ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # OSWP-2022-6825

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

PIN # 4634-59-5271

APPLICANT / OWNER: Lagniappe Homes APPLICANT ADDRESS: 19925 Jetton Road, Corneluis, NC 28031

SITE ADDRESS: 156 TEAKWOOD LN, MOORESVILLE, NC 28117 PHONE: (631) 241-4959 ALT. PHONE:

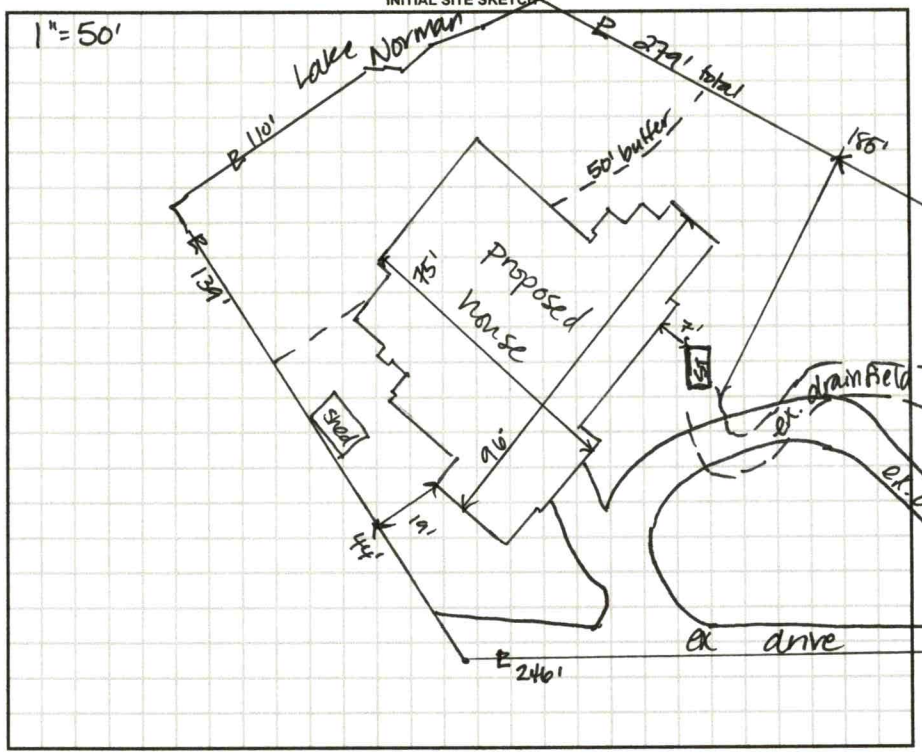
SITE DIRECTIONS: S on 77 -> Langtree -> R on Langtree -> R on Schooner -> L Teakwood -> lot on R SAP CONTROLLED: YES ☒ NO ☐

SUBDIVISION: Sailors Lair SECTION: LOT #: 38 LOT AREA: 0.823 DESIGN FLOW: 360 L.T.A.R.: EXISTING

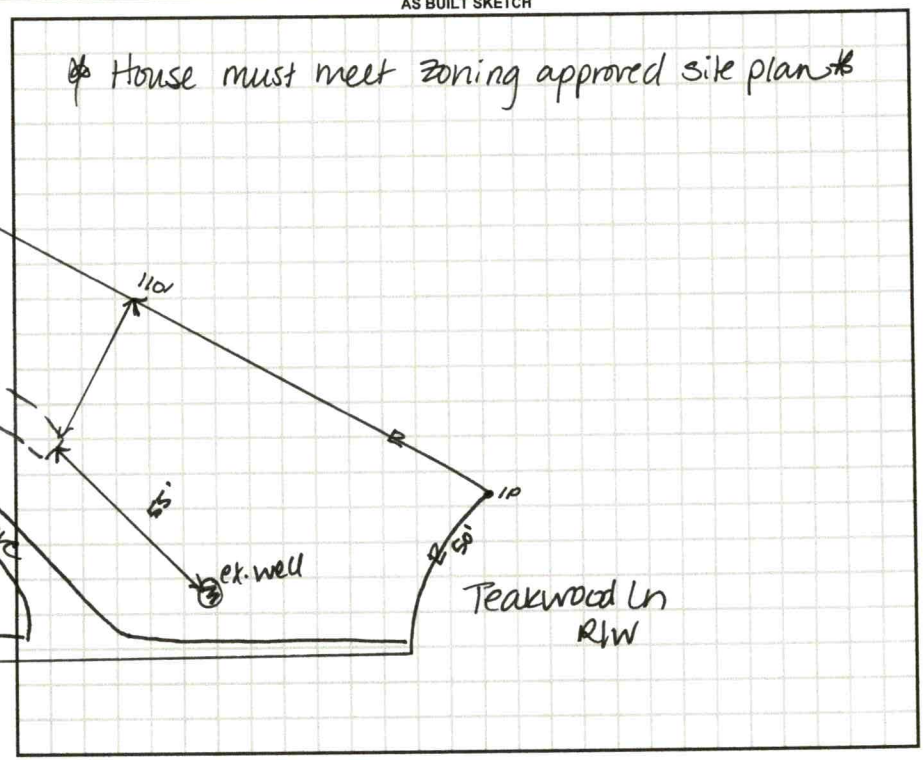
Septic Tank: (gal)	STB:	Date:	☐ New System ☐ Repair ☐ Expansion	System Type: II	☑ Residence	No. Bedrooms: 3	Water Supply: Existing Well
Pump Tank: (gal)	PT:	Date:	System Description: Existing		☐ Business	No. Persons: 2	
Pump Make:	Model:	Serial #:	Repair System Description: Existing		☐ Other	No. Employees:	
# Nitrification Fields: 1	# Lines: EXISTING	Linear Ft.: EXISTING	Maintenance Agreement Required: ☐ YES ☑ NO		☐ Slab	☑ Crawl Space	
Trench Width: EXIST	Trench Bottom Depth (Low side): EXISTING		Gravel Depth: EXISTING	☑ GRAVITY ☐ PRESSURE	☐ Basement w/ Plumbing	☐ Basement w/o Plumbing	

Comments / Conditions: Protect septic area from construction traffic. No foundation drains allowed within 25' of ~~Septic tank~~

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:

IMPROVEMENT PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date:

Installed By:

OPERATION PERMIT by: Date:

Existing System Inspected By: D. Mieberg Date: 12/19/22

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 BETWEEN 8am-9am the day the inspection is needed.

