

PERMIT # 165915 PIN # 4627772681 ✓

IREDELL COUNTY HEALTH DEPARTMENT - Environmental Health Division
Statesville Office 704-878-5305 Mooresville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

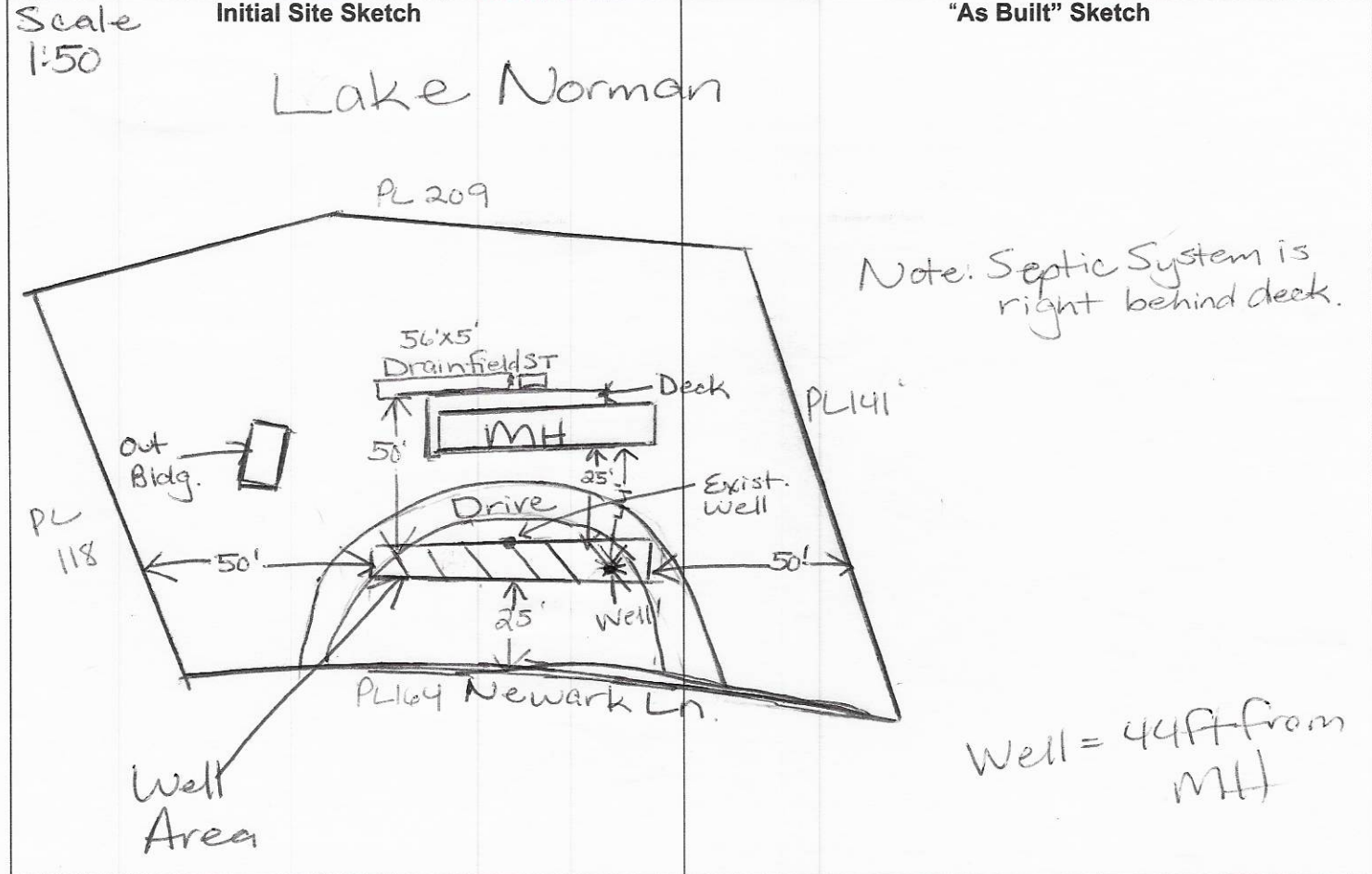
Type of Permit (circle one) New Repair Abandonment

