RECEIVED APR 2 1 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Schumacher Homes of NC **Address:** 341 Alcove Rd Mooresville NC 28117 **Phone:** 704 662 3338

Owner Name: Jeff & Paula Zohn **Address:** 12831 SW 149 St. Miami FL 33196 **Phone:** 305 431-9823

Property Information:

Street Address: 149 Trent Pines Dr. Mooresville NC 28117

Subdivision Name: Woodleaf **Section/Phase:** _____ **Lot Number:** 75

Driving Directions: hwy 150 west, right on Perth Rd. left on Fernhill Rd, left on Trent Pines

Site Development Information: *(check or complete ALL that apply)*

(X) New Single Family Residence	**Maximum Number of Bedrooms:** 3	(X) Crawl Space Foundation
( ) New Multi-Family Residence	**Maximum Number of Occupants:** 7	( ) Concrete Slab Foundation
( ) Accessory Building	( ) Swimming Pool	( ) Basement with Plumbing
( ) Bedroom(s) Addition	( ) Other Addition/Structure: _____	( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) 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 (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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: Tim Reese for Schumacher Homes — 4-21-14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

APPROVED APR 22 2014

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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT, AUTHORIZATION TO CONSTRUCT, or 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 #	Alternate Phone #
Jeffrey & Paula Zohn	12831 SW 149 St. Miami, FL. 33186	305-233-4414	305-431-9823
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Jeffrey & Paula Zohn	same as above	Same as above	Same as above

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
138 Trent Pines Drive	Woodleaf	Section 2 - Lot 75

Driving Directions: Perth Rd. north - turn left Fern Hill - turn left Trent Pines Drive to end.

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
( ) Other ___

Maximum Number of Bedrooms ___
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)*

( ) 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?

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: ___ 7/29/2013
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

* Requesting transfer of existing Improvement Permit to new owner of property.

IREDELL COUNTY HEATLH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: *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**

Signature: _____ 7/29/2013
REQUIRED **property owner or owner's legal representative signature.** **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached plan and existing Improvement Permit # 141293

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:** X **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:**

WOODBRIDGE PARTNERS, LLC (Applicant Name)	P.O. BOX 3608 (Mailing Address)	MOORESVILLE, NC 28117 (Home Phone)	Kathleen Saunders 704-942-1250 (STNE) (Work Phone)
Same (Owner Name)	(Mailing Address)	(Home Phone)	(Work Phone)

4. **Property Information:**

(Street Address)	Woodleaf (Subdivision Name)	Ph 2, Lot 7.5 (Section/Phase and Lot Number)

Driving Directions: Perth Rd, L Fern Hill Rd, L Trent Pines Dr (new), Lot at end

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5. **RESIDENTIAL Site Development Information:** ***(Check or Complete ALL that apply)***

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(X) 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:**

(X) 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)***

(4) Alternative (1) Conventional (2) Innovative (3) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **Please Answer The Following To The Best of Your Ability:**

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) to be generated?**
( ) Yes (X) 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:** Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/9/07
DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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:

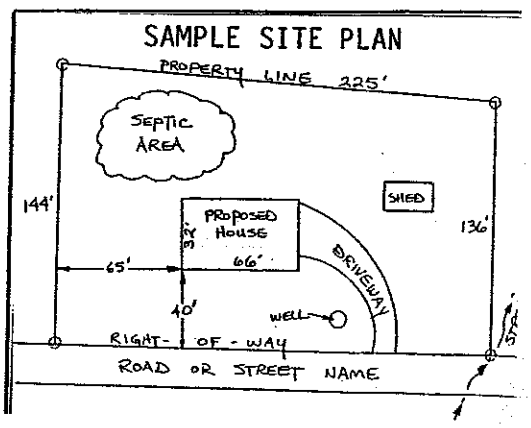
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

