IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 227424

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

PIN # 4638-17-1866

APPLICANT/OWNER: JULIE LESLIE APPLICANT ADDRESS: 109 BROADVIEW CIR. MOORESVILLE, NC

SITE ADDRESS: SAME PHONE: 949-872-9508 ALT. PHONE

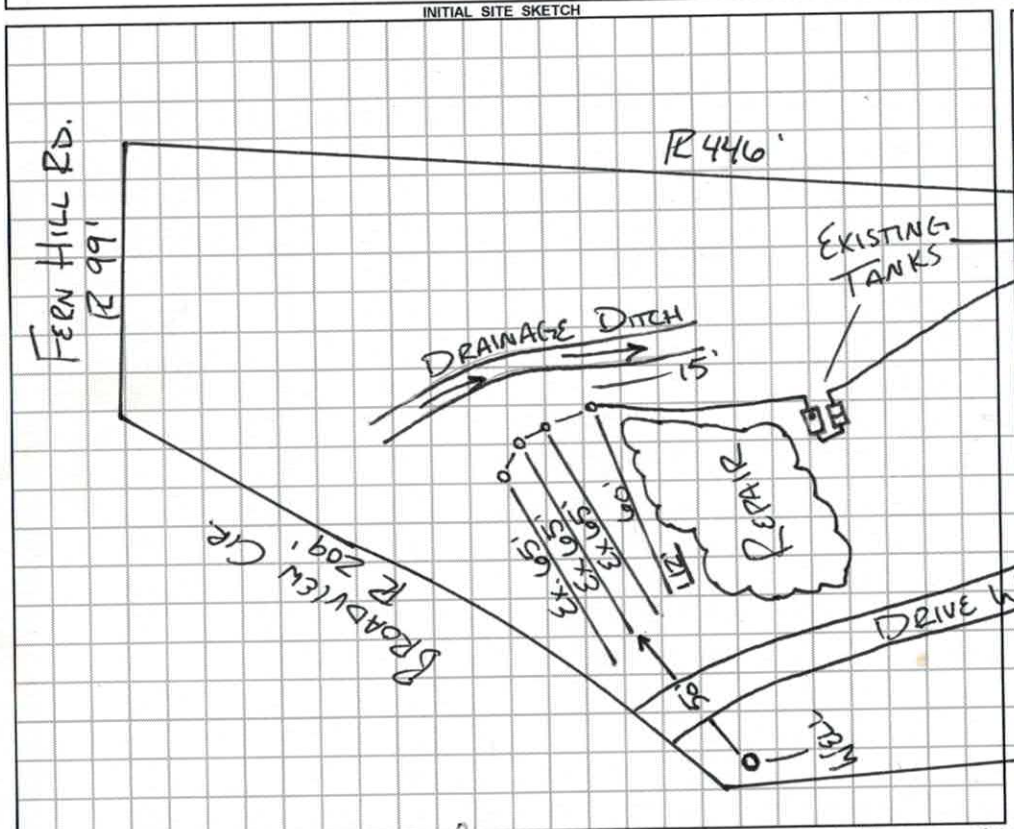
SITE DIRECTIONS: FERN HILL, TL BROADVIEW, ONL CL&T SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: SECTION: 15 LOT # 1012 LOT AREA: 1.69 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 2 Ex.	(gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank 2 Ex.	(gal)	PT	Date	System Description: LP-PPBPS		☐ Business	No. Persons 8	☒ Private
Pump Make	Model		Serial #	Repair System Description: SAME		☐ Other	No. Employees	☐ Public
# Nitrification Fields 1	# Lines 2		Linear Ft 72'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space	☐ Community
Trench Width 24"	Trench Bottom Depth(Low side) 33"		Gravel Depth	☐ GRAVITY ☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing	

