# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 (1) Mooresville Office (704) 660-3625

PERMIT # AP 317578

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

PIN # 4654 -68 -5676

APPLICANT/OWNER: Lakeshore Holdings, LLC APPLICANT ADDRESS: 637 Williamson Rd Ste 102 Mooresville NC 28117

SITE ADDRESS: 129 Rykeigh Dan Place Mooresville NC 28115 PHONE: 704-799-7609 ALT. PHONE -

SITE DIRECTIONS: 115 South to Presbyterian Rd entrance on the left SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Davidson Pond SECTION: - LOT # 6 LOT AREA: 1.482 Ac DESIGN FLOW: 480 L.T.A.R.: .30

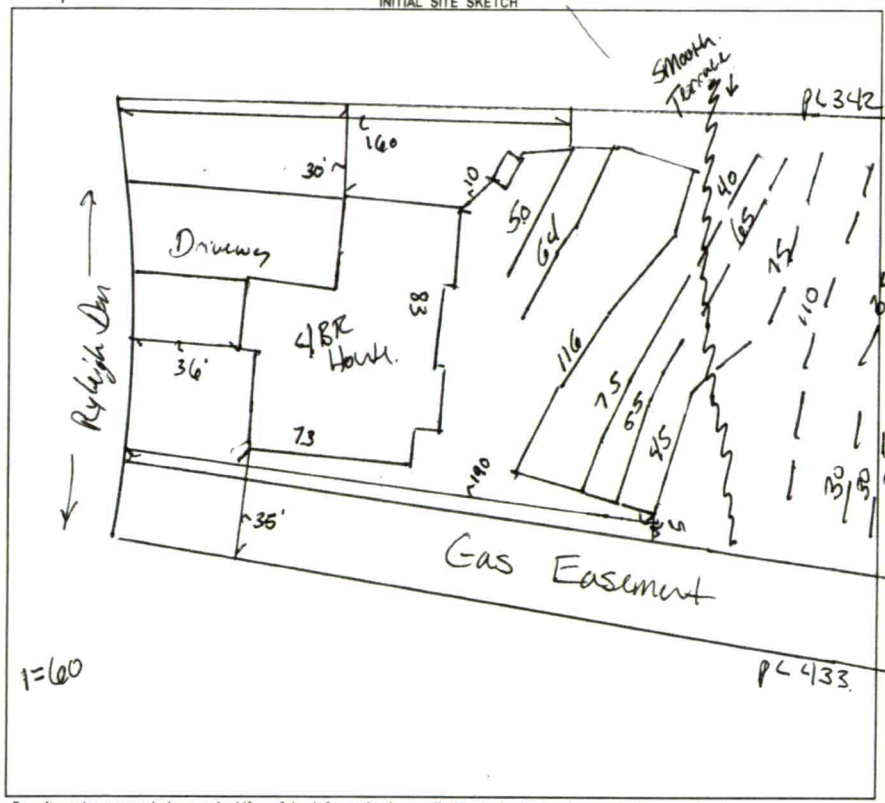
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB 760 | Date | 6-1-22 | [X] New System | [ ] Repair | [ ] Expansion | System Type: I II (III) IV V VI | [X] Residence | No. Bedrooms 4 |
| Pump Tank | - | (gal) | PT - | Date | - | System Description: | Gravity - 25% Reduction | | | [ ] Business | No. Persons 8 |
| Pump Make | - | Model | - | Serial # | - | Repair System Description: | LPP - Panel - 50% Reduction | | | [ ] Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 6 | Linear Ft | 400 | Maintenance Agreement Required: | [ ] YES | [X] NO | | [ ] Slab | [X] Crawl Space |
| Trench Width | 36 in | Trench Bottom Depth(Low side) | 36 in max | Gravel Depth | | | [X] GRAVITY | [ ] PRESSURE | | [ ] Basement w/ plumbing | [ ] Basement w/o plumbing |

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install Septic Drainlines on the Contour of the Land & utilize Serial distribution. Do not Drive, Park, Pave, grade or Key utilities in Drainfield Area.

