# ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 231936 AP 323866

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

PIN # 4614-92-3309

APPLICANT/OWNER: Bluefield Builders APPLICANT ADDRESS: 127 Promenade Dr Mooresville NC

SITE ADDRESS: 115 Channel Pt Ln Mooresville NC PHONE: 704 746-3536 ALT. PHONE 703 346 0512

SITE DIRECTIONS: Brawley School Rd TR Tuskarora Trail TL Syllabub TR Channel Pt SAP CONTROLLED: [X] YES [ ] NO

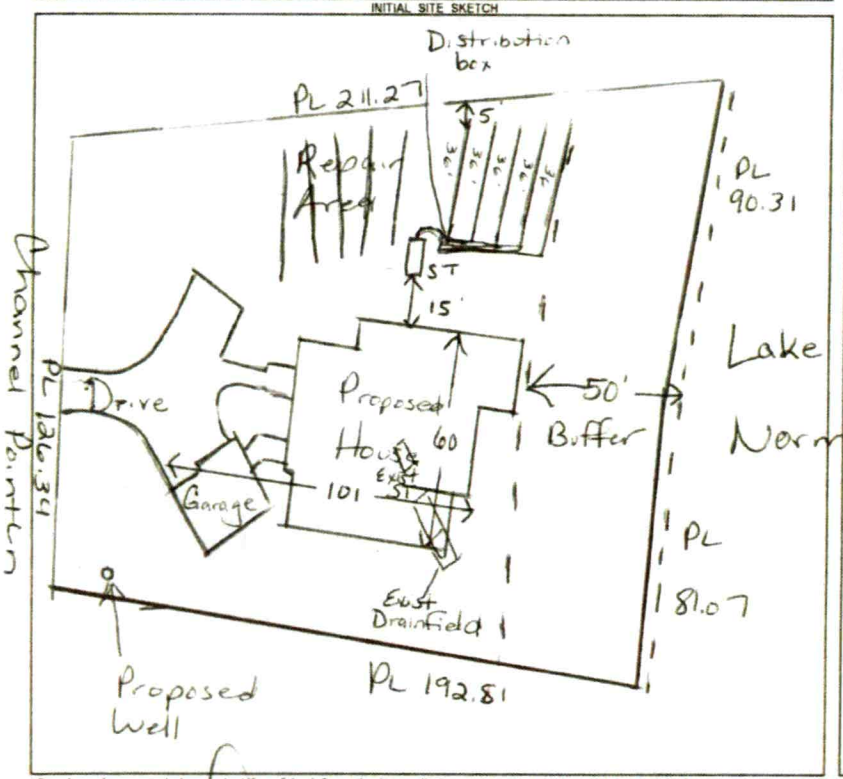
SUBDIVISION: LL & T SECTION: 6 LOT # 346 LOT AREA: .167 Ac. DESIGN FLOW: 360 gpd L.T.A.R.: .35

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB 760 | Date 5-7-2023 | [X] New System [ ] Repair [ ] Expansion | System Type: I II III IV V VI | [X] Residence | No. Bedrooms | 3 | Water Supply |
| Pump Tank | (gal) | PT | Date | System Description: Gravity Vert PPBPS | | [ ] Business | No. Persons | 6 | [X] Private |
| Pump Make | | Model | Serial # | Repair System Description: LL PPBPS w/ T3 II Pretreat | | [ ] Other | No. Employees | | [ ] Public |
| # Nitrification Fields | 1 | # Lines 5 | Linear Ft 180' | Maintenance Agreement Required: [ ] YES [X] NO | | [ ] Slab | [ ] Crawl Space | | [ ] Community |
| Trench Width | min 24" | Trench Bottom Depth(Low side) | 36" | Gravel Depth N/A | [X] GRAVITY [ ] PRESSURE | [X] Basement w/plumbing | [ ] Basement w/o plumbing | | |

Comments / Conditions: Must have 50ft buffer marked at time of Septic Installation.

"Property" abandon existing Septic System.

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.

