IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 204481

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

PIN # 4625091789

APPLICANT: MATTHIAS LOHR APPLICANT ADDRESS: 321 BARBER LOOP MOORESVILLE

SITE ADDRESS: 305 BARBER LOOP - MOORESVILLE NC PHONE: ALT. PHONE: 704 361 1622

SITE DIRECTIONS: BSR - TR CHUCKWOOD - TL BARBER LOOP - ON LT

SUBDIVISION: LL&T SECTION: 7 LOT # 117 LOT AREA: .71AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	5-6-17	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	283	Date	5-26-17	System Description:	PUMP PRBPS	☐ Business	No. Persons 8
Pump Make	Liberty	Model		Serial #		Repair System Description:	PRE TREAT DREP	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	10	Linear Ft:	270	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☐ GRAVITY ☑ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

ABANDON OLD WELL BEFORE A/C TO BE ISSUED. Abandoned 11/1/2016 -S

* Recommend pumping septic tank every 3-5 years.

* OK to use dist. boxes or drop boxes instead of flow dividers (FD)

INITIAL SITE SKETCH

See Michael Athanas & Associates Plan

AS BUILT SKETCH

Installed Panel lines as Shown

FD replaced w/ distribution boxes. Checked & leveled 7-7-17 KW

Well abandoned 11-1-16

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: 11/2/16 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Date: 10/24/16 OPERATION PERMIT by: Date: 8-24-17

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 11/3/2016 Existing System Inspected by: Date:

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

TABLE	
ARING	LENGTH
18'00" W	12.78'
13'00" W	31.32'
34'00" W	34.99'
26'00" W	27.36'
'32'00" E	11.66'
13'00" W	26.02'
44'42" W	39.84'

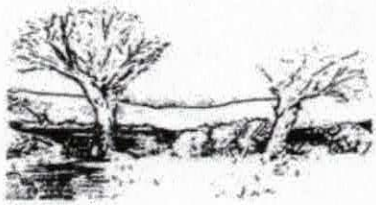
Line	Design Length	# of Panels	Elevati
Orange 1	27'	6	10.3'
White 2	27'	6	9.2'
Blue 3	27'	6	8.3'
Yellow 4	27'	6	7.5'
Orange 5	27'	6	6.3'
White 6	27'	6	5.3'
Blue 7	27'	6	4.4'
Yellow 8	27'	6	3.5'
Orange 9	27'	6	2.6'
White 10	27'	6	1.8'

Pump Tank: 1.2' House Corner: 2.4'
Benchmark: 15.4'

NOTES
PERTY MAY BE SUBJECT TO
EMENT AND/OR RIGHTS-OF-WAY
RD.
MPUTED BY THE COORDINATE

760' & 761' CONTOUR ELEV-
ISED ON LAKE NORMAN LAKE
COWAN'S FORD DAM (READING
\14) ELEVATION: 758.72
MONUMENT FOUND WITHIN

LEGEND
= P.P. = POWER POL
= DUKE POWER TRAN
E.I.P. = EXISTING IRON FOU
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY



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

Reference: Data Sheet for 305 Barber Loop, CL&T Sec 7, Lot 117
House Footprint: See attached
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Predetermined LTAR: 0.3 GPD/FT2 (initial-ICHD), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Pressure manifold
Flow per Tap: 7.11 GPM (5 Taps)
Tap Size and Material: ½" SCH 40
System Flow: 35.55 GPM
Dosing Volume: 216 gallons
Pump Run Time: 6.1 GPM
Elevation Head: 4.4'
Friction Head: 0.5'
Pressure Head: 2'
Total Dynamic Head: 6.9'
Supply Line Length: 20' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"

Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1	27'	6	45'	10.3'
White 2	27'	6	36'	9.2'
Blue 3	27'	6	30'	8.3'
Yellow 4	27'	6	29'	7.5'
Orange 5	27'	6	27'	6.3'
White 6	27'	6	28'	5.3'
Blue 7	27'	6	32'	4.4'
Yellow 8	27'	6	30'	3.5'
Orange 9	27'	6	27'	2.6'
White 10	27'	6	29'	1.8'

