IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # 219297

PIN # 4639218088

APPLICANT: Lakeshore Holdings LLC APPLICANT ADDRESS: P.O. Box 5350 Mooresville, NC 28117

SITE ADDRESS: 400 Kenway Lp Mooresville, NC 28117 PHONE: 704 799 7609 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill TL Kenway Lp before Basby on right

SUBDIVISION: Woodleaf SECTION: 2 LOT # 88 LOT AREA: .728 Ac DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank 1000 (gal) STB 760 Date 9-17

Pump Tank 1000 (gal) PT 363 Date 11-14

Pump Make Goulds Model WE05111HH Serial #

Nitrification Fields 1 # Lines 4 Linear Ft: 320'

Trench Width Typ 24" Max. Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: LP PP BPS

Repair System Description: LP PP BPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees Crawl Space

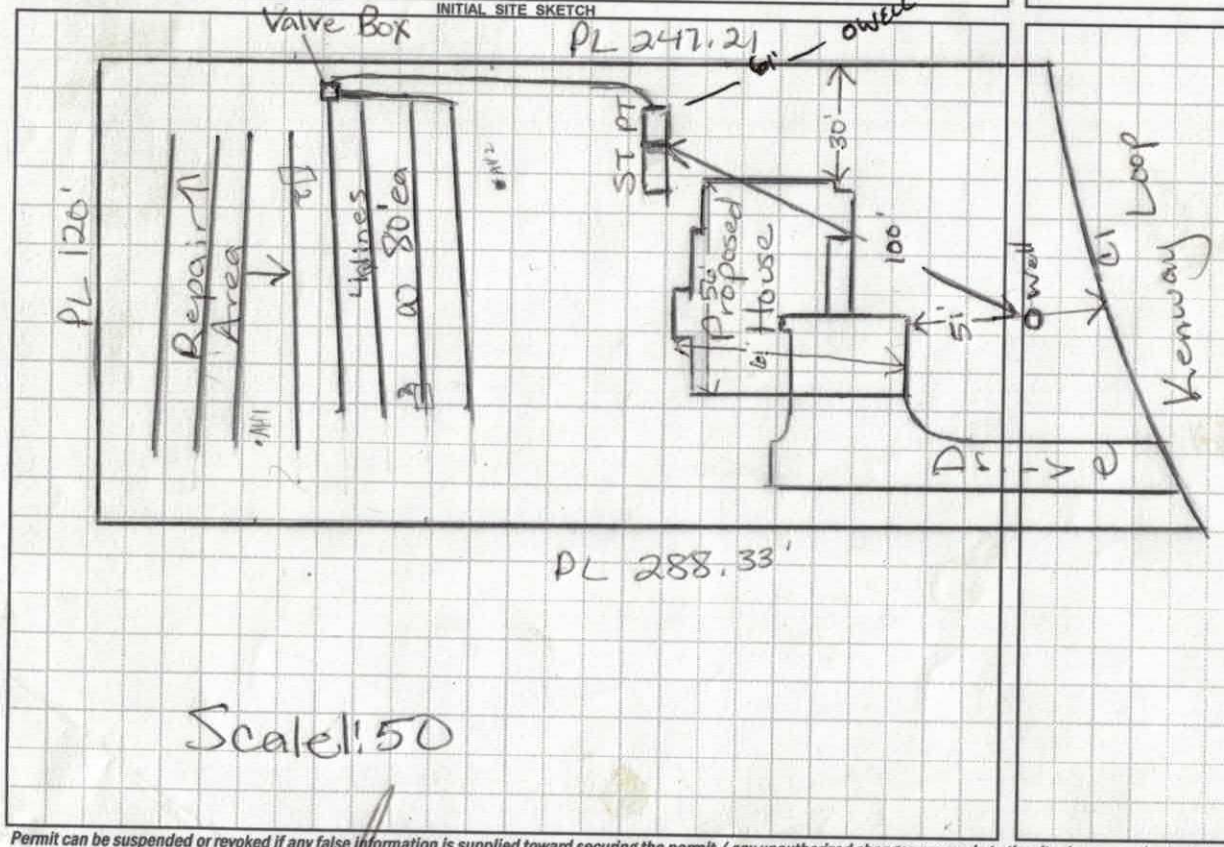
☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

4/26/17 5 of 2ft pressure, checked elect. & alarm.

