IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 217659

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

PIN # 4639-30-6989

APPLICANT: Janet & Lynn Caskey APPLICANT ADDRESS: 41 Quiet Cove Tr Mooresville NC

SITE ADDRESS: 327 Kenway Lp - Mrsvl PHONE: 704-578-4957 ALT. PHONE:

SITE DIRECTIONS: Hwy 150 W, TR on Perth, TL on Fern Hill, TL on Kenway, Lot on L

SUBDIVISION: CL&T SECTION: 15 LOT # 1031 LOT AREA: 6.88 DESIGN FLOW: 480 gpd L.T.A.R.: 0.275

Septic Tank	1000 (gal)	STB	794.	Date	1/2/2017	☐ New System ☐ Repair ☑ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 4
Pump Tank	(gal)	PT		Date		System Description:	25% Reduction + Conventional LE	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:	TS11 Pretreated Drip	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	2	Linear Ft:	140'	Maintenance Agreement Required:	☐ YES ☑ NO	☐ Slab	☑ Crawl Space
Trench Width	36"	Max. Trench Bottom Depth	36"	Gravel Depth	N/A		☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: *Install Trenches 36" Deep, * Remove 25' of Existing septic line inside Be 50' Rake Buffer (See design)
* PUMP, CRUSH AND BACKFILL EXISTING TANK TO ABANDON

INITIAL SITE SKETCH

* EXISTING WELL MUST BE ABANDONED BEFORE AC CAN BE ISSUED

SEE DESIGN BY

THE OAKS GROUP

(Approved 9-29-15) RZP

AS BUILT SKETCH

Well abandonded 6-1-17

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.*

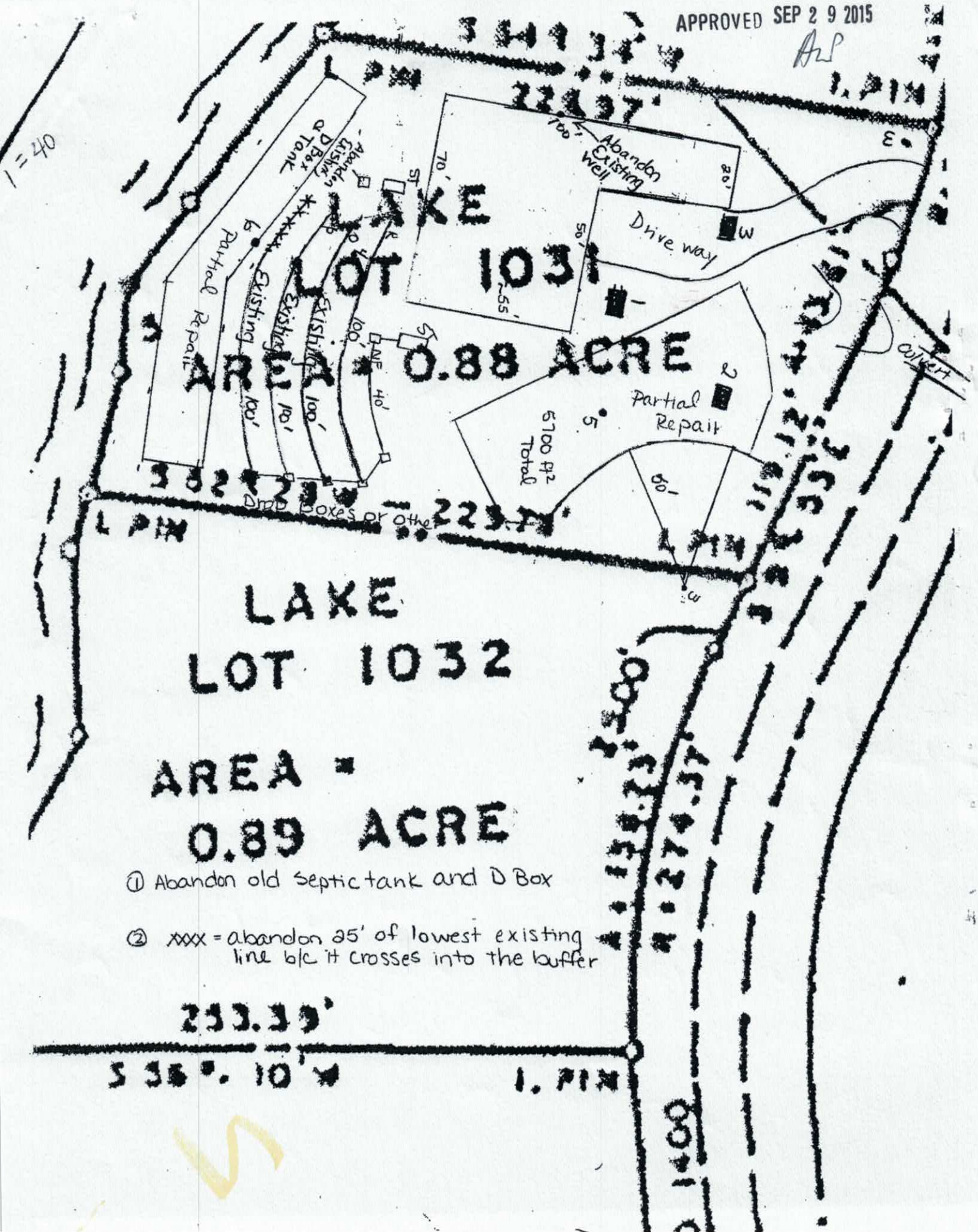
Owner / Applicant Signature: Emma Holt Date: 10/2/15 Installed by: Chris Underwood PWH

