SP AP

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 **PERMIT #** 305953

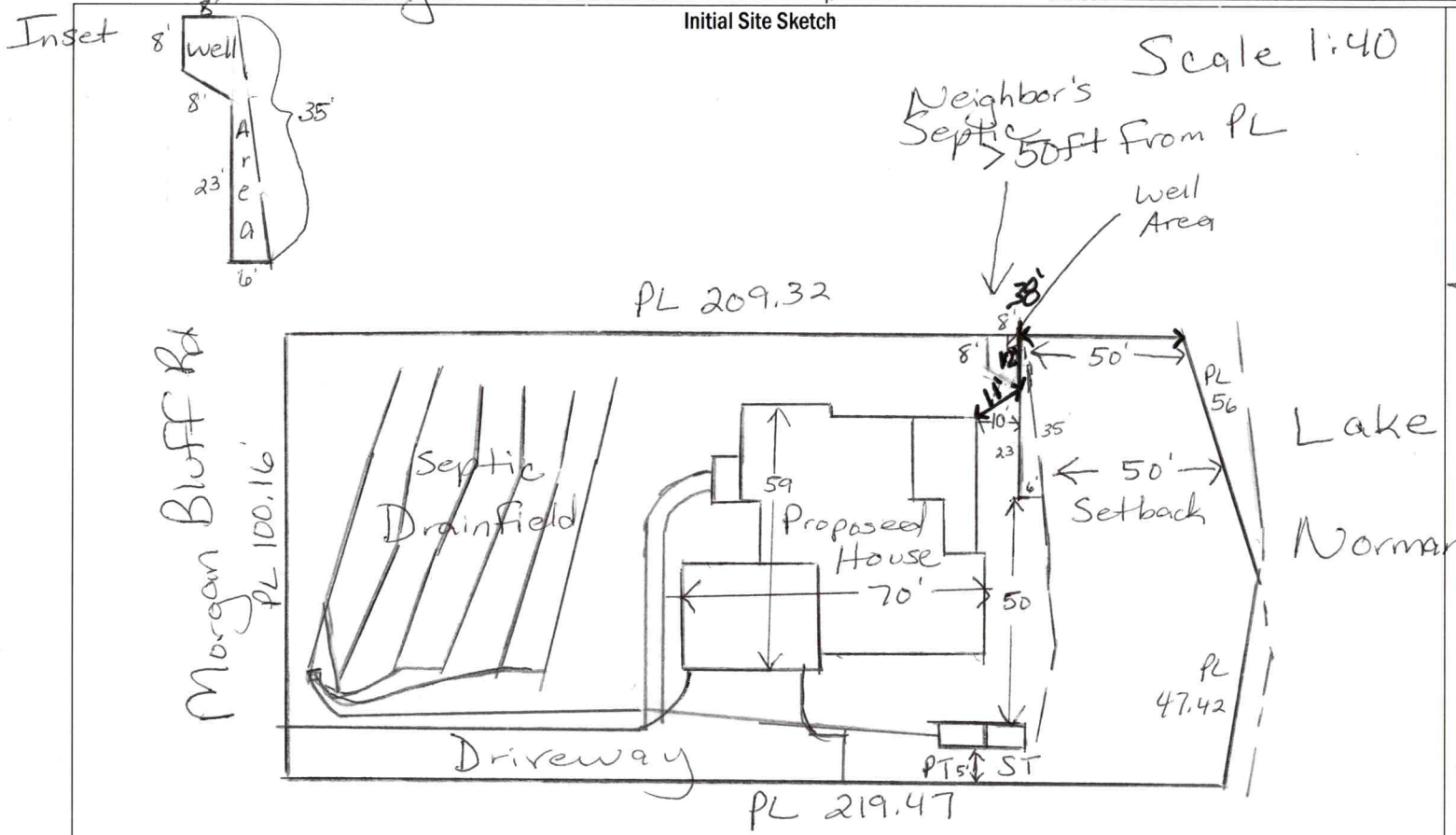
PRIVATE DRINKING WATER WELL PERMIT **PIN #** 4648064884 **Type of Permit (circle one):** **New** **Repair** **Abandonment**

