RECEIVED SEP 5 2014

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *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:

Applicant Name: Lakeshore Holdings LLC Address: 245 Lake Mist Dr Mooresville NC 28117 Phone: 919384-4500

Owner Name: " Address: " Phone: "

Property Information:

Street Address: Lot 1

Subdivision Name: The Orchard Section/Phase: _____ Lot Number: 1

Driving Directions: 150 to right on Perth Rd. Perth to right on Flowering Cherry Lane. Lot is first on left

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: _____
( ) 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: _____ 9/5/14
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

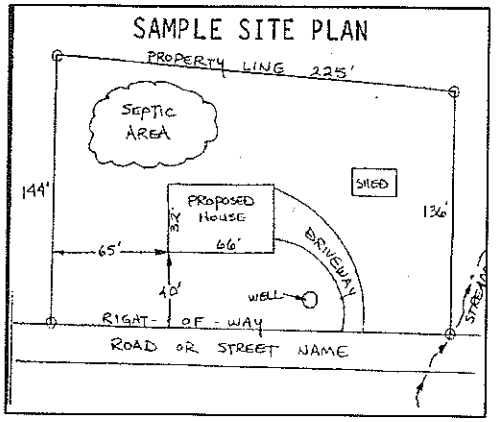
ENVIRONMENTAL HEALTH DIVISION

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

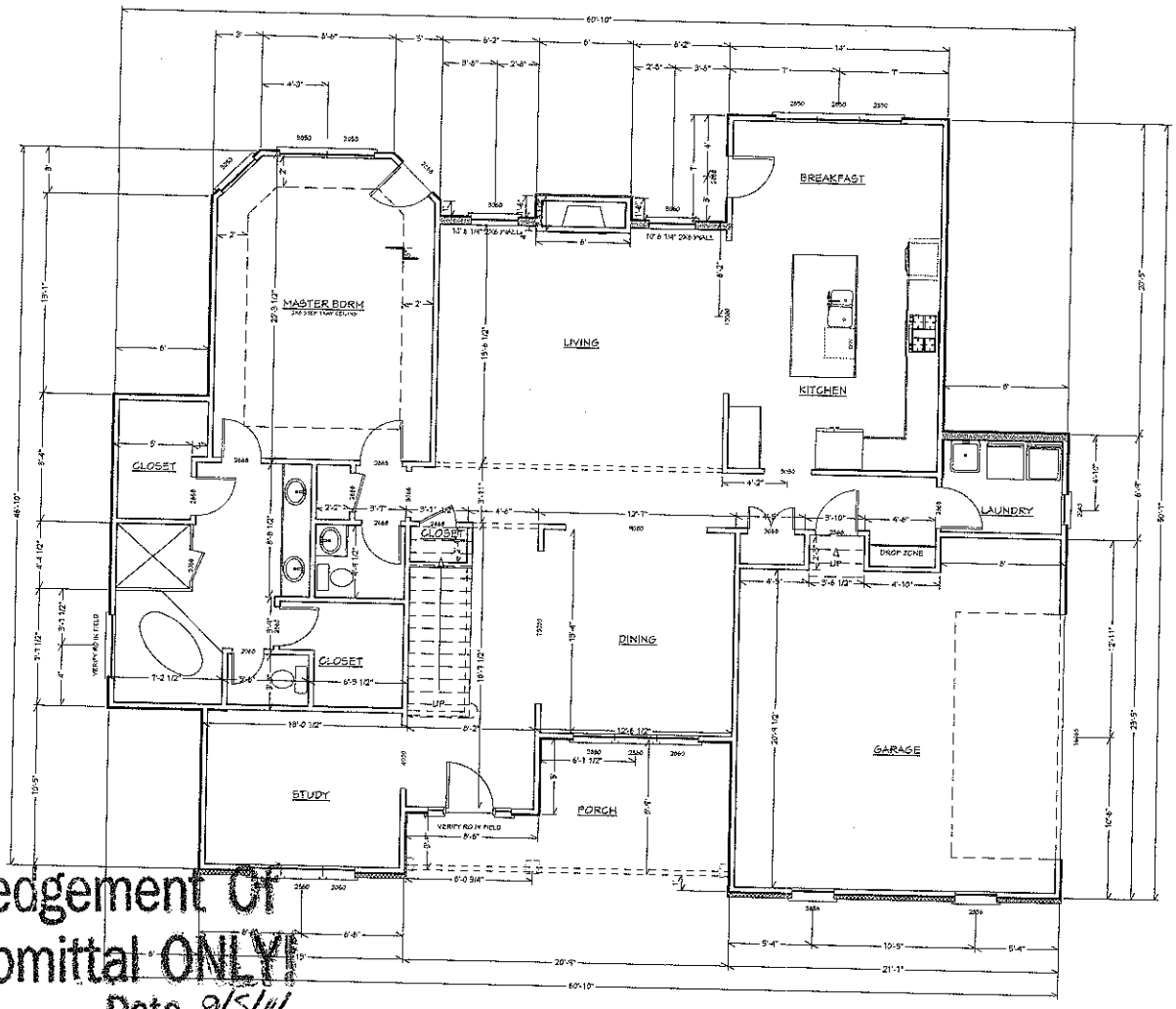
See attached by Mike Athens

Signature: _____

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

9-5-14

DATE



Acknowledgement Of
Plans Submittal ONLY

Date 9/5/14

APPROVED SEP 08 2014
Date

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

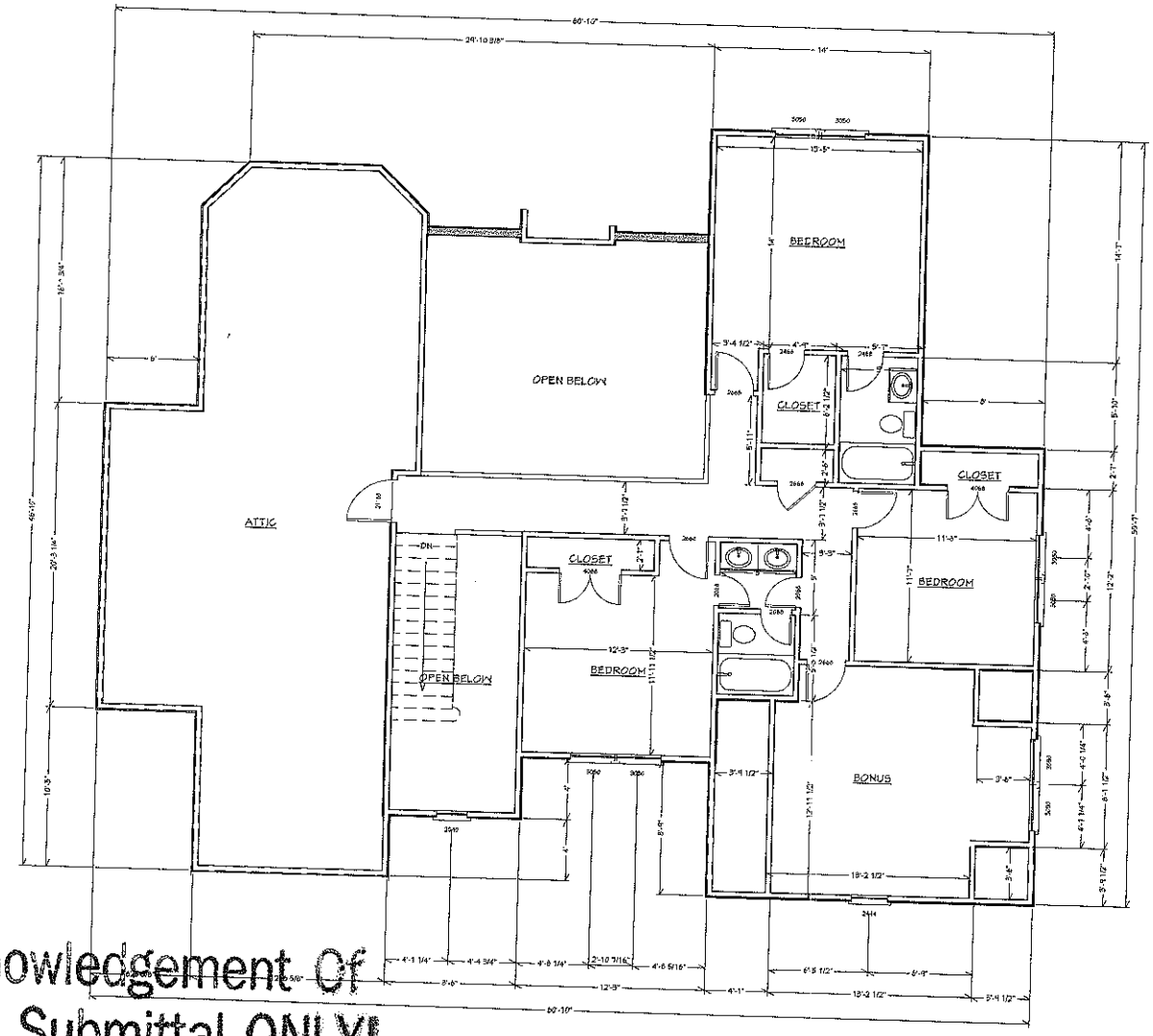
VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport

REVISIONS

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 9/5/14
APPROVED SEP 08 2014
Date

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

LAKEMIST HOMES
Southport

REVISIONS

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

4

RECEIVED AUG 27 2014

IREDELL COUNTY HEALTH DEPARTMENT

Paid $195.00 Int. Relayout

ENVIRONMENTAL HEALTH DIVISION

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(X) Septic Improvement Permit ( ) New Well Permit (X) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Lake Mist Homes Address: _____ Phone: (704) 799-7609

Owner Name: Same Address: _____ Phone: _____

Property Information:

Street Address: 105 Orchard Farm Ln

Subdivision Name: The Orchards Section/Phase: _____ Lot Number: 1

Driving Directions: Perth, TR Flowering cherry, on corner with orchard Farm

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: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

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Type of Business: _____
Square Footage of Building: _____
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(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Year existing system installed: _____

Please answer the following to the best of your ability:

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Signature: _____

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

8/27/2014

DATE

IREDELL COUNTY HEALTH DEPARTMENT

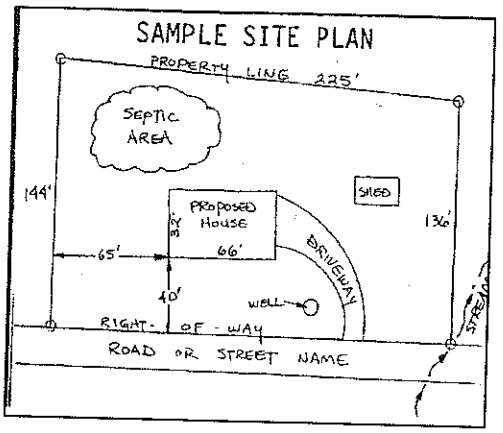
ENVIRONMENTAL HEALTH DIVISION

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( ) 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

See Attached Plan

Signature: _____

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

8/27/2014

DATE



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Orchards Lot 1
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 25' side street
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (ICHD)
Proposed System Type: 25% Reduction
Proposed Repair System Type: PPBPS
Distribution: Gravity-drop boxes/end cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 24-36"

Line	Design Length	Actual Length
Red 1		25'
Pink 2		45' ✓
White 3		50' ✓
Blue 4		78' ✓
Yellow 5	**100'**	**100'** ✓
Pink 6	**100'**	**105'** ✓
Blue 7	**100'**	**115'** ✓
Red 8	**100'**	**110'** ✓
White 9		55'
Pink 10		30'

OK ICHD @ 0.3

Initial System: 400' **Repair System:** 283'

Comments:
House box staked in the field. The house area cannot be cut down. If the house area is cut, then a pump will be necessary. M A & Associates performed a soil observation to verify the LTAR.

