ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 Mooresville Office: (704) 660-3625

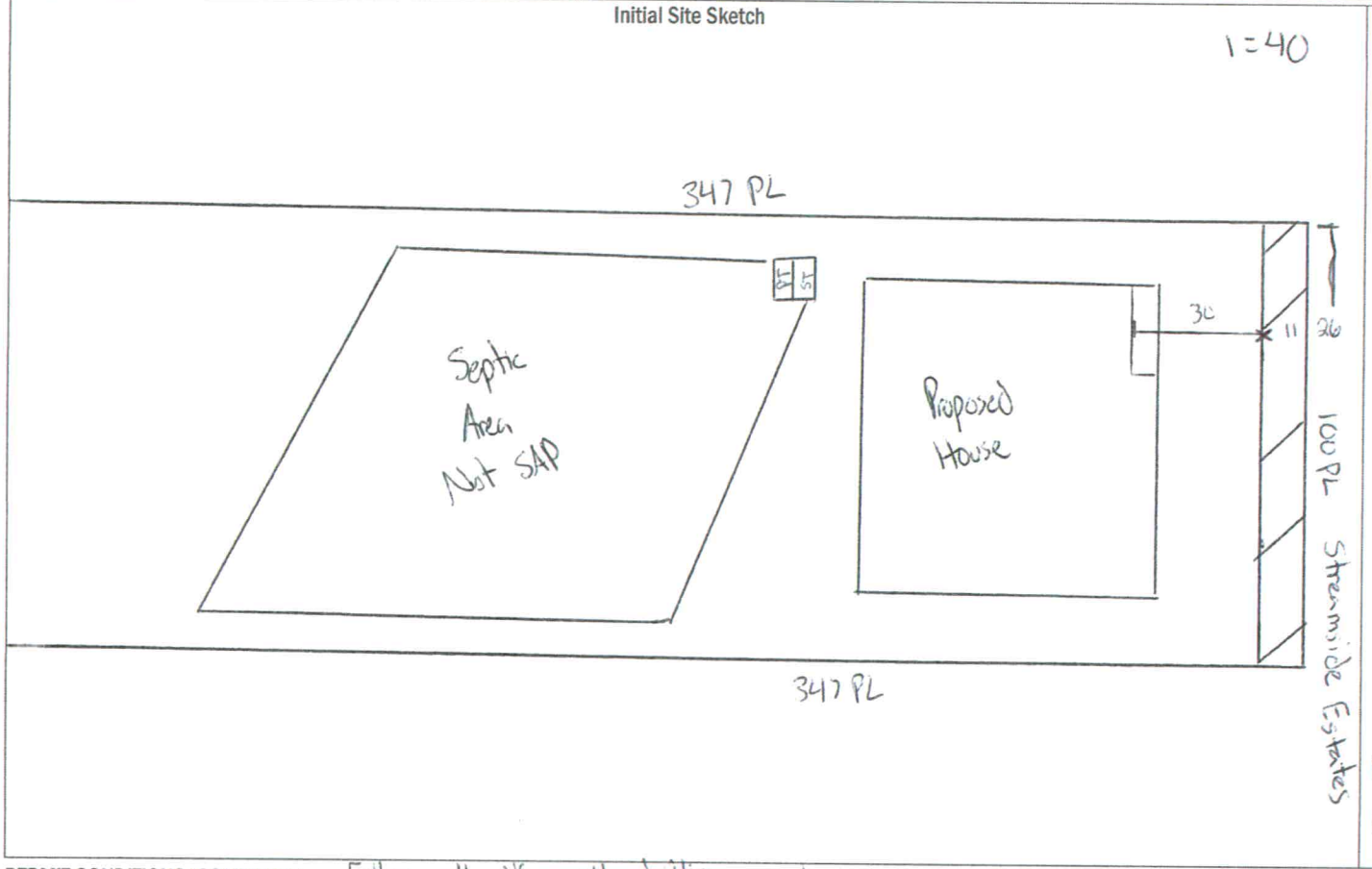
PRIVATE DRINKING WATER WELL PERMIT # 319356 **PIN #** 4639 - 86 - 3407 ✓ **Type of Permit (circle one):** **New** Repair Abandonment

