IREDELL COUNTY HEALTH DEPARTMENT

KW

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

PERMIT # 232523

PIN # 4636327224

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

APPLICANT/OWNER: Schmolke Construction | APPLICANT ADDRESS: 879 Kemp Rd Mooresville, NC

SITE ADDRESS: 292 Isle of Pines Mooresville, NC | PHONE: 704 388-1994 | ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines on right just after Tutor Hill | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Reserve @ Oaks Bridge | SECTION: — LOT # 20 | LOT AREA: .76 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

Septic Tank 1000 (gal) | STB 760 | Date 2-20-2017

Pump Tank (gal) | PT | Date

Pump Make | Model | Serial #

Nitrification Fields 1 | # Lines 2+ exist bed | Linear Ft 200'

Trench Width 36" | Trench Bottom Depth(Low side) 36" | Gravel Depth N/A

☐ New System ☐ Repair ☐ Expansion | System Type: I II (III) IV V VI

System Description: Gravity 25% Reduction Exist. Bed

Repair System Description: JL PPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☐ Other ☒ Slab ☐ Basement w/plumbing

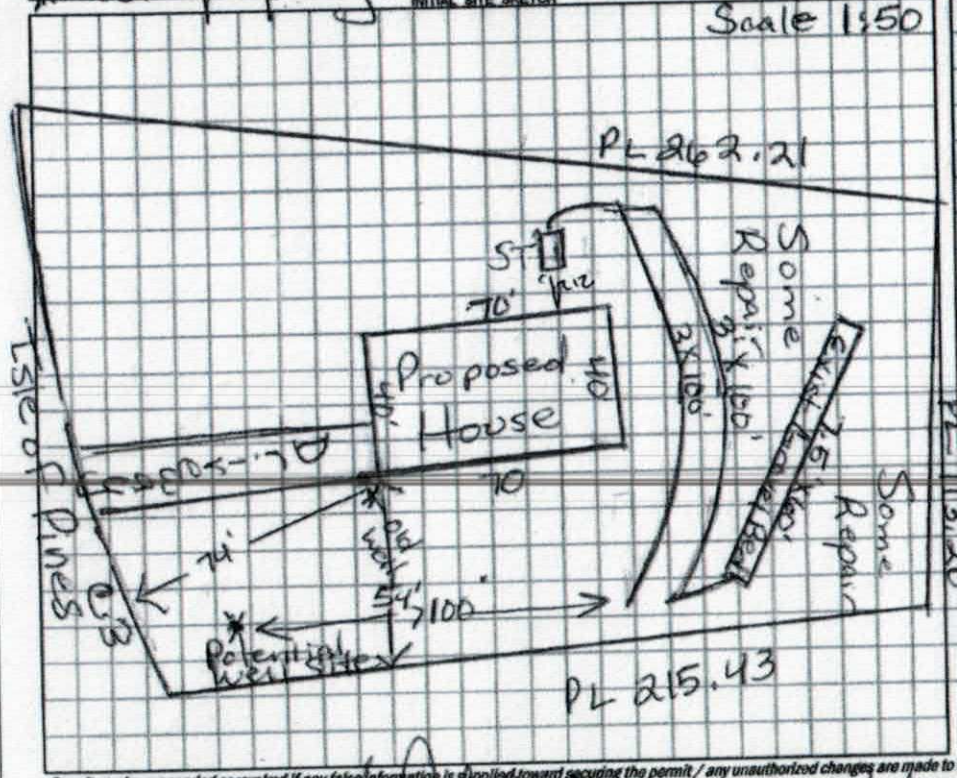
No. Bedrooms 4 | No. Persons 8 | No. Employees | ☐ Crawl Space | ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Feed new drainlines and then Serial feed to existing Gravel bed. *Must "properly abandon" Exist. well prior to L.C.

* Must Keep Septic 100ft from Shared well. Direct Storm/Surface water Away from well.

INITIAL SITE SKETCH



AS-BUILT SKETCH

Well abandonment log attached.

