IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232086

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

PIN # 4638468984

APPLICANT/OWNER: Lonnie Lenaburg APPLICANT ADDRESS: 173 Folkstone Mooresville, NC 28117

SITE ADDRESS: 173 Folkstone Mooresville NC PHONE: 704 641-5211 ALT. PHONE

SITE DIRECTIONS: Hwy 150 W TR Perth Rd TL Stumpy Creek TL Collingswood TR on Folkstone on left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C18 T SECTION: 14 LOT # 82 LOT AREA: 1.075Ac DESIGN FLOW: 360gpd L.T.A.R.:

Septic Tank 1000 (gal) STB 5T H20 Date 9-3-17

Pump Tank (gal) PT Date

Pump Make Model Serial #

Nitrification Fields # Lines Existing Linear Ft

Trench Width Trench Bottom Depth(Low side) Gravel Depth

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

System Description: New ST - Exist Gravel

Repair System Description:

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence No. Bedrooms 3

☐ Business No. Persons 6

☐ Other No. Employees

☐ Slab ☐ Crawl Space

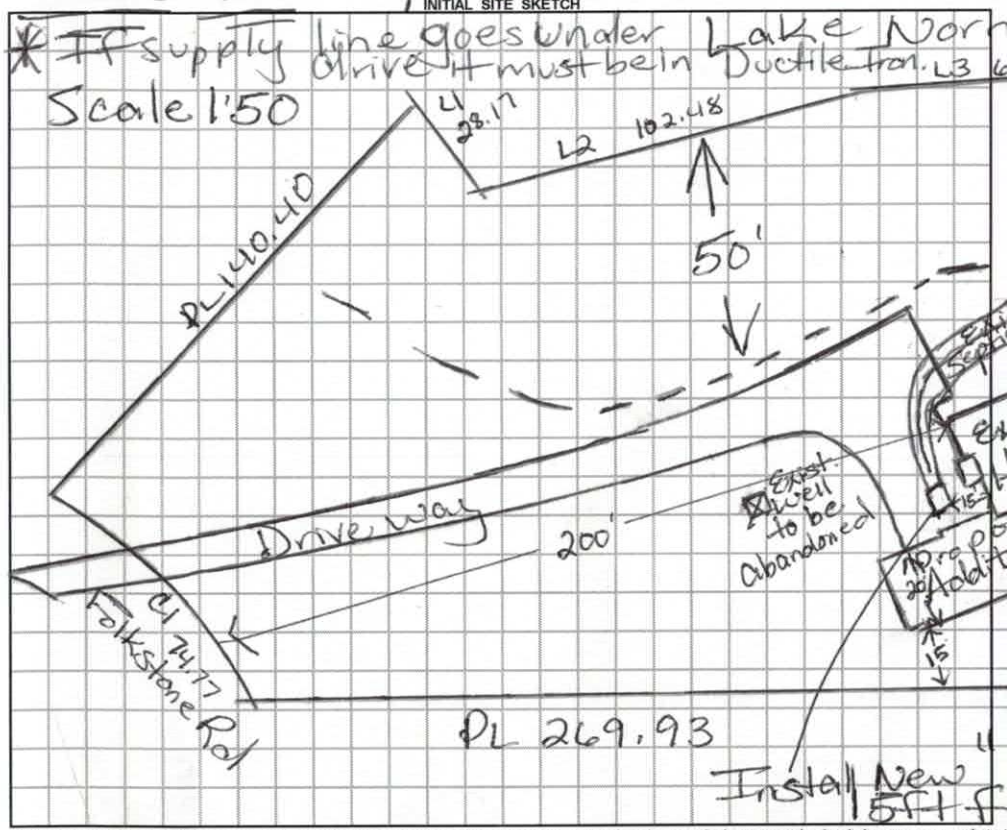
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

