ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

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

PERMIT # AP 307236

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

PIN # 4627826422

APPLICANT/OWNER: Anthony Woodring APPLICANT ADDRESS: 534 Beaten Path Mooresville NC 28117

SITE ADDRESS: 534 Beaten Path Mooresville, NC PHONE: 7046196405 ALT. PHONE 7044218823

SITE DIRECTIONS: Brawley School Rd TR Blume TL Beaten Path on right SAP CONTROLLED: ☐ YES ☒ NO

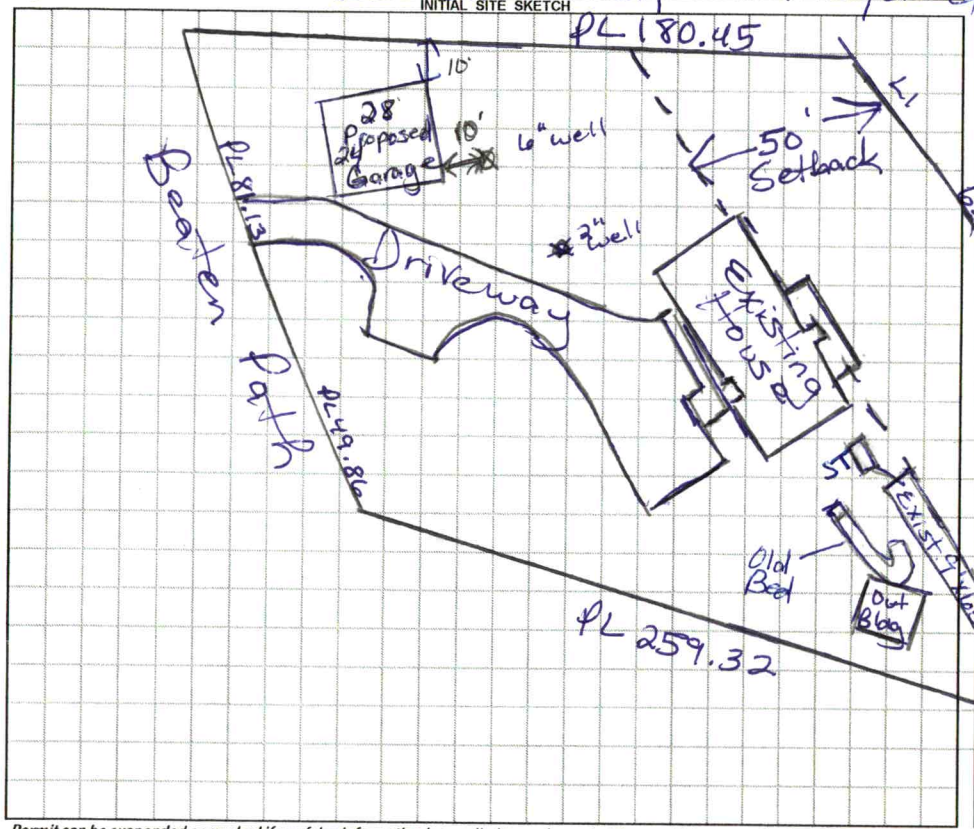
SUBDIVISION: C & T SECTION: 9 LOT # 55 LOT AREA: .71 Ac DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank	Exist.	(gal)	STB		Date		☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	3	Water Supply				
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction				☐ Business	No. Persons	6	☒ Private				
Pump Make		Model			Serial #		Repair System Description:					☐ Other	No. Employees		☐ Public				
# Nitrification Fields		# Lines	Exist.		Linear Ft		Maintenance Agreement Required:	☐ YES	☒ NO			☒ Slab Garage	☒ Crawl Space House		☐ Community				
Trench Width		Trench Bottom Depth(Low side)			Gravel Depth			☒ GRAVITY	☐ PRESSURE			☐ Basement w/ plumbing			☐ Basement w/o plumbing				

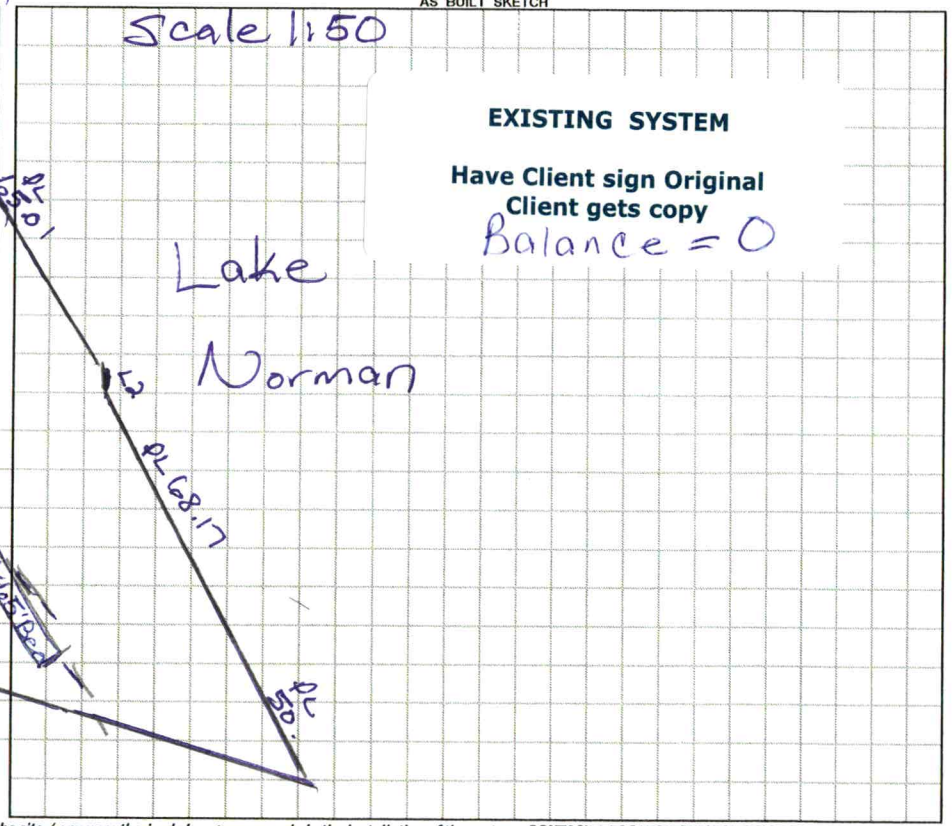
Comments / Conditions: Note: Garage does not meet 25ft Setback, therefore a well variance was issued (see attached 10ft required)

