ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # AP318764

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

PIN # 4627--57--9756

APPLICANT/OWNER: Kevin Chen

APPLICANT ADDRESS: 254 Paradise Peninsula Rd, Mooresville NC 28117

SITE ADDRESS: 254 Paradise Peninsula Rd, Mooresville NC 28117 PHONE: 828-280-3288 ALT. PHONE 704-576-1108

SITE DIRECTIONS: (W) NC 150 → (L) Paradise Peninsula → lot @ end of cul-de-sac

SUBDIVISION: CL & T SECTION: 10 LOT # 195 LOT AREA: 0.73ac

SAP CONTROLLED: ☐ YES ☒ NO

DESIGN FLOW: 480gpd L.T.A.R.: 0.3 (I) / 0.125

Septic Tank	1000 (gal)	STB	Infiltrator	Date			
Pump Tank	(gal)	PT		Date			
Pump Make		Model		Serial #			
# Nitrification Fields	1	# Lines	3 + ex. bed	Linear Ft:	100'		
Trench Width	24" min	Trench Bottom Depth (~~from inside~~)	36" max	Gravel Depth	EXISTING		

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

System Description: Existing Bed + VPPBPS

Repair System Description: Pre-Treated Drip

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 4 No. Persons 8 No. Employees ____

☒ Crawl Space

Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Do not pave, grade, park, drive, or bury utilities in drainfield area. 50' buffer must be clearly staked during installation. Earthen dam end of bed before setting D-box. Set new tank

Keep D-boxes 5' or more off deck - ~~feed bed then~~ overflow to new lines.

Permit replaces previous permits - site plan changed, house

INITIAL SITE SKETCH

See attached site plan by Michael Athanas & Assoc, approved 10/5/21

AS BUILT SKETCH

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

built over existing system

Due to elevation differences in new & old systems, distribution will be to feed all lines to the bed equally. 11/1/21



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: _____ Date: 10/18/21 Installed by: Greenway Waste Solutions

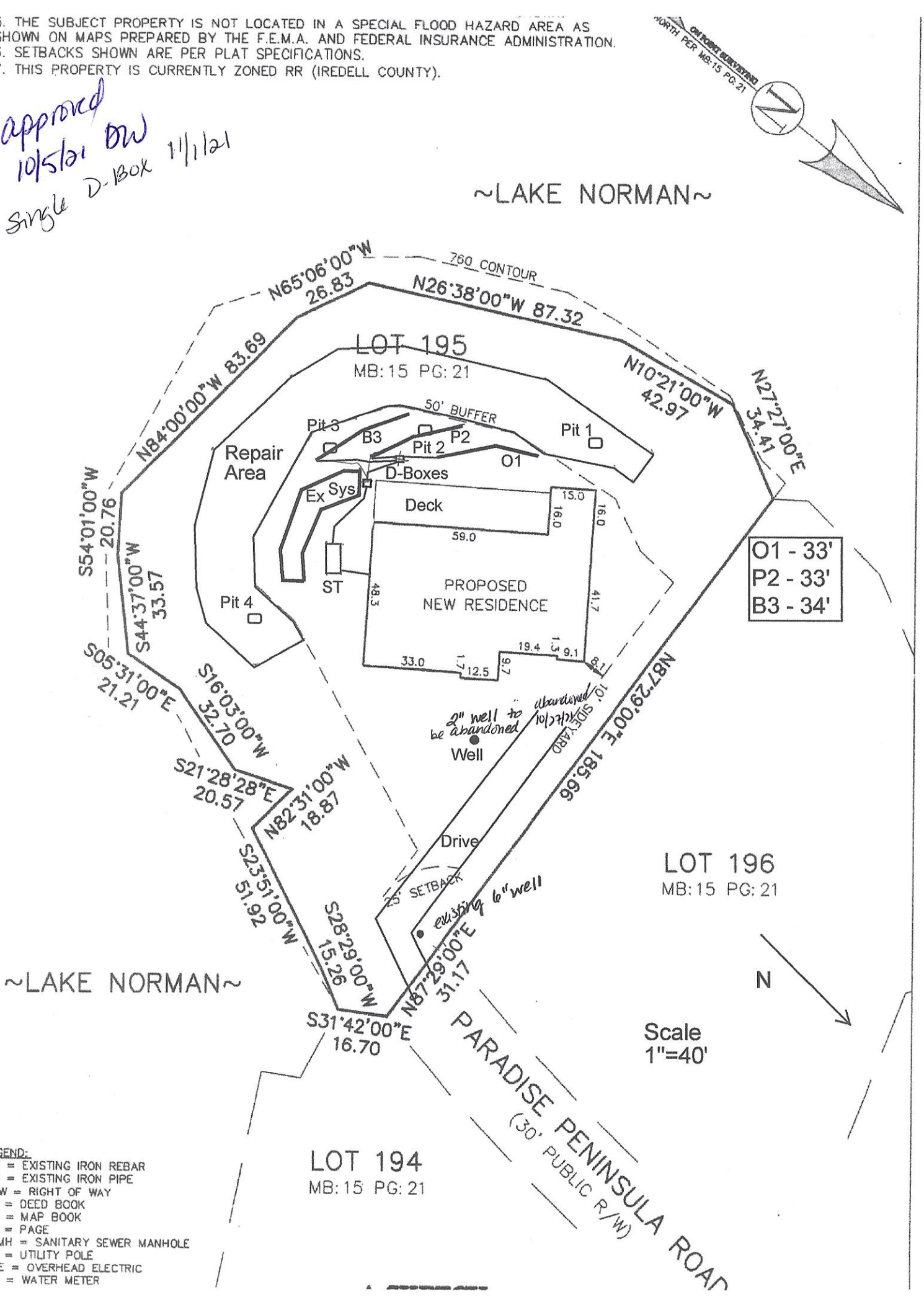
IMPROVEMENT PERMIT by: D. Mieberg Date: 10/5/21 OPERATION PERMIT by: Cory Wht Date: 11/2/21

