IREDELL COUNTY HEALTH DEPARTMENT

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

PERMIT # 21972

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

PIN # 4624359327

APPLICANT: Reg Carroll / Phil Hurst

APPLICANT ADDRESS: P.O. Box 4297 Mooresville, NC 28117

SITE ADDRESS: 251 Gainswood Mooresville, NC 28117

PHONE: 704 400-1235 ALT. PHONE: 704 658-1404

SITE DIRECTIONS: Brawley School Rd TL Gainswood on left (Lake side)

SUBDIVISION: C L & T

SECTION: 6 LOT # 495 LOT AREA: .75Ac.

DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	1012	Date	2-13-18	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	17	Date	2-26-18	System Description:		LP - Panel Block	
Pump Make	Gowds	Model	WE05J2H	Serial #	D184799	Repair System Description:		Panel Block / TS II Panel Blk	
# Nitrification Fields	1	# Lines	5	Linear Ft:	275	Maintenance Agreement Required:	[X] YES	[ ] NO	
Trench Width	min 24"	Max. Trench Bottom Depth	34"	Gravel Depth	N/A		[ ] GRAVITY	[X] PRESSURE	

[X] Residence [ ] Business [ ] Other [ ] Slab [ ] Basement w/ plumbing

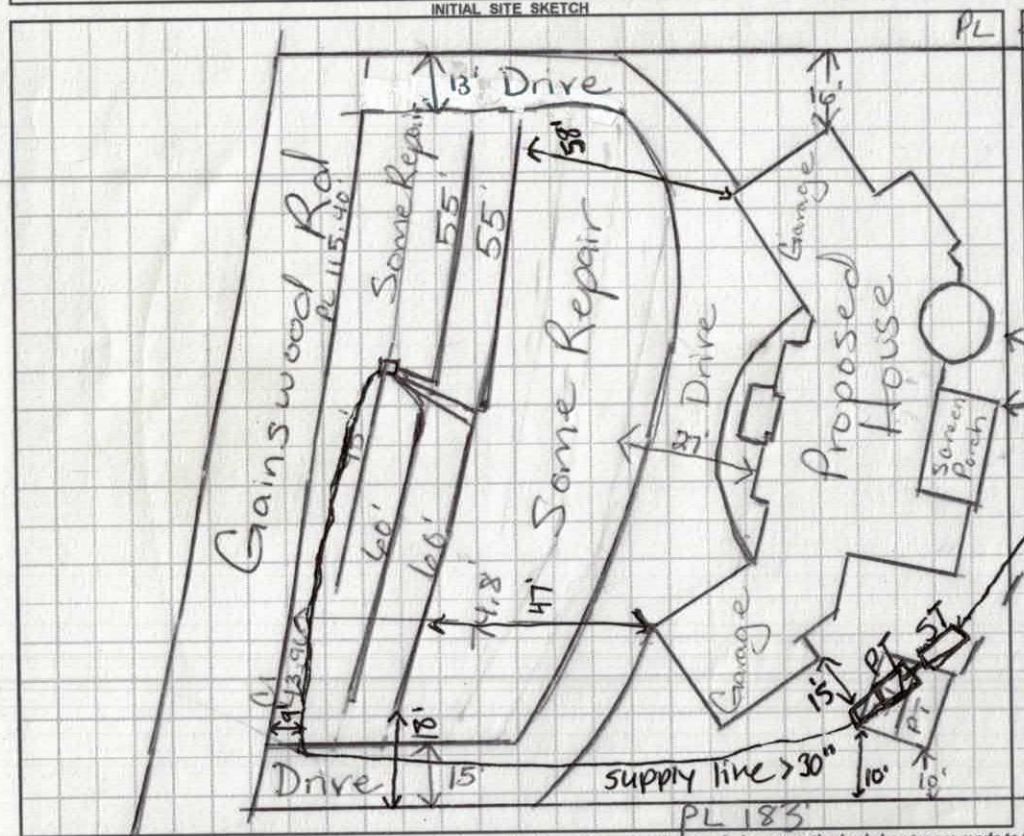
No. Bedrooms 4 No. Persons 8 No. Employees [X] Crawl Space

