IREDELL COUNTY HEALTH DEPARTMENT STATESVILLE 704-878-5305 ✓ MOORESVILLE 704-664-5281

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

PERMIT # 1685 633 232067 V PIN # V4637 12 4957 DATE March 15, 2011

OWNER or APPLICANT James & Cynthia Brannen PHONE: Business _____ Home: 704-664-4571

OWNER or APPLICANT ADDRESS 108 Culpeze Rd Mooresville NC 28117

LOCATION / DIRECTIONS Brawley School Rd TR Blume on Right 380 Blume Rd.

SUBDIVISION Devonshire BLOCK / SECTION _____ LOT # 19 LOT AREA .77 Ac. DESIGN FLOW 480 gpd L.T.A.R. .3 gpd/ft² .25 Repair

Septic Tank 1000 Gallons: STB 760 Date 3-25-18

Pump Tank _____ Gallons: P T _____ Date _____

Pump Make _____ Model _____ Serial # _____

Nitrification Field No Fields 1 No Lines 5 Linear Feet 405

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth NA ☒ GRAVITY ☐ PRESSURE

☒ New System ☐ Repair ☐ Expansion System Type I (II) III IV V VI

System Description: 25% Reduction Gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required ☐ YES ☒ NO

☒ Residence No. Bedrooms 4

☐ Business No. Persons _____

☐ Other No. Employees _____

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions * Floor plans submitted w/ AC application are 4' longer than what is permitted. OK to build → will not impact septic since it is going at front of home away from septic area. KW

Comments / Conditions

INITIAL SITE SKETCH

See Plan From Michael Athanas & Associates Approved by ICHD

AS BUILT SKETCH

Non-Expiring Permit

Installed as shown.

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 w / plat valid without expiration. ☐ IMPROVEMENT PERMIT w / 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 Brannen Date 3-23-11

Improvement Permit by: Judy Melville Date 3-15-11

Authorzation to Construct by: Kayla Wilson Date 12-14-17

Installed by: Gunter Grading

Operation Permit by: Kayla Wilson Date: 5-23-18

Existing System Inspected by: _____ Date: _____

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

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

Zoning Permit

Printed: 3/9/2011

Permit Number: 165633ZO

Master #: 165633

Associated Permits:
165633ZO Zoning

Applicant

Name: Michael Athanas
Address: 1999 Candlewick Dr
Fort Mills, SC 29715
Phone: 803-802-4402

Parcel

Parcel Number: 4637124957.000
Address: 380 Blume Rd.
MOORESVILLE, NC 28117
Subdivision: Devonshire
Zoning: RA
Township: 1700
Area: .77
Lot(s): 19
Directions to Parcel: Brawley School Rd to Blume Rd.

Owners

Name: James & Cynthia Brannen
Address: 108 Culpeze Rd
Mooresville, NC 28117
Phone: 704-664-4571

Contractors

Contractor Type:
Name: Michael Athanas
Address: 1999 Candlewick Dr
Fort Mills, SC 29715
Phone: 803-802-4402

Fees and Receipts:

Number	Description	Amount
FEE-226306-07	Zoning - Permit / Inspection	$75.00
FEE-226307-07	Technology and Administrative Fee	$2.25
FEE-226308-07	Environmental Health - Type I or II Fast-Track	$335.00

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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:** (✓) Improvement Permit ___ Authorization To Construct ___ BOTH ___ Existing System Inspection
   (✓) APPLICATION FOR NON-EXPIRING PERMIT
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 Brannen	108 Culpeze Mooresville		704 746 6497
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

	Devonshire	19
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
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Accepted ( ) No Preference

****

8. **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. 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:** _____ 3/10/11
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

