IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 224525

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

PIN # 4627-68-7277

APPLICANT: OSCAR GRIERSON APPLICANT ADDRESS: 2505 RONNIE DELL DR. PA

SITE ADDRESS: 209 PARADISE PENNINSULA RD-MOORESVILLE PHONE: 412-302-4845 ALT. PHONE:

SITE DIRECTIONS: 150W, TL PARADISE PENNINSULA, ONL

SUBDIVISION: CLT SECTION: 10 LOT # 188 LOT AREA: .7AC DESIGN FLOW: 480 L.T.A.R.: .3 (.1R)

Septic Tank 1000 (gal)	STB $25	Date 5/23/17	☒ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4	Water Supply ☒ Private
Pump Tank (gal)	PT	Date	System Description: CONVENTIONAL + 25%	☐ Business	No. Persons 8	☐ Public
Pump Make	Model	Serial #	Repair System Description: DRIP	☐ Other	No. Employees	☐ Community
# Nitrification Fields 1	# Lines 4@25'	Linear Ft: 100'	Maintenance Agreement Required: ☐ YES ☒ NO	☐ Slab	☐ Crawl Space	
Trench Width 36"	Max Trench Bottom Depth ✱ 20" ✱	Gravel Depth —	☒ GRAVITY ☐ PRESSURE	☒ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: USE DROP BOX TO FEED BED FIRST
DO NOT ISSUE AC UNTIL WELL IS ABANDONED
PUMP, CRUSH, FILL OLD TANK

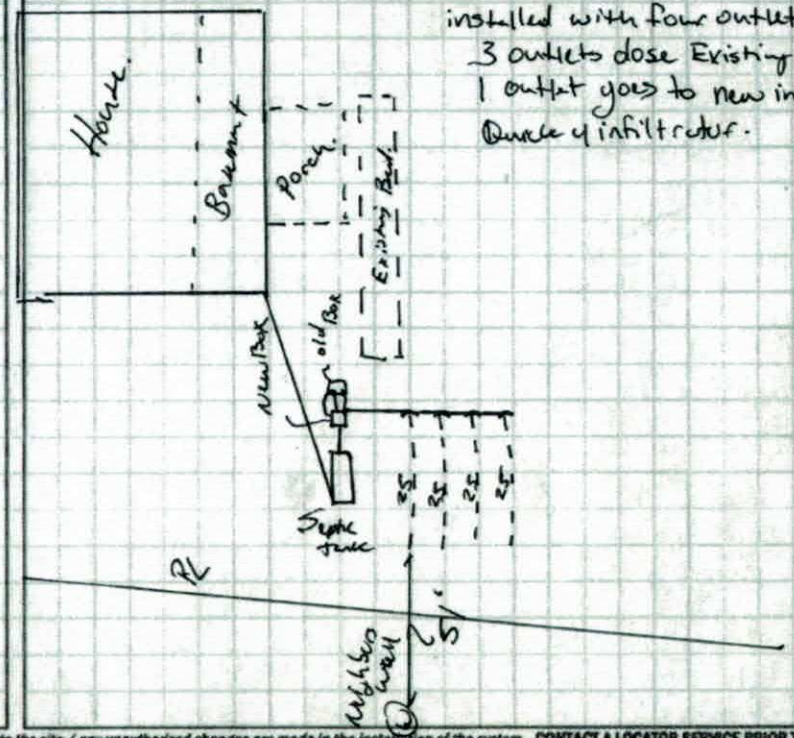
5/1/17 Well abandonment form attached
5/4/17 Reviewed floor plans, in compliance with Septic plan

INITIAL SITE SKETCH

SEE PLAN FROM
MICHAEL ATHANAS
&
ASSOCIATES

AS BUILT SKETCH

11/20/2017. Due to Design issue: New D-Box installed with four outlets
3 outlets dose Existing system
1 outlet goes to new installed Bundle of infiltrator.



