IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 225119

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

PIN # 4639400944

APPLICANT/OWNER: Lakeshore Holdings LLC

APPLICANT ADDRESS: 132 Marketplace Ave Mooresville NC 28117

SITE ADDRESS: 310 Kenway Loop Mooresville NC 28117.

PHONE: 704-799-7609

ALT. PHONE ~

SITE DIRECTIONS: Per Rd (1) on Front Rd (2) on Kenway Loop Lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf

SECTION: ~ LOT # 52 LOT AREA: 0.97 Acres

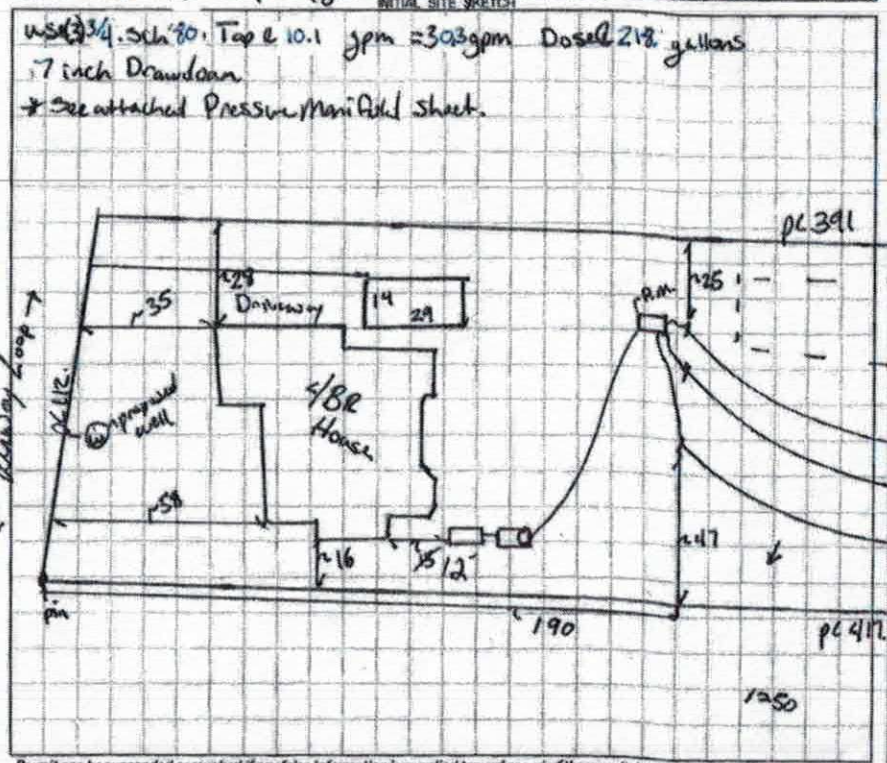
DESIGN FLOW: 480 gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	760	Date	8-18-18	☑ 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	9-10-18	System Description:	Pressure Manifold 25% Reduction			☐ Business	No. Persons	8	☑ Private	
Pump Make	Goulds	Model			Serial #		Repair System Description:	25% Reduction			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	3		Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☑ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)	28		Gravel Depth	~		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing			

Comments / Conditions: Due to moving of House + Change of House plans System will be pumped. Install Drainlines on the contour of the land and utilize Pressure manifold. Do not Drive, perc, pave, grade or bury utilities in drainfield area.

Floor Plans are 60 * 60

INITIAL SITE SKETCH



AS BUILT SKETCH

2/5/19: Arrived @ site for pump test. PM box damaged (landscapers?). Re-inspection required. -SF

	Date	Initials
Drain Lines Checked	12/7	JB
Tanks Checked	12/7	JB
Pressure Manifold or Valve Box Checked	2-7	KW
Pressure Head Set	2-7	KW
Electrical Checked	2-6	JB
Floats Set	2-6	JB
Alarm Checked	2-6	JB
Maintenance Contract Y (N)		not required
Comments: Checked Supply Line	12/7	JB

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: 8/14/18

Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Benjamin A. Bolkin Date: 8/7/2018

OPERATION PERMIT by: [signature] Date: 2-7-19

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolkin Date: 8/7/2018.

