IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223496

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

PIN # 4639-31-8381

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

SITE ADDRESS: 330 Kenway Loop Mooresville, NC PHONE: 704-799-7609 ALT. PHONE: 919-389-4500

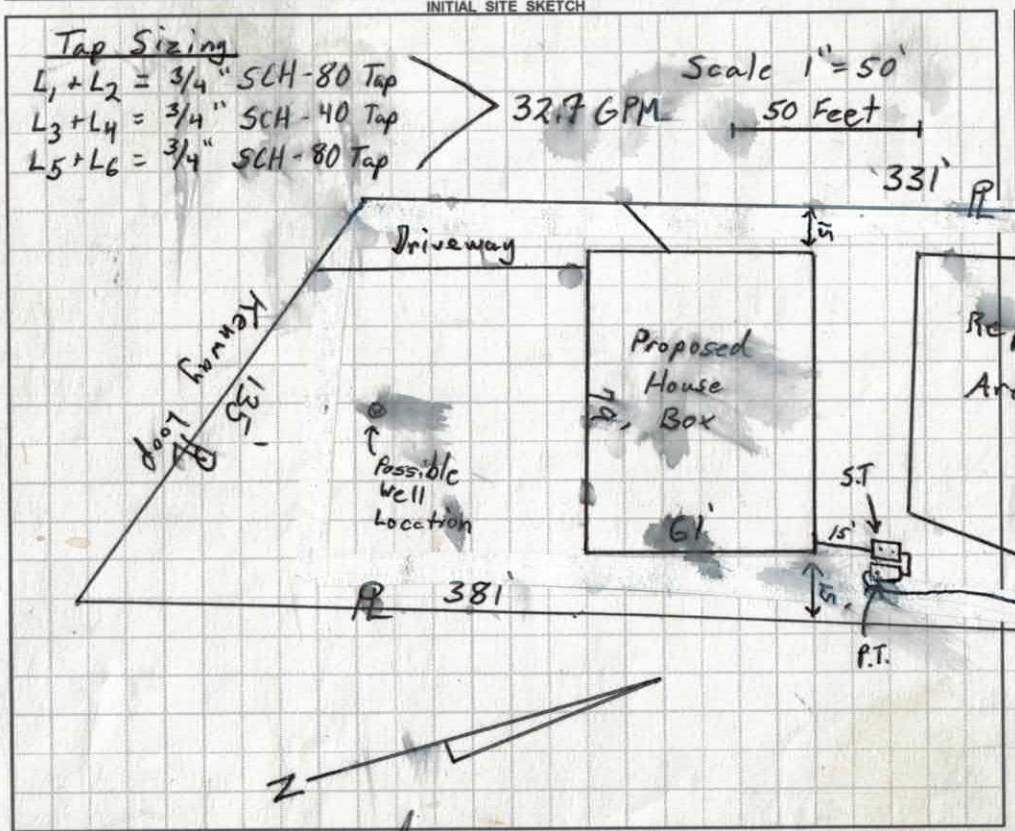
SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → L on Kenway Loop → Site on Right

SUBDIVISION: Woodleaf SECTION: — LOT # 55 LOT AREA: 0.805 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