	Date	Initials
Drain Lines Checked	5/2	BB
Tanks Checked	5/2	BB
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

* Needs to be plumbed & Filter Check.
✓ Checked 5-3-18

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: 2/14/18

IMPROVEMENT PERMIT by: Maria Watson | Date: 2/14/18

AUTHORIZATION TO CONSTRUCT by: Maria Watson | Date: 2/14/18

Installed by: Gunter Grading

OPERATION PERMIT by: Kayla Watson | Date: 5-3-18

Existing System Inspected by: | Date:

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 inspection time.

KW

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232523

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

PIN # 4636321224

APPLICANT/OWNER: Schmolke Construction APPLICANT ADDRESS: 879 Kemp Rd Mooresville, NC

SITE ADDRESS: 292 Isle of Pines Mooresville, NC PHONE: 704 388-1994 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Isle of Pines on right just after Tudor fill SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Reserve @ Oaks Ridge SECTION: LOT # 2 LOT AREA: ± 76 Acre DESIGN FLOW: 480gpd L.T.A.R.: .3

Septic Tank 1000 (gal) STB Date

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields 1 # Lines 2+ exist Bed Linear Ft 200'

Trench Width 36" Trench Bottom Depth(Low side) 36" Gravel Depth N/A

☒ New System ☐ Repair ☐ Expansion System Type: I II ☒ III IV V VI

System Description: Gravity 25% Reduction + Exist. Bed

Repair System Description: JLPPPBPS

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☐ Residence ☐ Business ☐ Other ☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement w/o plumbing

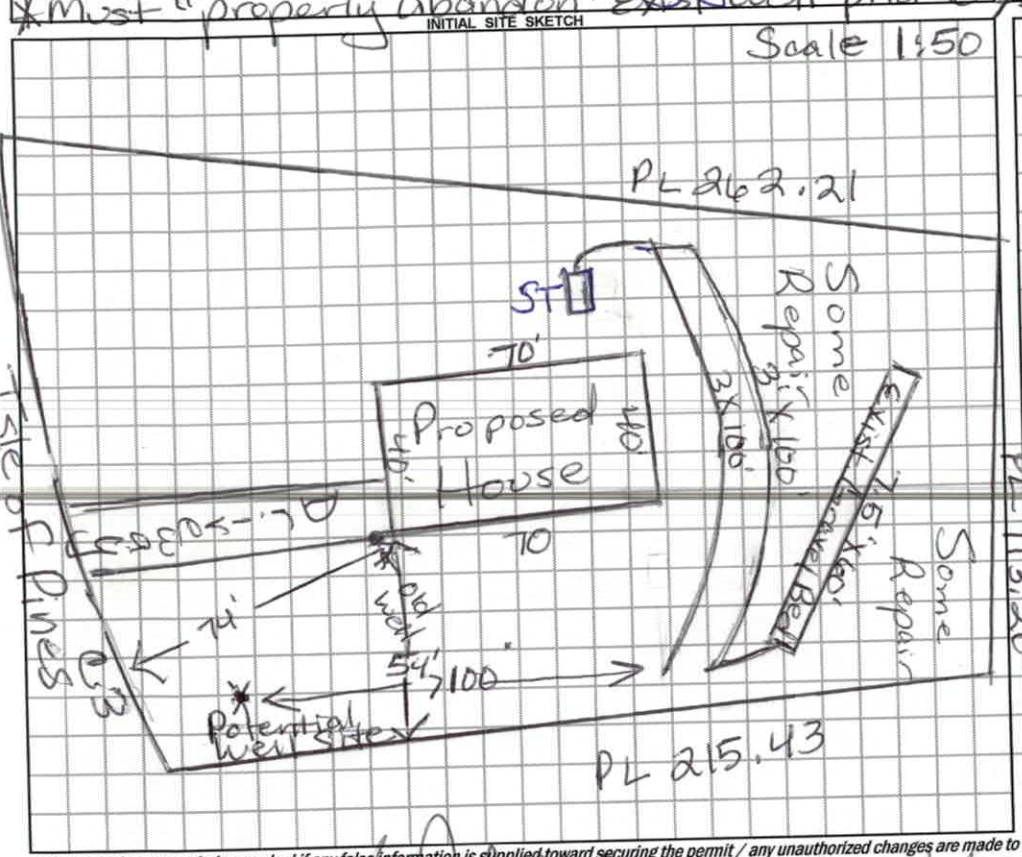
No. Bedrooms 4 No. Persons 8 No. Employees

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Note: Feed new drainlines and then serial feed to existing gravel bed. *Must properly abandon" existing well prior to A.C.

