IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 230569

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

PIN # 4639336253

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

SITE ADDRESS: 111 Blue Ridge Trail Mooresville NC 28117 | PHONE: 7047997609 | ALT. PHONE 919 389-4500

SITE DIRECTIONS: Hwy 150 W, TR Poth Rd TL Fern Hill TL Blue Ridge lot on left | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf | SECTION: — LOT # 4J LOT AREA: .89 Acres | DESIGN FLOW: 480gpd | L.T.A.R.: .3

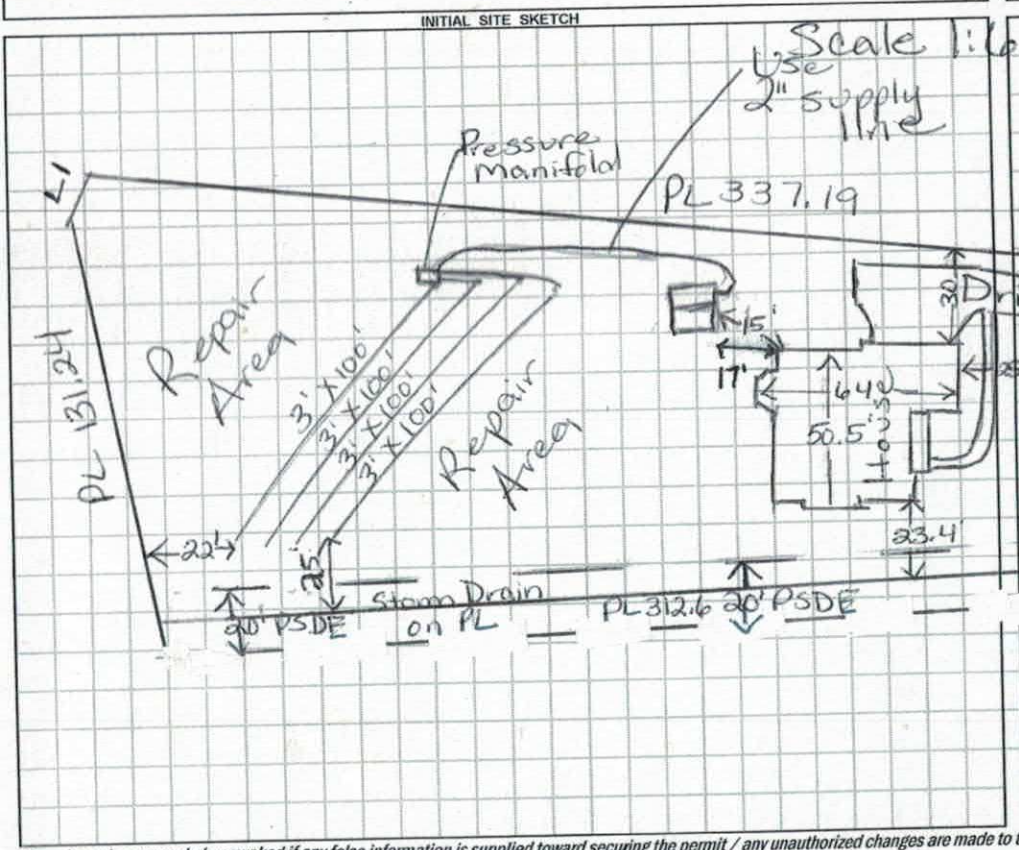
Septic Tank	1000 (gal)	STB 760	Date 11-19-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 3603	Date 10-15-17	System Description: Pump-PM 25% Reduction PPBPS				☐ Business	No. Persons 8
Pump Make	Goulds	Model 1760/115 1/2HP	Serial # PES1M	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	1	# Lines 4	Linear Ft 400	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24" Gravel Depth 2		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: A must stay at least 15ft from Storm drain

