IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825

PERMIT # 2170S7

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

PIN # 4639-01-2473

APPLICANT: Linda + Delmar Neal

APPLICANT ADDRESS: 162 Cheshire Road Mooresville, NC 28117

SITE ADDRESS: 162 Cheshire Road Mooresville, NC 28117

PHONE: 704-437-1827 ALT. PHONE:

SITE DIRECTIONS: Fern Hill Road West → Right on Riverbend Road → Right on Cheshire Road → House/lot @ end

SUBDIVISION: CL+T SECTION: 15 LOT # 184 LOT AREA: 0.65 acres DESIGN FLOW: 360 gal/day L.T.A.R.: 0.30

Septic Tank	1000 (gal)	STB	994	Date	11/[illegible]/17	☒ New System ☐ Repair ☐ Expansion	System Type: I II III (IV) V VI	☒ Residence	No. Bedrooms 3
Pump Tank	1000 (gal)	PT	283	Date	11/9/17	System Description: LP-PPBPS (50% Reduction)		☐ Business	No. Persons 6
Pump Make	?	Model		Serial #		Repair System Description: LP PPBPS + TS II Pressure Drip		☐ Other	No. Employees
# Nitrification Fields	1	# Lines	4	Linear Ft:	200'	Maintenance Agreement Required: ☒ YES ☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth		☐ GRAVITY ☒ PRESSURE		☒ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Follow all N.C. septic rules. Existing well in backyard must be decommissioned prior to AC being issued. Installed septic components must be at least 100' from the proposed well area (Septic installer).

10/9/18: Client desires retainer walls 15' along side slope from permitted septic area (OK). Must be at least 10' upslope from repair area - CC

INITIAL SITE SKETCH

See attached plans from Penninger Soil Consulting, PLLC

[P.J. Penninger LSS #1065]

* well abandoned 4/20/17 by B+K well drilling.

AS BUILT SKETCH

1/5/18: Dellinger mid seam conc tank w/ a PL-66 effluent filter. Top sohan ### pump tank (Both 1000 gals)

L1	52	OK per laser
L2	54	
L3	58	
L4	36	
	200	

* System installed approximately where permitted
* Retainer wall orientation/function OK.
* 2" conveyance line OK. VCB related to dist end of top drainfield lateral (#3)

4/13/18- floats + alarm checked pressure head set

* alarm not labeled in breaker box checked + the "septic" lable is not for alarm

4/30/18 - breaker box fixed -CC -CC

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: Linda Neal Date: 3-28-16

IMPROVEMENT PERMIT by: Thomas Lynch Date: 3-28-16

AUTHORIZATION TO CONSTRUCT by: Thomas Lynch Date: 4-21-17

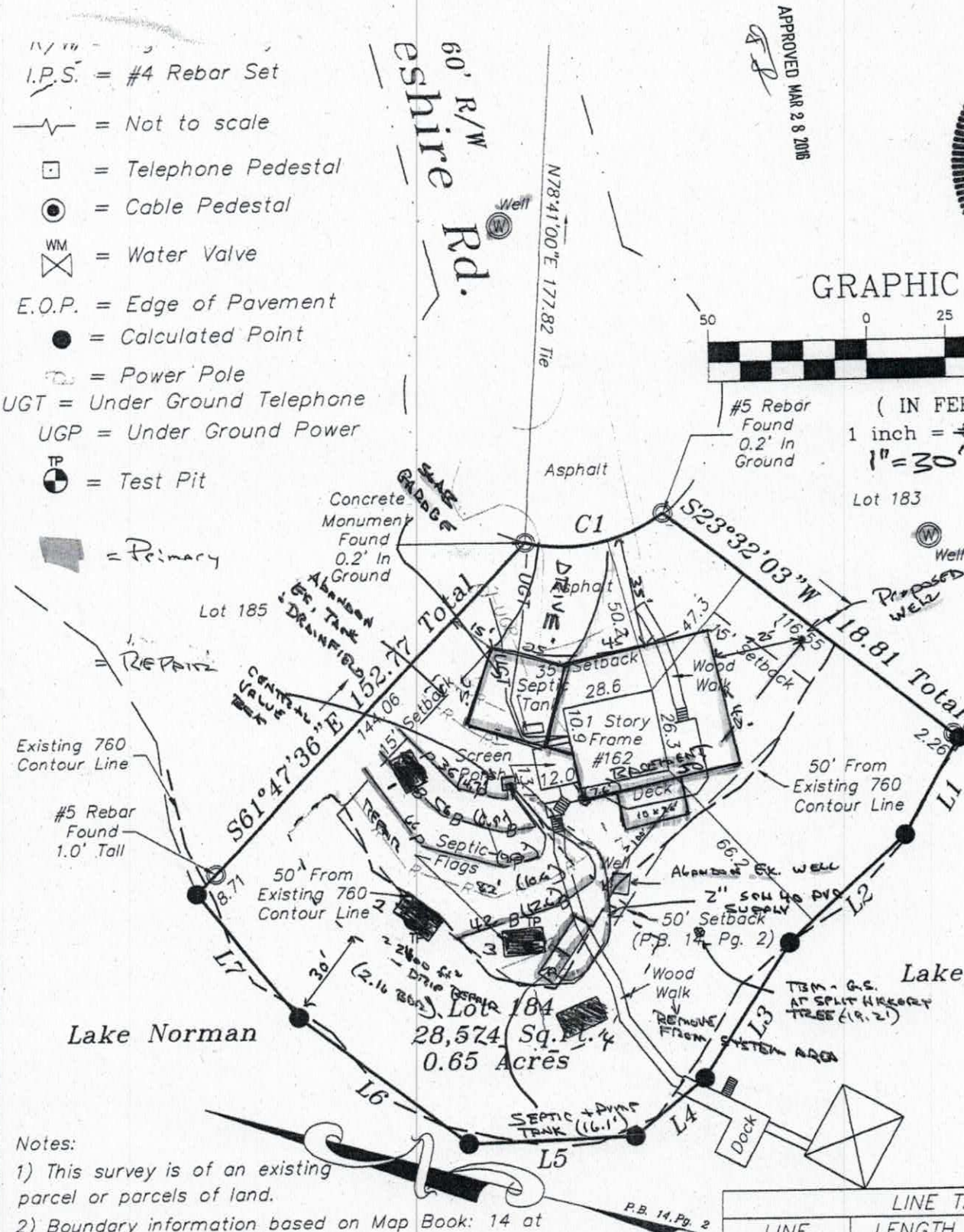
Installed by: Richard Abernathy

OPERATION PERMIT by: Carla C. Cline Date: 4/30/18

Existing System Inspected by: Date:

Linda Neal Septic Site Plan – 162 Cheshire Road 3/5/16

Site plan must accompany Penninger Soil Consulting written report dated 3/5/16.



