IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5395 Mooresville Office (704) 660-3625 PERMIT # 23271-8

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

PIN # 4637342767

APPLICANT/OWNER: Mark Wasser APPLICANT ADDRESS: 2208 Pine Valley Dr Denver, NC

SITE ADDRESS: 263 Whippoorwill Rd Mooresville NC PHONE: 704 696-8262 ALT. PHONE

SITE DIRECTIONS: Hwy 150 West TL Doolie Rd TR Whippoorwill on Left SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: C&T SECTION: 10 LOT # 33 LOT AREA: .7 Acre DESIGN FLOW: 480 gpd L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	2071	Date	In Filtrator	☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	2071	Date	In Filtrator	System Description:				☐ Business	No. Persons	8	☒ Private
Pump Make			Model		Serial #		Repair System Description:	LP PPBPS			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	7	Linear Ft	270	Maintenance Agreement Required:	☒ YES	☐ NO		☐ Slab	☐ Crawl Space		☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)		36"	Gravel Depth	N/A	☐ GRAVITY	☒ PRESSURE		☒ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Must hug Property line with drive for first 127' to accomodate new well & electrical guide wire.

INITIAL SITE SKETCH

11/9/18 Exist well needs to be abandoned

Abandoned 12/13/18

See attached,

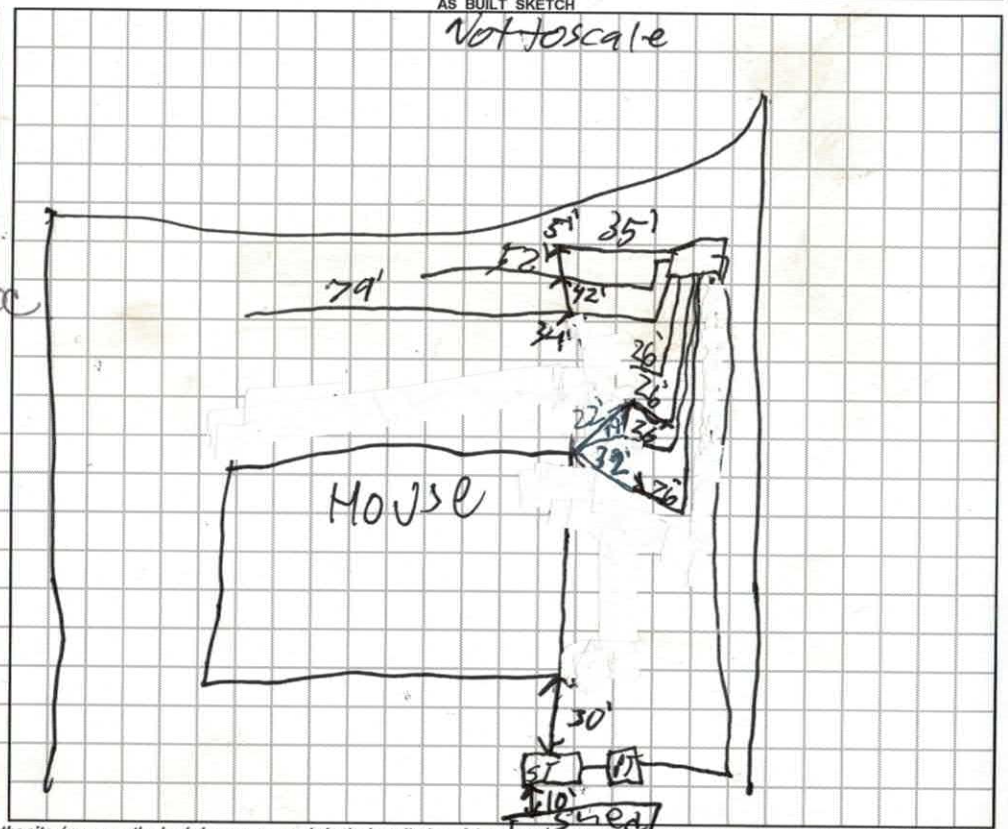
approved Septic plan

by Michael Athanas & Assoc

(dated) 1/12/18

6/14/19: drain lines checked and everything was correct length and connected to PM & Tanks need the in line filter Installed PM box was good

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: 2-13-18 Installed by: Bass Grading Inc.

IMPROVEMENT PERMIT by: Date: 1/26/18 OPERATION PERMIT by: Patrick J Bagley III Date: 8/22/19

AUTHORIZATION TO CONSTRUCT by: Date: 1/7/19 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inpsector to confirm your inspection time.

plat book 15, page 4, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C.

