IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21771

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

PIN # 4639205124

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

SITE ADDRESS: 418 Cedar Branch Ct. Mooresville, NC 28117 PHONE: ALT. PHONE: 7047997609

SITE DIRECTIONS: Hwy 150 TR Perth Rd TL Fernhill TL Bagby TR Cedar Branch on right

SUBDIVISION: Woodleaf SECTION: 2 LOT # 97 LOT AREA: 1.185 DESIGN FLOW: 480gpd L.T.A.R.: .3

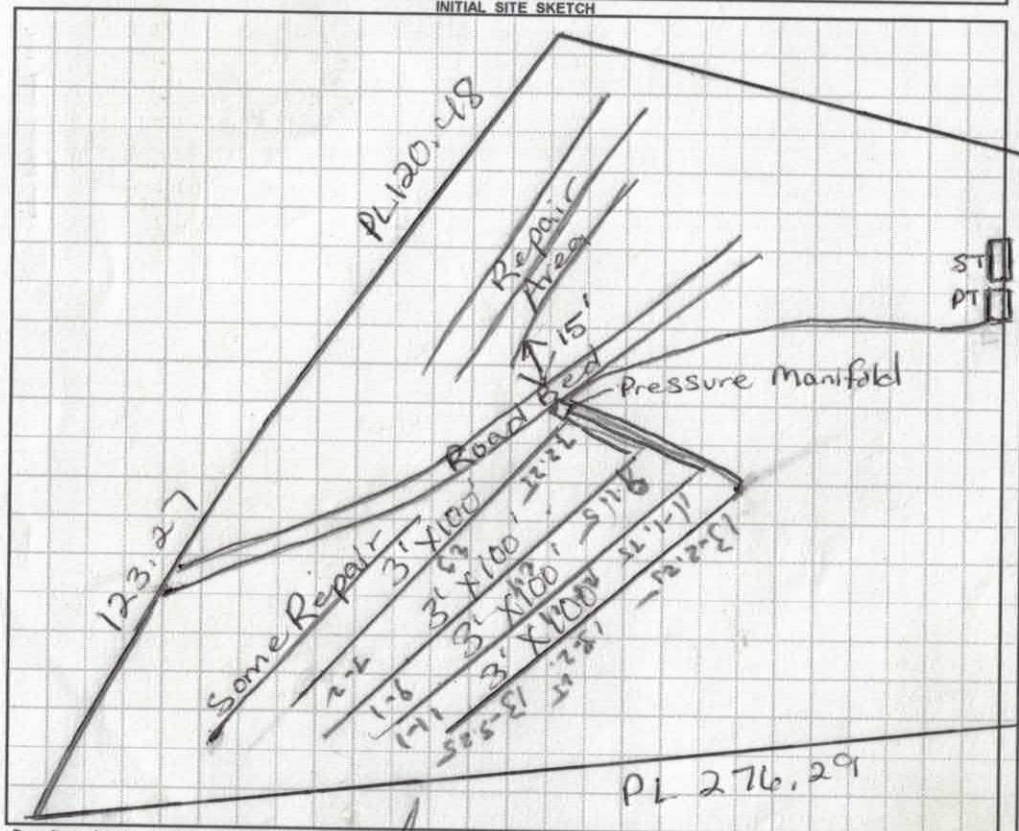
Septic Tank	1000 (gal)	STB	760	Date	8/8/16	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	9/3/16	System Description: Pump-fm. 25% Reduction		☐ Business	No. Persons 8
Pump Make	Zoeller	Model	BN151	Serial #		Repair System Description: LPP PBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	400'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	☐ GRAVITY ☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

