ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 319884

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

PIN # 4627--75--2306

APPLICANT/OWNER: Lynne Medsker | APPLICANT ADDRESS: 167 Hanks Bluff, Mooresville NC 28117

SITE ADDRESS: 175 Hogan Lane, Mooresville NC 28117 | PHONE: 704-987-7950 | ALT. PHONE

SITE DIRECTIONS: (W) 150 → (L) Paradise Peninsula → (L) Greenbay → (R) Hogan → Lot at end | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL&T | SECTION: 10 | LOT# 140 | LOT AREA: 0.803 ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 0.3 I&R

Septic Tank	1000 (gal)	STB	Infiltrator	Date		[ ] New System [ ] Repair [X] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	4	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	Ex. Bed + 50% Reduction	[ ] Business	No. Persons	8	[X] Private
Pump Make		Model		Serial #		Repair System Description:	TSIL Drip	[ ] Other	No. Employees		[ ] Public
# Nitrification Fields	1	# Lines	Ex. Bed + 2	Linear Ft	134'	Maintenance Agreement Required:	[ ] YES [X] NO	[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width	24"	Trench Bottom Depth(Low side)	30"	Gravel Depth	N/A	[X] GRAVITY	[ ] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: See attached design by Michael Athanas. Do not pave, grade, drive, park, or bury utilities in drainfield.

Split feed 4 ways - 2 parts to bed, 1 to each panel line

Replace any distribution box at bed start if necessary

INITIAL SITE SKETCH

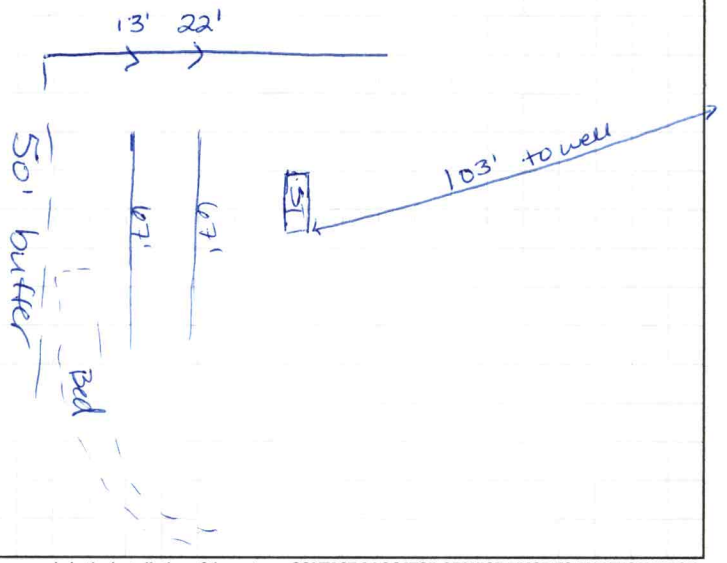
See attached site plan, modified from plan by Michael Athanas & Assoc.

approved 5/27/22

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.

As Built - NTS
See repair area on original permit



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.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

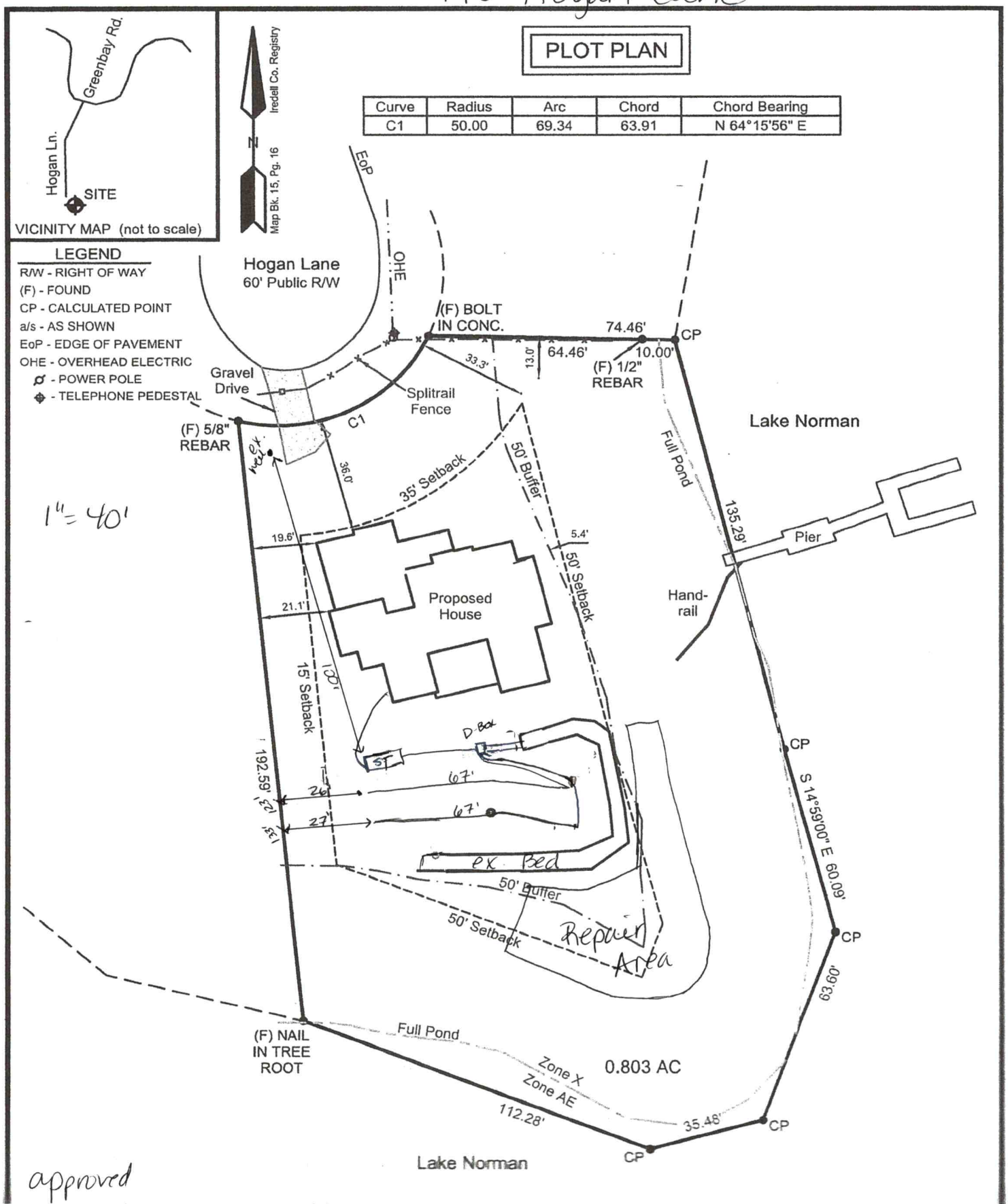
Owner / Applicant Signature: Lynne Medsker | Date: 6-6-22 | Installed by: GW Christenberry

IMPROVEMENT PERMIT by: D. Mebery | Date: 6/2/22 | OPERATION PERMIT by: D. Mebery | Date: 3/28/23

AUTHORIZATION TO CONSTRUCT by: D Mebery | Date: 6/2/22 | Existing System Inspected by: | Date:

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

175 Hogan Lane



Curve	Radius	Arc	Chord	Chord Bearing
C1	50.00	69.34	63.91	N 64°15'56" E

1" = 40'

approved
5/27/22

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
7/19/2021

Reference: Data Sheet For 175 Hogan Ln, CL&T Sec 10 Lot 140
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: ~~TSII Existing Conventional Bed~~ + ~~25~~ 50% Reduction
Proposed Repair System Type: TSII Drip Dispersal
Distribution: ~~Pressure manifold~~ D-Box
~~**Flow per Tap:** 1 @ 12.5 GPM, 1 @ 10.1 GPM~~
~~**Tap Size and Material:** 1 @ ¾" SCH 40, 1 @ 2" SCH 80~~
~~**System Flow:** 22.6 GPM~~
~~**Dosing Volume:** 168 gallons~~
~~**Pump Run Time:** 7.4 minutes~~
~~**Elevation Head:** 6.1'~~
~~**Friction Head:** 0.4'~~
~~**Pressure Head:** 2'~~
~~**Total Dynamic Head:** 8.5'~~
Supply Line Length: 30' of 2" PVC
Septic/~~Pump Tank Size~~: 1000 gallons ST, ~~AdvanTex AX20-RTUV (PT)~~
Proposed Trench Bottom: 24-36" (initial), 6" (repair)



Line	Design Length	Actual Length	Elevation
Blue 1	**Existing System**		
Orange 2	**67'**	**67'**	**4.3'**
White 3	**67'**	**67'**	**5.1'**

Initial System: Ex. Sys. + 134'
~~**Pump Tank:** 4.5'~~
Benchmark: 12.8' (Nail in tree root)
Repair System: 2440 FT^2
House Corner: 3.8'
~~**Pressure Manifold:** 3.4'~~

Comments:
The existing well must be abandoned and a new well installed. The system is pretreated due to the encroachment of the existing system in the 50' setback.

4627752306

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Norman H. Mc Coll DATE 3-29-85 PERMIT NO. 111

PHONE: Business _____ Home _____

LOCATION 150W TR 1214 TR 1218 TR 1219
At end on Culdesac S. R. No. _____

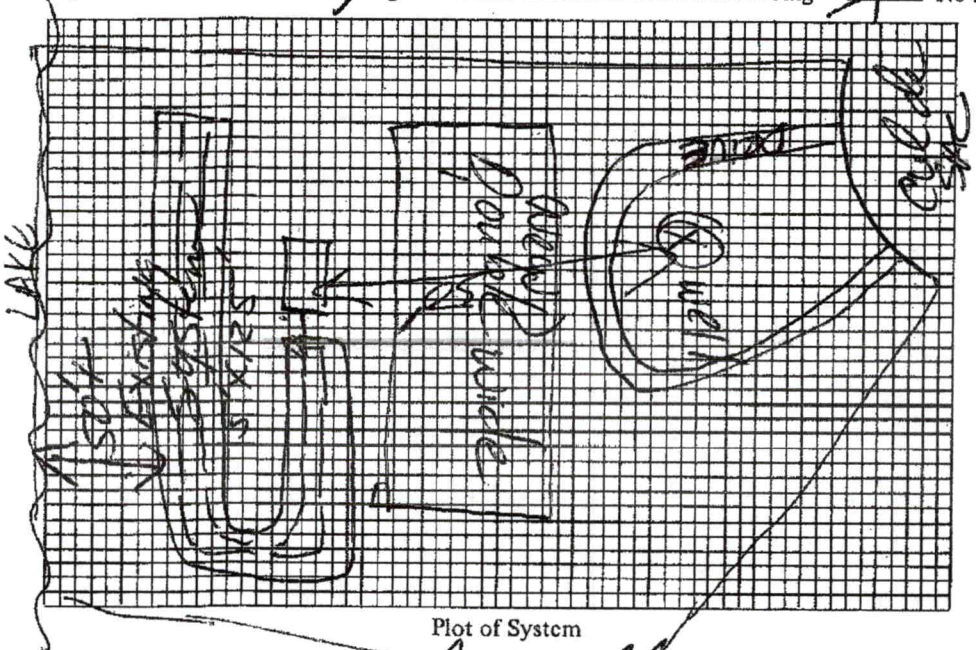
SUBDIVISION NAME Lake Norman LOT NO. 140 SECTION OR BLOCK NO. 10

