Site Address: 124 Ravenwood Road - Mrsvl.

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 146245 PIN# 4637251488 4637250988 DATE 11-13-07

OWNER OR APPLICANT Lakeland Luxury / True Homes PHONE: Business 704-892-1828 Home Brad Crestar 7043632466 True Homes

ADDRESS 16405-D Northcross Dr. Huntersville NC 28078

LOCATION Hwy 150 West TL McCrary on left

SUBDIVISION Riverwood Bend BLOCK / SECTION ____ LOT 4 LOT AREA .697Ac. SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons: STB 794 Date 10-22-13

Pump Tank: 1000 Gallons: PT 27 Date 10-22-13

Pump Make: Liberty Model FL51M½ Serial No. ____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4@100' 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 pm

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees ____

Water Supply: ☒ Individual ☐ Public ☐ Community

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

Comments/Conditions:

Remove any spoil piles before installation

Comments/Conditions: Checked Lines, PM, Ran Pump, set pressure to 2' and alarm AZP 12-2-13

- Need to check electrical
- IQ4W Installed

INITIAL SITE SKETCH

See plan from S&ME

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	12-3-13	AZP
Tanks Checked	12-3-13	AZP
Pressure Manifold or Valve Box Checked	12-3-13	AZP
Pressure Head Set	12-3-13	AZP
Electrical Checked	2-28-14	MD
Floats Set	2-28-14	MD
Alarm Checked	12-3-13	AZP
Maintenance Contract Y / (N)	—	—

Need to check breakers/circuits

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 with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 12/6/07

Improvement Permit by: Judy Mahaffey date 11-13-07

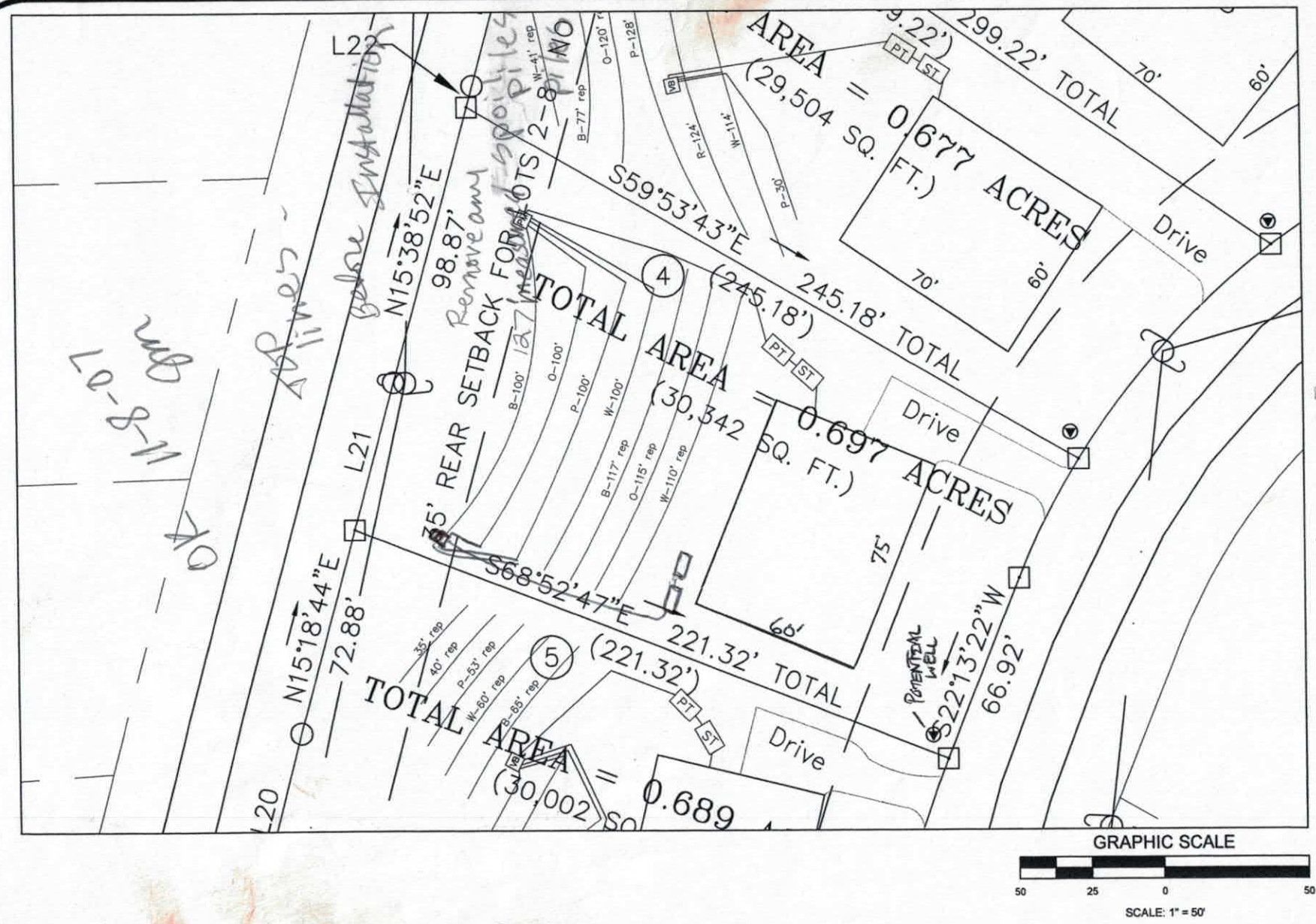
Authorization to Construct by: C. [signature] date 7/31/13

