MW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 2023-22398

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

PIN # 4654 -- 78 -- 5429

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: PO Box 5350 Mooresville

SITE ADDRESS: 134 Addison Emory Ln, Mooresville 28115 | PHONE: 704-799-7609 | ALT. PHONE

SITE DIRECTIONS: Mecklenburg - Presbyterian - Ryleigh Dan - Addison Emory | SAP CONTROLLED: ☐ YES ☒ NO

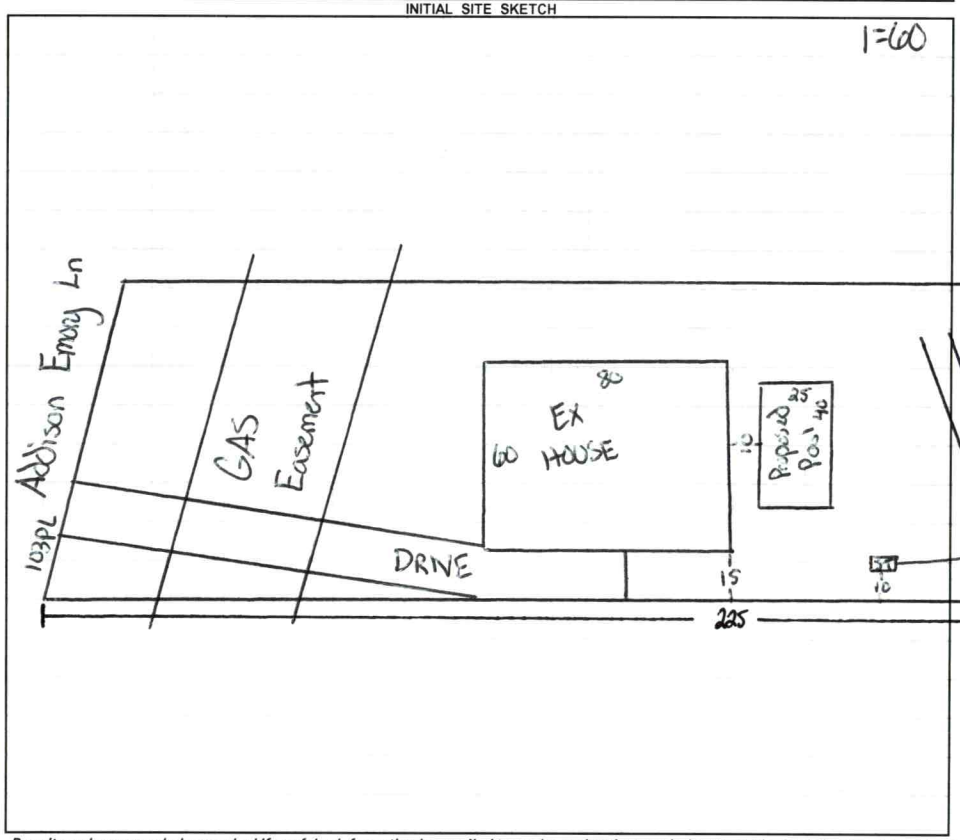
SUBDIVISION: Davidson Pond | SECTION: - | LOT # 23 | LOT AREA: 1.2 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	2/16/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	3
Pump Tank	(gal)	PT		Date		System Description:	25% reduction	☐ Business	No. Persons	6
Pump Make		Model		Serial #		Repair System Description:	50% reduction	☐ Other	No. Employees	
# Nitrification Fields	1	# Lines	4	Linear Ft	300'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	36 in	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System already installed at time of permit.

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**

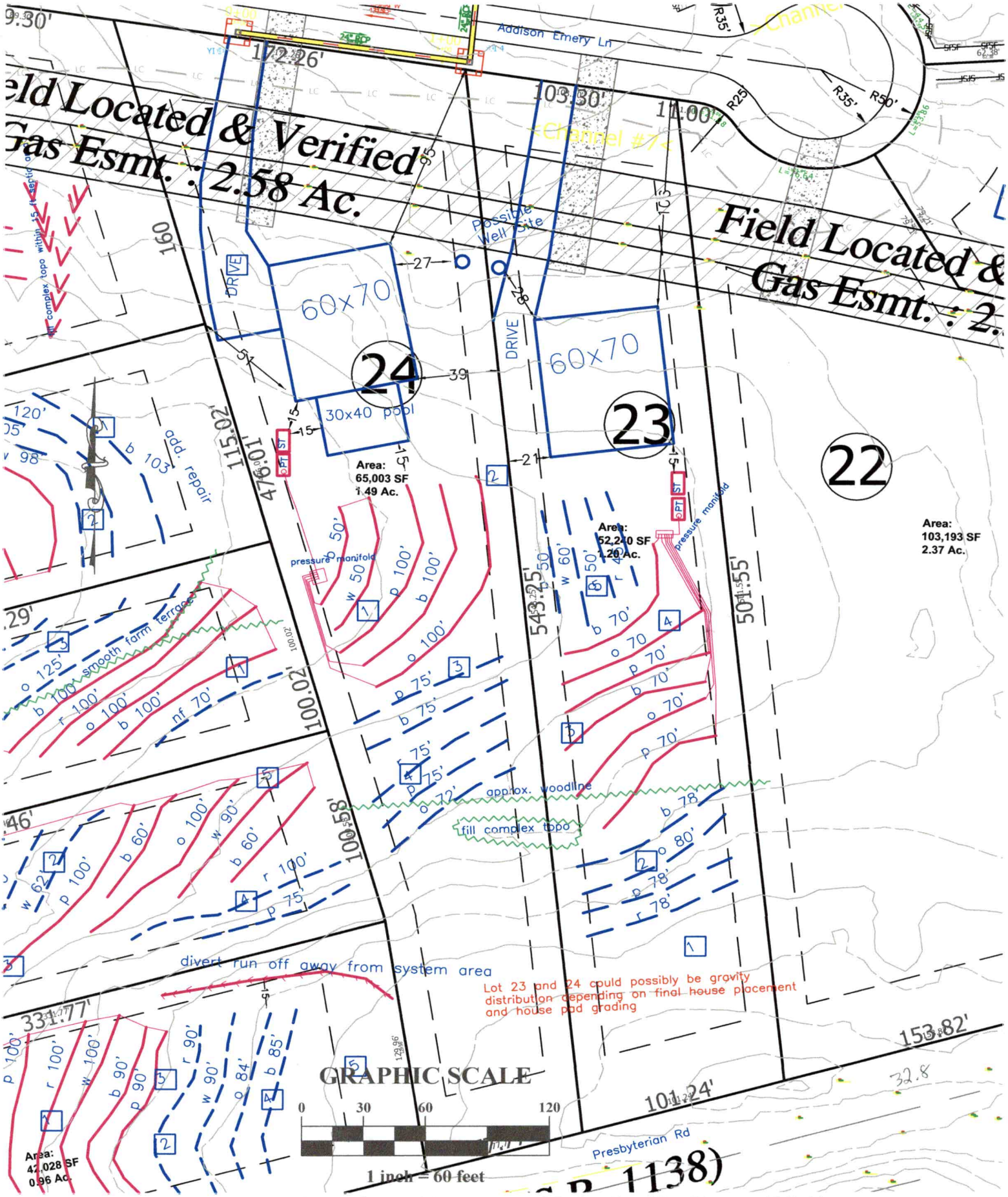
☐ **IMPROVEMENT PERMIT** ***with plat*** *valid without expiration.* ☒ **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature | Date: | Installed by: Abernathy

IMPROVEMENT PERMIT by: Cory Whit | Date: 4/19/23 | OPERATION PERMIT by: Cory Whit | Date: 4/19/23

AUTHORIZATION TO CONSTRUCT by: Cory Whit | Date: 4/19/23 | Existing System Inspected by: | Date:

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



Oaksprings, LLC – Davidson Pond Subdivision – Lot 23 Septic Site Plan 7.2.21

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. Refer to ICHD permit for system type and specifications.

