IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 219585

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

PIN # 4639300831

APPLICANT: Lakemist Homes/Lakeshore Hold APPLICANT ADDRESS: 132 Marketplace Ave Mooresville, NC 28117

SITE ADDRESS: 394 Kenway Lp. Mooresville, NC PHONE: 704 746-7515 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W. TR Perth Rd TL Fernhill TL Kenway Lp on right

SUBDIVISION: Woodleaf SECTION: 2 LOT # 89 LOT AREA: .709Ac DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	766	Date	9/2/16	[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	383	Date	1/11/16	System Description: Pump-Pm-25% Reduction		[ ] Business	No. Persons	8	[X] Private
Pump Make	Zoeller	Model	BN151-B	Serial #		Repair System Description: LPPPBPS		[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	4	Linear Ft:	400Ft	Maintenance Agreement Required: [ ] YES [X] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A	[ ] GRAVITY [X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing		

Comments / Conditions:

11/29/16 Tanks & lines Checked by WS

1/17/17 Pump, Alarm & pressure

INITIAL SITE SKETCH

See attached, Approved plan by Penninger Soil Consulting, PLLC (dated 6/13/2016)

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.*

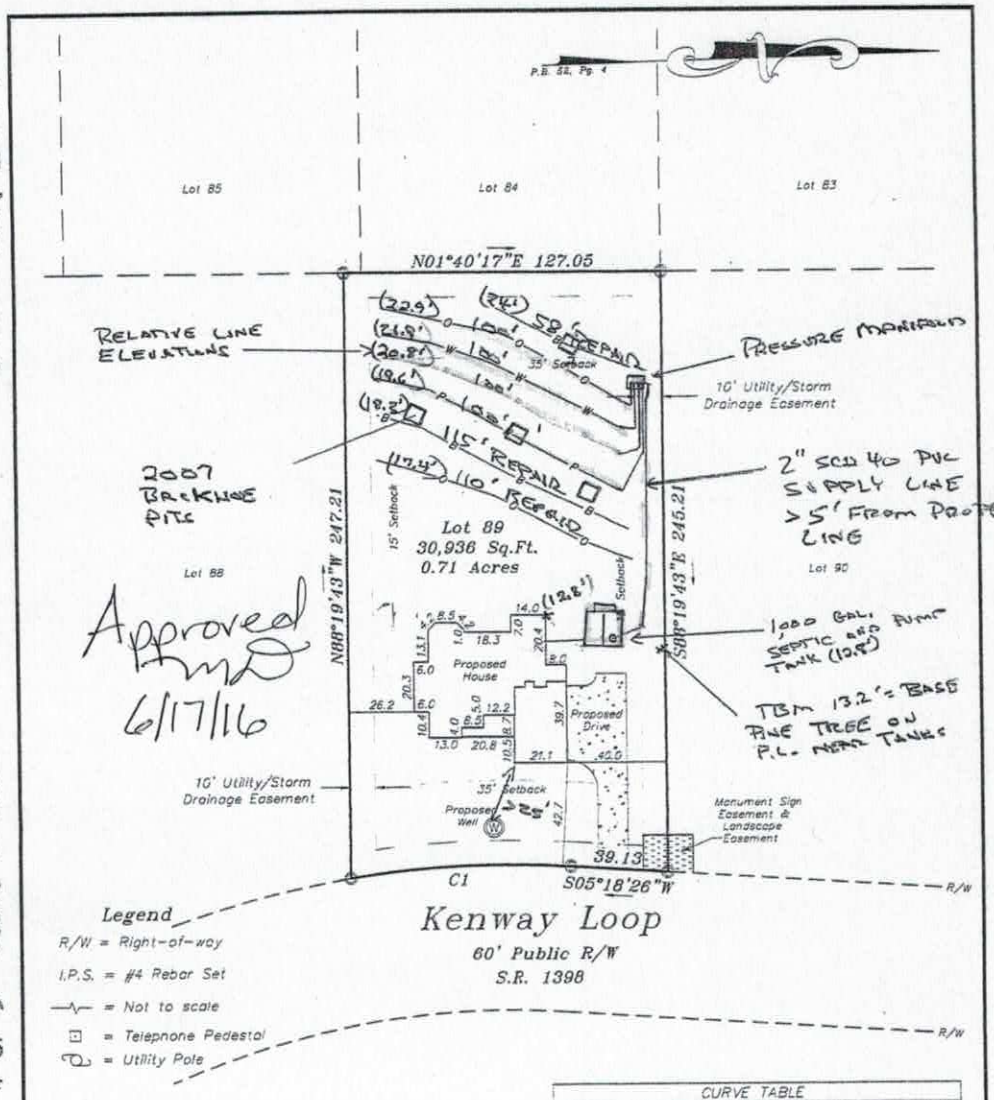
Owner / Applicant Signature: Date: 6/24/16 Installed by: Dustin Bridges

