KW

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244620

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

PIN # 4639-41-4613

APPLICANT/OWNER: Lakeshore Holdings | APPLICANT ADDRESS: 637 Williamson Rd. Mooresville, NC 28117

SITE ADDRESS: 244 Kenway Loop Mooresville, NC 28117 | PHONE: 704-799-7609 | ALT. PHONE

SITE DIRECTIONS: Perth → Fern Hill Rd → Kenway Loop → House Colready built) on Right | SAP CONTROLLED: ☐ YES ☒ NO

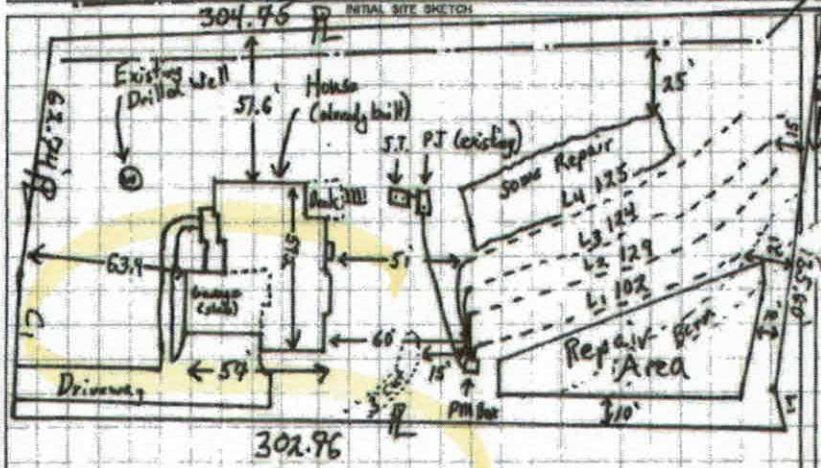
SUBDIVISION: Woodleaf | SECTION: — | LOT # 45 | LOT AREA: 0.97 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (Ex) (gal)	STB	960	Date	10-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply: ☒ Private ☐ Public ☐ Community
Pump Tank	1000 (Ex) (gal)	PT	363	Date	9-3	System Description:	PM-25% Reduction			☐ Business	No. Persons 8	
Pump Make	GOULD	Model		Serial #		Repair System Description:	LP-PRESS (50% Reduction			☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft	480	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space	
Trench Width	36"	Trench Bottom Depth(Low side)	30"/36" Trapside	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Recommend septic tank be pumped every 3-5 years. As of 1/15/2020, house already built. (Aerobic approved 6/3/19)

Set pump/floats to dose system 184 gallons per pumping event

INITIAL SITE SKETCH



	Tap Size	
L1	1/2" SCH 80	26.81 GPM.
L2	1/2" SCH 40	
L3	1/2" SCH 40	
L4	1/2" SCH 40	

AS BUILT SKETCH

20' Storm drainage easement

L1 110'
L2 126'
L3 122'
L4 126

	Date	Initials
Drain Lines Checked	1-23-20	
Tanks Checked	12-20-19	BCW
Pressure Manifold or Valve Box Checked	[redacted]	
Pressure Head Set		
Electrical Checked	2-13-2020	BCW
Floats Set	2-13-2020	BCW
Alarm Checked	2-13-2020	BCW
Maintenance Contract Y / (N)	2-13-2020	BCW
Comments: TAP SIZES WRONG IN PRESSURE MANIFOLD ON 2-13-2020 TO BE CHANGED	BCW	

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: 1/17/2020 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/15/2020 OPERATION PERMIT by: [signature] Date: 2-14-20