[ ] Basement w/o plumbing

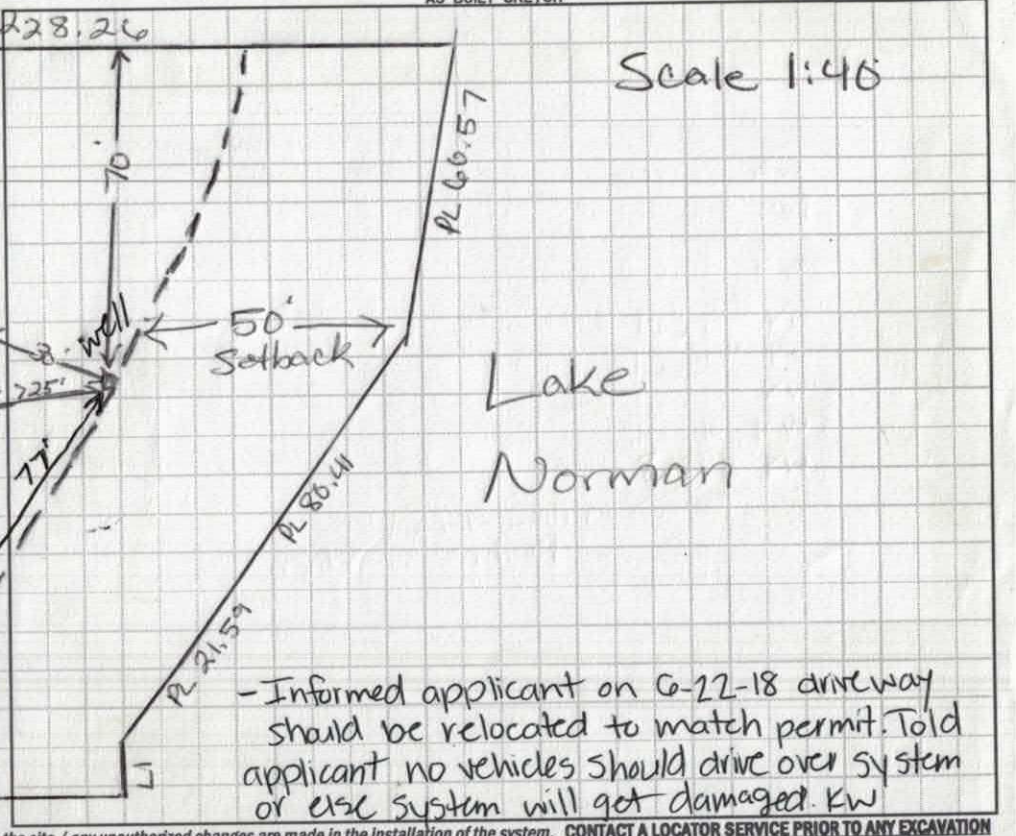
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH



-Informed applicant on 6-22-18 driveway should be relocated to match permit. Told applicant no vehicles should drive over system or else system will get damaged. KW

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.

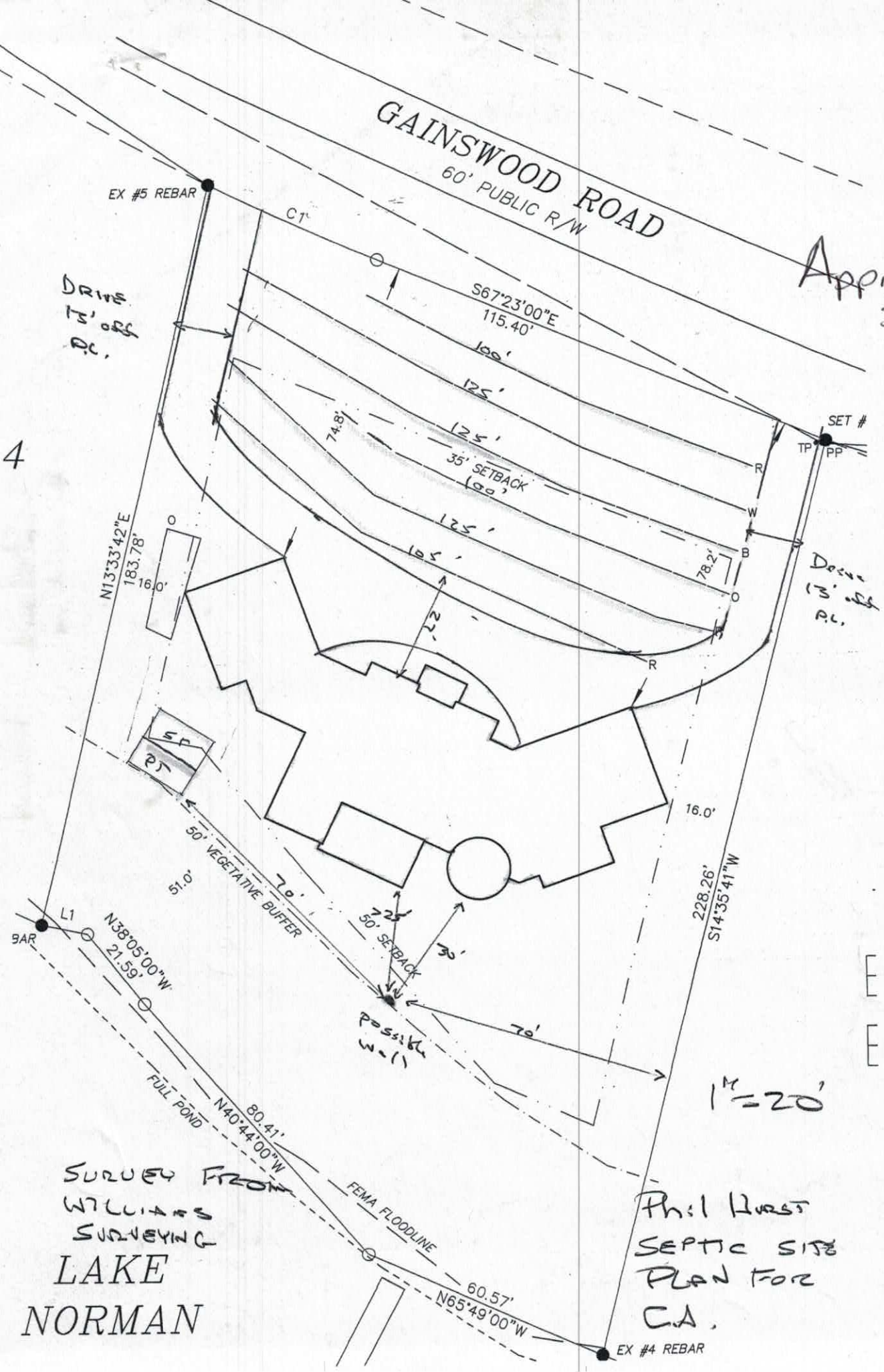
Owner / Applicant Signature: [signature] Date: 3-14-17 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Maria Dolson Date: 3/14/17 OPERATION PERMIT by: [signature] Date: 8-23-18

