

ICHD - Environmental Health Division

Statesville Office - (704) 878-5305 x3456

Moorestville Office (704) 660-3625

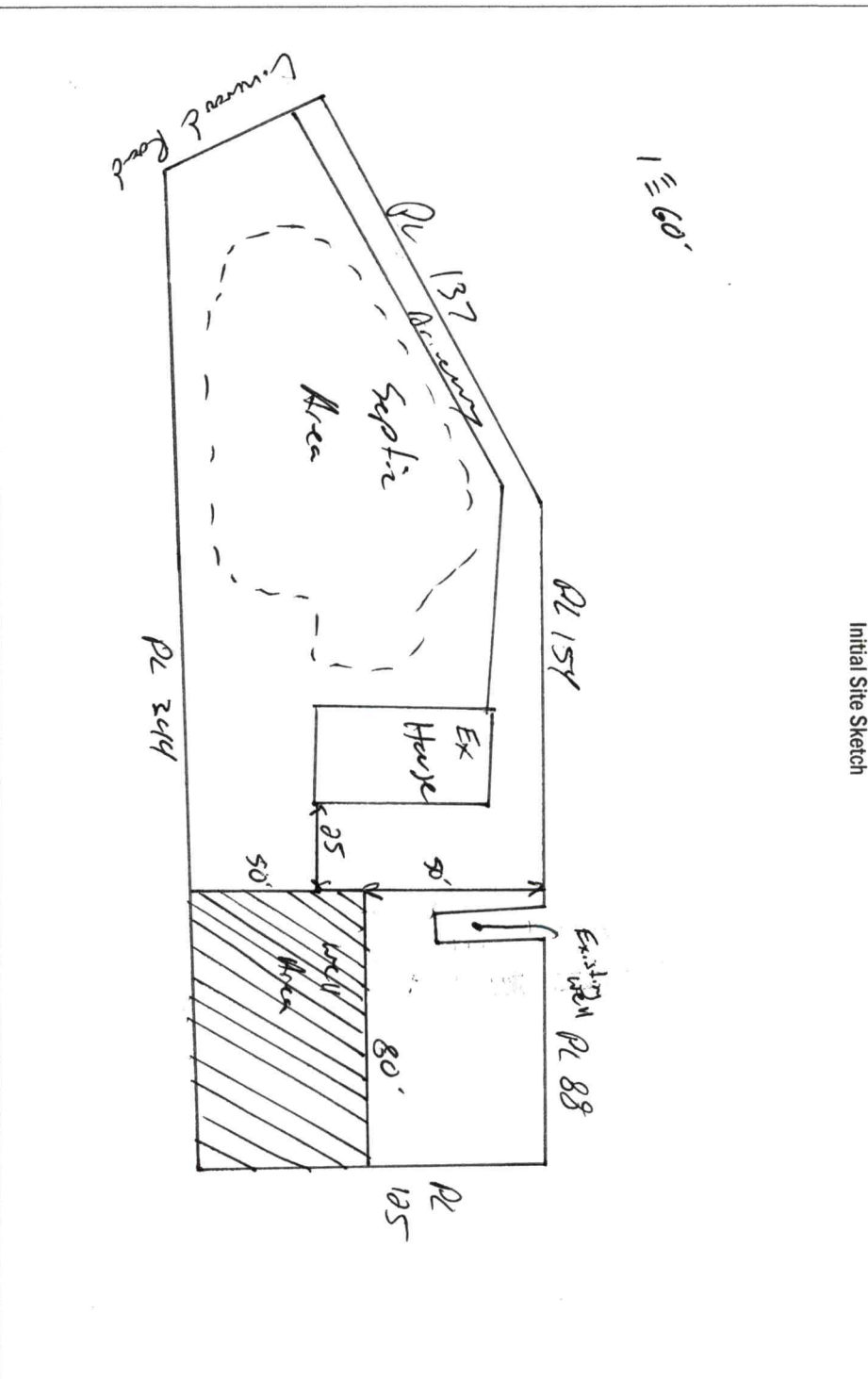
PRIVATE DRINKING WATER WELL PERMIT # 509474 **PIN #** 4677-00-4581 **Type of Permit (circle one):** New **Repair** **Abandonment**

