ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # OSWP-2022-9380

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

PIN # 4704 -- 48 -- 2369

APPLICANT/OWNER: Catherine White APPLICANT ADDRESS: 109 Twitty Ln, Statesville

SITE ADDRESS: 109 Twitty Ln, Statesville 28625 PHONE: 704-880-4426 ALT. PHONE -

SITE DIRECTIONS: Old Mtn Rd - Twitty Ln SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: - SECTION: - LOT # - LOT AREA: 0.511 acres DESIGN FLOW: EX L.T.A.R.: EX

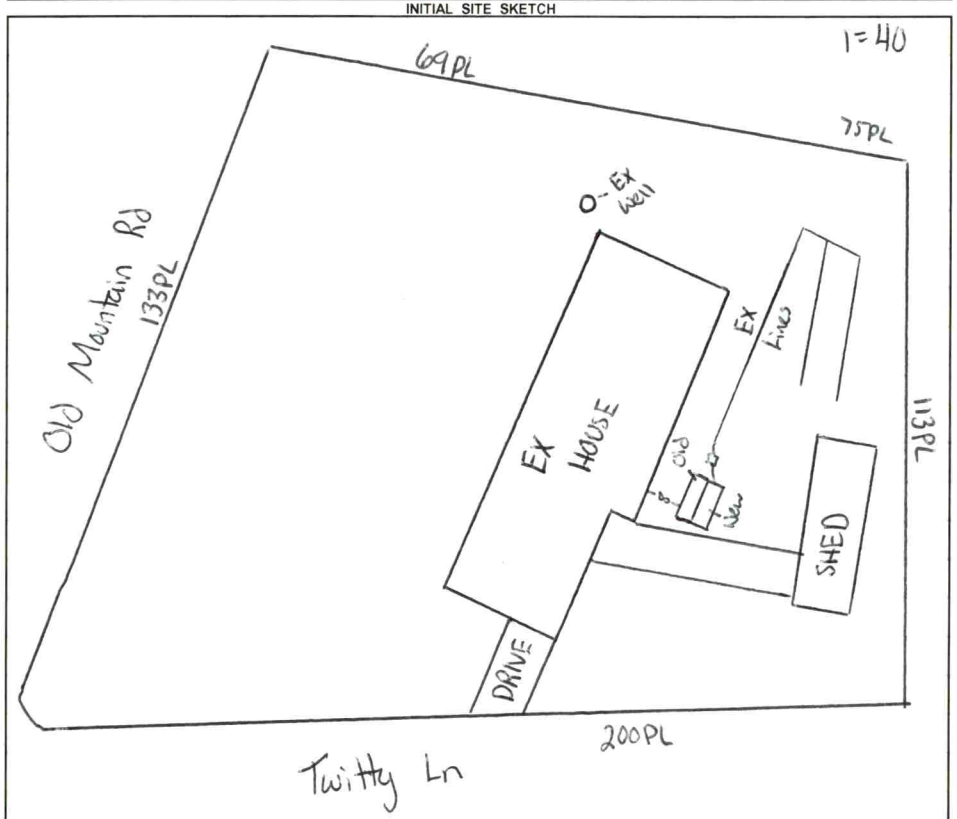
Septic Tank	1000 (gal)	STB	760	Date	10-18-22.	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI
Pump Tank	(gal)	PT		Date		System Description:			
Pump Make		Model		Serial #		Repair System Description:	Tank replacement		
# Nitrification Fields	EX	# Lines	EX	Linear Ft	EX	Maintenance Agreement Required:	☐ YES	☒ NO	
Trench Width	EX	Trench Bottom Depth(Low side)	EX	Gravel Depth	EX	☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	EX	**Water Supply**
☐ Business	No. Persons	EX	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☐ Community
☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush, & fill old septic tank. Replace distribution if necessary.