House ( ) Mobile Home (X) Business ( ) Other Replacing Existing Structure

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil		
Auto. Dishwasher	Yes (X)	No ( )	Percolation Rate		
Auto. Wash. Machine	Yes (X)	No ( )	Topography	Existing System	
Site Suitable	Yes (X)	No ( )	Depth to Water Table		
Lot Area Existing			Rock or other impervious formations		

_____ Basement with Plumbing _____ Basement without Plumbing X No Basement


LAKE
Existing Drive
Existing Drive
Existing Drive

Lake Services

Duke Energy
526 S. Church Street / EC12Q
Charlotte, NC 28202

March 15, 2022

Steven & Lynne Medsker
167 Hawks Bluff Drive
New Bern, NC 28117

RE: **Permit Application Approval**
Norman - Shoreline Stabilization- 175 Hogan Lane

Dear Sir/Madame:

This office has reviewed your application to stabilize the shoreline within the Project Boundary of a Duke Energy lake and is authorizing the stabilization subject to the following conditions:

- You must meet all requirements of the United States Army Corps of Engineers and the North Carolina Division of Water Resources.
- All work must be as described in your application(s).
- The work must be completed within twelve (12) months from the date of this approval.
- Please place a copy of this letter in a watertight plastic bag and post it along the shoreline where you are implementing your approved activity.
- You must notify us upon completion of the project so a final inspection may be made.
- Riprap should be limited to only that necessary to adequately stabilize the existing stabilized shoreline. Riprap must be confined to the area between 6' below full pond elevation not to exceed 1' above full pond. This approval does not authorize the use of fill material. No other impacts are approved, including incidental impacts.

Note: Applicants must immediately notify Duke and stop all work if historical or archeological resource are discovered during the implemenation of an authorized project.

Thank you for your cooperation with this program. If you propose to build any additions, make any modifications, including maintenance, or have any further questions, please contact me at 704-382-7506. You may also email lakeservices@duke-energy.com or you may call 1-800-443-5193 and select the appropriate option.

Sincerely,

Joseph R. Kluttz, III
Lake Services Representative
Duke Energy Lake Services

Enclosure(s)

ROY COOPER
Governor
ELIZABETH S. BISER
Secretary
S. DANIEL SMITH
Director

NORTH CAROLINA
Environmental Quality

February 9, 2022

DWR # 22-0077
Iredell County

Steven Medsker
167 Hanks Bluff Dr.
Mooresville, NC 28117

Delivered via email to slmedsker@gmail.com

Subject: Approval of Catawba Riparian Buffer Impacts with Additional Conditions; Shoreline Remediation, 175 Hogan Lane, Lake Norman

Dear Mr. Medsker,

You have our approval for the impacts listed below for the purpose described in your application submitted January 14, 2022, fee received by the Division of Water Resources (Division) January 14, 2022, and with additional information received on February 4, 2022. These impacts are covered by the Catawba Riparian Buffer Rule and the conditions listed below. Please note that you should get any other federal, state or local permits before proceeding with your project, including those required by (but not limited to) Sediment and Erosion Control, Non-Discharge, and Water Supply Watershed regulations.

The following impacts are hereby approved, provided that all of the Conditions listed below and all of the conditions of the Catawba Buffer Rules are met. No other impacts are approved, including incidental impacts. [15A NCAC 02B .0611(b)(2)]

Type of Impact	Amount Approved (units) Permanent
Buffers – Zone 1	720 (square feet)
Shoreline	360 (linear feet)

This approval is for the purpose and design described in your application. The plans and specifications for this project are incorporated by reference as part of this Authorization Certificate. If you change your project, you must notify the Division and you may be required to submit a new application package. If the property is sold, the new owner must be given a copy of this Authorization Certificate and is responsible for complying with all conditions. [15A NCAC 02B .0611(b)(2)]

This approval includes the additional conditions listed below:

1. Five (5) trees are proposed for removal and shall be replanted upon completion of work. **These shall be 3" in diameter at breast height, native species, and at least 8 ft. in height.** Photos shall be provided at the time of planting. Any tree(s) failing to thrive shall be replaced. Please provide photos/documentation of the work to the Mooresville Regional Office.

ROY COOPER
Governor
ELIZABETH S. BISER
Secretary
S. DANIEL SMITH
Director

NORTH CAROLINA
Environmental Quality

February 9, 2022

DWR # 22-0077
Iredell County

Steven Medsker
167 Hanks Bluff Dr.
Mooresville, NC 28117

Delivered via email to slmedsker@gmail.com

Subject: **401 WATER QUALITY CERTIFICATION COVERAGE**
Shoreline Remediation, 175 Hogan Lane, Lake Norman

Dear Mr. Medsker:

The Division has reviewed the proposed project as described in your application dated January 14, 2022, received by the Division of Water Resources (Division) January 14, 2022, with subsequent information on February 4, 2022. These impacts are covered by the attached Water Quality General Certification Number 4502. This general certification is associated with the use of U.S. Army Corps of Engineers Wilmington District's Regional General Permit Number 30. Please note that you should get any other federal, state or local permits before proceeding with your project, including those required by (but not limited to) Sediment and Erosion Control, Non-Discharge, and Water Supply Watershed or State Riparian Buffer regulations.

The Division has determined that the proposed project will comply with water quality requirements provided that you adhere to the conditions listed in the enclosed certification.

This acknowledgement is specific for the purpose and design, plans, specifications and impacts as described in your application. If you change your project, you must notify the Division and you may be required to submit a new application package with the appropriate fee. If the property is sold, the new owner must be given a copy of this Letter and General Certification and is responsible for complying with all conditions. [15A NCAC 02H .0507(d)(2), 15A NCAC 02H .0506(b)]. The following proposed impacts are described in your application:

Type of Impact	Amount of Impacts
Open Waters	0.03 ac. (Stabilization) 360 linear feet of Shoreline

If you are unable to comply with any of the conditions of the attached Water Quality General Certification, you must notify the Mooresville Regional Office within 24 hours (or the next business day if a weekend or holiday) from the time the permittee becomes aware of the circumstances.

The permittee shall report to the Regional Office any noncompliance with, and/or any violation of, stream or wetland standards [15A NCAC 02B .0200] including but not limited to sediment impacts to streams or wetlands. Information shall be provided orally within 24 hours (or the next business day if a weekend or holiday) from the time the permittee became aware of the non-compliance circumstances.

This letter is final and binding unless contested and can be contested as provided in Chapter 150B of the North Carolina General Statutes by filing a Petition for a Contested Case Hearing (Petition) with the North Carolina Office of Administrative Hearings (OAH) **within sixty (60) calendar days**. Requirements for filing a Petition are set forth in Chapter 150B of the North Carolina General Statutes and Title 26 of the North Carolina Administrative Code. Additional information regarding requirements for filing a Petition and Petition forms may be accessed at http://www.ncoah.com/ or by calling the OAH Clerk's Office at (919) 431-3000.

One (1) copy of the Petition must also be served to the North Carolina Department of Environmental Quality:

William F. Lane, General Counsel
Department of Environmental Quality
1601 Mail Service Center
Raleigh, NC 27699-1601

This letter completes the Division's review under section 401 of the Clean Water Act and 15A NCAC 02H .0500. Please contact Mooresville Office at 704-560-0403 or doug.perez@ncdenr.gov if you have any questions or concerns.

Sincerely,

DocuSigned by:
Andrew H Pitner
F161FB69A2D84A3...

for

W. Corey Basinger, Regional Supervisor
Water Quality Regional Operations Section
Mooresville Regional Office, DEQ

Enclosures: GC 4502

cc: Brittany Hepler, Lake Life Permits, brittany@lakelifepermits.com
DWR MRO - file copy
DWR 401 & Buffer Permitting Branch file

CERTIFICATE OF COMPLETION *

NCDWR Project No.: 22-0077 **County:** Iredell

Applicant: Lynne Medsker

Project Name: Shoreline Remediation, 175 Hogan Ln, Lake Norman

Date of Issuance of 401 Water Quality Certification: 2/9/2022

Certificate of Completion
Upon completion of all work approved within the 401 Water Quality Certification or applicable Buffer Rules, and any subsequent modifications, the applicant is required to return this certificate to the 401 Wetland & Buffer Permitting Unit, North Carolina Division of Water Resources, 1617 Mail Service Center, Raleigh, NC, 27699-1617. This form may be returned to NCDWR by the applicant, the applicant's authorized agent, **or** the project engineer. It is not necessary to send certificates from all of these.

* ***Applicant's Certification***

I, Lynne Medsker, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the 401 Water Quality Certification and Buffer Rules, the approved plans and specifications, and other supporting materials.

Signature: Lynne A Medsker Date: 5-31-2022

* ***Agent's Certification***

I, SEAN MULHERRINS, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the 401 Water Quality Certification and Buffer Rules, the approved plans and specifications, and other supporting materials.

Signature: Sean Mulherrins Date: 3-25-20-22.

Engineer's Certification

_____ Partial _____ Final

I, _____, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to observe (periodically, weekly, full time) the construction of the project for the Permittee hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the 401 Water Quality Certification and Buffer Rules, the approved plans and specifications, and other supporting materials.

Signature _____ Registration No. _____ Date_____

* These signatures certify completion of shoreline remediation related to the septic buffer zones, or "phase I." "Phase II" will be cosmetic repair to remainder of shoreline w/in one year.

approved 6/2/22
Danielle Webber ICHD

2. Work is to be conducted from **land and water via barge**. **No** grubbing/grading is allowed in the buffer. Any access corridor shall not exceed 10 feet in width and shall be restored to its original condition prior to the project. [15A NCAC 02B .0614 (7), (10), (9) and 15A NCAC 02H .0502]

3. All staging, including spoil, stockpile and construction materials, shall occur outside of the buffer. [15A NCAC 02B .0243(4)]

4. All stormwater shall be directed as diffuse or sheet flow (not piped) at non-erosive velocities through the protected lake buffer and should not re-concentrate before discharging into the lake. [15A NCAC 02B .0614(8)]

5. The applicant and/or authorized agent shall provide a completed Certificate of Completion Form to the DWR 401 and Buffer Permitting Unit within ten days of project completion. (available at: http://portal.ncdenr.org/web/wq/swp/ws/401/certsandpermits/apply/forms or see attached. [15A NCAC 02H .0507 (c) and 15A NCAC 02B .0614(9)]

This approval and its conditions are final and binding unless contested [G.S. 143-215.5].