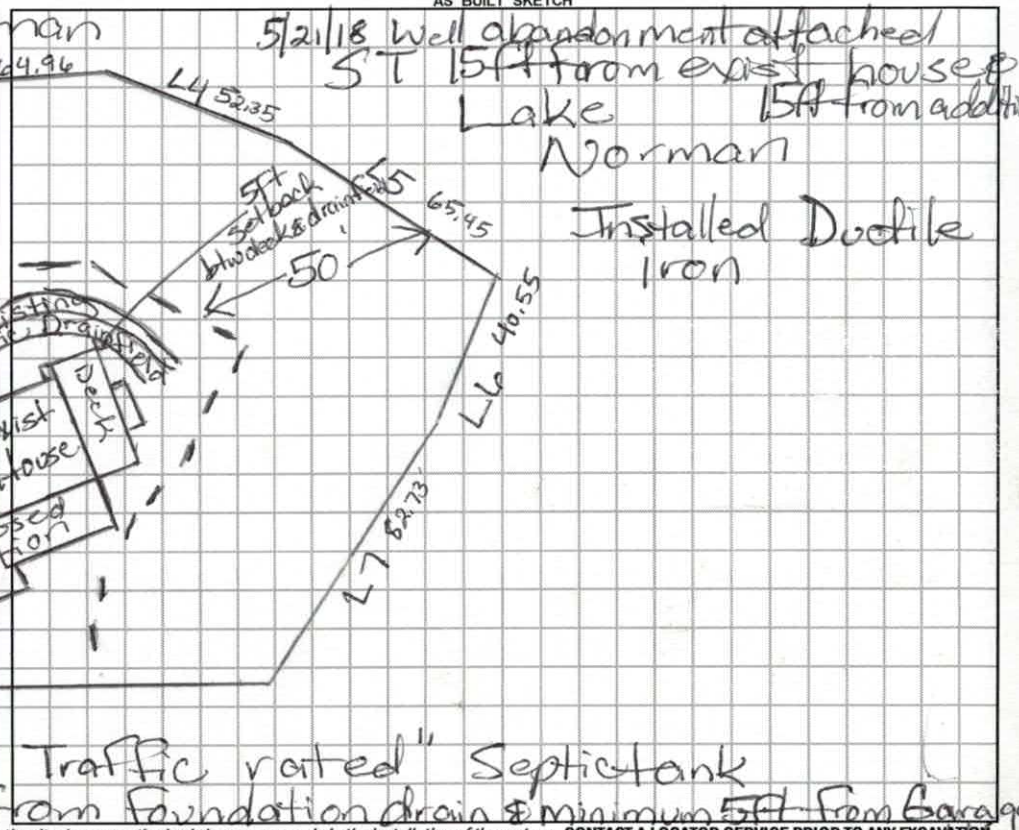
Comments / Conditions: * Must abandoned existing well prior to Authorization to Construct. Install Traffic Rated Septic Tank. Minimum 5ft from addition & 15 from foundation drain

Keep footers of addition (including deck) minimum 5ft from existing Septic Drainfield.

INITIAL SITE SKETCH



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: Lonnie Lenaburg Date: 5-15-18 Installed by: A-1 Backhoe

IMPROVEMENT PERMIT by: Maria Dotson Date: 5/14/18 OPERATION PERMIT by: Maria Dotson Date: 6/28/18

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 5/21/18 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.

Traffic rated

RECEIVED APR 19 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $500.00

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 #232086

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: Lonnie Lenaburg **Address:** 173 Folkstone Rd, Mooresville **Zip:** 28117

Applicant Email: lonnie@lblenaburg.com **Phone:** 704-641-5211 **Alt. Phone:** _____

Owner Name: same **Address:** _____ **Zip:** _____

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

****

Property Information:

Street Address: 173 Folkstone Rd, Mooresville, NC 28117

Subdivision Name: Crescent Land & Timber Corp **Section/Phase:** 14 **Lot Number:** 82

Driving Directions: Hwy 150, N. on Perth Rd, ~~left~~ Left on Stumpy Creek, Left on Collingsworth Right on Folkstone

****

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

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

Maximum Number of Bedrooms: 3
Maximum Number of Occupants: _____
( ) Swimming Pool
(✓) Other Addition/Structure: _____
Describe Problem: move (relocate) septic tank

CHECK FOUNDATION TYPE

(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 ( ) 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.

