ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 324476

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

PIN # 4676-87-5205

APPLICANT/OWNER: Rachael J. Freeman | APPLICANT ADDRESS: 165 Harbour Watch Blvd, Leesville SC 29070

SITE ADDRESS: 441 Teeter Rd, Mooresville NC 28115 | PHONE: 704-578-8141 | ALT. PHONE 803-332-2675

SITE DIRECTIONS: (S) NC 3 → (L) Williford → (R) Linwood → (L) Teeter → lot on (R)

SAP CONTROLLED: ☐ YES ☒ NO

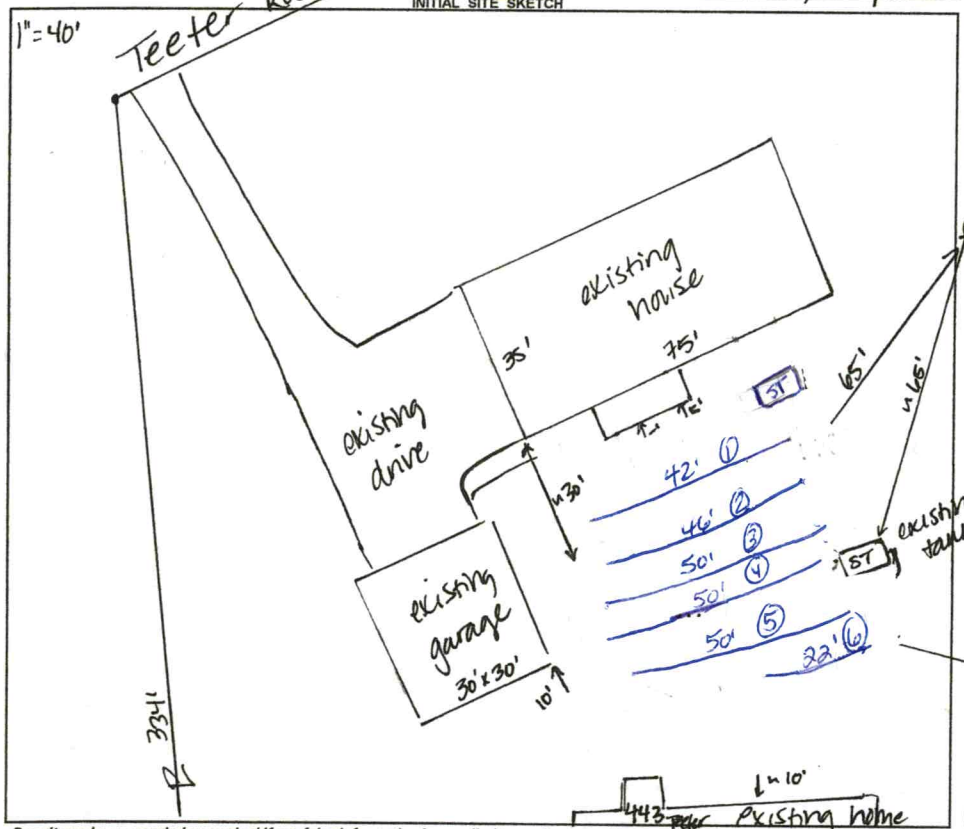
SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 2.03 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.85

Septic Tank	EXISTING (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:		☐ Business	No. Persons 6
Pump Make		Model		Serial #		Repair System Description: 25% Reduction		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	260'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth ~~(min side)~~	36" max	Gravel Depth	N/A	☒ GRAVITY	☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

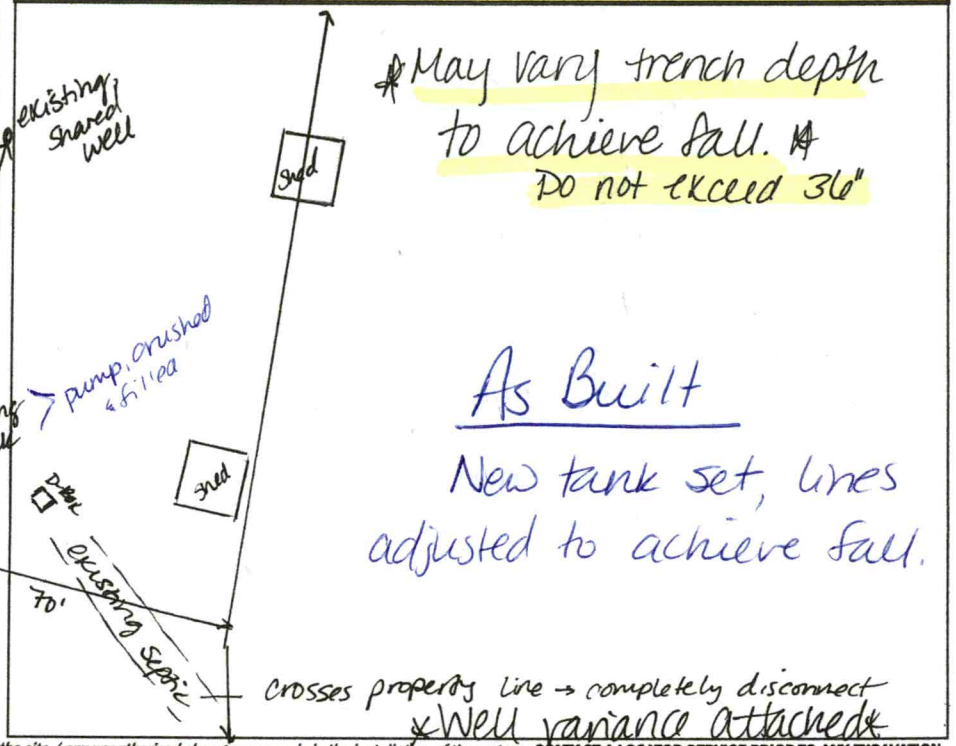
Comments / Conditions: Use 1000 gal ← Replace tank if it is not compliant with rules meet all setbacks, Rd Maintain 50' from well, all parts. Install to achieve fall from tank but do not exceed 36" trench bottom. Keep water line 10' from septic Stay 5' off deck & residence at 443 Teeter

