ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 300423

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

PIN # 4616-98-2218

APPLICANT/OWNER: John Craig / CS+SC | APPLICANT ADDRESS: P.O. Box 1703 Mooresville NC 28115

SITE ADDRESS: 116 Renwick Ln, Mooresville, NC 28117 | PHONE: 724-991-5575 | ALT. PHONE 704-202-5791

SITE DIRECTIONS: BSR → McKendree → Lakeview Shores Loop → Renwick → House on Right. | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T | SECTION: 8 | LOT # 229 | LOT AREA: 0.68 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB 760	Date 4-19-2021	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000 (gal)	PT 363	Date 5-13-2021	System Description: PM - PPBPS (50% Reduction)		☐ Business	No. Persons	8	☒ Private
Pump Make	Cavalier	Model PES1M	Serial # 6716636385	Repair System Description: Existing Conv. Lines + 25% Red + TST		☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines 4	Linear Ft 267	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24"	Trench Bottom Depth(Low side)	34"	Gravel Depth —	☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Adding garage to existing house. 2 wells must be abandoned prior to AC issuance. Recommend having septic tank pumped every 3-5 years.

INITIAL SITE SKETCH

Existing septic tank to be pumped + crushed in place OR filled with clean + flowable fill that is essentially self-leveling (sand, cement or gravel)

AS BUILT SKETCH

See attached design information from Carolina Soil + Septic Consulting, PLLC

Adrian Pruett LSS # 1314

Dated: 8/21/19
Revised: 8/29/19 (site plan) + 9/5/19 (design)

* This permit is issued pursuant to Section 11.(c) of SL-2018-114 using the signed + sealed LSS evaluation attached here *



	Date	Initials
Drain Lines Checked	7-6-2021	BCW
Tanks Checked	6-29-2021	BCW
Pressure Manifold or Valve Box Checked	7/7/21	DW
Pressure Head Set	7/7/21	DW
Electrical Checked	7/12/21	JB
Floats Set	7/7/21	DW
Alarm Checked	7/7/21	DW
Maintenance Contract Y (N)		

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: John J Craig | Date: 6/18/20 | Installed by: PRECISION EXCAVATION

IMPROVEMENT PERMIT by: Tom Shuck | Date: 9/5/19 | OPERATION PERMIT by: D. Wiebers | Date: 7/13/21

AUTHORIZATION TO CONSTRUCT by: Patrick Riggle III | Date: 11/10/2020 | 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 inspector to confirm your inspection time.

SCALE: 1"=40'
0'
40'
NORTH
NEW WELL
50'
DRIVEWAY
RENWICK LANE
198.65'
136.87'
1 O 113.91' 58'
WELL
2 Y 113.39' 70'
3 P 112.91' 70'
4 R 112.63' 70'
B3
B4
PM
TBM 112.08'
50'
22'
24'
WELL
EX. ST TO BE ABANDONED
32' NEW GARAGE
24'
B2
50' LAKE BUFFER
35' LAKE BUFFER
DECK
63' HC 112.13'
HOUSE
32'
B1
WELL
WELLS TO BE ABANDONED
ST
PT
5 R 111.03' 31'
6 Y 110.49' 33'
7 B 110.11' 35'
B5
7 EXISTING 109'
8 EXISTING 107'
9 B 106.77' 117'
B6
50' LAKE BUFFER
35' LAKE BUFFER
178.70'
85.39'
BOAT RAMP
760' CONTOUR
BOTTOM RIP RAP
760' CONTOUR
108.41'
LAKE NORMAN
RETAINING WALL

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

Attached is a proposed design for a PPBPS Septic System with PRESSURE MANIFOLD distribution for a 4 bedroom single family residence on Section 8 Lot 229 of CL&T, 116 Renwick Ln., Iredell County, North Carolina.

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Design Information
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- Pressure Manifold Tapsheet---------- 4

Typical Pressure Manifold Diagram---------- 5

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Profile Descriptions---------- 8-9

Session Law/House Bill 374 Authorization Form---------- 10

August 21, 2019
Job Number: 19141
Design By: Adrian L. Pruett LSS



CAROLINA SOIL & SEPTIC CONSULTING, PLLC

P.O. BOX 1703, Mooresville, NC 28115
(704) 202-5791 adrianpruett@yahoo.com
NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

August 5, 2019
Project Name: 19141

SESSION LAW 2018-114, SECTION 11.(c)/HOUSE BILL 374, SECTION 11.(c) AUTHORIZATION FORM

Carolina Soil & Septic Consulting has been contracted to evaluate soil, design and submit a septic system proposal to Iredell (county) on behalf of John Craig (owner/applicant) for the property located at 116 Renwick Ln., Mooresville, NC 28117/PIN 4616982218 (address/PIN).

The Licensed Soil Scientist (LSS) Evaluation attached to this application is to be used to produce design and construction features for permitting in accordance with SL 2018-114 Section 11.(c).

By completing this form, signing and dating it you agree that the permit issued by Iredell (county) will fall under the above referenced law.

Owner/Owners Legal Representative: John Craig
Mailing Address: 401 Appleridge Ct, Gibsonia, PA 15044
Telephone Number: (724) 991-5575
Email Address: jaydar401@gmail.com

John J. Craig
Signature of Owner/Owners Legal Rep.