AUTHORIZATION TO CONSTRUCT by: D. Mieberg Date: 10/29/21 Existing System Inspected by: _____ Date: _____

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

5. THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE F.E.M.A. AND FEDERAL INSURANCE ADMINISTRATION.
6. SETBACKS SHOWN ARE PER PLAT SPECIFICATIONS.
7. THIS PROPERTY IS CURRENTLY ZONED RR (IREDELL COUNTY).

approved
10/5/21 DW
Single D-Box 11/1/21



LEGEND:
EIR = EXISTING IRON REBAR
EIR = EXISTING IRON PIPE
R/W = RIGHT OF WAY
DB = DEED BOOK
MB = MAP BOOK
PG = PAGE
SSMH = SANITARY SEWER MANHOLE
UP = UTILITY POLE
OHE = OVERHEAD ELECTRIC
WM = WATER METER



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
556Walden Trail
Weddington, NC 28173
(704) 576-3887
9/23/2021

Reference: Data Sheet for 254 Paradise Peninsula Rd
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Existing Private Well
Number of Bedrooms/Daily Flow: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT^2
Proposed Repair System Type: Existing Bed + PPBPS
Distribution: Gravity-Distribution Boxes
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	Actual Length
White	Existing Conventional Bed	
Orange 1	33'	34'
Pink 2	33'	40'
Blue 3	34'	49'

Repair System: Existing Bed + 100' PPBPS Pre-Treated Drip

Comments:
The existing permit is for 4 bedrooms (see attached). The foundation has been installed over part of the existing system. The original permit (1973) defined the conventional bed as 7.5' x 75'. The expansion permit (1984) added 80' of conventional line. The system lost 80' of conventional line and approximately 225 FT^2 of the bed (30'x 7.5'). MA&A is proposing to replace the lost conventional area with PPBPS.

225 FT^2/3=75' of conventional line/2=37.5' of PPBPS
80' conv.=40' PPBPS

We need approximately 78' of PPBPS. We are proposing to add 100' of PPBPS.

