IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 216196

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

PIN # 4639412933

APPLICANT: Lakemist Homes APPLICANT ADDRESS: 132 Marketplace Ave Mooresville, NC 28117

SITE ADDRESS: 109 Blue Ridge Trail - Mooresville, NC PHONE: 704 746 7515 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fern Hill TL Blue Ridge at end on left

SUBDIVISION: Woodleaf SECTION: - LOT # 17 LOT AREA: 1.03 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .25

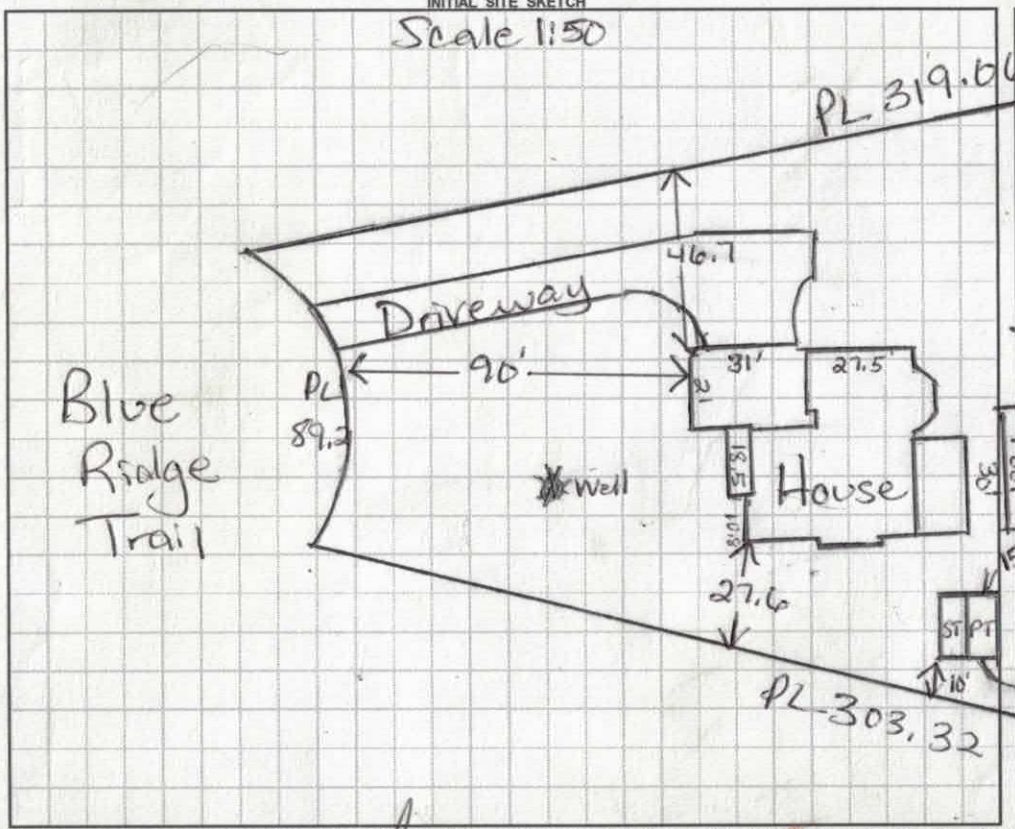
Septic Tank	1000 (gal)	STB	760 - Short	Date	4-16-16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply		
Pump Tank	1000 (gal)	PT		Date	1-18-16	System Description:	Pump-Lf PPBPS			☐ Business	No. Persons	8	☒ Private		
Pump Make	Goulds	Model	WE05-11H	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	min 24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing			

Comments / Conditions: Note: Pool "cut" must be at least 15ft from Septic System.

