IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217989

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

PIN # 4625-00-4170

APPLICANT/OWNER: Rollans Soil / Robert Canipe APPLICANT ADDRESS: 324 Stonemarker Road Mooresville, NC

SITE ADDRESS: 324 Stonemarker Rd. Mooresville, NC 28117 PHONE: 704-746-5046 ALT. PHONE 704-530-9597

SITE DIRECTIONS: BSR towards Lake Norman → Rt on Stonemarker → Lot on Right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T SECTION: 6 LOT # 90 LOT AREA: 0.79 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB	794	Date	6-27-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	27	Date	7-16-18	System Description:	50% Reduction LP-PPBPS	
Pump Make	Myers	Model	ME50	Serial #			Repair System Description:	50% Reduction LP-PPBPS	
# Nitrification Fields	1	# Lines	3	Linear Ft	270		Maintenance Agreement Required:	☒ YES ☐ NO	
Trench Width	24"	Trench Bottom Depth(Low side)	30	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE	

☒ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☒ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Lot recorded 1976, therefore a 5' setback to property lines may be used. Existing well in proposed septic area must be decommissioned/abandoned along with existing shed demolished in proposed well area. Recommend installing a 1500 gallon septic + pump tank along with larger effluent filter (Zabel A-300 or equivalent) if bathroom/sink fixtures are ejected from the lake house (to remain with beds + stoves removed) NO permanent occupancy allowed in remaining lake house. See letter from Paul Penninger dated 4/16/16 regarding details. Sleeve pump line beneath driveway where install is less than 30" deep.

INITIAL SITE SKETCH

See attached plans from Rollans Soil + Environmental Services

Dated 6/23/2017 Ashley Rollans LSS #1231
+ Soil Notes from previous approval 4/29/16

- Well abandoned 9/1/2017 by Alfred Kiesling (B+K Well Drilling)

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: Date: 7/14/17 Installed by: R+H

IMPROVEMENT PERMIT by: Tom Shuck Date: 7/13/2017 OPERATION PERMIT by: Maria Dotson Date: 9/19/18

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 9/11/2017 Existing System Inspected by: Date:

RECEIVED JUN 2 6 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

* Intermediate Relayout

Paid $225.00 EFT #217989

Application For:

( ) New Well Permit ( ) Well Repair Permit (✓) Well Abandonment
(✓) Septic Improvement Permit (✓) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repai

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: Rollans Sod **Address:** P.O. Box 832 Mooresville NC 28115 **Phone:** 704 7465046

Owner Name: Robert Canipe **Address:** 324 Stone marker Road Mooresville NC 28117 **Phone:** 704 530 9597

Property Information:

Street Address: 324 Stonemarker Rd. Mooresville NC 28117

Subdivision Name: CLET **Section/Phase:** _____ **Lot Number:** 90

Driving Directions: Brantley, R to Stonemarker, Left on Rt.

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: 4
Maximum Number of Occupants: 8
( ) 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:

TO BE ABANDONED

(✓) 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:** 1991

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (✓) Modified Conventional ( ) Other: _____

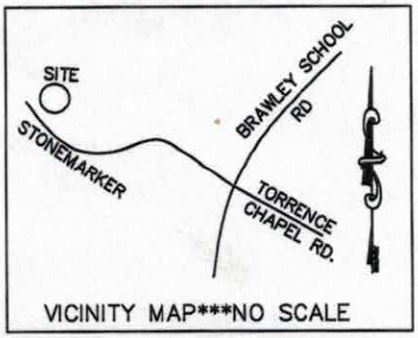
Please answer the following to the best of your ability:

( ) 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: _____ 6/23/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	363.81'	145.06'	N 10°51'24" W	144.10'



VICINITY MAP***NO SCALE

PB14 PG.20

LAKE NORMAN

760 CONTOUR PER ACTUAL FIELD SURVEY

761 CONTOUR (FLOOD LINE)

L1 L2 L3 L4 L5

DECK

1 STORY HARDY BASE COMP. RF.

DECK

EIP@0.70'

1"PIPE@1.13'

BLDG.

