BLDR-2023-28629

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☑ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 171426 PIN # 4638-23-6368 DATE 4-30-12

OWNER JEFF KENT APPLICANT: CHAD GOODIN PHONE: Home/Cell # 704-363-7302 Business #

SITE ADDRESS 690 NORMANDY RD OWNER / APPLICANT ADDRESS 152 MARSHTONS MILL DR.

SITE DIRECTIONS PERTH, NORMANDY, ON R

SUBDIVISION CLT BLOCK / SECTION 11 LOT # 152 LOT AREA .69 AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB Date 10/19/23 ☑ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

Pump Tank Gallons: P T Date System Description: PANEL BLOCK

Pump Make Model Serial # Repair System Description: PRE-TREAT PANEL BLOCK

No. Nitrification Fields: 1 No. Lines Linear Feet 200' Maintenance Agreement Required ☐ YES ☐ NO

Trench Width 24" Max. Trench Bottom Depth 36" Gravel Depth ☐ GRAVITY ☐ PRESSURE

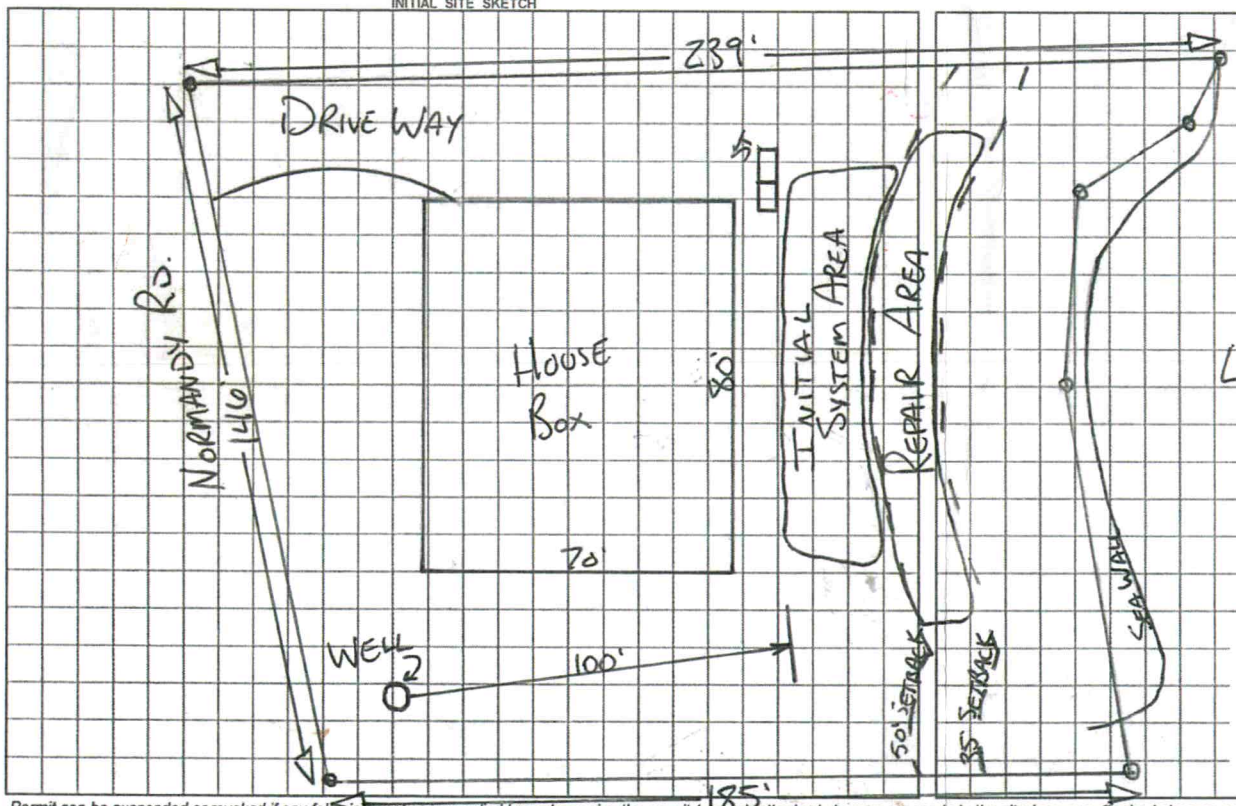
☑ Residence No. Bedrooms 3 ☐ Business No. Persons ☐ Other No. Employees ☐ Slab ☐ Crawl Space ☑ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions THIS DRAWING WAS FOR IP ONLY. SEE FINAL SITE PLAN BY MIKE ATHANAS (ATTACHED)
NON-EXPIRING PERMIT

INSTALLED AS DRAWN. See modified tank orientation in RED.

