IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 210111

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

PIN # 4636-74-0394

APPLICANT: RYAN MILLER / Grande APPLICANT ADDRESS: 19460 OLD JETTON RD. CORNELIUS

SITE ADDRESS: 257 PINTAIL RUN LN. Mrsol. PHONE: 704-439-7068 ALT. PHONE:

SITE DIRECTIONS: CANVASBACK, TR OLD SQUAW, TL BILLY JOE, TR PINTAIL, ON L

SUBDIVISION: NEEL ACRES SECTION: LOT # 6 LOT AREA: .716 AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank 1000 (gal) STB 794 Date 8/22/14
Pump Tank 1000 (gal) PT 293 Date 8/22/14
Pump Make Model Serial #
Nitrification Fields 1 # Lines 6 Linear Ft: 267'
Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth —

☒ New System ☐ Repair ☐ Expansion System Type: I II III (IV) V VI
System Description: LP PANEL BLOCK
Repair System Description: SAME
Maintenance Agreement Required: ☒ YES ☐ NO
☐ GRAVITY ☒ PRESSURE

☒ Residence No. Bedrooms 4
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☒ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: EXISTING WELL & NEIGHBORING WELL MUST BE ABANDOND BEFORE AC Attached (GW-30)
Install Drainlines 54" on Center.

2/12/16 Renewed Floor plans, in Compliance with Septic plan.
XX Must build house as shown on Septic plan.

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL ATHANAS & ASSOCIATES

AS BUILT SKETCH

10/14 Tanks, Lines, Valve Box - WS

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**

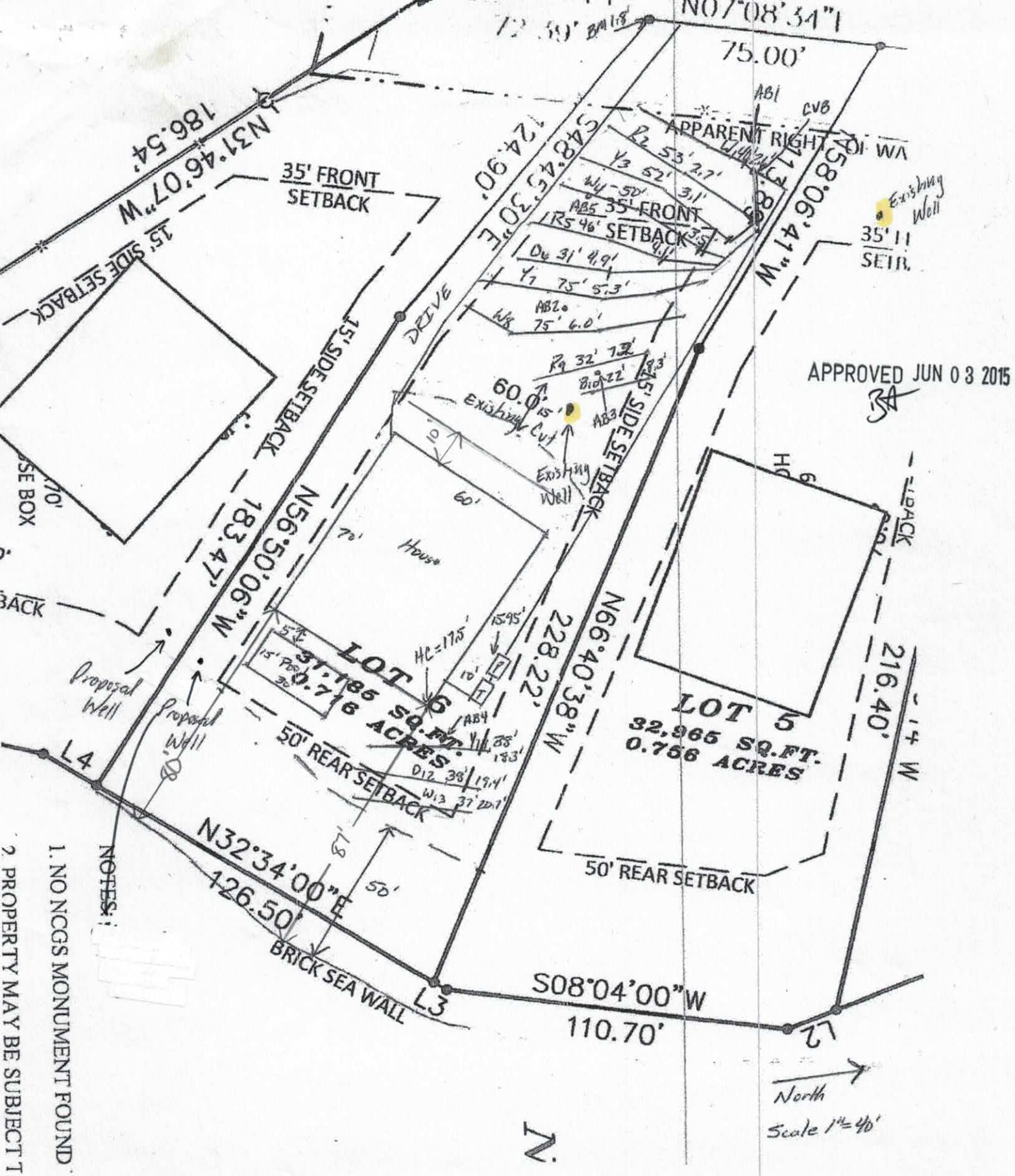
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

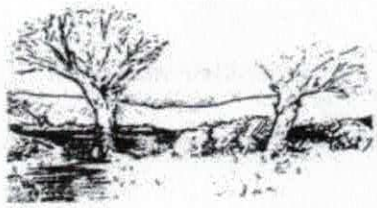
Owner / Applicant Signature: Date: 6/22/15 Installed by: Athanas

IMPROVEMENT PERMIT by: APPROVED Date: JUN 03 2015 OPERATION PERMIT by: Maria Dotson Date: 2/28/17

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 2/12/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


N07°08'34"E
75.00'
N37°46'07"W
186.54'
35' FRONT SETBACK
15' SIDE SETBACK
N56°50'06"W
183.47'
APPARENT RIGHT OF WAY
S48°43'30"E
124.90'
S38°06'41"W
178.85'
35' FRONT SETBACK
Existing Well
APPROVED JUN 03 2015
DRIVE
60.0'
Existing Curb
Existing Well
House
70'
60'
LOT 6
31,185 SQ.FT.
0.716 ACRES
Proposal Well
Proposal Well
50' REAR SETBACK
N32°34'00"E
126.50'
BRICK SEA WALL
L4
L3
L2
N66°40'38"W
228.22'
LOT 5
32,965 SQ.FT.
0.766 ACRES
216.40'
50' REAR SETBACK
S08°04'00"W
110.70'
North
Scale 1"=40'
NOTES:
1. NO NCGS MONUMENT FOUND
2. PROPERTY MAY BE SUBJECT T



