IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 224739

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

PIN # 4626.04948 6

APPLICANT: Darren Schmolke / Rollans Soil | APPLICANT ADDRESS: P.O. Box 832 Mooresville, NC 28115

PHONE: 704 746-5046 | ALT. PHONE: 504388-1994

SITE ADDRESS: 879 Kemp Rd Mooresville, NC

SITE DIRECTIONS: Brawley School Rd TR McKendree TL Kemp lot on right (lakeside)

SUBDIVISION: L&T | SECTION: 8 | LOT # 191 | LOT AREA: .818 Ac | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) | STB IC-1060 | Date

Pump Tank 1000 (gal) | PT Infiltrator Tanks | Date

Pump Make Liberty | Model 290-2 | Serial #

Nitrification Fields 1 | # Lines 4 | Linear Ft: 400

Trench Width 36" | Max. Trench Bottom Depth 24" | Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI

System Description: Pump - PM-25% Reduction LP PPBPS

Repair System Description:

Maintenance Agreement Required: ☐ YES ☐ NO ☐ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/ plumbing

No. Bedrooms 4 | No. Persons 8 | No. Employees | ☒ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Existing well in proposed drainfield area was abandoned 2/21/17 GW30 is attached.

5/16/17 Checked tanks, drainlines, pressure (2 ft) & alarm

INITIAL SITE SKETCH

See attached, approved plan by Rollans Soil & Environmental Services, PA. (dated 2/6/17 & 2/10/17)

AS BUILT SKETCH

	Date	Initials
Drain Lines Checked	5/16/17	MD
Tanks Checked	5/16/17	MD
Pressure Manifold or Valve Box Checked	5/16/17	MD
Pressure Head Set	5/16/17	MD
Electrical Checked	9/18/19	MD
Floats Set	9/18/19	MD
Alarm Checked	5/16/17	MD
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**

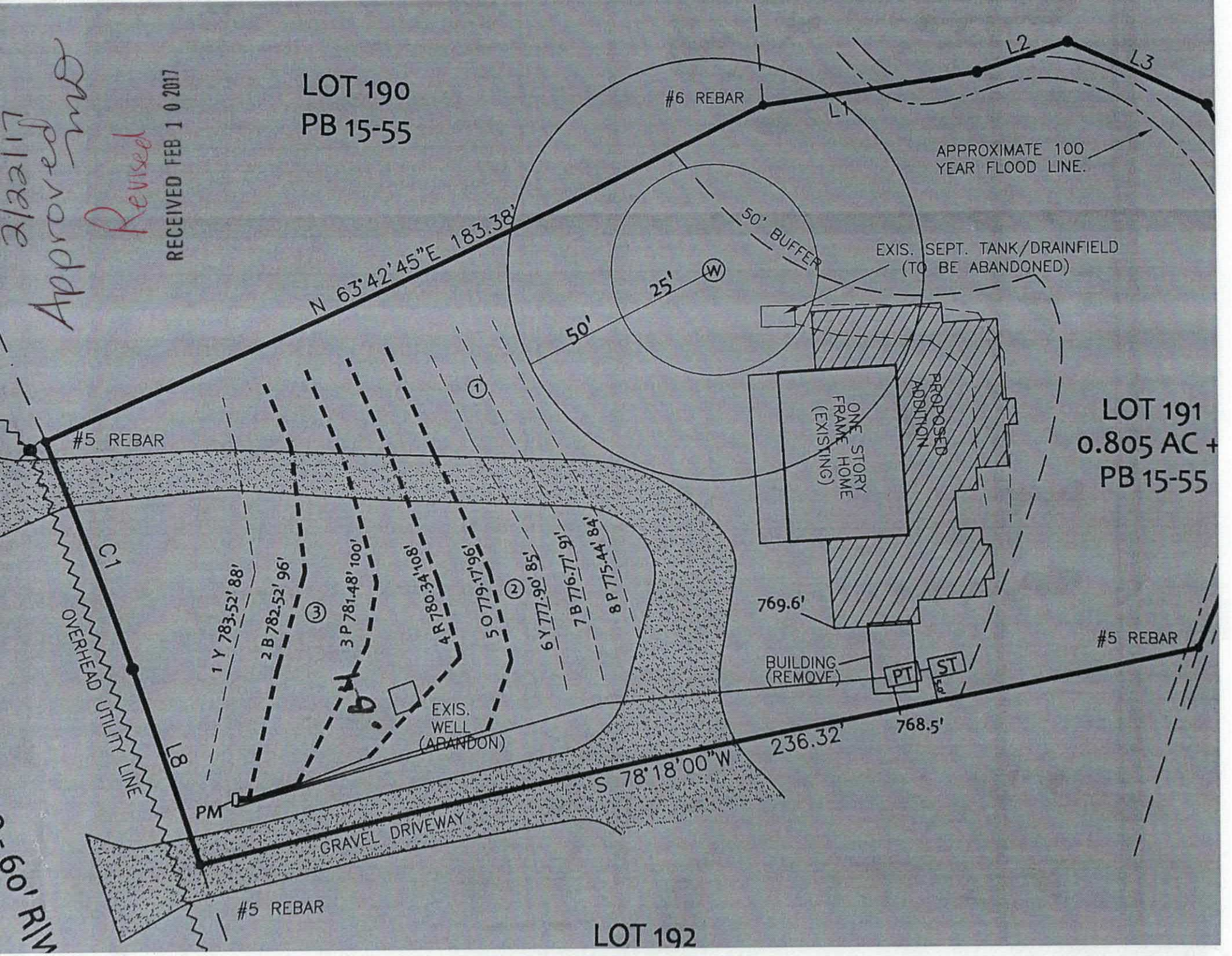
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☐ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 2/20/17 Installed by: TW Ammons

