# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223173

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

PIN # 4627117593

APPLICANT/OWNER: Phuong Lan Le / Charles Xiques APPLICANT ADDRESS: 19015 Harbor Cove Ln Cornelius, NC

SITE ADDRESS: 315 Lakeview Shores Lp Mooresville, NC PHONE: 704 502-6914 28117 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TR, McKendree TR Lakeview Shores Lp across from Cathy Caraway

SUBDIVISION: The Farms SECTION: 4 LOT # 519 LOT AREA: 1.854 Ac SAP CONTROLLED: ☐ YES ☒ NO

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

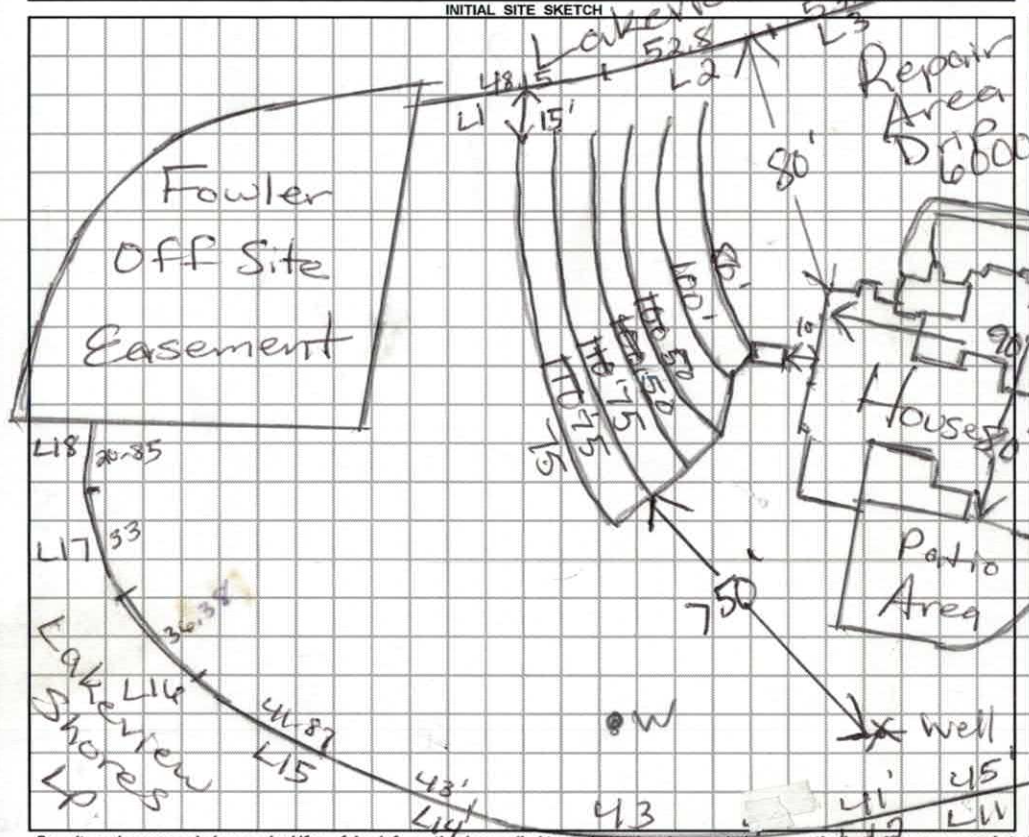
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1500 (gal) | STB | 444 | Date | 4-2-18 | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | ☒ Residence | No. Bedrooms 5 |
| Pump Tank | (gal) | PT | | Date | | System Description: | | Gravity -25% reduction | | ☐ Business | No. Persons 10 |
| Pump Make | | Model | | Serial # | | Repair System Description: | | Drip | | ☐ Other | No. Employees |
| # Nitrification Fields | 1 | # Lines | 6 7 | Linear Ft | 500 | Maintenance Agreement Required: | ☐ YES | ☒ NO | | ☐ Slab | ☒ Crawl Space |
| Trench Width | 36" | Trench Bottom Depth(Low side) | 28" | Gravel Depth | N/A | | ☒ GRAVITY | ☐ PRESSURE | | ☐ Basement w/ plumbing | ☐ Basement w/o plumbing |

