IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 225545

MP 3pm

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

PIN # 4627-50-2089

APPLICANT/OWNER: Reid Suttles | APPLICANT ADDRESS: 159 Montclair Dr. Mooresville, NC 28117

SITE ADDRESS: Same | PHONE: 203-241-5300 | ALT. PHONE ——

SITE DIRECTIONS: BSR → R on McKendree → R on Digh Circle → L on Montclair → @ End | SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: CL+T | SECTION: 8 | LOT # 404 | LOT AREA: 0.75 acres | DESIGN FLOW: 480 GPD | L.T.A.R.: 0.35 (0.125 repair)

Septic Tank	1000	(gal)	STB	infiltrator	Date	plastic	☐ New System	☐ Repair	☒ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	Existing Bed + 25% Reduction			☐ Business	No. Persons	8	☒ Private	Ex
Pump Make	—	Model	—	Serial #	—		Repair System Description:	Drip			☐ Other	No. Employees	—	☐ Public	
# Nitrification Fields	1	# Lines	2	Linear Ft	86		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community	
Trench Width	36"	Trench Bottom Depth(Low side)	~~16"~~	18"	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: HOLD OP UNTIL WATER SAMPLES COME BACK.

INITIAL SITE SKETCH

SEE ATTACHED DRAWING

AS BUILT SKETCH

6/5/18 - 1st line checked → installer could not get fall @ 18" tb, installed @ 22" (still above sap according to soil notes)
→ tank checked
→ drop box installed between old bed & bottom line -CC

6/8/2018 44' [final] of chambers installed verified ok by laser. Installed substantially in area permitted.

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**

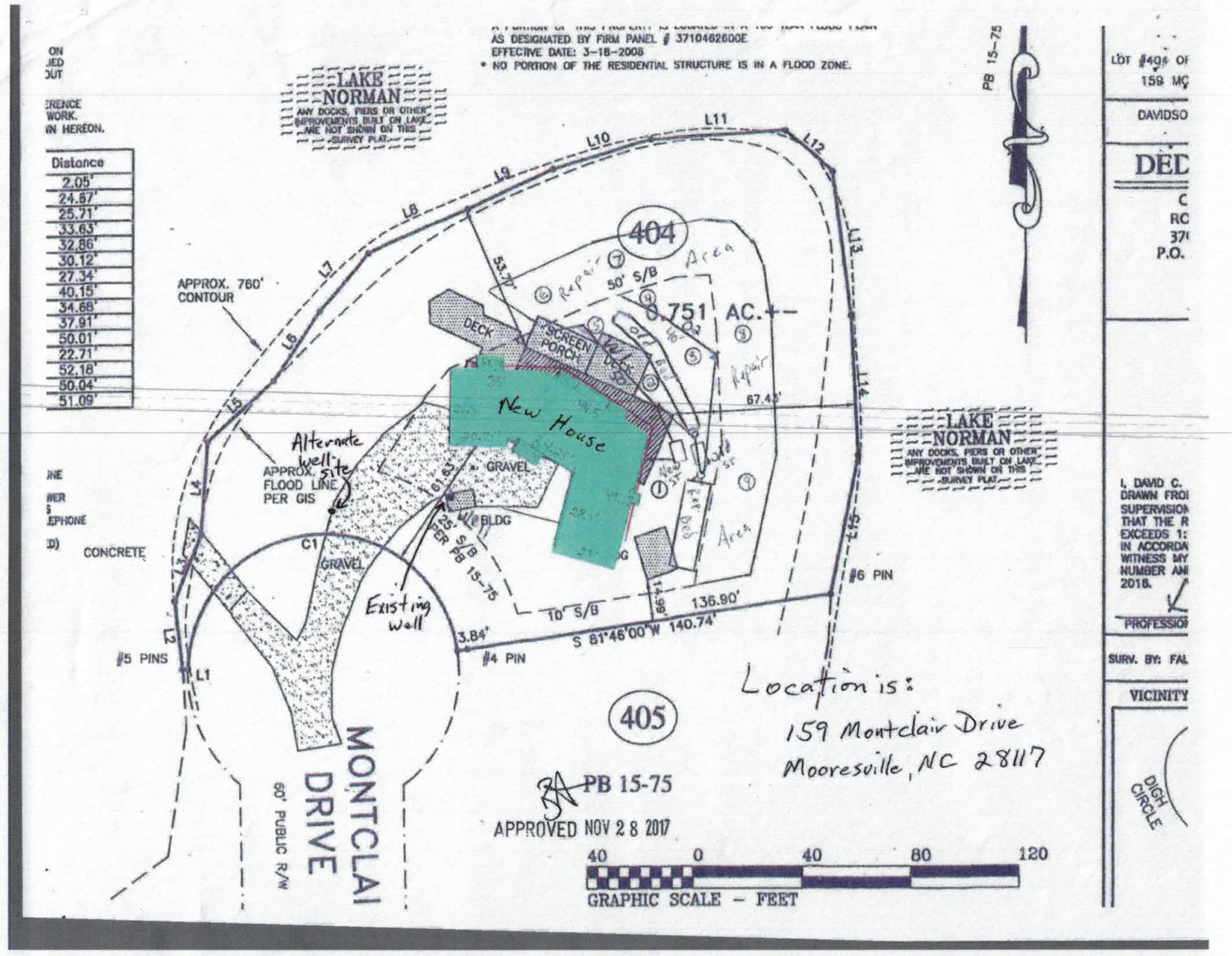
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date: 11-29-17 Installed by: Shane Cashion

