ICHD–ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 246493

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

PIN # 4638121510

APPLICANT/OWNER: Wind and Water Development | APPLICANT ADDRESS: PO Box 365 Terrell, NC 28682

SITE ADDRESS: 241 Robinson Rd. Mooresville, NC 28117 | PHONE: 704-201-1095 | ALT. PHONE —

SITE DIRECTIONS: Hwy 150 W → R on Robinson Rd → lot on L | SAP CONTROLLED: ☐ YES ☑ NO

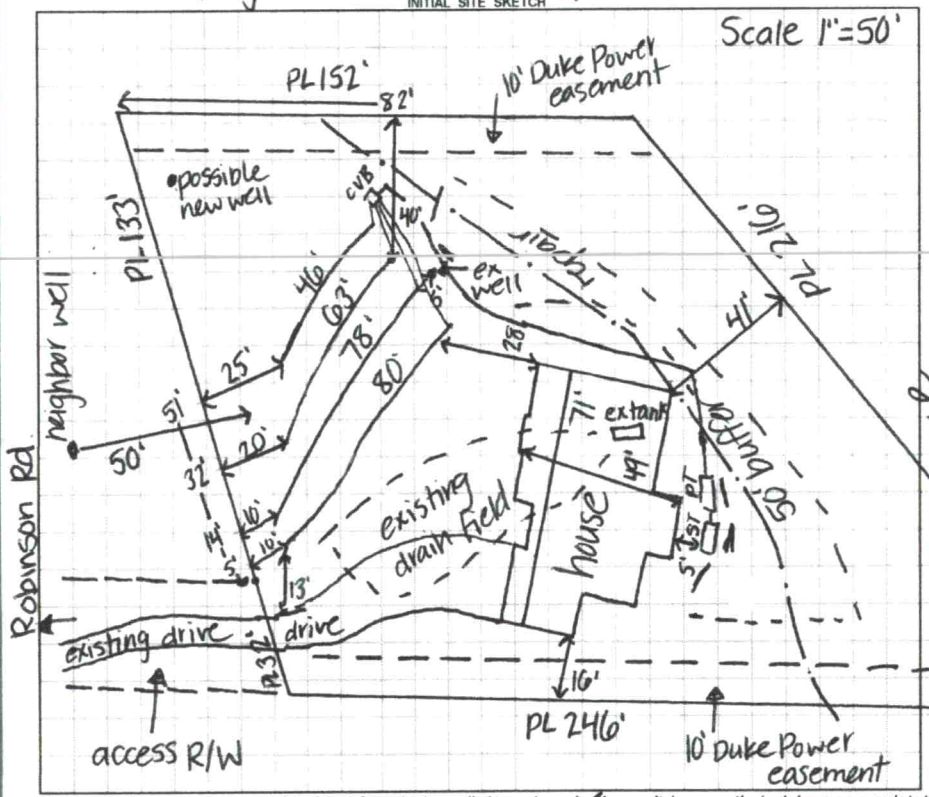
SUBDIVISION: CL+T | SECTION: 11 | LOT # 216 | LOT AREA: .72ac | DESIGN FLOW: 480gpd | L.T.A.R.: .3

Septic Tank	1000	(gal)	STB	766	Date	✓	☑ New System ☐ Repair ☐ Expansion	System Type: I II III Ⓜ V VI	☑ Residence	No. Bedrooms	4	Water Supply
Pump Tank	1000	(gal)	PT	383	Date	✓	System Description: LP PPBPS		☐ Business	No. Persons	8	☑ Private
Pump Make			Model		Serial #		Repair System Description: pretreatment PPBPS		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1		# Lines	4	Linear Ft	267'	Maintenance Agreement Required: ☑ YES ☐ NO		☐ Slab	☑ Crawl Space		☐ Community
Trench Width	24"		Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth	—	☐ GRAVITY ☑ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

Comments / Conditions: Pump, crush, + fill existing tank. Abandon existing drain field. OK to cheat contour up to 5". Maintain 50' from neighbors well. Orifice: 5/32

Existing well must be abandoned prior to issuing AC

INITIAL SITE SKETCH



AS BUILT SKETCH

10/9/19 Well abandonment attached

4-22-2020* Tanks + Lines checked
Floats + Pressureline

Installed as Built

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: Scott Odenbury | Date: 7-18-19 | Installed by: Grand Breakers

