REDELL COUNTY HEALTH DEPARTMENT — Environmental Health Division Stateswill office 76-69-5055  PRIVATE DRINKING WATER WELL PERMIT  Type of Permit (circle one)  New Repair  APPLICANT INFORMATION  PARTICLE OF Permit (circle one)  Pull Address  Project Location of Projection in Signal  Action of Projection in Signal  Act	PERMIT # 165915 PIN# 4627772681V	ym
PRIVATE DRINKING MATER WELL PERMIT  Type of Permit (circle one)  New Repair  APPLICANT INFORMATION  Topped Permit (circle one)  Pull Address  Provided Incade on Proposed well elect address)  Subdivision  Topped Drinking and Street Street  Topped Drinking and Street  Topped Drinking	IREDELL COUNTY HEALTH DEPARTMENT - Environmental Health Division	
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	41.1	4111
	Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink	

#### IREDELL COUNTY HEALTH DEPARTMENT

#### Environmental Health Division

Statesville Office 704-878-5305

Mooresville Office 704-660-3625

#### APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

plicant Name	Full Address	MEOREVILLE, NC Z8117 704-366-
Taris Frances 11	U NEUSLU LAG	H - 2 - 1 - A/A 2 - 1/2 - 204-2/6-
me of Owner / Authorized Agent	Full Address	Modessitus, NC Z8117 104-316- Phone Number
14 NEWARN LANE, MO	Subdi	ivision Lot Number
		_
4627-77-2681.00 rcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)
site characteristics such as existing or pe	rmitted sewage disposal systems,	easements or rights of way, existing wells or springs
rface water or designated wetlands, chemic d any other characteristics or activities on e site for well construction must be identifie	the property or adjacent properties	dfills, waste storage, known underground contamination that could impact groundwater quality or suitability of
	SITE PLAN SKETCH	
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ECK AS APPLICABLE: There are current or pending rest	ictions regarding groundwater	use as specified in GS 87-88(a)
There are current of pending resting.  There is a variance regarding wel	construction or location issue	d under 15A NCAC 02C .0118.
als right of entry to conduct necessary inspec	tions to determine compliance with a	and correct. Furthermore, I grant authorized county and state oplicable laws and rules. I understand I am solely responsible
ne proper identification and labeling of all properties.	perty lines and corners and making th	e site accessible so that a complete site investigation can be
leny / famer		3/28/11
SNATURE OF OWNER OR AUTHORIZE	D AGENT	DATE

TREDELL COUNTY HEALTH DEPARTMENT Statesville Phone TR 3-7271 Mooresville Phone NO 3-1271 PERMIT TO INSTALL SEPTIC TANK Permit NO. Permit Date Owner Mc freers bero Address Installed By Carra Address Location of Property Capacity Tank Length of Lines Fixtures Block 1000 2251 No. of Baths Precast 2501 Dishwasher 1500 Other ' Garbage Grdr. Other Other

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

Final Inspection 1969 Approved (X) Disapproved ()

Remarks

Trailer Six-

Sketch of Installation

Dry Skuggeris, Al

Sanitarian

#### IREDELL COUNTY HEALTH DEPARTMENT

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

	F 20 81
OWNER OR CONTRACTOR NAM MANTALES	3C DATE 5-28-86 PERMIT NO. 300
PHONE: Business Home	
LOCATION 150W TIL ON	Paradise Peun, BLON Greenbay
go rémile on your	S. R. No.
SUBDIVISION NAME LIVE	LOT NO. 15 S SECTION OR BLOCK NO. 10
SODDI VISION IVANID	
House ( ) Mobile Home ( ) Business ( )	Other
House ( ) Mobile Home ( ) Business ( )	Juliel
No. BedroomsNo. Bathrooms	Character & Porosity of Soil
Garbage Disposal Unit Yes ( ) No ( )	Percolation Rate
Auto. Dishwasher Yes () No ()  Auto. Wash. Machine Yes () No ()	Depth to Water Table
C: C: 11. Vec () No ()	Rock or other impervious formations
Lot Area 34 acres /	
	vithout Plumbing No Basement
basement with Figure 1.	Size of Tank 1000 Gals.
	Nitrification Field: 2
	No. of Lines
	No. of Lines Sq. Ft. 600 Linear Ft. 200
	Depth of Stone in Lines
	Water Supply: Individual
	Public ()
	9-14-11
	Installed by am USWalt
	I understand and agree to install septic tank system as specified on this Improvements Permit
	Permit
	Signed:
	A Shoul
Flot of System	
1 2 S S S A A I	DOT, C. MADE
IMPROVEMENTS PERMIT BY	1 11 2 12
COMMENTS:	existing Bustem working
COMMENTS	Chat but at were than
	A mere or sorting
	OR for Loedrsom house
	remove planting tromola Th
CERTIFICATE OF COMPLETION BY	DATE DATE
EVICTING SYSTEM CHECKED BY:	MUNA 1 KUNNEL DATE 3-26-01
CONSTRUCTION MUST COMPLY WITH	ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
Permit is VOID if any unauthorized changes are made in i	installation of system and/or if any false information is supplied in making
Improvements Permit.	
The state of the s	ont Conv. Vallow Sanitarian's Conv. Pink Owner's Copy: Gold

