

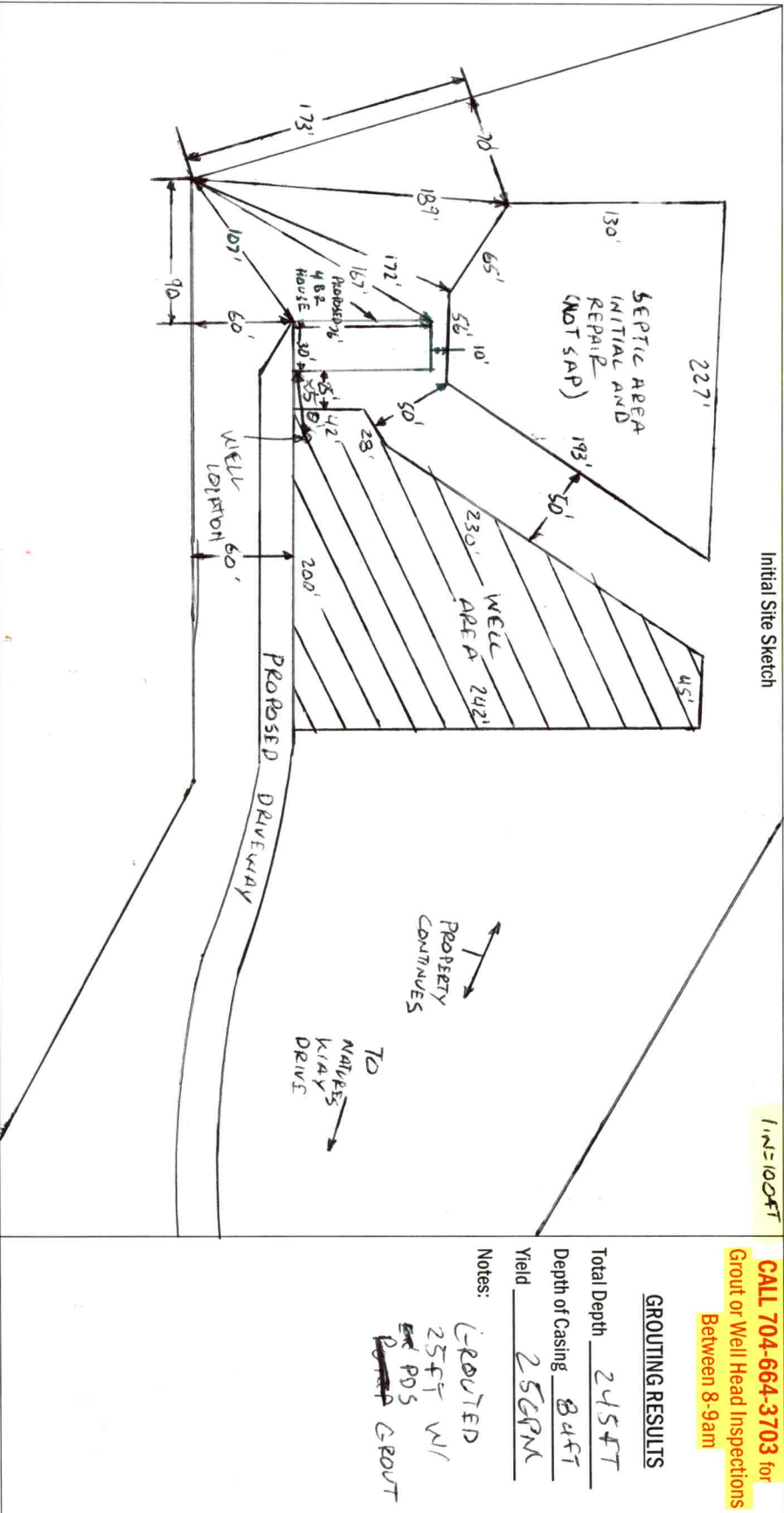
ICHD Environmental Health Division INSPECTIONS: 704-664-3703

PRIVATE DRINKING WATER WELL PERMIT #AP-33491 PIN # 4863 - 51 - 2932 Type of Permit (circle one): New Repair Abandonment

APPLICANT/OWNER NAME: B. QUINN WIERLES ADDRESS: 5533 BULLINS ROAD, JONESVILLE, N.C. 28642 PHONE: 704-657-1634

DIRECTIONS TO SITE: ON 77, ON 901, ON EAGLEMEWES, ON NATURES WAY

SITE ADDRESS: 133 NATURES WAY DRIVE, HAMPOURVILLE, NC 27020 SUBDIVISION: CHESTNUT RIDGE SECTION/LOT: 3/18



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

WELL PERMIT ISSUED BY: Bryan C. White DATE: 5-20-2022 (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: Bryan C. White GROUT CONTRACTOR CERT #: 2901-A GROUT INSPECTION BY: Bryan C. White DATE: 6-2-2022

