BA

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225340

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

PIN # 4614724234

APPLICANT: Chris MC Gibbon APPLICANT ADDRESS: 5887 Tweed Ct Concord, NC 28027

SITE ADDRESS: 469 Tuskarora Mooresville, NC PHONE: 7049622130 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Tuskarora at very end (also called Birdsong)

SUBDIVISION: CL@TJ SECTION: 6 LOT # 314 LOT AREA: .780 Acre DESIGN FLOW: 720gpd L.T.A.R.: .25

Septic Tank	1500 (gal)	STB 444	Date 2-21-19	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 6
Pump Tank	1500 (gal)	PT 477	Date 2-4-19	System Description: Pump PM-25% Reduction Offsite		☐ Business	No. Persons 12
Pump Make	Myers	Model MS50	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees
# Nitrification Fields	1	# Lines 6 @ 120ft	Linear Ft: 720ft	Maintenance Agreement Required:	☐ YES ☒ NO	☒ Slab	☒ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A ☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Must abandon existing well prior to issuance of AC Abandoned 2/12/18 Well abandonment attached

2/20/18. Floor plans reviewed in compliance with Septic plan mst

INITIAL SITE SKETCH

OK to move tanks to side of house. MS

See approved, attached Septic plan by Penninger Soil Consulting, PLLC (dated 3/6/17)

AS BUILT SKETCH

-supply line sleeved + 18" under road

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703

14" Elev Difference between 2 floats
- Electrical OK (seperate breakers)
- 2 of Pressure Head set.
- Floats OK

	Date	Initials
Drain Lines Checked	5-9	MS
Tanks Checked	5/1	KW
Pressure Manifold or Valve Box Checked	5-9	MS
Pressure Head Set	7/28/19	[illegible]
Electrical Checked	7/28/19	[illegible]
Floats Set	7/28/19	[illegible]
Alarm Checked	7/28/19	[illegible]
Maintenance Contract Y / N	—	—

-supply line checked 5/16 KW
4.5" together = ~ 150 gals/dose

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: 3-29-17 Installed by: R+H

IMPROVEMENT PERMIT by: Myra Dotson Date: 3/27/17 OPERATION PERMIT by: Tom Shuck Date: 7/29/19

AUTHORIZATION TO CONSTRUCT by: Myra Dotson Date: 2/22/18 Existing System Inspected by: Date:

BA

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225340

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

PIN # 4614724234

APPLICANT: Chris MC Gibbon APPLICANT ADDRESS: 5887 Tweed Ct Concord, NC 28027

SITE ADDRESS: 4609 Tuskarora Mooresville, NC PHONE: 7049622-1130 ALT. PHONE:

SITE DIRECTIONS: Brawley School Rd TR Tuskarora at very end (also called Birdsong)

SUBDIVISION: CL&TV SECTION: 6 LOT # 314 LOT AREA: .780 Acre DESIGN FLOW: 720gpd L.T.A.R.: .25

Septic Tank	1500 (gal)	STB 444	Date 2-21-19	☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 6	Water Supply
Pump Tank	1500 (gal)	PT 477	Date 2-4-19	System Description: Pump-Pm-25% Reduction Offsite LP PPBPS	☐ Business	No. Persons 12	☒ Private
Pump Make		Model	Serial #	Repair System Description:	☐ Other	No. Employees	☐ Public
# Nitrification Fields	1	# Lines 6 @ 120ft	Linear Ft: 720ft	Maintenance Agreement Required: ☐ YES ☒ NO	☒ Slab	☒ Crawl Space	☐ Community
Trench Width	36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing

Comments / Conditions: Must abandon existing well prior to issuance of AC Abandoned 2/12/18 Well abandonment attached

2/20/18 Floor plans reviewed in compliance with Septic plan. mz

INITIAL SITE SKETCH

OK to move tanks to side of house. MZ

See approved, attached Septic plan by Penninger Soil Consulting, PLLC (dated 3/6/17)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked		
Tanks Checked	5/1	KW
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

