IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 223847

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

PIN # 4654-75-4941 4149

APPLICANT: Davidson Downs LLC APPLICANT ADDRESS: 4542 Ivy Run Lane Denver, NC 28037

SITE ADDRESS: ✓265 Sink Farm Rd. Mooresville, NC 28115 PHONE: 780-297-2787 ALT. PHONE:

SITE DIRECTIONS: Rt 115 S from Mooresville → L on Presbyterian Rd → R on Sink Farm Rd → Lot on left

SUBDIVISION: ✓Davidson Downs SECTION: 13 LOT # 137 LOT AREA: 1.26 acres DESIGN FLOW: 480 GPD L.T.A.R.: 0.250

Septic Tank 1000 (gal) STB 1160 Date 8-14-17
Pump Tank 1000 (gal) PT 3563 Date 9-4-17
Pump Make Goulds Model 1/2HP 1/60/115 Serial # WE05111H
Nitrification Fields 1 # Lines 5 Linear Ft: 480
Trench Width 36" Max. Trench Bottom Depth 18" [low side] Gravel Depth

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI
System Description: 25% Reduction (Pressure Manifold)
Repair System Description: Drip [shallow due to neighboring well + SAP]
Maintenance Agreement Required: ☐ YES ☒ NO ☐ GRAVITY ☒ PRESSURE

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

Comments / Conditions: *Existing well must be decommissioned prior to AC being issued * [This requires a seperate Health Department permit]
Recommend pumping septic tank every 3-5 years.

18" Low side trench depth
11/16/17 Per Michael Athanas OK to move tanks to other side. Supply line

INITIAL SITE SKETCH

PT - 12ft away & below drain
ST - 18ft away from deck footers
See attached plans from Michael
Note: Drive on other side of house
Athanas + Assoc. Michael Athanas LSS # 1252
Dated 3/21/2017

Well abandonded 7-25-17

AS BUILT SKETCH

Will be coming around front
*Must bury Supply line 36" under drive.
Supply line 20ft in front of house, 30" under drive & sleered in sch 80
11/17/17 1:30 pm Checked tanks & upper 4 lines
4:00 pm Checked last line & supply lines.

	Date	Initials
Drain Lines Checked & Supplyline	11/17/17	MD
Tanks Checked	11/17/17	MD
Pressure Manifold or Valve Box Checked	11/17/17	MD
Pressure Head Set	2-19-18	KW
Electrical Checked	2-19-18	KW
Floats Set	2-19-18	KW
Alarm Checked	2-19-18	KW
Maintenance Contract Y / ✓	not required	