LOT 19 DEVONSHIRE
APPLICANT AND DESIGN SPECIFICATIONS

Applicant:	JAMES BRANNEN
Phone:	704-746-6497
Address:	108 CULPEZE MOORESVILLE,NC 28117
County:	Iredell
Location:	LOT 19 DEVONSHIRE
Application for:	4 Bedroom Single Family Residence
Gallons per day:	480
Linear feet:	405
Loading Rate (gpd/ft.2):	0.3
Trench Depth:	36"
Trench Width:	36"
Septic Tank Size:	1000
Pump Tank Size:	N/A
Estimated Supply line Length/ft:	10
Supply Line Diameter:	3"
Dosing volume:	ON DEMAND
Lateral line volume:	N/A
Supply Manifold:	N/A
Manifold Length:	N/A
Manifold Volume:	N/A
Pressure Head:	N/A
Friction Head:	N/A
Elevation Head:	N/A
Friction factor:	N/A
TDH:	N/A
Pump Run:	N/A
Threaded Union:	N/A
Gate Valves:	N/A
Check Valves:	N/A
Anti-Siphon Hole:	N/A
Design flow:	N/A
Trench Bottom FT/SQ:	1215
Number of fields	1
Supply line length	10'
Draw down:	N/A
Comments:	Soil suitability was performed by MICHAEL ATHANAS & ASSOCIATES

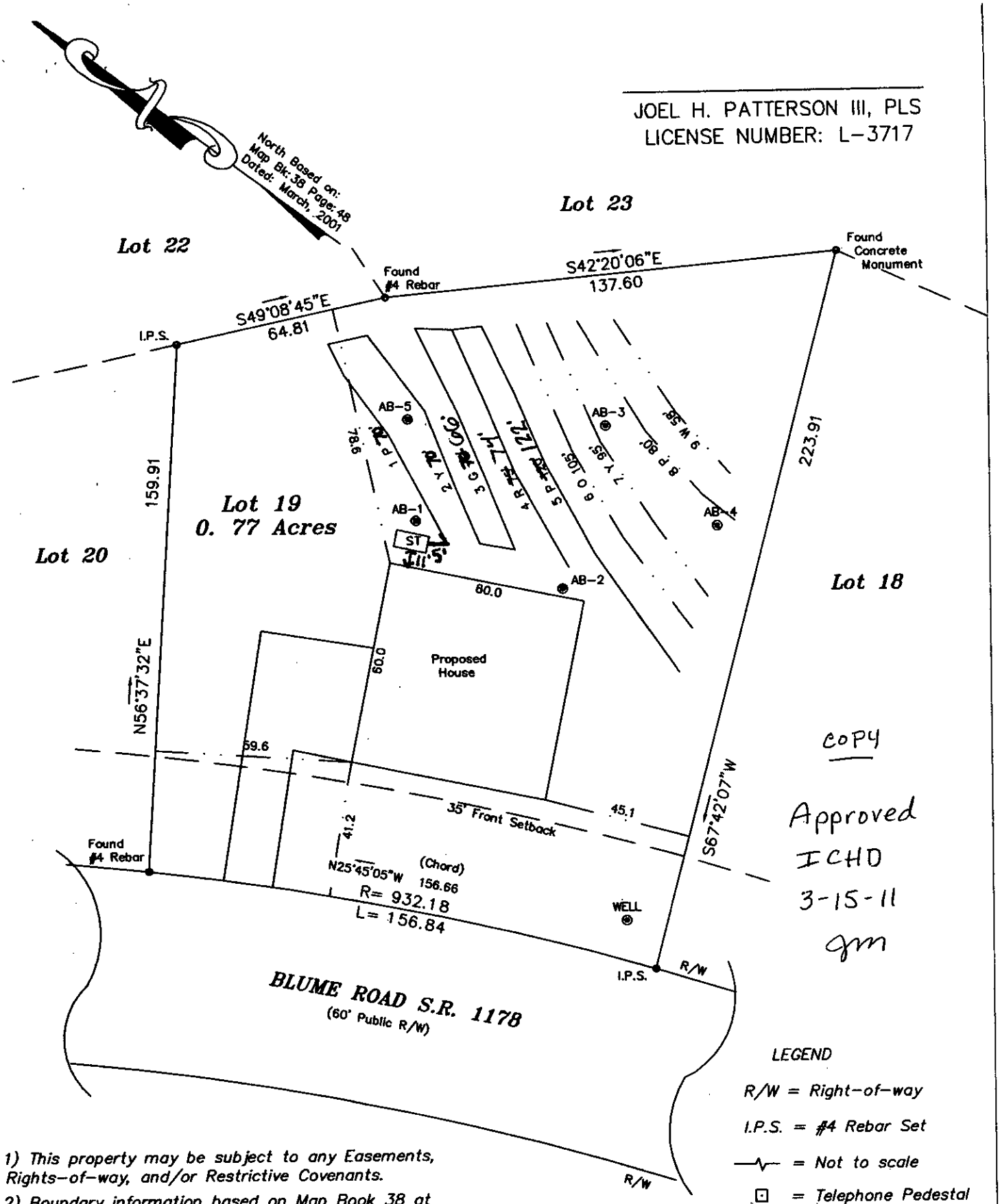
*Pump tank draw down based on 21 gallons per inch. Draw down may vary depending on tank manufacturers.

