

PERMIT #

164050

PIN #

4665345637 gm

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

Tim Feeney

4324 Britley Ln

7046348767

Name

Full Address

Telephone #

PROPERTY INFORMATION

Shearers Rd S. TR Evening Shade Ln (B4 Rocky River) behind

124 Evening Shade Ln. Textile Design

Physical location of proposed well (street address)

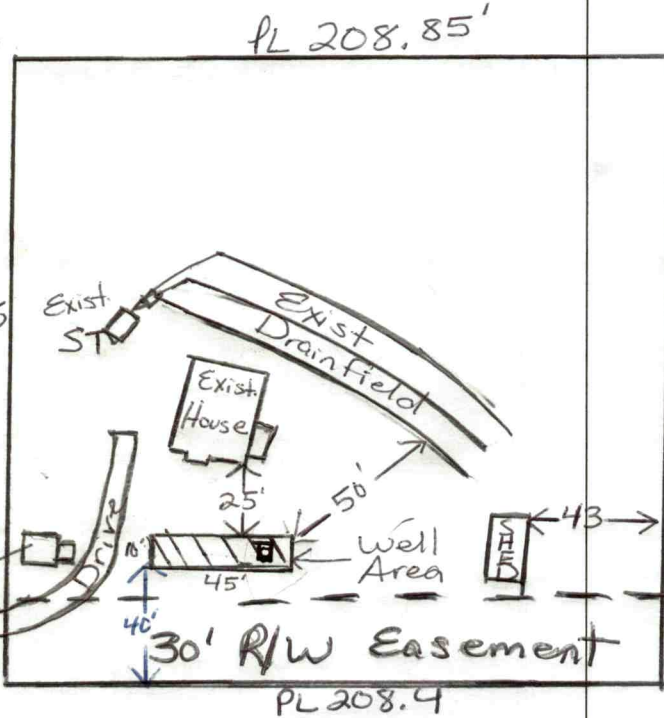
Subdivision

Lot #

Initial Site Sketch

"As Built" Sketch

Scale 1:60



PL 209.14

Permit Conditions/ Comments: Must keep Well at least 25ft from house or any Building & 50ft from Septic System & 40ft from PL.

Well Permit Issued By: Marina Johnson RS Date: 11/9/2010

(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 MOLLIS Contractor Cert #

Grout Inspection By: S. A. REHS Date: 11-23-10 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: S. A. REHS Date: 11-23-10

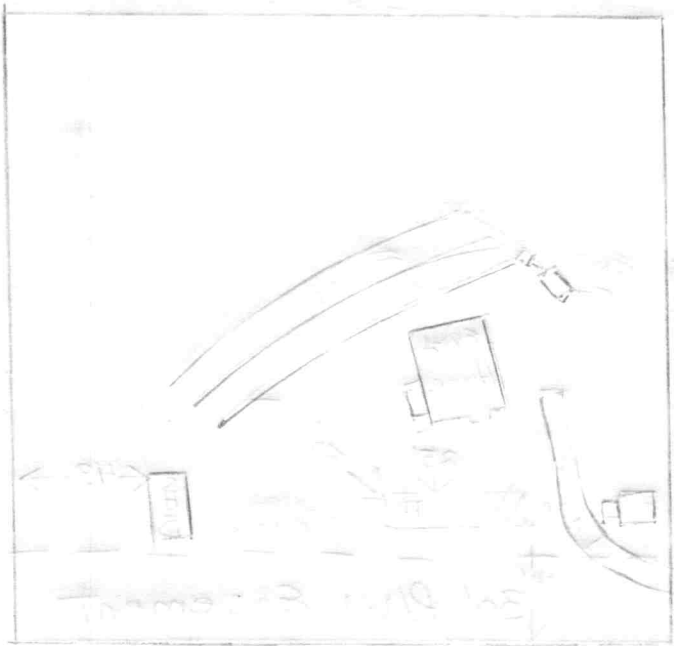
Certificate of Completion by: S. A. REHS Date: 11-24-10 Water Samples By: CSM Date: 12-01-10

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



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704 634 8767

Name

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PROPERTY INFORMATION

Shearers Rd S. TR Evening Shade Ln (B4 Rocky River) behind 124 Evening Shade Ln. Directions to Site

Physical location of proposed well (street address)

