ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

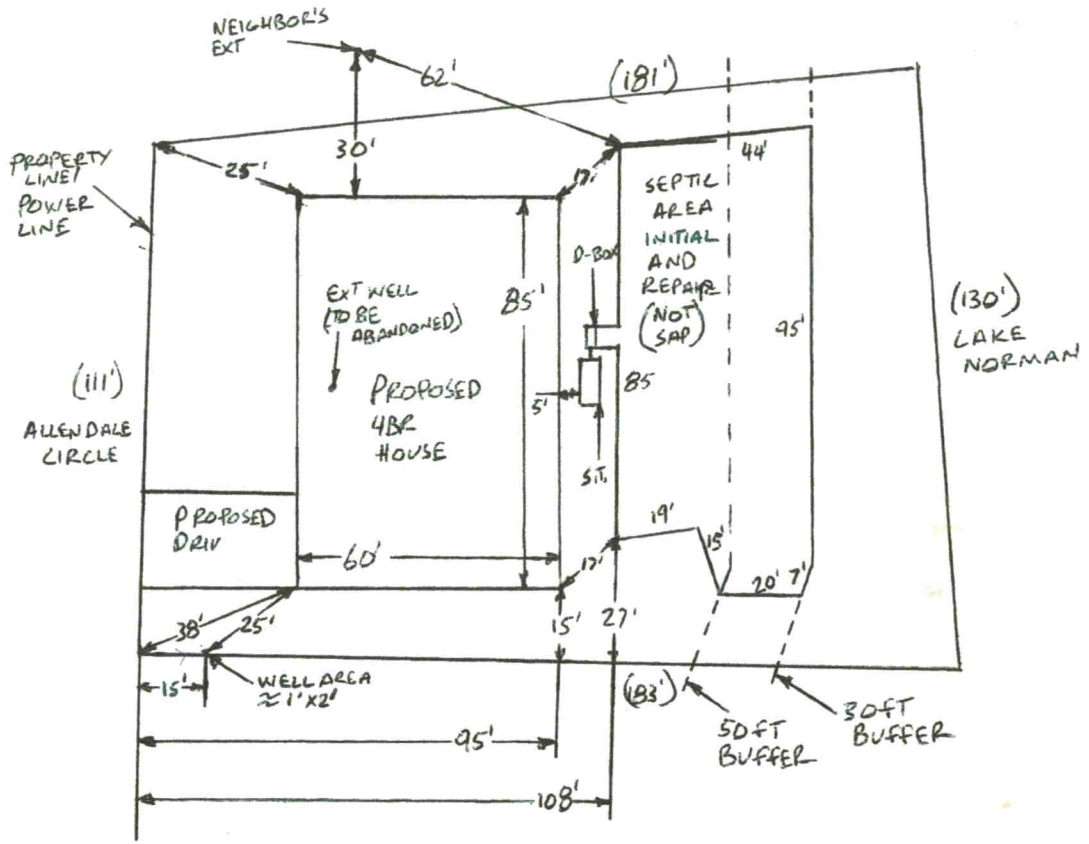
PRIVATE DRINKING WATER WELL PERMIT # AP-312341 **PIN #** 4628-69-9817 **Type of Permit (circle one): New Repair Abandonment**

APPLICANT/OWNER NAME: DOMINIC AND ANNA AGRESTA ADDRESS: 156 GAGE DRIVE, MOORESVILLE, N.C. 28115 PHONE: 910-880-9480

DIRECTIONS TO SITE: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON ALLENDALE, LOT ON (R)

SITE ADDRESS: 230 ALLENDALE CIRCLE, TROUTMAN, N.C. 28166 SUBDIVISION: ALLEN DALE POINT SECTION/LOT: 22

Initial Site Sketch



GROUTING RESULTS

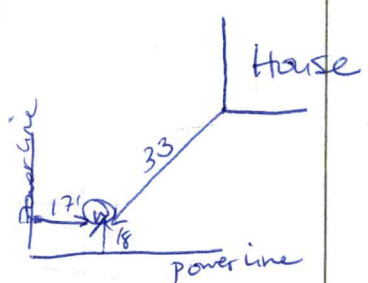
Total Depth 205'

Depth of Casing 93'

Yield 10 gpm

Notes:

As Built



Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: FOLLOW ALL NCAC 2C WELL RULES, MAINTAIN 50FT FROM ALL SEPTICS, MAINTAIN 25FT FROM ALL STRUCTURES DO NOT DRILL IN POWERLINE RIGHT OF WAY, GROUT A MINIMUM OF 20FT, PRE-CONSTRUCTION MEETING REQUIRED.

