IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-660-3625 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Josh Singleton	138 chick ln. Union Grove NC	704-738-7500
Applicant Name	Street, City, State, Zip	Phone Number
Josh Singleton	138 chick ln. Union Grove NC	704-738-7500
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number

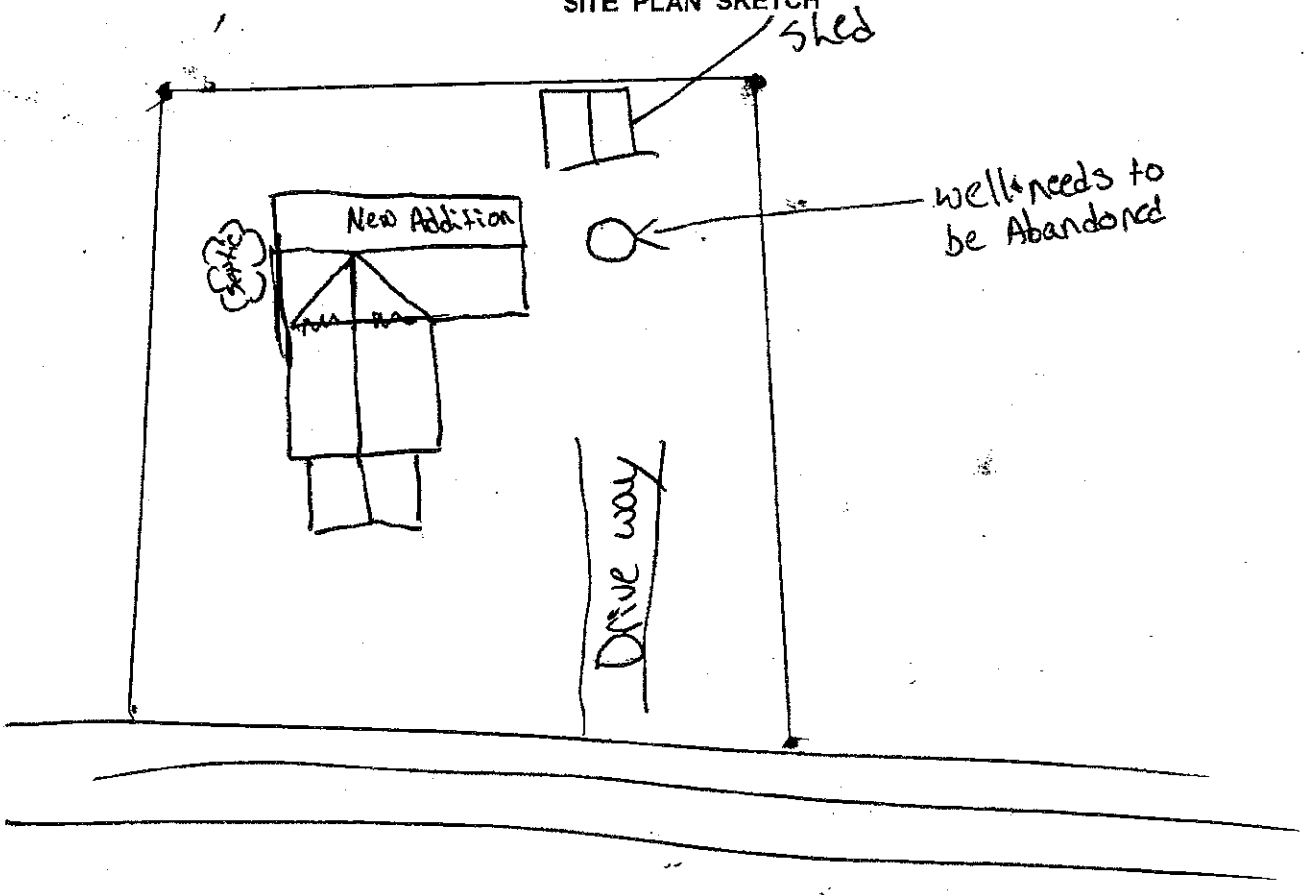
172 Compton Park Rd Statesville NC
Well Site Location Street Address — Subdivision — Lot Number

4722455204.000 172 to live in
Parcel Identification Number (PIN) — Intended Use of Property — Type of Well Permit (New, Repair, ~~Abandonment~~)

Buffalo Shoals Rd TR old mtn Rd. TR compton Park Lot on Right
Directions from here to your site

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.

SITE PLAN SKETCH



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.

SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE 4-30-15

White Copy – Environmental Health Yellow Copy - Applicant Copy