CP = COMPUTED POINT (UNMARKED)
R/W = RIGHT-OF-WAY
E/P = EDGE OF PAVEMENT
C/L = CENTERLINE
ø = UTILITY POLE

Curve	Radius	Length	Chord	Chord Bear.
C1	50.00'	49.80'	47.77'	S 06°43'03" W

PB 14-90

37

#4 PIN IN RIP RAP
RIP RAP
S 83°43'19"E
80.42'
IRON PIN IN TREE
S 84°37'43"E
198.07'
#4 PIN
R/W
15' S/B
29.34'
50' BUFFER
26.78'
DECK
DECK
WELL
CONCRETE PAD
38
0.823 AC.+-
204.03'
35' LINE
C1
TEAKWOOD LANE
50' RAD
#4 PIN
R/W
3/4" PIPE
N 35°56'44"W
25.86'
0.73'
SHED
CH CRETE
ASPHALT
10' PAVED DRIVE
25.00'
15' S/B
19'
15' S/B
S 67°56'50"W 246.07'
139.57'
25' ACCESS EASEMENT
#4 PIN
JOHNSON
39
PB 14-90
40
PB 14-90
STEVE DESUTTER

Course	Bearing	Distance
L1	N 11°33'00" E	9.53'
L2	N 35°38'00" E	55.49'
L3	N 74°58'00" E	4.25'
L4	N 34°37'00" E	1.91'
L5	N 82°52'00" E	4.85'
L6	N 27°19'00" E	11.02'
L7	N 50°27'00" E	13.25'
L8	N 43°57'33" E	18.12'

40 0 40 80 120
GRAPHIC SCALE - FEET

156 TEAKWOOD LANE, MOORESVILLE NC
DAVIDSON TOWNSHIP - IREDELL COUNTY
SCALE: 1" = 40'

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

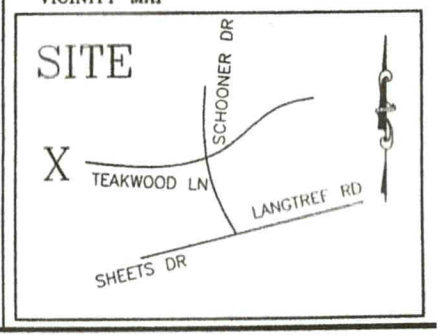
NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

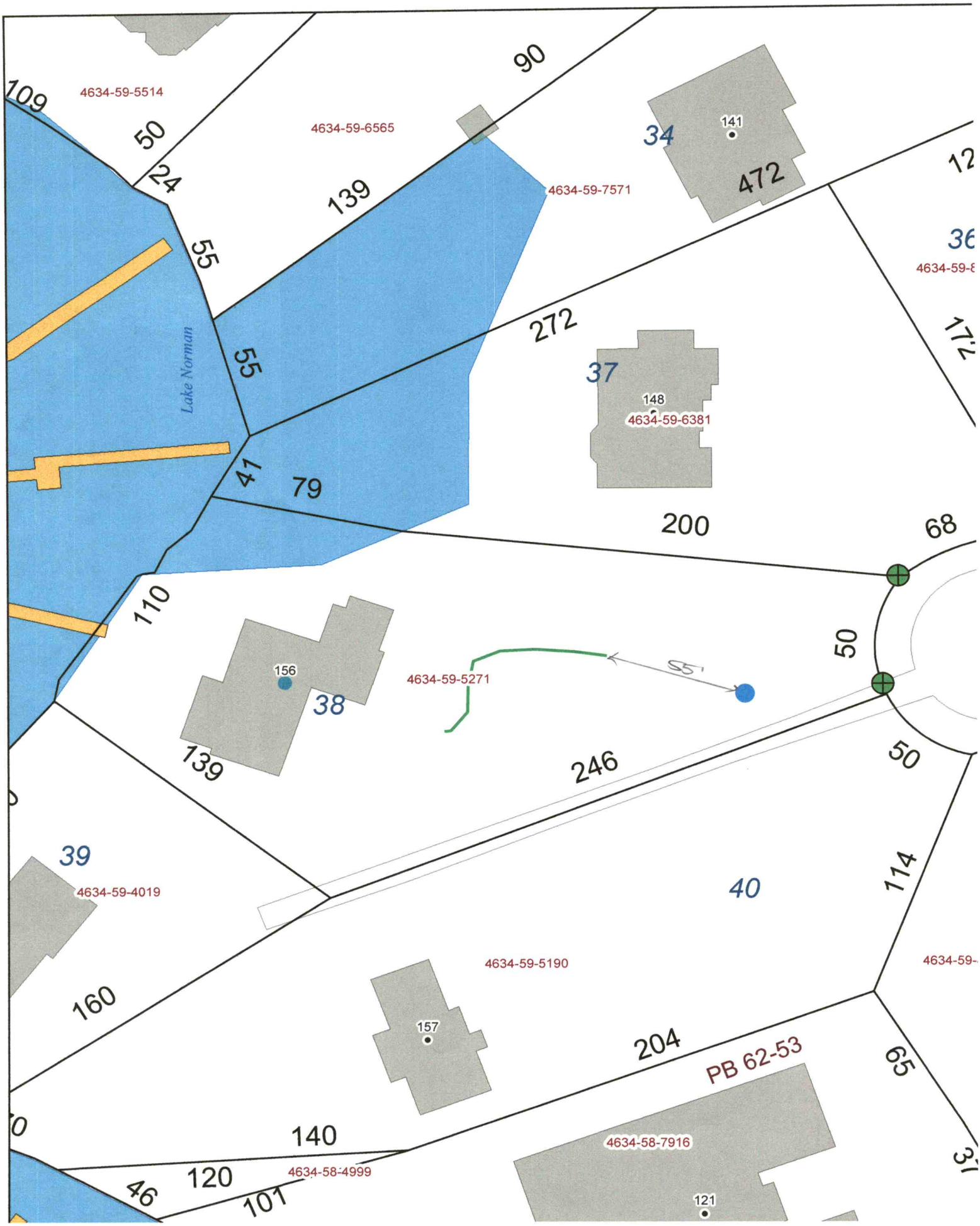
I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 746, PG 731)(PB 14, PG 90; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 29 DAY OF OCT, AD 2015.