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

APPROVED JUN 0 3 2015
BA

Reference: Data Sheet for Lot 6; Pin Tail Run Lane; Neel Acres, Iredell County NC
House Footprint: 60'x70'
Building Setback: 35' Front, 50' Rear, 15' Side,
Water Source: Private Well
Number of Bedrooms: 4/480 gpd
Proposed LTAR: 0.3 gpd/ft2
Suggested System Type: PPBPS/ 9' center
Distribution: LP-CVB
Flow per Orifice: .59
Hole Size & Material: 3/16"
Number of Panels: 60
System Flow: 35.4 gal/min
Dosing Volume: 216 gal/dose
Pump Run Time: 6.10 min
Total Linear Footage: 267'
Trench Bottom Square Footage: 801 sq.ft
Elevation Head: 18.35'
Friction Head: 4.70'
Pressure Head: 2'
Total Dynamic Head: 25.05'
Supply Line Length: 190'
Proposed Trench Bottom Depth: 36"
Septic/ Pump tank size: 1000 ST, 1000 PT

Line	Actual Length	Design Length	# of Panels	Elevation
White 1	**40'**	**40'**	**9**	**2.6'**
Red 2	**53'**	**50'**	**11**	**2.7'**
Yellow 3	**52'**	**52'**	**12**	**3.1'**
White 4	**50'**	**50'**	**11**	**3.5'**
Red 5	**46'**	**45'**	**10**	**4.1'**
Orange 6	**31'**	**30'**	**7**	**4.9'**
Yellow 7	75'			5.3'
White 8	75'			6.0'
Red 9	32'			7.2'
Blue 10	22'			8.3'

Yellow 11	38'			18.3'
Orange 12	38'			19.4'
White 13	37'			20.7'

Septic/Pump Tanks: 15.95' **CVB:** 2.6' **House Corner:** 17.5'
Initial System: 267' of PPBPS **Repair System:** 317' of PPBPS
Benchmark: 1.8' Corner iron at front left of lot.

Comments: The purpose of the evaluation is to permit the property for a 4-bedroom system. The proposed house has been located using pink pin flags and the proposed pool has been located using red pin flags. The front of the proposed home site is in the current house footprint, so it is not marked. There is an existing drive on this lot and it will be removed prior to installation. There is an unused well on the property that will be abandoned, as well as the well on lot 5.

APPROVED JUN 0 3 2015

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY ID #: Lot 6; Neel Acres
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

APPROVED JUN 03 2015
BA

OWNER: Neal Skeen
ADDRESS: 259 Pin Tail Run Lane Mooresville, NC 28117
PROPOSED FACILITY: 4-Bedroom Residence PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: Lot 6; Neel Acres Subdivision; Pin Tail Run Lane

APPLICATION DATE
DATE EVALUATED: 3/10/2015
PROPERTY SIZE: .71 Acres
PROPERTY RECORDED: 11/09/2004

WATER SUPPLY: ☐Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: x Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE / MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
AB 1	L 6-7%	0"-5"	Br CL WSBK	SS SP FR SEXP		48"		None	.3
		5"-39"	R C SBK	SS SP FR SEXP					
		39"-48"	R CL WSBK	SS SP FR SEXP					
AB 2	L 6-7%	0"-10"	RBr CL WSBK	SS SP FR SEXP		48"		None	.3
		10"-48"	R C SBK	SS SP FR SEXP					
AB 3	L 6-7%	0"-6"	Br CL WSBK	SS SP FR SEXP		48"		None	.3
		6"-38"	R C SBK	SS SP FR SEXP					
		38"-48"	R CL WSBK	SS SP FR SEXP					
AB 4	L 6-7%	0"-16"	Br SCL WSBK	SS SP FR SEXP		48"		None	.3
		16"-35"	R C SBK	SS SP FR SEXP					
		35"-48"	R CL WSBK	SS SP FR SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	801 FT2	951 FT2
System Type(s)	PPBPS	PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):

EVALUATED BY: Michael Athanas and Associates
OTHER(S) PRESENT:

COMMENTS

SOIL/SITE EVALUATION

(Continuation Sheet)

APPROVED JUN 0 3 2015 BA

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: Lot 6; Neel Acres
DATE OF EVALUATION: 3/10/2015
COUNTY: Iredell

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 5	L 3-4%	0"-6"	Br CL WSBK	SS SP FR SEXP		48"		None	.3
		6"-48"	R C SBK	SS SP FR SEXP					

COMMENTS: _____

RECEIVED JAN 13 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

Applicant Information:

Applicant Name: Grande Custom Homes **Address:** PO Box 5309 Charlotte NC 28299 **Phone:** 704-202-5433

Owner Name: Grande LLC **Address:** PO Box 5309 Charlotte NC 28299 **Phone:** 7049996089

Property Information:

Street Address: 257 Pintail Run Ln Mooresville NC 28117

Subdivision Name: Neel Acres **Section/Phase:** _____ **Lot Number:** 6

Driving Directions: Cowans Ford Jct Old Sq Rd W, TL Billy Joe, TR Pintail

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
(✓) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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: _____ 1-13-16
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
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Iredell County Health Department

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, Grove End LLC, _____, am the legal owner(s) of the property located at 257 Pintail Run Lot 60 _____, identified as PIN (Parcel Identification Number) 4636-741-514, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Alex Little, 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]	1-13-16	[signature]	1-13-16
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

RECEIVED APR 2 9 2015

IREDELL COUNTY HEALTH DEPARTMENT

Paid $500.00 Statesville

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $700.00 6-16-15 # 210111

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection ( ) Well Abandonment ( ) Septic System Repair

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Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Ryan Miller **Address:** 19460 old Jetton Rd Cornelius NC **Phone:** 704 439-7068

Owner Name: William Skeen **Address:** Mooresville NC **Phone:**

Property Information:

Street Address: 257 Pintail Run Lane

Subdivision Name: Neel Acres **Section/Phase:** **Lot Number:** 6

Driving Directions: BSR, TL Canvasback, TR Old Squaw, TL Billy Joe, TR Pintail, on Lt

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants:
(X) Swimming Pool
( ) Other Addition/Structure:

(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business:
Square Footage of Building:
Maximum Number of Employee:
Maximum Number of Seats/Beds/Other:

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:**

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

3/13/2015
DATE

Public Health
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Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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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, Nathan Worsley, am the legal owner(s) of the property located at Neel Acres Lots 4-7, identified as PIN (Parcel Identification Number) 4636741524, 4636741413, 4636740264, 4636740394, located in Iredell County, North Carolina.

Ryan Miller & Michael Athanas

I do hereby authorize (**print legal representative/company name**) Becky Brainard, Blue Heel Development, 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: 6-16-15

Signature of Witness — Date: 6/16/15

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

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT*!!!

