BLDR-2023-19384

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 2023-39835

PIN # 4629 -- 76 -- 1125

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

APPLICANT/OWNER: Canipe Construction

APPLICANT ADDRESS: 1600 Cox Mill Rd, Concord

PHONE: 704-902-4283

ALT. PHONE –

SITE ADDRESS: 107 Coventry Hills Ln, Troutman 28166

SAP CONTROLLED: [X] YES [ ] NO

SITE DIRECTIONS: State Park - Morrison Farm - Abington - Coventry Hills

DESIGN FLOW: 240 gpd L.T.A.R.: 0.35

SUBDIVISION: CL&T

SECTION: 17 LOT# 172 LOT AREA: 1.37 acres

Septic Tank 1000 (gal) STB Date

Pump Tank 1000 (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 4 Linear Ft 172'

Trench Width 36 in Trench Bottom Depth(Low side) 30 in Gravel Depth –

[X] New System [ ] Repair [ ] Expansion System Type: I II (III) IV V VI

System Description: 25% reduction

Repair System Description: 50% reduction

Maintenance Agreement Required: [ ] YES [X] NO

[ ] GRAVITY [X] PRESSURE

[X] Residence No. Bedrooms 2

[ ] Business No. Persons 4

[ ] Other No. Employees

[ ] Slab [ ] Crawl Space

[X] Basement w/plumbing [ ] Basement w/o plumbing

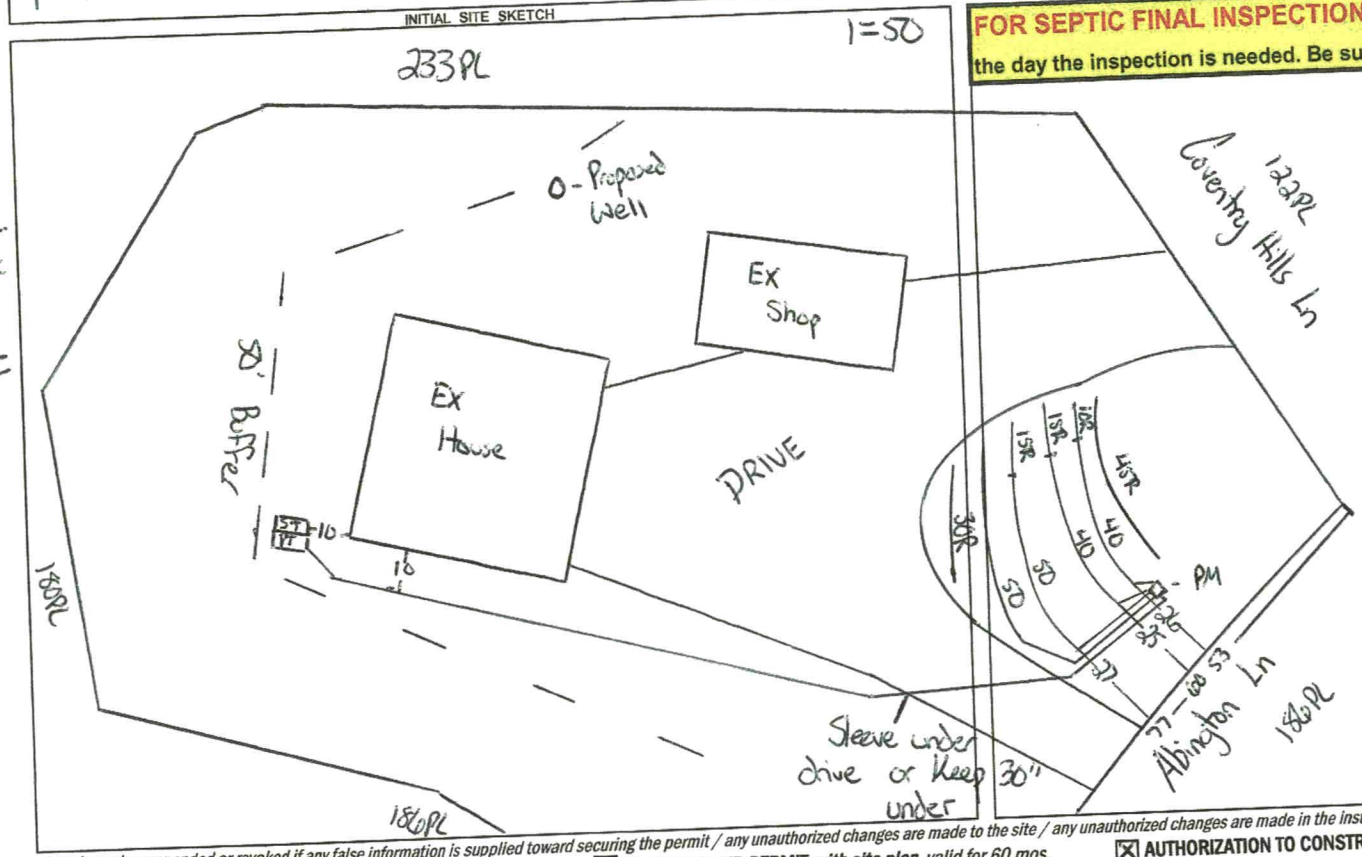
Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install on contour with the land. Do not grade, park, or drive on septic area.

