IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 246410

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

PIN # 4638334482.000

APPLICANT/OWNER: CS+SC / Edward Hagen | APPLICANT ADDRESS: 644 Normandy Rd Mooresville NC 28117

SITE ADDRESS: 644 Normandy Rd Mooresville NC 28117 | PHONE: 704 202 5741 | ALT. PHONE: -

SITE DIRECTIONS: 150 in TR Perth TL Normandy on Right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CCJT | SECTION: 11 | LOT # 142 | LOT AREA: .66 | DESIGN FLOW: 480 | L.T.A.R.: .250

Septic Tank	1000 (gal)	STB	SHOAF 760	Date	6/21/21	☐ New System ☐ Repair ☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4	Water Supply
Pump Tank	- (gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction	☐ Business	No. Persons 8	☒ Private
Pump Make	-	Model	-	Serial #	-	Repair System Description:	TS-II - Pre-Treat Drip (.125)	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	240	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width	36	Trench Bottom Depth(Low side)	32	Gravel Depth	-		☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Abandon Well Prior to A/C

* Porch to be Set in Larger portion of house Box
Maintain 5FT from Septic Area with any building foundation

INITIAL SITE SKETCH

This permit is issued pursuant to Sec 11.(c) of SL 2018-114 using the Signed and Sealed design Plans by: CS+SC PLLC

AS BUILT SKETCH

As Built Attached

8/23/21 – lines checked, bed completely inside buffer & good
– 5" fill still needs to be removed over top 2 lines 8/11/21 DW

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: 8-23-21 | Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: [signature] Date: 8/5/2019 | OPERATION PERMIT by: [signature] D. Webert Date: 8/23/21

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 11-19-2020 | Existing System Inspected by: Date:

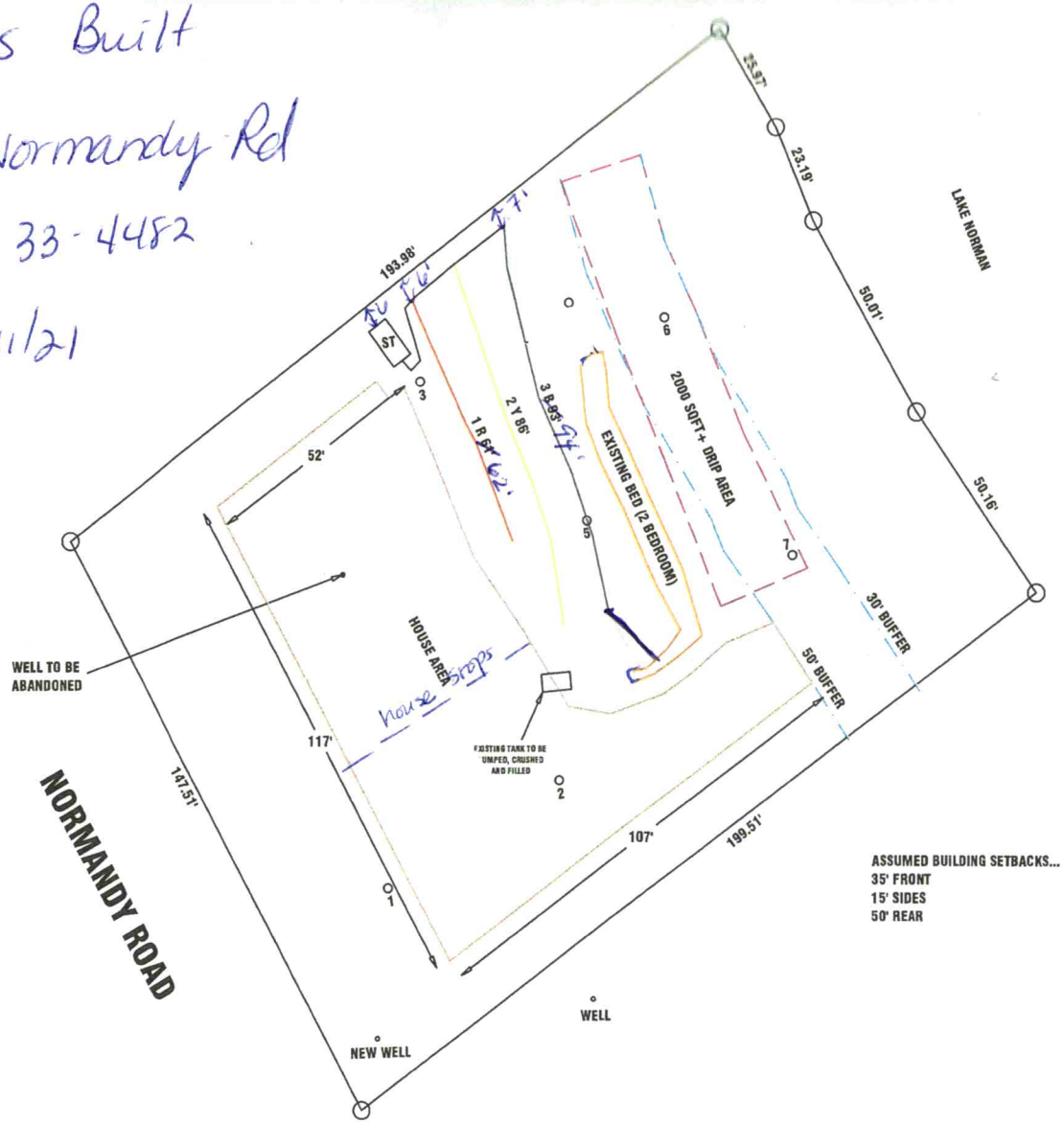
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

