IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 14129121 4594 PIN# 4639218089 Lakeshore Holdings DATE 6-4-07

OWNER OR APPLICANT Woodbridge Partners LLC PHONE: Business Home

ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION Perth Rd N TL Fern Hill TL Trent Pines on left

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 73 LOT AREA .933 Ac SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3gpd/ft²

Septic Tank: 1000 Gallons; STB 760 Date 12-14-16
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type: I (II) III IV V VI
System Description: 25% reduction gravity
Repair System Description: LP PPBPS
Maintenance Agreement Required: ☐ Yes ☒ No
Gravel Depth NA ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

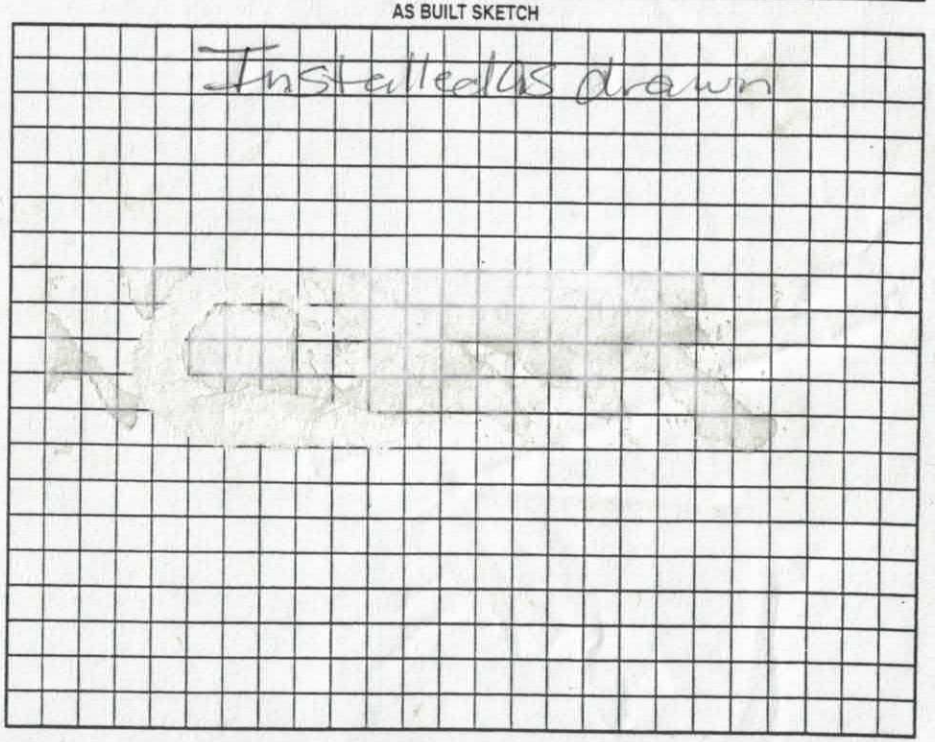
Comments:/Conditions: * Must place house as shown on Septic plan.

Comments:/Conditions: 11/6/15 Renewed floor plans in compliance with Septic plan.

INITIAL SITE SKETCH



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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Karen M Davis date 6/12/07

