IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 239328

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

PIN # 4740508620

APPLICANT/OWNER: Judy Mendrick APPLICANT ADDRESS: 119 Marlo Loop Troutman, NC

SITE ADDRESS: 119 Marlo Loop Troutman, NC PHONE: 239-938-5214 ALT. PHONE 704-528-0137

SITE DIRECTIONS: NC 115 N → L on Flower House → L on Carlyle → L on Marlo Loop → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Carlyle Farms SECTION: 1 LOT # 4 LOT AREA: .459 ac DESIGN FLOW: existing L.T.A.R.:

Septic Tank	(gal)	STB	Date	☐ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI
Pump Tank	(gal)	PT	Date	System Description: EXISTING			
Pump Make		Model	Serial #	Repair System Description:			
# Nitrification Fields		# Lines	Linear Ft	Maintenance Agreement Required:	☐ YES	☐ NO	
Trench Width		Trench Bottom Depth(Low side)		Gravel Depth	☑ GRAVITY	☐ PRESSURE	

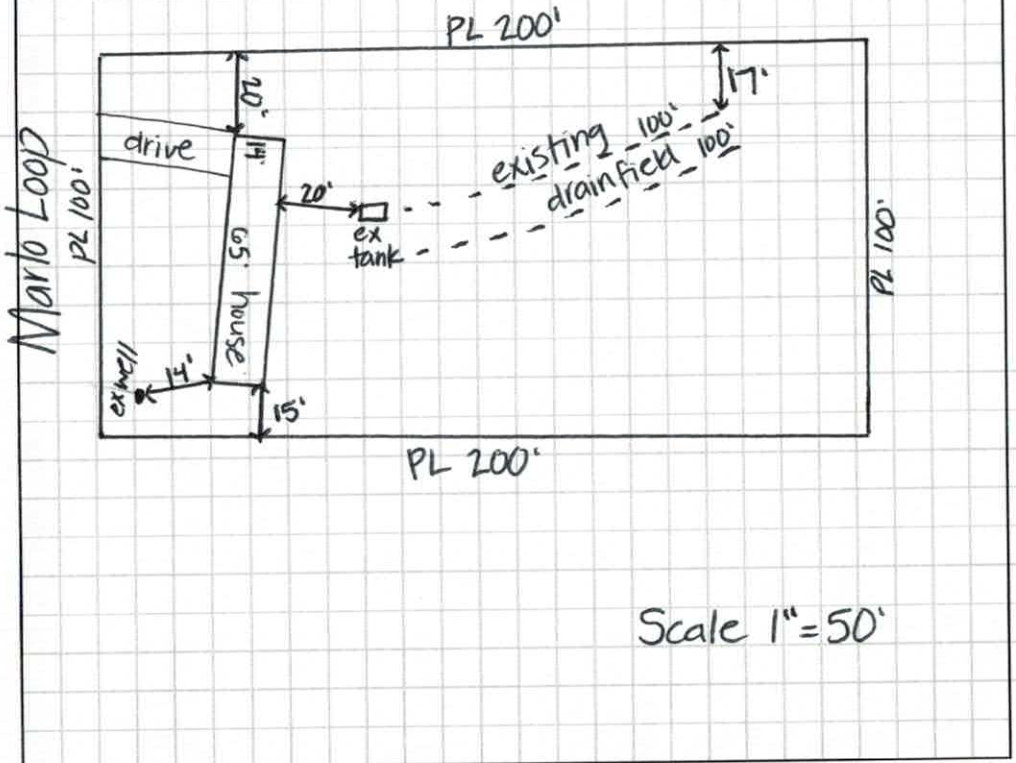
☑ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms ex. No. Persons ex. No. Employees ☑ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: System functioning properly during time of inspection. See attached well variance (building structure < 25' to well)

INITIAL SITE SKETCH



Scale 1"=50'

