Lakeshore Holdings LLC

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 218362

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

PIN # 4639 44 8376

APPLICANT: ~~Lynnie Sullivan~~ | APPLICANT ADDRESS: 1143 D Executive Cir Cary, NC 27511

SITE ADDRESS: 131 Holton Ln Mooresville, NC | PHONE: | ALT. PHONE: 919 469-4735

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Fernhill TL Holton Ln on left

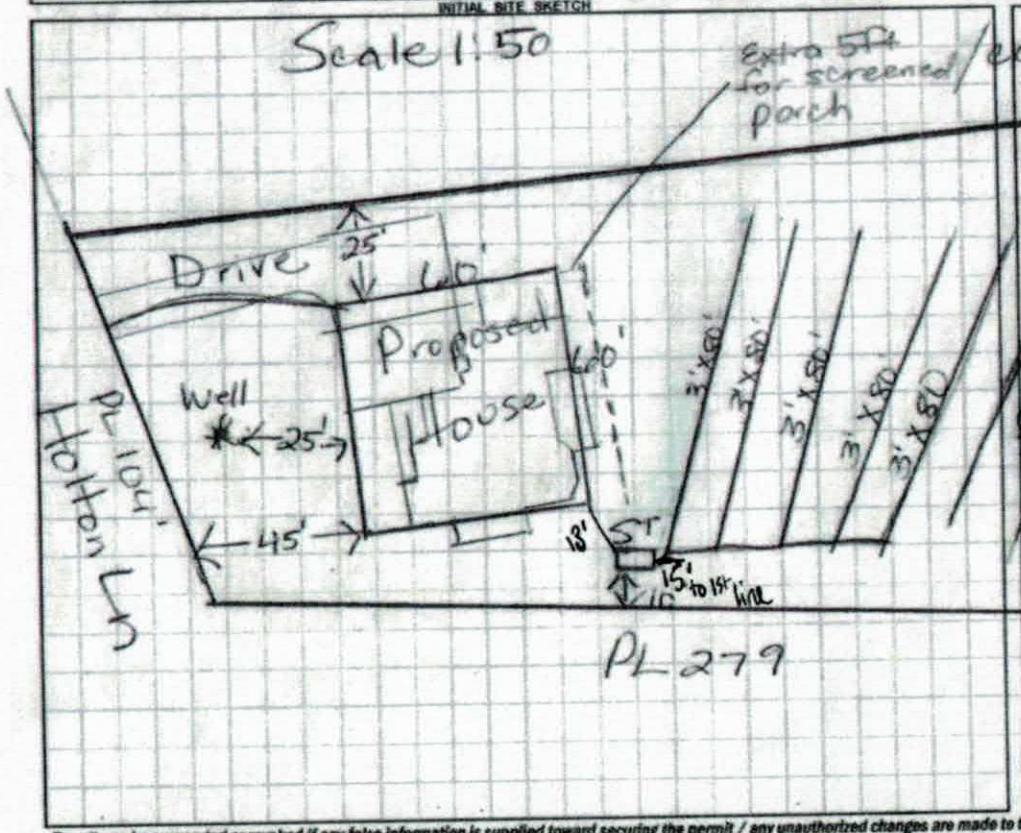
SUBDIVISION: Northwaton Woods | SECTION: — | LOT # 6 | LOT AREA: 1.257 | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB 7160	Date 11/29	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT	Date	System Description:	Gravity - 25% Reduction			☐ Business	No. Persons 8
Pump Make	Model		Serial #	Repair System Description:	LPPBPS			☐ Other	No. Employees
# Nitrification Fields 1	# Lines 5		Linear Ft: 400+	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space
Trench Width 36"	Max. Trench Bottom Depth 36"		Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ☒ Do Not Cut house pad down

INITIAL SITE SKETCH



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: [signature] Date: 6/23/16 Installed by: Curtis Goodin

IMPROVEMENT PERMIT by: Marsha Nelson RS Date: 6/10/16 OPERATION PERMIT by: Benjamin A Potter Date: 1/10/2018

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 9/6/17 Existing System Inspected by: Date:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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: ___ Improvement Permit ✓ Authorization To Construct ___ 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 #
Lakeshore Holdings LLC	Po Box 5350 Mooresville NC 28117	704 799 7609	9193894500
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
"	"	"	"

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
131 Holton Ln	Northington Woods	Lot 6

Driving Directions: Hwy 80 to Perth, make left on Fern Hill, Left on Holton Ln

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) 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 ___
If Expansion, Current Number of Bedrooms ___

(✓) 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:

(✓) 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 ___

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) to be generated?
( ) Yes ( ) 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: ___ 9/6/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED APR 27 2016

(R)

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $320.00
#218362

Application For:
(✓) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: Lynnie Sullivan **Address:** 1143 D Executive Cir Cary NC 27511 **Phone:** 919-469-4736

Owner Name: " **Address:** " **Phone:** "

Property Information:

Street Address: 131 Holton Lane

Subdivision Name: Northington Woods Subdivision **Section/Phase:** I **Lot Number:** 6

Driving Directions: W 150, TL Perth Rd, TL Farm Hill Rd, TL Holton Ln, ank at start of cds

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

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

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

( ) 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:
(✓) 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:

Please answer the following to the best of your ability:
( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) 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: Tammy L Sanders, LSS
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/27/16
DATE

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, Leonard M. Sullivan, Jr., am the legal owner(s) of the property located at Lot Northing Woods Subdivision, identified as PIN (Parcel Identification Number) 4634-44-8374 Lot 6, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jeney C Jacobs dba Jacobs on-site development Inc. 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) — 27 April 2016 — Date

Signature of Witness — 4-27-2016 — 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

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:

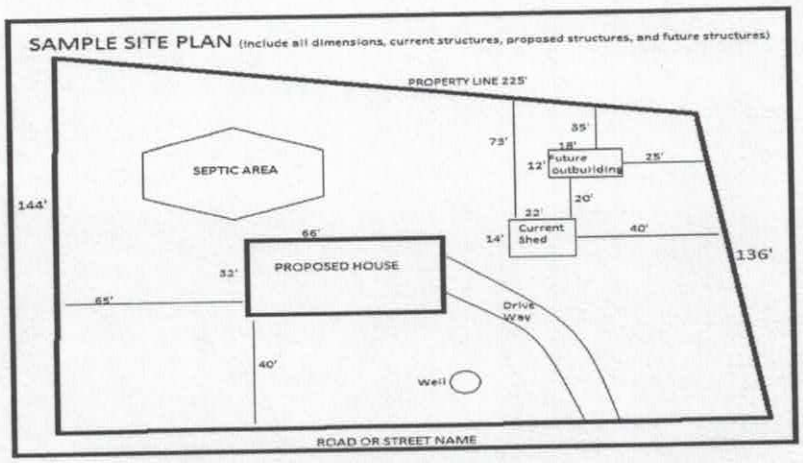
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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

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

Circle N/A on the following if appropriate:

- X **Location of septic systems and wells within 100' of your property… N/A**
- X **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

Same as septic improvement

Signature: _____

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

9/6/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

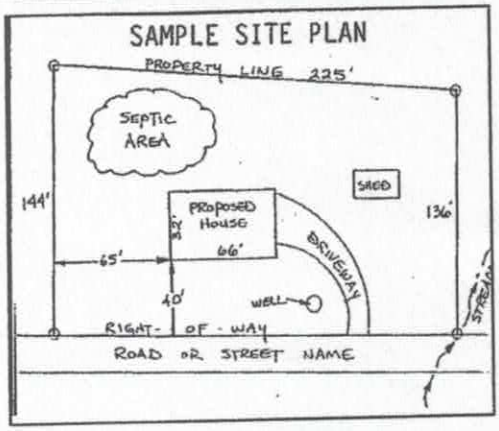
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

