# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 232447

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

PIN # 4645340901

APPLICANT/OWNER: Patrick Joseph Distinction Homes / Ben Cowen APPLICANT ADDRESS: 20600 N Main St. Cornelius, NC

SITE ADDRESS: 244 Queens Cove Rd. Mooresville, NC PHONE: 828-409-6774 ALT. PHONE 704-929-7179

SITE DIRECTIONS: US 21 S → L on Alcove → R on Templeton → L on Harwell → R on Queens Cove → lot on L SAP CONTROLLED: ☐ YES ☐ NO

SUBDIVISION: Queens Cove SECTION: — LOT # 20 LOT AREA: .686 ac DESIGN FLOW: 480gpd L.T.A.R.: —

| | | | |
|---|---|---|---|
| Septic Tank ____ (gal) | STB ____ | Date ____ | |
| Pump Tank ____ (gal) | PT ____ | Date ____ | |
| Pump Make ____ | Model ____ | Serial # ____ | |
| # Nitrification Fields ____ | # Lines ____ | Linear Ft ____ | |
| Trench Width ____ | Trench Bottom Depth(Low side) ____ | Gravel Depth ____ | |

☐ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI

System Description: EXISTING

Repair System Description:

Maintenance Agreement Required: ☐ YES ☑ NO

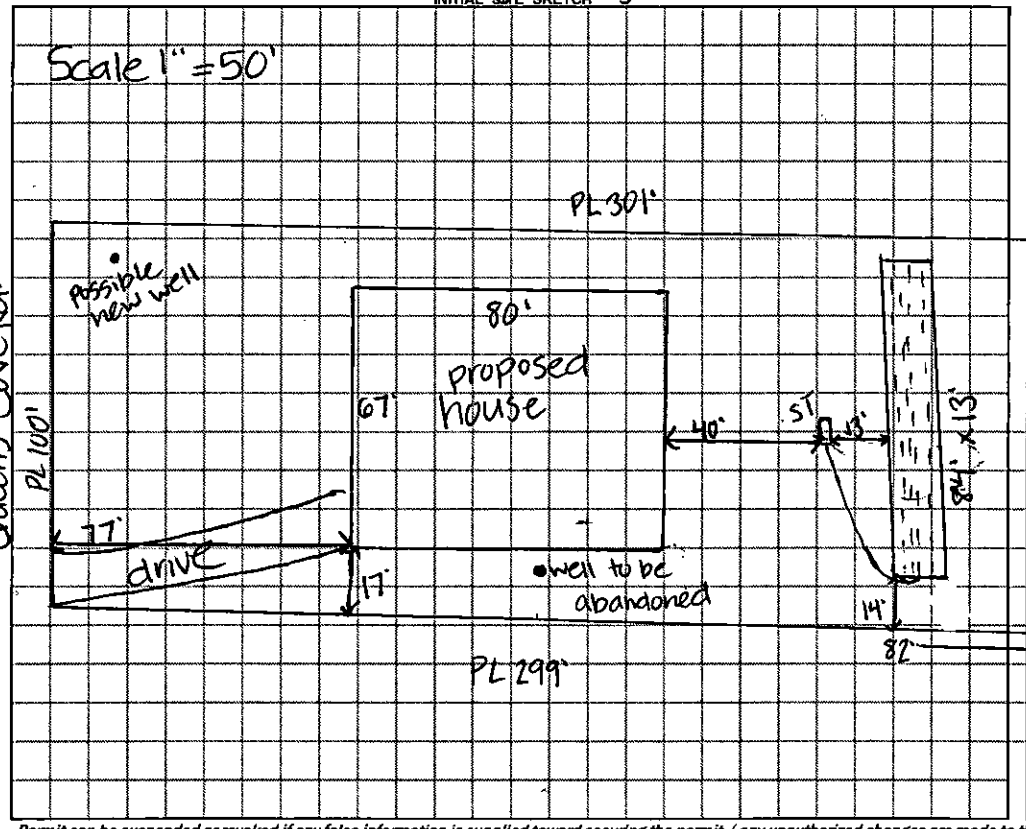
☑ GRAVITY ☐ PRESSURE

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

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions: Septic system properly functioning during time of inspection. Well must be abandoned before issuing permit.
*Use caution when demolishing existing house not to crush septic tank. Use caution when removing existing drive due to drain line under drive. Submitted floor plans show 88'x58'. OK to move extra 8' either in front or behind proposed house box.

