ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 318458

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

PIN # 4666--66--7235

APPLICANT/OWNER: Bradley Leonard | APPLICANT ADDRESS: 122 Franklin Drive Mooresville, NC 28115

SITE ADDRESS: 122 Franklin Dr Mooresville, NC 28115 | PHONE: 7046141525 | ALT. PHONE

SITE DIRECTIONS: E Center St TR Hwy 3 TR Franklin Dr 2nd house on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Four Oaks | SECTION: Blk2 LOT # 2&3 LOT AREA: .53 Acres | DESIGN FLOW: 360gpd | L.T.A.R.:

Septic Tank	Exist.	(gal)	STB		Date				
Pump Tank		(gal)	PT		Date				
Pump Make		Model			Serial #				
# Nitrification Fields		# Lines	Exist		Linear Ft:				
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth				

☐ New System ☐ Repair ☐ Expansion System Type: (I) II III IV V VI

System Description: Exist Gravity-Conv. (Gravel)

Repair System Description: PPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

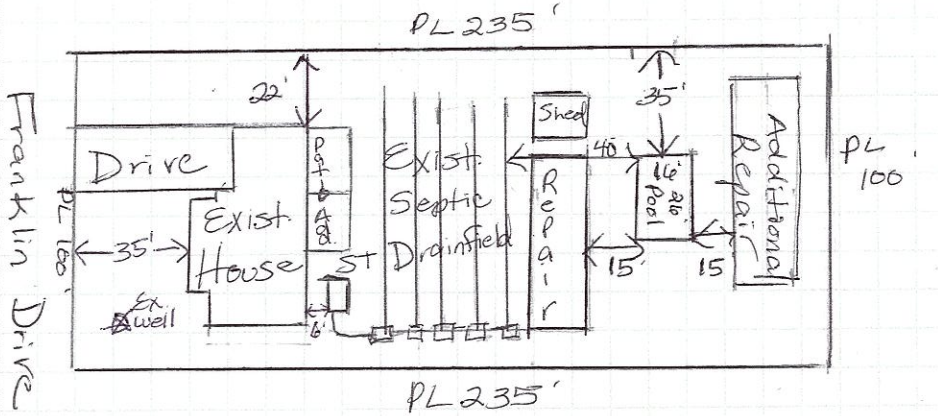
No. Bedrooms 3 | No. Persons 6 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Proposed Pool is 40ft from Existing Septic System.
Existing Septic System appears to be functioning ok at time of inspection.

Pool meets setbacks to Septic.
Must keep pool "Cut" a minimum of 15ft from Septic. No Pool Construction traffic over Septic

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.

Scale 1:60.

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: Bradley J Leonard | Date: 7-12-21 | Installed by: Septic installed 5/15/96 by Tim Ammons

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

AUTHORIZATION TO CONSTRUCT by: | Date: | Existing System Inspected by: Maria Dolson | Date: 7/7/21

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

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 3046 DATE 12/1/94 TAX MAP NO. 1H5-B 2+3 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR Bradley Leonard PHONE: Business _____ Home 663-2588

ADDRESS 114 Franklin Dr. Mooresville, NC. 28115 (H) MF 704-664-7235

LOCATION 136 S. TR on Franklin Dr. to 2ND house on (R)

SUBDIVISION Four Oaks BLOCK / SECTION _____ LOT 2+3 LOT AREA ~23,520 SITE CLASS. P DESIGN FLOW _____ L.T.A.R. _____

Septic Tank: 1000 Gallons; STB 794 Date 1-25-96

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 5 Trench Width 36" Max Trench Bottom Depth 30" Gravel Depth 12"

