(10)

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-6305 — Mooresville Office (704) 658-2026

PERMIT # 241841

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

PIN # 4639-40-1826

APPLICANT/OWNER: Lakeshore Holdings — APPLICANT ADDRESS: P.O. Box 5850 Mooresville, NC 28117

SITE ADDRESS: 304 Kenway Loop Mooresville, NC — PHONE: 919-389-4500 — ALT. PHONE: 704-634-6209

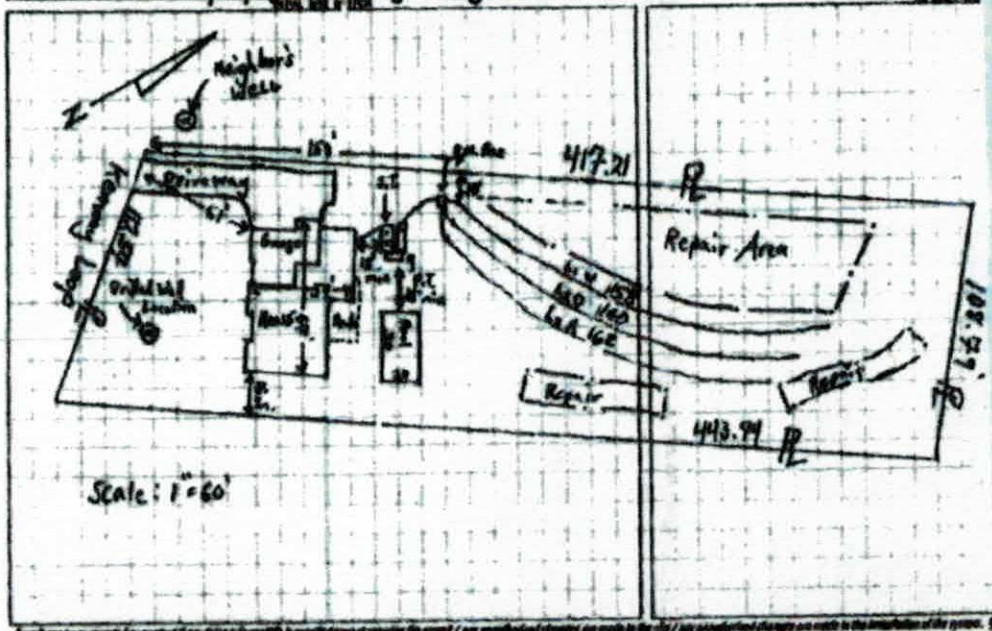
SITE DIRECTIONS: Perth Rd N from NC 150 → L on Fern Hill Rd → L on Kenway Loop → House on Right

SUBDIVISION: Woodland — SECTION: — LOT # 51 — LOT AREA: 1.054 ACRES — SAP CONTROLLER: ☐ YES ☒ NO — DESIGN FLOW: 480 GPD — LTAR: 0.25

Septic Tank	1000 (gal)	SEE Plan	Date	4-7	System Description	PM + 25% Reduction	Residence: No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	6-7	Repair System Description	25% Reduction	Duplex: No. Persons 8
Pump Make		Model		Serial #	Maintenance Agreement Required	☐ YES ☐ NO	Other: No. Employees
# Distribution Fields	1	# Lines	3	Lines @	☐ GRAVITY ☐ PRESSURE		Club: Count Spaces
Trench Width	36"	Trench Bottom Depth(s)	24"	Gravel Depth			Basement w/ plumbing: ☐ Basement w/o plumbing

Water Supply: ☐ Private ☐ Public ☐ Community

Comments / Conditions: As of 6/2019, house already built. Has 3 x 1000 gal 40 Tank, Set control floats to gain 250 gallons per pumping event. Recommend pumping S.T. every 3-5 years.