APPLICANT/OWNER NAME: Justin Smith **ADDRESS:** 438 Williamson Rd Ste C Mooresville **PHONE:** 704360-2251

DIRECTIONS TO SITE: US 21 N TL Conelius Rd TL Morgan Bluff Rd on right

SITE ADDRESS: 144 Morgan Bluff Mooresville NC **SUBDIVISION:** Pirates Cove **SECTION/LOT:** 29

Initial Site Sketch



GROUTING RESULTS

Total Depth still drilling

Depth of Casing 62'

Yield still drilling

Notes:

★ Follow attached well variance

pump grout 62'

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Must keep well a minimum of 10ft from deck (per well variance).

★Must grout entire length of casing from land surface to bedrock.

WELL PERMIT ISSUED BY: Marie Dotson **DATE:** 4/28/2020 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Bowan Drilling **CONTRACTOR CERT #:** 4449A **GROUT INSPECTION BY:** Patrick Bigelow **DATE:** 5/5/2020

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ **DATE:** _____ **WELL HEAD INSPECTION BY:** D. Weberg **DATE:** 10/2/2020

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☒ WELL CONTRACTOR ID PLATE ☒ PUMP INSTALLER ID PLATE ☒ SAMPLE PORT ☒

ACCESS PORT / VENT ☒ WELL SEAL ☒ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☒

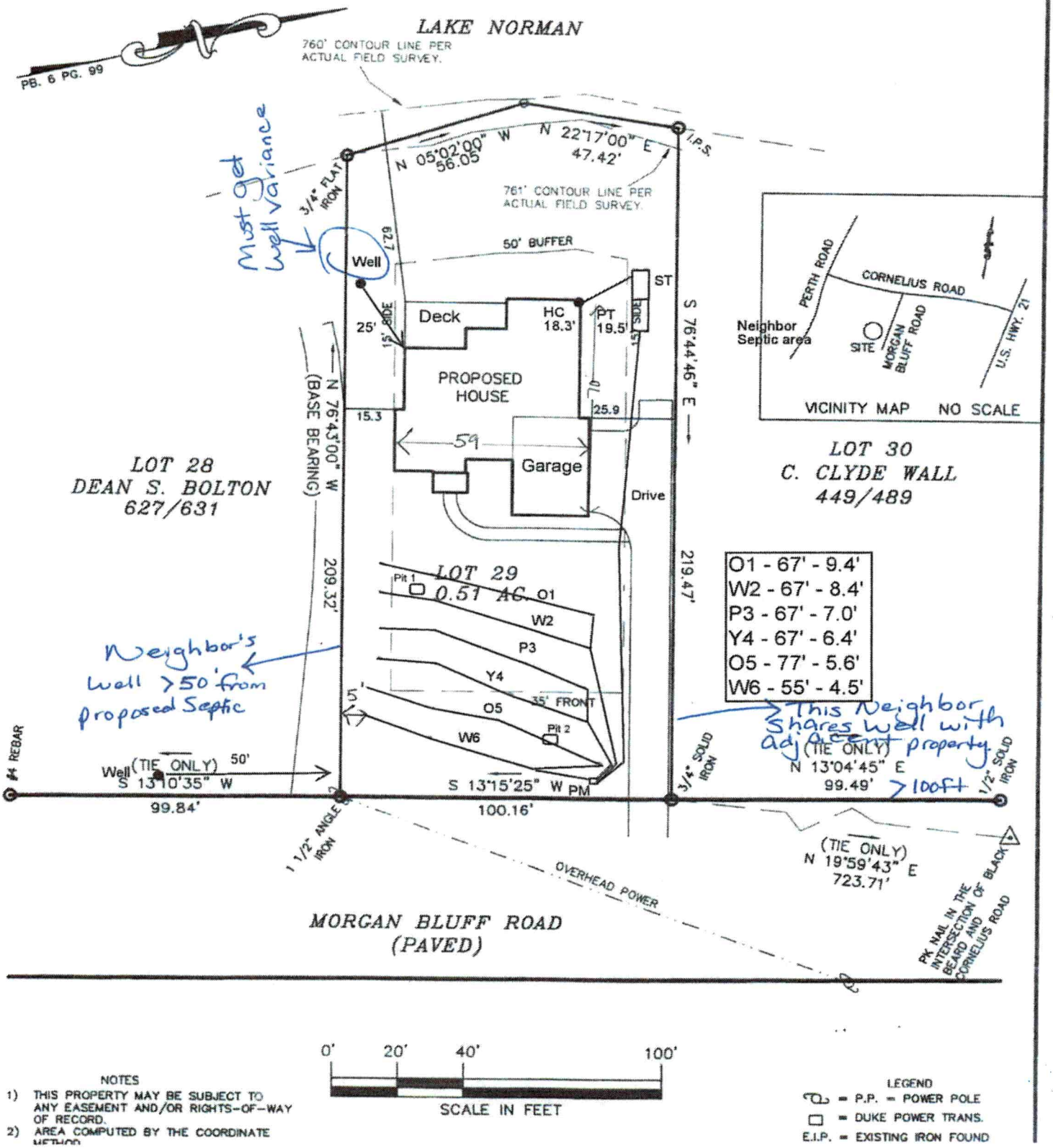
CERTIFICATE OF COMPLETION BY: D. Weberg **DATE:** 10/2/2020 **WATER SAMPLES BY:** _____ **DATE:** _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ **CALL 704-664-3703 to schedule grout or well head inspections between 8-9am**

