IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223495

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

PIN # 4639311729

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

SITE ADDRESS: 135 Trent Pines Dr Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Perth Rd North TL Fern Hill TL Trent Pines on left

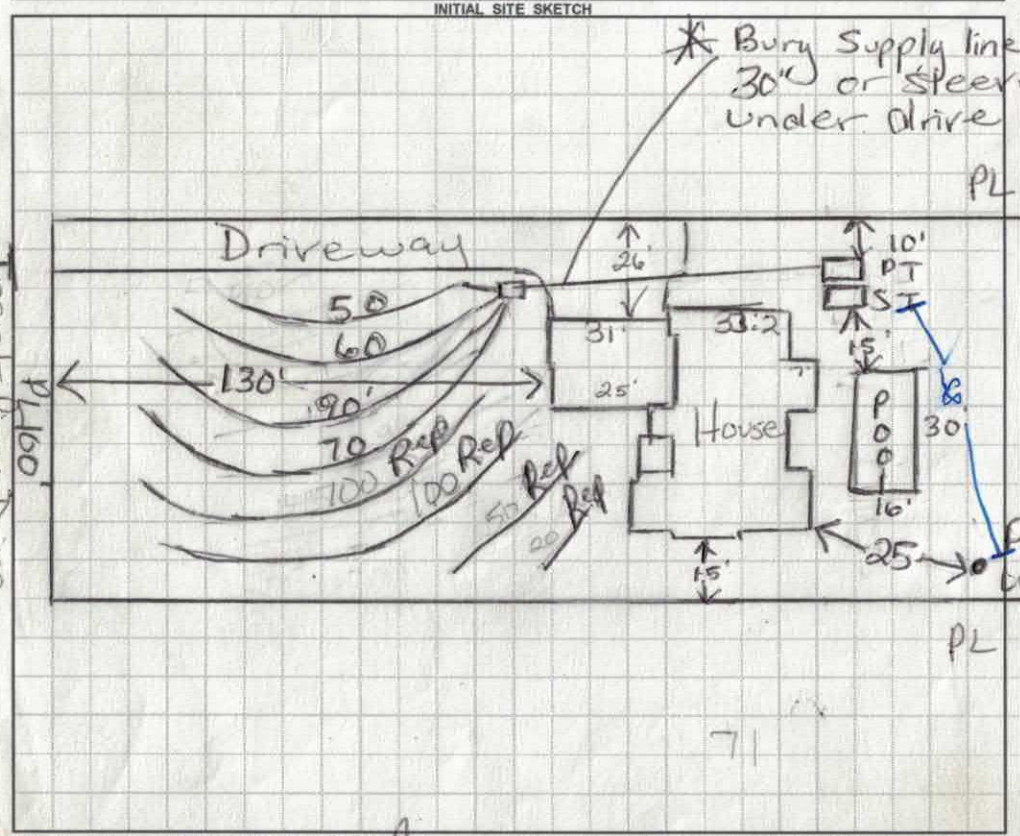
SUBDIVISION: Woodleaf SECTION: 2 LOT # 70 LOT AREA: 1.004 Ac DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	760	Date	2-20	[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	363	Date	1-20	System Description:	LP PPBPS			[ ] Business	No. Persons	8	[X] Private				
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS			[ ] Other	No. Employees		[ ] Public				
# Nitrification Fields	1	# Lines	4	Linear Ft:	270'	Maintenance Agreement Required:	[X] YES	[ ] NO		[ ] Slab	[X] Crawl Space		[ ] Community				
Trench Width	Min 24"	Max. Trench Bottom Depth	36	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE		[ ] Basement w/plumbing	[ ] Basement w/o plumbing						

Comments / Conditions:

CHECKED LINES & TANKS & CVIS 5-9-17

INITIAL SITE SKETCH



AS BUILT SKETCH

CHECK VALVES INSTALLED ON UPPER 3 LINES TO PREVENT BACK FLOW

PL 100

MAIN. CONTRACT ATTACHED 7-17-17

7/21/2017: Pressure head set ok (2') for lines, electrical ok, alarm ok, forcemain leaking @ Orenco in-line filter but fixed @ time of inspection. 9" of deflection for on/off float (≈ 190 gallons/dose)

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: Maria L Dolson Date: 1/24/17 Installed by: GUNTER

IMPROVEMENT PERMIT by: Maria L Dolson Date: 1/24/17 OPERATION PERMIT by: Tom Shuck Date: 7/21/2017

AUTHORIZATION TO CONSTRUCT by: Maria L Dolson Date: 1/27/17 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked ✓	5-9-17	BA
Tanks Checked ✓	↓	BA
Pressure Manifold or Valve Box Checked	↓	BA
Pressure Head Set	7/21	SL
Electrical Checked	7/21	SL
Floats Set	7/21	SL
Alarm Checked	7/21	SL
Maintenance Contract (Y) / N ✓	7-17-17	BA
Comments:		

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

Lot 70'

#223495

Sheet 1 of 1
PROPERTY ID #: 463231729
COUNTY: Iredell

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

OWNER: Lancaster Holdings
APPLICATION DATE: 12/2/2016
ADDRESS: PO Box 5355 Mooresville NC 28117
DATE EVALUATED: 12/21/2016
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 1.00 Acres
LOCATION OF SITE: 125 Tall Pines Woodlief Lot 70
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	shoulder side slope 8%	0-1	SCL WSBK	SS SP FR SEXP					P.S. .3 LTAR
		1-46	C SBK	SS SP FM SEXP	2.5YR 4/6		Litho mottles @ 1		
		46-48	CL WSBK	SS SP FR SEXP	2.5YR 4/6	48	—	—	
2	side 10%	0-1	SCL WSBK	SS SP FR SEXP					P.S. .3 LTAR
		1-12	C SBK	SS SP FM SEXP	2.5YR 4/8		Litho	Some pit gravel in 2nd horizon	
		12-48	CL WSBK	SS SP FR SEXP	2.5YR 4/6	48	Litho mottles + mica		
3	side 10%	0-7	SCL WSBK	SS SP FR SEXP					P.S. .3 LTAR
		7-48	C SBK	SS SP FM SEXP	2.5YR 4/6	48	Litho mottles + mica throughout		
4	shoulder 10%	0-1	SCL WSBK	SS SP FR SEXP					P.S. .3 LTAR
		1-23	C SBK	SS SP FM SEXP	2.5YR 4/6	48			
		23-48	CL WSBK	SS SP FR SEXP	2.5YR 4/6		Litho mottles & Saprolite		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	50%	50%
System Type(s)	Conventional	Conventional
Site LTAR	.3 LTAR	.3 LTAR

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Bill Bottoms
OTHER(S) PRESENT:

COMMENTS:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___
PROPERTY ID #: ___
COUNTY: ___