Property Recorded Bk TS Pg 81-82.

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.

Can install in 5 Lines
First 4 Lines installed - 7-15-22.
Installed in 6 lines

Installed as Drawn

*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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2/21/22 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: Date: 2-16-2022 OPERATION PERMIT by: Date: 7/18/22

AUTHORIZATION TO CONSTRUCT by: Date: 2-16-2022 Existing System Inspected by: Date:

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

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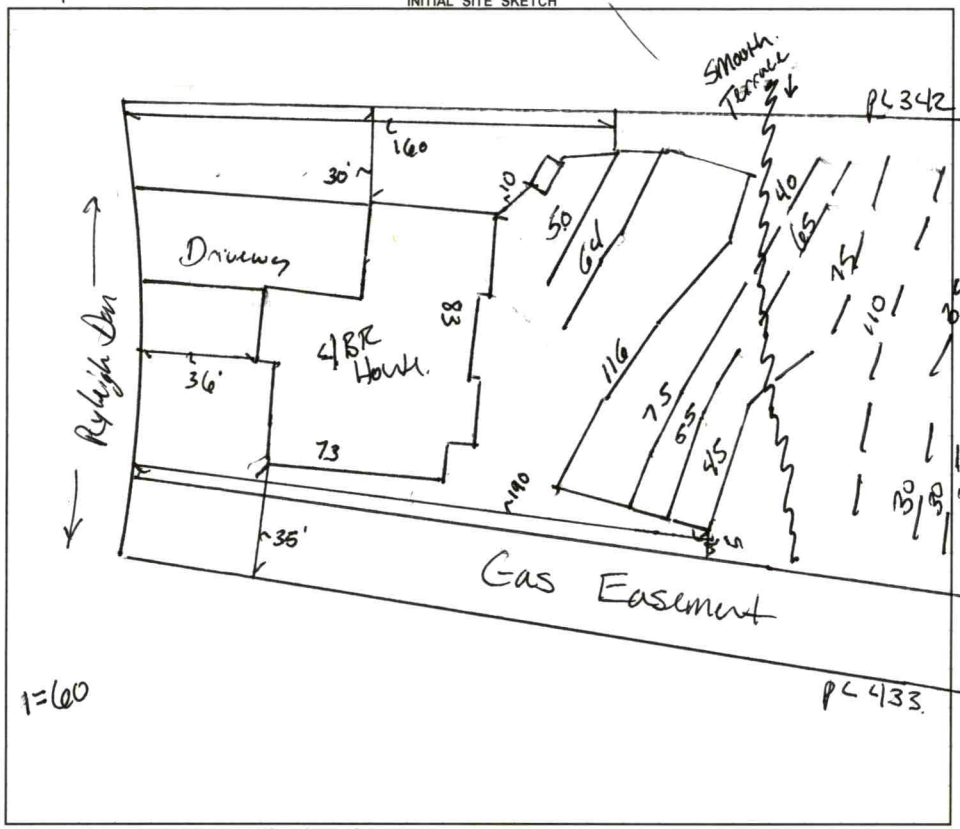
| | | | | | | | | | | | |
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Property Recorded BK 75 PG 81-82.

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AS BUILT SKETCH

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First 4 Lines installed - 7-15-22.

