ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 24/220

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

PIN # 4649 - 00 - 7432. ✓

APPLICANT/OWNER: Hidden Meadows Venture APPLICANT ADDRESS: Po Box 4628 Mooresville NC 28117.

SITE ADDRESS: 222 Hidden Meadows Drive Mooresville NC 28117 ✓ PHONE: 919-606-5852 ALT. PHONE

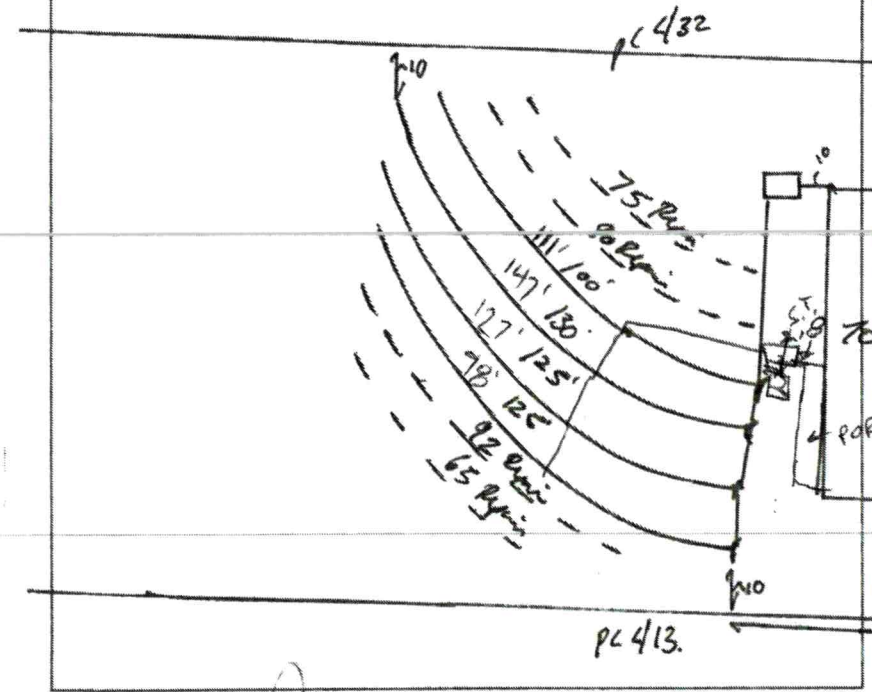
SITE DIRECTIONS: Hwy 150, Perth Rd Towards Troutman Past Rocky Mt Methodist Church. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows. ✓ SECTION: 1 LOT # 19 ✓ LOT AREA: 1.232 ac ✓ DESIGN FLOW: 480 L.T.A.R.: .25

Septic Tank 1000 (gal)	STB 760	Date 8-19-2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank - (gal)	PT	Date	System Description:	Gravity - 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make -	Model	Serial #	Repair System Description:	LP-Pure Block 5m2 Product	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 4	Linear Ft 480	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	☐ Community
Trench Width 36	Trench Bottom Depth(Low side) 33	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

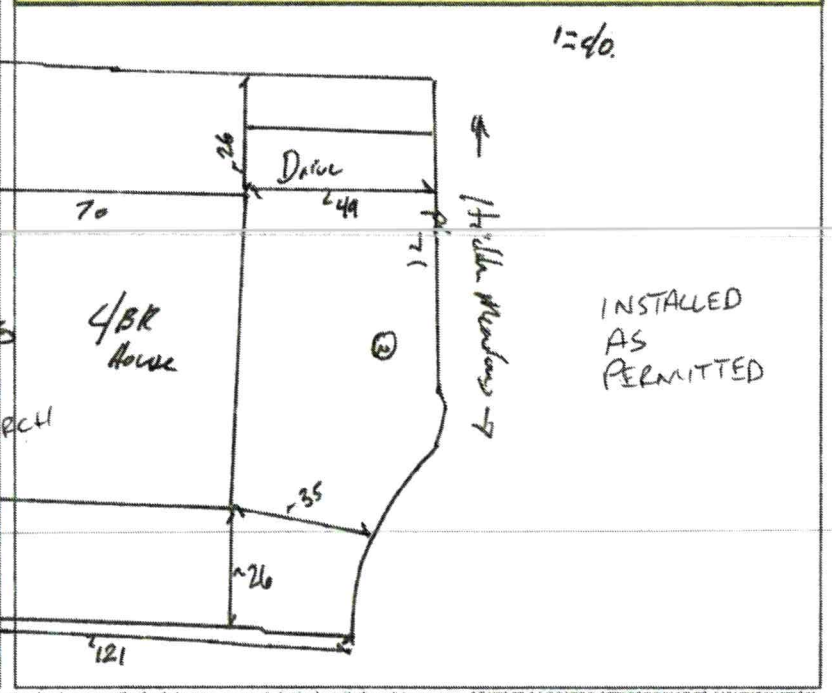
Comments / Conditions: Install Septic Drainfield on the Contour of the Land and utilize Serial distribution. Do not exceed max depth of 36 inches. Do not Drive, Park, Pave, grade or bury utilities in drainfield