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/22/17 OPERATION PERMIT by: Maria Dotson Date: 9/18/19

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/22/17 Existing System Inspected by: Date:

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


2/22/17
Approved mp
Revised
RECEIVED FEB 1 0 2017
LOT 190
PB 15-55
#6 REBAR
L1
L2
L3
APPROXIMATE 100
YEAR FLOOD LINE.
50' BUFFER
EXIS. SEPT. TANK/DRAINFIELD
(TO BE ABANDONED)
N 63°42'45"E 183.38'
25'
50'
W
ONE STORY
FRAME HOME
(EXISTING)
PROPOSED
ADDITION
LOT 191
0.805 AC +
PB 15-55
#5 REBAR
1 Y 783.52' 88'
2 B 782.52' 96'
3 P 781.48' 100'
4 R 780.34' 108'
5 O 779.17' 96'
6 Y 777.90' 85'
7 B 776.77' 91'
8 P 775.44' 84'
769.6'
#5 REBAR
BUILDING
(REMOVE)
PT
ST
5.0'
768.5'
236.32'
S 78°18'00"W
EXIS.
WELL
(ABANDON)
C1
L8
OVERHEAD UTILITY LINE
PM
GRAVEL DRIVEWAY
#5 REBAR
LOT 192

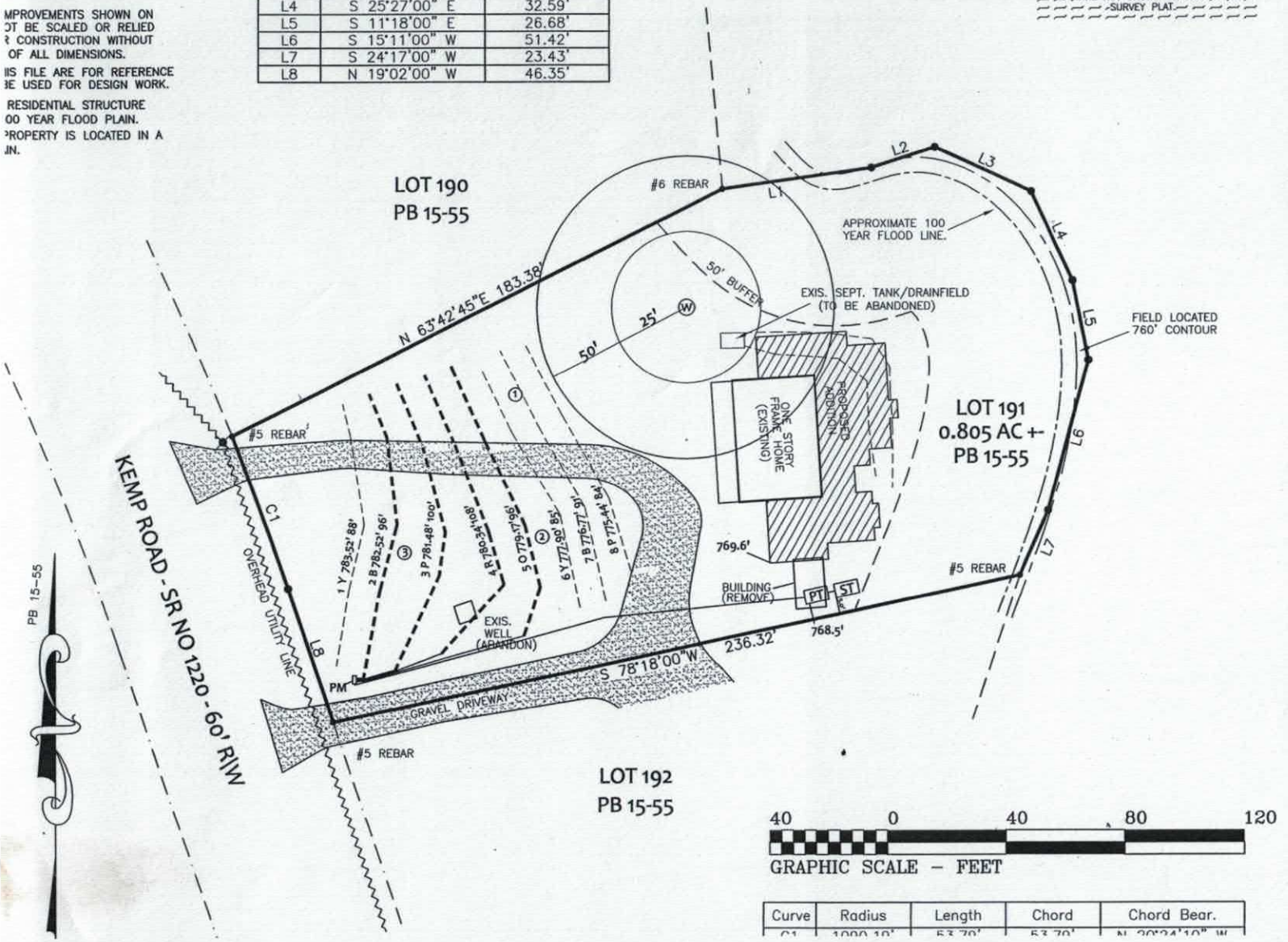
. SETBACKS AND ZONING
'O ANY PLANNING OR

MPROVEMENTS SHOWN ON
OT BE SCALED OR RELIED
R CONSTRUCTION WITHOUT
OF ALL DIMENSIONS.
IIS FILE ARE FOR REFERENCE
BE USED FOR DESIGN WORK.

RESIDENTIAL STRUCTURE
00 YEAR FLOOD PLAIN.
PROPERTY IS LOCATED IN A
IN.

L1	N 82°00'55" E	51.08'
L2	N 72°21'00" E	22.47'
L3	S 65°35'00" E	35.94'
L4	S 25°27'00" E	32.59'
L5	S 11°18'00" E	26.68'
L6	S 15°11'00" W	51.42'
L7	S 24°17'00" W	23.43'
L8	N 19°02'00" W	46.35'

NORMAN
ANY DOCKS, PIERS OR OTHER IMPROVEMENTS BUILT ON LAKE ARE NOT SHOWN ON THIS SURVEY PLAT.



