ICHD–ENVIRONMENTAL HEALTH DIVISION KW

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

PERMIT # 2436 89

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

PIN # 4627612266

APPLICANT/OWNER: Brett Goodman APPLICANT ADDRESS: 295 Grasshopper Cir Mooresville, NC 28117

SITE ADDRESS: 295 Grasshopper Cir Mooresville 28117 PHONE: ALT. PHONE 704 576-3887

SITE DIRECTIONS: Brawley School Rd TR McKendree TR Grasshopper Cir left a fork lot on left

SUBDIVISION: CL&D SAP CONTROLLED: ☐ YES ☒ NO

SECTION: 8 LOT # 439 LOT AREA: .72 Acres DESIGN FLOW: 360gpd L.T.A.R.: .4

Septic Tank 1000 (gal) STB Plastic-Tuff Tank Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Existing Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

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

System Description: New ST

Repair System Description: Lot deeded in 1977

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

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

No. Bedrooms 3 No. Persons 6 No. Employees

☒ Crawl Space ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Utilizing Existing Gravel Conventional Septic Drainfield.

Note: Existing well must be abandoned prior to AC Piping issued 6/22/2020 Well Abandoned

INITIAL SITE SKETCH

See attached, approved Septic Plan by Michael Athanas & Assoc. (dated 12/3/19)

AS BUILT SKETCH

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.*

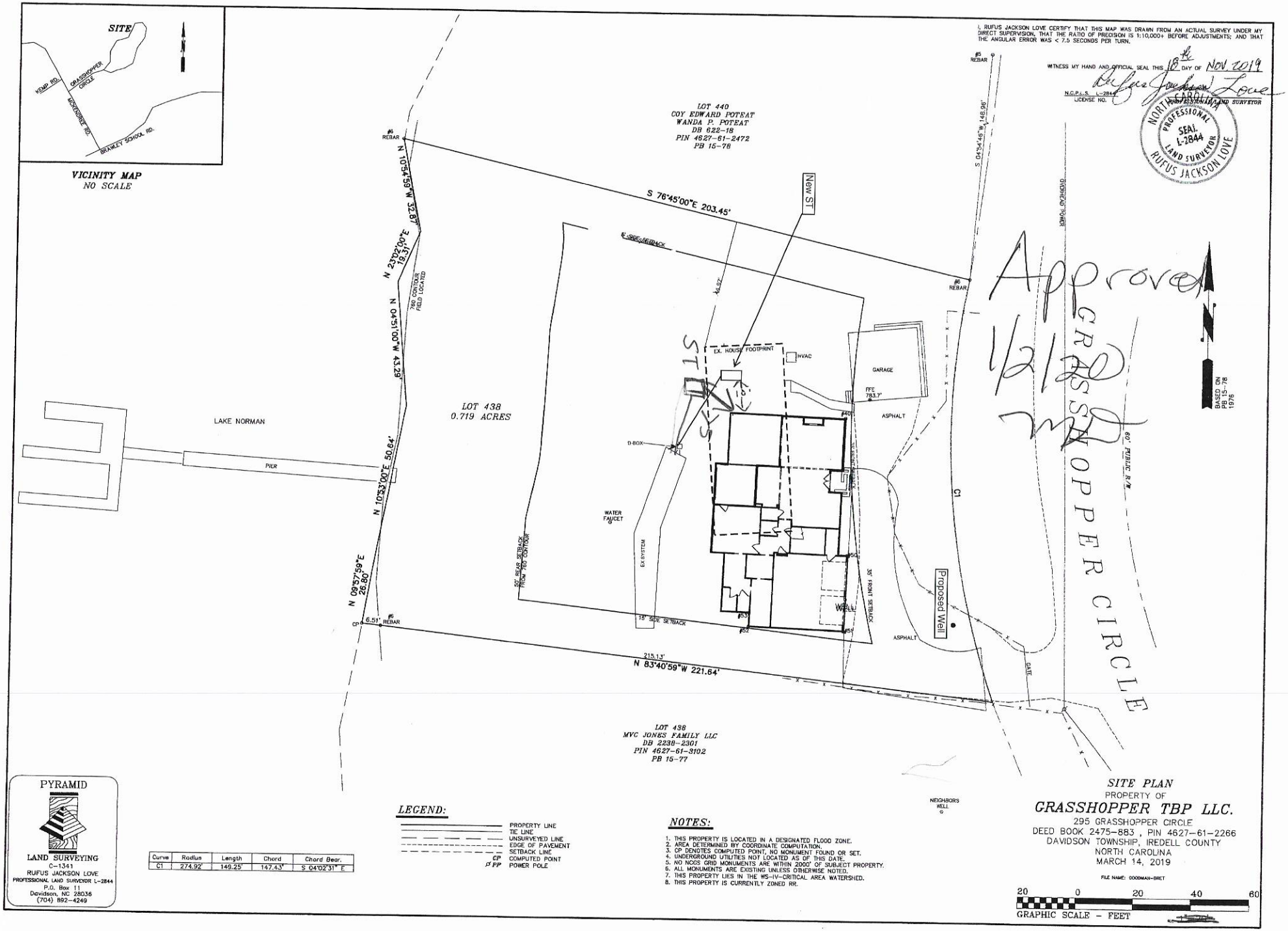
☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Brett Goodman Date: 11/21/2020 Installed by: Richard Abernathy

IMPROVEMENT PERMIT by: Maria DeLoach Date: 1/2/20 OPERATION PERMIT by: Maria DeLoach Date: 3/4/21

AUTHORIZATION TO CONSTRUCT by: Maria DeLoach Date: 6/22/20 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.