Scale 1:50

INSTALLED AS SHOWN

*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**

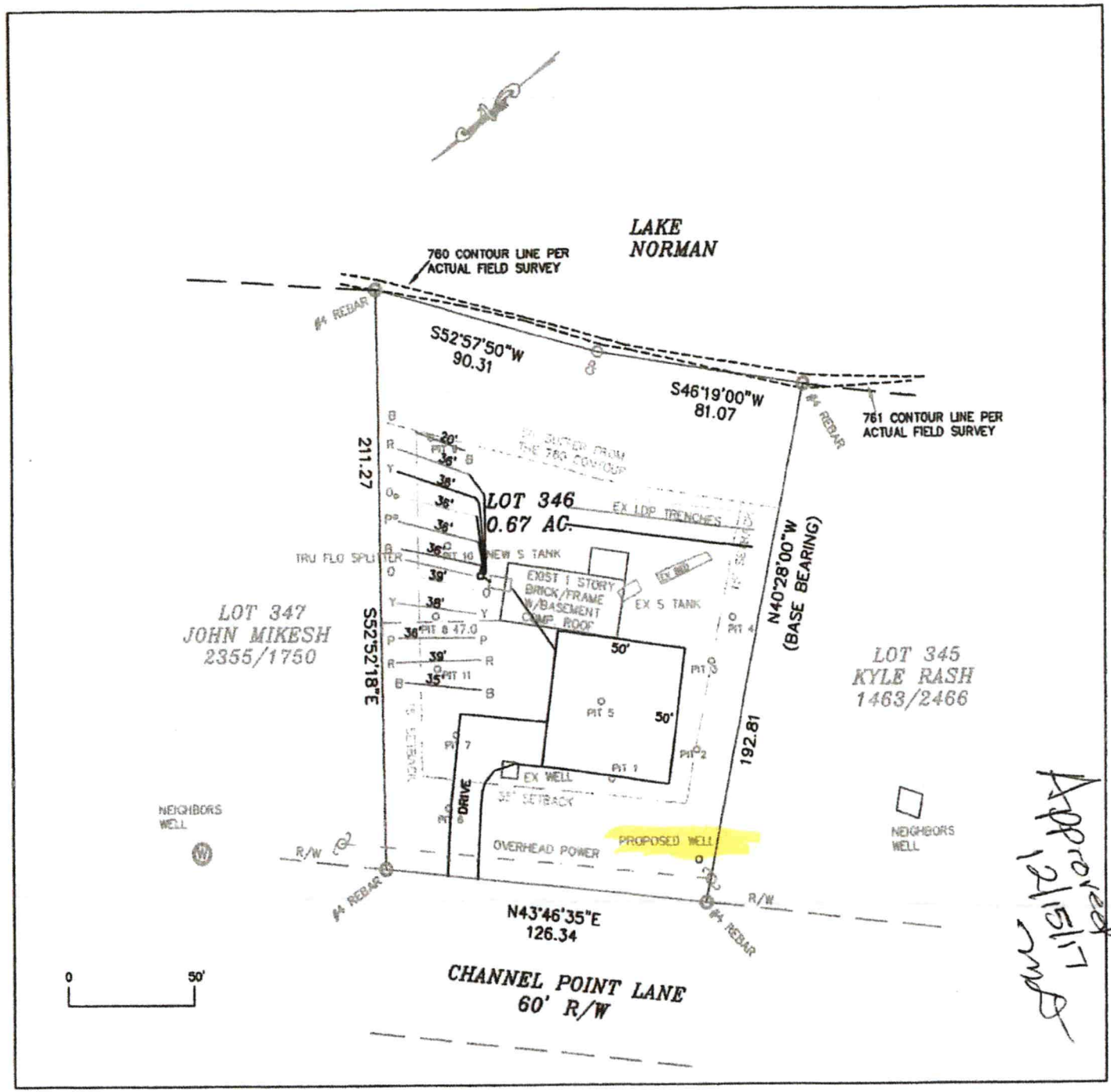
[ ] **IMPROVEMENT PERMIT** *with plat, valid without expiration.* [X] **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* [ ] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 5/24/22 Installed by: RICHARD ABERNATHY