*Must Keep Septic 100ft from Shared Well. Divert Storm/Surface water away from well.

INITIAL SITE SKETCH



AS-BUILT SKETCH

Well abandonment log attached.

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: 2/14/18 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Maria Dotson Date: 2/14/18 OPERATION PERMIT by: Kayla Watson Date: 5-3-18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/14/18 Existing System Inspected by: Date:

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

SION OF ENVIRONMENTAL HEALTH
-SITE WASTEWATER SECTION

PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: D. Schmolke
APPLICATION DATE
ADDRESS:
DATE EVALUATED: 1/22/18
PROPOSED FACILITY:
PROPOSED DESIGN FLOW (.1949): 480 gpd
PROPERTY SIZE:
LOCATION OF SITE: 292 Isle of Pines Lot #2
PROPERTY RECORDED:
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) .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	PROFILE CLASS & LTAR
1	5-7%	0-6	Brw SCL	SS, SP, SEXP, FR					PS
		6-24	RCm-wSBK	SS, SP, SEXP, FR					Inclus
		24-47	RCL	SS, SP, SEXP, FR w/ few to many			SAP		.3
		47-50	L/SCL, SAP	massive FR					
2	6%	0-12	Brw SCL	SS, SP, SEXP, FR					PS
		12-38	RCm-wSBK	SS, SP, SEXP, FR					
		38-50	RCL wSBK	SS, SP, SEXP, FR			SAP		Inclus
			w/few to many						.3
3	5%	0-12	Brw SCL	wSBK SS, SP, SEXP, FR					PS
		12-32	RCm	SBK SS, SP, SEXP, FR					
		32-55	RCL	wSBK SS, SP, SEXP, FR			SAP		Inclus
			w/few to many						.3
4	5%	0-4	Brw SCL	SS, SP, SEXP, FR					PS
		4-25	RCm	wSBK SS, SP, SEXP, FR					
		25-52	RCL	wSBK SS, SP, SEXP, FR					.3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT:

OMMENTS:

RECEIVED JAN 9 - 2018

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)

#232523

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

Paid $500.00

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

Paid $100.00

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Schmidt Construct	879 Kemp Rd	5043981994	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Sullivan Tierney Ltd	271 milford Circle	312 499 2456	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
292 Isle of Pines	The Resin at Oaks Ridge	2

Driving Directions: Down Brandy School Rd left on Isle of Pines

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(✓) Expansion of Existing Septic System
(X) Repair To Failing Septic System due to _____
( ) Other _____

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

( ) 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 ( ) 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 ( ) 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: _____ 1/5/2018
   Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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, BRIAN TIERNEY, am the legal owner(s) of the property located at 292 Isle of Pines Mooresville NC 28117, 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.

