IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 226542

SEPTIC IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4628-92-8146

APPLICANT/OWNER: DALE SMITH / ROBERT POSEY APPLICANT ADDRESS: 261 MILLS PLANTATION CIR. TROUTMAN

SITE ADDRESS: 111 GOLDEN POND LN. MOORESVILLE PHONE: 704-458-0544 ALT. PHONE

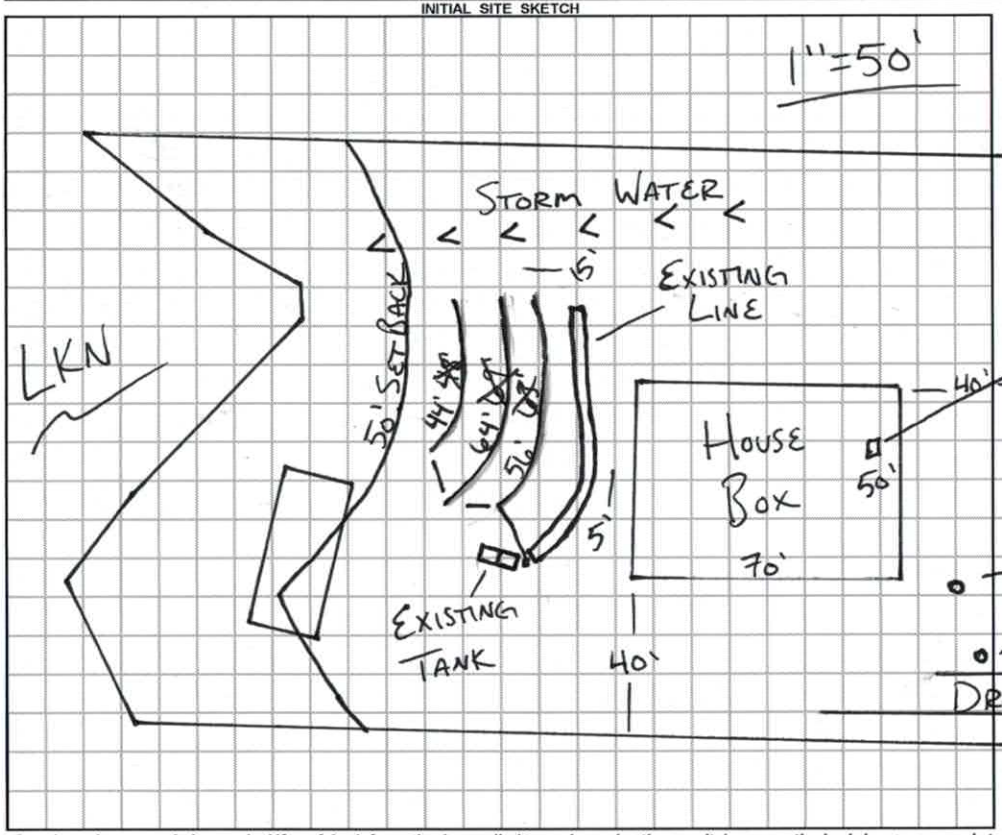
SITE DIRECTIONS: 150W, TR WADDELL, TR HERMANCE, TL GOLDEN POND, ON L SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: CLET SECTION: 11 LOT # 263 LOT AREA: DESIGN FLOW: 240 L.T.A.R.: .1

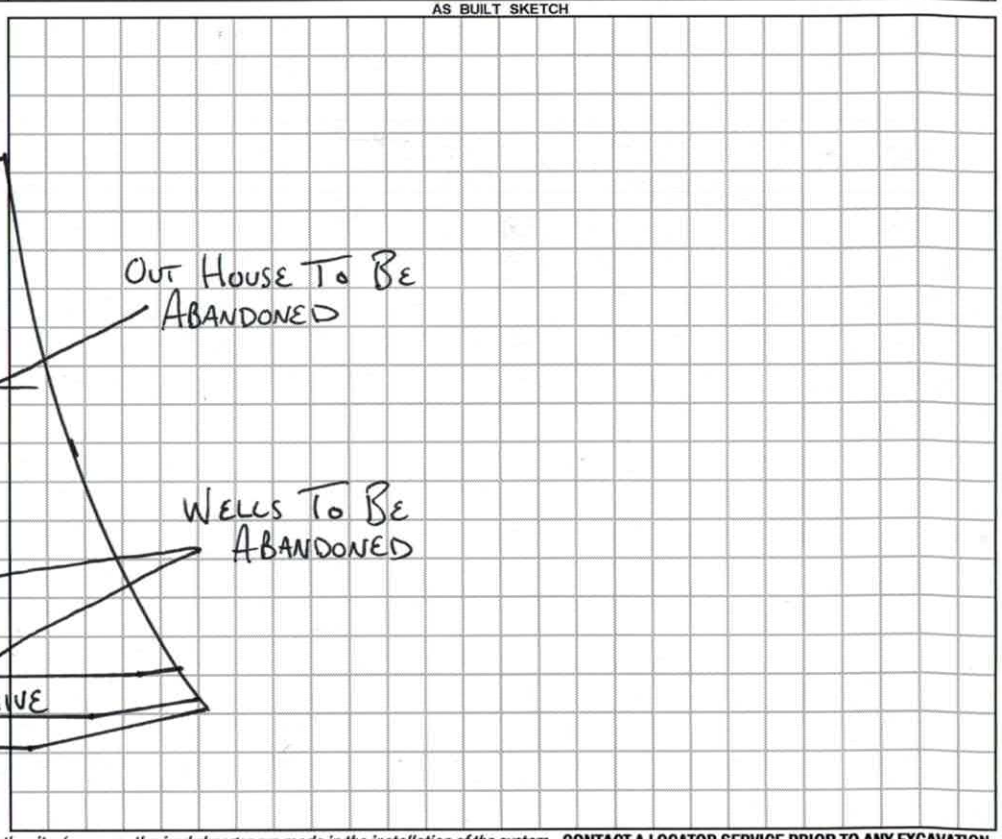
Septic Tank	EXISTING (gal)	STB		Date		☐ New System ☐ Repair ☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms	2	Water Supply
Pump Tank	(gal)	PT		Date		System Description:	8" CHAMBERS	☐ Business	No. Persons	4	☒ Private
Pump Make		Model		Serial #		Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	3	Linear Ft	180'	Maintenance Agreement Required:	☐ YES ☒ NO	☐ Slab	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth(Low side)	X 8" X	Gravel Depth	—		☒ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing		☐ Basement w/o plumbing	

