(10)

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 (Mooresville Office) (704) 660-3625 PERMIT # 243408

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

PIN # 4639404763

APPLICANT/OWNER: Scott Risinger APPLICANT ADDRESS: 285 Kenway Loop Mooresville, NC

SITE ADDRESS: 285 Kenway Loop Mooresville, NC 28117 PHONE: 704-798-0337 (Ben) ALT. PHONE

SITE DIRECTIONS: Perth → L on Fern Hill → L on Kenway Loop → lot on L

SUBDIVISION: CL+T SECTION: 15 LOT # 9 LOT AREA: .73ac

SAP CONTROLLED: ☐ YES ☑ NO

DESIGN FLOW: 480gpd L.T.A.R.: .25

Septic Tank	1000	(gal)	STB	2076	Date	Infiltrator	☐ New System	☐ Repair	☑ Expansion	System Type: I II III IV V VI	
Pump Tank		(gal)	PT		Date		System Description:	25% reduction + existing gravel bed			
Pump Make			Model		Serial #		Repair System Description:	TS I drip			
# Nitrification Fields		# Lines	2 @ 60'		Linear Ft	120'	Maintenance Agreement Required:	☐ YES	☑ NO		
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" high		Gravel Depth	—		☑ GRAVITY	☐ PRESSURE		

☑ Residence	No. Bedrooms	4	Water Supply
☐ Business	No. Persons	8	☑ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☐ Crawl Space		☐ Community
☑ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Do not exceed max trench depth of 36".
*Do not issue AC until well is abandoned — 10-30-19
No foundation drain to be installed along back of house.

INITIAL SITE SKETCH

See attached site plan by CS + SC, PLLC

AS BUILT SKETCH

Installed as permitted.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

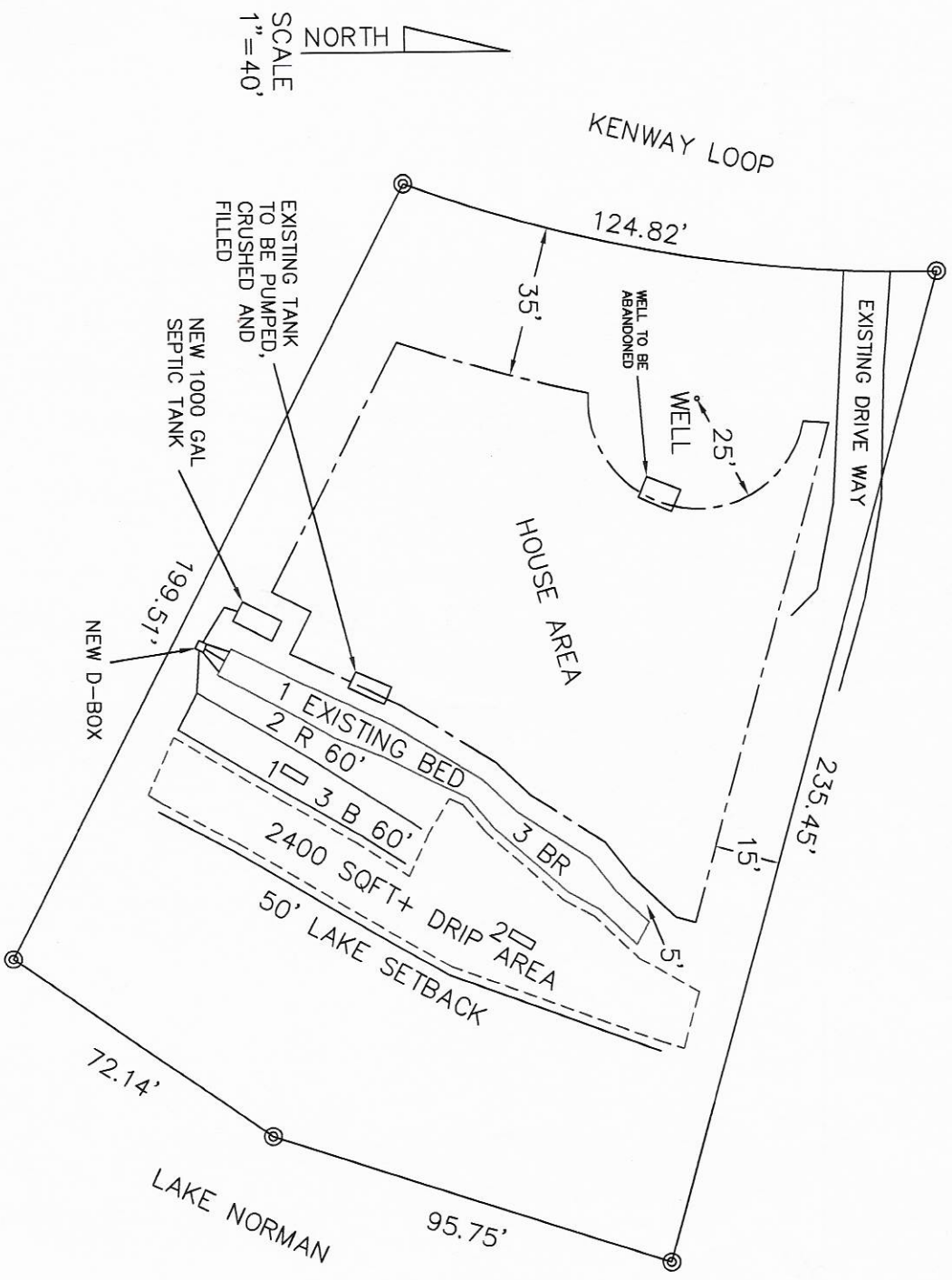
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 5-9-19 Installed by: Abernathy Grading + Septic

IMPROVEMENT PERMIT by: Kayla Watson Date: 4-9-19 OPERATION PERMIT by: Benjamin A Bell Date: 2-10-2021

AUTHORIZATION TO CONSTRUCT by: Patrick J Boyle III Date: 6/12/2020 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.