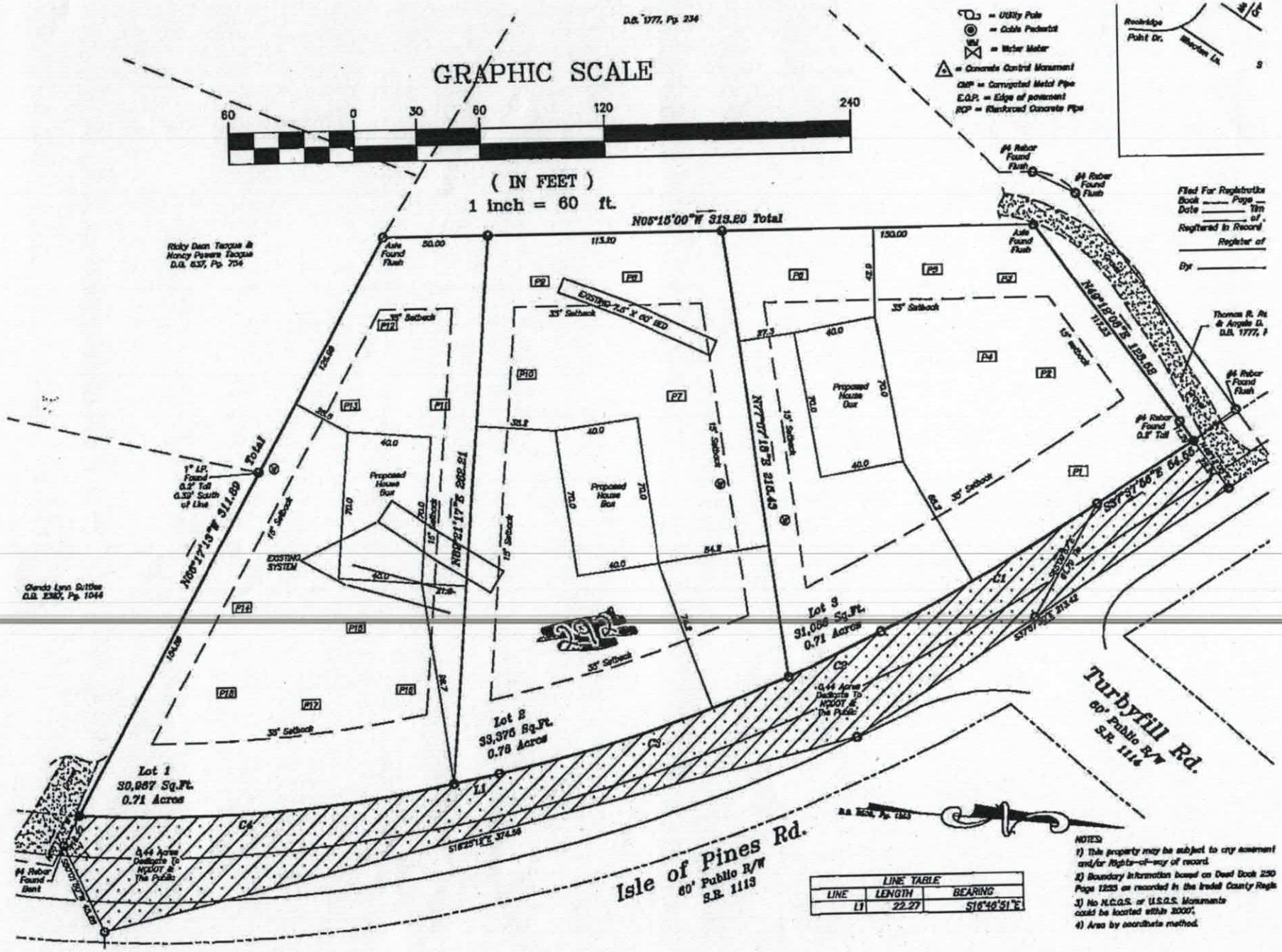
BT — 1/5/2018 — Signature of Owner(s) — Date

Signature of Witness — 1/5/2018 — 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

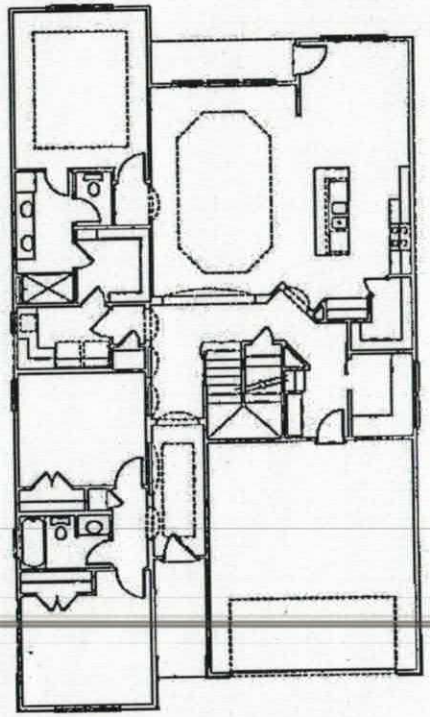
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