APPLICANT INFORMATION

Name Terry Farmer Full Address 114 Newark Ln Mooresville, NC Telephone # 704 366-8803

PROPERTY INFORMATION

Directions to Site Hwy 150 W. TL Paradise Peninsula TL Greenbay TR Newark Ln
Physical location of proposed well (street address) 114 Newark Ln - MVL Subdivision CLAT 10 Lot # #157 ✓



Permit Conditions/ Comments: Must keep well at least 25ft from House & 50ft from Septic System. (including Neighbor's Septic)

Well Permit Issued By: Maria Dotson Date: 3/29/2011

(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 GPS Coordinates Lat: _____ Long: _____ Well Contractor John Roscoe Contractor Cert # 3087-A

Grout Inspection By: Maria Dotson Date: 4/5/2011 or Certification for Grouting Not Witnessed

by Dept M. Dotson Date: 7/19/11 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

Pit less Adaptor 8 inches above grade Well Head Inspection By: M. Dotson Date: 7/19/11

Certificate of Completion by: M. Dotson Date: 7/19/11 Water Samples By: M. Dotson Date: 7/19/11

Attachments: Form GW-1a (required except for abandonment) Form GW 30 Water Sample Results Plat

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305

Mooresville Office 704-660-3625

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

TERRY FARMER 114 NEWARK LANE MOOREVILLE, NC 28117 704-366-8803
Applicant Name Full Address Phone Number

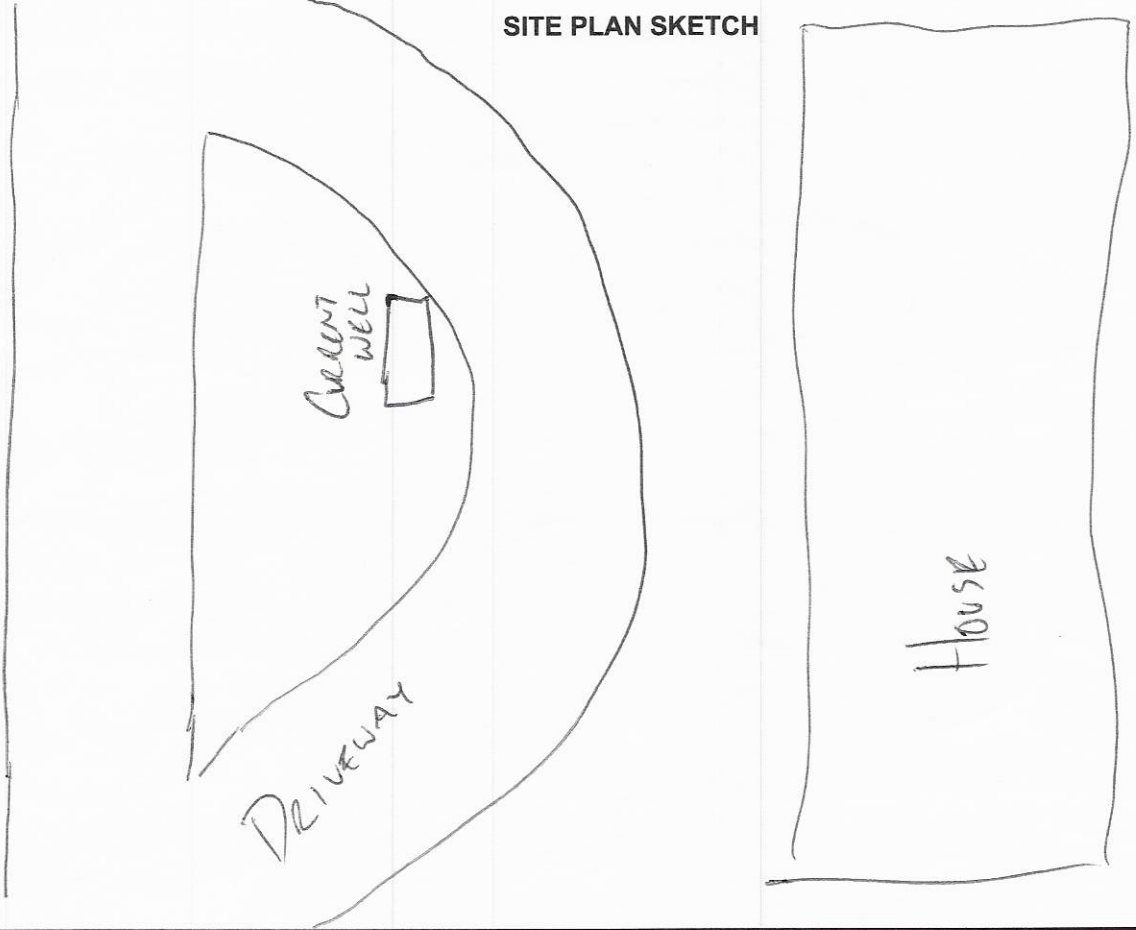
TERRY FARMER 114 NEWARK LANE MOOREVILLE, NC 28117 704-366-8803
Name of Owner / Authorized Agent Full Address Phone Number