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 3/14/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

	Date	Initials
Drain Lines Checked	6-22-18	KW
Tanks Checked	6-20-18	KW
Pressure Manifold or Valve Box Checked	6-22-18	KW
Pressure Head Set	7-23-18	KW
Electrical Checked	7-23-18	KW
Floats Set	7-23-18	KW
Alarm Checked	7-23-18	KW
Maintenance Contract (Y) / N	8-23-18	KW
Comments: *7-23-18: Still needs maintenance contract		


GAINSWOOD ROAD
60' PUBLIC R/W
EX #5 REBAR
C1
S67°23'00"E
115.40'
100'
125'
125'
74.8'
35' SETBACK
100'
125'
125'
SET #
TP
PP
R
W
B
O
78.2'
N13°33'42"E
183.78'
16.0'
22'
R
SP
PT
16.0'
50' VEGETATIVE BUFFER
70'
51.0'
25'
50' SETBACK
30'
70'
228.26'
S14°35'41"W
L1
N38°05'00"W
21.59'
FULL POND
N40°44'00"W
80.41'
FEMA FLOODLINE
60.57'
N65°49'00"W
EX #4 REBAR
Approved
3/13/17
Drive
Dock
1" = 20'
SURVEY FROM
WILLIAMS
SURVEYING
LAKE
NORMAN
Phil Hurst
SEPTIC SITE
PLAN FOR
C.A.

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

July 16, 2015

Mr. Phillip Hurst
4246 Sigmon Cove Lane
Terrell, North Carolina 28682

Reference: **Technical Assistance with Fast Track Septic Permitting**
251 Gainswood Road
CL&T Section 6 Lot 495
Iredell County, North Carolina
Project No. 15-109

Dear Mr. Hurst:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new 4-bedroom septic Improvement Permit from the Iredell County Health Department (ICHD) for the referenced lot. The technical assistance was performed in general accordance with our written proposal dated June 22, 2015.

The waterfront lot located at 251 Gainswood Road has an existing 3-bedroom house and a well. A repair permit was issued by the ICHD on October 22, 2014 to install a new gravity T&J Panel system between the house and the lake. The permit indicates the existing bed system was failing. The T&J Panel system has not been installed. The lot owner, Mr. Richard Poucher, indicated that the well head is located below the ground surface directly in front of the locked enclosure at the front of the house. The well pressure tank is located inside the locked enclosure at the front of the house. The lot owner stated on July 15, 2015 that he had talked to the adjoining lot owner to the west and that his well was located inside the shed located in the front yard. The lot owner lives in the adjoining house to the east and his well is near the center of the lot near the street. These adjoining wells are more than 50-ft to the proposed septic system for 251 Gainswood.

We understand that you have the lot under contract and intend to build your personal home on the lot. You do not intend to construct a pool, but we understand you want a proposed future pool area for a possible future sale of the home.

Mr. Paul Penninger visited the lot on June 26, 2015 to flag the proposed T&J Panel system and repair area and to place four hand auger borings in the proposed septic area as shown on the attached site plan. Your surveyor located the proposed flagged system, the existing house, staked the lake buffer, and staked the property lines. The lot was recorded in 1976 and is grandfathered to use a 5-foot property line setback for the

proposed septic system. You and your builder reviewed the proposed house pad on July 15, 2015.