Existing Septic System appears to be functioning ok at time of inspection

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

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

Owner / Applicant Signature: Acceptance of Permit Read Date: 7.31.2020 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Maria Dotson Date: 7/30/2020

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

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

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

I, Anthony Woodring, am the legal owner or the agent of the property located at 534 Beaten Path Rd. Mooresville NC, identified as PIN(Parcel Identification Number)_____, located in Iredell County, North Carolina.
Permit # _____.

I do hereby agree to the permit design and the conditions of this permit.

Anthony Woodring 7/31/20
Signature of Owner/Authorized Agent Date

Marcia Woodring 7/3/20
Signature of Witness Date

tony.woodring@gmail.com
email

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
June 1, 2020

Anthony Woodring
534 Beaten Path Rd
Mooresville, NC 28117

Re: Approval No. JMB2000

Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
534 Beaten Path Rd
Mooresville, NC 28117

Dear Mr. Woodring;

On May 29, 2020 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that is serving one dwelling. A structure is proposed for the property that will be within twenty-five feet of the well.

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

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

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted**, terminated at least 12" above land surface, properly sealed, and having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied to the structure within twenty five feet of the well unless alternative methods are approved by the Iredell County Health Department.

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

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

Sincerely,

John Brooks

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

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

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

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107

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

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

Including monitoring and recovery wells.

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

DATE: 5/29, 2020 **PERMIT NO.:** AP 307236 (to be completed by DWQ/DPH)

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

Anthony Woodring

Mailing Address: 534 Beaten Path Rd.

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

Day Tele No.: 704 619-6405 Cell No.: 704 421-8873

EMAIL Address: tony.woodring@gmail.com Fax No.:

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4627826422

County: Iredell

(2) Physical Address (if different than mailing address): 534 Beaten Path

City: Mooresville State: NC Zip Code: 28117

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name:

NC Well Drilling Contractor Certification No.:

Company Name: Contact Person:

City: State: Zip Code: County:

Day Tele No.: Cell No.:

EMAIL Address: Fax No.:

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

Existing 6" drilled well. Building detached garage not 25Ft from well, therefore well variance being requested. Can only maintain 10Ft setback.

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

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

F. OTHER MINIMUM CONSTRUCTION REQUIREMENTS

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

G. SIGNATURES

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

Anthony Woodring

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

Maria Dotson

Signature of County Environmental Health Specialist

Maria Dotson

Print or Type Full Name of County Environmental Health Specialist

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

RECEIVED MAY 7 2020

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

Paid $250.00

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP-307236

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Anthony Woodring **Address:** 534 Beaten Path Rd. Mooresville NC **Zip:** 28117
Applicant Email: tony.woodring@gmail.com **Phone:** 704-619-6405 **Alt. Phone:** 704-421-8823
Owner Name: Sarah Woodring **Address:** 534 Beaten Path Rd. Mooresville **Zip:** 28117
Owner Email: tony.woodring@gmail.com **Phone:** 704-619-6405 **Alt. Phone:** 704-421-8823

Property Information:

Street Address: 534 Beaten Path Rd. Mooresville NC 28117

Subdivision Name: CLST **Section/Phase:** 9 **Lot Number:** 55

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** no plumbing in garage

Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: Garage

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) 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:** _____

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

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

Please answer the following to the best of your ability:

( ) Yes (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

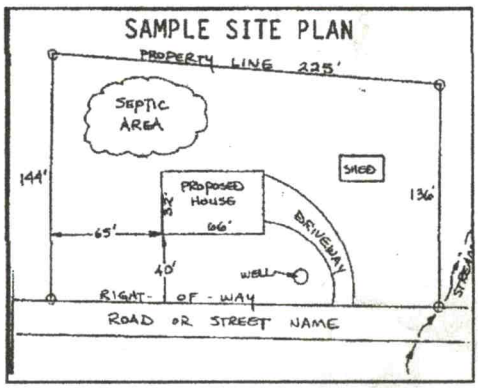
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible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

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:

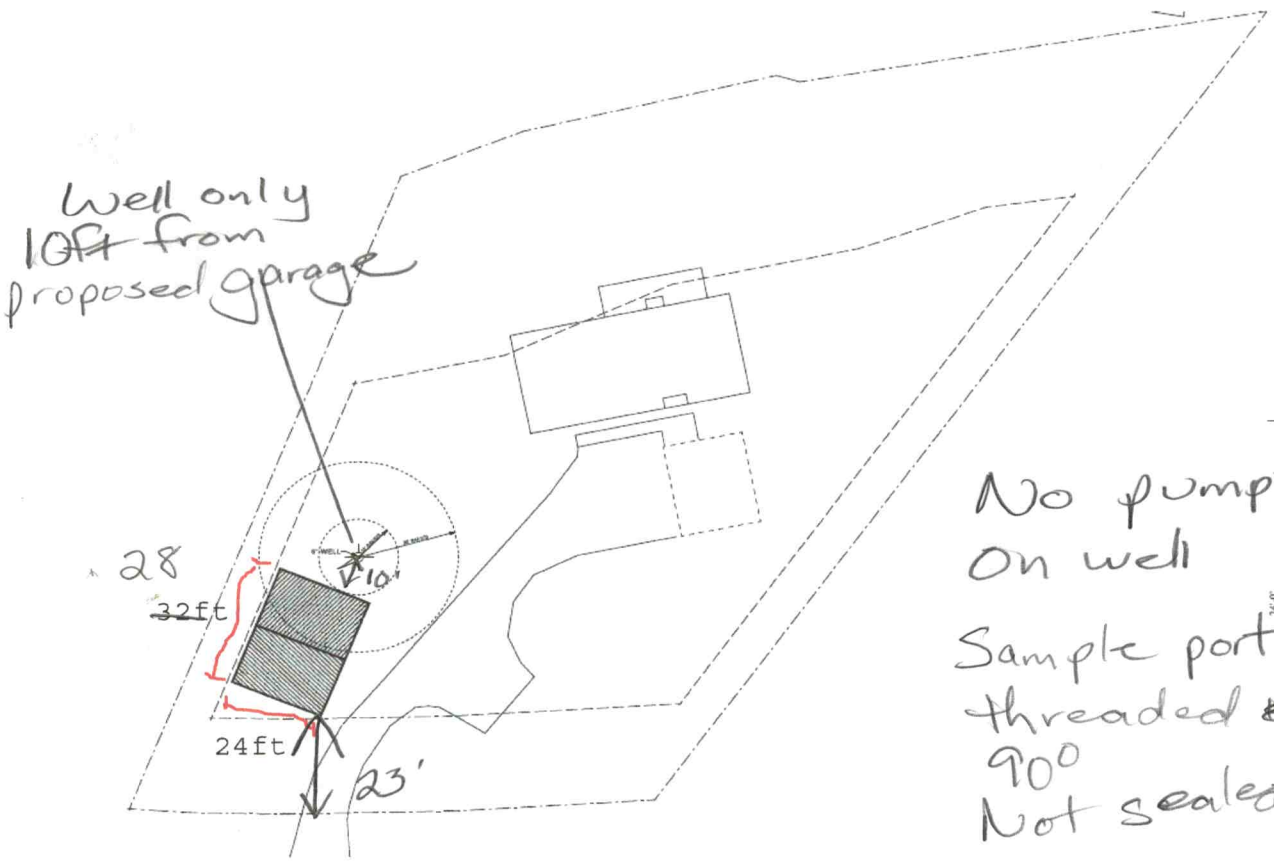
- (X) **Property Line measurements are clearly identified**
- (X) **All proposed structures are indicated**
- (X) **Front and side setbacks from property line**
- (X) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **North arrow, or other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



No pumptag on well

Sample port is threaded & not 90°

Not sealed

Signature: Sarah Washburn

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

4/30/2020

DATE

IREDELL COUNTY · NC

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

APPLICATION NUMBER
307236 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4627826422.000	534 BEATEN PATH RD	Iredell County

Owner Information	Applicant Information
Name: WOODRING SARAH H	Name: WOODRING SARAH H
Address: 727 SENECA PLACE	Address: 727 SENECA PLACE
CHARLOTTE, NC 28210	CHARLOTTE, NC 28210
Phone:	Phone:

Use Requested	Zone Code
Accessory Building	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.71	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks

32x24 DETACHED GARAGE

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

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

Date: 05/06/2020

Signature of Owner/Contractor

Permit Number	307236	TOTAL FEES:	$77.25

3072 3bdrm
#250

Need Plot attached detached?

DEPARTMENT OF PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX 928-2025

Residential Zoning Permit Application

What are you building? (Please check)

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition___ Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house)___ Accessory building (ie: garage, shed) X Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)
House, 2 wells, shed and pier

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? ___ and stories?___

If an addition, please describe project: 3 car garage on slab with no plumbing

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): ~~32' x 24'~~ 28' x 24'

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

detached
pd email

septic
$250

Owner Information

Property Owner's Name Sarah Woodring Phone # 704-619-6405

Owner's Current Address 534 Beaten Path Rd.

Property Information

Property Address 534 Beaten Path Rd. Parcel # lot 55

Subdivision:_____ Lot:___ Zoning:___ Watershed: Y or (N) Flood Plain: Y or (N) Township:___

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company Sarah Woodring Applicant's Phone # 704-619-6405

Applicant's Address 534 Beaten Path Rd.

