IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 · Mooresville Office 704-660-3625

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

SHEA BUILDERS 7008 CORPORATE CENTER DR. CLT. NC 28226

Applicant Name | Full Address | Phone Number

STAN PRESSLEY SAME 704-3613229

Name of Owner / Authorized Agent | Full Address | Phone Number

205 WALKING HORSE TRAIL ANNISTON

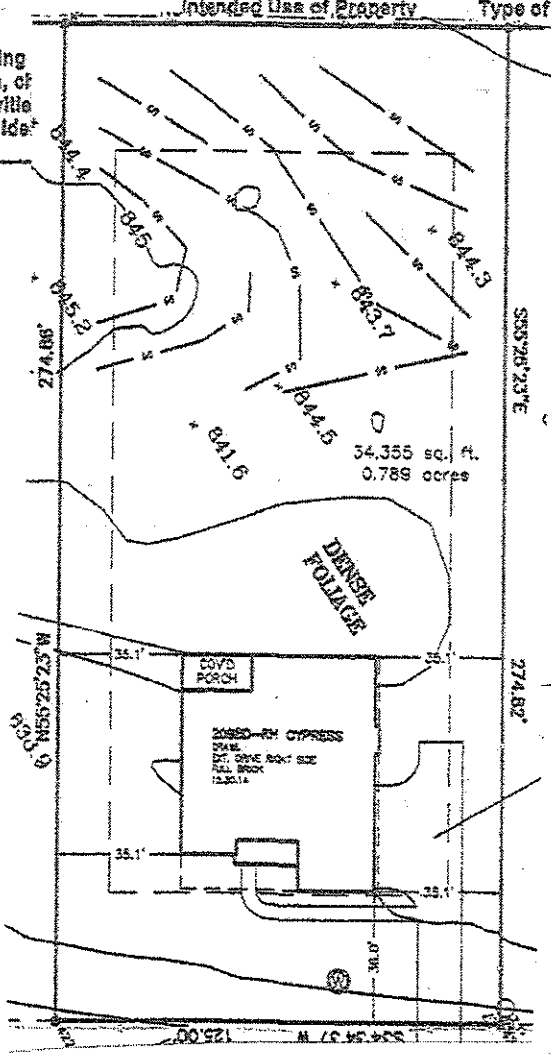
Property Street Address | Subdivision | Lot Number

SNGL FAMILY RESIDENCE NEW

Parcel Identification Number (PIN) | Intended Use of Property | Type of Well Permit (New, Repair, Abandonment)

All site characteristics such as existing surface water or designated wetlands, of and any other characteristics or activitie the site for well construction must be ide

ights of way, existing wells or springs, ge, known underground contamination ct groundwater quality or suitability of



205 WALKING HORSE TRAIL LOT-125

CHECK AS APPLICABLE:

N/A There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)

N/A There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.

By signing below I acknowledge that the information provided herein is true, complete and correct. Furthermore, I grant authorized county and state officials right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand 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 investigation can be performed.

Stan Pressley 1/26/15

SIGNATURE OF OWNER OR AUTHORIZED AGENT | DATE

Health Department Copy - White | Applicant Copy - Yellow