

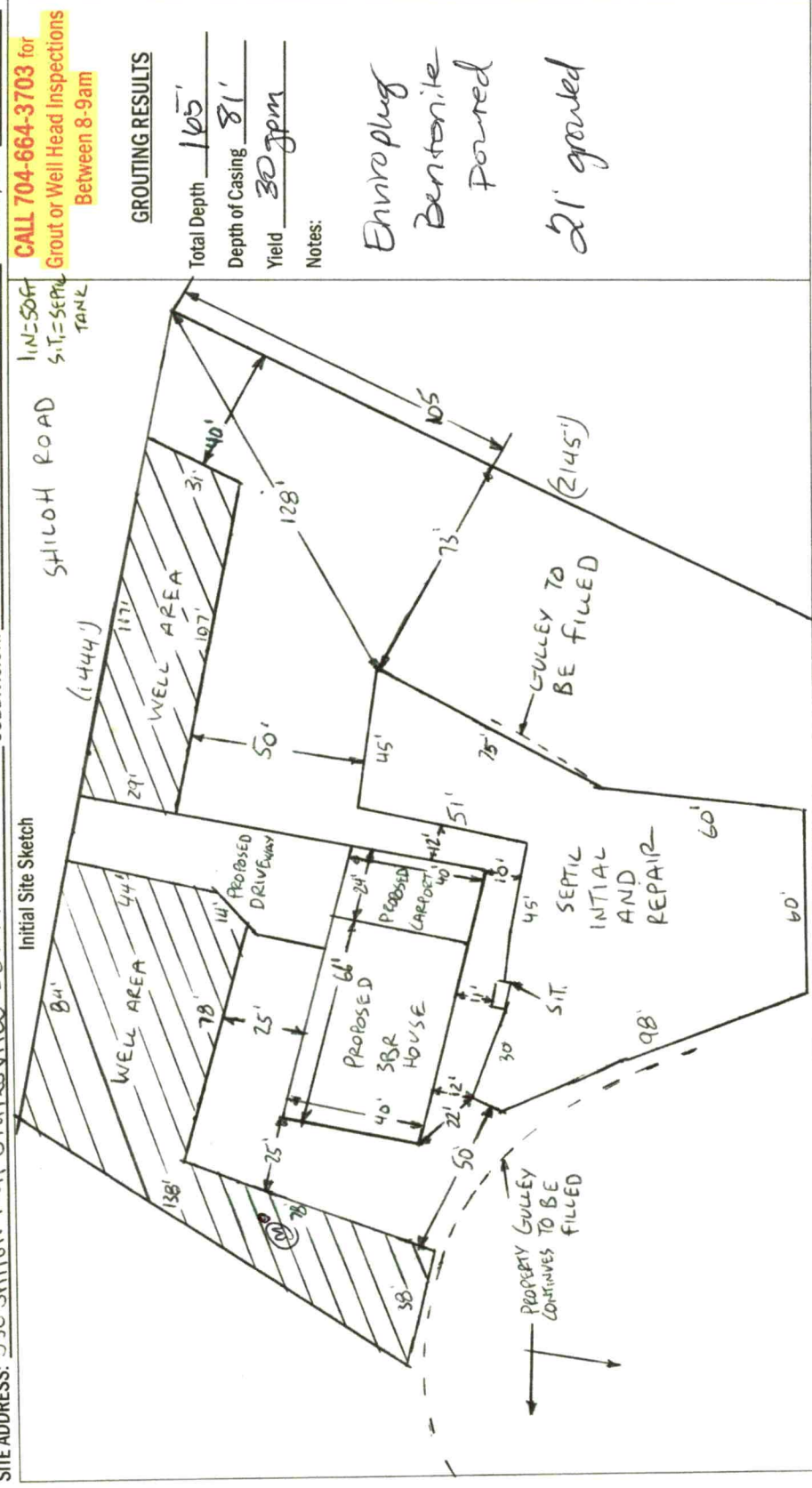
ICHD Environmental Health Division INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 32344 PIN # 4752-608-4449 Type of Permit (circle one): **New** Repair Abandonment

APPLICANT/OWNER NAME: Jeffery Robinson ADDRESS: 529 Shiloh Rd 28677 PHONE: 704-437-9144

DIRECTIONS TO SITE: From Hwy 70 - Shiloh Rd - Property on R SUBDIVISION: _____ SECTION/LOT: _____

