10:00. 10:45

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223516

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

PIN # 4624059742

APPLICANT: Rollans Soil / David Sisko APPLICANT ADDRESS: P.O. Box 832 Mooresville NC 28115

SITE ADDRESS: 123 Estes Park Dr. Mooresville, NC PHONE: 704 746-5046 ALT. PHONE: 704 500-6124 / 704 201-7873

SITE DIRECTIONS: Brawley School Rd TR Tuskarora TL Estes Park lot on left

SUBDIVISION: Estates SECTION: 6 LOT # 384 LOT AREA: .68 Acre DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500 (gal)	STB	444	Date	2-8-18	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 5
Pump Tank	1500 (gal)	PT	477	Date	11-27-17	System Description:	LPPPBPS			☐ Business	No. Persons 10
Pump Make	Liberty	Model	290 HV	Serial #		Repair System Description:	LP Drip Irrigation			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	6	Linear Ft:	341	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	min. 24"	Max. Trench Bottom Depth	30"	Gravel Depth	N/A		☐ GRAVITY	☒ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Must abandon existing well prior to issuance of Authorization to Construct.

INITIAL SITE SKETCH

See attached, approved plan by Rollans Soil & Environmental Services, PA.

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	4-3-18	BB.
Tanks Checked	3-15-18	KW
Pressure Manifold or Valve Box Checked	4-3-18	BB.
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		
Comments:		

*Partially Checked 6 Drainlines
3 Drainlines Still to be added. BB. 4/3/2018.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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

Owner / Applicant Signature: [signature] Date: 1/12/17 Installed by: R&H

IMPROVEMENT PERMIT by: Maria Dotson RS Date: 1/16/17 OPERATION PERMIT by: Maria Dotson Date: 5/24/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/15/17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223516

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

PIN # 4624059742

APPLICANT: Rollans Soil / David Sisko APPLICANT ADDRESS: P.O. Box 832 Mooresville NC 28115 Dale

SITE ADDRESS: 123 Estes Park Dr. Mooresville, NC PHONE: 704 746-5046 ALT. PHONE: 704500-6124 / 704201-7273

SITE DIRECTIONS: Brawley School Rd TR Tuskarora TL Estes Park lot on left

SUBDIVISION: Estes Park SECTION: 6 LOT # 384 LOT AREA: .68 Acre DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank 1500 (gal) STB 444 Date 2-8-18
Pump Tank 1500 (gal) PT 477 Date 12-27-17
Pump Make ____ Model ____ Serial # ____
Nitrification Fields 1 # Lines 6 Linear Ft: 341
Trench Width min. 24" Max. Trench Bottom Depth 30" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LPPPBPS
Repair System Description: LP Drip Irrigation
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 5
☐ Business No. Persons 10
☐ Other No. Employees ____
☐ Slab ☐ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: ~~X~~ Must abandon existing well prior to issuance of Authorization to Construct.

INITIAL SITE SKETCH

See attached, approved plan by Rollans Soil & Environmental Services, PA.

AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

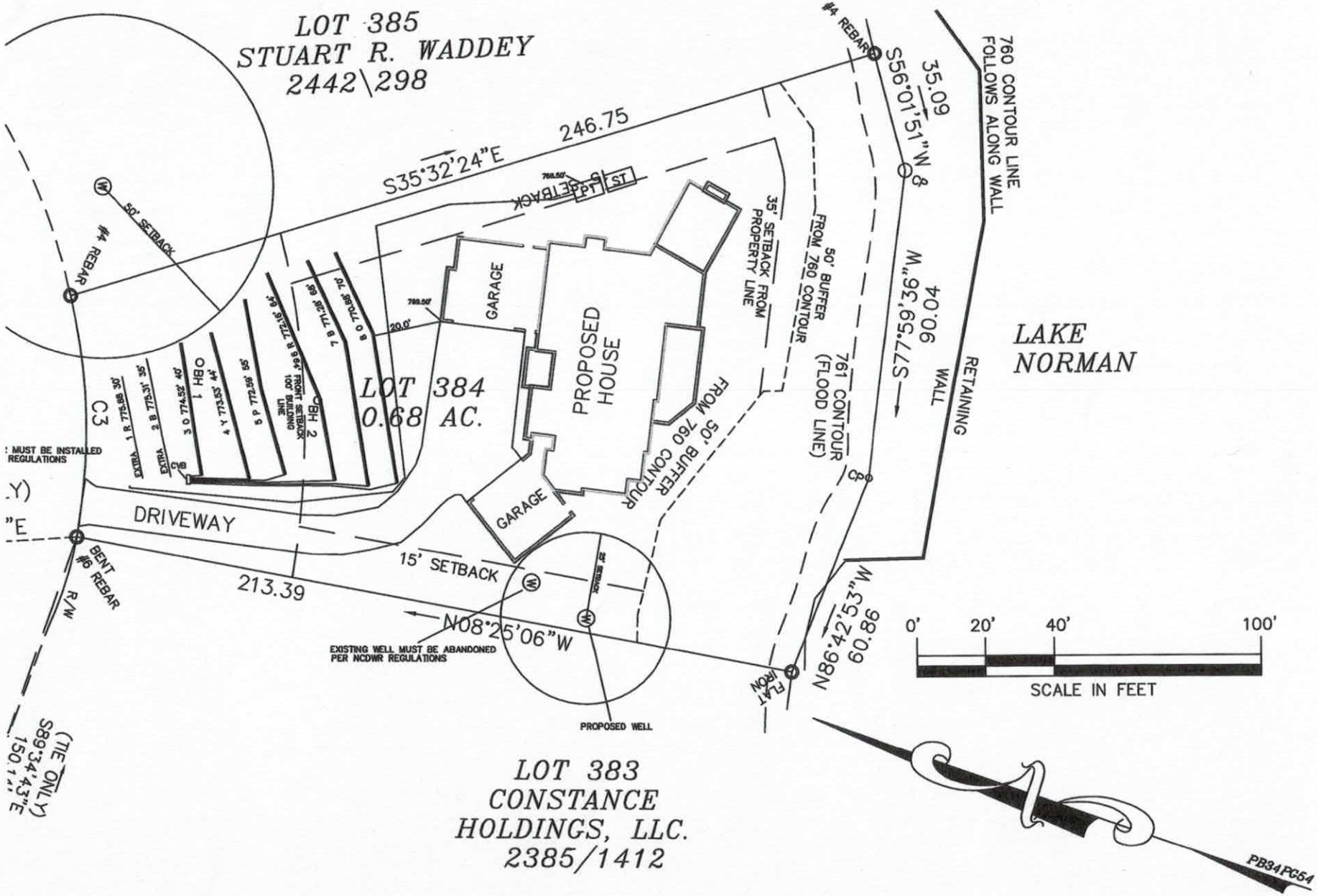
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 1/02/17 Installed by: R&H

IMPROVEMENT PERMIT by: Marian Dolson RS Date: 1/16/17 OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 2/15/17 Existing System Inspected by: ____ Date: ____

White - Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


LOT 385
STUART R. WADDEY
2442\298
#4 REBAR
246.75
S35°32'24"E
50' SETBACK
760.50'
5' SETBACK
TPT
ST
#4 REBAR
S56°01'51"W
35.09
760 CONTOUR LINE
FOLLOWS ALONG WALL
S77°59'36"W
90.04
RETAINING WALL
LAKE
NORMAN
35' SETBACK FROM PROPERTY LINE
50' BUFFER FROM 760 CONTOUR
761 CONTOUR (FLOOD LINE)
760.50'
20.0'
GARAGE
PROPOSED HOUSE
LOT 384
0.68 AC.
C3
CB
OBH 1
OBH 2
100' BUILDING SETBACK LINE
FROM 760 CONTOUR
GARAGE
DRIVEWAY
15' SETBACK
213.39
N08°25'06"W
BENT #6 REBAR
R/W
EXISTING WELL MUST BE ABANDONED PER NCDWR REGULATIONS
PROPOSED WELL
IRON
N86°42'53"W
98.09
0'
20'
40'
100'
SCALE IN FEET
(TIE ONLY)
S89°34'43"E
150.11'
LOT 383
CONSTANCE
HOLDINGS, LLC.
2385/1412
PB34PG54

