146 Blue Ridge Trail - Mrvl 28117

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 136499, 235832 PIN# 4639-42-0136-32.5275 DATE August 7, 2006

OWNER OR APPLICANT Woodbridge Partners LLC PHONE: Business _____ Home _____

ADDRESS P.O. Box 3608 Mooresville, N.C. 28117

LOCATION South Rd. (W) TL Fern Hill TL Blue Ridge Trail on Right

SUBDIVISION Woodleaf BLOCK / SECTION — LOT 25 LOT AREA .97Ac SITE CLASS PS DESIGN FLOW 460gpd L.T.A.R. .25

Septic Tank: 1000 Gallons: STB 900 Date 8/7/18

Pump Tank: _____ Gallons: PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 460

No Lines 6 Trench Width 36" Max Trench Bottom Depth 30"

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

System Description: Gravity 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ Yes ☒ No

Gravel Depth N/A ☒ Gravity ☐ Pressure ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

☒ House/Mod. Home No. Bedrooms 4

☐ Mobile Home No. Persons ___

☐ Business No. Employees ___

☐ Other _____

Water Supply: ☒ Individual ☐ Public ☐ Community

Comments/Conditions: Drainfield laterals must be installed no deeper than 30" trench bottom depth. Basement foundation may require use of substantial amount of fill soil to accomplish a gravity system with the above specified trench depth.

INITIAL SITE SKETCH

6/8/2018: Some spot grading below the septic tank may be needed to direct surface water around the permitted drainfield area. Recommend pumping septic tank every 3-5 years. ☆ No fill atop drainfield or repair areas ☆

SEE Plan from SAME

Comments/Conditions: 11/8/18 - Tank not installed - got date & STB in case it's covered - CC - First 4 lines checked

11/13/18 ST buried

AS BUILT SKETCH

☆ 11-9-18 checked last 2 lines. Started raining during final. Installer covered them quickly ☆ Missing 8' of drain line & tank still needs to be set. KW