If you are unable to comply with any of the conditions below, you must notify the Mooresville Regional Office within 24 hours (or the next business day if a weekend or holiday) from the time the permittee becomes aware of the circumstances.

The permittee shall report to the Mooresville Regional Office any noncompliance with the conditions of this Authorization Certificate and/or any violation of state regulated riparian buffer rules [15A NCAC 02B .0614]. Information shall be provided orally within 24 hours (or the next business day if a weekend or holiday) from the time the applicant became aware of the circumstances.

This Authorization can be contested as provided in Chapter 150B of the North Carolina General Statutes by filing a Petition for a Contested Case Hearing (Petition) with the North Carolina Office of Administrative Hearings (OAH) **within sixty (60) calendar days**. Requirements for filing a Petition are set forth in Chapter 150B of the North Carolina General Statutes and Title 26 of the North Carolina Administrative Code. Additional information regarding requirements for filing a Petition and Petition forms may be accessed at http://www.ncoah.com/ or by calling the OAH Clerk's Office at (919) 431-3000.

One (1) copy of the Petition must also be served to the North Carolina Department of Environmental Quality:

William F. Lane, General Counsel
Department of Environmental Quality
1601 Mail Service Center
Raleigh, NC 27699-1601

This Authorization shall expire five (5) years from the date of this letter.

This letter completes the review of the Division under the Catawba Riparian Buffer Rules as described in 15A NCAC 02B .0614. Please contact Doug Perez at 704-743-6872 or doug.perez@ncdenr.gov if you have any questions or concerns.

Sincerely,

DocuSigned by:
Andrew H Pitner
F161FB69A2D84A3...

for

W. Corey Basinger, Regional Supervisor
Water Quality Regional Operations Section
Mooresville Regional Office

Enclosures

cc: Brittany Hepler, Lake Life Permits, brittany@lakelifepermits.com
DWR MRO - file copy
DWR 401 & Buffer Permitting Branch file

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Alfred 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 #: 319884

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: 3/28/22

5a. Well location:

ES Johnson Builders

Facility/Owner Name — Facility ID# (if applicable)

175 Hogan Ln

Physical Address, City, and Zip

Iredell — County

4627-75-2306 — 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: 410 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 30 (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: 8 ounces

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:

1 Bag of Hole Plug
1 Bag of Concrete

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

poured + Hydrated

8. Certification:

Alfred J Kiesling — 3-28-22

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.

(W)

ICHD – Environmental Health Division

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

PRIVATE DRINKING WATER WELL PERMIT # 319884 **PIN #** 4627-75-2306 **Type of Permit (circle one):** New Repair **Abandonment**

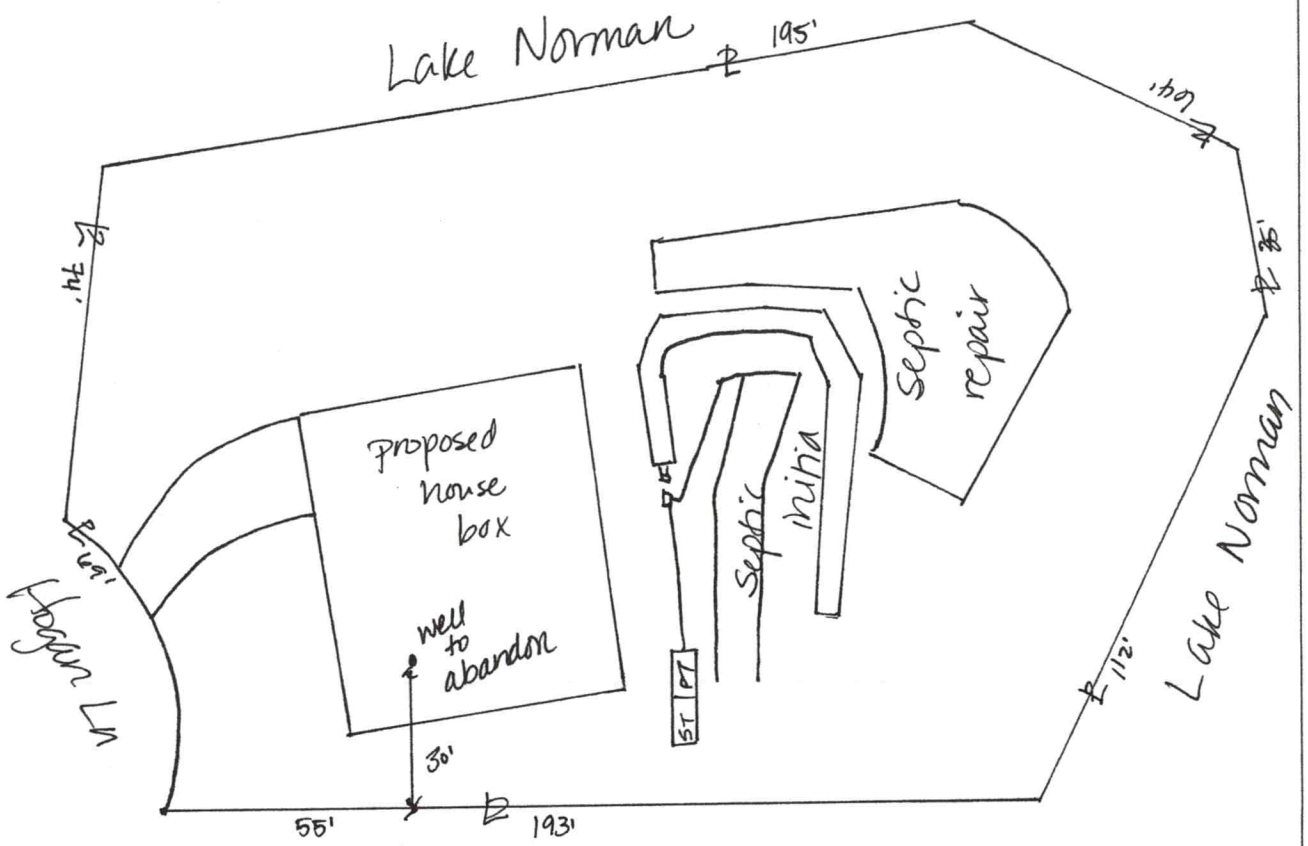
APPLICANT/OWNER NAME: ES Johnson Builders ADDRESS: PO Box 1402, Cornelius, NC PHONE:

DIRECTIONS TO SITE: (W) NC 150 → (L) Paradise Peninsula → (L) Greenbay → (R) Hogan → lot @ end

SITE ADDRESS: 175 Hogan Lane. Mooresville NC 28117 SUBDIVISION: CL&T SECTION/LOT: 10/140

Initial Site Sketch

1" = 40'



GROUTING RESULTS

Grout Depth _____

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

E-MAILED 12/14/21 mg

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

WELL PERMIT ISSUED BY: D Webey DATE: 12/10/21 (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: B&K Alfie CONTRACTOR CERT #: 32664 GROUT INSPECTION BY: Marcus Dolan DATE: 3/28/22

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

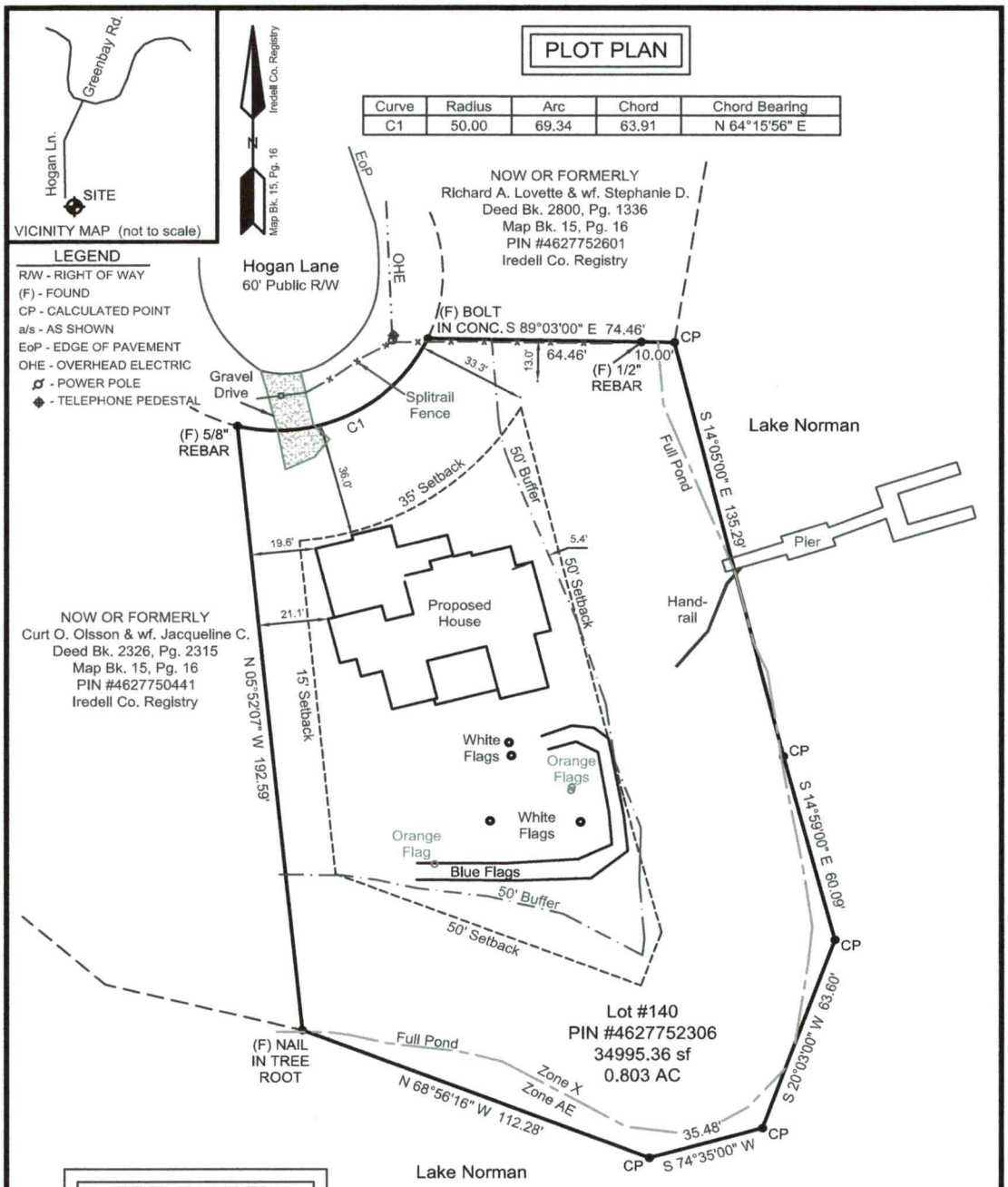
WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

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

CERTIFICATE OF COMPLETION BY: D Webey DATE: 6/1/22 WATER SAMPLES BY: _____ DATE: _____

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

PLOT PLAN



Curve	Radius	Arc	Chord	Chord Bearing
C1	50.00	69.34	63.91	N 64°15'56" E

PRELIMINARY
Not for Conveyances,
Sales or Recordation

40 20 0 40
BAR GRAPH

NOTES:

* Deed Reference - Deed Bk. 2843, Pg. 81 Steven L. & Lynne A. Medsker
  Dated August 18, 2021 Recorded in Iredell Co. Registry
* Map Reference - Crescent Land & Timber, Section 10 Dated July 25, 1975
  Map Bk. 15, Pg. 16 Recorded in Iredell Co. Registry
* Property subject to recorded and unrecorded right of ways, easements and agreements as may appear.
* Subject property does lie within a Flood Hazard Zone per FEMA Map # 3710462700 K, dated March 18, 2008.