PROPERTY ID #: 4627579756
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Kevin Chen _____ APPLICATION DATE _____
ADDRESS: 254 Paradise Peninsula Rd, Mooresville, CN 28117 _____ DATE EVALUATED: 1/2021
PROPOSED FACILITY: 4 BDRM _____ PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 0.797 AC
LOCATION OF SITE: 254 Paradise Peninsula Rd, CL&T Sec 10 Lot 195 _____ PROPERTY RECORDED: _____
WATER SUPPLY: X Private ☐ Public X Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Auger Boring X Pit ☐ Cut TYPE OF WASTEWATER: X 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	LS 4%	0-8	FILL		N/A	33"		N/A	PS 0.3+
		8-11	Br CL WSBK	FR SS SP SXP					
		11-33	R CL WSBK	FR SS SP SXP			Com SAP PS		
		33-54	VER SL SAP M	FR SS SP SXP					
			C veins M sap						
2	LS 4%	0-10	FILL		N/A	60"		N/A	PS 0.3
		10-24	R C SBK	FR SS SP SXP					
		24-48 ~~24-60~~	R CL WSBK	FR SS SP SXP			C-M SAP		
		48-60	SAP-M-S	NSMP-VFR					
3	LS 4%	0-20	R C SBK	FR SS SP SXP	N/A	60"		N/A	PS 0.3
		20-~~68~~ 55	R CL WSBK	FR SS SP SXP			F-C SAP		
		55-60	L WSBK	NSMP-FR-SESP					
					mica common throughout				
4	LS 4%	0-12	BrR CL WSBK	FR SS SP SXP	N/A	60"		N/A	PS 0.3
		12-35	R C SBK	FR SS SP SXP					
		35-60	R CL WSBK	FR SS SP SXP			Com SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex + 200 FT^2	4800 FT^2
System Type(s)	Ex + PPBPS	TSII DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT: _____

COMMENTS: _____

9/30 1500

DW

RECEIVED SEP 2 4 2021

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-318764 $350.00

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: **(PRINT CLEARLY)** Please contact Gary McNeely (704-310-1832) prior to evalution

Applicant Name: Kevin Chen **Address:** 254 Paradise Peninsula Rd, Mooresville, NC **Zip:** 28117

Applicant Email: kevinchenavl@gmail.com **Phone:** _____ **Alt. Phone:** _____

Owner Name: Same **Address:** _____ **Zip:** _____

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 254 Paradise Peninsula Rd

Subdivision Name: CL&T **Section/Phase:** 10 **Lot Number:** 195

Driving Directions: _____

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

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 (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: 1984
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____ 9/24/2021
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, WEN Z CHEN (Kevin chen), am the legal owner(s) of the property located at 254 paradise peninsula Rd, identified as PIN (Parcel Identification Number) 4627-57-9971, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chris Goodwin, Goodwin Custom Homes, 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.

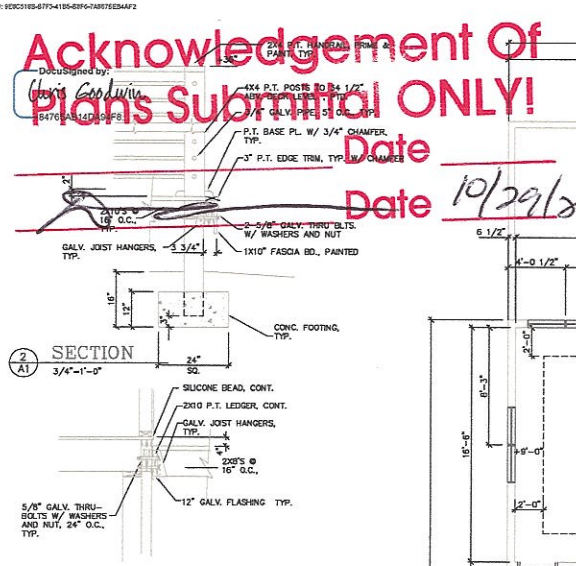
_____ 10.7.21
Signature of Owner(s) Date

