IREDELL COUNTY HEALTH DEPARTMENT

Lakeshore Hold. AP

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625

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

PERMIT # 212384

APPLICANT: Woodbridge Partners, LLC APPLICANT ADDRESS: P.O. Box 3608 Mooresville NC 28117

PIN # 4639325454

SITE ADDRESS: 138 Blue Ridge Trail Mooresville, NC PHONE: ALT. PHONE: Kathleen 704578-4951

SITE DIRECTIONS: Perth Rd N to TL Fern Hill TL Blue Ridge lot on right

SUBDIVISION: Woodleaf SECTION: — LOT # 27 LOT AREA: DESIGN FLOW: 480gpd L.T.A.R.: .25 Initial / .3 Rep

Septic Tank	1000 (gal)	STB	r 60	Date	5/28/19
Pump Tank	(gal)	PT		Date	
Pump Make		Model		Serial #	
# Nitrification Fields	I	# Lines	7	Linear Ft.	480 ft
Trench Width	36"	Max. Trench Bottom Depth	(22")	Gravel Depth	N/A

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

System Description: Gravity - 25% Reduction

Repair System Description: PPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

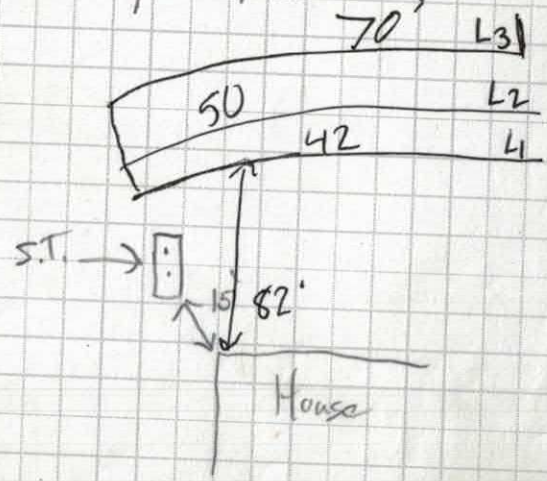
Comments / Conditions: Divert stormwater away from Septic ~~Sys~~ System.

This permit replaces the previous permit issued 8-8-2006

3/7/19 Reviewed Floor plans, in compliance with Septic plan.

INITIAL SITE SKETCH

See attached, approved plan by Kathleen Saunders (The Oaks Group, PA) dated 7/27/15



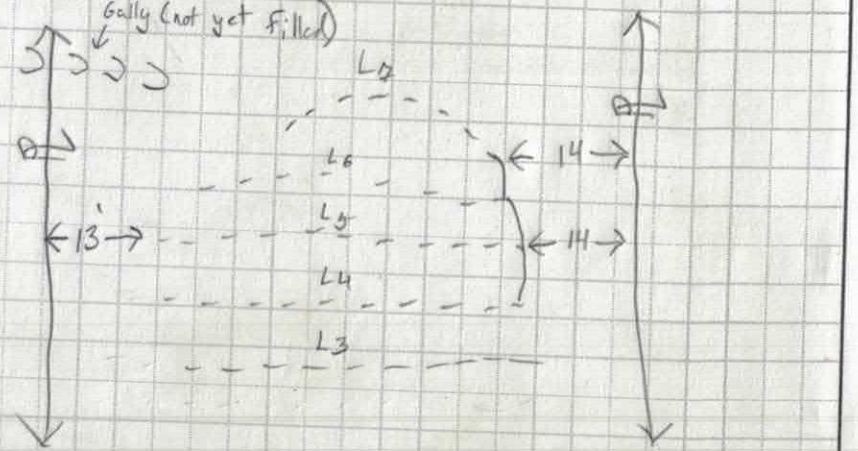
AS BUILT SKETCH

8/16/19 Shoaf mid-seam 1000-gal conc. tank w/

L1	(not yet installed)			
L2				
L3	70	18	(74)	
L4	32	15	(62)	
L5	74	18	(74)	
L6	62	15	(62)	
+ L7	50	12	(50)	[lowest line]
	288		322'	

IQ4W installed w/ 22" TB verified OK by laser

Gully (not yet filled)