This permit replaces previous permit dated 2/9/16

INITIAL SITE SKETCH

Scale 1:50

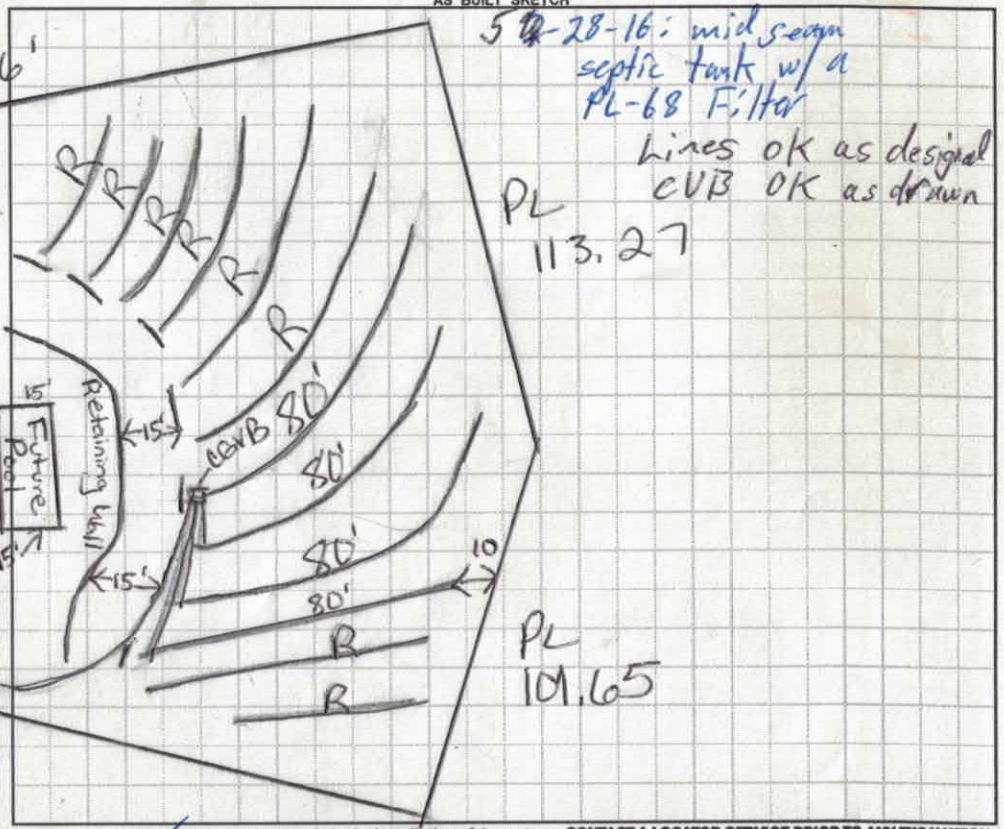


AS BUILT SKETCH

5-28-16: mid season septic tank w/a PL-68 Filter

Lines ok as designed

CVB ok as drawn



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.*

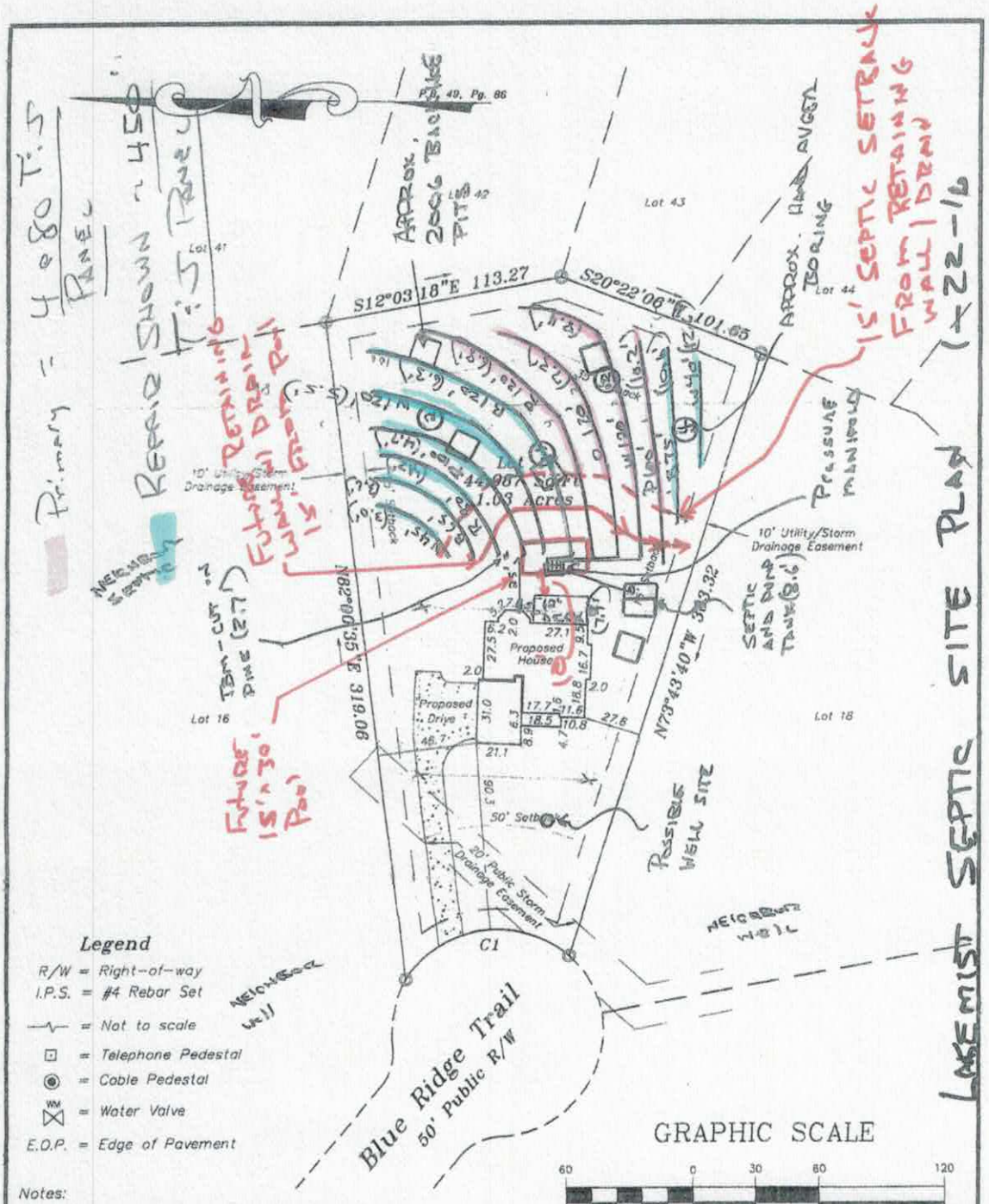
Owner / Applicant Signature: Date: 4/20/16 Installed by: Colby w/ Gunter Grading

IMPROVEMENT PERMIT by: Maria H. Gibson RS Date: 4/16/16 OPERATION PERMIT by: Date: 7-6-16

AUTHORIZATION TO CONSTRUCT by: Maria H. Gibson RS Date: 4/16/16 Existing System Inspected by: Date:

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

	Date	Initials
Drain Lines Checked		
Tanks Checked	5-27-16	
Pressure Manifold or	5-27-16	
Valve Box Checked		
Pressure Head Set	5-27-16	
Electrical Checked	6-23-16	
Floats Set	6-23-16	
Alarm Checked	6-23-16	
Maintenance Contract Y / N	7-6-16	



Notes:

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

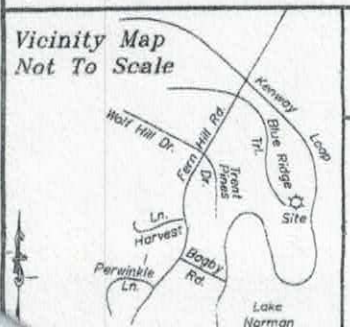
2) Boundary information based on Map Book: 49 at Page: 86 as recorded in the Iredell County Register of Deeds.

