IREDELL COUNTY HEALTH DEPARTMENT KW

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 217043

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

PIN # 4635913764

APPLICANT/OWNER: Lorraine Winter Kamp APPLICANT ADDRESS: 175 Carnegie Club Dr Mooresville, NC

SITE ADDRESS: 54 Lakeshore Dr Mooresville, NC 28117 PHONE: 704 682-7965 ALT. PHONE

SITE DIRECTIONS: Hwy 115 S R Langtree R Lakeshore ~ 1/4 mile on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Lakeview Shores SECTION: 2-D LOT # 5 LOT AREA: 1.9682 Acres DESIGN FLOW: 360gpd L.T.A.R.: .3

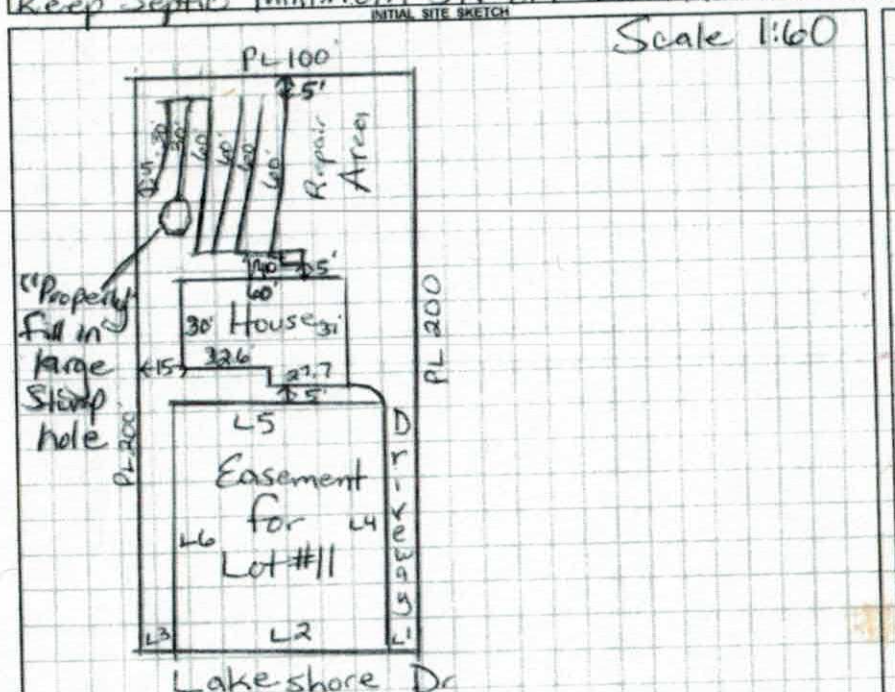
Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☐ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	Gravity -25% Reduction			☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	LPP BPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6	Linear Ft 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab No Drain	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply Existing: ☒ Private Off Site ☐ Public ☐ Community

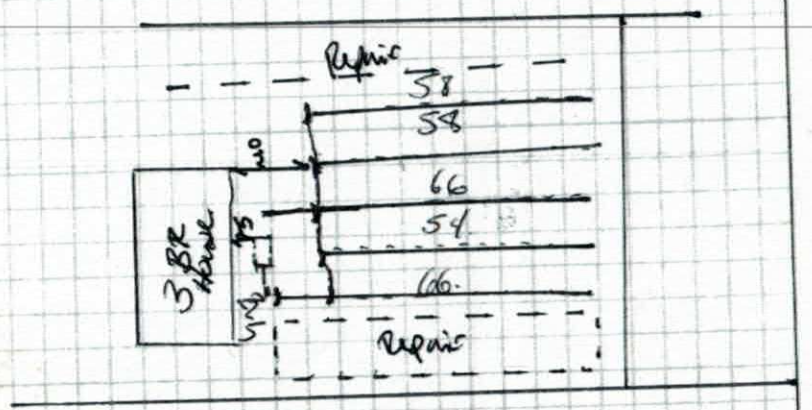
Comments / Conditions: * Note: Well is located offsite on Lot #11 4635-92-1135 Keep Septic minimum 5ft off PL & House (NO drain)

* Divert stormwater away from Septic

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: [signature] Date: 7/25/18 Installed by: Tommy Faye Godley & Peggie

IMPROVEMENT PERMIT by: Maria Nolan Date: 7/10/18 OPERATION PERMIT by: Benjamin M Bailey Date: 8/13/2018

AUTHORIZATION TO CONSTRUCT by: Maria Nolan Date: 7/10/18 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-5pm the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