Place an (X) beside each item as you complete the site plan:

X **Property Line measurements are clearly identified…** X **All proposed structures are indicated…**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

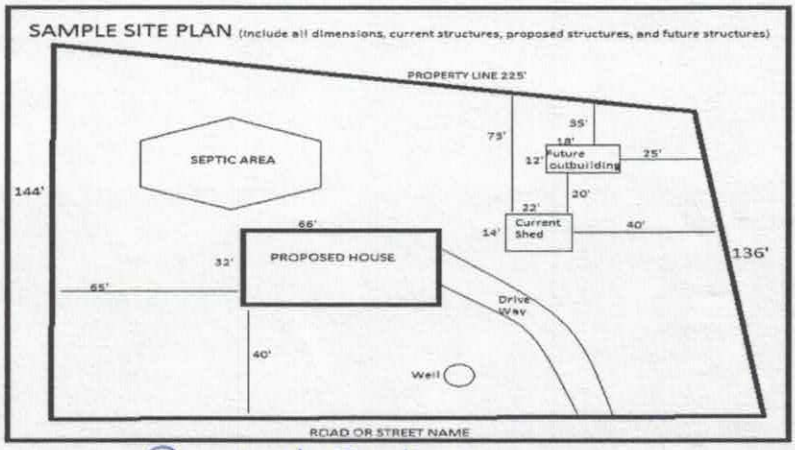
X **Front and side setbacks from property line…** X **Preferred driveway location and configuration, preferred well location…**

X **Area you prefer your septic system to be placed…** X **North arrow, or other sufficient indicator of direction…**

Circle N/A on the following if appropriate:

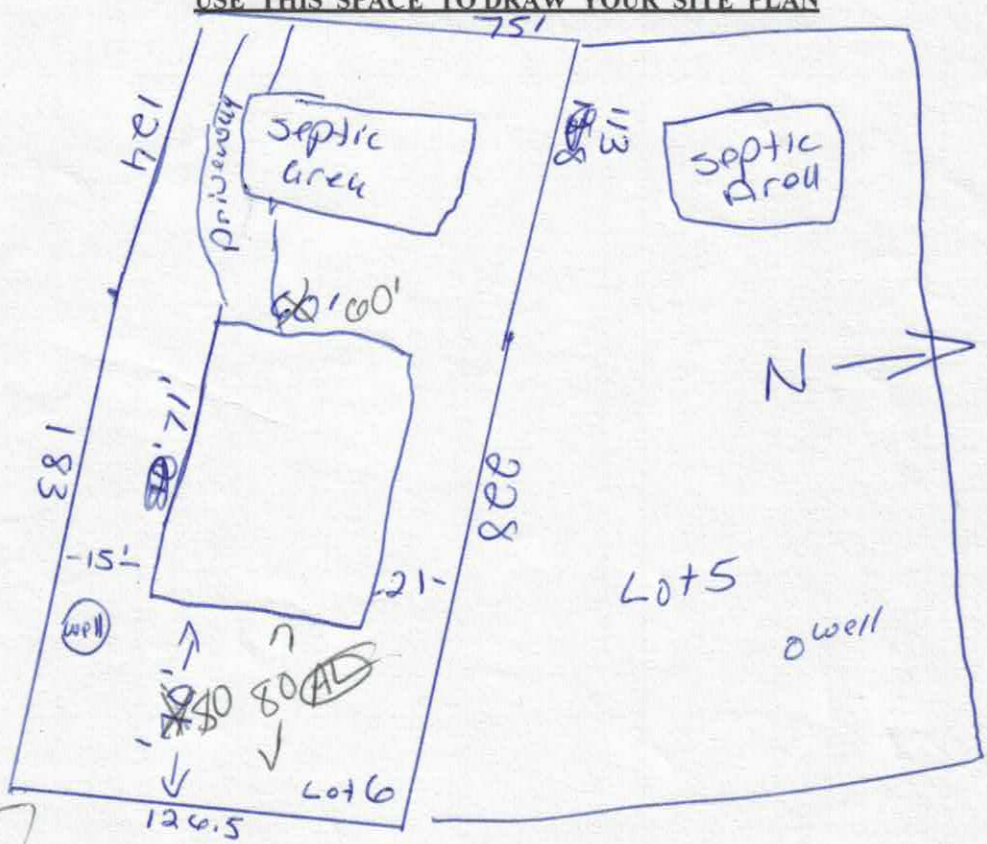
N/A **Location of septic systems and wells within 100' of your property… N/A**

N/A **Location of easements and rights of ways on your property… N/A** N/A **Location of any designated wetlands on the property… N/A**



Pintail RdLn

USE THIS SPACE TO DRAW YOUR SITE PLAN



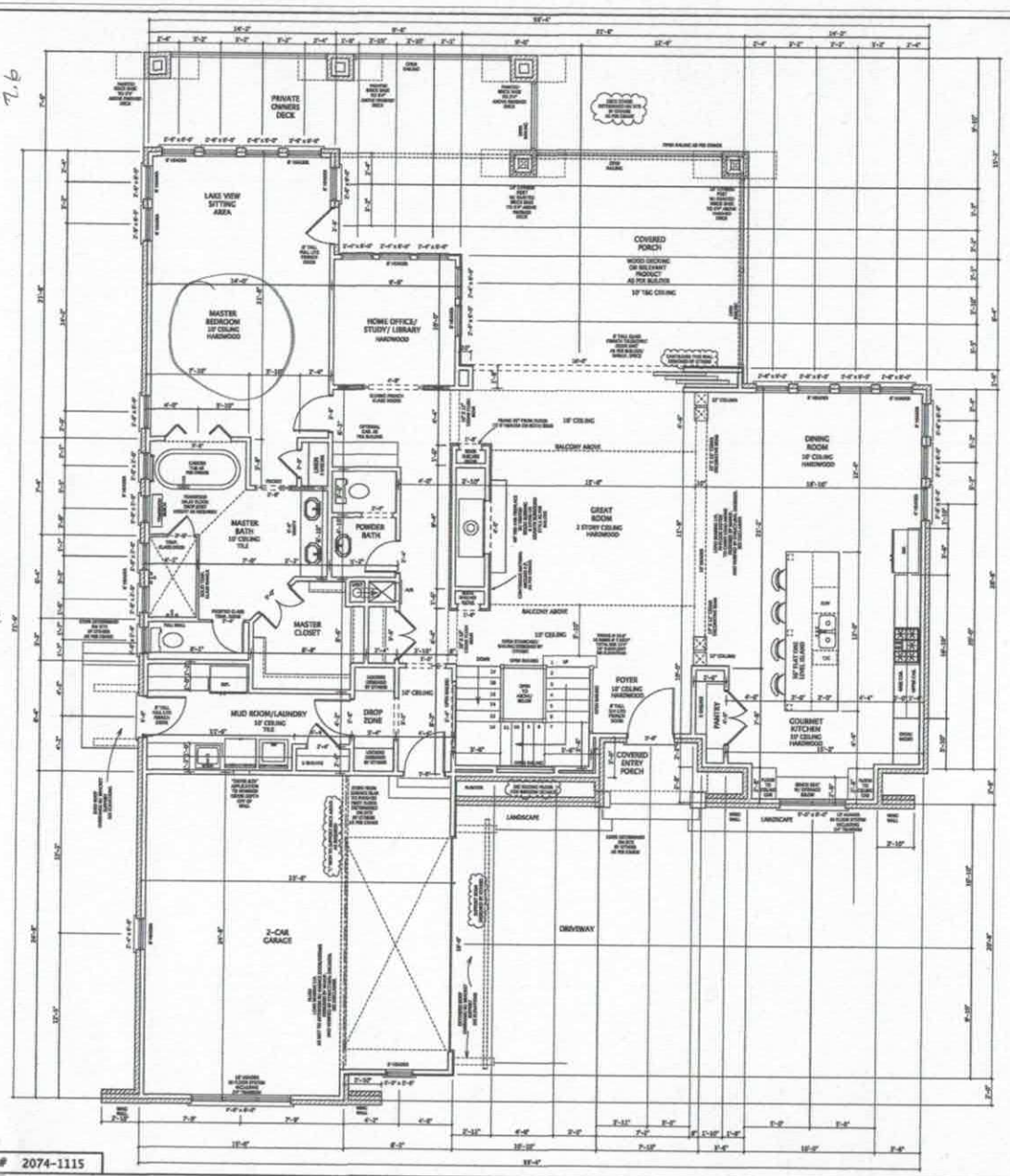
Signature: _____ **REQUIRED property owner or owner's legal representative signature.**

