ICHD–ENVIRONMENTAL HEALTH DIVISION

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

MD

PERMIT # 244486

PIN # 4659150691

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

APPLICANT/OWNER: Lakevision Development

APPLICANT ADDRESS: 2242 Long Cove Ct

SITE ADDRESS: 139 Early Frost Ln Mooresville, NC 28115

PHONE: 704-506-0807

ALT. PHONE 704-402-0463

SITE DIRECTIONS: NC 115 N to L on Cleor Springs Rd, L on Autumn Grove Ln, R on Early Frost Ln

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Autumn Grove

SECTION: P2 LOT # 30 LOT AREA: 1.3 acres

DESIGN FLOW: 360GPD L.T.A.R.: .3

Septic Tank 1000 (gal) STB 760 Date 8-30-19

Pump Tank ____ (gal) PT ____ Date ____

Pump Make ____ Model ____ Serial # ____

Nitrification Fields 1 # Lines 4 Linear Ft 300'

Trench Width 36" Trench Bottom Depth(Low side) 36" Gravel Depth ____

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: 25% Reduction chamber

Repair System Description: 50% Reduction Pamel

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

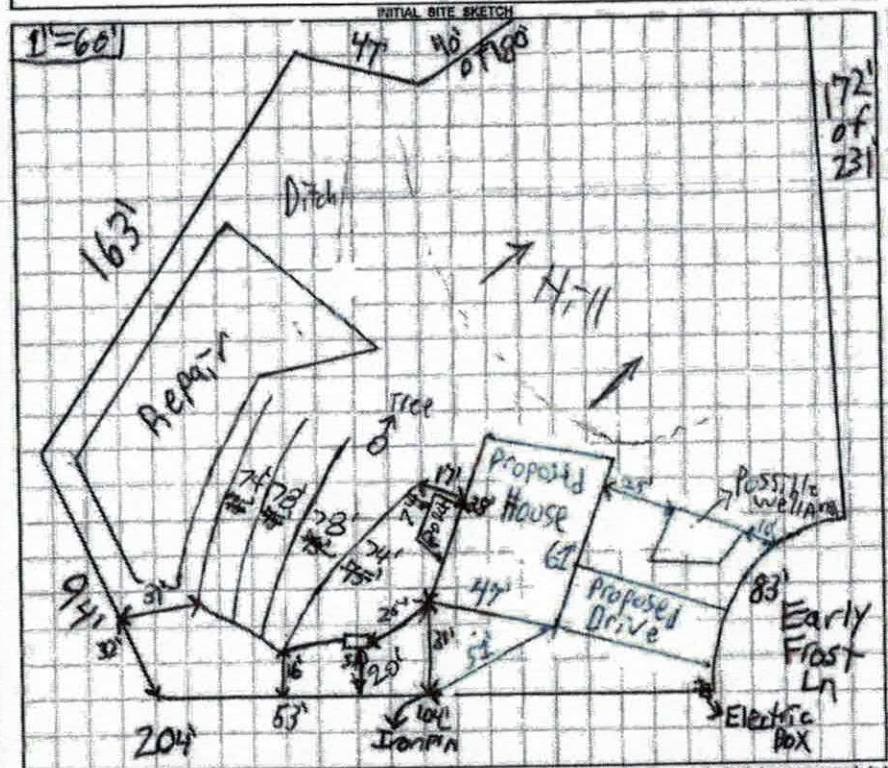
No. Bedrooms 3 No. Persons 6 No. Employees ____

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on / on tour

INITIAL SITE SKETCH



AS BUILT SKETCH

INSTALLED AS PERMITTED

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: 6-11-19

IMPROVEMENT PERMIT by: Patrick O Boyle III Date: 06/10/19

AUTHORIZATION TO CONSTRUCT by: Patrick O Boyle III Date: 06/11/19

Installed by: GROUND BREAKERS

OPERATION PERMIT by: Benjamin Cornette Date: 10-11-19

Existing System Inspected by: ____ Date: ____

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 inspection time.