INITIAL SITE SKETCH



AS BUILT SKETCH

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 time.



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: 9/15/20 Installed by: STUTTS

IMPROVEMENT PERMIT by: Benjamin A. Bolton Date: 9/14/2020 OPERATION PERMIT by: Benjamin C. White Date: 10-9-2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Bolton Date: 9/14/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

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

Lot 19.

OWNER: Hilda Meares Voyles
ADDRESS: PO Box 4628 mrc
PROPOSED FACILITY: 4BR Home
LOCATION OF SITE: 222 Hilda Meares
APPLICATION DATE 5/19
DATE EVALUATED: 5/19
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: .8AC
PROPERTY RECORDED: NO

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	Side 5-8%	0-30	C SBK	SS SP FR SEP	2.5YR 6/6	60	—	PS	PS .30
		30-60	CL WSBK	SS SP FR					
2	Side 8%	0-34	C SBK	SS SP FR SEP	2.5YR 6/6	52	—	MN Core Lytho	PS .25
		34-52	CL WSBK	SS SP FR					
3	Side 6%	0-27	C SBK	SS SP FR SEP	2.5YR 6/6	54	—	MN Core Lytho Mica	PS .3
		27-54	CL WSBK	SS SP FR					
4	Side 5-8%	0-27	C SBK	SS SP FR SEP	2.5YR 6/6	60	—	MN Core	PS .3
		27-60	CL WSBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	480	820
System Type(s)	☒ I 25%	☒ V 50%
Site LTAR	.25	.25

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Bottoms
OTHER(S) PRESENT:

COMMENTS: pond Repair

RECEIVED SEP 0 3 2020

AP- 24220
$105.00

Limited redraw due to property line change per Bryant

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

Limited

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(×) 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, LLC **Address:** 637 Williamson Rd, Ste 102, Mooresville, NC **Zip:** 28117

Applicant Email: lakemistoperations@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Owner Name: Lakeshore Holdings, LLC **Address:** PO Box 5350, Mooresville, NC **Zip:** 28117

Owner Email: lakemisthomes@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Property Information:

Street Address: 222 Hidden Meadows Drie, Mooresville, NC 28117

Subdivision Name: Hidden Meadows **Section/Phase:** **Lot Number:** 19

Driving Directions: From Hwy 150 travel north on Perth Rd. Neighborhood to right before Judas Rd. intersection.

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

CHECK FOUNDATION TYPE

(×) New Single Family Residence — Maximum Number of Bedrooms: 4 — (×) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(×) 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: Stephen Nantz Lakeshore Holdings, LLC dba Lakemist Homes 9/1/2020
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 222 Hidden Meadows Drie, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4649007432, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stephen Nantz, Lakeshore Holdings, LLC, 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