INITIAL SITE SKETCH



AS BUILT SKETCH

CHECKED TANKS & 1ST 2 LINES RA 1-18-17

CHECKED LINES & CUB 1-19-17 RA

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: 7/28/16 Installed by: GUNTER

IMPROVEMENT PERMIT by: Maria Adams RS Date: 7/23/16 OPERATION PERMIT by: RA Date: 5-15-17

AUTHORIZATION TO CONSTRUCT by: Maria Adams RS Date: 7/23/16 Existing System Inspected by: Date:

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

Lot 88 Woodleaf Phase 2 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.225
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	360
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	40 gpm
Elevation head	Approx. 18.5'
Pressure head	3.0'
Friction head	2.8'
20% Contingency	4.9'
Total Head	29.2'
Pump Requirements	40 gpm @ 29.2' of head To be designed by installer.
Maximum Dosing Volume	288 gal -1.7 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	400
Repair LTAR	0.225

***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	System	Pink	LPPPBPS	90 endfed	4.2	20	20	1 per panel	5/32"
2	System	Red	LPPPBPS	90 endfed		20	20	1 per panel	5/32"
3	System	Blue	LPPPBPS	90 endfed		20	20	1 per panel	5/32"
4	System	Orange	LPPPBPS	90 endfed		20	20	1 per panel	5/32"
5	Repair	White	LPPPBPS	100					
6	Repair	Pink	LPPPBPS	100					
7	Repair	Red	LPPPBPS	100	9.7				
8	Repair		LPPPBPS	100					
						Total: 80	Total: 80 (1 in each panel turned up)		
				Total System: 360'					
				Total Repair: 400'					

Tank	Red	1000 gal (2 compartment)	16.7
Pump Tank	Red	1000 gal.	16.7
House	Blue	Right Rear	18.4

Note: Shave off all berms. Install with 36 inch Trench Bottom.

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

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

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lakeshore Holdings
ADDRESS: ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___
LOCATION OF SITE: Woodleaf Lot #83

APPLICATION DATE ___
DATE EVALUATED: 7/16/16
PROPERTY SIZE: ___
PROPERTY RECORDED: ___

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	AH-1 L 9%	0-5	Brw SCL	GR					PS .3 .25>30"
		5-30	R C/L	m-w SBK SS, SP, SExp, FR					
		30-48	R CL w	SBK SS, SP, SExp, FR					
			w/ few	Yel/Brw	w. Rock Inclus			>42"	
2	L AH-2 10%	0-4	Brw SCL	GR					PS .3+
		4-38	R C/CL	m-w SBK SS SP, SExp, FR					
			w/few to many	SAP Inclus					
		38-48"	<L <SAP	Massive					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.25	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ___