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

*See updated site plan attached - SH

* SEE ATTACHED PLAN BY MIKE ATHANAS FOR GRADING INSTRUCTIONS

LKN

* NO AC WILL BE ISSUED UNTIL GRADING IS APPROVED BY IREDELL COUNTY ENV. HEALTH. & SYSTEM IS LAID OUT.

* OP TO BE HELD UNTIL BUFFER MARKED SW 12/29/23 COMPLETE

Non-Expiring Permit

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

Owner / Applicant Signature: Date 5-4-12 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: REHS Date 4-30-12 OPERATION PERMIT by: Sarah Williams REHS Date 1/11/2024

AUTHORIZATION TO CONSTRUCT by: Heather Holland REHS Date 7/19/23 Existing System Inspected by: REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

BLDR-2023-28629

IREDELL COUNTY HEALTH DEPARTMENT - *ENVIRONMENTAL HEALTH* ☐ STATESVILLE OFFICE 704-878-5305 ☒ MOORESVILLE OFFICE 704-664-5281

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

PERMIT # 171426 PIN # 4638-23-6368 DATE 4-30-12

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SITE DIRECTIONS PERTH, NORMANDY, ON R

SUBDIVISION CL&T BLOCK / SECTION 11 LOT # 152 LOT AREA .69 AC DESIGN FLOW 360 L.T.A.R. .3

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: P T Date

Pump Make Model Serial #

No. Nitrification Fields: 1 No. Lines Linear Feet 200'

Trench Width 24" Max. Trench Bottom Depth 36"

☒ New System ☐ Repair ☐ Expansion System Type I II III IV V VI

System Description: PANEL BLOCK

Repair System Description: PRE-TREAT PANEL BLOCK

Maintenance Agreement Required ☐ YES ☐ NO

Gravel Depth ☐ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Crawl Space ☒ Basement w/plumbing ☐ Basement w/o plumbing

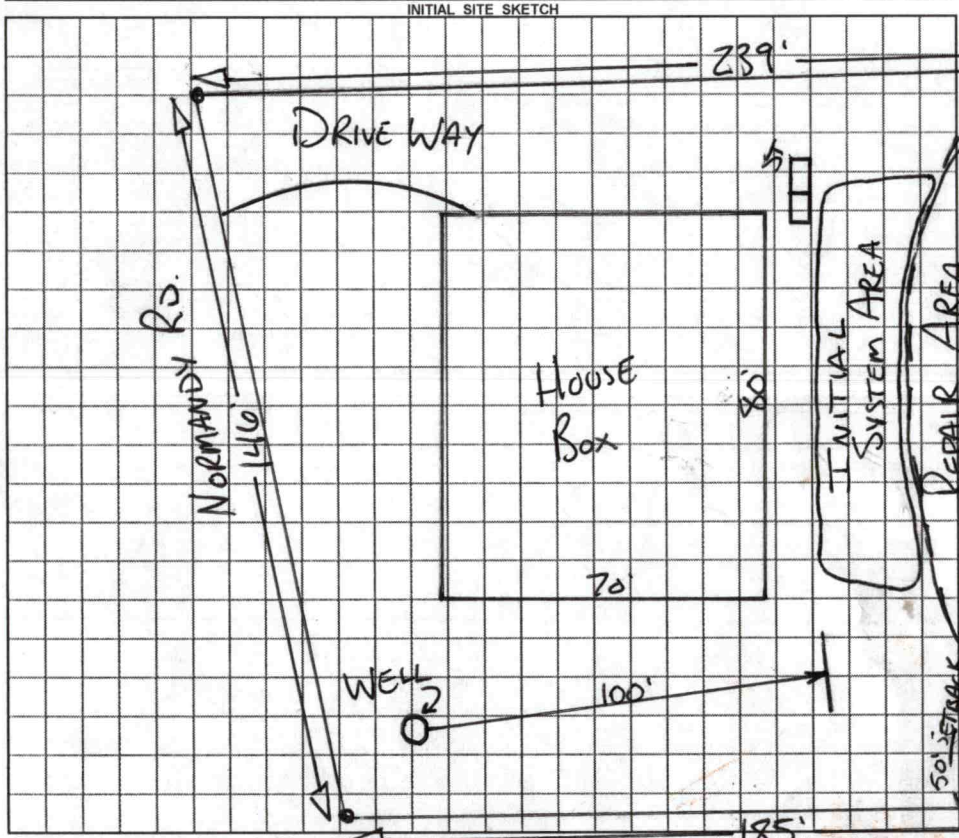
No. Bedrooms 3 No. Persons No. Employees

Water Supply ☒ Private ☐ Public ☐ Community

Comments / Conditions THIS DRAWING WAS FOR IP ONLY. SEE FINAL SITE PLAN BY MIKE ATHANAS (ATTACHED)

NON-EXPIRING PERMIT

INITIAL SITE SKETCH



AS BUILT SKETCH

1"=40'

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Owner / Applicant Signature: Date 5-4-12 Installed by:

IMPROVEMENT PERMIT by: REHS Date 4-30-12 OPERATION PERMIT by: REHS Date

AUTHORIZATION TO CONSTRUCT by: REHS Date 7/19/23 Existing System Inspected by: REHS Date

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

White Copy – Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 14, Page 43. That the boundaries not surveyed are clearly indicated as drawn from information as shown survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 30 day of November, A.D. 2015.

