IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 231746

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

PIN # 4658648766

APPLICANT/OWNER: Erin Sturdivant / Agnes Gamble | APPLICANT ADDRESS: 137 Vick Rd.

SITE ADDRESS: 137 Glory Rd. Mooresville, NC | PHONE: 980-622-2424 | ALT. PHONE 704-713-9469

SITE DIRECTIONS: US 21 N → R on Glory Rd → lot on L | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: — | SECTION: — | LOT # — | LOT AREA: .54ac | DESIGN FLOW: 360gpd | L.T.A.R.: —

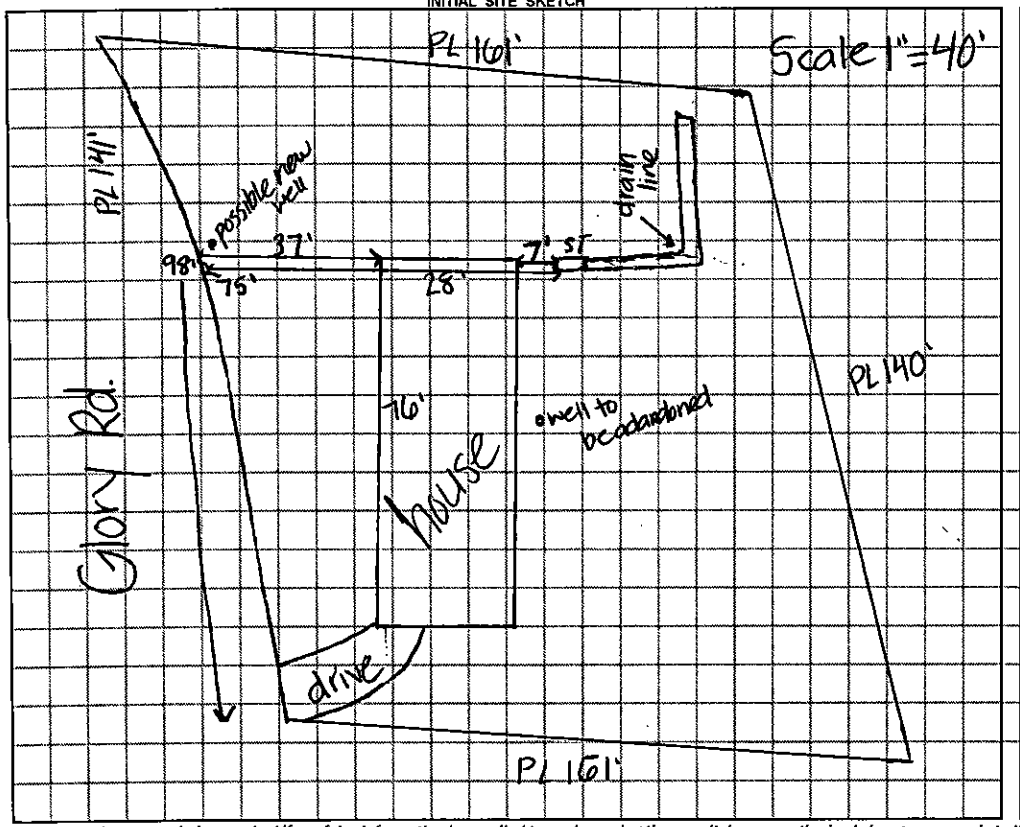
Septic Tank	— (gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I (II) III IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	— (gal)	PT	Date	System Description: EXISTING				☐ Business	No. Persons 6
Pump Make	—	Model	Serial #	Repair System Description:				☐ Other	No. Employees —
# Nitrification Fields	—	# Lines	Linear Ft:	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	—	Trench Bottom Depth(Low side)	—	Gravel Depth		☑ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Septic tank must be a minimum of 5' from new home. System functioning properly during time of inspection. Permit cannot be issued until well is abandoned.