Curve	Radius	Length	Chord	Chord Bear.
C1	274.92'	149.25'	147.43'	S 04°02'31" E

LEGEND:

- PROPERTY LINE
- TIE LINE
- UNSURVEYED LINE
- EDGE OF PAVEMENT
- SETBACK LINE
- CP COMPUTED POINT
- PP POWER POLE

NOTES:

1. THIS PROPERTY IS LOCATED IN A DESIGNATED FLOOD ZONE.
2. AREA DETERMINED BY COORDINATE COMPUTATION.
3. CP DENOTES COMPUTED POINT, NO MONUMENT FOUND OR SET.
4. UNDERGROUND UTILITIES NOT LOCATED AS OF THIS DATE.
5. NO NCGS GRID MONUMENTS ARE WITHIN 2000' OF SUBJECT PROPERTY.
6. ALL MONUMENTS ARE EXISTING UNLESS OTHERWISE NOTED.
7. THIS PROPERTY LIES IN THE WS-IV-CRITICAL AREA WATERSHED.
8. THIS PROPERTY IS CURRENTLY ZONED RR.

PYRAMID
LAND SURVEYING
C-1341
RUFUS JACKSON LOVE
PROFESSIONAL LAND SURVEYOR L-2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4249

SITE PLAN

PROPERTY OF

GRASSHOPPER TBP LLC.

295 GRASSHOPPER CIRCLE
DEED BOOK 2475-883 , PIN 4627-61-2266
DAVIDSON TOWNSHIP, IREDELL COUNTY
NORTH CAROLINA
MARCH 14, 2019

