ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP3089777

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

PIN # 4645 45 1813

APPLICANT/OWNER: Wayne Turner | APPLICANT ADDRESS: 319 Queens Cove Rd Mooresville NC 28117

SITE ADDRESS: 319 Queens Cove Rd Mooresville NC 28117 | PHONE: 704-696-8398 | ALT. PHONE 704-746-7960

SITE DIRECTIONS: US 21 S to slight left on Williamson Rd, L on Alcove Rd, R on Templeton Rd, L on Harwell Rd, L on Queens Cove Rd, 1st at end | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: Queens Cove | SECTION: 52 | LOT # 2 | LOT AREA: 2.713 | DESIGN FLOW: 480GPD | L.T.A.R.: Ex, Sxtng

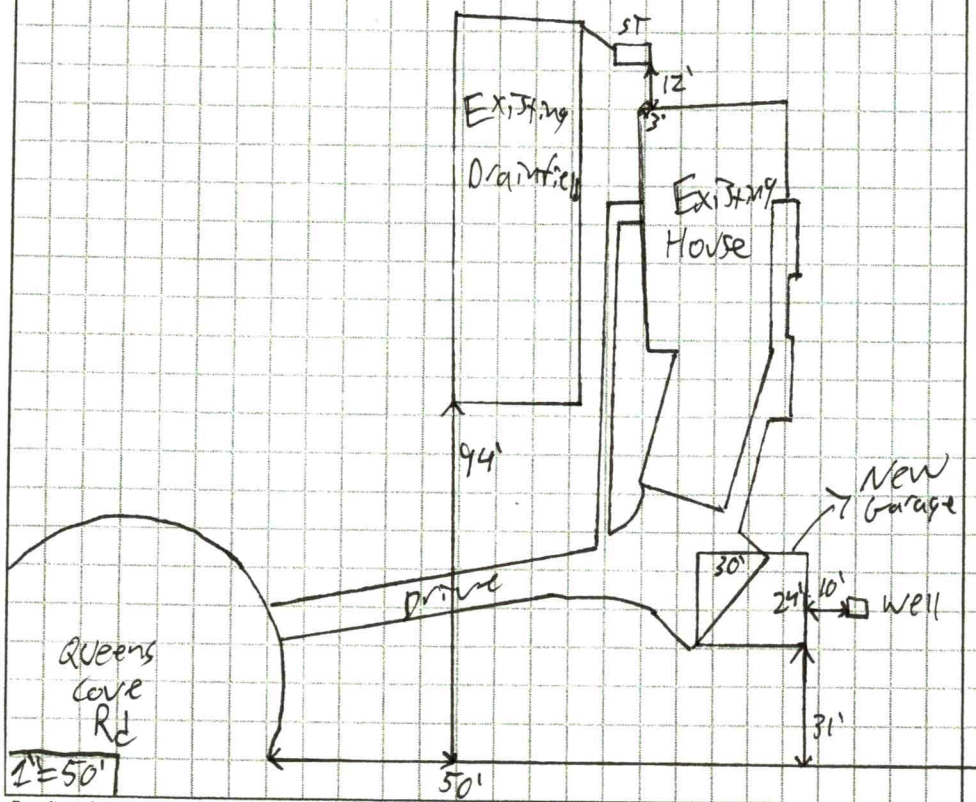
Septic Tank	Exisxtng (gal)	STB	Exisxtng	Date	Exisxtng	[ ] New System [ ] Repair [ ] Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Exisxtng
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Exisxtng
# Nitrification Fields	EXIST	# Lines	EXIST	Linear Ft	NA	Maintenance Agreement Required:	[ ] YES [X] NO
Trench Width	EXIST	Trench Bottom Depth (Low side)	EXIST	Gravel Depth	Exisxtng	[X] GRAVITY	[ ] PRESSURE

[X] Residence — No. Bedrooms 4
[ ] Business — No. Persons 8
[ ] Other — No. Employees
[X] Slab — [X] Crawl Space
[ ] Basement w/plumbing — [ ] Basement w/o plumbing

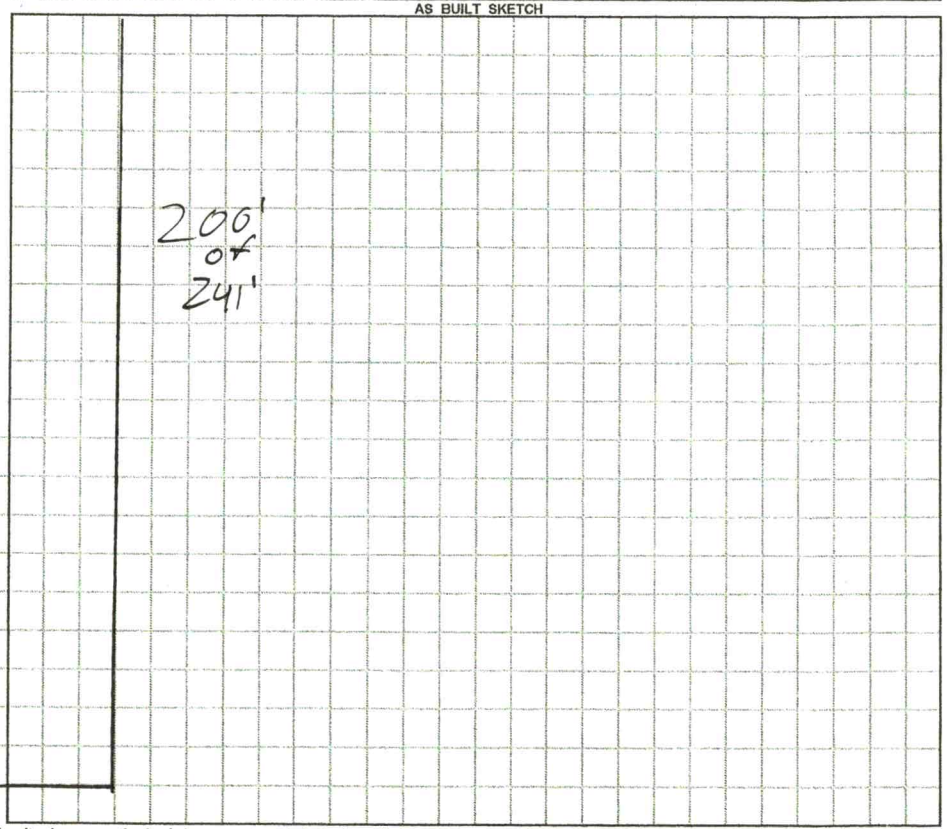
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: New Garage Must be at least 10' off of Existing well.

INITIAL SITE SKETCH



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: [signature] Date: 1-15-21 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Patrick J Boyle III Date: 1/4/2021

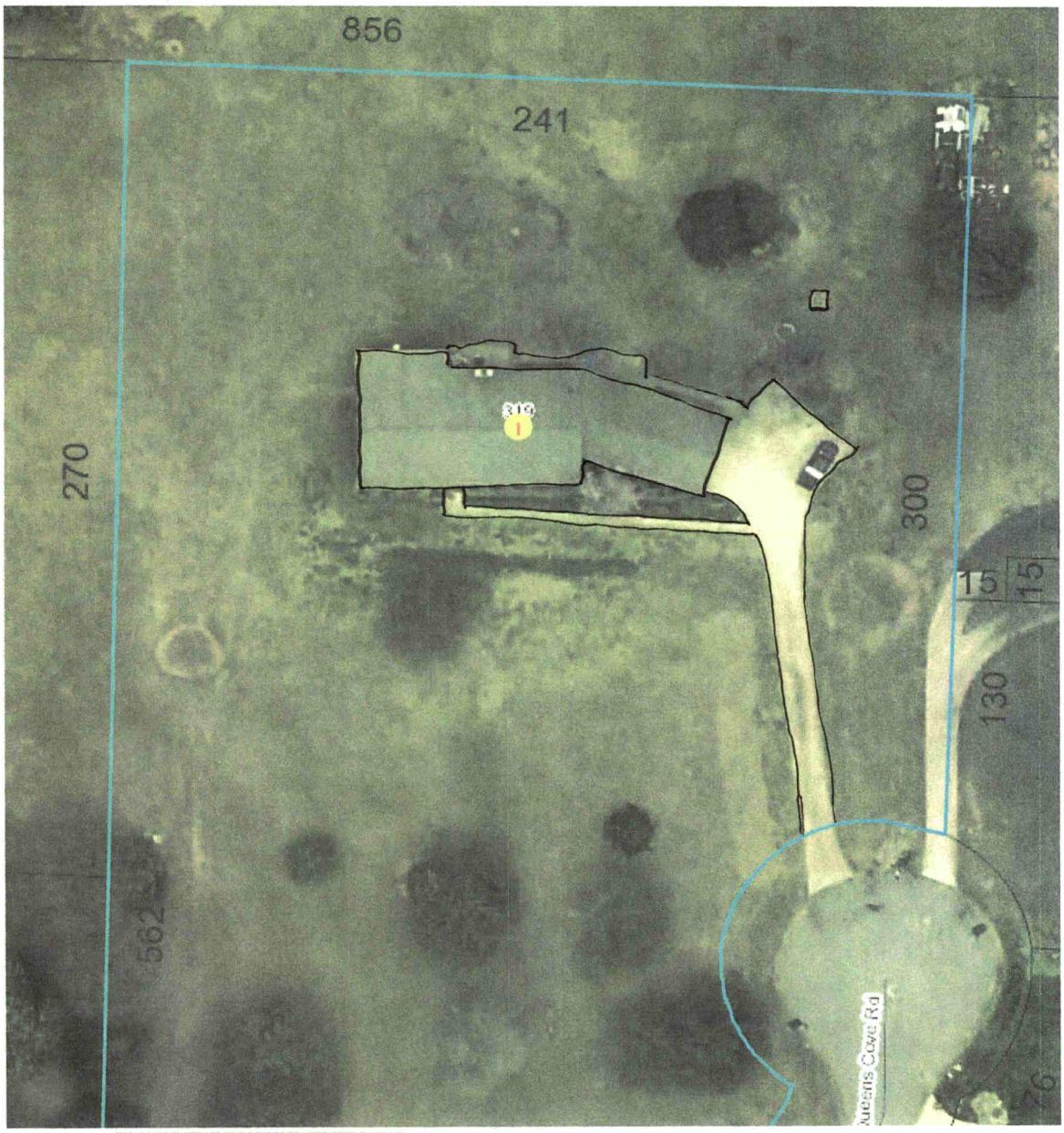
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your inspection time.

CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:49

Search



Excel 2000/2003 Results

©2009-2021 Dude Solutions. All Rights Reserved. | Soft

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
November 20, 2020

Wayne and Amy Turner
319 Queens Cove Rd
Mooresville, NC 28117

Re: Approval No. JMB2164

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

Property location:
319 Queens Cove Rd
Mooresville, NC 28117

Dear Mr. and Mrs. Turner;

On November 18, 2020 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 is serving one dwelling. A structure is proposed for the property that will be within 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, 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, and 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 to the structure 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

Analytical Results

STATESVILLE ANALYTICAL

Wayne Turner

150 Lake Front Dr.
Mooresville, NC 28117

Receive Date: 11/19/2020

Reported: 12/04/2020

For:

Comments: Acceptable limits for drinking water are:

Total Coliform = Absent, E.Coli = Absent, Lead <0.015 mg/L,
Nitrate <10.0 mg/L, Nitrite <1.0 mg/L

Sample Number	Parameter	Sample ID	Result	Unit	Method	Analyzed	Analyst
201119-11-01	Antimony	Well	<0.003	mg/L	SM3113B-2004	11/25/2020	MT
201119-11-01	Arsenic	Well	<0.0025	mg/L	SM3113B-2004	11/25/2020	MT
201119-11-01	Barium	Well	<0.4	mg/L	SM3111D-1999	11/25/2020	MT
201119-11-01	Beryllium	Well	<0.002	mg/L	SM 3111B	12/02/2020	MD
201119-11-01	Cadmium	Well	<0.001	mg/L	SM3113B-2004	12/01/2020	MD
201119-11-01	Chromium	Well	<0.002	mg/L	SM3113B-2004	11/24/2020	MD
201119-11-01	Cyanide (total)	Well	<0.005	mg/L	10-204-00-1-X rev 2.2, 2005	11/24/2020	CL
201119-11-01	E. Coli	Well	Absent		9223B	11/19/2020	WC
201119-11-01	Fluoride	Well	<0.1	mg/L	SM4500FC-2011	12/04/2020	CL
201119-11-01	Iron	Well	<0.06	mg/L	SM3111B-2011	11/23/2020	MD
201119-11-01	Manganese	Well	0.02	mg/L	SM3111B-2011	11/23/2020	MD
201119-11-01	Mercury	Well	<0.0002	mg/L	SM3112B-2011	11/20/2020	MD
201119-11-01	Nickel	Well	<0.0025	mg/L	SM3113B-2004	12/03/2020	MD
201119-11-01	pH	Well	7.08	Std. Units	SM4500HB-2011	11/19/2020	MD
201119-11-01	Selenium	Well	<0.005	mg/L	SM3113B-2004	11/25/2020	MT
201119-11-01	Sodium	Well	3.7	mg/L	SM 3111 B	11/23/2020	MD
201119-11-01	Sulfate	Well	<15	mg/L	SM 4500 SO4-E	12/03/2020	MD
201119-11-01	Thallium	Well	<0.001	mg/L	SM3113B	12/02/2020	MD
201119-11-01	Total Coliforms	Well	Absent		9223B	11/19/2020	WC

Respectfully submitted,

Dena Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

Meritech, Inc.

Environmental Laboratory

Laboratory Certification No. 165

Contact: C. Little
Client: Statesville Analytical
122 Court St
Statesville, NC 28677

Report Date: 12/2/2020
Project: Wayne Turner
Date Sample Rcvd: 11/19/2020

Meritech Work Order # 11192072 Sample: Grab 11/19/2020

Parameter	Results	Analysis Date	Reporting Limit	Method
Antimony, total	<0.0005 mg/L	11/25/2020	0.0005 mg/L	EPA 200.8
Arsenic, total	<0.002 mg/L	11/25/2020	0.002 mg/L	EPA 200.8
Barium, total	0.020 mg/L	11/25/2020	0.002 mg/L	EPA 200.8
Selenium, total	<0.001 mg/L	11/25/2020	0.001 mg/L	EPA 200.8

I hereby certify that I have reviewed and approve these data. Amanda Hancock
Laboratory Representative

642 Tamco Road, Reidsville, North Carolina 27320
tel.(336)342-4748 fax.(336)342-1522

8/9/18

Chain of Custody Record (COC)

MERITECH, INC.

ENVIRONMENTAL LABORATORIES

642 Tamco Rd. Phone: 336-342-4748

Reidsville NC 27320 Fax: 336-342-1522

Email: info@meritechlabs.com

www.meritechlabs.com

Client: SAH

Address: 1227 COURT. ST.

NPDES#:

Phone: 704 872 4697.

Fax:

Email:

Project: Wayne Turner.

P.O.#:

Attention: Cuttle.

How would you like your report sent?

Circle all that apply: Email (preferred), Fax, Mail

Turn Around Time*

***RUSH** work needs prior approval, Charges Apply

Std (10 days)	3 - 5 Days	24 - 48 Hrs
X		

Person Taking Sample (Sign/Print):

Sample Location and/or ID #	Sampling Dates & Times				Comp? Grab?	# of Cont.	Test(s) Required 72	Lab Use Only: On Ice? Yes / No	Lab Use Only: pH OK? Cl OK?
	Start Date	Start Time	End Date	End Time					
			11.19	1100	G	1	ARSENIC, SELENIUM, ANTIMONY, Barium		

Temperature Upon Receipt: MK

*** Dechlorination (<0.5 ppm) of Ammonia, Cyanide, Phenol and TKN samples must be done in the field prior to preservation. ***

Method of Shipment:

- ☐ UPS
- ☐ Fed Ex
- ☒ Hand Delivery
- ☐ Other _____

Comments: 201119.11.01

Compositor # _____

Jug # _____

Are these results for regulatory purposes? Yes ☐ No ☐

Report results in: mg/L ☐ mg/kg ☐ ug/L ☐

Relinquished by: Wayne Turner. Cuttle.	Date: 11/19/20	Time: 1240	Received by:	Date: 11/19/20	Time: 1240
Relinquished by:	Date: 11/19/20	Time: 325	Received by:	Date:	Time:
Relinquished by:	Date:	Time:	Received by Lab:	Date: 11/13/20	Time: 1535

PO Box 228 • Statesville, NC 28687 • 704/872/4697

STATESVILLE ANALYTICAL

122 Court Street Statesville, NC 28687
Phone (704) 872-4697 , www.sa-nc.com

Client Name:(usually buyer) Wayne Turner

Address (where sample taken) 319 Queens Cove Rd. Mooresville, NC 28117

Location of Sample Taken Well. **(kitchen, bath, outside, etc.)**

Sampling Time 11:00 A.M **Sampling Date** 11/19/2020

Person collecting sample G. Brown

Parameters requested for analysis:
Please check tests needed:

☑ **Total Coliform Bacteria** ☐ **Lead** ☐ **Nitrate** ☐ **Nitrite**

Other Inorganics

Mail Results to:

Phone: 704-6868398 **Fax:** **Email:** wayneat99@gmail.com
704 746 7960 mobile

LABORATORY ID# 37755

CONTAMINANT	METHOD CODE	RESULTS PRESENT [1,2]	ABSENT	INVALID CODE [3]
Total Coliform	319		✓	
Fecal/E. coli	320		✓	

	DATE: (MM/DD/YY)	TIME: (Specify AM or PM)
ANALYSES BEGUN:	11/19/20	14:45 PM
ANALYSES COMPLETED:	11/20/20	8:45 AM

Laboratory Log #: 20111[illegible].11.01 **Certified By:** WC

Comments:

PAID

North Carolina
Department of Health and Human Services
Division of Public Health

Please submit this form along with a [illegible] Variance Application for an existing private water supply well.

Existing Well Variance Inspection Report

Well Site Location: Mooresville, Queens Cove Lot 2
(Town, community, subdivision and Lot #)

Address: 319 Queens Cove Rd County: Iredell

City/ST/Zip: Mooresville NC 28117 Date of SiteVisit: 11/18/2020

Well Construction

Date of Well Construction: 8/4/1987

If unknown, was it drilled before **1972**? YES or (NO)

If unknown, was it drilled before **7/1/2008**? (YES) or NO

What type of well is it:

(Drilled) Bored Hand Dug Jetted Other

Does the well have a cement slab? (YES) or NO

Does the well appear to be grouted? (YES) or NO

Well Head Completion

Is the well head 12" above land surface? (YES) or NO

If no, what is the height of the casing: _____ inches

Is there a sanitary well seal? (YES) or NO

Is the sanitary well seal in good repair? (YES) or NO

Are the following items present at the well head?

Vent Yes Sample Tap NO

Well Tag Yes Pump Tag NO

Potential Sources of Contamination?

Does the well currently meet separation requirements with known sources of contamination? (YES) or NO
If no, please provide distances to those it does meet: _____

Other comments:

Complete below.

Name of person completing this form (please print): Patrick Boyle

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: October 8, 2020 **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:

Wayne A. Turner, Jr and Amy E. Turner

Mailing Address: 319 Queens Cove Rd

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

Day Tele No.: _____ Cell No.: 704-746-7960

EMAIL Address: Wayneat99@gmail.com Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4645451813

County: _____

(2) Physical Address (if different than mailing address): _____

City: _____ State: **NC** Zip Code: _____

C. WELL DRILLER INFORMATION (if known) Unknown

Well Drilling Contractor's Name: _____

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.