Improvement Permit by: [illegible] date 6-4-07

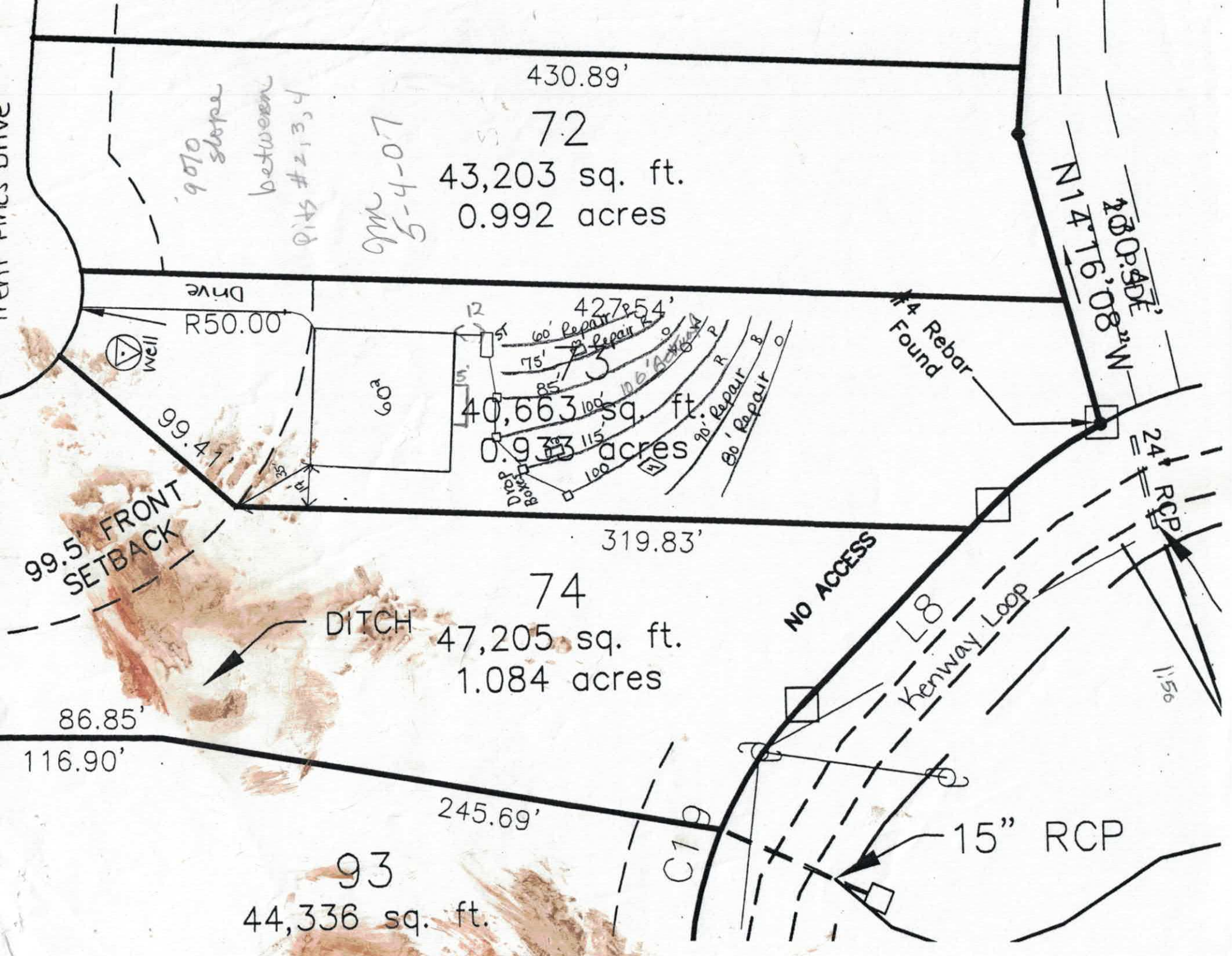
Authorization to Construct by: Maria Lobos RS date 11/6/15

Installed by: Gurley Grading

Operation Permit by: Maria Lobos RS date 3/31/16

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK


430.89'
72
43,203 sq. ft.
0.992 acres
9070 slopes between Pits #2,3,4
Dec 5-4-07
N14°16'08"W
120.54'
#4 Rebar Found
427.54'
Drive
R50.00'
Well
60'
12
5'
60' Repair B
75'
85'
100'
115'
100
106' Access
90' Repair B
80' Repair B
73
40,663 sq. ft.
0.933 acres
99.41'
35'
14'
99.5' FRONT SETBACK
319.83'
74
47,205 sq. ft.
1.084 acres
DITCH
NO ACCESS
L8
Kenway Loop
24" RCP
86.85'
116.90'
245.69'
C19
15" RCP
93
44,336 sq. ft.
Trail Pines Drive

S&ME

Health Dept. Copy

To: Iredell County Environmental Health Department

From: Paul G. Penninger, LSS
Kathleen Saunders, LSSIT

RE: Woodleaf Subdivision – Woodbridge Partners, LLC – Lot 73 Fast Track

Date: April 23, 2006

Attached is the Fast Track information required to place Lot 73 Woodleaf Subdivision on your developer work list to review the septic system layouts. Please call when you are ready to review the lot and we will meet you on the site.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist the Iredell County Environmental Health Department (ICHD) with the site evaluation. 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. If the ICHD wishes to change tank locations, distribution devices, etc., this can be shown on the Improvement Permit.