PROPANE TANK

50' BUFFER FROM 760 CONTOUR

30' SETBACK

EX. SEPTIC

S84°30'28"W

GRAVEL DRIVE

>15'

>10'

HOUSE

15' SIDE SETBACK

15' SIDE SETBACK

LOT 91
LITTLE GENERAL LLC
1548\2433

(BASE BEARING) N79°31'00"E — 202.19

LOT 90
0.79 AC.

70'

25.44'

99.07'

224.89

LOT 89
RICHARD SORENSON
954\2187

7 R 795.8' 105' (REPAIR)

6 P 797.0' 103' (REPAIR)

5 B 798.5' 103' (REPAIR)

35' FRONT

4 R 790.3' 94' (INSTALL 90')

3 P 791.1' 102' (INSTALL 90')

2 B 792.3' 100' (INSTALL 90')

1 R 793.5' 22'

DRIVEWAY

WELL

WELL MUST BE PROPERLY ABANDONED PER NCDWR REQUIREMENTS.

C1

10'

CVB

R\W

EIP

1"PIPE

(TIE ONLY) N23°14'39"E 76.45

PK NAIL

STONEMARKER (60' PUBLIC R\W)

R\W

Approved
7/13/2017
JSA

LINE TABLE		
LINE	BEARING	LENGTH
L1	S 39°41'00" E	60.21'
L2	S 23°04'00" E	24.32'
L3	S 14°03'00" E	15.30'
L4	S 04°06'00" W	25.18'
L5	S 02°44'00" E	48.17'

0' 25' 50' 100'

SCALE IN FEET

ROLLANS *Soil & Environmental Services, PA.*

P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design (Intermediate Relayout) for a PPBPS Septic System w/Lot Pressure distribution for a 4 bedroom single family residence at 324 Stonemarker Road, CL&T Lot # 90 (PIN# 4625004170), Iredell County, NC.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6-7

Calculations---------- 8

Septic Application---------- 9-10

Existing Permit/CoverLetter/SitePlan---------- 11-14

Agent Authorization---------- 15

Voluntary Relinquishment Form---------- 16

Expedited Review Process Checklist---------- 17

Green Sheet---------- 18

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231 STATE OF NORTH CAROLINA

6/23/17

June 23, 2017
Project #: 01-3386
Design By: Rollans Soil & Environmental Services, PA

INFORMATION FOR THE INSTALLER:

The permit should be read very carefully prior to bidding. 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.
- Tanks shall be water tested prior to installation.
- The installer shall be responsible to the owner for placement of the tanks and to insure that final grades are returned to the original natural grade, with exception of added structural features.
- The supply trench shall be compacted to eliminate 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 is within 2" from the highest to . the lowest points of elevation within the trench. If the bottom elevation needs adjusting after it has been trenched, it will be done by removing high points rather than filling low points. It is extremely important to insure that trenches are not over excavated during initial trenching. All fine grading within the trench will be hand done with a shovel. No loose material will be left in the trench
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pinflag locations should be checked by the installer prior to beginning trenches.
- Pumptank riser should be 6" above grade, control panel should be 12" above grade.
- Septic tank riser shall be a minimum of 6" above finished grade.
- System is specified as a PPBPS installation with low pressure distribution.
- Repair is specified as a PPBPS installation with low pressure distribution.
- Backfill 4 - 6" of material (County Approved) over panels, rake trench walls, lime side-walls, install trenches 24" wide and have no more than 1/4" fall in 10 feet.
- **Existing Drainfield for existing structure to be utilized per prior permit.** or tied into new system.
- **Existing Well to be Abandoned per NCDWR Rules**

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

Owner/Applicant:	Rollans Soil
Current Address:	P.O. Box 832 Mooresville, NC 28115
Phone:	704.746.5046
County:	Iredell
Location:	CL&T Lot 90

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	480 gpd
System Flow:	25.83 gpm

Design Specifications

Drainfield Size:	270
Loading Rate (gpd/ft.^{2}):	0.3
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	30 in., Repair 30 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

Approved
7/13/17

Estimated Supply Line Length:	215
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	26.10
Dosing Volume:	151.96
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:	2.67
Elevation Head:	22.90
Total Dynamic Head:	31.71