1-13-16 **DATE**

Acknowledgement of
Plans Submittal ONLY!

Date 1-13-16

Date



IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTED WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURER'S WINDOW SIZES.

CHANGE IN WINDOW SIZES SHOULD CLOSELY MATCH WINDOWS SHOWN ON ELEVATIONS.

FIRST FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4" = 1'0"

AREAS

FIRST FLOOR	2,113 sq ft
SECOND FLOOR	1,381 sq ft
TOTAL LIVING:	3,494 sq ft
SECOND FLOOR FUTURE SPACE	426 sq ft

BASEMENT LEVEL 1,596 sq ft

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IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
**** BEFORE STARTING CONSTRUCTION ****

IT IS THE RESPONSIBILITY OF THE BUILDER TO COMPLY WITH AND ADAPT THIS PLAN TO ACCEPT THE APPLICABLE INTERNATIONAL RESIDENTIAL CODE (IRC) AND ENERGY CONSERVATION CODES AS WELL AS LOCAL BUILDING CODES WHICH THIS HOME PLAN IS CONSTRUCTED AND ADAPTED FOR PLAN TO THE ACTUAL SITE LOCATION.

THIS HOME AND ITS DESIGN MUST BE CONSTRUCTED BY A SECURED AND INSTALLABLE BUILDER WITH EXPERIENCE IN CONSTRUCTING THIS TYPE OF HOME.

ALL SUB-CONTRACTORS USED IN THE CONSTRUCTION OF THIS HOME MUST BE LICENSED WITH THE STATE AND QUALIFIED TO PERFORM THE WORK REQUIRED. FRUSTERIO DESIGN, INC. ASSUMES NO LIABILITY FOR ANY TRADES IN THE PLANS.

IT IS THE RESPONSIBILITY OF THE BUILDER TO REVIEW AND PERFORM ALL ON-SITE OBSERVANCE OF THESE PLANS AND NOTIFY FRUSTERIO DESIGN, INC. OF ANY CONCERNS PRIOR TO BEGINNING CONSTRUCTION.

THE SELECTION AND CONDITION OF LUMBER USED IN CONSTRUCTION MAY VARY WIDELY, AS DOES THE QUALITY OF THE WORKMANSHIP. NEITHER FRUSTERIO DESIGN, INC. OR ITS MEMBERS HAVE KNOWLEDGE OF THE QUALITY OF THE WORKMANSHIP OF CONSTRUCTION METHODS AND PRACTICES USED ON ANY CONSTRUCTION PROJECT AND IS THEREFORE HELD HARMLESS FROM THE STRUCTURAL PERFORMANCE OF THE LUMBER IN COMPLETED STRUCTURES.

ALL STRUCTURAL MATERIAL USED TO CONSTRUCT THIS HOME MUST MEET CURRENT IRC CODE REQUIREMENTS, CERTIFIED & STAMPED BY THE MANUFACTURER OR BY A LICENSED STRUCTURAL ENGINEER.

ANY STRUCTURAL & FLOOR JOIST NOTATION ON THIS PLAN IS INTENDED FOR PURPOSES OF DESIGN ONLY & IN NO WAY REPLACES FINAL STRUCTURAL REQUIREMENTS FOR LOAD BEARING LOCATIONS WHICH ARE DESIGNED BY OTHERS.

ALL LOAD BEARING LOCATIONS MUST BE REVIEWED, DESIGNED & APPROVED BY LUMBER MANUFACTURER OR STRUCTURAL ENGINEER PRIOR TO THE START OF CONSTRUCTION.

SUBGRADE IS TO BE DETERMINED BY A LICENSED SURVEYOR. IT IS RECOMMENDED THAT A CERTIFIED STRUCTURAL ENGINEER REVIEW THE FRAMING CONSTRUCTION TO VERIFY STRUCTURAL INTEGRITY.

THESE PLANS DO NOT SHOW OR SUGGEST FINAL ENGINEERED CONSTRUCTION PRACTICES.

SITE REQUIREMENTS

THESE PLANS ARE FOR UNIVERSAL CONDITIONS & DO NOT ADDRESS SPECIFIC SITE REQUIREMENTS. IT IS RECOMMENDED THAT SOIL CONDITIONS AT SITE BE SAMPLED & TESTED BY A COMPETENT SOILS TESTING LABORATORY AND, IF NECESSARY, FOUNDATION PLANS BE DESIGNED BY A STRUCTURAL ENGINEER WHO IS FAMILIAR WITH THE BUILDING SITE CONDITIONS & RELEASED ON RECOMMENDATIONS OF THE SOILS TESTING LABORATORY.

CONFIRM DIMENSIONS IN LOT FLOOR AND VERIFY ALL DIMENSIONS, INCLUDING COMPARISON OF FLOOR PLANS AND FOUNDATION TO INSURE ACCURACY PRIOR TO THE BEGINNING OF CONSTRUCTION. TO THE BEST OF OUR KNOWLEDGE, THE DESIGNER HAS PREPARED THESE PLANS TO COMPLY WITH THE CLIENT'S SPECIFICATIONS AND GENERAL BUILDING CODES AT THE TIME. AS THOUGH EVERY REASONABLE EFFORT HAS BEEN MADE TO AVOID ERRORS, OMISSIONS, AND MIS-INFO, THE CONTRACTOR AND/OR CLIENT SHALL VERIFY ALL CONDITIONS, DIMENSIONS, DETAILS AND SPECIFICATIONS PRIOR TO CONSTRUCTION. THIS ORDERED

WILL NOT BE LIABLE FOR HUMAN ERROR AFTER CONSTRUCTION BEGINS.

