ICHD–ENVIRONMENTAL HEALTH DIVISION

PJB

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

PERMIT # 224524

PIN # 4627-60-8504

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

APPLICANT/OWNER: Matthew Gannis

APPLICANT ADDRESS: 229 Bayberry Creek Cir. Mooresville, NC

SITE ADDRESS: 397 Grasshopper Dr. Mooresville, Nc 28117

PHONE: 316-779-2643 ALT. PHONE

SITE DIRECTIONS: BSR → McKendree → Grasshopper → keep Right → lot on Right

SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CL+T

SECTION: 8 LOT # 456 LOT AREA: 0.75 acres

DESIGN FLOW: 480 GPD L.T.A.R.: 0.30

Septic Tank	1000	(gal)	STB # 760	Date	1-17-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1000	(gal)	PT 363	Date	2-27-2020	System Description: LP-PPBPS (50% Reduction)				☐ Business	No. Persons 8
Pump Make	Zoeller		Model BN-153	Serial #		Repair System Description: TS II + Drip Irrigation				☐ Other	No. Employees
# Nitrification Fields	1		# Lines 4	Linear Ft:	270	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☒ Crawl Space
Trench Width	24"		Trench Bottom Depth(Low side)		36"	Gravel Depth		☐ GRAVITY	☒ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Existing well must be abandoned prior to AC issuance. See LSS instructions regarding diversion of surface water. Recommend setting control floats to dose system ≈ 170 gallons per pumping event.

INITIAL SITE SKETCH

See attached plans from Michael Athanas + Associates

Dated: 8/15/2019 Michael Athanas LSS #1252

Date of well abandonment: 9/13/19 (+ GW-30 Form) 10/2/19 -SF

Separate permit required

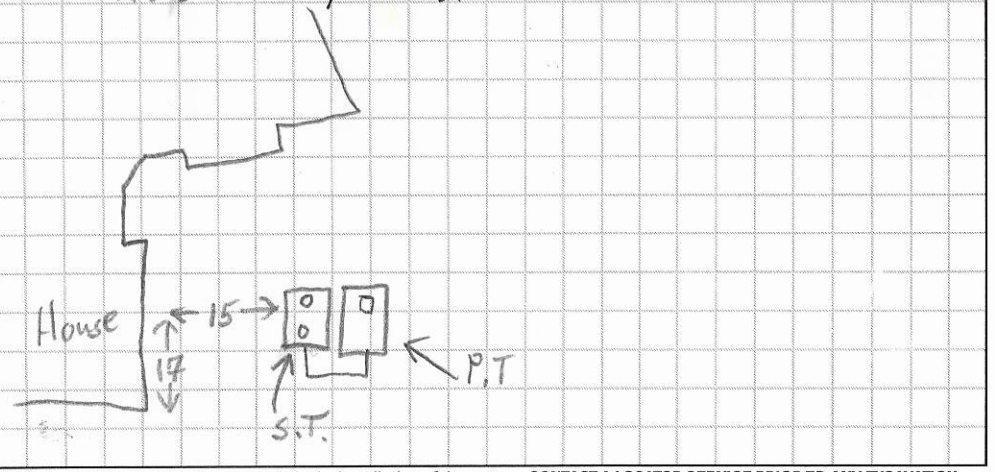
1
62
+ 3.6
65.6
+ 27.2
92.8
+ 86.0
178.8
+ 34.2
213.2

AS BUILT SKETCH

4/9/2020: Shoaf mid-seam 1000-gal conc. septic tank. (Filter not yet installed, nor conveyance to pump tank)

#	Panels	
14	L1	59
15	L2	60
16	L3	67
17	L4	74
62		268

3/16 orifice. 36" TB verified ok by laser. Installed substantially as 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 EXCEPTION**

