IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # Z1011O

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

PIN # 4636-74-1413

APPLICANT: GRANDE CUST. HOMES APPLICANT ADDRESS: PO Box 5309 CHARLOTTE

SITE ADDRESS: 253 PINTAIL RUN LN. - Mooresville PHONE: 704-469-0024 ALT. PHONE:

SITE DIRECTIONS: BSR, TL CANVASBACK TR OLD SQUAW, TL BILLY JOE, TR PINTAIL 1ON L

SUBDIVISION: NEEL ACRES SECTION: LOT # 5 LOT AREA: .756AC DESIGN FLOW: 480 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	794	Date	9/8/16	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	1,000 (gal)	PT	283	Date	9/8/16	System Description:			LP-PANEL BLOCK	☐ Business	No. Persons 8
Pump Make		Model		Serial #		Repair System Description:			SAME	☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5C54'	Linear Ft:	270'	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space
Trench Width	24"	Max. Trench Bottom Depth	36"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☒ Private ☐ Public ☐ Community

Comments / Conditions: Wells on lots 5 + 6 have been decomissioned by Neil Pardue of Air Drilling - SR

* House to shift 5' forward, garage on slab, no foundation drain within 25' of drainfield lines. AZO 5-2-16

INITIAL SITE SKETCH

SEE PLAN FROM MICHAEL C ATHANAS & ASSOCIATES

AS BUILT SKETCH

Thanks, Lucas.

	Date	Initials
Drain Lines Checked	10/14	WS
Tanks Checked	10/14	WS
Pressure Manifold or Valve Box Checked	2-21	BA
Pressure Head Set		BA
Electrical Checked		BA
Floats Set		BA
Alarm Checked		BA
Maintenance Contract (Y) N	attached	
Comments:		

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**

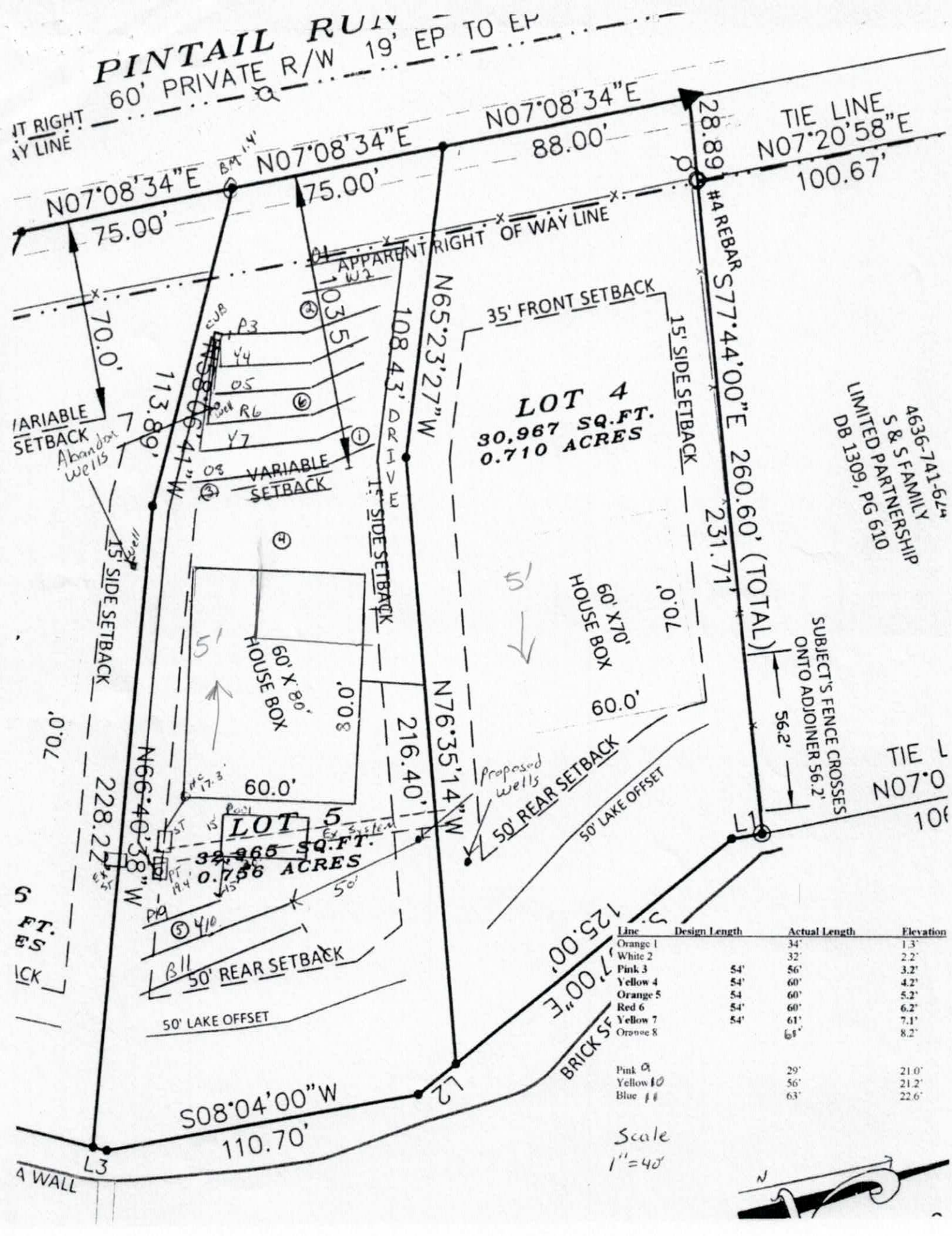
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 4/6/16 Installed by:

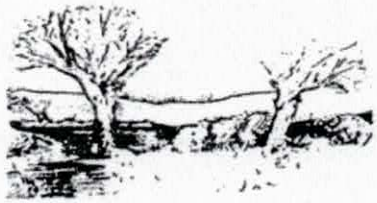
IMPROVEMENT PERMIT by: Date: 4/5/16 OPERATION PERMIT by: Maria Dotson Date: 2/28/17

AUTHORIZATION TO CONSTRUCT by: Date: 4/5/16 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

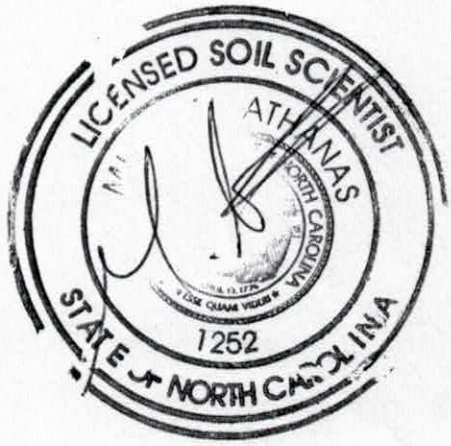


Line	Design Length	Actual Length	Elevation
Orange 1		34'	1.3'
White 2		32'	2.2'
Pink 3	54'	56'	3.2'
Yellow 4	54'	60'	4.2'
Orange 5	54	60'	5.2'
Red 6	54'	60'	6.2'
Yellow 7	54'	61'	7.1'
Orange 8		63'	8.2'
Pink 9		29'	21.0'
Yellow 10		56'	21.2'
Blue 11		63'	22.6'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
361 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for Neel Acres, Lot 5
House Footprint: 60' x 80'
Building Setbacks: 103.5' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2
Proposed System Type: PPBPS
Proposed Repair System Type: PPBPS
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 35.4 GPM
Dosing Volume: 216 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 21.2'
Friction Head: 4.8'
Pressure Head: 2'
Total Dynamic Head: 28'
Supply Line Length: 195'-2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"



Line	Design Length	# of Panels	Actual Length	Elevation
Orange 1			34'	1.3'
White 2			32'	2.2'
Pink 3	**54'**	**12**	**56'**	**3.2'**
Yellow 4	**54'**	**12**	**60'**	**4.2'**
Orange 5	**54**	**12**	**60'**	**5.2'**
Red 6	**54'**	**12**	**60'**	**6.2'**
Yellow 7	**54'**	**12**	**61'**	**7.1'**
Orange 8			64'	8.2'
Pink 9			29'	21.0'
Yellow 10			56'	21.2'
Blue 11			63'	22.6'

Initial System: 270' **Repair System:** 278'
Pump Tank: 19.4' **House Corner:** 17.3' **Benchmark:** 1.4'

Comments:
There are two existing wells that need to be abandoned. One is on the proposed lot 5 and one is at the proposed lot line between 5 and 6. The existing system is no longer in use. The property line is in the road right of way, therefore the septic lines can go to the ROW line. The house is marked in double pink flags and the pool is marked in white and orange flags.