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

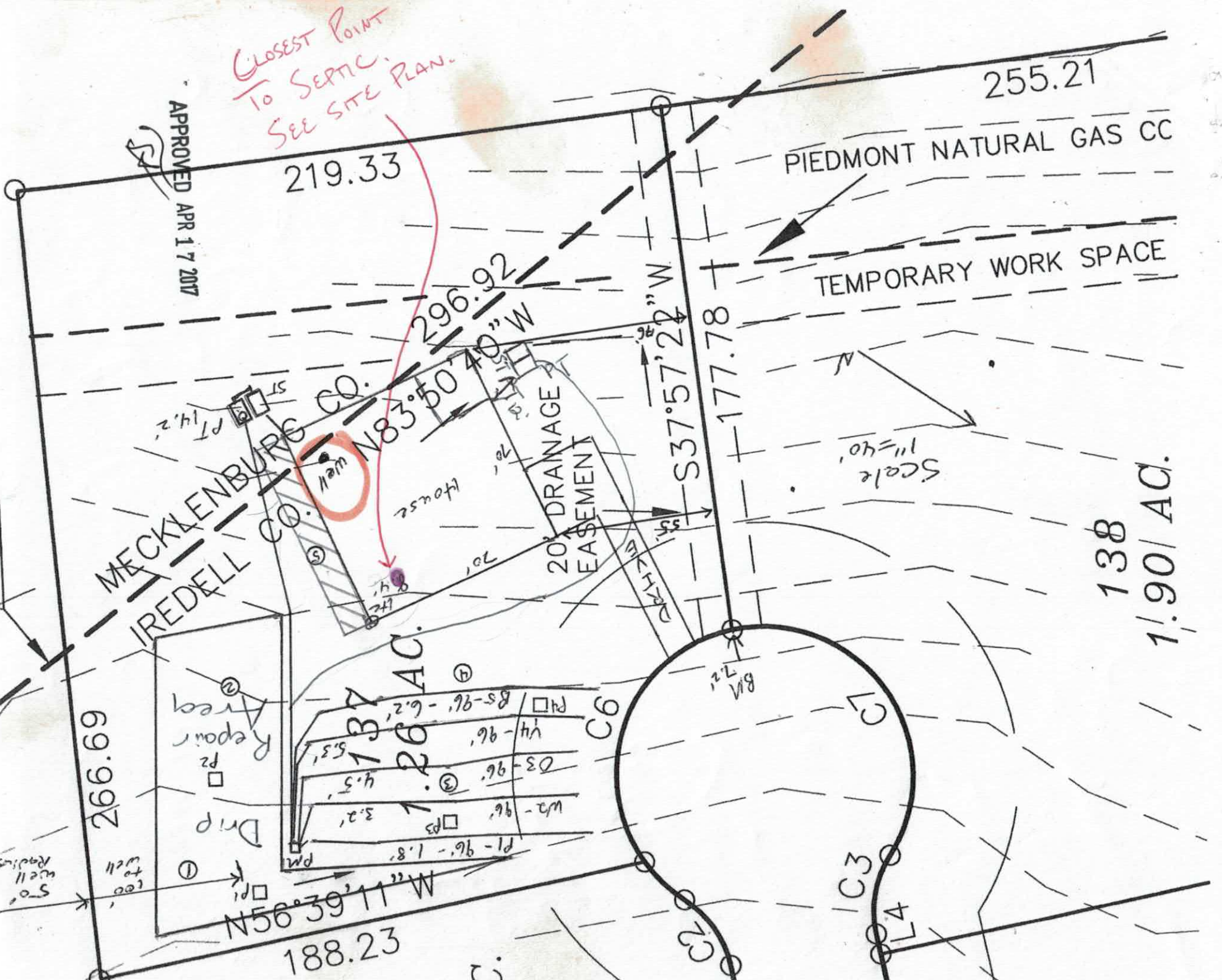
☐ IMPROVEMENT PERMIT with plot valid without expiration. ☒ IMPROVEMENT PERMIT with site plan valid for 60 mos. ☒ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.

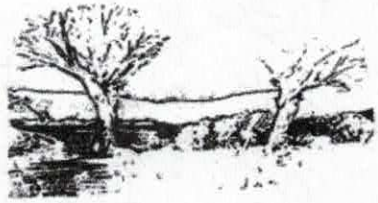
Owner / Applicant Signature: Date: 4-20-17 Installed by: Gunter Grading

IMPROVEMENT PERMIT by: Tom Shuck Date: 4/17/2017 OPERATION PERMIT by: Kayla Wilson Date: 2-19-18

AUTHORIZATION TO CONSTRUCT by: KAW Date: 8-15-17 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK


CLOSEST POINT TO SEPTIC. SEE SITE PLAN.
APPROVED APR 17 2017
255.21
PIEDMONT NATURAL GAS CC
TEMPORARY WORK SPACE
219.33
296.92
N83°50'40"W
MECKLENBURG CO.
IREDELL CO.
177.78
S37°57'22"W
20' DRAINAGE EASEMENT
138
1.901 AC.
1.84 AC.
1.26 AC.
266.99
188.23
N56°39'11"W
C1
C2
C3
C4
C6
Drip
Repair Area
well
house
Scale 1"=40'



MICHAEL ATHANAS & ASSOCIATES
LICENSED SOIL SCIENTIST
561 Ennis Rd.
Weddington, NC 28173
(704) 576-3887

Reference: Data Sheet for 265 Sink Farm Rd. Davidson Downs Lot 137

House Footprint: 70' x 70'
Building Setbacks: 35' front/rear, 15' side
Water Source: Community well
Number of Bedrooms: 4/480 GPD
Proposed LTAR: 0.25 GPD/FT2 (initial), 0.1 GPD/FT2 (repair)
Proposed System Type: 25% Reduction
Proposed Repair System Type: Drip Irrigation
Distribution: Pressure Manifold
Flow per Tap: 5.48 GPM
Tap Size and Material: ½" SCH 80
System Flow: 27.4 GPM
Dosing Volume: 210 gallons
Pump Run Time: 7.7 minutes
Elevation Head: 17.4'
Friction Head: 2.6'
Pressure Head: 2'
Total Dynamic Head: 22'
Supply Line Length: 140' of 2" PVC
Septic/Pump Tank Size: 1000/1000 gallons
Proposed Trench Bottom: 18"



