IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 229402

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

PIN # 4635122695

APPLICANT/OWNER: Chris Lorenz APPLICANT ADDRESS: PO Box 215 Davidson, NC

SITE ADDRESS: 199 Falmouth Rd Mooresville, NC PHONE: 704-309-1272 ALT. PHONE —

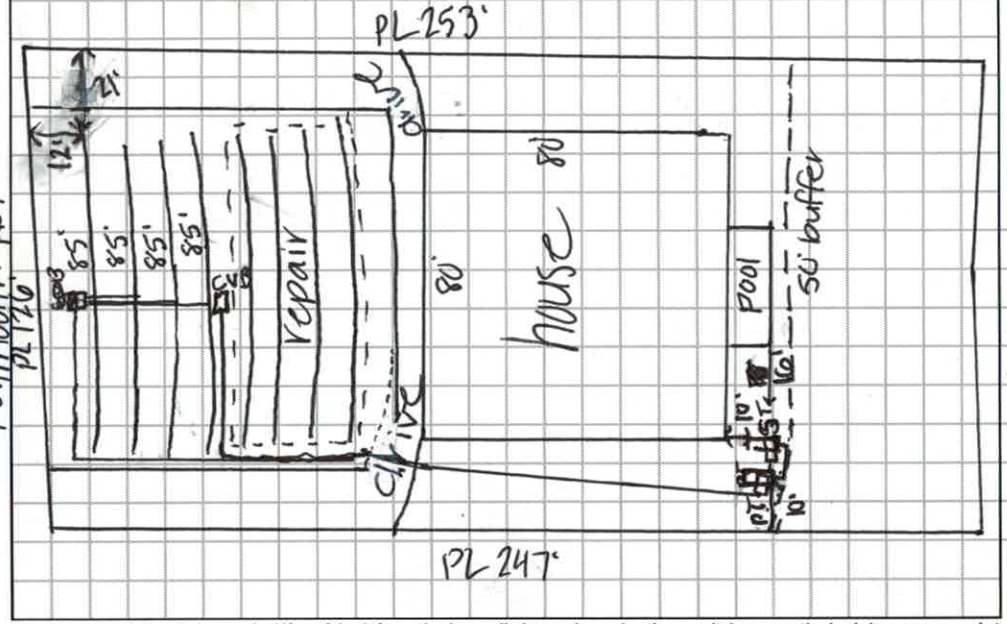
SITE DIRECTIONS: Brawley School Rd → L on Meeting House → L on Vineyard → L on Falmouth → lot on R SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: The Point on Norman SECTION: 1A LOT # 79 LOT AREA: .71 AC DESIGN FLOW: 600gpd L.T.A.R.: .3 (.3 repair)

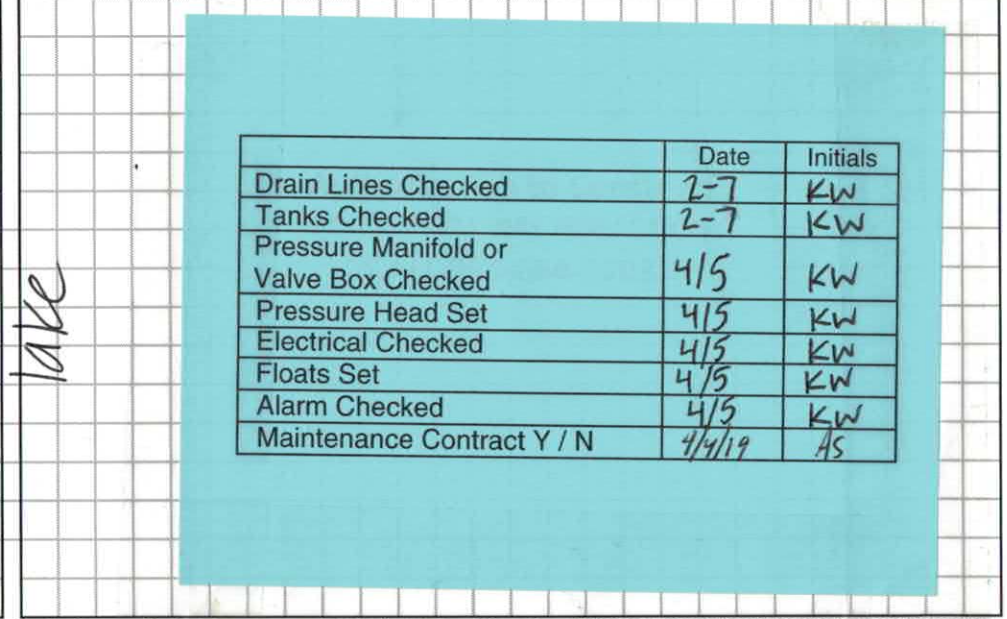
Septic Tank	1500	(gal)	STB 390	Date 7-16-18	☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5	Water Supply
Pump Tank	1500	(gal)	PT 389	Date 9-8-18	System Description: LP PPBPS				☐ Business	No. Persons 10	☐ Private
Pump Make	Orenco	Model	1/2HP	Serial #	Repair System Description: LP PPBPS				☐ Other	No. Employees	☑ Public
# Nitrification Fields	1	# Lines	4	Linear Ft 334'	Maintenance Agreement Required:	☑ YES	☐ NO		☐ Slab	☑ Crawl Space	☐ Community
Trench Width	36"	Trench Bottom Depth (High/Low side)	32"	Gravel Depth —		☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