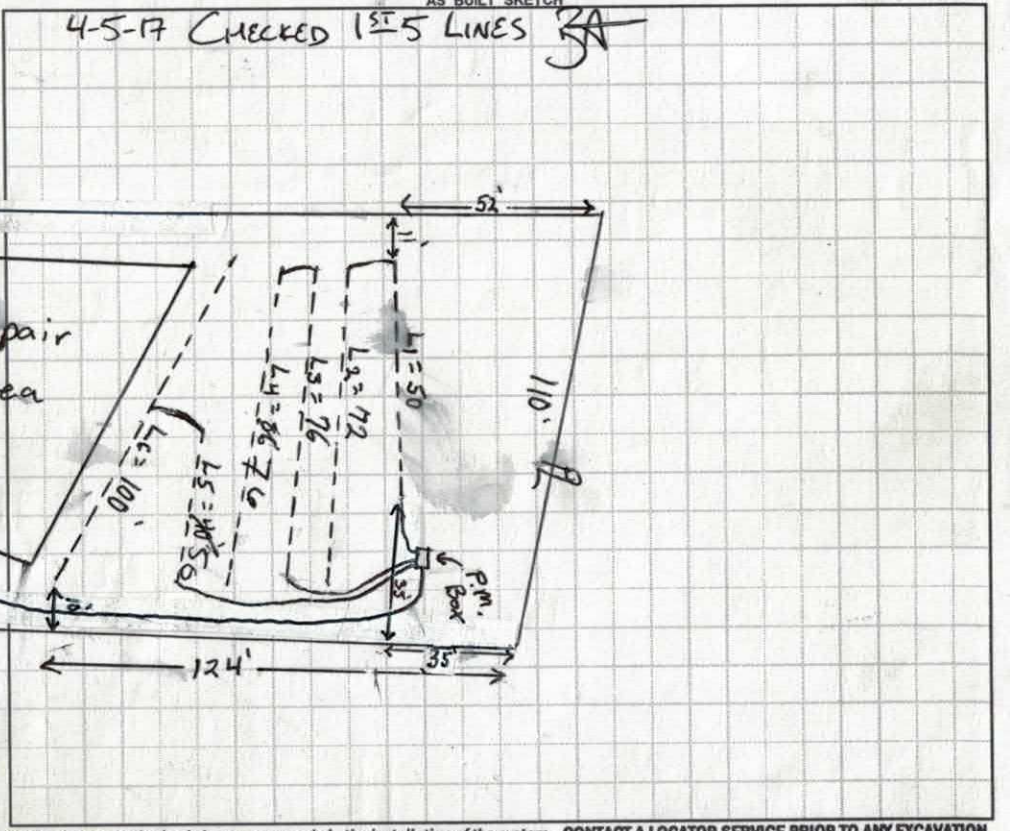
Septic Tank	1000	(gal)	STB	760	Date	2/28/17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	11/5/16	System Description: PM - 25% Reduction				☐ Business	No. Persons	8	☒ Private
Pump Make			Model			Serial #	Repair System Description: 50% Reduction - LP PPBPS				☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	6 [3 Taps]		Linear Ft: 424	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"		Trench Bottom Depth	34"-36" High side		Gravel Depth —		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Follow all N.C. septic rules. Checked tanks 3/30/17. Tanks deeper than drain. Allowed 10ft from house.

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: Date: 1-13-17 Installed by: GUNTER

IMPROVEMENT PERMIT by: Tom Shuch Date: 1-10-2017 OPERATION PERMIT by: JA Date: 9-13-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuch Date: 1-11-2017 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked	4-5	BA
Tanks Checked	3/30/17	MD
Pressure Manifold or Valve Box Checked	4-5	BA
Pressure Head Set	9-13	BA
Electrical Checked	↓	BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract Y (N)	Not Required	
Comments:		