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.



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: [signature] Date: 4-5-22 Installed by: TW Ammons

IMPROVEMENT PERMIT by: D. Weberg Date: 3/29/22 OPERATION PERMIT by: [signature] Date: 6/8/22

AUTHORIZATION TO CONSTRUCT by: D. Weberg Date: 4/4/22 Existing System Inspected by: Date:

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

Original TB

Line ① 36"
② 39"
③ 43"
④ 48"
⑤ 48"
⑥ 51"

all excess soil removed
6/8/22 DW

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 324476

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PIN # 4676-87-5205

APPLICANT/OWNER: Rachael J. Freeman | APPLICANT ADDRESS: 1165 Harbour Watch Blvd Leesville SC 29070

SITE ADDRESS: 441 Teeter Rd, Mooresville NC 28115 | PHONE: 704-578-8141 | ALT. PHONE 803-332-2675

SITE DIRECTIONS: (S) NC 3 → (L) Williford → (R) Linwood → (L) Teeter → lot on (R) | SAP CONTROLLED: ☐ YES ☒ NO

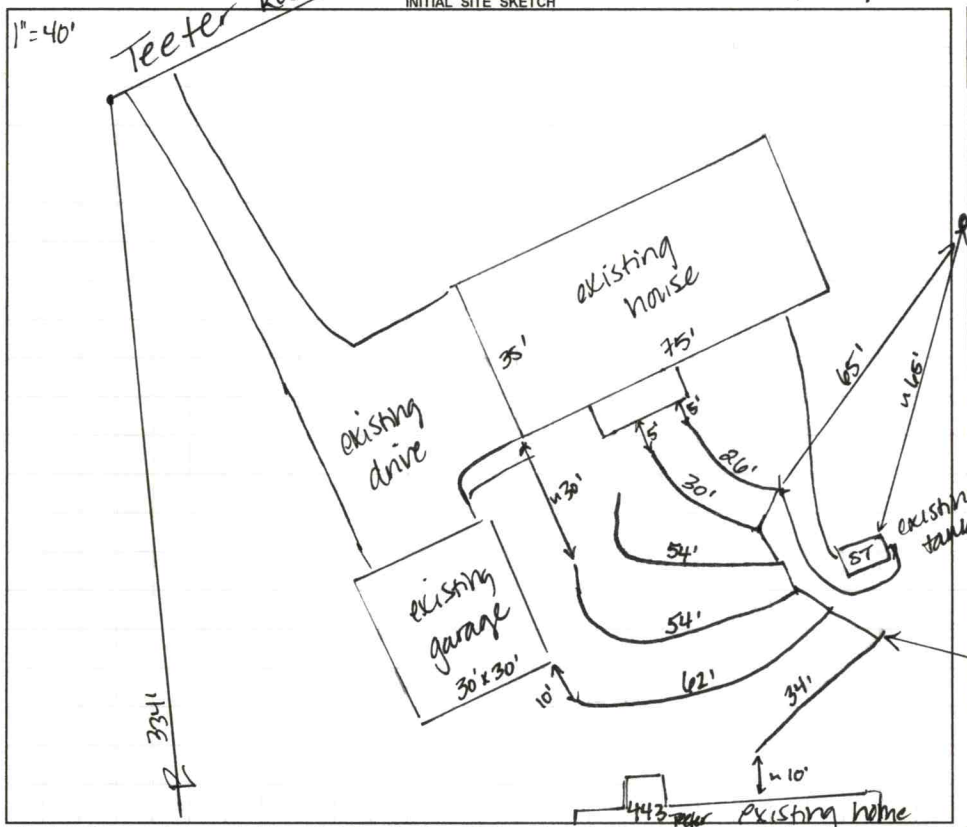
SUBDIVISION: N/A | SECTION: N/A | LOT # N/A | LOT AREA: 2.03 ac | DESIGN FLOW: 360 gpd | L.T.A.R.: 0.35

Septic Tank ~~EXISTING~~ New 1000	(gal)	STB Infiltrator	Date	☐ New System	☒ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3	Water Supply	
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons 6	☒ Private	
Pump Make	Model		Serial #	Repair System Description: 25% Reduction				☐ Other	No. Employees	☐ Public	
# Nitrification Fields 1	# Lines 6		Linear Ft: 260'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space	☐ Community	
Trench Width 36"	Trench Bottom Depth (~~Low side~~) 36" max		Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Use 1000 gal ← Replace tank if it is not compliant with rules meet all setbacks, Maintain 50' from well, all parts. Rd

Install to achieve fall from tank but do not exceed 36" trench bottom. Keep water line 10' from septic Stay 5' off deck & residence at 443 Teeter

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.



