IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

$280

PERMIT# 104874 PIN# 4648028542 DATE 6-3-02

OWNER OR CONTRACTOR Judith Tucker PHONE: Business Cell Bonnie Fountain (704) 236-8345 Home 873-0609

ADDRESS 106 Taxedermy Ln Statesville, NC #429

LOCATION Hwy 150 W TR Bluefield Rd TL Big Indian Loop go straight to lake TR 5th house on left

SUBDIVISION Lk Norman BLOCK / SECTION 12 LOT 31 LOT AREA 1.03 Acre SITE CLASS PS DESIGN FLOW 480gpd L.T.A.R. .3

CLEFT

Septic Tank: 1000 Gallons; STB 760 Date 2-4-2002
Pump Tank: 1000 Gallons; PT 363 Date 9-28-02
Pump Make: Barnes Model HV412A Serial No C875774-250
Nitrification Field: No Fields 1 Square Feet 1200' Linear Feet 400'
No Lines 5@80' Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth N/A

☒ New System ☐ Repair System Type: I. II. (III.) IV. V. VI
System Description: Pump - 25% Reduction
Repair System Description: Pump - Innovative
Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 2 No. Employees ____

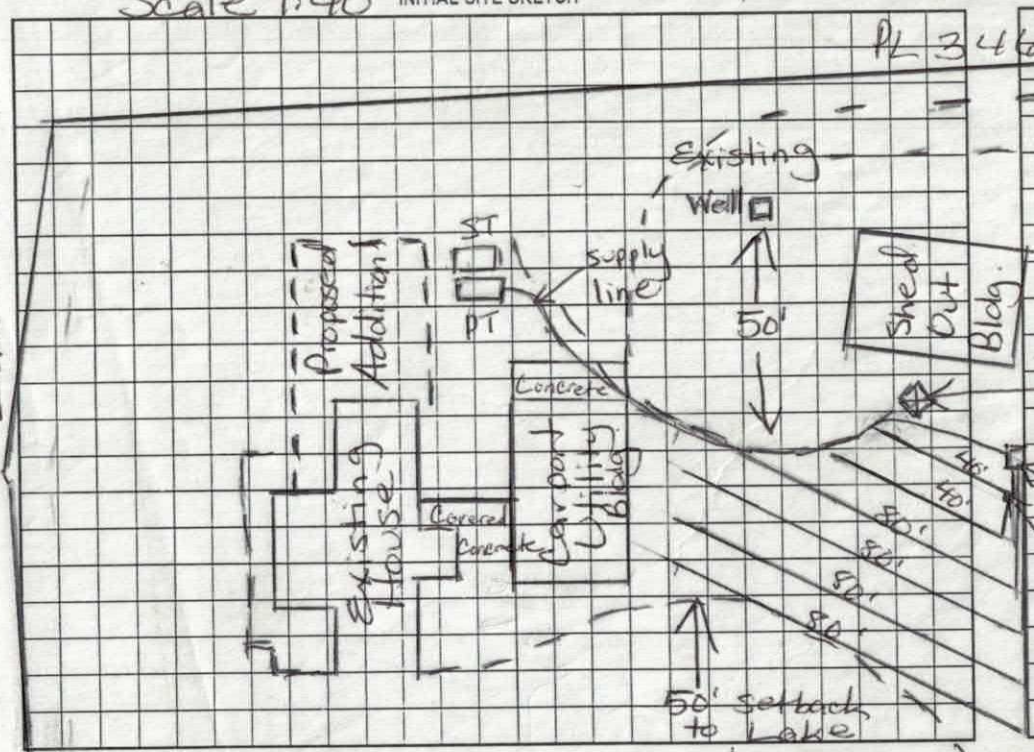
☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Public ☐ Community

