IREDELL COUNTY HEALTH DEPARTMENT

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 241882

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

PIN # 4770396410.000

APPLICANT/OWNER: Karen Kay APPLICANT ADDRESS: 170 Barley Park Ln Mooresville, NC 28115

SITE ADDRESS: 124 Mt. Tabor Rd Cleveland, NC PHONE: 7046643005 ALT. PHONE

SITE DIRECTIONS: Triplett Rd North TR Mt. Tabor Rd lot on Right SAP CONTROLLED: ☐ YES ☒ NO

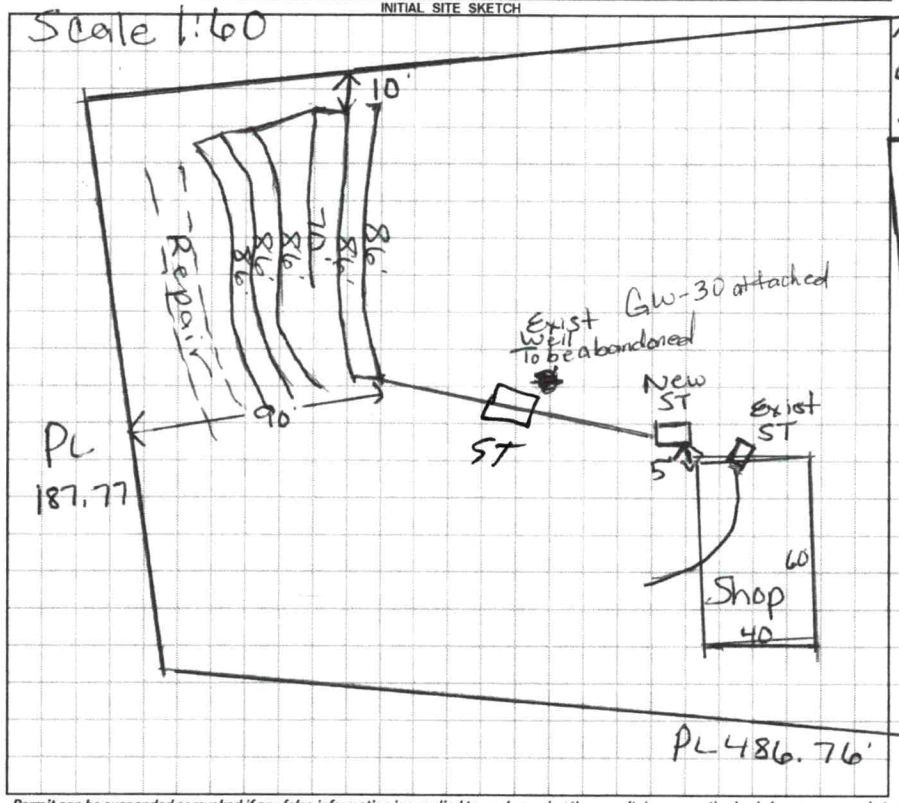
SUBDIVISION: Mt. Tabor Estates SECTION: — LOT # 2 LOT AREA: 2.88 Ac DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB 104	Date 10-2-19	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI		☒ Residence	No. Bedrooms	5	Water Supply
Pump Tank	(gal)	PT	Date	System Description: Gravity-25% Reduction		☐ Business	No. Persons	10	☒ Private
Pump Make		Model	Serial #	Repair System Description: Same 25% Reduction		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 6	Linear Ft 500'	Maintenance Agreement Required: ☐ YES ☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side) max	36"	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

