DW

# ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

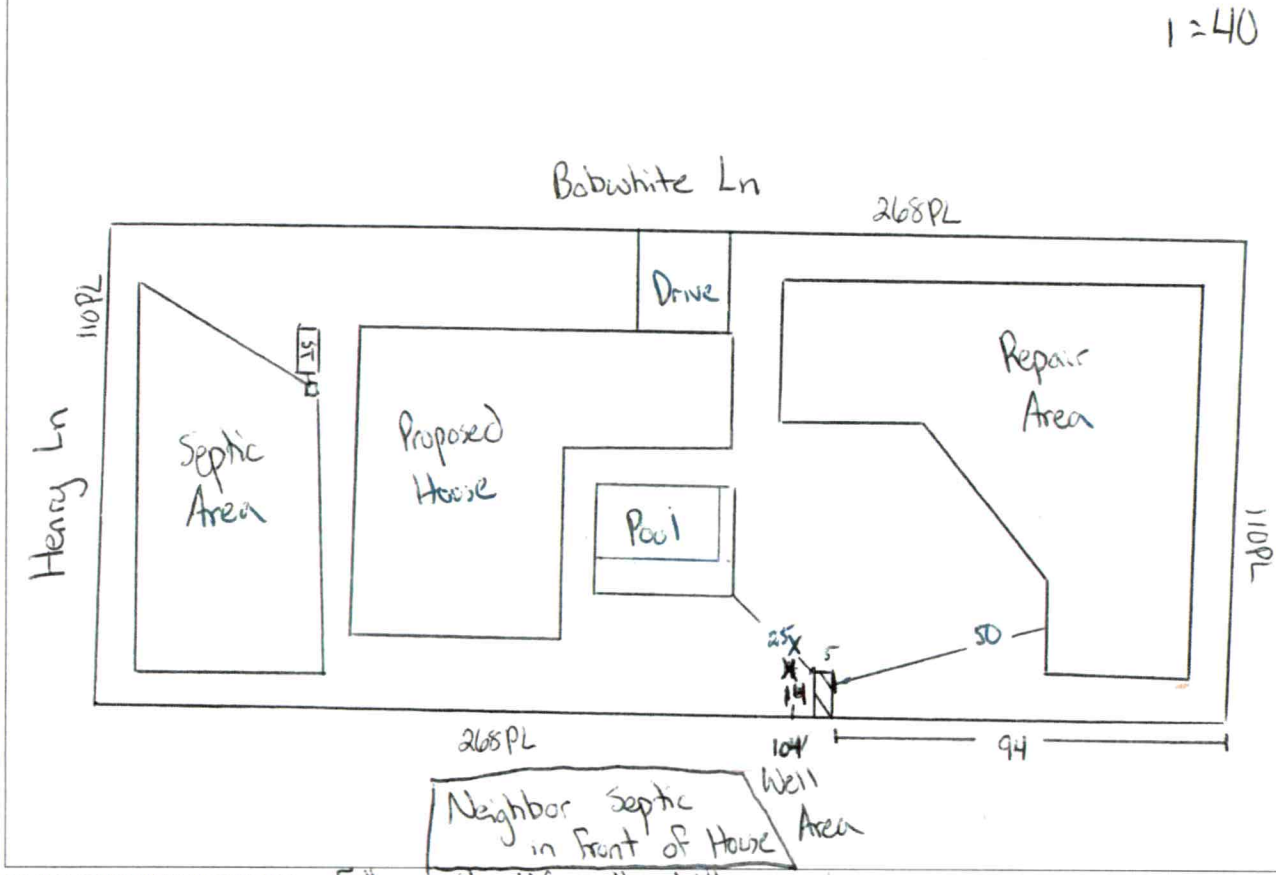
**PRIVATE DRINKING WATER WELL PERMIT #** 310741 **PIN #** 4645 - 18 - 5888 ✓ **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Carter Builders ADDRESS: 9149 Barnett Rd, Concord PHONE: 704-201-6704

DIRECTIONS TO SITE: Alcove - Templeton - Henry - Bobwhite

SITE ADDRESS: 104 Bobwhite Ln, Mooresville 28115 ✓ SUBDIVISION: Kelly Cove ✓ SECTION/LOT: 1 / 5 ✓

Initial Site Sketch




**GROUTING RESULTS**

Total Depth 300

Depth of Casing 95

Yield 15

Notes:

20' grouted

Out of Well Area

Pool must be staked during well head inspection.

