ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 309022

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

PIN # 4631943508

APPLICANT/OWNER: Dennis Lipman | APPLICANT ADDRESS: 154 Broadbill Dr, Mooresville

SITE ADDRESS: 154 Broadbill Dr, Mooresville NC 28117 | PHONE: 704-252-7100 | ALT. PHONE —

SITE DIRECTIONS: BSR → L Canvasback → L Broadbill → on R | SAP CONTROLLED: ☐ YES ☒ NO

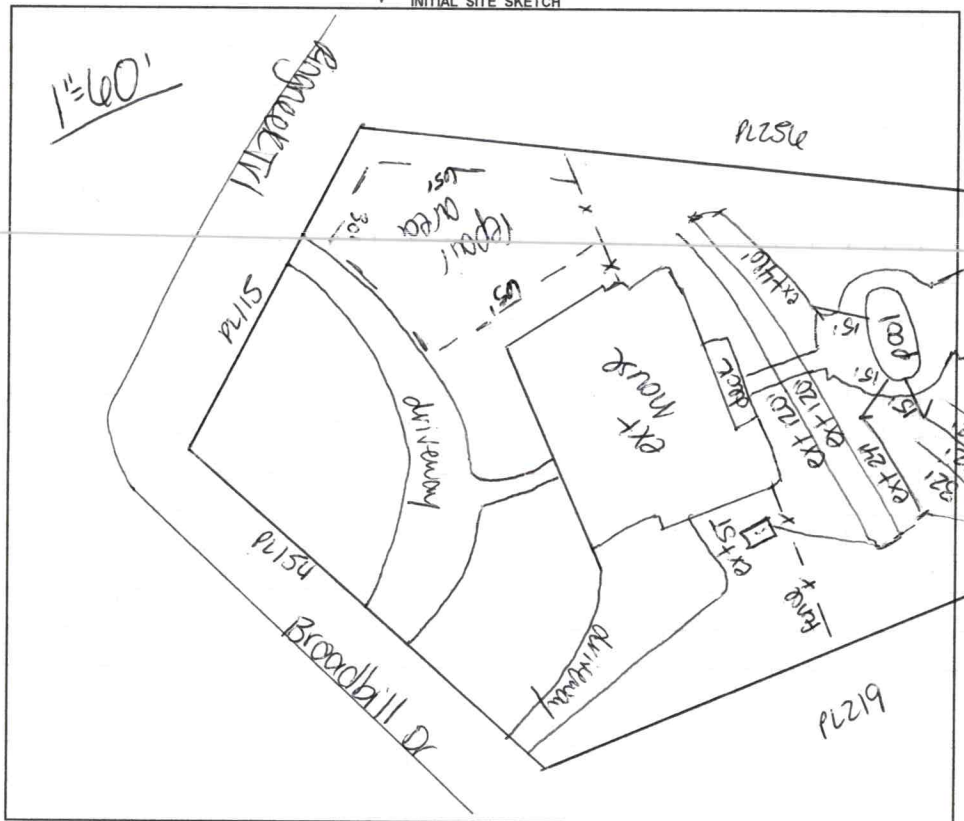
SUBDIVISION: Woodland Hills | SECTION: 8 | LOT # 106 | LOT AREA: .98 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .35/.3R

Septic Tank	ext	(gal)	STB	ext	Date	ext	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank		(gal)	PT		Date		System Description:	ext gravel + 25% red.	☐ Business	No. Persons	8	☐ Private
Pump Make		Model			Serial #		Repair System Description:	PPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	5 new		Linear Ft	ext + 138'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☒ Community
Trench Width	36"	Trench Bottom Depth (Gravity)				36" max	Gravel Depth	ext	☐ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Purpose of this permit is to relocate system impacted by pool and expand for a 4 bedroom. Do not exceed max depth of 36".

Earth + dam last gravel line to meet 15' off waters edge of pool.