*50' buffer must be marked at time of install *

* Keep supply line 100' from well area *

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

L1 - ½ sch 80
L2 - ½ sch 80
L3 - ½ sch 40
L4 - ½ sch 40

Dose = 82
Flow = 25.18
Time = 3.25
Drawdown = 4 in
2 in supply
2 Ft head

Tanks
Lines
P.H
P.M
Floats
} SH 11/16/23

Electrical Alarm 3/5/24 DW

Need: Riser 6" above
3/7/24 Control Panel 12" above grade

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.

[X] IMPROVEMENT PERMIT *with site plan* valid for 60 mos.

[X] AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo

Owner / Applicant Signature: Online Signature Date:

IMPROVEMENT PERMIT by: Cory Hill Date: 11/7/23

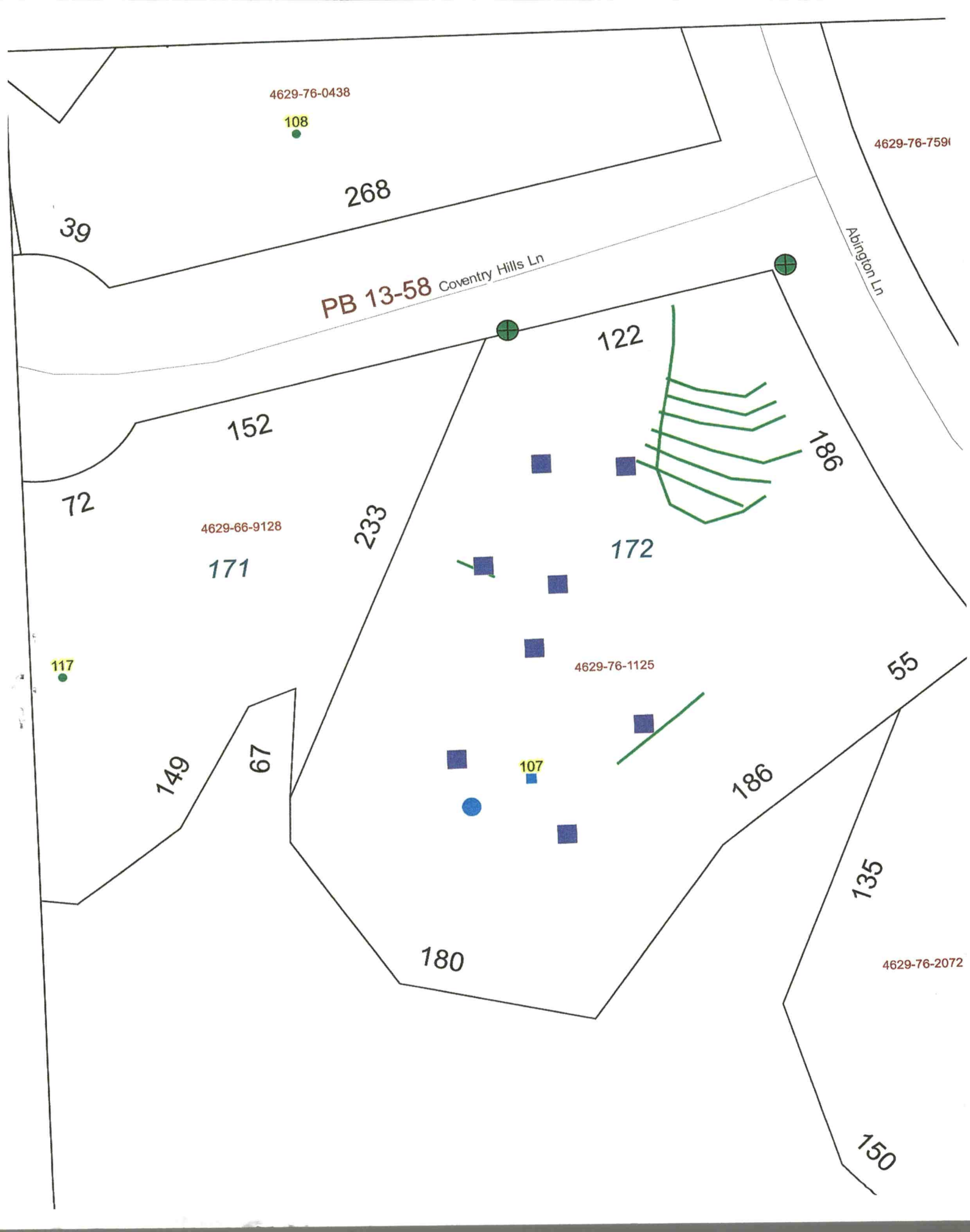
AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 11/7/23

Installed by: Chriserberry

OPERATION PERMIT by: D. Wiebey Date: 3/7/24

Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


4629-76-0438
108
268
39
PB 13-58 Coventry Hills Ln
Abington Ln
4629-76-759
122
152
186
72
4629-66-9128
233
171
172
117
4629-76-1125
55
149
67
107
186
135
180
4629-76-2072
150

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 2023-39835

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

PIN # 4629 -- 76 -- 1125

APPLICANT/OWNER: Canipe Construction APPLICANT ADDRESS: 1600 Cox Mill Rd, Concord

SITE ADDRESS: 107 Coventry Hills Ln, Troutman 28166 PHONE: 704-902-4283 ALT. PHONE -

SITE DIRECTIONS: State Park - Morrison Farm - Abington - Coventry Hills SAP CONTROLLED: [X] YES [ ] NO