40 0 40 80 120
GRAPHIC SCALE – FEET

Curve	Radius	Length	Chord	Chord Bear.
C1	1000.19'	53.70'	53.70'	N 20°24'10" W

DARREN & AMBER SCHMOLKE

579 KEMP RD – MOORESVILLE, NC
LOT #191, SECTION 8, CRESCENT LAND & TIMBER
DAVIDSON TOWNSHIP, IREDELL COUNTY, NC
SCALE: 1" = 40'

DEDMON SURVEYS

CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

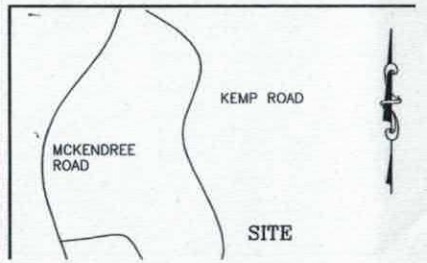
NORTH CAROLINA PROFESSIONAL SEAL L-3899 LAND SURVEYOR ROBERT J. DEDMON

I, ROBERT J. DEDMON, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 2360, PG 1604)(PB 15, PG 55); THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10,000'; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, JANUARY 17, 2017

Robert J. Dedmon — 3899
PROFESSIONAL LAND SURVEYOR — LICENSE NO.

SURV. BY: JR	DRAWN: RD	JOB# MPKEMP

VICINITY MAP



Approved
MD
2/22/17

PRESSURE MANIFOLD SYSTEM FOR WASTEWATER TREATMENT

Owner:	Rollans Soil
Address:	P.O. Box 832 Mooresville, NC 28115
Phone:	704.746.5046
County:	Iredell
Location:	CL&T Lot # 191

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	28.44

Design Specifications

Drainfield Size:	400
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	24 in. Repair: 26 in
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	155
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	26.97
Dosing Volume:	182.84
Supply Manifold:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
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:	2.76
Elevation Head:	19.50
Total Dynamic Head:	27.90
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 Rollans Soil & Environmental Services.

Approved
2/22/17
MD

CL&T Lot # 191
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	480	
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	1200	
TOTAL LATERAL LENGTH:	400	
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	400	
SUPPLY LINE LENGTH:	155	
TOTAL DYNAMIC HEAD:	27.90	
MANIFOLD SIZE:	4 in.SCH 80 PVC	
DOSING VOLUME:	182.84	
PUMP TANK DRAW DOWN*:	8.7	
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.*

Approved MD 2/22/17

879 KEMP ROAD (CL&T LOT # 191)

Project #: 01-3281

LAYOUT FOR 4 BEDROOM HOME

February 6, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM					100.00		
INSTR. 1 HOUSE CNR					769.60		
P. TANK					768.50		
1	YELLOW				783.52	88	88
2	***BLUE***				***782.52***	***96***	***96***
3	***PINK***				***781.48***	***100***	***100***
4	***RED***				***780.34***	***108***	***108***
5	***ORANGE***				***779.17***	***96***	***96***
6	YELLOW				777.90	85	85
7	BLUE				776.77	91	91
8	PINK				775.44	84	84
					Total	**748**	**748**

* System	LINE LENGTH	LTAR GPD/FT²	SYSTEM TYPE	SOIL LTAR GPD/FT²	TRENCH SYSTEM	DISTRIBUTION
	400	***0.300***	***ACCEPT.***	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	348	0.300	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes:

