MANF-2025-73097 SW

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 | Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

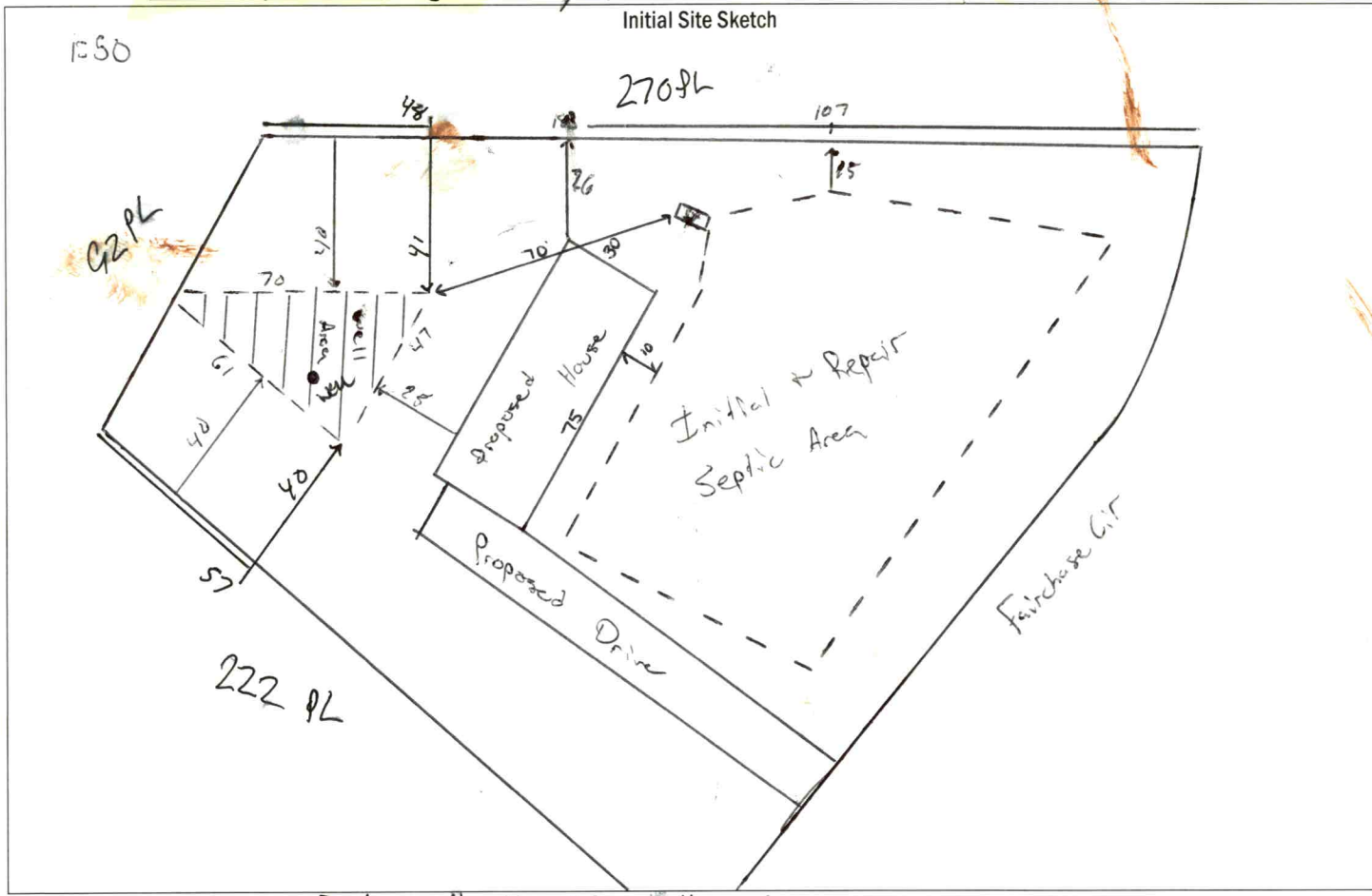
PRIVATE DRINKING WATER WELL PERMIT # 2025-73097 **PIN #** 3796 - 86 - 28654 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: Tiffany Morgan ADDRESS: 1840 Bostian Rd China Grove, NC 28023 PHONE: (980) 521-1224

DIRECTIONS TO SITE: 64 - E Lucky Farm - Cherry Blossom - Sweet Cherry - Fairchase

SITE ADDRESS: 264 Fairchase Cir, Stony Point 28678 SUBDIVISION: Fieldcrest SECTION/LOT: 2/57

Initial Site Sketch



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

GROUTING RESULTS

Total Depth 200'

Depth of Casing 60'

Yield 60 GPM

Notes:

PERMIT CONDITIONS/COMMENTS: Follow all NC. 2L well rules

WELL PERMIT ISSUED BY: Matt Wilk DATE: 5/6/25 (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: MORGAN CONTRACTOR CERT #: 3422A GROUT INSPECTION BY: Sarah Williams DATE: 5/14/2025

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Sarah Williams DATE: 8/21/2025

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☒ WELL CONTRACTOR ID PLATE ☒ PUMP INSTALLER ID PLATE ☒ SAMPLE PORT ☒

ACCESS PORT / VENT ☒ WELL SEAL ☒ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☒

CERTIFICATE OF COMPLETION BY: Sarah Williams DATE: 8/21/2025 WATER SAMPLES BY: _____ DATE: _____

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



North Carolina Parcels (Polygons) - Parcels
County Boundary
Non-System Roads
Non-System
Secondary Route
Primary Roads
US Route

1:4,514
0 0.04 0.09 0.17 mi
0 0.05 0.1 0.2 km

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WPDT Screening Report

Area of Interest (AOI) Information

Area : 3,134,508.59 ft²

May 6 2025 8:02:53 Eastern Daylight Time

PERMIT SNAPSHOT REPORT OSWP-2025-73092 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	03/31/2025
Work Class:	EH Private Drinking Water Well New Construction	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wilkinson, Matthew	**Approval Expire Date:**	

Description: new private drinking well for a new double wide manufactured home

Parcel: 3796862854.000 Main	**Address:** 264 Fairchase Cir Main Stony Point, NC 28678	**Zone:** RA(Residential Agricultural District)

Property Owner	Applicant/Authorized Agent	Applicant/Authorized Agent
Jake Aaron	Tiffany Morgan	Sam Zayicek
Home: (828) 461-8966	1840 Bostian Road China Grove, NC 28023 Mobile: (980) 521-1224	16390 W Catawba Ave Suite 100D Cornelius, NC 28031 Mobile: (704) 929-5684

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Is there a designated Wetland on the property	No	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	
If other Addition/Structure, please explain		Number of Houses	1	Number of Persons	4
If Replacement Well - Reason for replacement		Water Supply	Single Family Dwelling	Is there a current or permitted system on the prop	No

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Sam_Zayicek_3/31/2025.jpg	03/31/2025 15:21	Zayicek, Sam		Uploaded via CSS
264 Fairchase Cir authorize to act as agent_v1.pdf	03/31/2025 15:26	Zayicek, Sam	Available Online	
264 Fairchase Cir site plan_v1.pdf	03/31/2025 15:26	Zayicek, Sam	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2025-300917	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	04/28/2025	04/28/2025 0:00	04/28/2025 0:00	04/28/2025 10:48	04/28/2025 10:48

Inspectors: Mravetz, Peter (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00043015	New Well Permit	$550.00	$550.00
	Total for Invoice INV-00043015	$550.00	$550.00
	Grand Total for Permit	**$550.00**	**$550.00**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		03/31/2025 15:26	03/31/2025 15:26
Confirm application complete v.1	Generic Action		03/31/2025 15:26
~~**Zoning Review v.1**~~			03/31/2025 15:27
~~Floodplain Admin Overview v.1~~	Task		03/31/2025 15:27

PERMIT SNAPSHOT REPORT (OSWP-2025-73092)

~~Iredell County Zoning Approval v.1~~	Task		03/31/2025 15:27
~~Issue Invoice v.1~~	Generic Action		03/31/2025 15:27
~~Fees Paid v.1~~	Generic Action		03/31/2025 15:27
Fees v.1		03/31/2025 15:27	04/28/2025 8:39
Issue Invoice v.1	Generic Action		03/31/2025 15:27
Fees Paid v.1	Generic Action		04/28/2025 8:39
Lot Readiness Verification v.1		04/28/2025 10:48	
OSWP Septic Preliminary Site Visit v.1	Inspection	04/28/2025 10:48	04/28/2025 10:48
OSWP Site Evaluation v.1	Inspection		
Issue Permit v.1			
Issue Permit v.1	Generic Action		
Environment Health Inspections v.1			
GW-30 Inspection v.1	Inspection		
OSWP Tanks Checked v.1	Inspection		
Well Grouting Inspection v.1	Inspection		
GW-1 Inspection v.1	Inspection		
Well Head Inspection v.1	Inspection		
Issue Certificate of Completion v.1			
Issue Certificate of Completion v.1	Generic Action		
Water Sample v.1			
Water Sample v.1	Inspection		
Result Case v.1	Generic Action		

WELL CONSTRUCTION RECORD (GW-1)

Print Form

For Internal Use Only: Fieldcroft Lot # 57

ENTERED

1. Well Contractor Information:
Jay Todd
Well Contractor Name
3422-A
NC Well Contractor Certification Number
Morgan Well & Pump, INC
Company Name

2. Well Construction Permit #: 2024-50230
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 5/9/25 Well ID#

5a. Well Location:
Collin Twombly
Facility/Owner Name
Facility ID# (if applicable)
264 Fawchase Circle Stoneypoint NC 28678
Physical Address, City, and Zip
Iredell
County
3796-86-2854
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35.8401 N 81.0270 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: 200 (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 1/8 (in.)

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

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm) 10 Method of test: air
13b. Disinfection type: granulated chlorine Amount: 8 oz

14. WATER ZONES

FROM	TO	DESCRIPTION
75 ft.	80 ft.	5 gpm
120 ft.	123 ft.	5 gpm

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	48 ft.	6 1/8 in.	sdr-21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
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.	bentonite	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.	15 ft.	brown dirt
15 ft.	35 ft.	brown rock
35 ft.	200 ft.	blue granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Signature of Certified Well Contractor — Date: 5/12/25

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 site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.