IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 213825

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

PIN # 4648028542

APPLICANT: Brad Tingley APPLICANT ADDRESS: 655 Big Indian Lp Mooresville, NC 28117

SITE ADDRESS: 429 Big Indian Lp Mooresville, NC PHONE: 7049025422 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W TR Bluefield Rd TR Big Indian Lp go straight towards lake TR at end lot on left

SUBDIVISION: Clear SECTION: 12 LOT # 31 LOT AREA: 1.023 Acres DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	794	Date	5-6-17	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	1000	(gal)	PT	283	Date	5-26-17	System Description: LPPPBPS				☐ Business	No. Persons	8	☒ Private	
Pump Make			Model		Serial #		Repair System Description: LPPPBPS (some pretreat)				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1		# Lines	9	Linear Ft:	270'	Maintenance Agreement Required:	☒ YES	☐ NO		☒ Slab	☐ Crawl Space		☐ Community	
Trench Width	min 24"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Must properly abandon existing well prior to issuing Construction Authorization.

INITIAL SITE SKETCH

See attached/approved plan by Paul Penninger LSS (dated 9/22/15)

1-30-2017: Plans for garage submitted + approved with 2 bedrooms. ANY FURTHER HOUSE FLOOR PLANS ARE LIMITED TO 2 OR FEWER BEDROOMS IN NUMBER TO ADHERE TO THE 4 BR DESIGN

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	6-29-17	KW
Tanks Checked	6-29-17	KW
Pressure Manifold or Valve Box Checked	8-4-17	BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract (Y) N	8-10-17	KW
Comments:		

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: Brad Tingley Date: 10/14/15 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria Stamps RS Date: 10/5/15 OPERATION PERMIT by: Charles Watson Date: 8-10-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 1/30/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

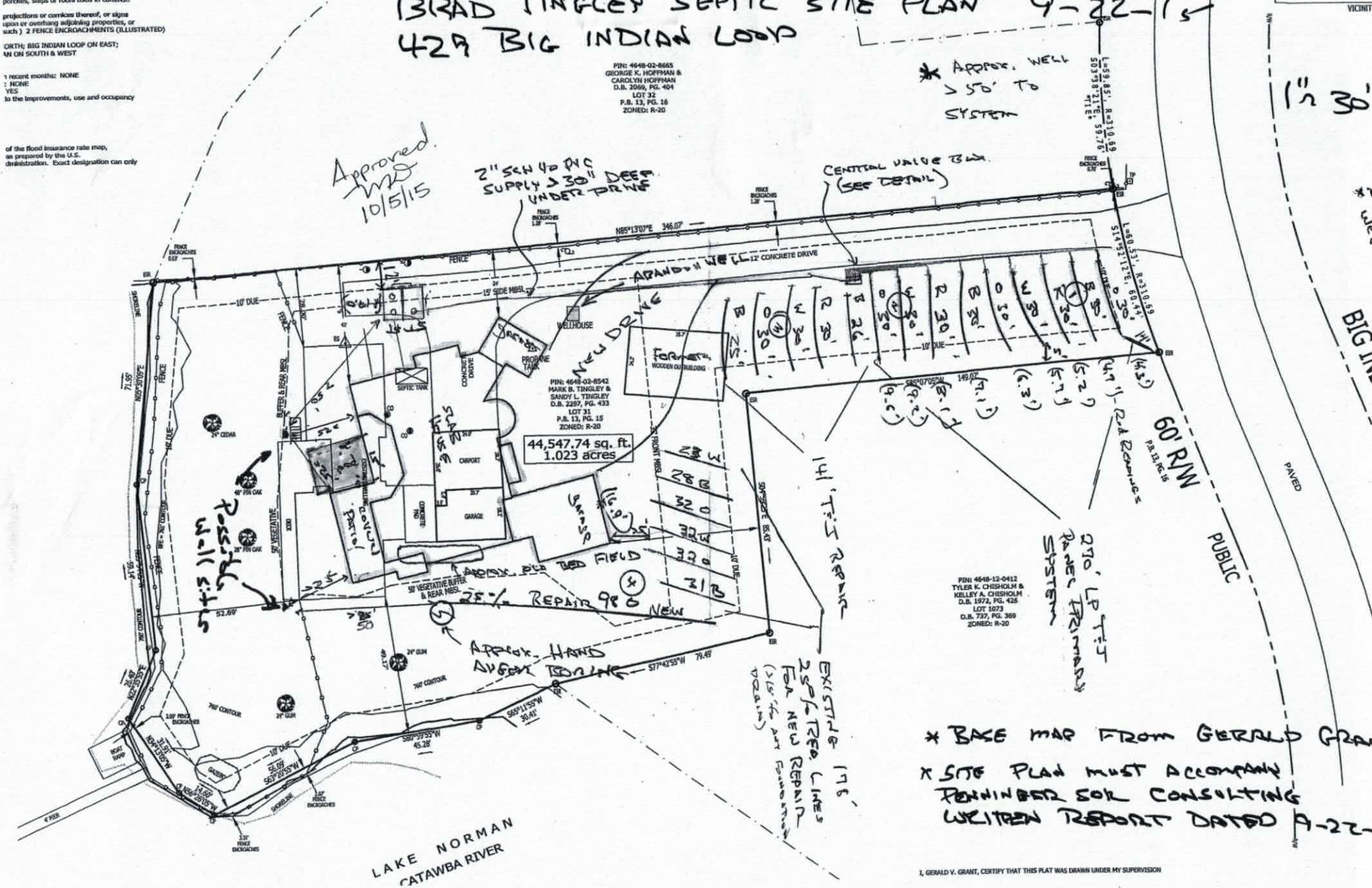
projections or cornices thereof, or signs
upon or overhang adjoining properties, or
such) 2 FENCE ENCROACHMENTS (ILLUSTRATED)

ORTH; BIG INDIAN LOOP ON EAST;
N ON SOUTH & WEST

recent months: NONE
: NONE
YES
to the improvements, use and occupancy

of the flood insurance rate map,
as prepared by the U.S.
dministration. Exact designation can only

