ELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 | Mooresville Office (704) 660-3625 | PERMIT # 238645

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

PIN # 4648-56-5237

LICANT/OWNER: Nest Homes | APPLICANT ADDRESS: 236 Raceway, Suite 7 Mooresville, NC

SITE ADDRESS: 181 Twin Sisters Mooresville, NC | PHONE: 704-208-4251 | ALT. PHONE

SITE DIRECTIONS: Rt 21 N from Rt 150 → L on Cornelius Rd → L on Twin Sisters → Lot @ end on left | SAP CONTROLLED: ☒ YES ☐ NO

SUBDIVISION: Cornelius Subd. Lease Lots | SECTION: 1 | LOT # 16 A | LOT AREA: 0.48 acres | DESIGN FLOW: 360 GPD | L.T.A.R.:

Septic Tank	1000	(gal)	STB	194	Date	6-5-19	☒ New System	☐ Repair	☐ Expansion	System Type: I II III (IV) V VI	
Pump Tank	1000	(gal)	PT	47	Date	6-4-19	System Description: LP-PPBPS (50% Reduction)				
Pump Make	Liberty		Model	290 HV	Serial #		Repair System Description: TS II + PPBPS (50% Reduction)				
# Nitrification Fields	1		# Lines	4	Linear Ft	200	Maintenance Agreement Required:	☒ YES	☐ NO		
Trench Width	24"		Trench Bottom Depth(Low side)	30"	Gravel Depth	—		☐ GRAVITY	☒ PRESSURE		

☒ Residence	No. Bedrooms	3	Water Supply
☐ Business	No. Persons	6	☐ Private
☐ Other	No. Employees		☐ Public
☐ Slab	☒ Crawl Space		☒ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Existing well on subject parcel must be abandoned prior to AC issuance. Encroaching wells on adjacent lots must be abandoned or granted variances prior to AC issuance.

Though 205 l.f. of line has been laid out, only 200 l.f. need be installed (46 panels). Recommend setting floats to dose system no more than 120 gallons / pump event.

INITIAL SITE SKETCH

See attached 1"=20' scale drawing w/ approval date of 10/1/2018

Abandonment reports provided 11/20 11/27 18

* Repair system MUST be TS II to allow for a 15-foot upslope setback of drainfield from foundation drains. 15A NCAC 18A .1940 Table XIV *

AS BUILT SKETCH

Pump line must adhere to 15A NCAC 18A .1950 in regards to crossing driveway + water line.
Drilled 5/32" hole
7/12/19 Checked tanks & drain lines & valve box

	Date	Initials
Drain Lines Checked	7/12/19	MD
Tanks Checked	7/12/19	MD
Pressure Manifold or Valve Box Checked	7/12/19	MD
Pressure Head Set	8/13/19	MD
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Y / N		