PROFESSIONAL LAND SURVEYOR L-3762 LICENSE NO.

SURV. BY: JF	DRAWN: CP	JOB# TEAK38 TEAK156

VICINITY MAP




4634-59-5514
4634-59-6565
4634-59-7571
Lake Norman
109
50
24
90
139
55
55
272
41
79
200
68
110
50
34
141
472
36
37
148
4634-59-6381
156
38
4634-59-5271
S5
139
246
50
39
4634-59-4019
40
114
4634-59-5190
4634-59-
160
157
204
PB 62-53
65
140
4634-58-7916
120
46
101
4634-58-4999
121

Danielle Wieberg

From: Richard Hoffman
Sent: Friday, December 16, 2022 9:13 AM
To: Jake Lowman; Ronda Hart; Danielle Wieberg
Subject: 156 Teakwood

The applicant has resolved the zoning issue. The permit was put on hold for a EH issue. Probably should have been put on hold for a zoning issue as well. (I'm not sure the system works that way). So the only place I could edit it is under the EH permit.

Danielle, zoning is ok now so the applicant can move on with his project. Not sure if you need to do anything with the permit on your end. I told the applicant I would call him to let him know so just Email me back so I can let him know.

Thank you,

Rich A. Hoffman, MUP, AICP®, CZO
County Land Use Planner/Address Coordinator
Iredell County Planning & Development
349 N. Center St. Statesville, NC 28677
704-878-3118 x 3765

OSWP-2022-6825 (156 TEAKWOOD LN MOORESVILLE, NC 28117)

NEW PERMIT

- Workflow
- Linked Records
- Holds
- Contacts (2)
- Fees (3)
- Bonds
- Activities

Hold resolved

Added By
Rich Hoffman • 12/16/2022 8:39 AM

Note
Applicant produced site plan and pictures verifying tha

Hold Reason

Added By
Danielle Wieberg • 12/08/2022 7:15 AM

Note
Pending site plan that meets zoning

12/7 verify well abandonment

PERMIT SNAPSHOT REPORT OSWP-2022-6825 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	10/12/2022
Work Class:	EH Existing Septic System	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Wieberg, Danielle	**Approval Expire Date:**	

Description: new sfd/ demo existing home and replace in the same place verify Zoning

Parcel:	4634595271.000 Main	**Address:**	156 Teakwood Ln Mooresville, NC 28117 Main	**Zone:** R-20(Suburban Residential District)

Property Owner
JAMES B+VIRGINIA S CLARK

Applicant/Authorized Agent
Stephen Chuilli
19925 Jetton Road
Corneluis, NC 28031
Business: (631) 241-4959

→ not using Same foundation

john@lagniappebuilder.com

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Does the site contain any jurisdictional wetlands	No	Non-domestic Sewage Generated	No
Other Public Agency	No	All proposed structure dimensions	70x70	What are the proposed structures	New Single Family Residence
If other Addition/Structure, please explain		Maximum Number of Bedrooms	3	Number of Occupants	2
Foundation Type	Crawl Space Foundation	Water Supply	Existing Well	Desired Septic System Type	Conventional (most common)
Front Setback	35	Back Setback	35	Left Setback	15
Right Setback	15	Zoning Permit Issued Date	Oct 17 2022 12:00AM	Zoning Permit Expiration Date	Apr 15 2023 12:00AM
Is the structure or development in the floodplain	No	Is the property located downtown?	No	Is the property in a local historic district?	No
Additional Unique Setbacks Apply	Yes	Zoning Notes/Addendums	Must meet both the 50-foot setback from the 760' contour line and the 35-foot setback from the rear property line for any structure.	Watershed	WSIV CA CATAWBA/LAKE NORMAN