Supply line checked 5/10 KW
↳ 18" under road + sleeved inductile iron

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**

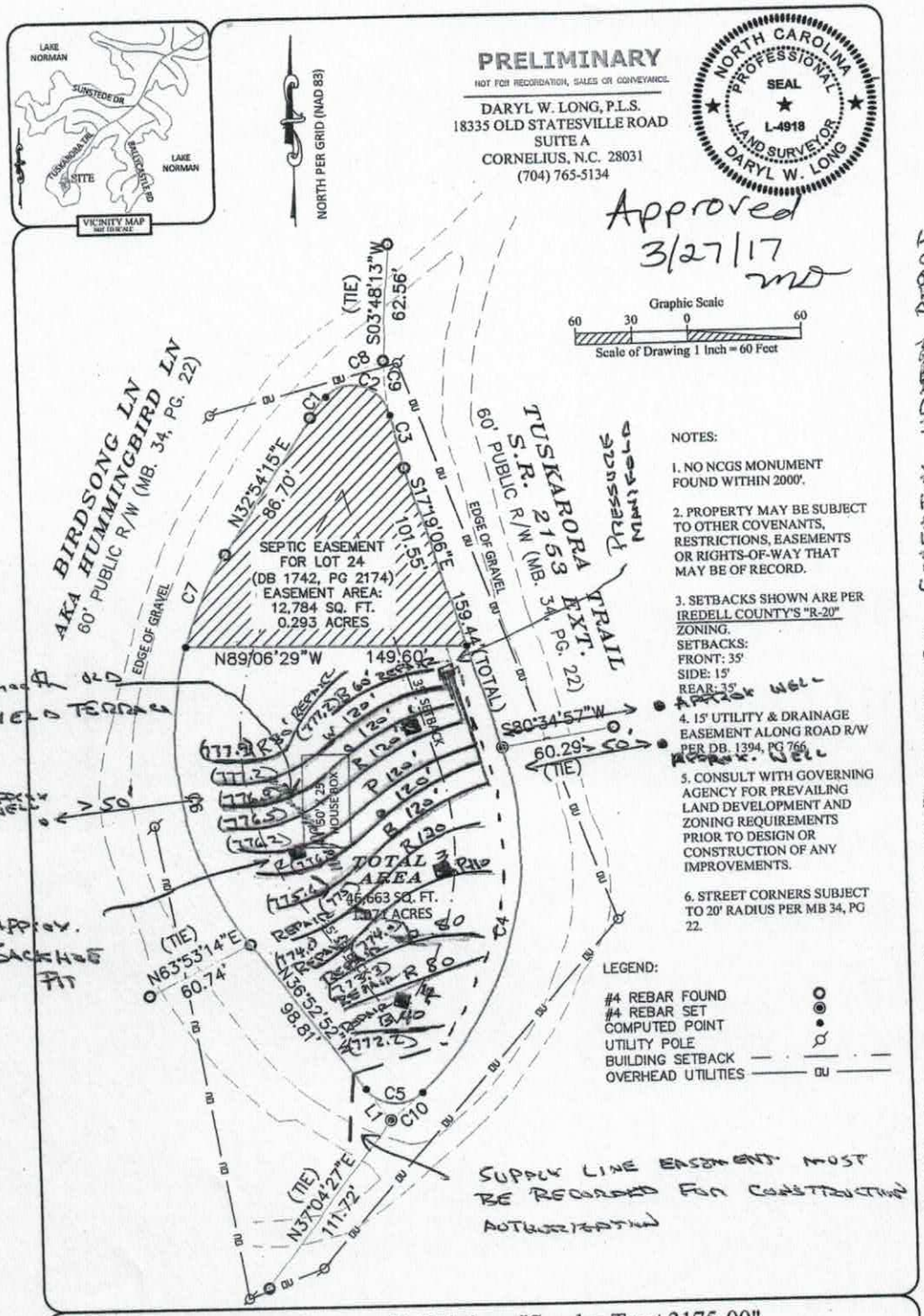
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-29-17 Installed by: R+H

IMPROVEMENT PERMIT by: Maria Dolan Date: 3/27/17 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dolan Date: 2/22/18 Existing System Inspected by: Date:

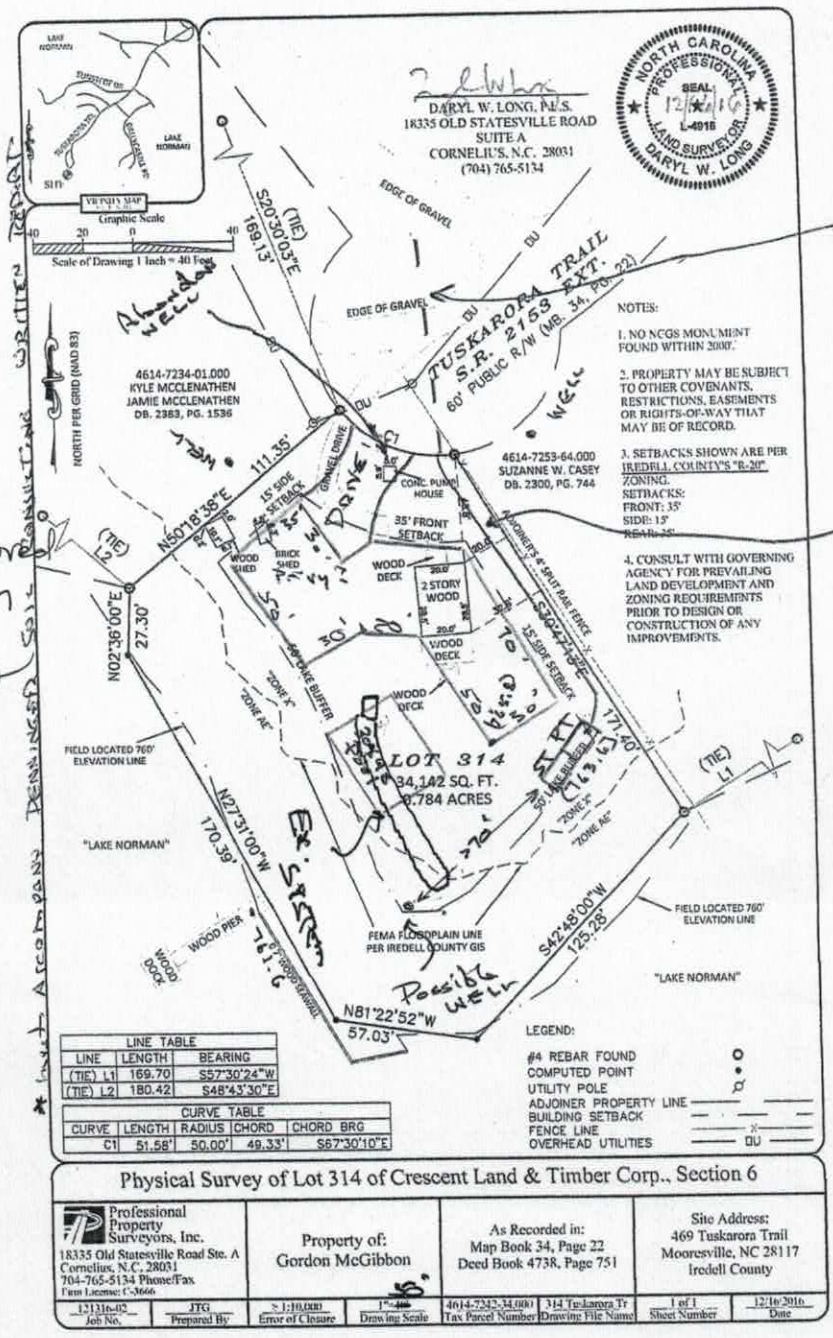
YELLOW - Applicant (Conditional Approval) - PINK



Physical Survey of 1.071 Acre "Surplus Tract 3175-00"

Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-3666	Property of: Gordon McGibbon			As Recorded in: Deed Book 1394, Page 766 Map Book 41, Page 78 Map Book 34, Page 22		Site Address: Unknown Address Tuskarora Trail Mooresville, NC 28117 Iredell County	
121316-02 Job No.	JTG Prepared By	≥ 1:10,000 Error of Closure	1"=60' Drawing Scale	4614-7246-67.000 Tax Parcel Number	314 Tuskarora Tr Drawing File Name	1 of 1 Sheet Number	12/16/2016 Date

Chris McGibbon Lot 314 SEPTIC AREA
3-6-17



Physical Survey of Lot 314 of Crescent Land & Timber Corp., Section 6

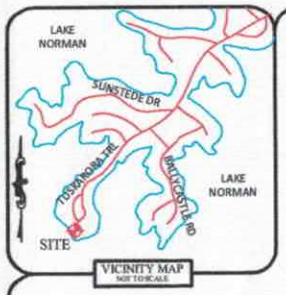
Professional Property Surveyors, Inc. 18335 Old Statesville Road Ste. A Cornelius, N.C. 28031 704-765-5134 Phone/Fax Firm License: C-3666	Property of: Gordon McGibbon	As Recorded in: Map Book 34, Page 22 Deed Book 4738, Page 751	Site Address: 469 Tuskarora Trail Mooresville, NC 28117 Iredell County	
121316-02 Job No.	JTG Prepared By	1:10,000 Error of Closure	1"=40' Drawing Scale	4614-7242-34.000 Tax Parcel Number	314 Tuskarora Tr Drawing File Name	1 of 1 Sheet Number	12/16/2016 Date

