IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210568

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

PIN # 4639-41-1211

APPLICANT: LAKEMIST HOMES APPLICANT ADDRESS: Po Box 5350 MOORESVILLE

SITE ADDRESS: 268 KENWAY LOOP - Mrail PHONE: 919-389-4500 ALT. PHONE:

SITE DIRECTIONS: FERNHILL, TL KENWAY, ON R

SUBDIVISION: WOODLEAF SECTION: — LOT # 49 LOT AREA: .896 AC DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	7609	Date	7-14-15	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	3603	Date	9-5-15	System Description:			LP PANEL BLOCK	☐ Business	No. Persons		☒ Private	
Pump Make	Goulds	Model			Serial #		Repair System Description:			SAME	☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	4		Linear Ft:	320'	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☒ Crawl Space		☐ Community	
Trench Width	24"	Max. Trench Bottom Depth	36"		Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: 10/14/15 Checked tanks & lines 10/29/15

32ft from deck to lowest drainline (middle of line)

INITIAL SITE SKETCH

SEE PLAN FROM SIME

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**

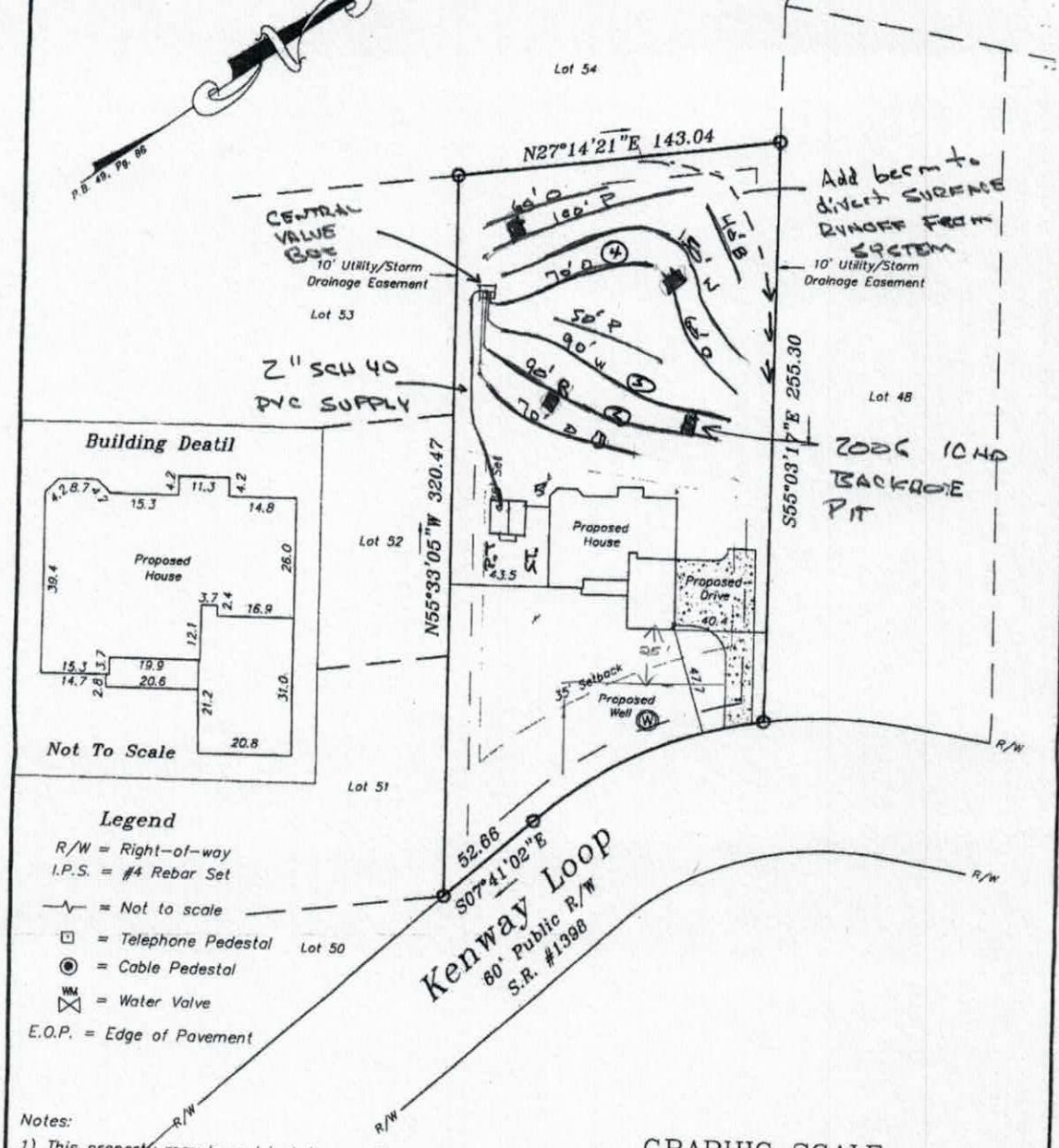
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 6/17/15 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: APPROVED JUN 04 2015 Date: OPERATION PERMIT by: Maina Dotson RS Date: 1/8/16

