Called 12/5/17 + left msg (ad
Emailed & customer 1/3/18 @ 2pm

# IREDELL COUNTY HEALTH DEPARTMENT

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

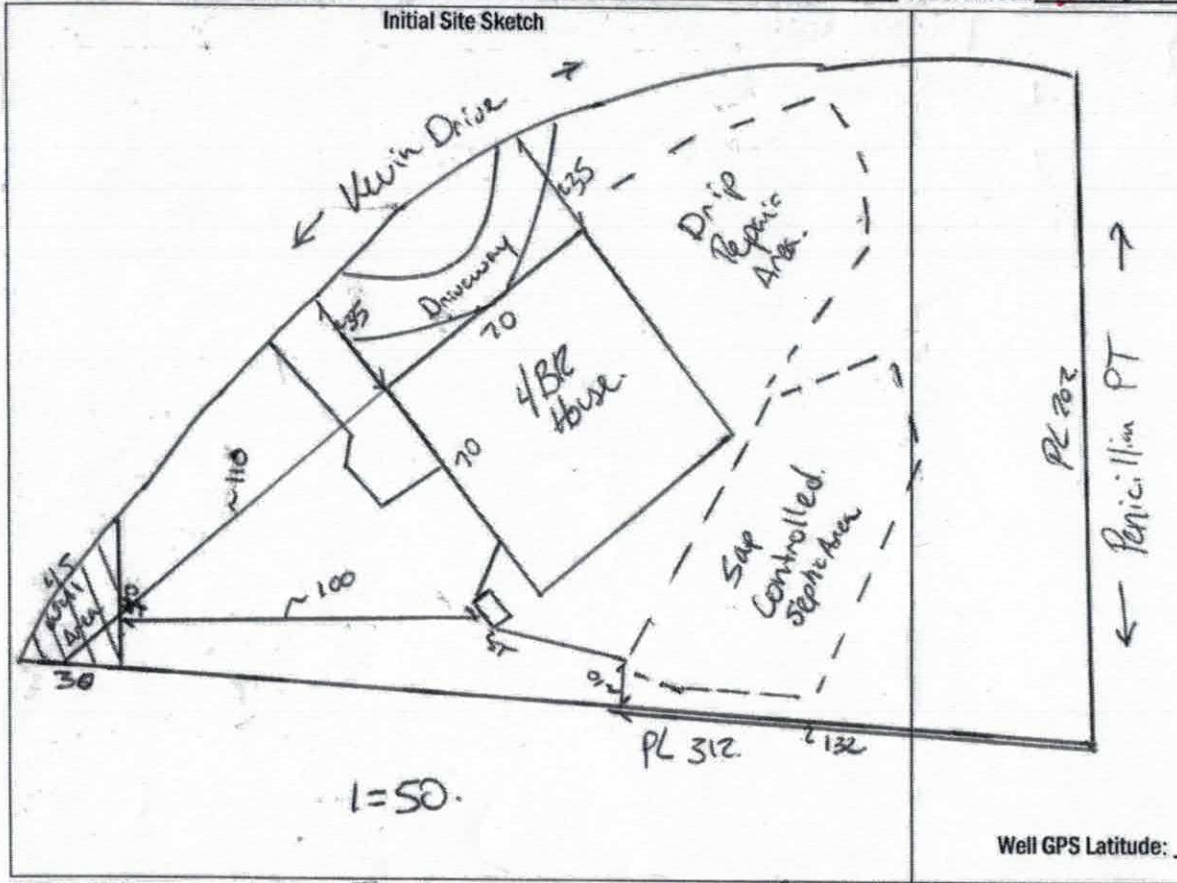
**PRIVATE DRINKING WATER WELL PERMIT #** 22595 **PIN #** 4629720232. ✓ **Type of Permit (circle one):** (New) Repair Abandonment

**APPLICANT NAME:** Jeremy Adair **ADDRESS:** 5153 Driftwood Drive, Davidson NC **PHONE:** 704-315-8106.

**DIRECTIONS TO SITE:** Perth RD to State Park RD Left on Morrison Farm RD Right on Penicillin R Tor Kevin Drive.

**SITE ADDRESS:** 109 Kevin Drive Troutman NC **SUBDIVISION:** ✓ CT+T **SECTION/LOT:** 17/847.

**Initial Site Sketch**




**"As Built" Sketch**

ran out of grout-
2ft left
5/1/18
-CC

**Well GPS Latitude:** _____ **Longitude:** _____

**PERMIT CONDITIONS/COMMENTS:** Install per NCAC well Rules Maintain 100 ft offset from any part of the Septic Area min 35 ft cased depth