	Date	Initials
Drain Lines Checked	7/10	BB
Tanks Checked	7/10	BB
Pressure Manifold or Valve Box Checked	7/8	CC
Pressure Head Set	8/26	BB
Electrical Checked	8/10	BB
Floats Set	7/10	BB
Alarm Checked	7/10	BB
Maintenance Contract Y/N		

* Seal Electrical ✓ BCW 9-10-19
* Remove Irrigation over Drainfield

☐ IMPROVEMENT PERMIT with site plan valid for 60 days. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT – not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date: 6/21/19 — Installer: Grudge Grading

IMPROVEMENT PERMIT by: [signature] Date: 6/21/19 — OPERATION PERMIT by: Benjamin A. Bush Date: 9/16/19

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 6/21/19 — Existing System Inspected by: Date:

FOR SEPTIC TANK INSPECTION CALL FOR 48H TIME between 8am TO 5pm — (section) (lot) (subdivision) must be clearly marked

1/* PUMP TANK MIGHT BE LEAKING
1/* SYSTEM APPEARS TO BE FAILING AT END FURTHEST FROM HOUSE

- Everything Corrected 9/16/19.

ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 241841

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

PIN # 4639-40-1826

APPLICANT/OWNER: Lakeshore Holdings

APPLICANT ADDRESS: P.O. Box 5350 Mooresville, NC 28117

SITE ADDRESS: 304 Kenway Loop Mooresville, NC

PHONE: 919-389-4500 ALT. PHONE

SITE DIRECTIONS: Perth Rd N from Rt 150 → L on Fern Hill Rd → L on Kenway Loop → House on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Woodleaf SECTION: LOT # 51 LOT AREA: 1.054 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	Date		
Pump Tank	1000 (gal)	PT	Date		
Pump Make		Model	Serial #		
# Nitrification Fields	1	# Lines	3	Linear Ft:	480
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	—

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

System Description: PM - 25% Reduction

Repair System Description: 25% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4

☐ Business No. Persons 8

☐ Other No. Employees

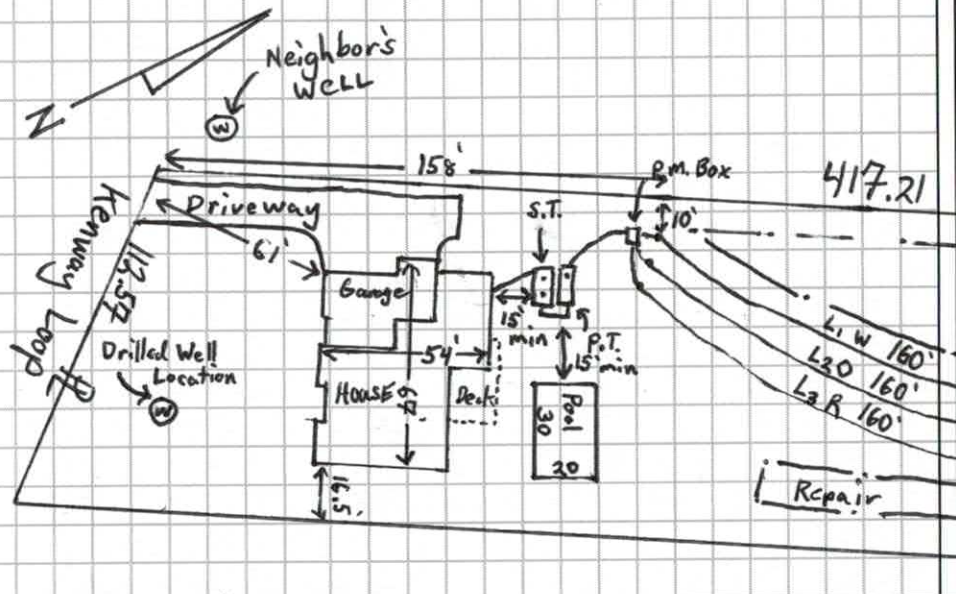
☒ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: As of 6/20/19, house already built. Use 3 × ½" SCH 40 Taps. Set control floats to dose 240 gallons per pumping event. Recommend pumping S.T. every 3-5 years.