Notes:

1) This survey is of an existing parcel or parcels of land.

2) Boundary information based on Map Book: 14 at Page: 2 as recorded in the Iredell County Register of Deeds.

LINE T	
LINE	LENGTH
L1	35.0
L2	50.0

ICHD

Penninger Soil Consulting, PLLC
Ph: 704-996-6330 Email: pgpenninger@gmail.com

Call Paul for site visit

March 5, 2016

DeMar and Linda Neal
162 Cheshire Road
Mooresville, North Carolina 28117

Reference: **Technical Assistance with Expedited Review Septic Permitting**
CL&T Lot 184 Section 15
162 Cheshire Road
Iredell County, North Carolina
Project No. 16-106

APPROVED MAR 2 8 2016

Dear Mr. and Ms. Neal:

Penninger Soil Consulting, PLLC has provided technical assistance to obtain a possible new, 3-bedroom septic Improvement Permit from the Iredell County Health Department (ICHD) for the referenced lot. The technical assistance was performed in general accordance with our written proposal dated January 11, 2016.

The lot located at 162 Cheshire Road has an expired septic Improvement Permit that was issued to you by the ICHD on January 13, 2006. This permit expanded the existing 2 bedroom septic system to 4-bedrooms. This permit also showed a LP PPBPS (T&J Panel) repair area. You now want to demolish the existing home and construct a new 3-bedroom home. You contacted Penninger Soil Consulting PLLC to assist you with this Expedited Review Improvement Permit application submittal. Your surveyor staked the proposed house pad and the lot lines for the permitting and also located the proposed septic lines and backhoe pits on the attached site plan.

Mr. Paul Penninger visited the lot on February 19, 2016 to describe 4 backhoe pits and flag the proposed T&J Panel system in the proposed septic area as shown on the attached site plan. The proposed septic area is in the system expansion area shown on the 2006 ICHD permit. Pits were described by the ICHD for the 2006 permit.

We are proposing 200 feet of LP T&J Panel trenches for the 3-bedroom primary system at the 0.3 gpd/sqft Long Term Acceptance Rate (LTAR) previously permitted by the ICHD. The lot is considered repair exempt, but 3-bedrooms of repair are shown on the site plan in a combination of T&J Panel Trench and TS-II Pretreatment Drip (see attached calculations). The ICHD has permitted these split repair areas in the past with the proposed use of an Orenco MVP Duplex Control Panel.

Once the septic area is permitted, it should be fenced off for protection during home construction. Access to the lot should only be by the proposed drive. There shall not be

cuts of 2 feet or greater within 15 feet of any part of the permitted septic system. The proposed drainfield lines should be 15 feet from the basement foundation drain if located on a sideslope landscape position. The existing well should be properly abandoned per an ICHD permit and the new proposed well will need to be at least 100 ft. from the septic and pump tank and drainfield and 50 ft. from the septic supply line. The builder should review the elevation of the walkout basement prior to grading to ensure all septic setbacks can be met.

The attached information is not an Improvement Permit or Construction Authorization, and is only to assist you with the Expedited Review site evaluation. The attached plan is not intended to be a Professional Engineer plan. The ICHD must approve each lot and only the ICHD can issue these permits. The ICHD should verify all soils and system specifications, required setbacks, and whether a professional engineer plan is required before permitting and/or septic system installation. Any changes deemed necessary by the ICHD can be shown on the permit or the attached information. Soil evaluations and system layouts are done based on interpretations of the rules governing wastewater treatment and disposal systems and are not guarantees for site approval or future septic system performance.

If you have any questions or require additional information please contact us at your convenience.

Sincerely,

Penninger Soil Consulting, PLLC



APPROVED MAR 2 8 2016

Paul G. Penninger, L.S.S.
Soil Scientist

Attachments:

1. ICHD Permit Application
2. Site Plan and System Specifications
3. 2006 ICHD Improvement Permit

C:\Users\Paul G. Penninger\Documents\2016 Projects\16-106 Linda Neal 162 Cheshire\16-106 - 162 Cheshire Expedited Review Summary Letter.doc

Linda Neal -162 Cheshire Expedited Review Proposal (pg 1 of 2)
March 5, 2016

APPROVED MAR 2 8 2016

Number of Bedrooms	3
Basement or Crawl	**basement/slab garage**
Design Flow (gpd)	480
Primary System LTAR (gpd/sqft)	0.3
Primary System Type	**LP PPBPS - T&J Panel Block**
No. Lines	4 (see attached site plan)
Total Linear Feet	200
Trench Width	2' min.
Trench Spacing	8' min.
Trench Depth	36 inch max
Pump Required	Yes
Distribution Device	Gate Valve Box w/ LPP Distribution
Maintenance Agreement Required	Yes
Length and Diameter of Supply Pipe	approx. 105' of 2" SCH 40 PVC
Size of laterals	1 1/4" SCH 40 PVC
Flow Rate through the system	23 gpm
Elevation head	approx. 20'
Pressure head	3.0'
Friction head	approx. 1'
20% Contingency	2.4'
Total Head	26.4'
Pump Requirements	23 gpm @ 27' of head (To be verified by installer and ICHD after final tank placement)
Maximum Dosing Volume	165 gallons max*
Volume of water pumped per dose	Calculated to specific tank by measure or dealer engineering specifications (1 cubic ft. of water equals 7.48 gal.)
Pump Run per dose	approx. 7.2 min.
Check Valve	yes
Siphon Break hole	no
Repair System -	**LP PPBPS - T&J Panel Block / TS-II Pretreatment Drip**
Total Linear Feet	82 ft. T&J Panel = 1.23 bedrooms 2,400 sq ft drip = 2 bedrooms
Repair LTAR (gpd/sqft)	0.3 with 36 in. max. trench depth for T&J; 0.1 LTAR with 16 inch tubing depth for drip