APPLICANT/OWNER NAME: Miti Owens ADDRESS: 438 Williamson RD, Suite 3 PHONE: 704-360-2257

DIRECTIONS TO SITE: Perth - Fern Hill - Streamside

SITE ADDRESS: 149 Streamside Estates Dr, Mooresville 28117 ✓ SUBDIVISION: Streamside Estates ✓ SECTION/LOT: 11 ✓

Initial Site Sketch



GROUTING RESULTS

Total Depth still

Depth of Casing 59'

Yield Drilling

Notes:

28 ft grouted

19 bags

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well drilling rules

WELL PERMIT ISSUED BY: Cay Wil DATE: 2/14/22 (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: B&K CONTRACTOR CERT #: 2857 A GROUT INSPECTION BY: Cay Wil DATE: 2/14/22

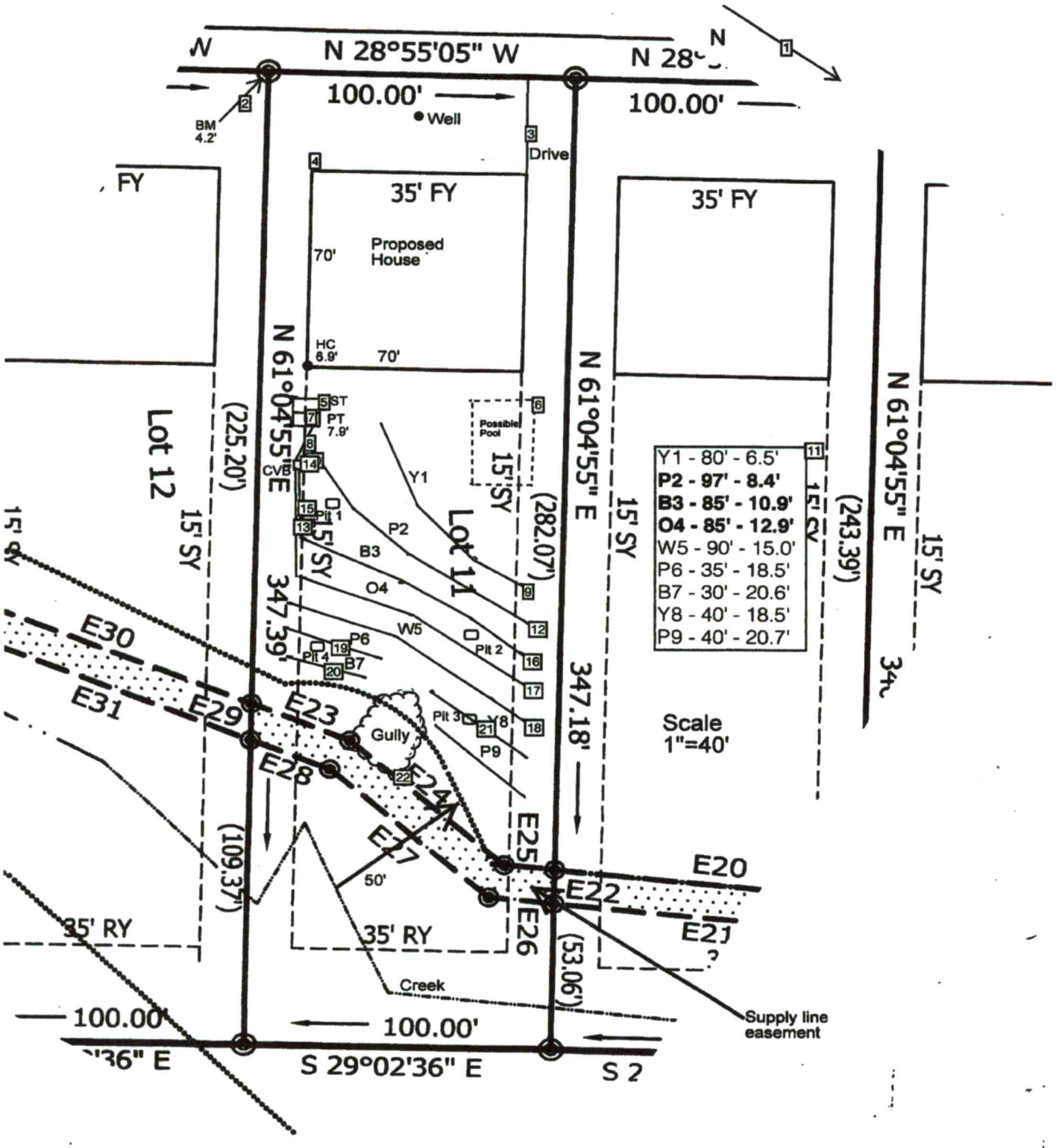
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Matt Wil DATE: 7/4/23