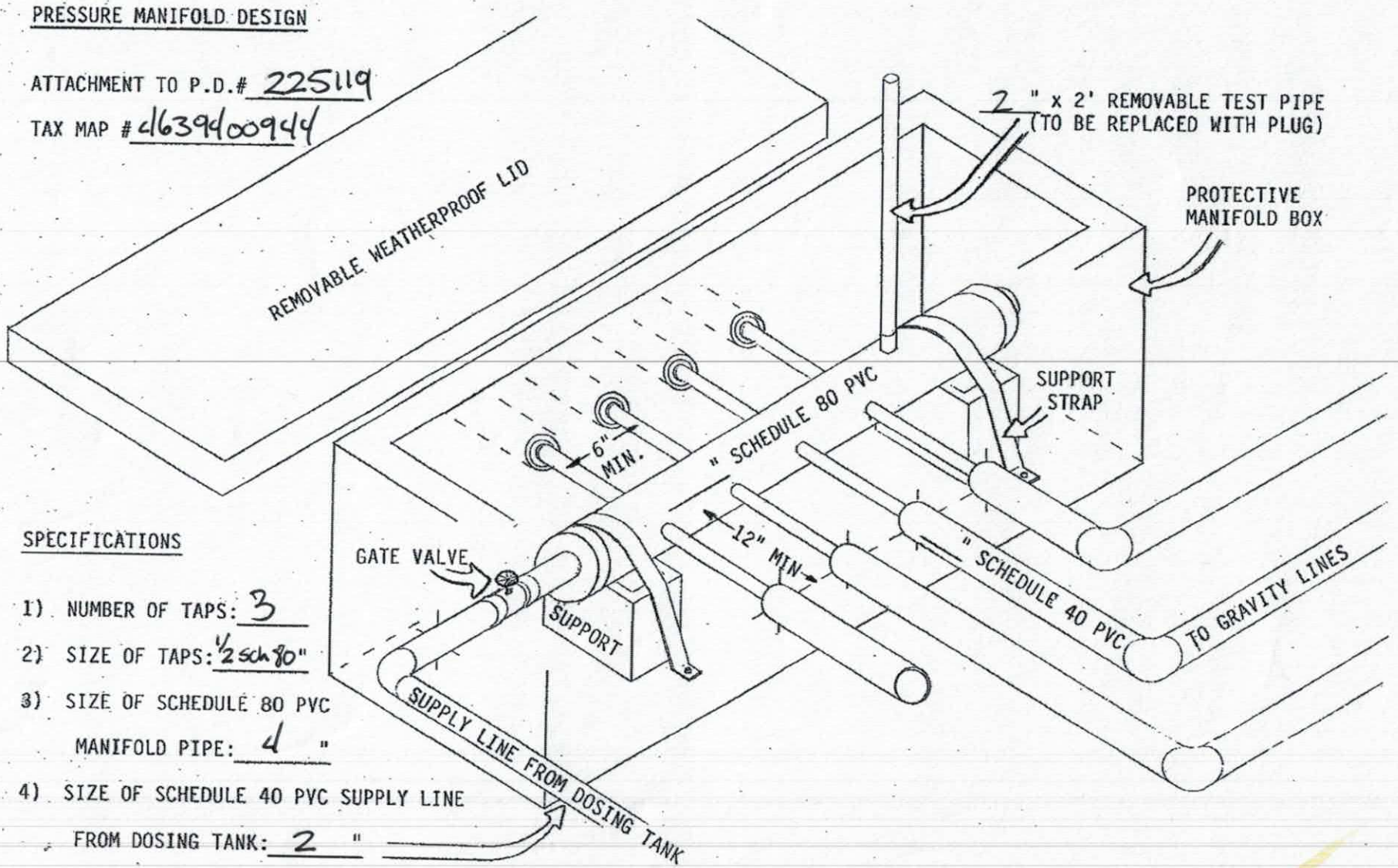
Existing System Inspected by: Date:

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

PRESSURE MANIFOLD DESIGN

ATTACHMENT TO P.D.# 225119

TAX MAP # d1639d00944



SPECIFICATIONS

1) NUMBER OF TAPS: 3

2) SIZE OF TAPS: ½ sch 80"

3) SIZE OF SCHEDULE 80 PVC MANIFOLD PIPE: 4 "

4) SIZE OF SCHEDULE 40 PVC SUPPLY LINE FROM DOSING TANK: 2 "