INITIAL SITE SKETCH



Scale: 1" = 60'

AS BUILT SKETCH

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: Date: 6/27/19 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/21/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 6/21/19 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.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf SD — APPLICATION DATE _____
ADDRESS: _____ — DATE EVALUATED: 4/20/06
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 — PROPERTY SIZE: _____
LOCATION OF SITE: Lot 51 — PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1948 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	L 2-6%	0-9	WK SBK SL	Fr SS/SP	Br				0.25
		9-19	SBK SCL	Fr SS/SP	Lt Red				
		19-45	SBK C	Fi SS/SP	Lt Red; F Mn; FF yel Br				
		45-51	WK SBK CL	Fr SS/SP	Lt Red; F Mn; C WR Frags.				
2	L 2-6%	0-16	WK SBK SL	SCL Fi SS/SP	DK Br				0.25
		16-53	Mo SBK C	FR SS/SP	Lt Red; C Mn				
3		0-11	wkSBK scl	frssp					.3
		11-32	mskBK redc	frsssp sssp					
		32-48	wkSBK cl	frsssp fr sssp inl sap					
4	8% L	0-9	wkSBK scl-vfrsl	frsssp					.3
		9-30	skRed c	frsssp sssp					
		30-56	wkSBK cl	frsssp fr inl sap					

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Kathleen / Melanie
OTHER(S) PRESENT: _____

COMMENTS: _____

AC

Rec 11/22/19

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

Property Information:

Street Address: 304 Kenway Loop, Mooresville, NC 28117
Subdivision Name: Woodleaf Section/Phase: 5 Lot Number: 51
Driving Directions: Fern Hill Rd & take Right on Kenway Loop. house is 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: _____ 1/14/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

#291841
6320.a
e·11·19

INTERMEDIATE RELAYOUT TO ADD POOL POD

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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:** PO BOX 5350 MOORESVILLE NC **Zip:** 28117

Applicant Email: lakemisthomes@yahoo.com **Phone:** (919)389-4500 **Alt. Phone:**

Owner Name: SAME AS ABOVE **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

CALL PAUL PENNINGTON FOR SITE VISIT 704-996-6330

Property Information:

Street Address: 304 Kenway Loop

Subdivision Name: Woodleaf **Section/Phase:** **Lot Number:** 51

Driving Directions: Perth Rd, TR Fern Hill, TL Kenway Loop, Lot on Rt at 304 Kenway

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

CHECK FOUNDATION TYPE

(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: 8
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
(X) 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 ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T&I Panel

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: 6-10-19
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
Owner Name	Mailing Address	Home Phone	Work Phone

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	Woodleaf	Lot # 51

Driving Directions: Hwy 150 W, R Perth Rd, L Fern Hill Rd, left Kenway Loop, 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

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 — 5/2/06
   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

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 364 Kenwas Rd 02, Mooresville, NC 28117 identified as PIN (Parcel Identification Number) 4623948182 6, 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	Signature of Witness	Date
	1/11/19		

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Lakeshore Holdings, LLC - Aaron Feldman, am the legal owner(s) of the property located at 304 Kenway Loop, identified as

PIN (Parcel Identification Number) 4639401826.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

