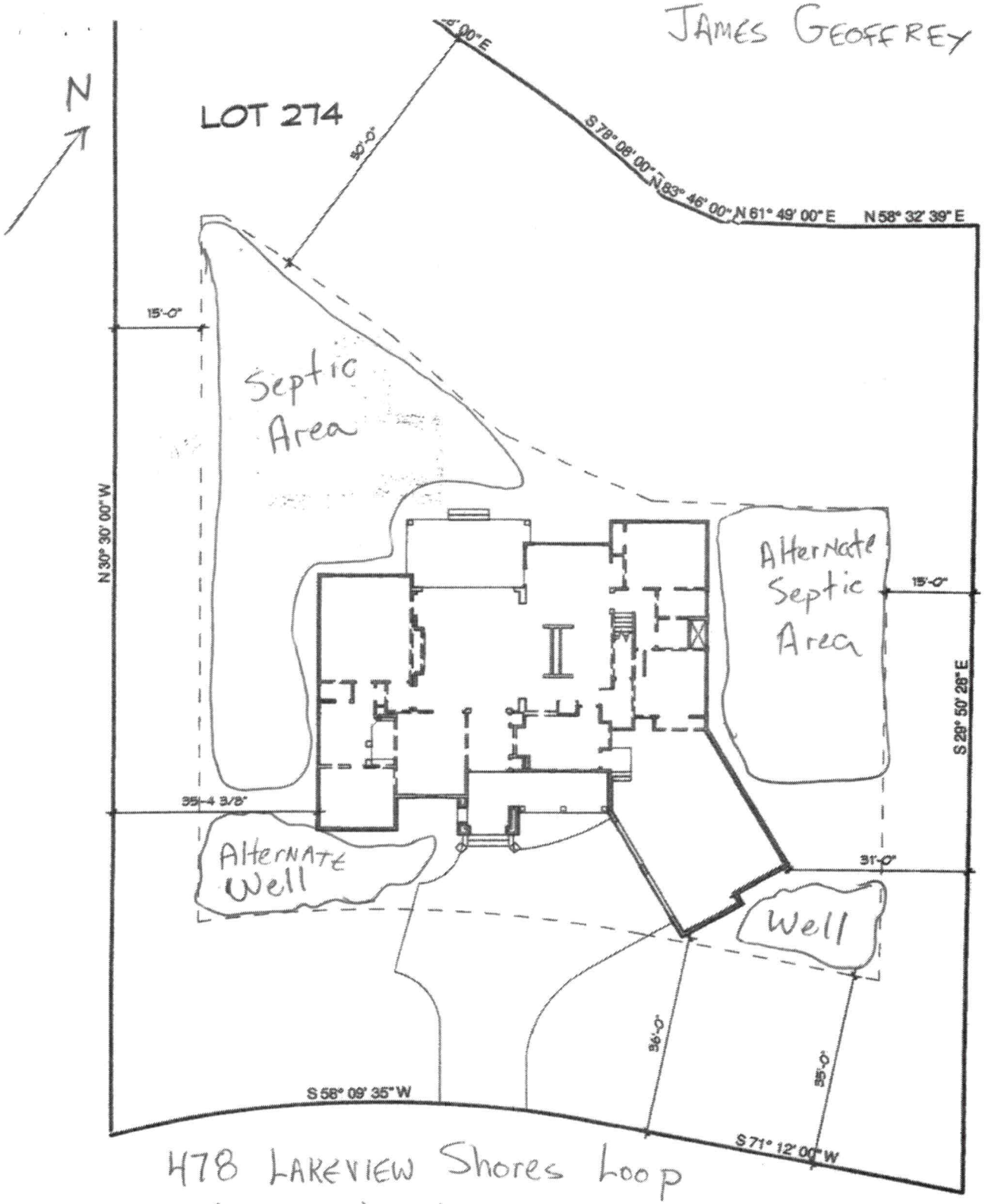
Signature James Geoffrey Nash **Date** 9/2/2020

Questions? Contact the Environmental Health Offices below:

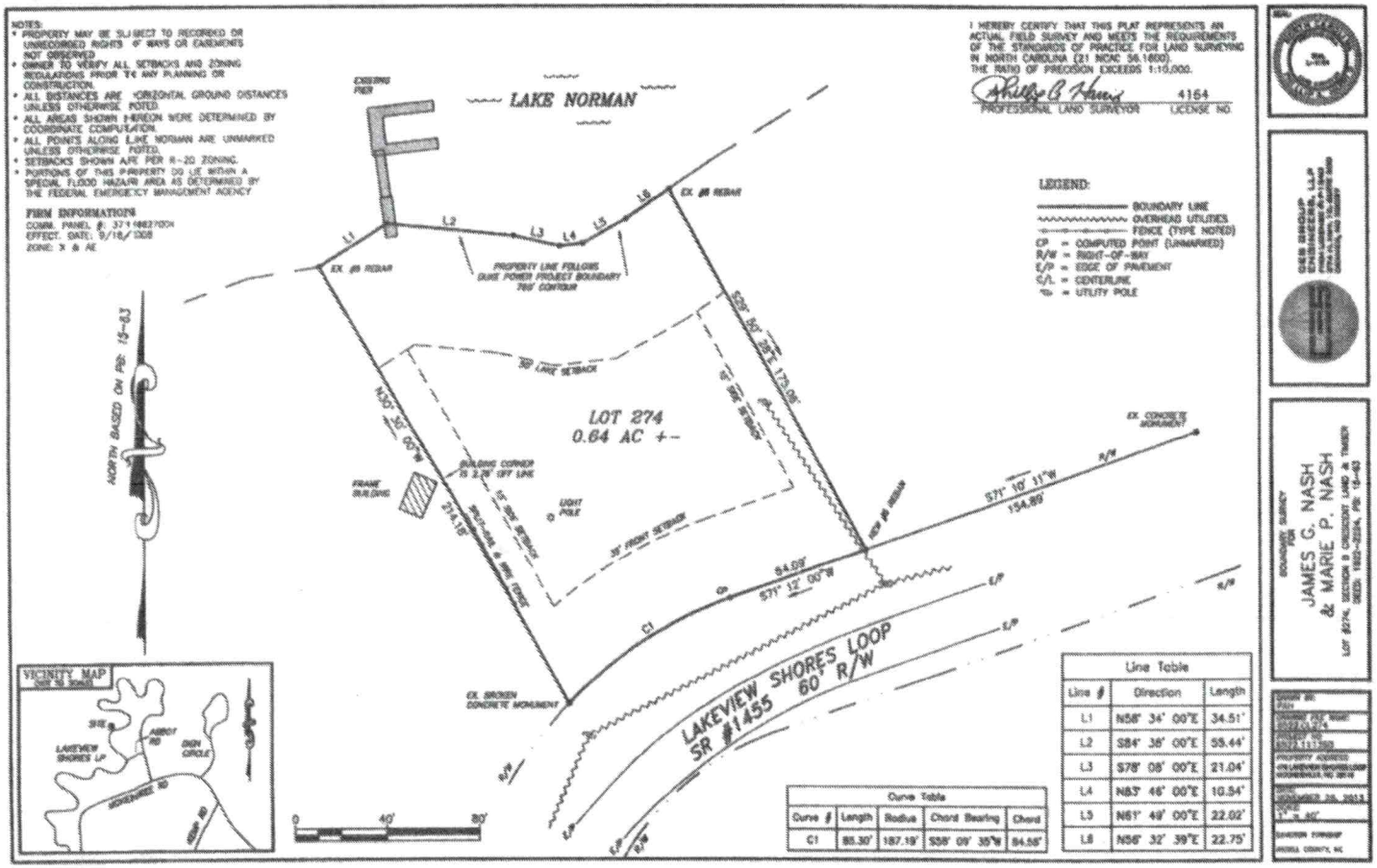
Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

JAMES GEOFFREY NASH



478 LAKEVIEW Shores Loop
Mooresville, NC
Proposed Septic & Well LOCATIONS



Copyright 2013 CES Group Engineers LLP

478 Lakeview Shores Loop Mooresville

Existing Septic System - Serviced a 2 bedroom Trailer

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 14 July 1970

Owner Watson Address _____

Installed By Bowles Address Mooresville

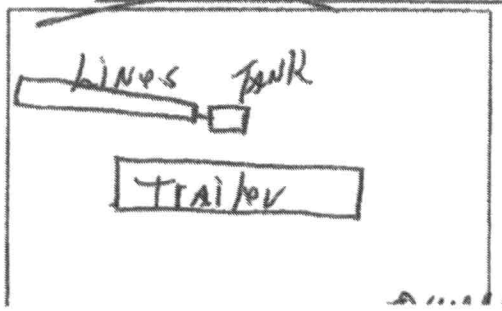
Location of Property Sect 8 Lot 274

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	( )
Presast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 14 July 1970 Approved (X) Disapproved ( )