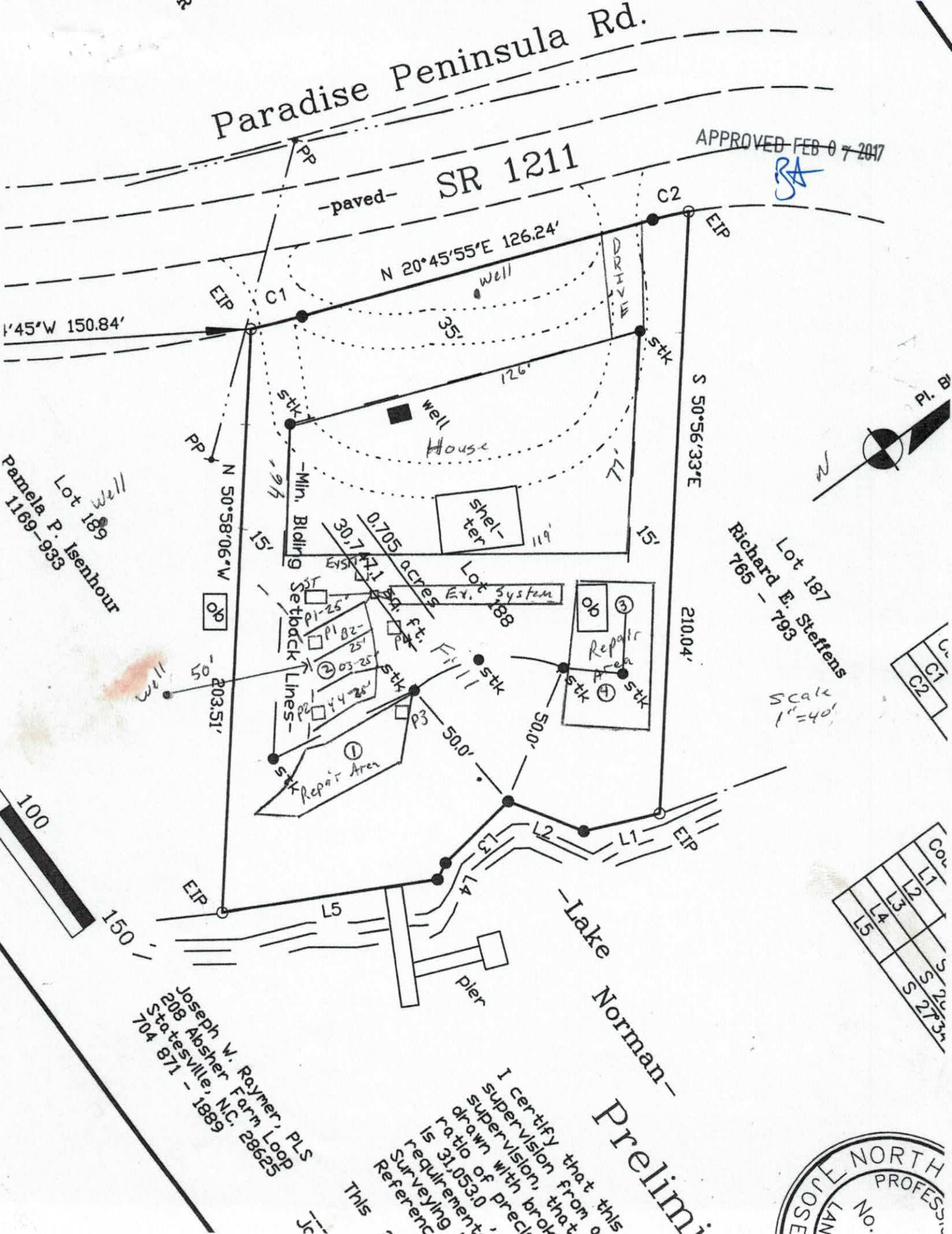
Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

☐ 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: 4/21/17 Installed by: Kevin Mckatsik - Power Septic

IMPROVEMENT PERMIT by: Date: 2-7-17 OPERATION PERMIT by: Benjamin A Bolton Date: 11/21/2017

AUTHORIZATION TO CONSTRUCT by: Date: 5/1/17 Existing System Inspected by: Date:


Paradise Peninsula Rd.
-paved- SR 1211
APPROVED FEB 0 7 2017
N 20°45'55"E 126.24'
EIP
C1
C2
PP
well
DRIVE
35'
126'
stk
well
House
shel-ter
119'
77'
S 50°56'33"E
210.04'
N 50°58'06"W
203.51'
-Min. Bldrg Setback Lines-
15'
30.7
0.705 acres
Lot 188
Ex. System
Repair Area
Fill
50.0'
P1
P2
P3
Repair Area
Lot 189
Pamela P. Isenhour
1169-933
Lot 187
Richard E. Steffens
765 - 793
Lake Norman
pier
Joseph W. Raymer, PLS
208 Absher Farm Loop
Statesville, N.C. 28625
704 871 - 1889
Scale 1"=40'
100
150'
Preliminary
I certify that this survey was drawn under my supervision from an actual survey made under my supervision, that the boundaries not surveyed are shown as broken lines plotted from information found in Book 765 Page 793 that the ratio of precision as calculated is 1:10,000+ that this survey was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, registration number and seal this 7th day of February, A.D. 2017
This
Surveying
Reference
NORTH CAROLINA
PROFESSIONAL
LAND SURVEYOR
No.



APPROVED FEB 07 2017

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

Reference: Data Sheet for 209 Paradise Peninsula Rd., CL&T Sec 10 Lot 188
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), 0.1 GPD/FT2 (repair)
Proposed System Type: Existing system + 25% Reduction
Proposed Repair System Type: Pretreatment Drip irrigation
Distribution: Gravity-Drop boxes/End cap
Septic Tank Size: 1000 gallons
Proposed Trench Bottom: 20"



Line	Design Length	Actual Length
Pink 1	25'	28'
Blue 2	25'	25'
Orange 3	25'	28'
Yellow 4	25'	33'

Initial System: Ex. System + 100' **Repair System:** 1200+ FT

Comments:
This property has a 3 bedroom existing system (see attached permit). MA&A are proposing to add 100' of 25% Reduction system to get to a 4 bedroom. The existing well will be abandoned and a new well installed. The trench bottom is kept shallow because of saprolite and the neighbor's well location. The house is marked in orange flags. The old tank is marked in blue flags and the new tank in yellow.