FILE NAME: GOODMAN-BRET

20 0 20 40 60
GRAPHIC SCALE - FEET

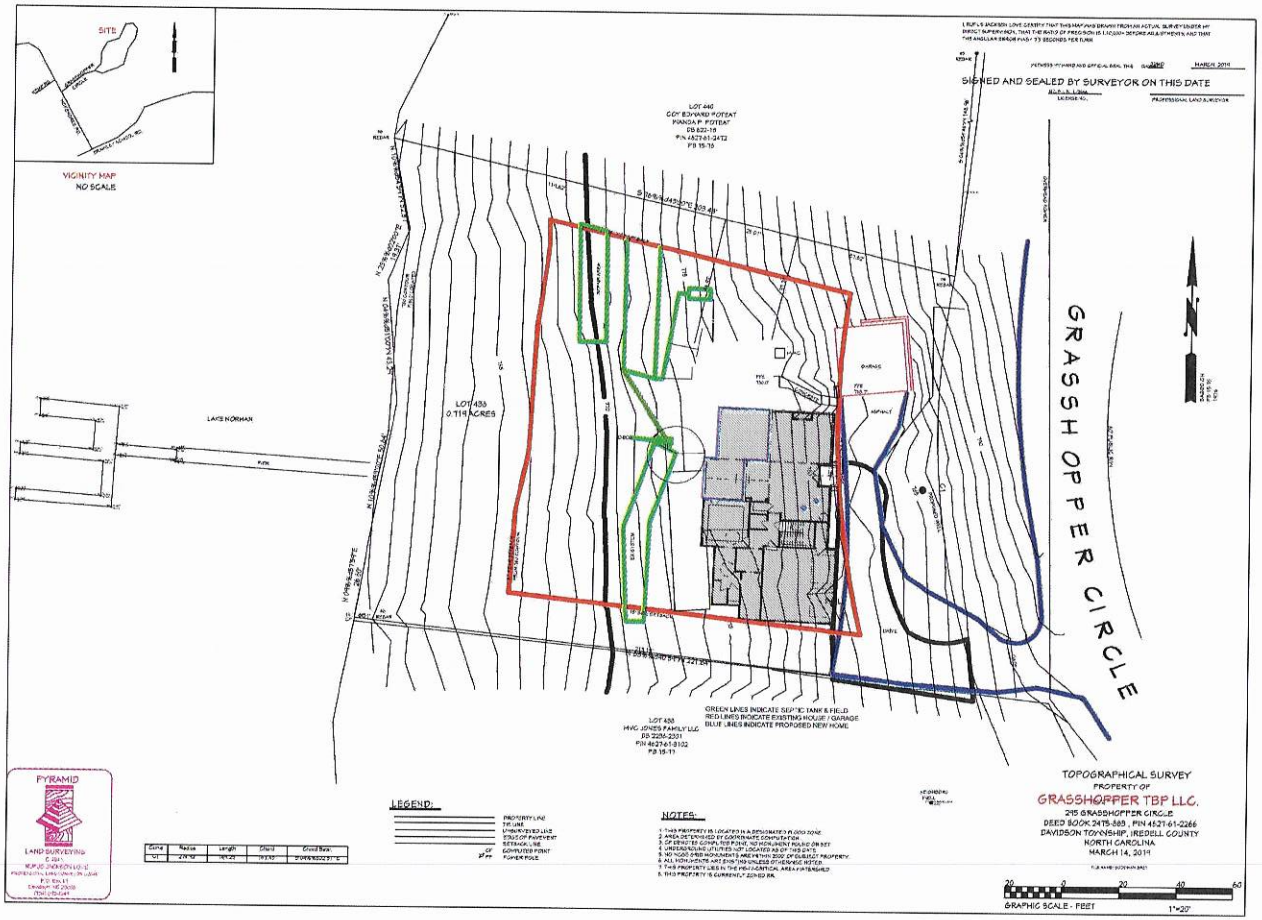
1:40

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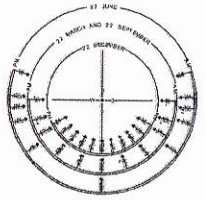
NOTE:
ALL DRAWINGS ARE DIAGRAMMATIC AND REFLECT DESIGNERS IMPRESSION OF THE WORK. CONSULT PROJECT SPECIFICATIONS FOR ADDITIONAL INFORMATION. IF AVAILABLE, IT SHALL BE THE CONTRACTORS RESPONSIBILITY TO CAREFULLY REVIEW THESE PLANS FOR COMPLIANCE WITH ALL BUILDING CODES, ZONING & OTHER REGULATORY AGENCIES & HOA. ANY DISCREPANCIES OF THE ENGINEER, CONTRACTOR TO VERIFY ALL DIMENSIONS, NOTES AND DETAILS PRIOR TO CONSTRUCTION, WITH THE OWNER.

PIPPIN
HOME DESIGNS
INC.
Professional Member, AIBD
816-D STATER HIGHWAY
PMB 174
MOORESVILLE, NC 28117
TEL: 704.369.6887
www.pippinhomedesigns.com

FELLOW MEMBER
AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN



PYRAMID
LAND SURVEYING



A NEW CUSTOM HOME DESIGN FOR:
BRETT & SUSAN GOODMAN
295 GRASSHOPPER CIRCLE
MOORESVILLE, NC, IREDELL COUNTY
Creating where people live

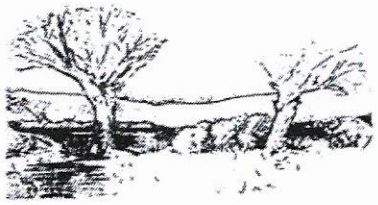
DATE:
10/10/19
SCALE:
1" = 20'
SHEET:
SP-1

SITE PLAN

NOTE:
THESE PLANS ARE NOT VALID FOR PERMITTING PURPOSES UNLESS THEY BEAR THE ENDORSEMENT OF THE LOCAL JURISDICTION WHERE THE WORK IS TO BE PERFORMED.

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES, AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THIS BUILDING, AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLANS.

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PLANS NOT TO BE REPRODUCED.
PIPPIN HOME DESIGNS INC. ASSUMING LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887
12/3/19

Approved
1/2/20
MD

Reference: Data Sheet for 295 Grasshopper Cir, CL&T Sec 8 Lot 439
House Footprint: See attached plan
Building Setbacks: 35' front/rear, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms/Daily Flow: 3/360 GPD
Proposed LTAR: N/A
Existing System Type: Conventional Bed
Proposed Repair System Type: N/A
Distribution: Distribution Box
Septic Tank Size: 1000 gallon
Proposed Trench Bottom: N/A

Comments:
The owners are replacing the current residence with a new house. The existing well has to be abandoned for the house placement and a new one installed. The existing septic will be abandoned and a new tank installed. The current house and deck will be removed.

PSB05/07/19

PROPERTY ID #: 4627612266__
COUNTY: _Iredell_____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Grasshopper TBP LLC_____ APPLICATION DATE_____
ADDRESS: PO Box 79865, Charlotte, NC 28271_____ DATE EVALUATED: _4/2019_____
PROPOSED FACILITY: __4 BDRM_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ___0.719 AC_____
LOCATION OF SITE: 295 Grasshopper Cir, CL&T Sec 8, Lot 439_____ 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 5%	0-6	Br SCL WSBK	FR SS SP SXP	YB @ 24" CHR 2 @ 34"	34"	N/A	N/A	PS 0.4 TO 24"
		6-12	YBr LS GR	VFR SS SP SXP					
		12-24	Br SL GR	VFR SS SP SXP					
		24-42	R C WSBK/ABK	FR SS SP SXP					
		42-60	R SCL WSBK/M	FI SS SP SXP					
PIT 2	LS 5%	0-5	Br SL GR	FR SS SP SXP	YB/CHR 2 @ 28"	28"	N/A	N/A	PS 0.4 TO 28"
		5-20	Br LS GR	VFR SS SP SXP					
		20-28	Br SCL WSBK	VFR SS SP SXP					
		28-54	R C WABK	FR SS SP SXP					
PIT 3	LS 5%	0-8	Br SL GR	FR SS SP SXP	CHR 2 @ 18"	18"	N/A	N/A	DRIP 0.1 Not in use
		8-18	RBr SCL WSBK	FR SS SP SXP					
		18-	R C WSBK	FR SS SP SXP					
PIT 4	LS 5%	0-4	Br SL GR	FR SS SP SXP	YB CHR 2 @ 18"	18"	N/A	N/A	DRIP 0.1 Not in use
		4-11	Br SCL WSBK	FR SS SP SXP					
		11-22	R C WSBK	FR SS SP SXP					
		22-	R SCL WSBK/M	FI SS SP SXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex Sys + 300 FT²	300 FT²
System Type(s)	Ex Sys + 8" Infilt	GeoFlow Drip
Site LTAR	0.4 to 24"	0.4