*May vary trench depth to achieve fall. * Do not exceed 36"

As Built Attached

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: [signature] Date: 4-5-22 Installed by: TW Ammons

IMPROVEMENT PERMIT by: D. Meberg Date: 3/29/22 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: D. Meberg Date: 4/4/22 Existing System Inspected by: Date:

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

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

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

Sheet 1 of 1
PROPERTY ID #: 4676875205
COUNTY: Iredell

REPAIR

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

OWNER: Jacob Compton
APPLICATION DATE 1/7/22
ADDRESS: 441 Teeter Mooresville 28115
DATE EVALUATED: 3/25/22
PROPOSED FACILITY: 3BR PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 2.03
LOCATION OF SITE: 441 Teeter Mooresville 28115 shared
PROPERTY RECORDED: Y
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
AB 1	LS 3%	0-3	SCL/SBK	SS/SP/FR/SE/EXP	N/A	48"	N/A	N/A	PS .35
		3-25	C/SBK	SS/SP/FR/SEXP					
		25-48	CL/SBK	SS/SP/FR/SEXP					
			VFR 30"+		Mica & sap incl from 29"+				
AB 2	LS 5%	0-7	SCL-SBK	SSSP-FR-SELP	N/A	48"	N/A	N/A	PS 0.35
		7-20	CL-SBK	↓					
		20-33	CL-SBK	↓					
		33-48	CL/L-WSBK	SSSP-VFR-SOP	mica & sap incl				
3									
pit 4	2%	0-5	SCL-SBK	SSSP-FR-SELP	Sap common 43"+				PS 0.35
		5-16	C-SBK	↓					
		16-43	CL-SBK	↓					
		43-63	L-WSBK	SSNP VFR-SOP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		260
System Type(s)		25%
Site LTAR		.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: D. Wiebert
OTHER(S) PRESENT: S. Holland

COMMENTS: New tank used, line locations adjusted to achieve fall. Lot will be graded to maintain max depth of 36"

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

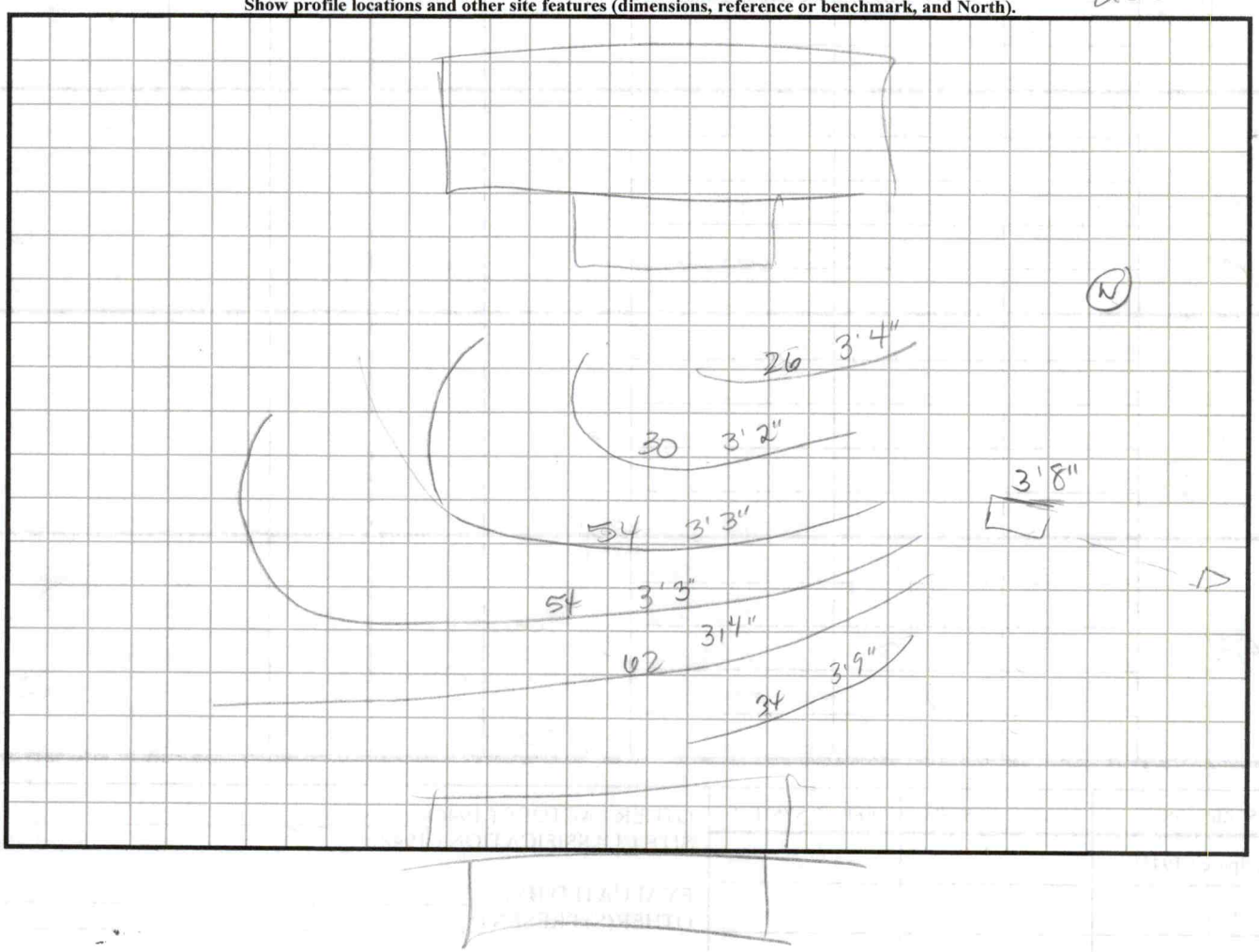
HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).