New Pool Area 16 x 30

- Pool not staked 7/11/14
- need hose backflow

E-MAILED JAN 2 1 2022

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well drilling rules.

WELL PERMIT ISSUED BY: Cory Whit DATE: 1/20/22 (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: Morgan Well Drilling CONTRACTOR CERT #: 4550 A GROUT INSPECTION BY: Cory Whit DATE: 2/16/22

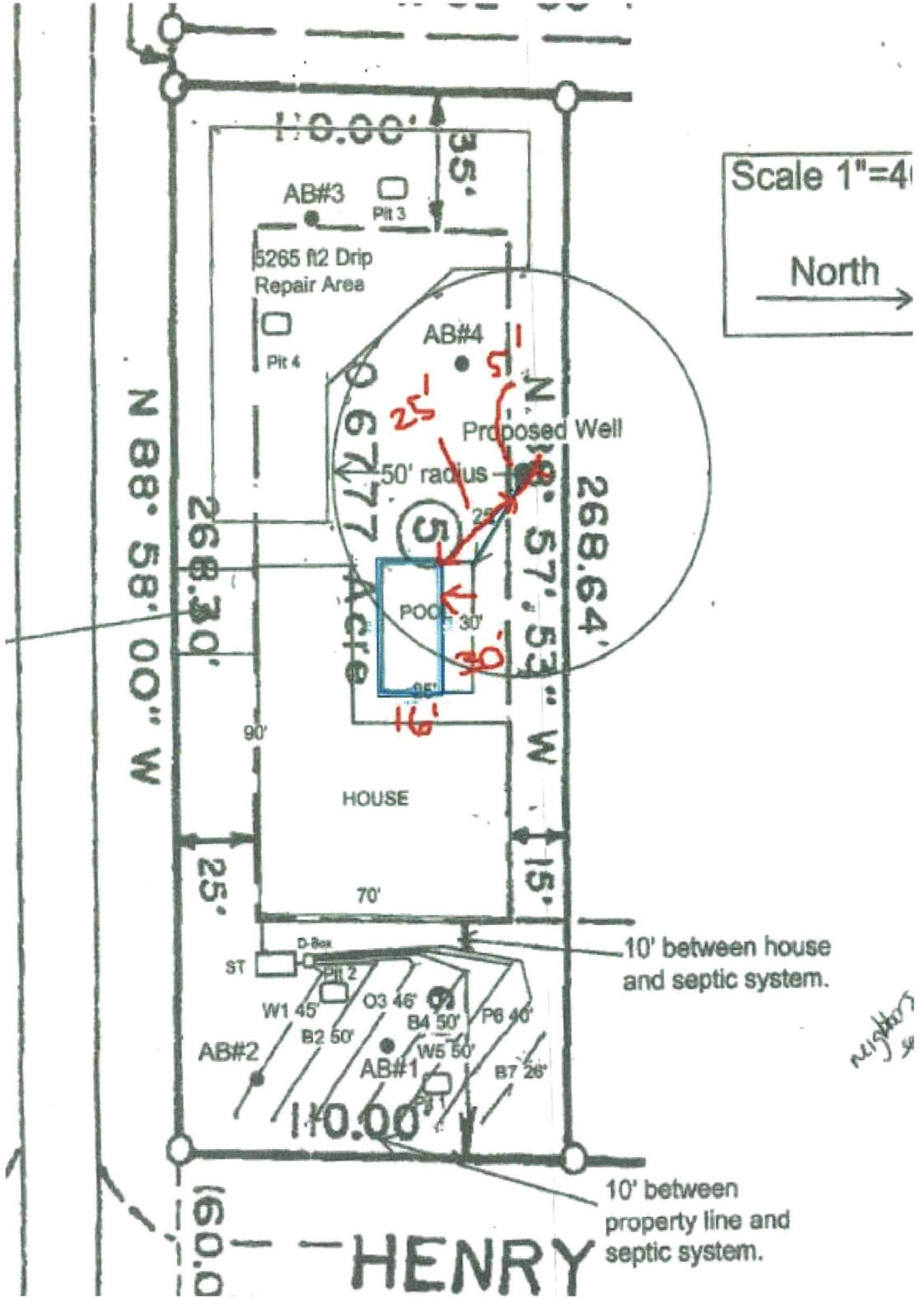
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Cory Whit DATE: 11/17/22