IMPROVEMENT PERMIT by: Date: 9-29-15 OPERATION PERMIT by: Benjamin A Bolton Date: 2/2/2018

AUTHORIZATION TO CONSTRUCT by: RA APPROVED Date: JUN 08 2017 Existing System Inspected by: Date:

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

APPROVED SEP 2 9 2015



APPROVED SEP 2 9 2015

327 Kenway Loop Fast Track - The Oaks Group, PA

Number of Bedrooms	**4**
Basement or Crawl	**Crawl Space**
Design Flow (gpd)	**480**
Primary System LTAR (gpd/ft2)	**0.275/0.4**
Primary System Type	**25% Reduction + Gravel**
No. Lines	5 (See Table)
Total Linear Feet	415
Trench Width	3' min.
Trench Spacing	9' min.
Distribution Device	D Box or Other
Tank Size	1000 gallon tank
Max Trench Bottom Depth	36"
Maintenance Agreement Required	No
Repair System	**Subsurface Drip w/Pretreatm**
Total Linear Feet	5700 sqft
Repair Loading Rate	0.1
Trench Depth	6"

Table: Summary of Primary and Repair Nitrification Line Specifications

Line No.	Use	Line Color	System Type	Line Length (Ft.)
1	System	NF	25% Reduction	40
2	System	Red	25% Reduction	100
3	System	Pink	Conventional	100
4	System	Orange	Conventional	100
5	System	Pipe	Conventional	75
				Total System: 415'
				Total Repair: xxx'

Note: System uses 3 existing lines, permitted for 3 bedrooms at 0.4 LTAR
Abandon 25 ft of lowest existing system line as shown on plan
Reroute drainage from culvert away from septic repair area
Tank and distribution device locations/type can be altered at the ICHD discretion
Existing system line locations verified by installer
Keep repair area shallow to keep 50 ft well setback
Slight shaping over the system area may be required to keep the 36" TB

epartment of Environment, Health, and Natural Resources
ivision of Environmental Health
n-site Wastewater Section

Sheet:
Property ID:
Lot #:
File #:
AppID:

APPROVED SEP 2 9 2015
AZP

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:
Address:
Proposed Facility: Design Flow (.1949)
Location of Site:

Applicant:
Date Evaluated: 8/12/15
Property Size:
Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] Well [ ] Spring [ ] Other
Evaluation Method: [-] Auger Boring [ ] Pit [ ] Cut
Type of Wastewater: [ ] Sewage [ ] Industrial Process [ ] Mixed

	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
1	L CC	0-4	MoGRSL	FR ns/np	Br				0.35
		4-38	MoSBKCL	FR SS/SP	R; C sap				
		38-54	WK SBKCL	FR SS/SP	R C/M sap				
2	L	0-30	Mo SBKC	FR SS/SP	R				0.3 to 44.6"
		30-40/48	WK SBKCL	↓	R; C sap				
		40/48-55	MA L sap	↓	muth				
					Depth to sap =	40, 46, 48 = Ave = 44.6"			
3	L	0-12	MoSBKC	FR SS/SP	R				0.3 to 25"
		12-25	WK SBKCL	↓	R; C sap				
		25-50	MA L sap	↓	muth				
4	L	0-6	MoGRSL	FR ns/np	Br				0.3
		6-24	Mo SBKC	FR SS/SP	R				
		24-53	WK SBKCL	FR SS/SP	R; C sap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)	Mix	Drip
Site LTAR	0.3	0.1

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet:
Property ID:
Lot #
File #:
AppID:

APPROVED SEP 2 9 2015
AZP

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner:
Address:
Proposed Facility:
Design Flow (.1949)
Location of Site:

Applicant:
Date Evaluated:
Property Size:
Property Recorded:

Water Supply: [ ] Public [ ] Individual [ ] 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	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	Profile Class & LTAR
5	L	0-5	MoGRSL	FR ns/np	Br				0.3 to 40"
		5-32	MoSBKC	FR ss/sp	R				
		32-40	WK SBK CL	↓	R; Csap				
		40-48	MA L Sap	↓	R				
6	L	0-5	MoGRSL	FR ns/np	Br				0.3
		5-24	MoSBKC	FR ss/sp	R; Fsap				
		24-48	WK SBKCL	↓	R; Csap				

Description	Initial System	Repair System
Available Space (.1945)		
System Type(s)		
Site LTAR		

Other Factors (.1946):
Soil Evaluation By:
Others Present:
Site Classification (.1948):
Site Evaluation By:
Others Present:

RECEIVED JUN 6 - 2017

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

Application For:
( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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: Timothy Homes Inc. **Address:** 243 Bay Shore Loop Mooresville **Phone:** 704-402-859

Owner Name: Mike & Dana Darby **Address:** 129 Creekwood Dr. Mooresville **Phone:** 704-201-609

Property Information:

Street Address: 327 Kenway Loop Mooresville, NC 28117

Subdivision Name: N/A CLiST **Section/Phase:** 15 **Lot Number:** 1031

Driving Directions: Perth Rd. from 150. Left on Fern Hill Rd. Left on Kenway Loop. Lot 2 miles up on left

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

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

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

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

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

Water Supply:

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

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:**
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) 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: Tim Carr
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5-23-17
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, Dana Dailing, am the legal owner(s) of the property located at 327 Kenway Loop, identified as PIN (Parcel Identification Number) 4639306989, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Tim Carr, Timothy Homes Inc, 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.

Dana M Daily 6/6/17

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 SEP 1 8 2015

Paid $350.00

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

213659

Application For:

(X) New Well Permit ( ) Well Repair Permit (X) Well Abandonment

(X) 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: (X) Survey Plat, scaled no more than 1 inch = 60 feet

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

Applicant Information:

Applicant Name: Janet T Lynn Coske Address: contact Kathleen Saunders Phone: 755

Owner Name: _____ Address: (704) 578-4951 Phone: _____

Property Information:

Street Address: 327 Kenway Loop Mooresville NC 28117

Subdivision Name: CL and T Section/Phase: _____ Lot Number: 1031

Driving Directions: Perth Rd, Left on Fern Hill, Left On Kenway Loop, Lot on Left