RECEIVED APR 7 2016

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)

Paid $75.00 Ltd Redraw

1. APPLICATION FOR: X **Improvement Permit** ~~XX~~ **Authorization To Construct** ___ **Existing System Inspection**

#210110

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
The following optional attachments may also be submitted: X **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:

Grande Customhomes	PO Box 5309 Charlotte, NC 28299	704 469-0024	
Applicant Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Same			
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**

4. Property Information:

253 Pintail Run Ln.	Neel ~~Farms~~ Acres	Lot 5
Street Address	**Subdivision Name**	**Section/Phase and Lot Number**

Driving Directions: BSR, TL Canvasback, TR Old Squaw, TL Billy Joe, TR Pintail, on Lt

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

- (X) New, Single Family Residence
- ( ) New, Multi-Family Residence
- ( ) Expansion of Existing Septic System
- ( ) Repair To Failing Septic System due to _____
- ( ) Other _____

Maximum Number of Bedrooms 4
Maximum Number of Occupants ___
If Expansion, Current Number of Bedrooms ___

- ( ) Crawl Space Foundation?
- ( ) Concrete Slab Foundation?
- (X) 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 ( ) Conventional ( ) Innovative (X) Modified Conventional ( ) Other_____

8. 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. 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: _____ 4/7/2016
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, X John Hart, am the legal owner(s) of the property located at 253 Pintail Run Lane Mooresville NC 28117 identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas & Assoc., 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.

John Hart	4/6/15	A Goo	4-6-15
Signature of Owner(s)	Date	Signature of Witness	Date

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*:

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:

_____ Property Line measurements are clearly identified… **_____ 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

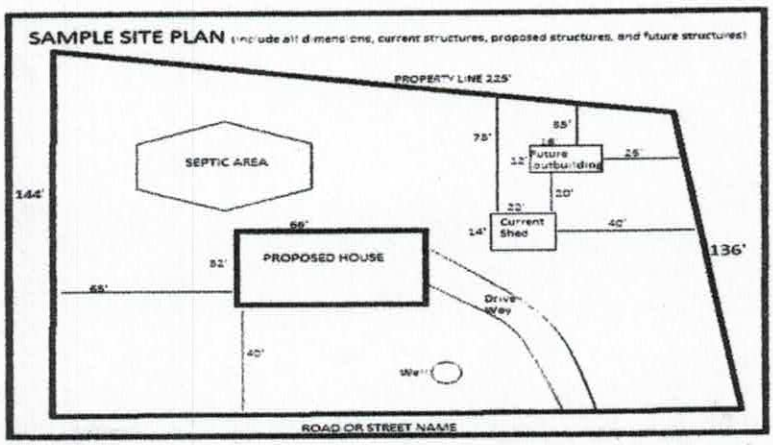
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ Area you prefer your septic system to be placed… **_____ 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