114 NEWARK LANE, MOOREVILLE, NC 28117
Property Street Address Subdivision Lot Number

4627-77-2681.000
Parcel Identification Number (PIN) Intended Use of Property Type of Well Permit (New, Repair, Abandonment)

All site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction must be identified on the site plan sketch below.

SITE PLAN SKETCH



CHECK AS APPLICABLE:
___ There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)
___ There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.

By signing below I acknowledge that the information provided herein is true, complete and correct. Furthermore, I grant authorized county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand 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 investigation can be performed.

Terry A Farmer 3/28/11
SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

IREDDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271

Mooreville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____

Permit Date 12 Aug 1969

Owner Jack Matthews

Address Greensboro N.C.

Installed By Stewart

Address Trouman N.C.

Location of Property sect 10 - across
Mr. White Property lot 157

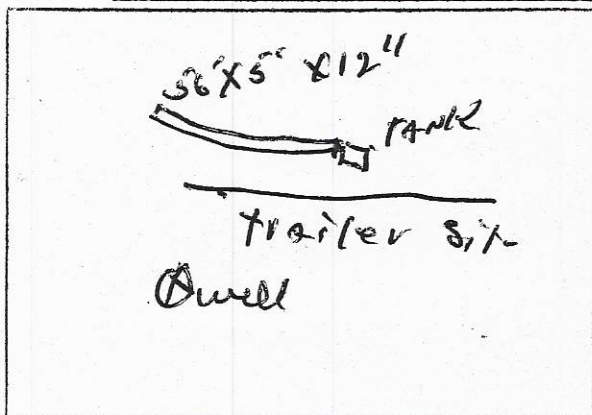
	Tank	Capacity	Length of Lines	Fixtures
Block	()	1000 (✓)	225' (✓)	No. of Baths ()
Precast	(✓)	1250 ()	250' ()	Dishwasher ()
		1500 ()	Other _____	Garbage Grdr. ()
		Other _____		Other _____

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 17 Aug 1969

Approved (X) Disapproved ()

Remarks _____



Sketch of Installation

Jim Higgins, AS

Sanitarian

Neighbor

IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Ray Hartness DATE 5-28-86 PERMIT NO. 300

PHONE: Business _____ Home _____

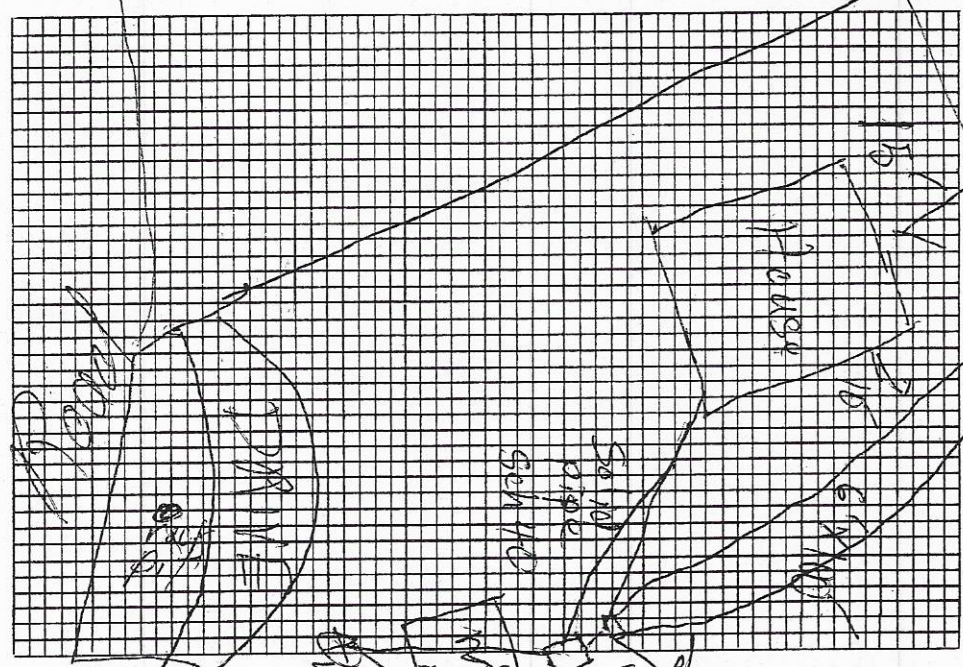
LOCATION 150W TR on Paradise Penn. Bl on Greenbay
go ~ 1/2 mile on your R S. R. No. _____