The existing well must be abandoned before the ICHD can issue a Construction Authorization. A permit is required by the ICHD to abandon the well. We recommend that you obtain the well abandonment permit and the permit to construct the new well prior to closing. You should verify with the ICHD that your proposed house pad meets all the required setback as you develop the house pad and floor plan.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you with the Fast Track site evaluation. The attached plan is not intended to be a Professional Engineer plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist

Attachments:

1. ICHD Improvement Permit Application
2. Site Plan and System Specifications
3. Existing ICHD Permit and Record Plat

C:\Users\Paul G. Penninger\Documents\2015 Projects\15-109 Phillip Hurst\251 Gainswood\15-109 Phillip Hurst - 251 Gainswood Fast Track Summary Letter.doc

APPROVED JUL 22 2015

Phillip Hurst - 251 Gainswood Fast Track System Proposal (Pg 1 of 2)

July 16, 2015

Number of Bedrooms	4
Basement or Crawl	**crawl space/slab garage**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS - T&J Panel Block**
No. Lines	5 (1 at 45 ft, 2 at 55 ft, 2 at 60 ft)
Total Linear Feet	275 shown (267 ft required)
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 155' of 2 " SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	32 gpm
Elevation head	approx. 14'
Pressure head	3.0'
Friction head	approx. 5'
20% Contingency	4.4'
Total Head	26.4'
Pump Requirements	32 gpm @ 25' of head (To be verified by installer and ICHD after final tank placement)
Maximum Dosing Volume	230 gallons max*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	yes
Siphon Break hole	no
Repair System	****TS-II Pretreatment T&J Panel**
Total Linear Feet	285 ft shown (267 ft required)
Repair LTAR (gpd/sqft)	0.3

**TS-II Pretreatment Required to allow 15 ft setback to possible downslope crawls space foundation drain.

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

APPROVED JUL 22 2015

RA

Phillip Hurst - 251 Gainswood Fast Track System Proposal (Pg 2 of 2)

July 16, 2015

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	red	LPPPBPS	45	3.9	10	10	1 per panel	5/32"
2	System	white	LPPPBPS	55	4.2	13	13	1 per panel	5/32"
3	System	white	LPPPBPS	60	4.2	14	14	1 per panel	5/32"
4	System	blue	LPPPBPS	55	4.6	13	13	1 per panel	5/32"
5	System	blue	LPPPBPS	60	4.6	14	14	1 per panel	5/32"
						Total: 64	Total:64 (1 in each panel turned up)		
				Total System: 275'					

Tank		1000 gal (2 compartment)	
Pump Tank		1000 gal.	9.7
House	(FL)		6.0

Note: **Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.**
^System is to be installed according to any other ICHD or T&J Panel requirements or policies.
^These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design.
^On similar systems the ICHD has requested the central valve box be located on the upper drainfield line.

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

APPROVED JUL 22 2015
BA

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

OWNER: Phillip Hurst
ADDRESS: 251 Gainswood
PROPOSED FACILITY: 4 Bd
PROPOSED DESIGN FLOW (.1949): 440
LOCATION OF SITE:
APPLICATION DATE 7-16-15
DATE EVALUATED: 8-26-15
PROPERTY SIZE: .755 ac
PROPERTY RECORDED: '76

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~5%	0-6 6-30 30-48	wsbk (sl msbk (c msbk (cl	fr ss (ss fr ss/ss fr ss/so	wbr s rd rd	fc 48"	—	—	PS .3
2	L ~5%	0-9 9-29 29-48	wsbk sd msbk c msbk c-cl	fr ss/sp fr s/p fr ss/sp	wbr rd rd	f stk ind 48"	—	—	PS .2
3	L ~5%	0-5 5-22 22-30 30-48	gravel - in Dr msbk c msbk c vcsbk cl	fr s/p fr ss/sp fr ss/sp fr ss/sp	rd wbr/mod 3" comp. rd mod	f stk c stk ind 48"	slightly stk ind	—	A .3
4	L ~5%	0-9 9-25 25-48	wsbk sl cl msbk c m-vcsbk c	fr ss/sp fr s/p fr ss/sp	rd wbr rd rd (mod)	f-c stk ind 48"	—	—	PS .3

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PGD
OTHER(S) PRESENT: must be opened by LHD

COMMENTS:

Updated February 2014

***for* ON-SITE WASTEWATER SYSTEM**

OWNER: Richard Poucher
ADDRESS: 245 Gainswood
PROPOSED FACILITY:
LOCATION OF SITE: 251 Gainswood Cir Tb Lot 495
APPLICANT:
APPLICATION DATE:
PROPOSED DESIGN FLOW (.1949):
DATE EVALUATED: 7/18/14
PROPERTY SIZE:
PROPERTY RECORDED:

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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5%	0-48"	Rd to Rd/Brn	C/CL m-wSBK	SS,SP,SE,FR				PS .3
2									
3									
4									

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

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY:
OTHER(S) PRESENT:

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

RECEIVED JAN 31 2017 #21972

(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)

RECEIVED FEB 13 2017

1. APPLICATION FOR: ✓ Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

****

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application Paid $105.00 Ltd Relayout to move tanks

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	Mailing Address	Home Phone #	Alternate Phone #
Ron Carroll	PO Box 4297 Mooresville, NC 28117	704-400-1235	704-658-1404

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Phil Hurst.	444-Bay Harbor Rd. Mooresville, NC 28117	Cell 704-936-7508	office

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
251 Gainswood	N/A	CL5T S6 Lot 495

Driving Directions: Brawley School Road to left on Gainswood Lot on Rt. side.