260



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
March 31, 2022

Jacob Compton
441 Teeter Rd
Mooresville, NC 28115

Re: Approval No. JMB2591

Private Well Located Less Than 100' To A Septic System [Rule 15A NCAC 2C .0107(a)(2)(C)]

Property location:
441 Teeter Rd
Mooresville, NC 28115

Dear Mr. Compton:

On March 29, 2022, 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 water supply well on the referenced property currently serving more than one dwelling. One of the homes is in need of a septic system repair. The closest part of the septic system will be more than fifty feet away from the well, but closer than the required one hundred feet.

Specifically, the variance request grants you permission to use an existing water supply well at a distance closer than the one-hundred-foot setback to a septic system. Achieving the one-hundred-foot setback would be difficult given the challenges of the property.

Based upon information provided by the 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:

1) The well/wellhead shall meet all current 2C. 0100 standards, including but not limited to being **properly grouted**, terminated at least 12" above land surface, properly sealed, having a thread-less sample tap etc.
2) The well shall be sampled for the same parameters as required for newly constructed wells. If samples indicate contaminants, further repairs/treatment may be required.
3) No potential sources of groundwater contamination shall be stored near the well-head.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
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Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

CONNECTGIS WEB HOSTING

North Carolina Iredell County

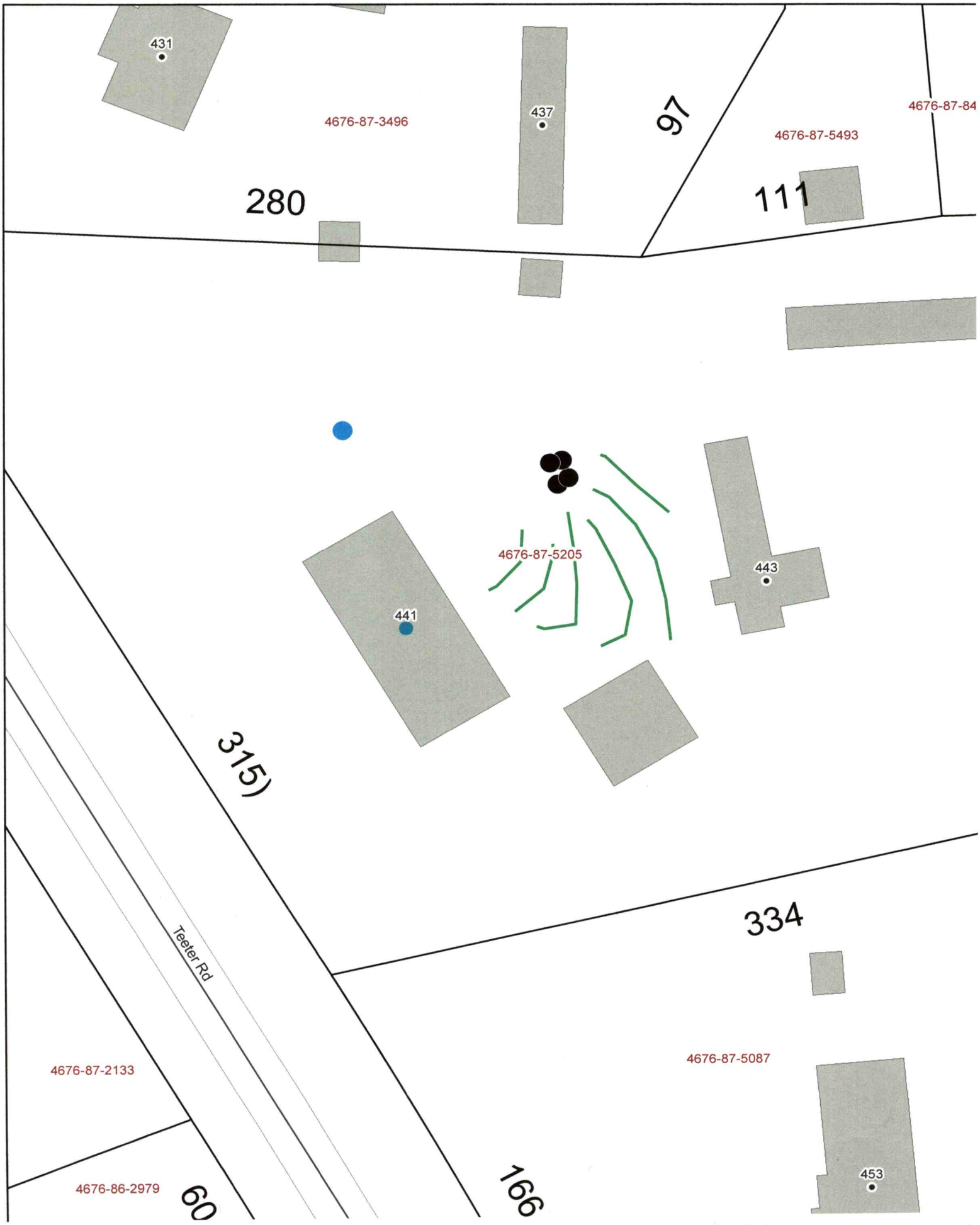
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Search