Installed by: Stevens Trucking and Septic Tank

Operation Permit by: Maria H. Dotson RS date 2/28/14

Existing System Inspection by: ____ date ____

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



SCALE: 1" = 50'	DATE: 11-1-07	S&ME 3718 OLD BATTLEGROUND ROAD GREENSBORO, NC 27410 PH. 336-288-7180 FAX. 336-288-8980 WWW.SMEINC.COM	Lot 4 Riverwood Bend Subdivision – McCrary Rd. Iredell County, NC	FIGURE NO. 1
PROJECT NO. 1588-07-051	DRAWN BY: JBP			
	CHECKED BY: PLM			

Health Dept. Copy

To: Iredell County Environmental Health Division

From: Paul G. Penninger, LSS

RE: Riverwood Bend Subdivision – Lakeland Luxury, Inc. – Lot 4 Fast Track

Date: November 6, 2007

Attached is the Fast Track information required to place Lot 4 in Riverwood Bend Subdivision on your developer work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Environmental Health Department (ICHD) with the site evaluation. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC rules. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the use of Lakeland Luxury, Inc. in acquiring permits under the Fast Track Program. All soil work has been approved by Judy Melville of the Iredell County Health Department. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

Lot 4 Riverwood Bend Subdivision Fast Track Septic System Information

Number of Bedrooms:	**4**
Foundation Type:	**Crawl**
Design Flow (gpd):	**480**
Primary System LTAR (gpd/ft2):	**0.3**
Primary System Type:	**25% Reduction**
No. Lines:	4 (See Table)
Total Linear Feet:	400
Trench Width:	3' min.
Trench Spacing:	9' min.
Pump Required:	Yes
Distribution Device:	Pressure Manifold
Maintenance Agreement Required:	No
Length and Diameter of Supply Pipe:	105' of 2" SCH 40 PVC
Flow Rate through the system (gpm):	22
Approx. Elevation head (ft.):	13
Pressure head (ft.):	2
Friction head (ft.):	0.8
20% Contingency (ft.):	0.2
Total Head (ft.):	17
Approx. Pump Requirements:	**22 gpm @ 17' of head**

****To be designed by installer.**

Maximum Dosing Volume:	175 gal -2.7 doses/day @ design flow
Volume of water pumped per dose:	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose:	approx. 7.9 min.
Check Valve:	No
Siphon Break hole:	Yes
Repair System Type:	**LP PPBPS**
Total Linear Feet:	340
Repair LTAR:	0.3