WELL PERMIT ISSUED BY: Buford C. Miller DATE: 5-24-2021 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Joe Bailey - BCK CONTRACTOR CERT #: 3271A GROUT INSPECTION BY: [illegible] DATE: 5/2/23

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Sydney Holland DATE: 8/16/23

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☑ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☑ SAMPLE PORT ☑

ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: Sydney Holland DATE: 8/16/23 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

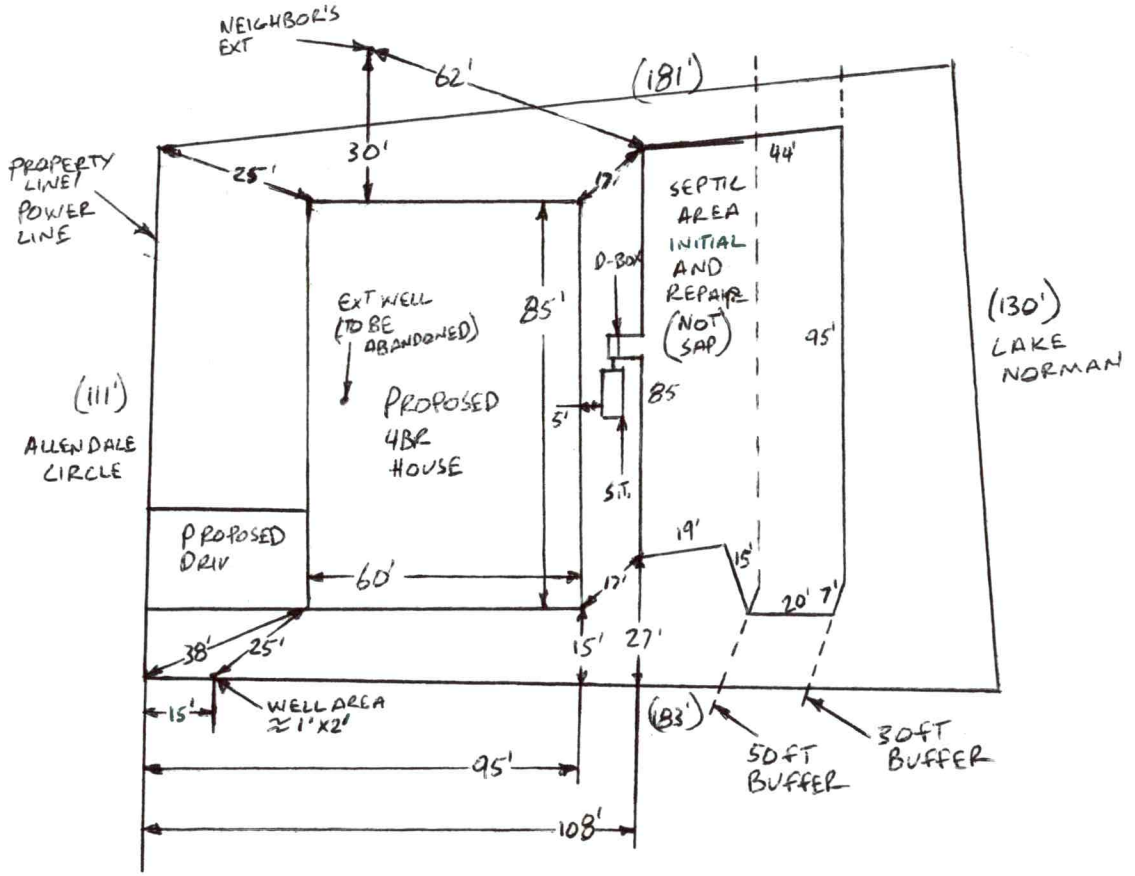
PRIVATE DRINKING WATER WELL PERMIT # AP-312341 **PIN #** 4771-59-8470 **Type of Permit (circle one): New Repair Abandonment**

APPLICANT/OWNER NAME: DOMINIC AND ANNA AGRESTA ADDRESS: 156 GAGE DRIVE, MOORESVILLE, N.C, 28115 PHONE: 910-880-9480

DIRECTIONS TO SITE: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON ALLENDALE, LOT ON (R)

SITE ADDRESS: 230 ALLENDALE CIRCLE, TROUTMAN, N.C, 28166 SUBDIVISION: ALLEN DALE POINT SECTION/LOT: 22

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: FOLLOW ALL NCAC 2C WELL RULES, MAINTAIN 50FT FROM ALL SEPTICS, MAINTAIN 25FT FROM ALL STRUCTURES DO NOT DRILL IN POWERLINE RIGHT OF WAY, GROUT A MINIMUM OF 20FT, PRE-CONSTRUCTION MEETING REQUIRED.

