ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # AP 301176

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

PIN # 4648239364

APPLICANT/OWNER: Freela Diane Passkiewicz | APPLICANT ADDRESS: 9203 Greenheather Dr Huntersville, NC

SITE ADDRESS: 280 Big Indian Lp Mooresville, NC 28117 | PHONE: 248 563-5649 | ALT. PHONE 248 496-0514

SITE DIRECTIONS: Hwy 150 W to R Bluefield Rd to L Big Indian Lp at fork stay left on right | SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: | SECTION: | LOT #: | LOT AREA: 1.8 Acre | DESIGN FLOW: 480 gpd | L.T.A.R.: .3

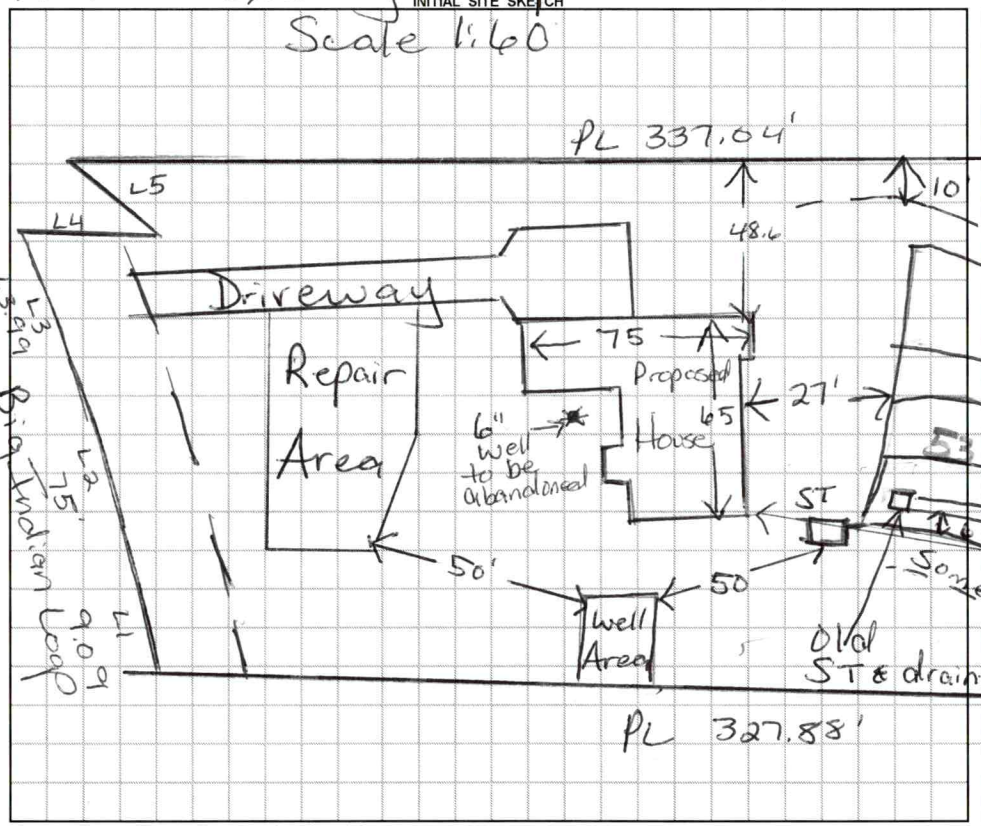
Septic Tank	1000	(gal)	STB		Date	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	—	(gal)	PT	—	Date —	System Description: ★ Gravity - 25% Reduction				☐ Business	No. Persons 8
Pump Make	—	Model		—	Serial # —	Repair System Description: Horst PP BPS				☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5 @ 80'		Linear Ft 400'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36"	Trench Bottom Depth(Low side)	Lt. 36"		Gravel Depth N/A		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

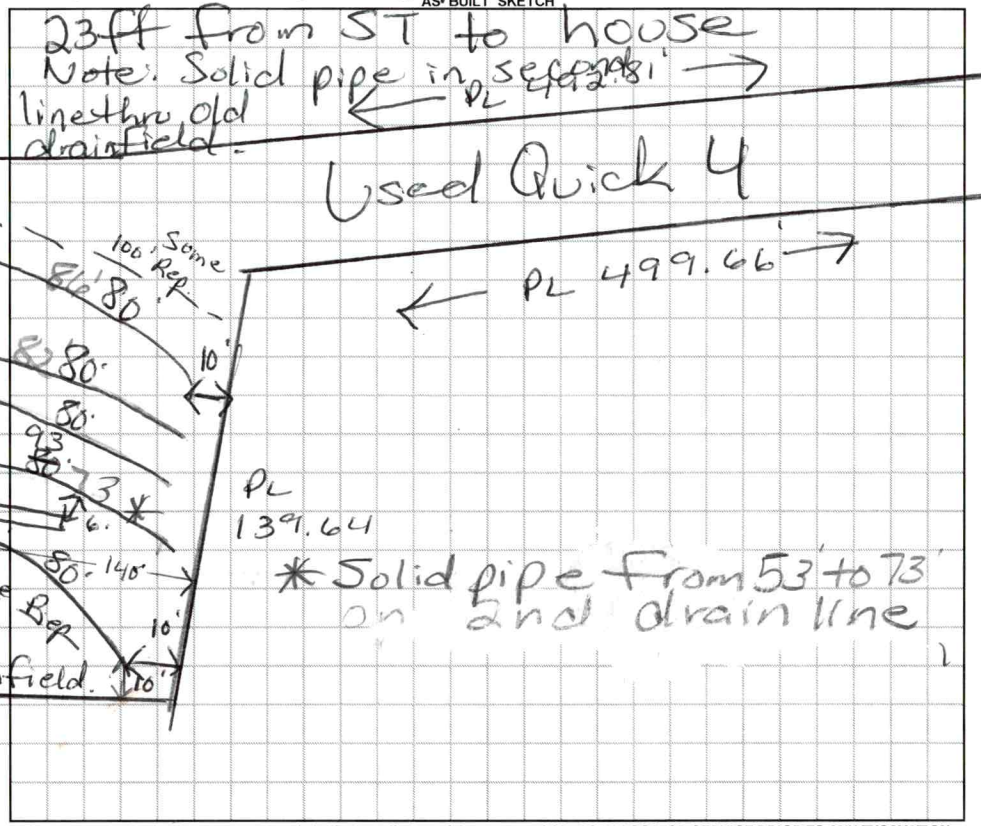
Comments / Conditions: ★ Must stub out plumbing high to maintain gravity Septic System.
★★ Abandon existing well prior to AC

