ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 317577

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

PIN # 4654 -- 68 -- 7228

APPLICANT/OWNER: Oaksprings LLC APPLICANT ADDRESS: PO Box 5350 Mooresville

SITE ADDRESS: 115 Ryleigh Dan Place PHONE: 704-799-7609 ALT. PHONE

SITE DIRECTIONS: South on Mecklenburg Hwy - Lt Presbyterian Rd - Lt Ryleigh Dan Place SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond SECTION: -- LOT # 3 LOT AREA: 1.26 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	740	Date	5/27/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	363	Date	5/30/22	System Description:	50% reduction PPBPS (manifold)			☐ Business	No. Persons 8
Pump Make	Zoeller	Model	B1151	Serial #	[illegible]	Repair System Description:	50% reduction PPBPS (manifold)			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	280 Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth (Downside)			36 in (max)	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install drain lines on contour of land. Do not park, drive, or grade septic area. Do not exceed 36 inch trench bottom.

House must be constructed inside approved area. Pool must be staked to issue OP

INITIAL SITE SKETCH

Dose Vol = 230.4 Drawdown = 11 Taps (1) 1½" sch 40 L1
Flow Rate = 32.79 Time = 7:03 (2) ¾" sch 80 L2+L3
(1) 1½" sch 80 L4

See attached Site Plan & Design
by Paul Pennuger & ICHD
Date 7-2-21

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.

7/7/2022 - Laterline & Manifold Checked.

As Built Attached

Tanks & Bottom 3 Lines checked 7/6/22 DW

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: 9/23/21 Installed by: Stutts Grading & Septic

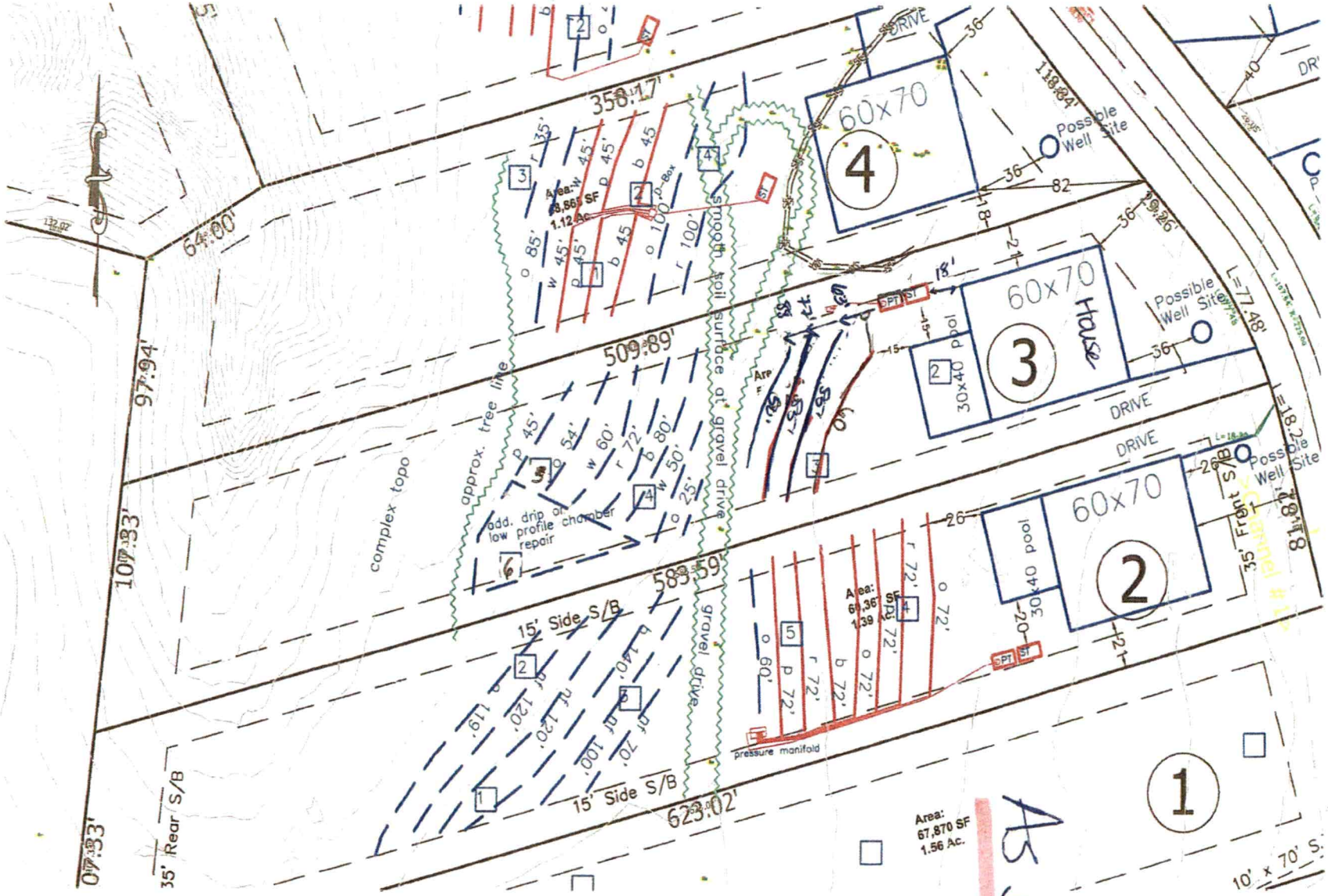
IMPROVEMENT PERMIT by: [signature] Date: 7-15-21 OPERATION PERMIT by: Bryant Li White Date: 11-29-2022

