HS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office (704) 660-3625) PERMIT # 225591

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

PIN # 4638-16-4815

APPLICANT/OWNER: Lakeshore Holdings LLC. APPLICANT ADDRESS: P.O. Box 5350 Mooresville, NC 28117

SITE ADDRESS: 151 Broadview Circle Mooresville, NC 28117 PHONE: 704-799-7609 ALT. PHONE 336-682-0502

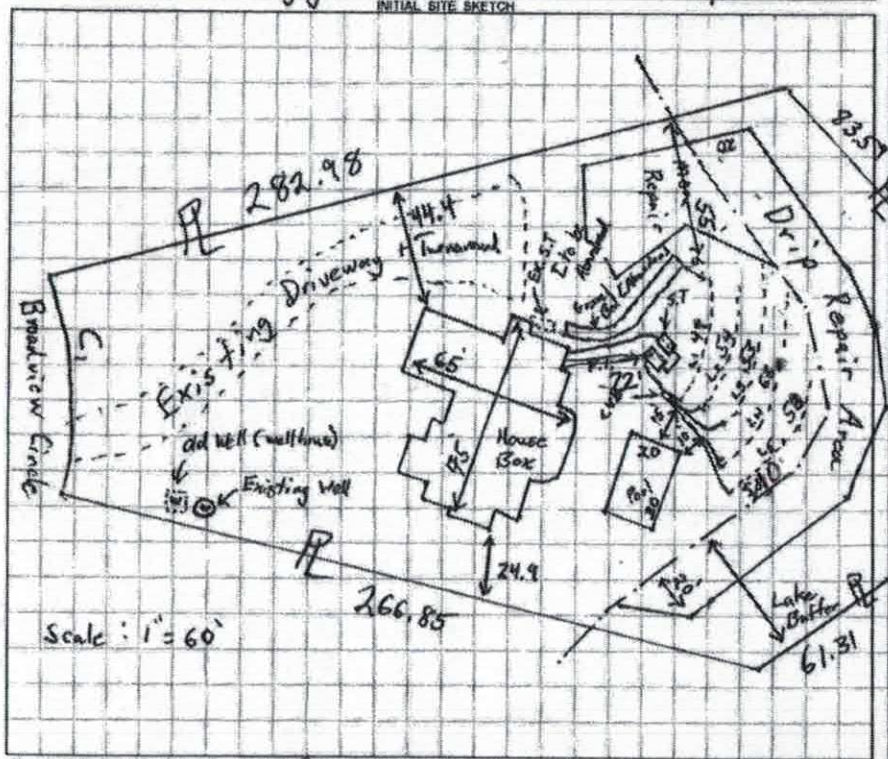
SITE DIRECTIONS: Rt 150 W → R on Perth Rd → L on Fern Hill → L on Broadview → on left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL+T SECTION: 15 LOT # 78 LOT AREA: 1.09 acres DESIGN FLOW: 480 L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	1600	Date	10/19/18	[X] New System [ ] Repair [ ] Expansion System Type: I II III [IV] V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	3263	Date	7/18/18	System Description: LP-PPBPS (50% Reduction)	[ ] Business	No. Persons	8	[X] Private Existing
Pump Make	Goulds	Model	460/115	Serial #	1P	Repair System Description: TSII + Drip	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	5	Linear Ft	267	Maintenance Agreement Required: [X] YES [ ] NO	[ ] Slab	[ ] Crawl Space		[ ] Community
Trench Width	24"	Trench Bottom Depth(Low side)	32"	Gravel Depth	—	[ ] GRAVITY [X] PRESSURE	[X] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: Though 275 l.f. of line has been laid out only 267 l.f. of line need be installed. Pump + Crush existing septic tank + abandon existing gravel bed. Drainfield trenches/panels must be 15' from pool excavation while conveyance components (pipes) must be at least 10' from pool excavation. 62 total panels. Set floats to dose no more than 160 gallons per pumping event.

