ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 245614

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

PIN # 4639280137

APPLICANT/OWNER: Matt Myers APPLICANT ADDRESS: 190 Meadow Oaks Drive Statesville NC 28625

SITE ADDRESS: 124 Dawn Lane Troutman NC 28166 PHONE: 704-902-1017 ALT. PHONE —

SITE DIRECTIONS: 21 to Perth Rd R at State Farm L Morrison Farm L Apache L on Dawn Ln SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: CLT SECTION: 18 LOT # 57 LOT AREA: .95 Acres DESIGN FLOW: 360 gpd L.T.A.R.: .35

Septic Tank	1000	(gal)	STB	760	Date	4-1-20	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply	
Pump Tank	1000	(gal)	PT	363	Date	4-1-20	System Description:	LP-PPBPS			☐ Business	No. Persons	6	☒ Private	
Pump Make	Goulds	Model	WE0312M0	Serial #	15W200HB		Repair System Description:	TS-4 Pretreated Drip			☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	4	Linear Ft	177		Maintenance Agreement Required:	☐ YES	☐ NO		☒ Slab	☐ Crawl Space		☐ Community	
Trench Width	24	Trench Bottom Depth(Low side)	30	Gravel Depth				☐ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing		☐ Basement w/o plumbing		

Comments / Conditions: Purpose of this permit is to relocate tanks and provide Pool Area. Install lines on contour. Wells must be Abandoned before A/C Existing system to be Abandoned. System not allowed in P.O.W.

INITIAL SITE SKETCH

See attached Approved plan by Soil & Forestry Services of the Carolinas, PA

	Date	Initials
Drain Lines Checked (1st draining)	6/11/20	MD
Tanks Checked	6/11/20	MD
Pressure Manifold or Valve Box Checked	6/12/2020	
Pressure Head Set	6/12/2020	
Electrical Checked	6/12/2020	
Floats Set	6/12/2020	
Alarm Checked	6/12/2020	
Maintenance Contract (Y) / N	6/15/2020	

So Buffer must be marked During installation. Surface Run off can not be directed toward any part of Septic

Red filter

AS BUILT SKETCH

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

5.2 ft > 5ft from house
5.4 ft

6/11/2020 Checked tanks & Upper line

6/12/2020 6" Elev diff between on/off + alarm float

L1 13
L2 12
L3 10
L4 6

PPBPS verified ok 5.5" feather for on/off float by laser. 30" TB.
103' to well -2' Pressure head set for each line (wide angle)

41
3.6
22.1
1230

Installed substantially as permitted.

145.1 gallons capacity ≈ 125-130 gallons/dose.

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

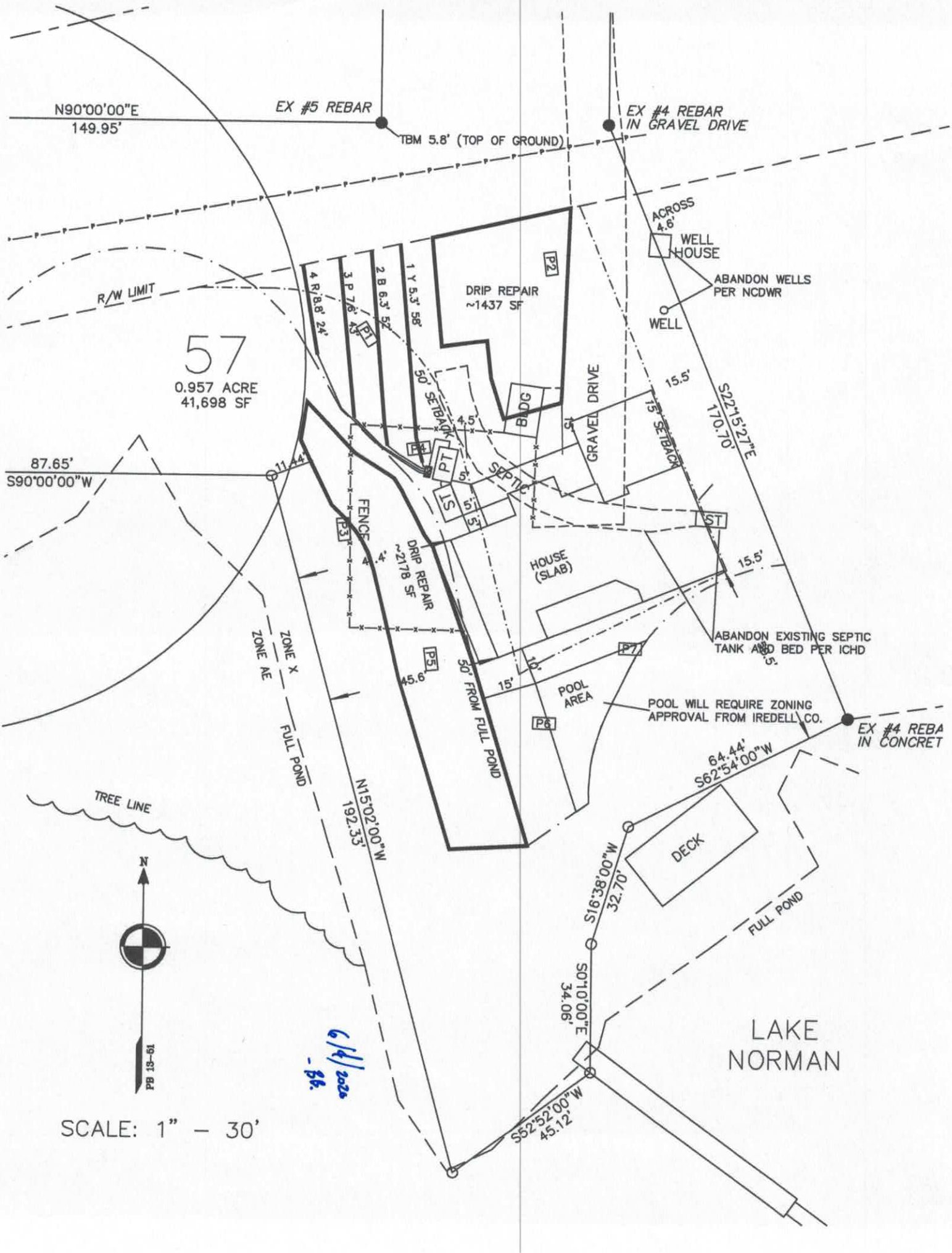
☐ IMPROVEMENT PERMIT *with plat valid without expiration.* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Matt Myers Date: 6-8-20 Installed by: Jared Lentz