** Septic layout flags & house located via licensed surveyor

**All measures in feet

**Nitrification lines are demonstrated on contour via colored pin flags

****Existing well & septic system to be abandoned**

Approved MD 5

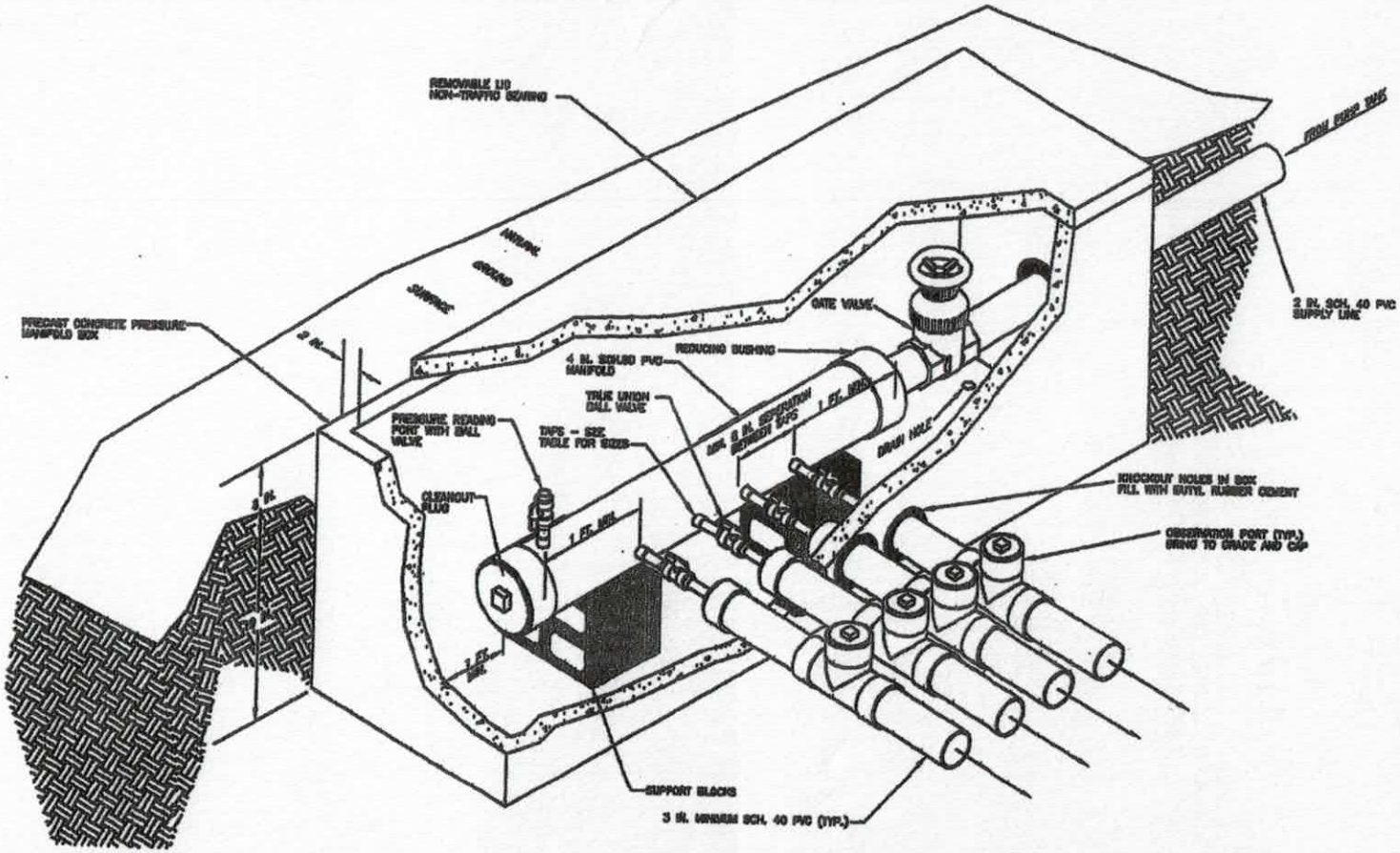
PRESSURE MANIFOLD TAPSHEET - 879 KEMP ROAD LOT# 191 2/22/17

