(BB)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP-301247

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

PIN # 4751703588

APPLICANT/OWNER: WALTER HARMON APPLICANT ADDRESS: 153 WINDBROOK DRIVE, TROUTMAN, N.C. 28166

SITE ADDRESS: 155 OVERCASH ROAD, TROUTMAN, NC, 28166 PHONE: 704-634-4721 ALT. PHONE 704-508-1682

SITE DIRECTIONS: (S) ON 21, (L) ON OSTWALT AMITY, (R) ON OVERCASH LOT ON R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: WALTER J HARMON SECTION: — LOT # 3 LOT AREA: 0.964 AC DESIGN FLOW: 240GPD L.T.A.R.: 0.25

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	—	(gal)	PT	—	Date	—			
Pump Make	—		Model	—	Serial #	—			
# Nitrification Fields	1		# Lines	6	Linear Ft:	240FT			
Trench Width	36 IN		Trench Bottom Depth ~~(Low side)~~ MAX	21 IN	Gravel Depth	—			

☑ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% REDUCTION

Repair System Description: TS-II DRIP

Maintenance Agreement Required: ☐ YES ☑ ~~NO~~ ☑ GRAVITY ☐ PRESSURE

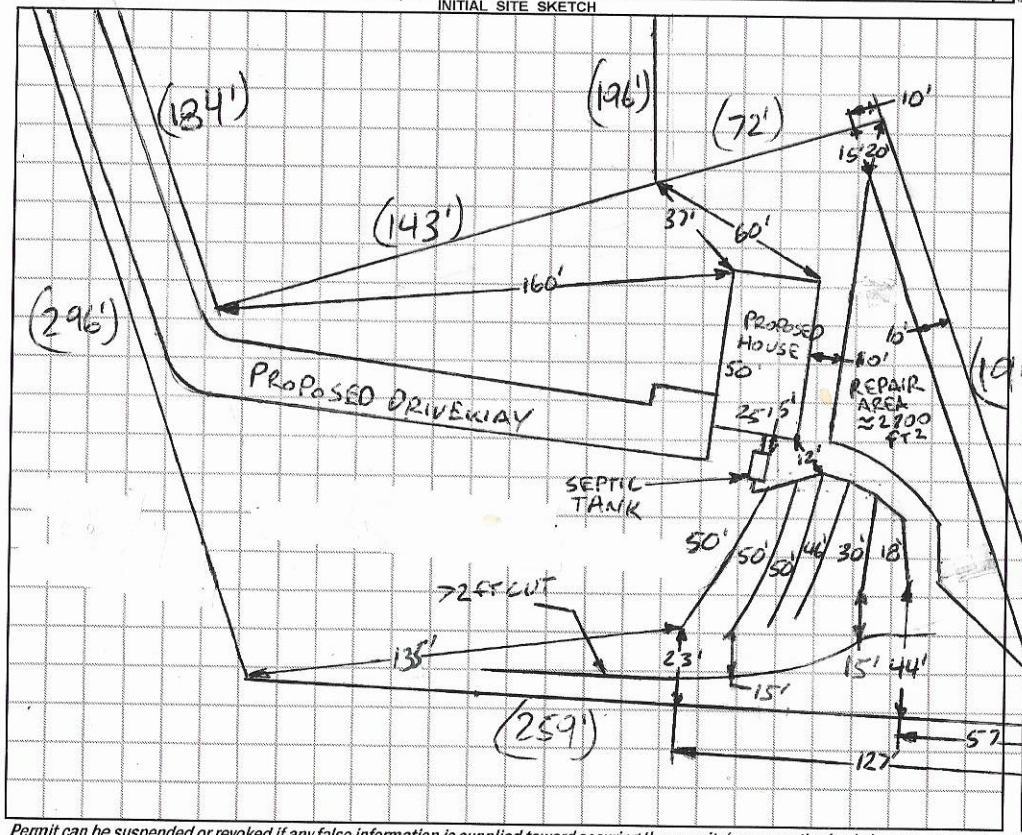
☑ Residence ☐ Business ☐ Other ☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

No. Bedrooms 2 No. Persons 4 No. Employees

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, MAINTAIN 15FT FROM CUT, DO NOT EXCEED 18IN TRENCH BOTTOM, IF 6IN OF COVER CANNOT BE MAINTAIN ~~MULTI~~-CONNECTION WELL REQUIRES VARIANCE SEE ATTACHED VARIANCE FOR WELL COUNTY APPROVED COVER IS REQUIRED

INITIAL SITE SKETCH



AS BUILT SKETCH

WELL HEAD BROUGHT TO SPEC 11-26-2019 1 IN = 60 FT

Installed as Drawn

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: Walter Harmon Date: 11-24-19. Installed by: Craig Thompson

IMPROVEMENT PERMIT by: Bryant C. White Date: 11-19-19 OPERATION PERMIT by: Bryant C. White Date: 11/20/2019

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 11-19-19 Existing System Inspected by: Date:

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

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

Sheet 1 of 2
PROPERTY ID #: 4751703588
COUNTY: IREDELL

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

OWNER: WALTER HARMON
ADDRESS: 153 WINDING BROOK DRIVE, TROUTMAN, NC. 28166
PROPOSED FACILITY: 2BR
PROPOSED DESIGN FLOW (.1949): 240 GPD
LOCATION OF SITE: 155 OVERCASH ROAD, TROUTMAN, NC 28166
APPLICATION DATE 9-26-19
DATE EVALUATED: 10-15-19
PROPERTY SIZE: 0.964 AC
PROPERTY RECORDED: YES

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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1									
2			SEE						
			PAGE						
3			2						
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25%	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Burkett C. Wilkie
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