Notes:

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.

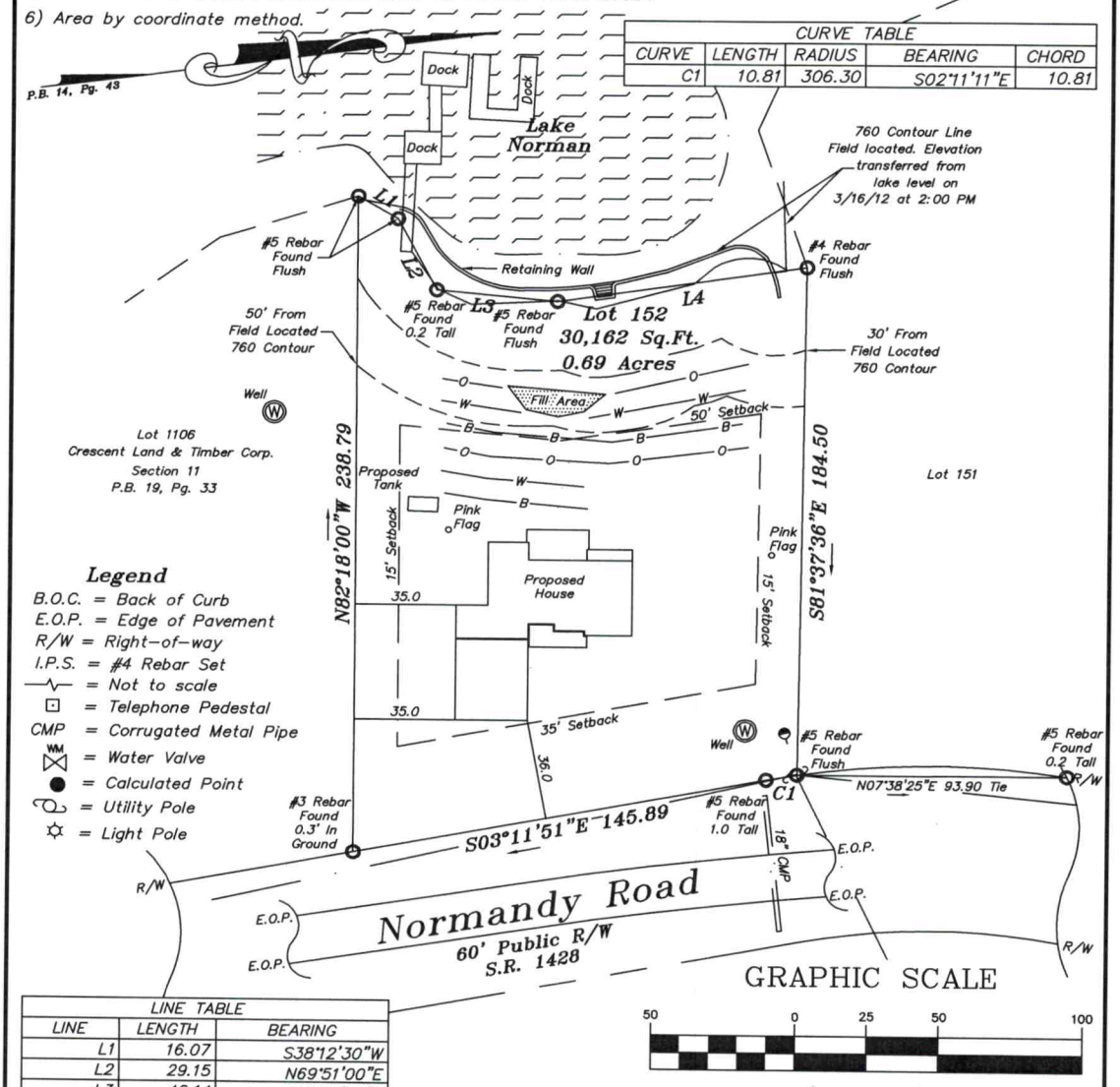
2) Boundary information based on Map Book: 14 at Page: 43 as recorded in the Iredell County Register of Deeds.