As Built

6644 Normandy Rd

4638-33-4482

8/11/21





SCALE
1"=40'

Connected to Y where Pipes joined in gravel bed

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

Proposed Design for a 25% Reduction Septic System Expansion using Gravity distribution for a 4 bedroom single family residence on CL&T Section 11 lot 142 in Moorsville, Iredell County, North Carolina

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6-7

Session Law/HB 374 Authorization Form---------- 8

June 27, 2019
Job Number: 19105
Design By: Ben Aldridge, REHS



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation Expansion.
- Repair is specified as Drip Irrigation System.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

DOSING CALCULATIONS

Location	CL&T SECTION 11
Lot No:	142
No. of Bedrooms (Total)	4
No. of Bedrooms (Existing)	2
No. of Bedrooms (Expansion)	2
Design Flow (Total)	480 $^{gal}/_{day}$
Design Flow (Existing)	240 $^{gal}/_{day}$
Design Flow (Expansion)	240 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2 day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	23 ft.
Supply Line Volume	8.28 gal.
Required Feet of 25% RED. Line	240 ft.
Amount of Line from Layout	240 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	156.72 gal.

OWNER INFORMATION

Owner: Ed Hagen
Address: 644 Normandy Rd.
Mooresville, NC 28117

Client: Ed Hagen
Address: 644 Normandy Rd.
Mooresville, NC 28117
Phone: 704-892-2825
County: Iredell
Location: CL&T SECTION 11 LOT 142

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 240
Total Lateral Length Required: 240
Max Trench Depth: 32 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 720

Trench Spacing on Center: 9 ft.

Repair Trench Spacing: 24 in.
Repair Trench Depth: 6 in.
Repair Trench Width: 1 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 23
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 8.28
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Adrian L. Pruett LSS, Ben Aldridge, REHS

CL&T SECTION 11 LOT 142
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE — June 27, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***RED***	*NA*	*NA*	*61*	*61*
2	***YELLOW***	*NA*	*NA*	*86*	*86*
3	***BLUE***	*NA*	*NA*	*93*	*93*
4	***ORANGE***	*NA*	*NA*	***240 GPD***	***240 GPD***
5	PINK	NA	NA	2000 SQ.FT.	2000 SQ.FT.
			Total	**240**	**240**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*240*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	2000 SQ.FT.	*INNOV.*	0.125	DRIP IRRIGATION	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **EXISTING TANK TO BE PUMPED, CRUSHED AND FILLED**
EXISTING WELL TO BE PROPERLY ABANDONED
Full repair not required, lot platted September 7, 1976.
Iredell County has CS&SC's permission to change septic tank location and distribution type