Comments / Conditions: Supply line must be installed >30 in under drive or must be sleeved in ductile iron. Lake buffer must be marked at time of tank install. See attached pages for pump + dosing information.

INITIAL SITE SKETCH



AS BUILT SKETCH



	Date	Initials
Drain Lines Checked	2-7	KW
Tanks Checked	2-7	KW
Pressure Manifold or Valve Box Checked	4/5	KW
Pressure Head Set	4/5	KW
Electrical Checked	4/5	KW
Floats Set	4/5	KW
Alarm Checked	4/5	KW
Maintenance Contract Y / N	4/4/19	AS

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: 9-27-17 Installed by: Abernathy

IMPROVEMENT PERMIT by: Date: 8-21-17 OPERATION PERMIT by: Date: 4-5-19

AUTHORIZATION TO CONSTRUCT by: Date: 8-21-17 Existing System Inspected by: Date:

11-05 Pd $195.00 Redraw MS

THE OAKS GROUP, PA

Date: November 5, 2012

To: Iredell County Environmental Health Department

From: Kathleen Saunders, LSS #1313

RE: Lot 79 The Point Fast Tract Septic Redraw Request

Please accept for submittal the following packet for review under the Fast Track Permitting Program for Iredell County, NC. This packet includes a scaled site plan and system design criteria prepared in conjunction with the Fast Track Program requirements by a Licensed Soil Scientist. It is ultimately the responsibility of the Iredell County Environmental Health Department staff to verify the information contained in this packet prior to issuing a Septic Improvement Permit.

This packet is a redraw of a previously issued permit that is unexpired at this time. The owner would like to request an increase from 4 bedrooms to 5 bedrooms. The system is laid out on site for this Fast Track application on a previously evaluated portion of the lot and the LTAR on the existing permit was used for this evaluation. Please call me at 704-578-4951 with any questions and to set up a site visit at your convenience.

SITE/SOIL EVALUATIONS • SEPTIC PERMITTING
227 GRAYLAND ROAD, MOORESVILLE, NC 28115 • KATHLEENMSAUNDERS@GMAIL.COM • MOBILE: (704) 578-4951

Lot 79 The Point Phase 1A Fast Track Septic System Information

Number of Bedrooms	5
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	600
LTAR (gpd/ft2)	0.3
Primary System Type	**LP PPBPS**
No. Lines	4 (See Table)
Total Linear Feet	340
Trench Width	2' min.
Trench Spacing	8' min.
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	250' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	38 gpm
Elevation head	Approx. 15.3'
Pressure head	3.0'
Friction head	6.9'
20% Contingency	5.0'
Total Head	35.2'
Pump Requirements	38 gpm @ 35.2' of head To be designed by installer.
Maximum Dosing Volume	273.6 gal -2.2 doses/day @ design flow*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	Yes
Siphon Break hole	No
Repair System	**LP PPBPS**
Total Linear Feet	340
Repair LTAR	0.3