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

PROPERTY ID #: 4627687277_
COUNTY: Iredell_____

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

APPROVED FEB 07 2017 RA

OWNER: Oscar & Lori Grierson_____ APPLICATION DATE_____
ADDRESS: 2505 Bonnie Dell Dr, South Park, PA 15129_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD___ PROPERTY SIZE: ____0.705 AC_____
LOCATION OF SITE: 209 Paradise Peninsula Rd, CL&T Sec 10 Lot 188_____ PROPERTY RECORDED: _5/9/1977_____
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)		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	
AB 1	LS 9%	0-3	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		3-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 9%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	40"		N/A	PS 0.3-0.35
		4-33	R C SBK	FR SS SP SEXP					
		33-40	R CL WSBK	FR SS SP SEXP			F-C SAP PS		
		40-48	SL SAP M	VFR SS SP SEXP					
AB 3	LS 9%	0-30	R C SBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3-0.35
		30-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 9%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	48"		N/A	PS 0.3
		5-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP			F-C SAP		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Ex. + 300 FT2	1200+ FT2
System Type(s)	Ex. + 25% Red	DRIP
Site LTAR	0.3	0.1

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

APPROVED FEB 07 2017

PROPERTY ID #: 4627687277_____
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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
PIT 1	LS 9%	0-24	R C SBK	FR SS SP SEXP	N/A	36"	F-C SAP	N/A	PS 0.3-0.35
		24-36	R CL WSBK	FR SS SP SEXP					
		36-60	SL SAP M	FR SS SP SEXP					
PIT 2	LS 9%	0-6	Br CL WSBK	FR SS SP SEXP	N/A	40"	F-C SAP	N/A	PS 0.3-0.35
		6-28	R C SBK	FR SS SP SEXP					
		28-40	R CL WSBK	FR SS SP SEXP					
		40-63	L SAP M	FR SS SP SEXP					
PIT 3	LS 9%	0-6	FILL		N/A	48"	N/A	N/A	PS 0.3
		6-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
		48-68	L SAP M	FR SS SP SEXP					
PIT 4	LS 9%	0-24	FILL		N/A	69"	N/A	N/A	Prefer not to use
		24-55	R C WSBK	FR SS SP SEXP					
		55-69	R CL WSBK	FR SS SP SEXP					

COMMENTS: _____

RECEIVED MAY 1 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(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)

1. APPLICATION FOR: ___Improvement Permit ✓ Authorization To Construct ___ Existing System Inspection

****

2. 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 check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
	279 Lynwood Lane, Statesville, NC 28673	704-928-5600	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Oscar & Lori Grierson	2505 Bonnie Dell Dr. South Park, PA 15129	412-302-4093	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
209 Paradise Peninsula Road	CL+T ~~SEC 10~~	10 / 188

Driving Directions: Highway #150 west to Left on Paradise Peninsula Road to ¼ mile on left 209 Paradise Peninsula Road

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 _____

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

( ) Crawl Space Foundation?
( ) Concrete Slab Foundation?
(X) 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:

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

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed _____ *Year*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____

8. Please Answer The Following ( ) Yes ( ) No Does the site contain any jurisdictional wetlands?

To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: Gary M. Grierson — 4/28/17

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, LORI LYNN GRIERSON, am the legal owner(s) of the property located at 209 PARADISE PENINSULA RD, MOORESVILLE identified as NC 28117 PIN (Parcel Identification Number) DEED BOOK 2446/PG 2361-2363 located in Iredell County, North Carolina.

PARCEL # 4627687277

I do hereby authorize (**print legal representative/company name**) GARRY BARNARD G&G BUILDERS, 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.

Lori Lynn Grierson — Signature of Owner(s) — Date 4-20-17

Signature of Witness — Date 4-20-17

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

RECEIVED JAN 2 7 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

274525
Paid $350.00

Application For:

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

Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Oscar C. Grierson **Address:** 2505 BonnieDell Dr, South Park PA 15129 412 **Phone:** 302-4845

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 209 Paradise Peninsula

Subdivision Name: CL+T **Section/Phase:** 10 **Lot Number:** 188

Driving Directions: 150 W, TL Paradise Peninsula, on Lt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

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

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

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(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:** 1977

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional (X) Other: Accepted

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

1/27/2017
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, Oscar C. Grierson, Jr & Lori Lynn Grierson, am the legal owner(s) of the property located at 209 Paradise Peninsula Rd. Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4627 68 7277, located in Iredell County, North Carolina.