I, R. Scott Dyer, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description recorded in Book 2843, page 81, etc.); that the boundaries not surveyed are clearly indicated as drawn from information found in Book a/s, page a/s; that the ratio of precision as calculated exceeds 1:10,000; and that this map meets the requirements for The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56, 1600). Witness my original signature, registration number and seal this 23rd day of November, A.D., 2021.

R. Scott Dyer, PLS #4444

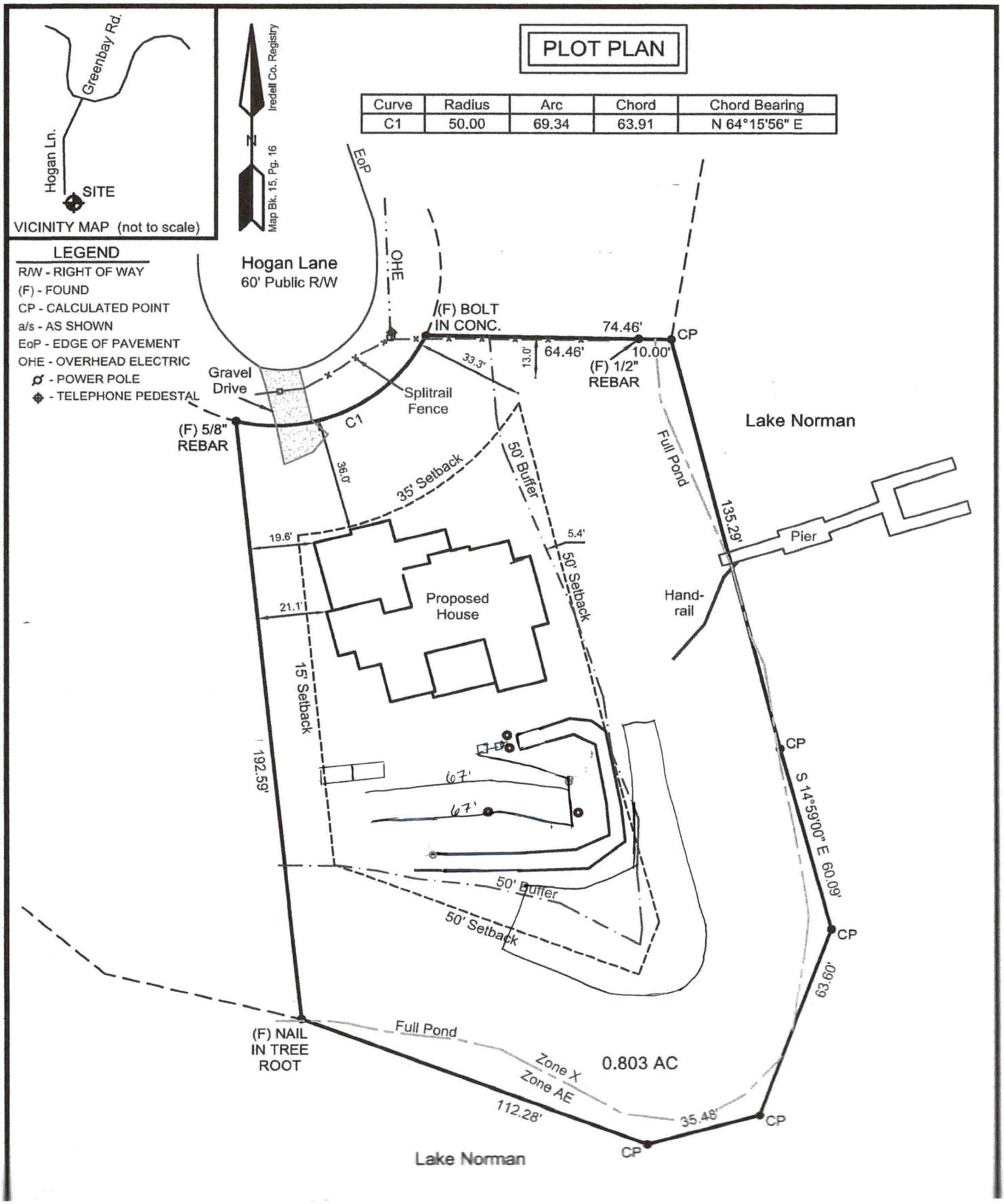
DRAWN BY: S. Dyer	NLS NO.: 21088
DATE: November 5, 2021	SCALE: 1" = 40'

NORSTAR LAND SURVEYING N W E S 2002

NorStar Land Surveying, Inc.
552-B Newell Street NW
Concord, NC 28025
Ph 704 721 6651
Fax 704 721 6653
Firm Lic. # C-2294

Steven L. & Lynne A. Medsker
175 Hogan Lane

Town of Mooresville Iredell County, NC


PLOT PLAN
Curve | Radius | Arc | Chord | Chord Bearing
C1 | 50.00 | 69.34 | 63.91 | N 64°15'56" E
Greenbay Rd.
Hogan Ln.
SITE
VICINITY MAP (not to scale)
N
Iredell Co. Registry
Map Bk. 15, Pg. 16
LEGEND
R/W - RIGHT OF WAY
(F) - FOUND
CP - CALCULATED POINT
a/s - AS SHOWN
EoP - EDGE OF PAVEMENT
OHE - OVERHEAD ELECTRIC
- POWER POLE
- TELEPHONE PEDESTAL
Hogan Lane
60' Public R/W
EoP
OHE
(F) BOLT IN CONC.
74.46'
CP
64.46'
10.00'
13.0'
33.3'
(F) 1/2" REBAR
Gravel Drive
Splitrail Fence
C1
(F) 5/8" REBAR
36.0'
35' Setback
50' Buffer
Full Pond
Lake Norman
135.29'
Pier
19.6'
5.4'
50' Setback
Hand-rail
21.1'
Proposed House
15' Setback
192.59'
67'
67'
CP
S 14°59'00" E 60.09'
50' Buffer
50' Setback
CP
63.60'
(F) NAIL IN TREE ROOT
Full Pond
Zone X
Zone AE
0.803 AC
112.28'
35.48'
CP
CP
Lake Norman

RECEIVED MAY 16 2022

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

INTERMEDIATE Relayout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-319884 $320.00

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Lynne Medsker **Address:** 167 Hanks Bluff, MSVL, NC **Zip:** 28117
Applicant Email: maggie@ESjohnson.com **Phone:** 704 987 7950 **Alt. Phone:** _____
Owner Name: Estate of Louise McClelland **Address:** _____ **Zip:** _____
Owner Email: jfoster@altnet **Phone:** 336-382-6804 **Alt. Phone:** _____

Property Information:

Street Address: 175 ~~Hog~~ Hogan Ln Mooresville NC 28117

Subdivision Name: ~~The point~~ CLT **Section/Phase:** 10 **Lot Number:** 140

Driving Directions: 150 L Paradise Peninsula L Greenbay L R Hogan Ln

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) 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: _____ 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 (X) Other Accepted

Please answer the following to the best of your ability:
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

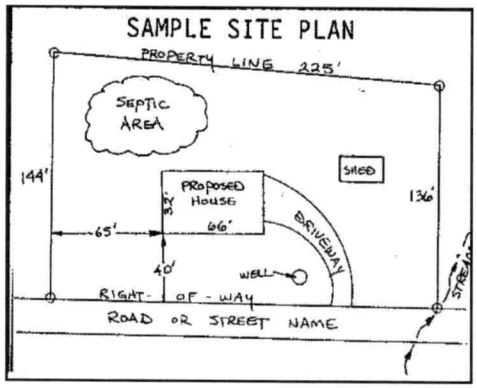
Signature: _____ 5/16/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