RECORD SUPPLY LINE EASEMENT BEFORE ISSUING CONSTRUCTION AUTHORIZATION

2" SEPTIC SUPPLY LINE > 5' OFF PROPERTY LINE
- MUST BE DUCTILE IRON WHERE <50' TO WELL
- MUST BE >30' DEEP UNDER ROAD

Approved 3/27/17 MO

Chris McGibbon SEPTIC Site Plan
3-6-17



Graphic Scale
60 30 0 60
Scale of Drawing 1 Inch = 60 Feet

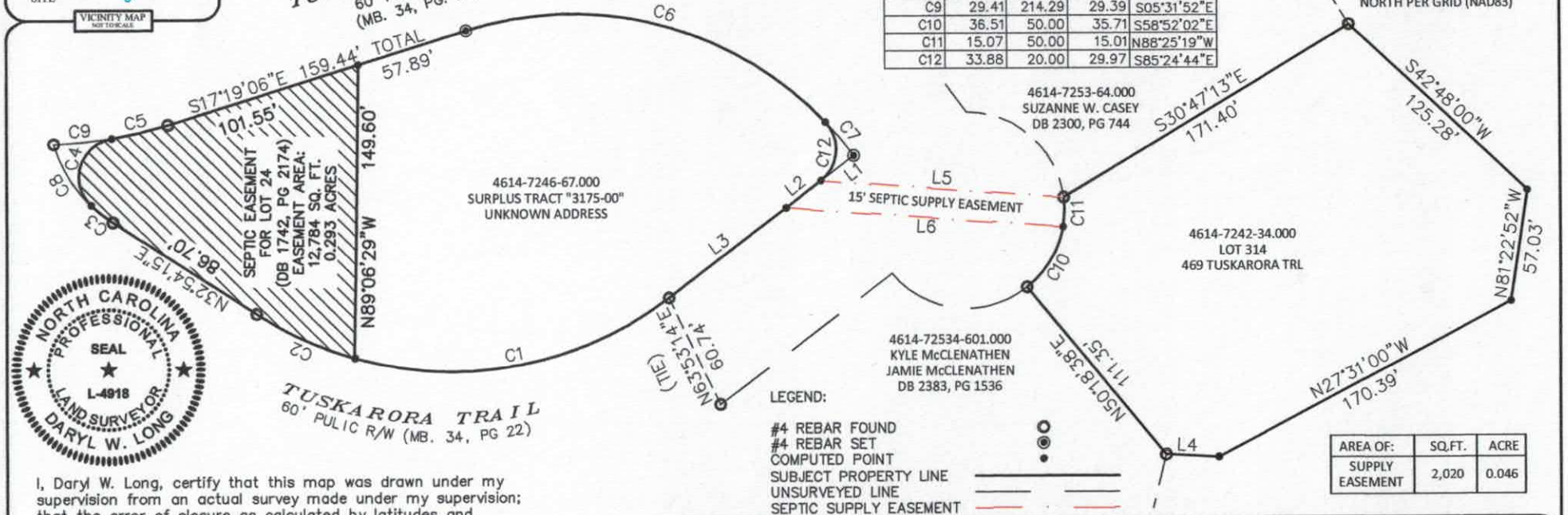
LINE TABLE		
LINE	LENGTH	BEARING
L1	21.23	N36°52'52"W
L2	22.86	S36°52'52"E
L3	75.95	N36°52'52"W
L4	27.30	N02°36'00"E
L5	125.32	S04°08'07"W
L6	143.24	N04°08'07"E

CURVE TABLE				
CURVE	LENGTH	RADIUS	CHORD	CHORD BRG
C1	170.53	185.17	164.57	S10°30'27"E
C2	54.98	185.17	54.78	S24°23'53"W
C3	14.16	69.99	14.14	S38°22'41"W
C4	44.11	20.00	35.70	N72°38'40"W
C5	29.20	214.29	29.18	S13°22'02"E
C6	201.88	182.53	191.74	N14°22'20"E
C7	22.52	182.53	22.50	N49°35'25"E
C8	36.78	69.99	36.36	S59°13'43"W
C9	29.41	214.29	29.39	S05°31'52"E
C10	36.51	50.00	35.71	S58°52'02"E
C11	15.07	50.00	15.01	N88°25'19"W
C12	33.88	20.00	29.97	S85°24'44"E

* THIS MAP HAS NOT BEEN REVIEWED BY A LOCAL GOVERNMENT AGENCY FOR COMPLIANCE WITH ANY APPLICABLE LAND DEVELOPMENT REGULATIONS.

*THIS SURVEY IS INTENDED FOR THE PURPOSE OF EASEMENT ACQUISITION ONLY, AND IS NOT INTENDED TO BE A BOUNDARY SURVEY OF THE LANDS SHOWN HEREON.