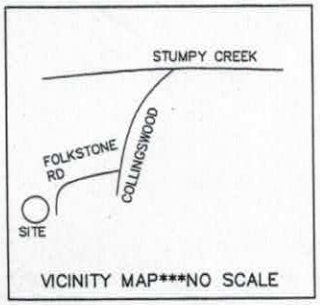
Signature: Lonnie Lenaburg 4-19-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

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

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2424, page 3, and/or plat book 13, page 29, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 12, day of MARCH, A.D. 20 18.

WILLIAM M. ALLEN, PLS

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	116.81'	74.77'	N 87°11'10" E	73.50'



LINE TABLE		
LINE	BEARING	LENGTH
L1	N 86°16'02" W	28.17'
L2	S 26°55'05" W	102.48'
L3	S 36°53'00" W	64.96'
L4	S 61°45'00" W	52.35'
L5	S 73°53'00" W	65.45'
L6	N 27°30'40" W	40.55'
L7	N 15°17'00" W	82.73'

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

NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEVATION BASED ON LAKE NORMAN LAKE LEVEL AT COWAN'S FORD DAM (READING ON 10\19\2016.
4) UNDERGROUND POWER
5) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

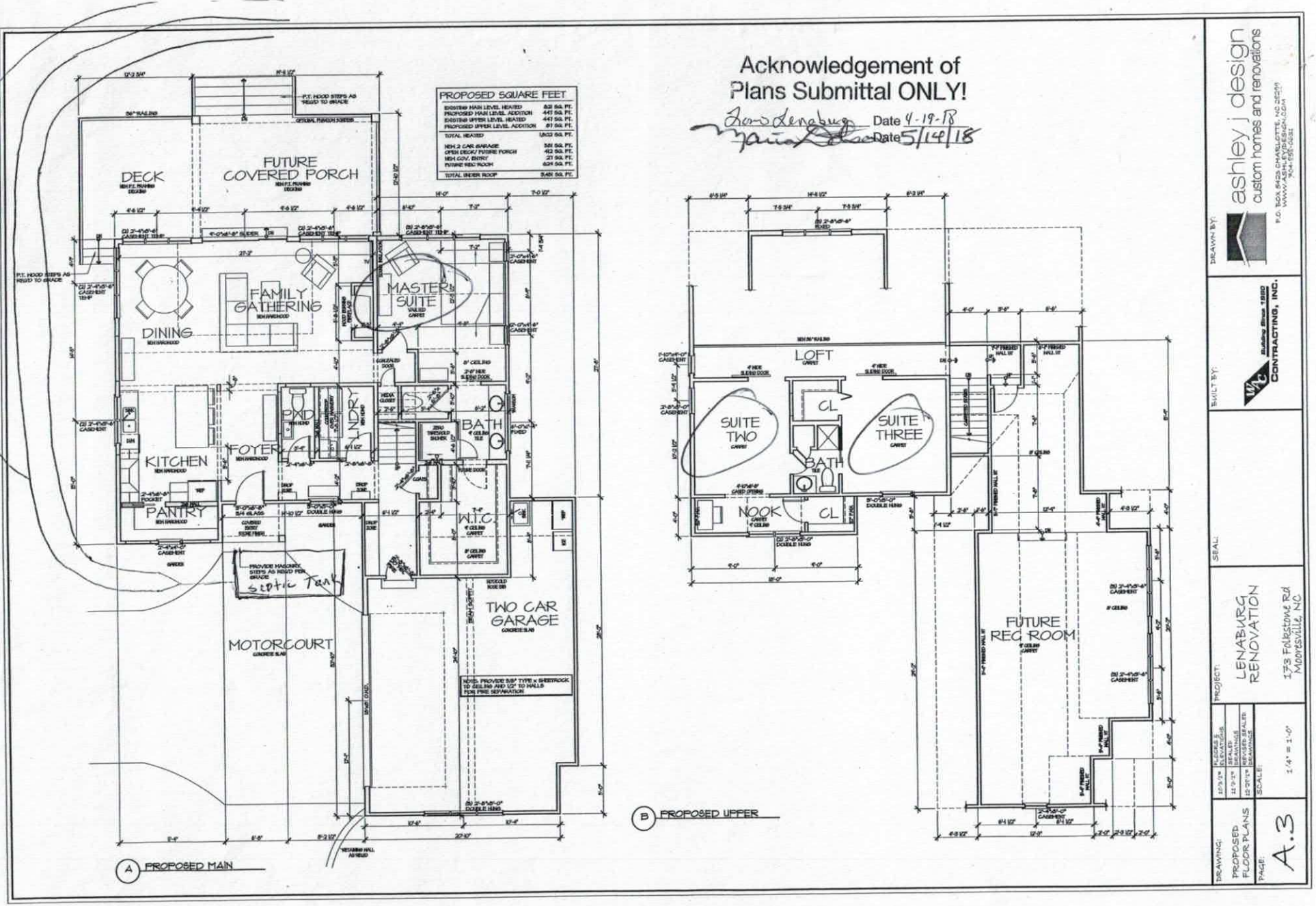
0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
173 FOLKSTONE RD.
LOT 82 CRESCENT LAND & TIMBER CORP. SECT. 14
DAVIDSON TWSP., IREDELL CO., N.C.

