

PERMIT #

144345

PIN #

4664791790

12:00

IREDELL COUNTY HEALTH DEPARTMENT - Environmental Health Division

Statesville Office 704-878-5305

Mooreville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one)

New

Repair

Abandonment

APPLICANT INFORMATION

Name Niblock Development

Full Address 300 McGill Ave

Telephone # 704-920-7107

PROPERTY INFORMATION

Directions to Site Anniston Way TL, Timberside Dr, end on L

191 Timberside Dr.

Anniston

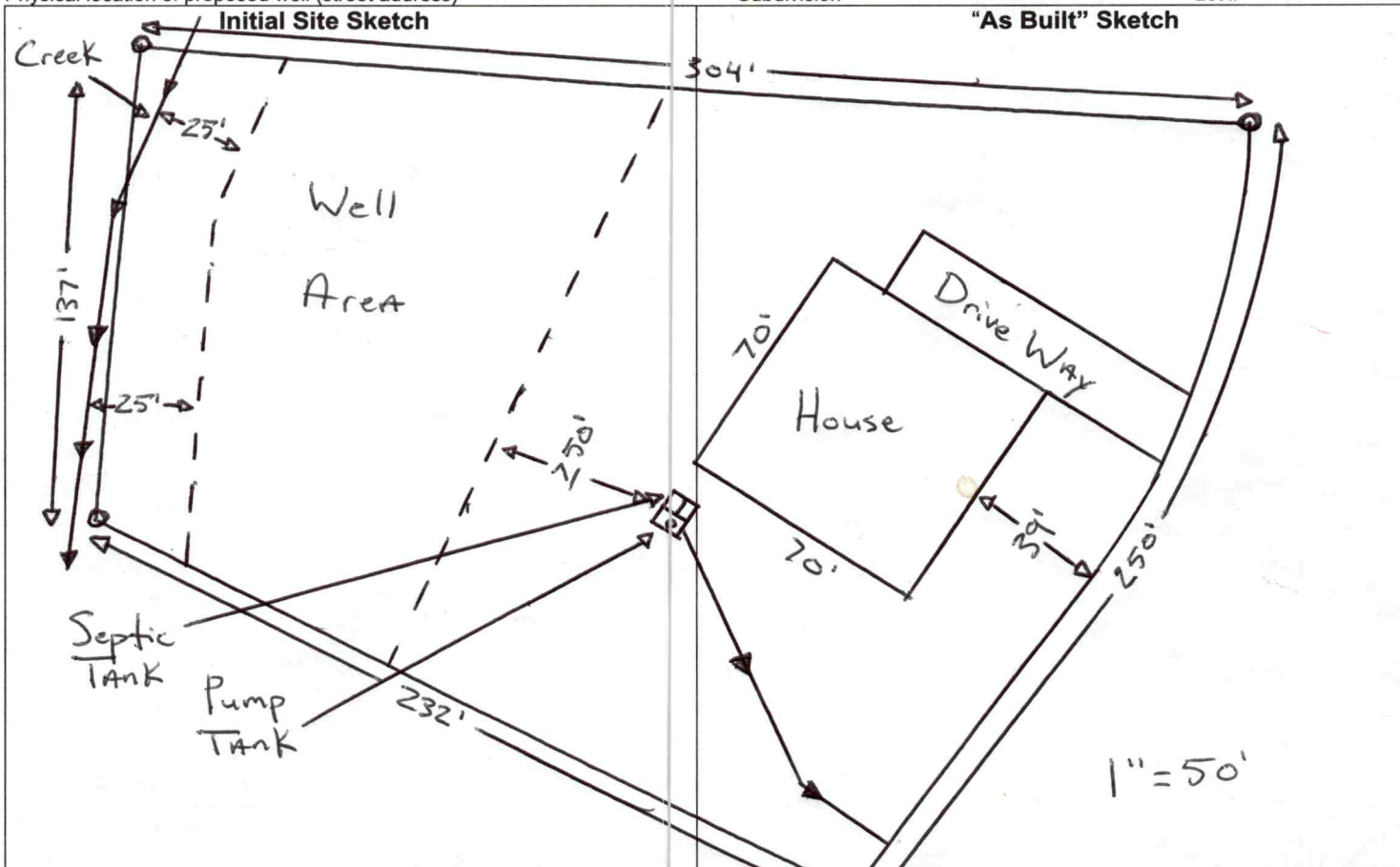
Phase: 3

Lot # 107

Physical location of proposed well (street address)