plat book 6, page 99, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 24, day of JANUARY, A.D. 20 20.

REVISED DATE: 2\26\2020 (RIGHT HAND GARAGE)
REVISED DATE: 3/20/20 (MOVED HOUSE FORWARD 5')

WILLIAM M. ALLEN, PLS



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD

LEGEND

P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND

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
April 27, 2020

Justin and Kristie Smith
144 Morgan Bluff Rd
Mooresville, NC 28117

Re: Approval No. JMB1978

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

Property location:
144 Morgan Bluff Rd
Mooresville, NC 28117

Dear Mr. and Mrs. Smith:

On April 27, 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 a variance concerns a proposed water supply well on the referenced property that will serve a single family dwelling and part of a structure on the property will be within twenty five feet of the well. The home is on a lot with very difficult topography.

Specifically, the variance request grants you permission to construct a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty five foot setback would be difficult given the challenges of the property.

Based upon information provided by Iredell County Health Department, and the property owner, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

North Carolina Department of Environmental Quality (DEQ) – Division of Water Resources (DWR)

VARIANCE APPLICATION FOR 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: 4/24/20, 20___ **PERMIT NO.:** _____ (to be completed by DWR/DPH)

A. WELL OWNER(S) – For single family residences, list all persons appearing on property deed. For all others, list name of the business/government agency and person and title with delegated signature authority:

Justin and Kristie Smith

Mailing Address: 144 Morgan Bluff Rd
City: Mooresville State: NC Zip Code: 28117 County: Iredell
Day Tele No.: (704) 650-5809 Cell No.:
EMAIL Address: justin@foundationhomesinc.com Fax No.:

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4648064884
County: Iredell

(2) Physical Address (if different than mailing address): 144 Morgan Bluff Rd
City: Mooresville County: Zip Code: 28117

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: B&K Drilling company
NC Well Drilling Contractor Certification No.:
Company Name: B&K well drilling Contact Person:
City: Mooresville State: NC Zip Code: 28117 County: Iredell
Day Tele No.: (704) 201-3220 Cell No.:
EMAIL Address: bkwelldrilling@yahoo.com 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.

