# ICHD – Environmental Health Division

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 302375

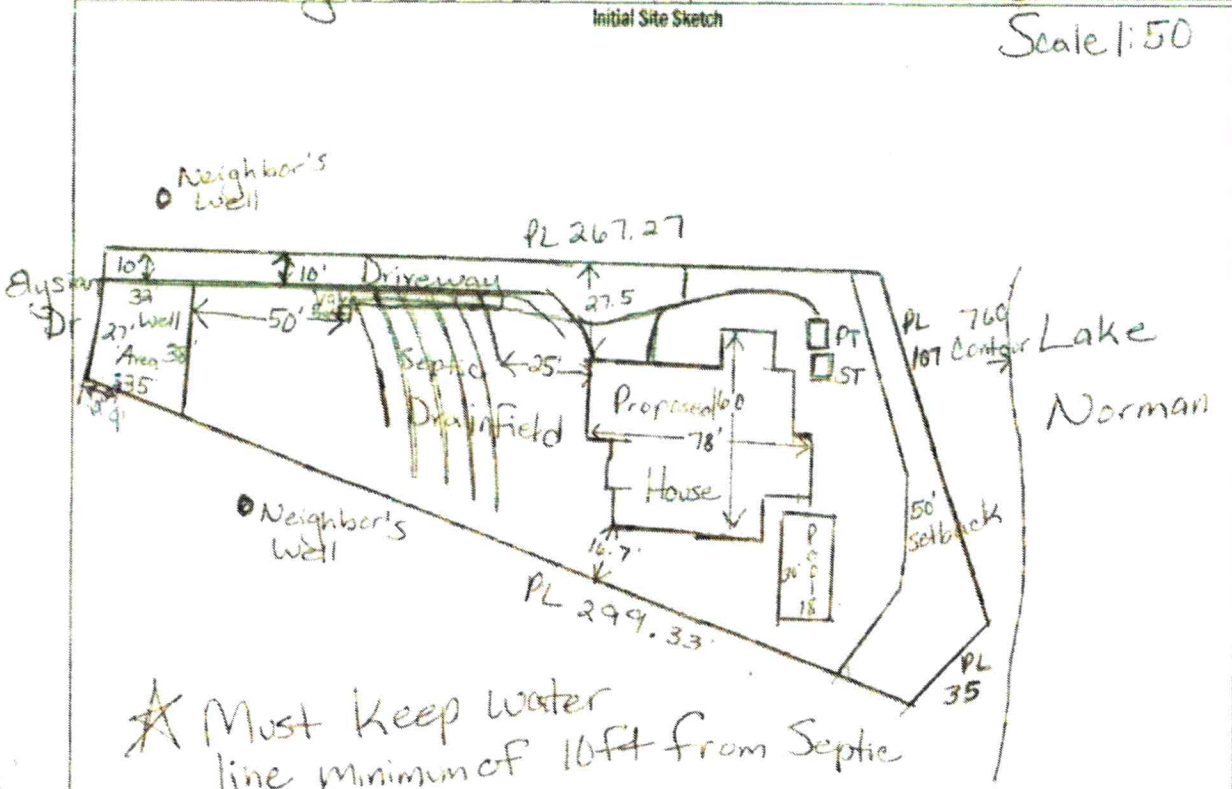
**PRIVATE DRINKING WATER WELL PERMIT** PIN # 4646359640 ✓ Type of Permit (circle one): **New** Repair Abandonment

APPLICANT/OWNER NAME: West Homes LLC ADDRESS: P.O. Box 3965 Mooresville NC 28117 PHONE: 980500-1239

DIRECTIONS TO SITE: Brawley School Rd TL Williamsburg TR Sindown TL Elysian lot on right

SITE ADDRESS: 160 Elysian Rd Mooresville, NC ✓ SUBDIVISION: Mooreland Estates ✓ SECTION/LOT: 17 ✓

Initial Site Sketch




**GROUTING RESULTS**

Total Depth 205FT

Depth of Casing 90ft

Yield 15 GPM

Notes:

Not SAP Controlled Septic.