8/5/19
Date

INSTALLER INFORMATION:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- Pump tank riser should be 6" above grade, control panel should be 12" above grade.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Backfill minimum of 6" of material (County Approved) over panels, rake trench walls, lime side walls, install trenches **24"** wide.
- **System is specified as a PPBPS with Pressure Manifold Distribution.**
- **Repair is specified as TS-I Pretreated 25% Reduction, Existing Conventional Gravel Trench Hybrid.**

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Goldie H. Waddell
Address:	116 Renwick Ln. Mooresville, NC 28117
Client:	John Craig
Telephone Number:	724-991-5575
Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Total Lateral Length From Layout:	268
Total Lateral Length Required:	266.6666667
Trench Depth:	34 in. LOW SIDE
Trench Width:	24 in.
Trench Bottom Area:	804
Trench Spacing:	8
Repair Trench Depth:	30 in. LOW SIDE
Repair Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	63
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	10.96
Dosing Volume:	219.60
Pump Tank Draw Down:	10.5
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or Equivalent, County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	7.37
Total Dynamic Head:	12.59
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Adrian L. Pruett, LSS

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

FIELD LAYOUT SPECIFICATIONS
116 RENWICK LN., Section 8, Lot 229 CL&T

LAYOUT FOR 4 BEDROOM HOME — August 21, 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH	
TBM					112.08			
INSTR. 1								
HOUSE					112.13			
TANK					111.54			
1	***ORANGE***				***113.91***	***58***	***58***	
2	***YELLOW***				***113.39***	***70***	***70***	
3	***PINK***				***112.91***	***70***	***70***	
4	***RED***				***112.63***	***75***	***70***	
4	RED				111.03	31	31	25% RED.
5	YELLOW				110.49	33	33	25% RED.
5	BLUE				110.11	35	35	25% RED.
6	EXISTING				109.77	109	109	0% RED.
7	EXISTING				108.79	107	107	0% RED.
8	BLUE				106.77	117	117	25% RED.
					Total	**705**	**700**	

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION	GPD FLOW	
** System*	***268***	***MOD.***	*0.300*	***PPBPS***	**PRESSURE MANIFOLD**		
Repair	216	CONV.	0.300	GRAVEL	PRESS. MAN.	240	EXISTING
TS-I	216	ACCEPT.	0.300	25% RED.	PRESS. MAN.	259.2	NEW
Pretreatment				CHAMBERS		499.2	GPD

Notes:
** TBM located at front left corner (all elevations are best estimates)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: The two wells located in the front yard must be properly abandoned prior to issuing Authorization to Construct.
Existing Septic Tank to be properly abandoned by pumping, crushing and backfilling or removed.
Repair is designed using the existing conventional gravel system and 25% Reduction Chambers with TS-I Pretreatment.

PRESSURE MANIFOLD TAPSHEET - 116 RENWICK., SECTION 8, LOT 229 CL&T

SYSTEM

Line #	Color	Elevation	Length	Pipe Size	Flow/Tap	Line GPD	Line Capacity	Line Trench Area	Flow/Line	Line LTAR	# of Panels
1	*ORANGE*	*113.91*	*58*	*SCH 80 1/2*	*5.48*	*44.89*	*48.18*	*116*	*0.77*	*0.39*	*13*
2	*YELLOW*	*113.39*	*70*	*SCH 40 1/2*	*7.11*	*58.24*	*58.15*	*140*	*0.83*	*0.42*	*16*
3	*PINK*	*112.91*	*70*	*SCH 40 1/2*	*7.11*	*58.24*	*58.15*	*140*	*0.83*	*0.42*	*16*
4	*RED*	*112.63*	*70*	*SCH 40 1/2*	*7.11*	*58.24*	*58.15*	*140*	*0.83*	*0.42*	*16*
											61
		total feet =	**268**	**gal/min =**	**26.81**						
			Des. Flow	**480**							
			Pump Run=	**8.19**							
			soil LTAR	**0.30**							

The LSS Evaluation is being submitted pursuant to and meets the requirements of SL 2018-114 Section 11.(c)

PROP. ID #: 4616982218
COUNTY: IREDELL

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

OWNER: GOLDIE H WADDELL
ADDRESS: 116 RENWICK LN
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 116 RENWICK LN

APPLICATION DATE:
DATE EVALUATED: 8/2/2019
PROPERTY SIZE: 0.68
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: X A. BORING PIT CUT **WASTEWATER TYPE** 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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LSS 14%	0-9	B SCL GR	FR SS SP SEXP	FEW SAP 31-41", COM SAP 41-48"	48"	N/A	N/A	0.3
		9-31	R C MFSBK	FI S P SEXP					
		31-41	R C WFSBK	FI S P SEXP					
		41-48	R CL WFSBK	FR SS SP SEXP					
2	LSS 10%	0-6	B SCL GR/ GRAVEL		FEW SAP 40-48"	48"	N/A	N/A	0.3
		6-12	R C COMPACTED						
		12-40	R C MFSBK	FI S P SEXP					
		40-48	YR CL WFSBK	FR SS SP SEXP					
3	LSS 8%	0-20	R C MFSBK	FI S P SEXP	COMMON ORGANIC MATERIAL 0-20", FEW SAP 30-48"	48"	N/A	N/A	0.3
		20-30	R C WFSBK	FI S P SEXP					
		30-48	YR CL WFSBK	FR SS SP SEXP					
4	LSS 7%	0-14	R C MFABK	FI S P SEXP	COM SAP 38-48"	48"	N/A	N/A	0.3
		14-38	R C MFSBK	FI S P SEXP					
		38-48	YR CL WFSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	PM PPBPS	TS1 25%/ GRAVEL CONV
SITE LTAR	0.3	0.3
COMMENTS		

OTHER FACTORS (.1946): N/A
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ADRIAN PRUETT
OTHER(S) PRESENT: JACOB CONRAD