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**

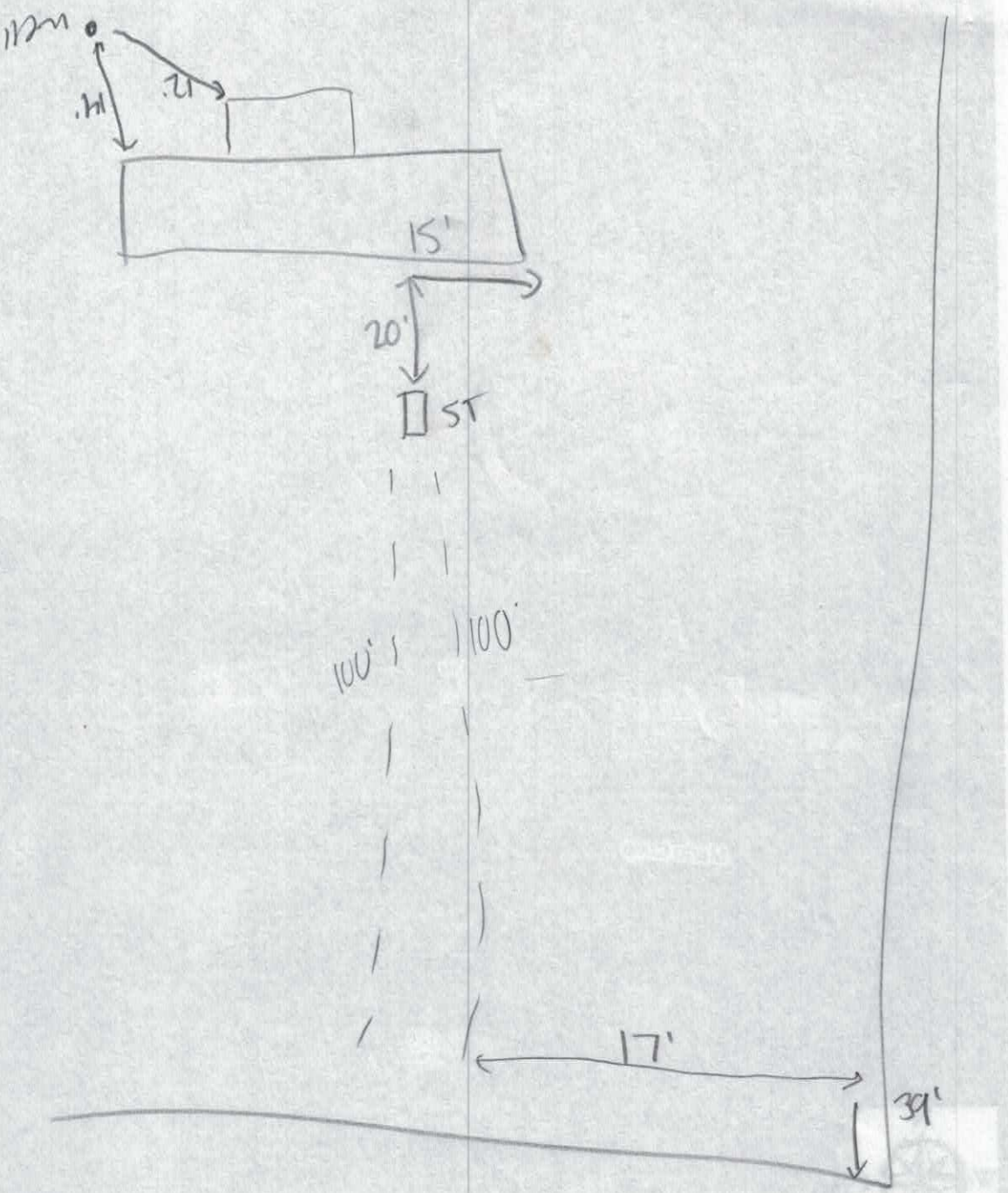
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11/5/18 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Kayla Watson Date: 11-1-18

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


15'
20'
ST
100'
100'
17'
39'

jmandrm@kead.com

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Judy O. Mendrick Address: 119 MARko Loop Zip: 28166
Applicant Email: JMAndRMOK@Aol.com Phone: 239938-5214 Alt. Phone: 704528-0137
Owner Name: Judy O. Mendrick Address: 139 Anchor LN Zip: 28166
Owner Email: JMAndRMOK@AOL.com Phone: 239938-5214 Alt. Phone: 704528-0137

Property Information:

Street Address: 119 Marko Loop.
Subdivision Name: MARko Loop. Section/Phase: _____ Lot Number: 119
Driving Directions: Perth RD - to CARLyle RD - MARko Loop.

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

Replacement MH
( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 2
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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 (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: Judy O. Mendrick 11/4/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, Raymond J. Gabler, Managing Member of R.O.I. Property Group, LLC, am the legal owner(s) of the property located at 119 Marlo Loop, Troutman, identified as PIN (Parcel Identification Number) 474-05-08-6-20.000, located in Iredell County, North Carolina.

Raymond J. Gabler 10/5/2018
Signature of Owner(s) Date

I do hereby authorize (print legal representative/company name) Richard Mendrick RBM Construction, 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.

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3299
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

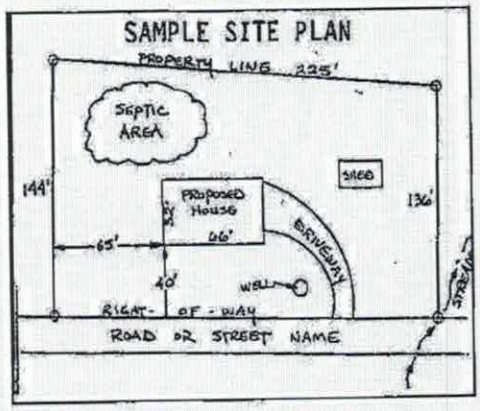
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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
( ) North arrow, or other sufficient indicator of direction



