ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

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

(BB) MANF - 2024 - 52412

PERMIT : OSWP - 2024 - 46115

PIN # 4860 -- 72 -- 7724

APPLICANT/OWNER: COURTNEY BRUCE | APPLICANT ADDRESS: 179 GATTON DRIVE, OLIN, N.C. 28660

SITE ADDRESS: 159 GATTON DRIVE, OLIN, N.C. 28660 | PHONE: 980-362-9016 | ALT. PHONE –

SITE DIRECTIONS: (A) ON 21, (L) ON TABOR, (R) ON GATTON, LOT ON (L) | SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: – | SECTION: – | LOT #: – | LOT AREA: 2.275AC | DESIGN FLOW: 360 GPD | L.T.A.R.(Initial): 0.25 | L.T.A.R (Repair): 0.1

Septic Tank	1000	(gal)	STB		Date				
Pump Tank	–	(gal)	PT	–	Date	–			
Pump Make	–	Model	–		Serial #	–			
# Nitrification Fields	1	# Lines	7		Linear Ft	240 ft			
Trench Width	36 IN	*Max. Trench Depth(Initial)	22		*Max. Trench Depth(Repair)	12 IN	Gravel Depth	–	

* Measured on the downhill side of the trench

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

System Description: 50% REDUCTION - HPPBPS

Repair System Description: TS II - DRIP

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Effluent Standard: ☐ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): 42 IN | Usable Depth to LC (Repair): 24 IN *Limiting Condition*

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

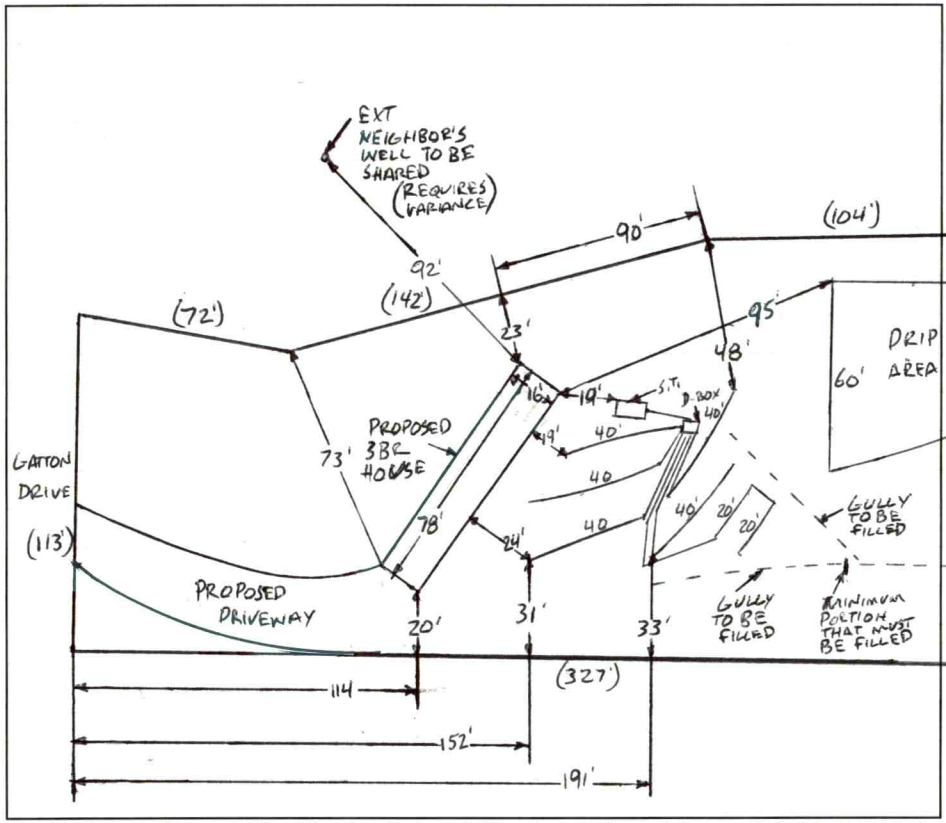
No. Bedrooms 3 | No. Persons 6 | No. Employees – | ☑ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☑ Private SHARED ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE A COMBINATION OF SERIAL (PER T+) PANELS (INSTALLATION MANUAL) AND EQUAL DISTRIBUTION VIA D-BOX AS SHOWN, DO NOT EXCEED A 30 IN MAX TRENCH BOTTOM (HIGHSIDE)

MAINTAIN 6 IN OF COVER OVER ALL PARTS OF SYSTEM, FILL GULLIES AS SHOWN
PRE-CONSTRUCTION MEETING RECOMMENDED (CALL 704-902-0273)
WELL VARIANCE NEEDED FOR A.C.