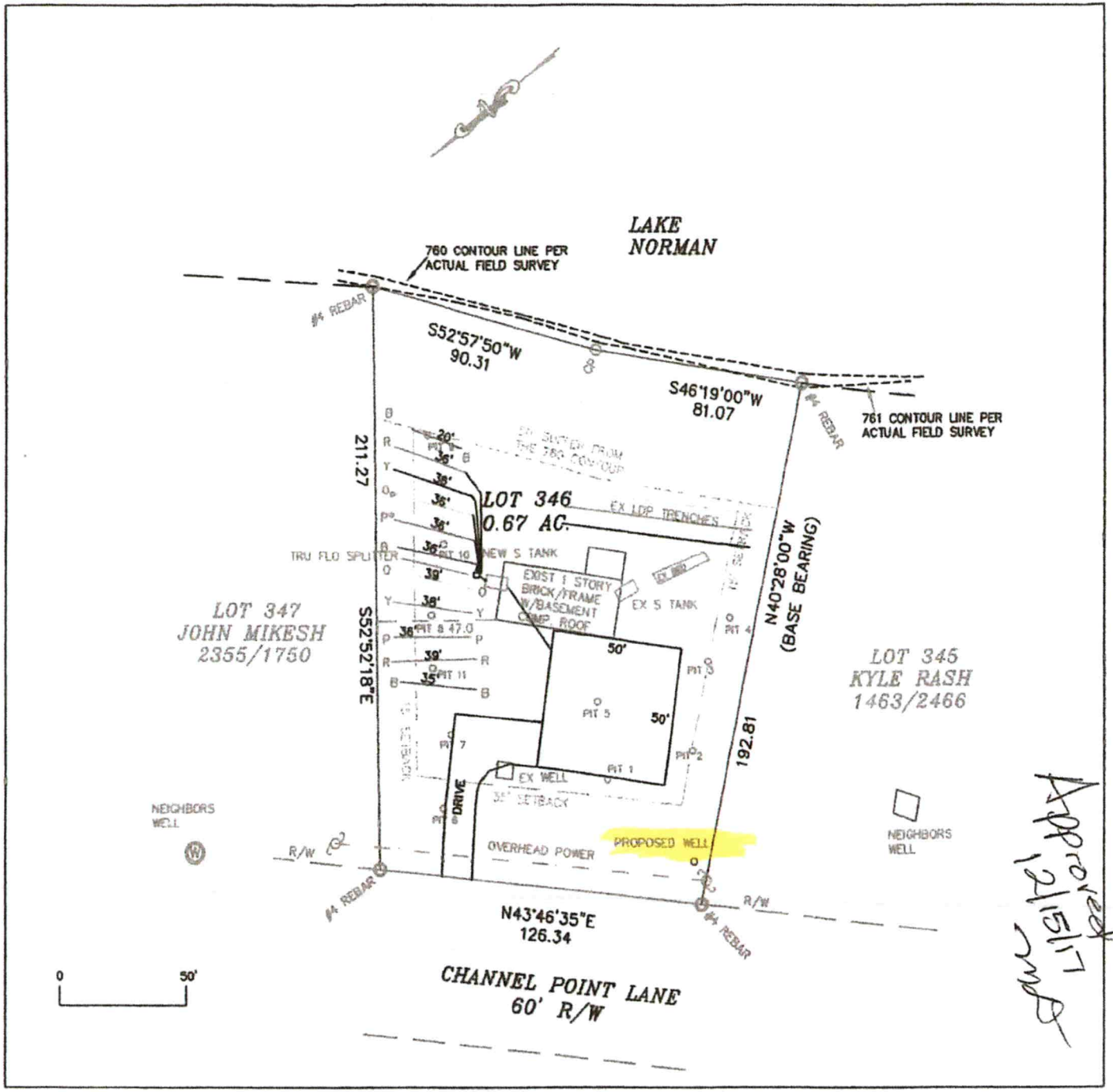
IMPROVEMENT PERMIT by: Maria Dolson Date: 5/23/22 OPERATION PERMIT by: Buford C. White Date: 7-12-2023

AUTHORIZATION TO CONSTRUCT by: Maria Dolson Date: 5/23/22 Existing System Inspected by: Date:

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




Approved
12/15/17




Approved
2/15/17

Sheet 1 of 1
PROPERTY ID #: 4614923309
COUNTY: IREDELL

# SOIL/SITE EVALUATION
## *for* ON-SITE WASTEWATER SYSTEM

Approved 12/15/17 mS

OWNER: ELLEN PALMER
ADDRESS: 312 GREENGATE LANE CHARLOTTE NC 28211
PROPOSED FACILITY: RESIDENCE
LOCATION OF SITE: 115 CHANNEL POINT LANE
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut

APPLICATION DATE
DATE EVALUATED: 9/14/17
PROPOSED DESIGN FLOW (.1949): 360
PROPERTY SIZE: 0.67
PROPERTY RECORDED:
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 CONSISTENCE/ MINERALOGY | OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR | .1943 SOIL DEPTH | .1956 SAPRO CLASS | .1944 RESTR HORIZ | PROFILE CLASS & LTAR |
|---|---|---|---|---|---|---|---|---|---|
| PIT #8 | L/13 | 0-4 | BL WFGR | FR SS SP | N/A | 24" | PS | N/A | PS .35-.4 |
| | | 4-17 | BR C WMSBK | FR SS SP | | | | | |
| | | 17-24 | RB CL WFS | FR SS SP C SAP | | | | | |
| | | 24-64 | VAR L MASS | VFR SS SP | | | | | |
| | | | | | | | | | |
| PIT #9 | L/18 | 0-2 | BL WFGR | FR SS SP | N/A | 22" | PS | N/A | PS .35-4 |
| | | 2-10 | RB CL WFS | FR SS SP | | | | | |
| | | 10-15 | RB C WFS | FR SS SP | | | | | |
| | | 15-22 | RB CL WFS | FR SS SP C SAP | | | | | |
| | | 22-68 | VAR L MASS | VFR SS SP | | | | | |
| PIT #10 | L/16 | 0-4 | BL WFGR | FR SS SP COMP INCLD | N/A | 21" | PS | N/A | PS .35-.4 |
| | | 4-14 | BR C WMS | FR SS SP | | | | | |
| | | 14-21 | BR CL WFS | FR SS SP | | | | | |
| | | 21-61 | VAR L MASS | VFR SS SP | | | | | |
| | | | | | | | | | |
| PIT #11 | L/15 | 0-4 | BL WFGR | FR SS SP | N/A | 31" | PS | N/A | PS .35 |
| | | 4-11 | BR CL WMS | FR SS SP | | | | | |
| | | 11-22 | BR C WMS | FR SS SP | | | | | |
| | | 22-31 | BR CL WFS | FR SS SP C SAP | | | | | |
| | | 31-65 | VAR L MASS | FR SS SP | | | | | |

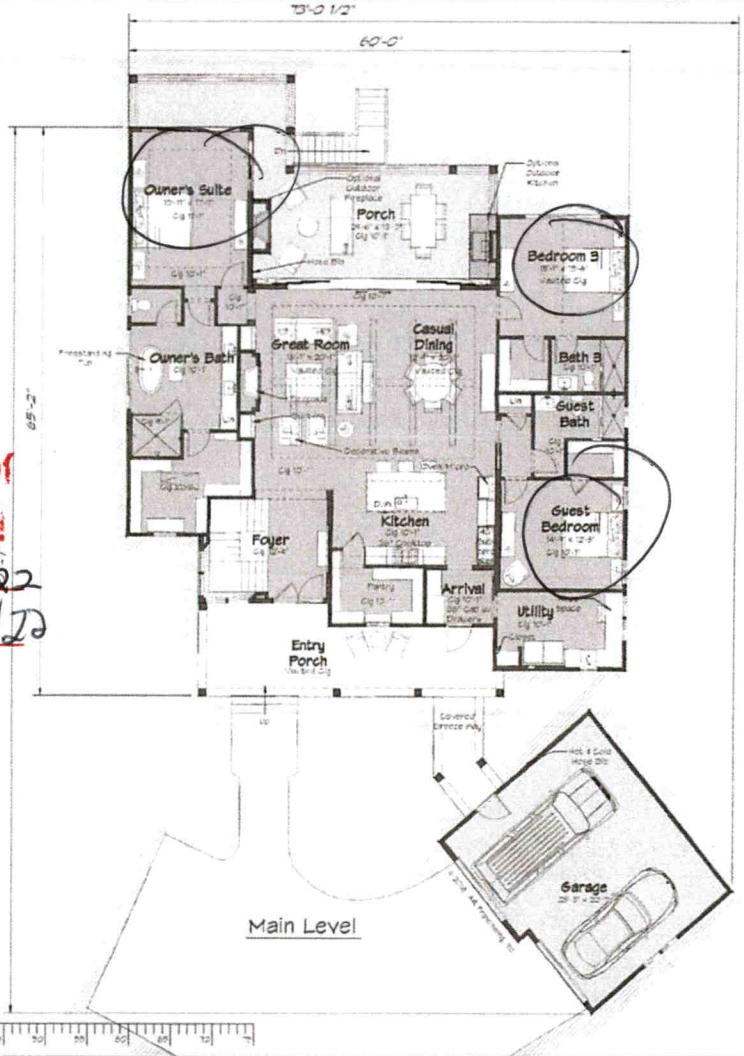
| DESCRIPTION | INITIAL SYSTEM | REPAIR SYSTEM |
|---|---|---|
| Available Space (.1945) | | |
| System Type(s) | PDBPS | PDBPS |
| Site LTAR | .35 | .35 |

OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ROLLINS
OTHER(S) PRESENT: OVERBY

COMMENTS:

CUSTOM DESIGN FOR

# Scott and Valery Hill



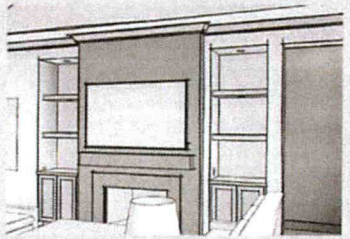

Acknowledgement Of
Plans Submittal ONLY!

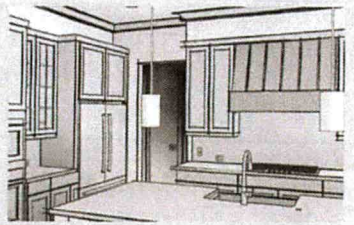
Maria Dotson Date 5/23/22

Date 5/24/22

BLUEFIELD BUILDERS, LLC

File # 98-Hill-D





## SQUARE FOOTAGES:

| | |
|---|---|
| Lower level Living | 150 |
| Main Level Living | 2613 |
| TOTAL | 2763 |
| Entry Porch/Breeze Way | 407 |
| Garage | 617 |
| Lower Level Gravel Area | 546 |
| Lower level Living | 150 |
| Main Level Living | 2613 |
| Porch | 543 |
| Unfinished Basement | 2550 |
| TOTAL | 7426 |

AR HOMES BY ARTHUR RUTENBERG

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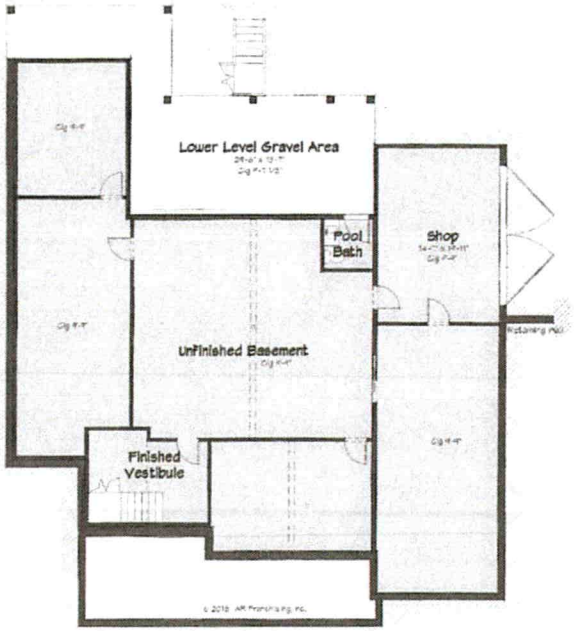
Note: Plan information is conceptual only. Certain items may be changed at production stage. Date: 11/24/21 Designer: SAS

CUSTOM DESIGN FOR

# Scott and Valery Hill

BLUEFIELD BUILDERS, LLC
File # 98-Hill-D

Acknowledgement Of
Plans Submittal ONLY!
Maria Olson Date 5/23/22
P Hardy Date 5/24/22