We are constructing a detached garage, due to the layout of the existing site and structures the only feasible location puts part of the garage inside the 25' setback of the existing well. The proposed garage would have no septic involved.

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)

Patrick J Boyle III

Signature of County Environmental Health Specialist

Patrick J Boyle III

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.

RECEIVED OCT 2 1 2020

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

AP-308977 $250.00

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 (X) 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: Wayne A. Turner, Jr. Address: 319 Queens Cove Rd Zip: 28117
Applicant Email: Wayneat99@gmail.com Phone: 704-696-8398 Alt. Phone: 704-746-7960
Owner Name: Same Addr Zip:
Owner Email: Same Pho . Phone:

Patrick 11/18/2020

Property Information:

Street Address: 319 Queens Cove Rd
Subdivision Name: Queens Cove Lot Number:
Driving Directions: Templeton Rd Left onto Harwell Left onto Queens Cove then to end of road House is on left in cul-de-sac

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms:
Maximum Number of Occupants:
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* N/A 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.

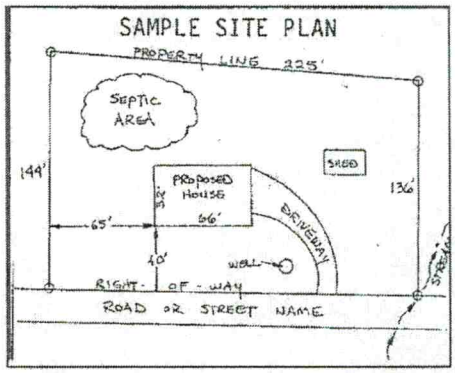
Signature: _____ 10-16-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location – Existing
- (X) Area you prefer your septic system to be placed – Existing
- (X) 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

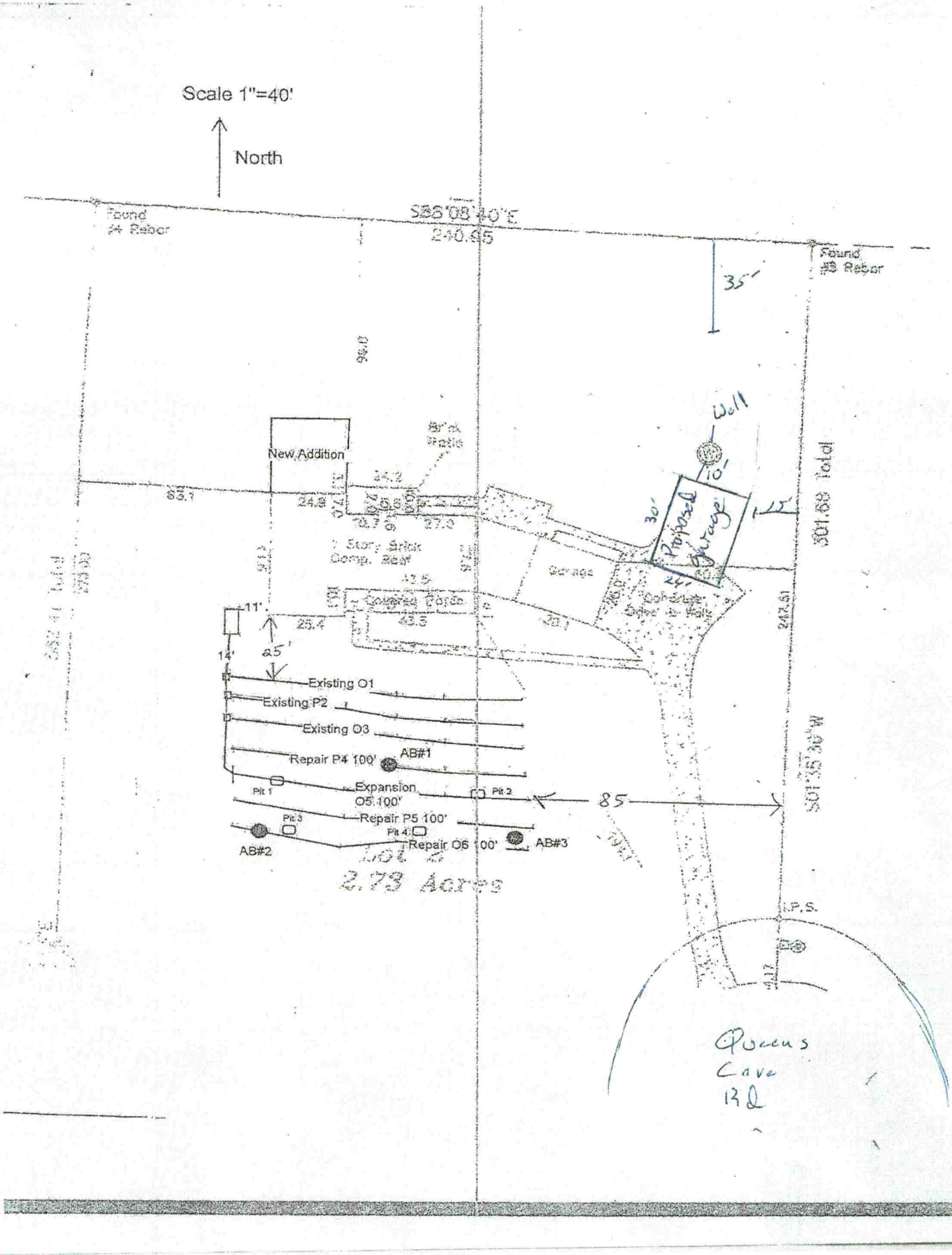
USE THIS SPACE TO DRAW YOUR SITE PLAN

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 Site plan
request is For a proposed garage 24'x30'
Well & septic are existing

Signature: _____ 10-16-2020

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


Scale 1"=40'
North
S88°08'40"E
240.65
Found
#4 Rebar
Found
#3 Rebar
35'
Well
10'
Proposed
Garage
30'
22'
24'
New Addition
Brick
Patio
83.1
24.9
24.2
25.8
27.3
1 Story Brick
Comp. Roof
Garage
Covered Porch
43.5
25.4
11'
14'
25'
30.1
S01°55'36"W
301.68 total
242.61
Existing O1
Existing P2
Existing O3
Repair P4 100'
AB#1
Pit 1
Expansion
O5 100'
Pit 2
85
Pit 3
Repair P5 100'
Pit 4
AB#2
Repair O6 100'
AB#3
Lot 2
2.73 Acres
P.S.
Queens
Cove
Rd

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, _____, 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.

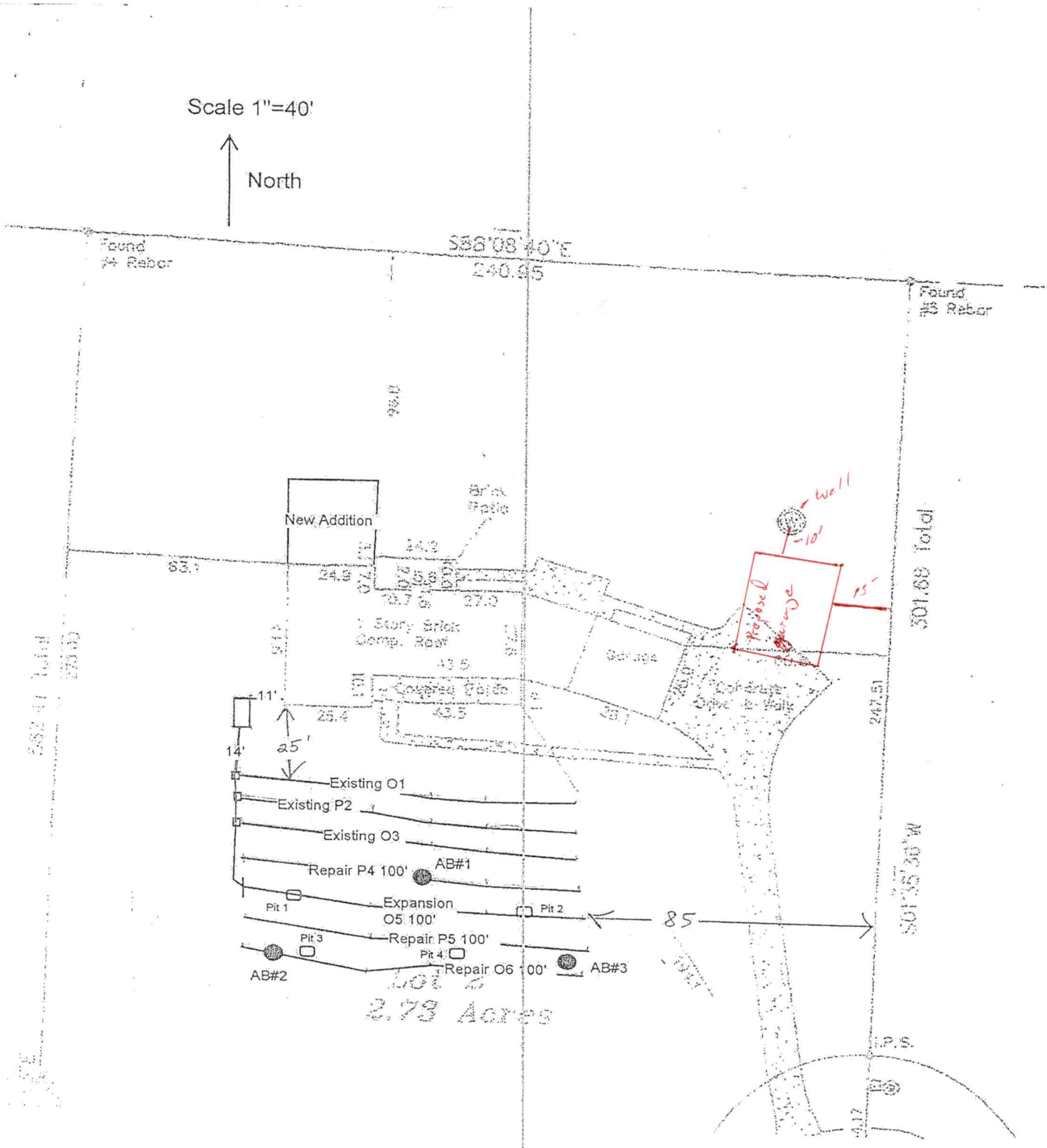
- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

