IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223747

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

PIN # 4639311629

APPLICANT/OWNER: Lakeshore Holdings LLC APPLICANT ADDRESS: P.O. Box 5350 - Mooresville, NC

SITE ADDRESS: 129 Trent Pines Dr Mooresville, NC PHONE: 704 799-0634 ALT. PHONE Bobby 704 881-1288

SITE DIRECTIONS: Perth Rd N. TL Fern Hill TL Trent Pines on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf SECTION: 2 LOT # 71 LOT AREA: .994 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 4/1/18

Pump Tank 1000 (gal) PT 363 Date 3/11/18

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4 Linear Ft 270'

Trench Width min 24" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

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

System Description: LP PPBPS

Repair System Description: LP PPBPS

Maintenance Agreement Required: ☒ YES ☐ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees ____

☐ Slab ☒ Crawl Space

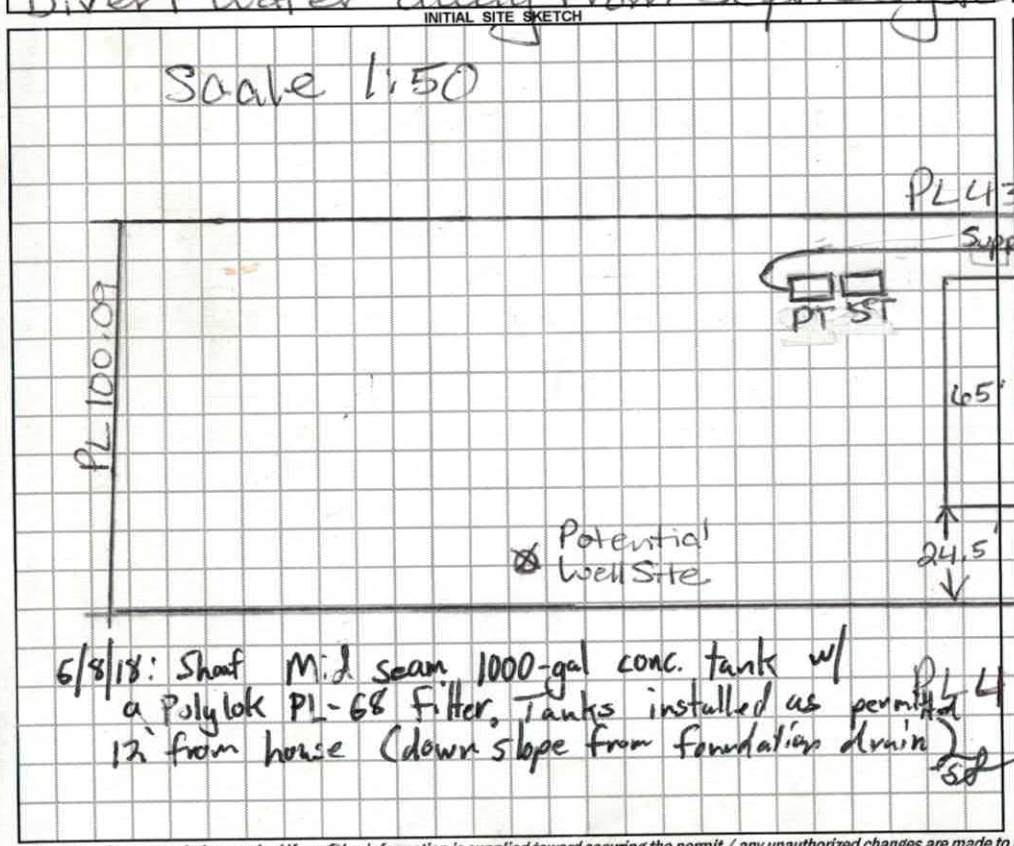
☐ Basement w/ plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