GROUTED 21 FT W/ HALIBURTON 3/8 HOLEPLUG

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NC well Construction rules

WELL PERMIT ISSUED BY: Maria Dolan DATE: 11/31/2020 (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: JOE Rich CONTRACTOR CERT #: 3271-A GROUT INSPECTION BY: Bryant C. w/ DATE: 3-25-2020

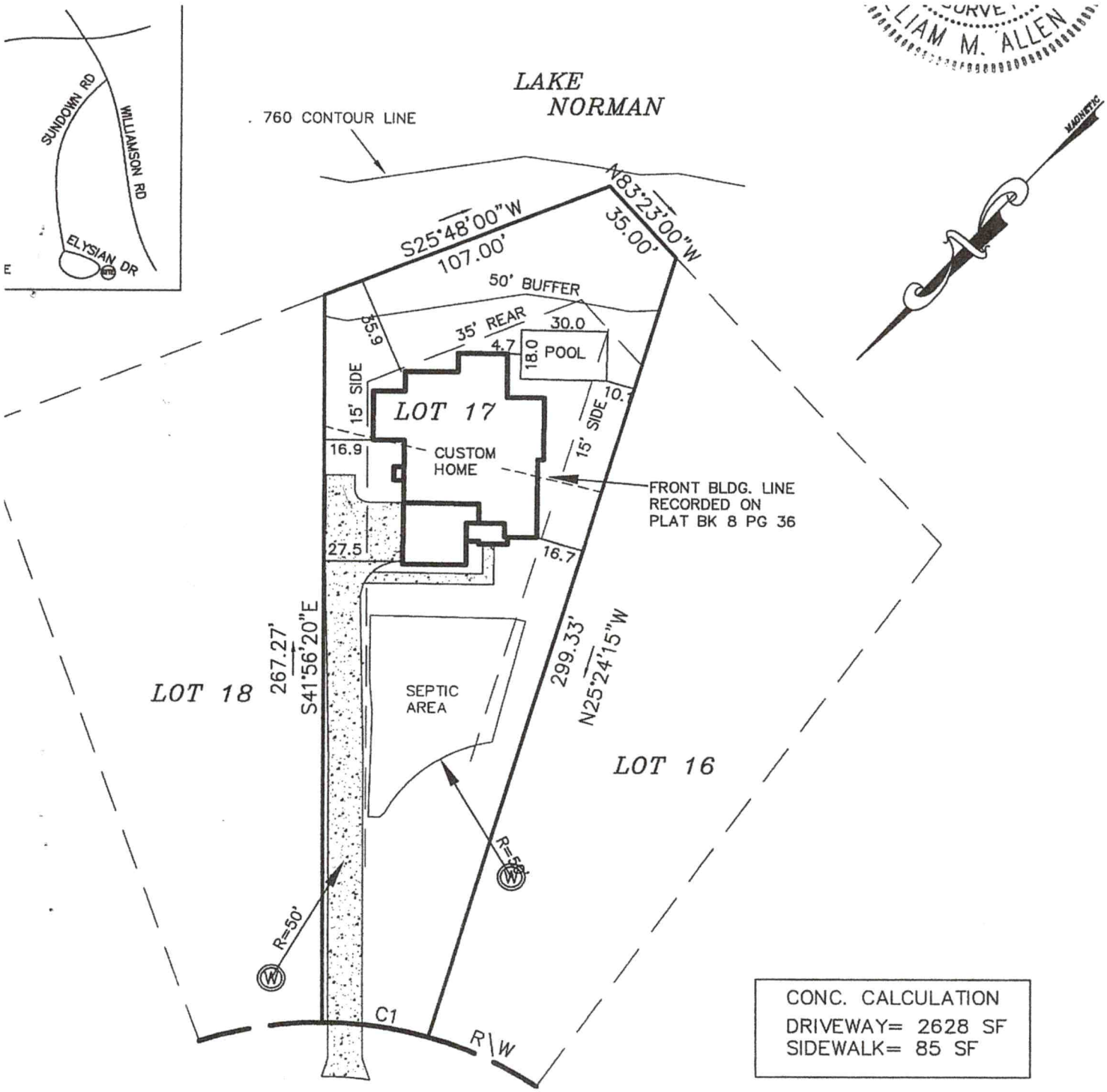
OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Bryant C. w/ DATE: 11-10-2020

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: D. Weberg DATE: 3/21/23 WATER SAMPLES BY: _____ DATE: _____

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




CONC. CALCULATION
DRIVEWAY= 2628 SF
SIDEWALK= 85 SF

.EGEND
= POWER POLE
ʔ TRANS.
NG IRON FOUND
:BAR SET
-OF-WAY

ʃED POINT

*ELYSIAN DR.*

R/W

NOTES

1) THIS PROPERTY MAY BE SUBJECT TO ANY EASEMENTS AND/OR RIGHTS OF WAY OF RECORD.
2) ACREAGE COMPUTED BY THE COORDINATE METHOD.
3) UNDERGROUND POWER
4) NO GRID MONUMENT FOUND WITHIN 2000 FEET.

