ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP-304598

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

PIN # 4627201781

APPLICANT/OWNER: Paul Kumar / CSandSC | APPLICANT ADDRESS: PO Box 1703 Mooresville NC 28115

SITE ADDRESS: 113 Colvard Farms Ln. Mooresville NC 28117 | PHONE: 704-202-5792 | ALT. PHONE 704-634-1263 (Paul)

SITE DIRECTIONS: Brawley School Rd to Ron McKendree Rd, Ron Lakeview Shores Lp, Lon Colvard Farm Ln, Lot on L | SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: The Farms | SECTION PH | LOT # 512 | LOT AREA: 1.686 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: .275

Septic Tank	1250 (gal)	STB	444	Date	4/10/2020	[X] 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:	LPPPBPS		
# Nitrification Fields	1	# Lines	5	Linear Ft	440	Maintenance Agreement Required:	[ ] YES	[X] NO	
Trench Width	36"	Trench Bottom Depth(Low side)	33"	Gravel Depth	—		[X] GRAVITY	[ ] PRESSURE	

[X] Residence | No. Bedrooms 4 | [ ] Business | No. Persons 8 | [ ] Other | No. Employees | [ ] Slab | [X] Crawl Space | [ ] Basement w/plumbing | [ ] Basement w/o plumbing

Water Supply: [ ] Private [ ] Public [X] Community

Comments / Conditions: Install Lines on contour. If plumbing is to deep to achieve gravity to system then it must be either: replumbed to achieve gravity or system will have to be a pump.

440' of line laied out only 436' needed.

INITIAL SITE SKETCH

See Attached and Approved Site plan from CSandSC. 2/25/2020 PJB

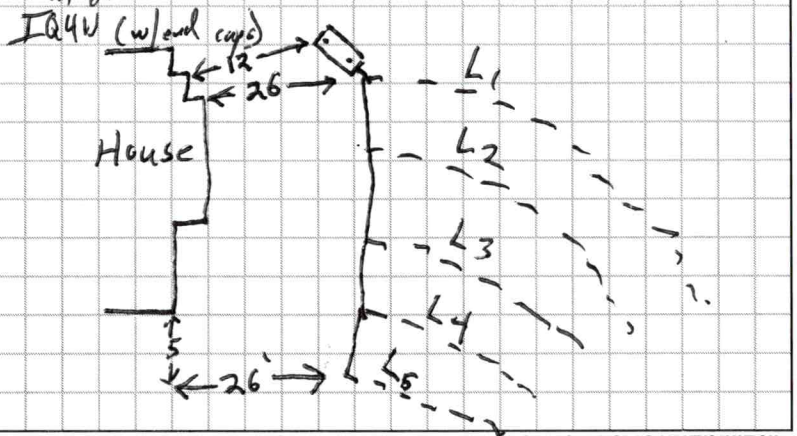
AS BUILT SKETCH

6/2/2020: Dellinger Precast 1500 gallon top seam tank w/ a Polylok PL-68 effluent filter

	3
1	33
2	29
3	17
4	17
5	14
	110 ÷ 7

33" TB verified ok by laser.

450 l.f. of IQ4W (w/end caps)



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: Acceptance of Permit Recv'd | Date: 5.27.2020 | Installed by: Lago Vista Septic Service (Carlos Rocha)

IMPROVEMENT PERMIT by: Patrick J Bagley III | Date: 2/25/2020 | OPERATION PERMIT by: Tom Shuck | Date: 6/2/2020

AUTHORIZATION TO CONSTRUCT by: Patrick J Bagley III | Date: 5/26/2020 | Existing System Inspected by: | Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

IREDELL COUNTY HEALTH DEPARTMENT
JANE HINSON, RN BSN MS
HEALTH DIRECTOR

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

ACKNOWLEDGEMENT OF ACCEPTANCE OF PERMIT DESIGN AND CONDITIONS

Any permit requiring a signature must have this form signed by the property owner or their authorized agent. Once this form is signed and returned to Environmental Health an official copy of the permit will be emailed to the email that you provide.