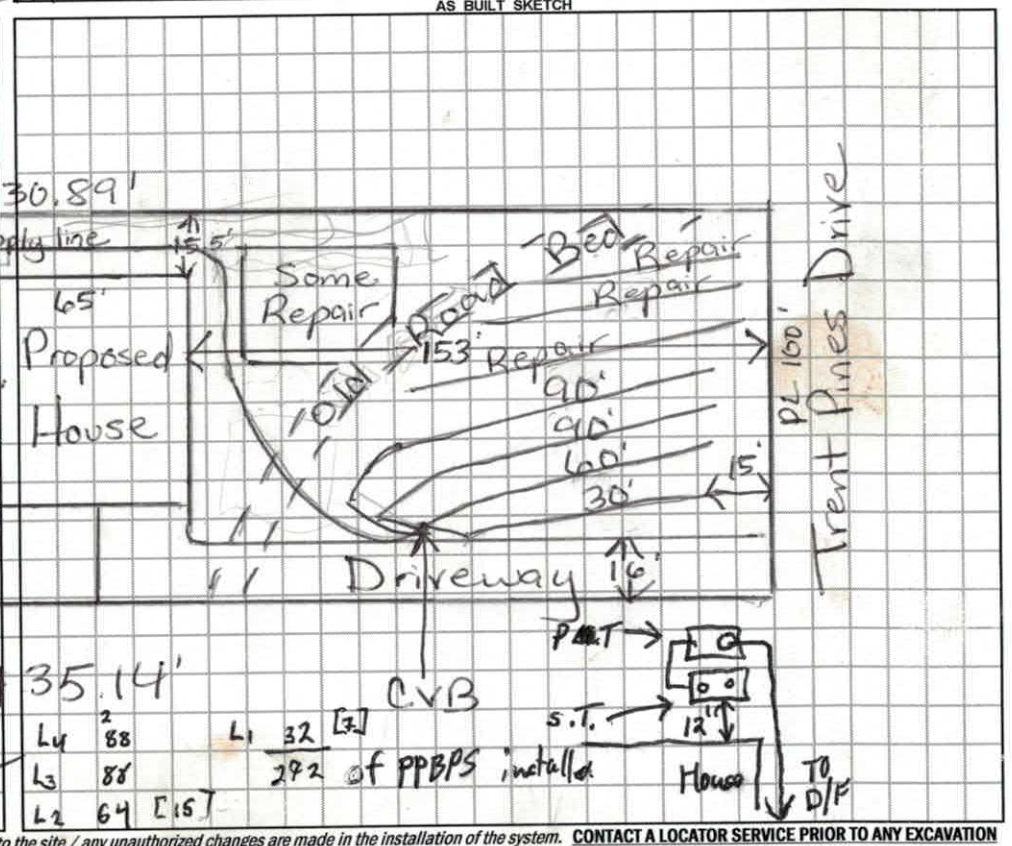
Comments / Conditions: Use 1½" pipe on Panel lines > 70ft.

Divert water away from Septic System.

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. **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: 3/20/18 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: [signature] Date: 3/14/18 OPERATION PERMIT by: [signature] Date: 10-5-18

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 3/14/18 Existing System Inspected by: ____ Date: ____

FOR SEPTIC/FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

	Date	Initials
Drain Lines Checked	6/8	
Tanks Checked	6/8	
Pressure Manifold or Valve Box Checked	10/4	KW
Pressure Head Set	10/4	KW
Electrical Checked	9-11-18	KW
Floats Set	10/4	KW
Alarm Checked	10/4	KW
Maintenance Contract (Y) / N	10/5	KW
Comments:		

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Lakeshore Holdings — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 4/5/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: _____
LOCATION OF SITE: 129 Trent Pines — 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	AH 6%	0-5	SCL gr	fr, ss, sp					PS .3
		5-20	RC fr	SBK, SS	SP, SEXP, FR				
		20-48	RCL	WK SBK, SS	SP, SEXP, FR				
2	AH 8%	0-7"	R/Brw	SCL WSBK	SS, SP, FR				PS .3
		7"-30	RCL	WSBK	SS, SP, SEXP, FR				
		30"-48"	RCL	WSBK, SS	SP, SEXP; FR w/ Inclus of SAP				
3									
4									