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 6/17/16 OPERATION PERMIT by: Maria Dotson RS Date: 1/17/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson RS Date: 6/21/16 Existing System Inspected by: Date:

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

* First Baptist Pennington Soil Consulting Report Dated 6-13-16



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	88.30	386.20	S01°14'27"E	88.11

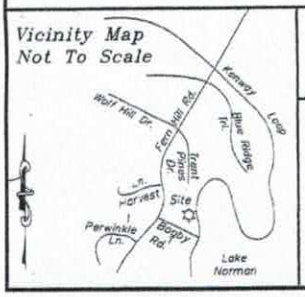
Notes:

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.



Plot Plan
FOR
Lakemist Homes

PROPERTY DESCRIPTION
Lot 89, Phase 2
Woodleaf Subdivision
Plat Book 52, Page 4
Davidson Township
Iredell County, NC

SCALE: 1" = 50'

FIELD BOOK:

FILE: 2016-159

TAX PIN NO: 4639300831

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

LAKEMIST HOMES SEPTIC SITE PLAN

ICHD

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

Call Dave for site visit

June 13, 2016

Lakemist Homes
132 Marketplace Ave,
Mooresville, North Carolina 28117

Attention: Mr. Aaron Feldman

Reference: **Technical Assistance with Septic Permitting**
Lot 89 Phase 2 Woodleaf Subdivision
394 Kenway Loop
Iredell County, North Carolina
Project No. 16-138

Approved MD 6/17/16

Dear Mr. Feldman:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new, 4-bedroom septic system Improvement Permit and Well Permit on the above referenced lot from the Iredell County Health Department (ICHD). The technical assistance was performed in general accordance with our written proposal / letter of authorization dated June 11, 2016.

Lot 89 was permitted for a 4 bedroom, Pressure Manifold 25 Percent Reduction septic system for the developer on May 23, 2007. This Improvement Permit is still valid with the NCDHHS permit extensions. We understand that you now own the lot and want to construct a new home on the lot. You have requested Penninger Soil Consulting, PLLC to assist with obtaining a new Septic Improvement Permit for a proposed 4-bedroom home before the existing permit expires on July 1, 2016.

Your surveyor staked the property corners, lot lines, the proposed house box, and also located the septic lines permitted in 2007. Penninger Soil Consulting described two hand auger boring in the proposed septic area and re-flagged the proposed septic drainfield lines that were permitted by the ICHD in 2007 for the proposed 4-bedroom 25 Percent Drainfield. The proposed septic area utilizes the same septic area and line lengths previously permitted. The four backhoe pits reviewed by the ICHD in 2007 are approximately shown on the attached site plan.

Once the septic area is permitted, it should be fenced off for protection during home construction. Access to the lot should only be by the existing drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system. The tanks and drainfield should be located 15 feet from a sideslope foundation drain and 25 feet from a downslope foundation drain. The supply line must be at least 5 feet from the foundation or

any foundation drain. The proposed well must be at least 50 feet from the septic system. The tank locations can be modified as necessary and as the required setbacks allow after house pad grading.

