IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3825 | PERMIT # 21771

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

PIN # 4693921666 2

APPLICANT: William & Lori Swift / Lakeman | APPLICANT ADDRESS: 132 Trent Pines Dr. Mooresville, NC 28117

SITE ADDRESS: 132 Trent Pines Dr. Mooresville, NC | PHONE: 704 578-4951 K | ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL FernHill TL Trent Pines lot on left

SUBDIVISION: Woodleaf | SECTION: 2 | LOT # 76 | LOT AREA: 1.998 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .2

Septic Tank	1000 (gal)	STB	760	Date	3-4-18	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III (IV) V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	363	Date	3-6-18	System Description:	LPPPBPS			[ ] Business	No. Persons	8	[X] Private
Pump Make	Gaulds	Model	WEO 712H	Serial #		Repair System Description:	LPPPBPS			[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	5	Linear Ft:	400'	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	24"	Max. Trench Bottom Depth	24" low side	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions: * Must have 6" of top soil over Septic System

Floor plans submitted are 6' wider than what permit shows. OK to be 6' wider + shift house 6' to left. Will NOT impact septic.
6/29/18 Check Upper 4 drainlines @ 3pm
7:30pm Checked last line & tanks. MP

INITIAL SITE SKETCH

See attached/approved plan by The Oaks Group, PA
Kathleen Saunders
(dated 4/4/16)

AS BUILT SKETCH

supply line checked 7/2/18 CCC

	Date	Initials
Drain Lines Checked	6/29/18	MP
Tanks Checked	6/29/18	MP
Pressure Manifold or Valve Box Checked	7/2/18	SF
Pressure Head Set	9/27	BS
Electrical Checked	9-11-18	KW
Floats Set		
Alarm Checked	9/12/18	SF
Maintenance Contract (Y) / N		

* Need to Approve for Drainfield ✓ → Maria checked

9/12/18: Tried setting head and it could not equalize. -SF

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

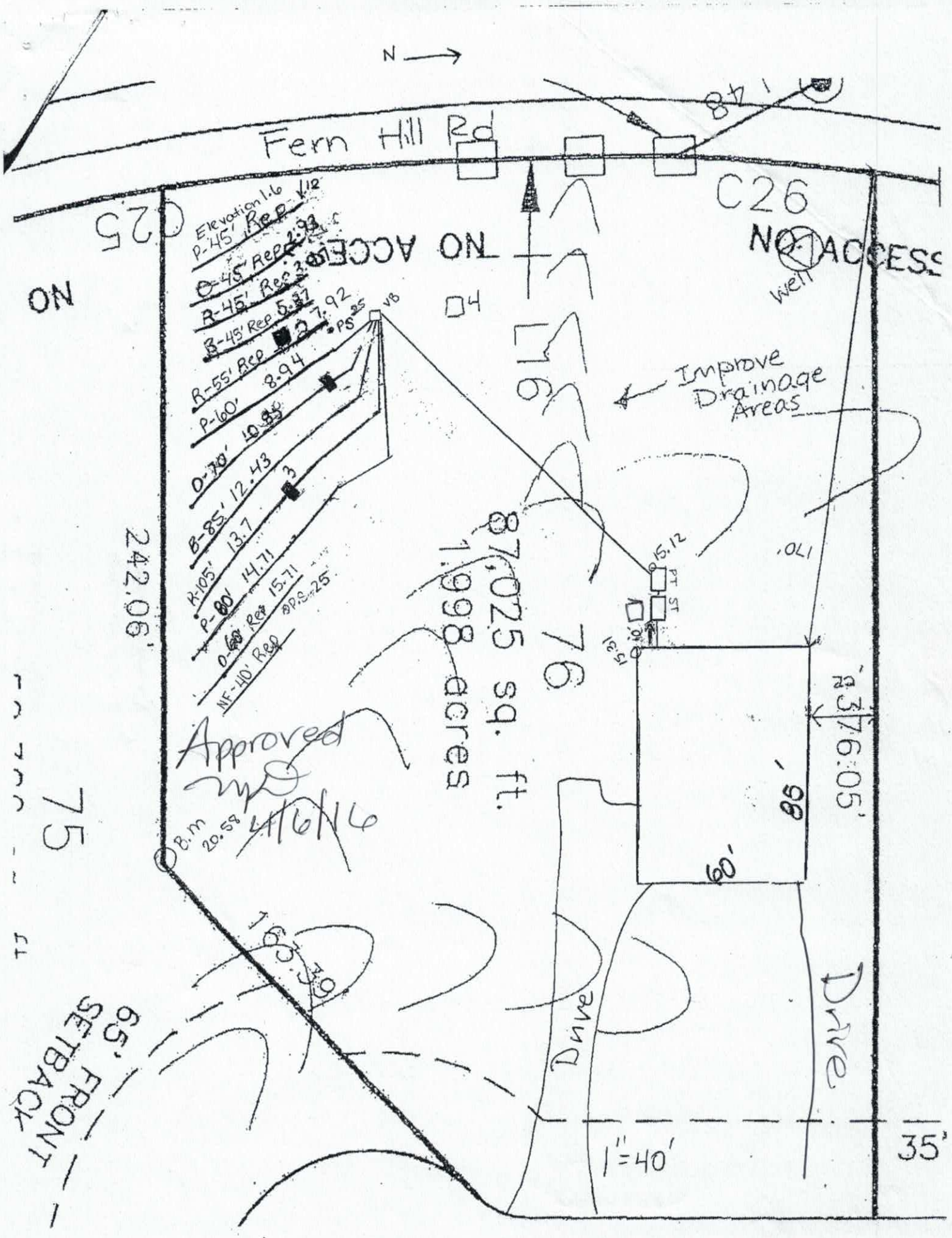
[ ] IMPROVEMENT PERMIT with plat valid without expiration. [ ] IMPROVEMENT PERMIT with site plan valid for 60 mos. [ ] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 4/8/16 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] RS Date: 4/6/16 OPERATION PERMIT by: [signature] Date: 9/27/18.