NORTH PER GRID (NAD83)



LEGEND:

#4 REBAR FOUND
#4 REBAR SET
COMPUTED POINT
SUBJECT PROPERTY LINE
UNSURVEYED LINE
SEPTIC SUPPLY EASEMENT

AREA OF:	SQ.FT.	ACRE
SUPPLY EASEMENT	2,020	0.046

NORTH CAROLINA PROFESSIONAL SEAL L-4918 LAND SURVEYOR DARYL W. LONG

I, Daryl W. Long, certify that this map was drawn under my supervision from an actual survey made under my supervision; that the error of closure as calculated by latitudes and departures is greater than 1:10,000. That the deeds and maps noted were used as references. That the boundaries not surveyed are clearly indicated as drawn from information indicated; that this plat was prepared in accordance with G.S. 47-30 as amended. Witness my hand and seal this _____ day of _____, 2017.

PRELIMINARY

NOT FOR RECORDATION, SALES OR CONVEYANCE.

Daryl W. Long Surveyor L-4918

Septic Supply Easement to Serve 469 Tuskarora Trail (PID #4614-7242-34.000)

Professional Property Surveyors, Inc.
18335 Old Statesville Road Ste. A
Cornelius, N.C. 28031
704-765-5134 Phone/Fax
Firm License: C-3666

Property of:
Gordon Mcgibbon

As Recorded in:
Map Book 34, Pg 22
Map Book 41, Pg 78

Site Address:
469 Tuskarora Trail &
Surplus Tract
Mooresville NC 28115
Iredell County

0	JML	≥ 1:10,000	1"=60'	4614-7246-67 / 4614-7242-34	SUPPLY EASE	1 of 1	1/26/2017
Job No.	Prepared By	Error of Closure	Drawing Scale	Tax Parcel Number	Drawing File Name	Sheet Number	Date

Chris McGibbon - 469 Tuskarora Trail Expedited Review System Information

CL&T Lot 314 Section 6 (3-6-17)

Number of Bedrooms	**6**
Basement or Crawl	**Crawl/Slab**
Design Flow (gpd)	**720**
Primary System LTAR (gpd/sqft)	**0.25**
Primary System Type	**off-site 25% Reduction**
No. Lines	6 at 120 ft. (see site plan)
Total Linear Feet	720
Trench Width	3' min.
Trench Spacing	9' min.
Trench Depth	36
Pump Required	Yes
Distribution Device	Pressure Manifold
Maintenance Agreement Required	No
Length and Diameter of Supply Pipe	~500' of 2" SCH 40 PVC
Flow Rate through the system (gpm)	33
Elevation head	*Approx. 20'
Pressure head	2.0'
Friction head	Approx. 13.5'
10% Contingency	3.5'
Total Head	39'
Pump Requirements	33 gpm @ 39 ft. of head *To be verified by installer after final tank placement.
Dosing Volume (gal)	360
doses/day @ design flow	2.0
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose (min)	10.9
Check Valve	Yes
Siphon Break hole	no
Repair System	**LPP PPBPS (T&J Panel)**
Total Linear Feet	570' shown - 480' required
Repair Loading Rate (gpd/sqft)	0.25
Repair Proposed Trench Depth (in)	36 in.

Approved
3/27/17
MD

Approved
3/27/17
mds

Chris McGibbon - 469 Tuskarora Trail Expedited Review System Information

Summary of Primary Nitrification Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	*Elevation (Ft.)
1	System	white	25% Reduction	120	777.2
2	System	orange	25% Reduction	120	776.9
3	System	red	25% Reduction	120	776.5
4	System	pink	25% Reduction	120	776.2
5	System	orange	25% Reduction	120	776.0
6	System	blue	25% Reduction	120	775.6
				Total System: 720'	

Tank		1500 gal (2 compartment)	*Elevation (ft.)
Pump Tank		1500 gal.	763.6
House		corner near pool at tanks	765.8
RP		Top of ex. dock	761.6

Manifold Information	
Tap Size (In.)	1/2
Tap Material	SCH 80 PVC
No. Taps	6
Barrel Size (In.)	4
Barrel Material	SCH 80 PVC
Flow (gpm)/Tap	5.5

NOTES:

- *Elevations must be verified by installer at installation and final tank placement. Tank elevations referenced by lake level. Initial drainfield elevation estimated from GIS topo map.
- Install system per ICHD, NCDHSS, and manufacturer permits, policies, and requirements.
- Off-site septic area proposed. Septic area and supply line easement must be recorded prior to ICHD issuing Construction Authorization.
- Expedited System Review information tables must accompany Penninger Soil Consulting written report dated March 6, 2017.