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

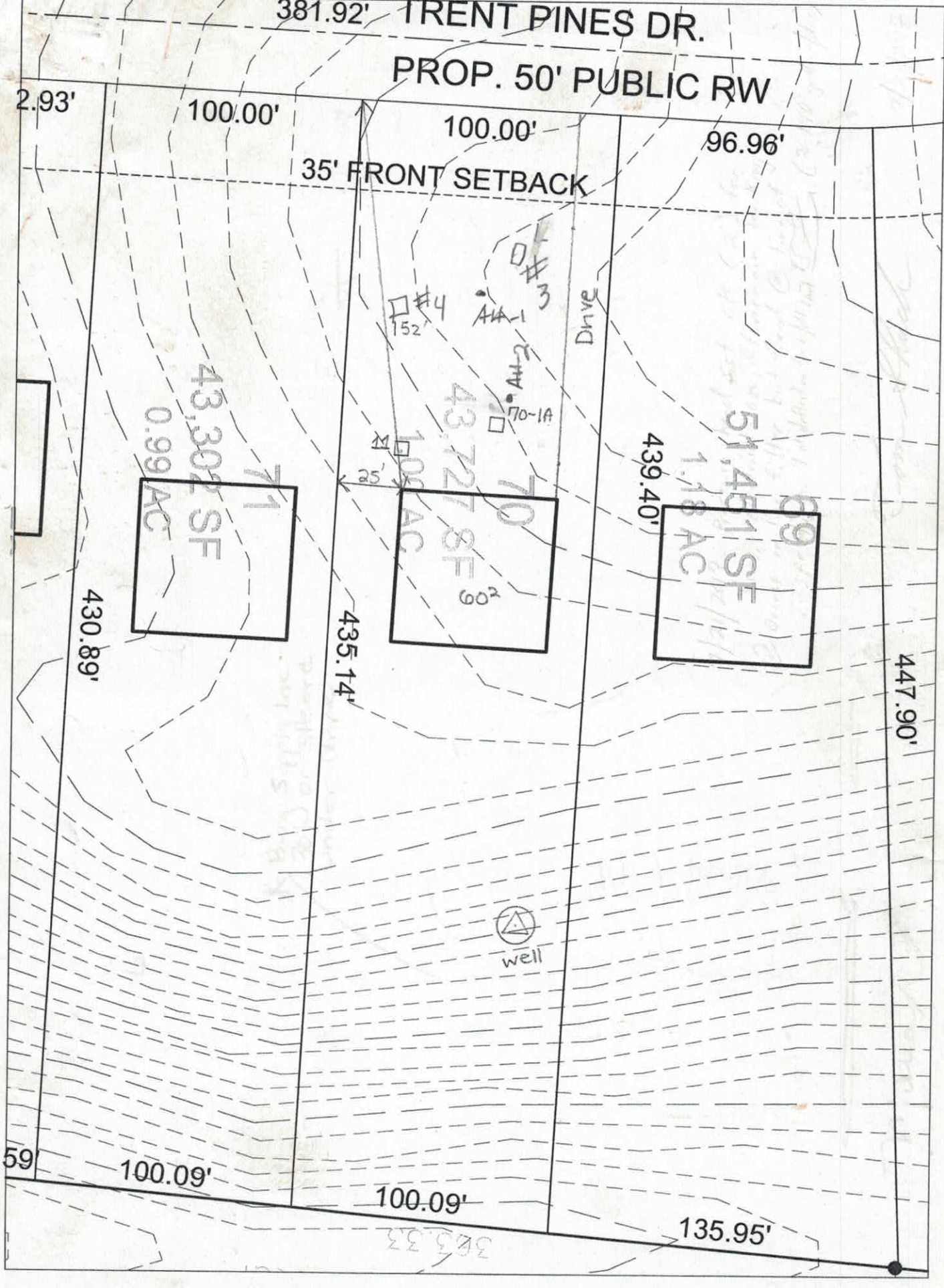
OWNER: Woodlief
ADDRESS: ___ APPLICATION DATE ___
PROPOSED FACILITY: ___ PROPOSED DESIGN FLOW (.1949): ___ DATE EVALUATED: 12/15
LOCATION OF SITE: Lot 70 PROPERTY SIZE: ___
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other ___ PROPERTY RECORDED: ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mix

PROFILE #	.1949 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
70-1A	L 6-8% 10%	0-7	wsbk scl	FR SS SP	R				
		7-51	wsbk cl	FR SS SP	R		F/C Sap		PS 0.3
2	pit #11 L	0-4	WK SBK SCL	FR SS/SP	Br				
		4-30	Mo SBK C	Fi/Fr SS/SP	Red; F/C yel Br				PS 0.25
		30-54	Mo/WK SBK CL	FR SS/SP	Red		F/C Sap		
3		0-3	wk sbk scl	fr ss sp	few-c sap				.3
		3-23	mo sbk ^{R}C	fr ss sp					
		23-48	wk sbk ^{R}cl	fr ss sp					
4		0-4	wk gr $^{B}_{SL}$	fr ss np	com sap				.3+
		4-21	mo sbk ^{R}C	fr ss sp					
		21-45	mo sbk cl	fr ss sp					
		45-53	wk sbk cl	fr ss sp					
			+L sap	mix 50/50					