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3-20-18 Existing System Inspected by: Date:

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


N
Fern Hill Rd
C26
NO ACCESS
well
Elevation 1.6
P-45' Rec 1.12
O-45' Rec 2.93
R-45' Rec 3.01
B-45' Rec 5.37
R-55' Rec 7.92
P-60' 8.94
O-70' 10.85
B-85' 12.43
K-105' 13.7
P-80' 14.71
O-60' Rec 15.71
NF-40' Rec
VB
PS 25
Improve Drainage Areas
87,025 sq. ft.
1.998 acres
242.06'
15.12
PT ST
15.31
.021
76
76.05'
86'
60'
Approved
4/6/16
B.m 20.58
65' FRONT SETBACK
Drive
Drive
1"=40'
35'

Approved
4/6/16
MD

Woodleaft Lot 76 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.2
Primary System Type	**LP PPBPS**
No. Lines	5 (See Table)
Minimum Linear Feet	400
Total Linear Feet	400
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth (low side)	24" Per Existing
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	135' of **3**" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	45 gpm
Elevation head	Approx: 19.5 ft
Pressure head	3 ft
Friction head	1.0 ft
20% Contingency	4.7 ft
Total Head	28.2 ft
Pump Requirements	45 gpm @ 28.2' of head To be designed by installer.
Maximum Dosing Volume	324 gal -1.5 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. 7.2 min.
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	335
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Approved
4/6/16
MD

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair	Pink	LPPPBPS	45	1.6				
2	Repair	Orange	LPPPBPS	45	2.93				
3	Repair	Red	LPPPBPS	45	3.97				
4	Repair	Blue	LPPPBPS	45	5.87				
5	Repair	Red	LPPPBPS	55	7.92				
6	System	Pink	LPPPBPS	60 endfed	8.94	13	13	1 per panel	5/32"
7	System	Orange	LPPPBPS	70 endfed	10.85	16	16	1 per panel	5/32"
8	System	Blue	LPPPBPS	85 endfed	12.43	19	19	1 per panel	5/32"
9	System	Red	LPPPBPS	105 endfed	13.7	24	24	1 per panel	5/32"
10	System	Pink	LPPPBPS	80 endfed	14.71	18	18	1 per panel	5/32"
11	Repair	Orange	LPPPBPS	60	15.71				
12	Repair	NF	LPPPBPS	40					
						Total:90	Total: 90 (1 in each panel turned up)		

Total System:	400'
Total Repair:	335'

Tank	Red	1000 gal (2 compartment)	15.12
Pump Tank	Red	1000 gal.	
House	Blue		15.31

Note:

Use 2 ft trench width for installation of primary system
Tanks and Distribution devices can be altered at the LCHD's discretion
Rod Readings should be verified by installer before installation
Septic area needs slight shaping
Plan uses existing LTAR and trench depth from existing permit

THE OAKS GROUP, PA

To: Iredell County Environmental Health Department (ICHD)

From: Kathleen Saunders, LSS

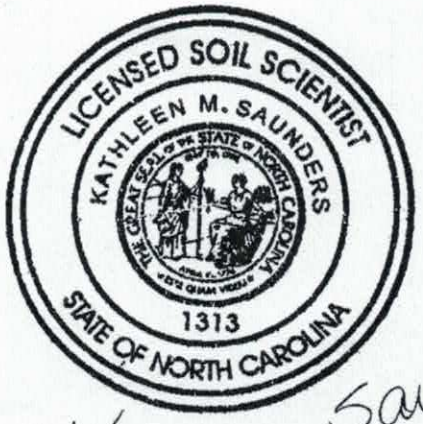
RE: 132 Trent Pines Road

Date: April 4, 2016

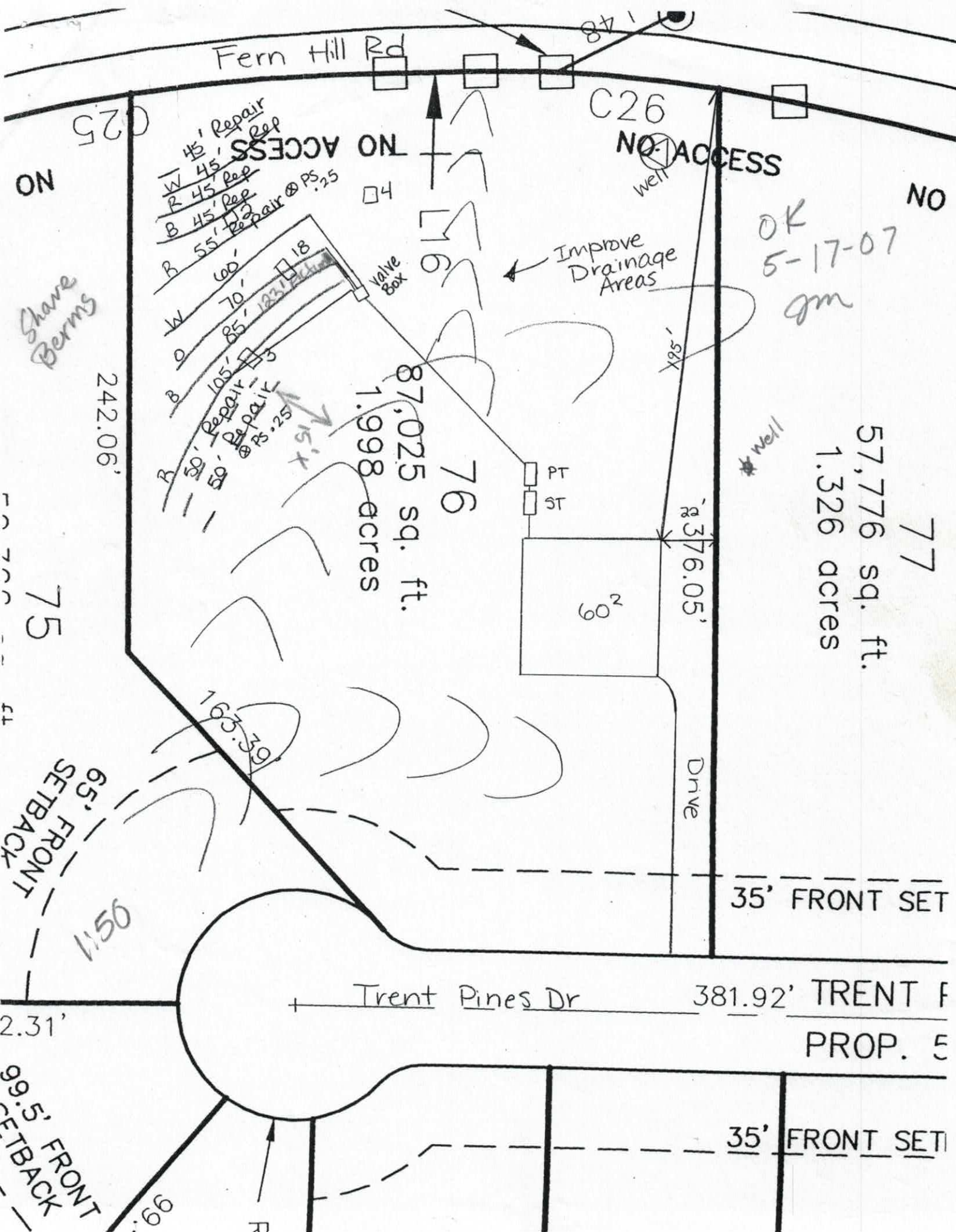
Attached is the septic specification information required to permit 132 Trent Pines Road for an Improvement Permit and/or Construction Authorization Permit in Iredell County via the Expedited Review Process.