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: 2/13/23 WATER SAMPLES BY: Sarah Bracken DATE: 1/18/2023

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


N 28°55'05" W
N 28°
100.00'
100.00'
Well
BM 4.2'
Drive
35' FY
35' FY
FY
Proposed House
70'
HC 6.9'
70'
N 61°04'55" E
N 61°04'55" E
N 61°04'55" E
Lot 12
Lot 11
(225.20')
(282.07')
(243.39')
15' SY
15' SY
15' SY
15' SY
ST
PT 7.9'
CVB
Pit 1
Possible Pool
Y1
P2
B3
O4
W5
P6
B7
Pit 2
Pit 4
Pit 3
Y8
P9
Gully
Creek
347.39'
347.18'
(109.37')
(53.06')
50'
35' RY
35' RY
E30
E31
E29
E23
E28
E24
E25
E26
E27
E22
E21
E20
Y1 - 80' - 6.5'
P2 - 97' - 8.4'
B3 - 85' - 10.9'
O4 - 85' - 12.9'
W5 - 90' - 15.0'
P6 - 35' - 18.5'
B7 - 30' - 20.6'
Y8 - 40' - 18.5'
P9 - 40' - 20.7'
Scale 1"=40'
Supply line easement
100.00'
100.00'
S 29°02'36" E
S 29°02'36" E
S 2

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only

1. Well Contractor Information:

Robert Teague
Well Contractor Name

B & K Well Drilling Inc
NC Well Contractor Certification Number

2857-A
Company Name

2. Well Construction Permit #: 319356
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

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 #21 Remarks)

4. Date Well(s) Completed: 2-15-22 **Well ID#** _____

5a. Well Location:

Foundation Homes
Facility/Owner Name

_____
Facility ID# (if applicable)

149 Streamside Estates Lot #11
Physical Address, City, and Zip

Craven
County

_____
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

6. Is(are) the well(s): ☒ **Permanent** or ☐ **Temporary**

7. Is this a repair to an existing well: ☐ Yes or ☒ No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 4

9. Total well depth below land surface: 805 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 1/8 (in.)

12. Well construction method: Air Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 6 **Method of test:** Air Flow

13b. Disinfection type: Chlor Tabs **Amount:** 1 1/2 Lbs

14. WATER ZONES

FROM	TO	DESCRIPTION
350 ft.	760 ft.	2 GPM
795 ft.	755 ft.	5-6 GPM

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	59 ft.	8 1/8 in.	SDR-21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
ft.	ft.		
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	69 ft.	Dirt & Rock
69 ft.	205 ft.	hard Blue granite
205 ft.	605 ft.	hard & soft Blue
605 ft.	805 ft.	Soft & hard Blue
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Robert Teague
Signature of Certified Well Contractor