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**

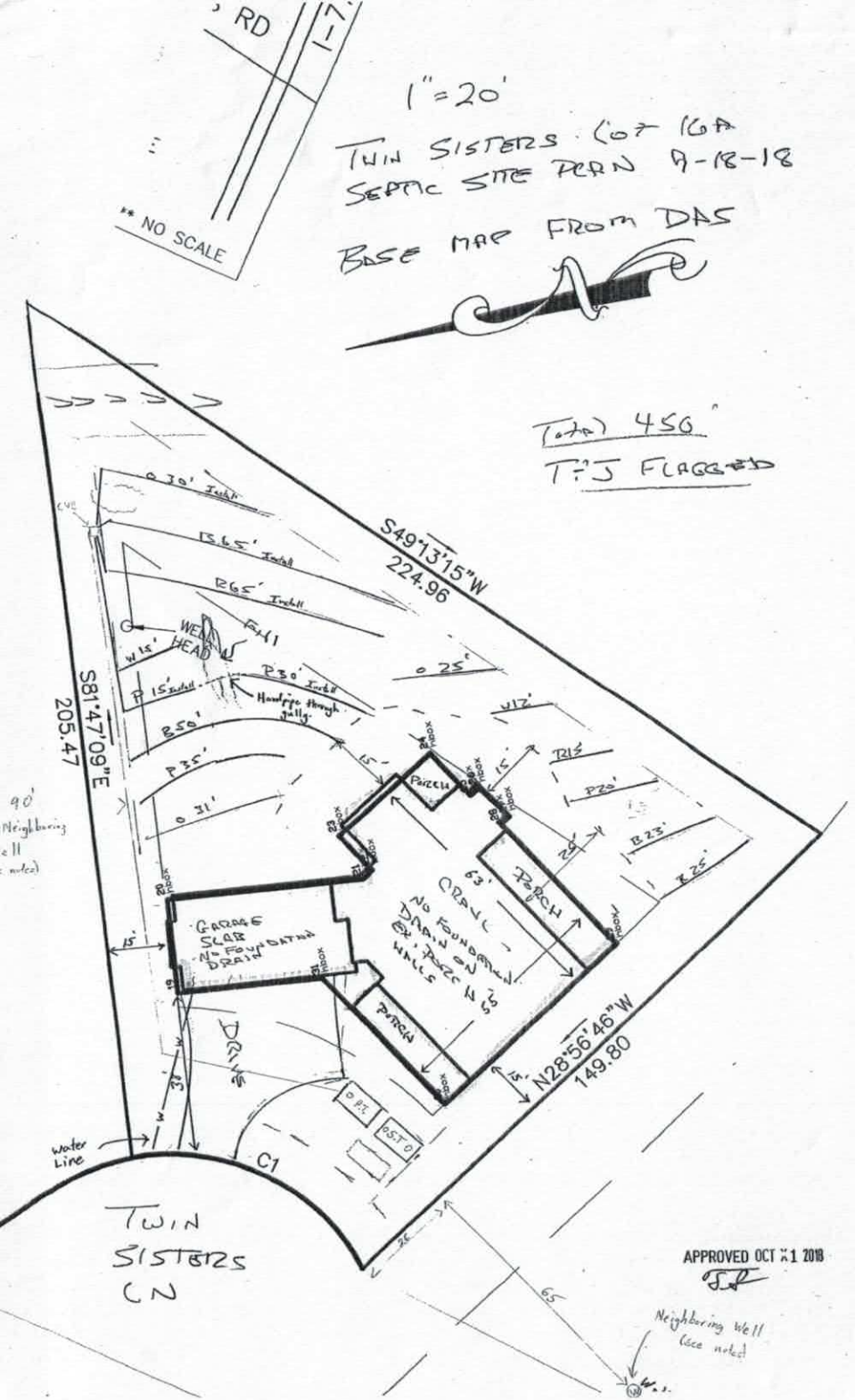
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: | Date: 10/2/2018 | Installed by: R & H

IMPROVEMENT PERMIT by: Tom Shuler | Date: 10/1/2018 | OPERATION PERMIT by: Mona Dotson | Date: 8/13/19

AUTHORIZATION TO CONSTRUCT by: Tom Shuler | Date: 12/6/18 | 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.


RD
I-7
** NO SCALE
1"=20'
TWIN SISTERS LOT 16A
SEPTIC SITE PLAN 9-18-18
BASE MAP FROM DAS
Total 456'
TJ FLAGGED
S49°13'15"W
224.96
S81°47'09"E
205.47
N28°56'46"W
149.80
WELL HEAD
Handpipe through gully
PORCH
GARAGE
SLAB
No FOUNDATION
DRAIN
CRAWL
No FOUNDATION
DRAIN ON
EX. ROCK IN
WALLS
DRIVE
O.S.T.
Water Line
C1
TWIN
SISTERS
CN
APPROVED OCT 31 2018
Neighboring Well
(see noted)

