ICHD-Environmental Health Division

Statesville Office (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

PERMIT # AP 323945

PRIVATE DRINKING WATER WELL PERMIT

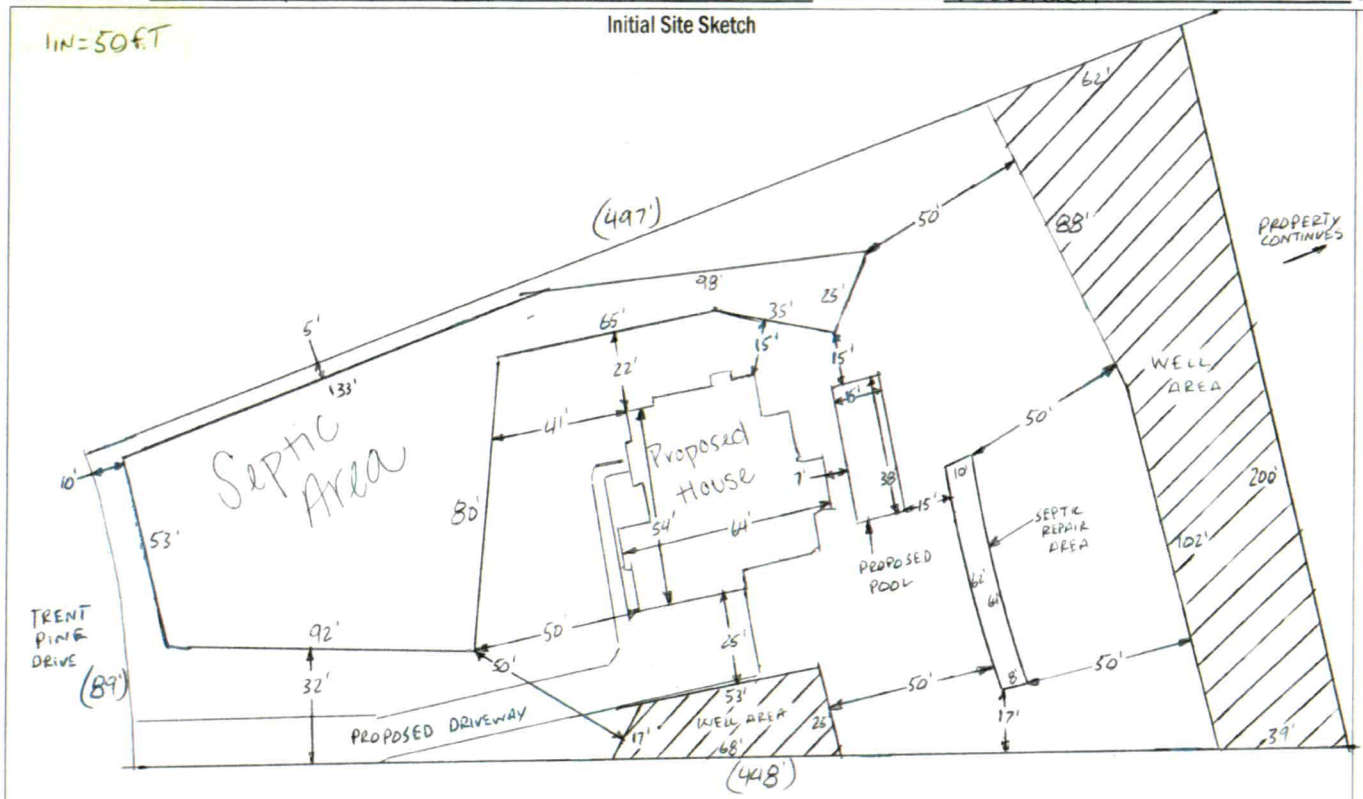
PIN # 4639 -- 32 -- 1012 ✓ Type of Permit (circle one): **New** Repair Abandonment