2-15-22
Date

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

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

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

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

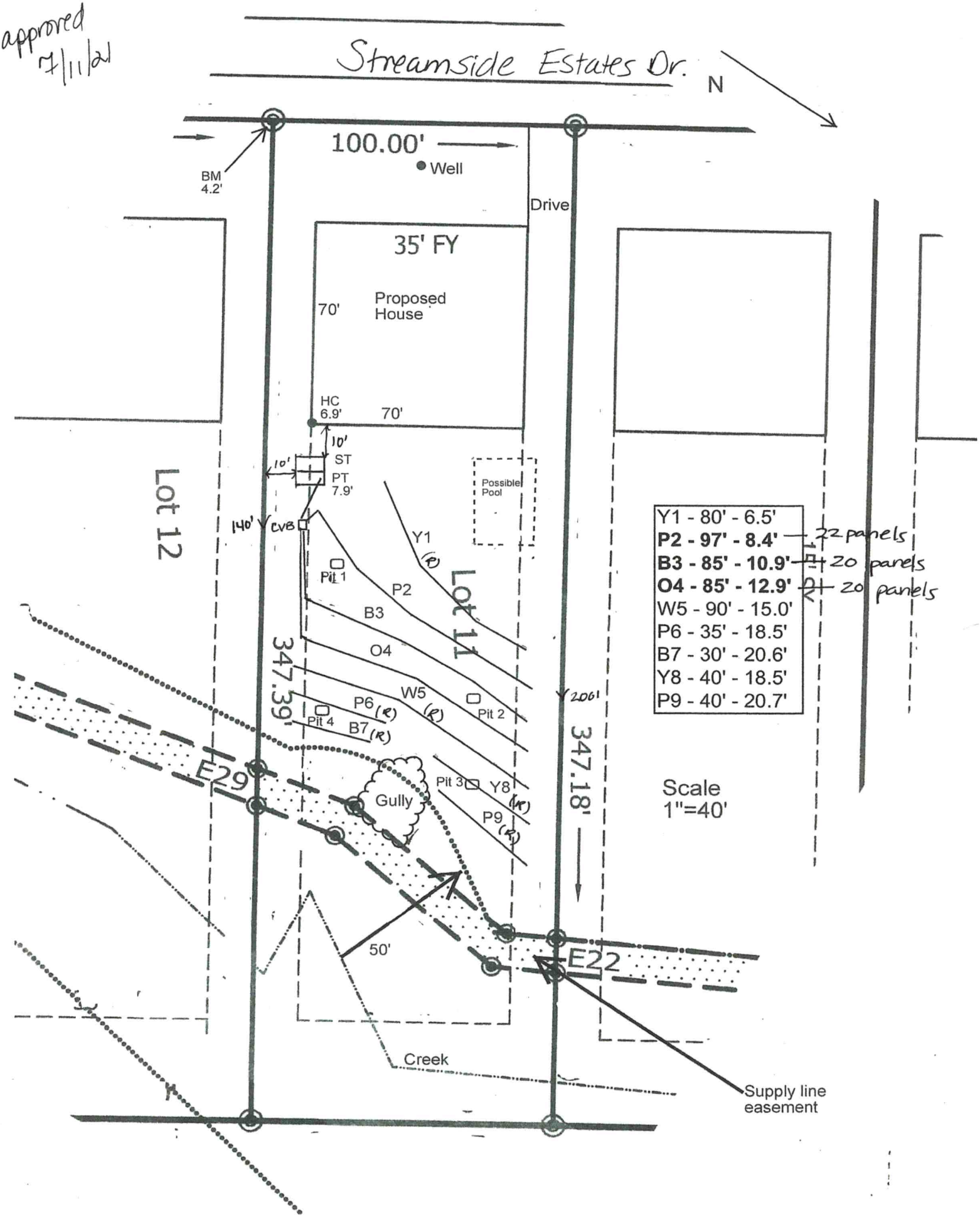
24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

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

24c. 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 construction to the county health department of the county where constructed.