IMPROVEMENT PERMIT by: [signature] Date: APPROVED NOV 28 2017 OPERATION PERMIT by: Tom Shuck Date: 6/8/2018

AUTHORIZATION TO CONSTRUCT by: [signature] Date: APPROVED NOV 28 2017 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.


AS DESIGNATED BY FIRM PANEL # 3710462600E
EFFECTIVE DATE: 3-18-2008
* NO PORTION OF THE RESIDENTIAL STRUCTURE IS IN A FLOOD ZONE.
LAKE NORMAN
ANY DOCKS, PIERS OR OTHER IMPROVEMENTS BUILT ON LAKE ARE NOT SHOWN ON THIS SURVEY PLAT.
PB 15-75
LOT #404 OF
159 MO
DAVIDSO
DED
Distance
2.05'
24.67'
25.71'
33.63'
32.86'
30.12'
27.34'
40.15'
34.68'
37.91'
50.01'
22.71'
52.18'
50.04'
51.09'
APPROX. 760' CONTOUR
404
0.751 AC.+-
DECK
SCREEN PORCH
DECK
New House
Repair Area
50' S/B
67.43'
Alternate well site
APPROX. FLOOD LINE PER GIS
GRAVEL
BLDG
25' S/B PER PB 15-75
10' S/B
136.90'
S 81°46'00" W 140.74'
3.84'
#4 PIN
#5 PINS
#6 PIN
Existing Well
CONCRETE
GRAVEL
C1
L1
L2
L3
L4
L5
L6
L7
L8
L9
L10
L11
L12
L13
L14
L15
405
MONTCLAIR DRIVE
60' PUBLIC R/W
PB 15-75
APPROVED NOV 2 8 2017
Location is:
159 Montclair Drive
Mooresville, NC 28117
40 0 40 80 120
GRAPHIC SCALE - FEET
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Town copy
· 11-16-17

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* A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN AS DESIGNATED BY FIRM PANEL # 3710462600E EFFECTIVE DATE: 3-18-2008
* NO PORTION OF THE RESIDENTIAL STRUCTURE IS IN A FLOOD ZONE.

