IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

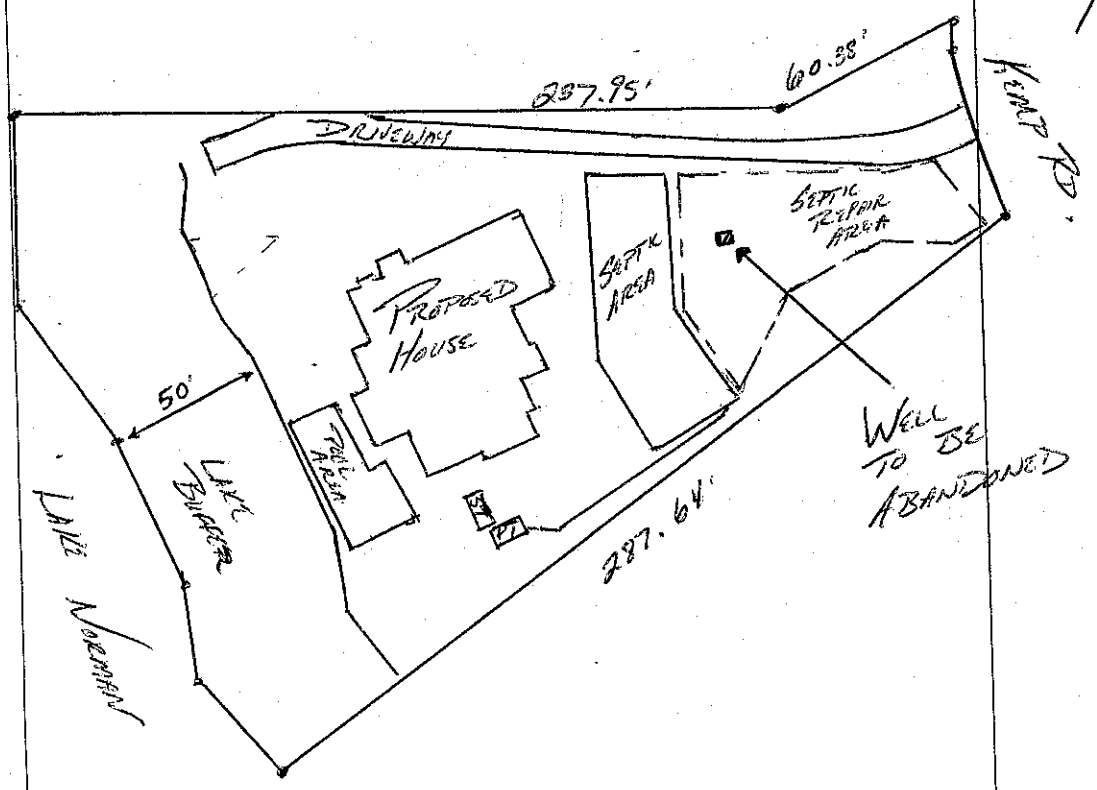
PRIVATE DRINKING WATER WELL PERMIT # 204846 **PIN #** 4626140097.000 **Type of Permit (circle one):** New Repair (Abandonment)

APPLICANT NAME: J.S. Testa, LLC ADDRESS: 19905 W. Catawba #202 Cornelius, NC 28031 PHONE: 704-892-5995 908-770-5009

DIRECTIONS TO SITE: 80 E, TR McKendree, TL 2nd Kemp Rd.

SITE ADDRESS: 891 Kemp Rd. Mooresville, NC SUBDIVISION: CLT SECTION/LOT: 55/194

Initial Site Sketch



"As Built" Sketch

1" = 60'

Well GPS Latitude: 35.59113 Longitude: -80.946899

PERMIT CONDITIONS/COMMENTS: Follow All Well Rules.

WELL PERMIT ISSUED BY: _____ DATE: 8/11/14 (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: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☑ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of Completion - Yellow Applicant Well Construction Permit - Pink