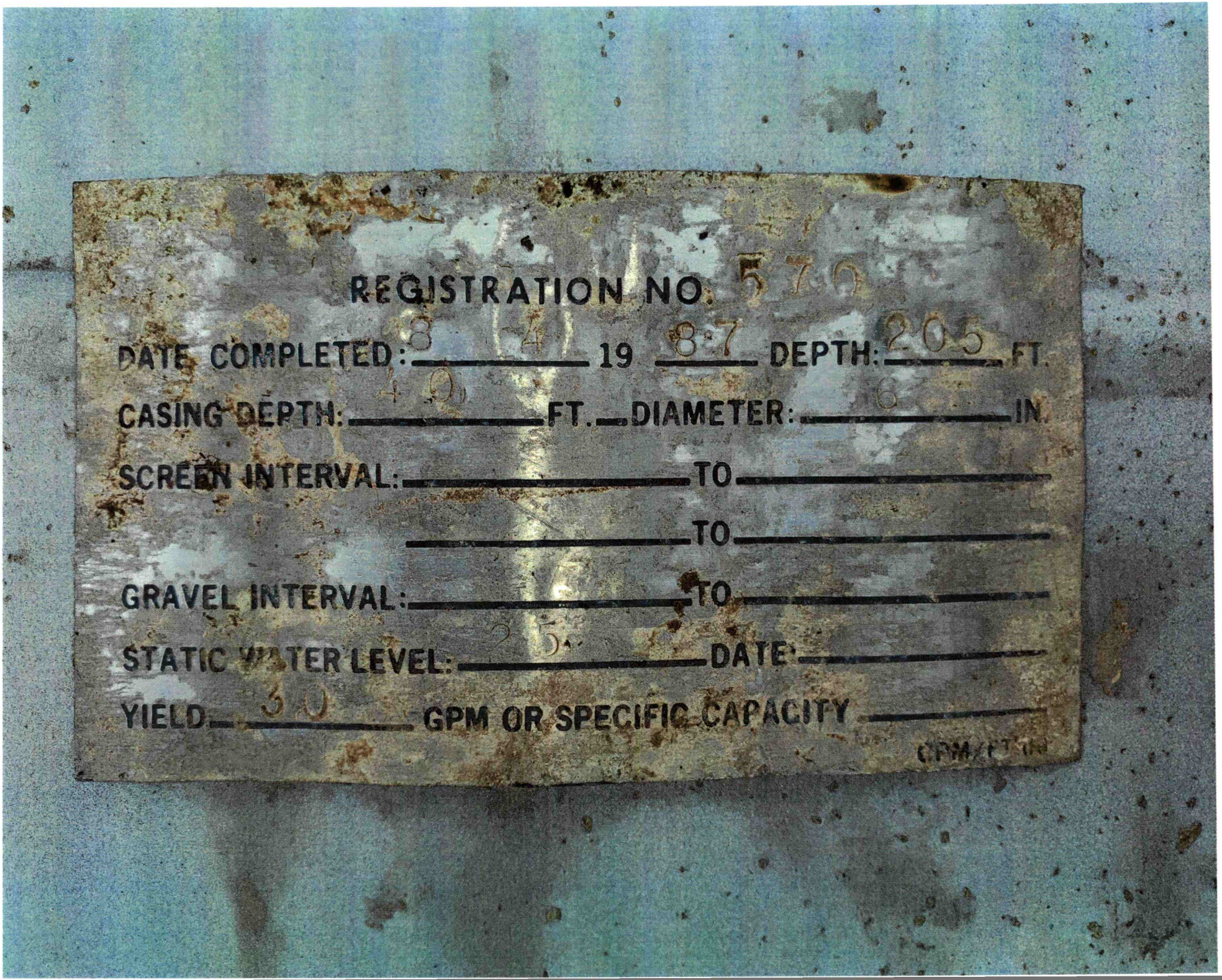
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ _____
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


Scale 1"=40'
North
Found #4 Rebar
S88°08'40"E
240.95
Found #3 Rebar
New Addition
Brick Patio
1 Story Brick Comp. Roof
Covered Patio
Garage
Concrete Drive & Walk
well
-10'
15'
Proposed Garage
301.68 Total
242.51
11'
25'
14'
Existing O1
Existing P2
Existing O3
Repair P4 100'
AB#1
Pit 1
Expansion O5 100'
Pit 2
85
Pit 3
Repair P5 100'
Pit 4
AB#2
Repair O6 100'
AB#3
Lot 2
2.73 Acres
P.S.


REGISTRATION NO. 570
DATE COMPLETED: 8 4 19 87 DEPTH: 205 FT.
CASING DEPTH: 40 FT. DIAMETER: 8 IN.
SCREEN INTERVAL: TO
TO
GRAVEL INTERVAL: TO
STATIC WATER LEVEL: 25 DATE
YIELD: 30 GPM OR SPECIFIC CAPACITY
GPM/FT IN

IREDELL COUNTY PLANNING & DEVELOPMENT
PO BOX 788, STATESVILLE NC 28687-0788
349 N. Center Street / Building Standards Center
(704) 878-3118 / FAX (704)928-2025

addition

Residential Zoning Permit Application

What are you building?(Please check) *No building or addition shall be used for commercial, business, or other non-residential use unless appropriate permits and approval are obtained from Iredell County for commercial use.

Stick built___ Modular___ Duplex___ Singlewide___ Doublewide___ Pier___ Addition Y Bedroom addition___

Accessory dwelling (ie: M-I-L Suite, guest house) ___ Accessory building (ie: garage, shed)___ Swimming pool___

Are there any other structures currently on the property such as dwellings, sheds, garages? (Please list type below)

Is there a septic tank on the property? (Yes) No If residence how many bedrooms? currently 3, going to 4 and stories? 1

Please describe project (Details, Purpose, or Use): Reno

Please list square footage of project (Pier, Addition, Accessory Dwelling, Accessory Building only): _____

Does the property have community water? Yes (No) If yes, please list who provides it: _____

Does the property have community sewer? Yes (No) If yes, please list who provides it: _____

Owner Information

Property Owner's Name Wayne Turner Phone # _____

Owner's Current Address 319 Queens Cove Road Mooresville

Property Information

Property Address 319 Queens Cove Road Parcel # 4645451813

Subdivision: Queens Cove Lot: 2 Zoning: ____ Watershed: Y / N Flood Plain: Y / N Township: _____

Directions to property (from a MAIN ROAD) _____

Application Information

Applicant's Name or Company J.S. Testa, LLC Applicant's Phone # 704.892.2995

Applicant's Address 19905 W. Catawba Ave #202 Cornelius NC 28031

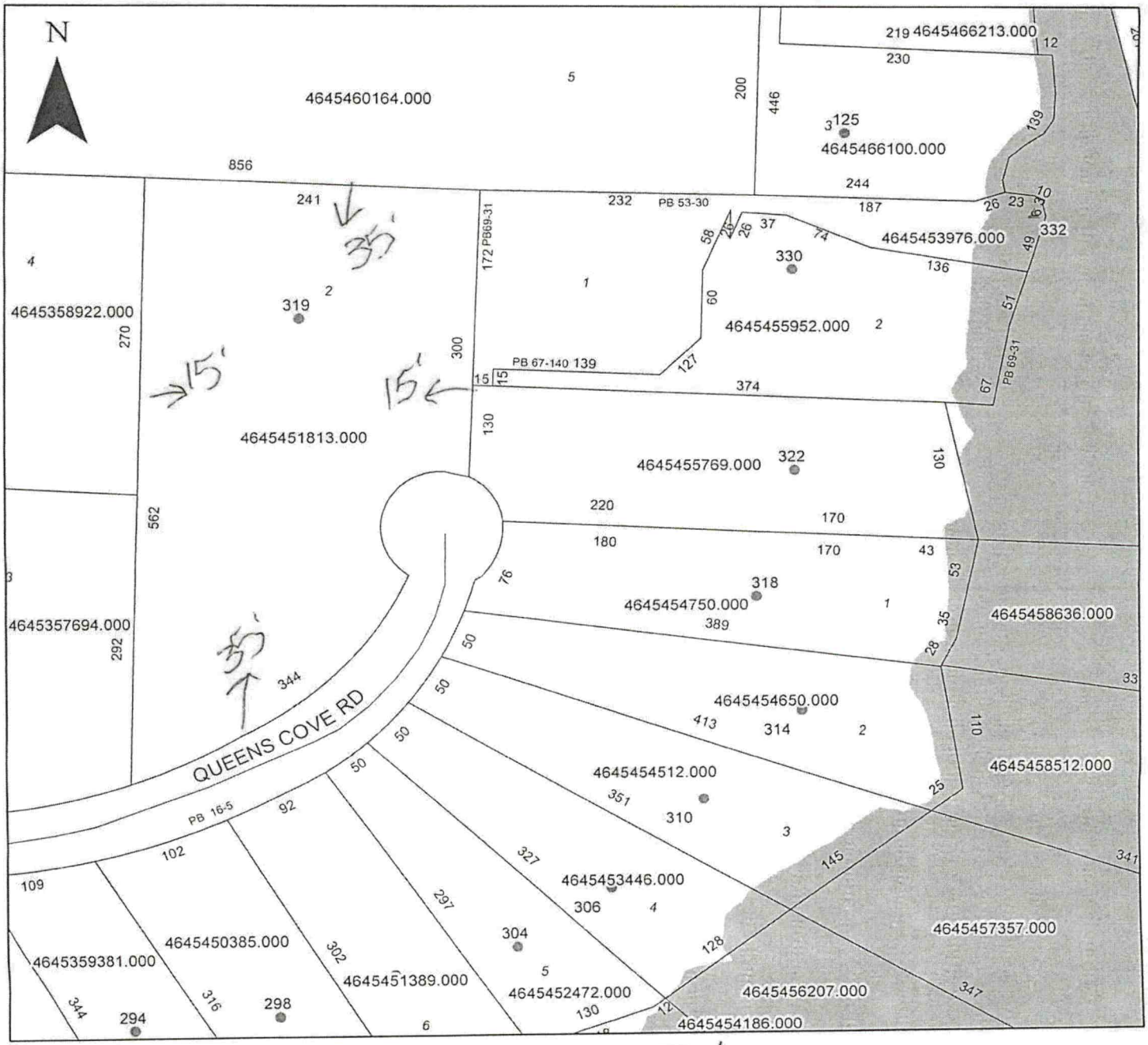
If Company, Representative's Name and Title Douglas R. Testa, Member Manager

