ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP 308583

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

PIN # 4636578057

APPLICANT/OWNER: Eric Ross

APPLICANT ADDRESS: 317 Commodore Lp Mooresville NC 28117

SITE ADDRESS: 119 Esquire Dr. Mooresville NC 28117

PHONE: 980-312-9061 ALT. PHONE 914-494-5572

SITE DIRECTIONS: S Church St to Ron E Wilson Ave, S on Brawley School Rd, L on Esquire Dr, Lot on L

SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Pond Lane SECTION: — LOT # 2 LOT AREA: .5 acres

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

Septic Tank	X (gal)	STB	Date		
Pump Tank	(gal)	PT	Date		
Pump Make	Model		Serial #		
# Nitrification Fields	# Lines		Linear Ft		
Trench Width	Trench Bottom Depth(Low side)		Gravel Depth Existing		

[ ] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: Existing

Repair System Description: Existing

Maintenance Agreement Required: [ ] YES [X] NO

[X] GRAVITY [ ] PRESSURE

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

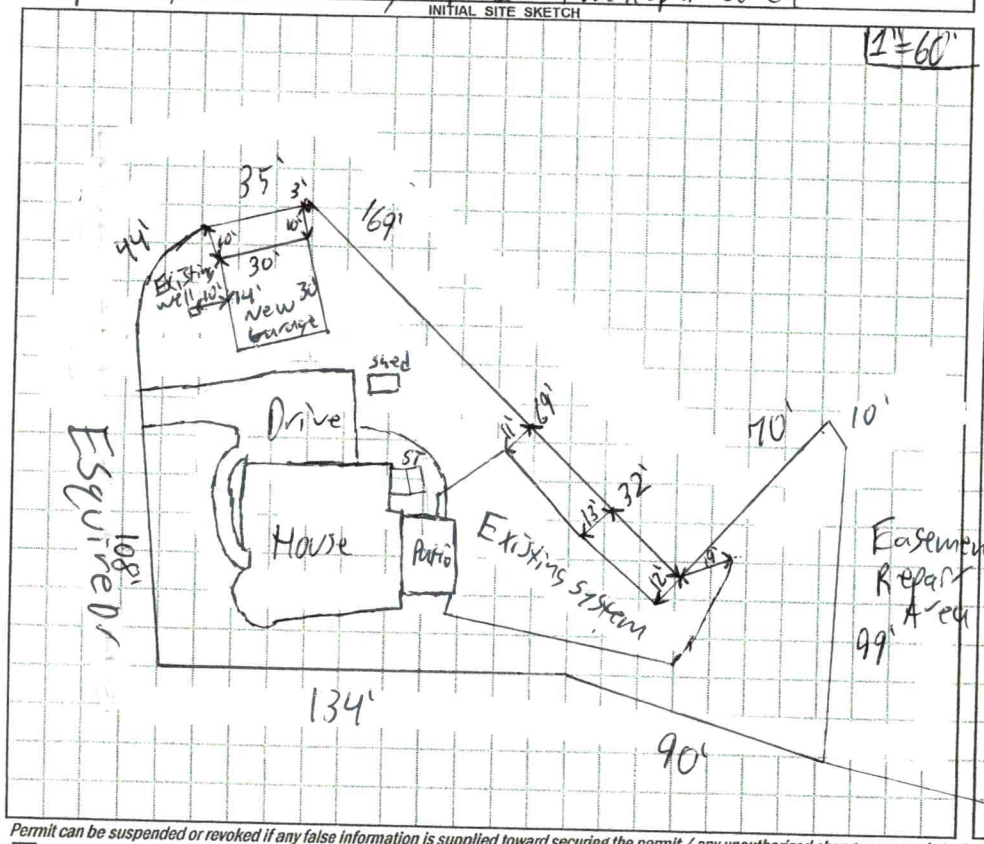
No. Bedrooms Existing No. Persons Existing No. Employees — [X] Crawl Space

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

[ ] Basement w/o plumbing

Comments / Conditions: The purpose of this permit is to show the new garage being constructed on property and how it is not impacting the existing septic or the Repair area