IMPROVEMENT PERMIT by: Benjamin A Botter Date: 6/4/2020 OPERATION PERMIT by: Tom Shuck Date: 6/15/2020

AUTHORIZATION TO CONSTRUCT by: Benjamin A. Botter Date: 6/4/2020 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.


N90°00'00"E
149.95'
EX #5 REBAR
TBM 5.8' (TOP OF GROUND)
EX #4 REBAR
IN GRAVEL DRIVE
ACROSS
4.6'
WELL
HOUSE
ABANDON WELLS
PER NCDWR
WELL
R/W LIMIT
57
0.957 ACRE
41,698 SF
4 R 8.8' 24'
3 P 7.6' 43'
2 B 6.3' 52'
1 Y 5.3' 58'
P1
DRIP REPAIR
~1437 SF
P2
BLDG
50' SETBACK
4.5'
GRAVEL DRIVE
15.5'
15' SETBACK
S22°15'27"E
170.70'
87.65'
S90°00'00"W
11.4'
PT
ST
5'
SEPTIC
FENCE
P3
DRIP REPAIR
~2178 SF
HOUSE
(SLAB)
ABANDON EXISTING SEPTIC
TANK AND BED PER ICHD
P7
10'
15'
POOL
AREA
P6
POOL WILL REQUIRE ZONING
APPROVAL FROM IREDELL CO.
EX #4 REBA
IN CONCRET
64.44'
S62°54'00"W
ZONE X
ZONE AE
FULL POND
P5
45.6'
50' FROM FULL POND
N15°02'00"W
192.33'
TREE LINE
DECK
S16°38'00"W
32.70'
FULL POND
S01°00'00"E
34.06'
LAKE
NORMAN
S52°52'00"W
45.12'
N
PB 13-61
6/4/2020
- BB
SCALE: 1" – 30'

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

Sheet 1 of 2
PROPERTY ID #: 4639280137
COUNTY: Iredell

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

OWNER: Lanie Lingle
ADDRESS: 124 Dawn Ln
PROPOSED FACILITY: Newsingle fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 124 Dawn Ln

APPLICATION DATE 6/11/19
DATE EVALUATED: 7/8/19
PROPERTY SIZE: .95 acres
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) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	5% SS	0-11	CSDk	FrSSSP SNP	—	28"	Litho 1.MCl sapric 13" Sap starting at 28"	small Rocks scattered through out	PS,35
		11-28	CLSDk	FrSSSP SNP					
		28-60	Sapmass	FrSSSPSNP					
2	SS 7%	0-5	Fill	—	—	13"	Sap starting at 13"	—	PS,35
		5-13	CLSBk	FrSSSPSNP					
		13-60	Sapmass	FrSSSPSNP					
3	SS 11%	0-21	SCLSBk	FrSSSP	—	21"	Sap starts at 21"	—	PS,35
		21-60	Sap Mass	VFSSSPSPXP					
4	SS 12%	0-9	Fill	—	—	9"	Sap starts at 9"	—	PS.35
		9-60	Sapmass	VFrSSSPSOP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	360'	360'
System Type(s)	LPPPBPS	DrSP
Site LTAR	.35	.35

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948):
EVALUATED BY: Patrick Boyle
OTHER(S) PRESENT:

COMMENTS:

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

Sheet 2 of 2
PROPERTY ID #: 4639280157
COUNTY: Iredell

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

OWNER: Lance Lingle
ADDRESS: 124 Brown Ln
PROPOSED FACILITY: New single fam PROPOSED DESIGN FLOW (.1949): 360GPD
LOCATION OF SITE: 124 Brown Ln

APPLICATION DATE: 6/11/19
DATE EVALUATED: 7/18/19
PROPERTY SIZE: .95 acres
PROPERTY RECORDED: Sec

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	SS 7%	0-11	C SBK	Fr SS SP SE XP	—	28"	Sap starting at 28"	—	A 3,35
		11-28	CL SBK	Fr SS SP SE XP					
		28-60	Sapmass	Fr SS SP SE XP					
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)		
System Type(s)		
Site LTAR		

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

COMMENTS:

Soil & Forestry Services of the Carolinas, PA.