INITIAL SITE SKETCH



AS BUILT SKETCH

* As this system pumps down-hill, an anti-siphon hole is required within the pump-line to prevent siphoning/emptying of the wet well *

Lake Norman

L1 - 50' L3 - 54'
L2 - 56' L4 - 100' - CC 9/24

	Date	Initials
Drain Lines Checked → 1st four checked 9/24-CC	9/25	KW
Tanks Checked	9/24	CC
Pressure Manifold or Valve Box Checked	9/25	KW
Pressure Head Set	11/30	KW
Electrical Checked	11/30	KW
Floats Set	11/30	KW
Alarm Checked	11/30	KW
Maintenance Contract (Y)/ N	12/4	KW
Comments: 11/30: Still needs maintenance contract		

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.* [X] IMPROVEMENT PERMIT *with site plan valid for 60 mos.* [X] AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 4/9/18 Installed by: Colby (Gunter Grading)

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/6/18 OPERATION PERMIT by: [signature] Date: 12-4-18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/6/18 Existing System Inspected by: Date:

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 inspection time

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 2
PROPERTY ID #: 4638-16-4815
COUNTY: Iredell

6 x 45 = 7 2/3 x 30
222 l.f need.

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: William Tully
ADDRESS: P.O. Box 5350 Mooresville
PROPOSED FACILITY: 4BR SFR
PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE: 151 Broadview Circle
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other Existing
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 3/6/18
DATE EVALUATED: 3/16/18
PROPERTY SIZE: 1.09 acres
PROPERTY RECORDED: Yes

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Shoulder Slope Prim 9% [Below Ex System]	0-4	SCL V.W.SBK	SI. Friable, SS, Sp, Sap	-	42	-	-	0.30 PS
		4-18	Clay W.SBK/ABK	SI. Firm, Sticky, Sp, Sap					
		18-42	Clay Loam W.SBK some Saprolite	Friable, SS, Sp, Sap					
		42-65"	Sandy Saprolite MA	Very Friable + Decently Drained					
2	Prim 10% Lower	0-4	SCL V.W.SBK	SI. Friable, SS, Sp, Sap	-	26	-	-	0.30 PS
		4-14	Clay W.SBK/ABK some mica	SI. Firm, Sticky, Sp, Sap					
		14-26	Clay Loam W.SBK some Saprolite	Friable, SS, Sp Sap					0,35 (Sap)
		26-62	Sandy Saprolite MA	Very Friable + well Drained					
3	Repair 6% Buffer Above Rock	0-5	SCL V.V SBK	Friable, SS, Sp, Sap	-	29	-	-	0.30 PS
		5-16	Clay W.SBK/ABK some mica	SI. Firm, Sticky, Sp, Sap					
		16-29"	Clay Loam V.SBK + coarse Saprolite	Friable, SS, Sp Sap					
		29-42"	Loamy Saprolite MA	Moderately Plastic + Very Friable					
		42-63"	Sandy Saprolite MA	well Drained + Very Friable					
4	Repair 7% Buffer Below Proposed Pool	0-17	SCL V.W SBK	Friable, SS, Sp, Sap	-	26	-	-	0,30 PS
		17-26	Clay W.SBK/ABK	SI. Firm, Sticky, Sp, Sap					
		26-63	Clay Loam W.SBK some Saprolite	Friable, SS, Sp, Sap					
			Sandy Saprolite MA	well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	275	5000 SF+
System Type(s)	Ex Bed + PBPS	TS II Drip
Site LTAR	0.3	0.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tim Shuck
OTHER(S) PRESENT:

COMMENTS:

Ex Bed 6' x 45 (remaining)

L1 W 49'

L2 B 54'

L3 W 53'

L4 B 66'

L5 W 53'

278

[275]

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
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)		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	Above Existing Bed Shoulder Slope 12%	0-4	SCL V.W. SBK	SI Friable,					0.3 PS
		4-15	Clay w. SBK/ABK	SI. Firm, sticky, SP Scap					
		15-24	Clay Loam w. SBK Sandy Saprolite MA	Friable SS, SP, Scap					
		24-66		Very Friable + well Drained					
2									
3									
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:

RECEIVED MAR 7 - 2018

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 $500.00

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___Existing System Inspection

225591

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:

Lakeshore Holdings LLC	Po Box 535 Mooresville NC 28117	704 799 7609	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
William Tully	Po Box 4533, Mooresville NC 28117	336 682-0502	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

151 Broadview Circle	CL&T S15	78
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: Perth to Fern Hill, Fern Hill towards water, Left on Broadview Circle, lot is on Left

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 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms 3
New home, Existing Septic

( ) 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 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: _____ 3/6/18
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, William Tully, am the legal owner(s) of the property located at 151 Broadview Circle, identified as PIN (Parcel Identification Number) 4638-16-4815, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC, 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.