Note: Keep new Septic System a minimum of 6ft from old Septic System. "Properly abandon old ST"
~~74~~ from well to ST

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: Freela Passkiewicz | Date: 11/7/19 | Installed by: Bass Grading

IMPROVEMENT PERMIT by: Maria Dotson | Date: 11/5/19 | OPERATION PERMIT by: Maria Dotson | Date: 3/13/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson | Date: 12-4-19 | 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.

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

Sheet ___ of ___
PROPERTY ID #: 4648239344
COUNTY: Iredell

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

OWNER: Freda Diane Pruskiewicz — APPLICATION DATE: 9/24/19
ADDRESS: 9203 Greenheather Dr Huntersville NC — DATE EVALUATED: 10/14/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 1.8 Acre
LOCATION OF SITE: 280 Big Indian Lp Mooresville NC — PROPERTY RECORDED: yes
WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ____
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut — TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	6%	0-7	Brw SCL	SS, SP, SExP, FR					PS
		7-26	RCm-w SBK	SS, SP, SExP, FR					
		26-52	RCL w SBK	SS, SP, SExP, FR					.3
		wfew SAP	Inclus		—	52"	—	—	
2	7%	0-13	Brw to Rd/Brw SCL						PS
		13-44	RCm-w SBK	SS, SP, SExP, FR					
		44-56	RCL w SBK	SS, SP, SExP, FR					.3
		few SAP	Inclus		—	56"	—	—	
3	5%	0-15"	Brw to Rd/Brw SCL w	SBK SS, SP, SExP					PS
		15-36"	RCm-w	SBK/ABK SS, SP, SExP, FR					
		hit old drainfield on end of Pit							.3
		36-52"	Rd to Yel/Rd CL w	SBK SS, SP, SExP, FR					
		wfew SAP	Inclus		—	52"	—	—	
4	6%	0-4	Brw SCL w	SBK SS, SP, SExP, FR					PS
		4-28	RCm-w	SBK/ABK SS, SP, SExP, FR					
		28-54	Rd to Yel/RCL w	SBK SS, SP, SExP, FR					.3
		w/few to many	SAP Inclus		—	54"	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hor + PBBR
Site LTAR	.3	.3

OTHER FACTORS (.1946): ____
SITE CLASSIFICATION (.1948): ____
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

COMMENTS:

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

Sheet ___ of ___
PROPERTY ID #: 4.48237364
COUNTY: Iredell

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

OWNER: Freda Diane PassKiewicz
ADDRESS: 9203 Greenheather Dr Huntersville, NC
PROPOSED FACILITY: House
LOCATION OF SITE: 280 Big Indian Lp Mooresville, NC
APPLICATION DATE: 9/24/19
DATE EVALUATED: 10/14/19
PROPERTY SIZE: 1.8 Acre
PROPERTY RECORDED: Yes
PROPOSED DESIGN FLOW (.1949): 480 gpd

WATER SUPPLY: ☒ Private ☐ Public ☐ Well ☐ Spring ☐ Other ___
EVALUATION METHOD: ☐ Auger Boring ☒ Pit ☐ Cut
TYPE OF WASTEWATER: ☒ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1/5	5%	0-5"	BrwSCL	wSBKSS,SP,SsoFR					PS .3
		5-20"	RCm-wSBK/ABKSS	SP,SsoFR					
		20-44"	RCLwSBKSS	SP,SsoFR					
		44-56"	L/SLSAP	massive,FR	—	44"			
		Quartvein	runningthrupt						
2									
3									
4									