Penninger Soil Consulting, PLLC appreciates the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you with the Expedited Review site evaluation. The ICHD may show any changes or modifications they deem necessary to the proposed system on the ICHD Permits or attached site plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soil suitability and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist



Attachments:

1. ICHD Septic Improvement Permit and Well Application
2. Proposed Site Plan and System Information
3. 2007 ICHD IP

Copy: ICHD

C:\Users\Paul G. Penninger\Documents\2016 Projects\16-138 Lakemist Homes - Woodleaf Lot 89\Woodleaf Lot 89 FT Summary Letter.doc

Lakemist Homes - Lot 89 Woodleaf Expedited Review System Information (6/13/16) Pg 1 of 2

Number of Bedrooms	**4**
Basement or Crawl	**Crawl/Slab Garage**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/sqft)	**0.3 per existing IP**
Primary System Type	**25% Reduction**
No. Lines	4 at 100 ft. (see site plan)
Total Linear Feet	400
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	36 in. max per existing IP
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	~100' of 2" SCH 40 PVC
Flow Rate through the system (gpm)	22
Elevation head	*Approx. 18'
Pressure head	2.0'
Friction head	Approx. 1.3'
20% Contingency	4.3'
Total Head	25.6'
Pump Requirements	22 gpm @ 26 ft. of head

***To be verified by installer after final tank placement.**

Dosing Volume (gal) - 66% of drainfield capacity	230
doses/day @ design flow	2.1
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 (min)	10.4
Check Valve	Yes
Siphon Break hole	no
Repair System	**LP T&J Panel**
Total Linear Feet	283' shown - 267' required
Repair Loading Rate (gpd/sqft)	0.3 per existing IP
Repair Proposed Trench Depth (in)	36 in. max. per existing IP

Approved
MS
6/17/16

Approved
MD
6/17/16

Summary of Primary Nitrification Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	*Relative Elev. (Ft.)
1	System	orange	25% Reduction	100	22.9
2	System	white	25% Reduction	100	21.9
3	System	red	25% Reduction	100	20.8
4	System	pink	25% Reduction	100	19.6
				Total System: 400'	

Tank	blue	1000 gal (2 compartment)	*Relative Elev. (ft.)
Pump Tank	blue	1000 gal.	12.8
House		right rear house box	12.8

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	4
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

NOTES:

- Elevations must be verified by installer at installation and final tank placement.
- Install system per ICHD, NCDHSS, and manufacturer permits, policies, and requirements.
- Expedited System Review information tables must accompany Penninger Soil Consulting written report dated June 13, 1016.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

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

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

Approved MD 6/17/16

OWNER: Lakeside Lanes
ADDRESS: 3929 Bridge
PROPOSED FACILITY: 4 BR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: Woodlands Lot 89
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

APPLICATION DATE 6-13-16
DATE EVALUATED: 6-13-16
PROPERTY SIZE: 1.71 ac
PROPERTY RECORDED: 2007

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 7/0	0-4	wssbc scl/l	fr ss/sp	red br				
		4-31	mssbk c	fr ss/ss	red				
		31-56	mwssbk cl	fr st/ss	4-41 yl	56	f in	2	PS .3
2	L 7/0	0-6	wssbk scl	fr ss/sp	br				
		6-30	mssbk c	fr st/ss	red				
		30-55	wssbk cl	fr ss/ss	4-41 yl	55	f in	0	PS .3
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	ZSL	TJ
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PEP
OTHER(S) PRESENT: must be opened by LCHD

COMMENTS: Valid 4 BR 18 @ 0.3 LTAR Top Lot by LCHD

RECEIVED JUN 15 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $225.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

219585

Application For:

- (X) 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:

Place an (X) 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

Applicant Information:

Applicant Name: Lakemist Homes/ Lakeshore Holdings **Address:** 132 Marketplace Ave, Mooresville, NC 28117 lakemisthomes@yahoo.com **Phone:** 704-746-7515

Owner Name: same as above **Address:** same - Aaron Feldman Owner/Applicant contact **Phone:**

Property Information:

Street Address: 394 Kenway Loop

Subdivision Name: Woodleaf **Section/Phase:** 2 **Lot Number:** 89

Driving Directions: Perth Rd, TL Fern Hill, TL Kenway, at 394 Kenway Loop across from Lake Norman

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: 8

- ( ) 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)*

- ( ) No Preference
- ( ) Alternative
- ( ) Conventional
- ( ) Innovative
- ( ) Modified Conventional
- (X) Other: 2nd

Year existing system installed:

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: _____ 6-13-16

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **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, Aaron Feldman – Lake Shore Holdings, am the legal owner(s) of the property located at 394 Kennedy Loop, identified as PIN (Parcel Identification Number) 4639700837, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger, _____, 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