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
(Complete all fields in full)

Lot 23

OWNER: Oaksprings LLC
ADDRESS: PO Box 5350 Mooresville
PROPOSED FACILITY: 4 bdr Home PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 134 Addison Emery Ln
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 5/10/21
DATE EVALUATED: June 21
PROPERTY SIZE:
PROPERTY RECORDED: NO
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	Sub	0 - 8	SCL SBK	SS SP FR SE	Dark Brown Clay	57		Manganese in Clay	.25 PS
		8 - 37	C ABK	|					
		37 - 57	CL ABK	—					
2	Sub	0 - 12	SCL SBK	SS SP FR	2.5Y 6/1	57	-	NA	.3 PS
		12 - 27	C SBK	SS SP FR					
		27 - 57	CL ~SBK	SS SP FR					
3	Sub	0 - 11	LS GR	SS SP FR	2.5Y 6/6	60	-	NA	.3 PS
		11 - 27	C ABK SBK	SS SP FR					
		27 - 60	CL ~SBK	SS SP FR					
4	Sub	0 - 7	SCL SBK	SS SP FR	Manganese coatings Few 5/6	60			.3 PS
		7 - 31	C ABK	SS SP FR					
		31 - 60	CL SBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	25% red
Site LTAR	0.30	0.25

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

COMMENTS:

Updated February 2014

Pump

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

PROPERTY ID #:
COUNTY: Iredell

Lot 23.

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

OWNER:
ADDRESS:
PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949):
LOCATION OF SITE:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

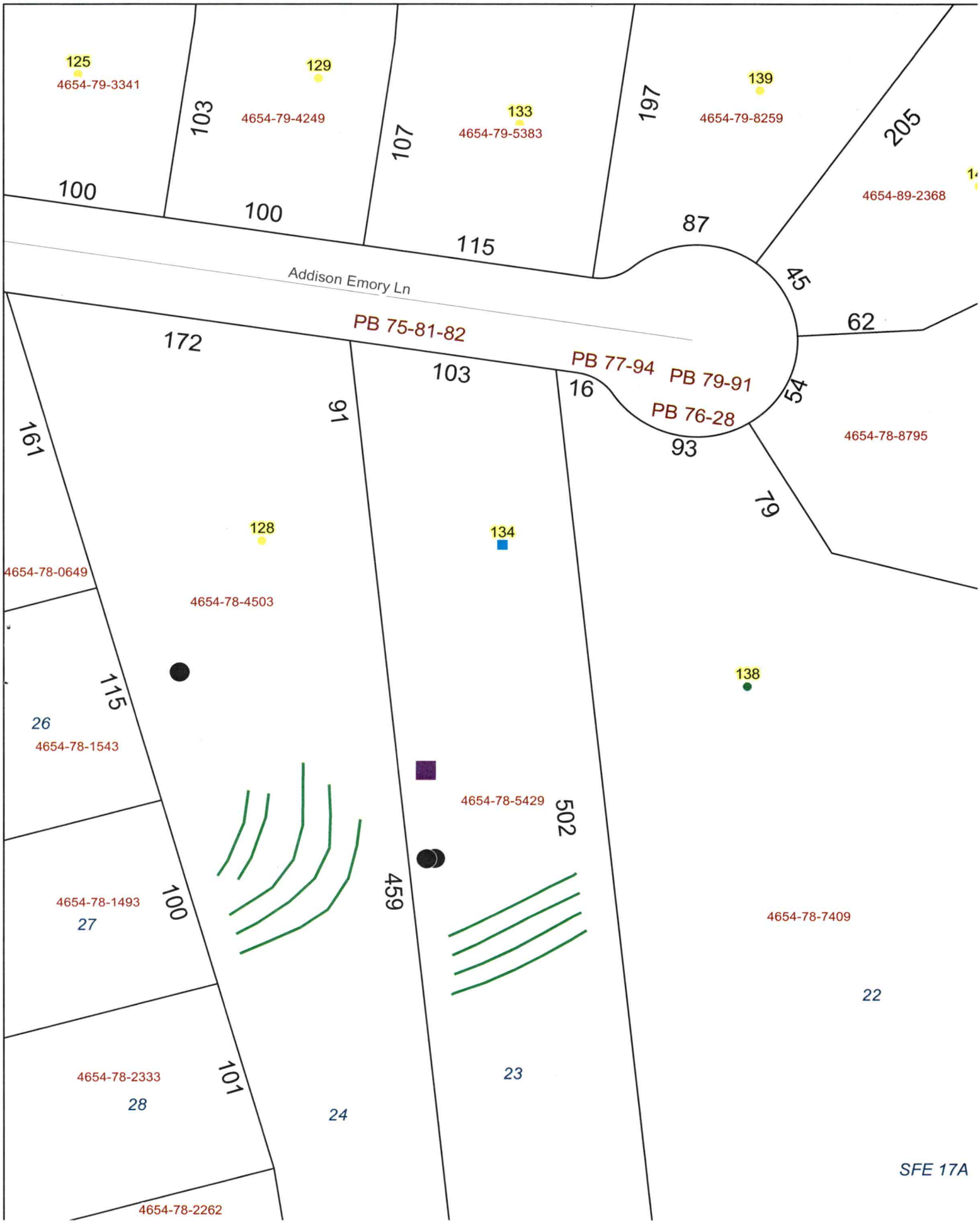
APPLICATION DATE 5/10/21
DATE EVALUATED:
PROPERTY SIZE:
PROPERTY RECORDED:
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Ridge	0 - 7	SCL SBK	SS SP FR SEP	Sap inc Mag inc	59	NR	NH	.30 RI 30
		7 - 32	C ABK	SS SP FR					
		32 - 59	CL WABK	SS SP FR					
2									
3									
4									

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

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

COMMENTS:


125
4654-79-3341
129
4654-79-4249
133
4654-79-5383
139
4654-79-8259
4654-89-2368
103
107
197
205
100
100
115
87
45
62
Addison Emory Ln
PB 75-81-82
PB 77-94
PB 79-91
PB 76-28
172
103
16
54
93
91
161
79
4654-78-8795
128
134
4654-78-0649
4654-78-4503
138
115
26
4654-78-1543
4654-78-5429
502
459
100
4654-78-1493
27
4654-78-7409
22
101
4654-78-2333
28
24
23
4654-78-2262
SFE 17A