IMPROVEMENT PERMIT by: Kayla Wilson | Date: 7-17-19 | OPERATION PERMIT by: [signature] | Date: 5-5-2020

AUTHORIZATION TO CONSTRUCT by: Kayla Wilson | Date: 10-9-19 | 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #: 1638121510
COUNTY: Iredell

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Tom Caudle
ADDRESS: 241 Robinson Rd
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.1949): 480gpd
LOCATION OF SITE: NC 150 W → R on Robinson Rd → lot on L

APPLICATION DATE 7-10-19
DATE EVALUATED: 7-15-19
PROPERTY SIZE: .72ac
PROPERTY RECORDED: yes

WATER SUPPLY: ☑ Private ☐ Public ☑ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	9% LS	0-30	SBK C	Fr,SS,SP,SE	—	53	—	—	PS .3
		30-53	WSBK CL	Fr,SS,SP,SE					
2	8% LS	0-26	SBK C	Fr,SS,SP,SE	—	48	26-48 few SAP inc.		PS .3
		26-48	WSBK CL	Fr,SS,SP,SE					
3	8% LS	0-7	WSBK SCL	Fr,SS,SP,SE	—	48	29-48 few SAP inc		PS .3
		7-29	ABK C	Fi,SS,SP,SE					
		29-48	WSBK CL	Fi,SS,SP,SE					
4	7% LS	0-19	SBK C	Fr,SS,SP,SE	—	44	19-44 com-many SAP inc.		PS .3
		19-44	WSBK CL	Fi,SS,SP,SE					
		44-54	SL SAP	Fr-Fi,NS,NP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	IV	V
Site LTAR	.3	.3

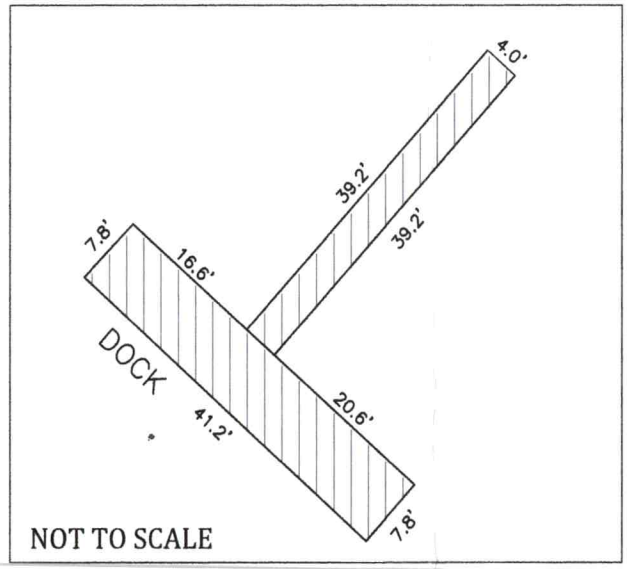
OTHER FACTORS (.1946): PS
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Kayla Wilson
OTHER(S) PRESENT:

COMMENTS:

pits Monday 9:30am

NOTES:

* PROPERTY MAY BE SUBJECT TO RECORDED OR UNRECORDED RIGHTS OF WAYS OR EASEMENTS NOT OBSERVED
* OWNER TO VERIFY ALL SETBACKS AND ZONING REGULATIONS PRIOR TO ANY PLANNING OR CONSTRUCTION.
* DIMENSIONS OF ALL IMPROVEMENTS SHOWN ON THIS PLAT SHOULD NOT BE SCALED OR RELIED UPON FOR DESIGN OR CONSTRUCTION WITHOUT A FIELD VERIFICATION OF ALL DIMENSIONS.
* DIGITAL COPIES OF THIS FILE ARE FOR REFERENCE ONLY AND MAY NOT BE USED FOR DESIGN WORK.
* A PORTION OF THIS PROPERTY IS LOCATED IN A 100 YEAR FLOOD PLAIN.