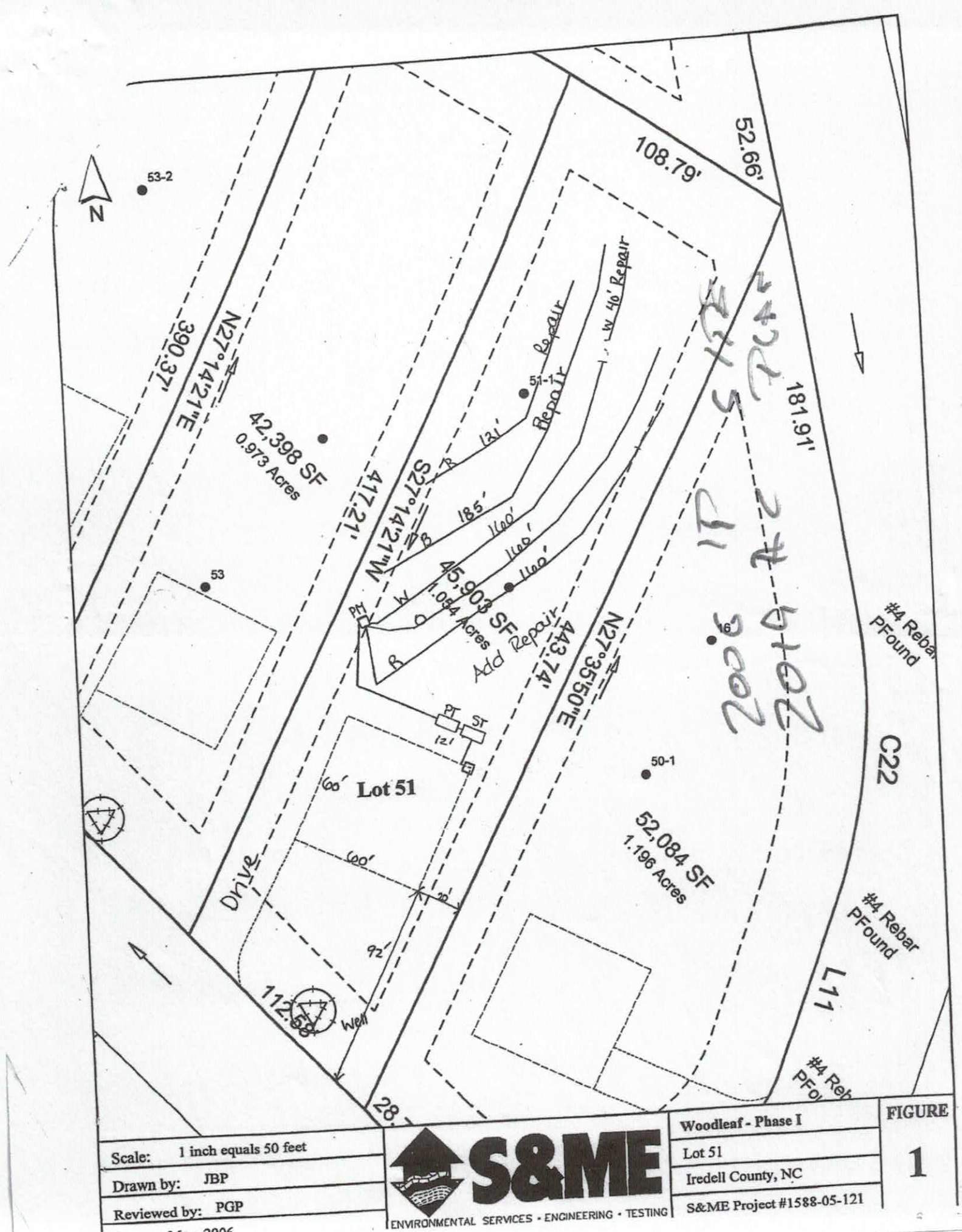
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

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.