BRAD TINGLEY SEPTIC SITE PLAN 9-22-15
429 BIG INDIAN LOOP


PIN: 4648-02-8665
GEORGE K. HOFFMAN &
CAROLYN HOFFMAN
D.B. 2069, PG. 404
LOT 32
P.B. 13, PG. 16
ZONED: R-20
* Approx. well > 50' to system
Approved MO 10/5/15
2" SCH 40 PVC SUPPLY @ 30" DEEP UNDER DRIVE
CENTRAL VALVE BOX (SEE DETAIL)
N85°13'07"E 346.07'
FENCE ENCROACHES 1.3'
FENCE ENCROACHES 0.5'
FENCE ENCROACHES 0.8'
L=59.85', R=310.69'
S63°36'21"E, 59.76'
L=60.53', R=310.69'
S14°57'12"E, 60.44'
ABANDON WELL
12' CONCRETE DRIVE
NEW DRIVE
WELLHOUSE
PROPANE TANK
SEPTIC TANK
CONCRETE DRIVE
FORMER WOODEN OUTBUILDING
PIN: 4648-02-8542
MARK B. TINGLEY &
SANDY L. TINGLEY
D.B. 2257, PG. 433
LOT 31
P.B. 13, PG. 15
ZONED: R-20
44,547.74 sq. ft.
1.023 acres
CARPORT
GARAGE
CONCRETE PAD
EX. SFH
EX. DECK
EX. PATIO
EX. SHED
EX. GAZEBO
24' CEDAR
48" PIN OAK
28" PIN OAK
50' VEGETATIVE BUFFER & REAR MBSL
15' SIDE MBSL
10' DUE
FRONT MBSL
SHORELINE 656.43'
N09°30'05"E 71.95'
N10°55'55"E 52.69'
N10°55'55"E 28.48'
N10°55'55"E 14.66'
N65°20'55"W 55.09'
N65°20'55"W 14.66'
N65°20'55"W 3.31'
S65°11'55"W 30.41'
S80°39'55"W 45.28'
S77°42'55"W 79.48'
700' CONTOUR
24" GUM
2.8' FENCE ENCROACHES
3.3' FENCE ENCROACHES
BOAT RAMP
GAZEBO
EX. SEPTIC TANK
EX. SEPTIC FIELD
EX. SEPTIC REPAIR AREA
APPROX. 2ND BED FIELD
REPAIR AREA
APPROX. HAND AUGER BORING
EXISTING 1,000 GAL. SEPTIC TANK
EXISTING LINES TO BE USED FOR NEW REPAIR (1,000 GAL. ANY FUNCTIONING TANK)
LAKE NORMAN
CATAWBA RIVER
PIN: 4648-12-0412
TYLER K. CHISHOLM &
KELLEY A. CHISHOLM
D.B. 1972, PG. 426
LOT 1073
D.B. 737, PG. 369
ZONED: R-20
60' R/W
P.B. 13, PG. 15
PUBLIC
PAVED
R 30'
R 26'
R 32'
R 28'
W 32'
S85°07'05"W 149.07'
(49.1')
(45.2')
(45.2')
(45.2

Call Paul for Site Visit ICHD

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

September 22, 2015

Mr. Brad Tingley
655 Big Indian Loop
Mooresville, North Carolina 28117

Reference: **Technical Assistance with Fast Track Septic Permitting**
429 Big Indian Loop
CL&T Lot 31 Section 12 – 1.023 Acres
Iredell County, North Carolina
Project No. 15-113

Dear Mr. Tingley:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new 4-bedroom septic Improvement Permit from the Iredell County Health Department (ICHD) for the referenced lot. The technical assistance was performed in general accordance with our written proposal dated July 2, 2015.

The waterfront lot located at 429 Big Indian Loop has an existing house and well. Permit information from the ICHD shows that in 1982 there was a gravity existing system directly east of the house that was repaired with a bed system south of the house in 1983. These systems were abandoned when a new pump, 25 Percent Reduction system was installed in 2002 for a remodeled 4-bedroom home. The 2002 Construction Authorization showed a pump – Innovative repair area south of the drive and west of Big Indian Loop.

We are proposing a Low Pressure T&J Panel System in the repair area shown on the 2002 ICHD septic permit and the 100 Percent Repair area will be 2-bedrooms of T&J Panel trench and 2-bedrooms of 25% Reduction Trench that utilize part of the existing drainfield and a new 98 ft. line that partially crosses into the 50 ft. lake buffer and will require TS-II Pretreatment if it has to be installed in the future. The ICHD has permitted split repairs previously that specified the Orenco MVP-Duplex Control Panel to dose the system (see attached).

Constructing the home will require abandoning part of the existing 25% Reduction System. Mr. Brad Russell, a certified septic installer, indicated he has accomplished this on similar systems in the past. We recommend removing the chambers located in the house/drive area and placing an end cap on the remaining future repair lengths. More than two bedrooms of 25% Reduction repair is available to allow for uneven line lengths due to the requirement of removing whole chamber segments.

Mr. Paul Penninger visited the lot on July 10, 2015 and August 17, 2015 to locate the existing system to flag the proposed T&J Panel system and repair area, and to place five hand auger borings in the proposed septic area as shown on the attached site plan. Your surveyor staked the lake buffer and staked the property lines. We are proposing the T&J Panel primary system in the same general area and at the same 0.3 gpd/sqft LTAR shown in the 2002 ICHD Permit. We reviewed the proposed house location with you on the site.

Once the septic area is permitted, it should be protected from any adverse impacts such as grading or soil compaction. Access to the lot should only be by the existing drive. There shall not be cuts of 2 feet or greater within 15 feet of any part of the permitted septic system and no fill shall be placed over the primary system or repair area. The primary system area should be shaped after system installation along the edge of the drive to allow stormwater to flow across the drive and away from the system. The existing well should be properly abandoned prior to the ICHD issuing the Construction Authorization. A new well permit will be required to drill the new well.

