2100

IREDELL COUNTY HEALTH DEPARTMENT

Lakeshore Heights

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

PERMIT # 223818

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

PIN # 4654754941 85.0849

APPLICANT: Davidson Downs LLC / Lakeshore Heights APPLICANT ADDRESS: 4542 Ivy Run Ln Denver, NC 28037

SITE ADDRESS: 225 Sink Farm Rd / Mooresville, NC 28115 PHONE: ALT. PHONE: 980 297-2787 Chris

SITE DIRECTIONS: Hwy 115S TL Presbyterian TR Sink Farm Rd on left

SUBDIVISION: Davidson Downs SECTION: 3 LOT # 129 LOT AREA: .52 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .275

Septic Tank 1000 (gal)	STB 760	Date 1/17/18	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 1000 (gal)	PT	Date 12/25/18	System Description: LP PPBPS	☐ Business	No. Persons 8	☐ Private
Pump Make Zoeller Model		Serial #	Repair System Description: Drip Irrigation	☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 5	Linear Ft: 290'	Maintenance Agreement Required: ☒ YES ☐ NO	☐ Slab	☒ Crawl Space	☒ Community
Trench Width min. 24"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing	

Comments / Conditions:

4/24/18 Spoke with Gary @ Michael Athanas & Assoc DW to move tank site other side of lot or on side of house if setbacks are met MD

INITIAL SITE SKETCH

See attached approved plan by Michael Athanas & Assoc dated 1/9/2017

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked - top 2 lines	5/15/18	CCC
Tanks Checked	5/15/18	CCC
Pressure Manifold or Valve Box Checked	7/13/18	MD
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked	7/13/18	MD
Maintenance Contract Y / N		

5/16/18 Checked last 2 lines MD

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

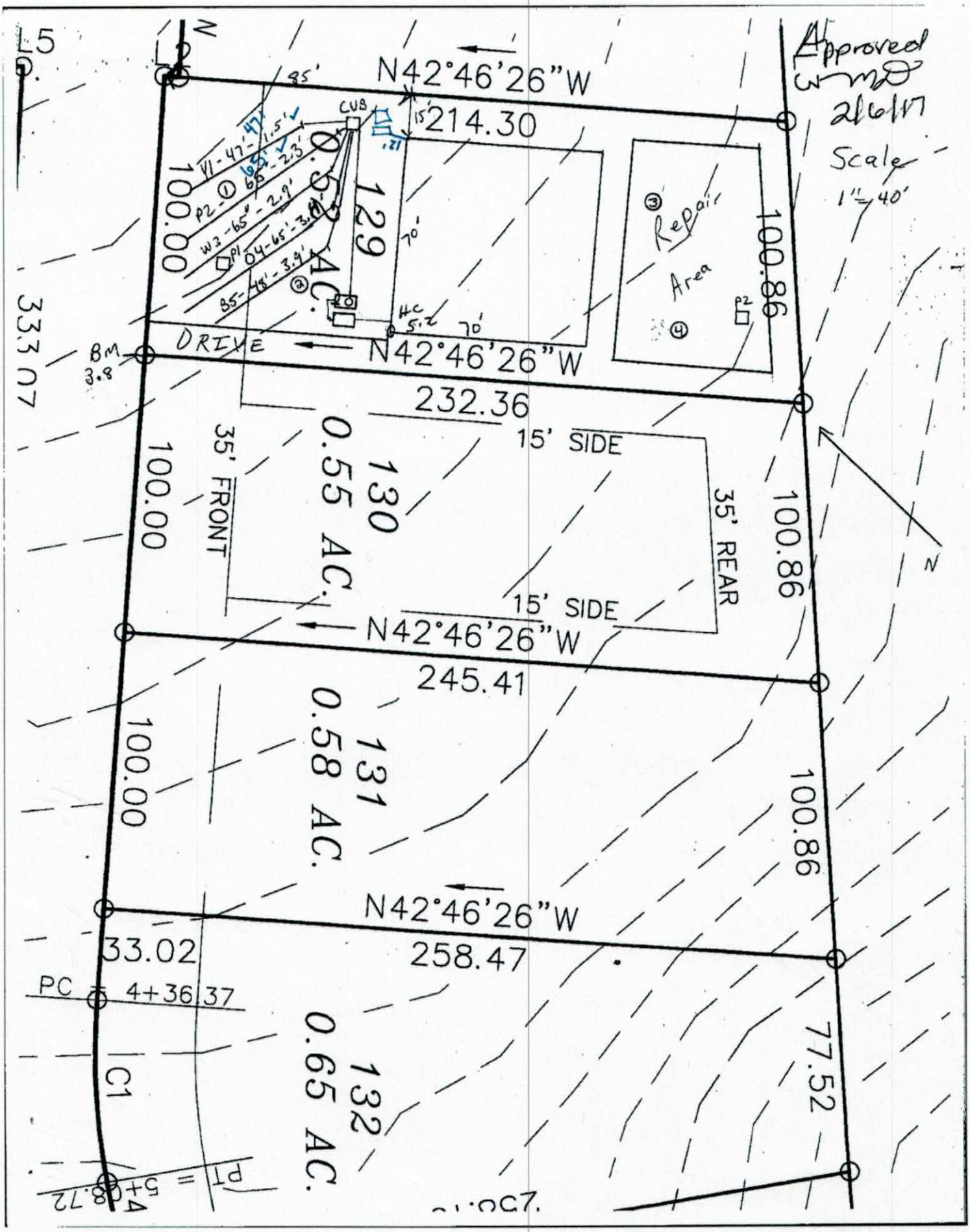
☐ IMPROVEMENT PERMIT with plat valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 3-16-17 Installed by: Colby / Gunter Grading