All information and specifications were prepared in conjunction with the Fast Track Program for Iredell County and are for the use of Woodbridge Partners, LLC in acquiring permits under the Fast Track Program. All soil work has been approved by David Hinson of the Iredell County Health Department. It is ultimately the Iredell County Health Department's responsibility to verify all specifications before permitting and/or septic system installation.

S&ME, INC. / 385 Timber Road, Suite 104 / Mooresville, NC 28115-7899 / *p* 704.662.8625 *f* 704.662.8735 / www.smeinc.com

Lot 73 Woodleaf Phase 2 Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.3**
Total Ft. Line	400
No. Lines	4 (See Table)
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Ft. Line	305
Repair System Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	LP PPBPS	60
2	Repair	Red	LP PPBPS	75
3	System	Orange	25% Reduction	85 endfed
4	System	White	25% Reduction	100 endfed
5	System	Pink	25% Reduction	115 endfed
6	System	Red	25% Reduction	100 endfed
7	Repair	Blue	LP PPBPS	90
8	Repair	Orange	LP PPBPS	80
				Total System: 400'
				Total Repair: 305'

Tank	Red	1000 gal (2 compartment)
House	Blue	

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

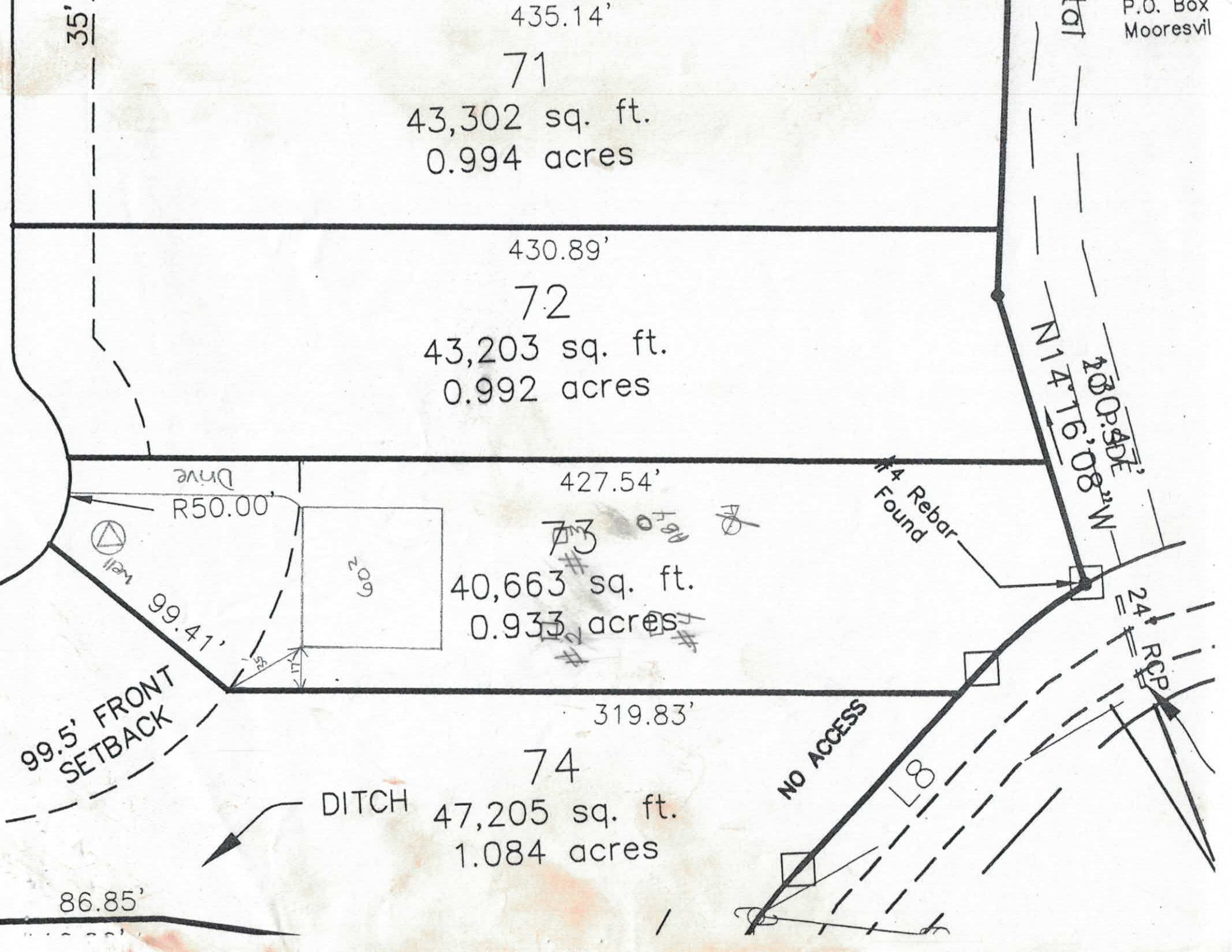
OWNER: Woodleaf Ph 2 _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: Lot 73 PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ 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	.1941 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1936 SAPRO CLASS	.1944 RESTR HORIZ	
1	AB #4 L	0-6	WK SBK SCL	FR SS/SP	Red		F/C sap		0.3
		6-24	Mo SBK C	FR SS/SP	Red				
		24-46	WK SBK CL	FR SS/SP	Red				
2		0-7	gr brwd	fr ss/sp	few sap				.3
		7-34	mo sbk cl	fr ss/sp					
		34-55	wk sbk cl	fr ss/sp					
4 B		0-5	gr sl	fr ss np	few sap				.3
		5-31	mo sbk c	fr ss sp					
		31-48	wk sbk cl	fr ss sp					
3 4		0-9	mo gr sl	vfr ss np	com - many sap				.3
		9-30	mo/wk sbk	RC fr ss sp					
		30-52	wk sbk cl	fr ss sp					