APPLICANT/OWNER NAME: Foundation Homes Residential LLC ADDRESS: 438 Williamson Road, Suite C, Mooresville 28117 PHONE: 704-360-2251

DIRECTIONS TO SITE: Perth Rd N- (L) on Fernhill - (L) Trent Pines, LOT ON (L)

SITE ADDRESS: 117 Trent Pines Drive, MOORESVILLE, N.C. 28117 ✓ SUBDIVISION: Woodleaf ✓ SECTION/LOT: P2 -- 68 ✓

Initial Site Sketch



CALL 704-664-3703 for

Grout or Well Head Inspections

ROUTING RESULTS

Total Depth Still

Depth of Casing 80'

Yield Drilling

Notes:

E-MAILED 2-24-22@

PERMIT CONDITIONS/COMMENTS: FOLLOW ALL NCAC 2C WELL RULES, GROUT A MINIMUM OF 20FT

WELL PERMIT ISSUED BY: Brent C. White DATE: 2-23-2022 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Advanced Drilling CONTRACTOR CERT #: 4521-A GROUT INSPECTION BY: Sydney Holland DATE: 10-4-22

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☑ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☑ SAMPLE PORT ☑

ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: _____ DATE: 2/17/23 WATER SAMPLES BY: Tianna Kobuke DATE: 1/30/23

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ **CALL 704-664-3703 to schedule grout or well head inspections between 8-9am**

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only: Woodleaf Lot 68

1. Well Contractor Information:
Kyle C. Shaw
Well Contractor Name
4521-A
NC Well Contractor Certification Number
Advanced Well Drilling, LLC
Company Name

2. Well Construction Permit #: 32 39415
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

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	☐Wells > 100,000 GPD
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 #21 Remarks)

4. Date Well(s) Completed: 10-4-22 Well ID#

5a. Well Location:
Foundation Homes Residential LLC
Facility/Owner Name Facility ID# (if applicable)
117 Trent Pines Dr. Mooresville NC 28117
Physical Address, City, and Zip
Iredell
County Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35.63632 N 80.90808 W

6. Is(are) the well(s): ☑Permanent or ☐Temporary

7. Is this a repair to an existing well: ☐Yes or ☑No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled:

9. Total well depth below land surface: 365 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 60 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: Air Rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 25 Method of test: Air

13b. Disinfection type: HTH Amount: 1lbs

14. WATER ZONES

FROM	TO	DESCRIPTION
340 ft.	345 ft.	25gpm
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	81 ft.	6 in.	Heavy	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	70 ft.	Dirt/Clay
70 ft.	80 ft.	Hard grey rock
80 ft.	365 ft.	Hard grey rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Kyle Shaw 10-4-22
Signature of Certified Well Contractor Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0106 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (IUC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: Iredell Name: Foundation Homes Sample ID Number: ES230131-0014
Location: 117 Trent Pines Dr Mooresville Reviewer Teanna Kobuck

Initial Sample X Confirmation Sample _____

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

✔ No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

_____ Total coliform bacteria were detected in your water sample. Total Coliform are a group of related bacteria that are (with few exceptions) not harmful to humans. A variety of bacteria, parasites, and viruses, known as pathogens, can potentially cause health problems if humans ingest them. EPA considers total coliforms a useful indicator of other pathogens for drinking water. Total coliforms are used to determine the adequacy of water treatment and the integrity of the distribution system

_____ It is recommended that your well water be re-tested to verify that the result is accurate.

_____ Fecal coliform bacteria were detected in the sample. **Do not use the water for drinking, cooking, washing dishes, bathing or showering**.

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.