***Before placement of cap block, one panel on each line near the center of the field should be observed filling to make certain that it does not overflow top chamber into air chambers of panel. If overflow occurs, reduce floats by 25 gallons and reset until no overflow is observed.**

Table 1: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading Elev. (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	White	LPPPBPS	85 centerfed	4.0	19	19	1 per panel	5/32"
2	System	Orange	LPPPBPS	85 centerfed		19	19	1 per panel	5/32"
3	System	Pink	LPPPBPS	85 centerfed		19	19	1 per panel	5/32"
4	System	Red	LPPPBPS	85 centerfed		19	19	1 per panel	5/32"
5	Repair	White	LPPPBPS	85					
6	Repair	Red	LPPPBPS	85					
7	Repair	Pink	LPPPBPS	85					
8	Repair	NF	LPPPBPS	85					
						Total: 76	Total: 76 (1 in each panel turned up)		
				Total System: 340'					
				Total Repair: 340'					

Tank	Red	1500 gal (2 compartment)	13.3
Pump Tank	Red	1500 gal.	13.3
House	Blue		

Note: Lot needs slight shaping to remove berms and terraces and smooth microtopography

ON-SITE WASTEWATER SECTION

COUNTY:

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

NOW Lot 79

OWNER: CRI APPLICANT:

ADDRESS: APPLICATION DATE: DATE EVALUATED: 3-23-98

PROPOSED FACILITY: PROPOSED DESIGN FLOW (.1949): PROPERTY SIZE:

LOCATION OF SITE: Lot 80 The Pointe PROPERTY RECORDED:

WATER SUPPLY: ☐ Private ☐ Public ☐ Well ☐ Spring ☐ Other

EVALUATION METHOD: ☐ Auger Boring ☐ Pit ☐ Cut

TYPE OF WASTEWATER: ☐ Sewage ☐ Industrial Process ☐ Mixed

Old Dug well in Rd ROW (front of the lot)

PROFILE #	1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (1941) 1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (1941) 1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS 1942 SOIL WETNESS/ COLOR	1943 SOIL DEPTH	1956 SAPRO CLASS	1944 RESTR HORIZ	PROFIL CLASS & LTAI
1	L ~1%	0-4	brn sdl gr	fa					P5 .3
		4-14	wk sbk	vfri fa ssp					
		14-30	fine sb	fr sp sep					
		30-44	wk sbk	fi sp sep					
2		0-4	gr lm sdl						P5 .3
		4-29	SBK	eberie cl fr sp sep					
		29-46	wk sbk	fi ss sp sep					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

OTHER FACTORS (.1946):

SITE CLASSIFICATION (.1948):

EVALUATED BY:

OTHER(S) PRESENT:

RECEIVED AUG 14 2017

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#229402

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 Ltd Relayout Paid $105.00

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Chris Lorenz **Address:** PO Box 215, Davidson, NC **Zip:** 28036
Applicant Email: Chris@Lorenzcustomhomes.com **Phone:** 704-309-1272 **Alt. Phone:**
Owner Name: Kim Patel **Address:** 106 Carol Bells Ct, Mooresville, NC **Zip:** 28117
Owner Email: Kim_58@hotmail.com **Phone:** **Alt. Phone:**

Property Information:

Street Address: 199 Falmouth Rd, Mooresville, NC 28117
Subdivision Name: The Point on Lake Norman **Section/Phase:** 1A **Lot Number:** 79
Driving Directions: Brawley Rd to the Point, around traffic Circle, right on Vineyard Left on Falmouth

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:
Non-Residential Site Development: Type of Business:
Square Footage of Building: [redacted] Max. Number of Employees: Max. Number of Seats/Beds/Other:

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 5
(✓) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(✓) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**
( ) New Well ( ) Existing Well ( ) Community Well (X) 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 (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: _____ 8/10/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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:** _X_ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. **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 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	Work Phone
Michael Ostroff	7177 Mariana Ct Boca Raton FL 33433		
Owner Name	**Mailing Address**	**Home Phone**	**Work Phone**
same	contact Kathleen Saunders	LSS 704-578-4951	

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
	The Point	1A Lot 79

Driving Directions: Brawley School Rd to Meeting House Circle, R Vineyard, L Falmouth, lot on R

****

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

Maximum Number of Bedrooms 5
Maximum Number of Occupants 10
If Expansion, Current Number of Bedrooms ___

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

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

****

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

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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 ntry 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:** Kathleen Saunders — Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

10-5-12 — 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, Kim Patel, am the legal owner(s) of the property located at 199 Falmouth Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4635123695 (Tax ID), located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chris Lorenz, Lorenz Custom Builders, LLC, 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.