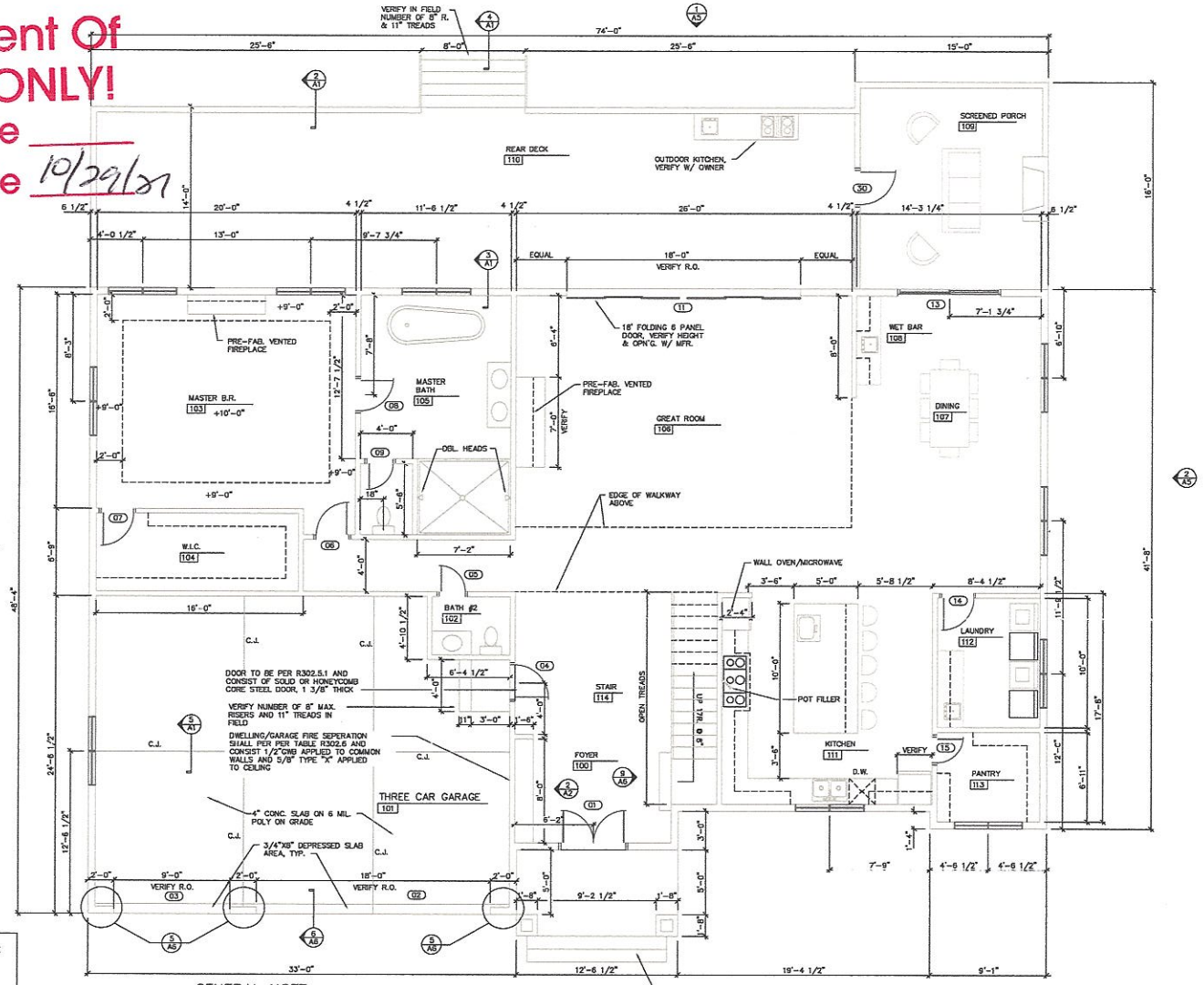
Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

DocuSign Envelope ID: 9E9C5185-67F5-4185-83F6-7AB67EE54AF2

Acknowledgement Of
Plans Submittal ONLY!
DocuSigned by:
Chris Goodwin
8476CA314D494F8...
Date
Date 10/29/21
Of
LY!





FIRST FLOOR PLAN
1/4"=1'-0"

LEGEND

- STD. DUPLEX CONVENIENCE OUTLET
- COMPUTER OUTLET
- DOUBLE DUPLEX RECEPTACLE
- STD. TELEPHONE WALL OUTLET
- STD. TELEPHONE WALL OUTLET
- 2 x 4 LAY-IN LIGHT FIXTURE
- 2 x 2 LAY-IN FIXTURE
- 2 x 4 EMERGENCY LIGHT W/ BATTERY BACK-UP
- EXIT LIGHT
- PERIMETER CEILING DIFFUSER
- CEILING DIFFUSER
- CEILING RETURN GRILLE
- TELEVISION
- PENDANT LIGHT
- CEILING FAN

BUILDING AREAS

2,510 SQ. FT.	FIRST FLOOR
2,060 SQ. FT.	SECOND FLOOR
4,570 SQ. FT.	TOTAL HEATED AREA
105 SQ. FT.	FRONT PORCH
719 SQ. FT.	REAR DECK
240 SQ. FT.	COVERED PATIO
789 SQ.FT.	GARAGE

NOTE:
EXTERIOR DIMENSIONS SHOWN ARE TO OUTSIDE FACE OF SHEATHING

INTERIOR DIMENSIONS ARE FACE OF DRYWALL TO FACE OF DRYWALL, U.N.O.