SUBDIVISION: CL&T SECTION: 17 LOT # 172 LOT AREA: 1.37 acres DESIGN FLOW: 240 gpd L.T.A.R.: 0.35

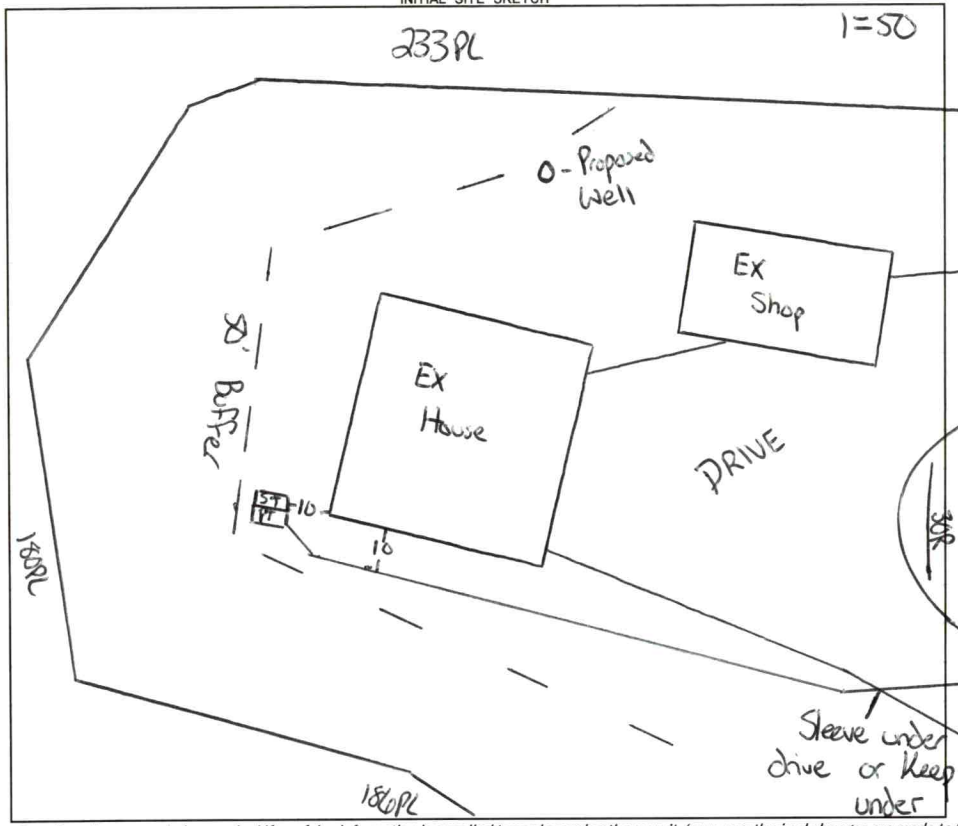
Septic Tank	1000	(gal)	STB		Date	[X] New System	[ ] Repair	[ ] Expansion	System Type: I II (III) IV V VI	[X] Residence	No. Bedrooms 2
Pump Tank	1000	(gal)	PT		Date	System Description:	25% reduction			[ ] Business	No. Persons 4
Pump Make			Model		Serial #	Repair System Description:	50% reduction			[ ] Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft	172'	Maintenance Agreement Required:	[ ] YES	[X] NO		[ ] Slab	[ ] Crawl Space
Trench Width	36 in	Trench Bottom Depth(Low side)	30 in	Gravel Depth	-		[ ] GRAVITY	[X] PRESSURE		[X] Basement w/plumbing	[ ] Basement w/o plumbing

Water Supply: [X] Private [ ] Public [ ] Community

Comments / Conditions: Install on contour with the land. Do not grade, park, or drive on septic area.

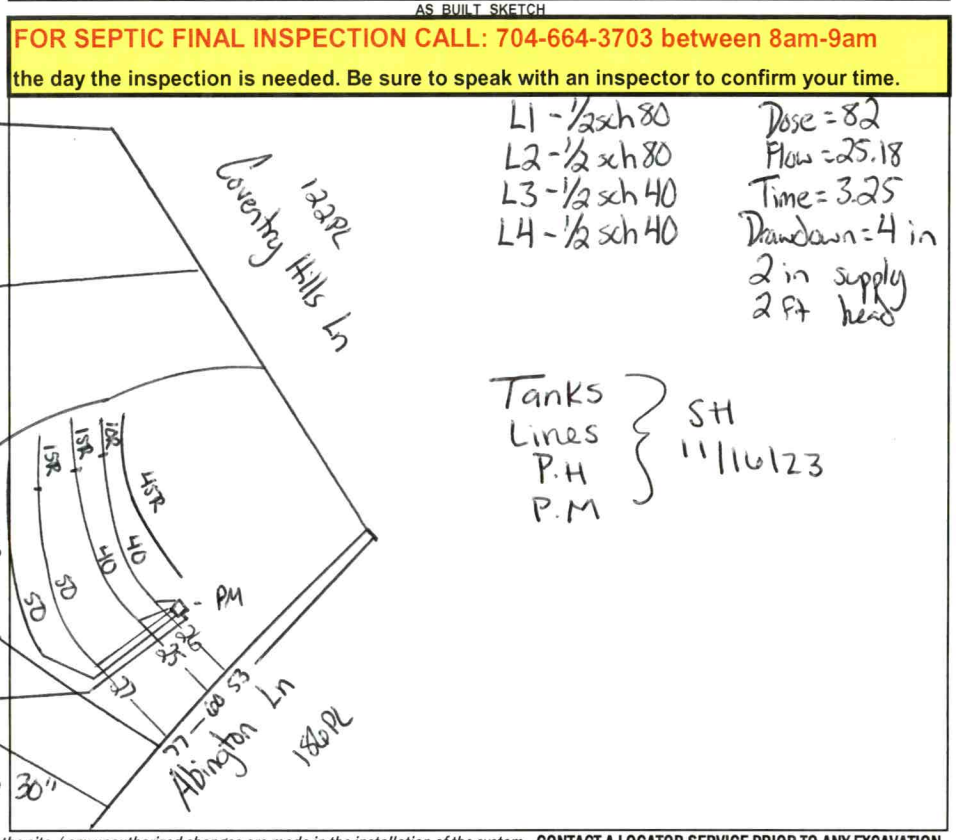
* 50' buffer must be marked at time of install *
* Keep supply line 100' from well area *