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

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: M. Rudd
OTHER(S) PRESENT: ___

COMMENTS: ___


381.92'
TRENT PINES DR.
PROP. 50' PUBLIC RW
2.93'
100.00'
100.00'
96.96'
35' FRONT SETBACK
#4
152'
#3
AHA-1
70-1A
Drive
25'
71
43,302 SF
0.99 AC
70
43,727 SF
1.00 AC
69
51,451 SF
1.18 AC
439.40'
430.89'
435.14'
447.90'
well
59'
100.09'
100.09'
135.95'
70

RECEIVED DEC 12 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)

223495

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Paid $500.00
   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:** — Paid $700.00 - 1-2717

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lakeshore Holdings LLC	Po Box 5350 28117 Mooresville NC	704 799 7609	9/9 3894500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"	"	"

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
125 Trent Pines Drive Mooresville NC	Woodleaf	70

Driving Directions: 150 to Perth, Perth to left on Fern Hill, Left on Trent Pines Dr Lot is on left

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 due to ___
( ) Other ___

Maximum Number of Bedrooms 4
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 ___

E-MAILED 12/12/16

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 ___

PAID 12/12/16 MB

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: ___ 12/12/16
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:

X **Property Line measurements are clearly identified...** X **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

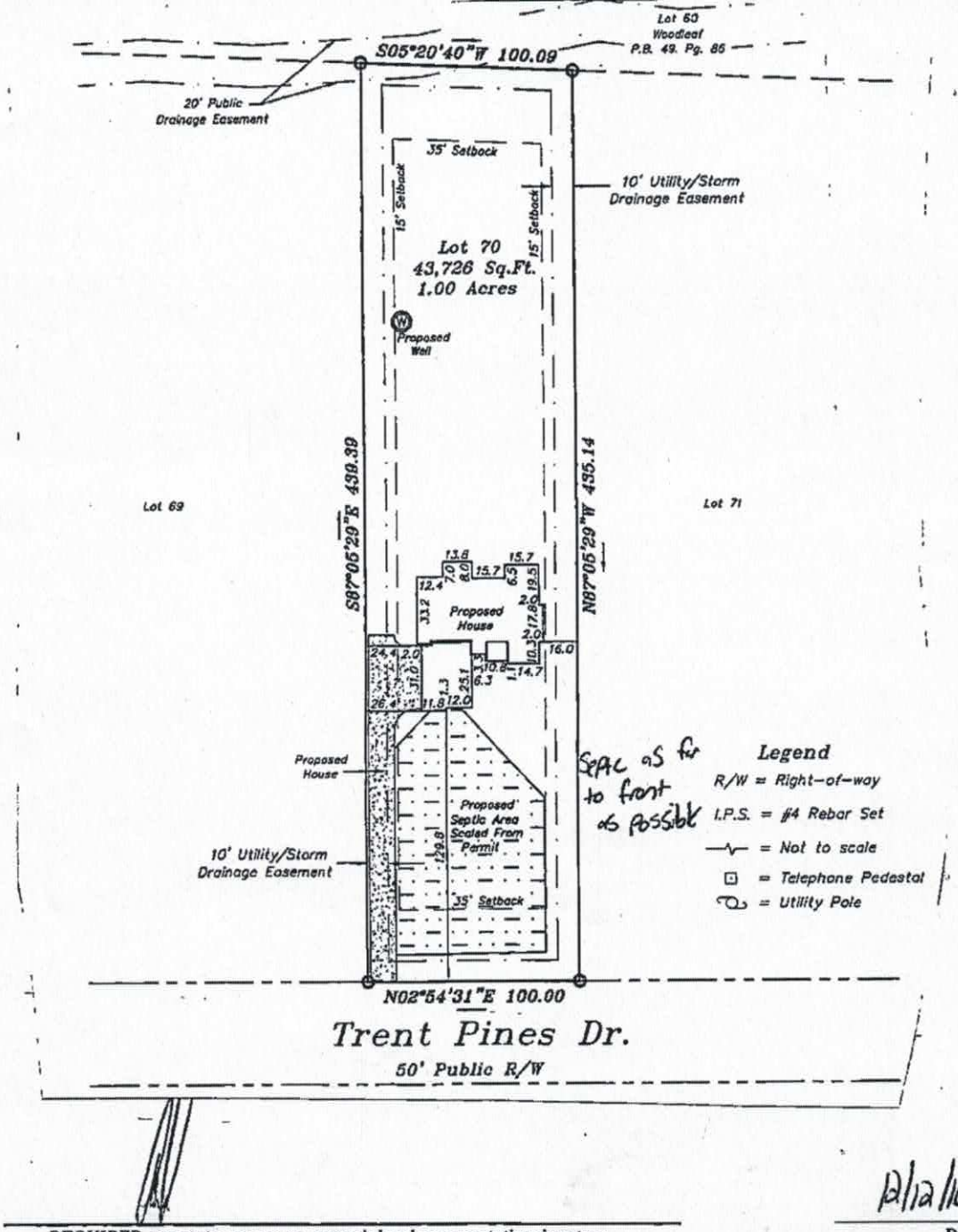
X **Front and side setbacks from property line...** X **Preferred driveway location and configuration, preferred well location...**