IN APPLYING FOR A ZONING PERMIT I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS CORRECT AND THAT ALL WORK WILL COMPLY WITH IREDELL COUNTY ZONING REGULATIONS. THE IREDELL COUNTY PLANNING & DEVELOPMENT DEPARTMENT WILL BE NOTIFIED OF ANY CHANGES THAT ARE MADE TO THIS PROJECT. I AM AWARE THAT THIS IS AN APPLICATION ONLY - NOT A PERMIT - AND DOES NOT CONSTITUTE APPROVAL OF THIS PROJECT. HOWEVER, IF THIS PROJECT IS APPROVED, THIS SIGNATURE IS VALID FOR MY PERMIT.

SIGNATURE OF APPLICANT _____ DATE 8.26.2020

addition

ZONING DISCLAIMER



Property Address 319 Queens Cove Rd

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. Applicant further acknowledges that the 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

8.26.2020
Date

Iredell County Existing Septic System Waiver Form

Owner: Wayne Turner Phone: 704.746.7960

Site Address: 319 Queens Cove Rd., Mooresville NC 28117

It is the responsibility of the property owner to maintain all setbacks according to 15A NCAC 18A .1950 (see reverse side) with the wastewater system and any part of a structure foundation including but not limited to porches, decks, accessory buildings and pools. If you are unsure of the exact location of the septic system please have a NC licensed installer or a NC septic inspector locate the septic system for you.
The issuance of a zoning and/or building permit in no way expresses that the wastewater disposal system serving the site is functioning properly at the time of the zoning and/or building permit is used nor does it guarantee the disposal system will continue to function for any period of time.

Bldr.

Owner Signature Douglas R. Testa, 704.892.2995 Date 8.26.2020

I certify by my signature above that I am the current property owner, I have read and understand the information above and that I waive the existing septic system inspection by the Iredell County Environmental Health Division. Furthermore, I understand the requirements above that by waiving the existing system inspection I assume the responsibility of setback requirements according to 15A NCAC 18A .1950, listed on the reverse side of this form.

Additional information available at the links below.

Website of available septic records:

https://www.co.iredell.nc.us/1034/View-Your-Septic-Record-Online

If the record is not found please contact the Iredell County Environmental Health Division for further investigation at 704-878-5305 ext. 3456 or 704-660-3625.

Website to 15A NCAC 18A .1900 rules:

http://ehs.ncpublichealth.com/oswp/docs/rules/RulesCompleteEff10012011.pdf

15A NCAC 18A .1950

(a) Every sanitary sewage treatment and disposal system shall be located at least the minimum horizontal distance from the following:

(1) Any private water supply source, including well or spring	100 feet.
(2) Any public water supply source	100 feet.
(3) Streams classified as WS-I	100 feet.
(4) Waters classified as S.A.	100 feet, from mean high water mark.
(5) Other Coastal Waters	50 feet, from mean high water mark.
(6) Any other stream, canal, marsh, or other surface waters	50 feet.
(7) Any Class I or Class II reservoir	100 feet from normal pool elevation.
(8) Any permanent storm water retention pond	50 feet from flood pond elevation.
(9) Any other lake or pond	50 feet from normal pool elevation.
(10) Any building foundation	5 feet.
(11) Any basement	15 feet.
(12) Any property line	10 feet.
(13) Top of slope of embankments or cuts 2 feet or more vertical height	15 feet.
(14) Any water line	10 feet.
(15) Drainage systems:	
(A) Interceptor drains, foundation drains, storm water diversions	10 feet.
(i) Upslope	15 feet.
(ii) Sideslope	25 feet.
(iii) Downslope	25 feet.
(B) Groundwater lowering ditches and devices	15 feet.
(16) Any swimming pool	20 feet.
(17) Any other nitrification field (except repair area)	10 feet.

(b) Ground absorption sewage treatment and disposal systems may be located closer than 100 feet from a private water supply, except springs and uncased wells located downslope and used as a source of drinking water, for repairs, space limitations, and other site-planning considerations but shall be located the maximum feasible distance and in no case less than 50 feet.

(c) Nitrification fields and repair areas shall not be located under paved areas subject to vehicular traffic. If effluent is to be conveyed under areas subject to vehicular traffic, ductile iron or its equivalent pipe shall be used. However, pipe specified in Rule. 1955 (e) may be used if a minimum of 30 inches of compacted cover is provided over the pipe.

(d) In addition to the requirements of Paragraph (a) of this Rule, sites to be used for subsurface disposal for design units with flows over 3,000 gallons per day, as determined in Rule .1949 (a) or (b) of this Section, which includes one or more nitrification fields with individual capacities of greater than 1,500 gallons per day, shall be at least the minimum horizontal distance from the following:

(1) Any Class I or II reservoir or any public water supply source utilizing a shallow (under 50 feet) groundwater aquifer	500 feet.
(2) Any other public water supply source, unless determined to utilize a confined aquifer	200 feet.
(3) Any private water supply source, unless determined to utilize a confirmed aquifer	100 feet.
(4) Waters classified as S.A.	200 feet from mean high water mark.
(5) Any waters classified as WS-I	200 feet.
(6) Any surface waters classified as WS-II, WS-III, B or SB	100 feet.
(7) Any property line	25 feet.

(e) Collection sewers, force mains, and supply lines shall be located at least the minimum horizontal distance from the flowing:

(1) Any public water supply source, including wells, springs, and Class I or Class II Reservoirs	100 feet, unless constructed of leak-proof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 50 feet.
(2) Any private water source, including wells and springs	50 feet, unless constructed of leak-proof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 25 feet.
(3) Any waters classified as WS-1, WS-II, WS-III, B, SA, or SB	50 feet, unless constructed of leak-proof pipe, such as ductile iron pipe with mechanical joints equivalent to water main standards, in which case the minimum setback may be reduced to 10 feet.
(4) Any other stream, canal, marsh, coastal waters, lakes and other impounds, or other surface waters	10 feet.
(5) Any basement	10 feet.
(6) Any property line	5 feet.
(7) Top of slope or embankments or cuts of two feet or more vertical height	10 feet.
(8) Drainage Systems:	
(A) Interceptor drains, storm drains, and storm water diversions	5 feet.
(B) Ground-water lowering ditches and devices	10 feet.
(9) Any swimming pool	10 feet.
(10) Any other nitrification field	5 feet.

(f) Sewer lines may cross a water line if 18 inches clear separation distance is maintained, with the sewer line passing under the water line. When conditions prevent an 18- inch clear separation from being maintained or whenever it is necessary for the water line to cross under the sewer, the sewer line shall be constructed of ductile iron pipe or its equivalent and the water line shall be constructed of a ferrous material equivalent to water main standards for a distance of at least ten feet on each side of the point of crossing, with full sections of pipe centered at the point of crossing.

(g) Sewer lines may cross a storm drain if:

(1) 12 inches clear separation distance is maintained; or

(2) The sewer is of ductile iron pipe or encased in concrete of ductile iron pipe for at least five feet on either side of the crossing.

(h) Sewer lines may cross a stream if at least three feet of stable cover can be maintained or the sewer line is of ductile iron pipe or encased in concrete or ductile iron pipe for at least ten feet on either side of the crossing and protected against the normal range of high and low water conditions, including the 100-year flood/wave action. Ariel crossings shall be by ductile iron pipe with mechanical joints or steel pipe. Pipe shall be anchored for at least ten feet on either side of the crossing.

(i) Septic tanks, lift stations, wastewater treatment plants, sand filters, and other pretreatment systems shall not be located in areas subject to frequent flooding (areas inundated at a ten-year or less frequency) unless designed and installed to be watertight and to remain operable during a ten-year storm. Mechanical or electrical components of treatment systems shall be above the 100-year flood level or otherwise protected against a 100-year flood.

IREDELL COUNTY DEVELOPMENT SERVICES

PO BOX 788 - STATESVILLE NC 28687

349 N CENTER ST / BUILDING STANDARDS CENTER

Central Permitting: 704-878-3113 Commercial Plans: 704-928-2021

Fax: 704-878-3171 www.co.iredell.nc.us Fax: 704-878-3122

BUILDING PERMIT APPLICATION

Application / Project #: _____ CID/EFT # _____ Date: 8.12.2020

Property Owner: Wayne A. & Amy E. Turner Contact # _____

Project Address: 319 Queens Cove Road, Mooresville NC 28117

Parcel Identification #: 4645-45-1813

General Contractor: J.S. Testa, LLC

Contractor name / Company name MUST be exactly as listed with the license board.

