BLDR - 2023 - 17038

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 22015

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

PIN # 4637 -- 21 -- 8469

APPLICANT/OWNER: Margaret Ostrowski | APPLICANT ADDRESS: 7849 Ridgeview Dr Sherrills Ford NC 28673

SITE ADDRESS: 252 Patternote Mooresville, NC 28117 | PHONE: 631-678-1171 | ALT. PHONE Mike 631 678 -1110

SITE DIRECTIONS: Brawley School Rd TR Blume, TR Patternote on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Devon Shire | SECTION: | LOT # 38 | LOT AREA: 1.2 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: 3

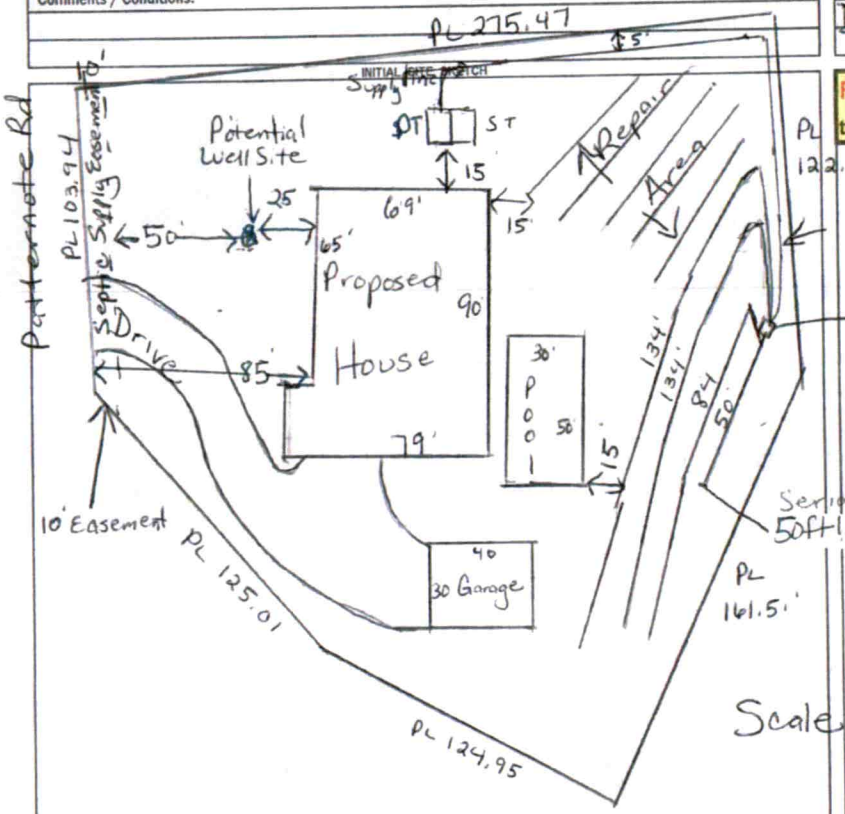
Septic Tank	1000 (gal)	STB	1012	Date	10/30/23	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	17	Date	11/18/23	System Description:	Pump - PM - 25% Reduction	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	LP PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4 (3 taps)	Linear Ft	402'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth (Low side) max	36"	Gravel Depth	N/A		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☒ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Use 1/2 sch 40 PVC for taps 7.11 per tap 21.3 gpm 2ft pressure.
Dose volume 231 Pump run 10.8 min

AS BUILT SKETCH



Supply line 5ft from PL

Pressure manifold (PM)

Serial feed 50ft line & 84ft line on 1 tap

Tanks CW
Lines 1/4/23
PM

FLOATS
PRESSURE
ALARM
ELECTRICAL
SW 2/23/24

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

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: [signature] Date: 10/7/21

IMPROVEMENT PERMIT by: [signature] Date: 10/4/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 2/21/23

Installed by: Piedmont Backhoe

OPERATION PERMIT by: Sarah Williams Date: 2/23/24

Existing System Inspected by: Date:

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

ICHD–Environmental Health Division

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

OSWP

PERMIT # AP 2023 - 39048

PRIVATE DRINKING WATER WELL PERMIT

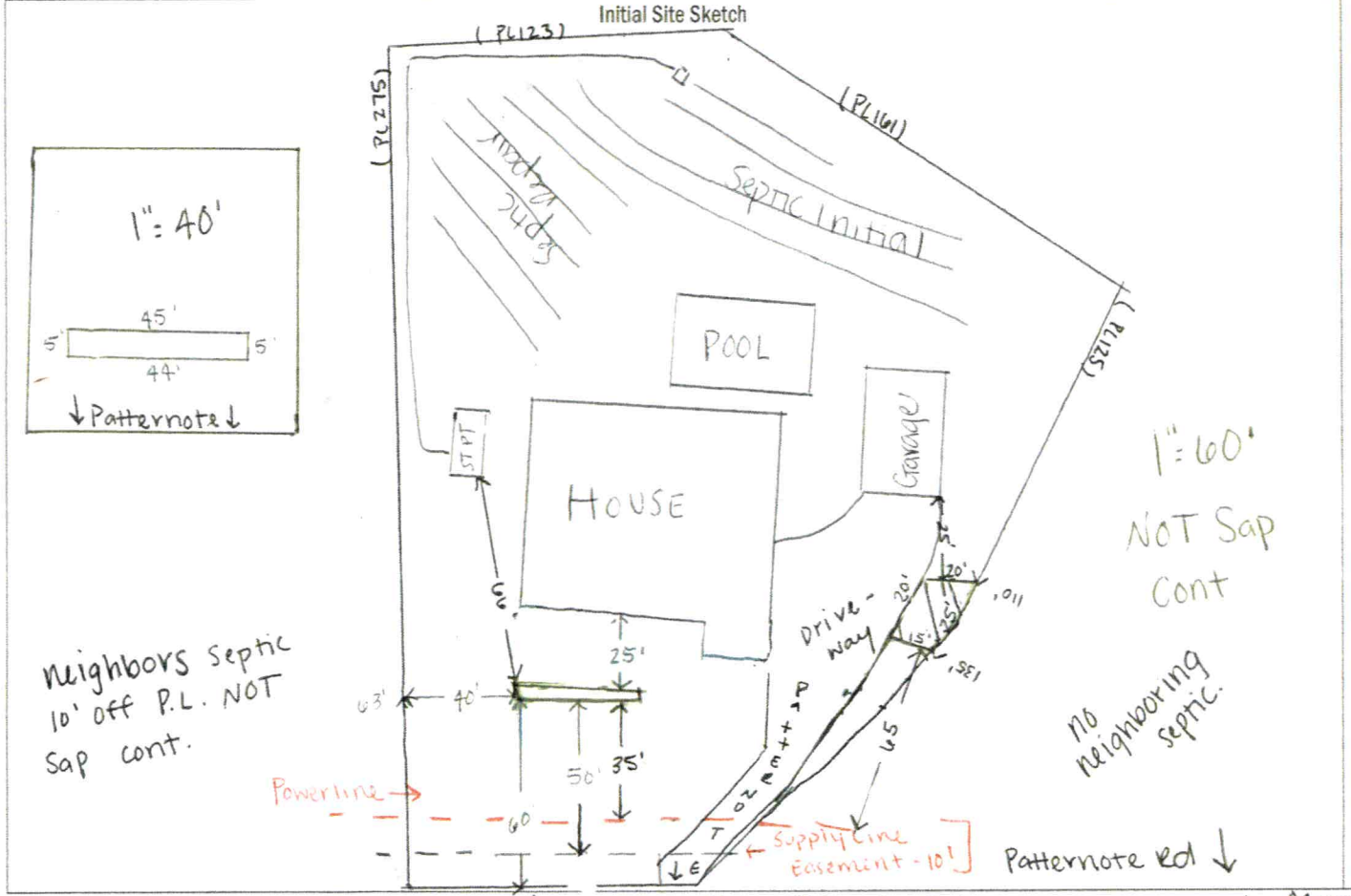
PIN # 4637 -- 21 -- 84609 Type of Permit (circle one): New Repair Abandonment