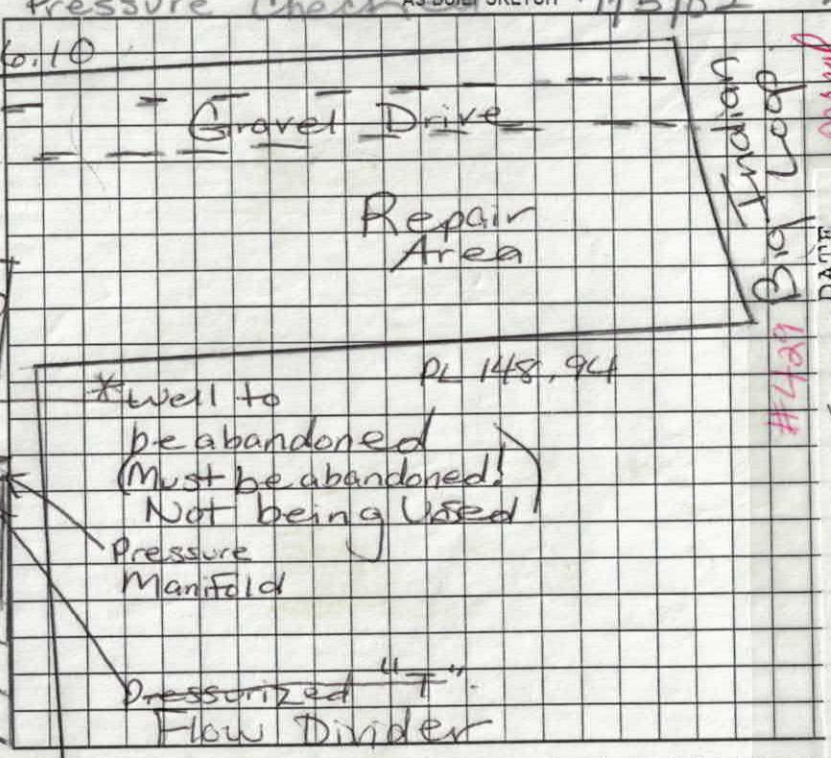
Comments:/Conditions: * Note: Must abandon well not being used, prior to installation of Septic. Existing Septic System to be abandoned. Old Septic tank abandoned, checked 7/5/02

Comments:/Conditions: Note: Keep "Supply line" 50 feet from well unless constructed of ductile iron pipe or equivalent. Tanks & lines checked 7/3/2002 MD Pressure Checked 7/5/02 MD

Scale 1:40 INITIAL SITE SKETCH



AS BUILT SKETCH



DATE	
7/3/02	LINES CHECKED (✓)
7/3/02	TANKS CHECKED (✓)
7/5/02	PRESSURE CHECKED (✓)
	ELECTRICAL CHECKED ( )
	ALARM CHECKED ( )

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 syste
Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Bonnie D Fount date ____