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244486

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

PIN # 4659150691

APPLICANT/OWNER: Lakevision Development | APPLICANT ADDRESS: 2242 Long Cove Ct

SITE ADDRESS: 139 Early Frost Ln Mooresville, NC 28115 | PHONE: 704-506-0807 | ALT. PHONE 704-402-0463

SITE DIRECTIONS: NC 115 N to L on Clear Springs Rd, L on Autumn Grove Ln, R on Early Frost Ln | SAP CONTROLLED: ☐ YES ☒ NO

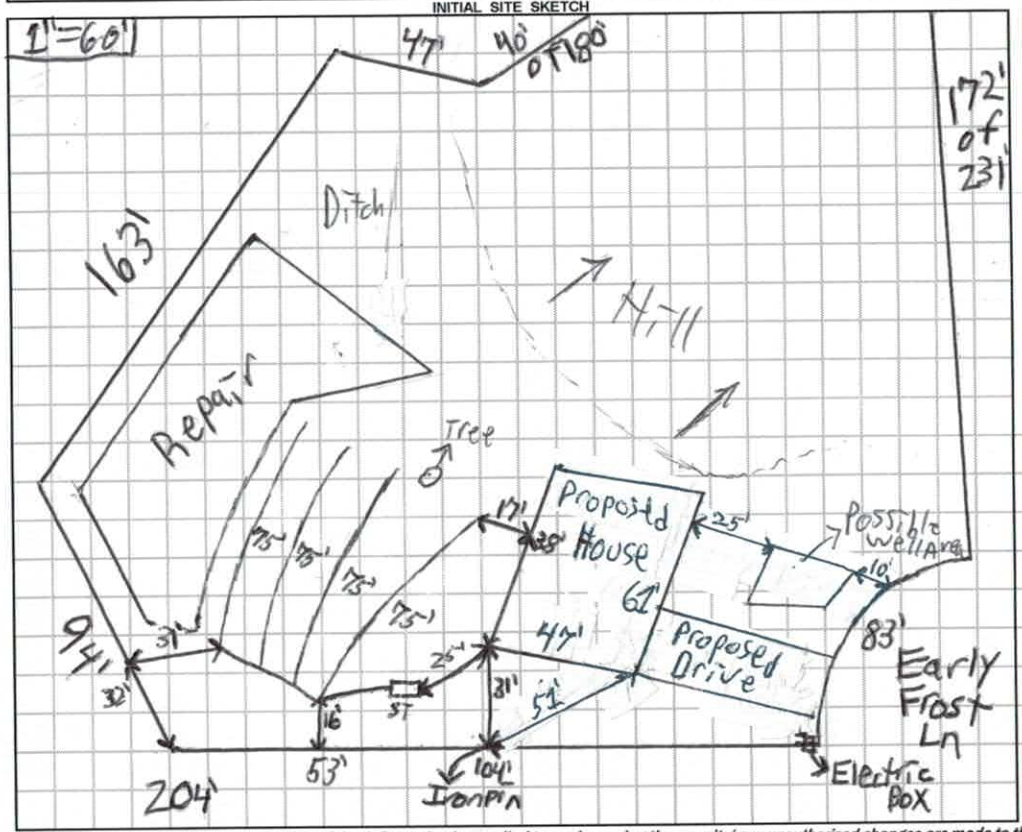
SUBDIVISION: Autumn Grove | SECTION: P2 | LOT # 30 | LOT AREA: 1.3 acres | DESIGN FLOW: 360GPD | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☒ 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 chamber		☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:		50% Reduction Panel		☐ Other	No. Employees
# Nitrification Fields 1	# Lines 4		Linear Ft: 300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width 36"	Trench Bottom Depth(Low side)		36"	Gravel Depth —	☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Install lines on contour

INITIAL SITE SKETCH



AS BUILT SKETCH

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: 6-11-19 Installed by:

IMPROVEMENT PERMIT by: Patrick O Beck III Date: 06/10/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Patrick O Beck III Date: 06/11/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

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

Sheet 1 of 1
PROPERTY ID #: 4659150691
COUNTY: Iredell

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

OWNER: Lakevision Development
ADDRESS: 2242 Loney cove Ct
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 139 Early Frost Ln Mooresville NC