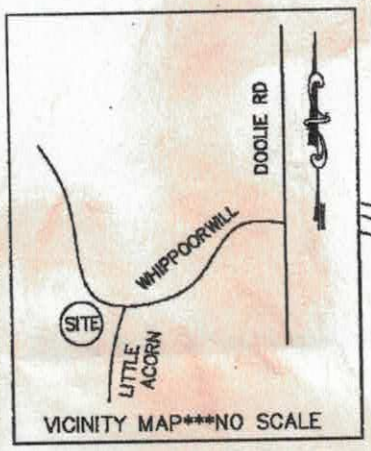
my hand and seal on the 10, day of JAN.,

A.D. 20 18.

WILLIAM M. ALLEN

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	156.83'	131.26'	S 24°55'43" E	127.46'



MAGNETIC

LAKE NORMAN

50.08
N00°04'00"E

99.64
N05°04'10"W

760 CONTOUR PER ACTUAL FIELD SURVEY

761 CONTOUR (FLOOD LINE)

EIP

Approved 1/26/18 MO

Repair ④ P1

50' BUFFER FROM 760 CONTOUR

③ Area

Shed

PT 22.3' ST

PROPOSED POOL

LOT 33
0.70 AC.

Repair P2 Area

Ex. System

Ex. ST

PROPOSED HOUSE

240.19

N80°51'22"E

194.33

S81°07'00"W

15' SIDE SETBACK

LOT 32
STEPHEN LINN ETAL
2487\730

LOT 34
BRIAN PFEIFER
2501\671

Line	Design Length	Elevation
White 1	35	6.0'
Pink 2	52'	7.5'
Orange 3	79'	8.8'
Blue 4	26'	9.9'
Orange 5	26'	10.9'
White 6	26'	11.9'
Orange 7	26'	13.0'

07 P3 W6

05

B4

② 03

P4 P2 W1 ①

CUB

65'

75

15

Ex. Well

25'

35' FRONT SETBACK

35

35

50'

27.54'

Proposed well (TIE ONLY)

NO1°00'54"W

154.37

S00°59'00"E

EIP

C1

R\W

LITTLE ACORN LN. (60' PUBLIC R\W)

WHIPPOORWILL RD. (60' PUBLIC R\W)

BM. O.O'

Move drive to property line & put well on other side of drive due to electrical guide wire.

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENT AND/OR RIGHTS-OF-WAY OF RECORD.
2) AREA COMPUTED BY THE COORDINATE METHOD.
3) EXISTING 760' & 761' CONTOUR ELEV-ATION BASED ON LAKE NORMAN LAKE

0' 20' 40' 100'

SCALE IN FEET

LEGEND

= P.P. = POWER POLE

= POWER TRANS.

E.I.P. = EXISTING IRON FOUND

I.P.S. = #4 REBAR SET

R/W = RIGHT-OF-WAY



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

Approved
MD
1/26/18

Reference: Data Sheet for 263 Whippoorwill Rd, CL&T Sec 10, Lot 33

House Footprint: See attached
Building Setbacks: 35' front, 15' side, 50' lake
Water Source: Private well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.3 GPD/FT2 (initial), 0.15 GPD/FT2 (repair)
Proposed System Type: PPBPS
Proposed Repair System Type: TS II Pretreatment Drip Irrigation
Distribution: Low pressure-CVB
Flow per Orifice: 0.59 GPM
Orifice Size: 3/16"
System Flow: 36.6 GPM
Dosing Volume: 223.2 gallons
Pump Run Time: 6.1 minutes
Elevation Head: 21.3'
Friction Head: 4.6'
Pressure Head: 2'
Total Dynamic Head: 27.9'
Supply Line Length: 145' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 36"
Proposed Trench Width: 24" (8' on center)



Line	Design Length	# of Panels	Actual Length	Elevation
White 1	35	8	39'	6.0'
Pink 2	52'	12	57'	7.5'
Orange 3	79'	18	85'	8.8'
Blue 4	26'	6	30'	9.9'
Orange 5	26'	6	31'	10.9'
White 6	26'	6	32'	11.9'
Orange 7	26'	6	32'	13.0'

Initial System: 270'
Repair System: 3345 FT2
Pump Tank: 22.3'
House Corner: 20.0'
Benchmark: 0.8'

Comments:
This property was deeded in 5/9/1977 (BK/PG-15/4). The system can be as close as 5' to the property line. Please contact Michael Athanas & Associtates before going to the site.

