RECEIVED MAY 7 - 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $ 350 Statesville #210270

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment

(X) 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: (X) 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:

Applicant Name: Michele Stutts **Address:** 2011 Clematis Dr. Mooresville NC 28117 **Phone:**_____

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

Property Information:

Street Address: 680 Beaten Path

Subdivision Name: CL+T **Section/Phase:** 9 **Lot Number:** 26

Driving Directions: 85 R, TR Blume TL Beaten Path, on Rt

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: 3
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:**_____

(X) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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:_____ 5/7/2015

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

IREDELL COUNTY HEALTH DEPARTMENT

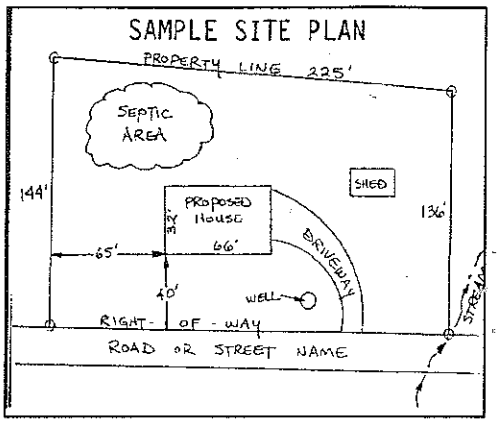
ENVIRONMENTAL HEALTH DIVISION

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: _____ 5/7/2015

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

that the ratio of precision as calculated is 1: 10,000+ that this plat was prepc
ordance with G.S. 89-C as amended. Witness my original signature, registration nun
al this 12 day of April, A.D. 2014.

property may be subject to
ements, Rights-of-way,
Restrictive Covenants.
dary information based on Plat
4 at Page: 93 and Deed Bok 937
1016 as recorded in the
ounty Register of Deeds.
survey is of an existing
r parcels of land.
by coordinate method.
tle Commitment was
or reviewed.

P.B. 14, Pg. 93

Lance D. Schamback, PLS
LICENSE NUMBER: L-429

NORTH CARO
PROFESSIONA
SEAL
L-4295
LAND SURVEYO
LANCE D. SCHA

Scale
1"=40'

Dock

Lake Norman

Norman

#3 Rebar Found Flush
#4 Rebar Found Flush
#4 Rebar Found 0.4' Tall
#4 Rebar Found Flush
#4 Rebar Found 0.2' Tall
#3 Rebar Found 0.4' In ground
#3 Rebar Found Flush
#5 Rebar Found Bent
#5 Rebar Found 0.5' Tall

L5 N21°08'32"W 77.96
N26°26'44"W 86.50
L2 35.64 N53°37'07"W
N03°18'40"W 53.18
Old Plat Line
N17°46'21"W 18.39
N02°12'22"E 35.55
N31°55'56"W 31.93
N53°54'08"W 54.70
L1
Marked 35' infield
Marked 50' infield
W2-60 ① 60' 765.7 X 765.8
B1-55' 66.6
87.50' Buffer
P3-85
P5
35.27'
0.80 Acres Total
34,897 Sq.Ft. Total
15' Setback
Septic Tank
Repair Area
Deck
Basement Proposed House
Exist
Lot 26
P.B. 14, Pg. 93
Lot 25
Lot 27
S50°34'09"W 199.17
N74°10'00"E 194.41 Total
194.41
X 765.1
X 769.1
770.8
772.4
773.1
774.3
774.0
773.6
Overhead Power Lines
DRIVE
Well House
35' Setback
Repair Area ②
House (Abandon)
Well
50'
C1
Old Driveway
Overhead Power Lines
Beaten Path Rd.
60' R/W S.R. 1443
S47°46'01"E 130.98 Tie

Legend
Right-of-way
#4 Rebar Set
Not to scale
Telephone Pedestal
Guy Wire
Utility Pole
Edge of Pavement
Calculated Point
ight Pole

W line's to close to P line

Where is Neighbors well?

IREDELL COUNTY

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

APPLICATION NUMBER
210270
Issue Date: 05/05/2015

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4627801540.000	680 BEATEN PATH ROAD, MOORESVILLE, NC	MOORESVILLE

Owner Information	Applicant Information
Owner: STUTTS MICHELE V	Applicant: STUTTS MICHELE V
Address: 2011 CLEMATIS DR MOORESVILLE, NC 28211	Address: 2011 CLEMATIS DR CHARLOTTE, NC 28211
Phone:	Phone:

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.800	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	37476	TOTAL FEES:	$ 77.25

4 Horton: Ben

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 5/19/15

For Internal Use ONLY:

1. Well Contractor Information:

B & K Well Drilling Inc.

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

Alfred Kiesling Jr

NC Well Contractor Certification Number

3266-A

Company Name

2. Well Construction Permit #: 210144

List all applicable well construction permits (i.e. 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: 5/19/15

5a. Well location:

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

680 Beaton Path, Mooresville — Physical Address, City, and Zip

Iredell — County

4627-80-1540 — 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: 60 (ft.)

6c. Borehole diameter: 24" (in.)

6d. Water level below ground surface: 30 (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): _____ (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Clorox

7d. Amount of disinfectant used: 6 oz

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:

3 - 50 lb Bags Holeplug

1 - 80 lb Bag Cement

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

Poured And Hydrated

8. Certification:

Alfred J Kiesling Jr — Signature of Certified Well Contractor or Well Owner — 5-19-15 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 Quality, 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 Quality, 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.