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: Cory Whit DATE: 11/17/22 WATER SAMPLES BY: Deanna Rebuck DATE: 12/7/22

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


Scale 1"=4
North
AB#3
Pit 3
5265 ft2 Drip
Repair Area
Pit 4
AB#4
Proposed Well
50' radius
POOL
HOUSE
N 88° 58' 00" W
N 10° 57' 53" W
268.64'
268.30'
0.617 Acre
110.00'
35'
25'
15'
90'
70'
D-Box
ST
Pit 2
W1 45'
O3 46'
B4 50'
P6 40'
B2 50'
W5 50'
B7 28'
AB#2
AB#1
Pit 1
110.00'
10' between house
and septic system.
10' between
property line and
septic system.
HENRY

4

Print Form

# WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:
Garrett Clause
Well Contractor Name
4550-A
NC Well Contractor Certification Number
Morgan Well & Pump, Inc.
Company Name

2. Well Construction Permit #: 310741
*List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)*

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 2-15-22 Well ID# ~

5a. Well Location:
Carter Builders
Facility/Owner Name
Kellycark Lot 5
Facility ID# (if applicable)
104 Bobcat Ln Mooresville
Physical Address, City, and Zip
Iredell
County
4645-18-5888
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees: (if well field, one lat/long is sufficient)
35.54621 N 80.87704 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: 1

9. Total well depth below land surface: 300 (ft.)
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

10. Static water level below top of casing: 50 (ft.)
*If water level is above casing, use "+"*

11. Borehole diameter: 6 (in.)

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

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm) 15 Method of test: air pressure
13b. Disinfection type: Granular Amount: 1102

14. WATER ZONES

| FROM | TO | DESCRIPTION |
|---|---|---|
| 280 ft. | 281 ft. | |
| ft. | ft. | |

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

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---|---|---|---|---|
| +1 ft. | 95 ft. | 6 1/8/ in. | sdr21 | 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. | 40 ft. | Red Dirt |
| 40 ft. | 85 ft. | Brown Dirt |
| 85 ft. | 260 ft. | Grey Granite |
| 260 ft. | 300 ft. | White granite |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |

21. REMARKS

22. Certification:
Signature of Certified Well Contractor — February 15 2022 Date

*By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 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 site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. 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 construction to the county health department of the county where constructed.

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: Brian Montgomery Sample ID Number: ES221208-0078
Location: 104 Bobwhite Ln 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:**

**Brian Montgomery**
**104 Bobwhite Ln**
**Mooresville, NC 28117**

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

StarLiMS ID: ES221208-0078

Date Collected: 12/07/2022 Time Collected: 08:45 By: Teanna Kobuck
Date Received: 12/08/2022 Time Received: 08:14 By: Angela Heybroek

Sample Source: New Well
Sample Type: Raw
Treatment:

Sampling Point: Well head
GPS No.
Well Permit No. AP-310741

Comment:

**Colilert Profile** **Method: SM 9223B**

| Analyte | Test Result | Unit | Conclusion | Date Tested |
|---|---|---|---|---|
| Total Coliform | Absent | | | 12/08/2022 |
| E. coli | Absent | | | 12/08/2022 |

**Report Date:** 12/09/2022 **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: 104 Bobwhite Ln Mooresville, NC

Sample ID #: ES221208-0006 | 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:**