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

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Ashwa Limited APPLICANT: _____ DATE EVALUATED: 5/20/13
ADDRESS: _____ APPLICATION DATE: _____ PROPERTY SIZE: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY RECORDED: _____
LOCATION OF SITE: Lakeview Shores #15
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-12	Brw CL/SCL			48"			PS
		12-36	Rd/Brw CL/CL m-wSBK						, 3+
		36-48	Rd/Brw	CL-wSBK	SS, SP, SE, FR				
2		0-14	Brw CL/SCL			48"			PS
		14-40	Rd/Brw CL/CL m-wSBK						, 3+
		40-48	Rd/Brw	CL-wSBK	SS, SP, SE, FR				
3		0-14"	Brw CL/SCL			48"			PS
		14"-36"	Rd/Brw CL/CL m-wSBK						, 3
		36-48	Rd/Brw	CL-wSBK	SS, SP, SE, FR				
4		* Lot previously permitted by D. Hinson @ 0.3							

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

PAID $320.00

Please CALL prior to inspection

ALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Name: Daryl Nance

LL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR
. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION
MITTED - APPLICATION WITH SITE PLAN 60 MONTHS. APPLICATION WITH COMPLETE, SCALED
THOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

Number: 7049026043 – Relay out – Redraw

1. APPLICATION FOR: ___Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ___Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lorraine Joanie Winterkamp	175 Carriage Club dr. Apt #8-205 Mooresville NC 28117		cell 704-682-7965
Same			
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
154 Lakeshore dr. Mooresville, NC 28117	Lakeview Shores	Lot #15

Driving Directions: Going South 77 exit Langtree Exit, turn right 1 mile on right, turn right on Lakeshore drive, Lot on right - Home is Standing

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Lorraine Joanie Winterkamp 6/15/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED MAR 29 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

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

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: ✓ Survey Plat, Scaled no more than 1 Inch = 60 Feet
Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Steve V. Toth	696 River Hwy, Mooresville, 28117	828-414-0001	
Lorraine J. Winterkamp		704-682-7965	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
154 Lakeshore Drive	Lake View Shores	Lot 15

Driving Directions: South 77 Exit @ Langtree Turn Right. Turn Right on Lakeshore Drive

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply:

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

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes ( ) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Steve V. Toth — 3-29-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Lorraine Joanie Winterkamp, the legal owner(s) of the property located at 154 Lakeshore dr. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4635913764, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Steve Toth, New Castle, 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.

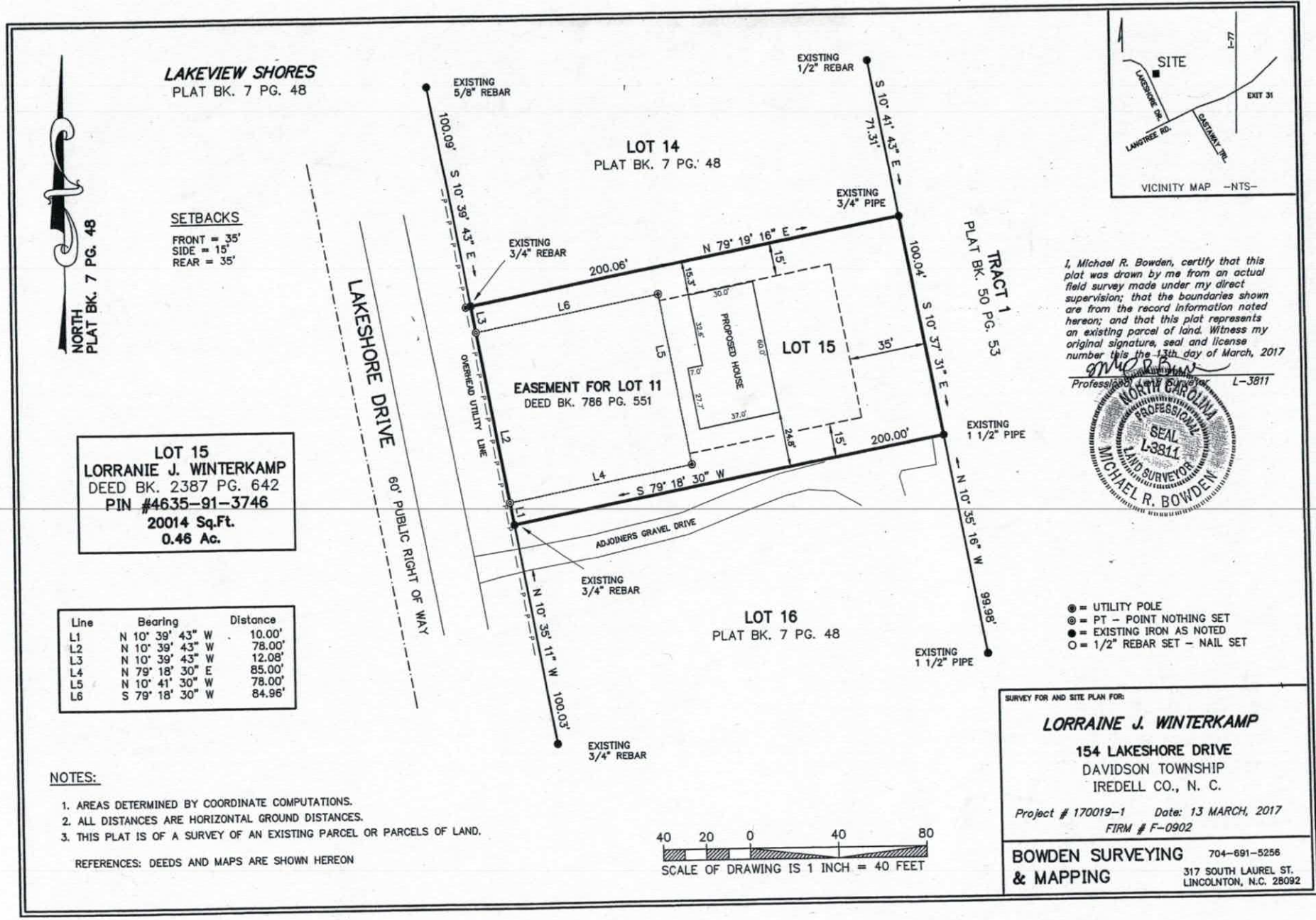
Lorraine Joanie Winterkamp 3/29/17 Andrea R Gallop 3-29-17

