IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office – Central Permitting (704) 878-5305 | Mooresville Office (704) 660-3625

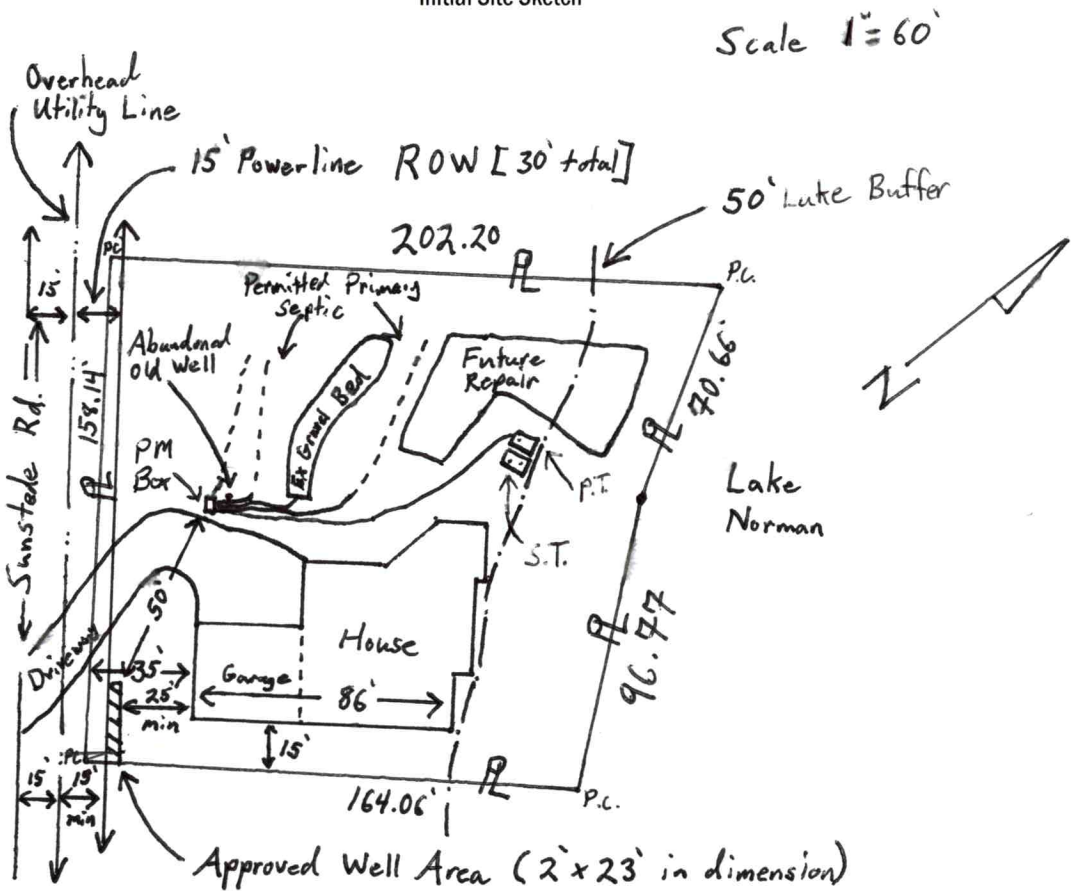
PRIVATE DRINKING WATER WELL PERMIT # 244451 **PIN #** 4614-84-3870 ✓ **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: David Spence ADDRESS: 1662 Brawley School Rd. Mooresville, NC PHONE: 704-402-2119

DIRECTIONS TO SITE: BSR towards Lake → R on Tuskarora → R on Sunstede → House on R

SITE ADDRESS: 148 Sunstede Rd. Mooresville, NC ✓ SUBDIVISION: CL+T ✓ SECTION/LOT: 6/271 ✓

Initial Site Sketch



GROUTING RESULTS

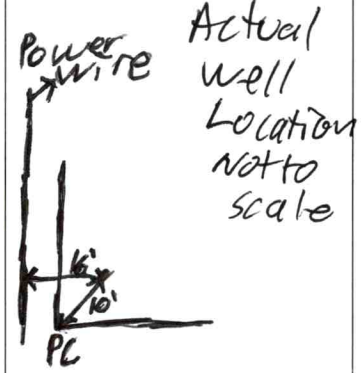
Total Depth 300'

Depth of Casing 85'

Yield 40GPM

Notes:

grout: 20'



Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well rules.