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/15/2020 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: 4639-41-4613
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Lakeshore Holdings — APPLICATION DATE 12/23/19
ADDRESS: 687 Williamson Rd Mooresville NC — DATE EVALUATED: 1/9/2020
PROPOSED FACILITY: 4BR SFR — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 0.97 acres
LOCATION OF SITE: 244 Kenway Loop — PROPERTY RECORDED: Yes
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	11% Foot Slope Repair	0-7	scl v.w.sbk	sl. friable, ss, sp, sexp		54"	-	-	0.30 PS
		7-23	clay m.sbk, w.abk	sl. firm, sticky, sp, sexp					
		23-54	clay loam w.sbk common mica	sl. friable, ss, sp, sexp					
					Keep Berm				
2	16% LSS Primary	0-6	scl v.w.sbk	sl. friable, ss, sp, sexp		51	-	-	0.275 PS
		6-25	clay m.sbk/abk	sl. firm, sticky, sp, sexp					
		25-51	clay m.sbk true mica	sl. firm, sticky, sp, sexp					
3	12% LSS Repair	0-7	scl v.w.sbk	sl. friable, ss, sp, sexp		50	-	-	0.275 PS
		7-16	clay m.sbk	sl. firm, sticky, sp, sexp					
		16-26	clay loam (clens) w.sbk	sl. friable, ss, sp, sexp					
		26-50	clay m.sbk	sl. firm, sticky, sp, sexp					
4	10% LSS Repair	0-4	scl v.w.sbk	sl. friable, ss, sp, sexp		53	-	-	0.30 PS
		4-14	clay m.sbk w.abk	sl. firm, sticky, sp, sexp					
		14-53	clay loam w.sbk some mica	sl. friable, ss, sp, sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480+	300+
System Type(s)	25% Red	50% Red
Site LTAR	0.250	0.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: ___
Keep Berm until repair needed

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
(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 244 Kenway Loop PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

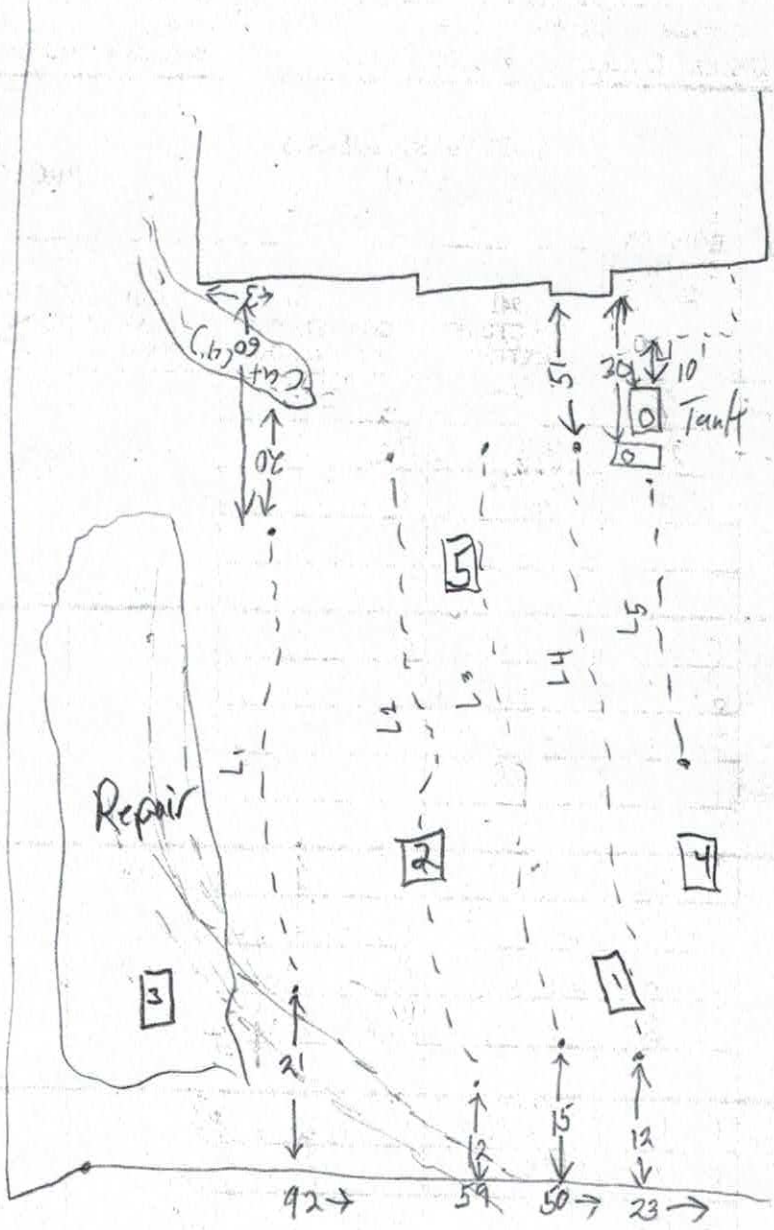
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS Header Primary	0-7	scl/clay	St. Firm, Stichy, Sp, Scp	–	55	–	–	0,25 PS
		7-17	Clay m. Stk	St. Firm, Stchy, Sp Scp					
		17-55	Clay Loam, Clay v. Stk	St. Friable, SS, Sp, Scp					
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

