# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 318184

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

PIN # 4635804884

APPLICANT/OWNER: Dan + Lyn Skidmore APPLICANT ADDRESS: 290 Lakeshore Drive, Mooresville NC 28117

SITE ADDRESS: 265 Lakeshore Drive Mooresville NC 28117. PHONE: ALT. PHONE

SITE DIRECTIONS: Longtree Rd & Lakeshore Drive Site on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeview Shores SECTION: 1 LOT # 22 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .30

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | 760 | Date | 2-2-22 | ☒ New System ☐ Repair ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 4 |
| Pump Tank | 1000 (gal) | PT | 363 | Date | 1-28-22 | System Description: CUB - Horizontal (PPRPS - 50%) | | ☐ Business | No. Persons 8 |
| Pump Make | Gould | Model | WE0 | Serial # | | Repair System Description: Repair Exempt Bk 7 Pg 47 | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 5 | Linear Ft | 272 | Maintenance Agreement Required: ☒ YES ☐ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36 | Trench Bottom Depth | 24 in | Gravel Depth | - | ☐ GRAVITY ☒ PRESSURE | | ☐ Basement w/ plumbing | ☐ Basement w/o plumbing |

**Water Supply**: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Floor plan 4ft Larger does not impact. Have not to be brought any closer to Septic as Shown on Site plan.

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11 . (C) of S.L. 2018-114 using the signed and sealed LSS Evaluation by:

Michael Athanas & Associates LSS

LSS # 1252 Dated 5/24/2021

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Tanks / Line / Bradley Drive / CUB / Pressure Heat

3/22/2022 Alarm / Electrical ✓

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

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

Owner / Applicant Signature: Date: 6-2-21 Installed by: EJ Ecun

IMPROVEMENT PERMIT by: Benjamin A Batts Date: 5/27/2021 OPERATION PERMIT by: D. Wieberg Date: 4/28/22

AUTHORIZATION TO CONSTRUCT by: Benjamin A Batts Date: 5/27/2021 Existing System Inspected by: Date:

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

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SUBDIVISION: Lakeview Shores SECTION: 1 LOT # 22 LOT AREA: DESIGN FLOW: 480 L.T.A.R.: .30

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
# Nitrification Fields 1 # Lines 5 Linear Ft: 272
Trench Width 36 Trench Bottom Depth 24 in Gravel Depth -

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: CUB - Horizontal (PPRPS - 50%)
Repair System Description: Repair Exempt BK 7 PG 47
Maintenance Agreement Required: ☒ YES ☐ NO
☐ 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: Floor plan 4ft Larger does not impact. House not to be brought any closer to Septic as Shown on Site plan.

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LSS # 1252 Dated 5/24/2021

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Owner / Applicant Signature: Date: 6-2-21 Installed by:

IMPROVEMENT PERMIT by: Benjamin A Bolin Date: 5/27/2021 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin A Bolin Date: 5/27/2021 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

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




**MICHAEL ATHANAS & ASSOCIATES, INC.**
**LICENSED SOIL SCIENTIST**
561 Ennis Road
Weddington, NC 28173
704-576-3887 (Mobile)

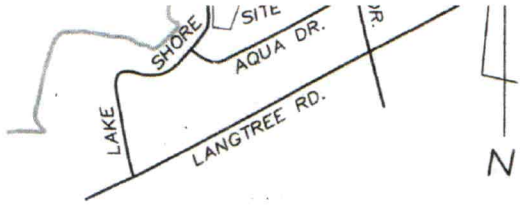

# Session Law

**Property:**
265 Lakeshore Dr
Mooresville, NC 28117
Lakeview Shores Lot 22
PIN 4635804884

**Prepared for:**
Danny Skidmore

5/24/2021






VICINITY MAP

N.I.R. NEW IRON REBAR
E.I.P. EXISTING IRON PIPE
E.I.R. EXISTING IRON REBAR
U.G.PIPE

NORTH CAROLINA PROFESSIONAL SEAL L-4897 LAND SURVEYOR JOHN A. CHRISTIAN II

M.B. 7 PAGE 47

LOT 20
Septic

Septic

LOT 2

E.I.R.#5

S16°28'48"W 119.73'

