ICHD–ENVIRONMENTAL HEALTH DIVISION

KW Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # AP 302117

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

PIN # 4615824270

APPLICANT/OWNER: Dennis Lehman APPLICANT ADDRESS: 195 Fawn Ln Mooresville, NC 28117

SITE ADDRESS: 195 Fawn Ln Mooresville, NC 28117 PHONE: 440 543-3478 ALT. PHONE Michael 704 576-3887

SITE DIRECTIONS: Brawley School Rd TR Stonemarker TR Fawn Ln cul de sac end. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C & T SECTION: 6 LOT # 118 LOT AREA: .77AC. DESIGN FLOW: 480gpd L.T.A.R.: .325

Septic Tank	1000 (gal)	STB 760	Date 1-3-21	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT 363	Date 12-5-20	System Description:	Pump 1 LPPBPS			☐ Business	No. Persons 8
Pump Make	Liberty	Model 3/4HP 290	Serial # 1350NW	Repair System Description:	1 LPPBPS			☐ Other	No. Employees
# Nitrification Fields	1	# Lines 5	Linear Ft 246	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24"	Trench Bottom Depth(Low side)	36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private Exist. ☐ Public ☐ Community

Comments / Conditions: ★ Must get well variance approved, prior to issueing A.C. Properly abandon existing Septic System.

★ Must verify that old well that's A/C in front of existing house & 5ft next to porch was properly abandoned. Did not receive GW-30. Well abandonment Permit attached 5/29/2020 GW-30 attached 5/29/2020 ★★ ~~Well must be Sampled from same parameters As newly constructed well prior to O.P.~~

INITIAL SITE SKETCH

Well variance attached 5/29/2020

★ No termite treatment within 25ft of well

See attached, approved

Septic plan by

Michael Athanasatos Assoc.

dated 10/8/19

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	2-25-21	
Tanks Checked	2-25-21	
Pressure Manifold or Valve Box Checked	2-25-21	
Pressure Head Set	4/23/21	
Electrical Checked		
Floats Set		
Alarm Checked	4/23/21	
Maintenance Contract (Y) N		
Comments: As of 4/23/21 Just needs Maint. Agreement	5/19/21	

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**

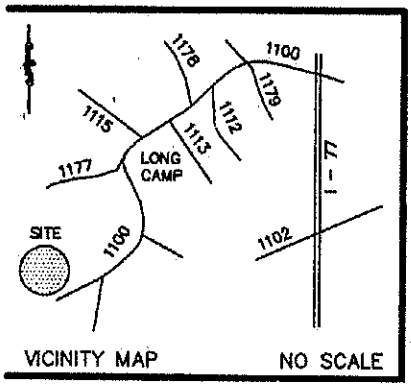
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Acceptance of Permit Recv'd Date: 5.20.2020 Installed by: Abena M

IMPROVEMENT PERMIT by: Maria Dotson Date: 11/21/19 OPERATION PERMIT by: Maria Dotson Date: 5/19/21

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/29/19 Existing System Inspected by: Date:

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



MAGNETIC

LIFT

PIER

Approved
11/21/19

LAKE NORMAN

760 CONTOUR LINE PER ACTUAL FIELD LOCATION

S34°34'00"W 50.00

S65°16'00"W 70.60

S59°13'00"W 40.20

S86°19'00"W 27.68

N57°29'00"W 55.00

N13°00'00"W 42.09

N06°33'00"E 65.93

N24°30'00"E 40.79

N00°51'00"W 20.61

N35°00'00"E 16.15

N28°48'00"W 13.45

N12°56'15"E 32.53

S70°47'47"E 63.96

#4 REBAR FOUND

FLAT IRON FOUND

RAMP

CONCRETE WALK

56.6

47.5

Repair area

Ex Well

LOT 119
DOUGLAS WILLIAM LAMBERT
1881/1615

P1 - 27' - 3.4'
B2 - 54' - 4.1'
W3 - 43' - 4.8'
O4 - 50' - 5.6'
Y5 - 72' - 6.4'

(BASE BEARING) S27°42'00"E 104.63

15' SIDE SETBACK

50'

EXISTING GARAGE

CVB

CONCRETE DRIVE

49.8

75' FRONT SETBACK

STONE WALL

EXISTING 1 STORY FRAME COMP. ROOF

DECK

SCREEN PORCH

LOT 118
0.77 AC.