SCALE 1" = ~~50'~~
ACQUIRED BY: RICK L.. & SARAH G. ZEILER

FIELD BOOK: 501
FILE: CLT 82 S14
DC FILE:
TAX MAP NO: 4638468984


Acknowledgement of
Plans Submittal ONLY!
Date 4-19-18
Date 5/14/18
PROPOSED SQUARE FEET
DECK
FUTURE COVERED PORCH
FAMILY GATHERING
DINING
MASTER SUITE
KITCHEN
FOYER
PANTRY
BATH
W.I.C.
TWO CAR GARAGE
MOTORCOURT
Septic Tank
A PROPOSED MAIN
LOFT
SUITE TWO
SUITE THREE
CL
BATH
NOOK
FUTURE REC ROOM
B PROPOSED UPPER
ashley j design
custom homes and renovations
DRAWN BY:
BUILT BY:
CONTRACTING, INC.
SEAL:
PROJECT:
LENABURG RENOVATION
173 Folkstone Rd
Mooresville, NC
DRAWING:
PROPOSED FLOOR PLANS
PAGE:
A.3
SCALE:
1/4" = 1'-0"

4638-46-8984

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Linda Troutman DATE 11-4-86 PERMIT NO. 587

PHONE: Business _____ Home _____

LOCATION 1303 N. TC Stumpy Creek TC Cottonwood
near Rt. at forks ¼ mile on left S. R. No. _____

SUBDIVISION NAME L.K. LOT NO. 82 SECTION OR BLOCK NO. 14

House (✓) Mobile Home ( ) Business ( ) Other Repair

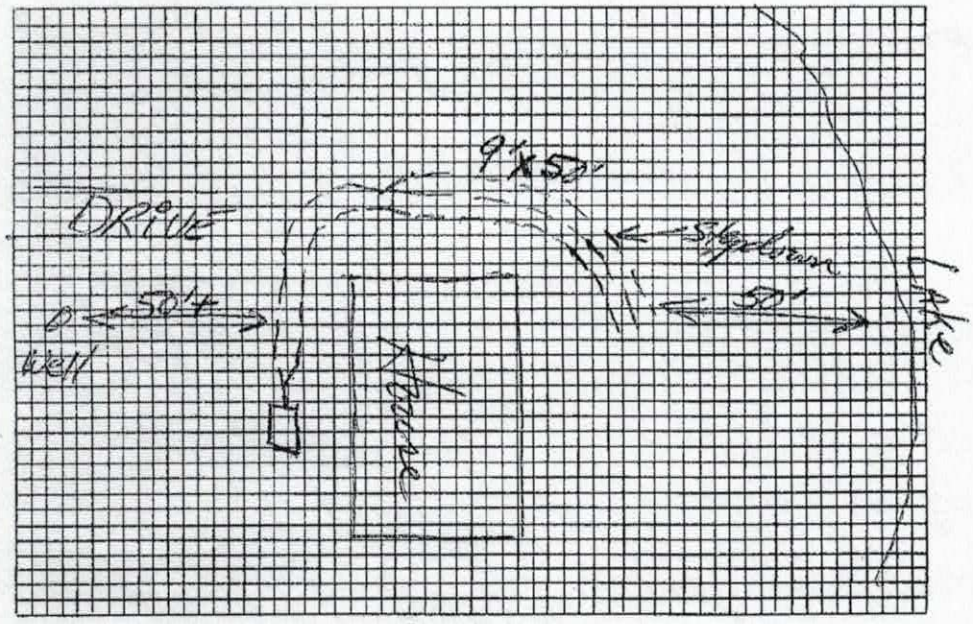
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)	
Auto. Dishwasher	Yes (✓)	No ( )	
Auto. Wash. Machine	Yes (✓)	No ( )	
Site Suitable	Yes (✓)	No ( )	

