IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 217039

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

PIN # 4638295951

APPLICANT: LakeShore Holdings LLC | APPLICANT ADDRESS: P.O. Box 5350 Mooresville NC

SITE ADDRESS: 121 Cedar Branch Ct Mooresville NC | PHONE: | ALT. PHONE: 704 1997609

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill TL Bagby TR Cedar Branch at end

SUBDIVISION: Wood leaf | SECTION: 2 | LOT # 99 | LOT AREA: 1.054 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 8-18-16
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5@85' Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth N/A

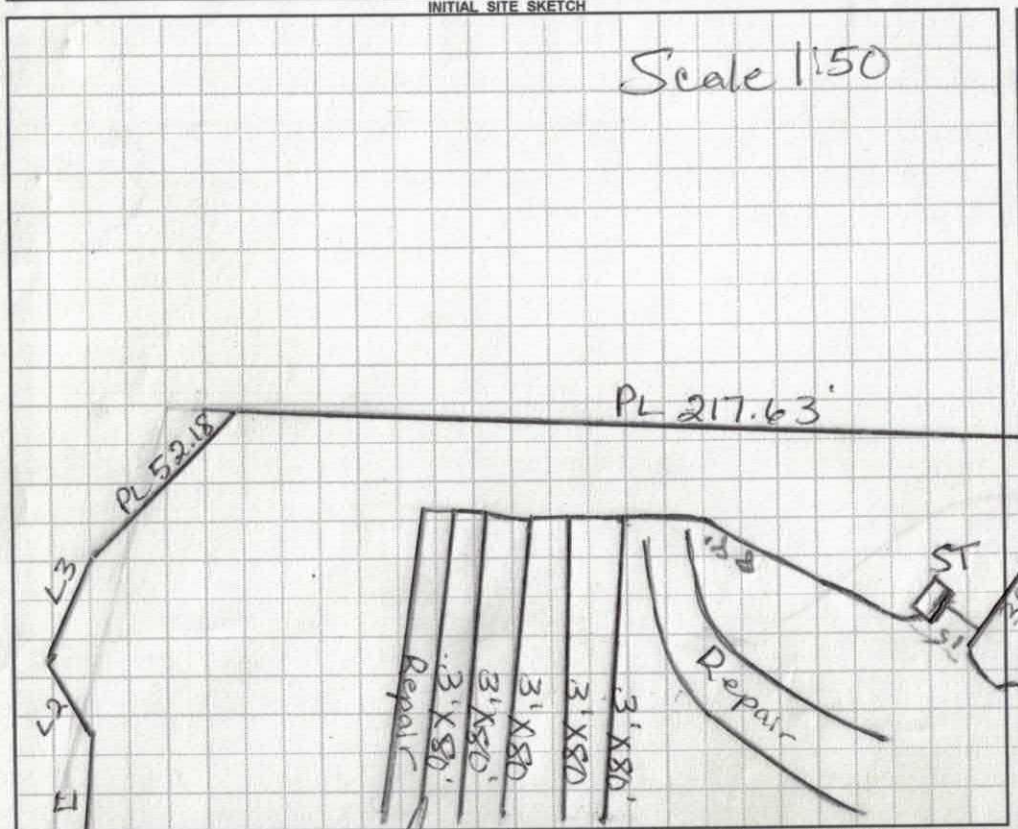
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: Gravity - 25% Reduction
Repair System Description: 1 P BPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