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

Oscar C. Grierson 1-17-17
Signature of Owner(s) Date

Signature of Witness 1-17-17
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 HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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 PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified…** X **All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

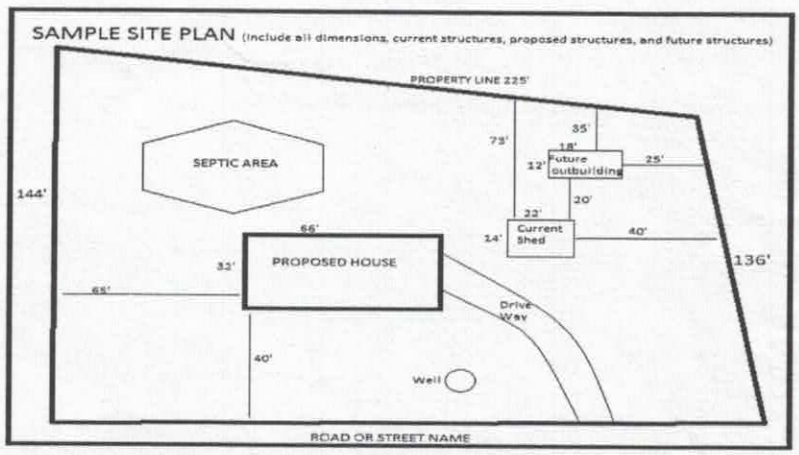
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

X **Area you prefer your septic system to be placed…** X **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** X **Location of any designated wetlands on the property… N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

Signature: Amy M. Bass

REQUIRED property owner or owner's legal representative signature.

4/28/17
DATE

IREDELL COUNTY HEALTH DEPARTMENT

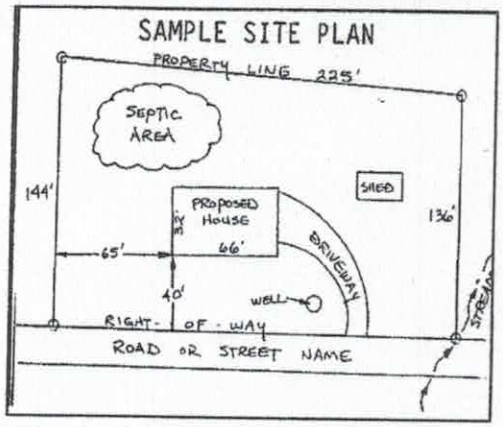
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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 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 and well location
- ( ) Area you prefer your septic system to be placed
- ( ) 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: _____

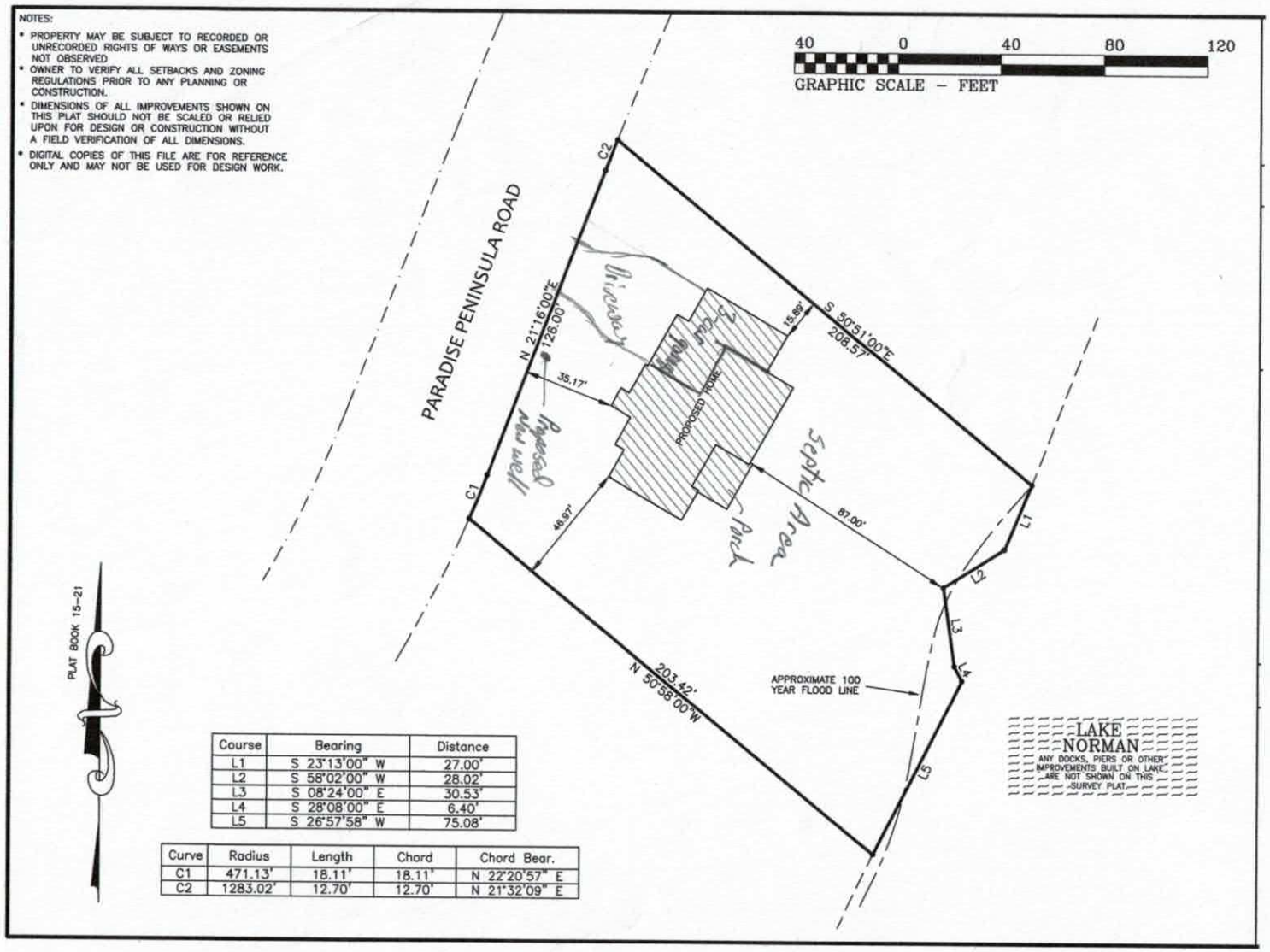
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11/27/2017