APPLICANT/OWNER NAME: Sasha McLean **ADDRESS:** 361 Linwood Rd Mooreville NC 28115 **PHONE:** 704-380-0548

DIRECTIONS TO SITE: Linwood Road toward Davidson House on E **SUBDIVISION:** —

SITE ADDRESS: 361 Linwood Road Mooreville NC **SECTION/LOT:** 1

Initial Site Sketch



PERMIT CONDITIONS/COMMENTS: Drill in well Area. Follow All NC Well Rules

WELL PERMIT ISSUED BY: [Signature] **DATE:** 6-10-2020 (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 Contractor: James Daniel Beckman **CONTRACTOR CERT #:** 2647-A **GROUT INSPECTION BY:** [Signature] **DATE:** 8/28/20

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ **WELL HEAD INSPECTION BY:** [Signature] **DATE:** 9/10-2020

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 / PITLESS ADAPTOR 8 INCHES ABOVE GRADE**

CERTIFICATE OF COMPLETION BY: [Signature] **DATE:** 11/20/23 **WATER SAMPLES BY:** _____ **DATE:** _____

GROUTING RESULTS

Total Depth 108ft

Depth of Casing 68ft

Yield _____

Notes:

50ft grout
78ft from
house to well
23 bags grout

Well GPS Latitude: _____

Longitude: _____

N ↑

Linwood Rd

Driveway

137'

154'

Neighbors Well

88'

55'