IT IS THE RESPONSIBILITY OF THE LUMBER SUPPLIER TO DETERMINE, CALCULATE, ENGINEER, AND CERTIFY ALL LOAD BEARING LOCATIONS ON THIS PLAN AND PROVIDE THE REQUIRED ENGINEERED BEAM MATERIAL TO SUBSTANTIALLY SUPPORT THE STRUCTURAL INTEGRITY OF THIS PLAN.

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SOME STATE AND/OR LOCAL BUILDING CODES MAY REQUIRE A LICENSED PROFESSIONAL ENGINEER OR ARCHITECT'S CERTIFICATION STAMP BEFORE BUILDING PERMITS CAN BE ISSUED.

LIMITED CONSTRUCTION LICENSE

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THIS PLANS PURCHASER IS HEREBY GRANTED A LIMITED, NON-EXCLUSIVE AND NON-TRANSFERABLE LICENSE TO BUILD ONE (1) AND ONLY ONE (1) HOME DERICTED IN THIS PLAN. USE OF THIS PLAN TO BUILD MORE THAN ONE (1) HOME OR ANY MODIFIED AND/OR ALTERED VERSION OF THIS HOME PLAN WITHOUT THE EXPRESSED WRITTEN CONSENT OF FRUSTERIO DESIGN, INC. IS STRICTLY PROHIBITED AND IS ENFORCED AND PROTECTED BY FEDERAL COPYRIGHT LAWS. UNAUTHORIZED USERS WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

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AMERICAN INSTITUTE OF BUILDING DESIGN
AI BD PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS FOR:
GRANDE CUSTOM HOMES
LAKE ROSEMAN LOT 6

charles michael frusterio
DESIGNING A LEGACY OF FINE HOMES & RENOVATIONS

DESIGN DATE: JANUARY 19, 2016
PLOT DATE & TIME: 01:19 PM

SHEET #

AUTHENTICITY REGISTERED
DESIGN CODE: 2074-1115

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JOB # 2074-1115

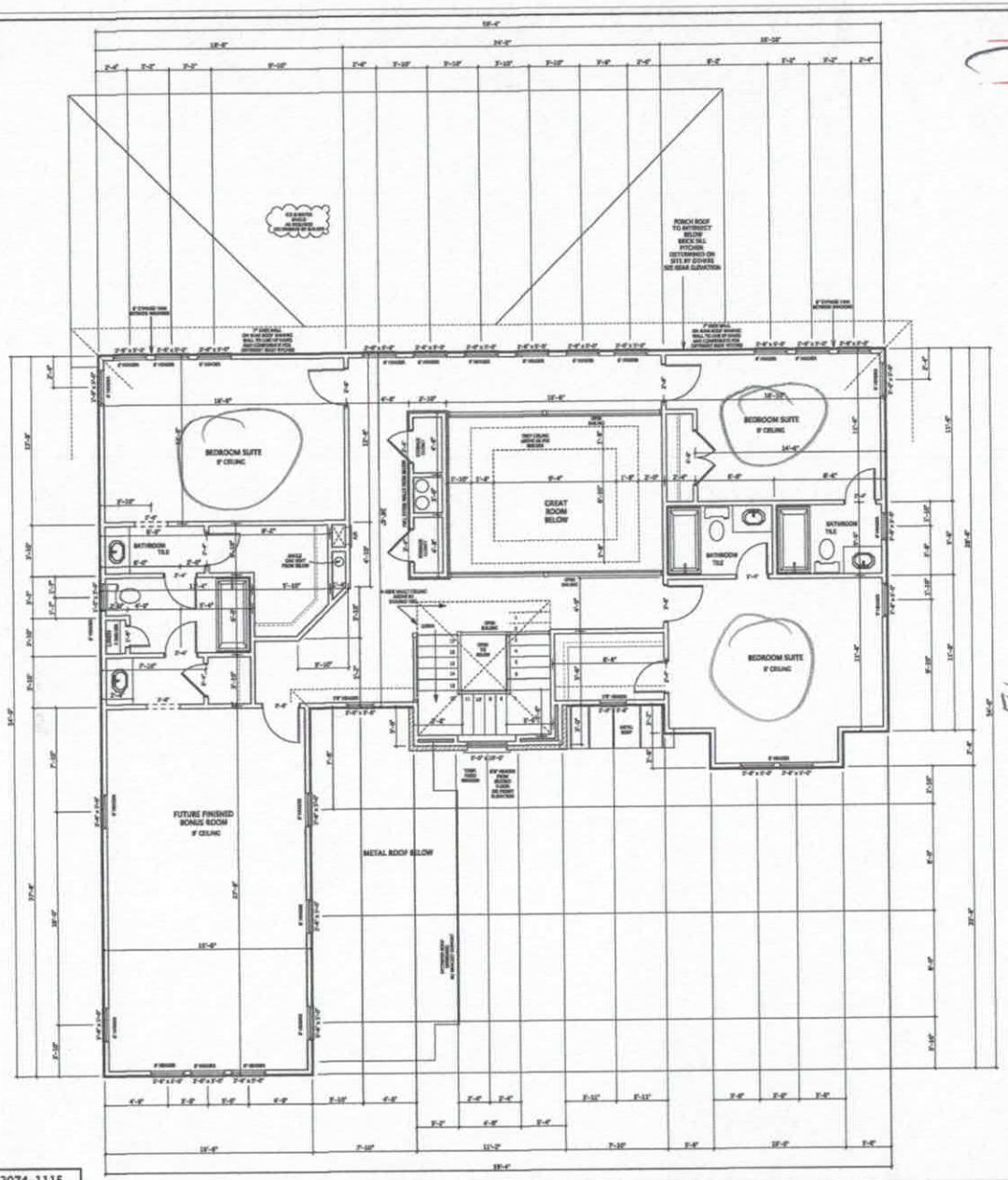
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BUILDING PERMIT
COPYRIGHT WARNING

Acknowledgement of
Plans Submittal ONLY!

Date 1-13-16

Date 2/12/16



IMPORTANT NOTES:

SCALE ALL STUCCO DETAILS FROM THE ELEVATION DRAWINGS.

REFERENCE ROOF LAYOUT FOR DIFFERENT OVERHANG DEPTHS.

NOTICE DIFFERENT KNEE WALL HEIGHTS FOR HOUSE PROPORTIONS.

REFERENCE ALL WINDOWS ON FLOORPLAN WITH ELEVATIONS & NOTIFY OWNER AND/OR DESIGNER OF ANY DISCREPANCIES BEFORE ORDERING WINDOW PACKAGE.