LICENSED SOIL SCIENTIST ADRIAN L. PRUETT 1314 STATE OF NORTH CAROLINA

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #: 4616982218

COUNTY: IREDELL

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	LSS 6%	0-8	B SCL GR	FR SS SP SEXP	COM SAP 20-48"	48"	N/A	N/A	0.325
		8-20	R C MFSBK	FI S P SEXP					
		20-48	YR CL WFSBK	FR SS SP SEXP					
6	LSS 8%	0-17	B CL WFSBK	FR SS SP SEXP	FEW/COM SAP 39-44", COM SAP 44-48"	48"	N/A	N/A	0.3
		17-39	R C MMSBK/ABK	FI S P SEXP					
		39-44	R C MFSBK	FI S P SEXP					
		44-48	R CL WFSBK	FR SS SP SEXP					

CALCULATIONS

Location	116 RENWICK	
Subdivision:	CL&T	
Section:	8	
Lot No:	229	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gpd/ft^2}$
PPBPS RED.? (YES OR NO)	YES	
Supply Line Length	63	ft.
Supply Line Volume	10.962	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	268	ft.
Gallons per Minute	26.81	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Panel Volume	3.6	
Number of Panels	61	
Dosing Volume	219.60	gal.

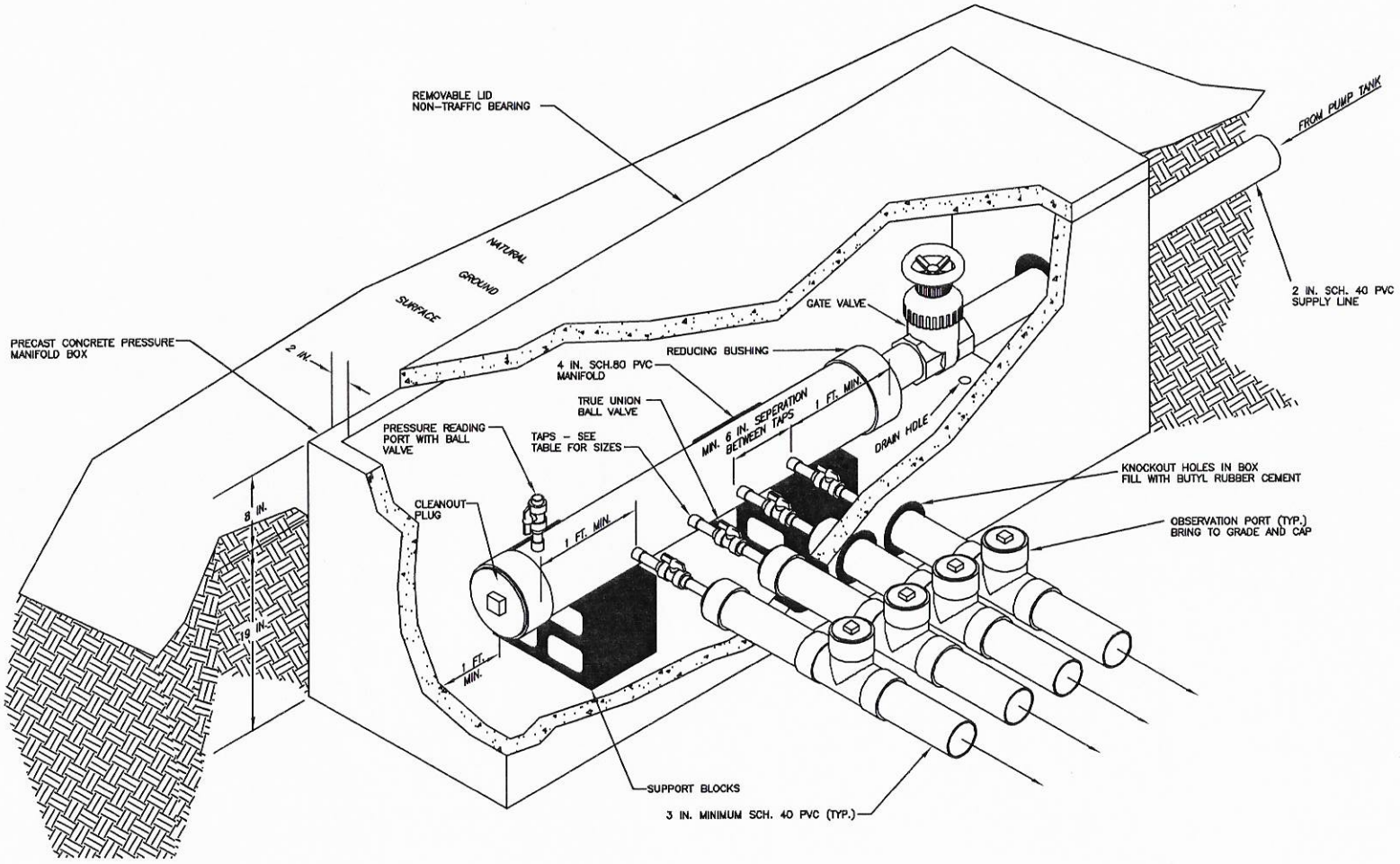
Note: Dosing Volume based on 100% of # of panels times 3.6gal/panel

Tank Draw Down	10.5	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.19	minutes
Elevation Head	7.37	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	1.12	ft.
Total Dynamic Head (+20%)	12.59	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

TYPICAL PRESSURE MANIFOLD DETAIL



RECEIVED OCT 1 5 2020

AP-300423

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: JOHN CRAIG Address: 116 RENWICK LANE Zip: 28117
Applicant Email: jaydar401@gmail.com Phone: 724-991-5575 Alt. Phone: _____
Owner Name: SAME Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 116 Renwick Lane Mooresville, NC 28117
Subdivision Name: CL&T Section/Phase: 8 Lot Number: 229
Driving Directions: Brawley school Rd to R on Mckendree Rd to R on Lakeview shores loop to left on Renwick ln

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

CHECK FOUNDATION TYPE

( ) 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: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
( ) 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: 1983
( ) 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: John J. Craig 10/14/20
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, John J Craig, am the legal owner(s) of the property located at 116 Renwick Lane Mooresville NC [redacted] 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) NA, 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.