APPLICANT/OWNER NAME: Michael Ostrenski ADDRESS: 252 Patternote Mooresville NC 28117 PHONE: 631-678-1110

DIRECTIONS TO SITE: Brawley School - (R) Blume - (R) Patternote - Lot on (R)

SITE ADDRESS: 252 Patternote Dr Mooresville 28117 SUBDIVISION: Devonshire SECTION/LOT: 2 -- 38

Initial Site Sketch



CALL 704-664-3703 for Grout or Well Head Inspections between 8-9am

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

PERMIT CONDITIONS/COMMENTS: Follow all NC well rules. Keep 50' out of Supply Line easement; MUST be marked at time of drilling. Keep 15' out of powerlines & 25' off all structures.

WELL PERMIT ISSUED BY: Sydney Holland DATE: 10-30-23 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

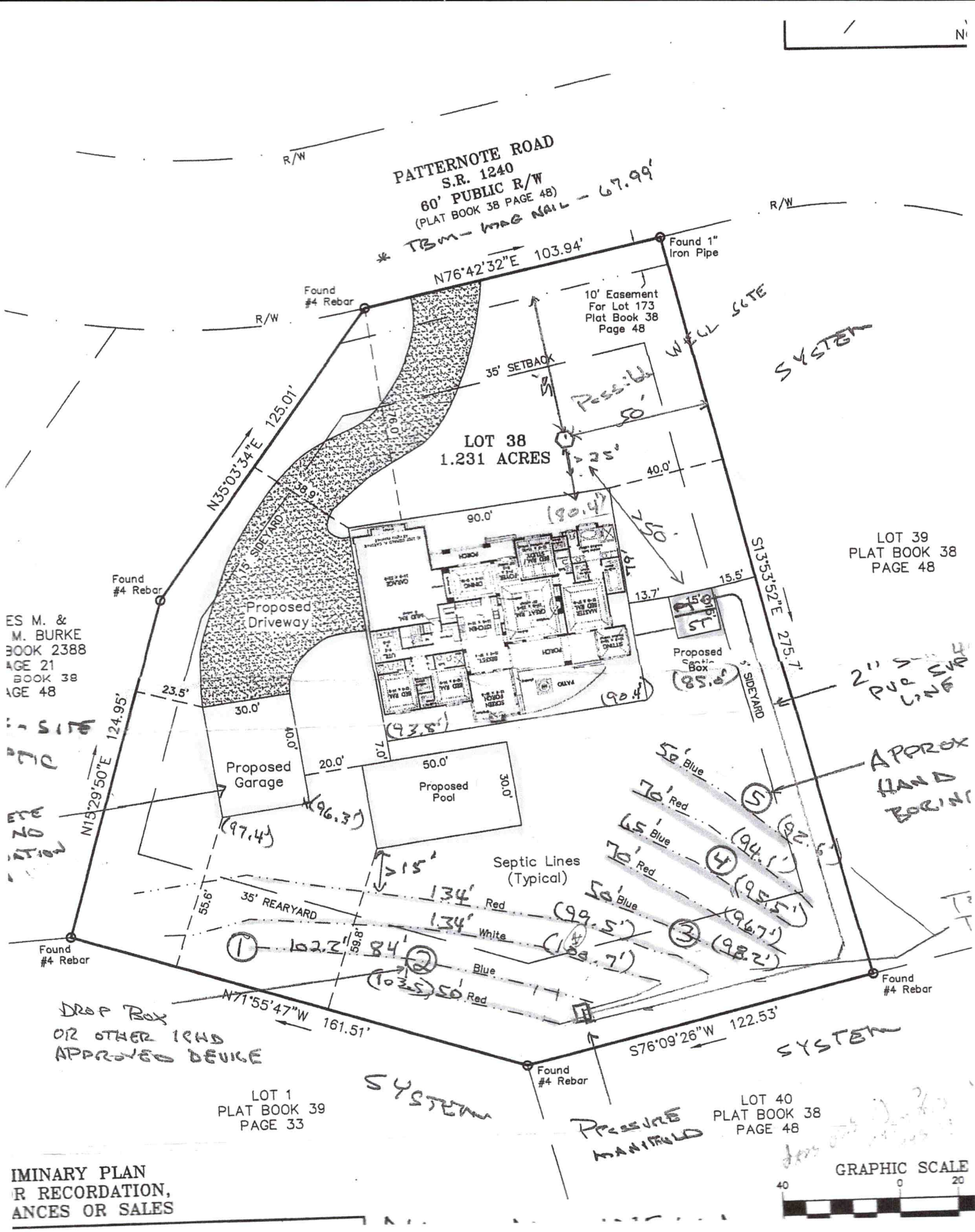
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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