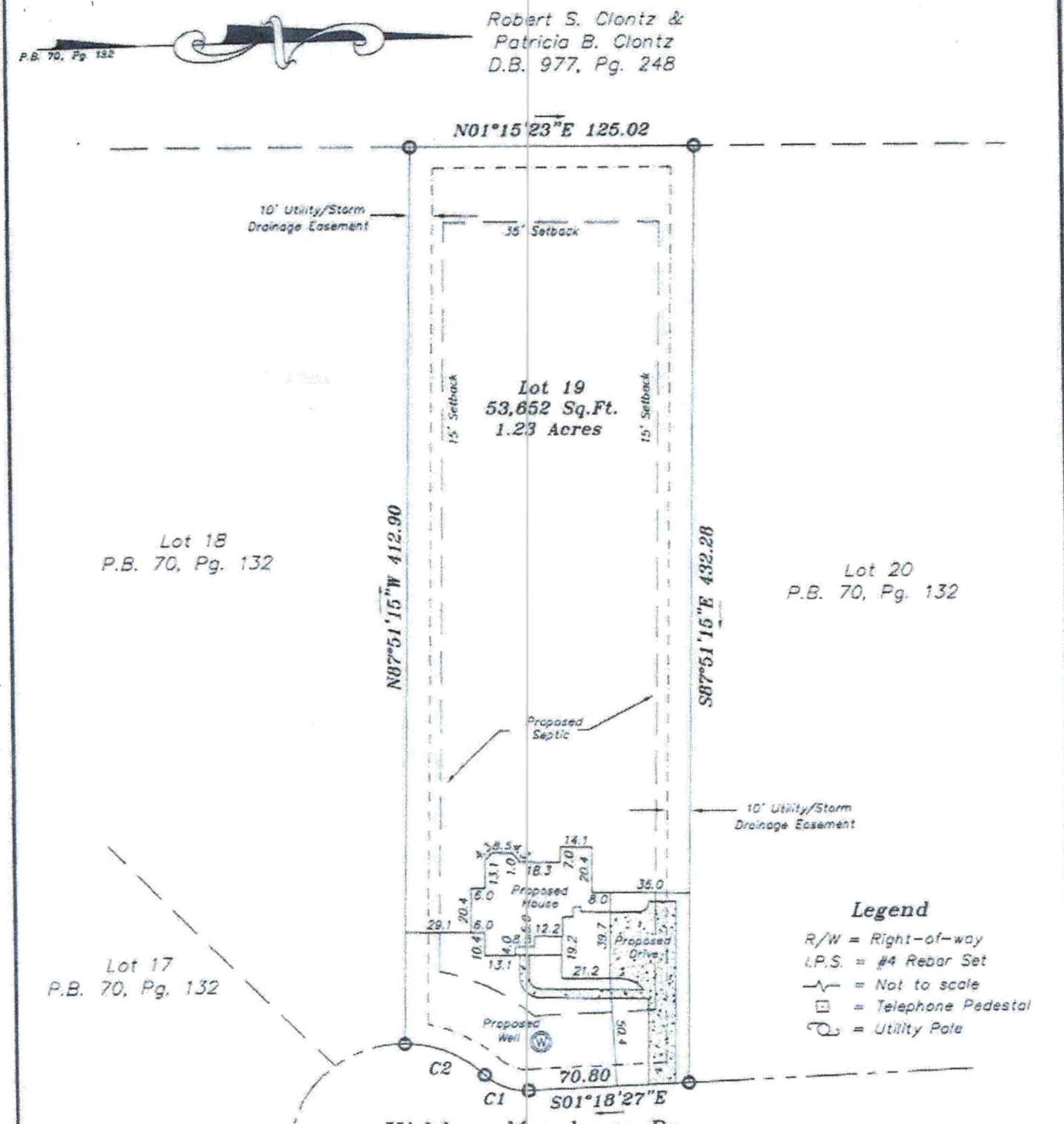
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Stephen Nantz — Lakeshore Holdings, LLC dba Lakemist Homes — 9/1/2020

