IREDELL COUNTY HEALTH DEPARTMENT

KW 12:30.

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

PERMIT # 233212

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

PIN # 4669-20-0887

APPLICANT/OWNER: Guy A. Hull III

APPLICANT ADDRESS: 377 Shinnville Rd Mooresville, NC

SITE ADDRESS: 377 Shinnville Rd. Mooresville, NC 28115

PHONE: 704-737-1814 ALT. PHONE 704-817-1255

SITE DIRECTIONS: Rt 21 N from Mooresville → R on Shinnville Rd → House on left

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Pfoff Estates

SECTION: — LOT # TR 2 LOT AREA: 1.407 acres

DESIGN FLOW: 360 GPD L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB 1060	Date In Ground	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	— (gal)	PT —	Date —	System Description:			
Pump Make	—	Model —	Serial # —	Repair System Description:	25% Reduction		
# Nitrification Fields	1	# Lines 4	Linear Ft 328	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	36"	Trench Bottom Depth (Low side)	29"-31"	Gravel Depth —	☒ GRAVITY	☐ PRESSURE	

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

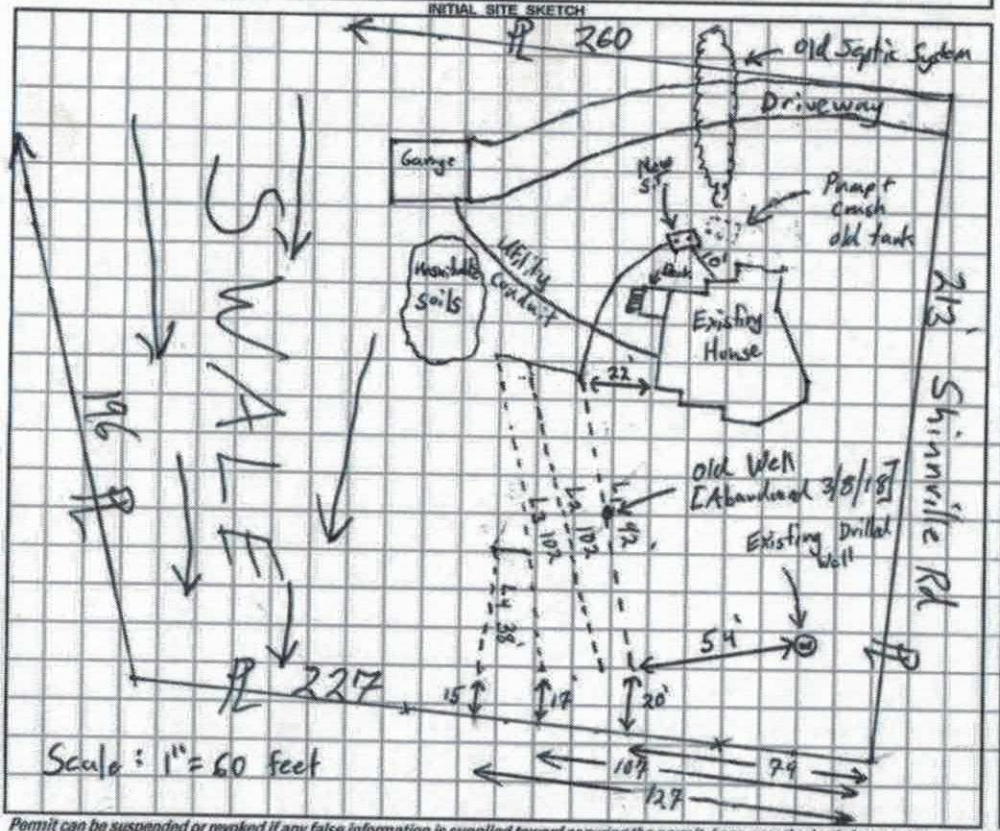
No. Bedrooms 3 No. Persons 6 No. Employees — ☒ Crawl Space

☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Disconnect from old septic system. Though 334 l.f. of line has been laid out, only 328 need be installed.

