Site Address: 115 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# 13657 23089 PIN# ~~4639 42 0136 665~~ 4639-33-7146 DATE July 31, 2006

OWNER OR APPLICANT Westbridge Partners / Lake Shore Holdings PHONE: Business _____ Home _____

ADDRESS P.O. Box 3668, Mooresville NC 28117

LOCATION Peth Rd (N) TL Peth Hill TL Blue Ridge Trail 4th lot on left

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 5 LOT AREA .86ac SITE CLASS PS DESIGN FLOW 440gpd L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 960 Date 11/15/17

Pump Tank: 1000 Gallons: PT 363 Date 10/19/17

Pump Make: _____ Model: _____ Serial No: _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36"

[X] New System [ ] Repair [ ] Expansion System Type: I II III IV V VI

System Description: pump 25% reduction LPP@PS

Repair System Description: _____

Maintenance Agreement Required: [ ] Yes [X] No initially

[X] House/Mod Home No. Bedrooms 4

[ ] Mobile Home No. Persons _____

[ ] Business No. Employees _____

[ ] Other _____

Water Supply: [X] Individual [ ] Public [ ] Community

Gravel Depth N/A [ ] Gravity [X] Pressure [ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

Comments/Conditions: AC inspection 11/16/17 MK
Reviewed floor plans 11/17/17, in Compliance with Septic plan.

Comments/Cond...

	Date	Initials
Drain Lines Checked	2/16/18	SH
Tanks Checked	2/16/18	SH
Pressure Manifold or Valve Box Checked	2-19-18	KW
Pressure Head Set	4-25-18	KW
Electrical Checked	5-2-18	BB
Floats Set	4-25-18	KW
Alarm Checked	4-25-18	KW
Maintenance Contract Y (N)	not required	
Comments:		

INITIAL SITE SKETCH

SEE Plan from SAME

2/16/18

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 [X] Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Kathleen Sandifer date 8/11/06

Improvement Permit by: [signature] date 7-31-06

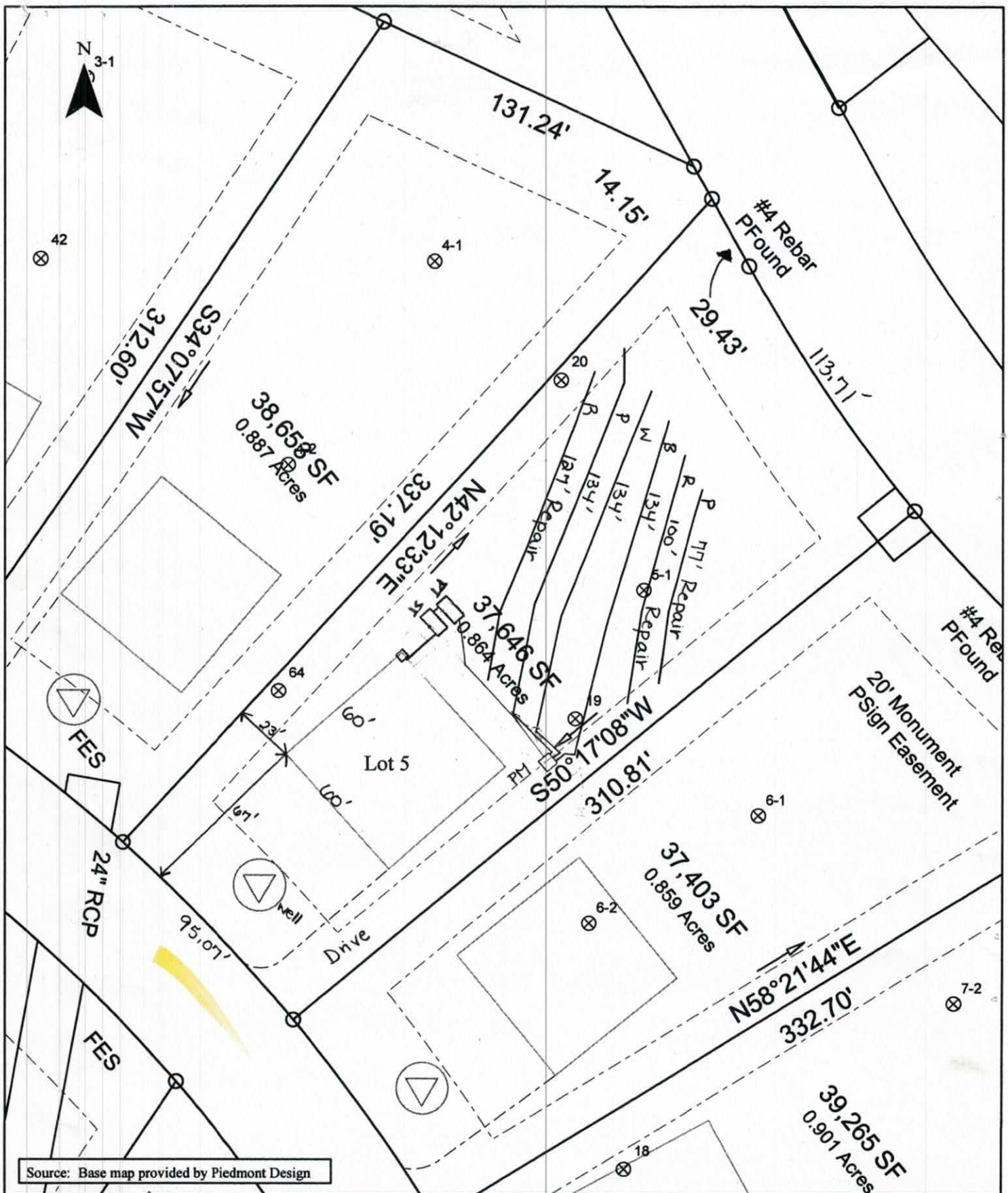
Authorization to Construct by: [signature] date 11/17/17

