Paid $135.00 2-11-14 BH

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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:

Applicant Name: Steve Leahy Address: 175 Mandarin Dr. Mooresville 28117 Phone: 704-400-2299

Owner Name: Steve Leahy Address: 175 Mandarin Dr. Mooresville Phone: 704-400-2299

Property Information:

Street Address: 175 Mandarin Drive, Mooresville NC 28117

Subdivision Name: Woodland Hills Section/Phase: _____ Lot Number: 13 175

Driving Directions: Brawley School Road, L on Cowpasture, L on Mandarin, in cul de sac

Site Development Information: *(check or complete ALL that apply)*

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) New Well ( ) Existing Well (X) 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: Stephen C. Leahy 2-11-2014

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

IREDELL COUNTY HEALTH DEPARTMENT

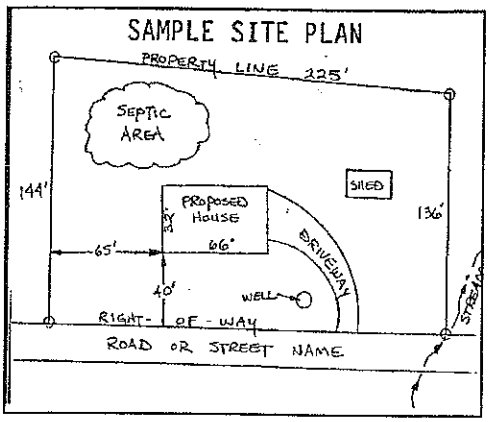
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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

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

See Attached Permit

Signature: Stephen Leahy

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2-11-2014

DATE

Surfacing

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division---Complaint Investigation

☐ Statesville Office ☒ Mooresville Office

Date & Time Received: 1:25 1/13/14

Program Affected: (Circle One)

OSWP / **VECTOR** (PIN# 4646043334) **FLI** (ID# _____) **SMOKING**

COMPLAINANT: Name Karen Margolis Telephone: 704-975-3075 704664-2419

Address: 205 Broadbill Drive City: Mooresville

COMPLAINT: When it rains the back of her property gets a lot of runoff (like a river). On 1/12/14 she observed bubbles (like soap bubbles) in the water and in a couple of places could smell a fowl smell. She feels the odor/bubbles are running off from the Neighbor or from up the hill - not positive where problem is coming from.

SITE ADDRESS

Directions to Complaint Site: Woodland Hills

PROPERTY OWNER: Name _____ Telephone: _____

Address: _____ City: _____

EHS Investigating: L. Pruett Date of Initial Visit: 1-27-14

* Conditions Found / Initial Action Taken: A lot of runnoff is occuring down back property line of 205 Broadbill, I walked up slope of the lot and found a surfacing or believed to be surfacing septic system on 175 Mandarin Dr.

* Additional Visits, Dates & Actions: 2-7-14 Visited 175 Mandarin Dr. Notified home owner of failure, Attempted to problem solve situation, determined that there is a major distribution issue that needs in dept problem solving, ~~Suggested calling~~ He said he was going to call home builder and septic installer to help solve, if not he was going to get another installer.

* Final Disposition / Resolution: 2-10-14 Meet w/ Chris Rosenau (septic installer) determined there to be a major distribution issue, repair permit to be issued and distribution to be reworked Date: 2-10-14

Referral to Another Agency: _____

Complaint Conclusion: (Circle One) (Justified) Not Justified Undetermined

* Use back if needed

Signed: L. Pruett REHS 2-10-14 Date