SUBDIVISION NAME L.N. LOT NO. 158 SECTION OR BLOCK NO. 10

House () Mobile Home () Business () Other _____

No. Bedrooms 2 No. Bathrooms 3 Character & Porosity of Soil _____
Garbage Disposal Unit Yes () No () Percolation Rate _____
Auto. Dishwasher Yes () No () Topography Existing
Auto. Wash. Machine Yes () No () Depth to Water Table _____
Site Suitable Yes () No () Rock or other impervious formations _____

Lot Area 3/4 acre
Basement with Plumbing _____ Basement without Plumbing / No Basement _____



Size of Tank 1000 Gals.
Nitrification Field: 2
No. of Lines _____
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines _____
Water Supply: Individual ()
Public ()
9-14-77

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

Signed: _____

IMPROVEMENTS PERMIT BY J. C. Moore

COMMENTS: existing system worked OK at date of inspection OK for 2 bedroom house remove plumbing from old tr

CERTIFICATE OF COMPLETION BY Charles K. Barnett DATE _____
EXISTING SYSTEM CHECKED BY: _____ DATE 5-28-86

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Neighbor at end

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System - G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Robert B. Lawson DATE July 18, 1991 PERMIT NO. _____

PHONE: Business _____ Home _____

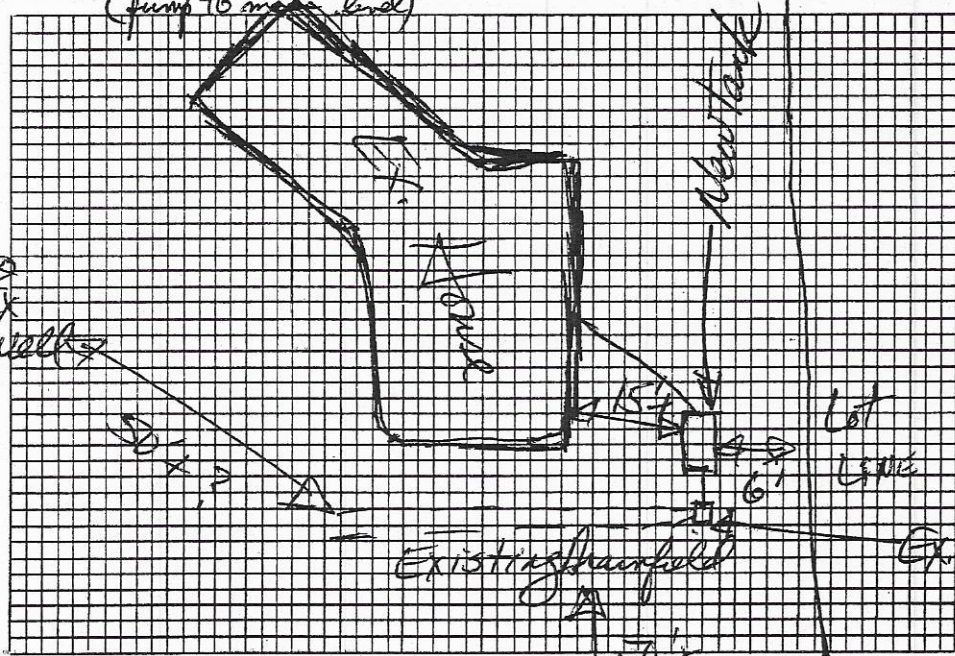
LOCATION 150 W TR 1211 (Paradise Peninsula) TR Greenbay
1/2 - 3/4 mile TR gravel road at end on point S. R. No. J