4) This survey is of an existing parcel or parcels of land.

5) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.

6) Area by coordinate method.

Lance D. Schamback, PLS
LICENSE NUMBER: L-4295



Legend

- B.O.C. = Back of Curb
- E.O.P. = Edge of Pavement
- R/W = Right-of-way
- I.P.S. = #4 Rebar Set
- = Not to scale
- = Telephone Pedestal
- CMP = Corrugated Metal Pipe
- = Water Valve
- = Calculated Point
- = Utility Pole
- = Light Pole

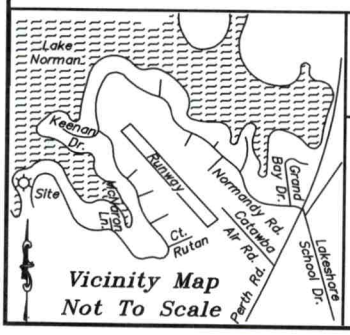
CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	10.81	306.30	S02°11'11"E	10.81

LINE TABLE		
LINE	LENGTH	BEARING
L1	16.07	S38°12'30"W
L2	29.15	N69°51'00"E
L3	42.14	N12°58'33"E
L4	87.62	N00°47'42"W

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.



Boundary Survey
FOR
Jeffrey W. Kent & Kelly E. Kent

PROPERTY DESCRIPTION
Lot 152,
Crescent Land & Timber Corp.
Lake Norman, Section 11
Davidson Township
Iredell County, NC

SCALE: 1" = 50'
FIELD BOOK:
FILE: 2011-13REVSEPTIC
TAX PARCEL ID: 4638236368

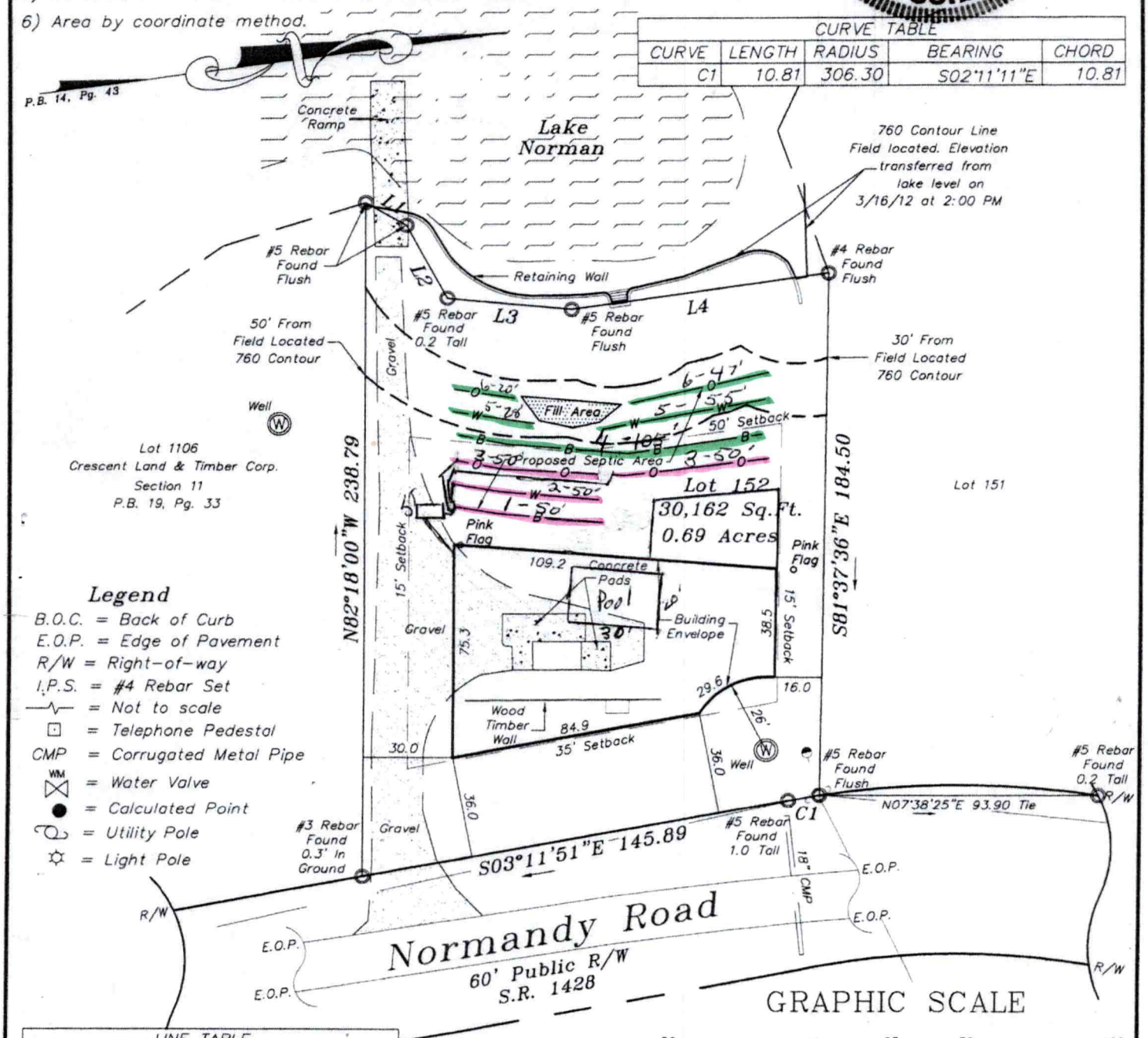
Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