N.I.R. @ BASE OF E.I.R.#5

BLOCK STORAGE

S25°29'41"W 89.75'

FRAME STORAGE

1.7'

59.3'

35' REAR YARD

35.9'

E.I.R.#5

50'

N83°28'00"E

15' SIDE YARD

86.0'

ST

10'

32.0'

PROPOSED HOUSE ENVELOPE

15' SIDE YARD

25'

106.83'

Septic

50'

PT 4.8'

LOT 1

LOT 21

52.3'

CVB

AB 4

50'

50'

Well

AB 3

R2

W1

48.4'

GRAVEL

B3

AB 1

W4

AB 2

AB 5

Drive

N76°53'00"W

186.07'

R5

20' SETBACK

E.I.P.1.25"

L=50.95'

R=148.17'

15" CPP

25'

N03°25'01"E

CHD=50.70'

Septic

100.43'

E.I.R.#6

N06°26'00"W

Ditch

LAKESHORE DRIVE

60' PUBLIC R/W

N78°29'16"E

60.24'

18" RCP

E.I.P.1.25"

GRAPHIC SCALE

40 0 20 40

NOTES:

PARCEL ID #4635804884

OTHER SETBACKS, EASEMENTS, OR RIGHT OF WAYS MAY EXIST WHICH MAY NOT BE SHOWN.

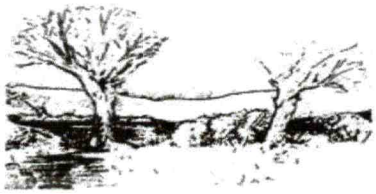
# SURVEY

OF

## LOT 22, BLOCK B, LAKEVIEW SHORES

SCALE 1"=40'

TOWNSHIP NO. 17 IREDELL COUNTY NORTH CAROLINA



**MICHAEL ATHANAS & ASSOCIATES**
**LICENSED SOIL SCIENTIST**
**556 Walden Trail**
**Weddington, NC 28173**
**(704) 576-3887**
**5/24/2021**

**Reference: Data Sheet for 265 Lakeshore Dr, Lakeview Shores Lot 22**
**House Footprint:** See attached plan
**Building Setbacks:** 35' front/rear, 15' side
**Water Source:** Private well
**Number of Bedrooms/Daily Flow:** 4/480 GPD
**Proposed LTAR:** 0.3 GPD/FT$^2$
**Proposed System Type:** Horizontal PPBPS
**Proposed Repair System Type:** Repair Exempt
**Distribution:** Low Pressure-CVB
**Flow per Orifice:** 0.59 GPM
**Orifice Size:** 3/16"
**System Flow:** 36.6 GPD
**Dosing Volume:** 223.2 gallons
**Pump Run Time:** 6.1 minutes
**Elevation Head:** 5'
**Friction Head:** 1'
**Pressure Head:** 2'
**Total Dynamic Head:** 8'
**Supply Line Length:** 30' of 2" PVC
**Septic/Pump Tank Size:** 1000/1000 gallons
**Proposed Trench Bottom:** 24"

| Line | Design Length | # of Panels | Actual Length | Elevation |
|---|---|---|---|---|
| **White 1** | **48'** | **11** | **48'** | **4.8'** |
| **Red 2** | **80'** | **18** | **80'** | **5.5'** |
| **Blue 3** | **66** | **15** | **66'** | **6.2'** |
| **White 4** | **48'** | **11** | **48'** | **6.6'** |
| **Red 5** | **30'** | **7** | **30'** | **7.1'** |