Improvement Permit by: Maria H RS date 6/3/02

Authorization to Construct by: Maria H Soban date 6/3/02

Installed by: Lakey Backhoe Service

Operation Permit by: ____ date ____

Existing System Inspection by: ____ date ____

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

Judith Tucker

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

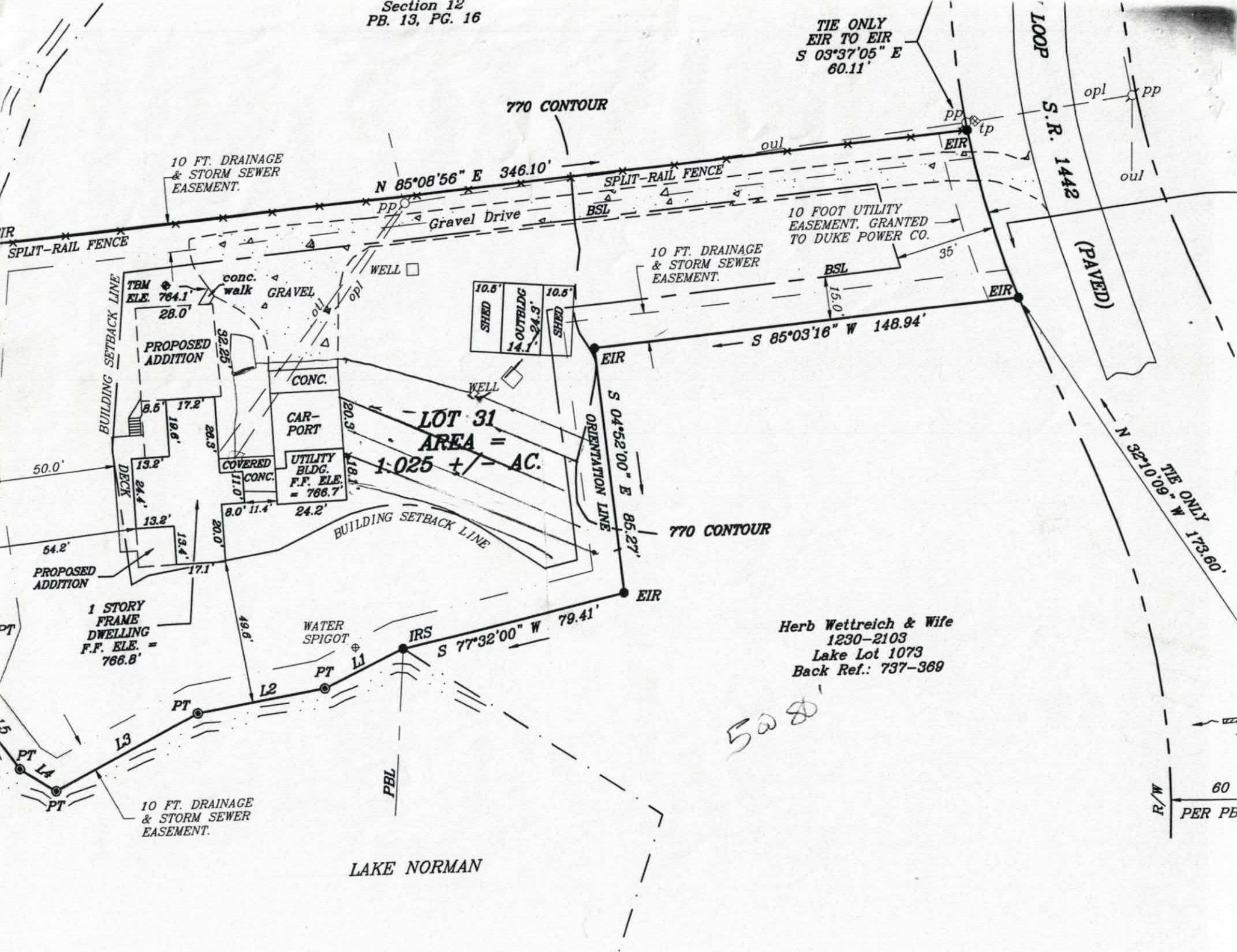
DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

Lot #31
429 Big Indian Lp

PROPERTY ID #: 104874
DATE OF EVALUATION: 3-4-02
COUNTY: Iredell

PROFILE #	.1940 LAND-SCAPE POSITION/ SLOPE %	HORI-ZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
		0-48"	Rd/Brn C/Cl m-w SBK	Wf some	SE, Fi-FR	Fi-FR Mica	SBK	SS, SP	PS .3

COMMENTS: _____


Section 12
PB. 13, PG. 16
TIE ONLY
EIR TO EIR
S 03°37'05" E
60.11'
770 CONTOUR
LOOP
S.R. 1442
(PAVED)
opl
pp
oul
tp
EIR
10 FT. DRAINAGE
& STORM SEWER
EASEMENT.
N 85°08'56" E 346.10'
SPLIT-RAIL FENCE
Gravel Drive
BSL
10 FOOT UTILITY
EASEMENT, GRANTED
TO DUKE POWER CO.
35'
15.0'
S 85°03'16" W 148.94'
WELL
TBM
ELE. 764.1'
conc.
walk
GRAVEL
BUILDING SETBACK LINE
PROPOSED
ADDITION
32.25'
28.0'
SHED
10.5'
OUTBLDG
24.3'
14.1'
CONC.
CAR-
PORT
LOT 31
AREA =
1.025 +/- AC.
8.5'
17.2'
19.6'
26.3'
20.3'
18.1'
50.0'
DECK
24.4'
13.2'
COVERED
CONC.
11.0'
UTILITY
BLDG.
F.F. ELE.
= 766.7'
8.0'
11.4'
24.2'
ORIENTATION LINE
S 04°52'00" E 85.27'
TIE ONLY
N 32°10'09" W 173.60'
54.2'
13.4'
20.0'
17.1'
PROPOSED
ADDITION
1 STORY
FRAME
DWELLING
F.F. ELE. =
766.8'
49.6'
WATER
SPIGOT
IRS
S 77°32'00" W 79.41'
L1
L2
L3
L4
PT
PBL
Herb Wettreich & Wife
1230-2103
Lake Lot 1073
Back Ref.: 737-369
528'
R/W
60
PER PB
LAKE NORMAN

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application For Improvement Permit

ALL items on this application form must be completed before Health Department can begin work. One application must be completed by the property owner or agent for each (proposed) site.

