

**ICHD - Environmental Health Division**

Statesville Office (704) 878-5305

Moorestville Office (704) 660-3625

PERMIT #

AP316605

AP316605

APPLICANT/OWNER NAME: TRY North Homes  
 DIRECTIONS TO SITE: US 215 to RR on Autumn Leaf Rd (Don Trellis Ln Lot on R)  
 SITE ADDRESS: 104 Trellis Ln Troutman NC 28166

ADDRESS: 631 5th 300 Brawley School Rd Mooreville NC 28117

Type of Permit (circle one):  New  Repair

PERMIT #

Abandonment  
 PHONE: 704-363-2845

2130 Property Line

Initial Site Sketch

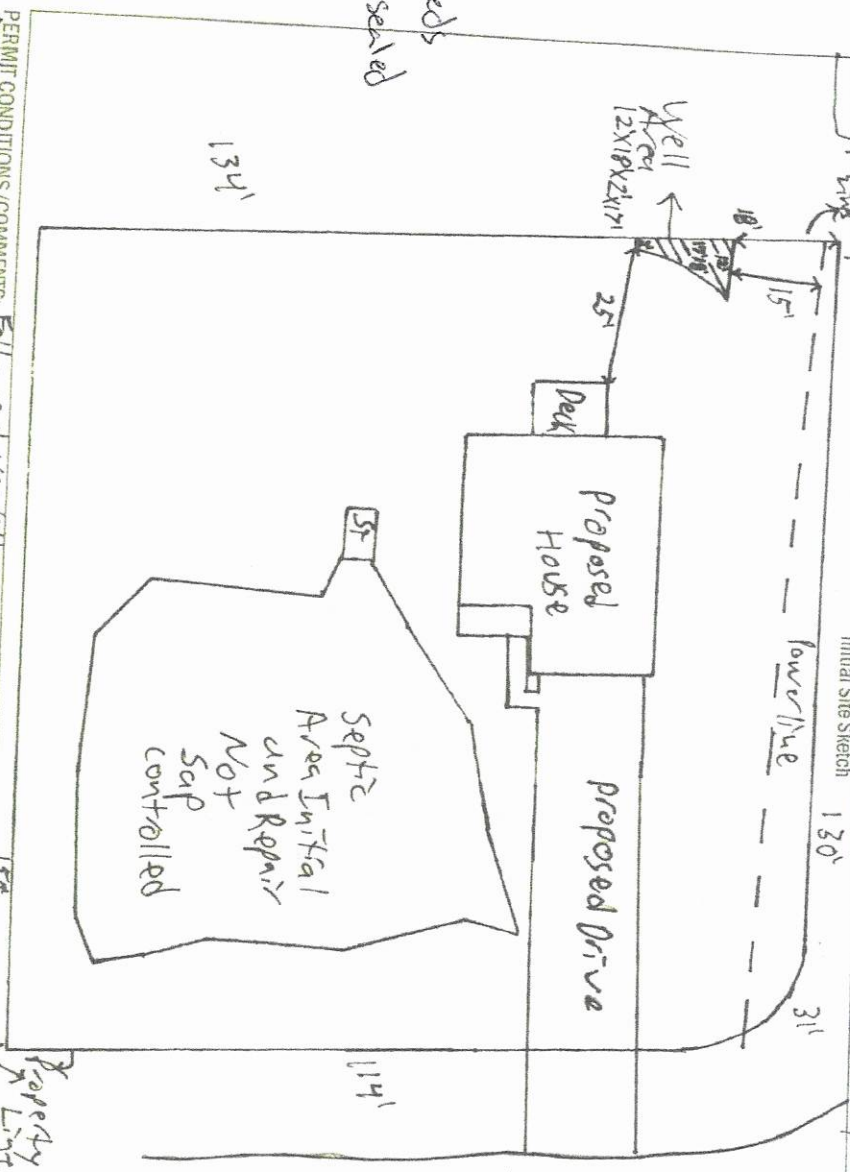
130'

31'

Lower Pipe

Subdivision: Nomandy Breaks

SECTION/LOT: 2/68



Electrical needs to be sealed

GROUTING RESULTS	
Total Depth	_____
Depth of Casing	100'
Yield	_____
Notes:	20' grouted 9 bags Hole Plug As Built
Well GPS Latitude:	_____
Longitude:	_____

PERMIT CONDITIONS/COMMENTS: Follow all NC Well Rules, Well must be 25' off any structure, 15' off any foundation, and 5' off any utility lines. All property lines and corners must be marked. Take all measurements from property line.