WELL PERMIT ISSUED BY: Bryant Culbreth DATE: 5-24-2021 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

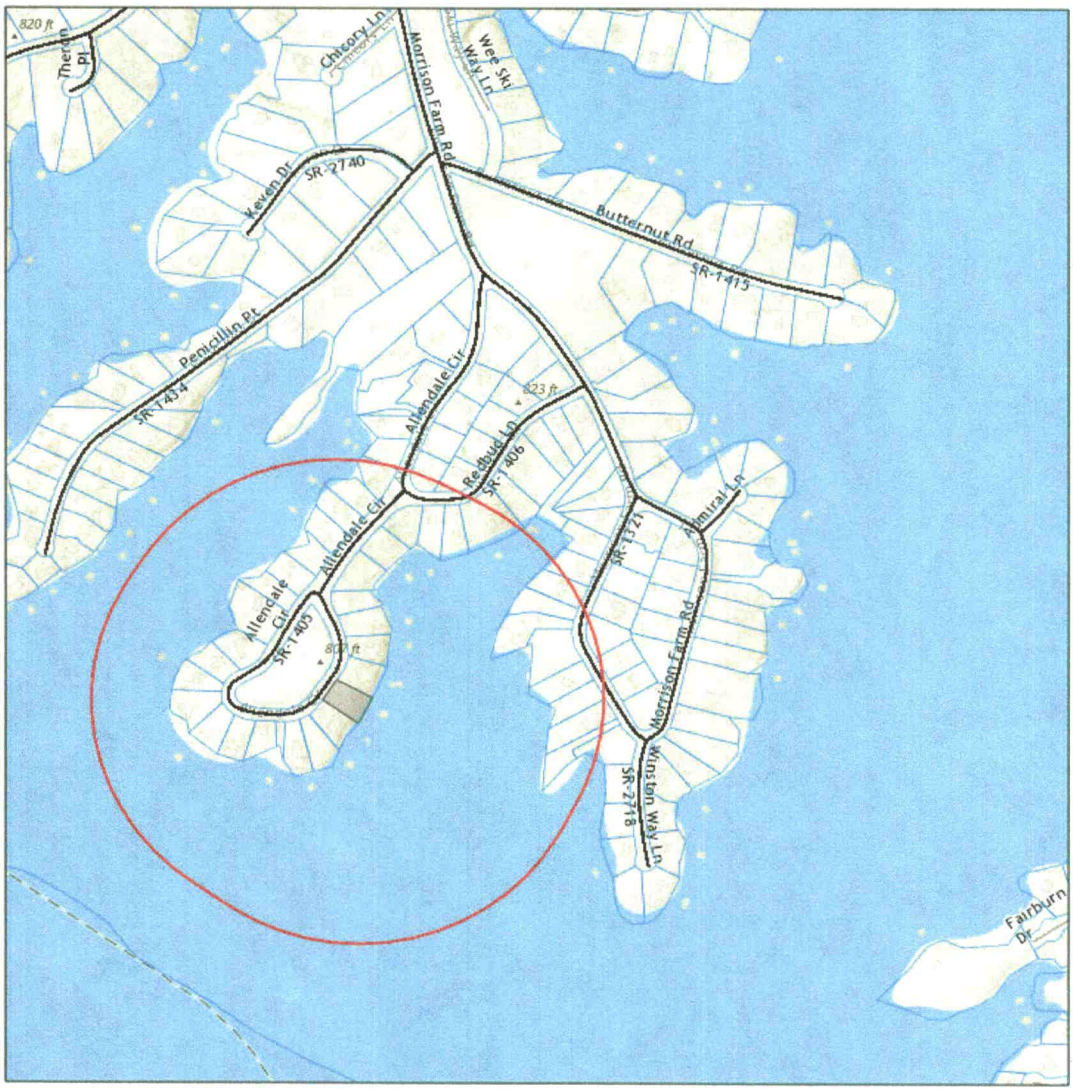
Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