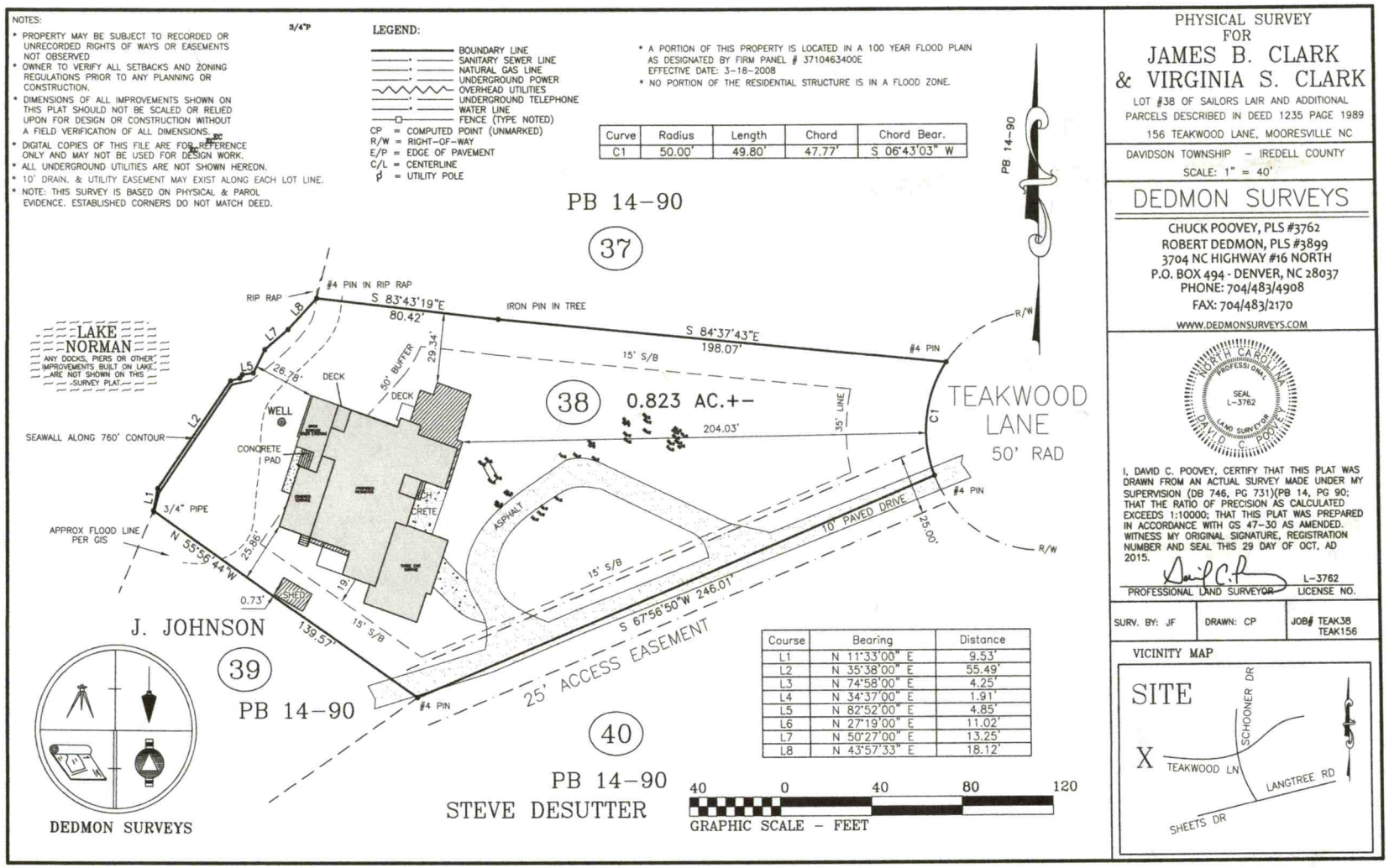
Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Stephen_Chuilli_10/12/2022.jpg	10/12/2022 14:36	Chuilli, Stephen		Uploaded via CSS
156 teakwood authorized gent_v1.pdf	10/12/2022 14:45	Williams, Deborah	Available Online	Authorize to Act as Agent
156 teakwood site plan_v1.pdf	10/12/2022 14:45	Williams, Deborah	Available Online	Site Plan

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date
2022-38497	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	11/21/2022			11/21/2022 8:24	11/21/2022 8:24

Inspectors: Kobuck, Teanna (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00003563	Iredell Zoning Permit Fee	$75.00	$75.00
	Existing System Inspection	$250.00	$250.00
	Iredell Zoning Tech Fee	$2.25	$2.25



PHYSICAL SURVEY
FOR
JAMES B. CLARK
& VIRGINIA S. CLARK

LOT #38 OF SAILORS LAIR AND ADDITIONAL PARCELS DESCRIBED IN DEED 1235 PAGE 1989
156 TEAKWOOD LANE, MOORESVILLE NC

DAVIDSON TOWNSHIP - IREDELL COUNTY
SCALE: 1" = 40'

DEDMON SURVEYS
CHUCK POOVEY, PLS #3762
ROBERT DEDMON, PLS #3899
3704 NC HIGHWAY #16 NORTH
P.O. BOX 494 - DENVER, NC 28037
PHONE: 704/483/4908
FAX: 704/483/2170
WWW.DEDMONSURVEYS.COM

NORTH CAROLINA PROFESSIONAL SEAL L-3762 LAND SURVEYOR DAVID C. POOVEY

I, DAVID C. POOVEY, CERTIFY THAT THIS PLAT WAS DRAWN FROM AN ACTUAL SURVEY MADE UNDER MY SUPERVISION (DB 746, PG 731)(PB 14, PG 90; THAT THE RATIO OF PRECISION AS CALCULATED EXCEEDS 1:10000; THAT THIS PLAT WAS PREPARED IN ACCORDANCE WITH GS 47-30 AS AMENDED. WITNESS MY ORIGINAL SIGNATURE, REGISTRATION NUMBER AND SEAL THIS 29 DAY OF OCT, AD 2015.

PROFESSIONAL LAND SURVEYOR — L-3762 LICENSE NO.

