IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 310947

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

PIN # 4616907099

APPLICANT/OWNER: Jonathan Scott Matthews | APPLICANT ADDRESS: 17 Black Gum Rd, Columbia, SC 29209

SITE ADDRESS: 325 Barber Lp. Mooresville, NC 28117 | PHONE: 336-782-1324 | ALT. PHONE 803-734-5253

SITE DIRECTIONS: Brawley School Rd T/R Chuckwood Rd T/L Barber Lp lot on left | SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: CL&T | SECTION: 7 | LOT # 114 | LOT AREA: .89ac | DESIGN FLOW: 480 | L.T.A.R.: 0.25

Septic Tank	1000 (gal)	STB	347	Date	2-1-2021	☐ New System ☐ Repair ■ Expansion	System Type: I II III IV (V) VI	■ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	AX20ETUV	Date	436042	System Description:	TS II Existing Bed + Pretreated PPBPS	☐ Business	No. Persons 8
Pump Make	–	Model	–	Serial #	–	Repair	PPBPS	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2 + Existing	Linear Ft	80'	Maintenance Agreement Required:	■ YES ☐ NO	☐ Slab	■ Crawl Space
Trench Width	24"	Max Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ■ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ■ Private ☐ Public ☐ Community

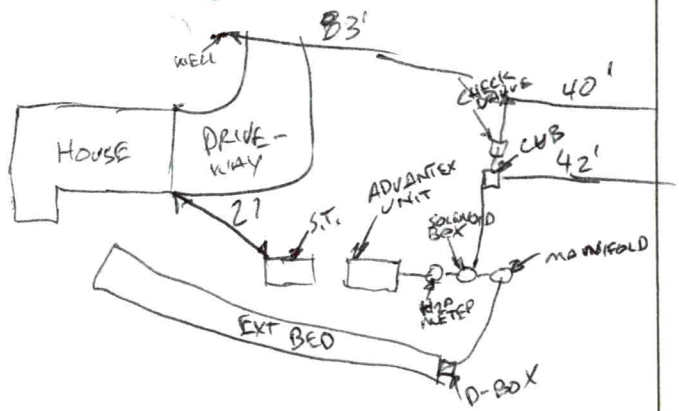
Comments / Conditions: Existing well must be abandoned and system must be designed by engineer or approved designer.

INITIAL SITE SKETCH

See plan by: Michael Athanas & Associates

AS BUILT SKETCH

BCW 8-5-2021 – TANKS CHECKED – DRAINLINES CHECKED



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: Jonathan Scott Matthews Date:

IMPROVEMENT PERMIT by: Date: 09/17/20

AUTHORIZATION TO CONSTRUCT by: Date: 01/20/21

Installed by: Richard Abernathy Dimeberg Date: 9/2/21

OPERATION PERMIT by: Date:

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.

	Date	Initials
Drain Lines Checked	8/5/21	BCW
Tanks Checked	8/5/21	BCW
Pressure Manifold or Valve Box Checked	8/23/21	BB/DW
Pressure Head Set	8/23/21	DW
Electrical Checked	8/23/21	DW
Floats Set		
Alarm Checked	8/23/21	DW
Maintenance Contract Y / N	8/23/21	DW

Need: Engineer Letter

Irrigation removed from drainfield 8/30/21

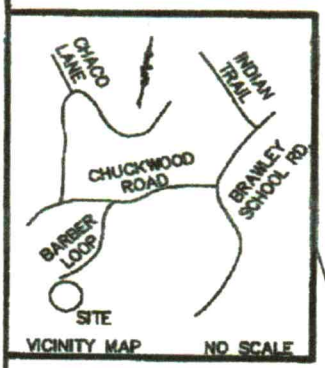
plat book 14, page 11, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

my hand and seal on the 27, day of MAY,
A.D. 20 20.