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: _____


435.14'
71
43,302 sq. ft.
0.994 acres
430.89'
72
43,203 sq. ft.
0.992 acres
427.54'
73
40,663 sq. ft.
0.933 acres
319.83'
74
47,205 sq. ft.
1.084 acres
86.85'
35'
R50.00'
99.41'
99.5' FRONT SETBACK
DITCH
#4 Rebar Found
N14°16'08"W
230.47'
NO ACCESS
24" RCP
P.O. Box
Mooresvil

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

214594

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) 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: Lakeshore Holdings LLC **Address:** PO Box 5350 Mooresville NC 28117 **Phone:** 704 799 7609

Owner Name: " **Address:** " **Phone:** "

Property Information:

Street Address: 137 Trent Pines Drive Mooresville NC 28117

Subdivision Name: Woodleaf **Section/Phase:** _____ **Lot Number:** 73

Driving Directions: 150 to Perth, Perth to left on Fenn Hill to left on Trent Pines dr, lot is at cul de sac on left

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

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

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

(✓) 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:

(✓) 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 (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 10/30/15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:**

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

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Ph 2, Lot 73

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

****

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 — 3/9/07

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY HEALTH DEPARTMENT

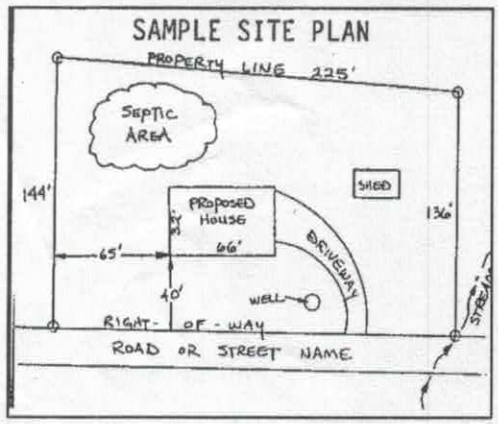
ENVIRONMENTAL HEALTH DIVISION

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**
- **( ) Front and side setbacks from property line**
- **( ) Preferred driveway location and 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