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Owner / Applicant Signature: [signature] Date: 2/21/22 Installed by: Stutts Grading

IMPROVEMENT PERMIT by: [signature] Date: 2-16-2022 OPERATION PERMIT by: Date:

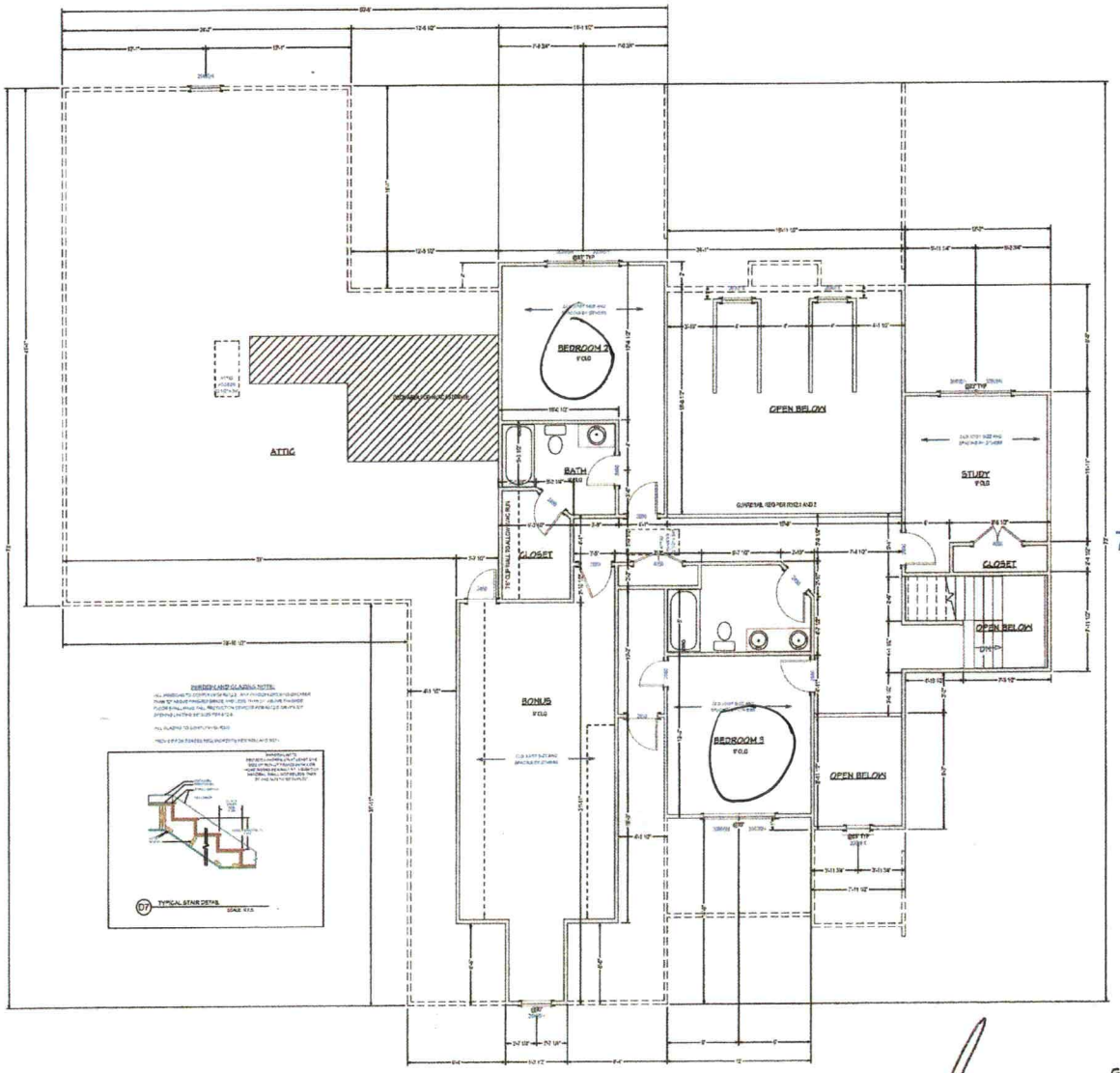
AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2-16-2022 Existing System Inspected by: Date:

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

| Item | Date | Initials |
|---|---|---|
| Drain Lines Checked | | |
| Tanks Checked | | |
| Pressure Manifold or Valve Box Checked | | |
| Pressure Head Set | | |
| Electrical Checked | | |
| Floats Set | | |
| Alarm Checked | | |
| Maintenance Contract Needed? Y / N | | |
| Comments: | | |
| | | |
| | | |

| Repairs Only | |
|---|---|
| | State Code |
| Failing System Code | |
| Type of Distribution | G or P |
| Type of Failure/Malfunction | |
| Primary Cause of Failure/Malfunction | |
| | |
| Age of System? _____ | |
| Initial or Repair? _____ | |

| SQUARE FOOTAGE | |
|---|---|
| 1ST FLOOR HEATED | 1446 |
| ADU HEATED | 608 |
| 2D FLOOR HEATED | 1425 |
| TOTAL HEATED | 3479 |
| GARAGES | 984 |
| PORCHES | 829 |
| TOTAL UNDER ROOF | 5592 |




SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

BNB 2/16/22

| NO. | DESCRIPTION | BY | DATE |
|---|---|---|---|
| | | | |

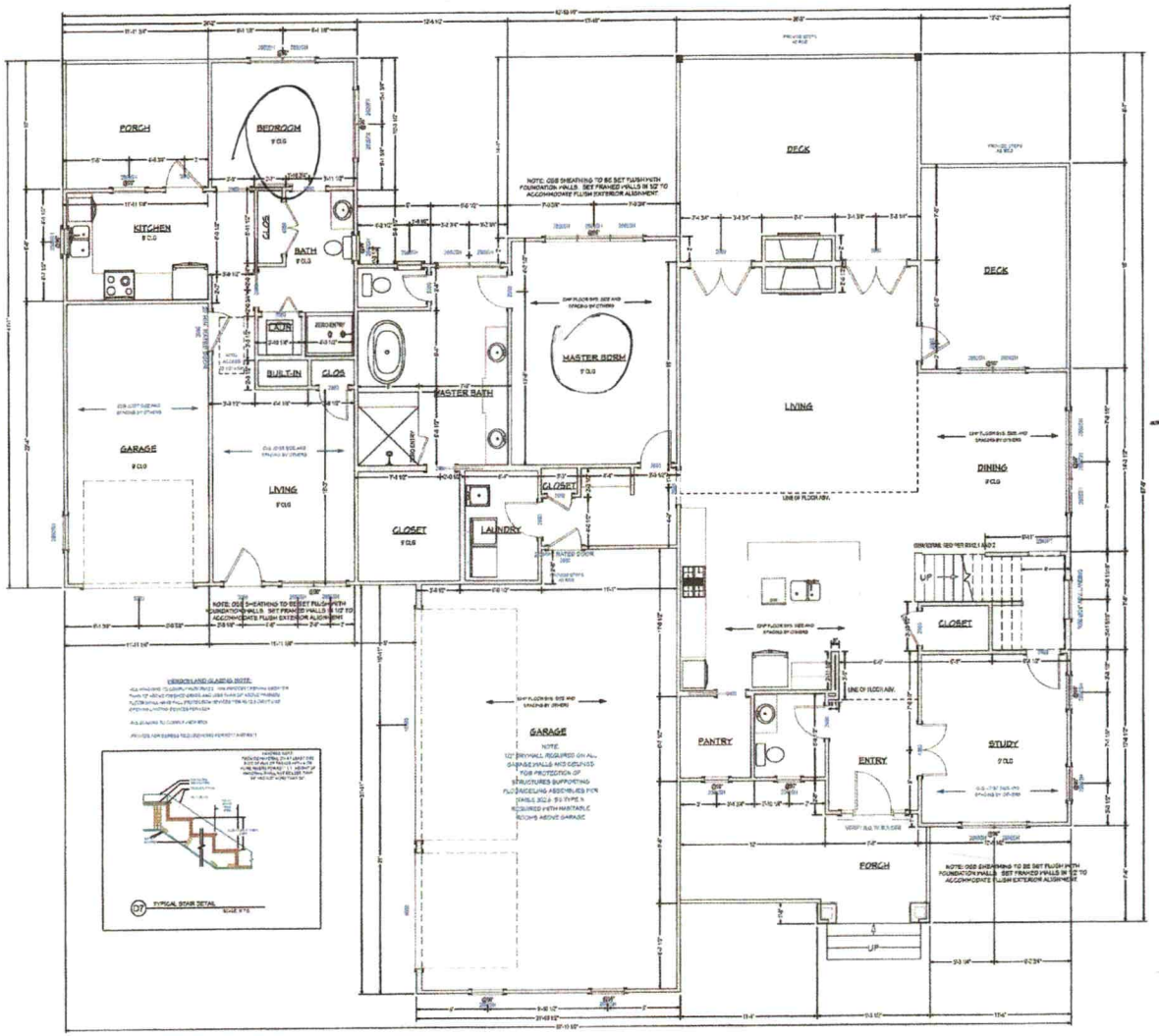
PROJECT DESCRIPTION:
Chura Residence
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE: 1/13/2022