REVISED: 6-9-2020
(ADDED 60X60 HOUSE BOX)

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN



WOOD DOCK & PIER

LAKE NORMAN

EIP

N01°31'00"W 54.91'

CP

N21°31'00"W 36.12'

CP

N45°34'25"W 78.50'

EIP

FLOOD LINE

760 CONTOUR LINE PER ACTUAL FIELD SURVEY

243.46'

LOT 115
CAROL L. & JOSEPH R. GLOWACKI
2443/454

LOT 112
KAREN R. BISSELL FAMILY TRUST
2519/615

N03°19'52"W

154.19'

P1-40'-7.7'
O2-40'-9.1'
W3-40'-9.8'
B4-40'-10.7'

Ex ST

D-Box

Ex System

50' BUFFER FROM 760 CONTOUR LINE

AB 2

B4

W3

Pit 3

PT 11.6'

ST

10'

50'

50'

15' SIDE

15' SIDE

Pit 2

O2

Pit 1

P1

AB 1

PM

HC 11.5'

LOT 114 50'
(0.89 AC.)

Pit 4

Proposed House

(BASE BEARING) S43°12'00"W

Ex Well

35'

Pit 6

60'

Pit 5

70'

R/W

EIP

35' FRONT

Ex Drive

Drive

25'

Well

C1

EIP

EIP

R/W

S53°48'11"E 129.72'

CP

N53°48'11"W 167.93' (TIE ONLY)

BM 2.7'

BARBER LOOP
(60' PUBLIC R/W)

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	225.50'	150.96'	N 73°00'48" W	148.16'

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

0' 20' 40' 100'
SCALE IN FEET

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE

BOUNDARY SURVEY

PROPERTY ID #: 4616907099
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Karen Romaine Bissell Family Trust APPLICATION DATE
ADDRESS: 17 Black Gum Rd, Columbia, SC 29209 DATE EVALUATED:
PROPOSED FACILITY: 4 BDRM PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.89 AC
LOCATION OF SITE: 325 Barber Lp, CL&T Sec 7 Lot 114 PROPERTY RECORDED: 12/2/1976
WATER SUPPLY: X Private ☐ Public Ξ Well ☐ Spring ☐ Other
EVALUATION METHOD: X Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 6%	0-35	R C SBK	FR SS SP SXP	N/A	57"	N/A	N/A	PS 0.3
		35-57	R CL WSBK	FR SS SP SXP					
PIT 2	LS 6%	0-8	COMPACTED		N/A	67"	N/A	N/A	PS 0.275-0.25
		8-28	R C ABK	FR SS SP SXP					
		28-67	R CL WSBK	FR SS SP SXP					
PIT 3	LS 4%	0-33	FILL		N/A	81"	N/A	N/A	US DUE TO FILL
		33-36	Br SCL WSBK	FR SS SP SXP					
		36-72	R C ABK	FR SS SP SXP					
		72-81	R CL WSBK	FR SS SP SXP					
PIT 4	LS 4%	0-18	FILL		Mn/YB CHR 2 @ 45"	45"	N/A	N/A	US DUE TO FILL
		18-60	R C SBK	FR SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	240FT^2+Ex sys	240 FT^2
System Type(s)	PPBPS+Ex sys	PPBPS
Site LTAR	0.25	0.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A HSV
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4616907099
DATE OF EVALUATION: _____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	LS 6%	0-5	COMPACTED		Mn	67"	N/A	N/A	PS 0.25
		5-67	R C ABK	FR SS SP SXP					
PIT 6	LS 6%	0-8	FILL		Mn	60"	N/A	N/A	PS 0.25
		8-40	R C ABK	FR SS SP SXP					
		40-60	R CL WSBK	FR SS SP SXP					
AB 1	LS 6%	0-28	R C SBK	FR SS SP SXP	N/A	48"	Few SAP	N/A	PS 0.3
		28-48	R CL WSBK	FR SS SP SXP					
AB 2	LS 6%	0-30	R C SBK	FR SS SP SXP	N/A	48"	F-C SAP @ 43"	N/A	PS 0.3
		30-48	R CL WSBK	FR SS SP SXP					

COMMENTS: _____



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
9/14/2020

Reference: Data Sheet for 325 Barber Lp, CL&T Sec 7, Lot 114
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT^2
Proposed System Type: TSII Existing Conventional Bed + PPBPS (Advantex AX-RT Treatment Systems)
Proposed Repair System Type: PPBPS
Distribution: Pressure manifold
Flow per Tap: 2 @ 5.48 GPM, 1 @ 30.0 GPM
Tap Size and Material: 2 @ ½ SCH 80, 1 @ 1 ¼" SCH 80
System Flow: 41 GPM
Dosing Volume: 259.2 gallons
Pump Run Time: 6.3 minutes
Elevation Head: 6.8'
Friction Head: 0.8
Pressure Head: 2'
Total Dynamic Head: 9.6'
Supply Line Length: 25' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36" maximum