Contractor License #: 56055 Contact #: 704.892.2995

Email address: Info@JSTesta.com Fax #: 704.892.2996

Contractor Address: 19905 W. Catawba Ave #202, Cornelius NC 28031

Brief Description of Work: Add Master Bedroom Suite

~~Close in outdoor patio to create playroom~~

Heated Area: 1048 Unheated Area: ~~318~~ Total Area: ~~1366~~ 1048

ADDITIONAL PERMITS IN THE PROJECT: CHECK ALL THAT APPLY

Electrical:	✓	Mechanical:	✓	Plumbing:	✓
Gas Piping:	✓	Sprinkler:		Fire:	
Commercial Ventilation:		Refrigeration:			

addition

ADDITIONAL INFORMATION REQUIRED: ENTER THE AMOUNT

Estimated Cost: $ ~~230,000~~ # of Fireplaces: _____ # of Stories: 1

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The inspection department will be notified of any changes in the approved plans and specifications for the project permitted herein. This application becomes a permit only when validated and approved.

SIGNATURE OF GENERAL CONTRACTOR _____

A non-refundable application fee of $77.25 is included in the charges on all permits.

Revised 06/2014

IREDELL COUNTY DEVELOPMENT SERVICES

PO BOX 788 - STATESVILLE NC 28687
349 N CENTER ST / BUILDING STANDARDS CENTER
Central Permitting: 704-878-3113 Commercial Plans: 704-928-2021
Fax: 704-878-3171 www.co.iredell.nc.us Fax: 704-878-3122

BUILDING PERMIT APPLICATION

Application / Project #: _____ CID/EFT # _____ Date: 8.12.2020

Property Owner: Wayne A. & Amy E. Turner Contact # _____

Project Address: 319 Queens Cove Road, Mooresville NC 28117

Parcel Identification #: 4645-45-1813

General Contractor: J.S. Testa, LLC
Contractor name / Company name MUST be exactly as listed with the license board.

Contractor License #: 56055 Contact #: 704.892.2995

Email address: Info@JSTesta.com Fax #: 704.892.2996

Contractor Address: 19905 W. Catawba Ave #202, Cornelius NC 28031

Brief Description of Work: ~~Add master Bedroom Suite~~ Close outdoor patio to create playroom

Heated Area: ~~1048~~ Unheated Area: 318 Total Area: ~~1366~~ 318

ADDITIONAL PERMITS IN THE PROJECT: CHECK ALL THAT APPLY

Electrical:	V	Mechanical:	V	Plumbing:	V
Gas Piping:	V	Sprinkler:		Fire:	
Commercial Ventilation:		Refrigeration:			

renovation

ADDITIONAL INFORMATION REQUIRED: ENTER THE AMOUNT

Estimated Cost: $~~230,000~~ # of Fireplaces: _____ # of Stories: 1

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The inspection department will be notified of any changes in the approved plans and specifications for the project permitted herein. This application becomes a permit only when validated and approved.

SIGNATURE OF GENERAL CONTRACTOR _____

A non-refundable application fee of $77.25 is included in the charges on all permits.

Revised 06/2014

PJB

AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308977

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

PIN # 4645451813

APPLICANT/OWNER: Wayne Turner | APPLICANT ADDRESS: 319 Queens Cove Rd Mooresville, NC 28117

SITE ADDRESS: 319 Queen Cove Rd Mooresville NC | PHONE: 704 576 3887 Mike | ALT. PHONE

SITE DIRECTIONS: Alcove Rd TR Templeton TL Harwell Rd TL Queen's Cove Rd Dead End

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Queens Cove | SECTION: | LOT # 2 | LOT AREA: 2.713 Ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☐ 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: 25% Reduction		☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description: PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	1 (+3 exist)	Linear Ft 100	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~ max	36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Divert storm/surface water away from Septic.

Upgrading from 3 Bedrooms to 4 Bedrooms

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanas & Assoc (dated 7/29/2020)

AS BUILT SKETCH

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

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

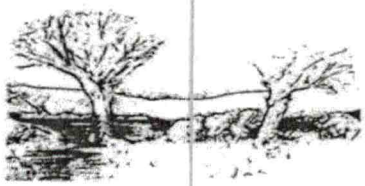
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 8-19-2020 Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 8/10/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 8/17/2020 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 inpsector to confirm your inspection time.



Approved
8/10/2020
MD

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

Reference: Data Sheet for 319 Queens Cove Road; PID# 4645451813.000
Iredell County, NC

Building Footprint: Existing; Additional bedroom being added
Building Setback: Unknown
Water Source: Private Well
Number of Bedrooms/GPD: 3/360 existing; 1/120 to be added
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: 25% Reduction
Repair System LTAR: 0.3 GPD/FT2
Repair System Type: PPBPS
Distribution: Gravity from existing system
Total Linear Footage: 100'
Septic/ Pump tank size: 1000 gallon existing
Proposed Trench Bottom: 36" (maximum)

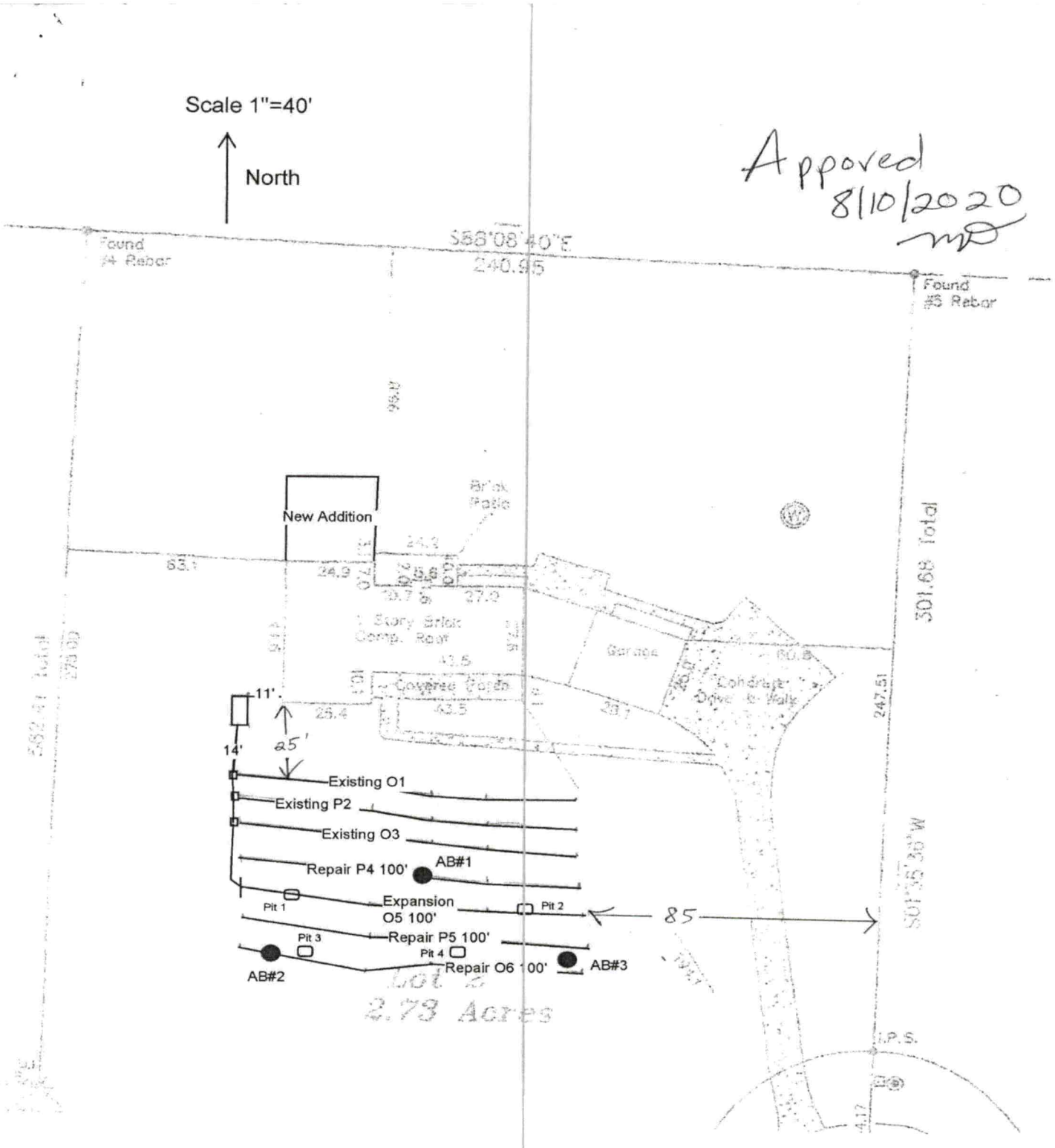


Line	Design Length	Actual Length
Existing Orange 1		**100'**
Existing Pink 2		**100'**
Existing Orange 3		**100'**
Pink 4		100'
Orange 5	**100'**	**100'**
Pink 6		100'
Orange 7		100'

Initial System: 300' 12" Stone Existing; 100' 25% Reduction to be added
Repair System: 300' PPBPS

Comments: The purpose of the evaluation is to permit the site for an additional bedroom.

- The existing system of 300' with 12" of gravel was located by MA&A. These are the first 3 lines on the site plan.
- An additional 100' of 25% reduction system should be installed on Orange 5 to keep the tree located below the existing system.