HL-L2395DW

approved
7/11/21



North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: Iredell Name: Foundation Homes Sample ID Number: ES230119-0127
Location: 149 Streamside Estates Dr Mooresville Reviewer Teanna Kobuck

Initial Sample X Confirmation Sample _____

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

✔ No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

_____ Total coliform bacteria were detected in your water sample. Total Coliform are a group of related bacteria that are (with few exceptions) not harmful to humans. A variety of bacteria, parasites, and viruses, known as pathogens, can potentially cause health problems if humans ingest them. EPA considers total coliforms a useful indicator of other pathogens for drinking water. Total coliforms are used to determine the adequacy of water treatment and the integrity of the distribution system

_____ It is recommended that your well water be re-tested to verify that the result is accurate.

_____ Fecal coliform bacteria were detected in the sample. **Do not use the water for drinking, cooking, washing dishes, bathing or showering**.

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.

4312 District Drive
MSC 1918
Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

North Carolina State Laboratory of Public Health

Environmental Sciences

Microbiology

Certificate of Analysis

FINAL REPORT

Report to: **Teanna Kobuck**

IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MOORESVILLE
610 EAST CENTER AVENUE
Mooresville, NC 28115

Name of System:

Foundation Homes
149 Streamside Estates Dr
Mooresville, NC 28117

EIN: 566000309E **Delivery:** **NC Courier** **Iredell County**

StarLiMS ID: ES230119-0127

Date Collected: 01/18/2023 Time Collected: 09:40 By: Sarah Bracken
Date Received: 01/19/2023 Time Received: 09:00 By: Angela Heybroek

Sample Source: New Well
Sample Type: Raw
Treatment:

Sampling Point: Well head
GPS No.
Well Permit No. AP-319356

Comment:

Colilert Profile **Method: SM 9223B**

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			01/19/2023
E. coli	Absent			01/19/2023

Report Date: 01/20/2023 **Reported By:** KPLEMMONS

Explanations of Coliform Analysis:
If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

N O R T H C A R O L I N A

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health

Private Well Information and Use Recommendations

For Inorganic Chemical Contaminants

County: Iredell

Sample Name: 149 Streamside Estates Dr Mooresville

Sample ID #: ES230119-0027

Reviewer: Teanna Kobuck

TEST RESULTS AND USE RECOMMENDATIONS

1. ☑ Your well water meets federal drinking water standards ***for inorganic chemicals***. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***. You may have other water sampling results that are not taken into account in this report.

2. ☐ The following substance(s) exceeded federal drinking water standards or the North Carolina 2L calculated health levels. The North Carolina Division of Public Health recommends that your well water not be used for drinking and cooking unless you install a water treatment system to remove the checked substance(s). However, it may be used for washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***.

☐ Arsenic ☐ Barium ☐ Cadmium ☐ Chromium ☐ Copper ☐ Fluoride ☐ Iron
☐ Lead ☐ Manganese ☐ Mercury ☐ Nickel ☐ Nitrate/Nitrite ☐ Selenium ☐ Silver
☐ Zinc

3. ☐ While your lead levels do not exceed federal or state standards, the North Carolina Division of Public Health has concerns with any detection of lead. Should you have any questions please contact the NC Private Well and Health Program at (919) 707 - 5900.

4. ☐ Re-sample for lead and /or copper. Take a first draw and 30-second flush sample inside the house (preferably the kitchen sink) and a first draw and 4 minutes flush sample at the wellhead to determine the source of the lead and/ or copper.

5. ☑ The following substance(s) exceeded aesthetic drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

☐ Chloride ☐ Copper ☑ Flouride ☑ Iron ☑ Manganese
☐ pH ☐ Silver ☐ Sulfate ☐ Zinc

6. ☐ a. Sodium levels exceed the U.S. Environmental Protection Agency's (USEPA) Health Advisory level for sodium of 20 mg/l. The North Carolina Division of Public Health recommends that only individuals on no or low sodium-restricted diets not use this water for drinking or cooking. It may be used for washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***.

☐ b. Your sodium level exceeds 30 mg/L and may pose aesthetic issues such as bad taste, odor, staining of porcelain, etc.

7. ☐ Re-sampling is recommended in _____ months, to reinvestigate _____.

For more information regarding your well water results, please call the North Carolina Division of Public Health at 919-707-5900.