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: Guy A. Hull III Date: 3/12/18 Installed by: T.W. Ammons.

IMPROVEMENT PERMIT by: Tom Shuck Date: 3/12/18 OPERATION PERMIT by: Benjamin A Bolton Date: 3/29/2018.

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 3/12/18 Existing System Inspected by: Date:

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

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

Sheet ___ of ___
PROPERTY ID #: 4669-20-0811
COUNTY: Iredell

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

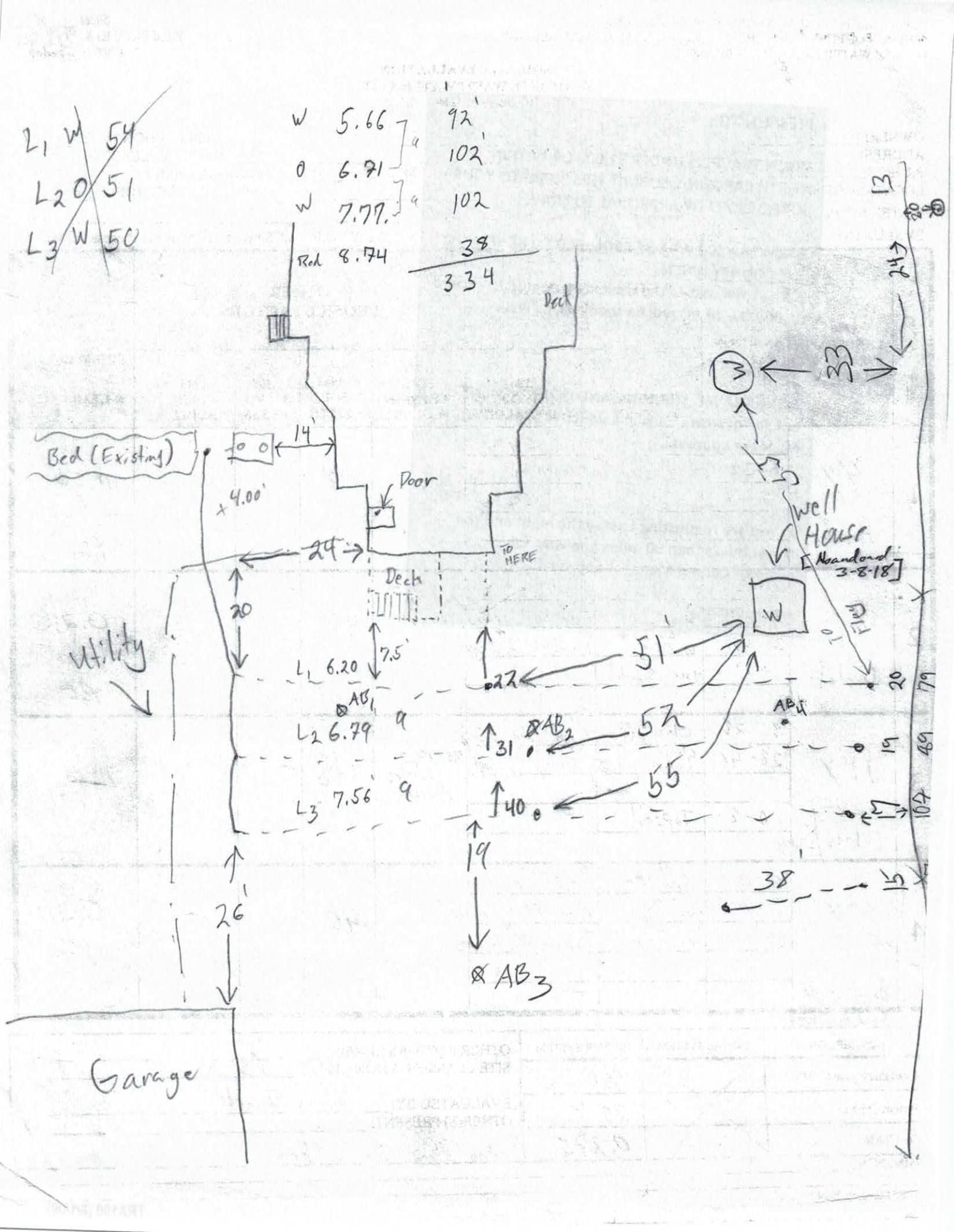
OWNER: Guy Hull
ADDRESS: 377 Shinnville Rd. Mooresville
APPLICATION DATE 2/5/18
PROPOSED FACILITY: 3 BR House PROPOSED DESIGN FLOW (.1949): 360 GPD
DATE EVALUATED: 2/8/18
LOCATION OF SITE: 374 Shinnville Rd
PROPERTY SIZE: 1.407 acres
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% Header	0-6	scl v, w. sbk	sl. Friable, SS, Sp, Sexp	–	48	–	–	0.30 PS
		6-39	clay some sand w-m SBK	Firm, Sticky, Sp, Sexp					
		39-48	clay Loam w. SBK	Friable, SS, Sp, Sexp					
			some saprolite						
2	9% Distal	0-3	scl v. w. SBK	sl. Friable, SS, Sp, Sexp	Light YB 14"-28"	48	–	–	0.275 PS
		3-30	clay w-m SBK	Firm, Sticky, Sp, Sexp					
		30-48	clay Loam w. SBK	sl. Friable, SS, Sp, Sexp					
			trace Saprolite						
3	11% Below Swale	8-28	clay w-m SBK	sl. Firm, Sticky, Sp, Sexp	7.5 YR 7/2 mottles 8"-48"	48	–		–
		28-46	clay Loam, w. SBK	sl. Firm, SS, Sp, Sexp					
		0-8	Topsoil						
4	12% Next to old hand dug well	0-3	scl v. w. SBK	sl. Fr, SS, Sp, Sexp		46	–	–	0.30 PS
		3-29"	clay w-m SBK	sl. Firm, Sticky, Sp, Sexp					
		29-48	clay Loam w-SBK	sl. Friable, SS, Sp, Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		~~180~~ 330'
System Type(s)		25%
Site LTAR		0.275