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

COMMENTS:_____

PJB
05/07/19

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4627612266_____
DATE OF EVALUATION: _____
COUNTY: __Iredell_____

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 5	LS 5%	0-10	FILL		Few YB	42"	N/A	N/A	Not in use
		10-26	Br LS GR	VFR SS SP SXP					
		26-42	R C SBK	FR SS SP SXP					
		42	ROCK						
PIT 6	LS 5%	0-8	Br SL GR	VFR SS SP SXP	CHR 2 @ 36"	36"	N/A	N/A	Geo Flow 0.4 TO 24"
		8-24	YBr LS GR	VFR SS SP SXP					
		24-36	YR SCL WSBK	FR SS SP SXP					
		36-	R C WSBK	FR SS SP SXP					
AB 1	LS 5%	0-10	Br SL GR	FR SS SP SXP	YB CHR 2 @ 20"	20"	N/A	N/A	PS 0.1 DRIP Not in use
		10-24	R C WSBK	FR SS SP SXP					
AB 2	LS 5%	0-12	Br SL GR	FR SS SP SXP	YB CHR 2 @ 20"	20"	N/A	N/A	PS 0.1 DRIP Not in use
		12-24	R C WSBK	FR SS SP SXP					
AB 3	LS 5%	0-24	Br SL WSBK	FR SS SP SXP	YB @ 24" CHR 2 @ 36"	36"	N/A	N/A	PS 0.4 TO 24"
		24-36	R C WSBK	FR SS SP SXP					
		36-48	R SC WSBK	FR SS SP SXP					

COMMENTS:_____

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

Sheet 1 of 1
PROPERTY ID #: 462761 2266
COUNTY: Iredell

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

OWNER: Brent Goodman — APPLICATION DATE 4/12/19
ADDRESS: PO Box 78965 Charlotte NC 28271 — DATE EVALUATED: 4/17/19
PROPOSED FACILITY: New single Fam — PROPOSED DESIGN FLOW (.1949): 480 GPD — PROPERTY SIZE: 462761 2266
LOCATION OF SITE: 295 Grasshopper — PROPERTY RECORDED: yes

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR/ HORIZ	PROFILE CLASS & LTAR
1	SS 5%	0-6	SCL WSBK	FrSSSPSexp	Y/B mottles starting at 25"	48"	—	water seeping Topo at 40"	PS .4
		0-12	LS mass	VFr SSSP Sexp					
		12-24	SL mass	VFr SS SP Sexp					
		24-42	C SBK YB MOTT	Fr SS SP Sexp					
		42-48	CL WSBK	Fr SS SP Sexp					
2	SS 5%	0-22	SL WSBK	VFr SS SP Sexp	2.5Y 6/1 at 32"	48"	—	Chroma 2 at 32"	PS .4
		22-28	SCL WSBK	Fr SS SP Sexp					
		28-48	C ABK	Fr SS SP Sexp					
3	SS 5%	0-10	Fill	—	—	42"	—	Parent Rx at 42"	PS.1 Drip
		10-11	Trash layer	—					
		11-26	LS mass	VFr SSSP Sexp					
		26-42	C SBK	Fr SS SP Sexp					
		42-48	Parent Rx	Fr					
4	SS 5%	0-7	SL Mass	VFr SSSP Sexp	2.5Y 7/1 at 36"	68	—	Chroma 2 at 36"	PS.1 Drip
		7-22	SCL WSBK	Fr SSSP Sexp					
		22-36	C SBK Lqua	Fr SS SP Sexp					
		36-68	C ABK	Fr SS SP Sexp					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	100' + existing system	300'
System Type(s)	low pressure pipe	Drip Pretreat
Site LTAR	.4	.4 with pretreat

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

COMMENTS:

12/16/19 Need deck removed 12.9.19 $250.00 #243689

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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)

Applicant Name: Brett Goodman **Address:** 295 Grasshopper Cir, Mooresville, NC **Zip:** 28117

Applicant Email: bgood6916@aol.com **Phone:** _____ **Alt. Phone:** _____

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

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

Property Information:

Street Address: 295 Grasshopper Cir

Subdivision Name: CL&T **Section/Phase:** 8 **Lot Number:** 439

Driving Directions: _____

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

(✓) 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: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(✓) 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: 1981-Existing system
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: _____ 12/4/2019
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 conditions specified by the local health department.

I, Brett Goodman & Teri Moffett, am the legal owner(s) of the property located at 295 Grasshopper Circle, Mooresville NC 28117, identified as PIN (Parcel Identification Number) _____, 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.