WPDT Report

Area of Interest (AOI) Information

Area : 3,759,240.06 ft²

May 24 2021 11:35:27 Eastern Daylight Time



1:9,028

0 0.05 0.1 0.2 mi

0 0.1 0.2 0.4 km

Parcels (Polygons) - Parcels

Non-System Roads

Federal Route

Non-System

Other System Roads

Ramps, Rest Areas, Non-Mainline

Projected Route

Other State Agency Route

Secondary Route

Primary Roads

Interstate

US Route

NC Route

NCDOT GIS Unit, Esri, NASA, NGA, USGS, FEMA, Esri Community Maps Contributors, Iredell County, State of North Carolina DOT, Esri, HERE, Garmin, SafeGraph, INCREMENT P, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA

All North Carolina Department of Environmental Quality (NCDEQ) GIS data is expressly provided "AS IS" and "WITH ALL FAULTS". The NCDEQ makes no warranty of any kind, express or implied, concerning this information, including but not limited to any warranties of merchantability or witness for any particular purpose. The NCDEQ assumes no responsibility or legal liability concerning the Data's accuracy, reliability, completeness, timeliness, or usefulness. The data is not intended to constitute advice nor is it to be used as a substitute for specific advice from a professional. Users should not act (or refrain from acting) based upon information in the Data without independently verifying the information and obtaining any necessary professional advice. Users are solely responsible for ensuring the accuracy, currency and other qualities of any products derived from or in connection with the NCDEQ's Data. The Data is collected from various sources and may be modified over time without notice to improve spatial andattribute accuracy. The NCDEQ disclaims responsibility for the spatial accuracy and attribution of GIS features and makes no warranty concerning same.

RECEIVED MAR 10 2021

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

AP- 312341 $550.00

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: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Dominic Agresta **Address:** 156 Gage Dr. Mooresville NC **Zip:** 28115
Applicant Email: dagresta9@yahoo.com **Phone:** (910) 880-9431 **Alt. Phone:** (910) 880-9480
Owner Name: Same **Address:** _____ **Zip:** _____
Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

Property Information:

Street Address: 230 Allendale Circle, Troutman, NC 28166
Subdivision Name: Allendale Circle **Section/Phase:** N/A **Lot Number:** 22
Driving Directions: (S) on 21, (R) on Perth, (R) onto Stockpark, (L) on Morrison Farm, (R) on Allendale Lot is on (R)

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence — Maximum Number of Occupants: 8
( ) Accessory Building — ( ) Swimming Pool
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

( ) 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:** _____
( ) 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?**

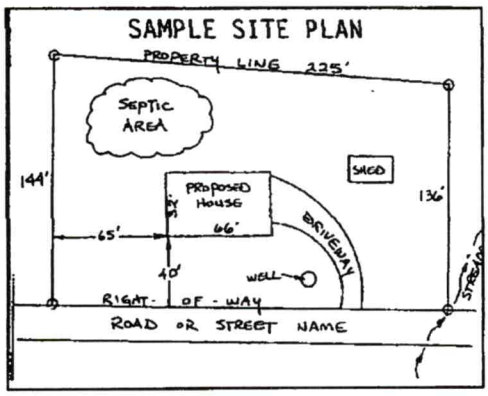
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ 03/09/2021
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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:

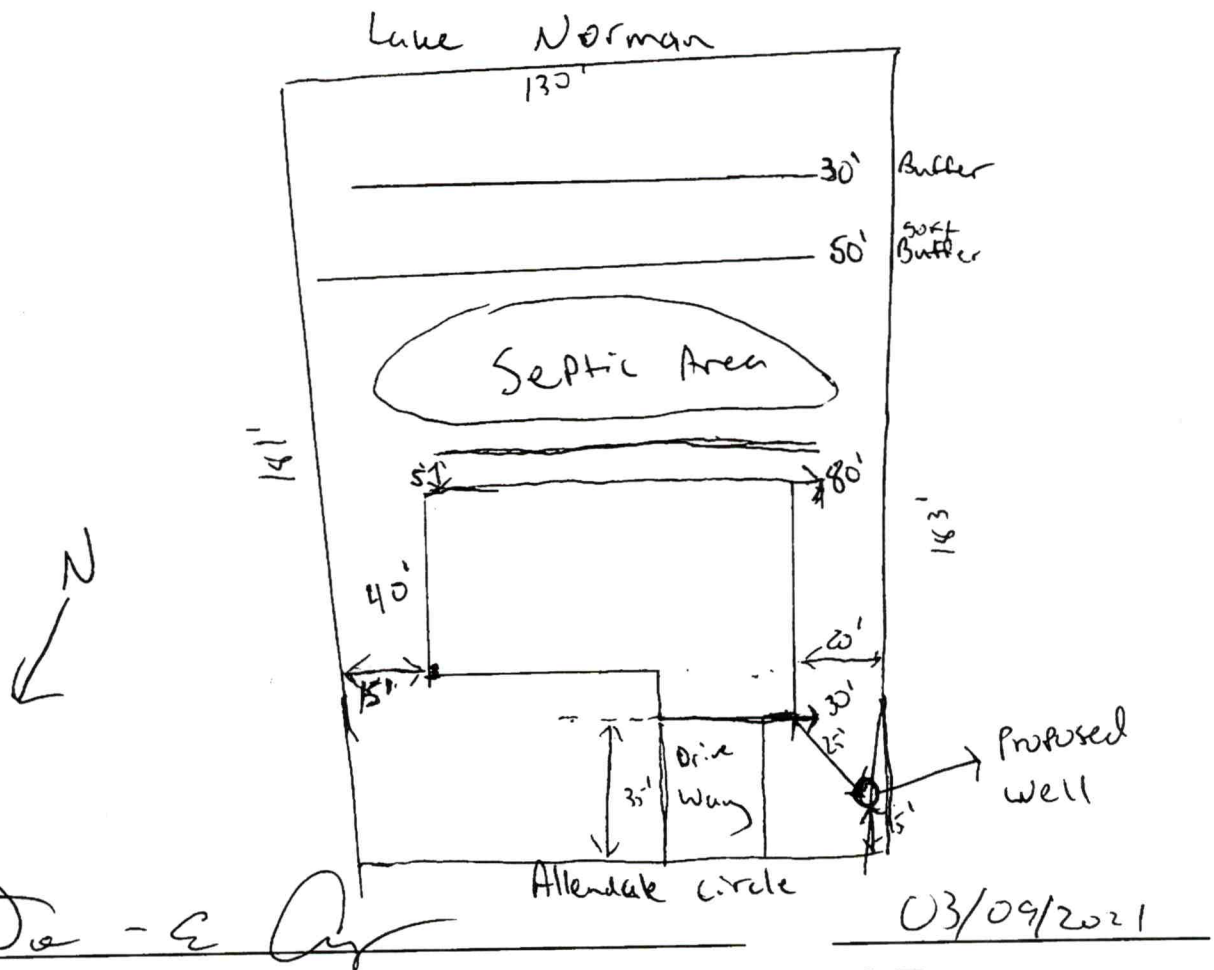
- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- (X) **Preferred driveway location**
- (X) **Preferred well location**
- (X) **Preferred septic system location**
- (X) **North arrow, or other 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**
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



Signature: _____ 03/09/2021

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.
By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as

PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

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

_____ _____
Signature of Owner(s) Date

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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

DA ___ **Complete all Environmental Health forms**:
- DA ___ Application
- DA ___ Site Plan including the dimensions of proposed structure, addition, pool etc.
- N/A ___ Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- N/A ___ Copy of Zoning Permit when applicable
- DA ___ Sign this sheet after you have completed all items

DA ___ **Lot must be cleared of heavy undergrowth.** In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with **50 feet of visibility** in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

DA ___ **Clearly mark all property corners by locating existing iron or concrete markers.** Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

DA ___ **Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted.** The proposed structure, etc. **must be staked** out on the property as per the site plan.