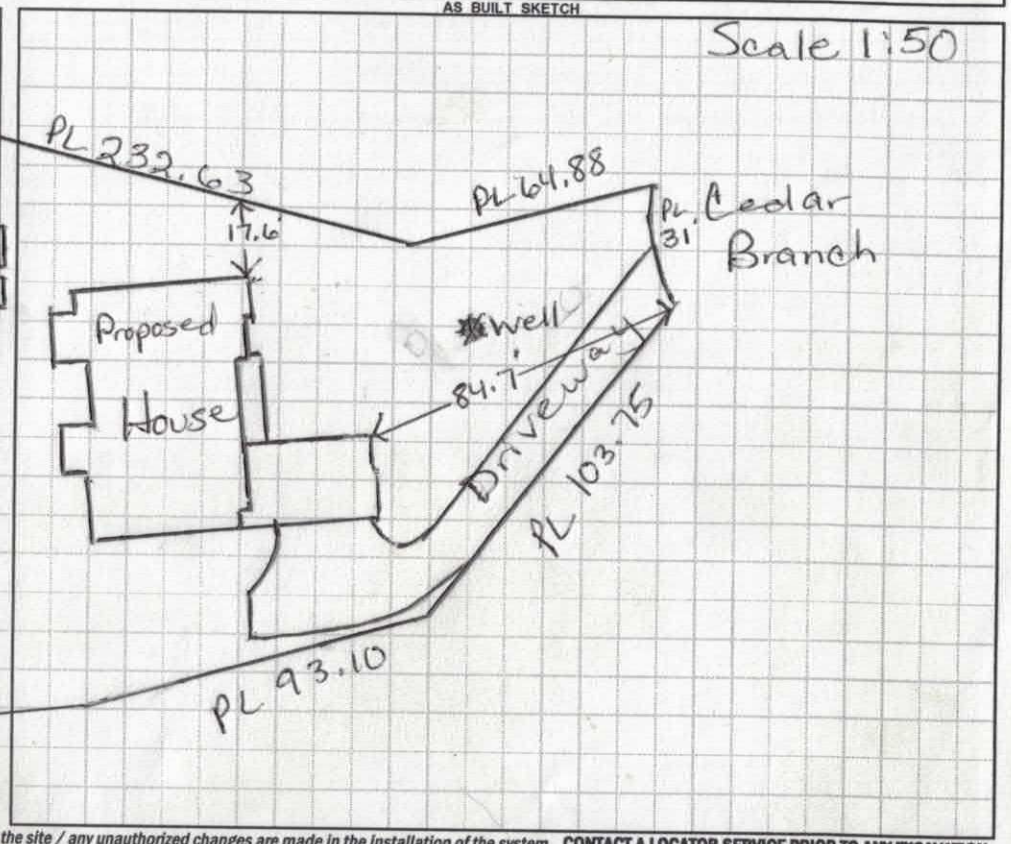
SAP present, must keep well 100ft from Septic.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:50



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: 5/10/16 Installed by: Dustin Hadley

IMPROVEMENT PERMIT by: Maria Olson RS Date: 5/5/16 OPERATION PERMIT by: BALDS Date: 12-8-16

AUTHORIZATION TO CONSTRUCT by: Maria Olson RS Date: 5/5/16 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	11/9	WS
Tanks Checked	11/9	WS
Pressure Manifold or Valve Box Checked	11/9	WS
Pressure Head Set	12-8	RA
Electrical Checked	↓	RA
Floats Set	↓	RA
Alarm Checked	↓	RA
Maintenance Contract Y (N) not required		
Comments:		

