IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225117

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

PIN # 4639316586

APPLICANT: LakeShore Holdings APPLICANT ADDRESS: PO Box 5350 Mooresville NC

SITE ADDRESS: 348 Kenway Loop - Mooresville NC PHONE: 704 799 7669 ALT. PHONE: —

SITE DIRECTIONS: 150 to Perth, Left on Perth, Left on Fern Hill, Left on Kenway Loop Lot 58 on Right.

SUBDIVISION: Woodleaf SECTION: — LOT # 58 LOT AREA: — DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	760	Date	7-31-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply			
Pump Tank	1000	(gal)	PT	363	Date	6-17-17	System Description:	25% reduction.			☐ Business	No. Persons	8	☐ Private			
Pump Make			Model			Serial #	Repair System Description:	50% reduction.			☐ Other	No. Employees		☐ Public			
# Nitrification Fields	1		# Lines	5		Linear Ft: 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community			
Trench Width	36		Max. Trench Bottom Depth	32 (High) 26 (Low)		Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/ plumbing			☐ Basement w/o plumbing			

Comments / Conditions: * Install Septic drainlines on the Contour of the land + utilize pressure manifold. Do not exceed max depth of 32 inches. Do not drive, pave, grade, or bury utilities in the drainfield area.

INITIAL SITE SKETCH

1=40

Line 1 + Line 2 - 1½ sch 40 Tap @ 7.11
Line 3 - 1½ sch 40 @ 7.11
Line 4 - 1½ sch 40 @ 7.11
Line 5 - 1½ sch 40 @ 7.11

PL 306

Area Well

~120'

65

65

Proposed 4BR House

Repair Area

15'

100'

Kenway Loop

~50'

Drive

~20'

15'

20'

+ House corner 182' from Back Property Corner

PL 302

AS BUILT SKETCH

9/11/2017: Tank(s) installed too close to house (12'). Require Relocation
9-14-17: Septic tank still needs to be moved (12' from house)
Drain lines checked → still need to connect + check supply line

Gully

Pressure/Electrical & Main checked by Brady Freeman 10/10/17

PL 101

8 Bdrm

~12'

~18'

~57'

PM

15'

~115'

~43'

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 plan 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: 4/7/17