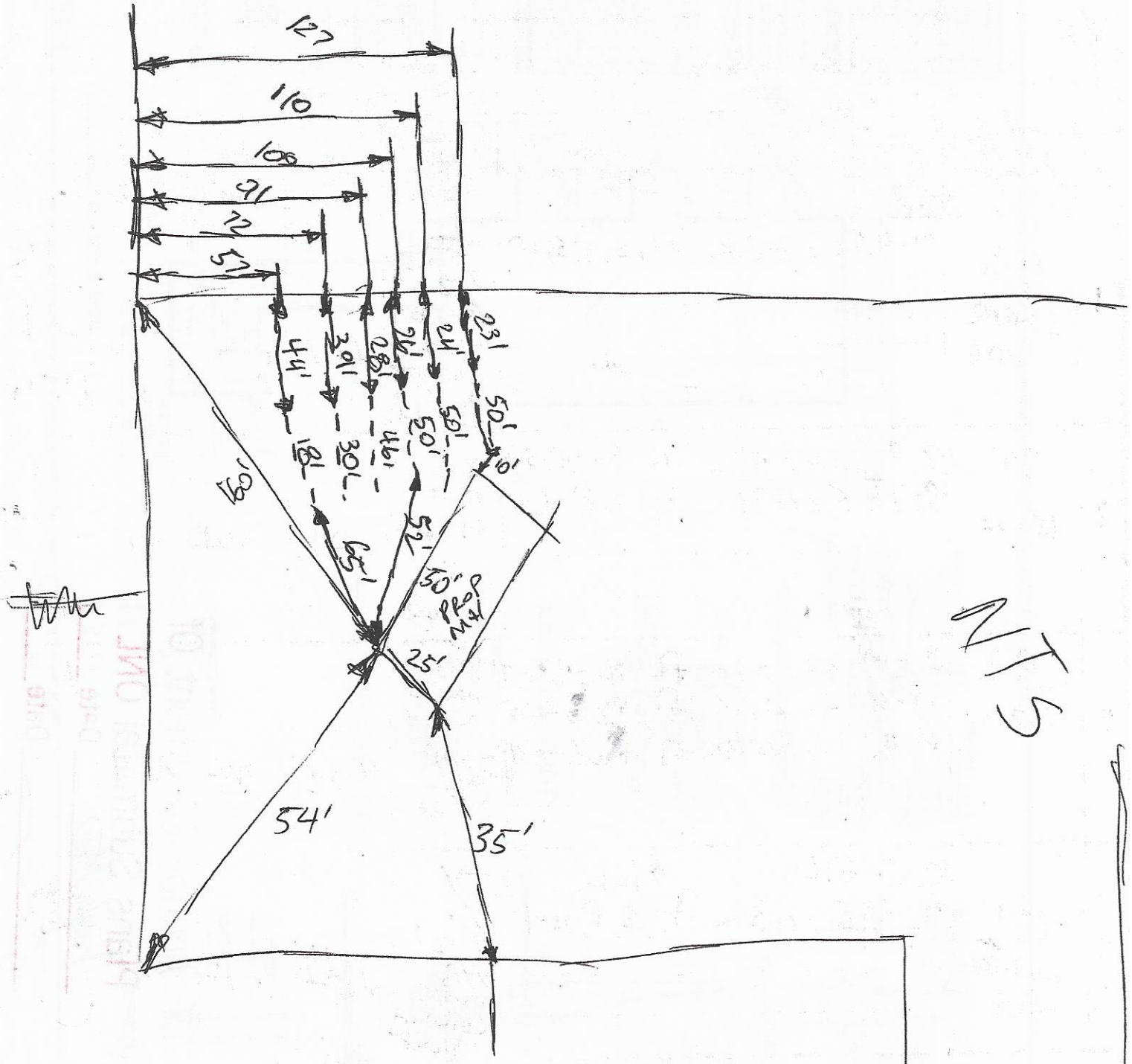
(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4751703588
DATE OF EVALUATION: 10-15-19
COUNTY: IREDELL

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	8% LINEAR SIDE	0-48	C, ABK	FI, S, P, SEXP	~~EXP~~ 2.5Y 7/2 @ 20" "TIGER" CHROMA 2 MOTS 20"-48"	48"+	NA	NA	PS .1 DRIP
2	8% NOSE	0-9	SCL, SBK	FR, SS, SP, SEXP	Y/B MOTS 30"-48" SAP INC 40"-48"	48"+	NA	NA	PS .25
		9-48	C, ABK	FI, S, P, SEXP					
3	8% NOSE	0-10	SCL/SBK	FR, SS, SP, SEXP	Y/B MOTS 0-10" - SAP INC 30"-48"	48"+	NA	NA	PS .25
		10-36	C, ABK	FI, S, P, SEXP					
		36-48	CL, WABK	FR, SS, SP, SEXP					
4	8% LINEAR SIDE	0-8	FILL	FILL	2.5Y 7/2 @ 12" Y/B MOTS CHROMA 2 TIGER	48"+	NA	NA	~~PS~~ U
		8-48	C, ABK	FI, S, P, SEXP					
5	8% LINEAR SIDE	0-4	SCL, SBK	FR, SS, SP, SEXP	2.5Y 7/2 @ 13" CHROMA 2 MOTS "TIGER"	42"+	NA	NA	PS .1 DRP
		4-42	C, WABK	FI, S, P, SEXP					

COMMENTS:


127
110
108
91
72
57
44'
30'
28'
24'
24'
23'
50'
50'
50

AP301247
$500

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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: Walter Harmon Address: 153 Windbrook dr. Troutman Zip: 28166
Applicant Email: Mterry0424@gmail.com Phone: 704-634-4221 Alt. Phone: 704-508-1682
Owner Name: Walter Harmon Address: 153 windbrook dr. Troutman Zip: 28166
Owner Email: _____ Phone: _____ Alt. Phone: _____

****

Property Information:

Street Address: 155 overcash rd. Troutman NC 28166
Subdivision Name: N/A Section/Phase: _____ Lot Number: 3
Driving Directions: _____

****

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

(X) 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: ~~3~~ 2 w/ 1f 10' 15' X 19
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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: _____
(X) Multi-connection Well Number of Houses: 3 Number of Persons: _____
( ) New Well ( ) Existing Well (X) 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 (X) 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.

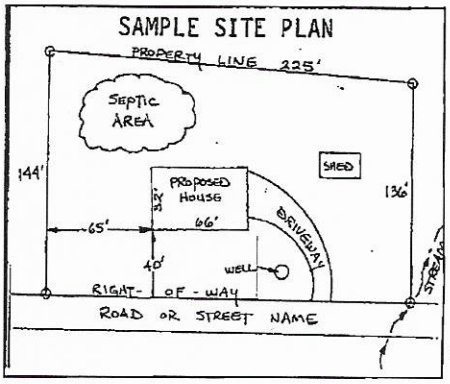
Signature: Walter Harmon 09/26/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

145 OVERCASH
141 PRIOR

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:

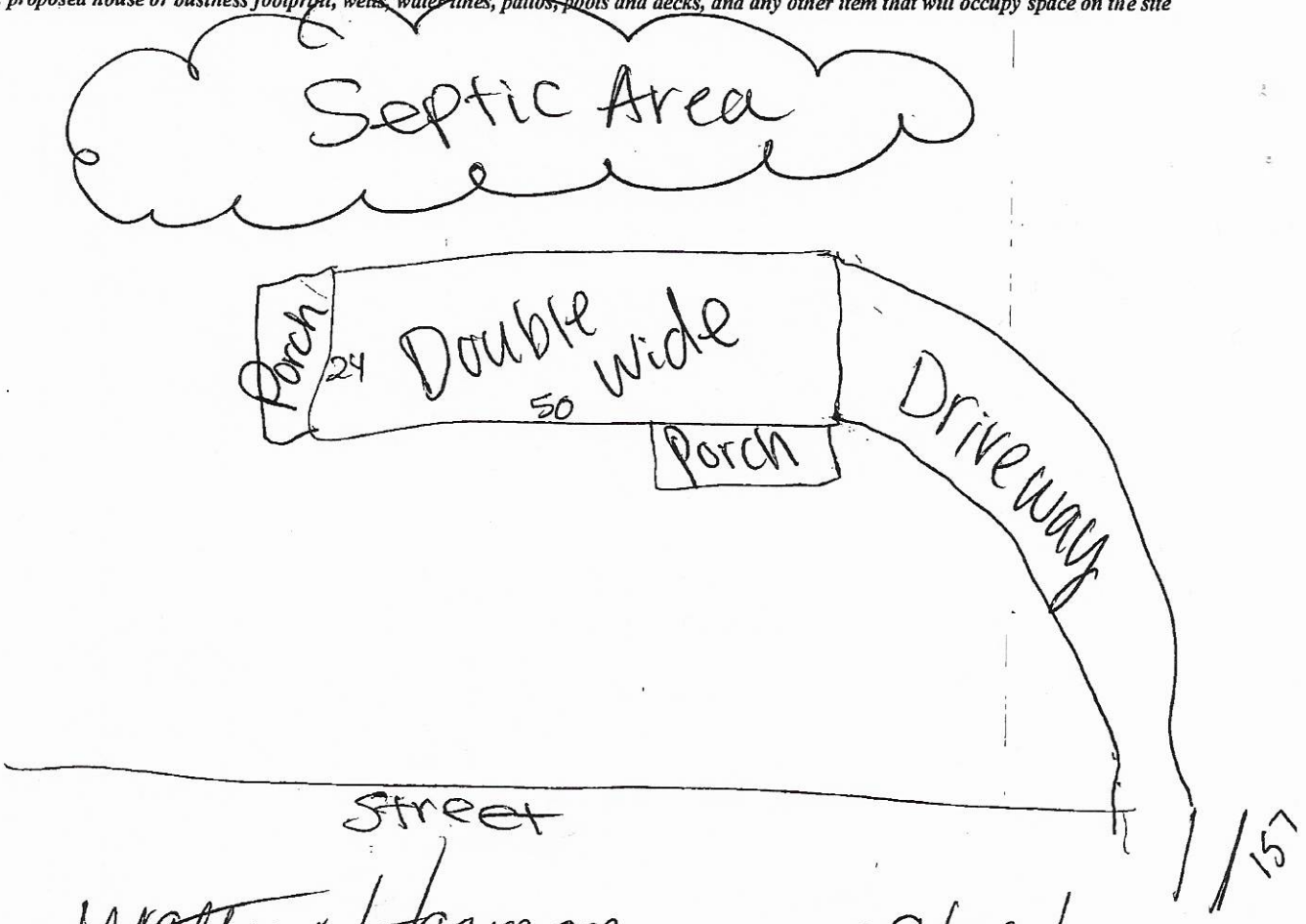
( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) North arrow, or other sufficient indicator of direction

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

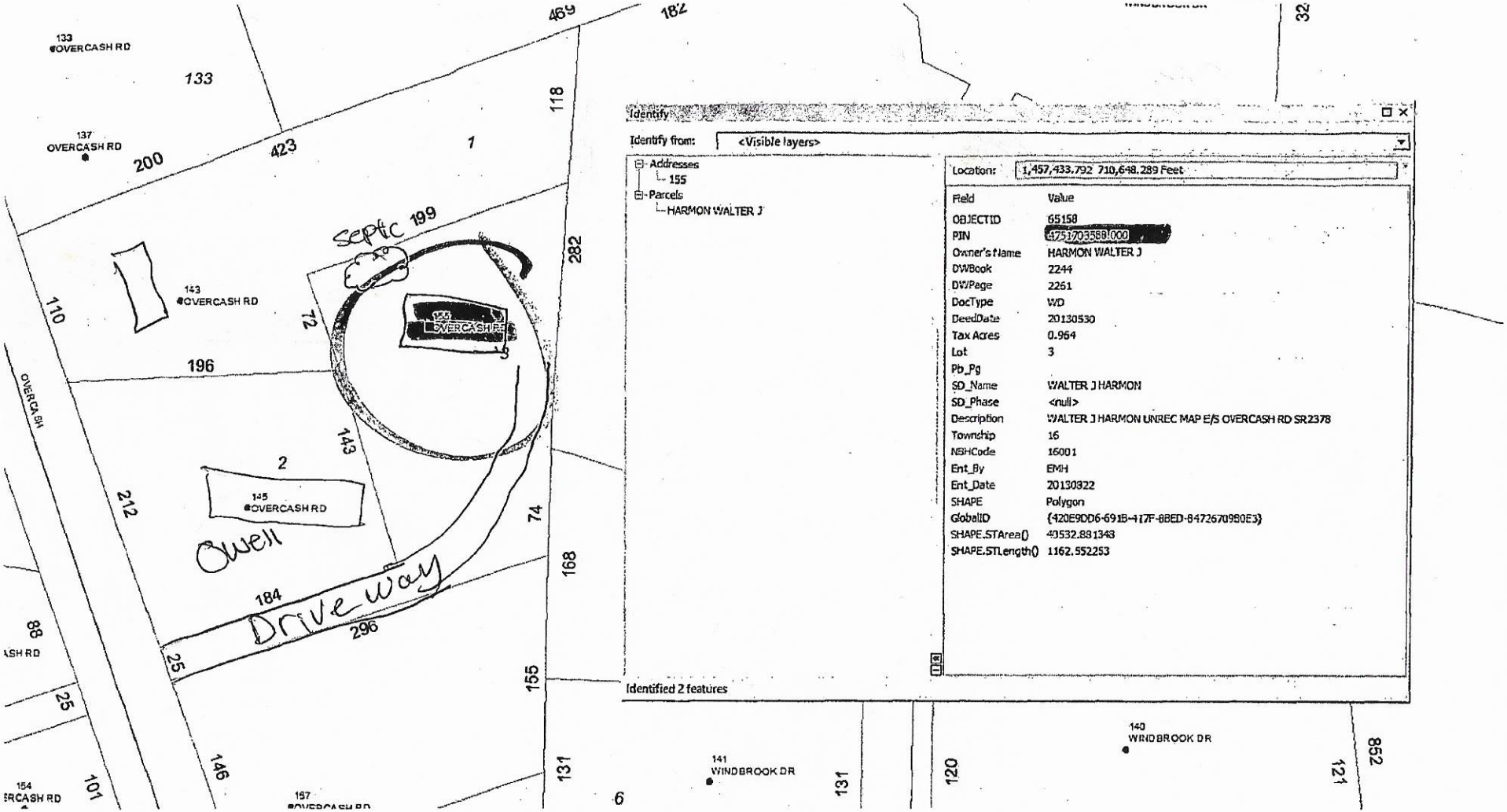
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



1/157

Signature: Walter Harmon **09/26/**

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE


133 OVERCASH RD
133
137 OVERCASH RD
200
423
1
118
282
143 OVERCASH RD
110
72
196
155 OVERCASH RD
Septic
199
143
2
145 OVERCASH RD
212
Owell
74
184
Drive way
296
25
168
155
88
25
146
101
131
141 WINDBROOK DR
131
120
140 WINDBROOK DR
121
852
6
Identify
Identify from: <Visible layers>
Addresses
155
Parcels
HARMON WALTER J
Location: 1,457,433.792 710,648.289 Feet
Field Value
OBJECTID 65158
PIN [redacted]
Owner's Name HARMON WALTER J
DWBook 2244
DWPage 2261
DocType WD
DeedDate 20130530
Tax Acres 0.964
Lot 3
Pb_Pg
SD_Name WALTER J HARMON
SD_Phase <null>
Description WALTER J HARMON UNREC MAP E/S OVERCASH RD SR2378
Township 16
NBHCode 16001
Ent_By EMH
Ent_Date 20130922
SHAPE Polygon
GlobalID {420E9DD6-691B-417F-8BED-8472670980E3}
SHAPE.STArea() 40532.881343
SHAPE.STLength() 1162.552253
Identified 2 features

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*) Walter Harmon

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, Walter Harmon, am the legal owner(s) of the property located at 155 Overcash rd Troutman Nc 28166 identified as

PIN (Parcel Identification Number) 4751703588.000 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.