The attached information is not an Improvement Permit or an Authorization to Construct, and is only to assist the ICHD with permitting. The ICHD has to approve each lot and only the ICHD can issue these permits. The system should be installed according to the ICHD permits, policies, and NC Rules, which these specifications are in accordance with. If the ICHD wishes to change tank locations, distribution devices, etc they may do so at their discretion.

All information and specifications have been prepared in conjunction with ICHD permitting guidelines for the current lot owners to acquire an Improvement Permit and/or Authorization to Construct on this lot. It is ultimately the ICHD's responsibility to verify all specifications, including soil descriptions, before permitting and/or septic system installation.



Kathleen Saunders


Fern Hill Rd
C25
C26
NO ACCESS ON
NO ACCESS
ON
NO
45' Repair
W 45' Rep
R 45' Rep
B 45' Rep
B 55'
60'
W 70'
O 85'
B 105'
B 50' Repair
50' Repair @ PS.25
45' Repair @ PS.25
18
3
Valve Box
L17
Improve Drainage Areas
OK 5-17-07 gm
Shave Berms
242.06'
87,025 sq. ft.
1.998 acres
76
PT
ST
23'
76.05'
60²
Well
57,776 sq. ft.
1.326 acres
77
75
Drive
163.39'
65' FRONT SETBACK
1:50
35' FRONT SET
Trent Pines Dr
381.92' TRENT
PROP.
2.31'
99.5' FRONT SETBACK
35' FRONT SET

Lot 76 Woodleaf Phase 2 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	320
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	100' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	37 gpm
Elevation head	Approx. 17.5'
Pressure head	3.0'
Friction head	2.8'
20% Contingency	4.7'
Total Head	28.0'
Pump Requirements	37 gpm @ 28' of head To be designed by installer.
Maximum Dosing Volume	266.4 gal -1.8 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. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	335
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	Repair		LPPPBPS	45	1.4				
2	Repair	White	LPPPBPS	45					
3	Repair	Red	LPPPBPS	45					
4	Repair	Blue	LPPPBPS	45					
5	Repair	Red	LPPPBPS	55					
6	System	White	LPPPBPS	60 endfed		14	14	1 per panel	5/32"
7	System	Orange	LPPPBPS	70 endfed		16	16	1 per panel	5/32"
8	System	Blue	LPPPBPS	85 endfed		20	20	1 per panel	5/32"
9	System	Red	LPPPBPS	105 centerfed	12.8	24	24	1 per panel	5/32"
10	Repair		LPPPBPS	50					
11	Repair		LPPPBPS	50					
						Total: 74	Total: 74 (1 in each panel turned up)		
				Total System: 320'					
				Total Repair: 335'					

Tank	Red	1000 gal (2 compartment)	12.9
Pump Tank	Red	1000 gal.	12.9
House	Blue	Left Rear	12.9

Note: Shave off berms. Improve drainage from Fern Hill Road.

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 Ph2 APPLICATION DATE ___
ADDRESS: ___ DATE EVALUATED: ___
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: ___
LOCATION OF SITE: Lot 76 PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1949 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	Pit #18 L 21%	0-11	WK SBK SCL	FR SS/SP	Br				
		11-38	Mo SBK WK ABK C	Fi/FR SS/SP	Red; Cyel Br				
		38-56	Mo SBK/ABK C	Fi S/SP	Red; Cyel Br+		Mi		0.25
2	14%	0-8	gr SL	fr SS NP					
		8-48	MSBK C	fr SS SP					03
3		0-6	wk SBK brn SCL	fr SS SP					
		6-20	M SBK red C	fr SS SP Few brn mottles					.25
		20-48	wk SBK CL	fr SS SP common brn mottles					36" mark
									Lb
4		0-19	gr brn SL						
		19-48	ABK C (figured)	fi SS SP common brn, few dk 2	19"+				(4)

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: ___

Fern Hill Road

POWER POLE

C25

C26

NO ACCESS

NO ACCESS

NO ACC

L16

well

18

76

87,025 sq. ft.