Excel 2000/2003

	Address	City	State	Zip	Street Name
1	441 TEETER RD	MOORESVILLE	NC	28115	TEETER


431
437
4676-87-3496
97
4676-87-84
4676-87-5493
280
111
4676-87-5205
443
441
315)
334
Teeter Rd
4676-87-2133
4676-87-5087
453
4676-86-2979
60
166

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: 3/28, **20** 22 **PERMIT NO.:** 324476 (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:

Jacob Compton

Mailing Address: 441 Teeter

City: Mooresville State: NC Zip Code: 28115 County: Iredell

Day Tele No.: Cell No.: 704-578-8141

EMAIL Address: Fax No.:

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4676875205

County: Iredell

(2) Physical Address (if different than mailing address):

City: Mooresville County: Iredell Zip Code: 28115

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: Chad Julian

NC Well Drilling Contractor Certification No.: 2344A

Company Name: Mid-South Well Contact Person: Seth Julian

City: Olin State: NC Zip Code: County: Iredell

Day Tele No.: Cell No.: 704-539-5515

EMAIL Address: 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.

Existing well is shared between two residences. Well is currently only 60 feet from the septic tank for 441 Teeter. Repair permit (septic) is being issued for 441 Teeter. A new system is to be installed – all portions will be 50' or greater from the well but due to space constraints, the 100' setback cannot be met 15A NCAC 02C .0107 (a)(2)(C)

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)**

Jacob C. Compton by Rachael J. Freeman, POA
Signature(s) of Well/Property Owner(s)

Jacob C. Compton by Rachael J. Freeman, POA
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)

Signature of County Environmental Health Specialist

Danielle Wieberg, REHS Iredell County OSWW
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.

North Carolina
Department of Health and Human Services
Division of Public Health

Please submit this form along with a Well Variance Application for an existing private water supply well.

Existing Well Variance Inspection Report

Well Site Location: Mooresville, 28117
(*Town, community, subdivision and Lot #*)

Address: 441 Teeter Rd County: Iredell

City/ST/Zip: Mooresville, NC 28117 Date of SiteVisit: 3/25/22

Well Construction

Date of Well Construction: 11/28/2000

If unknown, was it drilled before **1972**? YES or NO

If unknown, was it drilled before **7/1/2008**? YES or NO

What type of well is it:

Drilled Bored Hand Dug Jetted Other

Does the well have a cement slab? YES or NO

Does the well appear to be grouted? YES or NO

Well Head Completion

Is the well head 12" above land surface? YES or NO

If no, what is the height of the casing: _____ inches

Is there a sanitary well seal? YES or NO

Is the sanitary well seal in good repair? YES or NO

Are the following items present at the well head?

Vent X Sample Tap X

Well Tag X Pump Tag X

Potential Sources of Contamination?

Does the well currently meet separation requirements with known sources of contamination? YES or NO
If no, please provide distances to those it does meet: Existing well is shared between two residences. Well is currently only 60 feet from the septic tank for 441 Teeter. Repair permit (septic0 is being issued for 441 Teeter. A new system is to be installed – all portions will be 50' or greater from the well but due to space constraints, the 100' setback cannot be met

Other comments:

Complete below.

Name of person completing this form (please print): Danielle Wieberg, REHS

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Jacob C. Compton, am the legal owner(s) of the property located at 441 Teeter Rd., Identified as PIN (Parcel Identification Number 4676875205, located in Iredell County, North Carolina. I do hereby authorize (**print legal representative/company name**) Sally L. Hinson and/or Chris Hinson 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.

Jacob C. Compton
by Rachael J. Freeman, POA
Signature of Owner(s)

3-28-22
Date

Mooresville - Environmental Health

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

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

441 Teeter

CONNECTGIS WEB HOSTING

North Carolina Iredell County

1:60 Feet



 See notes in Invoice 1/11/22

RECEIVED JAN 07 2022

DW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP- 324476 Repair

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Rachael J. Freeman (POA) Address: 165 Harbour Watch Blvd. Leesville, SC Zip: 29070

Applicant Email: ojfree45@gmail.com Phone: 704-578-8141 Alt. Phone: 803-332-2675

Owner Name: Jacob C. Compton Address: 441 Teeter Rd., Mooresville, NC Zip: 28115 *

Owner Email: N/A Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 441 Teeter Rd., Mooresville, NC 28115

Subdivision Name: N/A Section/Phase: _____ Lot Number: _____

Driving Directions: From NC 152E/Main St. to slight right on NC 152E, 1.0 mile to Teeter Rd., Turn Right, 1.4 miles to 441 Teeter Rd. (on left).