**Initial System:** 272'
**Repair System:** Exempt
**Pump Tank:** 4.8'
**House Corner:** 4.9'
**Benchmark:** 5.2'

**Comments:**
*The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).*
Lot Deed 8/9/1963 BK/PG 7/47

PROPERTY ID #: 4635804884
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Danny & Lynn Skidmore APPLICATION DATE
ADDRESS: 290 Lakeshore Dr, Mooesville, NC 28117 DATE EVALUATED: 5/2021
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE:
LOCATION OF SITE: 265 Lakeshore Dr, Lakeview shores Lot 22 PROPERTY RECORDED: 8/9/1963
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 1 | LS 8% | 0-26 | R C SBK | FR SS SP SXP | N/A | 48" | N/A | N/A | PS 0.3 |
| | | 26-48 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 2 | LS 8% | 0-29 | R C SBK | FR SS SP SXP | N/A | 48" | Few SAP Com SAP | N/A | PS 0.3 |
| | | 29-48 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 3 | LS 8% | O-12 | R C SBK | FR SS SP SXP | N/A | 43" | F-C SAP PS | N/A | PS 0.3 |
| | | 12-43 | R CL WSBK | FR SS SP SXP | | | | | |
| | | 43-48 | VER L SAP M | VFR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 | LS 8% | 0-24 | R C SBK | FR SS SP SXP | N/A | 48" | N/A | N/A | PS 0.3 |
| | | 24-48 | R CL WSBK | FR SS SP SXP | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | 816 FT$^2$ | EXEMPT |
| System Type(s) | Horz PPBPS | |
| Site LTAR | 0.3 | |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS: *The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c).*

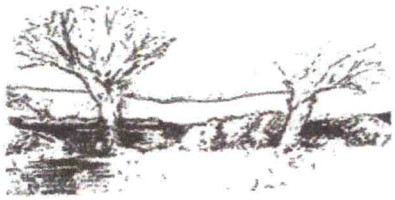
# SOIL/SITE EVALUATION

*(Continuation Sheet)*



PROPERTY ID #: 4635804884_____
DATE OF EVALUATION: _____
COUNTY: ___IREDELL___

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) | | OTHER PROFILE FACTORS | | | | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| | | | .1941 STRUCTURE/ TEXTURE | .1941 CONSISTENCE/ MINERALOGY | .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | |
| 5 | LS 8% | 0-48 | R C SBK | FR SS SP SXP | N/A | 48" | N/A | N/A | PS 0.3 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | |




**MICHAEL ATHANAS & ASSOCIATES**
**NC LICENSED SOIL SCIENTIST**
**SC PROFESSIONAL SOIL CLASSIFIER**
**561 Ennis Rd Weddington, NC 28173**
MIKE@MICHAELATHANAS.COM
**WWW.MICHAELATHANAS.COM**
**(704) 576-3887**


Date: 5/24/21 LOT 22
Project Name

SESSION LAW 218-114, SECTION 11. (C) /HOUSE BILL 374, SECTION 11. (C)
AUTHORIZATION FORM

Michael Athanas & Associates (MA&A) has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (County) on behalf of Danny & (Owner/Applicant for the property located at - LYNN SKIDMORE LOT 22 LAKEVIEW SHORES (address/PIN)

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 section 11 . (c)

By completing this form, sign and dating you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative Danny Skidmore DANNY SKIDMORE
Mailing address 290 LAKESHORE DR Mooresville NC 28117
Telephone Number 704 564 9007
Email Address danny.s9007@gmail.com

Danny Skidmore
Signature of Owner/ Owner Legal Rep.

5-24-21
Date

RECEIVED MAY 25 2021

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***APPLICATION FORM*** AP-318184 Paid $500.00

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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)** Please contact Gary McNeely (704-310-1832) prior to evalution

**Applicant Name:** Dan & Lynn Skidmore **Address:** 290 Lakeshore Dr, Mooresville, NC **Zip:** 28117

**Applicant Email:** _____ **Phone:** 704-564-4007 **Alt. Phone:** _____

**Owner Name:** Same **Address:** _____ **Zip:** _____

**Owner Email:** _____ **Phone:** _____ **Alt. Phone:** _____

**Property Information:**

**Street Address:** 265 Lakeshore Dr

**Subdivision Name:** Lakeview Shores **Section/Phase:** _____ **Lot Number:** 22

**Driving Directions:** _____

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

**CHECK FOUNDATION TYPE**

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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

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

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

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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:** _____ 5/24/2021
**Property owner or owner's legal representative signature (SIGNATURE REQUIRED)** **DATE**