Teri D. Moffett 12-4-19
Brett H Goodman 12/4/19
Signature of Owner(s) Date

Denise L C Kosmicki 12/04/19
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

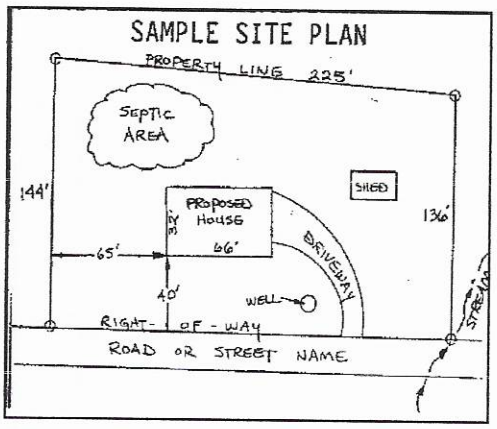
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

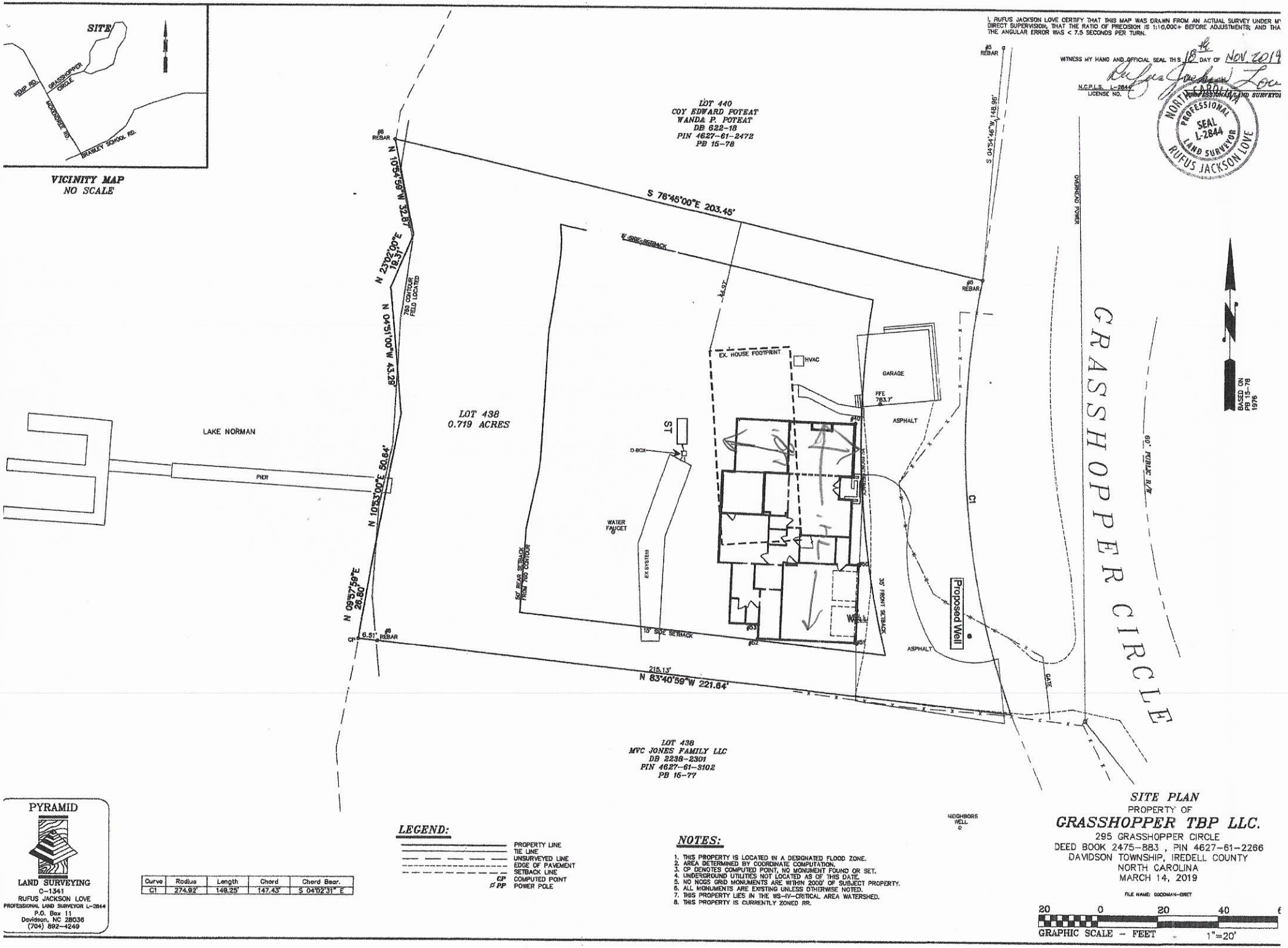
USE THIS SPACE TO DRAW YOUR SITE PLAN

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)

12/4/2019
DATE



Curve	Radius	Length	Chord	Chord Bear.
C1	274.92'	149.25'	147.43'	S 04°02'31" E

PYRAMID
LAND SURVEYING
O-1341
RUFUS JACKSON LOVE
PROFESSIONAL LAND SURVEYOR L-2844
P.O. Box 11
Davidson, NC 28036
(704) 892-4249

IREDELL COUNTY HEALTH DEPARTMENT 4627612266

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Edwin S. Goodman DATE 5-28-81 PERMIT NO. 153

PHONE: Business 333-3184 Home

LOCATION 1100 TR 1115 TR 1215 - n. 8 mile on Left

SUBDIVISION NAME Lake Norman LOT NO. 439 SECTION OR BLOCK NO. 8 S. R. No.