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
2	***BLUE***	782.52	***96***	SCH 40 1/2	**7.11**	288	0.16
3	***PINK***	781.48	***100***	SCH 40 1/2	**7.11**	300	0.15
4	***RED***	780.34	***108***	SCH 40 1/2	**7.11**	324	0.14
5	***ORANGE***	779.17	***96***	SCH 40 1/2	**7.11**	288	0.16

total	**feet =**	**400**	**gal/min =**	**28.44**
		Des. Flow	**480**	
		Pump Run=	**6.43**	
		soil LTAR	**0.3**	
		LTAR +5%	**0.315**	
		LTAR with ACCEPTED	**0.4**	
		LTAR with ACCEPTED + 5%	**0.42**	

TYPICAL PRESSURE MANIFOLD DETAIL



Approved
MD
2/22/17

CALCULATIONS

Location	879 Kemp Road	
Project Number	01-3281	
Lot No:	191	
No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	155	ft.
Supply Line Volume	26.97	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	400	ft.
Gallons per Minute	28.44	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	261.2	gal.
Dosing Volume	182.84	gal.

Note: Dosing Volume based on 70% of lateral line volume

Tank Draw Down	8.7	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.43	minutes
Elevation Head	19.5	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	2.76	ft.
Total Dynamic Head (+15%)	27.90	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

DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4626494
COUNTY: Iredell

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

Approved MS 2/22/17

OWNER: Darren & Amber Schmolke
APPLICATION DATE: Feb 2017
ADDRESS: 979 Kemp Rd Mooresville NC 28117
DATE EVALUATED: Jan 2017
PROPOSED FACILITY: 4BR
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE: 0.805 ac
LOCATION OF SITE: same
PROPERTY RECORDED: Yes
WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☑ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
B1	L/14%	0-4	BRLsr	FrSSSPSExP		48	–	–	PS 0.3
		4-9	RBCl wfsbk	" " "					
		9-40	RCl wmsbk	" " "					
		40-48	RBCl wfsbk	" " "	-fsap				
B2	L/12%	0-3	BRLgr	FrSSPSExP		48	–	–	PS 0.3
		3-10	BRCl wfsbk	" " "					
		10-32	BRCl wmsbk	" " "					
		32-48	BRCl wfsbk	" " "	-fsap -few rock frag.				
B3	L/7%	0-3	RBCl wmsbk	FrSSSPSExP		48	–	–	PS 0.3
		3-40	RCl wmsbk	" " "					
		40-48	RBCl wmsbk	" " "	-fsap				
B4	L/9%	0-3	RBRCl wf sbk	FR SS SP	few yellow rock frags	48	–	–	PS 0.3
		3-36	RCl wm sbk	" " "					
		36-48	RBRCl wf sbk	" " "	few SAP				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	Accepted	PPBB
Site LTAR	0.3	0.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: S. Ashley Rollins
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

RECEIVED FEB 7 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $350 #224739 Pd. $500.00

Application For:

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

Place an (X) beside whichever is submitted if applicable

(✓) Survey Plat, scaled no more than 1 inch = 60 feet

( ) 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:** 704 746 5046

Owner Name: Dawn & Mac Schmolke **Address:** 879 Kemp Rd Mooresville NC 28117 **Phone:** 504 388 1994

Property Information:

Street Address: 879 Kemp Rd Mooresville NC 28117

Subdivision Name: CLT **Section/Phase:** 8 **Lot Number:** 191

Driving Directions: Brawley, Rt on McKendree, Lt on Kemp Lot 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: Adding a bedroom

(✓) 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 To Be Abandoned (✓) 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 ( ) Modified Conventional (✓) Other: Accepted

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: Samuel A Rollins

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

2/6/17

DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

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, Darren Schmolke, am the legal owner(s) of the property located at 879 Camp Rd Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626049486, 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.