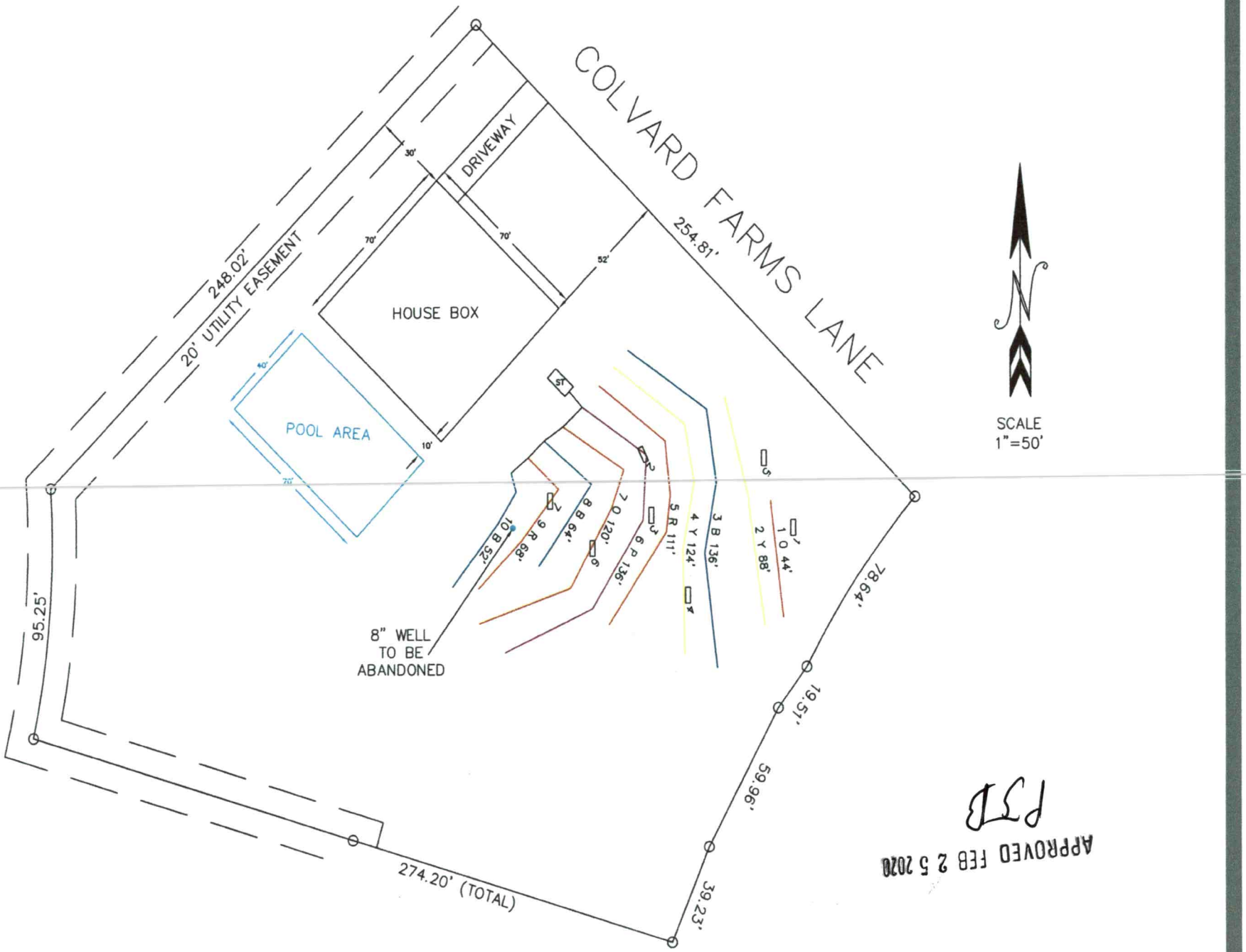
I, Pavan Kumar, am the legal owner or the agent of the property located at 113 Colvard Farms LN, identified as PIN(Parcel Identification Number) 4627201781, located in Iredell County, North Carolina.
Permit # AP 304398.

I do hereby agree to the permit design and the conditions of this permit.