The attached information is not an Improvement Permit or Authorization to Construct, and is only to assist you with the Fast Track site evaluation. The attached plan is not intended to be a Professional Engineer plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC

Paul G. Penninger, L.S.S.
Soil Scientist

Attachments:

1. ICHD Improvement Permit Application
2. Proposed Site Plan and System Specifications
3. ICHD Septic Permit Information

C:\Users\Paul G. Penninger\Documents\2015 Projects\15-113 Brad Tingley - 429 Big Indian\15-113 - Brad Tingley - 429 Big Indian Fast Track Summary Letter.doc

70ft to neighbor's well

Brad Tingley - 429 Big Indian Road Fast Track System Proposal (pg 1 of 2)
September 22, 2015

Number of Bedrooms	4
Basement or Crawl	**concrete slab**
Design Flow (gpd)	480
LTAR (gpd/ft2)	0.3 per 2002 ICHD Existing Permit and 2015 Hand Auger Borings
Primary System Type	**LP PPBPS - T&J Panel Block**
No. Lines	9 (see site plan)
Total Linear Feet	270 shown (267 ft. required) OK MD 10/5/15
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth	Max. of 36" on high side of trench
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 160' of 2 " SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	31.5 gpm
Elevation head	approx. 23'
Pressure head	3.0'
Friction head	approx. 5'
20% Contingency	6.2'
Total Head	37.2'
Pump Requirements	23 gpm @ 38' of head (To be verified by installer and ICHD after final tank placement)
Maximum Dosing Volume	226 gallons max*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	yes
Siphon Break hole	no
Repair System	**T&J Panel for 2 bdr.; 25 Percent Reduction for 2 bdr.**
Total Linear Feet	141 ft. T&J Panel Shown ; 276 ft. of 25 Percent Red. Shown
Repair LTAR (gpd/sqft)	0.3 per existing ICHD Permits and 2015 Hand Auger Borings (TS-II Pretreatment required for 98 ft. 25 Percent Reduction line in lake buffer that is designed at conv. length - see attached 100 % repair calculations)

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

OK
mo 10/5/15

Brad Tingley - 429 Big Indian Road Fast Track System Proposal (pg 2 of 2)

September 22, 2015

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	orange	LPPPBPS	30	4.3	7	7	1 per panel	5/32"
2	System	blue	LPPPBPS	30	4.7	7	7	1 per panel	5/32"
3	System	red	LPPPBPS	30	5.2	7	7	1 per panel	5/32"
4	System	white	LPPPBPS	30	5.7	7	7	1 per panel	5/32"
5	System	orange	LPPPBPS	30	6.3	7	7	1 per panel	5/32"
6	System	blue	LPPPBPS	30	7.1	7	7	1 per panel	5/32"
7	System	red	LPPPBPS	30	8.1	7	7	1 per panel	5/32"
8	System	white	LPPPBPS	30	9.2	7	7	1 per panel	5/32"
9	System	orange	LPPPBPS	30	9.6	7	7	1 per panel	5/32"
					Total:	63	Total:63 (1 in each panel turned up)		
		Total System:		270					

Tank		1000 gal (2 compartment)	
Pump Tank		1000 gal.	19.0
House		Center garage at ex. System	16.9

Note: **Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.**
^System is to be installed according to any other ICHD and T&J Panel requirements or policies.
^These specifications are to satisfy the ICHD Fast Track LSS checklist and are not intended to represent an Engineered System Design.
^Check valves are to be installed on 1 1/4 inch distribution pipes leaving valve box to facilitate equal dosing of the panel lines at pump startup and shutoff - See valve box detail.