Lot 6

see Attached drawing

staked

V **Signature:** Tracy C Fowler

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

V 4/27/12

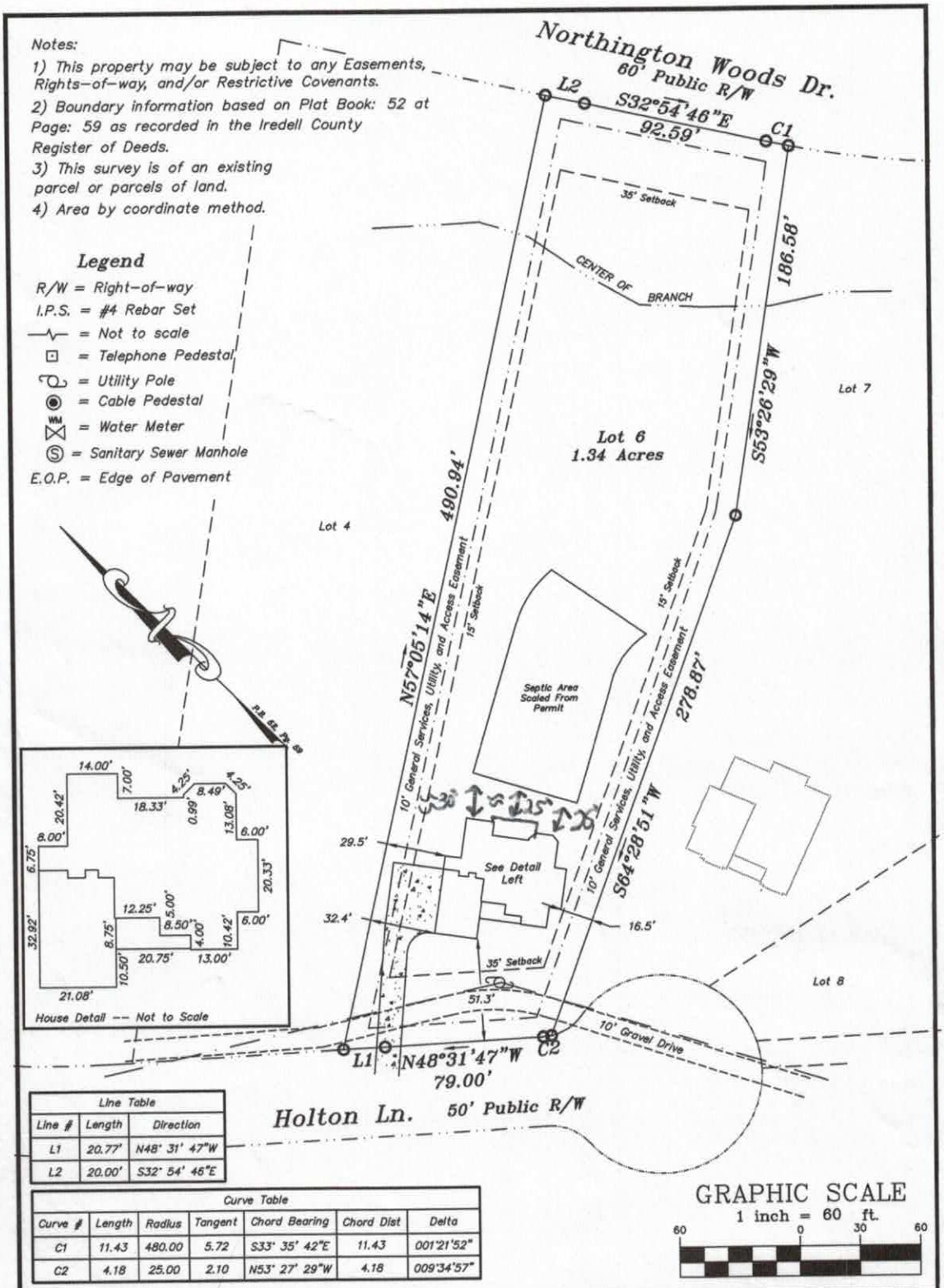
DATE

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 52 at Page: 59 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.

Legend

R/W = Right-of-way
I.P.S. = #4 Rebar Set
—∿— = Not to scale
⊡ = Telephone Pedestal
= Utility Pole
◉ = Cable Pedestal
WM = Water Meter
Ⓢ = Sanitary Sewer Manhole
E.O.P. = Edge of Pavement

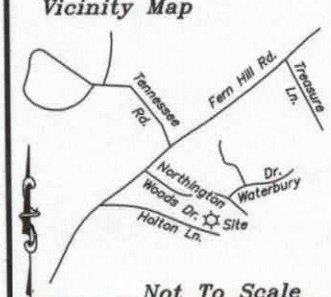


Line Table		
Line #	Length	Direction
L1	20.77'	N48° 31' 47"W
L2	20.00'	S32° 54' 46"E

Curve Table						
Curve #	Length	Radius	Tangent	Chord Bearing	Chord Dist	Delta
C1	11.43	480.00	5.72	S33° 35' 42"E	11.43	001°21'52"
C2	4.18	25.00	2.10	N53° 27' 29"W	4.18	009°34'57"

