

PERMIT # 166012 WE PIN # 4637255203
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 704

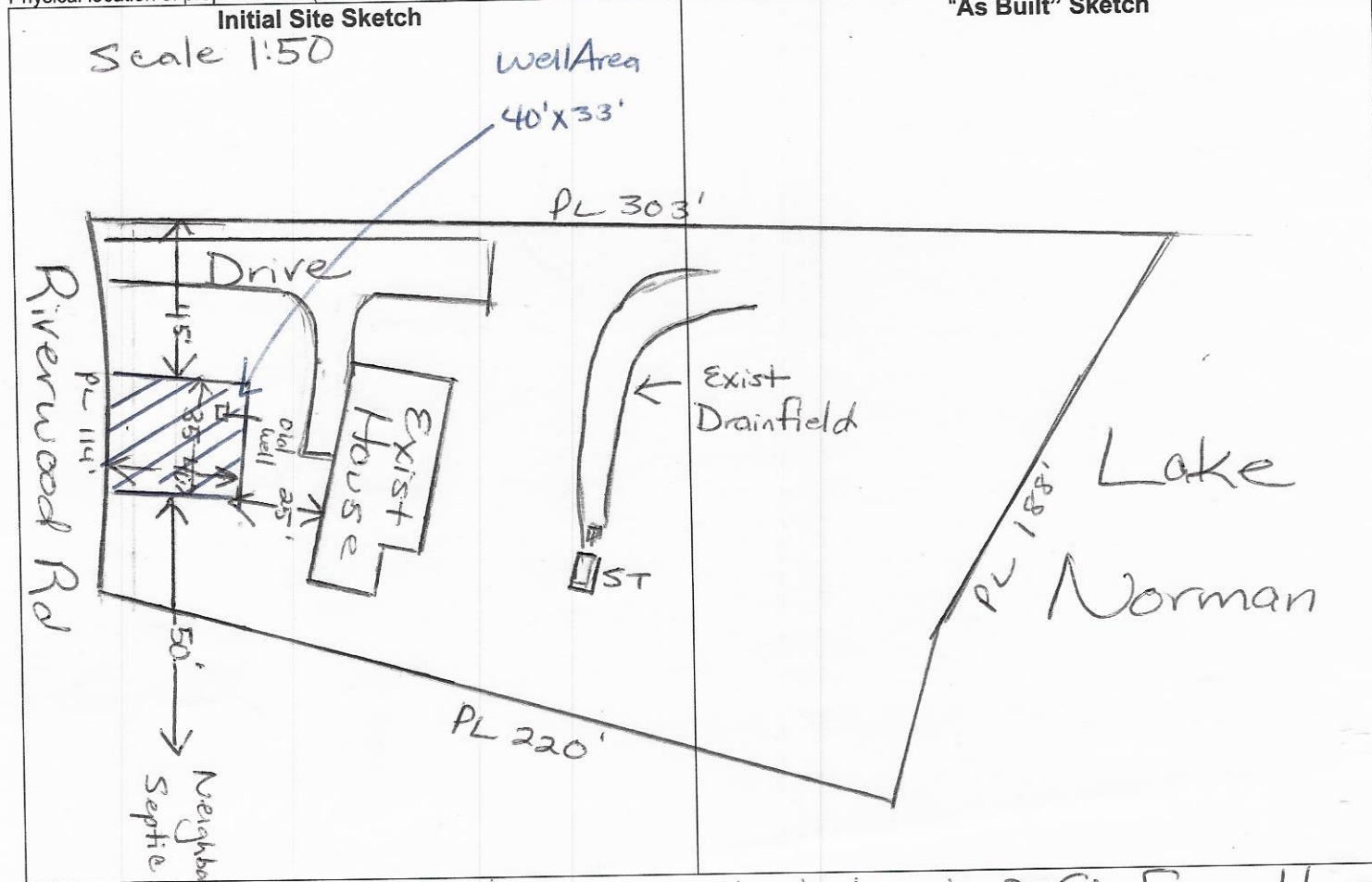
APPLICANT INFORMATION

Name Cate Wingler Full Address 159 Riverwood Rd M'ville, NC Telephone # 664-6786

PROPERTY INFORMATION

Directions to Site Hwy 150 WTL McCrary TL Riverwood on right
159 Riverwood Rd - M'ville CLAT 10 Lot # 53