North Carolina State Laboratory of Public Health

Environmental Sciences

Microbiology

Certificate of Analysis

4312 District Drive
MSC 1918
Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

FINAL REPORT

Report to: **Teanna Kobuck**

IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MOORESVILLE
610 EAST CENTER AVENUE
Mooresville, NC 28115

Name of System:

Foundation Homes
117 Trent Pines Dr
Mooresville, NC 28117

EIN: 566000309E **Delivery:** **NC Courier** **Iredell County**

StarLiMS ID: **ES230131-0114**

Date Collected: 01/30/2023 Time Collected: 09:55 By: Teanna Kobuck
Date Received: 01/31/2023 Time Received: 08:28 By: Angela Heybroek

Sample Source: New Well
Sample Type: Raw
Treatment:

Sampling Point: Well head
GPS No.
Well Permit No. AP-323945

Comment:

Colilert Profile **Method: SM 9223B**

Analyte	Test Result	Unit	Conclusion	Date Tested
Total Coliform	Absent			01/31/2023
E. coli	Absent			01/31/2023

Report Date: 02/01/2023 **Reported By:** **KPLEMMONS**

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

N O R T H C A R O L I N A

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health

Private Well Information and Use Recommendations

For Inorganic Chemical Contaminants

County: Iredell | Sample Name: 117 Trent Pines Dr Mooresville

Sample ID #: ES230131-0013 | Reviewer: Teanna Kobuck

TEST RESULTS AND USE RECOMMENDATIONS

1. ☑ Your well water meets federal drinking water standards ***for inorganic chemicals***. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***. You may have other water sampling results that are not taken into account in this report.

2. ☐ The following substance(s) exceeded federal drinking water standards or the North Carolina 2L calculated health levels. The North Carolina Division of Public Health recommends that your well water not be used for drinking and cooking unless you install a water treatment system to remove the checked substance(s). However, it may be used for washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***.

☐ Arsenic ☐ Barium ☐ Cadmium ☐ Chromium ☐ Copper ☐ Fluoride ☐ Iron
☐ Lead ☐ Manganese ☐ Mercury ☐ Nickel ☐ Nitrate/Nitrite ☐ Selenium ☐ Silver
☐ Zinc

3. ☐ While your lead levels do not exceed federal or state standards, the North Carolina Division of Public Health has concerns with any detection of lead. Should you have any questions please contact the NC Private Well and Health Program at (919) 707 - 5900.

4. ☐ Re-sample for lead and /or copper. Take a first draw and 30-second flush sample inside the house (preferably the kitchen sink) and a first draw and 4 minutes flush sample at the wellhead to determine the source of the lead and/ or copper.

5. ☑ The following substance(s) exceeded aesthetic drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

☐ Chloride ☐ Copper ☐ Flouride ☑ Iron ☐ Manganese
☐ pH ☐ Silver ☐ Sulfate ☐ Zinc

6. ☐ a. Sodium levels exceed the U.S. Environmental Protection Agency's (USEPA) Health Advisory level for sodium of 20 mg/l. The North Carolina Division of Public Health recommends that only individuals on no or low sodium-restricted diets not use this water for drinking or cooking. It may be used for washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***.

☐ b. Your sodium level exceeds 30 mg/L and may pose aesthetic issues such as bad taste, odor, staining of porcelain, etc.

7. ☐ Re-sampling is recommended in _____ months, to reinvestigate _____.

For more information regarding your well water results, please call the North Carolina Division of Public Health at 919-707-5900.

North Carolina State Laboratory of Public Health

Environmental Sciences

Inorganic Chemistry

4312 District Drive
MSC 1918
Raleigh, NC 27699-1918

http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Certificate of Analysis

FINAL REPORT

Report to: Teanna Kobuck

IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MOORESVILLE
610 EAST CENTER AVENUE
MOORESVILLE, NC 28115

Name of System:

Foundation Homes
117 Trent Pines Dr
Mooresville, NC 28117

EIN: 566000309E

Delivery: NC Courier

StarLiMS ID: ES230131-0013

Date Collected: 01/30/2023 Time Collected: 09:55 By: Teanna Kobuck

Date Received: 01/31/2023 Time Received: 07:35

Sample Type: Raw Sampling Point: Well head Well Permit No. AP-323945

Sample Source: New Well Receipt Temp. : 2.5 °C GPS Number:

Profile: New Well I

Analyte	Test Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	<0.001	0.010	mg/L	
Barium	<0.1	2.0	mg/L	
Cadmium	<0.0005	0.005	mg/L	
Calcium	12		mg/L	
Chloride	6.2	250	mg/L	
Chromium	<0.02	0.10	mg/L	
Copper	<0.01	1.3	mg/L	
Fluoride	0.102	4.00	mg/L	
Iron	0.63	0.30	mg/L	
Lead	<0.003	0.015	mg/L	
Magnesium	4		mg/L	
Manganese	0.031	0.05	mg/L	
Mercury	<0.0004	0.002	mg/L	
Nickel	<0.01	0.1	mg/L	
Nitrate	<1	10.0	mg/L	
Nitrite	<0.1	1.00	mg/L	
pH	6.9		N/A	
Selenium	<0.005	0.05	mg/L	
Silver	<0.01	0.10	mg/L	
Sodium	8.5		mg/L	
Sulfate	<5	250	mg/L	
Total Alkalinity	52		mg/L	
Total Hardness	45		mg/L	
Zinc	<0.05	5.0	mg/L	

Report Date: 02/14/2023

Reported By:

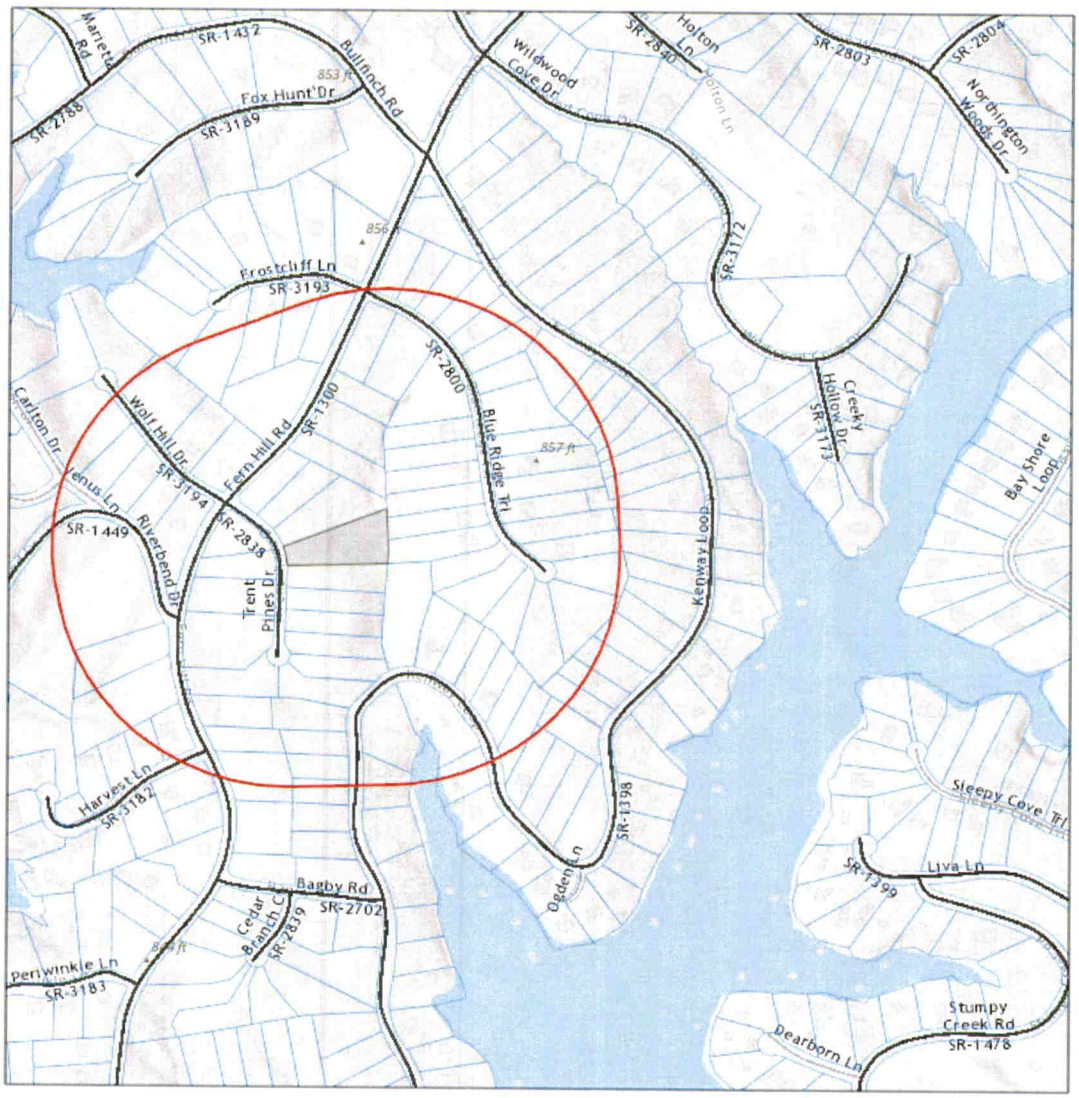
Marc Komlos

WPDT Report

Area of Interest (AOI) Information

Area : 4,458,743.99 ft²

Feb 23 2022 14:08:15 Eastern Standard Time



Parcels (Polygons) - Parcels

Non-System Roads

- Federal Route
- Non-System

Other System Roads

- Ramps, Rest Areas, Non-Mainline
- Projected Route
- Other State Agency Route
- Secondary Route

Primary Roads

- Interstate
- US Route
- NC Route

1:9,028

0 0.05 0.1 0.2 mi

0 0.1 0.2 0.4 km

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RECEIVED JAN 2 5 2022

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*

Expedited Review AP-323945 $550.00

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:
Place an (X) 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

Applicant Information: (PRINT CLEARLY)

Applicant Name: Foundation Homes Residential, LLC Address: 438 Williamson Road, Suite C, Mooresville NC Zip: 28117