X **Area you prefer your septic system to be placed...** X **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

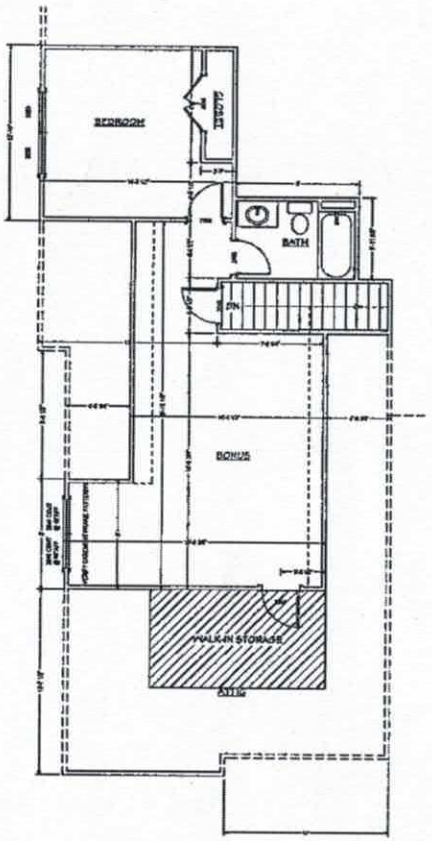
X **Location of septic systems and wells within 100' of your property... N/A**

X **Location of easements and rights of ways on your property... N/A** X **Location of any designated wetlands on the property... N/A**