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: Allison McWard Date: 3-29-18 Installed by: ____

IMPROVEMENT PERMIT by: ____ Date: ____ OPERATION PERMIT by: ____ Date: ____

AUTHORIZATION TO CONSTRUCT by: ____ Date: ____ Existing System Inspected by: Kayla Wilson Date: 3-29-18

**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.**

Attention: Kayla

Faxed 3/29/18

# WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

**1. Well Contractor Information:**

Alfred Kiesling Jr

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

3266-A

NC Well Contractor Certification Number

B & K Well Drilling Inc.

Company Name

**2. Well Construction Permit #:** 232447

*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:** 3/29/18

**5a. Well location:**

Patrick Joseph

Facility/Owner Name

Facility ID# (if applicable)

244 Queens Cove

Physical Address, City, and Zip

Iredell

County

4645340901

Parcel Identification No (PIN)

**5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:** (if well field, one lat/long is sufficient)

_____ N _____ W

## CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

*Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form*

**6a. Well ID#:** _____

**6b. Total well depth:** 250 (ft.)

**6c. Borehole diameter:** 6 (in.)

**6d. Water level below ground surface:** 10 (ft.)

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

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

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

## WELL ABANDONMENT DETAILS

**7a. Number of wells being abandoned:** 1

*For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.*

**7b. Approximate volume of water remaining in well(s):** 336 (gal.)

**FOR WATER SUPPLY WELLS ONLY:**

**7c. Type of disinfectant used:** Chlorine

**7d. Amount of disinfectant used:** 16oz

**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:**

55 Bags Hole Plug

1 Bag Portland cement

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

Poured + Hydrated

**8. Certification:**

Alfred Kiesling 3/29/18

Signature of Certified Well Contractor or Well Owner Date

*By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0108 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

RECEIVED JAN 2 - 2017

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***APPLICATION FORM***

$250.00 #232447

**Application For:** ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct (X) 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: Patrick Joseph Distinct Homes Address: 20600 N. Main St. Cornelius Zip: 28031
Applicant Email: awoods@pjdhomes.com Phone: 828 409 6774 Alt. Phone: 704 929 7779
Owner Name: Ben Cowen Address: 244 Queens Cove Rd Mooresville Zip: 28117
Owner Email: also email: gbegannonberg.com Phone: _____ Alt. Phone: _____

**Property Information:**

Street Address: 244 Queens Cove Rd Mooresville NC 28117
Subdivision Name: Queens Cove Section/Phase: 1 Lot Number: 20
Driving Directions: _____

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

(X) New Single Family Residence Maximum Number of Bedrooms: 4
( ) New Multi-Family Residence Maximum Number of Occupants: 2
( ) Accessory Building ( ) Swimming Pool
( ) Bedroom(s) Addition ( ) Other Addition/Structure: _____
( ) 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: _____

**CHECK FOUNDATION TYPE**

(X) 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 (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