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 2/22/22 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		PW
Tanks Checked	7/6/22	DW
Pressure Manifold or Valve Box Checked	11-29-2022	BCW
Pressure Head Set	11-29-2022	BCW
Electrical Checked	11-29-2022	BCW
Floats Set	11-29-2022	BCW
Alarm Checked	11-29-2022	BCW
Maintenance Contract Needed? Y/(N)	11-29-2022	BCW
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? _____	



Oaksprings, LLC – Davidson Pond Subdivision – Lot 3 Septic Site Plan 7.2.21

As Built-NTS

Base site plan from PDAPA. House pad and lot lines staked by PDAPA. Approx. proposed septic lines sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Any proposed well or septic system must be approved and permitted by the ICHD. Refer to ICHD permit for system type and specifications.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 317577

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

PIN # 4654 -- 68 -- 7228

APPLICANT/OWNER: Oaksprings LLC APPLICANT ADDRESS: PO Box 5350 Mooresville

SITE ADDRESS: 115 Byleigh Dan Place PHONE: 704-799-7609 ALT. PHONE

SITE DIRECTIONS: South on Mecklenburg Hwy - Lt Presbyterian Rd - Lt Byleigh Dan Place SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond SECTION: - LOT # 3 LOT AREA: 1.26 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	760	Date	5/27/22	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	5/30/22	System Description:	50% reduction PPBPS (manifold)			☐ Business	No. Persons	8	☒ Private
Pump Make	Zoeller	Model		BM151	Serial #	~~12222~~ 22222	Repair System Description:	50% reduction PPBPS (manifold)			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		4	Linear Ft	280 Ft	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36 in	Trench Bottom Depth (Low side)			36 in (max)	Gravel Depth	-	☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install drain lines on contour of land. Do not park, drive, or grade septic area. Do not exceed 36 inch trench bottom.

House must be constructed inside approved area. Pool must be staked to issue OP

INITIAL SITE SKETCH

Dose Vol = 230.4 Drawdown = 11 Taps (1) 1½" sch 40 L1
Flow Rate = 32.79 Time = 7.03 (2) ¾" sch 80 L2+L3
(1) 1½" sch 80 L4

See attached Site Plan & Design
by Paul Penninger & ICHD
Date 7-2-21

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.

7/7/2022 - Laterline & Manifold Checked.

As Built Attached

Tanks & Bottom 3 lines checked 7/6/22 DW

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: Chris Sou Date: 9/23/21 Installed by: Stutts Grading & Septic

IMPROVEMENT PERMIT by: Benjamin A Botts Date: 7-15-21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Mebane Date: 2/22/22 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	7/6/22	DW
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? _____	



Oaksprings, LLC – Davidson Pond Subdivision – Lot 3 Septic Site Plan 7.2.21

GRAPHIC SCALE

0 30 60 120

1 inch = 60 feet

Base site plan from PDAPA. House pad and lot lines staked by PDAPA. Approx. proposed septic lines sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Any proposed well or septic system must be approved and permitted by the ICHD. Refer to ICHD permit for system type and specifications.



Oaksprings, LLC – Davidson Pond Subdivision – Lot 3 Septic Site Plan 7.2.21

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call Paul Penninger for site visit 704.996.6330 RECEIVED JUN 2 1 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317577 $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: Oaksprings, LLC **Address:** PO Box 5350 Mooresville, NC **Zip:** 28117

Applicant Email: lakemisthomes@yahoo.com> **Phone:** 704-799-7609 **Alt. Phone:** _____

Owner Name: same as applicant **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 115 Ryleigh Dan Place

Subdivision Name: Davidson Pond **Section/Phase:** _____ **Lot Number:** 3

Driving Directions: South on Mecklenburg Highway, TL Presbyterian Rd, Ryleigh Dan Place on 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 ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands? Drains on W. RW
( ) 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: _____ 6-17-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

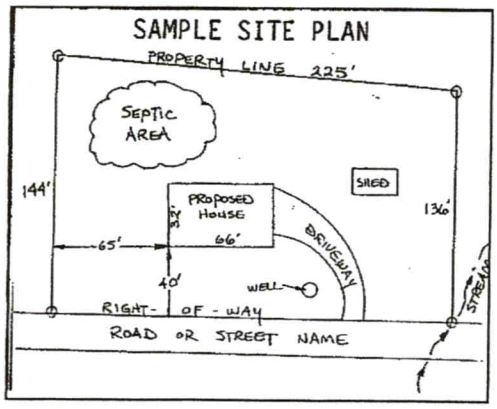
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- (X) 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 site plan.