BRAD TINGEN - 429 BK INDIAN

100% REPAIR CALCULATIONS

141' T.S PANEL @ 0.3 gpd/ft² LTAR

= 253.8 gpl REPAIR

178' EX. 25% REDUCTION @ 0.3 LTAR = 213.3 gpl REPAIR

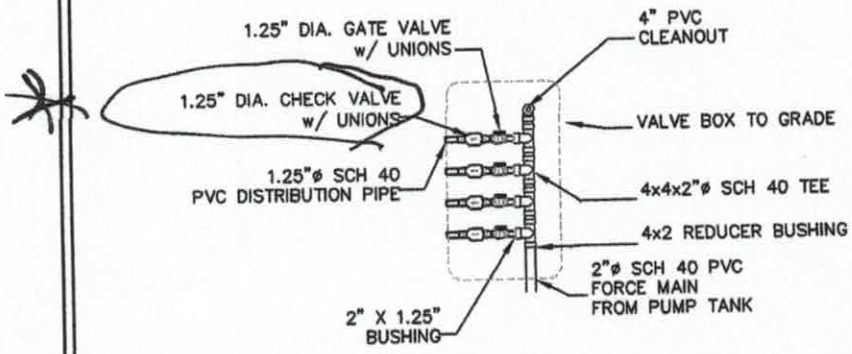
98' 25% REDUCTION TRENCH IN SETBACK DESIGNED AT CONV. LENGTH @ 0.3 LTAR =

88.2 gpl REPAIR

TOTAL REPAIR DESIGN FLOW =

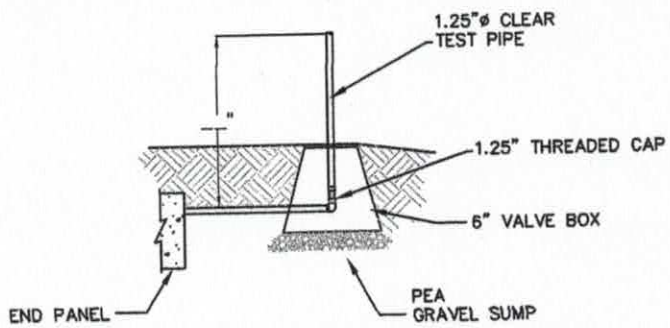
253.8
213.3
88.2

= 555.3 gpl > 480 REQUIRED



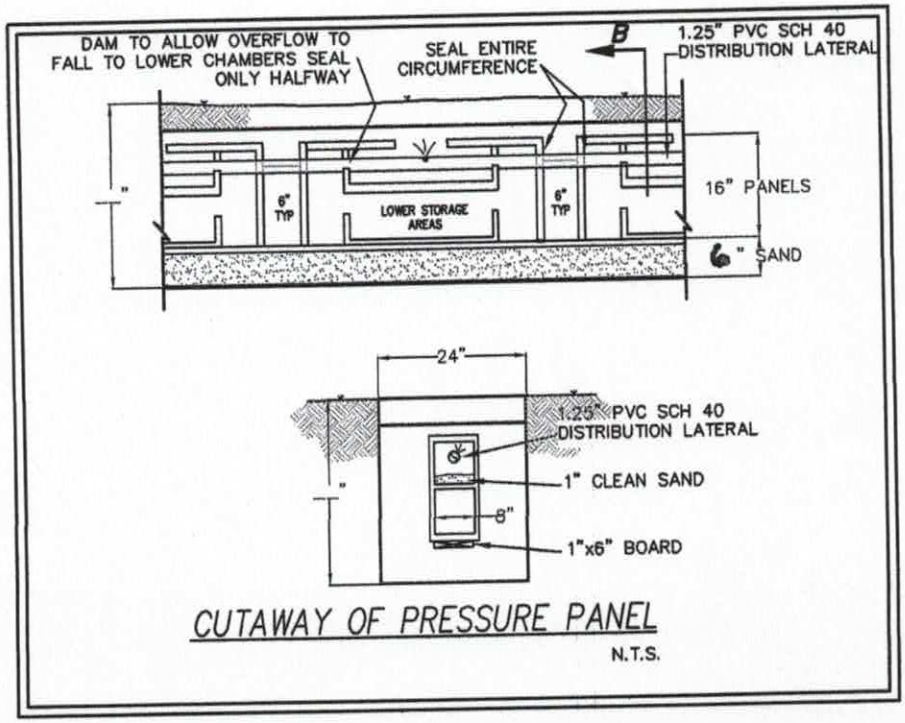
VALVE BOX DETAIL

N.T.S.



TURN UP DETAIL

N.T.S.



CUTAWAY OF PRESSURE PANEL

N.T.S.

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

PROPERTY ID #:
COUNTY:

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

OWNER: Brad Tinsley
APPLICATION DATE: 9-15
ADDRESS: 429 Big Indian
DATE EVALUATED: 7-15
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 480
PROPERTY SIZE: 1.63 8-15
PROPERTY RECORDED: 76
LOCATION OF SITE:

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~25	0-5	wsbk sl	fr ss/se	red br				PS .3
		5-36	mfsbk scl	fr s/p	red				
		36-48	msbk c/cl	fr vs/se	red	fr sbk/massive flinks			
						48"			
2	L ~5	0-5	wsbk sl	fr ss/se	red br				PS .3
		5-39	msbk c	fr s/p	red				
		39-48	msbk c/cl	fr ss/se		fr sbk/massive			
						48			
3	L ~10	0-15	wsbk sl	fr ss/se	red br	~ 4" fill			PS .3
		15-32	absk c	fri s/p	dk red				
		32-42	mfsbk c	fr s/p	red				
		42-48	msbk c/cl	fr ss/se	red	fr sbk - massive			
						48			
4	L ~10%	0-16	wsbk cl	fr vfr/se	red br				PS .3
		16-48	msbk c/cl	fr s/e	red br	fr blk structure			
						48			

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	TT	TT/LPP
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: REG
OTHER(S) PRESENT: most LPP REVIEWED by LHD

COMMENTS:

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

PROPERTY ID #: _____
COUNTY: _____

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

OWNER: Brad Tingley — APPLICATION DATE: _____
ADDRESS: 429 Big Indian — DATE EVALUATED: 8-15
PROPOSED FACILITY: _____ — PROPOSED DESIGN FLOW (.1949): 48 — PROPERTY SIZE: 1.03 AC
LOCATION OF SITE: _____ — PROPERTY RECORDED: 76

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 15	0-12	WSBK CL	f, SS/SP	10	f SAC			PS .3+
		12-24	WSBK CL	f, SS/SP	10YR 5/4	f SAC			
		24-46	WSBK CL-SCL	f, SS/SP	10YR 5/1	e SAP		(2)	
		46-48	MASS-WSBK & SAC	f, SS/SP (2)		(46)	PS		
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	SEE PG 2	
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____
EVALUATED BY: PGP
OTHER(S) PRESENT: must be reviewed by LCHD

COMMENTS: _____

RECEIVED JAN 20 2016

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit **/ Authorization To Construct** ___ Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
BRAD TINGLEY	P.O. BOX 4917 MOORESVILLE	704 902-5422	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
BRAD TINGLEY			

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
429 BIG INDIAN LOOP		CL+T LOT 31 SECTION 02

Driving Directions: HWY 150 – BLUEFIELD RD – 429 BIG INDIAN LOOP

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
(✓) Other BUILDING USABLE PORTION FOR A 2BEDROOM HOME.