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

310 Kenny Loop

(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

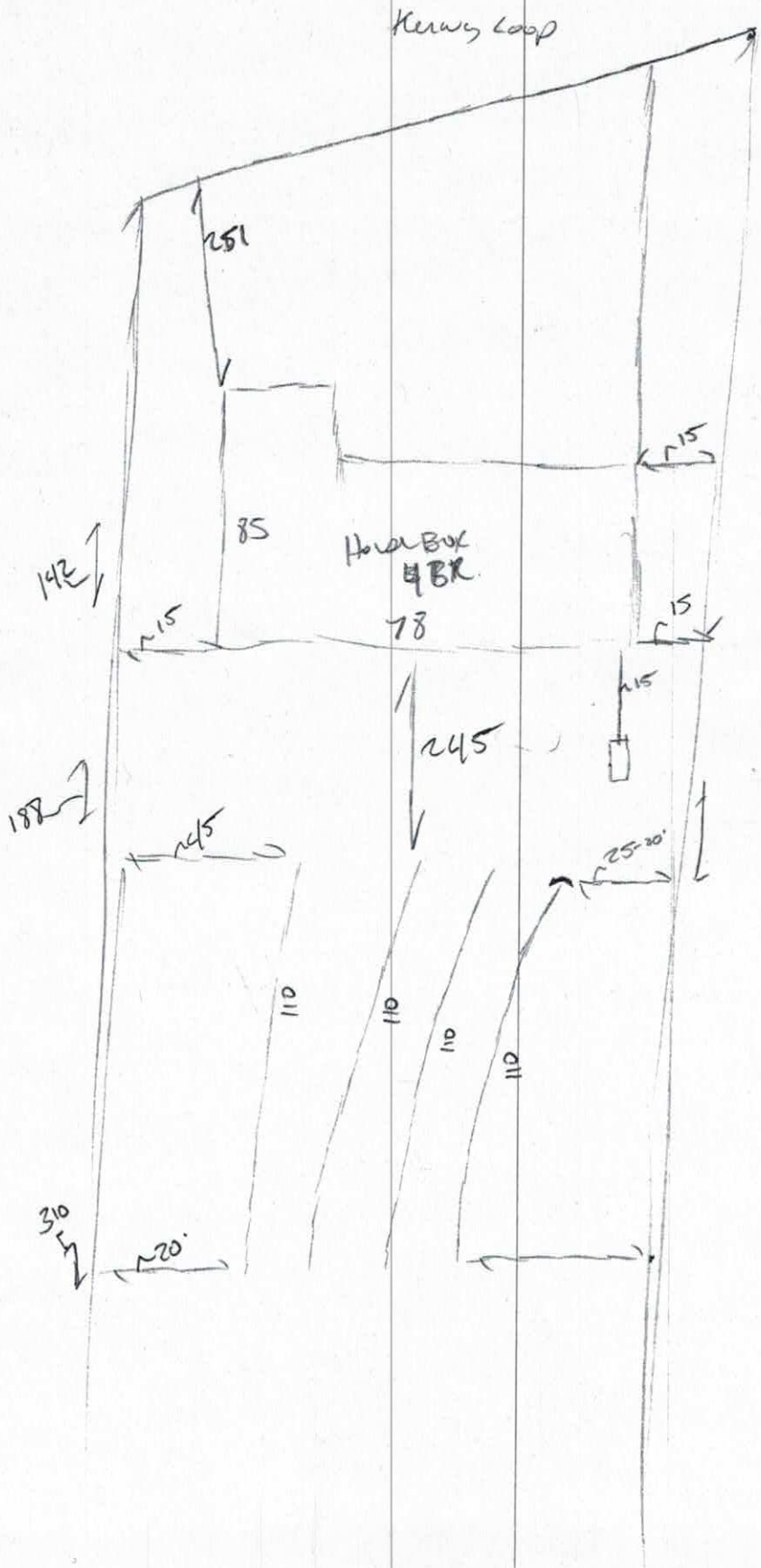
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	12% Linear Side	0-10	scl sbk	ss sp fr sef	2.5Y 4/6	48	—	—	PS .275
		10-38	c sbk	fm					
		38-48	cl wsbk	fr					
2	12% Linear Side	0-8	scl	ss sp fr sef	2.5Y 4/6	48	—	—	PS .275
		10-36	c sbk	fm					
		36-48	cl wsbk	fr					
3	12% Linear Side	0-8	scl sbk	ss sp fr sef	2.5Y 4/6	44	—	—	PS .275
		8-34	c sbk	fm					
		34-44	cl wsbk	fr					
4	12% Linear Side	0-8	scl wsbk	ss sp fr sef	2.5Y 4/6	44	—	—	PS .275
		8-39	c sbk	fm					
		39-44	cl wsbk	fr					