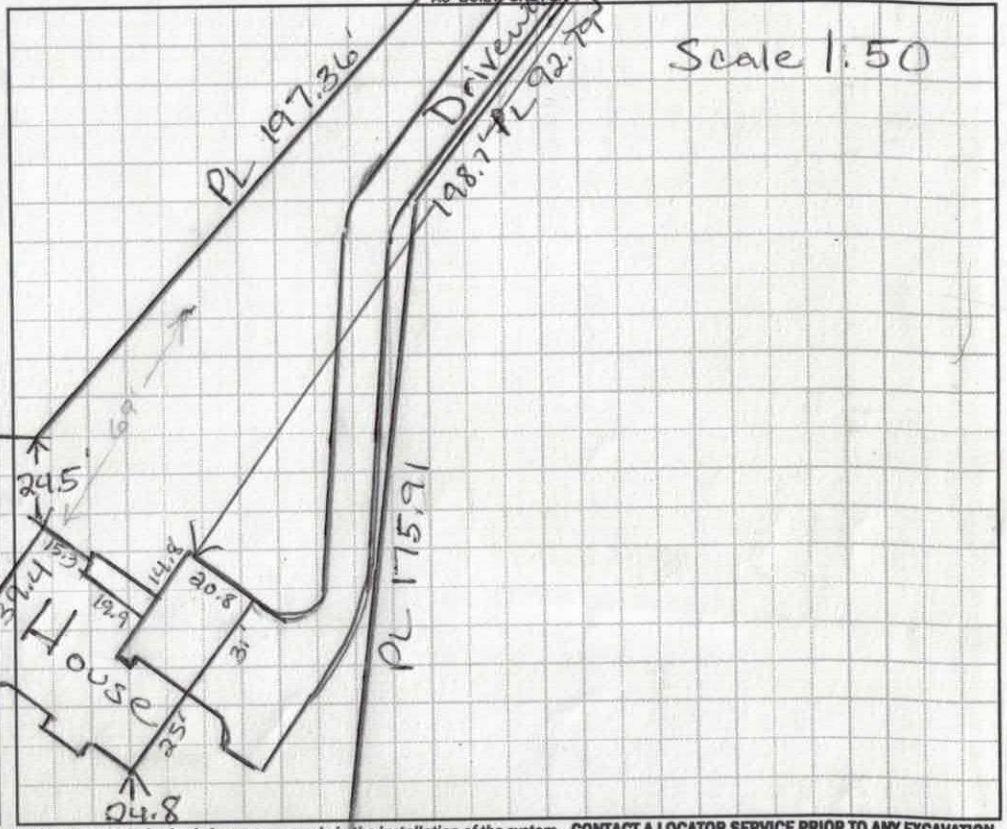
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: This permit replaces previous permit dated 6-4-07

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: Date: 4/12/16

IMPROVEMENT PERMIT by: RS Date: 4/12/16

AUTHORIZATION TO CONSTRUCT by: RS Date: 4/12/16

Installed by: Dustin Rodgers

OPERATION PERMIT by: W Parks Date: 11/7/16

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

Lot 99 Woodleaf Phase 2 Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.3**
Total Ft. Line	400
No. Lines	5 (See Table)
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Ft. Line	267
Repair System Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	77
2	Repair	Pink	LP PPBPS	100
3	System	Blue	25% Reduction	80 endfed
4	System	Red	25% Reduction	80 endfed
5	System	White	25% Reduction	80 endfed
6	System	Orange	25% Reduction	80 endfed
7	System	Pink	25% Reduction	80 endfed
8	Repair		LP PPBPS	90
				Total System: 400'
				Total Repair: 267'