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

( ) Crawl Space Foundation?
(X) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: _____ 1-20-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

RECEIVED SEP 2 8 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00 #213825

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 10-14-15

Application For:

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

Place an (X) beside whichever is submitted if applicable

- ( ) Survey Plat, scaled no more than 1 inch = 60 feet
- (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Brad Tinsley Address: 655 Big Indian 704-902-5422 Phone:

Owner Name: SAME Address: Mooresville Phone:

Property Information:

Street Address: 429 Big Indian

Subdivision Name: CL+T Section/Phase: 12 Lot Number: 31

Driving Directions: Bluefield, TR Big Indian

Go to Lake, TR, Lot 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

Maximum Number of Bedrooms: 4

Maximum Number of Occupants: 8

- (X) 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:

Maximum Number of Employee:

Maximum Number of Seats/Beds/Other:

Water Supply:

- (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: 2002

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T-I

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: _____ 9-22-15

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, BRAD TINFLOY, am the legal owner(s) of the property located at 429 BIG INDIAN, identified as PIN (Parcel Identification Number) 4648028542, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) PAUL PENNINGTON, 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]	SEPT 25/2015		
Signature of Owner(s)	Date	Signature of Witness	Date

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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

_____ Property Line measurements are clearly identified… **_____ All proposed structures are indicated…**

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

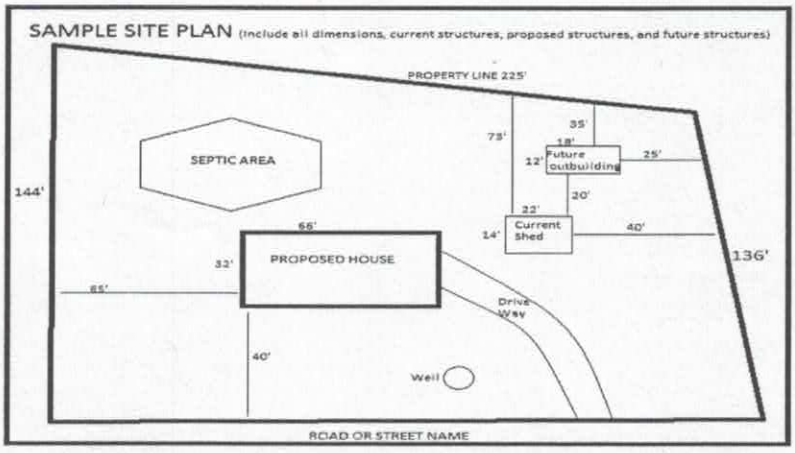
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

_____ Location of septic systems and wells within 100' of your property… N/A

_____ Location of easements and rights of ways on your property… N/A **_____ Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

SEE SEPTIC PERMIT

Signature: _____

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

1-20-17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

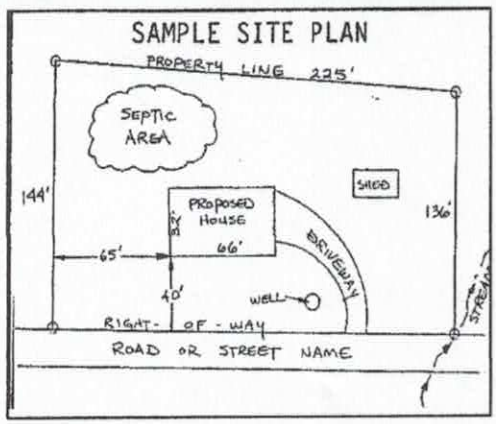
ENVIRONMENTAL HEALTH DIVISION

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

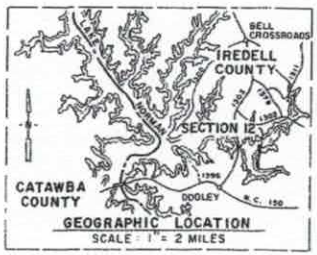
Signature: _____ 9-22-15

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

CONTOUR TO LOT 26

1	S84-18W	45.94
2	N45-05W	40.05
3	N11-18W	53.60
	LOT 26	
4	N36-14W	30.00
5	N14-26W	21.54
6	N51-10W	31.05
7	N55-15W	30.68
8	N24-55W	30.99
9	N36-14W	67.04
	LOT 27	
10	N21-47W	30.96
11	N28-00W	64.94
	LOT 28	
12	N36-12W	51.20
13	N22-39W	50.01
14	N16-27W	78.29
	LOT 29	
15	N85-12E	65.19
16	N17-38E	35.78
17	N30-56E	43.93
18	N52-08E	55.38
	LOT 29 TO LOT 31	
19	N46-06E	24.17
20	N19-54E	64.66
21	N55-41W	106.63
	LOT 31	
22	S65-01W	30.41
23	S80-48W	45.28
24	S63-10W	56.09
25	N56-37W	14.60
26	N34-24W	31.91
27	N22-25E	26.40
28	N06-05W	59.14
29	N05-43E	72.57
30		