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: _____

S-1E Revisit Fee
Gravity



225119 app 105

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: 310 Kenway Loop, Mooresville, NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 52
Driving Directions: Penn Rd to take Longfern Hill, R on Kenway Loop, 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: _____ 7/10/18
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, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 310 Penuria Loop, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4634410944, 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

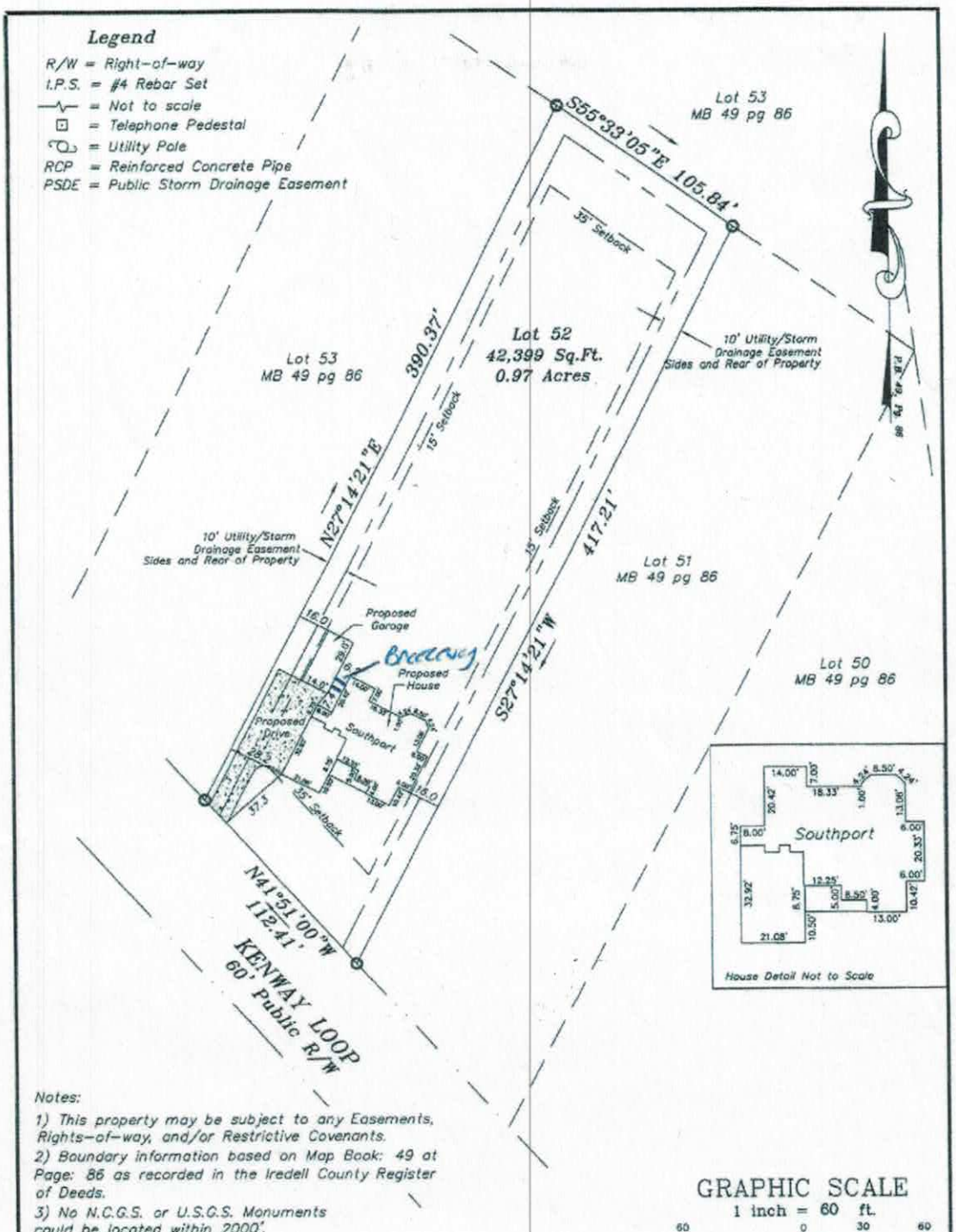
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) Date 7/10/18 Signature of Witness Date

