CCC

IREDELL COUNTY HEALTH DEPARTMENT

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

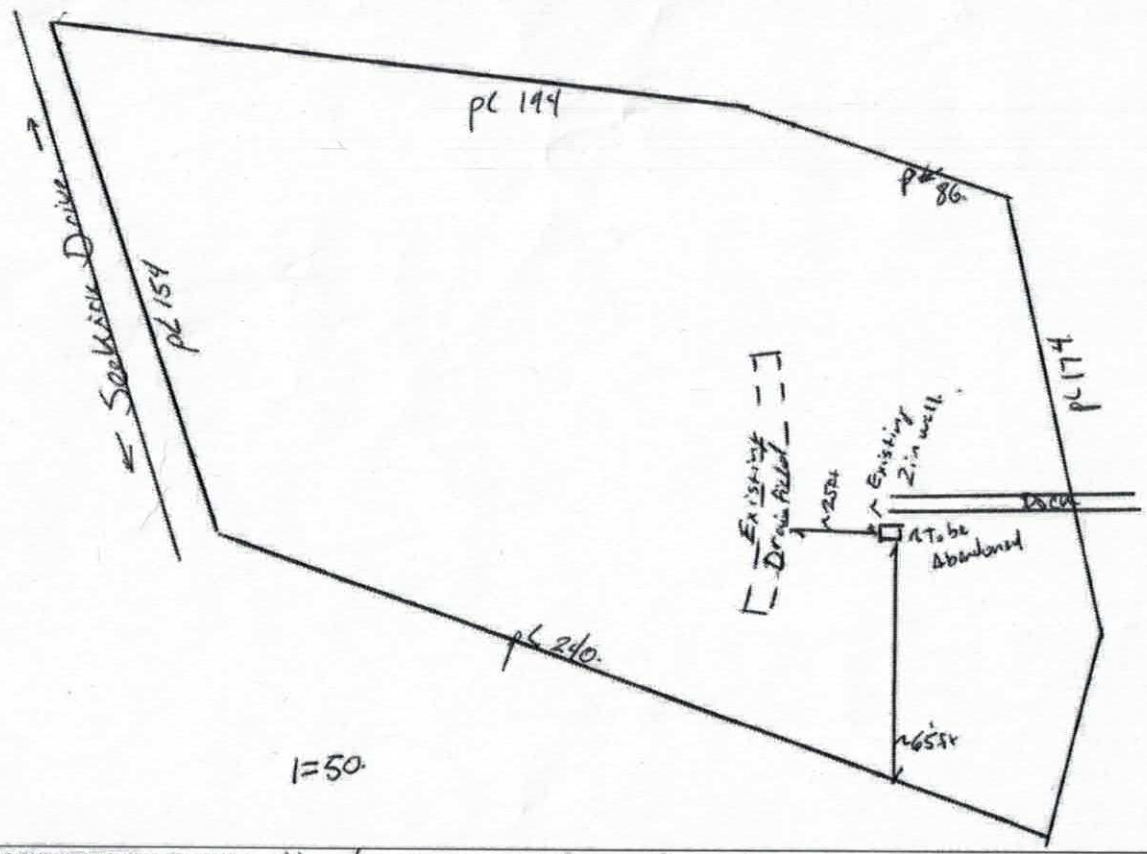
PRIVATE DRINKING WATER WELL PERMIT # 233144 **PIN #** 4629772337.000 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Pinnacle Builders ADDRESS: 127 Promenade Drive Mooresville NC 28117 PHONE: 704-361-1084

DIRECTIONS TO SITE: State Park Rd to Morrison Farm Rd RT on Seekwick

SITE ADDRESS: 188 Seekwick Drive Troutman NC 28166 SUBDIVISION: Crescent Land & Timber SECTION/LOT: 5 18/88

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes: abandoned 64'

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Abandon per 2C Well Rules. 2" in well.