☐ **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.*

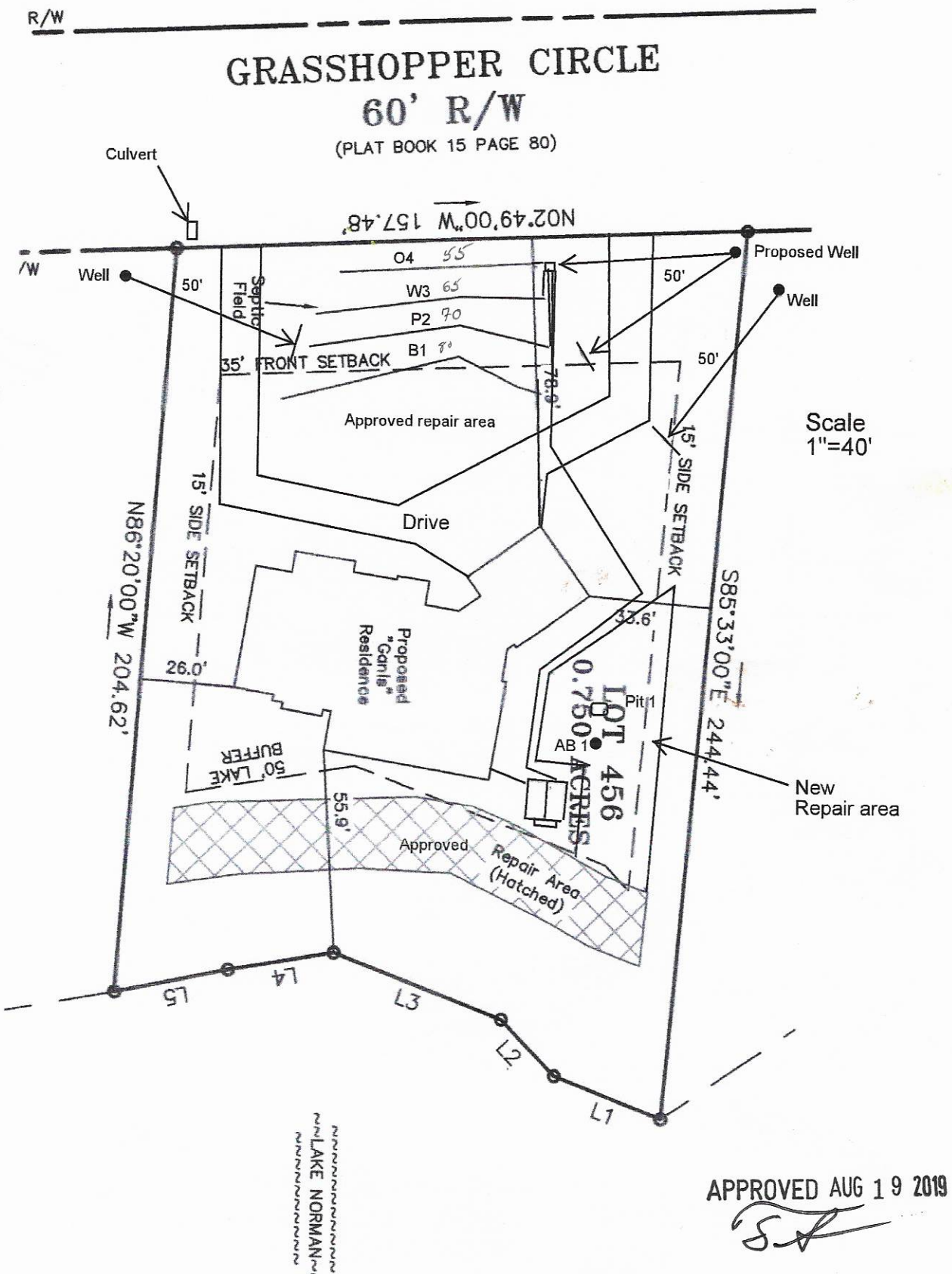
Owner / Applicant Signature: Matt Gannis Date: 9-27-19 Installed by: Shady Knowles Septic Service

IMPROVEMENT PERMIT by: Tom Shuck Date: 8/19/2019 OPERATION PERMIT by: Bryant White Date: 5-20-2020

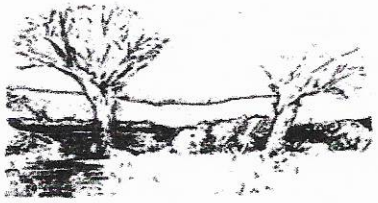
AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 10/2/2019 Existing System Inspected by: Date:

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.