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

PB 15-75

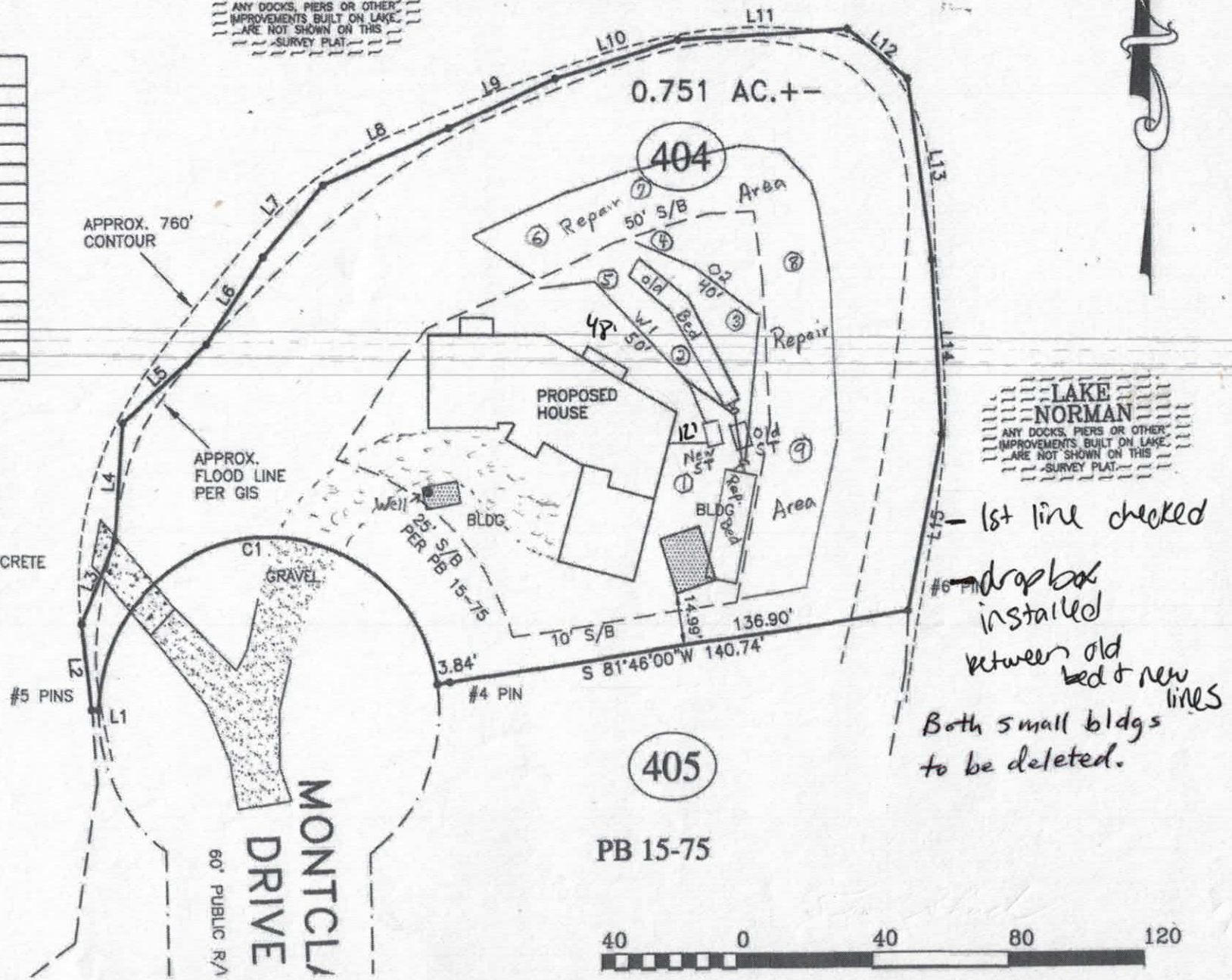
LOT #404 (
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DAVIDS

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30.12'
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22.71'
52.18'
50.04'
51.09'



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

- 1st line checked

drop box installed between old bed & new lines

Both small bldgs to be deleted.

I, DAVID C.
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SURV. BY: F/

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DIGH CIRCLE

APPROVED APR 06 2017

BA

MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
(704) 576-3887

Reference: Data Sheet for 159 Montclair Dr, CL&T Sec 8, Lot 404
House Footprint: See attached plan
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.35 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: Existing Bed + 25% Reduction
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Gravity-End cap/drop boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 18"



Line	Design Length	Actual Length
White 1	46'	50'
Existing Beds		
Orange 2	40'	40'

Initial System: Existing + 86' **Repair System:** 3840+FT2

Comments:
There are exiting 3 bedroom permits for this property. The existing system consists of 2 beds. MA&A is proposing to add a one bedroom expansion to the existing system. The addition should be installed shallow and may need additional cover. A new tank needs to be installed and the old tank pumped, crushed, and filled. The system should flow as followed: W1 to the original bed (approx. 5' x 55') to the repair bed to O2. The repair bed was installed deep. MA&A shot the elevations to determine the above distribution method. Once everything is uncovered at the time of installation, a different method of distribution may be determined if necessary.
The existing bed is marked in pink flags, the existing tank in yellow, the repair bed in blue, and the new tank in red. Attached is an email from Thomas Shuck, Program Specialist for Iredell County, discussing this property. **Please contact MA&A to meet on site.**

Intermediate Relayout

RECEIVED NOV 16 2017

IREDELL COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

Pd. $320.00

(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)

#225545

1. APPLICATION FOR: X Improvement Permit X Authorization To Construct ___ Existing System Inspection

****

Correct Floor Plans attached
Signed 11-3-17

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet

Place check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

****

3. Applicant Information:

Reid Suttles	159 Montclair Dr Mooresville 28117		203 241-5300 cell
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Reid & Cynthia Suttles	same		same
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

****

4. Property Information:

159 Montclair Dr	CL & T	8	404
Street Address	Subdivision Name	Section/Phase and Lot Number	

Driving Directions: Brawley School Rd → McKendree → Digh Circle → Montclair Dr.

****

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence
( ) New, Multi-Family Residence
( ) Expansion of Existing Septic System
Repair To Failing Septic System due to ___
( ) Other add septic lines to existing 3BR to make 4BR

Maximum Number of Bedrooms 4
Maximum Number of Occupants 3
If Expansion, Current Number of Bedrooms ___

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business
Square Footage of Building
Maximum Number of Employees
Maximum Number of Seats

****

6. Proposed Water Supply:

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

****

7. Desired Septic System Type: *(You may rank in order of preference, if any)* (X) EXISTING SYSTEM installed 3 existing with repair '96 (Year)

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. 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. industry) 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.