WELL PERMIT ISSUED BY: Benjamin A Robbins DATE: 5/29/2018 (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: Air Drilling CONTRACTOR CERT #: 2609-A GROUT INSPECTION BY: Ralph Wilson DATE: 6-1-18

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 ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

...prior to inspection

Name: Mike Ryon

Number: 704-361-1084

RECEIVED MAY 22 2018

Y DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Paid $175.00 #233144

Application For:

( ) Septic Improvement Permit (✓) New Well Permit (✓) Authorization to Construct ( ) Well Repair Permit (✓) Existing System Inspection (✓) Well Abandonment ( ) 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

The following optional attachments may also be submitted: (✓) 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: Pinnacle Building Corp Address: 127 A Pinnacle Dr Mocksville Zip: 27107

Applicant Email: Ryon3702@yahoo.com Phone: (704) 361-1084 Alt. Phone: (704) 799-8641

Owner Name: Diane Moreno Address: 186 Seckick Trail Troutman NC Zip: 28166

Owner Email: dena1502@gmail.com Phone: 1-516-316-1774 Alt. Phone:

Property Information:

Street Address: 188 Seckick Drive Troutman NC 28166

Subdivision Name: Section/Phase: Lot Number: 88

Driving Directions: State Park Rd to Morrison Farm Rd RT on Seckick

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(✓) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:
Square Footage of Building: Type of Business: Max. Number of Employees: Max. Number of Seats/Beds/Other:

Water Supply: (✓) Replacement Well – Reason: Too close to Existing septic system
( ) Multi-connection Well Number of Houses: Number of Persons:
(✓) New Well (✓) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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. industrial) 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.

Signature: Mike Ryon Pinnacle Building Corp 5/10/2018

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Diane Pujo-Mena, am the legal owner of the property located at 188 Seabird Dr. Troutman, identified as NC. 28166 PIN(Parcel Identification Number) 4629772337.000, located in Iredell County, North Carolina.

I do hereby authorize (print authorized agent/company name) Mike Ryon Pinnacle Building Services LLC 127 B Promenade Drive Mooresville, NC 28117 to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

Diane Pujo-Mena 2-21-2018
Signature of Owner Date

Patricia Colagioia FEB 21, 2018
Signature of Witness Date

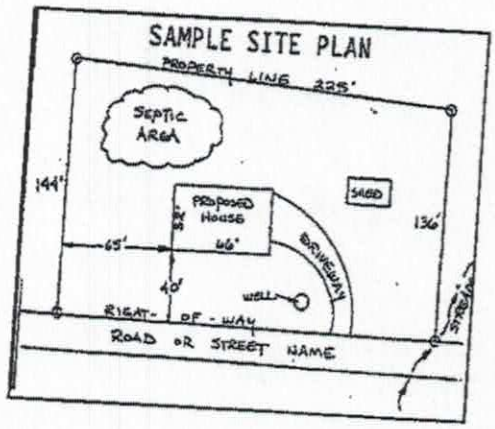
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location
( ) Preferred well location
( ) Preferred septic system location
( ) 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