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

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

COMMENTS: _____

381.92' TRENT PINES DR
Auger Locations
PROP. 50' PUBLIC
53.21'
52.93'
100.00'
100.00'
35' FRONT SETBACK
R50.00'
35.00'
Driveway
#2
#1
#3
12
152
15'
43,727 SF
1.00 AC
70
439.40'
43,302 SF
0.99 AC
71
43,208 SF
0.99 AC
72
430.89'
435.14'
427.54'
well
28.59
74.77'
100.09'
100.09'

Lot 71 Woodleaf Phase 2 Fast Track Septic System Information

Number of Bedrooms	4
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	3 (See Table)
Total Linear Feet	270
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	180' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	30.5 gpm
Elevation head	Approx. 18.8'
Pressure head	3.0'
Friction head	2.9'
20% Contingency	4.9'
Total Head	29.6'
Pump Requirements	30.5 gpm @ 29.6' of head To be designed by installer.
Maximum Dosing Volume	219.6 gal -2.2 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	273
Repair LTAR	0.3

***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	Orange	LPPPBPS	45	3.2				
2	Repair	White	LPPPBPS	65					
3	Repair	Pink	LPPPBPS	90					
4	System	Blue	LPPPBPS	105 centerfed		24	24	1 per panel	5/32"
5	System	Red	LPPPBPS	120 centerfed		27	27	1 per panel	5/32"
6	Repair	White	LPPPBPS	73					
7	System	Blue	LPPPBPS	45 endfed	8.3	10	10	1 per panel	5/32"
						Total: 61	Total: 61 (1 in each panel turned up)		
				Total System: 270'					
				Total Repair: 273'					

Tank	Red	1000 gal (2 compartment)	16.0
Pump Tank	Red	1000 gal.	16.0
House	Blue	Left Front	7.9

Note: Fill old roadbed.

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: 9/20/0
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: ___
LOCATION OF SITE: Lot 71 — PROPERTY RECORDED: ___

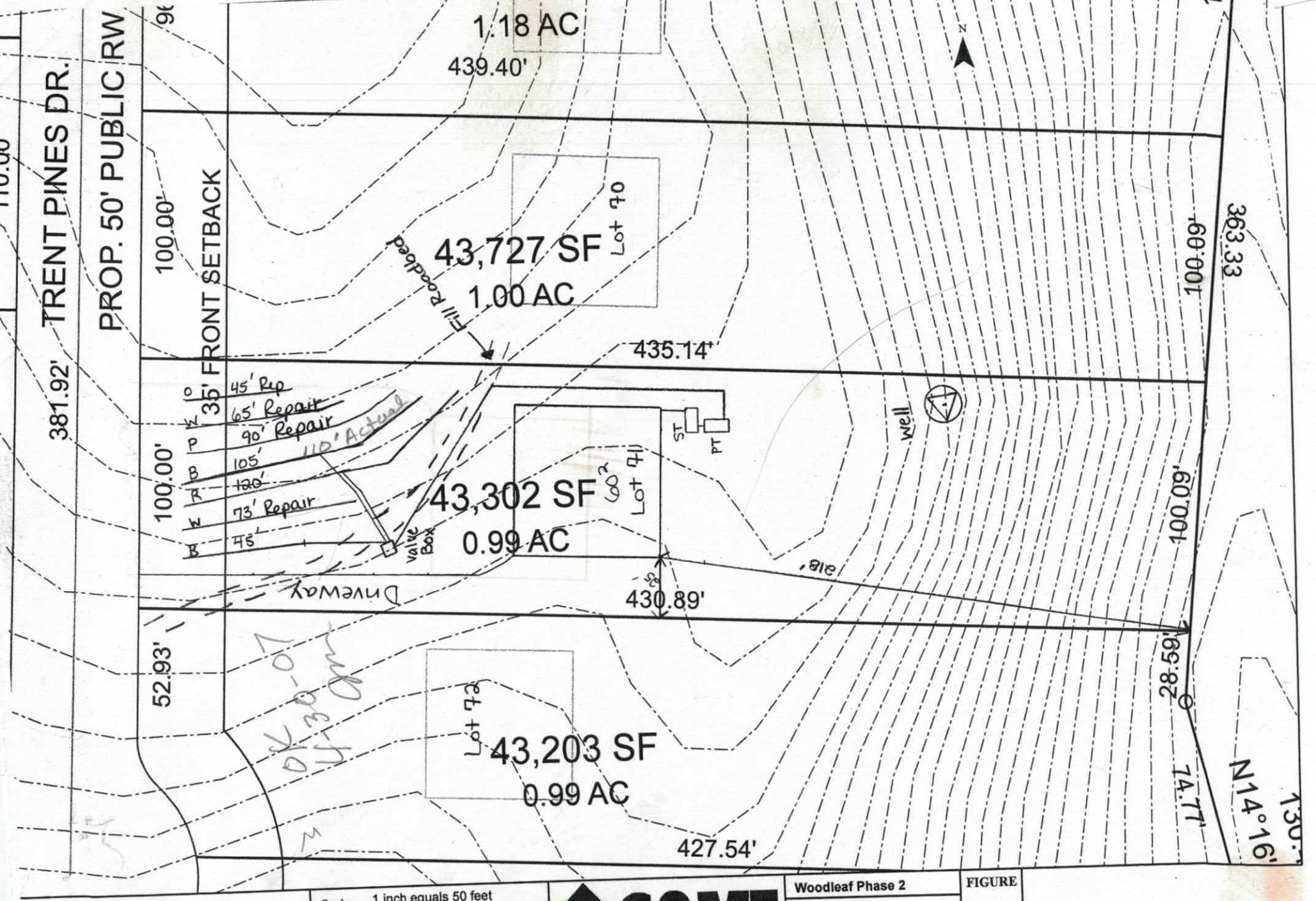
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