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

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

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:

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

Water Supply:

( ) 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: Emma Hall 11/18/15

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

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Michael B. & Dana Darling, am the legal owner of the property located at 327 Kenway Loop Mooresville identified as PIN(Parcel Identification Number) 4639.30 6989 000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Kathleen Saunders, The Oaks Group, _____, _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Dana M Darling — Signature of Owner — 10-1-15 — Date

[signature] — Signature of Witness — 10-1-15 — Date

IREDELL COUNTY HEALTH DEPARTMENT

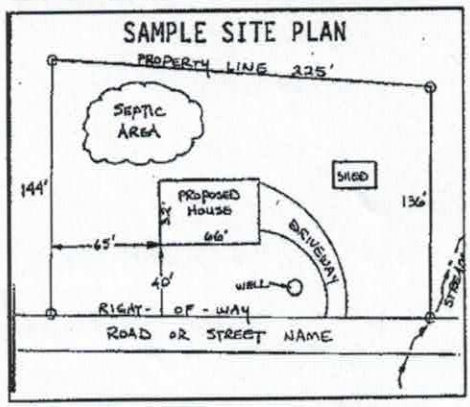
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *SITE PLAN WORKSHEET*

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

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

- ( ) **Property Line measurements are clearly identified**
- ( ) **All proposed structures are indicated**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and well location**
- ( ) **Area you prefer your septic system to be placed**
- ( ) **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: Tim Carr

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

6-6-17

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

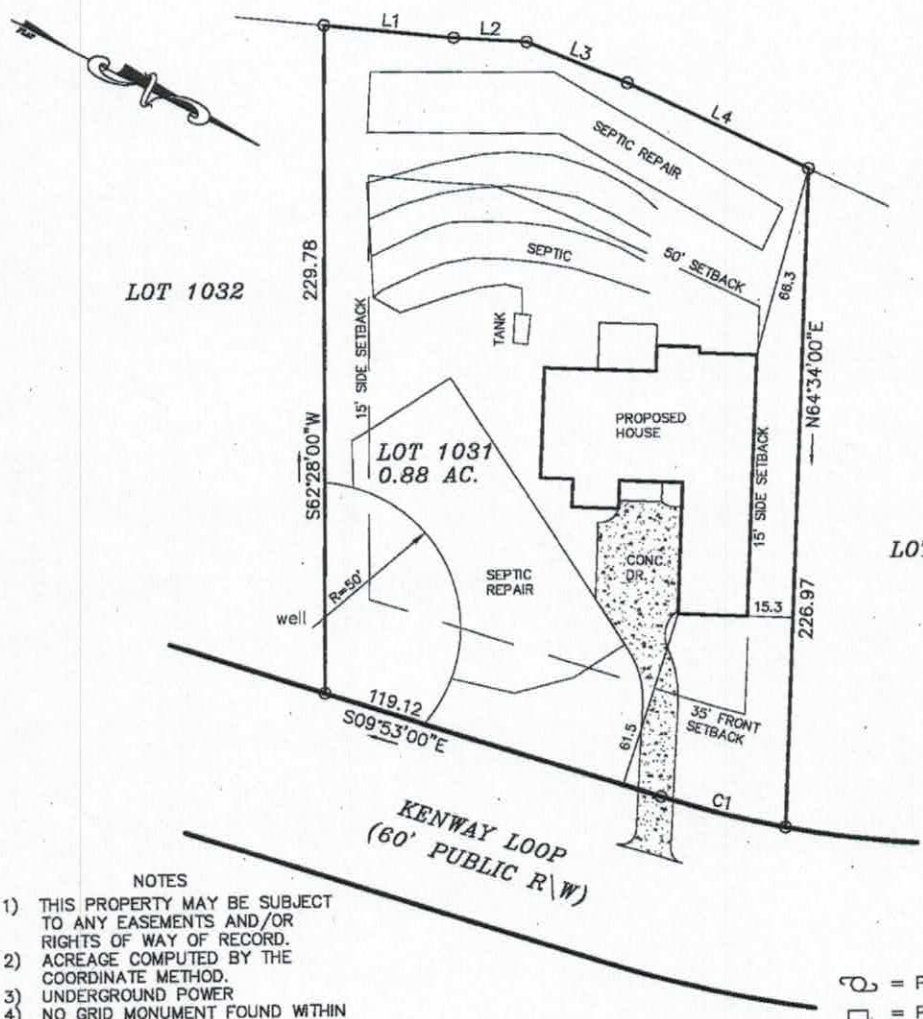
I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2382, page 1561, and/or plat book 18, page 37, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 23, day of MAY, A.D. 20 17.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	360.26'	43.61'	N 13°19'38" W	43.58'