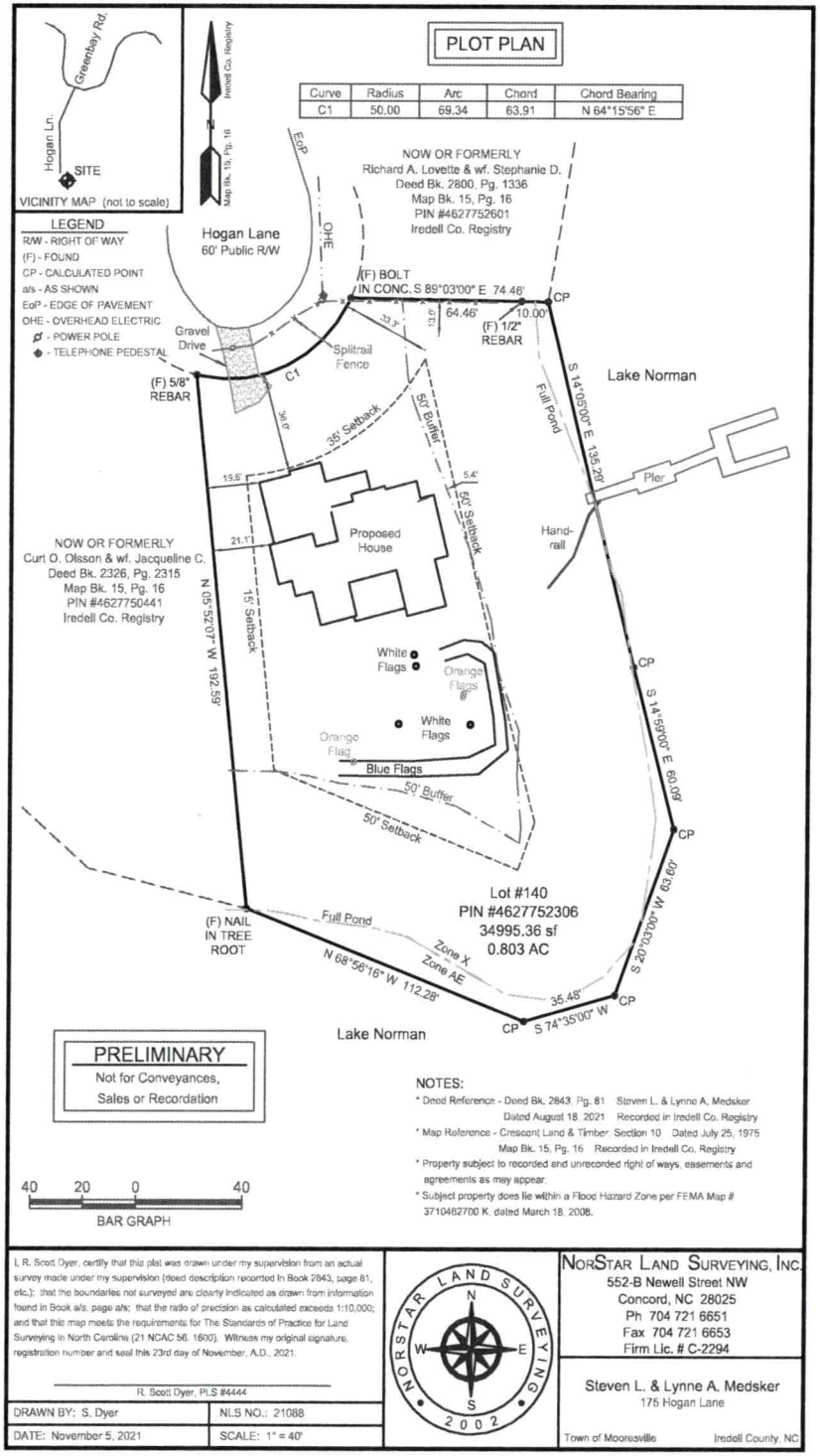
See Attached

Signature: _____

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

5/16/2022

DATE



175 Hogan Ln
Updated.

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, Steven Medsker, am the legal owner(s) of the property located at 175 Hogan Lane Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4627-75-2306, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Eric Johnson, E.S. Johnson Builders, LLC, 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] 11-8-21		[signature] 11/8/21	
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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

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

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

✓ **Complete all Environmental Health forms**:

- ✓ Application
- ✓ Site Plan including the dimensions of proposed structure, addition, pool etc.
- ✓ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- ✓ Copy of Zoning Permit when applicable
- ✓ Sign this sheet after you have completed all items

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

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

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

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

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

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

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

Signature _____ **Date** 5/16/2022

Questions? Contact the Environmental Health Offices below:

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

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

PROPERTY ID #: 4627752306
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Norman McColl
ADDRESS: 1208 Valleymede Rd, Greensboro, NC 27410
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 175 Hogan Ln, CL&T Sec 10 Lot 140
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 7/2021
PROPERTY RECORDED:
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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
PIT 1	LS 8%	0-28	R CL WSBK	FR SS SP SXP	N/A	28"	PS	N/A	PS 0.3-0.4
		28-59	VER SL SAP M	VFR SS SP SXP					
		23							
					Heavy mica throughout				
PIT 2	LS 8%	0-3 0-5	Br CL WSBK	FR SS SP SXP	N/A	45"		N/A	PS 0.3
		3-19 5-11	R C SBK	FR SS SP SXP					
		19-45 11-18	R CL WSBK	FR SS SP SXP			Com SAP PS		
		45-58	VER SL SAP M	VFR SS SP SXP					
PIT 3	LS 8%	0-16	R C SBK	FR SS SP SXP	N/A	38"		N/A	PS 0.3
		16-38	R CL WSBK	FR SS SP SXP			Com SAP PS		
		38-60	VER SL SAP M	VFR SS SP SXP					
PIT 4	LS 8%	0-22	R C SBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		22-60	R CL WSBK	FR SS SP SXP					
					sap incl	20"+			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex Sys+402FT^2	2440 FT^2
System Type(s)	Ex Sys+25% R	TSII Drip
Site LTAR	0.3	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4627752306
DATE OF EVALUATION: _____
COUNTY: IREDELL

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
PIT 5	LS 8%	0-19	R C SBK	FR SS SP SXP	N/A	63"	N/A	N/A	PS 0.3
		19-63	R CL WSBK	FR SS SP SXP	YB @ very isolated. 17"				
PIT 6	LS 8%	0-20"	FILL		N/A	N/A	N/A	N/A	NOT USING
		20-48	R C SBK	FR SS SP SXP	Sap incl 35+"				
		48-60	CL						
AB 1	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	36"	F-C SAP PS	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SXP					
		36-48	VER L SAP M	FR SS SP SXP					
AB 2	LS 8%	0-10	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		10-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 8%	0-27	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		27-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4627752306____
DATE OF EVALUATION: _____
COUNTY: ___IREDELL___

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	
AB 4	LS 8%	0-21	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		21-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Voluntary Relinquishment of Administrative Appeal Rights
(Completion of Form by Property Owner)

5/26/22

Owner: Lynne Medsker
Address: 175 Hogan Lane, Mooresville, NC 28117

Subject: Voluntary Relinquishment of Administrative Appeal Rights

(specify Permit ID/owner's name/property location/site legal description): 175 Hogan Lane, Mooresville, NC : Permit: 319884

I, Lynne Medsker, voluntarily relinquish my rights to pursue a formal appeal through the Office of
(print full name)

Administrative Hearings pursuant to NC General Statute 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B for the above referenced permit in order for the authorized agent/local health department to issue the applicable permit (new IP and/or CA) for the site. I understand by completing this form the previous permit issued on ___7/30/21_____ for a system:
(permit date)

Type IV_ at 175 Hogan Lane, Mooresville, NC : Permit: 319884

for the site will be "revoked" immediately by the authorized agent/local health department.

Lynne A Medsker
Signature of Property Owner

Central Office
318 Turnersburg Hwy
Statesville, NC 28625
704-878-5300

Mooresville Site
610 E. Center Avenue
Mooresville, NC 28115
704-664-5281

Environmental Health
349 N. Center Street
Statesville, NC 28677
704-878-5358

www.co.iredell.nc.us/161/Health-Department

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, MS, BSN, RN
HEALTH DIRECTOR

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

Notice of Intent to REVOKE Improvement Permit/Construction Authorization

Owner: Lynne Medsker
Address: 175 Hogan Lane, Mooresville, NC 28117

Date: 5/26/22

Subject: Notice of Intent to Revoke: 175 Hogan Lane, Mooresville, NC : Permit: 319884 (Improvement Permit/Construction Authorization

Dear **Lynne Medsker**:

The Iredell County Health Department (ICHD) inspected the site for the on-site wastewater system located at 175 Hogan Lane, Mooresville, NC : Permit: 319884 for compliance with the Laws (Article 11 of Chapter 130A of the North Carolina General Statutes), Rules (15A NCAC 18A .1900 et seq.), and Improvement Permit/Construction Authorization _____Type IV_____ conditions. As a result of this inspection, the Department has determined the following violations:

Violation	Law or Rule Citation
Site plan has changed	15A NCAC 18A .1937(g)

This is to notify you that based on these violations, the Department intends to Revoke your Improvement Permit/Construction Authorization 30 days from the date of this notice.

If the ICHD determines that all of the violations have been corrected before thirty (30) days expire, the revocation will not go into effect. If the permit is revoked, you must apply for a new Improvement Permit/Construction Authorization and meet the requirements of the current laws and rules necessary to obtain a new IP/CA.

You have a right to an informal review of this decision. You may request an informal review by the environmental health supervisor at the local health department. You may also request an informal review by the NC Department of Health and Human Services Regional Soil Scientist. A request for informal review must be made in writing to the local health department.

You also have a right to a formal appeal of this decision. To pursue a formal appeal, you must file a petition for a contested case hearing with the Office of Administrative Hearings, 6714 Mail Service Center, Raleigh, NC 27699-6714. You may write the Office of Administrative Hearings, call the office at (919) 431-3000 or get a copy of the petition form from the OAH web site at http://www.ncoah.com/forms.html . The petition for a contested case hearing must be filed in accordance with the provision of North Carolina General Statutes 130A-24 and 150B-23 and all other applicable provisions of Chapter 150B. North Carolina General Statute 130A-335 (g) provides that your hearing would be held in the county where your property is located.

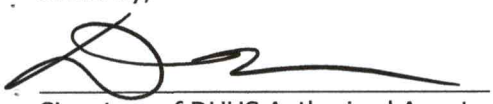
If you wish to pursue a formal appeal, you must file the petition form with the Office of Administrative Hearings **WITHIN 30 DAYS OF THE DATE OF THIS LETTER.** The date of this letter is **5/**26/22 . Meeting the 30-day deadline is critical to your formal appeal.

If you file a petition for a contested case hearing with the Office of Administrative Hearings, you are required by General Statute 150B-23 to serve a copy of your petition to the Registered Agent for the Office of General Counsel, Department of Health and Human Services, 2001 Mail Service Center, Raleigh, NC 27699-2001. The Registered Agent for the Department of Health and Human Services is Lisa Corbett.

Do not serve the petition on your local health department. Sending a copy of your petition to the local health department will not satisfy the legal requirement in NC General Statute 150B-23 that you send a copy to the Office of General Counsel, 2001 Mail Service Center, NC Department of Health and Human Services.

You may contact our office at 704-878-5305 x3456 or by fax at 704-871-3483.

