ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # **AP** 326140

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

PIN # 4635 -- 35 -- 6670

APPLICANT/OWNER: Charlotte Pools & Spa Inc | APPLICANT ADDRESS: 1458 Brawley School Rd.

SITE ADDRESS: 111 Breezeview Pl, Mooresville 28117 | PHONE: 704-360-0376 | ALT. PHONE

SITE DIRECTIONS: I77 - Brawley School - Isle of Pines - Breezeview | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Isle of Pines | SECTION: -- | LOT # 20 | LOT AREA: - | DESIGN FLOW: EX | L.T.A.R.: EX

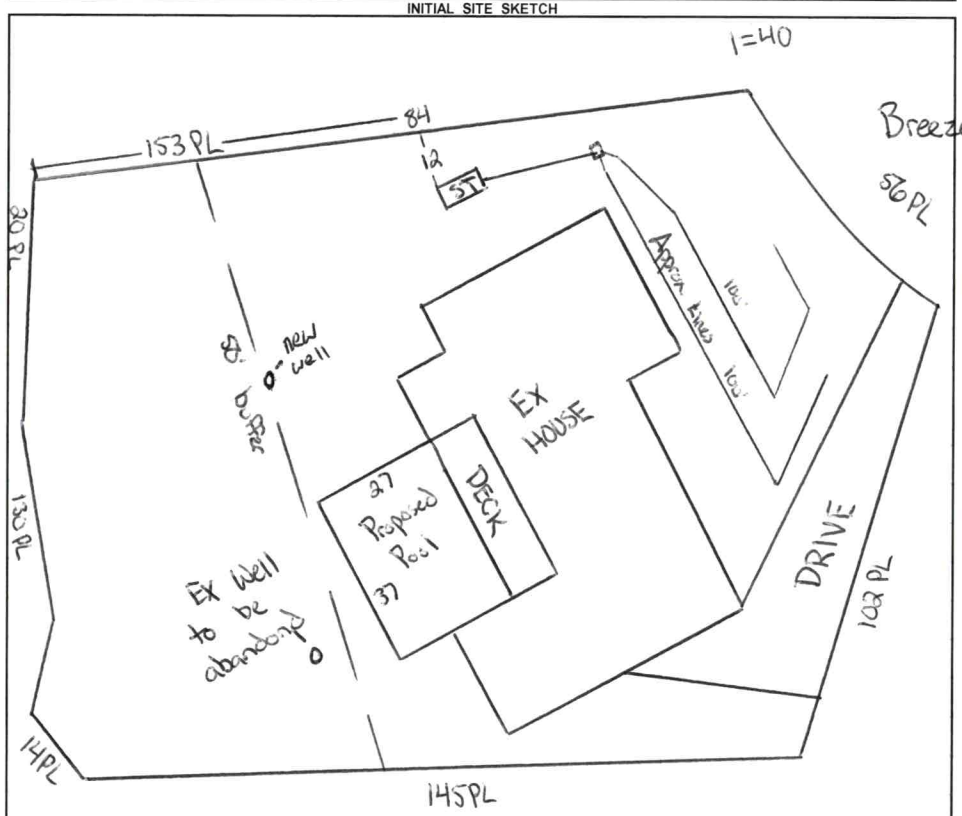
Septic Tank	EX	(gal)	STB	Date	☐ New System ☐ Repair ☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	EX
Pump Tank		(gal)	PT	Date	System Description:	EXISTING	☐ Business	No. Persons	EX
Pump Make		Model		Serial #	Repair System Description:	EXISTING	☐ Other	No. Employees	
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☒ Crawl Space	
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth	EX	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing	

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System appears to be working at time of inspection.

Well abandoned 10/31/22

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.

Breezeview PL

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: Eileen Mahan | Date: 11-7-22 | Installed by:

IMPROVEMENT PERMIT by: | Date: | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Cory Whit | Date: 11/3/22

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

DAS DON ALLEN & ASSOCIATES, P.A.