If Company, Representative's Name and Title_____

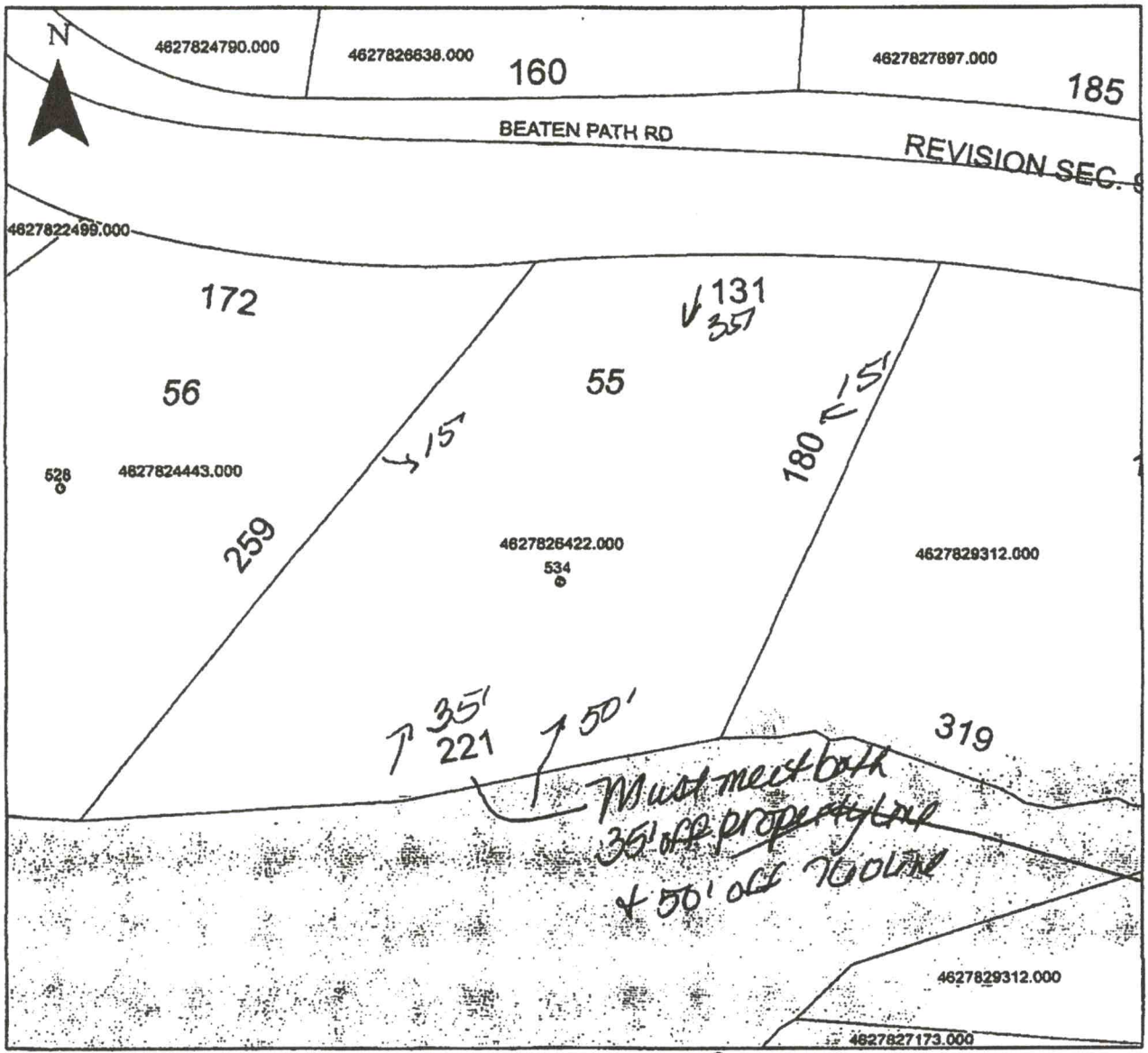
IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY ZONING DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT

SIGNATURE OF APPLICANT Sarah Woodring DATE 5/4/2020

Cat
WSIVCA
Y

.71 R20

ZONING DISCLAIMER



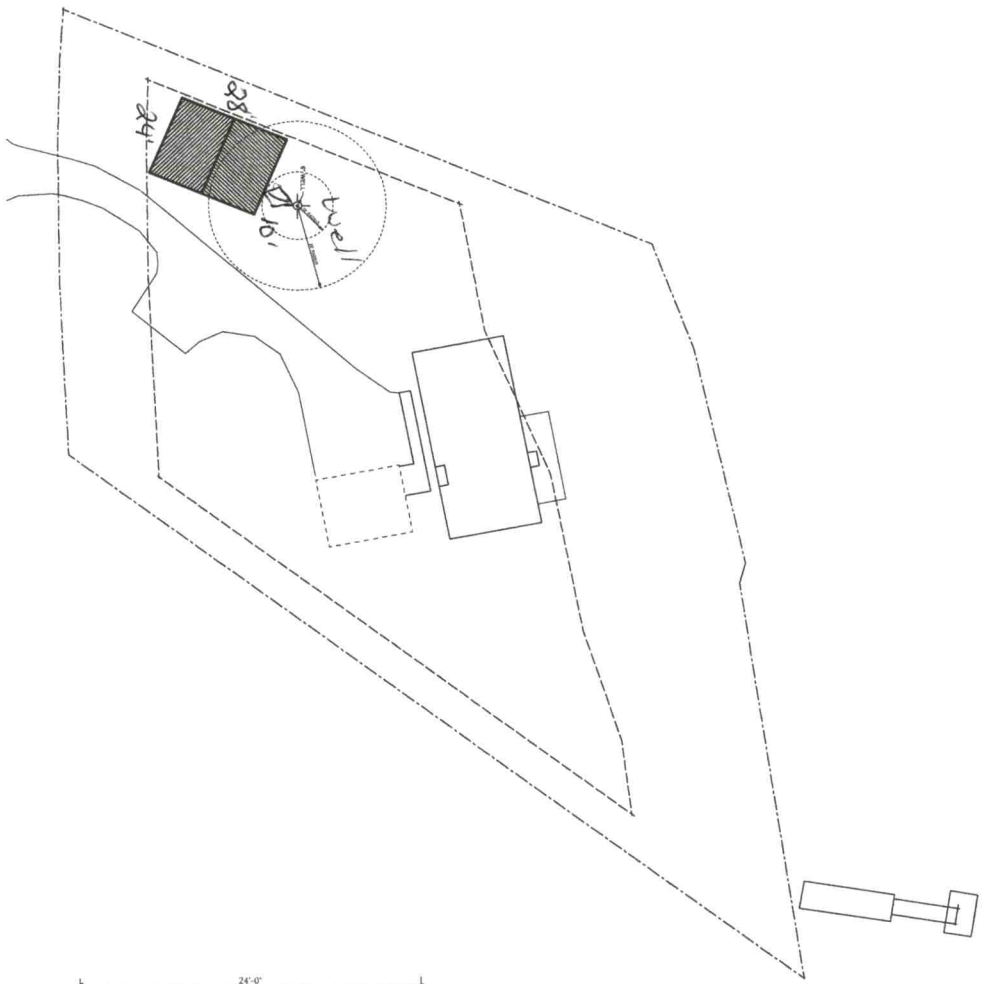
Property Address 534 Beaten Path

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

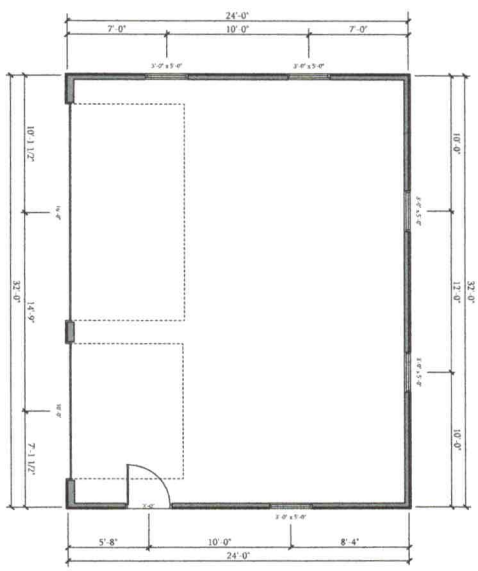
Sarah Woolsey
Applicant

5/6/2020
Date

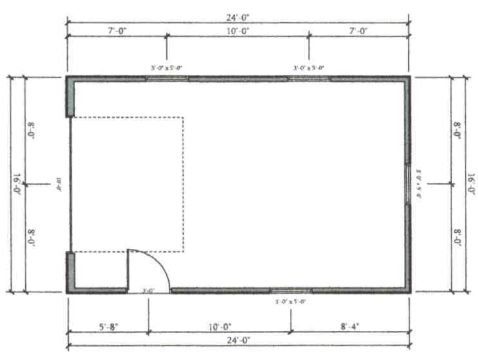
2-xx-20 .5 hr. meeting 4-20-20 2.5 hrs. drafting



3 A-1 SITE PLAN
SCALE: 1/16" = 1'-0"



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



2 A-1 FLOOR PLAN "B"
SCALE: 1/4" = 1'-0"

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4-20-20

SHEET No.
A-1

FLOOR PLAN

Remodel / Addition plans for:
Mr. and Mrs. Woodring
534 Beaten Path Rd., Mooresville, NC

U.S. HOME DESIGNS, INC.
2005 Hazelwood Dri., Statesville, NC 28625 Phone: 704-309-0762
Designer: Stephen W. Turley
www.ushomedesigns.com

Ronda Hart

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Tuesday, May 5, 2020 9:59 AM
To: Ronda Hart
Cc: Amanda Horton
Subject: Re: Septic Applicationi

OK, thank you.

On Tue, May 5, 2020 at 9:20 AM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

Tony,

Just to clarify...we cannot give you a distance from the well other than the 25' setback (based on the rules). You will have to tell us where you want the garage and then we have to see if the state will approve it once the variance is applied for. We nor the state can act in an advisory fashion. We approve or disapprove requests.

I will forward your zoning application to Central Permitting so they can setup your project.

Thank you,

Ronda Hart

Administrative Assistant

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

Environmental Health

349 N. Center Street

Statesville, NC 28677

Ronda.hart@co.iredell.nc.us

704-878-5305 x 3456

Fax 704-871-3483

Please click below and tell us how we are doing:

Take Our Survey

Service Adjustments during COVID-19 Pandemic:

- Our lobby area at 349 N Center Street, Statesville is currently closed in order to minimize risk to employees and ensure adequate service levels for the duration of this health emergency.