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

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

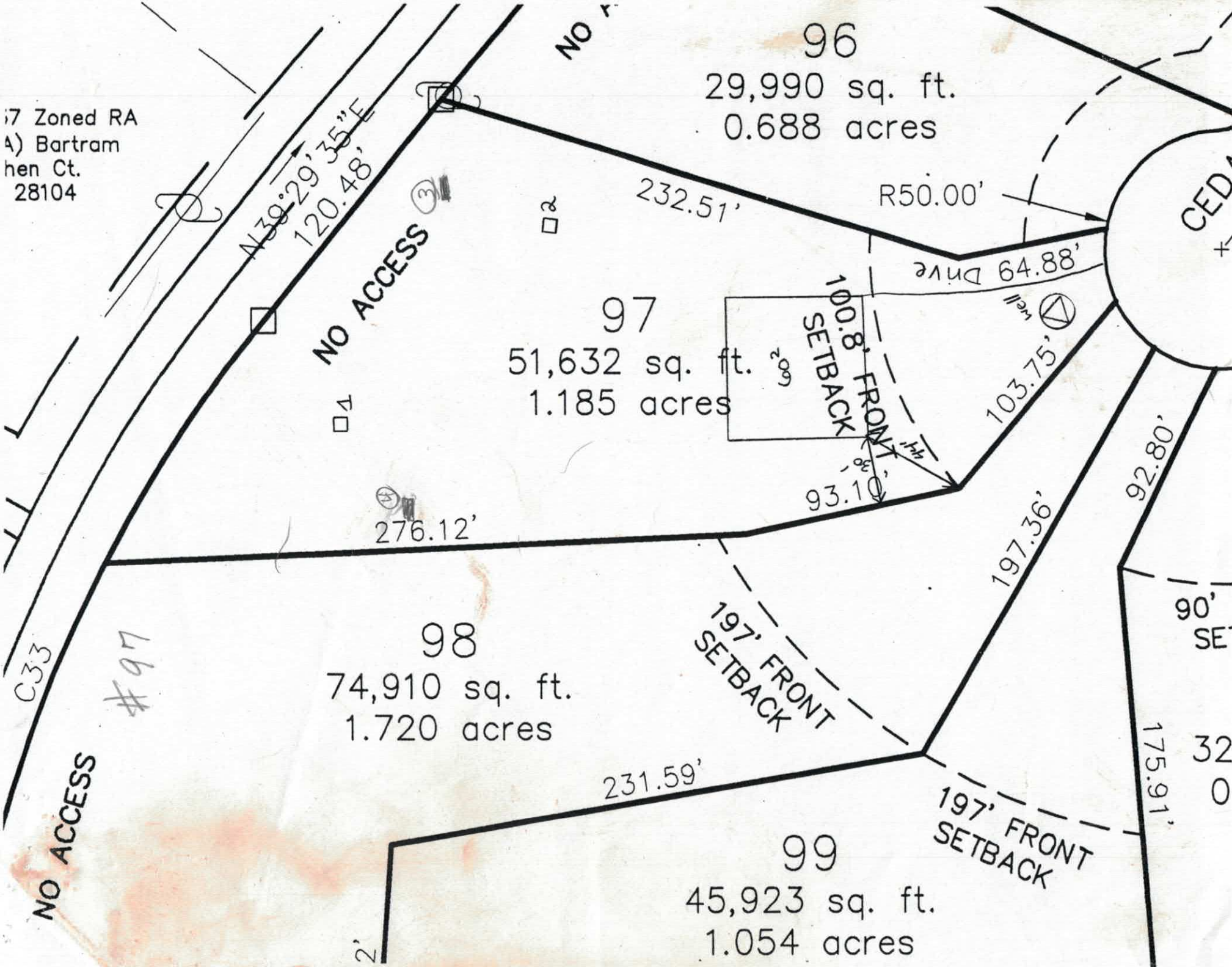
SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ DATE EVALUATED: 12/19/06
LOCATION OF SITE: Lot 97 PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
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 10-15%	0-3	mgr sl	FR SS SP	DK br	F; C sap		1 inch	PS D.3
		3-16	wsbk cl	FR SS SP	red				
		16-56	mass sl	FR SS SP	mott.				
					Vein of sl saprolite in back corner of pit extends to 48in				
3 2		0-25	MSBK red C	FR SS SP SEP	12" of surface.				a3
		25-47	WSBK cl	friable common sap					
		47-54	massive sap	FR SS NP					
2	L 4-6%	0-8	mgr sl	FR SS SP	DK br	F; Sap		1 inch	PS D.3
		8-31	msbk c	FR SS SP	Red				
		31-47	wsbk cl	FR SS SP	Red				
		47-64	mass sl	FR SS SP	Red				
4	20%	0-3	gr sl	fr ss sp					.34
		3-13	WSBK red CL	fr ss sp	few int sap				
		13-63	massive fsl	SAP FR SS NP					

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

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


;7 Zoned RA
A) Bartram
hen Ct.
28104
N39°29'35"E
120.48'
NO ACCESS
232.51'
R50.00'
64.88' Drive
96
29,990 sq. ft.
0.688 acres
97
51,632 sq. ft.
1.185 acres
100.8' FRONT SETBACK
103.75'
93.10'
276.12'
92.80'
197.36'
98
74,910 sq. ft.
1.720 acres
197' FRONT SETBACK
231.59'
175.91'
99
45,923 sq. ft.
1.054 acres
C33
#97
NO ACCESS