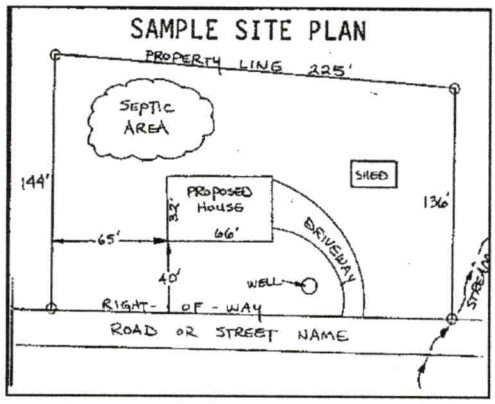
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***SITE PLAN WORKSHEET***

**SEE THE "SAMPLE SITE PLAN" BELOW.** ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

**Place an (X) beside each item as you complete the site plan:**

- **( ) Property Line measurements are clearly identified**
- **( ) All proposed structures are indicated**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location**
- **( ) Preferred well location**
- **( ) Preferred septic system location**
- **( ) North arrow, or other sufficient indicator of direction**




**Circle N/A on the following if appropriate:**

| | |
|---|---|
| **Location of septic systems and wells within 100' of your property** | **N/A** |
| **Location of easements and rights of ways on your property** | **N/A** |
| **Location of any designated wetlands on the property** | **N/A** |

## USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Plan

**Signature:** _____ 5/24/2021

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

MICHA01 OP ID: TR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|---|
| PRODUCER<br>Vaughan Insurance Group, LLC<br>PO Box 52534<br>Tulsa, OK 74152-0534<br>David Vaughan<br>918-779-7880 | CONTACT NAME: Ty Rainey<br>PHONE (A/C, No, Ext): 918-779-7880 FAX (A/C, No): 918-779-7885<br>E-MAIL ADDRESS: ty@vaughanins.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Mid Continent Casualty Company | 23418 |
| INSURED<br>Michael Athanas & Associates, Inc.<br>561 Ennis Rd<br>Weddington, NC 28173 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | 04-GL-001035195 | 02/28/2020 | 02/28/2021 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ Excluded |
| | X Professional Liab | | | 04-GL-001035195 | 02/28/2020 | 02/28/2021 | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER** FORIN-1