Private Drinking water well; rule: the well must be 25ft away from any structure, based on the septic layout (see attached) and the neighbor's septic/well location, this is the only spot that the well can be placed on this lot.

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. **SIGNATURE(S)**

Signature(s) of Well/Property Owner(s)

Justin Smith Kristie Smith
Print or Type Well/Property Owner(s)

Signature of Person Responsible for Well Construction
(Typically the well driller)

Print or Type Name of Person Responsible for Well Construction
(Typically the well driller)

Maria Dotson
Signature of County Environmental Health Specialist

Maria Dotson Environmental Health Specialist
Print or Type Full Name and Title of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Resources 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.

This form can be used for single or multiple wells

1. Well Contractor Information:
Todd Adams
Well Contractor Name

2522
NC Well Contractor Certification Number

Rowan Well Drilling
Company Name

2. Well Construction Permit #: 305953
List all applicable well permits (i.e. County, State, Variance, Injection, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐Agricultural
- ☐Municipal/Public
- ☐Geothermal (Heating/Cooling Supply)
- ☑Residential Water Supply (single)
- ☐Industrial/Commercial
- ☐Residential Water Supply (shared)
- ☐Irrigation

Non-Water Supply Well:
- ☐Monitoring
- ☐Recovery

Injection Well:
- ☐Aquifer Recharge
- ☐Groundwater Remediation
- ☐Aquifer Storage and Recovery
- ☐Salinity Barrier
- ☐Aquifer Test
- ☐Stormwater Drainage
- ☐Experimental Technology
- ☐Subsidence Control
- ☐Geothermal (Closed Loop)
- ☐Tracer
- ☐Geothermal (Heating/Cooling Return)
- ☐Other (explain under #21 Remarks)

4. Date Well(s) Completed: 5/5/2020 **Well ID#** 305953

5a. Well Location:
Justin Smith
Facility/Owner Name

lot 29 Pirates Cove
Facility ID# (if applicable)

144 Morgan Bluff Rd
Physical Address, City, and Zip

Iredell
County

Parcel Identification No. (PIN)

5b. Latitude and Longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35 37 21.324 N 80 52 58.008 W

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

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

8. Number of wells constructed: 1
*For multiple injection or non-water supply wells **ONLY** with the **same construction**, you can submit one form.*

9. Total well depth below land surface: 145 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

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

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 50 **Method of test:** Airlift

13b. Disinfection type: Chlorine **Amount:** 14 OZ

14. WATER ZONES

FROM	TO	DESCRIPTION
65 ft.	140 ft.	50 GPM
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	62 ft.	6 1/4 in.	SDR21	PVC

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

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

17. SCREEN

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

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	HOLEPLUG	PUMP
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

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

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	55 ft.	CLAY
55 ft.	145 ft.	GRANITE
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS
VERY SOFT LAYERED ROCK

22. Certification:
Signature of Certified Well Contractor — Date: 5/5/2020

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

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

SUBMITTAL INSTUCTIONS

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

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

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

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

24c. For Water Supply & Injection Wells:
Also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

RECEIVED APR 2 1 2020

AP- 305953
$ 550.00

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: Foundation Homes Address: 439 Williamson Rd ste C Zip: 28117
Applicant Email: nicolette@foundationhomesnc.com Phone: (704) 360-2251 Alt. Phone: _____
Owner Name: Justin Smith Address: 144 Morgan Bluff Rd Zip: 28117
Owner Email: justin@foundationhomesnc.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 144 Morgan Bluff Rd Mooresville, NC 28117
Subdivision Name: N/A Section/Phase: _____ Lot Number: 29
Driving Directions: take Perth Rd to Cornelius to Morgan Bluff Rd