_____ _____
Signature of Owner(s) Date

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

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
November 19, 2019

Janice Harmon
159 Overcash Rd
Troutman, NC 28166

Re: Approval No. JMB1856

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

Property location:
159 Overcash Rd
Troutman, NC 28166

Dear Ms. Harmon:

On November 18, 2019 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. Another septic system is proposed near the well. 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

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: NOVEMBER, 14TH 2019 **PERMIT NO.:** AP-301247 (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:

JANICE HARMON

Mailing Address: 159 OVERCASH ROAD

City: TROUTMAN State: N.C. Zip Code: 28166 County: IREDELL

Day Tele No.: — Cell No.: 704-634-4721

EMAIL Address: — Fax No.: —

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4751704219

County: IREDELL

(2) Physical Address (if different than mailing address): 159 OVERCASH ROAD

City: TROUTMAN State: NC Zip Code: 28166

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: TAYLORSVILLE WELL DRILLING, INC

NC Well Drilling Contractor Certification No.: 2232

Company Name: TAYLORSVILLE WELL Contact Person: DONALD/BRADLEY RUSSELL

City: TAYLORSVILLE State: NC. Zip Code: 28681 County: ALEXANDER

Day Tele No.: 828-632-8377 Cell No.: 828-632-0099

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.

EXSISTING MULTI-CONNECTION WELL IS ONLY 88ft FROM SEPTIC, ADDING NEW CONNECTION WELL TO BE SHARED WITH 159 OVERCASH, 157 OVERCASH (ALREADY SHARED), ADDING 155 OVERCASH TO WELL

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**

Walter Harmon

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

Walter Harmon

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

Bryant C. White

Signature of County Environmental Health Specialist

BRYANT C. WHITE

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.

H. SUBMITTAL INSTRUCTIONS

(1) For the following types of water supply wells only:

(a) Private Drinking Water Wells under 15A NCAC 02C .0300
(b) Irrigation Wells under15A NCAC .02C .0107 with a designed capacity of less than 100,000 gallons per day and located on the same property as an on-site wastewater system permitted by a local health department.

Prior to submittal of the variance for these types of wells, please contact your regional environmental health specialist by visiting: http://ehs.ncpublichealth.com/contacts.htm

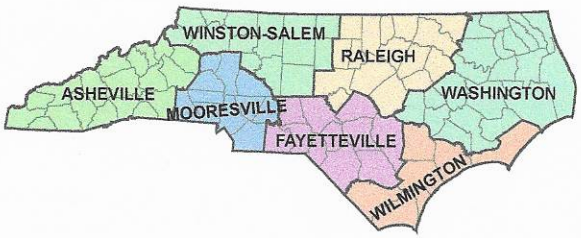
Submit one copy of the completed variance application to:

North Carolina Department of Health and Human Services
Division of Public Health – Environmental Health Section
On-Site Water Protection Branch
1632 Mail Service Center
Raleigh, North Carolina 27699-1632

(2) For the following types of wells only:

(a) All Water Supply Wells under 15A NCAC 02C .0107 other than the ones listed under (1) above
(b) Wells Other than Water Supply under 15A NCAC 02C .0108. If these wells are to be constructed on property not owned by the well owner or applicant, please also attach and submit a completed Application to Construct a Monitoring or Recovery Well System (GW-22MR) found on our website at: http://portal.ncdenr.org/web/wq/aps/gwpro/permit-applications

Submit one copy of the completed variance application to the Division of Water Quality Regional Office serving the area in which the well will be located:



Asheville Regional Office
2090 U.S. Highway 70
Swannanoa, NC 28778
Telephone: (828) 296-4500
Fax: (828) 299-7043

Fayetteville Regional Office
225 Green Street, Suite 714
Fayetteville, NC 28301-5043
Telephone: (910) 433-3300
Fax: (910) 486-0707

Mooresville Regional Office
610 East Center Avenue,
Suite 301
Mooresville, NC 28115
Telephone: (704) 663-1699
Fax: (704) 663-6040

Raleigh Regional Office
1628 Mail Service Center
Raleigh, NC 27699-1628
Telephone: (919) 791-4200
Fax: (919) 571-4718

Washington Regional Office
943 Washington Square Mall
Washington, NC 27889
Telephone: (252) 946-6481
Fax: (252) 975-3716

Wilmington Regional Office
127 Cardinal Drive Extension
Wilmington, NC 28405
Telephone: (910) 796-7215
Fax: (910) 350-2004

Winston-Salem Regional Office
585 Waughtown Street
Winston-Salem, NC 27107-2241
Phone: (336) 771-5000
Fax: (336) 771-4631

COASTAL PLAIN

Minimum Additional Construction Requirements for Wells Requiring a Variance or a Permit to the Separation Distances in 15A NCAC 2C .0107(a)(2) and .0107(a)(3) - Applicable to areas that are Underlain by Unconsolidated Sediments and Sedimentary Rocks

POTENTIAL POLLUTION SOURCE	MINIMUM SEPARATION DISTANCE (ft)			MINIMUM ADDITIONAL REQUIREMENTS		
	Standard	Single Family	Variance	Casing Type	Casing Depth	Grout Depth
septic tank and drainfield	100	50	50	PVC	>20 feet below land surface or as specified by the Director	To the first significant clay greater than 20 feet below land surface or to the source aquifer
other subsurface ground absorption waste disposal system	100	100				
other sewage and liquid-waste collection or transfer facility	100	100				
cesspools and privies	100	50				
animal feedlots or manure piles	100	100				
Surface water (GW recharge)...ponds, lake	50	50	SITE SPECIFIC			
other surface water bodies...creeks, river	25	25				
water tight sewage or liquid-waste collection or transfer facility	50	25	SITE SPECIFIC	PVC[1]		
animal barns	100	50				
building foundations(excluding well house)	25	25				
fertilizer, pesticide, herbicide or other chemical storage areas	100	100	SITE/SOURCE SPECIFIC	SITE/SOURCE SPECIFIC		
other non-hazardous solid waste landfill	100	100				
non-hazardous waste storage, treatment or disposal lagoons	100	100				
industrial/municipal sludge-spreading or wastewater-irrigation site	100	100				
aboveground or underground heating oil storage tanks	50	50				
all other potential sources of groundwater contamination	50	50				
sanitary landfills	500	500	DO NOT ISSUE			
chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N with secondary containment	50	50				
chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N w/o secondary containment	100	100				

[1] Double cased PVC may be required

Attachment A (Form GW-22V)

15A NCAC 2C .0107(d)(4)(B), .0107(e)(1)(A), and 2C .0116 provide for the ability to construct a well to a depth of less than 20 feet where the best source of water exists between a depth of ten and twenty feet below the surface of the land. Because additional minimum construction requirements necessitate that: 1) casing extend to a depth greater than 20 feet below land surface; and 2) grout extend to the first significant clay layer greater than 20 feet below land surface or to the source aquifer, a variance to horizontal separation distances for shallow wells cased to less than 20 feet is not feasible. Well construction information should be provided with the Application for Permit for Variance detailing how minimum additional construction requirements will be satisfied.