TAP 1 122 TAP 2 152 TAP 3 150

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

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

122 40 > 140 140 122 76 76
78 6 100 K-2

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

OWNER: Lake shore Holdings
ADDRESS: P.O. Box 5350 Mooresville, NC
PROPOSED FACILITY: 4BR House
LOCATION OF SITE: 330 Kenway Loop Mooresville
APPLICATION DATE: 12-1-16
DATE EVALUATED: 12-27-16
PROPERTY SIZE: 0.80 acres
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480 GPD
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	Repair	0-6	SCL W.SBK/ABK	Sl. Friable, SS, Sp, Sexp	—	51"	—	—	0.325 PS
		6-26	m.SBK/ABK Clay	Sl. Firm, SS, Sp, Sexp					
		26-51	m.SBK Clay Loam + some saprolite	Friable, SS, Sp, Sexp					
			Mica						
2	Repair	0-7	SCL W, SBK	Sl. Firm, SS, Sp, Sexp	—	46"	—	—	0.325 PS
		7-23	Clay m.SBK	Sl. Firm, SS, Sp, Sexp					
		23-46	Clay Loam W.SBK + mica	Friable, SS, Sp, Sexp					
		46-62	MA Loamy Saprolite	moderately very Drained + Friable					
3	100' Slope to Repair	0-10	SCL v.weak SBK	Sl. Firm, SS, Sp, Sexp	—	35	—	—	0.325 PS
		10-31	Clay w.SBK/ABK	Firm, sticky, SS, Sp, Sexp					
		31-35	Clay Loam w/ SBK + Some Saprolite	Friable, SS, Sp, Sexp					
		35-64	Sandy Saprolite MA	very Well Friable + Drained					
4	Repair	0-8	SCL W, SBK	Sl. Firm, SS, Sp, Sexp	—	35	—	—	0.3 PS
		8-35	Clay s/m.SBK	Firm, SS, Sp, Sexp					
		35-62	Sandy Saprolite MA	Friable + well Drained					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	424	350+
System Type(s)	25% reduction	50% reduction
Site LTAR	0.3	0.325

OTHER FACTORS (.1946): Remove/Store down Some
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck (+Ben Pelley + Michael Danjah)
OTHER(S) PRESENT: ___

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)

@2 @1 @3

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: 12/15/16
PROPOSED FACILITY: 4BR Home PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: _____
LOCATION OF SITE: 311 Kenway 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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1		0-5	Sandy Loam						P; ?
		5-23	Clay						
		23-48	CL w. SBK						
			Saprolite Vein @ 29"						
2		0-8	Sandy Loam						0.3
		8-29	Clay w. SBK						
		29-48	Clay Loam						
3		0-6	Sandy Loam						P; + Needed
		6-24	Clay						
		24-48	Clay Loam						
			Gravels @ 35" Saprolite? @ 40" [prismatic]						
4									

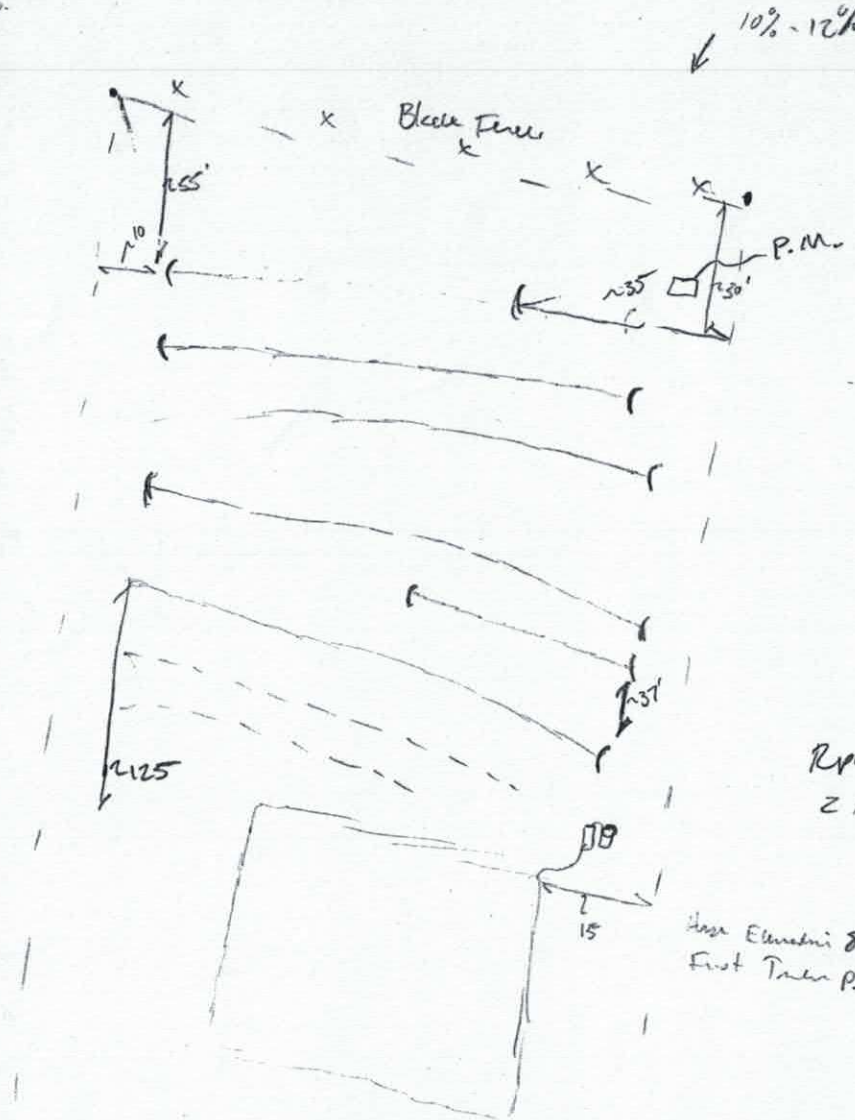
DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