Water Supply: ☒ Private ☐ Public ☐ Community

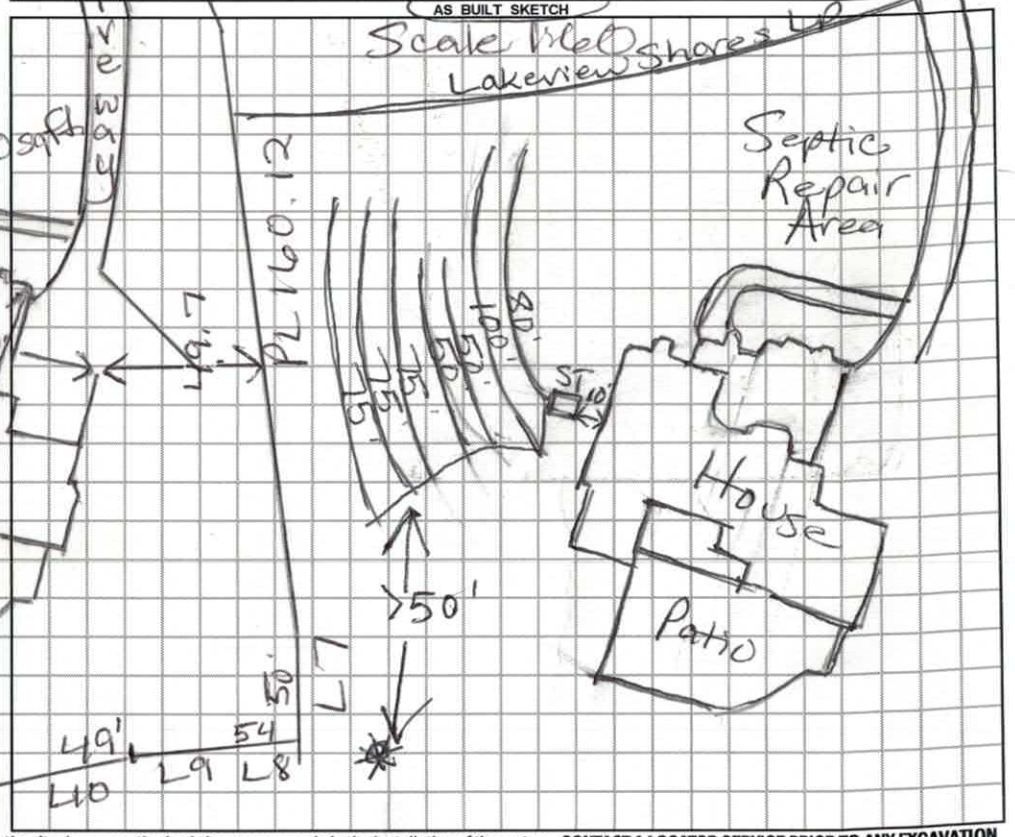
Comments / Conditions:

6/18/18 Checked ST & 2 upper lines
6/19/18 Last 5 lines

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: 2/21/18 Installed by: Stanley Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/3/18 OPERATION PERMIT by: Maria Dotson Date: 6/19/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/3/18 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.**

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Charlie Xiques / Robinette Bld. (Applicant)
APPLICATION DATE
ADDRESS:
DATE EVALUATED: 1/6/16
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 600 gpd
PROPERTY SIZE:
LOCATION OF SITE: 315 Lakeview Shores Loop
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) .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 |
|---|---|---|---|---|---|---|---|---|---|
| AH 1 | L 4% | 0-12 | Brw SCL | w SBK | SS, SP, SExp, FR | | | | PS .3 |
| | | 12-35 | R C | m-w SBK | SS, SP, SExp, FR | | | | |
| | | 35-40 | R C w/ few to | many | | SAP | Inclus | | |
| | | 40-48 | L SAP | massive | | | | | |
| AH 2 | L 5% | 0-4 | Brw SCL | | SS, SP, SExp, FR | | | | PS .3 to .25 |
| | | 4-35 | R C/CL | m-w SBK | SS, SP, SExp, FR | | | | |
| | | 35-48 | Y/R C | w SBK | w/ Few to many | | SAP Inclus | | |
| | | | | | SS, SP, SExp, FR | | | | |
| AH 3 | L 5% | 0-4" | Brw SCL | | SS, SP, SExp, FR | | | | PS .3 |
| | | 4-48" | R C/CL | m-w SBK | SS, SP, SExp, FR | | | | |
| AH 4 | L 4% | 0-8 | Brw SCL | | SS, SP, SExp, FR | | | | PS .3 |
| | | 8-35 | R/RBrw C/CL | m-w SBK | SS, SP, SExp, FR | | | | |
| | | 35-48 | R C/CL | m-w SBK | SS, SP, SExp, FR | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% Red. | PPBBS |
| Site LTAR | .25-3 | .25-3 |