Extra care must be taken to preserve system area. The initial system area must be fenced and all vehicular traffic must be kept from this area.

Approved
1/26/18
MD

PROPERTY ID #: 4637342767__
COUNTY: _Iredell____

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Approved 1/26/18 mD

OWNER: Victoria Armes_____ APPLICATION DATE_____
ADDRESS: 263 Whippoorwill Rd, Mooresville, NC 28117_____ DATE EVALUATED: _____
PROPOSED FACILITY: __4 bdrm_____ PROPOSED DESIGN FLOW (.1949): _480 GPD____ PROPERTY SIZE: _____
LOCATION OF SITE: 263 Whippoorwill Rd, CL&T Sec 10, Lot 33_____ PROPERTY RECORDED: _5/9/1977_____
WATER SUPPLY: Ξ Private ☐ Public Ξ Well ☐ Spring ☐ Other _____
EVALUATION METHOD: Ξ Auger Boring Ξ Pit ☐ Cut TYPE OF WASTEWATER: Ξ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1	LS 10%	0-6	FILL		Few YB/Mn	56"	N/A	N/A	PS 0.3-0.25
		6-9	Br SCL WSBK	FR SS SP SEXP					
		9-30	R C SBK	FR SS SP SEXP					
		30-56	R CL WSBK	FR SS SP SEXP					
PIT 2	LS 10%	0-6	FILL		N/A	55"	F-C SAP PS	N/A	PS 0.3
		6-10	Br SCL WSBK	FR SS SP SEXP					
		10-34	R C SBK	FR SS SP SEXP					
		34-55	R CL WSBK	FR SS SP SEXP					
		55-60	VER SL SAP M	VFR SS SP SEXP					
PIT 3	LS 15%	0-9	Br SCL WSBK	FR SS SP SEXP	N/A	57"	F-C SAP	N/A	PS 0.3
		9-45	R C SBK	FR SS SP SEXP					
		45-57	R CL WSBK	FR SS SP SEXP					
PIT 4	LS 15%	0-6	Br SCL WSBK	FR SS SP SEXP	N/A	53"	N/A	N/A	PS 0.3
		6-28	R C SBK	FR SS SP SEXP					
		28-53	R CL WSBK	FR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	534 FT2	3345 FT2
System Type(s)	PPBPS	DRIP
Site LTAR	0.3	0.15

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): _____PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: _____

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet)

PROPERTY ID #: 4637342767____
DATE OF EVALUATION: _____
COUNTY: _IREDELL_____

Approved 1/26/18 MD

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	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 12%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-36	R C SBK	FR SS SP SEXP					
		36-48	R CL WSBK	FR SS SP SEXP					
AB 2	LS 12%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	48"	F-C SAP	N/A	PS 0.3
		5-40	R C SBK	FR SS SP SEXP					
		40-48	R CL WSBK	FR SS SP SEXP					
AB 3	LS 12%	0-8	Br CL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		8-48	R C SBK	FR SS SP SEXP					
AB 4	LS 10%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48"	N/A	N/A	PS 0.3
		4-44	R C SBK	FR SS SP SEXP					
		44-48	R CL WSBK	FR SS SP SEXP					

COMMENTS: _____

RECEIVED JAN 16 2018

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM Paid $350.00 #232718

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(✓) Septic Improvement Permit ( ) 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 Paid $500.00 2-13-18

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: Athur Rutenburg Homes **Address:** 2208 Pine Valley Dr, Denver, NC **Zip:** 28037

Applicant Email: TArndt@arhomes.com **Phone:** 704-696-8262 **Alt. Phone:** _____

Owner Name: Victoria Armes **Address:** 263 Whippoorwill Rd, Mooresville, NC **Zip:** 28117

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

Property Information:

Street Address: 263 Whippoorwill Rd

Subdivision Name: CL&T **Section/Phase:** 10 **Lot Number:** 33

Driving Directions: _____

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

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

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ 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 ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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: _____ 1/12/2018
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, Mark + Sory Wagner, am the legal owner(s) of the property located at 263 Whippoorwill Rd, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4637342767, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Arthur Rutenberg 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)	2/6/18 Date	Signature of Witness	2-6-18 Date

2/6/18

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 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, VICTORIA J. ARMES, am the legal owner(s) of the property located at 243 Whippoorwill Rd, identified as PIN (Parcel Identification Number) _____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** MEGAN BROWN, HECHT REALTY, 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.