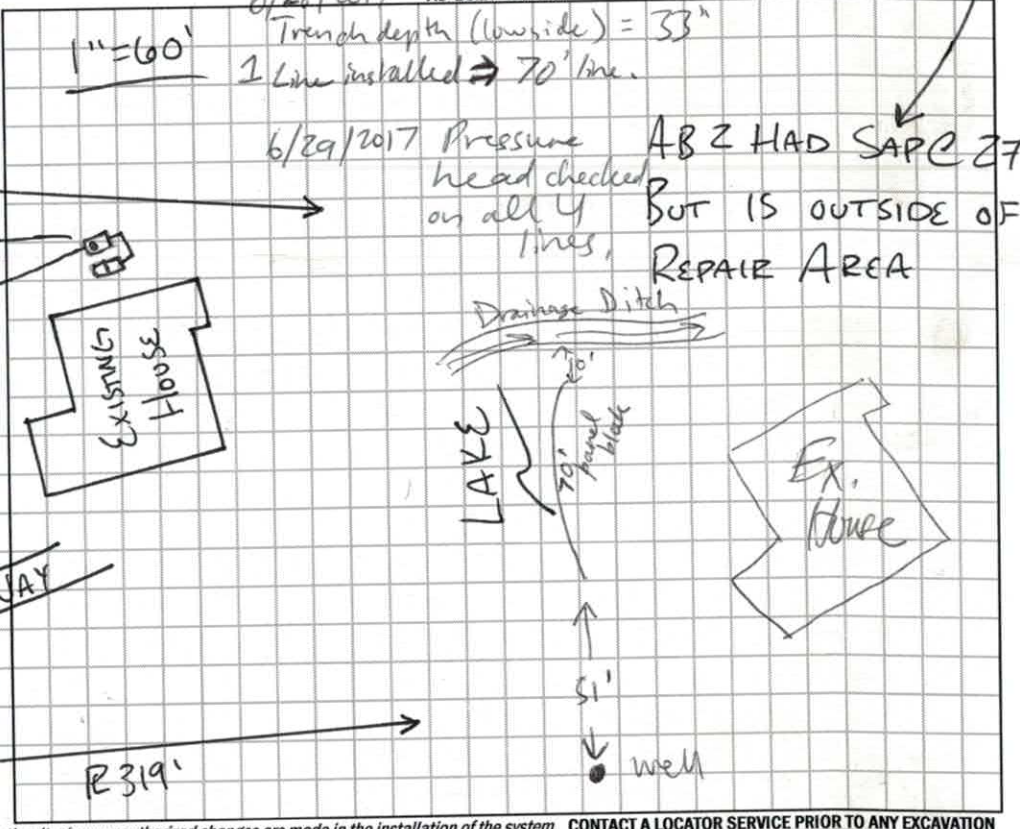
Comments / Conditions: ADD 72' OF PPBPS AS SHOWN TIGHT WELL SETBACK / STAY 50'

INITIAL SITE SKETCH



AS BUILT SKETCH

6/23/2017 Trench depth (low side) = 33"
1" = 60' 1 Line installed ⇒ 70' line.
6/29/2017 Pressure head checked on all 4 lines, AB 2 HAD SAP @ 27 BUT IS OUTSIDE OF REPAIR AREA



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: Julie Leslie Date: June 12, 2017 Installed by: Russell Williams

IMPROVEMENT PERMIT by: APPROVED Date: JUN 08 2017 OPERATION PERMIT by: Mohamed Dumandan Date: 6/29/2017

AUTHORIZATION TO CONSTRUCT by: APPROVED Date: JUN 08 2017 Existing System Inspected by: Date:

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

Sheet ___ of ___
PROPERTY ID #: 4638-17-1864
COUNTY: _____

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

OWNER: JULIE LESLIE
ADDRESS: 109 BROADVIEW CIR.
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: _____
APPLICATION DATE: _____
DATE EVALUATED: 6-5-17
PROPERTY SIZE: 1.6AC
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-6	FILL		—	52"	Comm ~~MUCK~~ MC e 42-52"	52+	.3
		6-42	RCWSBK	SS					
		42-52	RCLWSBK	SS					
2	L 10%	0-8	FILL		—				NOT EVAL. IN PIT
		8-27	CLSAP	SS					
		27-37	SSAP	NS					
3	L 6%	0-14	FILL		—	57"	—	57+	.3
		14-24	SCLWSBK	SS					
		24-37	RCWSBK	SS					
		37-57	RCMSBK	SS					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BA
OTHER(S) PRESENT: JULIE LESLIE

COMMENTS: _____

OK

RECEIVED MAY 23 2017

Paid $700.00
Paid $500.00

REDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for SEPTIC REPAIR PERMIT

(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)