OTHER FACTORS (.1946):
SOIL CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson / David Hinson (Repair)
OTHER(S) PRESENT:

COMMENTS:

DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

OWNER: Charlie Xigaves
ADDRESS:
APPLICATION DATE
DATE EVALUATED: 1/16/16
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 6 Mgpd
PROPERTY SIZE:
LOCATION OF SITE: 315 Lakeview Shores Lp
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) .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 |
|---|---|---|---|---|---|---|---|---|---|
| PIT B 1 | S wall 5% | 0-30" | RC | SS, SP, SEP, FI | | | | | PS .25 ≤ 30" |
| | | 30-50 | RC w/ Yell W | Rock w/ some SAP | | | | | |
| | N wall | 0-48"+ | RC/C | m-w SBK | | | | | .25 to 48" |
| 3 2 | | 0-20" | RC | m SBK SS, SP, FR | | | | | PS |
| | | 20-45" | VR CL | w SBK SS, SP, FR | | | | | .3 |
| | | 45-48+ | V gravelly SAP | SS, SP, FR | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |

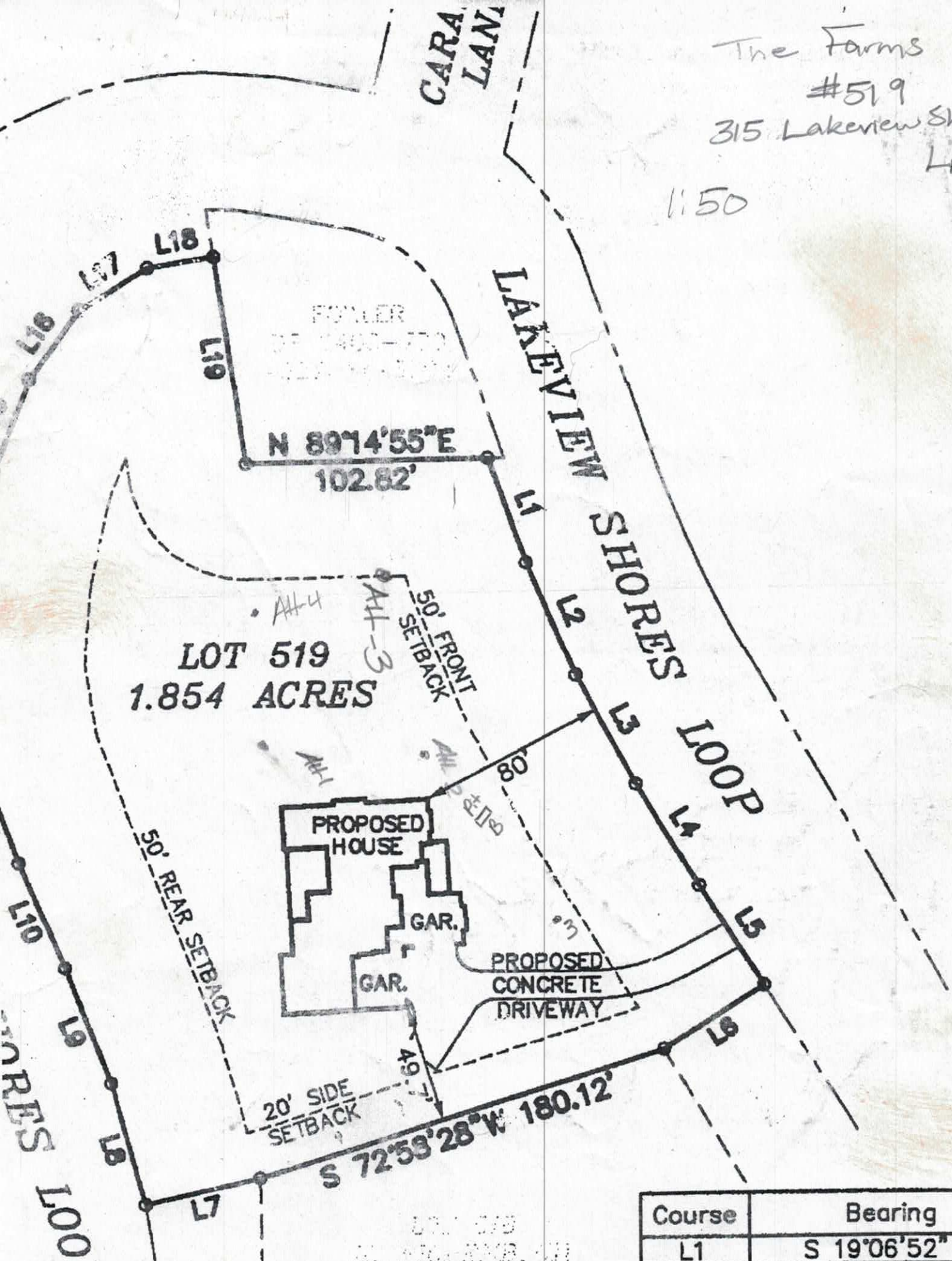
| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | PS | PS |
| System Type(s) | 25% Red | PPOPS |
| Site LTAR | .3 | .25-.3 |