DATE

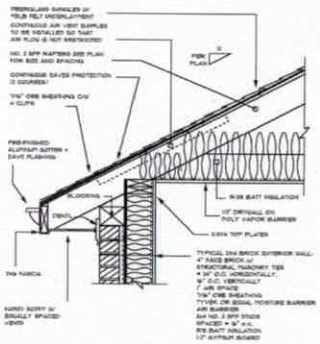
NOTES:

- PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
- OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
- DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
- DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.



Course	Bearing	Distance
L1	S 23°13'00" W	27.00'
L2	S 58°02'00" W	28.02'
L3	S 08°24'00" E	30.53'
L4	S 28°08'00" E	6.40'
L5	S 26°57'58" W	75.08'

Curve	Radius	Length	Chord	Chord Bear.
C1	471.13'	18.11'	18.11'	N 22°20'57" E
C2	1283.02'	12.70'	12.70'	N 21°32'09" E



BRICK EAVE

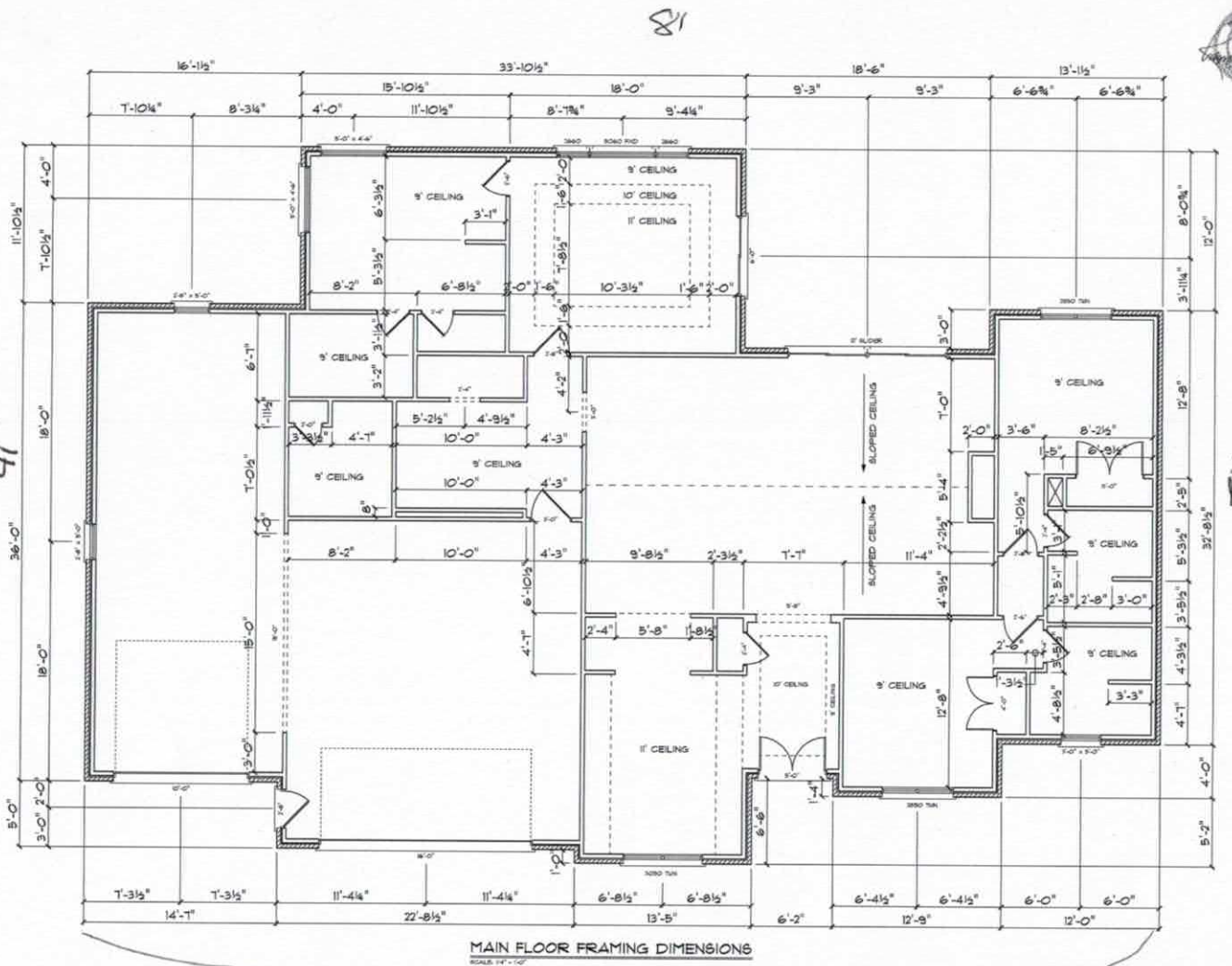
R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the window shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

