ICHD – Environmental Health Division

Statesville Office – (704) 878-5305 x3456 | Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 241004 **PIN #** 4654 - 76 - 1539 ✓ **Type of Permit (circle one):** (New) Repair Abandonment

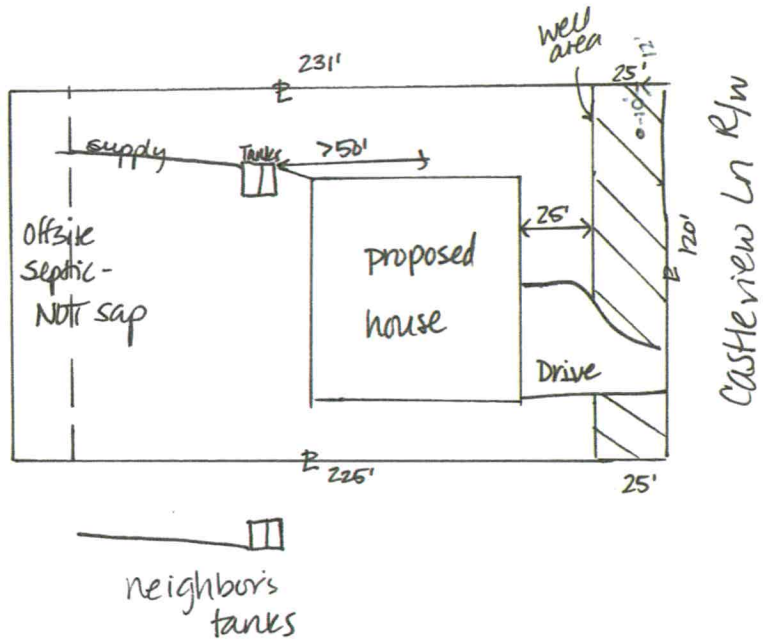
APPLICANT/OWNER NAME: Ray Development ADDRESS: 4542 Ivy Run Ln Denver NC 28037 PHONE: 980-297 2787

DIRECTIONS TO SITE: (S) NC 115 → (L) Presbyterian → (R) Sink Farm → (R) Manory → (L) Castleview

SITE ADDRESS: 114 Castleview Lane, Mooresville NC 28115 ✓ SUBDIVISION: Davidson Downes ✓ SECTION/LOT: 4/164 ✓

Initial Site Sketch

1"=60'



GROUTING RESULTS

Grout Depth 22'

Total Depth 305'

Depth of Casing 146'

Yield 30 gal/min

Notes:

E-MAILED 5.16.2022 BR

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NCAC 2L well rules - grout min 20', set min 20' casing. Maintain 25' from structure, 50' from septic components. Drill in well area

WELL PERMIT ISSUED BY: D'Ineberg DATE: 5/13/22 (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: B&K Drilling CONTRACTOR CERT #: 2970 - A GROUT INSPECTION BY: Sydney Tidland DATE: 9-20-22

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Cory Whit DATE: 2/28/23

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: 2/28/23 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

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only: Davidson Drwg 164

1. Well Contractor Information:
Alfred Kiesling Sr
Well Contractor Name
2670-A
NC Well Contractor Certification Number
B & K Well Drilling Inc
Company Name

2. Well Construction Permit #: 241004
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

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	☐Wells > 100,000 GPD
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 #21 Remarks)

4. Date Well(s) Completed: 9/20/22 Well ID#

5a. Well Location:
Ray Developer
Facility/Owner Name
Facility ID# (if applicable)
114 Castleview Ln
Physical Address, City, and Zip
Iredell
County
4654-76-1539
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. 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: 305 (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): 30 + Method of test: Air Lift

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

14. WATER ZONES

FROM	TO	DESCRIPTION
146 ft.	185 ft.	SMALL ZONE
185 ft.	305 ft.	LARGE ZONE

15. WATER CASING (for multi-cased wells, DESCRIBE all applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	146 ft.	6 1/4 in.	SDR-21	PVC

16. OPEN HOLE, PERFORATED CASING OR SCREEN (describe each applicable)

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	Pour
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.	15 ft.	RED SOIL
45 ft.	50 ft.	YELLOW SOIL
50 ft.	100 ft.	MIXED GRAVEL
100 ft.	135 ft.	MIXED SAND GRAVEL
135 ft.	146 ft.	MIXED GRANIT
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Alfred Kiesling 9-22-22
Signature of Certified Well Contractor 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 construction info (add 'See Over' in Remarks Box). You may also attach additional pages if necessary.