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

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

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

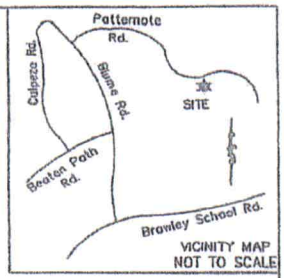

PATTERNOTE ROAD
S.R. 1240
60' PUBLIC R/W
(PLAT BOOK 38 PAGE 48)
* TBM - MAG NAIL - 67.99'
R/W
N76°42'32"E 103.94'
Found 1" Iron Pipe
Found #4 Rebar
10' Easement For Lot 173 Plat Book 38 Page 48
35' SETBACK
N35°03'34"E 125.01'
LOT 38
1.231 ACRES
40.0'
90.0'
15' SIDEYARD
Proposed Driveway
Found #4 Rebar
S13°53'52"E 275.7'
LOT 39
PLAT BOOK 38
PAGE 48
15.5'
13.7'
Proposed Septic Box
5' SIDEYARD
23.5'
30.0'
N13°29'50"E 124.95'
Proposed Garage
20.0'
50.0'
Proposed Pool
30.0'
Septic Lines (Typical)
35' REARYARD
55.6'
59.8'
134' Red
134' White
Blue
50' Red
50' Blue
70' Red
65' Blue
70' Red
50' Blue
102.2'
84'
Found #4 Rebar
N71°55'47"W 161.51'
S76°09'26"W 122.53'
Found #4 Rebar
Found #4 Rebar
LOT 1
PLAT BOOK 39
PAGE 33
LOT 40
PLAT BOOK 38
PAGE 48
GRAPHIC SCALE
40 0 20

I, JOEL H. PATTERSON III, CERTIFY THAT THIS PLAT WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION; DEED DESCRIPTION AND/OR MAP BOOK SEE PAGE NOTE #2.; THAT THE BOUNDARIES NOT SURVEYED ARE CLEARLY INDICATED AS DRAWN FROM INFORMATION FOUND IN BOOK N/A, PAGE N/A.; THAT THE RATIO OF PRECISION AS CALCULATED IS 1:10,000+; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH THE STANDARDS OF PRACTICE FOR LAND SURVEYING IN NORTH CAROLINA (21 NCAC 56.1600). WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 31st DAY OF July, 2018.