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

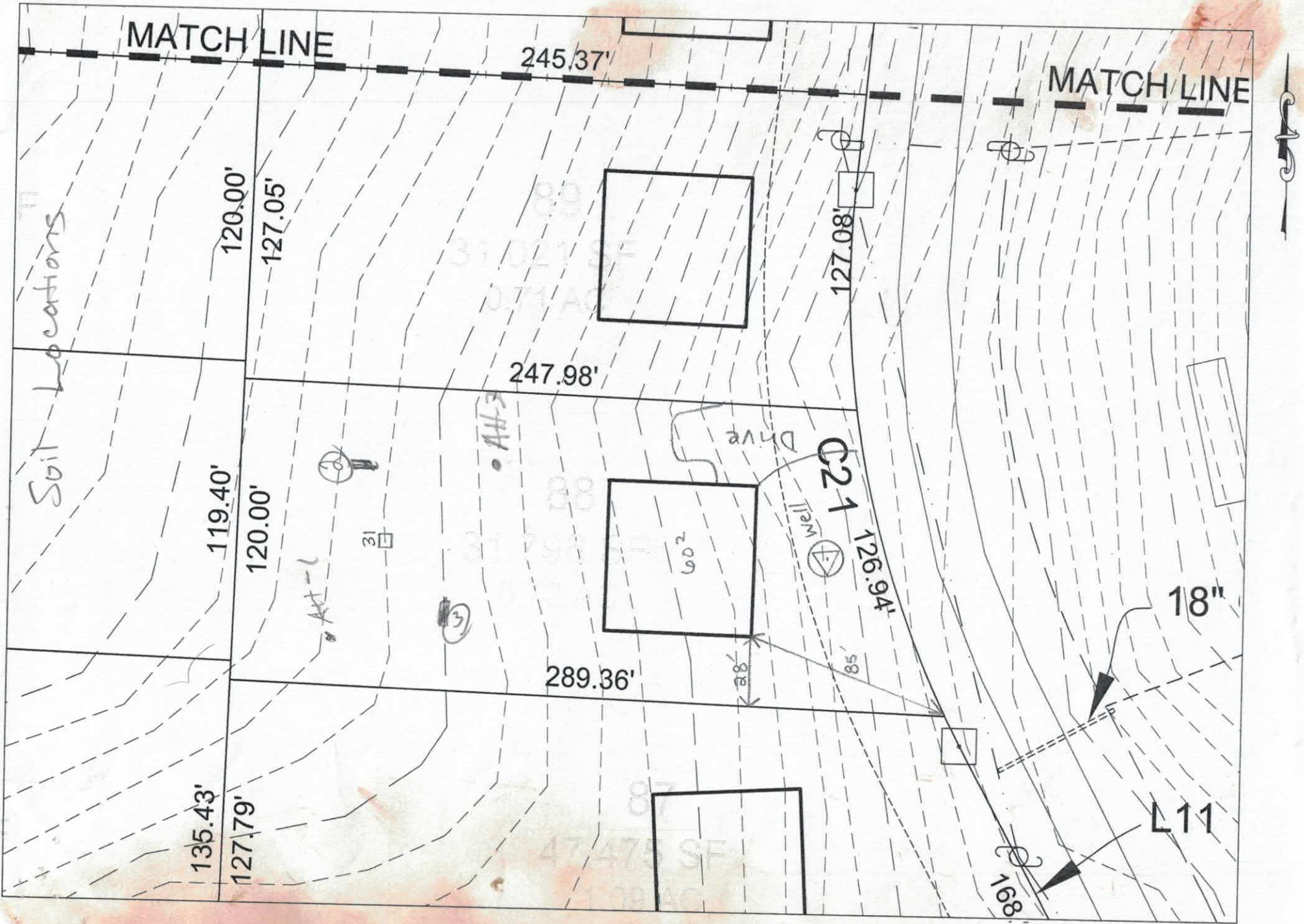
OWNER: Woodleaf Ph 2 — APPLICATION DATE ___
ADDRESS: ___ — DATE EVALUATED: 9/2/00
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 88 — PROPERTY RECORDED: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

