IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3823 | PERMIT # 225180

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

PIN # 4626-35-1264

APPLICANT/OWNER: JOE & CINDY CUSTER | APPLICANT ADDRESS: 6001 HAAS WAY KANNAPOLIS

SITE ADDRESS: 108 COOLEY RD. MOORESVILLE 28117 | PHONE: 704-363-7288 | ALT. PHONE

SITE DIRECTIONS: BSR, TR MCKENDREE, TL KEMP, TL COOLEY, ON R | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLET | SECTION: 8 | LOT # 110 | LOT AREA: | DESIGN FLOW: 480 | L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	7-8-18	☒ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000 (gal)	PT	27	Date	7-22-18	System Description:	PM - 25%	☐ Business	No. Persons 8
Pump Make	Liberty	Model	2HP40	Serial #		Repair System Description:	50%	☐ Other	No. Employees
# Nitrification Fields	D	# Lines	4	Linear Ft	404'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	24"	Gravel Depth	—		☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: SEE ATTACHED SHEET FOR SUPPLY LINE DETAIL. DO NOT ISSUE AC UNTIL WELL IS ABANDONED.

* See attached Info. For the Installer Notes dated 8/17/18 *

8/29/18 Checked tanks & drainlines
8/30/18 Set 25#

INITIAL SITE SKETCH

SEE PLAN FROM ROLLANS SOIL & ENV. SERVICES

AS BUILT SKETCH

2:30

	Date	Initials
Drain Lines Checked	8/29/18	MD
Tanks Checked	8/29/18	MD
Pressure Manifold or Valve Box Checked	8/30/18	MD
Pressure Head Set	8/30/18	MD
Electrical Checked	12/14	KW
Floats Set	8/30/18	MD
Alarm Checked	12/14	KW
Maintenance Contract Y (N)	not required	
Comments:		

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: 8.16.17

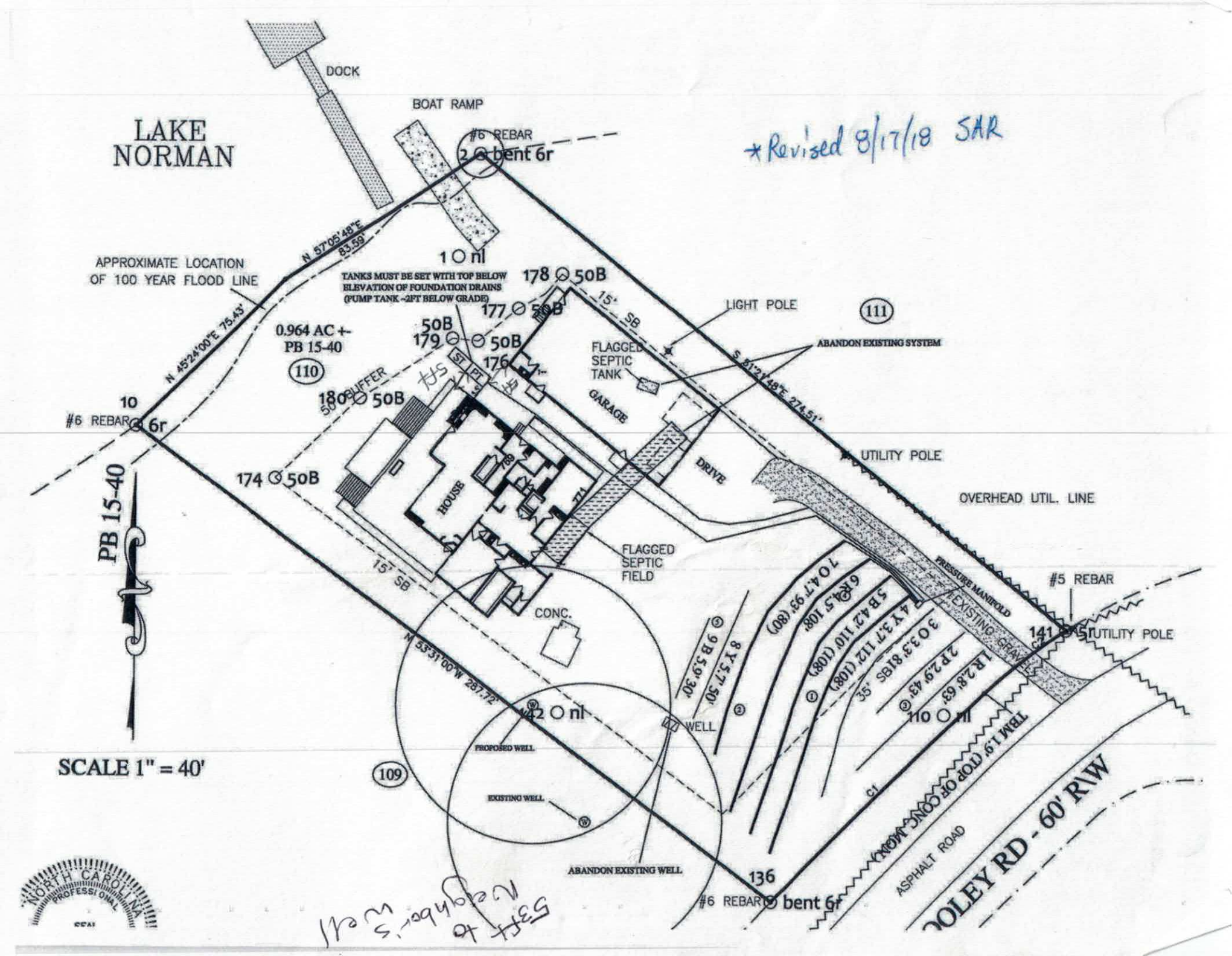
IMPROVEMENT PERMIT by: [signature] APPROVED AUG 14 2017 Date:

AUTHORIZATION TO CONSTRUCT by: [signature] APPROVED SEP 15 2017 Date:

Installed by: Richard Abernathy

OPERATION PERMIT by: [signature] Date: 12-14-18

Existing System Inspected by: Date:


LAKE NORMAN
DOCK
BOAT RAMP
#6 REBAR
2 bent 6r
*Revised 8/17/18 SAR
1 nl
APPROXIMATE LOCATION OF 100 YEAR FLOOD LINE
N 57°05'48"E 83.59'
N 45°24'00"E 75.43'
TANKS MUST BE SET WITH TOP BELOW ELEVATION OF FOUNDATION DRAINS (PUMP TANK ~2FT BELOW GRADE)
178 50B
177 50B
179 50B
176
0.964 AC +-
PB 15-40
110
50B
180 50B
50' BUFFER
ST
PT
10
#6 REBAR
6r
174 50B
PB 15-40
HOUSE
GARAGE
DRIVE
FLAGGED SEPTIC TANK
FLAGGED SEPTIC FIELD
15' SB
LIGHT POLE
111
ABANDON EXISTING SYSTEM
S 51°21'48"E 274.51'
UTILITY POLE
OVERHEAD UTIL. LINE
PRESSURE MANIFOLD
EXISTING GRAVEL
#5 REBAR
141
UTILITY POLE
CONC.
N 53°31'00"W 287.72'
12 nl
WELL
PROPOSED WELL
EXISTING WELL
ABANDON EXISTING WELL
109
136
#6 REBAR
bent 6r
110 nl
35' SBL
ASPHALT ROAD
DOLEY RD - 60' R\W
SCALE 1" = 40'
NORTH CAROLINA PROFESSIONAL SEAL

APPROVED AUG 14 2017

PRESSURE MANIFOLD SYSTEM FOR WASTEWATER TREATMENT

Owner:	Joe & Cindy Custer
Address:	6001 Haas Way Kannapolis, NC 28081
Phone:	704.363.7288
County:	Iredell
Location:	108 Cooley Road

Source of Wastewater Flow:	4 Bedroom Single Family Residence
Estimated Daily Wastewater Production:	480 gpd
System Flow:	26.81

Design Specifications

Drainfield Size:	404
Loading Rate:	0.3
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Trench Depth:	24 in.
Trench Width:	36 in.
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	190
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	33.06
Dosing Volume:	184.67
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:	3.38
Elevation Head:	23.00
Total Dynamic Head:	32.64
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 AUG 14 2017

BA

108 Cooley Road
PRESSURE MANIFOLD DESIGN

DESIGN FLOW:	480	
SOIL APPLICATION RATE:	0.3	
TOTAL AREA TRENCH BOTTOM:	1212	
TOTAL LATERAL LENGTH:	404	
NUMBER OF FIELDS:	1	
LATERAL LENGTH REQUIRED PER FIELD:	400	
SUPPLY LINE LENGTH:	190	
TOTAL DYNAMIC HEAD:	32.64	
MANIFOLD SIZE:	4 in.SCH 80 PVC	
DOSING VOLUME:	184.67	
PUMP TANK DRAW DOWN*:	8.8	
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 AUG 14 2017

APPROVED JUL 07 2017

108 COOLEY ROAD (CL&T LOT # 110)

Project #: 01-3243

LAYOUT FOR 4 BEDROOM HOME

June 19, 2017

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		1.9	101.9		100.00		
INSTR. 1							
HOUSE CNR	(RIGHT FRONT)			10.50	91.40		
P. TANK				11.00	80.20		
1	RED			2.80	99.10	63	63
2	PINK			2.90	99.00	43	43
3	ORANGE			3.30	98.60	81	81
4	***YELLOW***			***3.70***	***98.20***	***112***	***108***
5	***BLUE***			***4.20***	***97.70***	***110***	***108***
6	***RED***			***4.50***	***97.40***	***108***	***108***
7	***ORANGE***			***4.70***	***97.20***	***93***	***80***
8	YELLOW			5.70	96.20	74	50
9	BLUE			5.90	96.00	60	30
					Total	**744**	**671**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***404***	***0.300***	***ACCEPT.***	***0.300***	***25% RED.***	**PRESSURE MANIFOLD**
Repair	267	0.300	*MOD.*	0.300	PPBPS	LOW PRESSURE

Notes:

** TBM located on top of ground at EIP (SEE SITE PLAN)
**TBM is assumed to be 100'
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

APPROVED AUG 14 2017 JA

APPROVED JUL 07 2017 JA

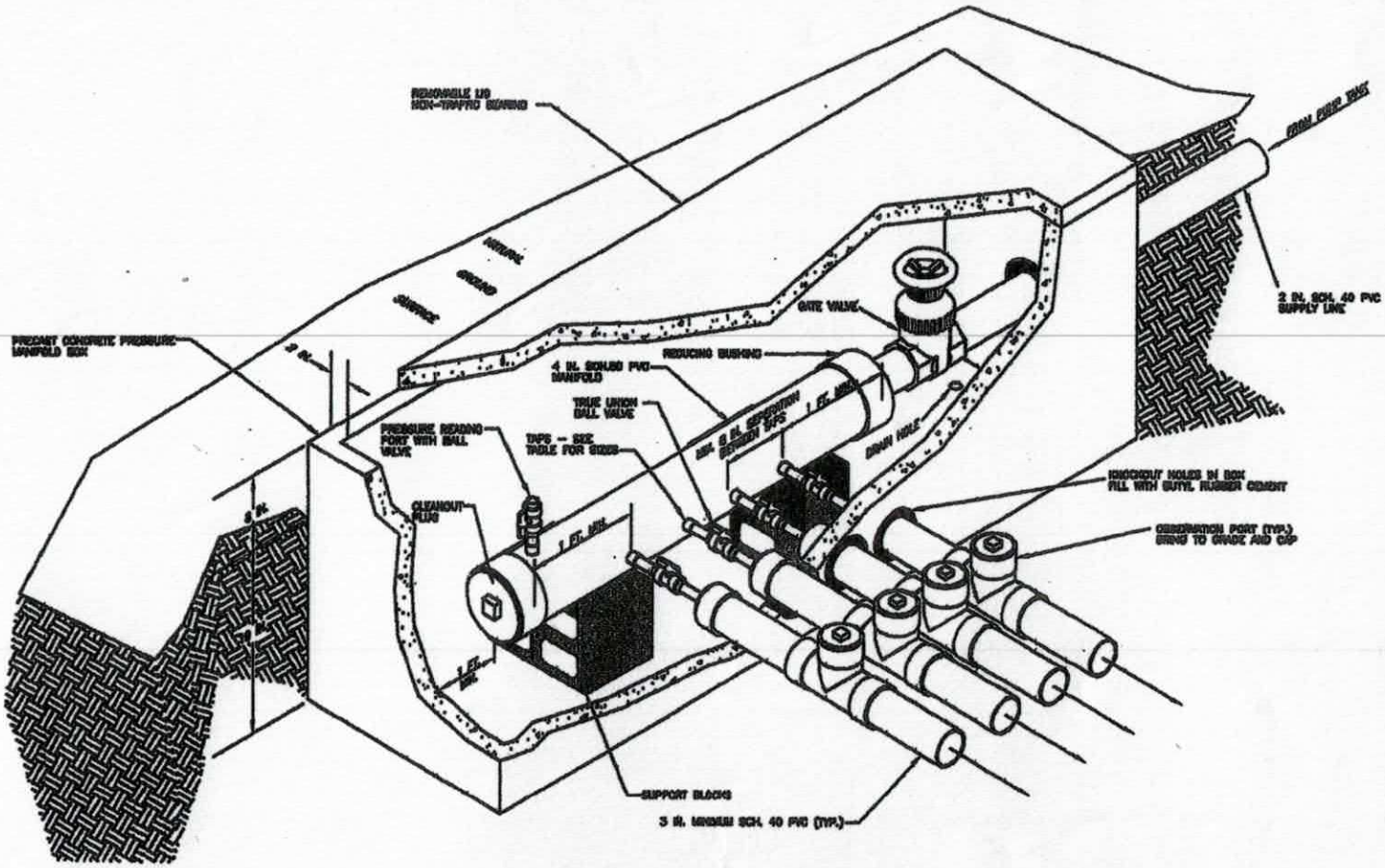
PRESSURE MANIFOLD TAPSHEET - 108 COOLEY ROAD (CL&T LOT# 110)

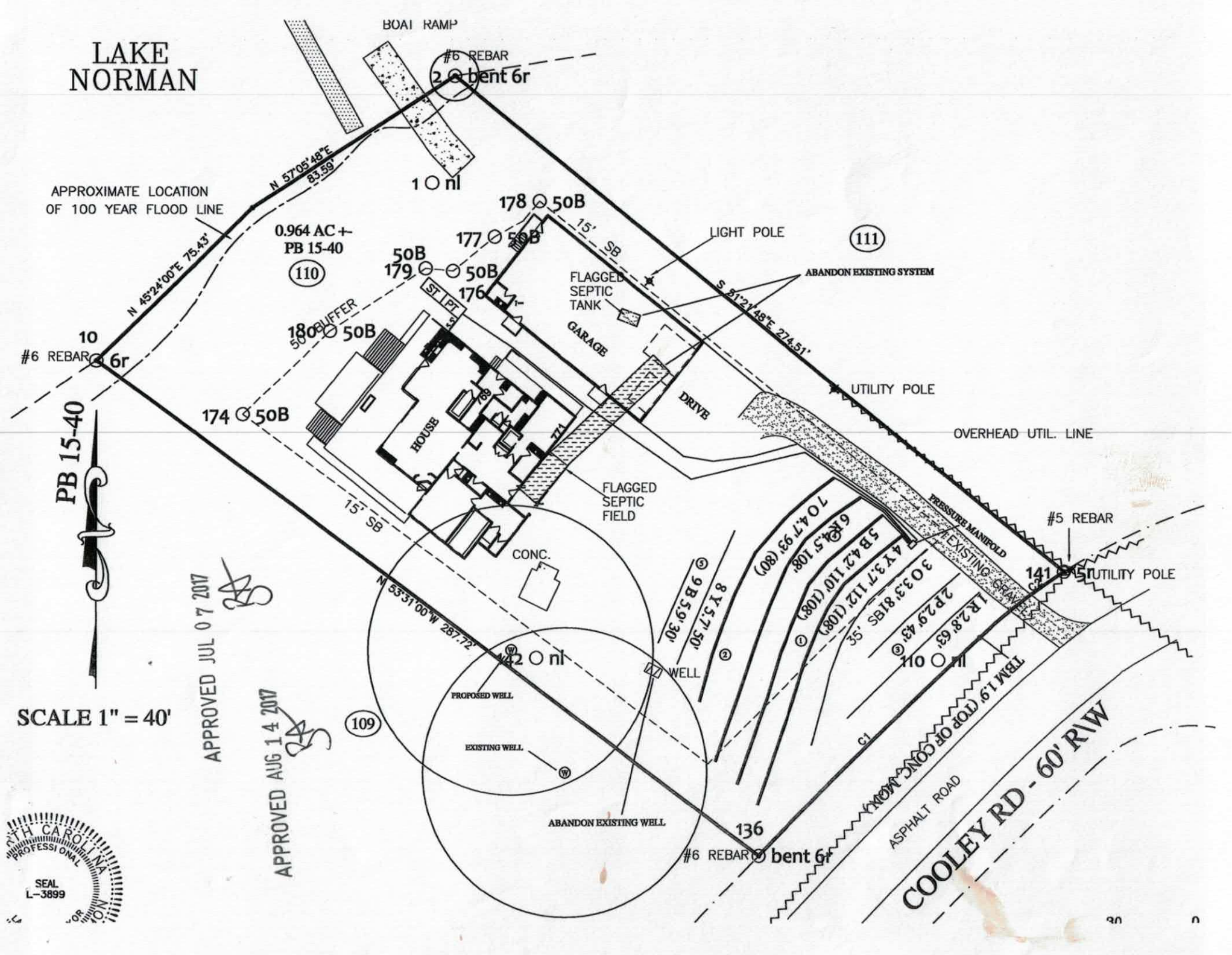
SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/Tap	Trench Area	Line LTAR
4	***YELLOW***	***98.20***	108	SCH 40 1/2	**7.11**	324	0.15
5	***BLUE***	***97.70***	108	SCH 40 1/2	**7.11**	324	0.15
6	***RED***	***97.40***	108	SCH 40 1/2	**7.11**	324	0.15
7	***ORANGE***	***97.20***	80	SCH 80 1/2	**5.48**	240	0.16

total	**feet =**	**404**	**gal/min =**	**26.81**
		Des. Flow	**480**	
		Pump Run=	**6.89**	
		soil LTAR	**0.3**	
		LTAR +5%	**0.315**	
		LTAR with ACCEPTED	**0.4**	
		LTAR with ACCEPTED + 5%	**0.42**	

TYPICAL PRESSURE MANIFOLD DETAIL




LAKE NORMAN
BOAT RAMP
#6 REBAR
2 bent 6r
1 nl
N 57°05'48"E 83.59'
APPROXIMATE LOCATION OF 100 YEAR FLOOD LINE
N 45°24'00"E 75.43'
0.964 AC +-
PB 15-40
110
178 50B
177 50B
179 50B
176
ST
PT
180 50B
BUFFER
10
#6 REBAR
6r
174 50B
PB 15-40
15' SB
LIGHT POLE
111
ABANDON EXISTING SYSTEM
FLAGGED SEPTIC TANK
GARAGE
S 61°21'48"E 274.51'
UTILITY POLE
DRIVE
HOUSE
OVERHEAD UTIL. LINE
FLAGGED SEPTIC FIELD
PRESSURE MANIFOLD
EXISTING GRAVEL
#5 REBAR
141
UTILITY POLE
CONC.
N 53°31'00"W 287.72'
142 nl
WELL
PROPOSED WELL
EXISTING WELL
ABANDON EXISTING WELL
109
SCALE 1" = 40'
APPROVED JUL 07 2017
APPROVED AUG 14 2017
136
#6 REBAR
bent 6r
ASPHALT ROAD
COOLEY RD - 60' R\W
SEAL L-3899

APPROVED AUG 14 2017

CALCULATIONS

Location 108 COOLEY ROAD

Project Number 01-3243

Lot No: 110

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.300	$^{gpd/ft^2}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	190	ft.
Supply Line Volume	33.06	gal.
Required Feet of Line	400	ft.
Amount of Line from Layout	404	ft.
Gallons per Minute	26.81	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Minimum Standard Tank Size	1000	
Lateral Line Volume	263.812	gal.
Dosing Volume	184.67	gal.

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

Tank Draw Down	8.8	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	6.89	minutes
Elevation Head	23	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	3.38	ft.
Total Dynamic Head (+15%)	32.64	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

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

NC Certified Septic Installer
NC Certified Subsurface Operator
NC Certified Septic Inspector

Attached is a proposed design for an Accepted (25% reduction) Septic System with Pressure Manifold distribution for a 4 bedroom single family residence at 108 Cooley Road, CL&T Lot # 110 (PIN# 4626351264), Iredell County, North Carolina.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5
- Pressure Manifold Diagram---------- 6

Site Plan/System Plan---------- 7-9

Calculations---------- 10

Profile Descriptions---------- 11-12

Zoning Permit & Receipt---------- SUBMITTED

Application---------- 16-17

Agent Authorization Form---------- 18

Expedited Review Checklist---------- 19

Green Sheet---------- 20

Voluntary Relinquishment Form---------- 21

LICENSED SOIL SCIENTIST Samuel A. Rollans 1231

6/19/17

June 19, 2017
Project No. 01-3243
Design By: Rollans Soil and 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 an Accepted installation with pressure manifold distribution.
- Repair is specified as a PPBPS installation with low pressure distribution.
- **Existing Drainfield (Tank & Nitrification Trench) proposed to be Abandoned**
- **Existing Well to be Abandoned per NCDWR Rules**
- **Tanks must be set with top below elevation of foundation drains (~2' on pump tank)**

*Revised 8/17/18 SAR

[redacted]

APPROVED AUG 14 2017

Sheet 1 of 2
PROPERTY ID #: 4626351
COUNTY: Iredell

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

OWNER: [redacted] Joe & Cindy Custer
APPLICATION DATE: Nov. 14, 2016
ADDRESS: 108 Cooley Rd Mooresville NC 28117
DATE EVALUATED: Oct, 2016
PROPOSED FACILITY: 4 BR
PROPOSED DESIGN FLOW (.1949): 480GPD
PROPERTY SIZE: 0.946 AC
LOCATION OF SITE: same as above
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	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
B-1	L/3%	0-5	B L/CL wf sbk	FR SS SPS EXP	F. SAP	48	—	—	PS 0.3
		5-36	RB C mmsbk	"					
		36-48	RB CL wmsbk	"					
				"					
				"					
B-2	L/5%	0-6	B LC-R rc mm sbk	FR SS SPS EXP	F. SAP	48	—	—	PS 0.3
		6-34	Rc mmsbk	"					
		34-48	R BCl wm sbk	"					
B-3	L/5%	0-6	RBCL wfsbk	FR SS SPS EXP	F-C SAP	48	—	—	0.3
		6-30	R C wmsbk	"					
		30-48	R BeL wf sbk	"					
B-4	L/5%	0-6	BeL wmsbk	FR SS SPS EXP	F-C SAP	48	—	—	0.3
		6-39	Rc mmsbk	"					
		39-48	R BcL wf sbk	"					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s) Accepted	[redacted]	PPBPS
Site LTAR	0.3	0.3

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

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

APPROVED AUG 14 2017 RA

PROPERTY ID #: 4626351126

DATE OF EVALUATION: 5/2017

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
B5	4/5%	0-13	Rcwmsbk	FSSSP SEKP	-comp.	49	-	-	PS 0.3
		13-42	Rcwmsbk	FrSSSP SEKP					
		42-49	BRclwfsbk	" " " "	-fsp				

RECEIVED JUN 3 0 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $225.00
223180

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(v) Septic Improvement Permit (v) 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 Paid $625.00 8-16-17

The following optional attachments may also be submitted: (v) 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: Joe & Cindy Custer **Address:** 6001 Haas Way Kannapolis NC 28081 **Phone:** 7045637288
Agent Rollanssoil Aff. 7047465046

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

Property Information:

Street Address: 108 Cooley Rd Mooresville NC 28117

Subdivision Name: CLT **Section/Phase:** 8 **Lot Number:** 110

Driving Directions: _____

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: 4
Maximum Number of Occupants: 8
( ) 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 ( ) 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 (v) Other: Aerobic

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: Steven A Tollison 6/19/17
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, Joe Custer, am the legal owner(s) of the property located at 108 Cooley Rd, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4626-35-1264.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Samuel Ashley Rollans/Rollans Soil & Environmental Services and/or Spivey Construction Company, Inc (Brian McManus or Willis Spivey), 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)	Date	Signature of Witness	Date
	6/5/17		6/5/17

Please return this signed form to the appropriate office:

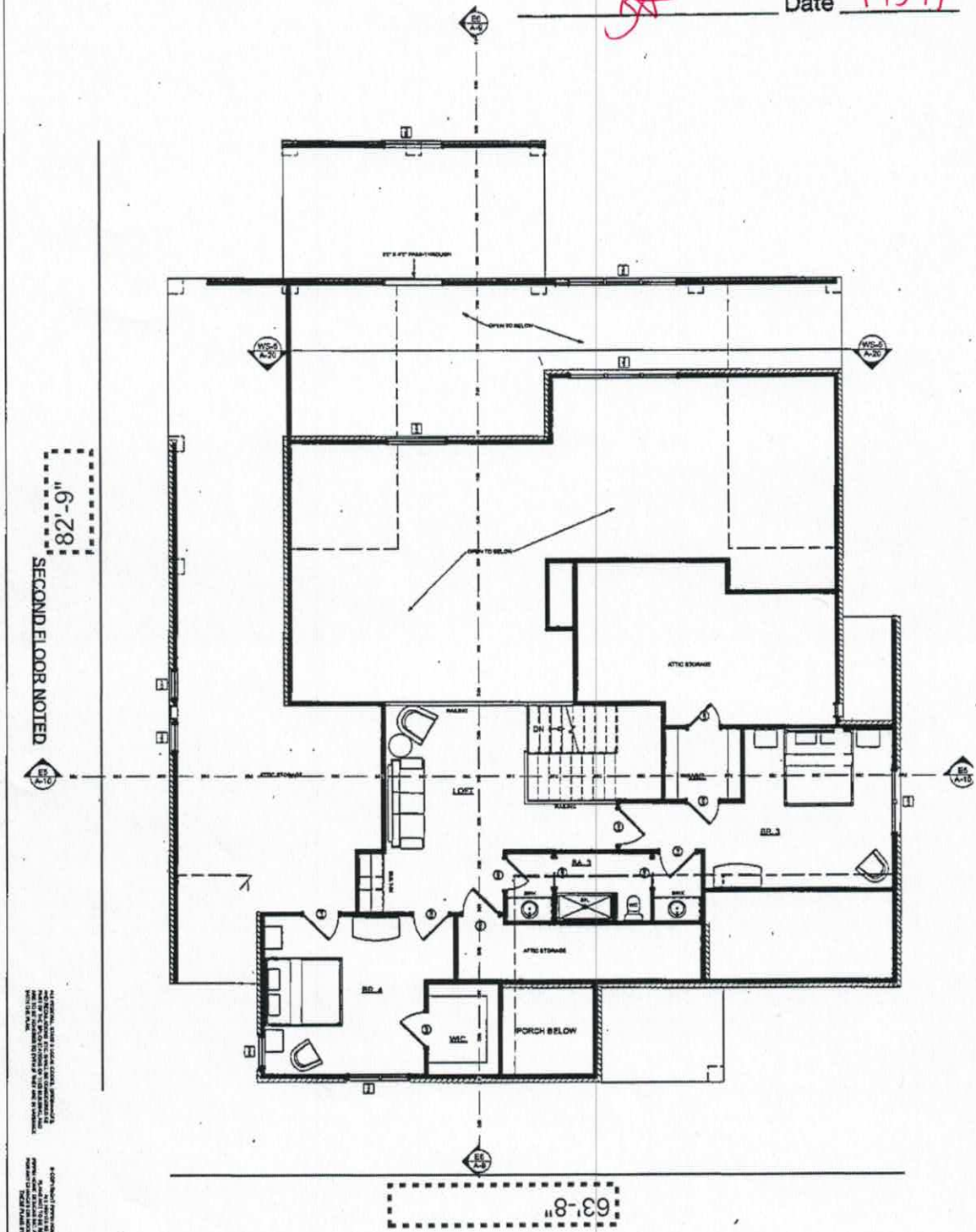
Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement of Plans Submittal ONLY!

Date 9.12.17

Date 9-15-17



DATE:	SCALE:	SHEET:
5/31/17	1/4"=1'	A-4

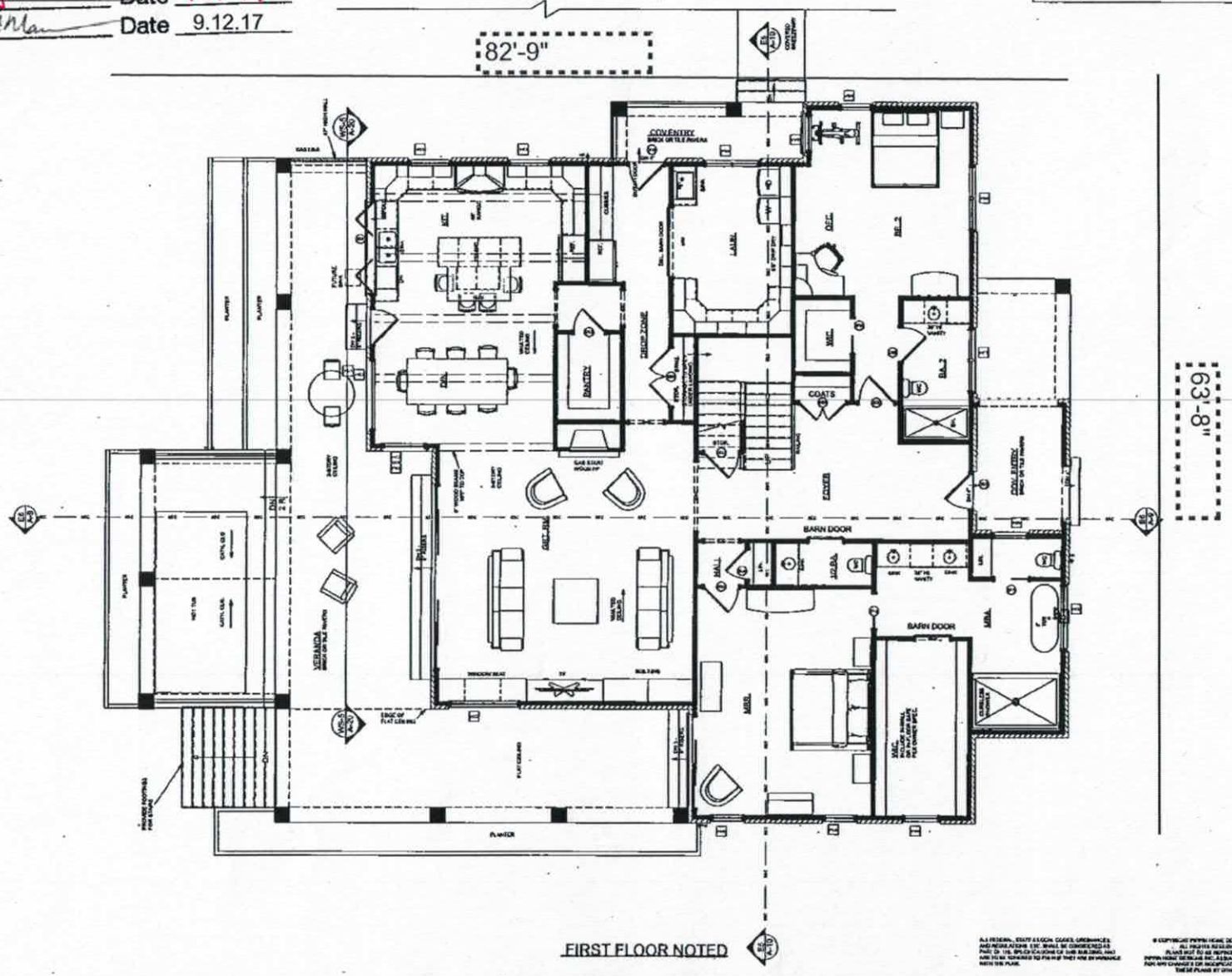
A NEW HOME DESIGN CONCEPT FOR:
JOE AND CINDY CUSTER
108 COOLEY ROAD
MOORESVILLE, IREDELL COUNTY, NC
Creating where people live

PIPPIN HOME DESIGNS

Acknowledgement of
Plans Submittal ONLY!

Date 9-15-17

Date 9.12.17



PIPPIN
HOME DESIGNS
INC.

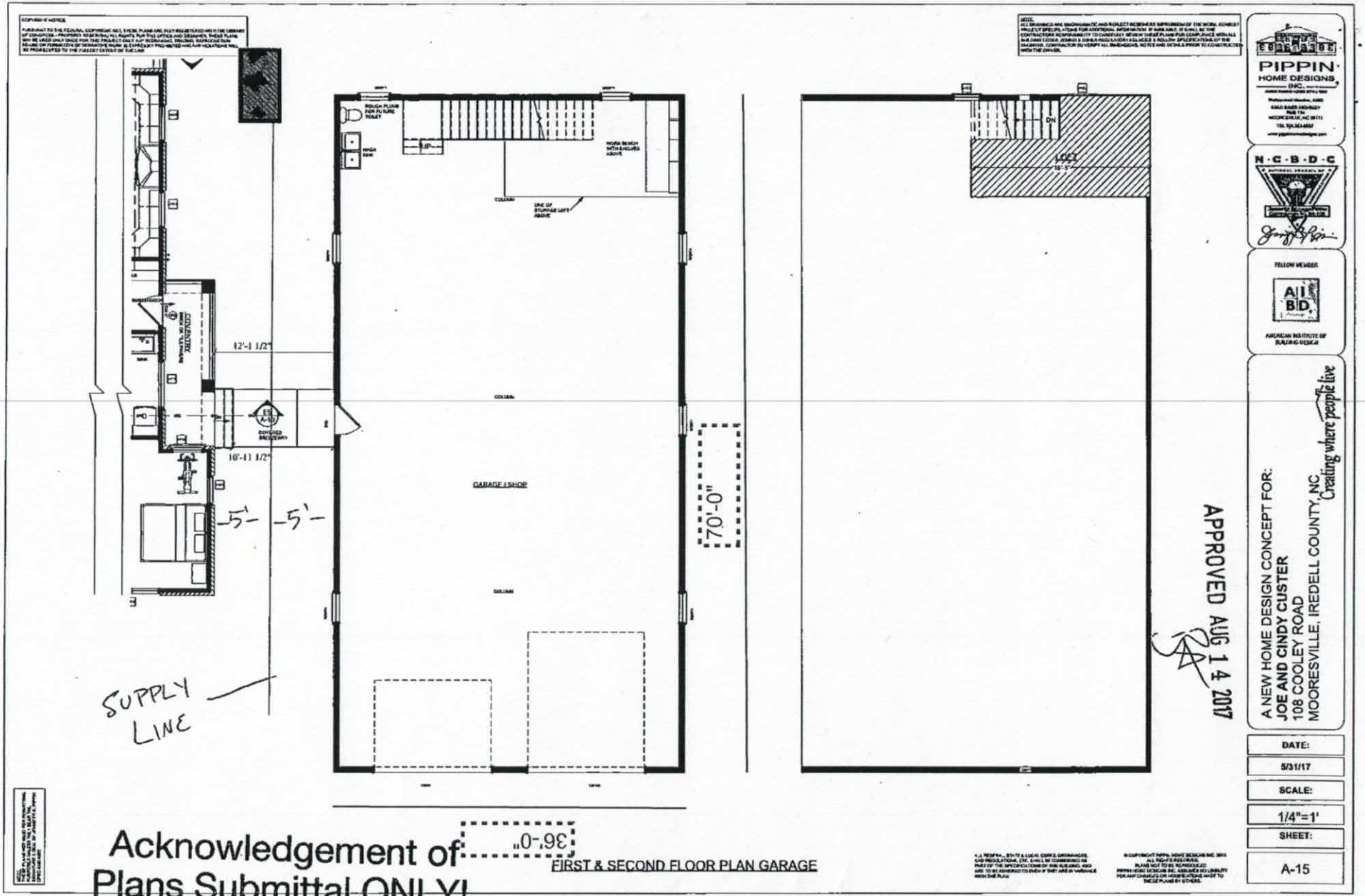
N·C·B·D·C

FELLOW MEMBER
AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN

A NEW HOME DESIGN CONCEPT FOR:
JOE AND CINDY CUSTER
108 COOLEY ROAD
MOORESVILLE, IREDELL COUNTY, NC

Creating where people live

DATE:
5/31/17
SCALE:
1/4"=1'
SHEET:
A-2



Acknowledgement of Plans Submittal ONLY!

Date 9.12.17

Date 9-15-17

FIRST & SECOND FLOOR PLAN GARAGE

PIPPIN HOME DESIGNS, INC.

A NEW HOME DESIGN CONCEPT FOR:
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MOORESVILLE, IREDELL COUNTY, NC

Creating where people live

DATE: 5/31/17

SCALE: 1/4"=1'

SHEET: A-15

WELL ABANDONMENT RECORD

For Internal Use ONLY: CL S T 58 Lot 110

1. Well Contractor Information:

KEN JOHNSON

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

2608

NC Well Contractor Certification Number

AIR DRILLING, INC

Company Name

2. Well Construction Permit #: 223180

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: 8/24/17

5a. Well location:

SPIVEY CONSTRUCTION

Facility/Owner Name

Facility ID# (if applicable)

108 COOLEY RD., MOORESVILLE, NC

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° 33. 440 N 80° 56. 236 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: 80 (ft.)

6c. Borehole diameter: 6 (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: _____

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: _____

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:

1 YARD

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

POURED

8. Certification:

Ken Johnson

Signature of Certified Well Contractor or Well Owner

8/24/17

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.