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 #12 L	0-25	MoSBK C	FR SS/SP	Red		F/C sap		PS 0.3
		25-48	Mo/WK SBK CL	FR SS/SP	Red				
2		0-4	grscl	fr sssp					.3
		4-21	mo abk/sbk C	fr sssp	com c in c, com-sap				
		21-40	wk sbk cl	fr sssp					
		40-48	wk sbk cl	frss sp					
3	8%	0-8	wk sbk R scl	fr ssssp	few-com sap				.3
		8-32	mo sbk R c	fr sssp					
		32-54	wk sbk R cl	fr ssssp					
4									

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Judy Melville
OTHER(S) PRESENT: ___

COMMENTS: ___



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

Drive 11' off Rd 5' ~16ft off PL

RECEIVED ~~FEB 15 2016~~

RECEIVED FEB 21 2018

Int. Relayout # 223747

Paid $320.00

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

881-1288

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: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings LLC Address: PO Box 5350, Mooresville NC Zip: 28117
Applicant Email: Lakeshorehomes@yahoo Phone: 704 799 7609 Alt. Phone: 919 389 4500
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 129 Trent Pines Drive, Mooresville NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: ~~2/14/18~~ 71
Driving Directions: 150 to Perth, make Lft on Fern Hill, Left on Trent Pines, Lot is on Left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) 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: _____ 2/14/18
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

N/A

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 Lakeshore Holdings LLC, am the legal owner(s) of the property located at 129 Trout Pines Dr. Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639317654, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, 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
	2/14/18		

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

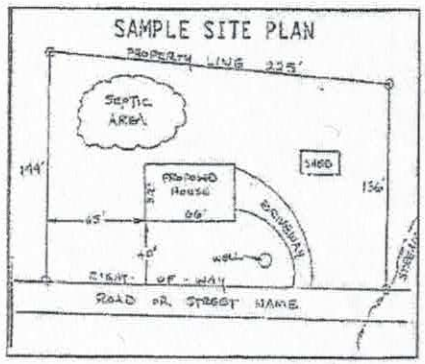
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (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