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: Kathleen Saunders Date: 8/3/15

IMPROVEMENT PERMIT by: Maria H. Colson BS Date: 8/1/15

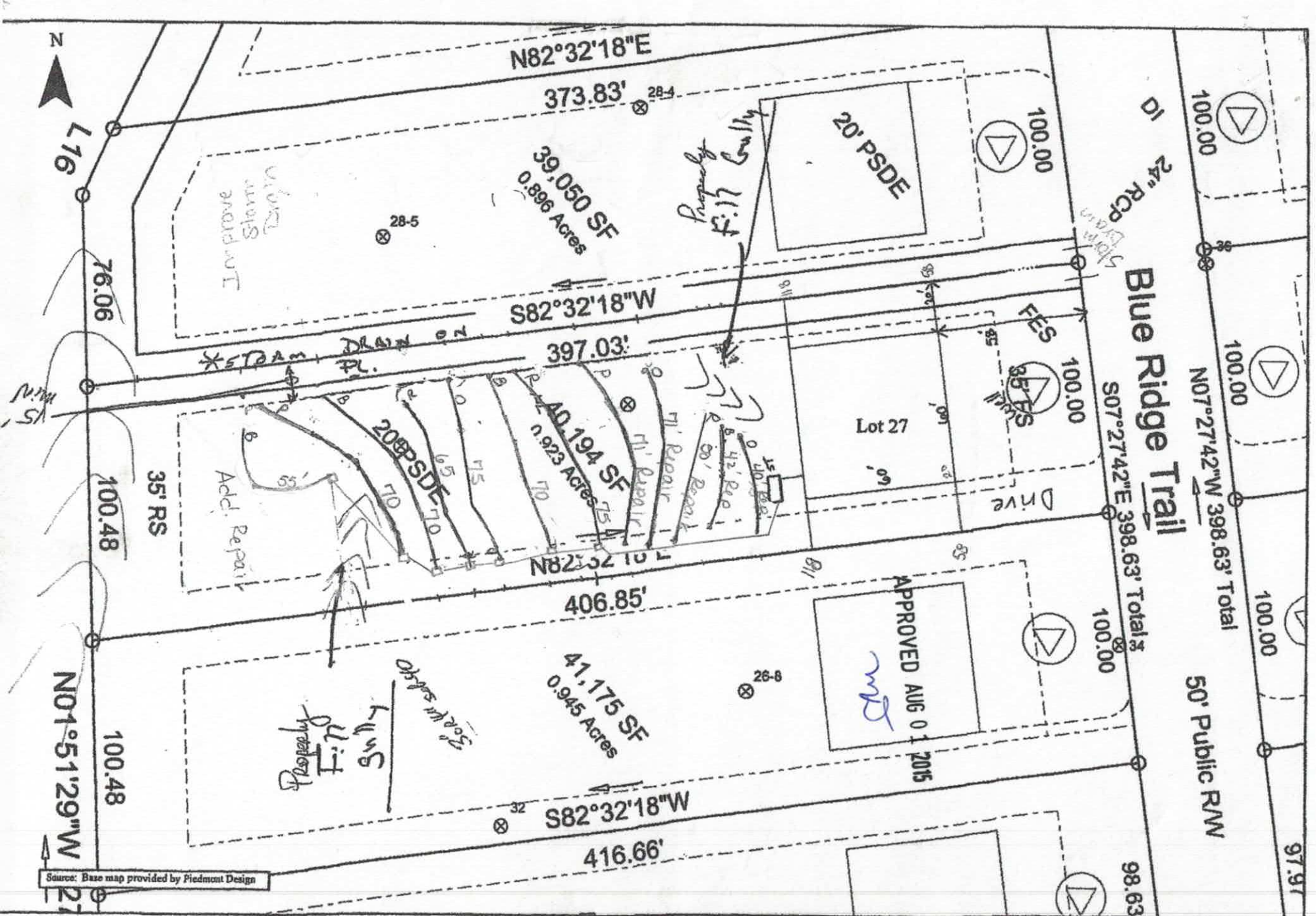
AUTHORIZATION TO CONSTRUCT by: Maria H. Colson Date: 3/7/19