SUBDIVISION NAME Crescent Lake Norman LOT NO. 156 SECTION OR BLOCK NO. 10

House () Mobile Home () Business () Other Repair - TANK replacement

No. Bedrooms 3 No. Bathrooms 3 Character & Porosity of Soil _____
Garbage Disposal Unit Yes () No () Percolation Rate _____
Auto. Dishwasher Yes () No () Topography _____
Auto. Wash. Machine Yes () No () Depth to Water Table _____
Site Suitable Yes () No () Rock or other impervious formations _____

Lot Area _____
 Basement with Plumbing (pump to neighbor's land) _____ Basement without Plumbing _____ No Basement _____



Size of Tank 1250 Gals.
Nitrification Field: _____
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ()
Public ()

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

Signed: _____
Ex. D. Boy

IMPROVEMENTS PERMIT BY [Signature] DRIVEWAY ACCESS ROAD TO SR 1218

COMMENTS: _____
Tank replaced in order to
move set off neighbor's lot.
Old tank dug out.

CERTIFICATE OF COMPLETION BY LAKE D. Lawson, PG DATE 7-18-91
EXISTING SYSTEM CHECKED BY: _____ DATE _____

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements-Permit.

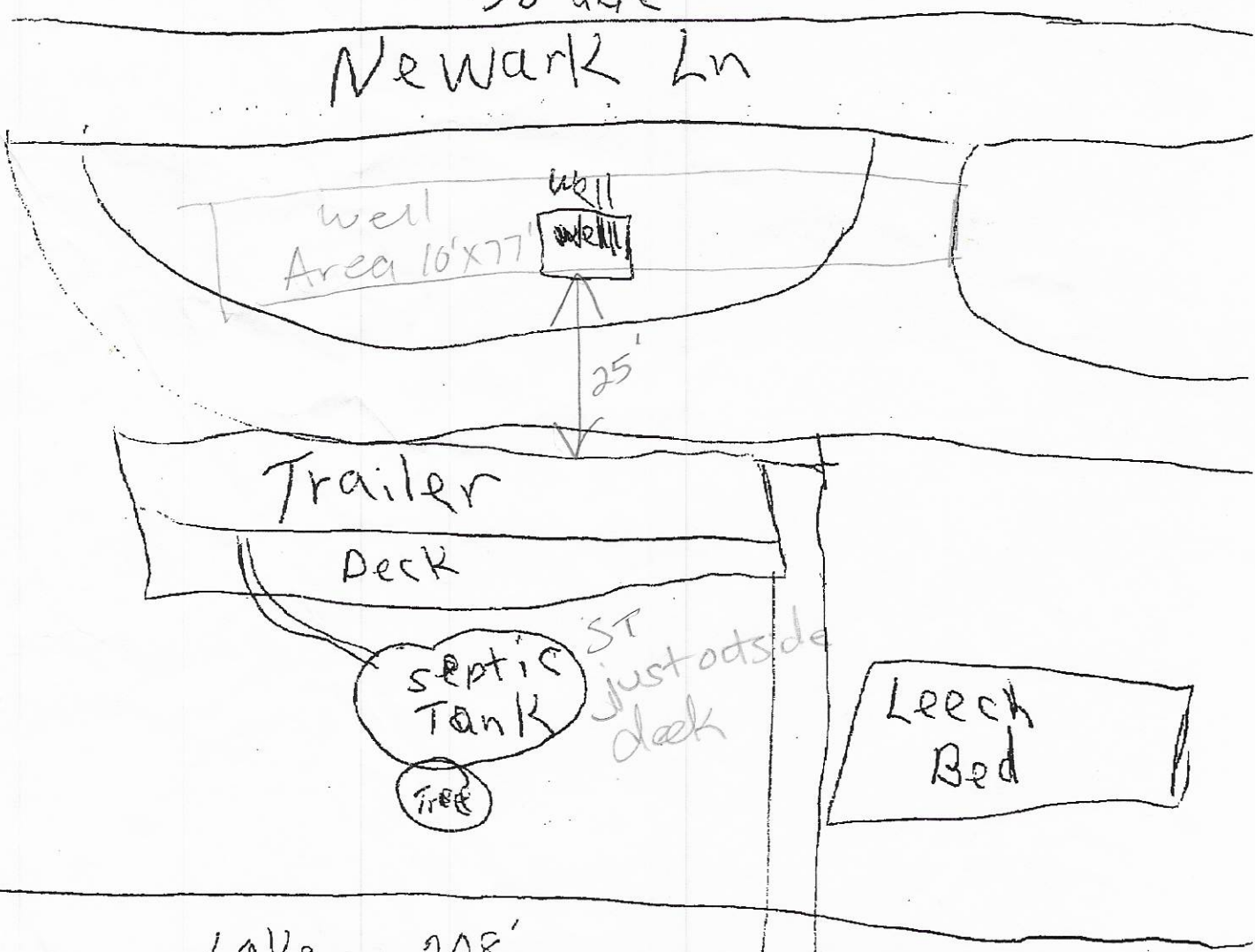
Farmer
704-366-8803

Newark Ln off Greenbay Road #150.

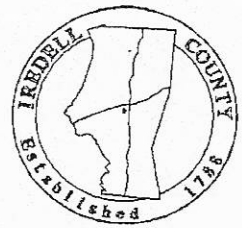
Parcel #4627-77-2681 .000-

58 acre

Newark Ln



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



Page 1 of 2
Printed: 3/31/2011

Permit Number: 165915WE

Master #: 165915

Associated Permits:

165915WE Well

Applicant

Name: Terry Farmer

Phone: 704-336-8803

Address: 114 Newark Ln.

MOORESVILLE, NC 28117

Parcel

Parcel Number: 4627772681.000

Zoning: RR

Address: 114 Newark Ln.

Township: 1700

MOORESVILLE, NC 28117

Area:

Subdivision:

Lot(s):

Directions to Parcel: River Hwy to Paradise Penn Rd, left Greenbay Rd, right Newark

Owners

Name: Terry Farmer

Address:

Contractors

Fees and Receipts:

Number

Description

Amount

Total Fees: \$0.00

Total Receipts: \$0.00

Conditions

Date:

Status:

Code:

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WATER QUALITY
GROUNDWATER SECTION
1636 MAIL SERVICE CENTER
RALEIGH, N.C. 27699-1636

WELL ABANDONMENT RECORD

CONTRACTOR

REG. NO.

1. WELL LOCATION: (Show a sketch of the location on back of form.)

Nearest Town: Moorestville County: Iredell Co.

Newark Ln
(Road, Community, Subdivision, Lot No.)

Quadrangle No.

2. OWNER: Terry Farmer

3. ADDRESS: 114 Newark Ln.

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

5. USE OF WELL: _____ DATE: _____

6. TOTAL DEPTH: 40' DIAMETER: 2"

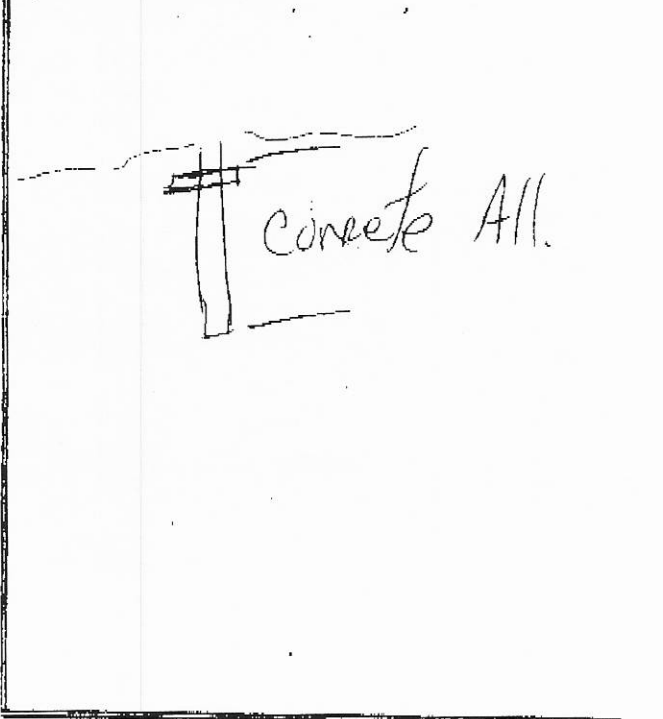
7. CASING REMOVED:
feet 20' diameter 2"

8. SEALING MATERIAL:
Neat cement bags of cement 3 Sand cement bags of cement _____
gals. of water 2 yds. of sand _____
gals. of water _____

Other Type material Concrete All
Amount _____

9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL

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.



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

[Signature] 4-10-11
Signature of Contractor or Agent Date

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 Environmental Management, one copy to the driller, and one copy to the owner.
GW-30 Revised 8/13/99



North Carolina State Laboratory Public Health
 Environmental Sciences
Microbiology
 Certificate of Analysis

P.O. Box 28047
 306 N. Wilmington St.
 Raleigh, NC 27611-8047
<http://slph.ncpublichealth.com>
 Phone: 919-733-7834
 Fax: 919-733-8695

Report To:
IREDELL CO ENV HEALTH/MOORESVILLE

610 EAST CENTER AVENUE
MOORESVILLE, NC 28115-2578
EIN:566000309EH

Name of System:
TERRY FARMER

114 NEWARK LN
MOORESVILLE, NC 28117

StarLiMS Sample ID: **ES072011-0061001**



Collected: 07/19/2011 14:45

Received: 07/20/2011 09:09

Maria Dotson
Angela Heybroek

ES Microbiology ID: **28811**

GPS Number:

Sample Source: **New Well**
 Sampling Point: **Well head sample port**

Well Permit Number:
165915

Sample Description:
 Comment:

Environmental Microbiology - Colilert Profile

Method: SM 9223B

Test Name: Colilert

Analyte	Test Result	Analyst	Date
Total Coliform, Colilert	Absent	Susan Beasley	07/21/2011
<i>E. coli</i> , Colilert	Absent	Susan Beasley	07/21/2011

Report Date: 07/22/2011

Reported By: Susan Beasley

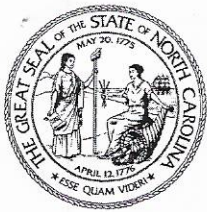
Susan Beasley

*Mailed
8/3/11*



Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.



North Carolina State Laboratory of Public Health
 Environmental Sciences
 Inorganic Chemistry
 Certificate of Analysis

P.O. Box 28047
 306 N. Wilmington St.
 Raleigh, NC 27611-8047
<http://slph.ncpublichealth.com>
 Phone: 919-733-7834
 Fax: 919-733-8695

Report To: MARIA DOTSON

Name of System:

IREDELL CO ENV HEALTH/MOORESVILLE

TERRY FARMER

610 EAST CENTER AVENUE
 MOORESVILLE, NC 28115-2578
 EIN: 566000309EH

Courier # 09-36-07

114 NEWARK LN
 MOORESVILLE, NC 28117

StarLiMS ID: ES072011-0027001

Date Collected: 07/19/11

Time Collected: 2:25 PM

Date Received: 07/20/11

Collected By: M Dotson

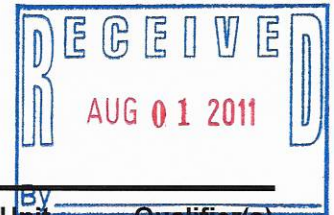
Sample Type:
 Sample Source: New Well

Sampling Point: Well Head Sample
 Temp. at Receipt: 8.5

Well Permit #: 165915
 GPS #:

Sample Description:

Comment:



New Well I (Profile)

Analyte	Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	< 0.005	0.010	mg/L	
Barium	< 0.1	2.00	mg/L	
Cadmium	< 0.001	0.005	mg/L	
Calcium	10		mg/L	
Chloride	< 5.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	0.29	2.00	mg/L	
Iron	0.14	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	4		mg/L	
Manganese	< 0.03	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
Nitrate	< 1.00	10.00	mg/L	
Nitrite	< 0.10	1.00	mg/L	
pH	6.8		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	11.00		mg/L	
Sulfate	< 5.00	250	mg/L	
Total Alkalinity	53		mg/L	
Total Hardness	39		mg/L	
Zinc	0.21	5.00	mg/L	

Report Date: 07/28/2011

*Mailed
8/3/11*

Reported By: Debbie Moncol