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

Sheet 1 OF 1
PROP. ID #: 4638334482
COUNTY: IREDELL

SOIL/SITE EVALUATION
for **ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: KIMBERLY COOK
ADDRESS: 644 NORMANDY RD
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 644 NORMANDY RD
WATER SUPPLY: PRIVATE PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: X A. BORING PIT CUT WASTEWATER TYPE X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE:
DATE EVALUATED: 6/11/2019
PROPERTY SIZE: 0.66
PROPERTY RECORDED: YES

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LSS 10%	0-26	R/BR CL WSBK	FR S SP SEXP	COM MANG 0-48"	48"	N/A	N/A	0.275
		26-39	R/BR C WSBK	FR S SP SEXP					
		39-48	BR/R C MSBK	FI S SP SEXP					
2	LS 8%	0-18	FILL		COM MANG 0-40	48"	N/A	0-18	.275 >18"
		18-28	BR/R CL WSBK	FR S SP SEXP					
		28-40	BR/R C WSBK	FR S SP SEXP					
		40-48	R C MSBK	FI S SP SEXP					
3	LS 10%	0-2	GRAVEL		FEW MANG 2-21	48"	MANY 36-48	N/A	.3<32" .4>32"
		2-7	BR SCL WSBK	FR S SP SEXP					
		7-32	R C W/MSBK	FR S SP SEXP					
		32-36	RCL WSBK	FR SS SP SEXP					
		36-48	R L WSBK	VFR SS SP SEXP					
4	LS 8%	0-32	BR/R C/CL WSBK	FR S SP SEXP	MANY MANG 0-32 FEW MANG 32-48	48"	N/A	N/A	0.275
		32-48	R C MSBK	FI S SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	GRAVITY 25% RED	DRIP IRRIG.
SITE LTAR	0.275	0.125
COMMENTS		

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: BENJAMIN BRIDGE
OTHER(S) PRESENT: JACOB CONRAD

LICENSED SOIL SCIENTIST
BENJAMIN L. BRUETT
STATE OF NORTH CAROLINA
1314

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #:

COUNTY:

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	LS 6%	0-10	BR SCL WSBK	VFR SS SP SEXP	N/A	48"	33-48 W ROCK INC	N/A	0.3
		10-48	RC M SBK	FI S SP SEXP					
6	LS 8%	0-10	BR SCL WSBK	FR SS SP SEXP	N/A	48"	MANY 35-48	N/A	0.325
		10-26	RC M SBK	FI S SP SEXP					
		26-35	RCL WSBK	FR SS SP SEXP					
		35-48	R L WSBK	VFR SS SP SEXP					
7	LS 6%	0-13	BR SCL WSBK	FR SS SP SEXP	FEW MANG 13-28	35"	COM 28-35	42	0.275
		13-28	RC /CL WSBK	FI S SP SEXP					
		28-35	R/Y SCL WSBK	FR SS SP SEXP					
		35-42	S SAP M	VFR SS SP SEXP					
		42-48	CL SAP M	VFR SS SP SEXP					

LICENSED SOIL SCIENTIST
ADRIAN L. PRUETT
1314
STATE OF NORTH CAROLINA

COMMENTS	

DocuSign Envelope ID: 26572051-921F-4D0B-93CF-0852F22AFAB7

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*

Application For: ( ) 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: (PRINT CLEARLY)

Applicant Name: Ed Hagen Address: 644 Normandy Rd. Mooresville NC 28117 Zip: _____
Applicant Email: ed.hagen@sealedair.com Phone: 704-892-2825 Alt. Phone: _____
Owner Name: Ed Hagen Address: 644 Normandy Rd. Mooresville NC 28117 Zip: _____
Owner Email: ed.hagen@sealedair.com Phone: 704-892-2825 Alt. Phone: _____

Property Information:

Street Address: 644 Normandy Rd. Mooresville NC 28117
Subdivision Name: CLT Section/Phase: 11 Lot Number: 145
Driving Directions: Hwy 150, west to Perth Rd, north on Perth Rd, left on Normandy Rd., 2 miles down road.