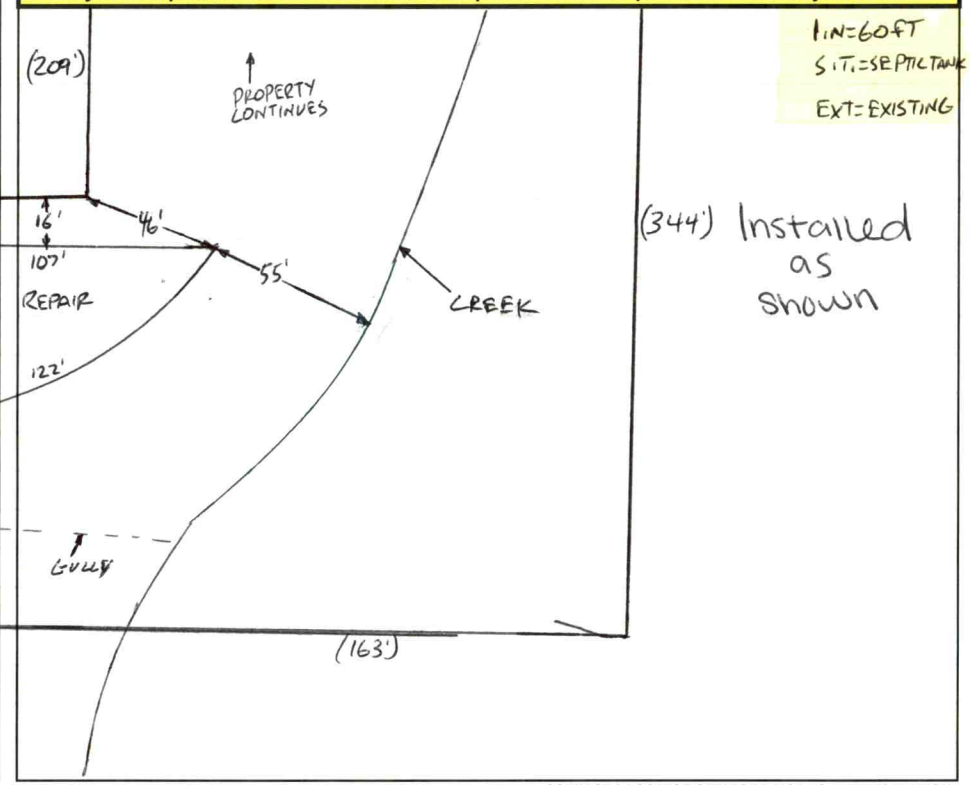
INITIAL SITE SKETCH



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 EXCEPTION**

☐ **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: ONLINE SIGNATURE | Date: – | Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Burnett C. White | Date: 4-9-2024 | OPERATION PERMIT by: Sydney Hallard | Date: 7/11/24

AUTHORIZATION TO CONSTRUCT by: Burnett C. White | Date: 4-29-2024 | Existing System Inspected by: | Date:

← EXT NEIGHBOR'S WELL

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? _____	

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
HELEN WOLSTENHOLME • Interim Deputy Secretary for Health
MARK T. BENTON • Assistant Secretary for Public Health
Division of Public Health

Onsite Water Protection Branch
April 24, 2024

Ashley Brooke Gatton
159 Gatton Dr
Olin, NC 28660

Re: Approval No. JMB3474

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

Property location:
155 Gatton Dr
Olin, NC 28660

Dear Ms. Gatton:

On April 23, 2024, 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 that is proposed to serve more than one connection. The closest part of the septic system will be greater than fifty feet from the well but less 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 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 a newly constructed well. If samples indicate contamination, further repairs or treatment may be needed.
3) No potential sources of groundwater contamination shall be stored near the wellhead.

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

SOIL/SITE EVALUATION

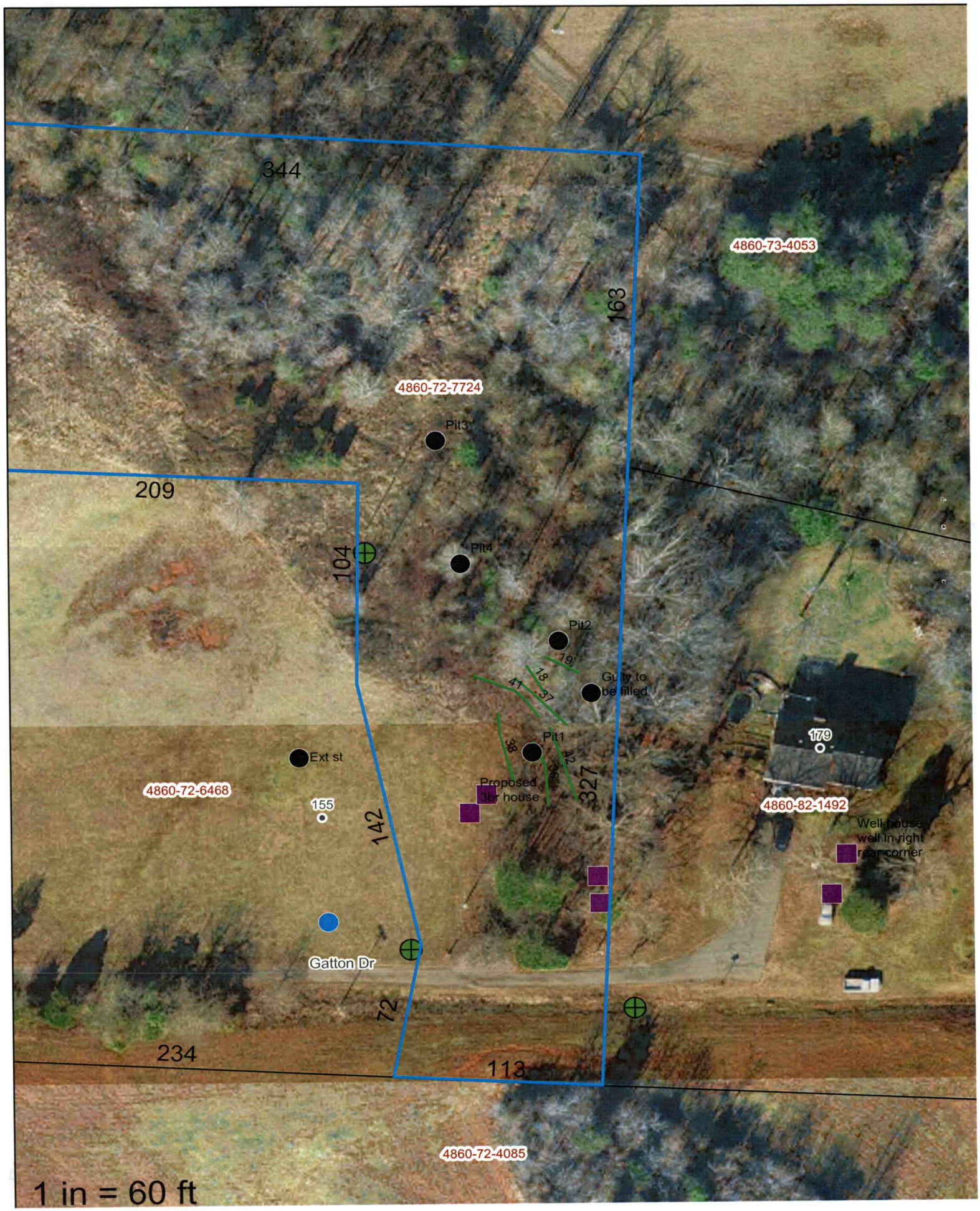
(Continuation Sheet-Complete all field in full)