Sincerely,



Signature of DHHS Authorized Agent

PJB

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 319884

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

PIN # 4627--75--2306

APPLICANT/OWNER: Lynne Medsker APPLICANT ADDRESS: 167 Hanks Bluff, Mooresville NC 28117

SITE ADDRESS: 175 Hogan Lane, Mooresville NC PHONE: 781-953-6037 ALT. PHONE 336-382-6804

SITE DIRECTIONS: (W) 150 → (L) Paradise Peninsula → (L) Greenbay →

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL & T SECTION: 10 LOT # 140 LOT AREA: 0.803 ac DESIGN FLOW: 480 gpd L.T.A.R.: 0.3 (I&R)

Septic Tank ____ (gal)	STB ____	Date ____	[ ] New System [ ] Repair [X] Expansion	System Type: I II III IV V VI	[X] Residence	No. Bedrooms	4	**Water Supply**
Pump Tank ____ (gal)	PT ____	Date ____	System Description: TS11 Ex Bed + 50% Reduction		[ ] Business	No. Persons	8	[X] Private
Pump Make ____	Model ____	Serial # ____	Repair System Description: TS11 Drip		[ ] Other	No. Employees	____	[ ] Public
# Nitrification Fields ____	# Lines ____	Linear Ft ____	Maintenance Agreement Required: [X] YES [ ] NO		[ ] Slab	[X] Crawl Space		[ ] Community
Trench Width ____	Trench Bottom Depth(Low side) ____		Gravel Depth ____	[ ] GRAVITY [X] PRESSURE	[ ] Basement w/plumbing		[ ] Basement w/o plumbing	

Comments / Conditions: Do not pave, grade, drive, park, or bury utilities in drainfields. Divert all drainage from drainfield

Well existing on lot must be abandoned. Well was abandoned by B&K

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Associates.

Design must be engineered for A/C

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.

Revised

well abandonment needed

---IMPROVEMENT PERMIT ONLY---

DO NOT ISSUE BUILDING PERMIT!

Engineered septic ~~FLOOR PLAN~~ STILL NEEDED!

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**

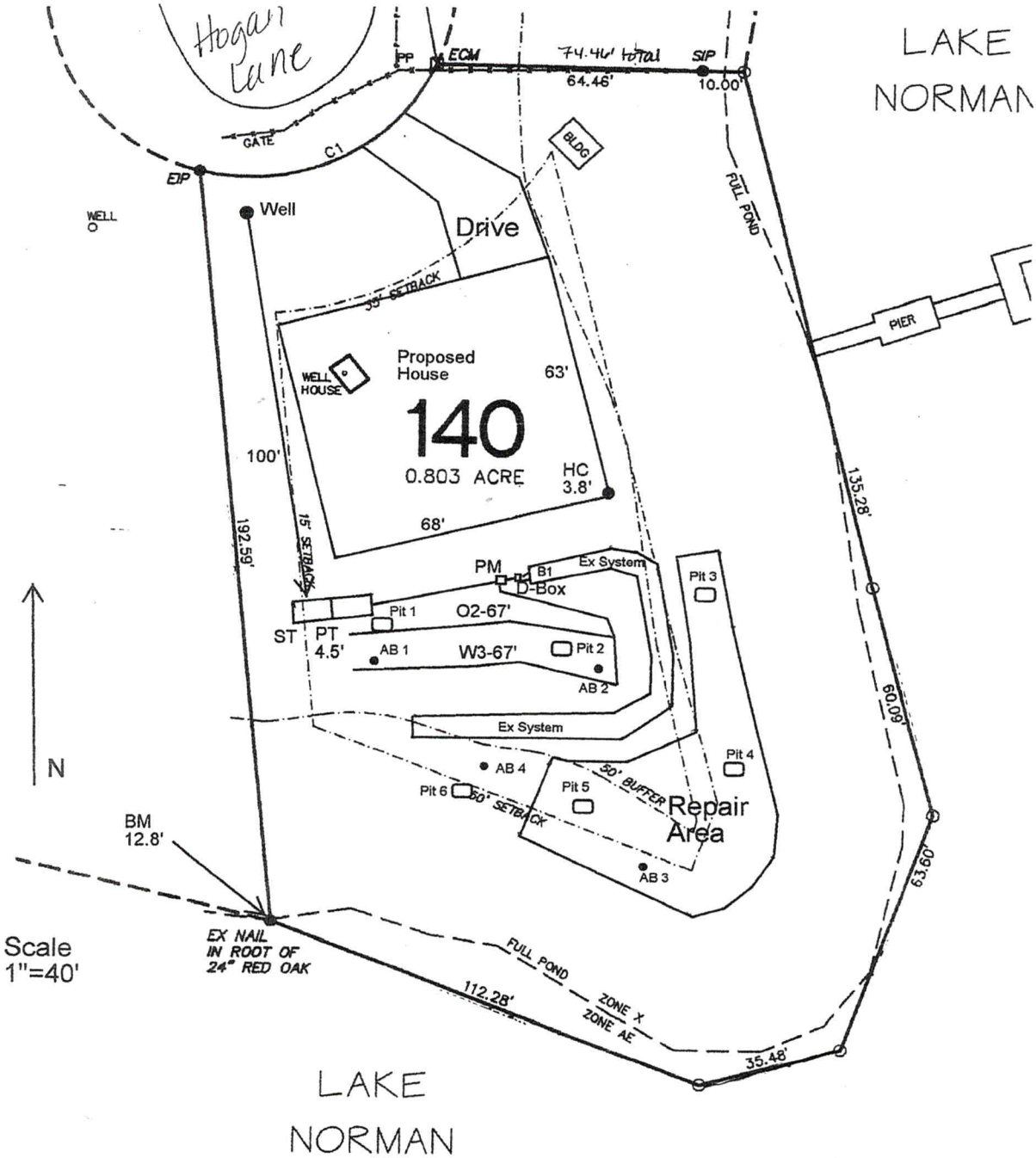
[ ] **IMPROVEMENT PERMIT** *with plat valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Lynne A Medsker Date: 8/5/21 Installed by: ____

IMPROVEMENT PERMIT by: D. Mebane Date: 7/30/21 OPERATION PERMIT by: ____ Date: ____

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

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


Hogan Lane
PP
ECM
74.46' total
64.46'
SIP
10.00'
LAKE
NORMAN
GATE
C1
BLDG
EIP
WELL
Well
Drive
FULL POND
PIER
30' SETBACK
WELL HOUSE
Proposed House
63'
140
0.803 ACRE
HC
3.8'
100'
68'
135.28'
192.59'
15' SETBACK
PM
B1
Ex System
D-Box
Pit 3
Pit 1
O2-67'
ST
PT
4.5'
AB 1
W3-67'
Pit 2
AB 2
Ex System
60.09'
N
AB 4
Pit 4
Pit 6
50' SETBACK
Pit 5
50' BUFFER
Repair Area
BM
12.8'
AB 3
63.60'
Scale
1"=40'
EX NAIL
IN ROOT OF
24" RED OAK
FULL POND
ZONE X
ZONE AE
112.28'
35.48'
LAKE
NORMAN

RECEIVED JUL 2 2 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Expedited Review AP-319884 Paid: $350.00

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

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY) Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Lynne Medsker **Address:** 167 Hawks Bluff, Mooresville, NC **Zip:** 28117
Applicant Email: slmedsker@gmail.com **Phone:** 781-953-6077 **Alt. Phone:** 781-366-6201
Owner Name: Estate of Louise McClelland M^Col **Address:** James Foster - Executor 1208 Valleymeade Rd, Greensboro, NC **Zip:** 27410
Owner Email: jfoster@ath.net **Phone:** 336-382-6804 **Alt. Phone:**

Property Information:

Street Address: 175 Hagan Lane, Mooresville, NC 28117
Subdivision Name: **Section/Phase:** 10 **Lot Number:** 140
Driving Directions: Rt 150/River Hwy to Paradise Peninsula Rd to Greenbay Rd to Hagan Ln

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (X) Other: Accepted

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: Lynne A Medsker 7-20-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

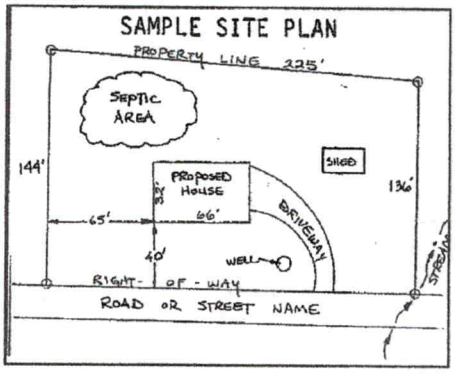
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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

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

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

Signature: Lynne A Medlin — 7-20-21

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

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

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

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

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

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

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

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

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

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

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

Signature Lynn A Medlin **Date** 7-20-21

Questions? Contact the Environmental Health Offices below:

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

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

IREDELL COUNTY 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, Louise M. McColl, am the legal owner(s) of the property located at 175 Hogan Lane, Mooresville, NC, identified as PIN (Parcel Identification Number) 4627752306, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, 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.

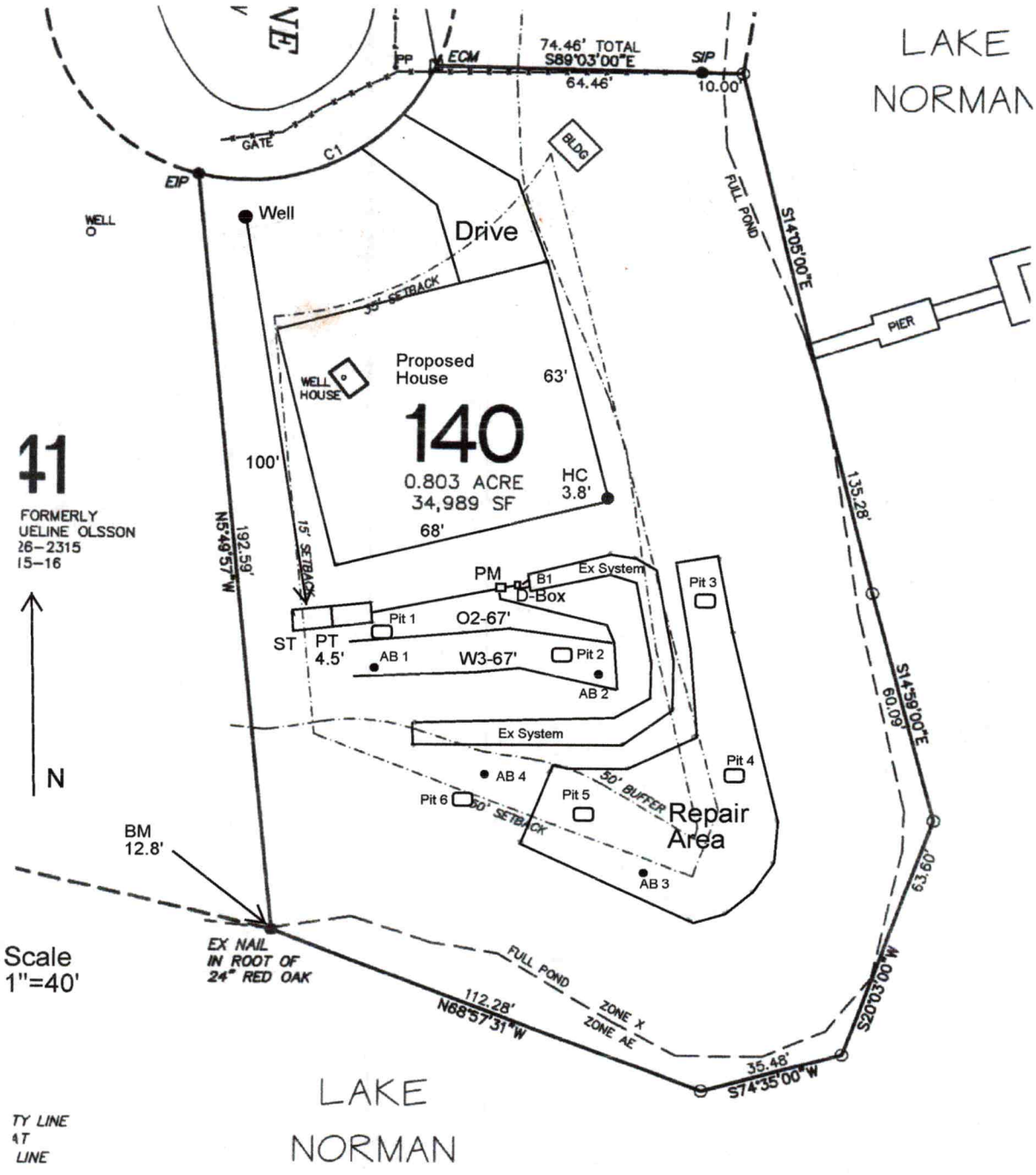
Estate of Louise M. McColl
James B Aiken Executor 7/21/21
Signature of Owner(s) Date