- We recommend customers use the online portal system for permitting needs, correspond via email, or drop off completed applications, plans and related documents in our drop off area located in the main entrance area of the Building Standards on the first floor.

- All functions in Central Permitting, Building Inspections, Environmental Health and the Fire Marshal's office will continue, however service levels may be reduced due to staffing and access issues.

Thank you for your understanding and cooperation.

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Monday, May 4, 2020 5:55 PM
To: Ronda Hart <ronda.hart@co.iredell.nc.us>
Subject: Re: Septic Applicationi

OK. Here is the filled out form. Keep in mind we just need to know how close we can be to the well. The construction cost, when we get bids, will determine if it's going to be a 2 car or 3 car garage and it's final dimensions. We are in the planning stages right now. I've attached the drawing of the 32x24 foot garage on the survey for the lot so you can see it's within all perameters except the well.

On Mon, May 4, 2020 at 4:25 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

The application is attached. You can return it to me and I can forward it to Central Permitting. Once they have everything set up in the system, you can pay the fees online or drop off a check. If you would like to call them directly. The number is 704-878-3113.

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Monday, May 4, 2020 4:03 PM
To: Ronda Hart <ronda.hart@co.iredell.nc.us>
Subject: Re: Septic Applicationi

OK. Good explanation!!

How do I apply for a zoning permit?

On Mon, May 4, 2020 at 2:10 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

Tony,

We don't actually issue a permit for a variance. The variance comes from the state, but we have to do a site visit to verify the well location and whether or not we can approve the structure (compliant with setback rules). If we can't approve the structure because it is not compliant to the well setback rules, then a well variance request is sent to the state via our department. The purpose of the Existing System Inspection is so that we can do the site visit to determine if the state setbacks can be met.

A zoning permit is required before we can do the inspection because we also have to adhere to zoning setbacks. If zoning doesn't allow the structure to be built, then there is no need to go any further. Zoning permit fees are non-refundable. The fee is $77.25. Our fees are not refundable, if we have been out to the site and have done any work on the project.

Please let me know if you have further questions.

Ronda Hart

Administrative Assistant

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Monday, May 4, 2020 1:38 PM
To: Ronda Hart <ronda.hart@co.iredell.nc.us>
Subject: Re: Septic Applicationi

Well, I'm told that the permit for a variance was $250. How much is a zoning permint and do I get my money back if they don't approve it?

The plan was to have drawings done by Mid-summer, then get bids from contractors in the fall and build in late fall or winter. I'm not sure we can get it done in 6 months.

On Mon, May 4, 2020 at 12:27 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

> You will need a zoning permit now. We need to know that they have approved the structure and what their setback requirements are. Zoning permits are good for six months.

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Friday, May 1, 2020 5:00 PM
To: Ronda Hart <ronda.hart@co.iredell.nc.us>
Subject: Re: Septic Applicationi

OK I fixed the application for a variance. We are trying to get plans drawn right now so we need to see if we can put it in this spot on the lot (close to the well). After plans are drawn up then we have to decide when to build. So do we need a zoning permit now or when we decide when to build?

On Fri, May 1, 2020 at 3:50 PM Ronda Hart <ronda.hart@co.iredell.nc.us> wrote:

> Tony,
>
> We need for you to add the overall dimensions of the proposed garage on your site plan page (page 2 of our application). You will also need to apply for a zoning permit. You can return the documents to me and I will forward them to Central Permitting. Once they have your project set up in the system, you will be able to pay your fees online.

- All functions in Central Permitting, Building Inspections, Environmental Health and the Fire Marshal's office will continue, however service levels may be reduced due to staffing and access issues.

Thank you for your understanding and cooperation.

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Thursday, April 30, 2020 4:39 PM
To: Barbara Nebel <barbara.nebel@co.iredell.nc.us>
Subject: Re: Septic Applicationi

Oh OK! Great. I have attached all the things I think that are required. Please let me know if there's anything I have missed. Now I need to go on the permit site and pay the fee.

On Tue, Apr 28, 2020 at 7:51 AM Tony <tony.woodring@gmail.com> wrote:

Cool. Thanks!

Sent from my iPhone

On Apr 27, 2020, at 3:36 PM, Barbara Nebel <barbara.nebel@co.iredell.nc.us> wrote:

Hi Tony,

A septic permit is not a building permit, it is only good for the septic and well systems, depending on what is applied for. Our permits are valid for five years.

If you wish to call me to discuss or if you should have any further questions, I can be reached at 704.660.3625.

Barbara Nebel

Environmental Health office Assistant

Iredell County Public Health Department

Phone: 704.660.3625

Fax: 704.662.3239

Barbara.nebel@co.iredell.nc.us

Please tell us how we are doing:

Take Our Survey

<image001.png>

<image002.png>

Pursuant to North Carolina General Statues Chapter 132, Public Records, this electronic mail message and any attachments hereto, as well as any electronic mail messages that may be sent in response to it may be considered public record and as such are subject to request and review by anyone at any time. Also, the information contained in this message may be privileged and confidential. We will withhold confidential correspondences that are tagged as "Confidential" from public record requests. If this e-mail contains protected health information or personal identifying information, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited, except as permitted by law. If you have received this communication in error, please notify the sender immediately by replying to this message and deleting it from your computer. Thank You

From: Tony Woodring <tony.woodring@gmail.com>
Sent: Monday, April 27, 2020 2:41 PM
To: Barbara Nebel <barbara.nebel@co.iredell.nc.us>
Subject: Re: Septic Applicationi

Hey,

I haven't heard from you so I wanted to make sure you got my email.