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



Line	Bearing	Distance
L1	N 10° 39' 43" W	10.00'
L2	N 10° 39' 43" W	78.00'
L3	N 10° 39' 43" W	12.08'
L4	N 79° 18' 30" E	85.00'
L5	N 10° 41' 30" W	78.00'
L6	S 79° 18' 30" W	84.96'

I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; and that this plat represents an existing parcel of land. Witness my original signature, seal and license number this the 13th day of March, 2017

Professional Land Surveyor *L-3811*

NORTH CAROLINA PROFESSIONAL SEAL L-3811 LAND SURVEYOR MICHAEL R. BOWDEN

NOTES:

1. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
3. THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND.

REFERENCES: DEEDS AND MAPS ARE SHOWN HEREON

SURVEY FOR AND SITE PLAN FOR:

LORRAINE J. WINTERKAMP

154 LAKESHORE DRIVE
DAVIDSON TOWNSHIP
IREDELL CO., N. C.

Project # 170019-1 *Date: 13 MARCH, 2017*
FIRM # F-0902

BOWDEN SURVEYING & MAPPING 704-691-5256
317 SOUTH LAUREL ST.
LINCOLNTON, N.C. 28092

RECEIVED MAR 2 - 2016

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

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

Paid $320.00

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Int. Relayout #21704
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 X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

David White	P.O. Box 4301 Mooresville 28117		704-309-4301
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lorraine Winterlow	103 Meadow Pond Ln. Mooresville, 28117		704-682-7965
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

154 Lakeshore Dr.	Lakeview Shores	#15
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Longtree Rd, Rt on Lakeshore, 1/4 mile on Right

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

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

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

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

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

6. Proposed Water Supply: -offsite.

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

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

(X) Alternative 2 ( ) 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: _____ 3/2/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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, Lorraine Joanie Winterkamp, am the legal owner(s) of the property located at 154 Lakeshore Drive Lot 15 Mooresville NC, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) David White, WHB, Inc., 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.

