

# ICHD - Environmental Health Division

Statesville Office - (704) 878-5305 x3456

Mooreville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 310701 PIN # 4626-27-4934 ✓ Type of Permit (circle one): New Repair Abandonment

APPLICANT/OWNER NAME: Lake Shore Holdings LLC ADDRESS: 637 Williamson, Suite 102 Mooreville 28117 PHONE: 704-799-7609

DIRECTIONS TO SITE: (W) Brawley School → (R) McKendree → (C) Kirkwall → (L) Kemp → lot on (R)

SITE ADDRESS: 613 Kemp Rd. Mooreville NC 28117 ✓ SUBDIVISION: CLIT ✓ SECTION/LOT: 8/1631 ✓

Initial Site Sketch

1"=50'

Kemp Rd

224'

50'  
20'  
6" well to abandon

Prop. drive

Prop. house

50' buffer

279' Lake Norman

## GROUTING RESULTS

Grout Depth \_\_\_\_\_

Total Depth \_\_\_\_\_

Depth of Casing \_\_\_\_\_

Yield \_\_\_\_\_

Notes:

60 bags  
PDS poured

Well GPS Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C well rules - chlorinate before abandoning, fill completely w/ approved grout.

WELL PERMIT ISSUED BY: D. Wieberg DATE: 11/29/21 (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: Neil Paradise-Air Drilling CONTRACTOR CERT #: 2609A GROUT INSPECTION BY: D. Wieberg DATE: 12/3/21

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: D. Wieberg DATE: 12/5/21 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**

E-MAILED



# WELL ABANDONMENT RECORD

## 1. Well Contractor Information:

NEILL PARDUE

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

2609A

NC Well Contractor Certification Number

AIR DRILLING INC

Company Name

## 2. Well Construction Permit #: 310701

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.) if known

## 3. Well use (check well use):

### Water Supply Well:

- |  |   |
|--|---|
| <input type="checkbox"/> Agricultural                        | <input type="checkbox"/> Municipal/Public                             |
| <input type="checkbox"/> Geothermal (Heating/Cooling Supply) | <input checked="" type="checkbox"/> Residential Water Supply (single) |
| <input type="checkbox"/> Industrial/Commercial               | <input type="checkbox"/> Residential Water Supply (shared)            |
| <input type="checkbox"/> Irrigation                          |   |

### Non-Water Supply Well:

- |                                     |                                   |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monitoring | <input type="checkbox"/> Recovery |
|-------------------------------------|-----------------------------------|

### Injection Well:

- |  |   |
|--|---|
| <input type="checkbox"/> Aquifer Recharge                    | <input type="checkbox"/> Groundwater Remediation  |
| <input type="checkbox"/> Aquifer Storage and Recovery        | <input type="checkbox"/> Salinity Barrier         |
| <input type="checkbox"/> Aquifer Test                        | <input type="checkbox"/> Stormwater Drainage      |
| <input type="checkbox"/> Experimental Technology             | <input type="checkbox"/> Subsidence Control       |
| <input type="checkbox"/> Geothermal (Closed Loop)            | <input type="checkbox"/> Tracer                   |
| <input type="checkbox"/> Geothermal (Heating/Cooling Return) | <input type="checkbox"/> Other (explain under 7g) |

## 4. Date well(s) abandoned: 12-3-2021

## 5a. Well location:

LAKEMIST HOMES

Facility/Owner Name

Facility ID# (if applicable)

613 KEMP RD, MOORESVILLE, N.C. 28117

Physical Address, City, and Zip

IREDELL

4626274934

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° 34.115 N 80° 56.321 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: 280 (ft.)

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

## 6d. Water level below ground surface: \_\_\_\_\_ (ft.)

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

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

## 6g. Screen length (if known): \_\_\_\_\_ (ft.)

For Internal Use ONLY:

## 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): \_\_\_\_\_ (gal.)

## FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: 2 CUPS

## 7e. Sealing materials used (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Neat Cement Grout | <input checked="" type="checkbox"/> Bentonite Chips or Pellets |
| <input type="checkbox"/> Sand Cement Grout | <input type="checkbox"/> Dry Clay                              |
| <input type="checkbox"/> Concrete Grout    | <input type="checkbox"/> Drill Cuttings                        |
| <input type="checkbox"/> Specialty Grout   | <input type="checkbox"/> Gravel                                |
| <input type="checkbox"/> Bentonite Slurry  | <input type="checkbox"/> Other (explain under 7g)              |

## 7f. For each material selected above, provide amount of materials used:

60 BAGS

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

POURED 60 BAGS OF BENTONITE CHIPS

## 8. Certification:

*Neill Pardue*

12-3-2021

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 .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.



## IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

## APPLICATION FORM

AP-310701 \$175.00

**Application For:** ☒ New Well Permit ☐ Well Repair Permit ☒ Well Abandonment  
☐ 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(j) 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  
☐ Custom Site Plan, scaled no more than 1 inch = 60 feet  
 Place an (X) beside whichever is submitted if applicable

**Applicant Information: (PRINT CLEARLY)**

Applicant Name: Lakeshore Holdings, LLC Address: 637 Williamson Rd, Ste 102, Mooresville, NC Zip: 28117  
 Applicant Email: lakemistoperations@gmail.com Phone: 704-799-7609 Alt. Phone: \_\_\_\_\_  
 Owner Name: Lakeshore Holdings, LLC Address: PO Box 5350, Mooresville, NC Zip: 28117  
 Owner Email: lakemisthomes@yahoo.com Phone: 704-799-7609 Alt. Phone: \_\_\_\_\_

**Property Information:**

Street Address: 613 Kemp Rd, Mooresville, NC 28117  
 Subdivision Name: CL&T Section/Phase: 58 Lot Number: 1631  
 Driving Directions: Brawley School Rd to right on Mckendree Rd, left on Kirkwall Place to left on Kemp Rd

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

☒ New Single Family Residence Maximum Number of Bedrooms: 4 ☒ Crawl Space Foundation  
☐ New Multi-Family Residence Maximum Number of Occupants: 8 ☐ 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: \_\_\_\_\_

☒ 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 ☒ 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:**

Lakeshore Holdings, LLC dba Lakemist Homes  
 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, Kenny & Rebecca Francis, am the legal owner(s) of the property located at 613 Kemp Rd, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4626274934, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Aaron Feldman

Lakeshore Holdings, LLC, 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.

DocuSigned by:

60E05AABAB884FB...

DocuSigned by:

6E1943ECAA0144F...

Signature of Owner(s)

11/16/2021

11/15/2021

Date

**Mooresville - Environmental Health**

[ronda.hart@co.iredell.nc.us](mailto: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](mailto:adrienne.shea@co.iredell.nc.us)

Fax: 704-871-3483

349 N. Center Street, Statesville, NC 28677