0' 100'

PLOT PLAN SURVEY

# ICHD–ENVIRONMENTAL HEALTH DIVISION

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

PERMIT # 302375

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

PIN # 4643594640

APPLICANT/OWNER: Nest Homes LLC/Guy Zubchevich APPLICANT ADDRESS: P.O. Box 3965 Mooresville, NC 28117

SITE ADDRESS: 160 Elysian Rd Mooresville, NC 28117 PHONE: 980500-1239 ALT. PHONE

SITE DIRECTIONS: Brawley School Rd TL Williamson Rd TR Sundown TL Elysian on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Moorland Estates SECTION: LOT # 17 LOT AREA: ~.5 DESIGN FLOW: 480 gpd L.T.A.R.: .3

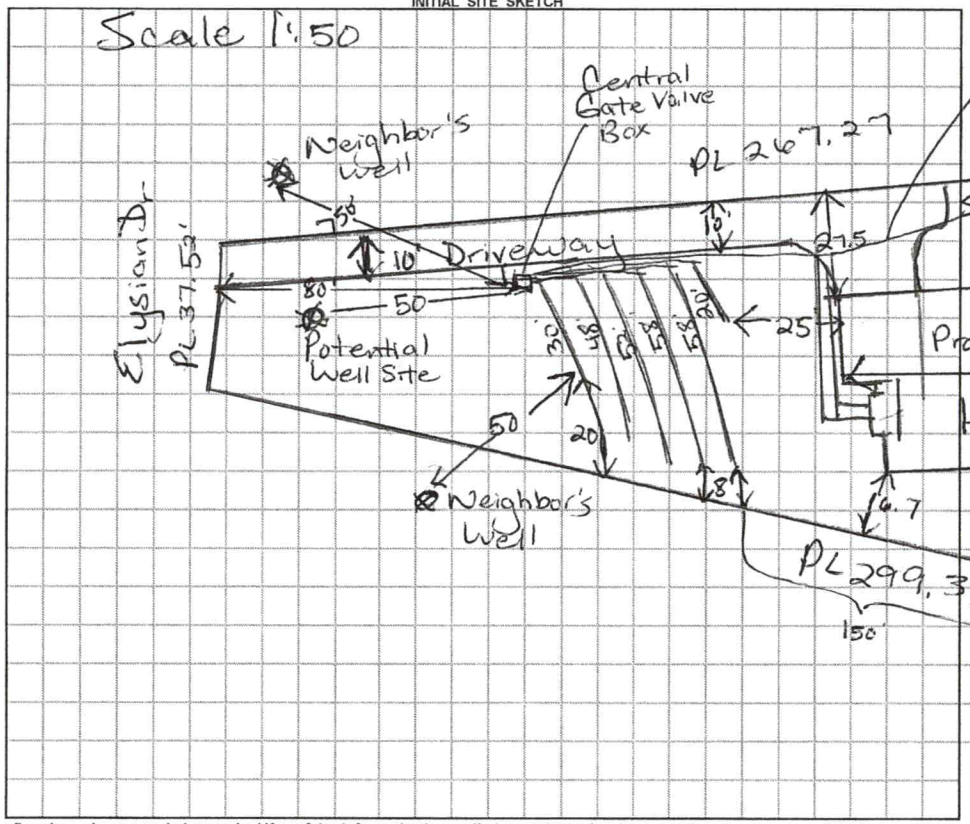
| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 | (gal) | STB | | Date | | ☒ New System | ☐ Repair | ☐ Expansion | System Type: I II III (IV) V VI | |
| Pump Tank | 1000 | (gal) | PT | | Date | | System Description: | LP PPBPS | | | |
| Pump Make | | | Model | | Serial # | | Repair System Description: | Exempt (Lot recorded 1964) | | | |
| # Nitrification Fields | 1 | | # Lines | 6 | Linear Ft | 267' | Maintenance Agreement Required: | ☒ YES | ☐ NO | | |
| Trench Width | 24" min | | Trench Bottom Depth(Low side) | 36" | Gravel Depth | N/A | | ☐ 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: ~~X~~ Note: Site very tight! Drive must hug property lines & width at drainfield can't exceed 10ft wide.

~~X~~ Must maintain minimum 50ft from any well, 50ft from lake, & 15ft from pool & minimum 5ft from property lines. Drill 5/32" holes in panels.