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.*

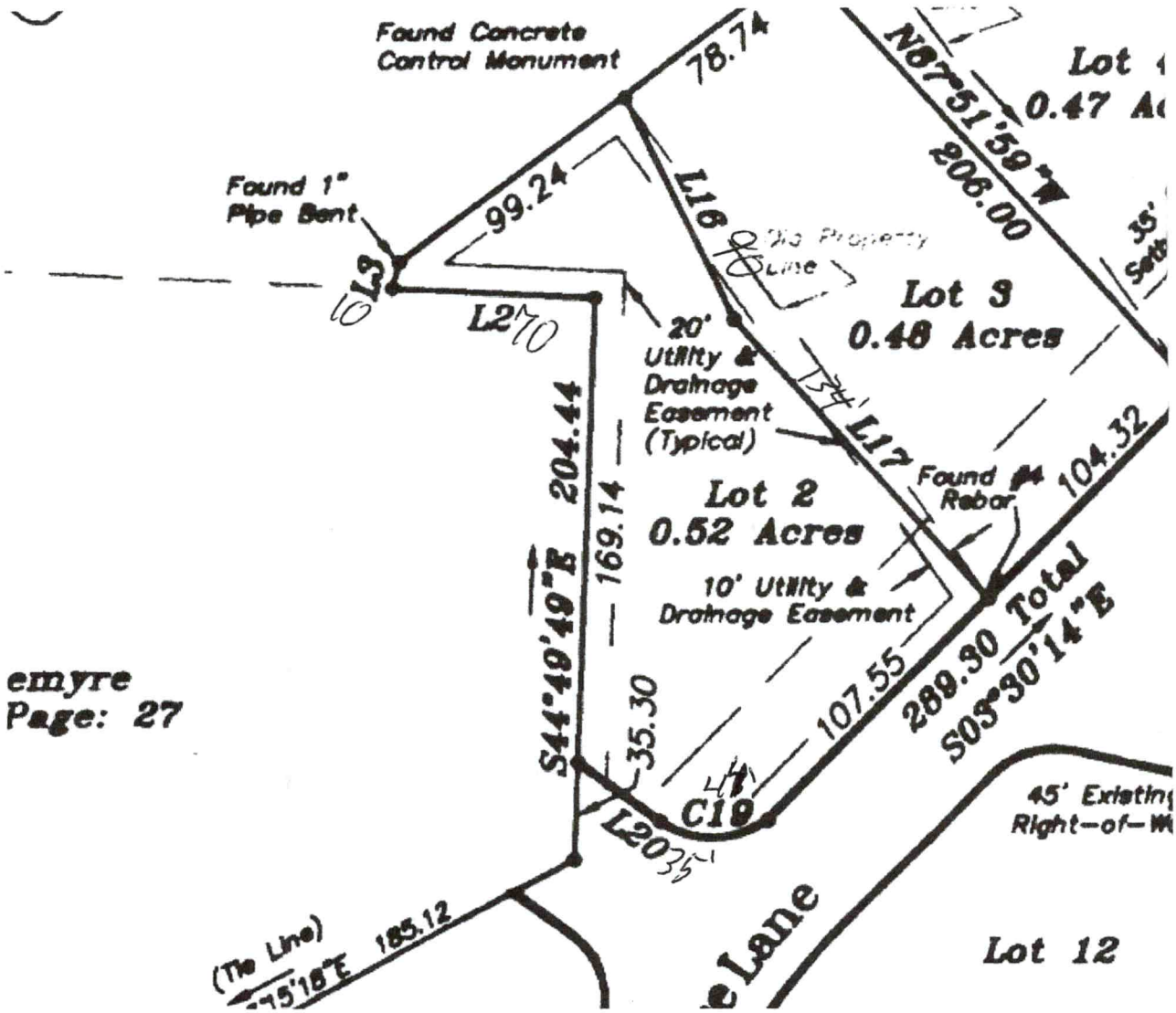
Owner / Applicant Signature: _____ Date: _____ Installed by: _____

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

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: Patrick J Boyle Date: 9/10/2020

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 inspection time.