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

# 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 Askert &	P. Jawson DATE July 18, 19/PERMIT NO.
PHONE: Business Home	
LOCATION 150W TV 1	211 (faradise Generala) TZ Greenbay
2-3/4 mile TR gran	el road atend on soint S. R. No.
SUBDIVISION NAME Crescent Fake	Abriman LOT NO. 156 SECTION OR BLOCK NO. 10
House ( Mobile Home ( ) Business ( )	Other Refair - TANK replacement
No. Bedrooms 3 No Bathrooms 3	Character & Porosity of Soil
	Percolation Rate
	( ) Topography
	Depth to Water Table
	( ) Rock or other impervious formations
(Lot Area	
	ment without Plumbing No Basement
(fump To man bod)	Size of Tank Gals.
	Nitrification Field:
	No. of Lines
	Sq. FtLinear Ft
	Depth of Stone in Lines
	Water Supply: Individual
	Public ()
	Installed by Abovelo
2467	Installed by
	I understand and agree to install septic tank
	system as specified on this Improvements
	Permit.
	1 6
Existing	Hasher II-Dignati
Plot of System	
That of System	DrivewAg Acess Kood TOSRIZ18-
IMPROVEMENTS PERMIT BY	
COMMENTS:	I Tank replace On order to
	The state of the s
	meg Word Let.
	Told of the due mit
CERTIFICATE OF COMPLETION AND A	Volumen, Reserved DATE 7-1891
CERTIFICATE OF COMPLETION BY	
EXISTING SYSTEM CHECKED BY:CONSTRUCTION MUST COMPLY W	TITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.
	de in installation of system and/or if any false information is supplied in making

1 -- Tarmer 764-366-8803 memark in off Greenbay Road & 150. parcel #4627-77-2681.000-Newark Ln Area 16'X77' Well Trailer Deck septic statedes Leech Bed 208' 1190198401 ТепуFагтег r.q

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

Permit Number: 165915WE



Page 1 of 2

Printed: 3/31/2011

Amount

\$0.00

\$0.00

Master #: 165915 Associated Permits: 165915WE Well **Applicant** Name: Terry Farmer Phone: 704-336-8803 Address: 114 Newark Ln. MOORESVILLE, NC 28117 Parce! Parcel Number: 4627772681.000 Zoning: RR Address: 114 Newark Ln. Township: 1700 MOORESVILLE, NC 28117 Area: Lot(s): Subdivision: Directions to Parcel: River Hwy to Paradise Penn Rd, left Greenbay Rd, right Newark **Owners** Name: Terry Farmer Address:

Conditions

Contractors

Number

Fees and Receipts:

Date:

Status:

Description

Code:

Total Fees:

Total Receipts:



1. WELL CONTRACTOR:

Address

2. WELL INFORMATION,

SITE WELL ID #(if applicable)

TIME COMPLETED

4. WELL LOCATION

LATITUDE 36

5. WELL OWNER

City of Town

8.8 217

Area code Phone numb

8. WELL DETAILS:

a. TOTAL DEPTH: (

LONGITUDE 75

this form it not using GPS)

WELL CONSTRUCTION PERMIT#

OTHER ASSOCIATED PERMIT#(# applicable)

3. WELL USE (Check Applicable Box): Residential Water Supply [7]

TOPOGRAPHIC / LAND SETTING (check appropriate box)

Latitude/longitude source | GPS | Topographic map

(location of well must be shown on a USGS topo map and attached to

b. DOES WELL REPLACE EXISTING WELL? YES NO 11

Top of casing terminated attor below land surface may require a variance in accordance with 15A NCAC 20 0118 (