_____ 6-10-19
Signature of Owner(s) Date

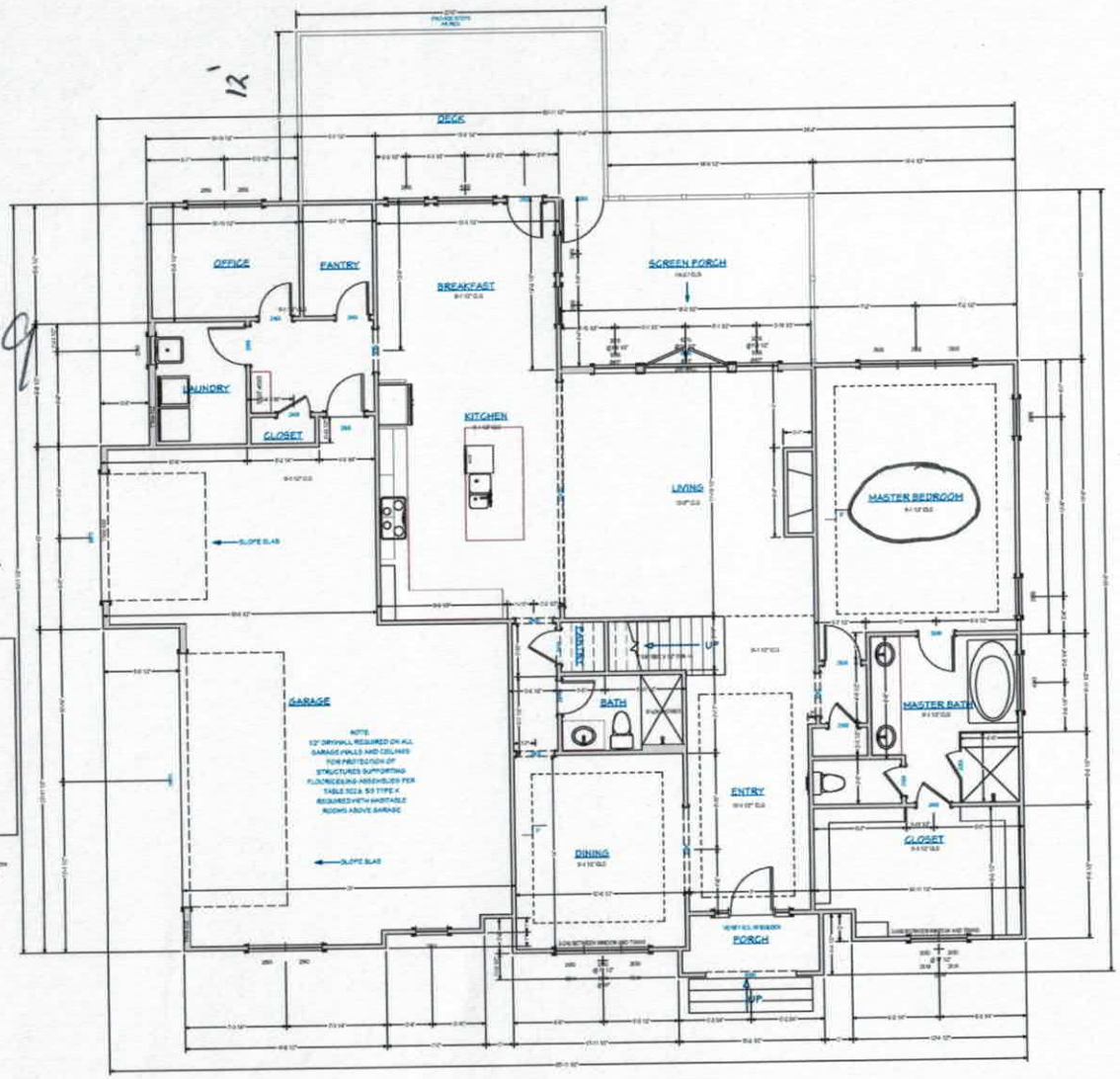
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

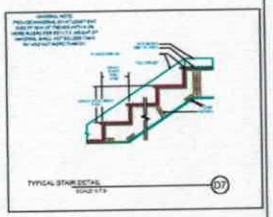
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677



Scale: 1 inch equals 50 feet	S&ME	Woodleaf - Phase I	FIGURE
Drawn by: JBP	ENVIRONMENTAL SERVICES · ENGINEERING · TESTING	Lot 51	1
Reviewed by: PGP		Iredell County, NC	
Date: May 2006		S&ME Project #1588-05-121	

Acknowledgement Of
Plans Submittal ONLY!
Date 1/30/19
Tom Church Date 1/25/19





SQUARE FOOTAGE	
1ST FLOOR HEATED	2105
2ND FLOOR HEATED	1334
TOTAL HSF	3439
COVERED PORCHES	265
GARAGE	793
TOTAL UNDER ROOF	4497

FIRST FLOOR PLAN
SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
TOPSAIL
LAKEMIST HOMES