Signature: _____

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

6-17-21

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, Oaksprings, LLC / Aaron Feldman, am the legal owner(s) of the property located at Lots 1-40 Davidson Pond Subdivision, identified as

PIN (Parcel Identification Number) 4654688991.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger/Penninger Soil Consulting _____, 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.

_____ 5-7-21

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

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317577 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	115 RYLEIGH DAN PL	Iredell County

Owner Information	Applicant Information
Name: GREEN RODNEY	Name: Oaksprings LLC
Address:	Address: PO Box 5350
,	Mooresville, NC 28117
Phone:	Phone: (919)389-4500

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

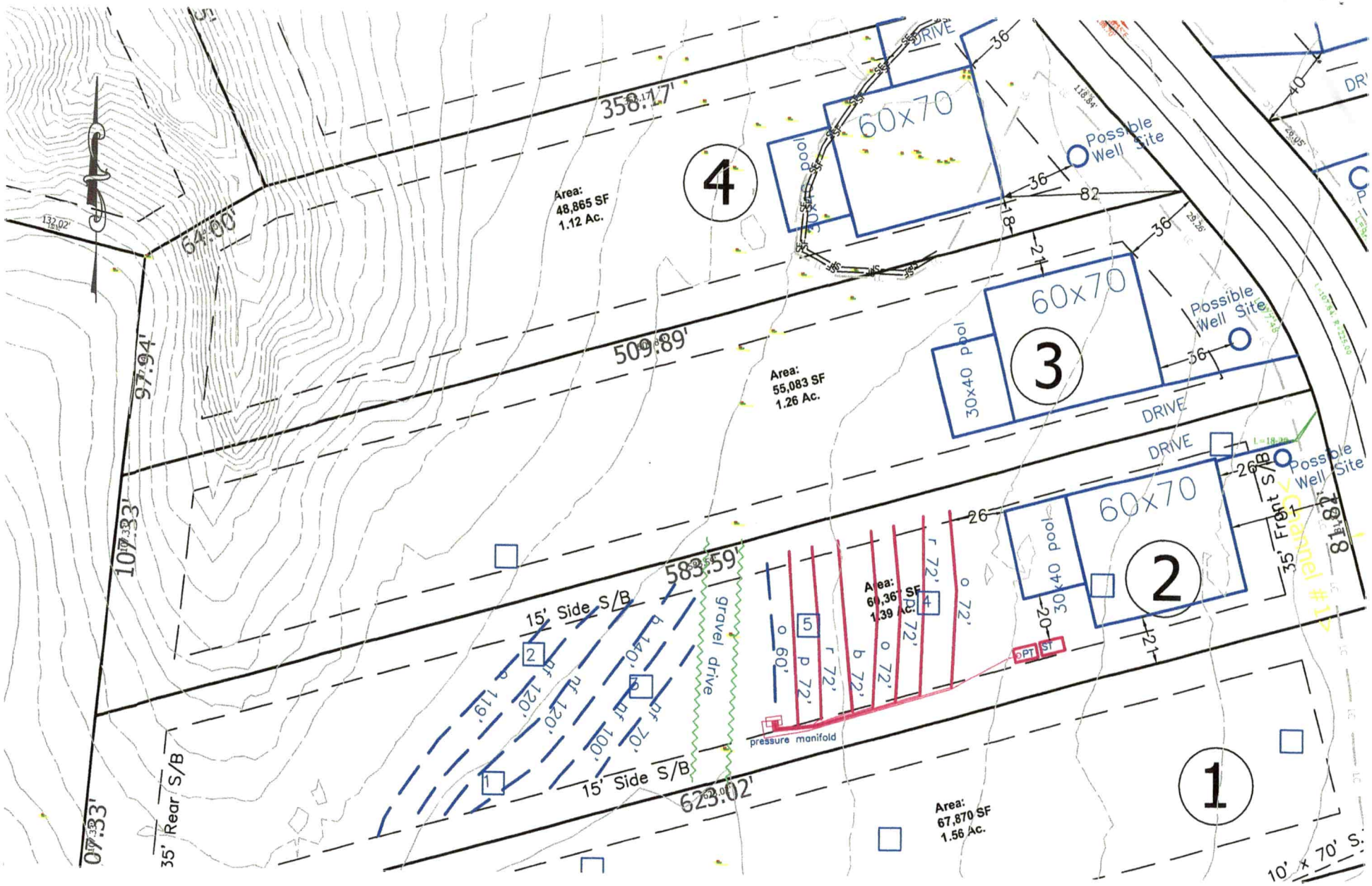
Remarks
SFD/DON'T ISSUE BUILDING PERMIT UNTIL PLAT HAS BEEN RECORDED

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.

Signature of Owner/Contractor

Date: 05/06/2021

Permit Number	317577	TOTAL FEES:	$77.25



Oaksprings, LLC – Davidson Pond Subdivision – Lot 3 Septic Site Plan 6.17.21

Base site plan from PDAPA. House pad and lot lines staked by PDAPA. Any proposed well or septic system must be approved and permitted by the ICHD.