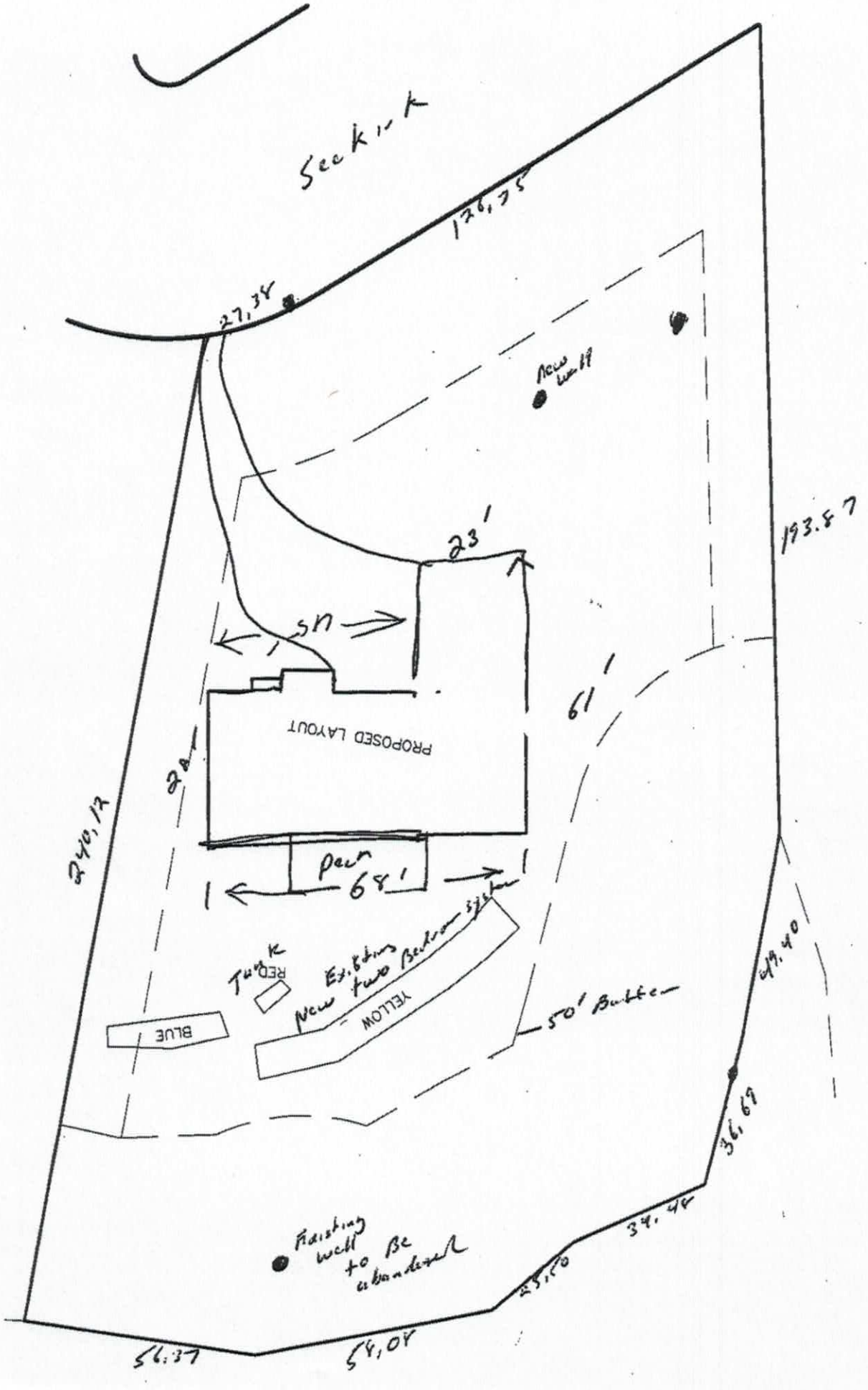
USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

see survey

Signature: [signature] [illegible]
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

5/10/2011
DATE


Seek Ln
126.75
27.34
New well
193.87
23'
5m
61'
PROPOSED LAYOUT
2m
240.13
Pave
68'
Tank
RED
New two Bedroom System
Ex. Bldg
YELLOW
BLUE
50' Buffer
49.40
36.69
34.44
Existing well to be abandoned
25.10
54.04
56.37

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

CHAD HARTNESS

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

2901

NC Well Contractor Certification Number

AIR DRILLING, INC

Company Name

2. Well Construction Permit #: 233144

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: 6/1/18

5a. Well location:

PINNACLE BUILDERS

Facility/Owner Name

Facility ID# (if applicable)

188 SEEKIRK TROUTMAN 28166

Physical Address, City, and Zip

IREDELL

County

Parcel Identification No. (PIN)

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

35° 39. 043 N 80° 55. 697 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: 64 (ft.)

6c. Borehole diameter: 2 (in.)

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

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

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

6g. Screen length (if known): _____ (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: ONE

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

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: HTH

7d. Amount of disinfectant used: _____

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:

100 LBS

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

POURED

8. Certification:

Chad Hartness 6/1/18

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.