ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP316192

APPLICANT/OWNER: Michael Benefield

APPLICANT ADDRESS: 939 Brawley school Rd Mooresville NC 28117

SITE ADDRESS: 140 Rockwell Lp Mooresville NC 28115

PHONE: 704-360-0376 ALT. PHONE

SITE DIRECTIONS: NC115 S to L on Presbyterian Rd, R on Rockwell Lp Lot on L

PIN # 4654 -- 37 -- 3621

SUBDIVISION: Maidaree Cornelius

SECTION: — LOT # 68-70 LOT AREA: 1acre

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 240GPD L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Plastic	Date	Infiltrator	☐ New System ☒ Repair ☐ Expansion	System Type: I II III IV V VI
Pump Tank	— (gal)	PT	—	Date	—	System Description:	Gravity 25% Reduction + Existing
Pump Make	—	Model	—	Serial #	—	Repair System Description:	Repair exempt
# Nitrification Fields	1	# Lines	2	Linear Ft	88'	Maintenance Agreement Required:	☐ YES ☒ NO
Trench Width	36"	Trench Bottom Depth(Low side)	34"	Gravel Depth	Existing	☒ GRAVITY	☐ PRESSURE

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

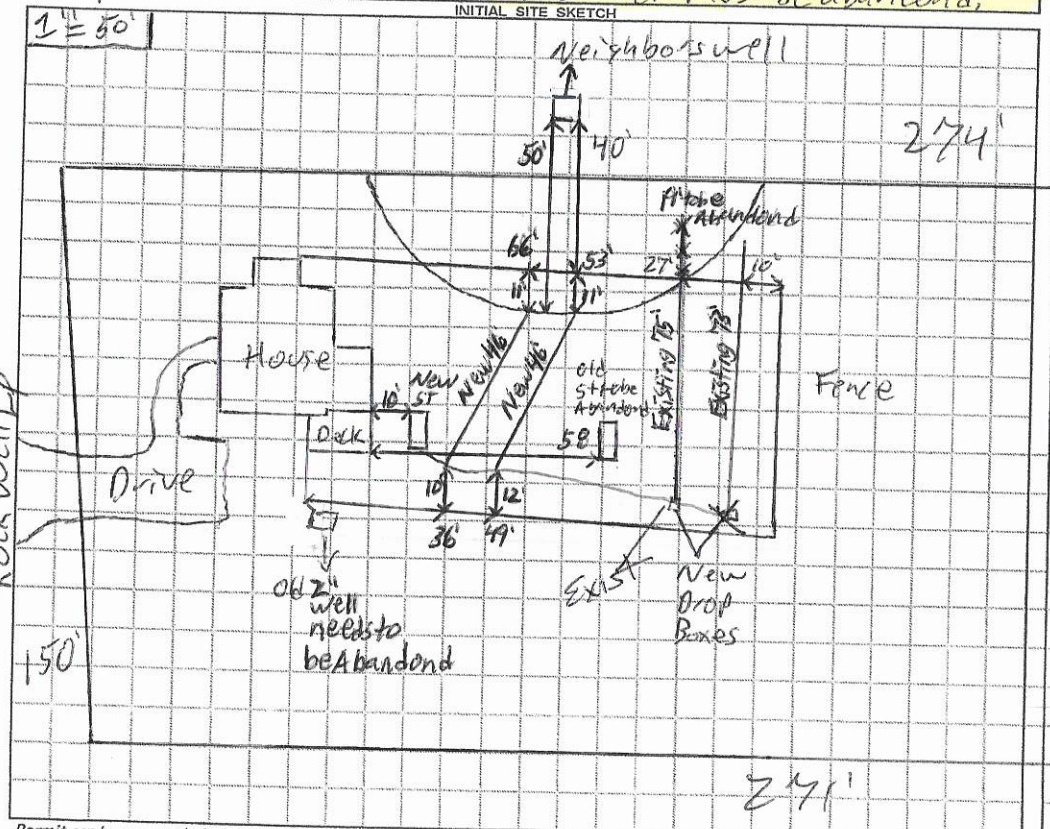
No. Bedrooms 2 | No. Persons 4 | No. Employees — | ☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: The purpouse of this permit is to add 2 more lines to Existing system and to put in a new tank, the old tank must be pumped crushed and filled. Old 2" well must be abandond, 19' of top existing line must be properly abandoned and relocated to be 50' off neighbors well. During inspection Tank was broken but no sign of failing in drainfield.

INITIAL SITE SKETCH



AS BUILT SKETCH

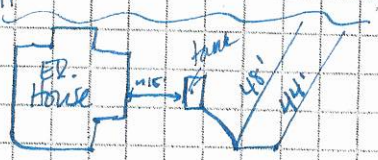
FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

4/16/21 drainline abandoned/damned that was to close to well
Top drainline 48', 2nd 44'
Found old D-box to Old Exist Drainfield
Informed Installer must have min of 6" of soil on top of ST
34" Trench bottom - verified

150'

4/21/21 - 3"-4" soil only over DW tank in several locations

4/26/21 - 6" cover over tank DW



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

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

Owner / Applicant Signature: Date: 4-9-2021

IMPROVEMENT PERMIT by: Patrick J Boyle III Date: 4/7/2021

AUTHORIZATION TO CONSTRUCT by: D. Wiseberg Date: 4/16/21

Installed by: (Michael) Benfield Outdoor Services

OPERATION PERMIT by: D. Wiseberg Date: 4/26/21

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

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

Sheet 1 of 1
PROPERTY ID #: 4654373621
COUNTY: Iredell

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

OWNER: Michael Benefield
ADDRESS: 939 Brawley School Rd Mooresville NC 28117
PROPOSED FACILITY: Existing Single Family PROPOSED DESIGN FLOW (.1949): 240
LOCATION OF SITE: 140 Rock well

APPLICATION DATE: 3/25/2021
DATE EVALUATED: 4/5/2021
PROPERTY SIZE: 1acre
PROPERTY RECORDED: yes

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	SS 2%	0-6	FSL	—	—	48"	Litho increasing starting at 28" more common at bottom	—	PS.3
		6-13	SCL WSBK	FR SS SP SO MP					
		13-23	C SBK	FR SS SP SO MP					
		23-48	CL SBK	FR SS SP SO MP					
AB 2	4%	0-10	SCL WSBK	FR SS SP SO MP	—	48"	Litho increasing starting at 25" common at bottom	—	PS.3
		10-22	C SBK/ABK	FR SS SP SO MP					
		22-48"	CL SBK	FR SS SP SO MP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	88'	
System Type(s)	Gravity 25%	
Site LTAR	.3	

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT:

COMMENTS: Funny field next and card new 19 at drainline

RECEIVED MAR 2 6 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

AP-316192 Repair Eval

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: Benfield Outdoor Services + Solutions Address: 939 Brawley School Rd Zip: 28117
Applicant Email: info@yardsbyboss.com Phone: 704-360-0376 Alt. Phone: _____
Owner Name: Barol Investment Group 1946 (Diane Oliveira) Address: 140 Rockwell Loop Zip: 28115
Owner Email: dianeoliveira838@gmail.com Phone: 973-747-7461 Alt. Phone: _____

Property Information:

Street Address: 140 Rockwell Loop, Mooresville NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: Hwy 115 S, left on Presbyterian Rd, right on Rockwell Loop, house is on left

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
Maximum Number of Bedrooms: _____
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____
Describe Problem: Tank Cracked, Drainfield Saturated

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

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

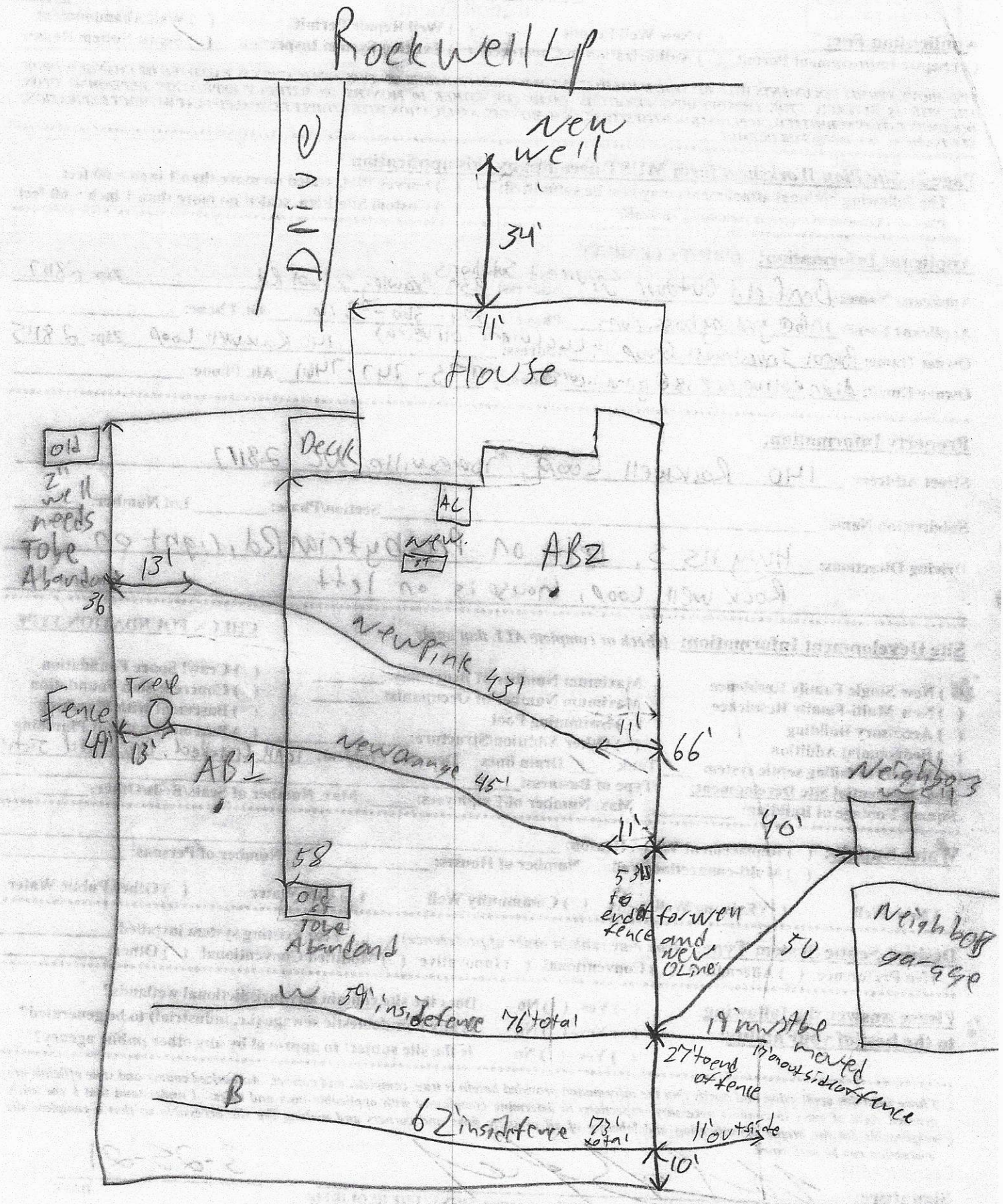
Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
( ) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

Please answer the following to the best of your ability:
( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) No Is the site subject to approval by any other public agency?

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

Signature: _____ 3-25-21
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


Rockwell Lp
Drive
new well
34'
11'
House
old
2" well needs Tobe Abandon
Deck
AC
new
AB2
13'
36
new pink 43'
Tree
Fence
49'
13'
AB1
new orange 45'
11'
66'
Neighbor
40'
58
old
Tobe Abandon
11'
5'3"
to end of fence
for new and new OLine
50
Neighbor garage
W
39' inside fence 76' total
19' inside
moved 17' outside of fence
27' to end of fence
B
62' inside fence 73' total
11' outside
10'

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*) Diane S. Oliveira

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, Baird Investment Group 19 LLC, am the legal owner(s) of the property located at 140 Rockwell Loop, Mooresville, NC 28115, identified as

PIN (Parcel Identification Number) 4654373621.000, located in Iredell County, North Carolina.
I do hereby authorize (**print legal representative/company name**) Benfield Outdoor Services & Solutions, 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.

Diane S. Oliveira
Signature of Owner(s)

3/24/2021
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

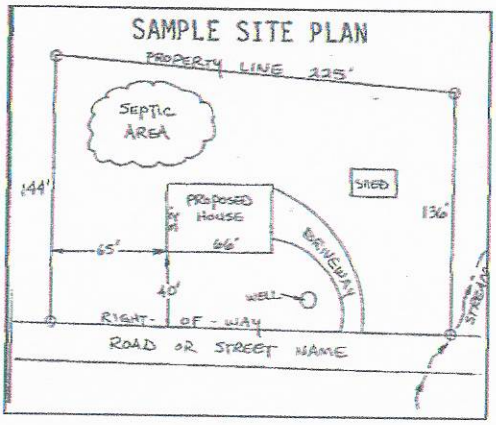
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

( ) **Property Line measurements are clearly identified**
( ) **All proposed structures are indicated**
( ) **Front and side setbacks from property line**
( ) **Preferred driveway location**
( ) ***Preferred well location***
( ) **Preferred septic system location**
( ) **North arrow, or other sufficient indicator of direction**

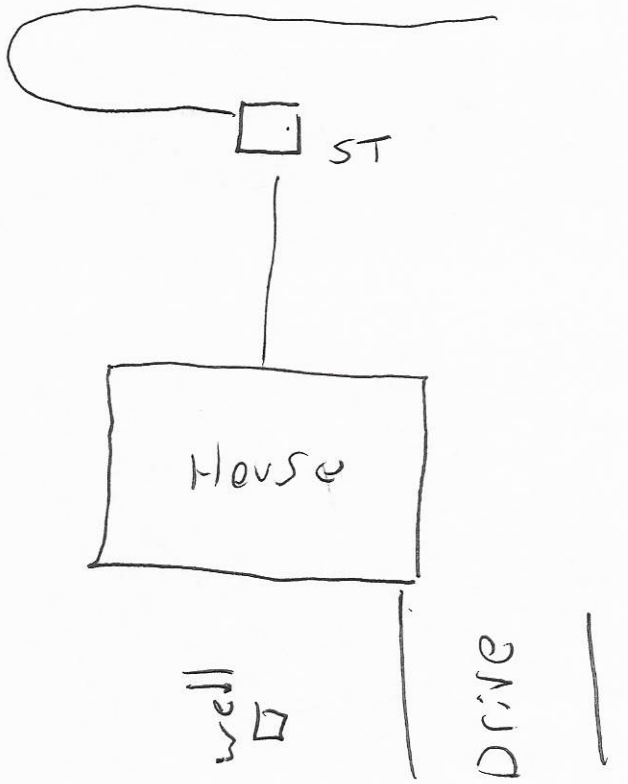


Circle N/A on the following if appropriate:

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



Signature: _____ 3-26-21

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

PJ15

ICHD – Environmental Health Division

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

PRIVATE DRINKING WATER WELL PERMIT PIN # 4654-37-3621 PERMIT # 314955

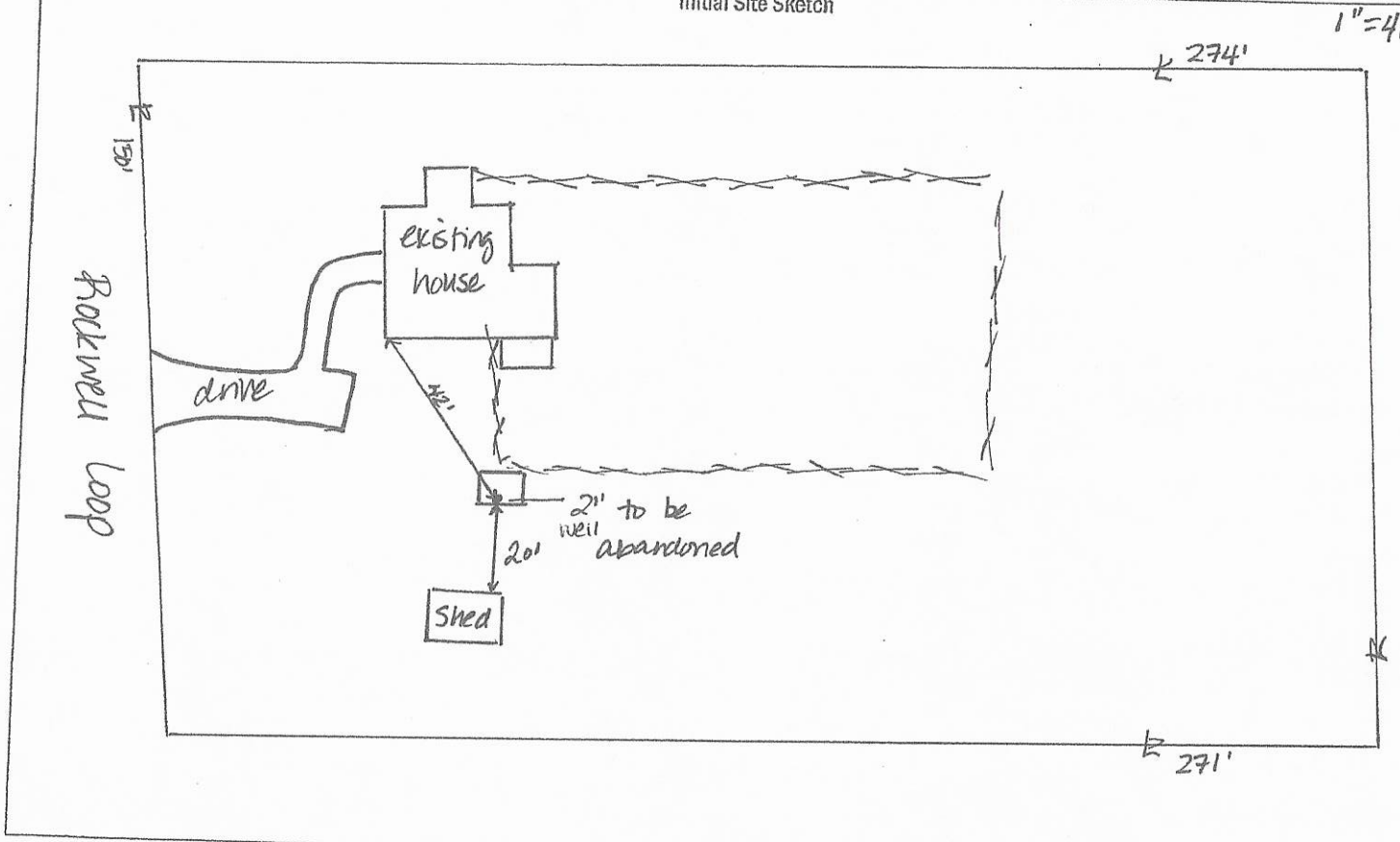
APPLICANT/OWNER NAME: Bardi 19, LLC ADDRESS: 120 Barrister Bay Ln, Mooresville PHONE: 973-650-4427

Type of Permit (circle one): New Repair **Abandonment**

DIRECTIONS TO SITE: S NC115 (Mecklenburg Hwy) → L Presbyterian → R Rockwell Lp → lot on L

SITE ADDRESS: 140 Rockwell Loop, Mooresville NC 28115 SUBDIVISION: Maidaree Cornelius SECTION/LOT: 68-70

Initial Site Sketch



GROUTING RESULTS

Total Depth 54'

Depth of Casing

Yield

Notes:

Well GPS Latitude:

Longitude:

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules - chlorinate before abandoning, fill completely w/ approved grout.

WELL PERMIT ISSUED BY: D. Weberg DATE: 4/15/21 (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: Groff Well Drilling CONTRACTOR CERT #: 3518A GROUT INSPECTION BY: DATE: 4-5-2021

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: DATE: WELL HEAD INSPECTION BY: DATE:

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

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

CERTIFICATE OF COMPLETION BY: DATE: WATER SAMPLES BY: DATE:

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Edwin Mullis

Well Contractor Name (or well owner personally abandoning well on his/her property)

3518-A

NC Well Contractor Certification Number

Gopher Utility Services, Inc

Company Name

2. Well Construction Permit #: 314955

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

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 7g)

4. Date well(s) abandoned: 04-15-21

5a. Well location:

DIANE OLIVERIA

Facility/Owner Name

Facility ID# (if applicable)

140 ROCKWELL LOOP

Physical Address, City, and Zip

MOORESVILLE

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 DEGREE 30'55.554 N 80 DEGREE 50'14.850 W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#:

6b. Total well depth: 9/ (ft.)

6c. Borehole diameter: 5 (in.)

6d. Water level below ground surface: 67 (ft.)

6e. Outer casing length (if known): (ft.)

6f. Inner casing/tubing length (if known): (ft.)

6g. Screen length (if known): (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned:

7b. Approximate volume of water remaining in well(s): 6 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: STERILINE

7d. Amount of disinfectant used: 12 OZ

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	■ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

3 BAG IDELE PLUG

7g. Provide a brief description of the abandonment procedure:

POUR IN PLACE AND HYDRATE

8. Certification:

Edwin Mullis

Signature of Certified Well Contractor or Well Owner

04-15-21

Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

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

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

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

10c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well abandonment to the county health department of the county where abandoned.