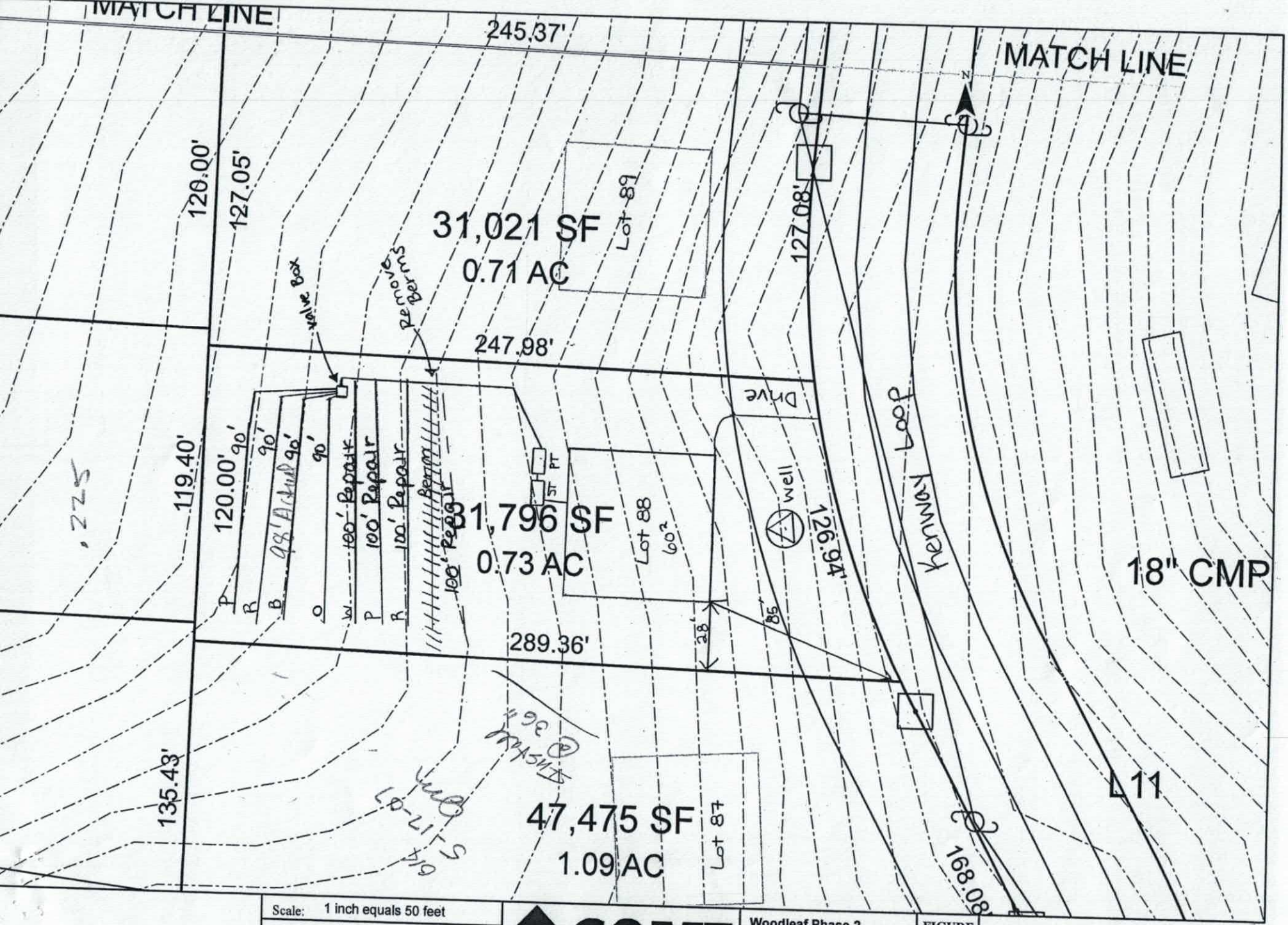
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	pit # 31 L 6-8%	0-4	Mo GR SL	FR ns/np	Br				PS 0.2- 0.25
		4-22	Mo SBK C	FR SS/SP	Red; C/M yel Br				
		22-57	WK SBK C	FR SS/SP	Red; C yel Br				
2	10%	0-4	gr. sandy SL	fr ss sp					.25 restrictive @ 36"+5
		4-9	WK BK w/ clay	fr ss sp					
		9-32	MOD MK C	fr ss sp SBK few common yel Br's					
		32-57	WK BK CL	fr ss sp	few faint red sep, few yel				
3		0-12	WK GR SL	fr ss sp					.3
		12-36	MOD MK C	fr ss sp					
		36-48	WK SBK CL	fr ss sp					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.225	.225

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: David Hinson & K. Saunders
OTHER(S) PRESENT: ___

COMMENTS: ___


MATCH LINE
245.37'
MATCH LINE
120.00'
127.05'
127.08'
Soil Locations
247.98'
119.40'
120.00'
AH-3
Drive
C21
well
126.94'
18"
289.36'
88'
85'
135.43'
127.79'
L11
168'



Scale: 1 inch equals 50 feet	S&ME ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Woodleaf Phase 2	FIGURE
Drawn by: JBP		Lot 88	1
Reviewed by: PGP		Iredell County, NC	
Date: April, 2007		S&ME Project #1588-06-077	

RECEIVED JUN 3 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 $500.00

1. APPLICATION FOR: ✓ **Improvement Permit** ✓ **Authorization To Construct** ___ **Existing System Inspection**

****

219297

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:

Permit on file is expiring.