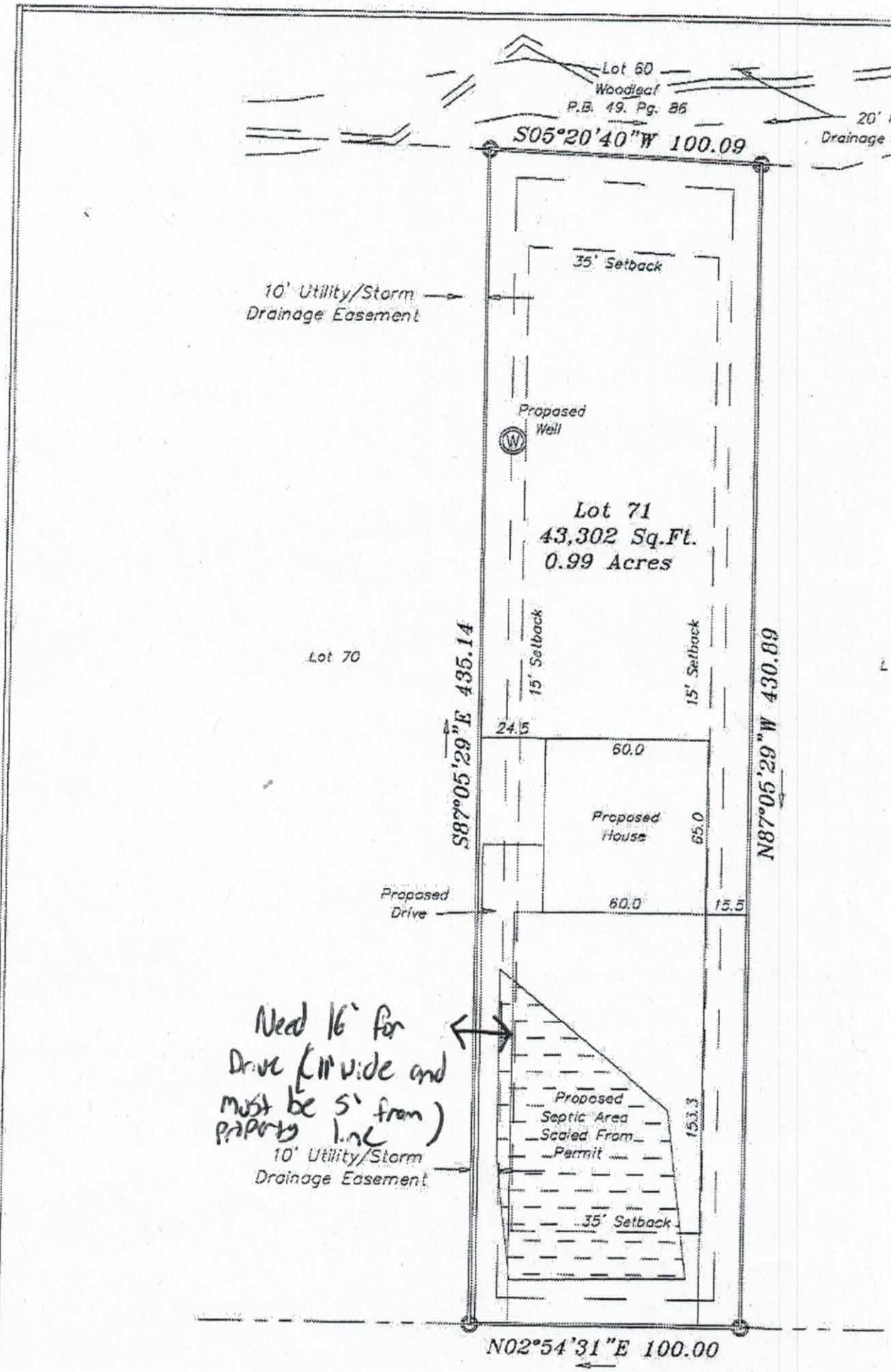
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