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: Kathleen Sawyer

Improvement Permit by: _____ date 8/11/06

Authorization to Construct by: _____ date 8-7-06

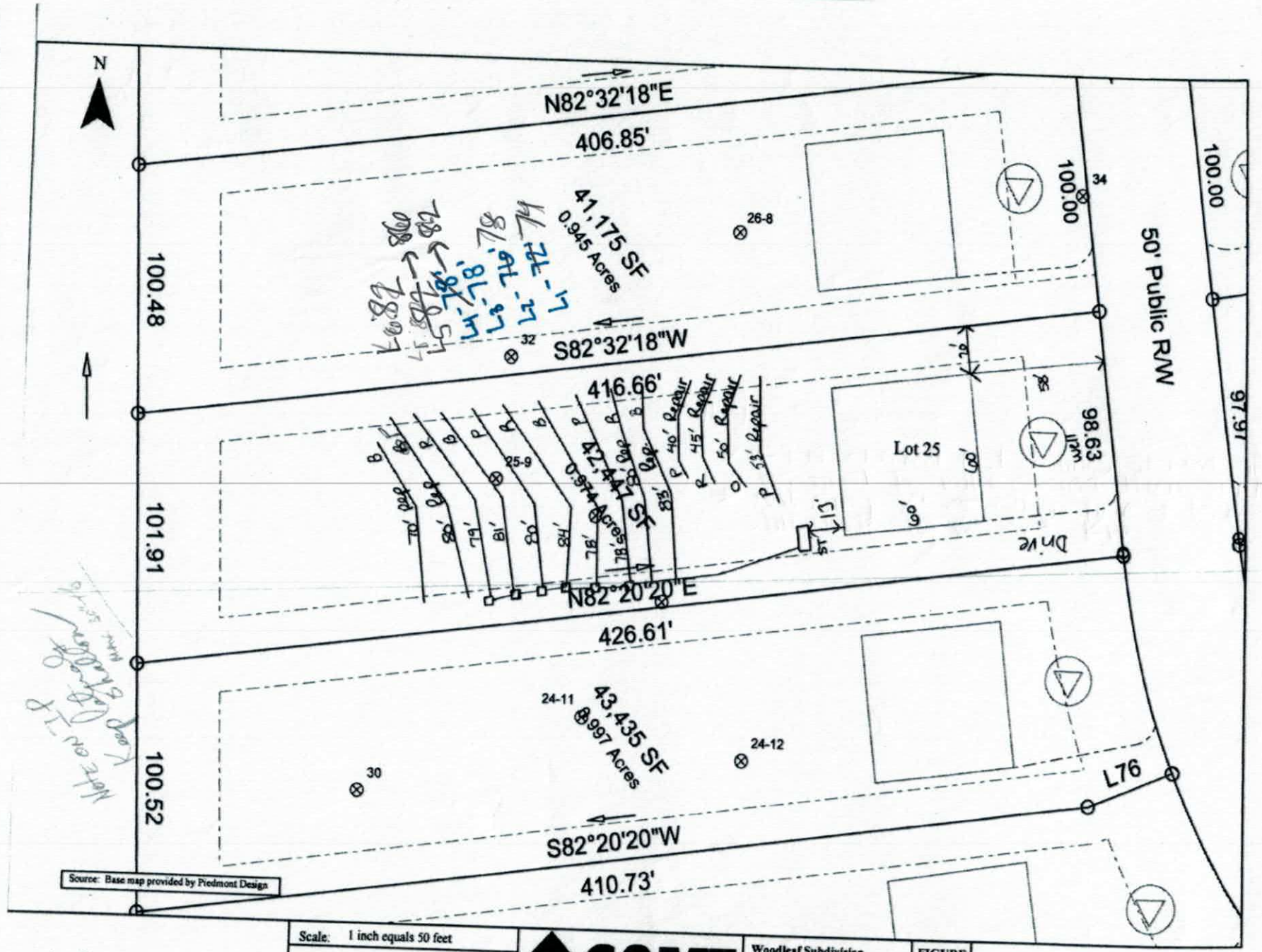
Tom Shuck date 6/8/18

Installed by: Gunters Grading

Operation Permit by: Kayla Wilson date 2-7-19

Existing System Inspection by: _____ date _____

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


N
N82°32'18"E
406.85'
100.00
50' Public R/W
100.00
97.91
100.48
41,175 SF
0.945 Acres
26-8
34
32
S82°32'18"W
416.66'
98.63
Lot 25
25-9
42,447 SF
0.974 Acres
40' Repair
45' Repair
50' Repair
53' Repair
101.91
N82°20'20"E
426.61'
24-11
43,435 SF
.997 Acres
24-12
30
100.52
L76
S82°20'20"W
410.73'
Source: Base map provided by Piedmont Design
Scale: 1 inch equals 50 feet
Drawn by: JBP
Reviewed by: PGP
Date: July, 2006
S&ME
ENVIRONMENTAL SERVICES • ENGINEERING • TESTING
Woodleaf Subdivision
Lot 25 Septic Lines
Iredell County, NC
S&ME Project #1588-05-121
FIGURE
1

Lot 25 Woodleaf Subdivision Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Basement w/ plumbing**
Design Flow (gpd)	**480**
Primary System Type	**25% Reduction**
LTAR (gpd)/ft2	**0.25**
Total Ft. Line	480
No. Lines	6 (See Table)
Pump Required	No
Distribution Device	Drop Boxes
Maintenance Agreement Required	No
Repair System	**25% Reduction**
Total Ft. Line	501'
Repair System Loading Rate	0.25

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Pink	25% Reduction	53'
2	Repair	Orange	25% Reduction	50'
3	Repair	Red	25% Reduction	45'
4	Repair	Pink	25% Reduction	40'
5	Repair	Blue	25% Reduction	83'
6	Repair	Red	25% Reduction	80'
7	System	Pink	25% Reduction	78' endfed
8	System	Blue	25% Reduction	78' endfed
9	System	Red	25% Reduction	84' endfed
10	System	Pink	25% Reduction	80' endfed
11	System	Blue	25% Reduction	81' endfed
12	System	Red	25% Reduction	79' endfed
13	Repair	Pink	25% Reduction	80'
14	Repair	Blue	25% Reduction	70'
				Total System: 480'
				Total Repair: 501'

Tank	Red	1000 gal (2 compartment)
House	Blue	

S&ME

7-24-06
BK
DH
30" min Tbelow th

H.D. copy

To: Iredell County Environmental Health Department

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

RE: Woodleaf Subdivision – Woodbridge Partners, LLC – Lot 25 Fast Track

Date: July 19, 2006

Attached is the Fast Track information required to place Lot 25 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

ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf
ADDRESS: APPLICATION DATE
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 DATE EVALUATED: 6-1-06
LOCATION OF SITE: Lot 25 PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other PROPERTY RECORDED:
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 9 5%	0-30	C SBK	ss, sp, fri-fi	Red				.25
		30-49	C SBK	ss, sp, fri-fi	Red/yellow Brown				
		49-54	C SBK	s, p, fi-fri	2 chroma 49 in	49 in			
2	pit 10	0-37	C SBK	ss, sp, fi-fri	Red				.3
		37-54	L-sl sap WSBK fri/gr	ns, sp, fri	Brown		37 in		
3	Pit #31 L	0-18	WK SBK SL	FR ss/sp	Br				0.25-0.3
		18-36	Mo SBK C	FR ss/sp	Red; Gravelly				
		36-43	WK SBK CL	FR ss/sp	Red; C sap				
		43-60	MA sl sap	FR ns/np	yel Red				
4		0-39	SBK MBK C	FR SS SP SAP	few y brn				.25 Kapshaw
		39-55	WK SBK ypSL	FR SS SP	common SAP				
					in B" Lowchy mottles				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Jeremy Michael
OTHER(S) PRESENT:

COMMENTS:

(5) 0-8 wksbk brn sdl frsssp
8-52 msbk c frsssp few mang. coatings .025

Pit 32

0-3 wksbk sl frsssp
3-18 msbk c frsssp
18-30 wksbk cl frsssp .03
30-52 massive (sstp frsssp

(6) 0-12 wksbk brn sdl frsssp .025 @ ± 32"
12-32 mfsbk cl frsssp
32-46 wksbk brn-gbrn c frsp sexp ch. 2 @ 46"+

RECEIVED MAY 18 2018

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)

#235832

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

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application — Ac w/ Inspection

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	132 Marketplace Ave Mooresville, NC 28117	704-799-7609	/
Lakeshore Holdings, LLC	132 Marketplace Ave, Mooresville, NC 28117	704-799-7609	/

(Owner Name / Mailing Address / Home Phone # / Alternate Phone #)

4. Property Information:

146 Blue Ridge (Street Address) — Woodleaf (Subdivision Name) — 25 (Section/Phase and Lot Number)

Driving Directions: Perth Rd N, Take Left on Fern Hill, TL on Blue Ridge, ~~here~~ on Right

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 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?
- (X) Basement w/out Plumbing? Rough only

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)* ( ) EXISTING SYSTEM installed ____ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) 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: _____ 5/18/18

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:
   Place check ( ) beside whichever is submitted if applicable
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ 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	PO Box 3608 Mooresville 28117		(Paul: S+ME, Inc) 704-996-6330
Owner Name: Same	Mailing Address	Home Phone	Work Phone

4. **Property Information:**

Street Address: _____ Subdivision Name: Woodleaf Section/Phase and Lot Number: Lot # 25

Driving Directions: Hwy 150 W, R Perth Rd, L Fern Hill Rd, Left Blue Ridge Trail (New)

****

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?
- (X) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