Installed by: Baxter Grading

Operation Permit by: Benjamin A Bolton date 5/2/2018

Existing System Inspection by: _____ date _____

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



Source: Base map provided by Piedmont Design

Scale: 1 inch equals 50 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP		Lot 5 Septic Lines	1
Reviewed by: PGP		Iredell County, NC	
Date: July, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-121	

Lot 5 Woodleaf Subdivision Fast Track Septic System Information

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.3**
Primary System Type	**25% Reduction**
No. Lines	3 (See Table)
Total Linear Feet	402
Trench Width	3' min.
Trench Spacing	9' min.
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	75' of 2" SCH 40 PVC
Flow Rate through the system	16.5 gpm
Elevation head	Approx. 11.9'
Pressure head	2.0'
Friction head	1.0'
20% Contingency	3.0'
Total Head	17.9'
Pump Requirements	16.5 gpm @ 18' of head; use Goulds WE03L pump or equivelent with compatible electrical
Maximum Dosing Volume	240 gal -2.0 doses/day @ design flow
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 14.5 min.
Check Valve	Yes
Siphon Break hole	Yes
Repair System	**LP PPBPS**
Total Linear Feet	304'
Repair Loading Rate	0.3

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elevation (Ft.)
1	Repair	Red	LPPPBPS	127'	8.19'
2	System	Pink	25% Reduction	134' endfed	
3	System	White	25% Reduction	134' endfed	
4	System	Blue	25% Reduction	134' endfed	
5	Repair	Red	LPPPBPS	100'	
6	Repair	Pink	LPPPBPS	77'	4.02'
				Total System: 402'	
				Total Repair: 304'	

Tank	Red	1000 gal (2 compartment)	9.9'
Pump Tank	Red	1000 gal.	9.9'
House	Blue		11.7'

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	3
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

SOIL/SITE EVALUATION (Continuation Sheet) Sheet of

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID NO.: Lot 5
DATE OF EVALUATION: 6-8-06
COUNTY: Iredell