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Lakeshore Holdings LLC
Address: PO Box 5350, Mooresville, NC 28115

Date: 4/19/2023

Subject: Notice of Intent to Revoke: Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 2022-6537 (Improvement Permit/Construction Authorization

Dear **Lakeshore Holdings LLC**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 2022-6537 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 _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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 accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

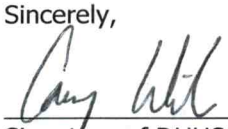
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 4/19/2023 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

4/19/2023

Owner: Lakeshore Holdings LLC
Address: PO Box 5350, Mooresville, NC 28115

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 2022-6537

I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III_ at Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 2022-6537

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 2022-6537

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

PIN # 4654 -- 78 -- 5429

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: 637 Williamson Rd, Suite 102, Mooresville

SITE ADDRESS: 134 Addison Emory Ln, Mooresville 28115 | PHONE: 704-799-7609 | ALT. PHONE -

SITE DIRECTIONS: Mecklenburg Hwy - Presbyterian - Ryleigh Dan - Addison Emory | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond | SECTION: - | LOT # 23 | LOT AREA: 1.2 acres | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	2/16/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT		Date		System Description:	25% reduction		
Pump Make		Model		Serial #		Repair System Description:	50% reduction		
# Nitrification Fields	1	# Lines	5	Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~	36" max	Gravel Depth	-		☐ GRAVITY	☒ PRESSURE	

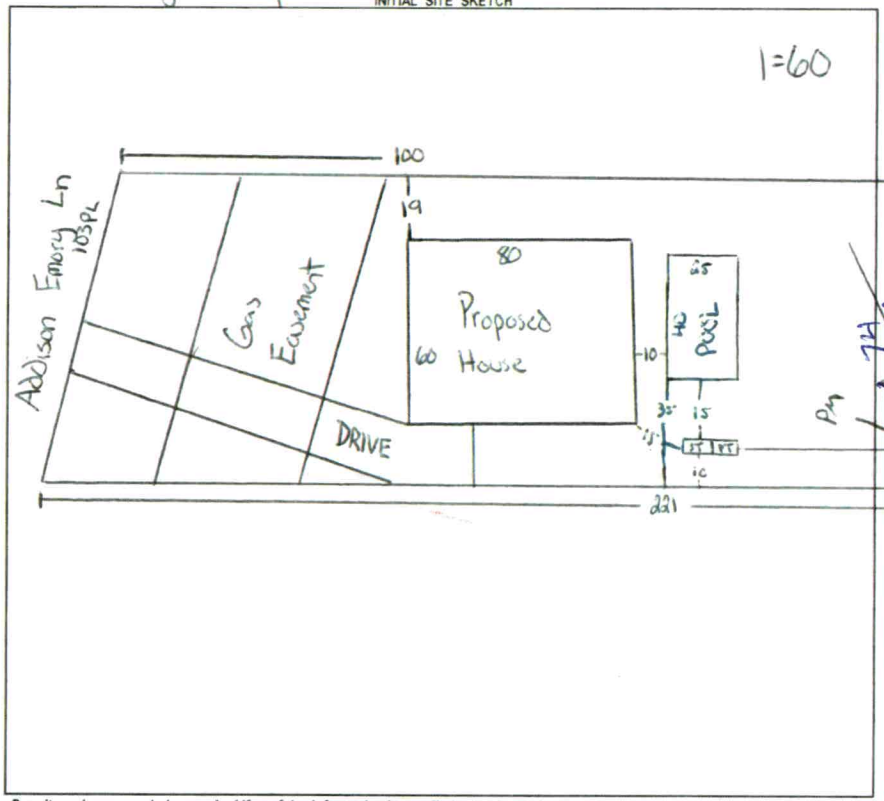
☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Crawl Space ☐ Basement w/ plumbing ☐ Basement w/o plumbing

No. Bedrooms: 3 | No. Persons: 6 | No. Employees:

Water Supply: ☒ Private ☐ Public ☐ Community

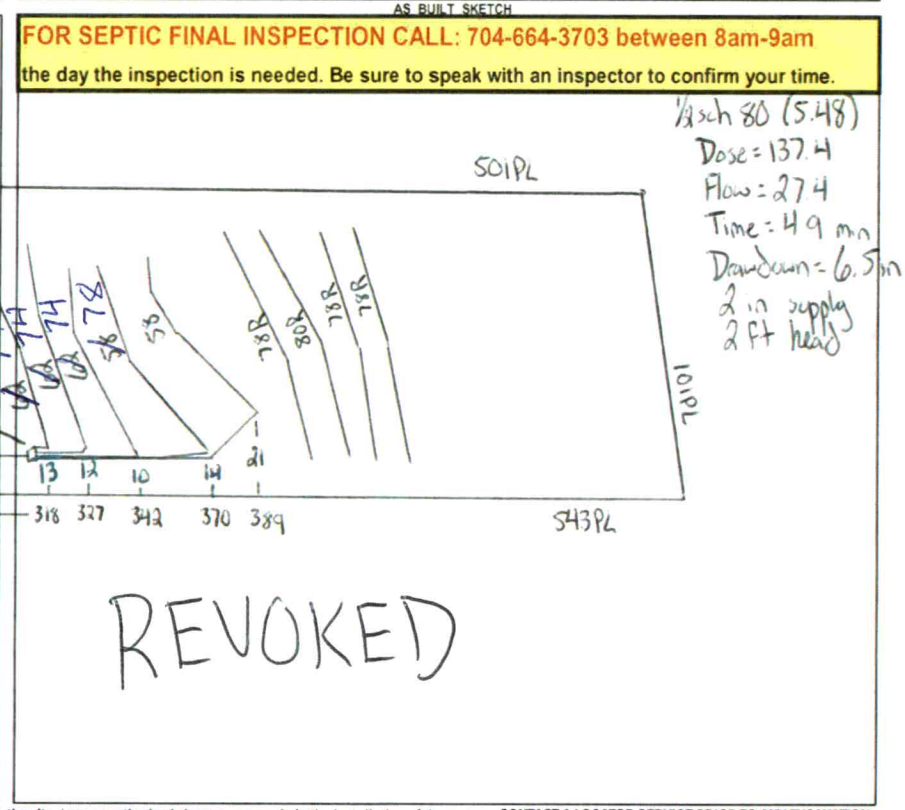
Comments / Conditions: Install drainlines on contour with the land. Do not exceed max of 36 inch trench bottom. Do not park, drive, or grade septic area.

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.