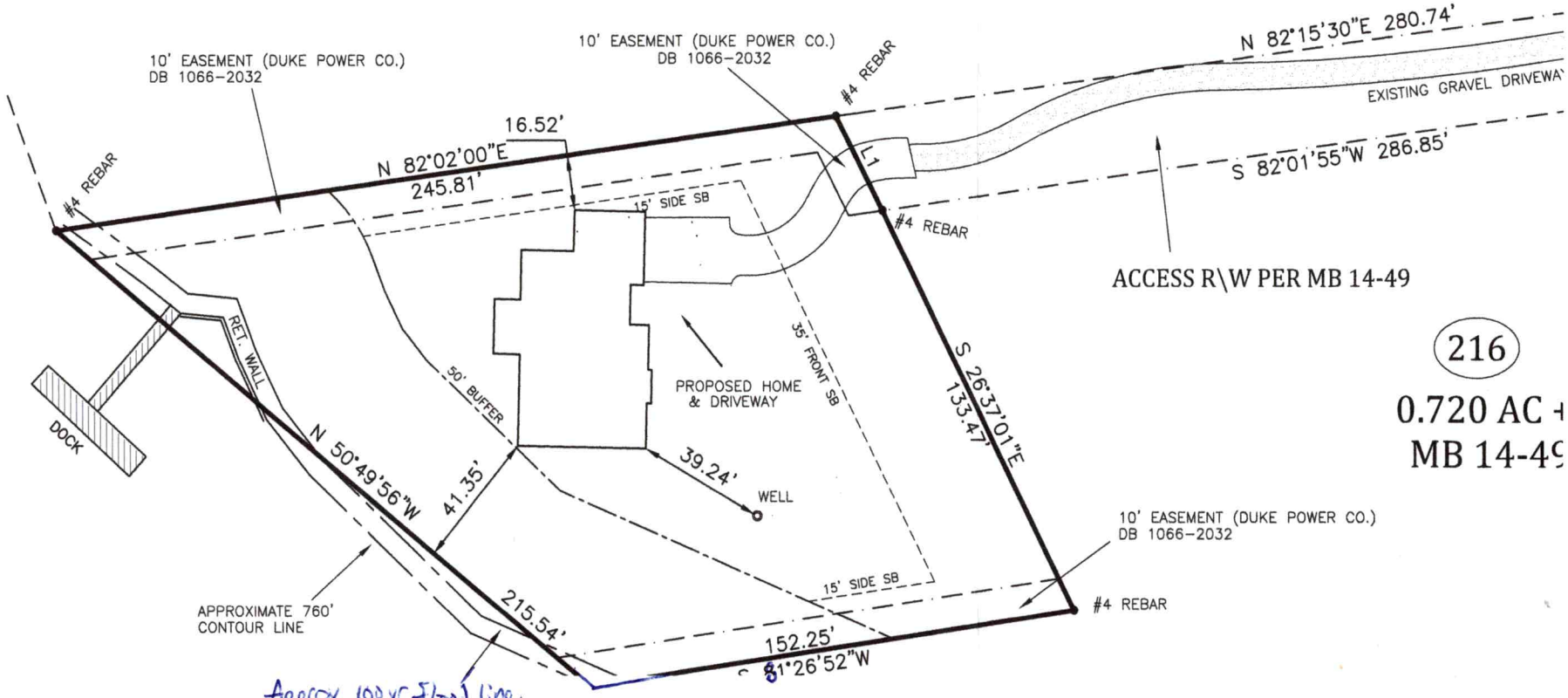


LE

R\W
E\P
C\L
PDE

ROBINSON RD
60' PUBLIC R\W

215



216

0.720 AC +

MB 14-49

#246493
7-10-19
$500.00

APPLICATION MUST BE FILLED OUT COMPLETELY & BE LEGIBLE OR IT WILL NOT BE PROCESSED

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Wind and Water Development - Scott Oldenburg **Address:** PO Box 365, Terrell, NC **Zip:** 28682
Applicant Email: SQUIRES8@yahoo.com **Phone:** 704-201-1095 **Alt. Phone:**
Owner Name: Tom Caudle **Address:** PO Box 1951 Concord **Zip:** 28026
Owner Email: none **Phone:** **Alt. Phone:**

Property Information:

Street Address: 241 Robinson Road, Mooresville, NC 28117

Subdivision Name: -none- **Section/Phase:** **Lot Number:** 216

Driving Directions: Hwy 150 west from Mooresville, Turn right on Robinson Rd, Driveway is on the left just past Melrose Lane.