EXCEPTIONS:

1. Windows whose openings will not allow a 4-inch diameter sphere to pass thru the opening when the opening is in its largest opened position.
2. Openings that are provided with fall prevention devices that comply with SECTION R612.3
3. Openings that are provided with fall prevention devices that comply with ASTM F 2090.
4. Windows that are provided with opening limiting devices that comply with SECTION R612.4

WALL BRACING NOTE

In lieu of the wall bracing requirements of Section R602.10, all stories shall be sheathed with wood structural sheathing panels. Panels shall be fastened at 6" on center along the edges and 12" on center at intermediate framing. Unless noted otherwise on the drawings, no blocking, straps or special hold downs are required if sheathed as described above. Garage door portals/lugs shall be anchored with a minimum of two anchor bolts per lug per the foundation anchorage requirements. If required by engineering evaluation, additional portal framing requirements will be shown on the drawings.



MAIN FLOOR FRAMING DIMENSIONS

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

1. BECAUSE SITE CONDITION MAY VARY, SCRATCH PAD DESIGNS CANNOT WARRANT THE SUITABILITY OF THESE PLANS ON YOUR SPECIFIC SITE. CONSTRUCTION FROM THESE PLANS SHOULD NOT BE UNDERTAKEN WITHOUT THE ASSISTANCE OF A PROFESSIONAL CONTRACTOR.
2. ALL FEDERAL, STATE AND LOCAL CODES, ORDINANCES AND REGULATIONS SHALL BE CONSIDERED AS PART OF THESE DRAWINGS AND DETAILS FOR THIS BUILDING SHALL TAKE PREFERENCE OVER ANYTHING SHOWN, DESCRIBED OR IMPLIED WHERE VARIANCES OCCUR.
3. CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION BEGINS AND COORDINATE ANY CORRECTIONS OR REVISIONS WITH THE OWNER AND DESIGNER. SCRATCH PAD DESIGNS WILL ASSUME NO LIABILITY FOR DIMENSIONAL AND/OR ARCHITECTUAL ERRORS ONCE CONSTRUCTION BEGINS.

SEAL — GRIERSON 4/6/17

ADDITIONAL NOTES

DRAWING TITLE: MAIN FLOOR FRAMING PLAN

PROJECT INFORMATION: GRIERSON RESIDENCE

PROJECT INFORMATION

ORIGINAL DATE	MARCH, 2017
DRAWN BY	D. ELLIS
REVISED DATE	
SCALE	1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-3624

SHEET NO. A1

Acknowledgement of Plans Submittal ONLY!

Date 5/1/17

Date 5/1/17

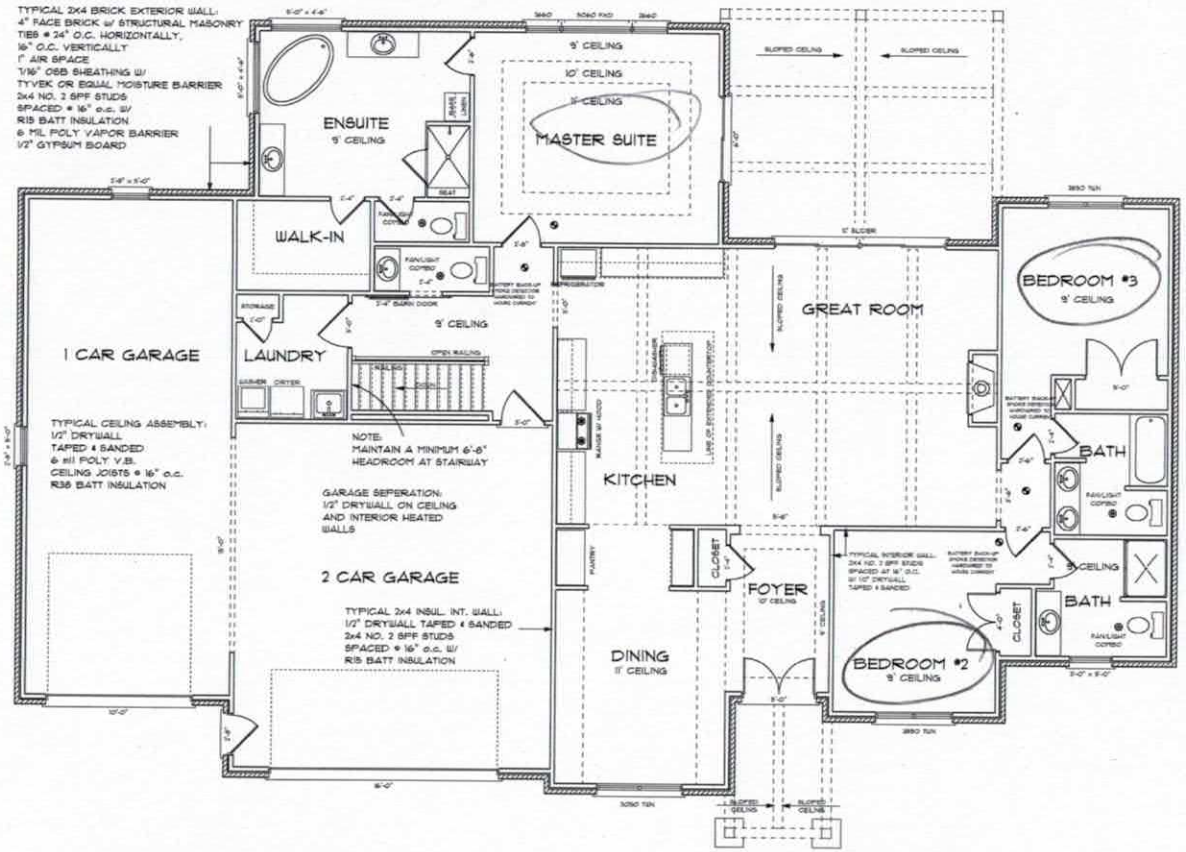
Acknowledgement of
Plans Submittal ONLY!