AUTHORIZATION TO CONSTRUCT by: APPROVED JUN 04 2015 Date: Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK



Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

2) Boundary information based on Map Book: 49 at Page: 86 as recorded in the Iredell County Register of Deeds.

4) This survey is of an existing parcel or parcels of land.

5) Area by coordinate method.

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)

1 inch = ~~50~~ 50 ft.

Table 1: Lot 49 Woodleaf Fast Track Summary of Primary Lines
Lakemist Homes - May 31, 2015

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	Panels	Holes	Hole Spacing	Hole Size (in.)
1	System	orange	LPPPBPS	70	6.9	16	16	1 per panel	5/32"
2	System	red	LPPPBPS	90	5.6	21	21	1 per panel	5/32"
3	System	white	LPPPBPS	90	5.1	21	21	1 per panel	5/32"
4	System	orange	LPPPBPS	70	4.3	16	16	1 per panel	5/32"
						Total: 74	Total: 74	(1 in each panel turned up)	
			Total System: 320'						

Total Repair: 410 shown and flagged (320 required)

Tank		1000 gal (2 compartment)	
Pump Tank		1000 gal.	approx. 6.6
House	left rear		7.8

Note: Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation. System is to be installed according to any other ICHD requirements or policies. These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design. Use trench depth and other specifics on ICHD IP. ICHD has requested that the valve box be shown on the upper line and has used endfed distribution with 90 ft. lines.

Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 49,
Woodleaf Subdivision
Plat Book 49 Page 86
Davidson Township
Iredell County, NC

SCALE: 1" = ~~50~~ 50

FIELD BOOK:

FILE: 2015-102

TAX PIN NO: 4639411211

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

Lot 49 WOODLEAF FAST TTRACK
RELAYOUT - 5-31-15
LAKEMIST HOMES

APPROVED JUN 04 2015
BA

ICHD

May 31, 2015

Lakemist Homes
295 Lake Mist Drive
Mooresville, North Carolina 28117

Attention: Mr. Aaron Feldman

Reference: Technical Assistance with Fast Track Septic Permitting
Lot 49 Woodleaf Subdivision
Iredell County, North Carolina
Project No.: 15-100

Dear Mr. Feldman:

We have provided technical assistance to obtain a possible four bedroom septic Improvement Permit from the Iredell County Health Department (ICHD) for the above referenced lot. The lot was originally permitted for a 4 bedroom T&J Panel System on June 8, 2006 and the ICHD recently issued you the Construction Authorization for the house pad shown on the attached site plan. You requested that we submit a Fast Track Intermediate Relayout to the ICHD since the existing Improvement Permit will expire on June 8, 2015.

Attached is the Application for the Septic Improvement Permit and the ICHD Fast Track requirements presented to the ICHD on your behalf. We visited the lot and reflagged the proposed system lines and updated the system specifications. No additional soil work was performed for this application. We are proposing a 4 bedroom Low Pressure Distribution T&J Panel System in the same general location and using the 0.25 gallons per day per square foot (gpd/sqft) long term acceptance rate (LTAR) that was approved by the ICHD in 2006. Your surveyor located the property lines and flagged the house pad.

Once the septic area is permitted, it should be fenced off for protection during home construction. Access to the lot should only be by the proposed drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system. A surface berm should be installed near the right rear property lines as shown on the 2006 site plan to divert surface stormwater runoff away from the system area.