IMPROVEMENT PERMIT by: Date: 2/6/17 OPERATION PERMIT by: Date: 7/31/18

AUTHORIZATION TO CONSTRUCT by: Date: 2-19-18 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


Approved
3
2/6/17
Scale
1" = 40'
N
L5
N42°46'26"W
214.30
95'
CUB
15'
21'
100.00
129
0.55 AC.
70'
Repair
Area
100.86
BM
3.8
DRIVE
N42°46'26"W
232.36
333.07
35' FRONT
15' SIDE
35' REAR
100.00
130
0.55 AC.
100.86
15' SIDE
N42°46'26"W
245.41
100.00
131
0.58 AC.
100.86
N42°46'26"W
33.02
258.47
PC = 4+36.37
C1
PT = 5+08.72
132
0.65 AC.
77.52

RECEIVED JAN

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

#223818 Pd $500.00 3-16-17

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Davidson Downs LLC **Address:** 4542 Ivy Run Ln. Denver NC 28037 **Phone:** 297-2787 Chris ~~704~~ 980

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 225 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 129

Driving Directions: 115, TL Presbyterian, TR Sink Farm, on Lt

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

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation

( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation

( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing

( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____

Square Footage of Building: _____

Maximum Number of Employee: _____

Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) 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 (X) 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?

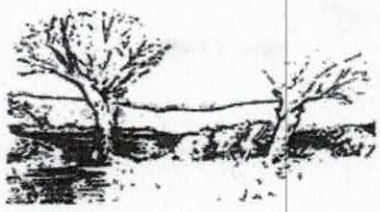
( ) Yes (X) No Is the site subject to approval by any other public agency?