#227424

1. APPLICATION FOR: ✓ **Improvement Permit** ___ **Authorization To Construct** ✓ **BOTH** ___ **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 Julie Leslie **Mailing Address** 109 Broadview Circle Mooresville, NC 28117 **Home Phone #** cell: 949 872 9508 **Alternate Phone #**

Owner Name Dale and Juliana Leslie **Mailing Address** same as above **Home Phone #** Dale: 9494003323 **Alternate Phone #**

4. Property Information:

109 Broadview Circle Mooresville, NC 28117 **Street Address**

CL:T S15 **Subdivision Name**

Lot 1012 **Section/Phase and Lot Number**

Driving Directions: NA

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(X) Expansion of Existing Septic System
(X) ~~Repair To~~ Failing Septic System due to _____
(X) Other current system is a 3 bedroom system, want to expand to 4 bedroom (for existing bedroom)

Maximum Number of Bedrooms 4
Maximum Number of Occupants 2
If Expansion, Current Number of Bedrooms 3

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(✓) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development: **Type of Business** _____ **Square Footage of Building** _____ **Maximum Number of Employees** _____ Ma

6. Proposed Water Supply:

( ) New Well (X) 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 1993 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other 4A

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

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:

✓ **Property Line measurements are clearly identified…**

✓ **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

_____ **Front and side setbacks from property line…**

_____ **Area you prefer your septic system to be placed…**

_____ **Preferred driveway location and configuration, preferred well location…**

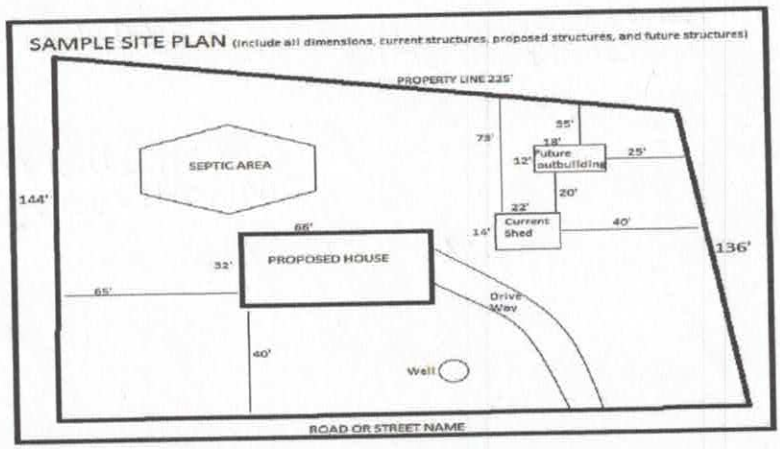
_____ **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