Lot 5 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	4-6% ~7%	0-4	mgr sl	NS NP Fr	Br				.3
		4-12	wsbk scl	SS SP Fr	Br R				
		12-28	msbk c	SS SP Fr	R F Sap incl.				
		28-52	wsbk cl	SS SP Fr	R C Sap incl.				
		52-60	mass sl/l	NS NP Fr	mult.				
Pit # 19	L	0-5	WK SBK SL	FR SS/SP	Br				0.3
		5-24	No SBK/ WK ABK C	FR SS/SP	Red				
		24-46	WK SBK SCL	FR SS/SP	Red; C Sap; F Relic yel Br's				
Pit # 20	L	0-5	WK SBK SL	FR SS/SP	Br				0.3
		5-23	WK SBK CL	FR SS/SP	Red; C Sap				
		23-48	MA L Sap	FR ns/np	Yel Red				
Pit # 64	L 3-5%	0-4	No GR L	FR ns/np	Br				0.3
		4-15	WK SBK C	FR SS/SP	Red; F Sap				
		15-22	MA SL Sap	FR ns/np	Multicolored				
		22-54	MA L Sap	FR ns/np	Br; M Mica				
(4)		0-4	gr scl	fr ss sp					.3+
		4-27	ms sbk cl	fr ss sp	few common Sap				
		27-32	wk sbk cl	fr ss sp					
		32-60	Mass sl/l	Sap fr ss sp					

COMMENTS:

5) 0-4 gn brn sl fr sssp
4-15 wk sbk brn scl frssssp
15-27 sbk red c frssssp 3exp
27-43 wk csbk red cl frssssp
43-56 wk sbk red scl fr sssp few vf sand
BC

3

S&ME

7-24-06
OK
DM

To: Iredell County Environmental Health Department

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

RE: Woodleaf Subdivision – Woodbridge Partners, LLC – Lot 5 Fast Track

Date: July 19, 2006

Attached is the Fast Track information required to place Lot 5 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

RECEIVED NOV 13 2017

AC - Inspection Required

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

#230789

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: Lakemst Homes@yahoo Phone: 704 799 7609 Alt. Phone: 919 389 4566
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 115 Blue Ridge Trail, Mooresville NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 5
Driving Directions: 150 to Perth, make left on Fern Hill, Left on Blue Ridge
lot is 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: _____
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

Non-Residential Site Development: Type of Business: _____
Squnre 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: _____
(✓) 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

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	**Mailing Address**	**Home Phone**	**Work Phone**

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Lot # 5

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?**
- ( ) **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)***

(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.

9. **Signature:** Kathleen Saunders — 6/19/06

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

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 orderod 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 115 B Nc Ridge Trl, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4634337146, 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)	10/10/17 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

FIRST FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 11/13/17

Date 11/13/17

3		REVISIONS	LAKEMIST HOMES Southport 3 CAR ELEV B		VISUAL DESIGN VISUAL DESIGN & DRAFTING

Acknowledgement of
Plans Submittal ONLY!

Date 11/13/17

Date

4		REVISIONS	LAKEMIST HOMES Southport 3 CAR ELEV B		VISUAL DESIGN VISUAL DESIGN & DRAFTING

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 #:	136459ZO	Subdivision:	Woodleaf
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	000 Blue Ridge Tr. Mooresville NC 28117		
Parcel #:	4639420136.005	Zoning:	Ra
Lot #:	5 Size: .86	Flood Plain:	No Watershed: WSIV-CA
Applicant:	S&ME INC. ENGINEERING (Toney Jacobs)	Owner:	Carolina Centers LLC
Address:	105D DENVER BUSINESS PARK DR Mooresville NC 28115	Address:	PO BOX 1003 Charlotte , NC 28201
Phone:	704-662-8625	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	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:

150 west, right Perth Road, left Fernhill, left Blue Ridge Trl, property on left

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:_____ Date: _____

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

DEBBIE WILLIAMS

Printed: 6/14/2006