Line	Design Length	Actual Length	Elevation
Pink 1	96'	96'	1.8'
White 2	96'	96'	3.2'
Orange 3	96'	96'	4.5'
Yellow 4	96'	96'	5.3'
Blue 5	96'	96'	6.2'

APPROVED APR 17 2017

Initial System: 480' **Repair System:** 4800 FT2
Pump Tank: 14.2' **House Corner:** 8.4' **Benchmark:** 7.2'

Comments:
This lot has an existing well that will be abandoned.

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

PROPERTY ID #: _____
COUNTY: _Iredell___

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

OWNER: Ray Development LLC_____ APPLICATION DATE_____
ADDRESS: 4542 Ivy Run Ln., Denver, NC 28037_____ DATE EVALUATED: _____
PROPOSED FACILITY: _4 bdrm_____ PROPOSED DESIGN FLOW (.1949): __480 GPD_____ PROPERTY SIZE: ____1.26 AC_____
LOCATION OF SITE: Davidson Downs Lot 137_____ PROPERTY RECORDED: ___2016_____
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)		OTHER PROFILE FACTORS				PROFILE CLASS & LTAR
			.1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	.1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	
PIT 1 ✓	LS 8%	0-26	R C SBK	FR SS SP SEXP	N/A	26"	PS	N/A	PS 0.4-0.6
		26-62	VER SL SAP M	VFR SS SP SEXP					
PIT 2	LS 8%	0-5	Br SCL WSBK	FR SS SP SEXP	N/A	40"	F-C SAP PS	N/A	PS 0.3
		5-16	R C SBK	FR SS SP SEXP					
		16-40	R CL WSBK	FR SS SP SEXP					
		40-60	VER L SAP M	FR SS SP SEXP					
PIT 3 ✓	LS 8%	0-7	Br SCL WSBK	FR SS SP SEXP	Mn, YB @ 33"	60"	Few SAP	N/A	PS 0.25
		7-46	R C SBK	FR SS SP SEXP					
		46-60	R CL WSBK	FR SS SP SEXP					
PIT 4	LS 8%	0-10	Br SCL WSBK	FR SS SP SEXP	N/A	33"	PS	N/A	PS 0.3-0.4
		10-33	R C SBK	FR SS SP SEXP					
		33-63	VER SL SAP M	VFR SS SP SEXP					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	1440 FT2	4800 FT2
System Type(s)	25% Reduction	DRIP
Site LTAR	0.25	0.1

OTHER FACTORS (.1946): _____
SITE CLASSIFICATION (.1948): ___PS_____
EVALUATED BY: _____MA&A_____
OTHER(S) PRESENT: Tom Shuck 4/11/19 (Pits 1+3)
APPROVED APR 17 2019

COMMENTS:_____

SOIL/SITE EVALUATION

(Continuation Sheet-Complete all field in full)

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

PROPERTY ID #: _____
DATE OF EVALUATION: _____
COUNTY: _IREDELL____

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	OTHER PROFILE FACTORS .1943 SOIL DEPTH	OTHER PROFILE FACTORS .1956 SAPRO CLASS	OTHER PROFILE FACTORS .1944 RESTR HORIZ	PROFILE CLASS & LTAR
AB 1	LS 8%	0-40	R C SBK	FR SS SP SEXP	N/A	40”	PS	N/A	PS 0.3
		40-48	VER SL SAP M	VFR SS SP SEXP					
AB 2	LS 8%	0-4	Br SCL WSBK	FR SS SP SEXP	Mn	48”	N/A	N/A	PS 0.275-0.3
		4-48	R C SBK	FR SS SP SEXP					
AB 3	LS 8%	0-4	Br SCL WSBK	FR SS SP SEXP	N/A	48”	F-C SAP	N/A	PS 0.3
		4-38	R C SBK	FR SS SP SEXP					
		38-48	R CL WSBK	FR SS SP SEXP					
AB 4	LS 8%	0-5	Br SCL WSBK	FR SS SP SEXP	Few Mn YB’S CHR 2 @ 42”	42”	N/A	N/A	PS 0.25
		5-27	R C SBK	FR SS SP SEXP					
		27-42	YR C WSBK	FR SS SP SEXP					
AB 5	LS 6%	0-6	Br SCL WSBK	FR SS SP SSEXP	YB’S CHR 2 @ 32”	32”	N/A	N/A	PS 0.25
		6-32	R C SBK	FR SS SP SEXP					