	Date	Initials
Drain Lines Checked	4/1/20	[illegible]
Tanks Checked	4/1/20	[illegible]
Pressure Manifold or Valve Box Checked	5/4	BB
Pressure Head Set	5/4	BB
Electrical Checked	5-20	BLW
Floats Set	5/4	BB
Alarm Checked	5-20	BLW
Maintenance Contract (Y) / N	5-20	MD



APPROVED AUG 19 2019



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
8/14/2019

Reference: Data Sheet for 397 Grasshopper Cir. CL&T Sec 8 Lot 456
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: 0.3 GPD/FT2 (initial), 0.125 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: Pretreatment Drip Irrigation
Distribution: Low Pressure- CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 15.7'
Friction Head: 4.6'
Pressure Head: 2'
Total Dynamic Head: 22.3'
Supply Line Length: 185' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24"



Line	Design Length	# of Panels	Actual Length	Elevation
Blue 1	80'	18	92'	6.5'
Pink 2	70'	16	75'	5.3'
White 3	65'	15	70'	4.7'
Orange 4	55'	13	61'	3.8'

Initial System: 270' **Repair System:** 3840+ft2
Pump Tank: 14.5' **House Corner:** 10.0'
Benchmark: 0.6' (top of concrete monument)

APPROVED AUG 19 2019

Comments:

This property has an existing system and an existing 2" well that will be abandoned. A water diversion ditch must be dug along the right side property line to catch the water from the culvert. The system must be installed on 8' centers.

2019:

The drive will encroach on the previously approved repair area. Additional repair area has been designated left of the house.

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

PROPERTY ID #: 4627608504
COUNTY: Iredell

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

OWNER: Matthew Gannis
ADDRESS: 229 Bayberry Creek Cir, Mooresville, NC 28117
PROPOSED FACILITY: 4 bdrm
PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: 397 Grasshopper Cir. CL&T Sec 8 Lot 456
APPLICATION DATE
DATE EVALUATED: 8/2019
PROPERTY SIZE: 0.75 AC
PROPERTY RECORDED: 10/5/1977

WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other

EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut

TYPE OF WASTEWATER: Ξ 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 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1 ✓	LS 3%	0-10	FILL		N/A	56"	N/A	N/A	PS 0.3
		10-19	Br CL WSBK	FR SS SP SEXP					
		19-40	R C SBK	FR SS SP SEXP					
		40-56	R CL WSBK	FR SS SP SXP					
AB 1	LS 3%	0-4	FILL		N/A	48"	N/A	N/A	PS 0.3
		4-30	BrR C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	3840 ft2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: MA&A
OTHER(S) PRESENT:
APPROVED AUG 19 2019

COMMENTS

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

PROPERTY ID #: 4627608504_
COUNTY: _Iredell____

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

OWNER: J C Patterson_____ APPLICATION DATE_____
ADDRESS: 1235 Squire Dr. Charlotte, NC 28211_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD___ PROPERTY SIZE: __0.75 AC_____
LOCATION OF SITE: 397 Grasshopper Cir. CL&T Sec 8 Lot 456_____ PROPERTY RECORDED: _10/5/1977____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ 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 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 8%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	60"	Few SAP	N/A	PS 0.3
		3-32	R C SBK	FR SS SP SEXP					
		32-60	R CL WSBK	FR SS SP SEXP					
PIT 2	LS 8%	0-19	BrR CL WSBK	FR SS SP SEXP	N/A	60"	N/A	N/A	PS 0.3
		19-32	R C SBK	FR SS SP SEXP					
		32-44	R CL WSBK	FR SS SP SEXP					
		44-60	R SCL WSBK	FR SS SP SEXP					
PIT 3	LS 6%	0-22	BrR CL WSBK	FR SS SP SEXP	Mn	52"	N/A	N/A	PS 0.275
		22-52	R C WSBK	FR SS SP SEXP					
PIT 4	LS 5%	0-24	BrR CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.25
		24-48	R C ABK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	540 FT2	3840 ft2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.125