WELL PERMIT ISSUED BY: Tom Shuck DATE: 10/30/19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: McCall Brothers Inc. CONTRACTOR CERT #: 3528A GROUT INSPECTION BY: Patrick Bryson III DATE: 11/6/19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Coy Hill DATE: 1/6/22

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☒ WELL CONTRACTOR ID PLATE ☒ PUMP INSTALLER ID PLATE ☒ SAMPLE PORT ☒

ACCESS PORT / VENT ☒ WELL SEAL ☒ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☒

CERTIFICATE OF COMPLETION BY: Coy Hill DATE: 1/6/22 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ **CALL 704-664-3703 to schedule grout or well head inspections between 8-9am**

IREDELL COUNTY HEALTH DEPARTMENT KN

Statesville Office - (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 244451 **PIN #** 4614-84-3870 **Type of Permit (circle one):** (New) Repair Abandonment

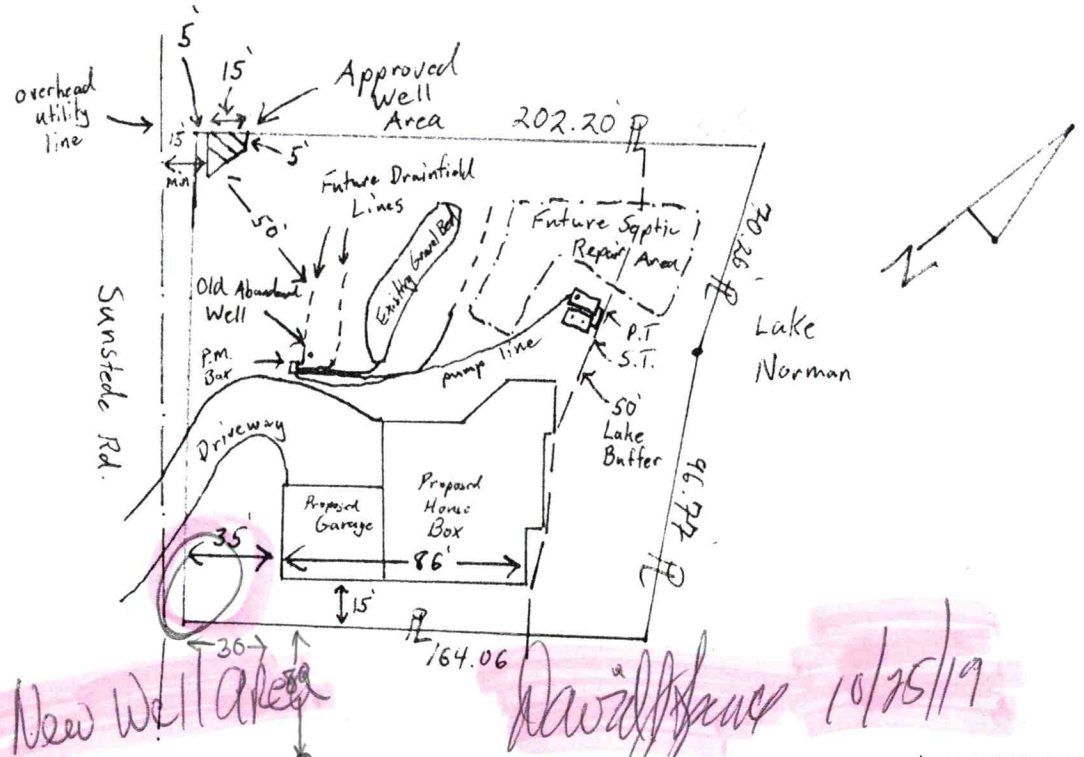
APPLICANT/OWNER NAME: David Spence ADDRESS: 1662 Brawley School Rd. Mooresville, NC PHONE: 704-402-2119

DIRECTIONS TO SITE: BSR towards Lake → R on Tuskaseera → R on Sunstede → House on R

SITE ADDRESS: 148 Sunstede Rd Mooresville, NC SUBDIVISION: CL+T SECTION/LOT: 6/271

Initial Site Sketch

Scale 1" = 60'



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all N.C. well rules/New well's water supply line must maintain a 10' setback from all permitted septic components. Well must be drilled at least 15' from centerline of overhead utility to stay out of easement/ROW.

WELL PERMIT ISSUED BY: Tom Shuck DATE: 9/6/19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