APPLICATION DATE 5-6-19
DATE EVALUATED: 5-22-19
PROPERTY SIZE: 1.3 acres
PROPERTY RECORDED: Yes

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	SS 9%	0-5	Compacted clay	—	—	48"	Loamy Sap starting at 48" Sap common 20-48	—	PS, 3
		5-12	CSBK	Fr SS SP Sexp					
		12-48	CL SBK	Fr SS SP Sexp					
		48-60	Sandy Sap Mass	VFr SS SP Sexp					
2	SS 15%	0-4	Compacted clay	—	few YB Mottles	60"	Sap common	Rock vein between 16-21"	PS, 25
		4-24	C SBK/ABK	Fr SS SP Sexp					
		24-60	CL SBK/ABK	Fr SS SP Sexp					
3	SS 9%	0-5	Compacted	—	—	39"	Sap common starting at 39" sandy Sap at 54"	—	PS, 3
		5-15	CSBK	Fr SS SP Sexp					
		15-39	CL SBK	Fr SS SP					
		39-60	Sap Mass	Fr SS SP					
4	SS 12%	0-6	compacted C	—	YB Mottles starting at 36" include	60"	Sap common Starting at 15"	—	PS, 25
		6-15	C SBK	Fr SS SP Sexp					
		15-36	CL SBK sap common	Fr SS SP Sexp					
		36-60	CL SBK Starting YB Mottles	Fr SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300'	360'
System Type(s)	25% Red chamber	25% Red chamber
Site LTAR	.3	.25

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

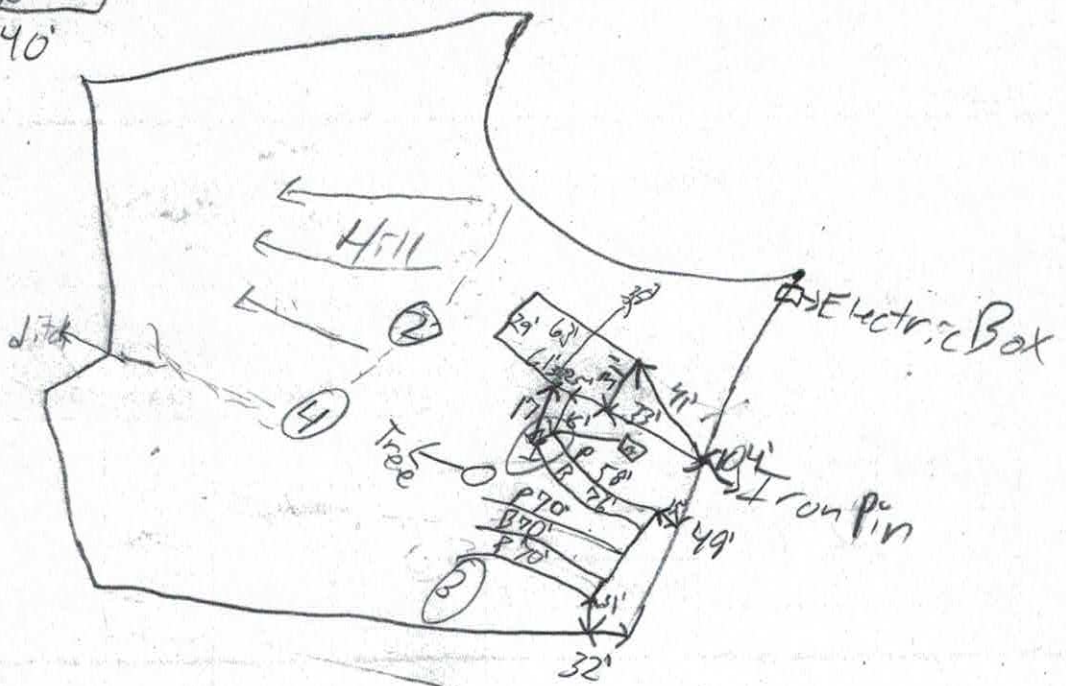
COMMENTS: cloudy day on first day sunny on second

360 ÷ .25
→ 1440 ÷ 3
→ 480 × .75
→ 360'

360 ÷ .25
→ 1440 ÷ 3
→ 480 × .5
→ 240'

÷ 3
÷ 3
× .75
300'

360 ÷ 3
→ 1200 ÷ 3
→ 400 × .5
→ 200'



5-9-19
$500.00
online

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Lake Vision Development	2242 Longcove Court	704-506-0807	704-402-0463
"	"	"	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
139 Early Frost Ln	Autumn Grove	Lot # 26 30

Driving Directions: Leaving Environmental in Mooresville, Turn left on Carlton Ave, 350 ft Turn Right onto East Statesville Ave, 1 Mile Bet onto Statesville Ave, 250 ft Continue onto N. Broad St. 2.2 Mi onto Charlotte Hwy, 2.3 Mi Turn left onto Cloar Spring, 300 ft onto Autumn Grove, 500 ft Early Frost Ln, 700 ft. Arrive @ Destination.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence — Maximum Number of Bedrooms 3 — (X) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 6 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ Type

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: [signature] 5-6-19
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) Phil Kolter

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, PHILLIP PATELLA, am the legal owner(s) of the property located at 139 EARLY FROST LN, MOORESVILLE, identified as

PIN [Parcel Identification Number) 4659150191.000, located in Iredell County, North Carolina.
I do hereby authorize (print legal representative/company name) LAKE VISION DEVELOPMENT, 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.