Kim 8/11/17
Signature of Owner(s) Date

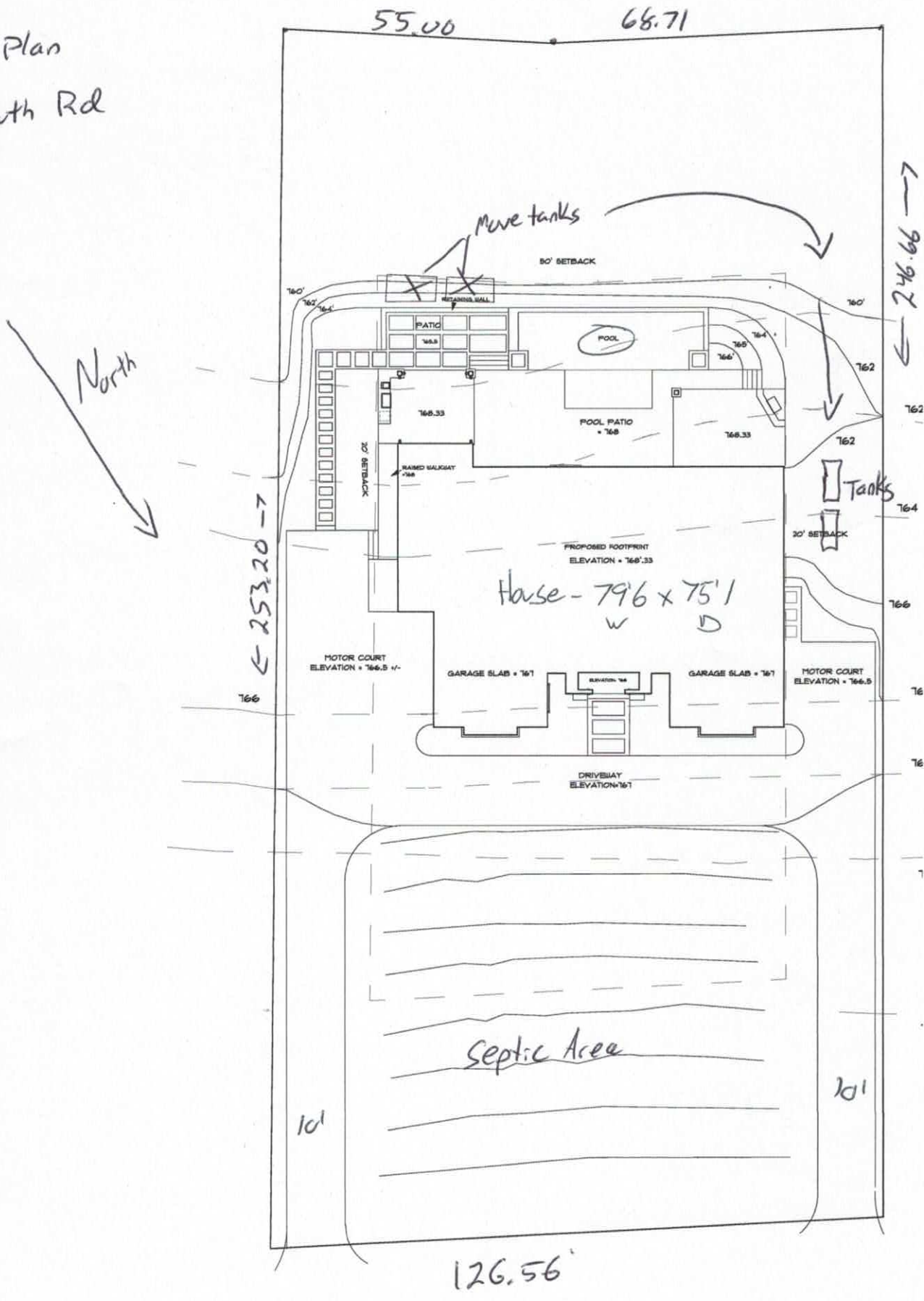
Signature of Witness Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