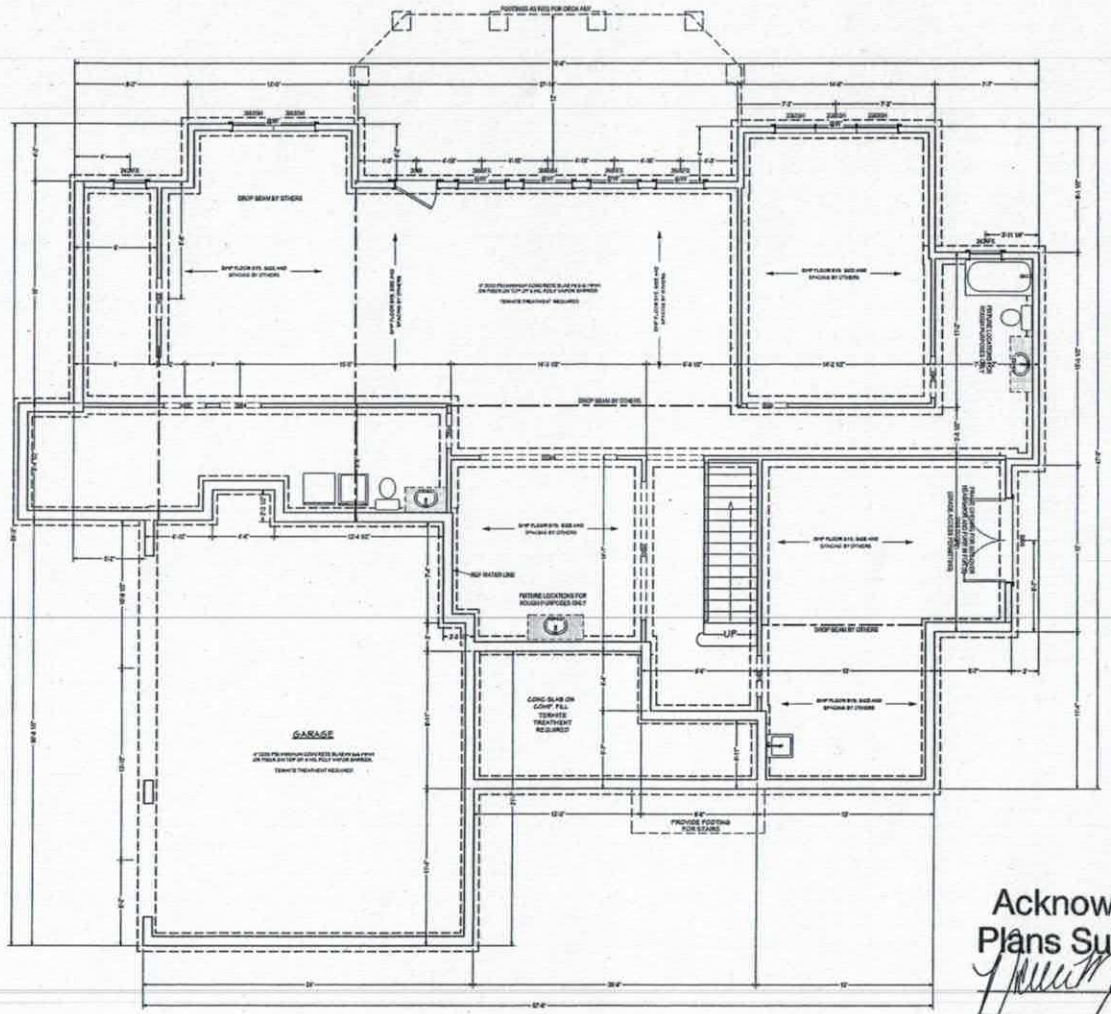
Signature of Owner(s) — Date: 3/6/2018

Signature of Witness — Date: 3/6/2018

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



Acknowledgement of Plans Submittal ONLY!