P.O. Box 832, Mooresville, NC 28115 Phone: (704) 746-5046 Fax: (704) 278-0989

Ashley Rollans, NC Licensed Soil Scientist
Mobile: (704) 746-5046
Email: rollans.ashley@yahoo.com

Attached is a proposed design for a PPBPS Septic System w/Low Pressure distribution for a 3 bedroom single family residence at 104 Dawn Lane, CL&T Lot # 57 (PIN# 4639280137), Iredell County, North Carolina.

Contents: **Page**

Information for the Installer---------- 1

Design Information
- Design Specifications---------- 2-3
- Layout Specifications---------- 4
- System Tapsheet---------- 5

Site Plan/System Plan---------- 6-7

Calculations---------- 8

Profile Descriptions---------- 9-10

Septic Application---------- 11-12

Zoning Permit & Receipt---------- 13-15

Agent Authorization---------- 16

Expedited Review Process Checklist---------- 17

Green Sheet---------- 18

June 11th 2019
Project #: 19-0024
Design By: Soil & Forestry Services of the Carolinas, PA

LP PPBPS SYSTEM
FOR WASTEWATER TREATMENT

PJB
APPROVED JUL 12 2019

Owner/Applicant:	Lance Lingle
Current Address:	124 Dawn Lane Troutman, NC 28166
Phone:	704.902.1017
County:	Iredell
Location:	CL&T Lot 57

Source of Wastewater Flow:	3 Bedroom Single Family Residence
Estimated Gallons Per Day Flow:	360 gpd
System Flow:	16.81 gpm

Design Specifications

Drainfield Size:	177
Loading Rate (gpd/ft.^{2}):	0.35
Depth of Gravel in Trench:	NA (PPBPS)
Gravel Size:	NA (PPBPS)
Trench Depth:	30 in., Repair 6 in. Trench Depth
Trench Width:	24 in.
Septic Tank Size:	1000
Pump Tank Size:	1000

Estimated Supply Line Length:	82
Supply Line Diameter:	2 in. SCH 40 PVC
Supply Line Volume:	14.27
Dosing Volume:	147.60
Supply Manifold:	N/A
Supply Manifold Length:	N/A
Supply Manifold Volume:	N/A

Recommended Float Controls:	SJE Sensor Float Control Switches as Required for Control Panel or County Approved Equivalents
Recommended Control Panel:	SJE-Rhombus Model 112 (NEMA 4x) Control Panel or County Approved Control Panel.

Pressure Head:	2 ft.
Friction Head:	0.69
Elevation Head:	10.00
Total Dynamic Head:	14.59

Threaded Union:	In Tank
Gate Valves:	1 in Tank 1 per lateral
Check Valves:	In Tank
Anti-Siphon Hole:	NA
Additional Comments:	Soil suitability was performed by Soil & Forestry Services of the Carolinas, PA

CL&T Lot 57

LP PPBPS

DESIGN FLOW (gpd):	360
SOIL APPLICATION RATE (gpd/ft.^{2}):	0.35
TOTAL AREA TRENCH BOTTOM:	354
TOTAL LATERAL LENGTH:	177
NUMBER OF FIELDS:	1
LATERAL LENGTH REQUIRED PER FIELD:	171.4285714
SUPPLY LINE LENGTH:	82
TOTAL DYNAMIC HEAD:	14.59
MANIFOLD SIZE:	N/A
DOSING VOLUME:	147.60
PUMP TANK DRAW DOWN*:	7.0
SEPTIC TANK SIZE:	1000
PUMP TANK SIZE:	1000

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

PJB

APPROVED JUL 12 2019

PJB

APPROVED JUL 12 2019

124 DAWN LANE

Project #: 19-0024

LAYOUT FOR 3 BR

June 11th 2019

LINE #	FLAG COLOR	BS	HI	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM		5.8	105.8		100		
INSTR. 1							
HOUSE CNR	(LEFT FRONT)			4.5	101.3		
P. TANK				10	95.8		
1	***YELLOW***			***5.3***	***100.5***	***58***	***58***
2	***BLUE***			***6.3***	***99.5***	***52***	***52***
3	***PINK***			***7.6***	***98.2***	***43***	***43***
4	***RED***			***8.8***	***97***	***24***	***24***
5	DRIP REPAIR					~3624 SF	~3624 SF
					Total	**177**	**177**

	LINE LENGTH	LTAR GPD/FT^2	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
**** System***	***177***	***0.35***	***MOD.***	***0.35***	***PPBPS***	**LOW PRESSURE**
Repair	***~3624 SF***	***0.1-.125***	***INNOV.***	***0.1-.125***	***DRIP IRRIGATION*** **w/TSII PRET.**	**LOW PRESSURE**