DA ___ If an **Authorization to Construct (AC) is desired**, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application.
Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- **The applicant/agent is responsible for securing these services**
- **Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.**
- **The EH specialist will contact you when your application is ready to be processed for pit scheduling.**
- **Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.**

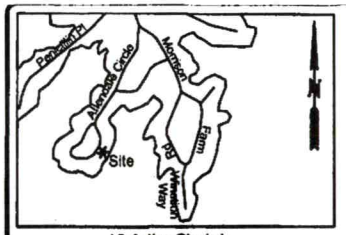
By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 03/09/2021

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625



Vicinity Sketch
Not to Scale

Edge of Pavement

Allendale Circle
60' Public Right of Way

Edge of Pavement

N 29°59'46" E → 90.12'

Tie Line
N 26°57'43" E → 109.

cp

B: N 32°08'22" E
C: 21.19'
A: 21.19'
R: 284.00'

3/4" Iron Pipe (f)

3/4" Iron Pipe (f)

35' MBL

Well

182.95' Total

N 54°27'55" W → (173.63')

15' MBL

Lot No. 21
M.B. 7 Pg. 21
Richard S. Clay
D.B. 2598 Pg. 1264
Parcel ID 4628-69-8745

Lot No. 22
M.B. 7 Pg. 21
21,861.99 Sq. Feet ±
0.502 Acres ±

15' MBL

S 60°20'13" E → (176.28')

180.93' Total

Lot No. 23
M.B. 7 Pg. 21
David Dnistran
D.B. 1435 Pg. 34
Parcel ID 4628-69-9967

50' Buffer

9.32'

1/2" Rebar(f)

Shoreline

1/2" Rebar(f)

cp

S 29°49'49" W ← 130.00'

cp

4.65'

Lake
Norman

cp

1/2"

1. All distances are horizontal unless otherwise noted.
2. All acreage is by coordinate method.
3. The Client acknowledges (1) that boundary surveying services do not determine land ownership and that the professional land survey provides only an opinion of previously described boundary lines which may or may no be upheld by a court of law and, (2) the general survey does not include the location of all easements and, (3) in services relating to boundary surveys, the consultant limits the liability to the professional fee charged to the client.
4. Broken lines indicate lines not surveyed.
5. This survey does not constitute a title search by Surveyor. Surveyor has made no investigation or independent search for easements or record, encumbrances, restrictive covenants, ownership title evidence, or any other facts that an accurate and current title search may disclose.
6. This property is not located in a 100 year flood zone as shown on F.E.M.A. Firm Map # 3710462800K Effective Date: March 18, 2008.
7. Copyright© King Engineering of Concord, RLLP, All rights reserved. No part of this drawing may be reproduced by photocopying, recording or by any other means, or stored, processed or transmitted electronically without the prior written permission of the surveyor. This survey is valid only for the parties indicated the title block and is non transferable to subsequent parties.

I certify that this map was drawn under my supervision from an actual survey made under my supervision (deed description recorded in D.B. 2598, Pg. 1262); that the boundaries not surveyed are indicated as drawn from information in M.B. 7, Pg. 21; that the ratio of precision or positional accuracy is 1:99,069; and that this map meets the requirements of The Standards of Practice for Land Surveying in North Carolina (21 NCAC 56.1600)

This 23rd day of October, 2020.

Samuel L. King Jr.

Professional Land Surveyor License No. L-3089

NORTH CAROLINA PROFESSIONAL SEAL L-3089 LAND SURVEYOR SAMUEL L. KING JR.

Boundary Survey

Dominic &

Lot No. 22 Aller
Recorded in Map
230 Allendale Ci
0.502 Ac.± Trac
Deed Book 2598
Fallstown Townsh

Kingengineernc.com

October 23, 202(

Job Number 202

Scale: 1" = 40'

0 20' 4

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

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

PERMIT # AP-312341

PIN # 4628 - 69 - 9817

APPLICANT/OWNER: DOMINIC AGRESTA / J. KENNETH CLAY REVOCABLE TRUST APPLICANT ADDRESS: 156 GAGE DRIVE, MOORESVILLE, N.C. 28115

SITE ADDRESS: 230 ALLENDALE CIRCLE, TROUTMAN, N.C. 28166 PHONE: 910-880-9431 ALT. PHONE 910-880-9480

SITE DIRECTIONS: (S) ON 21, (R) ON PERTH, (R) ON STATE PARK, (L) ON MORRISON FARM, (R) ON ALLENDALE, LOT ON (R) SAP CONTROLLED: ☐ YES ☒ NO REPAIR