Installed by: Neil Stutz

OPERATION PERMIT by: Kayla Watson Date: 8-19-19

Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant/Property Owner - YELLOW



Source: Base map provided by Piedmont Design

Scale: 1 inch equals 50 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP		Lot 27 Septic Lines	1
Reviewed by: PGP		Iredell County, NC	
Date: July, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-121	

Woodleaf Lot 27 Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.25**
Primary System Type	**25% Reduction**
No. Lines	7 (See Table)
Total Linear Feet	480
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	Drop Boxes or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth	22"
Maintenance Agreement Required	No
Repair System	**LP PPBPS**
Total Linear Feet	274
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	Repair	Orange	LP PPBPS	40
2	Repair	Blue	LP PPBPS	42
3	Repair	Red	LP PPBPS	50
4	Repair	Orange	LP PPBPS	71
5	Repair	Pink	LP PPBPS	71
6	System	Red	25% Reduction	75 endfed
7	System	Blue	25% Reduction	70 endfed
8	System	Orange	25% Reduction	75 endfed
9	System	Red	25% Reduction	65 endfed
10	System	Blue	25% Reduction	70 endfed
11	System	Pink	25% Reduction	70 endfed
12	System	Blue	25% Reduction	55 endfed
				Total System: 480'
				Total Repair: 274'

APPROVED AUG 01 2015

Note: Properly fill all gullies in septic areas.
Improve storm drain to keep surface water from shedding across septic area
Tank and distribution device locations/type can be altered at the ICHD discretion

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: 4639325
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf
ADDRESS:
PROPOSED FACILITY: House
LOCATION OF SITE: Lot 27
PROPOSED DESIGN FLOW (.1949): 480
APPLICATION DATE
DATE EVALUATED: 6-1-06
PROPERTY SIZE:
PROPERTY RECORDED:

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

APPROVED AUG 01 2015 MS

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	pit 6 2-3%	0-15	scl sbk	ss, sp, fri	Red				
		15-40	c-scl (m) sbk	ss, sp, fi-fri	Red Brown		moderate noted		.25
		40-48	c sbk	ss, p, fi-fri	yellow/Br				
2	pit 7 2-3.7%	0-12	scl w sbk	ss, sp, fri	Red				
		12-36	c sbk	ss, sp, fri	Red				
		36-46	c sbk	ss, sp, fri	Red		(f) sap		.3
3	4-5%	0-8	gr sl brkp scl	fri ss sp	fairly bad mottles				.3
		8-52	mod sbk sc	fri ss sp					
4		0-22	wk sbk cl	fri ss sp	Low chroma mottles coatings				.25 to 34"
		22-34	mod sbk cl	fri ss sp					
		34-48	wk sbk cl	fri ss sp	few stained coatings & bad mottles				.2 - 34-48

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

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

COMMENTS:

AC 3/4/19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings, LLC Address: 132 Marketplace Drive, Mooresville, NC Zip: 28117
Applicant Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: /
Owner Name: Lakeshore Holdings Address: PO Box 5350, Mooresville, NC Zip: 28117
Owner Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____

Property Information:

Street Address: 138 Blue Ridge Tr. Mooresville, NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 27
Driving Directions: ~~Talbert~~ Penn rd N. Take Lon Fern Hill, Take L on Blue Ridge Tr on Right

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

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

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. industrial) 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: _____ 2/1/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED JUL 2 8 2015

Paid $225.00 #212384

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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: ✓ 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

Non Expiring

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Woodbridge Partners, LLC	PO Box 3608 28117		
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same	Kathleen Saunders	704-578-4951	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
138 Blue Ridge Trail	Woodleaf	Lot 27

Driving Directions: Perth, L Fern Hill, L Blue Ridge Trail, Lot on R

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
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

(X) 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:**

(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)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) 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.