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 21°51'00" W	44.17'
L2	N 24°04'00" W	24.69'
L3	N 04°56'00" W	36.98'
L4	N 01°42'00" W	68.15'



NOTES
1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

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

0' 25' 50' 100'
SCALE IN FEET

PLOT PLAN SURVEY

OF
327 KENWAY LP.
LOT 1031 CRESCENT LAND & TIMBER CORP. SECT. 15

SCALE 1" = 50'
DAVIDSON TWSPTWSP., IREDELL CO., N.C.
ACQUIRED BY: MIKE DARLING

FIELD BOOK:
FILE: CLT 1031 S15
DC FILE:
TAX MAP NO: 4639306989

08949

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 Lyman Caskey DATE Aug 8 '89 PERMIT NO. 25-5-A-18

PHONE: Business _____ Home _____

LOCATION 1303 N. TL 1300 (FERN HILL) TL 1398 / 1st Driveway on Smeke on left S. R. No. _____

SUBDIVISION NAME CLOT LAKE NORMAN LOT NO. 1031 SECTION OR BLOCK NO. 5

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

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit (✓) Yes ( ) No (✓)

Auto. Dishwasher Yes (✓) No ( )

Auto. Wash. Machine Yes (✓) No ( )

Site Suitable (✓) Yes (✓) No ( )

Lot Area .88 Ac

Character & Porosity of Soil clay

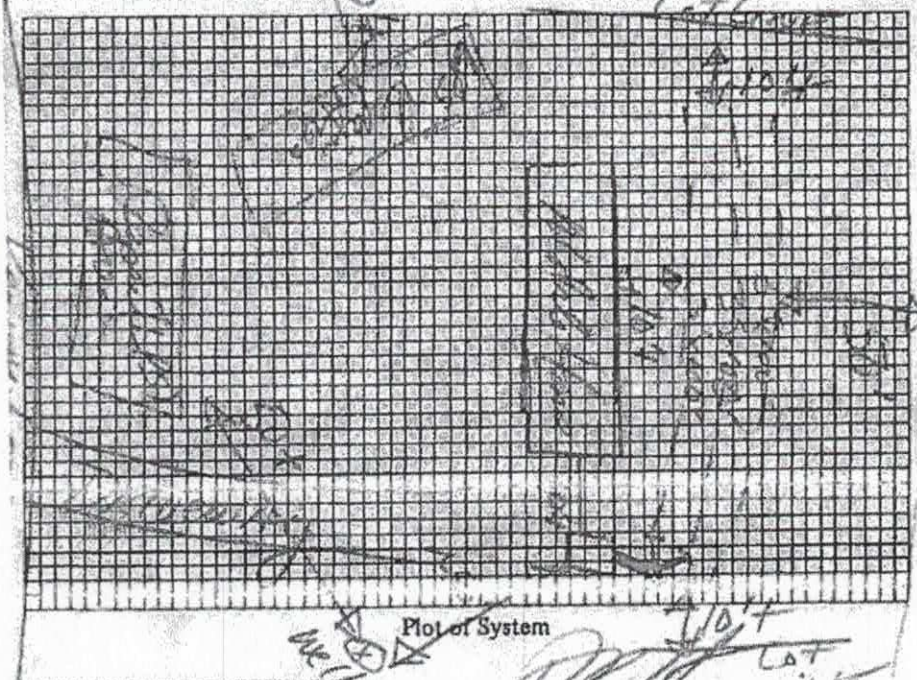
Percolation Rate 4

Topography 2% (Fwy Side) 10% rear an (Left)

Depth to Water Table _____

Rock or other impervious formations none obs.

