IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 218363

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

PIN # 4639449274

APPLICANT/OWNER: Lakeshore Holdings LLC APPLICANT ADDRESS: P.O. Box 5350 Mooresville, NC 28117

SITE ADDRESS: 135 Holton Ln. Mooresville, NC 28117 PHONE: 704 799 7609 ALT. PHONE 919 389-4500

SITE DIRECTIONS: Hwy 150 W TL Perth Rd TL Fern Hill Rd TL Holton Ln on left @ end SAP CONTROLLED: ☐ YES ☒ NO

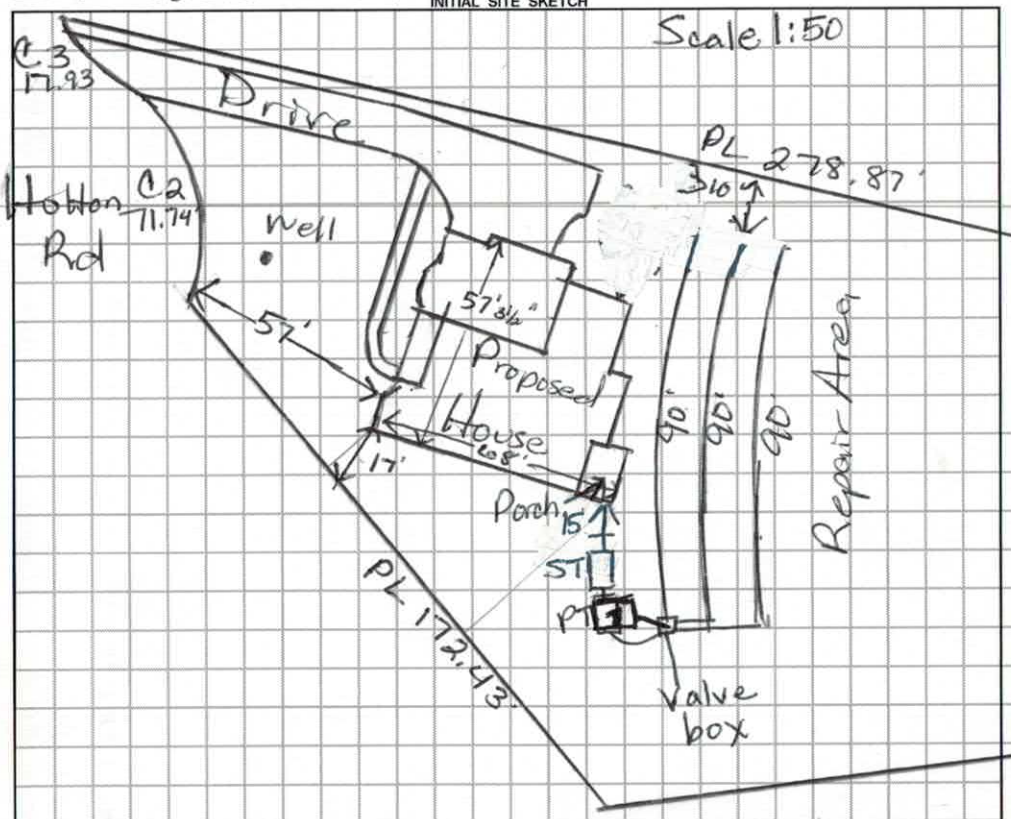
SUBDIVISION: Northington Woods SECTION: — LOT # 7 LOT AREA: 1.35 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	360	Date	10-15-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	10-19-17	System Description: LP PPBPS				☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: LP RPBPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	3 @ 90'	Linear Ft	270'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	min 24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