_____ Date 4/9/18

_____ Date _____

BASEMENT / FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

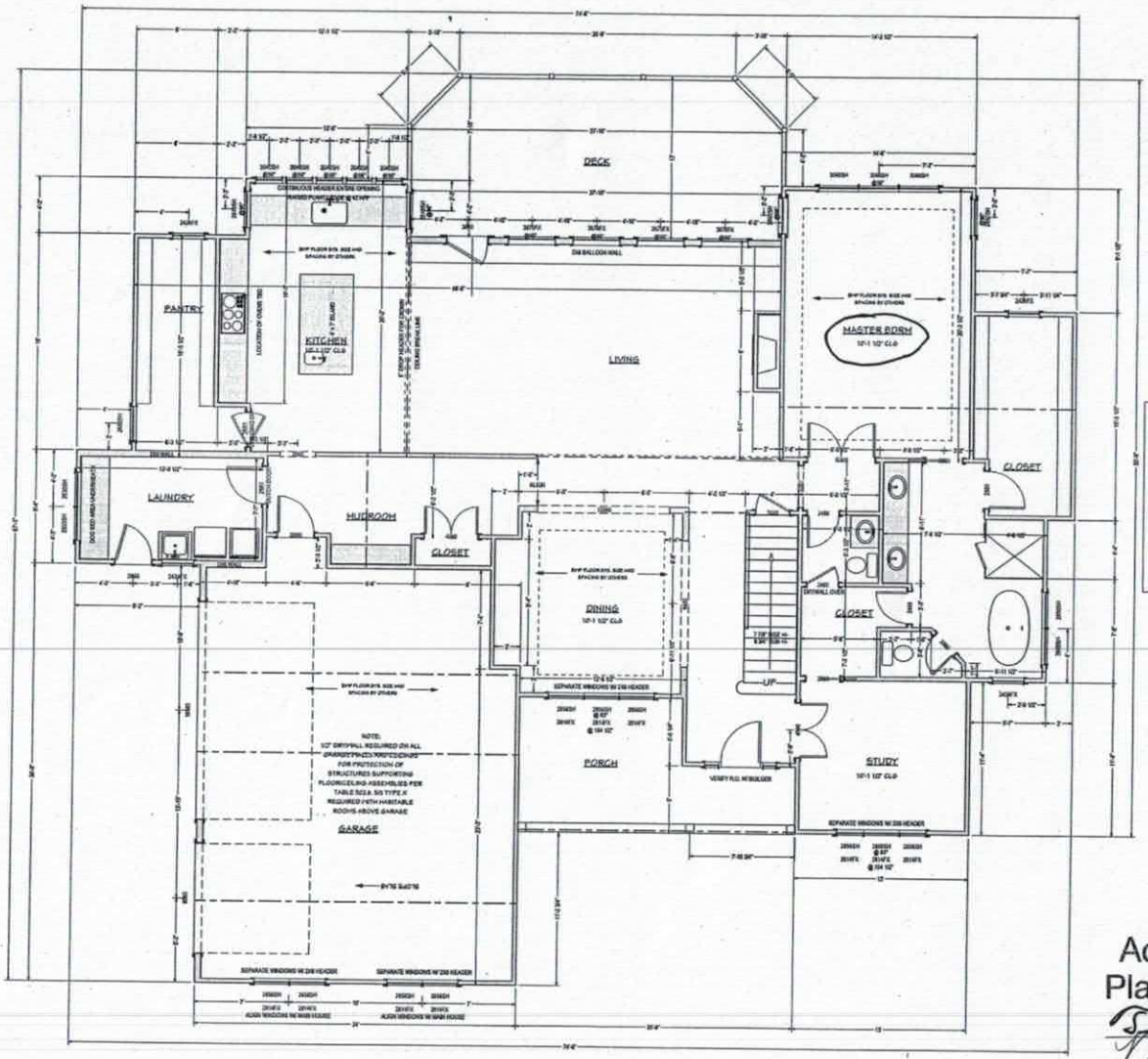
PROJECT DESCRIPTION:
TULLY RESIDENCE
LAKEMIST HOMES

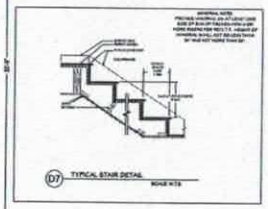
VisualDesignDrafting@gmail.com
Justin Tinnel
253.653.0881
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
2/28/2018

SCALE:

SHEET:
A-5





SQUARE FOOTAGE	
1ST FLOOR HEATED	2360
2ND FLOOR HEATED	2004
TOTAL HSF	4364
UNFINISHED BSMT	2360
COVERED PORCHES	167
GARAGE	726
TOTAL UNDER ROOF	7617

Acknowledgement of Plans Submittal ONLY!