John J. Craig 10/14/20 — Signature of Owner(s) — Date

[signature] 10/14/20 — 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

Session Law

AP300423

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

$500
$550

Application For: (X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment (2)
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

$175 X2

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.

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Applicant Email: JAYDAR401@GMAIL.COM Phone: 724-991-5575 Alt. Phone: 704-202-5791

Owner Name: GOLDIE WADDELL Address: 116 RENWICK LN MOORESVILLE, NC Zip: 28117

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

Property Information:

Street Address: 116 RENWICK LN MOORESVILLE, NC

Subdivision Name: CRESCENT LAND AND TIMBER CORP Section/Phase: S8 Lot Number: 229

Driving Directions: BRAWLEY SCHOOL RD, TR MCKENDREE,TR LAKEVIEW SHORES LOOP, TL RENWICK

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

CHECK FOUNDATION TYPE

( ) 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
(X) Other Addition/Structure: Attached Garage

( ) Crawl Space Foundation
(X) 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: _____
(X) 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: _____ 8-27-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

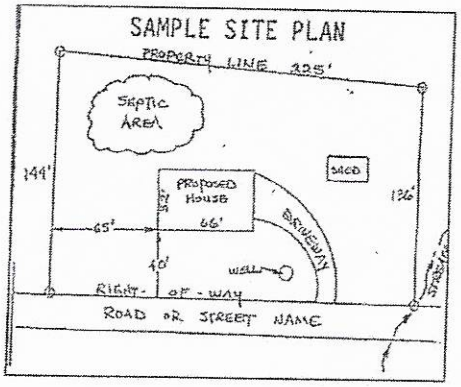
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

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



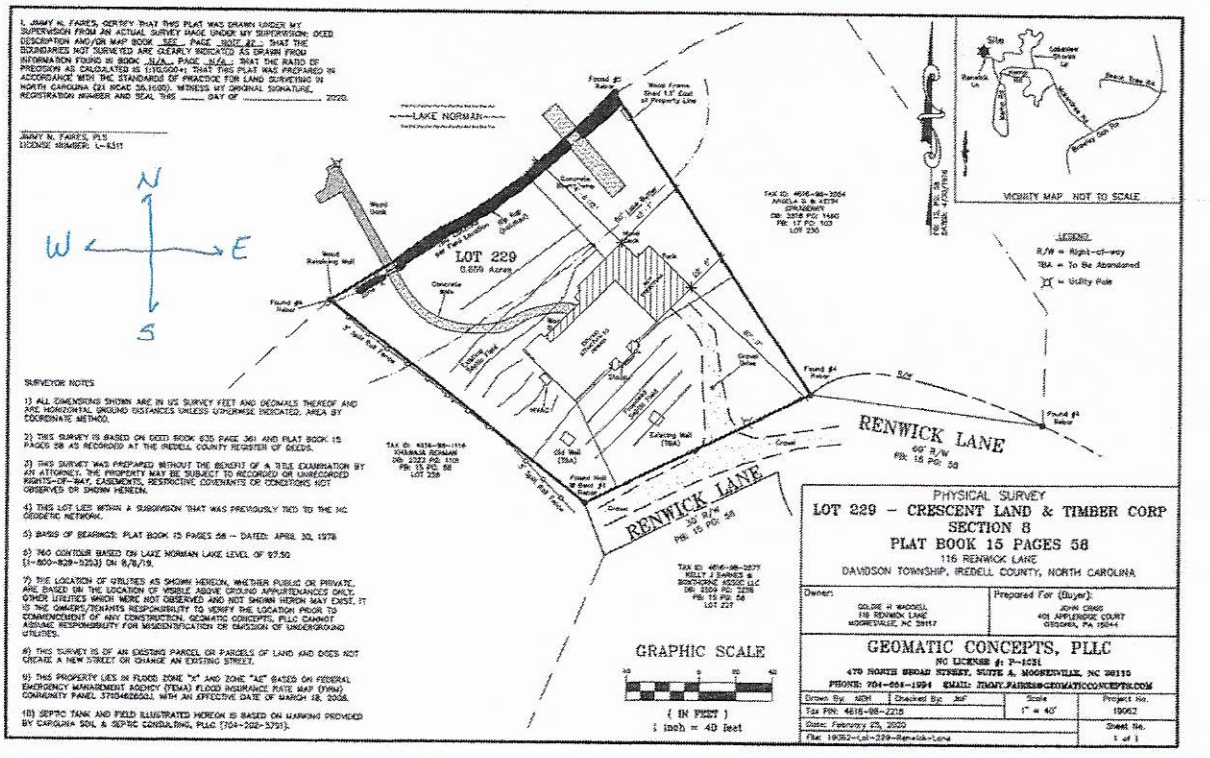
Circle N/A on the following if appropriate:

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

* dimensions must be included



Signature: John J. Craig

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

10/14/20

DATE

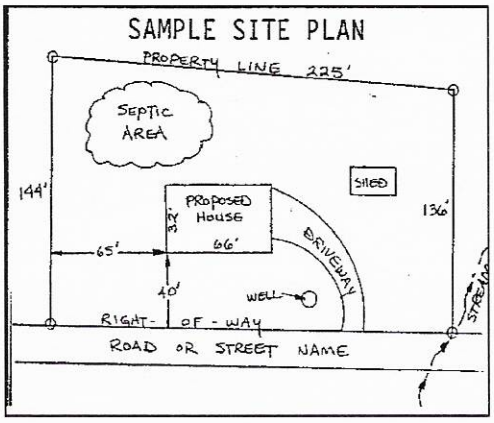
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- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator of direction