* Dots:
↳ some variation in trenches.
often 2-4 inches due
slightly Distributed top
soil from planting of
Pine trees

* Unable to
see storm drain *



Pump:

Line 1 : 50

Line 2 52 x 10 Length 75 72
Line 3 61 x 10 Length 80 76.
Line 4 78 x 10 Length 85 86.
Line 5 87 x 10 Length 90. 40
Line 6 124 x 10 Length 100

↳ 63' from back corner of House
↳ 125' from other corner

Install - 3 HP
Max depth 30'

Bypass

330 Runway loop
Field notes

Repair 50%
2 x 100'

Need to
Call 70 ft.

House Elevation 8'0.
First Floor P.M. 4'8

House = 187' off back

4'4
+ 5
9'4 roof w
10' Ft Elevi

RECEIVED DEC 1 - 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) Paid $500.00

1. APPLICATION FOR: ___Improvement Permit ___✓___Authorization To Construct ___ Existing System Inspection

223496

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 mooresville NC 28117	704 799 7609	919 389 4500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
330 Kenway Loop mooresville NC 28117	Woodleaf	55

Driving Directions: Hwy 150 to Perth, make right on Perth, Left on Fern Hill, Left on Kenway Loop, lot is on Rt acoss from water

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
(X) 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 3209
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: _____ 12-1-16
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 (Lakeshore Holdings LLC) am the legal owner(s) of the property located at Woodleaf St on Kenway Loop, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639318381, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Lakeshore Holdings LLC, _____, 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