682.000



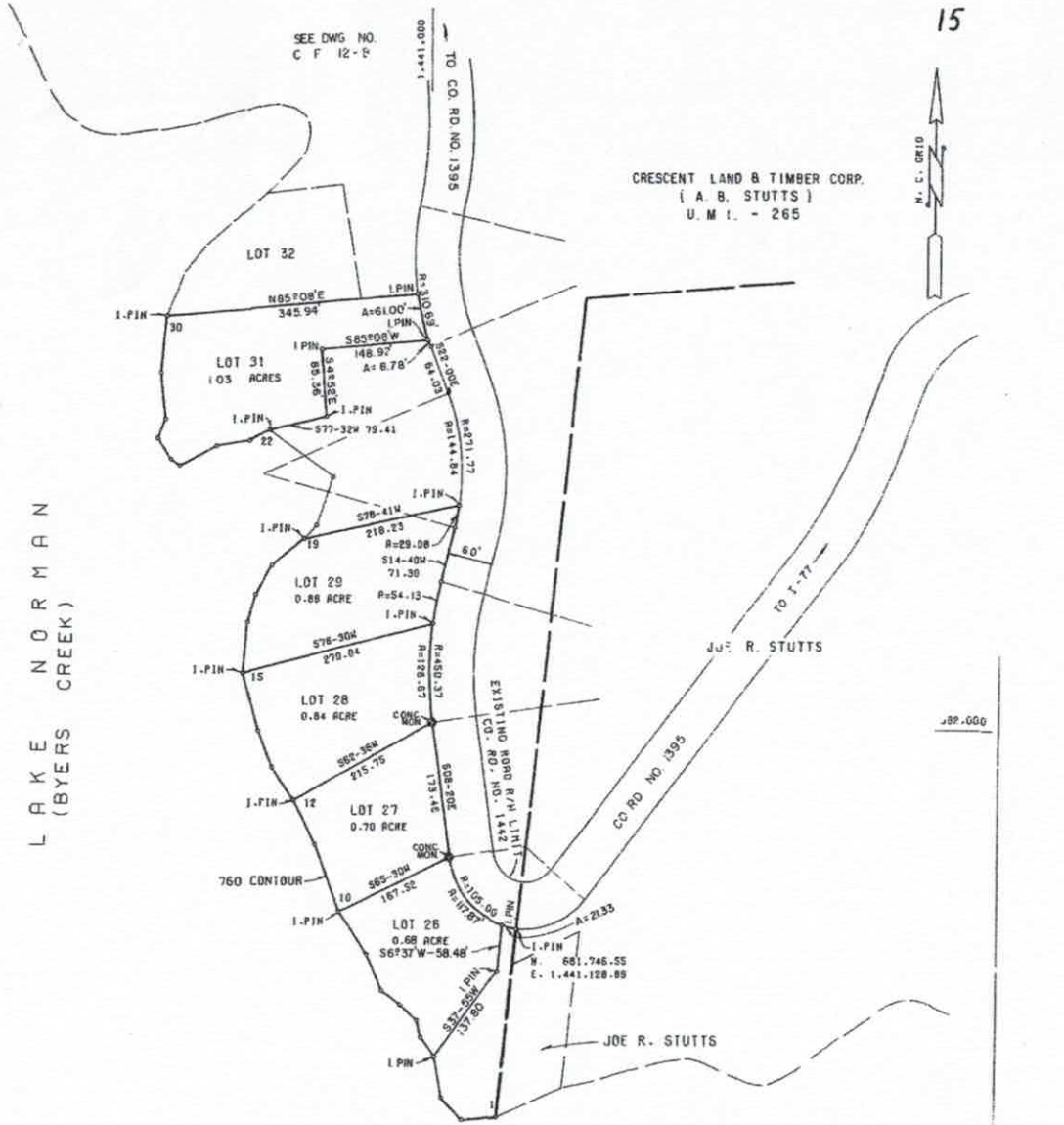
NOTES . . .

DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 481 PAGE 91, DATED MAY 1, 1969

BUILDING SETBACK LINES ARE 25 FEET FROM ROAD RIGHT OF WAY, 50 FEET FROM CONTOUR ELEVATION 760, U.S.G.S. SEA LEVEL DATUM AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET. PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

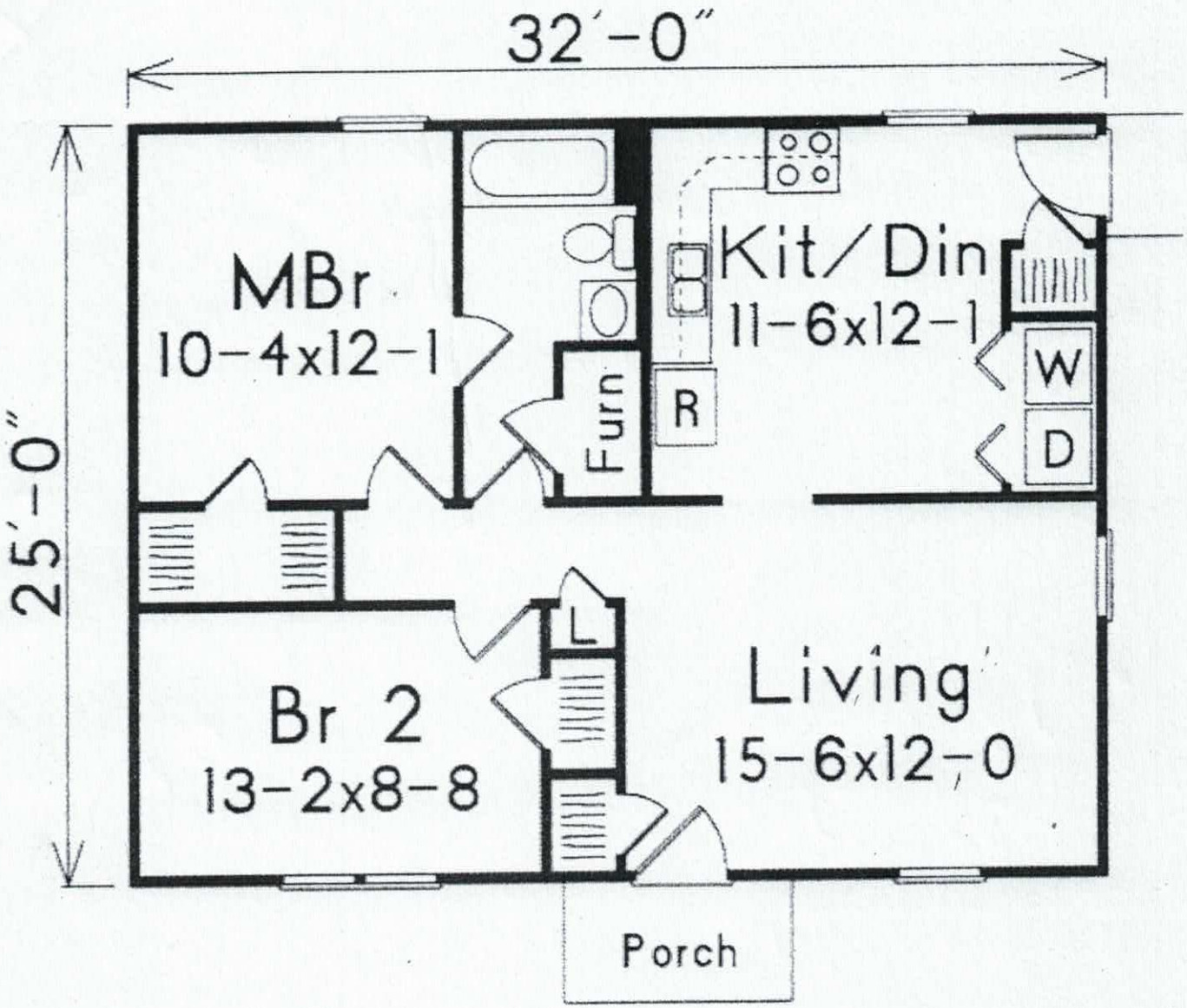
PROPERTY LINES SHOWN WHICH FORM THE EDGE OF LAKE NORMAN FOLLOWS CONTOUR ELEVATION 760. (U.S.G.S. SEA LEVEL DATUM)



CRESCENT LAND & TIMBER CORP.
LAKE NORMAN
MAP OF
RECREATION LOTS
SECTION 12
LOTS 26 - 31
DAVIDSON TOWNSHIP
IREDELL COUNTY, N. C.