For Informational Purposes

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

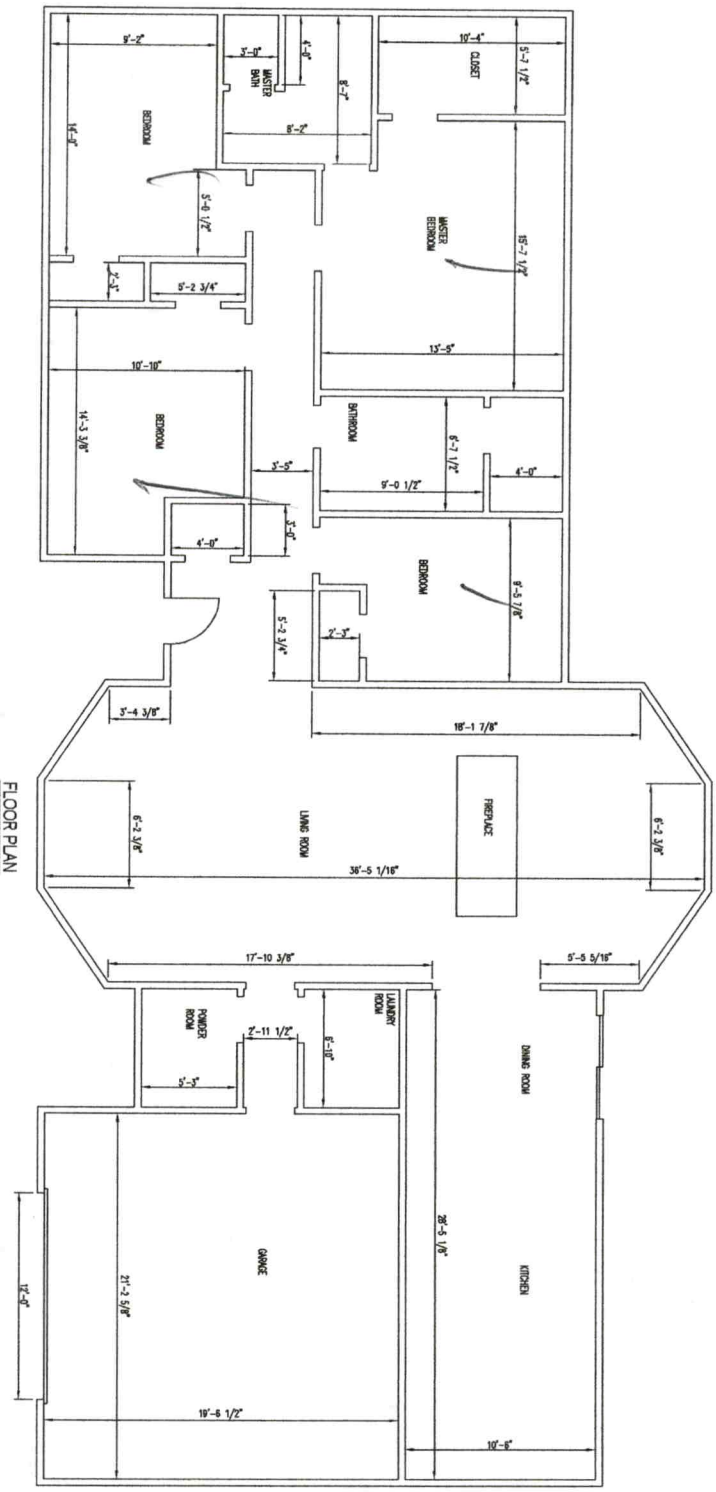
AUTHORIZED REPRESENTATIVE



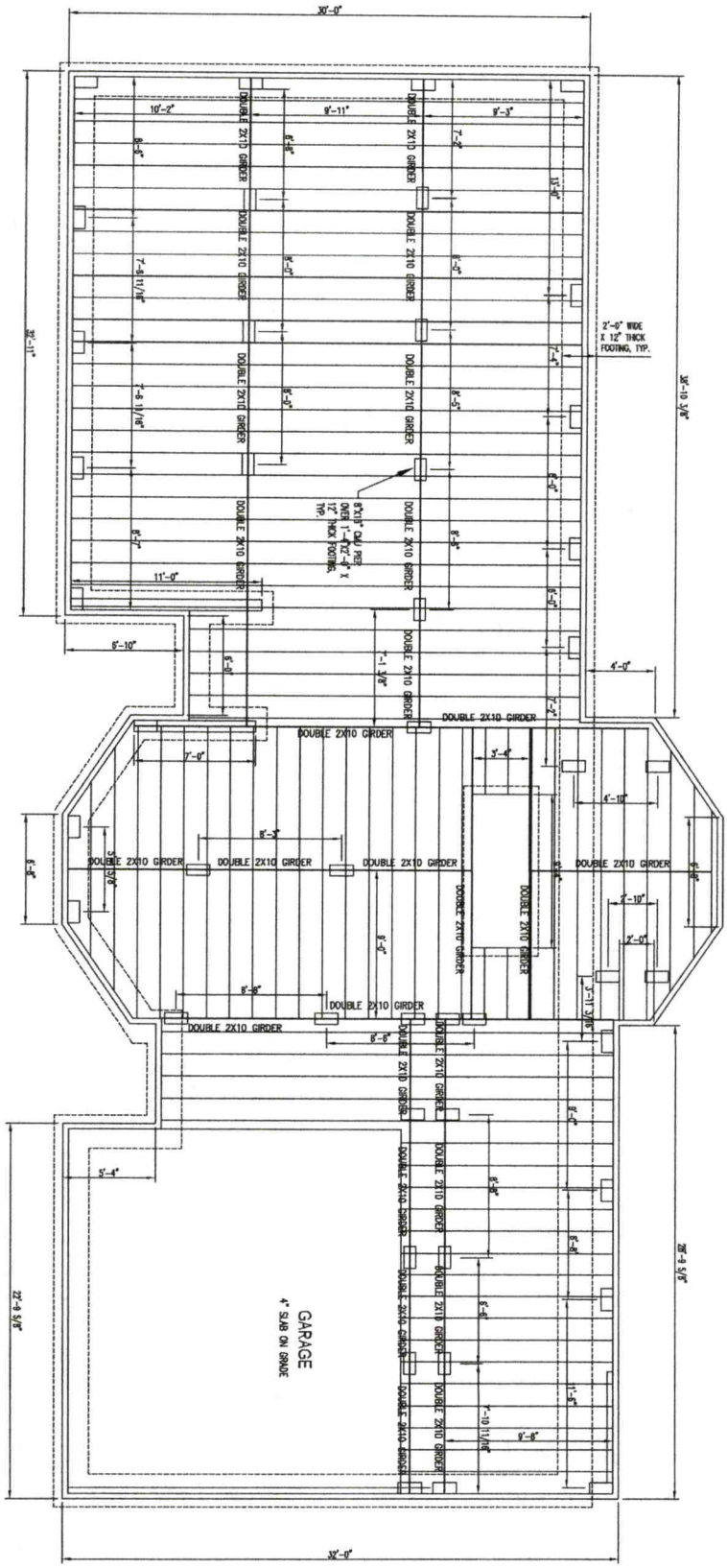


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FLOOR PLAN
SCALE: 1/4"=1'-0"




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

5/24/2021

4635814070 245 Lakeshore

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 25921 DATE 1/10/97 TAX MAP NO. 4635803988 Watershed: ☑ Yes ☐ No

OWNER OR CONTRACTOR JOHN LANGFORD PHONE: Business _____ Home 896-1957

ADDRESS 245 LAKESHORE DR MOORESVILLE NC 28115

LOCATION 115 S - TR LANETREE - TR LAKESHORE - # 245 LAKESHORE DR - ON LEFT

SUBDIVISION LAKEVIEW SHORES BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360.00 L.T.A.R. .3 GPD/FT²