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: 4627608504_____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 5	LS 5%	0-21	R CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.25
		21-28	BrR CL WSBK	FR SS SP SEXP					
		28-48	R C ABK	FR SS SP SEXP					
PIT 6	LS 5%	0-20	R CL WSBK	FR SS SP SEXP	CHR 2 @ 20"	20"	N/A	N/A	DRIP 0.125
AB 1	LS 8%	0-48	R C SBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
AB 2	LS 8%	0-15	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		15-30	R C SBK	FR SS SP SEXP					
		30-48	R CL WSBK	FR SS SP SEXP					

COMMENTS:_____

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

224524

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair $225

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)

Applicant Name: Matthew Gannis **Address:** 229 Bayberry Creek Cir, Mooresville, NC **Zip:** 28117

Applicant Email: _____ **Phone:** 316-779-2643 **Alt. Phone:** _____

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

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

Property Information:

Street Address: 397 Grasshopper Cir

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 456

Driving Directions: _____

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: _____ — ( ) 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: _____

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

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (✓) No Does the site contain any jurisdictional wetlands?
( ) Yes (✓) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (✓) 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: _____ 8/15/2019
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 conditionsspecified by the local health department.

I, ___Matthew Ganis_____, am the legal owner(s) of the property located at___397 Grasshopper Circle Mooresville, NC___CL&T Sec 8 Lot 456_____, identified as PIN (Parcel Identification Number) ___4627608504 _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas& Associates_, _____, 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.

8-13-19

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

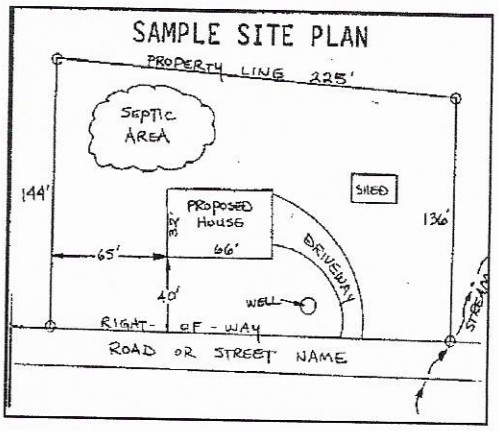
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL 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
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) 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