**Brian Montgomery**
**104 Bobwhite Ln**
**Mooresville, NC 28117**

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

StarLiMS ID: ES221208-0006
Date Collected: 12/07/2022 Time Collected: 08:45 By: Teanna Kobuck
Date Received: 12/08/2022 Time Received: 07:37

Sample Type: Raw
Sample Source: New Well
Sampling Point: Well head
Receipt Temp. : 1.5 °C
Well Permit No. AP-310741
GPS Number:

**Profile: New Well I**

| Analyte | Test Result | Allowable Limit | Unit | Qualifier(s) |
|---|---|---|---|---|
| Arsenic | 0.002 | 0.010 | mg/L | |
| Barium | <0.1 | 2.0 | mg/L | |
| Cadmium | <0.0001 | 0.005 | mg/L | |
| Calcium | 15 | | mg/L | |
| Chloride | <5 | 250 | mg/L | |
| Chromium | <0.02 | 0.10 | mg/L | |
| Copper | <0.01 | 1.3 | mg/L | |
| Fluoride | <0.1 | 4.00 | mg/L | |
| Iron | <0.06 | 0.30 | mg/L | |
| Lead | <0.003 | 0.015 | mg/L | |
| Magnesium | 3 | | mg/L | |
| Manganese | <0.005 | 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 | 7.9 | | N/A | |
| Selenium | 0.006 | 0.05 | mg/L | |
| Silver | <0.01 | 0.10 | mg/L | |
| Sodium | 5.8 | | mg/L | |
| Sulfate | <5 | 250 | mg/L | |
| Total Alkalinity | 59 | | mg/L | |
| Total Hardness | 49 | | mg/L | |
| Zinc | <0.05 | 5.0 | mg/L | |

# ICHD - ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 31074

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

PIN # 4645 - 185 - 888

APPLICANT/OWNER: Brian Montgomery/Carter Custom APPLICANT ADDRESS: 553 Beaty St, Davidson

SITE ADDRESS: 120 Henry Trl, Mooresville Bld. PHONE: 980-254-4112 ALT. PHONE -

SITE DIRECTIONS: Exit 33 to Alcove Rd → R Templeton → R Henry → lot corner of Henry + Bobwhite In SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Kelly Cove SECTION: 1 LOT # 5 LOT AREA: 1.677 ac DESIGN FLOW: 480gpd L.T.A.R.: .3 (.125R)

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III IV V VI | |
| Pump Tank | | (gal) | PT | | Date | | System Description: | horizontal PPBPS | | | |
| Pump Make | | | Model | | Serial # | | Repair System Description: | drip | | | |
| # Nitrification Fields | 1 | # Lines | 6 | | Linear Ft: | 280' | Maintenance Agreement Required: | ☐ YES | ☒ NO | | |
| Trench Width | 36" | Trench Bottom Depth (Deepest) | | | | 22" | Gravel Depth | - | ☒ GRAVITY | ☐ PRESSURE | |

| | | | |
|---|---|---|---|
| ☒ Residence | No. Bedrooms | 4 | Water Supply |
| ☐ Business | No. Persons | 8 | ☒ Private |
| ☐ Other | No. Employees | | ☐ Public |
| ☐ Slab | ☒ Crawl Space | | ☐ Community |
| ☐ Basement w/plumbing | | | ☐ Basement w/o plumbing |

Comments / Conditions: ★ Do Not Cut down for Slab. No cut 2ft or greater within 15ft of Septic.

11/10/21 Foundation changed to slab.

INITIAL SITE SKETCH

See attached design from Michael Athanas + Associates

AS BUILT SKETCH

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

Authorization to Construct
FOR SEPTIC FINAL INSPECTION
CALL 704-664-3703
Balance = 0