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

Approved
3/27/17 mp

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

OWNER: Chris McGibbons
ADDRESS: 469 Tuckaseegee → Seattle Agent Circle
PROPOSED FACILITY: 6 bdr
LOCATION OF SITE: Pid 461472473 4.000
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE: 3-6-17
DATE EVALUATED: 3-2-17
PROPOSED DESIGN FLOW (.1949): 720
PROPERTY SIZE: .784 ac
PROPERTY RECORDED: yes
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCY/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L L' ~5	0-10	wsbk cl	fr s/ss	br 7.5YR 3/4				PS .25
		10-51	msbk c	fr s/p	2.5YR 4/6		sl to c mod		
					(1)	(51)	(1)	(1)	
2	L ~5	0-11	wsbk cl	fr ss/ss	br 2.5YR 3/6				.25
		11-59	msbk c	fr s/p		Dark Red	f-c BLK mod cont-ss/conc		
					(1)	(59)	(1)	(1)	
3	L ~5	0-10	wsbk cl	fr ss/ss	br 7.5YR 3/3				.25
		10-53	m-wsbk c	fr s/p	2.5YR 3/6 Dk Red		f-c mod strong cont		
					(1)	(53)	(1)	(1)	
4	L ~5	0-11	wsbk sl	fr ss/ss	7.5YR 3/4 br				.25
		11-55	m-wsbk c	fr s/p	2.5YR 3/6 Dark Red		f-c mod cont/conc		
					(1)	(55)	(1)	(1)	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	2SC	TPP
Site LTAR	.25	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: REG - most by
OTHER(S) PRESENT: approved by ROSS

COMMENTS:
* See notes

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Plattner Custom Builders **Address:** PO Box 1138 Davidson NC **Zip:** 28036
Applicant Email: andreatarleton@gmail.com **Phone:** 704-400-1623 **Alt. Phone:** _____
Owner Name: Chris McGibbons **Address:** 5887 Tweed Ct Concord NC **Zip:** 28027
Owner Email: _____ **Phone:** 7049621130 **Alt. Phone:** _____

Property Information:

Street Address: 469 Tuskarora Tr. Mooresville NC
Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 314
Driving Directions: Brawley School Rd TR Tuskarora @ very end (also called Birdsong)

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:** _____
Non-Residential Site Development: **Type of Business:** _____
Square Footage of Building: _____ **Max. Number of Employees:** _____ **Max. Number of Seats/Beds/Other:** _____

Maximum Number of Bedrooms: 6
Maximum Number of Occupants: ___
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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:** 1 **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 (✓) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (✓) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (✓) No **Is the site subject to approval by any other public agency?**

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Andrea Tarleton 1-26-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

Paid $500.00 3-29-17

RECEIVED MAR 6 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

#225340

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment

(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Chris McGibbon **Address:** 5887 Tweed Ct, Concord, NC 28027 (chrismcgibbon@icloud.com) **Phone:** 704-962-1130

Owner Name: Jerome McNinch **Address:** 5646 Wedgewood Drive, Charlotte, NC 28210 **Phone:**

Property Information:

Street Address: 469 Tuskarora

Subdivision Name: CL&T Lot **Section/Phase:** 6 **Lot Number:** 314

Driving Directions: BSR, TR Tuskarora, at very end

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

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

Maximum Number of Bedrooms: 6
Maximum Number of Occupants: 12
(X) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(X) 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: _____ 3-6-17

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, Jerome & Barbara McNinch, am the legal owner(s) of the property located at 469 Tuskarora trail Mooresville NC 28117 & Birdsong lane Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4614-72-4234.000 & 4614-72-4667.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Penninger Soil Consulting, _____, 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.

Jerome McNinch 2/19/17 — Signature of Owner(s) — Date

Barbara Bishopric McNinch 2/19/17 — 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

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, Gordon C McGibbon, am the legal owner(s) of the property located at 4169 Tuskarora Tr. Mooresville NC, identified as PIN (Parcel Identification Number) 4601472434, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Plattner Custom Builders, Karl Plattner & Andrea Tarleton, 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.