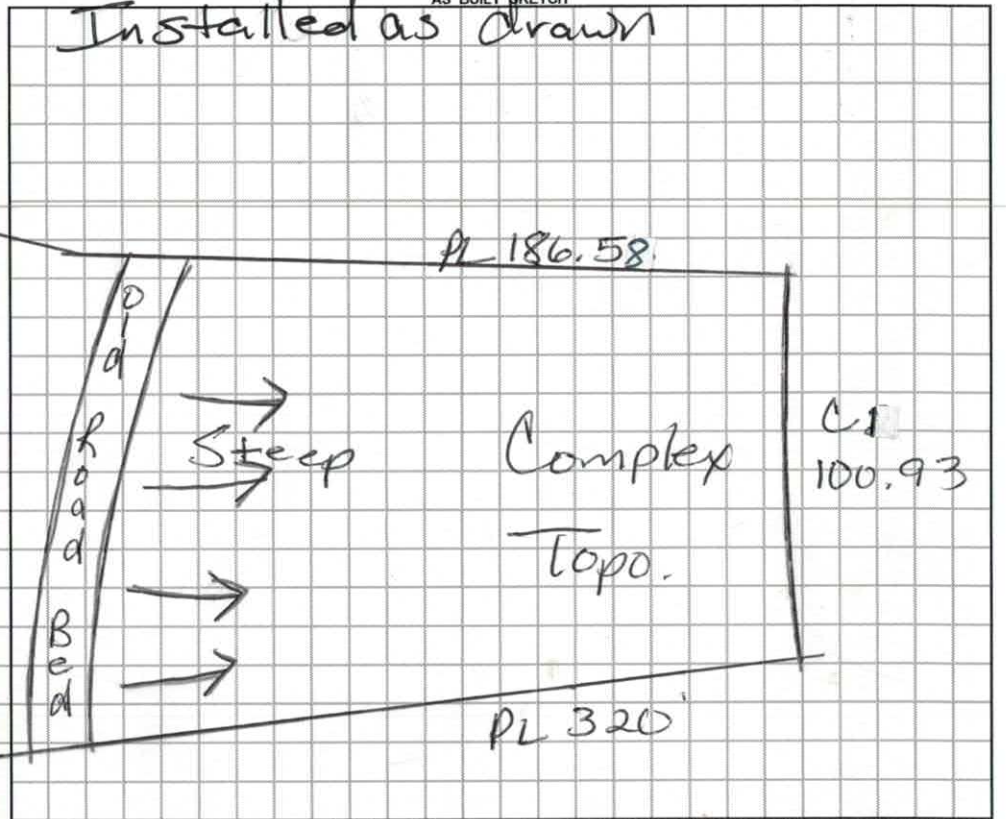
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Must keep tanks at least 15ft (Sidegradient) of basement. Drainfield must be a minimum of 10ft (downgradient) of foundation drain. Setback between well & Septic is a minimum of 50 ft. 12/18/17 Cheekeel tanks & lines

INITIAL SITE SKETCH



AS BUILT SKETCH



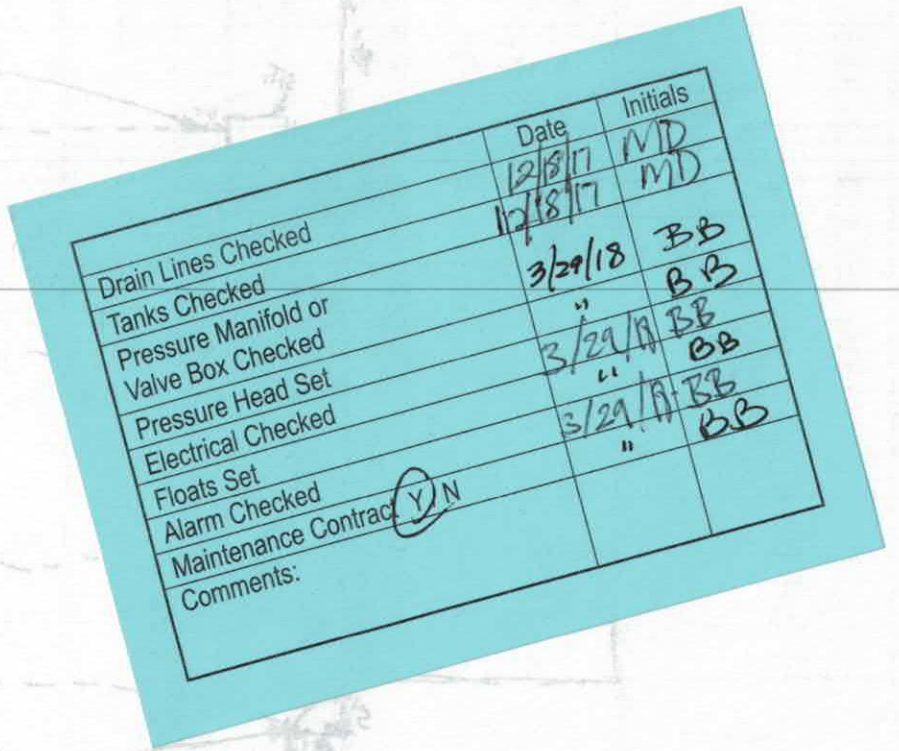
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **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: Date: 12/15/17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Date: 9/11/17 OPERATION PERMIT by: Date: 3/24/2020

