ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 HS Mooresville Office (704) 660-3625 PERMIT # 304261

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

PIN # 4730030080.000

APPLICANT/OWNER: Kimberly Devlin APPLICANT ADDRESS: 131 Winding Creek Drive Troutman NC 28166

SITE ADDRESS: 509 State Park Road Troutman NC 28166. PHONE: 516 765 1457 ALT. PHONE 704-296-1189.

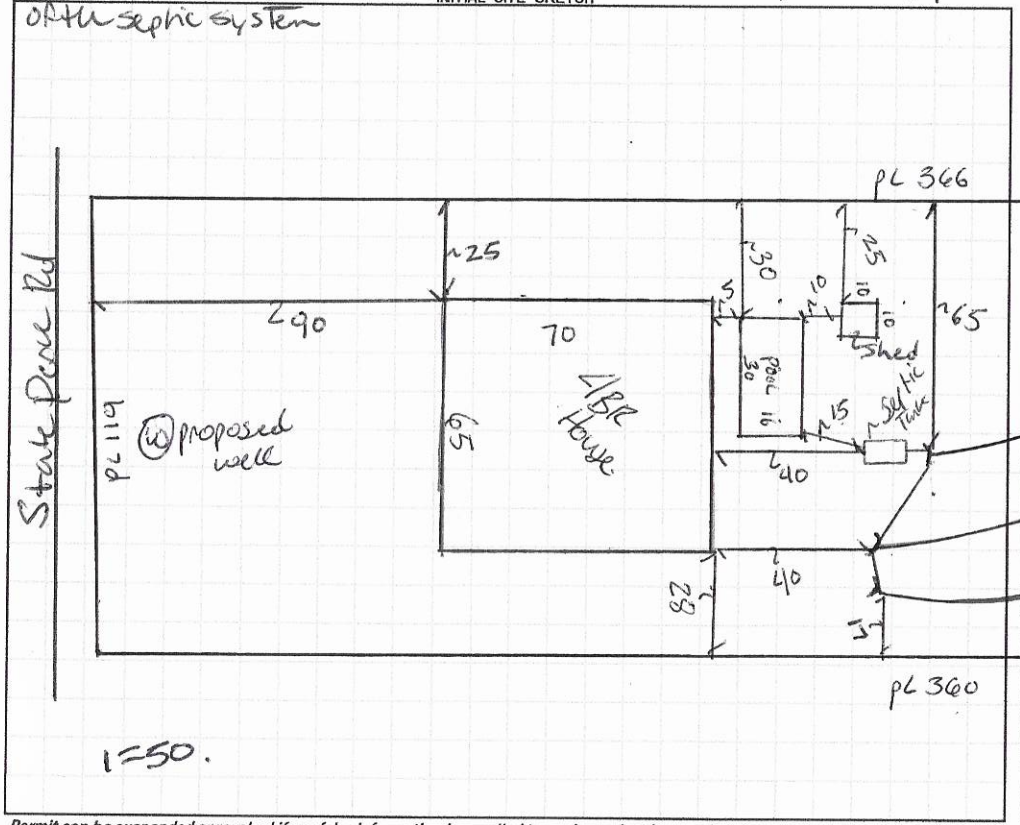
SITE DIRECTIONS: Peath Rd to State Park Rd Lot on Left before State Park. SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: The Park SECTION: - LOT # 3 LOT AREA: 0.98 Acres DESIGN FLOW: 480 L.T.A.R.: .30

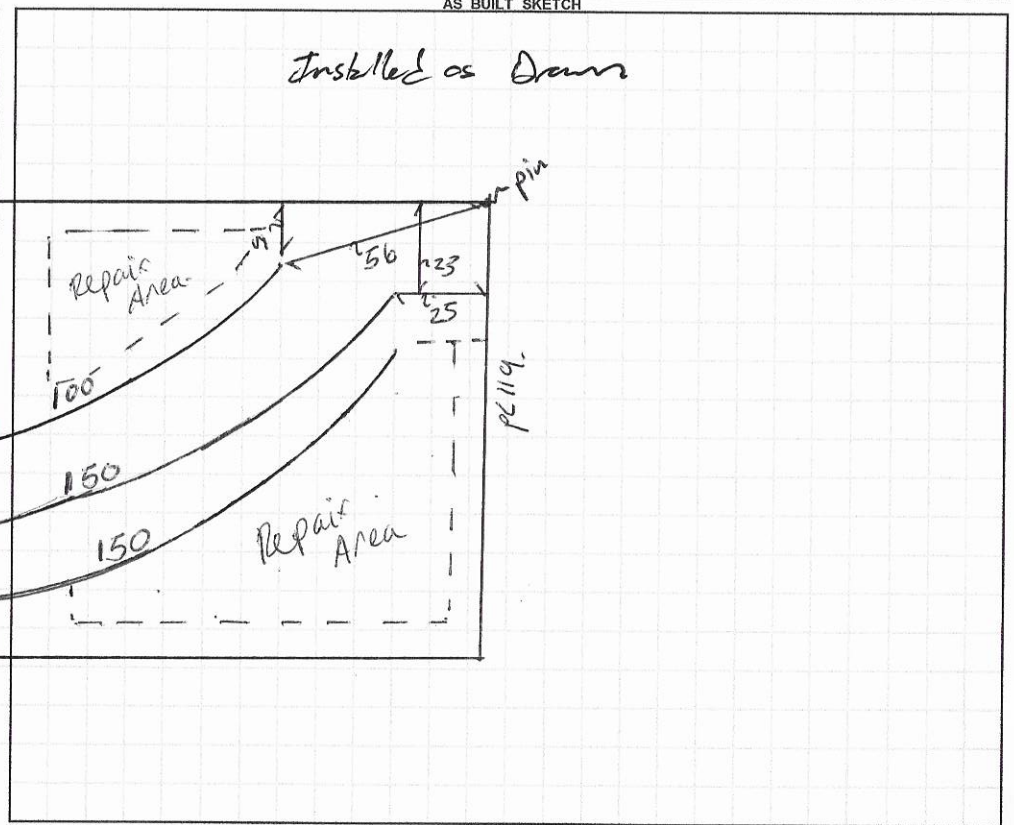
Septic Tank	1000	(gal)	STB	974	Date	7-15-2020	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☒ Residence	No. Bedrooms	4	Water Supply	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction				☐ Business	No. Persons	8	☒ Private	
Pump Make	-	Model	-	Serial #	-		Repair System Description:	LP- Panel Block 50% Reduction				☐ Other	No. Employees		☐ Public	
# Nitrification Fields	1	# Lines	3	Linear Ft:	400		Maintenance Agreement Required:	☐ YES	☒ NO			☒ Slab	☐ Crawl Space		☐ Community	
Trench Width	36	Trench Bottom Depth(Low side)	33"	Gravel Depth	-			☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing			☐ Basement w/o plumbing	

Comments / Conditions: Install Septic Drainlines on the Contours of the Land and utilize Serial Distribution. Do not Drive, park, pave, grade or bury utilities in drainfield. Pool must Remain 15ft away from any part of the septic system

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: [signature] Date: 2/28/2020 Installed by: Lago Vista Septic

IMPROVEMENT PERMIT by: Benjamin D. Bottin Date: 2/13/2020 OPERATION PERMIT by: [signature] Date: 8-20-20

AUTHORIZATION TO CONSTRUCT by: Benjamin D. Bottin Date: 2/13/2020 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.