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	Hart PPBS
Site LTAR	.3	.3

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: David Bean

LEGEND

use the following standard abbreviations

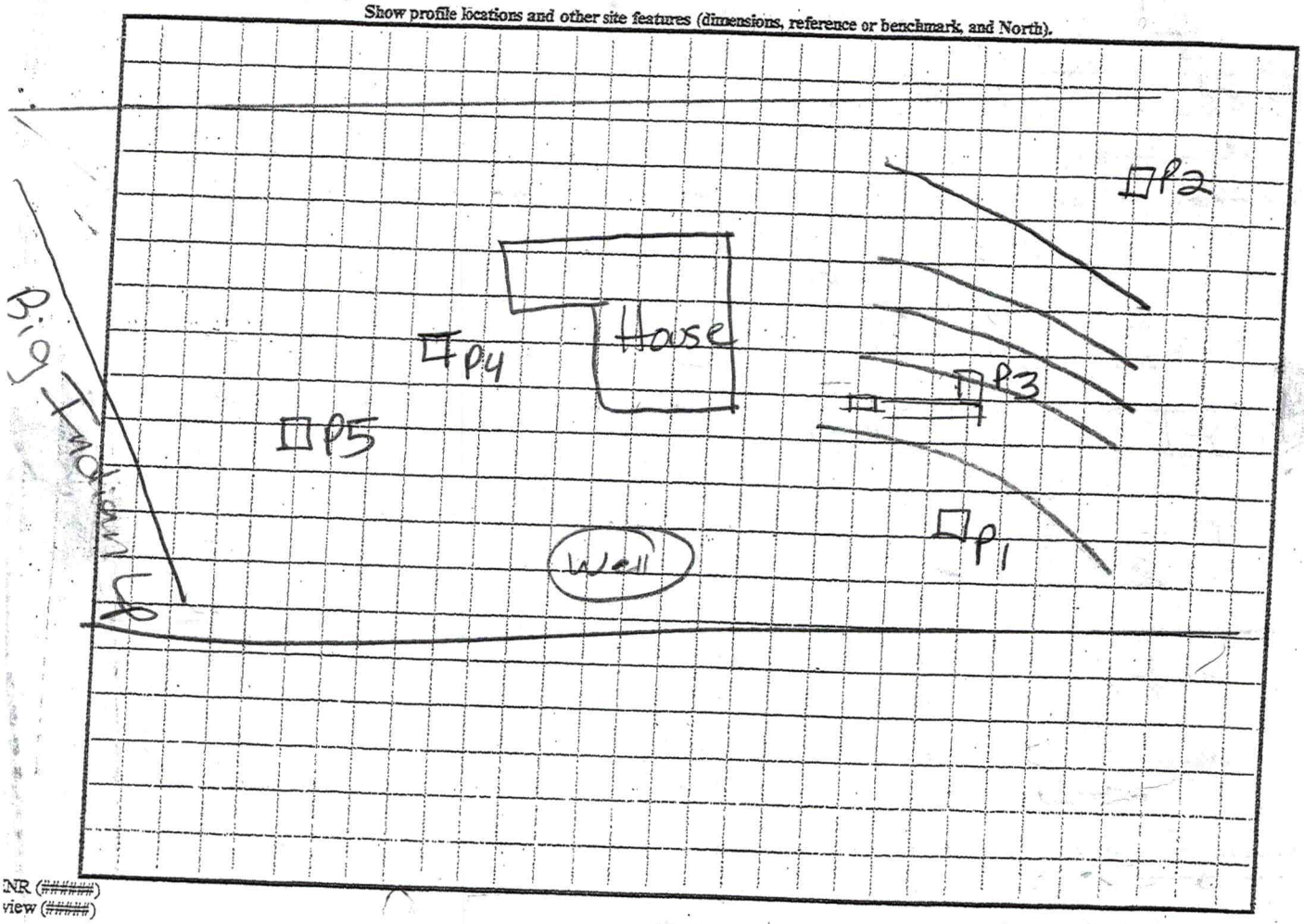
LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope) CV (Convex Slope) D (Drainage Way) DS (Debris Slump) FP (Flood Plain) FS (Foot Slope) H (Head Slope) L (Linear Slope) N (Nose Slope) R (Ridge) S (Shoulder Slope) T (Terrace)	I	S (Sand) LS (Loamy Sand)	1.2 - 0.8	0.6 - 0.4	NEXP (Non-expansive) SEXP (Slightly Expansive) EXP (Expansive)	G (Single Grain) M (Massive) CR (Crumb) GR (Granular) SBK (Subangular Blocky) ABK (Angular Blocky) PL (Platy) PR (Prismatic)
	II	SL (Sandy Loam) L (Loam)	0.8 - 0.6	0.4 - 0.3		
	III	Si (Silt) SiCL (Silty Clay Loam) CL (Clay Loam) SCL (Sandy Clay Loam) SiL (Silt Loam)	0.6 - 0.3	0.3 - 0.15		
	IV	SC (Sandy Clay) SiC (Silty Clay) C (Clay) O (Organic)	0.4 - 0.1 None	0.2 - 0.05 None	MOIST VFR (Very Friable) FR (Friable) FI (Firm) VFI (Very Firm v. Very Sticky) EFI (Extremely Firm)	WET NS (Non-sticky) SS (Slightly Sticky) S (Sticky) VS (Very Sticky) NP (Non-plastic) SP (Slightly Plastic) P (Plastic) VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

NOTES

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable)
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)
Evaluation of saprolite shall be by pits.
Long-term Acceptance Rate (LTAR): gal/day/ft²

Show profile locations and other site features (dimensions, reference or benchmark, and North).



NR (######)
view (#####)

4m 10/7/19 10:00am

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED AP 301176

Iredell County Health Department – Environmental Health Division

$122.5pd

PAGE 1: ***APPLICATION FORM***

Application For: (x) New Well Permit ( ) Well Repair Permit (x) Well Abandonment
(x) Septic Improvement Permit ( ) ~~Authorization~~ to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS AP... OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH CON... TION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Applying for:
1P
New Well 550
Well Abandonment
$175

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

The following optional attachments may also be submitted: ( ) Survey Plat, sc... ( ) Custom Site Pl...) feet

Place an (X) beside whichever is submitted if applicable

Applicant Information: (PRINT CLEARLY)

Applicant Name: Fred L Passkiewicz & Diane L Passkiewicz **Address:** 9203 Greemheather Dr., Huntersville NC **Zip:** 28078

Applicant Email: pasky@twc.com **Phone:** 248-563-5649 **Alt. Phone:** 248-496-0514

Owner Name: Alton & Cheryl Hancock **Address:** 48 Highland Place, Indian Head, MD **Zip:** 20640

Owner Email: _____ **Phone:** 240-216-4970 **Alt. Phone:** _____

Property Information:

Street Address: 280 Big Indian Loop, Moorseville NC 28117

Subdivision Name: _____ **Section/Phase:** _____ **Lot Number:** _____

Driving Directions: North of W. Plaza Dr., South of Cornelius Rd and West of Bluefield Rd.

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

CHECK FOUNDATION TYPE

(x) New Single Family Residence — Maximum Number of Bedrooms: 4 — (x) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 4 — ( ) 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: 1 Number of Persons: 4

(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: 1950's

( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

Signature: Diane L. Passkiewicz — 9/24/19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

00364 0232

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, Alton & Cheryl Hancock, am the legal owner(s) of the property located at 280 Big Indian Loop, Mooresville NC 28117, dentified as

PIN (Parcel Identification Number) 4648-23-9364.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Fred or Diane Passkiewicz _____, 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.