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Approved
1/6/17
MPD

Owner/Applicant:	Rollans Soil
Current Address:	P.O. Box 832 Mooresville, NC 28115
Phone:	704.746.5046
County:	Iredell
Location:	CL&T Lot 384

Source of Wastewater Flow:	5 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	600 gpd
System Flow:	47.01

Design Specifications

Drainfield Size:	341
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	30 in., Repair 6-8 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1500
Pump Tank Size:	1500
Estimated Supply Line Length:	216
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	37.58
Dosing Volume:	190.55
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A
Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	5.12
Elevation Head:	13.70
Total Dynamic Head:	23.94
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Rollans Soil & Environmental Services

Approved
1/6/17
MD

CL&T Lot 384

LP PPBPS

DESIGN FLOW (gpd):	600
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	682
TOTAL LATERAL LENGTH:	341
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	333.3333333
SUPPLY LINE LENGTH:	216
TOTAL DYNAMIC HEAD:	23.94
MANIFOLD SIZE:	N/A
DOSING VOLUME:	190.55
PUMP TANK DRAW DOWN*:	6.6
SEPTIC TANK SIZE:	1500
PUMP TANK SIZE:	1500

**Pump tank draw down based on a volume basis of 29 gallons per inch. Draw down may vary among pump tank manufacturers.*

Approved 1/6/17 MS

4

123 Estes Park Trail (CL&T LOT 384)

Project #: 01-3203

LAYOUT FOR 5 BEDROOM HOME

December 20, 2016

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE CNR					769.50		
P. TANK					766.50		
1	RED		EXTRA		775.88	30	30
2	BLUE		EXTRA		775.31	35	35
3	***ORANGE***				***774.52***	***40***	***40***
4	***YELLOW***				***773.53***	***44***	***44***
5	***PINK***				***772.59***	***55***	***55***
6	***RED***				***772.16***	***64***	***64***
7	***BLUE***				***771.28***	***68***	***68***
8	***ORANGE***				***770.88***	***70***	***70***
8	DRIP REPAIR					7,007 SF	7,007 SF
					Total	**336**	**406**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***341***	***0.300***	***MOD.***	***0.300***	***PPBPS***	**LOW PRESSURE**
Repair	***7007 SF***	***0.1-0.125***	***INNOV.***	***0.1-0.125***	***DRIP IRRIGATION***	**LOW PRESSURE**

Notes:

****All line locations & elevations shot by Licensed Surveyor except line 8.**
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Approved
11/6/17

LP PPBPS TAPSHEET -CL&T Lot # 384

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
3	ORANGE	774.52	40	0.156	0.41	80	9
4	YELLOW	773.53	44	0.156	0.41	88	10
5	PINK	772.59	55	0.156	0.41	110	13
6	RED	772.16	64	0.156	0.41	128	15
7	BLUE	771.28	68	0.156	0.41	136	16
8	ORANGE	770.88	70	0.156	0.41	140	16
	total	feet =	341	gal/min =	32.39		79

Des. Flow	600
Pump Run=	5.88
soil LTAR	0.3
LTAR +5%	0.315
LTAR with mod.	0.6
LTAR with mod.. + 5%	0.63

.156 equals 5/32 inch hole

CALCULATIONS

Approved
1/6/17
MD

Location	123 Estes Park Drive	
Project Number	01-3203	
Lot No:	384	
No. of Bedrooms	5	
Design Flow	600	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	216	ft.
Supply Line Volume	37.584	gal.
Required Feet of Line	333.3333	ft.
Amount of Line from Layout	341	ft.
Gallons per Minute	32.39	$^{gal}/_{min}$
Required Septic Tank Capacity	1500	gal.
Pump Tank Capacity	1500	gal.
Panel Volume	3.6	gal.
# of Panels	79	
Dosing Volume	190.55	gal.

