# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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

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

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

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:**

Applicant Name: Lakeshore Holdings LLC Address: 295 Lake Mist Dr Mooresville NC 28117 Phone: 704 746-7515

Owner Name: James Feldman Address: " " " " Phone: "

**Property Information:**

Street Address: 100 Culpeze RD

Subdivision Name: CL&T Section/Phase: 9 Lot Number: 146

Driving Directions: Brawley School Rd to right on Blume. Blume dead ends at home site.

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

(√) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

**Water Supply:**

(√) 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: See SAME

**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:** _____ 9/28/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

# IREDELL COUNTY HEALTH DEPARTMENT

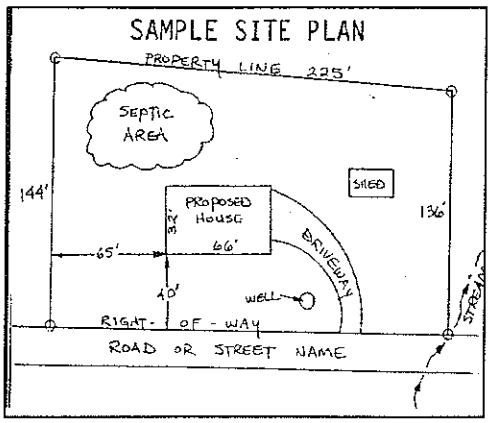
*ENVIRONMENTAL HEALTH DIVISION*

**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 attached

**Signature:** _____ 9/28/14

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

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 15, Page 29. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 23 day of September, A.D. 2014.

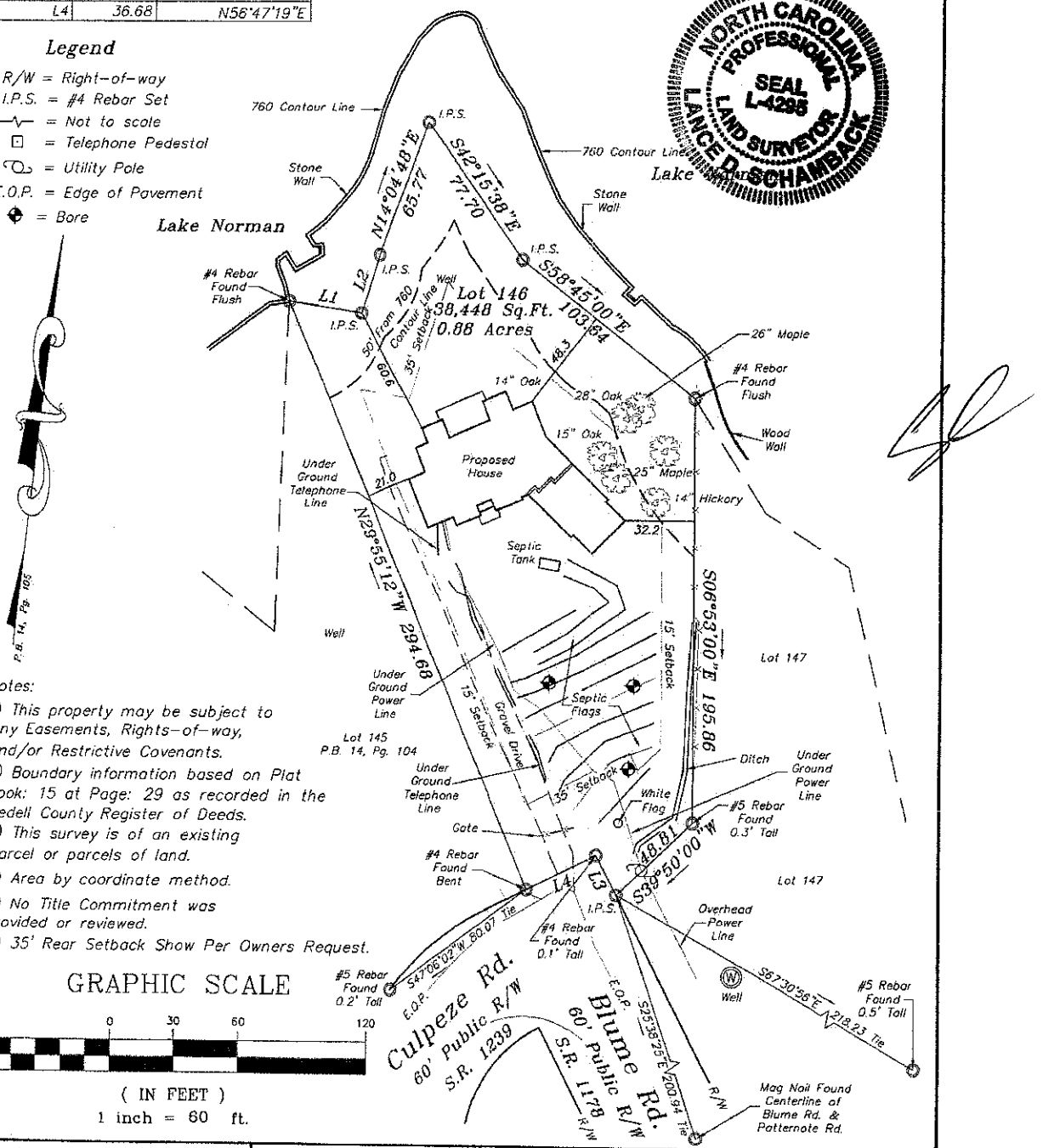
Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