Signature of Owner/Authorized Agent — Date: 5/28/2020

Signature of Witness — Date: 5/28/2020

bob@cypresscustomhomes.com
email



APPROVED FEB 25 2020

PJB

INFORMATION FOR INSTALLER:

APPROVED FEB 2 5 2020
PJB

- The permit should be read very carefully prior to submitting bid. 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.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any 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 has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- 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 pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- **System is specified as an Accepted 25% Reduction Gravity installation.**
- **Repair is specified as PPBPS Low Pressure installation.**
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

APPROVED FEB 2 5 2020
PJB

Owner: Kappa Properties LLC.
Address: 4436-b South Blvd.
Charlotte, NC 28209
Phone: 704-634-1263
County: Iredell
Location: THE FARMS LOT 512

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

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.275
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 440
Total Lateral Length Required: 436.36
Trench Depth: 33 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 1320

Trench Spacing on Center: 9 ft.

Repair Trench Spacing on Center: 8 ft.
Repair Trench Depth: 30 in.
Repair Trench Width: 24 in.

Septic Tank Size: 1250 gal.

Estimated Supply Line Length: 9
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 3.24
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Ben Aldridge, REHS

APPROVED FEB 2 5 2020
RJB

THE FARMS LOT 512
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE — October 9, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	ORANGE	NA	NA	44	44
2	YELLOW	NA	NA	88	88
3	BLUE	NA	NA	136	136
4	YELLOW	NA	NA	124	124
5	RED	NA	NA	111	111
6	***PINK***	***NA***	***NA***	***136***	***136***
7	***ORANGE***	***NA***	***NA***	***120***	***120***
8	***BLUE***	***NA***	***NA***	***64***	***64***
9	***RED***	***NA***	***NA***	***68***	***68***
10	***BLUE***	***NA***	***NA***	***52***	***52***
			Total	**943**	**943**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	***440***	***ACCEPT.***	***0.275***	***25% RED.***	***GRAVITY***
Repair	503	*MOD.*	0.250	PPBPS	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

Comments: **SET TANK AS SHALLOW AS POSSIBLE TO ACHIEVE GRAVITY FLOW.**
EZ-FLOW MAY NEED TO BE USED BECAUSE OF ARCS IN DRAIN LINES.
Iredell County has CS&SC's permission to change septic tank location and distribution type

DOSING CALCULATIONS

APPROVED FEB 2 5 2020
PJB

Location THE FARMS

Lot No: 512

No. of Bedrooms	4	
Design Flow	480	$^{gal}/_{day}$
LTAR	0.275	$^{gal}/_{ft^2 day}$
25% RED.? (YES OR NO)	YES	
Supply Line Length	9	ft.
Supply Line Volume	3.24	gal.
Required Feet of 25% RED. Line	436.36364	ft.
Amount of Line from Layout	440	ft.
Gallons per Minute	NA	$^{gal}/_{min}$
Septic Tank Capacity	1250	gal.
Minimum Septic Tank Capacity	1250	gal.
Lateral Line Volume	287.32	gal.

APPROVED FEB 2 7 2020
PJB

PROP. ID #: 4627201781
COUNTY: IREDELL

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

OWNER: KAPPA PROPERTIES LLC
ADDRESS: 9935D REA RD STE 210 CHARLOTTE NC 28277
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 113 COLVARD FARMS LN

APPLICATION DATE:
DATE EVALUATED: 10/3/2019
PROPERTY SIZE: 1.686 AC
PROPERTY RECORDED: YES

WATER SUPPLY: PRIVATE PUBLIC X WELL SPRING OTHER:

EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/COLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	LS 9%	0-6	BR SCL WSBK	VFR SS SP SEXP	N/A	45"	S	N/A	0.325
		6-26	R C MSBK	FI S SP SEXP					
		26-45	R CL WSBK	FR SS SP SEXP					
		45-65	L SAP MASS	VFR SS SP SEXP					
2	LS 8%	0-25	R C MABK	FI S P SEXP	N/A	51"	FEW 0-25	N/A	0.35
		25-51	Y LSAP MASS	VFR SS SP SEXP					
3	LS 4%	0-52	BR/R C MABK	FI S SP SEXP	MANG 0-17"	60"	COM INC 52-60"	N/A	0.275
		52-60	R CL WSBK	FR SS SP SEXP					
4	LS 7%	0-8	BR SCL WSBK	VFR SS SP SEXP	Y/BR 12-36"	58"	COM INC 46-58"	N/A	0.25
		8-46	R C SABK	FI S SP SEXP					
		46-58	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	GRAVITY 25% RED.	LP PPBPS
SITE LTAR		
COMMENTS		