9. Signature: _____ 11-16-17

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

(you should have the original)

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, Phillip Reid Suttles, am the legal owner(s) of the property located at 159 Montclair Dr., Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4627502089, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Collin Homes, Inc / David Collin, 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]	9-26-17	[signature]	9-26-17
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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DANIEL STALEY
DIRECTOR

Onsite Water Protection Branch
November 1, 2017

Reid and Cynthia Suttles
159 Montclair Drive
Mooresville, NC 28117

Re: Approval No. JMB1257
Private Well Located Less than 25' from Building Perimeter [Rule 15A NCAC 2C .0107(a)(2)(M)]

Property location:
159 Montclair Drive
Mooresville, NC 28117

Dear Mr. and Mrs. Suttles:

On October 27, 2017 the On-site Water Protection Branch received your request for a variance from the Well Construction standards, Title 15A North Carolina Administrative Code Subchapter 2C .0100. The request for the variance concerns a water supply well on the referenced property that serves a single family dwelling. Part of a structure planned for the property will be within twenty five feet of the well.

Specifically, the variance request grants you permission to use a water supply well at a distance closer than the twenty five foot setback to a building perimeter. Achieving the twenty five foot setback would be difficult given the challenges of the property.

Based upon information provided by you, the Iredell County Health Department, it is my finding that based upon current conditions as the site exist today (as well as the current proposal for use of the structure) you meet the conditions necessary for approval of a variance as specified by 15A NCAC .0118 (a) (1) and (2). On that basis and if the following conditions are met, the requested variance is approved:

1) The well/wellhead shall meet all current 2C. 0100 standards *including but not limited to being* **properly grouted**, terminated at least 12" above land surface *properly sealed, having a thread-less* sample tap etc.

WWW.NCDHHS.GOV
TEL 919-707-5874 • FAX 919-845-3
LOCATION: 5605 SIX FORKS RD • RALEIGH, 09
MAILING ADDRESS: 1642 MAIL SERVICE CENTER • RAL 27699-1642
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTI YER

2) The well shall be sampled for the same parameters required of a newly constructed well. If samples indicate contamination, further repairs or treatment will be necessary.
3) No potential sources of groundwater contamination shall be stored near the well-head.
4) No termite treatment shall be applied to the structure within twenty five feet of the well unless alternative methods are approved by the Iredell County Health Department.

The granting of this variance is for the well location only. It in no way relieves the owner or agent from other requirements of the North Carolina Well Construction Standards including, but not limited to the requirements in 15A NCAC 2C .0113(b) to repair or to abandon any well which acts as a source or channel for the migration of contamination. This approval does not imply sufficient water quality. Further, the approval does not relieve your responsibility to comply with any other applicable Federal, State, or local laws or regulations.

If you have any questions regarding this variance, please contact me at (828) 713-3335.

Sincerely,

John Brooks

John M. Brooks R.E.H.S, MS

I have contacted John Brooks as well.

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

VARIANCE APPLICATION FOR 2C .0100 WELL CONSTRUCTION STANDARDS:

PRIVATE DRINKING WATER WELLS UNDER 15A NCAC 02C .0300

WATER SUPPLY WELLS UNDER 15A NCAC 02C .0107
All water supply wells not considered "Private Drinking Water Wells" and including irrigation, industrial, and commercial wells.

WELLS OTHER THAN WATER SUPPLY UNDER 15A NCAC 02C .0108
Including monitoring and recovery wells.

Print clearly or type information. Illegible submittals will be returned as incomplete.

DATE: 10-25, 2017 **PERMIT NO.:** _____ (to be completed by DWQ/DPH)

A. WELL OWNER – For single family residences list the property owner(s). For all others, list name of the business, organization, or government agency and person delegated signature authority:

Reid & Cynthia Suttles

Mailing Address: 159 Montclair Drive

City: Mooresville State: NC Zip Code: 28117 County: Iredell

Day Tele No.: 203 241-5300 Cell No.: Same

EMAIL Address: preidsuttles@yahoo.com Fax No.: —

B. PHYSICAL LOCATION OF WELL SITE

(1) Parcel Identification Number (PIN) of well site: 4627502089

County: Iredell

(2) Physical Address (if different than mailing address): Same

City: _____ State: NC Zip Code: _____

C. WELL DRILLER INFORMATION (if known)

Well Drilling Contractor's Name: N/A

NC Well Drilling Contractor Certification No.: _____

Company Name: _____ Contact Person: _____

City: _____ State: ___ Zip Code: ___ County: _____

Day Tele No.: _____ Cell No.: _____

EMAIL Address: _____ Fax No.: _____

D. REASON FOR VARIANCE REQUEST – Include type of well(s) to be constructed; rule for which the variance is being requested; description of how the alternate construction will not endanger human health and welfare and the environment; and reason why construction and/or operation in accordance with the standards is not technically feasible and/or provides equal or better protection of the groundwater.