Signature of Owner(s) — Date

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

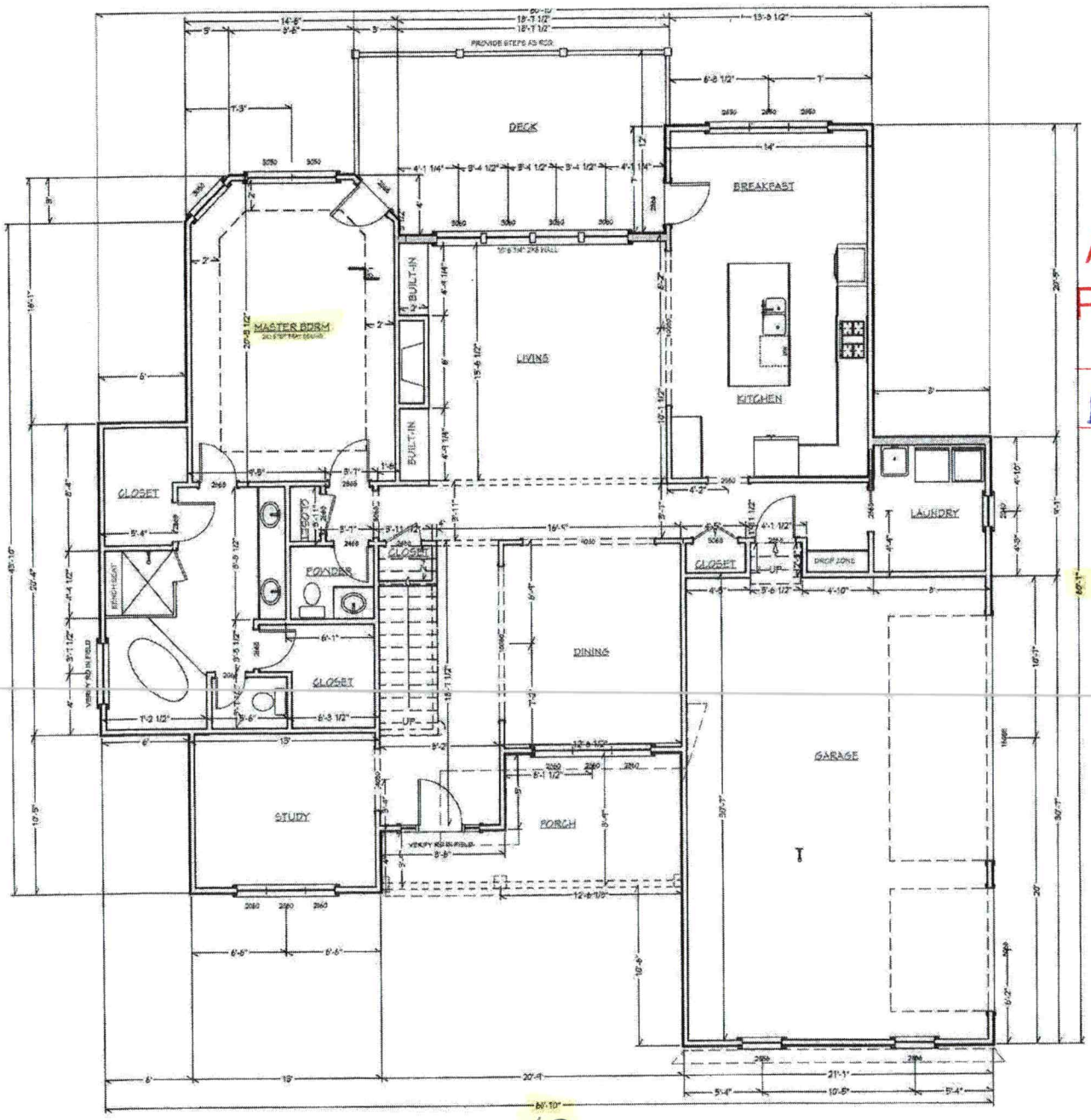


Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 70 at Page: 132 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.
5) No Title Commitment was provided or reviewed.

CURVE TABLE

CURVE	LENGTH	RADIUS	Chord Distance	Chord Bearing
C1	21.04	25.00	20.42	N22°48'05"E
C2	39.08	50.00	38.09	S24°31'17"W



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

Acknowledgement Of
Plans Submittal ONLY!
Date 7/8/20
Bryant C. White Date 7-8-2020