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

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

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

Signature: _____ 4-21-20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

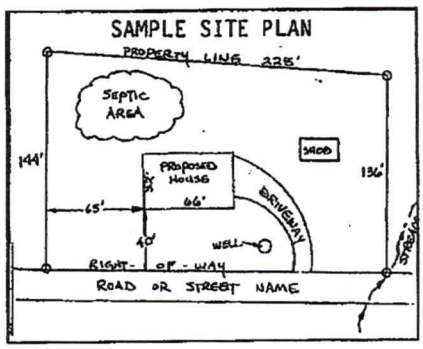
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- (X) Preferred well location
- (X) Preferred septic system location
- (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

Signature: _____

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

4-21-20

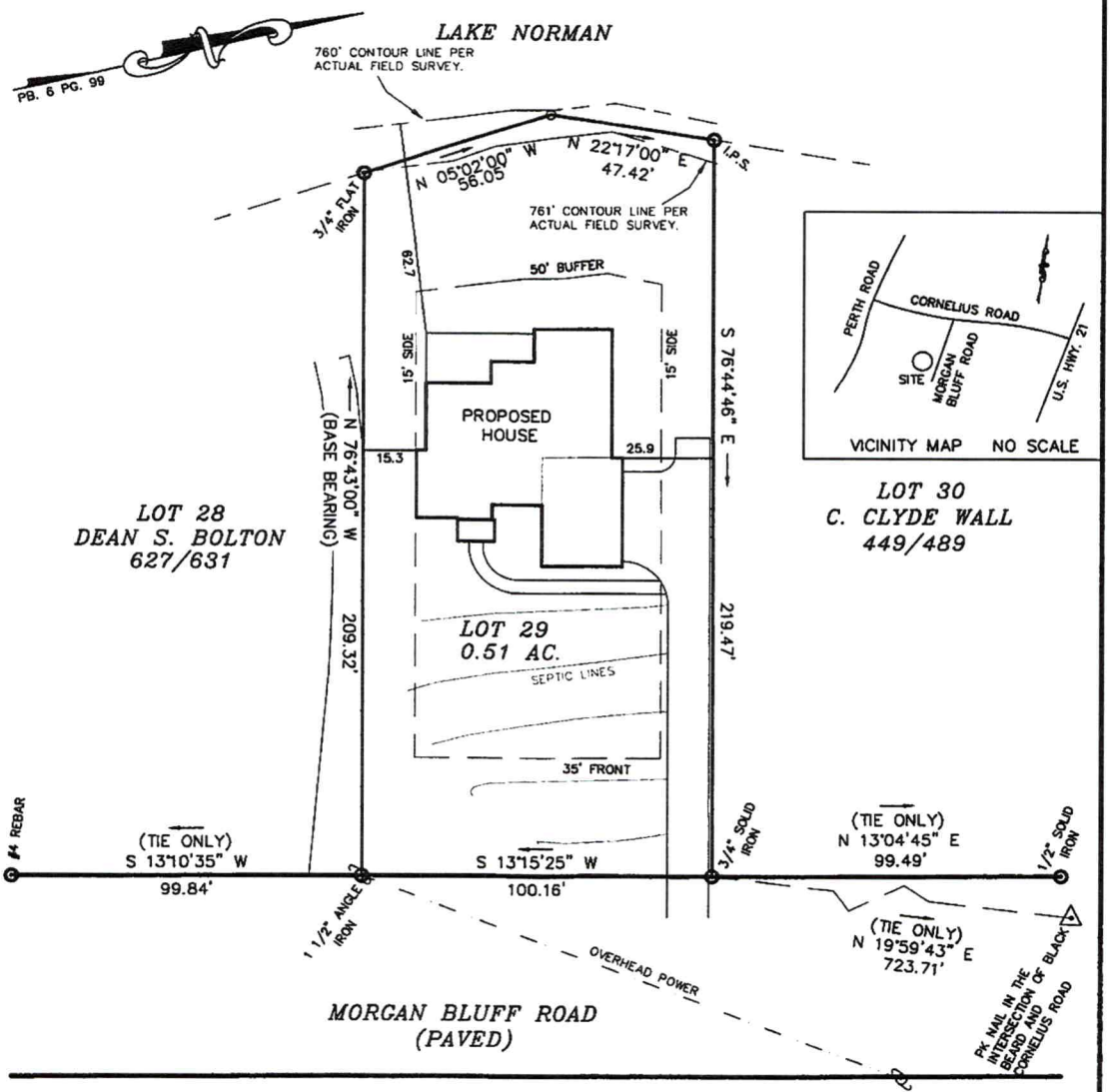
DATE

DAS DON ALLEN & ASSOCIATES, P. A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1262, page 986, and/or plat book 6, page 99, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 24, day of JANUARY, A.D. 20 20.

REVISED DATE: 2\26\2020 (RIGHT HAND GARAGE)
REVISED DATE: 3/20/20 (MOVED HOUSE FORWARD 5')

WILLIAM M. ALLEN, PLS



0' 20' 40' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 5/8/2001) ELEVATION: 758.3'

LEGEND
P.P. = POWER POLE
= DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL

PLOT PLAN SURVEY

OF

LOT 29 PIRATES COVE

SCALE 1" = 80'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: FOUNDATION HOMES

FIELD BOOK:
FILE: PIRATES COVE 29
DC FILE:
TAX MAP NO: 4648064884

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.

_____ 4-24-20

Signature of Owner(s) Date

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

JJ **Complete all Environmental Health forms:**
- Application
- Site Plan with dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

JJ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

JJ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

JJ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

JJ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.
- **All utilities shall be marked before pits are dug. Call NC 811 for this service.**