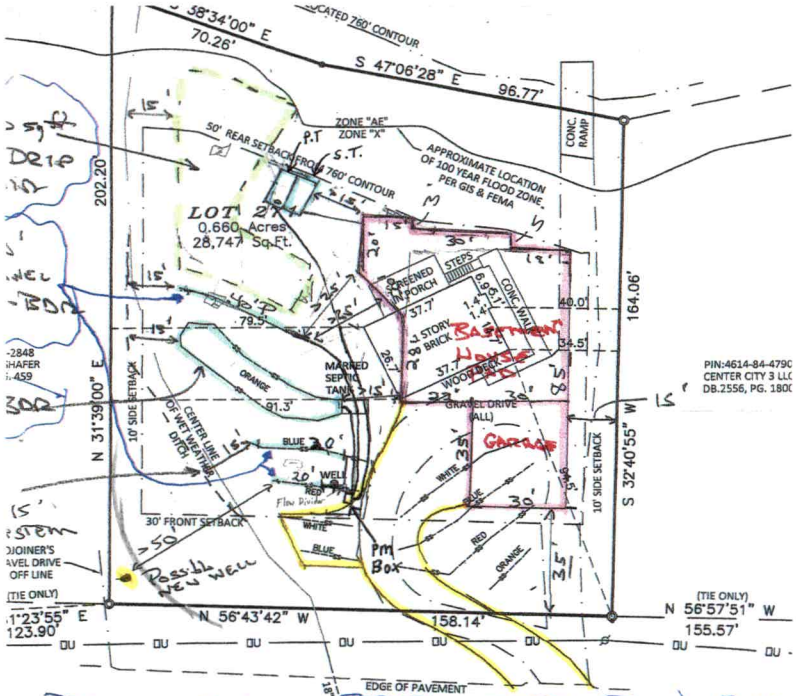
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Res ☐ Plat ☐



DAVE SPENCE SEPTIC SITE PLAN S-4.

* MUST BE APPROVED AND PERMITTED BY ICHD

FOR CLIENT REVIEW 4-3-19

APPROVED JUN 14 2019

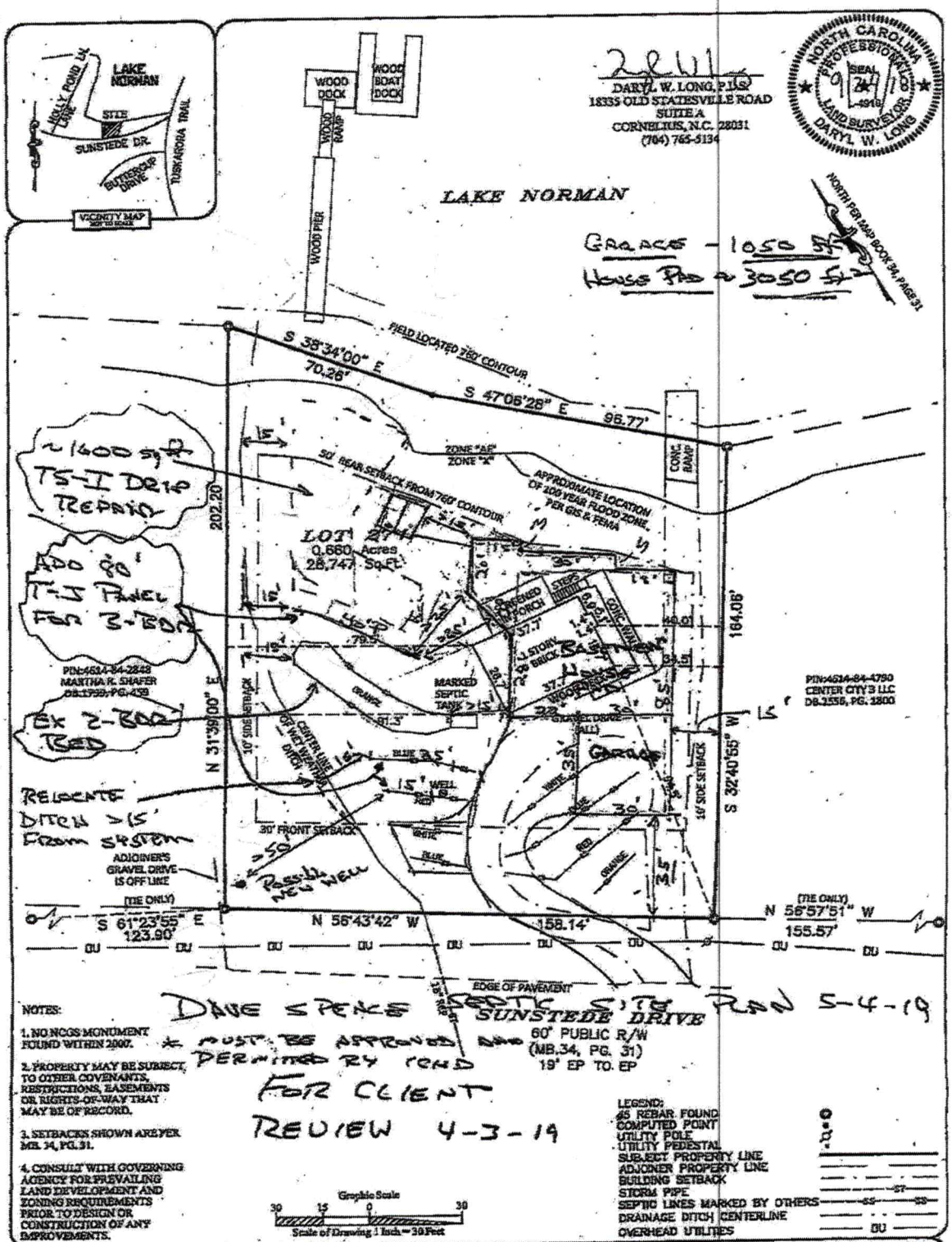
Graphic Scale
30 15 0 30
Scale of Drawing 1 inch = 30 Feet

