IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233538

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

PIN # 4639514096

APPLICANT/OWNER: Roger & Kristi Hand/CS&SC APPLICANT ADDRESS: PO BOX 3126 Mooresville NC 28117

SITE ADDRESS: 153 Sleepy Cove Trl Mooresville NC 28117 PHONE: 704-201-3691 ALT. PHONE N/A

SITE DIRECTIONS: 115 N T/L Connector To Cornelius Strait to Liva T/R BayCrossing T/L Sleepy Cove Lot in cul-de-sac on L SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Bay Crossing SECTION: P1 LOT # 11 LOT AREA: 0.73ac DESIGN FLOW: 480 L.T.A.R.: 0.35

Septic Tank 1000 (gal) STB GST-1100 Date
Pump Tank (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 5 Linear Ft 346'
Trench Width 36" Trench Bottom Depth (Low Side) 32" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: 25% Reduction
Repair System Description: LPPPBPS
Maintenance Agreement Required: ☐ YES ■ NO
■ GRAVITY ☐ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Basement w/plumbing
No. Bedrooms 4 No. Persons 8 No. Employees
☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By CS & SC, PLLC

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed

LSS Evaluation attached here.

See plan by:CS & SC, PLLC

AS BUILT SKETCH

L1+L2 checked by James 6-3-19

last 3 -CC 6-4-19

L1 - 42
L2 - 42
L3 - 74
L4 - 78+8=86
L5 - 82

6/6/19: 8' was added to 4th line to bring system into compliance. end of 4th line is 38' diagonal From corner of Garage

• 6-4-19 - lines are 8' short, footage must be added to a line that is short

• grinder pump supply line on cul-de-sac side, end caps are also on cul-de-sac side

* need tank date - not visible 6-4-19 *

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 plot valid without expiration. ■ IMPROVEMENT PERMIT with site plan valid for 60 mos. ■ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: Date: 5/28/19 Installed by: Robert Stevens

IMPROVEMENT PERMIT by: Date: 05/24/19 OPERATION PERMIT by: Patrick Riggle III Date: 06/06/19

AUTHORIZATION TO CONSTRUCT by: Date: 05/24/19 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.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 233538

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

PIN # 4639514096

APPLICANT/OWNER: Roger & Kristi Hand/CS&SC APPLICANT ADDRESS: PO BOX 3126 Mooresville NC 28117

SITE ADDRESS: 153 Sleepy Cove Trl Mooresville NC 28117 PHONE: 704-201-3691 ALT. PHONE N/A

SITE DIRECTIONS: 115 N T/L Connector To Cornelius Strait to Liva T/R BayCrossing T/L Sleepy Cove Lot in cul-de-sac on L SAP CONTROLLED: ■ YES ☐ NO

SUBDIVISION: Bay Crossing SECTION: P1 LOT # 11 LOT AREA: 0.73ac DESIGN FLOW: 480 L.T.A.R.: 0.35

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 5 Linear Ft 346'

Trench Width 36" Trench Bottom Depth (Low Side) 32" Gravel Depth N/A

■ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: LPPPBPS

Maintenance Agreement Required: ☐ YES ■ NO

■ GRAVITY ☐ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees

☐ Crawl Space ☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

Comments / Conditions: Per plan By CS & SC, PLLC

INITIAL SITE SKETCH

This permit is issued pursuant to Section 11.(c) of SL 2018-114 using the signed and sealed LSS Evaluation attached here.