Tank	Red	1000 gal (2 compartment)
House	Blue	

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

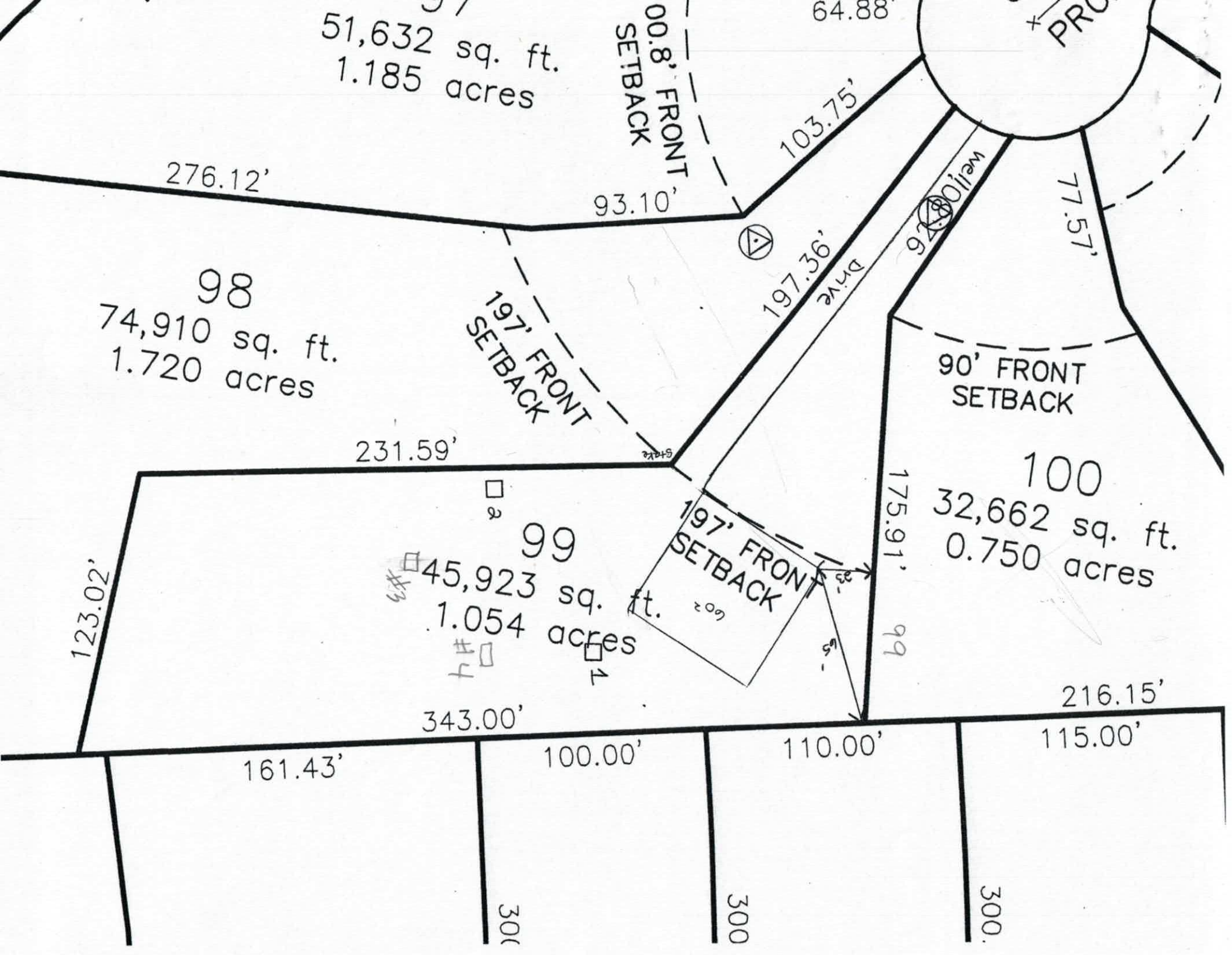
OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 12/18/06
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 99 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ 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	L 4-6%	0-3	mgr sl	FR SS SP	DK br red mott	F;C	sap	Inches	PS 0.3
		3-38	wsbk cl	FR SS SP					
		38-51	mass sl	FR SS SP					
2	L 9%	0-6	mgr sl	FR SS SP	DK br red mott	F;C	sap	Inches	PS 0.3
		6-28	wsbk cl	FR SS SP					
		28-51	mass sl	FR SS SP					
3	20%	0-4	wk sbk scl	fr ss sp	br red few sap				.3
		4-14	mo sbk cl	fr ss sp					
		14-26	wk sbk cl	fr ss sp	red com sap				
		26-55	massive sl	L sap fr ss sp	Brown	few clay lenses			
4		0-5	wk sbk scl	fr ss sp	com. sap - vein of weathered rock at back 1/3 of pit				.3
		5-32	mo sbk C	fr ss sp					
		32-44	wk sbk cl	fr ss sp					
		44-57	mass. sl	L sap					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: M Rule
OTHER(S) PRESENT: _____