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

Sheet ___ of ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

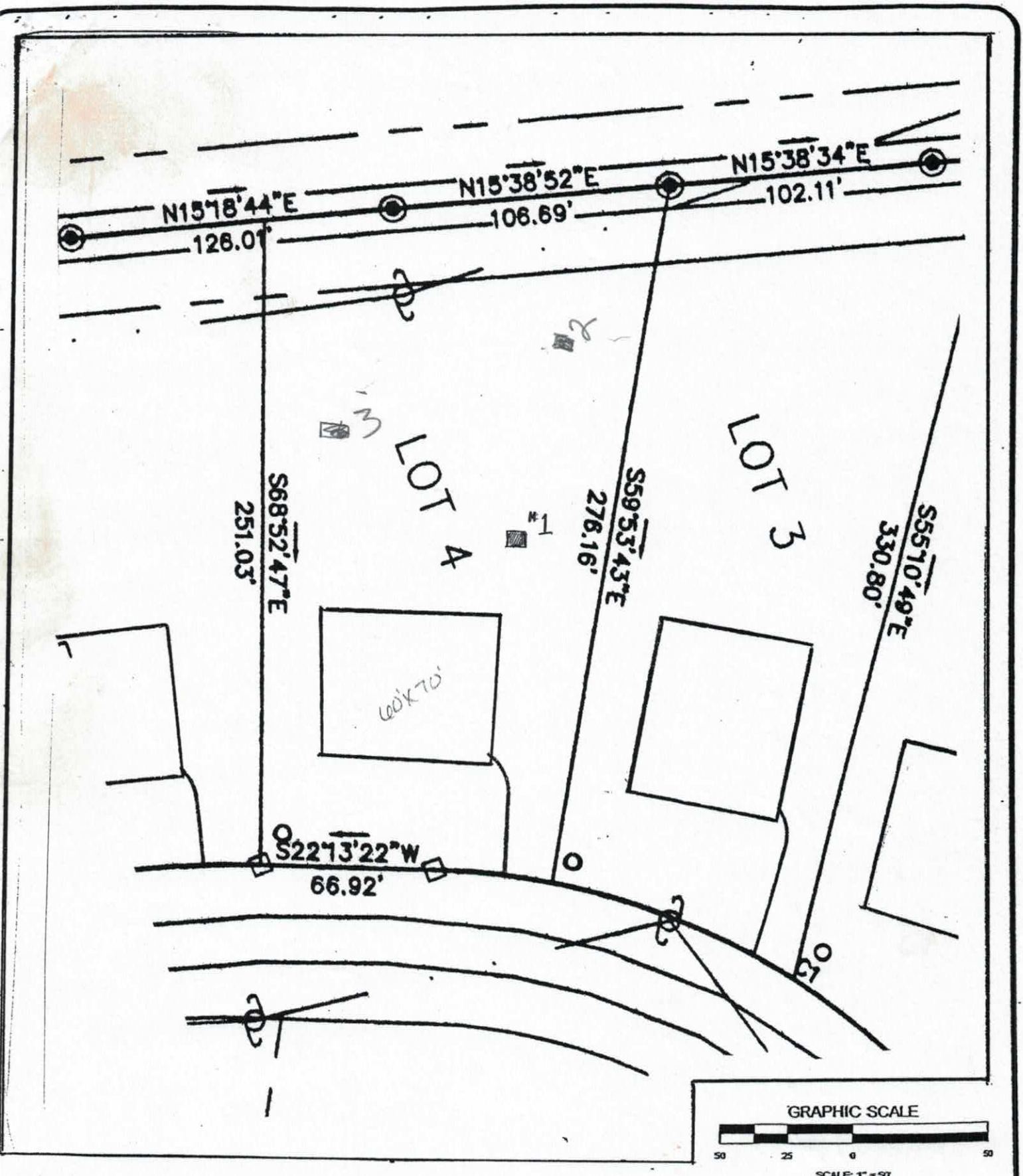
OWNER: Lakeland Luxury — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: ___
PROPOSED FACILITY: 4 BR SFD — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: ___
LOCATION OF SITE: LOT 4 — PROPERTY RECORDED: ___
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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 ④	L 6-10%	0-5	WK, sbk, scl	Fr, ss, sp	(Red-Brwn.)	F- Sap.	Inclus.		0.30- 0.325
		5-24	Mo, sbk/Abk	C Fr, ss, sp	(Red.)				
		24-56	WK, sbk, CL	Fr, ss, sp	(Red)				
2	6/10	0-7	Mass. compacted C		Red f	f-c Sap			.3
		7-24	mo sbk C	fr ss sp	Red				
		24-48	wk sbk cl	fr ss sp	Red				below 7"
3		0-5	wk grsl	fr ss np	Br				.3
		5-35	mo sbk C	fr ss sp	Red				
		35-50	wk sbk Cl	fr ss sp	C-m	Sap			
4									

