# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 2431105

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

PIN # 4624255180

APPLICANT/OWNER: Benjamin Morgan / Josef Stiene | APPLICANT ADDRESS: 3842 Hwy 182 Lincolnton, NC

SITE ADDRESS: 129 Yellow Jacket Circle Mooresville, NC 28117 | PHONE: 704-223-3506 | ALT. PHONE 419-357-9625

SITE DIRECTIONS: Brawley School Rd → R on Yellow Jacket Circle → lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Craftman's Point | SECTION: – | LOT # 4 | LOT AREA: .69ac | DESIGN FLOW: 480gpd | L.T.A.R.: existing

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

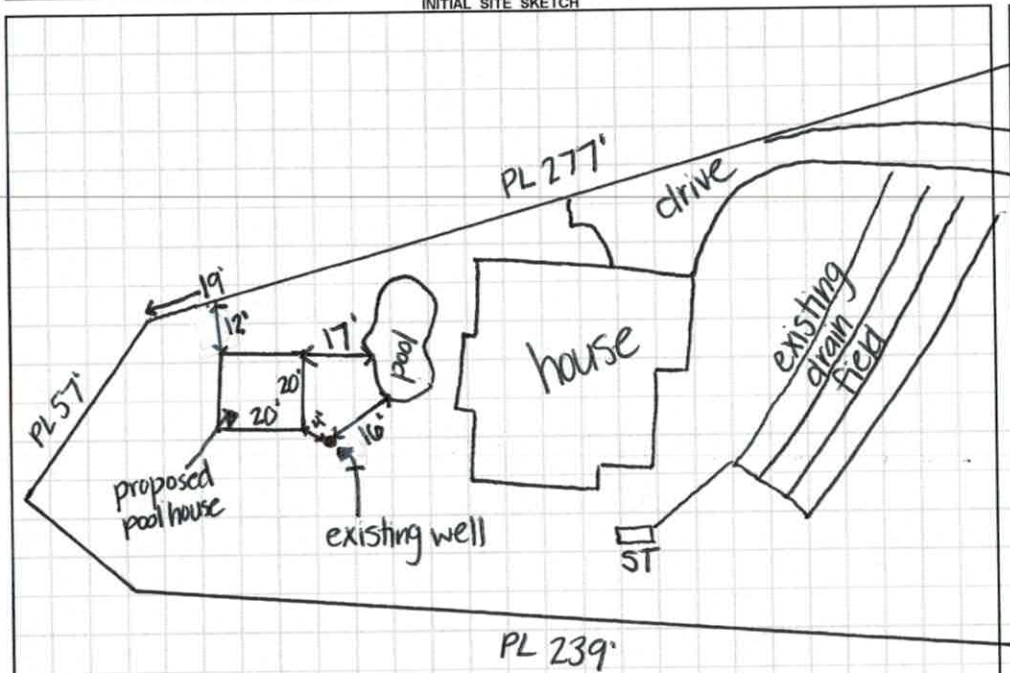
☐ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description:
Repair System Description: EXISTING
Maintenance Agreement Required: ☐ YES ☑ NO
☑ GRAVITY ☐ PRESSURE

☑ Residence No. Bedrooms 4
☐ Business No. Persons 8
☐ Other No. Employees
☑ Slab (addition) ☐ Crawl Space
☐ Basement w/ plumbing ☐ Basement w/o plumbing