50' BUFFER FROM ACTUAL 760 CONTOUR

P1

B2

W3

O4

Y5

15'

HC 7.1'

10'

ST

PT 7.9'

PROPOSED HOUSE AREA

Repair Area

58.3

BM - 1.3'

(TIE ONLY) S22°58'39"E 54.23

PK NAIL SET

C1

5'

R/W

FAWN LANE
60' PUBLIC R/W

LAKE NORMAN

LOT 117
D. ROBERT AYERS
JANET S. AYERS
1139/644

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	93.15'	S 56°56'36" E	80.25'

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 2/22/2012) ELEVATION: 755.70'
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 20' 40' 100'

SCALE IN FEET

LEGEND

P.P. = POWER POLE
DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY
W = WELL
CP = COMPUTED POINT

195 FAWN LANE

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Dennis Lehman
ADDRESS: 195 Fawn Ln
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____
LOCATION OF SITE: _____

APPLICATION DATE _____
DATE EVALUATED: 3/22/21
PROPERTY SIZE: _____
PROPERTY RECORDED: _____

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) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS ★ SEE Report for SB/AH locations .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6	0-4"	BrwSCL						PS .3 to .325
		4"-15"	RC m-f SBK FI-FR, SExP						
		15-48"	RC/CL m-w SBK		SS, SP,	SE,	FR		
2	AH-4	0-2	BrwSCL						PS .3+
		2-26	RC m-f SBK FI-FR, SS, SP, SExP						
		26-48	RCL m-f SBK, FR, SS, SP, SExP						
3	AH7	0-6	Rd Brw SCL						PS .3+
		6-48"	RC/CL m-w SBK		SS, SP, SE, FR				
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	~~Pretreat~~ I S II
Site LTAR	.3-.325	.3-.325

OTHER FACTORS (.1946): None
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: M. Dotson & Paul Penninger
OTHER(S) PRESENT: _____

COMMENTS: _____

SITE/SOIL EVALUATION

B. 1 of 2

Project No. 1584-11-045 Phone No. _____ Date: _____
Location 19X FAN 4 LN Pin _____ County: _____ Property Size 0.77

Proposed Facility: 4 BR Water Supply: On-Site Well ☒ Evaluation: Auger Boring ☒
Community ☐ Pit ☐
Described By: PSP Public ☐ Cut ☐
Weather: 5-17-11 Antecedent Moisture 8-17 moist 8-17 Surface Water: LN 2-23-12

FACTORS	PROFILE 1	PROFILE 2	PROFILE 3	PROFILE 4
Landscape Position %	C			
Horizon Depth I	0-6	0-4	0-7	0-7
Color Munsell	br	br	br	br
Texture	cl	scl	scl	scl
Structure	w sbk/c	gr-w sbk	gr-w sbk	gr
Consistence	fr ss/sp	fr ss/sp	fr ss/sp	fr
	fr gravel incl.			
Boundary				
Horizon Depth II	6-12	4-34	7-40	2-26
Color – Munsell	red	red	red	red
Texture	c	c	c	c
Mottles				mf f sbk
Structure	mf abk/c	mf sbk	mf sbk - f	fr ss/sp
Consistence	fr s/p	fr ss/sp	abk/c fr ss/sp	
Boundary				
Horizon Depth III	12-40	34-47	40-68	26-48
Color – Munsell	red brc	red	red brc	red
Texture		cl		cl
Mottles				f fs sap
Structure	mf sbk	m-w sbk	mf sbk/c	cf m abk
Consistence	fr ss/sp	fr ss/sp	fr ss/sp	w sbk/c fr ss/sp
Boundary				
Horizon Depth IV	40-48			
Color – Munsell	red			
Texture	cl			
Mottles	f fs sap, f fs mica			
Structure	w sbk			
Consistence	fr ss/sp			
Boundary				
Soil Wetness	—	—	—	—
Restrictive Horizon	—	—	—	—
Saprolite	—	—	—	—
LTAR				
Classification	PS 3- .325	PS .3+	PS .3+ o 3+	PS .3+