Lower Level



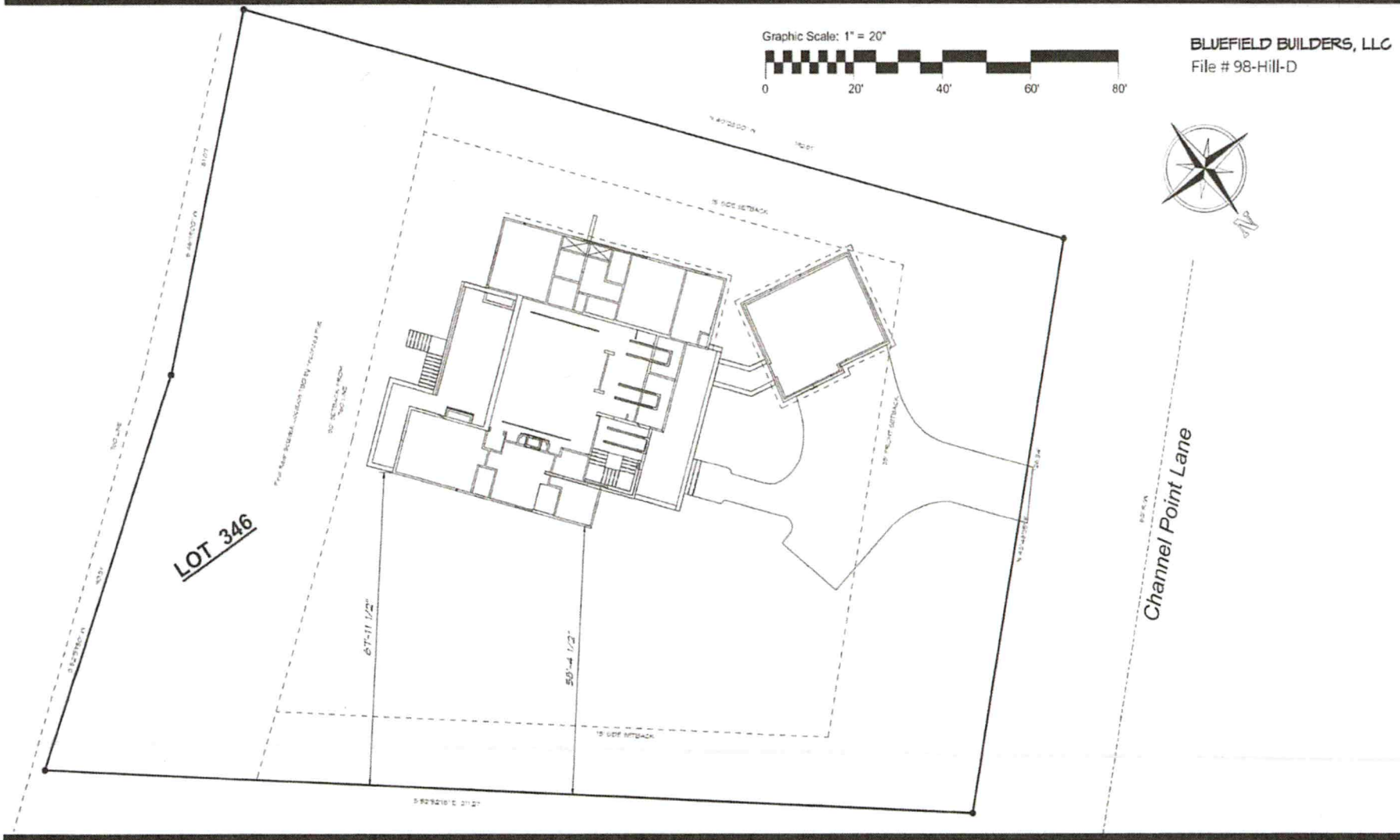
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CUSTOM DESIGN FOR