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

APPROVED MAR 2 8 2016

Linda Neal -162 Cheshire Expedited Review Proposal (pg 2 of 2)
March 5, 2016

Summary of Primary and Repair T&J Panel System Lines

Line No.	Use	Line Color	System Type	Line Length (Ft.)	Rod Reading (Ft.)	Panels	Holes	Hole Spacing	Hole Size (In.)
1	System	pink	LPPPBPS	36	4.7	8	8	1 per panel	5/32"
2	System	blue	LPPPBPS	56	6.9	13	12	1 per panel	5/32"
3	System	pink	LPPPBPS	66	9.0	15	11	1 per panel	5/32"
4	System	blue	LPPPBPS	42	12.6	10	14	1 per panel	5/32"
5	Repair	red	LPPPBPS	82	10.6				
				Total System: 200'		Total: 46	Total:46 (1 in each panel)		

Tank		1000 gal (2 compartment)	
Pump Tank		1000 gal.	16.1
House		right rear basement	7.6
TBM		ground surface at spit hickory	19.2

Note: Installer and ICHD shall verify all line locations, tank locations, and elevations prior to installation.
^System is to be installed according to any other ICHD and T&J Panel requirements or policies.
^These specifications are to satisfy the ICHD Expedited Review Checklist and are not intended to represent an Engineered System Design.
^On similar systems the ICHD has requested the central valve box be located on the upper drainfield line.
^System proposal information must accompany Penninger Soil Consulting, PLLC written report dated 3/5/16.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

APPROVED MAR 2 8 2016

OWNER: Linda Neal
ADDRESS: 201 CHESNIRR
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 310
LOCATION OF SITE: 201 Cheshire Ch T (104 Sec. 16
APPLICATION DATE 3-4-16
DATE EVALUATED: 3-A-16
PROPERTY SIZE: .64 Acres
PROPERTY RECORDED:
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L/N ~20	0-4	gr sdl	fr ss/ss	10YR 4/4	(31)	PS	0	PS .3
		4-20	wedge sl-sd	fr ss/ss	10YR 4/6				
		20-31	m-w sdl	fr ss/ss	10YR 5/8 f		10YR 6/4, WS		
		31-60	mass sl-l	fr ss/ss	mc - FD-d sl-l; f WS inch				
			2.5Y 5/4 - 6/6		Lithochromic; W WTL SAT-36"				
2	L/N ~15Z	0-7	gr sdl	fr ss/ss	bn	(24)	PS	0	PS .3+
		7-24	wedge sl-sd	fr ss/ss	10YR 6/6				
		24-62	mass sl-l	SFR fr ss/ss	mc f: d/hard sat				
			SAT	fr	.5Y 6/2, 6/8		Lithochromic		
				mod	clay s w TL				
3	4N ~15Z	0-6	gr sl-l	fr ss/ss	10YR 4/4	(16)	PS	0	PS .3+
		6-16	wedge sl-sd	fr fr SFR/SFR	10YR 6/8				
		16-26	mix cl-sd	sl fr sl w sl	SPR V WEAK/mod				
		26-69	mass sl SAP	fr ss/ss	mc fr d - hard spr inf				
					fr 10YR 4/2		Lithochromic		
4	L/N ~15Z	0-3	gr sdl	fr ss/ss	10YR 4/4	(40)	PS	0	PS .3+
		3-12	wedge sd	fr ss/ss					
		12-40	mix c, l, col sl-l	fr fr SAP	cl-l SAP		V WEAK fr ss/ss		
		40-68	mass sl-l	SAP fr ss/ss	mc fr d: d				
				fr	10YR 6/2		Lith - WS - Quartz		

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	TL	TL DRIP TS
Site LTAR	.3	.3/.1

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PSP
OTHER(S) PRESENT: must be reviewed by ICNW

COMMENTS: Soils (SAPROLITE APPROVED @ 0.3 in 2006 by ICNW

162 CHESHIRE REPAIR CALCULATIONS

3-5-16

82' T-5 = 164' conv.

$$\frac{x}{.3\ \text{sol/ft}^2\ (3\text{ft})} = 164' \text{ conv.}$$

$x = 147.6$ sol

$= 1.23$ BEDROOMS

> 2400 ft^2 DRIP REPAIR @ 0.1 sol/ft^2 LTAR

$$\frac{2400\ ft^2}{.1\ \text{sol/ft}^2} = 240 \text{ sol}$$

$= 2$ BEDROOMS

$2 + 1.23 = 3.23$ BEDROOMS REPAIR

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

SHEET: 1 of 3
PROPERTY ID #: 131549
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

OWNER: Demar & Linda Neal
ADDRESS: 217 Coffey Ave N Wilkesboro, NC 28659
PROPOSED FACILITY: Single Family PROPOSED DESIGN FLOW (.1949): 240 GPD*
LOCATION OF SITE: 162 Cheshire Rd – CLT Sec. 15 Lot 184

APPLICATION DATE: 10/3/05
DATE EVALUATED: 11/1/05
PROPERTY SIZE: .625 Acres
PROPERTY RECORDED:

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

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	S LL 12%	0-4	M SBK SCL	VFR SS/SP SEXP		32"			U 0
		4-12	M GR-SBK SL	VFR SS/SP SEXP					
		12-20	M SBK SCL	FR SS/SP SEXP					
		20-32	M SBK C	Fi S/P SEXP					
		32-42	S SAP						
2		42-48	M SBK SC	FR SS/SP SEXP					
3	S LL 15%	0-29	M GR LS	VFR NS/NP SEXP		29"			U 0
		29+	S SAP						
4	S VL 13%	0-24	M SBK SCL	VFR SS/SP SEXP	POCKETS OF CLAY MIXED IN WITH S SAP 24-30"	24"			U 0
		24-30	S SAP						
		30-40	M SBK SCL	VFR SS/SP SEXP					
		40+	S SAP						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	S	S
System Type(s)	G PPBPS	LP PPBPS
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Earl Arnold
OTHER(S) PRESENT:

COMMENTS: *Expansion of current septic system. Profiles 1, 3, and 4 are auger borings. Profiles 5 & 6 are pit evaluations. Site re-classified PS by pit eval. Recommend trench bottom be set at 36".