AUTHORIZATION TO CONSTRUCT by: Date: 9/11/17 Existing System Inspected by: Date:



	Date	Initials
Drain Lines Checked	12/8/17	MD
Tanks Checked	12/18/17	MD
Pressure Manifold or Valve Box Checked	3/29/18	BB
Pressure Head Set	"	BB
Electrical Checked	3/29/18	BB
Floats Set	"	BB
Alarm Checked	3/29/18	BB
Maintenance Contract (Y) N		
Comments:		

DEPARTMENT OF ENVIRONMENT, HEALTH, 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: _____ APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 07-8-04
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: Lot 7 Worthington Woods 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		0-23	gr wksbk brsdl	fr sss p					.3
		23-48	wkfsbk RC	fr sss p sop					
2		0-16	gr wksbk brn sdl	fr sss p	few manganese coatings				.3
		16-43	mfsbk RC/dk	fr sss p sop					
		43-52	wkfsbk/c gr sdl	fr sss p					
3		0-4	gr brn sdl	fr sss p	few prominent mottles				.2-.3
		4-43	wkfsbk RC	fr sss p sop					
		43-53	wkfsbk gr dl	fr sss p					
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: _____

RECEIVED AUG 3 1 2017

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) Paid $105.00 Ltd Relayout

1. APPLICATION FOR: ___Improvement Permit ✓Authorization To Construct ___ Existing System Inspection

********* Floor Plan w/ porch extension # 218363

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	704 799 7609	919 389 4500
"	"	"	"
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
135 Holton Lane Mooresville NC 28117	Northington Woods	lot 7

Driving Directions: 150 to Perth, make left on Fern Hill, left on Holton, lot is in Cul De Sac

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants ___ — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — (✓) Basement w/Plumbing?

( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?

( ) Other _____

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: _____ 8/31/17

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

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:

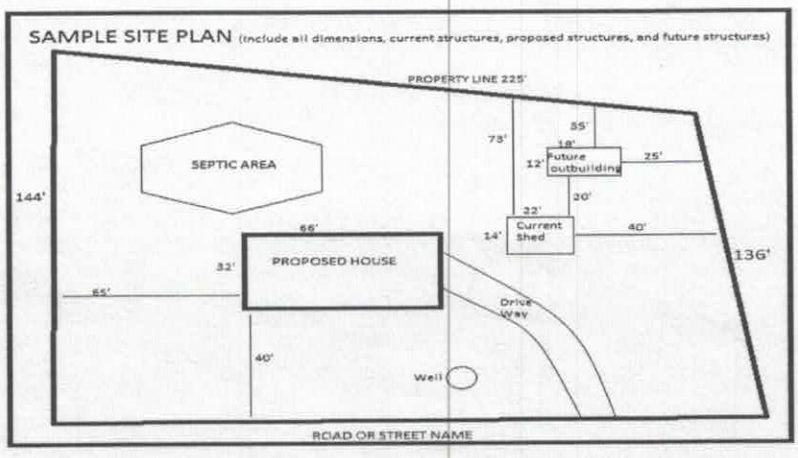
- X **Property Line measurements are clearly identified…**
- X **All proposed structures are indicated…**

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 **Preferred driveway location and configuration, preferred well location…**
- X **Area you prefer your septic system to be placed…**
- 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**
- 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.**

8/31/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5300 Mooresville Office (704) 660-3625 PERMIT # 218363