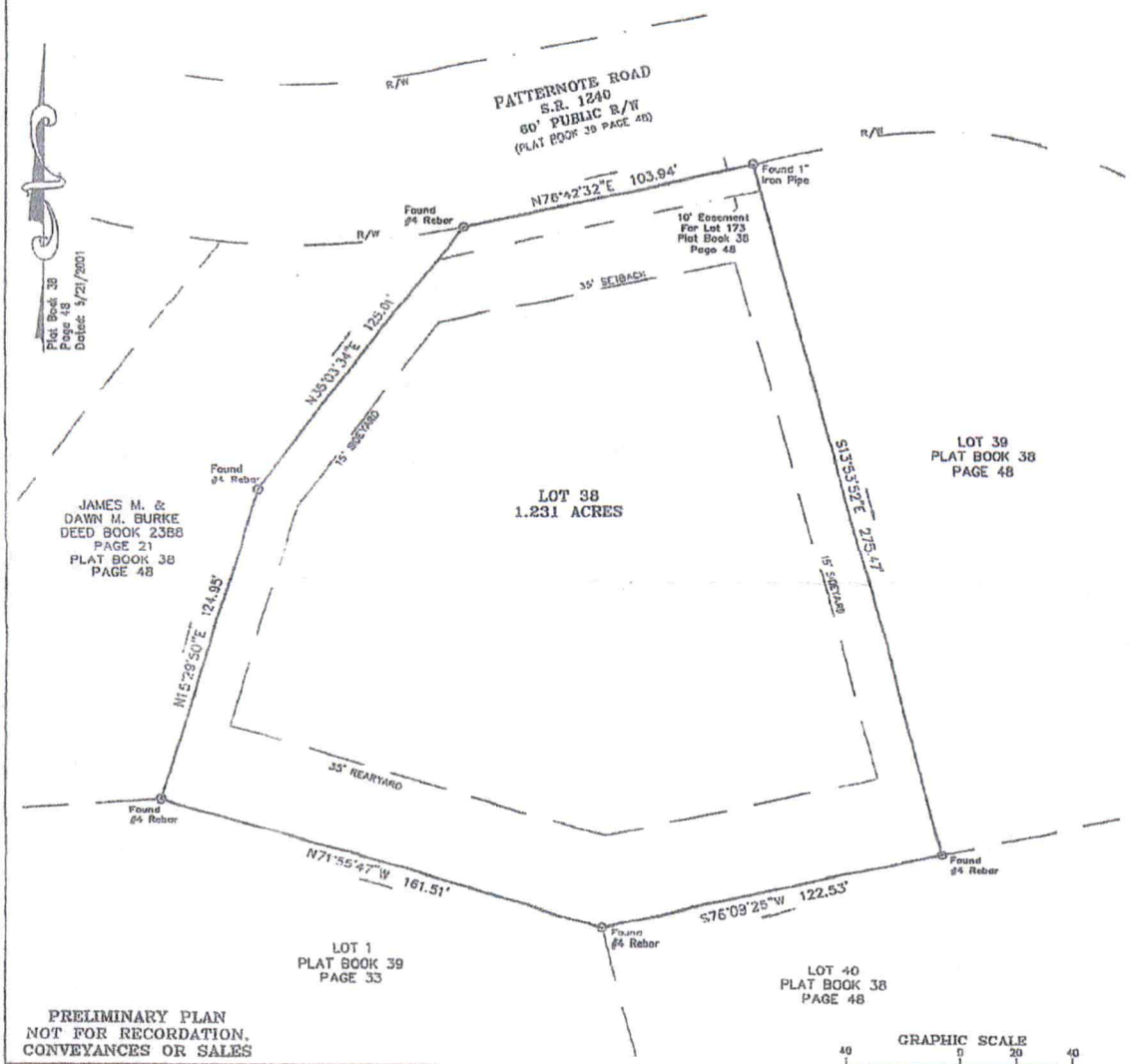
JOEL H. PATTERSON III, PLS
LICENSE NUMBER: L-3717

NORTH CAROLINA PROFESSIONAL SEAL L-3717 LAND SURVEYOR JOEL H. PATTERSON, III

LEGEND
R/W = Right-of-way



VICINITY MAP
NOT TO SCALE



PRELIMINARY PLAN
NOT FOR RECORDATION, CONVEYANCES OR SALES

GRAPHIC SCALE
40 0 20 40
(IN FEET)
1 inch = 40 feet

BOUNDARY SURVEY
LOT 38, DEVONSHIRE
MAP 2 OF 2
PLAT BOOK 38 PAGE 48
252 PATTERNOTE ROAD
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC

Owner/Prepared For:
MARGARET & MICHAEL OSTROWSKI &
THE TITLE COMPANY OF NORTH CAROLINA

PATTERSON LAND SURVEYING, P.A.
NC LICENSE #: C-3990
P.O. BOX 5010, MOORESVILLE, NC 28117
PHONE: 704-663-0110 EMAIL: pattersonlandsurveying@gmail.com

Drawn By: GHL	Checked By: JHP	Scale	Project No.
Tax PIN: 4637-21-8469		1" = 40'	18088
Date: November 5, 2018			Sheet No.
File: 18088_Plat Plan			1 of 1

SURVEYOR NOTES

1) ALL DIMENSIONS SHOWN ARE IN US SURVEY FEET AND DECIMALS THEREOF AND ARE HORIZONTAL GROUND DISTANCES UNLESS OTHERWISE INDICATED. AREA BY COORDINATE METHOD.
2) THIS PLOT PLAN IS BASED ON DEED BOOK 2352 PAGE 31 AND PLAT BOOK 38 PAGE 48 AS RECORDED AT THE IREDELL COUNTY REGISTER OF DEEDS.
3) THIS PLOT PLAN WAS PREPARED WITHOUT THE BENEFIT OF A TITLE EXAMINATION BY AN ATTORNEY. THE PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS-OF-WAY, EASEMENTS, RESTRICTIVE COVENANTS OR CONDITIONS NOT OBSERVED OR SHOWN HEREON.
4) BASIS OF BEARINGS: MAP BOOK 38 PAGE 48 - DATED: MAY 21, 2001.
5) THE LOCATION OF UTILITIES AS SHOWN HEREON, WHETHER PUBLIC OR PRIVATE, ARE BASED ON THE LOCATION OF VISIBLE ABOVE GROUND APPURTENANCES ONLY. OTHER UTILITIES WHICH WERE NOT OBSERVED AND NOT SHOWN HEREON MAY EXIST. IT IS THE OWNERS/TENANTS RESPONSIBILITY TO VERIFY THE LOCATION PRIOR TO COMMENCEMENT OF ANY CONSTRUCTION. PATTERSON LAND SURVEYING, P.A. CANNOT ASSUME RESPONSIBILITY FOR MISIDENTIFICATION OR OMISSION OF UNDERGROUND UTILITIES.
6) THIS SURVEY IS OF AN EXISTING PARCEL OR PARCELS OF LAND AND DOES NOT CREATE A NEW STREET OR CHANGE AN EXISTING STREET.
7) THIS PROPERTY LIES IN FLOOD ZONE "X" AS SHOWN ON FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA) FLOOD INSURANCE RATE MAP (FIRM) COMMUNITY PANELS 3710463700J, WITH AN EFFECTIVE DATE OF MARCH 18, 2008.
8) POINTS NOT LABELED "FOUND" OR "SET" ARE COMPUTED POINTS ONLY.
9) NO NCGS OR USGS MONUMENTS FOUND WITHIN 2000' OF SUBJECT PARCEL.
10) ALL LOTS ARE SUBJECT TO A 10' UTILITY AND DRAINAGE.

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
January 10, 2024

Michael and Margaret Ostrowski
PO Box 5235
Mooresville, NC 28117

Re: Approval No. JMB3285

Private Well Located Less Than 100' from a Septic System Installed in Saprolite [Rule 15A NCAC 2C .0107(a)(2)(B)]

Property location:
252 Patternote Road
Mooresville, NC 28117

Dear Mr. and Mrs. Ostrowski:

On January 10, 2024, 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 proposed water supply well on the referenced property. The closest septic system is more than fifty feet away from the proposed well, but closer than the required one hundred feet. The septic system is installed in saprolite.

Specifically, the variance grants you permission to construct a water supply well at a distance closer than the one-hundred-foot setback to a septic system. Achieving the one-hundred-foot setback would be difficult given the challenges of the property.