See plan by:CS & SC, PLLC

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

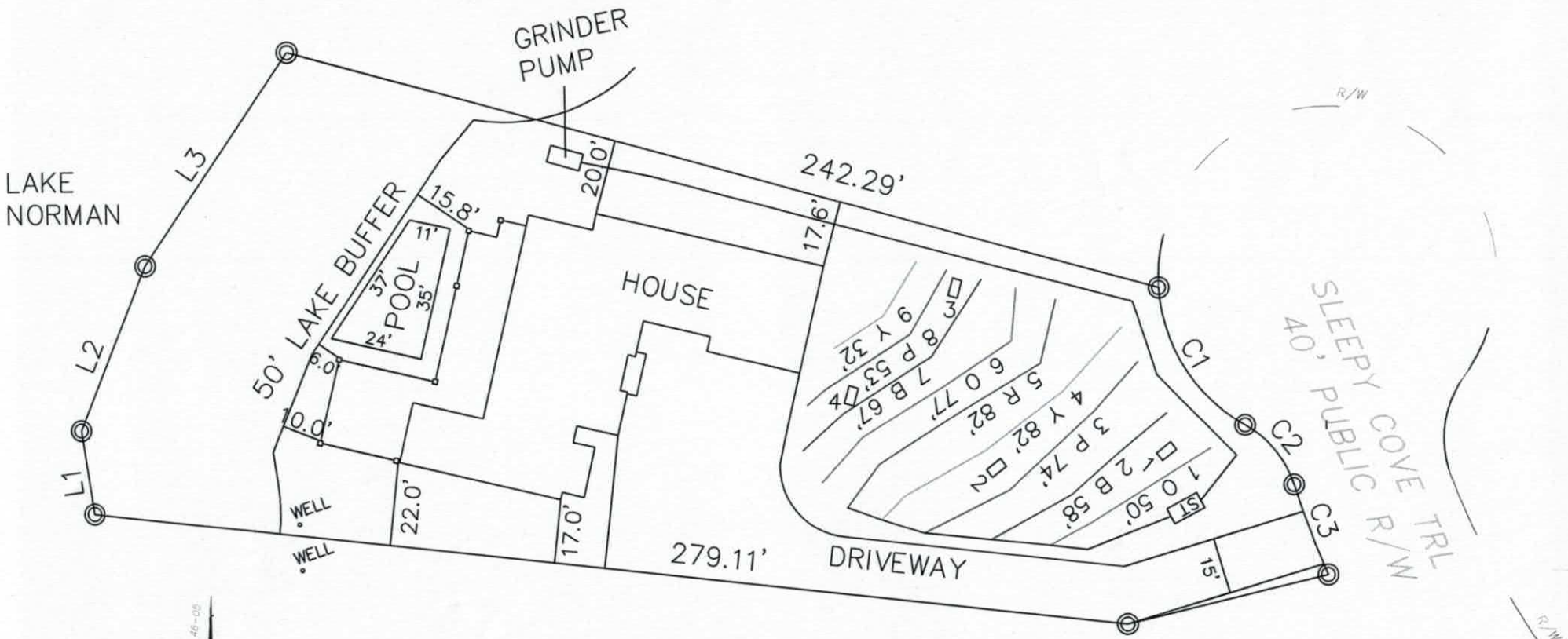
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ■ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ■ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5/28/19 Installed by: Date:

IMPROVEMENT PERMIT by: Date: 05/24/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 05/24/19 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 inpsector to confirm your inspection time.







LINE TABLE		
LINE	BEARING	DISTANCE
L1	N 07°50'51" W	22.28'
L2	N 22°57'13" E	47.03'
L3	N 35°02'40" E	68.05'

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	45.00'	44.96'	S 31°05'28" E	43.11'
C2	28.00'	20.99'	S 38°14'35" E	20.50'
C3	250.00'	25.55'	S 19°42'02" E	25.54'

OWNER INFORMATION

Owner:	Roger and Kristi Hand
Address:	PO Box 3126 Mooresville, NC 28117
Owner:	Roger Hand
Phone:	704-201-6705
County:	Iredell
Location:	153 SLEEPY COVE, LOT 11 OF BAYCROSSING
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}):	0.350
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	346
Total Lateral Length Required:	342.86
Trench Depth:	32 in. Lowside
Trench Width:	36 in.
TOTAL AREA TRENCH BOTTOM:	1038
Trench Spacing on Center:	9 ft.
Repair Trench Spacing on Center:	8 ft.
Repair Trench Depth:	52 in.
Repair Trench Width:	24 in.
Septic Tank Size:	1000 gal.
Estimated Supply Line Length:	34
Supply Line Diameter:	3 in. SCH 40 PVC
Supply Line Volume:	12.24
Dosing Volume:	NA
Supply Manifold:	SERIAL DISTRIBUTION
Additional Comments:	Soil suitability was performed by Adrian L. Pruett LSS

153 SLEEPY COVE, LOT 11 OF BAYCROSSING
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

May 22, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	***ORANGE***	*NA*	*NA*	*50*	*50*
2	***BLUE***	*NA*	*NA*	*58*	*58*
3	***PINK***	*NA*	*NA*	*74*	*74*
4	***YELLOW***	*NA*	*NA*	*82*	*82*
5	***RED***	*NA*	*NA*	*82*	*82*
6	ORANGE	NA	NA	77	77
7	BLUE	NA	NA	67	67
8	PINK	NA	NA	53	53
9	YELLOW	NA	NA	32	32
			Total	**575**	**575**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***346***	***ACCEPT.***	***0.350***	***25% RED.***	***GRAVITY***
Repair	229	*MOD.*	0.350	PPBPS	LOW PRESSURE