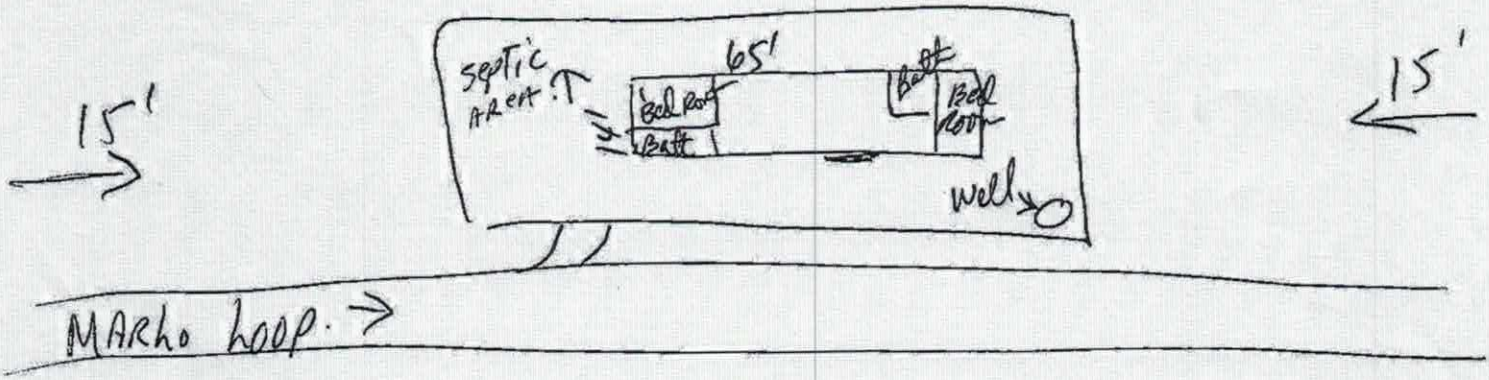
Circle N/A on the following if appropriate:

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

135'



35'

Signature: Judy O. Hardwick
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/4/18
DATE

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DANNY STALEY • Director, Division of Public Health

Onsite Water Protection Branch
October 26, 2018

Judy Mendrick
139 Anchor Lane
Troutman, NC 28166

Re: Approval No. JMB1540
Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
119 Marlo Loop
Troutman, NC 28166

Dear Ms. Mendrick:

On October 22, 2018 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 the variance concerns a water supply well on the referenced property that serves a single family dwelling. Part of a structure planned for the property will be within twenty five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty five foot setback would be difficult given the challenges of the property.

Based upon information provided by you, the Iredell County Health Department, 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 required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied to the structure within twenty five feet of the well unless alternative methods are approved by the Iredell County Health Department.

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

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 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: 10/22/18, 20___ **PERMIT NO.:** _____ (to be completed by DWQ/DPH)

A. **WELL OWNER** – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

JUDY MENDRICK

Mailing Address: 139 ANCHOR LANE

City: TROUTMAN State: NC Zip Code: 28166 County: IREDELL

Day Tele No.: 239 938 5214 Cell No.: _____

EMAIL Address: JMANDRMOK@AOL.COM Fax No.: _____

B. **PHYSICAL LOCATION OF WELL SITE**

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

County: _____

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

119 MARLO LOOP

City: TROUTMAN State: NC Zip Code: 28166

C. **WELL DRILLER INFORMATION** (if known)

Well Drilling Contractor's Name: _____

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ___ Zip Code: ___ County: _____

Day Tele No.: _____ Cell No.: _____

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.

THIS IS A EXISTING SITE. WE REMOVED A EXISTING MOBILE HOME AND REPLACED IT WITH A MOBILE HOME EXACTLY THE SAME SIZE IN EXACTLY THE SAME SPOT. WE CAN NOT MOVE THE MOBILE HOME DUE TO THE UNDERGROUND ELECTRIC IS 6" FROM REAR OF HOME

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. OTHER MINIMUM CONSTRUCTION REQUIREMENTS

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. SIGNATURES

Richard Mendrick

Signature of Person Responsible for Well Construction (typically the well driller)

RICHARD MENDRICK

Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

Signature of County Environmental Health Specialist

Print or Type Full Name of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality 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: Subdivision: Carlyle Farms lot: 4
(Town, community, subdivision and Lot #)

Address: 119 Marlo Loop County: Iredell

City/ST/Zip: Troutman, NC 28166 Date of SiteVisit: 10-23-18

Well Construction

Date of Well Construction: 10-15-1985

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

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 yes Sample Tap no

Well Tag yes Pump Tag no

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: Porch: 12' House: 14'

Other comments:

Complete below.

Name of person completing this form (please print): Kayla Wilson

Acknowledgement Of Plans Submittal ONLY!

Angela Dutton Date 11-1-18

Amanda Date 10/5/18

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
239323
Issue Date: 10/04/2018

ZONING PERMIT
Open Space

Parcel Number	Street Address	Jurisdiction
4740508620.000	119 MARLO LOOP, TROUTMAN, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ROI PROPERTY GROUP LLC	Applicant: MENDRICK, JUDY
Address: P O BOX 124	Address: 234 BRADLEY FARM ROAD
TROUTMAN, NJ 8720	STATESVILLE, NC 28677
Phone:	Phone:

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.459	35.00	35.00	15.00	15.00	PACL	X

Remarks:

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must meet requirement R10 of the LDC. Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation; Must have approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	154539	TOTAL FEES:	$ 79.50