Site Plan
199 Falmouth Rd

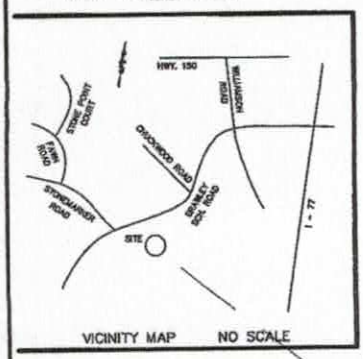


DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1880, page 2491, and/or plat book 31, page 42, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 21, day of JULY, A.D. 20 15.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L3499 LAND SURVEYOR WILLIAM M. ALLEN



VICINITY MAP NO SCALE

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 7\15\15.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

R/W

0' 25' 50' 100'
SCALE IN FEET

LEGEND
P.P. = POWER POLE
□ = POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

BOUNDARY SURVEY

OF
199 FALMOUTH RD.
LOT 79 THE POINT ON NORMAN PHASE 1A MAP 4

SCALE 1" = 50'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: KIM PATEL

FIELD BOOK:
FILE: POINT 79
DC FILE:
TAX MAP NO: 4635122695

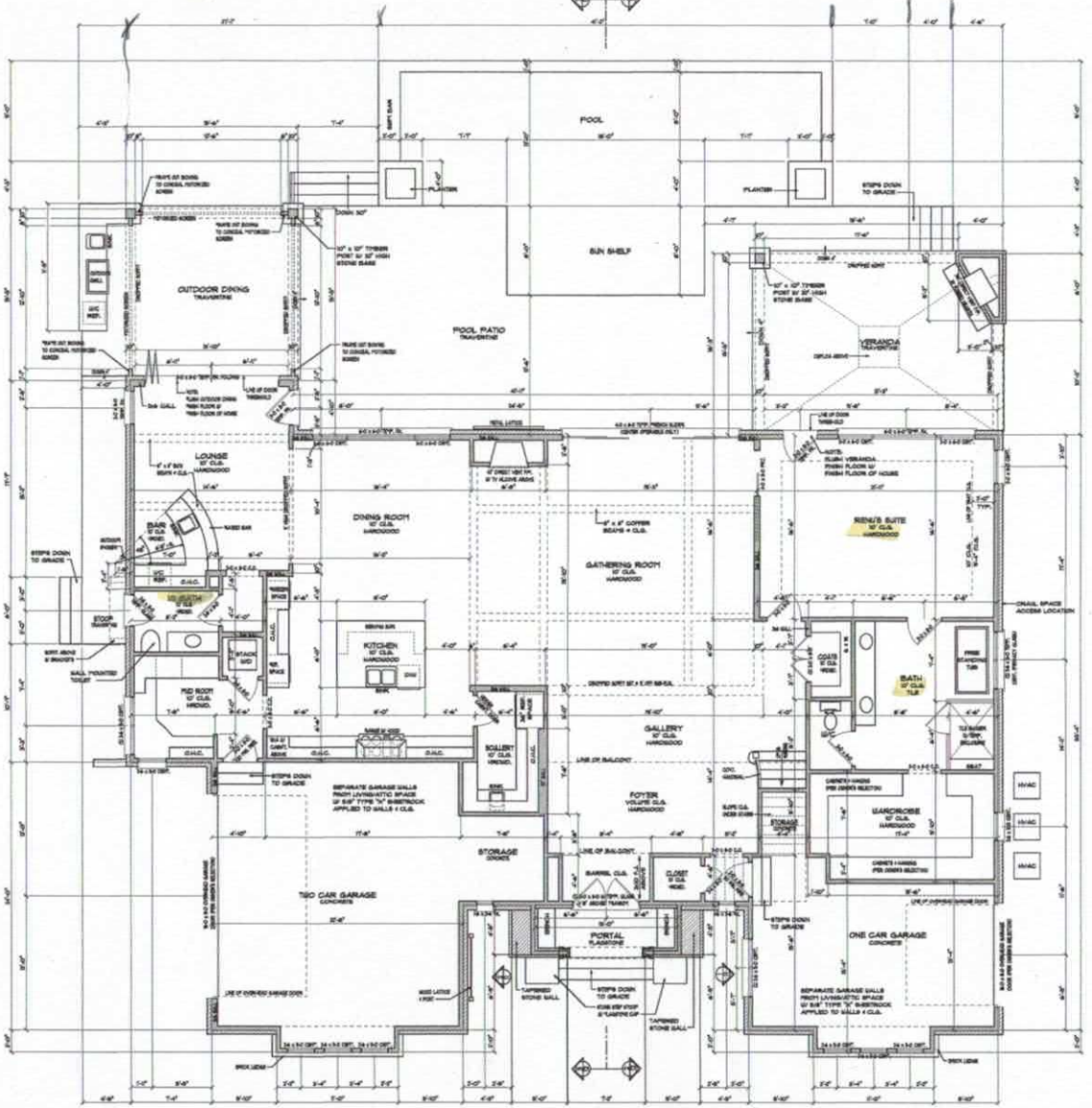
Total House Width = 79'6"