Comments / Conditions: USE 8" TRENCH BOTTOM. BRING IN 6" COVER. NO INCREASE IN BED ROOMS. RECOMMEND PUMPING TANK EVERY 3-5 YEARS. X DO NOT ISSUE AC UNTIL WELLS ARE ABANDONED X

INITIAL SITE SKETCH



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 07/31/17 Installed by: F.J. ERVIN

IMPROVEMENT PERMIT by: APPROVED Date: JUL 28 2017 OPERATION PERMIT by: Date: 12-8-17

AUTHORIZATION TO CONSTRUCT by: APPROVED DEC 08 2017 Existing System Inspected by: Date:

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

Sheet ___ of ___

EPARTMENT OF HEALTH AND HUMAN SERVICES
IVISION OF PUBLIC HEALTH
NVIRONMENTAL HEALTH SECTION
N-SITE WATER PROTECTION BRANCH

111 GOLDEN POND

PROPERTY ID #:
DATE OF EVALUATION: 5-27
COUNTY:

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	0-5 Compacted <2%	0-16	SCL/FR/	1		17+ Low chroma			U
		16-							
2	COMPACTED <2%	0-13	SCL		CH2 @ 12"				U
		13+	CL/C						
3		0-6	SCL/FR/Rng Blky	NS/NP/SEXP	CH2 @ 17"				
		6-16	SCL/WK/SBK	S/P/EXP					
		16-60+							
4	* 8%	0-8	SCL/FR/		CH2 @ 23				.1
		8-23	CL/VFR/	S/P/SEXP					
		23-34		S/P/EXP					
5	* 9%	0-5	SCLR		CH2 @ 23"				.1
		5-23	CWSBK	S,P,SEXP					

OMMENTS:

SOIL/SITE EVALUATION

(Continuation Sheet)

Sheet ___ of ___

DEPARTMENT OF ENVIRONMENT
AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH

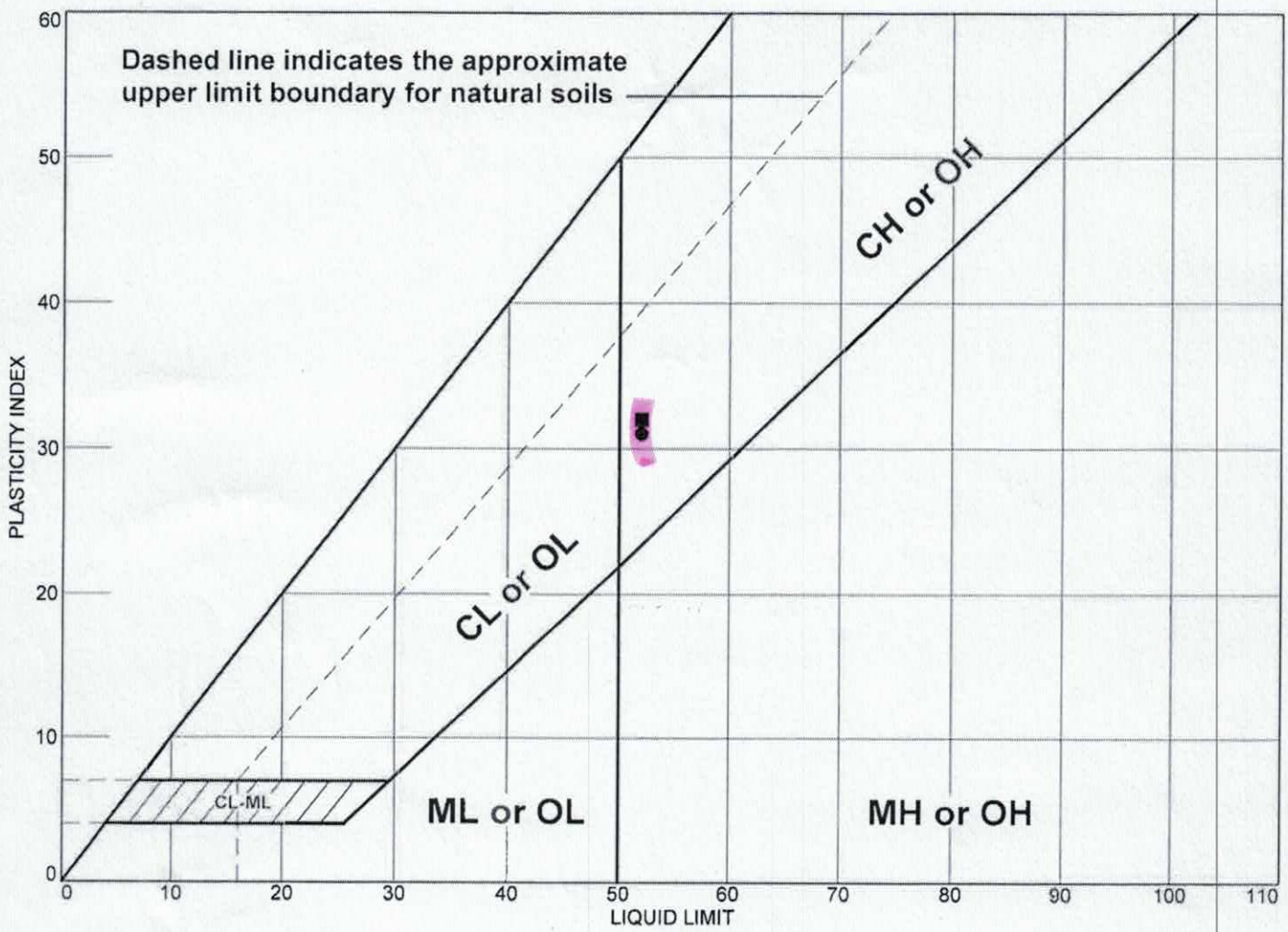
111 Golden Pond

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _____

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
	6	0-10	SCLWSBK	S	CHZ e 25"				
		10-37	C,W,SBK	(EXP.)					
	7	0-9	CLWSBK	SS	CHZ e 17"				
		9-17	SCLWSBK	SS					

COMMENTS: _____

LIQUID AND PLASTIC LIMITS TEST REPORT



	MATERIAL DESCRIPTION	LL	PL	PI	%<#40	%<#200	USCS
●	Red-Brown Fat Clay	52	21	31			
■	Red-Brown Fat Clay	52	20	32			

Project No. NA **Client:** Septic Environmental Solutions

Project: Robert Posey Residence

● **Location:** Pit 7

■ **Location:** Pit 6

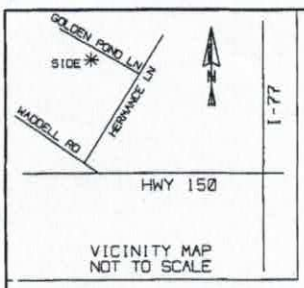
Remarks:

Summit Engineering

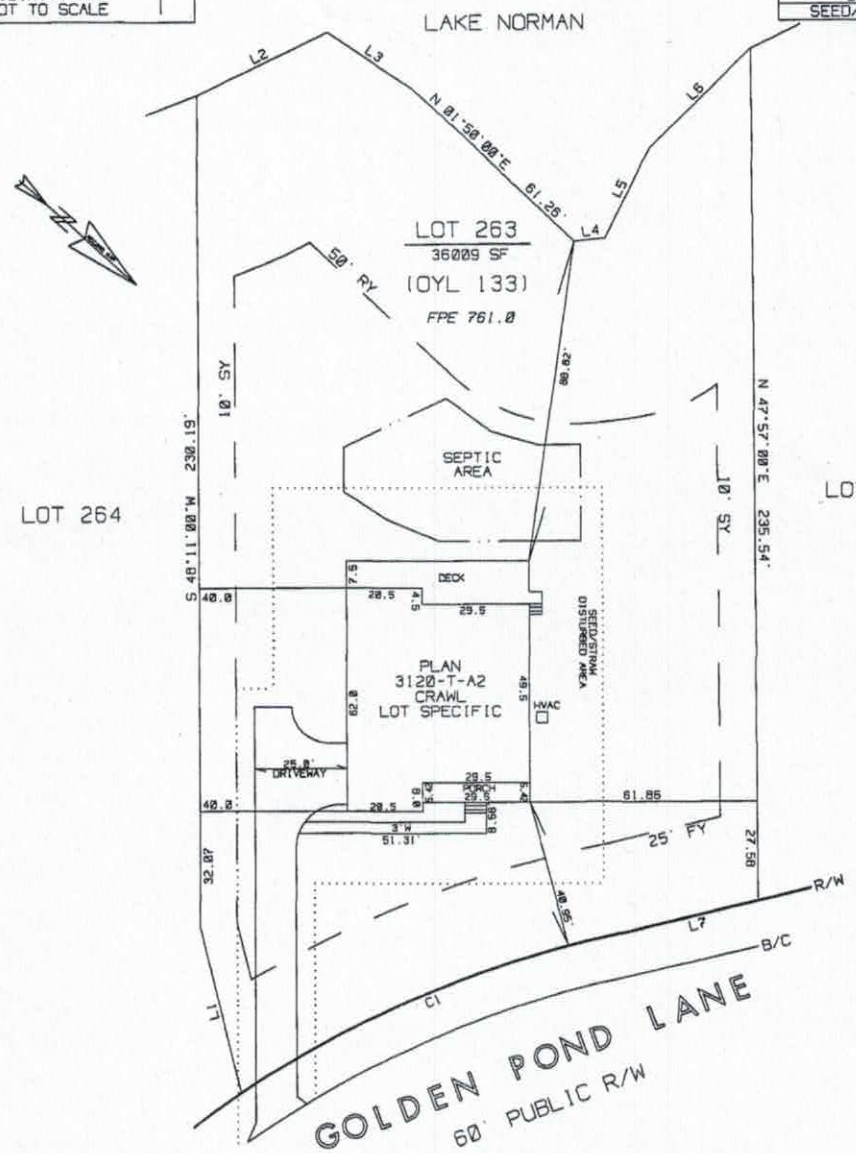
Ft. Mill, South Carolina

Figure

Tested By: ○ FG □ Fg **Checked By:** MH



IMPERVIOUS SURFACE AREA	
DESCRIPTION	AREA
LOT AREA TO B/C	37821 SF
HOUSE	2891 SF
DRIVE TO R/W	1394 SF
DRIVE APRON	167 SF
PATIO	N/A
LEADWALK	185 SF
DECK	531 SF
5' PUBLIC WALK	N/A
TOTAL PROPOSED	5168 SF
SOD/SEEDING CALCULATIONS	
TYPE	
SOD	N/A
SEED/STRAW	6615 SF



