IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232969

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

PIN # 4638270312

APPLICANT/OWNER: Vaughan and Edgar McCall / CS&SC APPLICANT ADDRESS: 11 Summerville Ln. GA 30909

SITE ADDRESS: 128 Adrian Ln. Mooresville NC PHONE: 704-450-4670 ALT. PHONE N/A

SITE DIRECTIONS: Hwy 150W, TR perth, TL on Fern Hill, TL on 2nd Kenway, TR Adrian, 4th House on R SAP CONTROLLED: ☐ YES ■ NO

SUBDIVISION: CL&T SECTION: 15 LOT # 63 LOT AREA: 1.11 ac DESIGN FLOW: 480 L.T.A.R.: 0.275

Septic Tank: Existing 1000 (gal) STB: Existing Date: Ex, 3 Yrs
Pump Tank: 1000 (gal) PT: Infiltrator Date: Infiltrator
Pump Make: Model: Serial #:
Nitrification Fields: 1 # Lines: 4 + Existing Bed Linear Ft: 220
Trench Width: 36" Trench Bottom Depth(Low side): 19" Gravel Depth: N/A

☐ New System ☐ Repair ■ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction
Repair System Description: LPPBPPS
Maintenance Agreement Required: ☐ YES ■ NO ☐ GRAVITY ■ PRESSURE

■ Residence ☐ Business ☐ Other ☐ Slab ■ Crawl Space ☐ Basement w/plumbing
No. Bedrooms: 4 No. Persons: 8 No. Employees:

Water Supply: ■ Private ☐ Public ☐ Community ☐ Basement w/o plumbing

Comments / Conditions: Per plan By CS&SC
distibution.

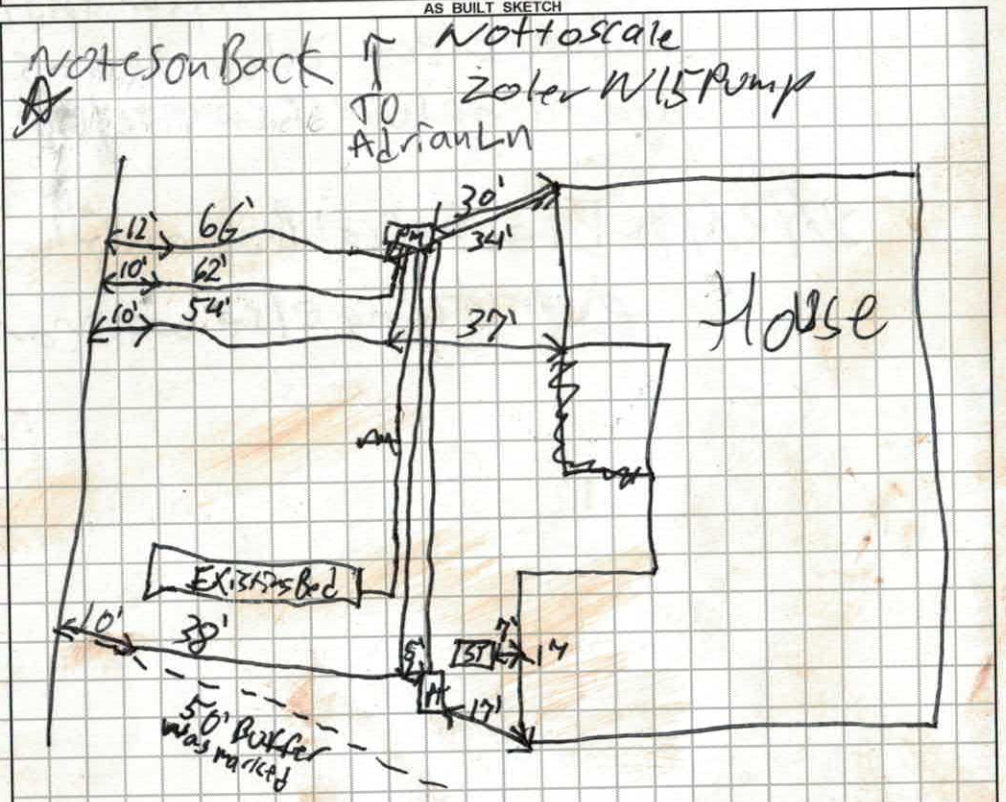
Check tank, check tee, replace if needed. Remove existing terrace to orginal contour.
Remove existing stairs 5' away from existing tank and new pump tank.

