Kindot@gmail.com

# IREDELL COUNTY HEALTH DEPARTMENT

*ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

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

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

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

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

**Applicant Information:**

Applicant Name: Charles + Barbara Dittrich Address: 204 Wood duck Lap Mooresville Phone: 704 212 6040

Owner Name: Same Address: Chas Cell 516-728-2312 Phone:

Kindot@gmail.com Barb 516 728 2255

**Property Information:**

Street Address: 191 Woodstream Circle

Subdivision Name: Norman Woods Section/Phase: _____ Lot Number: 31

Driving Directions: Brawley School Rd to Stutts go Left to Woodstream turn left and proceed to 191 Woodstream

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

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

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

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
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: _____

( ) 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. 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:** Barbara Dittrich 10-16-2013

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

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

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Daniel Staley
Acting Division Director

Onsite Water Protection Branch
November 20, 2013

Charles and Barbara Dittrich
204 Wood Duck Loop
Mooresville, NC 28117

**Re: Approval No. JMB276**

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

Property location:
Norman Woods Lot 31
191 Woodstream Circle
Mooresville, NC

Dear Mr. and Mrs. Dittrich:

On November 15,2013 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 a variance concerns a water supply well on the referenced property that currently serves a single family dwelling.

Specifically, the variance request grants you permission to use an existing 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 the Iredell County Health Department and the property owner, 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, etc .
2) The well shall be sampled for the same parameters as required for newly constructed wells. If samples indicate contaminants, further repairs/treatment may be required.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied within twenty five feet of the well.

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

# North Carolina Department of Health and Human Services

**Division of Public Health**

1931 Mail Service Center • Raleigh, North Carolina 27699-1931

Beverly Eaves Perdue, Governor
Lanier Cansler, Secretary

Jeffrey P. Engel, M.D.
State Health Director

## Application for a Variance to the 2C.0100 Well Construction Standards

1. Name of well/property owner Charles & Barbara Dittrich (Home owner) Brice Thomasson (Well Owner)
   Mailing Address: 204 Wood Duck Loop Mooresville, NC 28117
   Telephone Number(s): 704-212-6040
2. Location of proposed well: Norman Woods lot 31 (road, community, subdivision, lot number, etc.)
   Address: 191 Woodstream Circle Mooresville, NC 28117
   County: Iredell Parcel ID Number: 4636-72-2312
3. Purpose (circle one): (private drinking water supply) / irrigation
4. Name of Drilling Contractor & Company: B&K Well Drilling
   Certification No.: 2670 Telephone Number(s): 704-892-4696
   Address: 132 Mt. Mourne Loop, Mooresville, NC 28117
5. Reason for Variance Request (cite setback or section of 2C that will be varied from):
   15A NCAC 02C .0107 (a) (2) (M) Building perimeters, including any attached structures 25ft

Provide the following information as attachments to this application:

1. A map showing general location of the property (include road names, NC State Route number, distances, any key landmarks) to aid in 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.
4. Any other information relevant to the variance request (i.e. a well construction diagram showing proposed well liner or atypical construction materials/methods).

11/13/13 — 11-13-13

**Signature of Well/Property Owner** **Date** **Signature of Environmental Health Specialist** **Date**

*By 15A NCAC 2C .0118, 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 to the request within 30 days of receipt. If the applicant is dissatisfied with the variance decision, it may be contested by filing a petition under G.S. 150B-23 within 60 days after receipt of the decision.*

**Approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 2C .0107 be met.**