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

Sheet ___ of ___
PROPERTY ID #: 4648-56-5237
COUNTY: Iredell

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

OWNER: Nest homes — APPLICATION DATE: 8/30/18
ADDRESS: 236 Raceway Ste 7 Mooresville — DATE EVALUATED: 9/19/2018
PROPOSED FACILITY: 3BR SFR — PROPOSED DESIGN FLOW (.1949): 360 GPD — PROPERTY SIZE: 0.48 acres
LOCATION OF SITE: 181 Twin Sisters Mooresville — 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	SOIL MORPHOLOGY (.1941) .1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	LSS 6%	0-15	clay m.SBK Trace Mica	Sl. Firm, Sticky, Sp, Sexp					0.325 PS
		15-27	clay w.SBK Loam common saprolite	Sl. Friable, SS, Sp, Sexp					
		27-68	MA Loamy Saprolite	Friable, Moderately Drained	some mag 30"-68"	27	—	—	
2	LSS 10%	0-34	Clay m.SBK/ ABK	Sl. Firm, Sticky, Sp, Sexp					0.30 PS
		34-49	Clay w.SBK Loam some mica some saprolite	Sl. Friable, SS, Sp, Sexp					
		49-72	MA Loam Saprolite	Friable, moderately Drained	common magnanese	49	—	—	
3	LSS 8%	0-19	clay w-m SBK/ABK	Sl. Firm, Sticky, Sp, Sexp					0.325 PS
		19-38	clay MW.SBK Loam common SAP	Sl. Friable, SS, Sp, Sexp					
		38-69	MA Loamy, Saprolite	Friable + Well Drained		38	—	—	
4	LSS 8%	0-38	clay m.SBK/ ABK	Sl. Firm, Sticky, Sp, Sexp					0.30 PS
		38-63	Clay w.SBK Loam some mica	Friable, SS, Sp, Sexp		63	—	—	

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	205	200+
System Type(s)	PP BPS	TSII + PP BPS
Site LTAR	0.30	0.30

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Tom Shuck
OTHER(S) PRESENT: Paul Pennegar

COMMENTS: ___

AC

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) 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: James Medwid, Jr. **Address:** 144 Huntly Lane, Mooresville, NC **Zip:** 28115

Owner Email: cojimed@yahoo.com **Phone:** 704-576-8374 **Alt. Phone:**

Property Information:

Street Address: 181 Twin Sisters Lane, Mooresville, NC 28117

Subdivision Name: Cornelius Subdivision Lease lots **Section/Phase:** Phase S1 **Lot Number:** 16A

Driving Directions: Cornelius Road, TR Twin Sisters Lane

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 3 — (X) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: 6 — ( ) 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 (X) 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 (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 11/27/18
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: ( ) New Well Permit ( ) Well Repair Permit (X) Well Abandonment
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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 Address: 236 Raceway, Suite 7, Mooresville, NC Zip: 28117
Applicant Email: zhawkins@nesthomes.com Phone: (704) 208-4251 Alt. Phone:
Owner Name: Preston C. Cornelius Address: 2027 Charlotte Hwy, Mooresville, NC Zip: 28115
Owner Email: use applicant email and phone Phone: Alt. Phone:

CALL Paul Pennington first
SITE VISIT 704.996.6330

Property Information:

Street Address: 181 Twin Sisters
Subdivision Name: CORNELIUS SUBD LEASE LOTS Section/Phase: Lot Number: 16A
Driving Directions: Cornelius Road, TR Twin Sisters at cul-de-sac

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: 3
Maximum Number of Occupants: 6
( ) 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 ( ) Existing Well (X) 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: T&J Panel

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: _____ 8/30/18
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, PRESTON C. CORNELIUS, am the legal owner(s) of the property located at 181 Twin Sisters; Lot 16A, identified as

PIN (Parcel Identification Number) 4648565237.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting Eric Wood, Zeno Hawkins / Nest Homes, 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.

C Preston Cornelius
Signature of Owner(s)

8/30/18
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 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*) James Medwid (Oct 10, 2018) _____

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, James Medwid, Jr., am the legal owner(s) of the property located at 181 Twin Sisters Lane, Mooresville, NC 28117, identified as

PIN (Parcel Identification Number) 4648565237.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Nest Homes, LLC/Penninger Soil Consulting, 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)
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- 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.