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

PIN # 4639449274

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

SITE ADDRESS: 135 Holton Ln Mooresville, NC PHONE: ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TL Perth Rd TL Fern Hill Rd TL Holton Ln end on left

SUBDIVISION: Northington Woods SECTION: LOT # 7 LOT AREA: 1.351 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III ⓘ V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	LR PPBPS			
Pump Make			Model		Serial #		Repair System Description:	LR PPBPS			
# Nitrification Fields	1		# Lines	3@90'	Linear Ft:	270	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	min 24"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		

☒ Residence No. Bedrooms 4 — Water Supply: ☒ Private ☐ Public ☐ Community

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☐ Crawl Space

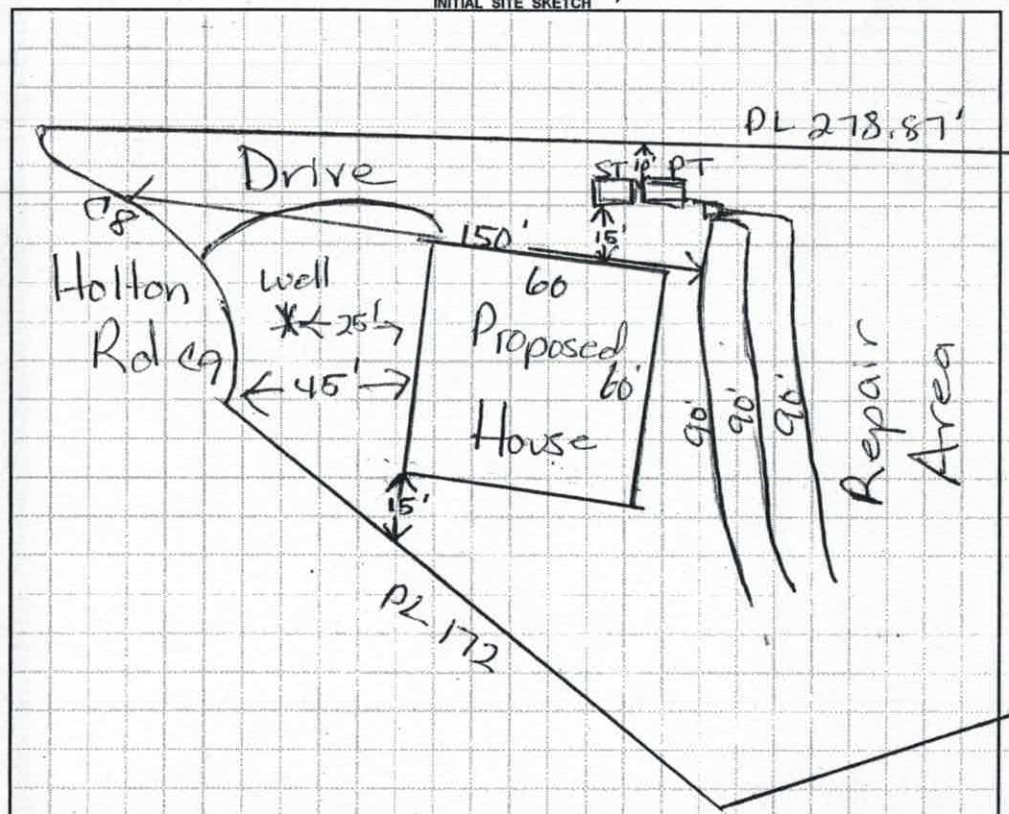
☒ Basement w/plumbing ☐ Basement w/o plumbing

Comments / Conditions: Must keep tanks at least 15 ft side gradient from basement. If drainfield is downhill of drain then 10 ft setback