SURV. BY: JF	DRAWN: CP	JOB# TEAK38 TEAK156

VICINITY MAP

LAKESIDE CUSTOM HOME
for
JIM & GINNA CLARK

PRELIMINARY SITE PLAN SCALE: 1"=20'-0" MAY 30, 2022 VS

bishop | design

07759

4634595271

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Norman Simmons DATE Dec 22 87 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 115 S. TR 1102 (Langtree) TR Schaner TC
Teakwood at end on Lt. S. R. No. _____

SUBDIVISION NAME Sailors Lair LOT NO. 38 SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Addition of sun-room & porch (lakeside)

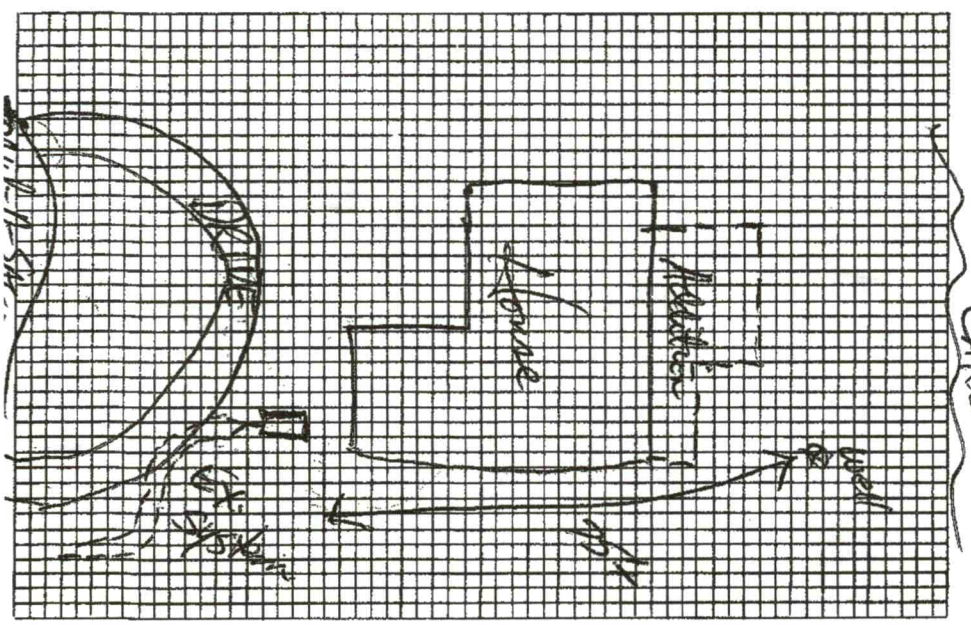
No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No ( )	
Auto. Dishwasher	Yes ( )	No ( )	
Auto. Wash. Machine	Yes ( )	No ( )	
Site Suitable	Yes ( )	No ( )	

Character & Porosity of Soil _____
Percolation Rate _____
Topography _____
Depth to Water Table _____
Rock or other impervious formations _____

Lot Area Existing

_____ Basement with Plumbing _____ Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank Existing Gals.
Nitrification Field:
No. of Lines Existing
Sq. Ft. _____ Linear Ft. _____
Depth of Stone in Lines _____
Water Supply: Individual ( )
Public ( )

Installed by _____

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: Existing system showing no sign of malfunction at time of inspection.

CERTIFICATE OF COMPLETION BY _____ DATE _____

EXISTING SYSTEM CHECKED BY: D. Hunter, R.S. DATE Dec 22 '87

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION
(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR Mady Const. Co. DATE 10-10-07 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1102 TR into Sailors Lair

S. R. No. _____

SUBDIVISION NAME Sailors Lair LOT NO. 38 SECTION OR BLOCK NO. _____

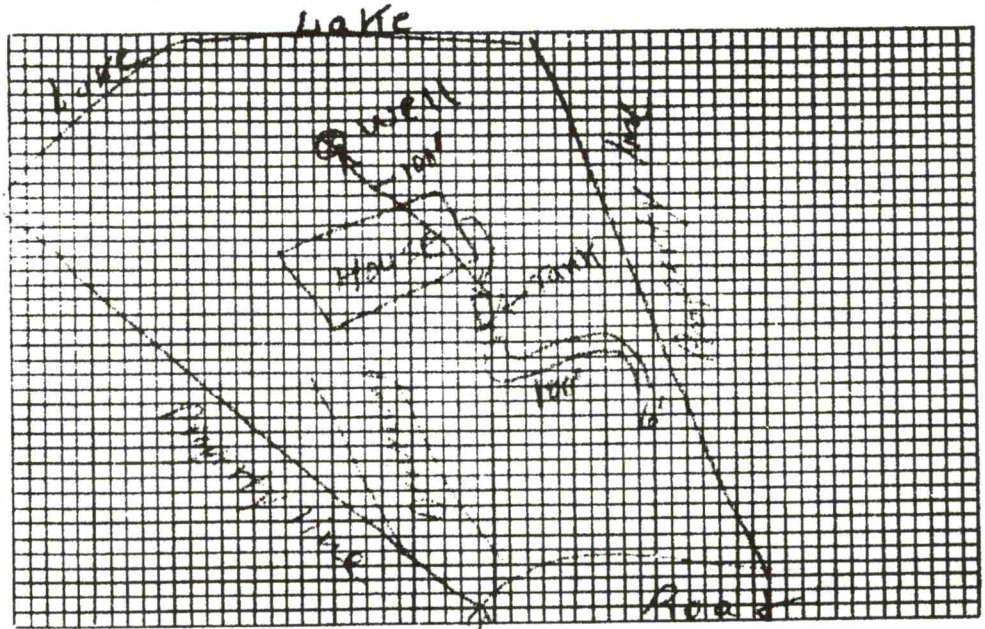
House (✓) Mobile Home ( ) Business ( ) Other _____

No. Bedrooms 3 No. Bathrooms 2

Garbage Disposal Unit	Yes ( )	No (✓)
Auto. Dishwasher	Yes (✓)	No ( )
Auto. Wash. Machine	Yes (✓)	No ( )
Site Suitable	Yes (✓)	No ( )