** NOTED WINDOW SIZES AS SHOWN ON ** THIS PLAN MAY VARY WITH DIFFERENT MANUFACTURER'S WINDOW SIZES.

CHANGE IN WINDOW SIZES SHOULD CLOSELY MATCH WINDOWS SHOWN ON ELEVATIONS.

IMPORTANT INFORMATION:
PLEASE READ CAREFULLY
****** BEFORE STARTING CONSTRUCTION ******

IT IS THE RESPONSIBILITY OF THE BUILDER TO COMPLY WITH AND ADAPT THIS PLAN TO EXCEPT THE APPLICABLE INTERNATIONAL RESIDENTIAL CODE (IRC) AND ENERGY CODE REQUIREMENTS AS WELL AS LOCAL BUILDING CODES WHERE THIS SIGNATURE PLAN IS CONSTRUCTED AND ADAPT THIS PLAN TO ITS NOTICE SITE LOCATION.

THIS HOME AND ITS DESIGN MUST BE CONSTRUCTED BY A LICENSED AND RESPONSIBLE BUILDER WITH EXPERIENCE IN CONSTRUCTING THE TYPE OF HOME.

ALL SUB-CONTRACTORS USED IN THE CONSTRUCTION OF THE HOME MUST BE LICENSED WITH THE STATE AND QUALIFIED TO PERFORM THE WORK REQUIRED. FRUSTERIO DESIGN, INC. ASSUMES NO LIABILITY FOR ANY DEFICIENCIES IN THIS PLAN.

IT IS THE RESPONSIBILITY OF THE BUILDER TO REVIEW AND PERFORM ALL DUE DILIGENCE ON THIS PLAN AND NOTIFY FRUSTERIO DESIGN, INC. OF ANY CONCERNS PRIOR TO BEGINNING CONSTRUCTION.

THE SELECTION AND CONDITION OF LUMBER USED IN CONSTRUCTION MAY VARY WIDELY. AS USING THE QUALITY OF THE WORKMANSHIP. NEITHER FRUSTERIO DESIGN, INC. OR ITS MEMBERS HAVE OVERSIGHT OF THE QUALITY OF THE WORKMANSHIP OR CONSTRUCTION METHODS AND PRACTICES USED ON ANY CONSTRUCTION PROJECT AND IS THEREFORE WELL-WARNED OVER THE CHECK OR PERFORMANCE OF THE LUMBER IN CONSTRUCTED STRUCTURES.

ALL STRUCTURAL MATERIAL USED TO CONSTRUCT THIS HOME MUST MEET CURRENT IRC CODE REQUIREMENTS, CERTIFIED & STAMPED BY THE MANUFACTURER OR BY A LICENSED STRUCTURAL ENGINEER.

ANY STRUCTURAL & FLOOR JOIST NOTATION ON THIS PLAN IS INTENDED FOR PURPOSES OF DESIGN ONLY & IN NO WAY SPECIFIES FINAL STRUCTURAL REQUIREMENTS FOR LOAD BEARING LOCATIONS WHICH ARE DESIGNED BY OTHERS.

ALL LOAD BEARING LOCATIONS MUST BE ENGINEERED, DESIGNED & APPROVED BY LUMBER MANUFACTURER OR STRUCTURAL ENGINEER PRIOR TO THE START OF CONSTRUCTION.

EASEMENTS & SETBACKS AS DETERMINED BY A LICENSED SURVEYOR. IT IS RECOMMENDED THAT A CERTIFIED STRUCTURAL ENGINEER REVIEW THE FRAMING CONSTRUCTION TO VERIFY STRUCTURAL INTEGRITY.

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charles michael frusterio
DESIGNING A LEGACY OF FINE HOMES & RENOVATIONS®

SECOND FLOOR DETAIL CONSTRUCTION SHEET
SCALE: 1/4"=1'0"

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AMERICAN INSTITUTE OF BUILDING DESIGN
PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS
GRANDE CUSTOM HOMES
LAKE NORMAN LOT 6

frusterio
RESIDENTIAL DESIGN SERVICES

DESIGN DATE:
JANUARY 13, 2016
FILE TIME:
01:10 PM

SHEET #

OF

2074-1115

AUTHENTICITY REGISTERED DESIGN CODE

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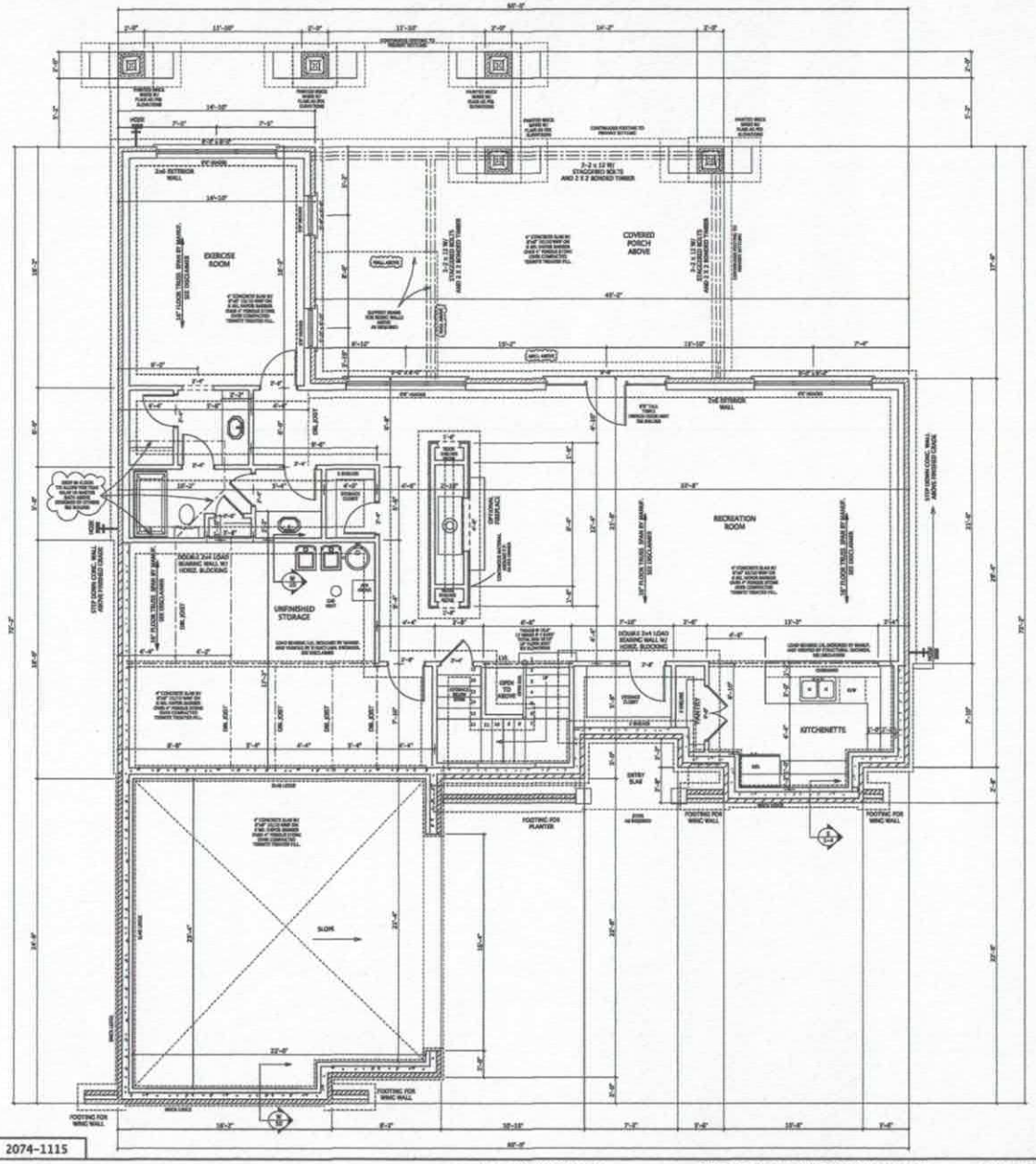
JOB # 2074-1115