GRAPHIC SCALE

0 30 60 120

1 inch = 60 feet

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

Sheet 1 of 2
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM** Lot 3.
(Complete all fields in full)

OWNER: Oakspring LLC — APPLICATION DATE 6/21/21
ADDRESS: PO Box 5350 Mooresville — DATE EVALUATED: June 21
PROPOSED FACILITY: 4 bd/r Home — PROPOSED DESIGN FLOW (.1949): — PROPERTY SIZE: 1.26 acres
LOCATION OF SITE: 115 Raleigh Dan Place — 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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Linear	0 - 28	C SBK	SS SP ~~FR~~ SE	Quartz vien at 24			SAP Inc in CL layer	.3 PS
		28 - 62	CL SBK	SS SP FR SE					
2	Linear	0 - 30	C SBK	SS SP FR SE				SAP Inc thru out	.3 PS
		30 - 62	CL SBK	SS SP FR SE					
3	Linear	0 - 12	C Compacted					SAP Inc in CL Layer	.3 PS
		12 - 26	C SBK	SS SP FR SE					
		26 - 56	CL M SBK	SS SP FR SE					
4	Linear	0 - 21	C SBK	SS SP FR SE				SAP Inc thru out	.3 PS
		21 - 57	CL SBK	SS SP FR SE					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	50% red	50% red
Site LTAR	.3	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Cory Whicker, Ben Botkins, Paul Penninger
OTHER(S) PRESENT:

COMMENTS: Install at 36 inches

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

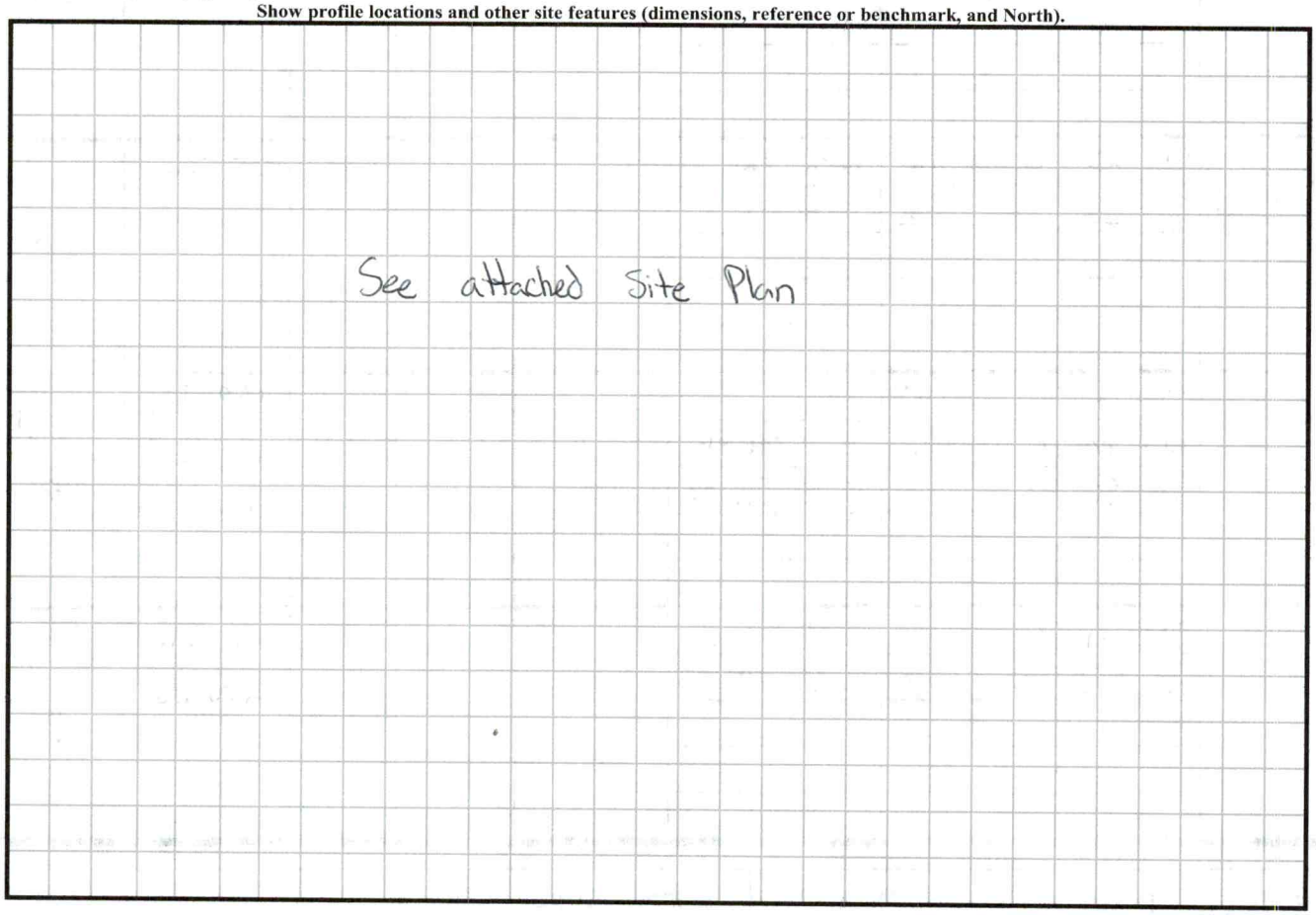
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