Approved ICHD 3/22/12 MD

LEGEND

LANDSCAPE POS
R Ridge Interflu
S Shoulder
L Linear Slope
S Foot Slope
N Nose Slope
H Head Slope
Cc Concave Slo
Cv Convex Slop
T Terrace
P Flood Plain

TEXTURE
s sand
ls loamy sand
sl sandy loam
l loam
si silt
sil silt loam
sicl silty clay loa
cl clay loam
scl sandy clay l
sc sandy clay
sic silty clay
c clay

CONSISTENCE
Ns non-sticky
Ss slightly stic
S sticky
Vs very sticky

Np non-plastic
Sp slightly pla
P plastic
Vp very plastic

MOIST
vfr Very friabl
fr friable
fi firm
vfi Very firm

STRUCTURE
sg single grai
m massive
cr crumb
gr granular
sab subangula
ab angular bl
pl platy
pr prismatic

SITE/SOIL EVALUATION

Pg. 2 of 2

Project No. 15CU-11-045 **Phone No.** _____ **Date:** _____
Location 195 FARM LN **Pin** _____ **County:** _____ **Property Size** _____

Proposed Facility: _____ **Water Supply:** On-Site Well ☐ Community ☐ Public ☐ **Evaluation:** Auger Boring ☒ Pit ☐ Cut ☐

Described By: _____
Weather: _____ **Antecedent Moisture** _____ **Surface Water:** _____

2-23-12

FACTORS	PROFILE S	PROFILE	PROFILE	PROFILE
Landscape Position %	C			
Horizon Depth I	0-3			
Color Munsell	BR			
Texture	scl			
Structure	gr f sbk			
Consistence	fr			
Boundary				
Horizon Depth II	3-22			
Color – Munsell	YBR			
Texture	C			
Mottles				
Structure	m f sbk c			
Consistence	fi sticp			
Boundary				
Horizon Depth III	22-47			
Color – Munsell	YBR			
Texture	cl			
Mottles	f 4-11 1.Rbo			
Structure	sab/wk med			
Consistence	WSTJC			
	fi fi/sp			
Boundary				
Horizon Depth IV				
Color – Munsell				
Texture				
Mottles				
Structure				
Consistence				
Boundary				
Soil Wetness	—			
Restrictive Horizon	—			
Saprolite	—			
LTAR	.3+			
Classification	Ps			

Approved
TCHD
3/22/12
MB

LEGEND

LANDSCAPE POS

R	Ridge Interf
S	Shoulder
L	Linear Slope
S	Foot Slope
N	Nose Slope
H	Head Slope
Cc	Concave Slo
Cv	Convex Slo
T	Terrace
P	Flood Plain

TEXTURE

s	sand
ls	loamy sand
sl	sandy loam
l	loam
si	silt
sil	silt loam
sicl	silty clay lo
cl	clay loam
scl	sandy clay l
sc	sandy clay
sic	silty clay
c	clay

CONSISTENCE

Ns	non-sticky
Ss	slightly stic
S	sticky
Vs	very sticky
Np	non-plastic
Sp	slightly pla
P	plastic
Vp	very plastic

MOIST

vfr	Very friabl
fr	friable
fi	firm
vfi	Very firm

STRUCTURE

sg	single grai
m	massive
cr	crumb
gr	granular
sab	subangular
ab	angular bl
pl	platy
pr	prismatic

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
DANNY STALEY • Director, Division of Public Health

Onsite Water Protection Branch
December 2, 2019

Dennis Lehman
195 Fawn Lane
Mooresville, NC 28117

Re: Approval No. JMB1860

Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
195 Fawn Lane
Mooresville, NC 28117

Dear Mr. Lehman:

On November 21, 2019 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that serves a single family dwelling. A structure is proposed for the property that will be within twenty-five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty-five foot setback would be difficult given the challenges of the property.