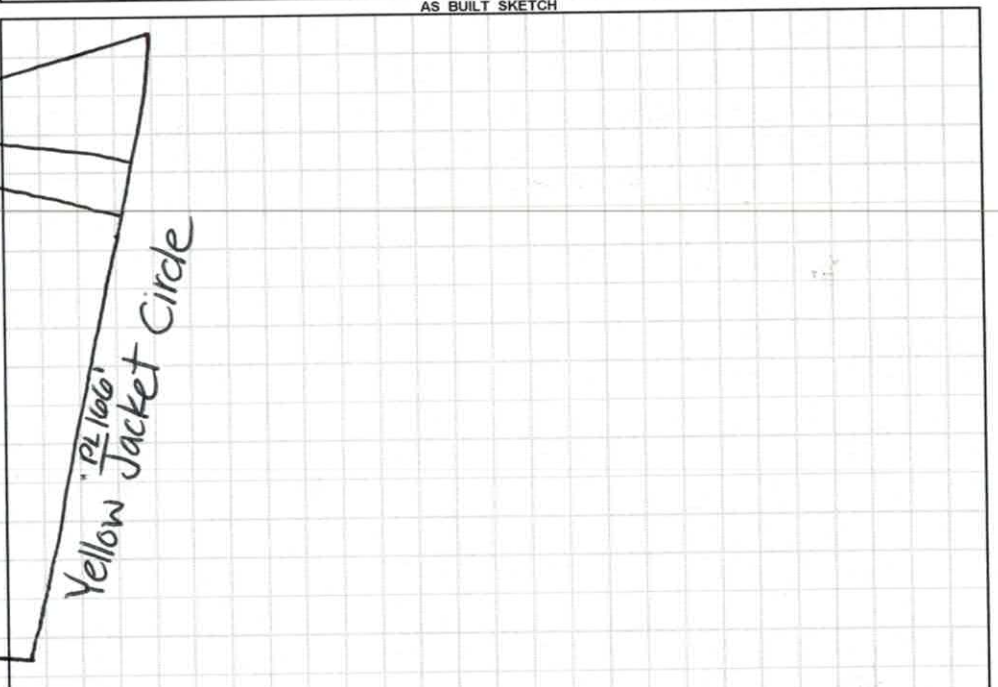
Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Proposed pool house/storage building is less than 25' to existing well. See attached well variance.

INITIAL SITE SKETCH




AS BUILT SKETCH




*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: 4-16-19 | Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: | Existing System Inspected by: [signature] Date: 4-15-19

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

Need variance for well

243165 pd $250

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

**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)

Applicant Name: Benjamin Morgan Address: 3842 HWY 182, Linwood, NC Zip: 28092
Applicant Email: gwardinehomeprod@live.com Phone: 704-223-3506 Alt. Phone: _____
Owner Name: Josef Stiewe Address: 129 Yellow Jacket circle, Mooresville Zip: 28117
Owner Email: Josef.Stiewe@Ally.com Phone: 419-357-9625 Alt. Phone: _____

**Property Information:**

Street Address: 129 Yellow Jacket circle, Mooresville, NC, 28117

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: _____

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

**CHECK FOUNDATION TYPE**

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — (✓) Concrete Slab Foundation
(✓) Accessory Building — ( ) Swimming Pool — ( ) 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: 0
Square Footage of Building: 400 Max. Number of Employees: 0 Max. Number of Seats/Beds/Other: 0

**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: _____
(✓) 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:** _____ 3-13-2019
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)* _____

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.**

X 2. I, JOSEF STIENE am the legal owner(s) of the property located at 129 YELLOW JACKET CIRCLE, MOORESVILLE, identified as

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

I do hereby authorize (**print legal representative/company name**) Ben McEgan GuardianHomeLLC, 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.**

X _____ 3-13-19
Signature of Owner(s) Date

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

**Statesville - Environmental Health**
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DANNY STALEY • Director, Division of Public Health

Onsite Water Protection Branch
April 1, 2019

Josef and Kimberly Stiene
129 Yellow Jacket Circle
Mooresville, NC 28117

**Re: Approval No. JMB1654**
Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
129 Yellow Jacket Circle
Mooresville, NC 28117

Dear Mr. and Mrs. Stiene:

On March 28, 2019 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that serves a single family dwelling. A structure is proposed for the property that will be within twenty-five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty-five foot setback would be difficult given the challenges of the property.

Based upon information provided by you, the Iredell County Health Department, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted**, terminated at least 12" above land surface, properly sealed, having a thread-less sample tap etc.

2) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied to the structure within twenty five feet of the well unless alternative methods are approved by the Iredell County Health Department.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

# VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

## PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

## WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107

*All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.*

## WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108

*Including monitoring and recovery wells.*

***Print clearly or type information. Illegible submittals will be returned as incomplete.***

**DATE:** 3/28, 2019 **PERMIT NO.:** 243165 (to be completed by DWQ/DPH)

**A. WELL OWNER** – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

JOSEF & KIMBERLY STIENE

Mailing Address: 129 Yellow Jacket Circle

City: Mooresville State: NC Zip Code: 28117 County: IREDELL

Day Tele No.: 704-501-0882 Cell No.: 419-351-9625

EMAIL Address: JOSEF.STIENE@ALLY.COM Fax No.:

**B. PHYSICAL LOCATION OF WELL SITE**

(1) Parcel Identification Number (PIN) of well site: 4624255180

County: Iredell

(2) Physical Address (if different than mailing address):

City: State: NC Zip Code:

**C. WELL DRILLER INFORMATION** (if known)

Well Drilling Contractor's Name: N/A

NC Well Drilling Contractor Certification No.:

Company Name: Contact Person:

City: State: Zip Code: County:

Day Tele No.: Cell No.:

EMAIL Address: Fax No.:

**D. REASON FOR VARIANCE REQUEST** – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

I AM ATEMPTING TO BUILD A POOL HOUSE IN MY BACKYARD. CURRENT SETBACK OF 25FT DOES NOT ALLOW ME TO DO SO. WE WOULD LIKE TO REQUEST A SETBACK OF 10FT or POSSIBLY LESS IF FEASIBLE

**E. ATTACHMENTS** – Provide the following information as attachments to this application:

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

**F. OTHER MINIMUM CONSTRUCTION REQUIREMENTS**

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

**G. SIGNATURES**

**Signature of Person Responsible for Well Construction (typically the well driller)**

**Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)**

**Signature of County Environmental Health Specialist**

**Print or Type Full Name of County Environmental Health Specialist**

*Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.*

North Carolina
**Department of Health and Human Services**
**Division of Public Health**

***Please submit this form along with a Well Variance Application for an existing private water supply well.***

## Existing Well Variance Inspection Report

**Well Site Location:** Subdivision: Craftmans Point lot 4
*(Town, community, subdivision and Lot #)*

Address: 129 Yellow Jacket Circle County: Iredell

City/ST/Zip: Mooresville, NC 28117 Date of SiteVisit: 3-28-19

### Well Construction

**Date of Well Construction:** 11-29-2004

If unknown, was it drilled before **1972**? YES or NO

If unknown, was it drilled before **7/1/2008**? YES or NO

What type of well is it:

(Drilled) Bored Hand Dug Jetted Other

Does the well have a cement slab? YES or (NO)

Does the well appear to be grouted? (YES) or NO

### Well Head Completion

Is the well head 12" above land surface? (YES) or NO

If no, what is the height of the casing: _____ inches

Is there a sanitary well seal? (YES) or NO

Is the sanitary well seal in good repair? (YES) or NO

Are the following items present at the well head?

Vent no Sample Tap yes (not threadless though)

Well Tag yes Pump Tag yes

### Potential Sources of Contamination?

Does the well currently meet separation requirements with known sources of contamination? YES or (NO)

If no, please provide distances to those it does meet: existing pool: 16'
proposed storage building: 11'

**Other comments:**

***Complete below.***

Name of person completing this form (please print): Kayla Wilson

# Analytical Results

STATESVILLE ANALYTICAL

## Josef Stiene

129 Yellow Jacket Circle
Mooresville, NC 28117

**Receive Date:** 04/08/2019

**Reported:** 04/12/2019

**For:** 129 Yellow Jacket Circle

**Comments:** Acceptable limits for drinking water are:

Total Coliform = Absent, E.Coli = Absent, Lead <0.015 mg/L,
Nitrate <10.0 mg/L, Nitrite <1.0 mg/L

| Sample Number | Parameter | Sample ID | Result | Unit | Method | Analyzed | Analyst |
|---|---|---|---|---|---|---|---|
| 190408-12-01 | E. Coli | Well | Absent | | 9223B | 04/08/2019 | WC |
| 190408-12-01 | Lead | Well | <0.0025 | mg/L | SM3113B-2004 | 04/12/2019 | MD |
| 190408-12-01 | Nitrate | Well | 2.4 | mg/L | 353.2 | 04/09/2019 | CL |
| 190408-12-01 | Nitrite | Well | <0.1 | mg/L | 353.2 | 04/09/2019 | CL |
| 190408-12-01 | Total Coliforms | Well | Absent | | 9223B | 04/08/2019 | WC |

Respectfully submitted,

Dena Myers

Dena Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

# IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-[illegible] $130 Pd Tax 3095750 MOORESVILLE 704-664-5281

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 110630 PIN# 4624-25-~~6466~~ 5180 DATE 2/7/03