IMPROVEMENT PERMIT by: Benjamin A. Battista Date: 3/17/17

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Battista Date: 4/7/17

Installed by: Colby w/ Gunner Grading

OPERATION PERMIT by: _____ Date: 10/10/17

Existing System Inspected by: _____ Date: _____

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

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

Max 30 High
24 Low

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

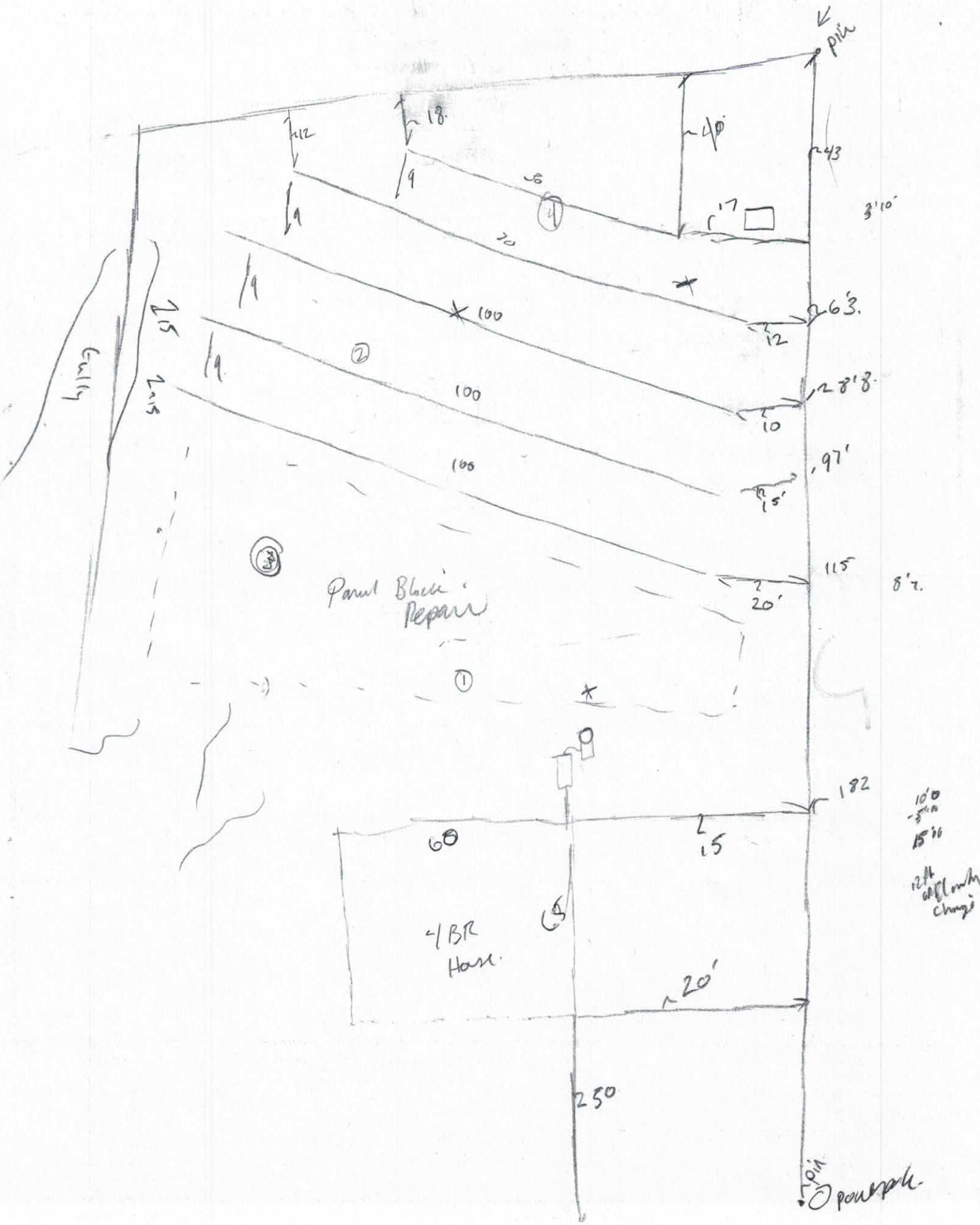
OWNER: Limestone Holdings — APPLICATION DATE 2/20/17
ADDRESS: PO Box 5350 Mooresville — DATE EVALUATED: 3/15/17
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE:
LOCATION OF SITE: 348 Henry Loop — PROPERTY RECORDED:
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
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	Sideslope 15%	0-15	scl wsbk	ss sp fr sek.	2.5YR4/6.	48.	Some Sp Tubs C36.	—	PS .30.
		15-48.	C sbk wsbk	sd sp fm sek					
2	7% Shoulder	0-2	scl swbk	sss p fr sek.	2.5YR4/6.	46.	B2C	—	PS .30
		2-32	C sbk	ss sp fm sek					
		32-46	cl wsbk	ss sp fr sek					
		46-50	sp Mosaic	Ns NP VFR SEKP					
3	Side 5%	0-7	scl wsbk	ss sp fr sek	2.5YR4/6	48	Some Litho Mottles C54	—	PS .30 Gully Slight Correction
		7-40	C sbk	ss sp fm sek.					
		40-48	cl wsbk	ss sp fr sek					
4	5% Shoulder	0-2	scl wsbk	ss sp fr sek	2.5YR4/6.	47.		—	PS .30
		2-42	C sbk	ss sp fm sek					
		42-48	cl wsbk	ss sp fr sek					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400	267
System Type(s)	25% reduction pump	50% reduction pump
Site LTAR	.30	.30

OTHER FACTORS (.1946): Gully
SITE CLASSIFICATION (.1948): P.S.
EVALUATED BY: Botkins.
OTHER(S) PRESENT:

COMMENTS:


pier
4'12
18.
4'9
50
40'
43
3'10'
17
20
100
26'3.
12
2'15
Gully
100
28'8.
10
100
97'
15'
115
8'2.
20'
Paint Block Repair
182
10'0
15'6
60
15
4 BR House
20'
250
power pole

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

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

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

OWNER: Lakeshore Holdings LLC — APPLICATION DATE 2/20/17
ADDRESS: 348 Kenway Loop — DATE EVALUATED: 3/1/17
PROPOSED FACILITY: SFR — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: 0.6 Acres
LOCATION OF SITE: _____ — 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	Linear slope	0–7"	SCL			40"	F→C incr.		PS
		7–25"	C						0.3
		25–40"	CL						
		40–48"	MASSSAP						
2	LSS	0–10"	SCL			47"	SAP incr @ 36" abundant sap @ 43"		PS
		10"–43"	C						0.3
		43–47"	CL						
		47–48"	SAP						
3		0–9"	SCL			29"	sap incr @ 18" sap F→C		PS
		9–22"	C						PITS
		22–29"	CL						
		29	SAP						
4									

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: _____

RECEIVED FEB 2 0 2017

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

#225117

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 #	Alternate Phone #
LakeShore Holdings LLC	PO Box 5350	704 794 7609	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
348 Kenway Loop Mooresville	Woodleaf	S8

Driving Directions: 150 to Perth, Left on Perth, Left on Fern Hill
Left on Kenway Loop, Lot S8 is on right across from well

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 ___

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: ___ 2/20/17
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

4/7/17

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

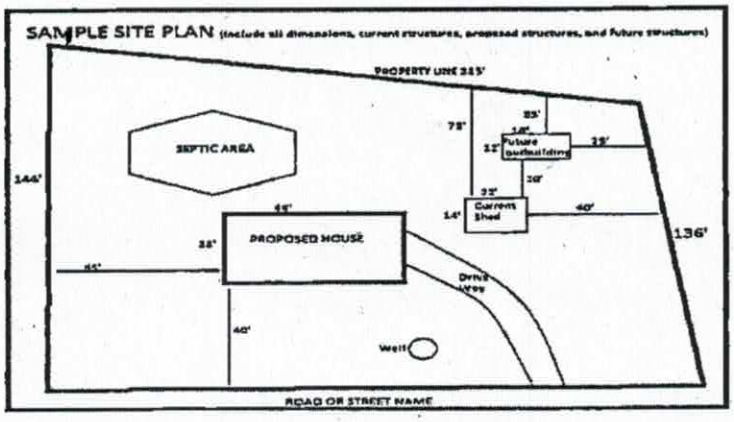
__✓__ Front and side setbacks from property line... ___ Preferred driveway location and configuration, preferred well location...

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

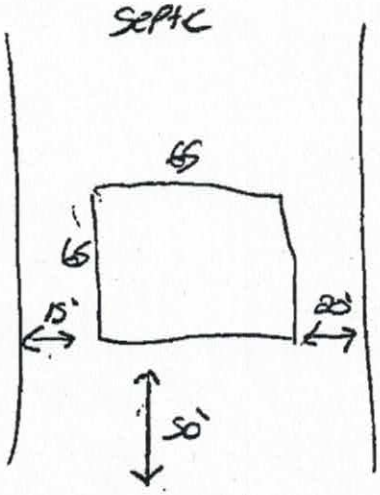
Circle N/A on the following if appropriate:

__✓__ 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



Signature: _____

REQUIRED property owner or owner's legal representative signature.