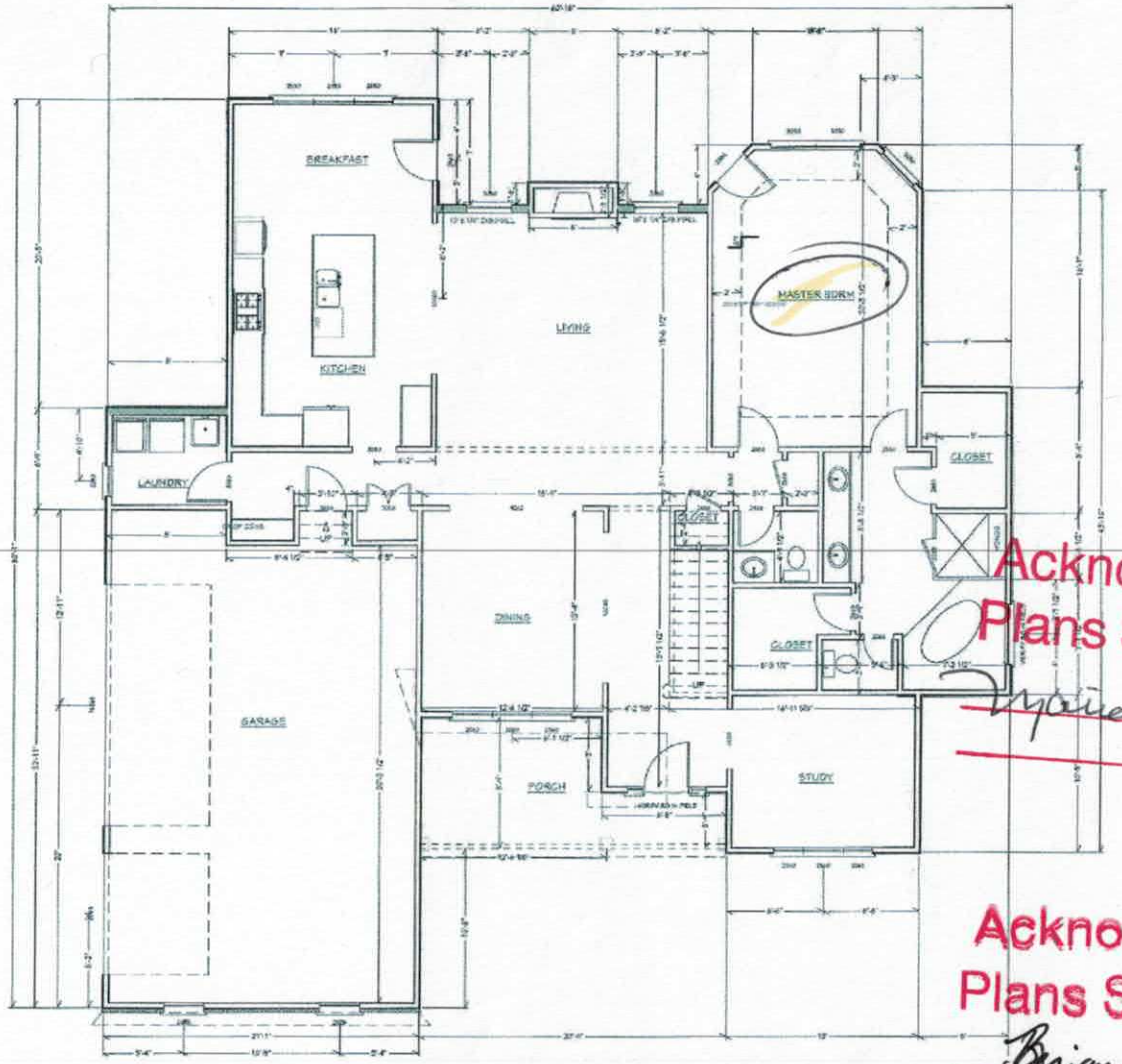
Please return this signed form to the appropriate office:

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



House box stated
is 74x2 to include house + Garage



60'-0"