1"=60



emyre
Page: 27

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
August 3, 2020

Kenny Mclaughlin
119 Esquire Lane
Mooresville, NC 28117

Re: Approval No. JMB2070

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

Property location:
119 Esquire Lane
Mooresville, NC 28117

Dear Mr. Mclaughlin;

On August 3, 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

External County
Household Water Quality Program

Sheryl McLaughlin

Mailing Address:

119 Esquire Ln, Mooresville, NC 28117

Sample Address:

119 Esquire Ln, Mooresville, NC 28117

Water Treatment: None

Sample ID: **17762**

Date of Sample: **8/4/2020**

Sample Location: kitchen tap

Water Source: Unknown_Well

Test (units)	Water Quality Sample Results	Maximum Recommende Level or Range
Iron (mg/L)	ND	0.3
Manganese (mg/L)	0.004	0.05
Arsenic (mg/L)	0.003	0.01
Hardness (mg/L)	81.4	180
Sulfate (mg/L)	53.9	250
Fluoride (mg/L)	0.43	2
Total Dissolved Solids (mg/L)	192	500
pH	7.4	6.5 to 8.5
Sodium (mg/L)	21.08**	20
Nitrate-N (mg/L)	2.226	10
Total Coliform Bacteria Data:		
Presence/Absence	ABSENT	ABSENT
Most Probable Number Count (MPN/100mL)	ND	
E. coli Bacteria Data:		
Presence/Absence	ABSENT	ABSENT
Most Probable Number Count (MPN/100mL)	ND	
First Draw Data:		
Copper (mg/L)	0.097	1.3
Lead (mg/L)	0.004	0.015
Flush Data:		
Copper (mg/L)	0.029	1.3
Lead (mg/L)	ND	0.015

**Measured value exceeds recommendation for household water; ND indicates not detected (below the instrument detection limit)

For more information, contact your local Cooperative Extension Office or Erin Ling with the Virginia Household Water Quality Program:

Erin Ling
Biological Systems Engineering - Virginia Tech
1230 Washington Street SW, Room 302F,
Blacksburg, VA 24061
(540) 231-9058 or wellwater@vt.edu

www.wellwater.bse.vt.edu

Analysis coordinated by Water Quality Laboratory, Dept. of Biological Systems Engineering, Virginia Tech, Blacksburg, VA. The information provided is for the exclusive use of the homeowner and should not be used as official documentation of water quality. This material is based upon work supported by the U.S. Department of Agriculture, Extension Service.



Virginia Cooperative Extension
Virginia Tech • Virginia State University
www.ext.vt.edu

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, genetic information, marital, family, or veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Jewel E. Hairston, Administrator, 1890 Extension Program, Virginia State, Petersburg.