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
5	S LL 12%	0-12	M GR SL	VFR NS/NP SEXP		24"	S		PS .3
		12-24	M SBK C	FR SS/SP SEXP					
		24-30	M ABK L SAP	VFR SS/SP SEXP					
		30-40	M GR SL SAP	VFR NS/NP SEXP					
		40-57	M GR LS SAP	VFR NS/NP SEXP					
6	S VL 13%	0-13	M GR SL	VFR NS/NP SEXP		24"	S		PS .3
		13-24	M SBK C	FR SS/SP SEXP					
		24-32	W SBK SCL SAP	FR SS/SP SEXP					
		32-40	M GR SL SAP	VFR NS/NP SEXP					
		40-60	M GR LS SAP	VFR NS/NP SEXP					
7									
8									
9									

COMMENTS:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet ___ of ___
PROPERTY ID #: _____
COUNTY: _____

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

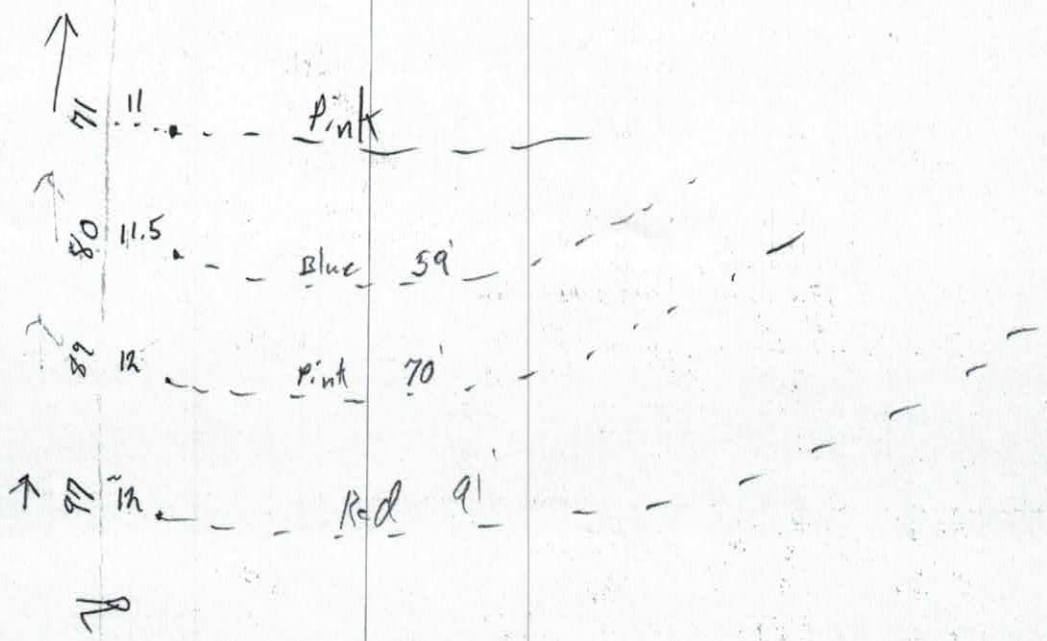
OWNER: Linda + Delmar Neal — APPLICATION DATE 3-5-16
ADDRESS: 162 Cheshire Lane Mooresville, NC — DATE EVALUATED: 3-15-16
PROPOSED FACILITY: _____ PROPOSED DESIGN FLOW (.1949): _____ PROPERTY SIZE: _____
LOCATION OF SITE: 162 Cheshire Lane — PROPERTY RECORDED: Yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

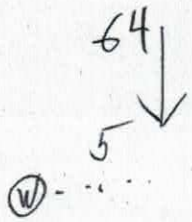
PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
1	12% Primary Area "3"	0-27"	Loamy Sand very weak SBK	very Friable, NSSp, NE	—	27"	—	—	0.35 PS
		27-63"	Sandy massive Saprolite	well Drained + very Friable					
			Trace clay veins at 50" depth						
2	12% Repair Area "4"	0-5	Sandy Loam weak SBK	Friable, SS, Sp, Sap	—	38"	—	—	0.3 PS
		5-38	Sandy clay Loam weak SBK	Friable, SS, Sp, Sexp					
		38-63"	Loamy Saprolite massive	Friable, moderately Drained					
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	Yes	Yes
System Type(s)	LP PPBPS 50% reduction	50% + TS II Drip
Site LTAR	0.3	0.3/0.1

OTHER FACTORS (.1946): —
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Paul Penruger

COMMENTS: _____


11
Pink
80
11.5
Blue 59'
89
12
Pink 70'
97
12
Red 91'


64
5
W

RECEIVED APR 2 0 2017

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: Chad Gowdin Signature Homes **Address:** 915 River Hwy Mooresville 28117 **Phone:** 704 363-7302

Owner Name: Neal, Linda + Dexter **Address:** 162 Cheshire Mooresville **Phone:**

Property Information:

Street Address: 162 Cheshire Mooresville NC 28117

Subdivision Name: N/A CLST **Section/Phase:** 15 **Lot Number:** 184

Driving Directions: Fern Hill to Riverbend to Cheshire

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure:

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) 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: Linda S. Neal
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, Linda Neal, am the legal owner(s) of the property located at 162 Cheshire Mooresville, identified as PIN (Parcel Identification Number) 4639-01-2473, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Chad Goodin, Chad Goodin Signature Homes, 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.

Linda Neal 3/16/17 Emily LaPlante 3/16/17

Signature of Owner(s) Date Signature of Witness Date

Please return this signed form to the appropriate office:

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

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

RECEIVED MAR 8 - 2016

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* #217057 Paid $350.00 Paid $500.00 3-28-16

Application For:

- [✓] Septic Improvement Permit
- [✓] New Well Permit
- [ ] Authorization to Construct
- [ ] Well Repair Permit
- [ ] Existing System Inspection
- [✓] 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

The following optional attachments may also be submitted:

Place an (X) beside whichever is submitted if applicable

- [ ] Survey Plat, scaled no more than 1 inch = 60 feet
- [✓] Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Linda and Delmar Neal **Address:** 162 Cheshire, Mooresville, NC 28117 lindaneal410@gmail.com **Phone:** 704-437-1827

Owner Name: same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 162 Cheshire Road, Mooresville, NC 28117

Subdivision Name: CL&T **Section/Phase:** 15 **Lot Number:** 184

Driving Directions: Fern Hill Road, TR Riverbend, TR Cheshire, lot at end.