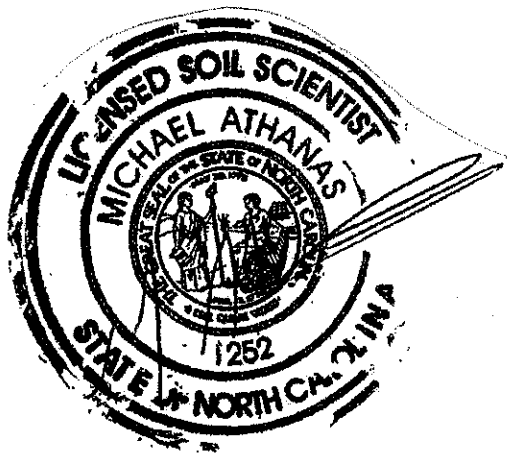
Based upon information provided by you, the Iredell County Health Department, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
10/8/19

Approved
11/21/19

Reference: Data Sheet for 195 Fawn Ln, CL&T Sec 6 Lot 118
House Footprint: See attached
Building Setbacks: 35'front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.325 GPD/FT^2
Proposed System Type: PPBPS
Proposed Repair System Type: TSII Drip Irrigation
Distribution: Low Pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 34.2 GPM
Dosing Volume: 208.8 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 9.5'
Friction Head: 1.6'
Pressure Head: 2'
Total Dynamic Head: 13.1'
Supply Line Length: 65' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum
Proposed Trench Width: 24" (8' on center)



Line	Design Length	# of Panel	Actual Length	Elevation
Pink 1	27'	6	28'	3.4'
Blue 2	54'	13	55'	4.1'
White 3	43'	10	44'	4.8'
Orange 4	50'	12	51'	5.6'
Yellow 5	72'	17	73'	6.4'

246

Initial System: **Repair System:** 4000+ FT^2
Pump Tank: 7.9' **House Corner:** 7.1' **Benchmark:** 1.3'

Comments:
A variance will be needed for the existing well.

AP-302117 10·28·19 $225.00

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: Dennis Lehman **Address:** 195 Fawn Ln, Mooresville, NC **Zip:** 28117

Applicant Email: dlehman@ncafinancial.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 195 Fawn Ln

Subdivision Name: CL&T **Section/Phase:** 6 **Lot Number:** 118

Driving Directions: _____

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: _____
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ 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: _____ 10/28/2019
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, Dennis and Mary Lehman, am the legal owner(s) of the property located at 195 Fawn Lane, identified as PIN (Parcel Identification Number) 4615824270, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, Michael Athanas & Association, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) May 8-15-19 Date

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

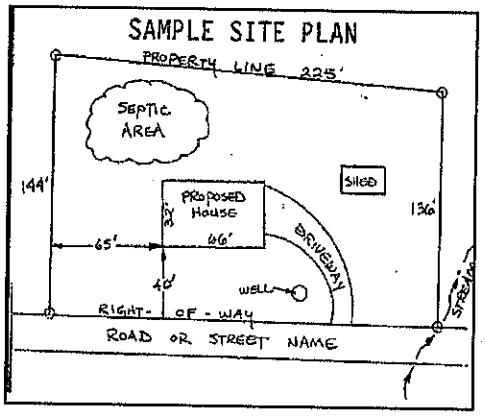
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

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



Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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

See attached plan

Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10/28/2019
DATE

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2926

PROJECT:

THE LEHMAN RESIDENCE

LOT 118, FAWN LANE

© COPYRIGHT 2018

ELITE DESIGN GROUP
CUSTOM HOME DESIGN
EXCLUSIVE PLAN COLLECTION
EST. 2003

DRAWN BY:

DATE:

REVISED:

SHEET ____

OF ____

SITE PLAN

SCALE 1"=0'

FAWN LANE

LOT 118
0.77 AC.

LAKE NORMAN

PROPOSED WELL

RAMP

NATURAL WALKWAY

NATURAL WALKWAY

FIRE

ACTUAL 760 CONTOUR
50' BUFFER FROM

L = 40'

L = 40'

L = 64.32'

L = 157.87'

L = 69.54'

L = 3.73'

L = 85.13'

L = 40'

L = 39.26'

L = 39.63'

186.63

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 Mooresville Phone MC 3-[illegible]

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date 13 Feb 1964

Owner Dr Council Address Charlotte N.C.