1.998 acres

77

57,776 sq. ft.

1.326 acres

242.06'

195'

376.05'

60'

Drive

163.39'

35' FRONT SETBAC

381.92' TRENT PINE

PROP. 50'

35' FRONT SETBAC

RECEIVED MAR 13 2018

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)

1. **APPLICATION FOR:** ___Improvement Permit ✓Authorization To Construct ___ 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
   ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lakeshore Holdings LLC	Po Box 5350 Mooresville NC 28117	704 799 7604	
Owner Name: "	Po Box 5350 mooresville NC 28117	"	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
132 Treat Pines Dr	Woodleaf	76

Driving Directions: Perth to Fern Hill, Fern Hill towards Union, Left on Treat Pines, lot is on Left

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 due to _____
( ) Other _____

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

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) sement 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:** _____ 3/13/18
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 1 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

Paid $225.00 #21711

PAGE 1: *APPLICATION FORM*

Application For:
(X) Septic Improvement Permit
(X) New Well Permit ( ) Authorization to Construct
( ) Well Repair Permit ( ) Existing System Inspection
( ) Well Abandonment ( ) 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:
Place an (X) beside whichever is submitted if applicable
( ) Survey Plat, scaled no more than 1 inch = 60 feet
(X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: contact Kathleen Saunders (704) 578-4951

Applicant Name: William & Lori Swift **Address:** 132 Trent Pines Dr 28117 **Phone:**

Owner Name: same **Address:** **Phone:**

Property Information:

Street Address: 132 Trent Pines Dr mooresville, NC 28117

Subdivision Name: Woodleaf **Section/Phase:** P2 **Lot Number:** 76

Driving Directions: Perth Rd, Left on Fern Hill, Left on Trent Pines, lot on Left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8max
( ) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) 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: Emma Helt
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/31/16
DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

→ I, WILLIAM & LORI SWIFT, am the legal owner(s) of the property located at 132 Trent Pines Dr Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4639-21-6062.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

William Swift 3/30/16 — Signature of Owner(s) — Date

Lori Swift 3/30/16

Erma Hilt 3/30/16 — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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:

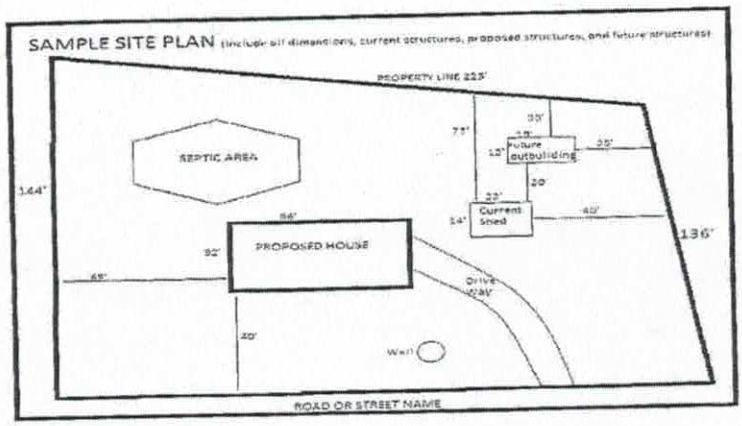
- V **Property Line measurements are clearly identified…**
- V **All proposed structures are indicated…**

SHOW: ***proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site***

- V **Front and side setbacks from property line…**
- V **Preferred driveway location and configuration, preferred well location…**
- V **Area you prefer your septic system to be placed…**
- V **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

- V **Location of septic systems and wells within 100' of your property… N/A**
- V **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 plan

Signature: _____

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

3/6/18

DATE

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	109.53	783.44	S02°59'36"E	109.44
C2	102.63	637.09	S05°43'47"W	102.52
C3	21.01	25.00	N26°59'04"E	20.40
C4	7.07	50.00	S47°00'28"W	7.07

P.B. 52, Pg. 4

Notes:

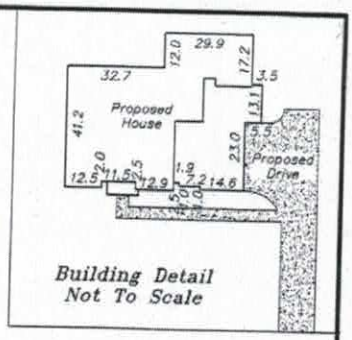
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 52 at Page: 4 as recorded in the Iredell County Register of Deeds.

4) This survey is of an existing parcel or parcels of land.