We appreciate the opportunity to provide these services to you. The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you and the ICHD with the Fast Track site evaluation. The attached plan is not intended to be a Professional Engineer plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or

septic system installation. The ICHD may make any changes they deem necessary (tank locations, distribution device, etc.) to the proposed system on the Improvement Permit or the attached information /site plan. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Paul G. Penninger, L.S.S.
Soil Scientist

Attachments:

1. ICHD Improvement Permit Application
2. Site Plan and System Specifications
3. 2006 ICHD Permit

Copy: ICHD

C:\Users\paul\Desktop\Projects 2015\Woodleaf Lot 49 Summary Letter.doc

APPROVED JUN 04 2015

3A

Lot 49 Woodleaf Fast Track Relayout System Specifications
Lakemist Homes May 31, 2015

Number of Bedrooms	4
Basement or Crawl	**Crawl/Slab Garage**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.25 per 2006 ICHD Permit
Primary System Type	**LP PPBPS** (T&J Panel)
No. Lines	4 (See Table and Site Plan)
Total Linear Feet	320
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 100' of 2 " SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	37
Elevation head	*Approx. 13'
Pressure head	3.0'
Friction head	approx. 3'
20% Contingency	4'
Total Head	23'
Pump Requirements	37 gpm @ 23' of head *To be verified by installer and ICHD.
Maximum Dosing Volume	266 gallons max
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. 7.2 min.
Check Valve	yes
Siphon Break hole	no
Repair System	**LP PPBPS**
Total Linear Feet	410 shown (320 required)
Repair LTAR	0.25

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

APPROVED JUN 04 2015

Table 1: Lot 49 Woodleaf Fast Track Summary of Primary Lines

Lakemist Homes - May 31, 2015

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						Total: 74	Total:74 (1 in each panel turned up)		
				Total System: 320'					

Total Repair: 410 shown and flagged (320 required)

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Note: **Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.**
System is to be installed according to any other ICHD requirements or policies.
These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design.
Use trench depth and other specifics on ICHD IP.
ICHD has requested that the valve box be shown on the upper line and has used endfed distribution with 90 ft. lines.

RECEIVED JUN 1 2015

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Paid $225. #210568

Application for SEPTIC REPAIR PERMIT

(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 X 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 #	Alternate Phone #
Lakemist Homes	P.O. Box 5350 Mooresville, NC 28115		919-389-4500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
SAME			

****

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
	WOODLEAF	PH 1 Lot 49

Driving Directions: N PERTH Rd. TL FERN HILL, TL KENWAY, on Rt.

****

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
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

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

- (X) Crawl Space Foundation?
- (X) 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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other T.V.

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) 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: _____ 6/1/15

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

lications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A 37). If the owner does not sign the application himself or herself, they can submit any one of the following uments to designate their legal representative:

wer of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

the absence of the above documentation, the property owner may provide the local health department with ocumentation 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.

f 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 Lot 49 WOODLEAF, identified as PIN (Parcel Identification Number) 4639209211.049, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PAUL PENNINGTON, 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)	6/1/15 Date	Signature of Witness	6-1-15 Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- ✓ **Property Line measurements are clearly identified…**
- ✓ **All proposed structures are indicated…**

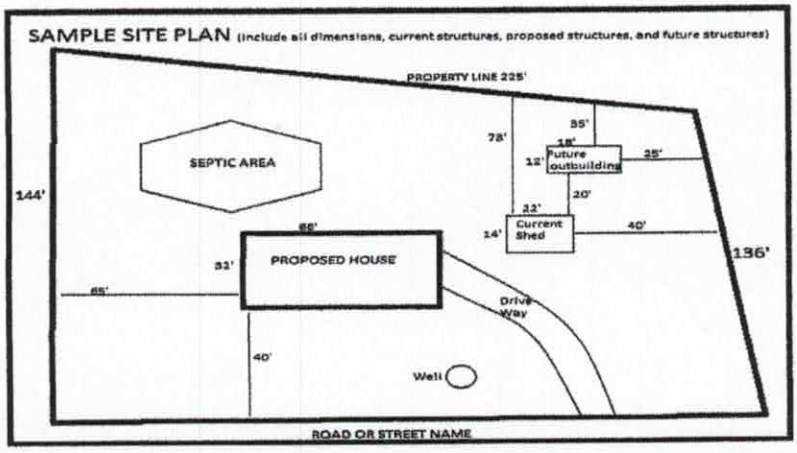
SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