Remarks Lake



[illegible]

RECEIVED JUL 15 2020 AP-309025 $250.00

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:

JAMES G. NASH	19306 WILDCAT TRAIL DAVIDSON NC 28036	704 634 0499	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
SAME			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

****

4. Property Information:

478 LAKEVIEW SHORES LOOP		
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: _____

****

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

(✓) **New, Single Family Residence** **Maximum Number of Bedrooms** 3 ( ) **Crawl Space Foundation?**

( ) **New, Multi-Family Residence** **Maximum Number of Occupants** ___ ( ) **Concrete Slab Foundation?**

( ) **Expansion of Existing Septic System** **If Expansion, Current Number of Bedrooms** ___ ( ) **Basement w/Plumbing?**

( ) **Repair To Failing Septic System due to** _____ ( ) **Basement w/out Plumbing?**

( ) **Other** _____

IF Non- Residential Site Development: **Type of Business** _____

Square Footage of Building _____

Maximum Number of Employees _____

Maximum Number of Seats _____

****

6. Proposed Water Supply: * There's an existing well, it's old and may not be usable

( ) **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)* (X) **EXISTING SYSTEM installed** 1970 *Year*

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

8. Please Answer The Following ( ) **Yes** (X) **No Does the site contain any jurisdictional wetlands?**

To The Best of Your Ability: ( ) **Yes** (X) **No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: James Geoffrey Nash

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

7/13/2020

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:

_____ 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

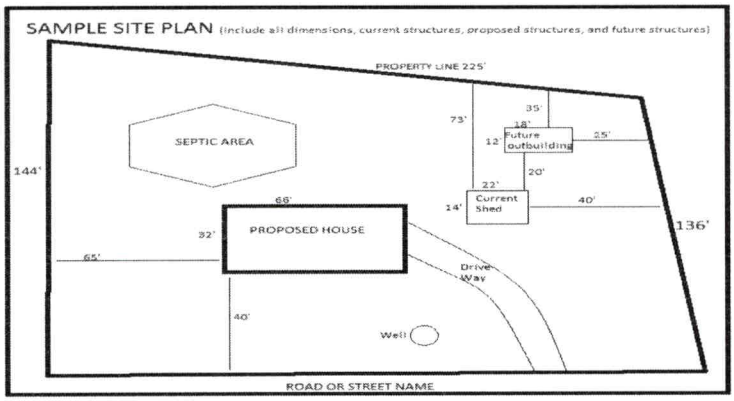
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