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: Iredell

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

OWNER: Devlin
ADDRESS:
APPLICATION DATE: 1/20/2020
PROPOSED FACILITY: 4BR House
PROPOSED DESIGN FLOW (.1949): 480
DATE EVALUATED: 1/30/2020
LOCATION OF SITE: ~~405~~ 504 Statesville Rd.
PROPERTY SIZE:
WATER SUPPLY: ☐ Private ☐ Public ☑ Well ☐ Spring ☐ Other
PROPERTY RECORDED: Yes
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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 5%	0-14	SC wsBk	SSSp FR SE/P	2.5YR 4/6	52	–	Lithe mottles	PS .30
		14-42	C SBk	SSSp FR					
		42-52	CL wsBk	SSSp FR					
2	LSS 5%	0-5	SC wSBk/GR	SSSp FR SE/P	2.5YR 4/6	52	–	C. Lithe mottles	PS .30
		5-35	C SBk	SSSp FR					
		35-52	CL wsBk	SSSp FR					
3	LSS 5-6%	0-12	SC wSBk/GR	SSSp FR SE/P	2.5YR 4/6	54	Scum, Debris	C. Lithe mottles	PS .30
		12-28	C SBk	SSSp FR					
		28-54	CL wsBk	SSSp FR					
4	LSS 6%	0-4	SC wsBk	SSSp FR SE/P	2.5YR 4/6	53	–	C. Lithe mottles	PS .30
		4-34	C SBk	SSSp FR					
		34-53	CL wsBk	SSSp FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	400 L.F.	267 L.F.
System Type(s)	III - 25% Red	~~III~~ IV 50% Red
Site LTAR	.30	.30

OTHER FACTORS (.1946): –
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Botkins
OTHER(S) PRESENT:

COMMENTS: * Needs to be cleared. * old well ?

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	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	WET
VFR (Very Friable)	NS (Non-sticky)
FR (Friable)	SS (Slightly Sticky)
FI (Firm)	S (Sticky)
VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
EFI (Extremely Firm)	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.

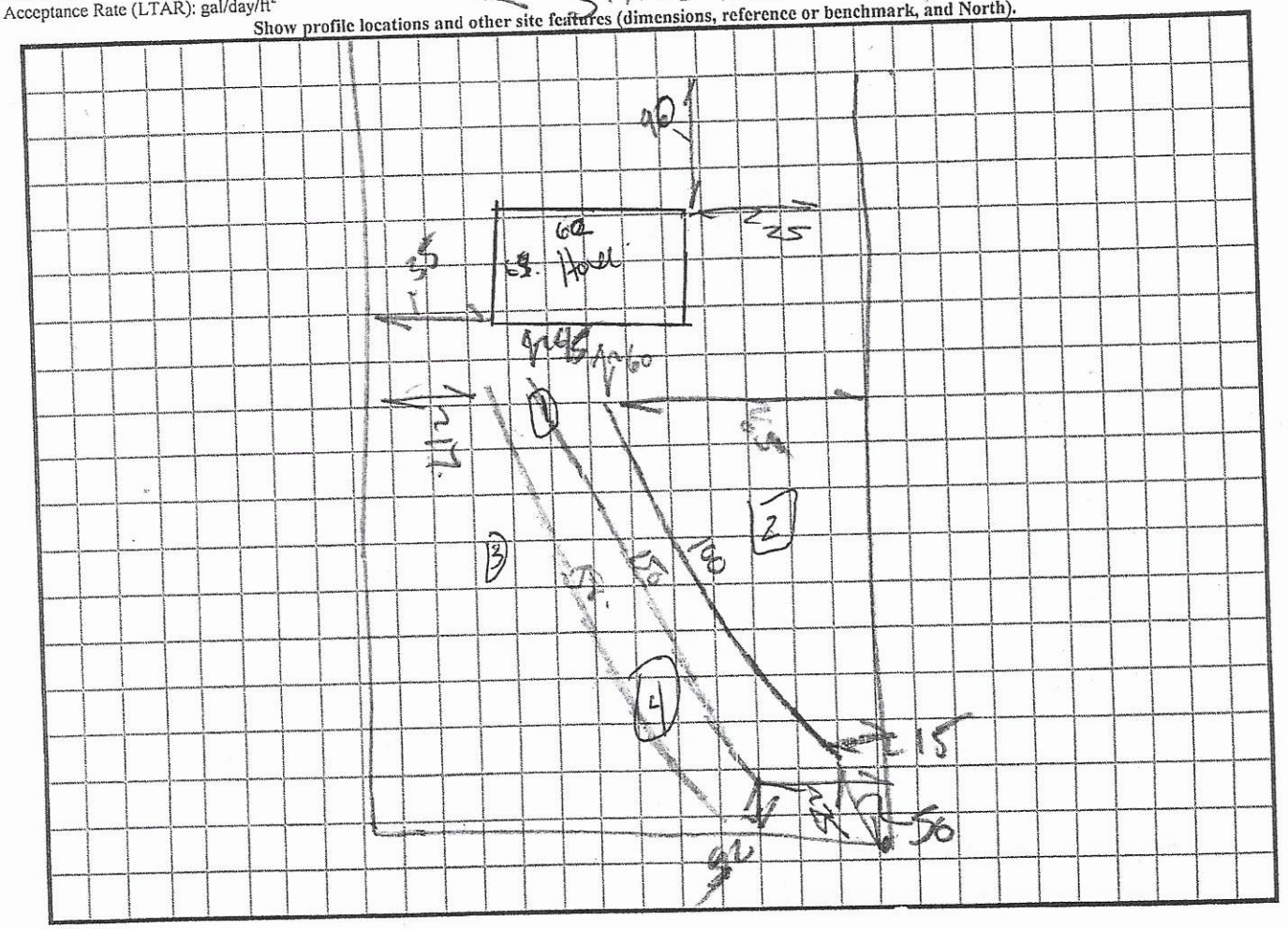
NOTES

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/ft^2

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



Ben

$500.00
AP-304261
1/21/2020

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 (X) 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: Kimberly Devlin Address: 131 Winding Creek Dr Troutman NC Zip: 28166
Applicant Email: Kim.devlinepool.com Phone: 516-765-1457 Alt. Phone: 704-296-1189 Builder: Ahmed Eldin
Owner Name: Francis Lavery Address: 114 Monument Ct Mooresville Zip: 28115
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 509 State Park Road Troutman NC 28166
Subdivision Name: The Park Section/Phase: _____ Lot Number: 3
Driving Directions: _____