Character & Porosity of Soil clay
Percolation Rate 4
Topography 8-10% 4/4
Depth to Water Table _____
Rock or other impervious formations none obs.

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"+
Water Supply: Individual (✓)
Public ( )

Installed by F.J. Gwin

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY CKB

COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R. Hanson, R.S. DATE 11-4-86

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

2:00

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Linda Troutman (C.W. Safrit) DATE 7-9-86 PERMIT NO. 308

PHONE: Business _____ Home _____

LOCATION Perth Rd T.L. off Stumpy Creek TL at Collins
BR at fork ~½ on left S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 14R SECTION OR BLOCK NO. 82

House ( ) Mobile Home ( ) Business ( ) Other repair

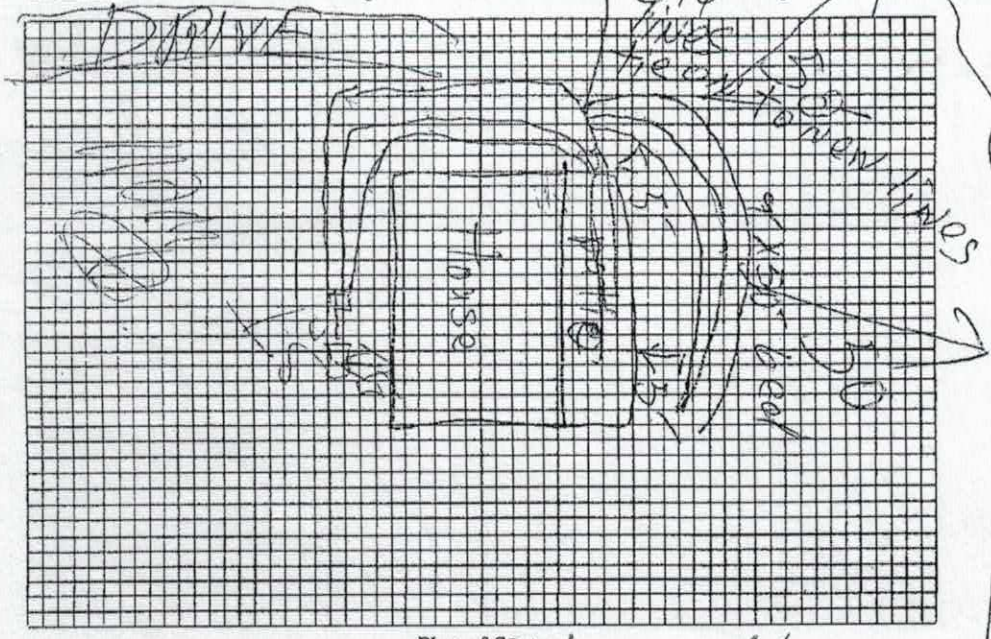
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes	( )	No	(✓)	
Auto. Dishwasher	Yes	(✓)	No	( )	
Auto. Wash. Machine	Yes	(✓)	No	( )	
Site Suitable	Yes	( )	No	(✓)	

Character & Porosity of Soil Clay
Percolation Rate .4 gal/ft²/day
Topography 2-10%
Depth to Water Table 24
Rock or other impervious formations None obs

Lot Area _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank Existing Gals.