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

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

COMMENTS:



ALE:	AS SHOWN
TE:	10/03/07
AWN BY:	PLM
OJECT NO:	1588-07-051

S&ME

WWW.SMEINC.COM

PRELIMINARY

FIGURE NO.

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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

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 #
True Homes	2649 Brekonridge Centre Dr.	704.238.1229	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
True Homes	2649 Brekonridge Centre Dr.	704.238.1229	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
124 Riverwood Road	Riverwood Bend	#4

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 ___
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_____ ( ) 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: Michelle Hunt — 7.11.13

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

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:** ✓ 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 ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Lakeland Luxury	16405-D Northcross Dr. Huntersville, NC 28078	704-892-1828	704-201-7906 cell

Owner Name | Mailing Address | Home Phone | Work Phone

Contact: Paul Penninger : 704-996-6330

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Rivenwood Bend	Lot 4

Driving Directions: Hwy 150 West, Turn left on McCrary Rd

****

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:**

(X) 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)*

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) 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:** Karen M Davis — 10-3-07

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:

- ✓ **Property Line measurements are clearly identified..**
- ✓ **All proposed structures are indicated...**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- ✓ **Front and side setbacks from property line...**
- ✓ **Preferred driveway location and configuration, preferred well location...**
- ✓ **Area you prefer your septic system to be placed...**
- ✓ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

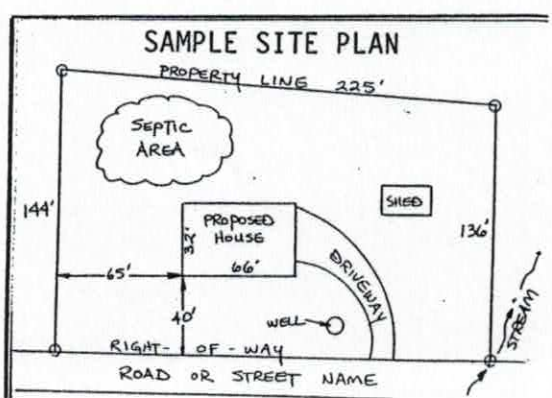
- ____ **Location of septic systems and wells within 100' of your property...** (N/A)
- ____ **Location of easements and rights of ways on your property...** (N/A)
- ____ **Location of any designated wetlands on the property...** (N/A)