Phil Kolter — Signature of Owner(s)

5.07.19 — 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 HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

X Property Line measurements are clearly Identified...

X All proposed structures are indicated...

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

X Front and side setbacks from property line...

____ Preferred driveway location and configuration, preferred well location...

____ Area you prefer your septic system to be placed...

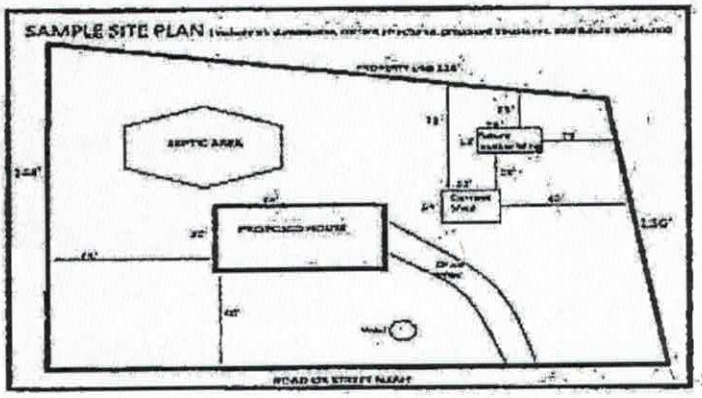
X North arrow, or other sufficient indicator of direction...

Circle N/A on the following if appropriate:

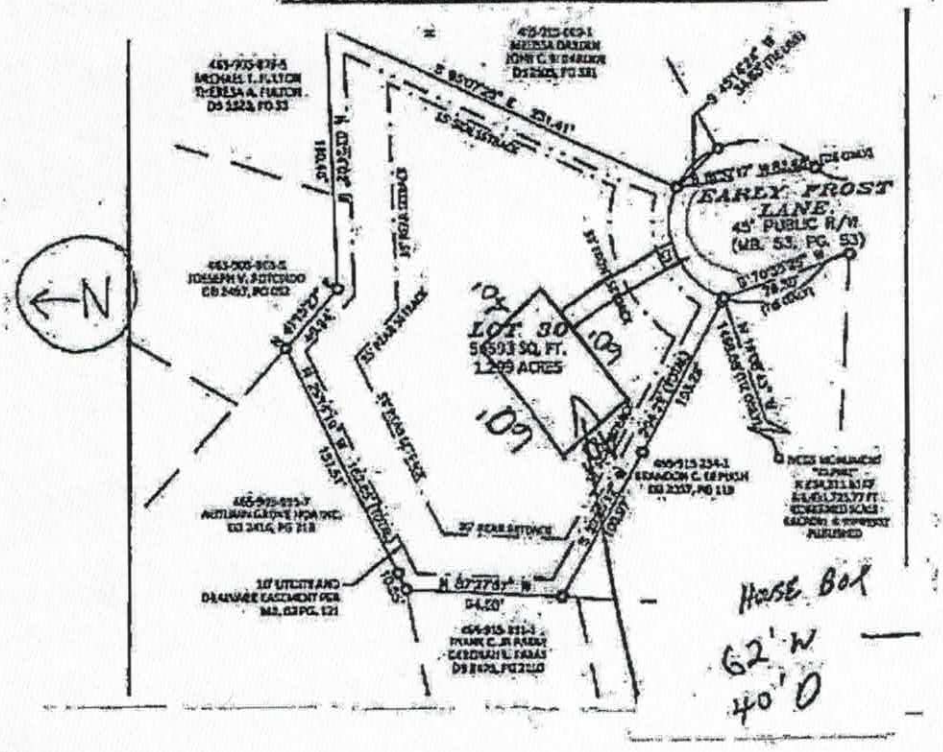
____ Location of septic systems and wells within 100' of your property... N/A