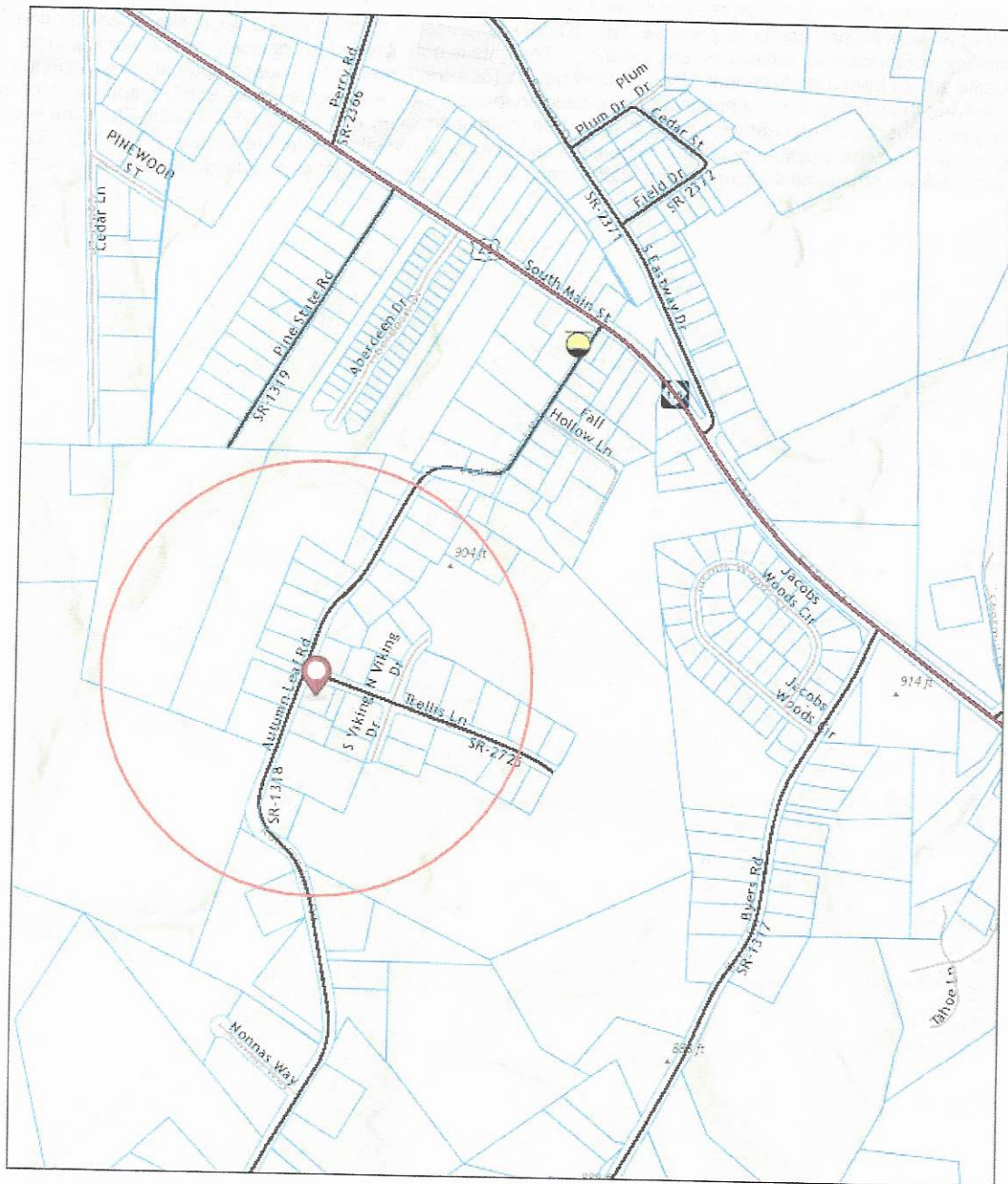
WELL PERMIT ISSUED BY: Technical Services III DATE: 7/16/2021