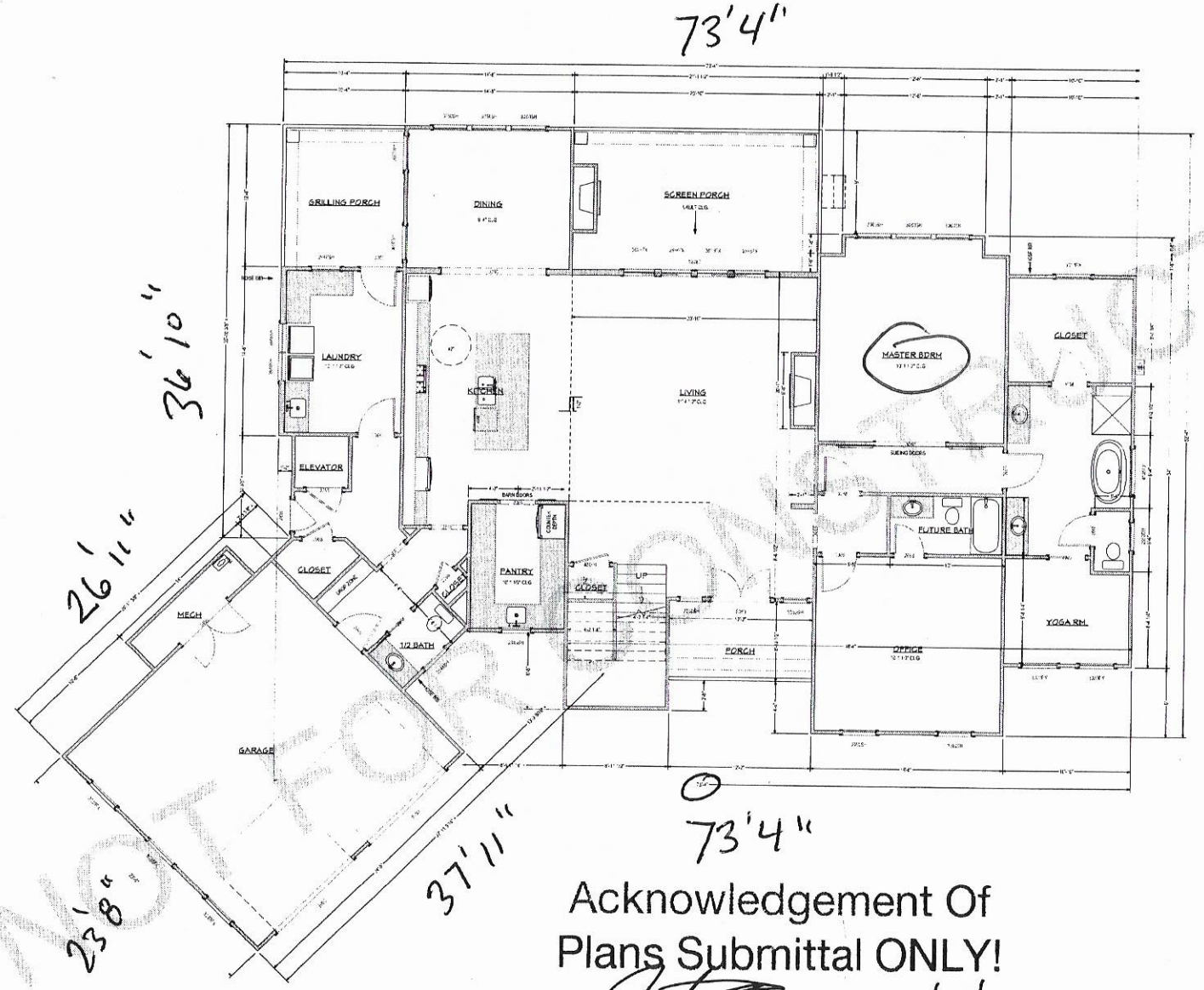
See attached plan

Signature: _____

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

8/15/2019

DATE



SQUARE FOOTAGE	
APROX (PER A.N.S.I. Z765)	
1ST FLOOR HEATED	2756
2ND FLOOR HEATED	1758
TOTAL HEATED	4514
GARAGES	619
PORCHES	465
TOTAL UNDER ROOF	5565

NOT FOR CONSTRUCTION

Acknowledgement Of
Plans Submittal ONLY!