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 SITE PLAN

Signature: _____ 8-27-15

Property owner or owner's legal representative signature (**SIGNATURE REQUIRED**) — **DATE**

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Approved Agreement Of Plans Submittal ONLY
Date 11/10/20
Date 11/10/2020

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

EXTERIOR DOOR SCHEDULE

SYMBOL	QTY	WIDTH	HEIGHT	DESCRIPTION
1	1	6'-0"	8'-0"	DOUBLE DOOR 3/4 GLASS
2	2	3'-0"	8'-0"	SINGLE 1/2 GLASS DOOR
3	1	12'-0"	8'-0"	FOUR PANEL SLIDING DOOR
4	2	10'-0"	8'-0"	OHGD
5	1	16'-0"	8'-0"	FOUR PANEL SLIDING DOOR
6	1	8'-0"	8'-0"	DOUBLE SLIDING DOOR
22	1	9'-10"	8'-0"	FOUR PANEL SLIDING DOOR

INTERIOR DOOR SCHEDULE

SYMBOL	QTY	WIDTH	HEIGHT	DESCRIPTION
7	1	2'-8"	8'-0"	INTERIOR POCKET DOOR TO BE SELECTED BY OWNER
8	1	2'-6"	8'-0"	INTERIOR POCKET DOOR TO BE SELECTED BY OWNER
9	5	2'-6"	8'-0"	INTERIOR DOOR TO BE SELECTED BY OWNER
10	1	3'-0"	8'-0"	INTERIOR BARN DOOR TO BE SELECTED BY OWNER
12	1	5'-0"	8'-0"	INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER
13	1	2'-4"	8'-0"	INTERIOR POCKET DOOR TO BE SELECTED BY OWNER
14	2	2'-6"	6'-8"	INTERIOR DOOR TO BE SELECTED BY OWNER
15	1	2'-6"	8'-0"	INTERIOR DOOR TO BE SELECTED BY OWNER
16	3	2'-4"	6'-8"	INTERIOR DOOR TO BE SELECTED BY OWNER
17	2	2'-8"	6'-8"	INTERIOR DOOR TO BE SELECTED BY OWNER
18	1	2'-0"	6'-8"	INTERIOR DOOR TO BE SELECTED BY OWNER
19	1	4'-8"	6'-8"	INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER
20	1	2'-8"	8'-0"	INTERIOR 20 MIN. RATED DOOR TO BE SELECTED BY OWNER
21	1	2'-8"	8'-0"	SHOWER DOOR

NOTE: CONTRACTOR SHALL VERIFY ALL EXISTING DOOR SIZES PRIOR TO ORDERING REPLACEMENT DOORS

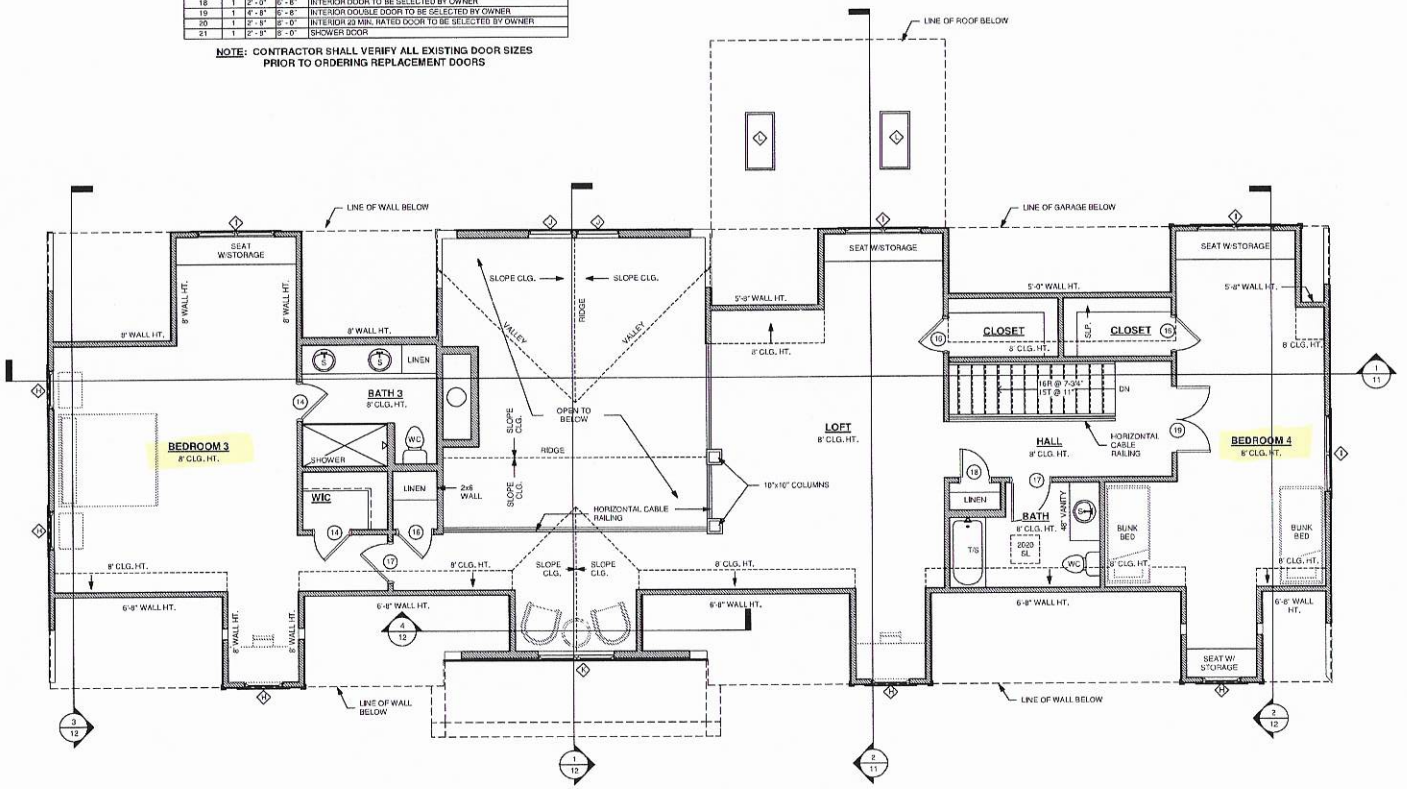
SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