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 300 Linear Ft. 300

Depth of Stone in Lines 12

Water Supply: Individual (✓)

Public ( )

Installed by [signature]

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

Signed:

A

0-28 MO SBKC

28-40 WK SBKCL Cap

40-60 MA 4/SL Sap M

IMPROVEMENTS PERMIT BY _____

G : _____

CERTIFICATE OF COMPLETION BY [signature] DATE 8-8-89

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

Acknowledgement of
Plans Submittal ONLY!

Date 6-6-17

Date APPROVED JUN 0 8 2017

BUILDER: MIKE DARLING

PROJECT: DARLING RESIDENCE

FIRST FLOOR DIMENSIONS

TIME: FRIDAY, 12 MAY 2017 - 2:04 PM

FILE: I:\...TEVAGADDING\MIKE_D\DARLING RESIDENCE.DWG

Builders FirstSource

DESIGN DATA

THIS SHOP DRAWING IS BASED ON THE FOLLOWING

PROJECT LOCATION :

PROJECT NUMBER :

ARCHITECT DWG BY :

ARCH LATEST REVISION :

ARCH DWG DATE :

CHECKED BY :

STRUCTURAL REVIEW BY :

DATE :

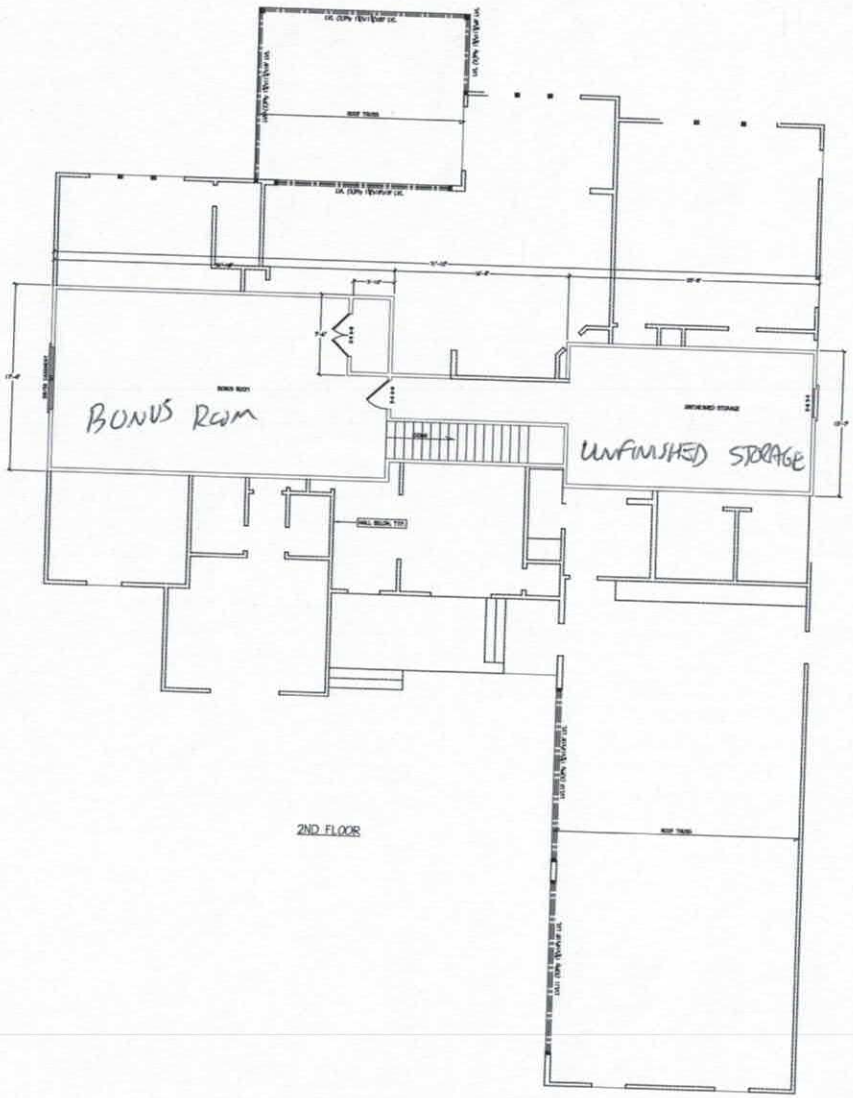
Acknowledgement of Plans Submittal ONLY!