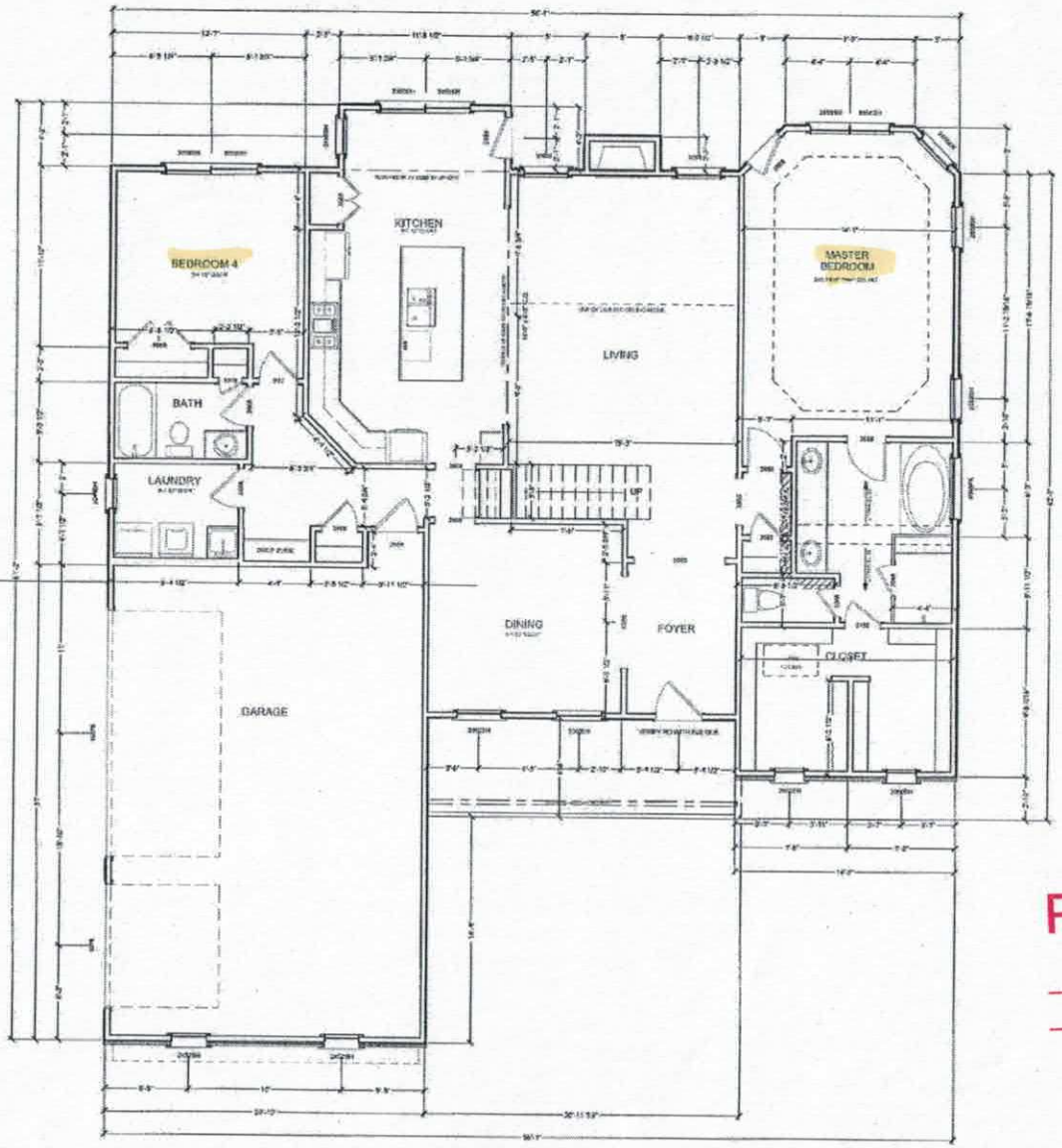
See attached

Signature: _____

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

DATE 2/14/18


Lot 60
Woodleaf
P.B. 49, Pg. 86
20'
Drainage
S05°20'40"W 100.09
35' Setback
10' Utility/Storm
Drainage Easement
Proposed
Well
W
Lot 71
43,302 Sq.Ft.
0.99 Acres
Lot 70
15' Setback
15' Setback
S87°05'29"E 435.14
N87°05'29"W 430.89
24.5
60.0
Proposed
House
65.0
Proposed
Drive
60.0
15.5
Need 16' for
Drive (11' wide and
must be 5' from
property line)
Proposed
Septic Area
Scaled From
Permit
153.3
10' Utility/Storm
Drainage Easement
35' Setback
N02°54'31"E 100.00
Trent Pines Dr