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

4) Area by coordinate method.

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	89.20	50.00	N09°40'03"W	77.83

Vicinity Map
Not To Scale



Plot Plan

FOR

Lake Mist Homes

PROPERTY DESCRIPTION

Lot 17,

Woodleaf Subdivision

Plat Book 49, Page 86

Davidson Township

Iredell County, NC

SCALE: 1" = 60

FIELD BOOK:

FILE: 2015-284

TAX PIN NO: 4639412933

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

ON-SITE WASTEWATER SECTION

COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Woodleaf

APPLICATION DATE _____

ADDRESS: _____

DATE EVALUATED: 6-1-06

PROPOSED FACILITY: House

PROPOSED DESIGN FLOW (.1949): 480

PROPERTY SIZE: _____

LOCATION OF SITE: Lot 17

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)		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	pit 23 4-8%	0-6	scl w sbk	ns, np, fri	Brown				.25
		6-32	C - sbk	ss, sp, fri-fi	Red				
		32-40	C - sbk W-Abk	ss, sp, fri-fi	yellow brown mottles				
2	pit #57 L	0-5	WK SBK SCL	FR SS/SP	Br				0.3
		5-42	WK SBK CL	FR SS/SP	Red; C Sap				
		42-48	MA L/SL sap	FR ns/np	Red Br				
3		0-4	wk sbk scl	fr sssp					.3
		4-27	mod sbk	fr ssso	Red - w sap				
		27-58	Mod sbk cl	fr sssp	red sap				
4		0-7	mod sbk brn	scl fr ss,p					.3
		7-31	SBK red c	fr sssp					
		31-52	wk sbk red	fr sssp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR	.25	?