Updated Site Plan
Reviewed 7/19/23 - SH

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 14 at Page: 43 as recorded in the Iredell County Register of Deeds.
4) This survey is of an existing parcel or parcels of land.
5) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
6) Area by coordinate method.

SEAL L-4295 LANCE D. SCHAMBACK LAND SURVEYOR
Land Surveyor: Lance Schamback
LICENSE NUMBER: L-4295

CURVE TABLE				
CURVE	LENGTH	RADIUS	BEARING	CHORD
C1	10.81	306.30	S02°11'11"E	10.81



Legend

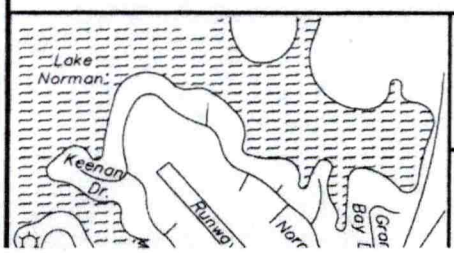
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GRAPHIC SCALE

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(IN FEET)
1 inch = 50 ft.



Boundary Survey
FOR
Jeffrey W. Kent & Kelly E. Kent

PROPERTY DESCRIPTION
Lot 152,

SCALE: 1" = 50'
FIELD BOOK:
FILE: 2011-13REVSEPTIC
TAX PARCEL ID:



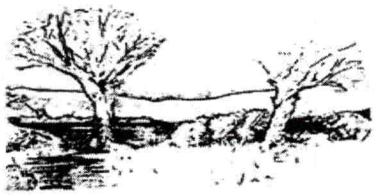
MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 690 Normandy Rd., CL&T Sec 11 Lot 152
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Existing private well
Number of Bedrooms: 3/360 GPD
Predetermined LTAR: 0.3 GPD/FT2 (ICHD)
Proposed System Type: PPBPS
Proposed Repair System Type: TSI PPBPS
Distribution: Gravity-distribution box
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	Actual Length
Blue 1	**50'**	**50'**
White 2	**50'**	**50'**
Orange 3	**50'/50'**	**106'**
Blue 4		105'
White 5		55'/28'
Orange 6		47'/20'

Initial System: 200' **Repair System:** 255'

Comments:
This site has been graded and re-evaluated by MA&A and ICHD as per the improvement permit from 4/30/2012. The system has been laid out and surveyed. An area of fill defined by MA&A and ICHD is marked on the site plan. The repair system must be pretreated to reduce the setback to the lake. B4 is outside of the 50' setback and is designed at 50% reduction. W5 and O6 are inside the 50' setback and are designed at 25% reduction.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
1999 CANDLEWICK DRIVE
Fort Mill SC 29715
803-802-4403 (office)
803-802-4402 (fax)

April 20, 2012

Iredell County Environmental Health Department
Attn: Mr. Ben Aldridge
610 East Center Ave.
Mooresville, NC 28115

Reference: Soil Preliminary Investigation on Normandy Road, CLT Section 11, Lot 152, .68 Acres

Dear Mr. Aldridge:

In April of 2012, Michael Athanas & Associates, Inc. performed a preliminary soil investigation on the above referenced tract. The purpose of this evaluation was to determine the suitability of this lot to accommodate a 3 or 4 bedroom residence. Seven soil observations were excavated and soil profile descriptions were developed. Site suitability is based on but not limited to topography, soil characteristics, soil wetness, soil depth, restrictive horizons, and available space. All ratings and determinations were conducted in accordance with **15A NCAC 18A .1900 "Laws and Rules for Sewage Treatment and Disposal Systems."**

This investigation was accomplished by traversing the property and observing landforms (slope, drainage patterns, gullies, past uses, etc.) as well as soil characteristics (depth, structure, texture, seasonal wetness, etc.) through the use of soil observations/pits.