61'2"

56'1"

FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

2-19-18 Date

2/14/18 Date

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES

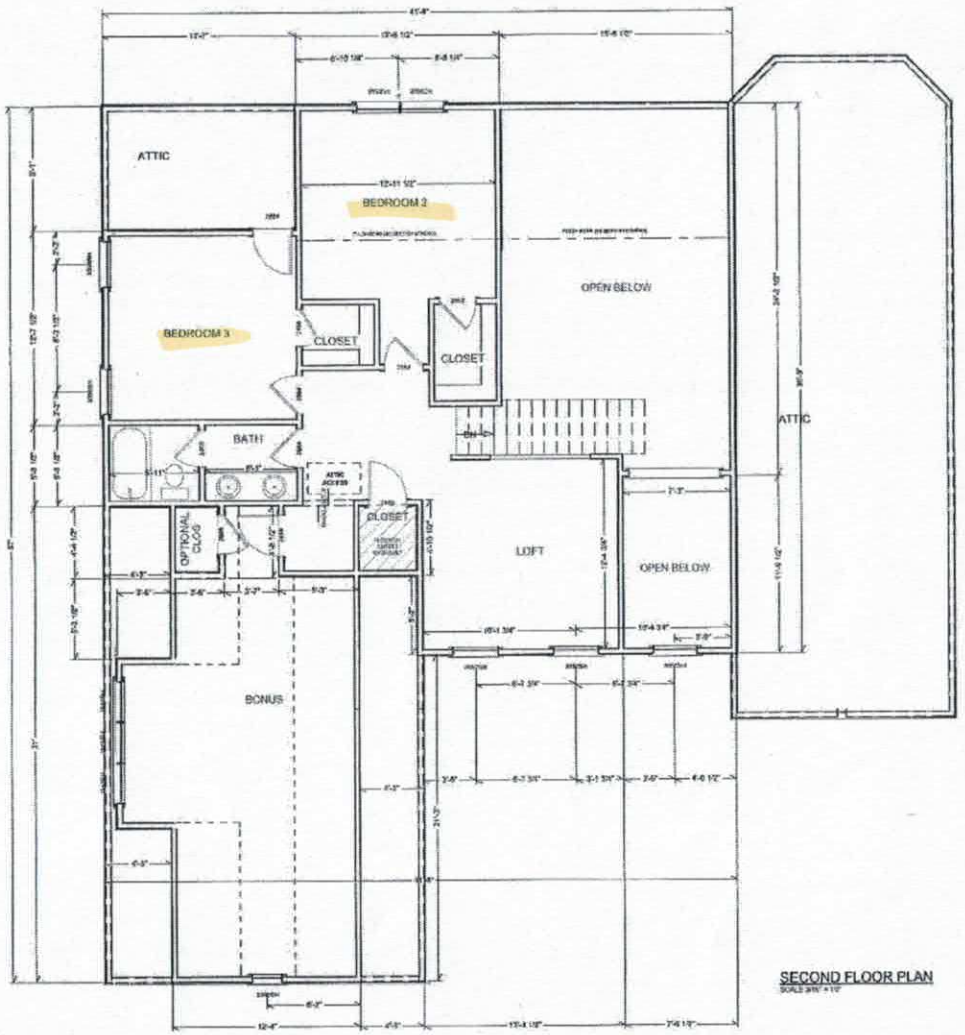
Sandbridge 3 car

Reverse

REVISIONS

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

3



SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date

Date 2-19-18

2/14/18

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Sandbridge 3 car
Reverse

REVISIONS

4

IREDELL COUNTY

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

APPLICATION NUMBER
223747
Issue Date: 12/12/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639311629.000	129 TRENT PINES DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CLEAR WILLIAM+CYNTHIA	Applicant: LAKESHORE HOLDINGS LLC
Address: 122 CHESTERWOOD COURT MOORESVILLE, NC 28117	Address: P. O. BOX 5350 MOORESVILLE, NC 28117
Phone:	Phone: 704-799-0634

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.994	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	88005	TOTAL FEES:	$ 77.25