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: David Hinson / Maria Dotson
OTHER(S) PRESENT:

COMMENTS:

The Farms
#519
315 Lakeview Shores Lp.

1:50




| Course | Bearing |
|---|---|
| L1 | S 19°06'52" E |
| L2 | S 22°14'27" E |

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

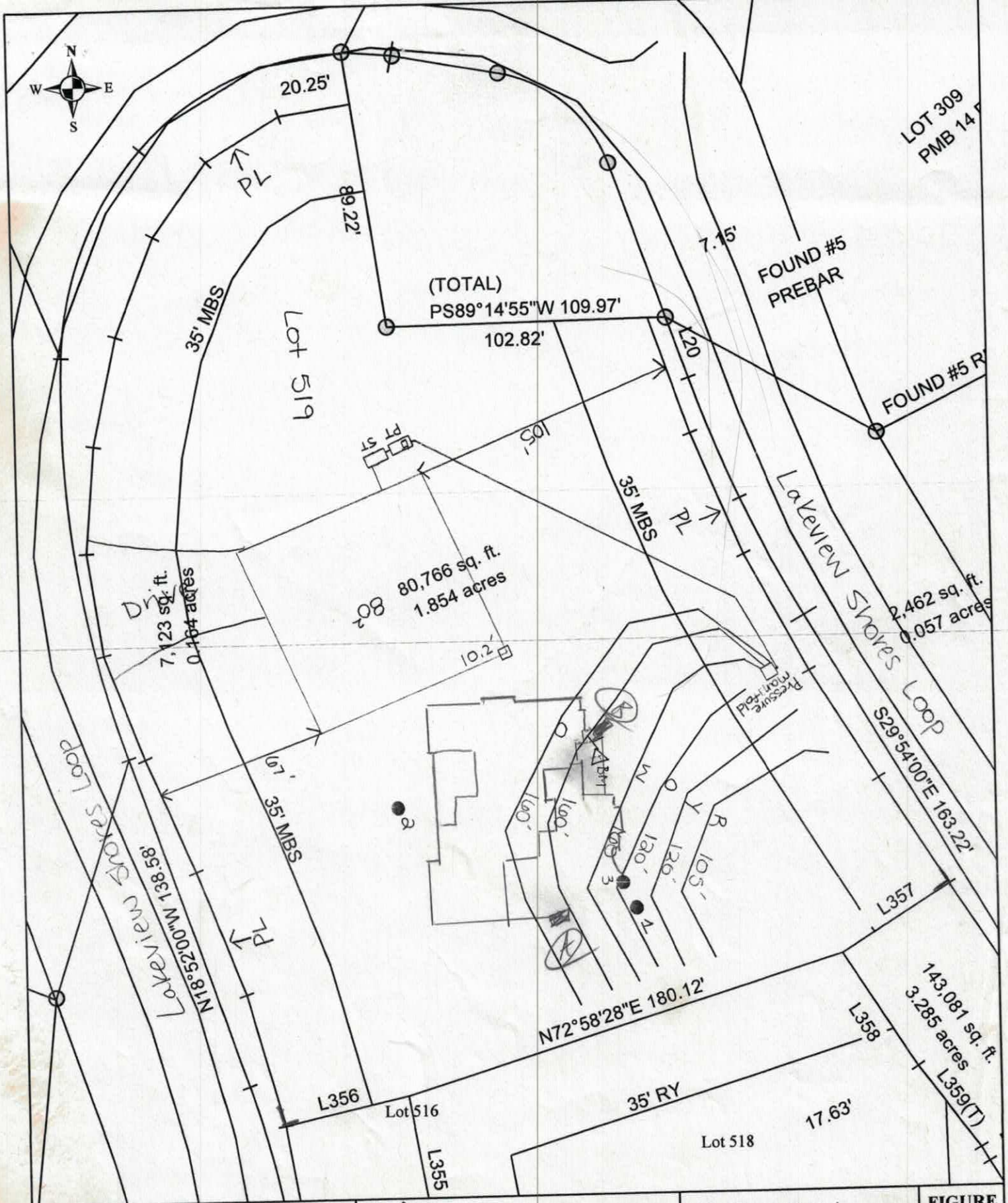
OWNER: The Farms Ph 4 APPLICANT: _____
ADDRESS: _____ APPLICATION DATE: _____ DATE EVALUATED: 6/8
PROPOSED FACILITY: House PROPOSED DESIGN FLOW (.1949): 480 PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____
WATER SUPPLY: ☐ Private ☒ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