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

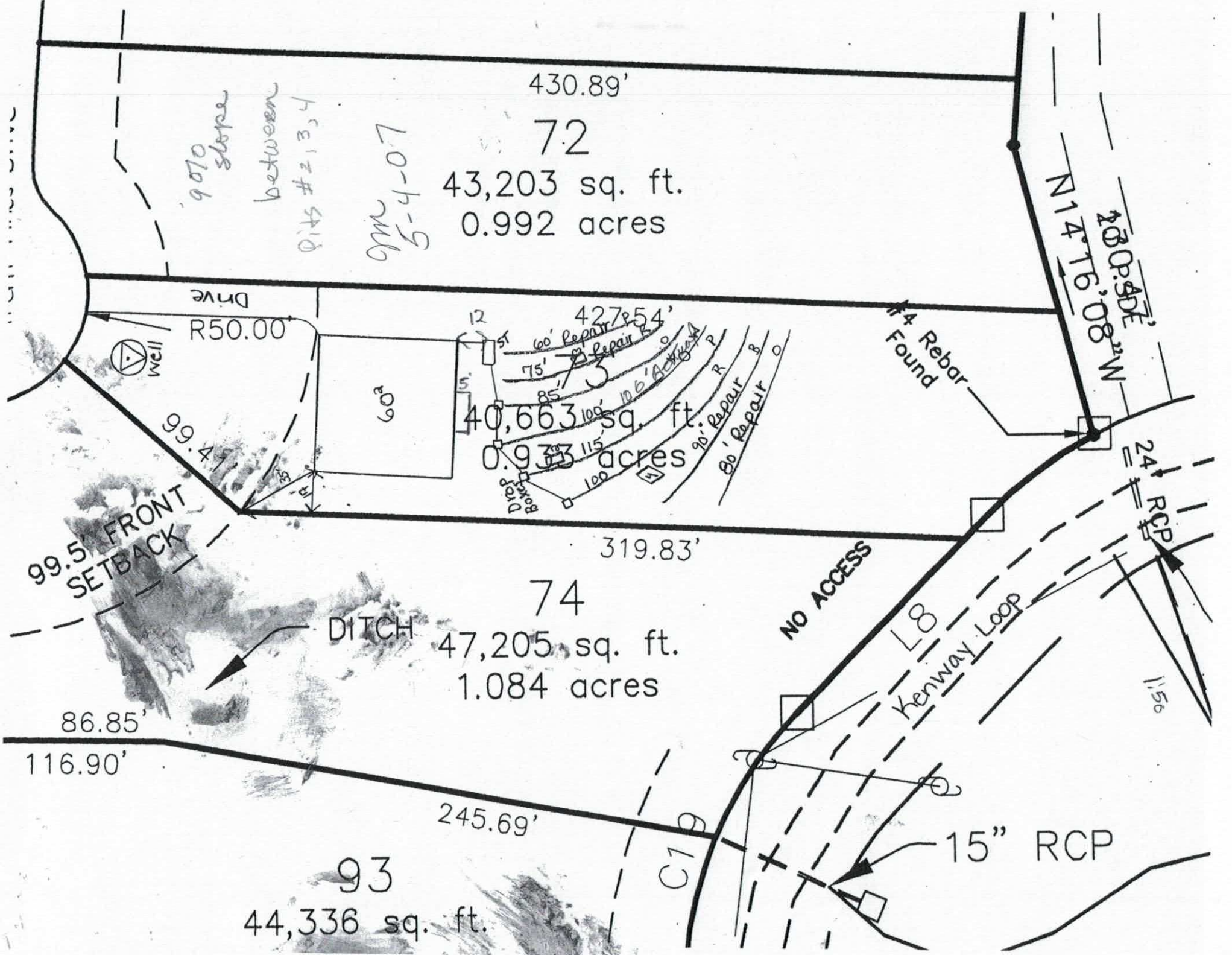
See attached

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/30/15

DATE


430.89'
72
43,203 sq. ft.
0.992 acres
9070 slope between pits #2,3,4
DNR 5-4-07
Drive
R50.00'
Well
427.54'
#4 Rebar Found
N14°16'08"W
180.42'
60' Repair
Repair
175'
85'
100'
106' Access
115'
90' Repair
80' Repair
Drop Box
3
40,663 sq. ft.
0.933 acres
60'
99.41'
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IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *SITE PLAN WORKSHEET*

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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:

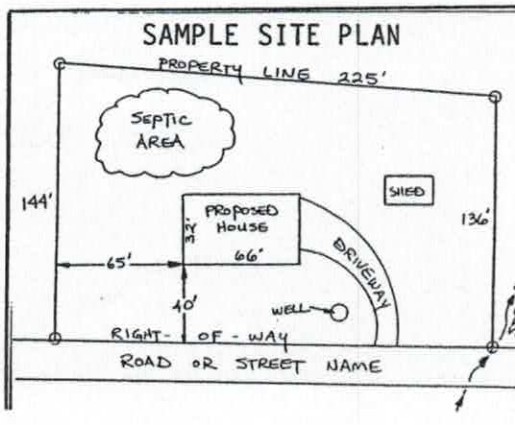
- ____ **Location of septic systems and wells within 100' of your property…** (N/A)
- ____ **Location of easements and rights of ways on your property…** (N/A)
- ____ **Location of any designated wetlands on the property…** (N/A)

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




Trent Pines Dr
142
100
431
71
100
107
29
72
428
130
114
46
39
99
181
73
119
56
73
320
142
74
87
168
Kenway Loop
246
123
93
398
245

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 141291 PIN# 4639218089 DATE 6-4-07

OWNER OR APPLICANT Woodbridge Partners LLC PHONE: Business Home

ADDRESS PO Box 3608 Mooresville NC 28117

LOCATION Perth Rd N Tl Fern Hill Tl Trent Pines on left

SUBDIVISION Woodleaf BLOCK / SECTION 2 LOT 73 LOT AREA 1.933 Ac SITE CLASS. PS DESIGN FLOW 480gpd L.T.A.R. .39gpd/ft²

Septic Tank: 1000 Gallons; STB Date

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 4 Trench Width 36" Max Trench Bottom Depth 36"

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

System Description: 25% reduction gravity

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth NA ☒ Gravity ☐ Pressure

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

See plan from SHME

AS BUILT SKETCH

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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. Improvement Permit with plat valid without expiration ☐ Improvement Permit with site plan valid for sixty months ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Karen M Davis date 6/12/07

Improvement Permit by: Judy Merrill date 6-4-07

Authorization to Construct by: date

Installed by:

Operation Permit by: date

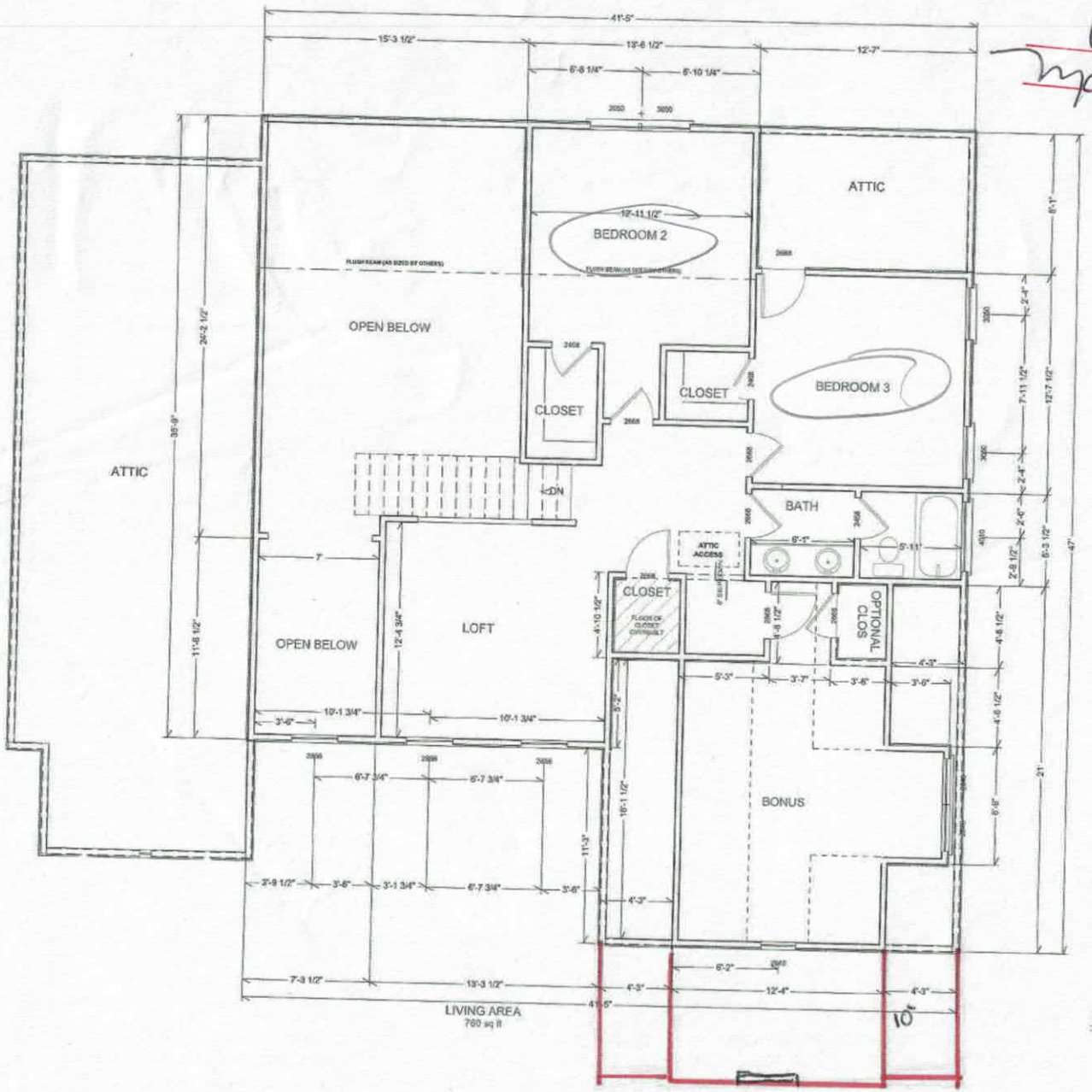
Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Acknowledgement of Plans Submittal ONLY!