Acknowledgement of Plans Submittal ONLY!

60'0"

Date 1-13-16

Date 2/12/16



12-3

GENERAL FOUNDATION NOTES:

REQUIRED GRADE BEAM LOCATION DETERMINED BY OTHERS

ALL STRUCTURAL MATERIAL USED TO CONSTRUCT THIS HOME MUST BE CERTIFIED AND/OR DESIGNED BY THE MANUFACTURER & BY A LICENSED STRUCTURAL ENGINEER.

ALL LOAD BEARING LOCATIONS MUST BE REVIEWED, DESIGNED & APPROVED BY LUMBER MANUFACTURER AND BY A LICENSED STRUCTURAL ENGINEER.

OUTER EDGES OF FOOTINGS SHALL NOT BE POURED WITHIN 30'-0" OF THE EDGE OF ANY FILL SLOPE. BOTTOM OF ALL FOOTINGS SHOULD BE 18" BELOW GRADE OR MEET ALL LOCAL BUILDING CODE REQUIREMENTS.

CAUTION:
EMERGENCY EGRESS FOR SLEEPING ROOMS AND HABITAL BASEMENT AREA

ALL EQUIPMENT SHALL BE LISTED AND LABELED BY AN APPROVED THIRD PARTY TESTING LAB.

IN UNCONDITIONED BASEMENTS, THE FLOOR ABOVE THE BASEMENT MUST HAVE MIN. R-13 INSULATION OR THE BASEMENT WALLS MUST HAVE MIN. R-5 INSULATION IF 50% OR MORE BELOW GRADE AND MIN. R-13 INSULATION IF MORE THAN 50% ABOVE GRADE

-GRADE SHALL DRAIN AWAY FROM WALLS
-4"COLUMNS MAY BE PLACED ON FILLED SOIL SHALL BE COMPACTED TO 95% MODIFIED PROCTOR
-FOUNDATION WALLS SUBJECTED TO UNBALANCED LOADS SHALL BE DESIGNED BY ENGINEER.

A HARDWIRED SMOKE & HEAT DETECTOR WITH BATTERY BACK-UP IS REQUIRED IN THE GARAGE OR THE GARAGE MUST BE SEPARATED AS REQUIRED BY THE CODE.

CAUTION ON:
BASEMENT GARAGE AND GARAGE SEPARATION REQUIREMENTS INTERNATIONAL ENERGY CONSERVATION CODE

-CAUTION ON BASEMENT EGRESS-

- EMERGENCY EGRESS (SIT) IS NOW REQUIRED ON ALL UNDERGROUND BASEMENTS. DOOR OR WINDOW WELL WILL BE REQUIRED FROM LIVING AREAS IN BASEMENT. UNITS CAN NOT BE IN GARAGE AREAS.

-CAUTION-
-ON EMERGENCY EGRESS

REQUIREMENTS FROM BEDROOMS INSTALLING CLASS III HAZARDOUS LOCATIONS

-EQUAL STAIR RISERS

-INSTALLATION OF FIREPLACES ACCORDING TO INSTRUCTIONS

FLASHING WEEPHOLES SHALL BE REQUIRED FOR MASONRY VENEERED WALLS

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IT IS THE RESPONSIBILITY OF THE BUILDER TO REVIEW AND REVISION ALL SUB CALCULATIONS ON THIS PLAN AND NOTIFY FRUSTERIO DESIGN, INC. OF ANY DISCREPANCIES PRIOR TO BEGINNING CONSTRUCTION.

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SITE REQUIREMENTS

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CONTRACTOR / OWNER SHALL VERIFY ALL DIMENSIONS, INCLUDING COMPARISON OF FLOOR PLANS AND FOUNDATION TO ENSURE ACCURACY PRIOR TO:

THE BEGINNING OF CONSTRUCTION. TO THE BEST OF OUR KNOWLEDGE, THE DESIGNER HAS PREPARED THESE PLANS TO COMPLY WITH THE CLIENT'S SPECIFICATIONS AND LOCAL BUILDING CODES AT THE TIME. ALTHOUGH EVERY REASONABLE EFFORT HAS BEEN MADE TO AVOID ERRORS, OMISSIONS, AND MISTAKES, THE CONTRACTOR AND/OR CLIENT SHALL VERIFY ALL CONDITIONS, DIMENSIONS, DETAILS AND SPECIFICATIONS PRIOR TO CONSTRUCTION. THE DESIGNER WILL NOT BE LIABLE FOR ERRORS DISCOVERED DURING CONSTRUCTION WORK.

IT IS THE RESPONSIBILITY OF THE LICENSED SUPPLIER TO DESIGNING, CALCULATE, ENGINEER, AND CERTIFY ALL LOAD BEARING LOCATIONS ON THIS PLAN AND PROVIDE THE REQUIRED BEAMS AND BEAM MATERIALS, TO SUBSTANTIALLY SUPPORT THE STRUCTURAL INTEGRITY OF THIS PLANS.

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SOME STATE AND/OR LOCAL BUILDING CODES MAY REQUIRE A LICENSED PROFESSIONAL ENGINEER OR ARCHITECTS CERTIFICATION STAMP BEFORE BUILDING PERMITS CAN BE ISSUED.