PIEDMONT AND MOUNTAINS

Minimum Additional Construction Requirements for Wells Requiring a Variance or a Permit to the Separation Distances in 15A NCAC 2C .0107(a)(2) and .0107(a)(3) - Applicable to areas that are Underlain by Crystalline Bedrock

POTENTIAL POLLUTION SOURCE	MINIMUM SEPARATION DISTANCE (ft)			MINIMUM ADDITIONAL REQUIREMENTS		
	Standard	Single Family	Variance	Casing Type	Casing Depth	Grout Depth
septic tank and drainfield	100	50	50	GALVANIZED STEEL	If Bedrock depth is <50 feet: the greater of 15 feet into bedrock or 40 feet below land surface If bedrock depth is 50-100 feet: 10 feet into bedrock If bedrock depth is >100 feet: 5 feet into bedrock	full length of casing[1]
other subsurface ground absorption waste disposal system	100	100				
other sewage and liquid-waste collection or transfer facility	100	100				
cesspools and privies	100	50				
animal feedlots or manure piles	100	100				
Surface water(GW recharge)...ponds, lake	50	50	SITE SPECIFIC			
other surface water bodies...creeks, river	25	25				
water tight sewage or liquid-waste collection or transfer facility	50	25	SITE SPECIFIC	PVC or GALVANIZED STEEL	The greater of 40 feet below land surface or 5 feet into bedrock	full length of casing[1]
animal barns	100	50				
building foundations(excluding well house)	25	25				
fertilizer, pesticide, herbicide or other chemical storage areas	100	100	SITE/SOURCE SPECIFIC	SITE/SOURCE SPECIFIC		
other non-hazardous solid waste landfill	100	100				
non-hazardous waste storage, treatment or disposal lagoons	100	100				
industrial/municipal sludge-spreading or wastewater-irrigation site	100	100				
aboveground or underground heating oil storage tanks	50	50				
all other potential sources of groundwater contamination	50	50				
sanitary landfills	500	500	DO NOT ISSUE			
chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N with secondary containment	50	50				
chemical or petroleum fuel underground storage tanks regulated under 15A NCAC 2N w/o secondary containment	100	100				

[1]A drill bit with a diameter that is at least 1/3 greater than the diameter of the casing must be used to drill the cased portion of the well. Grout should be installed under pressure. Installation using a tremmie pipe is acceptable if the space to be grouted is free of obstruction

Attachment B (Form GW-22V)



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157 OVERCAST

IREDELL COUNTY HEALTH DEPARTMENT

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

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

PERMIT# 134458 PIN# ~~4751 70 3551 7000~~ 4751 70 4219 DATE 4/3/06

OWNER OR APPLICANT Walter J + Janice Harmon PHONE: Business _____ Home _____

ADDRESS 153 Windbrook Dr. Troutman NC. 28166

LOCATION Cascade Trails TR Overcash Rd on (L) #159

SUBDIVISION No BLOCK / SECTION _____ LOT _____ LOT AREA ~1 Ac SITE CLASS. PS DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 8/12/05

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 900 Linear Feet 300

No Lines 3@100 Trench Width 3' Max Trench Bottom Depth 3'

[X] New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Dist Box - 25% Reduced

Repair System Description: Sorry

Maintenance Agreement Required: ☐ Yes [X] No

[X] House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Persons _____

☐ Business No. Employees _____

☐ Other _____

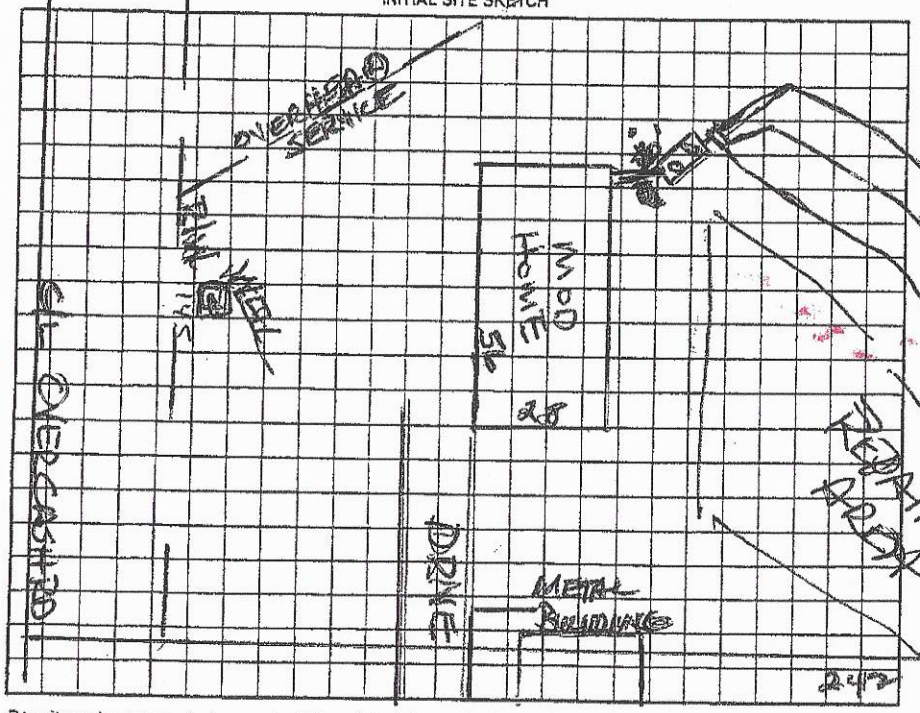
Water Supply: [X] Individual ☐ Public ☐ Community

Gravel Depth No ☐ Gravity ☐ Pressure ☐ Slab [X] Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Comments:/Conditions:

(1" = 40')