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

CL&T Lot 90

LP PPBPS

DESIGN FLOW (gpd):	480
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.3
TOTAL AREA TRENCH BOTTOM:	540
TOTAL LATERAL LENGTH:	270
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	266.6666667
SUPPLY LINE LENGTH:	150
TOTAL DYNAMIC HEAD:	31.71
MANIFOLD SIZE:	N/A
DOSING VOLUME:	151.96
PUMP TANK DRAW DOWN*:	7.2
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

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

324 Stonemarker Road (CL&T LOT 90)

Project #: 01-3386

LAYOUT FOR 4 BEDROOM HOME

June 23, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM							
INSTR. 1							
HOUSE CNR	(RIGHT FRONT)				781.00		
P. TANK					774.40		
1	RED				793.50	22	22
2	***BLUE***				***792.30***	***100***	***90***
3	***PINK***				***791.10***	***102***	***90***
4	***RED***				***790.30***	***94***	***90***
5	BLUE				788.50	103	103
6	PINK				787.00	103	103
7	RED				785.60	105	105
					Total	**629**	**603**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***270***	***0.300***	***MOD.***	***0.300***	***PPBPS***	**LOW PRESSURE**
Repair	***333***	***0.300***	***MOD.***	***0.300***	***PPBPS***	**LOW PRESSURE**

Notes:

****All lines and elevations from existing permit (original flags present)**
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

LP PPBPS TAPSHEET -CL&T Lot 90

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
2	***BLUE***	*792.30*	*90*	*0.156*	*0.41*	*180*	**21**
3	***PINK***	*791.10*	*90*	*0.156*	*0.41*	*180*	**21**
4	***RED***	*790.30*	*90*	*0.156*	*0.41*	*180*	**21**
	total	**feet =**	**270**	**gal/min =**	**25.83**		63
			Des. Flow	**480**			
			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

Approved
7/13/17

CALCULATIONS

Location	324 Stonemarker Road	
Project Number	01-3386	
Lot No:	90	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.3	$^{gal}/_{ft^2\,day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	150	ft.
Supply Line Volume	26.1	gal.
Required Feet of Line	266.6667	ft.
Amount of Line from Layout	270	ft.
Gallons per Minute	25.83	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	63	
Dosing Volume	151.96	gal.

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

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

Tank Draw Down	7.2	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.88	minutes
Elevation Head	22.9	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	2.67	ft.
Total Dynamic Head (+15%)	31.71	ft.

Approved
7/13/17

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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 ___ 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 #	Alternate Phone #
Jasper Builders, Inc.	181 W. Statesville Ave. Mooresville 28115		704-799-9985
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Robert + Jennifer Canipe	209 Coventry Ln, Salisbury 28147		704-530-9597 Robert

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
324 Stonemarker Rd, Mooresville 28117	CL+T	Sec 6 / Lot 90

Driving Directions: Brawley School Rd, (R) on Stonemarker Rd, Lot on (R)

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

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to _____
( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms ___

( ) 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 _____

6. **Proposed Water Supply:**

(✓) 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)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (✓) Other 50% Reduction Type IV

8. **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. industry) 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.

9. **Signature:** Jerri Crawley — 9-6-17

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, Robert & Jennifer Canipe, am the legal owner(s) of the property located at 324 Stonemarker Rd., Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4825-00-4170, located in Iredell County, North Carolina.

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

Robert Canipe 9/5/17
Signature of Owner(s) Date

Signature of Witness 9/5/17
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

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

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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, ROBERT CANIPE, am the legal owner(s) of the property located at 324 STONEMARKER ROAD, identified as PIN (Parcel Identification Number) 4625004170, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Samuel Ashley Rollans Rollans Soil 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.