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH 159 GATTON DRIVE, OLIN, N.C. 28660

PROPERTY ID #: 4860-72-7724
DATE OF EVALUATION: 2-19-2024
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	LINEAR SIDE 10%	0-11	FILL MIXED	OLD CLEARING?	FI SAP INC 48"+ SAP INC THRU OUT 2.5Y6/2 @ 42" Y/B MOTS 34"+	70"+	NA	NA	PS .25 ABOVE 42"
		11-34	L, ABK	FR, S, P, SEXP					
		34-70	CL, ABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 15%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 33"+ 2.5Y6/2 @ 42"	60"+	NA	NA	PS .25 ABOVE 42"
		6-34	L, ABK	FR, S, P, SEXP					
		34-60	CL, ABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	[redacted] Y/B MOTS 24"+ 2.5Y6/2 @ 24 2.5Y5/1 @ 36"	54"	NA	NA	PS .225 ABOVE 24" DRIP TO SLOPE
		6-54	L, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 15%	0-7	SCL SBK	FR, SS, SP, SEXP	Y/B MOTS 22"+ 2.5Y6/2 @ 28" 2.5Y5/1 @	54"+	NA	NA	PS .225 ABOVE 28"
		7-54	L, ABK	FI, S, P, SEXP					

COMMENTS:


344
4860-73-4053
163
4860-72-7724
Pit3
209
104
Pit4
Pit2
19
18
41
37
Gully to be filled
Pit1
38
42
36
327
Ext st
4860-72-6468
Proposed 3br house
155
142
179
4860-82-1492
Well house well in right rear corner
Gatton Dr
72
234
113
4860-72-4085
1 in = 60 ft

PERMIT SNAPSHOT REPORT OSWP-2024-46115 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	02/01/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	White, Bryant	**Approval Expire Date:**	
Description:					

Parcel: 4860727724.000 Main	**Address:** 159 Gatton Dr Olin, NC 28660 Main	**Zone:** RA(Residential Agricultural District)

Applicant/Authorized Agent	Property Owner
Courtney Bruce	DARRELL R+NORMA C GATTON
179 Gatton Drive	179 GATTON DRIVE
Olin, NC 28660	OLIN, NC 28660
Mobile: (980) 362-9016	

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Improvement Permit	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	76x14
What are the proposed structures	New Single-Family Residence - Mobile Home	Type of New Single-Family Residence	Mobile Home	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	2	Foundation Type	Crawl Space Foundation
Water Supply	Community Well	Desired Septic System Type	Conventional (most common)	Lot Acreage	2.275
Front Setback	35	Back Setback	35	Left Setback	15
Right Setback	15	Zoning Permit Issued Date	Feb 2 2024 12:00AM	Zoning Permit Expiration Date	Jul 31 2024 12:00AM
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED		