DEVONSHIRE LOT 19

SYSTEM TYPE	**25% REDUCTION**
SYSTEM LTAR	**0.3 GPD/FTSQ**
SYSTEM LINE LENGTH	**405**
REPAIR TYPE	*LP PPBPS*
REPAIR LTAR	*0.25 GPD/FTSQ*
REPAIR LINE LENGTH	*338*

LINE #	FLAG COLOR	SHOT ELEVATION		LINE LENGTH
1	***PINK***	***N/A***		***70***
2	***YELLOW***	***N/A***		***70***
3	***GREEN***	***N/A***		***70***
4	***RED***	***N/A***		***75***
5	***PINK***	***N/A***		***120***
6	ORANGE	N/A		105
7	YELLOW	N/A		95
8	PINK	N/A		80
9	WHITE	N/A		58
			Total	**743**
TBM		***N/A***		
HOUSE CORNER		***N/A***		
TANK		***N/A***		

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717



copy

Approved
ICHD
3-15-11
jm

LEGEND

R/W = Right-of-way

I.P.S. = #4 Rebar Set

= Not to scale

= Telephone Pedestal

= Utility Pole

= Cable Pedestal

WM = Water Meter

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book 38 at Page 48 as recorded in the Iredell County Register of Deeds.

3) This is a preliminary survey and is not intented for recordation, conveyances or sales.