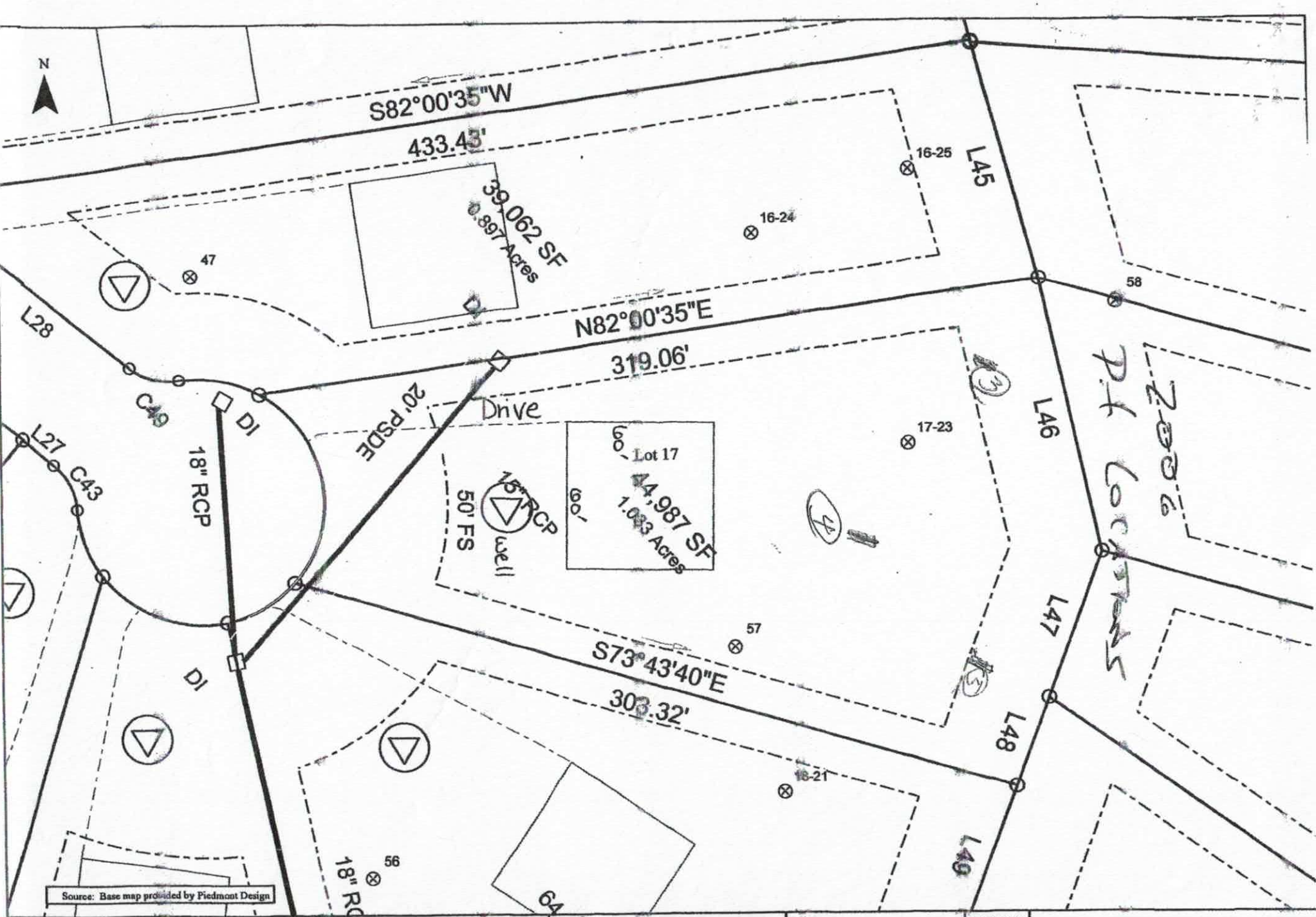
OTHER FACTORS (.1946): _____

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Jeremy Michael

OTHER(S) PRESENT: _____

COMMENTS: Need to look at other pits



Scale: 1 inch equals 50 feet	S&ME	Woodleaf Subdivision	FIGURE
Drawn by: JBP		Lot 17	1
Reviewed by: PGP		Iredell County, NC	
Date: June, 2006	ENVIRONMENTAL SERVICES • ENGINEERING • TESTING	S&ME Project #1588-05-121	

3/16 (R)

RELAYOUT FOR FUTURE POOL

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

RECEIVED MAR 16 2016

PAGE 1: *APPLICATION FORM*

#216196

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 Paid $320.00

The following optional attachments may also be submitted:
( ) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Lakemist Homes - Aaron Feldman **Address:** 132 Marketplace Ave, Mooresville, NC 28117 lakemisthomes@yahoo.com **Phone:** 704-746-7515

Owner Name: Lakemist Homes/Lakeshore Holdings, LLC **Address:** same as above **Phone:**

Property Information:

Street Address: 169 Blue Ridge Trail

Subdivision Name: Woodleaf **Section/Phase:** _____ **Lot Number:** 17

Driving Directions: Perth Rd, TL Fern Hill, TL Blue Ridge, at end, on left

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
( ) Other Addition/Structure:_____

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:_____
Square Footage of Building:_____
Maximum Number of Employee:_____
Maximum Number of Seats/Beds/Other:_____

Water Supply:

(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.J

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: _____ 3-16-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 136489 PIN# 4639 42 0136.017 DATE August 4, 2006

OWNER OR APPLICANT Woodbridge Partners LLC PHONE: Business _____ Home _____

ADDRESS P.O. Box 2108 Mooresville NC 28117

LOCATION Perth Rd (SR) TL FernHill TL Blue Ridge Trail at end

SUBDIVISION Woodleaf BLOCK / SECTION _____ LOT 17 LOT AREA 1.03 Ac SITE CLASS. P5 DESIGN FLOW 440gpd L.T.A.R. .025

Septic Tank: 1000 Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1440 Linear Feet 480

No Lines 4@120' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

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

System Description: Gravity 25% Reduction LPP P5

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☒ No Initially

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 4 No. Persons _____ No. Employees _____

Water Supply: ☒ Individual ☐ Public ☐ Community

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☒ Basement wo/plumbing

Comments:/Conditions:

Comments:/Conditions:

INITIAL SITE SKETCH

SEE Plan from SPME

AS BUILT SKETCH

**** IMPROVEMENT PERMIT ONLY *****

Do Not Issue Building Permit!