JACK AND KING STUD TABLE

OPNG. SIZE	16" O.C. STUD SPACING		24" O.C. STUD SPACING	
	NO. JACK STUDS	NO. KING STUDS	NO. JACK STUDS	NO. KING STUDS
UP TO 3'-6"	1	1	1	1
3'-6" TO 5'-0"	1	2	1	2
5'-0" TO 5'-6"	2	2	1	2
5'-6" TO 8'-0"	2	2	1	2
8'-0" TO 10'-6"	2	3	2	2
10'-6" TO 12'-0"	3	3	2	2
12'-0" TO 13'-0"	3	3	2	3

GENERAL NOTE:

GENERAL CONTRACTOR SHALL PROVIDE EVIDENCE THAT SLAB AREA HAS BEEN TREATED FOR SUB-TERRANEAN TERMITES PER SECTION R318 OF 2018 NCRC

SEE MFR. LITERATURE FOR ALL TYPICAL FRAMING DETAILS RELATED TO ENGINEERED WOOD PRODUCTS, INSTALL ACCORDINGLY

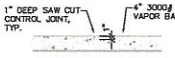
ALL FRAMING SHALL BE #2 OR BETTER SOUTHERN YELLOW PINE, TYP.

BRACED WALL LINE LENGTH FOR CONT. SHEATHING METHOD SHALL EXCEED LIMITS IN R602.10.5 ENGINEERED DESIGN METHOD

HEADERS SIZES AND SPANS SHALL COMPLY WITH TABLE R602.7(1), R602.7(2), R602.7(3) 2018 NCRC TYP. ALL LOCATIONS

WALL BRACING SHALL BE ACHIEVED BY THE SHEATHED WALL METHOD WITH 1/2" OSB SHEATHING AND SHALL COMPLY TO SECTION R602.10 OF 2018 NCRC CS-SFB METHOD SHALL CONSIST OF MIN. BRACE PANEL LENGHT OF 24" ADJACENT TO WINDOW NOT MORE THAN 67% OF WALL HEIGHT, 30" ADJACENT TO DOOR OR WINDOW GREATER THAN 67% AND LESS THAN 85% OF WALL HEIGHT, 48" FOR TALLER OPENINGS. SHEATHING SHALL BE ATTACHED W/1 1/2" LONG X 0.120 DIA. GALVANIZEDROOFING NAILS 3"O.C. @ EDGES & 6" IN FIELD.

SHEATHING SHALL LAP SECOND FLOOR LINE BY MIN. 24" AND SHALL BE NAILED WITH APPROPRIATE FASTENER 6" O.C. EDGE CONDITIONS AND 12" O.C. INTERMEDIATE SPACING, FASTENERS TO COMPLY W/ TABLE R602.3 2018 NCRC



SECTION
3/4"=1'-0"

JIM GOODWIN
ARCHITECT, PLLC
13400 TAXBRIDGE CT. CHARLOTTE, N.C. 28277
PHONE 704-814-0383
FAX 704-814-0388
E-MAIL jimgoodwin@bellsouth.net

JAMES P. GOODWIN
REGISTERED ARCHITECT
4867
NORTH CAROLINA
CHARLOTTE, N.C.
9-17-21

Project: CHEN RESIDENCE
254 PARADISE PENINSULA RD., MOORESVILLE, N.C.
GOODWIN CUSTOM HOMES, LLC

Sheet Title: FLOOR PLANS
1/4" = 1'-0"