Nitrification Field:
No. of Lines 3
Sq. Ft. 450 Linear Ft. 150
Depth of Stone in Lines 12"

~~Water Supply~~: Individual (✓)
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: Linda E. Troutman

IMPROVEMENTS PERMIT BY Charles K. Ramsey

COMMENTS: used old lines and disconnect old lines where the old lines go under (1 linear) new house foundation, add approx a 150 of line to replace lines lost from building house

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

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, Lonnie Lenaburg, am the legal owner(s) of the property located at 173 Folkstone Rd, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4638468984, 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.

Lonnie Lenaburg — Signature of Owner(s) — 4-19-18 — Date

Ronda Hart — Signature of Witness — 4-19-18 — 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
232086
Issue Date: 12/12/2017

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4638468984.000	173 FOLKSTONE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: BICE EDWIN W III+NICOLE E	Applicant: WACONTRACTING INC
Address: 175 FOLKSTONE RD MOORESVILLE, NC 28117	Address: 127-E PROMENADE DR MOORESVILLE, NC 28117
Phone:	Phone: 704-799-1752

Use Requested	Zone Code
ADDING	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.070	35.00	50.00	15.00	15.00	CACL	AE

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	122993	TOTAL FEES:	$ 77.25

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

7-16-12 pd #350.00 @ Stool 1/5

Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or EXISTING SYSTEM INSPECTION

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: (✓) Improvement Permit ( ) Authorization To Construct ( ) BOTH ( ) Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application

The following optional attachments may also be submitted: ( ) 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 #
Carolina Soil & Septic	162 West B St Kannapolis NC 28081		(704) 202-5791
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Joe & Sabrina Nigge	2140 Greenbrook Pwy Wedding ton NC 28104		(704) 517-4403

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
175 Folkstone Rd		Lot 82

Driving Directions:

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

( ) New, Single Family Residence
( ) New, Multi-Family Residence
(✓) Expansion of Existing Septic System
( ) Repair To Failing Septic System due to per ph. conversation w/ Adrian Pruitt 8-9-12
( ) Other

Maximum Number of Bedrooms 4
Maximum Number of Occupants 8
If Expansion, Current Number of Bedrooms 3

(✓) 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 in _____ YEAR

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

8. 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. 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: _____ 7-16-12

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

ENR/DEH

N-SITE WASTEWATER SECTION

PROPERTY ID #: 4638468984

COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

WNER: Joe Niggel _ APPLICATION DATE

DDRESS: 2140 Greenbrook Pwy Weddington, NC 28014 DATE EVALUATED: 6/2012

ROPOSED FACILITY: 4 BRM PROPOSED DESIGN FLOW (.1949): 480gpd/sqft PROPERTY SIZE: 1.07 ac.

OCATION OF SITE: 175 Folkstone Rd PROPERTY RECORDED: YES

/ATER SUPPLY: X Private ☐ Public ☐ Well ☐ Spring ☐ Other

VALUATION METHOD: X Auger Boring ☐ Pit ☐ Cut TYPE OF WASTEWATER: X 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
B 1	SS 20%	0-3	B SCL GR	FR, SS, SP, SEXP	-Few/Com. Sap	48"	-	-	PS
		3-20	R C/CL WFSBK	FR, SS, SP, SEXP	-Many Sap				0.3gpd/sqft
		20-48	BR CL WFSBK	FR, SS, SP, SEXP					
B 2	SS 14%	0-2	B SCL GR	FR, SS, SP, SEXP	-Few Sap	29"	PS	-	PS
		2-8	R C WFSBK	FR, SS, SP, SEXP	-Com. Sap				0.3gpd/sqft
		8-29	YR CL WFSBK	FR, SS, SP, SEXP	-Few CL Incl. at transition				
		29-48	VAR. SL SAP M	FR, SS, SP, SEXP					
B 3	NS 9%	0-4	B SCL GR	FR, SS, SP, SEXP	-Com. Sap	48"	-	-	PS
		4-24	R C MF/WFSBK	FR, SS, SP, SEXP					0.3gpd/sqft
		24-48	R CL WFSBK	FR, SS, SP, SEXP					
P 4	NS 7%	0-4	B SCL GR	FR, SS, SP, SEXP	-Com. Sap., few weathered yellow rock	48"	-	-	PS
		4-16	R C WFSBK	FR, SS, SP, SEXP					0.3gpd/sqft
		16-48	R CL WFSBK	FR, SS, SP, SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% red. and existing bed system	Pretreat 25% red.
Site LTAR	0.3	0.3

