

MANF-2023-23104

JS

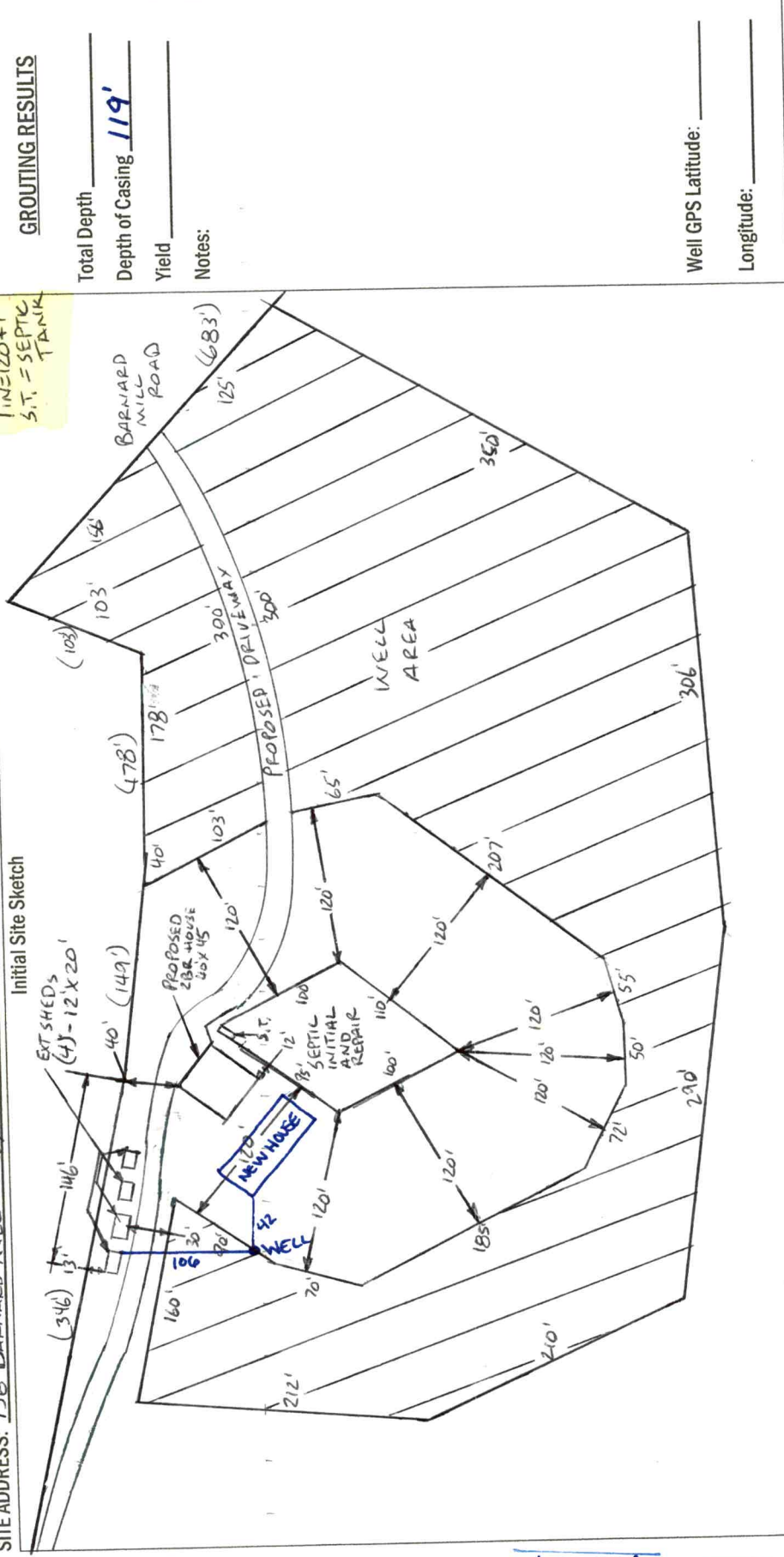
ICHD - Environmental Health Division Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 **PERMIT #** AP-320029

PRIVATE DRINKING WATER WELL PERMIT PIN # 4874 -- 91 -- 3656 ✓ **Type of Permit (circle one):** **New** **Repair** **Abandonment**

APPLICANT/OWNER NAME: BOBBY Sizemore ADDRESS: PO Box 1143, Clemmons, 27012 PHONE: 336-749-1347

DIRECTIONS TO SITE: ON 211 ON BARNARD MILL, LOT ON (P) SECTION/LOT: - / -

SITE ADDRESS: 136 BARNARD MILL ROAD, HAMPTONVILLE, N.C. 27020 ✓ SUBDIVISION: _____



GROUTING RESULTS

Total Depth _____

Depth of Casing 119'