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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.* [X] **IMPROVEMENT PERMIT** ***with site plan*** *valid for 60 mos.* [X] **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Online Signature Date: Installed by: Chrisenberry

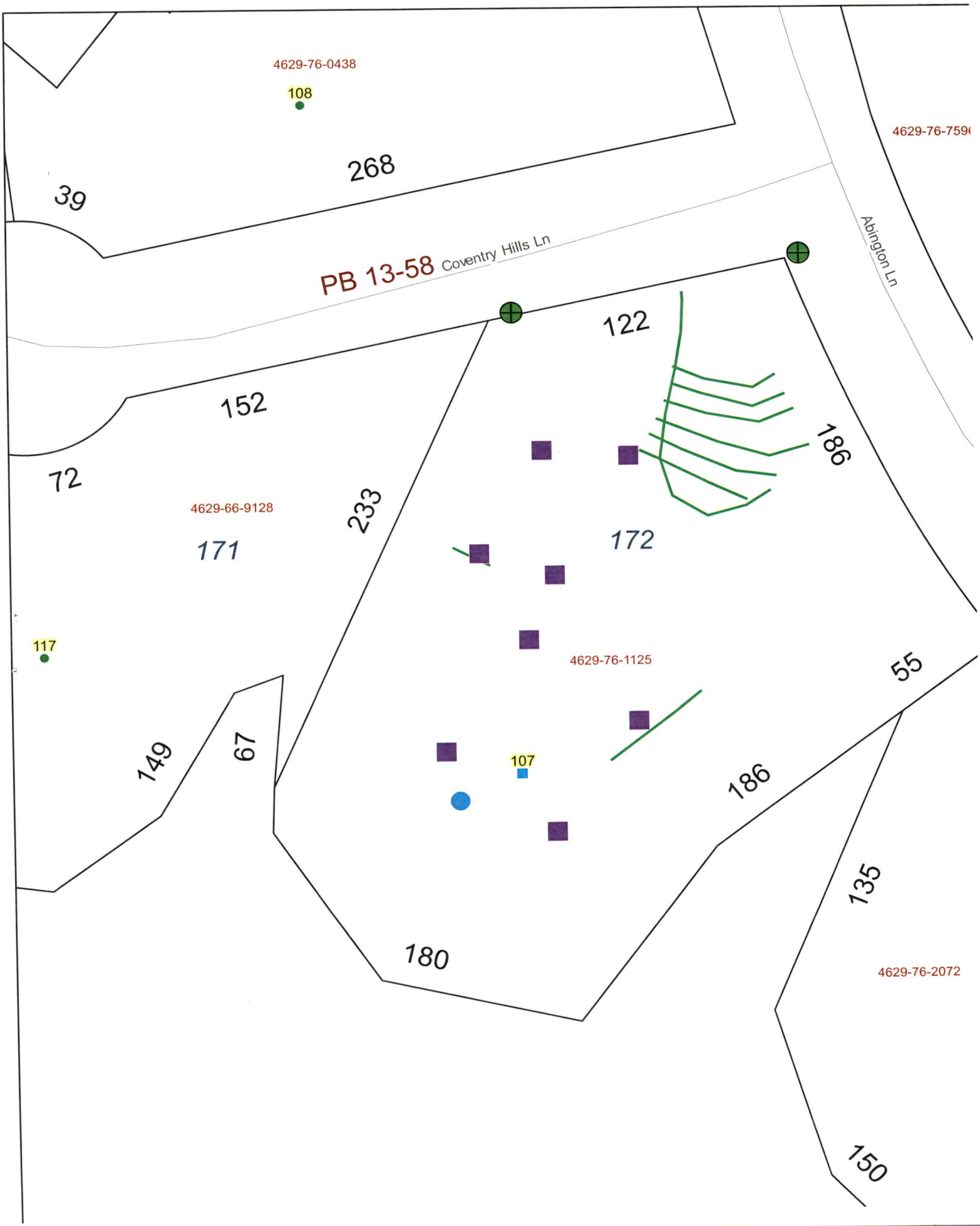
IMPROVEMENT PERMIT by: Cory Hill Date: 11/7/23 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Cory Hill Date: 11/7/23 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	


4629-76-0438
108
268
39
PB 13-58 Coventry Hills Ln
Abington Ln
4629-76-759
122
152
72
186
4629-66-9128
171
233
172
117
4629-76-1125
55
149
67
107
186
135
180
4629-76-2072
150

ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PRIVATE DRINKING WELL WATER PERMIT # OSWP-2023-39836 PIN # 4629-76-1125

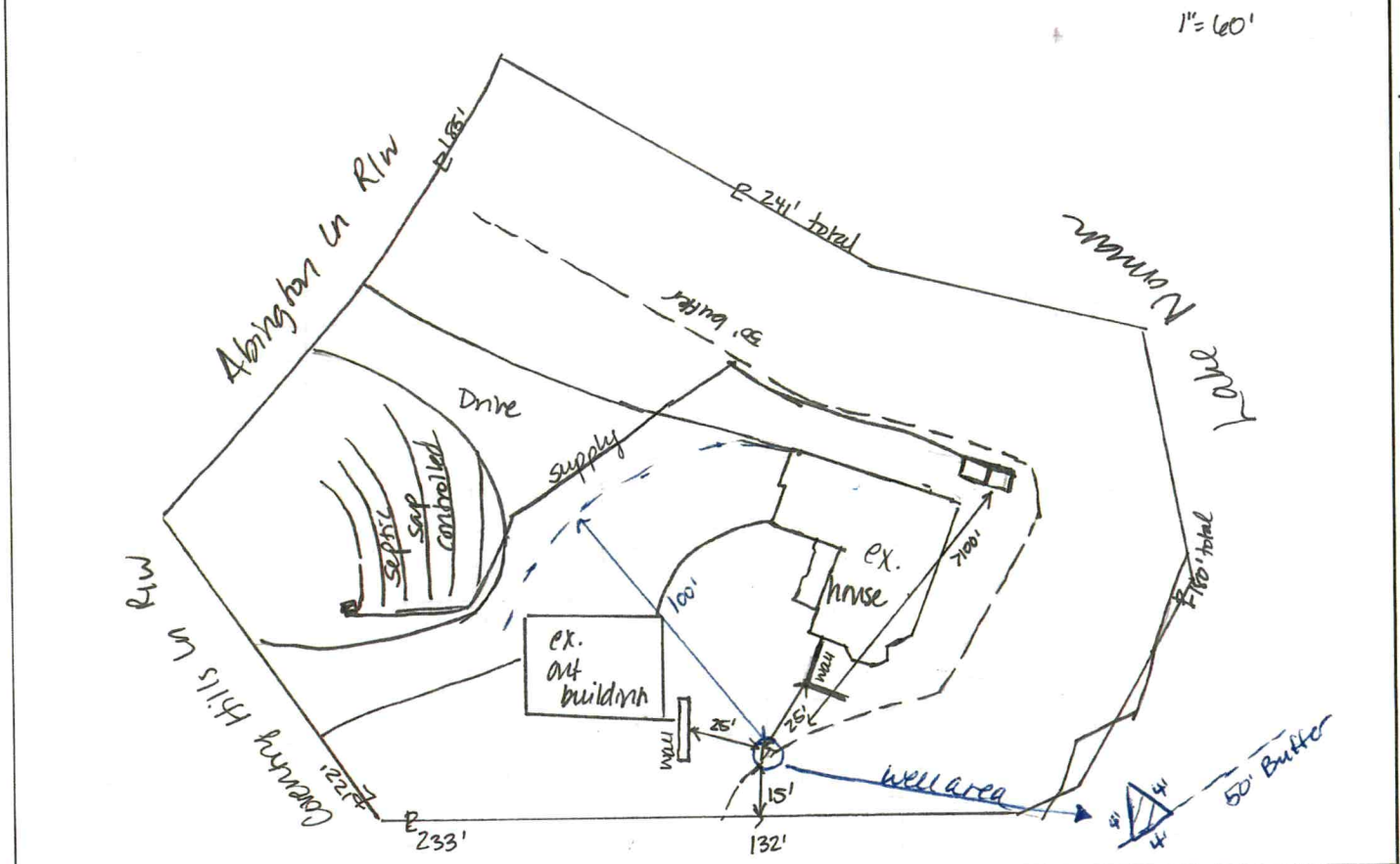
Type of Permit: EH Private Drinking Water Well New Construction

APPLICANT / OWNER NAME: Canipe Construction Inc. ADDRESS: 1600 Cox Mill Rd, Concord, NC 28027 PHONE: (704) 902-4283

DIRECTIONS TO SITE: N Perth -> L State Park -> R Abington -> lot on corner at Coventry Hills

SITE ADDRESS: 107 COVENTRY HILLS LN, TROUTMAN, NC 28166 SUBDIVISION: CL&T SECTION/LOT: 17 / 172

INITIAL SITE SKETCH



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude _____

Longitude _____

Permit Conditions / Comments: Maintain 25' setback to all structures, 100' off septic components

WELL PERMIT ISSUED BY: Danielle Wieberg DATE: (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: Brad Julian = Mid South 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