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 HEALTH DEPARTMENT

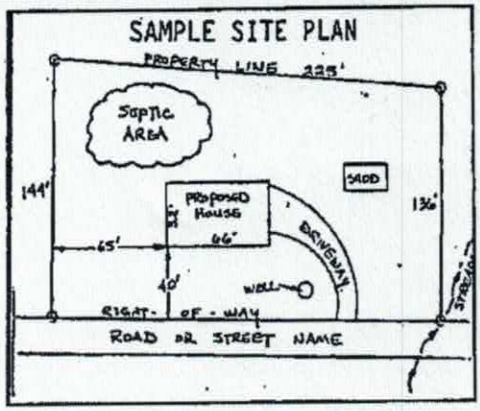
ENVIRONMENTAL HEALTH DIVISION

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

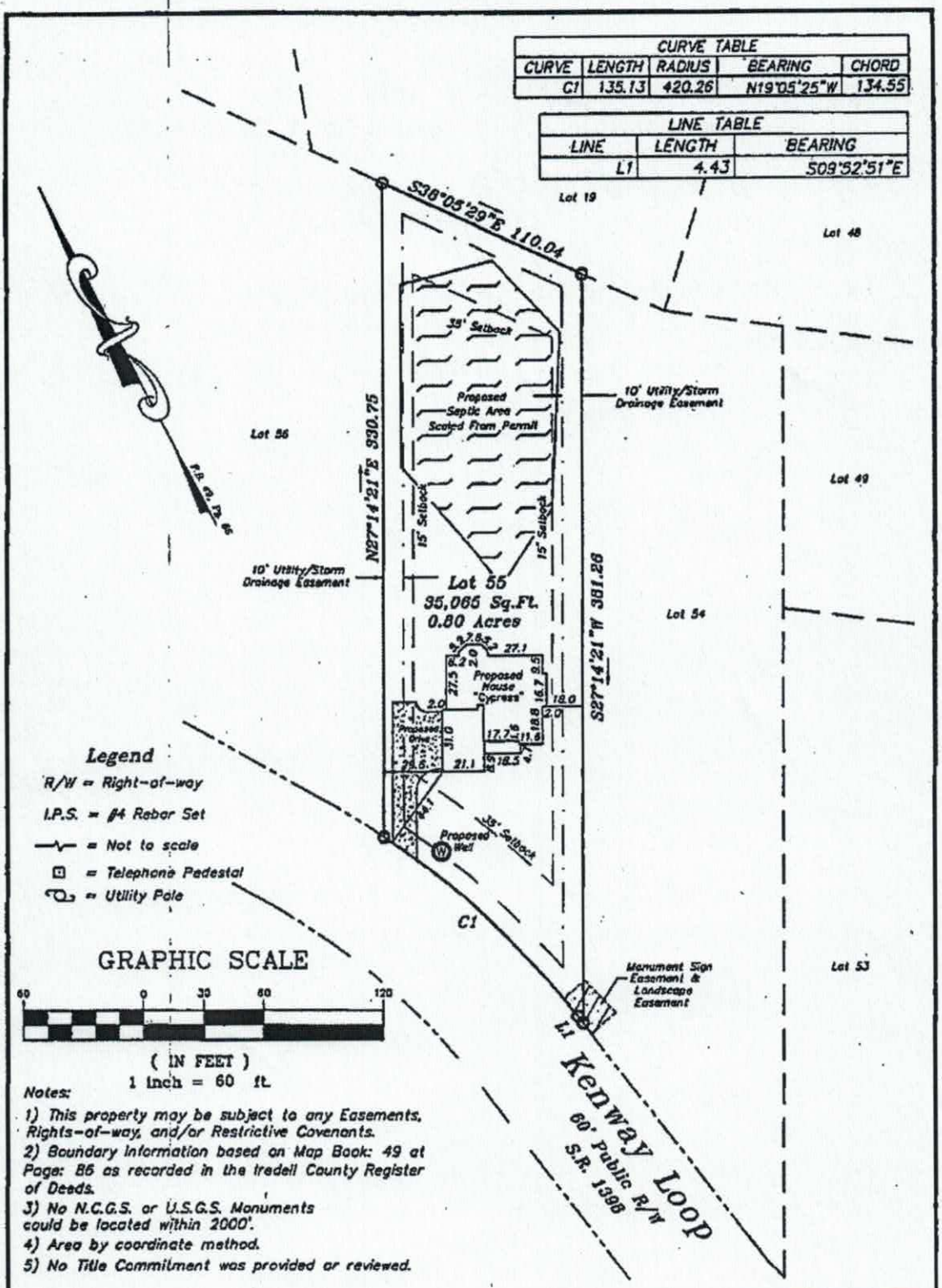
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

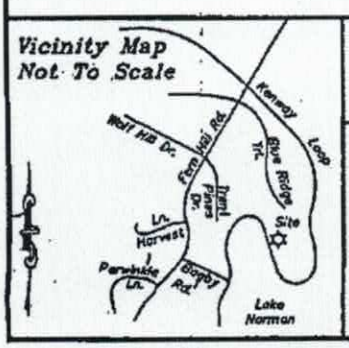
Signature: _____ 12-1-16

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



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 49 at Page: 86 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.



Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 55,

Woodleaf Subdivision

Plat Book 49, Page 86

Davidson Township

Iredell County, NC

SCALE: 1" = 60'

FIELD BOOK:

FILE: 2016-316

TAX PIN NO: 4639318381

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

FIRST FLOOR PLAN

Acknowledgement Of Plans Reviewed On Site

Date 11/10/17

Date 11/10/17

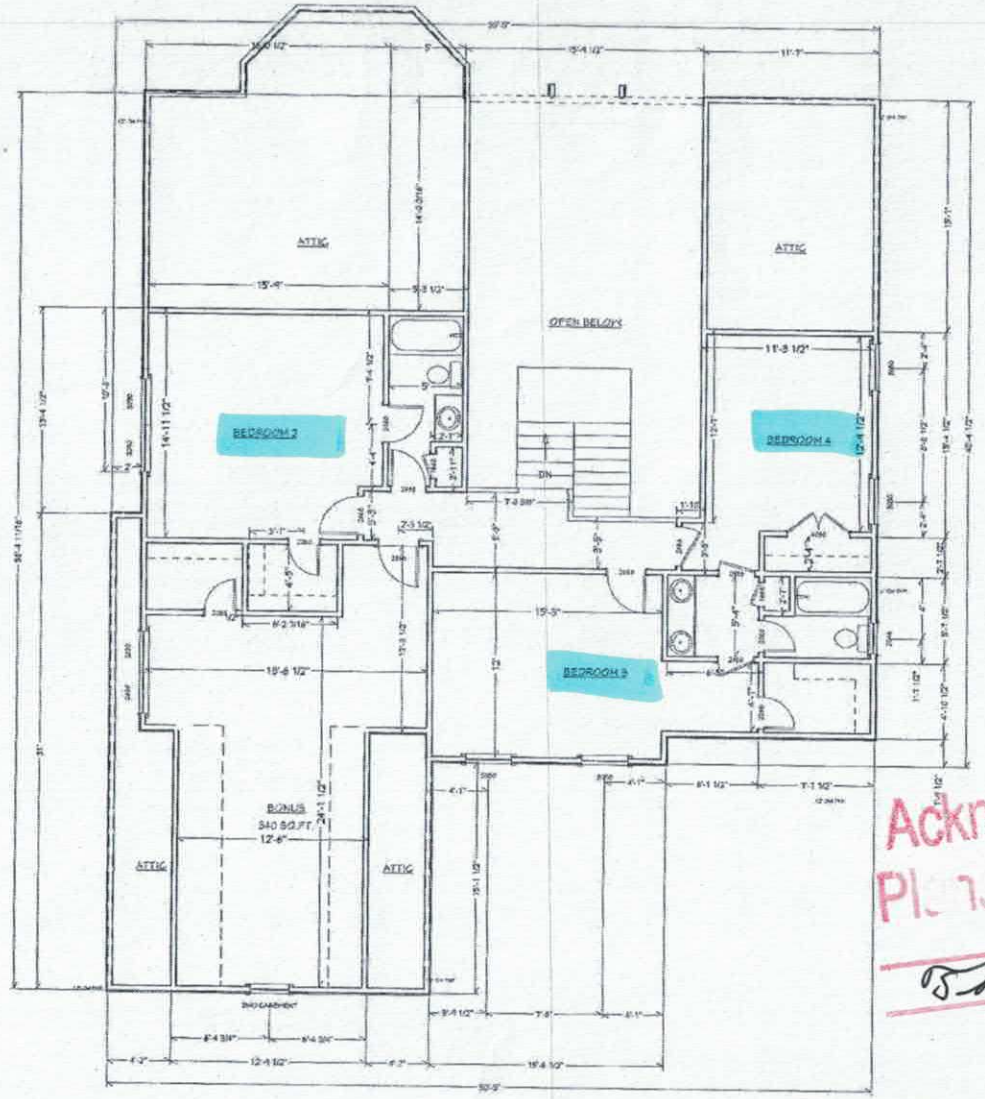
REVISIONS

LAKEMIST HOMES

Cypress II

VISUAL DESIGN

VISUAL DESIGN & DRAFTING



SECOND FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!
Tom Shuck 1/10/17
Date 1/11/2017

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Cypress II

REVISIONS

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

2