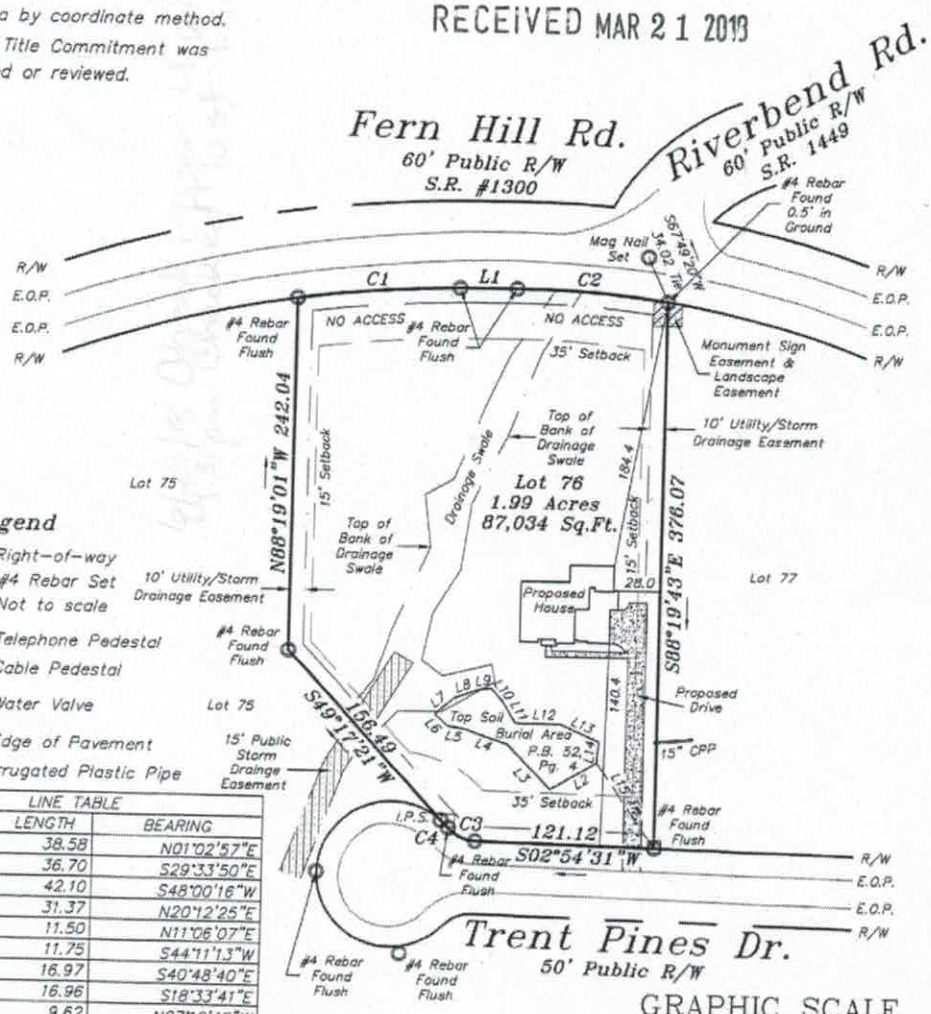
5) Area by coordinate method.

6) No Title Commitment was provided or reviewed.



Building Detail
Not To Scale

RECEIVED MAR 21 2013



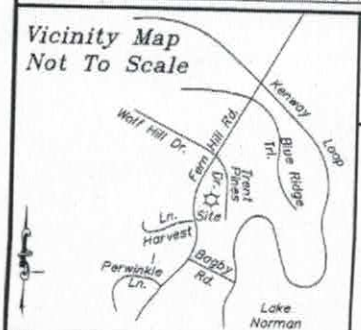
Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
~v~ = Not to scale
= Telephone Pedestal
= Cable Pedestal
WM = Water Valve
E.O.P. = Edge of Pavement
CPP = Corrugated Plastic Pipe

LINE TABLE		
LINE	LENGTH	BEARING
L1	38.58	N01°02'57"E
L2	36.70	S29°33'50"E
L3	42.10	S48°00'16"W
L4	31.37	N20°12'25"E
L5	11.50	N11°06'07"E
L6	11.75	S44°11'13"W
L7	16.97	S40°48'40"E
L8	16.96	S18°33'41"E
L9	9.62	N07°16'40"W
L10	12.26	N51°24'55"E
L11	16.73	N61°18'30"E
L12	30.27	N02°01'12"E
L13	29.05	N25°16'35"E
L14	14.47	N84°20'53"W
L15 Tie	70.60	S57°08'14"W

GRAPHIC SCALE
100 0 50 100 200
(IN FEET)
1 inch = 100 ft.

Vicinity Map
Not To Scale



Plot Plan

FOR

William & Lori Swift

PROPERTY DESCRIPTION

Lot 76,

Woodleaf Subdivision

Plat Book 52 Page 4

Davidson Township

Iredell County, NC

SCALE: 1" = 100

FIELD BOOK:

FILE: 2014-08REV3-13-18

TAX PIN NO: 463921662

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

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 52, Page 4. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 26 day of October, A.D. 2015.

New

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	109.53	783.44	S02°59'36"E	109.44
C2	102.63	637.09	S05°43'47"W	102.52
C3	21.01	25.00	N26°59'04"E	20.40
C4	7.07	50.00	S47°00'28"W	7.07

P.B. 52, Pg. 4

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295

NORTH CAROLINA PROFESSIONAL SEAL L-4295 LAND SURVEYOR LANCE D. SCHAMBACK

Notes:

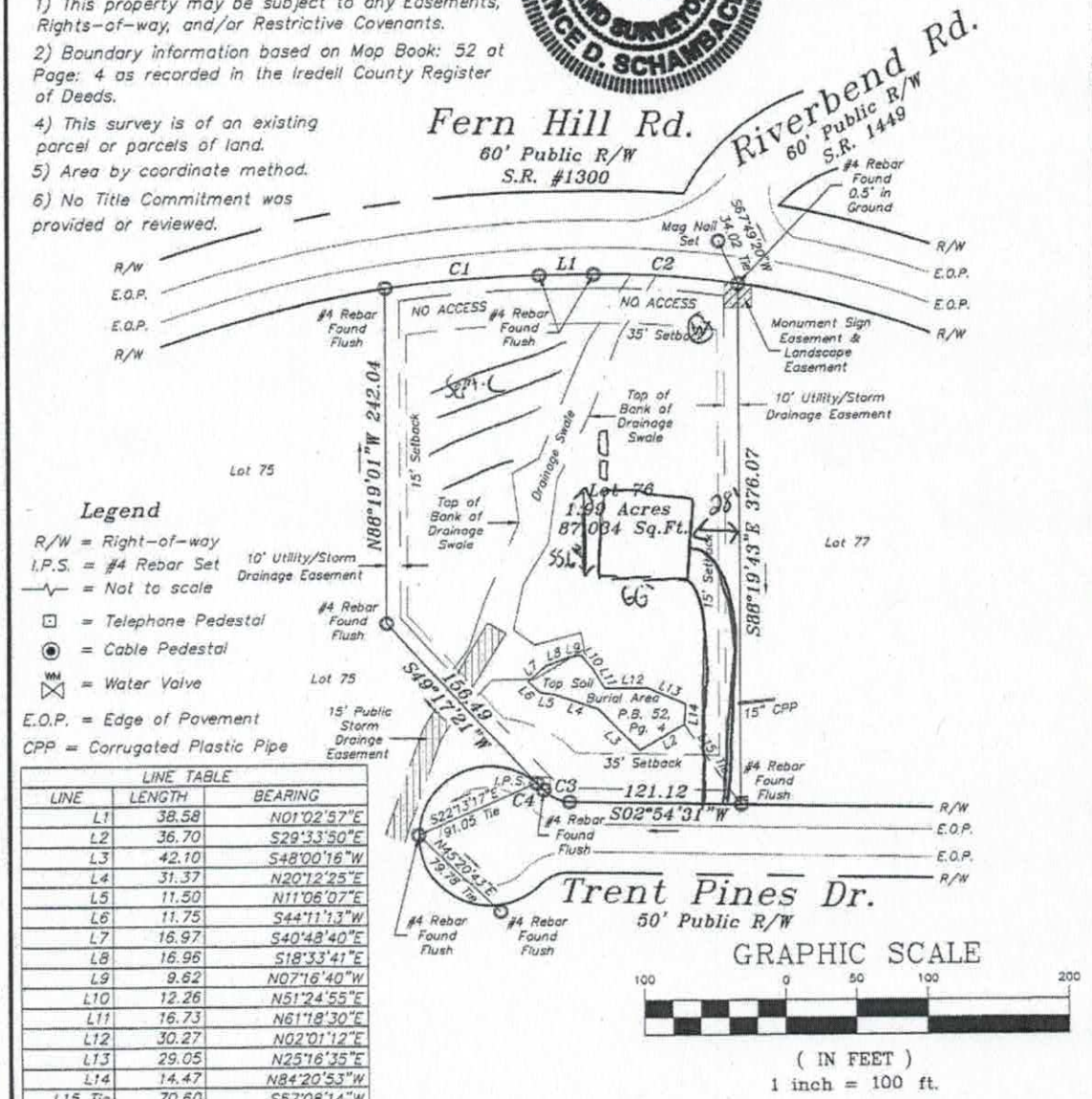
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 52 at Page: 4 as recorded in the Iredell County Register of Deeds.

4) This survey is of an existing parcel or parcels of land.

5) Area by coordinate method.

6) No Title Commitment was provided or reviewed.



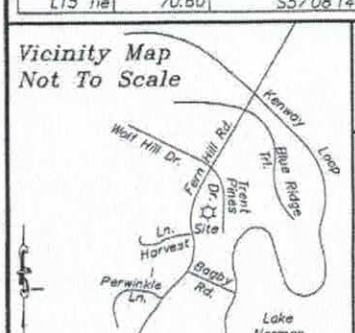
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L15 Tie	70.60	S57°08'14"W

GRAPHIC SCALE
100 0 50 100 200
(IN FEET)
1 inch = 100 ft.

Vicinity Map
Not To Scale



Boundary Survey
FOR
William & Lori Swift

PROPERTY DESCRIPTION
Lot 76,
Woodleaf Subdivision
Plat Book 52 Page 4
Davidson Township
Iredell County, NC

SCALE: 1" = 100
FIELD BOOK:
FILE: 2014-08
TAX PIN NO: 463921662

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

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:

X **Property Line measurements are clearly identified...** X **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

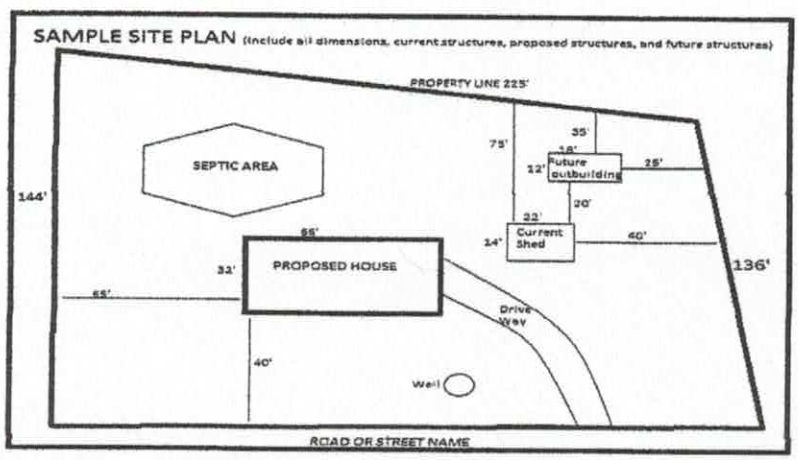
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **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