SITE ADDRESS: 530 Shiloh Rd, Statesville 28677 Initial Site Sketch



GROUTING RESULTS
 Total Depth 165'
 Depth of Casing 81'
 Yield 30 gpm

Notes:
Enviroplug
Bentonite
Poured
21' grouted

CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

PERMIT CONDITIONS/COMMENTS: FOLLOW ALL NCAL 26 WELL RULES, GROUT A MINIMUM OF 20FT

WELL PERMIT ISSUED BY: Bryant G. White DATE: 7-28-2022 (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: Chris Russell Russellwell CONTRACTOR CERT # 3254A GROUT INSPECTION BY: Chris Russell DATE: 8/25/23

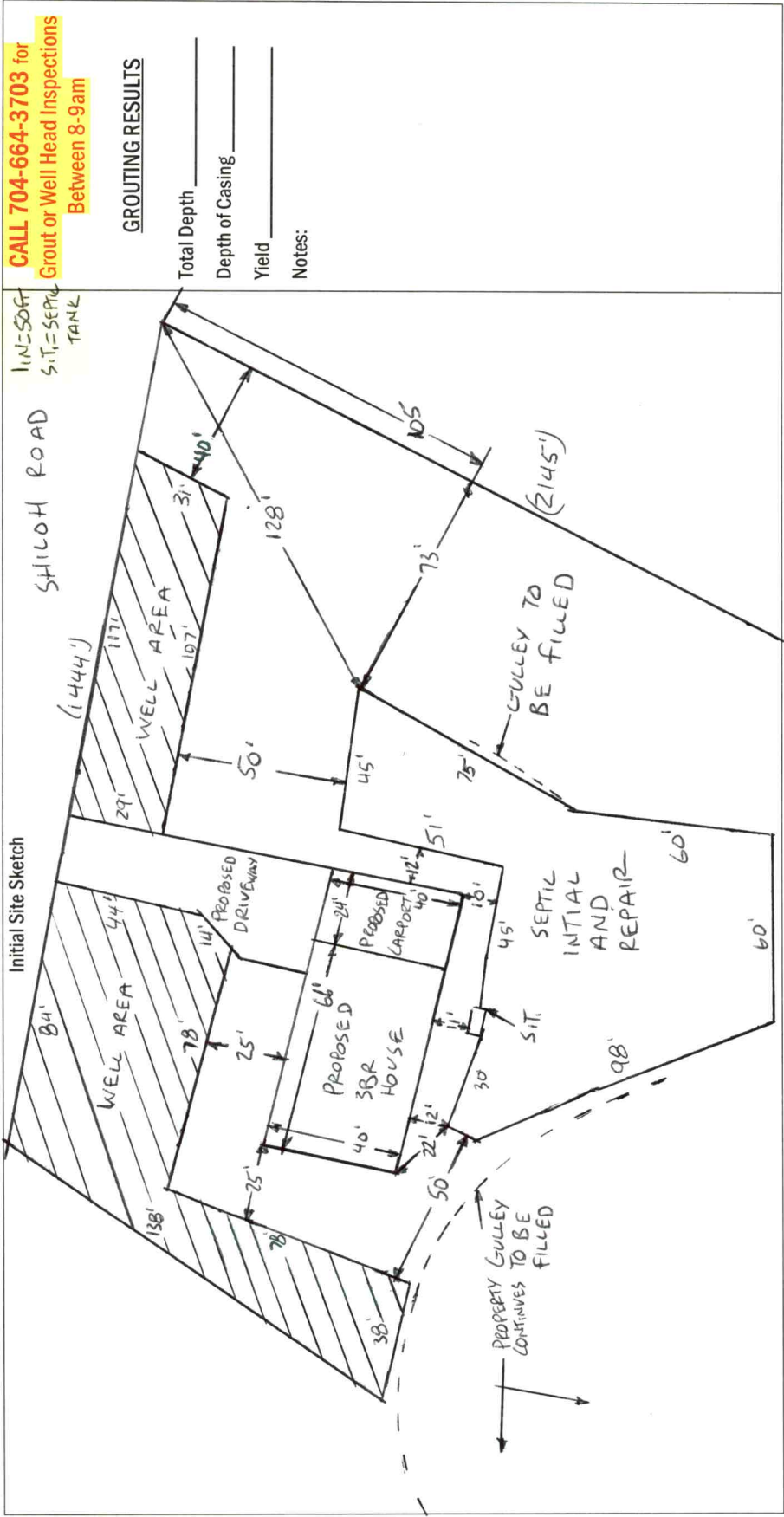
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Chris Russell DATE: 8/16/23