Victoria J. Armes 1-5-18
Signature of Owner(s) Date

_____ 1-5-18
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

Z:Shared/EH_Admin/Forms/OSWP/Document to Authorize

POURED WALL FOUNDATION NOTES:
1. 10'-0" X 10" POURED CONCRETE WALL FOUNDATION W/ 24" X 8" FOOTER.
2. INTERIOR & EXTERIOR DRAIN TILE.
3. FOOTERS AND POST PADS TO BE POURED AT SAME ELEVATION
4. SUMP LOCATION TO BE DETERMINED ACCORDING TO GRADE ELEVATION.
5. SUMP CROCK TO BE RAISED 4" A.F.F.
6. POURED WALL REINFORCEMENT
10 WALL (3) #4 REBAR HORIZONTAL
(1) #5 REBAR @ 3'-4" VERTICAL
7. 1/2" X 18" ANCHOR BOLTS @ 6'-0" O.C. NOT MORE THAN 12" FROM EACH CORNER
8. FINISH BEAM POCKET DEPTH OF 7 1/8"
9. W/O-ROS BASEMENT WATERPROOFING/ INSULATION
4 TILED SHOWER DETAIL
MEMBRANE WATERPROOFING ON FLOORS AND WALLS
FIREPLACE DETAIL
1/8" = 1'-0"
RAISED HEARTH TRIM DETAIL
RAISED HEARTH ROUGH FRAMING ISOMETRIC
12" wide X 6' # 40' Poured wall retaining wall ....
400 Amp Panel
Floor drain
Hvac
Acknowledgement Of Plans Submittal ONLY!
Date
Date 11/7/18
Pre-Construction Prints
Structural Changes May Occur
Date: 9/13/18
Homeowner Approval:
Homeowner Approval:
Builder Approval:
HERITAGE 'C' / CUSTOM
FOUNDATION PLAN
SQUARE FOOTAGES
BASEMENT: 2115
FIRST FLOOR: 2163
GARAGE: 684
PORCHES: 543
Custom Built For
MARK CHARLES & SOFIA OJEDA WASSER
JOB # CH 615 018 0393
CN # 26681
LOCATION: 263 WHIPPORWILL RD. MOORESVILLE, NORTH CAROLINA, 28117
DRAWN BY: SG
DATE: 9/12/2018
SCALE: 1/8" = 1'-0"
SHEET 3
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Charlotte, NC
341 Alcove Road
Mooresville, NC 28117
(877) 267-3482
www.schumacherhomes.com
SCHUMACHER HOMES

IREDELL COUNTY

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

APPLICATION NUMBER
232718
Issue Date: 01/12/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4637342767.000	263 WHIPPOORWILL ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: ARMES VICTORIA J	Applicant: MICHAEL ATHANAS & ASSO
Address: 1980 TROUTMAN HILL RD KANNAPOLIS, NC 28083	Address: 561 ENNIS RD WEDDINGTON, NC 28173
Phone:	Phone: 704-576-3887

Use Requested	Zone Code
	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	50.00	15.00	15.00	CACL	AE

Remarks:

Lake Lots: 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.

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	125772	TOTAL FEES:	$ 77.25

WELL ABANDONMENT RECORD

For Internal Use ONLY

1. Well Contractor Information:
Alfred L Kiesling Jr
Well Contractor Name (for well owner personally abandoning well on his/her property)
3266-A
NC Well Contractor Certification Number
B & K Well Drilling Inc
Company Name

2. Well Construction Permit #: 232718
List all applicable well construction permits (i.e. LPC, County, State. Put none or n/a if unknown)

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: 12/13/18

5a. Well location:
Mark Wasser
Facility/Owner Name
Facility ID# (if applicable)
263 Whippoorwill Rd
Physical Address, City, and Zip
Fredell
County
4632342767
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 abandoned wells with the same construction details, you can submit one form ONLY with the same general well information, but submit individual details for each well.

6a. Well ID#: _____
6b. Total well depth: 40 (ft.)
6c. Borehole diameter: 2 (in.)
6d. Water level below ground surface: 15 (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: _____

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

FOR WATER SUPPLY WELLS ONLY:
7c. Type of disinfectant used: Chlorine
7d. Amount of disinfectant used: 8 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 1/4 Bags Hole plug
1 Bag concrete

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

8. Certification:
Alfred L Kiesling Jr 12-13-18
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 .0108 or 02C .0308 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.