Applicant Email: mitzi@foundationhomesIkn.com Phone: 704-360-2251 Alt. Phone: _____
Owner Name: Foundation Homes Developing LLC Address: 438 Williamson Road Ste C Mooresville Zip: 28117
Owner Email: _____ Phone: 704-360-2451 Alt. Phone: _____

Property Information:

Street Address: 117 Trent Pines Dr
Subdivision Name: Woodleaf Section/Phase: _____ Lot Number: 68
Driving Directions: Perth Rd N, L on Fern Hill, L on Trent Pines

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: _____
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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: _____ 10/26/2021
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, Jonathan Smith - Foundation Homes Developing, LLC, am the legal owner(s) of the property located at 117 Trent Pines Dr, Mooresville NC 28117, identified as PIN (Parcel Identification Number) 4639321012, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Mitzi Owens, Foundation Homes Residential, LLC, 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.

_____ 10/26/2021
Signature of Owner(s) Date

Mooresville - Environmental Health
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

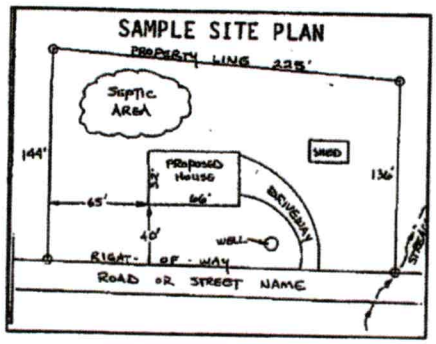
Statesville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

PAGE 2: *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**
- ( ) **Front and side setbacks from property line**
- ( ) **Preferred driveway location and 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

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

_____

DATE