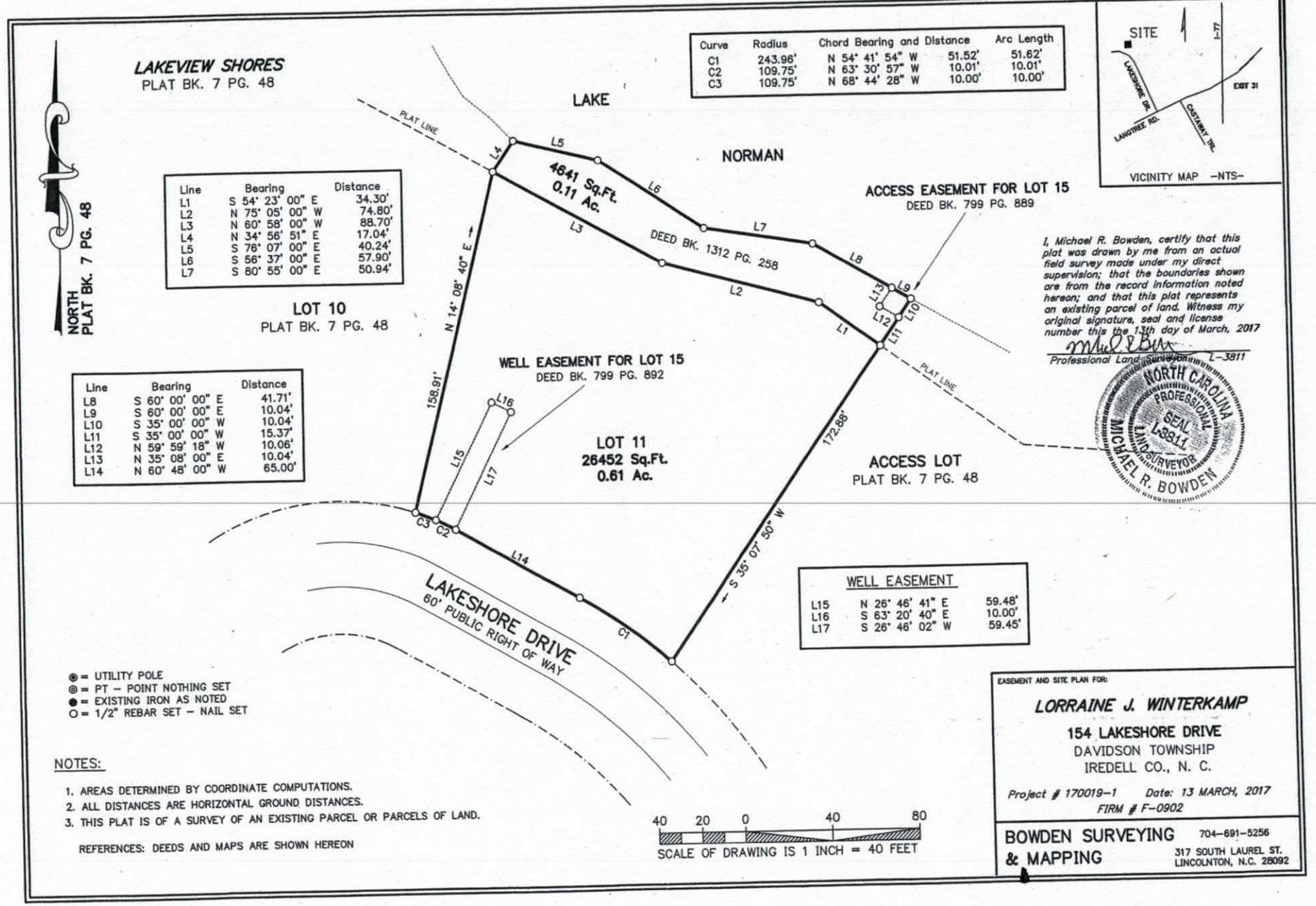
Lorraine Joanie Winterkamp 3/2/16 _____ _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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



Curve	Radius	Chord Bearing and Distance		Arc Length
C1	243.96'	N 54° 41' 54" W	51.52'	51.62'
C2	109.75'	N 63° 30' 57" W	10.01'	10.01'
C3	109.75'	N 68° 44' 28" W	10.00'	10.00'

Line	Bearing	Distance
L1	S 54° 23' 00" E	34.30'
L2	N 75° 05' 00" W	74.80'
L3	N 60° 58' 00" W	88.70'
L4	N 34° 56' 51" E	17.04'
L5	S 76° 07' 00" E	40.24'
L6	S 56° 37' 00" E	57.90'
L7	S 80° 55' 00" E	50.94'

Line	Bearing	Distance
L8	S 60° 00' 00" E	41.71'
L9	S 60° 00' 00" E	10.04'
L10	S 35° 00' 00" W	10.04'
L11	S 35° 00' 00" W	15.37'
L12	N 59° 59' 18" W	10.06'
L13	N 35° 08' 00" E	10.04'
L14	N 60° 48' 00" W	65.00'

WELL EASEMENT		
L15	N 26° 46' 41" E	59.48'
L16	S 63° 20' 40" E	10.00'
L17	S 26° 46' 02" W	59.45'

I, Michael R. Bowden, certify that this plat was drawn by me from an actual field survey made under my direct supervision; that the boundaries shown are from the record information noted hereon; and that this plat represents an existing parcel of land. Witness my original signature, seal and license number this the 13th day of March, 2017

Professional Land Surveyor L-3811

◉ = UTILITY POLE
◎ = PT – POINT NOTHING SET
● = EXISTING IRON AS NOTED
○ = 1/2" REBAR SET – NAIL SET

NOTES:

1. AREAS DETERMINED BY COORDINATE COMPUTATIONS.
2. ALL DISTANCES ARE HORIZONTAL GROUND DISTANCES.
3. THIS PLAT IS OF A SURVEY OF AN EXISTING PARCEL OR PARCELS OF LAND.