5/9

| PROFILE # | .1940 LANDSCAPE POSITION/ SLOPE % | HORIZON DEPTH (IN.) | SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE | SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Linear | 0-1 | Mo GR L | SS SP FR | DK Br | | | | |
| | | 1-12 | WK SBK SL | SS SP FR | Lt Br | | | | |
| | | 12-36 | Mo SBK CL | SS SP FR | Red Br; | C sap, C Relic | F pale Br Q RC's white/yel Br | | .25 |
| | | 36-48 | MA SL sap | SS SP FR | Yellow Br | | | | |
| 2 | Linear | 0-1 | Mo GR L | SS SP FR | DK Br | | | | |
| | | 1-22 | Mo SBK C | SS SP FR | Red | | | | .3 |
| | | 22-48 | WK SBK CL | SS SP FR | Red; C | sap | | | |
| 3 | AH L | 0-20 | m SBK C | SS SP Fr | R | | | | |
| | | 20-45 | W SBK CL | SS SP Fr | | | | | |
| | | 45-48 | m SL SBK | SS SP Fr | | | | | |
| A (A) | 9.23.05 | 0-7 | wk sbk sl | fr ss sp | | | | | |
| | | 7-35 | SBK R C | fi ss sp sap | | | | | .25-.3 |
| | | 35-53 | wk sbk cl | fr ss sp | | | | | |

| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | | |

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




| | | | |
|---|---|---|---|
| Scale: 1 inch equals 50 feet | S&ME | The Farms Phase 4 | FIGURE |
| Drawn by: JBP | | Lot 519 | 1 |
| Reviewed by: PGP | ENVIRONMENTAL SERVICES • ENGINEERING • TESTING | Iredell County, NC | |
| Date: September, 2005 | | S&ME Project #1588-05--070 | |

RECEIVED JAN 25 2018

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***APPLICATION FORM***

Paid $320.00

**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.*

**********

# 223173

**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:** [illegible] **Address:** 1905 Harbor Cove Ln **Zip:** [illegible]

**Applicant Email:** [illegible]@yahoo.com **Phone:** 704-502-6914 **Alt. Phone:**

**Owner Name:** [illegible] **Address:** 1905 Harbor Cove Ln Cornelius **Zip:** 28031

**Owner Email:** [illegible]@yahoo.com **Phone:** 704-502-6914 **Alt. Phone:**

**********

**Property Information:**

**Street Address:** [illegible] Lakeview Shores Loop

**Subdivision Name:** [illegible] **Section/Phase:** **Lot Number:** 59

**Driving Directions:** [illegible] to Lakeview Shores Loop

**********

**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:
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure:

**CHECK FOUNDATION TYPE**

( ) 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:

( ) 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:

**********

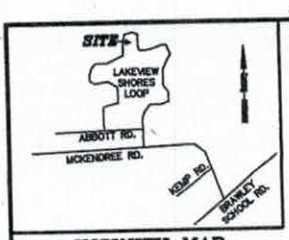
**Please answer the following to the best of your ability:**