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

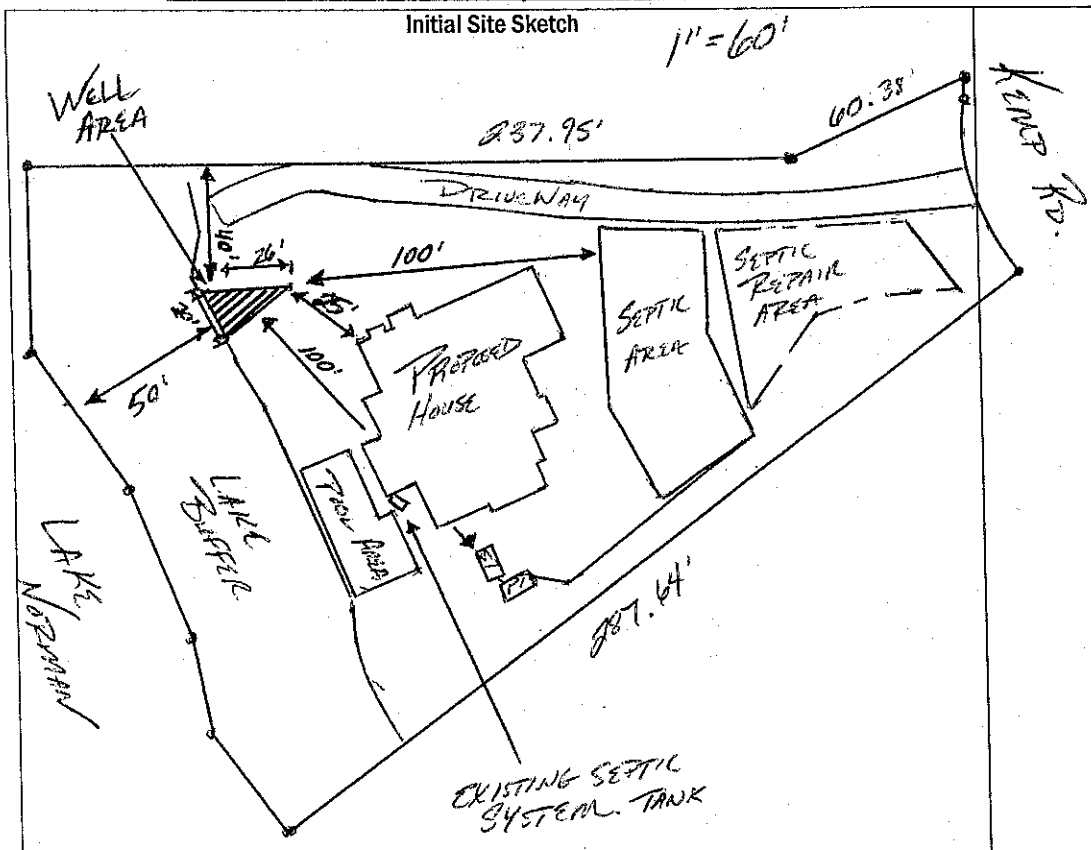
PRIVATE DRINKING WATER WELL PERMIT # 204946 **PIN #** 4626140097.000 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT NAME: JS Testa, LLC ADDRESS: 19905 W. Catawba #207, Cornelius NC 28031 PHONE: 704-892-2995 908-770-5009

DIRECTIONS TO SITE: BSR, TR McKendree, TL Second Kemp Rd.

SITE ADDRESS: 891 Kemp Rd. Mooresville NC SUBDIVISION: CLET SECTION/LOT: 3 / 194

Initial Site Sketch



"As Built" Sketch

* Old (existing) Septic Tank Must Be Crushed And Filled Before New Well Is Drilled.

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow All Well Rules. Maintain 100' Separation From Septic, 50' From Lake. (Lake Buffer) And 40' From Property Line. Maintain 25' Separation From Proposed House.

WELL PERMIT ISSUED BY: _____ DATE: 8/11/14 (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: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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: _____ DATE: _____ WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☐ Form GW-30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink

Attention: Rhonda

Faxed 8/22/14

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

Joseph A Bailey
Well Contractor Name (or well owner personally abandoning well on his/her property)

3271-A
NC Well Contractor Certification Number

B & K Well Drilling Inc.
Company Name

2. Well Construction Permit #: 204846
List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

3. Well use (check well use):

Water Supply Well:	
☐Agricultural	☐Municipal/Public
☐Geothermal (Heating/Cooling Supply)	☑Residential Water Supply (single)
☐Industrial/Commercial	☐Residential Water Supply (shared)
☐Irrigation	
Non-Water Supply Well:	
☐Monitoring	☐Recovery
Injection Well:	
☐Aquifer Recharge	☐Groundwater Remediation
☑Aquifer Storage and Recovery	☐Salinity Barrier
☐Aquifer Test	☐Stormwater Drainage
☐Experimental Technology	☐Subsidence Control
☐Geothermal (Closed Loop)	☐Tracer
☐Geothermal (Heating/Cooling Return)	☐Other (explain under 7g)

4. Date well(s) abandoned: 8/21/14

5a. Well location:

~~491 Kemp Rd~~ J.S. Testa
Facility/Owner Name — Facility ID# (if applicable)

491 Kemp Rd, Mooresville NC 28115
Physical Address, City and Zip

Iredell County
County — Parcel Identification No. (PIN)

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

_____ N _____ W

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

6a. Well ID#: NA

6b. Total well depth: 205 (ft.)

6c. Borehole diameter: ~~6~~ NA (in.)

6d. Water level below ground surface: 30 (ft.)

6e. Outer casing length (if known): 6¼" (ft.)

6f. Inner casing/tubing length (if known): 4" (ft.)

6g. Screen length (if known): NA (ft.)

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1
For multiple injection or non-water supply wells ONLY with the same construction abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): Unknown (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: granuals Chlorine

7d. Amount of disinfectant used: 1 lb.

7e. Sealing materials used (check all that apply):

☑Neat Cement Grout	☑Bentonite Chips or Pellets
☑Sand Cement Grout	☐ Dry Clay
☐ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

60 lb Bags Sandmix — 3 Bags (180 lbs)
50 lb Bags ¾ Hole Plug — 10 Bags (500 lbs)

7g. Provide a brief description of the abandonment procedure:

Remove Pump From well, Chlorinate well, Excavate around well 2 Feet Below land surface, cut OFF Casing & liner Place Bentonite chips, Cover with Sand mix. Cement, Cover over with Soil

8. Certification:

Joseph Bailey — 8/21/14
Signature of Certified Well Contractor or Well Owner — Date

By signing this form, I hereby certify that the well(s) was (were) abandoned in accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of well abandonment to the following:

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

10b. For Injection Wells: In addition to sending the form to the address in 10a above, also submit one copy of this form within 30 days of completion of well abandonment to the following:

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

10c. 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 abandonment to the county health department of the county where abandoned.