Initial System: 270' **Repair System:** 4600+'
Pump Tank: 1.2' **House Corner:** 2.4' **Benchmark:** 15.4'

Comments:
MA&A are redesigning this system to accommodate a specific house plan. The initial and repair areas are in previously approved soil areas.
We are proposing a PPBPS system on a pressure manifold. The manifold will have five taps. Each tap will go to a flow divider to be split between two lines.
The existing bed is marked with pink flags. The pool is marked in blue paint. The tanks are marked with red flags.
The system is 5' from the property line. (deeded 12/2/1976 BK-14, PG-71)
The existing concrete drive has been removed.



RECEIVED OCT 17 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $225.00
#204481

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: (X) 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: Matthias Lohr **Address:** 321 Barbar Lp Mooresville NC 28117 **Phone:** 704 361 6122

Warren Smith Blvd

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 305 Barbar Lp

Subdivision Name: CL&T **Section/Phase:** 7 **Lot Number:** 117

Driving Directions: _____

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

(X) 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:

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

Desired Septic System Type: *(you may rank in order of preference)* **Year existing system installed:** _____

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

Please answer the following to the best of your ability:

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

10/17/2016
DATE

IREDELL COUNTY HEALTH DEPARTMENT

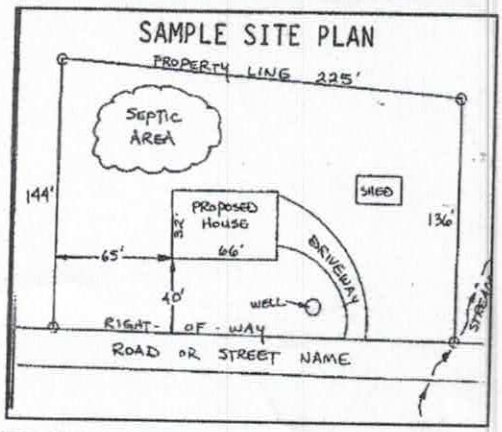
ENVIRONMENTAL HEALTH DIVISION

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:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location and well location
- ( ) 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:

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

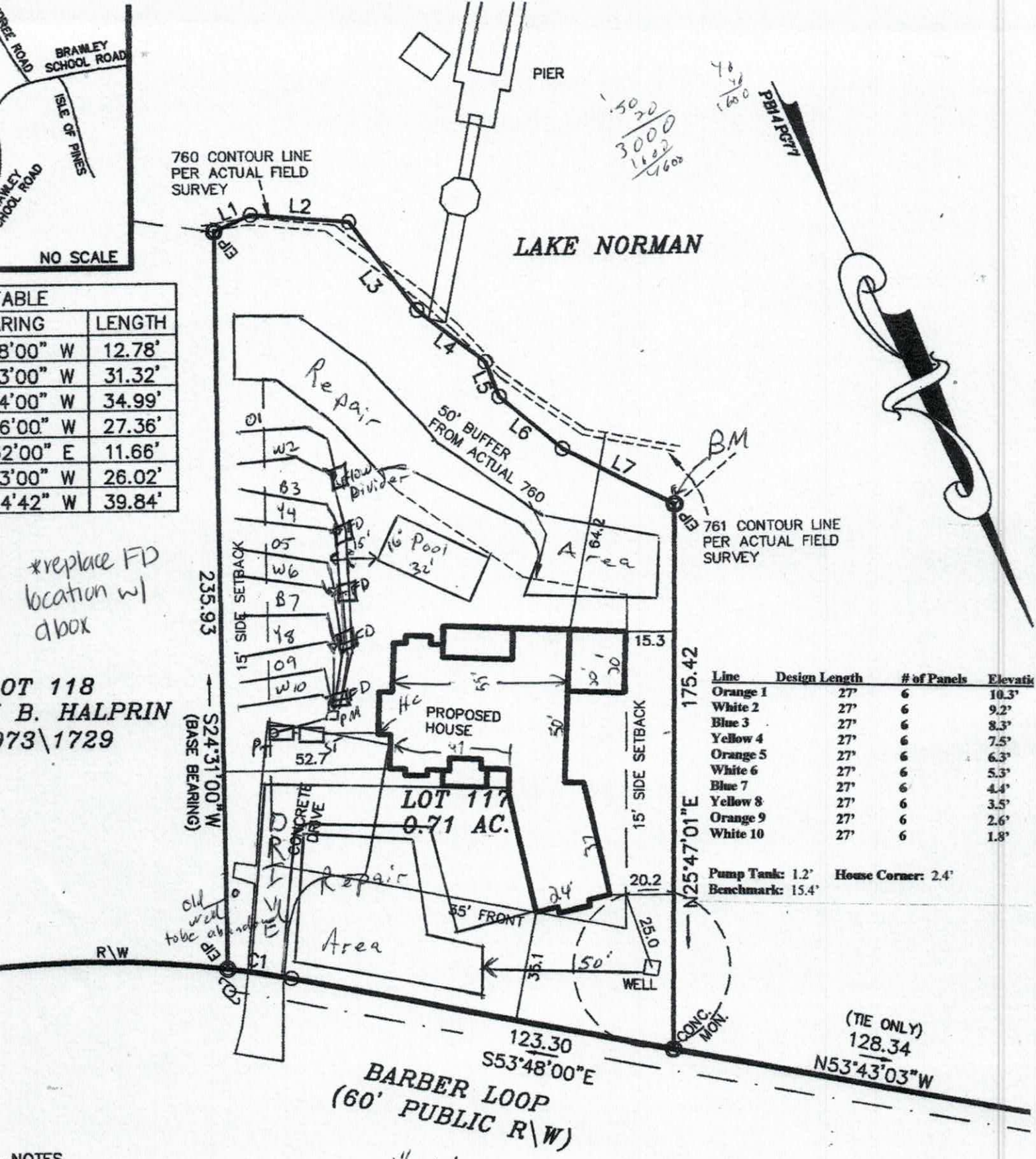
See Attached Plan

Signature: _____

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

10/17/2016

DATE



ABLE	
RING	LENGTH
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MPUTED BY THE COORDINATE
760' & 761' CONTOUR ELEV- SED ON LAKE NORMAN LAKE COWAN'S FORD DAM (READING \14) ELEVATION: 758.72
MONUMENT FOUND WITHIN

1"=40'
0' 25' 50' 100'
SCALE IN FEET

LEGEND
= P.P. = POWER PO
= DUKE POWER TRAI
E.I.P. = EXISTING IRON FO
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

Attention: Tom

Faxed 11/1/16

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

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 #: 204481

List all applicable well permits (i.e. County, State, Variance, Injection, 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: 11-1-16

5a. Well location:

Matthias Loh

Facility/Owner Name

Facility ID# (if applicable)

305 Barbee Lp

Physical Address, City, and Zip

Iredell

County

4625091789

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: 45 (ft.)

6c. Borehole diameter: 18 (in.)

6d. Water level below ground surface: 40 (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. 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: 2 1/2 5

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:

5 1/2 yards Flowable Fill

7 Bags Holeplug

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

Auger + extract casing

8. Certification:

Alfred L Kiesling Jr — 11-1-16

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:

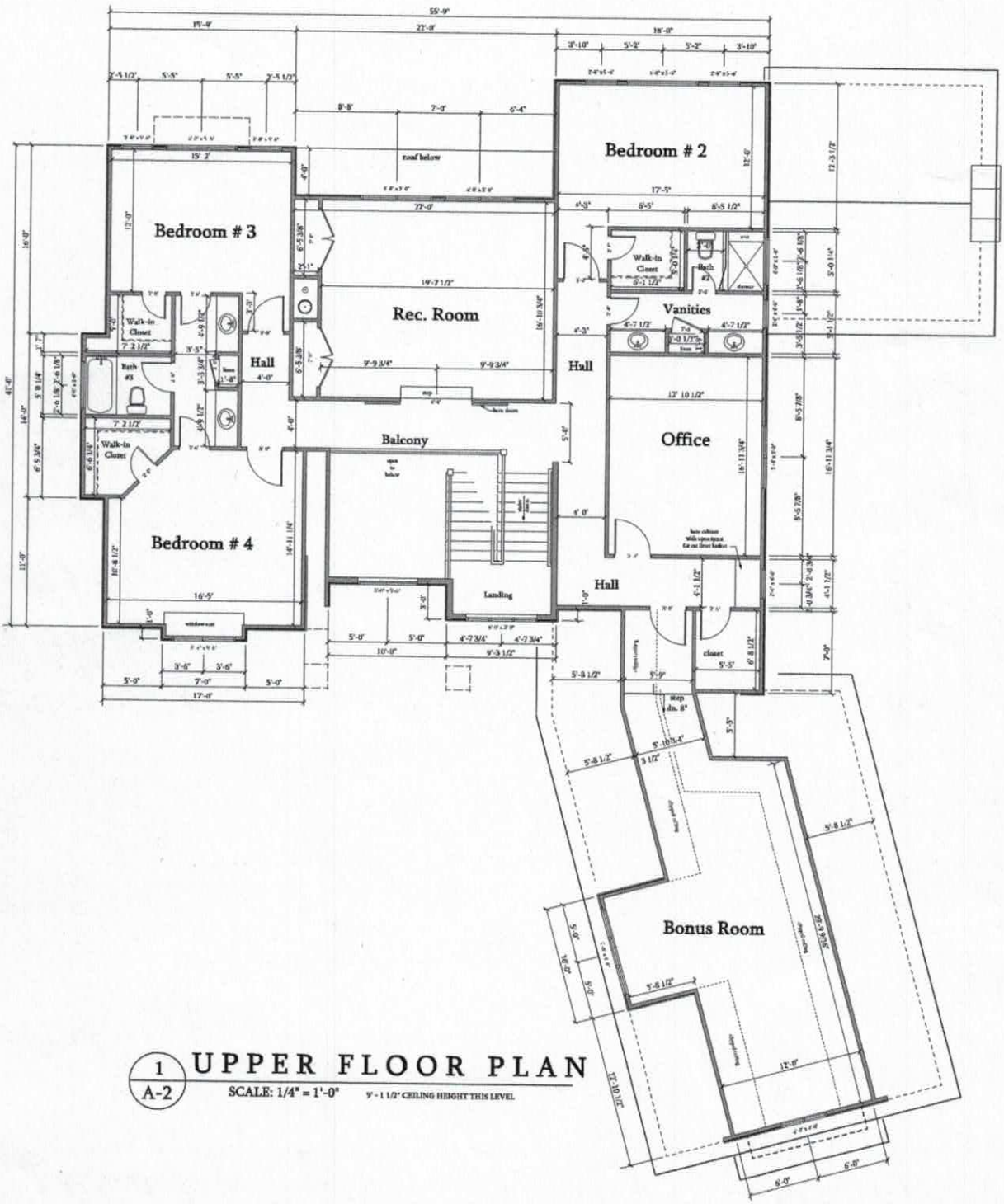
Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

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

Acknowledgement of
Plans Submittal ONLY!