GRAPHIC SCALE
60 0 30 60 120 240
(IN FEET)
1 inch = 60 ft.
= Utility Pole
= Cable Pedestal
= Water Meter
= Concrete Control Monument
CMP = Corrugated Metal Pipe
E.O.P. = Edge of pavement
RCP = Reinforced Concrete Pipe
N05°15'00"W 313.20 Total
N06°17'13"W 311.69 Total
N68°12'00"E 129.58
N77°01'18"E 215.45
N88°21'17"E 208.18
S37°37'50"E 84.56
S18°22'51"E 374.58
Lot 1
30,987 Sq.Ft.
0.71 Acres
Lot 2
33,375 Sq.Ft.
0.76 Acres
Lot 3
31,006 Sq.Ft.
0.71 Acres
0.44 Acres Dedicate To NCDOT & The Public
Proposed House Slab
EXISTING SYSTEM
EXISTING 7.5' X 60' SCD
35' Setback
15' Setback
#4 Rebar Found Flush
#4 Rebar Found Bent
#4 Rebar Found 0.8' Tall
Axle Found Flush
1" I.P. Found 0.2' Tall 0.33' South of Line
Ricky Dean Tacqua & Nancy Powers Tacqua D.B. 637, Pg. 754
Glenda Lynn Suttles D.B. 2367, Pg. 1044
Thomas R. Ri & Angela D. D.B. 1777,
D.B. 1777, Pg. 234
Isle of Pines Rd.
60' Public R/W
S.R. 1113
Turbyfill Rd.
60' Public R/W
S.R. 1114
Rockridge
Point Dr.
Western Ln.
Filed For Registration
Book ____ Page ____
Date ____ Time ____
Registered in Record of
Register of
By ____
LINE TABLE
LINE | LENGTH | BEARING
L1 | 22.27 | S16°46'51"E
NOTES:
1) This property may be subject to any easement and/or Rights-of-way of record.
2) Boundary information based on Deed Book 230 Page 1233 as recorded in the Iredell County Regis
3) No N.C.G.S. or U.S.G.S. Monuments could be located within 2000'.
4) Area by coordinate method.

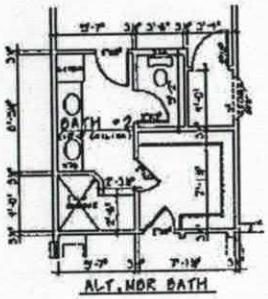
Acknowledgement of
Plans Submittal ONLY!