Based upon information provided by 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 new water supply well shall be constructed of either PVC, steel, or galvanized metal casing.

2) The well shall be located as far as possible from any septic system or repair area, depending upon where the well rig can actually set up, will possibly encroach upon the 100foot setback, but no closer than 50feet.

3) A pre-construction meeting with the Iredell County Health Department staff is required to ensure that the maximum possible distances are achieved.

4) The well will be required to have casing installed to a minimum of 50 feet below land surface and 10 feet into bedrock. If bedrock is encountered at a depth greater than 50feet, then casing must extend 10 feet into bedrock.

5) Grout will be required the entire length of the casing from land surface into bedrock.

6) A drill bit with a diameter of at least one third greater than the diameter of the casing must be used to drill the cased portion of the well.

7) Grout must be either pumped into place with the use of a tremmie pipe or pressure method.

8) If a full-length grout is not possible due to site conditions, then a packer-liner must be installed in the well. The liner must extend at least five feet beyond the end of the casing and grouted entirely with a neat cement grout.

9) A grout inspection must be conducted by the Iredell County Health Department.

10) Any improperly located or constructed wells or wells no longer in use, shall be properly abandoned in accordance with the Well Construction Standards.

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: 1/3, 2024 **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:

Michael + Margaret Ostrowski

Mailing Address: PO Box 5235

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

Day Tele No.: 631 678 1110 Cell No.: 631 678 1171

EMAIL Address: motomarged@aol.com Fax No.: +

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4637-21-8469

County: Iredell

(2) Physical Address (if different than mailing address): 252 Patternote Road Mooresville NC 28117

City: Mooresville State: **NC** Zip Code: 28117

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: Seth Julian

NC Well Drilling Contractor Certification No.: 4274

Company Name: Mid-South well + pump company Contact Person: Seth Julian

City: Olin State: NC Zip Code: 28660 County: Iredell

Day Tele No.: 704-500-5771 Cell No.: 704-500-5771

EMAIL Address: midsouthwell@gmail.com 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.

To request a variance on the horizontal setback to a saprolite system controlled pump line to be reduced to 20 feet instead of 100 feet. To match the current 18e septic rules.