9. Signature: Kathleen Saunders — 7-27-15
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: ___ **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	Work Phone
Woodbridge Partners, LLC	PO Box 3608 Mooresville 28117		(Paul: S+ME, Inc) 704-996-6330
Same (Owner Name)			

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Lot # 27

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

***

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, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 138 Blue Ridge Ter, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4639421852, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings LLC 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)	2/7/19 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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Jeff Cernuto/Woodbridge Partners, LLC, am the legal owner of the property located at 138 Blue Ridge Trail, identified as PIN(Parcel Identification Number) 4639 32 5454, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) The Oaks Group, PA, _____, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

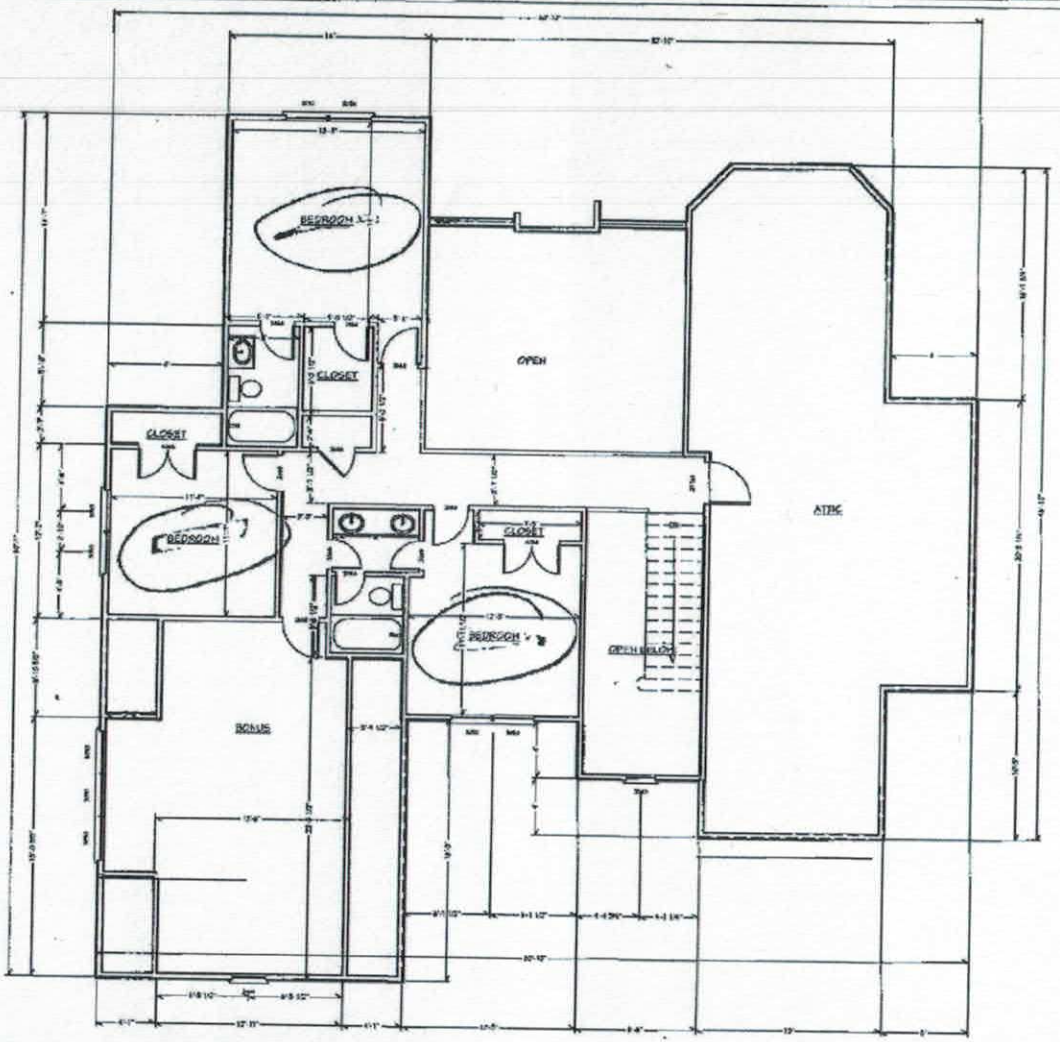
I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