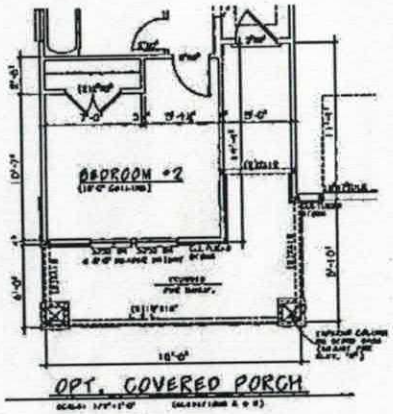
Date 2/14/18

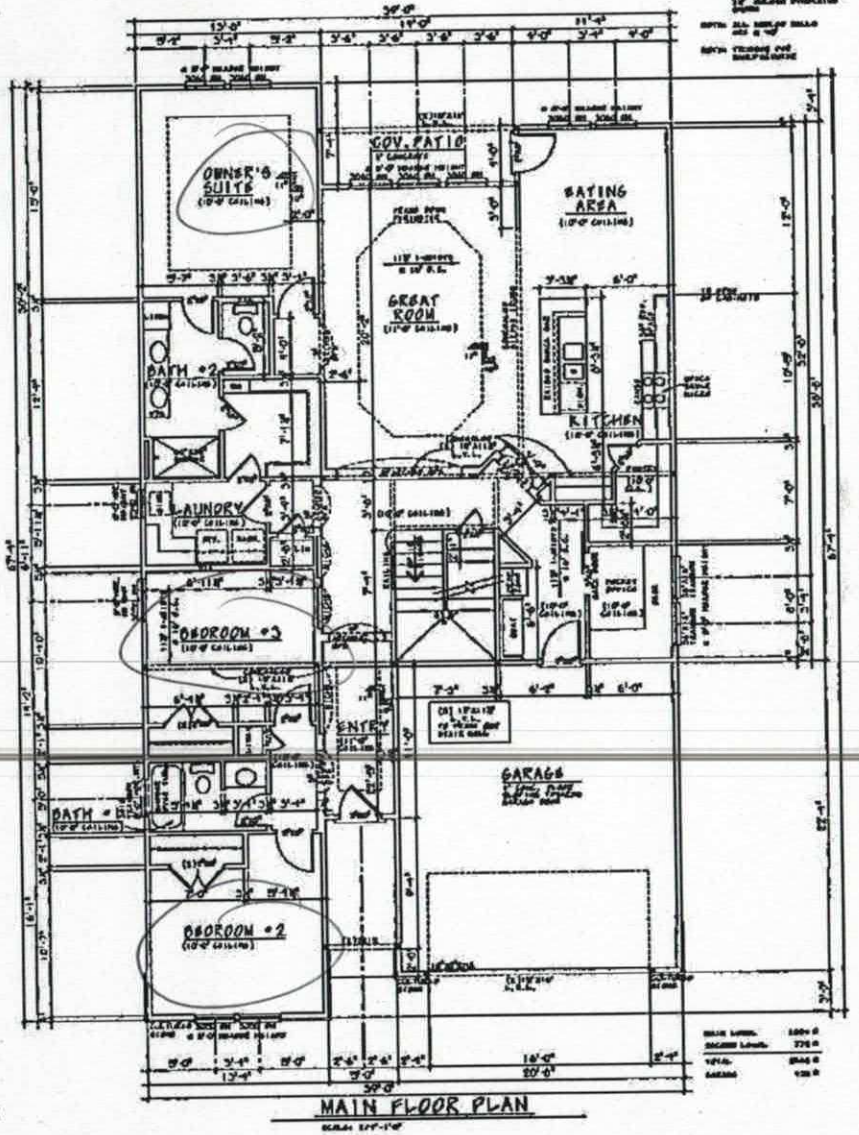
Date 2/14/18



MAIN FLOOR ELECTRICAL







ALL PLANS

design basics inc.
HOME PLAN DESIGN SERVICE
www.designbasics.com

© 2017

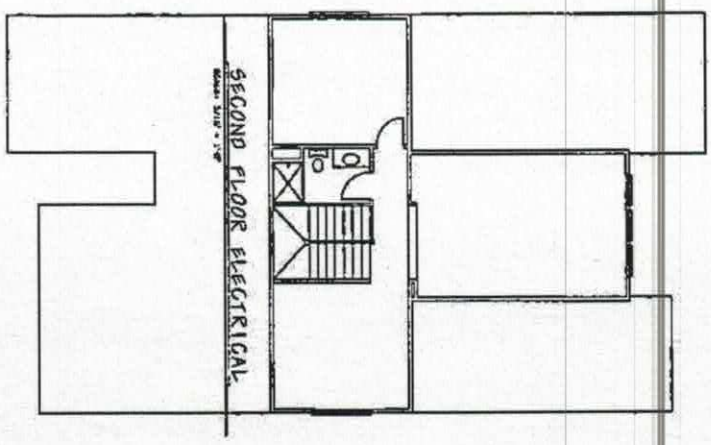
2688 Plan

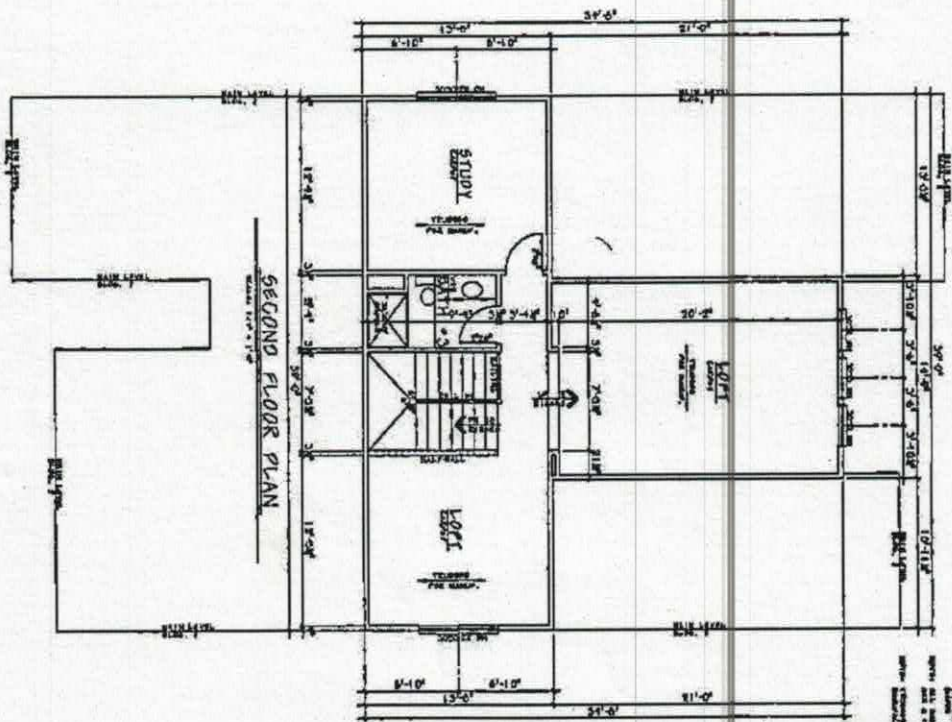
SHEET 4 of 5

Acknowledgement of
Plans Submittal ONLY!

Date 2/14/18

Date 2/14/18





design basics inc.
HOME PLAN DESIGN SERVICE
www.designbasics.com

903 John Deere Blvd.
Dubuque, IA 52001
Telephone (563) 583-7200
Fax (563) 583-8007

ALL PLANS

IREDELL COUNTY

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

APPLICATION NUMBER
232523
Issue Date: 01/09/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4636321214.000	292 ISLE OF PINES ROAD, MOORESVILLE, NC 28117	IREDELL COUNTY

Owner Information	Applicant Information
Owner: SULLIVAN TIERNEY INDUSTRIES, L LC	Applicant: SCHMOLKE CONSTRUCTION
Address: 271 MILFORD CIRCLE MOORESVILLE, NC 28117	Address: 163 EAST COLD HOLLOW FARMS ROAD MOORESVILLE, NC 28117
Phone: 312-498-2456	Phone: 504-388-1994

Use Requested	Zone Code
SFD HOLD BUILDING PERMIT UNTIL PLAT IS RECORDED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
2.630	35.00	35.00	15.00	15.00	CACL	X

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	125402	TOTAL FEES:	$ 77.25

Attention: Maria

Faxed 2/14/18

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Alfred Kiesling Jr

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

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

2. Well Construction Permit #: 232523

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☑ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under 7g)

4. Date well(s) abandoned: 2/14/18

5a. Well location:

Schmekle Construction

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

292 Isle of Pines

Physical Address, City, and Zip

Iredell

County

4636321214

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: 40 (ft.)

6c. Borehole diameter: 2 (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.)