- ____ **Front and side setbacks from property line…**
- ✓ **Preferred driveway location and configuration, preferred well location…**
- ✓ **Area you prefer your septic system to be placed…**
- ✓ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

- ____ **Location of septic systems and wells within 100' of your property… N/A**
- ____ **Location of easements and rights of ways on your property… N/A**
- ____ **Location of any designated wetlands on the property… N/A**

— ok your plans



USE THIS SPACE TO DRAW YOUR SITE PLAN

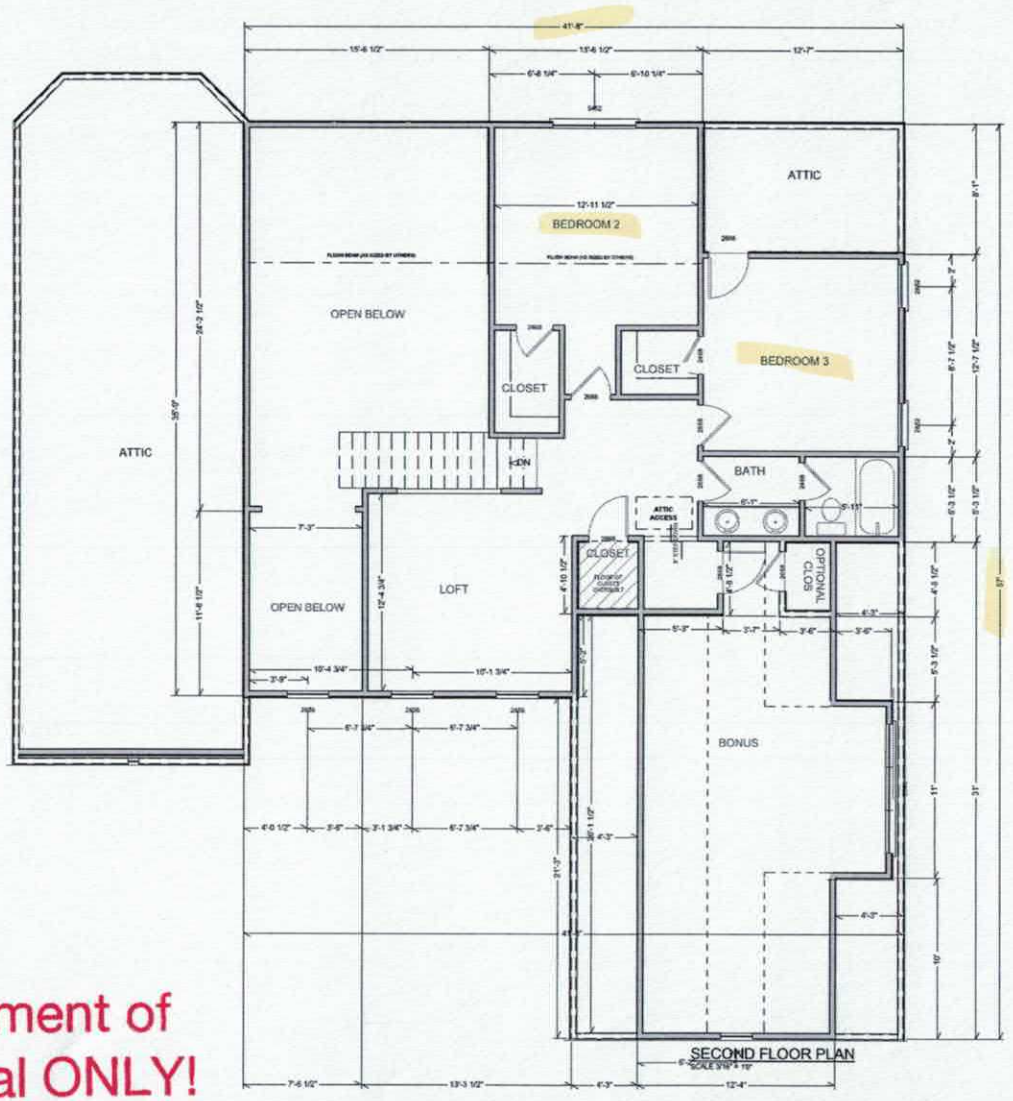
SEE ATTACHED

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

6/1/15

DATE



Acknowledgement of Plans Submittal ONLY!