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
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system ✓ Tank ✓ Drain lines Describe Problem: Drain lines not working
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: 1983
( ) No Preference ( ) Alternative (1) Conventional ( ) Innovative ( ) Modified Conventional (2) 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: Rachael J. Freeman, POA — 1-7-2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) for Jacob C. Compton — DATE

* Oakleaf Village Assisted Living
Lexington, SC 29072

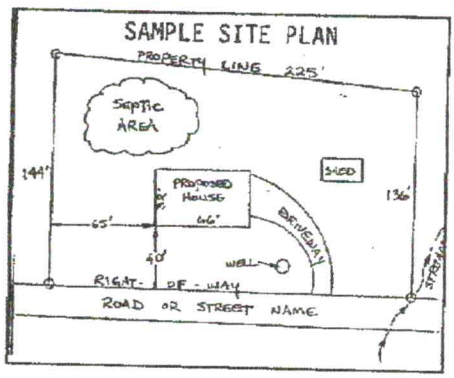
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**
- ( ) **Front and side setbacks from property line**
- (X) **~~Preferred~~ driveway location**
- (X) **~~Preferred~~ well location**
- (X) **~~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)**

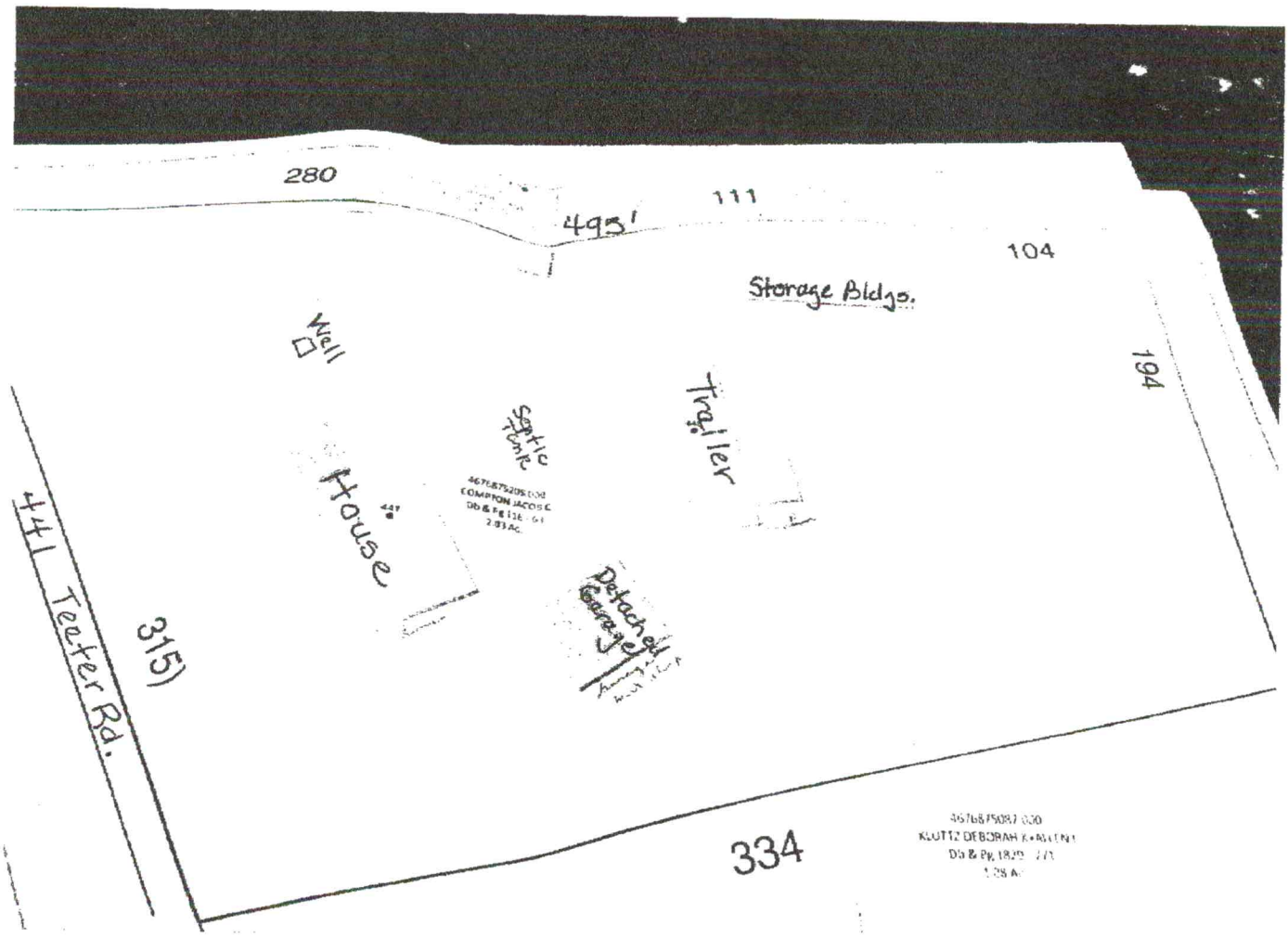
USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached drawing.
Septic tank and lines are exposed.

Signature: Rachael J. Freeman, POA
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)
for Jacob C. Compton

1-7-2022
DATE


280
495'
111
104
Storage Bldgs.
Well
Septic Tank
Trailer
194
House
441 Teeter Rd.
315)
Detached Garage
334

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, Jacob C. Compton, am the legal owner(s) of the property located at 441 Teeter Rd., Mooresville, NC, identified as PIN (Parcel Identification Number) 4676-87-5205.000 (PoA), located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Rachael J. Freeman, PoA (daughter), 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.