Septic Tank: EXISTING Gallons: STB _____ Date _____

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields ____ Square Feet _____ Linear Feet _____

No Lines _____ Trench Width _____ Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: GRAVITY CONVENTIONAL

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees ____

☐ Other _____

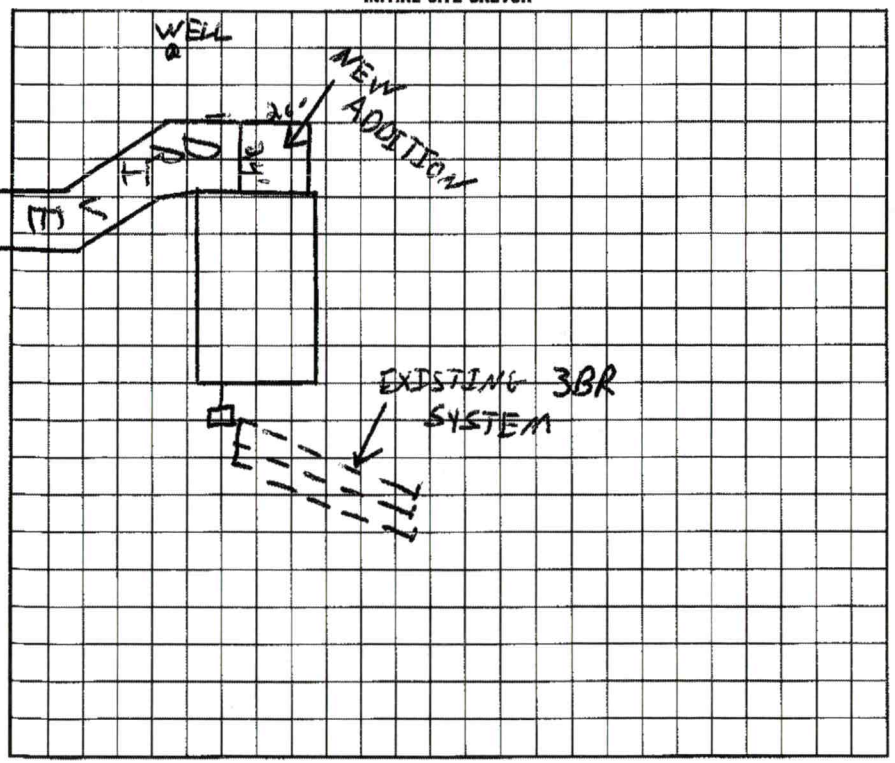
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments:

### INITIAL SITE SKETCH




### AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: John S Langford

Improvement Permit by: _____ date _____

Existing System Inspection by: C. Robertson date 1/10/97

Installed by: _____

Certificate of Completion by: _____ date _____

Operation Permit by: C. Robertson date 1/10/97

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

4635805699 138 Aqua Dr.