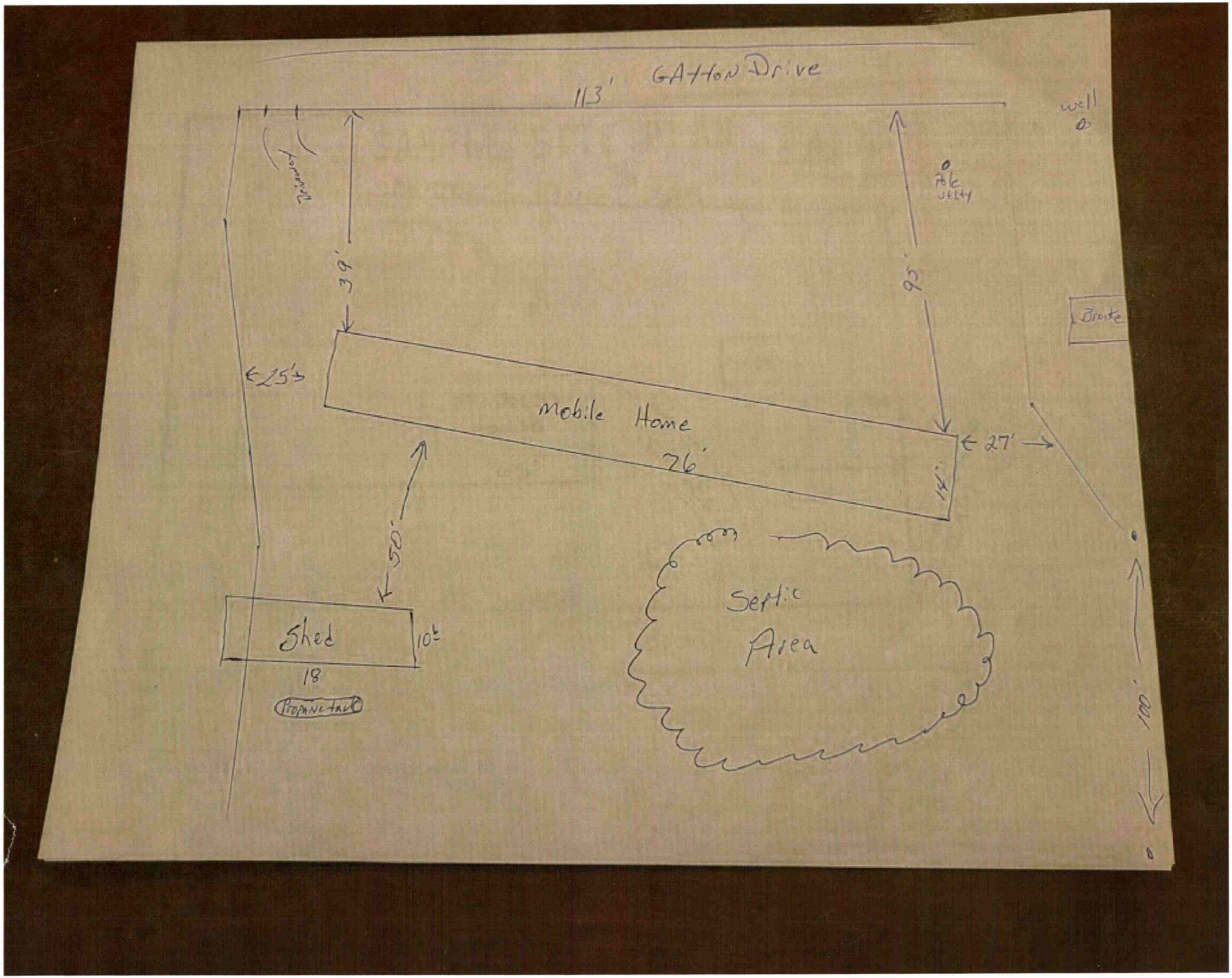
Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Courtney_Bruce_2/1/2024.jpg	02/01/2024 7:19	Bruce, Courtney		Uploaded via CSS
IMG_20240131_184607_v1.jpg	02/01/2024 8:09	Bruce, Courtney	Available Online	
1000000909_v1.pdf	02/01/2024 16:31	Bruce, Courtney	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2024-186278	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	02/05/2024	02/02/2024 0:00	02/02/2024 0:00	02/05/2024 8:15	02/05/2024 8:15

Inspectors: Moore, Bradley (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00026305	New Gravity System	$500.00	$500.00


GATTON Drive
113'
well
Driveway
39'
92'
Brick
25'
Mobile Home
76'
27'
14'
50'
Septic
Area
Shed
10'
18
PROPANE TANK
100'

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: APRIL 23, 2024 **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:

ASHLEY BROOKE GATTON

Mailing Address: 159 GATTON DRIVE

City: OLIN State: NC Zip Code: 28660 County: IREDELL

Day Tele No.: _____ Cell No.: (980) 362-9016

EMAIL Address: PAISLEY41112@YAHOO.COM Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4860-72-6468

County: IREDELL

(2) Physical Address (if different than mailing address): 155 GATTON DRIVE

City: OLIN State: NC Zip Code: 28660

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: JAMES BLACKBURN

NC Well Drilling Contractor Certification No.: 2647-A

Company Name: ROCK WATER WELL + PUMP Contact Person: MICHAEL BROOK

City: DENVER State: NC Zip Code: 28037 County: LINCOLN

Day Tele No.: 704-240-2290 Cell No.: 704-240-9893

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.

OWNER WOULD LIKE TO SHARE WELL WITH NEIGHBOR (SISTER), WELL DOES NOT MEET 100 FT SETBACK TO CURRENT SYSTEM ON PROPERTY (BUT GREATER THAN 50FT) NEW SYSTEM FOR NEIGHBOR IS GREATER THAN 100FT. WELL MEETS ALL OTHER SETBACKS AND IS IN COMPLIANCE REGARDING GROUT AND WELL HEAD.

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**

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

Michael A Brook
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.

CCN

ICHD – Environmental Health Division

Statesville Office – (704) 878-5305 x3456 Mooresville Office (704) 660-3625

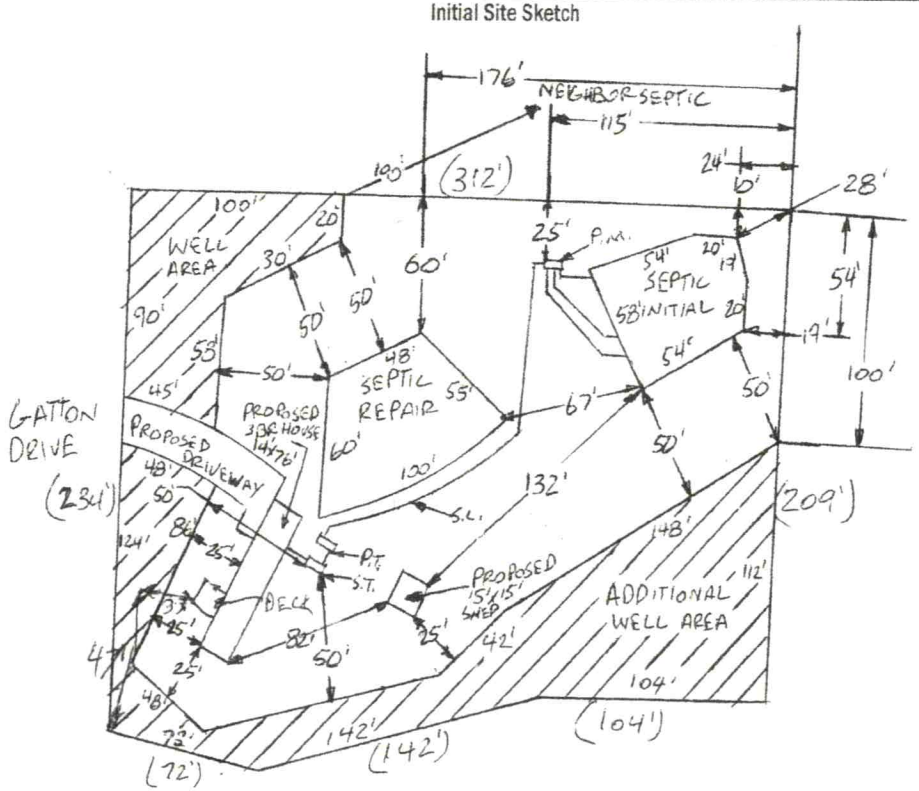
PRIVATE DRINKING WATER WELL PERMIT # 240968 PIN # 4860726458 ✓ **Type of Permit (circle one): (New) Repair Abandonment**