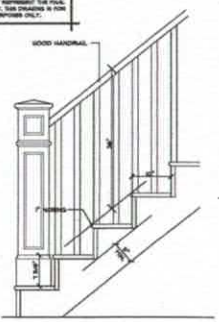
22'10

41'2"

7', 4', 4'6

Total Depth = 75'1"





STAIR SECTION

STAIR NOTES

DOOR & WINDOW NOTE

SQUARE FOOTAGE	
FIRST FLOOR HEATED	2,834
SECOND FLOOR HEATED	2,860
TOTAL HEATED AREA	5,694
PORTAL	58
TWO CAR GARAGE	637
ONE CAR GARAGE	372
OUTDOOR DINING	330
VERANDA	356
TOTAL UNDER ROOF	7,391

FIRST FLOOR NOTES

- 10' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 8' DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE
- SEE SECOND FLOOR FRAMING PLAN FOR ALL SECOND FLOOR BEAM & FIRST FLOOR HEADER SIZES.
- IN DWELLING UNITS, WHERE THE OPENING OF AN OPERABLE WINDOW IS LOCATED MORE THAN 72" ABOVE THE FINISHED GRADE OR SURFACE BELOW, THE LOWEST PART OF THE CLEAR OPENING OF THE WINDOW SHALL BE A MINIMUM OF 24" ABOVE THE FINISHED FLOOR OF THE ROOM IN WHICH THE WINDOW IS LOCATED. OPERABLE SECTIONS OF WINDOWS SHALL NOT PERMIT THE OPENINGS THAT ALLOW PASSAGE OF A 4" DIAMETER SPHERE WHERE SUCH OPENINGS ARE LOCATED WITHIN 24" OF THE FINISHED FLOOR.
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFG.

FIRST FLOOR PLAN

ENGINEERED BY:

Custom Residential Designs
Ed Burgin
P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

THE PATEL RESIDENCE

199 Falmouth rd, 28117

© COPYRIGHT 2017

DRAWN BY:

DATE: 05/22/2017

REVISED:

SHEET 5 OF 15

Acknowledgement of Plans Submittal ONLY!

