# IREDELL COUNTY HEALTH DEPARTMENT

## Application For Improvement Permit and/or Authorization To Construct, Existing System Inspection

***(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)***

1. **APPLICATION FOR:** ___ Improvement Permit ___Authorization To Construct ___BOTH ___Existing System Inspection

2. **Page 2: *Site Plan Worksheet* Form MUST Accompany This Application**
   The following optional attachments may also be submitted:
   *Place check ( ) beside whichever is submitted if applicable*
   ___ Survey Plat, Scaled no more than 1 Inch = 60 Feet
   ___ Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. **Applicant Information:**

| Applicant Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| DREW SHOTT | 20811 DECORA DR. CORNELIUS, NC 28031 | 704-895-7929 | 704-799-66[illegible]5 |

| Owner Name | Mailing Address | Home Phone | Work Phone |
|---|---|---|---|
| | | | |

4. **Property Information:**

| Street Address | Subdivision Name | Section/Phase and Lot Number |
|---|---|---|
| 303 Whippoorwill Rd. | Whippoorwill Woods | CL&T 10 39 |

Driving Directions: off Doolie

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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

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

(X) Crawl Space Foundation?
( ) Concrete Slab Foundation?
( ) Basement w/Plumbing?
( ) Basement w/out Plumbing?

**IF Non- Residential Site Development:**
Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

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6. **Proposed Water Supply:**

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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7. **Desired Septic System Type:** *(You may rank in order of preference, if any)*

(X) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___ ( ) No Preference

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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?

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

07/14/05
DATE

North Carolina - Department of Environment and Natural Resources - Division of Water Quality - Groundwater Section - 1636 Mail Service Center - Raleigh, NC 27699-1639 - Phone No. (919) 733-3221

# WELL ABANDONMENT RECORD

WELL CONTRACTOR B+K Well Drilling
WELL CONTRACTOR CERTIFICATION # 3320

1. WELL USE (Check Applicable Box): Residential ☑ Municipal ☐ Industrial ☐ Agricultural ☐ Monitoring ☐ Recovery ☐ Heat Pump Water Injection ☐ Other ☐ If Other, List Use:

2. WELL LOCATION: (Show a sketch of the location on back of form.)
Nearest Town: Aporex Mills County Iredell
Hwy 150 to Beattie Rd - Whisper Will 303
(Road Name and Number, Community, Subdivision, Lot No.) Quadrangle No.

3. OWNER: Drew Smith

4. ADDRESS:

5. TOPOGRAPHY: draw (slope) hilltop, valley, flat (circle one)

6. TOTAL DEPTH: 65 DIAMETER 24"

7. CASING REMOVED:

| feet | diameter |
|---|---|
| 4" | 24" |
| | |

8. DISINFECTION: 1 puck clorine
(Amount of 70% hypochlorite used:)

9. SEALING MATERIAL:

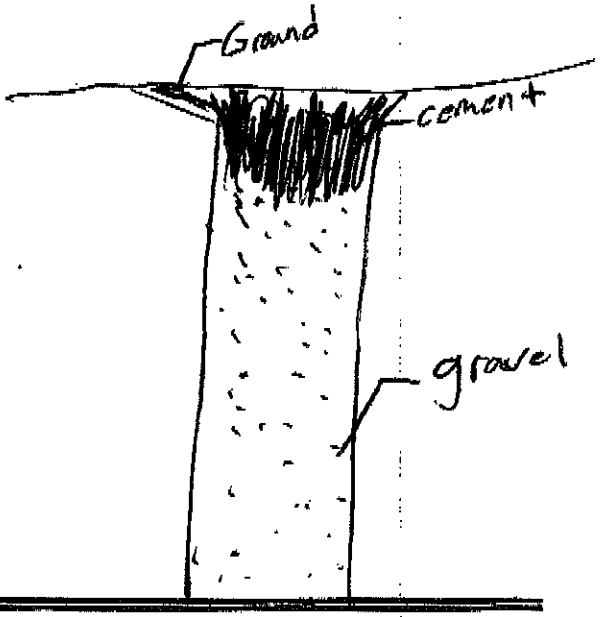
| Neat Cement | Sand Cement |
|---|---|
| bags of cement 15 | bags of cement |
| gallons of water 5 | gallons of water |

Other
Type material Gravel
Amount 6 Scoops

10. EXPLAIN METHOD EMPLACEMENT OF MATERIAL.
busted Casing off And filled with gravel then toped with Cement

11. DATE WELL ABANDONED 4/11/08

WELL DIAGRAM: Draw a detailed sketch of the well showing total depth, depth and diameter of screens remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