FOUNDATION / BASEMENT DETAIL CONSTRUCTION SHEET

SCALE: 1/4"=1'0"

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charles michael frusterio
DESIGNING A LEGACY BY FINE HOMES & RENOVATIONS

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AMERICAN INSTITUTE OF BUILDING DESIGN
AIBD PROFESSIONAL MEMBER

CUSTOM HOME DOCUMENTS FOR GRANDE CUSTOM HOMES LAKE NORMAN LOT 6

frusterio

DESIGN DATE: JANUARY 13, 2016
PLOTTING TIME: 01:18 PM
SHEET # OF

AUTHENTICITY REGISTERED DESIGN CODE

2074-1115

JOB # 2074-1115

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WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE NC 28625
City or Town State Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 210111

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Check applicable use): ☐ Monitoring ☑ Residential

☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural

☐ Recovery ☐ Injection ☐ Irrigation

☐ Other (list use)

3. WELL LOCATION:

COUNTY IREDELL QUADRANGLE NAME

NEAREST TOWN: MOORESVILLE

257 PINTAIL RUN LN
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE 35° 33. 395

LONGITUDE 80° 53. 353

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME GRANDE CUSTOM HOMES

STREET ADDRESS 2529 SHENDOAH AVE

Charlotte, NC

5. WELL DETAILS:

a. Total Depth: 521 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): ____ ft.

Measuring point is ____ ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): N/A ft. ____ in.

b. Casing Removed: N/A ft. ____ in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement --- lb.
Water --- gal.

Sand Cement

Cement --- lb.
Water --- gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material CONCRETE

Amount 4 YARDS

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

POURED

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 2/9/16

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Neill Pardue 2/9/16
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

NEILL PARDUE
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

Neighbor's well

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE NC 28625
City or Town State Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 210110

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Check applicable use): ☐ Monitoring ☑ Residential

☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural

☐ Recovery ☐ Injection ☐ Irrigation

☐ Other (list use)

3. WELL LOCATION:

COUNTY IREDELL QUADRANGLE NAME

NEAREST TOWN: MOORESVILLE

253 PINTAIL RUN LN
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE 35° 33. 397

LONGITUDE 80° 53. 354

May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY- The name of the business where the well is located. Complete 4a and4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME GRANDE CUSTOM HOMES

STREET ADDRESS 2529 SHENDOAH AVE

Charlotte, NC

5. WELL DETAILS:

a. Total Depth: 200 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): ____ ft.

Measuring point is ____ ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	N/A ft.	____ in.
b. Casing Removed:	N/A ft.	____ in.

7. DISINFECTION: HTH

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement --- lb.
Water --- gal.

Sand Cement

Cement --- lb.
Water --- gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material CONCRETE

Amount 1 1/2 YARDS

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

POURED

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 2/9/16

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Neill Pardue 2/9/16

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

NEILL PARDUE

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

IREDELL COUNTY

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

APPLICATION NUMBER
210111
Issue Date: 04/29/2015

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4636740394.000	257 PINTAIL RUN LANE, MOORESVILLE, NC 28117	MOORESVILLE

Owner Information	Applicant Information
Owner: BLUE HEEL DEV LLC	Applicant: MICHAEL ATHANAS & ASSO
Address: MOORESVILLE, NC	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
SFD	R20

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	50.00	15.00	15.00		

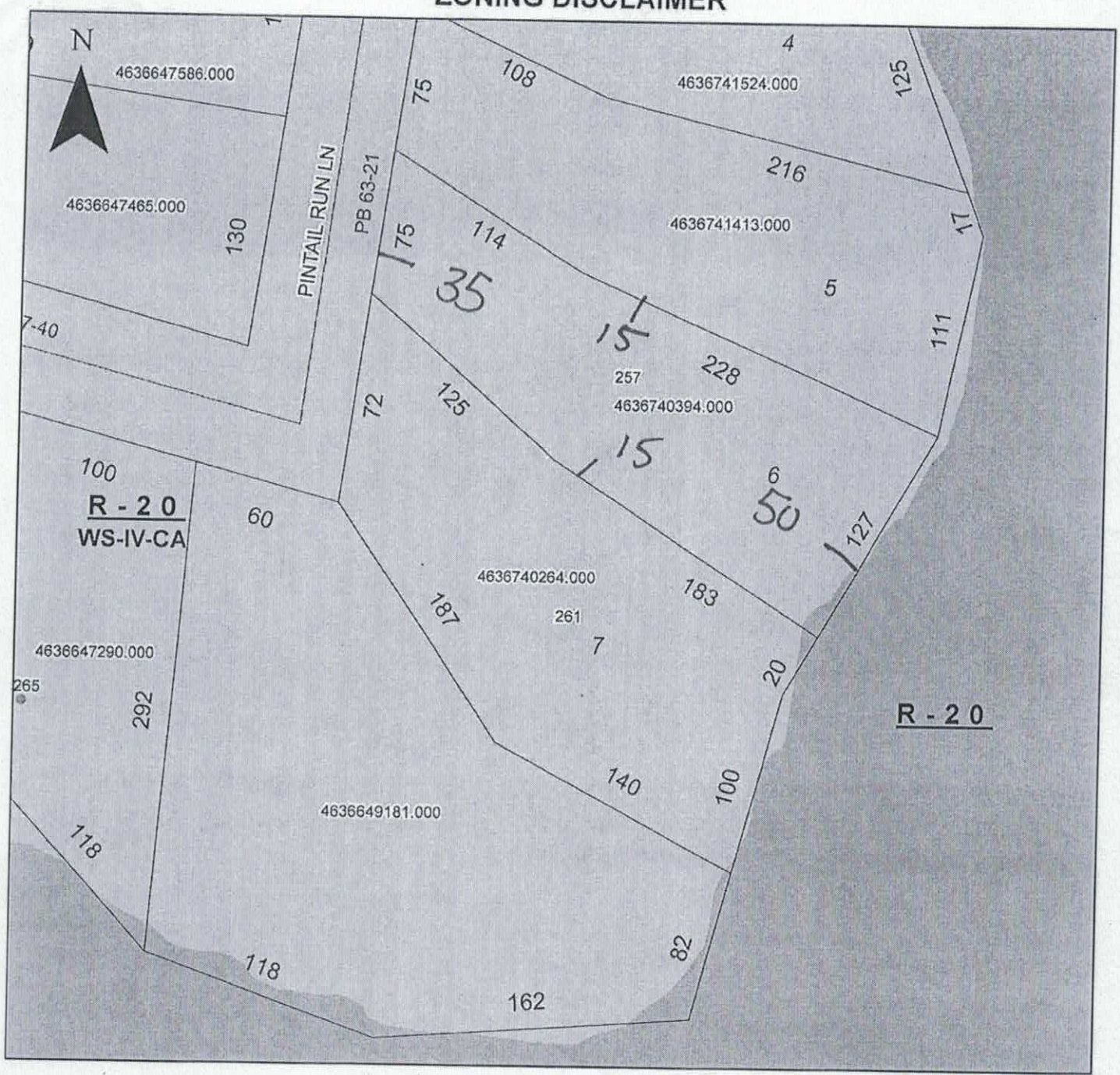
Remarks:

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	37078	TOTAL FEES:	$ 77.25

ZONING DISCLAIMER



Property Address 257 Pintail Run Ln

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Applicant

4/28/2015
Date