____ Location of easements and rights of ways on your property... N/A

____ Location of any designated wetlands on the property... N/A



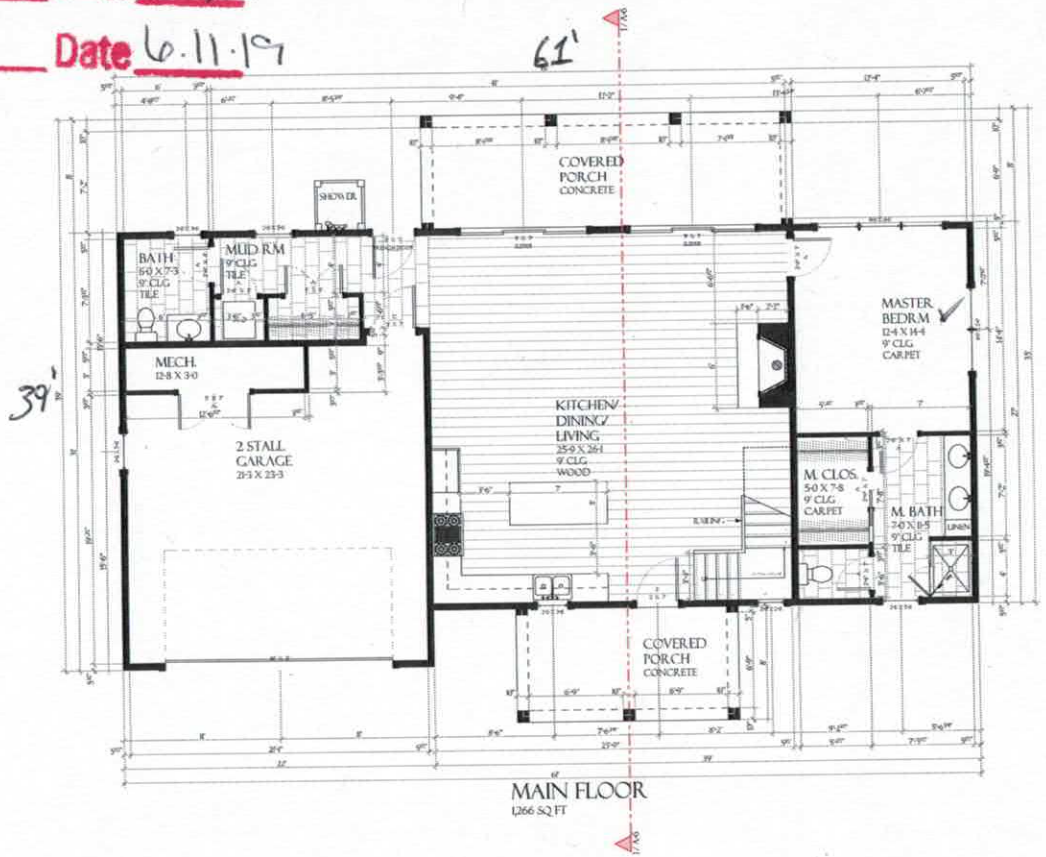
USE THIS SPACE TO DRAW YOUR SITE PLAN



Signature: _____ _____

REQUIRED property owner or owner's legal representative signature. DATE

Acknowledgement Of
Plans Submittal ONLY!
Returned By [redacted] Date 06/11/19
[redacted] Date 6.11.19



MAIN FLOOR 1/4" = 1'-0"

SKETCHPAD HOUSE PLANS
SKETCHPADHOUSEPLANS.COM

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CUSTOMER [redacted]