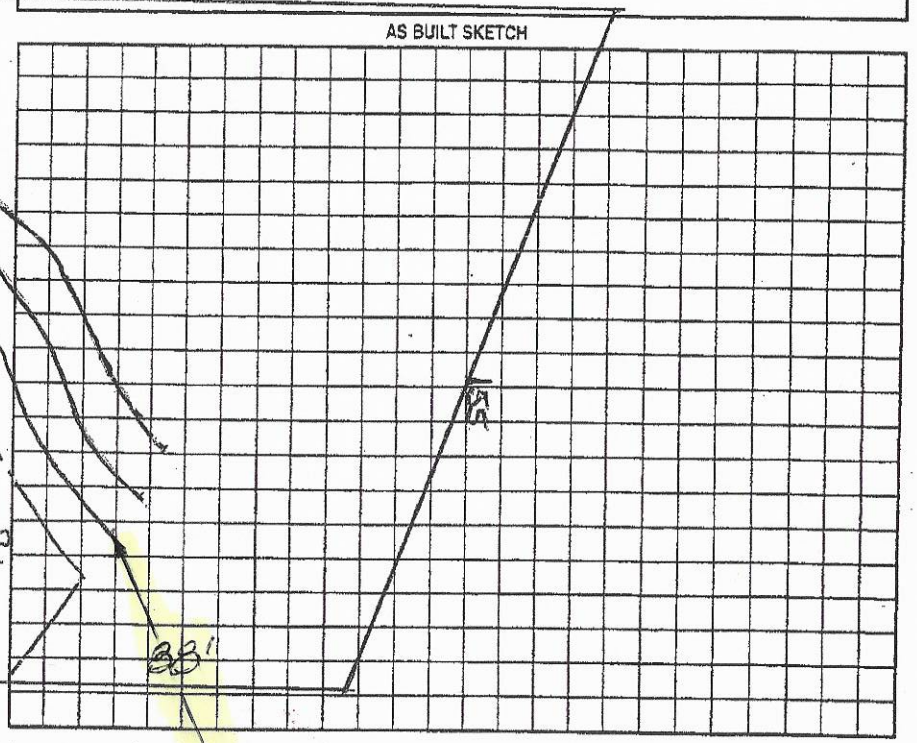
INITIAL SITE SKETCH



Comments:/Conditions:

300'

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: [signature] date 4/7/06

Improvement Permit by: Wesley Sparks R.S. date 4/3/06

Authorization to Construct by: Wesley Sparks R.S. date 4/3/06

Installed by: A-1 Backhoe

Operation Permit by: Wesley Sparks R.S. date 4/13/06

Existing System Inspection by: _____ date _____

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

WELL IN QUESTION

4751706129 135 WINDBROOK

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Sebron Corp. DATE 4/12/89 Quad ~~PERMIT NO:~~ 18B

PHONE: Business _____ Home _____

LOCATION 21 N. TR Amity - Ostwalt Rd. TR Overcash TL Windbrook On L. ~ 1/2 way to end S. R. No. _____

SUBDIVISION NAME Windbrook LOT NO. 5 SECTION OR BLOCK NO. 4K-2-A-9 Barringer

House ( ) Mobile Home (✓) Business ( ) Other _____

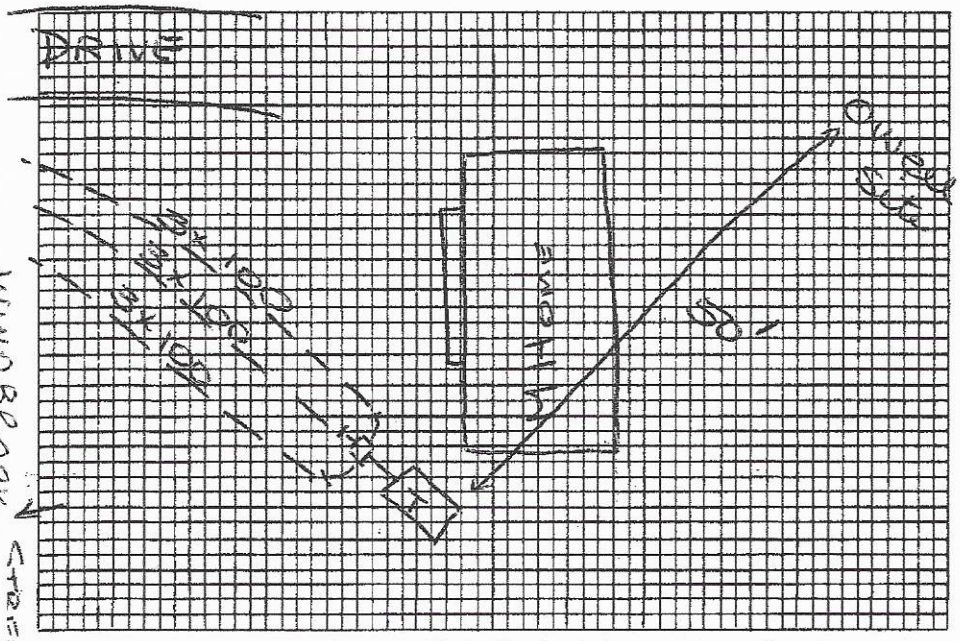
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit Yes ( ) No (✓)
Auto. Dishwasher Yes (✓) No ( )
Auto. Wash. Machine Yes (✓) No ( )
Site Suitable Yes (✓) No ( )

Character & Porosity of Soil Clay
Percolation Rate .4 gpd V fst
Topography Gently
Depth to Water Table 9'+
Rock or other impervious formations none observed

Lot Area 3/4 Acre

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System Not to Scale

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 900 Linear Ft. 300
Depth of Stone in Lines 12"
Water Supply: Individual (✓)
Public ( )

Installed by Dellinger Grading

I understand and agree to install septic tank system as specified on this ~~Improvements~~ Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Andre C. Price DATE 4/12/89

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

4751706321 141 WINDBROOK

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 18173 DATE 4/26/94 TAX MAP NO. 4K 2A 6 Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Wm. K Miller III PHONE: Business Home 528-5167

ADDRESS PO Box 1258 Troutman, NC.

LOCATION Windbrook Dr. Ashenty (R) on Overcash Rd. (L) on Windbrook to 5th Lot on (L)

SUBDIVISION Windbrook BLOCK / SECTION LOT 4 LOT AREA .75 Ac SITE CLASS. P DESIGN FLOW 240 L.T.A.R. .25-.3

Septic Tank: 1000 Gallons; STB 994 Date 5/4/94

Pump Tank: Gallons; PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 960 Linear Feet 320

No. Lines 4 Trench Width 3' Max Trench Bottom Depth 28-30" Gravel Depth 12"

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

System Description: Conv. (Shallow) + Drop Box

Repair System Description:

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other

No. Bedrooms 2 No. Bathrooms 2 No. Employees

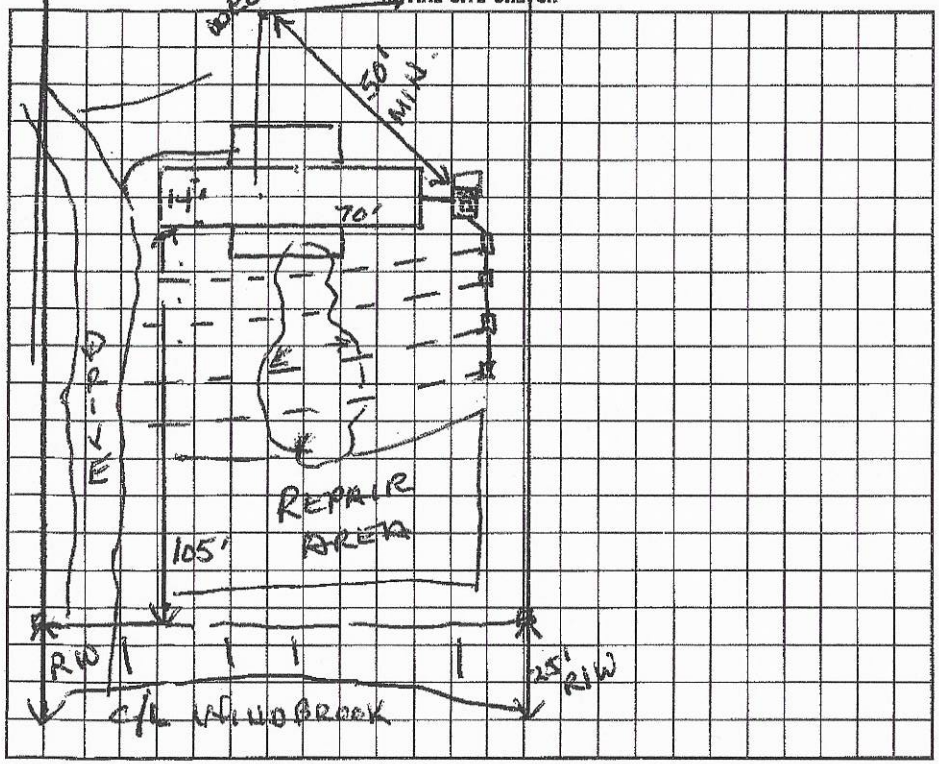
☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: Gully Smoothing before installing Trench depth 28-30" MAX.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

I understand that this 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 is valid for 60 months from date of issuance.