INITIAL SITE SKETCH

See plan by:Carolina Soil & Septic Consulting, PLLC

	Date	Initials
Drain Lines Checked	08/01/19	PJB
Tanks Checked	8/7/19	PJB
Pressure Manifold or Valve Box Checked	8/7/19	PJB
Pressure Head Set	8/13/19	PJB
Electrical Checked	8/19/19	ASB
Floats Set	8/13/19	PJB
Alarm Checked	8/13/19	PJB
Maintenance Contract Y / (N)	8/7/19	PJB

AS BUILT SKETCH



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**

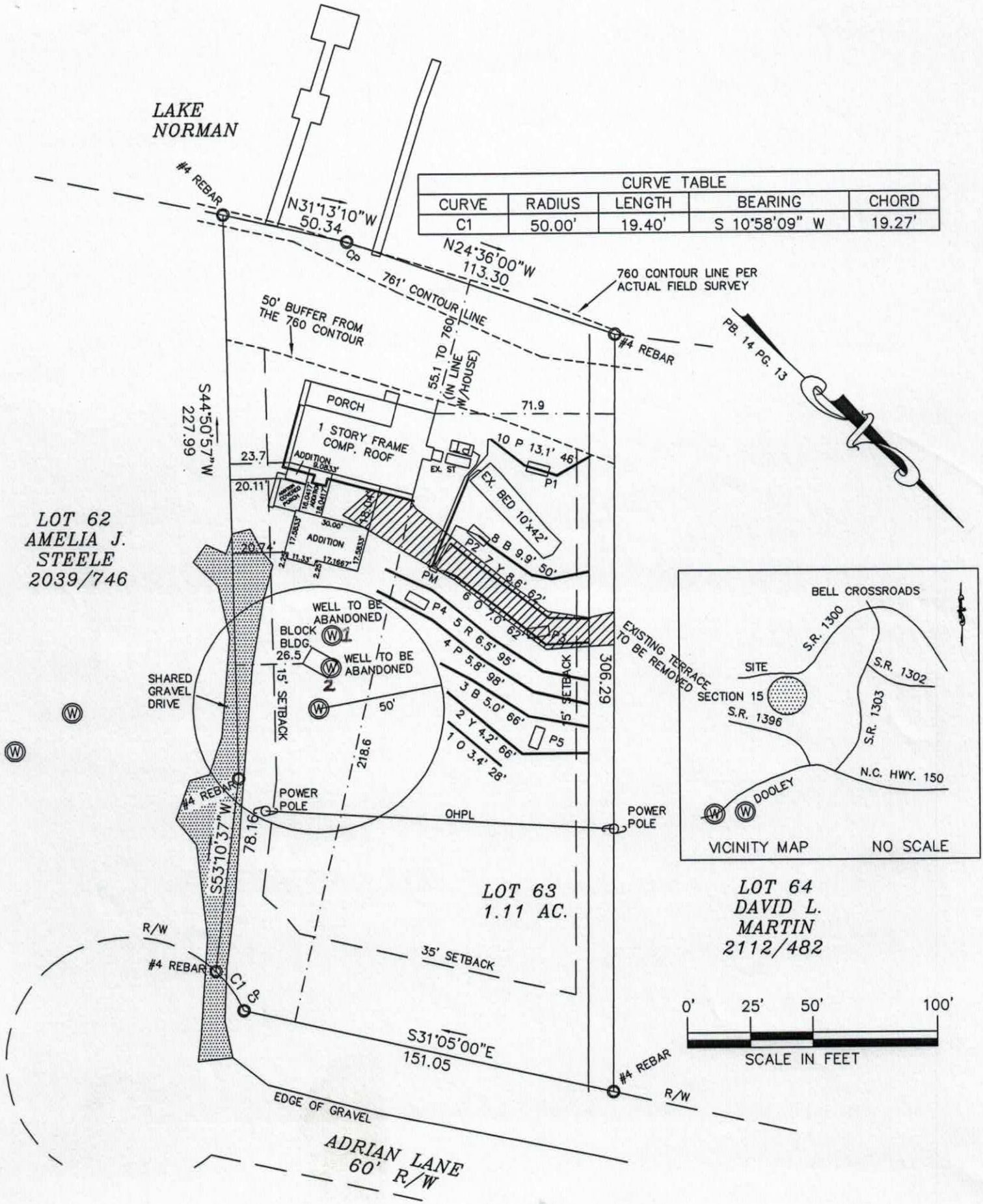
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ■ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☐ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 2/21/18 Installed by: Wastewater Solutions and Design (Russell)

IMPROVEMENT PERMIT by: Date: 02/18/18 OPERATION PERMIT by: Patrick J Bigle III Date: 8/19/19

AUTHORIZATION TO CONSTRUCT by: Date: 04/25/18 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.



CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	19.40'	S 10°58'09" W	19.27'

PRESSURE MANIFOLD SYSTEM
DESIGN SPECIFICATIONS

Owner:	Vaughn and Edgar McCall
Address:	11 Summerville Ln. Augusta, GA 30909
Contact:	Paul Clark
Phone:	980-216-0652
County:	Iredell
Location:	128 ADRIAN LN., CL&T SECTION 15 LOT 63
Total Drainfield Design Flow (gpd):	480
Loading/Soil Application Rate (gpd/ft.^{2}):	0.275
Depth of Gravel in Trench:	NA (25% reduction)
Gravel Size:	NA (25% reduction)
Total Lateral Length From Layout:	220
Total Lateral Length Required:	218.1818182
Trench Depth:	19 in. Low side
Trench Width:	36 in.
Trench Spacing:	9 ft. on center
Trench Bottom Area:	660
Repair Trench Spacing:	8 ft. on center
Repair Trench Depth:	34 in. Low side
Septic Tank Size:	1000
Pump Tank Size:	1000
Estimated Supply Line Length:	54
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	9.40
Dosing Volume:	210.59
Pump Tank Draw Down:	10.0
Supply Manifold Size:	4 in. SCH 80 PVC
Supply Manifold Length:	4 ft. (minimum)
Supply Manifold Volume:	N/A
Recommended Dosing Controls:	Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	NEMA 4X Control Panel or County Approved Control Panel.
Pressure Head:	2 ft.
Friction Head:	1.78
Elevation Head:	11.10
Total Dynamic Head:	16.87
Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 at Pressure Manifold
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by CS&SC

**Pump tank draw down based on an industry standard volume basis of 21 gallons per inch. Draw down may vary among pump tank manufacturers.*

128 ADRIAN LN., CL&T SECTION 15 LOT 63
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR A 2 TO 4 BEDROOM HOME EXPANSION

February 9, 2018

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		16.9			100.00		
INSTR. 1			116.90				
HOUSE				10.20	106.70		
TANK				13.10	103.80		
1	ORANGE			3.40	113.50	28	28
2	YELLOW			4.20	112.70	66	66
3	BLUE			5.00	111.90	66	66
4	PINK			5.80	111.10	98	98
5	RED			6.50	110.40	95	95
6	*ORANGE*			*7.00*	*109.90*	*100*	*62*
7	*YELLOW*			*8.60*	*108.30*	*80*	*62*
8	*BLUE*			*9.90*	*107.00*	*70*	*50*
9	*EX. BED*			*11.70*	*105.20*	*420 sqft*	*420 sqft*
10	PINK			13.10	103.80	46	46
					Total	**649**	**573**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT[1]	TRENCH SYSTEM	DISTRIBUTION	
** System*	*220*	*ACCEPT.*	*0.275*	*25% RED.*	**PRESSURE**	**MANIFOLD**
Ex. Bed	*420 sqft*	*ACCEPT.*		*CONV.*		
Repair	353	MOD.	0.300	PPBPS	LOW	PRESSURE

Notes:
** TBM located on top of eip on right rear property corner at lake (see site plan)
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags
**BS, HI, and FS indicate rod readings

Comments: Existing septic tank is to be checked for structural integrity, if compromised replace tank.
Existing terrace to be graded to existing and original contour.
Existing stairs located along right side of house to be removed and relocated to run along side of house.
Lot is repair exempt dated 10-10-1975. Though full repair is shown only 2 bedrooms are required.
Iredell County has CS&SC's permission to relocate tanks and distribution devices.

PRESSURE MANIFOLD TAPSHEET - 128 ADRIAN LN.

SYSTEM

Line #	Color	Elev	Length	Hole Size	Flow/Tap	Gall. Per Dose	Trench Area	Line LTAR
6	*ORANGE*	*109.90*	*62*	SCH 40 1/2	**7.11**	35.67	186	0.19
7	*YELLOW*	*108.30*	*62*	SCH 40 1/2	**7.11**	35.67	186	0.19
8	*BLUE*	*107.00*	*50*	SCH 80 1/2	**5.48**	27.49	150	0.18
9	*EX. BED*		*10'x42'*	SCH 80 1 IN.	**16.8**	84.28	420	0.20
8	*PINK*	*103.80*	*46*	SCH 80 1/2	**5.48**	27.49	138	0.20
	total	**feet =**	**220**	**gal/min =**	**41.98**			
			Total Des. Flow	**480**				
			Pump Run=	**5.02**				
			LTAR	**25% RED.**				

Some lines flagged longer in the field, shorten to lengths shown here.