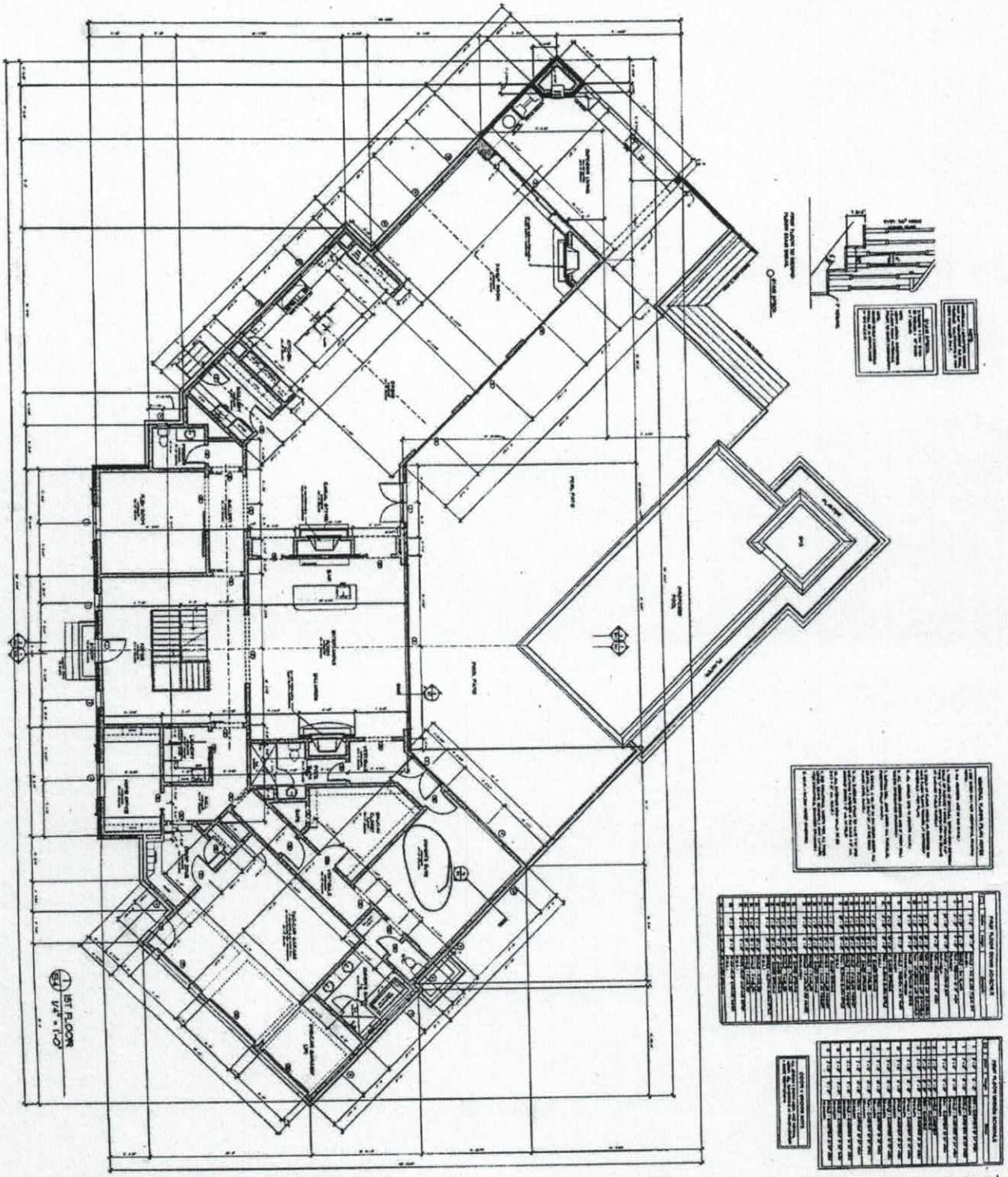
G.C.M. 1/27/18
Signature of Owner(s) Date

Signature of Witness 1/27/18
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