Floor Plan Still Needed

EXPIRED! 8-4-15

Permit can be su... ...y unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permi... ...onths ☒ Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed _____ date 8/11/06 Installed by: _____

Improve... _____ date 8-4-06 Operation Permit by: _____ date _____

Authoriza... _____ date _____ Existing System Inspection by: _____ date _____

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

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

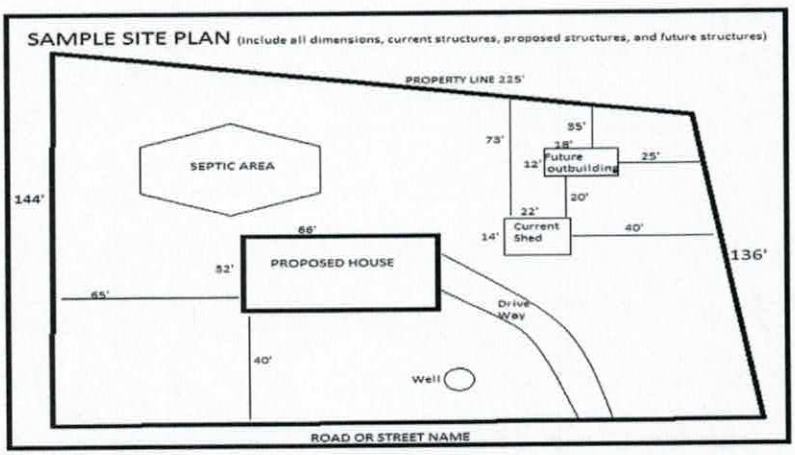
___ Front and side setbacks from property line… **___ Preferred driveway location and configuration, preferred well location…**

___ 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 clk your Permit

___ Location of easements and rights of ways on your property… N/A **___ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