LEGEND:
- #5 REBAR FOUND
- COMPUTED POINT
- UTILITY POLE
- UTILITY PEDESTAL
- SUBJECT PROPERTY LINE
- ADJOINER PROPERTY LINE
- BUILDING SETBACK
- STORM PIPE
- SEPTIC LINES MARKED BY OTHERS
- DRAINAGE DITCH CENTERLINE
- OVERHEAD UTILITIES

SURVEY OF LOT 271 OF CRESCENT LAND & TIMBER CORPORATION LAKE NORM
RECREATION LOTS, SECTION 6

sional ty yors, Inc. ville Road Ste. A 28031 one/Fax 6	Property of: DAVID J. SPENCE KARYN A. SPENCE	As Recorded in: DB. 4313, PG. 902 MB. 34, PG. 31	Site Address: 148 SUNSTEDE DRIVE MOORESVILLE, NC 281 IREDELL COUNTY

JEC Prepared By	≥ 1:10,000 Error of Closure	1"=30' Drawing Scale	4614-84-3870 Tax Parcel Number	148 SUNSTEDE Drawing File Name	1 of 1 Sheet Number	09/24/201 Date



PHYSICAL SURVEY OF LOT 271 OF CRESCENT LAND & TIMBER CORPORATION LAKE NORMAN RECREATION LOTS, SECTION 6

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-3666	Property of: DAVID J. SPENCE KARYN A. SPENCE	As Recorded in: DB. 4313, PG. 902 MB. 34, PG. 31	Site Address: 148 SUNSTEDE DRIVE MOORESVILLE, NC 28117 IREDELL COUNTY

Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date
091118-02	IEC	≥ 1:10,000	1"=30'	4614-84-3870	148 SUNSTEDE	1 of 1	09/24/2018

Memo ✓ CUT 5:6 #271

Well Construction Record.jpg

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Shane Gossett
Well Contractor Name

3528-A
NC Well Contractor Certification Number

McCall Brothers, Inc.
Company Name

2. Well Construction Permit #: 244451
List all applicable well construction permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Municipal/Public
- ☐ Geothermal (Heating/Cooling Supply)
- ✓ Residential Water Supply (single)
- ☐ Industrial/Commercial
- ☐ Residential Water Supply (shared)
- ☐ Irrigation

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☒ Aquifer Recharge
- ☐ Groundwater Remediation
- ☒ Aquifer Storage and Recovery
- ☐ Salinity Barrier
- ☐ Aquifer Test
- ☐ Stormwater Drainage
- ☐ Experimental Technology
- ☐ Subsidence Control
- ☐ Geothermal (Closed Loop)
- ☐ Tracer
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 11/6/2019

5. Well Location:

David Spence
Facility/Owner Name

Facility ID# (if applicable)

148 sunstede rd Mooresville NC
Physical Address, City, and Zip

iredell
County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35°30'21.4704" N 80°57'15.6888" W

6. Is (are) the well [redacted] ermanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes o[redacted] No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. Number of wells constructed: 1
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 300 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 25 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: air rotary
(i.e. auger, rotary, cable, direct push, etc.)

13. FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 40 **Method of test:** air lift

13b. Disinfection type: hth **Amount:** 20ounces

For Internal Use ONLY:

14. WATER ZONES

FROM	TO	DESCRIPTION
276 ft.	277 ft.	40gpm
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
1 ft.	84 ft.	6 in.	0.25	steel

16. INNER CASING OR TUBING (geothermal closed loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	bentonite chips	pour from surface 800lbs
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
0 ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	25 ft.	red clay
26 ft.	75 ft.	saperlite
76 ft.	100 ft.	granite
101 ft.	300 ft.	granite
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

[signature] 11/12/2019
Signature of Certified Well Contractor Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

24. Submittal Instructions:

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

**Division of Water Quality, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617**

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit a copy of this form within 30 days of completion of well construction to the following:

**Division of Water Quality, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636**

24c. For Water Supply & Geothermal Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