Project Architect/ Job Captain: GOODWIN
DRAWN BY: GOODWIN
DATE DRAWN: 2-7-21

Revisions
No. Date
No. Date
No. Date
No. Date

Issue Date

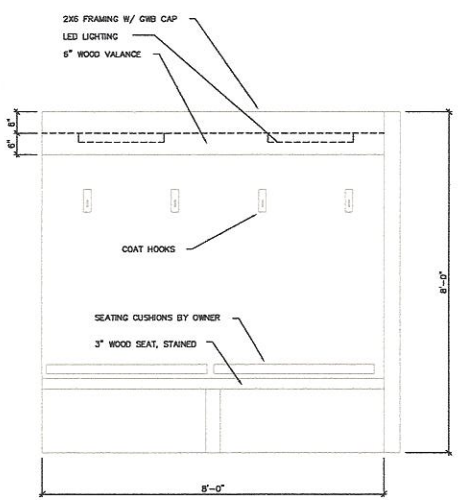
Project Number: 1464

Sheet: A-1 Of 7

CAD DWG: 1464-A1 @ 1/4"

DocuSign Envelope ID: 9E0C516B-87F3-41E5-B9F6-7A567EEBAAF2

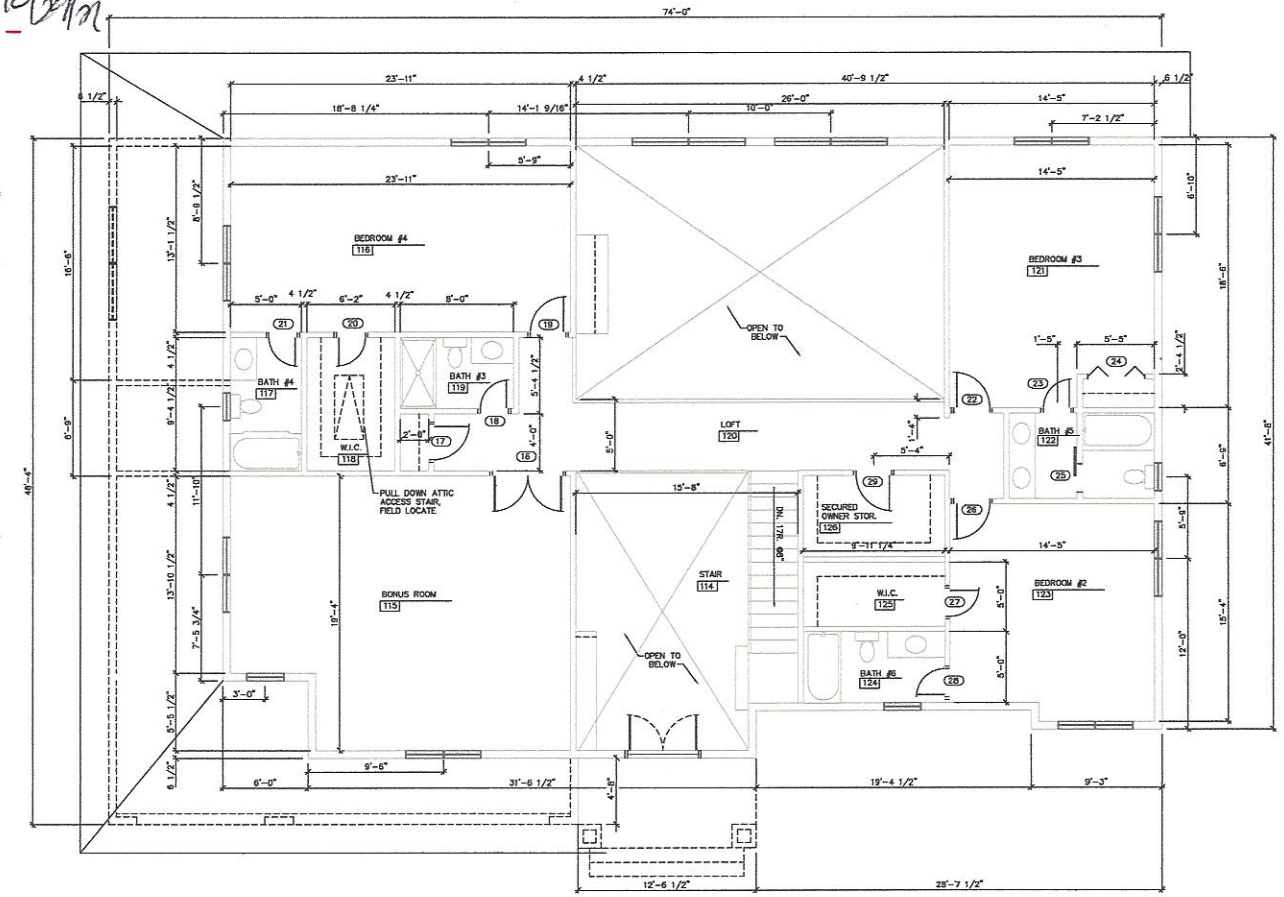
Acknowledgemen
Plans Submittal OI
DocuSigned by:
Chris Goodwin
84765AB14DA94F8...
Date
Date 10/27/21