Notes:

****All septic lines recorded by survey**

******All measures in feet

******Nitrification lines are demonstrated on contour via colored pin fla

PJB

APPROVED JUL 12 2019

LP PPBPS TAPSHEET -124 DAWN LANE

SYSTEM

Line #	Color	Elevation	Length	Hole Size	Flow/hole	Trench Area	Number of Panels
1	*YELLOW*	*100.50*	*58*	*0.156*	*0.41*	*116*	*13*
2	*BLUE*	*99.50*	*52*	*0.156*	*0.41*	*104*	*12*
3	*PINK*	*98.20*	*43*	*0.156*	*0.41*	*86*	*10*
4	*RED*	*97.00*	*24*	*0.156*	*0.41*	*48*	*6*
	total	feet =	177	gal/min =	16.81		41
			Des. Flow	360			
			Pump Run=	8.78			
			soil LTAR	0.35			
			LTAR +5%	0.3675			
			LTAR with mod.	0.7			
			LTAR with mod.. + 5%	0.735			

.156 equals 5/32 inch hole

PSB

APPROVED JUL 12 2019

CALCULATIONS

Location	124 Dawn Lane	
Project Number	19-0024	
Lot No:	57	
No. of Bedrooms	3	
Design Flow	360	$^{gal}/_{day}$
LTAR	0.35	$^{gal}/_{ft^2\ day}$
PPBPS? (YES OR NO)	YES	
Supply Line Length	82	ft.
Supply Line Volume	14.268	gal.
Required Feet of Line	171.4286	ft.
Amount of Line from Layout	177	ft.
Gallons per Minute	16.81	$^{gal}/_{min}$
Required Septic Tank Capacity	1000	gal.
Pump Tank Capacity	1000	gal.
Panel Volume	3.6	gal.
# of Panels	41	
Dosing Volume	147.60	gal.

Note: Dosing Volume based on 100% of # of panels times 3.6 gal/panel

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

Tank Draw Down	7.0	*Generic Draw Down of 21 gal.per in.*
Pump Run Time	8.78	minutes
Elevation Head	10	ft.
Pressure Head	2	ft.
Friction Factor	0.84	ft./100 ft. *(From the interpolater.)*
Friction Head	0.69	ft.
Total Dynamic Head (+15%)	14.59	ft.

RECEIVED MAY 6 2020

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Int. Relayout

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

#245614 Paid $320.00

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

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: (PRINT CLEARLY)

Applicant Name: Matt Myers Address: 190 Meadow Oaks Dr Zip: 28625
Applicant Email: mathmyers151@yahoo.com Phone: 704-902-1017 Alt. Phone: _____
Owner Name: Lance + Missy Lingle Address: 124 Dawn Ln Troutman Zip: 28166
Owner Email: lance+lingle@gmail.com Phone: 704-902-4111 Alt. Phone: _____

Property Information:

Street Address: 124 Dawn Ln Troutman NC 28166
Subdivision Name: CLiT Section/Phase: 18 Lot Number: 57
Driving Directions: Hwy 21 south, right on Perth Rd, right State Park Rd, Left Morrison Farm, Left Apache Left on Dawn Ln lot on right

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: moving tank placement for pool

CHECK FOUNDATION TYPE

( ) 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 (✓) 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?

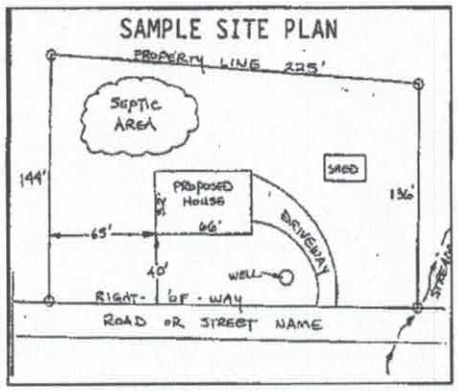
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: _____ May 6, 2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

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



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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location**
- ( ) **Preferred well location**
- ( ) **Preferred septic system location**
- ( ) **North arrow, or other sufficient indicator of direction**

Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	**N/A**
Location of easements and rights of ways on your property	**N/A**
Location of any designated wetlands on the property	**N/A**

USE THIS SPACE TO DRAW YOUR SITE PLAN

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



Signature: _____ 5-6-2020

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Lance Lingle, am the legal owner(s) of the property located at 124 Dawn Ln Troutman NC, identified as

PIN (Parcel Identification Number) 4639280137, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Matt Myers, Matt Myers Construction, 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.