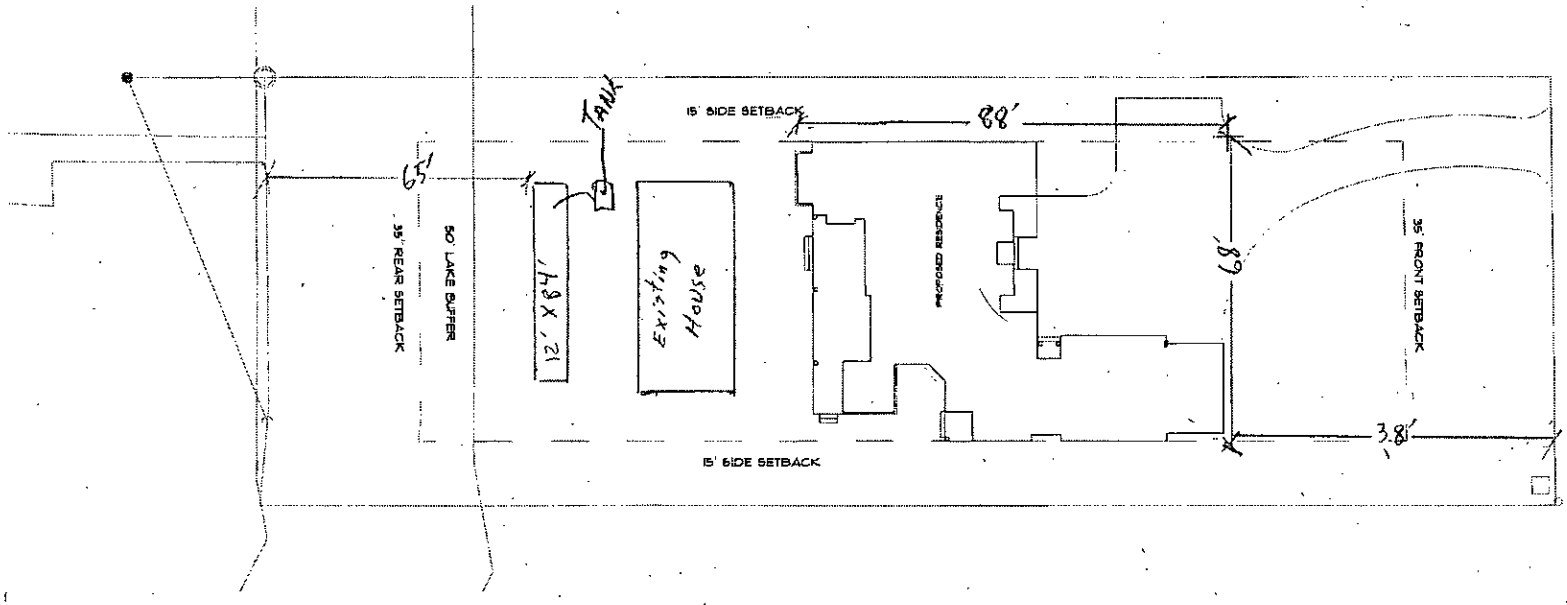
**Please answer the following to the best of your ability:**

( ) 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:** _____ 1-2-18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928