James Medwid (Oct 10, 2018) _____ 10/10/18

Signature of Owner(s) 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

ENVIRONMENTAL HEALTH REQUIREMENTS for SEPTIC and

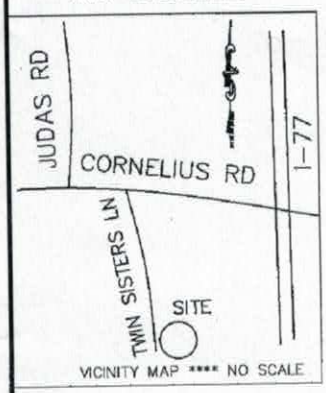
The following items must be completed *PRIOR* to the *SUBMITTAL* of any Environmental Health Application. Incomplete applications will be returned to the applicant and cannot be processed or placed on the work list.

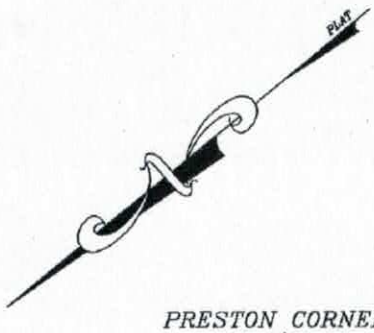
DAS DON ALLEN & ASSOCIATES, P.A.
"Since 1971"
Commercial * Residential * Mortgage Surveys * Multi-Family
Construction Staking * Subdivision Design * Topographical
131 Crosslake Park Drive – Suite 102 * Mooresville * NC * 28117
(704) 664-7029 (704) 664-8041 Fax

I, certify that this map was drawn under my supervision from an actual survey made under my supervision recorded in deed book 1669, page 2492, and/or plat book 62, page 27, that the ratio of precision is 1':10,000, that this map was prepared in accordance with the General Statutes of North Carolina Chapter 89C. my hand and seal on the 18, day of SEPT., A.D. 20 18.

WILLIAM M. ALLEN, PLS

NORTH CAROLINA PROFESSIONAL SEAL L-3499 LAND SURVEYOR WILLIAM M. ALLEN





PRESTON CORNELIUS
1669\2492

S49°13'15"W
224.96

35' REAR SETBACK

35.1

WELL HEAD

WELL SITE
1669\2492

LOT 16A
0.49 AC.

15' SIDE SETBACK

S81°47'09"E
205.47

THE BERKLEY
LOW COUNTRY ELEV.

15.0

15' SIDE SETBACK

N28°56'46"W
149.80

LOT 15A

15.1

35' FRONT

15.0

38.8

C1

TWIN SISTERS LANE
60' R\W PRIVATE

CONC. CALCULATION
DRIVE= 1457 SF
Walk = 91 SF

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' 20' 40' 100'
SCALE IN FEET

CURVE TABLE				
CURVE	RADIUS	LENGTH	BEARING	CHORD
C1	50.00'	64.37'	N 41°08'09" E	60.02'