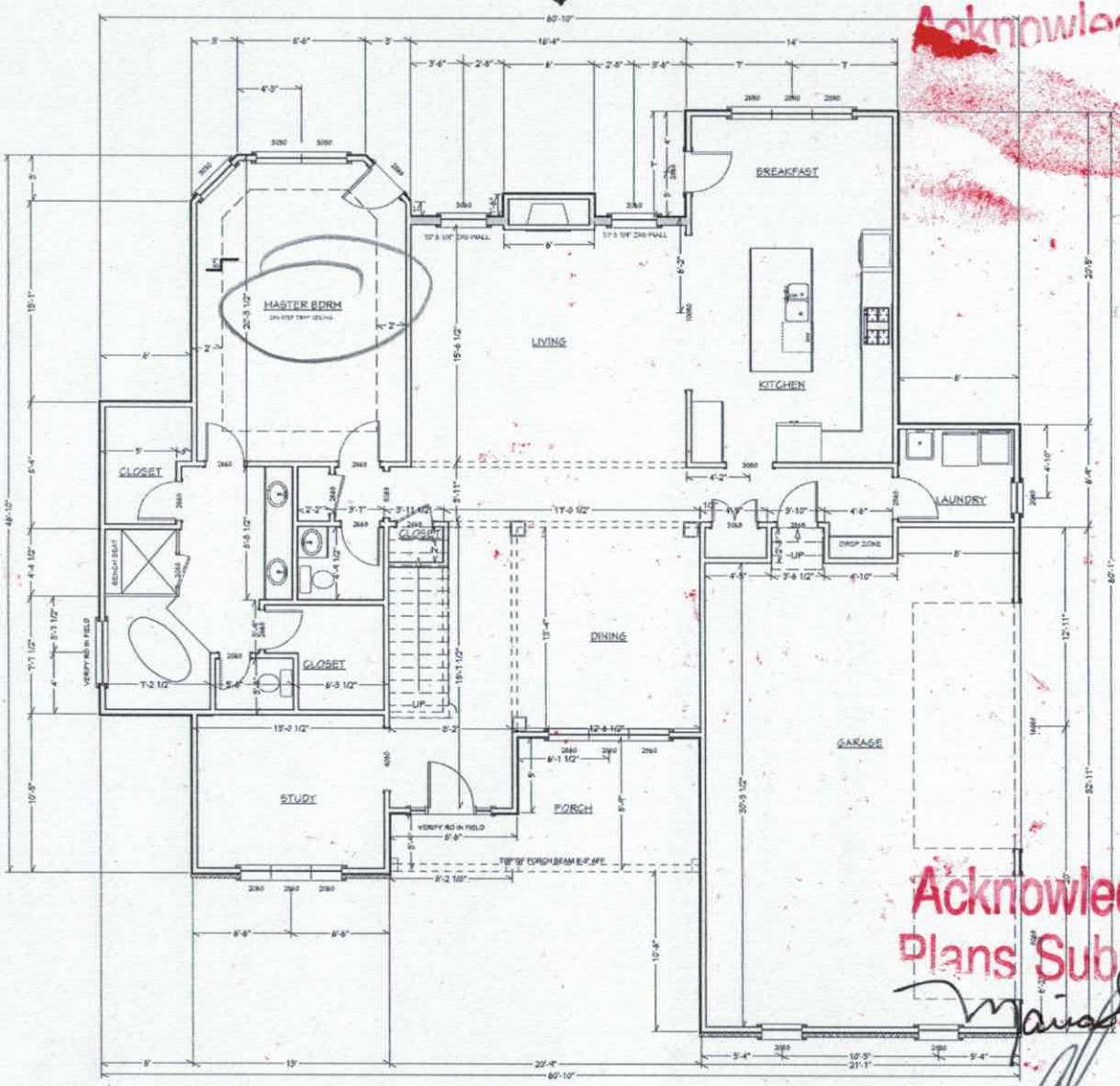
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	6/14/16		

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



60

60

Acknowledgement Of

Acknowledgement Of
Plans Submittal ONLY!