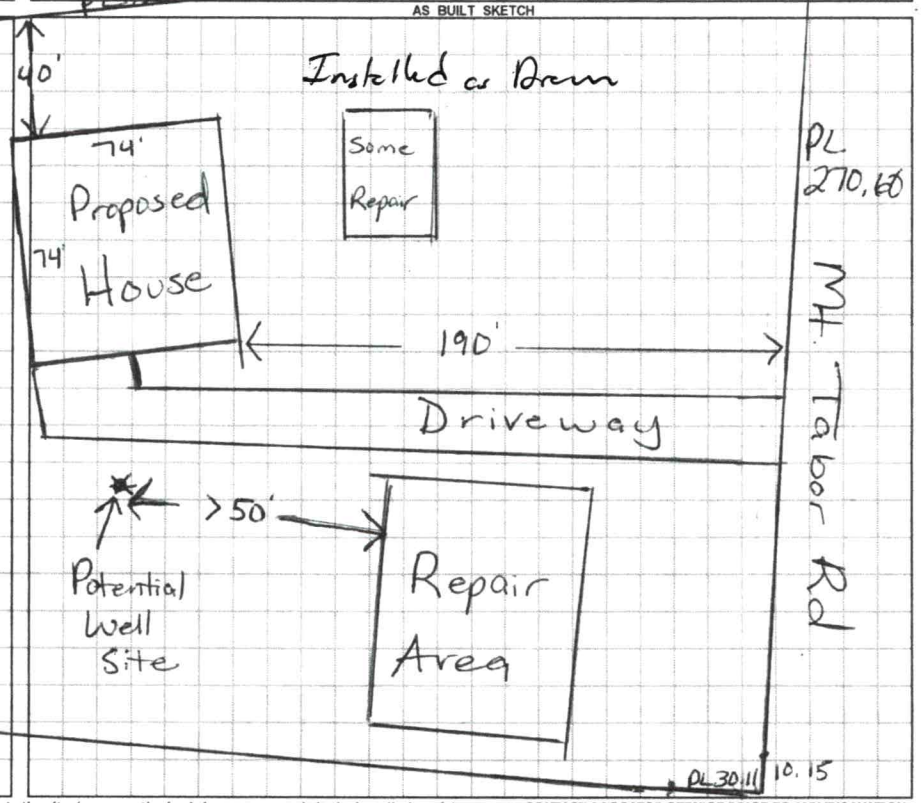
Comments / Conditions: Must abandon existing well prior to Authorization to Construct

Properly abandon existing ST

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. **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: Karen K. Kay Date: 2/28/19 Installed by: Rowan Septic

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/21/19 OPERATION PERMIT by: Date: 4-14-2020

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/20/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day th ction 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 ___ of
PROPERTY ID #: 4770394432
COUNTY: Iredell

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

OWNER: Karen Ray
ADDRESS: 170 Barley Park Ln Mooresville NC 28115
PROPOSED FACILITY: House
PROPOSED DESIGN FLOW (.1949): 600gpd
LOCATION OF SITE: 124 Mt Taber Rd M'ville
APPLICATION DATE: 1/29/19
DATE EVALUATED: 2/14/19
PROPERTY SIZE: 7.783 Ac
PROPERTY RECORDED: N

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
1	6%	0-6"	Brw SCL	SS, SP	SExP, FR				PS
		6-16"	RCm-w	SBK SS, SP,	SExP, FR				
		16-50"	RCL w	SBK SS, SP,	SExP FR				.3
			few to many	SAP Inclus		50"			
2	6%	0-8	Brw	SCL SS, SP,	SExP, FR				PS
		8-22	RCm-w	SBK SS, SP,	SExp, FR				
		22-52	RCL w	SBK SS, SP,	SExP, FR				.3
			few to many	SAP Inclus					
		52-56	L/SL	SAP massive, FR		52"			
3	5%	0-11	Brw	SCL w	SBK SS, SP, SExP, FR				PS
		11-29	RCm	w SBK SS, SP, SExP, FR					.3 to 29"
		29-48"	RCL	w SBK SS, SP, SExP, FR					>29" .25
			some Yel/Brw	mottles		48"			
4	6%	0-9	Brw	SCL SS, SP,	SExP, FR				PS
		9-23	RCm-w	SBK SS, SP,	SExP, FR				
		23-48	RCL	w SBK SS, SP,	SExP, FR				.3
			w/common	Micas &	litho	48"	Inclus		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Shallow 25% Red
Site LTAR	.3	.25

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Ashley Rollans, Luke Ray

COMMENTS:

RECEIVED JAN 3 1 2018

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

#241882

1. APPLICATION FOR: ___ Improvement Permit ___ Authorization To Construct ___ Existing System Inspection

Paid $500.00

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information: Call → Ashley Rollans 704-746-5046

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Karen Ray	170 Barkley Park Ln Mooresville NC 28115	704/664 3005	
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
124 Mt. Tabor Rd Mooresville NC 28115	N/A	Tract 3

Driving Directions: Tripplett North, Rt on Mt Tabor, Lot on Rt.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 3
Maximum Number of Occupants 10 Shop
If Expansion, Current Number of Bedrooms ____

(✓) Crawl Space Foundation?
(✓) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non-Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