☑ New System ☐ Repair System Type: I, (II), III, IV, V, VI

System Description: CONV - Drop Boxes

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☑ No

☑ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

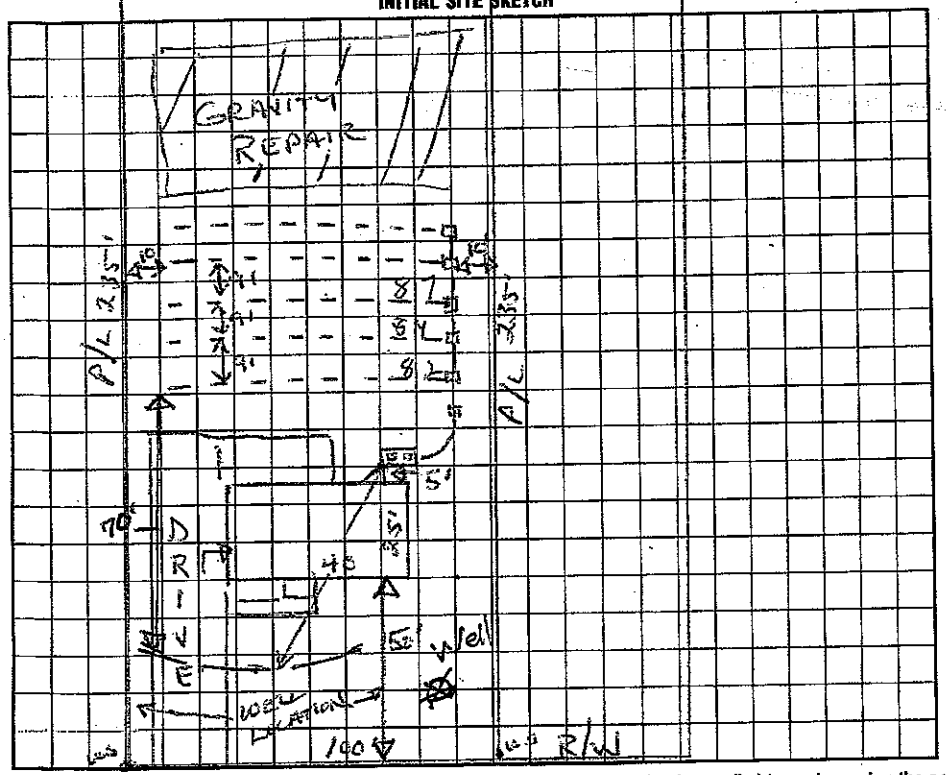
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Community ☐ Public

Comments:

Comments: 3 lines checked 5/14/96
All lines checked

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as Initial site sketch

I understand that this 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. Improvement Permit is valid for 60 months from date of issuance.

Signed: Left in vehicle per request

Improvement Permit by: Wesley Sparks RS date 12/1/94

Existing System Inspection by: _____ date _____

Installed by: Tim Ammons

Certificate of Completion by: _____ date _____

Operation Permit by: C. Bush EHSE date 5/15/96

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD

RECEIVED JUN 10 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-318458 $250.00

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

Applicant Name: Bradley Leonard Address: 122 Franklin Dr Mooresville, NC Zip: 28115
Applicant Email: bleonard66@gmail.com Phone: 704-614-1525 Alt. Phone: _____
Owner Name: Bradley Leonard Address: 122 Franklin Dr. Mooresville, NC Zip: 28115
Owner Email: bleonard66@gmail.com Phone: 704-614-1525 Alt. Phone: _____

Property Information:

Street Address: 122 Franklin Dr. Mooresville, NC 28115
Subdivision Name: Fare Oaks Section/Phase: _____ Lot Number: 2 & 3
Driving Directions: Iredell Ave / Hwy 3 - Right on Franklin Dr., 2nd House on Right.