Jacob C. Compton by Rachael J. Freeman, PoA — Signature of Owner(s) — 1-7-2022 — Date

Signature of Witness — 1-7-2022 — 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

* Attached copy of PoA

Type: CRP
Recorded: 01/11/2021 at 11:56:10 AM
Fee Amt: $26.00 Page 1 of 5
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2771 PG 369-373

DURABLE POWER OF ATTORNEY

I, Jacob C. Compton, residing at 441 Teeter Road, Mooresville, North Carolina 28115, hereby appoint Rachael J. Freeman of 165 Harbour Watch Blvd., Leesville, South Carolina 29070, as my attorney-in-fact ("Agent") to exercise the powers and discretions described below.

If the Agent is unable to serve for any reason, I appoint Jay Freeman, of 165 Harbour Watch Blvd., Leesville, South Carolina 29070, as my alternate or Successor Agent, as the case may be to serve with the same powers and discretions.

This Power of Attorney shall not be affected by my subsequent incapacity.

I hereby revoke any and all general powers of attorney and special powers of attorney that previously have been signed by me.

However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, retirement plan accounts, and other similar accounts with financial institutions.

a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, negotiating or endorsing any checks or other instruments with respect to any such accounts, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.

b. Add, delete or change beneficiaries to any financial accounts I own including insurance policies, annuities, retirement accounts, payable on death savings or checking accounts or other investments.

c. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.

d. Have access to any safe deposit box that I might own, including its contents.

2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.

3. Purchase and/or maintain insurance and annuity contracts, including life insurance upon my life or the life of any other appropriate person.

4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.

5. Enter into binding contracts on my behalf.

6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, commodities, options or other investments.

7. Maintain and/or operate any business that I may own.

8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.

9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

10. Prepare, sign, and file documents with any governmental body or agency, including, but not limited to, authorization to:

a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.

b. Obtain information or documents from any government or its agencies, and represent me in all tax matters, including the authority to negotiate, compromise, or settle any matter with such government or agency.

c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including medical, military and social security benefits), and to appoint anyone, including

my Agent, to act as my "Representative Payee" for the purpose of receiving Social Security benefits.

11. To create, sign, modify or revoke any trust agreements or other trust documents in an attempt to manage or create a trust that was created for my benefit or the benefit of my dependents, heirs or devisees. This shall include the creation, modification or revocation of any inter vivos, family living, irrevocable or revocable trusts.

12. To exercise fiduciary responsibilities that I have a right to delegate.

13. Subject to other provisions of this document, my Agent may disclaim any interest, which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate. However, my Agent may not disclaim assets to which I would be entitled, if the result is that the disclaimed assets pass directly or indirectly to my Agent or my Agent's estate.

14. Have access to my healthcare and medical records and statements regarding billing, insurance and payments.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing, (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, or (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney. A Successor Agent shall not be liable for acts of a prior Agent.

No person who relies in good faith on the authority of my Agent under this instrument shall incur any liability to me, my estate or my personal representative. I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent as required under state law or upon my request or the request of any authorized personal representative, fiduciary or court of record acting on my behalf.

This Power of Attorney shall become effective on November 18, 2020, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

[SIGNATURE PAGE FOLLOW

Dated NOVEMBER 18, 2020, at Lexington, South Carolina.

Jacob C Compton

Jacob C. Compton

We, the undersigned, hereby certify that the above instrument, which consists of 5 pages, including the pages(s) which contain the witness signature, was signed in our sight and the presence by Jacob C. Compton (the "Principal"), who declared this instrument to be his Power of Attorney and we, at the Principal's request and in the Principal's sight and presence, and in the sight and presence of each other, do hereby subscribe our names as witnesses on the date shown

Witness Signature: Karen McCabe LaRusso
Name: Karen McCabe LaRusso
City: Gilbert, 509 Shore Rd
State: S.C. 29054

STATE OF SOUTH CAROLINA,
COUNTY OF LEXINGTON, ss:

The foregoing instrument was acknowledged before me this 18th day of November, 2020, by Jacob C. Compton and Karen McCabe LaRusso

KRISTIN B BURT
Notary Public-State of South Carolina
My Commission Expires
September 09, 2026

Kristin B. Burt
Notary Public

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 *****

RJT **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

RJT **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.**

RJT **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.**

* RJT **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.

N/A 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 Jacob C. Compton by Rachael J. Freeman **Date** 1-7-2022

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

* Septic tank and lines are exposed

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT# 109655 PIN# 4676-87-5205 DATE 11/12/02

OWNER OR CONTRACTOR Jacob Compton PHONE: Business Home 704-663-1734

ADDRESS 441 Teeter Rd Mooresville NC 28115

LOCATION Linwood, TL Teeter, on Rt behind #441

SUBDIVISION BLOCK / SECTION LOT LOT AREA 2.03 AC SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. 0.35

Septic Tank: 1000 Gallons; ST# 51828 Date 9-29-02

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1035 Linear Feet 345

No Lines 3 @ 115' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☒ New System ☐ Repair System Type: I II III IV V VI