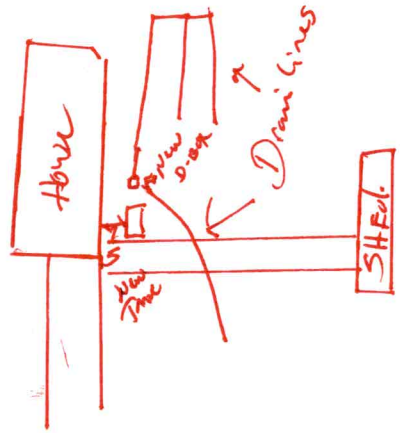
* Must abandond well before AC *
Well abandond 11/4/22

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: Date: 11/21/22 Installed by: Shane Brodwell

IMPROVEMENT PERMIT by: Cary Whit Date: 9/30/22 OPERATION PERMIT by: Brijuna B Date: 12-19-2022

AUTHORIZATION TO CONSTRUCT by: Cary Whit Date: 11/10/22 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? _____	



Tax Map Information

• PIN	4704482369.000
• Address	109 TWITTY LN
• Account #	Acct 77432721
• Tax Owner	BRAWTUS MANAGEMENT COMPANY LLC
• Mailing Address	201 PNEU MECH DR
•	STATESVILLE, NC 28625
• GIS Owner	BRAWTUS MANAGEMENT CO LLC
• Deed Info	2146 / 1266 - WD - 20111117
• Tax Acres	0.511 AC
• Lot #	
• Description	DOGWOOD LN
• Zoning	RA
• Old Parcel #	1408M04000A020
• Bldg Value	$89,580
• OBXF Value	$4,620
• Land Value	$17,850
• Total Value	$112,050
• Defer Value	$0
• Tax Districts	-ALLCOUNTY FIRE- -

IREDELL COUNTY NC

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.

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RECEIVED JUL 2 5 2022

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED

Needs Permit #

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Repair Evaluation - No Chg

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: David Brady **Address:** 109 Twitty Ln Statesville, NC **Zip:** 28677

Applicant Email: jswilson85@gmail.com **Phone:** 704-880-4426 **Alt. Phone:** _____

Owner Name: David Brady **Address:** 109 Twitty Ln Statesville, NC **Zip:** 28677

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 109 Twitty Ln Statesville, NC 28677

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: 3 — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 0 — ( ) 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: Lid cracked.

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: David Brady 07/25/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

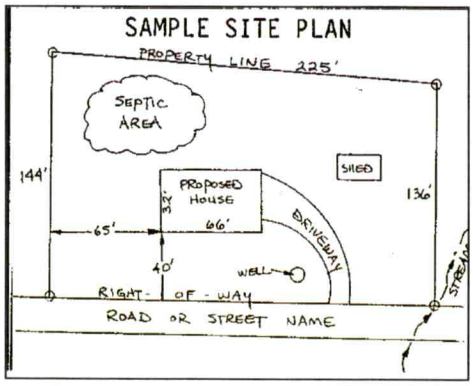
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IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 PERMIT*!!!



Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached

Signature: David Brady
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

07/25/2022
DATE

109 Twilight Site Plan



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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, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

David Brady _____ 07/25/2022

Signature of Owner(s) 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

Statesville Phone TR 3-7271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. 1 Hope Bro. Bldrs Permit Date Jan - 2 - 1963

Owner Lonnie Elliott Address old Mtn Rd.

Installed By C Hoke Address

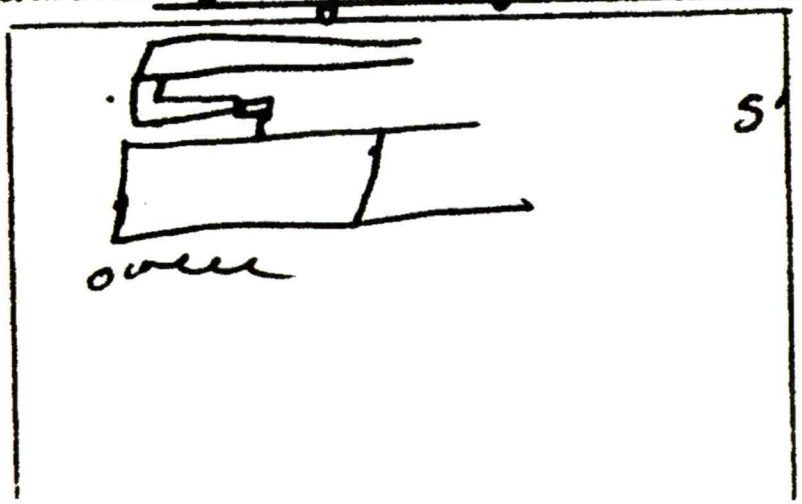
Location of Property Past Bradford X Rd toward Stg Pt. 2nd street to R. on Corner.