24. SUBMITTAL INSTRUCTIONS

Submit this GW-1 within 30 days of well completion per the following:

24a. For All Wells: Original form to Division of Water Resources (DWR), Information Processing Unit, 1617 MSC, Raleigh, NC 27699-1617

24b. For Injection Wells: Copy to DWR, Underground Injection Control (UIC) Program, 1636 MSC, Raleigh, NC 27699-1636

24c. For Water Supply and Open-Loop Geothermal Return Wells: Copy to the county environmental health department of the county where installed

24d. For Water Wells producing over 100,000 GPD: Copy to DWR, CCPCUA Permit Program, 1611 MSC, Raleigh, NC 27699-1611

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 HD Mooresville Office (704) 660-3625 PERMIT # 241004

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

PIN # 4654754930

APPLICANT/OWNER: Ray Development APPLICANT ADDRESS: 463 Mariner Ln. Denver, NC

SITE ADDRESS: 114 Castleview Ln. Mooresville, NC PHONE: 980-297-2787 ALT. PHONE —

SITE DIRECTIONS: Shearers Rd (s) → R on Presbyterian → L on Sink Farm → R on Manorly → L on Castleview SAP CONTROLLED: ☐ YES ☑ NO

SUBDIVISION: Davidson Downs SECTION: — LOT # 164 LOT AREA: .58ac DESIGN FLOW: 480gpd L.T.A.R.: .275 (.275 repair)

Septic Tank	1000	(gal)	STB		Date		☑ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI		☑ Residence	No. Bedrooms	4	Water Supply				
Pump Tank	1000	(gal)	PT		Date		System Description: PM 25% reduction (offsite)					☐ Business	No. Persons	8	☑ Private				
Pump Make			Model		Serial #		Repair System Description: LP PPBPS (offsite)					☐ Other	No. Employees		☐ Public				
# Nitrification Fields	1	# Lines	5	Linear Ft	440'		Maintenance Agreement Required:		☐ YES	☑ NO		☐ Slab	☑ Crawl Space		☐ Community				
Trench Width	36"	Trench Bottom Depth(Low side)	33"/36" highside	Gravel Depth	—				☐ GRAVITY	☑ PRESSURE		☐ Basement w/plumbing			☐ Basement w/o plumbing				

Comments / Conditions: Lot and all easements must be recorded prior to issuing AC.