On Thu, Apr 23, 2020 at 7:00 PM Tony Woodring <tony.woodring@gmail.com> wrote:

> You mentioned a "permit". I'm not ready to build yet. I am working with a designer to see if we can put the garage in a particular place. I have a foot print size and can stake that out. After that plans will have to drawn up, bids from contractors will need to be taken and then the building can start. That may be 4-6 months away once we find out if we can get a variance for the well. Is this permit date sensative? Is this a building permit? (we are not sure we want to build it yet. Just finding out what can be built)

On Thu, Apr 23, 2020 at 11:47 AM Barbara Nebel <barbara.nebel@co.iredell.nc.us> wrote:

> Tony,
>
> Attached please find our application for an Existing Septic system inspection. You will need to complete this application and return to me. There is a $250.00 fee for this permit. One of our specialist will come out to make where your septic is and mark where your well is. You will need to stake out the area of where you would like the building to go.
>
> Once our specialist comes out and draws up the permit, if your building does not meet the requirements, we will then send the paper work to John Brooks for his approval on the variance.
>
> Please let me know if you should have any questions.

Barbara Nebel

Environmental Health office Assistant

Iredell County Public Health Department

Phone: 704.660.3625

Fax: 704.662.3239

Barbara.nebel@co.iredell.nc.us

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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

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, Sarah Weedring, am the legal owner(s) of the property located at 534 Beaten Path Rd. Mooresville NC 28117, identified as PIN (Parcel Identification Number) Lot 55, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Anthony Woodring, _____, 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.

Sarah Woodring
Signature of Owner(s)

4/30/2020
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

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

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

Existing Well Variance Inspection Report

Well Site Location: _____
(*Town, community, subdivision and Lot #*)

Address: 534 Beaten Path County: Iredell

City/ST/Zip: Mooresville, NC 28117 Date of SiteVisit: 5/21/2020

Well Construction

Date of Well Construction: _____

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

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

What type of well is it:

(Drilled) Bored Hand Dug Jetted Other

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

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

Well Head Completion

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

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

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

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

Are the following items present at the well head?

Vent ✓ Sample Tap Threaded & not 90°

Well Tag ✓ Pump Tag No

Potential Sources of Contamination?

Does the well currently meet separation requirements with known sources of contamination? (YES) or NO
If no, please provide distances to those it does meet: _____

Other comments: Existing 6" well will only be 10ft from proposed garage.

Complete below.

Name of person completing this form (please print): Maria Dotson

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 616, page 337, and/or plat book 14, page 96, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Caroling Chapter 89C. my hand and seal on the 23, day of MARCH, A.D. 20 20.

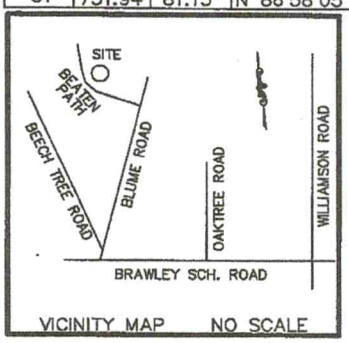
Scale 1:50

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 71°26'00" W	32.43'
L2	N 70°31'00" W	5.83'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	751.94'	81.13'	N 86°58'05" W	81.10'



VICINITY MAP NO SCALE

LAKE NORMAN

760 CONTOUR LINE PER ACTUAL FIELD SURVEY

WOOD DOCK

EIP

S83°35'00"W 50.08'

CP

L2

S83°35'00"W 68.17'

CP CP

S79°24'00"W 65.01'

CP

L1

EIP

FLOOD LINE 48.7'

50' BUFFER

Existing Septic

WOOD DECK

WOOD BLDG 7.3'

LOT 55 (0.71 AC.)

1 STORY VINYL COMP. ROOF

CONC WALK 43.9'

CARPORT

10' SIDE

22.2'

259.32'

N39°10'00"E

LOT 56 ELIZABETH IGNASHER ET AL. 730/140

LOT 1535 LEONARD H. SULLIVAN JR. 1906/2431

180.45'

40.7'

(BASE BEARING) S25°15'00"W

"well

ASPHALT DRIVE

28' Garage 24'

25' FRONT

R/W

N90°00'00"E 49.86'

IPS

CP CONC MONUMENT

N87°08'22"E 54.84' (TIE ONLY)

C1

25'

EIP

R/W

PB14 PG.86

R/W

BEATEN PATH RD. (PUBLIC R/W)

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# Repair PIN# 4627826422 DATE 6/20/05