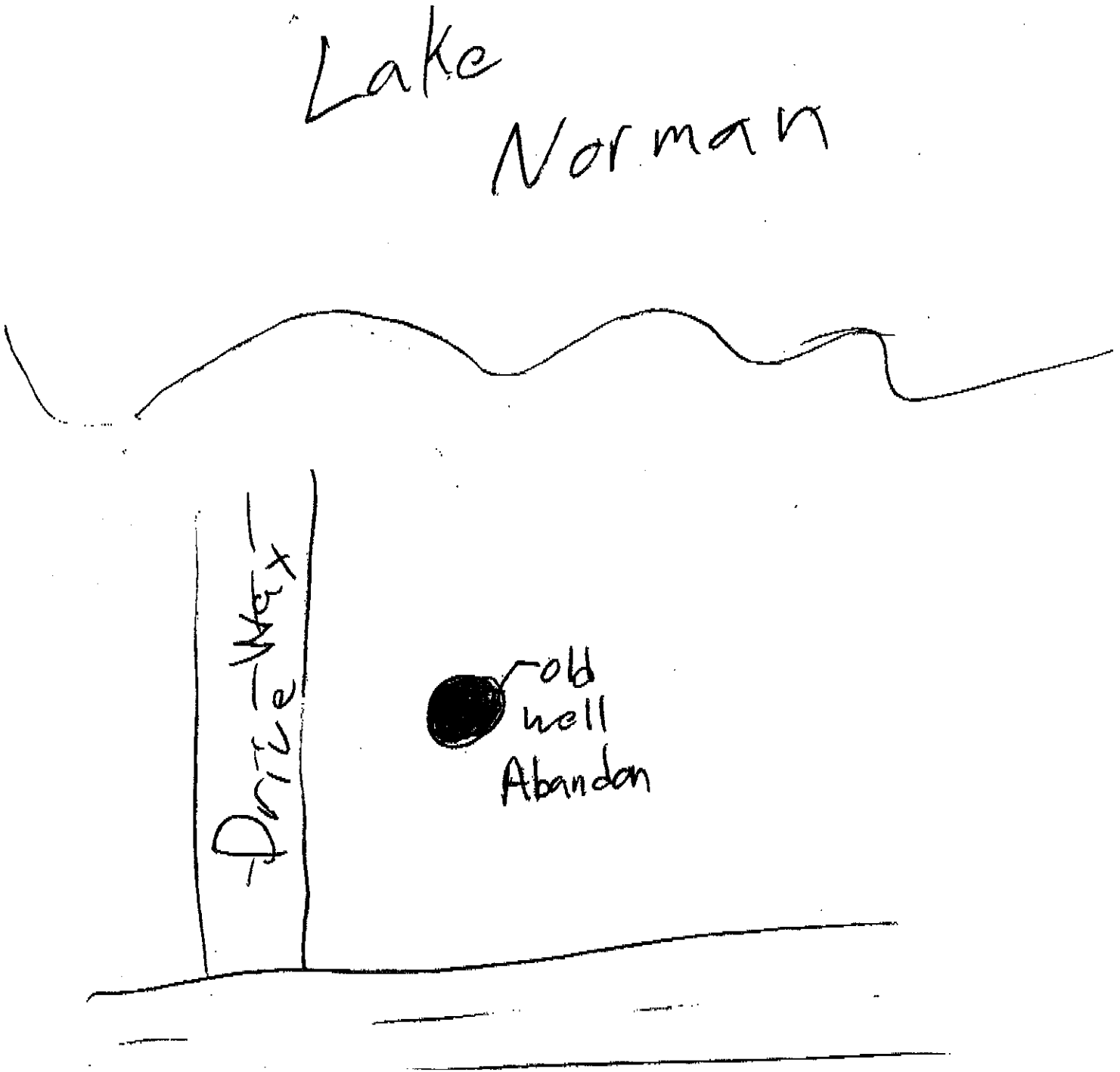



I do hereby certify that this well was abandoned in accordance with 15A NCAC 2C, well construction standards, and that a copy of the record has been provided to the well owner.

Signature of person abandoning the well Andrew S Bailey Date 4/11/08

WELL LOCATION: Draw a location sketch on the reverse of this sheet, showing the direction and distance of the well to at least two (2) nearby reference points such as roads, intersections and streams. Identify roads with State Highway road identification numbers.

Submit original to the Division of Water Quality, Groundwater Section, one copy to the owner within 30 days from completion of abandonment.


Lake
Norman
Driveway
old
well
Abandon