*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**

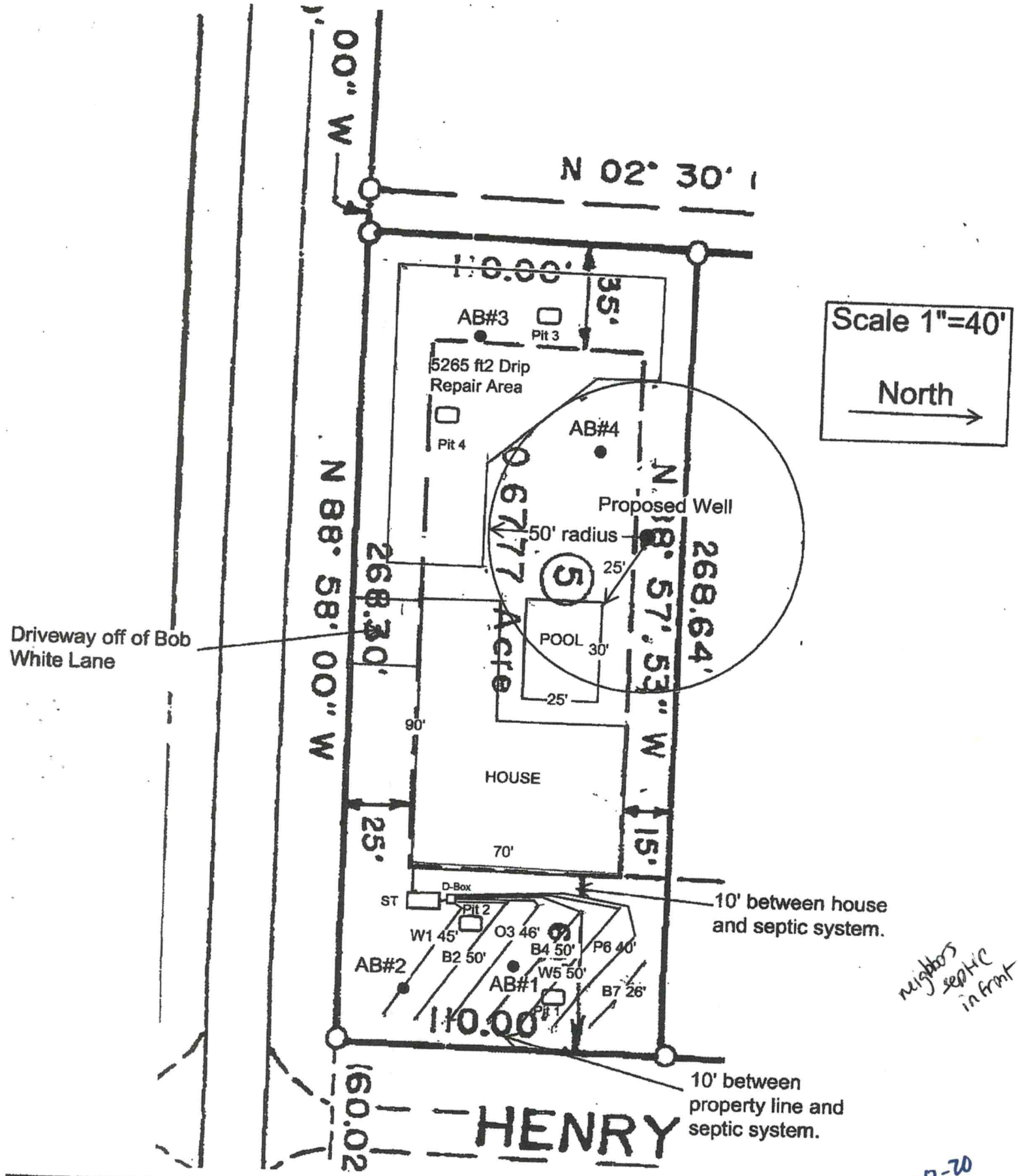
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Sandra Montgomery Date: 9.14.20 Installed by:

IMPROVEMENT PERMIT by: Carla C. Nichols Date: 9-10-20 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 11/10/21 Existing System Inspected by: Date:

**FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.**


N 02° 30'
110.00'
35'
AB#3
Pit 3
5265 ft2 Drip
Repair Area
Pit 4
AB#4
Proposed Well
50' radius
25'
5
0.677 Acre
N 88° 58' 00" W
N 88° 57' 53" W
268.30'
268.64'
POOL
30'
25'
90'
HOUSE
25'
15'
70'
D-Box
ST
Pit 2
W1 45'
O3 46'
B4 50'
P6 40'
B2 50'
W5 50'
AB#2
AB#1
B7 26'
Pit 1
110.00
60.02
HENRY
Scale 1"=40'
North
Driveway off of Bob White Lane
10' between house and septic system.
10' between property line and septic system.
neighbors septic in front
approved 9-10-20 CCN

RECEIVED DEC 30 2021

**IREDELL COUNTY HEALTH DEPARTMENT** AP-310741
***Environmental Health Division***
Statesville Office 704-878-5305 Mooresville Office 704-664-5281 option #3
**APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT** Paid $550.00

Carter Builders Inc — 9149 Barnett Rd Concord NC — 704-201-6704
Applicant Name — Street, City, State, Zip — Phone Number

Brian Montgomery — 533 Beatty St Davidson — 980-254-4112
Name of Owner / Authorized Agent — Street, City, State, Zip — Phone Number

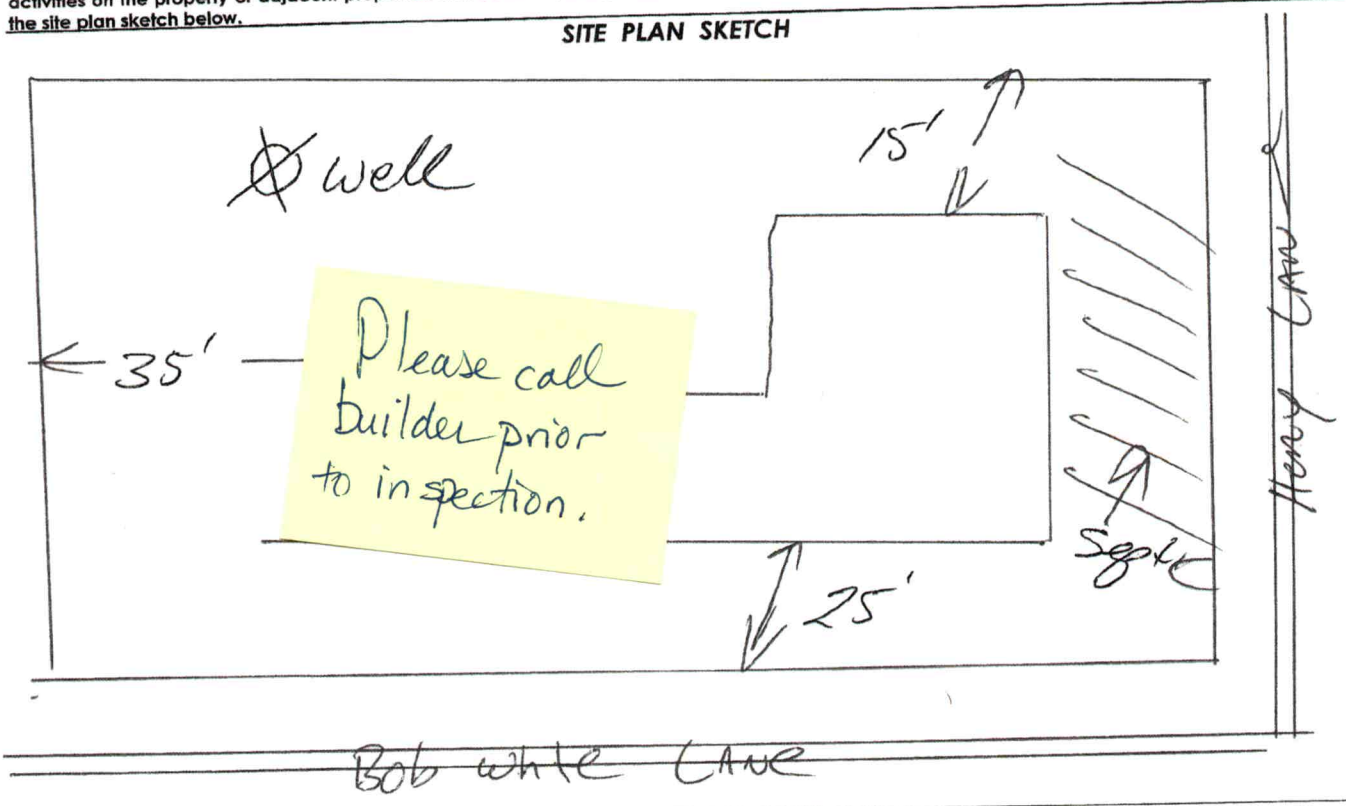
104 Bobwhite Lane Mooresville
Well Site Location / Street Address — Subdivision — Lot Number