Robert Canipe 6/19/17 — Joy Farmer 6/19/17

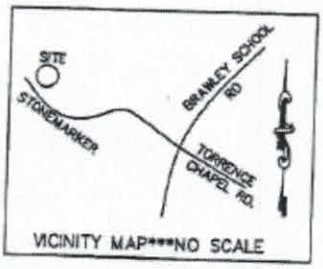
Signature of Owner(s) Date Signature of Witness Date

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

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	383.81'	145.06'	N 10°51'24" W	144.10'



LINE TABLE		
LINE	BEARING	LENGTH
L1	S 39°41'00" E	60.21'
L2	S 23°04'00" E	24.32'
L3	S 14°03'00" E	15.30'
L4	S 04°06'00" W	25.18'
L5	S 02°44'00" E	48.17'

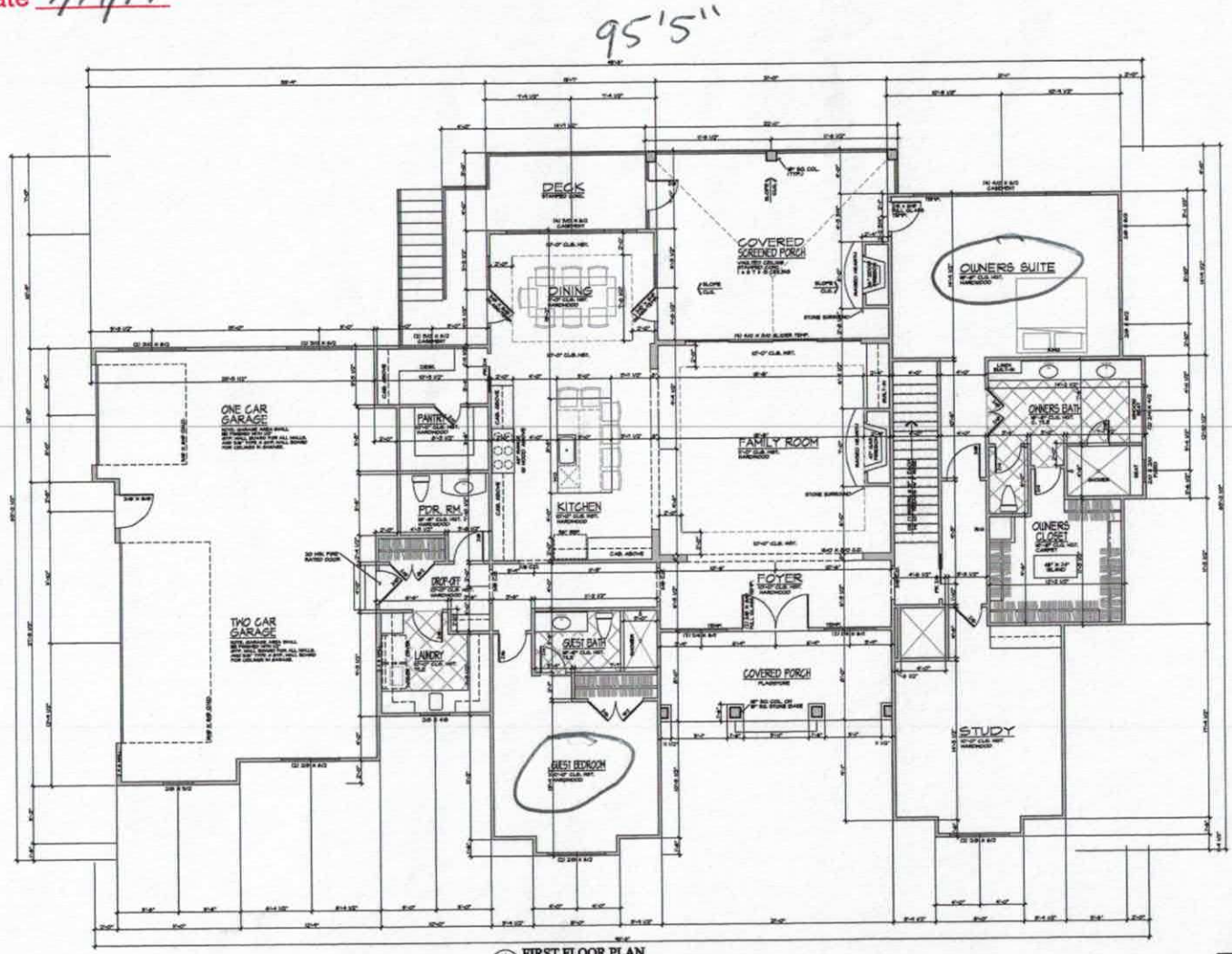
0' 25' 50' 100'
SCALE IN FEET

Approved
7/13/2017

Acknowledgement of
Plans Submittal ONLY!