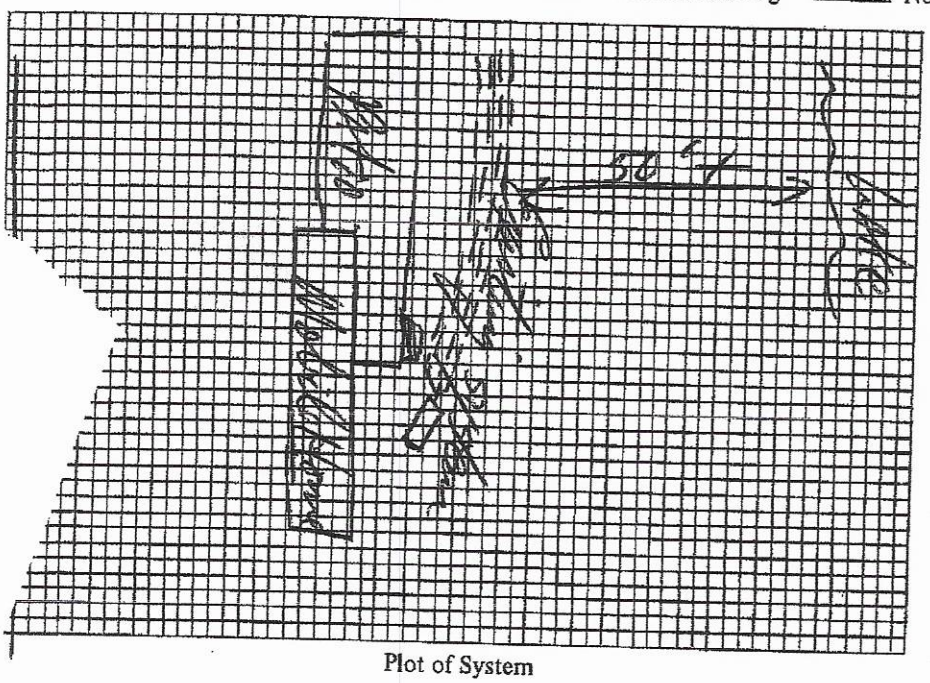
House ( ) Mobile Home (✓) Business ( ) Other

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil
Auto. Dishwasher	Yes (✓)	No ( )	Percolation Rate
Auto. Wash. Machine	Yes (✓)	No ( )	Topography
Site Suitable	Yes (✓)	No ( )	Depth to Water Table
			Rock or other impervious formations

Lot Area ~ 3/4 Ac.

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system working OK at time of inspection

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: David R. Hinson DATE 5-28-81

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Attention: Maria

WELL ABANDONMENT RECORD

Faxed 6/22/2020

For Internal Use ONLY:

1. Well Contractor Information:

Alfred Kiesling Jr

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

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc

Company Name

2. Well Construction Permit #: 462761226

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: 6/22/2020

5a. Well location:

Ogden Construction LLC

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

295 Grasshopper Cir

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)

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

*Attach well construction record(s) if available. For multiple injection or non-water supply wells **ONLY** with the same construction/abandonment, you can submit one form.*

6a. Well ID#: _____

6b. Total well depth: 205 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 20 (ft.)

6e. Outer casing length (if known): 38 (ft.)

6f. Inner casing/tubing length (if known): 50 (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: 1

7b. Approximate volume of water remaining in well(s): 250 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: [redacted]e Chlorine

7d. Amount of disinfectant used: 160 Ounces

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:

45 Bags Holeplug

1 Bag Concrete

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

poured + Hydrated

8. Certification:

Alfred L Kiesling 6-22-20

Signature of Certified Well Contractor or Well Owner — 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.