**WELL PERMIT ISSUED BY:** Benjamin A. Robbins **DATE:** 10/13/17. (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:** Chad w/ Mid South **CONTRACTOR CERT #:** 2344-A **GROUT INSPECTION BY:** Kayla Watson **DATE:** 5-4-18

**OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT:** _____ **DATE:** _____ **WELL HEAD INSPECTION BY:** Kayla Watson **DATE:** 5-8-18

**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:** Kayla Watson **DATE:** 5-8-18 **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

22593

# IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

*(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 ___ 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:**

| JEREMY ADAIR | 5153 DRIFTWOOD DR DAVIDSON NC 28036 | 704 315 8106 | 704 770 8681 |
|---|---|---|---|
| Applicant Name | Mailing Address | Home Phone # | Alternate Phone # |
| DENNIS & ANNETTE STANKE | | | 704 451 3443 |
| Owner Name | Mailing Address | Home Phone # | Alternate Phone # |

4. **Property Information:**

| 109 KEVEN DRIVE TROUTMAN NC | CRESCENT LAND & TIMBER | SEC 17 LOT 847 |
|---|---|---|
| Street Address | Subdivision Name | Section/Phase and Lot Number |

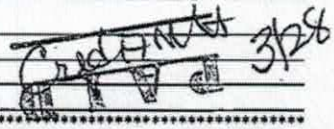
Driving Directions: STATE PARK RD, LEFT ON MORRISON FARM RD, RIGHT ON PENICILLIN POINT, IMMEDIATE RIGHT ON KEVEN DR.

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

(X) New, Single Family Residence — Maximum Number of Bedrooms 4
( ) New, Multi-Family Residence — Maximum Number of Occupants 4
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___
(X) Repair To Failing Septic System due to ___
( ) Other ___

(X) STEM WALL OR
(X) 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:**

(X) 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)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other ___

8. **Please Answer The Following** ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
**To The Best of Your Ability:** ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) 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.

9. Signature: ___ 3/28/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

## IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

## *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*

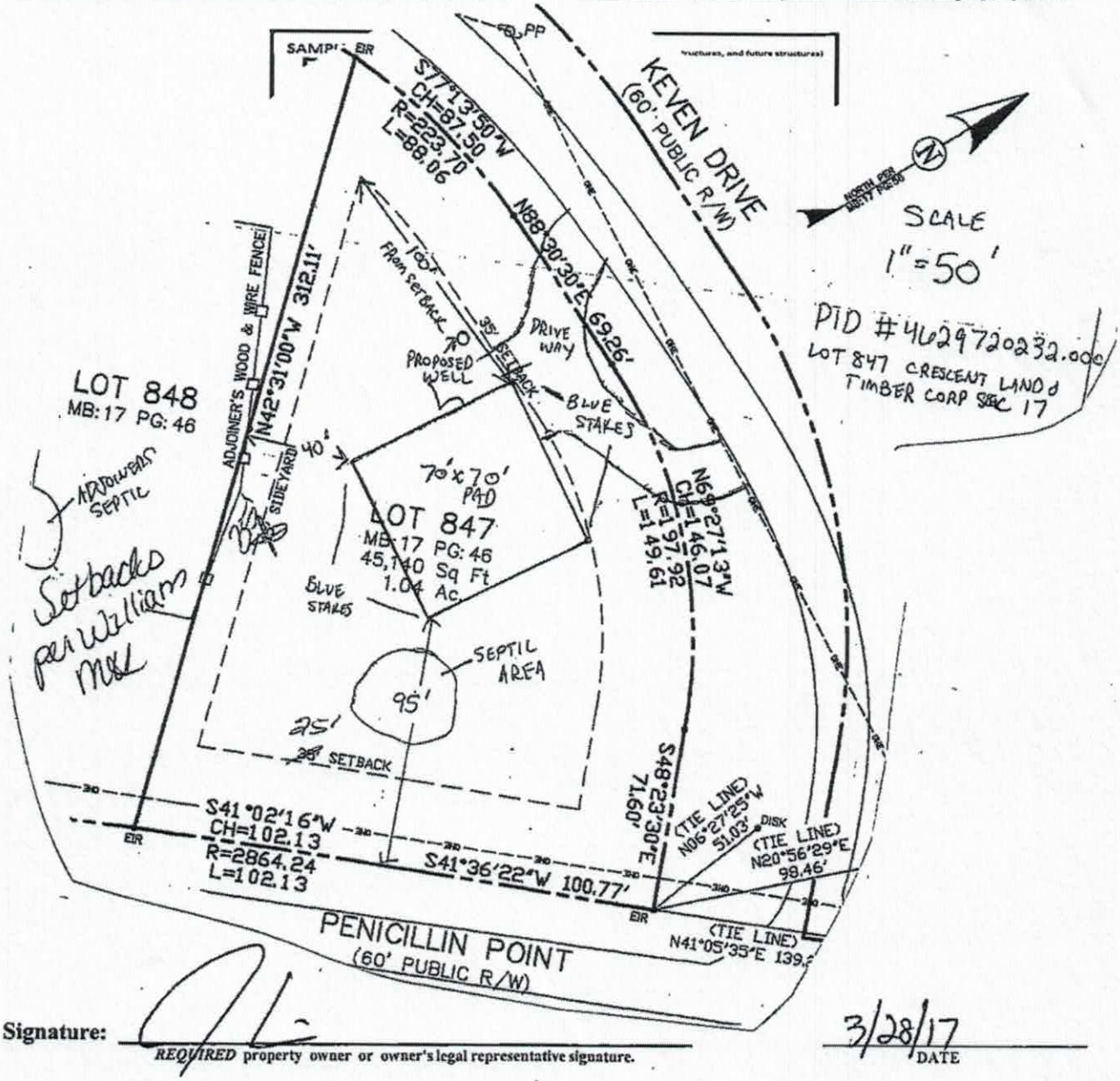
X Front and side setbacks from property line... X Preferred driveway location and configuration, preferred well location...