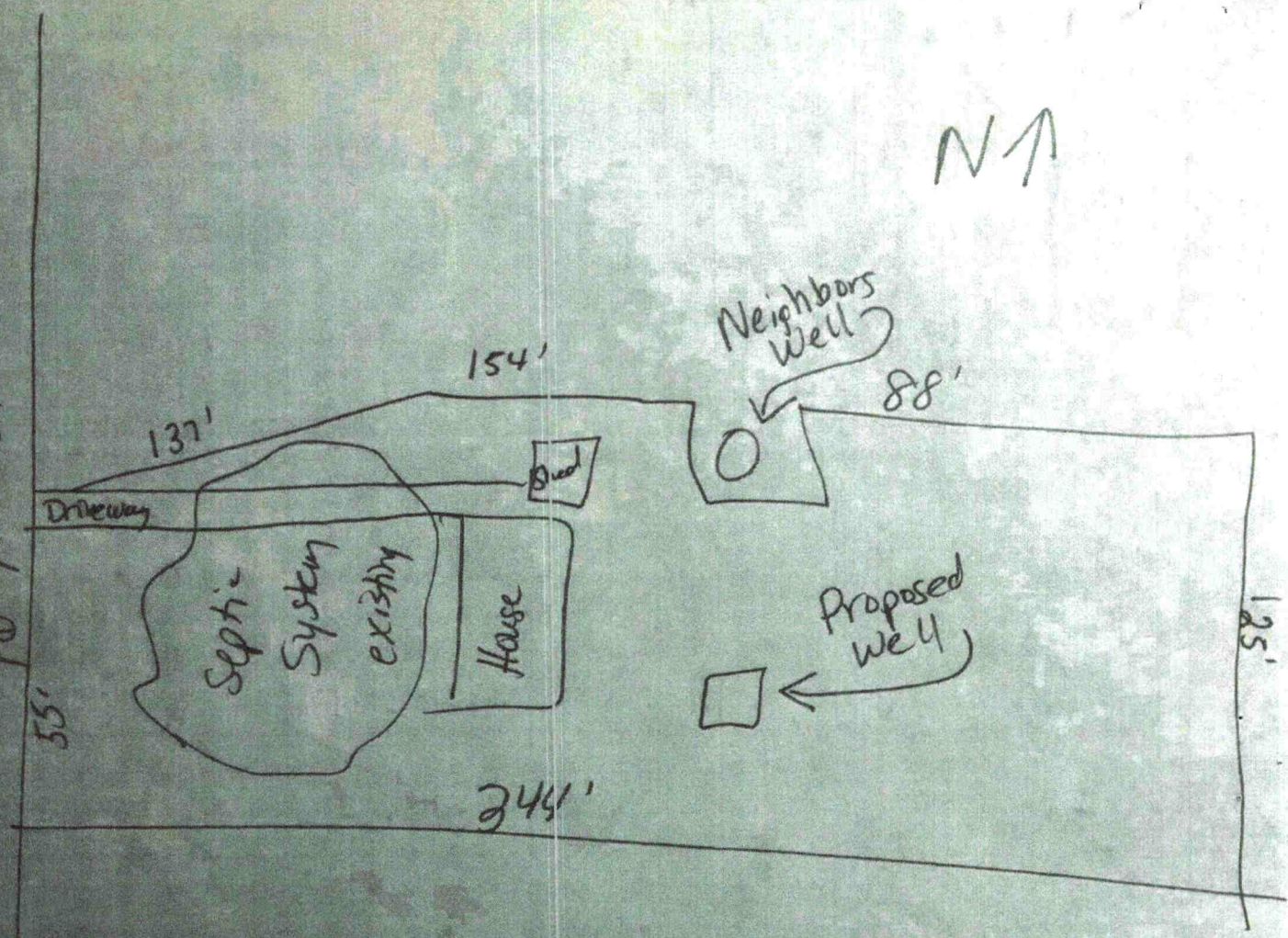
Septic System existing

House

Proposed Well

125'

245'



WELL CONSTRUCTION RECORD (GW-1)

1. Well-Contractor Information:

James D Blackburn
Well Contractor Name

2647-A
NC Well Contractor Certification Number

Rockwater Well and Pump
Company Name

2. Well Construction Permit #: 309474
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

Agricultural Municipal/Public
 Geothermal (Heating/Cooling Supply) Residential Water Supply (single)
 Industrial/Commercial Residential Water Supply (shared)
 Irrigation

Non-Water Supply Well:

Monitoring Recovery

Injection Well:

Aquifer Recharge Groundwater Remediation
 Aquifer Storage and Recovery Salinity Barrier
 Aquifer Test Stormwater Drainage
 Experimental Technology Subsidence Control
 Geothermal (Closed Loop) Tracer
 Geothermal (Heating/Cooling Return) Other (explain under #21 Remarks)

4. Date Well(s) Completed: 8/28/20 Well ID#

5a. Well Location:
Joshua McCrary
Facility/Owner Name
3611 Linwood Rd Mooresville
Physical Address, City, and Zip
Iredell
County
4677 DD 8935
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(1 well field, one lat/long is sufficient)
35.579177 N -80.788546 W

6. Is/are the well(s) Permanent or Temporary

7. Is this a repair to an existing well: Yes or No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:

9. Total well depth below land surface: 116.5 (ft.)
for multiple wells list all depths if different (example: 3@200 and 2@100)

10. Static water level below top of casing: 70 (ft.)
if water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: air rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 50 Method of test: air
13b. Disinfection type: HTH Amount: 3 lbs

For Internal Use Only:

14. WATER ZONES						
FROM	TO	DESCRIPTION				
ft.	140	ft.	25gpm			
ft.	116.5	ft.	25gpm			
15. OUTER CASING (if applicable)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
D	ft.	6.8	ft.	in.		
16. INNER CASING OR TUBING (geothermal closed-loop)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
ft.		ft.		in.		
ft.		ft.		in.		
17. SCREEN						
FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL	
ft.		ft.		in.		
ft.		ft.		in.		
18. GROUT						
FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT			
D	ft.	50	ft.	Bentrite		
ft.				24 bags		
ft.						
19. SAND OR FILL (if applicable)						
FROM	TO	MATERIAL	EMPLACEMENT METHOD			
ft.						
ft.						
20. DRILLING LOG (attach additional sheets if necessary)						
FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)				
D	ft.	6.5	ft.	red dirt		
6.5	ft.	116.5	ft.	hard gray & pink granite		
ft.						
ft.						
ft.						
ft.						
21. REMARKS						

22. Certification:
Signature of Certified Well Contractor: [Signature]
Date: 8/31/20

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C.0100 or 15A NCAC 02C.0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

**APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE
OR IT WILL NOT BE PROCESSED**

AP-309474
\$550.00

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM RECEIVED JUL 28 2020

Application For: New Well Permit () Well Repair Permit () Well Abandonment
() Septic Improvement Permit () Authorization to Construct () Existing System Inspection () Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: Site Plan Worksheet form MUST accompany this application