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: 3
Maximum Number of Occupants: 6

- [ ] 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)*

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: T&J Panel Block - ppbps

Year existing system installed: _____

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: _____ 3/5/16

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

Public Health
Protect. 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, Linda Neal / DeMar Neal, am the legal owner(s) of the property located at 162 Cheshire Road CL&T Lot 184 section 15, identified as PIN (Parcel Identification Number) 4639012437, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger, _____, 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	Signature of Witness	Date
Linda Neal	3/6/16		

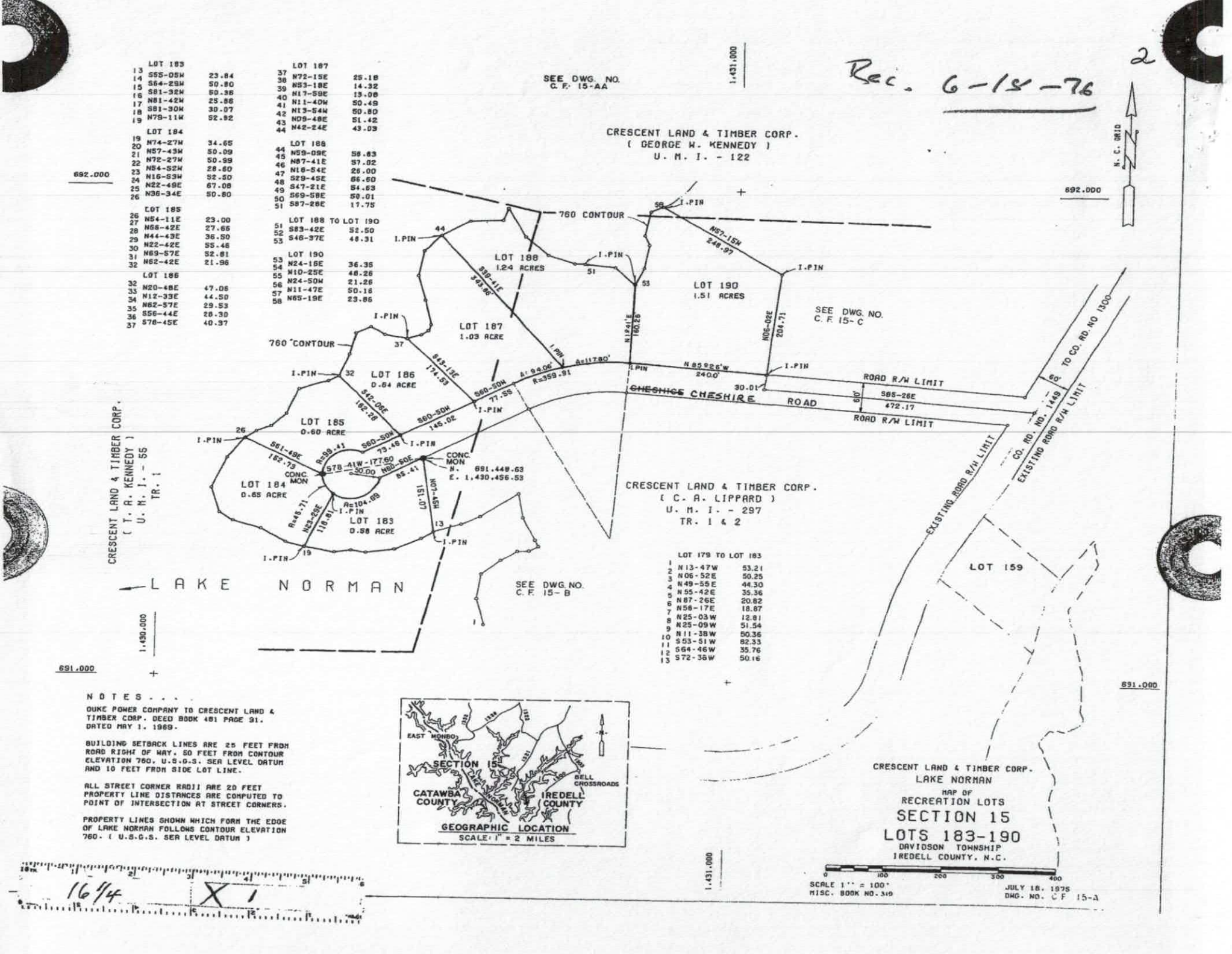
Please return this signed form to the appropriate office:

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

Rec. 6-15-76

2



NOTES . . . .

DUKE POWER COMPANY TO CRESCENT LAND & TIMBER CORP. DEED BOOK 481 PAGE 31. DATED MAY 1, 1969.

BUILDING SETBACK LINES ARE 25 FEET FROM ROAD RIGHT OF WAY, 50 FEET FROM CONTOUR ELEVATION 760, U.S.G.S. SEA LEVEL DATUM AND 10 FEET FROM SIDE LOT LINE.

ALL STREET CORNER RADII ARE 20 FEET PROPERTY LINE DISTANCES ARE COMPUTED TO POINT OF INTERSECTION AT STREET CORNERS.

PROPERTY LINES SHOWN WHICH FORM THE EDGE OF LAKE NORMAN FOLLOWS CONTOUR ELEVATION 760. (U.S.G.S. SEA LEVEL DATUM)

CRESCENT LAND & TIMBER CORP.
LAKE NORMAN
MAP OF
RECREATION LOTS
SECTION 15
LOTS 183-190
DAVIDSON TOWNSHIP
IREDELL COUNTY, N.C.

SCALE 1" = 100'
MISC. BOOK NO. 319

JULY 18, 1975
DWG. NO. C F 15-A

16 1/4 X 1

Attention: Grace

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

Faxed 4/20/17

For Internal Use ONLY:

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 #: 217057

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

3. Well use (check well use):

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

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

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

4. Date well(s) abandoned: _____

5a. Well location:

Linda Neal

Facility/Owner Name

Facility ID# (if applicable)

162 Cherokee Rd

Physical Address, City, and Zip

Iredell

County

4639-012473

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: 49 (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 15 (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. 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
- ☒ Sand Cement Grout
- ☐ Concrete Grout
- ☐ Specialty Grout
- ☐ Bentonite Slurry
- ☐ Bentonite Chips or Pellets
- ☐ Dry Clay
- ☐ Drill Cuttings
- ☐ Gravel
- ☐ Other (explain under 7g)

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

[redacted] 2 Bags Hole plug

1 Bag Sand mix

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

poured + Hydrated

8. Certification:

Alfred L Kiesling Jr 4-20-17

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.