KMS 8/11/06

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:**

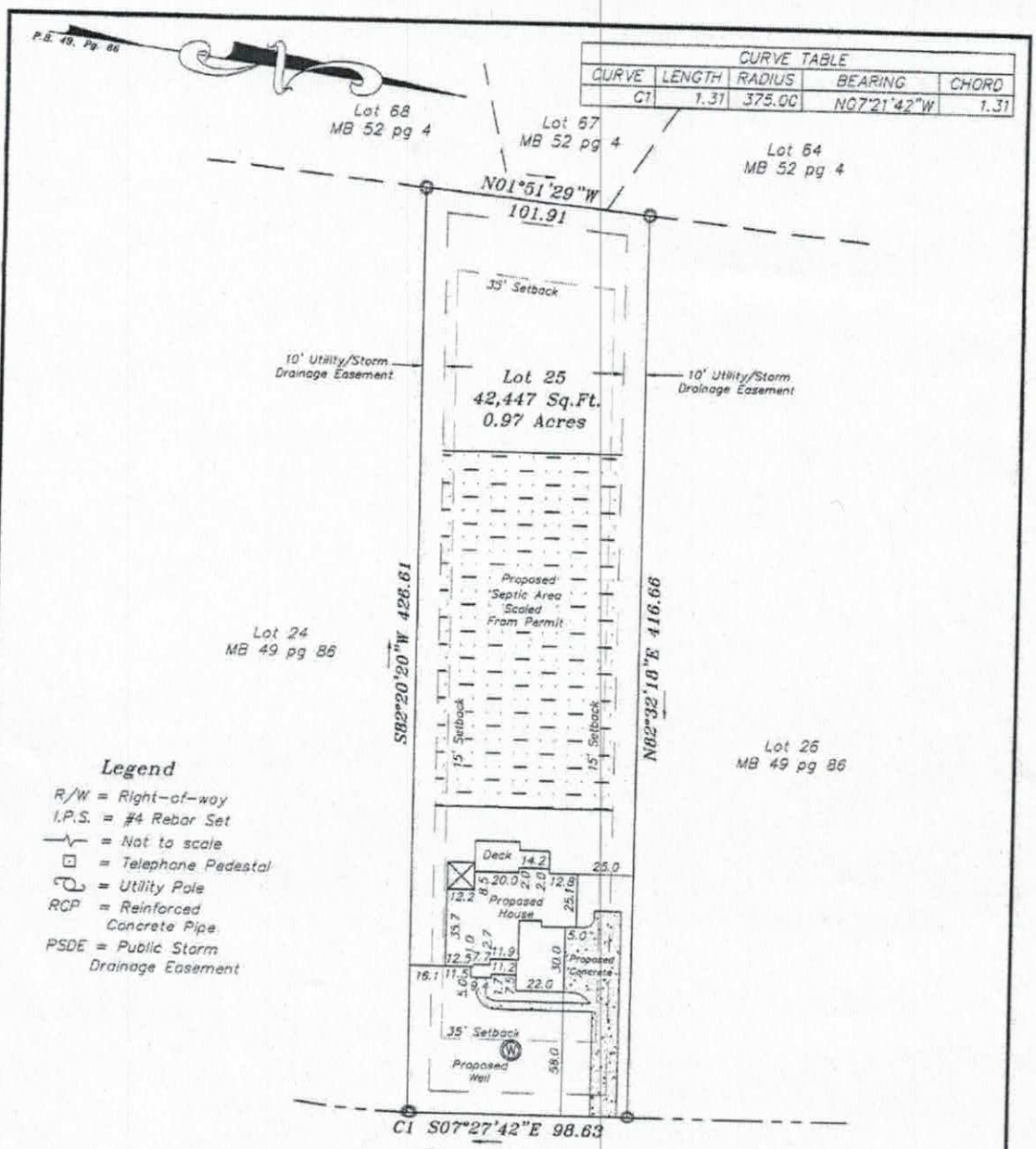
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

****

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.

Signature: Kathleen Saunders
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/19/06
DATE



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	1.31	375.00	N07°21'42"W	1.31

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
—∿— = Not to scale
□ = Telephone Pedestal
= Utility Pole
RCP = Reinforced Concrete Pipe
PSDE = Public Storm Drainage Easement

Notes:

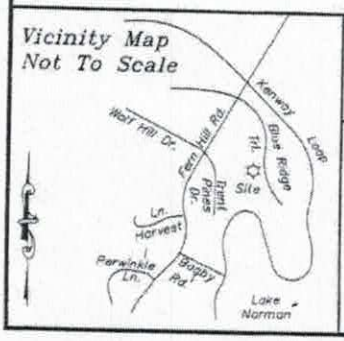
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 49 at Page: 86 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
5) No Title Commitment was provided or reviewed.

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)
1 inch = 60 ft.