Subdivision

Lot #

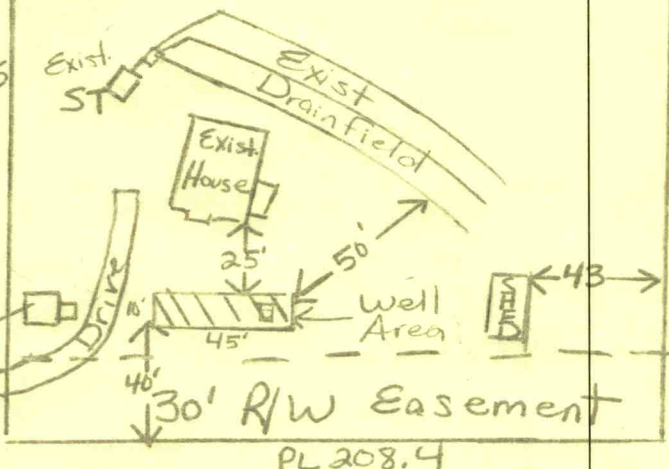
Initial Site Sketch

"As Built" Sketch

Scale: 1:60

PL 208.85'

PL 209.14



Permit Conditions/ Comments:

Must keep well at least 25ft from house or any building & 50ft from Septic System & 40ft from PL.

Well Permit Issued By:

Maria R. Roberts, R.S. Date: 11/9/2010

(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

Mullis

Contractor Cert #

Grout Inspection By:

J. A. All REHS

Date: 11-23-10

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: J. A. All REHS Date: 11-23-10

Certificate of Completion by:

J. A. All REHS

Date: 11-24-10

Water Samples By: CSU

Date: 12-01-10

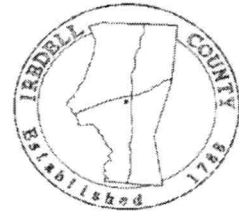
Attachments: Form GW-1a (required except for abandonment)

Form GW 30

Water Sample Results

Plat

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



Page 1 of 2

Permit Number: 164050WE

Printed: 11/9/2010

Master #: 164050

Associated Permits:

164050WE

Well

Applicant

Name: Tim Feeney

Phone:

Address:

Parcel

Parcel Number: 4665345637.000

Zoning: RA

Address: 124 Evenings Shade Ln.

Township: 0300

Mooresville, NC 28115

Area:

Subdivision:

Lot(s):

Directions to Parcel: Faith Rd to Shearers Rd right Evening Shade

Owners

Name: Citifinancial

Address:

Contractors

Fees and Receipts:

Number

Description

Amount

Total Fees: _____ **\$0.00**

Total Receipts: _____ **\$0.00**

Conditions

Date:

Status:

Code:

4665345637

Paid
\$ 480.00
OH

Con
Com
Pe

IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-660-3625

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Keeney 4324 BRETLEY 704-634-8767
Street, City, State, Zip Phone Number

5 P.O. Box 691446 CHLT. N.C. 28227 704-545-5694
Agent Street, City, State, Zip Phone Number

124 Shade Lane, Mooresville, NC 28115 N/A
Well Site Street, Subdivision Lot Number

A6653456 200 Residential New
Parcel Identification Number Intended Use of Property Type of Well Permit (New, Repair, Abandonment)

Directions from here to your site

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

D.L. Mullis Well
Drilling, Inc. + Grading
PO Box 691446
Charlotte, NC 28227
704-545-5694

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.

Tina Keeney
SIGNATURE OF OWNER or AUTHORIZED AGENT

10-29-10
DATE

1012-828

No Water
Need new well

WELL PERMIT
ENVIRONMENTAL HEALTH REQUIREMENTS

The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the WELL PERMIT application form. Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.

Statesville Office:
318 Turnersburg Hwy.
Statesville 28625
Phone: 704-878-5305

Mooresville Office:
610 East Center Avenue
Mooresville 28115
Phone: 704-664-5281 Option #3