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT:
too steep for a bed

COMMENTS:


L1 W 54
L2 0 51
L3 W 50
W 5.66
0 6.71
W 7.77
Rad 8.74
92'
102'
102
38
334
Deck
Bed (Existing)
14'
4.00'
Door
24'
TO HERE
Deck
20
7.5'
Utility
L1 6.20
AB1
L2 6.79
AB2
L3 7.56
AB3
22
31
40
51
52
55
19
26'
Garage
3
23
24'
13
20
Well House
[Abandoned 3-8-18]
W
FLOW
AB4
20
79
15
49
104
38
15

RECEIVED FEB 5 - 2018

Rpr. Evaluation - No Chg.
#233212

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 (X) 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: Guy A. Hall III Address: 377 Shannonville Rd Mooresville, NC Zip: 28115
Applicant Email: hallg3@twc.com Phone: 704-737-1914 Alt. Phone: 704-877-1255
Owner Name: Guy A Hall III Address: Same as above Zip: Same
Owner Email: Same Phone: Same Alt. Phone: Same

Property Information:

Street Address: 377 Shannonville Rd, Mooresville, NC 28115
Subdivision Name: N/A Pfaff Estates Section/Phase: N/A Lot Number: N/A TR 2
Driving Directions: N/A

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) Concrete Slab Foundation
(X) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
(X) Repair to failing septic system ___ Tank X Drain lines Describe Problem: Sinking, Plumbing backing water up into tank
Non-Residential Site Development: Type of Business:
Square Footage of Building: Max. Number of Employees: Max. Number of Seats/Beds/Other:

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

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

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

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

Signature: Guy A. Hall III 2/5/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

No permit in DB
"1891"

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, Gary A. Hull III, am the legal owner(s) of the property located at 377 Simonton Rd, Mooresville, NC 28115, 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.