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
 WATER SAMPLES BY: _____ DATE: 8/20/23

CERTIFICATE OF COMPLETION BY: Chris Russell DATE: 8/20/23 Water Sample Results Plat CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

ICHD Environmental Health Division **INSPECTIONS: 704-664-3703** Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625
PRIVATE DRINKING WATER WELL PERMIT # 323447 PIN # 4752-608-4449 Type of Permit (circle one): **New Repair Abandonment**

APPLICANT/OWNER NAME: Jeffery Robinson ADDRESS: 529 Shiloh Rd 28677 PHONE: 704-437-9144
 DIRECTIONS TO SITE: From Hwy 70 - Shiloh Rd - Property on R
 SITE ADDRESS: 530 Shiloh Rd, Statesville 28677 SUBDIVISION: _____ SECTION/LOT: _____



PERMIT CONDITIONS/COMMENTS: FOLLOW ALL NCAL 2C WELL RULES, GROUT A MINIMUM OF 20FT

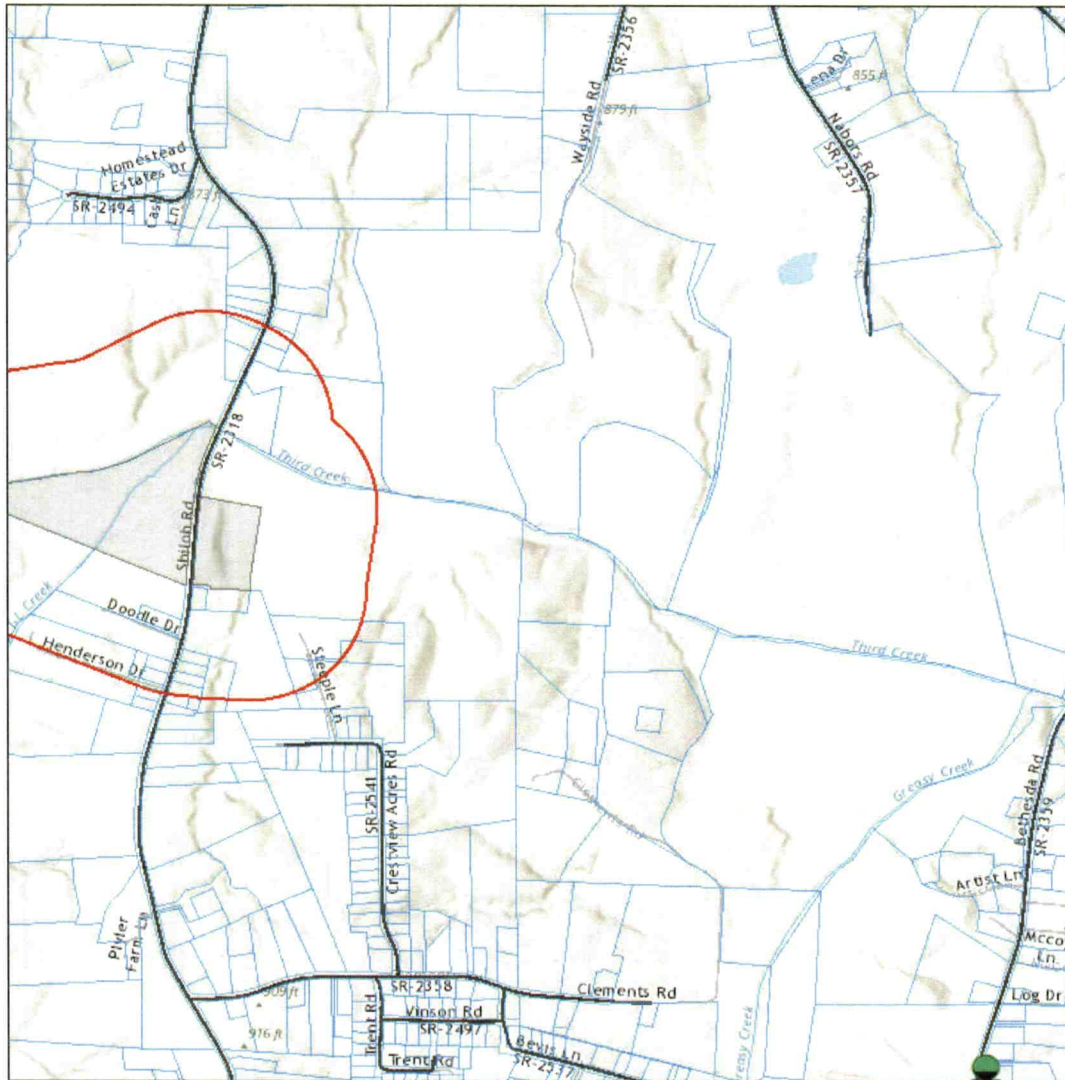
WELL PERMIT ISSUED BY: Bryant G. White DATE: 7-28-2022 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department 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: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____
 OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ 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 / PITLESS ADAPTOR 8 INCHES ABOVE GRADE
 CERTIFICATE OF COMPLETION BY: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