PERSONAL INFORMATION:

Judith B Tucker	704873-3609	104 Taxidermy Ln	Statesville	NC	28625
Applicant	Phone #	Mailing Address	City	State	Zip Code

Current Property Owner	Mailing Address	City	State	Zip Code

PROPERTY INFORMATION:

Lake Norman	31	Sect. 5 12	
(Proposed) Subdivision Name	(Proposed) Lot #	(Proposed) Block/Section #	State Road #

(Proposed) Water Supply: Public, Private Well — **Preliminary Plat Approval Date** (DEVELOPERS ONLY) — Tax Map #

Specific Directions to Property 429 Big Indian Loop

TYPE OF FACILITY: (use check (X) or number as appropriate)

House X Mobile Home _____ Commercial _____ No. Bedrooms 4 No. Baths 2

No. Persons or Employees (commercial only) _____ Basement _____ Basement with Plumbing _____

Crawl Space X Concrete Slab _____ Garbage Disposal _____ Jaccuzi or spa _____

COVENANT AND SIGNATURE:

I hereby make application to the Iredell County Health Department for a soils/site evaluation of the property described above. This evaluation is to be conducted for the sole purpose of obtaining a septic system Improvement Permit. I hereby authorize Iredell County Health Department representatives to go onto the above property for purposes of conducting this evaluation. I understand that, by state law, any Improvement Permit issued on the above property may be voided if substantial changes are made to the designated sewage system site. The issuance of an Improvement Permit by the Iredell County Health Department does not relieve me from compliance with all other relevant state/local laws or regulations. As owner or authorized agent, I covenant that the contents of this application are true and represent the maximum facilities intended to be placed on this property to my knowledge to date.

I understand that any Improvement Permit issued on the above property is valid for five (5) years from the issuance date and is subject to revocation if the above described site plans or intended use changes.

3-7-02 DATE Judy B Tucker SIGNATURE OF OWNER/AUTHORIZED AGENT

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

WNER OR CONTRACTOR T. Guy Barker DATE 2-1-83 PERMIT NO. 32

ONE: Business _____ Home _____

CATION 150W, TR 1367 BC 1474 TL 1395 TR 1442
5th Lot on left Lake Norman S. R. No. _____

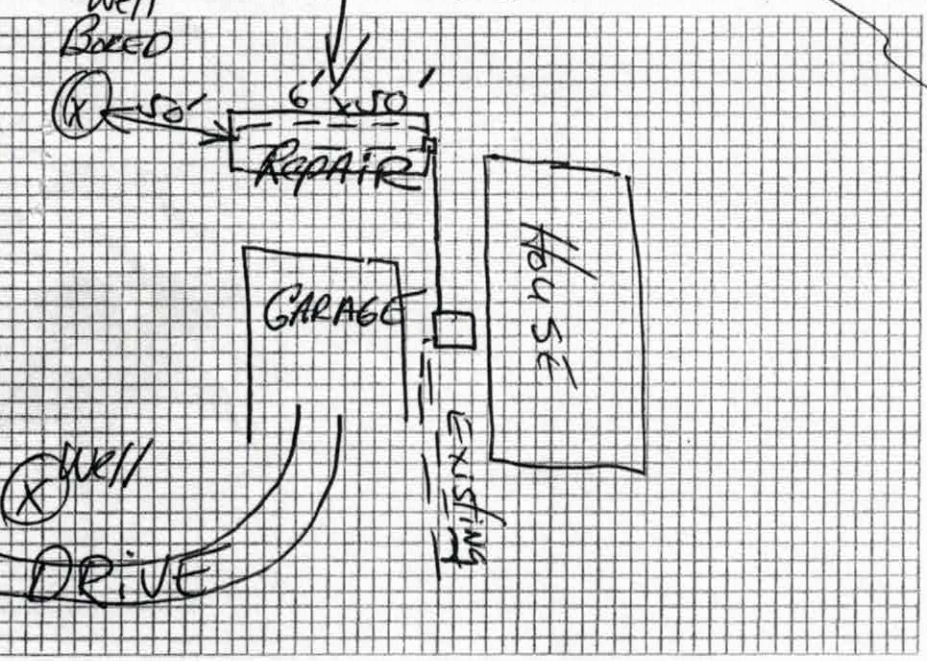
BDIVISION NAME _____ LOT NO. 31 SECTION OR BLOCK NO. 12