APPLICANT/OWNER NAME: ASHLEY BROOKE GATTON ADDRESS: 179 GATTON DRIVE, OLIN, N.C. 28660 PHONE: 980-223-9001

DIRECTIONS TO SITE: (N) ON 21, (L) ON TABOR, (R) ON GATTON, LOT ON (L)

SITE ADDRESS: 155 GATTON DRIVE, OLIN, N.C. 28660 SUBDIVISION: — SECTION/LOT: —

Initial Site Sketch



GROUTING RESULTS

Total Depth ~~54'~~ STILL

Depth of Casing 53FT

Yield DRILLING

Notes:

5

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: FOLLOW ALL NC AC 2C WELL RULES, GROUT A MINIMUM of 20FT, MAINTAIN 25FT FROM ALL FOOTERS MAINTAIN 50FT FROM ALL PARTS of SEPTIC, MAINTAIN 100FT FROM NEIGHBORS SEPTIC (SAP CONTROLLED)

WELL PERMIT ISSUED BY: Bryant C. White DATE: 7-31-2020 (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: ROCK WATER CONTRACTOR CERT #: 2647-A GROUT INSPECTION BY: Bryant C. White DATE: 10-5-2020

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Patrick J. Bolen III DATE: 1/25/2021

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: Bryant C. White DATE: 1-28-21 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

CCN

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625

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

PERMIT # 240968

PIN # 4860726458

APPLICANT/OWNER: ASHLEY BROOKE GATTON

APPLICANT ADDRESS: 179 GATTON DRIVE, OLIN, N.C. 28660

SITE ADDRESS: 155 GATTON DRIVE, OLIN, N.C 28660

PHONE: 980-223-9001 ALT. PHONE 704-402-7449

SITE DIRECTIONS: (N) ON 21, (L) ON TABOR, (R) ON GATTON, LOT ON (L)

SUBDIVISION: —

SECTION: — LOT # — LOT AREA: 1.605 AC

SAP CONTROLLED: ☐ YES ☑ NO REPAIR

DESIGN FLOW: 360 GPD L.T.A.R.: 0.3 (0.275)

Septic Tank	1000 (gal)	STB	760	Date	7-25-2020	☑ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI
Pump Tank	1000 (gal)	PT	363	Date	7-6-2020	System Description:	25% REDUCTION - P.M.
Pump Make		Model		Serial #		Repair System Description:	25% REDUCTION/DEEP INSTALL NO REDUCTION
# Nitrification Fields	1	# Lines	5	Linear Ft	306FT	Maintenance Agreement Required:	☐ YES ☑ NO
Trench Width	36 IN	Trench Bottom Depth(Low side)	32 IN	Gravel Depth	—		☐ GRAVITY ☑ PRESSURE

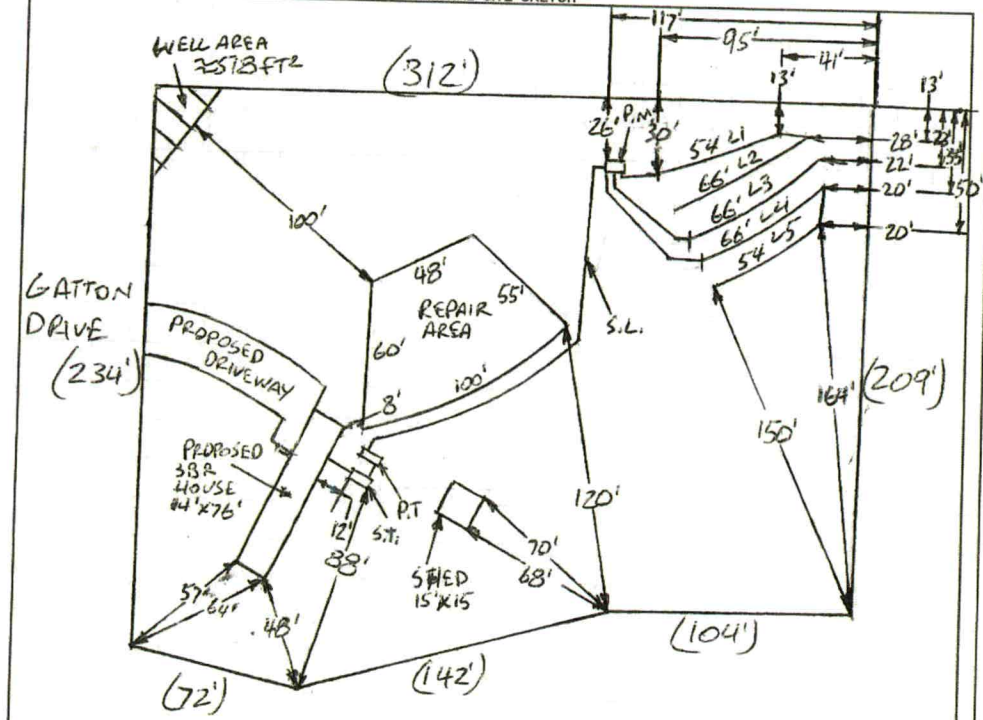
☑ Residence — No. Bedrooms: 3
☐ Business — No. Persons: 6
☐ Other — No. Employees: —
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS
DO NOT EXCEED MAX TRENCH BOTTOM of 36IN, MAINTAIN 50FT FROM ALL WELLS, UTILIZE PRESSURE MANIFOLD DISTRIBUTION