32.79

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

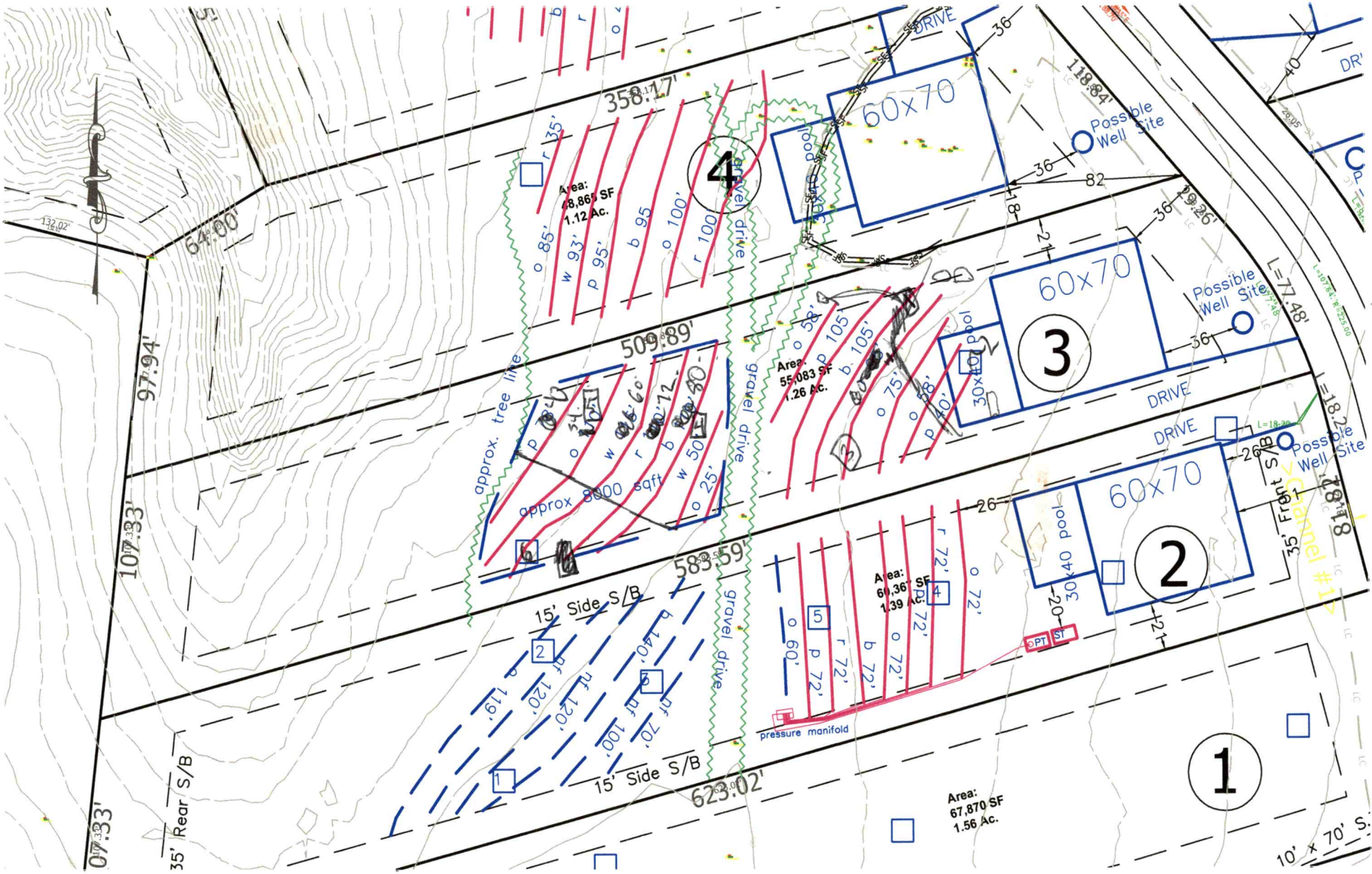
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Lot 3

PROPERTY ID #:
DATE OF EVALUATION: June 2021
COUNTY: Iredell

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	Linear	0-28	C SBK	SS SP FR SE					.3 PS
		28-64	CL SBK	SS SP FR SE					
6	Linear	0-10	SCL SBK	SS SP FR SE	Chroma 1 at 30 10yr 6/1				.25 PS Shallow
		10-30	C SBK	SS SP FR SE					
		30-58	CL SBK	SS SP FR SE					

COMMENTS:



Oaksprings, LLC – Davidson Pond Subdivision – Lot 3 Septic Site Plan 6.30.21

Base site plan from PDAPA. House pad and lot lines staked by PDAPA. Approx. proposed septic lines sketched on site plan by Penninger Soil Consulting. Refer to flags in field. Any proposed well or septic system must be approved and permitted by the ICHD.