Date 5/13/15

Date 5/18/15

VISUAL DESIGN & DRAFTING

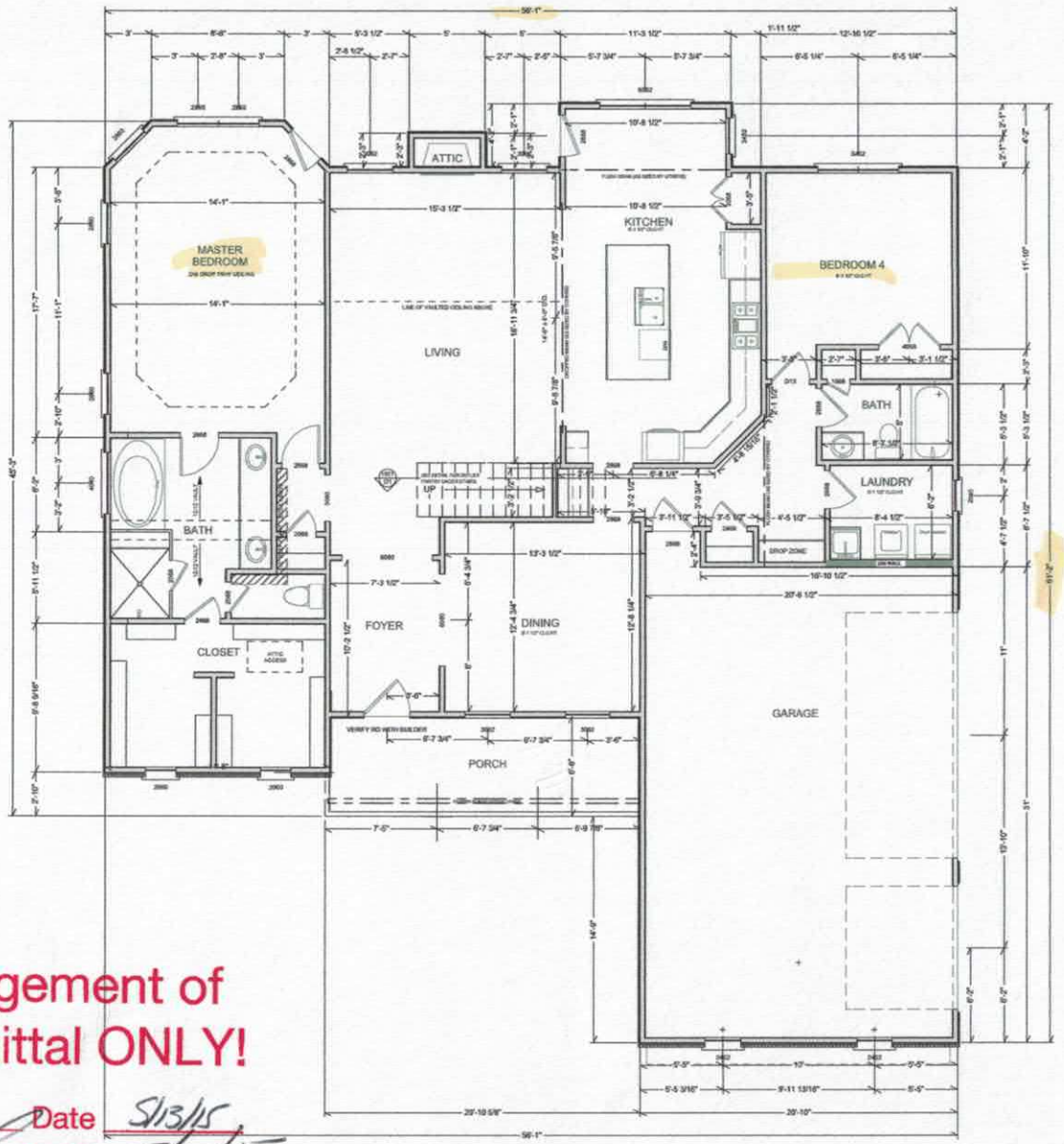
LAKEMIST HOMES

Matis Residence

REVISIONS

NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

4



Acknowledgement of Plans Submittal ONLY!

Date 5/13/15

Date 5/18/15

FIRST FLOOR PLAN

SCALE: 3/16" = 1'0"

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES

Matis Residence

REVISIONS

NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, AND BUILDING CODES REQUIREMENTS PRIOR TO CONSTRUCTION.

3