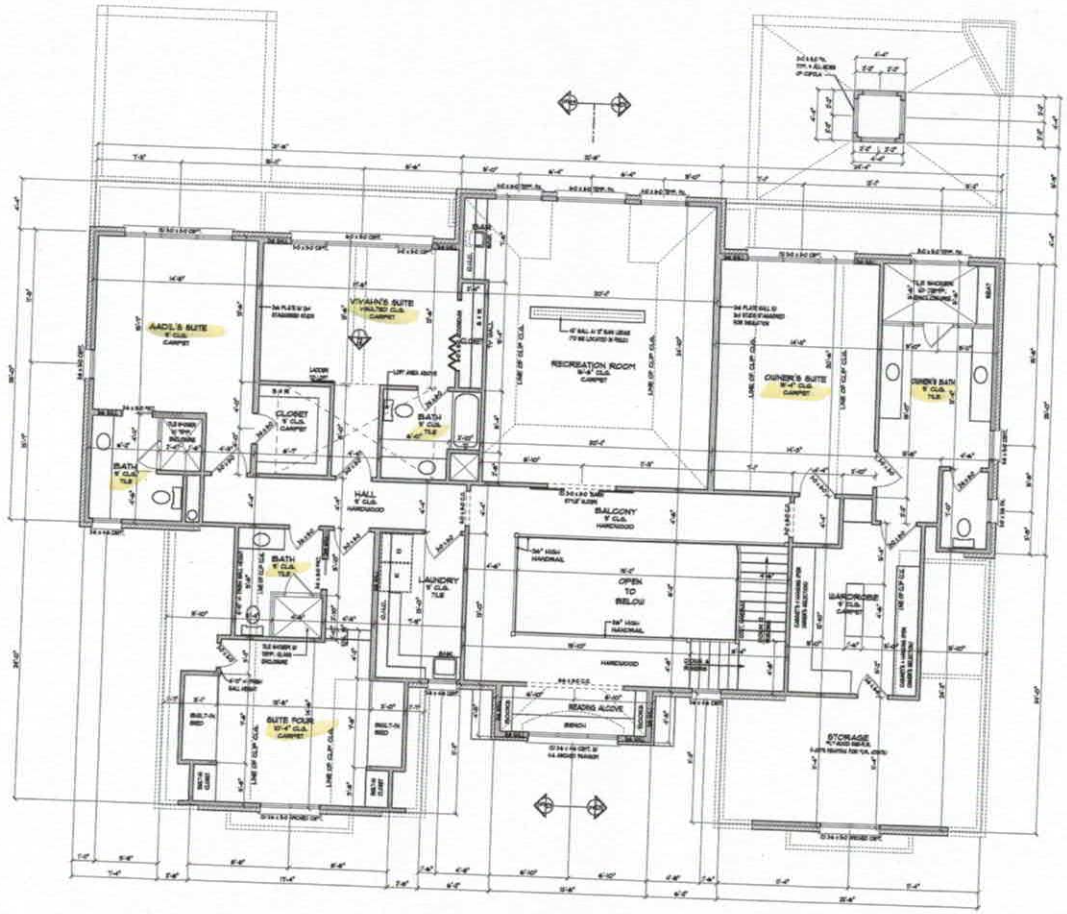
Date 8/10/17

Date 8-21-17

Acknowledgement of
Plans Submittal ONLY!

Date 8/10/17

Date 8-21-17



ENGINEERED BY:

Custom Residential Designs
by JJ Burge

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928
fax: 704-545-0600

PROJECT:

THE PATEL RESIDENCE

199 Falmouth rd, 28117

© COPYRIGHT 2011

DOOR & WINDOW NOTE

ALL WINDOW & DOOR SIZES ARE NOMINAL. BALCONY TO VERIFY. ALL WINDOWS IN NON-RAMBING CONDITIONS, FALL PROTECTION CODE & GLAZING REQUIREMENTS PER CODE W/ WINDOW & DOORS MANUFACTURING SELECTED. ALL DOORS & WINDOWS TO COMPLY W/ ALL 2015 NORTH CAROLINA RESIDENTIAL CODES.

SECOND FLOOR NOTES

- 9' CEILING HEIGHT TYP. UNLESS NOTED OTHERWISE
- 6'-0" DOOR AND WINDOW HEIGHT TYP. UNLESS NOTED OTHERWISE. SEE ELEVATION FOR WINDOW HEIGHTS.
- PROVIDE ATTIC ACCESS TO ALL ATTIC SPACES ACCORDING TO CODE.
- SEE SECOND FLOOR CEILING PLAN FOR ALL RECESSED CLG. RIGHT 4 RECESSED FLOOR HEADER SIZES.
- ALL DOORS WITH GLASS SHOULD BE TEMPERED & WINDOW SHOULD BE TEMPERED PER STATE CODE
- ALL FRAMING DIMENSIONS FOR FIREPLACES SHOULD BE CHECKED PER MFR.