OWNER OR CONTRACTOR Kenneth Bealer Homes PHONE: Business 704-662-6400 Home

ADDRESS PO Box 3398 Mooresville NC 28117

LOCATION Brawley Sch, TR Yellow Jacket, on Lt

SUBDIVISION Craftsmen Pt BLOCK / SECTION LOT 4 LOT AREA 30,068 Ft² SITE CLASS Ps DESIGN FLOW 480 L.T.A.R. 0.3

Septic Tank: 1000 Gallons: STB 312 Date 12-31-01
Pump Tank: Gallons: PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity 25% Reduction
Repair System Description: ~~Same~~ Panel B/K
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2.5 No. Employees

Water Supply: ☒ Individual ☐ Public ☐ Community

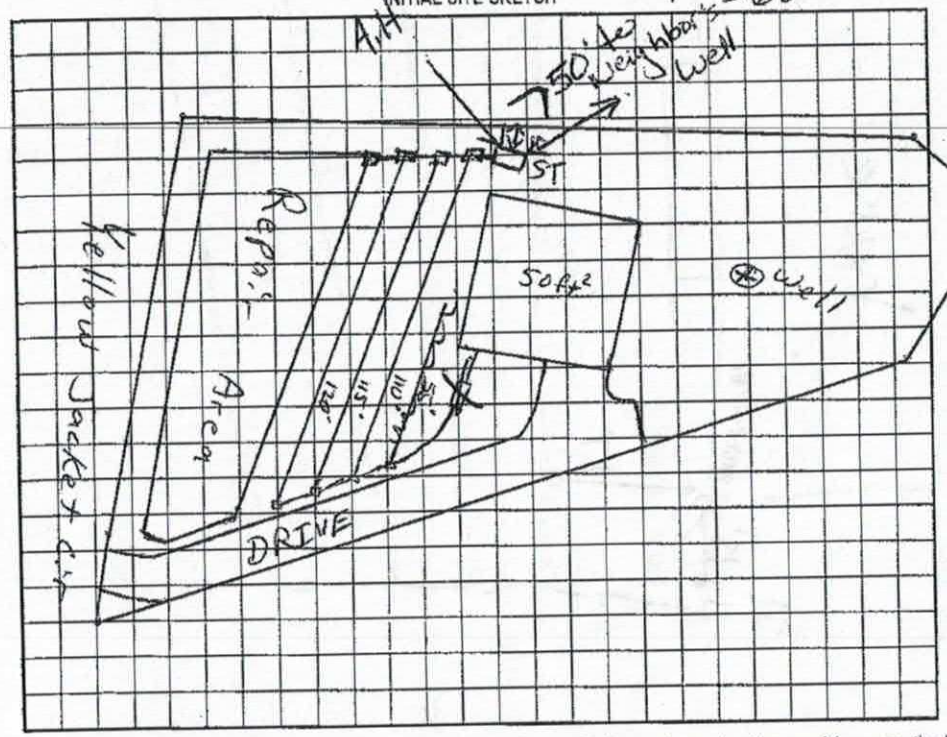
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

OK Change 3-10-05

Comments:/Conditions: Installed EZ Flow in 4-100' lines

INITIAL SITE SKETCH 1"=60'




AS BUILT SKETCH

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 with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: [signature] date 2/11/3

