IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 21038

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

PIN # 4639206228

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

SITE ADDRESS: 116 Cedar Branch Ct. Mooresville, NC PHONE: 704 799 7609 PHONE: 919 389-4300

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill TL Bagby TR Cedar Branch 3rd on right

SUBDIVISION: Wood Leaf SECTION: 2 LOT # 96 LOT AREA: .7688Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 6-6-16
Pump Tank 1000 (gal) PT 363 Date 2-9-16
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 5 Linear Ft: 400'
Trench Width 36" Max. Trench Bottom Depth 24" 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: PM - 25% Reduction
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

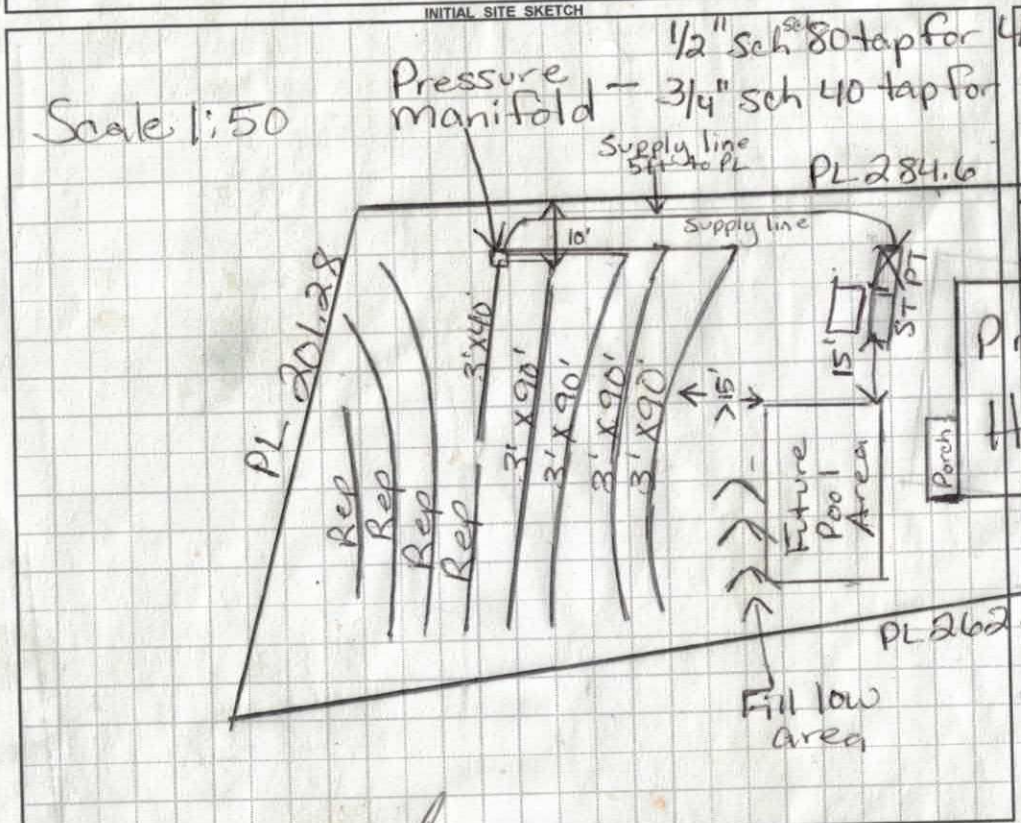
☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees ____ ☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