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

Comments: **Repair is specified as a 52 inch trench bottom LP PPBPS system. Upon installation of the repair vent stacks will need to be used every 25 feet to allow system to breathe. Vent stacks should be brought above ground surface and covered with a cap that prevents rainwater infiltration but allows air to move freely, see manufactures specifications.**
A grinder pump is to be used to get sewage from the house to the septic tank and septic field. Grinder pump to be placed per plumbing code.
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

Location 153 SLEEPY COVE
Subdivision: Baycrossing
Lot No: 11

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.350	$^{gal}/_{ft^2\,day}$
25% RED. Expansion? (YES OR NO)	YES	
Supply Line Length	34	ft.
Supply Line Volume	12.24	gal.
Required Feet of 25% RED. Line	342.85714	ft.
Amount of Line from Layout	346	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1000	gal.
Minimum Septic Tank Capacity	1000	gal.
Lateral Line Volume	225.938	gal.

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

PROPERTY ID #: 4639514096
COUNTY: Iredell

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

OWNER: Roger and Kristi Hand
APPLICATION DATE
ADDRESS: PO Box 3126, Mooresville, NC 28117
DATE EVALUATED: 5/15/19
PROPOSED FACILITY: SFD
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.73 Ac.
LOCATION OF SITE: 153 Sleepy Cove, Mooresville, NC 28117
PROPERTY RECORDED: Yes
WATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring X Pit ☐ Cut
TYPE OF WASTEWATER: X 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	
P 1	LSS 5%	0-7	R C COMPACTED		N/A	30"	PS	N/A	PS
		7-22	R C MMSBK/ABK	FI S P SEXP					
		22-30	YR CL WFSBK	FR SS SP SEXP	-COM SAP				0.35 GPD/SQFT
		30-63	VAR SL SAP M	FR SS SP SEXP	-COM R CL TO 39"				
P 2	LSS 7%	0-5	B SCL GR	FR SS SP SEXP	N/A	27"	PS	N/A	PS
		5-16	R C MMSBK	FR SS SP SEXP					
		16-27	R CL MFSBK	FR SS SP SEXP	-COM SAP				0.35 GPD/SQFT
		27-48	VAR L SAP M	FR SS SP SEXP	-FEW R CL VEINS				
		48-69	VAR LS SAP M	FR NS NP NEXP					
P 3	LSS 8%	0-12	FILL		N/A	65"	PS	N/A	PS
		12-20	B CL WFSBK	FR SS SP SEXP					
		20-47	YR CL WFSBK	FR SS SP SEXP	-COM TRANSLOCATED B CL, COM MN TO 36 ON WEST WALL				
		47-65	R CL WFSBK	FR SS SP SEXP	-COM SAP				0.35 GPD/SQFT >36"
		65-91	VAR L SAP M	FR SS SP SEXP	-COM R CL, FEW C VEINS				
P 4	LSS 7%	0-10	FILL		N/A	32"	PS	N/A	PS
		10-24	R C MFSBK	FI S P SEXP					
		24-32	R CL WFSBK	FR SS SP SEXP	-COM SAP				0.35 GPD/SQFT >24"
		32-40	VAR SL SAP M	FR SS SP SEXP	-COM R CL VEINS				
		40-93	VAR SL SAP M	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	GRAVITY 25%	LP PPBPS
Site LTAR	0.35	0.35

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: DAVID BEANE, ROGER HAND

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

COMMENTS:

APPROVED APR 16 2018

KW

Sheet 1 of 1

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

PROPERTY ID #:
COUNTY: Iredell

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

OWNER: Roger Hand
APPLICATION DATE
ADDRESS: 153 Sleepy Cove TR
DATE EVALUATED: 2/12/18
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 0.73 AC
LOCATION OF SITE: Bay Crossing II
PROPERTY RECORDED: yes

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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 14%	0 - 15	Mo SBK C	FR SS/SP	R R; C Sap mottles	>3'	PS	N/A	0.35
		15 - 28	WK SBK CL	↓					
		28 - 60	MA SL Sap	VFR ns/mp					
		* Stop - dug into	old pit						
2	L 10%	0 - 18	Mo SBK C	FR SS/SP	R, F Mica R; C Sap mottles	26"	PS	N/A	0.35
		18 - 26	WK SBK CL	↓					
		26 - 60	MA L Sap	↓					
3	L 12%	0 - 20	WK SBK SCL	FR SS/SP	Br R; C Blk organic stained R R; C Sap mottles	46"	PS	N/A	0.3
		20 - 39	Mo SBK C	↓					
		39 - 46	WK SBK CL	↓					
		46 - 60	MA L Sap	↓					
4	L 8%	0 - 9	F.11		R R; C Sap mottles	36"	PS	N/A	0.35
		9 - 26	Mo SBK C	TR SS/SP					
		26 - 36	WK SBK CL	↓					
		26 - 60	MA SL Sap	VFR ns/mp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	IV
Site LTAR	0.35	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: tms
OTHER(S) PRESENT:

COMMENTS:

#233538
Sess. law
$500.00
5-23-19

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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: ROGER & KRISTI HAND/CS&SC Address: PO BOX 3126 MOORESVILLE, NC Zip: 28117

Applicant Email: KRISTI@TITANREALTY.COM Phone: 704-201-3691 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 153 SLEEPY COVE LN., MOORESVILLE, NC 28117

Subdivision Name: BAYCROSSING Section/Phase: 1 Lot Number: 11

Driving Directions: HWY 115 N, TL ON CONNECTOR, CONTINUE STRAIGHT TO CORNELIUS, CONTINUE STRAIGHT TO LIVA, TR ON BAYCROSSING, TL ON SLEEPY COVE, LOT IN CUL-DE-SAC ON L

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) 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
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

( ) 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: _____ 5-22-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED FEB 2 8 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $850.00 EFT

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

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#233538

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

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Please put (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Titan Builders Address: 331 Alcove Rd Mooresville Zip: 28117
Applicant Email: KathleenMSaunders@gmail.com Phone: 704 578 4951 Alt. Phone: _____
Owner Name: Claude Bumgardner Address: 253 Bay Shore Loop Mville Zip: 28117
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 153 Sleepy Cove trail
Subdivision Name: Bay Crossings Section/Phase: _____ Lot Number: 11
Driving Directions: Perth Rd left on Stumpy Creek Pt. Bay Crossings left on Sleepy Cove trail property on left.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) 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
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) 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: _____ Number of Persons: _____
( ) Multi-connection Well Number of Houses: _____
( ) 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: _____ 2-20-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

May 15, 2019
Project Name: 19086

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_Roger and Kristi Hand_____(owner/applicant) for the property located at __ 153 Sleepy Cove Trail Mooresville NC 28117__4639514096_____(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: _____Kristi Hand_____
Mailing Address;__PO Box 3126 Mooresville, NC 28117_____
Telephone Number: 704-201-3691_____
Email Address: _____kristi@titanrealty.com_____

Kristen Hand dotloop verified 05/24/19 10:12 AM EDT KADI-1RM5-TQ05-WVH0

Signature of Owner/Owners Legal Rep.

05/24/2019

Date

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Roger Hand, am the legal owner(s) of the property located at 153 Sleepy Cove TR, identified as PIN (Parcel Identification Number) 4639 51 4096, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) The Oaks Group, 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.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	2/27/2018	[signature]	2/28/18

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY

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

APPLICATION NUMBER
233538
Issue Date: 02/20/2018

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639514096.000	153 SLEEPY COVE TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BUMGARDNER CLAUDE L+JULIE	Applicant: KATHLEEN SAUNDERS
Address: 252 BAY SHORE LOOP	Address: 121 HOLT LANE
MOORESVILLE, NC 28117	MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: 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	129310	TOTAL FEES:	$ 77.25

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

Onsite Water Protection Branch
April 13, 2018

Roger and Kristi Hand
331 Alcove Rd Suite 103
Mooresville, NC 28117

Re: Approval No. JMB1371

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

Property location:
153 Sleepy Cove Trail
Mooresville, NC 28117

Dear Mr. and Mrs. Hand:

On April 12, 2018 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 that will serve a single family dwelling and part of a structure on the property will be within twenty five feet of the well. The home is on a lot with very difficult topography.

Specifically, the variance request grants you permission to construct 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 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 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 the building where, depending upon where well rig can actually set up, will possibly encroach upon the 25foot setback, but not be closer than 20feet.
3) A preconstruction meeting shall be required with the Iredell County Health Department staff to ensure that the maximum possible distances are achieved.
4) The well will be required to have casing installed to a minimum of 35 feet below land surface or to bedrock, whichever is greater.
5) The well shall be at least fifty feet from any part of the septic system including repair area.
6) Grout will be required the entire length of the casing from land surface into bedrock.
7) A drill bit with a diameter of a least one third greater than the diameter of the casing must be used to drill the cased portion of the well.
8) Grout must be either pumped into place with the use of a tremmie pipe or pressure method.
9) The well must be constructed outside of any road right of way.

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