The following optional attachments may also be submitted: () Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable () Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Joshua McCraney Address: 3161 Linwood Rd Mooresville Zip: 28115
Applicant Email: joshuamccraney@yahoo Phone: 704-380-0548 Alt. Phone: _____
Owner Name: Same as above Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 3161 Linwood Rd Mooresville, NC 28115
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: _____

Site Development Information: (check or complete ALL that apply)

CHECK FOUNDATION TYPE

() New Single Family Residence Maximum Number of Bedrooms: _____ Crawl Space Foundation
() New Multi-Family Residence Maximum Number of Occupants: _____ () Concrete Slab Foundation
() Accessory Building () Swimming Pool () Basement with Plumbing
() Bedroom(s) Addition Other Addition/Structure: Well () Basement without Plumbing
() Repair to failing septic system Tank _____ Drain lines _____ Describe Problem: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: () Replacement Well – Reason: _____
() Multi-connection Well Number of Houses: 1 Number of Persons: 2
 New Well () Existing Well () Community Well () City Water () Other Public Water

Desired Septic System Type: (you may rank in order of preference) Year existing system installed: _____
() No Preference () Alternative () Conventional () Innovative () Modified Conventional () Other: _____

Please answer the following to the best of your ability: () Yes No Does the site contain any jurisdictional wetlands?
() Yes No Is any non-domestic sewage (i.e. industrial) to be generated?
() Yes No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that 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 evaluation can be performed.

Signature: Joshua McCraney 7-28-2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

**IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
PAGE 2: SITE PLAN WORKSHEET**

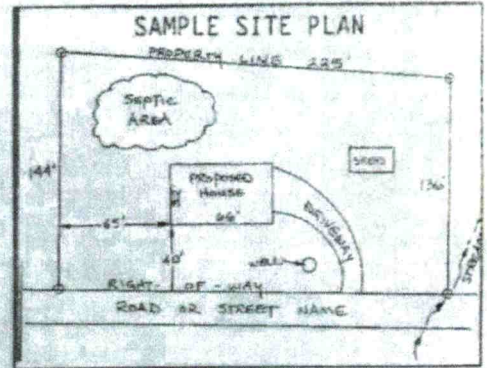
SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

Place an (X) beside each item as you complete the site plan:

- Property Line measurements are clearly identified
- All proposed structures are indicated
- Front and side setbacks from property line
- Preferred driveway location and well location
- Area you prefer your septic system to be placed
- North arrow, or other sufficient indicator of direction

Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property N/A
- Location of easements and rights of ways on your property N/A
- Location of any designated wetlands on the property N/A



USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

See Attached

[Handwritten Signature]
representative signature (SIGNATURE REQUIRED)

7/28/2020
DATE



Public Health
Iredell County Health Department

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH



Public Health
Iredell County Health Department

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * (Sign here) Joshua [Signature]

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative: *Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship* In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form. If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

2. I, _____, am the legal owner(s) of the property located at _____, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Joshua [Signature]
Signature of Owner(s)

7/28/2020
Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed **PRIOR** to the **SUBMITTAL** of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

**** Initial all lines below to indicate you have submitted each form and completed every site requirement ****

Jm

Complete all Environmental Health forms:

Jm Application

Jm Site Plan including the dimensions of proposed structure, addition, pool etc.

Jm Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)

Jm Copy of Zoning Permit when applicable

Jm Sign this sheet after you have completed all items

Jm

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. **If the lot is not cleared sufficiently, then a \$100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.**

Jm

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only). 'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a \$100 site revisit fee charged.**

Jm

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. **must be staked** out on the property as per the site plan.

Jm

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 1/2" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a \$100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of \$50 to defray a portion of the costs of processing the refund.



Backhoe pits are required for all applications that require a soils evaluation. DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below, I am acknowledging the above specifications have been met and the site is **READY** to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature

Joselyn M. [Signature]

Date

7-28-2020

Questions? Contact the Environmental Health Offices below:

Statesville Office

349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-3305 ext. 3466

Mooreville Office

810 East Center Avenue (2nd Floor Govt. Center South)
Mooreville, NC 28115-2548
Phone: (704)660-3625