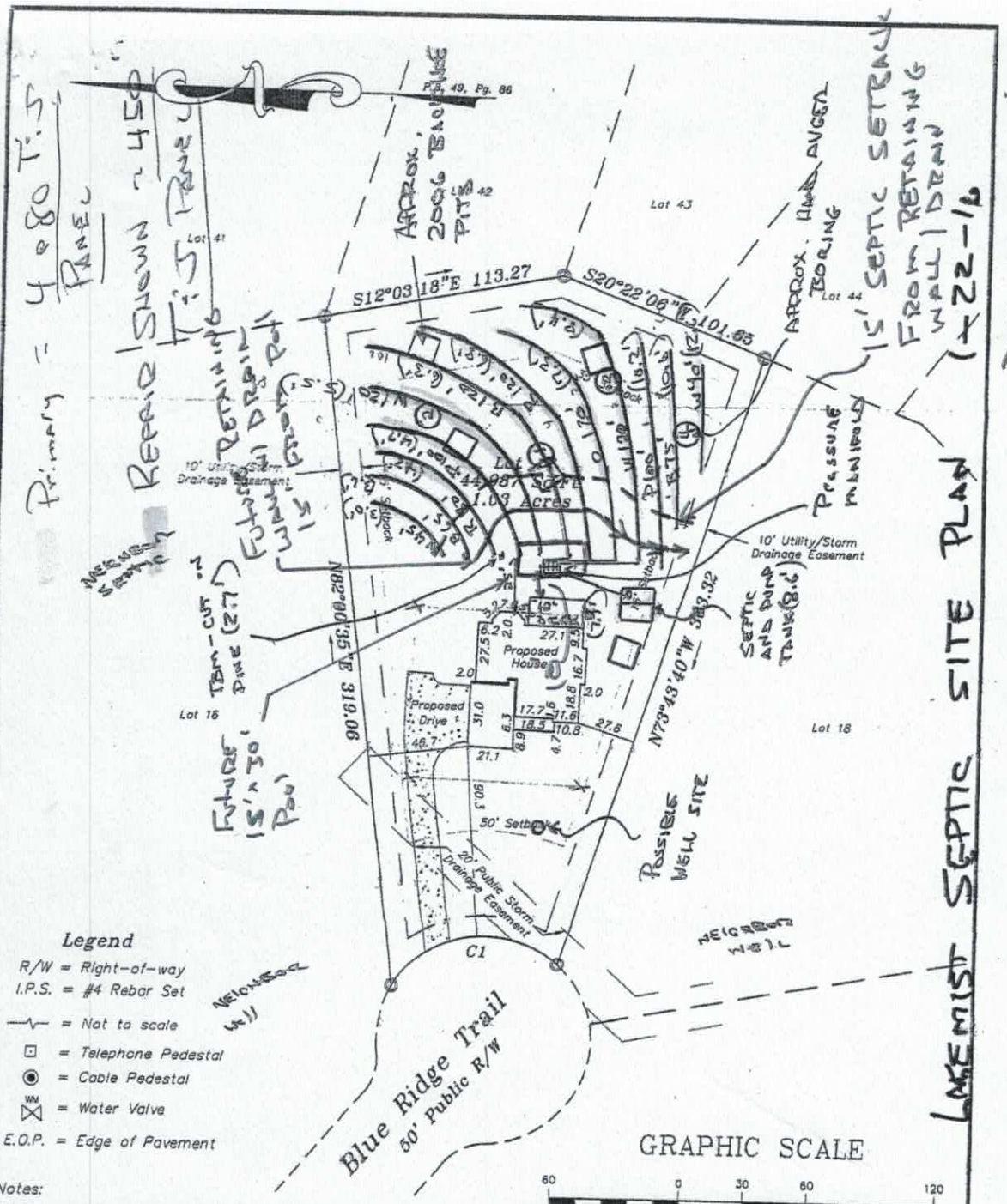
See attached

Signature: _____

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

3/16/16

DATE



Legend

- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale
- = Telephone Pedestal
- = Cable Pedestal
- WM = Water Valve
- E.O.P. = Edge of Pavement

GRAPHIC SCALE

60 0 30 60 120

(IN FEET)

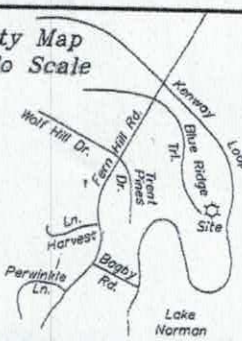
1 inch = ft.