OWNER OR CONTRACTOR Tony Woodring PHONE: Business 704-619-6405 Home 704 664-4452

ADDRESS 534 Beaten path Rd Mooresville NC 28117

LOCATION BSR, TR Blume, TL Beaten Path, on Rt #534

SUBDIVISION CL+T BLOCK / SECTION 9 LOT 55 LOT AREA 0.71 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. —

Septic Tank: Existing Gallons; STB ____ Date ____
Pump Tank: ____ Gallons; PT ____ Date ____
Pump Make: ____ Model ____ Serial No. ____
Nitrification Field: No Fields ____ Square Feet 585 Linear Feet 65'
No Lines ____ Trench Width 9' Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☒ Repair System Type: I, (II), III, IV, V, VI
System Description: ____
Repair System Description: 25% Reduct. Bed
Maintenance Agreement Required: ☐ Yes ☒ No

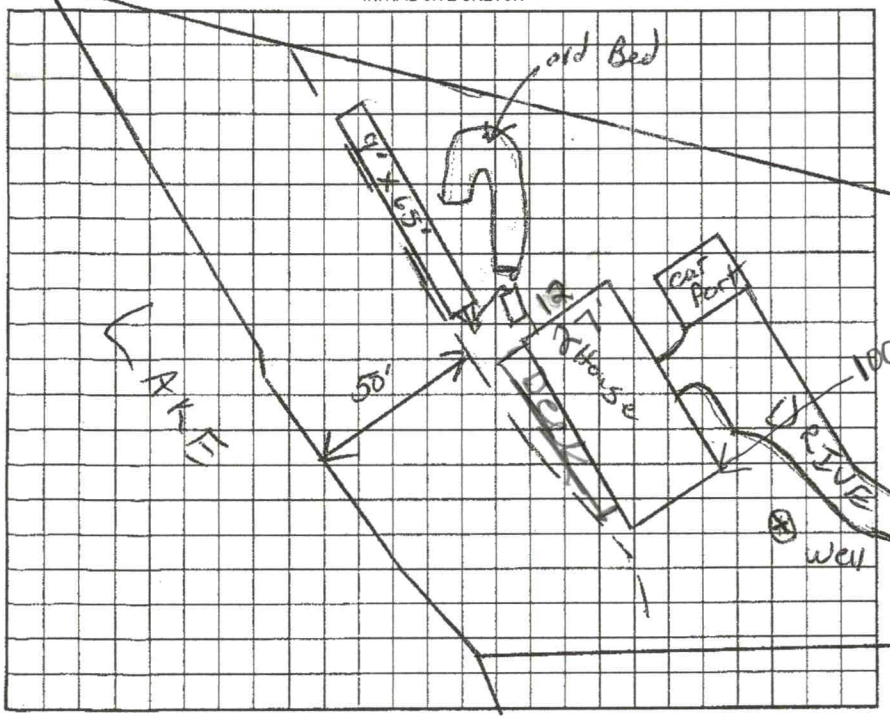
☒ House/Mod. Home No. Bedrooms 3
☐ Mobile Home No. Bathrooms ____
☐ Business No. Employees ____
☐ Other ____
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

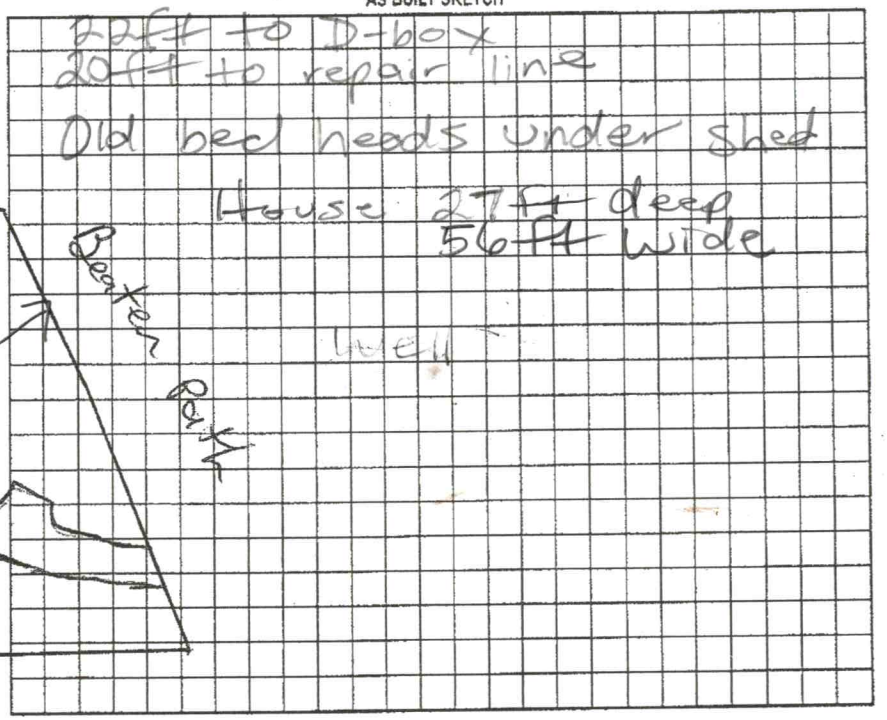
Comments:/Conditions:

Comments:/Conditions:
ST – 12ft from house
Deck 8ft out
ST 3ft up from bottom of house

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Stephanie Woodring date 6/22/05 Installed by: JW Ammons

Improvement Permit by: RS date 6/20/05 Operation Permit by: Wesley Sparks R.S. date 7/19/05

Authorization to Construct by: RS date 6/20/05 Existing System Inspection by: ____ date ____

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