Note: Dosing Volume based on 67% of # of panels times 3.6 gal/panel

Tank Draw Down	6.6	*Generic Draw Down of 29 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	13.7	ft.
Pressure Head	2	ft.
Friction Factor	2.37	ft./100 ft. *(From the interpolater.)*
Friction Head	5.12	ft.
Total Dynamic Head (+15%)	23.94	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

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

Sheet 1 of 2
PROPERTY ID #: 4624059742
COUNTY: Iredell

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

Approved MD 1/6/17

OWNER: David Sisko
APPLICATION DATE 12/8/16
ADDRESS: 3550 Burnley Dr. Clemmons NC 27012
DATE EVALUATED: 2016
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 600 gpd
PROPERTY SIZE: ± 0.68ac
LOCATION OF SITE: 123 Estes Park Dr, Mooresville NC 28117
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

Confirmed Soil 1/4/17 MD

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
B1 Primary Area	L/8%	0-3	Bsl gr	FrSSSPSExP		48	-	-	PS 0.3
		3-48	RBc wmsbk	" " " "					
B2 Primary Area	L/8%	0-4	Bsl gr	FrSSSPSExP	-fsap	48	-	-	PS 0.3
		4-38	RBc wmsbk	" " " "					
		38-48	RBc lwmsbk	" " " "					
B1 B3 Repair Area	L/5%	0-3	Bsl gr	FrSSSPSExP	-clddepl. chr 3/4 (24-30")	48	-	-	PS 0.225-.25
		3-11	BRc lwmsbk	" " " "					
		11-30	Rc wfabk	" " " "					
		30-48	Rc wmsbk	" " " "					
B2 B4 Repair Area	L/5%	0-12	Bsl gr	FrSSSPSExP		48	-	-	PS 0.3
		12-25	RBc wmsbk/fabk	" " " "					
		25-48	Rc wmsbk	" " " "					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PPBPS	DRIP IRRIG. w/TS-II
Site LTAR	0.3	0.1-0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollans & J. Wendell Overby
OTHER(S) PRESENT:

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

Approved
MD
1/6/17

PROPERTY ID #: 4624059742
DATE OF EVALUATION: 2016
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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B7 Repair Area	4/7%	0-14	BRcl wfsbk	FrSSSPSExP	- c[Fe]dep/	48	-	-	PS 0.25
		14-48	RBcnfAbk	" " " "					
B8 Repair Area	4/7%	0-6	Bsl gr	FrSSSPSExP	- fs44p	49	-	-	PS 0.3
		6-45	Rcmmbk/sbk	" " " "					
		45-49	Rclwfsbk	" " " "					
B9 Repair Area	4/7%	0-11	Bsl gr	FrSSSPSExP		48	-	-	PS 0.3
		11-40	Rcwmsbk/Abk	" " " "					
		40-48	RBclwmsbk	" " " "					
B10 Repair Area	4/5%	0-8	Bsl gr	FrSSSPSExP	- f[Fe] dep/ - f[Mn] conc - C[Fe]dep/. - chroma @ 34"	48	-	-	PS-34" 0.225-.25
		8-30	RBclwmsbk	" " " "					
		30-48	RBcnmAbk	F " P "					

COMMENTS:

RECEIVED DEC 9 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

Paid $850.00
223516

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(V) 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:

Applicant Name: Rollan S Soil **Address:** P.O. Box 832 Mooresville 28115 Dale Russell 704 746 5046 **Phone:** 704 201-7273

Owner Name: David Sisko **Address:** 3550 Bramley Dr Clemmons NC 27012 **Phone:** 704 500 6124

Property Information:

Street Address: 123 Estes Park Dr. Mooresville NC 28117

Subdivision Name: CLT **Section/Phase:** 10 **Lot Number:** 384

Driving Directions: Bramley, Rt on Tuskarora, Lt on Estes Park, Lot on Lft

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

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

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10
( ) Swimming Pool
( ) Other Addition/Structure:

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

Non-Residential Site Development:
Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

(V) New Well (V) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** Unknown
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (V) Modified Conventional ( ) Other:

Please answer the following to the best of your ability:
( ) Yes (V) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (V) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (V) 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: _____ 12/8/16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

RECEIVED FEB 15 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(✓) Septic Improvement Permit ( ) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information:

Applicant Name: John Gump **Address:** 6428 Barrington Rd Ste A **Phone:** 704-412-41

Owner Name: David Kosisko **Address:** _____ **Phone:** _____

Property Information:

Street Address: 123 Estes Park Dr. Mooresville NC 28177

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: _____
( ) 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: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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: _____ 2-15-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, DAVID SISKO, am the legal owner(s) of the property located at 123 ESTES PARK DR., MOORESVILLE, NC, identified as PIN (Parcel Identification Number) 4624059742, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) DAE RUSSELL, w/ ARCADIA HOMES, INC., 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.

David Sisko — 2/15/17
Signature of Owner(s) — Date

Signature of Witness — 2/15/17
Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, DAVID SISKO, am the legal owner(s) of the property located at 123 ESTES PARK DR, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4624059742, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans Rollans Sol, LLC Environmental Services, 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.

David Sisko 12-8-16

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

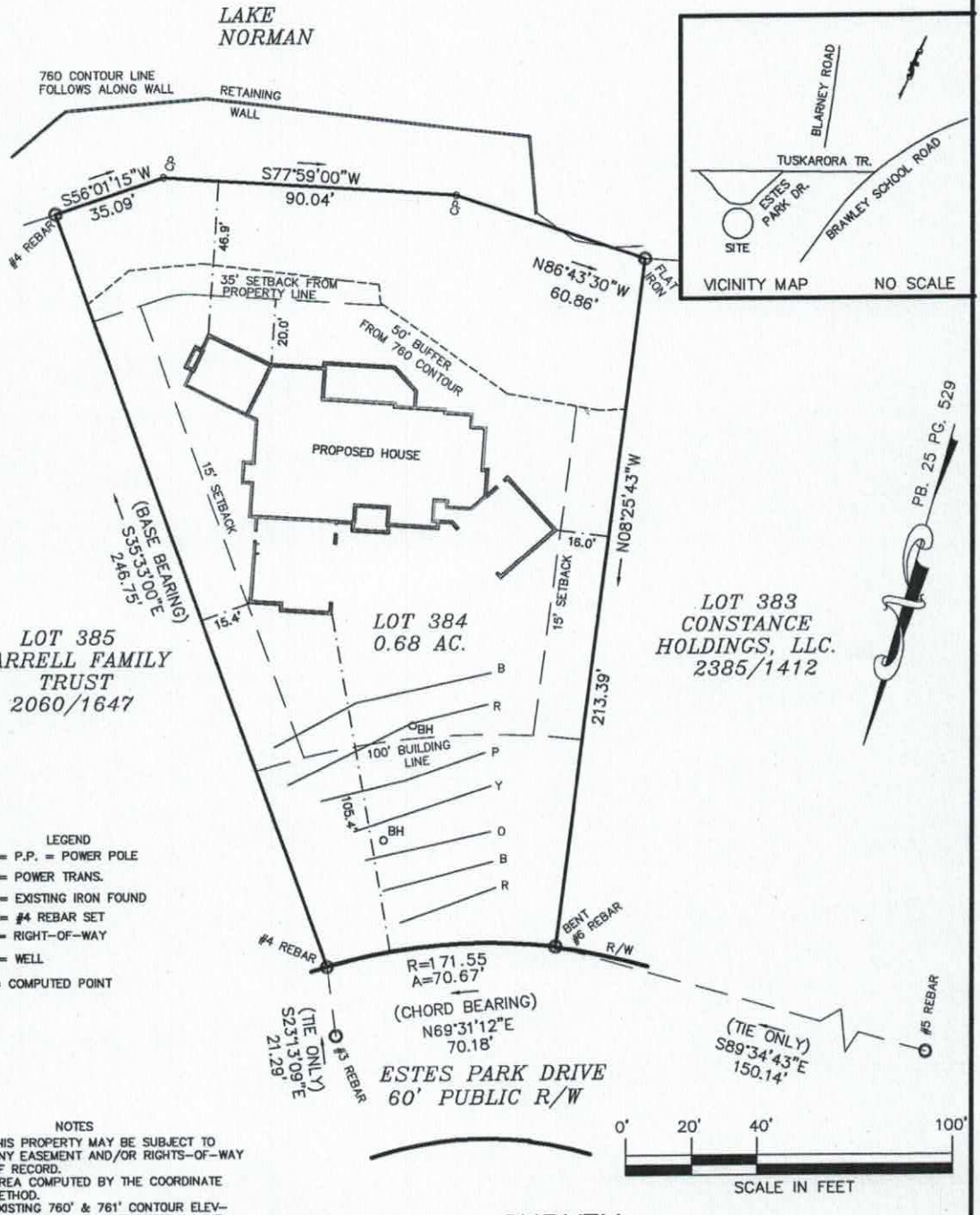
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