COMMENTS: _____


51,632 sq. ft.
1.185 acres
100.8' FRONT SETBACK
64.88'
103.75'
276.12'
93.10'
77.57'
197.36'
DRIVE
98
74,910 sq. ft.
1.720 acres
197' FRONT SETBACK
90' FRONT SETBACK
231.59'
100
32,662 sq. ft.
0.750 acres
175.91'
99
45,923 sq. ft.
1.054 acres
197' FRONT SETBACK
123.02'
343.00'
216.15'
161.43'
100.00'
110.00'
115.00'

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: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Int. Relayat #217039

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 #
Lakeshore Holdings LLC	Po Box 5350	704 799 7609	919 3894500
"	"	"	"
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
121 Cedar Branch Ct	Woodleaf	99

Driving Directions: 150 to Perth, make left on Fern Hill, make left on Bagby, right on Cedar Branch

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 _____

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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

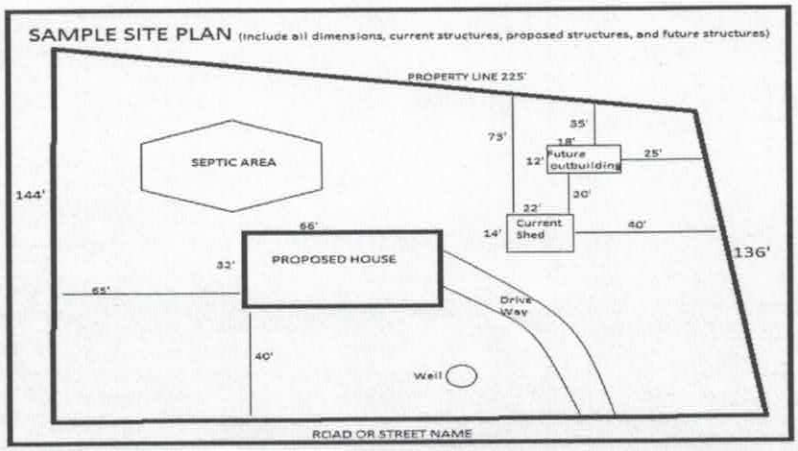
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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**