REVOKED

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: Online Signature | Date: | Installed by:

IMPROVEMENT PERMIT by: Cary Whit | Date: 10/28/22 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: Cary Whit | Date: 10/28/22 | 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 2
PROPERTY ID #:
COUNTY: Iredell

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

Lot 23

OWNER: Oaksprings LLC
ADDRESS: PO Box 5350 Mooresville
PROPOSED FACILITY: 4 bd/r Home PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 134 Addison Emery Ln
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE 5/10/21
DATE EVALUATED: June 21
PROPERTY SIZE:
PROPERTY RECORDED: NO

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	Side	0 - 8	SCL SBK	SS SP FR SE	Dark Brown Clay	57		Manganese in Clay	.25 PS
		8 - 37	C ABK						
		37 - 57	CL ABK						
2	Side	0 - 12	SCL SBK	SS SP FR	2 STR 4/1	57	-	NA	.3 PS
		12 - 27	C SBK	SS SP FR					
		27 - 57	CL SBK	SS SP FR					
3	Side	0 - 11	LS GR	SS SP FR SE/P	2 STR 4/6	60	-	NA	.3 PS
		11 - 27	C ABK SBK	SS SP FR					
		27 - 60	CL SBK	SS SP FR					
4	Side	0 - 7	SCL SBK	SS SP FR NPL	Manganese coatings few 5/8	60			.3 PS
		7 - 31	C ABK	SS SP FR					
		31 - 60	CL SBK	SS SP FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red	25% red
Site LTAR	0.30	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Craig Wrucker, Ben Bottoms, Paul Pennington
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

Pump

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

Sheet 2 of 2
PROPERTY ID #:
COUNTY: Iredell

L.A. 28.

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

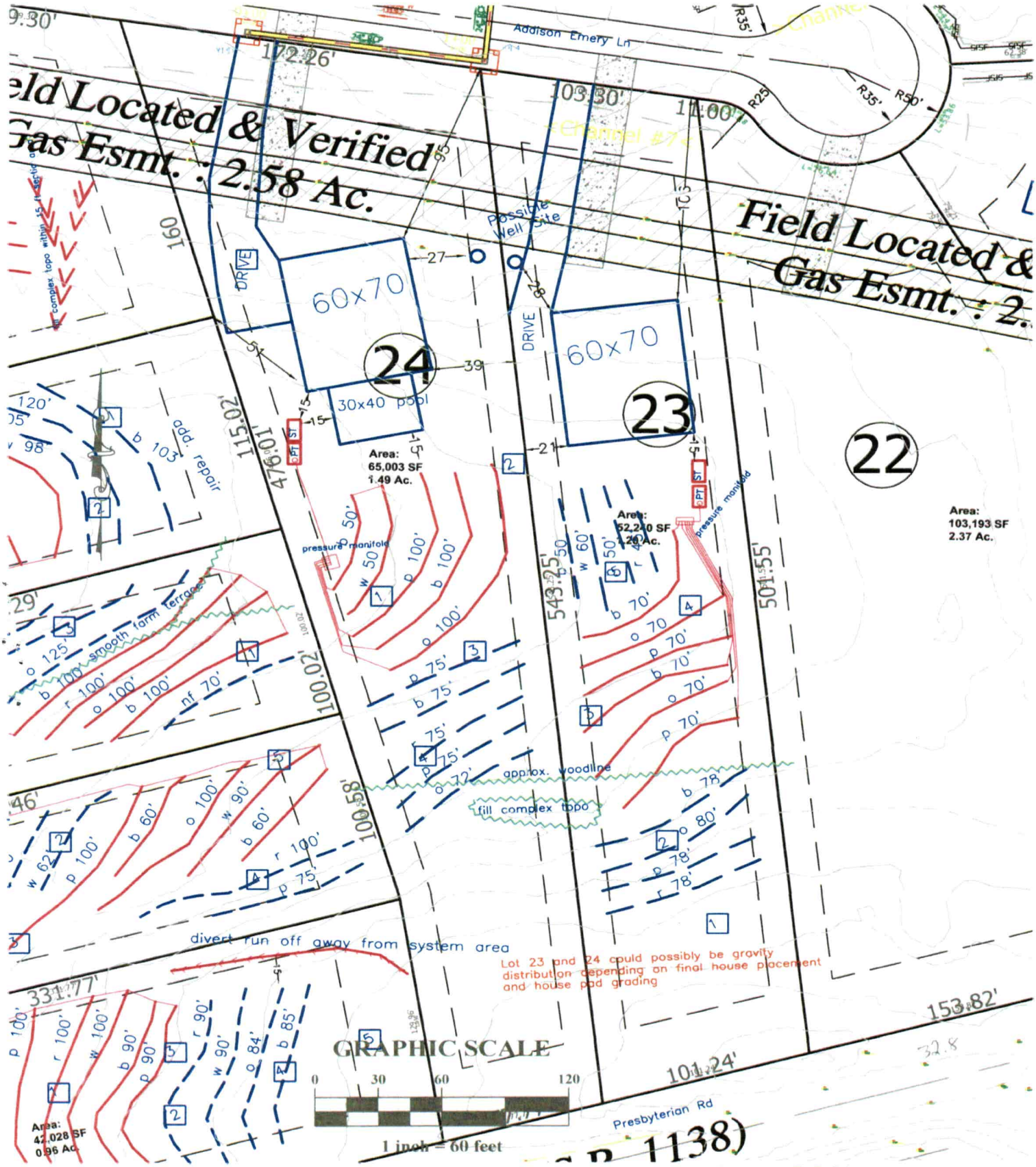
OWNER:
ADDRESS:
APPLICATION DATE 5/10/21
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949):
DATE EVALUATED:
LOCATION OF SITE:
PROPERTY SIZE:
PROPERTY RECORDED:
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		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	Ridge	0 - 7	SCL SBK	SS SP FP FRGR	Sap inc Mag inc	59	NR	NH	30 / RI 30
		7 - 32	C ABK	SS SP FP					
		32 - 59	CL ABK	SS SP FP					
2									
3									
4									

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

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

COMMENTS:



Oaksprings, LLC – Davidson Pond Subdivision – Lot 23 Septic Site Plan 7.2.21

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. Refer to ICHD permit for system type and specifications.

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

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

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Lakeshore Holdings LLC
Address: 637 Williamson Rd, Suite 102, Mooresville, NC 28115

Date: 10/28/2022

Subject: Notice of Intent to Revoke: Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 317572 (Improvement Permit/Construction Authorization

Dear **Lakeshore Holdings LLC**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 317572 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 _____ Type III_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 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 revocation will not go into effect. 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 accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

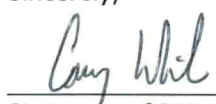
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is 10/28/2022 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by law (NC General Statute 150B-23) to serve a copy of your petition on the Office of General Counsel, NC Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

10/28/2022

Owner: Lakeshore Holdings LLC
Address: 637 Williamson Rd, Suite 102, Mooresville, NC 28115

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 317572

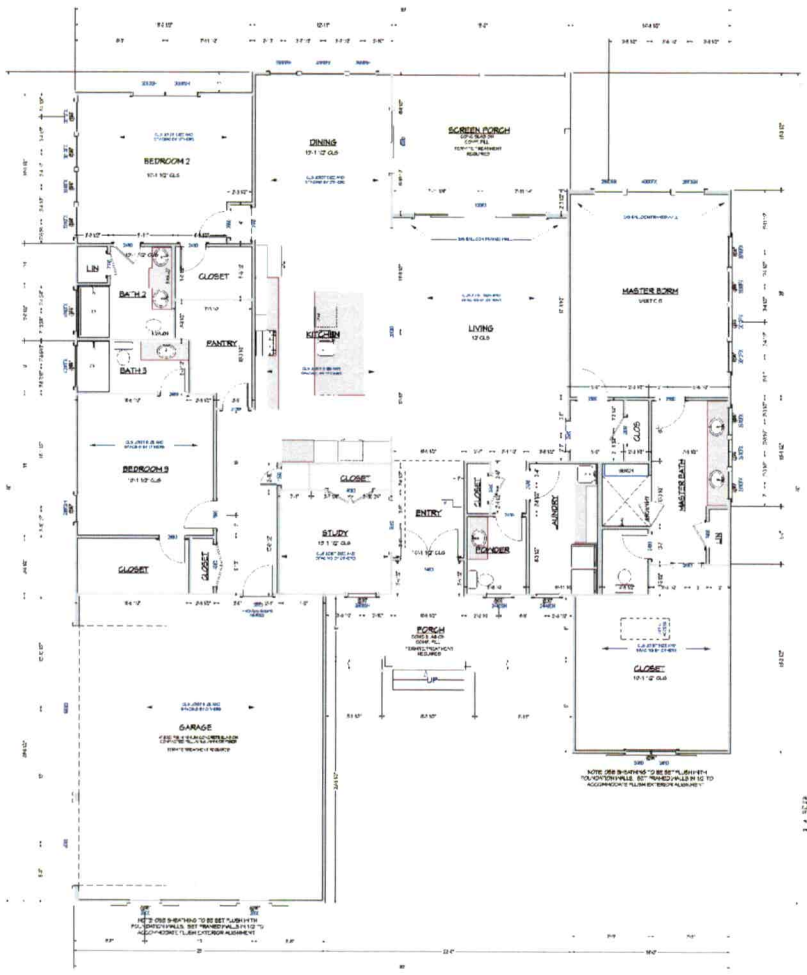
I, _____, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on _____ for a system:
(permit date)

Type III_ at Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 317572

for the site will be "revoked" immediately by the authorized agent/local health department.

_____
Signature of Property Owner



SQUARE FOOTAGE	
1ST FLOOR HEATED	2805
TOTAL HEATED	2805
GARAGES	671
PORCHES	366
TOTAL UNDER ROOF	3870

10/28/22

FIRST FLOOR PLANS
SCALE 1/4" = 1'-0"

FIELD

NO. DESCRIPTION BY DATE

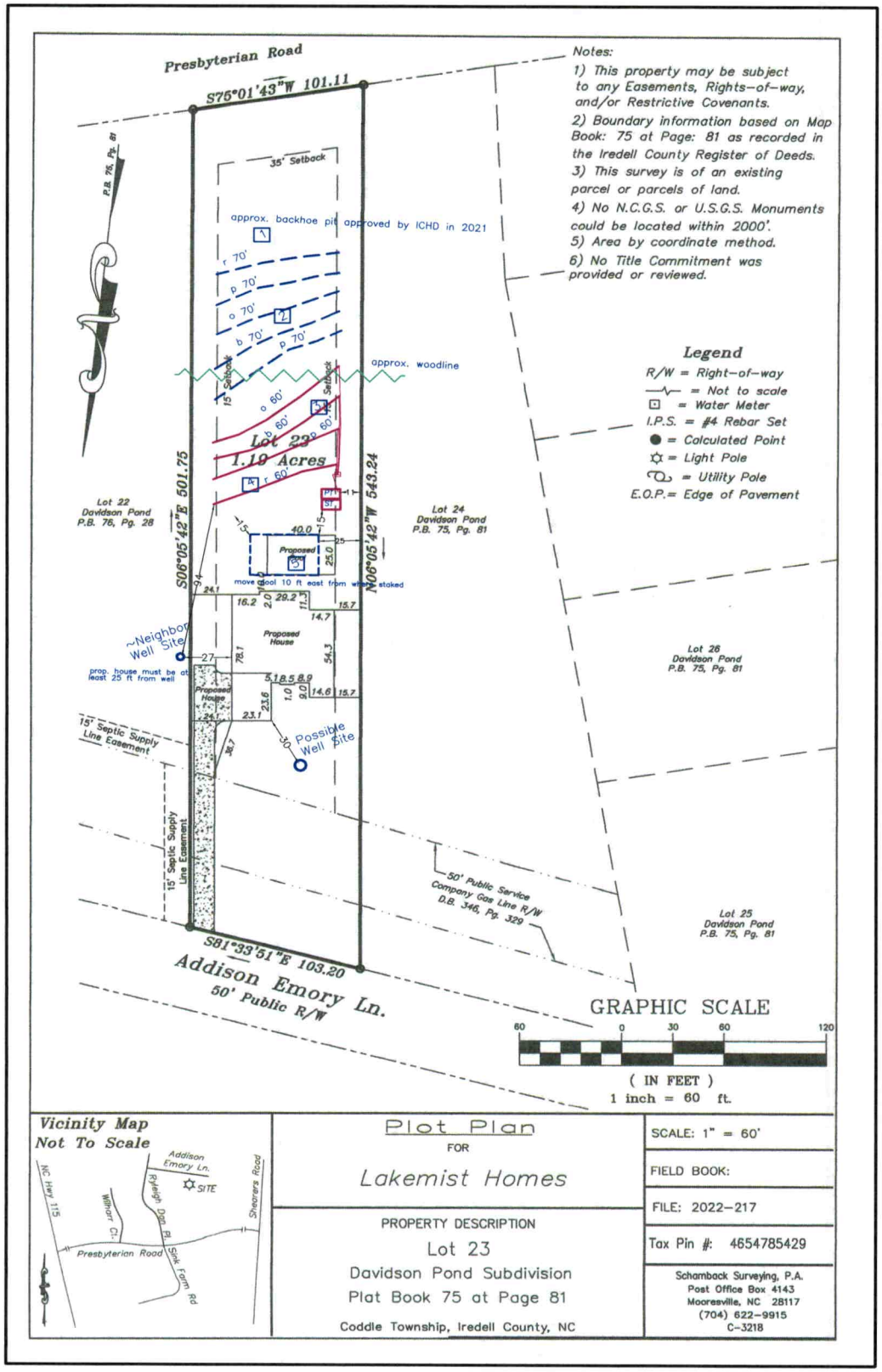
PROJECT DESCRIPTION
MYERS RESIDENCE
LAKEMIST HOMES

DESIGN

DATE:
9/27/2022

SCALE:

SHEET:
A-6



Oaksprings, LLC – Davidson Pond Subdivision – Lot 23 Septic Site Plan for Intermediate Relayout 10.10.22

House moved back on lot, changed system from 4 bdr to 3 bdr. PM T&J Panel. Installer will determine if system can be gravity distribution after house foundation constructed and plumbing stubout elevation reviewed.

Base site plan from Schamback Surveying. Shamback Surveying staked lot, house pad, and pool pad. Approx. proposed septic lines flagged by Penninger Soil Consulting and sketched on site plan. Refer to flags in field. Any proposed well or septic system must be approved and permitted by the ICHD.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 317572

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

PIN # 4654 -- 78 -- 5429

APPLICANT/OWNER: Lakeshore Holdings LLC | APPLICANT ADDRESS: 637 Williamson Rd, Suite 102, Mooresville

SITE ADDRESS: 134 Addison Emory Ln, Mooresville 28115 | PHONE: 704-617-4304 | ALT. PHONE 704-838-6899

SITE DIRECTIONS: Mecklenburg Hwy - Presbyterian - Byleigh Dan - Addison Emory | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Davidson Pond | SECTION: - | LOT # 23 | LOT AREA: 1.2 acres | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3

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:	25% reduction			☐ Business	No. Persons 8
Pump Make		Model	Serial #	Repair System Description:	50% reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft 480 FT	Maintenance Agreement Required:	☐ YES	☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36 in	Trench Bottom Depth ~~(Low side)~~	36 in (max)	Gravel Depth		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

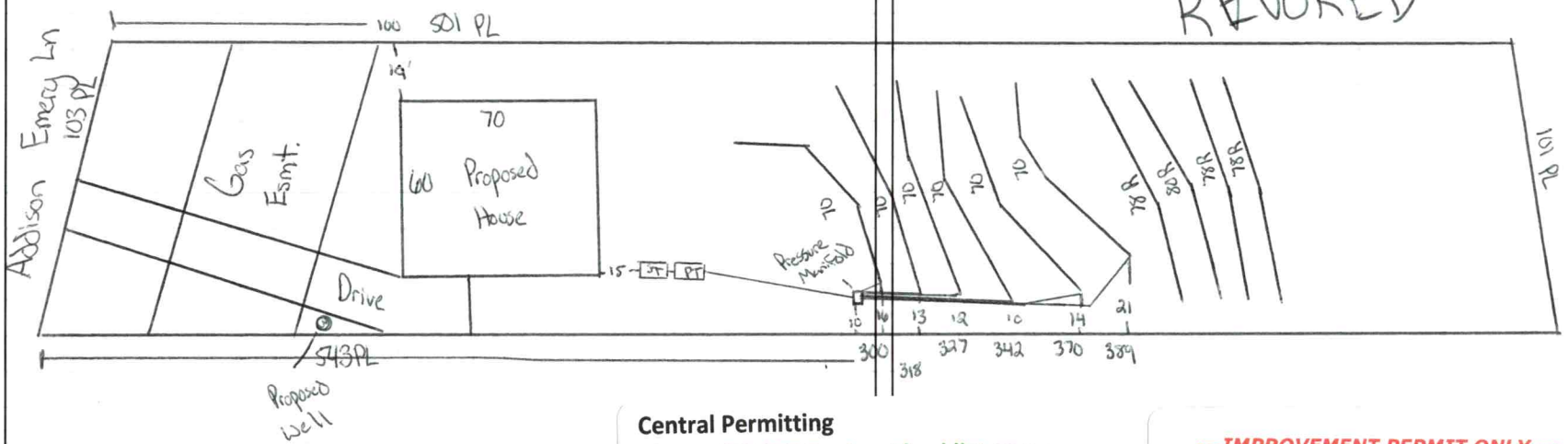
Water Supply: ☒ Private ☐ Public ☐ Community

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

INITIAL SITE SKETCH

Dose = 191.1 Drawdown = 9.1 Taps (6) 1/2" sch 80
Flow = 32.8 Time = 5.8

1=60



AS BUILT SKETCH

REVOKED

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.

Central Permitting
Please UPDATE Review Checklist once:
- ___ Balance Paid
- ✓ Permit Signed & Dated
- ✓ Sign Vol. Relinquishment

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: 4/1/22 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 3/29/22 OPERATION PERMIT by: Date:

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

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

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

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

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

3/29/2022

Owner: Lakeshore Holdings LLC
Address: 637 Williamson Rd Suite 102, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 317572

I, Belinda Lee Carpenter voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on 9-21-2021 for a system:
(permit date)

Type III_ at Address : 134 Addison Emory Ln, Mooresville, NC 28115 Permit 317572

for the site will be "revoked" immediately by the authorized agent/local health department.

Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department

RECEIVED MAR 2 3 2022

CW

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

AP-317572 $105.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

(X) Limited Repair (Shift tanks)

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 dba Lakemist Homes **Address:** 637 Williamson Rd., Suite 109 **Zip:** 28117
Applicant Email: lakemistoperations@gmail.com **Phone:** (704) 619-4361 Mooresville, NC **Alt. Phone:** (704) 838-6899
Owner Name: Lakeshore Holdings, LLC dba Lakemist Homes **Address:** Same **Zip:** _____
Owner Email: same **Phone:** Same **Alt. Phone:** Same

Property Information:

Street Address: 134 Addison Emory Ln., Mooresville, NC 28115
Subdivision Name: Davidson Pond **Section/Phase:** 1 **Lot Number:** 23
Driving Directions: South on HWY 115, (L) on Presbyterian Rd., (L) on Ryleigh Dan Pl. (R) on Addison Emory, Lot on right

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 8
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) 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: _____

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

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: _____ Lakeshore Holdings, LLC dba Lakemist Homes 3/15/2022
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*) X ~~Lakeshore~~ Holdings, LLC Lakemist Homes

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, _____, am the legal owner(s) of the property located at _____, identified as

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

I do hereby authorize (**print legal representative/company name**) _____,

_____, 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) 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

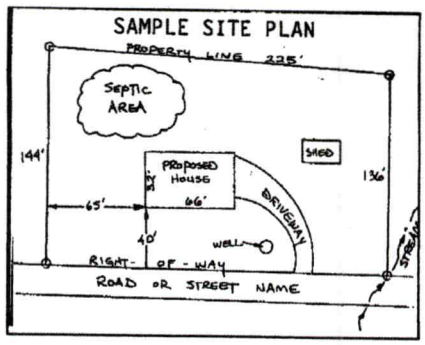
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