Date 10/19/2016

Date 10/20/16



1 / A-2 UPPER FLOOR PLAN

SCALE: 1/4" = 1'-0" 9' - 1 1/2" CEILING HEIGHT THIS LEVEL

SHEET No. A-2 UPPER FLOOR PLAN

The Loh Family

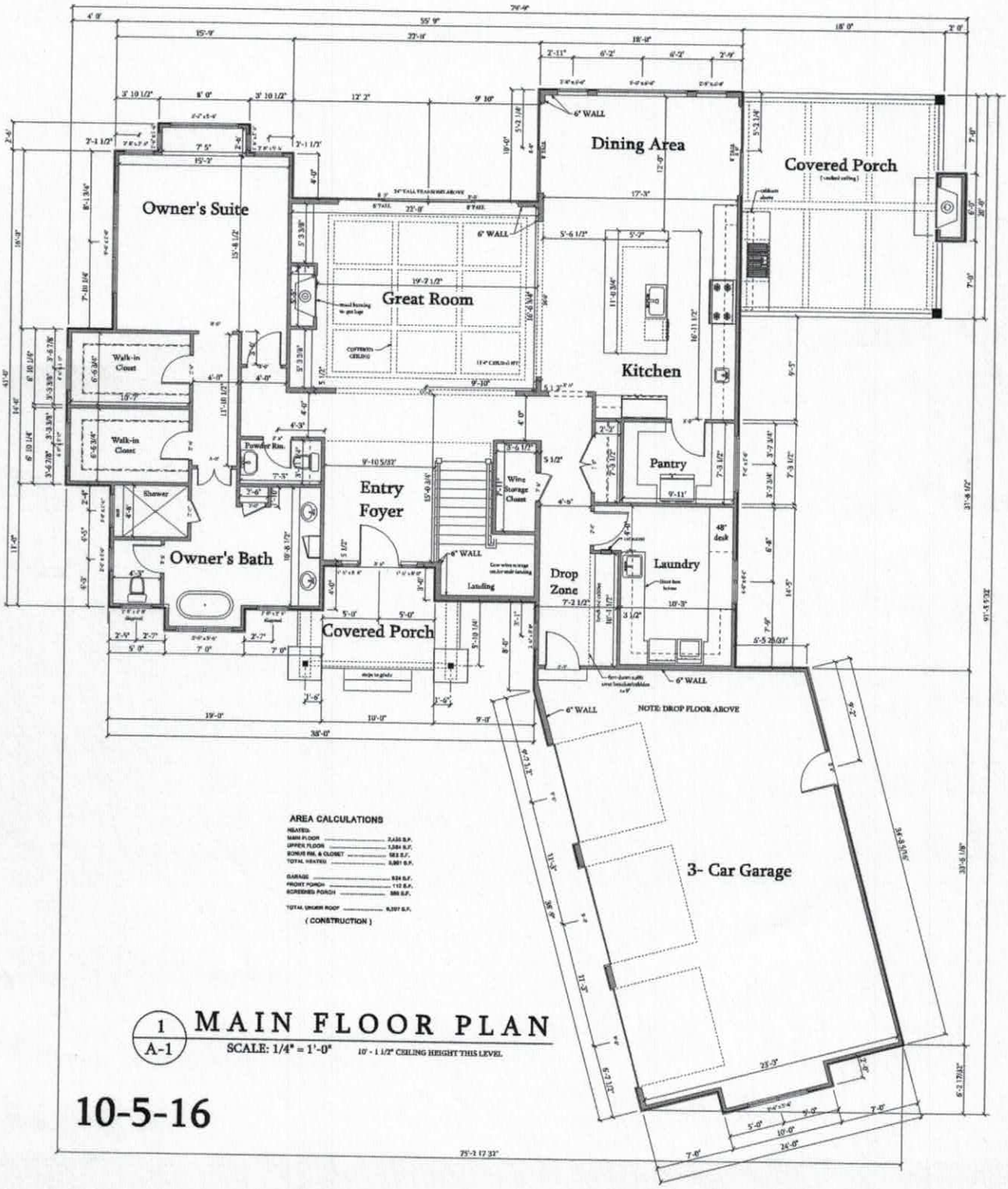
305 Barber Loop, Mooresville, NC

Courtland Homebuilders, Inc.
P.O. Box 3190, Mooresville, NC 28117
704-363-1622
www. CourtlandHomeBuilders.com

Acknowledgement of
Plans Submittal ONLY!

Date 10/19/2016

Date 10/24/16



1 / A-1 MAIN FLOOR PLAN

SCALE: 1/4" = 1'-0" 10' - 1 1/2" CEILING HEIGHT THIS LEVEL

10-5-16

SHEET No. A-1

MAIN FLOOR PLAN

The Loh Family

305 Barber Loop, Mooresville, NC

Courtland Homebuilders, Inc.
P.O. Box 3190, Mooresville, NC 28117
704-363-1622
www. CourtlandHomeBuilders.com