We are requesting relief of the 25 foot house-to-well requirement. We estimate a distance of 18 feet from the new house construction to the existing well due to a design miscalculation. We have only one choice for a new well location due to property shape. This location places the well on the edge of the driveway and reduces the 21 foot driveway width at that location. This alternate site is a steep grade straight down to the lake and could be a source of lake contamination during construction or make maintenance/repair more difficult in the future. Our existing well is on flat ground, is easily accessible and had good flow to the removed house.

E. ATTACHMENTS – *Provide the following information as attachments to this application:*

(1) A map showing general location of the property (including road names, NC State Route Number, distances, any key landmarks, etc.) sufficient for finding the well location.
(2) Detailed site map with scale showing location of proposed well relevant to septic system(s), building foundations, property lines, water bodies, potential sources of contamination, other wells, etc.
(3) Submit a copy of the local well permit application and site evaluation map (if applicable).
(4) Any other information relevant to the variance request such as a well construction diagram showing proposed well liner or atypical construction materials/methods.

F. OTHER MINIMUM CONSTRUCTION REQUIREMENTS

For water supply wells, approval of a variance will require that additional construction requirements beyond those specified in 15A NCAC 02C .0107 be met. Minimum additional construction requirements for Coastal Plain and Piedmont and Mountain region wells are referenced on Attachments A and B on pages 4 and 5 of this application. Approval of a variance will not be considered in cases where the specified minimum additional construction requirements cannot be met.

G. SIGNATURES

N/A

Signature of Person Responsible for Well Construction (typically the well driller)

N/A

Print or Type Full Name of Person Responsible for Well Construction (typically the well driller)

Thomas Dannaher Shuck

Signature of County Environmental Health Specialist

Thomas Dannaher Shuck

Print or Type Full Name of County Environmental Health Specialist

Per 15A NCAC 02C .0118 the Secretary of the Division of Water Quality or the Division of Public Health may require submittal of information deemed necessary to make a decision on the variance, may impose conditions as part of the decision, and shall respond in writing to the request within 30 days of receipt of the variance request. A variance applicant who is dissatisfied with the decision of the Director may commence a contested case by filing a petition as described in G.S. 150B-23 within 60 days after receipt of the decision.

Analytical Results

Phillip Suttles
159 Mountclair Drive
Mooresvillle, NC 28117

Receive Date: 11/13/2017
Reported: 12/04/2017
For:
Comments: Acceptable limits for drinking water are:

Total Coliform = Absent, E.Coli = Absent, Lead <0.015 mg/L,
Nitrate <10.0 mg/L, Nitrite <1.0 mg/L

Sample Number	Parameter	Sample ID	Result	Unit	Method	Analyzed	Analyst
171113-20-01	Antimony	Well	<0.003	mg/L	SM3113B-2004	12/01/2017	MD
171113-20-01	Arsenic	Well	<0.0025	mg/L	SM3113B-2004	11/28/2017	MD
171113-20-01	Barium	Well	<0.4	mg/L	SM3111D-1999	12/01/2017	MD
171113-20-01	Beryllium	Well	<0.002	mg/L	SM 3111B	12/01/2017	MD
171113-20-01	Cadmium	Well	<0.001	mg/L	SM3113B-2004	11/21/2017	MD
171113-20-01	Chromium	Well	<0.002	mg/L	SM3113B-2004	11/22/2017	MD
171113-20-01	Cyanide (total)	Well	0.005	mg/L	10-204-00-1-X	11/27/2017	CL
171113-20-01	Fluoride	Well	0.504	mg/L	SM4500FC-1997	11/14/2017	CL
171113-20-01	Iron	Well	0.07	mg/L	SM3111B-1999	11/17/2017	MD
171113-20-01	Manganese	Well	<0.01	mg/L	SM3111B-1999	11/27/2017	MD
171113-20-01	Mercury	Well	<0.0002	mg/L	SM3112B-2009	11/30/2017	MD
171113-20-01	Nickel	Well	0.0032	mg/L	SM3113B-2004	11/27/2017	MD
171113-20-01	pH	Well	6.55	Std. Units	SM4500HB-2000	11/13/2017	CL
171113-20-01	Selenium	Well	<0.005	mg/L	SM3113B-2004	11/29/2017	MD
171113-20-01	Sodium	Well	7.34	mg/L	SM 3111 B	11/27/2017	MD
171113-20-01	Sulfate	Well	<15	mg/L	SM 4500 SO4-E	11/15/2017	MD
171113-20-01	Thallium	Well	<0.001	mg/L	SM3113B	12/01/2017	MD

Respectfully submitted,

Dena Myers

Dena Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

Statesville Analytical

122 Court St. PO Box 228

Statesville, NC 28677 704-872-4697 phone 704-878-2787 fax

INORGANIC CHEMICAL ANALYSIS

Note: All information must be supplied for compliance credit.