SITE PLAN

PROJECT:
THE COWEN RESIDENCE
© COPYRIGHT 2017

ELITE DESIGN GROUP

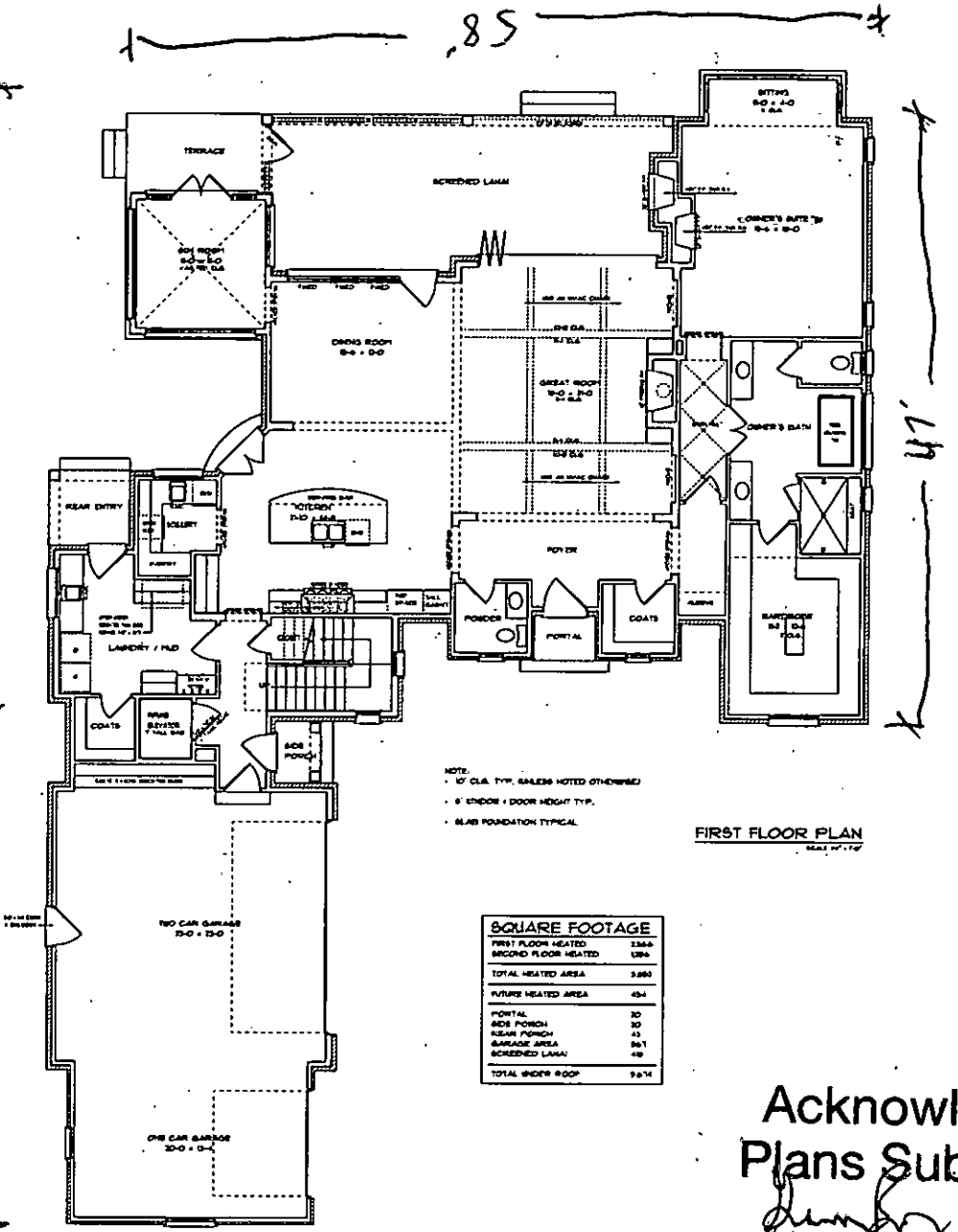
DRAWN BY:

DATE:
December 5th, 2017

REVISED:

SHEET ____

OF ____




FIRST FLOOR PLAN

| SQUARE FOOTAGE | |
|---|---|
| FIRST FLOOR HEATED | 2,366 |
| SECOND FLOOR HEATED | 1,284 |
| TOTAL HEATED AREA | 3,650 |
| FUTURE HEATED AREA | 454 |
| PORTAL | 30 |
| SIDE PORCH | 30 |
| REAR PORCH | 83 |
| GARAGE AREA | 841 |
| SCREENED LANAI | 419 |
| TOTAL UNDER ROOF | 5,514 |

Confirming FP dimensions

Acknowledgement of Plans Submittal ONLY!

Date 1-12-18

Date 1-19-18

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-7928

PROJECT:

THE COWEN RESIDENCE

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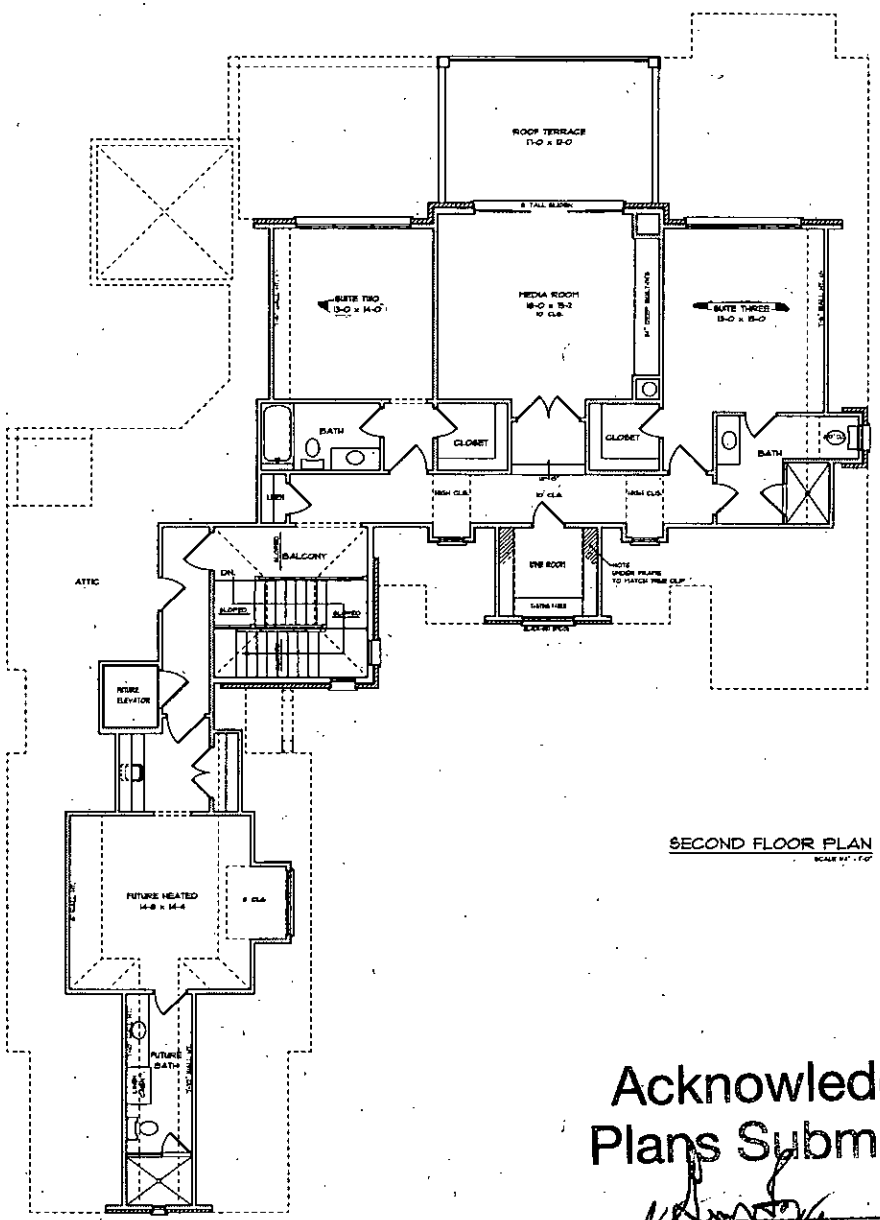
DRAWN BY:

DATE:
December 28th, 2017

REVISED:

SHEET: ____

OF ____




SECOND FLOOR PLAN

# Acknowledgement of Plans Submittal ONLY!

_____ Date 1-12-18

_____ Date 1-19-18

P.O. Box 691286
Mint Hill, NC 28227
tel: 704-545-2928

PROJECT:

THE COWEN RESIDENCE

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ELITE DESIGN GROUP

DRAWN BY:

DATE:
December 28th, 2017

REVISED:

SHEET _____

OF _____

232447

# 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, CLYDE Bennet Cowen, am the legal owner(s) of the property located at 244 Queens Cove Road, identified as PIN (Parcel Identification Number) 4645-34-0901.000, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Patrick Joseph Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

| Signature of Owner(s) | Date | Signature of Witness | Date |
|---|---|---|---|
| | 1/4/18 | | 1/4/18 |

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

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

| APPLICATION NUMBER |
|---|
| 232447 |
| Issue Date: 01/02/2018 |

## ZONING PERMIT

Residential

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4645340901.000 | 244 QUEENS COVE ROAD, MOORESVILLE, NC | IREDELL COUNTY |

| Owner Information | Applicant Information |
|---|---|
| Owner: COWEN CLYDE B+ANN M | Applicant: PATRICK JOSEPH DISTINC |
| Address: 2326 CLIFTON FORGE DR<br>MOORESVILLE, MO 63131 | Address: 20600 N MAIN ST<br>CORNELIUS, NC 28031 |
| Phone: | Phone: 704-929-7179 |

| Use Requested | Zone Code |
|---|---|
| NEW HOME ONCE EXISTING IS DEMOLISHED | R20 |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| .686 | 35.00 | 50.00 | 15.00 | 15.00 | CACL | AE |

**Remarks**

Lake Lots: must meet both the 50-foot setback from the 760 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 | 124766 | TOTAL FEES | $ 77.25 |
|---|---|---|---|