SUPPLY LINE NOT TO BE RAN THROUGH REPAIR AREA
PUMP FEE MUST BE PAID PRIOR TO ISSUING O.P. 8-5-2020

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.

TAPS
L1+L2 = 3/4 SCH80
L3 = 1/2 SCH80
L4+L5 = 3/4 SCH80

GPM = 25.68
RUNTIME = 5.5 MINS
DOSE VOLUME = 141.372 GAL
DRAW DOWN = 6.75 IN
180FT OF 2 IN SUPPLY LINE

1 LN = 80 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK
S.L. = SUPPLY LINE
P.M. = PRESSURE MANIFOLD

TANKS, SUPPLY LINE, P.M. & DRAINFIELD CHECKED 9-8-2020 BCW
INSTALLED AS PERMITTED

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: Ashley B. Gatton Date: 8-4-2020 Installed by: LENTZ

IMPROVEMENT PERMIT by: Bryant C. White Date: 7-30-2020 OPERATION PERMIT by: Bryant C. White @ Date: 1-27-2021

AUTHORIZATION TO CONSTRUCT by: Bryant C. White Date: 7-30-2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

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

PERMIT : OSWP- 2024-46115

PIN # 4860- 72 -7724

APPLICANT/OWNER: COURTNEY BRUCE

APPLICANT ADDRESS: 179 GATTON DRIVE, OLIN, N.C. 28660

SITE ADDRESS: 159 GATTON DRIVE, OLIN, N.C. 28660

PHONE: 980-362-9016

ALT. PHONE -

SITE DIRECTIONS: (N) ON 21, (L) ON TABOR, (R) ON GATTON, LOT ON (L)

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: -

SECTION: -

LOT # -

LOT AREA: 2.275AC

DESIGN FLOW: 360 GPD

L.T.A.R.(Initial): 0.25

L.T.A.R (Repair): 0.1

Septic Tank	1000	(gal)	STB		Date		
Pump Tank	-	(gal)	PT	-	Date	-	
Pump Make	-	Model	-		Serial #	-	
# Nitrification Fields	1	# Lines	7		Linear Ft	240ft	
Trench Width	36 IN	*Max. Trench Depth(Initial)	22		*Max. Trench Depth(Repair)	12 IN	Gravel Depth -

* Measured on the downhill side of the trench

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

System Description: 50% REDUCTION- HPPBPS

Repair System Description: TS II - DRIP

Maintenance Agreement Required: ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

Effluent Standard: ☐ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40

Usable Depth to LC (Initial): 42 IN

Usable Depth to LC (Repair): 24 IN *Limiting Condition*

☑ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees -

☐ Slab ☑ Crawl Space

☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☑ Private SHARED ☐ Public ☐ Community

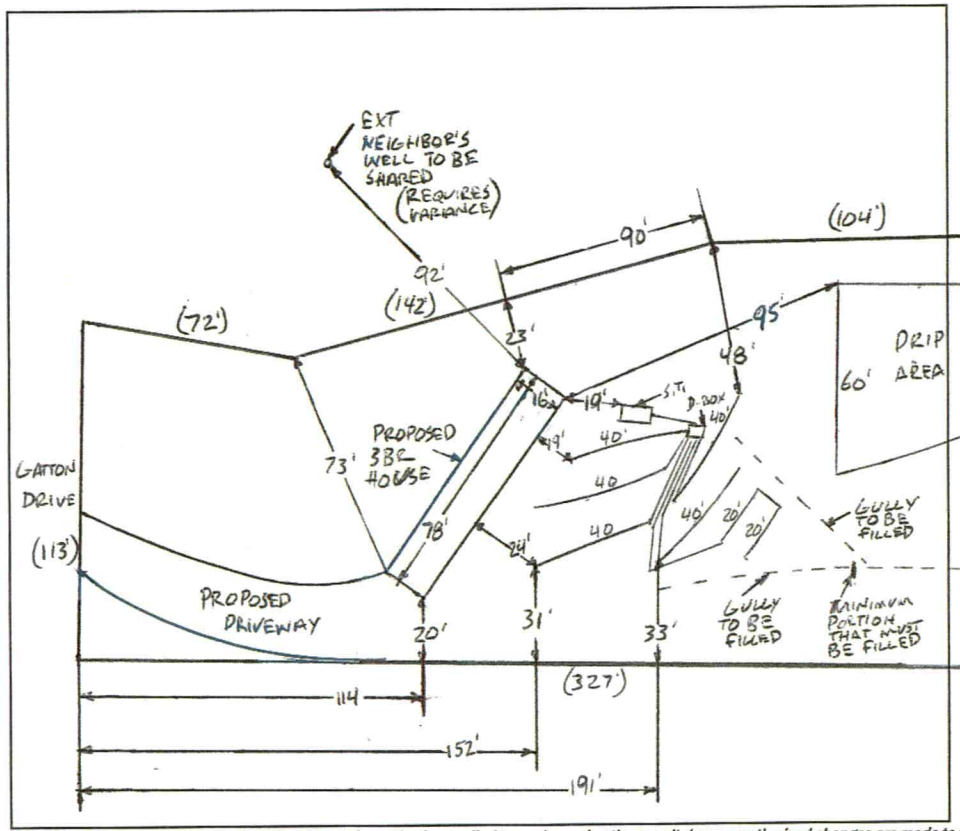
Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 8FT CENTERS, UTILIZE A COMBINATION OF SERIAL (PER T+) PANELS (INSTALLATION MANUAL) AND EQUAL DISTRIBUTION VIA D-BOX AS SHOWN, DO NOT EXCEED A 30 IN MAX TRENCH BOTTOM (HIGHSIDE)