WINDOW SCHEDULE

SYMBOL	QTY.	WIDTH	HEIGHT	DESCRIPTION
A	2	3'-0"	6'-0"	FIXED
B	5	2'-8"	5'-4"	CASEMENT
C	1	3'-0"	2'-0"	FIXED
D	1	4'-8"	4'-4"	DOUBLE CASEMENT
E	1	2'-8"	4'-4"	CASEMENT
F	1	5'-4"	4'-4"	DOUBLE CASEMENT
G	3	2'-8"	5'-0"	CASEMENT
H	5	2'-8"	4'-8"	CASEMENT
I	4	5'-4"	4'-8"	DOUBLE CASEMENT
J	2	3'-8"	2'-0"	FIXED
K	1	5'-4"	4'-8"	DOUBLE CASEMENT
L	2	2'-8"	4'-0"	SKYLIGHT
M	4	3'-8"	3'-8"	FIXED
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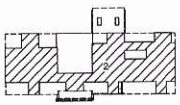
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ESTIMATED SQUARE FOOTAGES & DIAGRAM:

Number	Name	Existing Area	New Area	Total Area
1	MAIN LEVEL FINISHED	2037 SF	30 SF	2067 SF
2	SECOND LEVEL FINISHED	0 SF	1744 SF	1744 SF
TOTAL FINISHED LIVING:				3811 SF
3	SCREENED PORCH	0 SF	205 SF	205 SF
4	COVERED PORCH	0 SF	108 SF	108 SF
5	GARAGE	0 SF	775 SF	775 SF
TOTAL NON-LIVING:				1088 SF
TOTAL UNDER ROOF:				4988 SF



1 SECOND LEVEL FINISH PLAN
1/4" = 1'-0"

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Phelps 178
WOODVILLE, NC 28117
TEL: 704-363-8923
www.pippinhomedesign.com

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Creating where people live

A RENOVATION PROJECT FOR:
JAY AND DANA CRAIG
116 RENWICK LANE
MOORESVILLE, NC 28117

REVISIONS:	BY:

PROJECT # Project Number
DATE: 9/22/2020
DRAWN BY: MITEK
DESIGNED BY: JBP

SHEET NO. 6

NOTE:
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Acknowledgement Of Plans Submittal ONLY
Date 11/10/20
Date 11/10/2020

89

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

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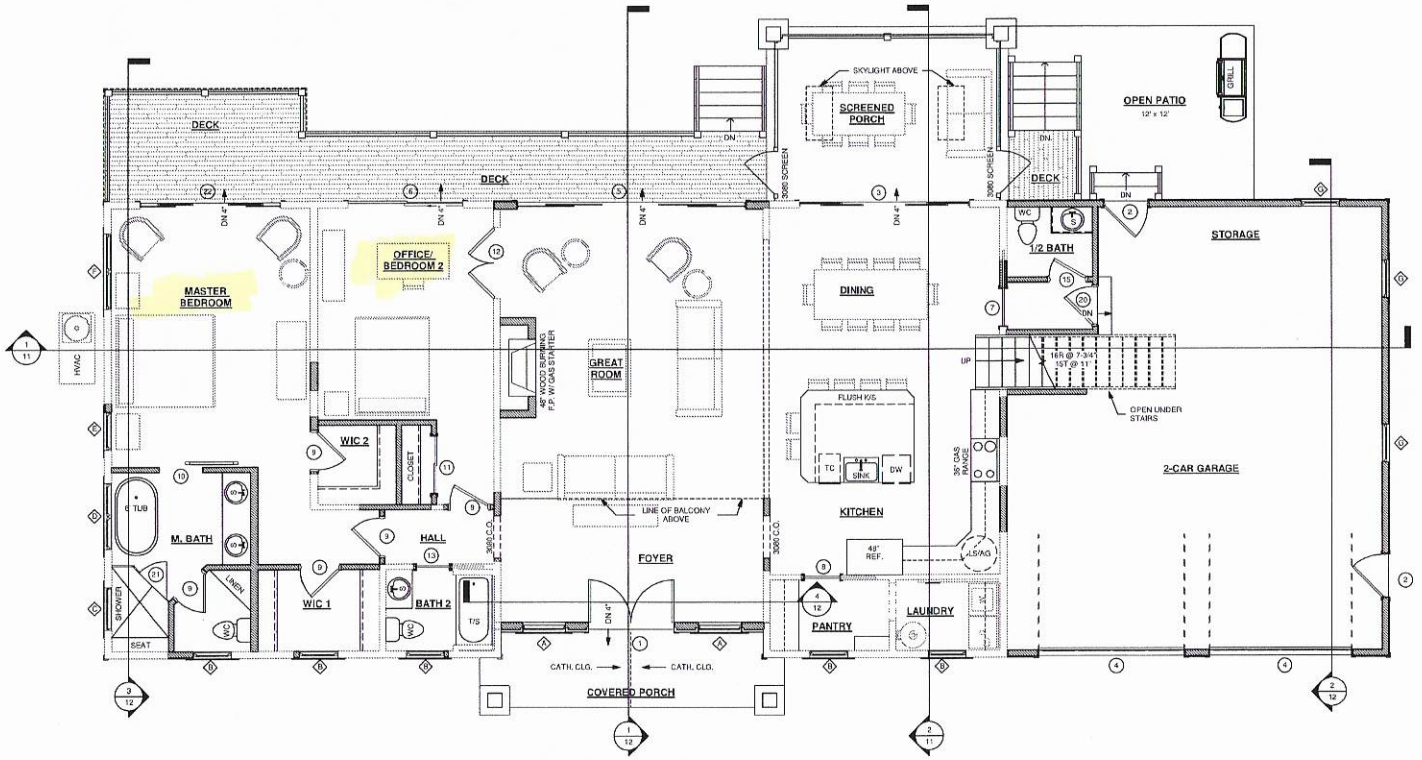
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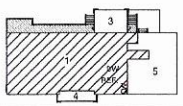
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ESTIMATED SQUARE FOOTAGES & DIAGRAM:

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TOTAL NON-LIVING:				1089 SF
TOTAL UNDER ROOF:				4899 SF



1 MAIN LEVEL FINISH PLAN
1/4" = 1'-0"

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PMB 326
MOORESVILLE, NC 28117
TEL: 704-360-6927
www.pippinhomedesigns.com

Creating where people live

A RENOVATION PROJECT FOR:
JAY AND DANA CRAIG
116 RENWICK LANE
MOORESVILLE, NC 28117

REVISIONS:	BY:

PROJECT #: Project Number
DATE: 9/22/2020
DRAWN BY: MITEK
DESIGNED BY: JBP

SHEET NO. 4

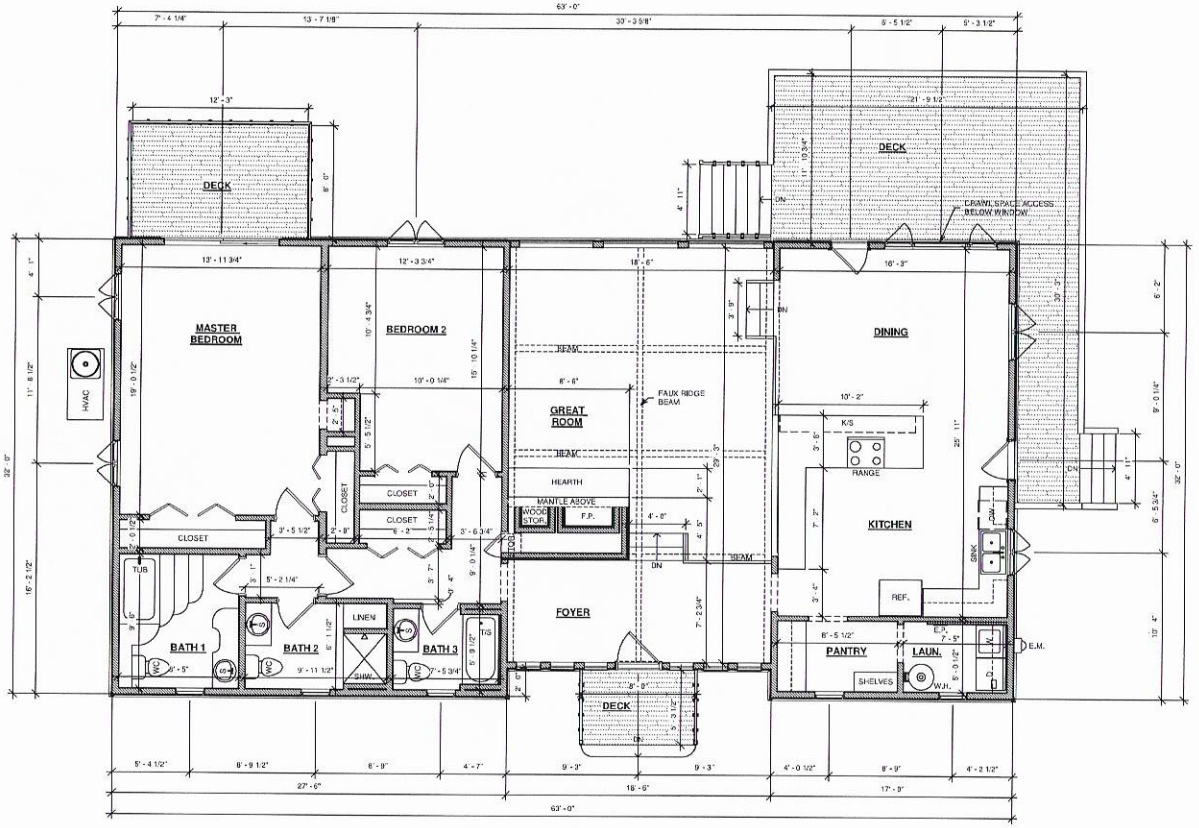
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HOME DESIGNS
INC.
Professional Member, AIBD
616-D RIVER HIGHWAY
PMB 176
MOORESVILLE, NC 28117
TEL 704-360-8622
www.pippinhomedesigns.com



1 MAIN LEVEL - EXISTING
1/4" = 1'-0"

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A RENOVATION PROJECT FOR:
JAY AND DANA CRAIG
116 RENWICK LANE
MOORESVILLE, NC 28117
IREDELL COUNTY

REVISIONS:	BY:

PROJECT # Project Number
DATE 12/13/2019
DRAWN BY: CDGPS
DESIGNED BY: JBP

SHEET NO.
1

Current home
116 Renwick.

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

NEILL PARDUE

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

2609

NC Well Contractor Certification Number

AIR DRILLING, INC.