IREDELL COUNTY

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

APPLICATION NUMBER
217057
Issue Date: 03/03/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639012473.000	162 CHESHIRE ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: NEAL DEMAR A+LINDA S	Applicant: PAUL PENNINGER
Address: 162 CHESHIRE LN MOORESVILLE, NC 28117	Address: 595 J M PENNINGER RD LEXINGTON, NC 27292
Phone:	Phone: 704-996-6330

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	CACL	AE

Remarks:

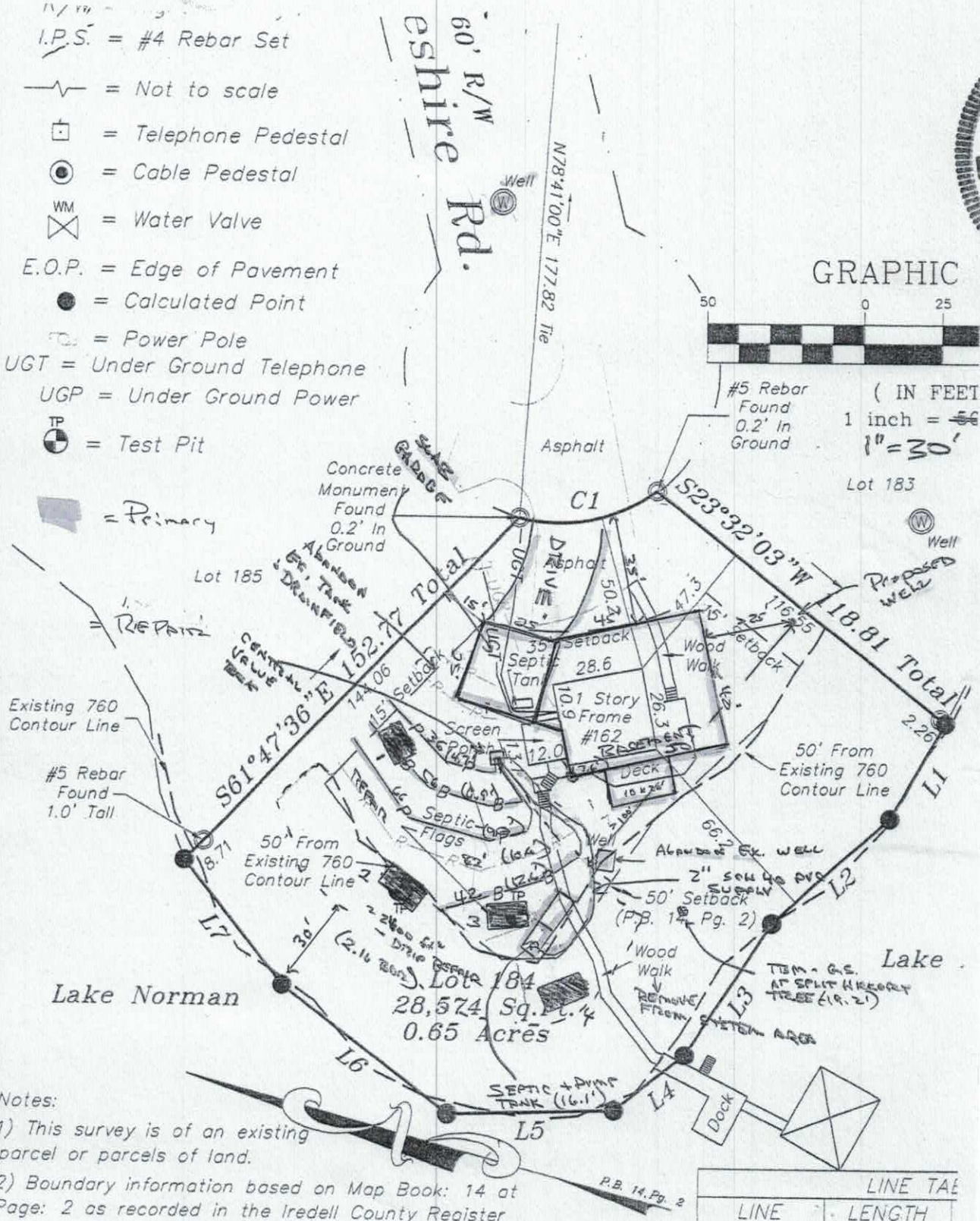
The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, 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	61798	TOTAL FEES:	$ 77.25

Linda Neal Septic Site Plan – 162 Cheshire Road 3/5/16

Site plan must accompany Penninger Soil Consulting written report dated 3/5/16.



Notes:

1) This survey is of an existing parcel or parcels of land.

2) Boundary information based on Map Book: 14 at Page: 2 as recorded in the Iredell County Register of Deeds.

3) This property may be subject to any Easements

LINE TAB	
LINE	LENGTH
L1	35.04
L2	50.09

Acknowledgement of
Plans Submittal ONLY!