# IREDELL COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Bill Lynn DATE 2-16-84 PERMIT NO. 28

PHONE: Business _____ Home _____

LOCATION 1102 X I77 1/2 Mile TR Lakeshore Drive (1st Entrance) TL Aqua Drive Lot on R before Lake Drive S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 2 SECTION OR BLOCK NO. B

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2 Lot Line

Garbage Disposal Unit Yes ( ) No (X)

Auto. Dishwasher Yes (X) No ( )

Auto. Wash. Machine Yes (X) No ( )

Site Suitable Yes (X) No ( )

Lot Area (X) well 20,000 Ft2

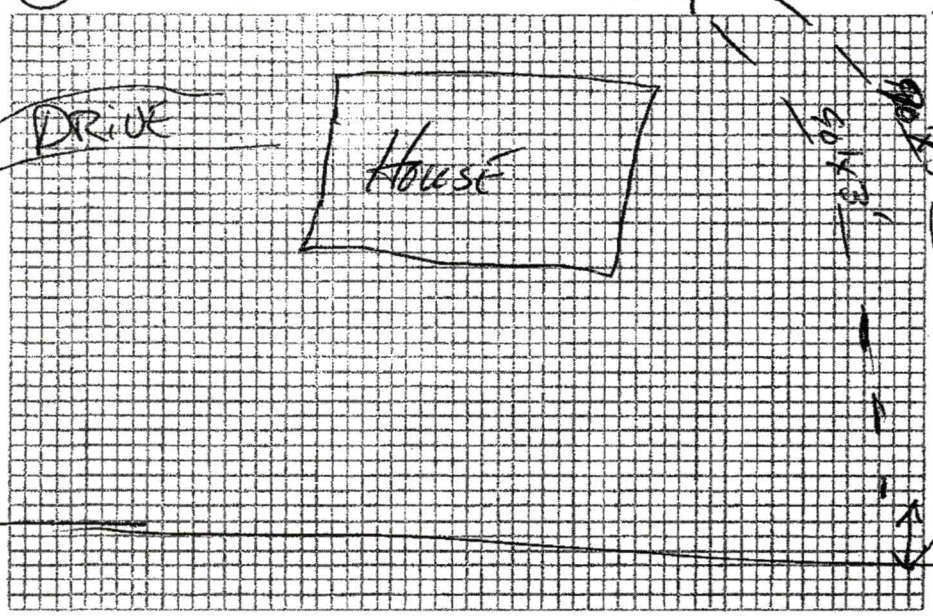
Character & Porosity of Soil Clay loam

Percolation Rate 0.5 gal ft2/day 2 40 ft 4 ft

Topography _____

Depth to Water Table _____

Rock or other impervious formations NONE OBSERVED




Plot of System

Size of Tank 1000 Gals.

Nitrification Field: No. of Lines 3

Sq. Ft. 840 Linear Ft. 280

Depth of Stone in Lines 12"

Water Supply: Individual (X) Public ( )

Installed by Gastonia (David Watts) Diamond Const. Co.

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-16-84

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

239 Lakeshore Dr.

**IREDELL COUNTY HEALTH DEPARTMENT** 4635806961

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Reid Aliff (matters) DATE 8-12-83 PERMIT NO. 273

PHONE: Business _____ Home _____

LOCATION 1107 XIT 77 TR 1216 (Lakeshore Drive) 0.3 mile on left

S. R. No. _____

SUBDIVISION NAME Lakeview Shores LOT NO. 20 SECTION OR BLOCK NO. D

House (X) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 1½ Character & Porosity of Soil Clay loam