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: _____ 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 ( ) 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?

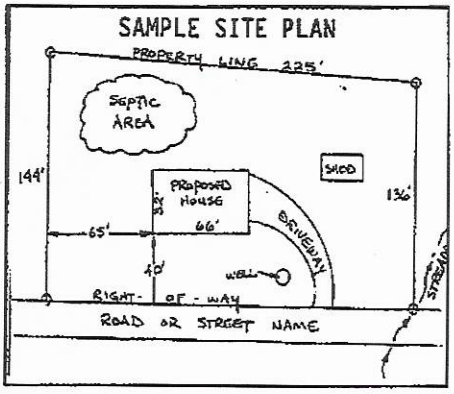
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: K Devlin 1/20/20
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



Place an (X) beside each item as you complete the site plan:

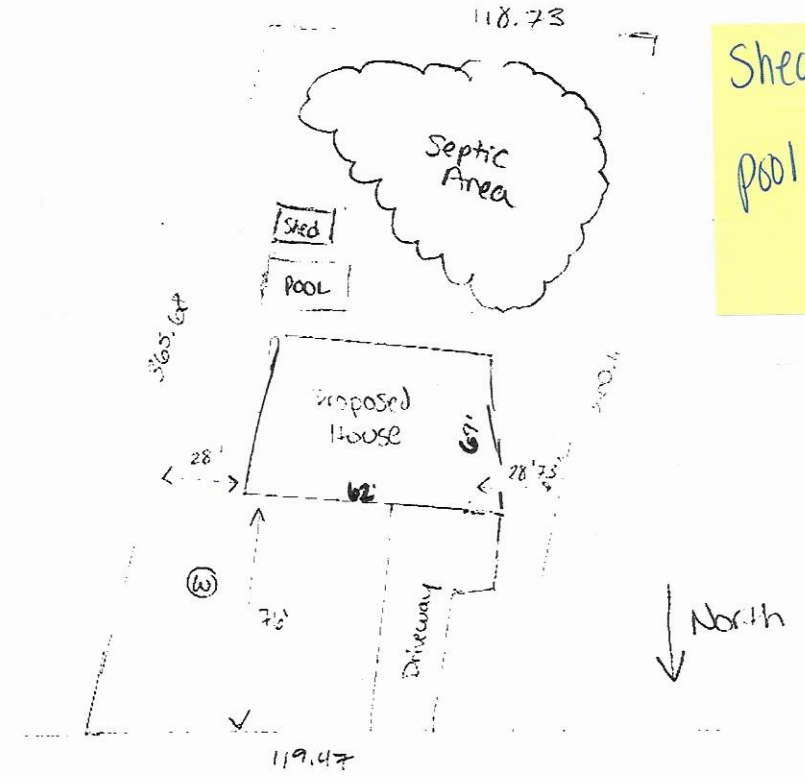
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) North arrow, or other sufficient indicator 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

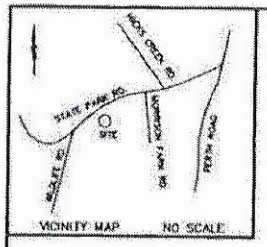


Shed - 8' x 10'

pool - 30' x 16'

Signature: K Dewli **1/20/20**

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



NOTES:

1) This property may be subject to any easements and/or Rights-of-way of record.
2) Area computed by the coordinate method.
3) Iron pins at all corners unless otherwise noted.
4) Minimum Building Setback: 35' Front
35' Rear Setback
15' Side
5) Total Number of lots created: 5
6) Total Number of Acres Developed: 5.34
7) Property Zoned: RA
8) All lots are subject to a 10' Drainage and Utility Easement along the front, side, and rear property lines.
9) All lots are single family residential purposes only.
10) Based upon review of flood insurance rate map, panel 150 of 220, community panel number 370313-0150 C (Revised Date: June 22, 1998). The property depicted on this survey is located within Zone X (Areas determined to be outside 500-year floodplain.)
11) Tax pin no's: 4730031002 DEED REF: BK 1803 PG 863
4720928909 DEED REF: BK 1803 PG 863
12) As of the date of this recording the lots represented on this plat have not been inspected or approved by the Iredell County Health Department. Until inspected there is no assurance that a building permit will be issued.
13) No Grid Monument found within 2000 feet.

LINE TABLE		
LINE	BEARING	LENGTH
L1	N 06°23'26" E	28.82'
L2	N 86°30'13" E	28.93'
L3	S 86°37'36" W	28.71'

ALL LOTS WITHIN THE PARK SUBDIVISION TO THE BEST OF MY KNOWLEDGE LIE WITHIN THE WS-IV CRITICAL AREA OF THE LAKE NORMAN/CATAWBA WATERSHED BASIN AS DESIGNATED BY THE NORTH CAROLINA DIVISION OF ENVIRONMENTAL MANAGEMENT AND AS APPEARS ON THE WATERSHED PROTECTION MAP OF IREDELL COUNTY.

12-07
DATE

SUBDIVISION ADMINISTRATOR

THIS SURVEY CREATES A SUBDIVISION OF LAND WITHIN THE AREA OF A COUNTY OR MUNICIPALITY THAT HAS AN ORDINANCE THAT REGULATES PARCELS OF LAND.

PROFESSIONAL LAND SURVEYOR

I, Matthew D Tate REVIEW OFFICER OF IREDELL COUNTY, CERTIFY THAT THE MAP OR PLAT TO WHICH THIS CERTIFICATION IS AFFIXED MEETS ALL STATUTORY REQUIREMENTS FOR RECORDING.