This lot was originally permitted on 5-29-1972 (refer to attached permit) and a bed system was installed. Currently the new owners wish to abandon the original system and build a new residence over the existing system. In order to accomplish this we have performed a soil evaluation between the proposed house and the lake, where fill was discovered. The main limitation of this lot is the depth of fill; it appears there was a large narrow gully running through the middle of this lot which appears to have been filled in excess of 50 years ago. Due to this

feature, we are proposing to remove the fill by starting the grading process 20' inside of the 50' setback in order to achieve the proper slope and the desired depth of fill removal. We are proposing to remove approximately 30 inches of fill from the proposed septic area, this should allow for the utilization of the area that was previously considered unsuitable. Once this grading has been completed, we can determine the full ability of the lot.

The majority of provisionally suitable soil on this tract mainly consisted of a red clay subsoil with a subangular blocky structure with a friable, slightly sticky, slightly plastic consistence. This clay layer was generally underlain by a clay loam that exhibited a weak subangular blocky structure with a friable, slightly sticky, slightly plastic consistence. Some soil observations possessed drainage mottles and manganese concentrations, most soil observations were rated between .25 and .3 g/d/ft2. Additional considerations are required setbacks from various elements such as 50' from wells, 50' from streams and ponds, 10' property lines and 15' from top of embankments greater than two feet in depth, among others.

In conclusion, it appears that this site with the above mentioned modifications/grading could be classified as provisionally suitable for either a three or four bedroom residence. We are proposing to acquire an Improvement Permit for a 3 bedroom residence before any grading takes place, once the grading is complete, we would then determine the lots full ability.

I trust this report provides you with the information you needed. If I can be of any further assistance or there are any questions or concerns, please feel free to call.

Sincerely,

Michael Athanas
North Carolina Licensed Soil Scientist # 1252
South Carolina Professional Soil Classifier # 77

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: _____
COUNTY: Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Jeff Kent (Chad Goodin, Builder)_____APPLICATION DATE: 4-1-12_____
ADDRESS: 152 Marstons Mill, Mooresville, NC 28117_____DATE EVALUATED: 4-12 _____
PROPOSED FACILITY: 4 Bedroom _____PROPOSED DESIGN FLOW (.1949): 480gpd_____PROPERTY SIZE: .69 Acres _____
LOCATION OF SITE: Normandy Rd., CLT Section 11, lot 152 _____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	LS 13%	0-22	Fill		Few Mn Conc. Comm to many Sap Incl.	68"			PS .25-.3
		22-28	Br. SCL WSBK	FR SS/SP SEXP					
		28-72	R C SBK	FR SS/SP SEXP					
		72-90	RY CL WSBK	FR SS/SP SEXP					
2	LS 12%	0-40	Fill			50"			PS .3
		40-48	Br. SCL WSBK	FR SS/SP SEXP					
		48-90	R C SBK	FR SS/SP SEXP					
3	LS 10%	0-8	Br. SCL WSBK	FR SS/SP SEXP	Few Sap Incl. Comm Sap Incl.	90"			PS .3
		8-60	R C SBK	FR SS/SPS SEXP					
		60-90	R CL WSBK	FR SS/SP SEXP					
4	LS 13%	0-6	Br. SCL WSBK	FR SS/SP SEXP	Few Sap Incl.	90"			PS .3
		6-34	R SC SBK	FR SS/SP SEXP					
		34-90	R C SBK	FR SS/SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)	PPBPS	PPBPS or Pre-Treat
Site LTAR	.25-.3	TBD

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

EVALUATED BY: MA & ASSOC., Inc.

OTHER(S) PRESENT: Iredell Co.