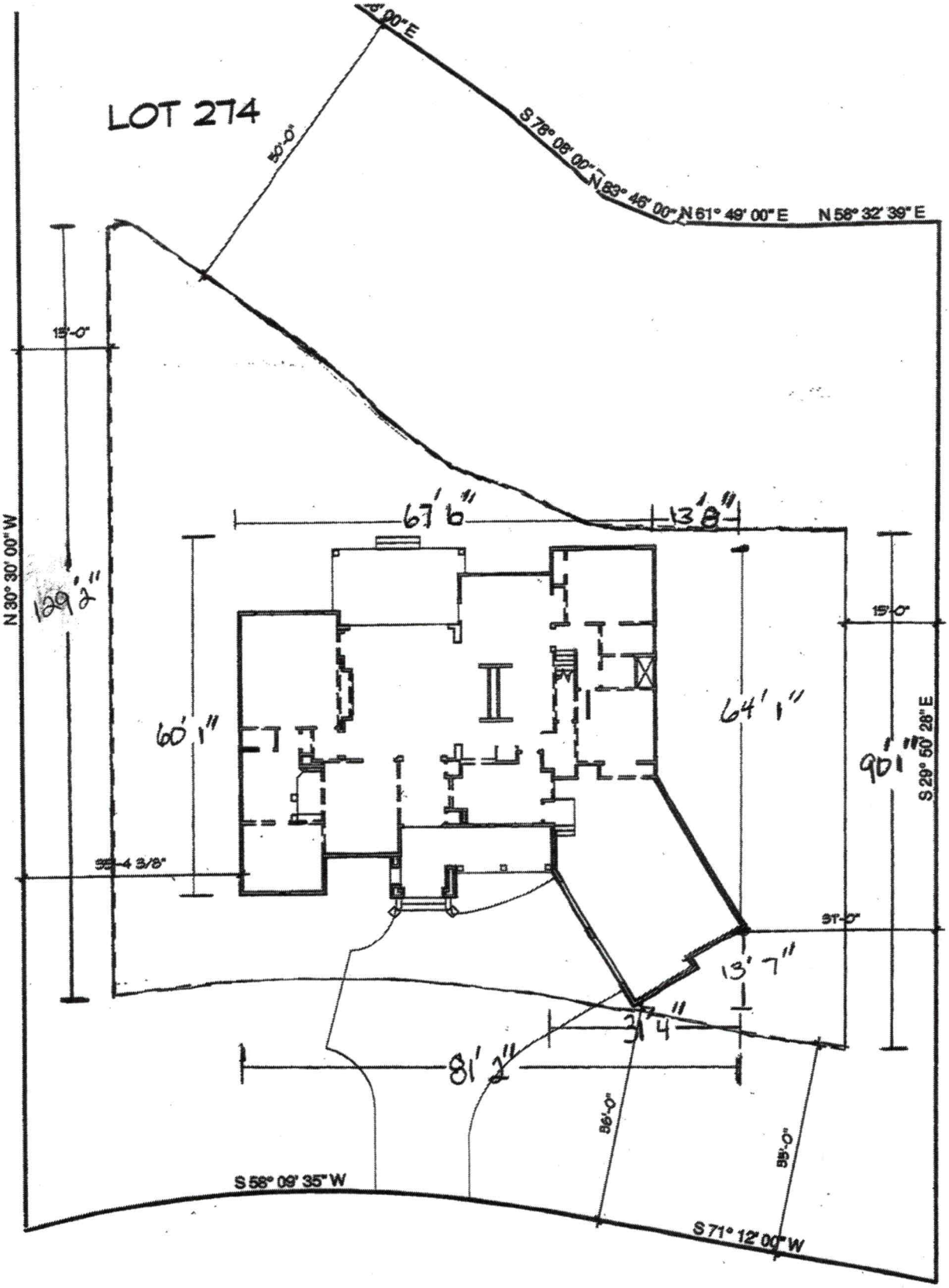
See Attached

Signature: James Merlyn Nash

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

7/13/2020

DATE



Rec'd 8-11-20

Revised

Ronda Hart

From: Marcia Liedle <marcia.liedle@allentate.com>
Sent: Tuesday, August 11, 2020 9:44 AM
To: Ronda Hart
Subject: 478 Lakeview Shores Site Plan
Attachments: 478 Lakeview Shores Loop House Plan.pdf

Ronda we spoke yesterday about this septic permit. The seller has removed the request for a pool and added dimensions as requested. Please replace this site plan with the one on file. We hope to have a surveyor mark the lot this week and will let you know when that is completed. Let me know if you have questions. Thanks so much.

--

REMINDER: Allen Tate Realtors® will never request that you send funds or nonpublic personal information, such as social security numbers, credit card or debit card numbers or bank account and/or routing numbers, by email. If you receive an email message concerning any transaction involving Allen Tate Realtors® and the email requests that you send funds or provide nonpublic personal information, do not respond to the email and immediately contact Allen Tate Realtors® by phone. Please reach out to me at the phone number above if you have any questions about the contents of this email.