OTHER FACTORS (.1946): None

SITE CLASSIFICATION (.1948): PS

EVALUATED BY: Adrian Pruett, LSS

OTHER(S) PRESENT: None

Approved ICHD 8-9-12 jm

COMMENTS:

SOIL/SITE EVALUATION

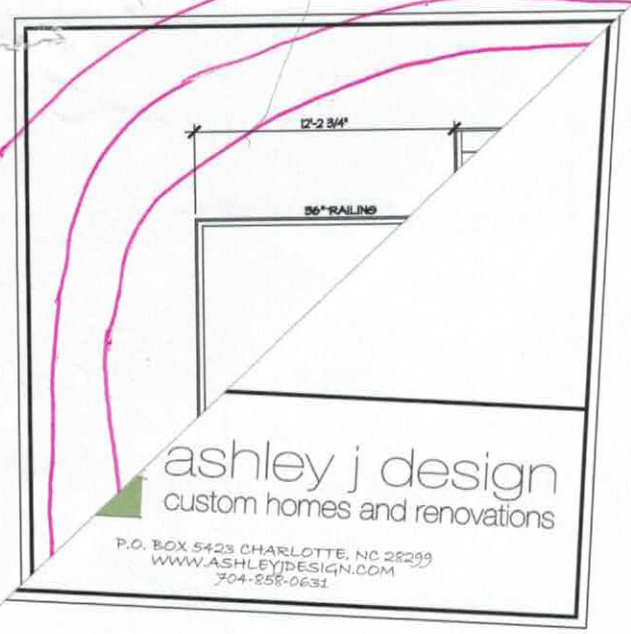
(Continuation Sheet)

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

PROPERTY ID #: 4638468984
DATE OF EVALUATION: 6/2012
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
P 5	SS 10%	0-6	FILL		-Com. Sap	48"	-	-	PS 0.3gpd/sqft
		6-22	R C MFSBK	FR, SS, SP, SEXP					
		22-48	R CL WFSBK	FR, SS, SP, SEXP					
B 6	FS 7%	0-6	B SCL GR	FR, SS, SP, SEXP	-Com sap., few yellow/black WR	48"	-	-	PS 0.3gpd/sqft
		6-12	R C WFSBK	FR, SS, SP, SEXP					
		12-48	R CL WFSBK	FR, SS, SP, SEXP					

COMMENTS:



ashley j design
custom homes and renovations

P.O. BOX 5423 CHARLOTTE, NC 28299
WWW.ASHLEYJDESIGN.COM
704-858-0631

Acknowledgement of
Plans Submittal ONLY!
Date
Date

CUST 14 Lot #82

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

NEILL PARDUE

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

2609

NC Well Contractor Certification Number

AIR DRILLING, INC

Company Name

2. Well Construction Permit #: 232086

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

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	■Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☐Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 5/17/18

5a. Well location:

WAC CONTRACTING

Facility/Owner Name

Facility ID# (if applicable)

173 FOLKSTONE MOORESVILLE

Physical Address, City, and Zip

IREDELL

County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35° 37. 381 N 80° 54. 083 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: 62' (ft.)

6c. Borehole diameter: 2 (in.)

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

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

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

6g. Screen length (if known): _____(ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: _____

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:

100 LBS.

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

POURED

8. Certification:

Neill Pardue

Signature of Certified Well Contractor or Well Owner

5/17/18

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.