PAGE 1/1 * RCVD AT 12/8/2016 9:05:53 AM [Eastern Standard Time] * SVR:MATLKRFSOAPP002/67 * DNIS:6374039 * CSID:7046600530 * ANI:7046600530 * DURATION (mm-ss):01-13

DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1650, page 2147, and/or plat book 34, page 54, 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 16, day of NOVEMBER, A.D. 20 16.

WILLIAM M. ALLEN, PLS



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

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 6/20/16) ELEVATION: 758.00'
4) SERVICE LINES
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

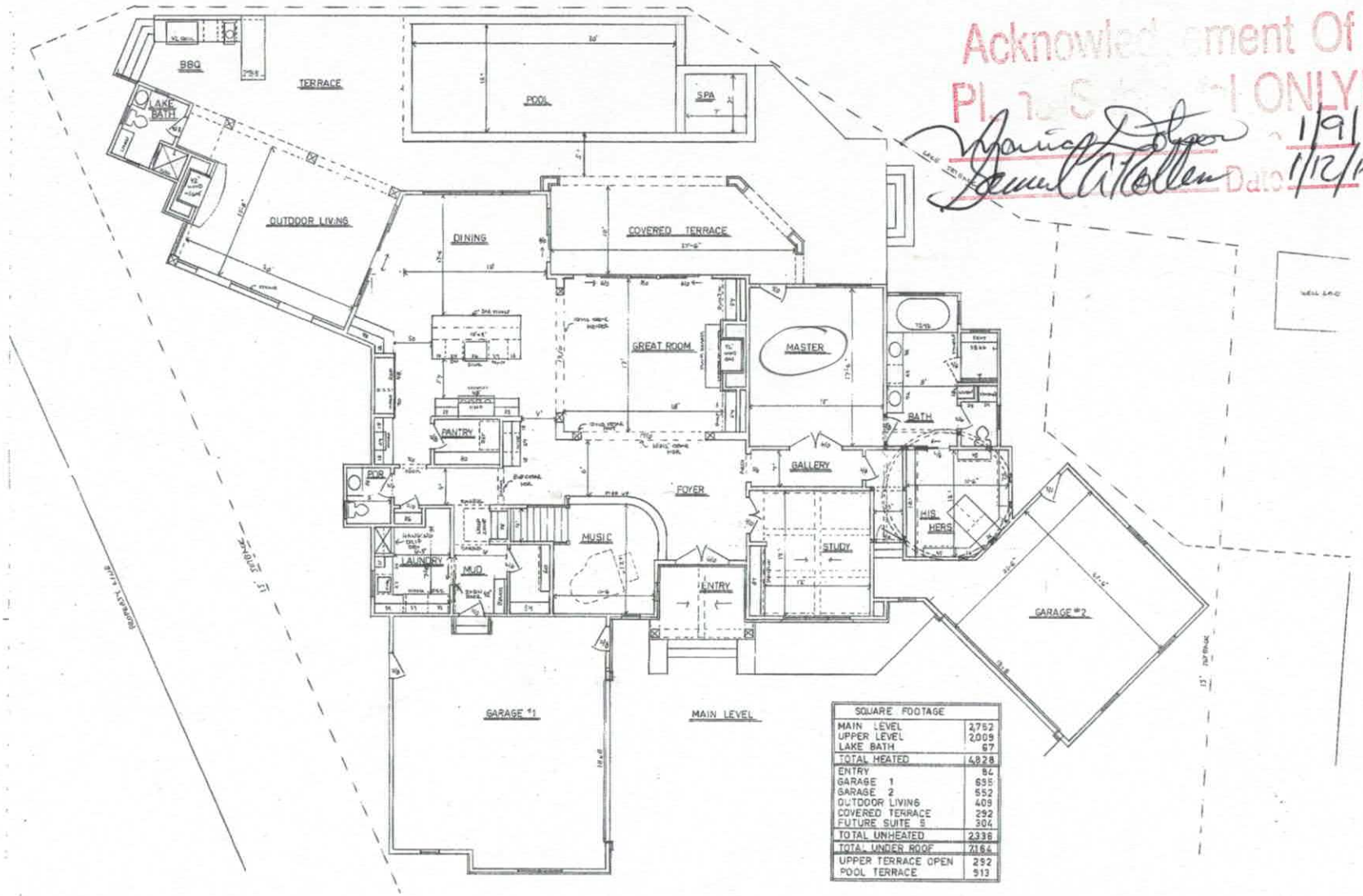
0' 20' 40' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
123 ESTES PARK DRIVE
LOT 384 CRESCENT LAND & TIMBER CORP., SECT. 6