Physical location of proposed well (street address) 28117 Subdivision 28117 Lot # 53



Permit Conditions/ Comments: Must keep well at least 25ft from House & 50ft from any Septic System

Well Permit Issued By: Maia Johnson Date: 5/4/2011

(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 Milton Cade Contractor Cert # 3548-A

Grout Inspection By: Maia Johnson Date: 5/5/2011 or Certification for Grouting Not Witnessed

by Dept _____ 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
 Pit less Adaptor 8 inches above grade Well Head Inspection By: Maia Johnson Date: 5/26/11

Certificate of Completion by: Maia Johnson Date: 6/1/11 Water Samples By: Maia Johnson Date: 6/8/11

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

\$480.00
paid
PH

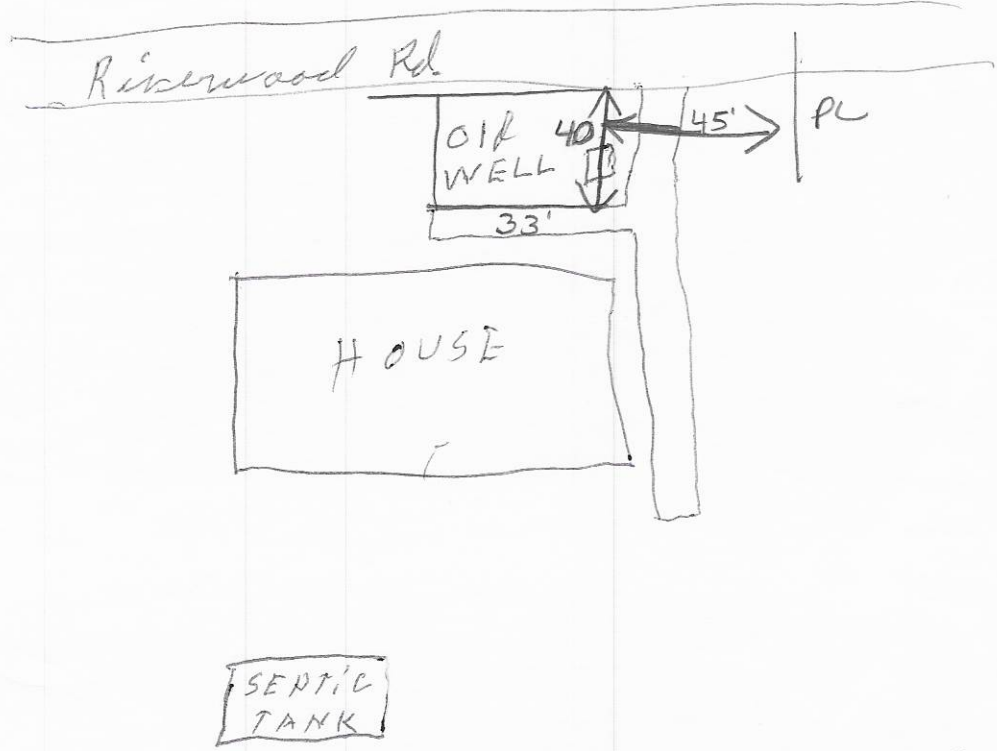
Clate Winger *159 Riverwood Rd. Mooresville* *336-469-2100*
 Applicant Name Full Address Phone Number

Clate Winger
 Name of Owner / Authorized Agent Full Address Phone Number
159 Riverwood Rd. Mooresville *CLT* *53*
 Property Street Address Subdivision Lot Number

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



Old Well Has Iron-6" well *(70's)*

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.

