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IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

21075 Issued 5/6/15 Expires 5/6/20

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: *Place check ( ) beside whichever is submitted if applicable*
___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

DED, LLC (Erin Olenicwski)	4547 Sawgrass Ct Denver NC 28037	704-483-8401	704-733-883
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
William + Linda Moore	128 Daventry Place Mooresville NC 28117	704-634-0375	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

126 Trent Pines Drive Mooresville, NC 28117	Woodleaf	Lot 77
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: 150 West to Perth Rd. North on Perth Rd. make (L) on Fern Hill Rd. make (L) on Trent Pines Dr., house on (R)

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
(X) Other In-ground concrete swimming pool

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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* Septic layout on plot give — submitted by builder

( ) Alternative ( ) Conventional ( ) Innovative ( ) 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 labelling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: Erin Olenicwski
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-4-15
DATE

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: _____
REQUIRED property owner or owner's legal representative signature.

5/4/15
DATE

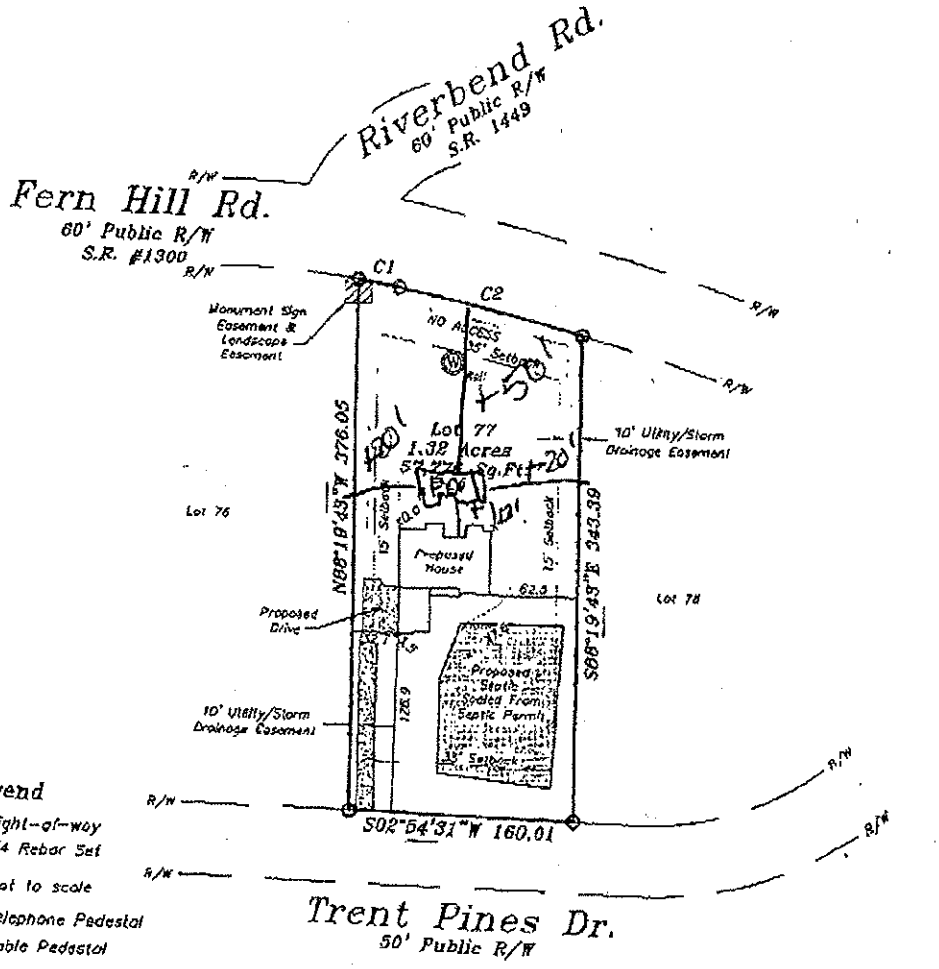
USE THIS SPACE TO DRAW YOUR SITE PLAN

See attached

White Copy – Environmental Health Yellow Copy – Applicant
C:\Users\duttz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK36C\Application For OSWP Permit (2).doc

P.B. 52, Pg 4

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	29.68	637.09	S11°32'27"W	29.68
C2	134.39	1878.68	S15°00'16"W	134.36



Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
~ = Not to scale
⊡ = Telephone Pedestal
◉ = Cable Pedestal
= Water Valve
E.O.P. = Edge of Pavement

Notes:

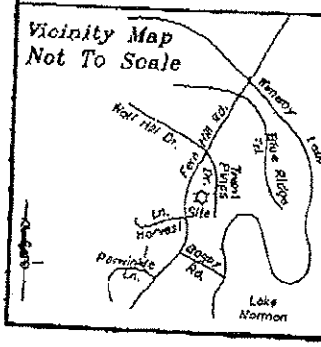
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 52 at Page: 4 as recorded in the Iredell County Register of Deeds.
4) This survey is of an existing parcel or parcels of land.
5) Area by coordinate method.

GRAPHIC SCALE

100 0 50 100 200

(IN FEET)
1 inch = 100 ft.

Vicinity Map
Not To Scale



Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 77,
Woodleaf Subdivision
Plat Book 52 Page 4
Davidson Township
Iredell County, NC

SCALE: 1" = 100

FIELD BOOK:

FILE: 2015-02

TAX PIN NO: 4638216850

Schomback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-5915
C-3218

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mo[redacted]704) 660-3625 PERMIT # 207717

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

PIN # 4639216850

APPLICANT: Lakeshore Holdings APPLICANT ADDRESS: 295 Lake Mist Dr Mooresville, NC 28117

SITE ADDRESS: 126 Trent Pines Dr Mooresville, NC PHONE: 919 389 4500 ALT. PHONE: 704881-1288 Bobby

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill TL Trent Pines on right

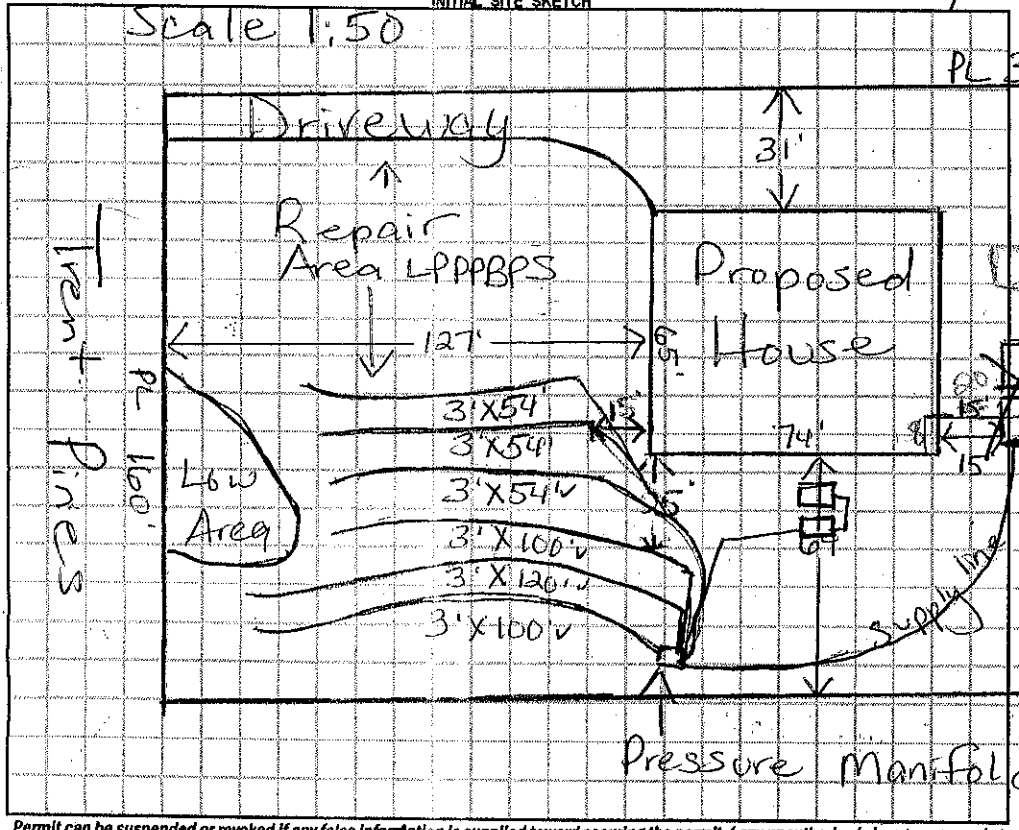
SUBDIVISION: Woodleaf SECTION: 2 LOT # 77 LOT AREA: 1.326 ac. DESIGN FLOW: 480gpd L.T.A.R.: .25