2/A2 ELEVATION
3/4"=1'-0"

LEGEND

- STD. DUPLEX CONVENIENCE OUTLET
- COMPUTER OUTLET
- DOUBLE DUPLEX RECEPTACLE
- STD. TELEPHONE WALL OUTLET
- STD. TELEPHONE WALL OUTLET
- 2 x 4 LAY-IN LIGHT FIXTURE
- 2 x 2 LAY-IN FIXTURE
- 2 x 4 EMERGENCY LIGHT W/ BATTERY BACK-UP
- EXIT LIGHT
- PERIMETER CEILING DIFFUSER
- CEILING DIFFUSER
- CEILING RETURN GRILLE
- TELEVISION
- PENDANT LIGHT
- CEILING FAN



1/A2 SECOND FLOOR PLAN
1/4"=1'-0"

ATTIC NOTE:
C.C. TO PROVIDE 8'X15' PLATFORM OF 3/4" PLY.WD. ACCESSIBLY FROM PULL DOWN STAIR. PROVIDER HAND-RAIL AT PERIMETER W/ HORIZ. 2X4'S AT +18" & +36" ABV. FIN. FL., FIELD LOCATE

BUILDING AREAS

2,510 SQ. FT.	FIRST FLOOR
2,060 SQ. FT.	SECOND FLOOR
4,570 SQ. FT.	TOTAL HEATED AREA
105 SQ. FT.	FRONT PORCH
719 SQ. FT.	REAR DECK
240 SQ. FT.	COVERED PATIO
789 SQ.FT.	GARAGE

NOTE:
EXTERIOR DIMENSIONS SHOWN ARE TO OUTSIDE FACE OF SHEATHING

INTERIOR DIMENSIONS ARE FACE OF DRYWALL TO FACE OF DRYWALL, U.N.O.

JIM GOODWIN
ARCHITECT, PLLC
10400 TAXERIDGE CT. CHARLOTTE, N.C. 28277
PHONE 704-814-8233
FAX 704-814-8688
E-MAIL Jimgoodwinarch@aol.com

JAMES R. GOODWIN
4967
CHARLOTTE, N.C.
3-17-21

Project: CHEN RESIDENCE
254 PARADISE PENINSULA RD., MOORESVILLE, N.C.
GOODWIN CUSTOM HOMES, LLC
Sheet Title: FLOOR PLANS
1/4" = 1'-0"

Project Architect/ Job Captain: GOODWIN
DRAWN BY: GOODWIN
DATE DRAWN: 2-7-21
Revisions
No. Date
No. Date
No. Date
No. Date
Issue Date

Project Number: 1464
Sheet: A-2 Of 7

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

Chris Player

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

4332-C

NC Well Contractor Certification Number

DL Mullis Well Drilling

Company Name

2. Well Construction Permit #: 318764

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: 10/27/2021

5a. Well location:

Kevin Greer — Facility/Owner Name

Goodwin — Facility ID# (if applicable)

254 Paradise Penn. Mooresville NC 28117 — 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)

35.59712 N -80.931 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#: N/A

6b. Total well depth: N/A (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 15 (ft.)

6e. Outer casing length (if known): N/A (ft.)

6f. Inner casing/tubing length (if known): N/A (ft.)

6g. Screen length (if known): N/A (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): N/A (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: 2 pints

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:

135 lb Portland

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

Excavated 3' below grade cut casing and poured with portland

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 10/27/2021

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.

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

APPLICATION NUMBER
310305 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4770165063.000	159 CHARLES FARM DR	Iredell County

Owner Information	Applicant Information
Name: GRANITE FERRY INC	Name: GRANITE FERRY INC
Address:	Address: 1820 HARRIS HOUSTON
	CHARLOTTE, NC 28262
Phone:	Phone: (919)374-0121

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0.81	35	35	15	15	N/A	NO

Remarks
SFD

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 08/24/2020

Signature of Owner/Contractor

Permit Number	310305

TOTAL FEES:	$77.25