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lakeshore Holdings LLC	Po Box 5350 mooresville NC 28117	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
400 Kenway Loop mooresville NC 28117	Woodleaf	88

Driving Directions: 150 to Perth, Perth to left on Fern Hill, Left on Kenway Loop

lot is on right.

****

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (✓) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 8 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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: _____ 6/3/16

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

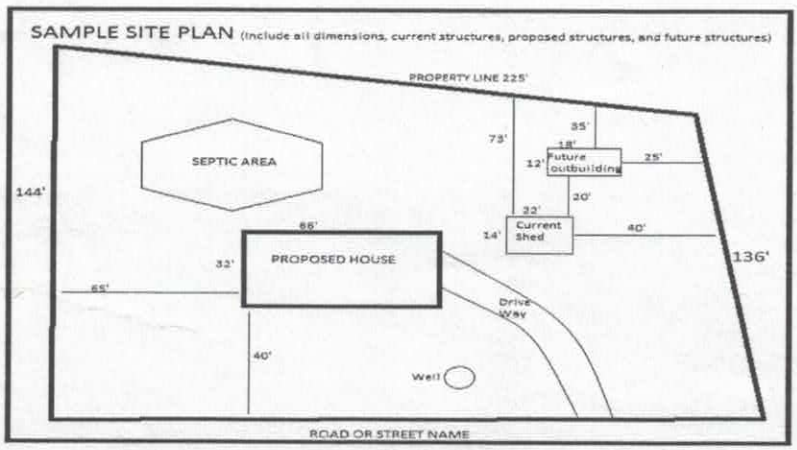
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

