

ICHD - Environmental Health Division

Statesville Office (704) 878-5305 x3456

Mooreville Office (704) 660-3625

PERMIT # AP - 325618

PRIVATE DRINKING WATER WELL PERMIT

PIN # 4762 -- 02 -- 2848

Type of Permit (circle one): **New**

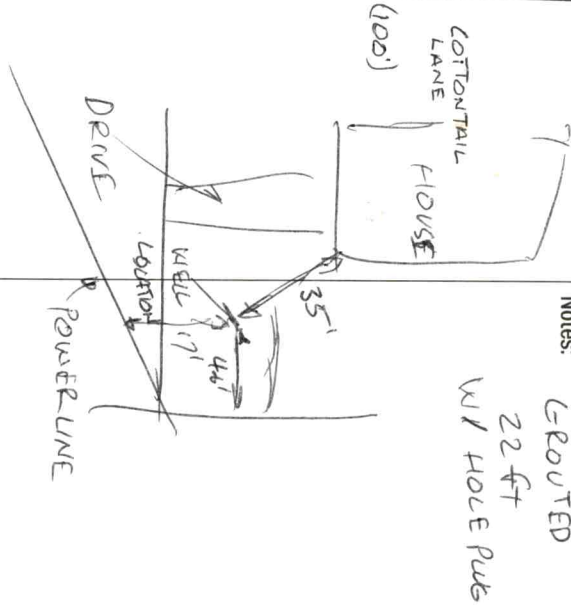
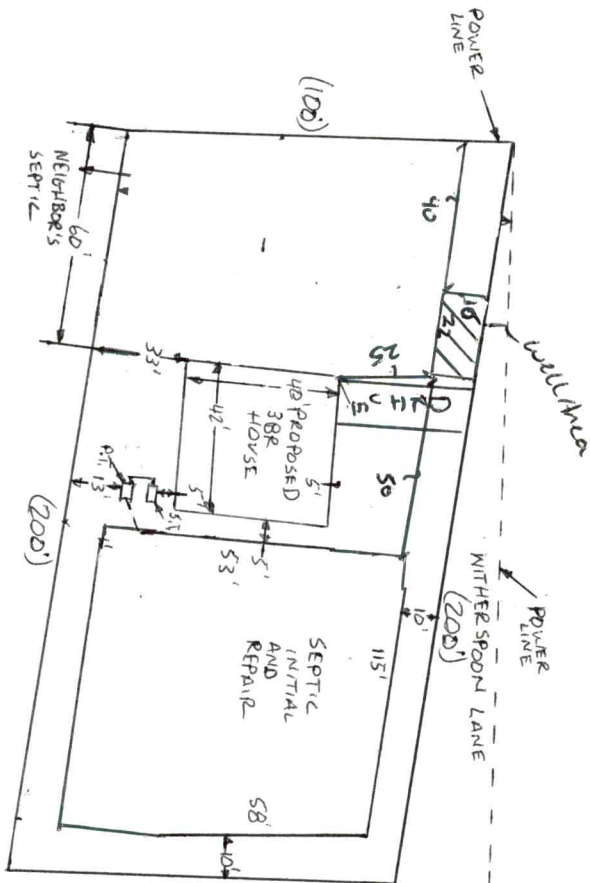
Repair **Abandonment**

APPLICANT/OWNER NAME: RIDGEWATER CONSTRUCTION LLC ADDRESS: P.O. BOX 4211, MOOREVILLE, N.C. 28117 PHONE: 204-657-4826

DIRECTIONS TO SITE: (E) ON RD, (E) ON SHILOH, (D) ON CLEMENTS, (D) ON BEVIS, (D) ON WITHERSPORN, LOT ON (D)

SITE ADDRESS: 116 WITHERSPORN LANE, STATESVILLE SUBDIVISION: LOYD ALPES SECTION/LOT: 2 -- 12

Initial Site Sketch



1 IN = 50 FT
S.T. = SEPTIC TANK
P.T. = PUMP TANK

CALL 704-664-3703 for
Grout or Well Head Inspections

ROUTING RESULTS

Total Depth 205 FT

Depth of Casing 115 FT

Yield 6 GPM

Notes: ROUTED

22 FT

W/ HOLE PLUG

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

WELL PERMIT ISSUED BY: Bryan Bess DATE: 5-2-2022 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: MID SOUTH CONTRACTOR CERT #: 2344-A GROUT INSPECTION BY: Bryan Bess DATE: 7-22-2022

