HS (1:09)

ICHD – Environmental Health Division

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 312861

PRIVATE DRINKING WATER WELL PERMIT PIN # 4646 46 17168

Type of Permit (circle one): (New) Repair Abandonment

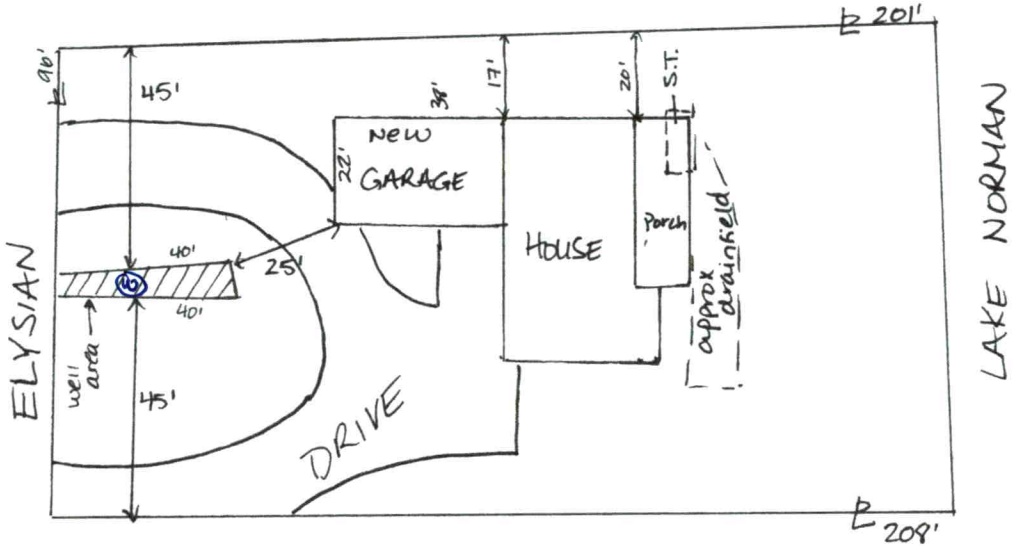
APPLICANT/OWNER NAME: Richard Meremonte ADDRESS: 212 Elysian Dr. Mooresville NC 28117 PHONE: 678-592-5738

DIRECTIONS TO SITE: 77N → exit 33 → (L) Williamson Rd → (L) Sundown → (L) Brockway → (R) Elysian → lot on (L)

SITE ADDRESS: 212 Elysian Drive, Mooresville, NC 28117 SUBDIVISION: Mooreland Estates SECTION/(LOT) 29

Initial Site Sketch

1" = 40'



GROUTING RESULTS

Total Depth 185

Depth of Casing 80

Yield 5gpm

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2C Well rules - grout min 20', Set min 20' casing. Maintain 25' off structures, 50' off septic components (Stay 45' inside BOTH side property lines). No known contaminant release w/in 1000'.

WELL PERMIT ISSUED BY: D. Weberg DATE: 1/8/21 (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: Mx mWell & Pump. CONTRACTOR CERT #: 3512 GROUT INSPECTION BY: [signature] DATE: 1-20-021