4645-18-5-888 — New Constr. — New
Parcel Identification Number (PIN) — Intended Use of Property — Type of Well Permit (New, Repair, Abandonment)

Hwy 21 S. Left on Alcove, Rt on Templeton Rt on Henry
Directions from here to your site

All site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction must be identified on the site plan sketch below.

***SITE PLAN SKETCH***

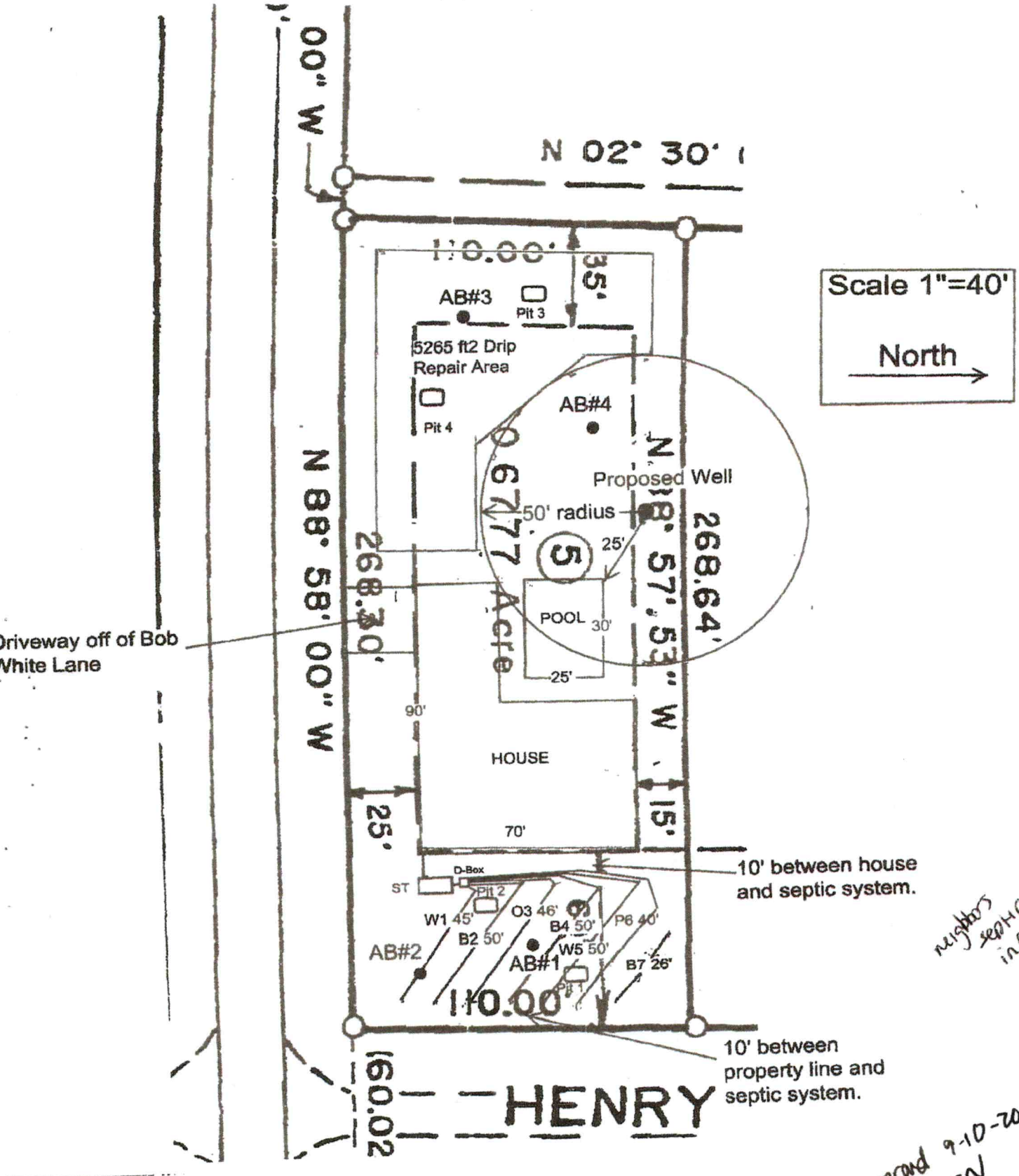



CHECK AS APPLICABLE:
____ **There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)**
____ **There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.**
____ **There is an easement, right-of-way or other encroachment agreement applicable to this parcel.**

**By signing below I acknowledge that the information provided herein is true, complete and correct. Furthermore, I grant authorized county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand 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 investigation can be performed.**

SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE 12/29/21

White Copy – Environmental Health — Yellow Copy - Applicant Copy


N 02° 30'
110.00'
35'
AB#3
Pit 3
5265 ft2 Drip
Repair Area
Pit 4
AB#4
Proposed Well
50' radius
25'
5
0.677 Acre
N 88° 58' 00" W
268.30'
N 88° 57' 53" W
268.64'
POOL 30'
25'
90'
HOUSE
25'
70'
15'
Driveway off of Bob
White Lane
10' between house
and septic system.
D-Box
ST
Pit 2
W1 45'
O3 46'
B4 50'
P6 40'
B2 50'
W5 50'
AB#2
AB#1
B7 26'
Pit 1
110.00
10' between
property line and
septic system.
60.02'
HENRY
Scale 1"=40'
North
neighbors septic in front
approved 9-10-20
CCN

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

# IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

Public Health
Prevent. Promote. Protect.
Iredell County Health Department

## 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, Brian Montgomery, am the legal owner(s) of the property located at 104 Bobwhite Ln Mooresville, identified as PIN (Parcel Identification Number) 4645-185-888, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) TRENT CARTER, CARTER Custom Cabs Inc, 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) Date

Signature of Witness 12-29-21 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

