...D–ENVIRONMENTAL HEALTH DIVISION PJB

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 218826

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

PIN # 4645053555

APPLICANT/OWNER: TJ Thompson Inc. / Jonathan Zulman APPLICANT ADDRESS: 1310 S. Tryon St suite 103 Charlotte, NC

PHONE: 704-202-4390 ALT. PHONE 704-608-9221

SITE ADDRESS: 141 Travis Point Dr. Mooresville, NC

SITE DIRECTIONS: Alcove → R on Templeton → L on Camino Real → L on Travis Point → lot on Lateral

SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Travis Point SECTION: — LOT # 3 LOT AREA: 2.294ac

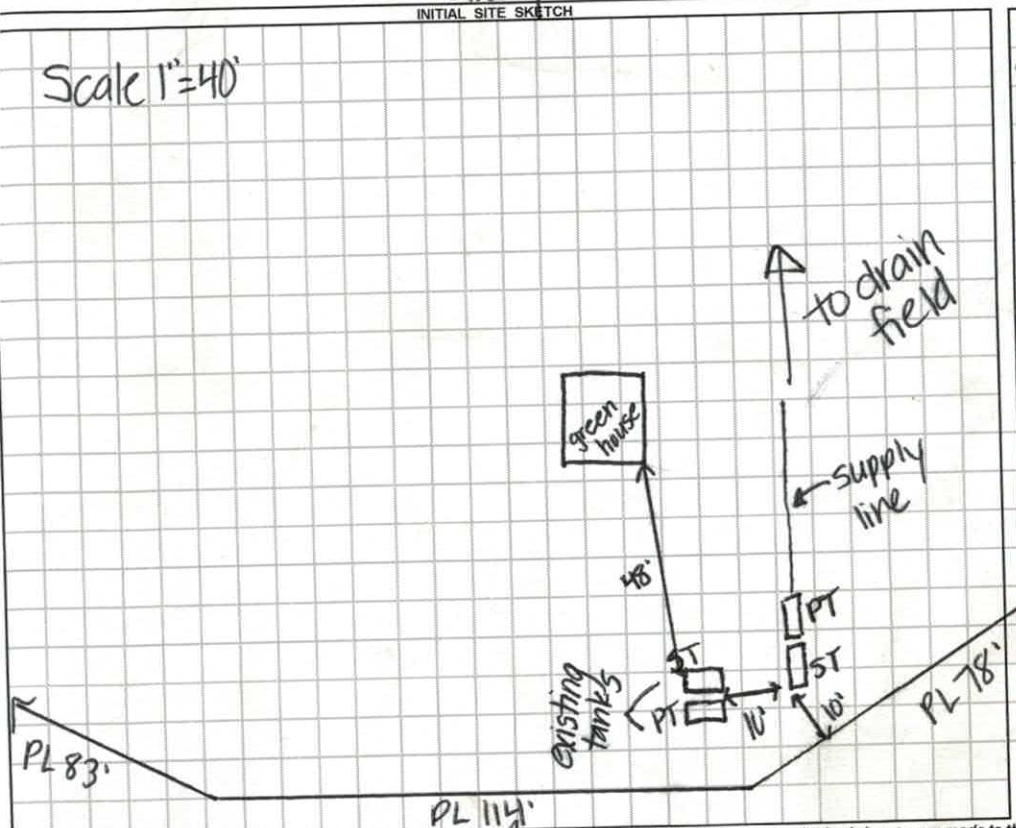
DESIGN FLOW: 600gpd L.T.A.R.: .3

Septic Tank	1500	(gal)	STB 338	Date 6/29/18	☑ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☑ Residence	No. Bedrooms 5	Water Supply ☑ Private
Pump Tank	1500	(gal)	PT 477	Date 5/11/19	System Description: LP PPBPS		☐ Business	No. Persons 10	☐ Public
Pump Make			Model	Serial #	Repair System Description: LP PPBPS		☐ Other	No. Employees	☐ Community
# Nitrification Fields	1	# Lines	5	Linear Ft: 334'	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space	
Trench Width	24"	Trench Bottom Depth(Low side)	32"/36" highside	Gravel Depth	☐ GRAVITY ☑ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing	

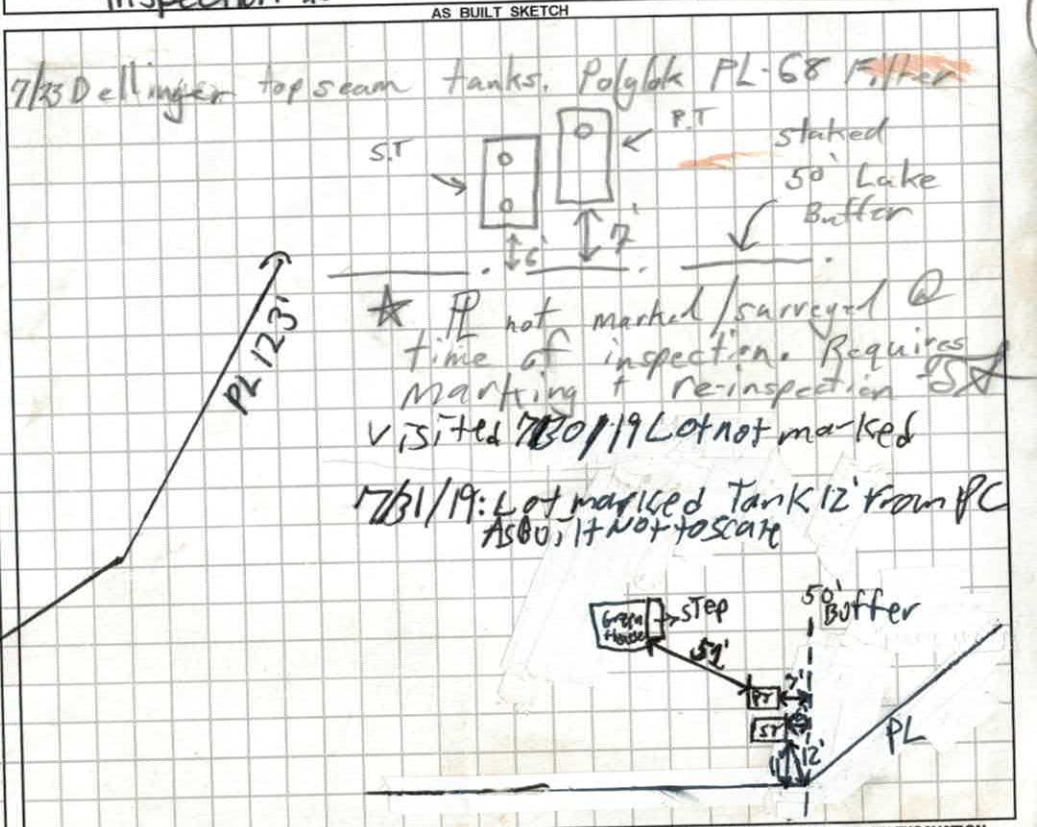
Comments / Conditions: * The purpose of this permit is to relocate the new tanks in the ground over already

* Property line + 50' buffer closest to tanks MUST be marked prior to install + during time of inspection *

INITIAL SITE SKETCH



AS BUILT SKETCH



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

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

Owner / Applicant Signature: Date: 7-19-19

IMPROVEMENT PERMIT by: Kayla Wilson Date: 6-25-19

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson Date: 6-25-19

Installed by: Abernathy

OPERATION PERMIT by: Patrick J Riggle III Date: 8/15/19

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.

New Tank Location is approved 7/31/19

	Date	Initials
Drain Lines Checked	8-17-18	KW
Tanks Checked	8-17-18	KW
Pressure Manifold or Valve Box Checked	8/14/19	PJB
Pressure Head Set	8/14/19	PJB
Electrical Checked	8/14/19	PJB
Floats Set	8/14/19	PJB
Alarm Checked	8/14/19	PJB
Maintenance Contract (Y) / N	8/15/19	PJB

8-20-18: Supply line checked. Supply line >30" under drive. KW

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

Sheet 1 of 1
PROPERTY ID #:
COUNTY:

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

APPROVED MAY 25 2016

OWNER: App. Jonathan Zulauf
ADDRESS: 141 Travis Pk
PROPOSED FACILITY: SFD
LOCATION OF SITE: 141 Travis Pk.
WATER SUPPLY: ☒ Private ☐ Public ☒ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☒ Auger Boring ☐ Pit ☐ Cut

APPLICATION DATE: 5-14-16
DATE EVALUATED: 5-12
PROPERTY SIZE: 2.29 AC
PROPERTY RECORDED: 4
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 CONSISTENCY/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L ~150'	0-6	wsblc c/cl	fr ss/sp	mix A/B red br				
		6-26	msbk c	fr s/p	red, f br topsoil in pockets				
		26-58	wsbk cl	fr ss/sp	yel/gy	C SAP/misc fines			PS .35
2	L ~100'	0-3	wsbk cl	fr ss/sp	red br				
		3-23	msblc c	fr ss/sp	red	f SAP/misc			
		23-58	wsbk cl	fr ss/sp	yel/gy	C SAP/misc flakes			PS .3
3	L ~150'	0-15	wsblc c/cl	fr ss/ss	red br				
		15-33	msbk c	fr s/p-fr ss/sp	red				
		33-58	wsbk cl	fr ss/ss	yel/gy	C SAP/misc flakes			PS .3
4	L ~100'	0-10	wsbk c/cl	fr ss/ss	red br				
		10-36	msbk c	fr ss/sp	red				
		36-60	wsblc cl	fr ss/ss	yel/gy	C SAP/misc flakes			PS .3

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	T: 5	T: 5
Site LTAR	.3	.3

OTHER FACTORS (.1946):
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: PSF must be present
OTHER(S) PRESENT: by ECHD

COMMENTS: must accompany PSC written Report Dated 5-14-16.

#2108226
$320.00
6-20-19

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*

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: (PRINT CLEARLY)

Applicant Name: TJ Thompson Inc Address: 1310 S. Tryon St. Suite 103 Charlotte, NC Zip: 28203
Applicant Email: Ted@Thompson-CBG.com Phone: 704-202-4390 Alt. Phone: _____
Owner Name: Jonathan Zulman Address: 142 Royal Point Way, Mooresvile NC Zip: 28117
Owner Email: jzulman@outlook.com Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 141 Travis Point, Mooresville, NC 28117
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 to Exit 33 go west to Alcove, turn left, turn right on Templeton, turn left on Camino Real Rd, turn left on to Travis Point Dr. Job is at the end of the road.

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 5
(X) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE
( ) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(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 (X) Other: AS DESIGNED

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: _____ 6/10/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

CALL PDR REMINDER FOR SITE VISIT

704-996-6330

IREDELL COUNTY HEALTH DEPARTMENT

Paid $320.00

ENVIRONMENTAL HEALTH DIVISION

INTERMEDIATE

PAGE 1: APPLICATION FORM

RELAYOUT #218826

RECEIVED MAY 2 - 2017

Application For:

- (X) Septic Improvement Permit
- (X) New Well Permit
- (V) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- (X) Well Abandonment
- ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLI… IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATIO… APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EX…

Please CALL prior to inspection

Name: Paul

Number: 704-996-6330

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Pla… (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: WATERFRONT PLACE, LLC 112 S. TYRON ST. SUITE 2… 704-608-9227

Applicant Name: JONATHAN ZOLMAN **Address:** ~~142 ROYAL PT. WAY~~ ~~MOORESVILLE, 28117~~ CHARLOTTE, NC 28284 **Phone:**

Owner Name: SAME **Address:** **Phone:**

Property Information:

Street Address: 141 TRAVIS PT.

Subdivision Name: TRAVIS PT. **Section/Phase:** **Lot Number:** 3

Driving Directions: TEMPLETON, TL CAMINO REAL, TL TRAVIS PT – at END 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: 5

Maximum Number of Occupants: 10

- (X) 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: TBD

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: _____ 5-1-17

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

RECEIVED MAY 16 2016

IREDELL COUNTY HEALTH DEPARTMENT #218826

ENVIRONMENTAL HEALTH DIVISION Paid $350.00

PAGE 1: *APPLICATION FORM* Paid $500.00 6-3-16

Application For:

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

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

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable

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

Applicant Information:

Applicant Name: Jonathan Zulman **Address:** 142 Royal Point Way, Mooresville, NC 28117; jzulman@bestco.com **Phone:** 704-608-9221

Owner Name: Travis and Travis Co, LLC **Address:** Mooresville, NC **Phone:** 704-534-5080

Property Information:

Street Address: 141 Travis Point ~~Lane~~ D,

Subdivision Name: Travis Df **Section/Phase:** _____ **Lot Number:** 7

Driving Directions: Templeton Road, L Camino Real, Left Travis Point Lane, lot on left at gate.

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

- [✓] New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- [ ] Bedroom(s) Addition

Maximum Number of Bedrooms: 5
Maximum Number of Occupants: 10

- [✓] Swimming Pool
- [✓] Other Addition/Structure: detached garage

- [✓] Crawl Space Foundation
- [ ] Concrete Slab Foundation
- [ ] Basement with Plumbing
- ( ) Basement without Plumbing

Non-Residential Site Development:

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

Water Supply:

- [ ] New Well
- [✓] Existing Well
- [ ] Community Well
- [ ] City Water
- ( ) Other Public Water

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** _____

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

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: _____ 5/14/16

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, Jonathan Zulman, am the legal owner(s) of the property located at 141 Travis Point, Mooresville, NC 28117, identified as PIN (Parcel Identification Number) 4645-053-555, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ted Thompson, TJ Thompson 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.

_____ 6/10/19
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

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, Jonathan Zelman, am the legal owner(s) of the property located at 141 Travis Point, identified as PIN (Parcel Identification Number) 4645-05-3555, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ted Thompson, T.J. Thompson 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.

Jonathan Zelman 6/28/17

Signature of Owner(s) Date

Signature of Witness 6/28/17

Date

Please return this signed form to the appropriate office:

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

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

IREDELL COUNTY 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, Jonathan Zulman, am the legal owner(s) of the property located at 141 Travis Point, identified as PIN (Parcel Identification Number) 4645-05-3555, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** Paul Penninger, Penninger Soil Consulting, 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.

Jonathan Zulman 5/1/2017

Signature of Owner(s) Date

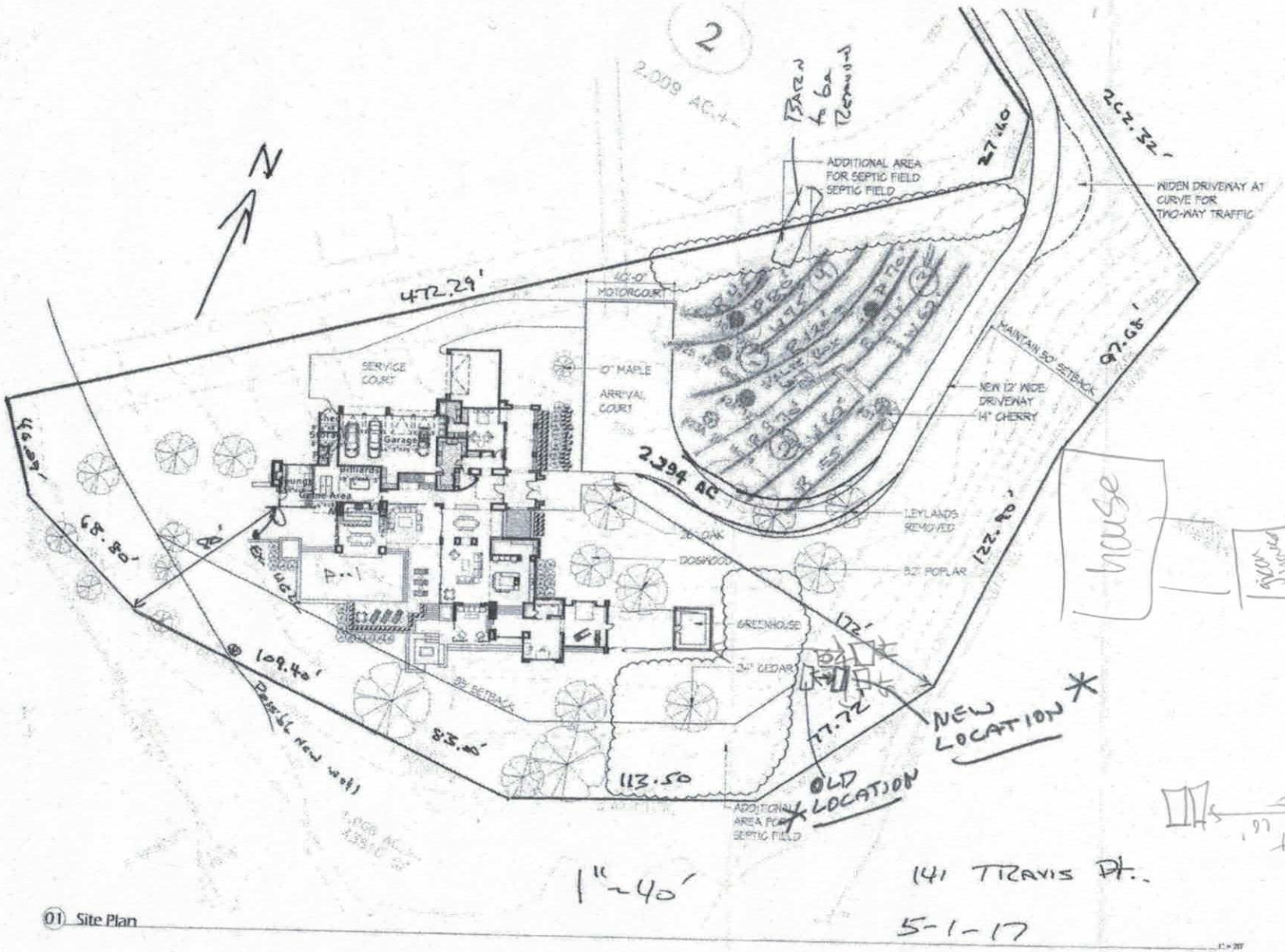
Signature of Witness 5/1/17

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



SCHRADER DESIGN

Preliminary Drawings

Not for Construction, Final Pricing, or Permit

Zulman Residence
Mooresville, NC

Project Number: 16-009
Issue Date: 03.29.17
Revisions

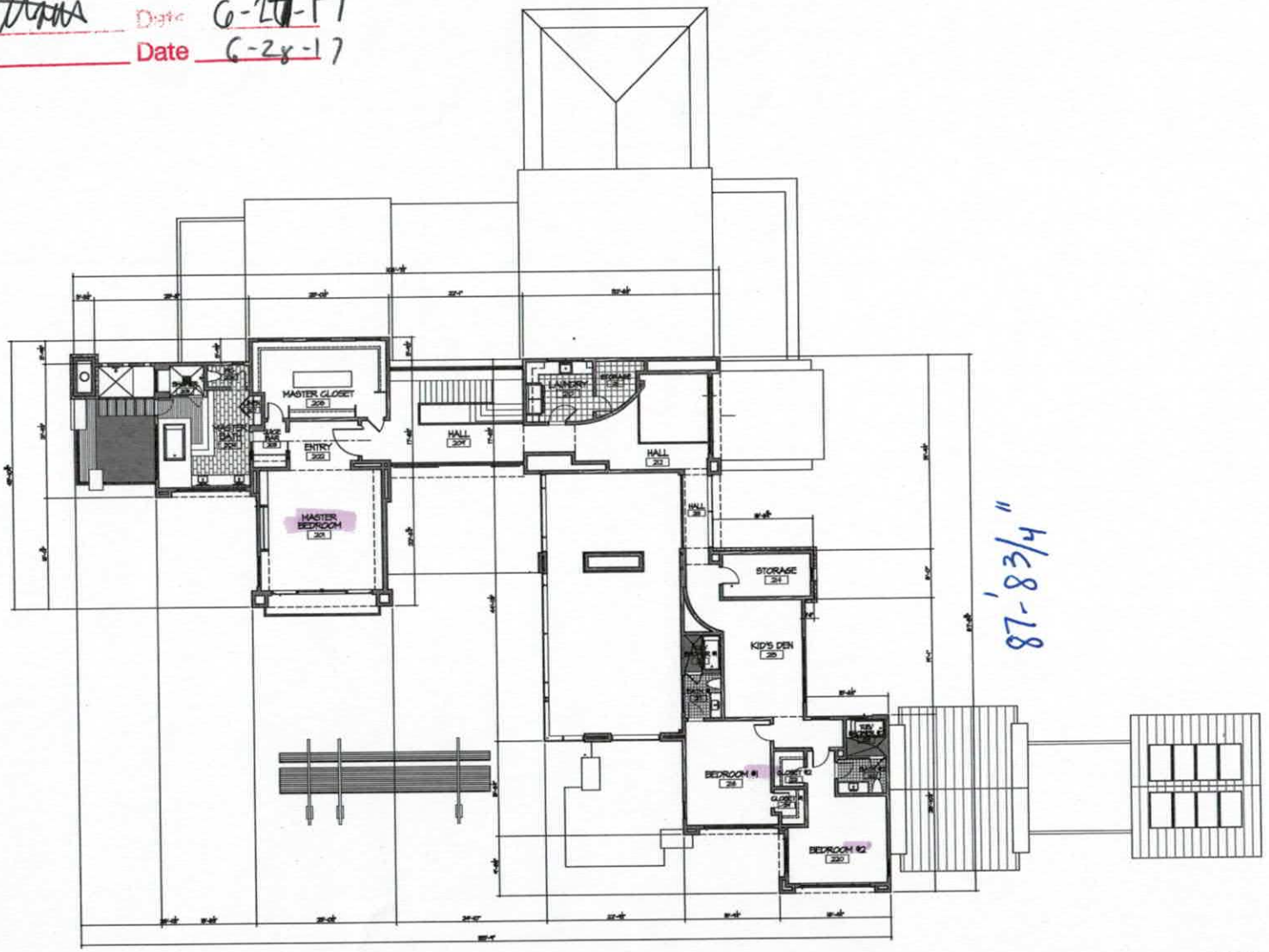
Site Plan

SP1 1

Acknowledgement of
Plans Submittal ONLY

Date 6-27-17

Date 6-28-17



01 Upper Level

1/8" = 1'-0"

SCHRADER DESIGN
custom architecture
1111 south boyer street, suite 102
mooresville, nc 28115
704. 377. 2228 fax 704. 377. 2110
www.schraderdesign.com

Preliminary Drawings

Not for Construction, Final Pricing, or Permit

Zulman Residence
Mooresville, NC

Project Number: 16-009
Issue Date: 05.19.17
Revisions

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Upper Level Floor Plan

A1.31

Acknowledgement of
Plans Submittal ONLY!

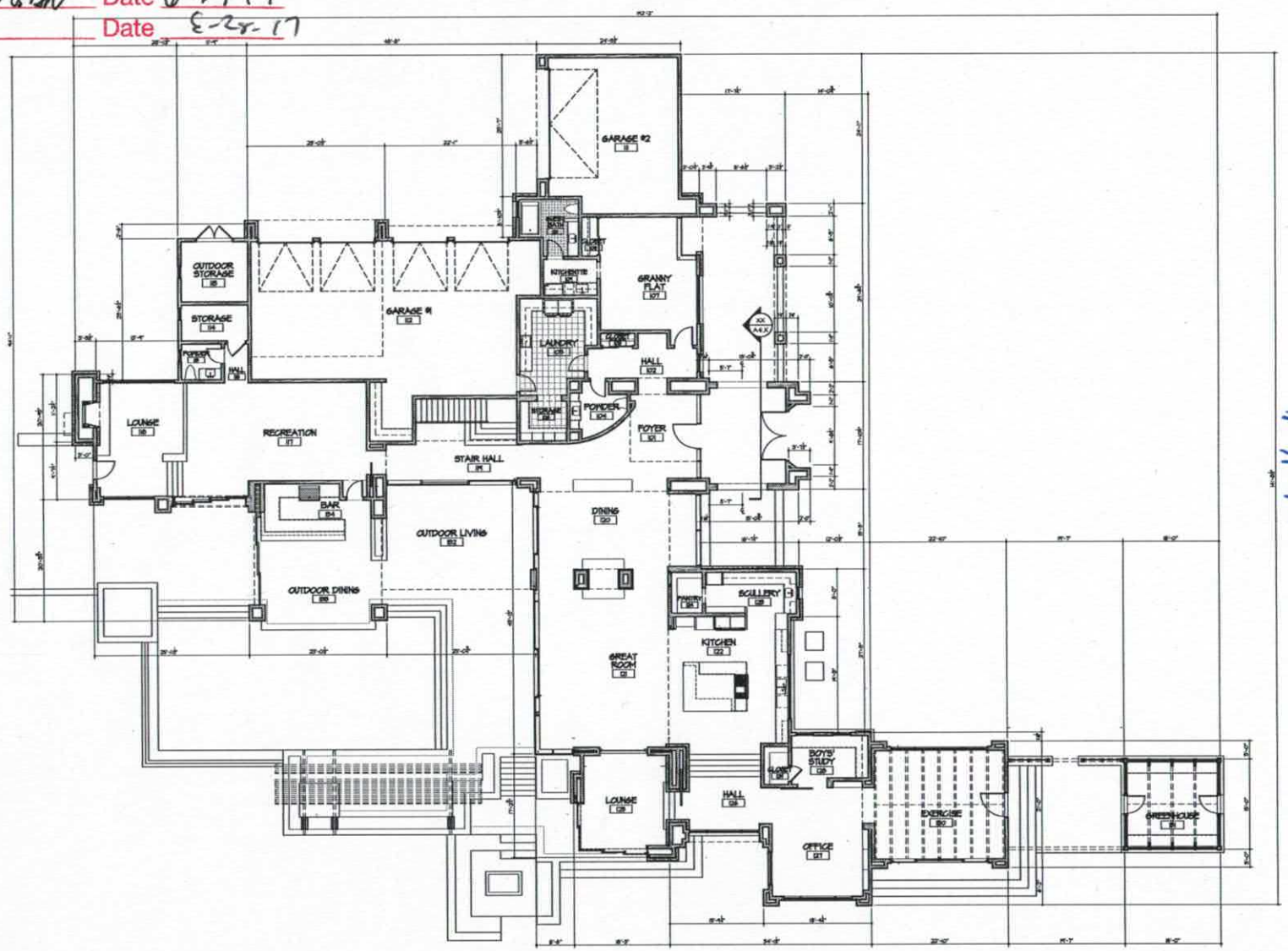
Date 6-27-17

Date 6-28-17

192'-2"

94'-1"

141'-8½"



01 Main Level

1/8" = 1'-0"

SCHRADER DESIGN
custom architecture
9350 Irvin Bryan Street, suite 102
charlotte, nc 28262
704.377.2232 fax 704.377.2116
www.schraderdesign.com

Preliminary Drawings

Not for Construction, Final Pricing, or Permit

Zulman Residence
Mooresville, NC

Project Number: 16-009
Issue Date: 05.19.17
Revisions

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Main Level Floor Plan

A1.21

IREDELL COUNTY

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

APPLICATION NUMBER
218826
Issue Date: 05/16/2016

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4645053555.000	141 TRAVIS POINT DRIVE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: TRAVIS+TRAVIS COMPANY	Applicant: PAUL PENNINGER
Address: 150 TRAVIS POINT DR MOORESVILLE, NC 28117	Address: 595 J M PENNINGER RD LEXINGTON, NC 27292
Phone:	Phone: 704-996-6330

Use Requested	Zone Code
SFD	R20

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

Remarks:

SEE TEXT FOR SETBACKS

SEE SETBACKS ON ZONING DISCLAIMR FORM

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	68710	TOTAL FEES:	$ 77.25

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:
jason mendez
Well Contractor Name (or well owner personally abandoning well on his/her property)

4186 -c
NC Well Contractor Certification Number

mccall brothers inc
Company Name

2. Well Construction Permit #: 218826
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

3. Well use (check well use):

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

4. Date well(s) abandoned: 6/21/2017

5a. Well location:
Jonathan zolman
Facility/Owner Name

Facility ID# (if applicable)

141 Travis point dr
Physical Address, City, and Zip

iredell
County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35°. 536.768 N -80° 882.086 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: 185 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 5 (ft.)

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

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

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

WELL ABANDONMENT DETAILS

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

7b. Approximate volume of water remaining in well(s): 262 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: hth chlorine

7d. Amount of disinfectant used: 9 oz

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:
2025 lbs. betonite chips, 65 lbs. quickcrete, 9 oz. chlorine

7g. Provide a brief description of the abandonment procedure:
dug down 2 ft below grade. cut casing. chlorinated well. gravity fed betonite to one foot below top of cut casing. poured concrete cap on top. filled out abandonment record.

8. Certification:
Signature of Certified Well Contractor or Well Owner

6/21/2017
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.