IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241050

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

PIN # 4629-83-6687

APPLICANT/OWNER: Robert Hinson Jr APPLICANT ADDRESS: 199 Timber Lake Dr Troutman

SITE ADDRESS: 115 Pettit Lane Troutman 28166 PHONE: ALT. PHONE

SITE DIRECTIONS: Stake Park Road L on Morrison Farm L on Willow Point L on Still Water

SUBDIVISION: CL+T SECTION: 17 LOT # 46 LOT AREA: SAP CONTROLLED: ☐ YES ☐ NO

DESIGN FLOW: Existing L.T.A.R.: Existing

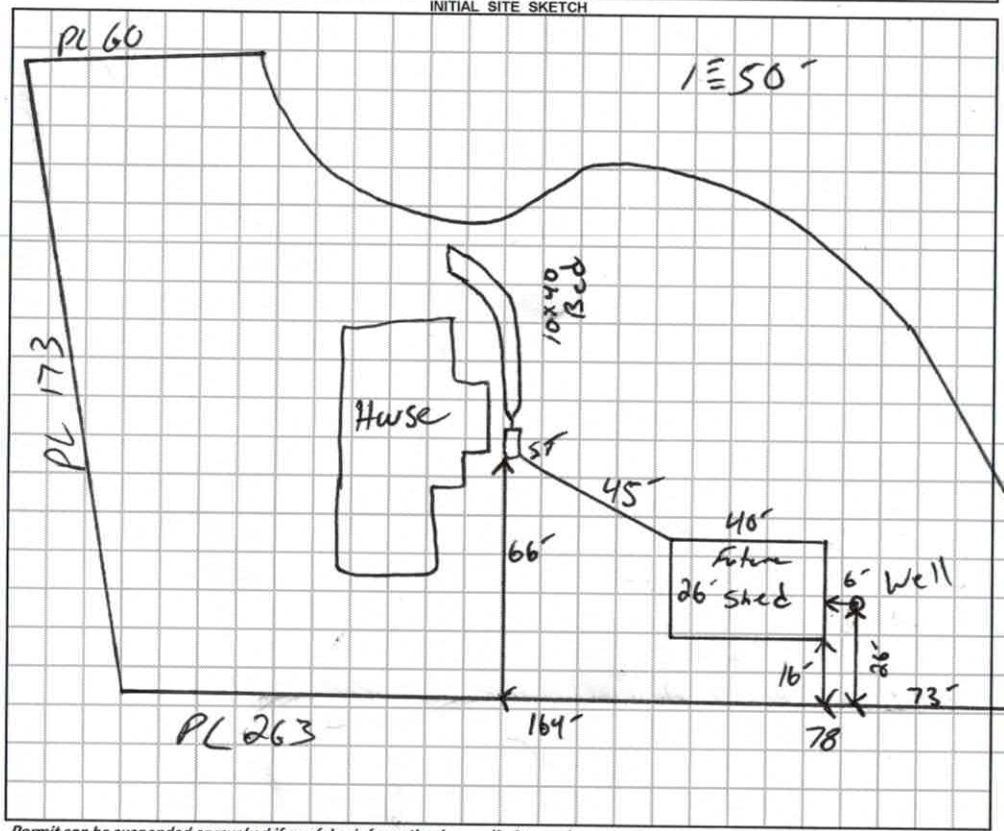
Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 2
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 4
Pump Make	Model		Serial #	Repair System Description:				☐ Other	No. Employees
# Nitrification Fields	# Lines		Linear Ft	Maintenance Agreement Required:	☐ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth		☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: System was functioning properly at time of Inspection.

Variance for well is attached.

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: Robert E. Hinson Jr Date: 1/11/19 Installed by:

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

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: 1-11-19

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

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

Onsite Water Protection Branch
January 10, 2019

Robert and Sandra Hinson
199 Timberlake Drive
Troutman, NC 28166

Re: Approval No. JMB1590
Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
155 Pettit Lane
Troutman, NC 28166

Dear Mr. and Mrs. Hinson:

On January 4, 2019 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that serves a single family dwelling. A structure is proposed for the property that will be within twenty-five feet of the well.

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

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

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

2) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.