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	800	( )	150'	( )	No. of Baths	(2)
Precast	(✓)	900	( )	175'	( )	Dishwasher	( )
		1000	(✓)	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	(✓)	Auto-Washer	(✓)
		1200	( )	250'	( )	Other	
		Other		Other			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

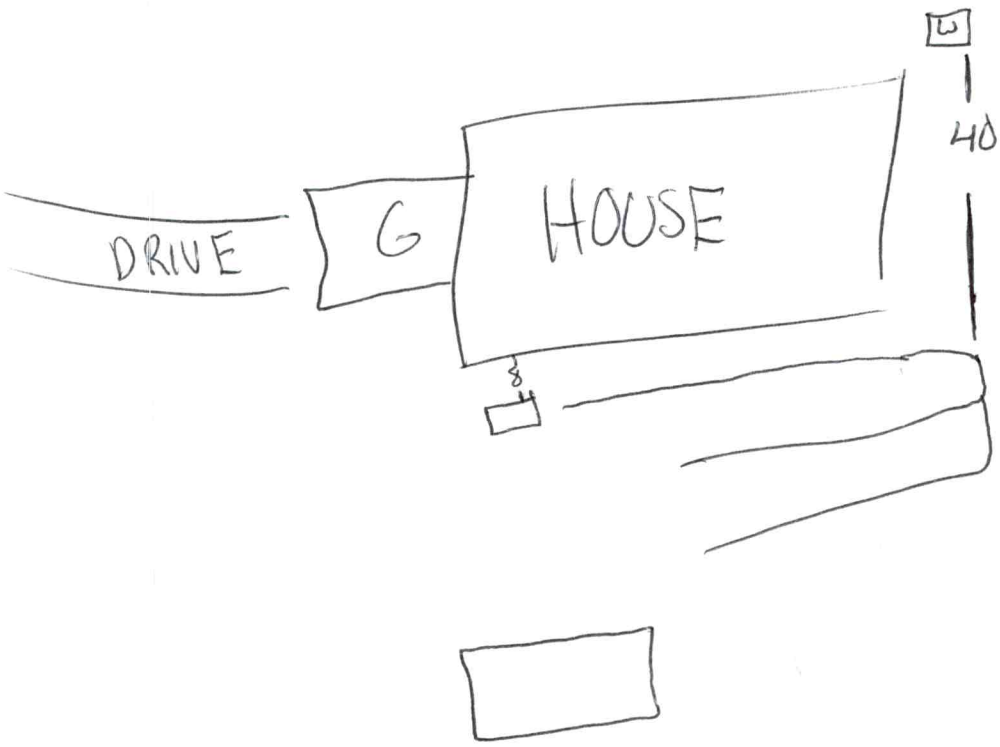
Final Inspection 1-2 1963 Approved (✓) Disapproved ( )

Remarks Very deep due to plumbing heavy woods



Very narrow place to put. wide part of way. Owner 50'

Lot


DRIVE
G
HOUSE
40

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*) Catherine White

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, Catherine White, am the legal owner(s) of the property located at 109 Twitty Lane, identified as PIN (Parcel Identification Number) 4704-48-2349 located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Anna White, _____, 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.

Catherine White
Signature of Owner(s)

11/16/22
Date

Mooresville - Environmental Health
barbara.nebel@co.iredell.nc.us
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

5:14

14 GW30

WELL ABANDONMENT RECORD

1. Well Contractor Information:

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

3987-C
NC Well Contractor Certification Number

Carolina Pump and Well
Company Name

2. Well Construction Permit #: N/A
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: 11-04-2022

5a. Well location:

Catherine White
Facility/Owner Name

Facility ID# (if applicable)

109 Twitty Ln. Statesville, N.C 28625
Physical Address, City, and Zip

Iredell
County

4704-48-2369
Parcel Identification No. (PIN)

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

35°46'57.4896 N 80°53'14.2656 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: 119 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 26 (ft.)

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

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

6g. Screen length (if known): N/A (ft.)

~~For Internal Use ONLY:~~

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): 139.5 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Hdrochlorine

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:

34 bags Bentonite Grout
4 bags concrete

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

poured bentonite and hydrated as needed, concreted the last 6Ft with concrete and capped per code

8. Certification:

Signature of Certified Well Contractor or Well Owner

11-04-2022
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.

Re: 109 Twitty Lane