REFERENCES: DEEDS AND MAPS ARE SHOWN HEREON

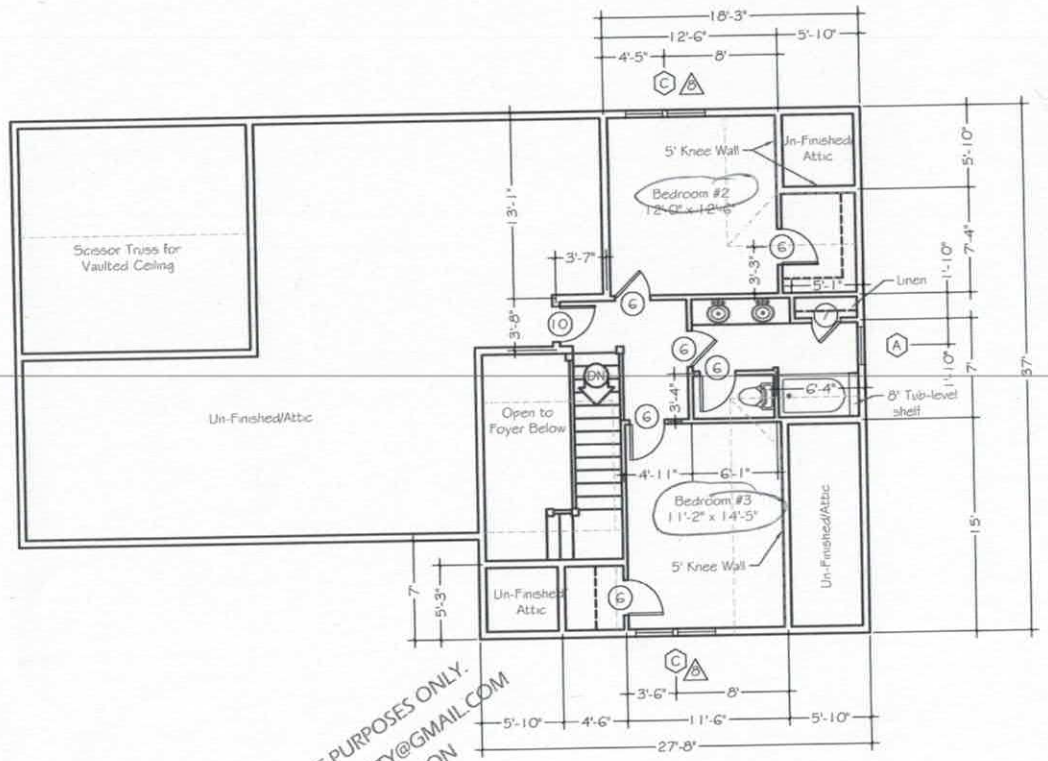
EASEMENT AND SITE PLAN FOR:

LORRAINE J. WINTERKAMP

154 LAKESHORE DRIVE
DAVIDSON TOWNSHIP
IREDELL CO., N. C.

Project # 170019-1 *Date: 13 MARCH, 2017*
FIRM # F-0902

BOWDEN SURVEYING & MAPPING
704-691-5256
317 SOUTH LAUREL ST.
LINCOLNTON, N.C. 28092



Door Schedule				
Sym	Qty	Size	Description	Note
1	1	3'0" x 6'8"	Main Entry	
2	1	3'0" x 6'8"	Exterior door with half lite	
3	1	7'0" x 9'0"	Garage door	
4	1	5'4" x 6'8"	Twin 2'8" full lite exterior door	
5	3	2'8" x 6'8"	Interior door	
6	8	2'6" x 6'8"	Interior door	
7	4	2'0" x 6'8"	Interior door	
8	1	2'6" x 6'8"	Interior pocket door	
9	1	[illegible]	Exterior 6 panel door	
10	1	2'6" x 6'8"	Exterior 6 panel door	

Window Schedule				
Sym	Qty	Size	Description	Note
A	3	2'8" x 3'0"	Double Hung Window	
B	4	2'8" x 5'0"	Double Hung Window	
C	5	5'4" x 5'0"	Twin 2'8" Double Hung Window	
D	1	1'0" x 3'0"	Fixed Pane Window	

FOR REVIEW AND COMMENT PURPOSES ONLY.
PLEASE SEND FEEDBACK TO DHBEATTY@GMAIL.COM
NOT SUITABLE FOR CONSTRUCTION

FOR REVIEW AND COMMENT PURPOSES ONLY.
PLEASE SEND FEEDBACK TO DHBEATTY@GMAIL.COM
NOT SUITABLE FOR CONSTRUCTION

Acknowledgement of Plans Submittal ONLY!