Lot Area ½ acre

Character & Porosity of Soil Clay loam Porosity Fair
Percolation Rate 60 min/inch
Topography 3% to 4% Slope
Depth to Water Table 5' to 6' to lake level
Rock or other impervious formations none



Plot of System

Size of Tank 1000 Gals.
Nitrification Field:
No. of Lines 2
Sq. Ft. 600 Linear Ft. 200
Depth of Stone in Lines 17"
Water Supply: Individual (✓)
Public ( )

Installed by Ronnie Oaks

IMPROVEMENTS PERMIT BY F. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY F. C. Moore DATE 10-10-07

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold

Ronda Hart

From: Jim Clark <inaminute54@gmail.com>
Sent: Wednesday, December 14, 2022 9:21 AM
To: Ronda Hart
Cc: Clark, Ginna ICE
Subject: Fwd: Clark well abandonment documentation.
Attachments: Clark letter & gw30.pdf

Ronda,
Good morning. Pleasure speaking with you today. Here is the email with attachments that I sent to Barbara. Please let me know if you need anything else. Thank you for your help. I hope you have a good day.
Jim & Ginna Clark
156 Teakwood Lane
Mooresville, NC 28117.

Per John Brooks -
Letter & GW-30 is sufficient.
12-14-22 HS

Sent from my iPhone

Begin forwarded message:

> **From:** Jim Clark <inaminute54@gmail.com>
> **Date:** December 13, 2022 at 4:02:50 PM EST
> **To:** barbra.nebel@co.iredell.nc.us
> **Cc:** "Clark, Ginna ICE" <ginnakdp@gmail.com>
> **Subject: Fwd: Clark well abandonment documentation.**
>
> Barbara,
>
> Good afternoon. Here is the correspondence that we received this morning from Rowan Well Drilling. Look forward to hearing from you once you have been able to speak with your supervisor. Since this is our first time emailing you, please confirm you have received this email.
>
> Thank you,
> Jim & Ginna Clark
>
> Sent from my iPhone
>
> Begin forwarded message:
>
> > **From:** Carrie Adams <rowanwelldrilling@live.com>
> > **Date:** December 13, 2022 at 9:24:13 AM EST
> > **To:** Jim Clark <inaminute54@gmail.com>, Carrie Adams <rowanwelldrilling@live.com>
> > **Cc:** "Clark, Ginna ICE" <ginnakdp@gmail.com>
> > **Subject: Re: Clark well abandonment documentation.**
> >
> > Jim,
> >
> > Please see the attachment.
> >
> > Thank you

Margaret Morgan
Rowan Well Drilling
704 636 7879

From: Jim Clark <inaminute54@gmail.com>
Sent: Friday, December 9, 2022 3:11 PM
To: Rowan Todd <rowanwelldrilling@live.com>
Cc: Clark, Ginna ICE <ginnakdp@gmail.com>
Subject: Clark well abandonment documentation.

Good afternoon. It was a pleasure speaking with you this morning. I wanted to send you an email requesting well abandonment documentation for our residence at:
156 Teakwood Lane
Mooresville NC 28117
Rowan Well Drilling Invoice#1298
3/18/2016.
Please respond to this email so that we can be assured it comes to the correct email address. as you had indicated we need this today We look forward to hearing from you.
I hope you have a good weekend.
Thank you,
Jim Clark.

Sent from my iPhone

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. Report suspicious emails by clicking the "Report Phish" button.

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION # ____

1. WELL CONTRACTOR:

Todd Adams
Well Contractor (Individual) Name

Rowan Well Drilling
Well Contractor Company Name

4840 Sherrills Ford Rd
Street Address

Salisbury NC 28147
City or Town State Zip Code

(704) 636 7879
Area code Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) ____

STATE WELL PERMIT # (if applicable) ____

COUNTY WELL PERMIT # (if applicable) ____

DWQ or OTHER PERMIT # (if applicable) ____

WELL USE (Check applicable use): Monitoring ☒ Residential
Municipal/Public Industrial/Commercial Agricultural
Recovery Injection Irrigation
Other (list use) ____

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME ____

NEAREST TOWN Mooresville

(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING
Slope Valley Flat Ridge Other ____
(Check appropriate setting)

LATITUDE 35 ° 31 ' 54.2 " DMS OR 3x.xxxxxxxxx°

LONGITUDE 80 ° 53 ' 46.07 " DMS OR 7x.xxxxxxxxx°

Latitude/longitude source: ☐GPS ☐Topographic map
(location of well must be shown on a USGS topo map and attached to this form if not using GPS)

4a. FACILITY - The name of the business where the well is located. Complete 4a. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID # (if applicable) ____

NAME OF FACILITY ____

STREET ADDRESS ____

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Jim Clark

STREET ADDRESS 156 Teakwood Ln Mooresville 28117

5. WELL DETAILS:

a. Total Depth 68 ft. Diameter 2" in.

b. Water Level (Below Measuring Point): 23 ft.

Measuring point is 1 ft. above land surface

6. CASING: Length Diameter

a. Casing Depth (if known) ____ ft. ____ in.

b. Casing Removed 2 ft. ____ in.

7. DISINFECTION: 6 oz

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement
Cement ____ lb.
Water ____ gal.

Sand Cement
Cement ____ lb.
Water ____ gal.

Bentonite
Bentonite 145 lb.
Type Slurry Pellets
Water 40 gal.