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**

Seth Julian

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

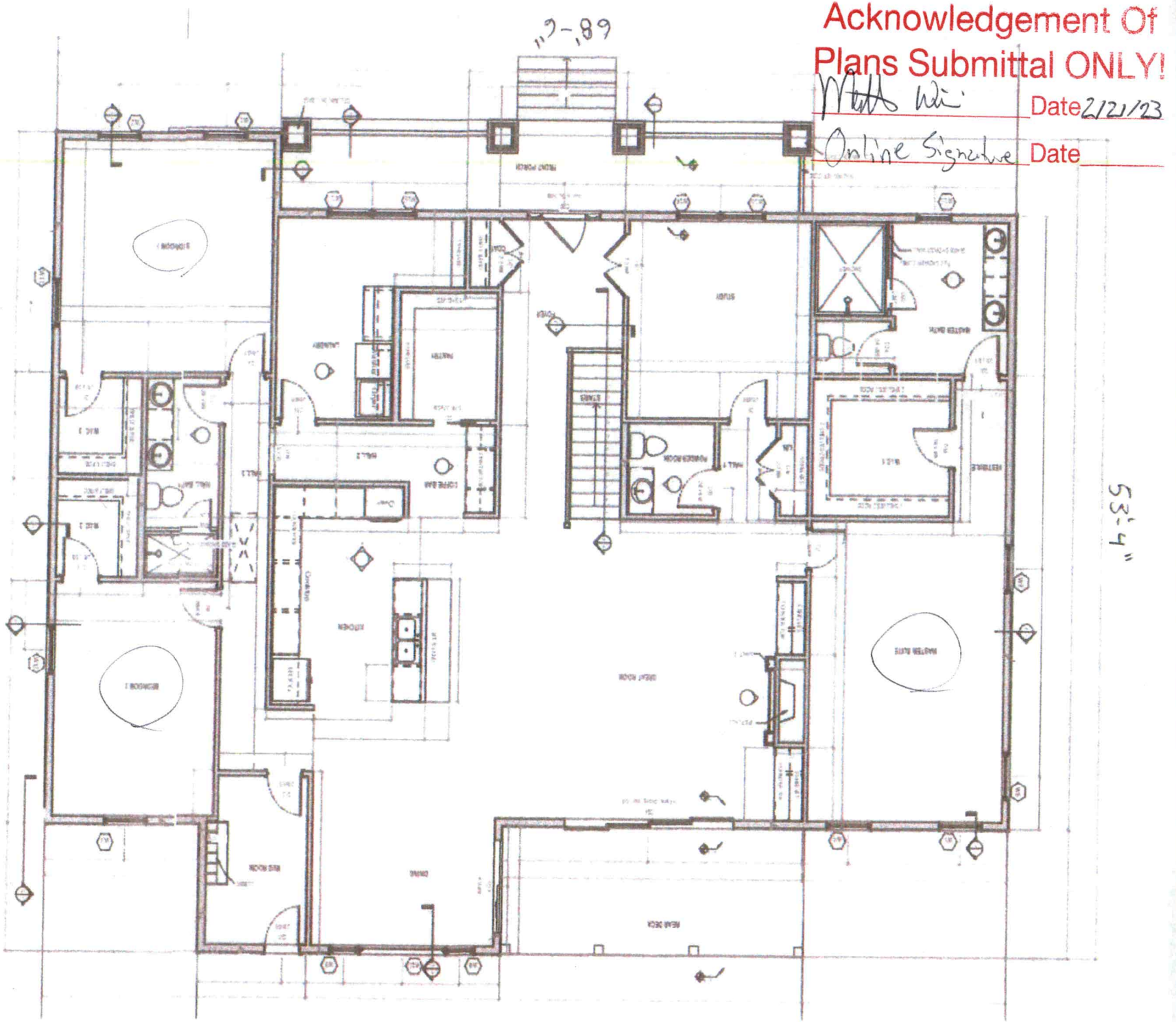
Seth Julian

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.


Acknowledgement Of
Plans Submittal ONLY!
Date 2/21/23
Online Signature Date
53'-4"

RECEIVED SEP 1 5 2021

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM* AP-220115 $105.00

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

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

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

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Margaret Ostrowski **Address:** 7849 Ridgeview Dr. Sherrills Ford NC **Zip:** 28673
Applicant Email: mostrowski@aol.com **Phone:** 631)678-1171 **Alt. Phone:** 631)678-1110
Owner Name: _____ **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 252 Patternote Road, Mooresville NC 28117
Subdivision Name: Devonshire **Section/Phase:** _____ **Lot Number:** 38
Driving Directions: _____

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

(X) 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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
(X) Other Addition/Structure: Detached garage

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
(X) 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:** _____

(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.

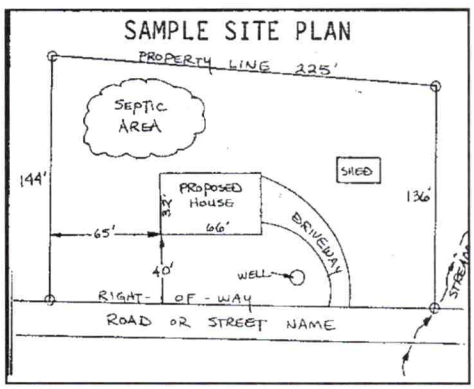
Signature: Margaret Ostrowski 9/15/21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

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



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

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

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See attached

Signature: Margaret Ashley

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

9/15/21

DATE

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*) Margaret Ostrowski

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, Margaret Ostrowski, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

Margaret Ostrowski
Signature of Owner(s)

9/15/21
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 ****

MS **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

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

MS **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**.

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

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

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

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

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

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

Signature Margaret Shoaf **Date** 9/15/21

Questions? Contact the Environmental Health Offices below:

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

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