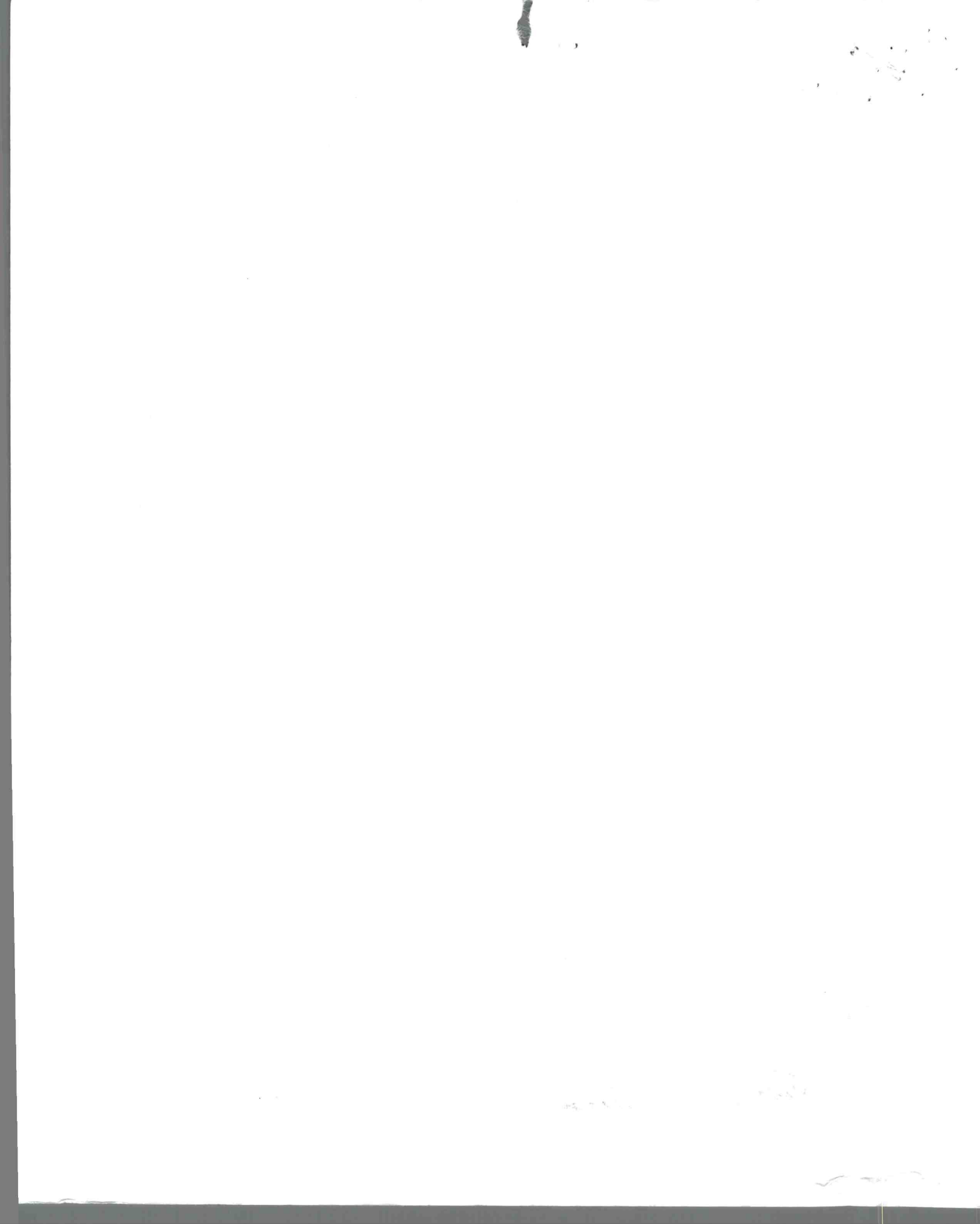
1. **Complete the Environmental Health Well Application form** with site plan. **Include a copy of the Zoning Permit** verifying the well permit fee of \$480.00 has been paid. A well permit fee is not required for a well abandonment or repair permit. The \$480.00 can also be paid directly at one of the Environmental Health offices listed above. We do accept cash, one party checks with proper identification, VISA, MASTERCARD and DISCOVER. Payments cannot be taken over the phone. Please note that your well request will not be added to our work list until the fee is paid.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag where you want your well.**
4. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
5. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

Completed permits must be picked up promptly.

Any site not ready when staff arrive for the evaluation will result in the applicant being charged a site revisit fee of \$60.00 and the request being placed at the bottom of the service request list.

By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.