INITIAL SITE SKETCH




AS BUILT SKETCH




**Authorization to Construct**
**FOR SEPTIC FINAL INSPECTION**
**CALL 704-664-3703**

Owner/Applicant Nest

EHS M. Dotson

Revisit Amount Owed $ 100.00

*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*

☐ 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: Date: Installed by:

IMPROVEMENT PERMIT by: Maria Dotson Date: 1/29/2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Maria Dotson Date: 1/29/2020 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.**

Faxed 3/26/2020

# WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

**1. Well Contractor Information:**

Joseph Bailey
Well Contractor Name

3271-A
NC Well Contractor Certification Number

B & Well Drilling Inc
Company Name

**2. Well Construction Permit #:** 302375 AP
*List all applicable well permits (i.e. County, State, Variance, Injection, 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:** 3/25/2020 **Well ID#** LOT 17

**5a. Well Location:**

West Homes — Facility/Owner Name
Moorland Est. — Facility ID# (if applicable)
160 Elysian Rd. Mooresville, NC. — Physical Address, City, and Zip
Iredell Co. — County
4646359640 — 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

**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. Number of wells constructed:** 1-one
*For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.*

**9. Total well depth below land surface:** 205' (ft.)
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

**10. Static water level below top of casing:** 40 (ft.)
*If water level is above casing, use "+"*

**11. Borehole diameter:** 6 1/8 (in.)

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

**FOR WATER SUPPLY WELLS ONLY:**

**13a. Yield (gpm):** 15 gpm **Method of test:** Air Lift

**13b. Disinfection type:** Chlor. Tabs **Amount:** 1 1/2 lbs

| FROM | TO | DESCRIPTION |
|---|---|---|
| 95 ft. | 97 ft. | Large Fracture Zone |

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---|---|---|---|---|
| 0 ft. | 90 ft. | 6 1/4 in. | SDR-21 | PVC |

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---|---|---|---|---|
| NA ft. | ft. | in. | | |

| FROM | TO | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
|---|---|---|---|---|---|
| NA ft. | ft. | in. | | | |

| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|---|---|---|---|
| 0 ft. | 20 ft. | Bentonite | Pour |

| FROM | TO | MATERIAL | EMPLACEMENT METHOD |
|---|---|---|---|
| NA ft. | ft. | | |

| FROM | TO | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) |
|---|---|---|
| 0 ft. | 10 ft. | Red Soil |
| 10 ft. | 30 ft. | Brown Soil |
| 30 ft. | 55 ft. | Yellow Brown Soil |
| 55 ft. | 90 ft. | Grey Sandy Soil |
| 90 ft. | 205 ft. | Granite Rock |

**22. Certification:**

Joseph Bailey — Signature of Certified Well Contractor
3/25/20 — 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 ONLY:** In addition to sending the form to the address in 24a above, also submit a 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:**
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.



2-3.00

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

AP-302375
11-22-19
$500 $550.

*APPLICATION FORM*

**Application For:** (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit (X) 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:** Nest Homes, LLC **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

**Applicant Email:** jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:**

**Owner Name:** Maryeve & Guy Zubchevich **Address:** P.O. Box 3965, Mooresville, NC **Zip:** 28117

**Owner Email:** jdubois@nesthomes.com **Phone:** 980-500-1239 **Alt. Phone:**

**********

**Property Information:**

**Street Address:** 160 Elysian Road, Mooresville, NC 28117

**Subdivision Name:** Mooreland Estates **Section/Phase:** **Lot Number:** 17

**Driving Directions:** Hwy 150 to Williamson Road, turn right onto 1190/Sundown Road

turn left onto Elysian Drive, lot will be on right

**********

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

**CHECK FOUNDATION TYPE**

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 8 — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: — ( ) Basement without Plumbing
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem:

**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:

(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:
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative (X) 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 (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:** Jenna DuBois — 11/22/19

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

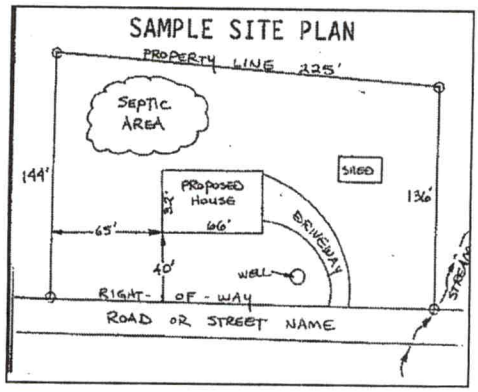
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

***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:**

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

****PLEASE SEE ATTACHED PLOT PLAN****

**Signature:** Jenna DuBois

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

11/22/19

**DATE**