LINE	BEARING	DISTANCE
L 1	S 34°38'00"W	47.08'
L 2	N 67°56'00"W	39.38'
L 3	N 07°32'00"W	28.02'
L 4	N 47°49'00"W	8.49'
L 5	S 74°39'00"W	27.66'
L 6	N 87°11'00"W	39.00'
L 7	S 55°17'00"E	35.86'

CURVE	DELTA ANGLE	RADIUS	ARC	TANGENT	CHORD	CHORD BEARING
C 1	22°32'17"	294.50'	115.84'	58.68'	115.10'	S 64°38'54"E

THIS PROPERTY MAY BE SUBJECT TO ANY AND ALL APPLICABLE DEED RESTRICTIONS, EASEMENTS, RIGHT-OF-WAY, UTILITIES AND RESTRICTIVE COVENANTS WHICH MAY BE OF RECORD OR IMPLIED.

THIS DRAWING DOES NOT REFLECT AS-BUILT INFORMATION

PRELIMINARY PLAT
NOT FOR RECORDATION, CONVEYANCES, OR SALES

SCALE: 1" = 40'
0 20 40 60 80

JENKINS AND LOWERY LAND SURVEYING
PO BOX 1169
WAXHAW, NC 28173
704-821-3350
FIRM LICENSE # C-3167

HOUSE LOCATION PLOT PLAN FOR TRUE HOMES

OF

111 GOLDEN POND LANE
LOT 263 (OYL 133) OF CRESCENT LAND & TIMBER CORP.
MAP OF RECREATION LOTS SECTION 11
DAVIDSON TOWNSHIP, IREDELL COUNTY, N.C.

AREA BY COORDINATE COMPUTATION
MAP BOOK
PAGE

REVISED: 10/04/17
DRAWN BY: JEJ/ESJ
SERVER GEO
DSK CA299 OYL133

RECEIVED DEC 12 2017

IREDELL COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
Application for IMPROVEMENT PERMIT , AUTHORIZATION TO CONSTRUCT, or 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:

True Homes	2649 Brekonridge Ctr Dr, Monroe NC 28110	(704) 238-1229	
Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Dale Smith	261 Mills Plantation Circle, Troutman NC 28166	(704) 458-0544	
Owner Name	Mailing Address	Home Phone #	Alternate Phone #

4. Property Information:

111 Golden Pond Lane	Crescent Land & Timber Corp	263
Street Address	Subdivision Name	Section/Phase and Lot Number

Driving Directions: Turn right on E Center Ave, turn left on S Church St, turn right on W McLelland Ave, turn left on Hwy 150, turn right on Waddell Rd, turn right on Hermance Lane, turn left on Golden Pond Lane. House on left

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
( ) Other _____

Maximum Number of Bedrooms 2
Maximum Number of Occupants 4
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: _____ 10/19/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:
Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.
If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Dale Smith, am the legal owner(s) of the property located at 111 Golden Pond Lane, identified as PIN (Parcel Identification Number) 4628928146.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Jackie Dracup, True Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) — Date: 10/18/17

Signature of Witness — Date: 10/18/17

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *APPLICATION FORM*

Paid $500.00

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

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.

****

Page 2: *Site Plan Worksheet* form MUST accompany this application # 226542

The following optional attachments may also be submitted: (X) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

****

Applicant Information: **(PRINT CLEARLY)**

Applicant Name: Dale Smith / Robert Posey **Address:** 261 Mills Plantation Circle Troutman **Zip:** 28166

Applicant Email: Bigbear7726@yahoo.com **Phone:** 704-458-0544 **Alt. Phone:** 704-906-4397

Owner Name: Dale Smith **Address:** 261 Mills Plantation Circle Troutman **Zip:** 28166

Owner Email: _____ **Phone:** _____ **Alt. Phone:** _____

****

Property Information:

Street Address: 111 Golden Pond Ln Mooresville NC 28117

Subdivision Name: Clist **Section/Phase:** 11 **Lot Number:** 263

Driving Directions: 150 W Right on Waddel R Hermance L Golden Pond

****

Site Development Information: ***(check or complete ALL that apply***

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 2 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 2 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Non-Residential Site Development: Type of Business: N/A
Square Footage of Building: [redacted] Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

****

Water Supply: ( ) Replacement Well – Reason: _____
( ) Multi-connection Well **Number of Houses:** _____ **Number of Persons:** _____

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

****

Desired Septic System Type: ***(you may rank in order of preference)*** **Year existing system installed:** 1988
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

****

Please answer the following to the best of your ability:

( ) Yes (X) No **Does the site contain any jurisdictional wetlands?**
( ) Yes (X) No **Is any non-domestic sewage (i.e. industrial) to be generated?**
( ) Yes (X) 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.

Signature: _____ 07/05/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) **DATE**

IREDELL COUNTY HEATLH 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...
  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...