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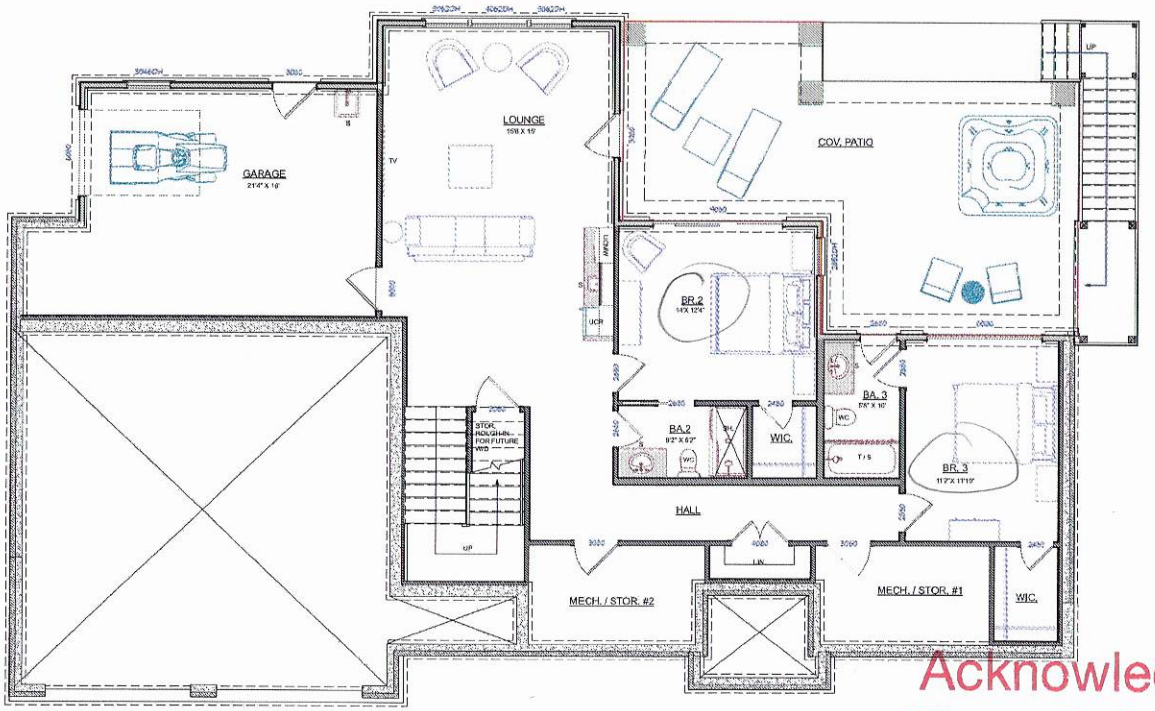
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PIPPIN
HOME DESIGNS
(INC.)
Professional Member, AIBD
8 RIVER HIGHWAY
PMB 174
MOORESVILLE, NC 28117
TEL. 704.360.0087
www.pippinhomedesigns.com

FELLOW MEMBER
AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN

Creating your perfect home

A NEW CUSTOM HOME DESIGN FOR:
BRETT & SUSAN GOODMAN
295 GRASSHOPPER CIRCLE
MOORESVILLE, NC, IREDELL COUNTY



Acknowledgement of
Plans Submittal ONLY!
Maria Dobson Date 6/22/20
Date

DATE:
10/10/19
SCALE:
1/4" = 1'0"
SHEET:
A-1

FOUNDATION / LOWER LEVEL

NOTE:
PLANS NOT VALID FOR PERMITTING PURPOSES UNLESS THEY BEAR THE ORIGINAL SIGNATURE OF JOHN W. LEE IV (PIPPIN, CPBD AIBD).

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES, AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THIS BUILDING AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLAN.

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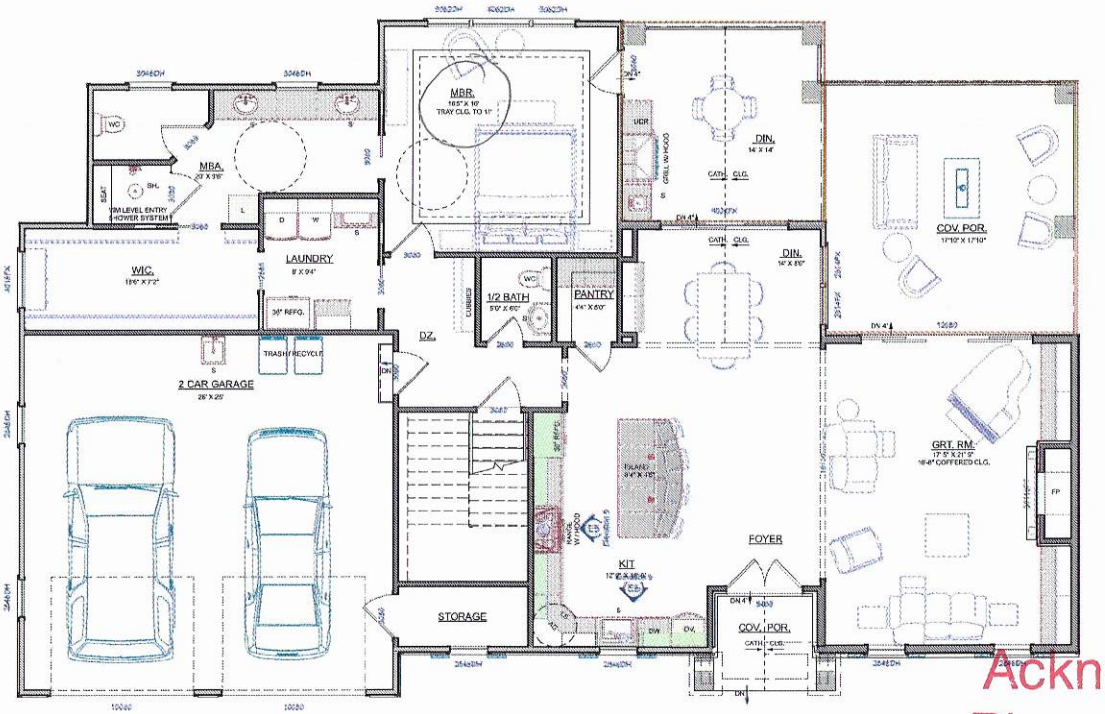
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www.pippinhomedesigns.com

FELLOW MEMBER
AIBD
AMERICAN INSTITUTE OF BUILDING DESIGN



Acknowledgement of Plans Submittal ONLY!