#244451

Call Ben Redinger for site visit 704-996-6330

REDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: David Spence **Address:** 1662 Brawley School Rd, Mooresville **Zip:** 28117
Applicant Email: spencedj@msn.com **Phone:** 704-402-2119 **Alt. Phone:**
Owner Name: SAME AS ABOVE **Address:** **Zip:**
Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 148 Sunstede Rd, Mooresville, NC
Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 271
Driving Directions: BRAWLEY SCHOOL RD, TR TUSKARORA, TR SUNSTEDE, LOT ON RT

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

(X) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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:
(X) 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: 1970s?
(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: _____ 5-4-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

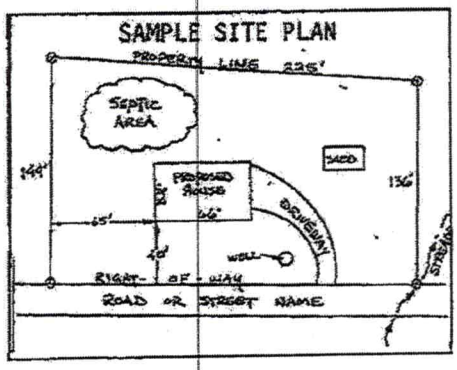
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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 site plan.

Signature: _____

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

5-4-19

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, David Spence, am the legal owner(s) of the property located at 148 Sunstede Road, identified as

PIN (Parcel Identification Number) 4614843870.000, located in Iredell County, North Carolina.

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

David Spence
_____ 5-4-19
Signature of Owner(s) Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Complete all Environmental Health forms:
- ___ Application
- ___ Site Plan with dimensions of proposed structure, addition, pool etc.
- ___ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- ___ Copy of Zoning Permit when applicable
- ___ Sign this sheet after you have completed all items

___ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. If the lot is not cleared sufficiently, then a **$100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

___ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

___ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

___ **If an Authorization to Construct (AC) is desired,** submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ Date 5-4-19

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – (704) 878-5305 x3456 Mooresville Office (704) 660-3625

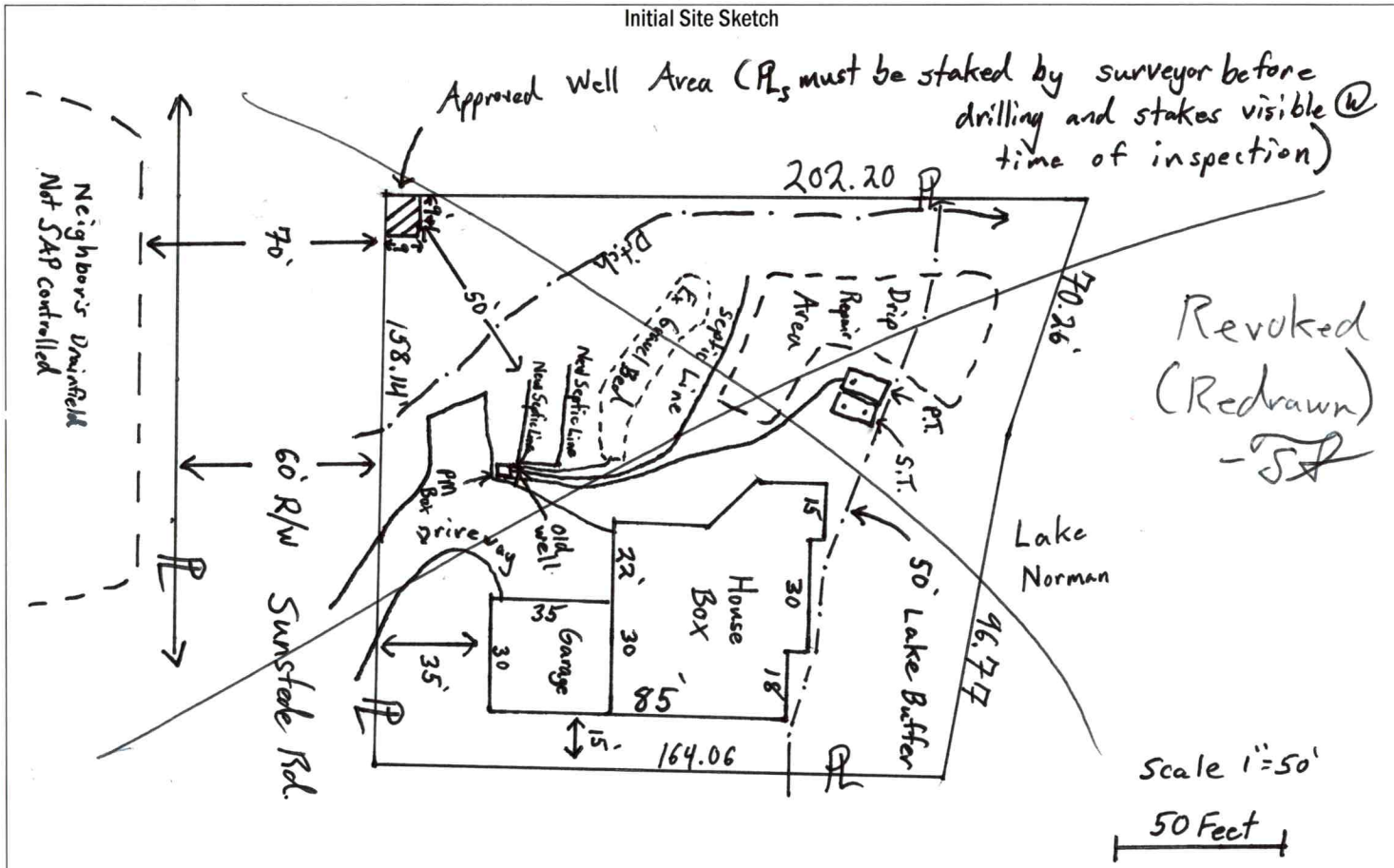
PRIVATE DRINKING WATER WELL PERMIT # 244451 **PIN #** 4614-84-3870 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: David Spence ADDRESS: 1662 Brawley School Rd. Mooresville, NC PHONE: 704-402-2119