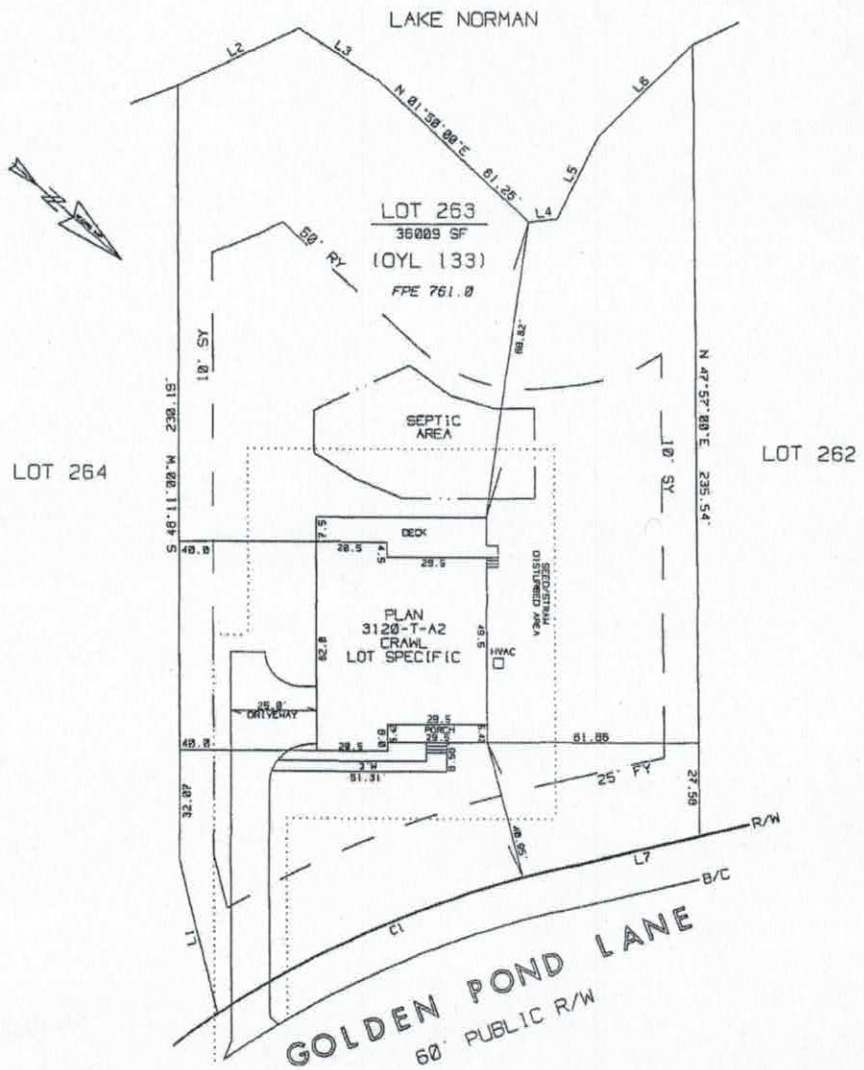
Circle N/A on the following if appropriate:

- ____ 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

Signature: _____ 10/19/17

REQUIRED property owner or owner's legal representative signature. **DATE**

USE THIS SPACE TO DRAW YOUR SITE PLAN



White Copy – Environmental Health Yellow Copy – Applicant

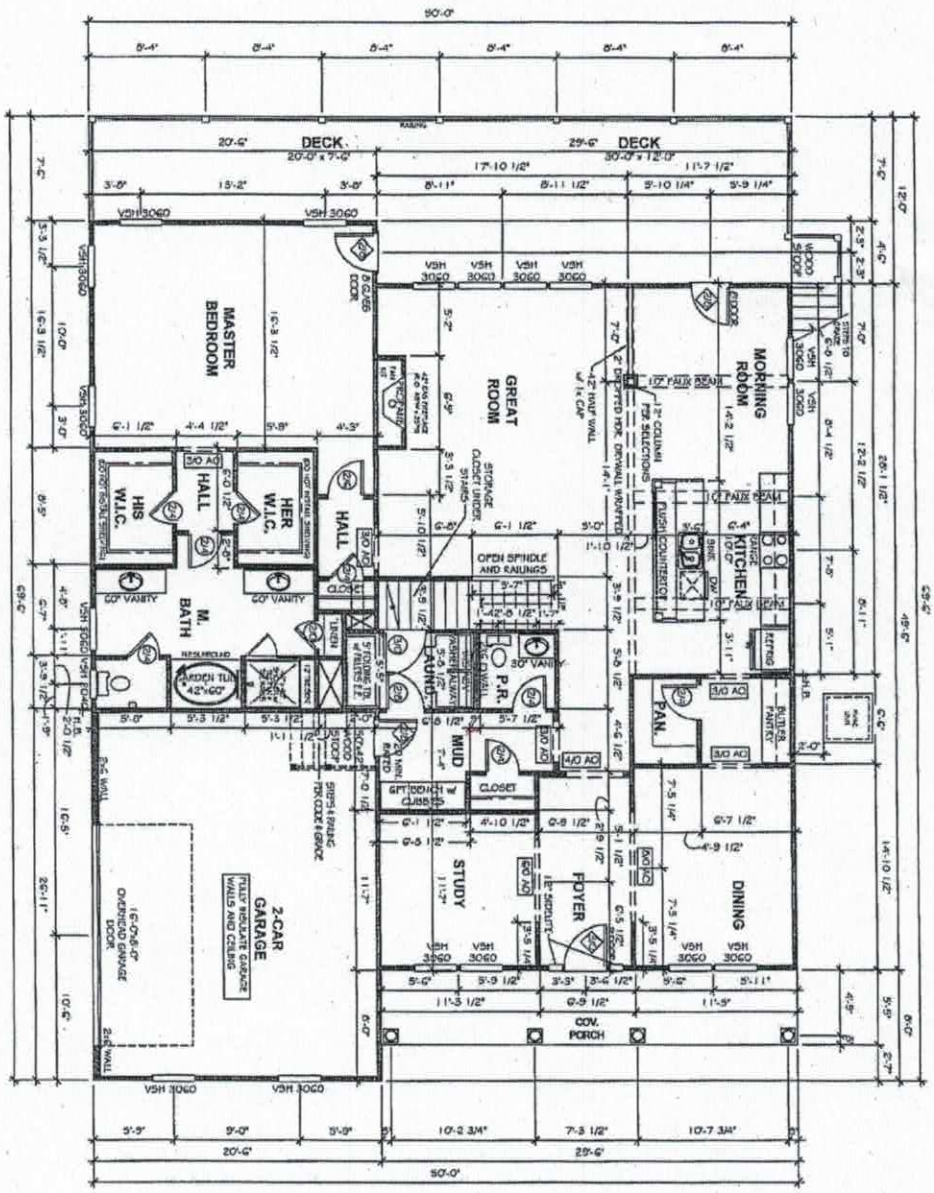
C:\Users\dlutz\AppData\Local\Microsoft\Windows\Temporary Internet Files\OLK63F0\Application For OSWP Permit (2).doc