Lot 97 Woodleaf Phase 2 Fast Track Septic System Information

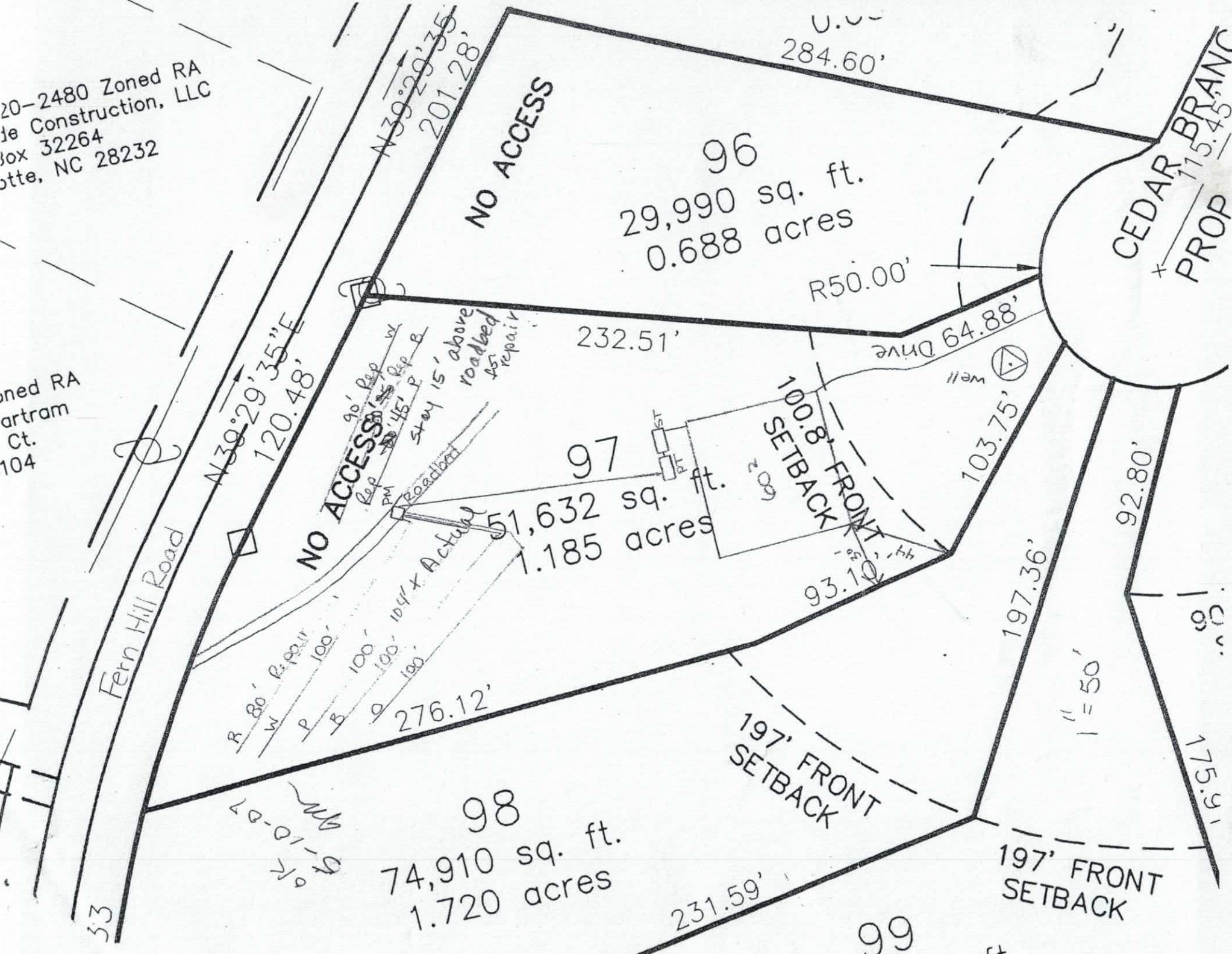
Number of Bedrooms	**4**
Basement or Crawl	**Basement with Plumbing**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	4 (See Table)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	115' of 2" SCH 40 PVC
Flow Rate through the system	22 gpm
Elevation head	Approx. 12.5'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	3.1'
Total Head	18.6'
Pump Requirements	22 gpm @ 18.6' of head To be determined by installer.
Maximum Dosing Volume	240 gal -2.0 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. 10.9 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	323
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	Repair	White	LP PPBPS	90	5.1
2	Repair	Blue	LP PPBPS	95	
3	Repair	Pink	LP PPBPS	59	
4	Repair	Red	LP PPBPS	79	
5	System	White	25% Reduction	100 endfed	
6	System	Pink	25% Reduction	100 endfed	
7	System	Blue	25% Reduction	100 endfed	
8	System	Orange	25% Reduction	100 endfed	18.6
				Total System: 400'	
				Total Repair: 323'	