Clate Winger *4-5-2011*
 SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

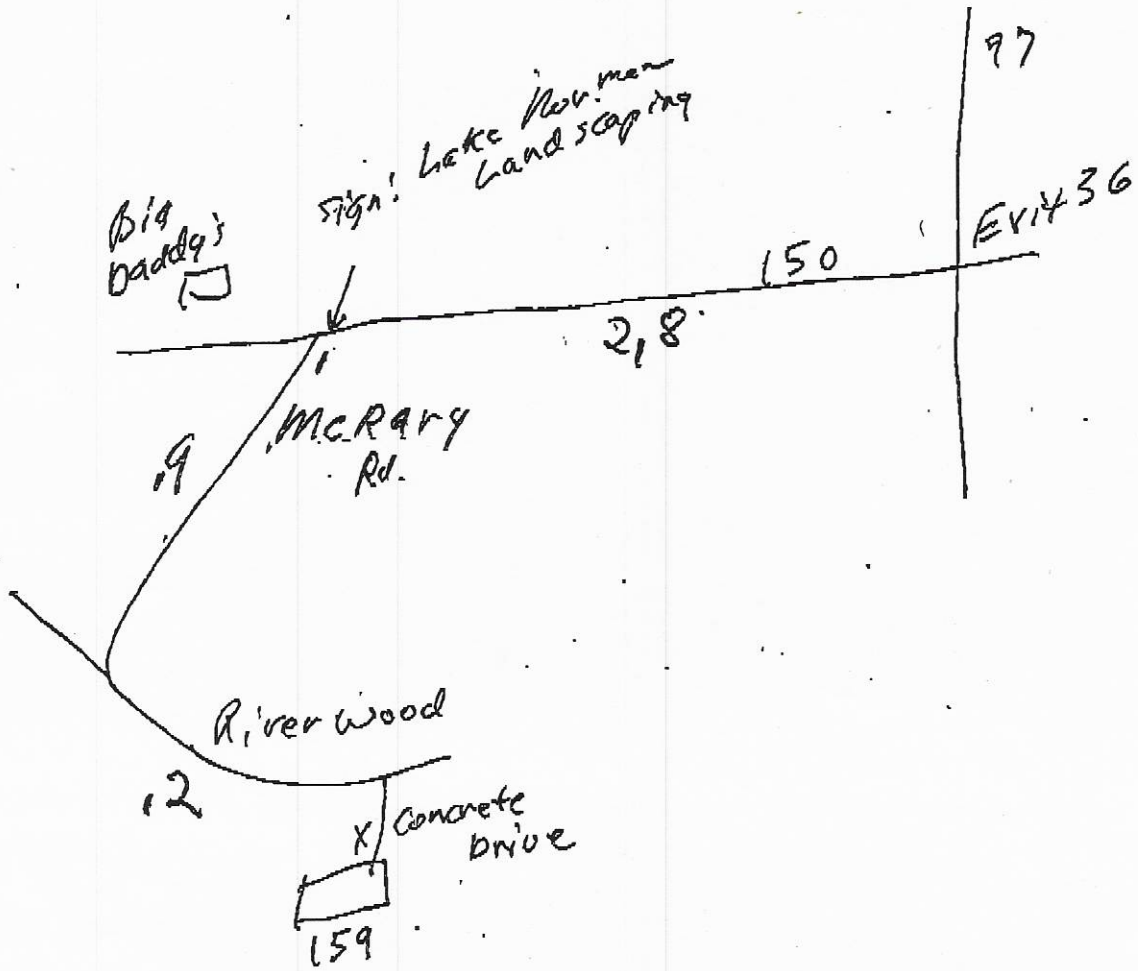
*Out of Town - 17-30**

Applicant Copy - Yellow

ADDRESS: _____

PHONE NUMBER: _____

Clate Wingler



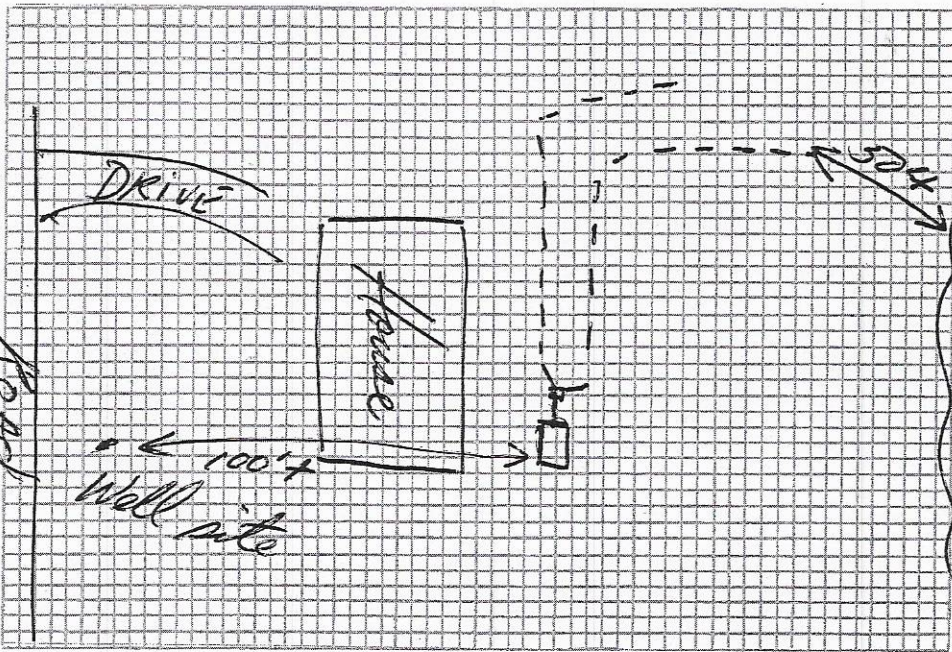
IREDELL COUNTY HEALTH DEPARTMENT

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

OWNER OR CONTRACTOR Jack Holsonback DATE 6-6-79 PERMIT NO. 193
 PHONE: Business _____ Home _____
 LOCATION 150W TL on 1168 Ben left
1/4 mi on Rt. S. R. No. _____
 SUBDIVISION NAME Lake Norman LOT NO. 53 SECTION OR BLOCK NO. 1c

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil Clay loam
 Garbage Disposal Unit Yes () No () Percolation Rate _____
 Auto. Dishwasher Yes () No () Topography 2-4%
 Auto. Wash. Machine Yes () No () Depth to Water Table 4' +
 Site Suitable Yes () No () Rock or other impervious formations none obs.
 Lot Area 3/4 AC



Size of Tank 1000 Gals.
 Nitrification Field:
 No. of Lines 2
 Sq. Ft. 600 Linear Ft. 200
 Depth of Stone in Lines 10' +
 Water Supply: Individual ()
 Public ()

Installed by JR Bowles

Plot of System

IMPROVEMENTS PERMIT BY John Houston
 COMMENTS: _____

CERTIFICATE OF COMPLETION BY David R Hanson DATE 6-6-79

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

IREDELL COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT

Existing System

STATESVILLE 704-878-5305

MOORESVILLE 704-664-5281

OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # 144373 PIN# 4637255203.000

DATE 8/6/07

OWNER OR APPLICANT Clate Wingler PHONE: Business 704 664-6786 Home ~~704~~-336-469-2100

ADDRESS 159 Riverwood Rd. Mooresville, NC 28117

LOCATION 150 W. McCrory Tr. Riverwood Rd. on Right 159 Riverwood Rd.