Use 1/2" sch 80 taps

INITIAL SITE SKETCH



AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2/16/18	~~EF~~
Tanks Checked	2-15-18	KW
Pressure Manifold or Valve Box Checked	2-19-18	KW
Pressure Head Set	5-3-18	KW
Electrical Checked	5-3-18	KW
Floats Set	5-3-18	KW
Alarm Checked	5-3-18	KW
Maintenance Contract Y/N		
Comments: effluent last drain line still needs to be checked 2-15-18 2/16/18 EF		

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: [signature] Date: 11/21/17

IMPROVEMENT PERMIT by: Marie Nelson Date: 11/21/17

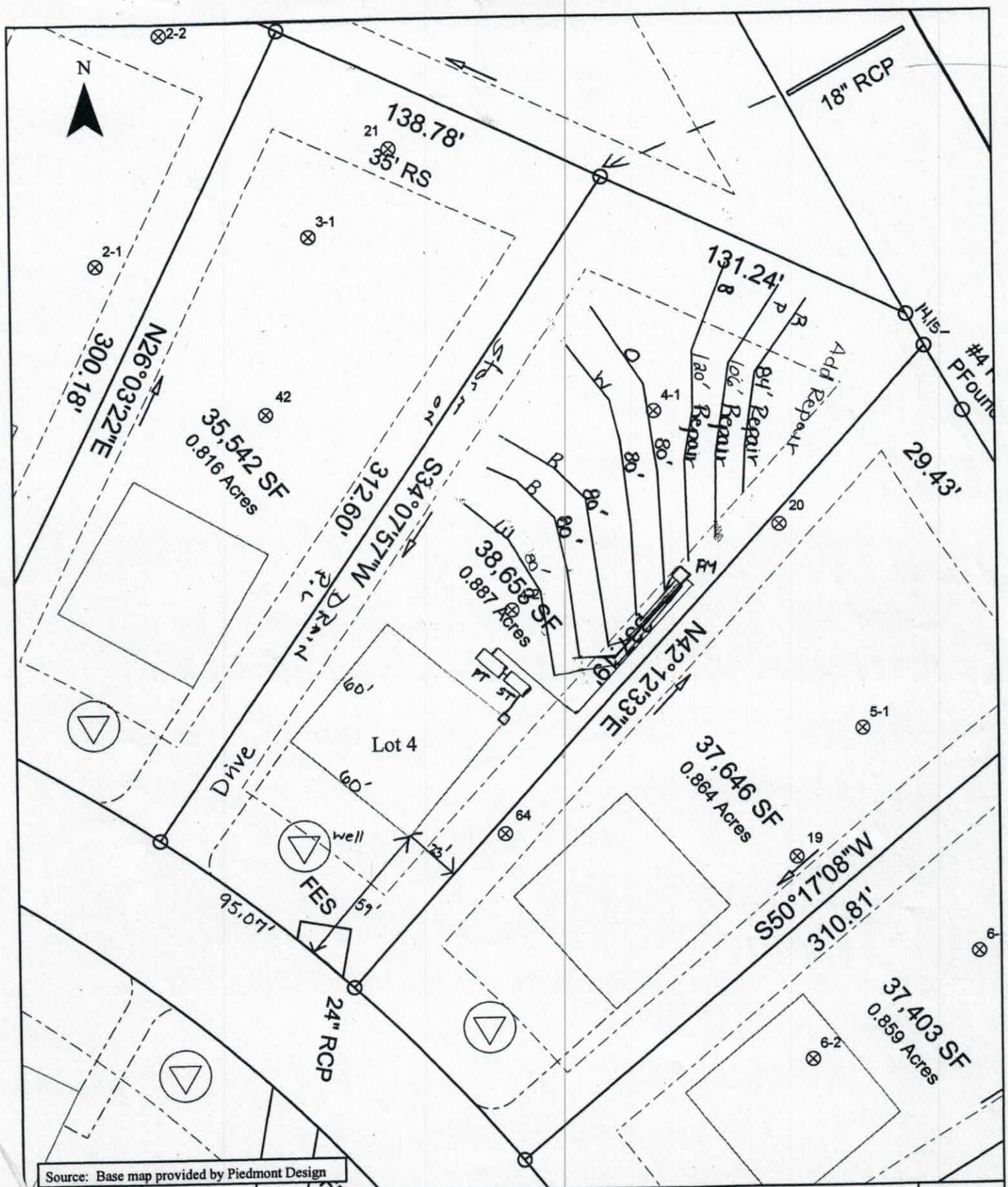
AUTHORIZATION TO CONSTRUCT by: Marie Nelson Date: 11/21/17

Installed by: Gunter Grading

OPERATION PERMIT by: Kayla Watson Date: 5-3-18

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.