Tank	Red	1000 gal (2 compartment)	11.6
Pump Tank	Red	1000 gal.	11.6
House	Blue		11.0

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5


20-2480 Zoned RA
de Construction, LLC
Box 32264
otte, NC 28232
oned RA
artram
Ct.
104
Fern Hill Road
N39°29'35"E
120.48'
N39°29'35"E
201.28'
284.60'
NO ACCESS
96
29,990 sq. ft.
0.688 acres
R50.00'
CEDAR BRANC
PROP
115.45'
232.51'
Drive 64.88'
NO ACCESS
90' Rep W
Rep PM
20' 45' P Rep B
Roadbed
Stony 15' above roadbed for repair
97
51,632 sq. ft.
1.185 acres
100.8' FRONT SETBACK
103.75'
92.80'
197.36'
93.10'
276.12'
197' FRONT SETBACK
197' FRONT SETBACK
231.59'
98
74,910 sq. ft.
1.720 acres
99
1" = 50'

RECEIVED APR 4 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. Relayout # 217771

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	
"	"	"	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
118 Cedar Branch Ct	Woodleaf	97

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

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: _____ 4/4/16

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

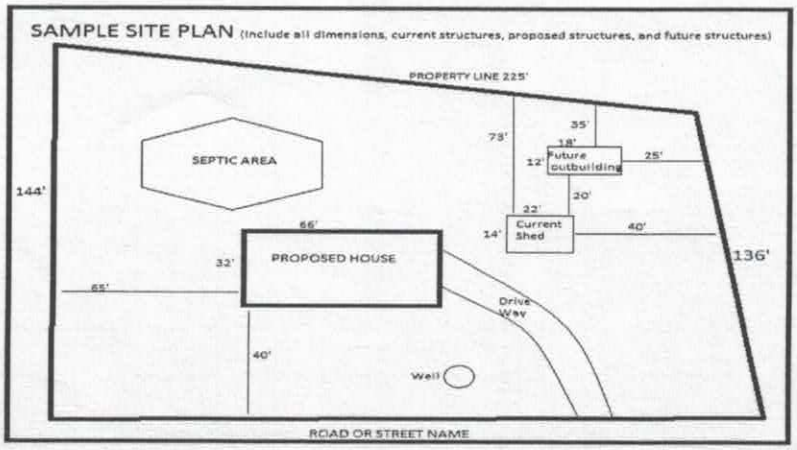
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