"Since 1971"

Commercial • Residential • Mortgage Surveys • Multi-Family
Construction Staking • Subdivision Design • Topographical
131 Crosslake Park Drive – Suite 102 • Mooresville • NC • 28117
(704) 664-7029 (704) 664-8041 Fax

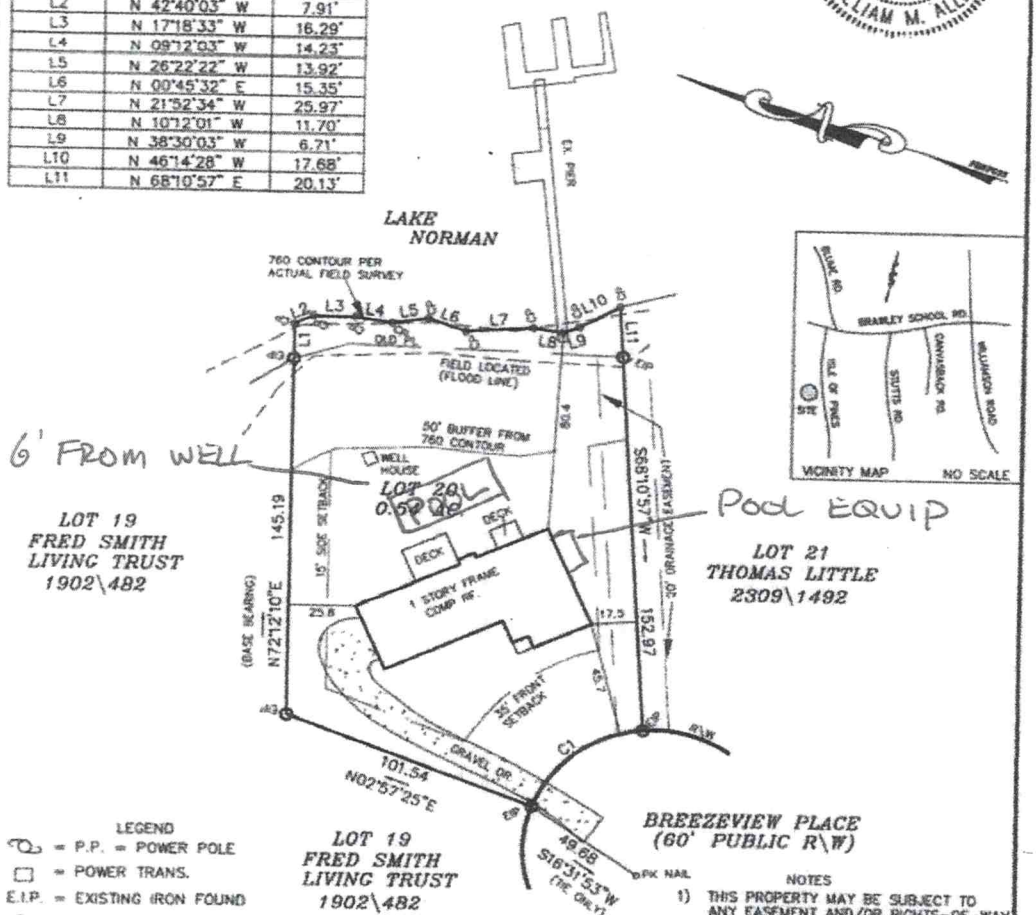
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2149, page 1387, and/or plat book 8, page 33, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 10, day of OCT. A.D. 20 17

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	56.00'	N 54°53'26" W	53.12'

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 72°11'53" W	14.19'
L2	N 42°40'03" W	7.91'
L3	N 17°18'33" W	16.29'
L4	N 09°12'03" W	14.23'
L5	N 26°22'22" W	13.92'
L6	N 00°45'32" E	15.35'
L7	N 21°52'34" W	25.97'
L8	N 10°12'01" W	11.70'
L9	N 38°30'03" W	6.71'
L10	N 46°14'28" W	17.68'
L11	N 68°10'57" E	20.13'



LEGEND
- P.P. = POWER POLE
- POWER TRANS.
- E.I.P. = EXISTING IRON FOUND
- I.P.S. = #4 REBAR SET
- R/W = RIGHT-OF-WAY
- W = WELL
- CP = COMPUTED POINT

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 10\05\2017.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 25' 50' 100'
SCALE IN FEET

PHYSICAL SURVEY

OF

111 BREEZEVIEW PL.

LOT 20 ISLE OF PINES

SCALE 1" = 50'

DAVIDSON TWSP., IREDELL CO., N.C.