# Scott and Valery Hill




**BLUEFIELD BUILDERS, LLC**
File # 98-Hill-D

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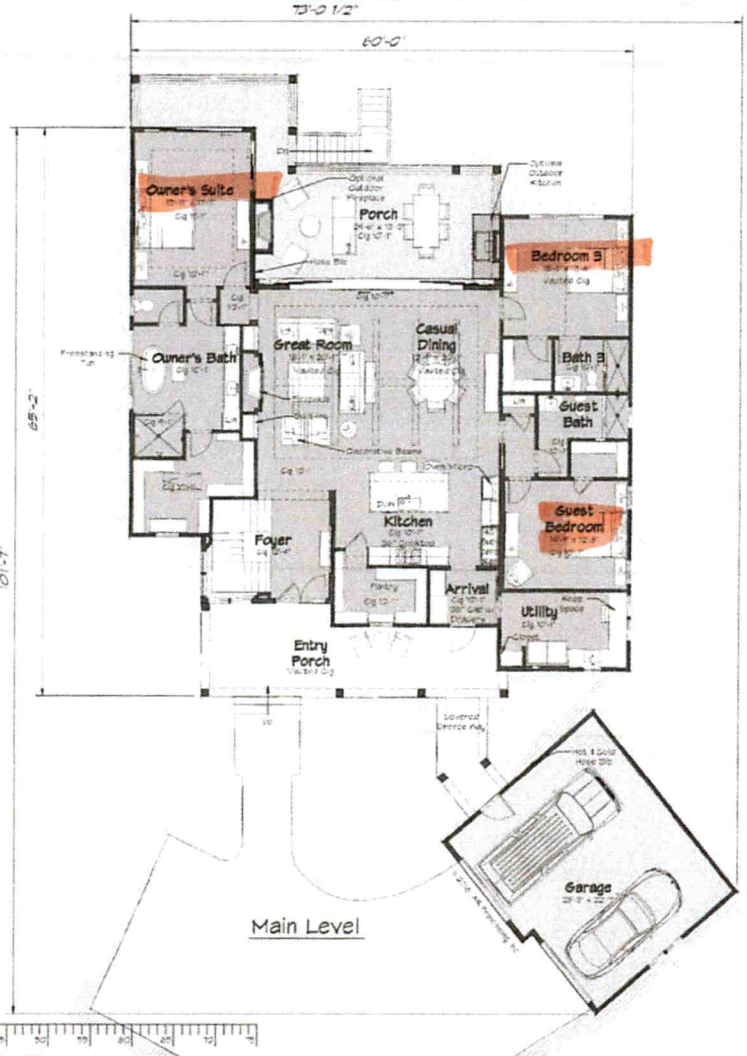
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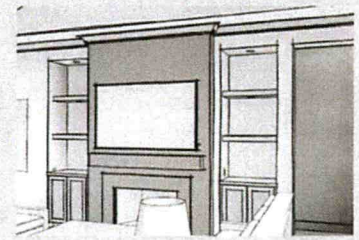
CUSTOM DESIGN FOR

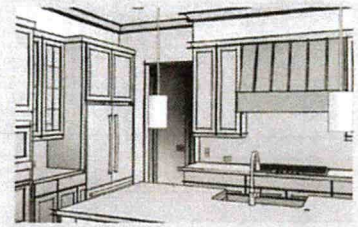
# Scott and Valery Hill

Acknowledgement of Plans Submittal ONLY!
Date 3/23/22
Date 4/13/22
Date 5/24/22




BLUEFIELD BUILDERS, LLC
File # 98-Hill-D





## SQUARE FOOTAGES:

| | |
|---|---|
| Lower level Living | 150 |
| Main Level Living | 2613 |
| TOTAL | 2763 |
| | |
| Entry Porch/Breeze Way | 407 |
| Garage | 617 |
| Lower Level Gravel Area | 546 |
| Lower level Living | 150 |
| Main Level Living | 2613 |
| Porch | 543 |
| Unfinished Basement | 2550 |
| TOTAL | 7426 |

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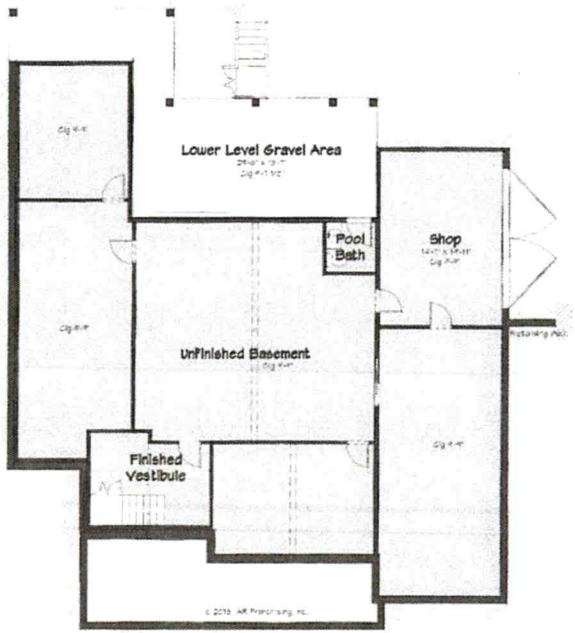
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CUSTOM DESIGN FOR

# Scott and Valery Hill

BLUEFIELD BUILDERS, LLC
File # 98-Hill-D

Acknowledgement of Plans Submittal ONLY!
Date 5/24/22
Date 4/13/22




Lower Level

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Note: Plan information is conceptual only. Certain items may be changed at production stage. Date: 11/24/21 Designer: SAS

