Redraw 305.00

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ✓ Authorization To Construct ___BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
Douglas G. ~~Jones~~ Owens	6303 Jonah Ln.	704-622-2202	Same
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
Gary Kilgore	142 Yellow Jacket Cr.		

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
142 Yellow Jacket Cr.		

Driving Directions: Brawley School to end Yellow Jacket on RT.

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5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- (X) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- ( ) Basement w/Plumbing?
- ( ) Basement w/out Plumbing?

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

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

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: _____ 7/3/08
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEATLH DEPARTMENT

PAGE 2: *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 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…**
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X — **Front and side setbacks from property line…**
- X — **Preferred driveway location and configuration, preferred well location…**
- X — **Area you prefer your septic system to be placed…**
- ____ — **North arrow, or other sufficient indicator of direction…**

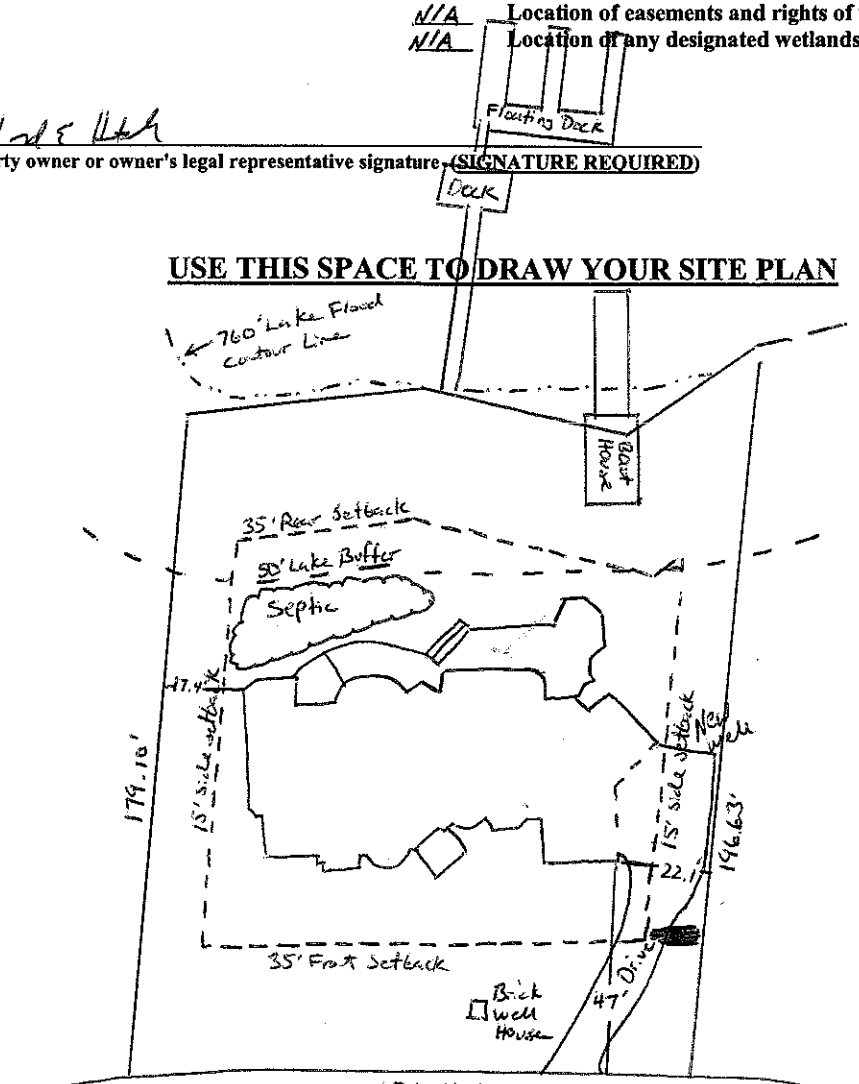
Circle N/A on the following if appropriate:

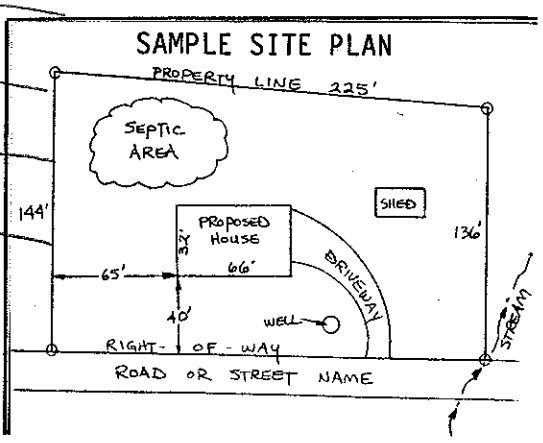
- X — **Location of septic systems and wells within 100' of your property…** **N/A**
- N/A — **Location of easements and rights of ways on your property…** **N/A**
- N/A — **Location of any designated wetlands on the property…** **N/A**