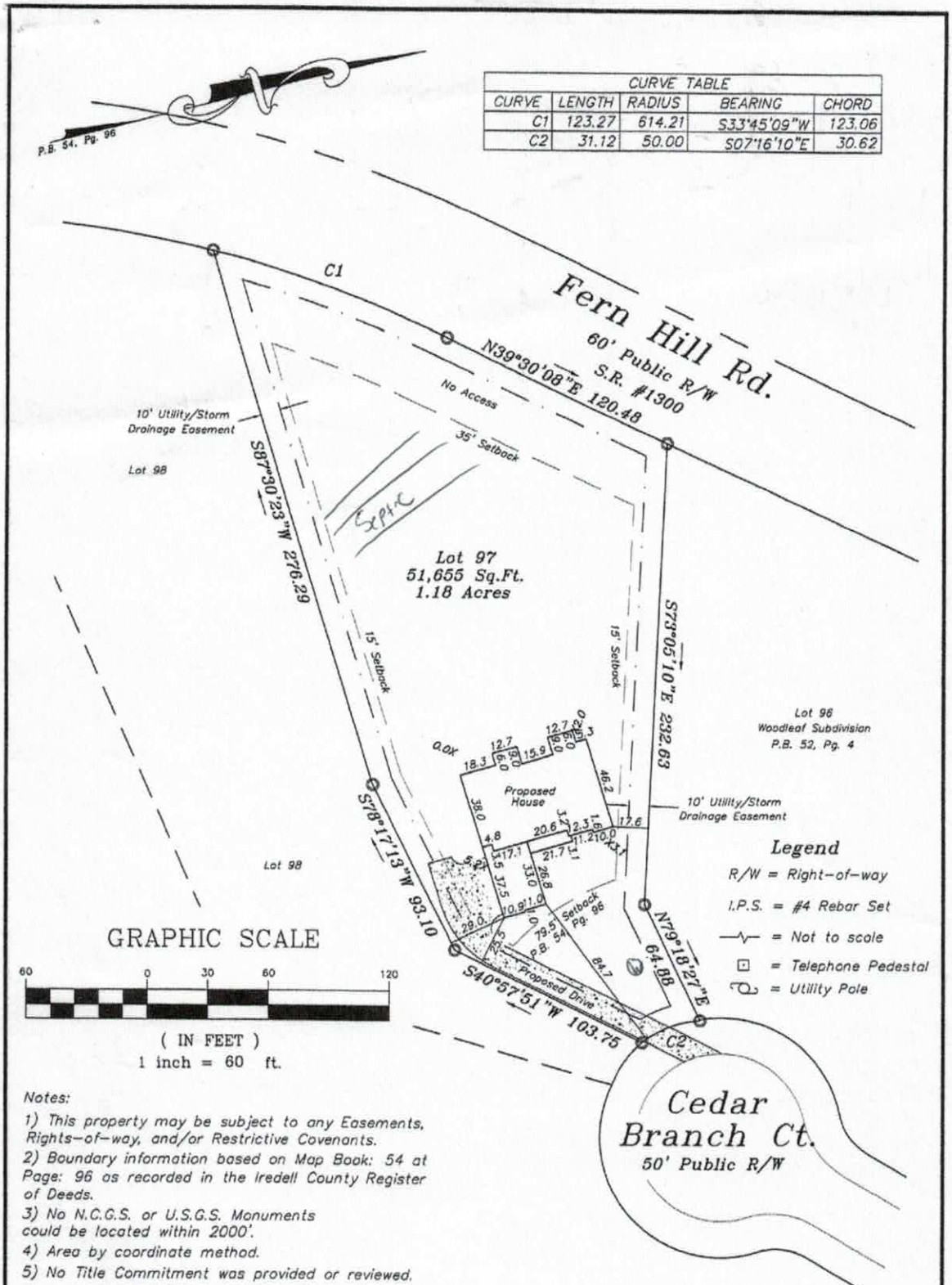
See attached (use previous if possible)

Signature: _____

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

4/4/16

DATE



Notes:

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

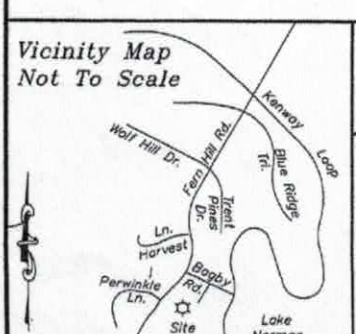
2) Boundary information based on Map Book: 54 at Page: 96 as recorded in the Iredell County Register of Deeds.

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.