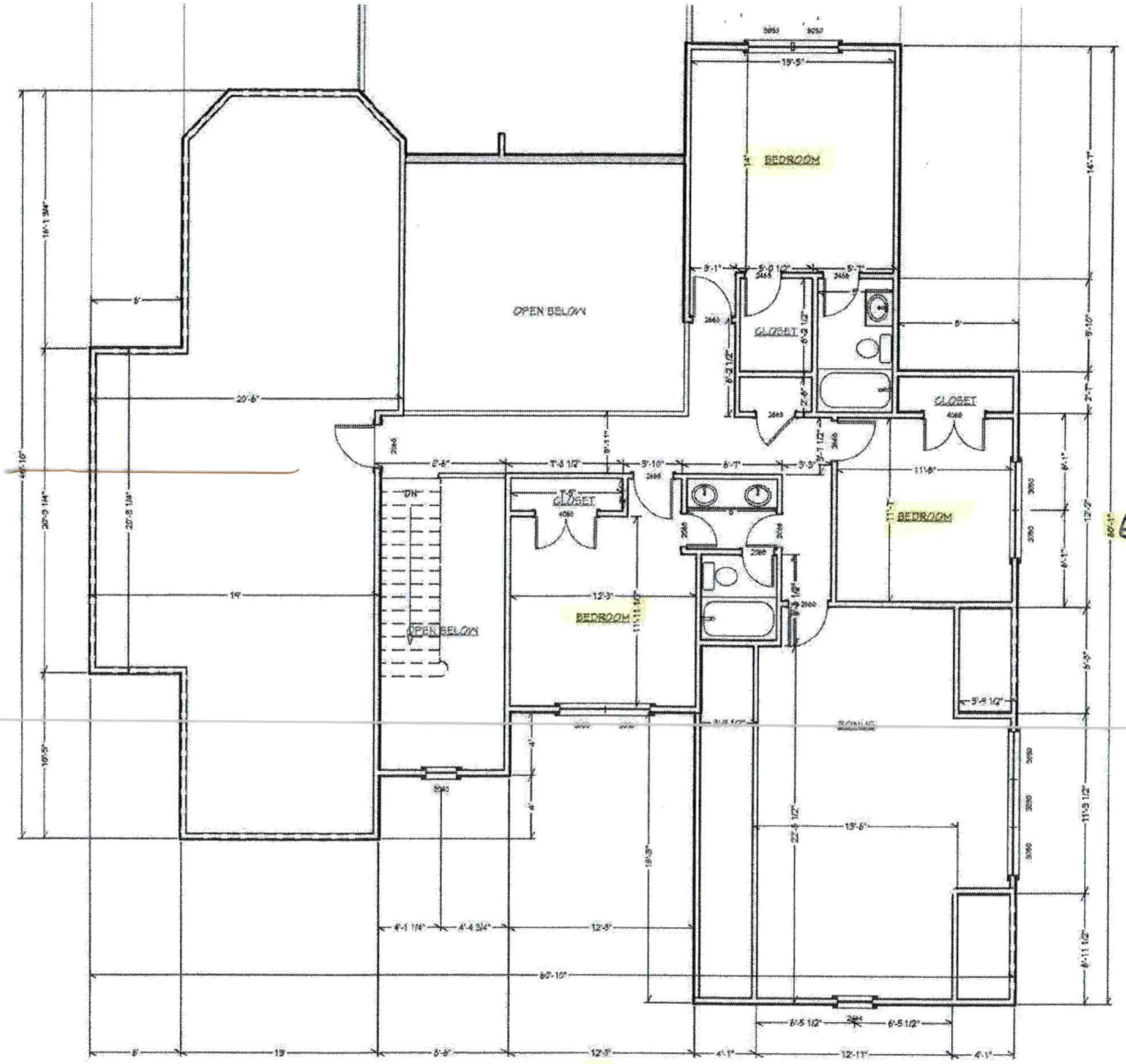
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Hawkes Residence

REVISIONS
5-31-20

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

3



SECOND FLOOR PLAN

Acknowledgement Of
Plans Submittal ONLY!

7/8/20 Date

Bryant C. White Date 7-8-2020

VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Hawkes Residence

REVISIONS
5-11-20

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

4

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
244220
Issue Date: 04/30/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4649016361.000	222 HIDDEN MEADOWS DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: ROBINSON WOODS DEVELOPMENT CO LLC	Applicant: ROLLANS SOIL & ENVIRON
Address: PO BOX 4628	Address: 470 NORTH BROAD STREET SUITE D
MOORESVILLE, NC 28117	MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
43.460	35.00	35.00	15.00	15.00	PACL	X

Remarks:

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	175609	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 24/220

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

PIN #

APPLICANT/OWNER: Hidden Meadows Ventures | APPLICANT ADDRESS: PO Box 4628 Mooresville NC 28117

SITE ADDRESS: 222 Hidden Meadows Drive Mooresville NC 28117 | PHONE: 919 606 5852 | ALT. PHONE —

SITE DIRECTIONS: Hwy 150 Perth Rd towards Troutman Past Rocky MT Methodist church | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Hidden Meadows. | SECTION: 1 | LOT # 19 | LOT AREA: .825 AC | DESIGN FLOW: 480 | L.T.A.R.: .25