Date 5/1/17

Date 5/1/17

GRIERSON
4/6/17

TYPICAL 2X4 BRICK EXTERIOR WALL:
4" FACE BRICK w/ STRUCTURAL MASONRY TIES @ 24" O.C. HORIZONTALLY, 16" O.C. VERTICALLY
1" AIR SPACE
7/16" OSB SHEATHING W/ TYVEK OR EQUAL MOISTURE BARRIER
2x4 NO. 2 SPF STUDS SPACED @ 16" o.c. W/ R15 BATT INSULATION
6 MIL POLY VAPOR BARRIER
1/2" GYPSUM BOARD



WALL BRACING NOTE

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MAIN FLOOR PLAN

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

2265 SQ. FT. HEATED

R612.2 WINDOW SILLS. In dwelling units, where the opening of an operable window is located more than 72 inches above the finished grade or surface below, the lowest part of the clear opening of the windows shall be a minimum of 24 inches above the finished floor of the room in which the window is located. Operable sections of windows shall not permit openings that allow passage of a 4 inch diameter sphere where such openings are located within 24 inches of the finished floor.

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SCRATCH PAD DESIGNS
111 SOUTH 20th STREET
LANDIS, NC 28088
(704)-855-3634

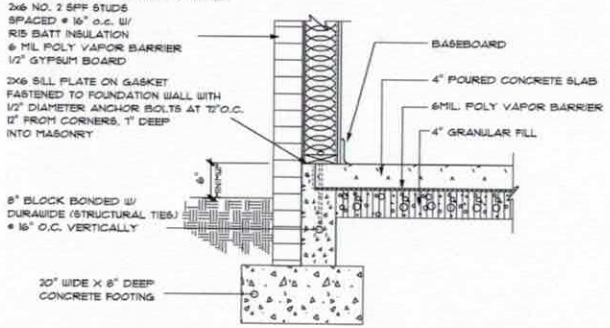
PROJECT INFORMATION
ORIGINAL DATE: MARCH, 2017
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