Line 1+5 : 1/2 sch 80
Line 2-4: 1/2 sch 40 > tap size

INITIAL SITE SKETCH

See attached site plan by Michael Athanas + Associates

AS BUILT SKETCH

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**

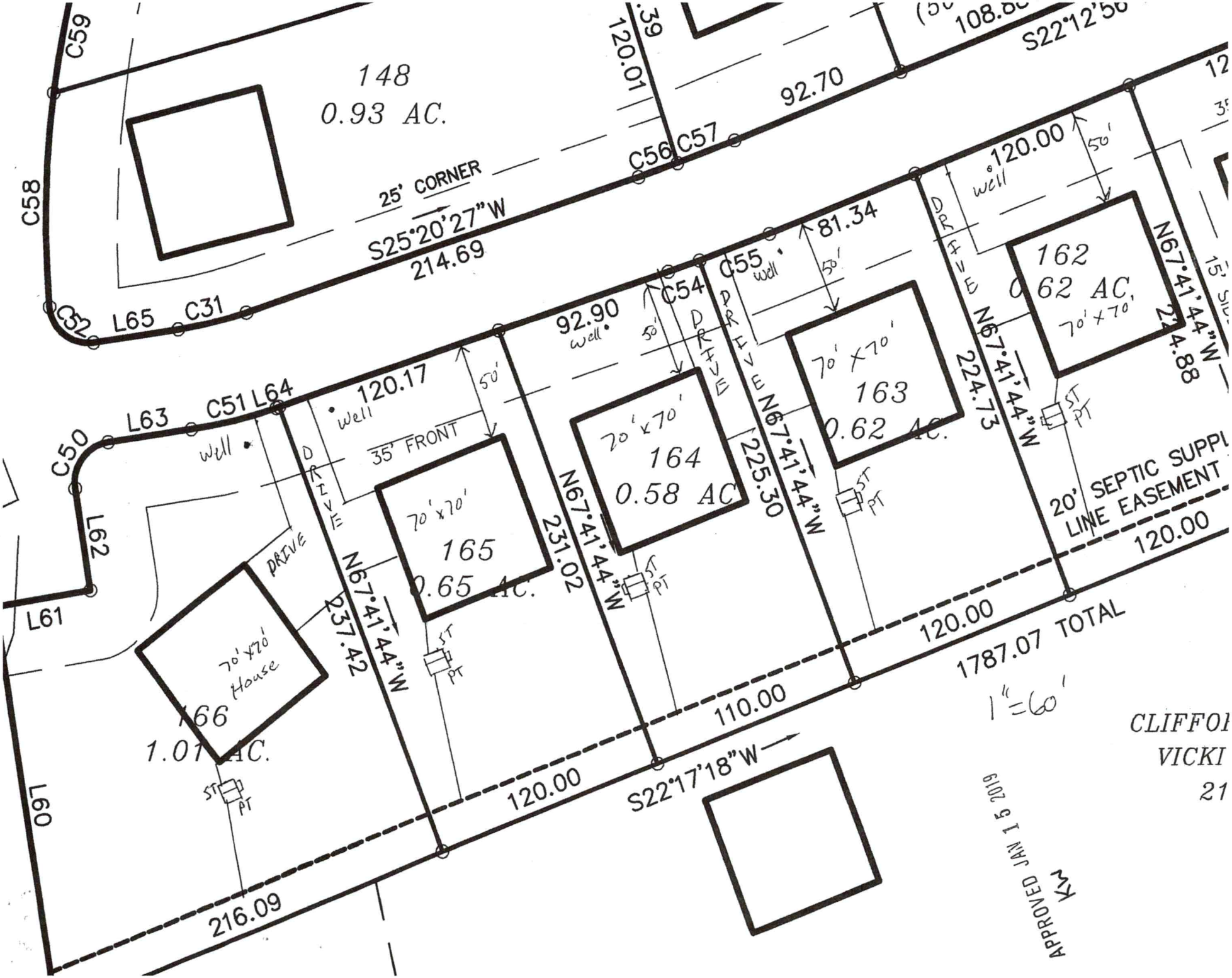
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☑ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: Installed by:

IMPROVEMENT PERMIT by: Date: 1-15-19 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 5/3/22 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day t[illegible]ection is needed. Be sure to speak with an inpsector to confirm your inspection time.


148
0.93 AC.
25' CORNER
S25°20'27"W
214.69
92.70
S22°12'56"
120.01
C59
C58
C56 C57
C52 L65 C31
C54
C55
well
81.34
50'
DRIVE
120.00
162
62 AC.
70' x 70'
N67°41'44"W
224.88
92.90
120.17
35' FRONT
C51 L64
C50 L63
L62
L61
L60
70' x 70'
163
0.62 AC.
70' x 70'
164
0.58 AC
70' x 70'
165
0.65 AC.
70' x 70'
House
166
1.01 AC.
ST
PT
225.30
231.02
237.42
N67°41'44"W
20' SEPTIC SUPPLY LINE EASEMENT
120.00
1787.07 TOTAL
110.00
S22°17'18"W
216.09
1"=60'
CLIFFOR
VICKI
21
APPROVED JAN 15 2019
KM

L115
L116
L117
L108
L109
L107
L106
L105
L104
L103
L102
L101
L100
L99
L98
L97
L96
L95
L94
L93
L92
L83
L82
L81
L80
L79
L78
C65
C58
C67
C66
S.F.E
EIP
EIP
Pressure Lines
20' SSLE
CVB
Pit#1
Pit#2
PM
Y1 60'
W2 76'
B3 100'
Y4 125'
P5 120'
B6 120'
W7 116'
B2 106'
W1 108'
P3 101'
Y4 97'
W5 93'
B6 86'
Y7 60'
O1 54'
W2 78'
B3 95'
P4 110'
O5 125'
W6 120'
B7 115'
P8 105'
O4 125'
W3 137'
P5 110'
B6 91'
Y7 75'
W8 63'
P1 54'
B2 69'
S.16.34
S.15.34
S.14.34
S.13.34
S.12.34
S.11.34
S.10.34
S.9.34
S.8.34
S.7.34
S.6.34
S.5.34
S.4.34
S.3.34
S.2.34
S.1.34
APPROVED JAN 15 2019
KW
NCAID
Scale 1"=50'