CALCULATIONS

Location	128 ADRIAN LN	
Subdivision:	CL&T	
Section:	15	
Lot No:	63	
Total No. of Bedrooms	4	(2 existing and 2 expansion)
Bedrooms of Expansion	2	
Total Design Flow	480 $^{gal}/_{day}$	(240 existing and 240 expansion)
Expansion LTAR	0.275 $^{gpd/ft^2}$	
25% RED.? (YES OR NO)	YES	
Supply Line Length	54 ft.	
Supply Line Volume	9.396 gal.	
Required Feet of Line	218.1818 ft.	
Amount of Line from Layout	220 ft.	
Gallons per Minute	41.98 $^{gal}/_{min}$	
Required Septic Tank Capacity	1000 gal.	
Minimum Standard Tank Size	1000	
Lateral Line Volume	143.66 gal.	
Dosing Volume	210.59 gal.	

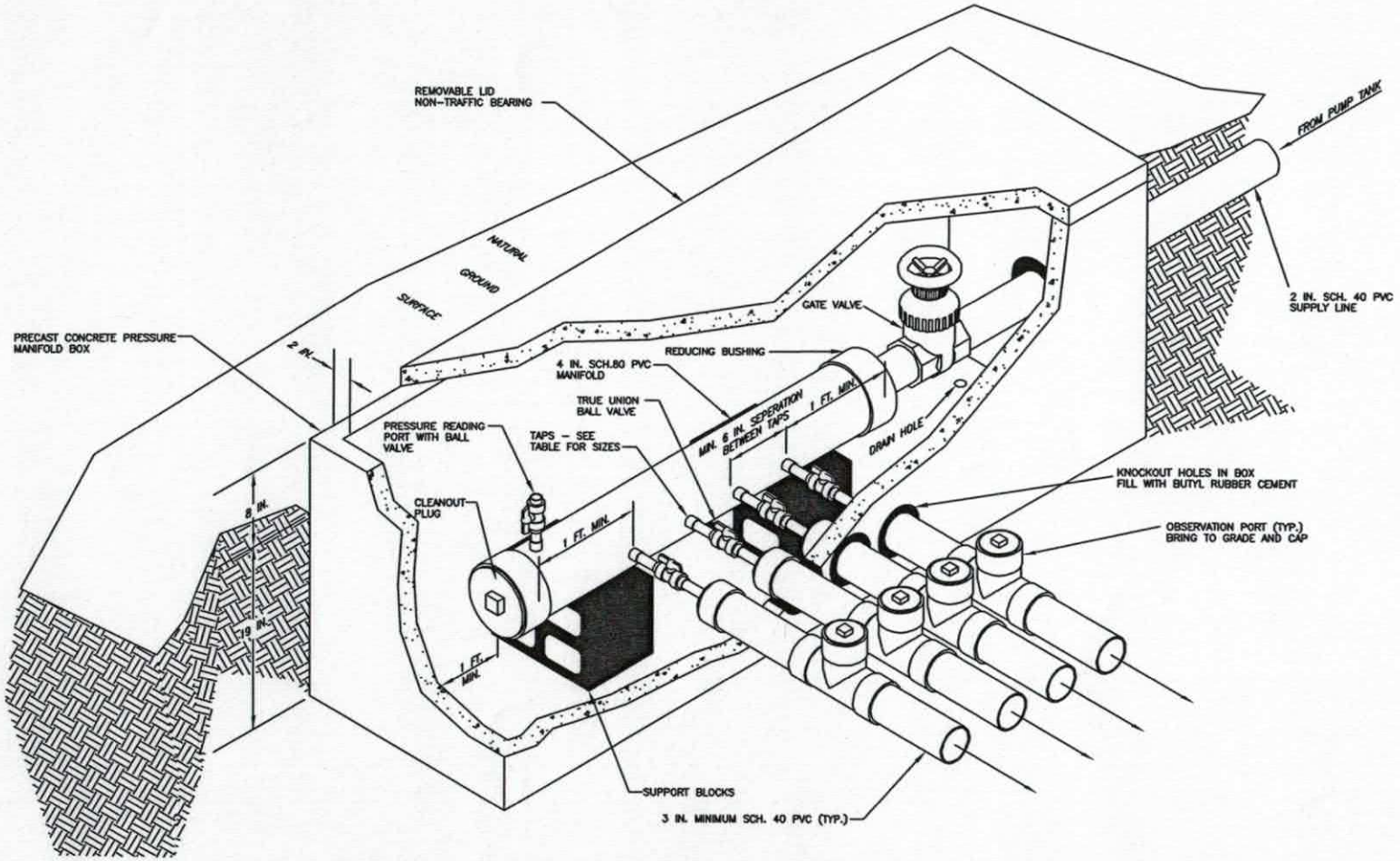
Note: Dosing Volume based on 75% of new lateral line volume plus Ex. Bed volume of 137.13