3-29-17 Date 3/29/17

Date

Field applications may allow for minor adjustments to dimensions and measurements as shown.

Floor Plan Specifications:

MAIN FLOOR	1491
SECOND FLOOR	592
INTERIOR TOTAL	3240
FRONT PORCH	235
OPEN DECK	180
OUTDOOR LIVING TOTAL	415

Floor Plan Notes:

1. Do not scale drawings. Follow dimensions only.
2. Unless otherwise noted, ceiling heights are to be:
   - A Main Floor: 9'-0"
   - B Second Floor: 8'-0"
3. Window and door sizes noted on plans refer to nominal sizes. Refer to manufacturer specifications for exact dimensions and rough opening sizes.
4. All interior dimensions are from centerline of stud to centerline of stud unless noted otherwise.
5. All exterior dimensions are from outside of stud wall to outside of stud wall unless noted otherwise.

△ Wood burning fireplace insert to be defined by owner prior to construction. Center fireplace between windows. (A-2)

△ Maximize curb to zero if possible. Slope shower floor away from door. (A-2)

△ Center windows in gable. (A-3)

0 5 10 20
Scale

BEATTY
Architectural and Mechanical Drafting

A NEW HOME PLAN FOR
THE WINTERKAMP RESIDENCE

Second Floor Plan

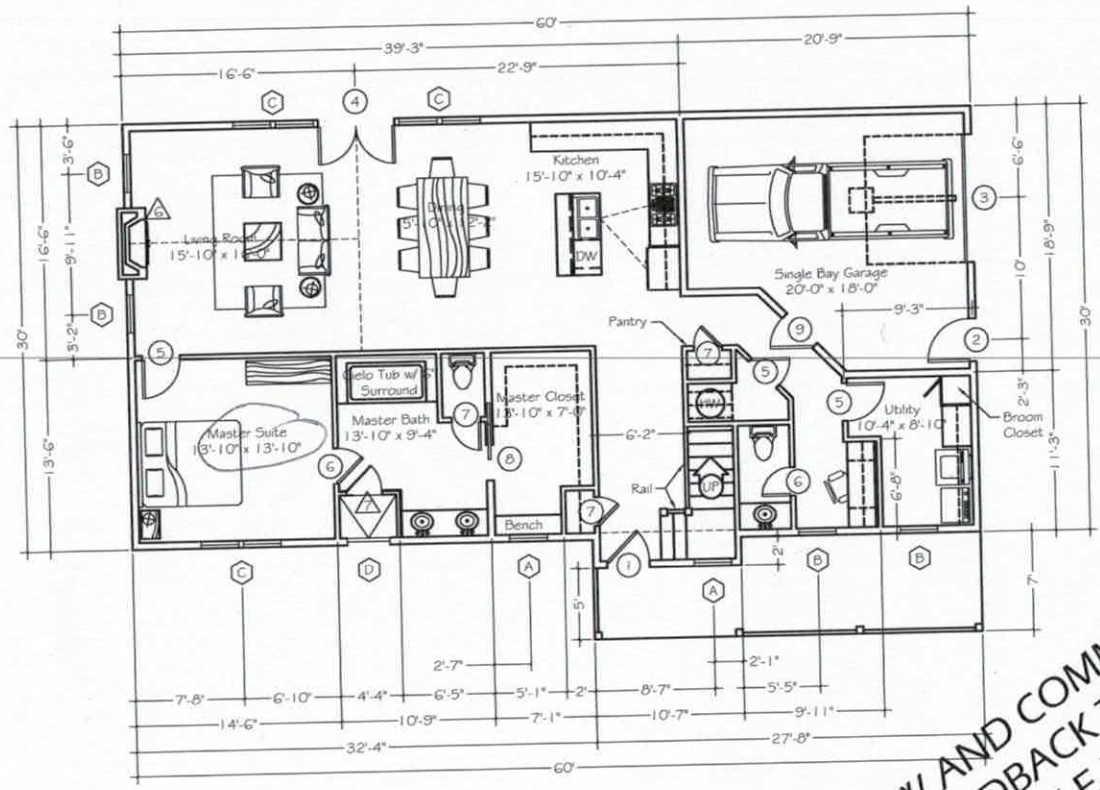
Project number
Drawn by Dbeatty
Checked by
Scale 1/4"=1'-0"

Revision: 6
Date: 1-7-17
Sheet No: 3 OF 7

Acknowledgement of
Plans Submittal ONLY!