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 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: Mocksville / Stake Park
(*Town, community, subdivision and Lot #*)

Address: 115 Pettit Rd County: Iredell

City/ST/Zip: Troutman, NC 28166 Date of SiteVisit: 12/27/18

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 ✓

Well Tag ✓ Pump Tag ✓

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:

Complete below.

Name of person completing this form (please print): James Boggs

RECEIVED DEC 19 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $250.00 #241050

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

Will probably need well variance too.

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: Robert E. Hinson Jr. Address: 199 TIMBER LAKE Dr. TROUTMAN NC 28166
115 PETTIT LANE TROUTMAN Zip: 28166
Applicant Email: rhinson4@mac.com Phone: 704-575-6120 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 115 PETTIT LANE
Subdivision Name: N/A. CUST Section/Phase: 17 Lot Number: 46
Driving Directions: STATE PARK Rd - to MORRISON FARM Rd (LEFT) - LEFT @ ~~SECOND Entrance~~ ~~TO STILL~~ LEFT on Willow Point - LEFT ON STILLWATER Rt on PETTIT LANE

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
(X) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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: _____
( ) New Well (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: unknown.
( ) No Preference ( ) Alternative (X) 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. industrial) to be generated?
( ) Yes ( ) No Is the site subject to approval by any other public agency?

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

Signature: Robert E. Hinson Jr. Dec. 18, 218
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** *(Sign here)* Robert E. Hinson Jr

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, Robert E Hinson Jr. Sandra BAXley HINSON., am the legal owner(s) of the property located at 115 PETTIT LANE TROUTMAN, identified as

PIN (Parcel Identification Number) 4629-83-6687, located in Iredell County, North Carolina.

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

_____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

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

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

Robert E. Hinson - Sandra Bayley Hinson — Signature of Owner(s)

12/18/2018 — Date

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

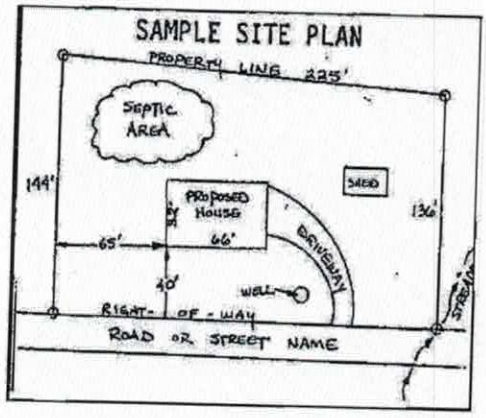
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