SCALE:

SHEET: A-7




| SQUARE FOOTAGE | |
|---|---|
| 1ST FLOOR HEATED | 1946 |
| ADU HEATED | 608 |
| 2D FLOOR HEATED | 1425 |
| TOTAL HEATED | 3479 |
| GARAGES | 984 |
| PORCHES | 629 |
| TOTAL UNDER ROOF | 5942 |

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

2/16/22

| NO. | DESCRIPTION | BY | DATE |
|---|---|---|---|
| | | | |

PROJECT DESCRIPTION:
Chura Residence
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE: 1/13/2022

SCALE:

SHEET: A-6

Limited Redraw

RECEIVED JAN 2 4 2022

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***APPLICATION FORM*** AP-317578 $105.00

**Application For:** ( ) 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:** ( ) 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@gmail.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:** 129 Ryleigh Dan Place

**Subdivision Name:** Davidson Pond **Section/Phase:** **Lot Number:** 6

**Driving Directions:** 115 South to left on Presbyterian Rd, neighborhood entrances are on the left

**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 ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Per IP

**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?**

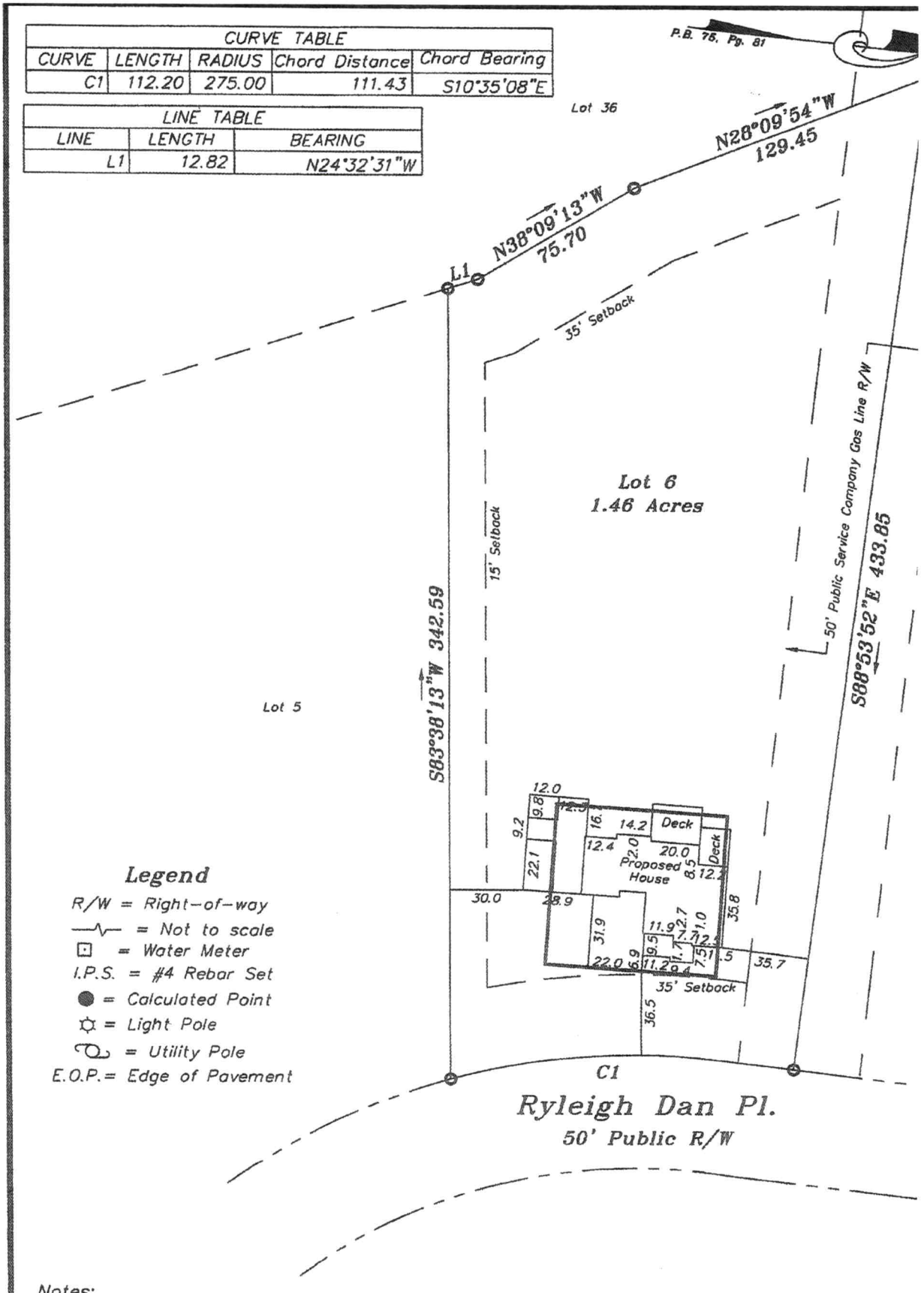
***I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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 dba Lakemist Homes — 11/20/22

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

| CURVE TABLE | | | | |
|---|---|---|---|---|
| CURVE | LENGTH | RADIUS | Chord Distance | Chord Bearing |
| C1 | 112.20 | 275.00 | 111.43 | S10°35'08"E |

| LINE TABLE | | |
|---|---|---|
| LINE | LENGTH | BEARING |
| L1 | 12.82 | N24°32'31"W |




**Legend**

R/W = Right-of-way
—∿— = Not to scale
⊡ = Water Meter
I.P.S. = #4 Rebar Set
● = Calculated Point
☼ = Light Pole
= Utility Pole
E.O.P. = Edge of Pavement

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 75 at Page: 81 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

( IN
1 inch
GRAPHI
0
60
1

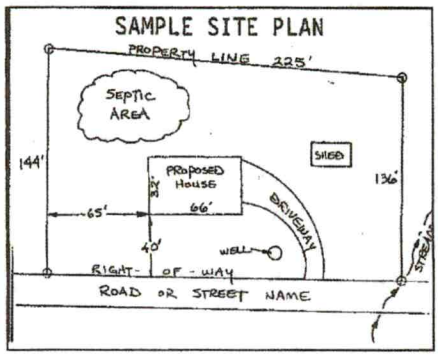
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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 OR WELL 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**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **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

**Signature:** _____ Lakeshore Holdings, LLC dba Lakemist Homes

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

11/20/22

**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 129 Ryleigh Dan Place, identified as

PIN (Parcel Identification Number) 4654685676, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, 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 dba Lakemist Homes

Signature of Owner(s)

11/20/22

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