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Bryan Bess DATE: 7-22-2022

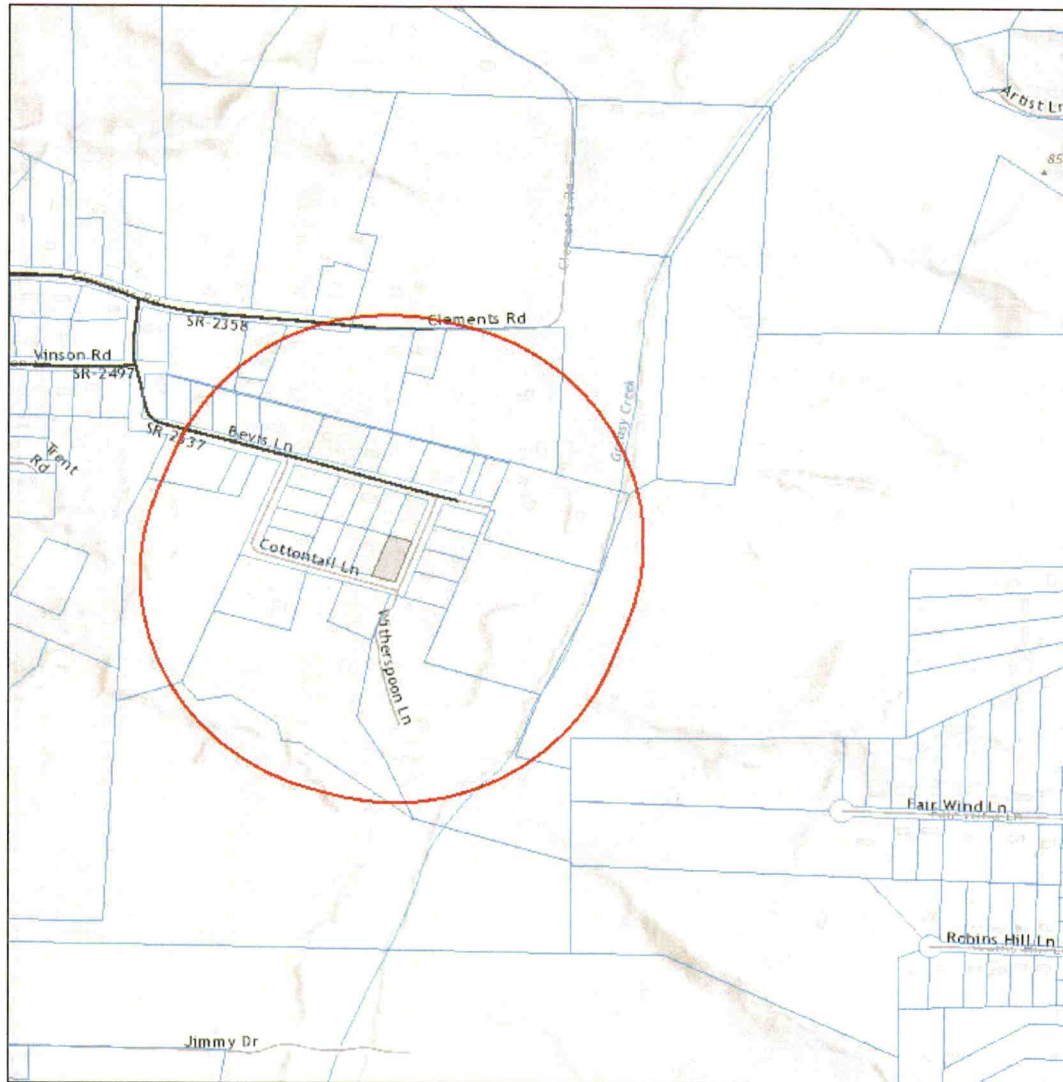
WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE WELL CONTRACTOR ID PLATE PUMP INSTALLER ID PLATE SAMPLE PORT

CERTIFICATE OF COMPLETION BY: Bryan Bess ACCESS PORT / VENT WELL SEAL WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE

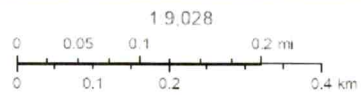
Area of Interest (AOI) Information

Area : 3,756,071.61 ft²

Mar 31 2022 14:03:20 Eastern Daylight Time



- 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
 - US Route
 - NC Route



NCDOT GIS Unit. Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatasystem, Riskwaterfall, GDA, Geoland, FEMA, Intermap and the GIS user community. Sources: Esri, HERE, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

All North Carolina Department of Environmental Quality (NCDEQ) GIS data is expressly provided "AS IS" and "WITH ALL FAULTS". The NCDEQ makes no warranty of any kind, express or implied, concerning this information, including but not limited to any warranties of merchantability or witness for any particular purpose. The NCDEQ assumes no responsibility or legal liability concerning the Data's accuracy, reliability, completeness, timeliness, or usefulness. The data is not intended to constitute advice nor is it to be used as a substitute for specific advice from a professional. Users should not act (or refrain from acting) based upon information in the Data without independently verifying the information and obtaining any necessary professional advice. Users are solely responsible for ensuring the accuracy, currency and other qualities of any products derived from or in connection with the NCDEQ's Data. The Data is collected from various sources and may be modified over time without notice to improve spatial and attribute accuracy. The NCDEQ disclaims responsibility for the spatial accuracy and attribution of GIS features and makes no warranty concerning same.

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

RECEIVED FEB 15 2022

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM

AP-325618 \$550.00

BW

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: Ridgewater Construction LLC Address: PO Box 4211 Mooresville, NC Zip: 28117

Applicant Email: rachael@ridgewatercustomhomes.com Phone: _____ Alt. Phone: (704) 657-4874

Owner Name: Rachael McClure Address: PO Box 4211 Mooresville, NC Zip: 28117

Owner Email: same as above Phone: _____ Alt. Phone: _____

Property Information:

Street Address: Ute, Witherspoon Ln, Statesville, NC

Subdivision Name: Loyd Acres Section/Phase: 2 Lot Number: 12

Driving Directions: North on 171 take exit 45 to Amity Hill Rd, turn left on shielded rd right on Clements Rd, right on Bevis Ln, right on Cottontail Ln & continue to

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
- Tank
- Drain lines
- Describe Problem: _____
- Maximum Number of Bedrooms: 3
- Maximum Number of Occupants: 6
- Swimming Pool
- Other Addition/Structure: _____
- Crawl Space Foundation
- Concrete Slab Foundation
- Basement with Plumbing
- Basement without Plumbing

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: 6

- New Well
- Existing Well
- Community Well
- City Water
- Other Public Water

Desired Septic System Type: (you may rank in order of preference)

() No Preference () Alternative () Conventional () Innovative () Modified Conventional Other: See attached

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

2/8/2022
DATE

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: SITE PLAN WORKSHEET

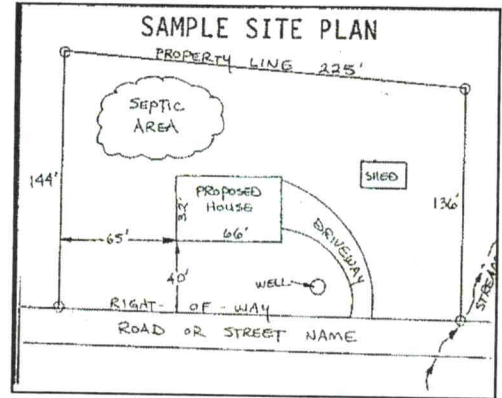
SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

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

Signature: _____

Rachael Mole

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

2/8/2000

DATE



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH



DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

X

1. * APPLICANT AND OWNER ARE THE SAME. * (Sign here)

Rachael McClure

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.

X

2. I, Rachael McClure / Ridgewater Construction LLC, am the legal owner(s) of the property located at 116 W. Witherspoon W. Statesville, NC, identified as

PIN (Parcel Identification Number) 4762.02.7848, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Sarah Wallace +/or Rachael McClure of Ridgewater Construction LLC, 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.

Rachael McClure
Signature of Owner(s)

2/8/2008
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

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 #: 325618

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: 7-20-22 Well ID# _____

5a. Well Location:

Ridgewater construction
 Facility/Owner Name Facility ID# (if applicable)
116 W. Witherspoon Ln Statesville NC
 Physical Address, City, and Zip
J Fredell 4762-02-7848
 County 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: 31 (ft.)
 If water level is above casing, use "4"

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) 6 Method of test: Air

13b. Disinfection type: Granular Amount: 602

For Internal Use Only:
Bonnie / Aug Morse - 2/# 112

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.	112 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.	22 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.	63 ft.	CLAY
63 ft.	107 ft.	weathered rock
107 ft.	205 ft.	granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Chad Julian 7-21-22
 Signature of Certified Well Contractor 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.

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

325618

2. Well Construction Permit #: 325618

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: 7-20-22 Well ID#

5a. Well Location:

Ridgewater construction

Facility/Owner Name

Facility ID# (if applicable)

116 W Witherspoon Ln Statesville NC

Physical Address, City, and Zip

J Sedell

4762-02-7848

County

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: 31 (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): 6 Method of test: Air

13b. Disinfection type: Granular Amount: 602

For Internal Use Only:

Loyd Acres Lot #12 ENTERED

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.	112 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.	22 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.	63 ft.	CLAY			
63 ft.	107 ft.	weathered rock			
107 ft.	205 ft.	granite			
ft.	ft.				
ft.	ft.				
ft.	ft.				
ft.	ft.				
21. REMARKS					

22. Certification:

Signature of Certified Well Contractor: *Chad Julian*

Date: 7-21-22

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.