Interpretation Sheet

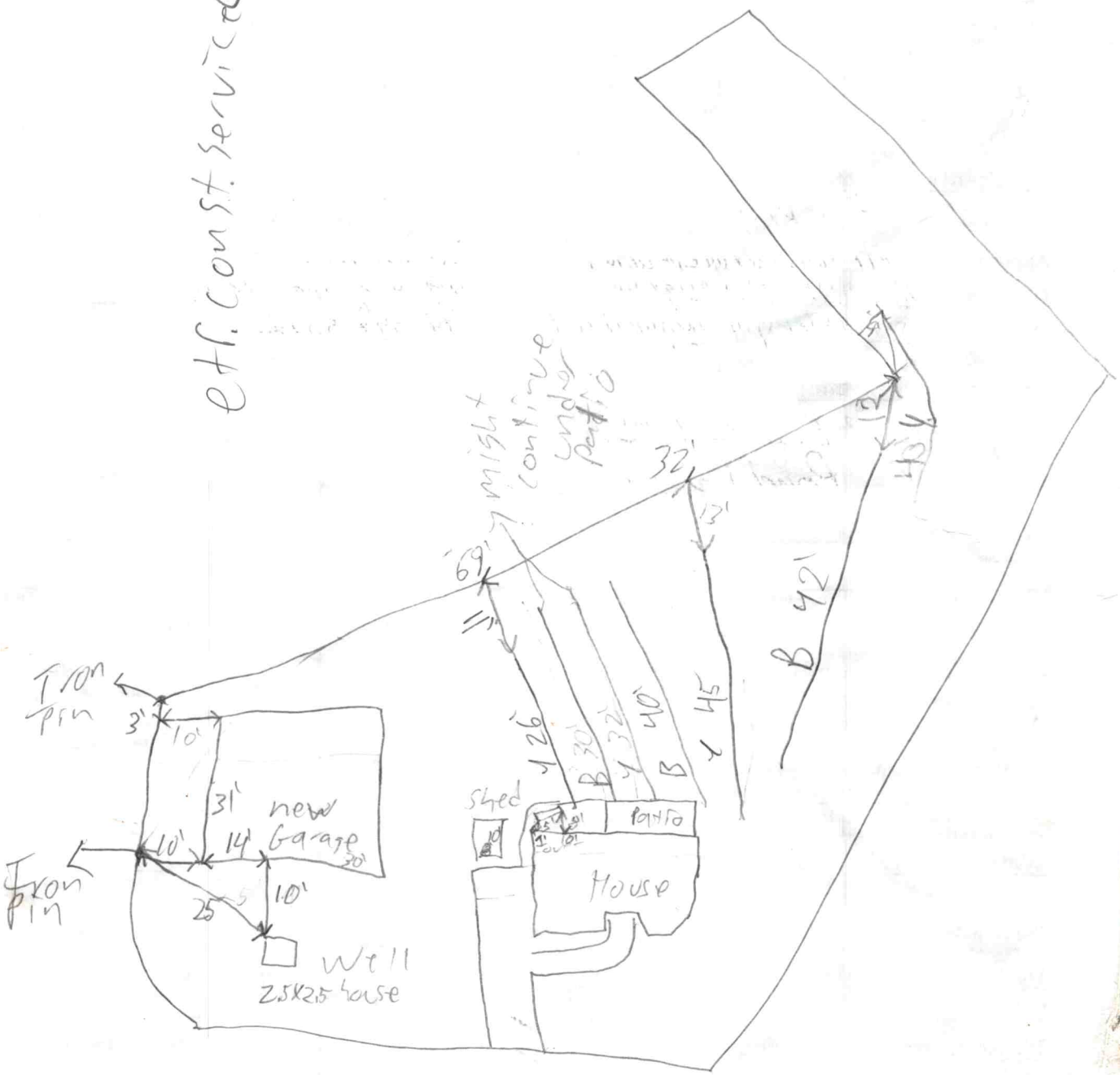
Sample ID: 17762

Contaminant Levels: The Environmental Protection Agency (EPA) sets either a Maximum Contaminant Level (MCL) or a Secondary Maximum Contaminant Level (SMCL) for each contaminant. Maximum Contaminant Levels are set to protect the public health from contaminants in water. These legally enforceable national standards apply to public drinking water systems, but serve as a guide for private systems. Secondary Maximum Contaminant Levels are concentration limits for nuisance contaminants. No regulations are enforced for private water systems, such as wells and springs; these standards are useful guidelines for individual water supplies.
Units: Contaminants in your water test are reported in milligrams per liter (mg/l). One mg/l is equal to 1 part per million (ppm). To visualize this, about 4 drops of ink in a 55 gallon barrel of water results in an "ink concentration" of 1 ppm or mg/l.

Sodium (Recommend <20 mg/L)

Moderate quantities of sodium in drinking water are not considered harmful as long as they are factored into the recommended daily sodium intake from food (1,500-2,000 mg per day). Excessive sodium has been linked to high blood pressure, heart and kidney diseases. For those on low-sodium diets, both the American Heart Association and EPA suggest 20 mg/l as a maximum level for sodium in drinking water. Contact your physician with questions. Water softening by ion exchange increases sodium levels in water. Reduce sodium in drinking water by softening only the hot water or bypassing drinking water lines.

etf.construction.service@gmail.com



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: Mooresville NC Lot #2
(Town, community, subdivision and Lot #)

Address: 119 Esquire lane Mooresville NC 28117 County: Iredell

City/ST/Zip: _____ Date of Site Visit: _____

Well Construction

Date of Well Construction: 1985

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): Eric Ross

980-312-9061 etr.const.service@gmail.com

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: June 19th, 2020 **PERMIT NO.:** _____ (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:

Kenny Mclaughlin

Mailing Address: 119 Esquire In.

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

Day Tele No.: _____ Cell No.: _____

EMAIL Address: 914-494-5527 Fax No.: 914-494-5572

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 119 Esquire In.

County: Iredell

(2) Physical Address (if different than mailing address): _____

City: Mooseville 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.

Owner want to build a 30x30 garage.
Well set back does not leave enough room.

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)

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

Signature of County Environmental Health Specialist

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.