Signature Tim Feeny Date 10-29-10



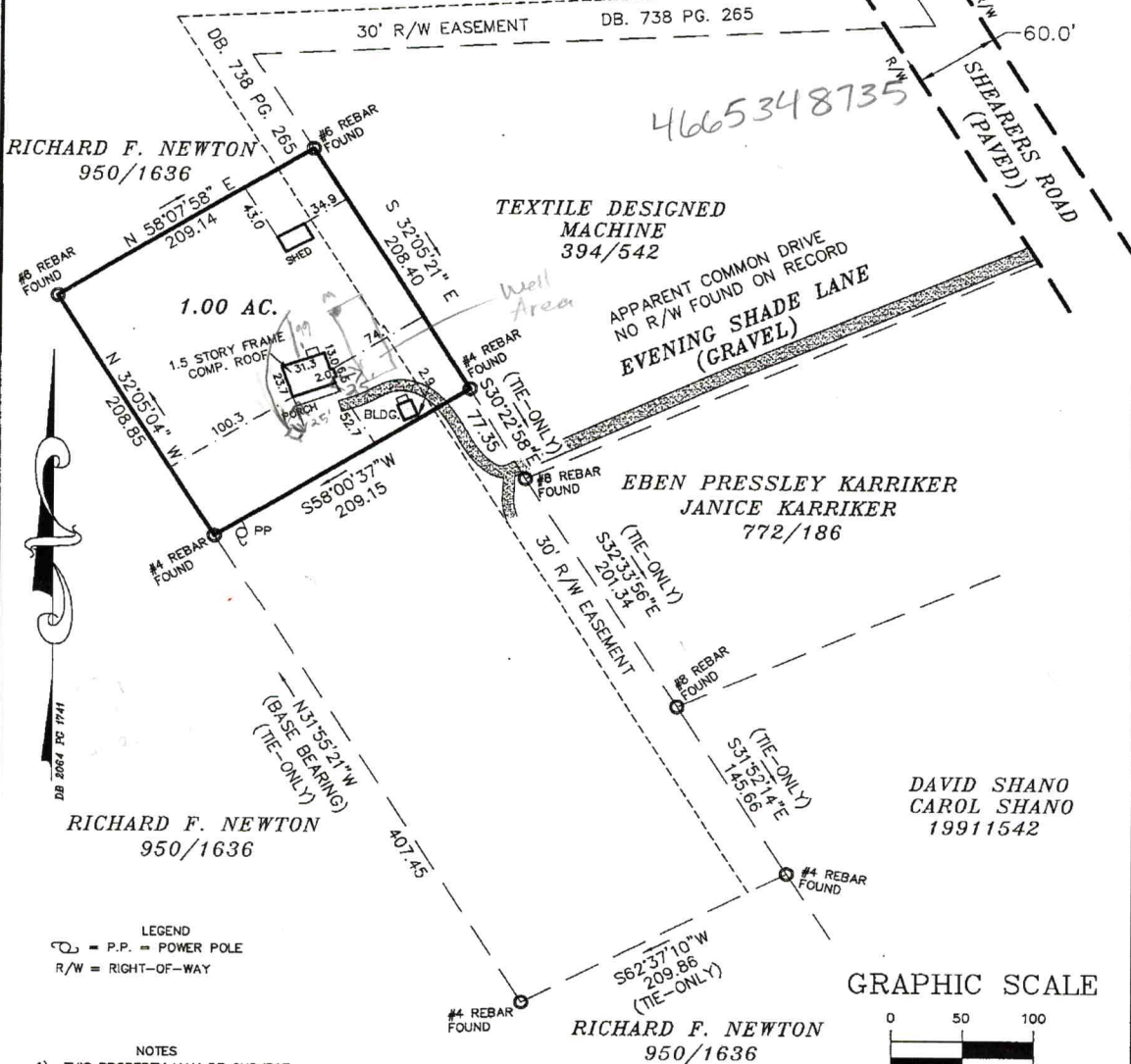
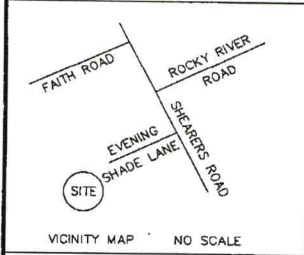
DAS DON ALLEN & ASSOCIATES, P.A.