DIRECTIONS TO SITE: BSR towards Lake → R on Tuskarora → R on Sunstede → Lot on Right

SITE ADDRESS: 148 Sunstede Rd. Mooresville, NC SUBDIVISION: CL+T SECTION/LOT: 6/271

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all N.C. well rules. Old Well must be abandoned immediately (permit issued 5/24/19) Proposed septic on subject parcel is NOT SAPROLITE CONTROLLED

WELL PERMIT ISSUED BY: Sam Shuck DATE: 6/14/19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Res ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 244451

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

PIN # 4614-84-3870

APPLICANT/OWNER: David Spence | APPLICANT ADDRESS: 1662 Brawley School Rd. Mooresville, NC

SITE ADDRESS: 148 Sunstede Rd. Mooresville, NC | PHONE: 704-402-2119 | ALT. PHONE

SITE DIRECTIONS: BSR towards Lake → R on Tuskarora → R on Sunstede → Lot on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 6 | LOT # 271 | LOT AREA: 0.66 acres | DESIGN FLOW: 360 GPD | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	Date	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	Date	System Description:	Existing Bed + PM PPBPS (50% Reduction)	☐ Business	No. Persons 6
Pump Make		Model	Serial #	Repair System Description:	Partial Drip + TS II	☐ Other	No. Employees
# Nitrification Fields	1	# Lines Existing Bed + 3	Linear Ft Ex + 80	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	40"	Gravel Depth	—	☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: 50' Lake buffer must be staked by surveyor with stakes visible @ time of ST/PT inspection. Existing tank shall be pumped by a licensed sewage hauler and crushed in place. Existing well that is ≈23-24' from existing gravel bed must be abandoned IMMEDIATELY [we'll witness abandonment] permit issued 5/24/19 Relocated ditch 15' from distal end of system as shown on drawing. Recommend a timer control panel be used for system pumping/dosing.

INITIAL SITE SKETCH

See attached drawing from Paul Penninger [plus pumping/dosing page]

Dated 5/4/19

AS BUILT SKETCH

Owner/Applicant Spence

EHS Shuck

Amount Owed $ 700

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: _____ Date: _____ Installed by: _____

IMPROVEMENT PERMIT by: Tom Shuck Date: 6/14/2019 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day ti[me] [inspe]ction is needed. Be sure to speak with an inpsector to confirm your inspection time.

#044101
5-9-19
1. $500/$550/$175

Call Dan Pennington for site visit
704-996-6330

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: David Spence **Address:** 1662 Brawley School Rd, Mooresville **Zip:** 28117

Applicant Email: spencedj@msn.com **Phone:** 704-402-2119 **Alt. Phone:**

Owner Name: SAME AS ABOVE **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

Property Information:

Street Address: 148 Sunstede Rd, Mooresville, NC

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 271

Driving Directions: BRAWLEY SCHOOL RD, TR TUSKARORA, TR SUNSTEDE, LOT ON RT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

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:

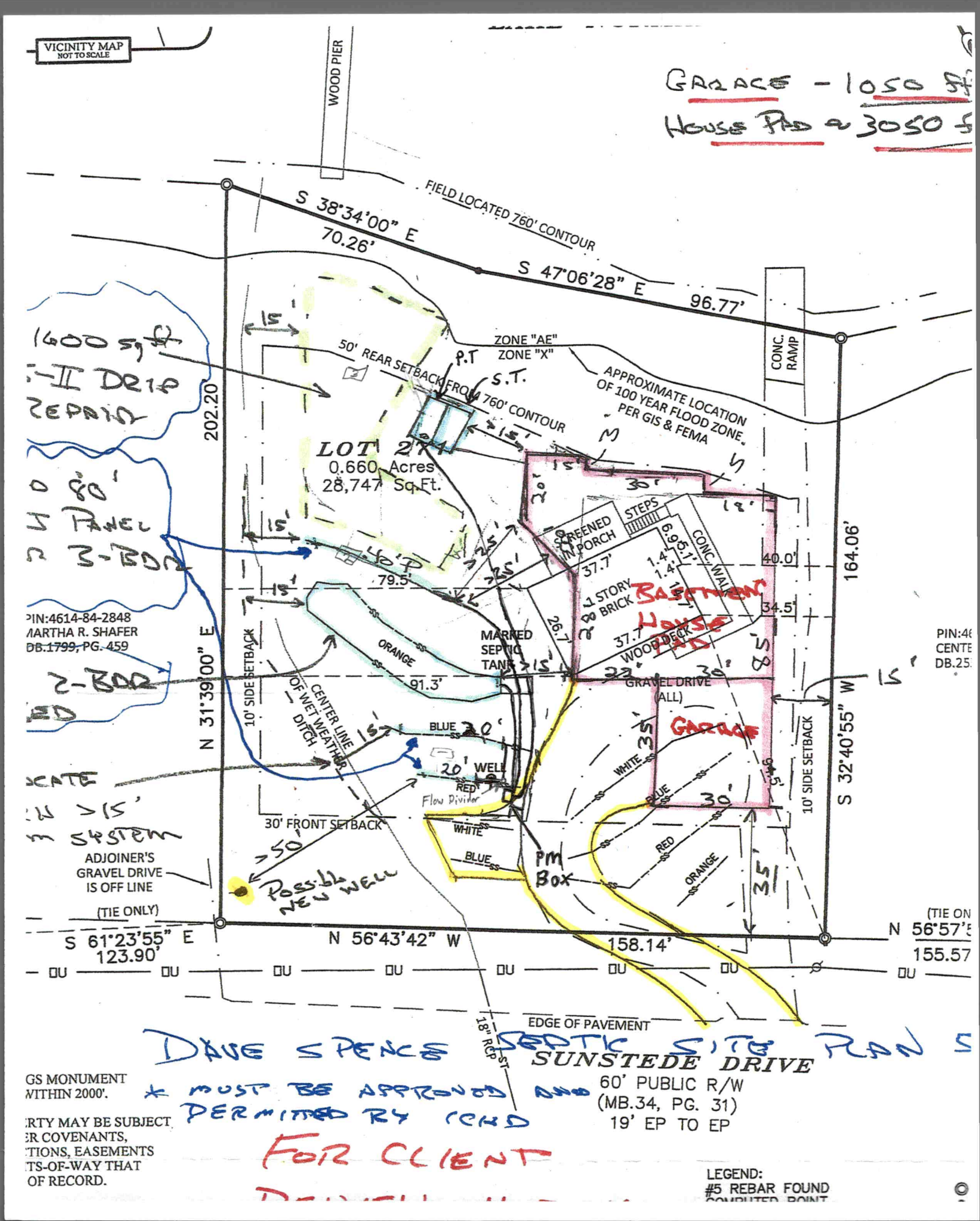
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