Acknowledgement of
Plans Submittal ONLY!

Date 12-14-17

Date 12/14/17

3120 - FIRST FLOOR PLAN



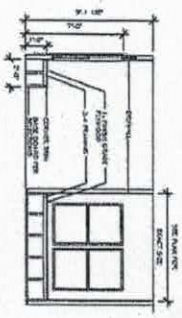
SHEET: A2.1	KENSINGTON 3120 IREDELL	TRUE CUSTOM ON YOUR LOT LOT # 133	**TrueHomes** IT'S ALL ABOUT U 2649 Brekonridge Centre Dr. Suite 104 Monroe, N.C. 28110 704-271-1191

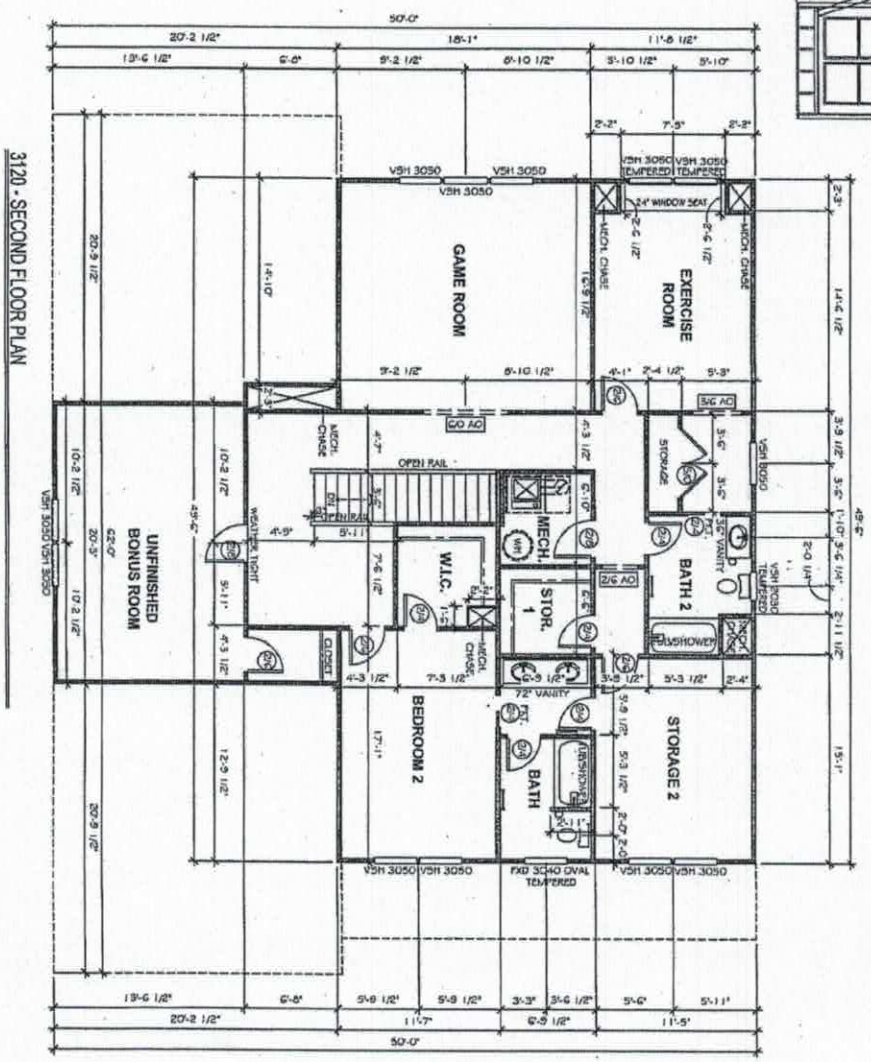
DRAWN BY: HPP
DATE: 09-27-17
SCALE: 3/16"=1'-0"
CHECKED BY: SNC

Acknowledgement of
Plans Submittal ONLY!