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence Maximum Number of Bedrooms: 4 ( ) Crawl Space Foundation
( ) New Multi-Family Residence Maximum Number of Occupants: _____ ( ) Concrete Slab Foundation
( ) Accessory Building ( ) Swimming Pool (X) Basement with Plumbing
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____ ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: _____

( ) 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: ~1970s
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (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: DocuSigned by: Ed Hagen 3084D05CA3AC44B... 10/27/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Session Law 246410

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH $500 pd

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) 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: EDWARD HAGEN/ CS&SC **Address:** 644 NORMANDY RD. MOORESVILLE, NC **Zip:** 28117

Applicant Email: ADRIANPRUETT@YAHOO.COM **Phone:** 704-202-5791 **Alt. Phone:**

Owner Name: EDWARD HAGEN **Address:** 644 NORMANDY RD. MOORESVILLE, NC **Zip:** 28117

Owner Email: EDHAGEN@MAC.COM **Phone:** **Alt. Phone:**

Property Information:

Street Address: 644 NORMANDY RD. MOORESVILLE, NC 28117

Subdivision Name: CL&T **Section/Phase:** 11 **Lot Number:** ~~142~~ 145

Driving Directions: 150 W TR PERTH, TL NORMANDY ON RIGHT

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
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:

(✓) 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 (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: BA Hagen 7/29/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 26572051-921F-4D0B-93CF-0852F22AFAB7

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*)** DocuSigned by: Ed Hagen 3084D05CA3AC44B...

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, _____, 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**) _____, _____, 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.

DocuSigned by: Ed Hagen 3084D05CA3AC44B... 10/27/2020

Signature of Owner(s) 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

DocuSign Envelope ID: F8F256E9-FD01-4EE5-B7CF-350681C5E7E4

CAROLINA SOIL & SEPTIC CONSULTING, PLLC

P.O. BOX 1703, Mooresville, NC 28115
(704) 202-5791 adrianpruett@yahoo.com
NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

June 21, 2019
Project Name: 19105

SESSION LAW 2018-114, SECTION 11.(c)/HOUSE BILL 374, SECTION 11.(c) AUTHORIZATION FORM

Carolina Soil & Septic Consulting has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (county) on behalf of Edward Hayes & Christel Turkiewicz (owner/applicant) for the property located at 644 Normandy Rd Mooresville NC 28117 (address/PIN).

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).

By completing this form, signing and dating it you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative: Edward Hayes & Christel Turkiewicz
Mailing Address: 644 Normandy Rd. Mooresville NC 28117
Telephone Number: 704 892 2825
Email Address: edhayes@mac.com

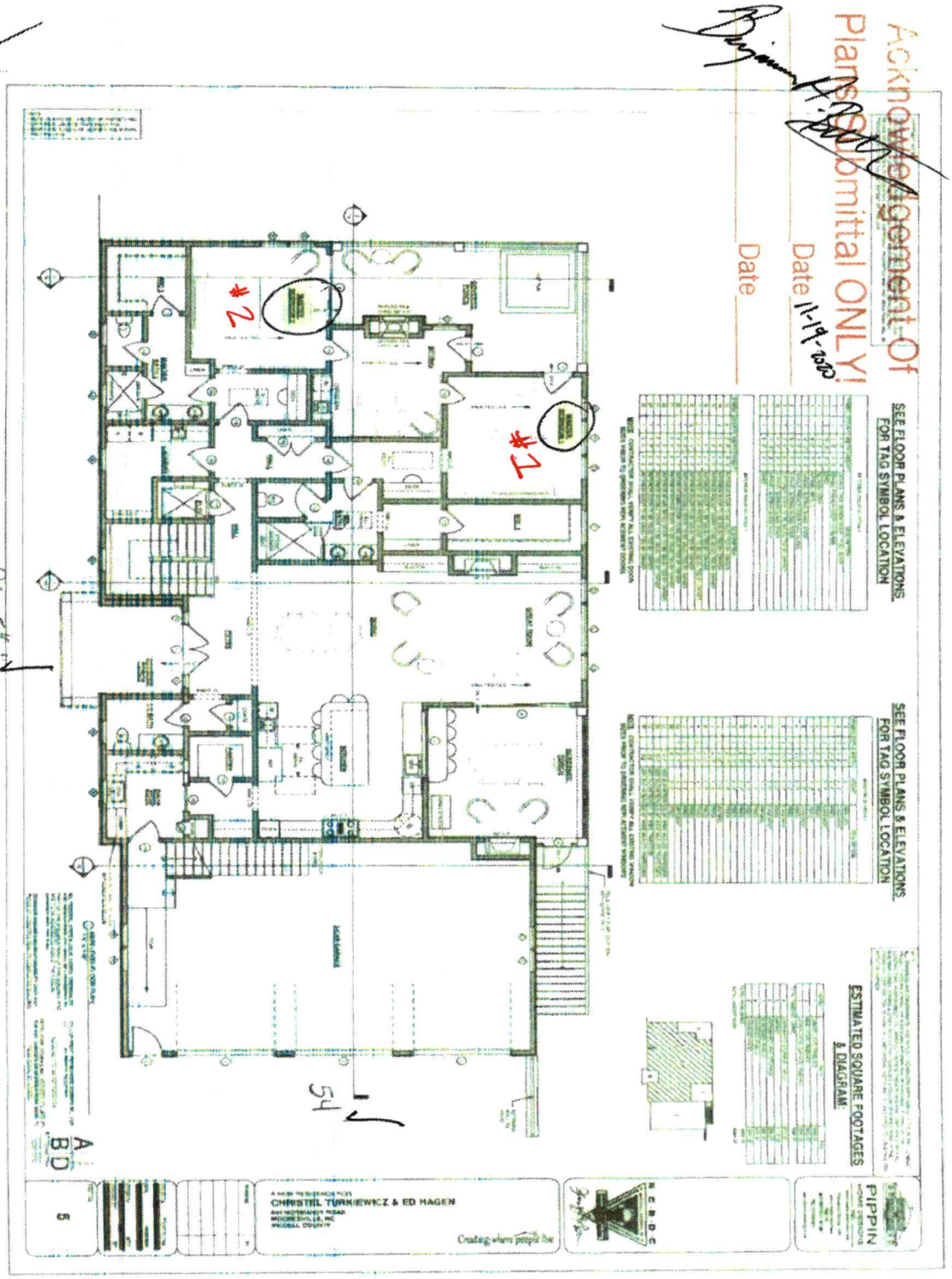
Edward Hayes DocuSigned by: Christel Turkiewicz BA9C95F74F54497... 6-24-19