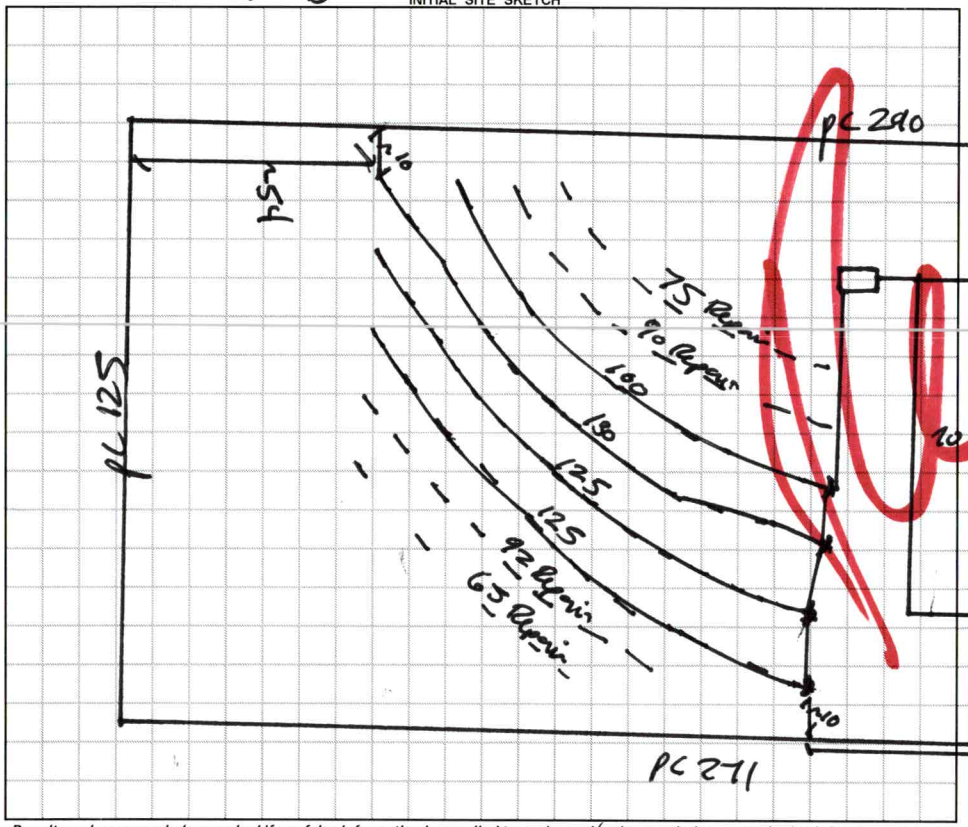
Septic Tank	1000 (gal)	STB	—	Date	—	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction
Pump Make	—	Model	—	Serial #	—	Repair System Description:	LP Panel Block 50% Reduction
# Nitrification Fields	1	# Lines	4	Linear Ft	480	Maintenance Agreement Required:	☐ YES ☐ NO
Trench Width	36	Trench Bottom Depth(Low side)	33	Gravel Depth	—	☒ GRAVITY	☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing | No. Bedrooms 4 | No. Persons 8 | No. Employees — | ☒ Crawl Space | ☐ Basement w/o plumbing

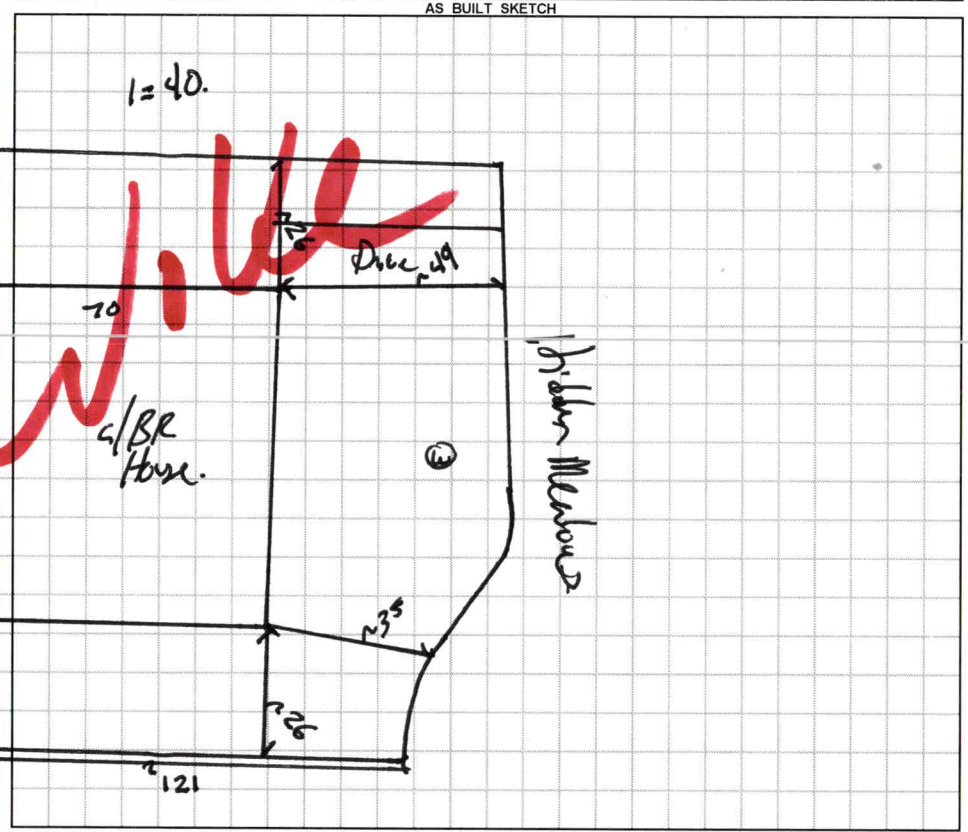
Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install Septic Drawing on the contour of the land and utilize serial distribution. Do not exceed max depth of 36 inches. Do not Drive, park, pave, grade or bury utilities in drainfield.