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:** _____ 3/28/17

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

# IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

| APPLICATION NUMBER |
|---|
| 225951 |
| Issue Date: 03/28/2017 |

**ZONING PERMIT**
Open Space

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4629720232.000 | 109 KEVEN DRIVE, TROUTMAN, NC 28166 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: STANKE DENNIS C | Applicant: ADAIR, JEREMY |
| Address: 0<br>IREDELL CO, NC 28625 | Address: 5153 DRIFTWOOD DR<br>DAVIDSON, NC 28036 |
| Phone: | Phone: 704-315-8106 |

| Use Requested | Zone Code |
|---|---|
| SFD | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.030 | 35.00 | 35.00 | 25.00 | 35.00 | CA | X |

**Remarks:**

PIE SHAPED LOT SETBACKS PER WA 35' OF KE
VEN 25 OFF PENICILLIN AND 35' OFF 312'
ASKED MT HOW TO ENTER IN SETBACKS MH

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

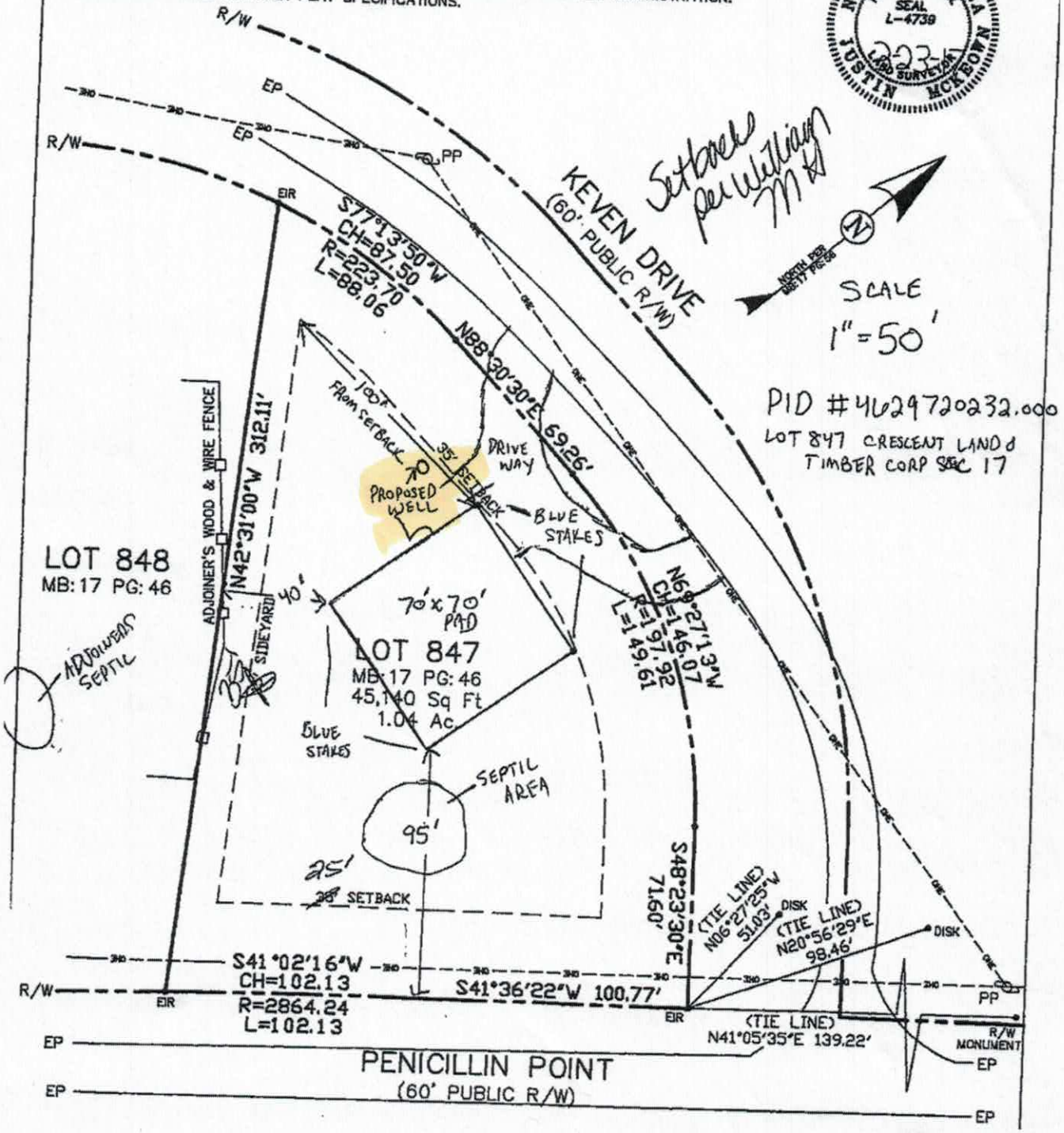
| Permit Number | 97885 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|