WATER SYSTEM NO. _____ **County:** Iredell

Name of Water System: residential well @ 159 Montclair Dr. Mooresville NC 28117

Sample Type: ☒ Entry Point ☐ Special/Non-compliance

Location Where Collected: 159 Montclair Drive, Mooresville, NC 28117

Facility ID No. _____

Sample Point: well head spigot

Collected By: Reid Suttles (Please Print)

Collection Date (MM/DD/YY)	Collection Time (Specify AM or PM)
11-6-17	10AM

Mail Results to (water system representative):

preidsuttles@yahoo.com

Phone #: (203) 241-5300

Fax #: (___) _____

Responsible Person's email: preidsuttles@yahoo.com

LABORATORY ID #: 37755 ☐ SAMPLE UNSATISFACTORY ☐ RESAMPLE REQUIRED

CONTAM CODE	CONTAMINANT	METHOD CODE	REQUIRED REPORTING LIMIT (R.R.L.)	NOT DETECTED (i.e. < R.R.L.) (X)	QUANTIFIED RESULTS*	ALLOWABLE LIMIT
1005	Arsenic	3113 B	0.005 mg/L	☒	_____ mg/L	0.010 mg/L
1010	Barium	3111 D	0.400 mg/L	☒	_____ mg/L	2.000 mg/L
1015	Cadmium	3113 B	0.001 mg/L	☒	_____ mg/L	0.005 mg/L
1020	Chromium	3113 B	0.020 mg/L	☒	_____ mg/L	0.100 mg/L
1024	Cyanide	Lachet Auto	0.050 mg/L	☒	_____ mg/L	0.200 mg/L
1025	Fluoride	4500 F-C	0.100 mg/L	☐	0.504 mg/L	4.000 mg/L
1028	Iron	3111 B	0.060 mg/L	☐	0.07 mg/L	0.300 mg/L
1032	Manganese	3111 B	0.010 mg/L	☒	_____ mg/L	0.050 mg/L
1035	Mercury	3112 B	0.0004 mg/L	☒	_____ mg/L	0.002 mg/L
1036	Nickel	3113 B	0.100 mg/L	☒	_____ mg/L	N/A
1045	Selenium	3113 B	0.010 mg/L	☒	_____ mg/L	0.050 mg/L
1052	Sodium	3111 D	1.0 mg/L	☐	7.34 mg/L	N/A
1055	Sulfate	4500 SO4-E	15.0 mg/L	☒	_____ mg/L	250.0 mg/L
1074	Antimony	3113 B	0.003 mg/L	☒	_____ mg/L	0.006 mg/L
1075	Beryllium	3113 B	0.002 mg/L	☒	_____ mg/L	0.004 mg/L
1085	Thallium	200.9	0.001 mg/L	☒	_____ mg/L	0.002 mg/L
1925	pH	4500 H B	N/A	N/A	6.55 units	6.50 – 8.50

*Note: Except for Iron, Manganese and Sulfate, if result exceeds allowable limit, the laboratory must fax analytical results to the State within 48 hours.

	DATE: (MM/DD/YY)	TIME: (Specify AM or PM)
ANALYSES BEGUN:	11/13/17 ~~5/8/08~~	4:00 PM
ANALYSES COMPLETED:	12/04/17	16:30 PM

Laboratory Log #: 171132001 **Certified By:** M Davis

COMMENTS: _____

2008

Laboratory should Mail Results to:
Public Water Supply Section, Attn: Data Entry, 1634 Mail Service Center, Raleigh, NC 27699-1634
Fax: 919.715.6637

PAID #1044

Analytical Results



Phillip Suttles

159 Mountclair Drive
Mooresvillle, NC 28117

Receive Date: 11/27/2017
Reported: 11/28/2017
For: 159 Montclair Drive Mooresville NC 28117
Comments: Acceptable limits for drinking water are:

Total Coliform = Absent, E.Coli = Absent, Lead <0.015 mg/L,
Nitrate <10.0 mg/L, Nitrite <1.0 mg/L