Date 9/27/19

Date 10/2/19

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

ARC

NO.	DESCRIPTION	BY	DATE

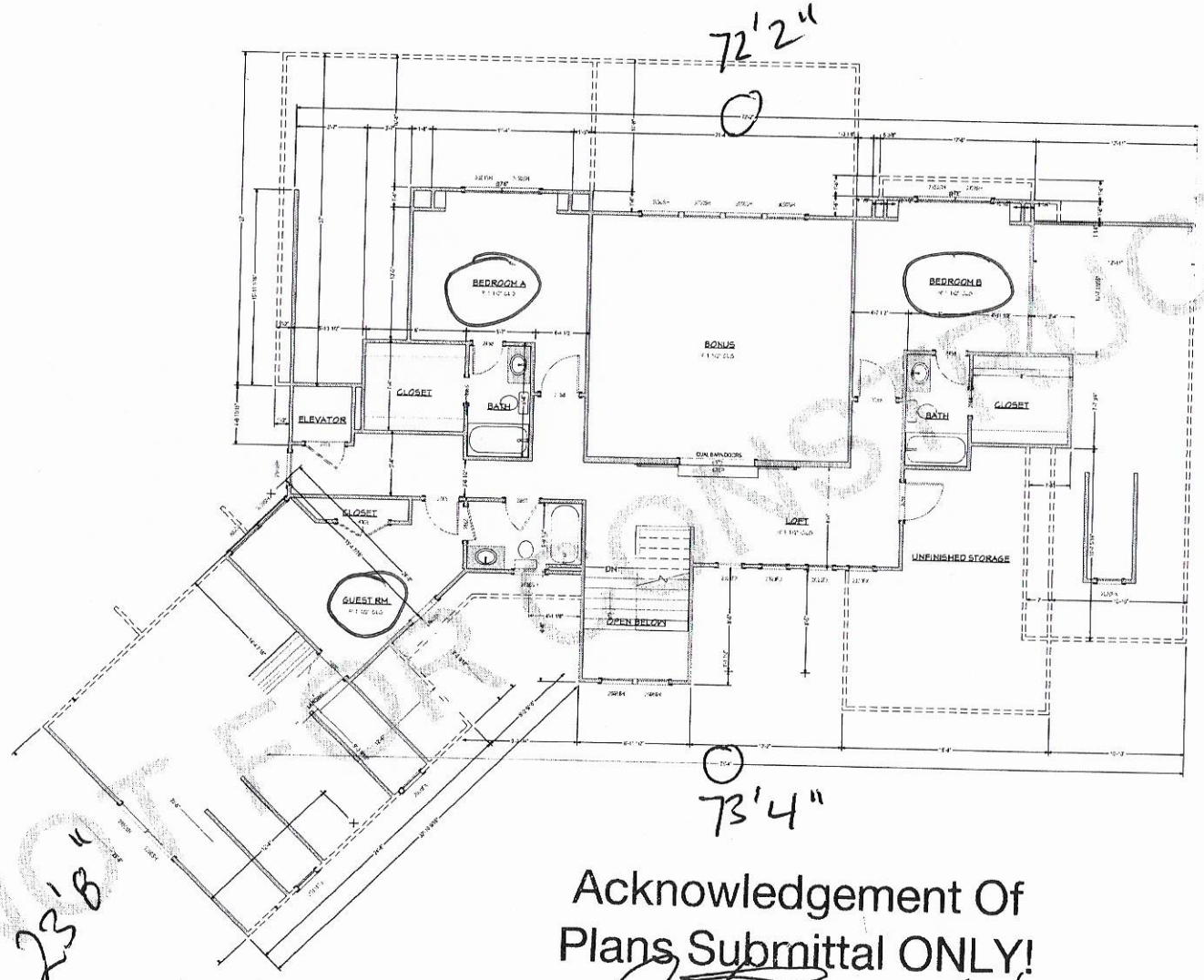
PROJECT DESCRIPTION:
Ganis Residence
397 Grasshopper Circle
Mooresville NC 28118

BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-665-7578

DATE: 9/26/2019

SCALE:

SHEET: A-6



SQUARE FOOTAGE	
APROX (PER A.N.S.I. Z765)	
1ST FLOOR HEATED	2756
2ND FLOOR HEATED	1758
TOTAL HEATED	4514
GARAGES	819
PORCHES	463
TOTAL UNDER ROOF	5895

Acknowledgement Of
Plans Submittal ONLY!

Date 9/27/19

Tom Shuck Date 10/2/19

SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

ARC

NO.	DESCRIPTION	BY	DATE

PROJECT DESCRIPTION:
Ganis Residence
397 Grasshopper Circle
Mooresville NC 28118

BUILD4G.com
PO BOX 60
TROUTMAN NC 28166
704-685-7578

DATE: 9/26/2019

SCALE:

SHEET: A-7

NOT FOR CONSTRUCTION

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Chad Julian
Well Contractor Name

A-2344
NC Well Contractor Certification Number

Mid South Well & Pump Company, LLC
Company Name

2. Well Construction Permit #: AP3006777
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 2/4/20 **Well ID#** _____

5a. Well Location:

Matthew Ganis
Facility/Owner Name

Facility ID# (if applicable)

397 Grasshopper Circle, Mooresville, NC
Physical Address, City, and Zip

Iredell
County

4627-60-8504
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

6. Is(are) the well(s): ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: 1

9. Total well depth below land surface: 205 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 25 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 20 **Method of test:** Air

13b. Disinfection type: Granular **Amount:** 6 oz

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	75 ft.	6 1/4 in.	SDR21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	50 ft.	Clay
50 ft.	70 ft.	weathered Rock
70 ft.	205 ft.	granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

2-4-20
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. 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 construction to the county health department of the county where constructed.