E-MAILED AUG 1 - 2022

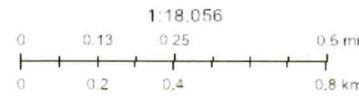
Area of Interest (AOI) Information

Area : 11,764,550.65 ft²

Jul 20 2022 8:42:58 Eastern Daylight Time



- Known Releases of Contamination
 - Above Ground Petroleum Incidents
 - Parcels (Polygons) - Parcels
- Non-System Roads
 - Federal Route
 - Non-System
- Other System Roads
 - Ramps, Rest Areas, Non-Mainline
 - Projected Route
 - Other State Agency Route
 - Secondary Route
 - Primary Roads
 - Interstate



NCDOT GIS Unit Esri Community Maps Contributors State of North Carolina DOT Esri HERE Garmin SafeGraph GeoTechnologies Inc METI/NASA USGS EPA NPS US Census Bureau USDA Esri NASA NGA USGS FEMA

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"Called Ready"

RECEIVED JUN 27 2022

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

AP-323447

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM

Paid \$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(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: Jeffrey Robinson Address: 529 Shiloh Rd Zip: 28677
Applicant Email: jeffreyrobnson@yahoo.com Phone: 704-437-9144 Alt. Phone: N/A
Owner Name: Freddie Shives Address: 515 Shiloh Rd Zip: 28677
Owner Email: N/A Phone: 704-872-7007 Alt. Phone: N/A

Property Information:

Street Address: 530 Shiloh Rd Statesville, NC 28677
Subdivision Name: N/A Section/Phase: _____ Lot Number: _____
Driving Directions: From Hwy 70 turn on Shiloh Rd. Cross bridge and property is on right

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

New Single Family Residence Maximum Number of Bedrooms: 3 Crawl Space Foundation
 New Multi-Family Residence Maximum Number of Occupants: 4 Concrete Slab Foundation
 Accessory Building Swimming Pool Basement with Plumbing
 Bedroom(s) Addition Other Addition/Structure: _____ 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: _____ 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: Jeffrey Robinson
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

6/27/22
DATE

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

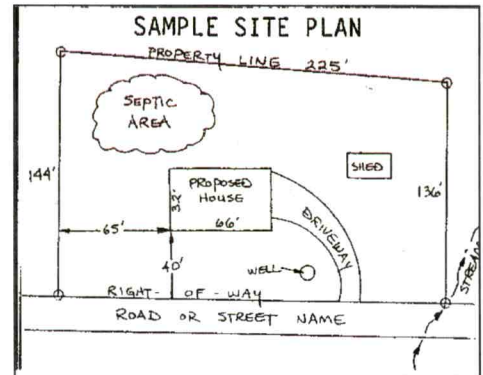
SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

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

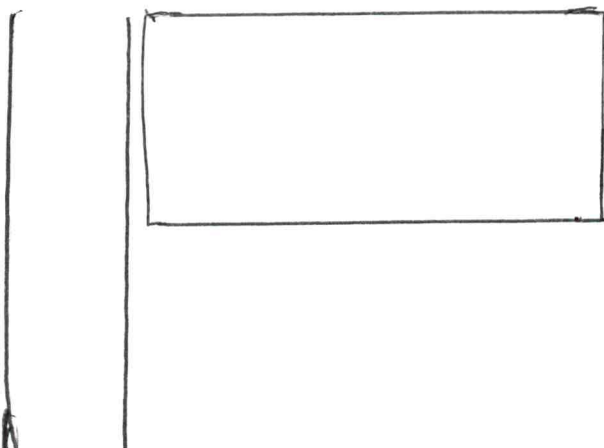
Circle N/A on the following if appropriate:

- 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 SHEET

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

6/27/22
 DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooreville Office (704) 660-3625 PERMIT # **AP-323447**
 SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM PIN # 4752 -- 68 -- 4449 ✓

APPLICANT/OWNER: JEFFERY ROBINSON APPLICANT ADDRESS: 529 SHILOH ROAD, STATESVILLE, N.C. 28677 PHONE: 704-437-9144 ALT. PHONE: 704-872-7007
 SITE ADDRESS: 530 SHILOH ROAD, STATESVILLE, N.C., 28677 SECTION: -- LOT # -- LOT AREA: 43,965 DESIGN FLOW: 360 GPD L.T.A.R.: O.275 (O.225)
 SITE DIRECTIONS: (E) ON 70, (R) ON SHILOH, LOT ON (R) SUBDIVISION: --

Septic Tank	1000 (gal)	STB	Date	
Pump Tank	-- (gal)	PT	Date	--
Pump Make	--	Model	Serial #	--
# Nitrification Fields	1	# Lines	Linear Ft.	332 FT
Trench Width	36 IN	Trench Bottom Depth (Low side)	28 IN	Gravel Depth

System Type: I II III IV V VI

Repair System Description: 50% REDUCTION

Maintenance Agreement Required: YES NO

Expansion System Type: Expansion Repair

Water Supply: Private Public Community

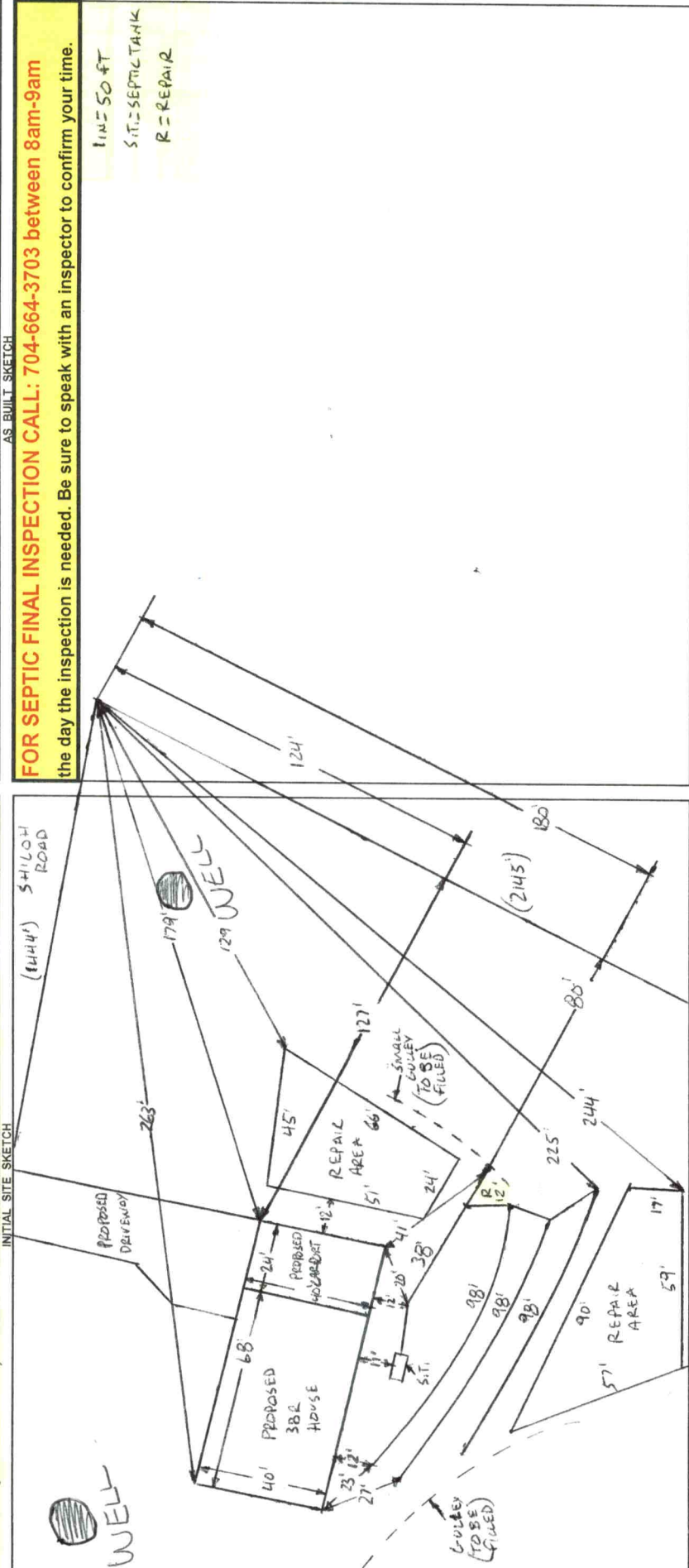
Basement w/ plumbing: Basement w/ plumbing No