COMMENTS: _____


Pond
79.6
0.0
7.6
2.9
48.6
2.1
7.6
6.7
5.8
7.2
106.9
107.3

RECEIVED MAR 2 1 2017

IREDELL COUNTY HEALTH DEPARTMENT

Paid $350.00

ENVIRONMENTAL HEALTH DIVISION

PAGE 1: *APPLICATION FORM* Pd. $500.00 4-20-17 # 223847

Application For:

(X) Septic Improvement Permit ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted:
Place an (X) beside whichever is submitted if applicable

(X) Survey Plat, scaled no more than 1 inch = 60 feet
( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information:

Chris ~~Tom~~ 980

Applicant Name: Davidson Downs LLC **Address:** 4542 Ivy Run Ln. Denver NC 28037 **Phone:** 297-2787

Owner Name: Same **Address:** _____ **Phone:** _____

Property Information:

Street Address: 265 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 137

Driving Directions: 115 , TL Presbyterian, TR Sink Farm

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

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition

Maximum Number of Bedrooms: 4
Maximum Number of Occupants: _____
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
( ) Concrete Slab Foundation
(X) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development:

Type of Business: _____
Square Footage of Building: _____
Maximum Number of Employee: _____
Maximum Number of Seats/Beds/Other: _____

Water Supply:

( ) 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 (X) Other: Accepted

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: _____ 3/21/2017

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

RECEIVED AUG 3 - 2017

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

PAGE 1: *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

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Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: (X) 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)**

Applicant Name: Drew Maher **Address:** 13335 Glencreek Ln. Huntersville, NC **Zip:** 28078

Applicant Email: drew@dmaherproperties.com **Phone:** 704-258-9227 **Alt. Phone:** _____

Owner Name: Ray Development LLC **Address:** Denver, NC **Zip:** 28037

Owner Email: _____ **Phone:** Chris Mozely-980-297-2787 **Alt. Phone:** _____

Property Information:

Street Address: 265 Sink Farm Rd

Subdivision Name: Davidson Downs **Section/Phase:** _____ **Lot Number:** 137

Driving Directions: Hwy 115 S, TL Presbyterian, TR Sink Farm, at end on LT

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

CHECK FOUNDATION TYPE

(X) New Single Family Residence — Maximum Number of Bedrooms: 4 — ( ) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — (X) 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: _____

( ) 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 (X) Other: Accepted

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: _____ 8/3/2017 ~~6/26/2017~~
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

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, Chris Mozely, am the legal owner(s) of the property located at 265 Sink Farm Rd Davidson Downs Lot 137, identified as PIN (Parcel Identification Number) 4654 75 4941, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Michael Athanas + Associates, 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	Date
[signature]	12-29-16		

Please return this signed form to the appropriate office:

Mooresville - Environmental Health

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

Statesville - Environmental Health

Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION:*

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…**

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

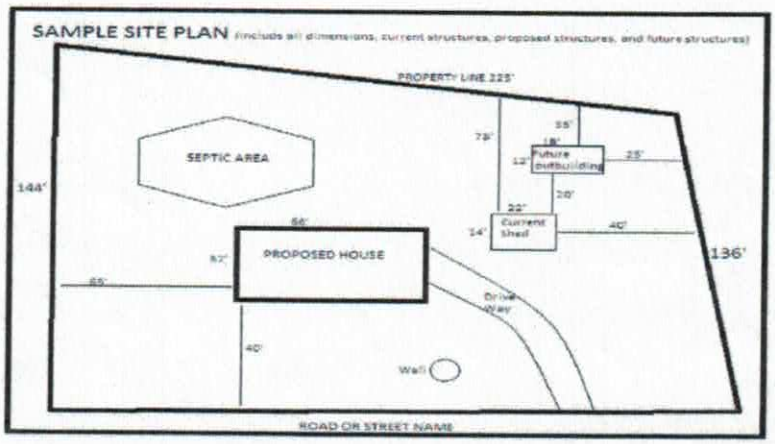
_____ Front and side setbacks from property line… **_____ Preferred driveway location and configuration, preferred well location…**