Date 3-29-17

Date 3/29/17



Door Schedule				
Sym	Qty	Size	Description	Note
1	1	3'0" x 6'8"	Main Entry	
2	1	3'0" x 6'8"	Exterior door with half lite	
3	1	7'0" x 9'0"	Garage door	
4	1	5'4" x 6'8"	Twin 2'8" full lite exterior door	
5	3	2'8" x 6'8"	Interior door	
6	8	2'6" x 6'8"	Interior door	
7	4	2'0" x 6'8"	Interior door	
8	1	2'6" x 6'8"	Interior pocket door	
9	1	3'0" x 6'8"	Exterior 6 panel door	
10	1	2'6" x 6'8"	Exterior 6 panel door	

Window Schedule				
Sym	Qty	Size	Description	Note
A	3	2'8" x 3'0"	Double Hung Window	
B	4	2'8" x 5'0"	Double Hung Window	
C	5	5'4" x 5'0"	Twin 2'8" Double Hung Window	
D	1	2'0" x 3'0"	Fixed Pane Window	

Field applications may allow for minor adjustments to dimensions and measurements as shown.

FOR REVIEW AND COMMENT PURPOSES ONLY.
PLEASE SEND FEEDBACK TO DHBEATTY@GMAIL.COM
NOT SUITABLE FOR CONSTRUCTION

Floor Plan Specifications:

MAIN FLOOR	1491
SECOND FLOOR	592
INTERIOR TOTAL	3240
FRONT PORCH	235
OPEN DECK	180
OUTDOOR LIVING TOTAL	415

Floor Plan Notes:

1. Do not scale drawings. Follow dimensions only.
2. Unless otherwise noted, ceiling heights are to be:
   - A Main Floor: 9'-0"
   - B Second Floor: 8'-0"
3. Window and door sizes noted on plans refer to nominal sizes. Refer to manufacturer specifications for exact dimensions and rough opening sizes.
4. All interior dimensions are from centerline of stud to centerline of stud unless noted otherwise.
5. All exterior dimensions are from outside of stud wall to outside of stud wall unless noted otherwise.

△ Wood burning fireplace insert to be defined by owner prior to construction. Center fireplace between windows. (A-2)

△ Minimize curb to zero if possible. Slope shower floor away from door. (A-2)

△ Center windows in gable. (A-3)

0 5 10 20
Scale

BEATTY
Architectural and Mechanical Drafting

A NEW HOME PLAN FOR
THE WINTERKAMP RESIDENCE

Main Floor Plan

Project number: -
Drawn by: Beatty
Checked by: -
Scale: 1/4" = 1'-0"

Revision: 6
Date: 1-7-17
Sheet No: 2 OF 7

Iredell County
Planning & Enforcement
349 N. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

$PAID 114 3.21.13

Zoning Permit

Permit Number: 177814ZO

Master #: 177814

Associated Permits:
177814ZO Zoning

Applicant

Name: WHB, Inc.
Address: PO Box 4301
Mooresville, NC 28117

Phone: 704-799-9500

Parcel

Parcel Number: 4635913764.000
Address: 000 LAKESHORE DR
MOORESVILLE, NC 28117
Subdivision: Lakeview

Zoning: R20
Township: 1700
Area: 0.4682
Lot(s): 15

Directions to Parcel: LANGTREE TO LAKESHORE, PROPERTY ON LEFT

Owners

Name: ASHWA LIMITED
Address:

Contractors

Contractor Type: Building
Name: WHB, Inc.
Address: PO Box 4301
Mooresville, NC 28117

Phone: 704-799-9500

Fees and Receipts:

Number	Description	Amount
FEE-279379-07	Zoning - Permit Application	$75.00
FEE-279380-07	Technology Fee - Planning	$2.25
	Total Fees:	**$77.25**