MAINTAIN 6 IN OF COVER OVER ALL PARTS OF SYSTEM, FILL GULLIES AS SHOWN

PRE-CONSTRUCTION MEETING RECOMMENDED (CALL 704-902-0273)

WELL VARIANCE NEEDED FOR A.C.

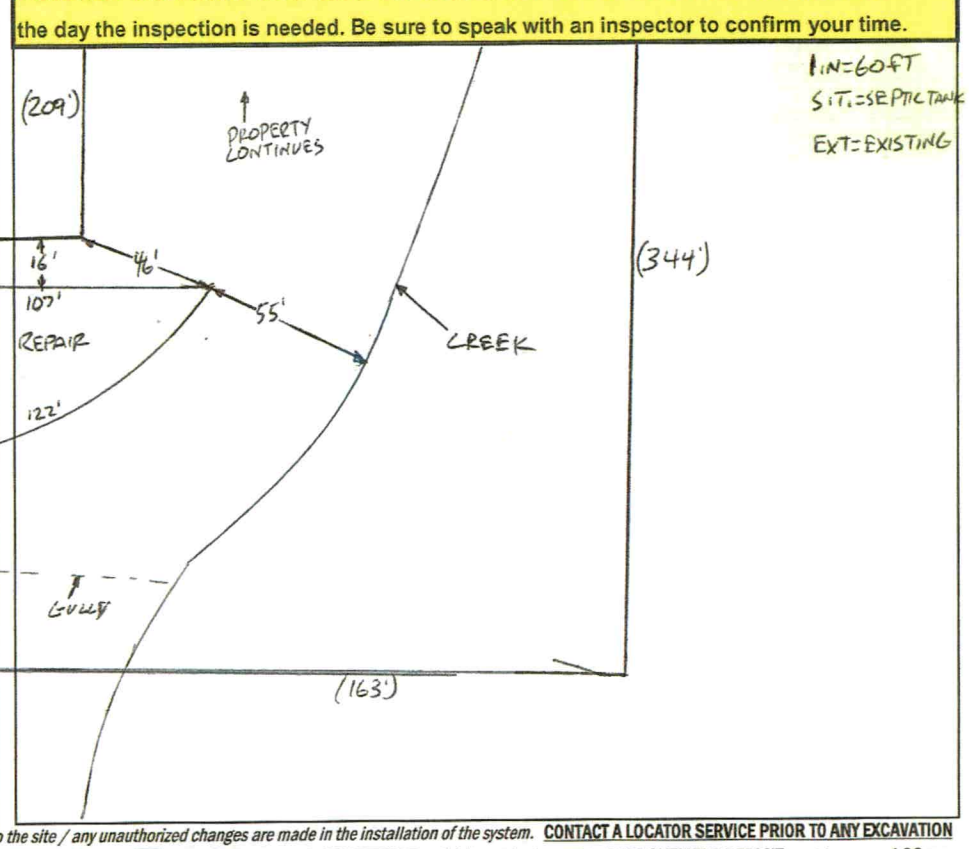
INITIAL SITE SKETCH



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: ONLINE SIGNATURE Date: - Installed by:

IMPROVEMENT PERMIT by: Burkett C. White Date: 4-9-2024 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