SUBDIVISION CL&T BLOCK / SECTION 10 LOT 53 LOT AREA 2.15 ac L.T.A.R. Existing System

DESIGN FLOW 360

SITE CLASS:

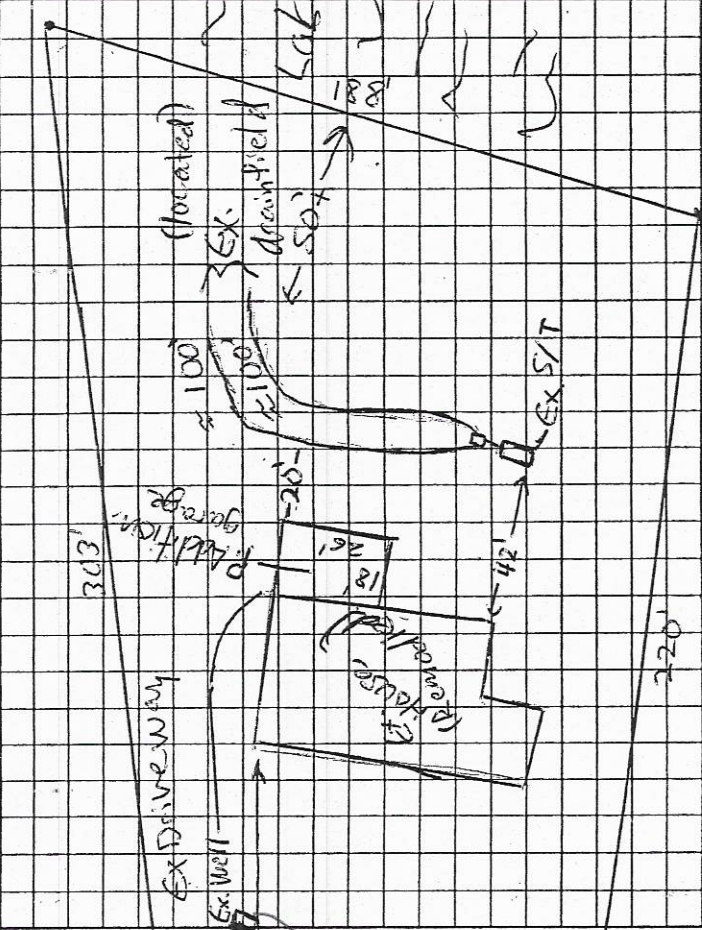
System Type: I III IV V VI

Septic Tank: 1000 Gallons: STB
 Pump Tank: Existing System Date
 Pump Make: Model Serial No.
 Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200
 No Lines 2 Trench Width EXIS. Max Trench Bottom Depth EXIS.

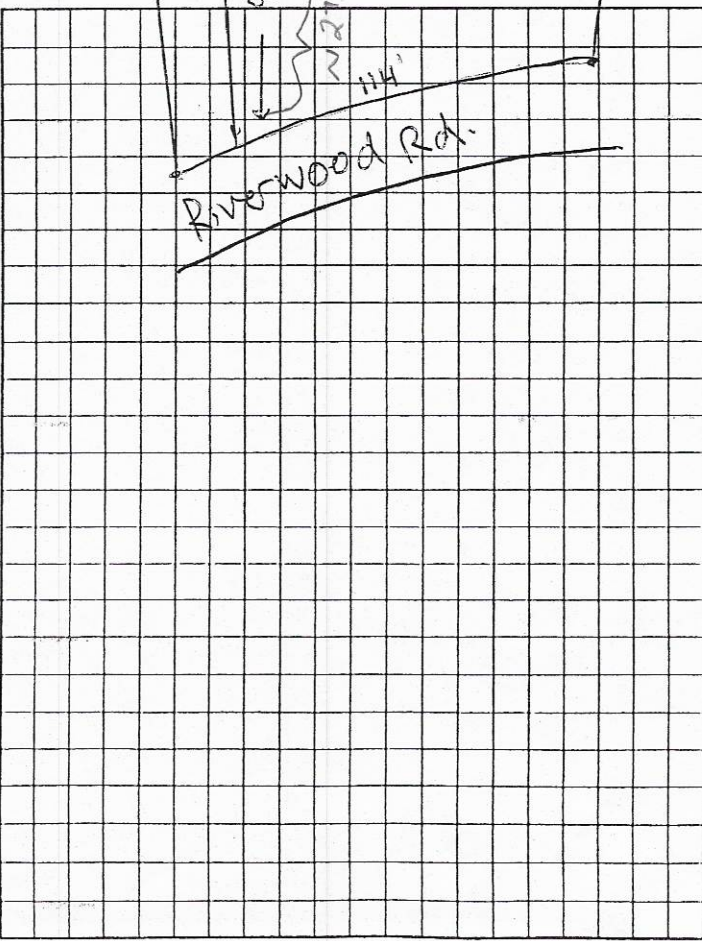
New System Repair Expansion Existing System
 System Description: Existing System
 Repair System Description:
 Maintenance Agreement Required: Yes No
 Gravel Depth 10 + Gravitry Pressure Slab Crawl Space Basement w/plumbing Basement w/o plumbing