Signature of Owner/Owners Legal Rep. Date

DocuSign Envelope ID: 7FEAB55E-3813-4862-86A9-E4D0907C95F6

DocuSigned by:
Ed Hagen
3084D05CA3AC44B...

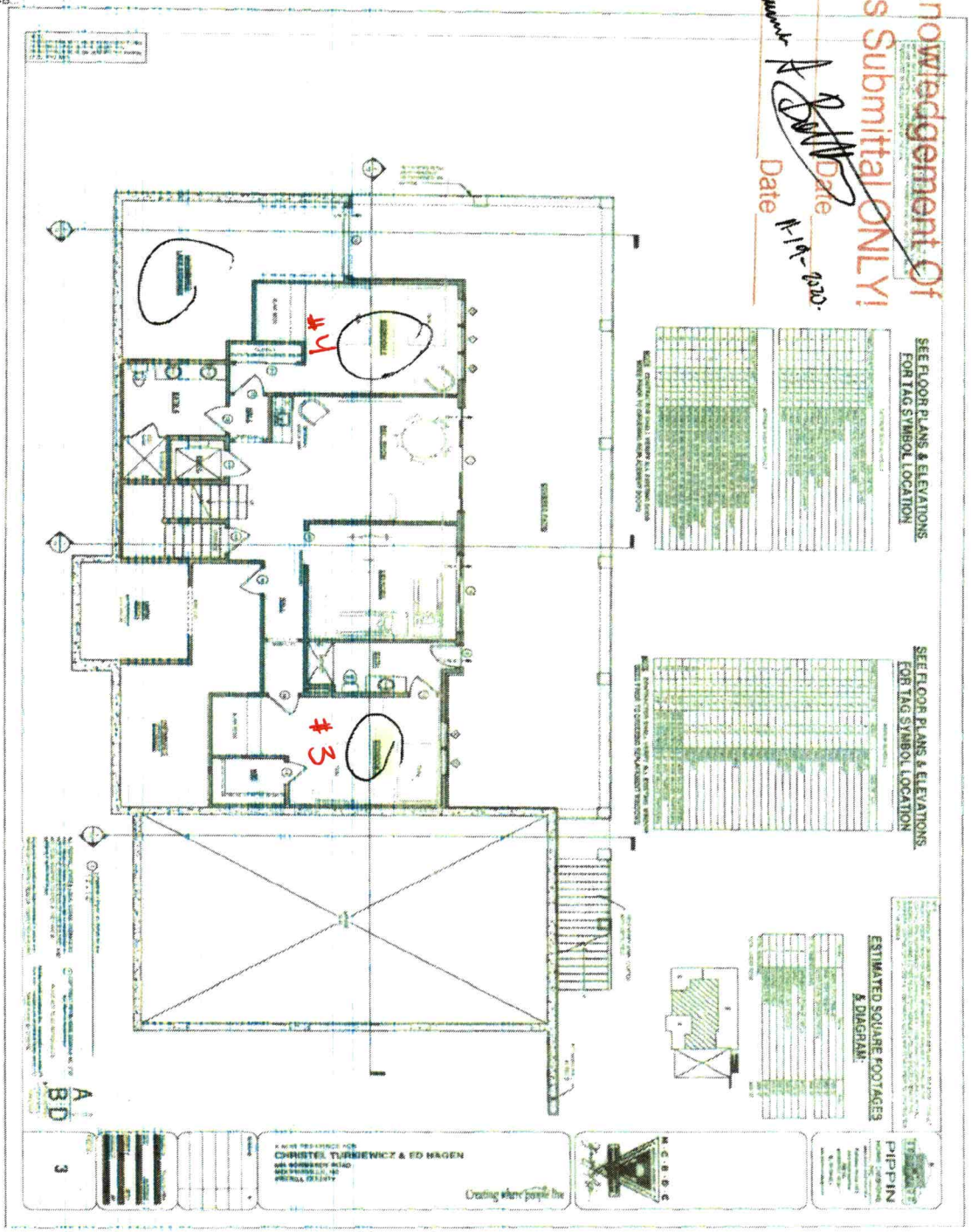
11/18/2020



DocuSign Envelope ID: 7FEAB55E-3813-4862-86A9-E4D0907C95F6

DocuSigned by:
Ed Hagen
3084D05CA3AC44B...

11/18/2020



Ed Hagen

IREDELL COUNTY

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

APPLICATION NUMBER
246410
Issue Date: 07/08/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4638334482.000	644 NORMANDY ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	HAGEN, EDWAR C + CHRISTEL P TU RKIEWICZ	Applicant:	CAROLINA SOIL SEPTIC C
Address:	644 NORMANDY RD	Address:	162 WEST B ST
	MOORESVILLE, NC 28117		KANNAPOLIS, NC 28081
Phone:	704-892-2825	Phone:	704-202-5791

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.660	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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

Applicant: _____ Date: _____

Permit Number	184090	TOTAL FEES	$ 77.25

WELL ABANDONMENT RECORD

Faxed 11/13/20

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr.

Well Contractor Name (or well owner personally abandoning well on his/her property)

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc

Company Name

2. Well Construction Permit #: 246410

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐ Agricultural	☐ Municipal/Public
☐ Geothermal (Heating/Cooling Supply)	☑ Residential Water Supply (single)
☐ Industrial/Commercial	☐ Residential Water Supply (shared)
☐ Irrigation	
Non-Water Supply Well:	
☐ Monitoring	☐ Recovery
Injection Well:	
☐ Aquifer Recharge	☐ Groundwater Remediation
☐ Aquifer Storage and Recovery	☐ Salinity Barrier
☐ Aquifer Test	☐ Stormwater Drainage
☐ Experimental Technology	☐ Subsidence Control
☐ Geothermal (Closed Loop)	☐ Tracer
☐ Geothermal (Heating/Cooling Return)	☐ Other (explain under 7g)

4. Date well(s) abandoned: 11/13/20

5a. Well location:

CS + HC / Ed Hayes

Facility/Owner Name

Facility ID# (if applicable)

644 Normandy Rd Clat 511 lot 142

Physical Address, City, and Zip

Iredell

County

4638-33-4482

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 48 (ft.)

6c. Borehole diameter: 24 (in.)

6d. Water level below ground surface: 20 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 2 pours

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

6 ½ yards concrete

7g. Provide a brief description of the abandonment procedure:

poured

8. Certification:

Alfred Kiesling Jr. 11-13-20

Signature of Certified Well Contractor or Well Owner Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.