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



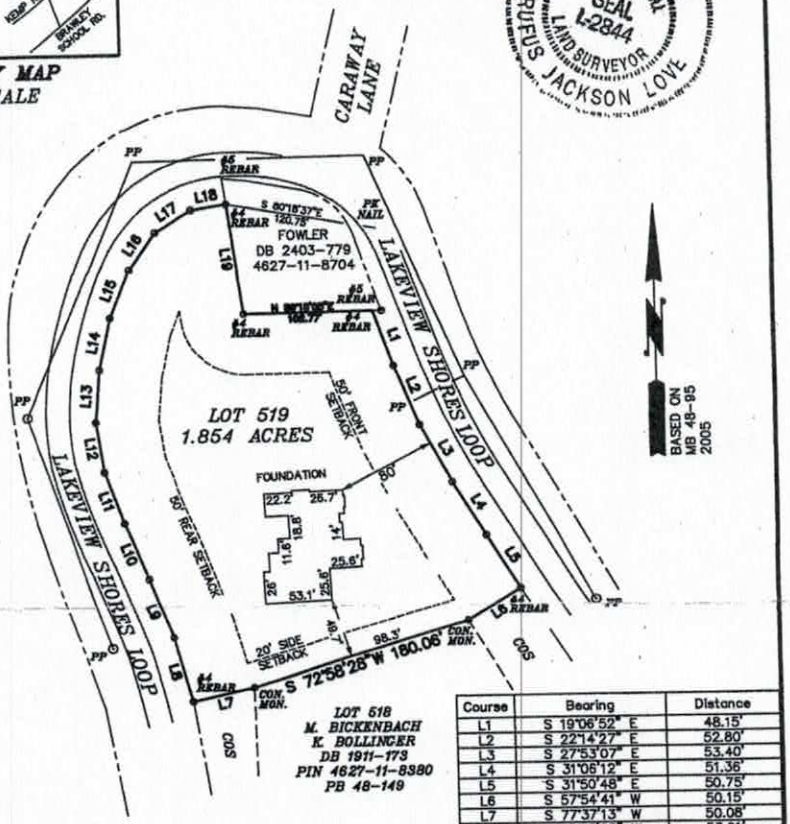

VICINITY MAP
NO SCALE

I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS 22ND DAY OF JUNE, 2017

N.C.P.L.S. L-2844
LICENSE NO.

NORTH CAROLINA PROFESSIONAL SEAL L-2844 LAND SURVEYOR RUFUS JACKSON LOVE




| Course | Bearing | Distance |
|---|---|---|
| L1 | S 19°06'52" E | 48.15' |
| L2 | S 22°14'27" E | 52.80' |
| L3 | S 27°53'07" E | 53.40' |
| L4 | S 31°06'12" E | 51.36' |
| L5 | S 31°50'48" E | 50.75' |
| L6 | S 57°54'41" W | 50.15' |
| L7 | S 77°37'13" W | 50.08' |
| L8 | N 15°25'25" W | 53.91' |
| L9 | N 20°57'21" W | 52.68' |
| L10 | N 22°41'28" W | 49.24' |
| L11 | N 19°51'40" W | 45.00' |
| L12 | N 08°17'04" W | 41.42' |
| L13 | N 05°01'14" E | 43.04' |
| L14 | N 12°28'31" E | 43.88' |
| L15 | N 21°47'27" E | 41.97' |
| L16 | N 36°06'50" E | 36.38' |
| L17 | N 59°07'26" E | 33.92' |
| L18 | N 81°08'12" E | 28.74' |
| L19 | S 07°54'38" E | 89.29' |

## FOUNDATION SURVEY
## FOR ROBINETTE BUILDERS

PROPERTY OF LE PHUON LAN
315 LAKEVIEW SHORES LOOP
LOT 519 OF THE FARMS, PH. 4, MAP 1, MB. 48-95
DEED BOOK 1863-747, PIN 4627-11-7593
DAVIDSON TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
OCTOBER 5, 2016

FILE NAME: ROBINETTE-10
REVISED: 11/21/2016 MARKED LINES AND ADDED HOUSE
REVISED: 6/22/17 - FOUNDATION SURVEY

100 0 100 200 300
GRAPHIC SCALE - FEET Scale 1" = 100'

**NOTES:**
1. THIS PROPERTY IS NOT LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NGS GRID MONUMENTS WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.

**LEGEND:**
- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- BACK OF CURB/EDGE OF PVMT.
- SETBACK LINE
- CP COMPUTED POINT
- PP POWER POLE

PYRAMID LAND SURVEYING PA C-1341
P.O. BOX 11 DAVIDSON, NORTH CAROLINA
(704)892-4249 RUFUS JACKSON LOVE L-2844