use (X) Mobile Home ( ) Business ( ) Other Repair

. Bedrooms 2 No. Bathrooms 2

rbage Disposal Unit	Yes ( )	No (X)	Character & Porosity of Soil	
to. Dishwasher	Yes (X)	No ( )	Percolation Rate	
to. Wash. Machine	Yes (X)	No ( )	Topography	Existing System
e Suitable	Yes (X)	No ( )	Depth to Water Table	
t Area ≈ 1.3 Acre			Rock or other impervious formations	

___ Basement with Plumbing 50' Basement without Plumbing X No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 300 Linear Ft. 100'
Depth of Stone in Lines 12"
Water Supply: Individual (X)
Public ( )

Installed by Eddie Yountz

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

Signed: _____

PROVEMENTS PERMIT BY Fred Clemmer

MMENTS: _____

RTIFICATE OF COMPLETION BY Fred Clemmer DATE 2-1-83

ISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
rmit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making provements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR B+K - William Bolling
WELL CONTRACTOR CERTIFICATION # 2650

1. WELL USE (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Mooresville County Iredell
429 Big Indian Rd. Quadrangle No.
(Road Name and Number, Community, Subdivision, Lot No.)

3. OWNER: Bonnie Fountain

4. ADDRESS: 324 E Church ST Troutman NC

5. TOPOGRAPHY: draw, slope, hilltop, valley, flat

6. TOTAL DEPTH: 40' (circle one) DIAMETER 24"

7. CASING REMOVED:
feet 4' diameter 24"

8. DISINFECTION: 15 Chlorine TABLETS
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:
Neat Cement
bags of cement 6
gallons of water 4
Sand Cement
bags of cement
gallons of water
Other
Type material granite
Amount

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
Hand mix

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

ground level



11. DATE WELL ABANDONED 7-1-02

I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well William M. Bolling Date 7-01-02

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW-30 Revised 12/99

Iredell County
Planning & Enforcement
227 S. Center St. PO Box 788
Statesville, NC 28687
704-878-3113

Zoning Permit
Permit Number: 104874ZO

Printed: 2/11/2002

Master #: 104874

Associated Permits:
104874ZO Zoning

Applicant
Name: Judith B Tucker
Address: 106 Taxedermy Lane
Statesville, NC 28625
Phone: 704-873-0609

Parcel
Parcel Number: 4648-02-8542
Address: 429 Big Indian Lp.
Mooresville, NC 28117
Subdivision:
Zoning: R20
Township: 1700
Area: 1.03
Lot(s):
Directions to Parcel: 77 south, Exit 36, Right, 3 light right Bluefield, left Big Indian, follow until run into lake, bare to right, 5th house on left.

Owners
Name: ~~Thomas E Barker~~
Address: Judith Tucker

Fees and Receipts:

Number	Description	Amount
FEE-27586-02	Zoning Permit	$35.00
FEE-27587-02	Environmental Health - Existing System	$50.00
	Total Fees:	**$85.00**
REC-18040-02		$85.00
	Total Receipts:	**$85.00**

Permit Information:
Max Built Upon Area:

Watershed:	WSIV-CA
Flood Zone:	No
Set Backs:	F35,LAKE 50,S5
Minimum Lot Size:	30000
Minimum Lot Width:	100
Min # Parking Spaces:	
Land Use Permitted:	Yes
Site Plan Reviewed:	
Staff:	
Zoning Permit:	Yes
Septic Typet:	Existing System
Proposed Use:	Addition
Property Recorded:	Yes
Community Water:	No
Provider:	
Community Sewer:	No
Provider:	
Date:	

Additional Conditions:
Comments: adding 2 bedrooms, rec room, & office

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. 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 responsibilty of the affected parties.

Applicant: Judith B Tucker Date 2-11-02

A non-refundable fee of $35.00 is charged on all permit applications

Permit Number: 104874ZO