Other
Type material ____
Amount ____

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Poured

10. WELL DIAGRAM - Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill material used.

11. DATE WELL ABANDONED ____

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

SIGNATURE OF CERTIFIED WELL CONTRACTOR — DATE 3/18/16

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL — DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Harry Todd Adams
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to: Division of Water Quality - Information Processing,
1617 Mail Service Center, Raleigh, NC 27699-1617, Phone : (919) 807-6300

Form GW-30
Rev. 5/10

Rowan Well Drilling
4840 Sherrills Ford Rd, Salisbury, NC 28147
PO BOX 1045, Salisbury, NC 28145
(704) 636 7879
www.rowanwelldrilling.com

To whom it may concern:

RE:# C160040480-00c

We can confirm that on 3/18/2016 a well was abandonment by our company. This well abandonment was located at 156 Teakwood Lane, Mooresville, NC 28117.

Thank you,
Todd Adams, owner of Rowan Well Drilling

12/12/2022

IREDELL COUNTY HEALTH DEPARTMENT

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

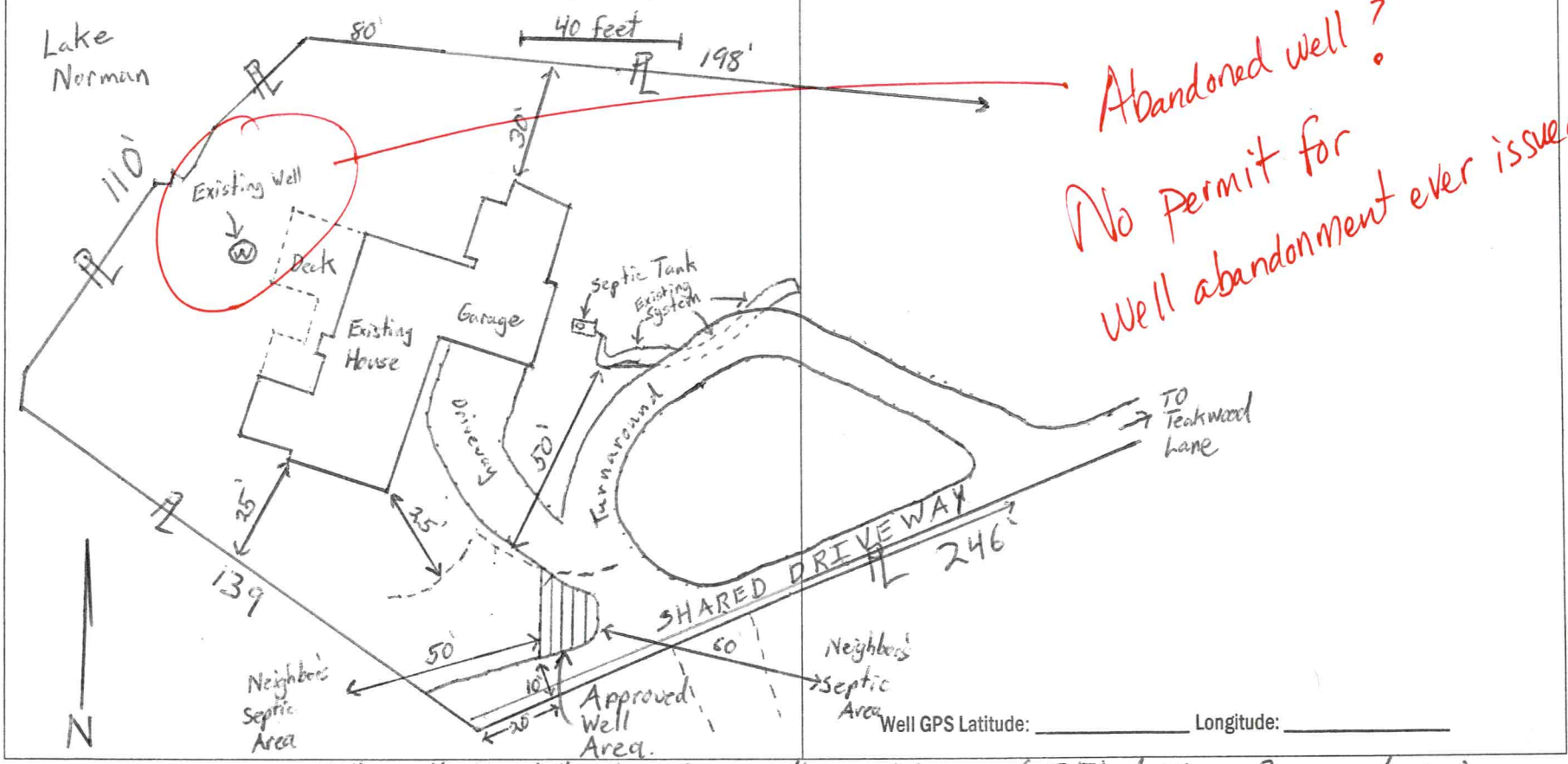
PRIVATE DRINKING WATER WELL PERMIT # 216174 PIN # 4634-59-5271 **Type of Permit (circle one): (New) Repair Abandonment**

APPLICANT NAME: Jim Clark ADDRESS: 156 Teakwood Lane Mooresville, NC PHONE: 614-296-2864

DIRECTIONS TO SITE: Rt 115 South from Mooresville → Right on Langtree Rd → Right onto Schooner Rd → Left on Teakwood Rd → End.

SITE ADDRESS: 156 Teakwood Lane SUBDIVISION: Sailor's Lair SECTION/LOT: 38

Initial Site Sketch Scale 1" = 40'



"As Built" Sketch

Abandoned well ?

No permit for well abandonment ever issued.

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC Well rules. Case well a minimum of 35' deep. Recommend moving driveway turnaround off of existing sewage disposal system area + removing landscaping from around septic tank.

WELL PERMIT ISSUED BY: Tom Shuck DATE: 2-16-16 (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

AL?