4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

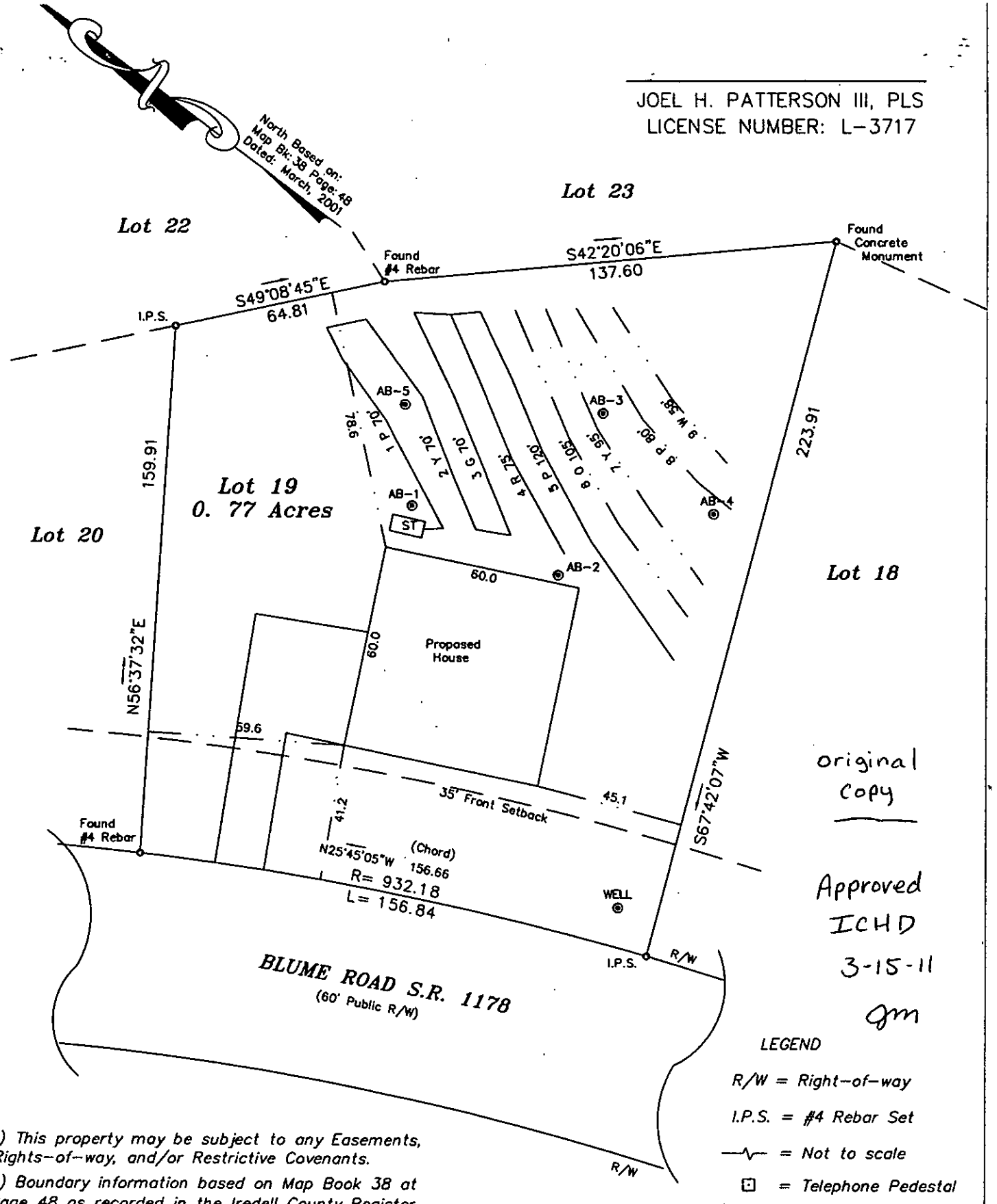
5) Area by coordinate method.

TYPE SURVEY

OF

1"=40'

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717



original copy

Approved
ICHD
3-15-11
gm

LEGEND

R/W = Right-of-way
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4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

5) Area by coordinate method.

SEPTIC SURVEY SURVEY

OF

LOT 19 "DEVONSHIRE SUBDIVISION" MAP 1 OF 2

SCALE 1" = 40'

DAVIDSON TWSP IREDELL CO NC

FIELD BOOK:

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: JAMES BRANNEN _____ APPLICATION DATE 3/2011
ADDRESS: 108 Culpeze Road Mooresville, NC 28117 _____ DATE EVALUATED: 3/2011
PROPOSED FACILITY: RES _____ PROPOSED DESIGN FLOW (.1949): 480GPD PROPERTY SIZE: .77AC
LOCATION OF SITE: Lot 19 Devonshire Subdivision _____ PROPERTY RECORDED: YES
WATER SUPPLY: ☐ 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	
B 1	LINEAR 8%	0-3	BSCL GR	FRI,SS,SP,SEXP	N/A	48"	N/A	N/A	.3GPD/FT^2
		3-38	RC MFSBK	FRI,SS,SP,SEXP					
		38-48	RCL WFSBK	FRI,SS,SP,SEXP					
B 2	LINEAR 8%	0-5	BSCL GR	FRI,SS,SP,SEXP	N/A	48"	N/A	N/A	.3GPD/FT^2
		5-23	RC MFSBK	FRI,SS,SP,SEXP					
		23-48	RCL WFSBK	FRI,SS,SP,SEXP					
B 3	LINEAR 8%	0-7	BSCL GR	FRI,SS,SP,SEXP	N/A	48"	N/A	N/A	.275GPD/FT^2
		7-40	RC MFSBK	FRI,SS,SP,SEXP					
		40-48	RCL WFSBK	FRI,SS,SP,SEXP					
				Few Mn. Incl.					
B 4	LINEAR 8%	0-18	RBCL GR	FRI,SS,SP,SEXP	N/A	48"	N/A	N/A	.25GPD/FT^2
		18-30	RBSCL WSBK	FRI,SS,SP,SEXP					
		30-48	RBC WFSBK	FRI,SS,SP,SEXP					
				COMMON Mn.					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% RED.	LP PPBPS
Site LTAR	.3 GPD/FT^2	.25 GPD/FT^2

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

EVALUATED BY: _____MICHAEL ATHANAS & ASSOCIATES___
OTHER(S) PRESENT: _____

Approved ICHD 3-15-11 gm

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: 3/2011
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	
B 5	LSS 8%	0-4	BSCL GR	FRI SS SP SEXP	N/A	48"	N/A	N/A	.3GPD/FT SQ
		4-40	RC SBK	FRI SS SP SEXP					
		40-48	RCL WSBK	FRI SS SP SEXP					
									gm

RECEIVED DEC 12 2017

AC with site inspection

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#232067

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: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings LLC Address: PO Box 5350, Mooresville NC Zip: 28117
Applicant Email: Lakemst Homes@yahoo Phone: 704 799 7609 Alt. Phone: 919 389 4500
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 380 Blume, Mooresville NC 28117
Subdivision Name: Devonshire Section/Phase: _____ Lot Number: 19
Driving Directions: Brawley School Rd to Right on Blume, Lot is on Right

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: 4
Maximum Number of Occupants: _____
( ) 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

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

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

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

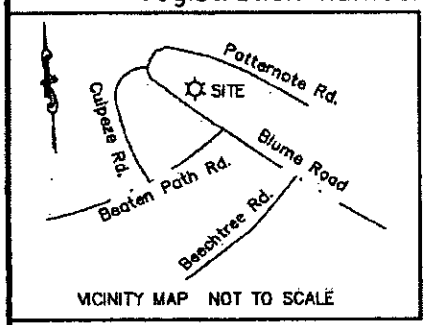
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

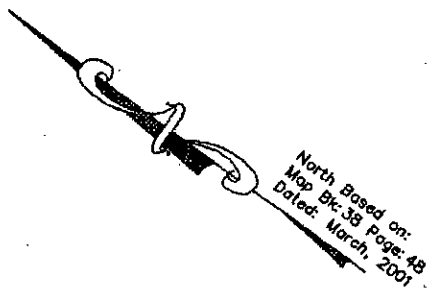
Signature: _____ 12/10/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

PATTERSON LAND SURVEYING, P.A.

P.O. Box 5010, Mooresville, NC 28117 (704) 361-0415 *Fax (704) 799-8565

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 1309, Page 71. That the boundaries not surveyed are clearly indicated as drawn from information as shown on 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 24th. day of FEBUARY, A.D. 2010.





JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

Lot 23

Found Concrete Monument

Lot 22

Found #4 Rebar

S42°20'06"E
137.60

S49°08'45"E
64.81

I.P.S.

Yellow
Green
Pink
Yellow
White
Pink
Pink
AB-5
AB-3
Red
Orange
78.6

159.91

223.91

Lot 19
0. 77 Acres

Lot 20

AB-1

AB-2

60.0

60.0

Proposed House

Lot 18

N56°37'32"E

59.6

35' Front Setback

45.1

41.2

S67°42'07"W

Found #4 Rebar

N25°45'05"W (Chord)
156.66
R= 932.18
L= 156.84

I.P.S.