GRAPHIC SCALE
1 inch = 60 ft.
60 0 30 60

Vicinity Map



Not To Scale

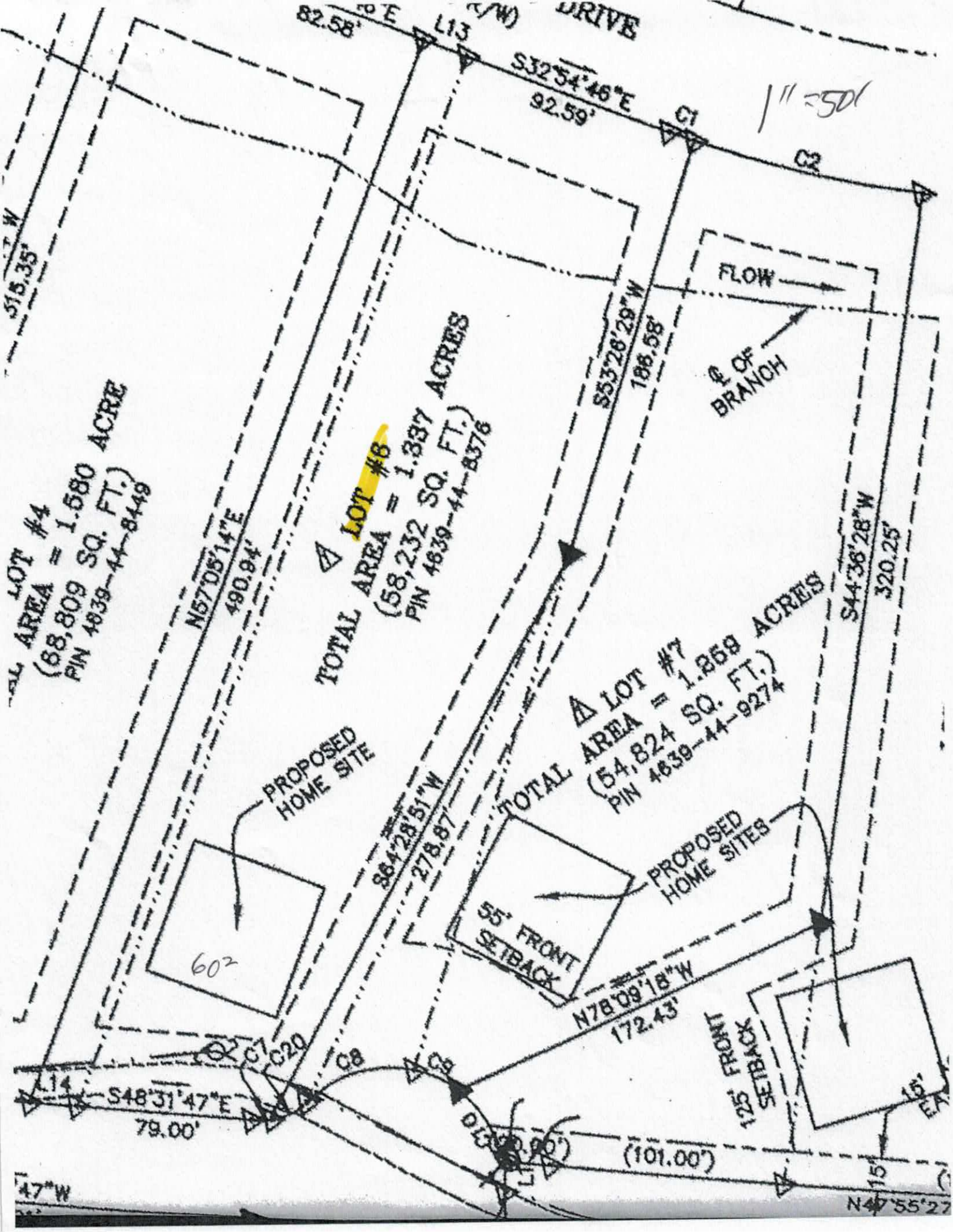
Boundary Survey
FOR
Lakemist Homes

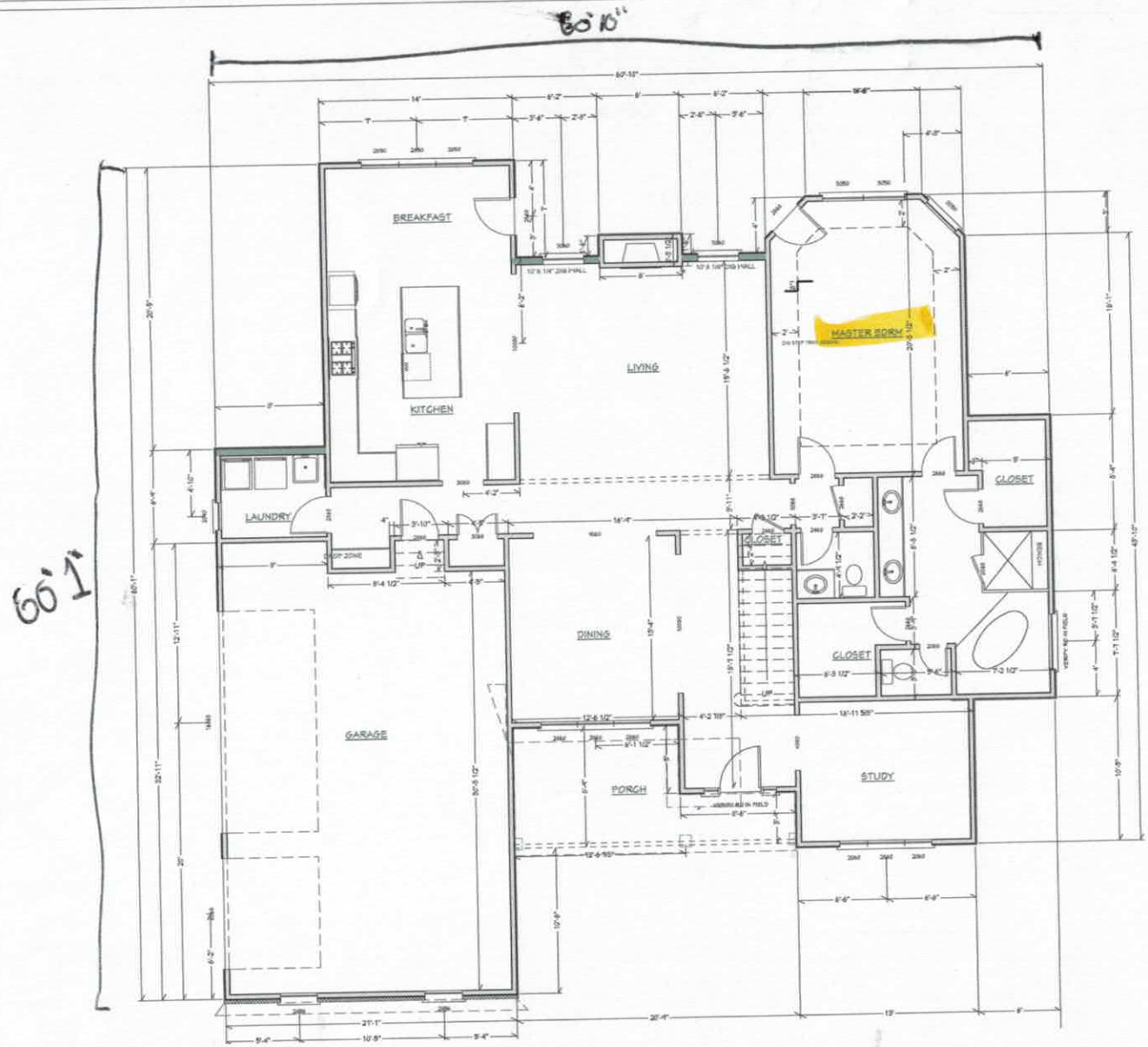
PROPERTY DESCRIPTION
Lot 6,
Northington Woods Subdivision
Plat Book 52, Page 59

131 Holton Lane, Mooresville
Davidson Township, Iredell County, NC

SCALE: 1" = 60'
FIELD BOOK:
FILE: 2017-xxx
TAX MAP NO: 4639448376

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 662-0982


82.58'
L13
S32°54'46"E
92.59'
C1
C2
DRIVE
1" = 50'
FLOW
℄ OF BRANCH
S53°28'29"W
186.58'
S44°36'28"W
320.25'
LOT #4
AREA = 1.580 ACRE
(68,809 SQ. FT.)
PIN 4639-44-8449
N57°05'14"E
490.94'
TOTAL AREA = 1.337 ACRES
(58,232 SQ. FT.)
PIN 4639-44-8376
LOT #8
LOT #7
TOTAL AREA = 1.269 ACRES
(54,824 SQ. FT.)
PIN 4639-44-9274
PROPOSED HOME SITE
S64°28'51"W
278.87'
PROPOSED HOME SITES
55' FRONT SETBACK
N78°09'18"W
172.43'
125' FRONT SETBACK
60'
C7
C20
C8
C9
L14
S48°31'47"E
79.00'
(101.00')
15'
N47°55'27



Acknowledgement of
Plans Submittal ONLY!

Date 9/6/17

Date 9/6/17

FIRST FLOOR PLAN

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

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

3



SECOND FLOOR PLAN

Acknowledgement of
Plans Submittal ONLY!

Date 9/6/17

Date 9/6/17

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport
3 CAR REVERSE (ALT)

REVISIONS
7-3-14

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

4