_____ 5-6-20

Signature of Owner(s) Date

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

ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3825 PERMIT # 245614

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

PIN # 4639280137

APPLICANT/OWNER: Lance Lingle APPLICANT ADDRESS: 124 Dawn Ln Troutman NC 28166

SITE ADDRESS: 124 Dawn Ln Troutman NC 28166 PHONE: 704-902-1017 ALT. PHONE —

SITE DIRECTIONS: NC 115N to Lon Connector Rd, Straight on Cornelius Rd, Ron Judas Rd, Ron Peth Rd, Lon State Park Rd, Lon Morrison Rd, Lon Arthur Ln, Lon Dawn SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: C L and T SECTION: 18 LOT # 57 LOT AREA: 0.95 acres DESIGN FLOW: 360 GPD L.T.A.R.: .35

Septic Tank	1000	(gal)	STB		Date		☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	1000	(gal)	PT		Date		System Description:	LPPPBPS	☐ Business	No. Persons	6	☒ Private
Pump Make			Model		Serial #		Repair System Description:	TS2 Pretreated Drip	☐ Other	No. Employees		☐ Public
# Nitrification Fields	2		# Lines	4	Linear Ft:	177'	Maintenance Agreement Required:	☒ YES ☐ NO	☒ Slab	☐ Crawl Space		☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)		30"		Gravel Depth	— ☐ GRAVITY ☒ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Install lines on Contour. Wells must be Abandond before ACI is issued. Existing system must be Abandoned as well. System Can not extend into Duke Power RW without proper authorization

50' Buffer MUST Be marked During time of installation. If repair extends into flood zone proper form must be obtained from zoning. Surface Run off can not be directed toward any part of Sept.

INITIAL SITE SKETCH

See attached aproved plan by Soil and Forestry services of the Carolinas, PA PTB 7/12/19

AS BUILT SKETCH

Revised

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

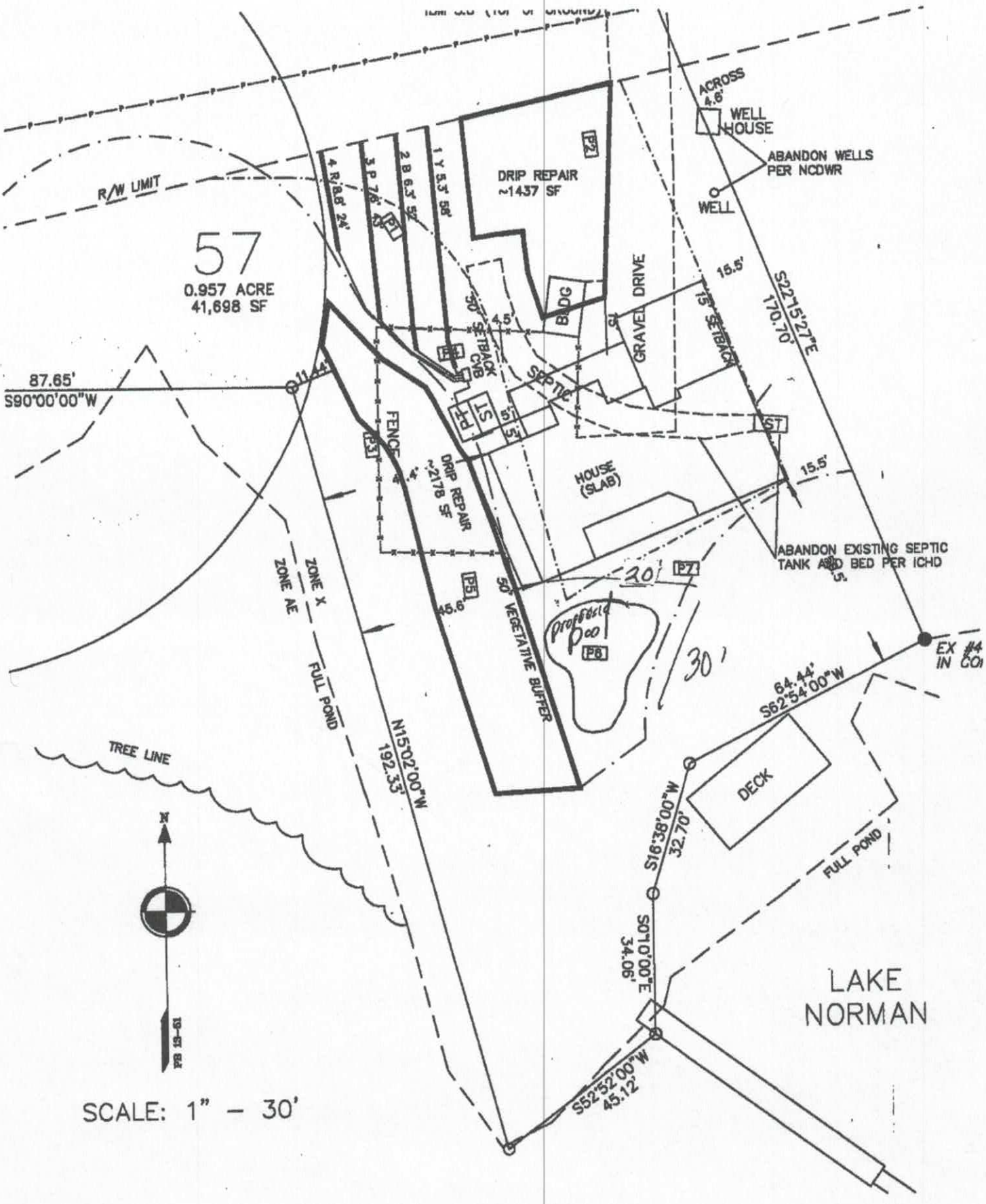
☐ IMPROVEMENT PERMIT *with plat valid without expiration* ☒ IMPROVEMENT PERMIT *with site plan valid for 60 mos.* ☒ AUTHORIZATION TO CONSTRUCT *valid for period equal to IMPROVEMENT PERMIT–not to exceed 60 mo.*

Owner / Applicant Signature: Samuel A Tallent Date: 9/27/19 Installed by:

IMPROVEMENT PERMIT by: Patrick G Bleil II Date: 07/12/19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Benjamin B Bell Date: 12-3-19 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.


