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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: Lakeside Custom Homes Address: P. O Box 1600 Cornelius N.C 28031 Phone: (704) 506-4841

Owner Name: Lakeside Custom Homes Address: P. O Box 1600 Cornelius N.C 28031 Phone: (704) 506-4841

Property Information:

Street Address: 160 Fern Hill Rd

Subdivision Name: Lake Wood Crossing Section/Phase: _____ Lot Number: # 14

Driving Directions: Hwy 150 W, Turn Perth Rd, Then Fern Hill Rd, Lot on R Before Periwinkle Ln

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: 5
Maximum Number of Occupants: 10
( ) 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: 4233
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: _____

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: Lakeside Custom Homes — 7-24-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Paid $850.00 4-15-14 RH

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
Lake Side Homes	P.O. Box 32264 Charlotte 28232	704 506 4941	
Owner Name	Mailing Address	Home Phone	Work Phone
Same			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
1070 Fernhill Road Mooresville NC 28117	Lakewood Crossing	Lot 14

Driving Directions: Perth North, Lt on Fernhill, Lot on Rt.

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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

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
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 ___

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6. **Proposed Water Supply:**

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

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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?

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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: Kenneth A Tallent
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/11/14
DATE

9:30

204865 ✓

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # ~~13905~~

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

PIN # 4639-20-2480

APPLICANT: Lakeside Homes APPLICANT ADDRESS: P.O. Box 32264 Charlotte NC 28232

SITE ADDRESS: 1070 Fernhill Rd Mooresville NC 28117 PHONE: 704-506-4841 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TR on Perth Rd, TL on Fernhill Rd, Lot on R before Periwinkle Ln

SUBDIVISION: Lakewood Crossings SECTION: LOT # 14 LOT AREA: 0.88 DESIGN FLOW: 600 gpd L.T.A.R.: 0.3

Septic Tank	1500	(gal)	STB	338	Date	9/4/14	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms	5	Water Supply	
Pump Tank	1500	(gal)	PT	477	Date	9/5/14	System Description:	PM 25% Reduction			☐ Business	No. Persons	10	☑ Private	
Pump Make	Liberty		Model	283	Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	5	Linear Ft:	500	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth			☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: ★ Design Specs 30-36" Trench Bottom
7/29/14 Reviewed floor plans, in Compliance with original Septic plan

★ Must place house as shown in Septic plan.

INITIAL SITE SKETCH

SEE DESIGN BY SOIL & FORESTRY SERVICES OF THE CAROLINAS

Revoked - New Permit issued on 11/18/14 due to well setback and house shift RFarris

AS BUILT SKETCH

- Drainfield
- Pressure Manifold

} Checked 10/9/14 ✓ SC

- Tanks OK
- Floats Set
- Supply Line OK

} Checked 10/10/14 ✓ SC

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: [signature] Date: 7-24-14 Installed by: Perry Laney

IMPROVEMENT PERMIT by: [signature] Date: 5-15-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Mina Dotson Date: 7/29/14 Existing System Inspected by: Date:

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