North Carolina State Laboratory of Public Health

Environmental Sciences

Inorganic Chemistry

4312 District Drive
MSC 1918
Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Certificate of Analysis

FINAL REPORT

Report to: **Teanna Kobuck**

IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MOORESVILLE
610 EAST CENTER AVENUE
MOORESVILLE, NC 28115

Name of System:

Foundation Homes
149 Streamside Estates Dr
Mooresville, NC 28117

EIN: 566000309E

Delivery:

StarLiMS ID: ES230119-0027

Date Collected: 01/18/2023
Time Collected: 09:40
By: Sarah Bracken
Date Received: 01/19/2023
Time Received: 07:46

Sample Type: Raw
Sampling Point: Well head
Well Permit No. AP-319356
Sample Source: New Well
Receipt Temp. : 1.5 °C
GPS Number:

Profile: New Well I

Analyte	Test Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	0.001	0.010	mg/L	
Barium	<0.1	2.0	mg/L	
Cadmium	<0.0001	0.005	mg/L	
Calcium	94		mg/L	
Chloride	9.6	250	mg/L	
Chromium	<0.02	0.10	mg/L	
Copper	0.023	1.3	mg/L	
Fluoride	2.48	4.00	mg/L	
Iron	0.61	0.30	mg/L	
Lead	<0.003	0.015	mg/L	
Magnesium	2		mg/L	
Manganese	0.053	0.05	mg/L	
Mercury	<0.0004	0.002	mg/L	
Nickel	<0.01	0.1	mg/L	
Nitrate	<1	10.0	mg/L	
Nitrite	<0.1	1.00	mg/L	
pH	7.8		N/A	
Selenium	<0.005	0.05	mg/L	
Silver	<0.01	0.10	mg/L	
Sodium	18.3		mg/L	
Sulfate	187	250	mg/L	
Total Alkalinity	62		mg/L	
Total Hardness	242		mg/L	
Zinc	0.12	5.0	mg/L	

RECEIVED FEB 1 1 2022

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-319356 $550.00

Application For: (X) 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: (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: (PRINT CLEARLY)

Applicant Name: Mitzi Owens Address: 438 Williamson Road, Suite 3, Mooresville Zip: 28117
Applicant Email: mitzi@foundationhomesIkn.com Phone: 704-360-2251 Alt. Phone: _____
Owner Name: Foundation Homes Developing Address: Same Zip: Same
Owner Email: _____ Phone: Same Alt. Phone: _____

Property Information:

Street Address: 149 Streamside Estates Dr Mooresville NC 28117
Subdivision Name: Streamside Estates Section/Phase: _____ Lot Number: 11
Driving Directions: Perth Rd, W on Fern Hill Rd, about 1/4 mile 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: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
(✓) ~~Crawl~~ Space Foundation ~~Slab~~ Crawl
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: PBBRS

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.

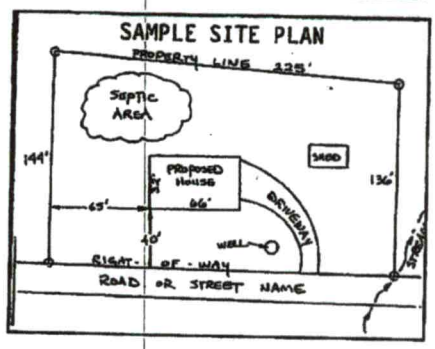
Signature: Mitzi Owens 8/26/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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 plot plan

Signature: Mitzi Owens

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

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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*)** _____

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, Jonathan Smith-Foundation Homes Developing am the legal owner(s) of the property located at 149 Streamside Estates Dr Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639863407, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Mitzi Owens, Foundation Homes Residential, LLC, 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.

_____ 8/26/21
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

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 ***

MCO **Complete all Environmental Health forms**:

- MCO Application
- MCO Site Plan including the dimensions of proposed structure, addition, pool etc.
- MCO Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- MCO Copy of Zoning Permit when applicable
- MCO Sign this sheet after you have completed all items

MCO **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.**

MCO **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.**

MCO **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.

MCO **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 Mitzi Owens **Date** 7 22 2021

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