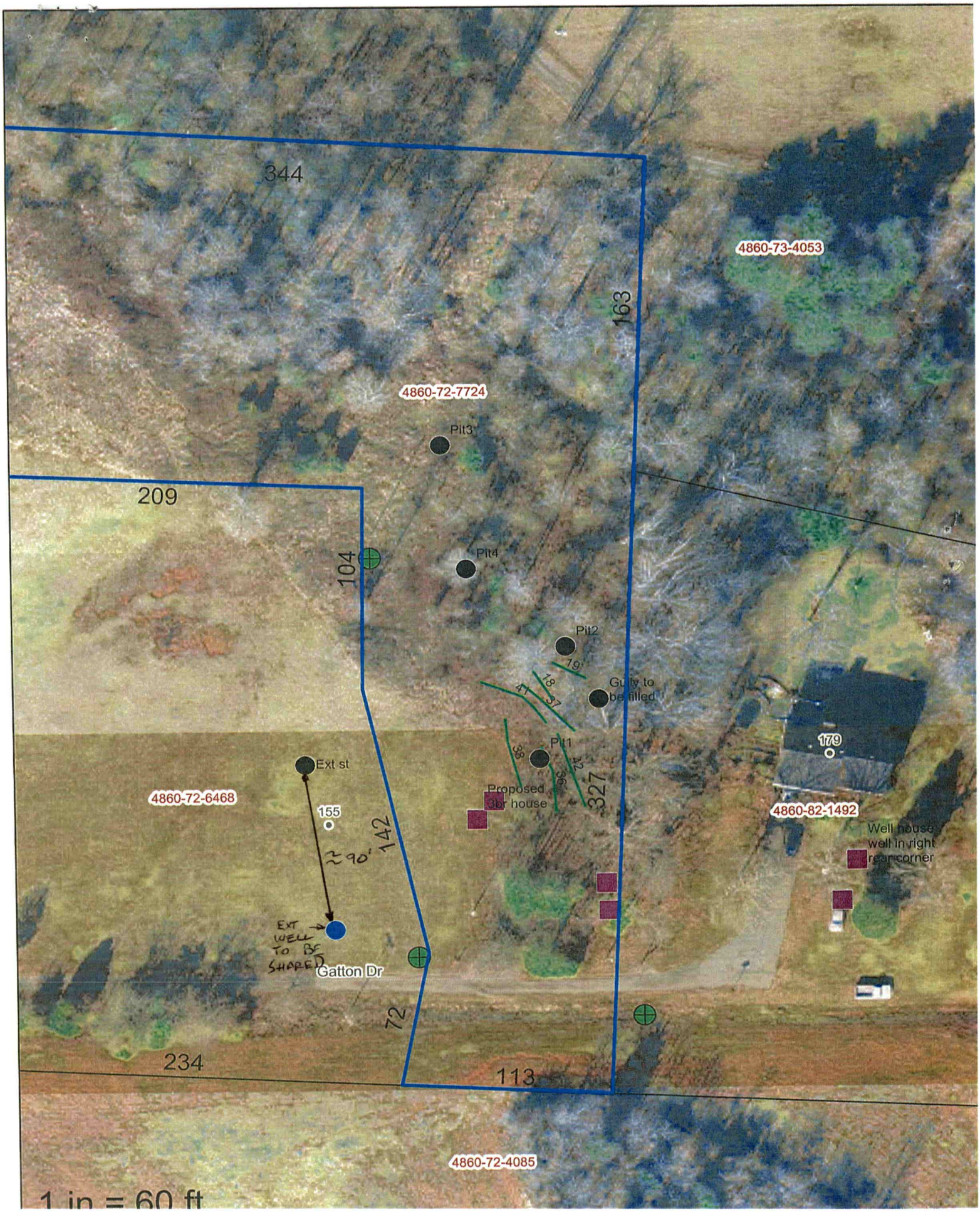
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

159 GATTON DRIVE, OLIN, N.C. 28660

PROPERTY ID #: 4860-72-7724
DATE OF EVALUATION: 2-19-2024
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	LINEAR SIDE 10%	0-11	FILL MIXED	OLD CLEARING?	FI SAP INC 48"+ SAP INC THRU OUT 2.5Y6/2 @ 42" Y/B MOTS 34"+	70"+	NA	NA	PS .25 ABOVE 42"
		11-34	L, ABK	FR, S, P, SEXP					
		34-70	CL, ABK	FI, SS, SP, SEXP					
2	LINEAR SIDE 15%	0-6	SCL, SBK	FR, SS, SP, SEXP	SAP INC THRU OUT Y/B MOTS 33"+ 2.5Y6/2 @ 42"	60"+	NA	NA	PS .25 ABOVE 42"
		6-34	C, ABK	FR, S, P, SEXP					
		34-60	CL, ABK	FI, SS, SP, SEXP					
3	LINEAR SIDE 12%	0-6	SCL, SBK	FR, SS, SP, SEXP	[redacted] Y/B MOTS 24"+ 2.5Y6/2 @ 24" 2.5Y5/1 @ 36"	54"	NA	NA	PS .225 ABOVE 24" DRIP DO TO SLOPE
		6-54	C, ABK	FI, S, P, SEXP					
4	LINEAR SIDE 15%	0-7	SCL SBK	FR, SS, SP, SEXP	Y/B MOTS 22"+ 2.5Y6/2 @ 28" 2.5Y5/1 @	54"+	NA	NA	PS .225 ABOVE 28"
		7-54	C, ABK	FI, S, P, SEXP					

COMMENTS:


344
4860-73-4053
163
4860-72-7724
Pit3
209
104
Pit4
Pit2
19'
18'
37'
41'
Gully to be filled
Pit1
38'
42'
36'
327'
179
Ext st
4860-72-6468
155
~90'
142'
Proposed 3br house
4860-82-1492
Well house well in right rear corner
EXT WELL TO BE SHARED
Gatton Dr
72'
234
113'
4860-72-4085
1 in = 60 ft

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: APRIL 23, 2024 **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:

ASHLEY BROOKE GATTON

Mailing Address: 159 GATTON DRIVE

City: OLIN State: NC Zip Code: 28660 County: IREDELL

Day Tele No.: _____ Cell No.: (980) 362-9016

EMAIL Address: PAISLEY41112@YAHOO.COM Fax No.: _____

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4860-72-6468

County: IREDELL

(2) Physical Address (if different than mailing address): 155 GATTON DRIVE

City: OLIN State: NC Zip Code: 28660

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: JAMES BLACKBURN

NC Well Drilling Contractor Certification No.: 2647-A

Company Name: ROCK WATER WELL + PUMP Contact Person: MICHAEL BROOK

City: DENVER State: NC Zip Code: 28037 County: LINCOLN

Day Tele No.: 704-240-2290 Cell No.: 704-240-0893

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.

OWNER WOULD LIKE TO SHARE WELL WITH NEIGHBOR (SISTER), WELL DOES NOT MEET 100 FT SETBACK TO CURRENT SYSTEM ON PROPERTY (BUT GREATER THAN 50FT) NEW SYSTEM FOR NEIGHBOR IS GREATER THAN 100FT. WELL MEETS ALL OTHER SETBACKS AND IS IN COMPLIANCE REGARDING GROUT AND WELL HEAD.

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**

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

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.