"Since 1971"

Commercial * Residential * Mortgage Surveys * Multi-Family
 Construction Staking * Subdivision Design * Topographical
 111-B Raceway Drive * Mooresville * NC * 28117
 (704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 2069, page 763, and/or plat book _____, page _____, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 26 day of OCTOBER, A.D. 20 10

WILLIAM M. ALLEN



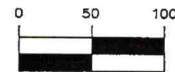
PHYSICAL SURVEY

OF

124 EVENING SHADE LANE
 CODDLE CREEK TWSP., IREDELL CO., N.C.
 ROY WOODCOCK

SCALE 1" = 100'
 ACQUIRED BY:

GRAPHIC SCALE



(IN FEET)
 1 inch = 100 ft.

FIELD BOOK: 653
 FILE: EVENING SHADE -130
 DC FILE:
 TAX MAP NO: 4565345637

BK
394
382

PG
542
494

Johnson Janie
W

Richard Newton

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 Samela Jo Norton DATE 10-21-86 PERMIT NO. 560

PHONE: Business _____ Home _____

LOCATION 1125 S. on Rt. beyond textile drain S. R. No. _____

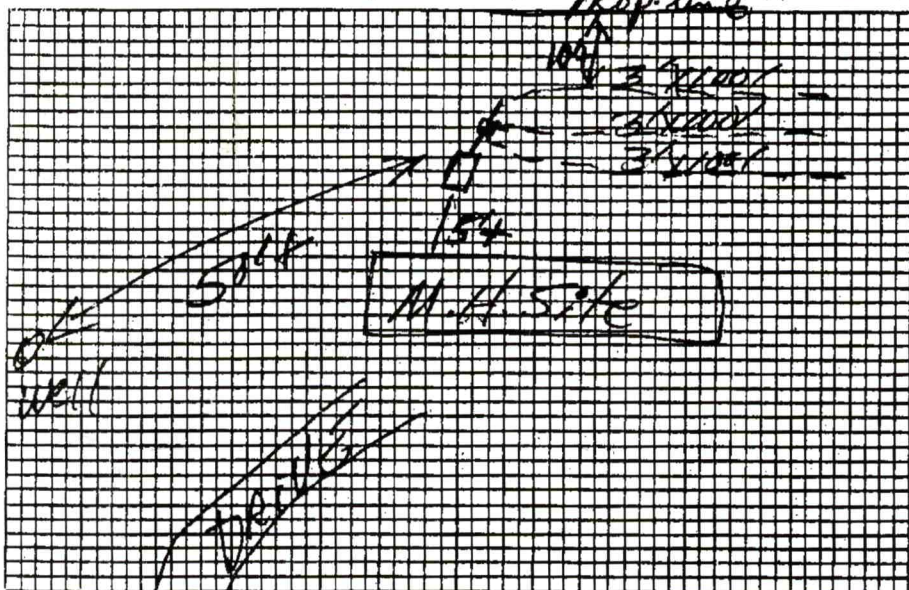
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

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

No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil clay
 Garbage Disposal Unit Yes () No () Percolation Rate 1 1/2"
 Auto. Dishwasher Yes () No () Topography 2 1/2"
 Auto. Wash. Machine Yes () No () Depth to Water Table 4 1/2'
 Site Suitable Yes () No () Rock or other impervious formations none obs.

Lot Area 1 ac.

Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Size of Tank 1000 Gals.
 Nitrification Field:
 No. of Lines 3
 Sq. Ft. 900 Linear Ft. 300
 Depth of Stone in Lines 12"
 Water Supply: Individual ()
 Public ()

Installed by Wifred Bulger

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

Signed: _____

IMPROVEMENTS PERMIT BY [Signature]

COMMENTS: _____

CERTIFICATE OF COMPLETION BY [Signature] DATE 10-21-86

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.





RESIDENTIAL WELL CONSTRUCTION RECORD

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

WELL CONTRACTOR CERTIFICATION # 2038

1. WELL CONTRACTOR:
John Mullis
 Well Contractor (Individual) Name
DL Mullis Well Drilling
 Well Contractor Company Name
 STREET ADDRESS 9208 Surface Hill Rd
Charlotte NC 28227
 City or Town State Zip Code
704-545-5094
 Area code- Phone number

2. WELL INFORMATION:
 SITE WELL ID # (if applicable) _____
 STATE WELL PERMIT # (if applicable) 164050
 DWQ or OTHER PERMIT # (if applicable) _____
 WELL USE (Check Applicable Box): Residential Water Supply
 DATE DRILLED 11-19-10
 TIME COMPLETED 5:00 AM PM