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 4-21-20

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625

ICHD–ENVIRONMENTAL HEALTH DIVISION IV Statesville Office (704) 878-5305 / Mooresville Office (704) 660-3625 PERMIT # 305455

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4648064884

APPLICANT/OWNER: Justin Smith APPLICANT ADDRESS: 438 Williamson Rd. Suite C, Mooresville, NC 28117

SITE ADDRESS: 144 Morgan Bluff Rd Mooresville, NC 28117 PHONE: 704.360.2251 ALT. PHONE

SITE DIRECTIONS: US 21 North TL Cornelius Rd TL Morgan Bluff Rd on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pirates Cove SECTION: J LOT # 29 LOT AREA: .54 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date
Pump Tank 1000 (gal) PT Date
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 * Linear Ft 400
Trench Width 36" Trench Bottom Depth(Low side) 30" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI
System Description: Pump - PM - 25% Reduction
Repair System Description: Exempt lot deeded 1961
Maintenance Agreement Required: ☐ YES ☒ NO
☐ GRAVITY ☒ PRESSURE

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

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: * 1 tap will feed 2 lines, use 1/2 Sch 40 taps
* Must have 50ft setback marked @ time of Septic Installation.

* Must get Well Variance for well if it's less than 25ft from deck post.

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc (dated 4/10/2020)

AS BUILT SKETCH

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

Permit can be suspended or revoked if any false information is supplied toward ... 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 PERMIT *with site plan valid for 60 mos.* ☐ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

NOT A VALID SEPTIC PERMIT
Signed "Acknowledgement of Acceptance of Permit" Required

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 4/20/2020 OPERATION PERMIT by: Date:

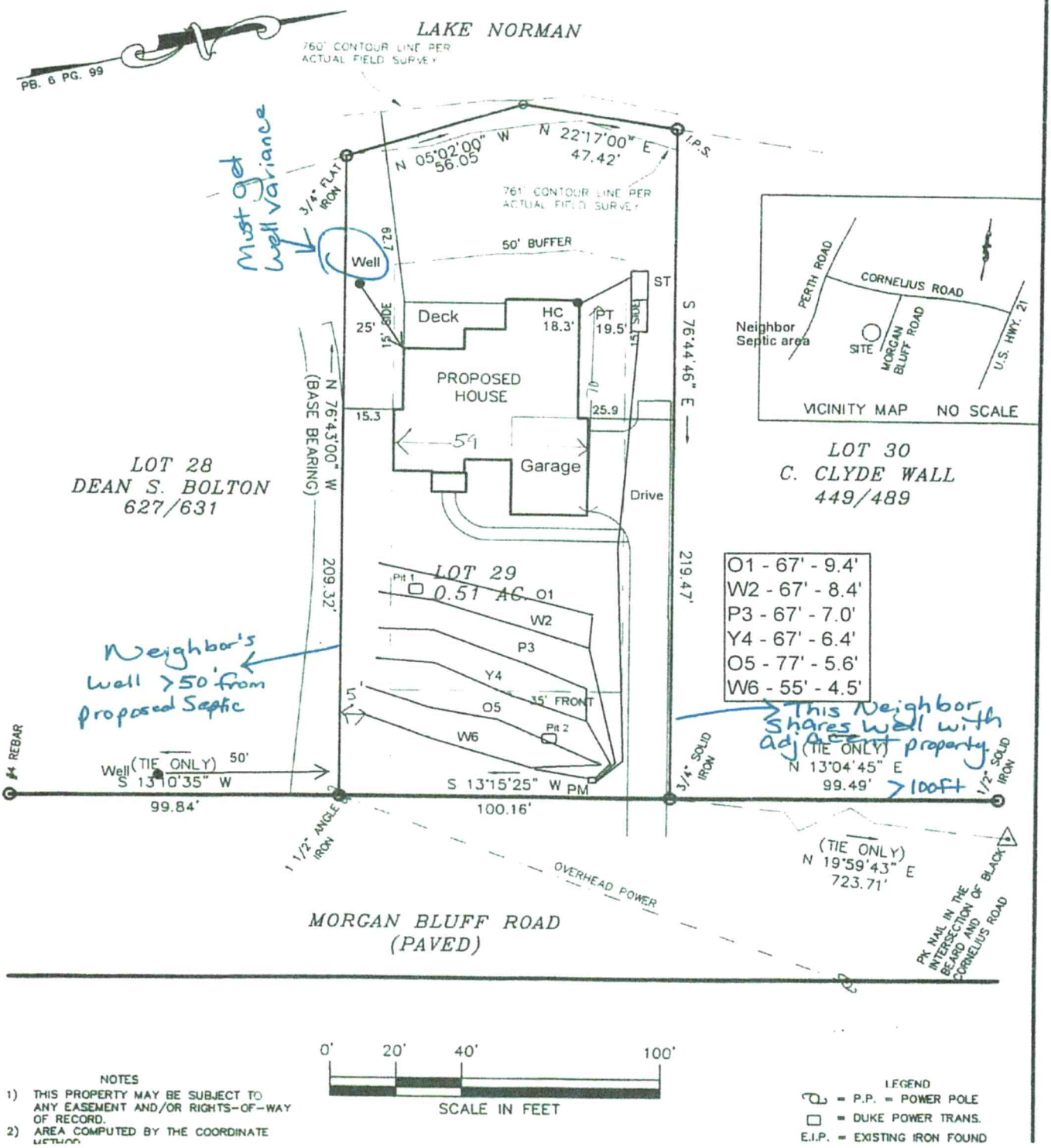
AUTHORIZATION TO CONSTRU Date: 4/21/2020 Existing System Inspected by: Date:

FOR SEP ... between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

plat book 6, page 99, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 24, day of JANUARY, A.D. 20 20.

REVISED DATE: 2\26\2020 (RIGHT HAND GARAGE)
REVISED DATE: 3/20/20 (MOVED HOUSE FORWARD 5')

WILLIAM M. ALLEN, PLS



NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD

LEGEND

P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND