IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 225050

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

PIN # 4627 01 8061

APPLICANT: Dan Muller / Tim Whalen APPLICANT ADDRESS: 108 Courtney Ln Mooresville NC

SITE ADDRESS: 108 Courtney Ln Mooresville, NC 28117 PHONE: 704 664-4597 ALT. PHONE: 704 491-6978

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Lakeview Shores Lp TL Abbott Ln RL Lakeview Shores Lp TL

SUBDIVISION: CL & TC SECTION: 8 LOT # 290 LOT AREA: .65Acre DESIGN FLOW: 480gpd L.T.A.R.: .3 Courtney

Septic Tank	1000	(gal)	STB	794	Date	10-26-17	☐ New System	☐ Repair	☒ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	Gravity - 25% Reduction			
Pump Make			Model		Serial #		Repair System Description:	25-50% Reduction			
# Nitrification Fields	1		# Lines	2	Linear Ft:	200'	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width	36"		Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☒ GRAVITY	☐ PRESSURE		

☒ Residence ☐ Business ☐ Other ☐ Slab ☒ Basement w/plumbing ☐ Crawl Space ☐ Basement w/o plumbing

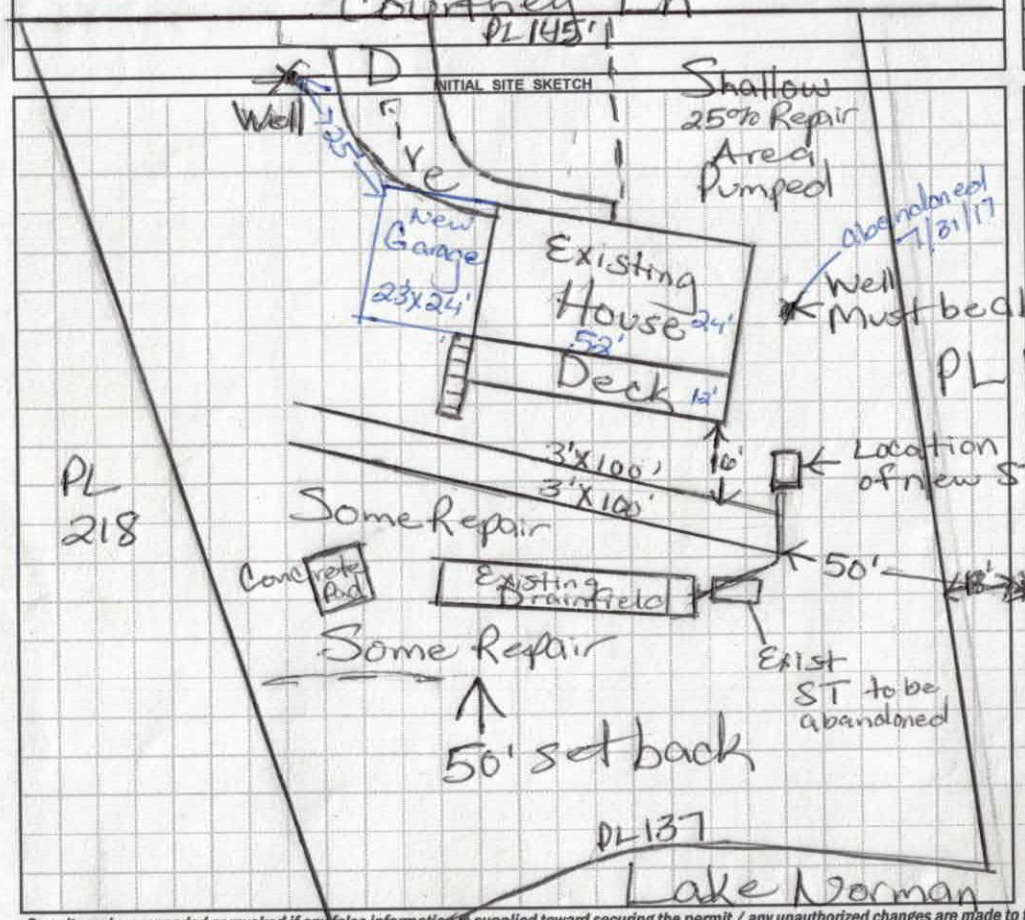
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions:

Must Abandon exist well near house (prior to A.C.)
Install new Septic tank ST and 2 new drainlines.
Hook onto existing Drainfield after new drainlines are fed.

INITIAL SITE SKETCH



AS BUILT SKETCH

Scale 1:40
GW-30 attached

Well abandonded 7-31-17

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 plan 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: 4/25/17 Installed by: ABERNATHY

IMPROVEMENT PERMIT by: Maria Dotson Date: 4/19/17 OPERATION PERMIT by: Date: 11-30-17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 10/27/17 Existing System Inspected by: Date:

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

DHHS

ON-SITE WASTEWATER SECTION

Sheet ____ of ____
PROPERTY ID #: ____
COUNTY: ____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Carol Hinkle / Tim Whalen — APPLICATION DATE: ____
ADDRESS: 108 Courtney — DATE EVALUATED: 3/17/17
PROPOSED FACILITY: ____ — PROPOSED DESIGN FLOW (.1949): 480gpd — PROPERTY SIZE: ____
LOCATION OF SITE: Lot 8 Lot 290 — PROPERTY RECORDED: ____
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
	Up above Exist. System	0-3	Brwto	Rd/Brw SS, SP, SExp, FR					PS .3
		3-38	R C/CL	m-w SBK SS, SP, SExp, FR					
		38-48	Yel/Rd	CL w SBK SS, SP, SExp, FR					
	Down by 50' Setback to 760.	0-3	Brw	SL SS, SP, SExp, FR					PS
		3-10	Rd/Brw	C m-w SBK SS, SP, SExp, FR					
		10-36'	SC/SCL	C Rd/Brw w SBK SS, SP, SExp FR					.25
		36-48	R to Rd/Yel	C/CL w SBK SS, SP, SExp, FR					
	Front yard btwst & house	0-4	R	C m-w SBK SS, SP, SExp, FR					PS .3
		4-36"	R	CL w SBK with few to many SAP Inclus Few Quartz rock fragments					
		36"+	CL/SL	SAP massive FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	25-50% Red
Site LTAR	.3	.25-.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: ____

COMMENTS: ____

Please CALL prior to inspection

Name: Dan Muller

Number: 704-491-6978

RECEIVED FEB 16 2017

ELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Paid $500.00

Expansion #225050

Application For:

( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) Septic Improvement Permit ( ) 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

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: DAN MULLER **Address:** 108 COURTNEY LN MOORESVILLE, NC 28117 **Phone:** 704 491-6978

Owner Name: CAROL HINKLE **Address:** 108 COURTNEY LN MOORESVILLE NC 28117 **Phone:** 704-664-6597

Property Information:

Street Address: 108 COURTNEY LANE MOORESVILLE, NC 28117

Subdivision Name: CL+T **Section/Phase:** 8 **Lot Number:** 290

Driving Directions: BRAWLEY SCHOOL RD, (R) MCKENDREE RD, (R) LAKEVIEW SHORES LP, (L) ABBOT LN, (R) LAKEVIEW SHORES LP, (L) COURTNEY LN

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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 (X) 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 ( ) 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: _____ 2/16/17

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, Carol Winkle, am the legal owner(s) of the property located at 108 Courtney Lane Mooresville, NC 28117, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** DAN Muller, 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.

+Carol Winkle 2-17-17 Elaine F Muller 2-17-17

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

IREDELL COUNTY HEALTH DEPARTMENT

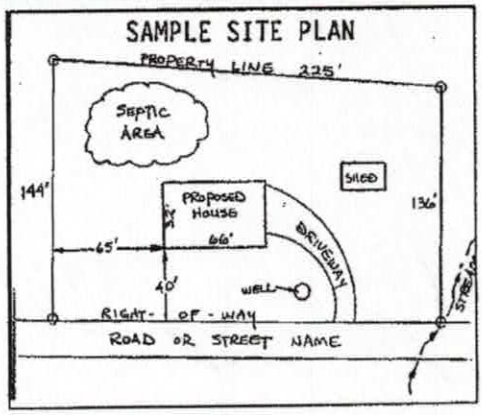
ENVIRONMENTAL HEALTH DIVISION

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 Septic Permit

Signature: _____

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

2/16/17

DATE

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210076

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

PIN # 4627-01-9061.000

APPLICANT: Mollman Group LLC APPLICANT ADDRESS: 412 Lakeshore Shores Ln. Mooresville NC

SITE ADDRESS: 108 Courtney Ln. Mooresville NC PHONE: 704-287-1227 ALT. PHONE:

SITE DIRECTIONS: BSR, TR McKendree,

SUBDIVISION: CL&T SECTION: 8 LOT # 290 LOT AREA: .65 Acre DESIGN FLOW: Ex. 240 GPD T.A.R.: Existing

Septic Tank Existing (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields Ex. # Lines Existing Bed Linear Ft: Ex.

Trench Width Ex. Max. Trench Bottom Depth Existing Gravel Depth Existing

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: Existing Gravity Conventional Bed

Repair System Description: Existing

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms Ex. 2 No. Persons Ex. 4 No. Employees ☐ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☒ Basement w/o plumbing

Comments / Conditions: System Assumed To Be Functioning At Time Of Inspection
Deck Addition Already Constructed

INITIAL SITE SKETCH

1" = 40'

13½ ft off Patio Driveside

Top line 16ft off Patio

low 59' to 760

upper 68' to 760

House 93' to lot = 24' to SL 59' to Rd (from drive)

35' from house to 1st new line 84' to 2nd new line

AS BUILT SKETCH

COURTNEY LN.

WELL

DRIVE

EXISTING HOUSE

DECK ADDITION

EXISTING SEPTIC

CONCRETE PAD

LAKE NORMAN

Neighbor Well 18' off W PL

CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

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 to the installation of the system.

☐ 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.

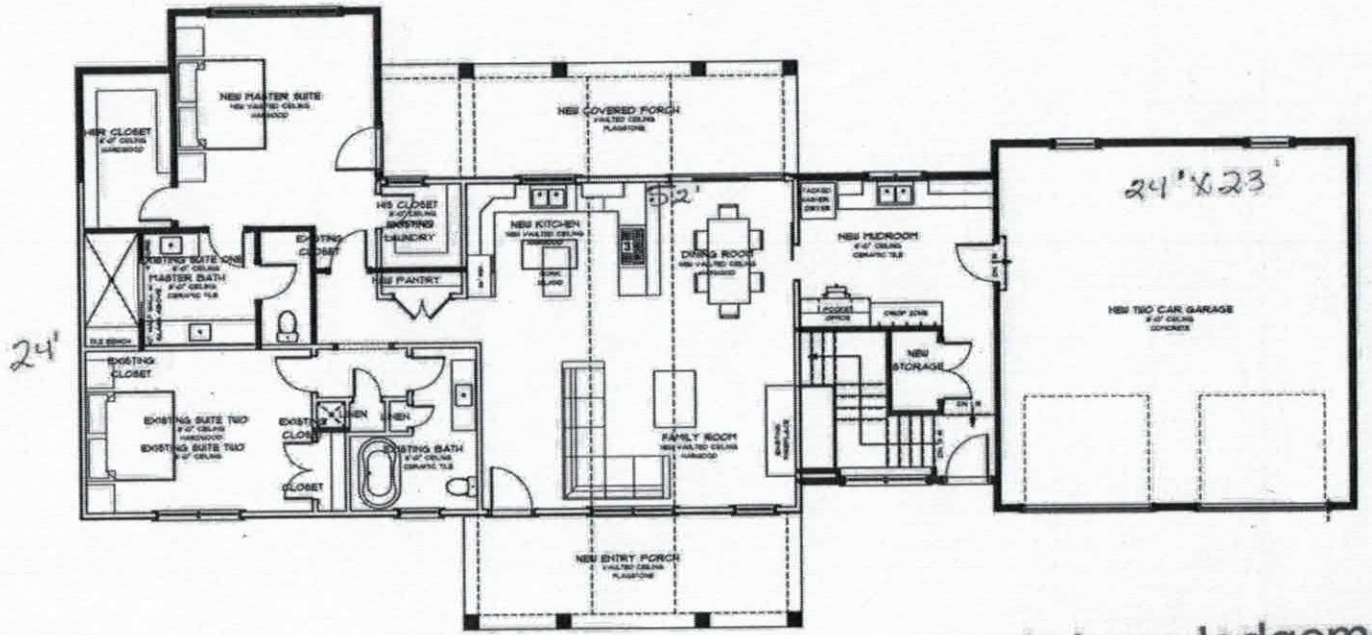
Owner / Applicant Signature: Date: 6/12/15 Installed by:

IMPROVEMENT PERMIT by: Date: OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: Existing System Inspected by: Date: APPROVED MAY 29 2015

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

KHRESIDENTIAL DESIGNS.COM
704-728-0505



Acknowledgement of Plans Submittal ONLY!

Maria Date 10/27/17

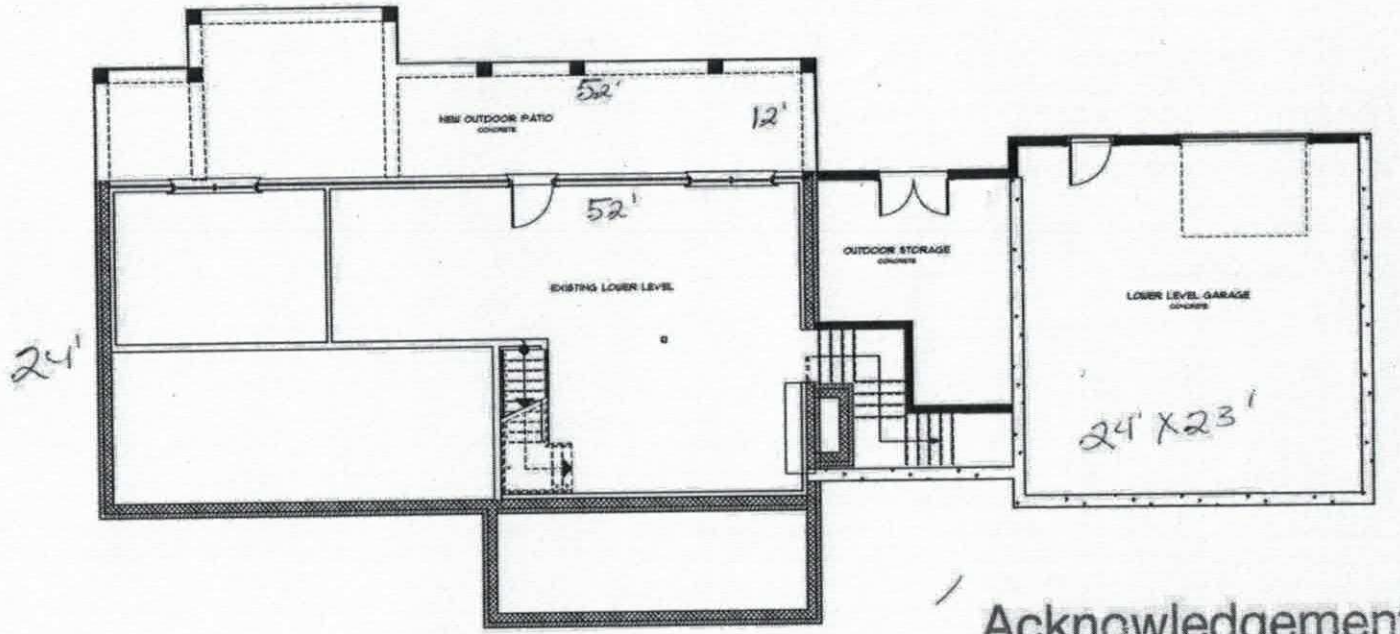
Tom Whelan Date 10/27/17

FIRST FLOOR PLAN

THE WHELAN RESIDENCE
108 COURTNEY LANE
MOORESVILLE, NC

PROJECT No. 2017-816
DATE 8/25/2017
DRAWN BY K.HOLDRIDGE

KHRESIDENTIAL DESIGNS.COM
704-728-0505



Acknowledgement of Plans Submittal ONLY!

Maiwand Date 10/27/17

Tim Whelan Date 10/27/17

SQUARE FOOTAGE ALL FOOTAGE CALCULATED TO ATOC
TOTAL HEATED
TOTAL UNDER ROOF

LOWER LEVEL FLOOR PLAN

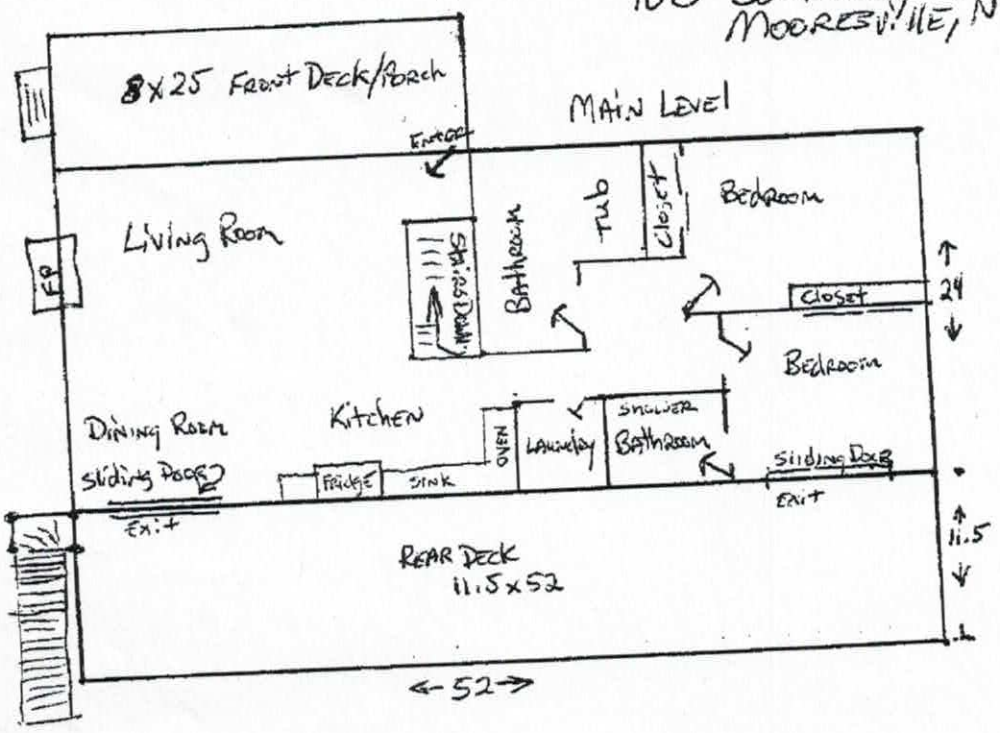
SCALE: 1/4" = 1'-0"

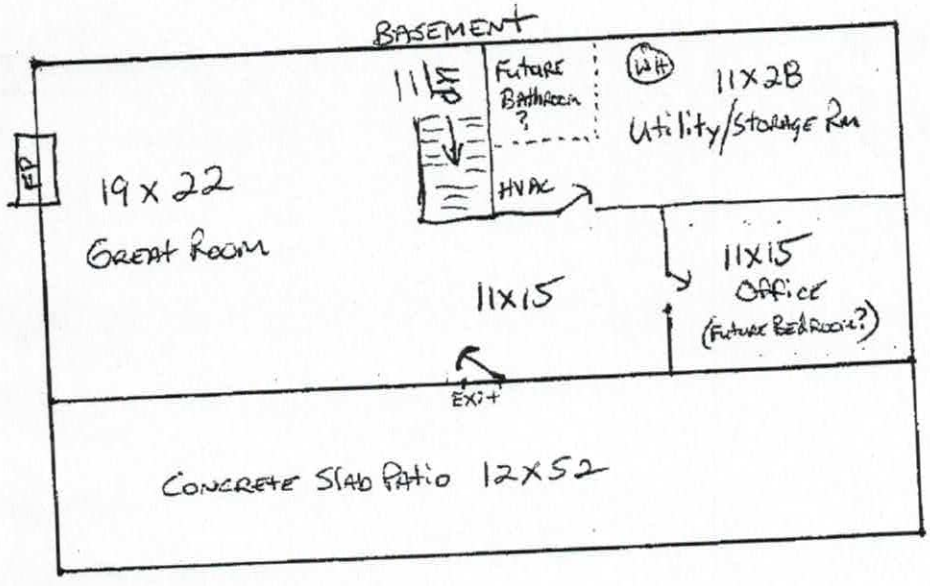
THE WHELAN RESIDENCE
308 COURTNEY LANE
MOORESVILLE, NC

PROJECT NO. 2017-816
DATE 8/28/2017
DRAWN BY K.HOLDRIDGE

2017-816 THE WHELAN RESIDENCE

108 Courtney Ln Mooresville, NC





Acknowledgement of
Plans Submittal ONLY!

Date 4/19/17

Date 4/25/17

Attention: Maria

Faxed 7/31/17

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 #: 225050

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: 7/31/17

5a. Well location:

Jim Whelan

Facility/Owner Name — Facility ID# (if applicable)

108 Courtney Ln. Mv.

Physical Address, City, and Zip

Iredell — 4627018061

County — 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: 80 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 30 (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): 6 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8 oz

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:

2 Bags Hole Plug 50
1 Bags portland cement 94 lb

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

poured + Hydrated

8. Certification:

Alfred Kiesling Jr — Signature of Certified Well Contractor or Well Owner

7-31-17 — 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.