MUNIS 231936 CW

# ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 Mooresville Office: (704) 660-3625

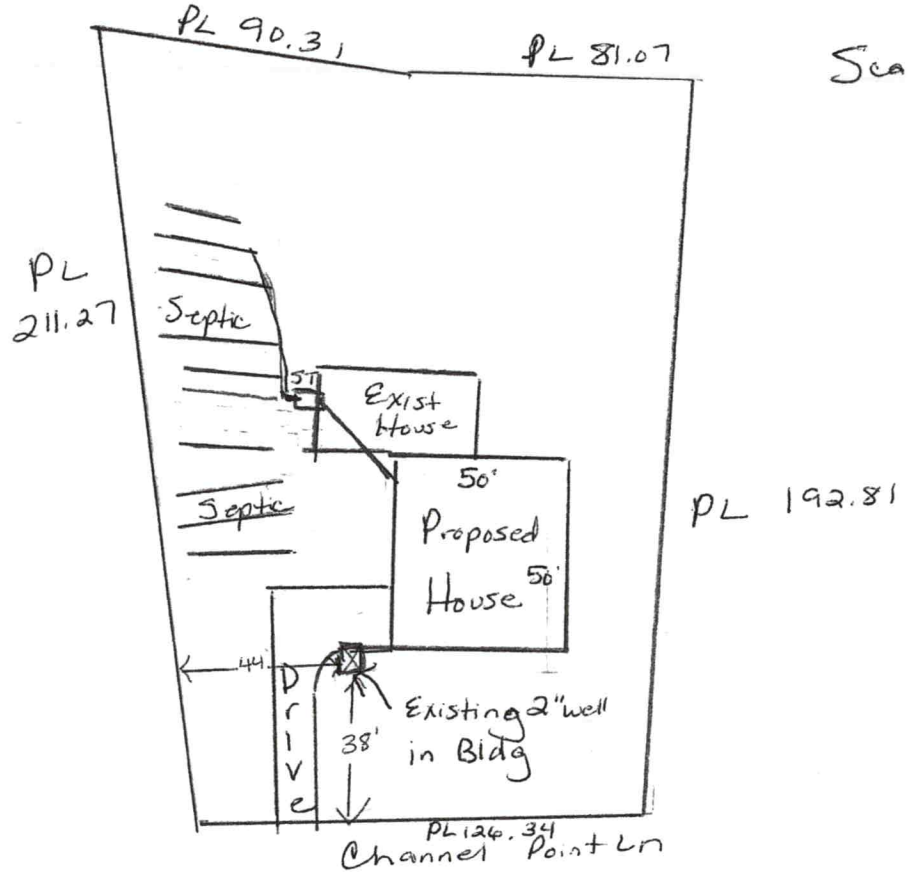
**PRIVATE DRINKING WATER WELL PERMIT #** ~~323866~~ **PIN #** 4614-92-3309 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Valery Hill ADDRESS: 115 Channel Point Ln Mooresville, NC PHONE: 703.346-0512

DIRECTIONS TO SITE: Brawley School Rd TR Tuskarora Trail TL Syllabub TR Channel Pt

SITE ADDRESS: 115 Channel Pt Ln Mooresville, NC 28117 SUBDIVISION: CL&T SECTION/LOT: Sec. 6 Lot 346

Initial Site Sketch




**GROUTING RESULTS**

Total Depth _____

Depth of Casing _____

Yield _____

Notes: 150 ft 2" well

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon 2" well per Drinking Water Well Construction rules

WELL PERMIT ISSUED BY: Maria Dotson DATE: 1/3/22 (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: Randy W/Air Drilling CONTRACTOR CERT #: 32144 GROUT INSPECTION BY: Maria Dotson DATE: 1/10/22

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: _____ DATE: 2/22/22 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:**

CHAD HARTNESS

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

2901A

NC Well Contractor Certification Number

AIR DRILLING INC

Company Name

**2. Well Construction Permit #:** 323866

*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:** 1-10-2022

**5a. Well location:**

VALERY HILL

Facility/Owner Name

Facility ID# (if applicable)

115 CHANNEL POINT LANE,MOORESVILLE,N.C. 28117

Physical Address, City, and Zip

IREDELL

County

4614923309

Parcel Identification No. (PIN)

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

35° 29.583 N 80° 57.535 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:** 156 (ft.)

**6c. Borehole diameter:** 6 (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:** 2 CUPS

**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:**

225 POUNDS

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

POURED 225 lbs BENTONITE CHIPS

**8. Certification:**

Signature of Certified Well Contractor or Well Owner

1-10-2022

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.