Source: Base map provided by Piedmont Design

Scale: 1 inch equals 50 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	Lot 4 Septic Lines	1
Reviewed by: PGP		Iredell County, NC	
July, 2006		S&ME Project #1588-05-121	

SOIL/SITE EVALUATION (Continuation Sheet) **Sheet** **of**

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID NO.: Lot 4
DATE OF EVALUATION: 6-8-06
COUNTY: Iredell

Lot 4 Woodleaf Subd.

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON ON DEPTH (IN.)	SOIL MORPHOLOGY .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .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	2-4%	0-3	wgr l	NS NP Fr	Br				.3
		3-16	mgr sl	NS NP Fr	Lt. Br				
		16-30	wsbk scl	SS SP Fr	Br				
		30-46	msbk c	SS SP Fr	R F Sap incl.				
		46-55	wsbk cl	SS SP Fr	R C Sap incl.				
2	2-4%	0-4	wsbk scl	SS SP Fr	Br				.25
		4-23	wsbk scl	SS SP Fr	R				
		23-58	msbk scl	SS SP Fr	Br F Lt Br/YB @ 40"				
3		0-50	m sbk cl	fr ss sp	dark mottling / dull colors 36"+				@ 3 to 30/36" 18"-24" max ltb .2736"
4		0-20	wk sbk scl	fr ss sp					.3
		20-43	sbk ncl	fr ss sp - sp sap					
		43-60	wk sbk - mass	l sap fr ss sp					

COMMENTS:

RECEIVED OCT 23 2017

230569
Intermediate Relayout
Paid $500.00 Web Payment

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit (✓) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings LLC Address: PO Box 5350, Mooresville NC Zip: 28117
Applicant Email: Lakemist Homes@yahoo Phone: 704 799 7609 Alt. Phone: 919 389 4500
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 111 Blue Ridge Trail, Mooresville NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 4
Driving Directions: 150 to Perth, make left on Fern Hill, left on Blue Ridge
1st lot on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

