Field Notes for Septic

RECEIVED APR 17 2014 Paid $495.00 Statesville

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

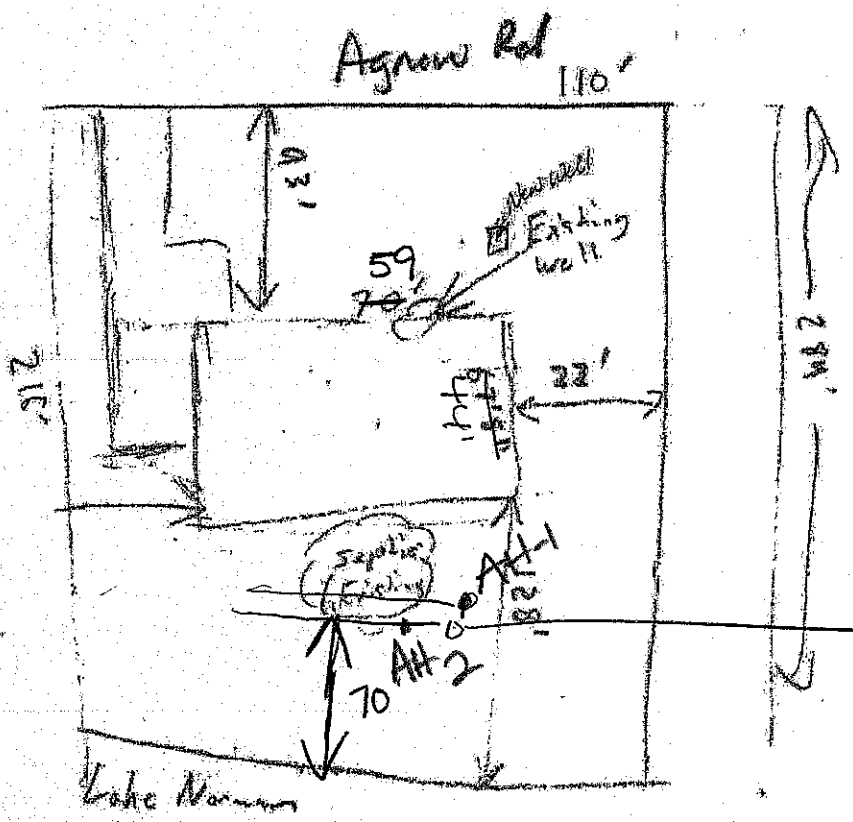
Renee Osborne	3400 Country Woods Dr.	Mint Hill, NC 28227	704-201-0471
Applicant Name	Full Address		Phone Number
Ronald & Linda Osborne	389 Agnew Rd.	Mooresville, NC 28117	704-351-2616
Name of Owner / Authorized Agent	Full Address		Phone Number

389 Agnew Road Mooresville, NC 28117	CL+T, Section 8,	Lot 67
Property Street Address	Subdivision	Lot Number

4626. 45-5348	Home	New
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)

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



1st Drainline 5ft off Deck of new house

11ft down from Exist Drainfield

40ft off PL (side

Add 2-60' line

$ PAID 495.00 Cash 4-17-14

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.

Ronald Osborne — APRIL 17, 2014

SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE

Health Department Copy - White — Applicant Copy - Yellow