Improvement Permit by: [signature] RS date 2/7/03

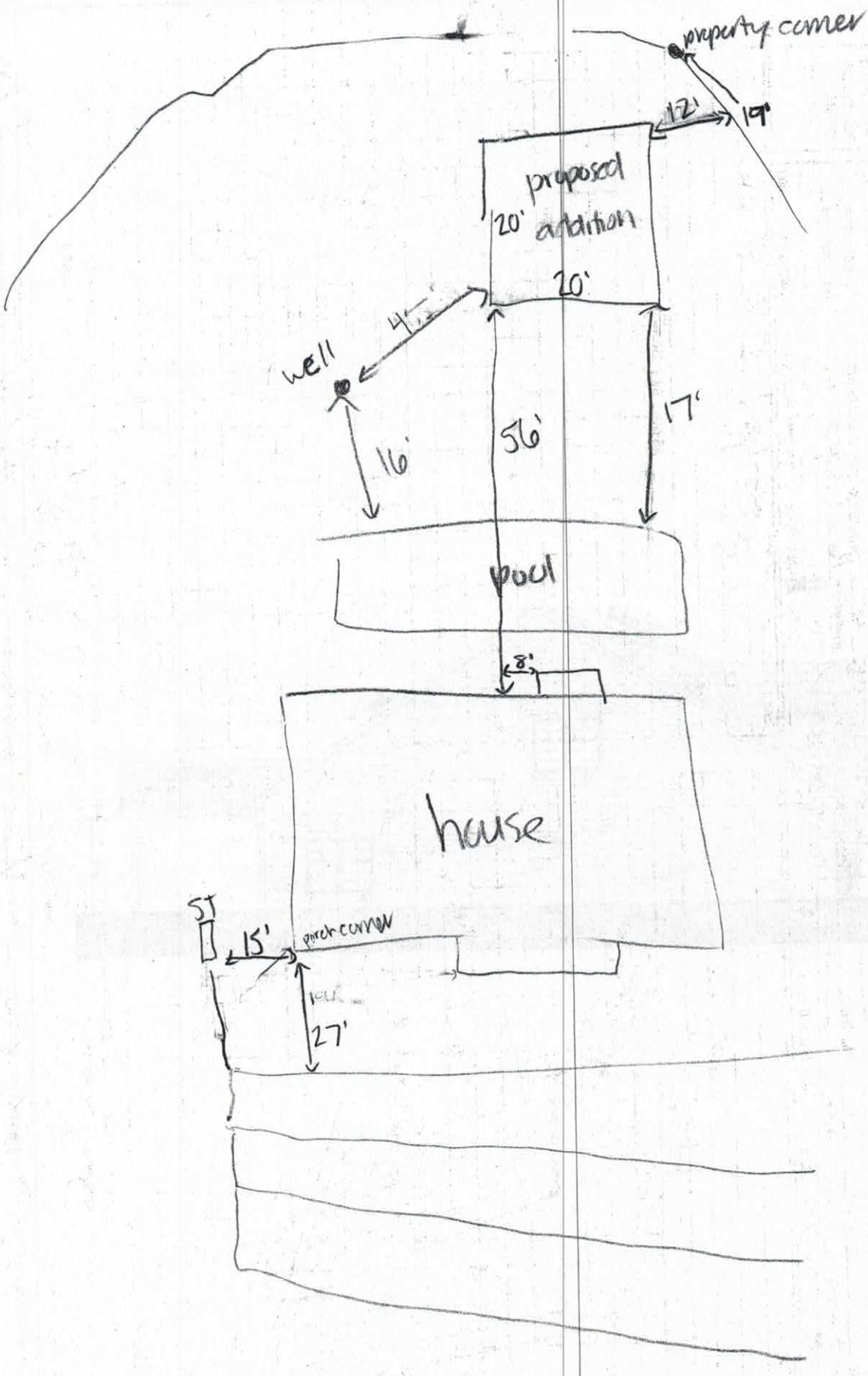
Authorization to Construct by: [signature] RS date 2/11/03