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

DRAWN BY:

DATE:
05/22/2017

REVISED:

SHEET 7 OF 15

Iredell County
ZONING PERMIT

227 South Center St. PO Box 788 Statesville, NC 28687 Phone 704-878-3118

Call Sanitarian between 8 a.m. & 9 a.m. Statesville 704-878-5305 Mooresville 704-664-5281

Permit #:	144843ZO	Subdivision:	
Proposed Use:	Single Family	Township:	1700 Davidson
Location of Property:	199 FALMOUTH CT MOORESVILLE NC 28117		
Parcel #:	4635122695.000	Zoning:	R20
Lot #:	0 Size: 0.711	Flood Plain:	No Watershed: WSIV-CA
Applicant:	JESSICA SIMPSON	Owner:	PERRY VANDYKE
Address:	21025 CATAWBA AVE Cornelius NC 28031	Address:	93 VICTORIA RD ASHEVILLE, NC 288014427
Phone:	888-834-1122	Phone:	
Property Recorded:	Yes Site Plan Reviewed:	Community Water:	No Community Sewer:

If permitted the following minimum requirements must be met, unless Health Department requires more land area, or other qualifications are indicated in the comments.

Min. Lot Area: Min. Front Yard: 35 ft Min. Left Side Yard: 15 ft
Min. Lot Width: Min: Rear Yard: 35 ft Min: Right Side Yard: 15 ft
Min. Number Parking Spaces: Max. Built Upon Area:
Comments:

Directions:

BRAWLEY SCHOOL RD. TO THE PT., GO AROUND TRAFFIC CIRCLE, RT ON POINT DR., RT ON MEETING HOUSE CIRCLE, RT ON VINEYARD RD., LFT. ON FALMOUTH

FEES

Zoning Permit/Inspection Fee	☑	$45.00
Site Plan Review Fee	☐	$0.00
Environmental Health New System	☑	$400.00
Environmental Health Existing System	☐	$0.00
Total Fees:		$445.00

I certify that all statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may be grounds for rejection of this application. Authorized Health Department and Planning & Enforcement Representatives are granted right of entry to make evaluations or inspections and to release information upon public request.

Applicant: Jessica A Simpson Date: 8-17-07

A non-refundable fee of $45.00 is charged on all permit applications.

ALAINA DILLARD Printed: 8/17/2007

DEVELOPER PERMIT

DAVID H. Reed

THE POINTE

North Carolina
Department of Environment, Health, & Natural Resources
Division of Environmental Management
Groundwater Section
P.O. Box 27687 - Raleigh, N.C. 27611

old rock lined, Hand dug well

WELL ABANDONMENT RECORD

CONTRACTOR McCall Bros. Inc. REG. NO. 03

1. WELL LOCATION: (Show a sketch of the location on back of form.) Nearest Town Mooresville County Iredell
(Road, Community, Subdivision, Lot No.) The Point on Norman Quadrangle No.

2. OWNER Crescent Resources

3. ADDRESS 400 S. Tryon St Charlotte 28201

4. TOPOGRAPHY : draw, slope, hilltop, valley, flat

5. USE OF WELL Old Home DATE: 4-10-98

6. TOTAL DEPTH: 19 DIAMETER: 24"

7. CASING REMOVED:

feet	diameter
N/A.	

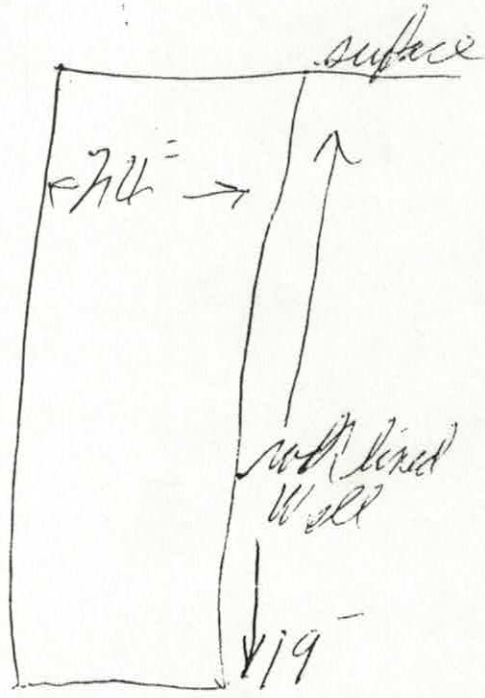
8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement	bags of cement
gals. of water	yds. of sand
	gals. of water

Other
Type material 5 yards concrete / sand
Amount 4 bags each

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Filled to surface with concrete truck

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well abandonment record is true and exact.

Signature of Contractor or Agent Gary Kendall C.W.D. Date 4-10-98

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the owner.

GW-30 Revised 3/8/90