Scale 1"=40'
North
Approved
8/10/2020
S88°08'40"E
240.95
Found
#4 Rebar
Found
#5 Rebar
New Addition
Brick
Patio
24.3
63.1
24.9
25.6
27.2
1 Story Brick
Comp. Roof
Garage
Covered Porch
Concrete
Drive to Walk
43.5
42.5
38.1
25.4
247.51
301.68 Total
382.41 Total
11'
14'
25'
Existing O1
Existing P2
Existing O3
Repair P4 100'
AB#1
Pit 1
Expansion
O5 100'
Pit 2
85
Pit 3
Pit 4
Repair P5 100'
Repair O6 100'
AB#3
AB#2
Lot 2
2.73 Acres
S01°55'30"W
I.P.S.
417

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
ON-SITE WASTEWATER SECTION

319 Queens Cove; Lot 2 Queens Cove; PID#4645451813.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 8/10/2020 mb

OWNER: Wayne and Amy Turner APPLICATION DATE: _____
ADDRESS: 319 Queens Cove Mooresville, NC DATE EVALUATED: 7/2020
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 2.71 Acres
LOCATION OF SITE: 319 Queens Cove Mooresville, NC PROPERTY RECORDED: 12/11/1978
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring X 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	
AB 1	L 6-8 %	0"-3"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 12"-48".		0.3+
		3"-12"	R C SBK	SS SP FR SEXP					
		12"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	L 6-8%	0"-4"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 30"-48".		0.3+
		4"-30"	R C SBK	SS SP FR SEXP					
		30"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	L 6-8%	0"-4"	RBr CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 12"-48".		0.3+
		4"-12"	R C SBK	SS SP FR SEXP					
		12"-48"	RBr CL WBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 Ft2	900 Ft2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

Comments:

SOIL/SITE EVALUATION

(Continuation Sheet)

Approved 8/10/2020 MD

PROPERTY ID #: 4645451813

DATE OF EVALUATION: _____

COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 5%	0-4	BR CL WSBK	FR SS SP SXP	N/A	52"		N/A	PS 0.3+
		4-20	R C SBK	FR SS SP SXP					
		20-52	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 2	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"		N/A	PS 0.3+
		4-16	R C SBK	FR SS SP SXP					
		16-52	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 3	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	55"		N/A	PS 0.3+
		4-30	R C SBK	FR SS SP SXP					
		30-55	R CL WSBK	FR SS SP SXP			F-C SAP		
PIT 4	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"		N/A	PS 0.3+
		4-22	R C SBK	FR SS SP SXP					
		22-52	R CL WSBK	FR SS SP SXP			F-C SAP		

COMMENTS: _____

PJB AP

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 308977

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

PIN # 4645451813

APPLICANT/OWNER: Wayne Turner | APPLICANT ADDRESS: 319 Queens Cove Rd Mooresville, NC 28117

SITE ADDRESS: 319 Queens Cove Rd Mooresville NC | PHONE: 704 576 3887 Mike | ALT. PHONE

SITE DIRECTIONS: Alcove Rd TR Templeton TL Harwell Rd TL Queen's Cove Rd end | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Queens Cove | SECTION: 2 | LOT # 2 | LOT AREA: 2.713 Ac. | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Existing	Date	Existing	☐ New System ☐ Repair ☒ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description: 25% Reduction		☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description: PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	1 (+3 exist)	Linear Ft	100	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☐ Crawl Space
Trench Width	36"	Trench Bottom Depth ~~(Low side)~~ max	36"	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

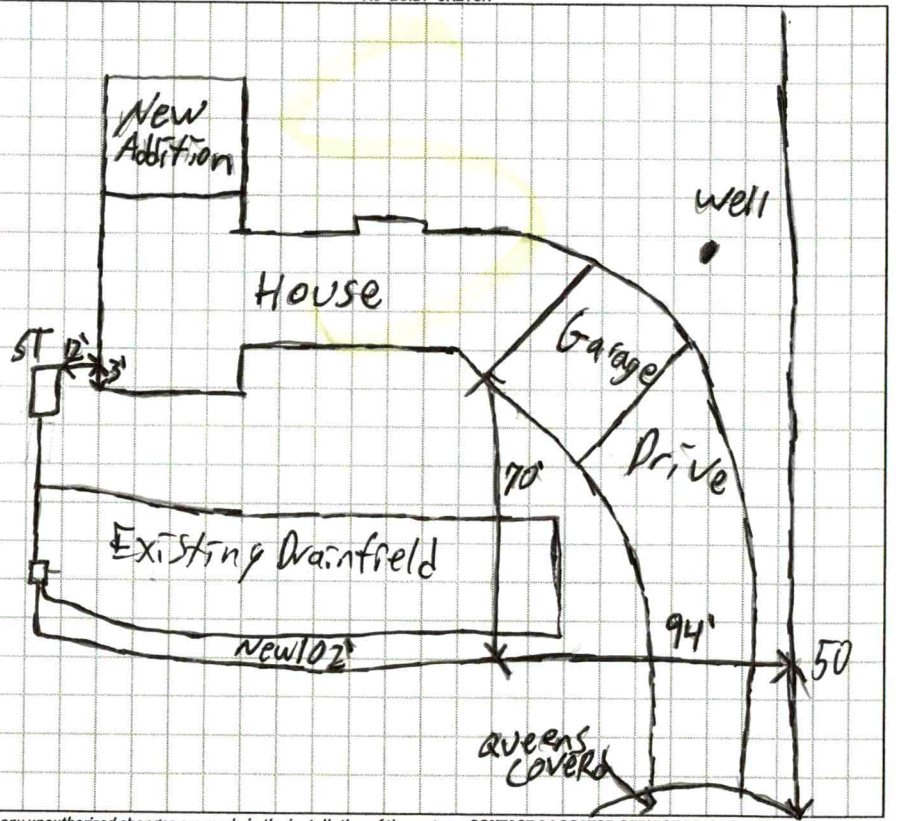
Comments / Conditions: Divert storm/surface water away from Septic.

Upgrading from 3 Bedrooms to 4 Bedrooms

INITIAL SITE SKETCH

See attached, approved plan by Michael Athanas & Assoc. (dated 7/29/2020)

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: [signature] Date: 8-19-2020 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Dolan Date: 8/10/2020 OPERATION PERMIT by: Patrick Bglett III Date: 10/9/2020

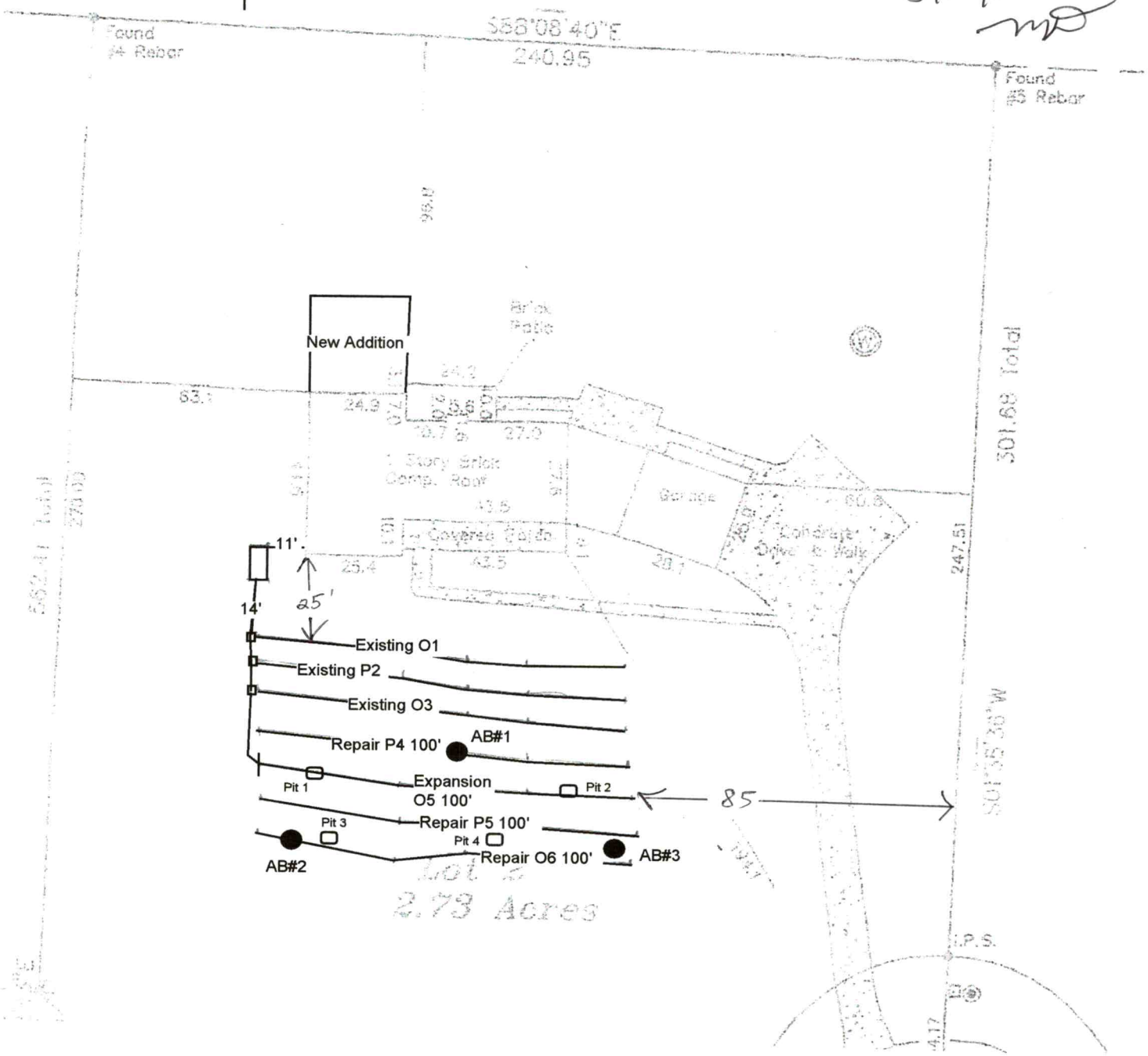
AUTHORIZATION TO CONSTRUCT by: Maria Dolan Date: 8/17/2020 Existing System Inspected by: Date:

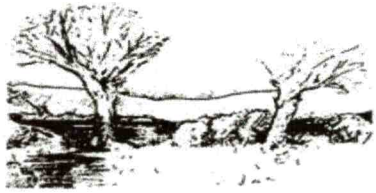
FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

Scale 1"=40'

North

Approved
8/10/2020
MD





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

Approved
8/10/2020
MD

Reference: Data Sheet for 319 Queens Cove Road; PID# 4645451813.000
Iredell County, NC

Building Footprint: Existing; Additional bedroom being added
Building Setback: Unknown
Water Source: Private Well
Number of Bedrooms/GPD: 3/360 existing; 1/120 to be added
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: 25% Reduction
Repair System LTAR: 0.3 GPD/FT2
Repair System Type: PPBPS
Distribution: Gravity from existing system
Total Linear Footage: 100'
Septic/ Pump tank size: 1000 gallon existing
Proposed Trench Bottom: 36" (maximum)



Line	Design Length	Actual Length
Existing Orange 1		**100'**
Existing Pink 2		**100'**
Existing Orange 3		**100'**
Pink 4		100'
Orange 5	**100'**	**100'**
Pink 6		100'
Orange 7		100'

Initial System: 300' 12" Stone Existing; 100' 25% Reduction to be added
Repair System: 300' PPBPS

Comments: The purpose of the evaluation is to permit the site for an additional bedroom.