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

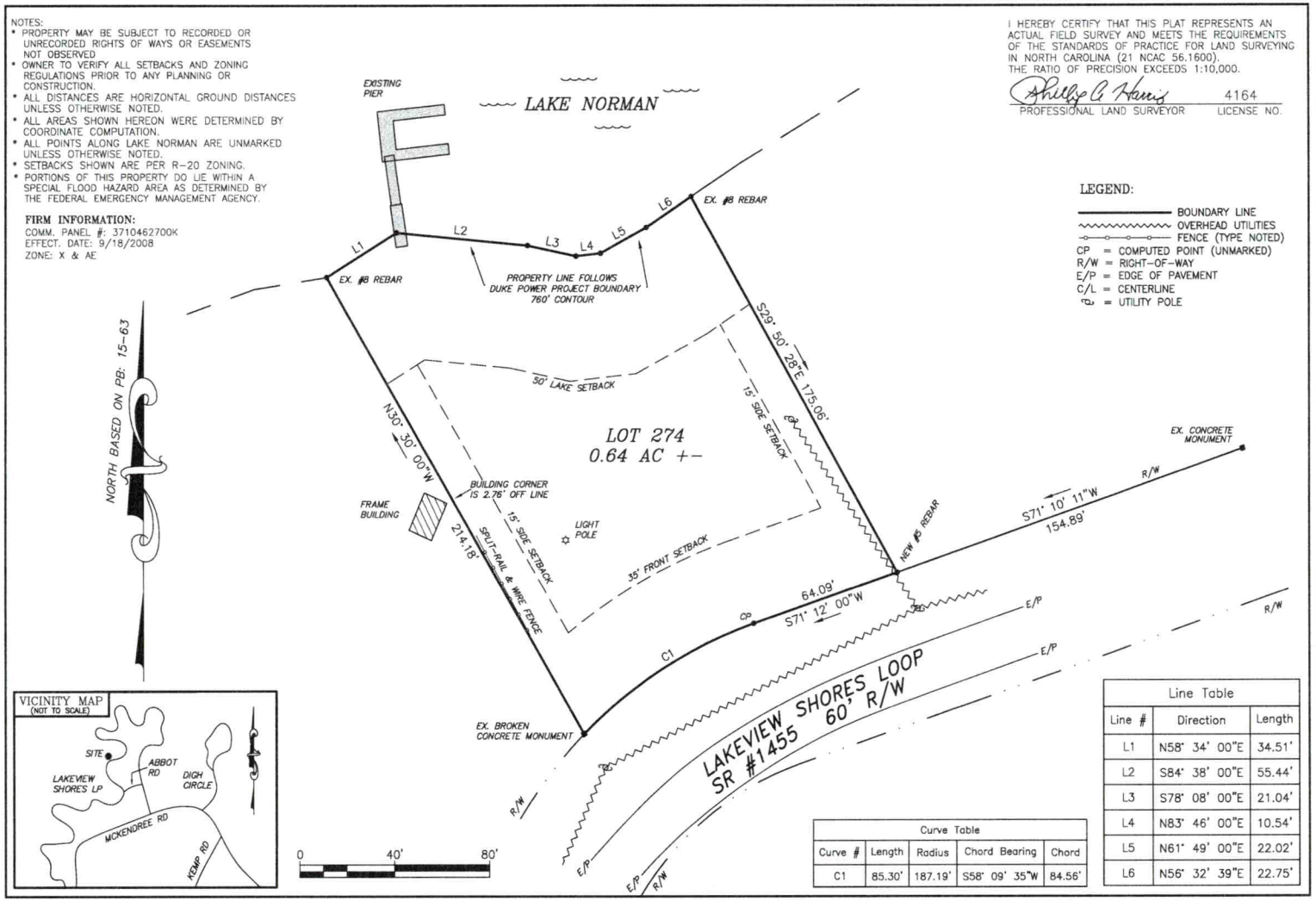
Marcia Liedle
Allen Tate Realtors
704.574.0479

NOTES:
- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE NOTED.
- ALL AREAS SHOWN HEREON WERE DETERMINED BY COORDINATE COMPUTATION.
- ALL POINTS ALONG LAKE NORMAN ARE UNMARKED UNLESS OTHERWISE NOTED.
- SETBACKS SHOWN ARE PER R-20 ZONING.
- PORTIONS OF THIS PROPERTY DO LIE WITHIN A SPECIAL FLOOD HAZARD AREA AS DETERMINED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.

FIRM INFORMATION:
COMM. PANEL #: 3710462700K
EFFECT. DATE: 9/18/2008
ZONE: X & AE

I HEREBY CERTIFY THAT THIS PLAT REPRESENTS AN ACTUAL FIELD SURVEY AND MEETS THE REQUIREMENTS OF THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). THE RATIO OF PRECISION EXCEEDS 1:10,000.

Phillip A. Harris 4164
PROFESSIONAL LAND SURVEYOR LICENSE NO.