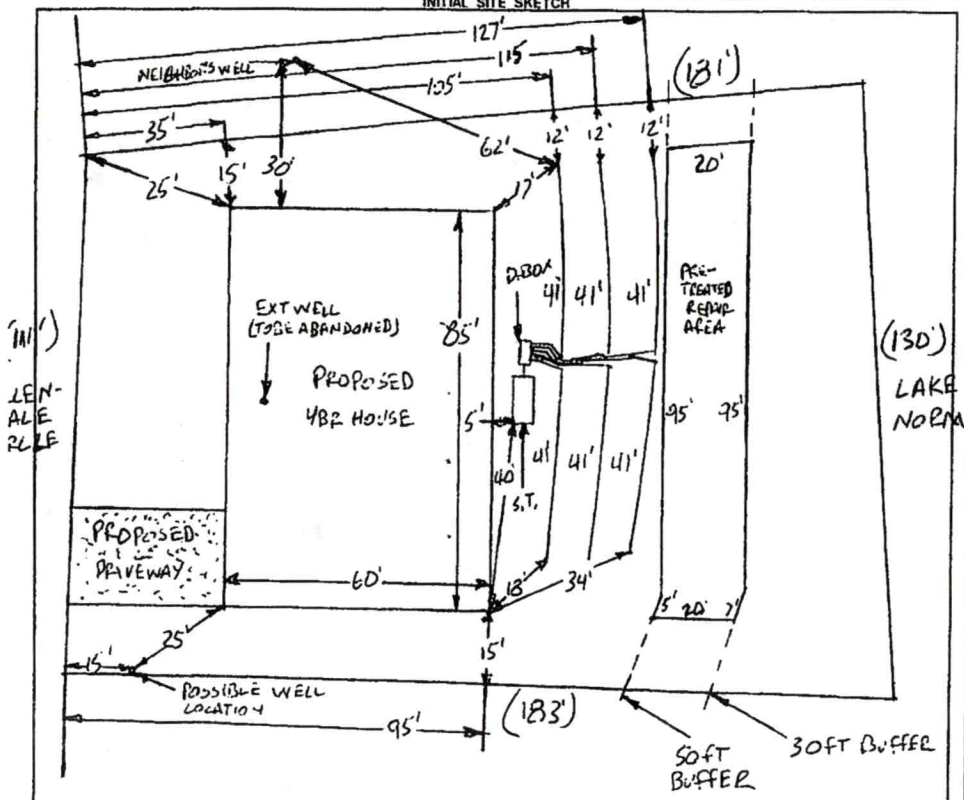
SUBDIVISION: ALLENDALE POINT SECTION: — LOT # 22 LOT AREA: 0.5 AC DESIGN FLOW: 480 GPD L.T.A.R.: 0.325 (0.85)

Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☐ Residence	No. Bedrooms	4	Water Supply
Pump Tank	—	(gal)	PT	—	Date	—	System Description:	50% REDUCTION-HORIZONTAL PPBPS			☐ Business	No. Persons	8	☒ Private
Pump Make	—	Model		—	Serial #	—	Repair System Description:	PRETREATED TSII DRIP			☐ Other	No. Employees	—	☐ Public
# Nitrification Fields	1	# Lines	6	Linear Ft	246FT		Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	36 IN	Trench Bottom Depth(Low side)		20 IN	Gravel Depth	—		☒ GRAVITY	☐ PRESSURE		☒ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE 54 PANELS OF HORIZONTAL PPBPS, UTILIZE D-BOX TO FEED ALL LINES EQUAL, MAINTAIN 50FT FROM ALL WELLS

NO FOUNDATION DRAINAGE ALONG BACK OF HOUSE, 50FT BUFFER AND ALL PROPERTY LINES MUST BE MARKED EVERY 25FT AT TIME OF INSTALLATION.

INITIAL SITE SKETCH



AS BUILT SKETCH

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

WELL MUST BE ABANDONED PRIOR TO A.L

1 IN = 40 FT
S.T. = SEPTIC TANK
EXT = EXISTING

COPY

DO NOT ISSUE BUILDING PERMIT!

FLOOR PLAN STILL NEEDED!

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: _____ Installed by: _____

IMPROVEMENT PERMIT by: Bryant C. White Date: 12-23-2020 OPERATION PERMIT by: _____ Date: _____

AUTHORIZATION TO CONSTRUCT by: _____ Date: _____ Existing System Inspected by: _____ Date: _____