_____ **Location of septic systems and wells within 100' of your property… N/A**

NA **Location of easements and rights of ways on your property… N/A**

NA **Location of any designated wetlands on the property… N/A**



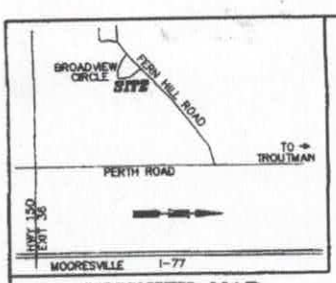
USE THIS SPACE TO DRAW YOUR SITE PLAN

See Attached

Signature: Juliana Leslie

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

DATE



VICINITY MAP
NO SCALE

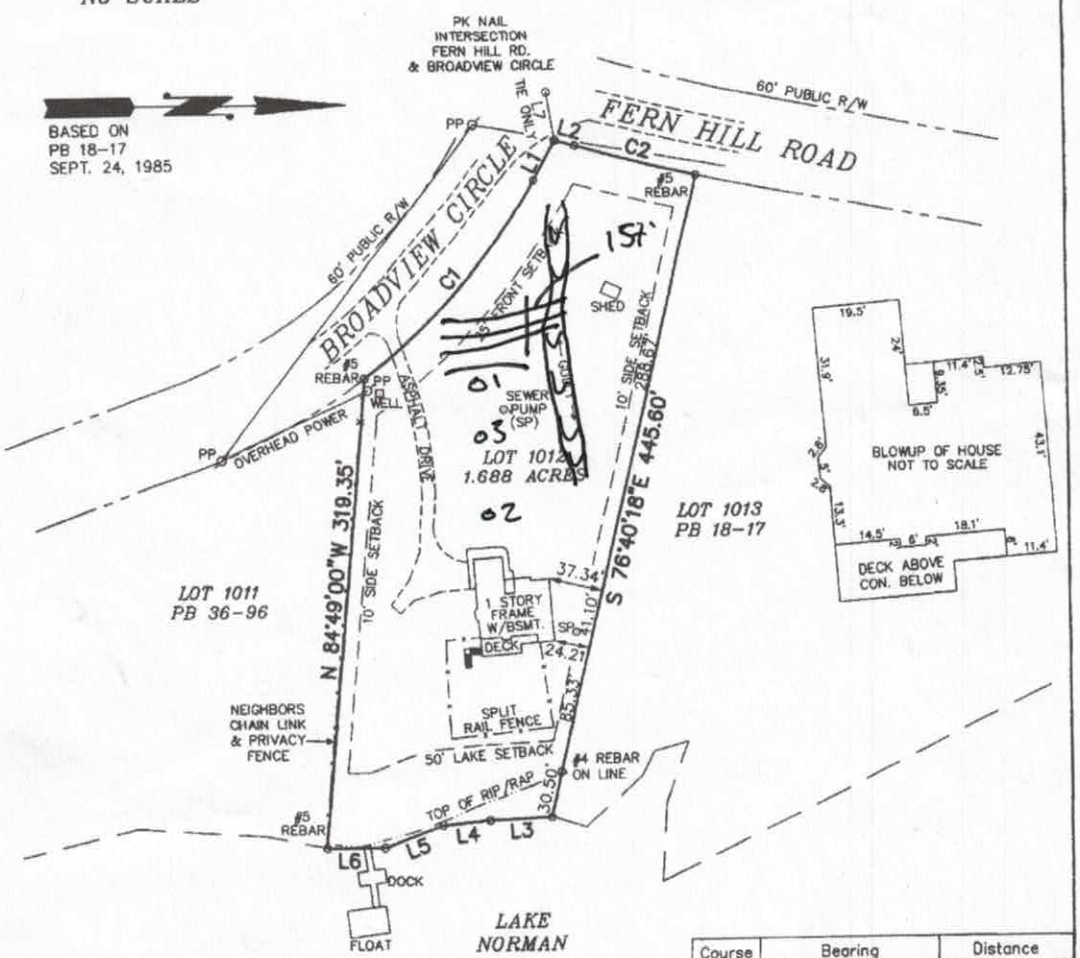
I, RUFUS JACKSON LOVE CERTIFY THAT THIS MAP WAS DRAWN FROM AN ACTUAL SURVEY UNDER MY DIRECT SUPERVISION, THAT THE RATIO OF PRECISION IS 1:10,000+ BEFORE ADJUSTMENTS; AND THAT THE ANGULAR ERROR WAS < 7.5 SECONDS PER TURN.

WITNESS MY HAND AND OFFICIAL SEAL THIS 7th DAY OF AUG, 2013

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

Rufus Jackson Love
PROFESSIONAL LAND SURVEYOR
L-2844

RUFUS JACKSON LOVE L-2844 LAND SURVEYOR



Curve	Radius	Length	Chord	Chord Bear.
C1	429.43'	178.54'	177.26'	N 49°07'35" W
C2	1452.25'	84.80'	84.78'	N 14°23'37" E

Course	Bearing	Distance
L1	N 61°02'00" W	30.46'
L2	N 15°53'00" E	13.95'
L3	S 02°29'33" E	42.01'
L4	S 06°00'00" E	32.07'
L5	S 20°54'00" E	42.43'
L6	S 00°07'06" W	38.91'
L7	N 80°28'14" E	32.31'

BOUNDARY/PHYSICAL SURVEY

FOR DALE R. LESLIE & wf. JULIANA

PROPERTY OF WILLIAM J. DELLINGER Jr.
109 BROADVIEW CIRCLE
LOT 1012 OF CRESCENT LAND & TIMBER CORP.,
REVISION OF SECT. 15, PLAT BOOK 18 PAGE 17
DEED BOOK 2076-1174, PIN 4638-17-1866
DAVIDSON TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
AUGUST 1, 2013

FILE NAME: LESLIE-DALE

100 0 100 200 300

GRAPHIC SCALE - FEET Scale 1" = 100'