Date 4/21/17

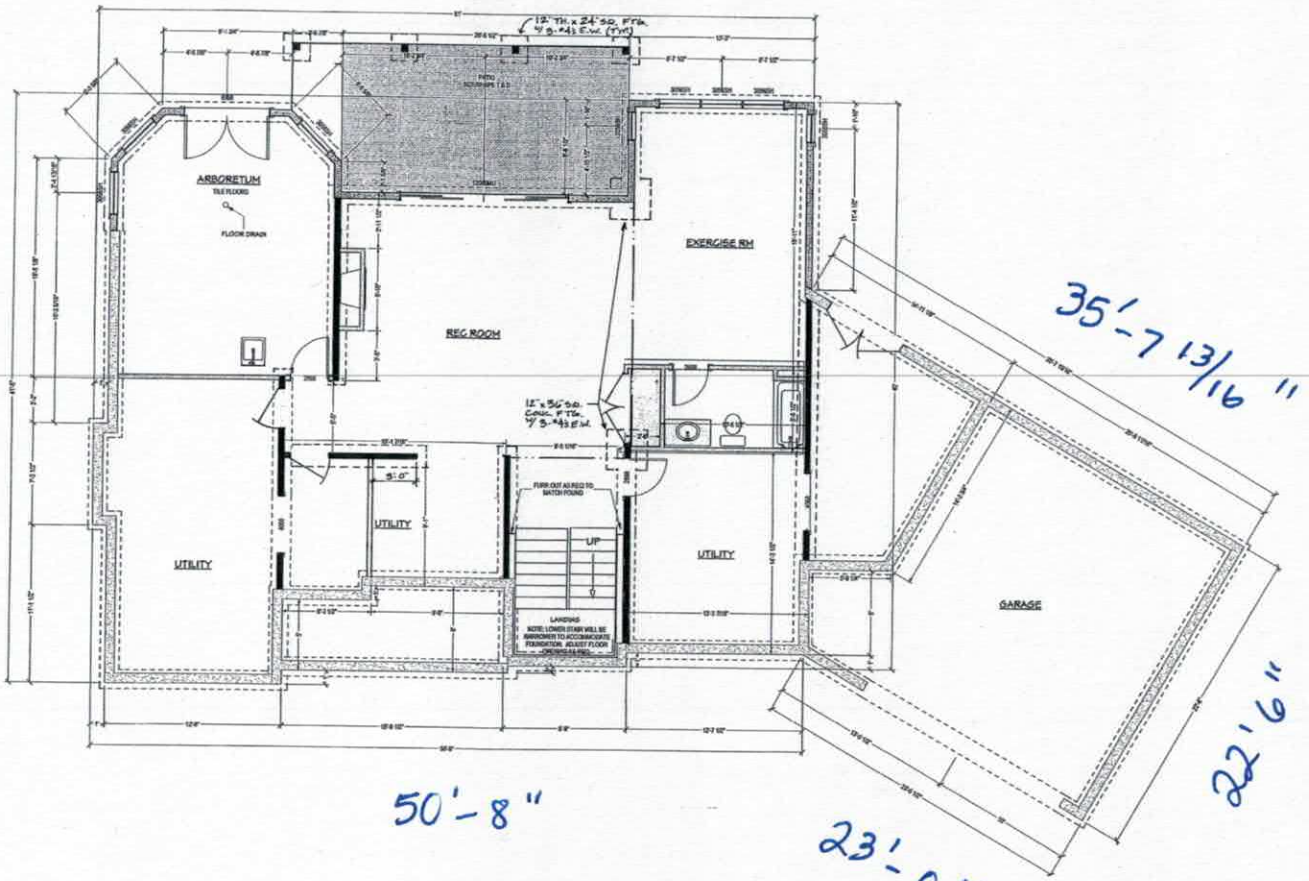
Date 4/21/17

G B Engineering, PLLC
Gary A. Barnes, PE
133 Middleton Place
Mooresville, NC 28117
(704) 677-5339
NC Bus. Lic. #P-1298

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL GARY A. BARNES 5-6-17

Sealed for Structural Information
Only for New Residence Located at
162 Cheshire Lane
Mooresville, NC 28117

51'



FOUNDATION PLAN
SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
NEAL RESIDENCE

VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET:
A-5A

Acknowledgement of
Plans Submittal ONLY!

Date 4/21/17

Date 4/21/17

G B Engineering, PLLC
Gary A. Barnes, PE
133 Middleton Place
Mooresville, NC 28117
(704) 677-5339
NC Bus. Lic. #P-1298

Sealed for Structural Information
Only for New Residence Located at
162 Cheshire Lane
Mooresville, NC 28117

51'0"

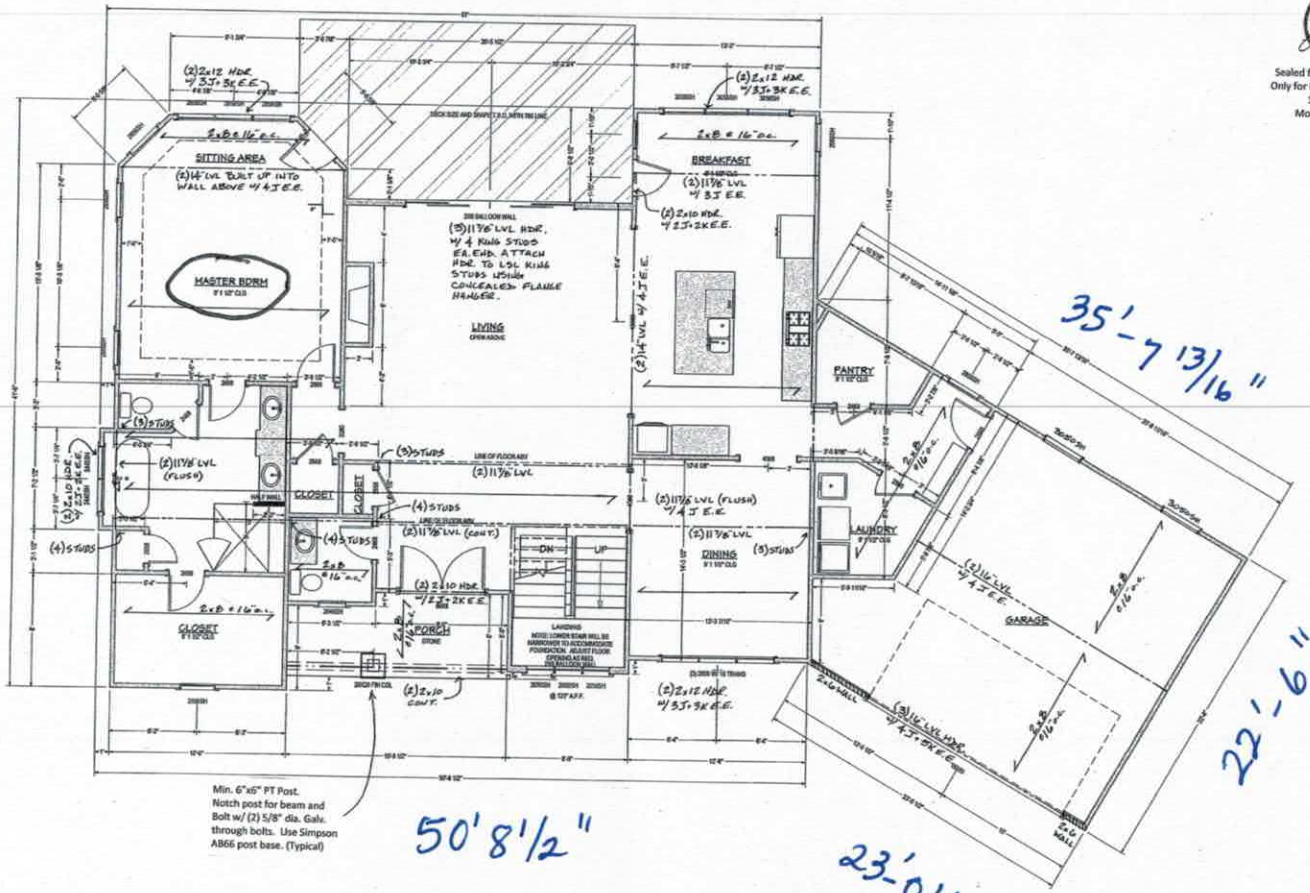
41'-6"