CW BLDR-2023-17384

ICHD Environmental Health Division

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

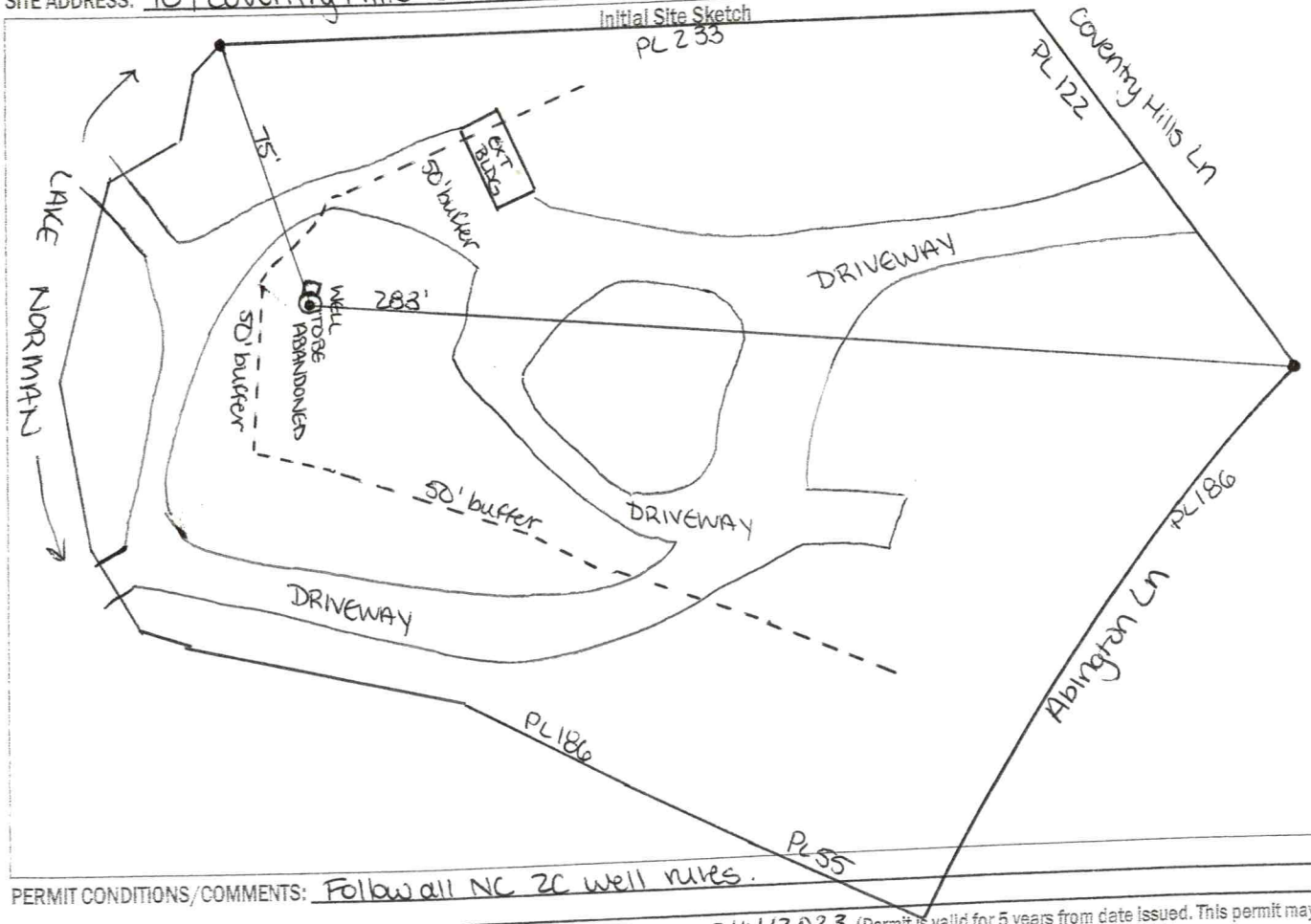
PRIVATE DRINKING WATER WELL PERMIT # OSWP 2023 18163 **PIN #** 4629-76-1125 **Type of Permit (circle one):** New Repair **Abandonment**

APPLICANT/OWNER NAME: Skip Canipe ADDRESS: 1600 Cox Mill Rd Concord NC 28027 PHONE: 704 902 4283

DIRECTIONS TO SITE: Old Mountain Rd (L) East Monbo (L) Hicks Creek (R) State Park (L) Momson Farm (R) Abington Ln (L) Coventry Hills

SITE ADDRESS: 107 Coventry Hills Ln Troutman NC 28166 SUBDIVISION: CLYT SECTION/LOT: 17/172

Initial Site Sketch



CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

SCANNED

2 pgs 4-10-23 DC

PERMIT CONDITIONS/COMMENTS: Follow all NC 2C well rules.

WELL PERMIT ISSUED BY: Sarah Bracken DATE: 3/14/2023 (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: Michael Francis CONTRACTOR CERT #: 2473A GROUT INSPECTION BY: Sarah Bracken DATE: 3/31/2023

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: Sarah Bracken DATE: 4/3/2023 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

Entered

WELL ABANDONMENT RECORD

For Internal Use ONLY: C L : T Lot # 172 sec 17

1. Well Contractor Information:

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

2473-A
NC Well Contractor Certification Number

Francis Well & Pump Co.
Company Name

2. Well Construction Permit #: OSWP20231818163
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: 3-31-23

5a. Well location:

Skip Conipe
Facility/Owner Name

Facility ID# (if applicable)

107 Coventry Hills Ln Troutman N.C. 28166
Physical Address, City, and Zip

Iredell
County

4629-76-1125
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#: N/A

6b. Total well depth: 34 (ft.)

6c. Borehole diameter: 24 (in.)

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

6e. Outer casing length (if known): 34' (ft.)