Vicinity Map
Not To Scale

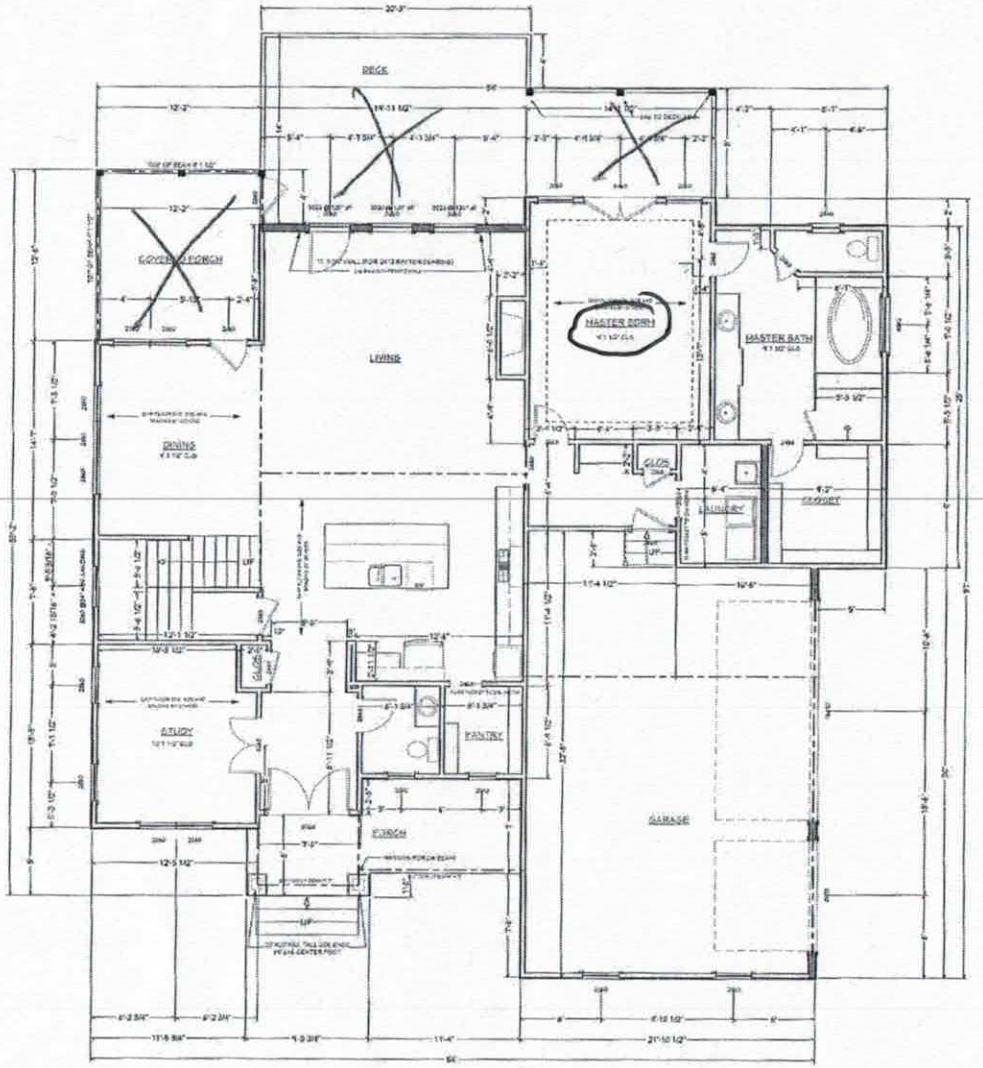


Plot Plan
FOR
Lakemist Homes

PROPERTY DESCRIPTION
Lot 25,
Woodleaf Subdivision
Plat Book 49 Page 86
Davidson Township
Iredell County, NC

SCALE: 1" = 60'
FIELD BOOK:
FILE: 2018-136
TAX PIN NO: 4639325275

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



57'-1"

54'-11"

SQUARE FOOTAGE	
1ST FLOOR HEATED	1937
2ND FLOOR HEATED	1067
TOTAL HSF	3004
BASEMENT	1937
PORCHES	140
GARAGE	681
TOTAL UNDER ROOF	5762

FIRST FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!

Date 6/8/18

Date 5/17/18

NO. | DESCRIPTION | BY | DATE

SHEET TITLE:

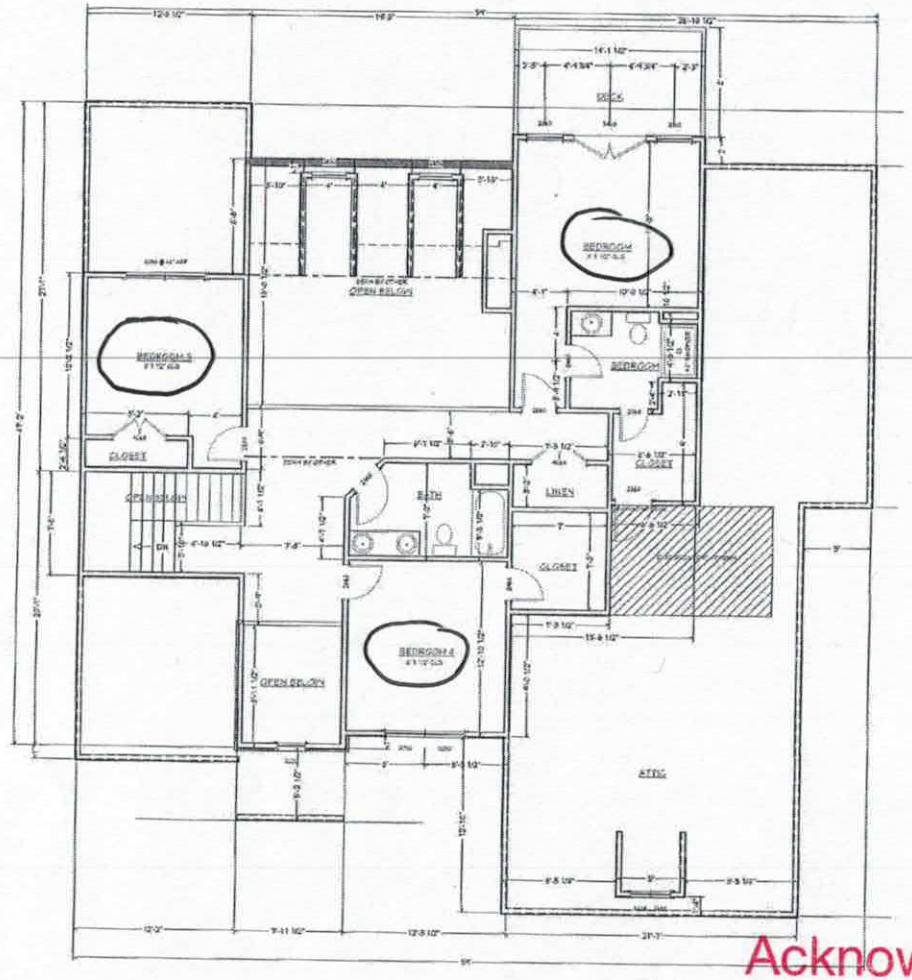
PROJECT DESCRIPTION:
FORKIN RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET:
A-6



SECOND FLOOR PLAN

SQUARE FOOTAGE	
1ST FLOOR HEATED	1937
2ND FLOOR HEATED	1067
TOTAL HSF	3004
BASEMENT	1937
PORCHES	140
GARAGE	681
TOTAL UNDER ROOF	5762

Acknowledgement of
Plans Submittal ONLY!

Date

5/7/18 Date

PROJECT DESCRIPTION: FORKIN RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN

DATE:

SCALE:

SHEET: A-7

85784

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #: 136499ZO
Proposed Use: Single Family
Location of Property: 000 Blue Ridge Tr. Mooresville NC 28117
Parcel #: 4639420136.025
Lot #: 25 Size: .97
Applicant: S&ME INC. ENGINEERING (Toney Jacobs)
Address: 105D DENVER BUSINESS PARK DR
Mooresville NC 28115
Phone: 704-662-8625
Property Recorded: Yes Site Plan Reviewed:

Subdivision: Woodleaf
Township: 1700 Davidson
Zoning: RA
Flood Plain: No Watershed: WSIV-CA
Owner: CAROLINA CENTERS LLC
Address: PO BOX 1003
CHARLOTTE, NC 282011003
Phone:
Community Water: No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 25000
Min. Lot Width: 100
Min. Number Parking Spaces:
Min. Front Yard: 35 ft
Min: Rear Yard: 35 ft
Min. Left Side Yard: 15 ft
Min: Right Side Yard: 15 ft
Max. Built Upon Area:

Comments:
Hold Building permit till plat has been recorded

Directions:
Hwy 150 west, right Perth, left Fern Hill, left Blue Ridge Tr, property on right

DEVELOPER PERMIT

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$200.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$245.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: S&ME Date: 6/15/06

DEBBIE WILLIAMS

A non-refundable fee of $45.00 is charged on all permit applications.

Printed: 6/15/2006