OTHER FACTORS (.1946):	N/A
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT:	DAVID BEANE

LICENSED SOIL SCIENTIST
BENJAMIN L. ALDRIDGE
1314
STATE OF NORTH CAROLINA

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet 2 OF 2

PROP. ID #:

COUNTY:

APPROVED FEB 2 5 2020

PJB

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE MINERALOGY	.1942 SOIL WETNESS/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
5	LS 6%	0-4	BR SCL WSBK	VFR SS SP SEXP	N/A	64"	COM INC 57-64"	N/A	0.3
		4-41	R C MABK	FI S SP SEXP					
		41-57	R C WSBK	FR SS SP SEXP					
		57-64	R CL WSBK	FR SS SP SEXP					
6	LS 6%	0-7	FILL		N/A	54"	N/A	N/A	0.275
		7-61	B/R C MABK	FI S P SEXP					
7	LS 5%	0-4	FILL		N/A	51"	MANY INC 35-51"	N/A	0.3
		4-12	R C WSBK	FI S SP SEXP					
		12-35	R C MABK	FI S P SEXP					
		35-51	R CL WSBK	FR SS SP SEXP					

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

pad needs to be staked during installation and well stick need stake replaced abandoned

Sheet 1 of 2
PROPERTY ID #: 9627201781
COUNTY: Iredell

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

OWNER: Paul Kumar
ADDRESS: PO Box 1703 Mooresville NC 28115
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 113 Colvard Farms Ln Mooresville NC 28117
APPLICATION DATE 2/6/2020
DATE EVALUATED: 2/18/2020
PROPERTY SIZE: 1.686 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☒ Other: Community well
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
1	SS 8%	0-7	SCL WSBK	Fr SS SP Sap	—	45"	Litho inclusions throughout Low sap at 45"	Manganese inclusions throughout	PS, 3
		7-25	C SBK/ABK	Fr SS SP Sap					
		25-45	CL SBK	Fr SS SP Sap					
		45-60	Sap mass	VFr					
2	SS 9%	0-5	SCL WSBK	Fr SS SP Sap	few YB mottles	36"	Litho inclusions common throughout to Low sap at 36"	Manganese inclusions	PS, 3
		5-25	C SBK	Fr SS SP Sap					
		25-36	CL SBK	Fr SS SP Sap					
		36-60	Sap mass	VFr					
3	SS 4%	0-12	SCL SBK	Fr SS SP Sap	YB mottle inclusions	48"		water input at 48"	PS, 25
		12-34	C ABK	Fr SS SP Sap					
		34-48	CL ABK	Fr SS SP Sap					
4	SS 7%	0-8	SCL WSBK	Fr SS SP Sap	YB mottles scattered throughout	58"	Litho inclusions common from 45" to 58"	small Rods, inclusions	PS, 25
		8-45	C SBK/ABK	Fr SS SP Sap					
		45-58	CL SBK	Fr SS SP Sap					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	320
System Type(s)	Gravity 25%	LPP BPS
Site LTAR	.275	.25

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick B
OTHER(S) PRESENT: Ben A

COMMENTS: Cloudy pits had been open for a little while

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 2 of 2
PROPERTY ID #: 4627201781
COUNTY: Iredell

9/6/2011 03

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

OWNER: Paul Kumar
ADDRESS: PO Box 1703 Mooresville NC 28115
PROPOSED FACILITY: New single family PROPOSED DESIGN FLOW (.1949): 480GPD
LOCATION OF SITE: 113 Colvard Farms Ln Mooresville NC 28117