L_1 (P)	102'	2.75
L_2 (Y)	129	4.74
L_3 (P)	124	6.19
L_4 (Y)	142	7.90
L_5 (P)	54	8.57
	551	



APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

12/23/19
#244620
$500.00

Iredell County Health Department – Environmental Health Division

Comprehensive per BW

PAGE 1: *APPLICATION FORM*

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 Address: 637 Williamson Rd, Mooresville Zip: 28117
Applicant Email: lakemiothomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____
Owner Name: Lakeshore Holdings Address: POBox 5350 Mooresville, NC Zip: 28117
Owner Email: lakemiothomes@yahoo.com Phone: 704-799-7609 Alt. Phone: _____

Property Information:

Street Address: 244 Kenway Loop, Mooresville NC 28117
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 45
Driving Directions: 150, rt on Perth, left on Fern Hill, left Kenway Loop

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

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: _____
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: _____ 12/23/19
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 244 Kenady Loop Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639414613, 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) 12/23/19 Date

Signature of Witness 12/23/19 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

CURVE TABLE				
CURVE	LENGTH	RADIUS	Chord Distance	Chrod Bearing
C1	70.65	478.39	70.58	N40°12'30"E

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) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method

Legend

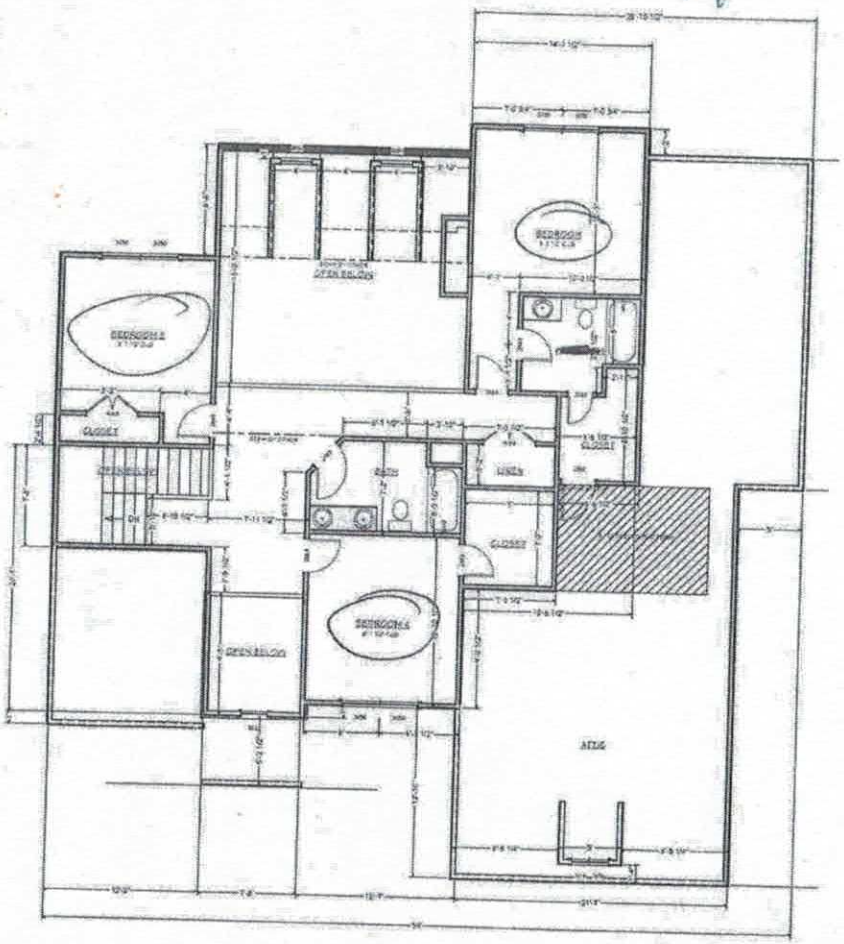
R/W = Right-of-way
I.P.S. = #4 Rebar Set
= Not to scale
= Telephone Pedestal
= Utility Pole
RCP = Reinforced Concrete Pipe

GRAPHIC SCALE

Acknowledgement of
Plans Submittal ONLY!