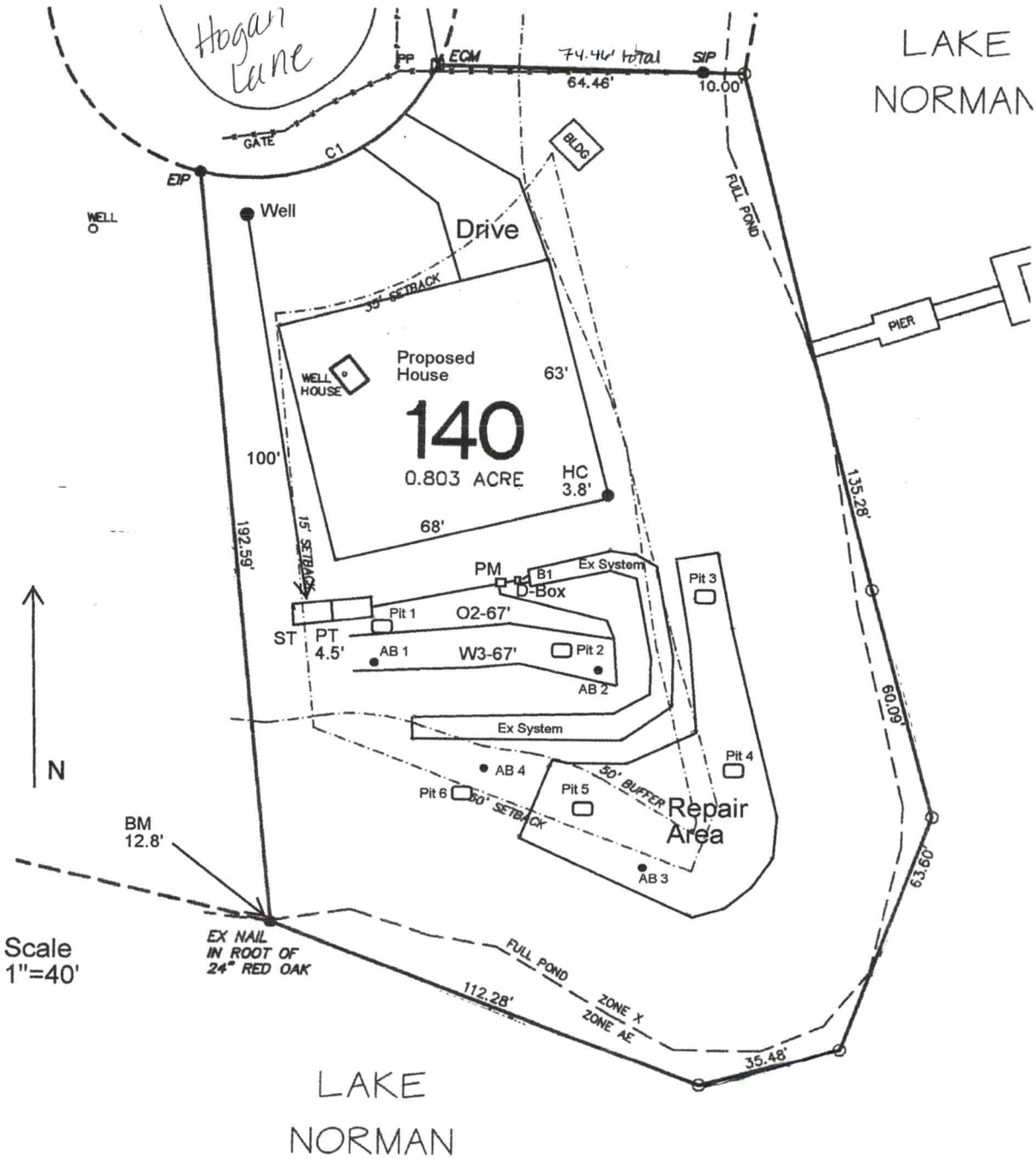
Carolyn M. Foster 7-21-2021
Signature of Witness Date

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


LAKE
NORMAN
74.46' TOTAL
S89°03'00"E
64.46'
10.00'
PP
ECM
SIP
GATE
C1
EIP
WELL
Well
Drive
BLDG
FULL POND
S14°05'00"E
PIER
30' SETBACK
Proposed
House
63'
WELL
HOUSE
140
0.803 ACRE
34,989 SF
68'
HC
3.8'
100'
15' SETBACK
N6°49'57"W
192.59'
41
FORMERLY
UELINE OLSSON
26-2315
15-16
PM
B1
D-Box
Ex System
Pit 3
Pit 1
O2-67'
ST
PT
4.5'
AB 1
W3-67'
Pit 2
AB 2
Ex System
AB 4
Pit 4
Pit 5
Pit 6
50' BUFFER
50' SETBACK
Repair
Area
AB 3
N
BM
12.8'
135.28'
S14°59'00"E
60.09'
63.60'
S20°03'00"W
35.48'
S74°35'00"W
EX NAIL
IN ROOT OF
24" RED OAK
112.28'
N68°57'31"W
FULL POND
ZONE X
ZONE AE
Scale
1"=40'
LAKE
NORMAN
TY LINE
T
LINE


Hogan Lane
PP
ECM
74.46' total
64.46'
SIP
10.00'
LAKE NORMAN
GATE
C1
BLDG
EIP
WELL
Well
Drive
FULL POND
PIER
35' SETBACK
Proposed House
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WELL HOUSE
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0.803 ACRE
HC 3.8'
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192.59'
15' SETBACK
135.28'
PM
B1
Ex System
D-Box
Pit 3
Pit 1
O2-67'
ST
PT 4.5'
AB 1
W3-67'
Pit 2
AB 2
60.09'
Ex System
N
AB 4
Pit 4
50' BUFFER
Pit 6
50' SETBACK
Pit 5
Repair Area
BM 12.8'
AB 3
63.60'
Scale 1"=40'
EX NAIL IN ROOT OF 24" RED OAK
FULL POND
ZONE X
ZONE AE
112.28'
35.48'
LAKE NORMAN

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

RECEIVED NOV 1 8 2021

Application For:
(X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonme
( ) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Re

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE . IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMIT APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETA

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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

Applicant Information:

Applicant Name: ES JOHNSON BUILDERS **Address:** PO BOX 1402, CORNELIUS NC 28031 **Phone:** 704-987-7

Owner Name: STEVE & LYNNE MEDSKER **Address:** 167 HANKS BLUFF, MOORESVILLE NC 28117 **Phone:** _____

Property Information:

Street Address: 175 HOGAN LANE, MOORESVILLE NC 28117

Subdivision Name: GREENBAY/RIDGE CL+T **Section/Phase:** 10 **Lot Number:** 140

Driving Directions: W 150*L PARADISE PENINSULA*L GREENBAY*R HOGAN

Email Charlie@Mcgarty.com

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

(X) Crawl Space Foundation
( ) Concrete Slab Foundatic
( ) Basement with Plumbing
( ) Basement without Plumb

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

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

Please answer the following to the best of your ability:
( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industr l) 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 gran right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for 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: Charlie McGarty 11/8/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT

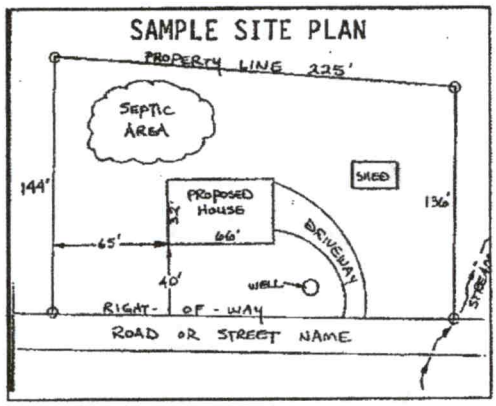
ENVIRONMENTAL HEALTH DIVISION

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

SEE ATTACHED

Signature: Charlie McGarty

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

11/8/2021

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, Steven Medsker, am the legal owner(s) of the property located at 175 Hogan Lane Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4627-75-2306, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Eric Johnson, E.S. Johnson Builders, LLC, 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	Signature of Witness	Date
Steven L Medsker	11-8-21	Lynne A. Medsker	11/8/21

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC PERMITS

The following items* must be completed *PRIOR* to the *SUBMITTAL of the Improvement Permit (IP) Authorization to Construct (AC) / Existing System application packet.

*** Initial each statement to indicate you have read and agree. ****

ESJ **Complete all Environmental Health forms**: septic system application, site plan, new well water application (if applicable), and sign this green sheet **after** you have completed all items. Include a copy of the site Zoning Permit. NOTE: *A Zoning Permit is not required for septic system repairs or expansion where no addition is being made to an existing structure.* All applications requiring zoning must submit completed paperwork and applicable fees to *CENTRAL PERMITTING* before any name will be placed on the service request (appointment) list. Applications not requiring zoning may be submitted and paid for at Central Permitting in Statesville OR the Mooresville office of Environmental Health. Only properly completed applications will be placed on the service request list on a first come, first serve basis. **Incomplete applications will be returned to the applicant.**

ESJ **Lots must be cleared** to allow access and provide good visibility. Structure footprint must be visible and adequate area for septic drain field and repair area must be cleared sufficiently to provide staff room to move about freely, shoot laser level elevations as well as test soil with hand auger, etc. **If they cannot access the lot, you will incur a $100 revisit fee AFTER clearing the lot before Environmental Health will return to the site.**

ESJ Clearly **mark all property corners by locating existing iron or concrete markers**. Flag all property lines every twenty-five feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor and easily identified. 'Mow lines' and/or fence lines do NOT constitute marked lines.

