

ICHHD - Environmental Health Division

Statesville Office (704) 878-5305

Moorestville Office (704) 660-3625

PERMIT #

318300

APPLICANT/OWNER NAME: Thedore Samuel Buggard PIN # 41763141455

Type of Permit (circle one): New

Repair

Abandonment

DIRECTIONS TO SITE: I-77 Exit 49 east - Turn Right - NC 48 - Turn Right - Turtle Dove Ln - Mooreville, NC

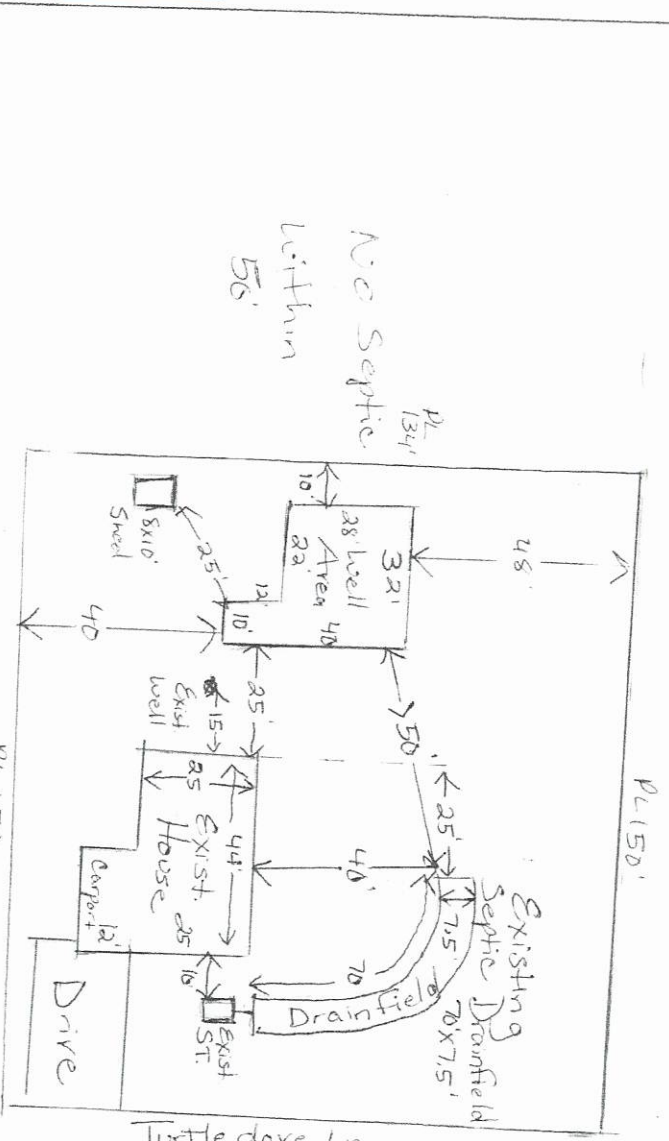
PHONE: 980 731-9866

SITE ADDRESS: 115 Turtle Dove Ln Statesville, NC 28677 SUBDIVISION: _____

SECTION/LOT: _____

Initial Site Sketch

Scale 1:40



GROUTING RESULTS

Total Depth 240

Depth of Casing 195 ft

Yield 15 gpm

Notes:

Brownish
Hide Plug

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC Well Construction rules Stay at least 50ft from Septic & 25ft to any Building

WELL PERMIT ISSUED BY: [Signature] DATE: 6/3/21 (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: Buc Will Oakes CONTRACTOR CERT #: _____
 OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____
 WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE WELL CONTRACTOR ID PLATE WELL HEAD INSPECTION BY: [Signature] DATE: 7/17/2021
 ACCESS PORT/ VENT WELL SEAL WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE PUMP INSTALLER ID PLATE SAMPLE PORT

CERTIFICATE OF COMPLETION BY: [Signature] DATE: 7/13/21 WATER SAMPLES BY: Cary Rickles DATE: 7-14-21