Vicinity Map
Not To Scale



Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 97, Phase 2, Map 2

Woodleaf Subdivision

Plat Book 54, Page 96

Davidson Township

Iredell County, NC

SCALE: 1" = 50'

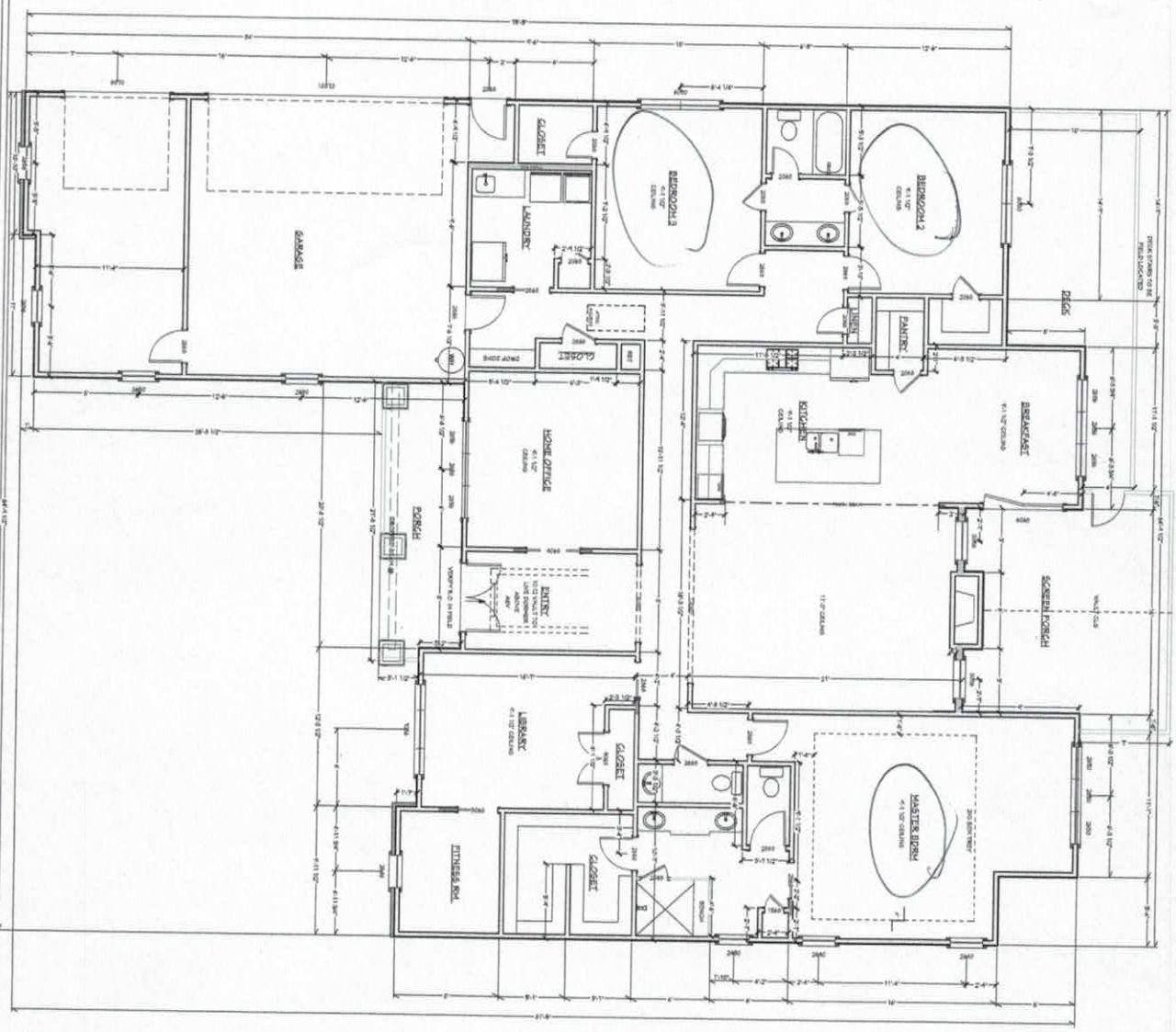
FIELD BOOK:

FILE: 2016-12

TAX PIN NO: 4639205124

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

SQUARE FOOTAGE	
1ST FLOOR HEATED	2858
TOTAL HSF	2858
PORCHES	407
GARAGE	741
TOTAL UNDER ROOF	4012



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

Acknowledgement of
Plans Submittal ONLY!

Date 4/4/16

Date 5/6/16

SHEET:	SCALE:	DATE:	PROJECT DESCRIPTION:	SHEET TITLE:	NO.	DESCRIPTION	BY	DATE
A-6			COOPER RESIDENCE LAKEMIST HOMES					

VISUAL DESIGN & DRAFTING