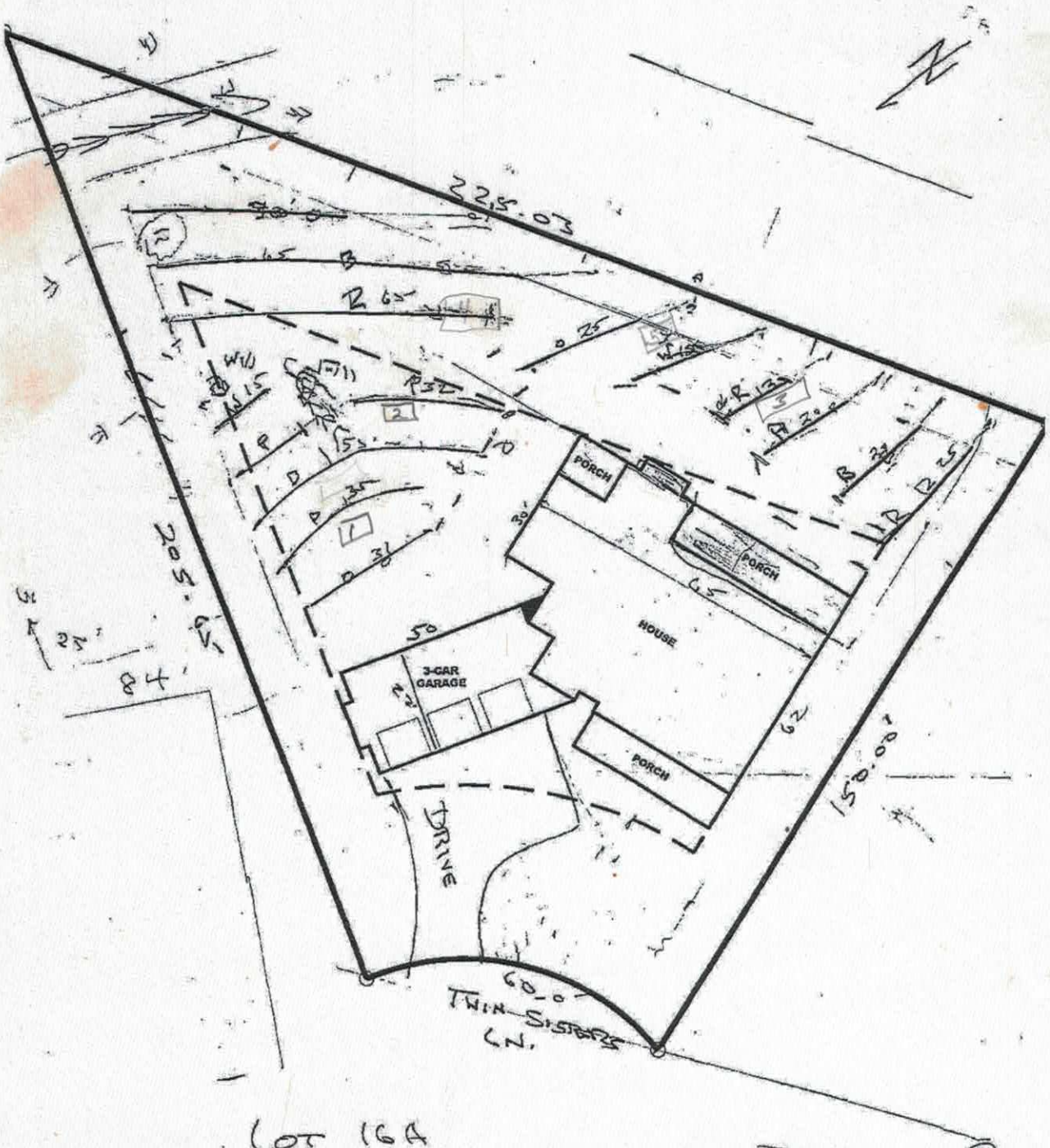
LEGEND
□ = DUKE POWER TRANS.
E.I.P. = EXISTING IRON FOUND
I.P.S. = #4 REBAR SET
R/W = RIGHT-OF-WAY