Yield _____

Notes: _____

Well GPS Latitude: _____

Longitude: _____

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

WELL PERMIT ISSUED BY: Bryant C. White **DATE:** 9-21-2021 (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: YADKIN WELL **CONTRACTOR CERT #:** 5548 A **GROUT INSPECTION BY:** Snack Rollen **DATE:** 4/3/23

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ **DATE:** _____ **WELL HEAD INSPECTION BY:** Snack Williams **DATE:** 8/10/23

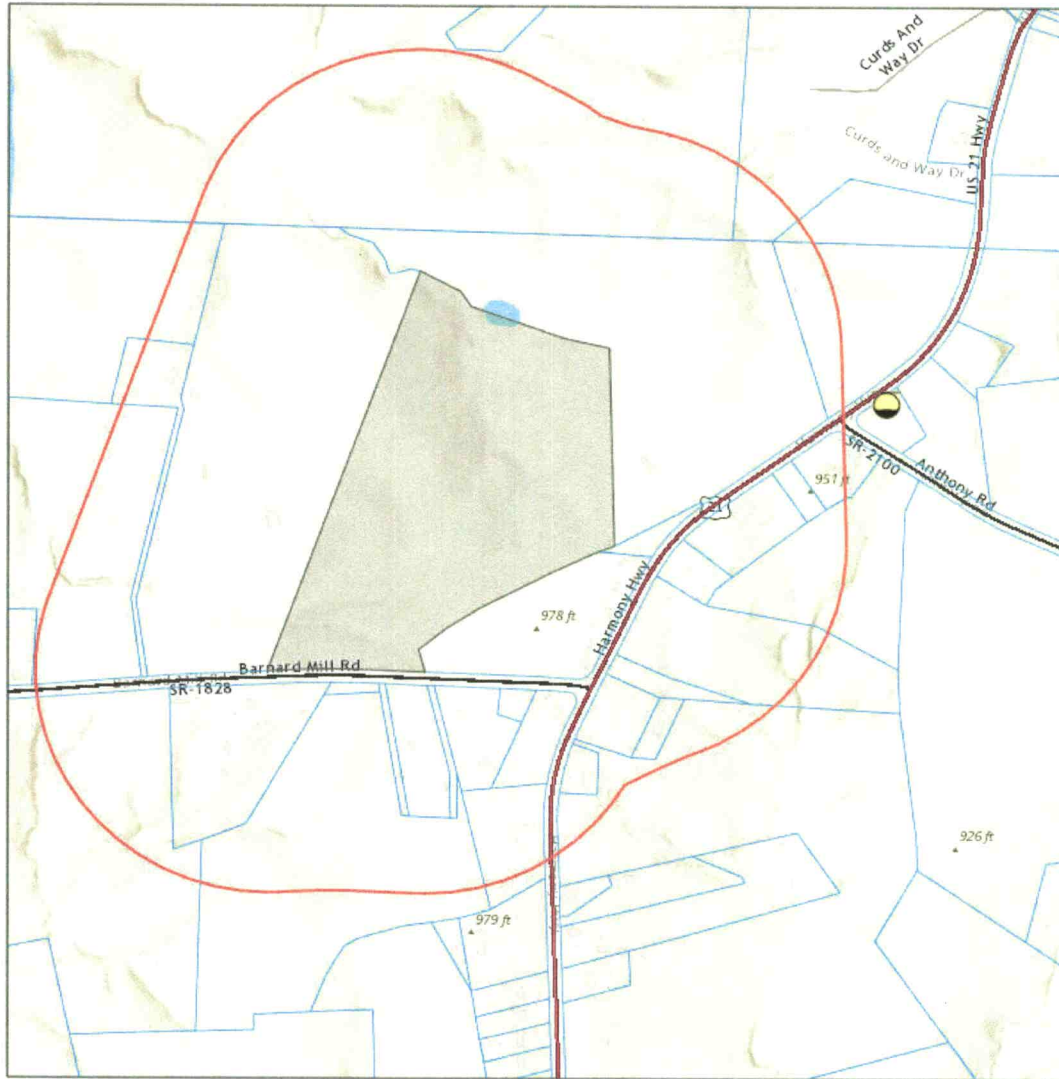
WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE WELL CONTRACTOR ID PLATE PUMP INSTALLER ID PLATE ACCESS PORT / VENT WELL SEAL WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE SAMPLE PORT

CERTIFICATE OF COMPLETION BY: Snack Williams **DATE:** 8/14/2023 **WATER SAMPLES BY:** _____ Plat Form GW-30 Water Sample Results

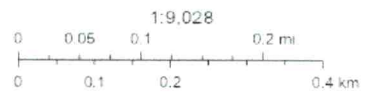
Area of Interest (AOI) Information

Area : 10,181,507.83 ft²

Sep 21 2021 14:02:14 Eastern Daylight Time

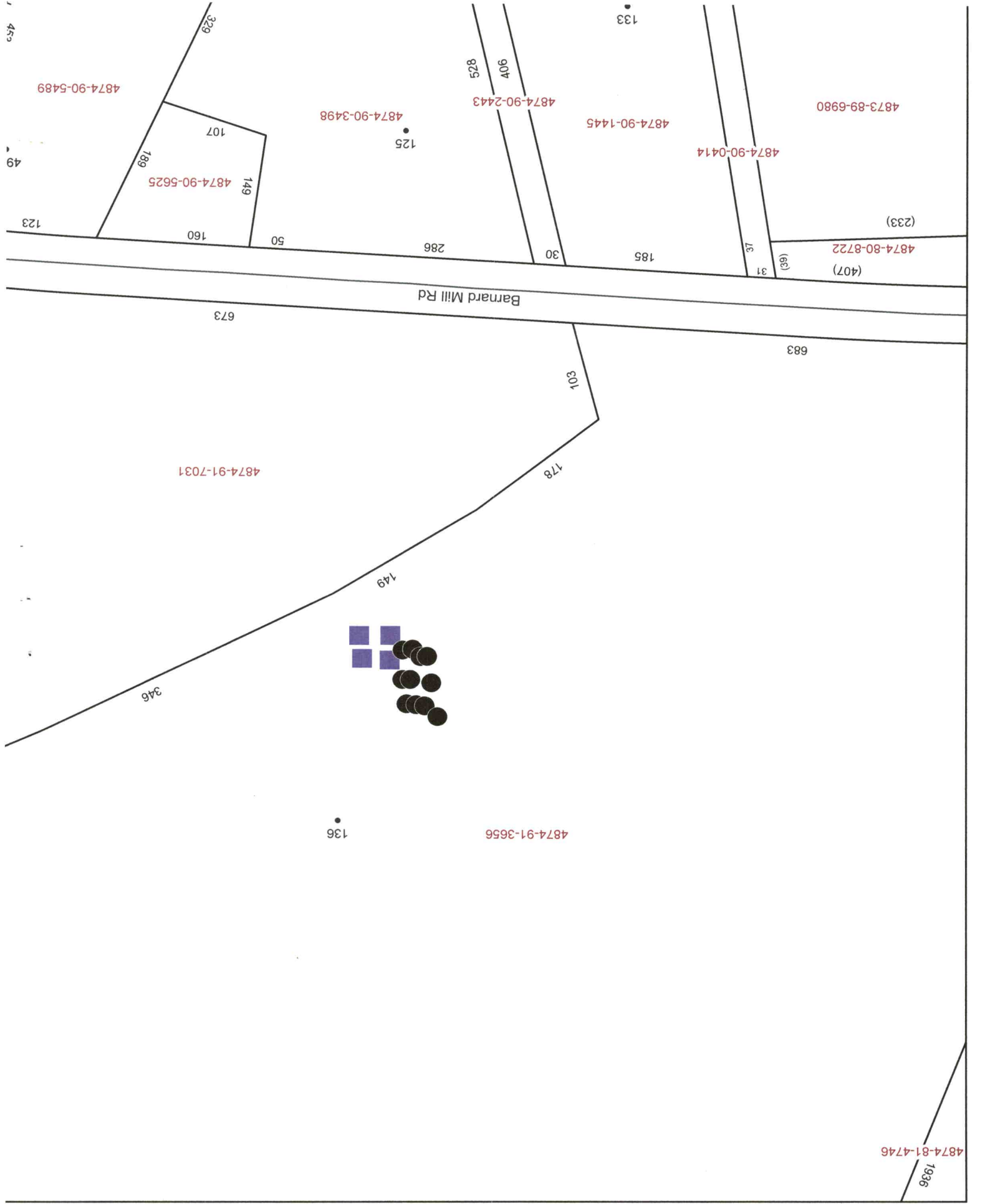


- | | |
|--|---------------------------------|
| Known Releases of Contamination | Other System Roads |
| Underground Tank Incidents | Ramps, Rest Areas, Non-Mainline |
| Parcels (Polygons) - Parcels | Projected Route |
| Non-System Roads | Other State Agency Route |
| Federal Route | Secondary Route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



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Barnard Mill Rd

4874-90-5489

4874-90-5625

4874-90-2443

4874-90-1445

4874-90-0414

4873-89-6980

4874-91-7031

4874-91-3656

4874-81-4746

452

49

123

328

189

107

160

50

125

4874-90-3498

286

30

133

828

906

(233)

4874-80-8722

(407)

(86)

31

16

185

673

683

301

178

149

346

136

1936

RECEIVED SEP 07 2021

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

Iredell County Health Department – Environmental Health Divisor

PAGE 1: APPLICATION FORM

AP-3200-19 \$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 ISA 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: BOBBY SIZEMORE Address: P.O. Box 1143 Zip: 27012
Applicant Email: BOBBY.SIZEMORE@GMAIL.COM Phone: 336-749-1347 Alt. Phone: N/A
Owner Name: BOBBY SIZEMORE Address: P.O. Box 1143 Zip: 27012
Owner Email: Bobby.Sizemore@gmail.com Phone: 336-749-1347 Alt. Phone: N/A

Property Information:

Street Address: 136 BARNARD Mill Rd
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: 21 to BARNARD turn on BARNARD Mill Rd about 100 ft on Right

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: 1 Maximum Number of Occupants: 1
 Swimming Pool Other Addition/Structure: _____
 Tank Drain lines Describe Problem: _____

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: _____ 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.

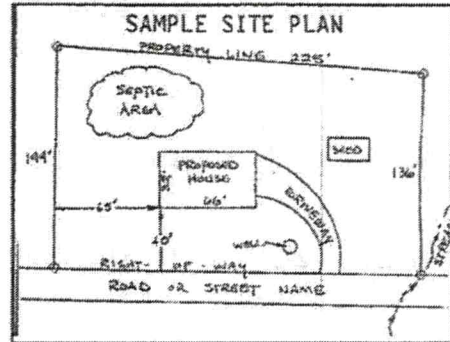
Signature: [Signature]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

well 9/7/21
7/28/21

DATE
Page 1 of 4

**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:

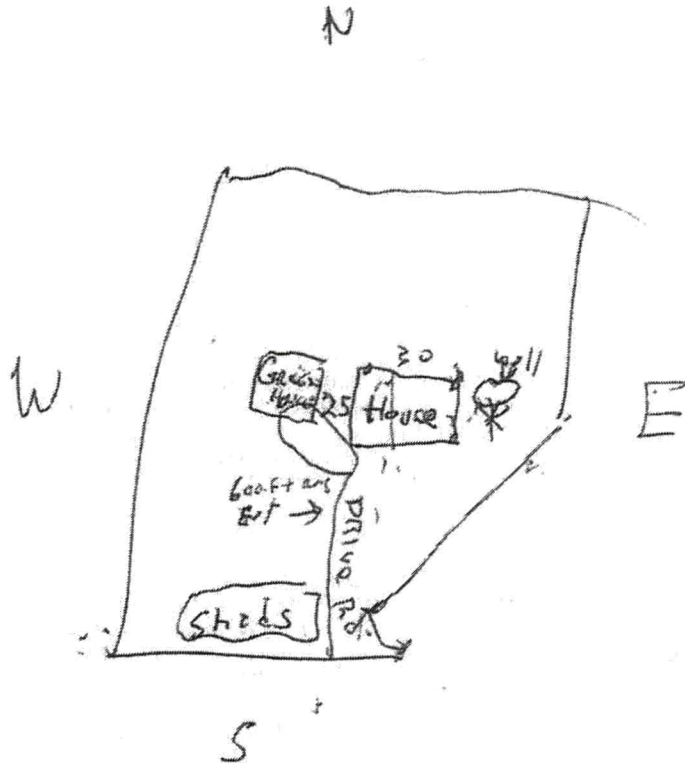
- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location and well location
- (X) Area you prefer your septic system to be placed
- (X) North arrow, or other sufficient indicator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



Well 9-7-21
7/28/21

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

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.

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 of Owner(s)

Date

Mooresville - Environmental Health

Statesville - Environmental Health

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

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 ****

MJ

Complete all Environmental Health forms:

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

MJ

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.**

MJ

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.**

MJ

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.

MJ

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

Bobby Seymour

Date

7/28/21

Questions? Contact the Environmental Health Offices below:

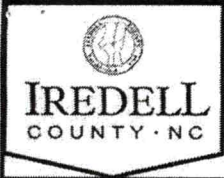
Statesville Office

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

Mooreville Office

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

well 9-7-21



Cash Register Receipt

Iredell County

Receipt Number
R12685

DESCRIPTION	ACCOUNT	QTY	PAID
PermitTRAK			\$550.00
AP-320029 Address: 136 BARNARD MILL RD	APN: 4874913656.000		\$550.00
EH WELL PROGRAM			\$550.00
NEW WELL PERMIT	10492751-447004	0	\$550.00
TOTAL FEES PAID BY RECEIPT:R12685			\$550.00

Date Paid: Tuesday, September 07, 2021

Paid By: SIZEMORE BOBBY W

Cashier: AP

Pay Method: CREDIT CARD 00752P