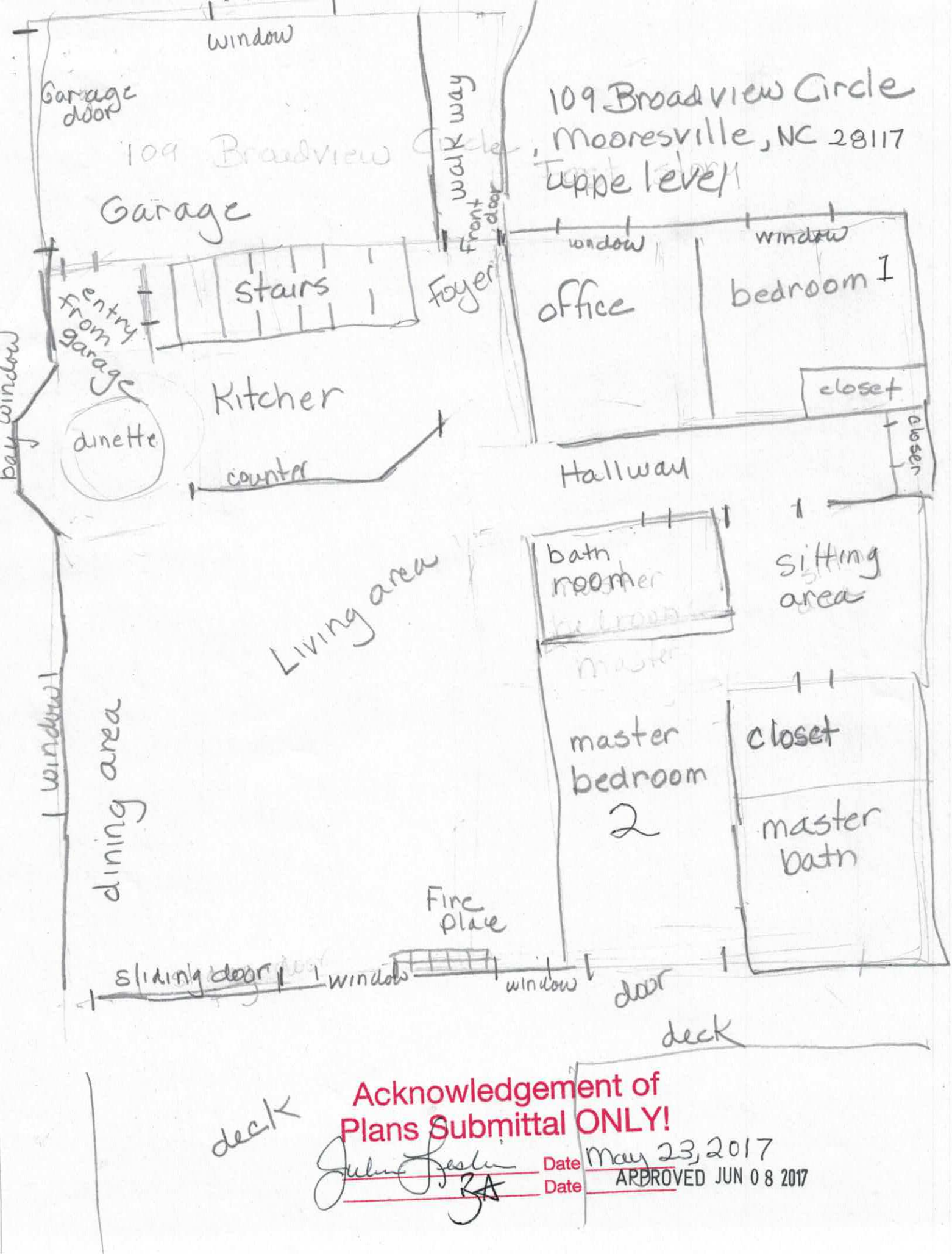
NOTES:

1. THIS PROPERTY IS LOCATED ON LAKE NORMAN.
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. ALL POINTS ARE COMPUTED POINTS UNLESS OTHERWISE NOTED.
6. NO NCGS GRID MONUMENTS WITHIN 2000'.
7. SETBACKS SHOWN TAKEN FROM PB 18-17.