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

6g. Screen length (if known): N/A (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 for SAME # of wells abandoned: 1

7b. Approximate volume of water remaining in well(s): 200 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: 1 cup

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:

5 yards

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

truck (concrete truck)

8. Certification:

Michael Francis 3-31-23
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:

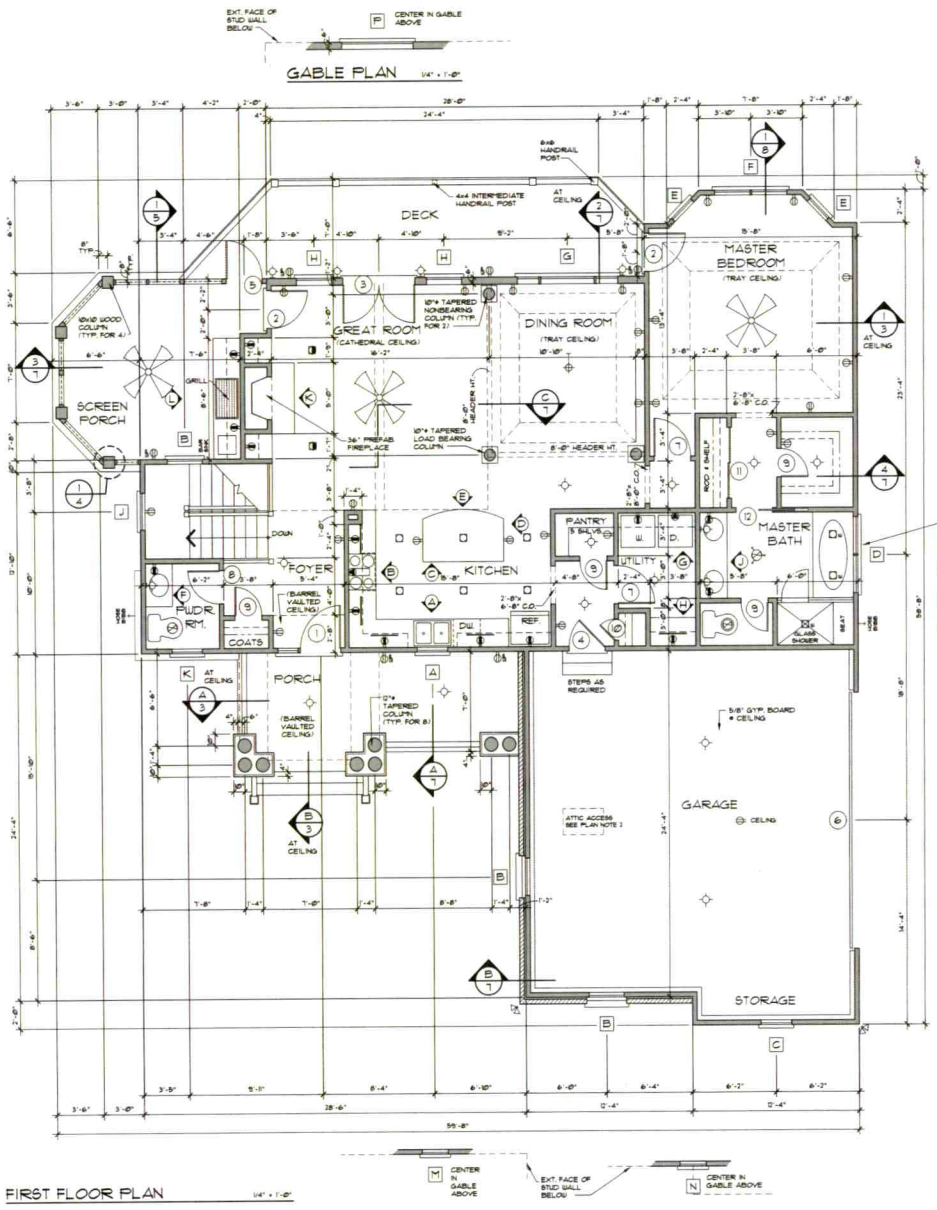
**Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636**

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.

Unfinished Basement

Cay Whl 4/20/23

Visit www.DAGmarketplace.com for information on interior and exterior products for your home!



WINDOW SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
A	2'-4" x 4'-2"	1	D.H.
B	2'-8" x 5'-10"	5	D.H.
C	2'-4" x 5'-10"	1	D.H.
D	(2) 2'-8" x 5'-2"	1	D.H.
E	2'-0" x 6'-2"	2	D.H.
F	(2) 2'-8" x 6'-2"	1	D.H.
G	1'-8" x 6'-2" 4'-0" x 6'-2" 1'-8" x 6'-2"	1	D.H. CENTER FIXED
H	2'-8" x 6'-2"	2	D.H.
J	2'-8" x 5'-10"	1	D.H. W/ 34" TRANSOM *
K	2'-4" x 4'-8"	1	D.H.
L	(2) 2'-8" x 5'-10"	2	D.H.
M	2'-0" x 4'-8"	1	D.H. ARCH HEAD
N	2'-0" x 3'-10"	1	D.H. ARCH HEAD
P	5'-4" x 2'-0"	1	FIXED, ARCH HEAD

ALL WINDOWS ARE INSULATED AND WEATHERSTRIPPED.
VERIFY LOCAL CODE EGRESS WINDOW REQUIREMENTS PRIOR TO CONSTRUCTION.
WINDOW MANUFACTURER TO PROVIDE TEMPERED GLASS WHERE REQUIRED BY CODE.
VERIFY WINDOW MODEL NUMBERS AND SIZES WITH MANUFACTURER BEFORE STARTING CONSTRUCTION.