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: 7/8/20 Installed by: _____

IMPROVEMENT PERMIT by: Benjamin D Bolton Date: 5/17/19. OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: Benjamin C. White Date: 7-8-2020 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 inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE MURRAY, RN BSN MS
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to SUSPEND/REVOKE Improvement Permit/Construction Authorization
09/01/2020

Owner: Lakeshore Holdings, LLC
Address: P.O. Box 5350, Mooresville, N.C. 28117

Subject: Notice of Intent to Revoke/Suspend:222 Hidden Meadows Drive, Mooresville, N.C. 28117

Dear Lakeshore Holdings:
(Owner's Name)

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 222 Hidden Meadows Drive for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization Referenced Above determined the following violations:

Violation	Law or Rule Citation
15A NCAC 18A.1937 (G) ".... If the information submitted in the application for the Improvement Permit (IP) or Construction Authorization (CA) is found to have been incorrect, falsified or changed or the site is altered, the IP/CA shall become invalid and may be suspended or revoked	

This is to notify you that based on these violations, the Department intends to suspend/revoke (specify) your Improvement Permit/Construction Authorization (specify) 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the suspension/revocation (specify) will not go into effect. *[Insert for suspension]* If the permit is suspended, the health department must determine that the violations have been corrected before the suspension will be lifted. *[Insert for revocation]* If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in

RECEIVED JUN 16 2020 AP-244220 $550.00

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: (X) 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

The following optional attachments may also be submitted: (X) 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, LLC **Address:** PO Box 5350 Mooresville, NC **Zip:** 28117

Applicant Email: lakemisthomesdesign@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Owner Name: Lakeshore Holdings, LLC **Address:** PO Box 5350 Mooresville, NC **Zip:** 28117

Owner Email: lakemisthomesdesign@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Property Information:

Street Address: 222 Hidden Meadows Drive, Mooresville, NC 28117

Subdivision Name: Hidden Meadows **Section/Phase:** **Lot Number:** 19

Driving Directions: From Hwy 150 travel north on Perth Rd Neighborhood on right before Judas Rd. intersection. Lot will be last lot on right before cul-de-sac

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (x) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) 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:

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: (Lakeshore Holdings, LLC) 6/4/2020
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, Lakeshore Holdings, LLC, am the legal owner(s) of the property located at 222 Hidden Meadows Drive, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4649007432, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lakeshore Holdings, LLC, _____, 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.

(Lakeshore Holdings, LLC) 6/4/2020
Signature of Owner(s) Date

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

RECEIVED APR 30 2019

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#244220 Paid $500.00

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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Hidden Meadows Ventures **Address:** P.O. Box 4628 Mooresville NC **Zip:** 28117

Applicant Email: rdenzler06130@roadrunner.com **Phone:** 919-606-5852 **Alt. Phone:**

Owner Name: Same **Address:** Same **Zip:** Same

Owner Email: rdenzler06130@roadrunner.com **Phone:** 919-606-5852 **Alt. Phone:**

Property Information:

Street Address: 222 Hidden Meadows Dr.

Subdivision Name: Hidden Meadows **Section/Phase:** **Lot Number:** 19

Driving Directions: From Highway 150 take Perth Rd (North) towards Troutman. Subdivision is past Rocky Mt. Methodist Church on right.

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well Number of Houses: Number of Persons:

(✓) 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: Accepted

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: _____ 4/30/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



FOR PRELIMINARY PLANNING PURPOSES ONLY. ALL LOTS WILL REQUIRE FINAL APPROVAL BY THE COUNTY HEALTH DEPARTMENT ON A LOT BY LOT BASIS. THIS MAP SHOULD BY USED AS A GENERAL GUIDE, SOME ADJUSTMENTS WILL BE NECESSARY IN THE FIELD DUE TO SOIL VARIABILITY AND COMPLEX TOPOGRAPHIC FEATURES. THIS MAP ONLY REFLECTS EXISTING SOIL SUITABILITY FOR ON-SITE SEPTIC TANK SYSTEMS.