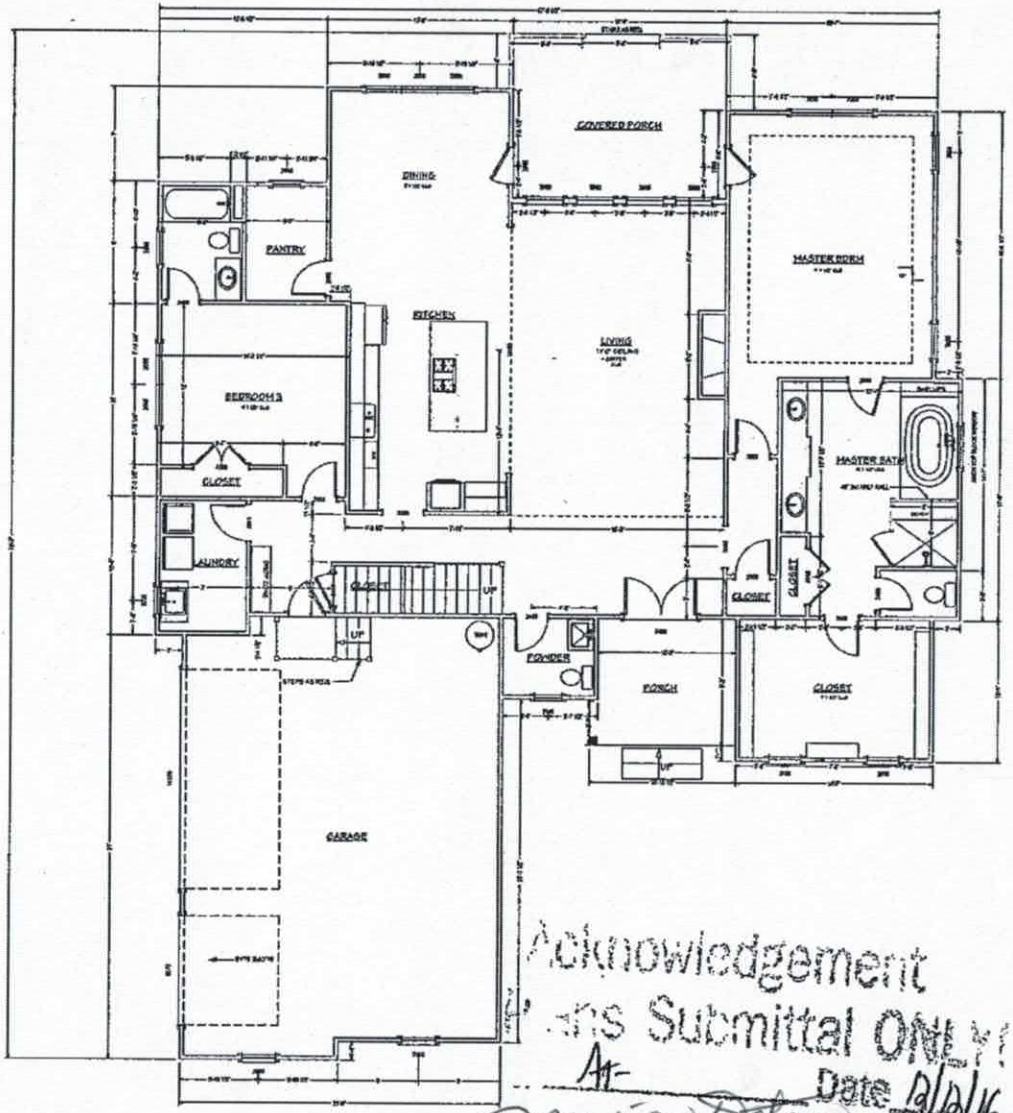
Signature: _____ 2/12/16

REQUIRED property owner or owner's legal representative signature. DATE



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"



FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	2234
2ND FLOOR HEATED	606
TOTAL HSF	2840
PORCHES	289
GARAGE	744
TOTAL UNDER ROOF	3873

Acknowledgement
Plans Submittal ONLY
At- Date 12/12/16
Maria Dobson
AF Date 12/12/16

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:

SLATTERY RESIDENCE

LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET:

A-6

IREDELL COUNTY

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

APPLICATION NUMBER
223495
Issue Date: 12/01/2016

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639311729.000	125 TRENT PINES DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ARCHER ROBERT+NINA	Applicant: LAKESHORE HOLDINGS LLC
Address: 346 BAYBERRY CREEK CR 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
1.004	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	87049	TOTAL FEES:	$ 77.25