COMMENTS: Refer to report

SOIL/SITE EVALUATION

(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: Iredell_____

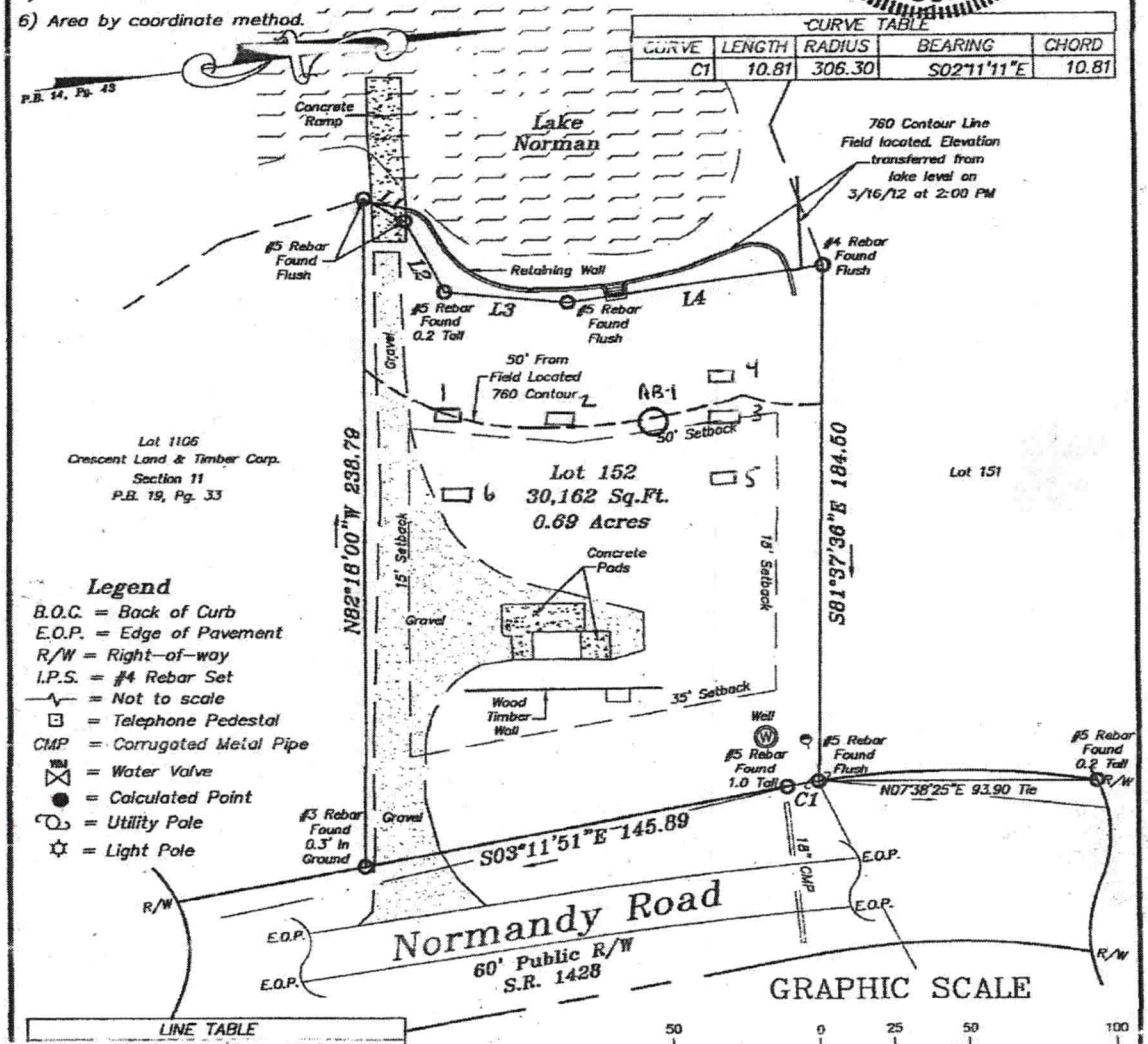
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5	LS 8-10%	0-22	Fill		Few-Comm Dr. Mottles	65"			.25
		22-26	Br. SCL WSBK	FR SS/SP SEXP					
		26-65	R C SBK	FR SS/SP SEXP					
			Outer limits of proposed grading area						
6	LS 8-10%	0-13	Fill			57"			PS .3
		13-18	Br. SCL WSBK	FR SS/SP SEXP					
		18-57	R C SBK	FR SS/SP SEXP					
			Out of proposed grading area						
AB 1	LS 10%	0-5	Br. SCL WSBK	FR SS/SP		48"			PS .3
		5-48	R C SBK	FR SS/SP SEXP					

I Lance D. Schamback, certify that this plat was drawn under my supervision from an actual survey made under my supervision (deed description and/or Map Book: 14, Page 43, [illegible] survey; that the ratio of precision as calculated is 1: 10,000+ that this plat was prepared in accordance with G.S. 89-C as amended. Witness my original signature, registration number and seal this 16 day of March, A.D. 2012.

1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Map Book: 14 at Page: 43 as [illegible]
4) This survey is of an existing parcel or parcels of land.
5) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
6) Area by coordinate method.