57
0.957 ACRE
41,698 SF
R/W LIMIT
87.65'
S90°00'00"W
DRIP REPAIR
≈1437 SF
DRIP REPAIR
≈2178 SF
BLDG
GRAVEL DRIVE
SEPTIC
HOUSE (SLAB)
FENCE
WELL HOUSE
ACROSS
WELL
ABANDON WELLS PER NCDWR
50' SETBACK CVB
15' SETBACK
S22°15'27"E
170.70'
ABANDON EXISTING SEPTIC TANK AND BED PER ICHD
50' VEGETATIVE BUFFER
ZONE X
ZONE AE
FULL POND
N15°02'00"W
192.33'
TREE LINE
DECK
S16°38'00"W
32.70'
S01°10'00"E
34.06'
S52°52'00"W
45.12'
64.44'
S62°54'00"W
LAKE NORMAN
SCALE: 1" – 30'

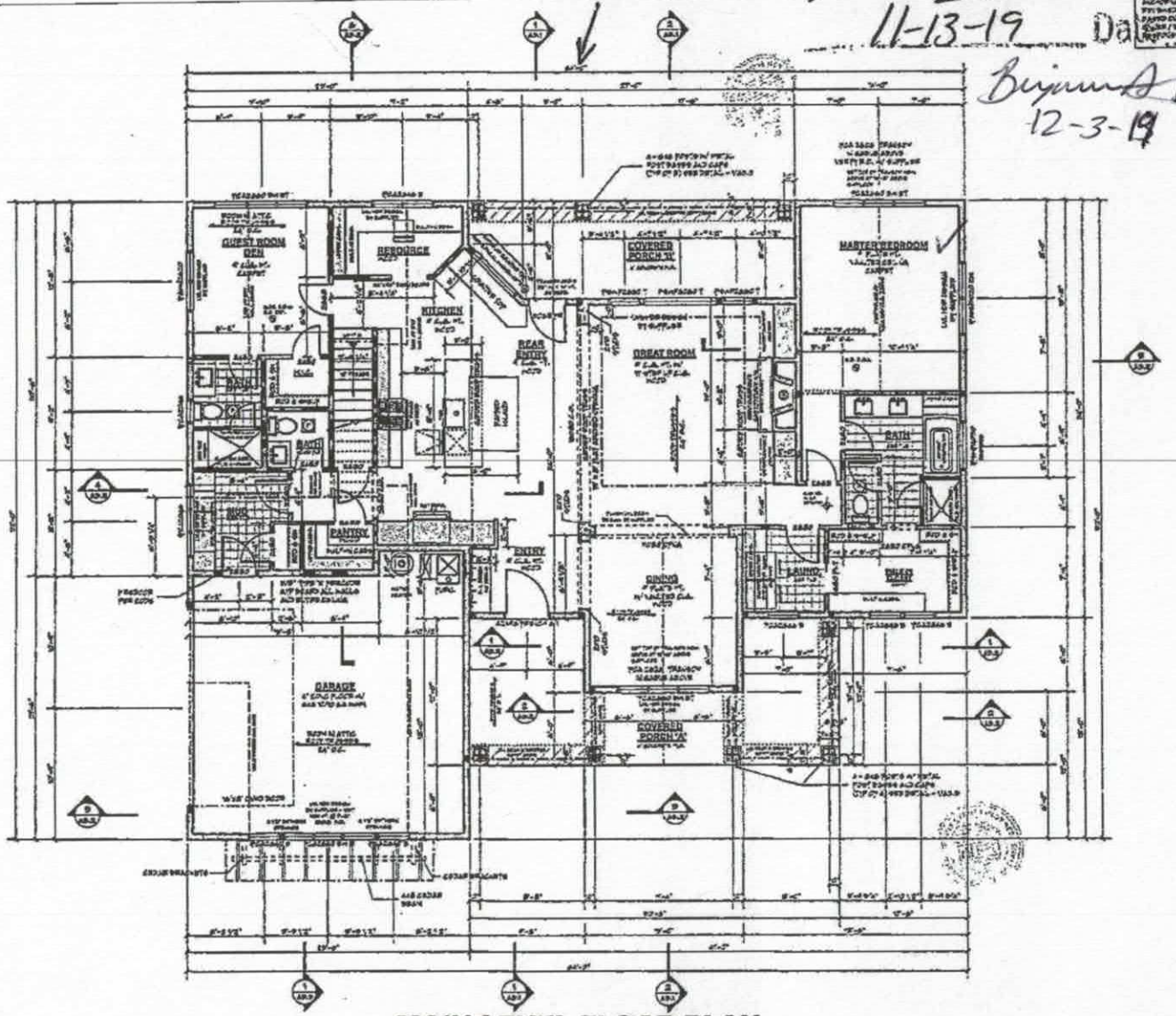
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By: _____ Date: 11-13-19