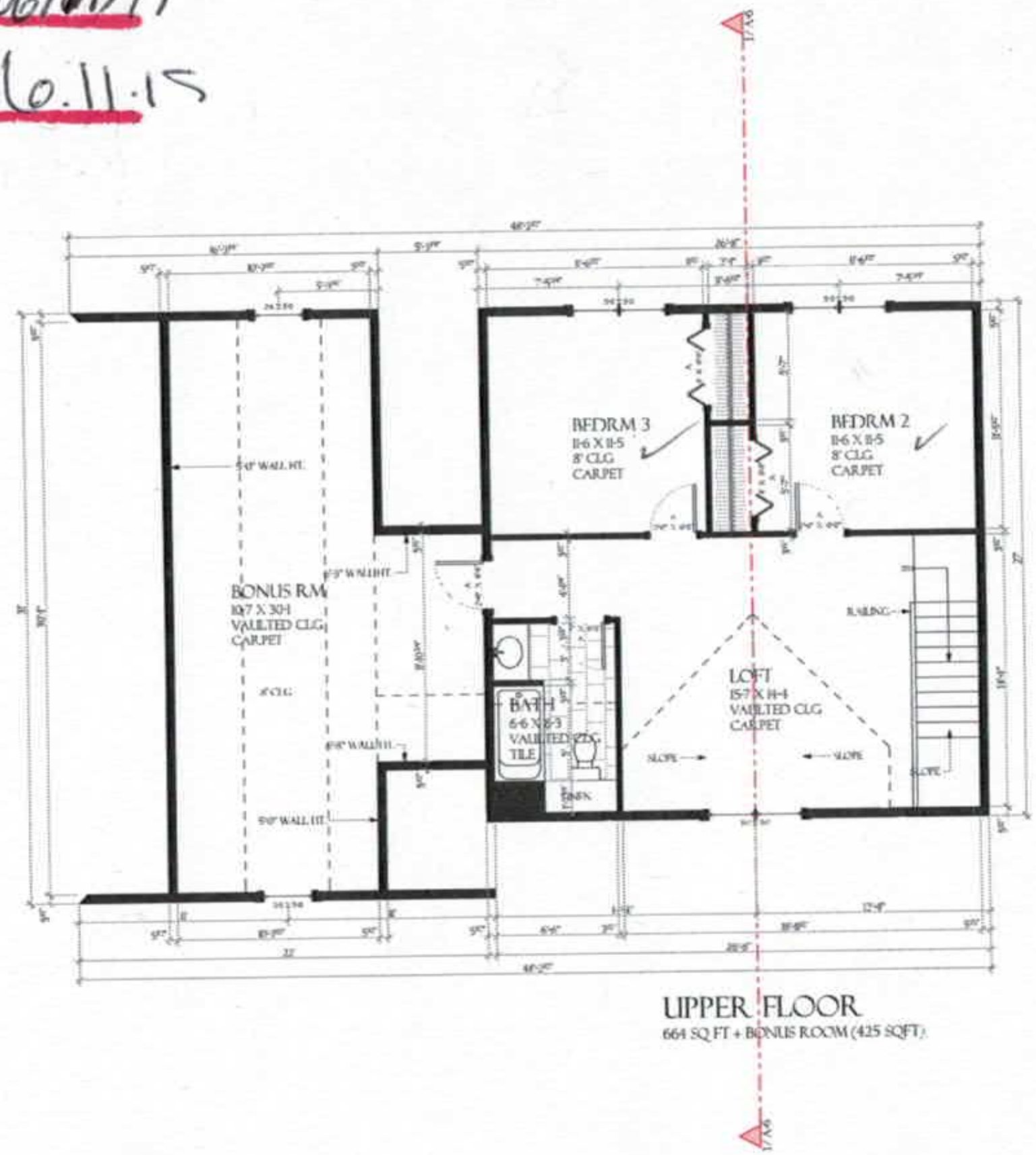
BUILDER [redacted]

TALL CEDAR

MAIN FLOOR PLAN

A-2

Acknowledgement Of
Plans Submittal ONLY!
[signature] Date 06/01/19
[signature] Date 6.11.15



UPPER FLOOR
664 SQ FT + BONUS ROOM (425 SQFT)

UPPER FLOOR 1/4" = 1'-0"

SKETCHPAD
HOUSE PLANS
SKETCHPADHOUSEPLANS.COM

[redacted]

© SKETCHPAD INC. 201"

[redacted]

CUSTOMER

BUILDER

[redacted]

TALL CEDAR

UPPER FLOOR PLAN

A-3

[redacted]

IREDELL COUNTY

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

APPLICATION NUMBER
244486
Issue Date: 05/09/2019

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4659150691.000	139 EARLY FROST LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ESSEX HOMES SOUTHEAST INC	Applicant: LAKE VISION DEVELOPMEN
Address: 120 CROMER RD	Address: 2242 LONGCOVE CT.
LEXINGTON, SC 29073	SHERRILLS FORD, NC 28673
Phone:	Phone: 704-506-0807

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.300	35.00	35.00	15.00	15.00	PACL	X

Remarks:

THE LOT MUST BE 100 FEET WIDE WHERE HOUSE BEGINS.

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	176735	TOTAL FEES:	$ 77.25