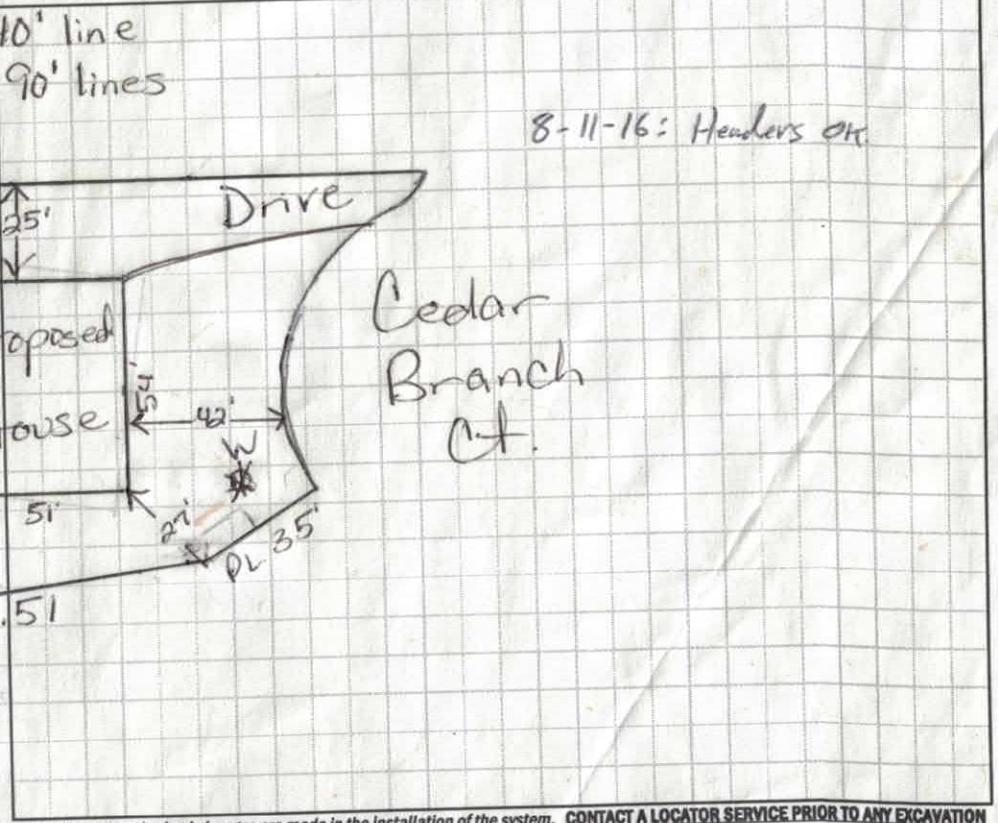
Comments / Conditions: Keep well 100ft From Septic. Fill low area

8/9/16 Checked tanks & drainlines

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**