* well abandonment completed on 1-22-18

INITIAL SITE SKETCH



AS BUILT SKETCH

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

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

Owner / Applicant Signature: Agnes N. Gamble | Date: Jan 23-18 | Installed by: —

IMPROVEMENT PERMIT by: — | Date: — | OPERATION PERMIT by: — | Date: —

AUTHORIZATION TO CONSTRUCT by: — | Date: — | Existing System Inspected by: Kayla Wilson | Date: 1-22-18

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

RECEIVED DEC 12 2017

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 — New ~~Use~~ System Install

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application #231746 #230643

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 #
Erin Sturdivant	137 Vick Rd Mooresville NC 28115	980-228-6499	980-622-2424
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Agnes Gamble	137 Glory Rd Mooresville 28115	704-713-9469	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
137 Glory Rd Mooresville NC 28115		

Driving Directions: I-77 towards Charlotte Ext. 42 Right at 1st approx 4 miles Stay Right on to Churchill Hwy US 21, Left on to Glory Rd 137 Glory Rd is on corner in curve

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

(✓) New, Single Family Residence — Maximum Number of Bedrooms 3 — (✓) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 2 — ( ) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to _____ — ( ) Basement w/out Plumbing?
( ) Other _____

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

6. **Proposed Water Supply:**

( ) 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*

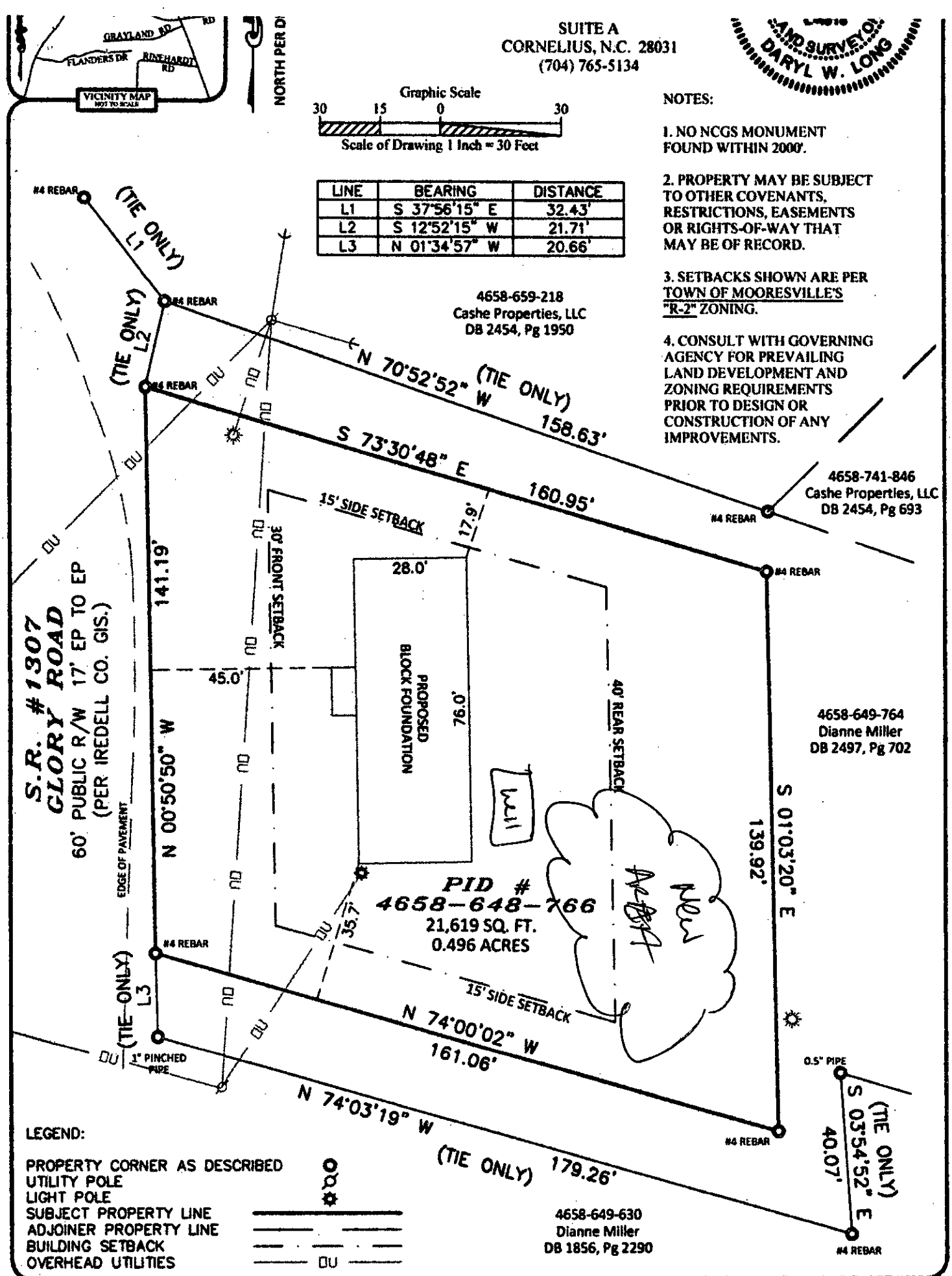
( ) Alternative (✓) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other _____

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) 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: Erin Sturdivant — 10-17-17

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



Site Plan of 137 Glory Road

Professional Property

Site Address:

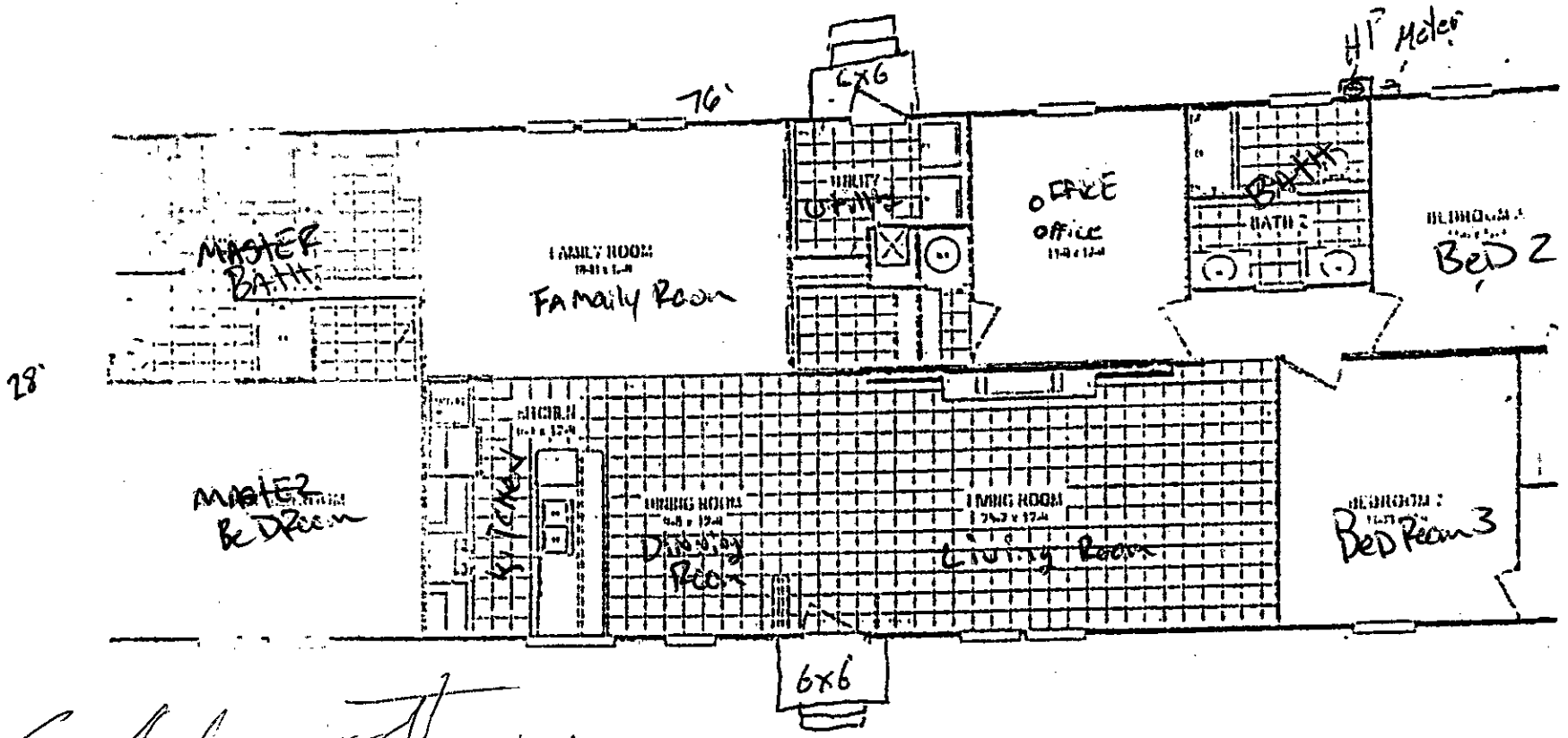
Gamble

Acknowledgement of Plans Submittal ONLY!

Date 12/12/17

Date 1-9-18

The Breeze 2



12/12/17

4-22-17

9-22-17

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, Agnes N. Harnold, am the legal owner(s) of the property located at 1937 Glory Road Mooresville NC 28115, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Erin Sturdivant, Sturdivant Innovations, 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.

Agnes N. Harnold	10-17-17	Dawn D. Morrison	10-17-17
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

Town of Mooresville Jurisdiction

ZONING APPROVAL

For building permit applications

Development Services 413 North Main St. Mooresville, NC 28115 Phone 704-662-7040

Number: 231746 Subdivision:

Proposed Use: NEW SINGLE-FAMILY HOME

Location: 137 GLORY ROAD

Tax PIN: 4658648766.000 Zoning: R2 Lot: Size: 0.540

Owner: GAMBLE, AGNES NORMAN
Address: 137 GLORY ROAD
MOORESVILLE, NC 28687

Applicant: FREEDOM HOMES-TROUTMAN
Address: 1124 CHARLOTTE HWY
TROUTMAN, NC 28166

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Inspection Department Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Signature of Owner or Authorized Agent Date

If permitted, the following minimum zoning requirements must be met, unless Health Department requires more land area or other qualifications are indicated in the remarks.

Lot Area: Front Yard Depth: 30.00 Side Yard Depth: 15.00
Rear Yard Depth: 40.00 Corner Yard Depth:

Remarks: MUST HAVE ONE TREE PER LOT IN FRONT YARD BEHIND SIDEWALK.
MUST OBTAIN ALL IREDELL COUNTY PERMITS AND INSPECTIONS.

HP	11/27/2017	$50
Approved By:	Date	Application Fee

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 #: _____

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: 1/16/2018

5a. Well location:

Erin Sturdivant

Facility/Owner Name

Facility ID# (if applicable)

137 Glory Road Mooresville, NC 28115

Physical Address, City, and Zip

Iredell

County

4658648766

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35.61761 N 80.8278 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: 87 (ft.)

6c. Borehole diameter: 6" (in.)

6d. Water level below ground surface: 37 (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): 74 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Stericlean

7d. Amount of disinfectant used: 1 cup

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:

23 bags bentonite hole plug

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

Measured well for depth and water level chlorinated. Added hole plug and hydrated.

8. Certification:

Signature of Certified Well Contractor or Well Owner

1/17/2018

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

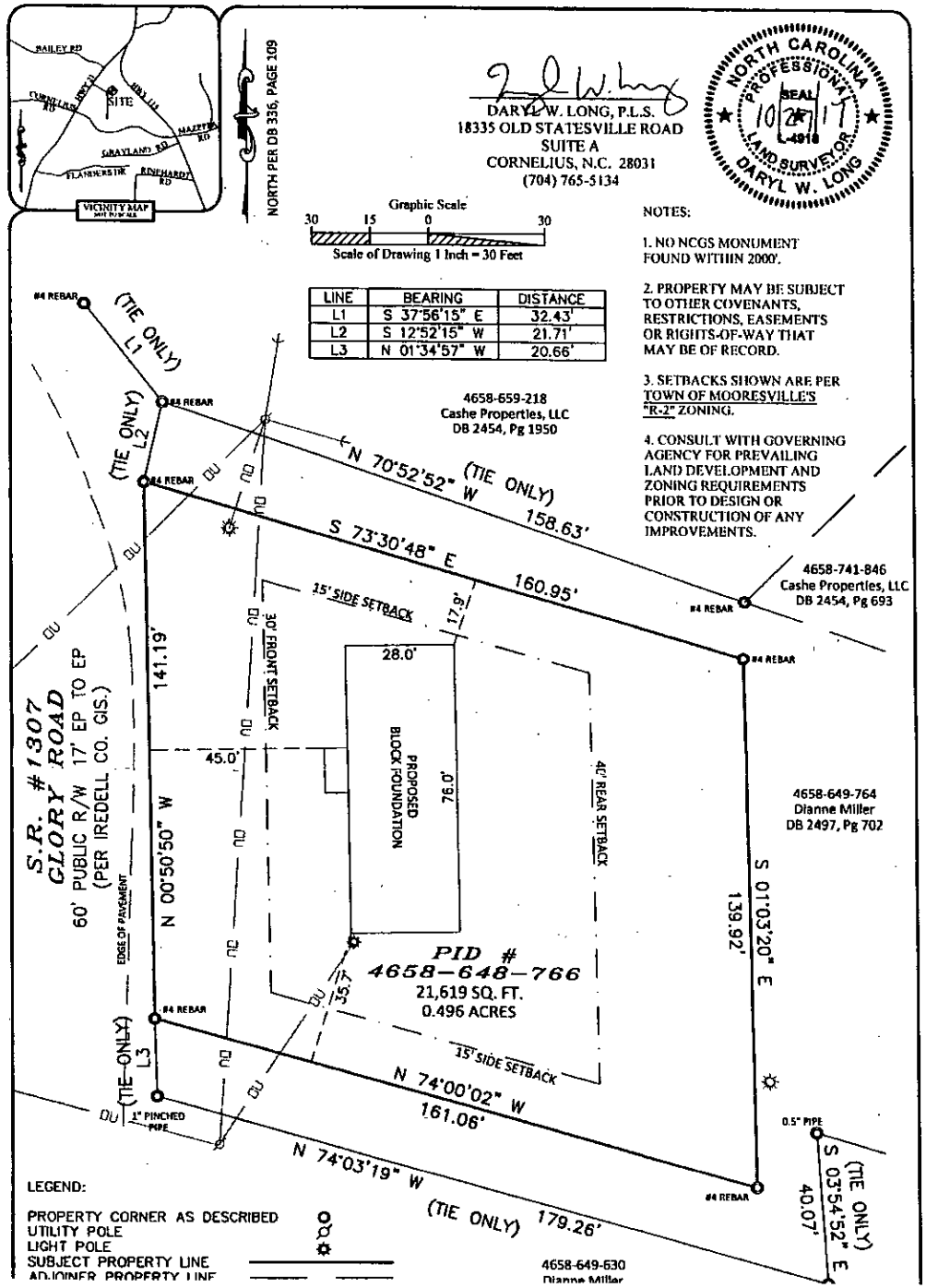
10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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.


VICINITY MAP
BAILEY RD
SITE
GRAYLAND RD
FLANNERS TR
RINEHARDT RD
NORTH PER DB 336, PAGE 109
DARYL W. LONG, P.L.S.
18335 OLD STATESVILLE ROAD
SUITE A
CORNELIUS, N.C. 28031
(704) 765-5134
NORTH CAROLINA PROFESSIONAL SEAL L-4918 LAND SURVEYOR DARYL W. LONG
Graphic Scale
30 15 0 30
Scale of Drawing 1 Inch = 30 Feet
NOTES:
1. NO NCGS MONUMENT FOUND WITHIN 2000'.
2. PROPERTY MAY BE SUBJECT TO OTHER COVENANTS, RESTRICTIONS, EASEMENTS OR RIGHTS-OF-WAY THAT MAY BE OF RECORD.
3. SETBACKS SHOWN ARE PER TOWN OF MOORESVILLE'S "R-2" ZONING.
4. CONSULT WITH GOVERNING AGENCY FOR PREVAILING LAND DEVELOPMENT AND ZONING REQUIREMENTS PRIOR TO DESIGN OR CONSTRUCTION OF ANY IMPROVEMENTS.
LINE | BEARING | DISTANCE
L1 | S 37°56'15" E | 32.43'
L2 | S 12°52'15" W | 21.71'
L3 | N 01°34'57" W | 20.66'
#4 REBAR
(TIE ONLY) L1
(TIE ONLY) L2
(TIE ONLY) L3
4658-659-218
Cashe Properties, LLC
DB 2454, Pg 1950
N 70°52'52" W (TIE ONLY) 158.63'
S 73°30'48" E 160.95'
4658-741-846
Cashe Properties, LLC
DB 2454, Pg 693
15' SIDE SETBACK
30' FRONT SETBACK
40' REAR SETBACK
28.0'
76.0'
17.2'
15.7'
141.19'
45.0'
PROPOSED BLOCK FOUNDATION
S.R. #1307
CLORY ROAD
60' PUBLIC R/W 17' EP TO EP
(PER IREDELL CO. GIS.)
EDGE OF PAVEMENT
N 00°50'50" W
PID # 4658-648-766
21,619 SQ. FT.
0.496 ACRES
4658-649-764
Dianne Miller
DB 2497, Pg 702
S 01°03'20" E 139.92'
N 74°00'02" W 161.06'
1" PINCHED PIPE
0.5" PIPE
N 74°03'19" W (TIE ONLY) 179.26'
S 03°54'52" E (TIE ONLY) 40.07'
4658-649-630
Dianne Miller
LEGEND:
PROPERTY CORNER AS DESCRIBED
UTILITY POLE
LIGHT POLE
SUBJECT PROPERTY LINE
ADJOINER PROPERTY LINE