See Attached Plan

Signature: _____

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

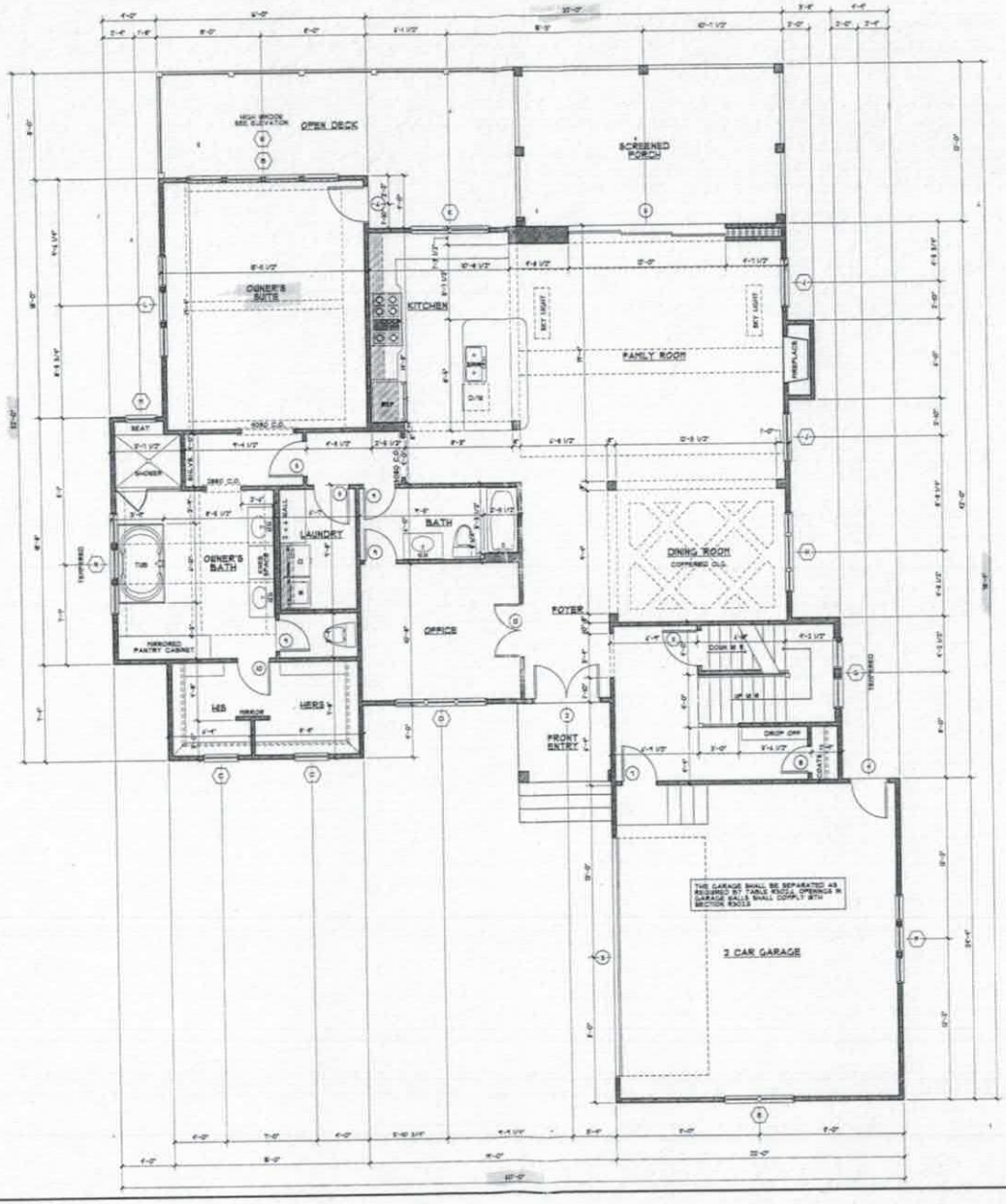
4/7/2016

DATE

Acknowledgement of
Plans Submittal ONLY!

Date 4/18/16

Date 4/18/16



FIRST FLOOR PLAN

SCALE: 1/4"=1'-0"

SQUARE FOOTAGES:

1ST FLOOR HEATED	3,073 SF
2ND FLOOR HEATED	1,267 SF
TOTAL HEATED	3,340 SF
UNFINISHED LOWER LEVEL	1742 SF
COVERED TERRACE	291 SF
GARAGE	521 SF
SCREENED PORCH	248 SF
FRONT ENTRY	40 SF
TOTAL UNDER ROOF	4,387 SF

REVISIONS

DATE 10/5/15

SCALE AS NOTED

DRAWN BY J. WINSLOW

WINSLOW DESIGN
CUSTOM HOME PLAN / DRAFTING SERVICES

NEEL ACRES - LOT 4

GRANDE
CUSTOM HOMES

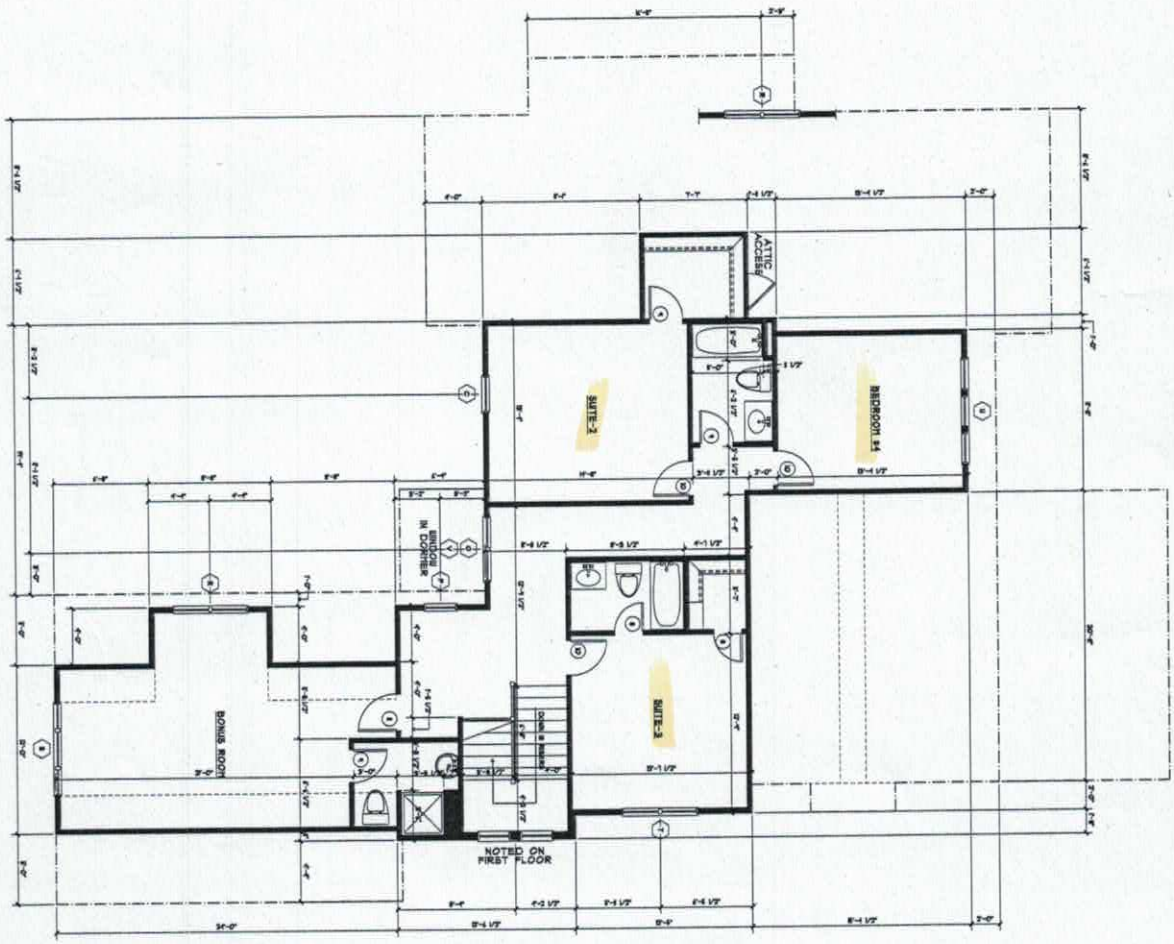
Lot 5 pl

SHEET 2 OF

Acknowledgement of
Plans Submittal ONLY!

Date 4/18/16

Date 4-18-16



SECOND FLOOR PLAN

SCALE: 1/4"=1'-0"

SQUARE FOOTAGES:

1ST FLOOR HEATED	2,049 SF
2ND FLOOR HEATED	1,241 SF
TOTAL HEATED	3,290 SF
UNFINISHED LOWER LEVEL	1,740 SF
COVERED TERRACE	324 SF
GARAGE	529 SF
SCREENED PORCH	148 SF
FRONT ENTRY	40 SF
TOTAL UNDER ROOF	4,271 SF

NEEL ACRES - ~~LOT 4~~ LOT 5

GRANDE CUSTOM HOMES

WINSLOW DESIGN
CUSTOM HOME PLAN - DRAFTING SERVICES

SHEET 9

DATE 10/5/15

SCALE AS NOTED

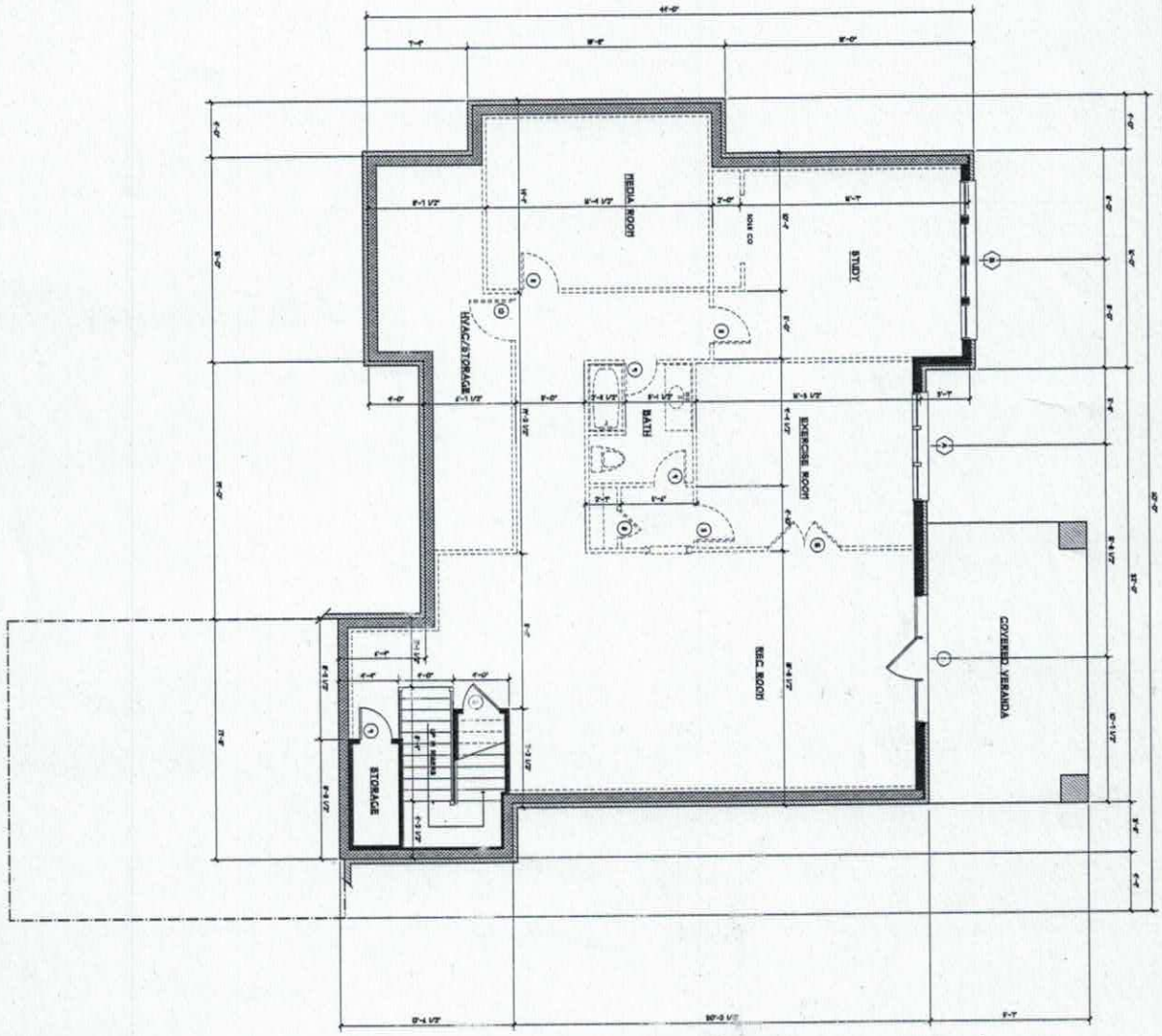
DRAWN BY J. WINSLOW

REVISIONS

Acknowledgement of
Plans Submittal ONLY!

Date 4/18/16

Date 4-18-16



LOWER LEVEL PLAN

SQUARE FOOTAGES:

1ST FLOOR HEATED	2219 SF
2ND FLOOR HEATED	1361 SF
TOTAL HEATED	3580 SF
UNFINISHED LOWER LEVEL	1760 SF
COVERED TERRACE	351 SF
GARAGE	529 SF
SCREENED PORCH	192 SF
FRONT ENTRY	40 SF
TOTAL UNDER ROOF	4371 SF

NEEL ACRES – LOT 5

GRANDE CUSTOM HOMES

WINSLOW DESIGN
CUSTOM HOME PLAN · DRAFTING SERVICES

DRAWN BY: T. WINSLOW
SCALE: AS NOTED
DATE: 10/15/15

REVISIONS

SHEET 5 OF

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE NC 28625
City or Town State Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable) _____

STATE WELL PERMIT # (if applicable) _____

COUNTY WELL PERMIT # (if applicable) 210111

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

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

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other _____
(Check appropriate setting)

LATITUDE 35° 33. 395
LONGITUDE 80° 53. 353

May be in degrees, minutes, seconds, or in a decimal format

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 and4b. (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 GRANDE CUSTOM HOMES

STREET ADDRESS 2529 SHENDOAH AVE

Charlotte, NC

5. WELL DETAILS:

a. Total Depth: 521 ft. Diameter: 6 in.

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

Measuring point is _____ ft. above land surface.

6. CASING: Length Diameter

a. Casing Depth (if known): N/A ft. _____ in.

b. Casing Removed: N/A ft. _____ in.

7. DISINFECTION: HTH

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

8. SEALING MATERIAL:

Neat Cement

Cement --- lb.
Water --- gal.

Sand Cement

Cement --- lb.
Water --- gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water _____ gal.

Other

Type material CONCRETE

Amount 4 YARDS

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 materials used.

11. DATE WELL ABANDONED 2/9/16

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.

Neill Pardue 2/9/16
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

_____
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.)

NEILL PARDUE
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE NC 28625
City or Town State Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 210110

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

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

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE 35° 33. 397

LONGITUDE 80° 53. 354

May be in degrees, minutes, seconds, or in a decimal format

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 and4b. (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 GRANDE CUSTOM HOMES

STREET ADDRESS 2529 SHENDOAH AVE

Charlotte, NC

5. WELL DETAILS:

a. Total Depth: 200 ft. Diameter: 6 in.

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

Measuring point is ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	N/A ft.	in.
b. Casing Removed:	N/A ft.	in.

7. DISINFECTION: HTH

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

8. SEALING MATERIAL:

Neat Cement

Cement --- lb.
Water --- gal.

Sand Cement

Cement --- lb.
Water --- gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material CONCRETE

Amount 1 1/2 YARDS

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 materials used.

11. DATE WELL ABANDONED 2/9/16

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.

Neill Pardue 2/9/16

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

NEILL PARDUE

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06

704 202-5437
Robert Little

WELL ABANDONMENT RECORD

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

WELL CONTRACTOR CERTIFICATION # 2609

1. WELL CONTRACTOR:

NEILL PARDUE
Well Contractor (Individual) Name

AIR DRILLING, INC
Well Contractor Company Name

STREET ADDRESS 176 COMMERCE BLVD

STATESVILLE NC 28625
City or Town State Zip Code

(704) - 872-7614
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 210109

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

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

TOPOGRAPHIC / LAND SETTING:

☐ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE 35° 33. 401

LONGITUDE 80° 53. 337

May be in degrees, minutes, seconds, or in a decimal format

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 and4b. (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 GRANDE CUSTOM HOMES

STREET ADDRESS 2529 SHENDOAH AVE

Charlotte, NC

5. WELL DETAILS:

a. Total Depth: 205 ft. Diameter: 6 in.

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

Measuring point is ft. above land surface.

6. CASING:

	Length		Diameter	
a. Casing Depth (if known):	N/A	ft.		in.
b. Casing Removed:	N/A	ft.		in.

7. DISINFECTION: HTH

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

8. SEALING MATERIAL:

Neat Cement

Cement --- lb.
Water --- gal.

Sand Cement

Cement --- lb.
Water --- gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material CONCRETE

Amount 1 1/2 YARDS

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 materials used.

11. DATE WELL ABANDONED 2/9/16

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.

Neill Pardue 2/9/16

SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

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.)

NEILL PARDUE

PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06