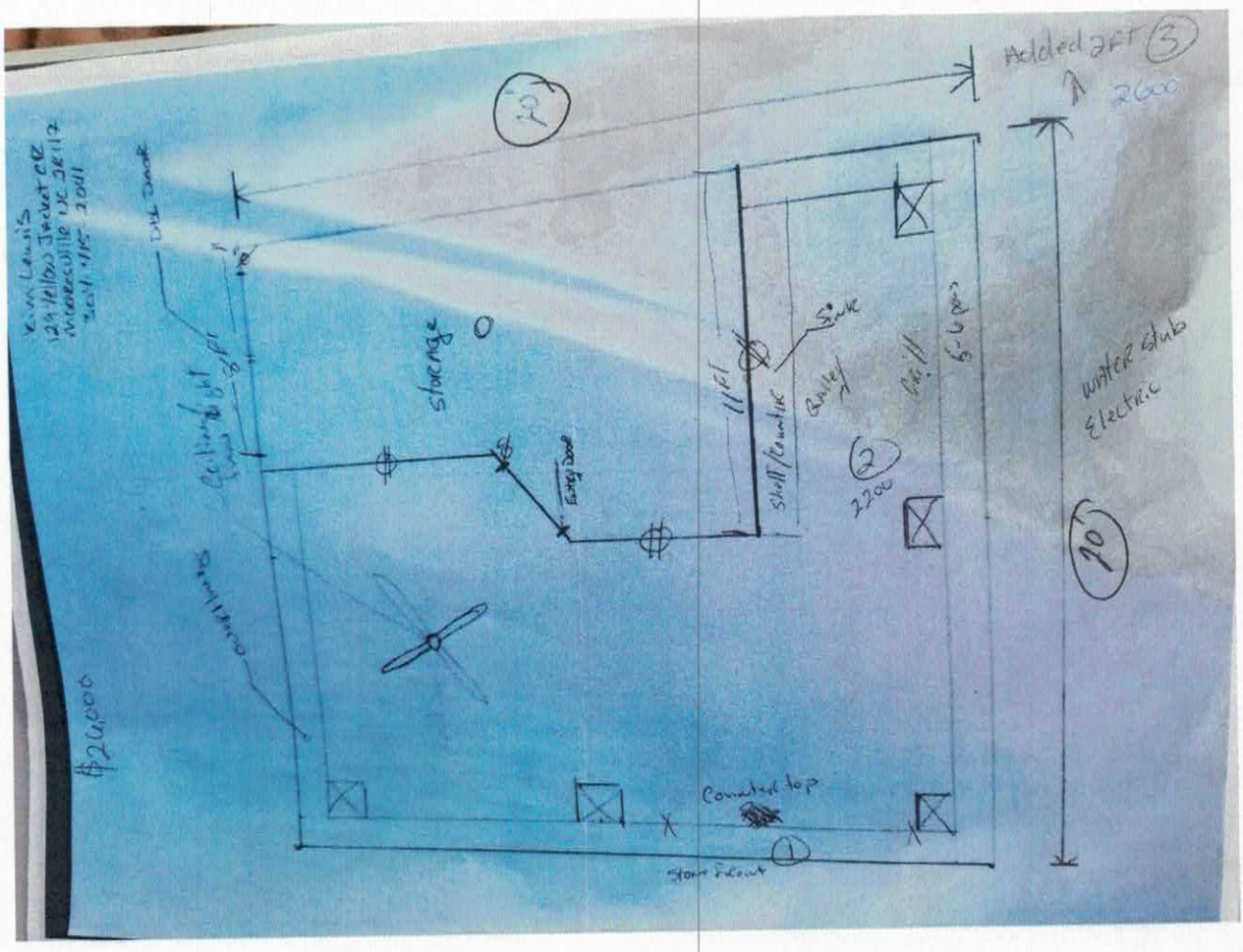
Installed by: R & H RS

Operation Permit by: Maria H. Dobson date 2/10/05

Existing System Inspection by: date

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


property corner
12'
19'
proposed addition
20'
20'
well
4'
16'
56'
17'
pool
8'
house
ST
15'
porch corner
27'




Acknowledgement Of
Plans Submittal ONLY!

Kayla Wilson Date 4-11-12

Date 4-16-19

# IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
| --- |
| 243165 |
| Issue Date: 03/25/2019 |

**ZONING PERMIT**

| Parcel Number | Street Address | Jurisdiction |
| --- | --- | --- |
| 4624255180.000 | 129 YELLOW JACKET CIRCLE, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
| --- | --- |
| Owner: MIKESH JOHN+JENNIFER | Applicant: GUARDIAN HOMEPRO LLC |
| Address: 129 YELLOW JACKET CIR | Address: 3842 HWY 182 |
| MOORESVILLE, NC 28117 | LINCOLNTON, NC 28092 |
| Phone: | Phone: 704-223-3506 |

| Use Requested | Zone Code |
| --- | --- |
| 8X10 STORAGE BLDG W/ ROOFED PATIO AREA | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
| --- | --- | --- | --- | --- | --- | --- |
| .690 | | 10.00 | 10.00 | 10.00 | CACL | X |