PROJECT INFORMATION
GRIERSON RESIDENCE

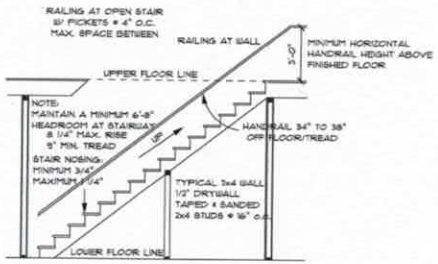
DRAWING TITLE
MAIN FLOOR

ADDITIONAL NOTES

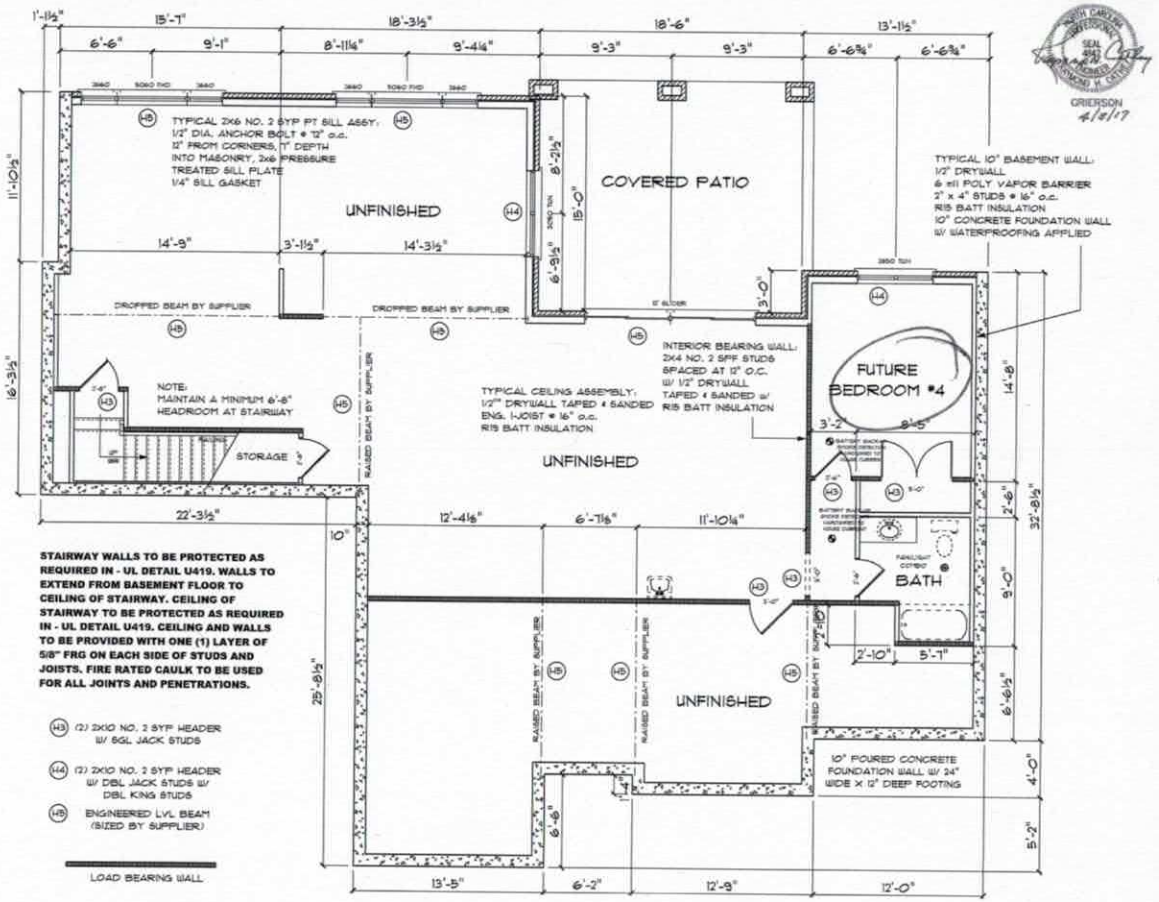
SHEET NO.
A6



SLAB ON GRADE SIDING W/BRICK FRONT



TYPICAL STAIR SECTION



STAIRWAY WALLS TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. WALLS TO EXTEND FROM BASEMENT FLOOR TO CEILING OF STAIRWAY. CEILING OF STAIRWAY TO BE PROTECTED AS REQUIRED IN - UL DETAIL U419. CEILING AND WALLS TO BE PROVIDED WITH ONE (1) LAYER OF 5/8" FRG ON EACH SIDE OF STUDS AND JOISTS. FIRE RATED CAULK TO BE USED FOR ALL JOINTS AND PENETRATIONS.

(H3) (2) 2X10 NO. 2 SYP HEADER W/ 5GL JACK STUDS

(H4) (2) 2X10 NO. 2 SYP HEADER W/ DBL JACK STUDS W/ DBL KING STUDS

(H5) ENGINEERED LVL BEAM (SIZED BY SUPPLIER)

LOAD BEARING WALL

BASEMENT FLOOR PLAN

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

2265 SQ. FT. HEATED

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 40821 EDWARD M. GRIERSON

GRIERSON 4/6/17

Acknowledgement of Plans Submittal ONLY!

Date 5/1/17

Date 5/1/17

ADDITIONAL NOTES

DRAWING TITLE: BASEMENT

PROJECT INFORMATION: GRIERSON RESIDENCE

PROJECT INFORMATION

ORIGINAL DATE: MARCH, 2017
DRAWN BY: D. ELLIS
REVISED DATE:
SCALE: 1/4" = 1'-0"

SCRATCH PAD DESIGNS
111 SOUTH ZION STREET
LANDIS, NC 28088
(704) 855-3634

SHEET NO. A4

IREDELL COUNTY

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

APPLICATION NUMBER
224525
Issue Date: 01/25/2017

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4627687277.000	209 PARADISE PENINSULA ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: RICE CHRIS ALAN+KRISTEN M	Applicant: MICHAEL ATHANAS & ASSO
Address: 147 RIDGE TOP RD MOORESVILLE, NC 28117	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
.700	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	91298	TOTAL FEES:	$ 77.25

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

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

2857-A
NC Well Contractor Certification Number

K & D Well
Company Name

2. Well Construction Permit #: 2857-A
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: 4-27-17

5a. Well location:

Oscar & Lori Grierson
Facility/Owner Name — Facility ID# (if applicable)

209 Paradise Peninsula Rd Lot #10
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: 27 (ft.)

6c. Borehole diameter: 2" (in.)

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

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

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

6g. Screen length (if known): _____ (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): 0 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Supe Shock

7d. Amount of disinfectant used: 2 Cup's

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:

_____ _____

_____ _____

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

4 Bag's Hole Plug
1 Bag Sand Cement Grout

8. Certification:

Robert Teague — 4-27-17
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.