Alton Hancock Cheryl M. Hancock Sept. 22, 2019

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

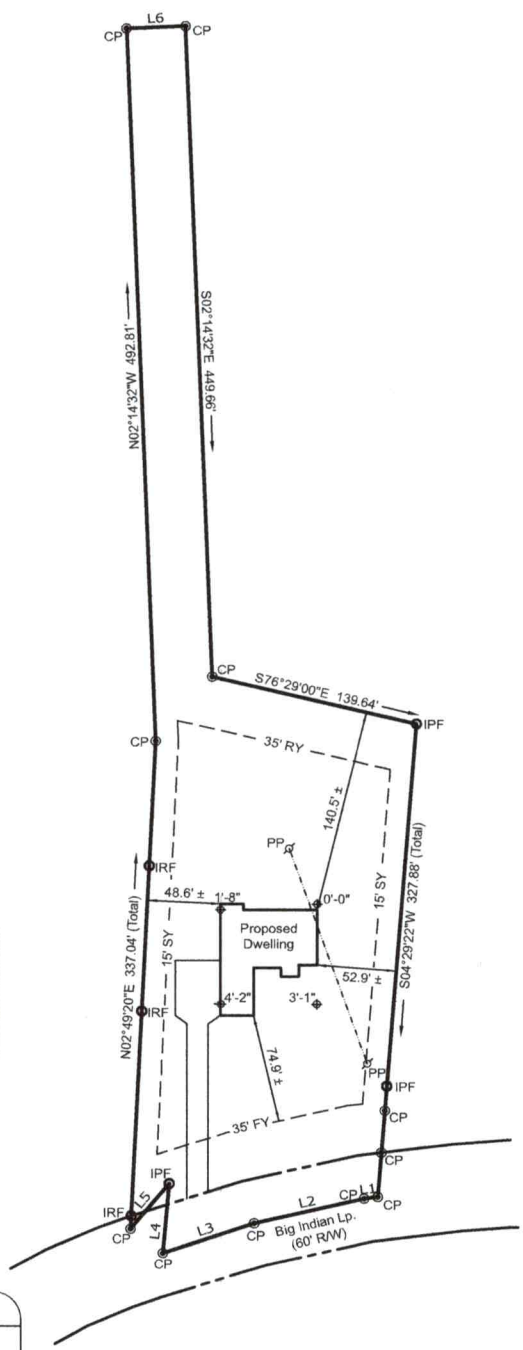
Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

364
232

PRELIMINARY FOR REVIEW ONLY

SETBACKS:

PROPERTY SUBJECT TO A 35' FRONT YARD (FY), 15' SIDE YARD (SY), & 35' REAR YARD (RY) PER IREDELL COUNTY ZONING ORDINANCE.



LINE	BEARING	DISTANCE
L1	S82°48'46"W	9.09'
L2	S76°54'51"W	75.00'
L3	S71°22'16"W	63.99'
L4	N05°04'01"E	47.96'
L5	S39°37'36"W	40.23'
L6	N87°46'19"E	39.15'

NAD83 - 2011

0 80 160 240

LEGEND

FY	FRONT YARD SETBACK
RY	REAR YARD SETBACK
SY	SIDE YARD SETBACK
R/W	RIGHT OF WAY
P.B.	PLAT BOOK
PG.	PAGE
PP	POWER POLE
IPF	IRON PIPE FOUND
IRF	IRON REBAR FOUND
CP	COMPUTED POINT

JORDAN GRANT
ENGINEERING • SURVEYING • PLANNING
JORDAN GRANT & ASSOCIATES, PLLC
P.O. BOX 151 * STATESVILLE, NC 28687
mattg@jordan-grant.com (704) 928-7919
FIRM # P-1227

OWNER: Passkiewicz

DRAWN BY: JWE	CHECKED BY: MIG
SCALE: 1" = 80'	
DEED REF: 1653 - 311	PIN NO: 4648-23-9364
DATE OF MAP: 09-16-19	SURVEY DATE: 09-13-19
REVISION: 10-11-19	DRAWING FILE: 20190836