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Vicinity Map
Not To Scale



Plot Plan

FOR

Lake Mist Homes

PROPERTY DESCRIPTION

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

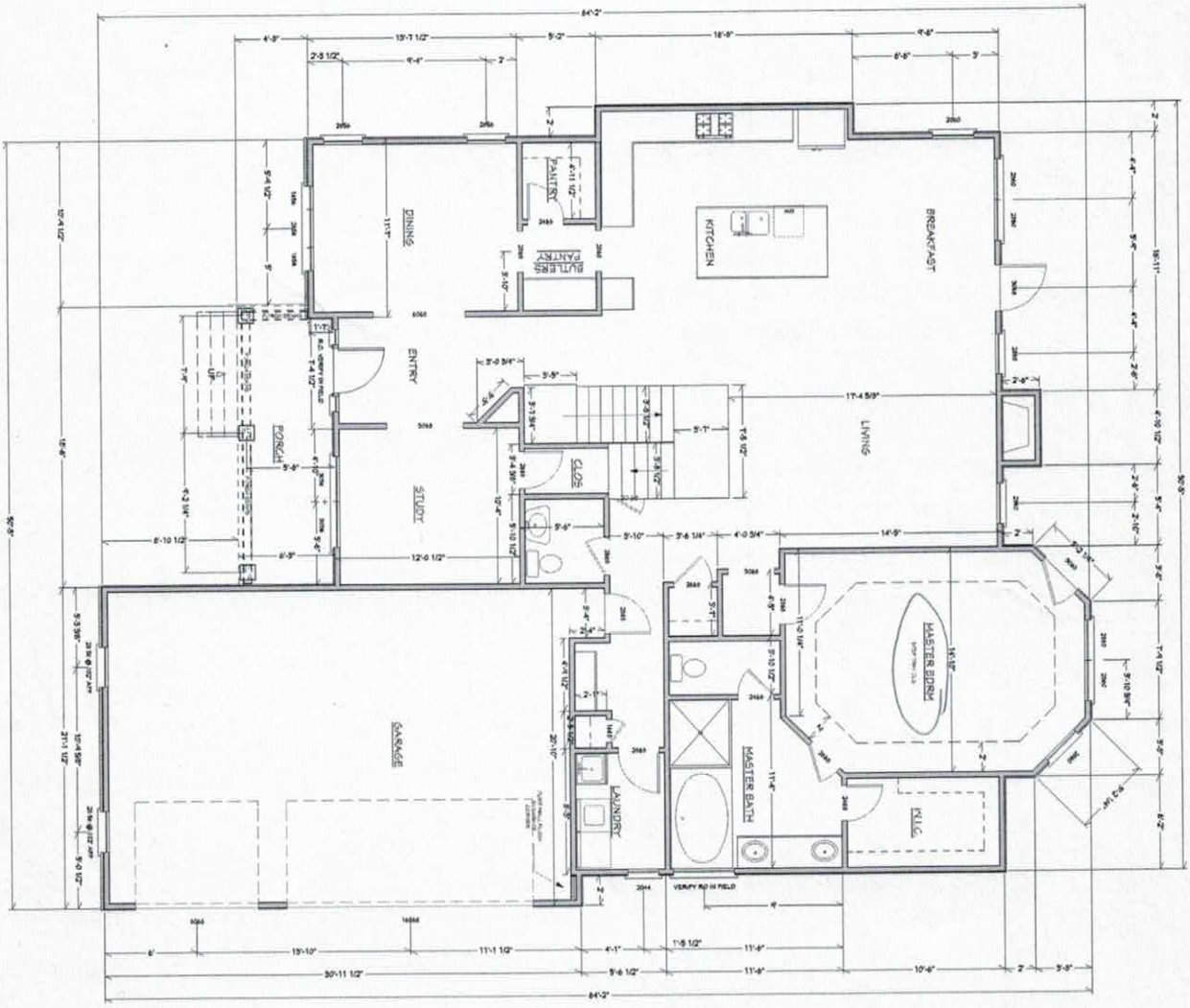
SCALE: 1" = 60

FIELD BOOK:

FILE: 2015-284

TAX PIN NO: 4639412933

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



LIVING AREA
1,854 sq.ft.

FIRST FLOOR PLAN
SCALE 3/16" = 1'-0"

REVISED SS PLAN

Acknowledgement of
Plans Submittal ONLY!

Approved as Noted
Date 2/9/16

Date 1-22-16

1	NOTE: CONTRACTOR TO VERIFY ALL DIMENSIONS, STRUCTURAL DETAILS, & BUILDING CODE REQUIREMENTS PRIOR TO CONSTRUCTION.	REVISIONS	LAKEMIST HOMES Cypress II		VISUAL DESIGN VISUAL DESIGN & DRAFTING

VISUAL DESIGN & DRAFTING

Cypress II
LAKEMIST HOMES

REVISIONS

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

2

Acknowledgement of
Plans Submittal ONLY!

Date 1-27-16

Date 2/9/16