6. Proposed Water Supply:

(✓) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed Unknown *Year*

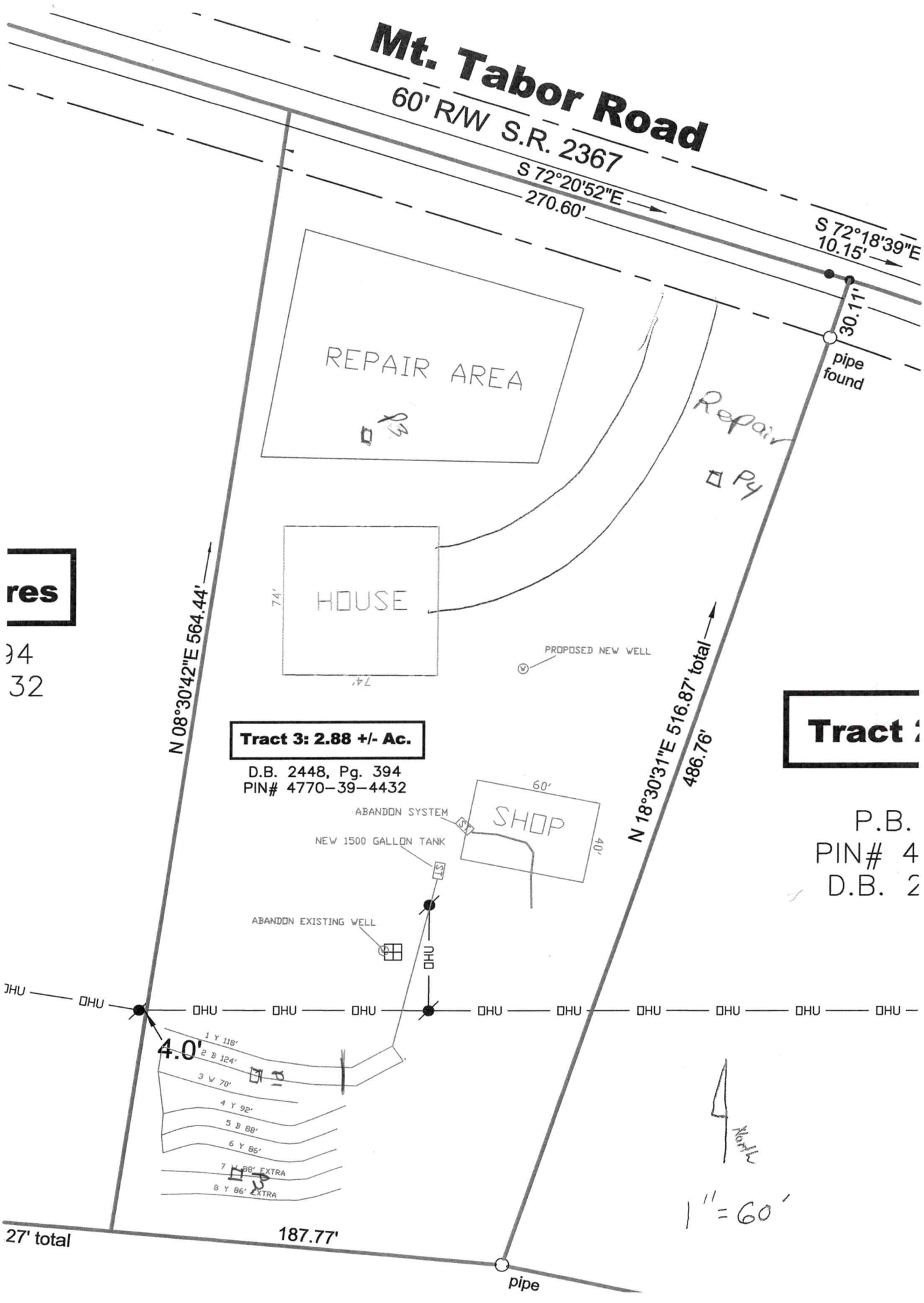
( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other Accepted

8. Please Answer The Following ( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
To The Best of Your Ability: ( ) Yes (✓) No Is any non-domestic sewage (i.e. industry) 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: Samuel A Rollans — 1/29/19