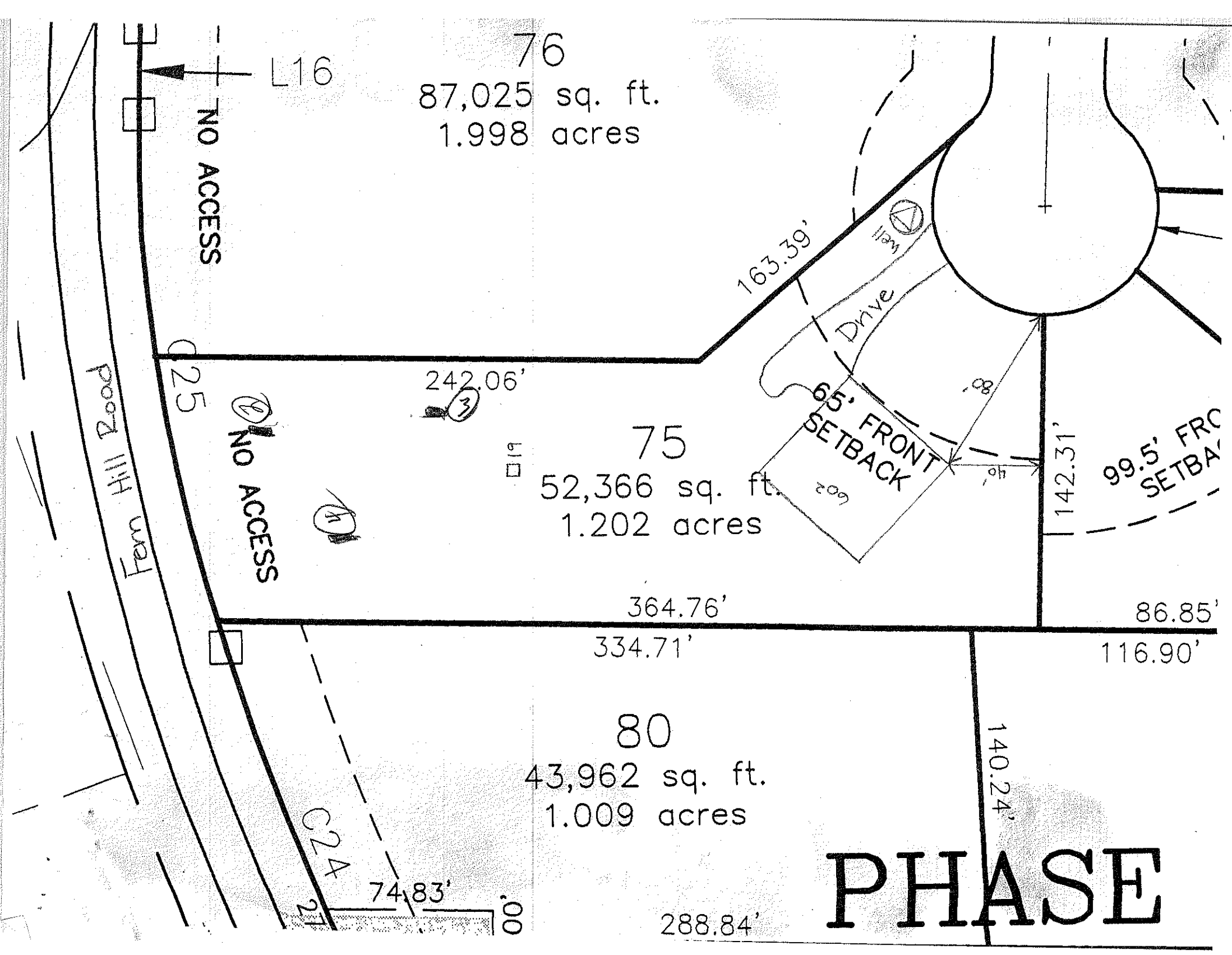
Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