(Use "+" If Above Top of Casing)

c. WATER LEVEL Below Top of Casing:

d. TOP OF CASING IS

e. YIELD (gpm) /5

[]Slope []Valley []Flat []Ridge []Other\_

## RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION #

TOMS OR 3x.xxxxxxxxxx DD

	TER ZONES (dep		74
	Bottom		Botton:
	Bottom		Bottom
Гор	Bottom	Fop	Bottom
		10	Thickness/
. CASING	3: Depth 92	Diameter	Weight Materia
Гор	_ Bottom 7.5	FI 6" Hea	ver will !
Гор	Bottom	Ft	
	Sattom		
<u> </u>			
3. GROUT	「E Depth クロ	F1. COVCA	/ Method
		Ft	
Тор	Bottom	- Ft	
A SCOFE	N; Depth	Dinas-da- m	. 0
			ot Size Material
	Bottom		
	Bottom		In
тор	Bottom	F1 40	IO
10. SAND/	GRAVEL PACK:		
	Depth	Size	Material
Гор	Bottom	Ft	
Top	Bottom	Ft	
	Bottom		
Тор /	Bottom	1 Ormati	on Description
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12. REM	ARKS		
y			
	EBY CERTIFY TI	HAT THIS WELL W	VAS CONSTRUCTED IN
ACCORDA STANDAR	NOS, AND THAT. D TO THE WELL	ACOPY OF THIS	RECORD HAS BEEN
ACCORDA STANDAR	EDS, AND THAT.	ACOPY OF THIS	RECORD HAS BEEN
ACCORDA STANDAR	D TO THE WELL	MICHAIN	RECORD HAS BEEN

Submit within 30 days of completion to: Division of Water Quality - Information Processing, 1617 Mail Service Center, Raleigh, NC 27699-161, Phone : (919) 807-6300

FT. Above Land Surface\*

#### 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	
Nearest Town: MOORESVIlle	county: IRedel Co.
Newark Ln	
(Road, Community, Subdivision, Lot. No.)	Quadrangie No.
2. OWNER: TERRY FARMER.	
3 ADDRESS: 114 Newark Ln.	WELL DIAGRAM: Draw a detailed sketch of the well
4. TOPOGRAPHY: draw, slope, hiltop, valley, flat	showing total depth, depth and diameter of screens remaining in the wall, gravel interval, intervals of casing perforations, and depths and
5. USE OF WELL: DATE:	types of fill materials used.
6. TOTAL DEPTH: 40 DIAMETER: 2 6	
7. CASING REMOVED:	
feet 201 diameter 2"	
	The state All
8. SEALING MATERIAL:	CONCER AII.
Negt cement Sand coment bags of cement bags of cement	
0	
gals. of water	
Other Type material Concert All	
Amount	
9. EXPLAIN METHOD EMPLACEMENT OF MATERIAL	
2. ENTERNITOR ENTERNITOR MATERIAL	
	·
I do hereby certify that this well abandonment record	it true and exert
John le deser	4-10-11
Signature of Contractor or Agent	Date
WELL LOCATION: Draw a location sketch on the revel	rse of this sheet, showing the direction and distance of the well to at
least two (2) near by reference point	to such as roads interportions and streems. Valentia west to at

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 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

28811

GPS Number:

Collected: 07/19/2011 Received: 07/20/2011

14:45 09:09

Maria Dotson Angela Heybroek

ES Microbiology ID:

Sample Source: Sampling Point:

**New Well** 

port

Well head sample

Well Permit Number: 165915

Sample Description: Comment:

**Environmental Microbiology - Colilert Profile** 

Method: SM 9223B

Test Name: Colilert

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

Report Date: 07/22/2011

Reported By:

Susan Beasley

**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** 

IREDELL CO ENV HEALTH/MOORESVILLE

Name of System:

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

Date Received: 07/20/11

Time Collected:

2:25 PM

Collected By:

M Dotson

Sample Type: Sample Source: New Well

Temp. at Receipt: 8.5

Sampling Point: Well Head Sample

Well Permit #:

165915

GPS #:

Sample Description:

Comment:

New Well I (Profile)

[5	C	E		V	E	
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Analyte	Result	Allowable Limit	Unit Qualifier
Exercise Control of the Control of t		AND THE RESERVE OF THE PROPERTY OF THE PROPERT	
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
рН	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

Reported By: Debbie Moncol