APPROVED APR X 9 2019

KW

Carolina Soil & Septic Consulting, PLLC

P.O. Box 1703, Mooresville, NC 28115

Phone: (704) 202-5791 Email: adrianpruett@yahoo.com

NC Licensed Soil Scientist, SC Professional Soil Classifier,
Certified Septic System Operator, Licensed Septic Installer,
Certified Septic Inspector

Proposed Design for a 25% Reduction Expansion (from 3 to 4 bedrooms) using Gravity distribution for a 4 bedroom single family residence on CL&T Section 15 Lot 9, 285 Kenway Loop in Mooresville, Iredell County, North Carolina.

Contents: **Page**

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

Design Information
- Design Specifications---------- 2
- Layout Specifications---------- 3

Site Plan/System Plan---------- 4

Dosing Calculations---------- 5

Soil Profile Descriptions---------- 6

April 2, 2019
Job Number:19038
Design By: Ben Aldridge, REHS



INFORMATION FOR INSTALLER:

- The permit should be read very carefully prior to submitting bid. The following are details that must be considered along with all other considerations.
- Tanks shall be approved by NC DHHS, and certification supplied by the manufacturer.
- All tanks shall be properly back filled and compacted to prevent slump at a later date.
- The installer is responsible for final grades and returning that grade to original, with exception of added structural features.
- The supply trench shall be compacted to eliminate any cavities left during initial fill placement.
- Installation of the system shall be during dry conditions in order to protect the soil structure.
- All fittings shall be pressure rated fittings.
- All joints shall be cleaned with PVC pipe cleaner and a heavy bodied glue applied to weld all joints.
- Where required by the county health department, post installation inspections by the designer must be scheduled 5 week days in advance.
- Trenches shall be carefully excavated so the bottom has no more than 1/4"fall in 10 feet with no high or low areas within. If high or low areas do exist after trench excavation, high areas should be removed rather than filling in low areas. Do not over excavate trenches! Any fine grading should be completed by hand with a rake and shovel, leaving no loose material.
- All pipe openings in the tanks shall be properly grouted. This also applies to the joints around the riser.
- Earth dams, constructed of relatively impervious material, shall be installed at the beginning and end of each lateral to prevent unwanted lateral water movement.
- No heavy equipment shall be used on the field during or after installation. The use of a small loader (i.e. Bobcat) or a trencher (i.e. Ditch Witch 2300/2310) may be used for installation.
- Elevations at pin flag locations should be checked by the installer prior to beginning trenches to insure accuracy.
- If septic tank risers are used they should be a minimum of 6" above finished grade or within 6" of final grade if buried.
- Design precludes use of foundation drains on the residence.
- System is specified as an Accepted 25% Reduction Gravity installation.
- Repair is specified as a TS-1 Drip Irrigation System.
- Trench width is specified as 36" wide, rake and lime all trench sidewalls
- **If grading for slab foundation is utilized do not grade/create greater than 2 ft of elevation difference within 15 ft of any component of the septic or repair. If back filling do not backfill over any initial or repair septic line.**

OWNER INFORMATION

Owner: Scott and Laurie Risinger
Address: 285 Kenway Loop.
Mooresville, NC 28117

Phone:
County: Iredell
Location: CL&T SECTION 15 LOT 9

Source of Wastewater Flow: 4 Bedroom Single Family Residence
Estimated Gallons Per Day Flow: 480
System Flow: NA

25% GRAVITY DESIGN INFORMATION

Drainfield Design Flow (gpd): 480
Loading/Soil Application Rate (gpd/ft.^{2}): 0.250
Depth of Gravel in Trench: NA (25% reduction)
Gravel Size: NA (25% reduction)
Total Lateral Length From Layout: 120
Total Lateral Length Required: 120
Trench Depth: 33 in. Lowside
Trench Width: 36 in.
TOTAL AREA TRENCH BOTTOM: 360

Trench Spacing on Center: 9 ft.

Repair Trench Spacing: 24 in.
Repair Trench Depth: 6 in.
Repair Trench Width: 1 in.

Septic Tank Size: 1000 gal.