Signature: [signature] 1/23/07

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

USE THIS SPACE TO DRAW YOUR SITE PLAN



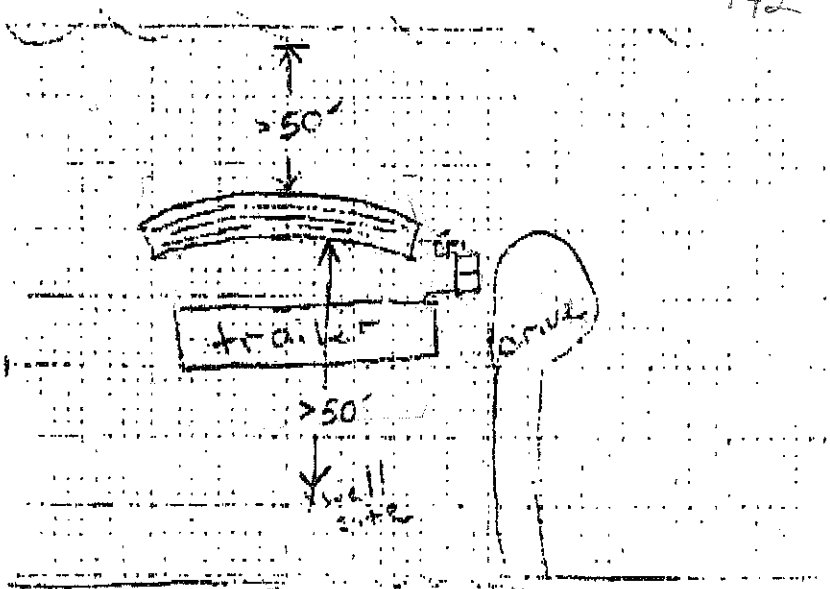


Date Issued 4-24-79 Serial No. 2513

MECKLENBURG COUNTY
DEPARTMENT OF ENVIRONMENTAL HEALTH
INSTALLATION, CONSTUCTION, ALTERATION, AND/OR REPAIR PERMIT
(Individual Septic Tank System with Subsurface, Soil Absorption Effluent Discharge)

Permission is hereby granted to Donald F. Sweitzer to install a subsurface soil absorption sewage disposal system in accordance with the application dated 3-22-79 and plot plan submitted therewith. This permit is granted subject to the conditions noted below. This permit expires 90 days from date of issue.

142 Yellow Jacket Circle
P5
1000 gallon
precast concrete
400'
8
10
10
NO [illegible]



NAME OF OWNER Sweitzer, Donald F.

LOCATION OF PROPERTY Lot #409 Yellow Jacket Circle

THE INSTALLATION OF THIS SEPTIC TANK SYSTEM SHALL BE IN ACCORDANCE WITH THE PROVISIONS OF THE MECKLENBURG COUNTY SANITARY SEWAGE DISPOSAL REGULATIONS AND ANY DEVIATION FROM THE PROVISIONS OF THESE REGULATIONS MUST BE APPROVED IN WRITING BY THE DIRECTOR OF THE DEPARTMENT OF ENVIRONMENTAL HEALTH.

Comments:

15' x 91' x 17" of stone

Michael G. Bitter
Authorized Agent

* If this permit is for the installation or construction of a new system, it must be signed by the applicant or a person hired by the Department of Environmental Health must be valid. Only one signature of the Environmentalist is required where an existing system is being altered or repaired.