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 4 — (✓) Crawl Space Foundation?

( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?

( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?

Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?

( ) Other ___

IF Non- Residential Site Development: Type of Business ___

Square Footage of Building ___

Maximum Number of Employees ___

Maximum Number of Seats ___

6. **Proposed Water Supply:**

(✓) New Well ( ) 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 ___ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **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. industry) 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.

9. Signature: ___ 1-31-17

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

JKC 2-13-17

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Phillip Hurst, am the legal owner(s) of the property located at 251 Gainswood Drive Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Stonebridge Luxury Homes Ron Carroll, 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.

Phillip Hurst 1/31/17 — Signature of Owner(s) — Date

Jennifer Cozzone 1-31-17 — Signature of Witness — Date

Please return this signed form to the appropriate office:

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

RECEIVED JUL 17 2015

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

Comp. Redraw

Application for SEPTIC REPAIR PERMIT

Paid $350.00 #211972

(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)

Paid $500.00 7-24-15

1. **APPLICATION FOR:** X **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 X **Custom Site Plan, Scaled no more than 1 Inch = 60 Feet**

3. **Applicant Information:**

Phillip Hurst	4246 Siemon Cove Ln. Terrell, NC 28682		704-936-7508
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Waterside Properties	245 Gainswood		—
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. **Property Information:**

251 Gainswood	CL&T	Section G Lot 445
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: BSR, TR 2nd Gainswood Lot on Rt

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

- (X) 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 _____
Maximum Number of Seats _____

6. **Proposed Water Supply:** Abandon Ex. Well

( ) 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** _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other T&J

8. **Please Answer The Following** ( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
   To The Best of Your Ability: ( ) Yes (X) No **Is any non-domestic sewage (i.e. industry) 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.

9. **Signature:** _____ 7-16-15
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

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.

I, Richard Allen Rouche, am the legal owner(s) of the property located at 125 Grandview Dr, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Pennington Philip Hurst, 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.

Richard Allen Rouche 10 July 2015 _____

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

Paid $135.00 5-6-14
Repair Evaluation/Permit

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)

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ BOTH _X_ 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	Mailing Address	Home Phone #	Alternate Phone #
Richard A. Poucher	245 Gainswood Drive Mooresville NC 28117	704-662-4233	
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
251 Gainswood Drive	CL:T S6	Lot 495

Driving Directions: South end of Brawley School Road Gainswood Drive is a loop on the left.

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

- ( ) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- (X) Repair To Failing Septic System due to Seepage
- ( ) Other

Maximum Number of Bedrooms 3 RAP 7/18/14
Maximum Number of Occupants 6
If Expansion, Current Number of Bedrooms ___

- (✓) 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 ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well (✓) 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 1967 *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___ ( ) No Preference

8. 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. industry) 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.

9. Signature: Richard A. Poucher
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

May 6, 2014
DATE



VICINITY MAP
NOT TO SCALE

NOTES:

1) Area determined by Coordinate Computation Method.
2) Property subject to any facts that may be disclosed by a full and accurate title search.
3) Property may be subject to any Easements and Right of Ways of record and those not of record if they exist.
4) A portion of Subject Property is located in a Special Flood Hazard Area (Zone AE) as designated by the FEMA FLOOD INSURANCE RATE MAPS. See Map Number 3710462400K - Effective Date 3/02/2009.
5) Subject Property Zoned R-20.
6) No Geodetic Monument found within 2000' of Subject Property.

NUM	BEARING	DISTANCE
L1	N78°07'56"W	11.21'

NUM	DELTA	ARC	RADIUS	BEARING	DISTANCE
C1	4°19'56"	43.97'	581.53'	S65°13'02"E	43.96'

I, Thomas E. Williams, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2355, Page 1301, or other reference source AS NOTED); that the boundaries not surveyed are shown as broken lines drawn from information found in adjoining deeds and plats as noted; that the ratio of precision is 1 : 10,000+; and that this plat meets the requirements of The Standards of Practice for Land Surveying in North Carolina according to North Carolina Administrative Code Title 21, Chapter 56, Section 1600.

This survey is of an existing parcel or parcels of land and does not create a new street or change an existing street.

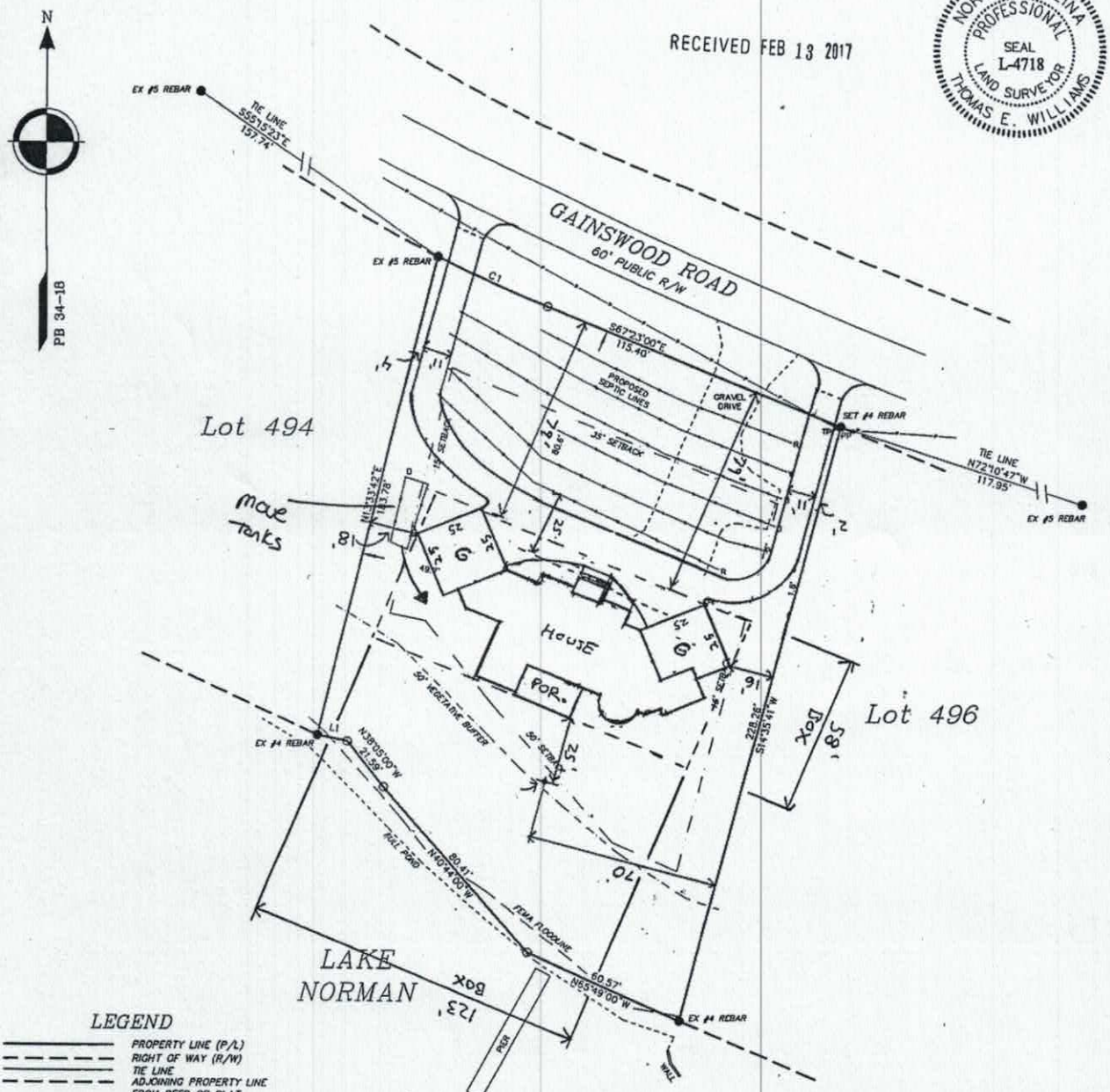
This 13th day of July, 2015.

Thomas E. Williams

Thomas E. Williams, NCPLS 4718

NORTH CAROLINA PROFESSIONAL SEAL L-4718 LAND SURVEYOR THOMAS E. WILLIAMS

RECEIVED FEB 13 2017



LEGEND

	PROPERTY LINE (P/L)
	RIGHT OF WAY (R/W)
	TIE LINE
	ADJOINING PROPERTY LINE
	FROM DEED OR PLAT
	BUILDING SETBACK LINE
	FULL POND
	100 YEAR FLOODLINE
EX	EXISTING
PP	POWER POLE
TP	TELEPHONE PEDESTAL
BLDG	UTILITY BUILDING

40 0 40 80

SCALE: 1" = 40'

NOTE: IRON STAKES AND MONUMENTS AS SHOWN (●), ALL OTHERS CALCULATED POINTS (○).

Williams Land Surveying, Inc.
License Number C-3638
274 Baymount Drive, Statesville, NC 28625
phone:(704) 876-3996 ~ email:runningonfaith@bellsouth.net
File: 15\CLT6L496

Boundary and Physical Survey

251 Gainswood Road

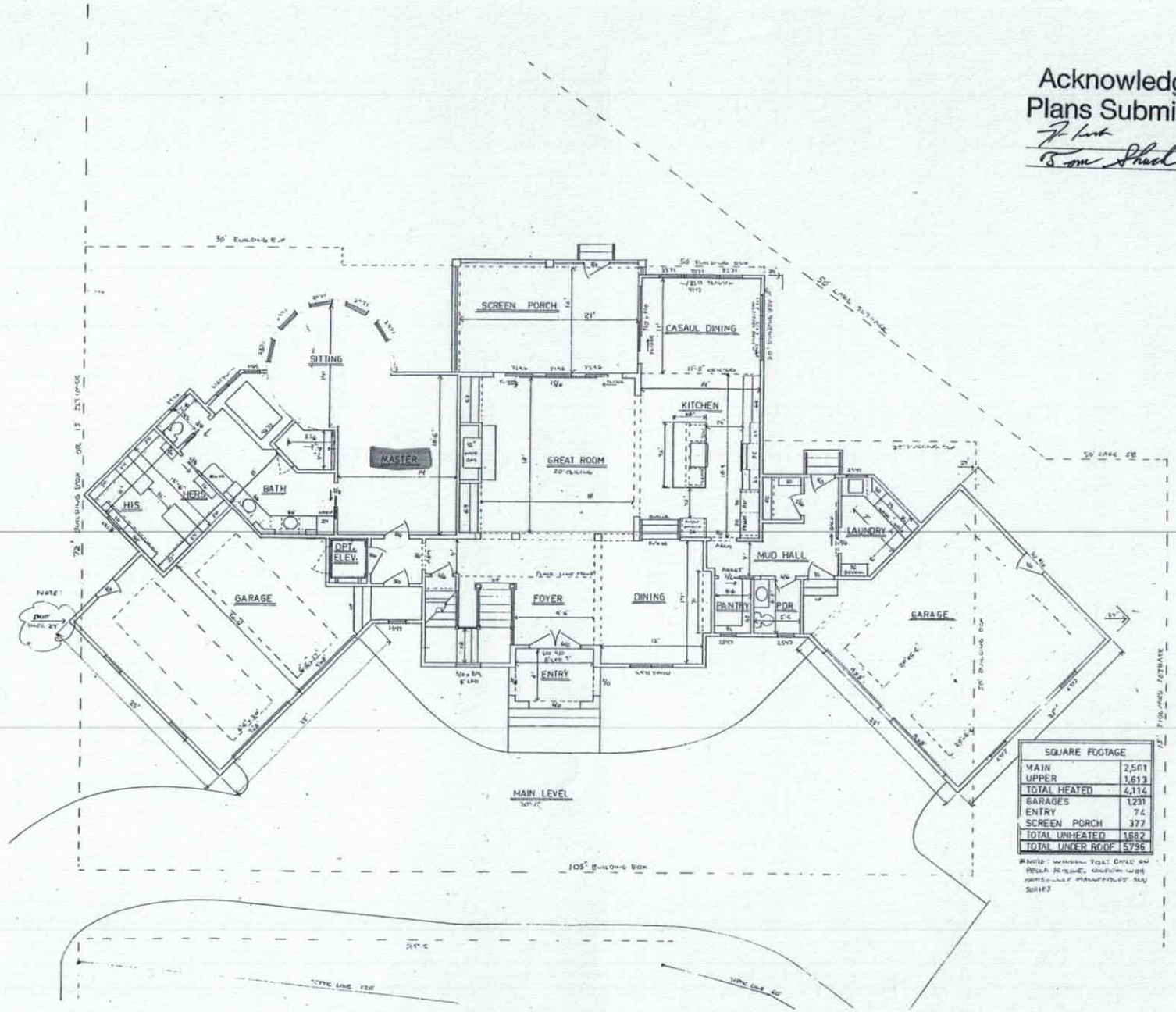
CRESCENT LAND & TIMBER CORP
LAKE NORMAN RECREATION LOTS
SECTION 6 LOT 495

Davidson Township, Iredell County, NC
PIN# 4624-35-9327 ~ D.B. 2355-1301 ~ P.B. 34-18
Property of: Richard & Barbara Poucher
Survey for: Phillip Hurst

Acknowledgement of
Plans Submittal ONLY!