_____ 7-27-15

Signature of Owner Date

_____ _____

Signature of Witness Date



SECOND FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 3/7/19

Date 3/7/19

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

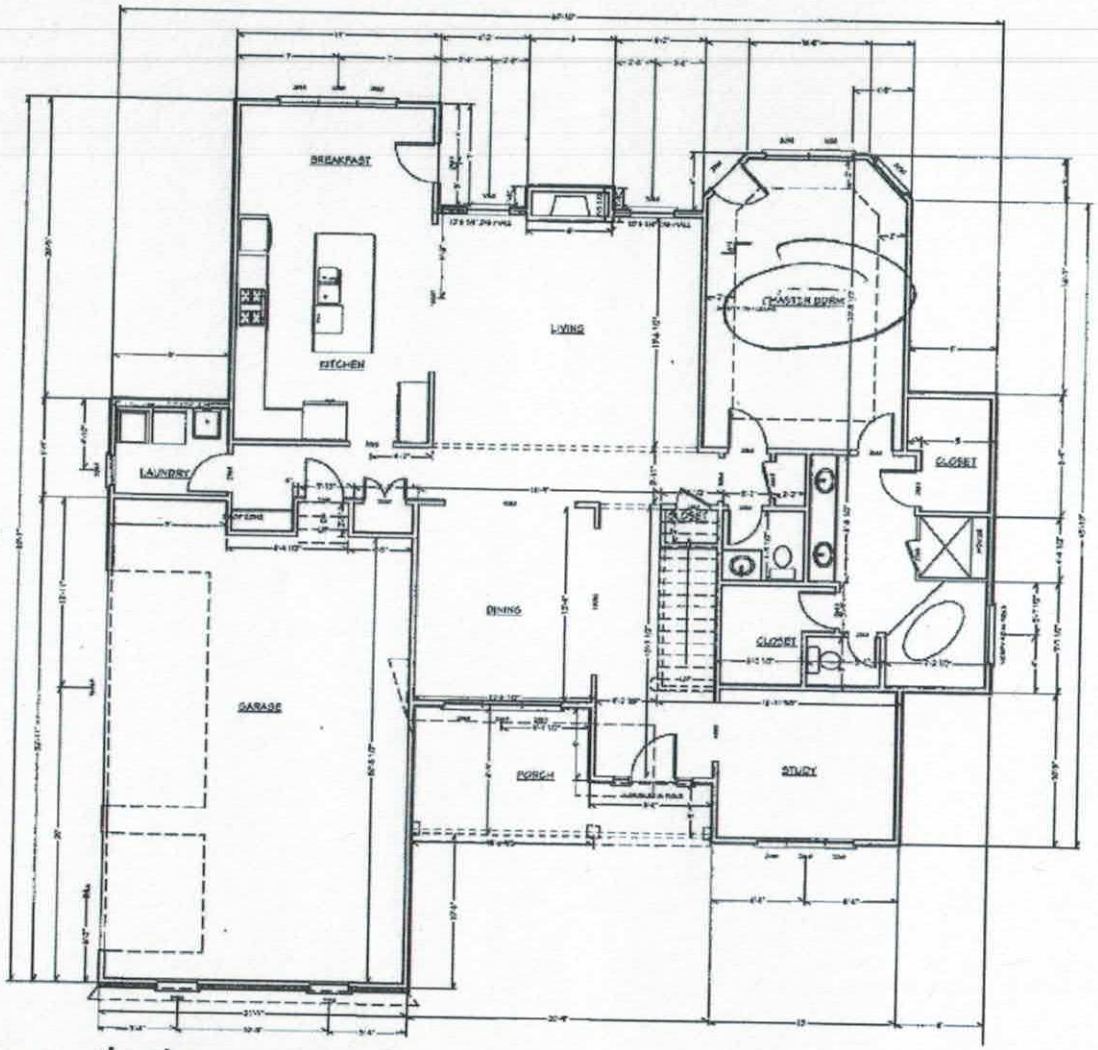
LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

4

60.10

60



FIRST FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 3/7/19

Date 3/7/19

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

3

85786

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 #: 136501ZO
Proposed Use: Single Family
Location of Property: 000 Blue Ridge Tr. Mooresville NC 28117
Parcel #: 4639420136.027
Lot #: 27 Size: .92
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. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Hold Building permit till plat has been recorded

DEVELOPER PERMIT

Directions:

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

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