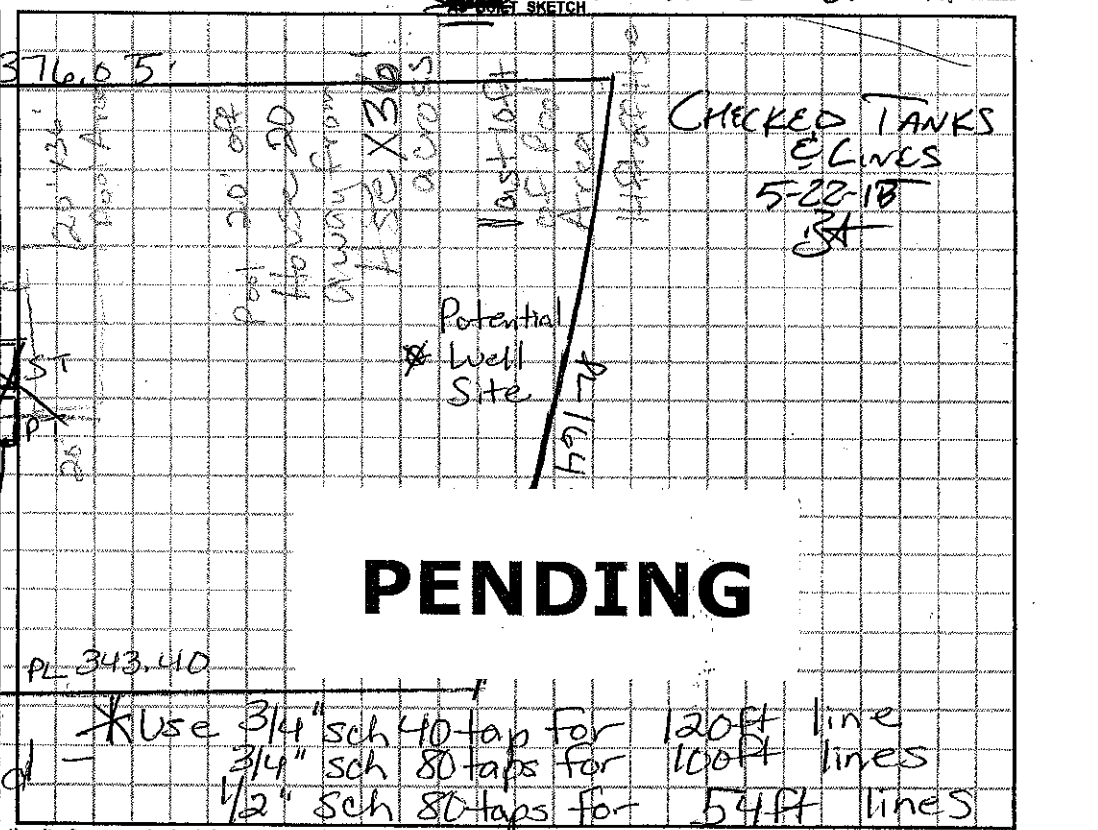
Septic Tank	1000 (gal)	STB 760	Date 3-8	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT	Date 2-10	System Description: Pump-PM-25% Reduction				☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description: Pump LP PPBPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 6	Lineal Ft: 482 FT	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Max. Trench Bottom Depth 36"		Gravel Depth N/A	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: ✱ 480 ft required
Pressure Manifold use varying taps as listed below
Keep Drainfield 25ft Upslope from Foundation drain & 15ft sideslope. (Tanks & Drainfield)

This permit replaces previous permit issued 5/29/07 by Judy Melville
4/13/15 OK to move tanks to side of house maintain [redacted] off house drain.

INITIAL SITE 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: [redacted] Date: 1/28/15 Installed by:

IMPROVEMENT PERMIT by: [redacted] RS Date: 1/27/15 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [redacted] RS Date: 1/27/15 Existing System Inspected by: Date:

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