# WELL PERMIT
# ENVIRONMENTAL HEALTH REQUIREMENTS

***The following numbered items MUST BE COMPLETED PRIOR TO THE SUBMITTAL of the WELL PERMIT application form.*** **Questions? Call Iredell County Environmental Health between 8:00-9:00a.m., Monday-Friday to speak with a Registered Environmental Health Specialist.**

**Statesville Office**
349 N. Center St.
Statesville, NC 28677
Phone: (704)878-5305

**Mooresville Office**
610 East Center Avenue
Mooresville, NC 28115-2548
Phone: (704)664-5281 option 3

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1. **Complete the Environmental Health Well Application form** with site plan. Well fees can be paid directly at one of the Environmental Health offices listed above.
2. Clearly **mark all property corners**. Flag side lines every twenty-five feet if rear corners are not visible when standing on front corners.
3. **Stake or flag where you want your well**.
4. **Any site not having adequate visibility**(50' in any direction) **must be cleared of "undergrowth"** to allow access and provide good visibility.
5. All completed paperwork must be submitted to the Environmental Health Division of the Iredell County Health Department for review before any name will be placed on the service request (appointment) list. **Only properly completed applications will be placed on the service request list on a first come, first serve basis. Incomplete applications will be returned to the applicant.**

***Completed permits must be picked up promptly.***

***Any site not ready when staff arrive for the evaluation will result in applicant being charged a site revisit fee of $100 and the request being returned to the bottom of the service request list. Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are non-refundable. Refunds for work not started, due to a customer changing their mind or plans, are subject to an administrative fee of $50 to defray a portion of the costs of processing the refund.***

***By signing below I am acknowledging the above specifications have been met and the site is ready to be evaluated.***

**Signature** _____ **Date** 12/29/21