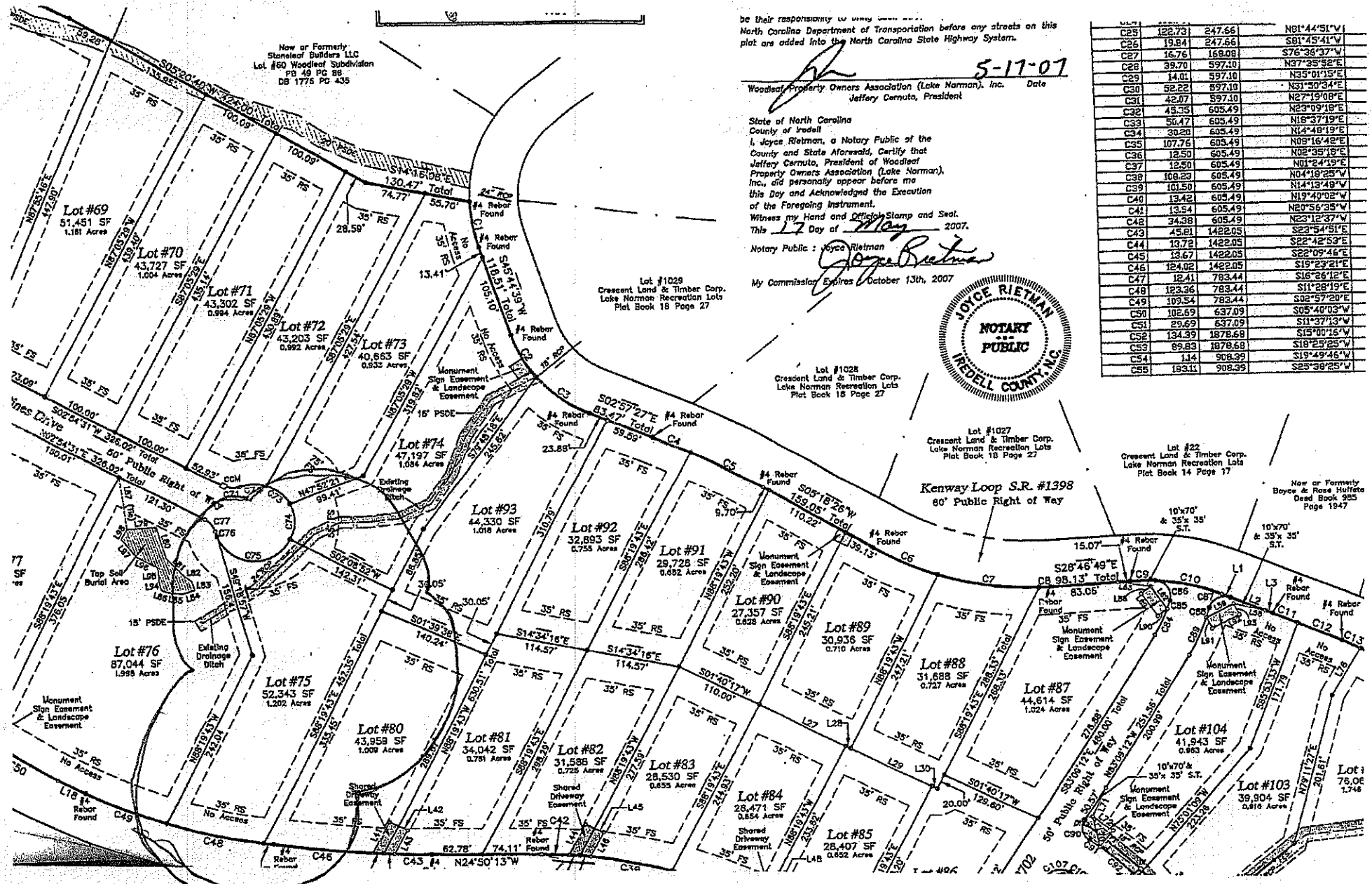
3/9/07
DATE

USE THIS SPACE TO DRAW YOUR SITE PLAN

Please See Attached




76
87,025 sq. ft.
1.998 acres
L16
NO ACCESS
163.39'
Drive
242.06'
65' FRONT SETBACK
75
52,366 sq. ft.
1.202 acres
NO ACCESS
142.31'
99.5' FRO SETBA
Fern Hill Road
364.76'
334.71'
86.85'
116.90'
80
43,962 sq. ft.
1.009 acres
140.24'
C24
74.83'
288.84'
PHASE



be their responsibility to bring such ... North Carolina Department of Transportation before any streets on this plat are added into the North Carolina State Highway System.

5-17-07

Woodleaf Property Owners Association (Lake Norman), Inc. — Date
Jeffery Cernuto, President

State of North Carolina
County of Iredell

I, Joyce Rietman, a Notary Public of the County and State Aforesaid, Certify that Jeffery Cernuto, President of Woodleaf Property Owners Association (Lake Norman), Inc., did personally appear before me this Day and Acknowledged the Execution of the Foregoing Instrument.

Witness my Hand and Official Stamp and Seal.

This 17 Day of May 2007.

Notary Public : Joyce Rietman

My Commission Expires : October 13th, 2007

JOYCE RIETMAN
NOTARY PUBLIC
IREDELL COUNTY, N.C.

C25	122.73	247.66	N81°44'51"W
C26	19.84	247.66	S81°45'41"W
C27	16.76	169.08	S76°36'37"W
C28	39.70	597.10	N37°35'52"E
C29	14.01	597.10	N35°01'15"E
C30	52.22	597.10	N31°30'34"E
C31	42.07	597.10	N27°19'08"E
C32	45.35	605.49	N23°09'18"E
C33	50.47	605.49	N18°37'19"E
C34	30.20	605.49	N14°48'19"E
C35	107.76	605.49	N09°16'42"E
C36	12.50	605.49	N02°35'18"E
C37	12.50	605.49	N01°24'19"E
C38	108.23	605.49	N04°18'25"W
C39	101.50	605.49	N14°13'48"W
C40	13.42	605.49	N19°40'02"W
C41	13.54	605.49	N20°56'38"W
C42	34.38	605.49	N23°12'37"W
C43	45.61	1422.05	S23°54'51"E
C44	13.72	1422.05	S22°42'53"E
C45	13.67	1422.05	S22°09'46"E
C46	124.02	1422.05	S19°23'21"E
C47	12.41	783.44	S16°26'12"E
C48	123.36	783.44	S11°28'19"E
C49	109.54	783.44	S08°57'20"E
C50	102.69	637.09	S05°40'03"W
C51	29.69	637.09	S11°37'13"W
C52	134.39	1878.68	S15°00'16"W
C53	89.83	1878.68	S18°25'25"W
C54	1.14	908.39	S19°49'46"W
C55	183.11	908.39	S25°38'25"W