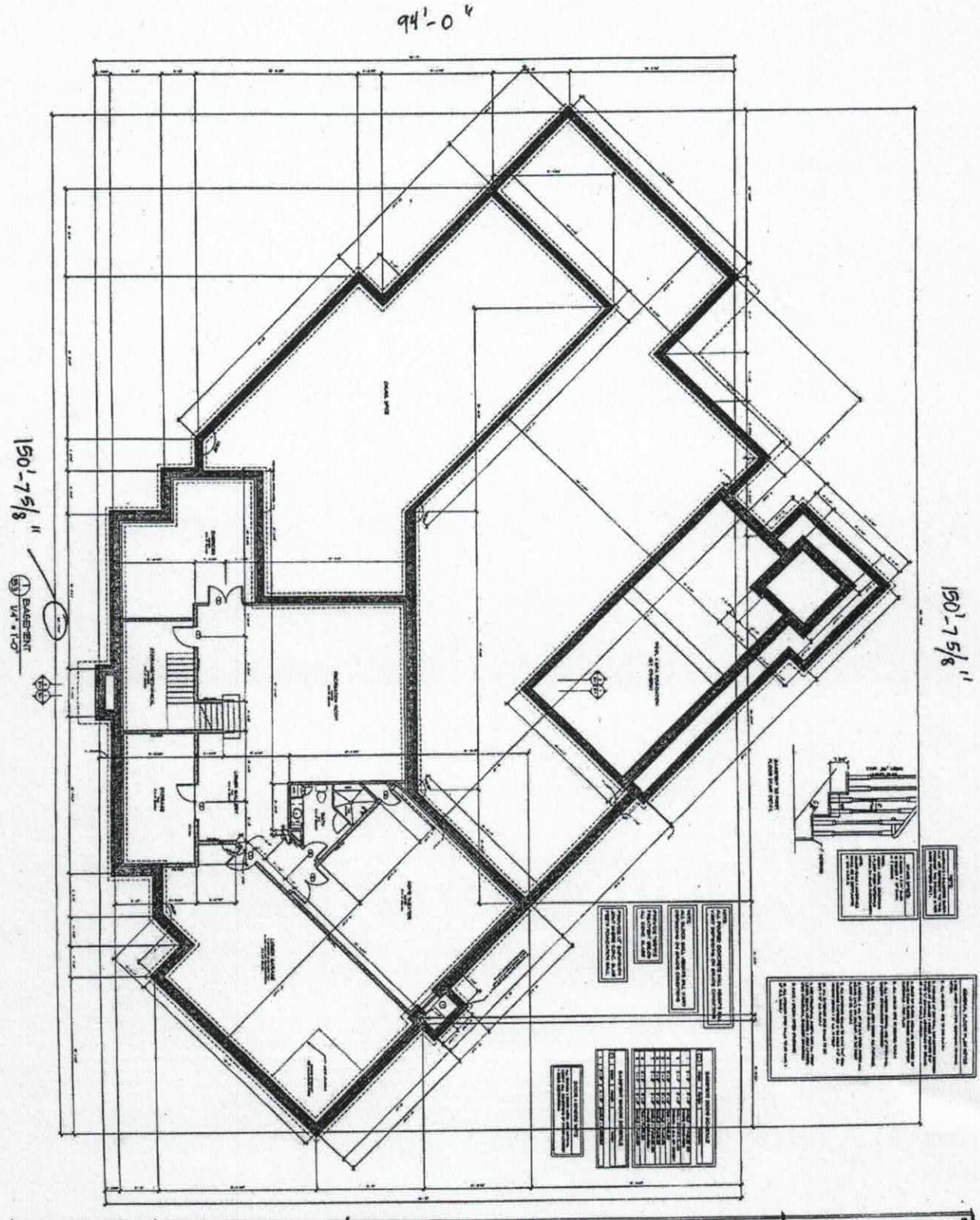
SMITH | SLOVIK
residential design group

MCGIBBON RESIDENCE
LOT 314, TUSKAROBA TRAIL
IN
MOORESVILLE, NORTH CAROLINA

Acknowledgement Of
Plans Submittal ONLY!
Designer Date 2/22/18
Andrea Taylor Date 2/22/18

2ND FLOOR
1/4" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Date 2/20/18
Date 2/20/18



SMITH | SLOVIK
residential design group

MCGIBBON RESIDENCE
LOT 214, TUSKARORA TRAIL
IN
MOORESVILLE, NORTH CAROLINA

Acknowledgement Of
Plans Submittal ONLY!
Maria Date 2/20/18
Andrea Tarleton Date 2/22/18

IREDELL COUNTY

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

APPLICATION NUMBER
225340
Issue Date: 03/01/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4614724234.000	469 TUSKARORA TRAIL, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCNINCH JEROME R+BARBARA B	Applicant: MCGIBBON, CHRIS
Address: 5646 WEDGEWOOD DR CHARLOTTE, NC 28210	Address: 5887 TWEED CT. CHARLOTTE, NC 28227
Phone:	Phone: 704-996-6330

Use Requested	Zone Code
	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.780	35.00	50.00	15.00	15.00	CACL	AE

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: _____ Date: _____

Permit Number	94976	TOTAL FEES:	$ 77.25

.oandonment Record.jpg

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:
Anthony Hall
Well Contractor Name (or well owner personally abandoning well on his/her property)

4380C
NC Well Contractor Certification Number

McCall Brothers
Company Name

2. Well Construction Permit #: 225340
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	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☐Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 2/12/2018

5a. Well location:
Plattner Custom
Facility/Owner Name
Facility ID# (if applicable)

469 Tuskarora Trl
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)
35.4991374 N -80.9573933 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: 120 (ft.)

6c. Borehole diameter: 5 (in.)

6d. Water level below ground surface: 20 (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 Chlorine

7d. Amount of disinfectant used: 3 ounces

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	● Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:
18- 50# bags

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

8. Certification:
Signature of Certified Well Contractor or Well Owner
2/12/2018
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.