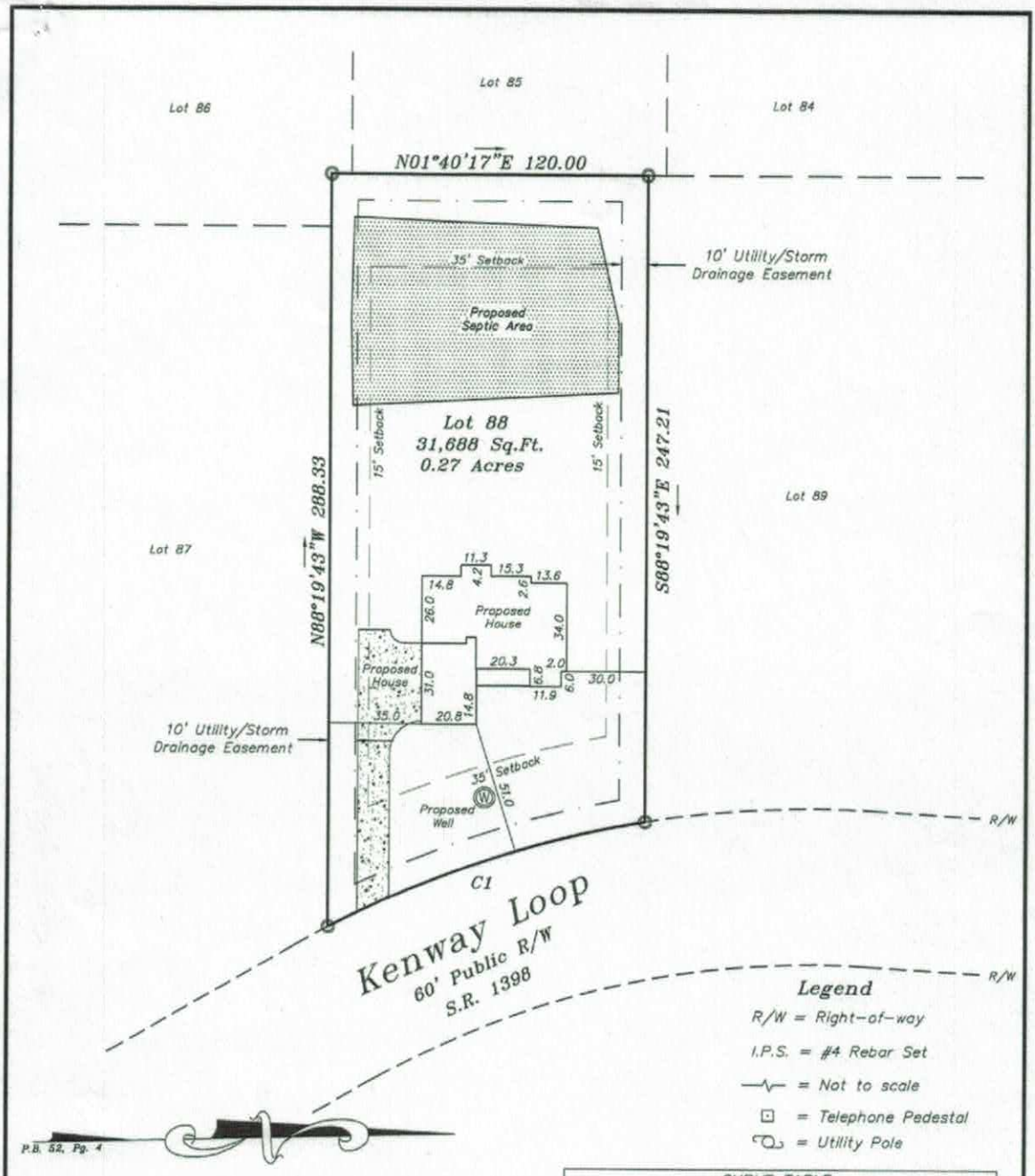
See attached

Signature: _____

REQUIRED property owner or owner's legal representative signature.

6/3/16

DATE



Legend

R/W = Right-of-way

I.P.S. = #4 Rebar Set

= Not to scale

= Telephone Pedestal

= Utility Pole

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	127.43	386.20	S17°14'37"E	126.85

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.
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.

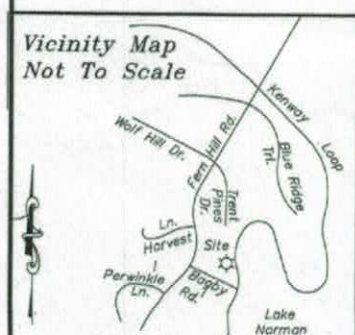
GRAPHIC SCALE

50 0 25 50 100

(IN FEET)

1 inch = 50 ft.