System Description: Gravity Conventional

Repair System Description: same

Maintenance Agreement Required: ☐ Yes ☒ No

☐ House/Mod. Home No. Bedrooms 3

☒ Mobile Home No. Bathrooms 2

☐ Business No. Employees

☐ Other

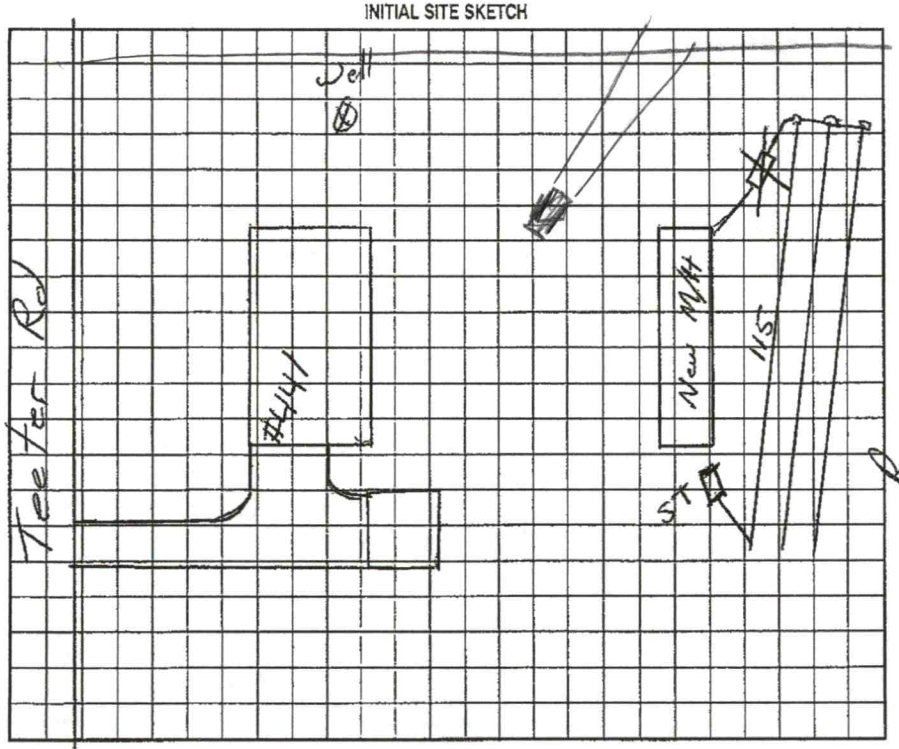
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community shared

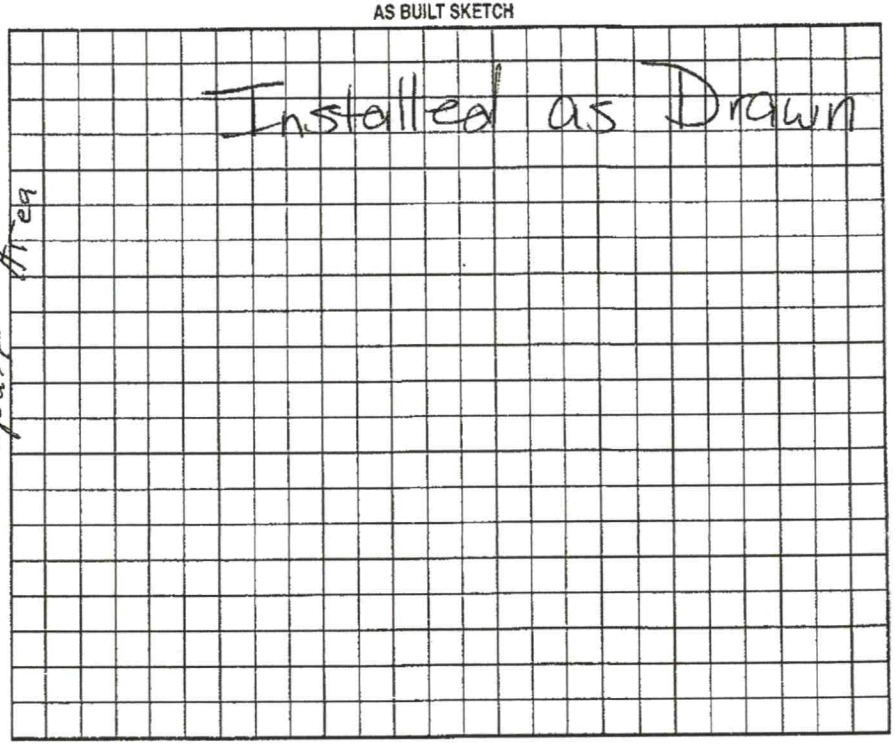
Comments:/Conditions:

Comments:/Conditions: Blue Polylok filter 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. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Jacob C Compton date 11-12-02

Improvement Permit by: RS date 11/12/02

Authorization to Construct by: RS date 11/12/02

Installed by: Delbert Bostian RS

Operation Permit by: Maria Hall Dotson date 11/22/2002

Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

tenant
→ dug into system,
1st week of Jan ↙

~~Sewage/wet area around tank~~ ?

Chris: Distribution box, clogged
tenant supply line from tank to
d-box

→ sump pump to suck tank empty

no sewage on surface, pumped
when backed up into house after
attempting to plunge toilets.

- D-box full / Corrugated pipe cut to clean
→ out.

Chris
~~704-~~ 682-0493