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: _____ 1/19/2017

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

Approved
MD
2/6/17



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

Reference: Data Sheet for 225 Sink Farm Rd., Davidson Downs Lot 129
House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.275 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Drip Irrigation
Distribution: Low Pressure
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 39.5 GPM
Dosing Volume: 241.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 7.7'
Friction Head: 1.9'
Pressure Head: 2'
Total Dynamic Head: 11.6'
Supply Line Length: 60' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
Yellow 1	47'	11	50'	1.5'
Pink 2	65'	15	75'	2.3'
White 3	65'	15	74'	2.9'
Orange 4	65'	15	72'	3.4'
Blue 5	48'	11	50'	3.9'

Initial System: 290' **Repair System:** 4000 FT2
Pump Tank: 4.2' **House Corner:** 5.2' **Benchmark:** 3.8'

Comments:
The house is marked in red and the tanks in yellow.

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

Approved MP 2/6/17

PROPERTY ID #: 4654754941
COUNTY: IREDELL

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

OWNER: Ray Development LLC
ADDRESS: 4542 Ivy Run Ln., Denver, NC 28037
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Davidson Downs Lot 129
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 0.52 AC
PROPERTY RECORDED: 2016
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	
AB 1	LS 6%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 6%	0-7	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		7-35	R C SBK	FR SS SP SEXP					
		35-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 6%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	45"	F-C SAP	N/A	PS 0.3
		4-26	R C SBK	FR SS SP SEXP					
		28-45	R CL WSBK	FR SS SP SEXP					
		45-48	VER SL SAP M	VFR SS SP SEXP					
AB 4	LS 6%	0-2	Br SCL WSBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.3
		2-24	R C SBK	FR SS SP SEXP					
		24-40	R CL WSBK	FR SS SP SEXP					
		40-48	VER SL SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	270 FT2	4000 FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.275	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Approved 2/6/17 MD

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

PROPERTY ID #: 4654754941
DATE OF EVALUATION: DD 129
COUNTY: IREDELL

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	
PIT 1	LS 8%	0-9	Br SCL WSBK	FR SS SP SEXP	Few Mn	58"	N/A	N/A	PS 0.3-0.275
		9-26	R C SBK	FR SS SP SEXP					
		26-46	R C ABK	FR SS SP SEXP					
		46-58	R CL WSBK	FR SS SP SEXP					
PIT 2	LS 5%	0-8	Br SCL WSBK	FR SS SP SEXP	CHR 2 @ 24"	24"	N/A	N/A	DRIP 0.125
		8-24	R C SBK	FR SS SP SEXP					

COMMENTS:

RECEIVED FEB 15 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Lakeshore Holdings LLC Address: Po Box 5350, Mooresville NC Zip: 28117
Applicant Email: Lakemst Homes@yahoo Phone: 704 799 7609 Alt. Phone: 919 389 4500
Owner Name: " Address: " Zip: "
Owner Email: " Phone: " Alt. Phone: "

Property Information:

Street Address: 225 Sink Farm, Mooresville NC 28115
Subdivision Name: Davidson Downs Section/Phase: _____ Lot Number: 129
Driving Directions: Meck. Hwy to Presbyterian, make Rt on Sink Farm, lot is down 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:
Non-Residential Site Development: Type of Business:
Square Footage of Building: _____ Max. Number of Employees: ____ Max. Number of Seats/Beds/Other: ____

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

CHECK FOUNDATION TYPE
(✓) 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: _____ 2/14/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

N/A

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Aaron Feldman Lakeshore Holdings LLC, am the legal owner(s) of the property located at 225 Sak Ferry, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4654850849, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, 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 2/14/18

Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Chris Mozely, am the legal owner(s) of the property located at 225 Sink Farm Rd Davidson Downs 129, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas + Associates, 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	Signature of Witness	Date
[signature]	12-29-16		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Acknowledgement Of
Plans Submittal ONLY!
Date 2-19-18
Date 3-31-18