Date 6/21/16

6/24/16

FIRST FLOOR PLAN
SCALE 3/16" = 1'0"

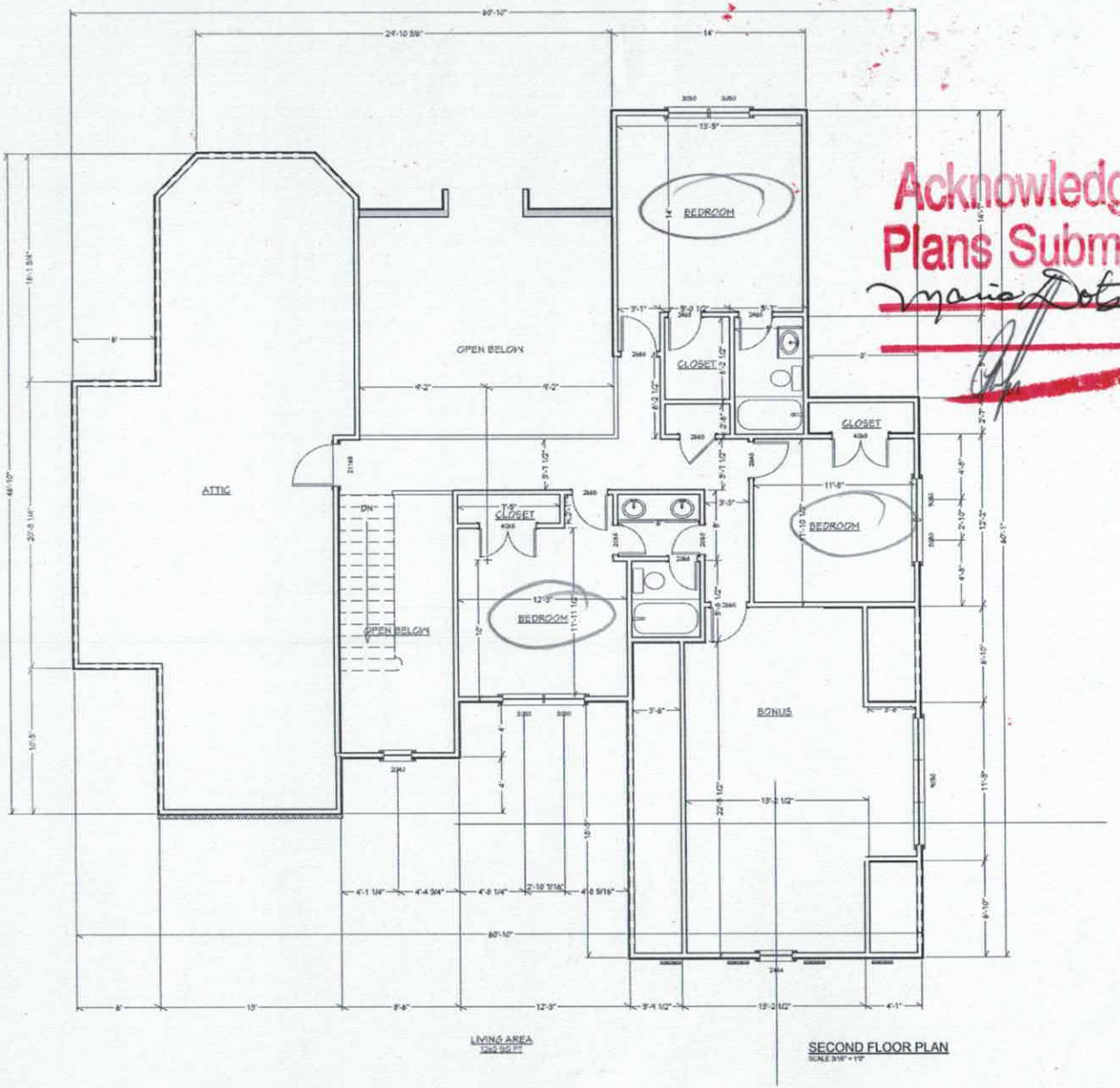
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR ELEV B

REVISIONS

NOTE:
CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

3



LIVING AREA
1262 SQ FT

SECOND FLOOR PLAN
SCALE 3/16" = 1'0"

Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson Date 6/21/16
Date
6/24/16

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR ELEV B

REVISIONS

NOTE:
CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

4