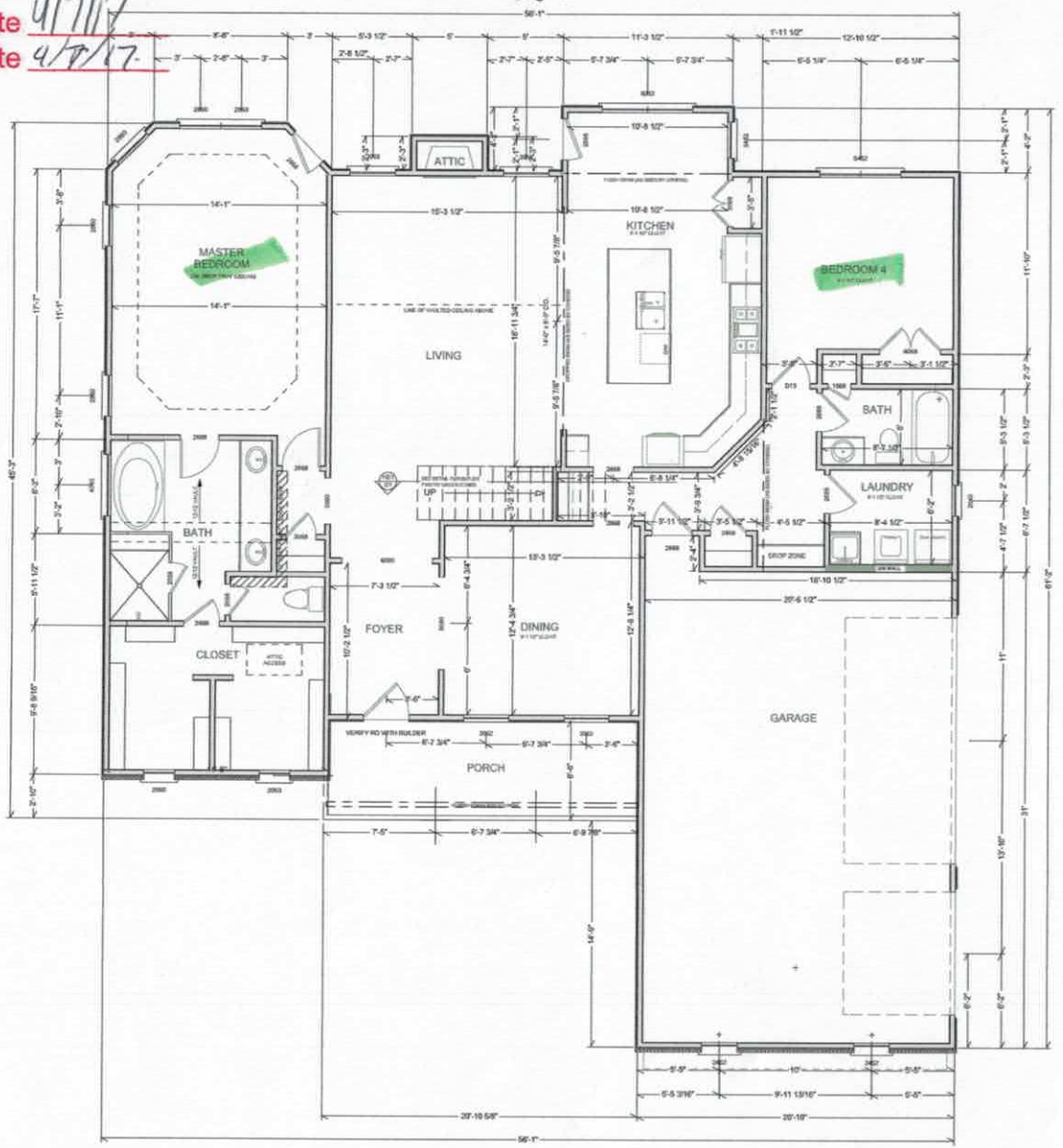
2/20/17
DATE

Acknowledgement of
Plans Submittal ONLY!

Date 4/7/17

B. Bottens Date 4/8/17

56'1"



61'2"

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

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES

Matis Residence

REVISIONS

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

3

Acknowledgement of
Plans Submittal ONLY!

Date 4/1/17

Date 4/3/17.



VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES

Matis Residence

REVISIONS

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

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