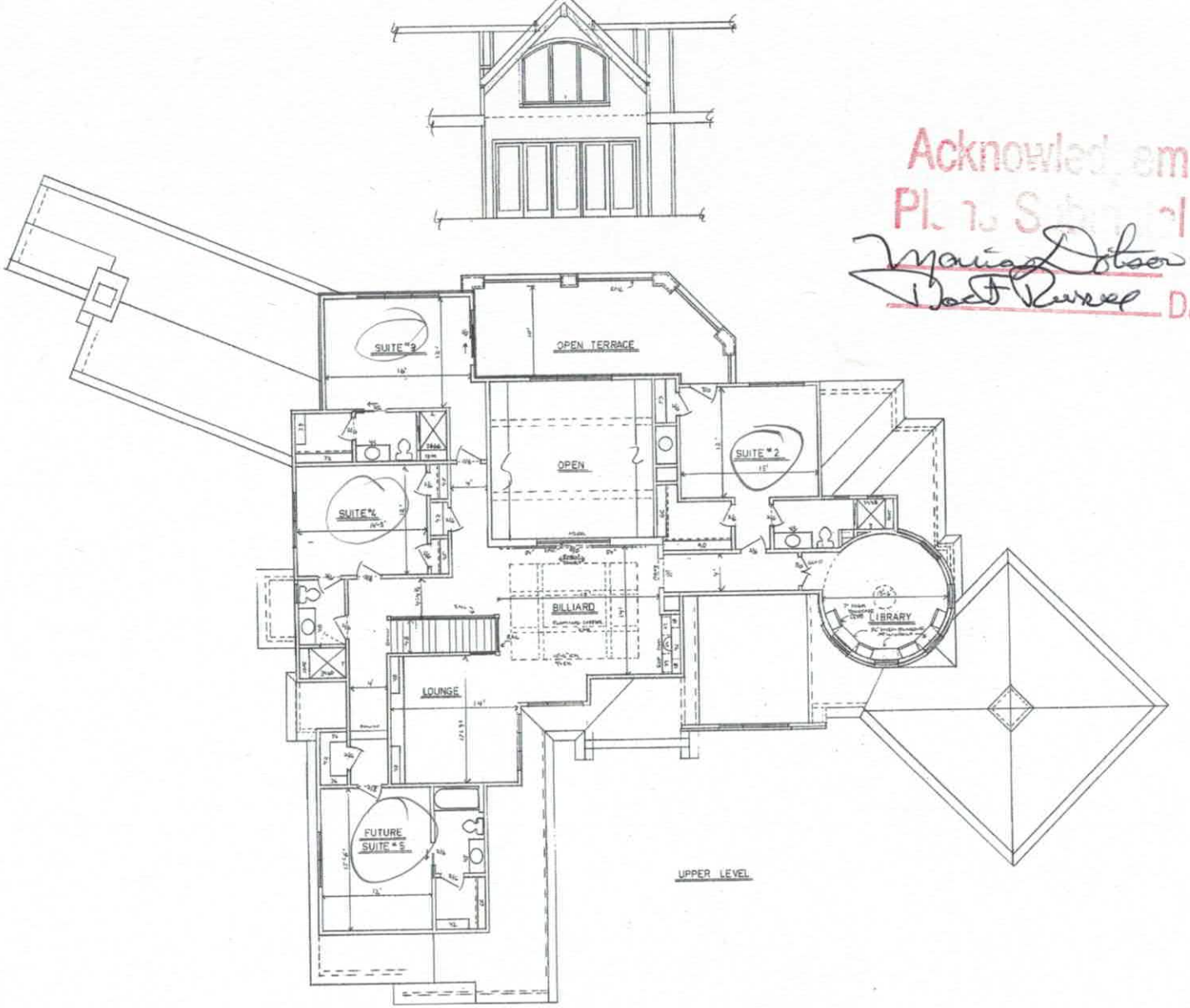
SCALE 1" = 40' DAVIDSON TWSP., IREDELL CO., N .C.
ACQUIRED BY: DAVID SISKO

FIELD BOOK:
FILE: CLT 384 S6.DWG
DC FILE:
TAX MAP NO: 4624059742



SQUARE FOOTAGE	
MAIN LEVEL	2752
UPPER LEVEL	2009
LAKE BATH	67
TOTAL HEATED	4828
ENTRY	82
GARAGE 1	595
GARAGE 2	552
OUTDOOR LIVING	409
COVERED TERRACE	292
FUTURE SUITE S	304
TOTAL UNHEATED	2336
TOTAL UNDER ROOF	7164
UPPER TERRACE OPEN	292
POOL TERRACE	513

Acknowledgement Of
Pl... S...t ONLY!
Date 1/9/17
Date 1/12/17



Acknowledgement Of
Pl[illegible] ONLY!
[illegible] 1/9/17
[illegible] Date 1/12/17

IREDELL COUNTY

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

APPLICATION NUMBER
223516
Issue Date: 12/02/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4624059742.000	123 ESTES PARK DRIVE, MOORESVILLE, NC	IREDELL COUNTY

Victor H + Kathleen A Harrell (CL+T)

Owner Information	Applicant Information
Owner: HARRELL FAMILY TRUST	Applicant: ROLLANS SOIL & ENVIRON
Address: 3550 BURNLEY DR CLEMMONS, NC 27012	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
SFD	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:

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: 12/8/16

Permit Number	87132	TOTAL FEES:	$ 77.25

WELL ABANDONMENT RECORD

For Internal Use ONLY:

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

4186-C
NC Well Contractor Certification Number

Mccall Brothers Inc
Company Name

2. Well Construction Permit #: 223516
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

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

4. Date well(s) abandoned: 2/14/2017

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

123 Estes Park Dr
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• .945.902 N -80• 945.902 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: 50 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 5 (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): 2 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: hth chlorine

7d. Amount of disinfectant used: 2 oz

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:
75 lbs. betonite chips, 60 lbs. cement grout, 2 Oz hth chlorine.

7g. Provide a brief description of the abandonment procedure:
pulled jet out of well. dug down, cut casing 2.5 ft. below ground surface. chlorinated well. gravity fed betonite to 1' below top of cut casing. poured concrete cap on top.filled out abandonment record and sent to county.

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 2/14/2017

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.