3. WELL LOCATION:
 CITY: MOORESVILLE COUNTY: IREDELL
124 EVENING SHADE LN.
 (Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
 TOPOGRAPHIC / LAND SETTING:
 Slope Valley Flat Ridge Other
 (check appropriate box)
 LATITUDE 34 54.929 May be in degrees, minutes, seconds or in a decimal format
 LONGITUDE 80 44.323
 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)

4. WELL OWNER
 OWNER'S NAME Tim Feeney Const.
 STREET ADDRESS 4324 Britney Ln.
Harrisburg NC
 City or Town State Zip Code
704-634-8767
 Area code - Phone number

5. WELL DETAILS:
 a. TOTAL DEPTH: 325'
 b. DOES WELL REPLACE EXISTING WELL? YES NO
 c. WATER LEVEL Below Top of Casing: 35 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

f. DISINFECTION: Type HTH Amount 1 1/2 pints

g. WATER ZONES (depth):
 From 244 To 265 From _____ To _____
 From _____ To _____ From _____ To _____
 From _____ To _____ From _____ To _____

6. CASING:
 From 0 Depth 90' Ft. Diameter 6 1/2" Thickness/Weight 125 Material PVC
 From _____ To _____ Ft. _____ _____
 From _____ To _____ Ft. _____ _____

7. GROUT: Depth Material Method
 From 0 To 20' Ft. BENTONITE PUMPED
 From _____ To _____ Ft. _____ _____
 From _____ To _____ Ft. _____ _____

8. SCREEN: Depth Diameter Slot Size Material
 From _____ To _____ Ft. _____ In. _____ In. _____
 From _____ To _____ Ft. _____ In. _____ In. _____
 From _____ To _____ Ft. _____ In. _____ In. _____

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

10. DRILLING LOG
 From To Formation Description
0 30' Red & Brown
30' 60' DIAT
60' 80' BROWN SHALE
80' 90' W/ran Granite
90' 266' SAME
266' 325' SAME

11. REMARKS:

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2G, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.
John M. Mullis 11-18-10
 SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE
John M. Mullis
 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:

TIM FEENEY

124 EVENING SHADE LN.
MOORESVILLE, NC 28115

StarLiMS Sample ID: **ES120210-0080001**



Collected: 12/01/2010 15:00

Received: 12/02/2010 08:37

C. McKenzie
Angela Heybroek

ES Microbiology ID: **22790**

GPS Number:

Sample Source: **New Well**

Sampling Point: **Well head**

Well Permit Number:
164050

Sample Description:
 Comment:

Environmental Microbiology - Colilert Profile

Method: SM 9223B

Test Name: Colilert

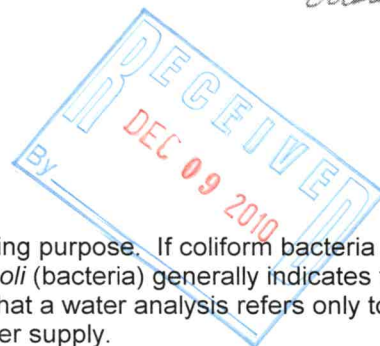
Analyte	Test Result	Analyst	Date
Total Coliform, Colilert	Absent	Joy Hayes	12/03/2010
<i>E. coli</i> , Colilert	Absent	Joy Hayes	12/03/2010

Report Date: 12/06/2010

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: CHRIS MCKENZIE

Name of System:

IREDELL CO ENV HEALTH/MOORESVILLE

TIM FEENEY

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

Courier # 09-36-07

124 EVENING SHADE LN.
 MOORESVILLE, NC 28115

StarLiMS ID: ES120210-0020001

Date Collected: 12/01/10

Time Collected: 3:00 PM

Date Received: 12/02/10

Collected By: C. McKenzie

Sample Type:
 Sample Source: New Well

Sampling Point: Well head
 Temp. at Receipt: 8.0

Well Permit #: 164050
 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	30		mg/L	
Chloride	16.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	0.11	1.3	mg/L	
Fluoride	< 0.20	2.00	mg/L	
Iron	0.12	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	7.3		N/A	
Selenium	0.010	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	12.00		mg/L	
Sulfate	5.20	250	mg/L	
Total Alkalinity	88		mg/L	
Total Hardness	93		mg/L	
Zinc	0.24	5.00	mg/L	

RECEIVED
 DEC 21 2010
 By

Report Date: 12/14/2010

Reported By: Debbie Moncol