Line	Design Length	# of Panels	Actual Length	Elevation
Pink 1			40'	7.7'
Orange 2			40'	9.1'
White 3	**40'**	**9**	**40'**	**9.8'**
Blue 4	**40'**	**9**	**40'**	**10.7'**

Blue – Existing Conv. Bed

Initial System: 80' + Conv. Bed **Repair System:** 80'
Pump Tank: 11.6' **House Corner:** 2.7' **Benchmark:** 11.5'

Comments:
The existing bed is permitted for 3 bedrooms. It is inside the 50' lake setback, so MA&A are proposing to add one bedroom of PPBPS and using TSII pretreatment to tie into the existing system. The existing well must be abandon and a new well installed.

PIEDMONT DESIGN ASSOCIATES, P.A.
125 East Plaza Drive | Suite #101
Mooresville, NC 28115
Phone: 704-664-7888 | Fax: 704-664-1778
Email: dmunday@pdapa.com

Engineering
Surveying
Planning

August 30, 2021

Iredell County Environmental Health Department
610 East Center Avenue
Mooresville, NC 28115
Attn: Ms. Danielle Wieberg

RE: TS-II Hybrid Subsurface Effluent Disposal System
325 Barber Loop, Mooresville, Iredell County, North Carolina

Dear Ms. Wieberg:

ENGINEERS CERTIFICATION

I, **Donald L. Munday**, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to observe periodically the construction of the referenced project, a hybrid bed type/TS-II low pressure PPBPS effluent disposal system; serving a new 4 bedroom residence, located at 325 Barber Loop, Mooresville, Iredell County, NC, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the approved plans and specifications.

Sincerely,

PIEDMONT DESIGN ASSOCIATES, P.A.

Donald L. Munday, P.E.
N.C. Registration No. 17327

Cc: Steve Barry, AQWA
Colin Chura, Lakemist Homes



09/02/2021

RECEIVED DEC 29 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
(X) Septic Improvement Permit (X) 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: Lakeshore Holdings, LLC **Address:** 637 Williamson Rd, Ste 102, Mooresville, NC **Zip:** 28117

Applicant Email: lakemistoperations@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Owner Name: Lakeshore Holdings, LLC **Address:** PO Box 5350, Mooresville, NC **Zip:** 28117

Owner Email: lakemisthomes@yahoo.com **Phone:** 704-799-7609 **Alt. Phone:**

Property Information:

Street Address: 325 Barber Loop, Mooresville, NC 28117

Subdivision Name: Crescent land & timber **Section/Phase:** 7 **Lot Number:** 114

Driving Directions: Brawley School Rd, Rt on Chuckwood Rd, Left on Barber Loop, lot is on the left

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: ____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: ____ — ( ) Basement without Plumbing
( ) 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: ____

Water Supply: ( ) Replacement Well – Reason: ____
( ) Multi-connection Well Number of Houses: ____ Number of Persons: ____

(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 (X) 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: Lakeshore Holdings, LLC dba Lakemist Homes — 11/16/2020 DATE
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

RECEIVED SEP 1 5 2020

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 AP-310947

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 Expansion

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: Jonathan Scott Matthews as Trustee Address: 17 Black Gum Road, Columbia, SC Zip: 29209
Applicant Email: jscottmatthews05@gmail.com Phone: 336-782-1324 Alt. Phone: 803-734-5253
Owner Name: Karen Ramaine Bissell Family Trust Address: 17 Black Gum Road, Columbia, SC Zip: 29209
Owner Email: jscottmatthews05@gmail.com Phone: 336-782-1324 Alt. Phone: 803-734-5253

Property Information:

Street Address: 325 Barber Loop, Mooresville, NC 28117
Subdivision Name: ~~Waterfree Landing~~ CH+T Section/Phase: 7 Lot Number: 114
Driving Directions: From I-77 North take Brawley School road (exit 35) Turn left and take Brawley school road until you reach Chuckwood Road. Turn Right on Chuckwood. Left on Barber Loop. 325 is on the left.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure:
CHECK FOUNDATION TYPE
(X) 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:
(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 (X) 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: Jonathan Scott Matthews as Trustee 9/14/2020
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

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (*Sign here*) _____

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.