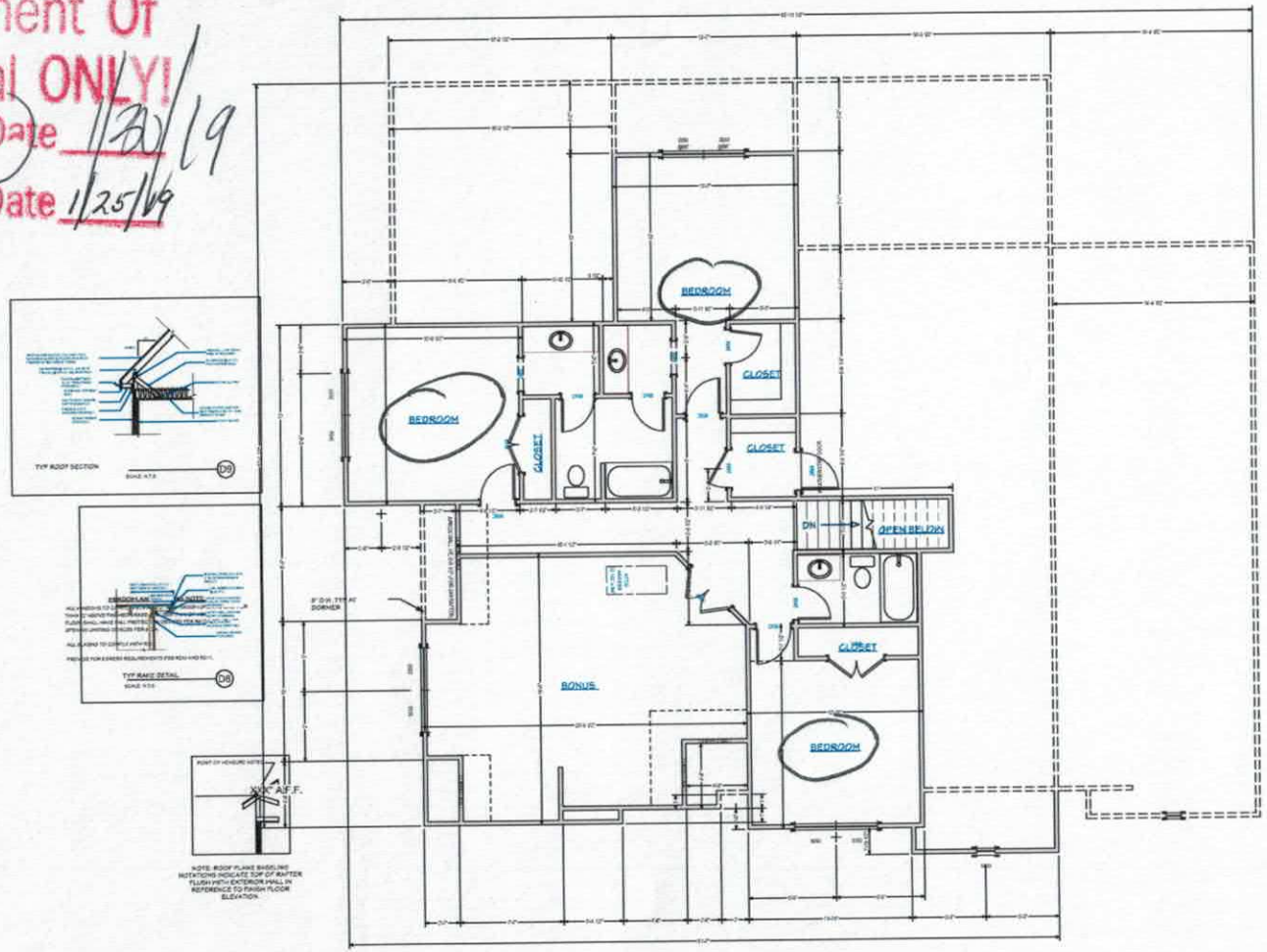
VISUAL DESIGN & DRAFTING

DATE:
4/19/2018

SCALE:

SHEET:
A-6

Acknowledgement Of
Plans Submittal ONLY!
Date 1/25/19
Tom Shuck Date 1/25/19



SECOND FLOOR PLAN
SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
TOPSAIL
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING
Justin Travis
(704)905-0580

DATE:
4/19/2018

SCALE:

SHEET:
A-7