12-07
DATE

REVIEW OFFICER

FILED FOR REC
BOOK
DATE
REGISTERED IN M51 PG4
REGISTER OF I
BY:

Doc ID: 015968280001 Type: CRP
Recorded: 01/08/2007 At: 09:19:13 PM
Fee Amt: $21.00 Page 1 of 1
Iredell County, NC
Brenda G. Bell Register of Deeds

AM PM
PAGES
COUNTY

OWNERS CERTIFICATE AND NOTARIZATION

I HEREBY CERTIFY THAT I AM THE OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, WHICH IS LOCATED IN THE SUBDIVISION JURISDICTION OF THE COUNTY OF IREDELL AND THAT I HEREBY ADOPT THIS PLAN OF SUBDIVISION WITH MY FREE CONSENT AND ESTABLISH MINIMUM BUILDING SETBACKS AS NOTED, AND DEDICATE ALL ROADS, ALLEYS, WALKS, PARKS, AND OTHER SITES AND EASEMENTS TO PUBLIC OR PRIVATE USE AS NOTED.

I FURTHER CERTIFY THAT:

A: THERE ARE NO DEED RESTRICTIONS WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

B: THERE ARE NO GOVERNMENTAL REGULATIONS OF ANY KIND, OTHER THAN THOSE FOR WHICH A VARIANCE HAS BEEN APPLIED FOR UNDER IREDELL COUNTY SUBDIVISION ORDINANCE REGULATIONS, WHICH WILL BE VIOLATED BY THE REQUESTED SUBDIVISION; AND

C: I UNDERSTAND THAT ENFORCEMENT OF DEED RESTRICTIONS AND ANY OTHER CONTRACTUAL AGREEMENTS IS NOT THE RESPONSIBILITY OF IREDELL COUNTY, WILL NOT BE UNDERTAKEN BY IREDELL COUNTY, AND IS THE SOLE RESPONSIBILITY OF THE PARTIES AFFECTED BY VIOLATIONS OF SUCH DEED RESTRICTIONS AND CONTRACTUAL AGREEMENTS.

12/22/06
DATE

OWNER/PRESIDENT

NORTH CAROLINA
IREDELL COUNTY

I, A NOTARY PUBLIC FOR SAID COUNTY AND STATE DO HEREBY CERTIFY THAT Shawn Lavery PRESIDENT OF LAVERY HOMES, LLC PERSONALLY APPEARED BEFORE ME THIS DAY, AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT. WITNESS MY HAND AND OFFICIAL SEAL, THIS 22 DAY OF Dec., 2006.

NOTARY PUBLIC

MY COMMISSION EXPIRES: 6/17/07

SURVEYORS CERTIFICATION

I, WILLIAM M. ALLEN CERTIFY THAT THIS MAP WAS DRAWN UNDER MY SUPERVISION FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION DEED DESCRIPTION RECORDED IN BOOK ____ PAGE ____; THAT THE RATIO OF PRECISION AS CALCULATED BY LATITUDES AND DEPARTURES IS 1:10000; THAT THE BOUNDARIES NOT SURVEYED ARE SHOWN AS BROKEN LINES PLOTTED FROM INFORMATION FOUND IN BOOK ____ PAGE ____; THAT THIS MAP WAS PREPARED IN ACCORDANCE WITH G.S. 47-30, AS AMENDED.

WITNESS MY HAND AND SEAL THIS 22 DAY OF DEC. A.D. 2006.

PROFESSIONAL LAND SURVEYOR

L-3455
REGISTRATION NUMBER

CERTIFICATE OF APPROVAL FOR RECORDING

I HEREBY CERTIFY THAT THE SUBDIVISION PLAT SHOWN HEREON HAS BEEN FOUND TO COMPLY WITH THE SUBDIVISION REGULATIONS OF THE COUNTY OF IREDELL, NORTH CAROLINA AND THAT THIS PLAT HAS BEEN APPROVED BY THE SUBDIVISION ADMINISTRATOR FOR RECORDING IN THE OFFICE OF THE REGISTER OF DEEDS OF IREDELL COUNTY.

12-07
DATE

SUBDIVISION ADMINISTRATOR
IREDELL COUNTY, NORTH CAROLINA

JAMES A. SCHELD
JOHN L. SCHELD
1186/876

(BASE BEARING)
S 86°51'06" W 553.58'

MILDRED J. ROGERS
628/324

STATE OF NORTH CAROLINA
693/953

LOT 1 1.01 AC.
LOT 2 1.00 AC.
LOT 3 0.98 AC.
LOT 4 0.97 AC.
LOT 5 0.95 AC.

0.43 AC. DEDICATED PUBLIC USE

STATE PARK ROAD - S.R. 1921
(60' PUBLIC R/W)

LEGEND:
CP = COMPUTED POINT
R/W = RIGHT-OF-WAY
OHE = OVERHEAD ELECTRIC
PP = POWER POLE
I.P.S. = IRON PIN SET (#4 REBAR)
PDUE = PUBLIC DRAINAGE AND UTILITY EASEMENT
□ = C.M. = CONC. MONUMENT SET

DAS
DON ALLEN & ASSOCIATES P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
171-B Rosemary Drive * Mooresville, N.C. 28117
(704) 664-7228 (704) 664-8041 Fax

GRAPHIC SCALE
(IN FEET)
1 inch = 50 ft.

MINOR SUBDIVISION
OF
THE PARK
FALLSTOWN TWSP., IREDELL CO., N.C.
SCALE: 1" = 50' DATE OF SURVEY: SEPTEMBER 29, 2006
DATE PLAT PREPARED: DECEMBER 22, 2006
OWNER/DEVELOPER: LAVERY HOMES, LLC
A NORTH CAROLINA LIMITED LIABILITY COMPANY
P.O. BOX 5416
MOORESVILLE, NC 28117

FILE NAME: 11401

TAX MAP NO. 4730031002 & 4720928909

DocuSign Envelope ID: 250E0A2B-C4CE-45CF-9369-6ED8DD64CA70

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, Francis Lavery, am the legal owner(s) of the property located at 509 State park Road Troutman NC 28166, identified as PIN (Parcel Identification Number) 4730-03-0080, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Kimberly Devlin, 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.

Francis Lavery 1-05-2020

Signature of Owner(s) Date Signature of Witness Date

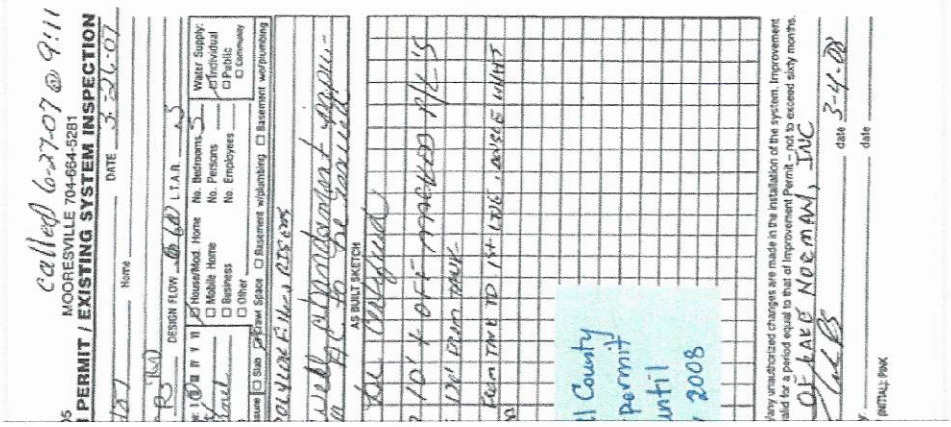
Please return this signed form to the appropriate office:

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

10:44 LTE
Done 509 State Park Rd septic docume...





Division of Environmental Management

WELL ABANDONMENT RECORD

P. O. Box 27687 - Raleigh, N. C., 27611

CONTRACTOR Jason Steele REG. NO. 2020

1. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Mooresville County Iredell
499 Park Rd Lot Quadrangle No.
(Road, Community, Subdivision, Lot No.)

2. OWNER: Lavery Homes etc.

3. ADDRESS: PO Box 546 Mooresville NC

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

5. USE OF WELL: HOME DATE: Dec

6. TOTAL DEPTH: 140 DIAMETER: 6 1/4

7. CASING REMOVED:

feet	diameter
2	

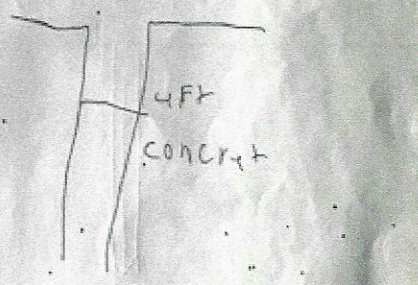
8. SEALING MATERIAL:

Neat cement	Sand cement
bags of cement	bags of cement 11
gals. of water	yds. of sand
	gals. of water

Other
Type material 3 bags bentonite
Amount

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL
mix + pour

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.



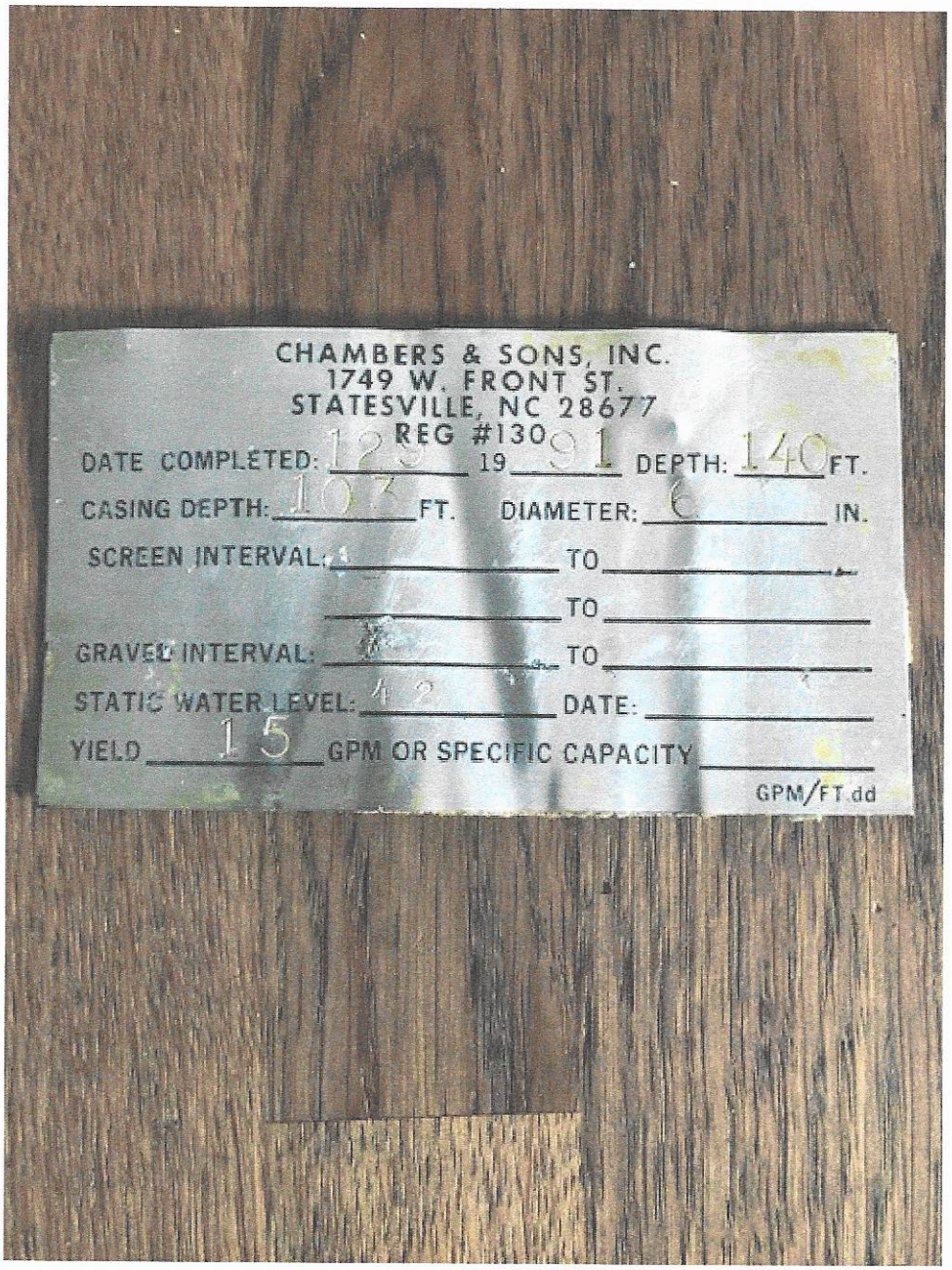
10. Chlorination	% Chlorine	Amount Used
yes H+H	9.9	8 Cups

11. Remarks

I do hereby certify that this well abandonment record is true and exact.

Jason Steele 4/19/07
Signature of Contractor or Agent Date

Submit original to the Division of Environmental Management, one copy to the Driller, and one copy to the Owner.



CHAMBERS & SONS, INC.
1749 W. FRONT ST.
STATESVILLE, NC 28677
REG #1309

DATE COMPLETED: 12 19 91 DEPTH: 140 FT.

CASING DEPTH: 107 FT. DIAMETER: 6 IN.

SCREEN INTERVAL: _____ TO _____

_____ TO _____

GRAVEL INTERVAL: _____ TO _____

STATIC WATER LEVEL: 42 DATE: _____

YIELD 15 GPM OR SPECIFIC CAPACITY _____

GPM/FT.dd

INVOICE
STEELE WELL CO. INC.
16579 COOL SPRINGS ROAD
CLEVELAND, NC 27013
704-278-4849

REPRINT
NO. 007760

Page 1

04/23/07

Bill-to: LAVERY
LAVERY HOMES
PO BOX 5416
MOORESVILLE, NC 28117

Ship-to: SAME
LAVERY HOMES
PO BOX 5416
MOORESVILLE, NC 28117

Reference #	Shipped	Sls Terms	Tax Code	Doc #	Wh	Ship Via
	04/23/07	H NET 30	NOTAX	D02809	01	OT

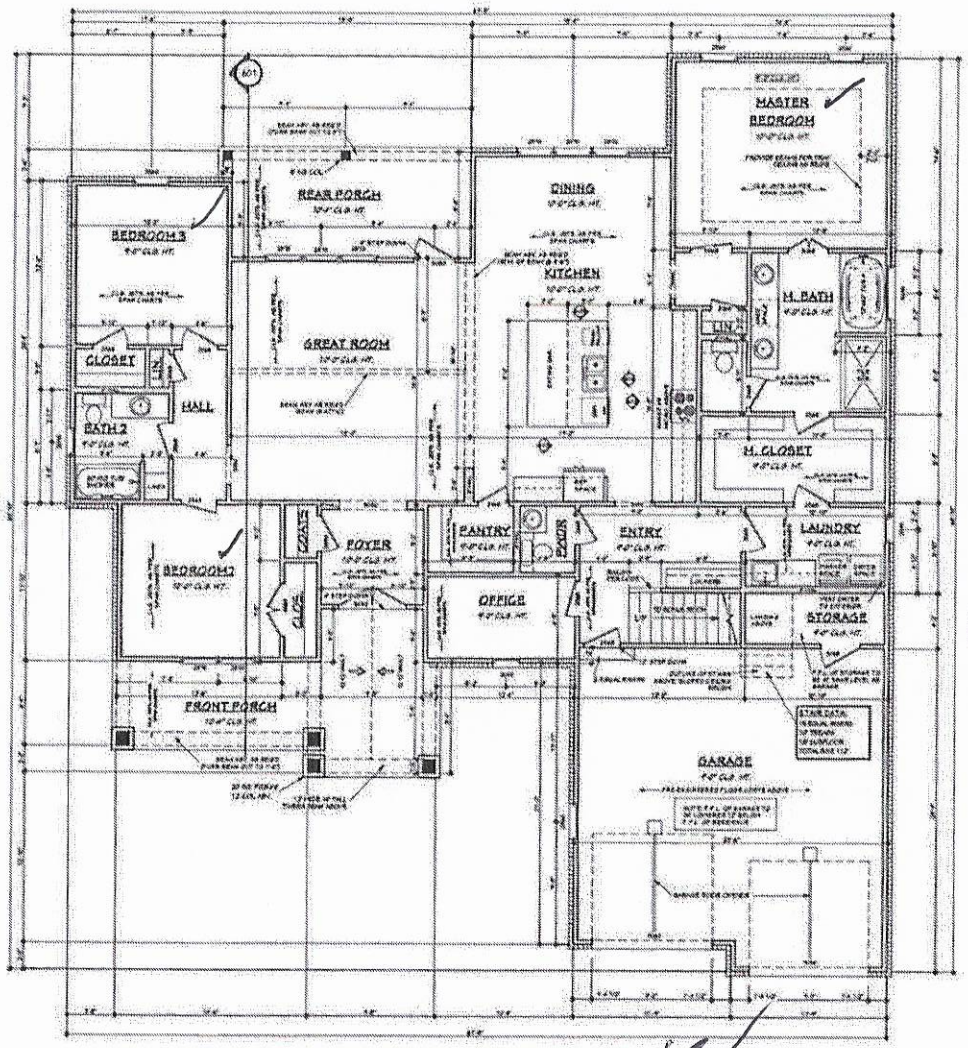
Item	Description	Shipped	UM	Price	UM	Extension
WELL	525' DEEP DRILLING, GALV. CASING AND GROUT	1	EA	6768.00	EA	6768.00
PUMP	7GS10422 S/N A0740255,WIRE & PIPE IN WELL	1	EA	2638.00	EA	2638.00
MISC	TANK, SMALL ROCK WELL COVER, 4" OVER PUMP	1	EA	945.00	EA	945.00
SUB	SUBSURANCE	1	EA	50.00	EA	50.00
ABANDON WE	140' WELL	140	EA	8.00	EA	1120.00
OTHER	DITCH, PIPE AND WIRE	1	EA	400.00	EA	400.00

CHAMBERS & SONS, INC.
1749 W. FRONT ST.
STATESVILLE, NC 28677
REG #130

DATE COMPLETED 12/5 19 06 DEPTH 140 FT.
CASING DEPTH 100 FT. DIAMETER 6 IN.
SCREEN INTERVAL _____ TO _____
_____ TO _____
GRAVEL INTERVAL _____ TO _____
STATIC WATER LEVEL 40 FT. ABV.
YIELD 15 GPM OR SPECIFIC CAPACITY _____

Paid
4/25/07
#1057

MERCHANDISE	MISC	TAX	FREIGHT	TOTAL DUE
11921.00	.00	less 1520.00	.00	10401.00



NOTE: CONTRACTOR TO LOCATE HVAC AND WATER HEATER UNITS AT SITE.

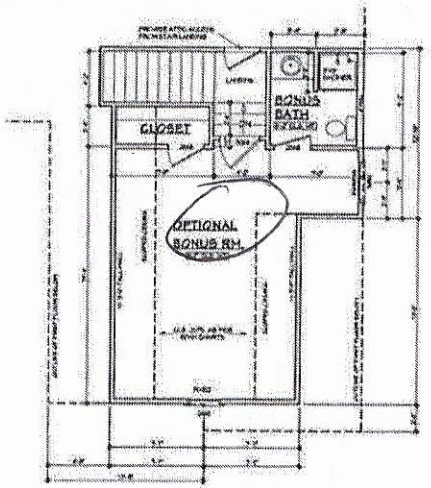
FLOOR PLAN

SCALE: 1/4" = 1'-0"

AREAS:	2190	S.F. HEATED - NOT INCLUDING MASONRY
	382	S.F. UNHEATED - FUTURE BONUS ROOM
	548	S.F. UNHEATED - TWO CAR GARAGE
	146	S.F. UNHEATED - REAR PORCH
	45	S.F. UNHEATED - STORAGE
	203	S.F. UNHEATED - FRONT PORCH
	1334	S.F. UNHEATED - TOTAL
	3524	S.F. TOTAL

NOTES:

1. ALL DIMENSIONS & SITE CONDITIONS TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.
2. ALL FINISHES (INTERIOR & EXTERIOR) TO BE VERIFIED WITH OWNER PRIOR TO CONSTRUCTION.
3. VERIFY ALL DOOR AND WINDOW STYLES AND SIZES WITH OWNER PRIOR TO CONSTRUCTION. MANUFACTURER TO SUPPLY ALL ROUGH OPENING SIZES.
4. CONTRACTOR TO VERIFY ALL CLEARANCES OF ALL DOORS, WINDOWS AND OTHER ITEMS THAT ARE CRITICAL, PRIOR TO CONSTRUCTION.
5. CONTRACTOR TO ADAPT PLANS AS REQUIRED TO MEET ALL APPLICABLE CODES AT SITE.
6. ALL BEAMS TO BE SIZED BY A LICENSED STRUCTURAL ENGINEER.
7. PORCHES, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THEN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW AT ANY POINT WITHIN 36 INCHES HORIZONTALLY SHALL HAVE GUARDS NOT LESS THAN 36 INCHES IN HEIGHT. OPEN SIDES OF STAIRS WITH A TOTAL RISE OF MORE THAN 30 INCHES ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS NOT LESS THAN 34 INCHES IN HEIGHT MEASURED VERTICALLY FROM THE NOSING OF THE TREADS. INSECT SCREENING SHALL NOT BE CONSIDERED AS A GUARD. IRC 2015, R312.1.1 & R312.2.2
8. M1305.1.3 APPLIANCES IN ATTICS. ATTICS CONTAINING APPLIANCES SHALL BE PROVIDED WITH AN OPENING AND A CLEAR AND UNOBSTRUCTED PASSAGEWAY LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE, BUT NOT LESS THAN 30 INCHES HIGH AND 22 INCHES WIDE, AND NOT MORE THAN 20 FEET LONG MEASURED ALONG THE CENTERLINE OF THE PASSAGEWAY FROM THE OPENING TO THE APPLIANCE. THE PASSAGEWAY SHALL HAVE CONTINUOUS SOLID FLOORING IN ACCORDANCE WITH CHAPTER 9 NOT LESS THAN 24 INCHES WIDE. A LEVEL SERVICE SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PRESENT ALONG ALL SIDES OF THE APPLIANCE WHERE ACCESS IS REQUIRED. THE CLEAR ACCESS OPENING DIMENSIONS SHALL BE A MINIMUM OF 20 INCHES BY 30 INCHES, AND LARGE ENOUGH TO ALLOW REMOVAL OF THE LARGEST APPLIANCE.
EXCEPTIONS:
A. THE PASSAGEWAY AND LEVEL SERVICE SPACE ARE NOT REQUIRED WHERE THE APPLIANCE CAN BE SERVICED AND REMOVED THROUGH THE REQUIRED OPENING.
B. WHERE THE PASSAGEWAY IS UNOBSTRUCTED AND NOT LESS THAN 6 FEET HIGH AND 22 INCHES WIDE FOR ITS ENTIRE LENGTH, THE PASSAGEWAY SHALL BE NOT MORE THAN 50 FEET LONG.
9. APPLIANCE ACCESS FOR INSPECTION GARAGE, REPAIR AND REPLACEMENT. APPLIANCES SHALL BE ACCESSIBLE FOR INSPECTION, SERVICE, REPAIR AND REPLACEMENT WITHOUT REMOVING PERMANENT CONSTRUCTION, OTHER APPLIANCES, OR ANY OTHER PIPING OR DUCTS NOT CONNECTED TO THE APPLIANCE BEING INSPECTED, SERVICED, REPAIRED OR REPLACED. A LEVEL PROVIDING SPACE AT LEAST 30 INCHES DEEP AND 30 INCHES WIDE SHALL BE PROVIDED IN FRONT OF THE CONTROL SIDE TO SERVICE AN APPLIANCE. INSTALLATION OF ROOM HEATERS SHALL BE PERMITTED WITH AT LEAST AN 18-INCH WORKING SPACE. A PLATFORM SHALL NOT BE REQUIRED FOR ROOM HEATERS.
M1305.1.1 FURNACES AND AIR HANDLERS. FURNACES AND AIR HANDLERS WITHIN COMPARTMENTS OR ALCOVES SHALL HAVE A MINIMUM WORKING SPACE CLEARANCE OF 3 INCHES ALONG THE SIDES, BACK AND TOP WITH A TOTAL WIDTH OF THE ENCLOSING SPACE BEING AT LEAST 12 INCHES WIDER THAN THE FURNACE OR AIR HANDLER. FURNACES HAVING A FIREBOX OPEN TO THE ATMOSPHERE SHALL HAVE AT LEAST A 6-INCH WORKING SPACE ALONG THE FRONT COMBUSTION CHAMBER SIDE. COMBUSTION AIR OPENINGS AT THE REAR OR SIDE OF THE COMPARTMENT SHALL COMPLY WITH THE REQUIREMENTS OF CHAPTER 17. EXCEPTION: THIS SECTION SHALL NOT APPLY TO REPLACEMENT APPLIANCES INSTALLED IN EXISTING COMPARTMENTS AND ALCOVES WHERE THE WORKING SPACE CLEARANCES ARE IN ACCORDANCE WITH THE EQUIPMENT OR APPLIANCE MANUFACTURER'S INSTALLATION INSTRUCTIONS.
10. EMERGENCY ESCAPE AND RESCUE OPENINGS SHALL BE OPERATIONAL FROM THE INSIDE OF THE ROOM WITHOUT THE USE OF KEYS, TOOLS OR SPECIAL KNOWLEDGE. WINDOW OPENING CONTROL DEVICES COMPLYING WITH ASTM F 2090 SHALL BE PERMITTED FOR USE ON WINDOWS SERVING AS A REQUIRED EMERGENCY ESCAPE AND RESCUE OPENING. ALL SLEEPING ROOMS TO HAVE AN EXTERIOR ACCESS THROUGH A DOOR OR WINDOW WITH A MINIMUM OF 5.7 SQUARE FEET NET CLEAR OPENING AS PER IRC 2015 R310.2.1. EXCEPTION: GRADE FLOOR OR BELOW GRADE OPENINGS SHALL HAVE A MINIMUM NET CLEAR OPENING OF 5 SQUARE FEET. MINIMUM SILL HEIGHT TO BE 44 INCHES. MINIMUM NET CLEAR OPENING HEIGHT TO BE 24 INCHES. MINIMUM NET CLEAR OPENING WIDTH TO BE 20 INCHES.
11. ALL RETURN AIR GRILLS ARE TO BE LOCATED TO COMPLY WITH SECTION M1602 OF THE IRC 2015.
12. ALL SQUARE FOOTAGE MEASUREMENTS ARE APPROXIMATE AND MAY DIFFER FROM ACTUAL CONSTRUCTED RESIDENCE OR BUILDING.
13. FIRE SPRINKLER SYSTEM TO BE DESIGNED AND INSTALLED (IF REQUIRED BY LOCAL CODES) AS PER THE IRC 2015 AND BY A LICENSED PROFESSIONAL IN THE AREA OF CONSTRUCTION.
14. ALL BATHROOM EXHAUST VENTS SHALL BE VENTED DIRECTLY TO THE EXTERIOR OF THE HOME AND NOT INTO THE ATTIC, IRC 2015, M1507.2



BONUS ROOM FLOOR PLAN

SCALE: 1/4" = 1'-0"

Acknowledgement Of Plans Submittal ONLY!

Date 11/21/20

Date 2/15/2020.

HOUSE PLAN ZONE
Designing Dreams... Building Relationships
Website: www.HPZplans.com
Email: sales@hpzplans.com
Phone: 601.956.3254
Fax: 1.800.514.1387
N.C.B.D.C

Pre-Drawn Plan ID: 2074-S

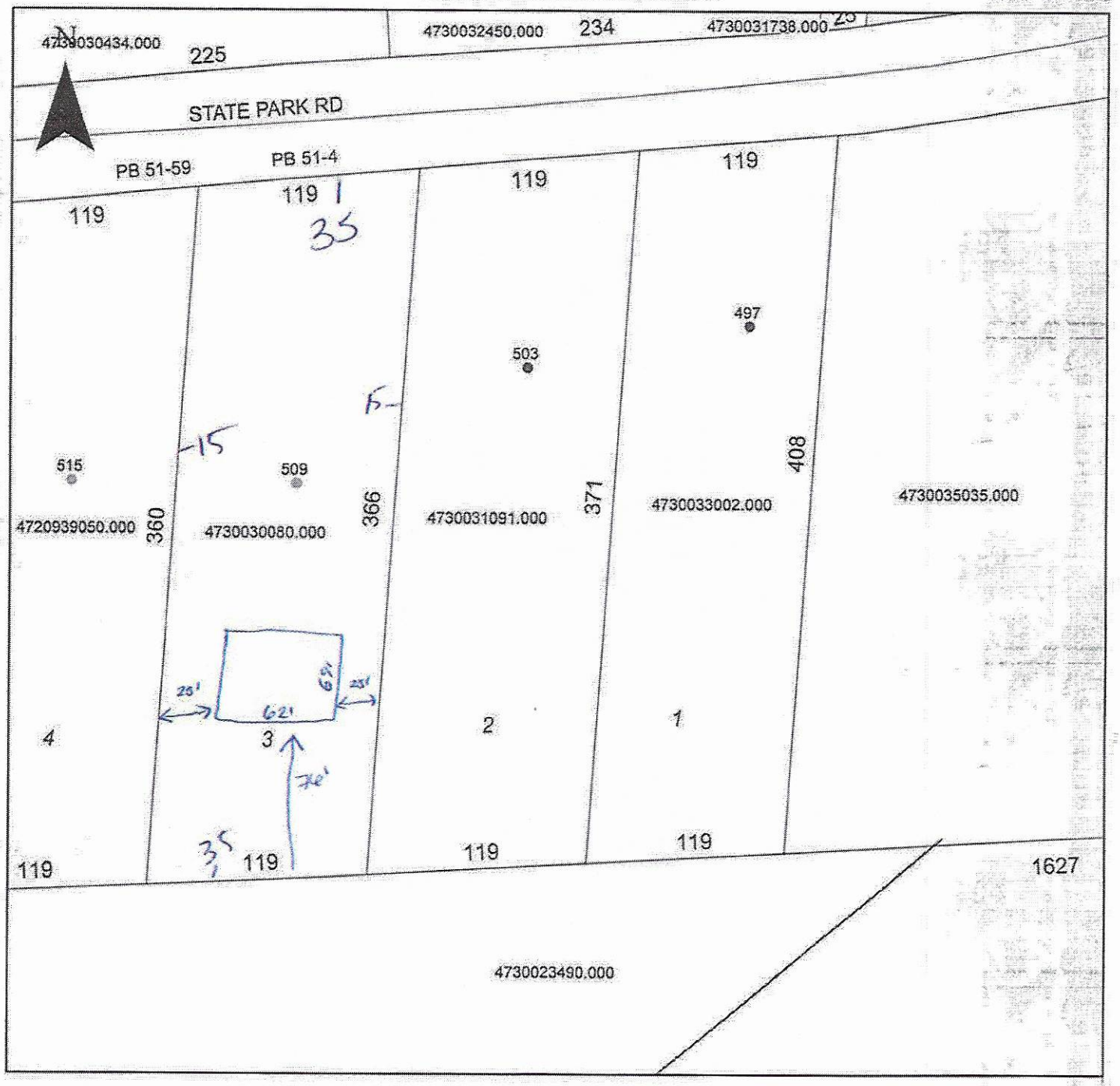
Date: 03/25/14

Drawn By: C.A.B.

Project Name:

SHEET NUMBER 3

ZONING DISCLAIMER



Property Address 509 State Park

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 the 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.

K Davis

Applicant

1/21/20

Date