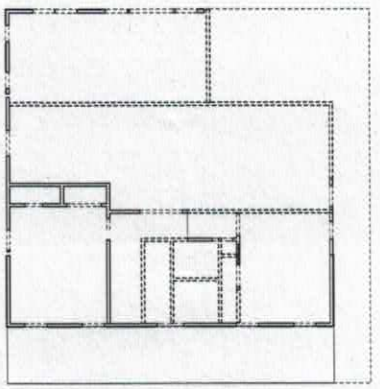
Signature of Owner(s) 1/27/2016 Date

Signature of Witness 1/27/17 Date

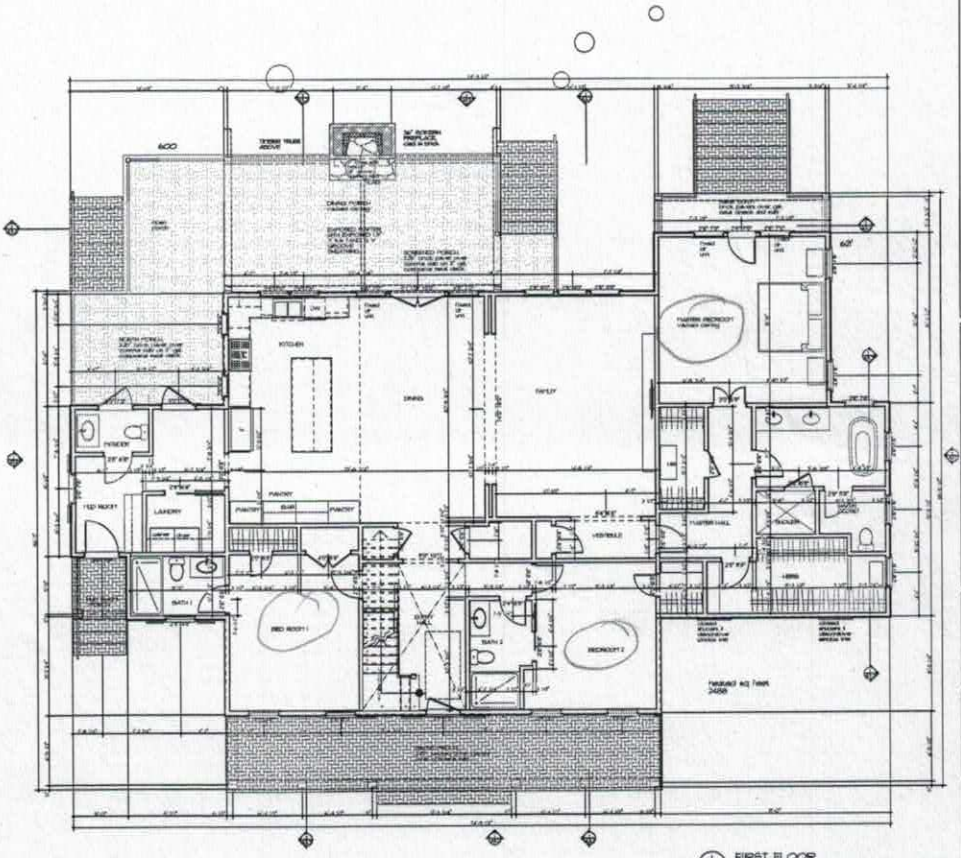
Please return this signed form to the appropriate office:

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



1 FIRST FLOOR DEMOLITION PLAN
SCALE: 3/16" = 1'-0"



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

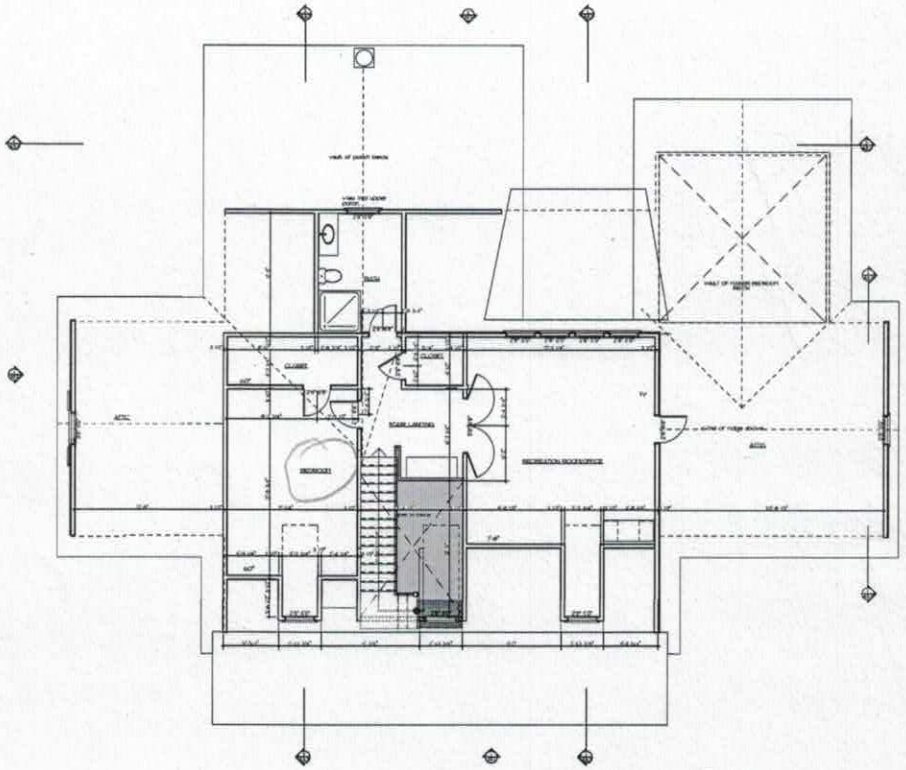
Schmolke Residence
Street Address
Charlotte, NC

1/3/2017

DonDuffy
Architecture
301 Providence Rd
Charlotte, NC 28207
(p)704 - 338 - 1670
(f)704 - 338 - 1721
www.dondaffyarchitecture.com

Date: 1/3/2017
Revisions:
Drawn By:
Sheet: A1.1

Acknowledgement Of
Plans Submittal ONLY!
Maria Date 2/22/17
2/22/17



second floor plan
SCALE: 1/4" = 1'-0"

Schmolke Residence
Street Address
Charlotte, NC

1/6/2017

DonDuffy
Architecture
301 Providence Rd
Charlotte, NC 28207
(p)704 - 358 - 1078
(f)704 - 358 - 1721
www.donduffyarchitecture.com

Date: 1/3/2017
Revisions:
Drawn By:
Sheet: A1.2

Acknowledgement Of
Plans Submittal ONLY!
Maria Dotson 2/22/17
2/22/17

IREDELL COUNTY

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

APPLICATION NUMBER
224739
Issue Date: 02/03/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4626049486.000	879 KEMP ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SCHMOLKE AMBER	Applicant: ROLLANS SOIL & ENVIRON
Address: 879 KEMP RD MOORESVILLE, NC 28117	Address: 470 NORTH BROAD STREET SUITE D MOORESVILLE, NC 28115
Phone:	Phone: 704-658-1723

Use Requested	Zone Code
ADDITION	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.810	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: 2/6/17

Permit Number	92244	TOTAL FEES:	$ 77.25

Attention: Ben Botkins

Faxed 2/21/17

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Alfred L 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 #: 224739
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
- ☐ 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: 2/21/17

5a. Well location:

Darren Schmalke
Facility/Owner Name

Facility ID# (if applicable)

879 Kemp Rd, Mocksville
Physical Address, City, and Zip

Iredell
County

4626049486
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: 40' (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: 1

7b. Approximate volume of water remaining in well(s): N/A (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

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:

1 1/2 Bags Hole Plug
1 Bag Sand mix

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

Poured + Hydrated

8. Certification:

Alfred L Kiesling Jr — 2/21/17
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.