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

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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: 115 Ryleigh Dan Pl., Mooresville, NC 28115

Subdivision Name: Davidson Pond **Section/Phase:** 1 **Lot Number:** 3

Driving Directions: South on Hwy 115. (L) on Presbyterian Rd. (L) on Ryleigh Dan Pl. Lot on left

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

(x) 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
(X) 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:

(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:
(X) No Preference ( ) Alternative ( ) 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 dba Lakemist Homes
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-22-22
DATE

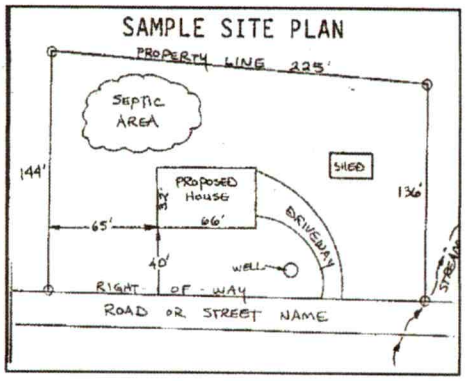
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **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)

2-22-22

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 115 Ryleigh Dan Pl, Mooresville, NC 28115, identified as

PIN (Parcel Identification Number) 4654687228.000, 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.

Lakeshore Holdings, LLC dba Lakemist Homes

Signature of Owner(s)

2-22-22

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

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 37517

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

PIN # -- --

APPLICANT/OWNER: Outspring LLC APPLICANT ADDRESS: PO Box 5330 Mooresville

SITE ADDRESS: 115 Rybeight Dam Place PHONE: 704-791-7404 ALT. PHONE

SITE DIRECTIONS: South on Mecklenburg Hwy Lt Restaurant Rd Lt Rybeight Dam Place SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Reeder Park SECTION: - LOT # 3 LOT AREA: 1.26 acres DESIGN FLOW: 450 GPD L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	Date	System Description:	30% reduction PPDS (min 24")			☐ Business	No. Persons 3
Pump Make		Model	Serial #	Repair System Description:	50% reduction PPDS (min 24")			☐ Other	No. Employees
# Pitrification Fields	1	# Lines	4	Linear Ft	300 ft	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth (Lowside)	24 in (max)	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install 4 lines 3' wide x 75' long. Do not park, drive, or place septic use. Do not exceed 36 inch trench bottom.

INITIAL SITE SKETCH

Perc #1 = 23.4 Percolation = 11 Tap (1) ½ inch 40 L2
Flow Rate = 32.7 Time = 703 (2) ¾" inch 60 L2 L3
(1) ½" inch 40 L4

See attached site plan & Design
By Rick Ramsey & ICHD
Date 7-2-21

AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL 704-664-3403 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: 9/23/21 Installed by:

IMPROVEMENT PERMIT by: Date: 7-15-21 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

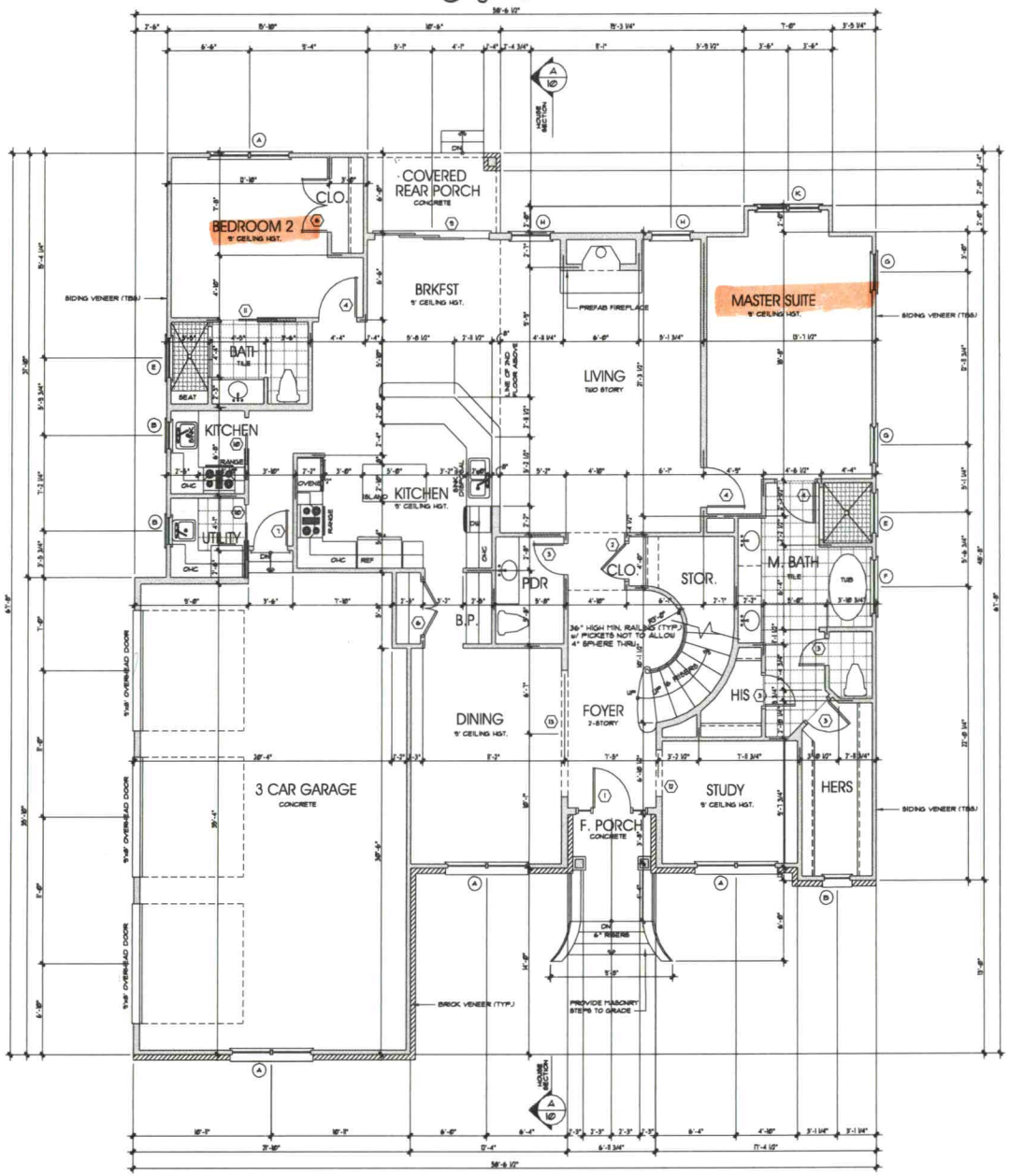
FOR SEPTIC FINAL INSPECTION CALL 704-664-3403 between 8am-9am the day the inspection is needed.