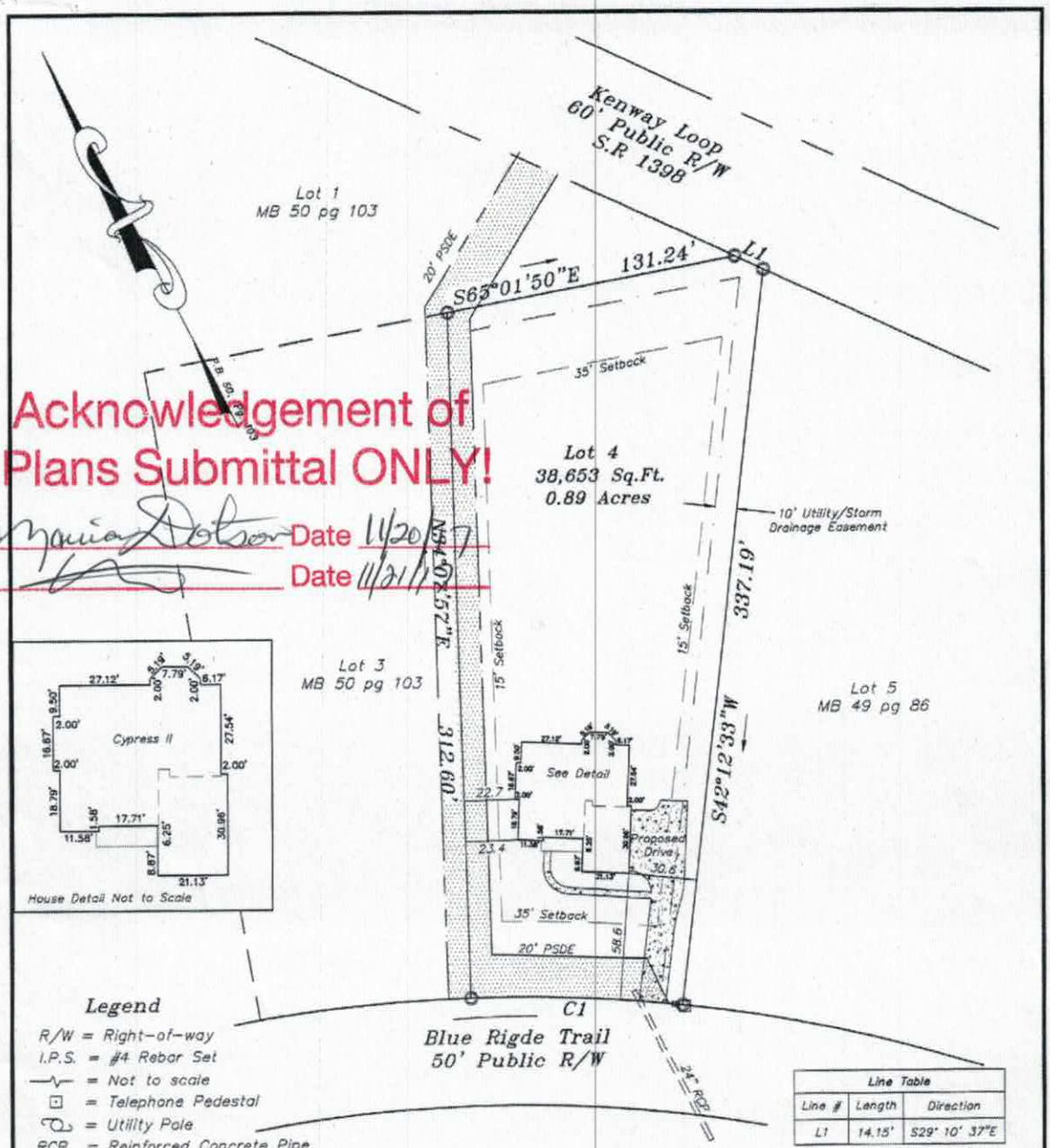
Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) 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.

Signature: _____ 10/10/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



Acknowledgement of Plans Submittal ONLY!

Date 11/20/17

Date 11/21/17

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

Line Table		
Line #	Length	Direction
L1	14.15'	S29° 10' 37"E

Curve Table					
Curve #	Length	Radius	Delta	Chord Length	Chord Direction
C1	95.15	675.00	008°04'35"	95.07	N51° 49' 30"W

Notes:

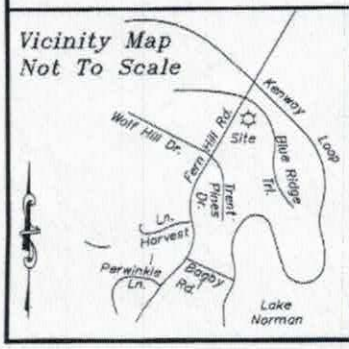
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 50 at Page: 103 as recorded in the Iredell County Register of Deeds.
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.
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 4,

Woodleaf Subdivision

Plat Book 50, Page 103

Davidson Township

Iredell County, NC

SCALE: 1" = 60'

FIELD BOOK:

FILE: 2017-252

TAX PIN NO: 4639336253

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

N/A

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 111 Blue Ridge Trail, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639336253, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) 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)	Date	Signature of Witness	Date
[signature]	10/10/17		

Please return this signed form to the appropriate office:

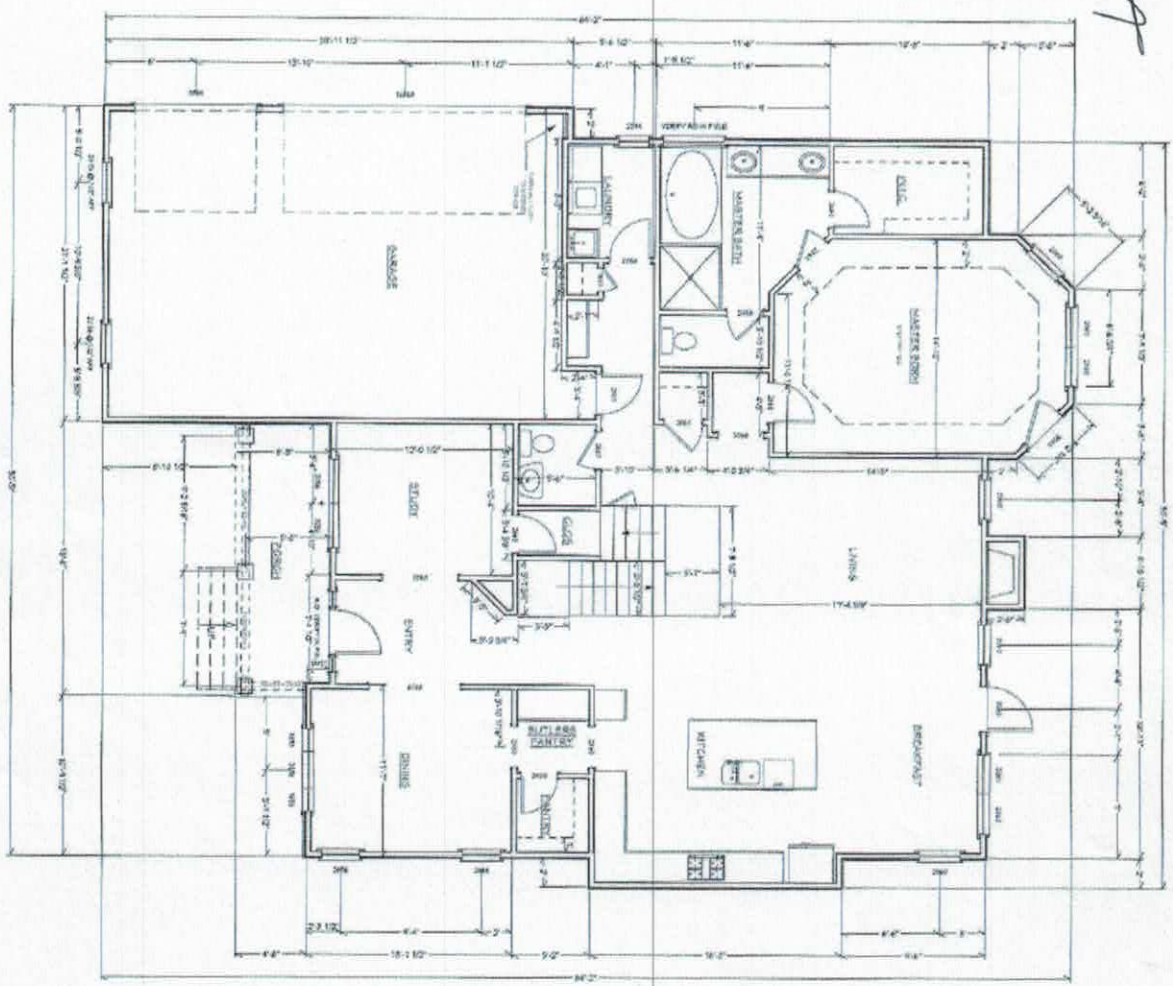
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement of
Plans Submittal ONLY!