USE THIS SPACE TO DRAW YOUR SITE PLAN

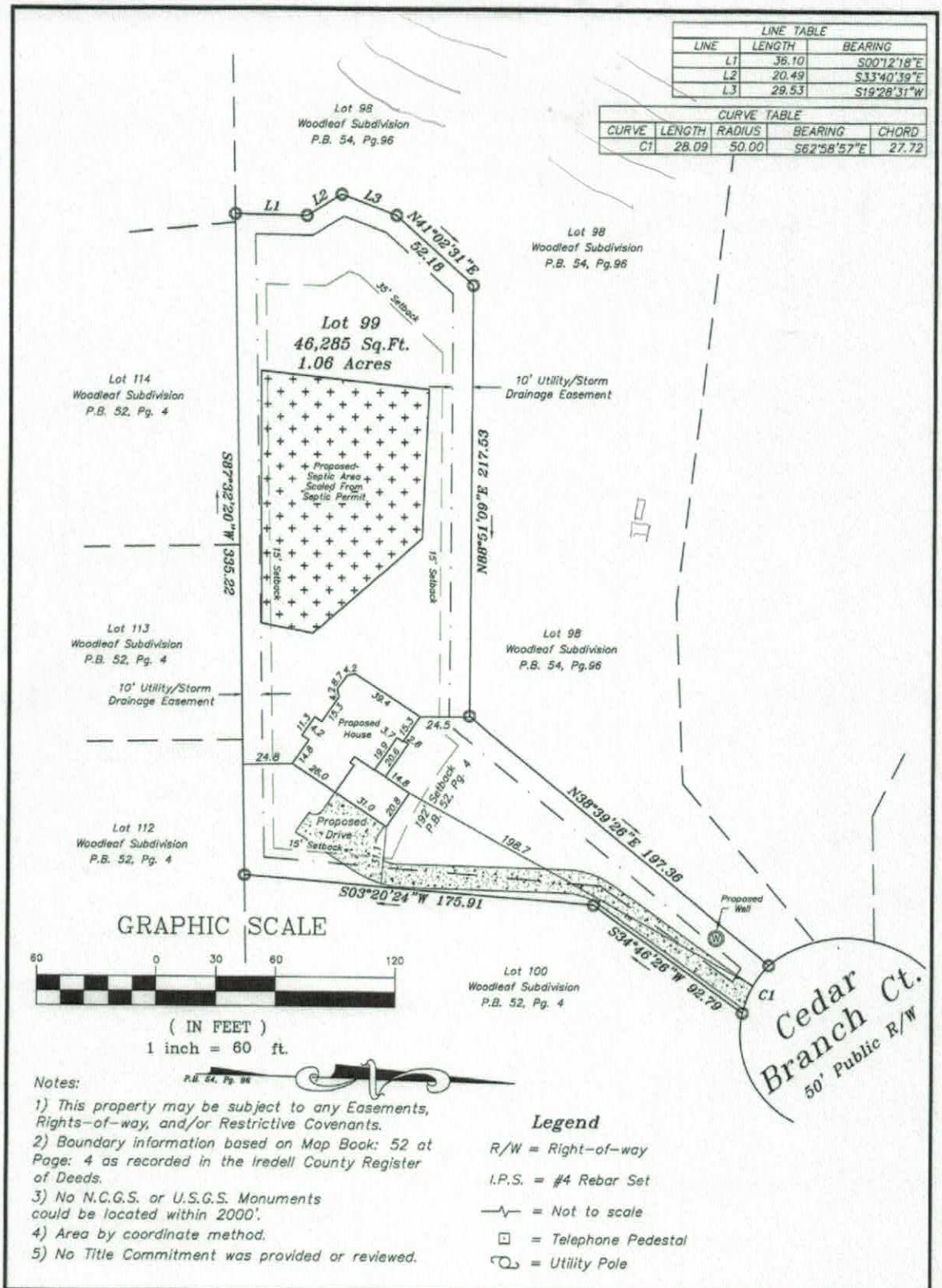
See attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

3/2/16

DATE



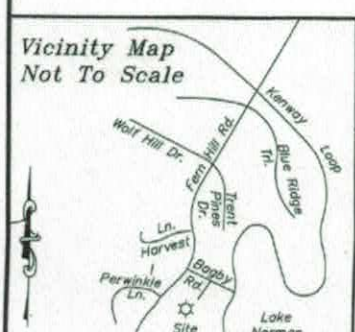
Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 52 at Page: 4 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
5) No Title Commitment was provided or reviewed.

Legend

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

Vicinity Map
Not To Scale



Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 99, Phase 2, Map 2

Woodleaf Subdivision

Plat Book 52, Page 4

Davidson Township

Iredell County, NC

SCALE: 1" = 60'

FIELD BOOK:

FILE: 2016-62

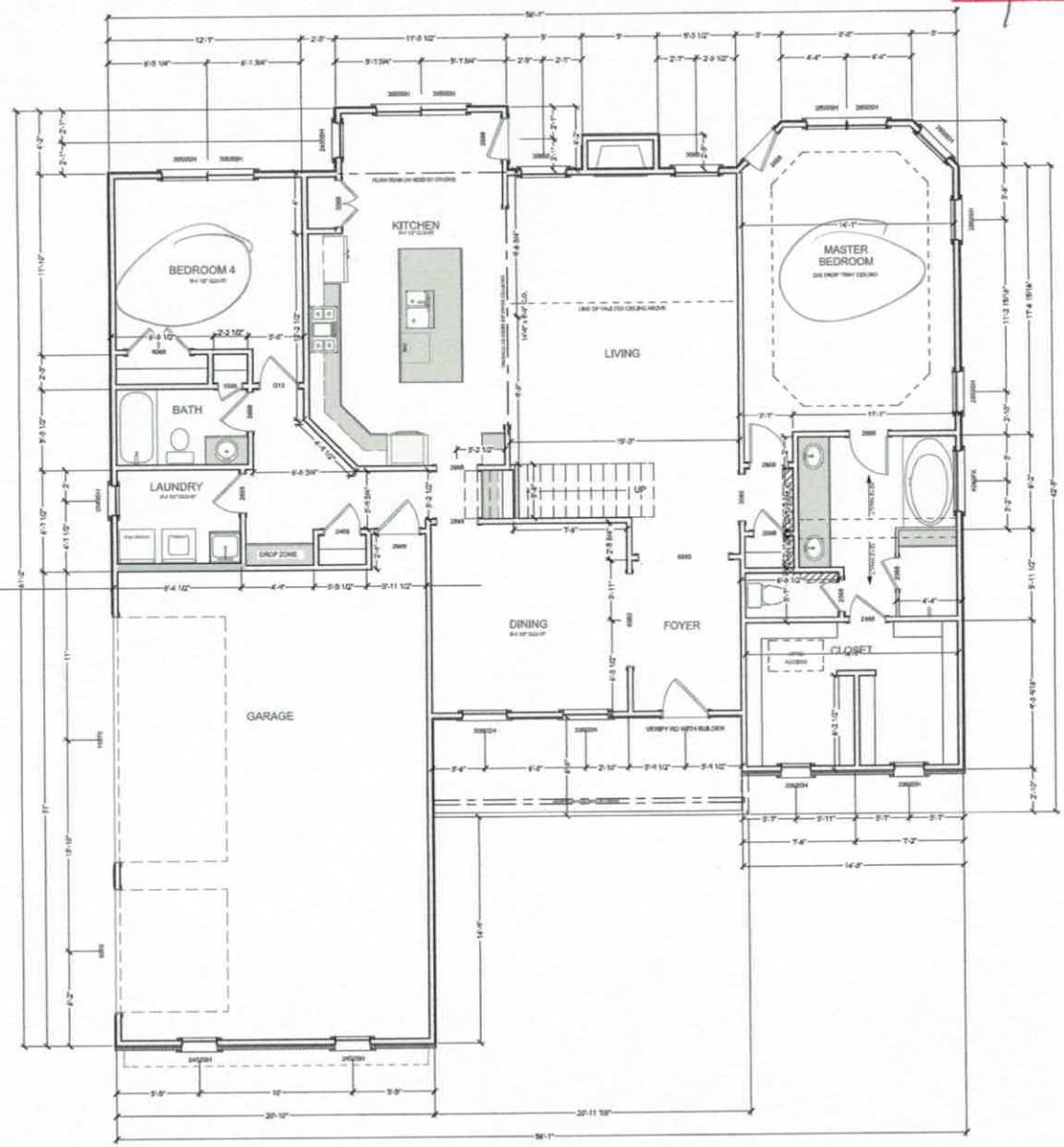
TAX PIN NO: 4638295951

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

Acknowledgement of
Plans Submittal ONLY!