LEGEND:

PROPERTY LINE
TIE LINE
UNSURVEYED LINE
EDGE OF PVMT.
SETBACK LINE
CP COMPUTED POINT
PP POWER POLE
SP SEWER PUMP

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



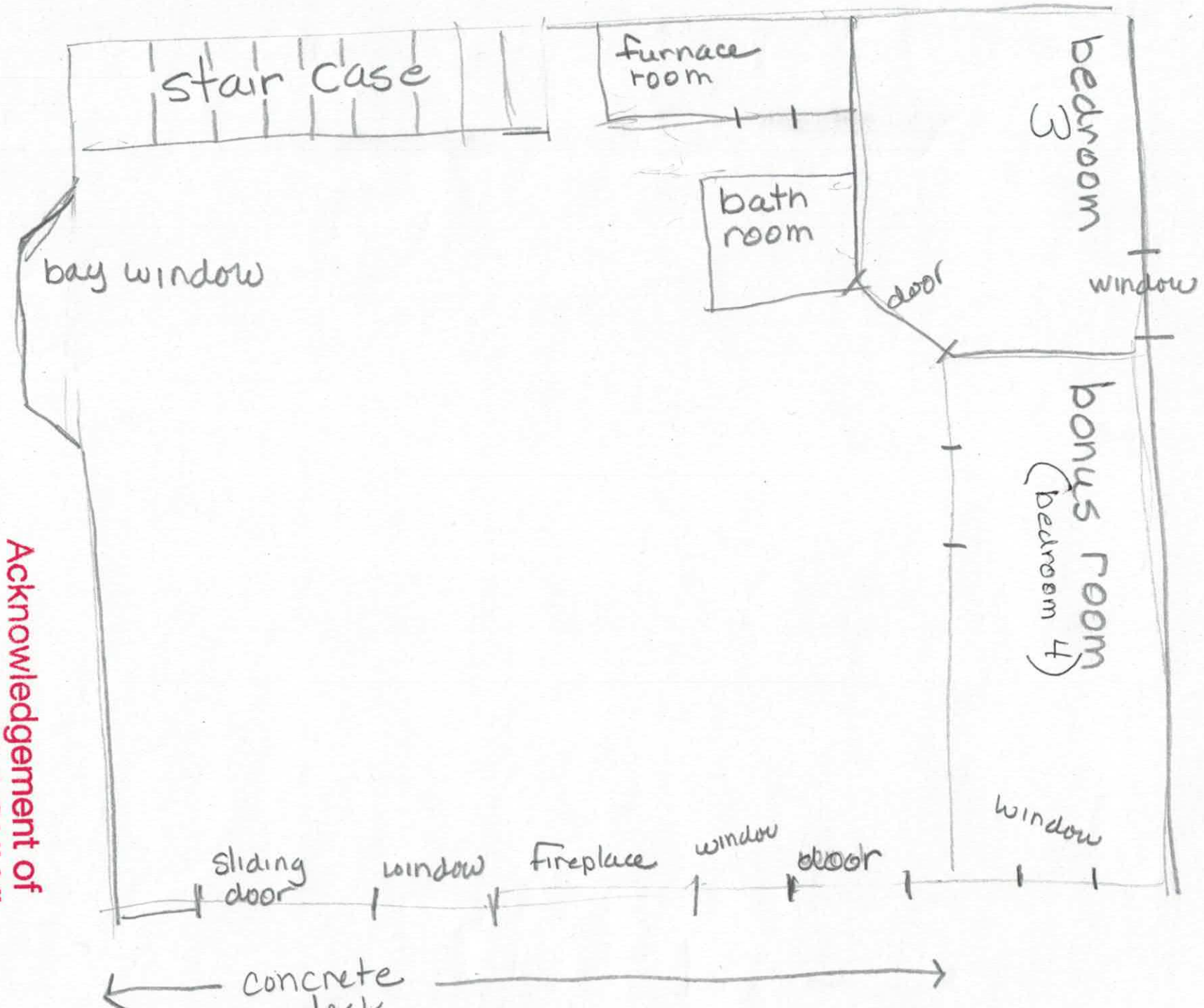
Acknowledgement of Plans Submittal ONLY!

Date May 23, 2017

Date APPROVED JUN 08 2017

109 Broadview Circle, Mooreville 28117

Lower level (basement)



Acknowledgement of Plans Submittal ONLY!

Julie Qualls Date 3 Nov 2017

RA

APPROVED JUN 08 2017

Date