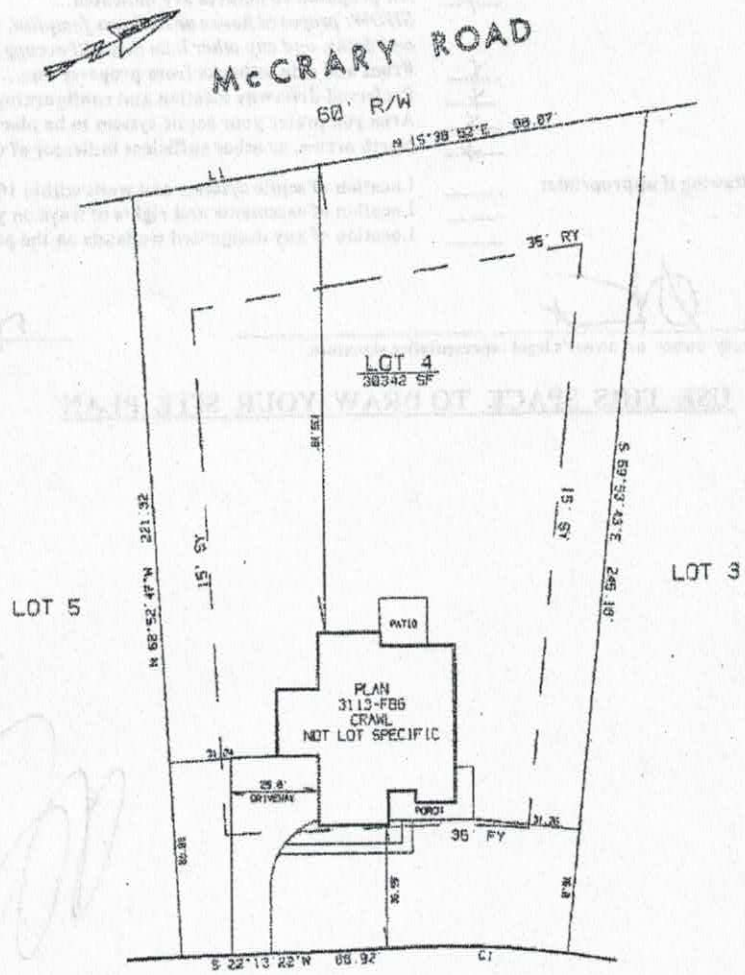
Signature: Karen M Davis
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-3-07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached





LINE	BEARING	DISTANCE
L 1	N 15°18'44"E	52.82'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	9°42'18"	272.95'	46.17'	23.14'	46.11'	S 27°34'31"W

PRELIMINARY SQ. FT.
TOTAL SF TO B/C: SF

5' PUBLIC S/W:

HOUSE: SF
DRIVE: SF HOUSE-R/W
SF R/W-B/C
SIDEWALK: SF
PATIO: N/A
SOD TO B/C: SF
SEED/STRAW: SF

TRUE HOMES

PLOT PLAN

OF

124 RIVERWOOD ROAD
LOT 4 OF RIVERWOOD BEND
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

SCALE - 1" = 40'

0 20 40 60 80

MAP RECORDED IN BOOK 53
AT PAGE 57

CA GEO 50
DATE: 05/14/13
DSK CA103 RWB4
DRAWN BY ESJ

SHEET:	4 of 9
DRAWN BY:	MWH
DATE:	6.13
SCALE:	3/16" = 1'-0"
REVISION:	
JOB:	Lot Specific