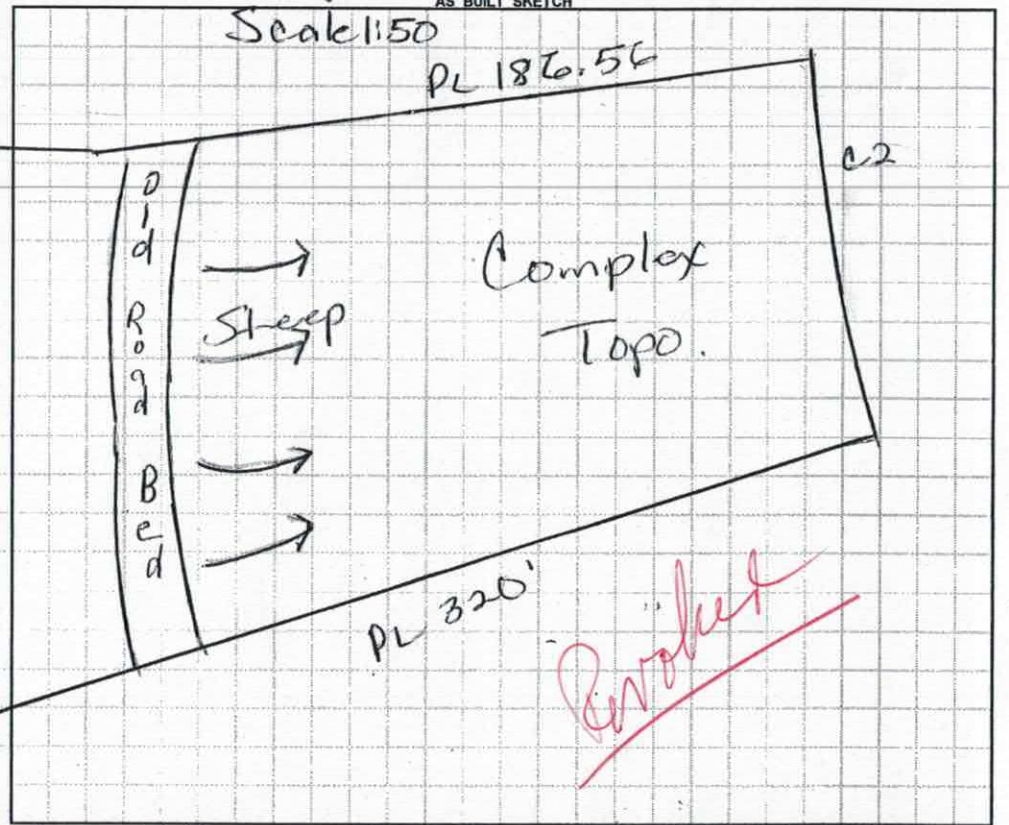
Must keep well at least 50 ft from Septic.

8/14/17 New floorplans submitted + approved by Aaron Feldman of Lakeshore Holdings.

INITIAL SITE SKETCH



AS BUILT SKETCH



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☒ **IMPROVEMENT PERMIT** *with plot 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: Lynnie Sullivan Date: 6/23/16 Installed by:

IMPROVEMENT PERMIT by: Marcus Johnson RS Date: 6/13/16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 4/28/17 Existing System Inspected by: Date:

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

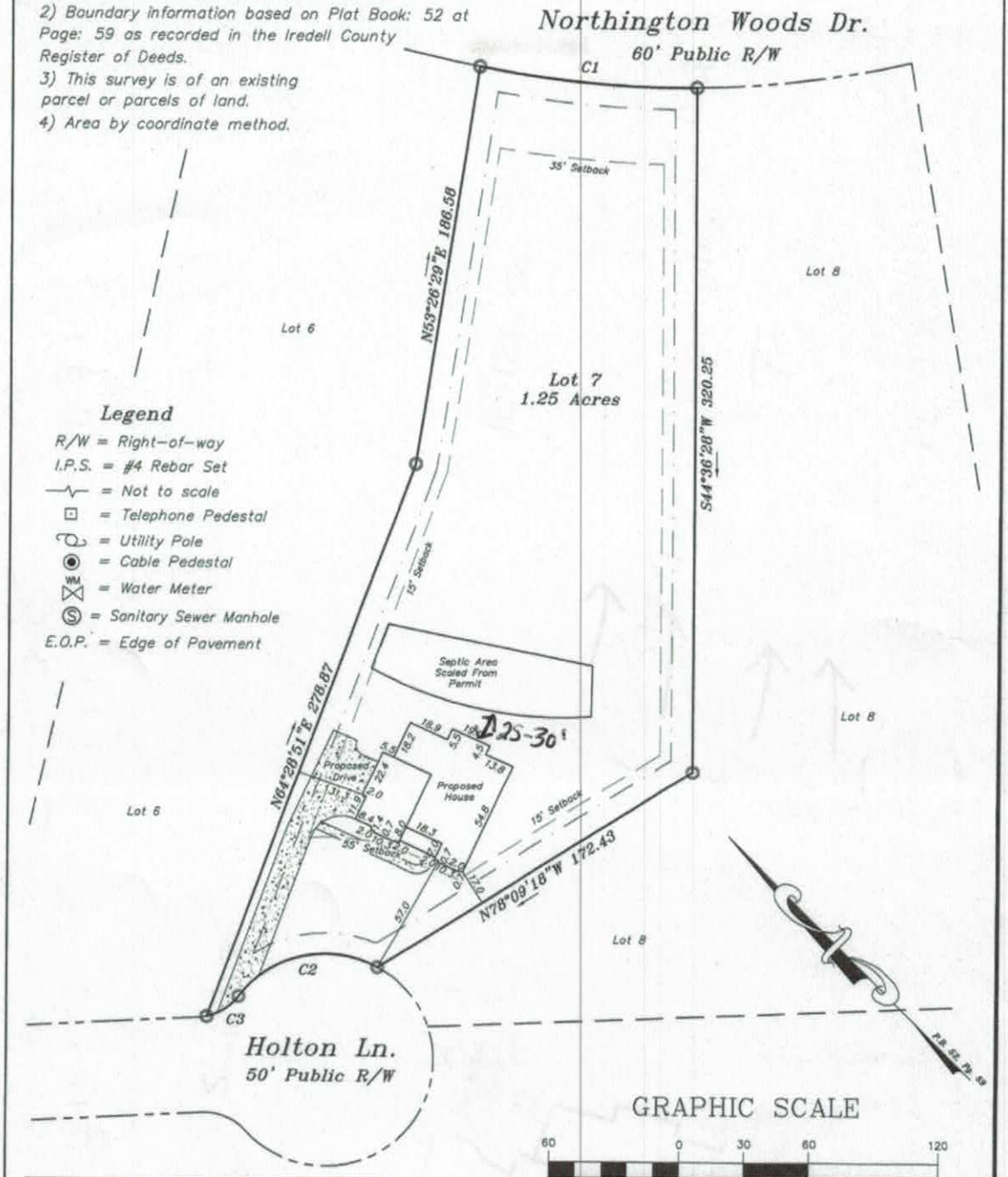
Notes:

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

2) Boundary information based on 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.



CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	100.93	480.00	S40°18'03"E	100.74
C2	71.74	50.00	N58°07'38"W	65.74
C3	17.93	25.00	S78°41'19"E	17.55

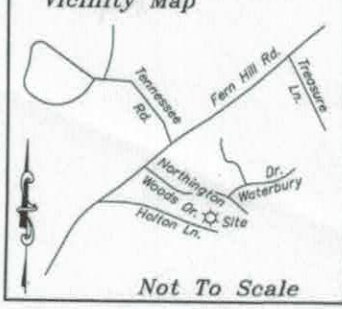
GRAPHIC SCALE

60 0 30 60 120

(IN FEET)

1 inch = 60 ft.

Vicinity Map



Not To Scale

Boundary Survey

FOR

Lakemist Homes

PROPERTY DESCRIPTION

Lot 7,

Northington Woods Subdivision

Plat Book 52, Page 59

Davidson Township, Iredell County, NC

SCALE: 1" = 60'

FIELD BOOK:

FILE: 2017-129

TAX MAP NO: 4639449274

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

Acknowledgement of
Plans Submittal ONLY!

Date 8/31/17

Date 9/11/17



SQUARE FOOTAGE	
1ST FLOOR HEATED	2092
2ND FLOOR HEATED	2308
TOTAL HSF	4400
COVERED PORCHES	190
UNFIN BSMT	2116
GARAGE	845
TOTAL UNDER ROOF	7551

FIRST FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:

RUSH RESIDENCE

LAKEMIST HOMES

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

DATE:

8/29/2017

SCALE:

SHEET:

A-6

Acknowledgement of Plans Submittal ONLY!