Vicinity Map
Not To Scale



Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 88, Phase 2

Woodleaf Subdivision

Plat Book 52, Page 4

Davidson Township

Iredell County, NC

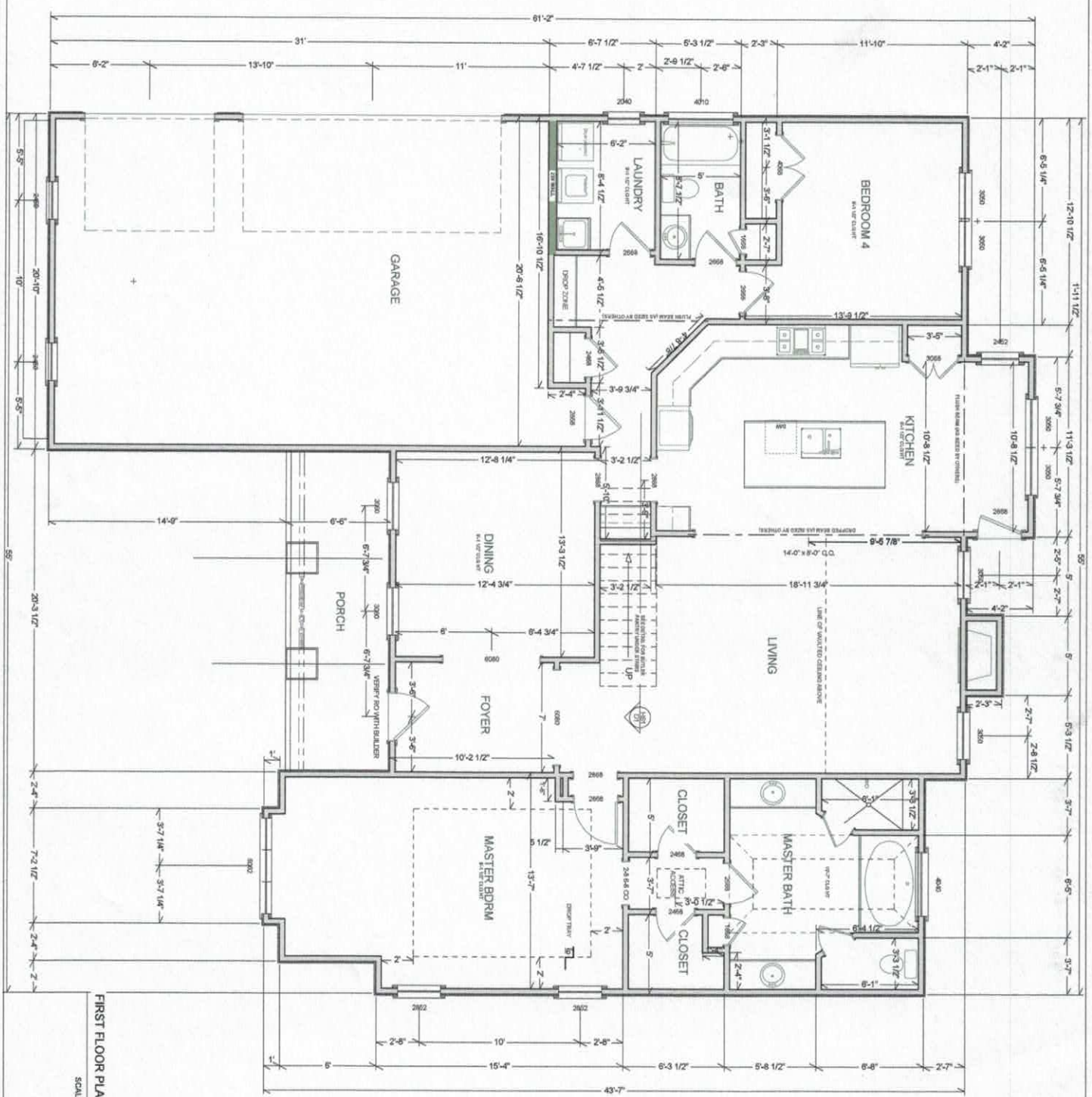
SCALE: 1" = 50'

FIELD BOOK:

FILE: 2016-158

TAX PIN NO: 4639218088

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



Acknowledgement of Plans Submittal ONLY!

Date 6/3/15

Date 7/23/15

2	NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS & CODE REQUIREMENTS PRIOR TO CONSTRUCTION.	REVISIONS: 6/9/2011; 3/30/13; 6/2/14; 11/21/15	LAKEMIST HOMES SANIBEL II 3car rev

VISUAL DESIGN & DRAFTING

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES

SANIBEL II 3car rev

REVISIONS
6/8/2011
3/30/13
6/2/14
11/21/15

NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, ATTACHMENT DETAILS, AND FRAMING REQUIREMENTS PRIOR TO CONSTRUCTION.