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: D. Weberg DATE: 10/6/21

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

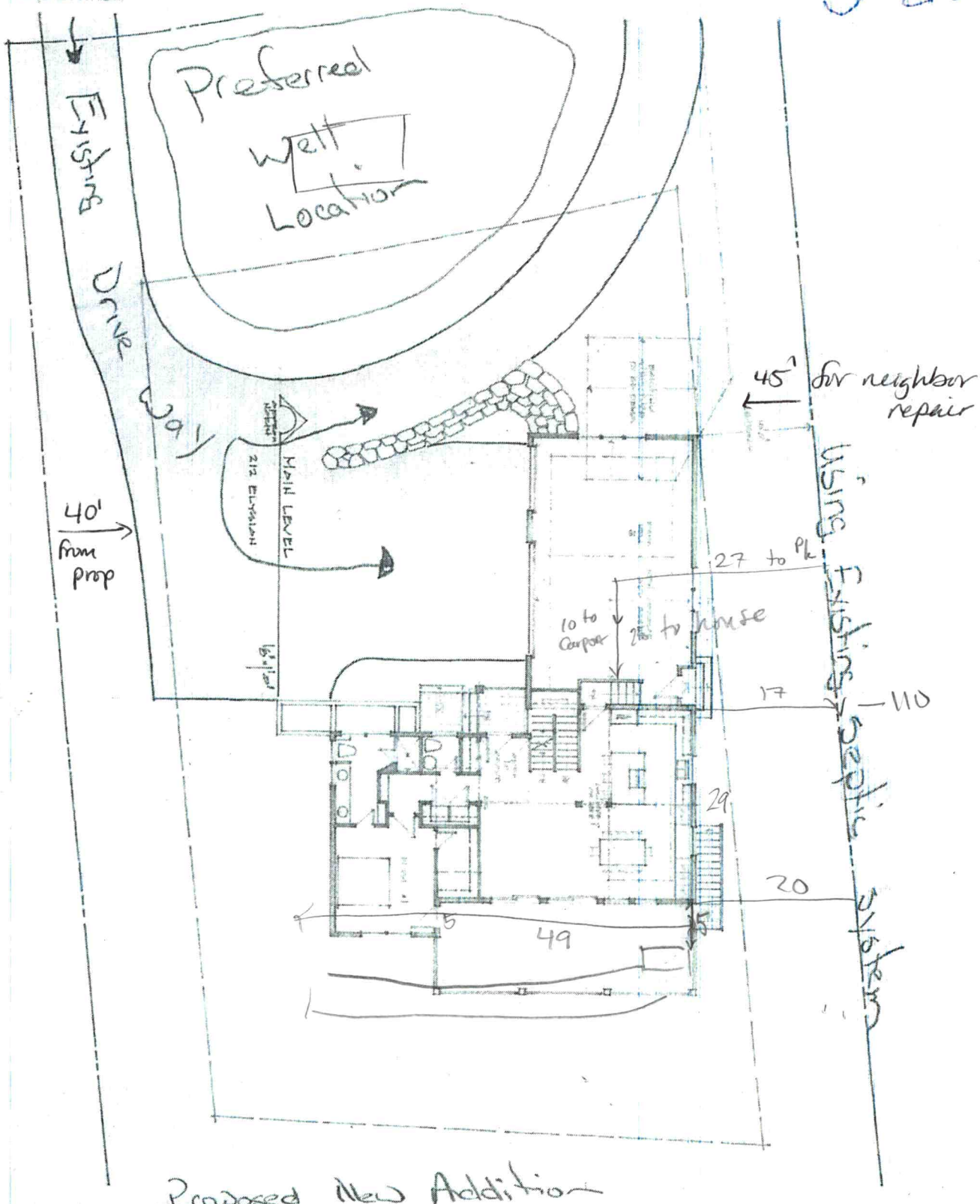
ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