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


Mt. Tabor Road
60' R/W S.R. 2367
S 72°20'52"E
270.60'
S 72°18'39"E
10.15'
30.11'
pipe found
REPAIR AREA
Repair
Py
HOUSE
74'
74'
PROPOSED NEW WELL
N 08°30'42"E 564.44'
N 18°30'31"E 516.87' total
486.76'
Tract 3: 2.88 +/- Ac.
D.B. 2448, Pg. 394
PIN# 4770-39-4432
60'
SHOP
40'
ABANDON SYSTEM
NEW 1500 GALLON TANK
ABANDON EXISTING WELL
OHU
4.0'
1 Y 118'
2 B 124'
3 V 70'
4 Y 92'
5 B 88'
6 Y 86'
7 Y 88' EXTRA
8 Y 86' EXTRA
North
1" = 60'
27' total
187.77'
pipe
res
94
32
Tract
P.B.
PIN# 4
D.B. 2

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

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, Karen Ray, am the legal owner(s) of the property located at 124 Mt. Tabor Rd, Mooresville NC 28115, identified as PIN (Parcel Identification Number) 4770394432, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) S. Ashley Rollins/Soil & Forestry Svcs, PA & Luke Ray, 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.

Karen B. Ray 1/29/19
Signature of Owner(s) Date

S. Ashley Rollins 1/29/19
Signature of Witness 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

NOTES:

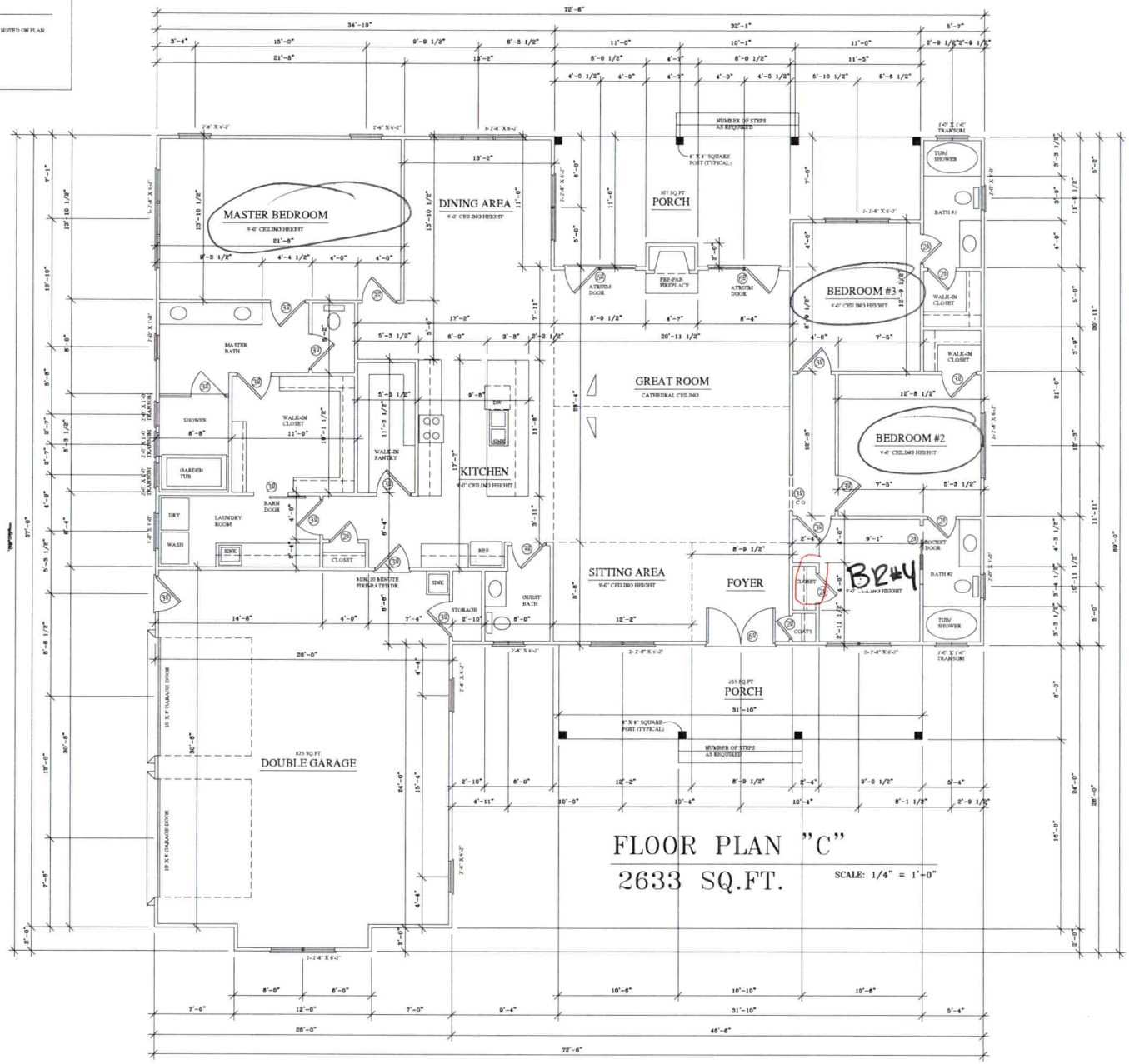
ALL WINDOW AND DOOR HEADERS SHALL BE 2- 2" X 10" MIN. SYP #2 UNLESS NOTED ON PLAN
ALL FLOOR JOISTS SHALL BE 2" X 10" @ 16" O.C. MIN. SYP #2 UNLESS NOTED
ALL CEILING JOISTS SHALL BE 2" X 6" @ 16" O.C. MIN. SYP #2 UNLESS NOTED
SHEATHING 1/2" MIN. GYPSUM BOARD
INSULATION R-19 FLOOR, R-15 EXTERIOR WALLS, R-30 CEILING