FIRST FLOOR PLAN

3110 - TOWNSEND

Riverwood Bend
Lot #4

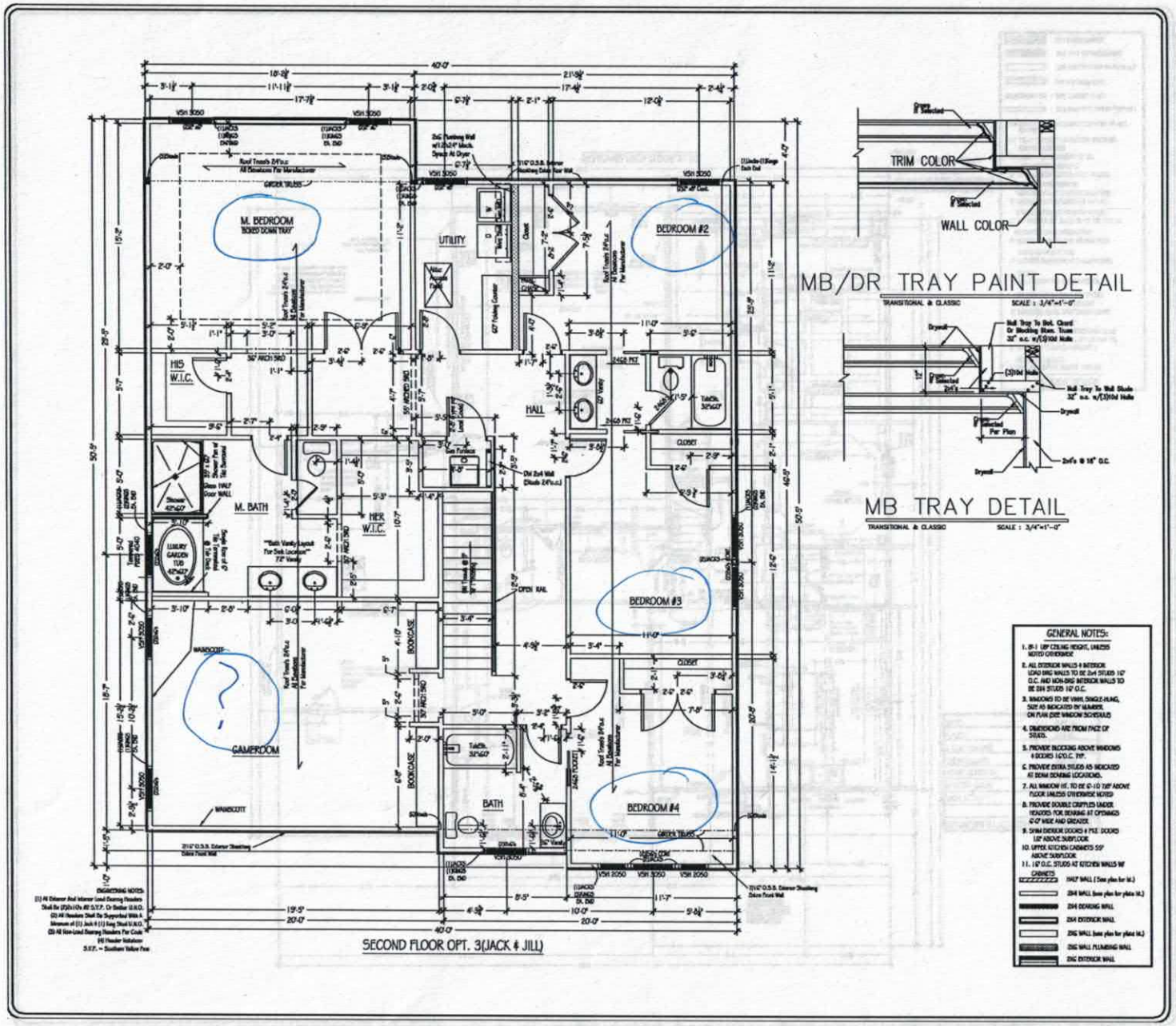
TRUE HOMES L.L.C.
2649 Brekon Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

Acknowledgement Of
Plans Submittal ONLY!

_____ Date 7/31/13

_____ Date _____

Revised Plan



MB/DR TRAY PAINT DETAIL

TRANSITIONAL & CLASSIC SCALE : 3/4"=1'-0"

MB TRAY DETAIL

TRANSITIONAL & CLASSIC SCALE : 3/4"=1'-0"

TRUE HOMES L.L.C.
2649 Breken Ridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-226-9486

Riverwood Bend
Lot #4

SECOND FLOOR PLAN

3110 - TOWNSEND

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DRAWN BY: MWH

DATE: 6.3.13

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

REVISION:

JOB: Lot Specific

SHEET: 5 of 9

Acknowledgment Of
Plans Submittal ONLY!
Date 7/31/13
Date

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	146245ZO	Subdivision:	Riverwood Bend
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 RIVERWOOD RD MOORESVILLE NC 28117		
Parcel #:	4637251453.004	Zoning:	RA
Lot #:	4 Size: 0.697	Flood Plain:	No Watershed: WSIV CRIT
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	LAKELAND DEVELOPMENT CORP.
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	
Phone:	704-662-8625	Phone:	
Property Recorded:	No Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area:	Min. Front Yard: 35 ft	Min. Left Side Yard: 15 ft
Min. Lot Width: 100	Min: Rear Yard: 35 ft	Min: Right Side Yard: 15 ft
Min. Number Parking Spaces:		Max. Built Upon Area:

Comments:

HOLD BLDG PERMIT UNTIL PLAT IS RECORDED

Directions:

I77S TO HWY 150 - LFT ONTO RIVER HWY, LFT ON MCCRARY RD, LFT ON RIVERWOOD RD

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$275.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$320.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

PAULA WOODY Printed: 10/22/2007

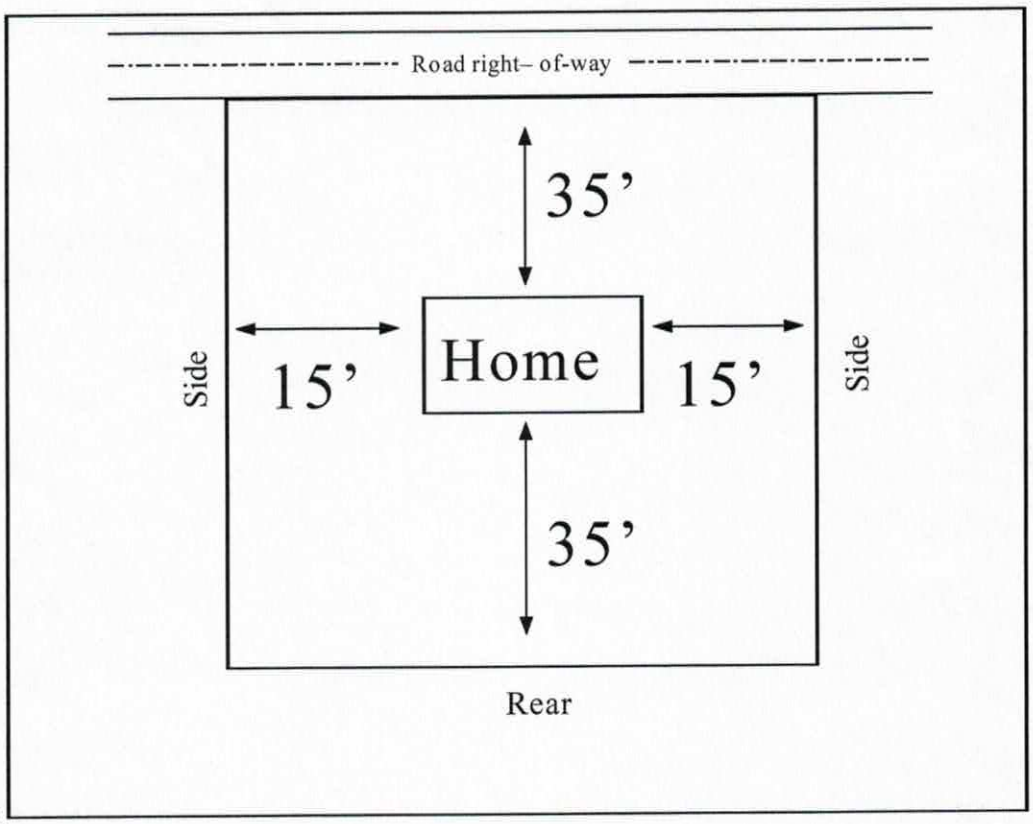
DEVELOPER PERMIT

ZONING DISCLAIMER

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. Applicant further acknowledges that the 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.

Applicant Date

STREET NAME : LOT #4, RIVERWOOD ROAD



#54.

In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.