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Bryan C. White DATE: 11-4-2022

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE WELL SEAL WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE PUMP INSTALLER ID PLATE SAMPLE PORT

CERTIFICATE OF COMPLETION BY: Bryan C. White ACCESS PORT / VENT WELL SEAL WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE PUMP INSTALLER ID PLATE SAMPLE PORT DATE: 11-4-2022

Attachments: Form GW-1a (required except for abandonment) Form GW-30 Water Sample Results Plat **CALL 704-664-3703 to schedule grout or well head inspections between 8-9am**

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

GROUTING RESULTS

Total Depth 245 FT
Depth of Casing 84 FT
Yield 25 GPM

Notes: C-ROUTED 25 FT W/ PDS GROUT

Call-Gated 231-580-4115 'Called Ready'

RECEIVED APR 13 2022

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

Paid \$550.00

Iredell County Health Department – Environmental Health Division

PAGE 1: APPLICATION FORM

AP- 313491

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: Courtney Wierckz Address: 5533 Bullmo Rd Jmerville NC Zip: 28442
Applicant Email: QCWIERCKZ@gmail.com Phone: 704 457-1634 Alt. Phone: 231-580-4115
Owner Name: Courtney + B Wierckz Address: 5533 Bullmo Rd Jmerville NC Zip: 28442
Owner Email: QCWIERCKZ@gmail.com Phone: 704 457-1634 Alt. Phone: 231-580-4115

Property Information:

Street Address: 133 133 Natures Way Dr Hamptonville NC 27020
Subdivision Name: Cheshire Ridge Section/Phase: _____ Lot Number: 6
Driving Directions: TURN EAST ON EAGLE MILLS, TURN NORTH/LEFT ON NATURES WAY, HOUSE END OF ROAD, LONG DRIVEWAY

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: _____
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: Courtney Wierckz
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

4/4/22
DATE



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) [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.

[Signature]
Signature of Owner(s)

4/4/22
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

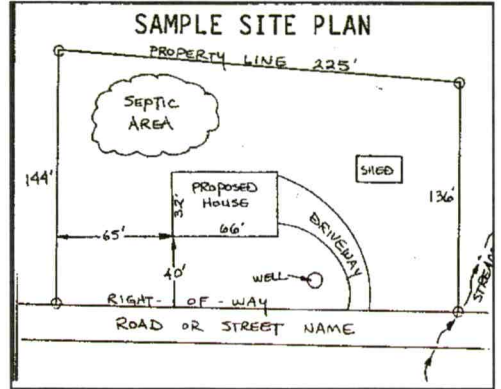
SEE THE "SAMPLE SITE PLAN" BELOW. INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!

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:

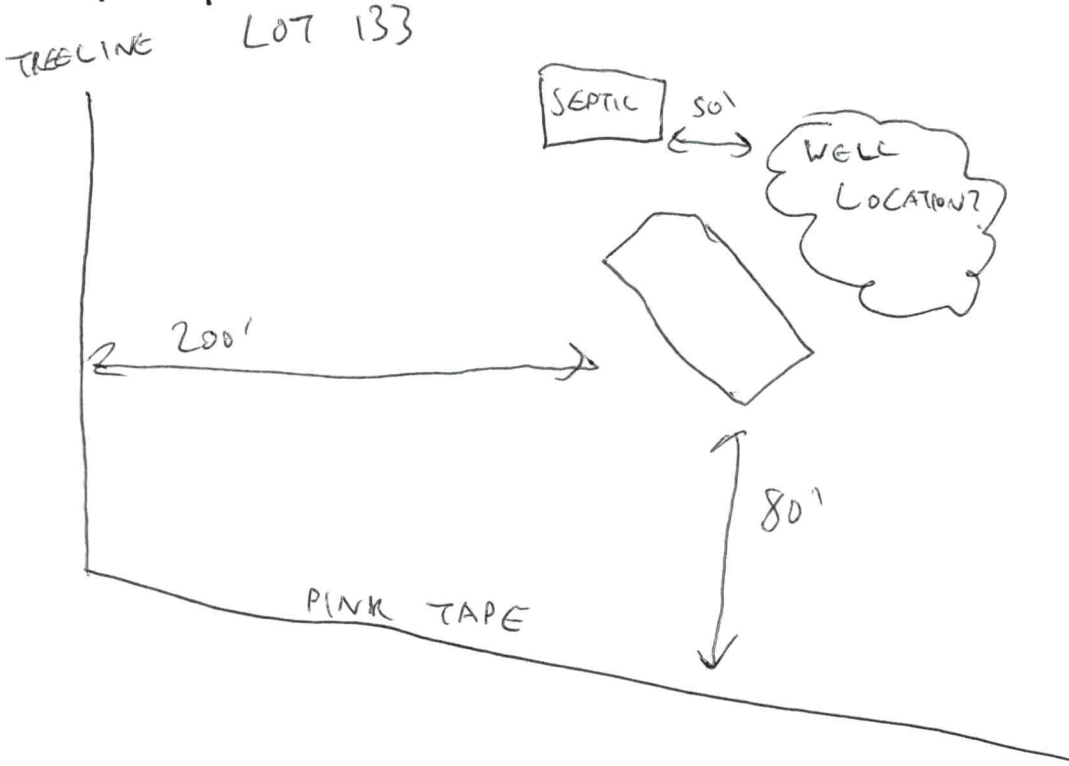
- Location of septic systems and wells within 100' of your property N/A
- Location of easements and rights of ways on your property N/A
- Location of any designated wetlands on the property N/A



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 septic permit



Signature: _____

AWreckky

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

4/4/22

DATE

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305

Mooresville Office (704) 660-3625

PERMIT # AP 313491

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4863-S1-293a

APPLICANT/OWNER: B Quinn Wiercz APPLICANT ADDRESS: 102 S Race Street Statesville NC 28677

SITE ADDRESS: 133 Natures way Drive Hampden NC 27820 PHONE: 331-580-4115 ALT. PHONE: _____

SITE DIRECTIONS: North Eagle Mills on Natures way Drive is at end in Col de Sac SAP CONTROLLED: YES NO

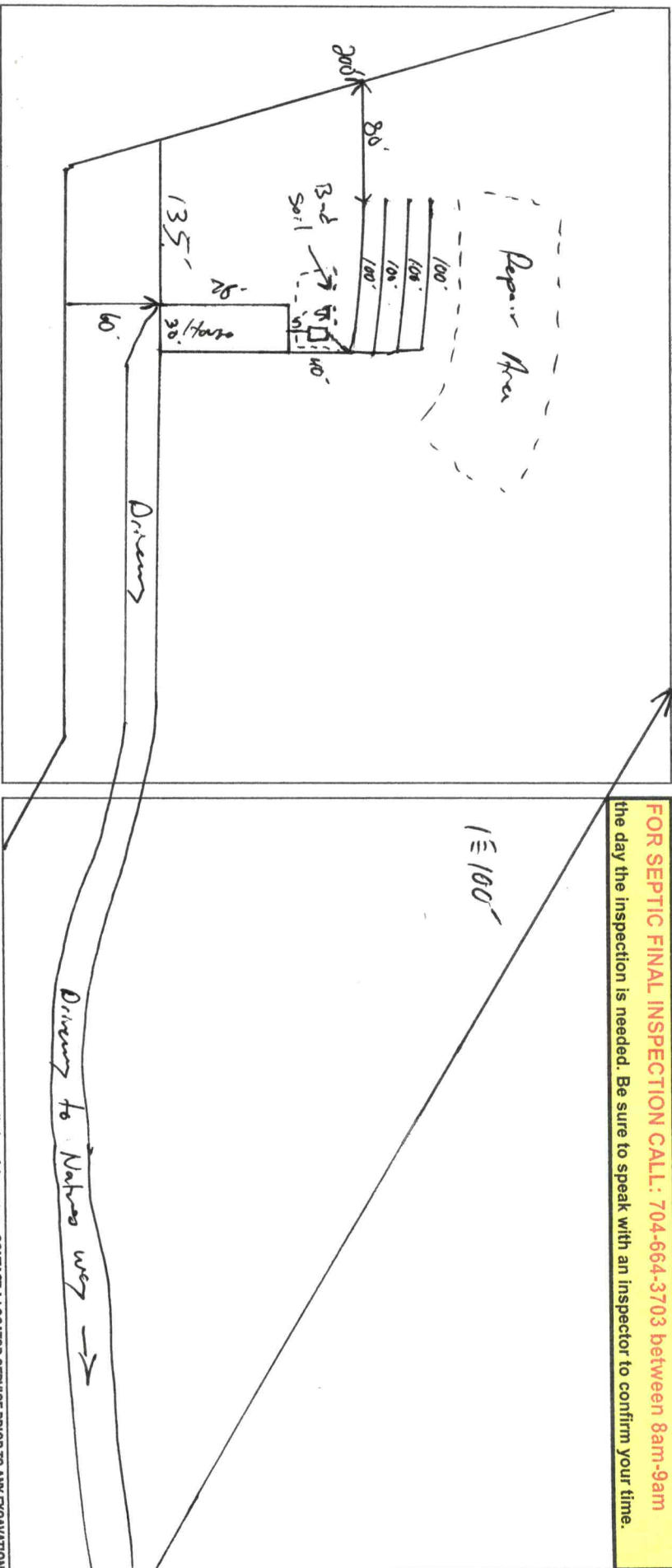
SUBDIVISION: Cheshire Ridge SECTION: - LOT # 6 LOT AREA: 8.73 Acres DESIGN FLOW: 480 gpd L.T.A.R.: 1.3

Septic Tank	1000 (gal)	STB	Date	<input checked="" type="checkbox"/> New System	<input type="checkbox"/> Repair	<input type="checkbox"/> Expansion	System Type: I II III IV V VI	<input checked="" type="checkbox"/> Residence	No. Bedrooms	<u>4</u>	<input checked="" type="checkbox"/> Water Supply
Pump Tank		PT	Date	System Description: <u>258 Reduction</u>				<input type="checkbox"/> Business	No. Persons	<u>8</u>	<input checked="" type="checkbox"/> Private
Pump Make		Model	Serial #	Repair System Description: <u>258 Reduction</u>				<input type="checkbox"/> Other	No. Employees		<input type="checkbox"/> Public
# Nitrification Fields	<u>1</u>	# Lines	<u>400</u>	Maintenance Agreement Required: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> Crawl Space		<input type="checkbox"/> Community
Trench Width	<u>36"</u>	Trench Bottom Depth (low side)	<u>71" x 36"</u>	<input checked="" type="checkbox"/> GRAVITY	<input type="checkbox"/> PRESSURE		<input type="checkbox"/> Basement w/ plumbing		<input type="checkbox"/> Basement w/ plumbing		

Comments / Conditions: Install Drains on corner of land use Serial distribution

INITIAL SITE SKETCH

AS BUILT SKETCH



FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Permit can be suspended or revoked if any false information is supplied. IMPROVEMENT PERMIT with plat valid without expiration. IMPROVEMENT PERMIT with site plan valid for 60 mos. AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo. CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION

Owner / Applicant Signature: [Signature] Date: 2-12-21 Installed by: _____

IMPROVEMENT PERMIT by: [Signature] Date: 2-10-2021 OPERATION PERMIT by: _____

AUTHORIZATION TO CONSTRUCT by: [Signature] Date: 2-10-2021 Existing System Inspected by: _____ Date: _____

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

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:
CHAD HARTNESS

Well Contractor Name
2901A

NC Well Contractor Certification Number
AIR DRILLING INC

Company Name
2. Well Construction Permit #: 313491

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

3. Well Use (check well use):

Water Supply Well:	
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Municipal/Public
<input type="checkbox"/> Geothermal (Heating/Cooling Supply)	<input checked="" type="checkbox"/> Residential Water Supply (single)
<input type="checkbox"/> Industrial/Commercial	<input type="checkbox"/> Residential Water Supply (shared)
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Wells > 100,000 GPD
Non-Water Supply Well:	
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Recovery
Injection Well:	
<input type="checkbox"/> Aquifer Recharge	<input type="checkbox"/> Groundwater Remediation
<input type="checkbox"/> Aquifer Storage and Recovery	<input type="checkbox"/> Salinity Barrier
<input type="checkbox"/> Aquifer Test	<input type="checkbox"/> Stormwater Drainage
<input type="checkbox"/> Experimental Technology	<input type="checkbox"/> Subsidence Control
<input type="checkbox"/> Geothermal (Closed Loop)	<input type="checkbox"/> Tracer
<input type="checkbox"/> Geothermal (Heating/Cooling Return)	<input type="checkbox"/> Other (explain under #21 Remarks)

4. Date Well(s) Completed: 06-02-2022 Well ID# _____

5a. Well Location:
QUINN WIERCK

Facility/Owner Name Facility ID# (if applicable)
133 NATURE'S WAY, HAMPTONVILLE, N.C. 27020

Physical Address, City, and Zip
IREDELL 4863512932

County Parcel Identification No. (PIN)

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

36° 11.928 N **80° 48.302** 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: 245 (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 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 25 Method of test: AIR

13b. Disinfection type: HTH Amount: _____

For Internal Use Only:

ENTERED
6-6-22 @

14. WATER ZONES						
FROM	TO	DESCRIPTION				
229 ft.	230 ft.					
ft.	ft.					
15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
ft.	ft.	in.				
16. INNER CASING OR TUBING (geothermal closed-loop)						
FROM	TO	DIAMETER	THICKNESS	MATERIAL		
0 ft.	85 ft.	6 in.		GALV		
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.	75 ft.	DIRT				
75 ft.	245 ft.	ROCK				
ft.	ft.					
ft.	ft.					
ft.	ft.					
ft.	ft.					
ft.	ft.					
21. REMARKS						

22. Certification:

 Signature of Certified Well Contractor 6/2/2022
 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