Acknowledgement of Plans Submittal ONLY!

Date 11/20/19

Date 11/20/19

69



N

Gray Design

CONTRACTOR SHALL CHECK AND VARIFY ALL DIMENSIONS BEFORE BEGINNING CONSTRUCTION AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. JEFFERY D. GRAY WILL ASSUME NO LIABILITY FOR ANY ERRORS ONCE CONSTRUCTION BEGINS.

PROJECT:
Luke Ray Residence

DATE: AUG 22, 19

REVISION:

FILE NUMBER
2019-RAY-LUKE

SHEET:
4 OF: 5

IREDELL COUNTY

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

APPLICATION NUMBER
241882
Issue Date: 01/31/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4770394432.000	124 MT TABOR ROAD, CLEVELAND, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	WEST BROAD STREET PROPERTIES L LC	Applicant:	ROLLANS SOIL AND ENVIR
Address:	320 WEST BROAD STREET STATESVILLE, NC 28677	Address:	UNKNOWN UNKNOWN IREDELL CO, NC 28625
Phone:		Phone:	

Use Requested	Zone Code
SFD REPLACING PERMIT 219699	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
7.783	35.00	35.00	15.00	15.00	NOT	X

Remarks:

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: Sam Rollans Date: 1/30/19

Permit Number	166184	TOTAL FEES:	$ 77.25

KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 | Mooresville Office (704) 660-3625