R/W

BLUME ROAD S.R. 1178
(60' Public R/W)

LEGEND

R/W = Right-of-way

I.P.S. = #4 Rebar Set

—∿— = Not to scale

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES

Cypress II

REVISIONS

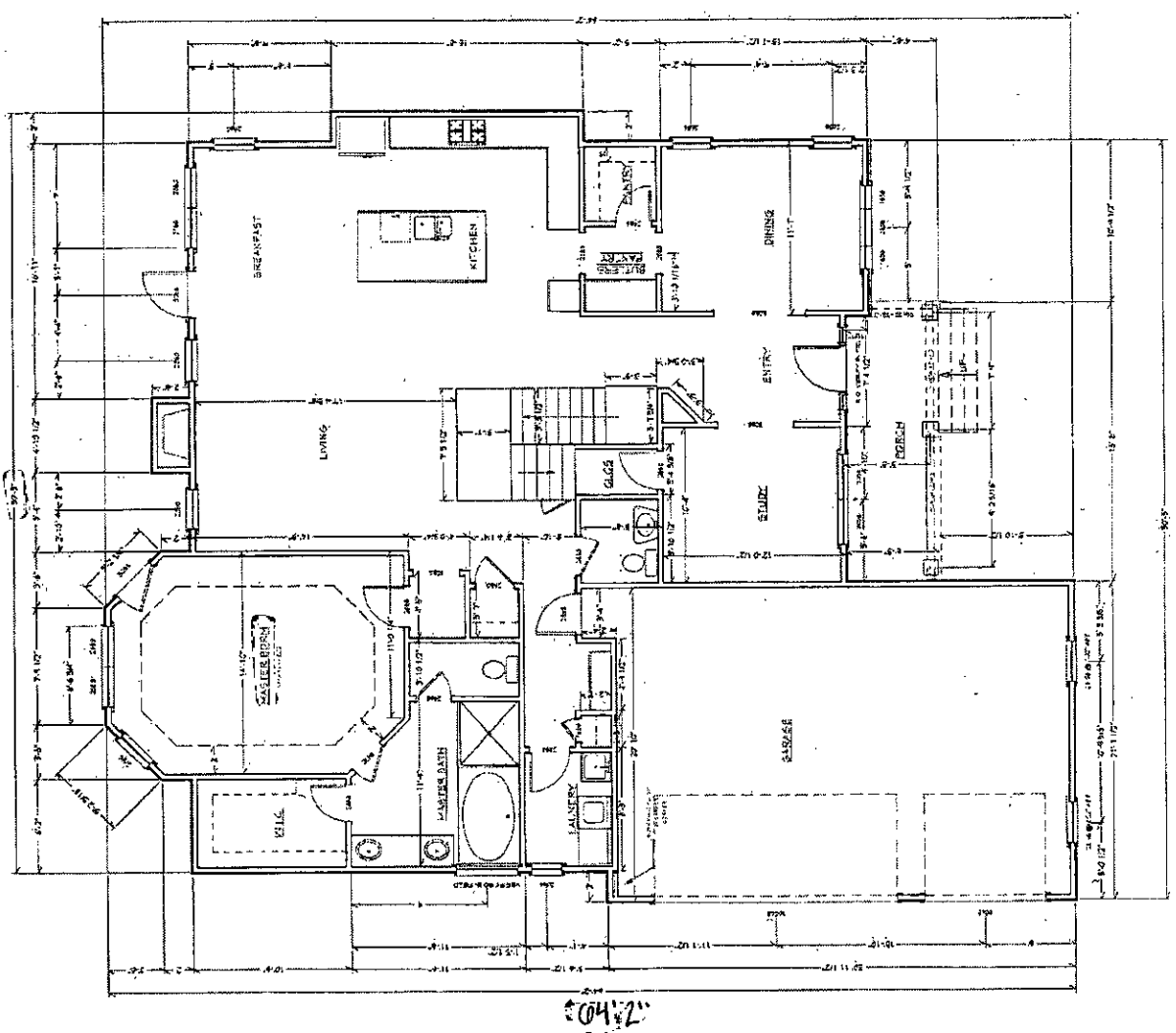
1

Acknowledgement of Plans Submittal ONLY!