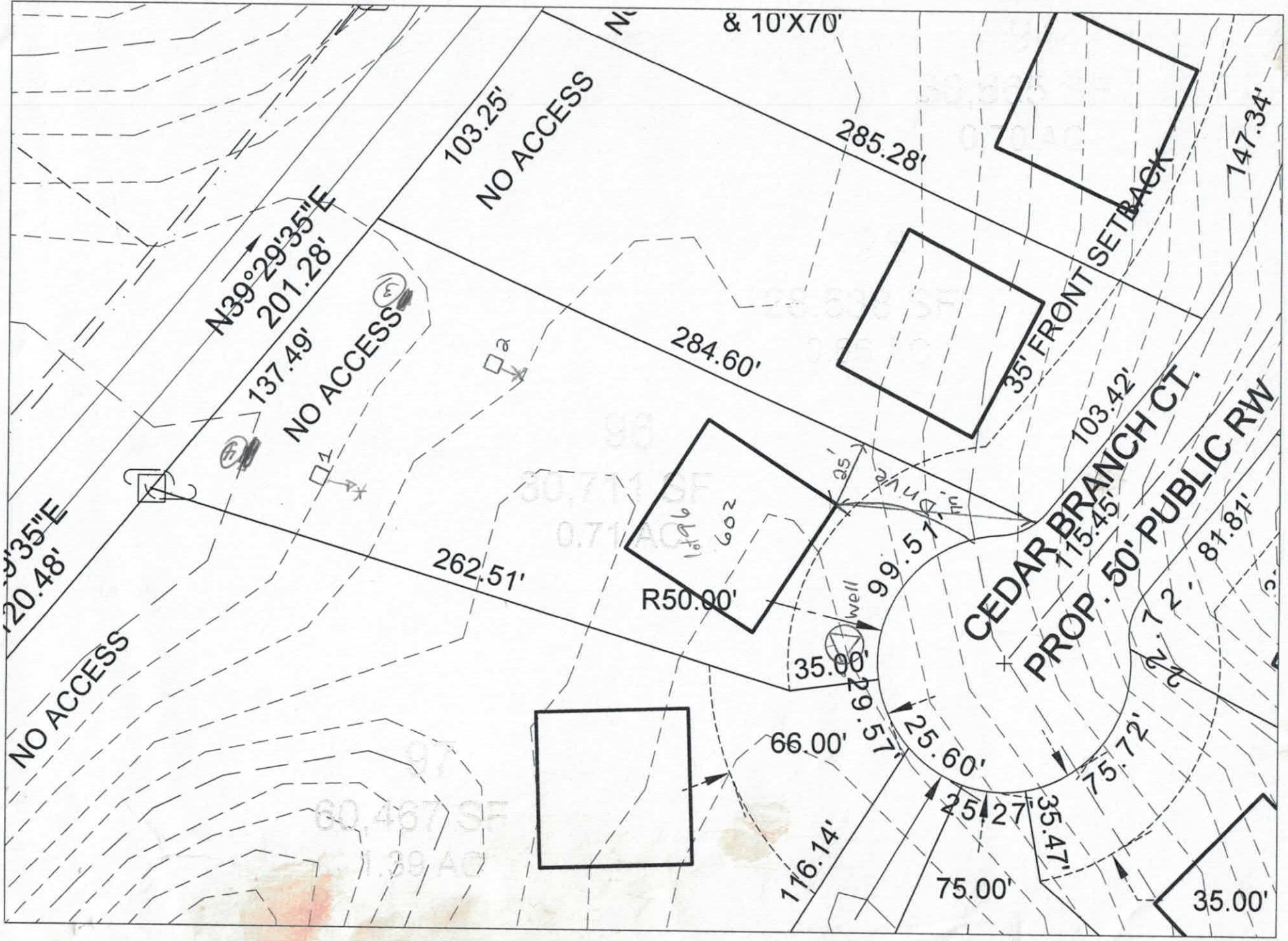
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: ____ Date: 4/20/16 Installed by: Gunter Grading (Colby)