Gary A Hull — 2/5/18 — Melissa M Hull — 2/5/18

Signature of Owner(s) — Date — Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

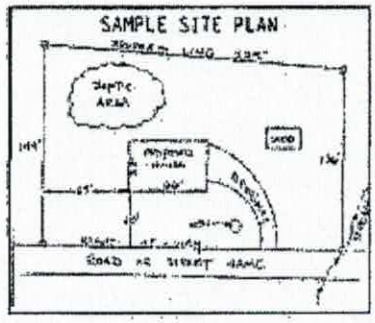
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
(X) North arrow, or other sufficient indicator of direction

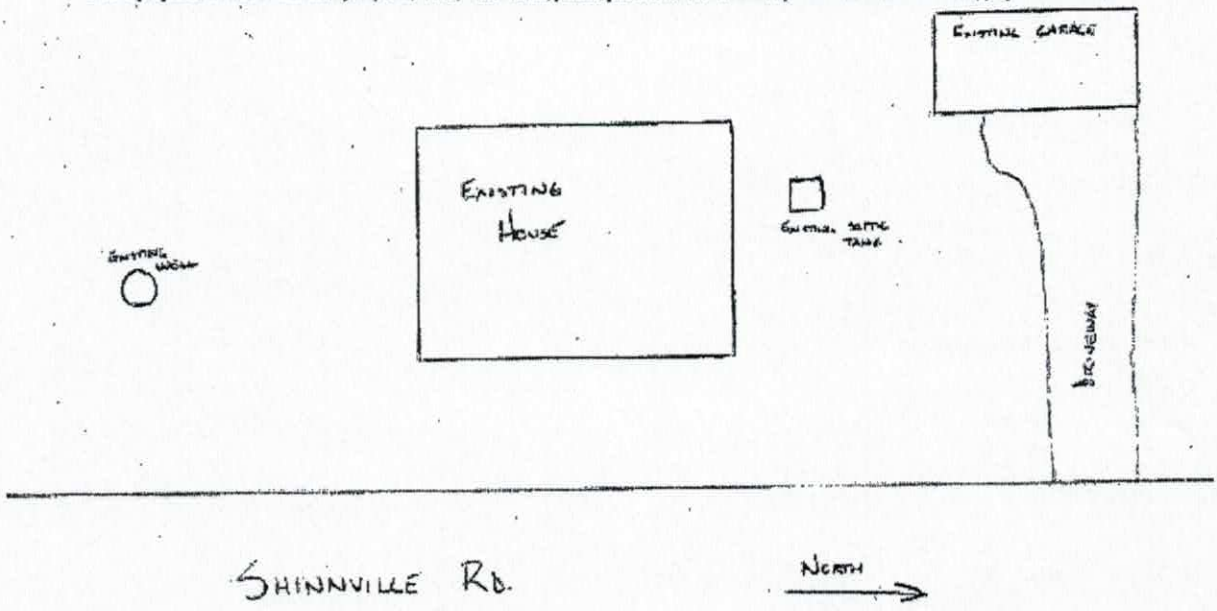


Circle N/A on the following if appropriate:

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



Signature: Guy A. Hall
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

2/5/18
DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

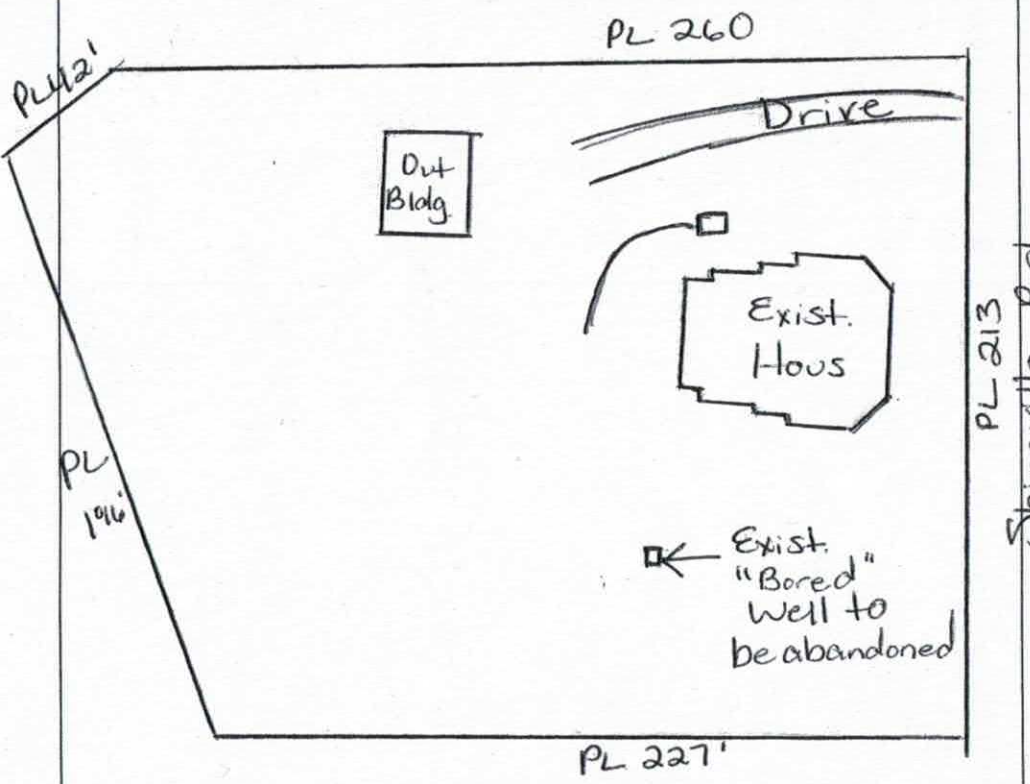
PRIVATE DRINKING WATER WELL PERMIT # 212536 **PIN #** 4669200887 **Type of Permit (circle one):** New Repair **Abandonment**

APPLICANT NAME: Guy A. Hull ADDRESS: 377 Shinnville Rd Mooresville, NC PHONE: 704-737-1814

DIRECTIONS TO SITE: Hwy 21/115 N TR Shinnville Rd on left across from Pondview Rd

SITE ADDRESS: 377 Shinnville Rd SUBDIVISION: Pfaff Estates SECTION/LOT: TR2

Initial Site Sketch



"As Built" Sketch

Scale 1:60

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon well per NC Well Construction rules.

WELL PERMIT ISSUED BY: Maria H. Olson RS DATE: 8/31/15 (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: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

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: Maria H. Olson DATE: 3/8/18 WATER SAMPLES BY: _____ DATE: _____

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

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink

Attention: Maria

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 3/8/18

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr

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

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

2. Well Construction Permit #: 212536

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

3. Well use (check well use):

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

Non-Water Supply Well:
- ☐ Monitoring

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Recovery
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 2/8/18

5a. Well location:

Grey Hull

Facility/Owner Name

Facility ID# (if applicable)

377 Shinnville Rd

Physical Address, City, and Zip

Iredell

County

4669200887

Parcel Identification No. (PIN)

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

_____ N _____ 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: 65 (ft.)

6c. Borehole diameter: 24 (in.)

6d. Water level below ground surface: 50 (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. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 32 oz

7e. Sealing materials used (check all that apply):
- ☐ Neat Cement Grout
- ☐ Sand Cement Grout
- ☑ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☐ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

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

[redacted] 9 YARDS

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

Poured

8. Certification:

Alfred L Kiesling Jr 3/8/18

Signature of Certified Well Contractor or Well Owner 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.