IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-660-3625 704-682-3721

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Applicant Name	Full Address	Phone Number
Mary Hollis Dings	135 Greentree Dr. Mooresville, NC 28117	(704) 662-3479

Name of Owner / Authorized Agent	Full Address	Phone Number
Same		

Property Street Address	Subdivision	Lot Number
359 Stewart Rock Rd -	Riverwalk TX	12

Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)
3774-77-1994	Home	

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

See attached

$ PAID
495.00
2-5-14 via CC (at)

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.

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.

Mary Hollis Dings 2/5/14

SIGNATURE OF OWNER OR AUTHORIZED AGENT **DATE**

Health Department Copy - White

Applicant Copy - Yellow

IREDELL COUNTY HEALTH DEPARTMENT

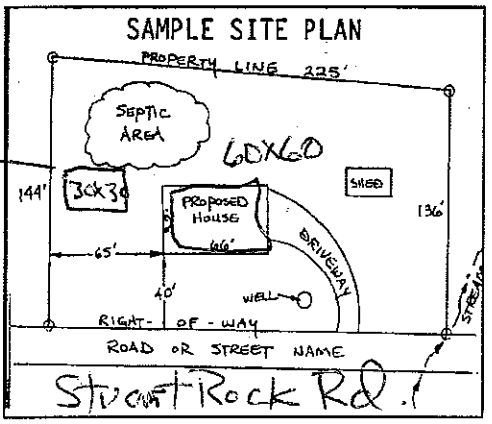
ENVIRONMENTAL HEALTH DIVISION

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**

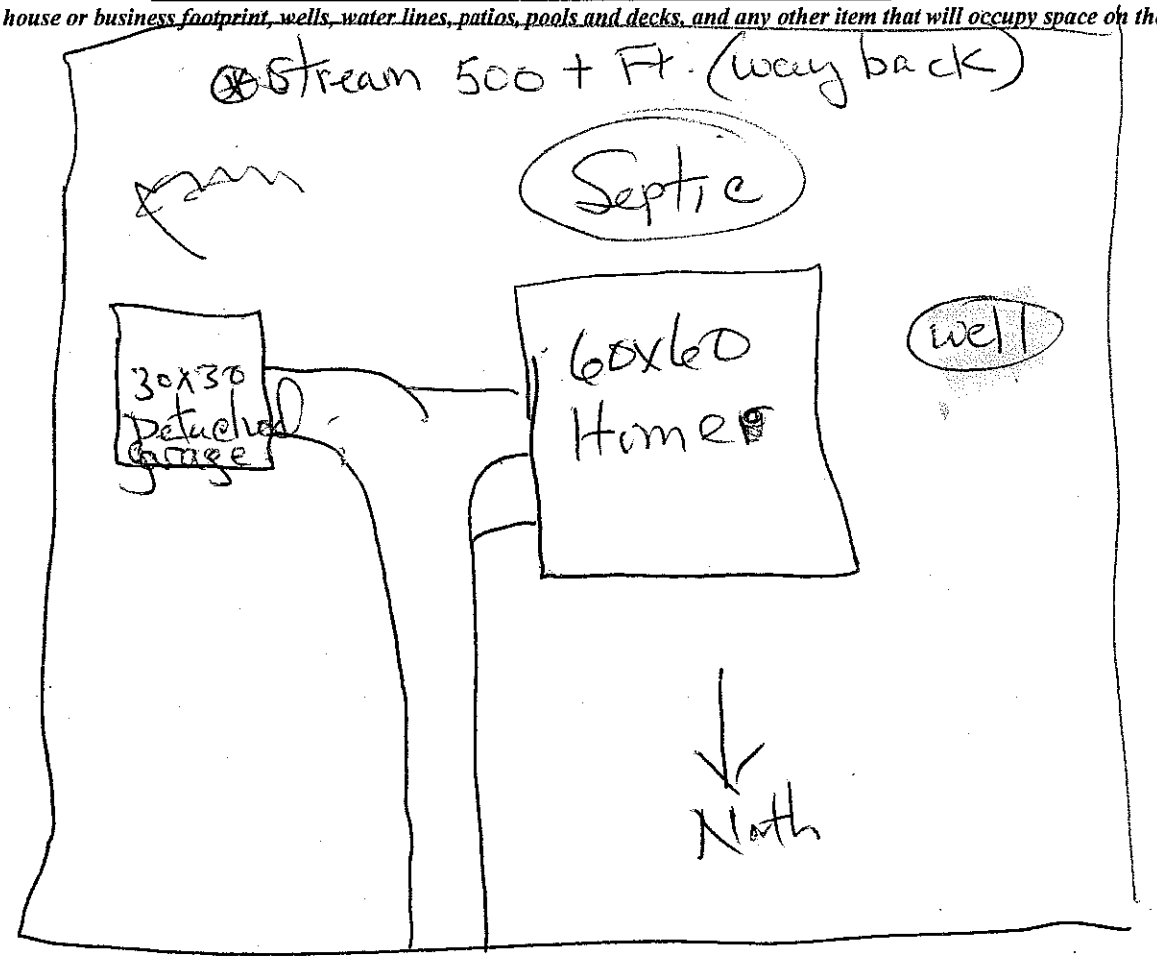


Circle N/A on the following if appropriate:

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



359 Stuart Rock Rd.

Signature: _____ 2/5/14

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

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER

201573

Issue Date: 02/05/2014

Permit Type: WELL APPLICATION - NEW

Parcel Number	Street Address	Jurisdiction
3774771994.000	359 STEWART ROCK DRIVE	STONY POINT

Owner Information	Applicant Information	Contractor Information
Owner: GARY DINGS Address: 135 GREENTREE LANE MOORESVILLE, NC 28117 Phone: 704-662-3479	Applicant: GARY DINGS Address: 135 GREENTREE LANE MOORESVILLE, NC 28117 Phone: 704-662-3479	Contractor: GARY DINGS Address: 135 GREENTREE LANE MOORESVILLE, NC 28117 Phone: License Type License Number

Project Description

NEW SINGLE FAMILY - IREDELL

Scope of Work

SEPTIC RELAYOUT DUE TO INCREASE IN SIZE OF ANTICIPATED NEW HOME AND DETACHED GARAGE ADDITION

Permit Details:

	WELL PERMIT - NEW WELL	Amount:	495.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 02/05/2014

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	5919	TOTAL FEES:	$ 495.00