IC DS

Mll DS

DocuSign Envelope ID: 4A6EF7D2-F837-4332-8792-F6D8EC01FC20

58' 6 1/2"



67'8

SEN

Acknowledgement of Plans Submittal ONLY!

Date

Date

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	3'0" x 6'8"	ENTRY w/ 12" SIDELITES
2	2'0" x 6'8"	SOLID PANEL
3	2'0" x 6'8"	SOLID PANEL
4	3'0" x 6'8"	SOLID PANEL
5	2'0" x 8'0"	EXTERIOR FULL LITE
6	2'-2" x 6'8"	SOLID PANEL
7	2'0" x 6'8"	FIRE RATED
8	2'-1" x 6'8"	SOLID PANEL
9	3'-3" x 8'0"	EXTERIOR SLIDER
WD	2'0" x 6'8"	POCKET
11	2'0" x 6'8"	POCKET
12	3'0" x 8'0"	CASED OPENING
13	9'0" x 8'0"	CASED OPENING

WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	2'-3" x 6'0"	SINGLE HUNG
B	2'0" x 3'0"	SINGLE HUNG
C	2'-3" x 3'0"	SINGLE HUNG
D	3'0" x 5'0"	SINGLE HUNG
E	3'0" x 1'0"	TEMPERED
F	4'0" x 4'0"	TEMPERED
G	2'0" x 4'0"	SINGLE HUNG
H	3'0" x 6'0"	SINGLE HUNG
J	2'-3" x 5'0"	SINGLE HUNG
K	2'-2" x 6'0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,345 SQ.FT.
UPPER LEVEL	864 SQ.FT.
TOTAL HEATED	3,209± SQ.FT.
UNF. MEDIA ROOM	287 SQ.FT.
THREE-CAR GARAGE	781 SQ.FT.
COVERED REAR PORCH	83 SQ.FT.
FRONT PORCH	27 SQ.FT.
TOTAL UNDER ROOF	4,287± SQ.FT.

Ruthless Design
704.631.6031
www.ruthlessdesigns.com

LAKEMIST HOMES

PLAN INFO: A New Custom Residence — *The Chermanam Residence*

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DR | CHECKED BY:

DATE

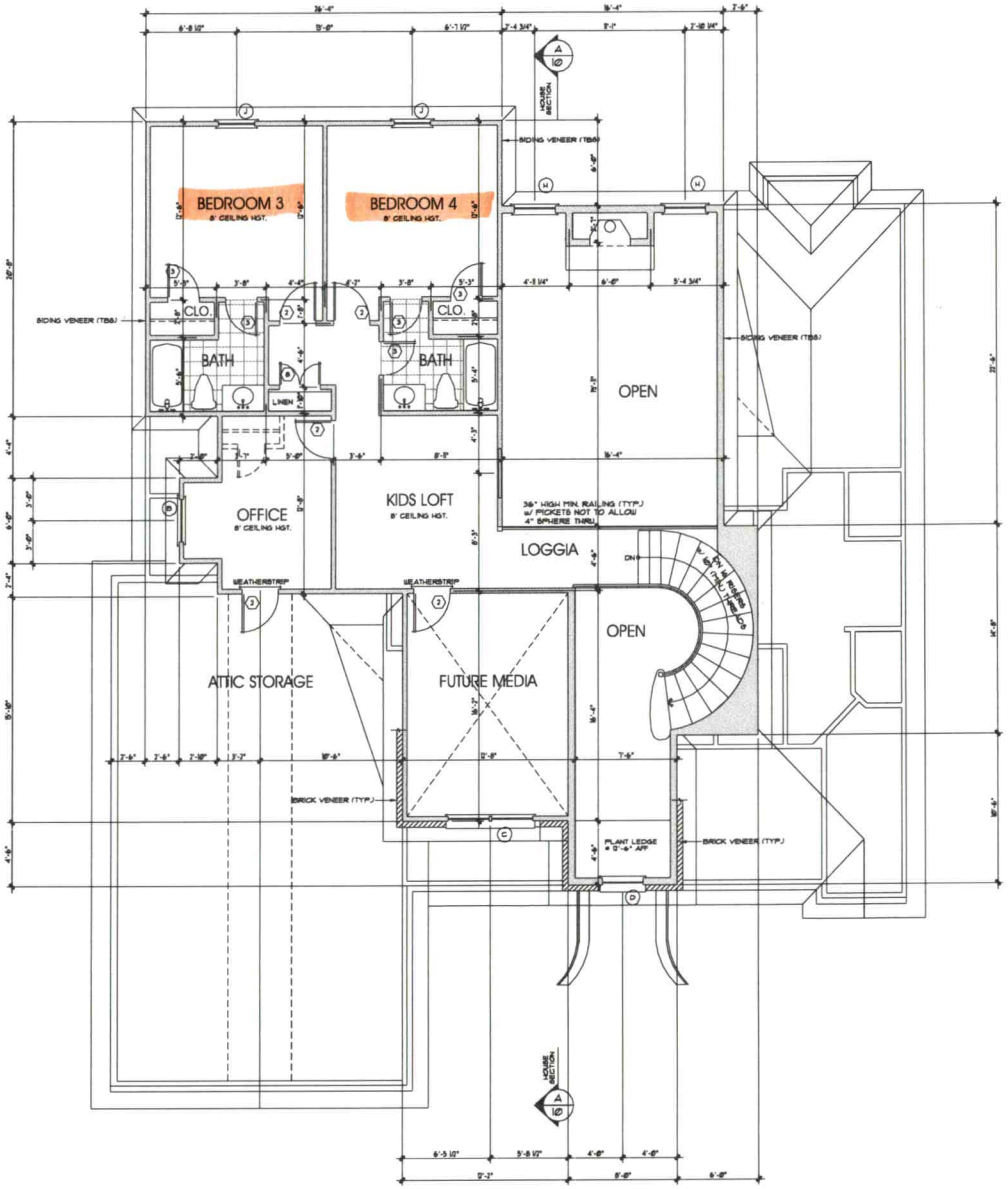
DRAWING TITLE: MAIN LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO: 2

OF - SHEETS

115 Rykeigh dam



Acknowledgement of Plans Submittal ONLY!

SEN

Date

Date 3/22/22

DOOR SCHEDULE

	SIZE	DESCRIPTION
1	3'-0" x 6'-8"	ENTRY w/ 12" SIDELITES
2	2'-8" x 6'-8"	SOLID PANEL
3	2'-0" x 6'-8"	SOLID PANEL
4	3'-0" x 6'-8"	SOLID PANEL
5	2'-8" x 8'-0"	EXTERIOR FULL LITE
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12	3'-0" x 8'-0"	CASED OPENING
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WINDOW SCHEDULE

	SIZE	DESCRIPTION
A	2-3'-0" x 6'-0"	SINGLE HUNG
B	2'-0" x 3'-0"	SINGLE HUNG
C	2-3'-0" x 3'-0"	SINGLE HUNG
D	3'-0" x 5'-0"	SINGLE HUNG
E	3'-0" x 1'-0"	TEMPERED
F	4'-0" x 4'-0"	TEMPERED
G	2'-0" x 4'-0"	SINGLE HUNG
H	3'-0" x 6'-0"	SINGLE HUNG
J	2-3'-0" x 5'-0"	SINGLE HUNG
K	2-2'-0" x 6'-0"	SINGLE HUNG

SQUARE FOOTAGE

MAIN LEVEL	2,345 SQ.FT.
UPPER LEVEL	864 SQ.FT.
TOTAL HEATED	3,2091 SQ.FT.
UNF. MEDIA ROOM	201 SQ.FT.
THREE-CAR GARAGE	781 SQ.FT.
COVERED REAR PORCH	63 SQ.FT.
FRONT PORCH	27 SQ.FT.
TOTAL UNDER ROOF	4,2871 SQ.FT.

Rusty Rabbit Designs
704.631.6031
www.rustthreadsdesigns.com

LAKEMIST HOMES

PLAN INFO:

A New Custom Residence

The Chemmanam Residence

PLAN NO.

REVISIONS

SEAL

DRAWN BY: DR | CHECKED BY:

DATE

DRAWING TITLE:
UPPER LEVEL PLAN

SCALE: 1/4" = 1'-0"

SHEET NO.
3
OF - SHEETS