ACQUIRED BY: SARI & ALLEN FARBER

FIELD BOOK: 502-C
FILE: ISLE OF PINES 20
DC FILE:
TAX MAP NO: 4835358670

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107
All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108
Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: FEB. 22, 2022 PERMIT NO.: _____ (to be completed by DWQ/DPH)

A. **WELL OWNER** – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Todd Patrick

Mailing Address: 111 Breezeview Place
City: Mooresville State: NC Zip Code: 28117 County: Iredell
Day Tele No.: _____ Cell No.: +01 585 66 5890
EMAIL Address: ToddKPatrick@yahoo.com Fax No.: N/A

B. **PHYSICAL LOCATION OF WELL SITE**

(1) Parcel Identification Number (PIN) of well site: _____
County: _____

(2) Physical Address (if different than mailing address): Same

City: _____ State: NC Zip Code: _____

C. **WELL DRILLER INFORMATION** (if known)

Well Drilling Contractor's Name: N/A
NC Well Drilling Contractor Certification No.: _____
Company Name: _____ Contact Person: _____
City: _____ State: ____ Zip Code: ____ County: _____
Day Tele No.: _____ Cell No.: _____
EMAIL Address: _____ Fax No.: _____

D. **REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

Variance Request is due to location of new pool to be constructed.

E. **ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. **OTHER MINIMUM CONSTRUCTION REQUIREMENTS**

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. **SIGNATURES**

Homeowner
Signature of Person Responsible for Well Construction (typically the well driller)

Todd K. Patrick Homeowner
Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

Signature of County Environmental Health Specialist

Print or Type Full Name of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.

4635-35-6670

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Tony Visocki DATE 1-5-79 PERMIT NO. 4

PHONE: Business 735-2573 Home _____

LOCATION 1100 + Lot 113

S. R. No. _____

SUBDIVISION NAME Fish of Pine LOT NO. 20 SECTION OR BLOCK NO. 1

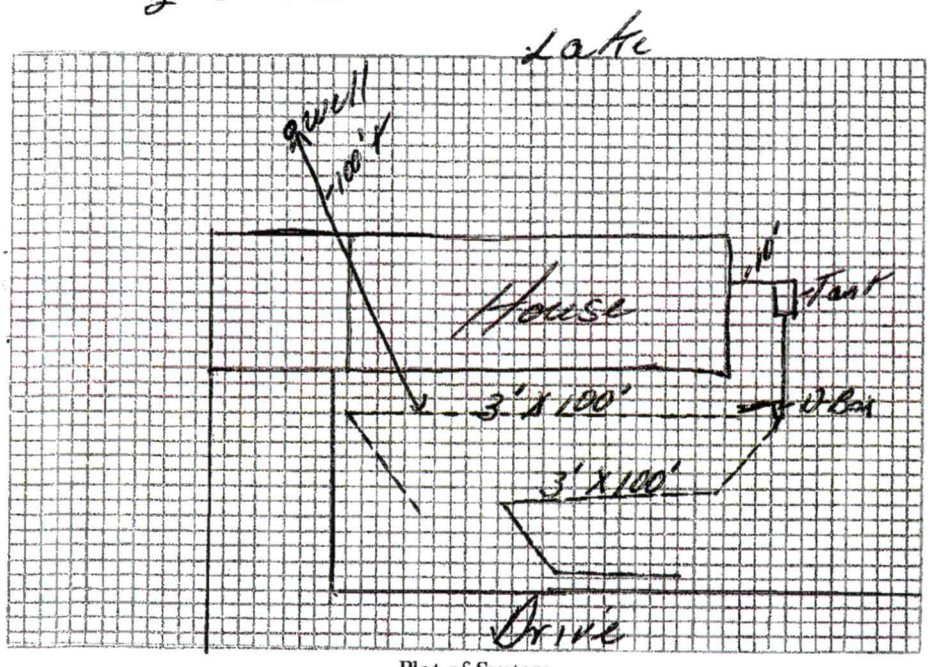
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2½

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil Clay loam
Percolation Rate 60 min/in
Topography 2 to 5% Slope
Depth to Water Table 4' to Lake Level
Rock or other impervious formations None

Lot Area ½ ac



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 10"
Water Supply: Individual (✓)
Public ( )

Installed by F. J. Erwin

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY John Houston DATE 1-5-79

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold