ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 242435

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

PIN # 4626 -- 22 -- 1598

APPLICANT/OWNER: R Morgan Homes | APPLICANT ADDRESS: PO Box 1801 Denver NC 28037

SITE ADDRESS: 191 Indian Trail Mooresville NC 28117 | PHONE: 704-582-3818 | ALT. PHONE 704-607-4438

SITE DIRECTIONS: Brawley School Rd - R Chuckwood - R Indian Trail | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C L & T | SECTION: 97 | LOT # 44 | LOT AREA: 0.84 | DESIGN FLOW: 360gpd | L.T.A.R.: 0.3

Septic Tank	1000 (gal)	STB	760	Date	1-11-2022	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	1000 (gal)	PT	363	Date	1-19-2022	System Description:	HPPBPS - PM		
Pump Make	Zoeller	Model	BN152	Serial #		Repair System Description:	HPPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	MAX 28"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

☑ Residence | No. Bedrooms 3 | Water Supply: ☑ Private ☐ Public ☐ Community

☐ Business | No. Persons 6

☐ Other | No. Employees

☐ Slab | ☐ Crawl Space

☑ Basement w/plumbing | ☐ Basement w/o plumbing

Comments / Conditions: The purpose of this permit is to reflect the change from Type IV system to a Type III system. See original permit for measurements and site plans.

INITIAL SITE SKETCH

See attached
Permit by J. Boggs.

AS BUILT SKETCH

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

Pressure Manifold = 1½ SCH 80 taps
Floats = 8" Dose = 166 gl
Drawdown Flow = 35.55 gpm

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: Robert J Moya | Date: 06-02-22 | Installed by: Craig Thompson Grading

IMPROVEMENT PERMIT by: D Mebery | Date: 5/19/22 | OPERATION PERMIT by: D Mebery | Date: 6/2/22

AUTHORIZATION TO CONSTRUCT by: D. Mebery | Date: 5/19/22 | Existing System Inspected by: | Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 Bcw original

PERMIT # AP 242435

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

PIN # 4626 -- 22 --1598

APPLICANT/OWNER: R Morgan Homes APPLICANT ADDRESS: PO Box 1801 Denver NC 28037

SITE ADDRESS: 191 Indian Trail Mooresville NC 28117 PHONE: 704-582-3818 ALT. PHONE 704-607-4438

SITE DIRECTIONS: BSR R on Chickenwood ½ mile on Chickenwood R on Indian Trail SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL&T SECTION: 57 LOT # 44 LOT AREA: 0.84 DESIGN FLOW: 360 gpd L.T.A.R.: 0.3

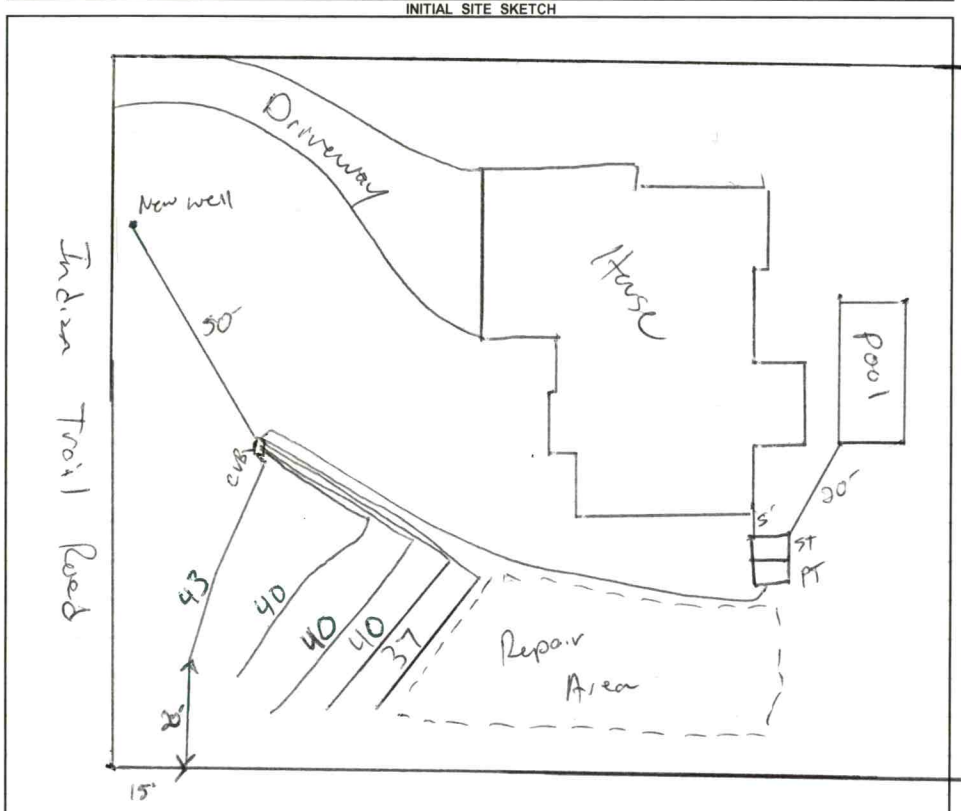
Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT		Date		System Description:	HPPBPS			
Pump Make			Model		Serial #		Repair System Description:	HPPBPS			
# Nitrification Fields	1		# Lines	5	Linear Ft	200	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth ~~(Low side)~~	Max 28"			Gravel Depth	-	☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	3	**Water Supply**
☐ Business	No. Persons	6	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install Drainlines on Center of land.
Use central Valve box for distribution.

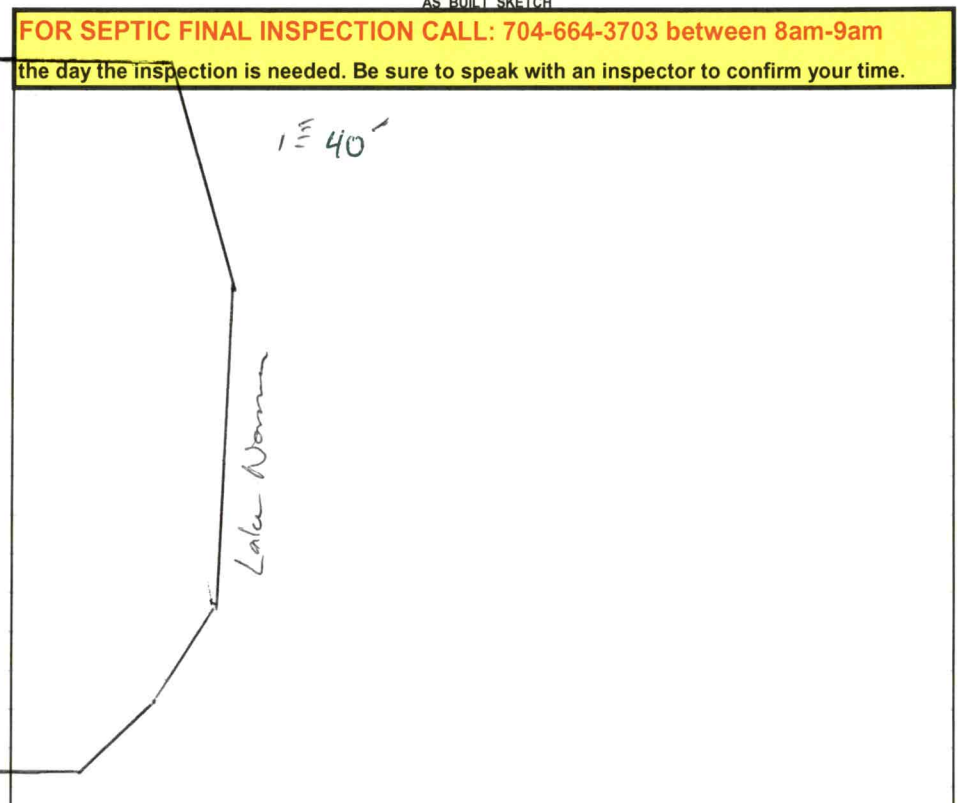
Use 46 Panels 166 gallon dose
5/32 holes
2ft Head Pressure

INITIAL SITE SKETCH



AS BUILT SKETCH

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



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: Robert J Morgan Date: 8-25-22 Installed by:

IMPROVEMENT PERMIT by: Date: 1-27-2022 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 1-27-2022 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 242435

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

PIN # 4626 -- 22 --1598

APPLICANT/OWNER: R Morgan Homes | APPLICANT ADDRESS: PO Box 1801 Denver NC 28037

SITE ADDRESS: 191 Indian Trail Mooresville NC 28117 | PHONE: 704-582-3818 | ALT. PHONE 704-607-4438

SITE DIRECTIONS: BSR L on Chickwood ½ mile on Chickwood R on Indian Trail | SAP CONTROLLED: ☐ YES ☐ NO

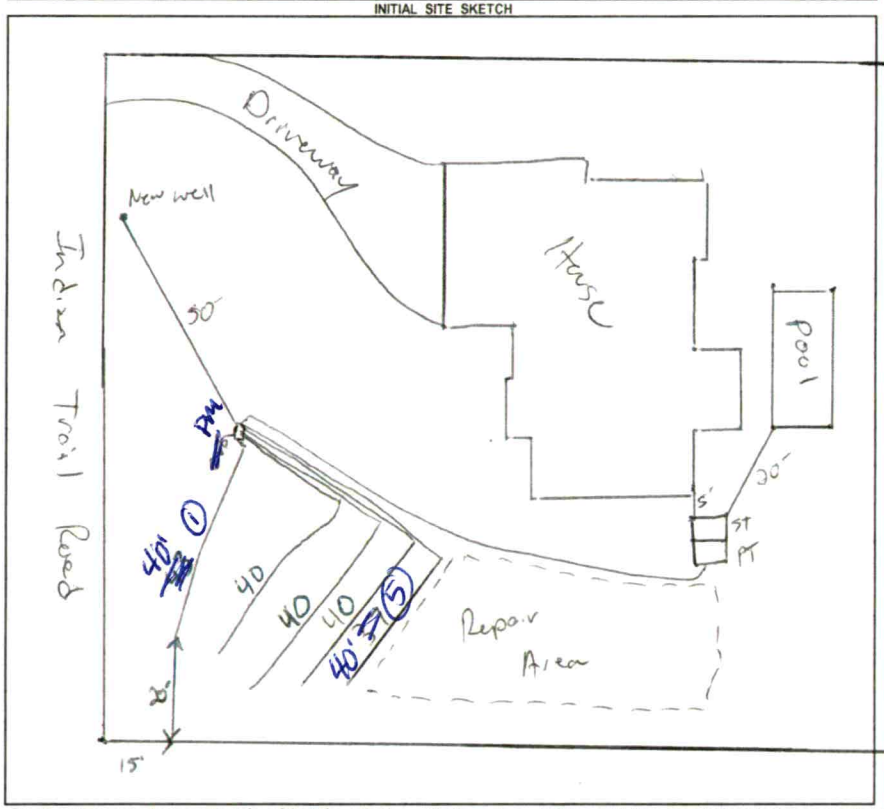
SUBDIVISION: CL+T | SECTION: 57 LOT # 44 LOT AREA: 0.84 | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.3

Septic Tank	1000	(gal)	STB	760	Date	1-11-2022	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT	363	Date	1-19-22	System Description:	HPPBPS	☐ Business	No. Persons	6	☒ Private
Pump Make	Zoeller	Model		BN/52	Serial #		Repair System Description:	HPPBPS	☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines		5	Linear Ft	200	Maintenance Agreement Required:	☒ YES ☐ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth ~~(Low side)~~		Max 28"	Gravel Depth	-		☐ GRAVITY ☒ PRESSURE	☒ Basement w/ plumbing			☐ Basement w/o plumbing

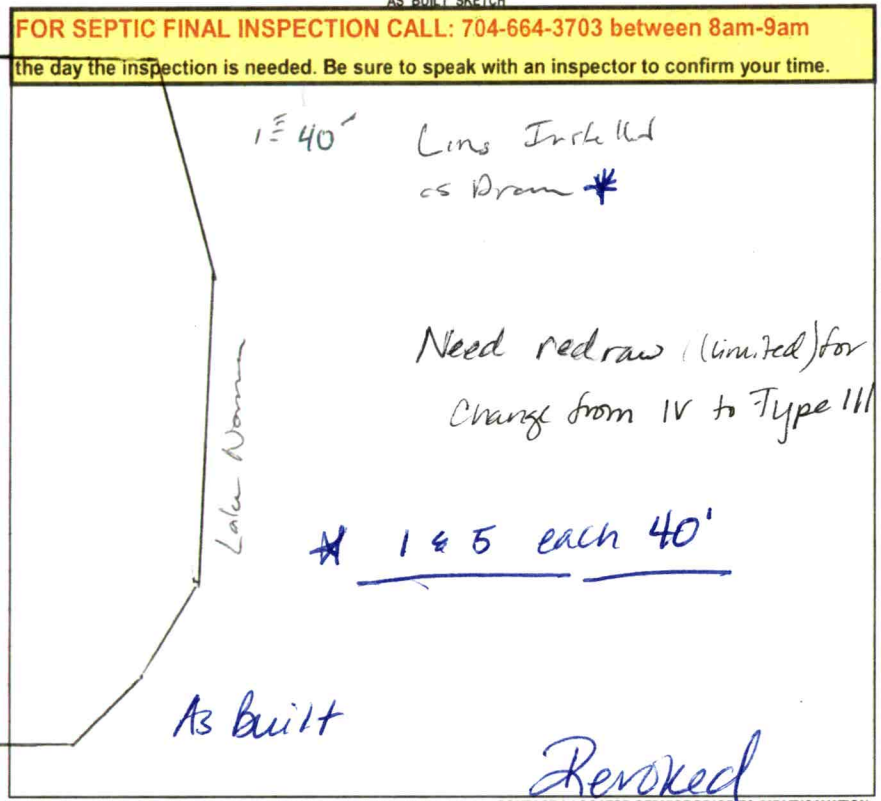
Comments / Conditions: Install Drainlines on Center of land.
Use central valve box for distribution.

Use 46 Panels 166 gallon dose
5/32 holes
2ft Head Pressure

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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: Robert J Morgan | Date: 8-25-22 | Installed by: Craig Thompson Craig

IMPROVEMENT PERMIT by: | Date: 1-27-2022 | OPERATION PERMIT by: | Date:

AUTHORIZATION TO CONSTRUCT by: | Date: 1-27-2022 | Existing System Inspected by: | Date:

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

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE _____
PROPOSED FACILITY: _____ DATE EVALUATED: 6/4/20
LOCATION OF SITE: 191 Indian Trail PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	20%	0-7"	Brw SCL						PS
		7-40	44" R C/C w-m SBK SS, SP, Sexp, FR						.3
		w/ Few SAP Incls							
			40-44" Varying depths to SAP						
		Rock Controlled							
2		0-9"	Brw SCL						PS
		9-41"	R C/C m-w SBK SS, SP, Sexp, FR						.3
		w/ Few SAP Incls							
		41"	Rock Controlled SAP						
3		0-10"	Brw SCL						PS
		10-51"	R C/C w SBK						.3
		w/ SAP Incls							
		51"	Rock controlled SAP						
4		0-8	Fill						PS
		8-24	Brw SCL						.3
		24-56	R C m-w SBK SS, SP, Sexp, FR						

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

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

COMMENTS: _____

LEGEND

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
(Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
(Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
Drainage Way)					EXP (Expansive)	CR (Crumb)
(Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
(Flood Plain)		L (Loam)				SBK (Subangular Blocky)
(Foot Slope)						ABK (Angular Blocky)
Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
Nose Slope)		CL (Clay Loam)			MOIST	WET
Ridge)		SCL (Sandy Clay Loam)				
Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

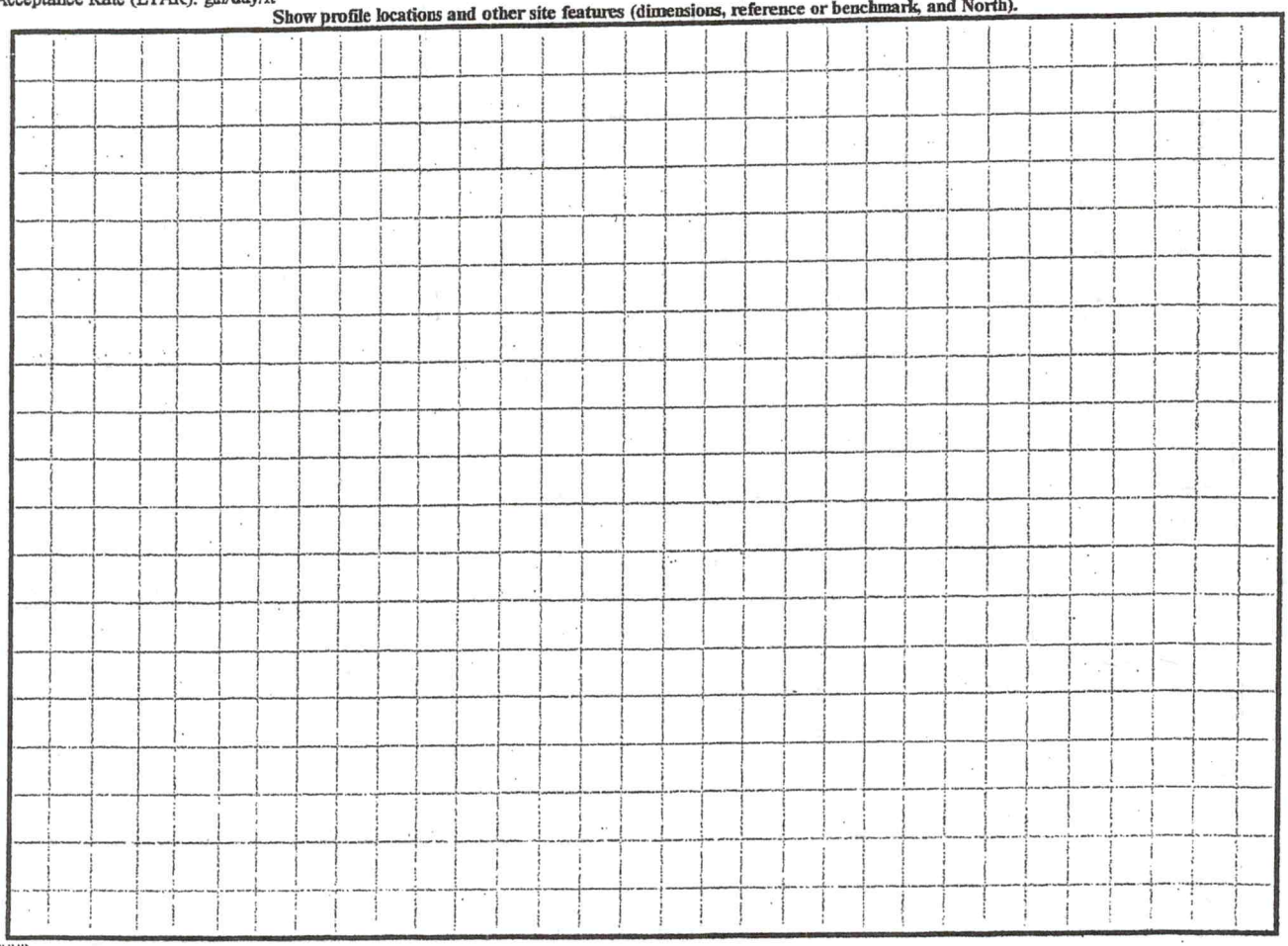
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
ASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

ng-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



NR (######)

iew (#####)

ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: _____
ADDRESS: _____ APPLICATION DATE
PROPOSED FACILITY: _____ DATE EVALUATED: 6/4/20
LOCATION OF SITE: 191 Indian Trail PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____ PROPERTY RECORDED: _____
EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	5	0-13	Brw SCL						
		13-26	RCm-wSBK						
		26-60	RCLwSBK						
2	6	0-11	Brw SCL						
		11-35	RCm-wSBK						
		35-53	RCLwSBK						
		w/few SAP Indys							
		53	Rock Controlled SAP						
3	7	Fill/Rock Unsuitable							
4	8	0-6	Brw SCL						
		6-29	RC/Cm-wSBK						
		29"	Rock						

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

OTHER FACTORS (.1946): 99 0-8 Brw SCL
SITE CLASSIFICATION (.1948): 8-32/28 RC/Cl
EVALUATED BY: _____
OTHER(S) PRESENT: Rock Controlled SAP

COMMENTS: _____

LEGEND

use the following standard abbreviations

NDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
: (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive)	G (Single Grain)
' (Convex Slope)		LS (Loamy Sand)			SEXP (Slightly Expansive)	M (Massive)
Drainage Way)					EXP (Expansive)	CR (Crumb)
(Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
(Flood Plain)		L (Loam)				SBK (Subangular Blocky)
(Foot Slope)						ABK (Angular Blocky)
Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
Nose Slope)		CL (Clay Loam)			MOIST	WET
Ridge)		SCL (Sandy Clay Loam)				
Shoulder Slope)		SiL (Silt Loam)			VFR (Very Friable)	NS (Non-sticky)
Terrace)					FR (Friable)	SS (Slightly Sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FI (Firm)	S (Sticky)
		SiC (Silty Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		C (Clay)			EFI (Extremely Firm)	NP (Non-plastic)
		O (Organic)	None	None		SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

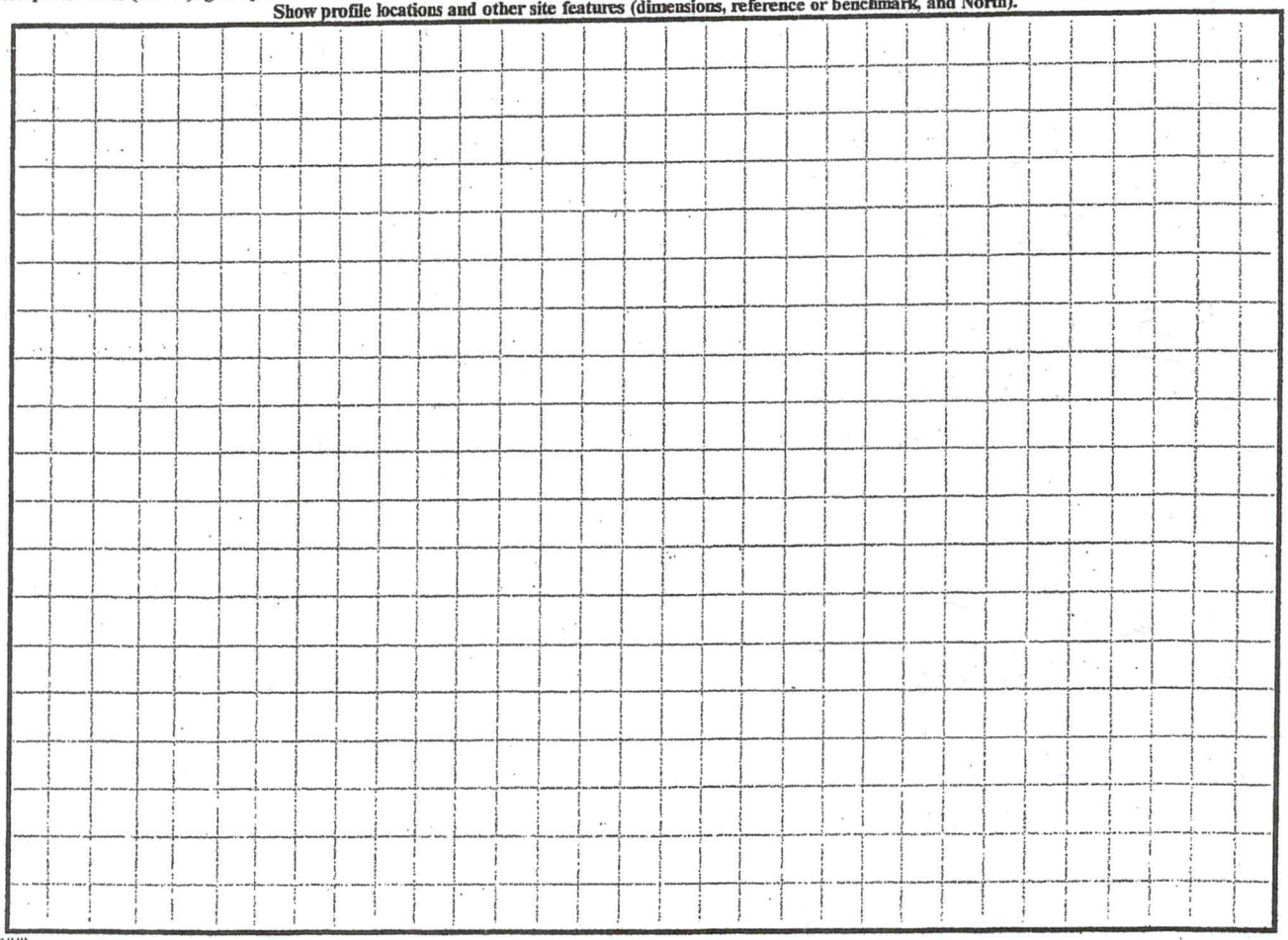
OTES

ORIZON DEPTH	In inches below natural soil surface
EPTH OF FILL	In inches from land surface
STRICTIVE HORIZON	Thickness and depth from land surface
PROLITE	S(suitable) or U(unsuitable)
IL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
ASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

aluation of saprolite shall be by pits.

ng-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



NR (######)

iew (#####)

PJB

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 **PERMIT #** 242435

PRIVATE DRINKING WATER WELL PERMIT **PIN #** 4626 22 1598 Type of Permit (circle one): **New** **Repair** **Abandonment**

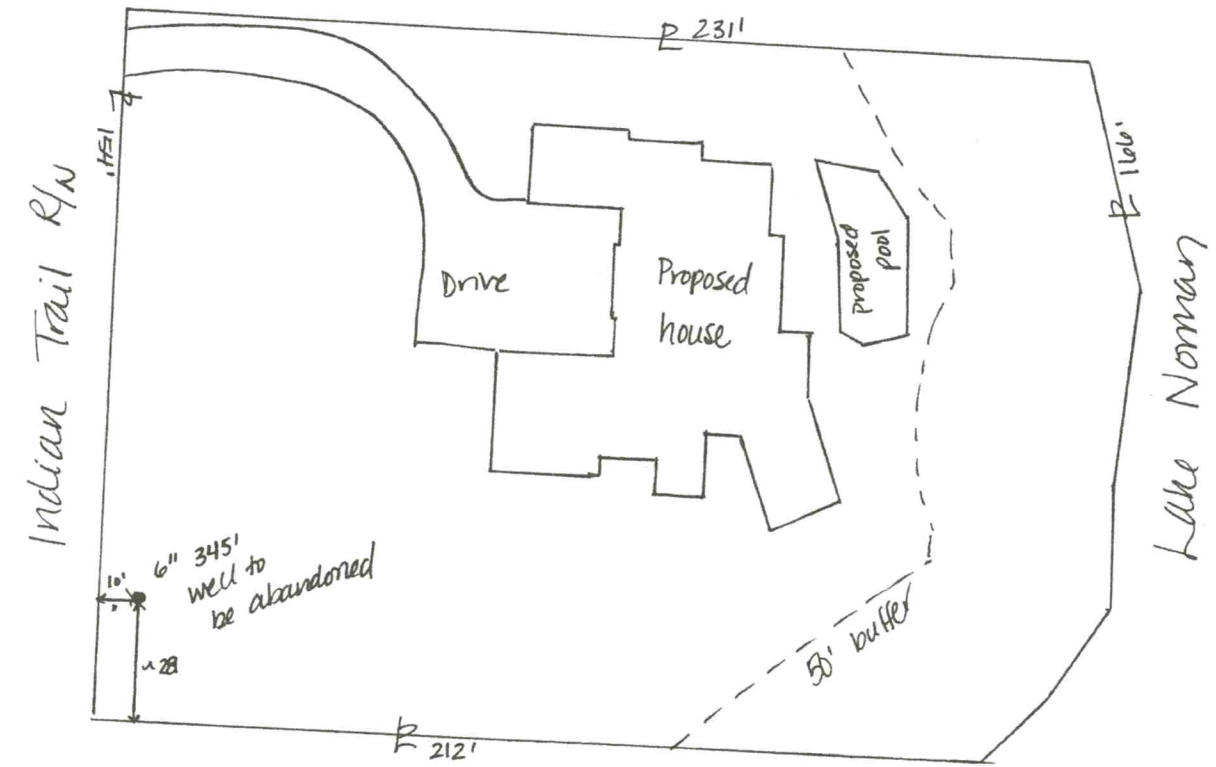
APPLICANT/OWNER NAME: Mark Morgan ADDRESS: PO Box 1801 Denver, NC 28037 PHONE: 704-582-3818

DIRECTIONS TO SITE: (W) Brawley School Rd → (R) Chuckwood → (R) Indian Trail → lot on (L)

SITE ADDRESS: 191 Indian Trail, Mooresville NC 28117 SUBDIVISION: CL&T SECTION/LOT: 7/44

1"=40'

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules → chlorinate before abandoning fill completely w/ approved grout.

WELL PERMIT ISSUED BY: D. Wieberg DATE: 4/9/21 (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: Francis Well & Pump CONTRACTOR CERT #: 2473A GROUT INSPECTION BY: _____ DATE: 4-15-2021

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 Results ☐ Plat ☐

E-MAILED
4/12/21 DW

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Michael Francis

Well Contractor Name (or well owner personally abandoning well on his/her property)

2473-A

NC Well Contractor Certification Number

Francis Well + Pump Co.

Company Name

2. Well Construction Permit #: 242435

List all applicable well permits (i.e. County, State, Variance, Injection, 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: 4-15-21

5a. Well location:

Mark Morgan

Facility/Owner Name

Facility ID# (if applicable)

191 Indian Trail Mooresville NC 28117

Physical Address, City, and Zip

Iredell

County

4626221598

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#: N/A

6b. Total well depth: 46 (ft.)

6c. Borehole diameter: 2" (in.)

6d. Water level below ground surface: 25 (ft.)

6e. Outer casing length (if known): 26 (ft.)

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

6g. Screen length (if known): N/A (ft.)

For Internal Use ONLY

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 10 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: h+h

7d. Amount of disinfectant used: 1/2 cup

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☑ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

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

50 lbs

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

slowly by hand

8. Certification:

Michael Francis — Signature of Certified Well Contractor or Well Owner

4-15-21 — 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.

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY

1. Well Contractor Information:

Michael Francis

Well Contractor Name (or well owner personally abandoning well on his/her property)

2473-A

NC Well Contractor Certification Number

Francis Well & Pump Co.

Company Name

2. Well Construction Permit #: 242435

List all applicable well permits (i.e. County, State, Variance, Injection, 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: 4-15-21

5a. Well location:

Mark Morgan

Facility/Owner Name

Facility ID# (if applicable)

191 Indian Trail Mooresville N.C. 28117

Physical Address, City, and Zip

Iredell

County

4626221598

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#: N/A

6b. Total well depth: 345' (ft.)

6c. Borehole diameter: 6" (in.)

6d. Water level below ground surface: 35 (ft.)

6e. Outer casing length (if known): 45 (ft.)

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

6g. Screen length (if known): N/A (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 450 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: 1 cup

7d. Amount of disinfectant used: hth

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☑ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

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

4980 lbs

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

slowly by hand

8. Certification:

Michael Francis

Signature of Certified Well Contractor or Well Owner

4-15-21

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.

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 **PERMIT #** 242435

2" well P&D

PRIVATE DRINKING WATER WELL PERMIT **PIN #** 4626 22 1598 **Type of Permit (circle one):** **New** **Repair** **Abandonment**

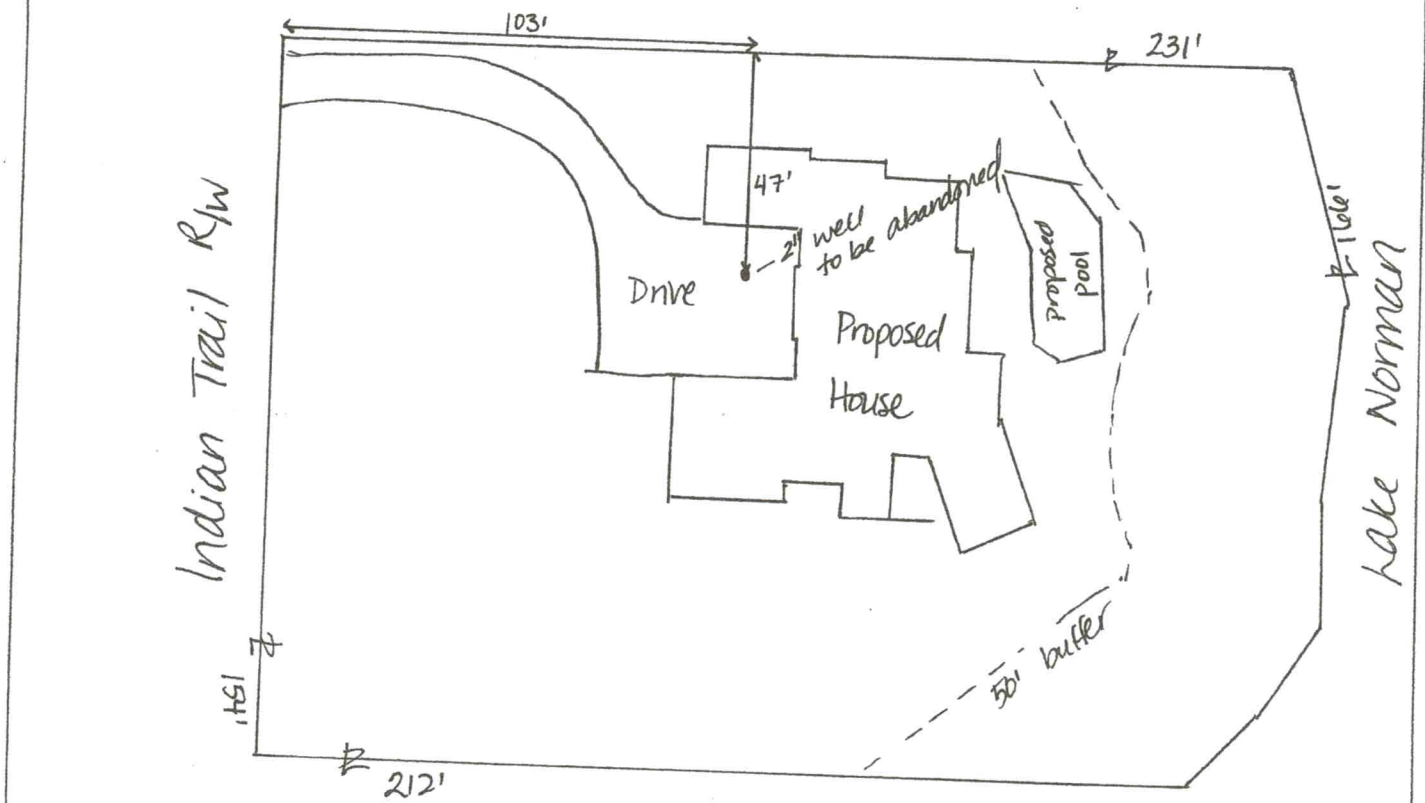
APPLICANT/OWNER NAME: Mark Morgan ADDRESS: PO Box 1801, Denver NC 28037 PHONE: 704-582-3818

DIRECTIONS TO SITE: (W) Brawley School Rd → (R) Chuckwood → (R) Indian Trail → lot on (L)

SITE ADDRESS: 191 Indian Trail, Mooresville NC 28117 SUBDIVISION: CL & T SECTION/LOT: 7/44

Initial Site Sketch

1" = 40'



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules. Chlorinate before abandoning, fill completely w/ approved grout.

WELL PERMIT ISSUED BY: D. Mekeel DATE: 4/9/2021 (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: Francs Well & Pump CONTRACTOR CERT #: 2413-A GROUT INSPECTION BY: _____ DATE: 4-15-2021

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 Results ☐ Plat ☐

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

RECEIVED NOV C 8 2021

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-242435 $320.00

Intermediate

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (X) 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: RMorganHomesLLC Robert Mark Morgan **Address:** PO Box 1801 Denver NC **Zip:** 28037

Applicant Email: mark@rmorganhomes.com **Phone:** 704-582-3818 **Alt. Phone:** 704-607-4438

Owner Name: Stephen E Bruce **Address:** 6303 Nesting Way, Oak Ridge, NC **Zip:** 27310

Owner Email: steve.bruce@martinmarietta.com **Phone:** 336-451-5408 **Alt. Phone:** _____

Property Information:

Street Address: 191 Indian Trail

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

Driving Directions: I-77 to exit 35 Brawley School Rd; West on Brawley School toward Lake Norman; approx 4 miles turn right on Chuckwood, 1/2 mile on Chickwood turn right onto Indian Trail, property ~ 1/2 mile on left

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

CHECK FOUNDATION TYPE

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

( ) 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:** _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: LPHPPBPS

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.

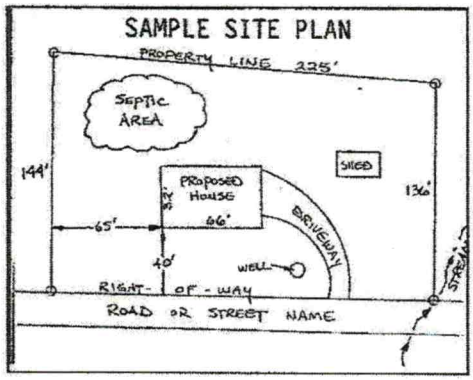
Signature: Robert Mark Morgan 11-06-2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



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

- (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 and well location**
- (X) **Area you prefer your septic system to be placed**
- (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

Please see attached site plan

Signature: Robert Mark Morgan
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-06-2021
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, Stephen E Bruce, am the legal owner(s) of the property located at 191 Indian Trail, Mooresville, NC, identified as PIN (Parcel Identification Number) 4626-22-1598, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Robert Mark Morgan, R. Morgan Homes, LLC mbr/mgr, 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.

Stephen E. Bruce
Signature of Owner(s)

11/6/21
Date

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

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

Barbara Nebel

From: Bob Morgan <rlmorganjr30@gmail.com>
Sent: Monday, November 8, 2021 8:53 AM
To: Barbara Nebel
Cc: Mark Morgan; Steve Bruce
Subject: Re: Septic Application
Attachments: BIT.OSWP.Appl.SIGNED.11.06.21.pdf

Barbara,

I am attaching the completed septic application for the Intermediate Re-layout for 191 Indian Trail. I will be making payment later this morning. As we discussed on Friday, 11/05/21, to facilitate the owners desire for final pool layout, the owner is requesting going from a four bedroom to a three bedroom septic system. Owner fully understands that this means house can never be marketed as four bedroom. (The owners, Stephen E and Amy G Bruce, are building the house for themselves with just their intended occupancy of two.) The house is currently in the dry with drywall recently installed, permit # 242435.

The attached permit application also includes the attached site plan that shows the existing four bedroom septic system modified for three bedroom septic requirements. I am also attaching the current four bedroom septic construction AC. The existing four bedroom permit has 307 ft of primary line.

Conclude 230 ft of primary line is required for a three bedroom system when constructed similarly. Proposed three bedroom primary system goes from seven lines to five totaling 230', i.e. 54+49+48+42+37 = 230' (note third line from distribution box goes from 47' to 48' as shown). And, the three bedroom repair system goes to six lines totaling 256'; i.e. 37+41+41+41+46+48+43=256'

The reduced primary and repair lengths eliminates the last four repair lines shown on the current AC such that all repair lines are now outside the 50' buffer and also provides the needed room to accommodate the desired final pool configuration.

Please confirm receipt and please advise. We very much appreciate your help.

Many Thanks,

Bob Morgan

704.607.4438

On Fri, Nov 5, 2021 at 9:12 AM Barbara Nebel <barbara.nebel@co.iredell.nc.us> wrote:

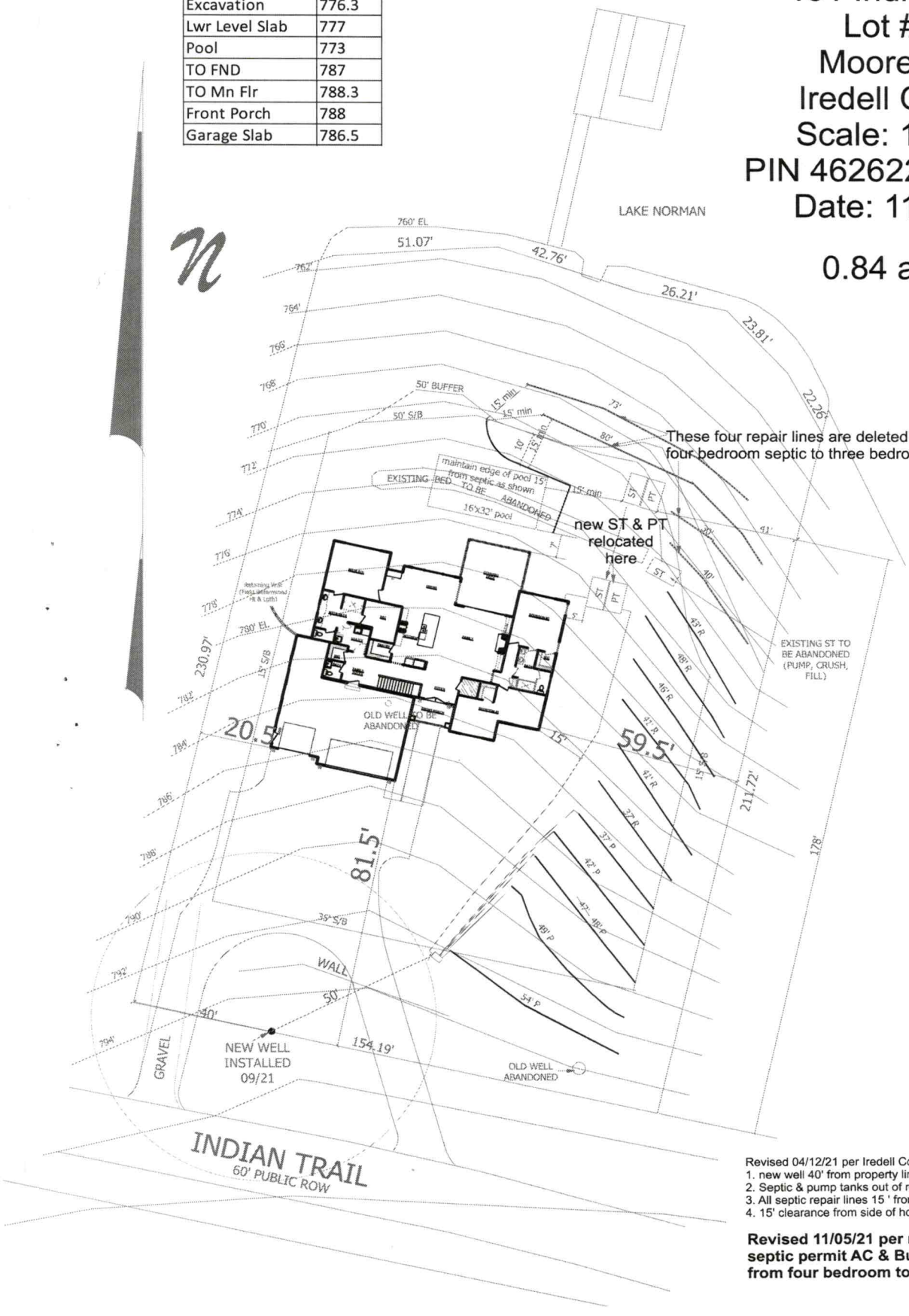
> Bob,
>
> Please complete the attached septic permit application for the Intermediate Re-layout for 191 Indian Trail. Once you have completed the permit, please return to me so I can process the application. Payment can be made over the phone or you can make payment online; I have attached instructions on how to make the payment on-line.
>
> Please contact me if you should have any questions.

Notes:
1. All contours from GIS except 760'
2. 760' contour from Thomas E. Williams survey dated 10.11.19
3. Proposed Elevations...

Excavation	776.3
Lwr Level Slab	777
Pool	773
TO FND	787
TO Mn Flr	788.3
Front Porch	788
Garage Slab	786.5

Site Plan for Stephen & Amy Bruce 191 Indian Trail Lot # 44 Mooresville Iredell Co, NC Scale: 1" = 40' PIN 4626221598.000 Date: 11/05/21

0.84 acres



Revised 04/12/21 per Iredell County to show:
1. new well 40' from property line and 50' from septic
2. Septic & pump tanks out of repair and 15' from pool
3. All septic repair lines 15 ' from pool
4. 15' clearance from side of house to septic

Revised 11/05/21 per request to amend existing septic permit AC & Building Permit # 242435 from four bedroom to three bedroom

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP- 242435

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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Mark Morgan **Address:** PO Box 1801 Denver, NC **Zip:** 28037
Applicant Email: mark@RMorganhomes.com **Phone:** 704-582-3818 **Alt. Phone:**
Owner Name: Steve Bruce **Address:** **Zip:**
Owner Email: steve.bruce@martinmarietta.com **Phone:** 336-389-6617 **Alt. Phone:**

Property Information:

Street Address: 191 Indian Trail Mooresville, NC 28117
Subdivision Name: Crescent Land + Timber Corp. **Section/Phase:** 57 **Lot Number:** 44
Driving Directions: Brawley School, Right on Chalkwood Rd. Right onto Barber Loop continue on Indian Trail, 191 is on Left

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) 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:
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: 1 Number of Persons: 8

(✓) 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: PPBPS

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.

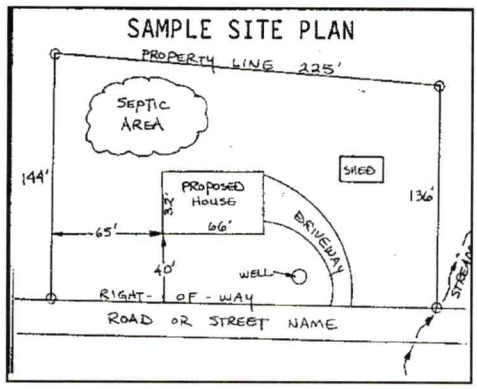
Signature: Robert M. Morgan 3/31/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!*



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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See Attached Site Plan

Signature: _____

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

3/31/21

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, Mark Morgan, am the legal owner(s) of the property located at 191 Indian Trail, identified as PIN (Parcel Identification Number) 4626221598, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
Signature of Owner(s) Date

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

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