Tank Draw Down	10.0	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	5.02	minutes
Elevation Head	11.1	ft.
Pressure Head	2	ft.
Friction Factor	1.78	ft./100 ft. *(From the interpolater.)*
Friction Head	0.96	ft.
Total Dynamic Head (+20%)	16.87	ft.

FRICTION FACTOR INTERPOLATER
2" SCH 40 PVC

GPM	*f*
20	0.84
	-0.88
25	1.27
	-1.28
30	1.78
	-1.76
35	2.37
	-2.25
40	3.03
43.07	3.48
45	3.77
48.14	4.28
50	4.58
57.11	5.89
60	6.42

TYPICAL PRESSURE MANIFOLD DETAIL



PROPERTY ID #: 4638270312
COUNTY: IREDELL

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: VAUGH AND EDGAR MCCALL APPLICATION DATE
ADDRESS: 11 SUMMERVILLE LN., AUGUSTA, GA 30909 DATE EVALUATED: 1/20/18
PROPOSED FACILITY: RESIDENTIAL PROPOSED DESIGN FLOW (.1949): 480 GPD PROPERTY SIZE: 1.11 AC
LOCATION OF SITE: 128 ADRIAN LN., MOORESVILLE, NC PROPERTY RECORDED: YES
WATER SUPPLY: χ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring χ Pit ☐ Cut TYPE OF WASTEWATER: χ 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	
P 1	HS 3%	0-12	B SCL GR	FR SS SP SEXP	-FEW/COM MN -FEW YB >44" -FEW/COM YB, FEW CHR 2 >52"	56"	N/A	N/A	PS 0.275 GPD/SQFT TO 44" 0.25 GPD/SQFT 44-52"
		12-36	R C MMSBK	FI S P SEXP					
		36-47	R C SSBK	FI S P SEXP					
		47-56	R C MMABK	FI S P SEXP					
P 2	LSS 5% AT FOOT OF TERRACE	0-6	FILL		N/A -FEW SAP -COM SAP	58"	N/A	N/A	PS 0.3 GPD/SQFT
		6-11	BR CL/SCL WFSBK	FR SS SP SEXP					
		11-36	R C MMABK	FI S P SEXP					
		36-55	R C MFABK	FI S P SEXP					
		55-58	YR CL WFSBK	FR SS SP SEXP					
P 3	LSS 10% ON TERRACE	0-23	FILL		N/A -FEW Y WR -COM SAP, FEW Y WR -FEW Y WR	59"	PS	N/A	PS 0.3 GPD/SQFT
		23-48	R C MMABK	FI S P SEXP					
		48-59	R CL WFSBK	FR SS SP SEXP					
		59-74	VAR L SAP M	FR SS SP SEXP					
P 4	LSS 10%	0-2	DB SCL GR	FR SS SP SEXP	N/A -FEW SAP -FEW R C VEINS, FEW Y WR	58"	N/A	N/A	PS 0.3 GPD/SQFT
		2-9	YR CL WFSBK	FR SS SP SEXP					
		9-34	R C MMABK	FI S P SEXP					
		34-58	R CL WFSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	PM 25%/CONV.	LP PPBPS
Site LTAR	0.275	0.3

OTHER FACTORS (.1946): NONE
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: ADRIAN L. PRUETT
OTHER(S) PRESENT: DAVID BEANE

COMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

PROPERTY ID #: 4638270312
DATE OF EVALUATION: 1/20/18
COUNTY: IREDELL

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	
P 5	HS 7%	0-9	R C WFSBK	FR SS SP SEXP	N/A -COM SAP	49"	PS	N/A	PS
		9-26	R C MFABK	FI S P SEXP					
		26-49	YR CL VWFSBK	FR SS SP SEXP	-COM/MANY SAP, FEW C VEINS				0.3 GPD/SQFT
		49-59	VAR L SAP M	FR SS SP SEXP					

COMMENTS:

RECEIVED JAN 2 6 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00 2-2-18 Paid $350.00 2

Application For:
(X) Septic Improvement Permit ( ) New Well Permit ( ) Authorization to Construct ( ) Well Repair Permit ( ) Existing System Inspection (X) Well Abandonment ( ) 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 #232969

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

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Vaughan and Edgar McCall/CS&SC **Address:** 11 Summerville Ln., GA **Zip:** 30909

Applicant Email: mccallfamily@live.com **Phone:** Paul Clark Architect 704-450-4670 **Alt. Phone:**

Owner Name: Same **Address:** **Zip:**

Owner Email: **Phone:** **Alt. Phone:**

****

Property Information:

Street Address: 128 Adrian Ln., Mooresville

Subdivision Name: CL&T **Section/Phase:** 15 **Lot Number:** 63

Driving Directions: Hwy 150 W, TR on Perth, TL on Fern Hill, TL on 2nd Kenway, TR on Adrian, 4th House on R

****

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
(X) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines **Describe Problem:**

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
(X) Other Addition/Structure: Laundery, Porch

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

Non-Residential Site Development: **Type of Business:**
Square Footage of Building: **Max. Number of Employees:** **Max. Number of Seats/Beds/Other:**

****

Water Supply: ( ) Replacement Well – Reason:
( ) Multi-connection Well **Number of Houses:** **Number of Persons:**

( ) New Well (X) 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 (X) 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: _____ 1-26-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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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)

1. APPLICATION FOR: ___Improvement Permit X Authorization To Construct ___ Existing System Inspection

****

RECEIVED APR 2 3 2018

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

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Charley Lew	PO Box 34488 Charlotte NC 28226	(704) 497-6600	(704) 333-3190

Owner Name	Mailing Address	Home Phone #	Alternate Phone #
Edgar & Vaughn McCall	128 Adrian Ln	(803) 493-1030	

4. Property Information:

clew@lunternbuilders.com

Street Address	Subdivision Name	Section/Phase and Lot Number
128 Adrian Ln	CLST S15	Lot 63

Driving Directions: _____

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

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

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
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 (X) 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 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 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: _____ 2/21/18

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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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, William Vaughn McCall Edgar Norman McCall, am the legal owner(s) of the property located at 128 Adrian Lane, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638-27-3012.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Adrian Pruett, Carolina Soil & Septic Consulting, 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.

WVMcCall/Edgar McCall Jan 20, 2018 — Signature of Owner(s) — Date

Neil Cottingham — 1-20-18 — 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

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, William Vaughn McCall / Edyn n. McCall, am the legal owner(s) of the property located at 128 Adrian Lane, identified as PIN (Parcel Identification Number) 4638-27-3012.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Lantern Builders / Charley Lew, 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.

William McCall / Edyn McCall 2/16/18 — Signature of Owner(s) — Date

Noel Humphreys 2/16/18 — 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

IREDELL COUNTY

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

APPLICATION NUMBER
232969
Issue Date: 01/26/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638270312.000	128 ADRIAN LANE, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: MCCALL W VAUGH+EDGAR N	Applicant: CAROLINA SOIL SEPTIC C
Address: 11 SUMMERVILLE LN AUGUSTA, GA 30909	Address: 162 WEST B ST KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791

Use Requested	Zone Code
ADDITION OF LAUNDREY, BED ROOM, BATHROOM, COVERED PORCH	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.110	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

must meet both the 50-foot setback from the 760 contour line and the 35-foot setback from the rear property line for any structure.

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	126787	TOTAL FEES:	$ 77.25

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 #: 232969

List all applicable well permits (i.e. County, State, Variance, injection, 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: 4/11/18

5a. Well location:

Vaughan + Edgar McCall — Facility ID# (if applicable)

Facility/Owner Name

128 Adrian Ln

Physical Address, City, and Zip

Enfield

County — 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#: _____

6b. Total well depth: 30 (ft.)

6c. Borehole diameter: 2 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 8oz

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:

1 Bag Hole Plug

1 Bag Portland Cement

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

Poured + Hydrated.

8. Certification:

Alfred Kiesling Jr — 4-11-18

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.