0 100 200 300 400
SCALE 1" = 100'
MISC. BOOK NO. 391, 392 & 430

OCTOBER 3, 1975
DWG. NO. C.F. 12-A



800 FT 2

Acknowledgement of
Plans Submittal ONLY!

Date 1-20-17

Date 1-30-2017

CLT 512 lot 31

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2609

WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC.
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE NC 28625
City or Town State Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 213825

DWQ or OTHER PERMIT # (if applicable) _____

WELL USE (Check applicable use): ☐ **Monitoring** ☑ **Residential**

☐ **Municipal/Public** ☐ **Industrial/Commercial** ☐ **Agricultural**

☐ **Recovery** ☐ **Injection** ☐ **Irrigation**

☐ Other (list use) _____

3. WELL LOCATION:

COUNTY IREDELL QUADRANGLE NAME _____

NEAREST TOWN: MOORESVILLE

429 BIG INDIAN LOOP
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other _____
(Check appropriate setting)

LATITUDE 35° 36. 396
LONGITUDE 80° 52. 528

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: ☐ **GPS** ☐ **Topographic map**

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable) _____

NAME OF FACILITY _____

STREET ADDRESS _____

_____
City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME BRAD TINGLEY

STREET ADDRESS 655 BIG INDIAN LOOP

MOORESVILLE, NC 28117

5. WELL DETAILS:

a. Total Depth: 42 ft. Diameter: 2 in.

b. Water Level (Below Measuring Point): _____ ft.

Measuring point is _____ ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): N/A ft. _____ in.

b. Casing Removed: N/A ft. _____ in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement --- lb.
Water --- gal.

Sand Cement

Cement --- lb.
Water --- gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water _____ gal.

Other

Type material BENTONITE CHIPS

Amount 60 LBS

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

POURED

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 10/29/15

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Neill Pardue 10/29/15
SIGNATURE OF CERTIFIED WELL CONTRACTOR **DATE**

_____
SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL **DATE**
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

NEILL PARDUE
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

IREDELL COUNTY

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

APPLICATION NUMBER
213825
Issue Date: 09/25/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4648028542.000	429 BIG INDIAN LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: TINGLEY MARK BRADFORD+SANDY L	Applicant: TINGLEY MARK BRADFORD+
Address: 655 BIG INDIAN LOOP MOORESVILLE, NC 28117	Address: 655 BIG INDIAN LOOP MOORESVILLE, NC 28117
Phone:	Phone:

Use Requested	Zone Code
NEW SFD REPLACING OLD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.030	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

50 FT SETBACK FROM 760 OR 35 FT FROM PROPERTY LINE WHICHEVER IS FURTHEST FROM LAKE. 35 FT FRONT SETBACK AFTER PROPERTY BOCOMES 100 FT WIDE.

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

Applicant: _____ Date: 9-25-15

Permit Number	50133	TOTAL FEES:	$ 77.25

STATE OF NORTH CAROLINA

COUNTY OF Iredell

INSPECTION AND MAINTENANCE

THIS AGREEMENT is made and entered into this 9th day of August 2017 by and between Mark Brad Tingley (hereinafter the "Owner") and Richard Abernathy Grading + Septic Inc (hereinafter the "Contractor").

WITNESSETH

WHEREAS, the Owner owns or controls the property upon which a ground absorption sewage treatment system (hereinafter "system") is installed, such system being designated a Type IV system under the Rules for Sanitary Sewage Collection, Treatment and Disposal found at 15A N.C. Admin. Code 18A.1900 et seq.; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires a contract to be executed between the system owner and a management entity prior to the issuance of an Operation Permit for said system; and

WHEREAS, 15A N.C. Admin. Code 18A.1961 requires that a condition of the Operation Permit for said system be that a properly executed contract between the system owner and a management entity shall be in effect for as long as the system is in use; and

WHEREAS, the Contractor is a management entity of a type authorized by 15A N.C. Admin. Code 18A.1961 to manage a Type IV system.

NOW THEREFORE, in consideration of the premises and of the mutual covenants and promises contained in this Agreement, it is hereby agreed by and between the Owner and the Contractor as stipulated below.

1. The Contractor's Obligations. The Contractor shall perform the following services on the Owner's system located at 429 Big Indian Loop Moore Sville, N.C. 28117

a. The Contractor shall inspect the system at least at the frequency required in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

b. The Contractor shall perform the following routine maintenance procedures in accordance with the conditions of the Operation Permit:

(1) [from operation permit]
(2)
(3)

c. The Contractor shall report the results of its inspections to the local health department at the frequency specified in Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

system upon thirty (30) days written notice to the Owner and to the local health department.

5. Use of Subcontractors. The Contractor may subcontract with such manufacturers, suppliers and contractors as it deems desirable to perform any of the Contractor's duties under this Agreement. The Contractor shall at all times remain responsible for the performance of and payment for all work performed by all subcontractors.

6. Representations. The Parties represent to each other that each has the power, authority and legal right to enter into and perform its obligations as set forth in this Agreement.

7. Regulatory Amendments. References in this Agreement to sections of the Administrative Code shall include such rules as they may be amended in the future.