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: Mooresville, Pond Lane, 2
(Town, community, subdivision and Lot #)

Address: 119 Esquire Dr County: Iredell

City/ST/Zip: Mooresville NC 28117 Date of SiteVisit: 7/31/2020

Well Construction

Date of Well Construction: 2001

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: 10" 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 Yes but threaded

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.

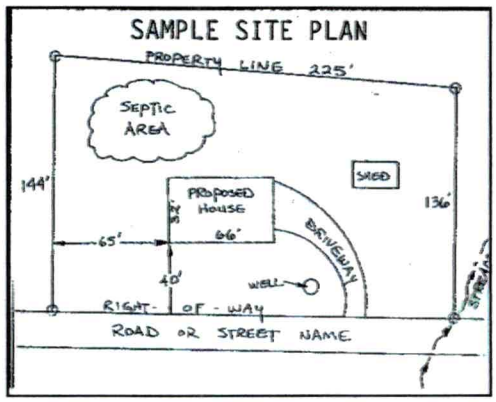
Name of person completing this form (please print): Patrick Boyle

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 attachment

x Eric Ross 6-26-20

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 078699 PIN# 4636-57-8059 DATE 6/16/99

OWNER OR CONTRACTOR Ray Short PHONE: Business 309-7711 Home

ADDRESS 470 Stutts Rd. Mooresville, NC. 28117

LOCATION 1100 TL on Pond Lane, 2nd lot on (L)

SUBDIVISION POND LANE BLOCK / SECTION LOT 2 LOT AREA .59 Ac SITE CLASS PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 3/2 Date 1-7-98

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300 ±

No Lines 3 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth SAND

[X] New System [ ] Repair System Type: I, II, III, IV, V, VI

System Description: GRAV - CH. PLAS. OR H.D.S.

Repair System Description: SAME

Maintenance Agreement Required [ ] Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

[ ] Mobile Home No. Bathrooms 2

[ ] Business No. Employees

[ ] Other

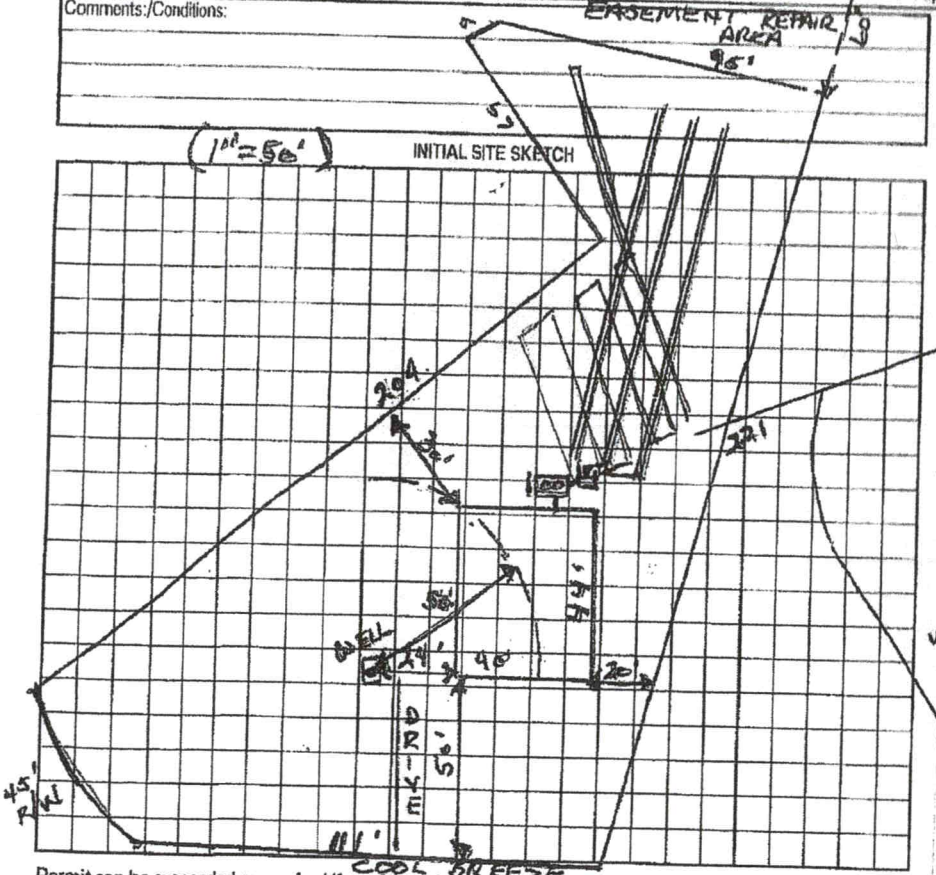
[ ] Slab [X] Crawl Space [ ] Basement w/plumbing [ ] Basement wo/plumbing