Brijuan A Bell 12-3-19

64'

52'



MAIN LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"

AREA CALCULATIONS

LOWER LEVEL	SQ. FT.
MAIN LEVEL	SQ. FT.
UPPER FLOOR	SQ. FT.
TOTAL LIVING	SQ. FT.
TOTAL COVERED	SQ. FT.
GARAGE	SQ. FT.
PORCH 'A'	SQ. FT.
PORCH 'B'	SQ. FT.

GENERAL NOTES - MAIN FLOOR

WINDOWS

FLOOR SYSTEM

FRAMING

ROYAL OAKS
3439 Lake Elsie Ave
Lake Elsie, MI
517-664-2728
www.royaloaksdesign.com

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Document Date: 2/1/2019
Document Phase:
Drawn by:

MAIN FLOOR PLAN

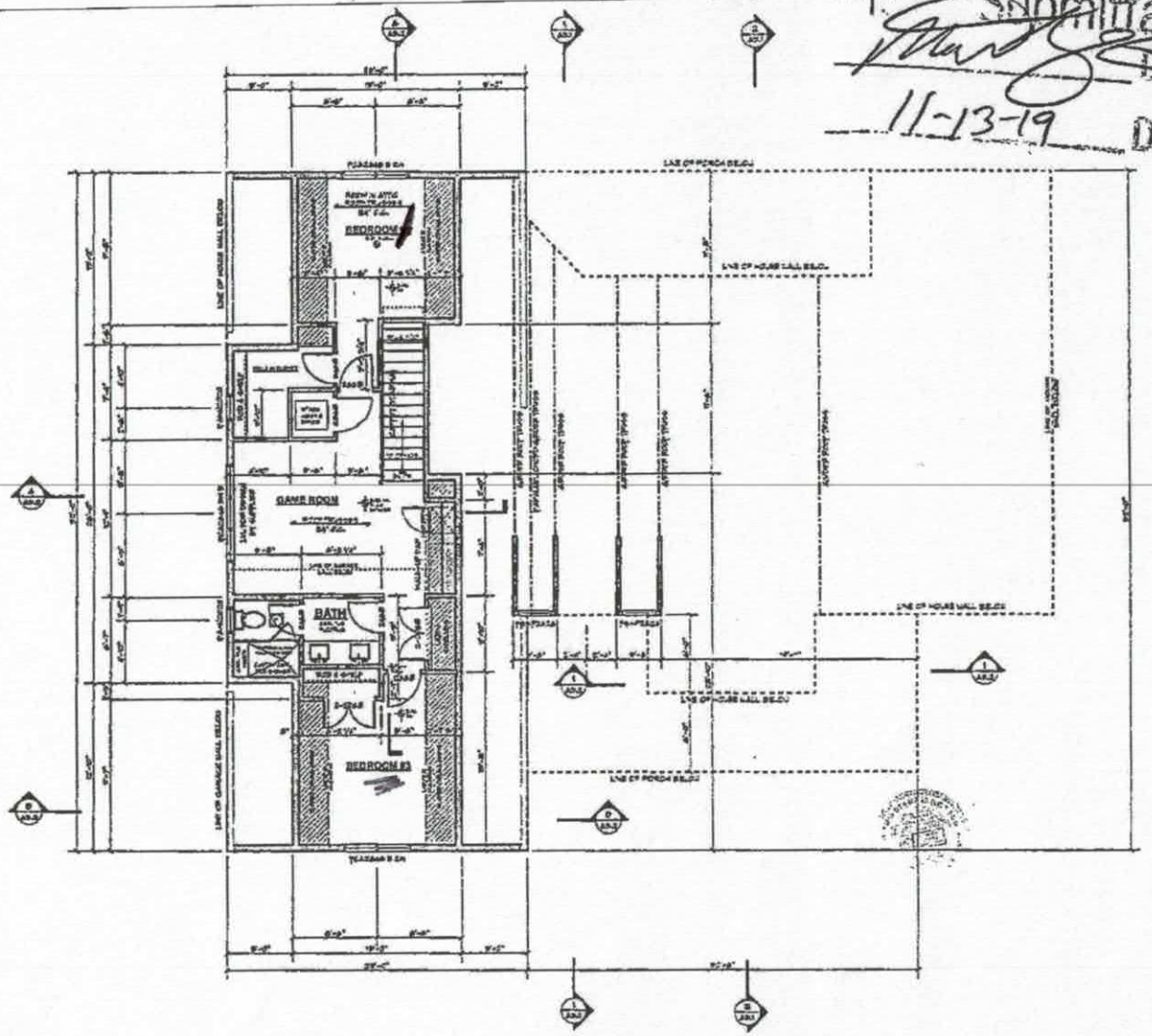
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Acknowledgement Of
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Date