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: 3
Maximum Number of Occupants: _____
(X) Swimming Pool
(X) Other Addition/Structure: Surrounding Patio (X)

CHECK FOUNDATION TYPE
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1996
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) 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: Bradley J Leonard 6-9-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Proposed Pool 26.3 Ft Length
13.1 Ft. Width

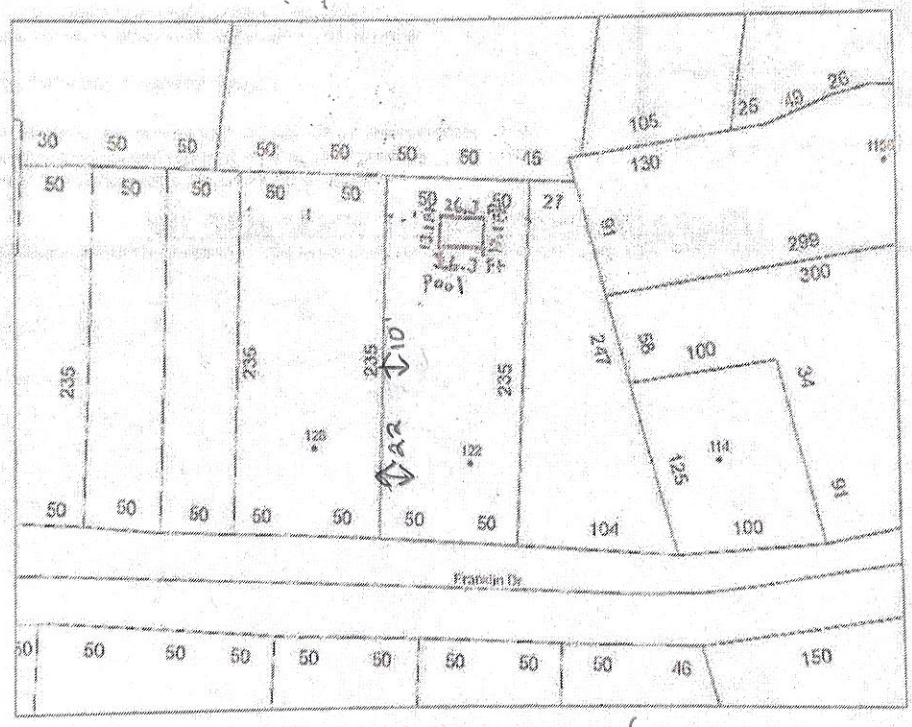
Iredell County

Property Data

Parcel Number: 4666687235.000
Inquiry Date: 6/8/2021

Disclaimer: While every effort is made to keep information provided over the Internet accurate and up-to-date, the County does not certify the authenticity or accuracy of such information. No warranties, express or implied, are provided for the records and/or mapping data herein, or for their use or interpretation by the User.

Property Map



Owner/Property Info

Tax Account Number: 7744963
Old Parcel Number: 0301H050008002
Owner Name: LEONARD BRADLEY J+MERYLE
Mailing Address: 122 FRANKLIN DR MOORESVILLE NC 28115
Property Location: FRANKLIN DR
Lot Number: 2+3
Legal Description: FOUR OAKS BLK2 P85-58

Municipal Information

Township Code: 03
City Code: 00
Neighborhood Code: 03012

Value Information - Current Year Property Record Card (PRC)

Building Value: 128760
Other Building Features: 2110
Land Value: 29390
Tax Assessed Value: 160260
Deferred: 0

Land Information - Register of Deeds Online Search

ST
6' from house
7' from edge of house

Drive Side

67'W
↓
House/22' from SL to house
46' to front

10' to sideline

Shed
20 x 12

Shed
12' to
12' Deep

X11W

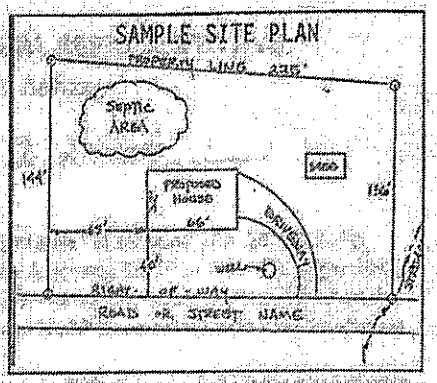
185'
35' to SL
13 Deep

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

Signature: _____ 6-9-21

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — 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*) Bradley J. Howard

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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

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

Bradley J. Howard _____ 6-9-21
Signature of Owner(s) 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