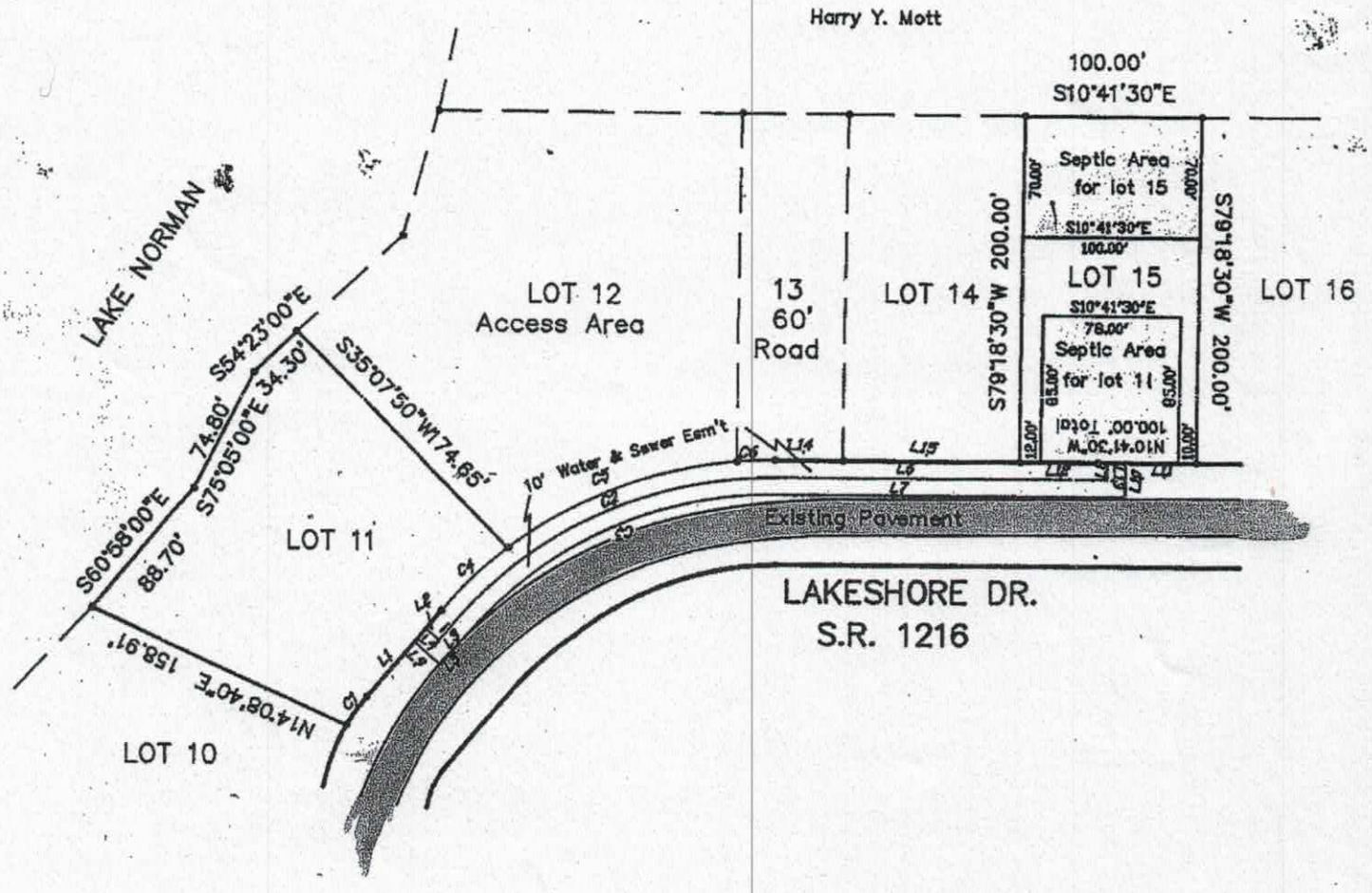
LINE	DIRECTION	DISTANCE
L1	S60°48'00"E	65.00'
L2	S31°20'38"W	10.00'
L3	S60°48'24"E	13.05'
L4	S58°39'22"E	10.00'
L5	S60°46'37"E	23.83'
L6	S10°41'29"E	188.93'
L7	S10°41'29"E	198.93'
L8	N79°18'30"E	10.05'
L9	S31°20'38"W	20.38'
L10	N79°18'30"E	20.05'
L11	S10°37'31"E	39.61'
L12	S10°44'38"E	50.39'
L13	S10°41'30"E	10.00'
L14	S10°41'30"E	38.70'
L15	S10°41'30"E	100.00'

SIGNED _____

DONALD RAY ALLEN, RLS

SECTION A
L-1131
LAND SURVEYOR
DONALD RAY ALLEN

CURVE	RADIUS	LENGTH	CHORD	BEARING
C1	109.75'	20.00'	19.97'	N66°01'14"W
C2	233.96'	204.27'	197.85'	N35°49'26"W
C3	223.96'	195.54'	189.39'	N35°49'26"W
C4	243.96'	51.63'	51.53'	S54°44'34"E
C5	243.93'	140.03'	138.11'	S32°18'03"E
C6	243.94'	21.33'	21.32'	S13°22'47"E



WATER & SEWER EASEMENT SURVEY

OF

LOT 11 LAKEVIEW SHORES SUBDIVISION