IREDELL COUNTY · NC

Cash Register Receipt

Iredell County

Receipt Number
R9827

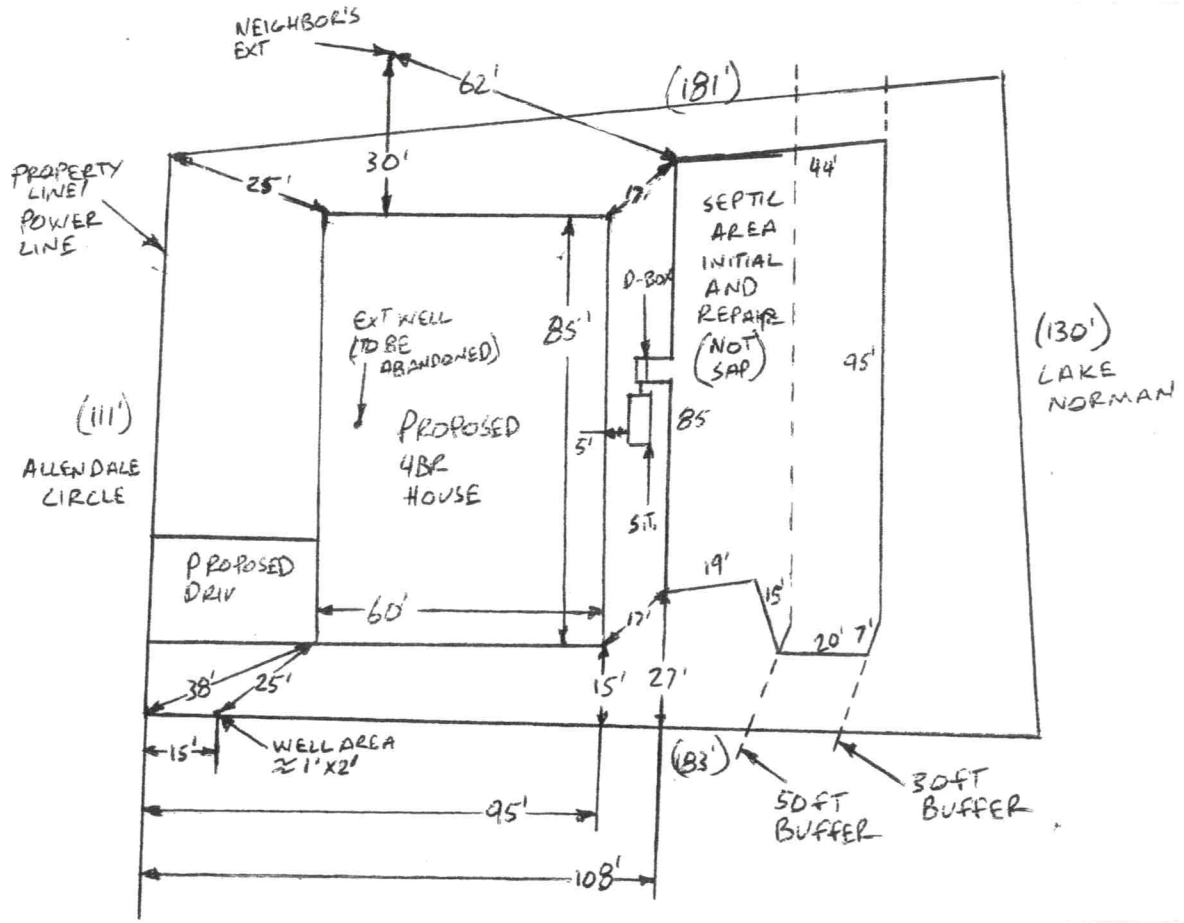
DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			$550.00
AP-312341 Address: 230 ALLENDALE CIR APN: 4628699817.000			$550.00
EH WELL PROGRAM			$550.00
NEW WELL PERMIT	10492751-447004	0	$550.00
TOTAL FEES PAID BY RECEIPT:R9827			$550.00

Date Paid: Tuesday, March 09, 2021

Paid By: DOMINIC AGRESTA

Cashier: AP

Pay Method: CREDIT CARD 05177D


NEIGHBOR'S EXT
62'
(181')
30'
25'
17'
44'
PROPERTY LINE
POWER LINE
SEPTIC AREA INITIAL AND REPAIR (NOT SAP)
D-BOX
EXT WELL (TO BE ABANDONED)
85'
95'
(130')
LAKE NORMAN
(111')
ALLENDALE CIRCLE
PROPOSED 4BR HOUSE
85
5'
S.T.
PROPOSED DRIV
19'
15'
60'
17'
20'
7'
38'
25'
15'
27'
WELL AREA ≈1'X2'
15'
(83')
50FT BUFFER
30FT BUFFER
95'
108'