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



EMITTED
9-8-21

(PW)

AP

1 App. 8-13-21

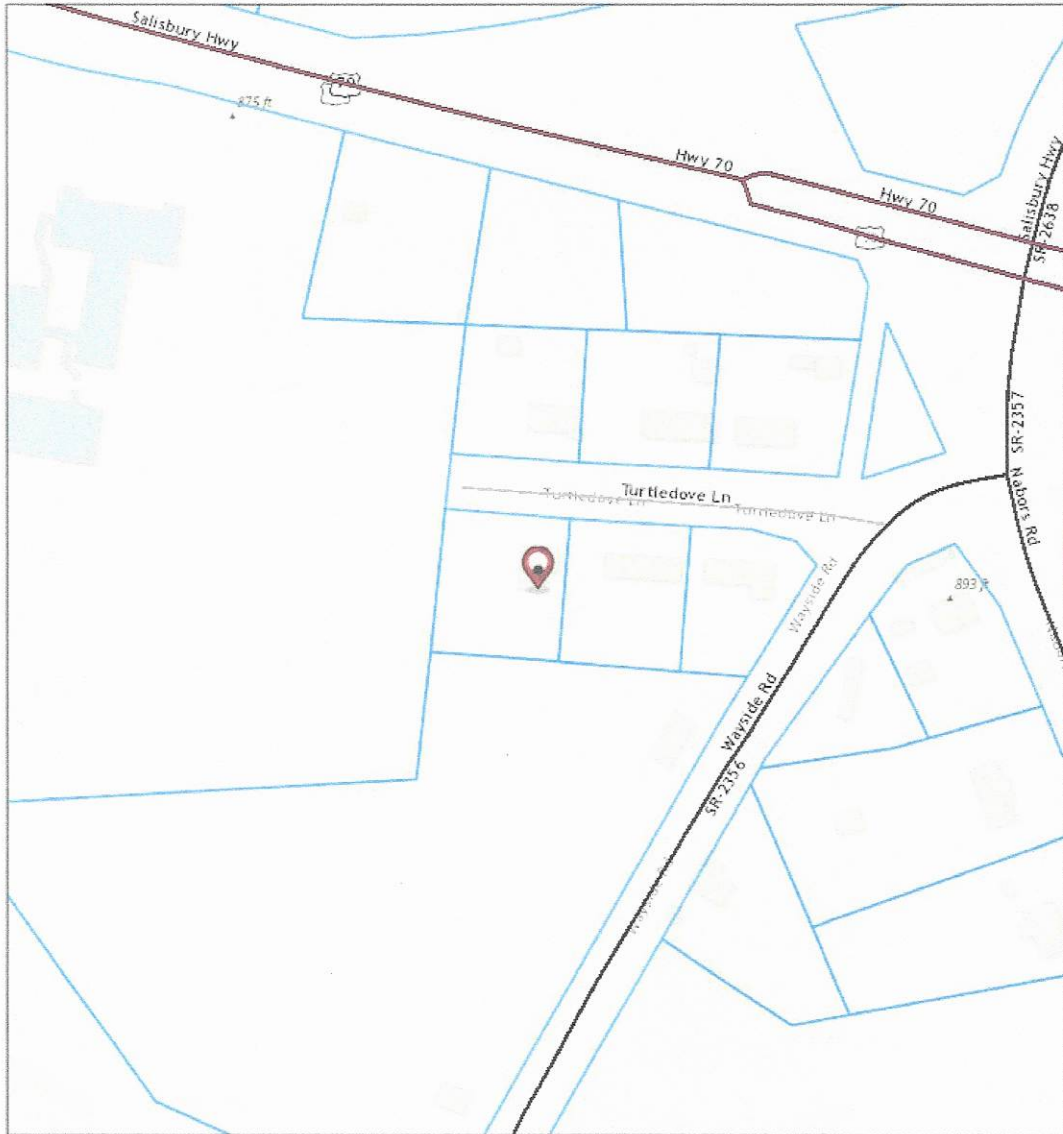


WPDT Report

Area of Interest (AOI) Information

Area : 3,134,508.55 ft²

Jun 3 2021 10:41:59 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

Esri Community Maps Contributors, Intellicounty, State of North Carolina DOT, BuildingFootprintsUSA, Esri, HERE, Garmin, SwireCloud, INCREMENT P, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, NCDOT GIS Unit Sources: Esri, Airbus DS, USGS, NGA, NASA, CGIAR, N. Robinson

Known Releases of Contamination

#	Site ID	Site Name	Site Type	Data Current As Of	Count
1	14272	AMERICAN CONCRETE PRODUCTS	Underground Tank Incidents	12/18/2019	1

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* Dry Well *

RECEIVED MAY 27 2021

IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division

AP-318300
\$550.00

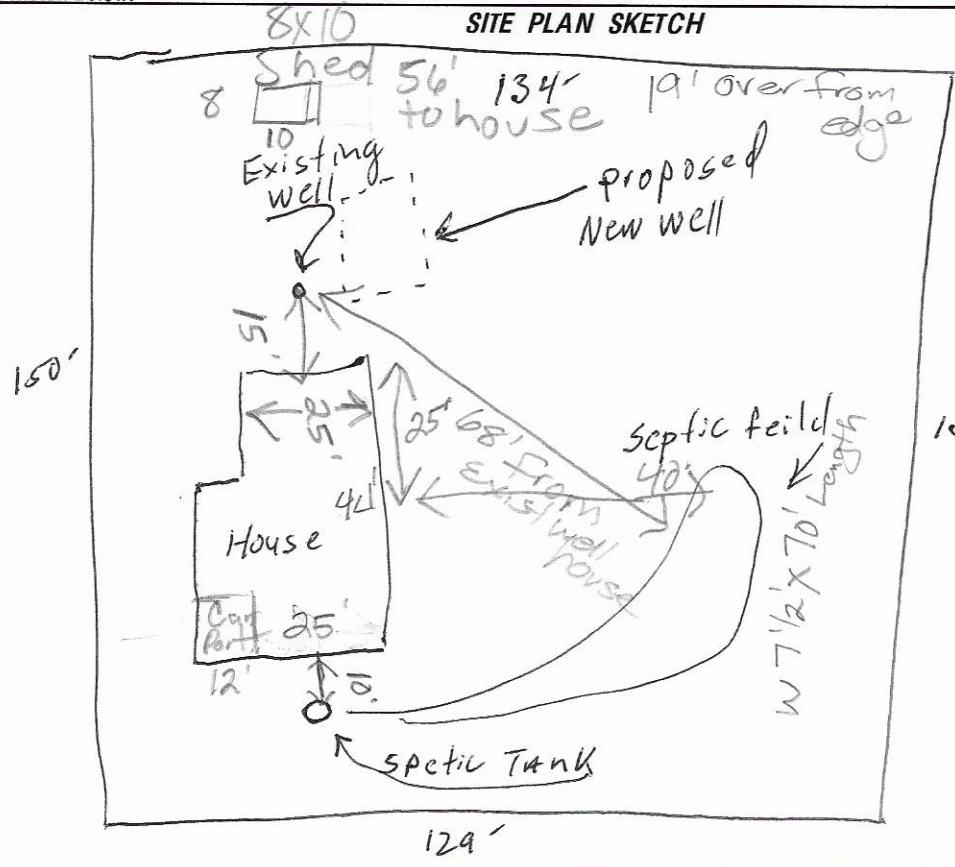
Statesville Office 704-878-5305 Mooresville Office 704-664-5281 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Applicant Name <i>Theodore Samuel Burgard</i>	Street, City, State, Zip <i>186 Marietta Rd Mooresville, NC 28117</i>	Phone Number <i>980 721 9866</i>
Name of Owner / Authorized Agent <i>Theodore Samuel Burgard</i>	Street, City, State, Zip <i>186 Marietta Rd Mooresville, NC 28117</i>	Phone Number <i>980 721 9866</i>
Well Site Location / Street Address <i>115 Tuttle dove Ln. Statesville, NC</i>	Subdivision	Lot Number
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)

Directions from here to your site *77 Exit 49 east Left Nabors Rd Rt Tuttle dove Ln*

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.