Date 1-31-17

Date 2-17-17

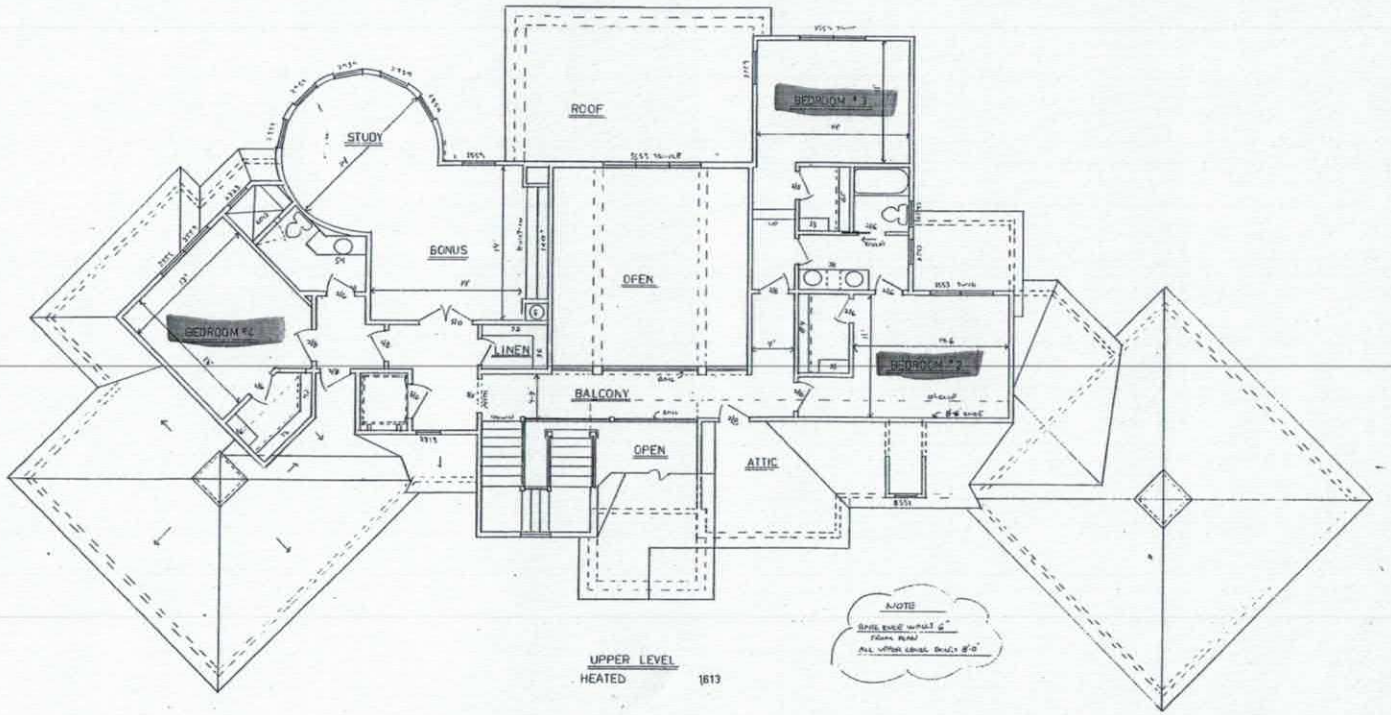


SQUARE FOOTAGE	
MAIN	2,501
UPPER	1,613
TOTAL HEATED	4,114
GARAGES	1,231
ENTRY	74
SCREEN PORCH	377
TOTAL UNHEATED	1682
TOTAL UNDER ROOF	5796

Acknowledgement of
Plans Submittal ONLY!

Date 1-31-17

Date 2-7-2017



UPPER LEVEL
HEATED 1813

Attention! Maria

WELL ABANDONMENT RECORD

Faxed 1/26/17

For Internal Use ONLY:

1. Well Contractor Information:

Alfred L Kiesling Jr
Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A
NC Well Contractor Certification Number

B+K Well Drilling Inc
Company Name

2. Well Construction Permit #: 211972
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

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 7g)

4. Date well(s) abandoned: 1/26/17

5a. Well location:

Phillip Hurst
Facility/Owner Name

Facility ID# (if applicable)

251 Gamswood Rd
Physical Address, City, and Zip

Iredell
County

46242693277
Parcel Identification No. (PIN)

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

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 40 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 20 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: 1

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

7e. Sealing materials used (check all that apply):
- ☒ Neat Cement Grout
- ☐ Sand Cement Grout
- ☒ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☒ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

2 1/2 Bags Hole Plug
1 Bag Quikrete

7g. Provide a brief description of the abandonment procedure:

Poured And Hydrated

8. Certification:

Alfred L Kiesling Jr — 1-26-17
Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

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

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

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

10c. For Water Supply & Injection 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 abandonment to the county health department of the county where abandoned.

IREDELL COUNTY

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

APPLICATION NUMBER
211972
Issue Date: 07/10/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624359327.000	251 GAINSWOOD ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WATERSIDE PROPERTIES LLC	Applicant: HURST PHILLIP J+PATRIC
Address: 245 GAINSWOOD DR MOORESVILLE, NC 28117	Address: 4246 SIGMON COVE LN MOORESVILLE, NC 28682
Phone:	Phone:

Use Requested	Zone Code
NEW SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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: 7-10-15

Permit Number	43481	TOTAL FEES:	$ 77.25