8. No Implied Waiver. The waiver by either Party of a default or a breach by the other Party of any provision of this Agreement shall not operate or be construed to operate as a waiver of any subsequent default or breach. The failure at any time of either Party to enforce any provision of this Agreement (a) shall not be construed to be a waiver of such provisions, or of any other provision; and (b) shall not in any way affect the validity of this Agreement, or any part of this Agreement, or the right of either Party thereafter to enforce each and every provision of this Agreement.

9. Notice. Every notice required under this Agreement shall be in writing and shall be deemed sufficiently given if delivered in person or sent by certified or registered mail, return receipt requested, postage prepaid to the Party to be notified and addressed as follows:

To the Owner: Mark Tinsley
1429 Big Indian Loop

To the Contractor:
Richard Abernathy Grading & Septic Inc
1491 Mt. Ulla Hwy, Mt. Ulla, NC 28125

To the Local Health Department:
Iredell County Health Dept

The date of any Notice shall be the date of personal delivery or the date shown on the return receipt as the date of delivery or attempted delivery, as the case may be. Changes in the respective addresses to which notice may be directed may be made from time to time by either Party by notice to the other party.

10. Place of Agreement. This Agreement and any questions concerning its validity, construction or performance shall be governed by the laws of the State

d. If an inspection indicates the need for system repairs, the Contractor shall notify the local health department within 48 hours of the inspection.

e. The Contractor shall notify the Owner of needed repairs which are outside of the scope of routine maintenance described in subparagraph (b) above. The Contractor shall perform necessary repairs to the system at the request of the Owner and shall be entitled to payment therefor at the Contractor's normal charge for services and materials.

f. The Contractor shall employ or shall contract with a certified operator(s) if required by Table V(b) of 15A N.C. Admin. Code 18A.1961(b) for a Type IV System.

g. The Contractor shall respond to a request for a nonscheduled service or maintenance call within 48 hours after receipt of such request.

2. The Owner's Obligations.

a. The Owner shall pay to the Contractor the sum of $400.00 per year for periodic inspections, routine maintenance procedures and periodic reports. The annual fee may be amended upon sixty (60) days advance notice to the Owner but may not be increased more than ____ percent per year. The Owner shall pay to the Contractor his normal and customary fees for any work performed on the system as a result of nonscheduled service or maintenance calls. All fees are due and payable within thirty (30) days of billing. Payments due to the Contractor and unpaid by the Owner after thirty (30) days shall accrue interest from the due date until paid at a rate of 1.5 percent per month.

b. Within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above, the Owner shall request the Contractor to complete needed repairs or shall provide to the Contractor evidence that the needed repairs were satisfactorily completed by another entity.

c. The Owner shall provide the Contractor with such access to the system as is reasonably necessary for the Contractor to comply with the terms of this Agreement.

3. Term. This Agreement shall remain in effect until terminated.

a. Automatic Termination.
This agreement shall automatically terminate if the Operation Permit for the system is revoked and all appeals of the revocation are exhausted or time for taking an appeal has passed.

b. Termination by Mutual Consent.
The Parties may mutually agree to terminate this Agreement by giving written notice of termination by mutual consent to the local health department thirty (30) days in advance of the date of termination.

c. Termination by the Owner.
The Owner may terminate this Agreement by giving notice to the Contractor and to the local health department thirty (30) days in advance of the date of termination.

d. Termination by the Contractor.

(1) The Contractor may terminate this Agreement for cause by giving written notice of intent to terminate this Agreement to the Owner and to the local health department thirty (30) days in advance of the date of termination. Cause shall be defined as:

(a) failure to remit payment for any bill for services performed under and in accordance with this Agreement if said bill is not paid within thirty (30) days of receipt by the Owner of the bill. If said bill is paid after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect; or

(b) failure of the Owner to provide to the Contractor authorization to complete needed repairs or satisfactory evidence that needed repairs to the system were completed by another entity within 30 days of receipt of notice of needed repairs pursuant to paragraph 1.e. above. If said authorization to complete needed repairs or evidence of completion of said repairs is provided after notice of termination is given but prior to the date of termination of this Agreement, this Agreement shall continue in effect;

(c) failure of the Owner to allow the Contractor such access to the system as is reasonably necessary in order for the Contractor to comply with the terms of this Agreement.

(2) The Contractor may not terminate this Agreement without cause, but may assign its rights and duties under this Agreement as provided in paragraph 4, below.

4. Assignment.

a. Assignment by the Owner. The Owner shall notify the Contractor of the name and address of any purchaser of the property on which the system is located. The Owner shall also notify any purchaser of the property on which the system is located of the existence of this Agreement and shall assign all rights and duties under this Agreement to said purchaser.

b. Assignment by the Contractor. The Contractor may assign its rights and duties under this Agreement to another management entity which is qualified pursuant to 15A N.C. Admin. Code 18A.1961 to manage a Type

of North Carolina, notwithstanding the place of execution, or the order in which the signatures of the Parties are affixed.

11. Entire Agreement and Amendment. This Agreement supersedes all prior negotiations, agreements and understandings between the Parties with respect to the subject matter hereof and constitutes the entire Agreement between the Parties with respect to the subject matter hereof. To be effective, any amendment or modification to this Agreement must be in writing and must be signed by the Parties.

12. Severability. In the event that any provision of this Agreement shall, for any reason, be determined to be invalid, illegal or unenforceable in any respect, the Parties shall negotiate in good faith and agree to such amendments, modifications or supplements of or to this Agreement or such other appropriate actions as shall, to the maximum extent practicable in light of such determination, implement and give effect to the intentions of the Parties as reflected in this Agreement, and the other provisions of this Agreement shall, as so amended, modified, supplemented or otherwise affected by such action, remain in full force and effect.

IN TESTIMONY WHEREOF, the Parties hereto have executed this Agreement in duplicate originals, one of which is retained by each of the Parties, the day and year first above written.

(Owner)

Attest:

_____

Bart Abernathy (SEAL)
(Contractor)

Attest:

_____

(hr:mecontract.gm)