DW

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-327470 $550.00

Application For: (X) 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 ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: RAY DEVELOPMENT Address: 4542 IVY RUN LN, DENVER Zip: 28037

Applicant Email: CHRISMOZELEY@YAHOO.COM Phone: 980-297-2787 Alt. Phone: _____

Owner Name: SAME Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 114 CASTLEVIEW LN, MOORESVILLE

Subdivision Name: DAVIDSON DOWNES Section/Phase: IV Lot Number: 164

Driving Directions: 115 SOUTH, L ON PRESBYTERIAN, R ON SINK FARM, R ON BUCKINGHAM, R ON MANDLY, L ON CASTLEVIEW

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: _____

(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 ( ) 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: _____ 2/16/22
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

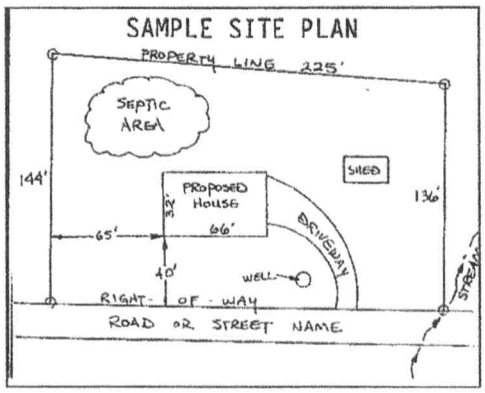
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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**

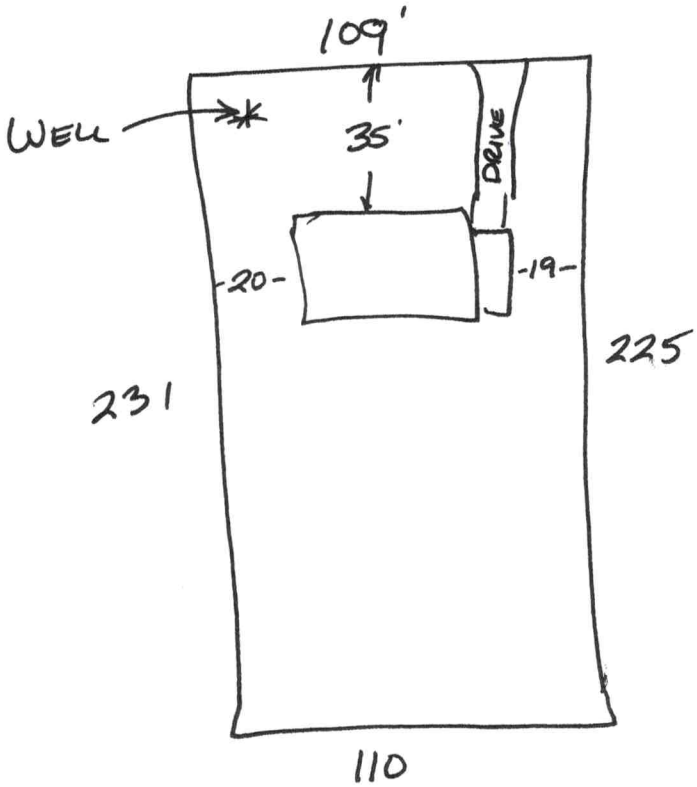


Circle N/A on the following if appropriate:

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



Signature: _____

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

2/16/22

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, RAM DEVELOPMENT by CHRIS MOZELEY, am the legal owner(s) of the property located at 114 CASTLEVIEW LN, identified as

PIN (Parcel Identification Number) 4654761539, 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.

_____ 4-4-22
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 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 with dimensions of proposed structure, addition, pool etc.
- _____ Documentation to Authorize Owner Agent (if the property owner is not the applicant)
- _____ 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 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.

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** 2/16/22

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