Date 6/22/20

Date

A NEW CUSTOM HOME DESIGN FOR:
BRETT & SUSAN GOODMAN
295 GRASSHOPPER CIRCLE
MOORESVILLE, NC, IREDELL COUNTY

Creating where people live

DATE:
10/10/19
SCALE:
1/4" = 1'0"
SHEET:
A-2

FIRST LEVEL FLOOR PLAN

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES, AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THIS BUILDING AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLAN.

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NOTE:
THESE PLANS ARE NOT VALID FOR PERMITTING PURPOSES UNLESS THEY BEAR THE ORIGINAL SEAL OF JOSEPH E. PIPPIN, OR EQUAL.

IREDELL COUNTY

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

APPLICATION NUMBER
243689
Issue Date: 04/12/2019

ZONING PERMIT
Residential

Parcel Number	Street Address	Jurisdiction
4627612266.000	295 GRASSHOPPER CIRCLE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: GOODMAN SHIRLEY	Applicant: MICHAEL ATHANAS & ASSO
Address: 5424 DONCASTER DR	Address: 561 ENNIS RD
CHARLOTTE, NC 28211	WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

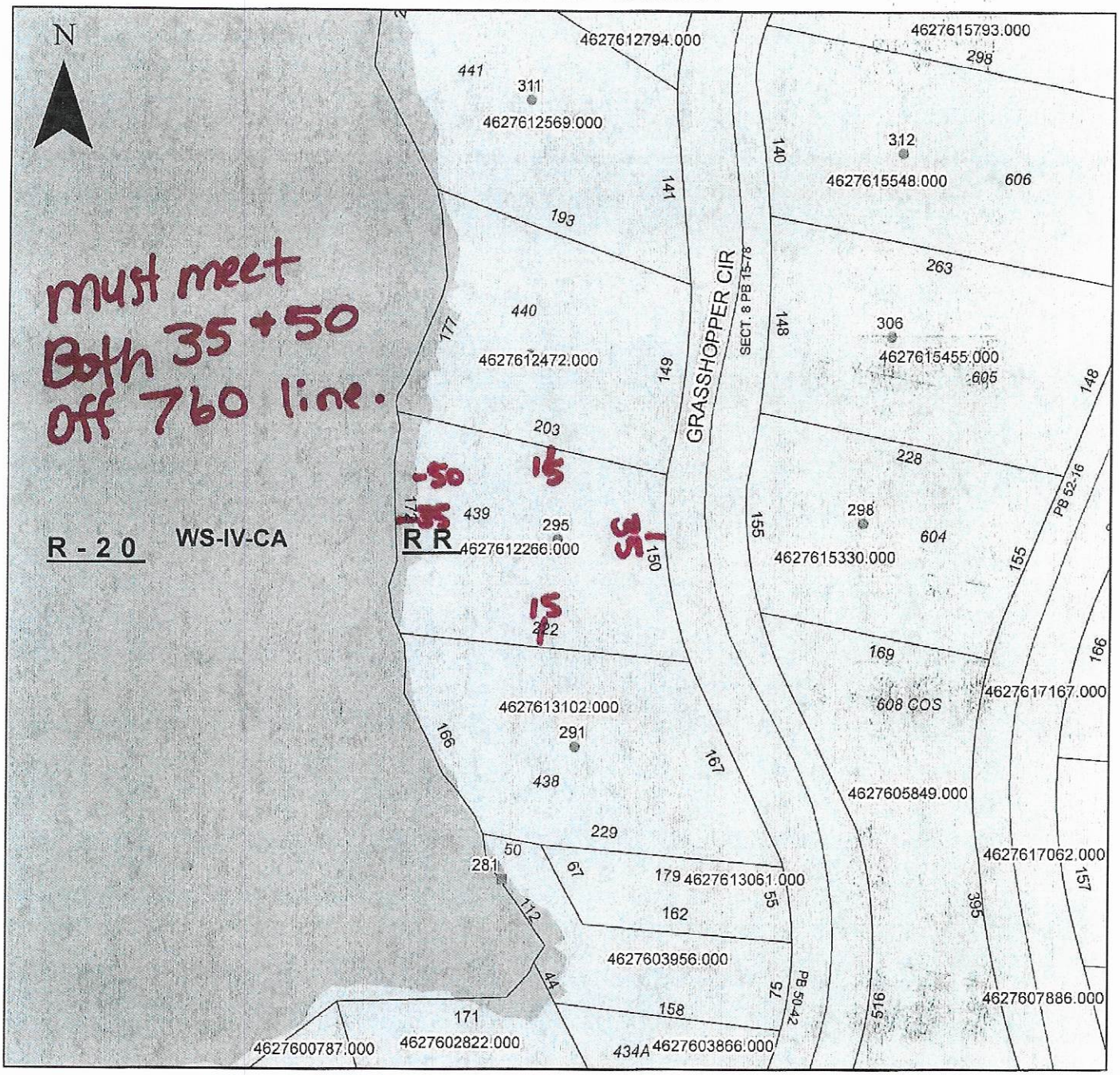
Lake Lots: Must meet both the 50-foot setback from the 760 Æ contour line and the 35-foot setback from the rear property line for any structure.

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	173864	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 295 Grass hopper

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

4/12/2019

Date