Date 12-14-17

Date 12/14/17





3120 - SECOND FLOOR PLAN

SHEET: A2.2

DRAWN BY: MM

DATE: 09-27-17

SCALE: 3/16"=1'-0"

CHECKED BY: SHC

KENSINGTON
3120

IREDELL

TRUE CUSTOM
ON YOUR LOT
LOT # 133

TrueHomes
IT'S ALL ABOUT U
2649 Brekonridge Centre Dr.
Suite 104
Monroe, N.C. 28110
704-271-1191

MD

IREDELL COUNTY HEALTH DEPARTMENT

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

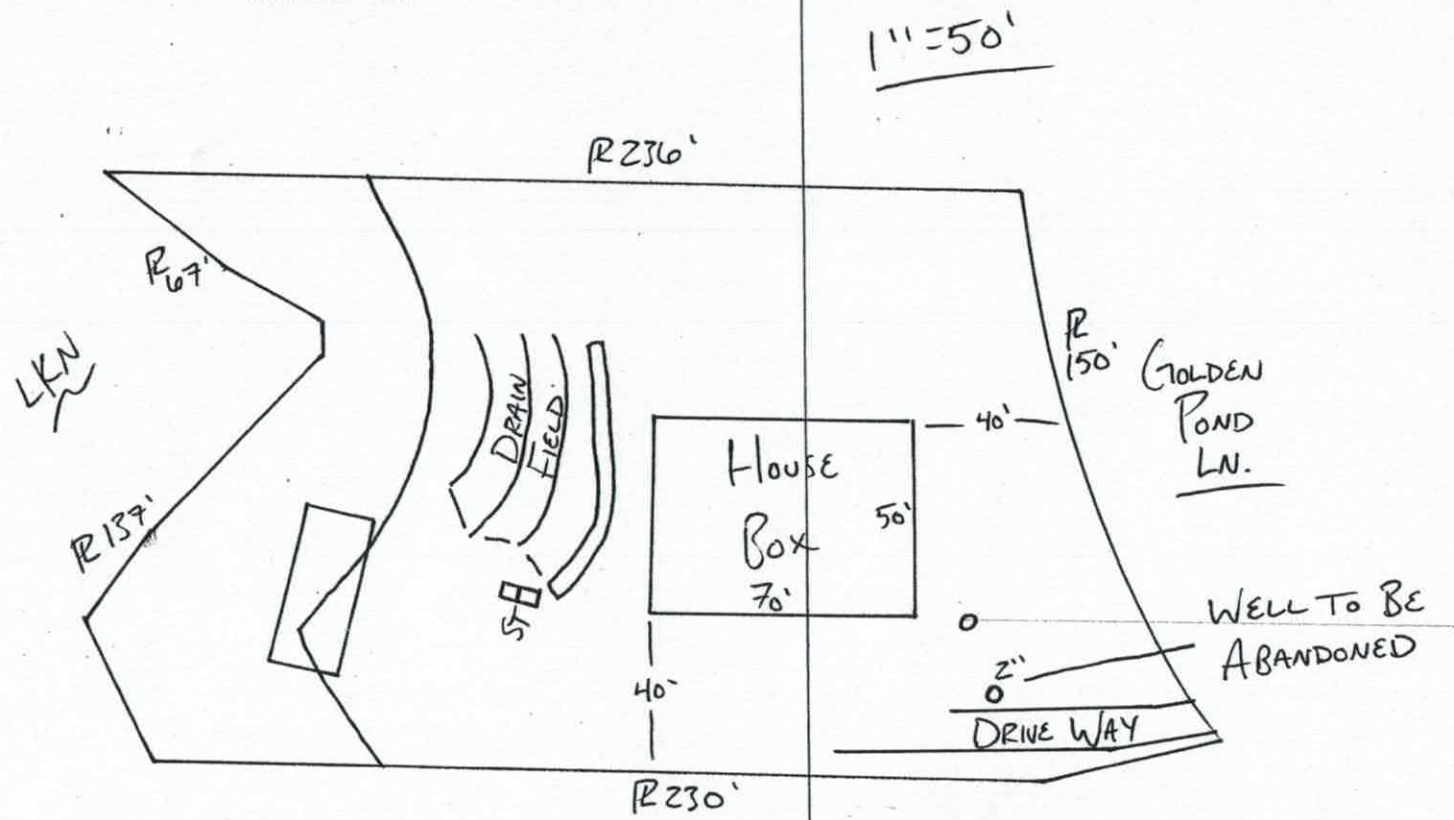
PRIVATE DRINKING WATER WELL PERMIT # 226542 **PIN #** 4628-92-8146 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT NAME: Robert Posey ADDRESS: 261 Mills Plantation Cir. Troutman PHONE: 704-458-0544

DIRECTIONS TO SITE: 150 W, TR Waddel, TR Hermance, TL Golden Pond, on L

SITE ADDRESS: 111 Golden Pond Ln. Mooresville SUBDIVISION: CL&T SECTION/LOT: 11/263

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow State Rules

WELL PERMIT ISSUED BY: RA APPROVED AUG 01 2017 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

WELL ABANDONMENT RECORD

faxed 12-6-17

For Internal Use ONLY:

1. Well Contractor Information:

Micheal McConahey & James A. Darby Jr.
Well Contractor Name (or well owner personally abandoning well on his/her property)

2402 & 2606A
NC Well Contractor Certification Number

James Darby Well Drilling LLC
Company Name

2. Well Construction Permit #: 226542
List all applicable well construction permits (i.e. UIC, County, State, Variance, 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: 11-20-17 & 11-21-17 & 12-5-17

5a. Well location:

Robert Posey
Facility/Owner Name

Facility ID# (if applicable)

111 Golden Pond Ln, Mooresville
Physical Address, City, and Zip

Iredell
County

4628-92-8146
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#: _____

6b. Total well depth: 40+ (ft.)

6c. Borehole diameter: 2 (in.)

6d. Water level below ground surface: 28 (ft.)

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

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

6g. Screen length (if known): N/A (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): 25 gallons (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: #TH

7d. Amount of disinfectant used: 1 oz

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:

1 bag portland

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

mix & pour til full

8. Certification:

James A Darby Jr. 12-6-17
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.

IREDELL COUNTY HEALTH DEPARTMENT

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

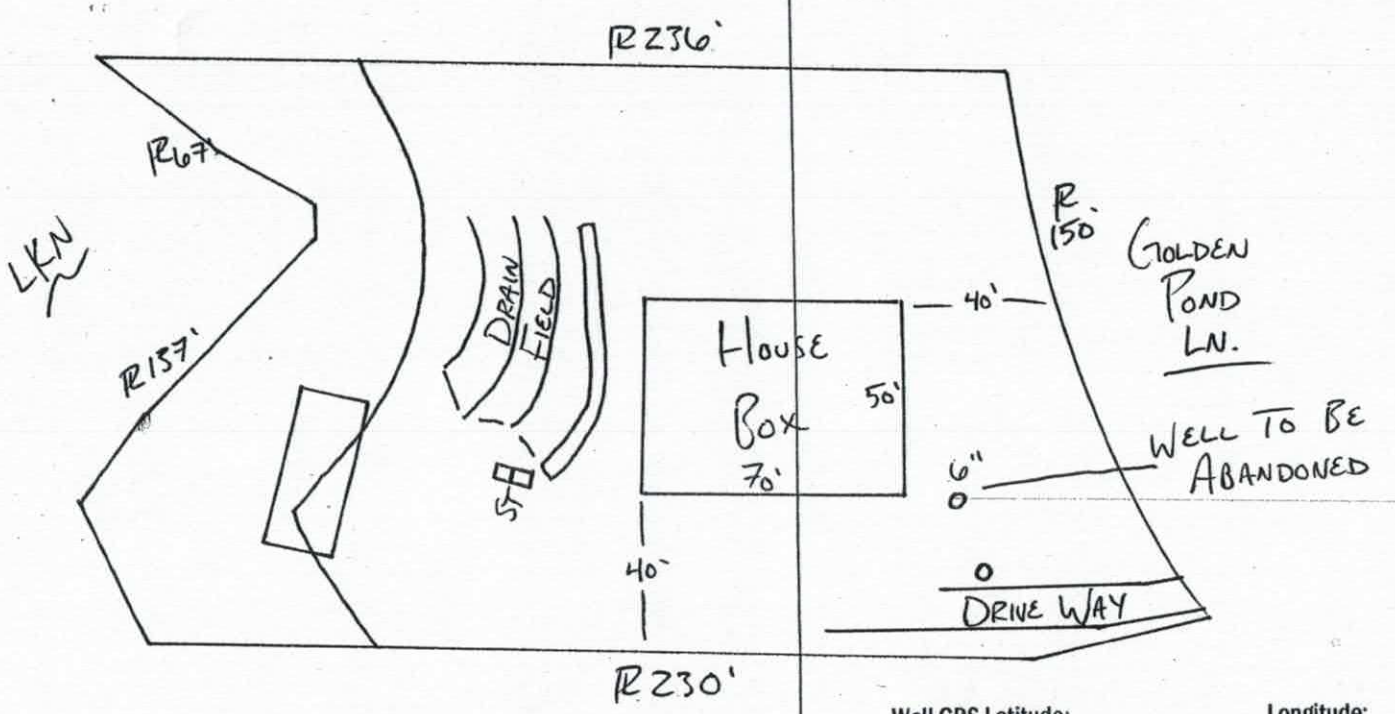
PRIVATE DRINKING WATER WELL PERMIT # 226542 **PIN #** 4628-92-8146 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT NAME: ROBERT POSEY ADDRESS: 261 MILLS PLANTATION CIR. TROUTMAN PHONE: 704-458-0544

DIRECTIONS TO SITE: 150 W, TR WADDEL, TR HERMANCE, TL GOLDEN POND, ON L

SITE ADDRESS: 111 GOLDEN POND LN. MOORESVILLE SUBDIVISION: CLET SECTION/LOT: 11/263

Initial Site Sketch



"As Built" Sketch

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: FOLLOW STATE RULES

WELL PERMIT ISSUED BY: APPROVED AUG 01 2017 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

WELL ABANDONMENT RECORD

Faxed 12-6-17

For Internal Use ONLY:

1. Well Contractor Information:

Michael McConahey + James A Darby Jr
Well Contractor Name (or well owner personally abandoning well on his/her property)

2402 + 2606A
NC Well Contractor Certification Number

James Darby Well Drilling LLC
Company Name

2. Well Construction Permit #: 226542
List all applicable well construction permits (i.e. UIC, County, State, Variance, 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: 11-20-17 & 11-21-17 & 12-5-17

5a. Well location:

Robert Posey
Facility/Owner Name

Facility ID# (if applicable)

111 Golden Pond Ln. Mooresville
Physical Address, City, and Zip

Iredell
County

4628-92-8146
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#: ~~Fe~~

6b. Total well depth: 305 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 28 (ft.)

6e. Outer casing length (if known): 135 (ft.)

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

6g. Screen length (if known): N/A (ft.)

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: _____

7b. Approximate volume of water remaining in well(s): 400 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH 20 oz

7d. Amount of disinfectant used: 10 oz

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:

65 bags

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

filled to 60 ft. on 11-20-17
Hydrated overnight
filled to top 11-21-17
checked and topped off 12-5-17

8. Certification:

James A Darby Jr. 12-6-17
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:
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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.