Date 10/30/15

Date 11/6/15



SECOND FLOOR PLAN

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

LAKEMIST HOMES

SANIBEL II

REVISIONS

6/9/2011

1/31/11

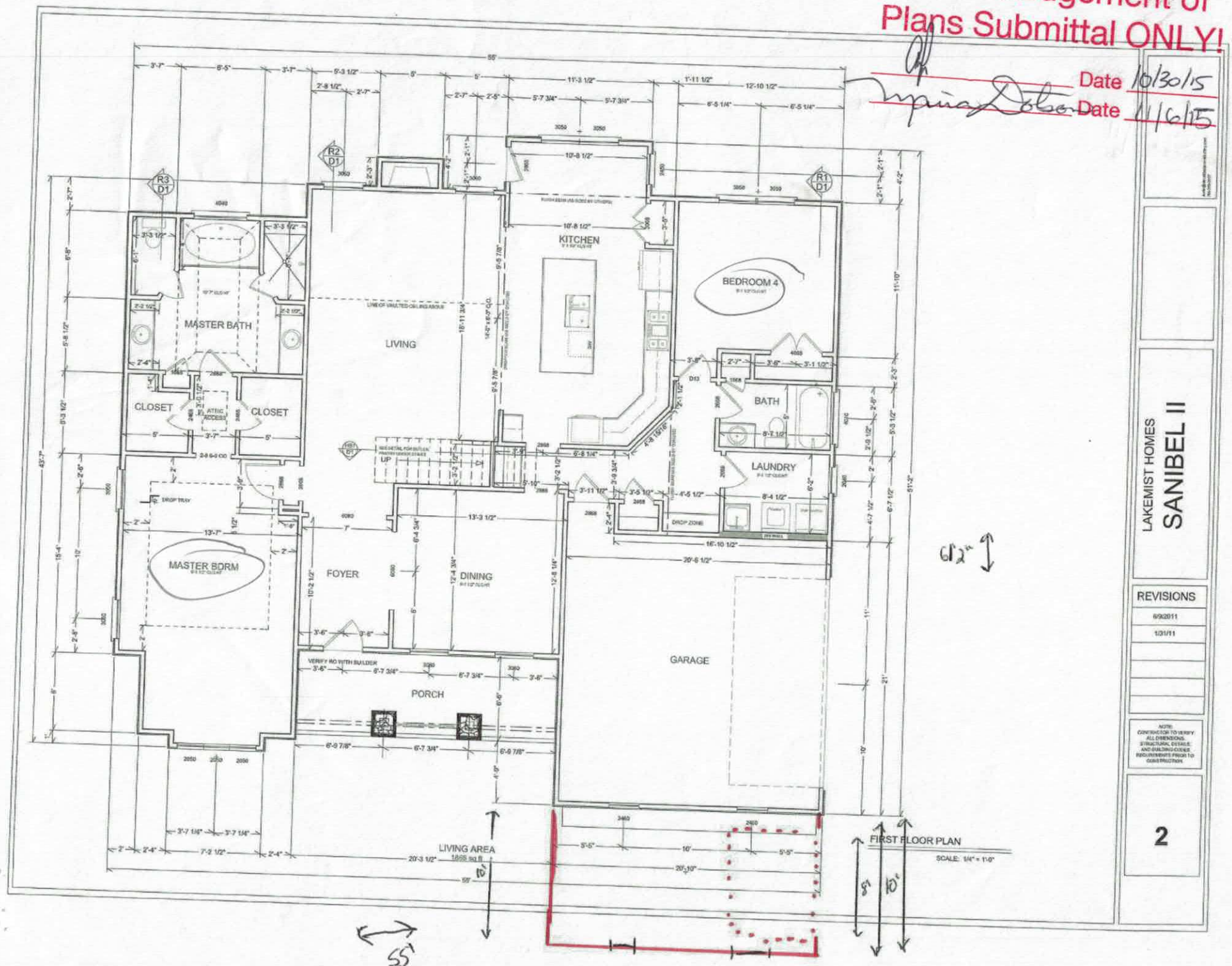
NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

3

Acknowledgement of Plans Submittal ONLY!

Date 10/30/15

Date 11/6/15



LAKEMIST HOMES

SANIBEL II

REVISIONS

6/9/2011

1/31/11

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

2

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit

Permit Number: 141291ZO

Printed: 3/6/2007

Master #: 141291

Associated Permits:
141291ZO Zoning

Applicant

Name: S&ME INC. ENGINEERING (Toney Jacob **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Parcel

Parcel Number: 4639218089.073
Address: 000 Trent Pines Dr.
MOORESVILLE, NC 28117
Subdivision: Woodleaf

Zoning: RA
Township: 1700
Area: .933
Lot(s): 73

Directions to Parcel: Fern Hill Rd South, left on Trent Pines Dr, on the left

Owners

Name: Woodbridge Partners LLC **Phone:** 704-799-9770
Address: PO Box 3608
MOORESVILLE, NC 28117

Contractors

Contractor Type: Enviromental Services
Name: S&ME INC. ENGINEERING (Toney Jacobs) **Phone:** 704-662-8625
Address: 105D DENVER BUSINESS PARK DR
Mooresville, NC 28115

Fees and Receipts:

Number	Description	Amount
FEE-146712-07	Zoning - Permit / Inspection	$45.00
FEE-146713-07	Environmental Health - Type I or II Fast Track	$200.00
	Total Fees:	**$245.00**