3

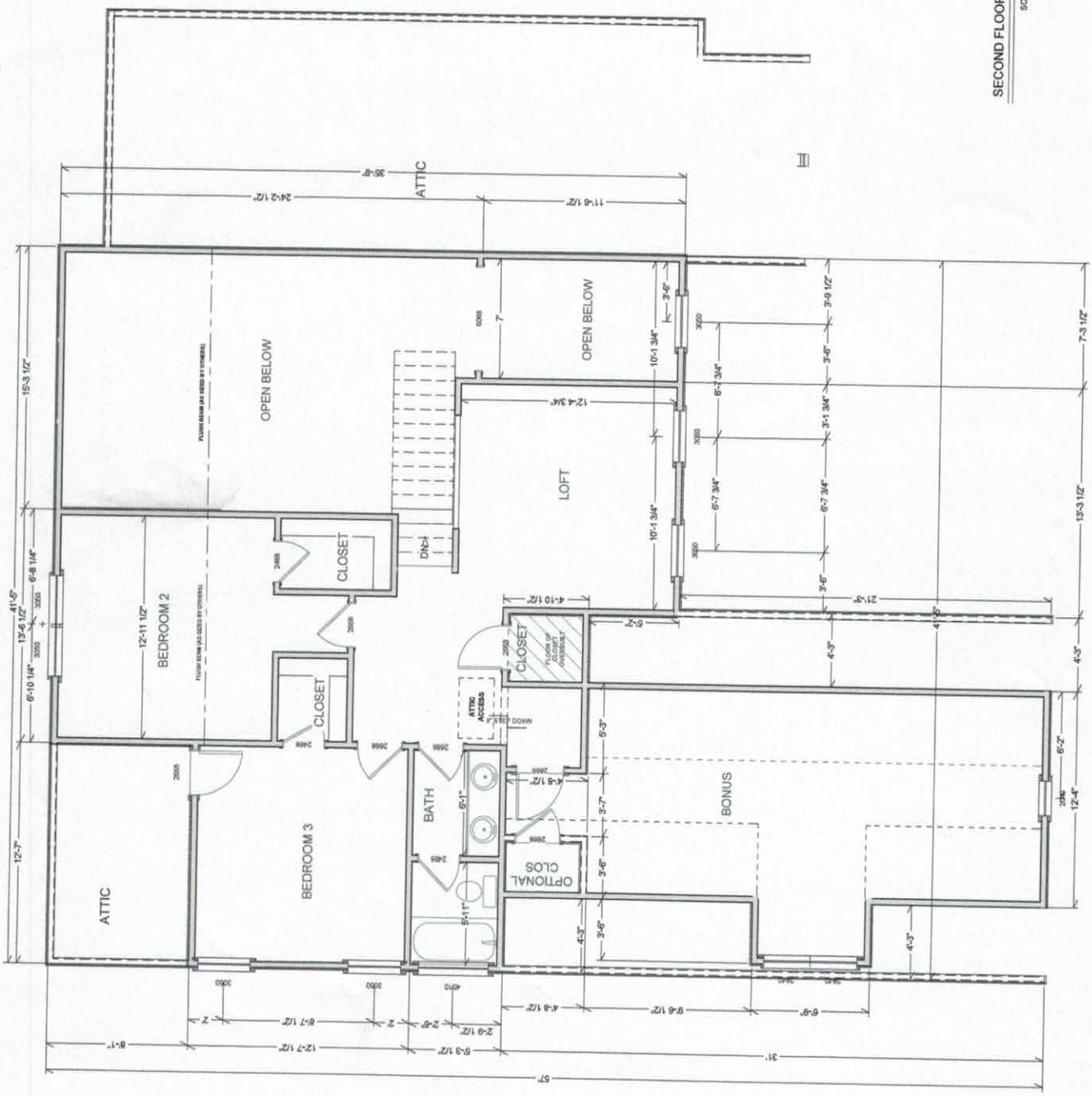
Acknowledgement of
Plans Submittal ONLY!

Date 6/3/16

Maria Dobson Date 7/23/16

SECOND FLOOR PLAN

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



IREDELL COUNTY

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

APPLICATION NUMBER
219297
Issue Date: 06/07/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639218088 000	400 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WOODBRIDGE PARTNERS LLC	Applicant: LAKESHORE HOLDINGS LLC
Address: PO BOX 3608 MOORESVILLE, NC 28117	Address: P. O. BOX 5350 MOORESVILLE, NC 28117
Phone: 704-799-9770	Phone: 704-799-0634

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.727	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	70772	TOTAL FEES:	$ 77.25