LEGEND:
- BOUNDARY LINE
- OVERHEAD UTILITIES
- FENCE (TYPE NOTED)
- CP = COMPUTED POINT (UNMARKED)
- R/W = RIGHT-OF-WAY
- E/P = EDGE OF PAVEMENT
- C/L = CENTERLINE
- = UTILITY POLE

VICINITY MAP
(NOT TO SCALE)

Curve Table				
Curve #	Length	Radius	Chord Bearing	Chord
C1	85.30'	187.19'	S58° 09' 35"W	84.56'

Line Table		
Line #	Direction	Length
L1	N58° 34' 00"E	34.51'
L2	S84° 38' 00"E	55.44'
L3	S78° 08' 00"E	21.04'
L4	N83° 46' 00"E	10.54'
L5	N61° 49' 00"E	22.02'
L6	N56° 32' 39"E	22.75'

SEAL:
NORTH CAROLINA PROFESSIONAL SEAL L-4164 LAND SURVEYOR PHILLIP A. HARRIS

CES GROUP ENGINEERS, LLP
FIRM LICENSE # P-1240
8712 E. IRVING PARK RD. SUITE 330
DENVER, NC 28037

BOUNDARY SURVEY FOR
JAMES G. NASH
& MARIE P. NASH
LOT #274, SECTION 8, CRESCENT LAND & TIMBER
DEED: 1922-2224, PB: 15-83

DRAWN BY: PAH
DRAWING FILE NAME: 6522.CL274
PROJECT NO: 6522.1113SD
PROPERTY ADDRESS: 478 LAKEVIEW SHORES LOOP MOORESVILLE, NC 28115
DATE: NOVEMBER 26, 2013
SCALE: 1" = 40'
DAVIDSON TOWNSHIP
IREDELL COUNTY, NC

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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, JAMES GEOFFREY NASH, am the legal owner(s) of the property located at 478 LAKEVIEW SHORES LOOP Mooresville, identified as PIN (Parcel Identification Number) 4627104433.0000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) DAWN WILKINSON, A R Homes, 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.

James Geoffrey Nash 7/13/2020

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ****

JMM **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

JMM **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

JMM Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

JMM **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

JMM Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

JMM In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. 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.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature James Geoffrey Nash **Date** 7/13/2020

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

478 LAKEVIEW Shores Loop Mooresville

Existing Septic System - Serviced a 2 bedroom Trailer

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 14 July 1970

Owner Watson Address _____

Installed By Bowles Address Mooresville

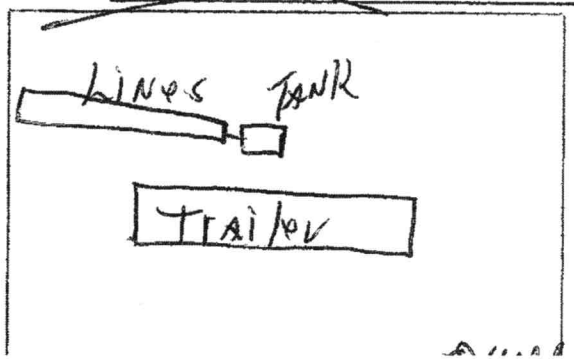
Location of Property Sect 8 Lot 274

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	( )
Precast	(✓)	1250	( )	250'	( )	Dishwasher	( )
		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 14 July 1970 Approved (X) Disapproved ( )

Remarks Lake



Owner _____

Mooresville Phone TR 5-7271 Mooresville Phone No 5-7271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 14 July 1970