Date 6/3/19

Date 6/4/19



SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

SQUARE FOOTAGE	
1ST FLOOR HEATED	1937
2ND FLOOR HEATED	1067
TOTAL HSF	3004
BASEMENT	1937
PORCHES	140
GARAGE	681
TOTAL UNDER ROOF	5762

THE CAROLINA
LANDMARK HOMES

DATE:

SCALE:

SHEET:
A-7

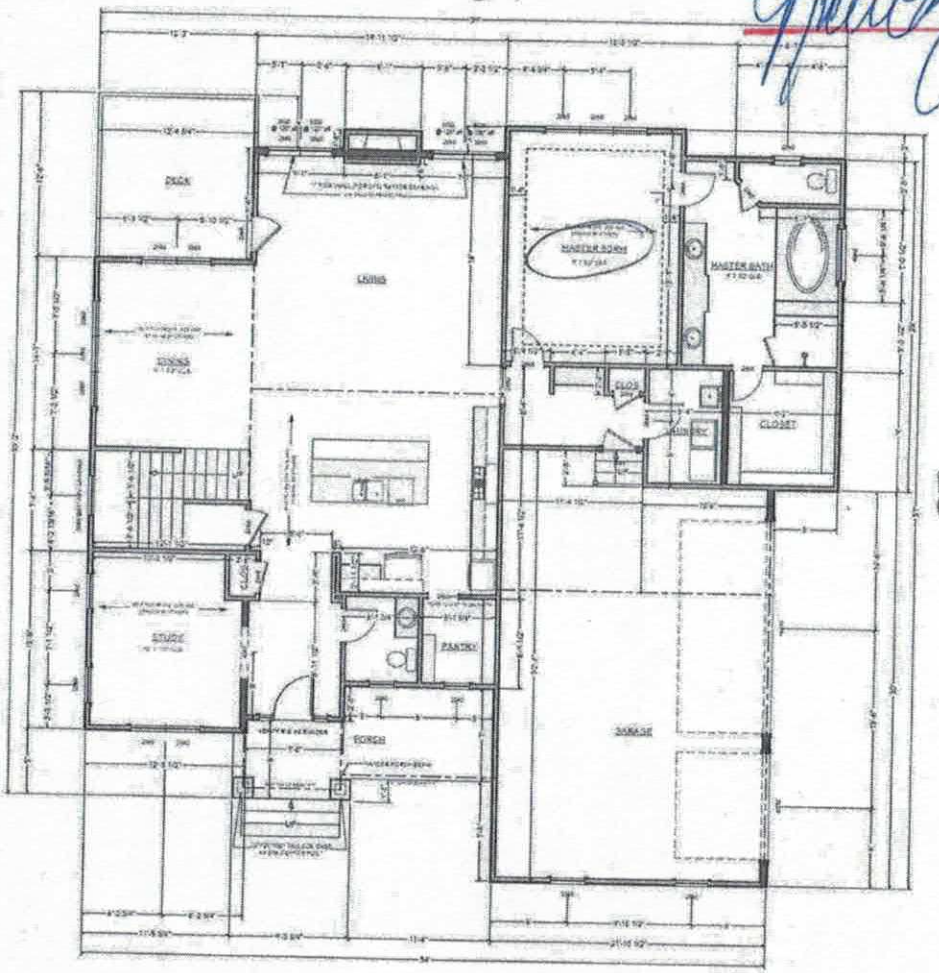
Acknowledgement of
Plans Submittal ONLY!

Maria Dotson Date 6/3/19

Date 6/4/19

59

57



SQUARE FOOTAGE	
1ST FLOOR HEATED	1937
2ND FLOOR HEATED	1067
TOTAL HSF	3004
BASEMENT	1457
PORCHES	140
GARAGE	681
TOTAL UNDER ROOF	5762

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
THE CAROLINA
LAKESIDE HOMES

DATE:

SCALE:

SHEET:
A-6