THIS IS TO CERTIFY THAT ON THE 23RD DAY OF MARCH 2017, AN ACTUAL SURVEY WAS MADE UNDER MY SUPERVISION OF THE PROPERTY SHOWN ON THIS PLAT, AND THAT THE BOUNDARY LINES AND THE IMPROVEMENTS, IF ANY, ARE AS SHOWN HEREON.

NOTES:
1. PID: 4629720232.000
2. DEED RECORDED AT DB: 2158 PG: 1553
   MAP RECORDED AT MB: 17 PG: 56
3. AREA COMPUTED BY COORDINATE METHOD.
4. THIS PROPERTY MAY BE SUBJECT TO ADDITIONAL RECORDED OR UNRECORDED EASEMENTS, RIGHTS-OF-WAY, OR RESTRICTIVE COVENANTS, OTHER THAN SHOWN.
5. THE SUBJECT PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA AS SHOWN ON MAPS PREPARED BY THE F.E.M.A. AND FEDERAL INSURANCE ADMINISTRATION.
6. SETBACKS SHOWN ARE PER PLAT SPECIFICATIONS.

JUSTIN MCKEOWN, PLS L-4739

NORTH CAROLINA PROFESSIONAL SEAL L-4739 LAND SURVEYOR JUSTIN MCKEOWN



# WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only: CUST 517 Lot 847

**1. Well Contractor Information:**
Chad Julian
Well Contractor Name
A-2344
NC Well Contractor Certification Number
Mid South Well & Pump Company LLC
Company Name

**2. Well Construction Permit #:** 225951
*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:** 5/11/18 **Well ID#**

**5a. Well Location:**
Jeremy Adair
Facility/Owner Name
Facility ID# (if applicable)
109 Kevin Drive Troutman NC
Physical Address, City, and Zip
Iredell
County
4629720232
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

**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:** 325 (ft.)
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

**10. Static water level below top of casing:** 51 (ft.)
*If water level is above casing, use "+"*

**11. Borehole diameter:** 6 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**
**13a. Yield (gpm):** 7 **Method of test:** Air
**13b. Disinfection type:** Granular **Amount:** 8oz.

**14. WATER ZONES**

| FROM | TO | DESCRIPTION |
|---|---|---|
| ft. | ft. | |
| ft. | ft. | |

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

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---|---|---|---|---|
| 0 ft. | 95 ft. | 6 1/4 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 | 14 Bags 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. | 41 ft. | Red Clay |
| 41 ft. | 89 ft. | Weathered Rock |
| 89 ft. | 325 ft. | Grey Granite |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |

**21. REMARKS**

**22. Certification:**
Signature of Certified Well Contractor — Date: 5-1-18

*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.