IMPROVEMENT PERMIT by: Maina Colon RS Date: 4/16/16 OPERATION PERMIT by: Wesley Sparks Date: 10/3/16

AUTHORIZATION TO CONSTRUCT by: Maina Colon RS Date: 4/16/16 Existing System Inspected by: ____ Date: ____

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


& 10'X70'
103.25'
NO ACCESS
285.28'
147.34'
N39°29'35"E
201.28'
137.49'
NO ACCESS
284.60'
35' FRONT SETBACK
103.42'
CEDAR BRANCH CT.
PROP. 50' PUBLIC RW
115.45'
81.81'
99.51'
262.51'
R50.00'
Well
35.00'
NO ACCESS
66.00'
116.14'
25.60'
75.72'
35.47'
75.00'
35.00'

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: Lot 96 PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: 2/18/
LOCATION OF SITE: ___ PROPERTY SIZE: ___
PROPERTY RECORDED: ___

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___

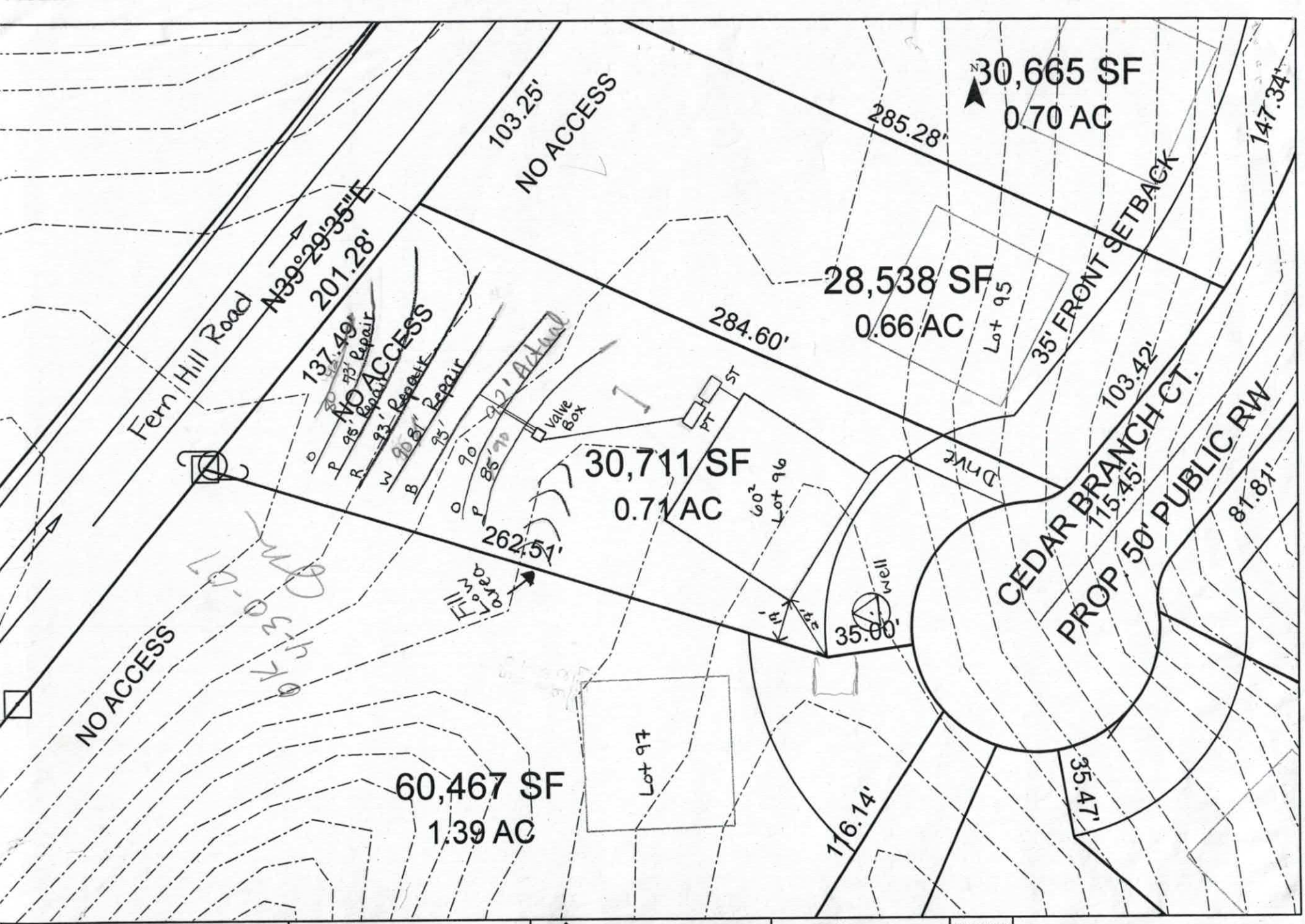
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixe

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 4-6%	0-12	wkbk cl	FR SSSP	Red mott.	F/C Sap	Low		PS 0.5
		12-48	mass s/l	FR SSSP					
2	L 4-6% 5%	0-5	mgr sl	FR SSSP	Dk br	F/C	Sap	Low	PS 0.5
		5-21	wkbk c	FR SSSP	Red				
		21-46	wkbk cl	FR SSSP	Red mott.				
		46-60	mass s/l	FR SSSP					
3		0-3	SBK Rdw SCL	FRSSSP					
		3-26	MSBK mk C	FR SSSP SAP	few mod SAP	few mod			0.3
		26-42	WKSBK cl	FR SSSP	many mod SAP				
		42-52	Massive LSAP	FR NSNP					
4		0-18	MSBK mk mod C	FR SSSP	few mod SAP				0.3
		18-39	M-WSBK mod cl	FR SSSP	common mod SAP				
		39-53	Massive VFR SL SAP	FR SSNP					

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: ___



Scale: 1 inch equals 50 feet	S&ME	Woodleaf Phase 2	FIGURE
Drawn by: JBP		Lot 96	1
Reviewed by: PGP		Iredell County, NC	
Date: April, 2007	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-06-077	

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 Init. Relayout #217038
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	919 389 4500
"	"	"	"

Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
116 Cedar Branch Ct	Woodleaf	96

Driving Directions: 150 to Perth Rd, make left on Fern Hill, make left on Bugbg, Right onto 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