FIRST FLOOR PLAN

LAKEMIST HOMES

Cypress II

REVISIONS

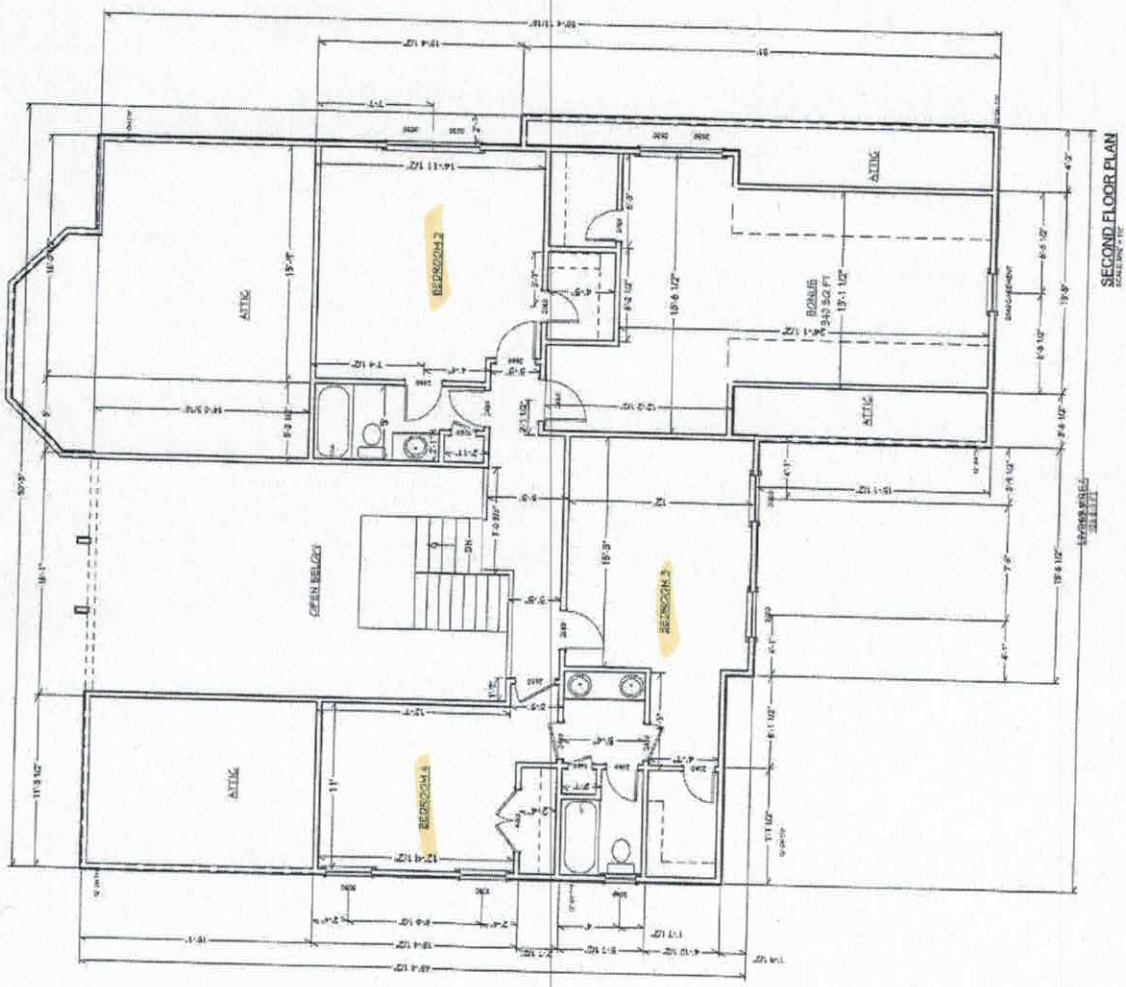
1

Cypress II

LAKEMIST HOMES

REVISIONS

2



Acknowledgement Of
Plans Submittal ONLY!

Date 2-19-18

Date 2-21-18

IREDELL COUNTY

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

APPLICATION NUMBER
223818
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	225 SINK FARM ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RAY DEVELOPMENT LLC	Applicant: RAY DEVELOPMENT LLC
Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037	Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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

Applicant: _____ Date: _____

Permit Number	88388	TOTAL FEES:	$ 77.25