Owner Watson Address _____

Installed By Bowles Address Mooresville

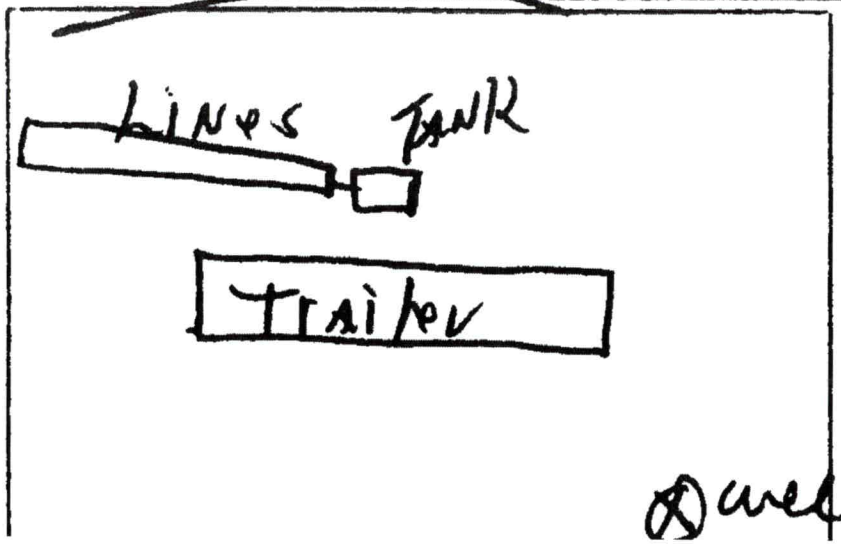
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		Other _____				Other _____	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 14 July 1970 Approved (X) Disapproved ( )

Remarks Lake



Harold Ray Scoggins

PERMIT TO INSTALL SEPTIC TANK

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talled By Bowles Address Mooresville

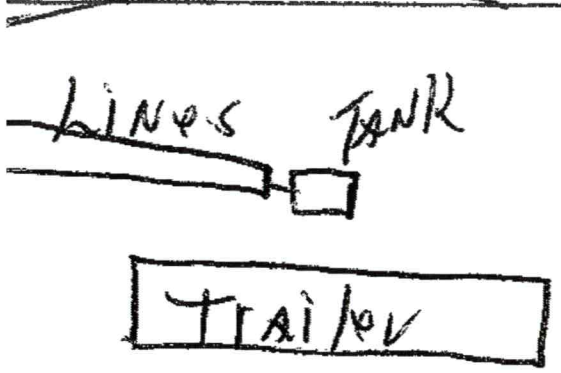
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		1500	( )	Other _____		Garbage Grdr.	( )
		Other _____				Other _____	

IFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

al Inspection 14 July 1970 Approved (X) Disapproved ( )

arks Lake



Barbara Nebel

To: Heath Snow
Subject: 478 Lakeview Shores Lp

July 15th We received and existing system application by James Nash.
July 16th Mary changed the status to Not Marked.
August 11th Ronda attached a revised site plan to replace the original one received.
August 13th Mary updated the status to ready that property lines were marked.
August 14th Status was changed and assigned to Patrick

Patrick, Mary, and myself has a very long discussion on the phone with Marsha Liele, James' real estate agent regarding what they should do regarding to do an expansion or a new system on the property. WE told her numerous time they can consult with a soil scientist to assist with their project, but she said they wait time was too long.

The issue is that James is selling the property and they originally wanted to do an existing system inspection because the home was a mobile home and we believed it was originally permitted for a two bedroom home back in 1971. When then sent us the site plan of a home, the house was right on top of the current septic system. James Nash nor Marsha Liele know what size house or shape of the home the new potential buyers are planning on building.

September 2nd After a lengthy conversation with Marsha on the phone, she had decided to move forward with doing a new system on the property.
September 3rd James Nash submitted a new application for a totally new system and paid the additional fee.
September 18th James Nash called being hostile to me on the phone and demanded we cancel his application and send him refund. I proceeded to cancel his request and processed a refund and sent that to Ronda on September 18th.
September 21st James Nash called me back and apologized for his behavior over the phone and asked if I would reinstate his application, which I did and I also reached out tot Ronda to request she cancel the refund.
Patrick had pits scheduled with Abernathy and the day of the pits we had torrential down pours and the pits were cancelled. October 6th Patrick and Abernathy were able to meet up and do the pits
October 23, 2020 James Nash called me this morning to get a status on his permit and I told him that Patrick was out in the field doing finals and I would find out and get back to him. James decided to call the County manager and file a complaint instead.

Patrick needed a few day to draw up the permit and is waiting on peer review.

Patrick is leery about this permit as the 50' buffer lines were marked by the homeowner and not a surveyor and he cannot confirm if the property lines were marked by a surveyor either. We still do not have an accurate house plan for this permit. We only have what James Nash has submitted as a mock house box.

Barbara Nebel
Environmental Health office Assistant
Iredell County Public Health Department
Phone: 704.660.3625
Fax: 704.662.3239
610 East Center Avenue
Mooresville, NC 28115
Barbara.nebel@co.iredell.nc.us