Date 3/2/16

Date 4/12/16



FIRST FLOOR PLAN
SCALE 3/16" = 1'0"

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Sandbridge 3 car
Reverse

REVISIONS

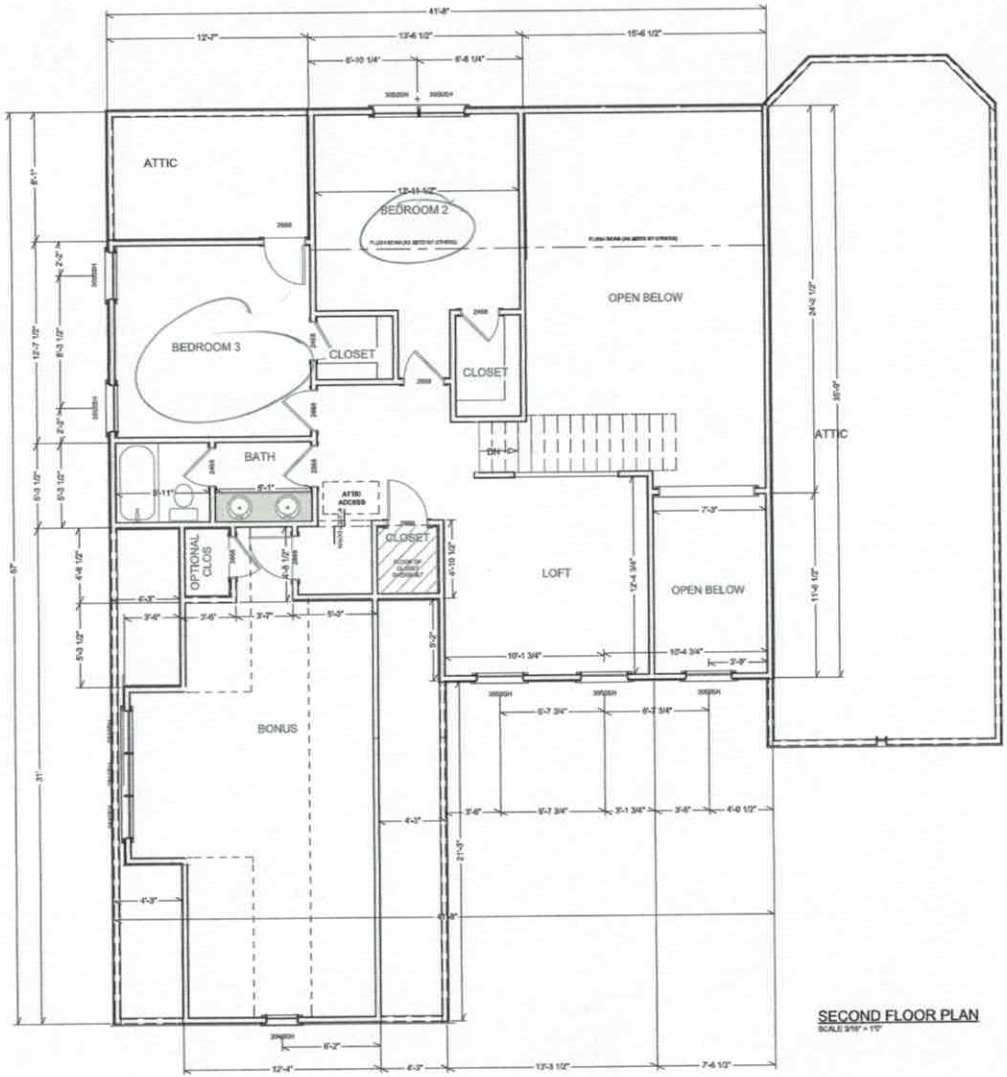
NOTE:
CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

3

Acknowledgement of
Plans Submittal ONLY!

Date 3/2/16

Date 4/12/16



SECOND FLOOR PLAN
SCALE 3/16" = 1'0"

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Sandbridge 3 car
Reverse

REVISIONS

NOTE:
CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

4