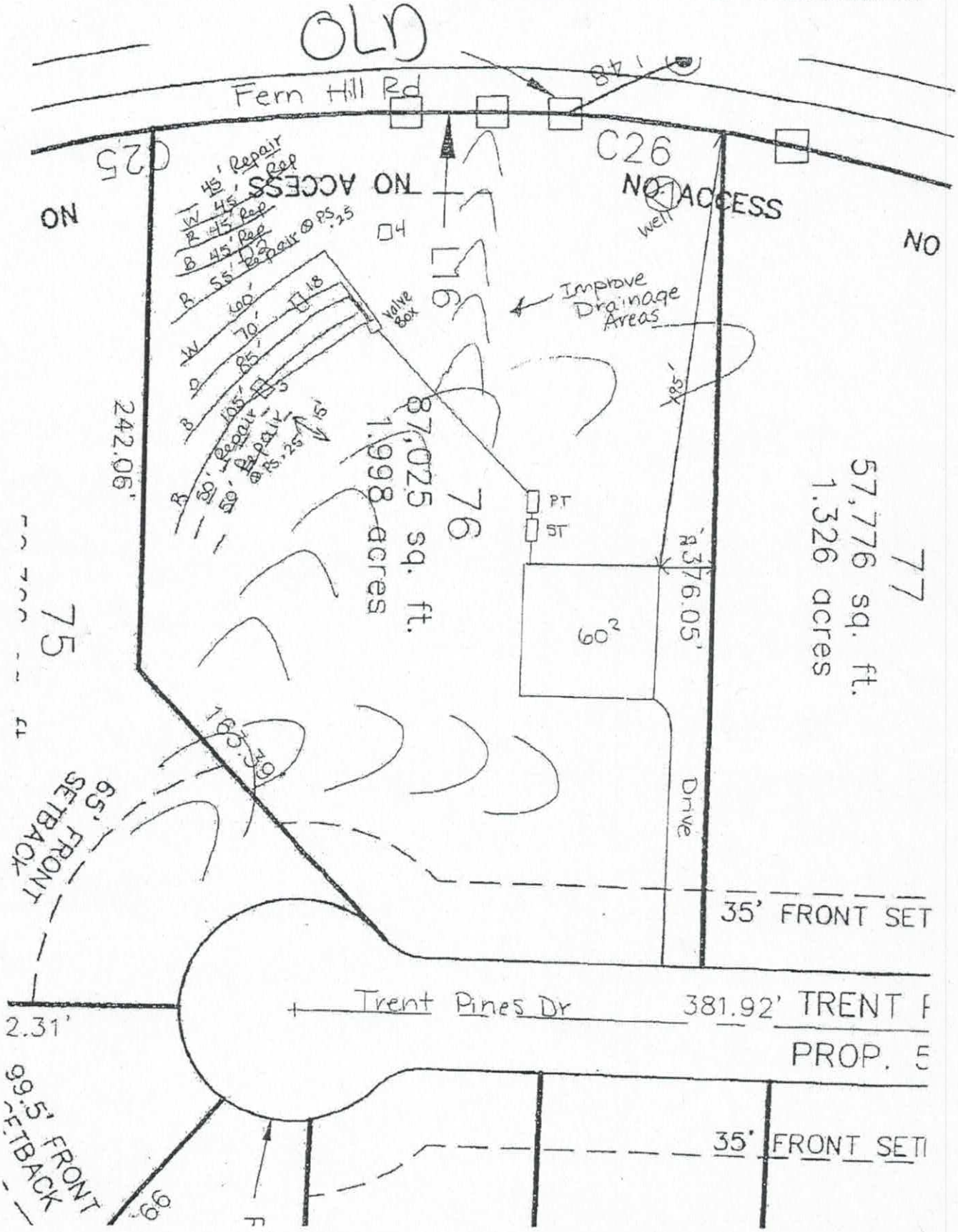
Please see attached site plan

Signature: Emma Hall

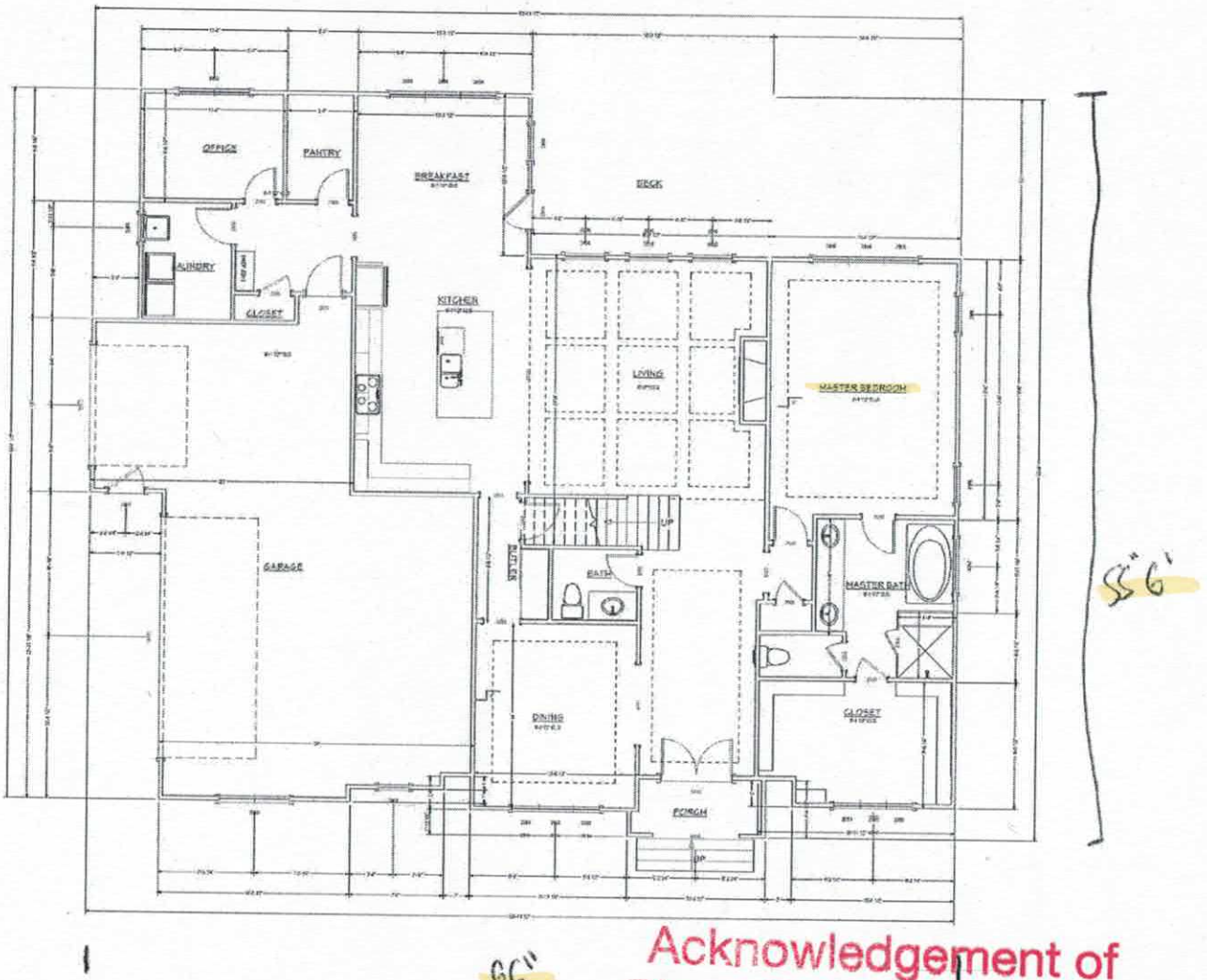
REQUIRED **property owner or owner's legal representative signature.**