Date 12-14-17

Date 12/15/17

FIRST FLOOR PLAN



VISUAL DESIGN & DRAFTING

Cypress II

LAKEMIST HOMES

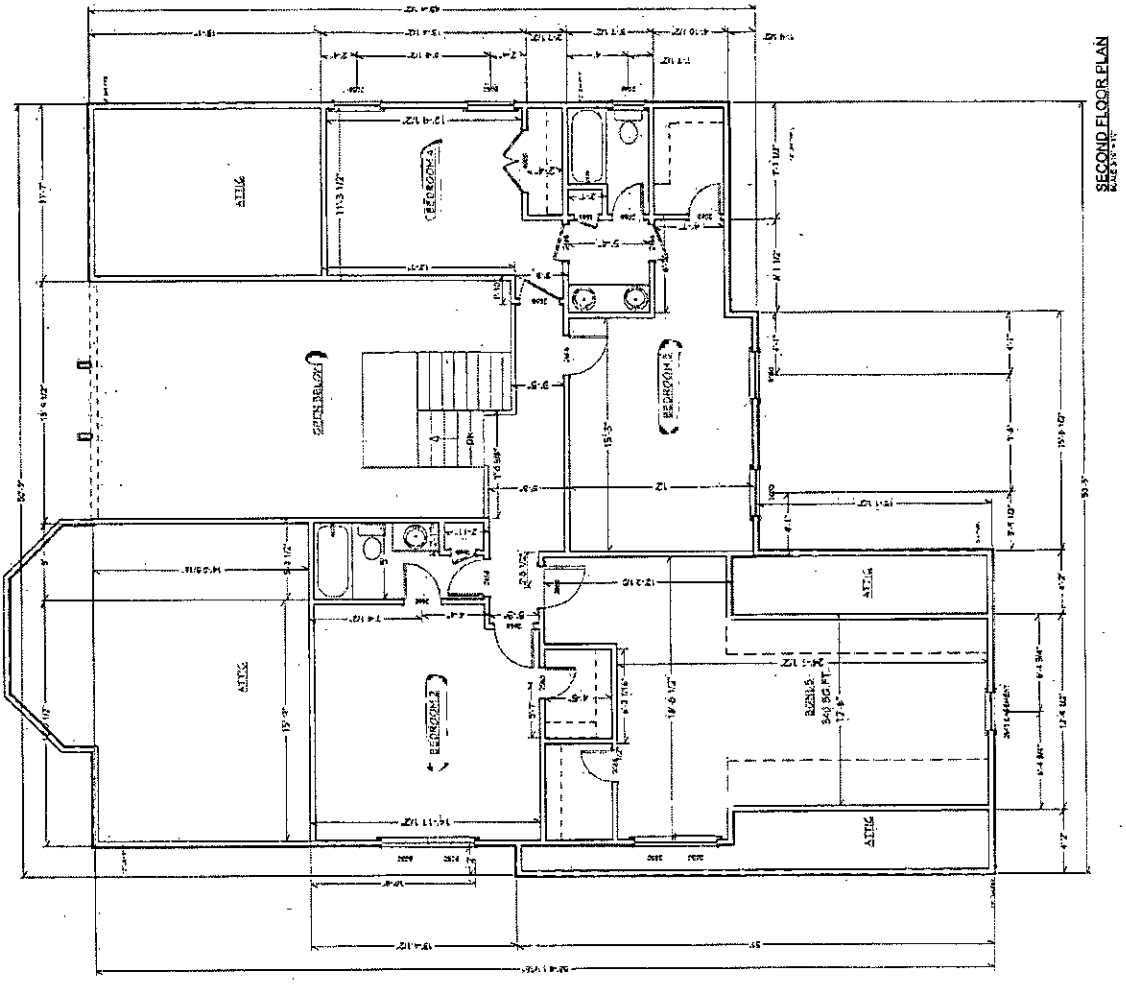
REVISIONS

2

Acknowledgement of Plans Submittal ONLY!

Kraylen Watson Date 12-14-17

Date 12/14/17



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

N/A

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, Aron Feldman Lakeshore Holdings LLC, am the legal owner(s) of the property located at 380 Blume, mooresville NC 28117, identified as PIN (Parcel Identification Number) 4637124957, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, _____, 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.

_____ 12/10/17 _____ _____

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