Date 8/14/17

Date 8/14/17

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

SHEET:	SCALE:	DATE:
A-7		8/8/2017

VISUAL DESIGN
VISUAL DESIGN & DRAFTING
VisualDesignAndDrafting@gmail.com
Justin Travis
704-263-0007

PROJECT DESCRIPTION:
RUSH RESIDENCE
LAKEMIST HOMES

SHEET TITLE:

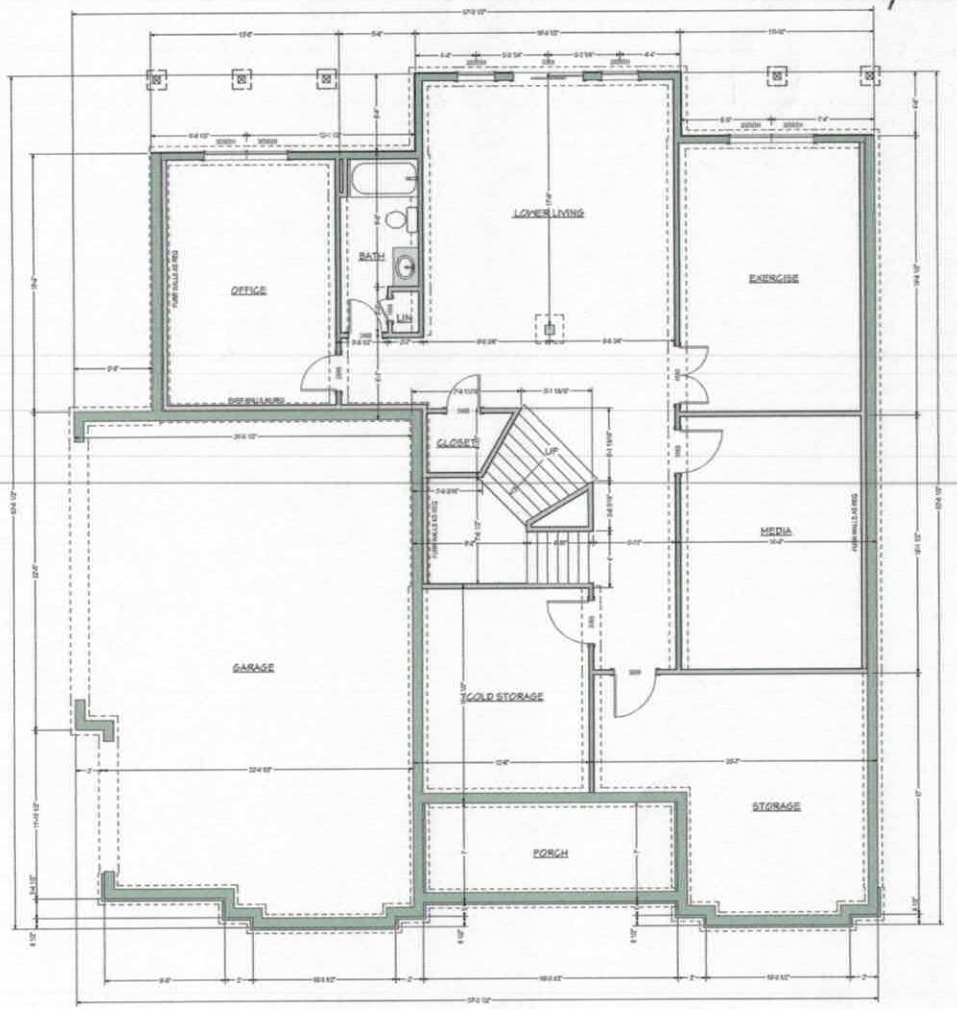
NO.	DESCRIPTION	BY	DATE

COPYRIGHT STATEMENT

Acknowledgement of Plans Submittal ONLY!

Date 8/31/17

Date 9/11/17



BASEMENT / FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:

RUSH RESIDENCE

LAKEMIST HOMES

VISUAL DESIGN

VISUAL DESIGN & DRAFTING

John Trent
704-957-0507

VisualDesignAndDrafting@gmail.com

DATE:

8/29/2017

SCALE:

SHEET:

A-5