**Remarks:**

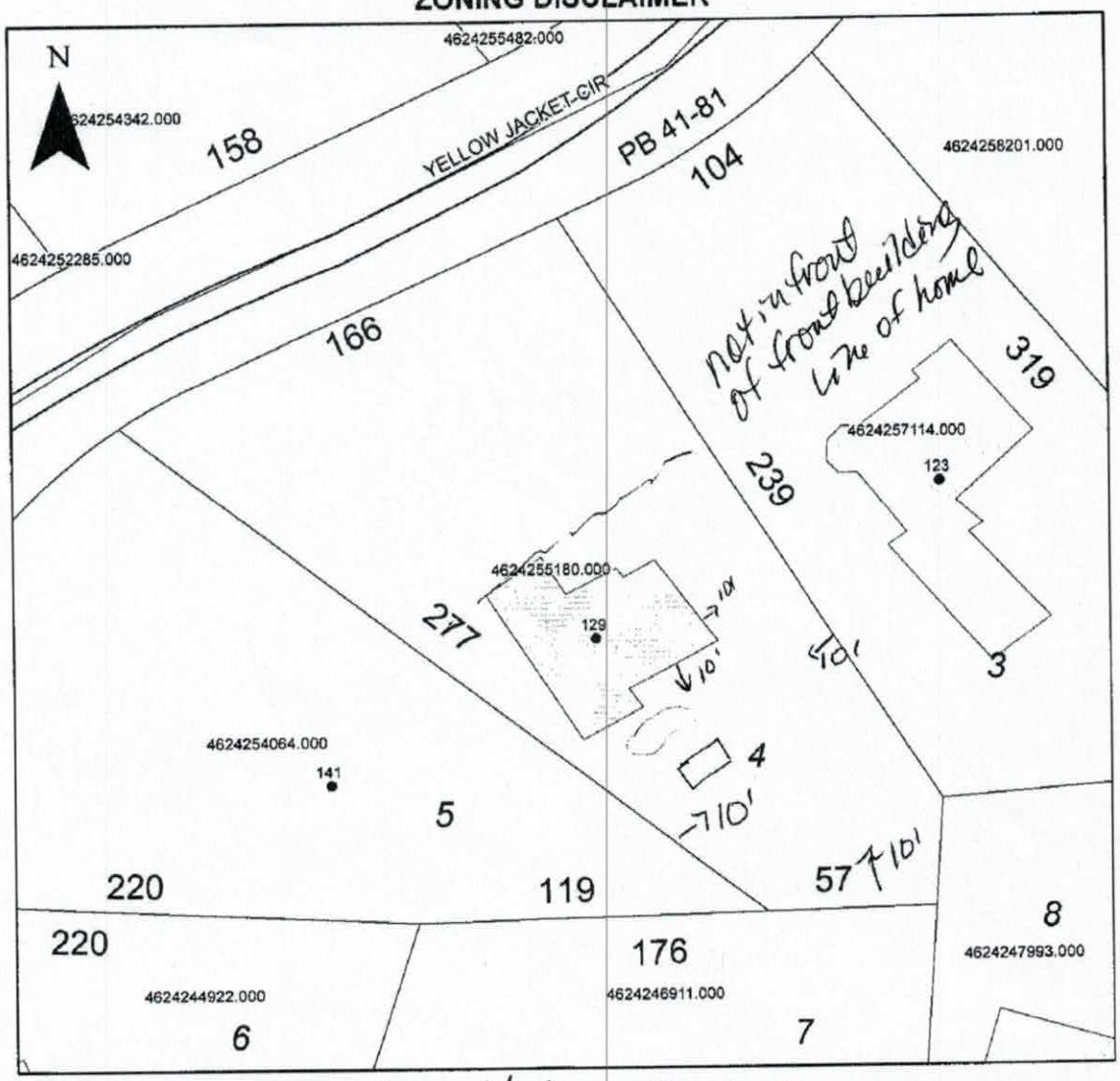
Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall not be erected within the 50 Æ buffer zone of lake lots. Shall not exceed the height limitation of the principal structure. Exceptions to the front building line location: 1.If the lot is 1 acre or greater and the location of the structure is at least 150 Æfrom the frontage street right of way line then the structure can be located in front of home or 2.Is a double frontage lake lot. Any accessory building or structure over 2000 sq/ft shall be setback a minimum of 30 Æ from any property line. Metal carports not exceeding 400 sq/ft are allowed in the front yard provided they meet the front setback requirement of the principal structure.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

| Permit Number | 171619 | TOTAL FEES: | $ 77.25 |
| --- | --- | --- | --- |

## ZONING DISCLAIMER




Property Address 129 Yellow Jacket

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. Applicant further acknowledges that the enforcement of deed restrictions, plat conditions, and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant

3-25-19
Date