35'-7 13/16"

22'-6"

50'8 1/2"

23'-0 1/2"



Min. 6"x6" PT Post.
Notch post for beam and
Bolt w/ (2) 5/8" dia. Galv.
through bolts. Use Simpson
AB66 post base. (Typical)

SQUARE FOOTAGE	
1ST FLOOR HEATED	1849
2ND FLOOR HEATED	800
BASEMENT HEATED	936
ARBORETUM	290
TOTAL HSF	3875
BASEMENT UNHEATED	683
PORCHES	89
GARAGE	502
TOTAL UNDER ROOF	5089

SECOND FLOOR FRAMING PLAN STRUCTURAL NOTES:

1. All floor joists shall be 11 7/8" PRI-40 @ 16"o.c. unless noted otherwise.
2. Provide double joist under all parallel partitions.
3. All LVL beams are 1 3/4" wide.
4. All first floor headers shall be (2)2x10's for 2x4 walls and (3)2x10's for all 2x6 walls unless noted otherwise.
5. Install a minimum of (2)2x4 studs under all beams, LVL, or built up beams at the first floor unless noted otherwise.
6. See General Notes sheet for additional information.

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
NEAL RESIDENCE

VISUAL DESIGN & DRAFTING
Justin Turner
(704) 677-5339

DATE:

SCALE:

SHEET:
A-6

Acknowledgement of
Plans Submittal ONLY!

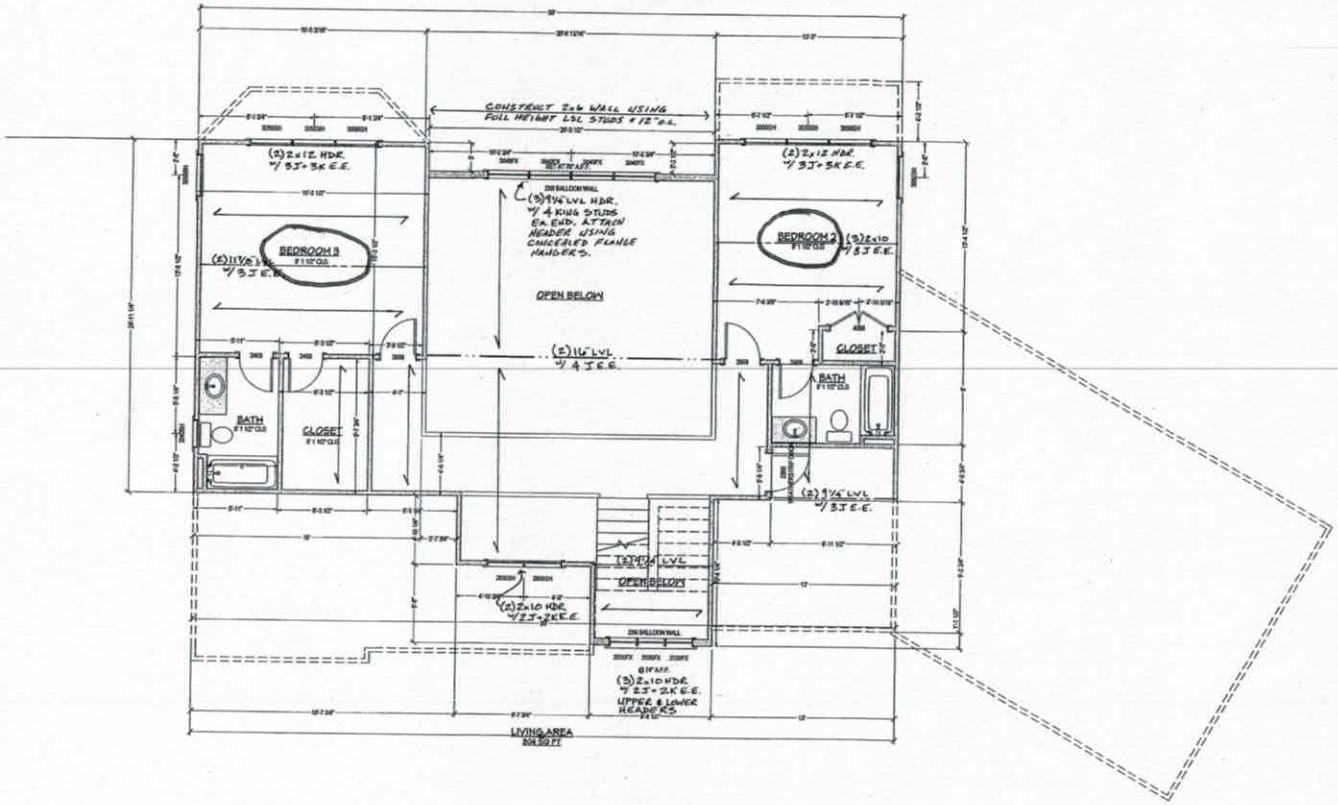
Emil Zah Date 4/21/17

Tom Church Date 4/21/2017

G B Engineering, PLLC
Gary A. Barnes, PE
133 Middleton Place
Mooresville, NC 28117
(704) 677-5339
NC Bus. Lic. #P-1298

NORTH CAROLINA PROFESSIONAL ENGINEER SEAL 036744 GARY A. BARNES 3.6.17

Sealed for Structural Information
Only for New Residence Located at
162 Cheshire Lane
Mooresville, NC 28117



SECOND FLOOR CEILING PLAN STRUCTURAL NOTES:

1. All ceiling joists shall be 2x8 SPFR2 @ 16"o.c. unless noted otherwise.
2. All LVL beams are 1 3/4" wide.
3. All second floor headers shall be (2)2x8's for 2x4 walls and (3)2x8's for all 2x6 walls unless noted otherwise.
4. Install a minimum of (2)2x4 studs under all beams, LVL, or built up beams at the second floor unless noted otherwise.
5. See General Notes sheet for additional information.

SECOND FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
NEAL RESIDENCE

VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET:
A-7