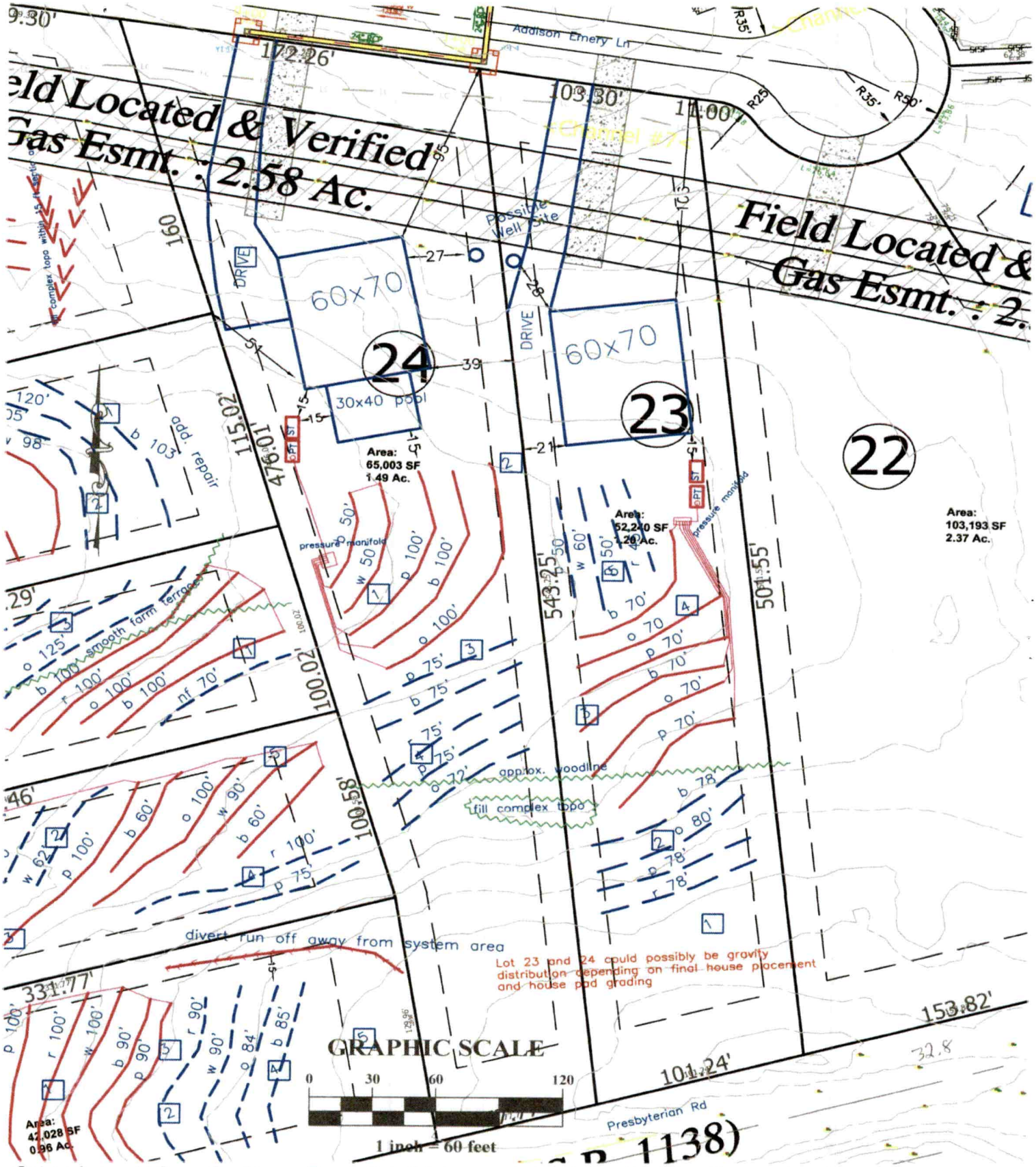
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 Improvement Permit

Signature: _____ 3/15/2022

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



Oaksprings, LLC – Davidson Pond Subdivision – Lot 23 Septic Site Plan 7.2.21

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. Refer to ICHD permit for system type and specifications.

IREDELL COUNTY · NC

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

APPLICATION NUMBER
317572
Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
	134 ADDISON EMERY LN	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.

Date: 05/06/2021

Signature of Owner/Contractor

Permit Number	317572	TOTAL FEES:	$77.25

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # **AP** 317572

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

PIN # -- --

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

SITE ADDRESS: 134 Addison Emery Ln PHONE: 704-799-7609 ALT. PHONE –

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

SUBDIVISION: Davidson Pond SECTION: – LOT # 23 LOT AREA: 1.20 acres DESIGN FLOW: 480 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	
Pump Tank	1000	(gal)	PT		Date		System Description:	25% reduction (pump)			
Pump Make			Model		Serial #		Repair System Description:	25% reduction (pump)			
# Nitrification Fields	1	# Lines	6	Linear Ft	420 Ft		Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36 in	Trench Bottom Depth (Low side)			36 in (max)		Gravel Depth –	☐ GRAVITY	☒ PRESSURE		

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

☐ Business No. Persons 8

☐ Other No. Employees

☐ Slab ☒ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

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

INITIAL SITE SKETCH

Dose Vol = 191.1 Drawdown = 9.1 Taps (6) 1/2" sch 80 (5.48)
Flow Rate = 32.8 Time = 5.8

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.

REVOKED

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**

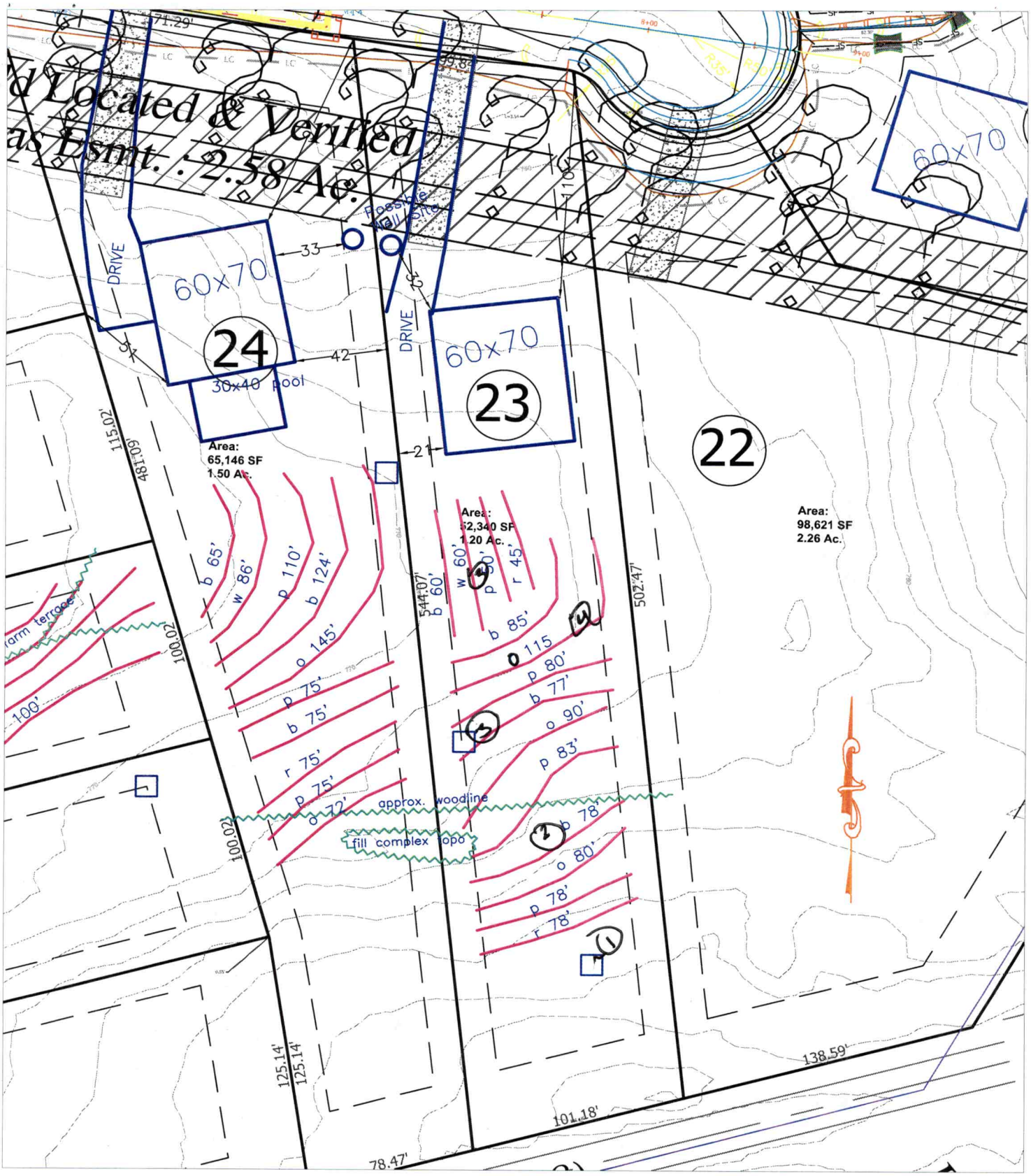
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 9/21/21 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 9/21/21 OPERATION PERMIT by: Date:

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

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



Oaksprings, LLC – Davidson Pond Subdivision
Lot 23 Septic Site Plan 5.9.21

GRAPHIC SCALE

60 30 0 60

SCALE: 1" = 60'

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

call Paul Penninger for site visit 704.996.6330 RECEIVED MAY 10 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-317572 $600.00

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: 134 ADDISON EMERY LANE
Subdivision Name: Davidson Pond Section/Phase: Lot Number: 23
Driving Directions: South on Mecklenburg Highway, TL Presbyterian Rd, Ryleigh Dan Place on Left

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

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

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:

SEE SURVEY

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: _____ 5-9-21
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, 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

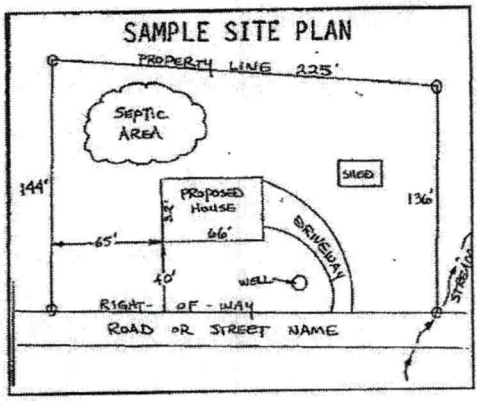
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

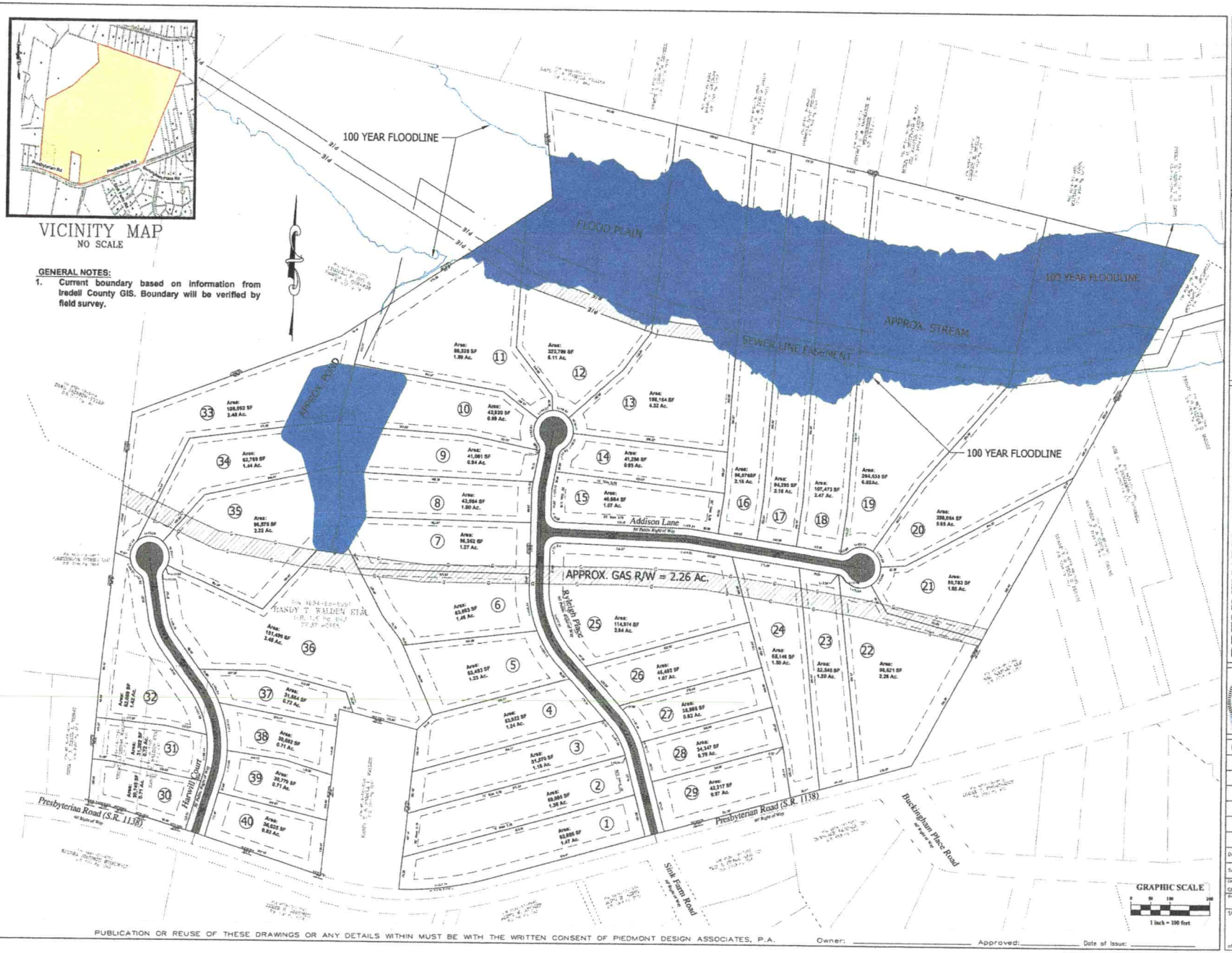
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 site plan.

Signature: _____ 5-9-21

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



PIEDMONT DESIGN ASSOCIATES, P.A.
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PRELIMINARY SUBDIVISION

DAVIDSON POND SUBDIVISION
PRESBYTERIAN ROAD - CODDLE CREEK TWNSP
Mooresville, Iredell Co., North Carolina

REVISIONS	BY

Date: 12/03/20
Scale: 1"=100 FT
Drawn: CLF
Checked: DLM
Project: 2021-01-08
Sheet: P-1
of 2 Sheets

Location:

PUBLICATION OR REUSE OF THESE DRAWINGS OR ANY DETAILS WITHIN MUST BE WITH THE WRITTEN CONSENT OF PIEDMONT DESIGN ASSOCIATES, P.A.

Owner: _____ Approved: _____ Date of Issue: _____