Sample Number	Parameter	Sample ID	Result	Unit	Method	Analyzed	Analyst
171127-11-01	E. Coli	Suttles	Absent		9223B	11/27/2017	WC
171127-11-01	Nitrate	Suttles	1.61	mg/L	353.2	11/28/2017	CL
171127-11-01	Nitrite	Suttles	<0.1	mg/L	353.2	11/28/2017	CL
171127-11-01	Total Coliforms	Suttles	Absent		9223B	11/27/2017	WC

Respectfully submitted,

Dena Myers

Dena Myers
NC Cert #440,
NCDW Cert #37755,
EPA #NC00909

Statesville Analytical, Inc.
122 Court Street; PO Box 228; Statesville, NC 28687
Phone (704) 872-4697 ; Fax (704) 878-2787

Client Name:(usually buyer) P. Reid Suttles

Address (where sample taken) 159 Montclair Drive Mooresville NC 28117

Location of Sample Taken well headspont **(kitchen, bath, outside, etc.)**

Sampling Time 9 : 14 AM **Sampling Date** 11 / 27 / 2017

Person collecting sample Reid Suttles

Parameters requested for analysis:
Please check tests needed:

[X] Total Coliform Bacteria [ ] Lead [X] Nitrate [X] Nitrite

Other _____

Mail Results to:
please e-mail results (preferred) or abon address as back-up

Phone: 203 241-5300 **Fax:** _____ **Email:** preidsuttlesp yahoo.com

LABORATORY ID# 37755

CONTAMINANT	METHOD CODE	RESULTS PRESENT [1,2]	RESULTS ABSENT	INVALID CODE [3]
Total Coliform	319		✓	
Fecal/E. coli	320		✓	

	DATE: (MM/DD/YY)	TIME: (Specify AM or PM)
ANALYSES BEGUN:	11 / 27 / 17	14:17, PM
ANALYSES COMPLETED:	11 / 28 / 17	09:30, AM

