IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM*

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

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:

Applicant Name: Lakeshore Holdings LLC **Address:** Po Box 5350 Mooresville NC 28117 **Phone:** 704 799 7609

Owner Name: Ryan Thomas **Address:** 309 Almora Ln **Phone:** 201-317-1866

Property Information:

Street Address: 309 Whippoorwill Rd Mooresville NC 28117

Subdivision Name: CL&T **Section/Phase:** _____ **Lot Number:** 40

Driving Directions: I50 to Doole Rd, make right on Whippoorwill, lot is on left

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

(✓) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8
( ) Swimming Pool
( ) Other Addition/Structure: _____

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

Non-Residential Site Development:
Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(✓) 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: _____ 7/28/15
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, Eric Bruce Mason, am the legal owner(s) of the property located at 309 Whippoorwill Rd, identified as PIN (Parcel Identification Number) 4737358971, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Ray Pennington, Ryan & Shelley Thomas, Marsha Hathcock, Aaron Feldt, to act as an agent on my behalf in applying for/signing/obtaining 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.

Eric Bruce Mason 6/11/15

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

RECEIVED JUN 1 8 2015

IREDELL COUNTY HEALTH DEPARTMENT Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Paid $500.00 6-26-15 #211373

Application For:

- (X) Septic Improvement Permit
- ( ) New Well Permit
- ( ) Authorization to Construct
- ( ) Well Repair Permit
- ( ) Existing System Inspection
- (X) 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: *Place an (X) beside whichever is submitted if applicable*

- ( ) Survey Plat, scaled no more than 1 inch = 60 feet
- (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Applicant Name: Ryan Thomas **Address:** 309 Almara Loop Mooresville, NC 28117 **Phone:** 201-317-1866

Owner Name: _____ **Address:** _____ **Phone:** _____

Property Information:

Street Address: 309 Whippoorwill

Subdivision Name: CL&T **Section/Phase:** 10 **Lot Number:** 40

Driving Directions: 150 W, L Dodie R. Whippoorwill Lot on left (Vacant)

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

- (X) New Single Family Residence
- ( ) New Multi-Family Residence
- ( ) Accessory Building
- ( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 8

- (X) Swimming Pool
- ( ) Other Addition/Structure: _____

- (X) Crawl Space Foundation
- (X) Concrete Slab Foundation
- (X) Basement with Plumbing
- ( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

(X) 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:** 1977

( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: LPP Panel

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. industrial) 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.

Signature: _____ 6-15-15
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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) 211373

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

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

TOPOGRAPHIC / LAND SETTING:

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

LATITUDE 35° 35. 306

LONGITUDE 80° 54. 233

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 RYAN THOMAS

STREET ADDRESS 309 ALMORA LOOP

MOORESVILLE, NC 28115

5. WELL DETAILS:

a. Total Depth: 52 ft. Diameter: 20 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 6 1/4 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 7/8/15

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 7/8/15
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