Estimated Supply Line Length: 14
Supply Line Diameter: 3 in. SCH 40 PVC
Supply Line Volume: 5.04
Dosing Volume: NA
Supply Manifold: SERIAL DISTRIBUTION

Additional Comments: Soil suitability was performed by Ben Aldridge, REHS

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CL&T SECTION 15 LOT 9
FIELD LAYOUT SPECIFICATIONS

LAYOUT FOR 4 BEDROOM RESIDENCE

April 2, 2019

LINE #	FLAG COLOR	FS	ELEVATION	FLAGGED LINE LENGTH	DESIGN LINE LENGTH
TBM			NA		
HOUSE CRN		NA	NA		
P. TANK		NA	NA		
1	ORANGE	NA	NA	3 BR BED	3 BR BED
2	RED	NA	NA	60	60
3	BLUE	NA	NA	60	60
4	PINK	NA	NA	2400 SQFT+	2400 SQFT+
			Total	**120**	**120**

	LINE LENGTH	SYSTEM TYPE	SOIL LTAR GPD/FT^2	TRENCH SYSTEM	DISTRIBUTION
System	*120*	*ACCEPT.*	*0.250*	*25% RED.*	*GRAVITY*
Repair	2400 SQFT+	*INNOV.*	0.100	DRIP IRRIGATION	LOW PRESSURE

Notes: ** TBM Is Not Required.
**All measures in feet
**Nitrification lines are demonstrated on contour via colored pin flags

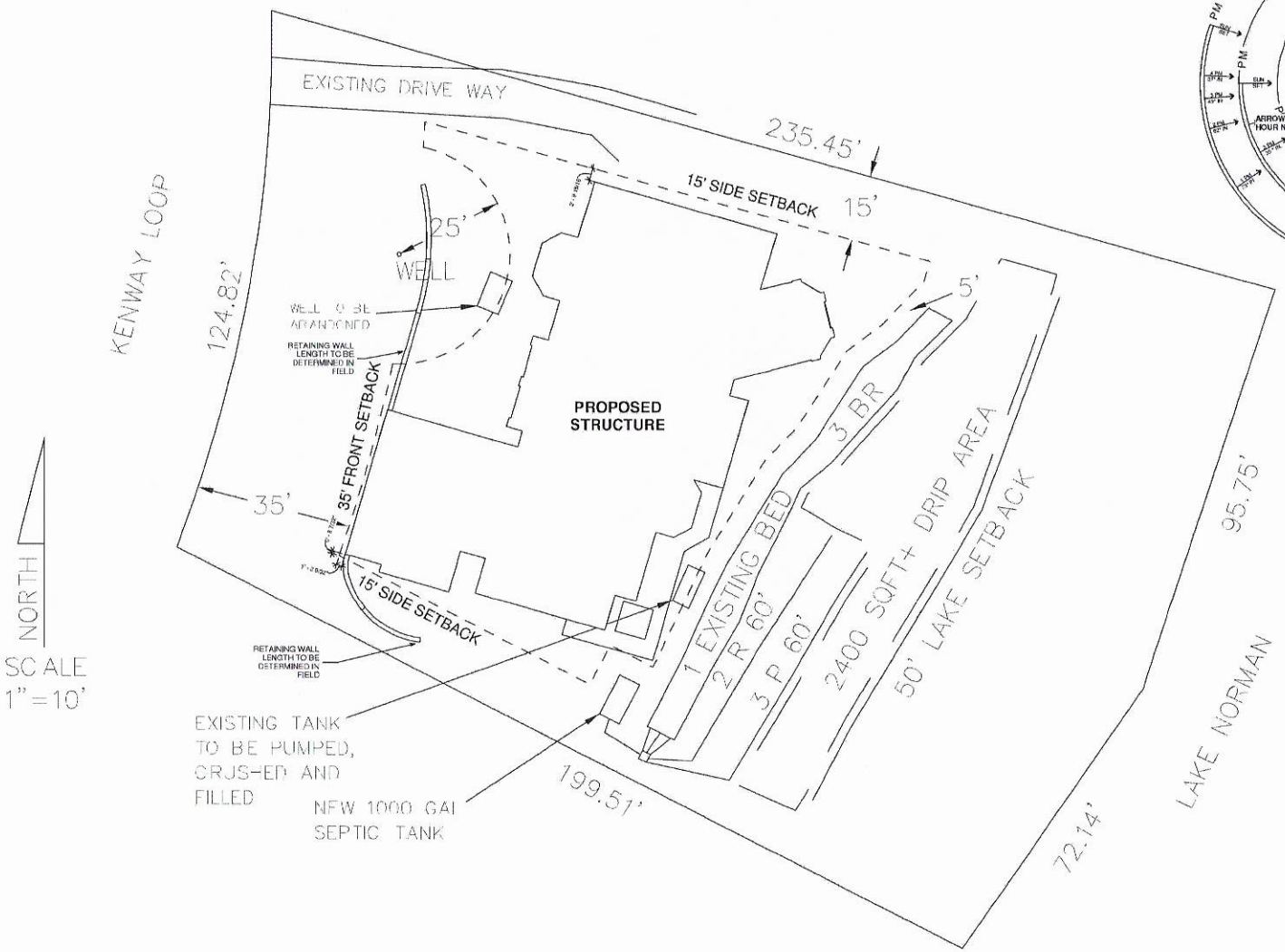
Comments: **Existing 3 bedroom gravel bed to be expanded to 4 bedrooms.**
Pump, Crush and Fill old tank.
Install new D-Box as shown with 3 pipes feeding existing bed and 1 pipe feeding new lines.
** **Lot pre-dates 1983 and is repair exempt.**
Iredell County has CS&SC's permission to change septic tank location and distribution type.

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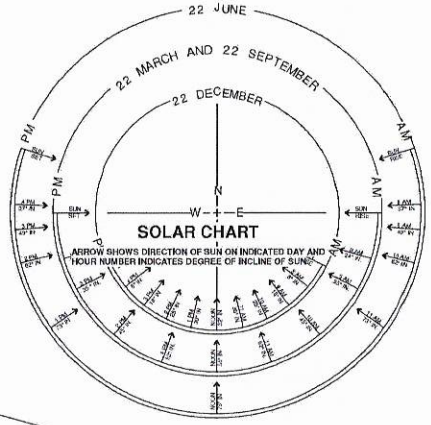
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NORTH

SCALE
1" = 10'



1 SITE PLAN
1" = 10'-0"

PIPPIN HOME DESIGNS INC.
[redacted]
[redacted]
[redacted]
[redacted]
TEL: [redacted]

N·C·B·D·C
NATIONAL BOARD OF CERTIFIED DESIGNERS
Jennifer E. Pippin
Limited Residential Designer
License No. LRD-1000

Creating Where People Live

A NEW RESIDENCE FOR:
SCOTT AND LAURIE RISINGER
285 KENWAY LOOP
MOORESVILLE, NC 28117

REVISIONS:	BY:

PROJECT #: Project Number
DATE: 5/12/2025
DRAWN BY: MTEK
DESIGNED BY: JNP

SHEET NO.
1

NOTE: PLANS NOT VALID IF PRINTING IS NOT CLEAR. PLANS MUST HAVE ORIGINAL SIGNATURE & SEAL OF JENNIFER E. PIPPIN, CPBD AND NBD.

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES, AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THIS BUILDING, AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLANS.

DESIGNER ASSUMES NO RESPONSIBILITY OVER ANY PHASE OF CONSTRUCTION OR COMPLETED BUILDING.

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PLANS NOT TO BE REPRODUCED.

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® Professional Member of American Institute of Building Design

DOSING CALCULATIONS

Location CL&T SECTION 15
Lot No: 9
Address: 285 KENWAY LOOP

No. of Bedrooms	4
Design Flow	480 $^{gal}/_{day}$
LTAR	0.250 $^{gal}/_{ft^2\ day}$
25% RED. Expansion? (YES OR NO)	YES
Supply Line Length	14 ft.
Supply Line Volume	5.04 gal.
Required Feet of 25% RED. for expansion	120 ft.
Amount of Line from Layout	120 ft.
Gallons per Minute	NA $^{gal}/_{min}$
Septic Tank Capacity	1000 gal.
Minimum Septic Tank Capacity	1000 gal.
Lateral Line Volume	78.36 gal.

APPROVED APR X 9 2019
KW

Sheet 1 OF 1
PROP. ID #: 4639404763
COUNTY: IREDELL

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

OWNER: SCOTT RISINGER
ADDRESS: 285 KENWAY LOOP MOORESVILLE, NC 28117
PROPOSED FACILITY: SFR PROPOSED DESIGN FLOW (.1949): 480 GPD
LOCATION OF SITE: CL&T SECTION 15 LOT 9
WATER SUPPLY: X PRIVATE PUBLIC X WELL SPRING OTHER:
EVAL. METHOD: A. BORING X PIT CUT **WASTEWATER TYPE** X SEWAGE INDUSTRIAL PROCESS MIXED

APPLICATION DATE: 4/2/2019
DATE EVALUATED: 4/1/2019
PROPERTY SIZE: .73 AC
PROPERTY RECORDED: YES

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/C OLOR	.1943 SOIL DEPTH	.1956 SAPROLITE CLASS	.1944 RESTR HORIZON	
1	0-7 fill → LS/8%	0-19	BRSCL,W,SBK	FR,SS,SP,SEXP	CH2 48-54	54	NA	48	0.25
		19-39	C,M,SBK	FI,S,SP,SEXP					
		39-52	C/CL,W,SBK	FR,SS,SP,SEXP					
		52-54	YC,W,SBK	FI,S,P,SEXP					
2	LS/8%	0-8	BRSCL,W,SBK	FR,SS,SP,SEXP	CH2 25-40	40	NA	25	.1 DRIP
		8-25	C,W,SBK	FI,S,SP,SEXP					
		25-40	C,W,SBK	FI,S,P,SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
AVAILABLE SPACE (.1945)	PS	PS
SYSTEM TYPE(S)	25% REDUCTION EXPANSION	TS-1 DRIP
SITE LTAR	0.25	0.1
COMMENTS		

OTHER FACTORS (.1946):	NA
SITE CLASSIFICATION (.1948):	PS
EVALUATED BY:	BEN ALDRIDGE
OTHER(S) PRESENT	DAVID BEANE, SCOTT RISINGER

APPROVED APR X 9 2019
KW

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

Iredell County Health Department – Environmental Health Division

PAGE 1: ***APPLICATION FORM***

EXPANSION

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: Chris Shaw **Address:** PO Box 1061 Troutman **Zip:** 28166
Applicant Email: chrisshaw72@gmail.com **Phone:** 704 902 0086 **Alt. Phone:** 704 528 4494
Owner Name: Scott Risinger **Address:** 285 Kenny Loop Mooresville **Zip:** 28117
Owner Email: rdrscott@msn.com **Phone:** 980 349 1001 **Alt. Phone:** _____

Property Information:

Street Address: 285 Kenny Loop Mooresville NC 28117
Subdivision Name: CL+T **Section/Phase:** 15 **Lot Number:** 9
Driving Directions: _____

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

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — (✓) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: Adding lines
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: 1 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: _____ 4/10/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

24408

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

$350 pd

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: (PRINT CLEARLY)

Applicant Name: SCOTT RISINGER/CS&SC Address: 285 KENWAY LOOP MOORESVILLE, NC 28117 Zip: _____

Applicant Email: laurierisinger@msn.com Phone: _____ Alt. Phone: _____

Owner Name: SCOTT RISINGER Address: 285 KENWAY LOOP MOORESVILLE, NC 28117 Zip: _____

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

Property Information:

Street Address: 285 KENWAY LOOP MOORESVILLE, NC 28117

Subdivision Name: CL&T Section/Phase: 15 Lot Number: 9

Driving Directions: PERTH, TL FERN HILL, TL KENWAY LOOP, ON LEFT

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

CHECK FOUNDATION TYPE

(✓) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (✓) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
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: BA Risinger 4-2-19

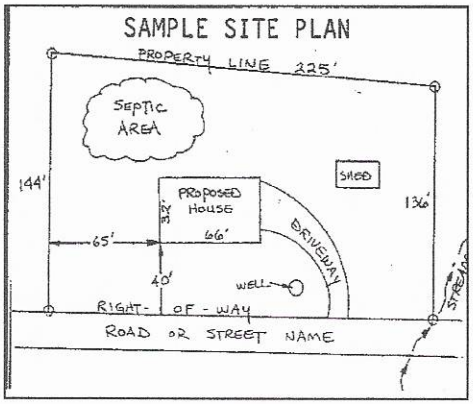
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

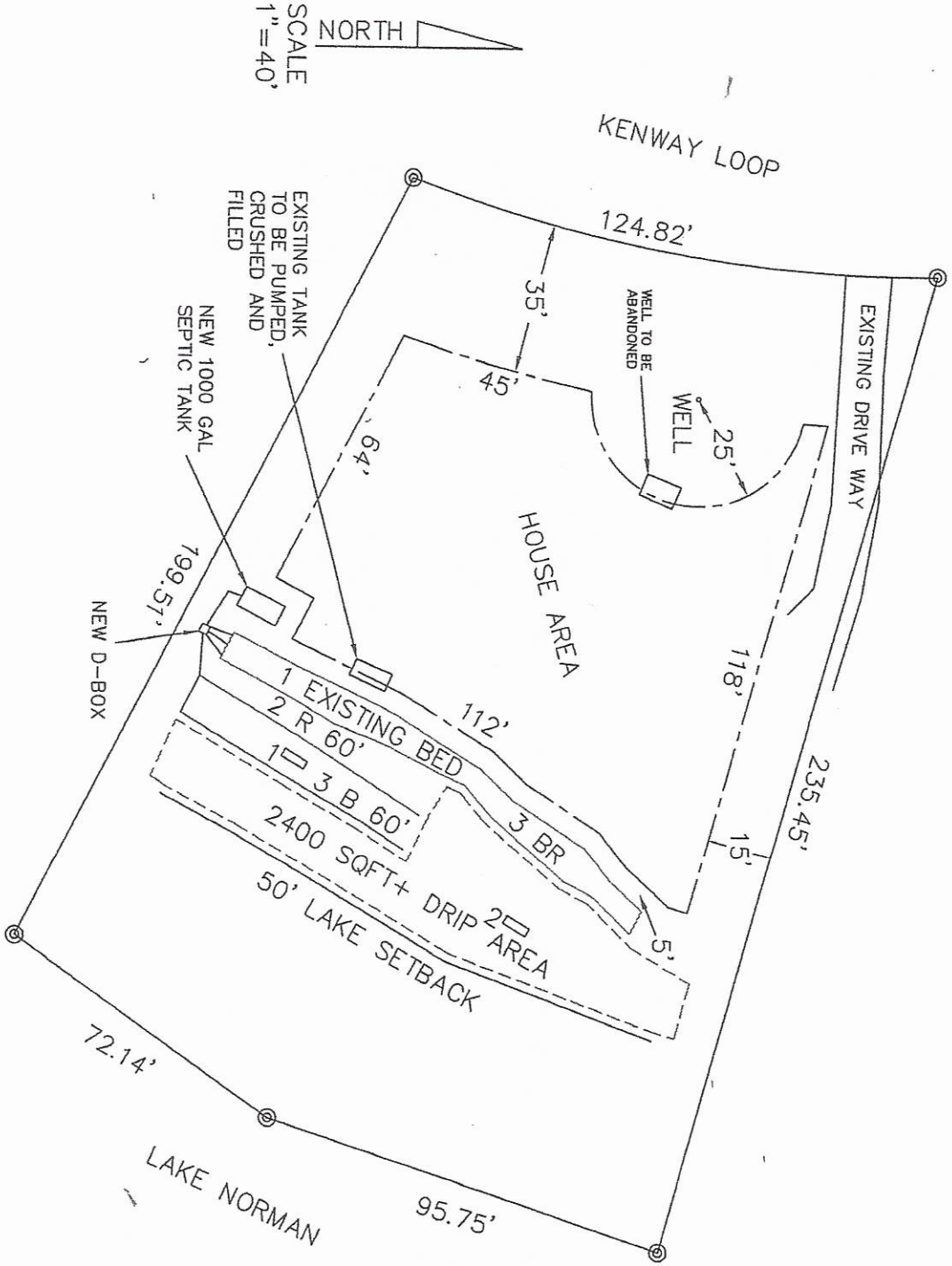
* Attached

Signature: _____

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

6/10/20

DATE



APPROVED APR X 9 2019

KW

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*) Laura Risinger

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, Scott & Laurie Risinger, am the legal owner(s) of the property located at 285 Kenway Loop, Mooresville, identified as PIN (Parcel Identification Number) 4639404763, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kent Shaw & Sons 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.

Laura Risinger — Signature of Owner(s)

6-10-2020 — Date

Mooresville - Environmental Health

Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

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

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Acknowledgement Of
Plans Submitted ONLY
Patrick J Pippett Date 6/12/2020
Date 6/10/2020

NOTE:
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PIPPIN HOME DESIGNS INC.
Professional Member, AIBD
916 CRISTER HIGHWAY
PMB 174
MOORESVILLE, NC 28117
TEL: 704-701-6537
www.pippinhomedesigns.com

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

EXTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	WIDTH	HEIGHT	UNIT NUMBER	DESCRIPTION
5	4	3' - 0"	8' - 0"		SINGLE FRENCH DOOR 1/2 GLASS
7	1	3' - 0"	8' - 0"		SCREENED DOOR
10	2	10' - 0"	8' - 0"		DHSD
11	1	18' - 0"	8' - 0"		SLIDING GLASS DOOR (4) PANEL
12	1	6' - 0"	8' - 0"		SOLID DOUBLE DOOR

INTERIOR DOOR SCHEDULE

SYMBOL	QUANTITY	WIDTH	HEIGHT	UNIT NUMBER	DESCRIPTION
15	3	2' - 6"	8' - 0"		INTERIOR DOOR TO BE SELECTED BY OWNER
16	3	2' - 6"	8' - 0"		INTERIOR POCKET DOOR TO BE SELECTED BY OWNER
20	1	2' - 4"	8' - 0"		GLASS SHOWER DOOR
21	1	3' - 0"	8' - 0"		INTERIOR DOOR TO BE SELECTED BY OWNER
22	3	3' - 0"	8' - 0"		INTERIOR POCKET DOOR TO BE SELECTED BY OWNER
24	1	4' - 0"	8' - 0"		INTERIOR DOUBLE DOOR TO BE SELECTED BY OWNER

SEE FLOOR PLANS & ELEVATIONS FOR TAG SYMBOL LOCATION

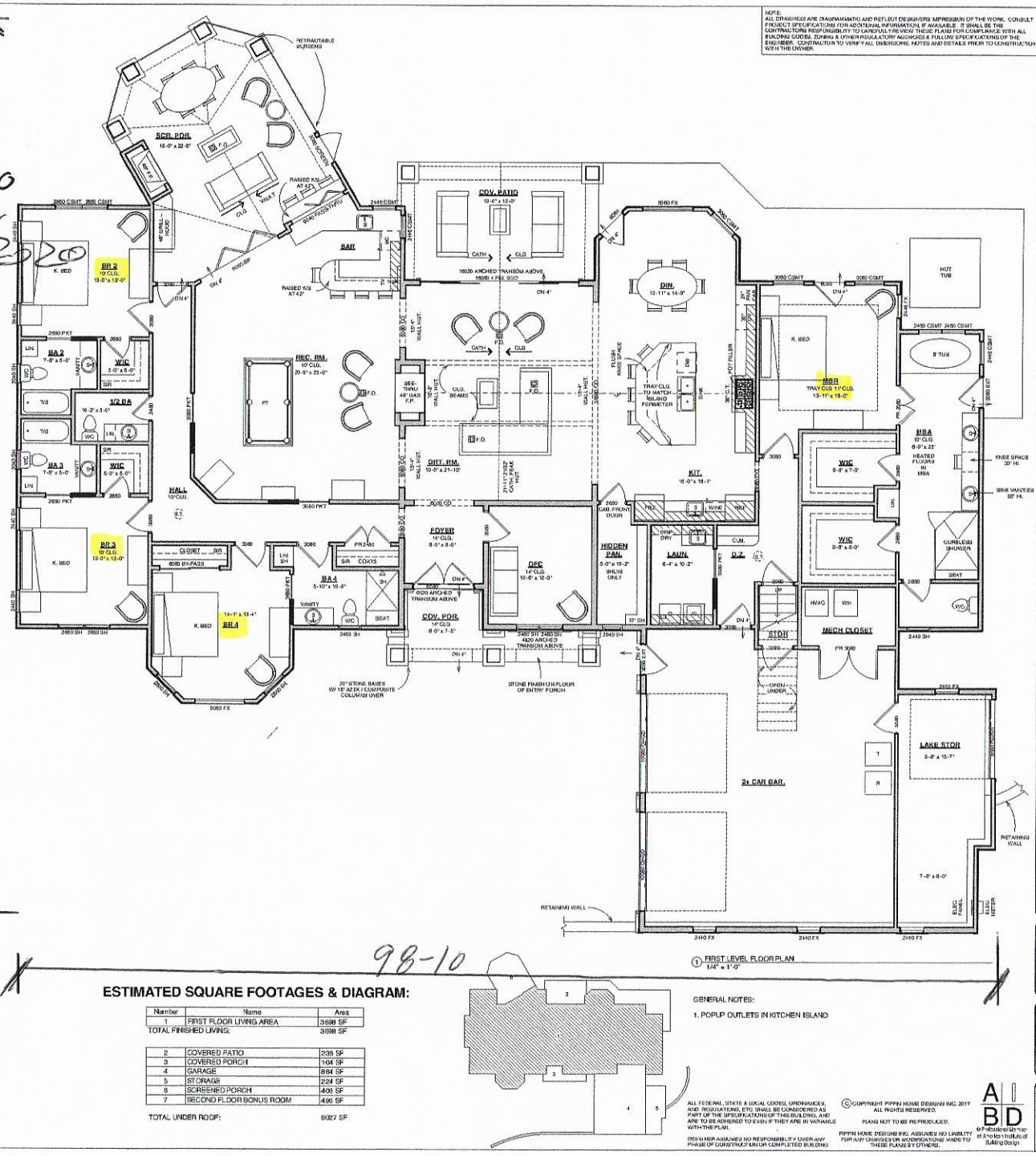
WINDOW SCHEDULE

SYMBOL	QUANTITY	DESCRIPTION	WIDTH	HEIGHT	UNIT NUMBER	GRILLE	SCREEN	JAMBS
	9		2' - 0"	4' - 0"				
	3		2' - 4"	4' - 0"				
	5		2' - 4"	4' - 0"				
	3	CASEMENT	2' - 4"	4' - 8"			Yes	
	1	CASEMENT	2' - 4"	4' - 8"		No	Yes	
9	2	CASEMENT	2' - 4"	5' - 0"		No	Yes	
	1		2' - 4"	5' - 0"				
	1		2' - 4"	5' - 0"				
	2		2' - 4"	5' - 0"				
	4		2' - 8"	3' - 8"				
	4		2' - 8"	5' - 0"				
K	2	CASEMENT	2' - 8"	6' - 0"		No	Yes	
T	3	CASEMENT	3' - 0"	6' - 0"		No	Yes	
	1							
	1		16' - 0"	3' - 4"				
	1		4' - 8"	2' - 8"				
	1	Fixed Window	5' - 0"	5' - 0"		Yes		
	1	Fixed Window	5' - 0"	6' - 0"		No		
	1		6' - 0"	2' - 8"				
	1		4' - 8"	4' - 0"				
	1							
	1							
	1							
	1							
	1							
	1							
	1							
	1							
	1							

NOTE: VERIFY ALL QUANTITIES & SIZES PRIOR TO ORDERING AND CONTACT DESIGNER WITH ANY DISCREPANCIES.

NOTE: VERIFY ALL QUANTITIES & SIZES PRIOR TO ORDERING AND CONTACT DESIGNER WITH ANY DISCREPANCIES.

NOTE: THESE PLANS NOT VALID FOR PERMITTING UNLESS THEY BEAR THE ORIGINAL SIGNATURE & SEAL OF JENNIFER R. PIPPIN, CPED AND AIBD



1 FIRST LEVEL FLOOR PLAN
1/4" = 1'-0"

ESTIMATED SQUARE FOOTAGES & DIAGRAM:

Number	Name	Area
1	FIRST FLOOR LIVING AREA	3698 SF
TOTAL FINISHED LIVING:		3698 SF

2	COVERED PATIO	238 SF
3	COVERED PORCH	104 SF
4	GARAGE	884 SF
5	STORAGE	224 SF
6	SCREENED PORCH	408 SF
7	SECOND FLOOR BONUS ROOM	490 SF
TOTAL UNDER ROOF:		6027 SF

GENERAL NOTES:

1. POPUP OUTLETS IN KITCHEN ISLAND

ALL FEDERAL, STATE & LOCAL CODES, ORDINANCES, AND REGULATIONS, ETC. SHALL BE CONSIDERED AS PART OF THE SPECIFICATIONS OF THIS BUILDING, AND ARE TO BE ADHERED TO EVEN IF THEY ARE IN VARIANCE WITH THE PLAN.

DESIGNER ASSUMES NO RESPONSIBILITY OVER ANY PHASE OF CONSTRUCTION ON COMPLETED BUILDING.

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PLANS NOT TO BE REPRODUCED.
PIPPIN HOME DESIGNS INC. ASSUMES NO LIABILITY FOR ANY CHANGES OR MODIFICATIONS MADE TO THESE PLANS BY OTHERS.

AIBD Professional Member of American Institute of Building Design

Creating where people live

A NEW RESIDENCE FOR:
SCOTT AND LAURIE RISINGER
285 KENWAY LOOP
MOORESVILLE, NC 28117

REVISIONS:	BY:

PROJECT #: Picket Narrow
DATE: 4/6/2020
DRAWN BY: CDG/PS
DESIGNED BY: JRP

SHEET NO.
4

PTB

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 246859 PIN # 4639404763

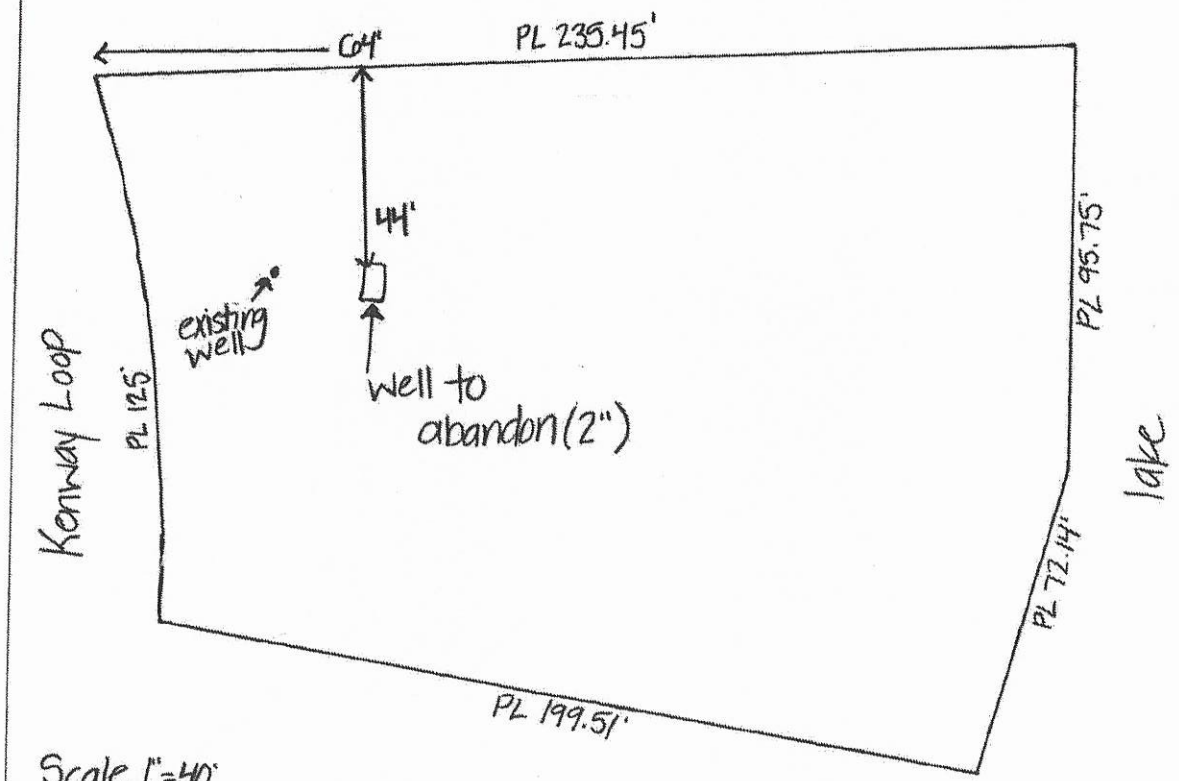
Type of Permit (circle one): New Repair (Abandonment)

APPLICANT/OWNER NAME: Scott Risinger ADDRESS: 285 Kenway Loop Mooresville, NC PHONE: 980-349-1001

DIRECTIONS TO SITE: Perth → L on Ferd Hill → L on Kenway Loop → lot on L

SITE ADDRESS: 285 Kenway Loop Mooresville, NC SUBDIVISION: CL+T SECTION/LOT: 15 | 9

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon well per NC 2C well rules.

WELL PERMIT ISSUED BY: Kayla Wilson DATE: 7-22-19 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages either direct or consequential which may be caused by this well.)

Well Contractor: Francis Well Company CONTRACTOR CERT #: 2473-A GROUT INSPECTION BY: Cecil C Cecil DATE: 10-30-19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT. _____ DATE: _____ WELL HEAD INSPECTION BY: (abandonment) DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☐ WELL CONTRACTOR ID PLATE ☐ PUMP INSTALLER ID PLATE ☐ SAMPLE PORT ☐

ACCESS PORT / VENT ☐ WELL SEAL ☐ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☐

CERTIFICATE OF COMPLETION BY: Kayla Wilson DATE: 10-31-19 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☑ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

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

2473-A
NC Well Contractor Certification Number

Francis Well & Pump Co.
Company Name

2. Well Construction Permit #: 246859
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ 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: 10-29-19

5a. Well location:

Scott Risinger
Facility/Owner Name

Facility ID# (if applicable)

285 Kenway Loop Mooresville, NC 28117
Physical Address, City, and Zip

Iredell
County

4639404763
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: 40 (ft.)

6c. Borehole diameter: 2 (in.)

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

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

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

6g. Screen length (if known): N/A

WELL ABANDONMENT DETAILS

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

7b. Approximate volume of water remaining in well(s): 10 (ga

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: 1 cup

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 us

75 lbs

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

slowly by hand

8. Certification:

Michael Francis
Signature of Certified Well Contractor or Well Owner

10-29-19
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 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 Prog
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
243408
Issue Date: 04/02/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4639404763.000	285 KENWAY LOOP, MOORESVILLE, NC	IREDELL COUNTY

Owner Information		Applicant Information	
Owner:	RISINGER SCOTT J+LAURIE M	Applicant:	CAROLINA SOIL SEPTIC C
Address:	40658 LENAH RUN CIRCLE	Address:	162 WEST B ST
	ALDIE, VA 20105		KANNAPOLIS, NC 28081
Phone:		Phone:	704-202-5791

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.730	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

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

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

Permit Number	172832	TOTAL FEES:	$ 77.25

IREDELL COUNTY

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

APPLICATION NUMBER
243408
Issue Date: 04/02/2019

Permit Type: IMPROVEMENT PERMIT APPLICATION

Parcel Number	Street Address	Jurisdiction
4639404763.000	285 KENWAY LOOP	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: RISINGER SCOTT J+LAURIE M	Applicant: CAROLINA SOIL SEPTIC C	Contractor: CAROLINA SOIL SEPTIC C
Address: 40658 LENAH RUN CIRCLE	Address: 162 WEST B ST	Address: 162 WEST B ST
ALDIE, VA 20105	KANNAPOLIS, NC 28081	KANNAPOLIS, NC 28081
Phone:	Phone: 704-202-5791	Phone: 704-202-5791
		License Type: UNLI License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SFD

Permit Details:

EFT	IMPROVEMENT PERMIT FEE	Amount:	350.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Signature of Owner/Contractor

Date: 04/02/2019

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	172833	TOTAL FEES:	$ 350.00