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

Comments:/Conditions:

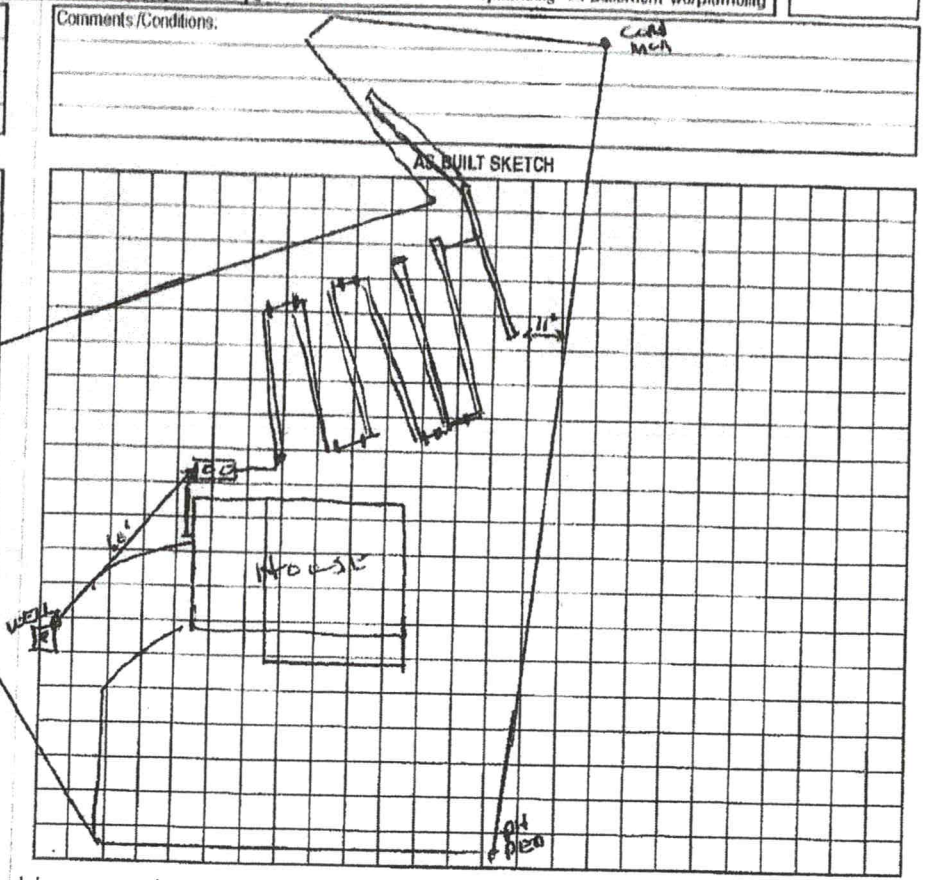
EASEMENT, REPAIR AREA

(1"=50') INITIAL SITE SKETCH



Comments/Conditions:

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: Ray Short date 8-6-99

Improvement Permit by: Wesley Sparks RS. date 6/16/99

Authorization to Construct by: Wesley Sparks RS. date 6/16/99

Installed by: Tommy Frye

Operation Permit by: Wesley Sparks RS. date 3/20/01

Existing System Inspection by: date

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

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, Kenneth C McLaughlin, am the legal owner(s) of the property located at 119 Esquire Lane Mooresville NC 28117, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Eric Ross, ETR Construction, 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.

Kenneth C McLaughlin
Signature of Owner(s)

6/26/20
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

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 b visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 fee 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 evaluatio 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 propos 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) a 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 Eric Ross **Date** 6-26-20

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

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

Sheet ____ *of* ____
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

(Complete all fields in full)

OWNER: _____ APPLICATION DATE _____
ADDRESS: _____ DATE EVALUATED: _____
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: _____ PROPERTY RECORDED: _____

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1									
2									
3									
4									

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

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____

EVALUATED BY: _____
OTHER(S) PRESENT: _____

COMMENTS: _____