No. Bedrooms: 3 No. Persons: 6 No. Employees: --

Other: Slab Crawl Space

Comments / Conditions: INSTALL ON CONTOUR, INSTALL ON 9FT CENTERS, UTILIZE SERIAL DISTRIBUTION, DONOT EXCEED A 36IN MAX TRENCH DEPTH, DO NOT SHALLOW UP, CULVEYS MUST BE FILLED

INITIAL SITE SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit; any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

IMPROVEMENT PERMIT with plat valid without expiration. AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

Owner / Applicant Signature: John Parr Installed by: _____ Date: 3-30-22
 IMPROVEMENT PERMIT by: Buffett Co. white OPERATION PERMIT by: _____ Date: 1-28-2022
 AUTHORIZATION TO CONSTRUCT by: Buffett Co. white Existing System inspected by: _____ Date: 2-1-2022

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.



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, Freddie A. Shines, am the legal owner(s) of the property located at 530 Shiloh Rd Statesville, identified as

PIN (Parcel Identification Number) 4752684449, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Jeffrey Robinson,

John O'Brien, 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.

Freddie A. Shines
Signature of Owner(s)

12-29-20
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 ****

Complete all Environmental Health forms:

- JR Application
- JR Site Plan including the dimensions of proposed structure, addition, pool etc.
- JR Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- JR Copy of Zoning Permit when applicable
- JR Sign this sheet after you have completed all items

JR

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.**

JR

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.**

JR

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.

JR

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

Jefm / am / Amm

Date

6/27/22

Questions? Contact the Environmental Health Offices below:

Statesville Office

349 North Center Street (1st Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office

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



Cash Register Receipt

Iredell County

Receipt Number
R17397

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			\$550.00
AP-323447 Address: 530 SHILOH RD APN: 4752684449.000			\$550.00
EH WELL PROGRAM			\$550.00
NEW WELL PERMIT	10492751-447004	0	\$550.00
TOTAL FEES PAID BY RECEIPT: R17397			\$550.00

Date Paid: Monday, June 27, 2022

Paid By: KRISTEN WAGNER

Cashier: BJK

Pay Method: CREDIT CARD 144513

WELL CONSTRUCTION RECORD (GW-1)

Entered

No Sub

1. Well Contractor Information:

Chris C Russell

Well Contractor Name

3254 A

NC Well Contractor Certification Number

Russell Well Drilling, Inc.

Company Name

2. Well Construction Permit #: 323447

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 Wells > 100,000 GPD

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: 8-25-22 Well ID# _____

5a. Well Location:

Jeffery Robinson

Facility/Owner Name

Facility ID# (if applicable)

530 Shiloh Rd, Statesville, NC 28677

Physical Address, City, and Zip

Iredell

County

Parcel Identification No. (PIN)

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

35' 73.662' N **080' 82.989'** 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: 165 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 50 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 30 Method of test: Air

13b. Disinfection type: HTH Amount: 1/3 cup

For Internal Use Only:

14. WATER ZONES					
FROM	TO	DESCRIPTION			
50 ft.	165 ft.				
ft.	ft.				
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)					
FROM	TO	DIAMETER	THICKNESS	MATERIAL	
0 ft.	83 ft.	6.25 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.	Grout	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.	78 ft.	Dirt			
78 ft.	165 ft.	Rock			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:

Chris Russell
Signature of Certified Well Contractor

12/22/2022
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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611