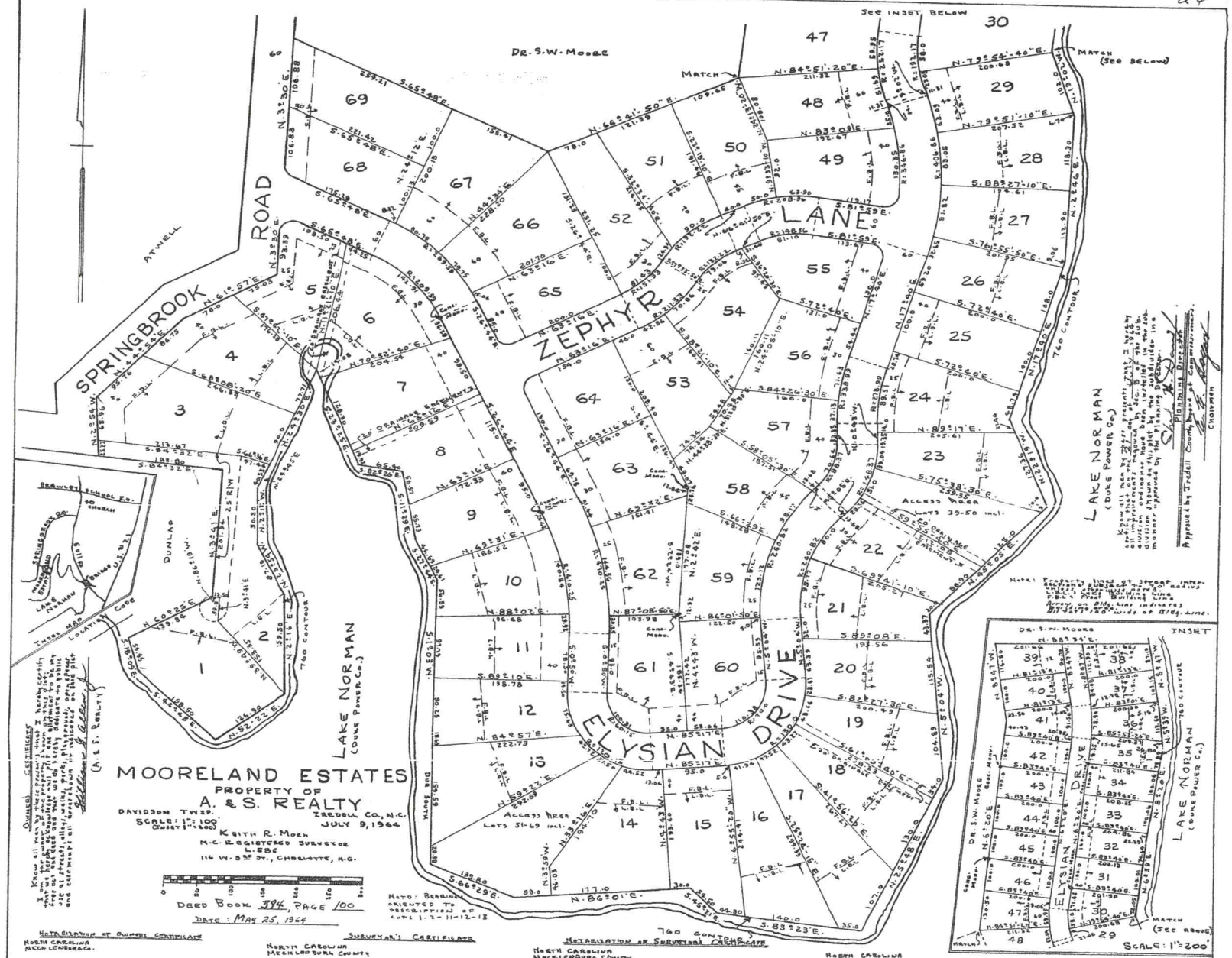
CERTIFICATE OF COMPLETION BY: D. Weberg DATE: 10/6/21 WATER SAMPLES BY: _____ DATE: _____

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

E-MAILED 11.1. DW

312801


Preferred
Well
Location
Existing Drive
40'
from prop
MAIN LEVEL
212 ELEVATION
45' for neighbor repair
Existing Septic
27 to Pk
10 to Corner
25 to house
17
110
29
20
49
Existing Septic
Proposed New Addition



MOORELAND ESTATES

PROPERTY OF

A. & S. REALTY

DAVIDSON TWSP. IREDELL CO., N.C.

SCALE: 1" = 100' JULY 9, 1964

Keith R. Moen
N.C. REGISTERED SURVEYOR
L-886
116 W. 33rd St., CHARLOTTE, N.C.

DEED BOOK 394, PAGE 100

DATE: MAY 25, 1964

(A. & S. REALTY)

Note: Bearings oriented to description of Lots 1-2-11-12-13

Owners' Certificate

Know all men by these presents that I hereby certify that I am the owner in fee simple of the property shown on this plat and that I have caused the same to be surveyed and platted as shown hereon and that I do hereby dedicate to public use the streets, parks, playgrounds, drainage and easements shown on this plat.

(A. & S. Realty)

Notarization of Owners' Certificate

North Carolina
Mecklenburg Co.