Company Name

2. Well Construction Permit #: 300423

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: 8/11/20

5a. Well location:

JOHN CRAIG

Facility/Owner Name

Facility ID# (if applicable)

116 RENWICK LN, MOORESVILLE, 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° 30. 160 N 80° 56. 418 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: 25 (ft.)

6c. Borehole diameter: 2 (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: _____

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:

70 LBS

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

POURED

8. Certification:

Neill Pardue 8/11/2020

Signature of Certified Well Contractor or Well Owner 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.

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

NEILL PARDUE

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

2609

NC Well Contractor Certification Number

AIR DRILLING, INC.

Company Name

2. Well Construction Permit #: 300423

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: 8/11/20

5a. Well location:

JOHN CRAIG

Facility/Owner Name

Facility ID# (if applicable)

116 RENWICK LN, MOORESVILLE, 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° 30. 158 N 80° 56. 402 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: 88 (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:

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:

1250 LBS

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

POURED

8. Certification:

Neill Pardue 8/11/2020

Signature of Certified Well Contractor or Well Owner 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

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

APPLICATION NUMBER
247736
Issue Date: 08/21/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4616982218.000	116 RENWICK LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: WADDELL GOLDIE H	Applicant: CAROLINA SOIL & SEPTIC
Address: 116 RENWICK LANE	Address: PO BOX 1703
MOORESVILLE, NC 28117	MOORESVILLE, NC 28115
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
ADDITION OF AN ATTACHED GARAGE ON NORTHEAST SIDE OF EXISTING HOUSE, CURRENT DRIVEWAY SIDE	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.680	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

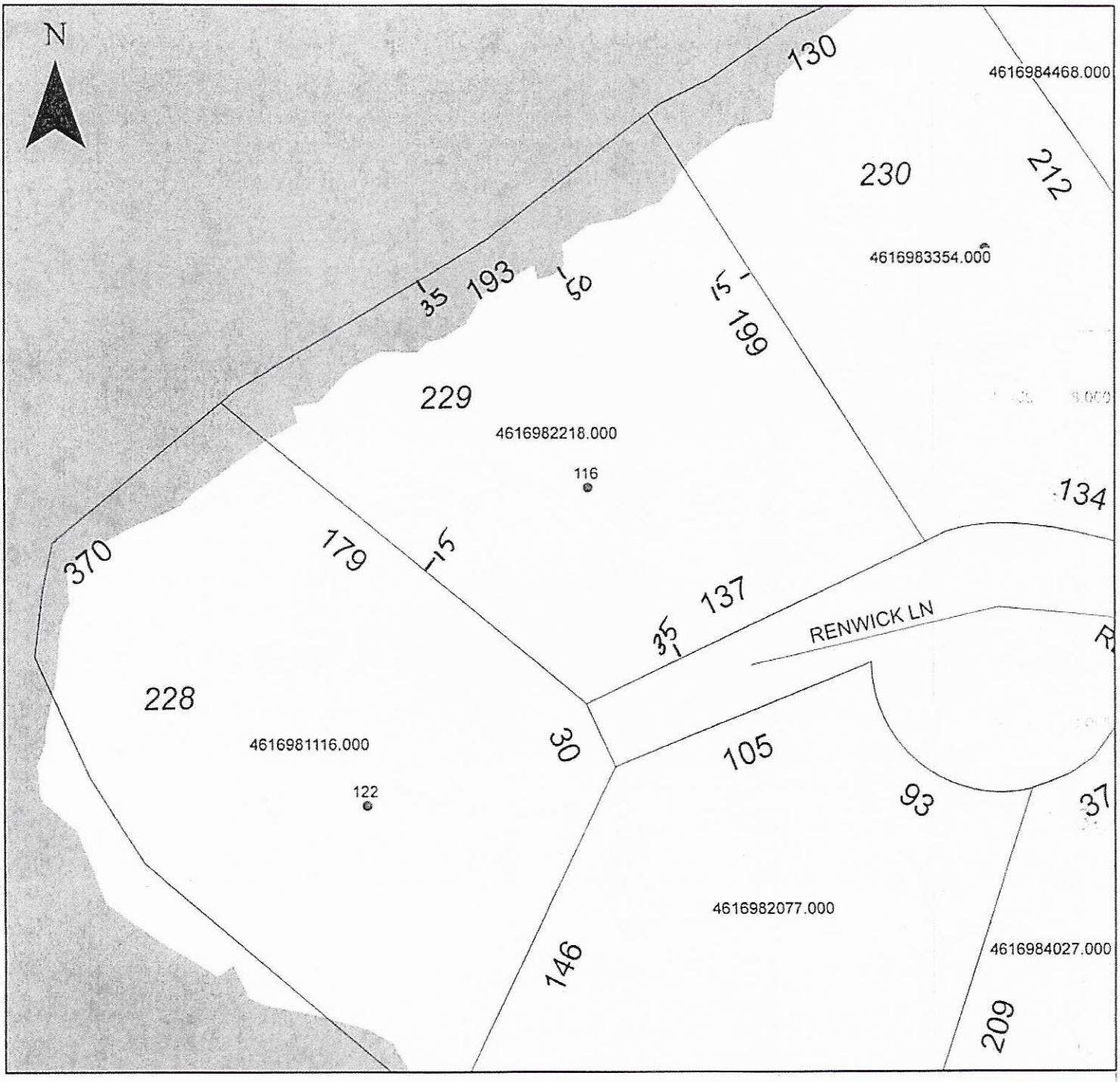
Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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.

Applicant: _____ Date: _____

Permit Number	189713	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 116 Renwick

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. Applicant further acknowledges that the 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.

X _____ X 8-22-19

Applicant Date