Date 11/21/17

Date 11/21/17



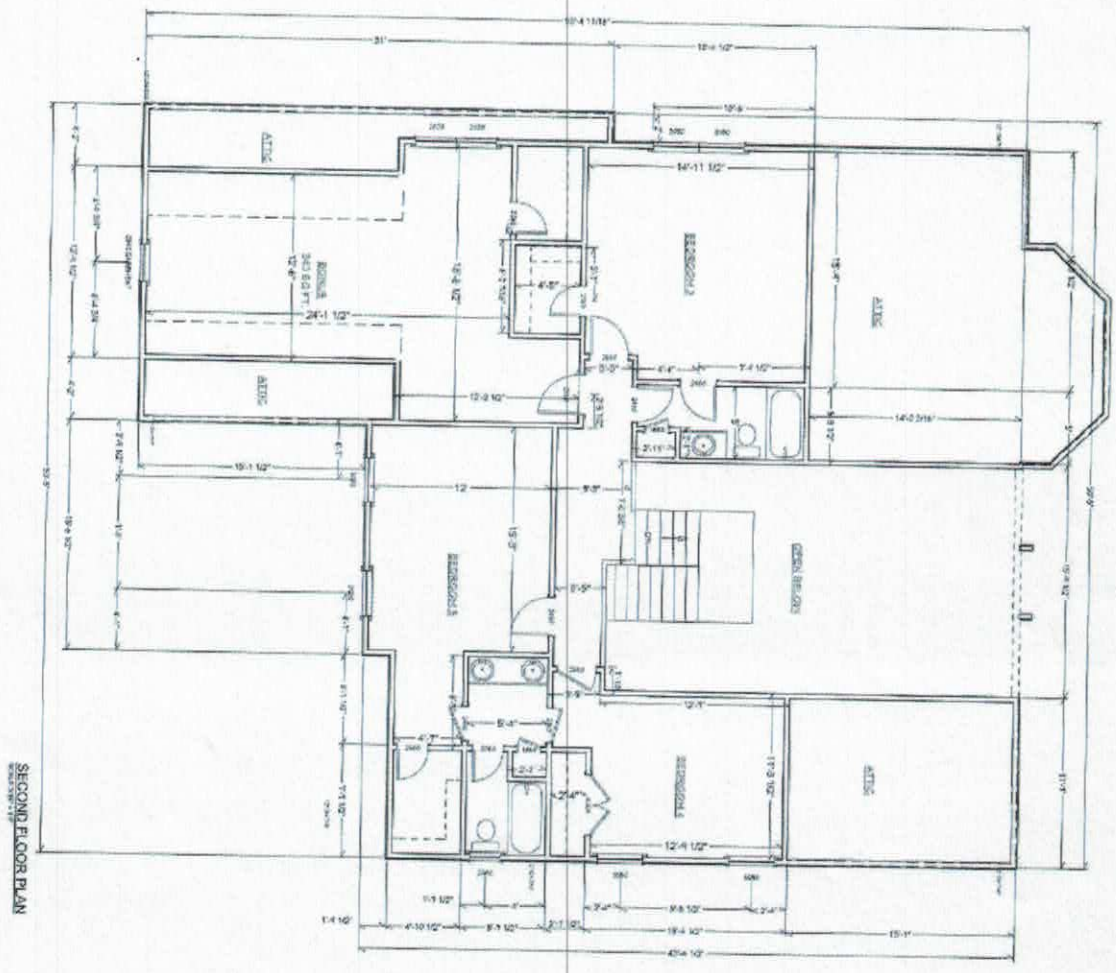
FIRST FLOOR PLAN

1		REVISIONS	LAKEMIST HOMES Cypress II		VISUAL DESIGN VISUAL DESIGN & DRAFTING

Acknowledgement of
Plans Submittal ONLY!

Maria Doban Date 11/21/17

Date 11/21/17



SECOND FLOOR PLAN

2		REVISIONS	LAKEMIST HOMES Cypress II		VISUAL DESIGN VISUAL DESIGN & DRAFTING	

IREDELL COUNTY

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

APPLICATION NUMBER
230569
Issue Date: 09/28/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639336253.000	111 BLUE RIDGE TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GUSTO VENTURES LLC	Applicant: LAKESHORE HOLDINGS LLC
Address: P O BOX 7676 MYRTLE BEACH, SC 29572	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
.887	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	116494	TOTAL FEES:	$ 77.25