Installed By Denver Plumbing Co. Address Denver N.C.

Location of Property Lake Norman Mocksville Hwy

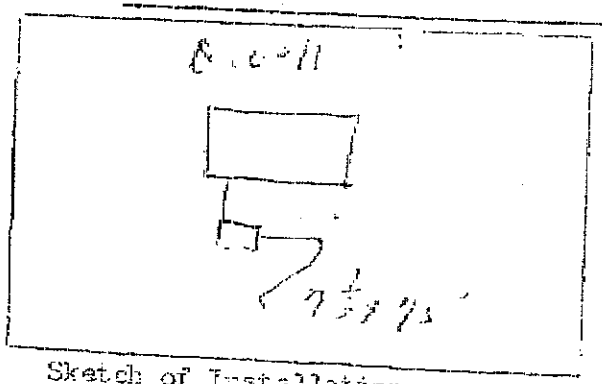
Iredell County, Line

Tank		Capacity		Length of Lines		Fixtures	
Block	( )	800	( )	150'	( )	No. of Baths	( )
Precast	(X)	900	( )	175'	( )	Dishwasher	( )
		1000	(X)	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	(X)	Auto-Washer	( )
		1200	( )	250'	( )	Other	( )
		Other _____		Other _____			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 13 Feb 1964 Approved (X) Disapproved ( )

Remarks _____



Sketch of Installation

Sanitarian

FEB-21-2003 02:28PM FROM-ALLEN TATE LAKE NORMAN T-838 P.003/003 F-394

Well Abandonment Record.jpg

WELL ABANDONMENT RECORD

1. Well Contractor Information:
Shane Gossett
Well Contractor Name (for well owner personally abandoning well on his/her property)

3528-a
NC Well Contractor Certification Number

McCall bros. inc.
Company Name

2. Well Construction Permit #: 171282
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: 3/24/2016

5a. Well location:
Dennis lehman
Facility/Owner Name — Facility ID# (if applicable)

195 fawn ln
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°31'35.418" N 80°57'16.4916" 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#: na

6b. Total well depth: 80 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 0 (ft.)

6e. Outer casing length (if known): 0 (ft.)

6f. Inner casing/tubing length (if known): 0 (ft.)

6g. Screen length (if known): 0 (ft.)

For Internal Use ONLY:

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): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: hth

7d. Amount of disinfectant used: 10 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:
100lbs bentonite chips
100lbs Portland cement

7g. Provide a brief description of the abandonment procedure:
pulled jet from well chlorinated well put bentonite chips up to 3' below service cut well off 1' below surface and topped with Portland cement