- The existing system of 300' with 12" of gravel was located by MA&A. These are the first 3 lines on the site plan.
- An additional 100' of 25% reduction system should be installed on Orange 5 to keep the tree located below the existing system.

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
ON-SITE WASTEWATER SECTION

319 Queens Cove; Lot 2 Queens Cove; PID#4645451813.000
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 8/10/2020 mo

OWNER: Wayne and Amy Turner APPLICATION DATE: _____
ADDRESS: 319 Queens Cove Mooresville, NC DATE EVALUATED: 7/2020
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 2.71 Acres
LOCATION OF SITE: 319 Queens Cove Mooresville, NC PROPERTY RECORDED: 12/11/1978
WATER SUPPLY: ☐ Private ☐ Public ☒ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring X 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	
AB 1	L 6-8 %	0"-3"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 12"-48".		0.3+
		3"-12"	R C SBK	SS SP FR SEXP					
		12"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	L 6-8%	0"-4"	Br CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 30"-48".		0.3+
		4"-30"	R C SBK	SS SP FR SEXP					
		30"-48"	R CL WSBK	SS SP FR SEXP					
AB 3	L 6-8%	0"-4"	RBr CL WSBK	SS SP FR SEXP		48"	Few to common saprolite inclusions 12"-48".		0.3+
		4"-12"	R C SBK	SS SP FR SEXP					
		12"-48"	RBr CL WBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	300 Ft2	900 Ft2
System Type(s)	25% Reduction	PPBPS
Site LTAR	0.3	0.3

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

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT: _____

Comments:

Approved
8/10/2020

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4645451813
DATE OF EVALUATION: _____
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 5%	0-4	BR CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		4-20	R C SBK	FR SS SP SXP					
		20-52	R CL WSBK	FR SS SP SXP					
PIT 2	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		4-16	R C SBK	FR SS SP SXP					
		16-52	R CL WSBK	FR SS SP SXP					
PIT 3	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	55"	F-C SAP	N/A	PS 0.3+
		4-30	R C SBK	FR SS SP SXP					
		30-55	R CL WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-4	Br CL WSBK	FR SS SP SXP	N/A	52"	F-C SAP	N/A	PS 0.3+
		4-22	R C SBK	FR SS SP SXP					
		22-52	R CL WSBK	FR SS SP SXP					

COMMENTS: _____

RECEIVED JUL 3 1 2020 AP-308977 $350.00 ✓ 8/5/2020

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: Wayne Turner **Address:** 319 Queens Cove Rd, Mooresville, NC **Zip:** 28117

Applicant Email: Doug - dtesta@jstesta.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

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

Property Information:

Street Address: 319 Queens Cove Rd

Subdivision Name: Queens Cove **Section/Phase:** _____ **Lot Number:** 2

Driving Directions: _____

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: Accepted

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: _____ 7/29/2020
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

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, WAYNE TURNER JR., am the legal owner(s) of the property located at 319 QUEENS COVE Rd MOORESVILLE NC 28115 identified as PIN (Parcel Identification Number) 4645451513, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates_, _____, 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
	6-25-20		6/25/2020

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 · NC

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

APPLICATION NUMBER

308977
Issue Date: 07/10/2020

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4645451813.000	319 QUEENS COVE RD	Iredell County

Owner Information	Applicant Information
Name: TURNER WAYNE A JR+AMY E	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R-20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	WSIV-CA Catawba/Lake Norman	NO

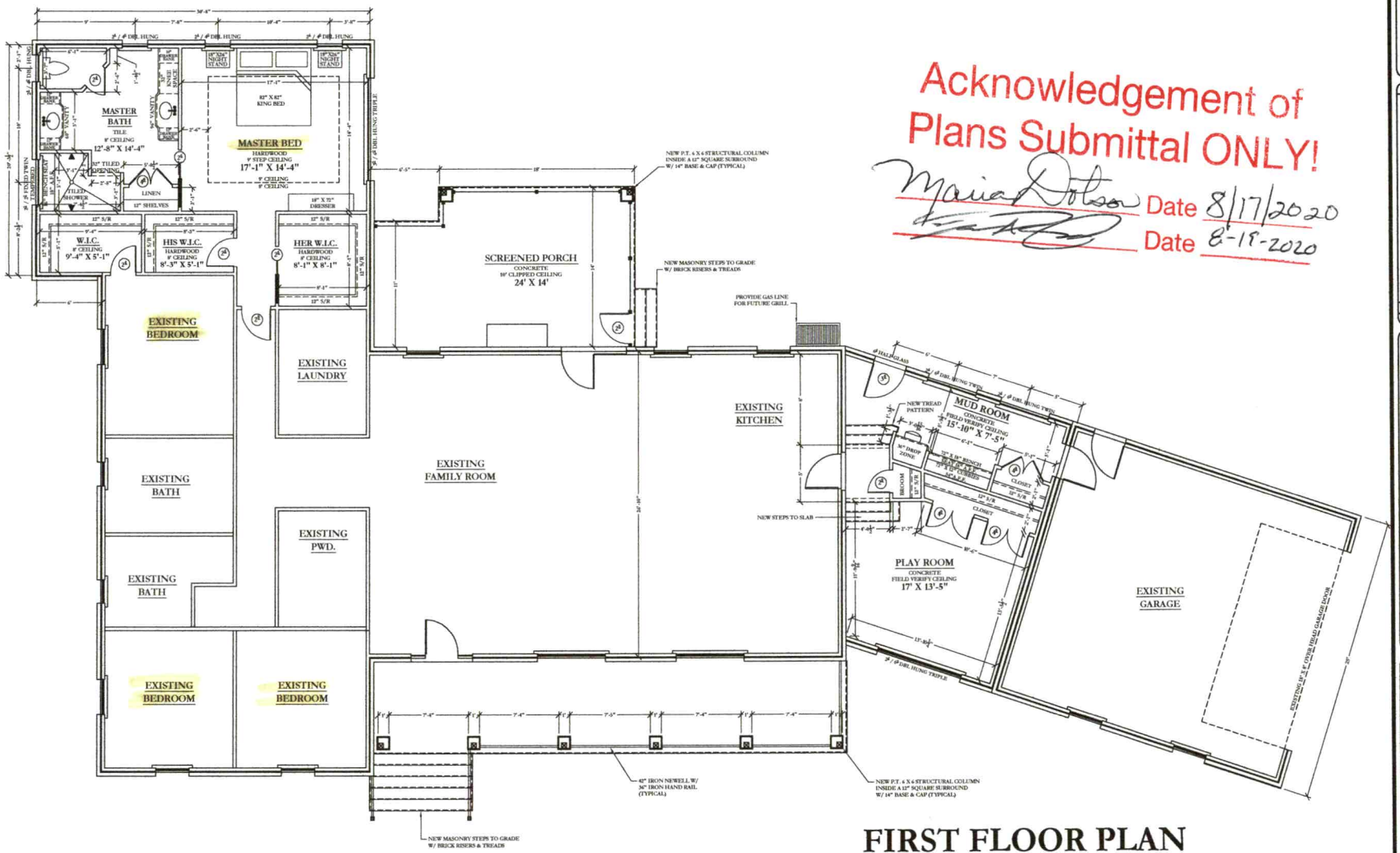
Remarks
SFD

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.

Date: 07/10/2020

Signature of Owner/Contractor

Permit Number	308977	TOTAL FEES:	$77.25



Acknowledgement of Plans Submittal ONLY!

Maria Dotson Date 8/17/2020

Date 8-18-2020

FIRST FLOOR PLAN

SCALE: $\frac{1}{4}$" = 1'-0"

ADDED MASTER AREA:	615 SQ. FT.
PLAY / MUD AREA:	433 SQ. FT.
REAR PORCH AREA:	318 SQ. FT.
DETACHED GARAGE:	576 SQ. FT.

General Notes

McFarland Design Group or Robert S. McFarland assumes no liability for any changes created from this plan. Release of these plans contemplates further cooperation among the owner and his Architect. Changes made on another planed and shall relieve the designer of responsibility for all consequences arising out of such changes. Written notice of intent to make changes shall be given to the designer. The contractor shall verify and be responsible for all dimensions and conditions on the job.

No.	Revision/Notes	Date

"The Turner Residence"
319 Queens Cove Rd., Mooresville,
Iredell County, NC 28117

McFarland Design Group Inc.
342 Highway 16 North, Denver, NC 28037
980-722-1726
www.mcfarlanddesign.com

First Floor Plan

Date 4-24-2017
Scale 1/4" = 1'-0"
Drawn By: Rob M.
Sheet A-3