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

| LINE TABLE | | |
|---|---|---|
| LINE | LENGTH | BEARING |
| L1 | 34.48 | S87°45'12"E |
| L2 | 28.79 | N11°27'48"E |
| L3 | 20.74 | N33°58'45"W |
| L4 | 36.68 | N56°47'19"E |

**Legend**

R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
E.O.P. = Edge of Pavement
= Bore




Notes:

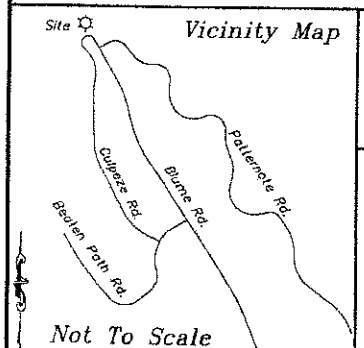
1) This property may be subject to Any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 15 at Page: 29 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) Area by coordinate method.
5) No Title Commitment was provided or reviewed.
6) 35' Rear Setback Show Per Owners Request.

GRAPHIC SCALE

60 0 30 60 120

( IN FEET )
1 inch = 60 ft.

Vicinity Map




Not To Scale

Boundary Survey
FOR
Jim Feldman

PROPERTY DESCRIPTION
Lot 146,
Crescent Land & Timber
Section 9
Plat Book 15, Page 29
Davidson Township, Iredell County, NC

SCALE: 1" = 60'
FIELD BOOK:
FILE: 2014-107
TAX PIN #: 4637039609


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

RECEIVED JUL 1 1 2014
Paid $850.00 Statesville DH

# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

*(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: X Improvement Permit ___Authorization To Construct ___BOTH ___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* X Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| Lakeshore Housing LLC | 295 Lakemist Drive Mooresville, NC 28117 | — | 704-746-7515 |
| Owner Name | Mailing Address | Home Phone | Work Phone |
| Lois Langley | 142 Lakeview Shores | — | — |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 100 Culpepper Rd | LOT | Section 9 Lot 146 |

Driving Directions: BSR TR Blume at end
Left Culpepper & Gate at Drive

**********

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
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

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

**********

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

( ) Alternative ( ) Conventional ( ) Innovative X Modified Conventional ( ) Other 15 ( ) No Preference

**********

8. **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. 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: _____ 7-10-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

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…
  *SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*
- X — Front and side setbacks from property line…
- X — Preferred driveway location and configuration, preferred 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:

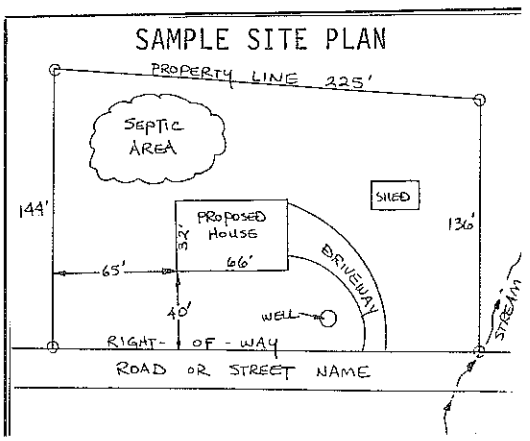
- X — Location of septic systems and wells within 100' of your property… N/A
- ___ — Location of easements and rights of ways on your property… N/A
- ___ — Location of any designated wetlands on the property… N/A

**Signature:** [signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7-10-19
DATE

**USE THIS SPACE TO DRAW YOUR SITE PLAN**

See Attached



I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 15, Page 29. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 30 day of June, A.D. 2014.