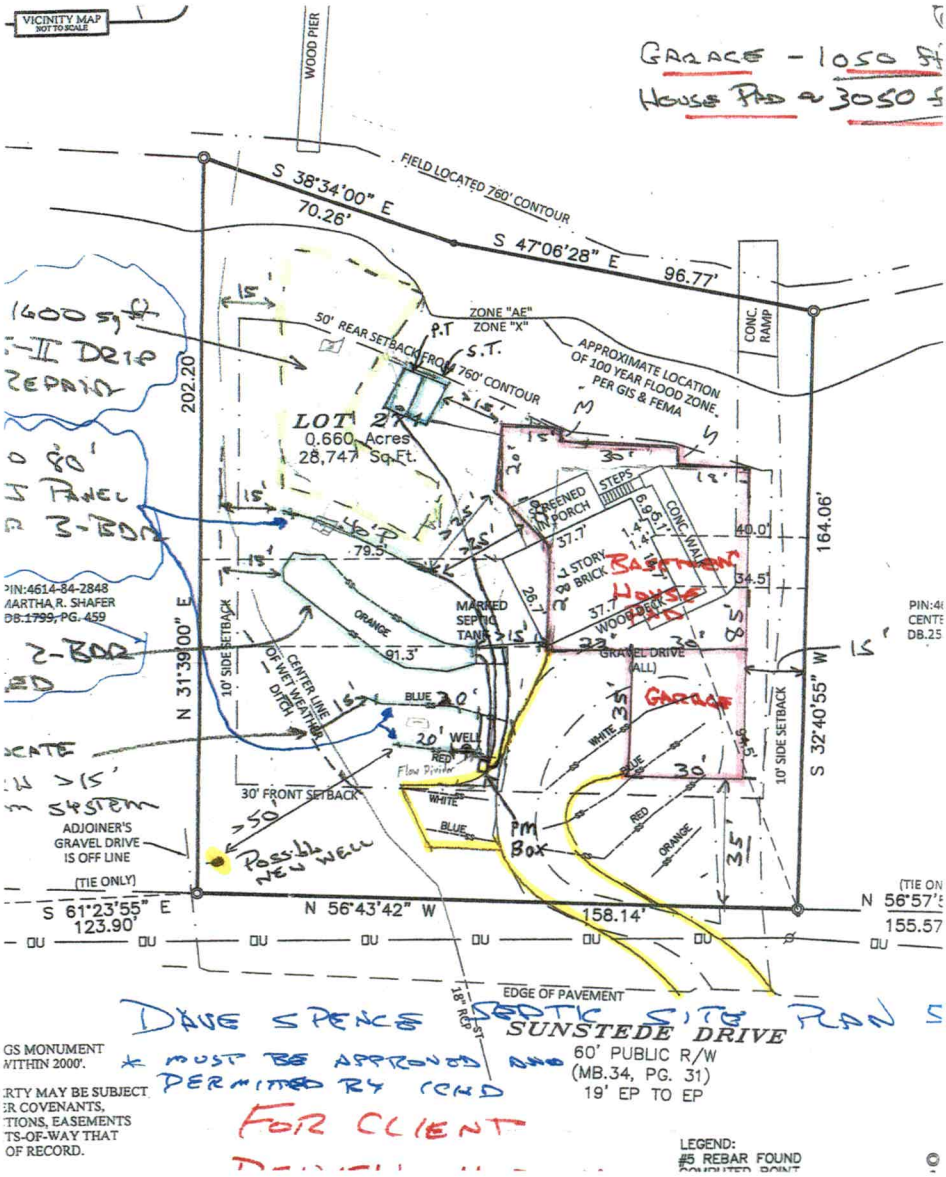
Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1970s?
(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other:

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: _____ 5-4-19
Property owner or owner's legal representative signature ~~(SIGNATURE REQUIRED)~~ DATE


VICINITY MAP
NOT TO SCALE
WOOD PIER
GARAGE - 1050 sq.ft.
HOUSE PAD = 3050 sq.ft.
FIELD LOCATED 760' CONTOUR
S 38°34'00" E
70.26'
S 47°06'28" E
96.77'
CONC. RAMP
ZONE "AE"
ZONE "X"
P.T
S.T.
50' REAR SETBACK FROM 760' CONTOUR
APPROXIMATE LOCATION OF 100 YEAR FLOOD ZONE PER GIS & FEMA
1600 sq.ft
II DRIP
REPAIR
LOT 2R1
0.660 Acres
28,747 Sq.Ft.
202.20
164.06'
15'
20'
30'
18'
STEPS
SCREENED IN PORCH
CONC. WALK
6.9
5.1'
1.4'
1.4'
40.0'
37.7'
1 STORY BRICK
BASEMENT
HOUSE PAD
34.5'
26.7'
28.8'
37.7'
WOOD DECK
40'P
79.5'
25'
25'
MARKED SEPTIC TANK
ORANGE
91.3'
GRAVEL DRIVE (ALL)
GARAGE
35'
5.4'
8.5'
PIN:4614-84-2848
MARTHA R. SHAFER
DB.1799, PG. 459
2-BDR
10' SIDE SETBACK
CENTER LINE OF WET WEATHER DITCH
BLUE
WELL
RED
Flow Divider
WHITE
30' FRONT SETBACK
>50'
>15'
3 SYSTEM
ADJOINER'S GRAVEL DRIVE IS OFF LINE
(TIE ONLY)
Possible NEW WELL
PM Box
S 61°23'55" E
123.90'
N 56°43'42" W
158.14'
S 32°40'55" W
N 31°39'00" E
N 56°57'E
155.57
EDGE OF PAVEMENT
18" RCP
SUNSTEDE DRIVE
60' PUBLIC R/W
(MB.34, PG. 31)
19' EP TO EP
DAVE SPENCE SEPTIC SITE PLAN
* MUST BE APPROVED AND PERMITTED BY LCHD
FOR CLIENT
GS MONUMENT WITHIN 2000'.
RTY MAY BE SUBJECT ER COVENANTS, TIONS, EASEMENTS TS-OF-WAY THAT OF RECORD.
LEGEND:
#5 REBAR FOUND


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NOT TO SCALE
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