* SEE ELEVATION FOR TRANSOM.

DOOR SCHEDULE

MARK	SIZE	QUAN.	DESCRIPTION
1	3'-0" x 6'-8"	1	EXT., THREE-QUARTER GLASS W/ 18" SIDELITE * 16" ARCH HEAD TRANSOM *
2	2'-8" x 6'-8"	2	EXT., FULL GLASS W/ 12" TRANSOM *
3	(2) 2'-8" x 6'-8"	2	EXT., FULL GLASS W/ 12" TRANSOM *
4	2'-8" x 6'-8"	1	EXT., 1 HOUR FIRE-RATED
5	2'-8" x 6'-8"	1	EXT., SCREEN DOOR
6	18'-0" x 8'-0"	1	GARAGE
7	2'-8" x 6'-8"	5	INT.
8	2'-4" x 6'-8"	2	INT.
9	2'-0" x 6'-8"	7	INT.
10	1'-6" x 6'-8"	1	INT.
11	5'-0" x 6'-8"	1	INT., BI-FOLDING DOOR
12	2'-8" x 6'-8"	1	INT., POCKET DOOR
13	2'-4" x 6'-8"	1	INT., POCKET DOOR

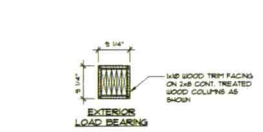
* SEE ELEVATION FOR TRANSOM.

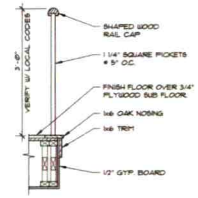
PLAN NOTES:

1. VERIFY ALL LOCAL CODES, ENERGY TYPES, AND SITE CONDITIONS PRIOR TO CONSTRUCTION. THE OWNER AND BUILDER SHALL BE SOLELY RESPONSIBLE FOR CODE COMPLIANCE.
2. REVIEW SELECTED MECHANICAL SYSTEMS WITH OWNER PRIOR TO CONSTRUCTION.
   REVIEW SUB-CONTRACTORS LOCATIONS OF THE WATER HEATER AND HVAC UNIT(S) WITH THE OWNER PRIOR TO CONSTRUCTION. ENSURE COMPLIANCE WITH LOCAL BUILDING CODE REQUIREMENTS AND MANUFACTURER REQUIREMENTS.
   H.V.A.C. EQUIPMENT IN THE ATTIC SPACE SHALL BE ACCESSIBLE BY AN OPENING LARGER THAN THE LARGEST PIECE OF EQUIPMENT (TO ALLOW REMOVAL OF THE EQUIPMENT) AND IN NO CASE LESS THAN 22"x36".
3. SEE STRUCTURAL DRAWINGS FOR ADDITIONAL INFORMATION.
4. INSULATE AROUND ALL BATHS AND UTILITY ROOM.
5. TYPICAL WALL: 2x4'S @ 16" O.C. UNLESS OTHERWISE DIMENSIONED.
6. PROVIDE SMOKE DETECTORS AS REQUIRED BY CODE.
7. PROVIDE DOORBELLS, TRANSFORMER, AND CHIME.

ELECTRICAL LEGEND

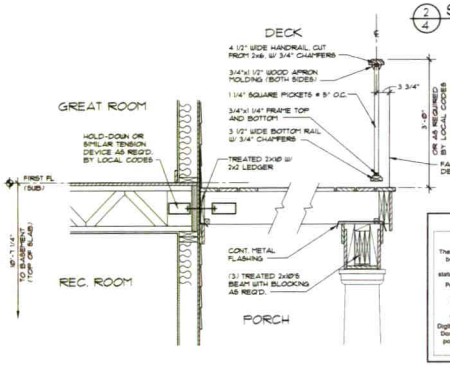
SYMBOL	DESCRIPTION
	DUPLEX OUTLET (GROUNDED TYPE)
WP	WEATHER PROOF DUPLEX OUTLET
AC	ABOVE COUNTER LOCATION
	FLUSH FLOOR DUPLEX OUTLET, OWNER VERIFY LOCATION
	220 VOLT OUTLET OR CONNECTION
	CEILING MOUNTED LIGHT FIXTURE
	WALL BRACKET MOUNTED LIGHT FIXTURE
	SUSPENDED CEILING MOUNTED LIGHT FIXTURE
	RECESSED DIRECTIONAL CEILING LIGHT FIXTURE
	RECESSED CEILING LIGHT FIXTURE
	RECESSED LIGHT FOR WET AREA
	UNDER CABINET FLUORESCENT LIGHT
	EXTERIOR CAST ALUMINUM FLOOD LIGHTS
	CEILING MOUNTED PADDLE FAN W/ LIGHT
	CEILING MOUNTED FAN - EXHAUST
	CEILING MOUNTED FAN AND HEATER
	CEILING MOUNTED FAN AND LIGHT





4 SECTION 3/4" = 1'-0"

4 SECTION 3/4" = 1'-0"



3/4 SECTION 3/4" = 1'-0"
SEE OTHER WALL SECTIONS FOR ADDITIONAL INFORMATION

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