APPLICATION DATE 2/6/2020
DATE EVALUATED: 2/18/2020
PROPERTY SIZE: 1.686 acres
PROPERTY RECORDED: yes

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☑ Other Community well
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
5	SS 6%	0-7	SCLCWSBK	FrSSSlSoP	Few 4/Bmottles	52"	Litho inclusions common at 48" Loamy saprolite 52"	Rocks scattered throughout pit	PS.25
		7-41	CSCLSBk/ABk	FrSSSPSoP					
		41-52	CLSBk/ABk	FrSSSPSoP					
		52-60	Saprolite	VFr					
6	SS 6%	0-8	FrSL	—	Yb mottles Scattering throughout	48"	—	—	PS.275
		8-48	CLSBk/ABk	FrSSSPSoP					
7	SS 5%	0-5	FrSL	—	Few Yb mottles	51"	Litho increasing towards bottom	—	PS.275
		5-36	CLABk strong	FrSSPSoP					
		36-51	CLSBk/ABk	FrSSSPSoP					
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	436	320
System Type(s)	Gravity 25%	LPPBPS
Site LTAR	.275	.25

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

COMMENTS:

RECEIVED FEB 0 6 2020 2-6-2020

$350.00

AP-304598

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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* (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: PAUL KUMAR/CS&SC Address: PO BOX 1703 MOORESVILLE, NC Zip: 28115
Applicant Email: ADRIANPRUETT@YAHOO.COM Phone: 704-202-5792 Alt. Phone: PAUL 704-634-1263
Owner Name: CYRAS CUSTOM HOMES Address: 4436-B SOUTH BLVD. CHARLOTTE, NC Zip: 28209
Owner Email: PAUL@CYRASCUSTOMHOMES.COM Phone: _____ Alt. Phone: _____

Property Information:

Street Address: ~~113~~ COLVARD FARMS LN. MOORESVILLE, NC 28117
Subdivision Name: THE FARMS Section/Phase: _____ Lot Number: 512
Driving Directions: BRAWLEY SCHOOL RD, TR MCKENDREE, TR LAKE VIEW SHORES, TL COLVARD FARM

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
(X) 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: _____ 2-6-20
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

(Check and sign only ONE of the options below)

☐ **1. * APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

☑ **2.** I, Pavan Kumar, am the legal owner(s) of the property located at 113 Colwood Farms Rd., identified as PIN (Parcel Identification Number) 4627201781, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Robert Valles, _____, 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

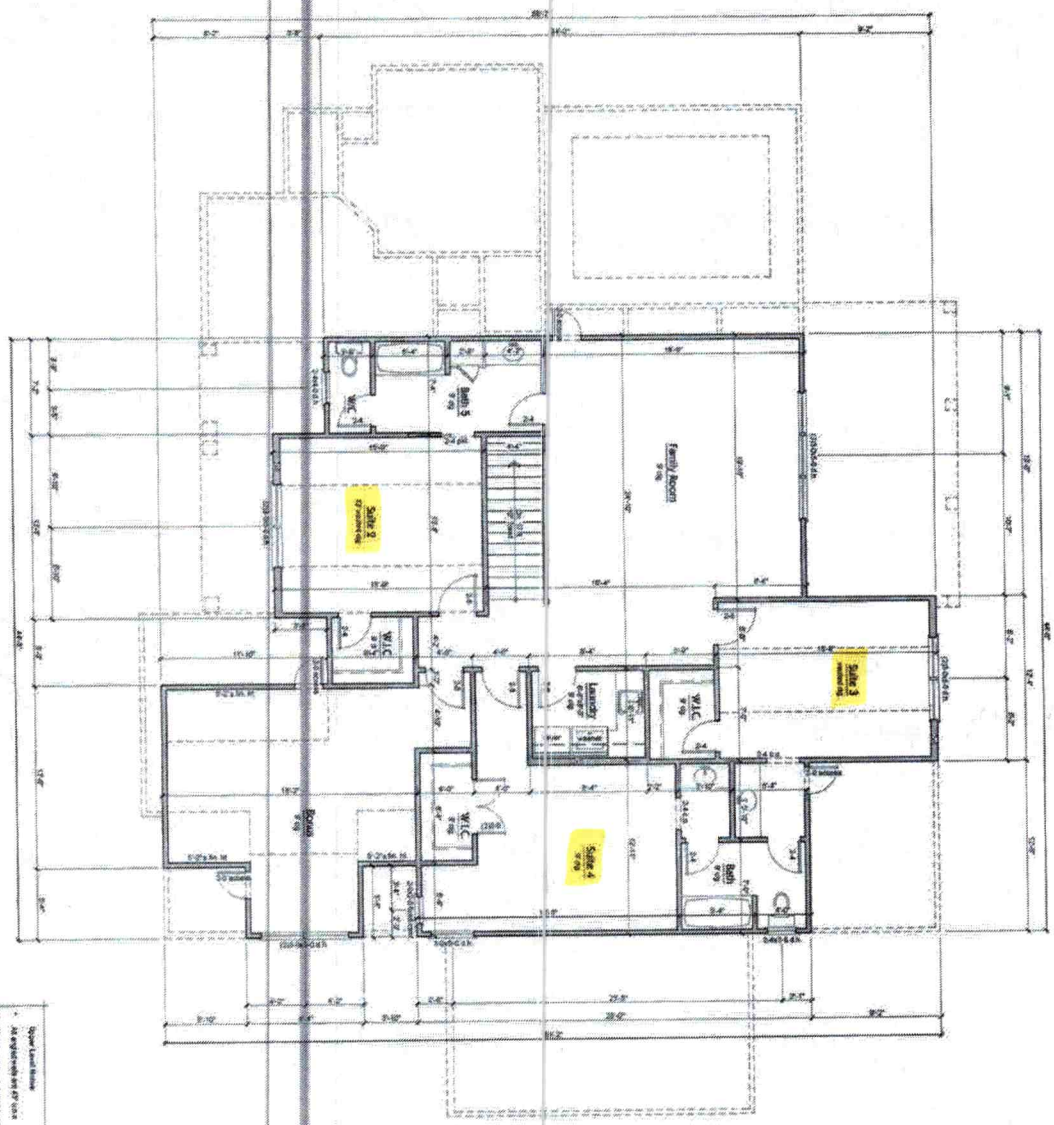
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