8. Certification:
Signature of Certified Well Contractor or Well Owner — Date: 3/24/2020

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

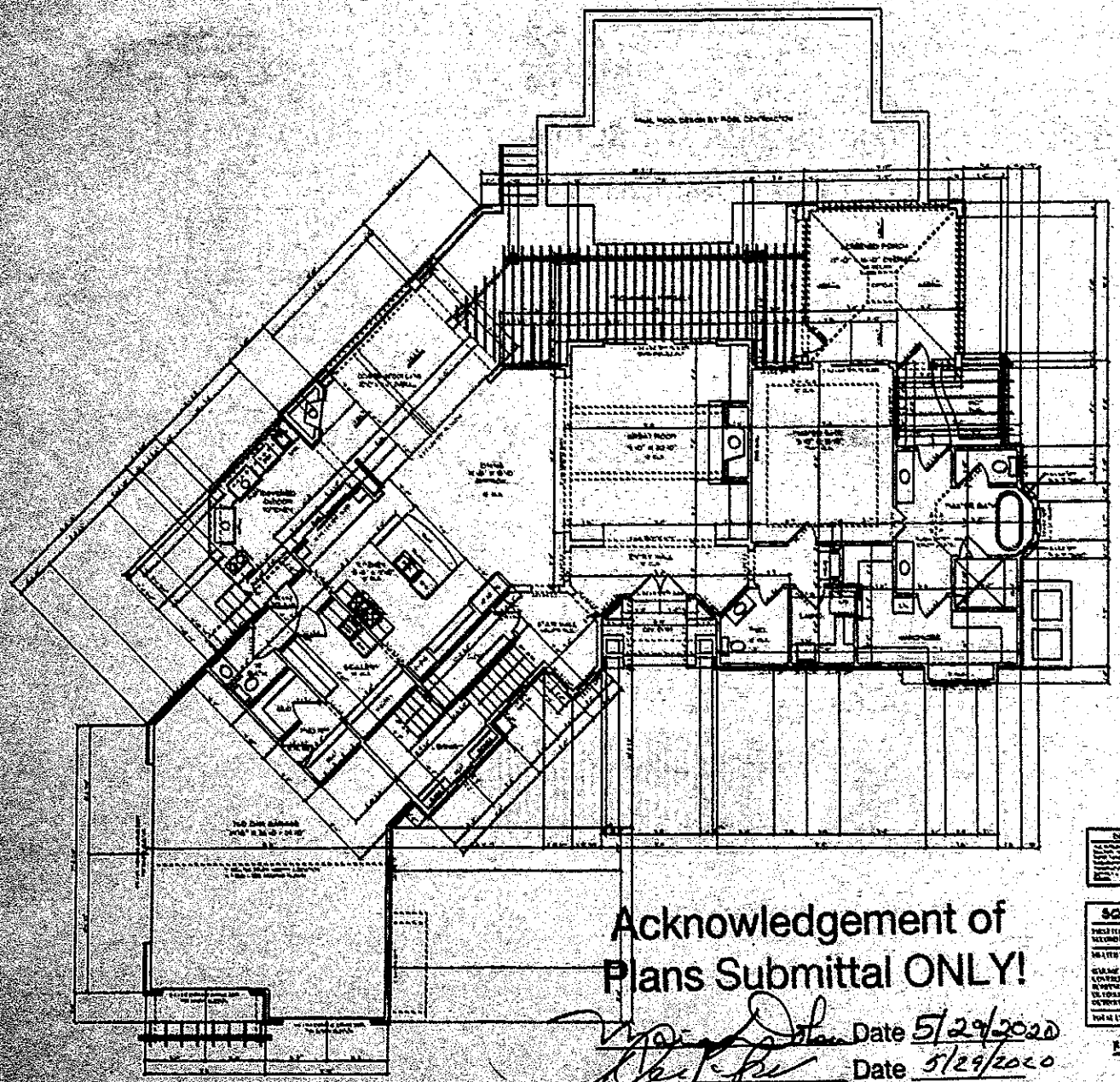
10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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.



Acknowledgement of
Plans Submittal ONLY!

Date 5/29/2020

Date 5/29/2020

Mary C. Lehman 5/29/2020

SQUARE FOOTAGE	

FIRST FLOOR PLAN

P.O. Box 81286
Mint Hill, NC 28227
tel: 704-545-7326

PROJECT:

THE LEHMAN RESIDENCE

LOT 118, FAWN LANE

ELITE DESIGN GROUP

DRAWN BY:

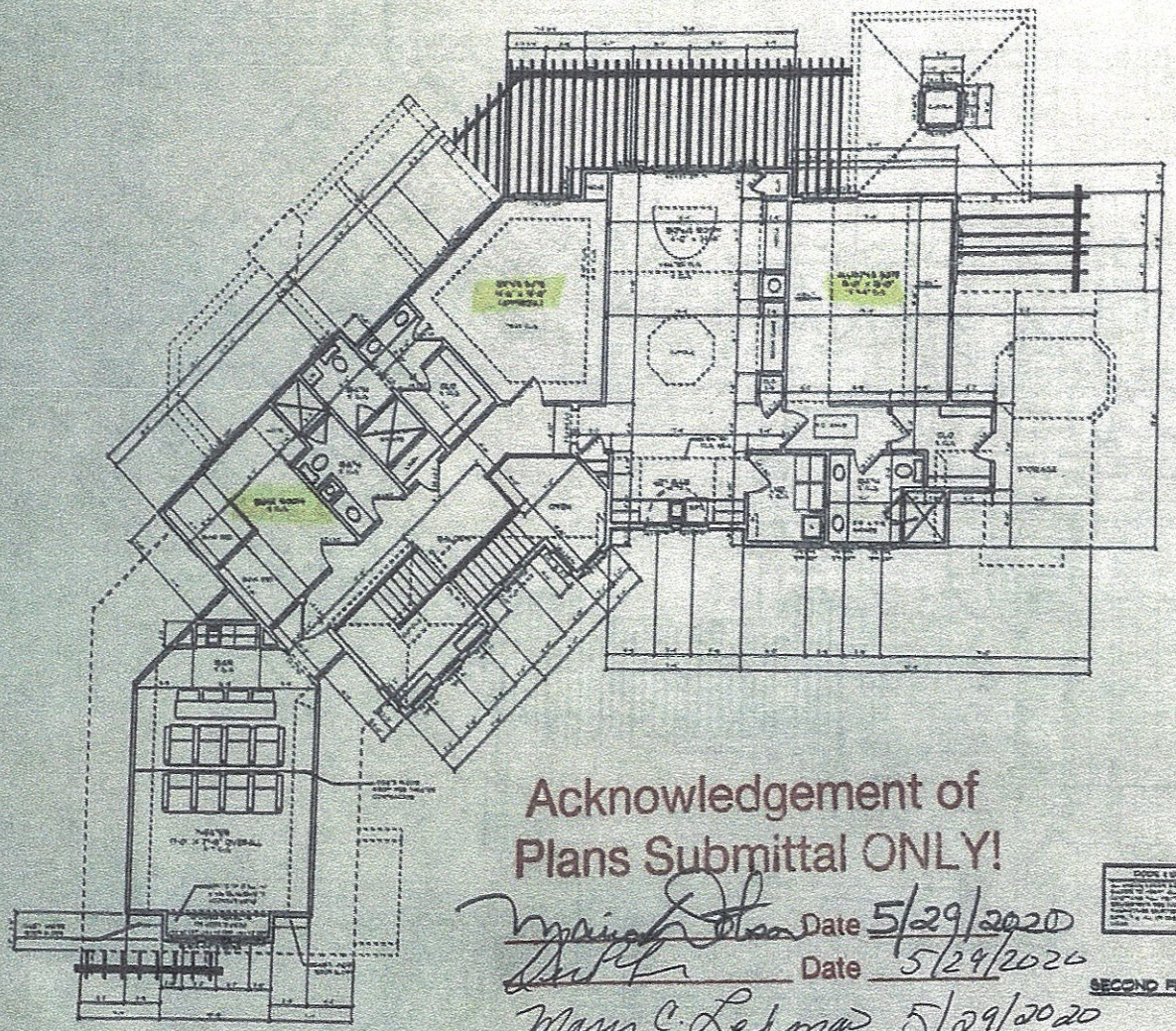
DATE:

REVISED:

SHEET A-1

OF

P.O. Box 691386
Mint Hill, NC 28227
tel: 704-545-7939



Acknowledgement of
Plans Submittal ONLY!

Date 5/29/2020

Date 5/29/2020

Mary C. Lehman 5/29/2020

SECOND FLOOR PLAN

PROJECT:

THE LEHMAN RESIDENCE

LOT 116, FAWN LANE

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ELITE DESIGN GROUP

DRAWN BY:

DATE:

REVISED:

SHEET A-2

OF

IREDELL COUNTY · NC

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

APPLICATION NUMBER
302117 Issue Date: 11/13/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4615824270.000	195 FAWN LN	IREDELL COUNTY

Owner Information	Applicant Information
Name: LEHMAN DENNIS P+MARY	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.77	35	50	15	15	WSIV-CA Catawba/Lake Norman	YES

Remarks
SFD

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.

Signature of Owner/Contractor

Date: 11/13/2019

Permit Number	000661

TOTAL FEES:	$77.25