Date 4/6/18

Date 4/9/18

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

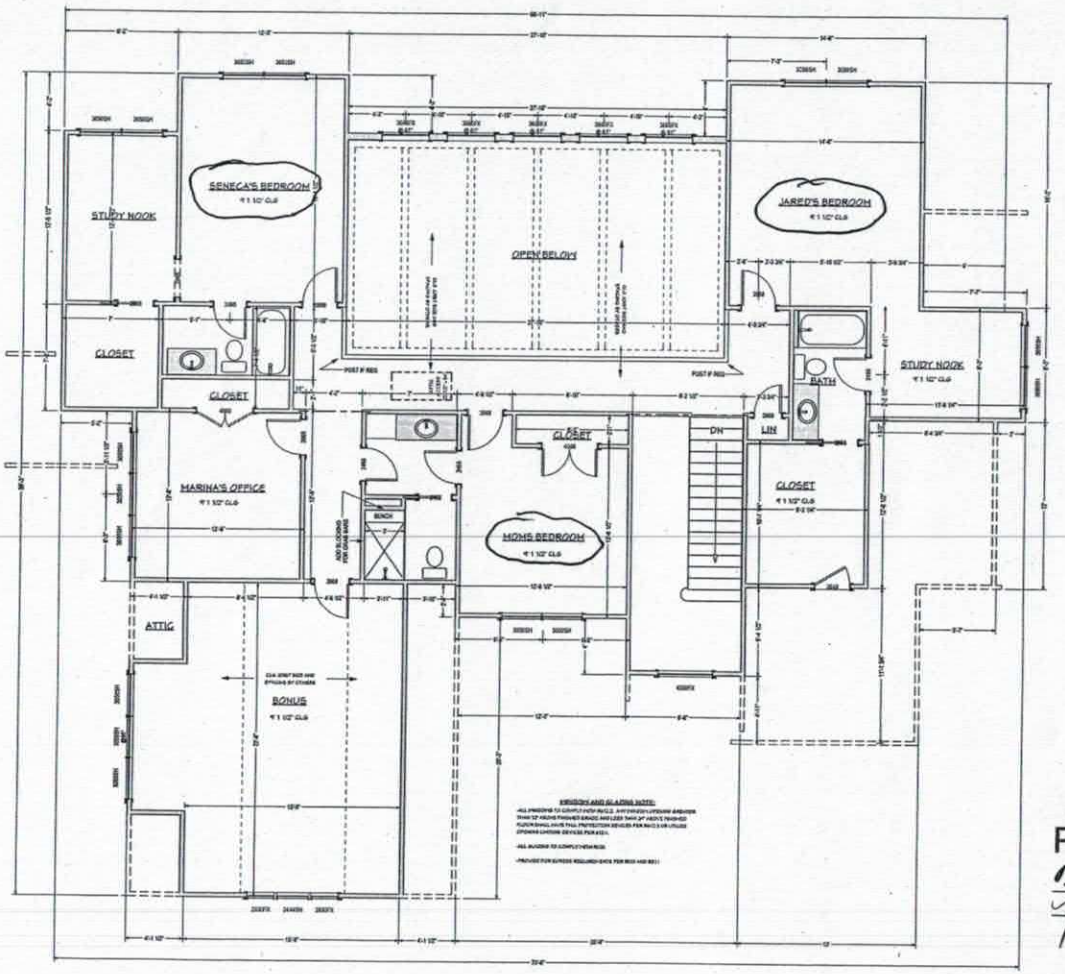
PROJECT DESCRIPTION:
TULLY RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
2/28/2018

SCALE:

SHEET:
A-6



Acknowledgement of Plans Submittal ONLY!

Tom Lynch Date 4/6/18

Date 4/9/18

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:

TULLY RESIDENCE

LAKEMIST HOMES

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

DATE:

2/28/2018

SCALE:

SHEET:

A-7