11-13-19 Date



1 SECOND LEVEL FLOOR PLAN

SCALE: 1/4" = 1'-0"

AREA CALCULATIONS	
LOWER LEVEL	1000 SF
MAIN LEVEL	1000 SF
SECOND FLOOR	750 SF
TOTAL LIVABLE	2750 SF
TOTAL FINISHED	2750 SF
GARAGE	1000 SF
PORCH 'A'	270 SF
PORCH 'B'	220 SF

GENERAL NOTES - SECOND FLOOR

- ALL INTERIOR DIMENSIONS SHALL TAKE PRECEDENCE OVER SCALING OF DRAWINGS
- DIMENSIONS ARE FROM FACE OF FRAME OR FACE OF STUD OR FACE OF WALLS AND CENTERLINE OF STEEL OR PARTITIONS
- ALL EVERY DETAIL HAS BEEN MADE TO WHERE THESE PLANS ARE ACCURATE AND COMPLETE, THE OWNER / BUILDER SHALL VERIFY ALL DIMENSIONS, CONDITIONS, LAYOUTS, SITE SOLUTIONS AND SPECIFICATIONS PRIOR TO PROCEEDING FOR BIDS. ALSO ALL STRUCTURAL MEMBERS MUST BE CHECKED, INCLUDING BEAMS, JOISTS, HEADERS, TRUSSES ETC. AND NOTIFIED ARCHITECT OF ANY DISCREPANCIES PRIOR TO CONSTRUCTION.

FOUNDATION

- BUILD TO CURRENT ALL-WEATHER WOOD FOUNDATION CODE
- BUILDER TO VERIFY ALL SOIL CONDITIONS
- BUILDING INSTALLED WITH 36" MINIMUM COVER
- MINIMUM FOOTING WIDTH 8" TO 8'-0" ON FIRST FLOOR
- BUILDER TO VERIFY MINIMUM AND DEEP FOOTING AND FOOTING WIDTH

FLOOR SYSTEM

- ALL SECOND FLOOR TO BE
  - DESIGNED TO WITHSTAND 40 PSI LIVE LOAD
- TRUSS MANUFACTURER TO PROVIDE DRAWINGS FOR ALL SPECIFIC AND ENGINEERING
- TRUSS MANUFACTURER TO VERIFY ALL AT LOCATIONS WHERE NOT TO BE CUT OR LOADED FROM ABOVE
- TRUSS MANUFACTURER TO VERIFY LOCATIONS OF ANY REQUIRED CONCENTRATED AND POINTED LOADS PRIOR TO ORDERING

FRAMING

- PLATE HEIGHTS (MAIN FLOOR) 9'-0" MAIN LEVEL
  - DOUBLE STUDS AT WINDOWS AND DOOR OPENINGS
- PROVIDE SOLID BLOCKING AT ALL PONY WALLS
- ALL EXTERIOR DOOR AND WINDOWS TO BE 2-ONE WALLS (UNO)

STRUCTURAL NOTES

ALL STRUCTURAL BEAM AND HEADER SIZES, SHOWN OR OTHERWISE ARE SUBJECT TO REVIEW BY A STRUCTURAL ENGINEER BASED ON FINAL SITE CONDITIONS. OWNER / BUILDER TO ENSURE ALL STRUCTURAL NOTES ARE FOLLOWED.

ROYAL OAKS
3459 Lake Elmo Ave
Lake Elmo, MN
651-564-2726
www.royaloaksdesign.com

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2/1/2019

Document Phase:

Drawn by:

MARK	DATE	REMARK

SECOND FLOOR PLAN

A2.3

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WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Seth Oullian

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

4274-C

NC Well Contractor Certification Number

MiD-South Well & Pump

Company Name

2. Well Construction Permit #: 24564

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: 12-2-19

5a. Well location:

Facility/Owner Name

Facility ID# (if applicable)

Physical Address, City, and Zip

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: 4 (ft.)

6c. Borehole diameter: 20 (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.)

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): 0 (

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: granular

7d. Amount of disinfectant used: 302

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:

Ixafd

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

Poured full

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 12-2-19

By signing this form, I hereby certify that the well(s) was (were) abandoned i accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standard 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 we 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 we 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 10 above, also submit one copy of this form within 30 days of completion of we 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 t the address(es) above, also submit one copy of this form within 30 days o completion of well abandonment to the county health department of the count where abandoned.

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Seth Julian

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

4274-C

NC Well Contractor Certification Number

Mid-South well & Pump

Company Name

2. Well Construction Permit #: 245614

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: 12-2-19

5a. Well location:

Facility/Owner Name

Facility ID# (if applicable)

Physical Address, City, and Zip

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: 20 (ft.)

6c. Borehole diameter: 20 (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.)

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): 300 (g

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: granular

7d. Amount of disinfectant used: 402

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:

2 Yards

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

Poured full

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 12-2-19

By signing this form, I hereby certify that the well(s) was (were) abandoned i accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standard and that a copy of this record has been provided to the well owner.

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