2. I, Matthew Morgan, am the legal owner(s) of the property located at 325 Barber Loop, identified as

PIN (Parcel Identification Number) 4616907099, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Aaron Feldman, Lakeshore Holdings, LLC, 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.

Lakeshore Holdings, LLC dba Lakemist Homes

Signature of Owner(s)

Date

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.sheal@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

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, Jonathan Scott Matthews as Trustee, am the legal owner(s) of the property located at 325 Barber Loop, identified as PIN (Parcel Identification Number) 4616907099.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Associates, _____, 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.

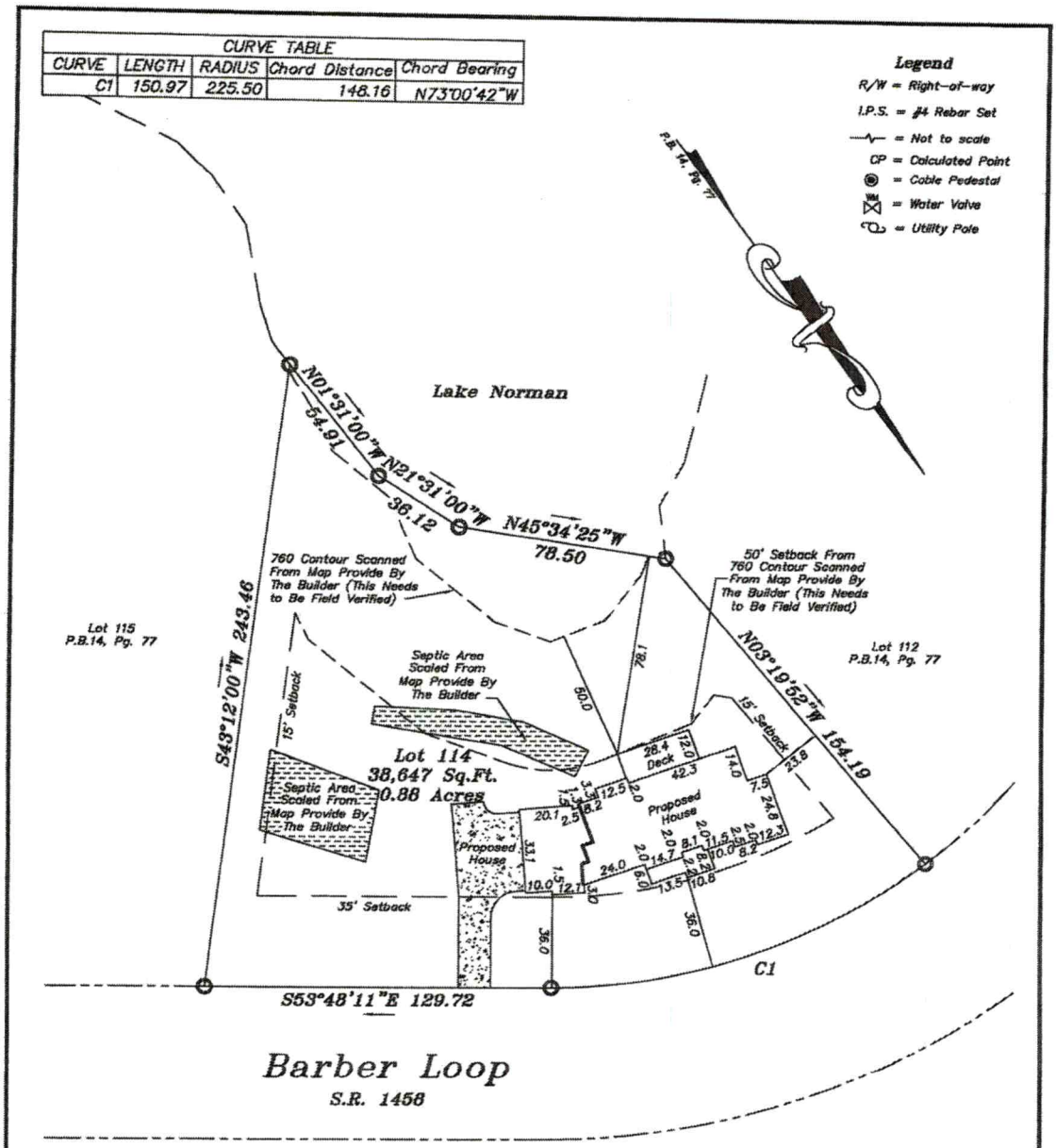
Jonathan Scott Matthews 9/14/2020 — 9/14/2020