_____ 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

See Attached Site Plan

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

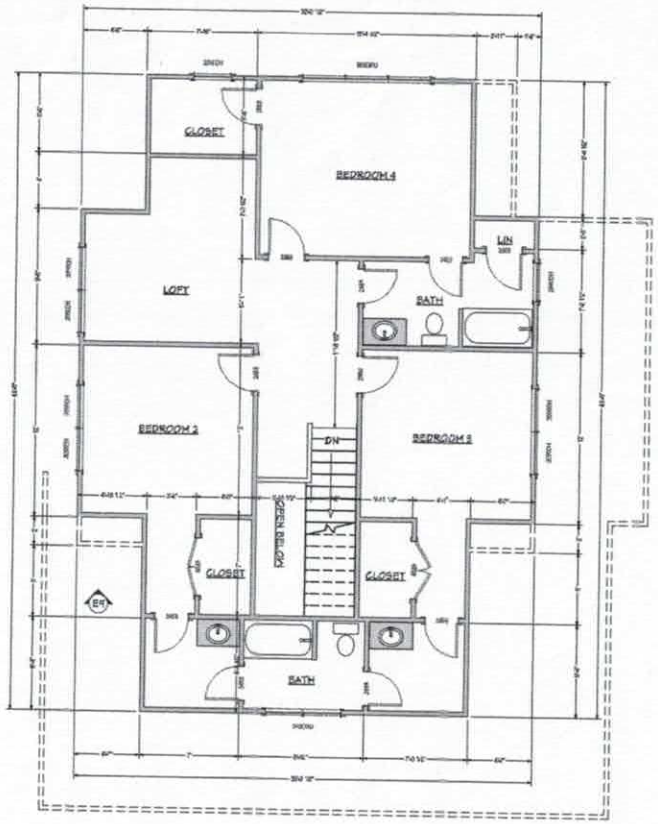
8/3/2017

DATE

Acknowledgement of
Plans Submittal ONLY!

Date 6/26/2017

Date 8-15-17



SECOND FLOOR PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
MAHER RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:

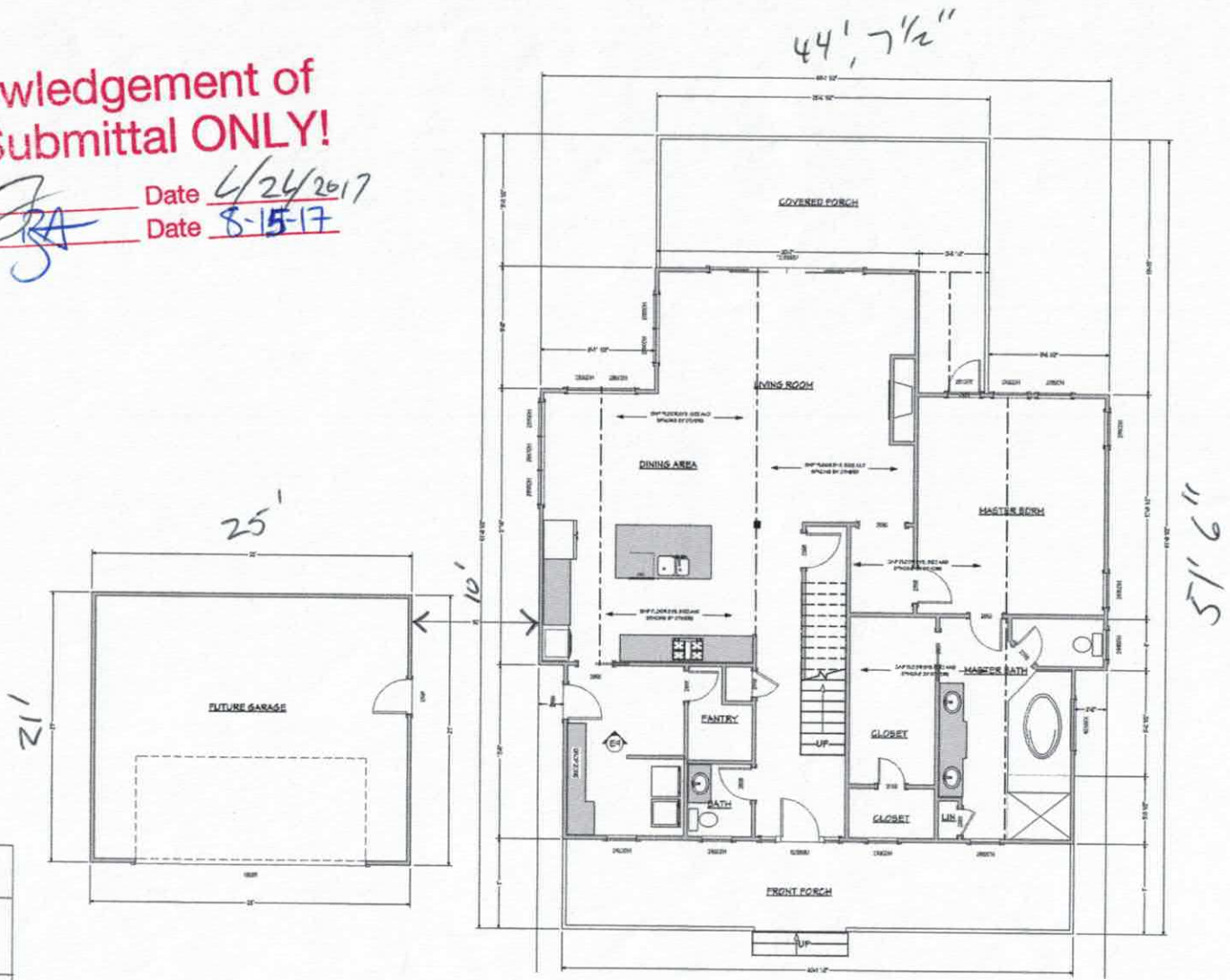
SCALE:

SHEET:
A-7

Acknowledgement of
Plans Submittal ONLY!

Date 6/26/2017

Date 8-15-17



SQUARE FOOTAGE	
1ST FLOOR HEATED	1691
2ND FLOOR HEATED	1177
TOTAL HSF	2868
PORCHES	610
UNFINISHT	1691
GARAGE	FUTURE
TOTAL UNDER ROOF	5169

FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
MAHER RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:

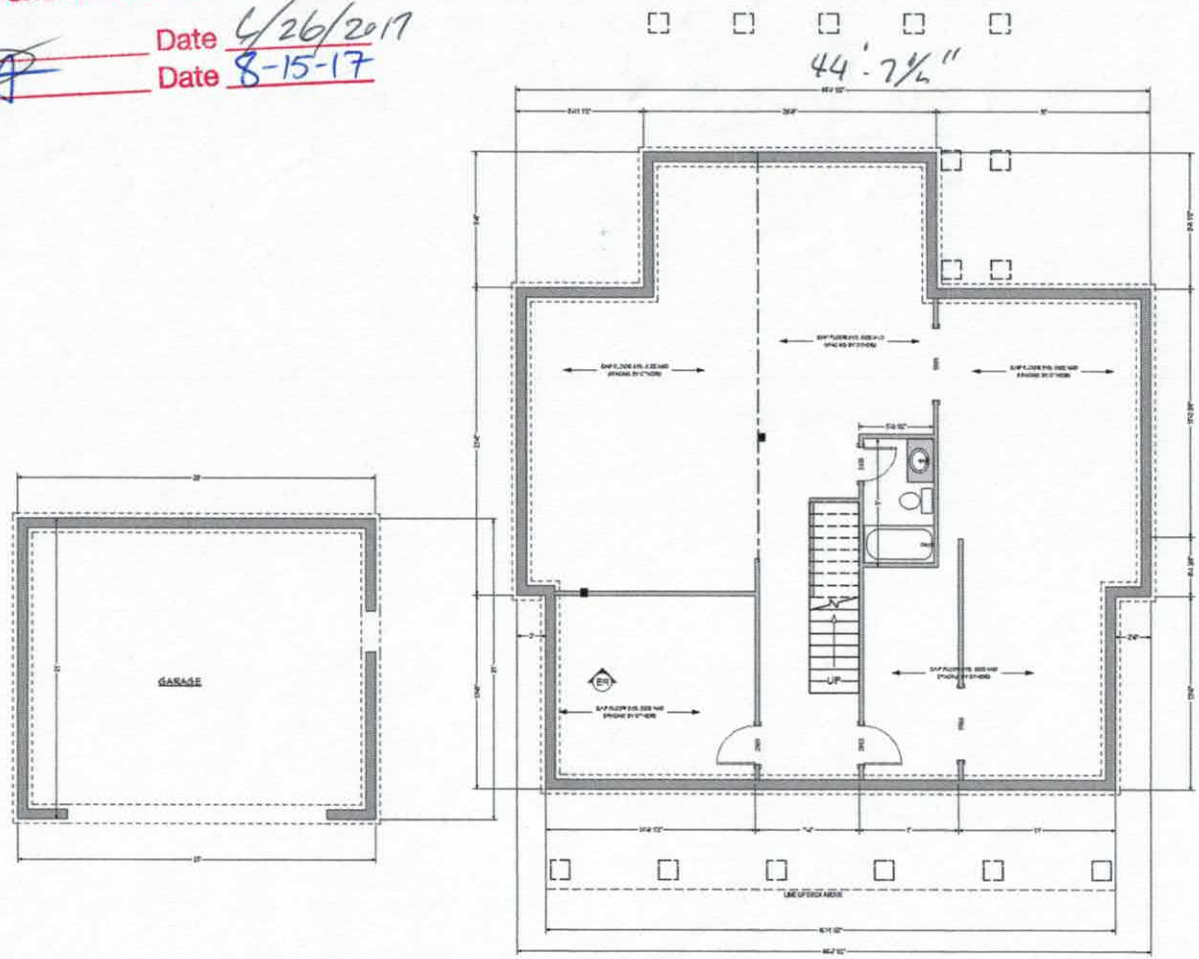
SCALE:

SHEET:
A-6

Acknowledgement of
Plans Submittal ONLY!

Date 4/26/2017

Date 8-15-17



NO BEDROOMS IN BASEMENT

FOUNDATION PLAN

SCALE 1/4" = 1' - 0"

NO.	DESCRIPTION	BY	DATE

SHEET TITLE:

PROJECT DESCRIPTION:
MAHER RESIDENCE
LAKEMIST HOMES

VISUAL DESIGN
VISUAL DESIGN & DRAFTING

DATE:

SCALE:

SHEET:
A-5

IREDELL COUNTY

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

APPLICATION NUMBER
223847
Issue Date: 12/15/2016

ZONING PERMIT

Parcel Number	Street Address	Jurisdiction
4654754941.000	265 SINK FARM ROAD, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: RAY DEVELOPMENT LLC	Applicant: RAY DEVELOPMENT LLC
Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037	Address: C/O R C MOZELEY 4542 IVY RUN LN DENVER, NC 28037
Phone:	Phone:

Use Requested	Zone Code
SFD	

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00	NOT	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	88404	TOTAL FEES:	$ 77.25

1. Well Contractor Information:
Todd Adams
Well Contractor Name (or well owner personally abandoning well on his/her property)
2522
NC Well Contractor Certification Number
Rowan Well Drilling
Company Name

2. Well Construction Permit #: 223847
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: 7/25/17

5a. Well location:
Chris Mosley
Facility/Owner Name
Facility ID# (if applicable)
265 Sink Farm Road, Mooresville, NC
Physical Address, City, and Zip
Iredell
County
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)
35 30 42.36 N 80 49 14.82 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: 975 (ft.)

6c. Borehole diameter: 8 (in.)

6d. Water level below ground surface: 10 (ft.)

6e. Outer casing length (if known): 8 (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: 1

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

FOR WATER SUPPLY WELLS ONLY:
7c. Type of disinfectant used: sterilene
7d. Amount of disinfectant used: 46 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:
5 yards
no fly ash well mix

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

8. Certification:
Signature of Certified Well Contractor or Well Owner
7/25/17
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.