Laboratory Log #: 171127-11-01 **Certified By:** W. Cook

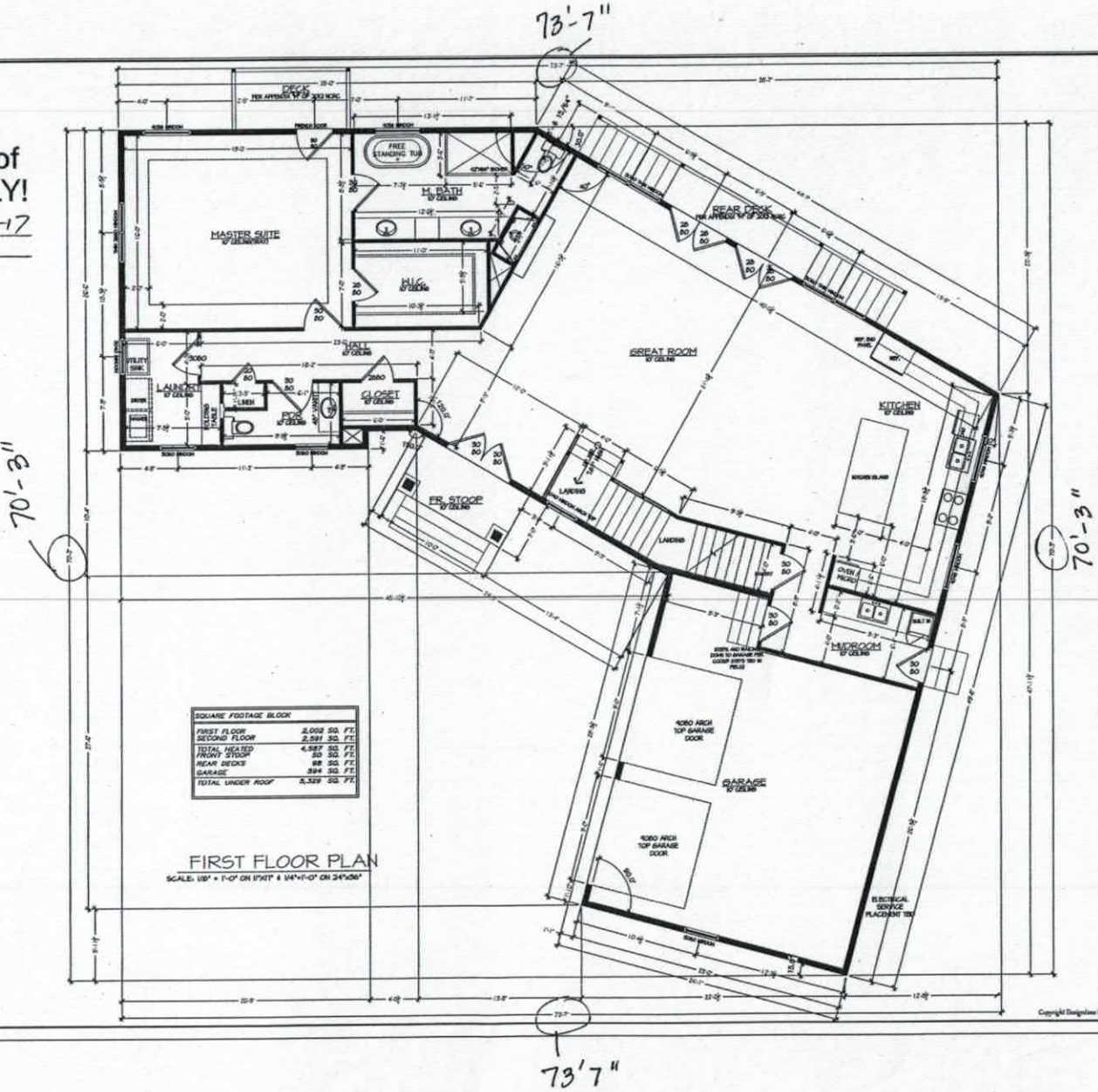
Comments: PAID #1049

(form for private wells and real estate transactions)

Acknowledgement of
Plans Submittal ONLY!

Date 11-3-17

Date



FIRST FLOOR PLAN

SCALE: 1/8" = 1'-0" ON 11"X17" & 1/4"=1'-0" ON 24"x36"

Designtime
RESIDENTIAL DESIGN AND DRAFTING
CHARLOTTE - SOUTH CAROLINA 704-877-9541

SUTTLES RESIDENCE
159 MONTCLAIR DRIVE

JOB NO.	2017-17
DRAWN BY:	MWH
CHECKED BY:	CAD

REVISIONS:

DATE: 3.13.17

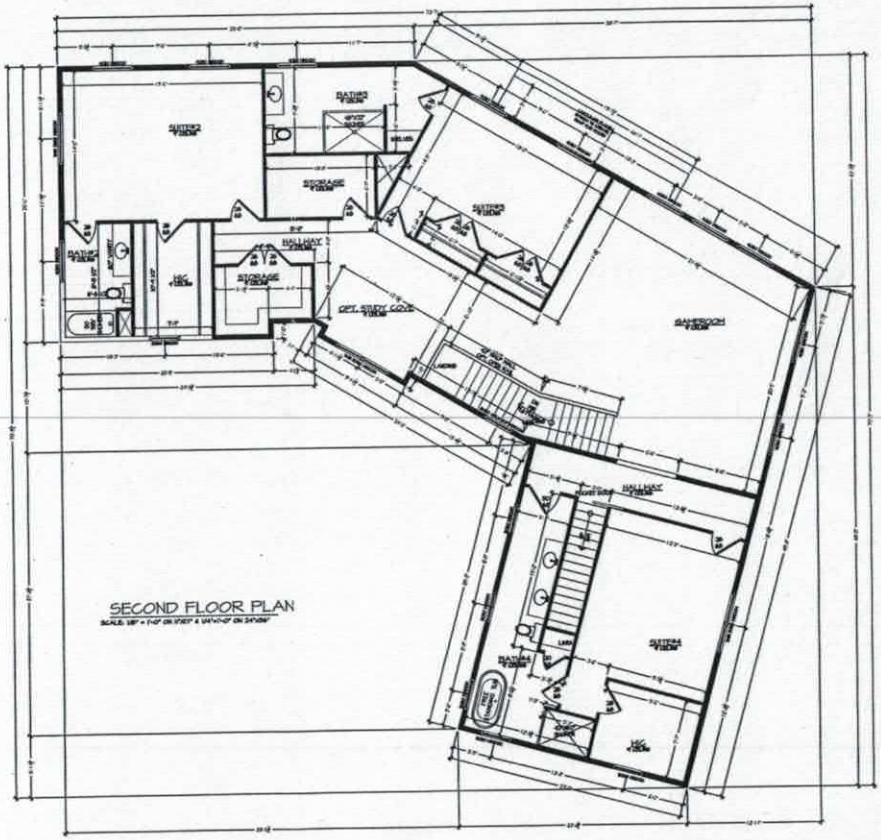
SHEET NO.
2.0

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Acknowledgement of
Plans Submittal ONLY!

_____ Date 1-3-17

_____ Date _____



SECOND FLOOR PLAN

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Designtime
RESIDENTIAL DESIGN AND DRAFTING
CHARLOTTE, NORTH CAROLINA 704-877-3541

SUTTLES RESIDENCE
159 MONTCLAIR DRIVE

CLIENT NO.	
JOB NO.	2017-17
DRAWN BY:	MWH
CHECKED BY:	CAD

REVISIONS

DATE: 3.13.17

SHEET NO.

3.0