#250

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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:

Applicant Name: JAMES C. HOOVER Address: 220 LOCKHARD CIR, TROUTMAN, NC 28166 Phone: 704-902-8778

Owner Name: JAMES C. HOOVER Address: 220 LOCKHARD CIR, TROUTMAN, NC 28166 Phone: 704-902-8778

Property Information:

Street Address: 220 LOCKHARD CIRCLE, TROUTMAN, NC 28166

Subdivision Name: AUDUBON ACRES Section/Phase: 1 Lot Number: 31

Driving Directions: STATE PARK RD - LEFT ON LOCKHARD CIRCLE
1/2 MILE ON RIGHT

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

( ) New Single Family Residence
( ) New Multi-Family Residence
(✓) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
(✓) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

( ) 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: NONE

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: James C Hoover
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-21-15
DATE

IREDELL COUNTY HEALTH DEPARTMENT

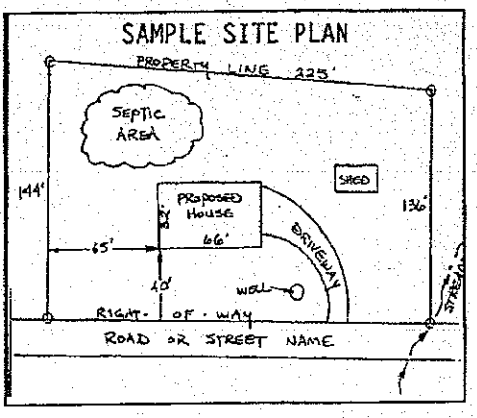
ENVIRONMENTAL HEALTH DIVISION

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:

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

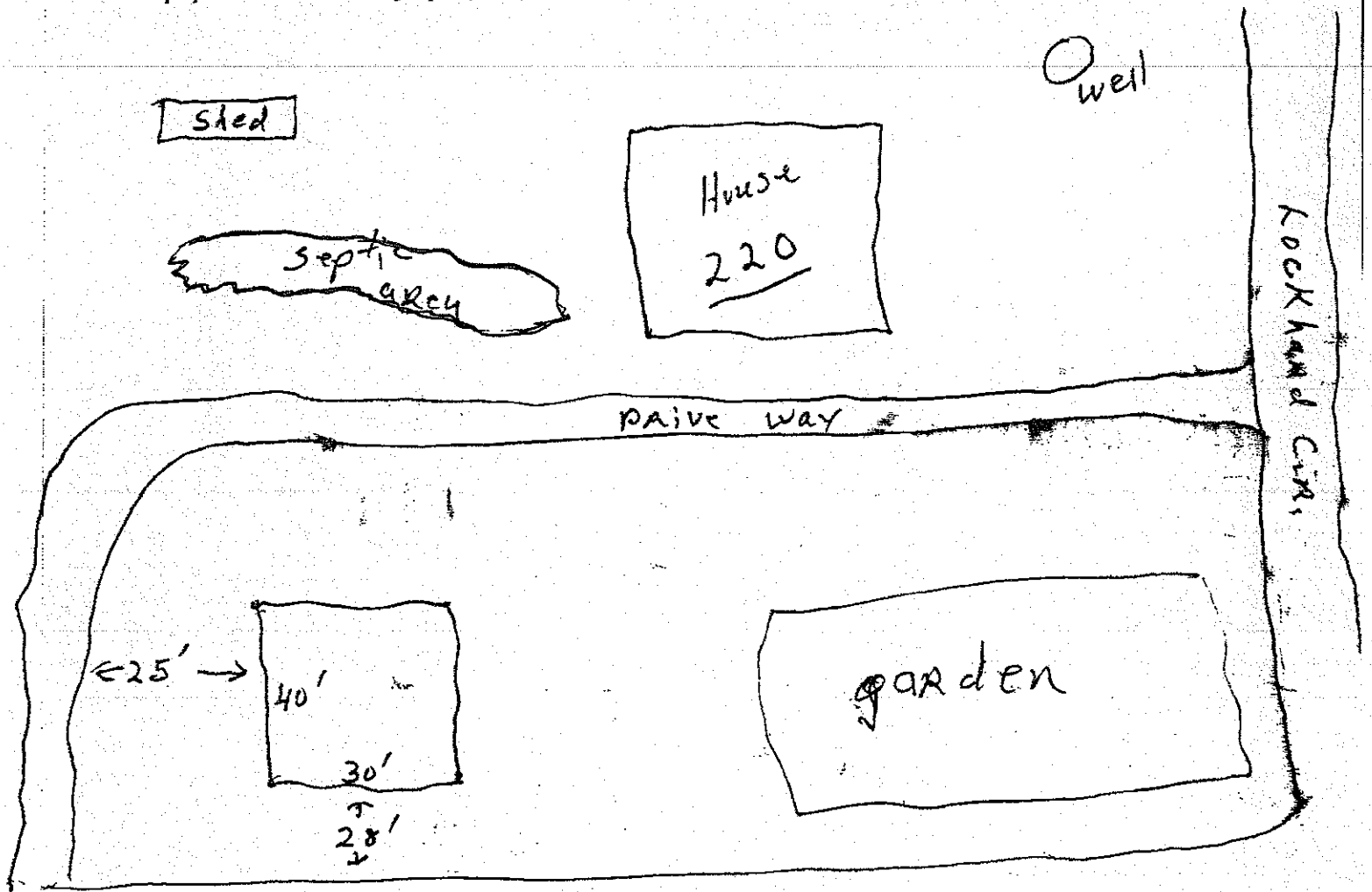


Circle N/A on the following if appropriate:

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: James Efird
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

8-21-15
DATE

Justin Henderson

From: Mckinney, Alan H <alan.mckinney@dhhs.nc.gov>
Sent: Monday, October 12, 2015 2:50 PM
To: Justin Henderson
Subject: RE: Eisting System application Jim Hoover

Justin,
Given the information and subsequent conversations on this site the construction should be allowed to proceed. If needed address the well issue with John Brooks.
Alan

Alan M°Kinney
N.C. Department of Health and Human Services
Regional Soil Scientist, Onsite Water Protection Branch, Division of Public Health
PO Box 1972
Boone NC, 28607
Office/mobile: 828-764-5076
alan.mckinney@dhhs.nc.gov

-------- Original message --------
From: Justin Henderson
Date:10/12/2015 8:00 AM (GMT-05:00)
To: "Mckinney, Alan H"
Subject: Eisting System application Jim Hoover

Alan,
I have an existing system application for an accessory build at property site 220 Lockhard Cir. During our evaluation of the site, we found that the existing septic drainfield on the above property was 45' from an existing well on an adjacent property. We do not have records on the septic nor the well in question, but it appears the septic was installed possibly in the 60's and we have no clue when the well was installed. The well has 6" PVC casing, therefore we are thinking the well is somewhat newer than the septic. Can we allow the applicant to have his building, or do we need to require that the well and/or septic is relocated/abandoned prior to issuing approval for the accessory building?
Thanks
Justin Henderson
EH Program Specialist
Iredell County

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