7/12/18

Acknowledgement of Plans Submittal ONLY
Date 7/15/18
Date

Acknowledgement Of Plans Submittal ONLY
Date 8/7/18
Date 8/14/18

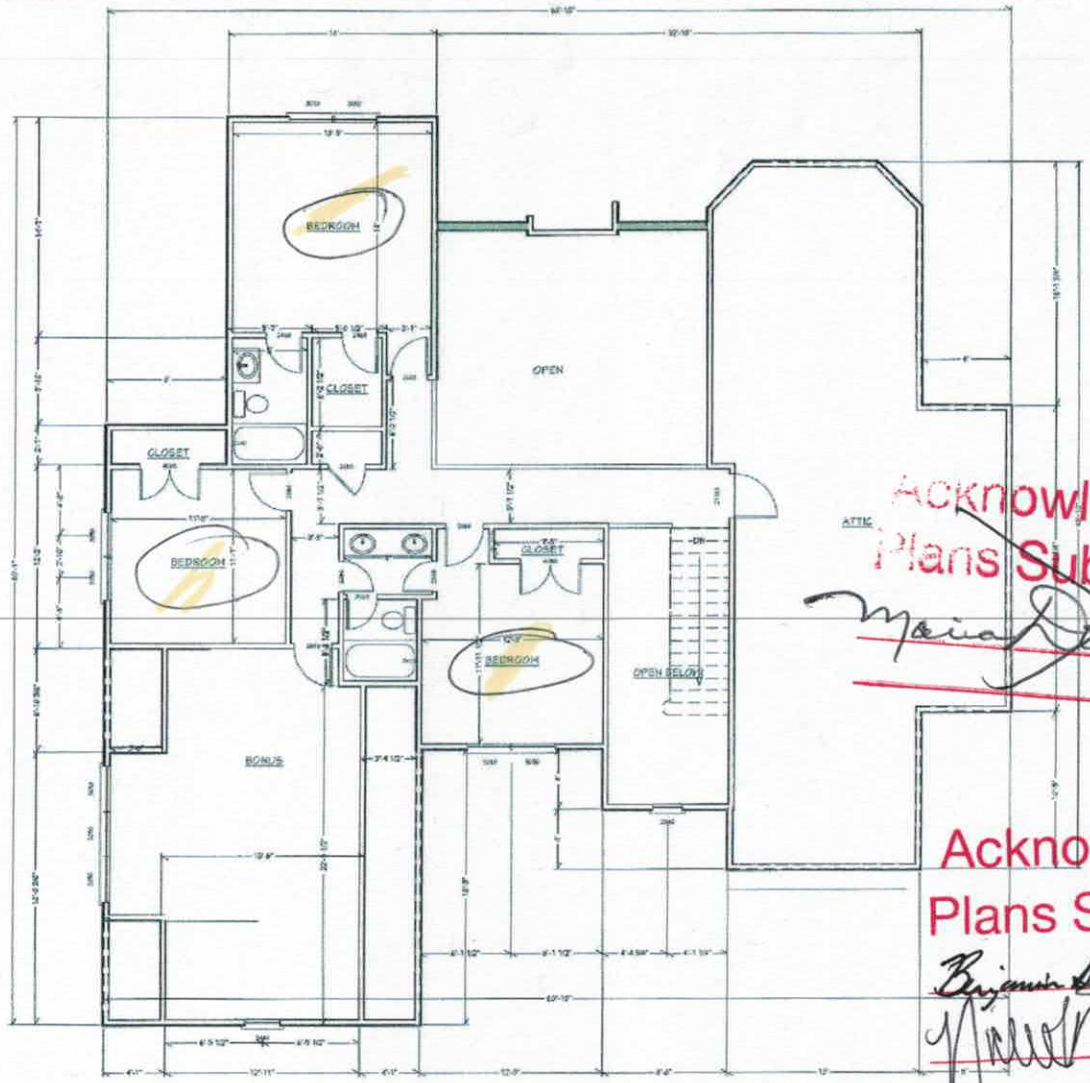
FIRST FLOOR PLAN

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

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



SECOND FLOOR PLAN

Acknowledgement of Plans Submittal ONLY!
Date 7/18/18
Date

Acknowledgement Of Plans Submittal ONLY!
Date 8/2/18
Date

7/12/18

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

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