For Internal Use ONLY:

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): N/A (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 80

7e. Sealing materials used (check all that apply):
- ☑ Neat Cement Grout
- ☐ Sand Cement Grout
- ☐ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☐ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

1½ Bags Hydraflo
½ Bag portland

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

Poured and Hydrated

8. Certification:

Alfred J Kiesling Jr — 2/14/18

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

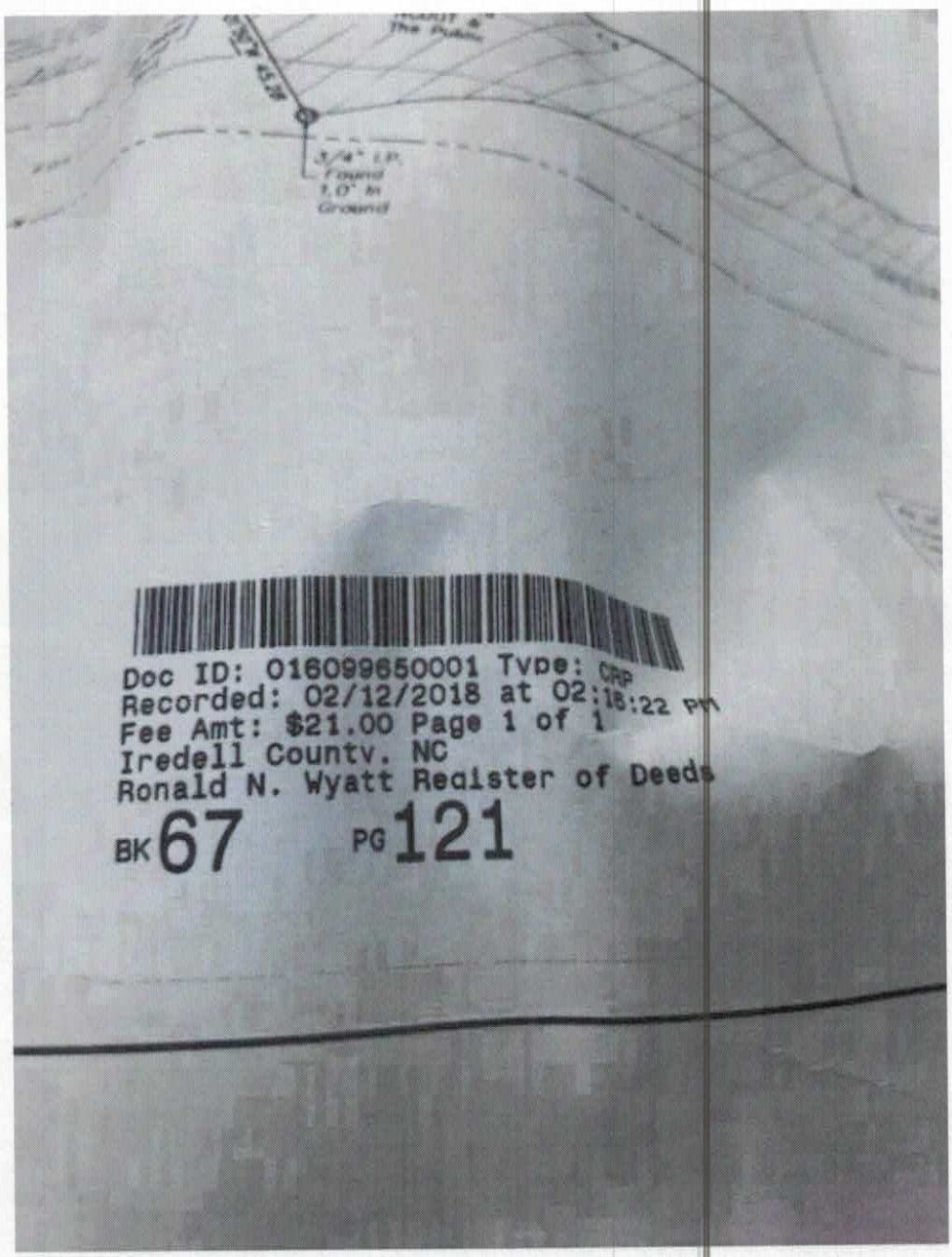
10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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.


Doc ID: 016099650001 Type: CRP
Recorded: 02/12/2018 at 02:18:22 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 67 PG 121