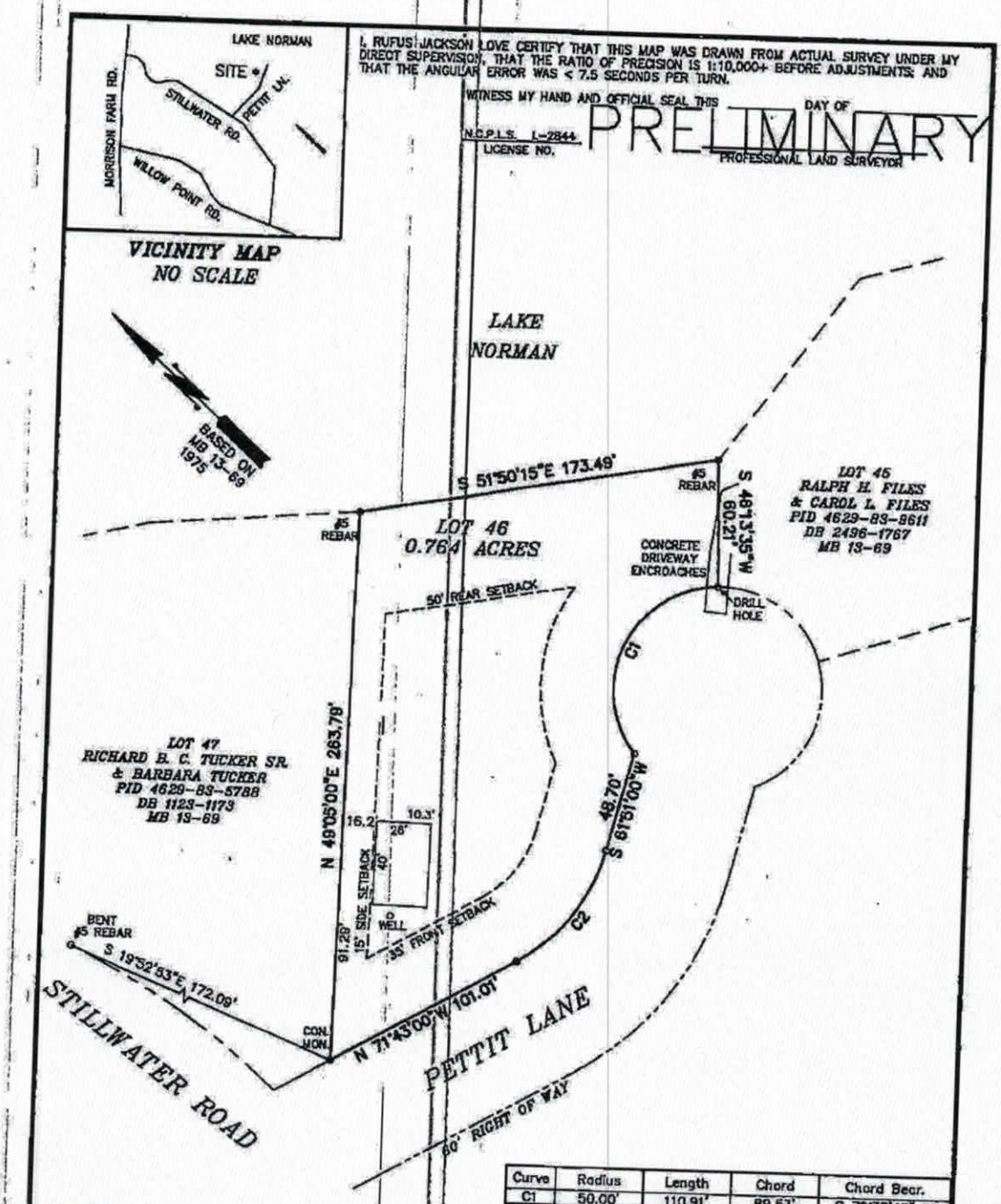
USE THIS SPACE TO DRAW YOUR SITE PLAN

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.

Signature: Robert E. Hinson Jr.
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

Dec 18, 2018
DATE



Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	110.91'	89.53'	S 72°37'45" W
C2	86.54'	70.13'	68.23'	S 85°02'00" W

PLOT PLAN–GARAGE ONLY

FOR ROBERT E. HINSON & WIFE SANDY BAXLEY HINSON

115 PETTIT LANE
LOT 46, MB 13-69
DEED BOOK 2564-1938, PIN 4629-83-6687
DAVIDSON TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
DECEMBER 14, 2018

FILE NAME: HINSON-ROBERT-GARAGE ONLY

60 0 60 120 180
GRAPHIC SCALE – FEET
" = 60'

NOTES:

1. THIS PROPERTY IS NOT LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NCGS GRID MONUMENTS WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.
7. THIS PROPERTY IS CURRENTLY ZONED R-R.
8. SETBACKS FOR R-R ZONING ARE: FRONT – 35'
   SIDE – 15'
   REAR – 35'

LEGEND:

PROPERTY LINE
TIE LINE
UNSURVEYED LINE
BACK OF CURB/EDGE OF PVMT.
SETBACK LINE
CP COMPUTED POINT
PP POWER POLE

PYRAMID LAND SURVEYING PA C-1341
P.O. BOX 11 DAVIDSON, NORTH CAROLINA
(704)892-4249 RUFUS JACKSON LOVE L-2844

IREDELL COUNTY

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

APPLICATION NUMBER
241050
Issue Date: 12/19/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4629836687.000	115 PETTIT LANE, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BISHOP SHERRY B+C B WARREN	Applicant: ROBERT E HINSON
Address: 422 EAST MONBO RD	Address: 115 PETTIT LN
STATESVILLE, NC 28677	TROUTMAN, NC 28166
Phone:	Phone: 704-575-6120

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.760		50.00	10.00	10.00	CACL	AE

Remarks:

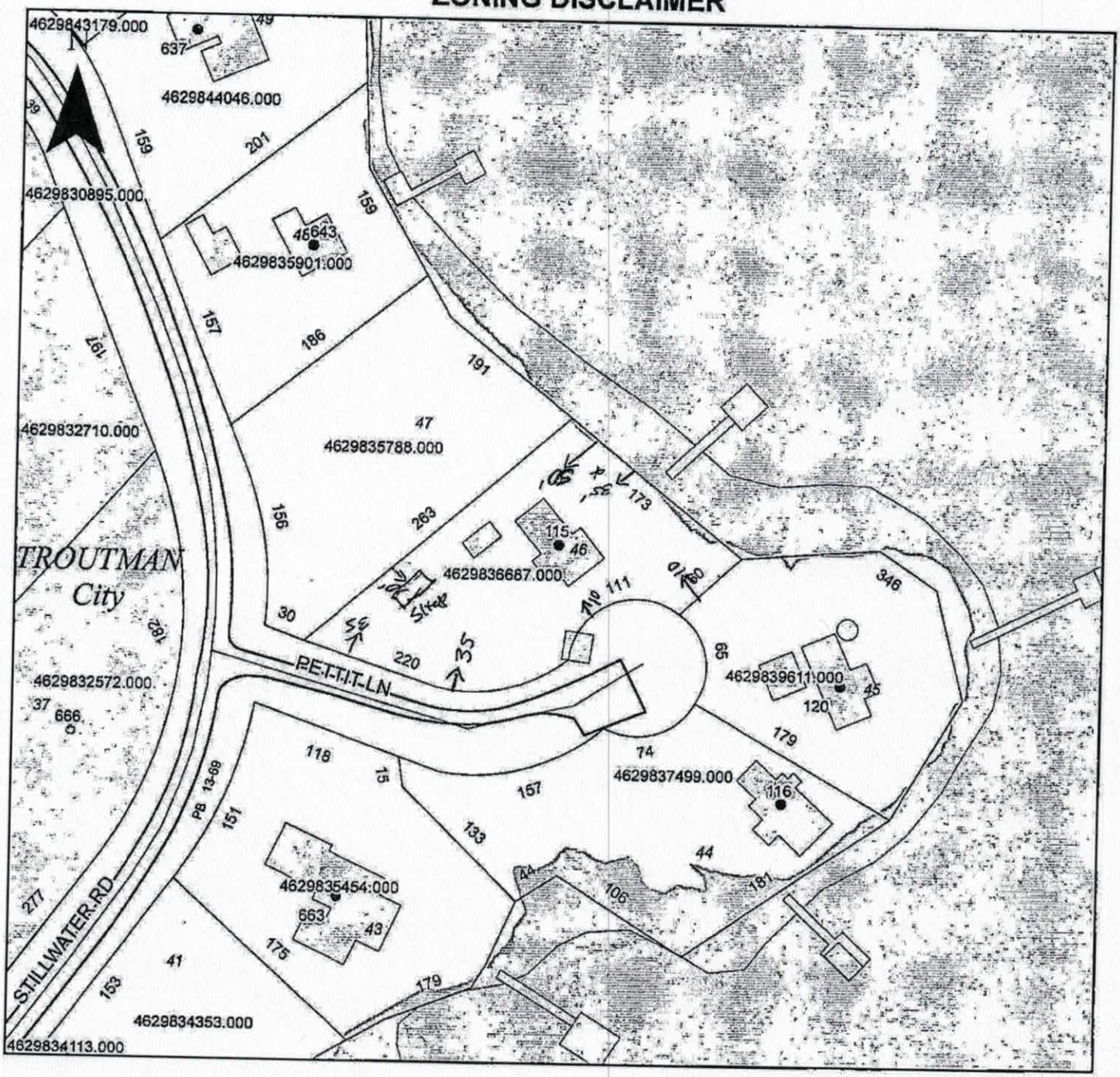
Accessory Structures: Must meet requirement R1 of the LDC. Shall not be erected in front building line of the principal structure or within 25 Æ of a side street on a corner lot. Shall not be erected within 10 Æ of any line not a street line or within 10 Æ of any other building on the same lot. Shall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

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

Applicant: _____ Date: _____

Permit Number	162745	TOTAL FEES:	$ 79.50

ZONING DISCLAIMER



Property Address 115 Pettit Ln.

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.

Robert Hinson Jr

Applicant

Dec 19, 2018

Date