Date 7-14-17

Tom Shuh Date 7/14/17



1 / A5 FIRST FLOOR PLAN
SCALE: 1/4"= 1'-0"

BASEMENT SQUARE FOOTAGE	
FINISHED HEATED	1323
MECHANICAL/STORAGE	1542
TOTAL BASEMENT AREA	2865

FRAMED SQUARE FOOTAGE	
1ST FLOOR HEATED	2865
LOWER LEVEL HEATED	1323
TWO-CAR GARAGE	671
ONE-CAR GARAGE	318
COVERED ENTRY	168
SCREENED PATIO	368
OPEN DECK	775
LOWER PATIO	480
TOTAL HEATED	4188
TOTAL UNDER ROOF	7611

ADDITIONAL NOTES

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MOORESVILLE, NORTH CAROLINA

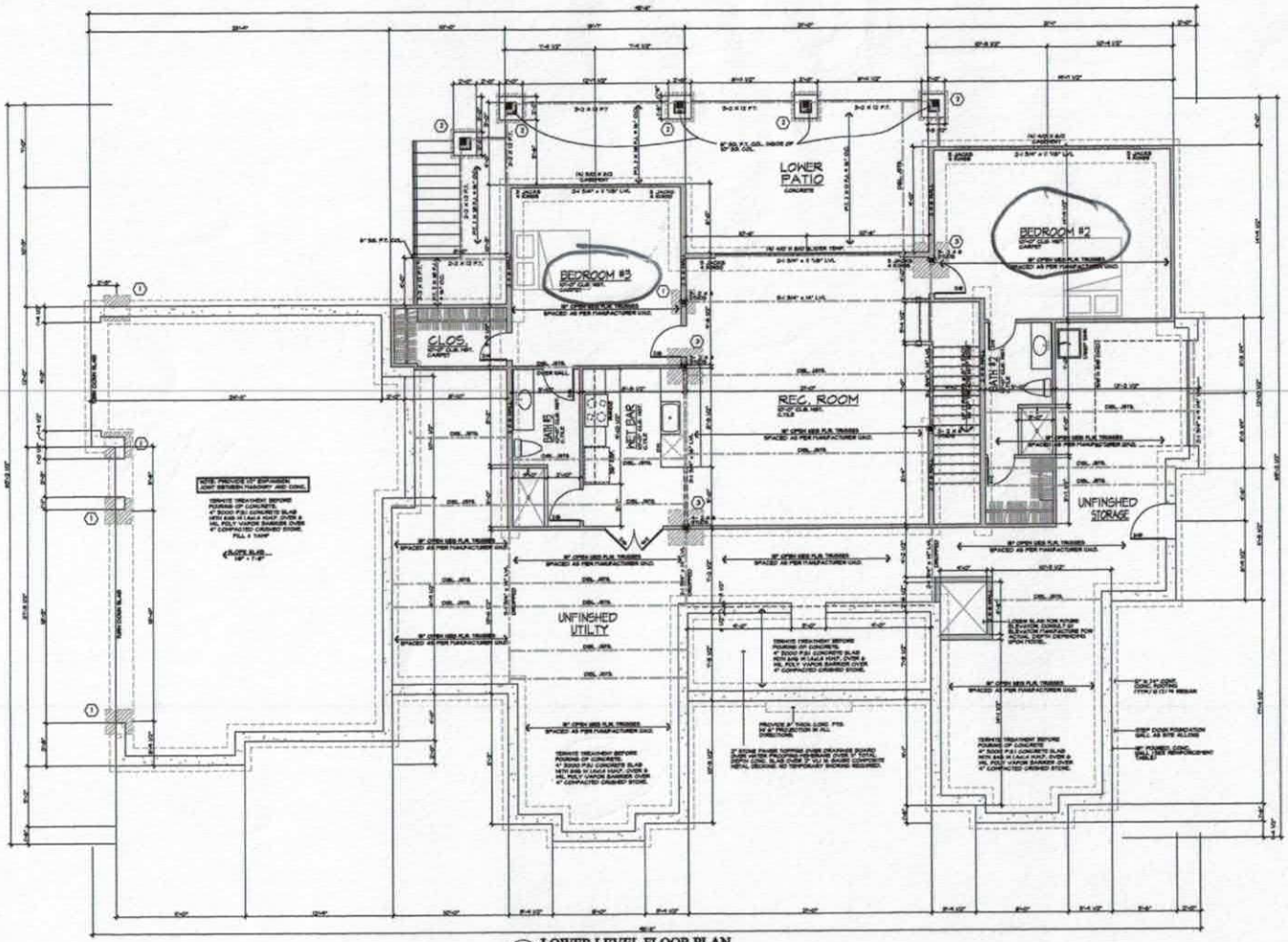
1 FEBRUARY 23, 2017

FIRST FLOOR PLAN

A5.0

Acknowledgement of
Plans Submittal ONLY!

Tom Shud Date 7-14-17
Date 7/14/17



1/A4 LOWER LEVEL FLOOR PLAN
SCALE: 1/4" = 1'-0"

FOOTING SCHEDULE

① 24" X 24" X 12" CONC. FTG. W/ (2) #5 BARS EACH WAY

② 36" X 36" X 12" CONC. FTG. W/ (3) #5 BARS EACH WAY

③ 36" X 36" X 12" CONC. FTG. W/ (3) #5 BARS EACH WAY

NOTE: ALL LOAD BEARING BASEMENT WALLS MUST BE 2 X 6 @ 12" O.C. OR 2 X 6 WALLS @ 16" O.C.

NOTE: EXTRA JOIST UNDER PARALLEL PARTITION WALLS OR 2 X 4 BLOCKING @ 24" O.C. BETWEEN JOIST UNDER PARRALEL PARTITION WALLS.

EXTERIOR WALL HGT. (ft)	STUD SIZE/SPACING
10'-0" to 11'-0"	2 X 4 @ 16" O.C.
10'-1" to 11'-0"	2 X 4 @ 12" O.C.
11'-1" to 12'-0"	2 X 6 @ 16" O.C.
12'-1" & UP	CONSULT ENGINEER

TYPICAL HANGERS

HEADER	HANGER
2x8	LUS28
2x10	LUS210
2x12	LUS212
(2)2x8	HUS28-2
(2)2x10	HUS210-2
(2)2x12	HUS212-2
(3)2x8	LUS28-3
(3)2x10	LUS210-3
(3)2x12	HUS212-3
(2)9-1/4" TJI® 110 VLP	HUS462
(2)11-1/4" LVL	HUS1064
(3)9-1/4" TJI® 110 VLP	HHUS5.50/10
(3)11-1/4" LVL	HHUS7.50/14
(4)9-1/4" TJI® 110 VLP	HHUS7.25/10
(4)11-1/4" LVL	HHUS7.25/14

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324 STONEMARKER RD.
Carrijo Residence
MOORESVILLE, NORTH CAROLINA

⚠ FEBRUARY 23, 2017

LOWER LEVEL FLOOR PLAN
A4.0

Attention: Maria

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 9/1/17

For Internal Use ONLY

1. Well Contractor Information:

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

3266-A
NC Well Contractor Certification Number

B & K Well Drilling Inc.
Company Name

2. Well Construction Permit #: 217989
List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☑ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 9/1/17

5a. Well location:

Rollins Soil
Facility/Owner Name

Facility ID# (if applicable)

394 Stonemarker Rd
Physical Address, City, and Zip

Iredell
County

4625-00-4170
Parcel Identification No (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(If well field, one lat/long is sufficient)

_____ N _____ 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: 400 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 50 (ft.)

6e. Outer casing length (if known): 128 (ft.)

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

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

7a. Number of wells being abandoned: 1
For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 16oz

7e. Sealing materials used (check all that apply):
- ☐ Neat Cement Grout
- ☐ Sand Cement Grout
- ☑ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☐ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

[redacted] 3 3/4 YARDS

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

Poured

8. Certification:

Alfred Kiesling Jr — 9-1-17
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.