3/31/16

DATE


OLD
Fern Hill Rd
C25
C26
NO ACCESS
NO ACCESS
NO
Well
Improve Drainage Areas
L16
45' Repair
W 45'
R 45' Rep
B 45' Rep
R 55' Repair @ PS.25
W 60'
70'
85'
105'
50' Repair
50' Repair @ PS.25
Valve Box
242.06'
87,025 sq. ft.
1.998 acres
76
75
77
57,776 sq. ft.
1.326 acres
PT
ST
376.05'
60'
Drive
165.39'
65' FRONT SETBACK
35' FRONT SET
Trent Pines Dr
381.92' TRENT
PROP.
2.31'
99.5' FRONT SETBACK
35' FRONT SET

Reversed



SQUARE FOOTAGE	
1ST FLOOR HEATED	2105
2ND FLOOR HEATED	1334
TOTAL HSF	3439
UNFINISHED BSMT	2151
COVERED PORCHES	44
GARAGE	793
TOTAL UNDER ROOF	6527

Acknowledgement of Plans Submittal ONLY!

Date 3-20-18

Date 3/6/18

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
HELMS RESIDENCE
LAKEMIST HOMES

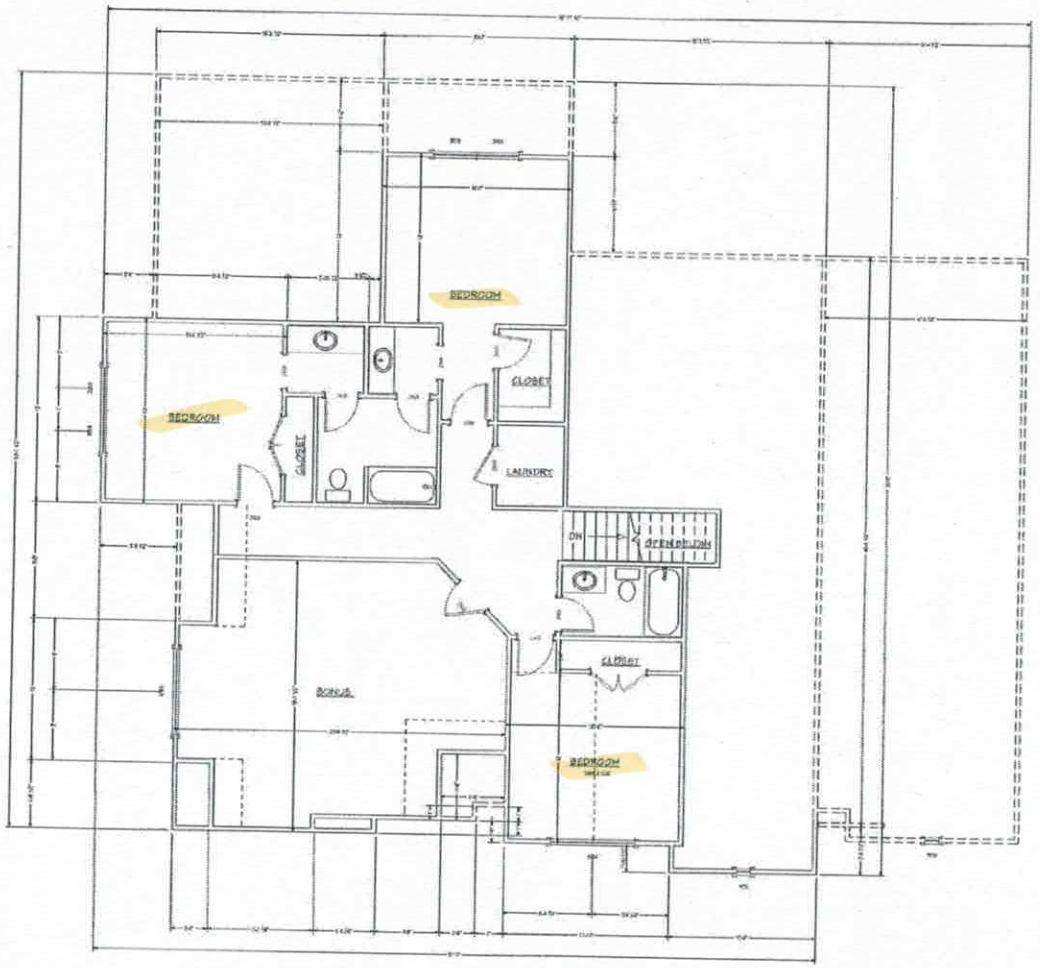
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:
12/6/2017

SCALE:

SHEET:
A-6

Reversed



Acknowledgement of Plans Submittal ONLY!

3/6/18 Date 3-20-18

Date

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:

HELMS RESIDENCE

LAKEMIST HOMES

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

DATE:

12/6/2017

SCALE:

SHEET:

A-7

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
217711
Issue Date: 04/01/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639216662.000	132 TRENT PINES DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SCHAAB JAMES EDWARD	Applicant: THE OAKS GROUP
Address: 12814 CORAL SUNRISE DR MOORESVILLE, NC 28078	Address: 121 HOLT LN MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.998	35.00	35.00	15.00	15.00	CACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	64390	TOTAL FEES:	$ 77.25