Signature of Owner(s) as Trustee — 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



Notes:

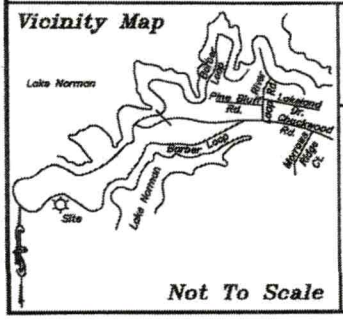
1) This property may be subject to any Easements, Rights-of-way, and/or Restrictive Covenants.
2) Boundary information based on Plat Book: 53 at Page: 78 as recorded in the Iredell County Register of Deeds.
3) This survey is of an existing parcel or parcels of land.
4) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
5) Area by coordinate method.

GRAPHIC SCALE

50 0 25 50 100

(IN FEET)
1 inch = 50 ft.

Vicinity Map



Not To Scale

Plot Plan

FOR

Lakemist Homes

PROPERTY DESCRIPTION

325 Barber Loop

Lot 114, Section 7
Crescent Land & Timber Corp.
P.B. 14, Pg. 77

Davidson Township Iredell County, NC

SCALE: 1" = 50'

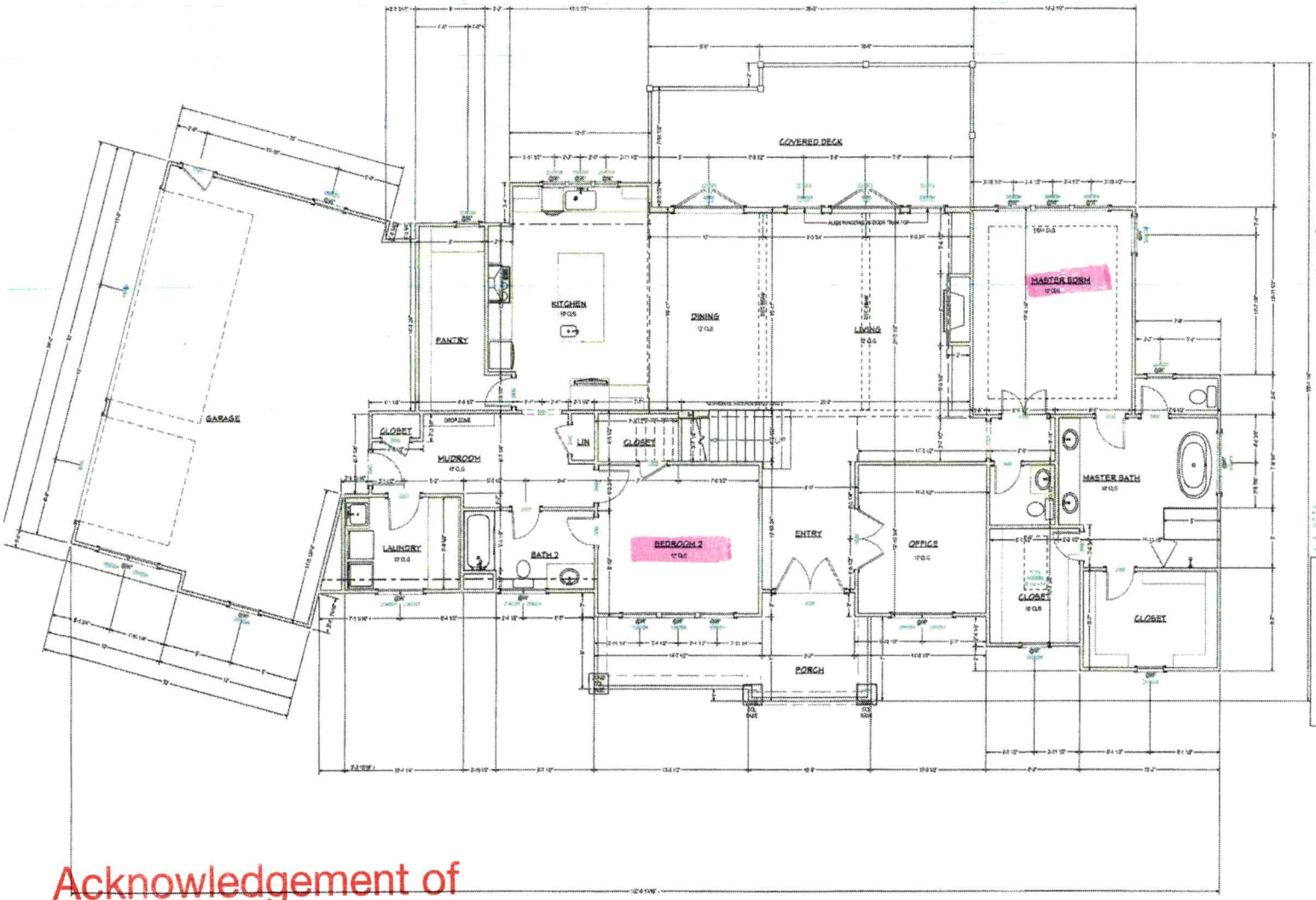
FIELD BOOK:

FILE: 2020-264

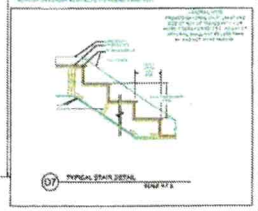
TAX MAP NO: 4616907099

Schamback Surveying, P.A.
Post Office Box 4143
Mooresville, NC 28117
(704) 622-9915
C-3218

SQUARE FOOTAGE	
1ST FLOOR HEATED	2419
2ND FLOOR HEATED	1208
TOTAL HEATED	3627
GARAGES	788
PORCHES	728
TOTAL UNDER ROOF	5183



53 1'1/4"



100' 5 3/16"

FIRST FLOOR PLANS
SCALE 1/4" = 1' - 0"

Acknowledgement of Plans Submittal ONLY!

Date 1/20/21

Date 1/20/21

FIELD

NO.	DESCRIPTION	BY	DATE

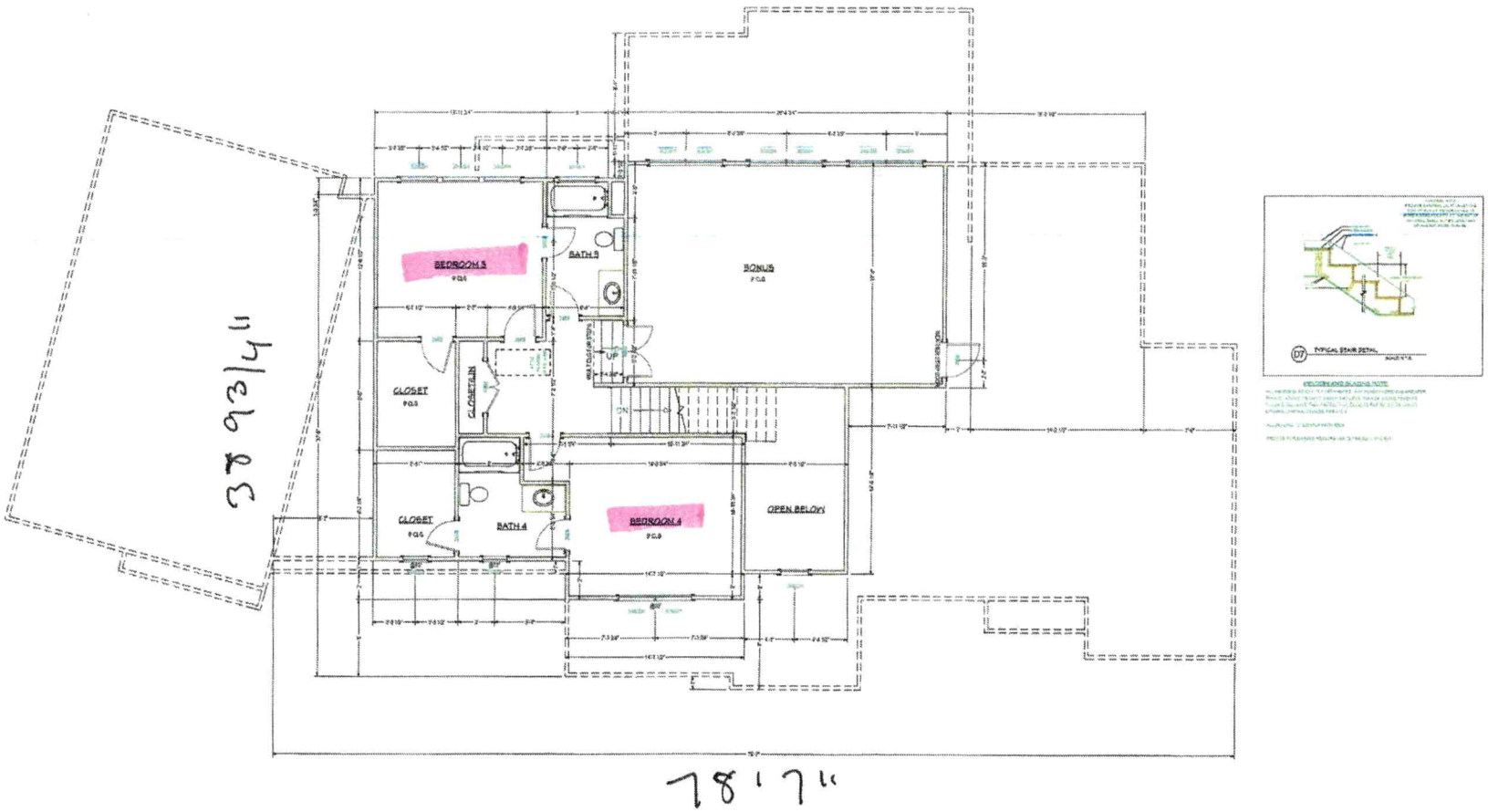
PROJECT DESCRIPTION:
Morgan Residence
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE: 12/2/2020

SCALE:

SHEET: A-6



Acknowledgement of Plans Submittal ONLY!

Date 11/20/21

Date 11/20/21

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

FIELD

PROJECT DESCRIPTION:
Morgan Residence
LAKEMIST HOMES

VISUAL DESIGN & DRAFTING

DATE: 12/2/2020

SCALE:

SHEET: A-7

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

KEN JOHNSON

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

2608A

NC Well Contractor Certification Number

AIR DRILLING INC

Company Name

2. Well Construction Permit #: 310947

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: 12-21-2020

5a. Well location:

LAKEMIST HOMES — Facility/Owner Name

CLOTS 67 & 114 — Facility ID# (if applicable)

325 BARBER LOOP, MOORESVILLE,N.C. 28117

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° 32.532 N 80° 57.143 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: 33 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 22 (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: 100 PDS

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:

100 PDS POURED

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

8. Certification:

Ken Johnson — Signature of Certified Well Contractor or Well Owner

12-21-2020 — 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.

IREDELL COUNTY · NC

IREDELL COUNTY

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

APPLICATION NUMBER
310947 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4616907099.000	325 BARBER LOOP	Iredell County

Owner Information	Applicant Information
Name: BISSELL KAREN R FAMILY TR	Name: MICHAEL ATHANAS & ASSOCIATES
Address:	Address: 561 ENNIS RD
,	WEDDINGTON, NC 28173
Phone:	Phone: (704)576-3887

Use Requested	Zone Code
Single Family Dwelling	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.89	50	35	15	15	WSIV-CA Catawba/Lake Norman	NO

Remarks
SFD Lake Lots: Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.

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.

Date: 09/15/2020

Signature of Owner/Contractor

Permit Number	310947	TOTAL FEES:	$77.25