Septic field
40' over
from house
25' from edge
of house

Samn hammer@gmail.com

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.
- There is an easement, right-of-way or other encroachment agreement applicable to this parcel.

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.

Theodore Samuel Burgard
SIGNATURE OF OWNER OR AUTHORIZED AGENT

5-26-21
DATE

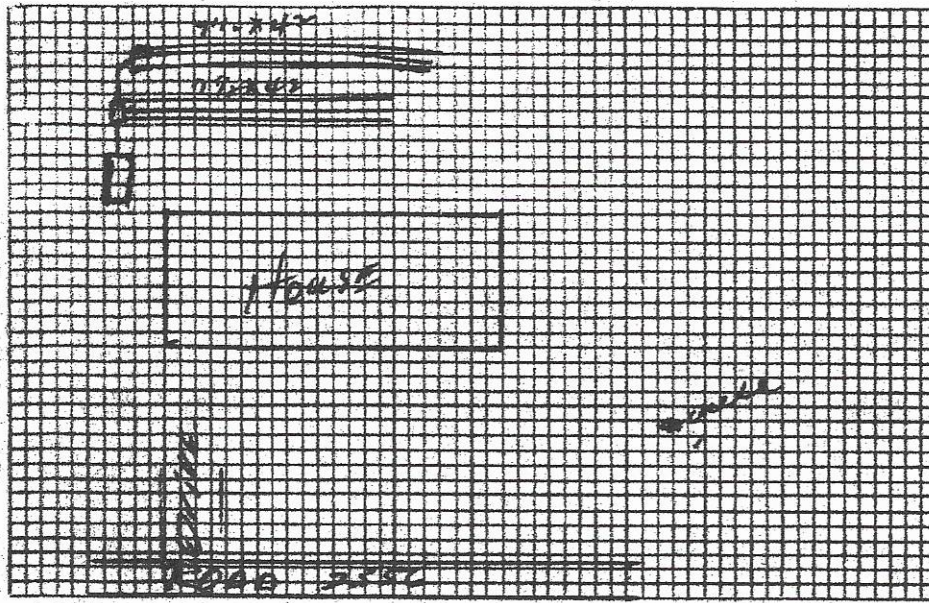
IREDELL COUNTY HEALTH DEPARTMENT

Neighbor's Septic

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Jeff Brown - R.L. Marlow DATE 2-23-77 PERMIT NO. _____
 PHONE: Business _____ Home _____ *Wayside Rd*
 LOCATION 70 E. TR on Rd 2357 - then Rt. on Rd #2356 - Becht
1/4 mile house on Rt. S. R. No. 2356
 SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House () Mobile Home () Business () Other _____
 No. Bedrooms 3 No. Bathrooms 2 Character & Porosity of Soil CMB2
 Garbage Disposal Unit Yes () No () Percolation Rate unk - slow
 Auto. Dishwasher Yes () No () Topography 10-16% slope to back
 Auto. Wash. Machine Yes () No () Depth to Water Table 25
 Site Suitable Yes () No () Rock or other impervious formations none
 Lot Area 4 1/2 acres



Size of Tank 1000 Gals.
 Nitrification Field:
 No. of Lines 6
 Sq. Ft. 625 Linear Ft. 250
 Depth of Stone in Lines 10"
 Water Supply: Individual ()
 Public ()

Installed by Donald Lachy

IMPROVEMENTS PERMIT BY _____
 COMMENTS Small type clay - advised builder to leave area for additional drainfield if needed.

CERTIFICATE OF COMPLETION BY Alan Ford DATE 2/23/77

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.



IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH



DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

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.

I, Theodore Samuel Burgard, am the legal owner(s) of the property located at 115 Turtle Dove Lane, Statesville, identified as PIN (Parcel Identification Number) 4763-14-1455.000, 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.

Theodore Samuel Burgard 5-26-21
Signature of Owner(s) Date

[Signature] 5/20/21
Signature of Witness Date

Please return this signed form to the appropriate office:

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

Statesville - Environmental Health
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

WELL CONSTRUCTION RECORD (GW-1)

Failed 7/1/21
For Internal Use Only.

1. Well Contractor Information:

Robert Teague

Well Contractor Name

B & K Well Drilling Inc

NC Well Contractor Certification Number

2857-A

Company Name

2. Well Construction Permit #: 318300

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: 6-29-21 Well ID# _____

5a. Well Location:

Theodore Samuel Burgard
Facility/Owner Name Facility ID# (if applicable)

115 Turtle Cove Ln
Physical Address, City, and Zip

W. Dell 4763141455
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: 145 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 1/8 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 15 Method of test: Air Flow

13b. Disinfection type: Chlor Tabs Amount: 1 1/2 Lbs

14. WATER ZONES

FROM	TO	DESCRIPTION
195 ft.	210 ft.	15 GPM

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	145 ft.	6 1/8 in.	SDR-21	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
ft.	ft.		
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.	45 ft.	dir & kalc
145 ft.	215 ft.	hard & soft Blw
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Robert Teague 6-29-21
Signature of Certified Well Contractor Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 13A NCAC 02C .0100 or 13A 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.

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: Iredell Name: Theodore Burgard Sample ID Number: ES210715-0089
Location: 115 Turtle dove Ln. Reviewer Cory Whicker

Initial Sample Confirmation Sample

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

Total coliform bacteria were detected in your water sample. Total Coliform are a group of related bacteria that are (with few exceptions) not harmful to humans. A variety of bacteria, parasites, and viruses, known as pathogens, can potentially cause health problems if humans ingest them. EPA considers total coliforms a useful indicator of other pathogens for drinking water. Total coliforms are used to determine the adequacy of water treatment and the integrity of the distribution system

It is recommended that your well water be re-tested to verify that the result is accurate.

Fecal coliform bacteria were detected in the sample. **Do not use the water for drinking, cooking, washing dishes, bathing or showering.**

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.



North Carolina State Laboratory of Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918
<http://slph.ncpublichealth.com>
 Phone: 919-733-7308
 Fax: 919-715-8611

FINAL REPORT

Report to: Cory Whicker
IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MOORESVILLE
 610 EAST CENTER AVENUE
 Mooresville, NC 28115

Name of System:
Theodore Samuel Burgard
 115 Turtledove Ln
 Statesville, NC 28625

EIN: 566000309E **Delivery:** NC Courier **Iredell County**

StarLiMS ID: ES210715-0089 **Date Collected:** 07/14/2021 **Time Collected:** 11:26 **By:** Cory Whicker
Date Received: 07/15/2021 **Time Received:** 08:46 **By:** Angela Heybroek

Sample Source: New Well **Sampling Point:** Well head
Sample Type: Raw **GPS No.**
Treatment: **Well Permit No.** 318300

Comment:

Colilert Profile **Method: SM 9223B**

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			07/15/2021
E. coli	Absent			07/15/2021

Report Date: 07/16/2021

Reported By: KPLEMMONS

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.



Private Well Information and Use Recommendations

For Inorganic Chemical Contaminants

County:

Name:

Sample ID #:

Reviewer:

TEST RESULTS AND USE RECOMMENDATIONS

1. Your well water meets federal drinking water standards for *inorganic chemicals*. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the *inorganic chemical results only*. You may have other water sampling results that are not taken into account in this report.
2. The following substance(s) exceeded federal drinking water standards or the North Carolina 2L calculated health levels. The North Carolina Division of Public Health recommends that your well water not be used for drinking and cooking, unless you install a water treatment system to remove the circled substance(s). However, it may be used for washing, cleaning, bathing and showering based on the *inorganic chemical results only*.

Arsenic	Barium	Cadmium	Chromium	Copper	Fluoride	Lead	Iron	
Manganese	Mercury	Nitrate/Nitrite	Selenium	Silver	Magnesium	Zinc	pH	

3. a. Sodium levels exceed the U.S. Environmental Protection Agency's (USEPA) Health Advisory level for sodium of 20 mg/l. The North Carolina Division of Public Health recommends that only individuals on no or low sodium restricted diets not use this water for drinking or cooking. It may be used for washing, cleaning, bathing, and showering based on the *inorganic chemical results only*.
- b. Levels over 30 mg/l may pose aesthetic problems such as bad taste, odor, staining of porcelain, etc.
4. Re-sampling is recommended in _____ months.
5. Re-sample for lead and /or copper. Take a first draw, 5 minute, and 15 minute sample inside the house (preferably the kitchen) and if possible a first draw, 5 minute and a 15 minute sample at the well head to determine the source of the lead and/or copper.
6. The following substance(s) exceeded federal drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the *inorganic chemical results only*, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

Barium	Cadmium	Chromium	Fluoride	Iron	Magnesium
Manganese	Selenium	Silver	pH	Zinc	

For more information regarding your well water results, please call the North Carolina Division of Public Health at 919-707-5900.



North Carolina State Laboratory of Public Health
Environmental Sciences
Inorganic Chemistry

4312 District Drive
 MSC 1918
 Raleigh, NC 27699-1918

<http://slph.ncpublichealth.com>
 Phone: 919-733-7308
 Fax: 919-715-8611

Certificate of Analysis

FINAL REPORT

Report to: Cory Whicker

Name of System:

IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MOORESVILLE
610 EAST CENTER AVENUE
MOORESVILLE, NC 28115

Theodore Samuel Burgard
115 Turtledove Ln
Statesville, NC 28625

EIN: 566000309E

Delivery: NC Courier

StarLIMS ID: ES210715-0019

Date Collected: 07/14/2021

Time Collected: 11:26

By: Cory Whicker

Date Received: 07/15/2021

Time Received: 07:34

Sample Type: Raw

Sampling Point: Well head

Well Permit No.: 318300

Sample Source: New Well

Receipt Temp. : 3.0 °C

GPS Number:

Profile: New Well I

Analyte	Test Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	<0.001	0.010	mg/L	
Barium	<0.1	2.0	mg/L	
Cadmium	<0.001	0.005	mg/L	
Calcium	8		mg/L	
Chloride	<5	250	mg/L	
Chromium	0.003	0.10	mg/L	
Copper	0.01	1.3	mg/L	
Fluoride	0.104	4.00	mg/L	
Iron	<0.06	0.30	mg/L	
Lead	<0.003	0.015	mg/L	
Magnesium	4		mg/L	
Manganese	<0.005	0.05	mg/L	
Mercury	<0.0004	0.002	mg/L	
Nickel	<0.01	0.1	mg/L	
Nitrate	<1	10.0	mg/L	
Nitrite	<0.1	1.00	mg/L	
pH	7.6		N/A	
Selenium	<0.005	0.05	mg/L	
Silver	<0.01	0.10	mg/L	
Sodium	5.9		mg/L	
Sulfate	<5	250	mg/L	
Total Alkalinity	42		mg/L	
Total Hardness	35		mg/L	
Zinc	<0.05	5.0	mg/L	



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Inorganic Chemistry

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Certificate of Analysis

FINAL REPORT

Report Date: 07/28/2021

Reported By:

A handwritten signature in black ink, appearing to read "MKomlos".

Marc Komlos