Signed: Jacqueline Miller

Improvement Permit by: Wesley Sparks R.S. date 4/26/94

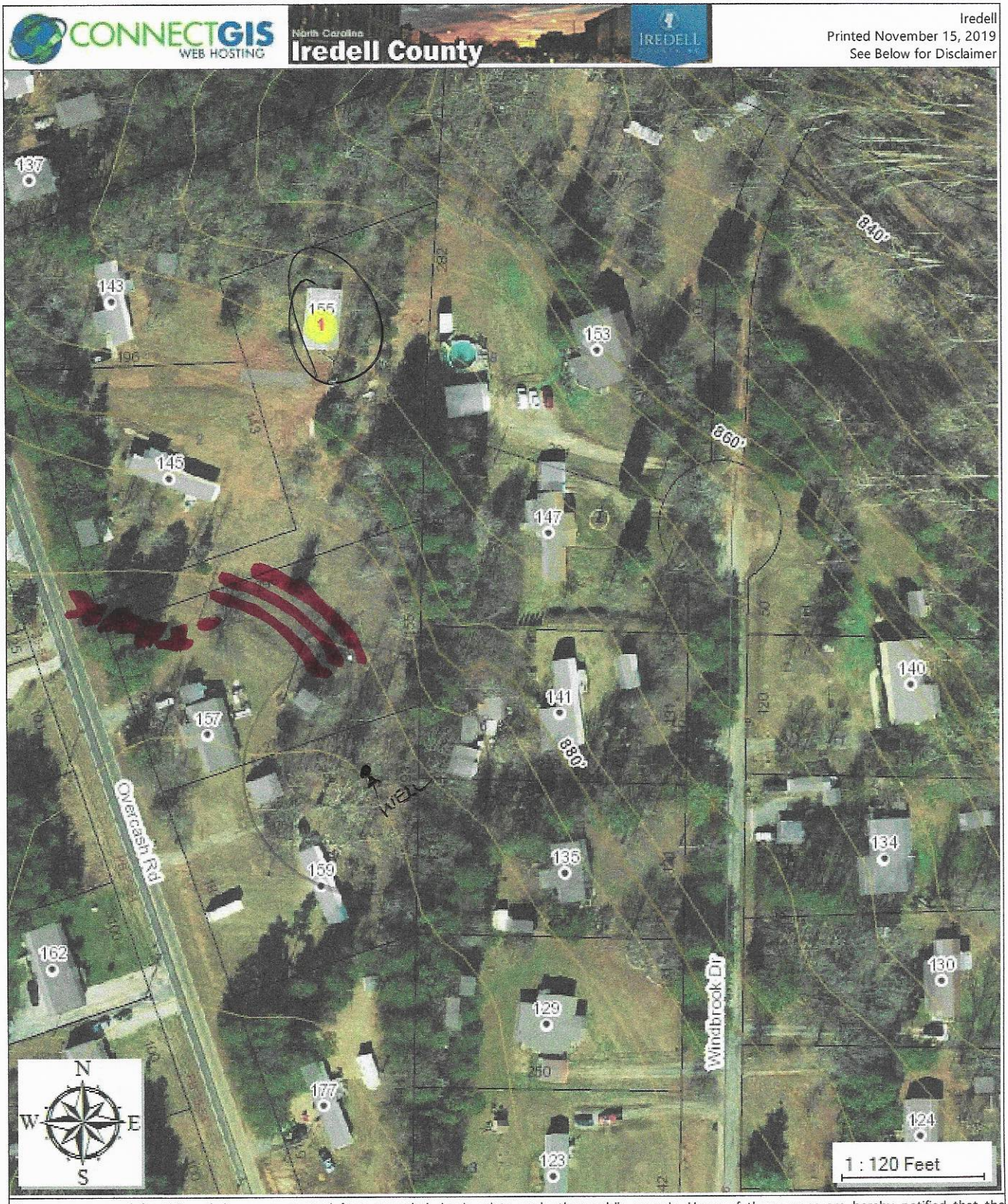
Existing System Inspection by: date

Installed by: Dellinger Septic Tank

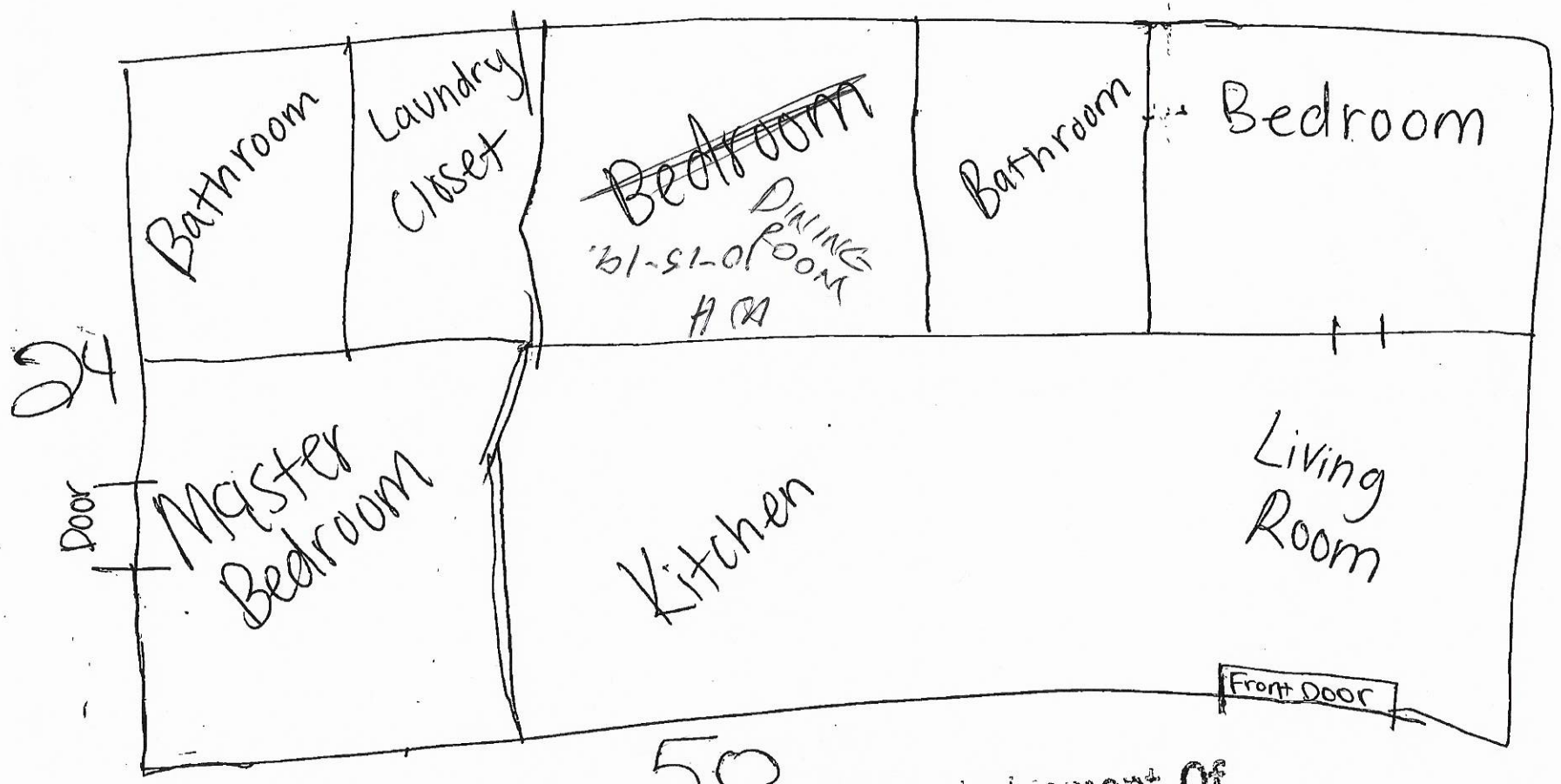
Certificate of Completion by: Wesley Sparks R.S. date 7/18/94

Operation Permit by: date

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



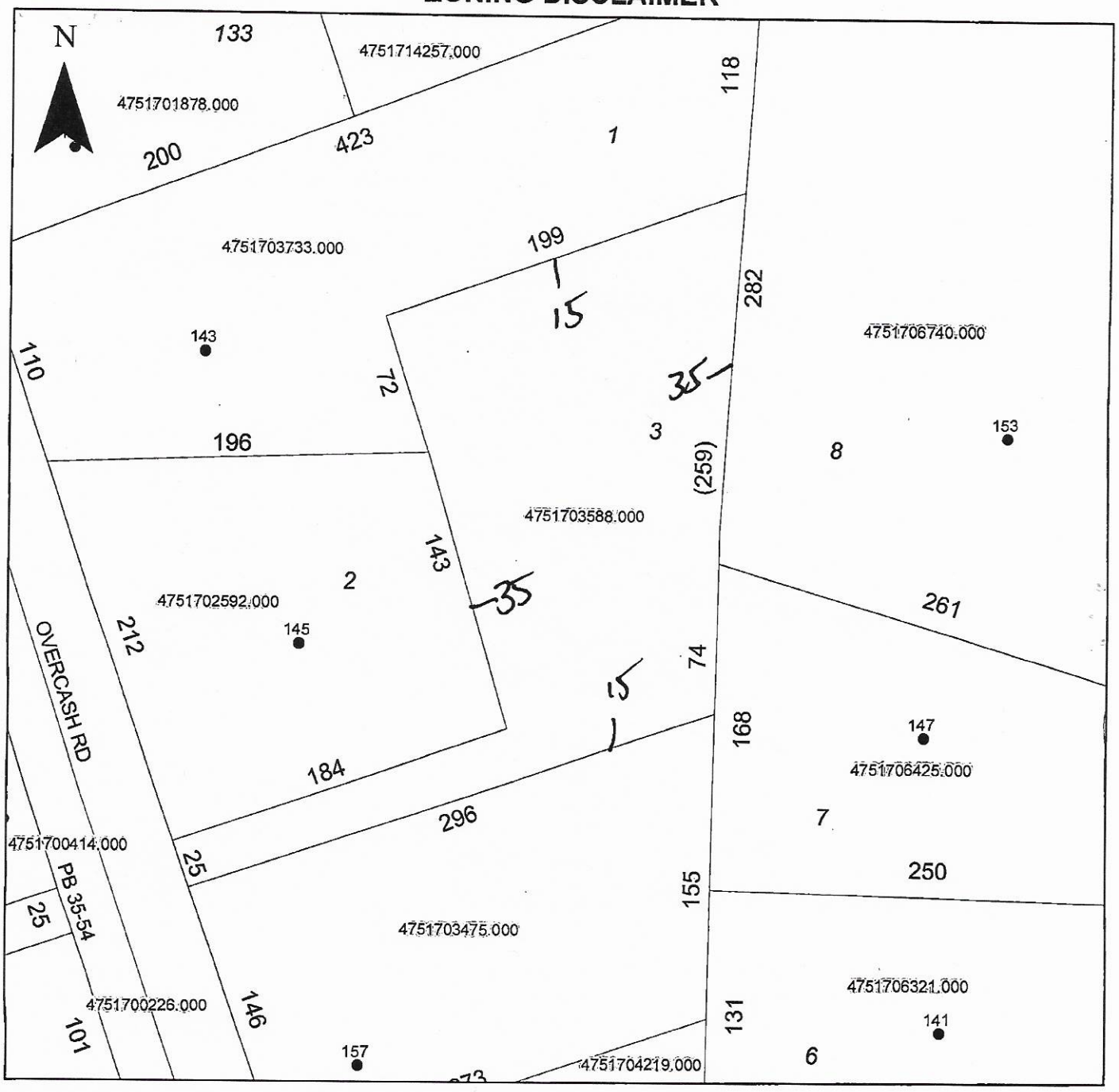
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Acknowledgement Of
Plans Submittal ONLY!
Miranda Terry Date 09/26/19
Barbara Cullaka Date 11-19-19

Revised 05/2014

ZONING DISCLAIMER



Property Address 155 Overcash

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. Applicant further acknowledges that the 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

09/26/19
Date