PLOT PLAN SURVEY

OF
181 TWIN SISTERS LN.
LOT 16A CORNELIUS SUBDIVISION

SCALE 1" = 40'
DAVIDSON TWSP., IREDELL CO., N.C.
ACQUIRED BY: NEST HOMES

FIELD BOOK:
FILE: CORNELIUS 16A
DC FILE:
TAX MAP NO: 4648565237

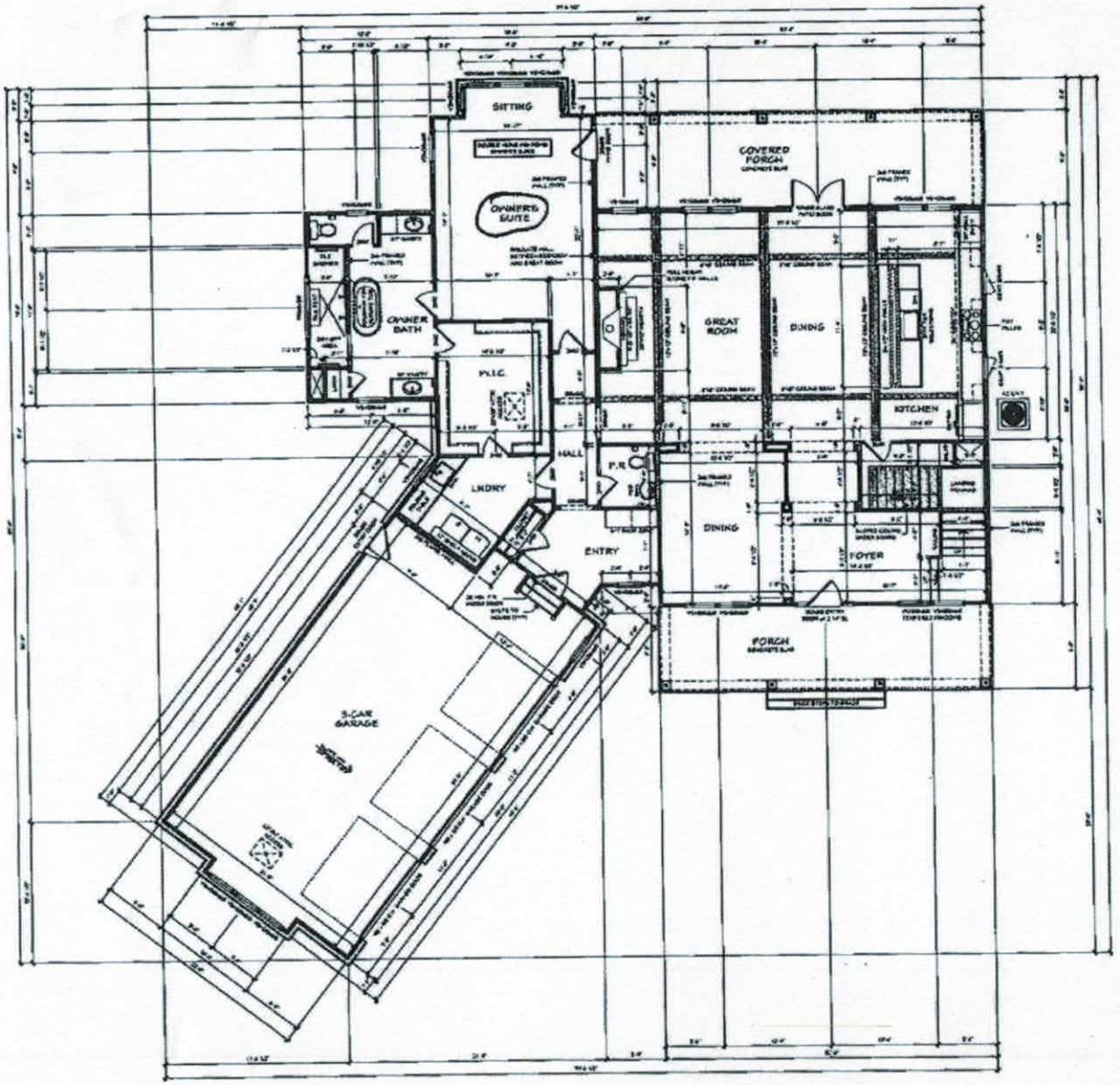


LOT 16A

TWIN SISTERS SEPIC SITE PLAN

NEST HOMES - 8-7-18

1" = 20'