280 Big Indian Lp., Mooresville, NC 28117
Davidson TWSP. - Iredell County - North Carolina

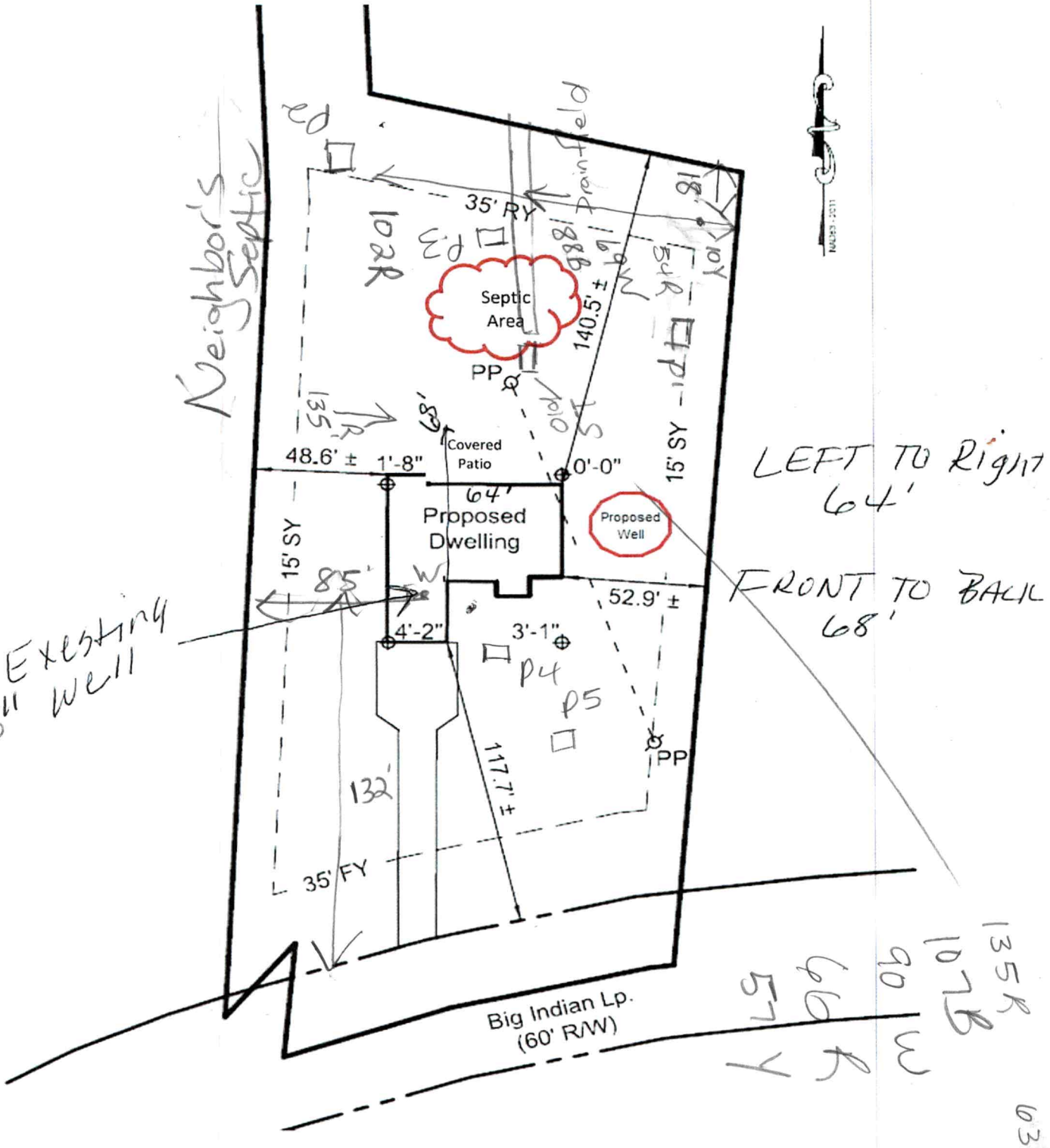
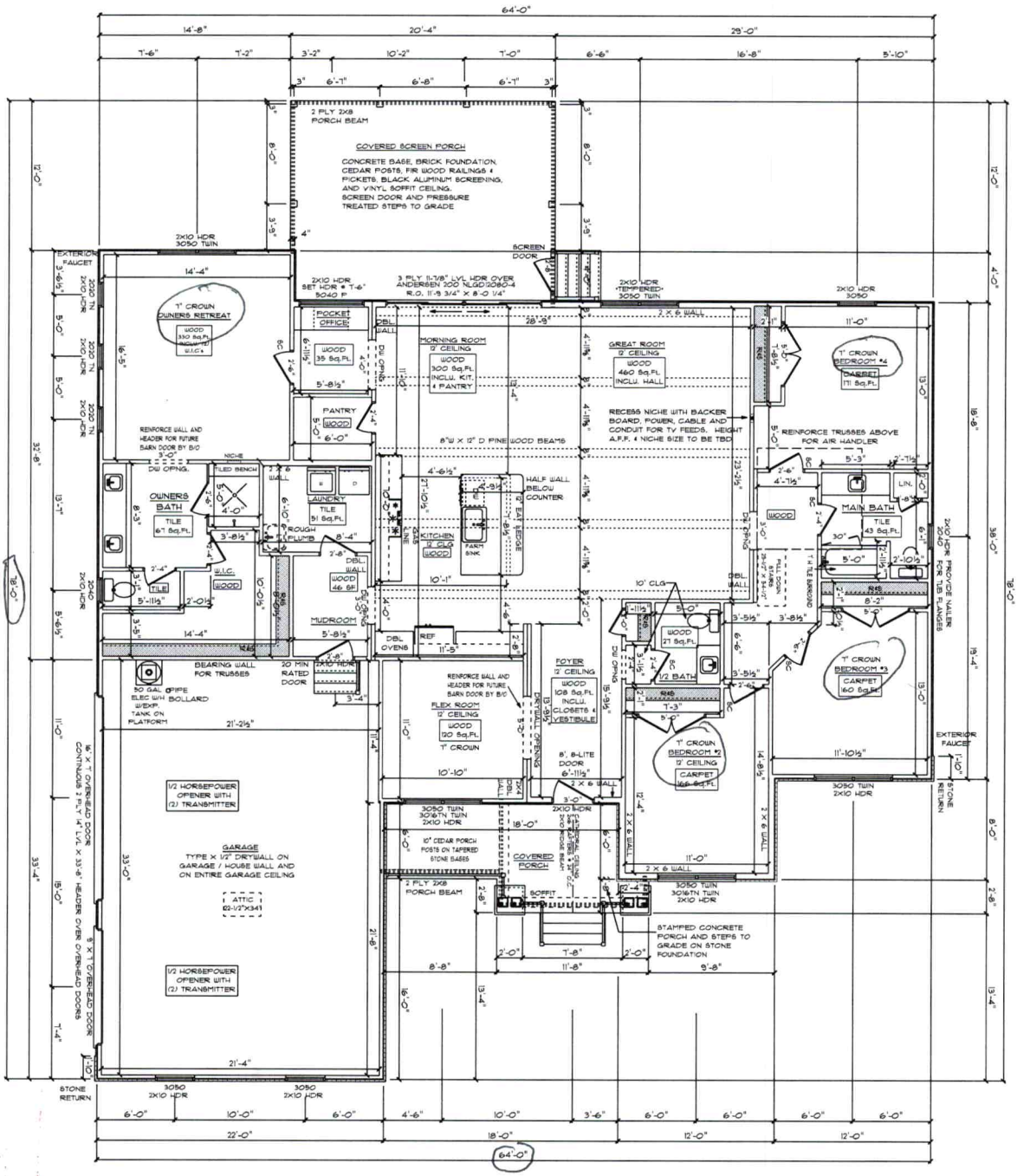