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

Sheet __1__ *of* __1__
PROPERTY ID #: 4649047428_
COUNTY: _Iredell____

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

OWNER: _Lakemist Homes_____ APPLICATION DATE_____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD_____ PROPERTY SIZE: __0.82 AC_____
LOCATION OF SITE: Orchards SD Lot 1_____ PROPERTY RECORDED: _1/11/2007_____
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	LS 5%	0-38	R CL WSBK	FR SS SP	N/A	48"	Few SAP	N/A	PS 0.3-0.4
		38-48	R L WSBK	FR SS SP			Com SAP		
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1200 FT2	540 FT2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3 (ICHD)	0.3 (ICHD)

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ____PS_____
EVALUATED BY: _M A & Associates_ GF FCHD - 9-2-14
OTHER(S) PRESENT: _____

COMMENTS: _____

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	136597ZO	Subdivision:	The Orchard
Proposed Use:	Single Family	Township:	
Location of Property:	000 Orchard Farm Dr. Statesville NC 28625		
Parcel #:	4649049474.001	Zoning:	RA
Lot #:	1 Size: 35860	Flood Plain:	No Watershed: None
Applicant:	Orchard Farms, LLC (Lee Easter)	Owner:	Orchard Farms, LLC (Lee Easter)
Address:	227 Hideaway Lane Mooresvile NC 28117	Address:	227 Hideaway Lane Mooresvile, NC 28117
Phone:	704-201-6465	Phone:	704-201-6465
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: 20000 Min. Front Yard: 35 ft Min. Left Side Yard: 25 ft

Min. Lot Width: 100 Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft

Min. Number Parking Spaces: Max. Built Upon Area:

Comments:

HOLD BUILDING PERMIT UNTIL PLAT RECORDED

Directions:

21 south, right Perth Rd, 3 miles left WIld Cherry before Judus Road

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$350.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$395.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant:_____ Date: _____

A non-refundable fee of $45.00 is charged on all permit applications.

ALAINA DILLARD

Printed: 6/21/2006

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet 1 of ___
PROPERTY ID #: _____
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: THE ORCHARDS LLC APPLICATION DATE 4/06
ADDRESS: HIDEAWAY LANE MOORESVILLE DATE EVALUATED: _____
PROPOSED FACILITY: RES PROPOSED DESIGN FLOW (.1949): 4 bdrm PROPERTY SIZE: _____
LOCATION OF SITE: THE ORCHARDS LOT 1 PROPERTY RECORDED: Y
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	
1A	LSS 10-15%	0-20	RC MFSOM	fri SSSP SSAP	N/A	60"	N/A	N/A	PS .3
		20-60	RCL MFSOM	fri SSSP SSAP					
				common SAP					
2	6-29-06 13% L	0-12	gr brnsdl	fr SSSP	common SAP				.3+
		12-38	m-wksbkl cl	fr SSSP					
		38-54	massive SL SAP	fr SSSP					
3		0-6	wksbksdl	fr SSSP					.3
		6-33	SBK mod c	fr SSSP SSAP					
		33-52	wksbk mod cl	fr SSSP					
4		0-8	gr brnsdl	fr SSSP		51"			.3
		8-27	m SBK mod c	fr SSSP SSAP					
		27-51	wksbk mod cl	fr SSSP fr SAP mod					
		51-58	massive LSAP	fr SSSP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	LPP PBPS	LPP PBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: B. Freeman ; DP Harris
OTHER(S) PRESENT: _____

COMMENTS:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet _1_ *of* _1_
PROPERTY ID #: _____
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: LAKEMIST Homes _____ APPLICATION DATE _____
ADDRESS: The Orchards Lot 1 _____ DATE EVALUATED: _____
PROPOSED FACILITY: 4 BR _____ PROPOSED DESIGN FLOW (.1949): 480 GPD _____ PROPERTY SIZE: _____
LOCATION OF SITE: Orchards SD, Lot 1 _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: * Auger Boring * Pit ☐ Cut TYPE OF WASTEWATER: * Sewage ☐ Industrial Process ☐ Mixed

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P 1	LS 5-7%	0-8	BR SCL WSBK	FR SS/SP SEXP		50"	F-C SAP		PS .4+
		8-40	R CL SBK	FR SS/SP SEXP					
		40-60	VER. SL SAP	MASS VFR SS/SP SEXP			PS		
		60-85	VER LS SAP	MASS VFR NS/NP					
A B 2	LS 3-4%	0-5	BR SCL WSBK	FR SS/SP SEXP					PS .3-.4
		5-38	R CL WSBK	FR SS/SP SEXP					
		38-48	R L WSBK	FR SS/SP SEXP			F-C SAP		
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: MA&ASSOC. INC.
OTHER(S) PRESENT: _____

COMMENTS: _____