FIRST FLOOR PLAN - LOW COUNTRY ELEVATION

WALL & STUD REQUIREMENTS	

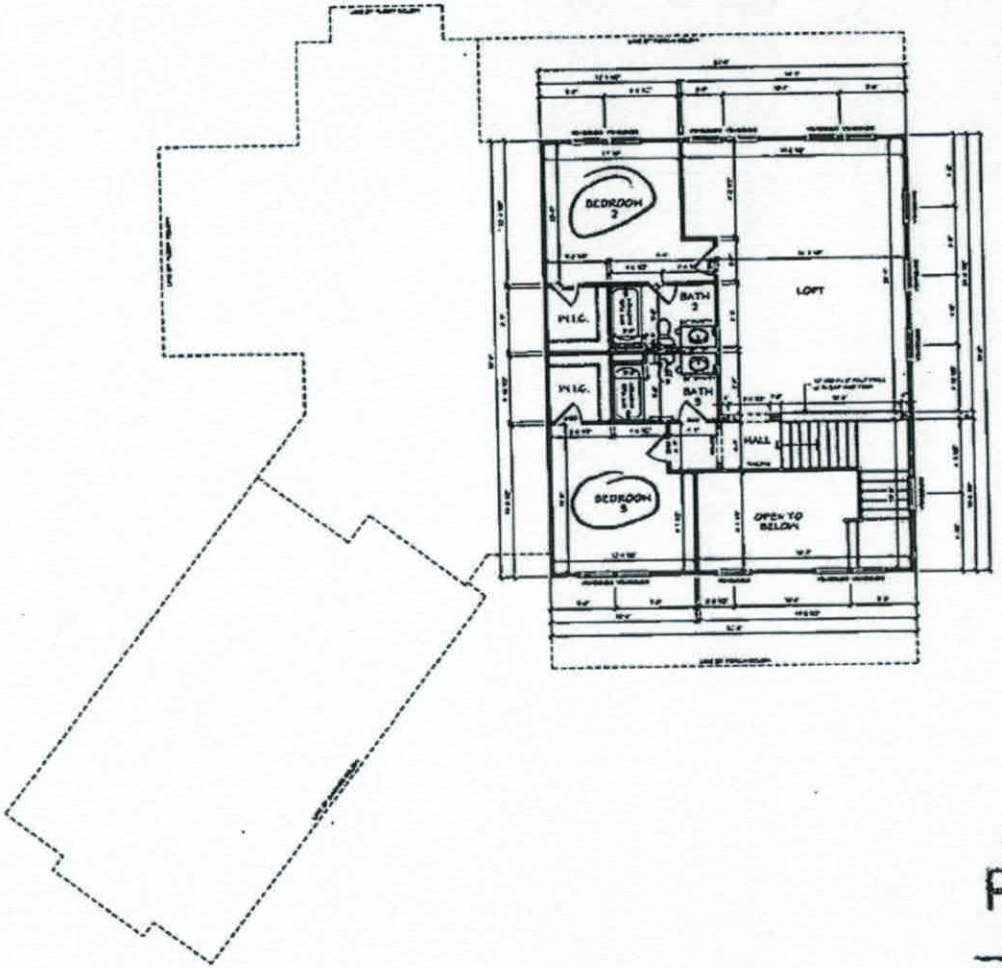
I-JOIST NOTES

Acknowledgement Of Plans Submittal ONLY!

Date 12/6/18

Date 12/6/18

A3.0



UPPER LEVEL NOTES

Acknowledgement Of
Plans Submittal ONLY!

_____ Date 12/6/18

Tom Shud Date 12/6/18

A4.0

SECOND FLOOR PLAN - LOW COUNTRY ELEVATION

IREDELL COUNTY

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

APPLICATION NUMBER
238645
Issue Date: 09/07/2018

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4648565237.000	181 TWIN SISTERS LANE, MOORESVILLE, NC 28117	

Owner Information	Applicant Information
Owner: CORNELIUS C PRESTON	Applicant: PAUL PENNINGER
Address: 450 IREDELL CO, NC 28625	Address: 595 J M PENNINGER RD LEXINGTON, NC 27292
Phone:	Phone: 704-996-6330

Use Requested	Zone Code

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
480	35.00	35.00	15.00	15.00	CACL	X

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	151593	TOTAL FEES:	$ 77.25

Faxed 11/27/18

WELL ABANDONMENT RECORD

For Internal Use ONLY:

1. Well Contractor Information:

Alfred L 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 #: 239730

List all applicable well construction permits (i.e. UIC, County, State, Variance, 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: 11/27/18

5a. Well location:

Nest Homes

Facility/Owner Name

Facility ID# (if applicable)

177 Twin Sisters Cove Lot 15-A

Physical Address, City, and Zip

Iredell

County

4648563244

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: 36 (ft.)

6c. Borehole diameter: 20 (in.)

6d. Water level below ground surface: 20 (ft.)

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

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

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

WELL ABANDONMENT DETAILS

7a. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same well construction/depth, only 1 GW-30 is needed. Indicate TOTAL NUMBER of wells abandoned: 320

7b. Approximate volume of water remaining in well(s): N/A (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Chlorine

7d. Amount of disinfectant used: 32 oz

7e. Sealing materials 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:

94 Bags Hole plug

10 Bags Concrete

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

poured + Hydrated

8. Certification:

Alfred L Kiesling Jr 11-27-18

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.