ESJ **Stake or flag the footprint of the proposed building structure or addition to match site plan application**. Without a footprint Environmental Health cannot determine the location and size of a proposed septic system.

ESJ Where an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for the subdivision lot and include a legible copy of the basic floor plan not larger than 11" x 17" for each floor in the structure. Be sure to include any decks, porches, etc.

ESJ In the event that backhoe pits are required for soil evaluation (which cannot be determined until Environmental Health staff arrive to test soil) understand that **you are responsible for securing these services.** This may delay the permitting process, but will not result in the application being returned to the bottom of the work list. You must coordinate with the Environmental Health Specialist when test pits are to be dug. The application will be worked back into the schedule as quickly as possible.

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

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated.

Signature Charlie McGarty **Date** 11/8/2021

Questions? Call between 8:00-9:00a.m., to speak with a Registered Environmental Health Specialist.

Statesville Office
349 North Center Street
(2nd Floor-Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456
This office closes for lunch 1:00 – 2:00 daily.

Mooresville Office
610 East Center Avenue
(2nd Floor-Government Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625
This office closes for lunch 12-1:00 daily.

MA&A
SOIL & ENVIRONMENTAL CONSULTANTS

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556 Walden Trail
Weddington, NC 28173
(704) 576-3887
7/19/2021

Reference: Data Sheet For 175 Hogan Ln, CL&T Sec 10 Lot 140
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2 (initial), 0.125 GPD/FT^2 (repair)
Proposed System Type: TSII Existing Conventional Bed + 25% Reduction
Proposed Repair System Type: TSII Drip Dispersal
Distribution: Pressure manifold
Flow per Tap: 1 @ 12.5 GPM, 1 @ 10.1 GPM
Tap Size and Material: 1 @ ¾" SCH 40, 1 @ ¾" SCH 80
System Flow: 22.6 GPM
Dosing Volume: 168 gallons
Pump Run Time: 7.4 minutes
Elevation Head: 6.1'
Friction Head: 0.4'
Pressure Head: 2'
Total Dynamic Head: 8.5'
Supply Line Length: 30' of 2" PVC
Septic/Pump Tank Size: 1000 gallons ST, AdvanTex AX20-RTUV (PT)
Proposed Trench Bottom: 24-36" (initial), 6" (repair)



Line	Design Length	Actual Length	Elevation
Blue 1	**Existing System**		
Orange 2	**67'**	**67'**	**4.3'**
White 3	**67'**	**67'**	**5.1'**

Initial System: Ex. Sys. + 134'
Pump Tank: 4.5'
Benchmark: 12.8' (Nail in tree root)
Repair System: 2440 FT^2
House Corner: 3.8'
Pressure Manifold: 3.4'

Comments:
The existing well must be abandoned and a new well installed. The system is pretreated due to the encroachment of the existing system in the 50' setback.

Sheet 1 of
PROPERTY ID #: 462775230
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Norman McColl
ADDRESS: 1208 Valleymede Rd, Greensboro, NC 27410
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 175 Hogan Ln, CL&T Sec 10 Lot 140
APPLICATION DATE
DATE EVALUATED:
PROPERTY SIZE: 7/2021
PROPERTY RECORDED:
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixe

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
PIT 1	LS 8%	0-28	R CL WSBK	FR SS SP SXP	N/A	28"	PS	N/A	PS 0.3-0.4
		28-59	VER SL SAP M	VFR SS SP SXP					
		73							
					Heavy mica throughout				
PIT 2	LS 8%	0-3 0.6	Br CL WSBK	FR SS SP SXP	N/A	45"		N/A	PS 0.3
		3-19 5.4	R C SBK	FR SS SP SXP					
		19-45 11.6	R CL WSBK	FR SS SP SXP			Com SAP PS		
		45-58	VER SL SAP M	VFR SS SP SXP					
PIT 3	LS 8%	0-16	R C SBK	FR SS SP SXP	N/A	38"		N/A	PS 0.3
		16-38	R CL WSBK	FR SS SP SXP			Com SAP PS		
		38-60	VER SL SAP M	VFR SS SP SXP					
PIT 4	LS 8%	0-22	R C SBK	FR SS SP SXP	N/A	60"	N/A	N/A	PS 0.3
		22-60	R CL WSBK	FR SS SP SXP					
					sap incl	20"+			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex Sys+402FT²	2440 FT²
System Type(s)	Ex Sys+25% R	TSII Drip
Site LTAR	0.3	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet __2__ of _

PROPERTY ID #: 4627752806_
DATE OF EVALUATION: _____
COUNTY: _IREDELL__

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	PROFIL CLASS & LTAR
PIT 5	LS 8%	0-19	R C SBK	FR SS SP SXP	N/A	63"	N/A	N/A	PS 0.3
		19-63	R CL WSBK	FR SS SP SXP	YB @ very isolated. 17"				
PIT 6	LS 8%	0-20"	FILL		N/A	N/A	N/A	N/A	NOT using
		20-48	R C SBK	FR SS SP SXP	Sap incl 35+1+				
		48-60	CL						
AB 1	LS 8%	0-6	Br CL WSBK	FR SS SP SXP	N/A	36"	F-C SAP PS	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SXP					
		36-48	VER L SAP M	FR SS SP SXP					
AB 2	LS 8%	0-10	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		10-48	R CL WSBK	FR SS SP SXP					
AB 3	LS 8%	0-27	R C SBK	FR SS SP SXP	N/A	48"	N/A	N/A	PS 0.3
		27-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4627752-06_
DATE OF EVALUATION: _____
COUNTY: ___IREDELL

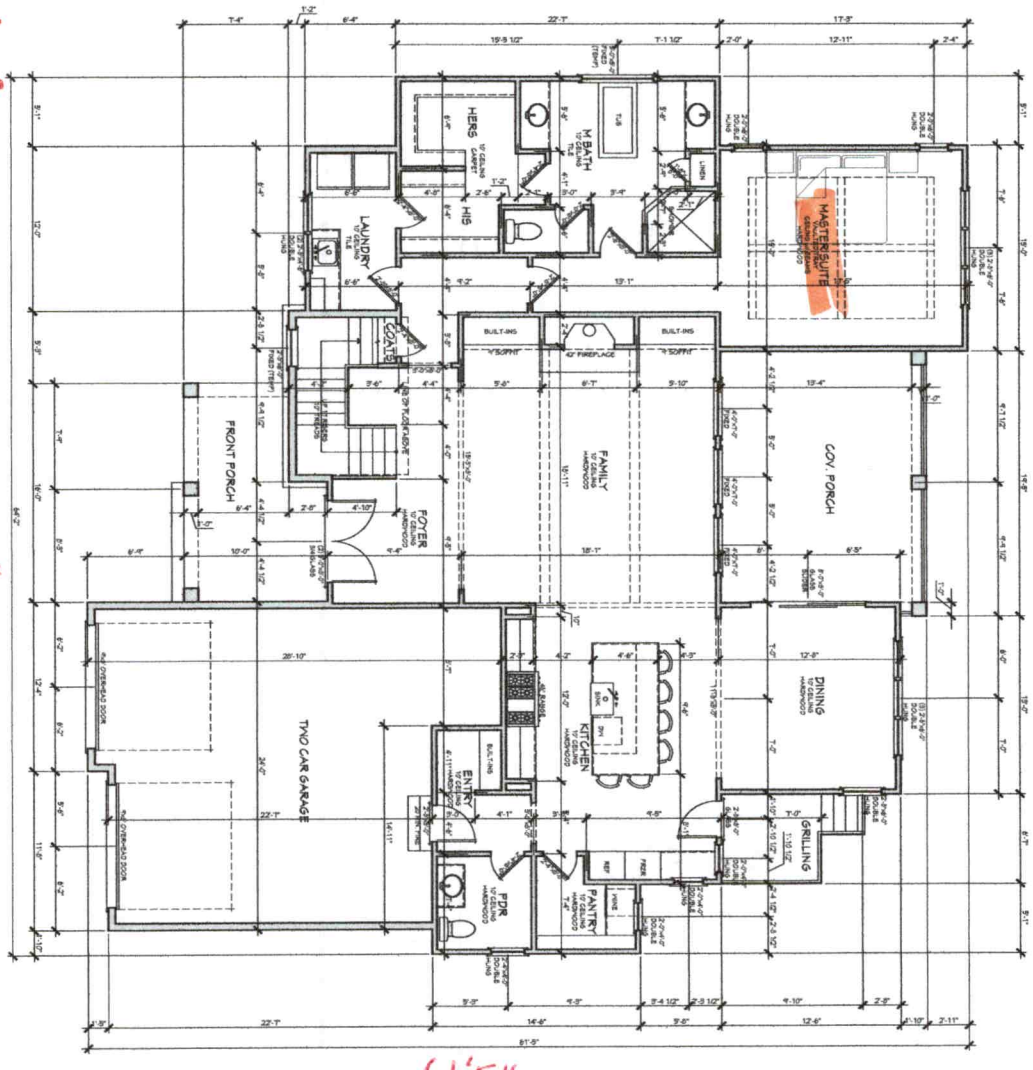
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFIL CLASS & LTAF
AB 4	LS 8%	0-21	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP	N/A	PS 0.3
		21-48	R CL WSBK	FR SS SP SXP					

Acknowledgement of
Plans Submittal ONLY!

Date 11/18/2021

Date 9/2/22

SQUARE FOOTAGE	
HEATED SQ. FOOTAGE	
MAIN LEVEL	1966 SQ. FT.
UPPER LEVEL	1788 SQ. FT.
TOTAL HEATED	3754 SQ. FT.
FRONT PORCH	141 SQ. FT.
GARAGE	917 SQ. FT.
COVERED PORCH	366 SQ. FT.
TOTAL UNDER ROOF	4788 SQ. FT.



MAIN LEVEL
FLOOR PLAN
SCALE: 1/4" = 1'-0"

A1	10/15/21	The Medsker Residence	E.S. Johnson BUILDERS
Sheet			

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Acknowledgement of
Plans Submittal ONLY!

Date 6/2/22

Date 11/18/2021

UPPER LEVEL
FLOOR PLAN
SCALE: 1/4" = 1'-0"

A2	10/13/21	The Medsker Residence	E.S. Johnson BUILDERS
Sheet			

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