IREDELL COUNTY HEALTH DEPARTMENT

Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

(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)

1. APPLICATION FOR: ___ Improvement Permit ___Authorization To Construct ✓BOTH ___Existing System Inspection

2. 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 check ( ) beside whichever is submitted if applicable ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

Applicant Name	Mailing Address	Home Phone	Work Phone
David Poole	142 Cedar Hill Trail Statesville NC 28677	704.873.4852	—
Owner Name	Mailing Address	Home Phone	Work Phone
Same			—

4. **Property Information:**

Street Address	Subdivision Name	Section/Phase and Lot Number
3700 Hickory Hwy		

Driving Directions: _____

****

5. **RESIDENTIAL Site Development Information:** *(Check or Complete ALL that apply)*

(✓) New, Single Family Residence
( ) New, Multi-Family Residence
(✓) Expansion of Existing Septic System
( ) Repair To Failing Septic System

Maximum Number of Bedrooms 3
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

(✓) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

IF Non- Residential Site Development:
Type of Business _____
Square Footage of Building _____
Maximum Number of Employees _____
Maximum Number of Seats _____

****

6. **Proposed Water Supply:**

( ) New Well ( ) Existing Well ( ) Community Well ( ) City Water (✓) Other Public Water

****

7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other_____ ( ) No Preference

****

8. **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. industry) 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.

9. Signature: David Poole _____

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

IREDELL COUNTY HEATLH DEPARTMENT

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…
  SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site
- X Front and side setbacks from property line…
- X Preferred driveway location and configuration, preferred well location…
- X Area you prefer your septic system to be placed…
- X North arrow, or other sufficient indicator of direction…

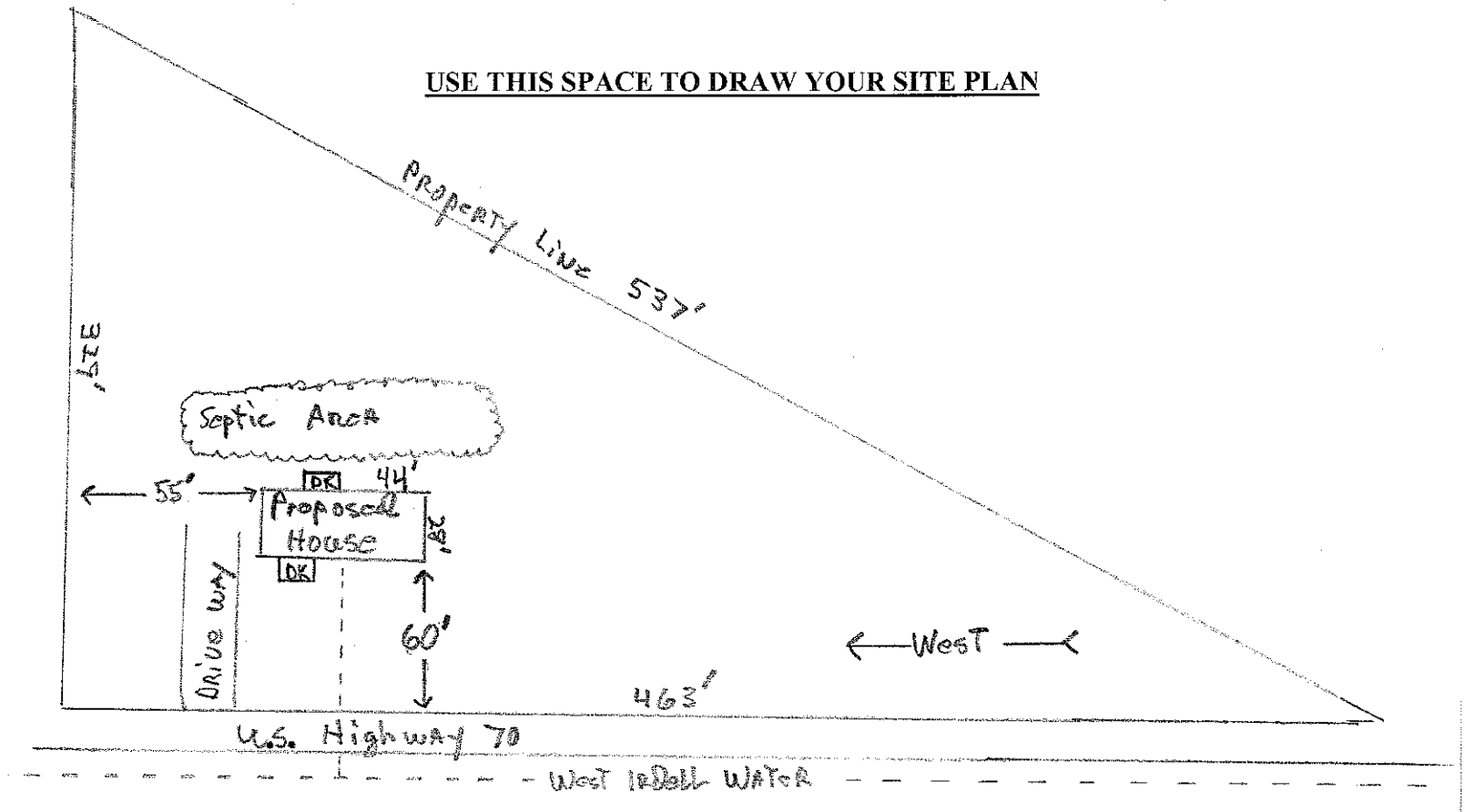
Circle N/A on the following if appropriate:

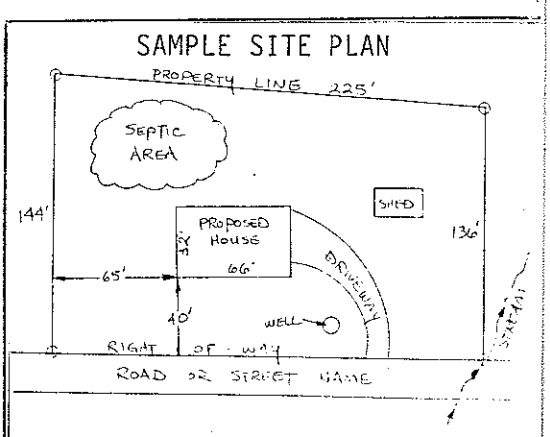
- X Location of septic systems and wells within 100' of your property… (N/A)
- X Location of easements and rights of ways on your property… (N/A)
- X Location of any designated wetlands on the property… (N/A)

Signature: Dawn D Poole

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

USE THIS SPACE TO DRAW YOUR SITE PLAN





North Carolina – Department of Environment and Natural Resources – Division of Water Quality – Groundwater Section – 1636 Mail Service Center – Raleigh, NC 27699-1639 – Phone No. (919) 733-3221

WELL ABANDONMENT RECORD

WELL CONTRACTOR CHAMBERS + Sons Inc.
WELL CONTRACTOR CERTIFICATION # 2118

1. WELL USE (check Applicable Box): Residential ☐ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☑ If Other, List Use: Had a Wind Pump At one time.

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Statesville N.C. County Iredell
3700 Hickory Hwy 35° 44' 40N 081° 01' 24W 68K
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: DAVID Poole

4. ADDRESS: 142 Cedar Hill Trail STATESVILLE N.C. 28677

5. TOPOGRAPHY: draw, (slope), hilltop, valley, flat (circle one)

6. TOTAL DEPTH; 22' DIAMETER 2"

7. CASING REMOVED: NO

feet	diameter

8. DISINFECTION: 2 oz
(Amount of 70% Hypochlorite used:) NO WATER

9. SEALING MATERIAL:

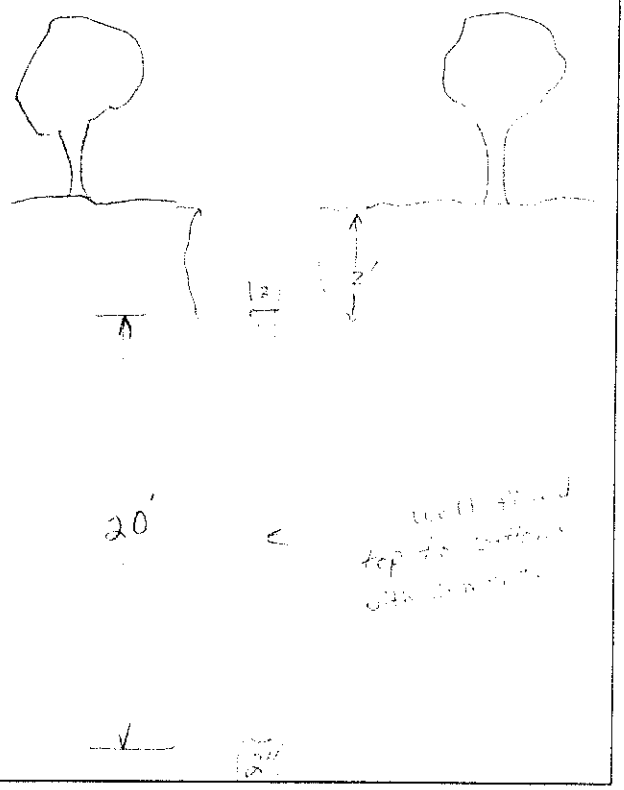
Neat Cement	Sand Cement
bags of cement	bags of cement 1
gallon of water	gallons of water 6

Other
Type material Sand
Amount 4 Shovels

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
1 1/4 tremmie to bottom

11. DATE WELL ABANDONED 1-7-08

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.



I do hereby certify that this well was abandoned in accordance wit 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well JCC Chambers Date 1-7-8

WELL LOCATION: Draw a location sketch on the reverse of this sheet,, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.

GW – 30 Revised 12/99
JLS 10.15/04 Final