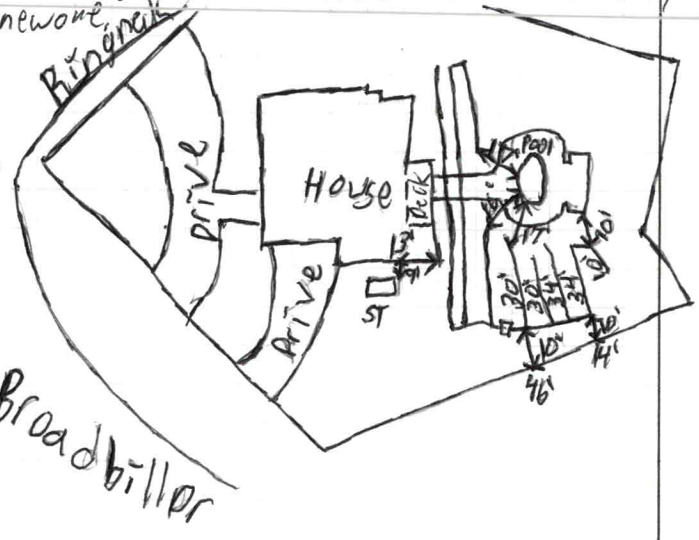
INITIAL SITE SKETCH



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.

8/11/2020: Drainline checked and all good. Checked tank and There was one large crack and some small cracks in the top, Lentz is going to talk to owner about if they want a new one.



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: 7-31-20 | Installed by: Lentz Wastewater

IMPROVEMENT PERMIT by: Carla C. Nicks Date: 7-30-20 | OPERATION PERMIT by: Patrick J Byrd III Date: 8/11/2020

AUTHORIZATION TO CONSTRUCT by: Carla C. Nicks Date: 7-30-20 | 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 1
PROPERTY ID #: 4639943508
COUNTY: Iredell

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

OWNER: Dennis Lipman
ADDRESS: 154 Broadhill
PROPOSED FACILITY: 4BR
LOCATION OF SITE: 154 Broadhill
PROPOSED DESIGN FLOW (.1949): 480
APPLICATION DATE 7-13-20
DATE EVALUATED: 7-30-20
PROPERTY SIZE: .98
PROPERTY RECORDED: Y

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) 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	5%	0-7	GR SCL	Fr sssp sexp	–	58"	–	–	PS .35
		7-38	SBK C	" "					
		38-58	SBK CL	VFR few sapric					
2	5%	0-8	GR SCL	Fr sssp sexp	–	50"	–	–	PS .35
		8-35	SBK C	" "					
		35-50	SBK CL	VFR					
3	6%	0-8	GR SCL	Fr sssp sexp	few rocks	48"	–	–	PS .3
		8-34	SBK C	" "					
		34-48	SBK CL	" "					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	ext +138'	267'
System Type(s)	gravel +25%	50%
Site LTAR	.35	.3

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: C. Nicks
OTHER(S) PRESENT:

COMMENTS: 38' for last line, 100' for new (really 85 @ .35)

Updated February 2014

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE $500.00
OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Relocation

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) LA (SO)

Applicant Name: DENNIS LIPHAM **Address:** 154 BROADBILL DR MOORESVILLE NC **Zip:** 28117
Applicant Email: JEFF@CLARKWISE.COM **Phone:** (704) 252-7100 **Alt. Phone:** (704) 252-7777
Owner Name: SAME **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 154 BROADBILL DR
Subdivision Name: WOODLAND HILLS **Section/Phase:** _____ **Lot Number:** 106
Driving Directions: BRAWLEY TO CANNSBACK TO BROADBILL

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: _____
(√) 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
(√) 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:** 1995
( ) 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: Dennis A Lipham
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

7/13/2020
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, Dennis Lipman, am the legal owner(s) of the property located at 154 Brookside Dr, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Dennis Lipman
Signature of Owner(s)