WELL CONTRACTOR ID PLATE # 23444 GROUT INSPECTION BY: [Signature] DATE: 7/30/21

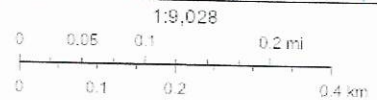
WELL HEAD INSPECTION (check when completed): \_\_\_\_\_ DATE: \_\_\_\_\_

ACCESS WELL / VENT  WELL SEAL  PUMP INSTALLER ID PLATE  SAMPLE PORT

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



- |  |                                 |
|--|---------------------------------|
| <b>Known Releases of Contamination</b> | <b>Other System Roads</b>       |
| Underground Tank Incidents             | Ramps, Rest Areas, Non-Mainline |
| Parcels (Polygons) - Parcels           | Projected Route                 |
| <b>Non-System Roads</b>                | Other State Agency Route        |
| Federal Route                          | Secondary Route                 |
| Non-System                             | <b>Primary Roads</b>            |
|  | Interstate                      |



NC DOT GIS Data; Esri; NASA; NGA; USGS; FEMA; Esri; Community Maps Contributors; Intellect County; State of North Carolina DOT; Esri; HERE; Garmin; SafeGraph; INCREMENT P; METAUSA; USGS; EPA; NPS; US Census Bureau; USDA

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

**Iredell County Health Department – Environmental Health Division**

PAGE 1: APPLICATION FORM

AP-316605 \$550.00

**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(j) 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: Tru North Homes, LLC Address: 631-300 Brawley School Rd Mooresville, NC 28117  
Applicant Email: garrison@trunorthhomes.com Phone: (704) 565-2845 Alt. Phone: \_\_\_\_\_  
Owner Name: Martha Mc Nellis Address: 182 Greyfriars Rd Mooresville, NC 28117  
Owner Email: mpmcnellis@earthlink.net Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**Property Information:**

Street Address: 104 Trellis Lane Troutman, NC 28166  
Subdivision Name: Normandy Breaks Section/Phase: \_\_\_\_\_ Lot Number: 68  
Driving Directions: From 77N → exit 42, @ 115/21, 2.0 miles @ on Autumn Leaf, .4 miles @ Trellis, lot on @

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

**CHECK FOUNDATION TYPE**

New Single Family Residence  New Multi-Family Residence  Accessory Building  Bedroom(s) Addition  Repair to failing septic system  
Maximum Number of Bedrooms: 3  Crawl Space Foundation  Concrete Slab Foundation  Swimming Pool  Basement with Plumbing  Basement without Plumbing  
 Other Addition/Structure: \_\_\_\_\_  
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: \_\_\_\_\_ Number of Persons: \_\_\_\_\_

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:  \_\_\_\_\_  
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/10/21 DATE

316605



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH



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) \_\_\_\_\_

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, Martha P. McNellis, am the legal owner(s) of the property located at 104 Trellis Lane Troutman, NC 28166 Lot 68 identified as

PIN (Parcel Identification Number) 47 41118612, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Soil & Forestry Services / TruNorth Homes, LLC / Garrison Davis to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below. Ashley Rollans

- 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.

DocuSigned by: Martha P McNellis
46201832744E4EC... Signature of Owner(s)

3/21/2021 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

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

316005

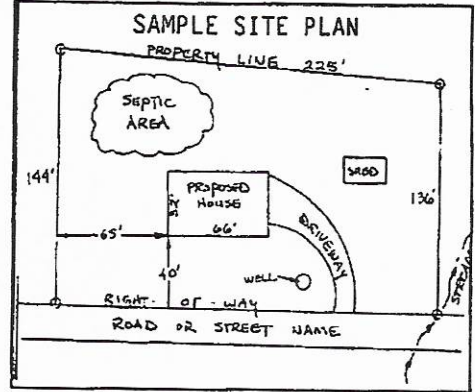
**SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!**

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

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) 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*

Signature:   
 Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/10/21  
 DATE

AUTUMN LEAF

DRIVE

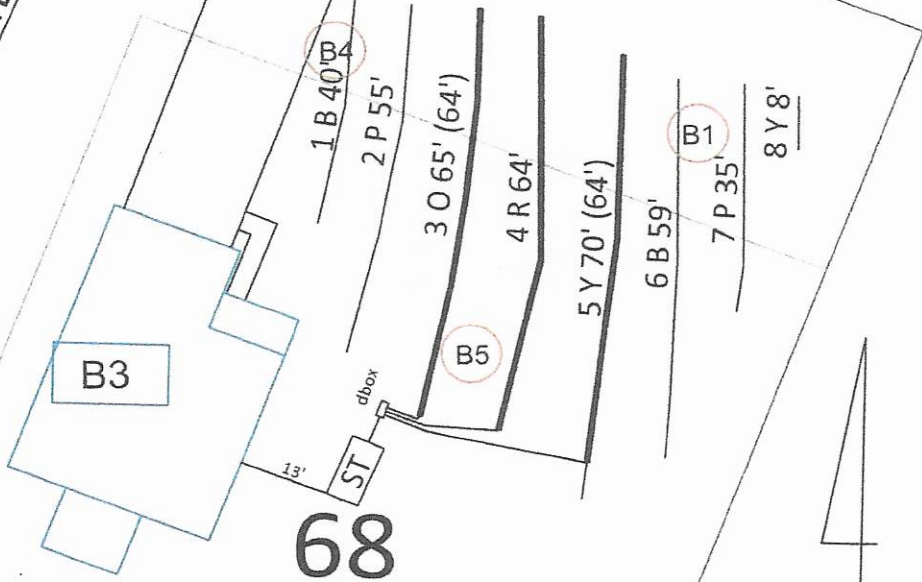
TRELLIS LANE

DRIVE

~POWERLINE

1301

114



68

B3

B2

B5

B1

1 B 40'

2 P 55'

3 O 65' (64')

4 R 64'

5 Y 70' (64')

6 B 59'

7 P 35'

8 Y 8'



SCALE  
1" = 30'

134

1251

(W)

(W)

81

70

# WELL CONSTRUCTION RECORD (GW-1)

## 1. Well Contractor Information:

Chad Julian

Well Contractor Name

A-2344

NC Well Contractor Certification Number

Mid South Well & Pump Company, LLC

Company Name

2. Well Construction Permit #: AP 3110605

List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

## 3. Well Use (check well use):

### Water Supply Well:

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

### Non-Water Supply Well:

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

4. Date Well(s) Completed: 7-30-21 Well ID# \_\_\_\_\_

### 5a. Well Location:

TruNorth Homes

Facility/Owner Name

Facility ID# (if applicable)

104 Trellis Lane, Troutman, NC

Physical Address, City, and Zip

Tredell

County

4741-11-8612

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)

\_\_\_\_\_ N \_\_\_\_\_ 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: 1

9. Total well depth below land surface: 205 (ft.)  
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 19 (ft.)  
If water level is above casing, use "+"

11. Borehole diameter: 6 1/4 (in.)

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

### FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 20 Method of test: Air

13b. Disinfection type: Granular Amount: 602

For Internal Use Only:

Normandy Berks 1/68

### 14. WATER ZONES

FROM	TO	DESCRIPTION
ft.	ft.	
ft.	ft.	

### 15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	105 ft.	6 1/4 in.	SDR21	PVC

### 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
0 ft.	20 ft.	Bentonite	12 bags Poured
ft.	ft.		
ft.	ft.		

### 19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

### 20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	47 ft.	Clay
47 ft.	100 ft.	weathered Rock
100 ft.	205 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

### 21. REMARKS

### 22. Certification:

Chad Julian  
Signature of Certified Well Contractor

8-4-21  
Date

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.