_____ 4/2/2020
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

Acknowledgement Of
Plans Submittal ONLY!
Date 4/2/20
Date 5/26/2020



Upper Level Floor Plan

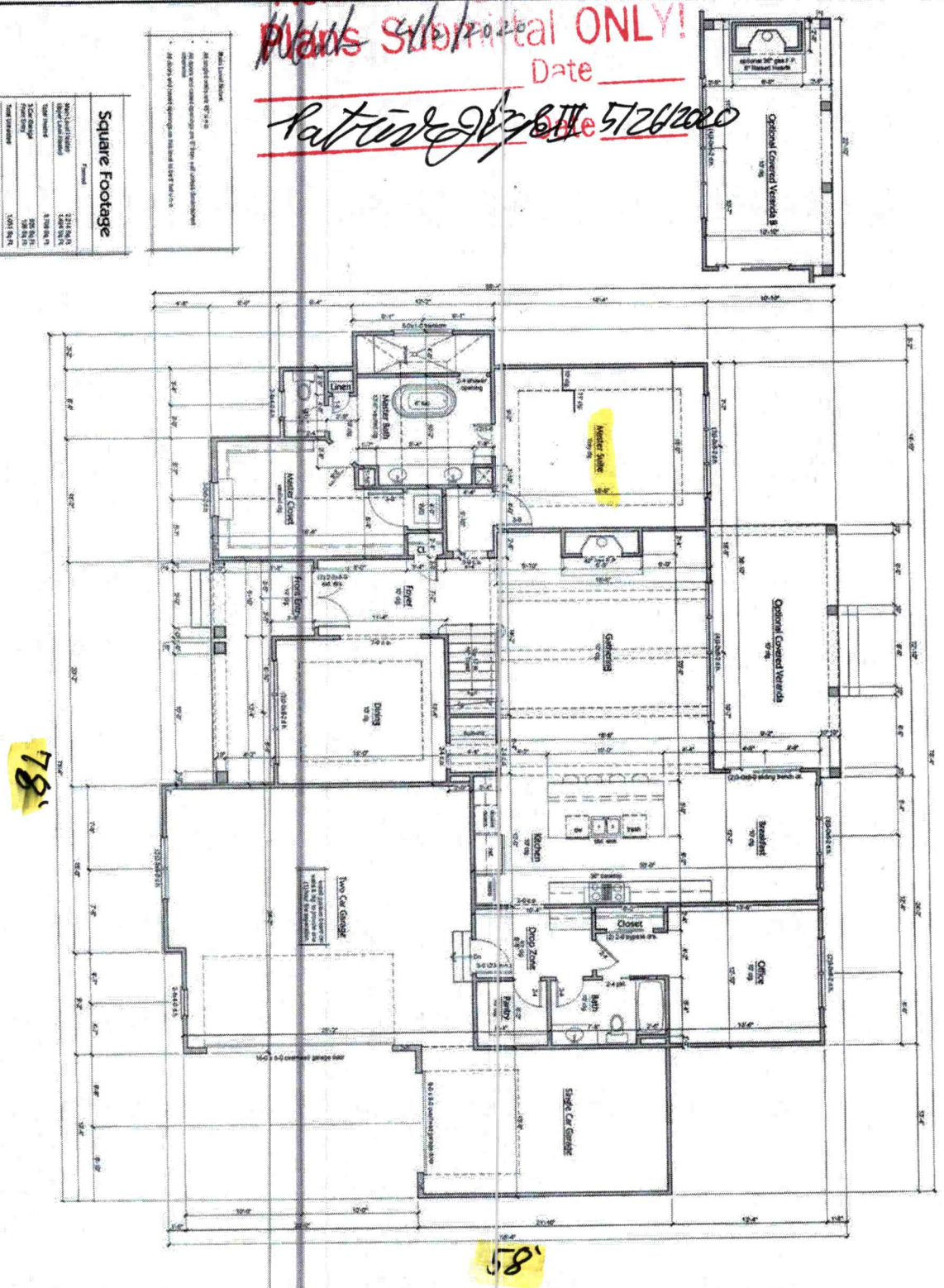
Scale: 1/4" = 1'-0"