3/79/5

Environmental Health Department Copy

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR B + K Well Drilling Inc.
WELL CONTRACTOR CERTIFICATION # 3300

1. WELL USE (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use: _____

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Mooresville County Iredell
142 Yellow Jacket Circle _____
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Lloyd Hartsell

4. ADDRESS: 2332 Vernon Dr. Charlotte NC

5. TOPOGRAPHY: draw, slope, hilltop, valley (flat)
(circle one)

6. TOTAL DEPTH: 60 DIAMETER 2"

7. CASING REMOVED:

feet	diameter
24	2"

8. DISINFECTION: 1 pack chlorine
(Amount of 70% hypochlorite used:)

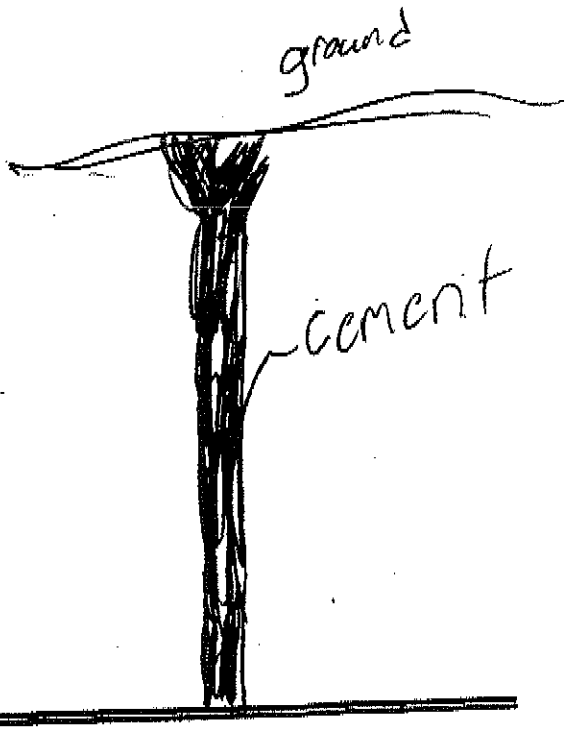
9. SEALING MATERIAL:

Neat Cement	Sand Cement
bags of cement 1	bags of cement
gallons of water 1	gallons of water

Other
Type material _____
Amount _____

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL
cut casing off filled with cement

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



11. DATE WELL ABANDONED 3-19-2007

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Luther G Bailey Date 3-20-2007

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99

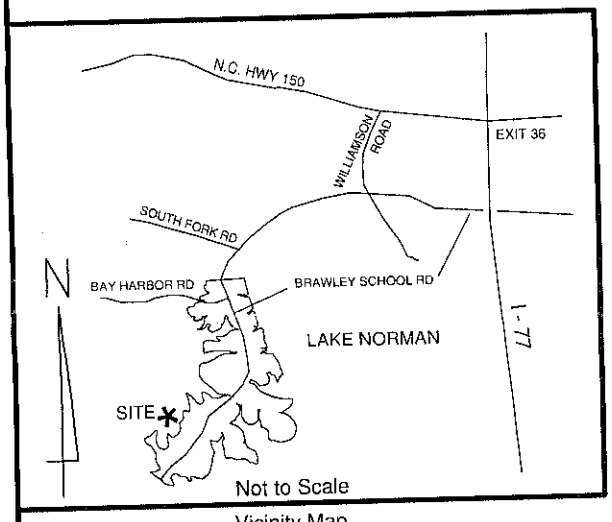
old
well
Abandon
Yellow Jacket

THIS IS TO CERTIFY THAT ON THE 27 DAY OF February 20 07 AN ACTUAL SURVEY WAS DONE UNDER MY SUPERVISION OF THE PROPERTY SHOWN HEREON. THIS MAP IS NOT INTENDED TO MEET GS 47-30 RECORDING REQUIREMENTS.

SIGNED Robert G. Bishop

Bishop Land Surveying, Inc.
15806 Brookway Drive, Suite 200-F
Huntersville N.C. 28078
Phone (704) 987-3080
Fax (704) 987-3008

NORTH CAROLINA PROFESSIONAL SEAL L-3957 LAND SURVEYOR ROBERT G. BISHOP



Vicinity Map

LEGEND

E.I.P.	EXISTING IRON PIN
E.C.M.	EXISTING CONCRETE MONUMENT
S.I.P.	RE-SET IRON PIN
	PROPERTY LINE
	ADJOINER PROPERTY LINE BY DEED OR PLAT
P.S.D.E CLOSURE	PUBLIC STORM DRAINAGE EASEMENT EXCEEDS 1'in 10,000'
F.P.E.	FLOOD PROTECTION ELEVATION
	POWER POLE

LINE TABLE		
LINE	LENGTH	BEARING
L1	62.00	N24°30'00"E
L2	56.65	N45°11'00"E
L3	43.20	N03°05'00"W