SEAL
[illegible] Schamback, PLS
LICEN[illegible]
LANCE D. SCHAMBACK

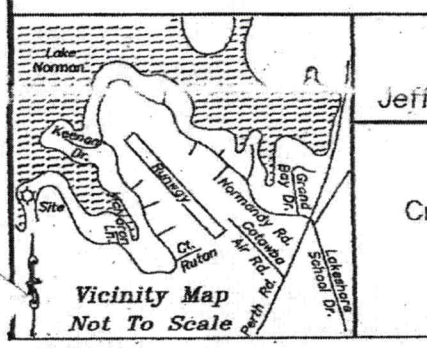
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L4	87.62	N00°47'40"W



Vicinity Map
Not To Scale

Boundary Survey
FOR
Jeffrey W. Kent & Kelly E. Kent

PROPERTY DESCRIPTION
Lot 152,
Crescent Land & Timber Corp.
Lake Norman, Section 11
Davidson Township
Iredell County, NC

SCALE: 1" = 50'
FIELD BOOK:
FILE: 2011-13REV
TAX PARCEL ID: 4638236368

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit No. 88 Permit Date 5-29- 1972

Owner Mr. Frye Address Kannapolis

Installed By Norris James Address Kannapolis

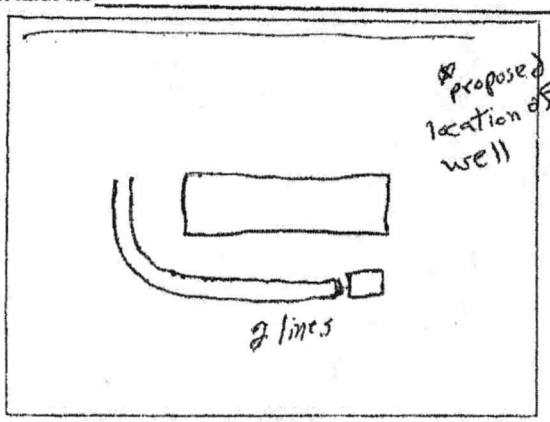
Location of Property North on Perth Church Rd to Rd to right before pump station go to end of Rd Property on right

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	1000	(✓)	225'	(✓)	No. of Baths	(2)
Precast	(✓)	1250	( )	250'	( )	Dishwasher	(no)
		1500	( )	Other		Garbage Grdr.	(no)
		Other				Other	

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 5-29-1972 Approved (✓) Disapproved ( )

Remarks



Sketch of Installation

J. C. Moore
Sanitarian

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: 2-22-16, **20**___ **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:

Jeff Ikent

Mailing Address: 687 Normandy Rd

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

Day Tele No.: _____ Cell No.: 704-575-8307

EMAIL Address: _____ Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4638-236-368

County: Iredell

(2) Physical Address (if different than mailing address): 690 Normandy Rd.
(Lot 152 Crescent Land & Timber)

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

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: (Not known)

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.

The current owners wish to keep their existing well. Presently they are proposing to have a 15' setback from the existing well to the new proposed structure. (Refer to Plat). If there are any questions, please feel free to contact me @ 704-576-3887.

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**

☆ BEN ALDRIDGE
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

Pat McCrory
Governor

Richard O. Brajer
Secretary

Daniel Staley
Division Director

Onsite Water Protection Branch
February 26, 2016

Jeff Kent
687 Normandy Rd
Mooresville, NC 28117

Re: Approval No. JMB730

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

Property location:
687 Normandy Rd
Mooresville, NC 28117

Dear Mr. Kent;

On February 24, 2016 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 planned for the property that will be with 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 and 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.
4) No termite treatment shall be applied 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

RECEIVED FEB 10 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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: (X) 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: Jeff Kent **Address:** 152 Marstons Mill Dr. Mooresville NC **Phone:**

Owner Name: Same **Address:** **Phone:**

Property Information:

Street Address: 690 Normandy

Subdivision Name: CL+T **Section/Phase:** 11 **Lot Number:** 152

Driving Directions: Perth, TL Normandy, on Rt

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

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

Maximum Number of Bedrooms: 3
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:

( ) 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:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 2/10/2016
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

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…**

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

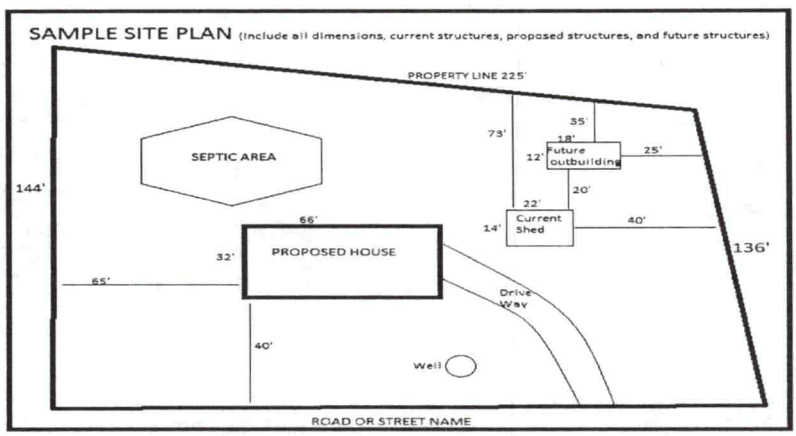
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

2/10/2016

DATE