Garbage Disposal Unit Yes (X) No ( ) Percolation Rate 60 ft²/day

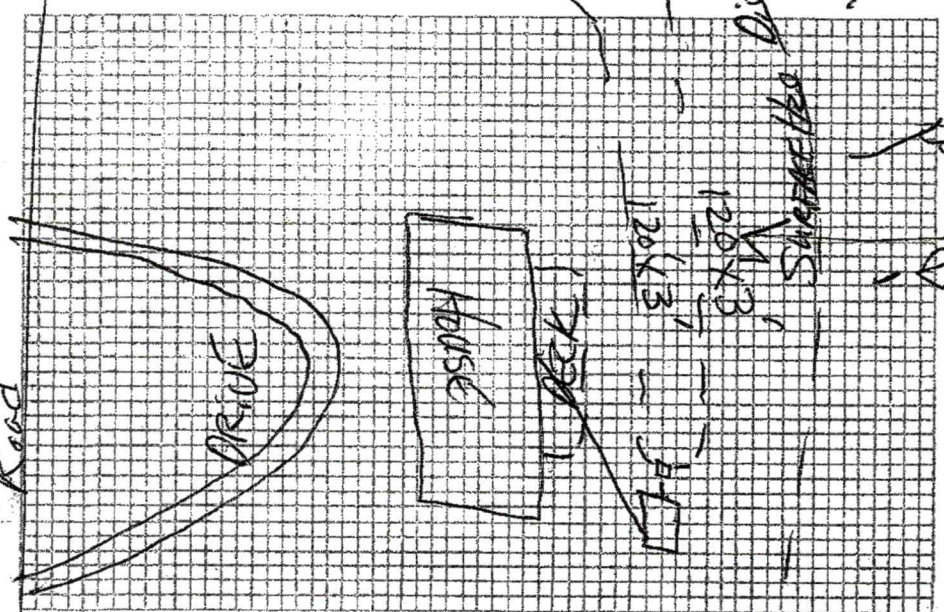
Auto. Dishwasher Yes (X) No ( ) Topography

Auto. Wash. Machine Yes (X) No ( ) Depth to Water Table 4+

Site Suitable Yes (X) No ( ) Rock or other impervious formations None observed

Lot Area 20,000 FT²

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement




Plot of System

Size of Tank 1250 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 720 Linear Ft. 240
Depth of Stone in Lines 13"

Water Supply: Individual (X)
Public ( )

Installed by Larry Tucker

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY Fred Clemmer

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Fred Clemmer DATE 8-12-83

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

# HARDEE COUNTY HEALTH DEPARTMENT

## (SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System - G.S. Chapter 130 Article 13C)

OWNER OR CONTRACTOR Billy C. Turner DATE 9-17-96 PERMIT NO. _____

Phone: Business _____ Home _____

LOCATION 115 South TR on Road 1102 TR on Indian Trail to 2nd Arena Drive at end on right S. R. No. _____

SUBDIVISION NAME Lake View Shores LOT NO. 1 SECTION OR BLOCK NO. _____

Use: (House) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Character & Porosity of Soil Sandy clay loam (Porosity Fair)

Percolation Rate Soil Log

Topography Level to slope

Depth to Water Table 12"+

Rock or other impervious formations None

Garbage Grinder: Yes ( ) No (X)

Dishwasher: Yes ( ) No (X)

Washing Machine: Yes (X) No ( )

Sump: Yes (X) No ( )

Size of Tank 1000 Gals.

Nitrification Field:
No. of Lines 2
Sq. Ft. 225 Linear Ft. 250
Depth of Stone in Lines 24"

Water Supply: Individual (X)
Public ( )

Installed by Ronnie Cox

Plot or Sketch

IMPROVEMENTS PERMIT BY H. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY H. C. Moore DATE 9-17-96

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY · NC

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

| APPLICATION NUMBER |
|---|
| **318184**<br>Issue Date: |

**Permit Type: ZONING**

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4635804884.000 | 265 Lakeshore Dr. | Iredell County |

| Owner Information | Applicant Information |
|---|---|
| Name: SKIDMORE DAN N+LYNN E | Name: MICHAEL ATHANAS & ASSOCIATES |
| Address: | Address: 561 ENNIS RD |
| , | WEDDINGTON, NC 28173 |
| Phone: | Phone: (704)576-3887 |

| Use Requested | Zone Code |
|---|---|
| Single Family Dwelling | R-20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 0 | 35 | 50 | 15 | 15 | WSIV-CA Catawba/Lake Norman | YES |

| Remarks |
|---|
| SFD |

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.

**Date:** 05/24/2021

Signature of Owner/Contractor

| Permit Number | 318184 | TOTAL FEES: | $77.25 |
|---|---|---|---|