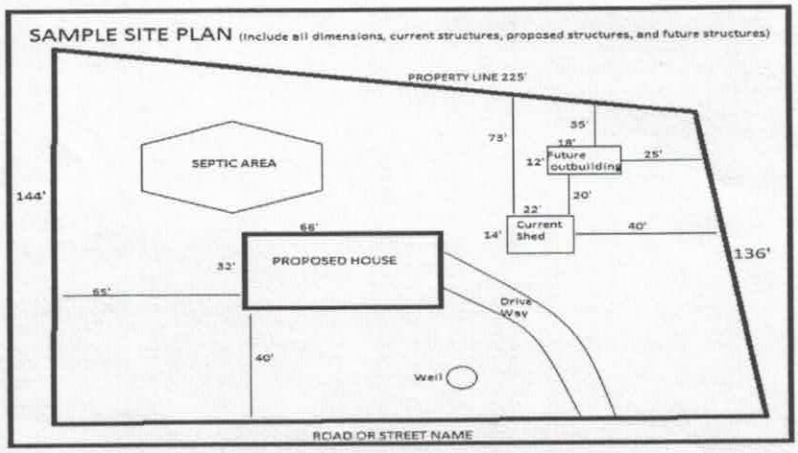
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

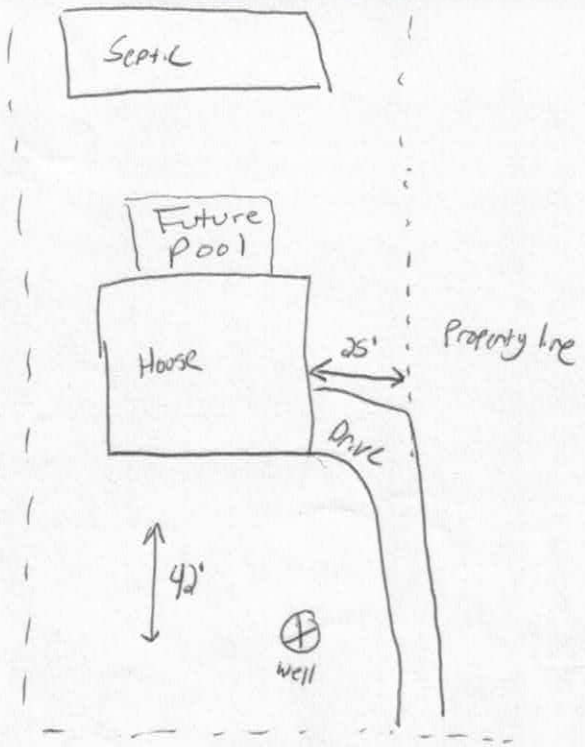
Circle N/A on the following if appropriate:

_____ 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



Signature: _____

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

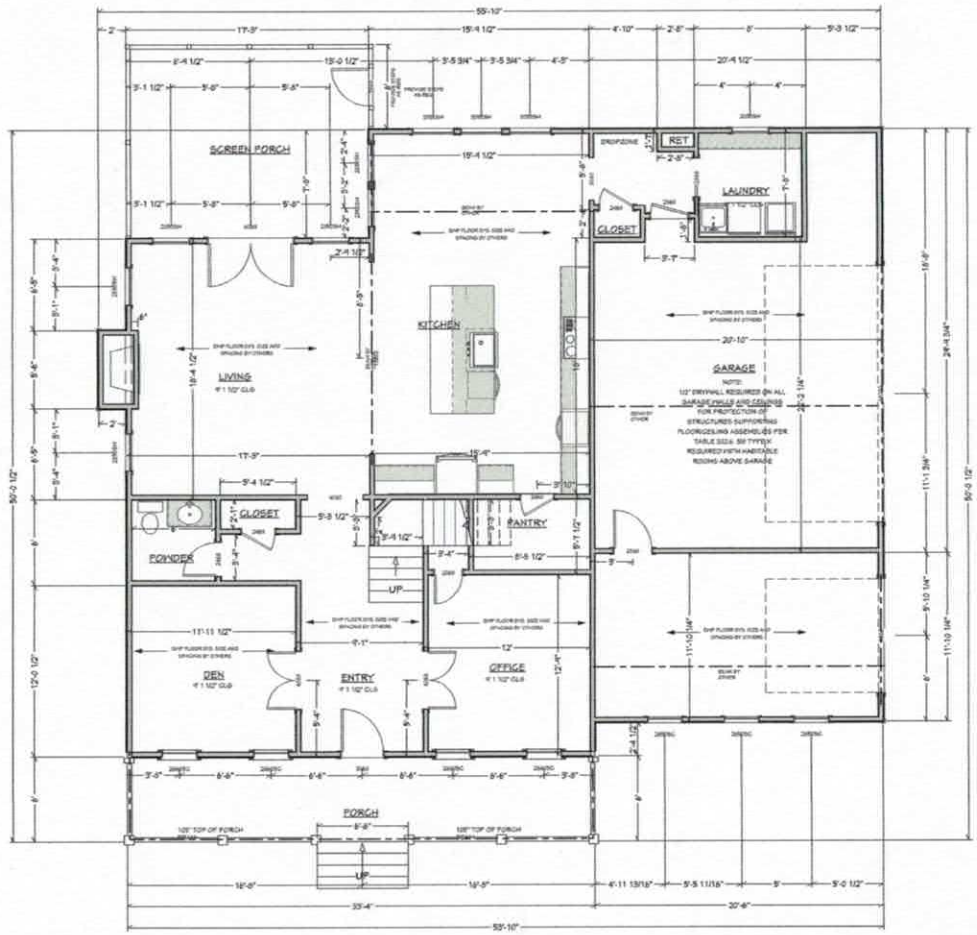
3/2/16

DATE

Acknowledgement of
Plans Submittal ONLY!

Date 3/2/16

Date 4/06/16



FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	1462
2ND FLOOR HEATED	1755
TOTAL HSF	3217
PORCHES	446
GARAGE	739
TOTAL UNDER ROOF	4402

NO. DESCRIPTION BY DATE

SHEET TITLE:

PROJECT DESCRIPTION:
NIEHAUS RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:

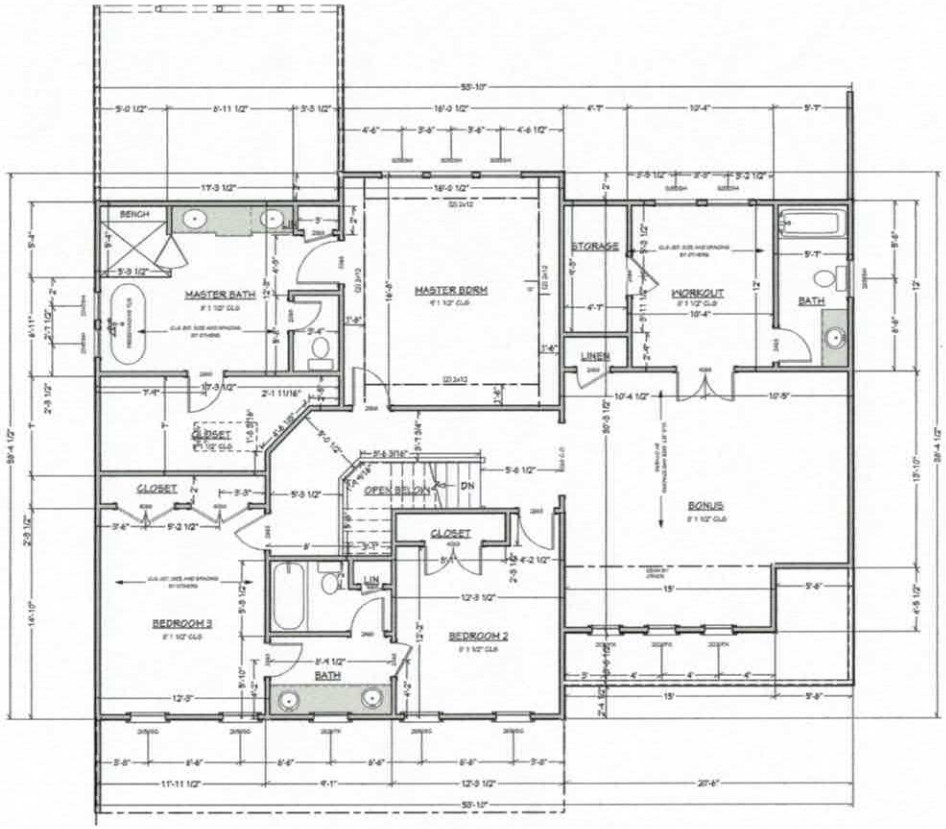
SCALE:

SHEET:
A-6

Acknowledgement of
Plans Submittal ONLY!

Date 3/21/16

Date 4/16/16



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	1462
2ND FLOOR HEATED	1755
TOTAL HSF	3217
PORCHES	446
GARAGE	739
TOTAL UNDER ROOF	4402

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
NIEHAUS RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET:
A-7