PLEASE REFER TO ATTACHED SOIL REPORT FOR ADDITIONAL SITE SPECIFIC INFORMATION

SOIL & FORESTRY SERVICES OF THE CAROLINAS, PA.

P.O. BOX 832
MOORESVILLE, NC 28115
PHONE/FAX: (704) 278 - 0989

ASHLEY ROLLANS, NC LICENSED SOIL SCIENTIST
MOBILE: (704) 746 - 5046
EMAIL: ashleyrollans@gmail.com

MAP TITLE: SITE PLAN & DRAINFIELD AREAS

PROJECT NAME: RICHARD DENZLER / HIDDEN MEADOWS SUBDIVISION

LOCATION/DATE: PERTH ROAD - HIDDEN MEADOWS IREDELL COUNTY, NORTH CAROLINA FEBRUARY 2019

JOB # :	18-0108
FILE:	C:\JOBS\18-0108
PROJECT MGR.:	S.A.R.
FIELD WORK:	S.A.R.
DRAWN BY:	S.A.R.

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, Richard Denzler, am the legal owner(s) of the property located at Hidden Meadows Ventures, identified as PIN (Parcel Identification Number) 4649016361-222 Hidden Meadows Dr; located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ashley Rollans, _____, 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) 3/11/19 Date

Signature of Witness 3/11/19 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

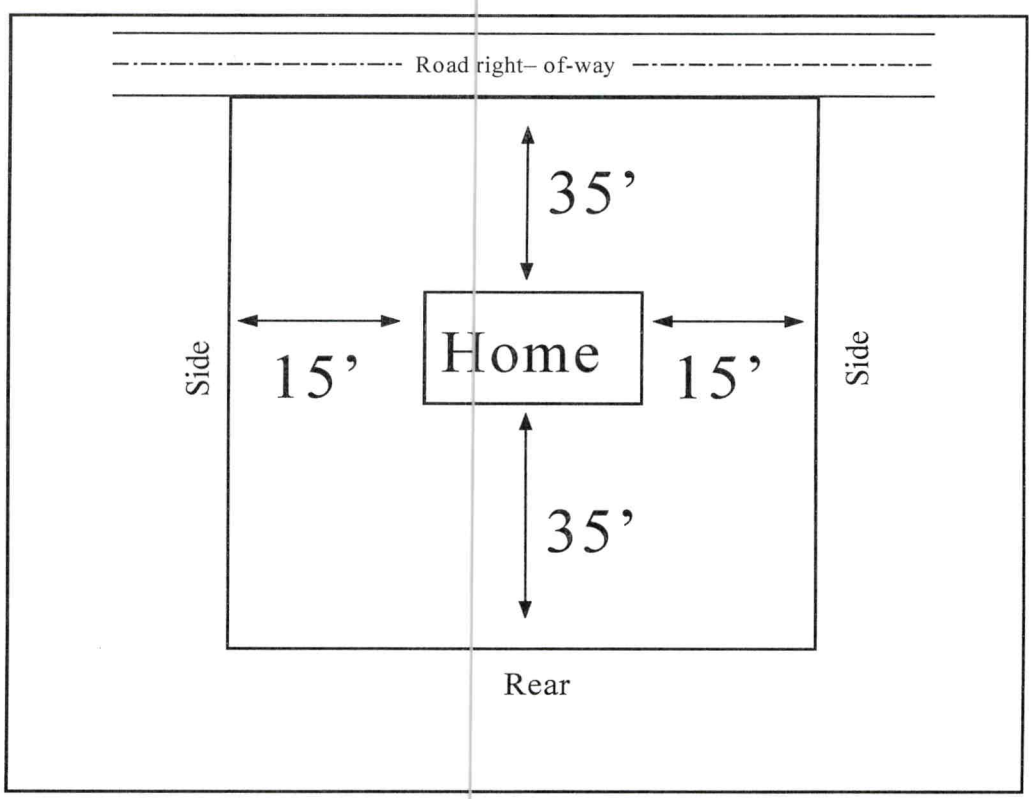
ZONING DISCLAIMER

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Chad Wagner — 4/30/2019

Applicant — Date

STREET NAME: 222 HIDDEN MEADOWS



In the box above indicate the location of the building's or structure's, their orientation to the front of the lot as indicated, and the setback distances to all property lines and the distances to any other building's or structure's on the lot. Also indicate the size/shape of the lot and the corresponding dimensions when necessary. The front of the lot is the portion which abuts a public right of way or easement.