I, Marjorie H. Fuller a Notary Public in and for the County of Mecklenburg, State of North Carolina, do hereby certify that A. & S. Realty, a corporation, personally appeared before me this day and acknowledged the due execution of the foregoing certificate and in behalf of said corporation and before me further acknowledged that he is the President of said corporation, and that the seal affixed to the foregoing instrument in writing is the corporate seal of said corporation, and that said writing was signed and sealed by him in behalf of said corporation by its authority duly given. And the said acknowledged the said writing to be the act and deed of said corporation.

Witness my hand and Notarial Seal this 10th day of July, 1964.

Marjorie H. Fuller
Notary Public

My commission expires: 3/29/65

Surveyor's Certificate

North Carolina
Mecklenburg County

The undersigned surveyor, being duly sworn, deposes and says that the plat upon which this certificate appears is in all respects correct according to the best of his knowledge and belief, and is a true and correct survey made by him on the 5-7 day of July, 1964, with a minimum linear error of closure of 1/10,000 and a maximum field error of angular closure of 7 seconds per angle.

Keith R. Moen
N.C. Registered Surveyor
L-886

I further certify that this plat of survey was made at the direction of the owner listed above.

Notarization of Surveyors Certificate

North Carolina
Mecklenburg County

I, Marjorie H. Fuller a Notary Public in and for the County of Mecklenburg and the State of North Carolina, do hereby certify that Keith R. Moen surveyor, personally appeared before me this day and acknowledged the due execution of the foregoing certificate and upon his oath, swears to the truth of the statements set forth therein.

Witness my hand and notarial seal this 10th day of July, 1964.

Marjorie H. Fuller
Notary Public

My commission expires: 3/29/65

North Carolina
Iredell County

I, Dorothy Sherrill Patterson, Notary Public of the County and State aforesaid, certify that the 4th day of August, 1964, the instrument with the certificate by recorded

Deputy Clerk of Superior Court

North Carolina
Iredell County

Filed for registration at 11:45 A.M. this the 4th day of Aug., 1964, and recorded in plat book 4 page 87

A.C. Medlin
Register of Deeds

WELL CONSTRUCTION RECORD (GW-1)

Moreland Estates

For Internal Use Only:

1. Well Contractor Information:

Chris Morgan
Well Contractor Name

3572
NC Well Contractor Certification Number

Morgan Well & Pump, Inc.
Company Name

2. Well Construction Permit #: 312861
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
- [x] 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: 1-20-21 **Well ID#** n/a

5a. Well Location:

Richard Meremonte — Facility/Owner Name
n/a — Facility ID# (if applicable)
212 Elysian Dr Mooresville — Physical Address, City, and Zip
Iredell — County
~~Iredell~~ 4646 46 1768 — Parcel Identification No. (PIN)

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

35.567602 N -80.869477 W

6. Is(are) the well(s): [x] Permanent or [ ] Temporary

7. Is this a repair to an existing well: [ ] Yes or [x] 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: 185 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 4/0 (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:** 702

14. WATER ZONES

FROM	TO	DESCRIPTION
175 ft.	176 ft.	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	99 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.	25 ft.	Red Dirt
25 ft.	90 ft.	Brown Dirt
90 ft.	185 ft.	Grey / Blue granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

[signature] — Signature of Certified Well Contractor
Jan 20 2021 — 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.

RECEIVED DEC 2 1 2020

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

Iredell County Health Department – Environmental Health Division

AP-312861
$550.00

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: (PRINT CLEARLY) Richard Meremonte

Applicant Name: Richard Meremonte Address: 212 Elyskan Zip: 28117
Applicant Email: Richard.meremonte@mmitgroup.com Phone: 678.592.5738 Alt. Phone:
Owner Name: Address: Zip:
Owner Email: Same Phone: Alt. Phone:

Property Information:

Street Address: 212 Elyskan Dr. Mooresville NC 28117

Subdivision Name: Section/Phase: Lot Number:

Driving Directions:

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

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: — (✓) 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: Adding Garage
( ) 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: _____ 12/21/2020
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