Subdivision

Lot #



Permit Conditions/ Comments: 1) Well must be 25' from Creek 2) Well must be 50' from septic

Well Permit Issued By: J. Allif Date: 8-25-08

(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 Eklund Contractor Cert # 3447

Grout Inspection By: J. Allif Date: 10-29-08 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: W Sparks es. Date: 12/15/08

Certificate of Completion by: Date: Water Samples By: Date:

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

Health Dept. Copy - White

Applicant Certificate of Completion - Yellow

Applicant Well Construction Permit - Pink

8-21-08
DA

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305

Mooresville Office 704-660-3625

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Applicant Name: Niblock Development 300 McGill Ave 704-920-7107
Full Address Phone Number

Name of Owner / Authorized Agent: Same
Full Address Phone Number

Property Street Address: 191 Timberside Dr. Anniston 107
Subdivision Lot Number

Parcel Identification Number (PIN): 4664791790000
Intended Use of Property: Residence Type of Well Permit (New, Repair, Abandonment): New

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.

SIGNATURE OF OWNER OR AUTHORIZED AGENT: [Signature] DATE: 8-21-08

WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR (INDIVIDUAL) NAME (print) MARTY EKLUND

CERTIFICATION # 3423 3447

WELL CONTRACTOR COMPANY NAME EKLUND PUMP & WELL

PHONE # (704) 876-8686

STATE WELL CONSTRUCTION PERMIT# _____
(if applicable)

ASSOCIATED WQ PERMIT# _____
(if applicable)

1. WELL USE (Check Applicable Box): Residential Municipal/Public Industrial Agricultural
Monitoring Recovery Heat Pump Water Injection Other If Other, List Use _____

2. WELL LOCATION: Anniston ph 3 #107
Nearest Town: meadowsville County Dare
191 Timberside DR Anniston
(Street Name, Number, Community, Subdivision, Lot No., Zip Code)

Topographic/Land setting
 Ridge Slope Valley Flat
(check appropriate box)
Latitude/longitude of well location

3. OWNER: in block Dew
Address 300 McGill Ave
(Street or Route No.)
Concord NC 28027
City or Town State Zip Code

(degrees/minutes/seconds)
Latitude/longitude source: GPS Topographic map
(check box)

DEPTH		DRILLING LOG
From	To	Formation Description
<u>0</u>	<u>80</u>	<u>clay</u>
<u>80</u>	<u>500</u>	<u>gritite</u>

4. DATE DRILLED 10/25
5. TOTAL DEPTH: 500
6. DOES WELL REPLACE EXISTING WELL? YES NO
7. STATIC WATER LEVEL Below Top of Casing: 00 FT.
(Use "+" if Above Top of Casing)

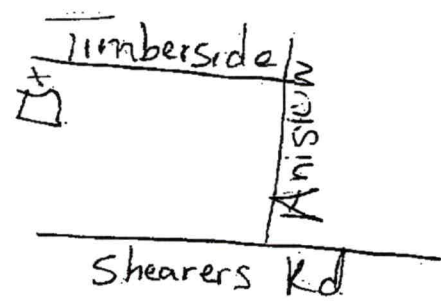
8. TOP OF CASING IS 1 FT. Above Land Surface*
*Top of casing terminated at/or below land surface requires a variance in accordance with 15A NCAC 2C .0118.

9. YIELD (gpm): 6 METHOD OF TEST Air

10. WATER ZONES (depth):

LOCATION SKETCH

Show direction and distance in miles from at least two State Roads or County Roads. Include the road numbers and common road names.



11. DISINFECTION: Type Chlorine Amount 5 cups

12. CASING:
From 0 To 80 Ft. Diameter 6 Wall Thickness _____ Material 21 PVC
From _____ To _____ Ft. _____
From _____ To _____ Ft. _____

13. GROUT: From 0 To 20 Ft. Material Mixed Method mixer

14. SCREEN: From _____ To _____ Ft. Diameter _____ in. Slot Size _____ in. Material _____

15. SAND/GRAVEL PACK: From _____ To _____ Ft. Size _____ Material _____

16. REMARKS: _____

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

SIGNATURE OF PERSON CONSTRUCTING THE WELL M. Eklund DATE 10-25