6		ISAAC BUEHLER RESIDENTIAL DESIGN (704) 608-7512 IBRESIDENTIALDESIGN@GMAIL.COM 6760 OAKTWOOD DR. TIPP CITY, OH. 45371	CYRAS CUSTOM HOMES — *The Manchester at the Farms* Davidson Township, Iredell Co., NC

Acknowledgement Of
Plans Submittal ONLY!
Date _____
Date 5/26/2020

Square Footage	
Finished	
Main Level Heated	3,254 Sq.Ft.
Main Level Unheated	1,514 Sq.Ft.
Total Heated	4,768 Sq.Ft.
3 Car Garage	765 Sq.Ft.
Front Entry	183 Sq.Ft.
Total Unheated	948 Sq.Ft.
Total Under Roof	5,716 Sq.Ft.

Main Level Notes
- All ceilings are 9'-0" U.N.O.
- All doors and closet openings are 6'-8" high, unless otherwise noted
- All doors and closet openings are trimmed with 4" flat casing U.N.O.



Main Level Floor Plan
Scale: 1/8"=1'-0"

4	Sheet No.	Drawn By: / Checked By:	Revisions / Project No. / Date: 05/05/20 / Title: Main Level Floor Plan / construction documents

ISAAC BUEHLER
RESIDENTIAL DESIGN
(704) 608-7512 IBRESIDENTIALDESIGN@GMAIL.COM
6760 Dartwood Dr.
Tipp City OH. 45371

CYRAS CUSTOM HOMES

The Manchester at the Farms
Davidson Township, Iredell Co., NC

Copy

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Norris Lanard Love

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

NCWC 4082-C

NC Well Contractor Certification Number

Love Well & Pump Supply, LLC

Company Name

2. Well Construction Permit #: AP 301020

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: 05/15/20

5a. Well location:

Robert Volles/Harris Construction — Facility/Owner Name

The Farms Lot #512 — Facility ID# (if applicable)

113 Colvard Farms Rd. Mooresville NC

Physical Address, City, and Zip

Iredell County — County

4627201781 — 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#: 2226

6b. Total well depth: 975 (ft.)

6c. Borehole diameter: 8 (in.)

6d. Water level below ground surface: 40 (ft.)

6e. Outer casing length (if known): 60 (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): 60 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: chlorine

7d. Amount of disinfectant used: 2 lbs

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:

15 bags of hole plug

6 bags of grout

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

the well was filled with trash, had to blow out the well with the well machine/then chlorinated the well & poured 15 bags of hole plug and 6 bags of grout closing off the well completely.

8. Certification:

Lanard Love/pdl — Signature of Certified Well Contractor or Well Owner

5/22/20 — 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.