Water Supply: Individual Public Community
 No. Bedrooms 3 No. Persons
 No. Employees
 Comments/Conditions: Remodeling plans for total of 3BR's in house, same # of BR's as originally permitted.
See permit no. 193 "1979" Jack Holsback
No visible malfunction of EXIS system, observed during inspection.
1"=50'

AS BUILT SKETCH



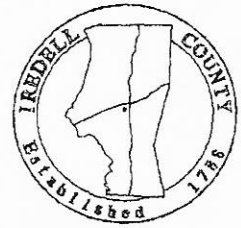
INITIAL SITE SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration Improvement Permit with site plan valid for sixty months Authorization to Construct is valid for a period equal to that of Improvement Permit - not to exceed sixty months.

Installed by: Clate Wingler date 8-6-07
 Operation Permit by: _____ date _____
 Existing System Inspection by: Anthony Coler date 8/6/07
 HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK

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



Page 1 of 2
Printed: 4/6/2011

Permit Number: 166012WE

Master #: 166012

Associated Permits:

166012WE Well

Applicant

Name: Clate & Josephine Wingler
Address: 159 Riverwood Rd.
MOORESVILLE, NC 28117

Phone: 704-664-6786

Parcel

Parcel Number: 4637255203.000
Address: 159 Riverwood Rd
MOORESVILLE, NC 28117
Subdivision: *CLAT 10*
Directions to Parcel: 150w,tl Mccrary,tl Riverwood,on Right

Zoning: R20
Township: 1700
Area:
Lot(s):

Owners

Name: Clate & Josephine Wingler
Address: 159 Riverwood Rd.
MOORESVILLE, NC 28117

Phone: 704-664-6786

Contractors

Fees and Receipts:

Number

Description

Amount

Total Fees: \$0.00

Total Receipts: \$0.00

Conditions

Date:

Status:

Code:



RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 3548-A

1. WELL CONTRACTOR:

Milton E Cave
Well Contractor (Individual) Name

YADKIN WELL COMPANY, INC.
Well Contractor Company Name

1908 HAMPTONVILLE ROAD
Street Address

HAMPTONVILLE NC 27020
City or Town State Zip Code

(336) 468-4440
Area code Phone number

2. WELL INFORMATION:

WELL CONSTRUCTION PERMIT# 166012 WF

OTHER ASSOCIATED PERMIT#(if applicable) _____

SITE WELL ID # (if applicable) AAK-589

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

DATE DRILLED 5-5-2011

TIME COMPLETED 6:30 AM PM

4. WELL LOCATION:

CITY: Lake Norman COUNTY Fredell

159 Riverwood
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING: (check appropriate box)

Slope Valley Flat Ridge Other

LATITUDE _____ " DMS OR 35.5833 DD

LONGITUDE _____ " DMS OR 80.9167 DD

Latitude/longitude source: GPS Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

5. WELL OWNER

Clate Wingle
Owner Name

2301 Old Stage Rd
Street Address

Yadkinville State Zip Code

(336) 463-2342
Area code Phone number

6. WELL DETAILS:

a. TOTAL DEPTH: 202'

b. DOES WELL REPLACE EXISTING WELL? YES NO

c. WATER LEVEL Below Top of Casing: 50 FT.
(Use "+" if Above Top of Casing)

d. TOP OF CASING IS +1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.