7/13/2020
Date

Mooresville - Environmental Health

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

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

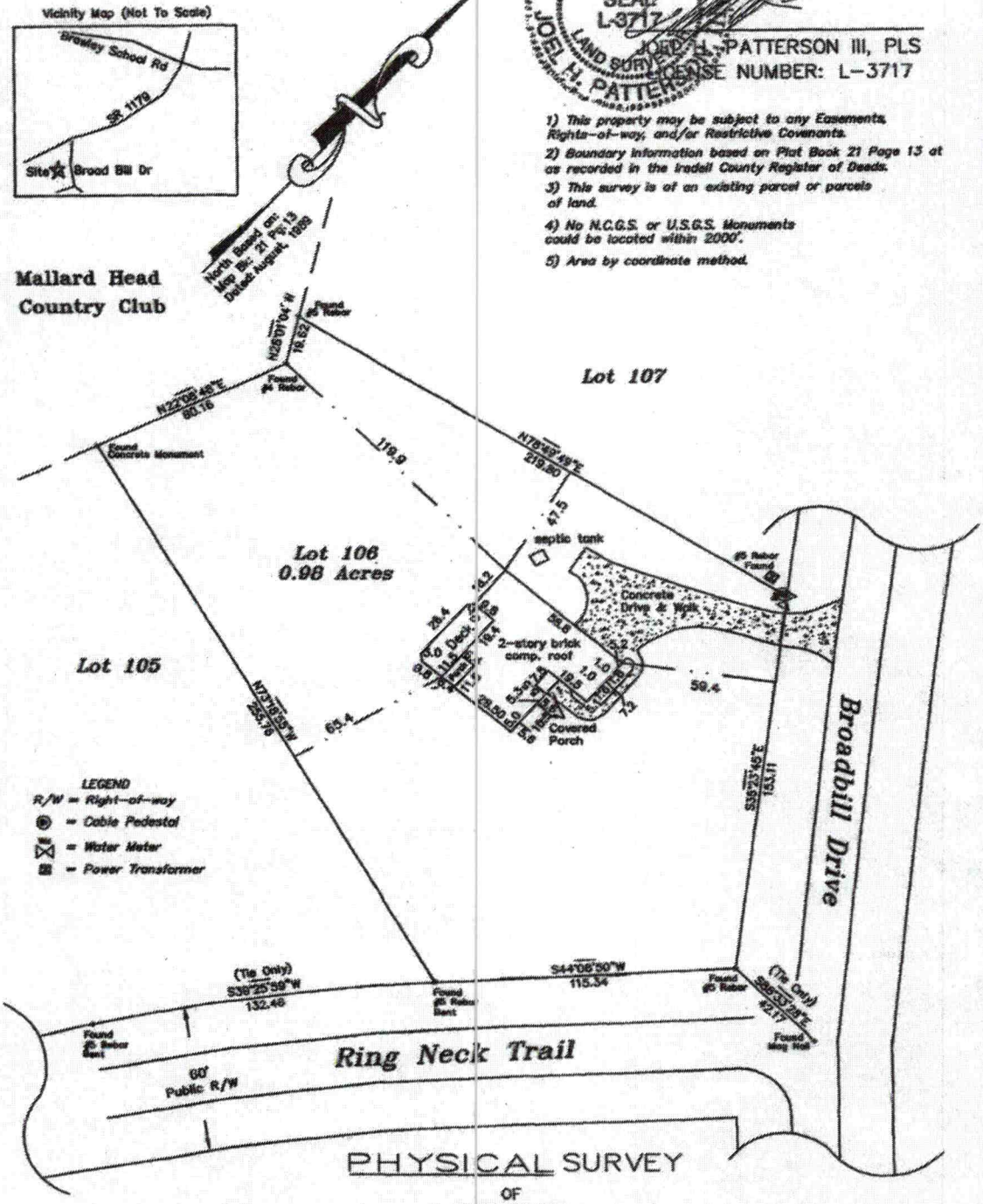
PATTERSON LAND SURVEYING, P.A.

I Joel H. Patterson III, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book 944, Page 2183. That the boundaries not surveyed are clearly indicated as drawn from information as shown on survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness, my original signature, registration number and seal this 23rd. day of August, A.D. 2010.

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON

JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book 21 Page 13 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.



PHYSICAL SURVEY

OF

154 Broadbill Drive

LOT 106 "WOODLAND HILLS"

SCALE 1" = 50'

Davidson Twsp., Iredell Co.,NC

ACQUIRED BY: DENNIS & ANITA LIPMAN

FIELD BOOK:
FILE: 10044
TAX MAP NO: 4638943508