Neighbor's Septic
Septic Area
Proposed Dwelling
Proposed Well
Covered Patio
35' RY
35' FY
15' SY
48.6' ±
1'-8"
0'-0"
64'
52.9' ±
4'-2"
3'-1"
85'
132'
117.7' ±
140.5' ±
135'
PP
P1
P2
P3
P4
P5
Big Indian Lp.
(60' R/W)
Existing 6" well
LEFT TO Right
64'
FRONT TO BACK
68'
63' to Back
ST 61' to sideline
ST 54' to Back

Exhibit B



GENERAL FRAMING NOTES:
- DRYWALLED OPENINGS TO BE 8'-0" HEIGHT, UNLESS OTHERWISE NOTED
- HEADERS TO BE 2-PLY 2X10 W/ (2) KING & (1) JACK STUDS UNLESS OTHERWISE NOTED
- ALL LVL'S AND CARRIER TRUSSES TO HAVE A MIN. OF (2) KING & (2) JACK STUDS, UNLESS NOTED OTHERWISE

PLAN NOTES:
- SMOOTH CEILINGS THROUGHOUT HOME
- PAINTED FARMHOUSE TRIM
- 7-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYWALLED RETURNS
- 8' HIGH, 5-PANEL HOLLOW CORE MOLDED INTERIOR DOORS: COAT, PANTRY, LAUNDRY, OWNER'S W.I.C., OWNER'S LINEN, AND MAIN BATH LINEN. (6) TOTAL
- 8' HIGH, 5-PANEL SOLID CORE MOLDED INTERIOR DOORS: ALL BEDROOMS (3) & BATH ENTRIES (2), (5) TOTAL
- SILVERLINE LOW-E VINYL WINDOWS
- WOOD PANTRY SHELVES

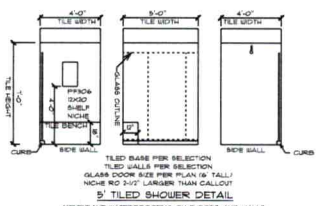
FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED
- UPGRADED CARPET AND PADDING IN BEDROOMS #2, #3 & #4

WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

CHARLESTON EARNHARDT / CUSTOM

FRONT ELEVATION
10' CEILING HEIGHT



TILED BASE PER SELECTION
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN (6' TALL)
NICHE TO 3-1/2" LARGER THAN CALLOUT

5' TILED SHOWER DETAIL

MEMBRANE WATERPROOFING ON FLOORS AND WALLS

Acknowledgement of Plans Submittal
Date 12-4-19
Date

FINAL DRAWINGS APPROVED: 11-21-19
REVISED ON: 12-03-19

SCHUMACHER HOMES
Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR:
FRED LAWRENCE PASKIEWICZ

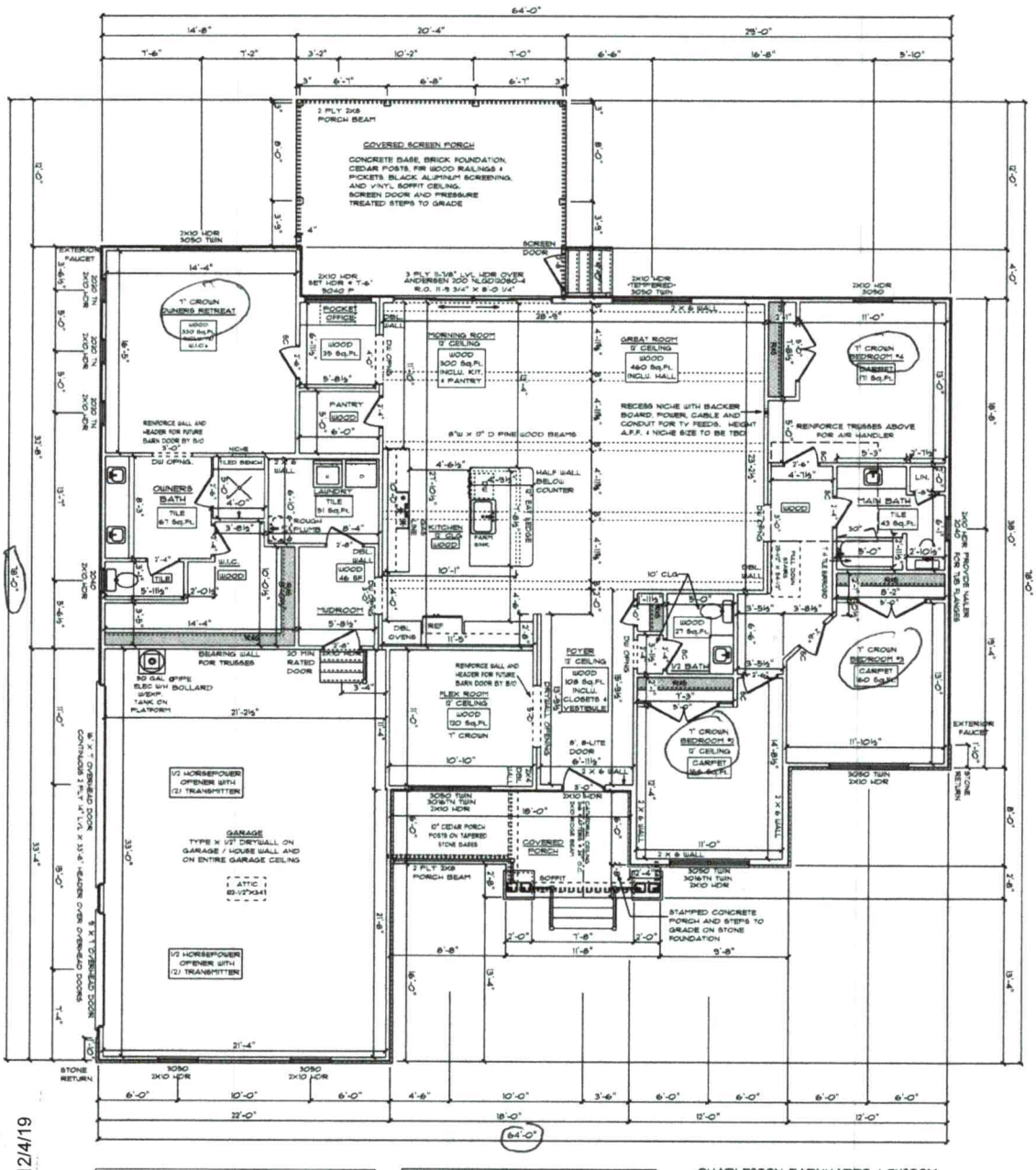
JOB #: CH 679 018 0664 | CN #: 29620 | VN #: PA125

LOCATION:
280 BIG INDIAN LOOP
MOORESVILLE, NC, 28117
IREDELL COUNTY

SQUARE FOOTAGES:
MAIN FLOOR = 2424 SQ. FT.
GARAGE = 728 SQ. FT.
PORCHES = 463 SQ. FT.
FDN/CRAWL = 2421 SQ. FT.

DRAWN BY: DMB | DATE: 12/3/2019 | SCALE: 1/8" = 1'-0" | DWG: 6

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GENERAL FRAMING NOTES:
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PLAN NOTES:
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- PAINTED FARMHOUSE TRIM
- 7-1/4" BASEBOARDS
- 3-1/4" CASING ON INTERIOR DOORS AND WINDOWS HAVE DRYSHELLED RETURNS
- 8' HIGH, 5-PANEL, HOLLOW CORE MOLDED INTERIOR DOORS: COAT, PANTRY, LAUNDRY, OWNER'S W.I.C., OWNER'S LINEN, AND MAIN BATH LINEN. (6.) TOTAL
- 8' HIGH, 5-PANEL SOLID CORE MOLDED INTERIOR DOORS: ALL BEDROOMS (3.) + BATH ENTRIES (2.) (5.) TOTAL
- SILVERLINE LOWE VINYL WINDOWS
- WOOD PANTRY SHELVES

FLOORING NOTES:
- ALL FLOORING BREAKS OCCUR @ CENTER LINE OF DOOR OPENINGS UNLESS OTHERWISE NOTED
- FLOORING SQUARE FOOTAGES INCLUDE CLOSETS RELATIVE TO THE AREA UNLESS OTHERWISE NOTED
- SOME FLOORING SQUARE FOOTAGES MAY INCLUDE HALLS OR AREAS THAT CONNECT WITHOUT WALL SEPARATION IF THE SAME FINISH IS CONTINUED
- UPGRADED CARPET AND PADDING IN BEDROOMS #2, #3 & #4

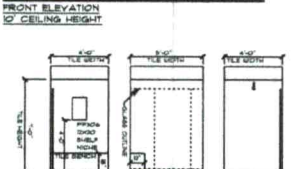
WALL BRACING NOTES:

WALL BRACING IS UTILIZING AN ENGINEERED DESIGN AS FOLLOWS: ALL WALLS SHALL BE CONTINUOUSLY SHEATHED WITH MIN. 7/16" OSB FASTENED WITH 6d COMMON NAILS AT 6" O.C. ALONG EDGES AND 12" O.C. ALONG INTERMEDIATE FRAMING. ADD BLOCKING TO WALLS IF SHEATHING MAKES UP BETWEEN 25% AND 50% OF WALL AND REDUCE NAIL SPACING TO 3" O.C. ON EDGES AND 6" O.C. ON INTERMEDIATE FRAMING. PORTAL FRAME PER DETAIL SHALL BE CONSTRUCTED AT THE GARAGE DOOR OPENING.

CHARLESTON EARNHARDT / CUSTOM

FRONT ELEVATION

10' CEILING HEIGHT



TILED BASE PER SELECTION
TILED WALLS PER SELECTION
GLASS DOOR SIZE PER PLAN IS TALL/WIDE NO 3/4" LARGER THAN CALLOUT

5' TILED SHOWER DETAIL

MEMBRANE WATERPROOFING ON FLOORS AND WALLS

Acknowledgement of Plans Submittal

Date 12-4-19

Date 12/4/19

FINAL DRAWINGS APPROVED: 12-9-19

REVISED ON: 12-9-19

SCHUMACHER HOMES

Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com

CUSTOM BUILT FOR: FRED LAWRENCE PASSKIEWICZ

JOB #: CH 679 019 0664 | CH # 78620 | VN # PA029

LOCATION: 260 BIG INDIAN LOOP, MOORESVILLE, NC 28117, IREDELL COUNTY

SQUARE FOOTAGES:
MAIN FLOOR = 3434 SQ. FT.
GARAGE = 728 SQ. FT.
PORCHES = 463 SQ. FT.
FDN/CRAWL = 2421 SQ. FT.

DRAWN BY: DMB | DATE: 12/3/2019 | SCALE: 1/8" = 1'-0" | DWG: 6

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IREDELL COUNTY · NC

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

APPLICATION NUMBER
301176 Issue Date: 09/24/2019

Permit Type: ZONING RESIDENTIAL

Parcel Number	Street Address	Jurisdiction
4648239364.000	280 BIG INDIAN LOOP	

Owner Information	Applicant Information
Name: HANCOCK ALTON+CHERLY M	Name: DIANE PASSKIEWIZZ
Address:	Address: 280 BIG INDIAN LOOP MOORESVILLE, NC 28117
Phone:	Phone: (248)563-5649

Use Requested	Zone Code
	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
1.8	35	35	15	15		

Remarks

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.

Date: 09/24/2019

Signature of Owner/Contractor

Permit Number	000380	TOTAL FEES:	$77.25

IREDELL COUNTY HEALTH DEPARTMENT PJB

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

PRIVATE DRINKING WATER WELL PERMIT # 301176 **PIN #** 4648239364 **Type of Permit (circle one): New Repair Abandonment**

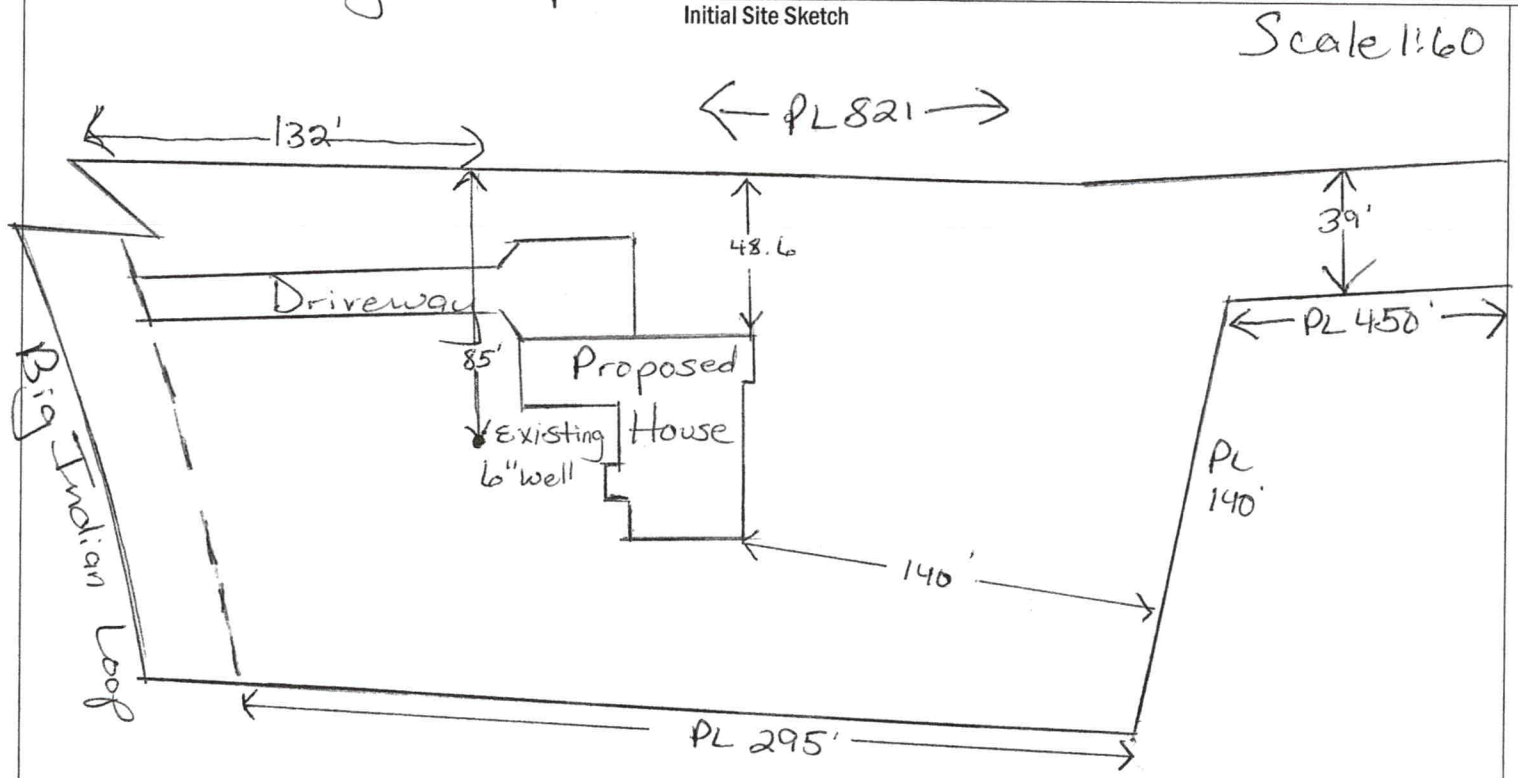
APPLICANT/OWNER NAME: Fred & Diane Passkiewicz ADDRESS: 9203 Greenheather Dr. Huntersville, NC PHONE: 248563-5644

DIRECTIONS TO SITE: Hwy 150 W TR Bluefield TL Big Indian Lp go straight @ fork on right before Palos Verde

SITE ADDRESS: 280 Big Indian Lp Mooresville, NC SUBDIVISION: _____ SECTION/LOT: _____

Initial Site Sketch

Scale 1:60



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Properly abandon existing well per NC Well Construction rules.

WELL PERMIT ISSUED BY: Maria Olson DATE: 10/22/19 (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: MidSouth CONTRACTOR CERT #: 4274 GROUT INSPECTION BY: (Abandonment) Patrick J Bigley III DATE: 11/13/19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ 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: Patrick J Bigley III DATE: 11/15/19 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

This form can be used for single or multiple wells

1. Well Contractor Information:

Seth Julian

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

4274-C

NC Well Contractor Certification Number

mid-South well & Pump

Company Name

2. Well Construction Permit #: 301176

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: 11-13-19

5a. Well location:

Fred & Diane Paskiewicz

Facility/Owner Name — Facility ID# (if applicable)

280 Big Indian LP mocksville NC

Physical Address, City, and Zip

Iredell — County

4649239364 — 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: 285 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 60 (ft.)

6e. Outer casing length (if known): 137 (ft.)

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

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

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

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

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: granular Chlorine

7d. Amount of disinfectant used: 4 02

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:

2.5 Yards

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

Dug Down 3 ft Below grade filled Hole Full

8. Certification:

Seth Julian — Signature of Certified Well Contractor or Well Owner

11-14-A — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned i accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standarc 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 we 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 we 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 10 above, also submit one copy of this form within 30 days of completion of we 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 t the address(es) above, also submit one copy of this form within 30 days o completion of well abandonment to the county health department of the count where abandoned.