IREDELL COUNTY

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

APPLICATION NUMBER
224524
Issue Date: 01/25/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4627608504.000	397 GRASSHOPPER CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: PATTERSON J C+FLORA	Applicant: MICHAEL ATHANAS & ASSO
Address: 1235 SQUIRE DR CHARLOTTE, NC 28211	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.750	35.00	50.00	15.00	15.00	CACL	AE

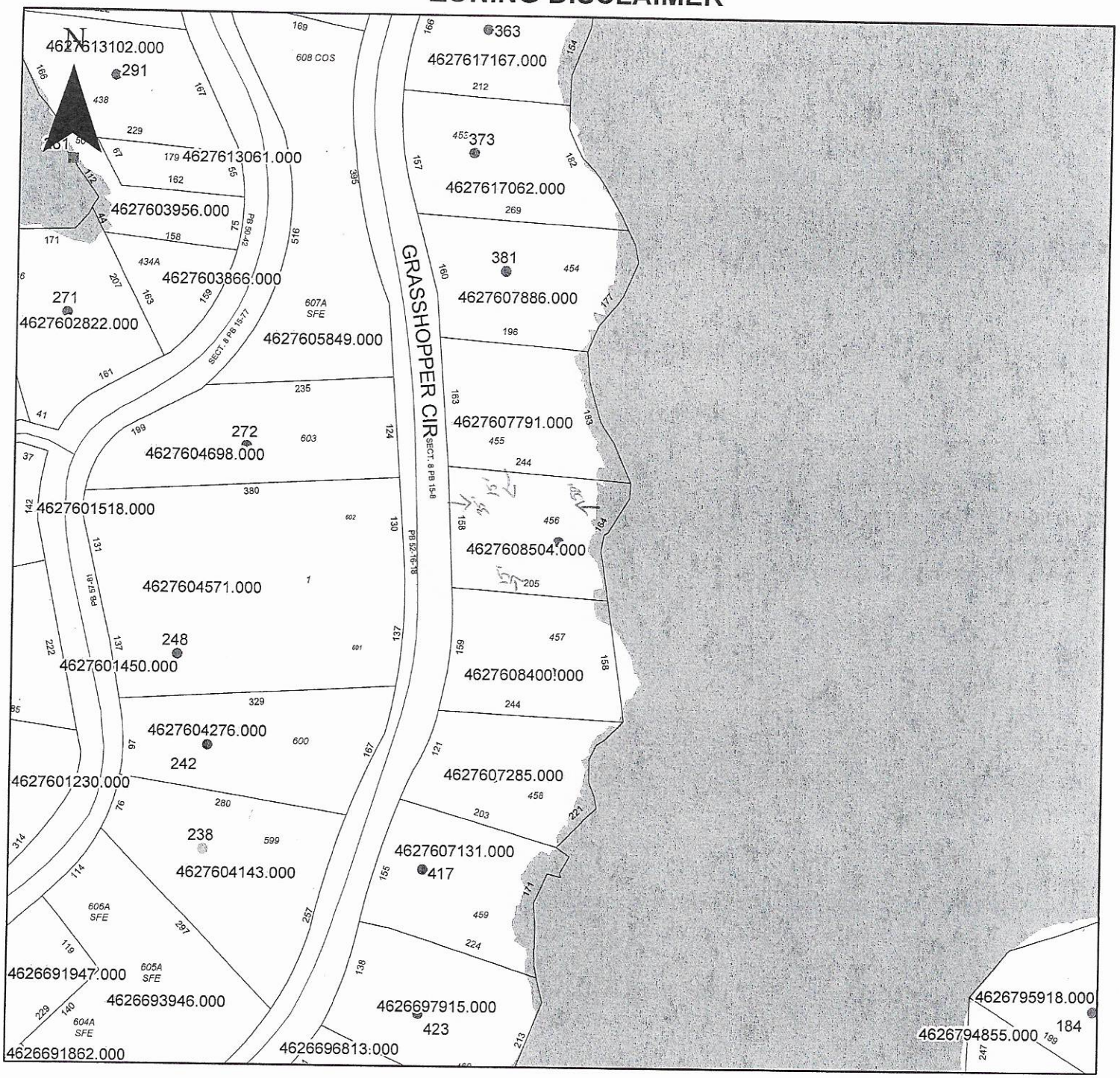
Remarks:

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.

Applicant: _____ Date: _____

Permit Number	91297	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 397 Grasshopper Cir

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. Applicant further acknowledges that the 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.

Applicant

1/25/2017
Date