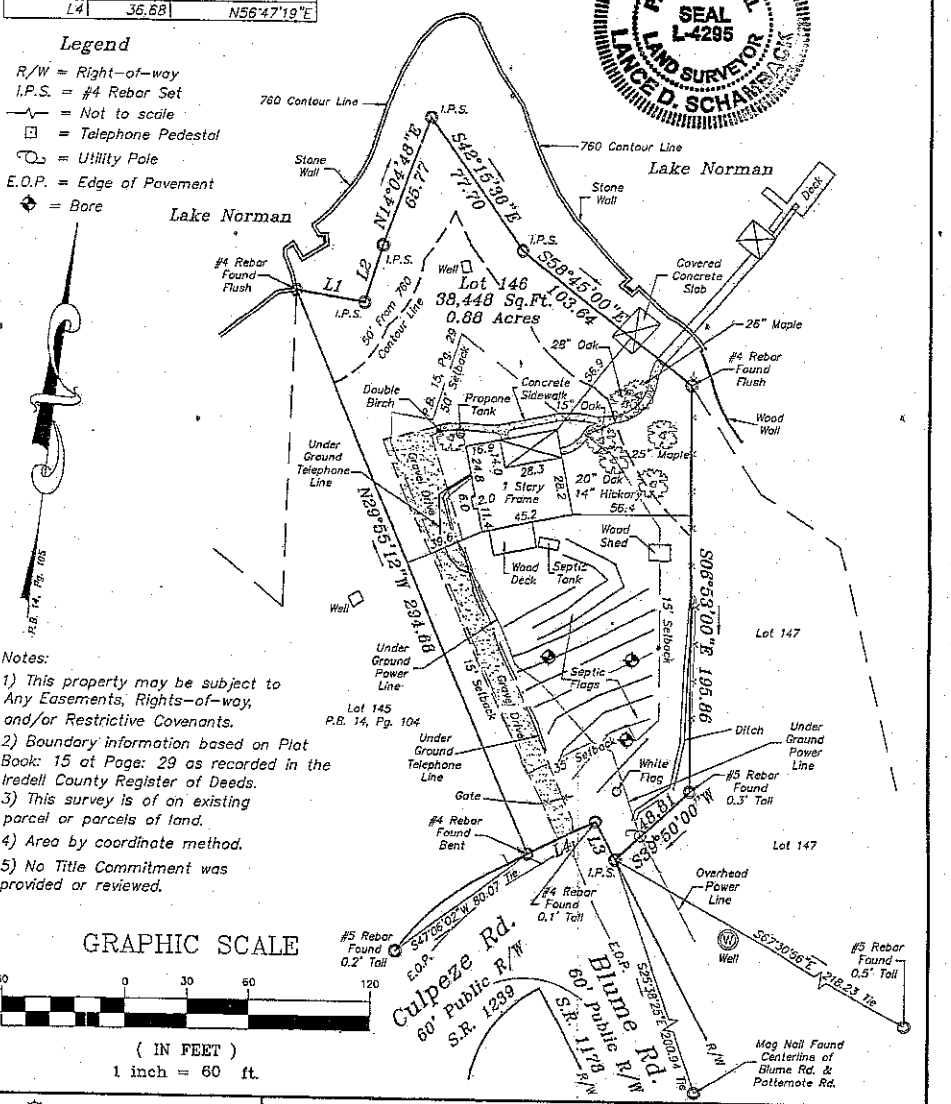
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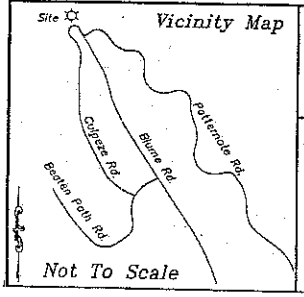
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FOR
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PROPERTY DESCRIPTION
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SCALE: 1" = 60'
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FILE: 2014-107
TAX PIN #: 4637039609


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