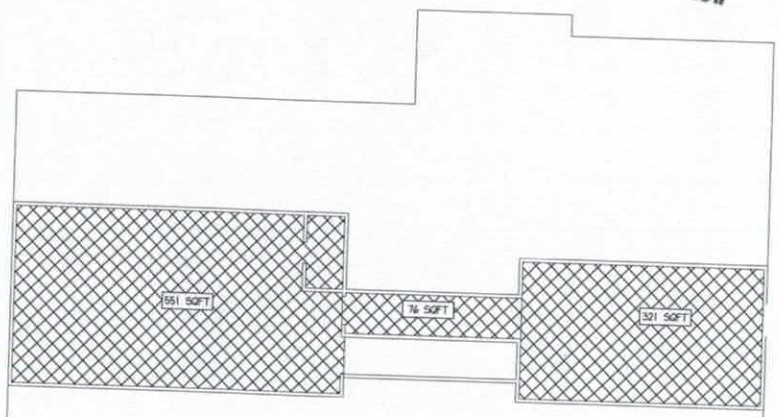
Tim Carr Date 6-6-17

Date

Date

APPROVED JUN 08 2017





948 TOTAL 2ND FLOOR SQ FT

DESIGN DATA
LIVE 40 PSF
DEAD 10 PSF
TOTAL LOAD = 50 PSF

Builders FirstSource

MIKE DARLING

DARLING RESIDENCE

2ND FLOOR

FRIDAY, 12 MAY 2017 - 2:04 PM

F:\1...TEAM\DWGS\MIKE_D\DARLING RESIDENCE.DWG

IREDELL COUNTY

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

APPLICATION NUMBER
213659
Issue Date: 09/18/2015

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4639306989.000	327 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CASKEY JANET P+LYNN C	Applicant: THE OAKS GROUP
Address: 41 QUIET COVE TRAIL MOORESVILLE, NC 28027	Address: 129 DELARGY CIRCLE MOORESVILLE, NC 28117
Phone:	Phone: 704-578-4951

Use Requested	Zone Code
FAST TRACK NEW SINGLE FAMILY, SINGLE WIDE TO BE REMOVED BEFORE CO ISSUED	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.880	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

$ PAID Debit 9-18-15

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	49543	TOTAL FEES:	$ 77.25

Attention: Mohamed

Faxed 6/1/17

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY: CL: T S15 Lot 1031

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 #: 213659

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: 6/1/17

5a. Well location:

Janet Caskey — Facility ID# (if applicable)

Facility/Owner Name

327 Kenway Lp

Physical Address, City, and Zip

Fredell

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#: N/A

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

6c. Borehole diameter: 2 (in.)

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

6e. Outer casing length (if known): 24 (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: 5oz

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:

21 Bags — Hole plug

1 1/2 Bags — Sand mix

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

Pulled & Hydrated

8. Certification:

Alfred Kiesling Jr — Signature of Certified Well Contractor or Well Owner

6-1-17 — 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.