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

(X) 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: 4
( ) Swimming Pool
( ) Other Addition/Structure:

CHECK FOUNDATION TYPE
(X) 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 (X) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

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

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 ( ) No Is the site subject to approval by any other public agency?

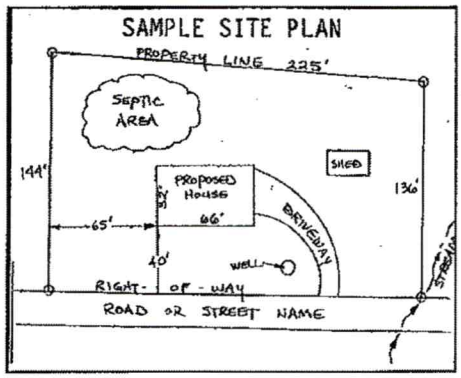
I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible 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: Scott Oldenburg — 7-10-2019
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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 OR WELL PERMIT!!!*



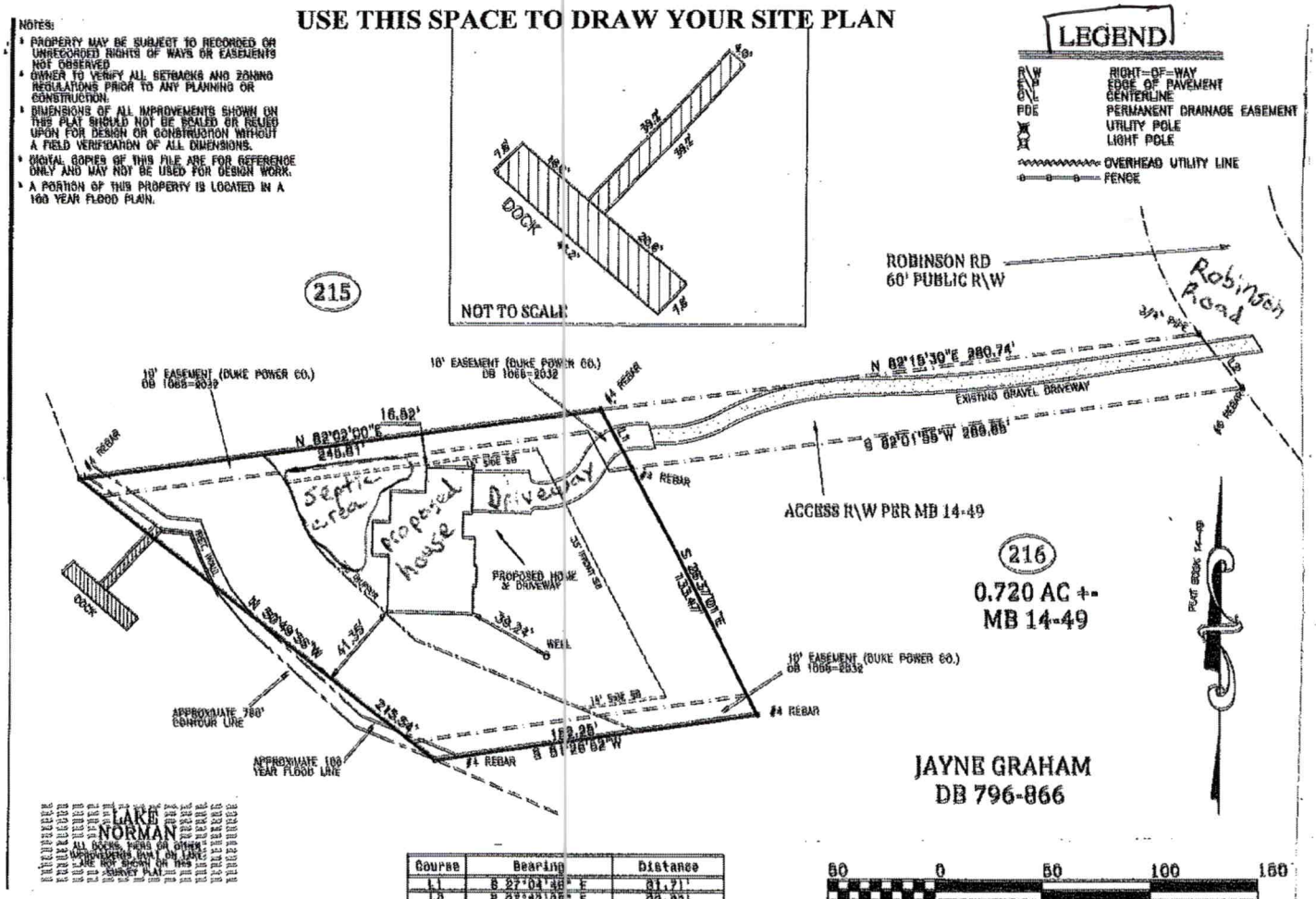
Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- (X) 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



Course	Bearing	Distance
L1	S 27°04'48" E	81.71'
L2	S 07°43'55" E	88.23'

Signature: Scott Osterhoudt 7-10-2019

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

(Check and sign only ONE of the options below)

1. *** APPLICANT AND OWNER ARE THE SAME. *** (*Sign here*) _____

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.

2. I, Tom Caudle, am the legal owner(s) of the property located at 241 Robinson Road, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4638-12-1510, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Scott Oldenburg of Wind and Water Development, 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.

Tom Caudle
Signature of Owner(s)

7-3-2019
Date

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

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

APPLICATION NUMBER
246493
Issue Date: 07/10/2019

ZONING PERMIT

Open Space

Parcel Number	Street Address	Jurisdiction
4638121510.000	241 ROBINSON ROAD, MOORESVILLE, NC	IREDELL COUNTY

Owner Information	Applicant Information
Owner: CAUDLE THOMAS W JR+EUNICE M	Applicant: CAUDLE THOMAS W JR+EUN
Address: PO BOX 1951	Address: PO BOX 1951
CONCORD, NC 28026	CONCORD, NC 28026
Phone:	Phone:

Use Requested	Zone Code
SFD	RR

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
.720					CACL	AE

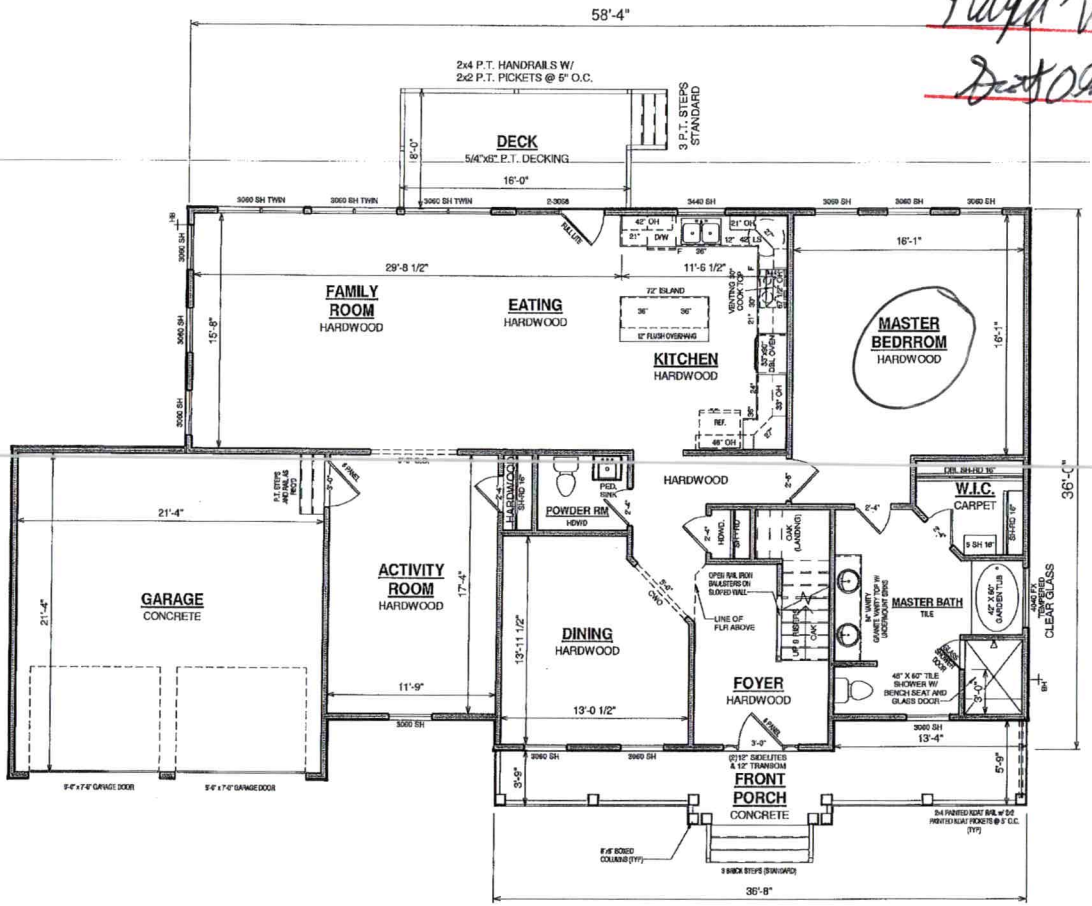
Remarks:

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	184551	TOTAL FEES:	$ 77.25

Acknowledgement Of
Plans Submittal ONLY!
Date 7-17-19
Date 7-18-19



SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS, PENCIL EDGE PROFILE AND 4" BACKSPLASH w/ UNDERMOUNT SINK
- GRANITE BATHROOM VANITY COUNTERTOPS w/ PENCIL EDGE PROFILE AND UNDERMOUNT SINKS
- SMOOTH CEILINGS THROUGHOUT
- 22 1/2" x 54" PULL DOWN STAIR - INSULATED AND SEALED
- 5'x4' TILE SHOWER w/ BENCH SEAT, 2'-0" RETURN WALL AND 3'-0" FRAMELESS (PIVOT) GLASS SHOWER DOOR IN MASTER BATH

Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIMINARY PLAN	06/27/19

AREAS:	
FIRST FLOOR HEATED	1,856 SF
SECOND FLOOR HEATED	1,200 SF
GARAGE	473 SF
COVERED PORCH	177 SF
TOTAL UNDER ROOF	3,708 SF
TOTAL HEATED	2793 SF
DECK	128 SF

THE: WYNFIELD

FOR: WIND & WATER DEVELOPMENT

241 ROBINSON RD
MOORESVILLE, NC 28117

OFFICE: STATESVILLE, NC
SOLD BY: J. SCHOOLEY

JOB#: 8719046

2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED

FOUNDATION TYPE: CRAWLSPACE

DRAWN BY: T. RAWL
CHECKED BY: R. THOMPSON
PRINT DATE: 6/27/2019 10:50:36 AM

PROPERTY OF:

© COPYRIGHT - 2019

SHEET NUMBER: DP-3

FIRST FLOOR DESIGN PLAN

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

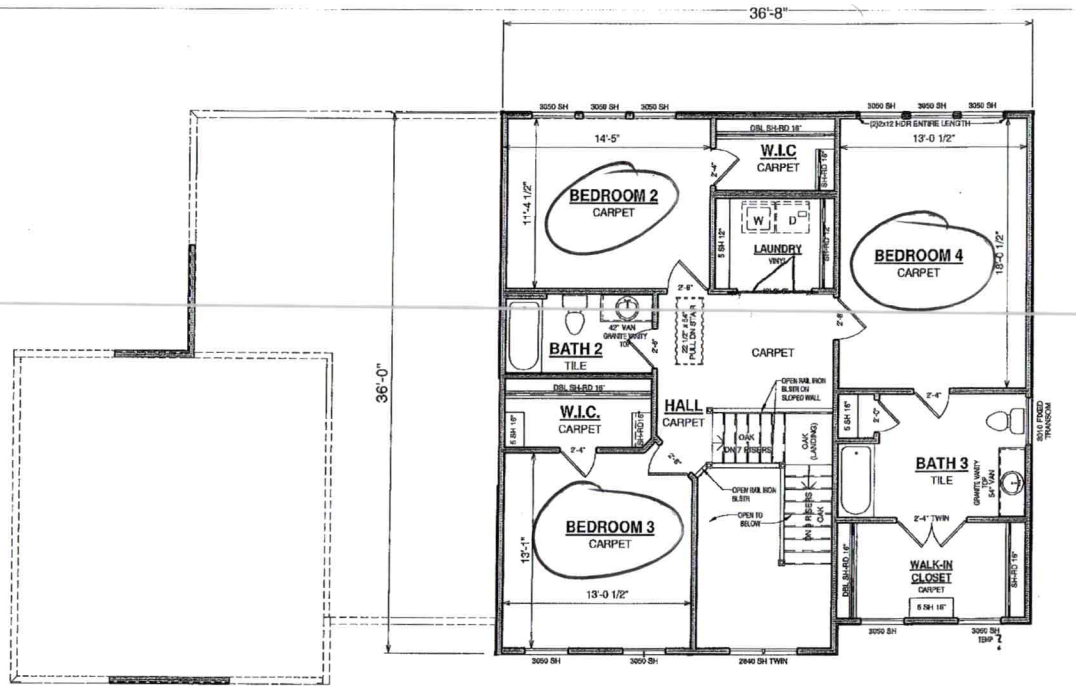
PRELIMINARY DESIGN PLANS

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1126 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
©COPYRIGHT-ALL RIGHTS RESERVED NOTE-VIOLATORS OF THE COPYRIGHT WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. THIS WORK IS THE INTELLECTUAL PROPERTY OF AMERICA'S HOME PLACE AND SHALL NOT BE REPRODUCED WITHOUT PERMISSION

PAPER SIZE: 11" x 17"

SCALE: 1/8" = 1'-0"

Acknowledgement Of
Plans Submittal ONLY!
Kayla Wilson Date 7-17-19
Date 7-17-19



SPECIAL NOTES

- GRANITE KITCHEN COUNTERTOPS, PENCIL EDGE PROFILE AND 4" BACKSPLASH w/ UNDERMOUNT SINK
- GRANITE BATHROOM VANITY COUNTERTOPS w/ PENCIL EDGE PROFILE AND UNDERMOUNT SINKS
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Revision Schedule		
Revision Number	Revision Description	Revision Date
1	PRELIMINARY PLAN	06/27/19

AREAS:	
FIRST FLOOR HEATED	1,656 SF
SECOND FLOOR HEATED	1,200 SF
GARAGE	475 SF
COVERED PORCH	177 SF
TOTAL UNDER ROOF	3,708 SF
TOTAL HEATED	2793 SF
DECK	128 SF

THE: WYNFIELD
FOR: WIND & WATER DEVELOPMENT
241 ROBINSON RD
MOORESVILLE, NC 28117
OFFICE: STATESVILLE, NC
SOLD BY: J. SCHOOLEY

JOB#: 8719046
DRAWN BY: T. RAWL
CHECKED BY: R. THOMPSON
PRINT DATE: 6/27/2019 10:50:30 AM
2x4 EXTERIOR WALLS UNLESS OTHERWISE NOTED
FOUNDATION TYPE: CRAWLSPACE

PROPERTY OF:
© COPYRIGHT - 2019

SHEET NUMBER: DP-4

SECOND FLOOR DESIGN PLAN

SCALE: 1/8" = 1'-0"

PAPER SIZE: 11" x 17"

OPT. PAPER SIZE: for 1/4" =1'-0" on 24"x36" PAPER SIZE ENLARGE PRINTS TO 200%

PRELIMINARY DESIGN PLANS

TO REPORT COPYRIGHT VIOLATIONS CALL (770)532-1128 THE USE OF THIS PLAN BY ANYONE OTHER THAN AN AGENT OF "AMERICA'S HOME PLACE, INC." IS IN VIOLATION OF THE FEDERAL COPYRIGHT VIOLATION ACT. $100 REWARD FOR RECOVERING AN ACTUAL COPYRIGHT INFRINGEMENT.
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Attention: Marie

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Alfred Kiesling Jr

Well Contractor Name (or 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 #: 296493

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

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: 10/8/19

5a. Well location:

Angie's Home Place

Facility/Owner Name — Facility ID# (if applicable)

241 Robeson Rd

Physical Address, City, and Zip

Iredell — 4638121510

County — 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 injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 320 (ft.)

6c. Borehole diameter: 6 (in.)

6d. Water level below ground surface: 10 (ft.)

6e. Outer casing length (if known): 67 (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

Faxed 10/8/19

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 434 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 16 Ounces

7e. Sealing material(s) 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:

3 Scoops Gravel 30 Bags Hole Plug
1 Bag Concrete

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

poured + Hydrated

8. Certification:

Alfred Kiesling Jr — 10/8/19

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 .0100 or 2C .0200 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.