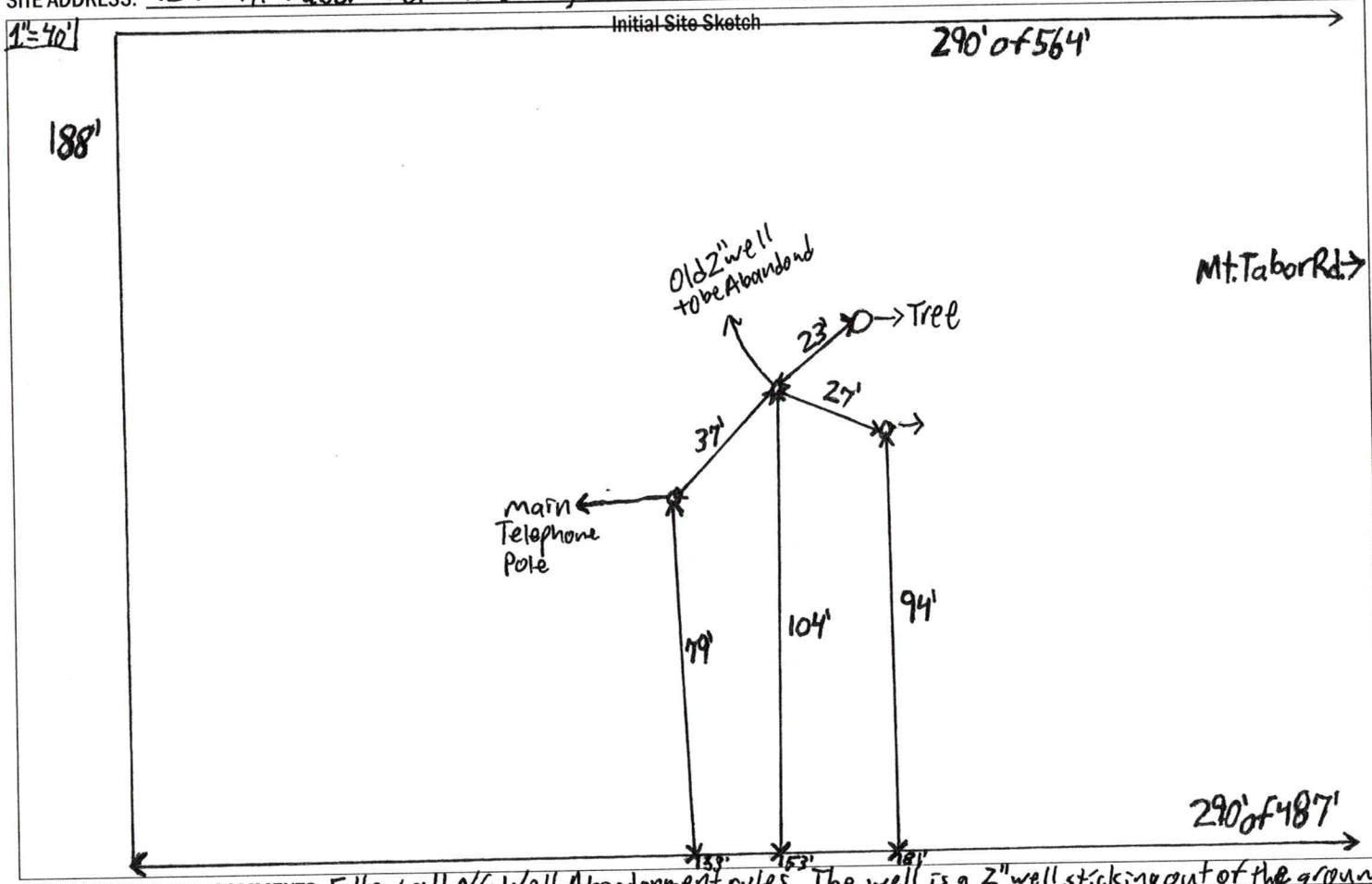
PRIVATE DRINKING WATER WELL PERMIT # 24882 **PIN #** 4770394432 **Type of Permit (circle one):** New Repair **Abandonment**

APPLICANT/OWNER NAME: West Broad Street Properties ADDRESS: 170 Barley Park Ln. Mooresville, NC 28115 PHONE: 704-756-9136

DIRECTIONS TO SITE: E Center Ave to R on E Statesville Ave, R on N Church St., L on E Park Ave, L on Triplett Rd, R on Mt. Tabor Rd, Property on R

SITE ADDRESS: 124 Mt. Tabor Rd. Cleveland, NC 27013 SUBDIVISION: _____ SECTION/LOT: _____

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

abandoned 40'

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC Well Abandonment rules. The well is a 2" well sticking out of the ground with another pipe sticking out closer to the front property line.

WELL PERMIT ISSUED BY: Patrick J Bagley III DATE: 03/04/2019 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Air Drilling CONTRACTOR CERT #: 2901-A GROUT INSPECTION BY: Kayla Wilson DATE: 3-7-19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: Patrick J Bagley III DATE: 11/20/19 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☒ Water Sample Results ☐ Plat ☐ **CALL 704-664-3703 to schedule grout or well head inspections between 8-9am**

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

RANDY OWNBEY
Well Contractor Name (or well owner personally abandoning well on his/her property)

3214
NC Well Contractor Certification Number

AIR DRILLING, INC.
Company Name

2. Well Construction Permit #: 241882
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
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ■ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 3/8/19

5a. Well location:

LUKE RAY
Facility/Owner Name

Facility ID# (if applicable)

124 MT. TABOR RD. CLEVELAND 27013
Physical Address, City, and Zip

IREDELL
County

Parcel Identification No. (PIN)

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

35° 41. 093 N 80° 46. 216 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: 40 (ft.)

6c. Borehole diameter: 2 (in.)

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

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

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

6g. Screen length (if known): (ft.)

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): (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used:

7e. Sealing materials used (check all that apply):
- ☐ Neat Cement Grout
- ☐ Sand Cement Grout
- ☐ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ■ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

100 LBS

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

POURED

8. Certification:

Signature of Certified Well Contractor or Well Owner

3/8/19
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.