e. YIELD (gpm): 4 METHOD OF TEST air pump

f. DISINFECTION: Type HTH Amount 3/4 CUPS

Open Collins

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

Date Site Visited 3-29-11 By: UB Permit: Yes No

g. WATER ZONES (depth):

Top 160' Bottom 162' Top _____ Bottom _____

Top _____ Bottom _____ Top _____ Bottom _____

Top _____ Bottom _____ Top _____ Bottom _____

7. CASING: Depth Diameter Thickness/Weight Material

Top 41' Bottom 23' Ft. 6.125 5DR21 PVC

Top _____ Bottom _____ Ft. _____ _____ _____

Top _____ Bottom _____ Ft. _____ _____ _____

8. GROUT: Depth Material Method

Top 0' Bottom 5' Ft. Bentonite chips pudd

Top 5' Bottom 27' Ft. Bentonite slurry pumped

Top _____ Bottom _____ Ft. _____ _____ _____

9. SCREEN: Depth Diameter Slot Size Material

Top _____ Bottom _____ Ft. _____ in. _____ in. _____

Top _____ Bottom _____ Ft. _____ in. _____ in. _____

Top _____ Bottom _____ Ft. _____ in. _____ in. _____

10. SAND/GRAVEL PACK: Depth Size Material

Top _____ Bottom _____ Ft. _____ _____ _____

Top _____ Bottom _____ Ft. _____ _____ _____

Top _____ Bottom _____ Ft. _____ _____ _____

11. DRILLING LOG

Top Bottom Formation Description

0 / 45 Soil

45 / 156 Water in soil

56 / 62 sand stone

62 / 95 salt granite

95 / 160 med gray granite

160 / 202 hard gray granite

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

_____ / _____ _____

12. REMARKS:

old well 63' had iron & mud
6-15-1979 16' stat
185' deep 9" steel casing 8 gpm

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Milton E Cave 5-5-11
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

Milton E Cave
PRINTED NAME OF PERSON CONSTRUCTING THE WELL



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:

CLATE WINGLER

159 RIVERWOOD
MOORESVILLE, NC 28117

StarLiMS Sample ID: **ES060911-0114001**



Collected: 06/08/2011 15:45

Received: 06/09/2010 08:42

Maria Dotson

Angela Heybroek

ES Microbiology ID: **27748**

GPS Number:

Sample Source: **New Well**

Sampling Point: **WH sample port**

Well Permit Number:

166012WE

Sample Description:

Comment:

Environmental Microbiology - Colilert Profile

Method: SM 9223B

Test Name: Colilert

Analyte	Test Result	Analyst	Date
Total Coliform, Colilert	Present	Joy Hayes	06/10/2011
<i>E. coli</i> , Colilert	Absent	Joy Hayes	06/10/2011

Report Date: 06/13/2011

Reported By: Joy Hayes

mailed



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

CLATE WINGLER

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

Courier # 09-36-07

159 RIVERWOOD
 MOORESVILLE, NC 28117

StarLiMS ID: ES060911-0078001

Date Collected: 06/08/11

Time Collected: 3:45 PM

Date Received: 06/09/11

Collected By: Maria Dotson

Sample Type: New Well
 Sample Source: New Well

Sampling Point: WH sample port
 Temp. at Receipt: 8.0

Well Permit #: 166012WE
 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	15		mg/L	
Chloride	< 5.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	< 0.20	2.00	mg/L	
Iron	< 0.10	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	6		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	7.6		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	6.90		mg/L	
Sulfate	< 5.00	250	mg/L	
Total Alkalinity	79		mg/L	
Total Hardness	62		mg/L	
Zinc	0.05	5.00	mg/L	

*mailed
8/3/11*

Report Date: 06/24/2011



Reported By: Mike King