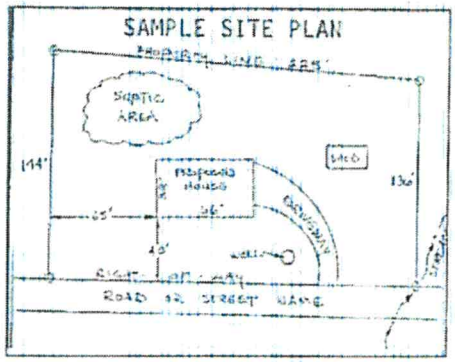
312861

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

See Attached Drawings

Signature: _____

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

12/21/2020

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, Richard Meremonte, am the legal owner(s) of the property located at 212 Elysian Dr, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)**

_____, _____, 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.

Richard Meremonte
Signature of Owner(s)

12/10/2020
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

312861

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and WELL PERMITS

The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list

*** Initial all lines below to indicate you have submitted each form and completed every site requirement ***

Complete all Environmental Health forms:

- Application
- Site Plan including the dimensions of proposed structure, addition, pool etc.
- Documentation to Authorize Owner Agent (even if the property owner is the applicant – complete section 1 or 2)
- Copy of Zoning Permit when applicable
- Sign this sheet after you have completed all items

Lot must be cleared of heavy undergrowth. In order to evaluate the lot, the footprint of the proposed structure must be visible. Adequate area for the septic drain field and repair area must be sufficiently cleared of heavy undergrowth, with 50 feet of visibility in all directions. Inspectors must be able to evaluate the property, shoot laser level elevations, layout the drain field, do soils work, etc. If the lot is not cleared sufficiently, then a $100 site revisit fee will be charged and the evaluation will be put on HOLD until the requirement is met.

Clearly mark all property corners by locating existing iron or concrete markers. Flag all property lines every 25 feet if adjacent corners are not visible when standing on any given corner. Property lines must be flagged by a licensed NC surveyor & easily identified **prior to application submittal** (exception may apply for septic repair evaluations only).
'Mow lines' and/or fence lines do NOT constitute marked lines. **If the property lines are not properly marked when the lot is ready to be evaluated, then the application will be put on HOLD and a $100 site re-visit fee charged.**

Stake or flag the footprint of the proposed structure, addition, pool etc. to match the site plan submitted. The proposed structure, etc. must be staked out on the property as per the site plan.

If an Authorization to Construct (AC) is desired, submit a recorded copy of the plat for newly created or subdivided lot(s) and a LEGIBLE copy of the basic floor plan no larger than 8 ½" x 14" for each floor of the structure including decks, porches, etc. **The overall dimensions must be clearly noted & the rooms labeled.**

Any site not meeting the above requirements when staff arrives for the evaluation will result in a $100 site revisit fee being charged and the request being placed on HOLD. This will delay the processing of the application. *Once work by Environmental Health staff begins, the up-front fees paid toward securing any health department permit are nonrefundable. 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.*

Backhoe pits are required for all applications that require a soils evaluation.
DO NOT DIG PITS UNTIL THE EH SPECIALIST HAS AUTHORIZED AND SCHEDULED YOUR EVALUATION TIME.

- All utilities shall be marked before pits are dug. Call NC 811 for this service.
- The applicant/agent is responsible for securing these services
- Backhoe pits are to be dug at the locations and depths determined by the Environmental Health Specialist or a NC Licensed Soil Scientist. A minimum of four pits must be dug.
- The EH specialist will contact you when your application is ready to be processed for pit scheduling.
- Your backhoe operator must be on site during the EH Specialist's evaluation to prevent your operator from having to return to the property for additional work.

By signing below I am acknowledging the above specifications have been met and the site is READY to be evaluated AND I understand the backhoe pit requirement and will secure those services (if applicable).

Signature _____ **Date** 12/20/2018

Questions? Contact the Environmental Health Offices below:

Statesville Office
349 North Center Street (2nd Floor Building Standards)
Statesville, NC 28677-4063
Phone: (704)878-5305 ext. 3456

Mooresville Office
610 East Center Avenue (2nd Floor Govt. Center South)
Mooresville, NC 28115-2548
Phone: (704)660-3625