IREDELL COUNTY HEALTH DEPARTMENT

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

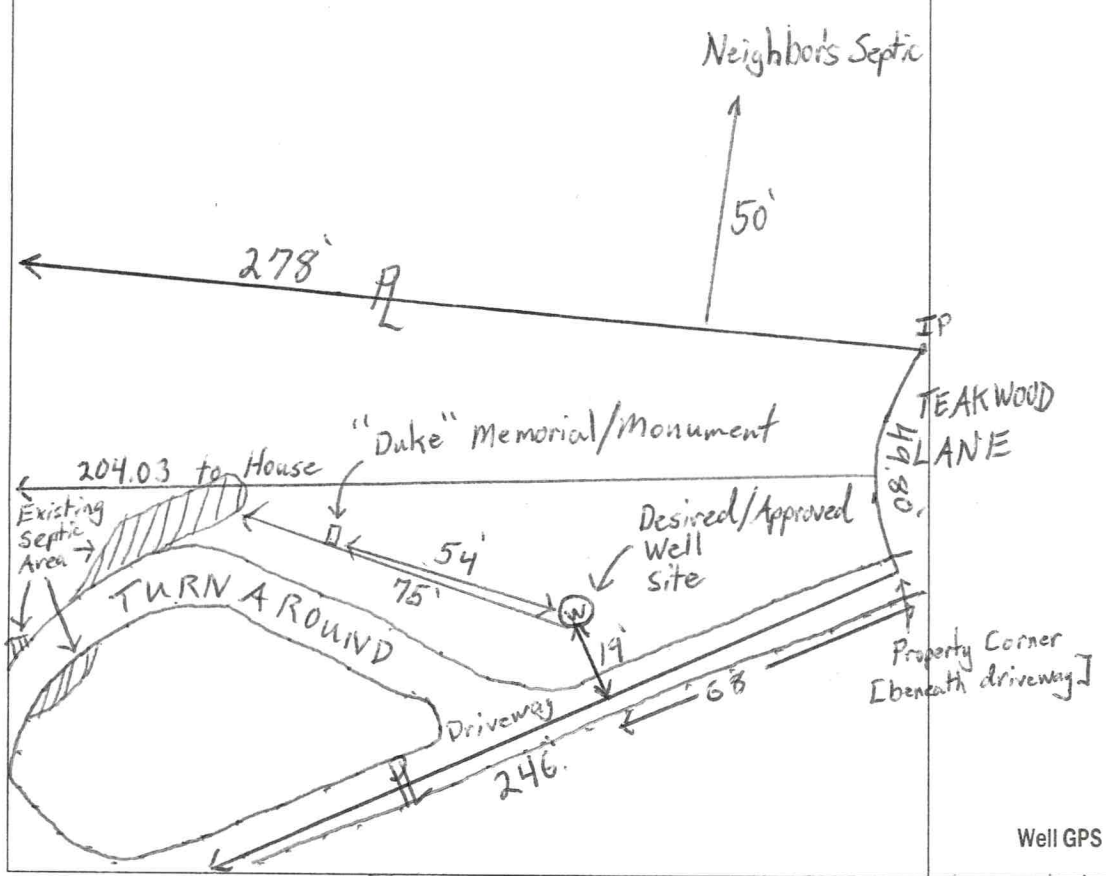
PRIVATE DRINKING WATER WELL PERMIT # 216174 **PIN #** 4634-59-5271 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT NAME: Jim Clark ADDRESS: 156 Teakwood Rd. Mooresville, NC PHONE: 614-296-2864

DIRECTIONS TO SITE: Rt 115 South from Mooresville → Right on Langtree Rd → Right on Schooner Rd → Left on Teakwood → end

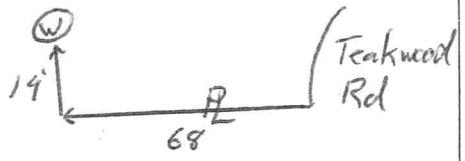
SITE ADDRESS: 156 Teakwood Lane Mooresville, NC SUBDIVISION: Sailor's Lair SECTION/LOT: 38

Initial Site Sketch



"As Built" Sketch

3-3-2016:
117' of SCH-21 PVC casing
13 Bags of Bentonite Hole Plug used.



~~Need GW-1~~
ok

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all N.C. well rules. Well must be cased a minimum of 35' deep.

WELL PERMIT ISSUED BY: Tom Shuck DATE: 3-2-2016 (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: Joey Bailey Todd Adams - Rowan Well Drilling CONTRACTOR CERT #: _____ GROUT INSPECTION BY: Tom Shuck DATE: 3-3-2016

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 ☐

This form can be used for single or multiple wells

1. Well Contractor Information:
Todd Adams

Well Contractor Name

2522

NC Well Contractor Certification Number

Rowan Well Drilling

Company Name

2. Well Construction Permit #: 216174
List all applicable well permits (i.e. County, State, Variance, etc.)

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 #21 Remarks)

4. Date Well(s) Completed: 3/4/16 **Well ID#**

5a. Well Location:
Jim Clark

Facility/Owner Name

Facility ID# (if applicable)

156 Teakwood Lane Mooresville, NC

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 31' 8" N 80 53' 45" 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. Number of wells constructed: 1
*For multiple injection or non-water supply wells **ONLY** with the **same construction**, you can submit one form.*

9. Total well depth below land surface: 710 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

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

11. Borehole diameter: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 100 + **Method of test:** Air

13b. Disinfection type: Chlorine **Amount:** 65 oz

14. WATER ZONES

FROM	TO	DESCRIPTION
700 ft.	ft.	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	113 ft.	6.25 in.	SDR21	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	Gravel
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.	103 ft.	Clay
103 ft.	71 ft.	Granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor — Date: 3/4/16

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 INSTUCTIONS

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:
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.