IREDELL COUNTY HEALTH DEPARTMENT

KW

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 242858

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

PIN # 4676660763

APPLICANT/OWNER: Kevin Harvey APPLICANT ADDRESS: 149 Morning Sun Ln Mooresville, NC

SITE ADDRESS: 138 Brawley Woods Mooresville, NC PHONE: 980 253-0260 ALT. PHONE

SITE DIRECTIONS: Main St N. TR Linwood Rd TL Brawley Woods on right SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Brawley Woods SECTION: 2 LOT # 18 LOT AREA: 1.02 Acre DESIGN FLOW: 480gpd L.T.A.R.: .275

Septic Tank	1000 (gal)	STB 1012	Date 4/20/2020	☒ New System ☐ Repair ☐ Expansion	System Type: I II III IV V VI	☒ Residence	No. Bedrooms	4	Water Supply
Pump Tank	— (gal)	PT —	Date	System Description: Gravity - 25% Reduction PPBPS		☐ Business	No. Persons	8	☒ Private
Pump Make		Model	Serial #	Repair System Description:		☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines 4@110'	Linear Ft. 440	Maintenance Agreement Required: ☐ YES ☒ NO		☒ Slab (Shop)	☒ Crawl Space		☐ Community
Trench Width	36"	Trench Bottom Depth (Low side)	36" max	Gravel Depth N/A	☒ GRAVITY ☐ PRESSURE	☐ Basement w/ plumbing	☐ Basement w/o plumbing		

Comments / Conditions: Divert storm/surface water away from Septic areas.

Note: Site drawing shows more than required amount for drainfield. Install 4 lines @ 110' ea.

INITIAL SITE SKETCH

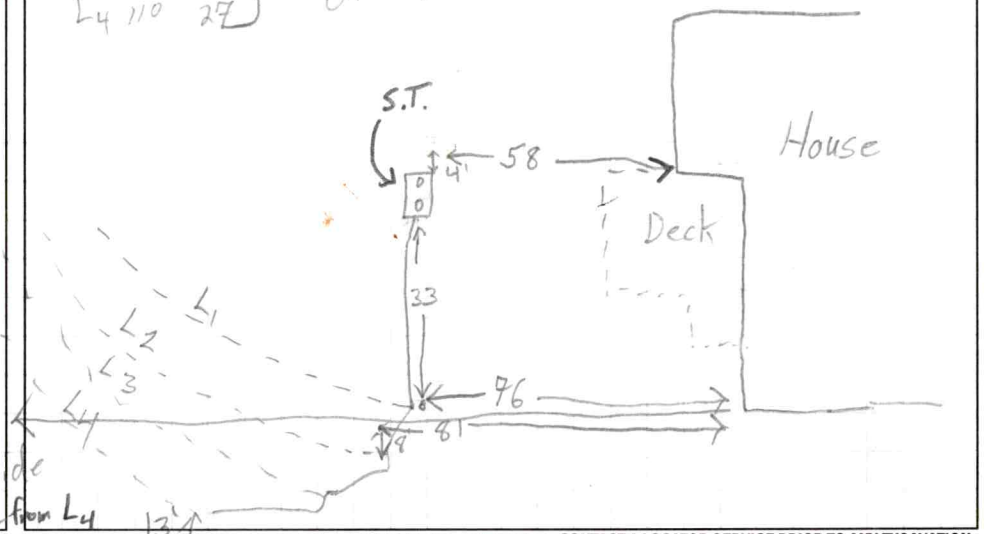
See attached Site drawing submitted by Paul Penninger (dated 3-12-19)

AS BUILT SKETCH

7/23/2020: Taylorsville Precast mid-seam 1000-gallon tank w/a EF-4 filter

	# Chambers	
L1	110	27
L2	110	27
L3	110	27
L4	110	27

IQ4W installed w/ 36" TB, verified OK by laser



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**

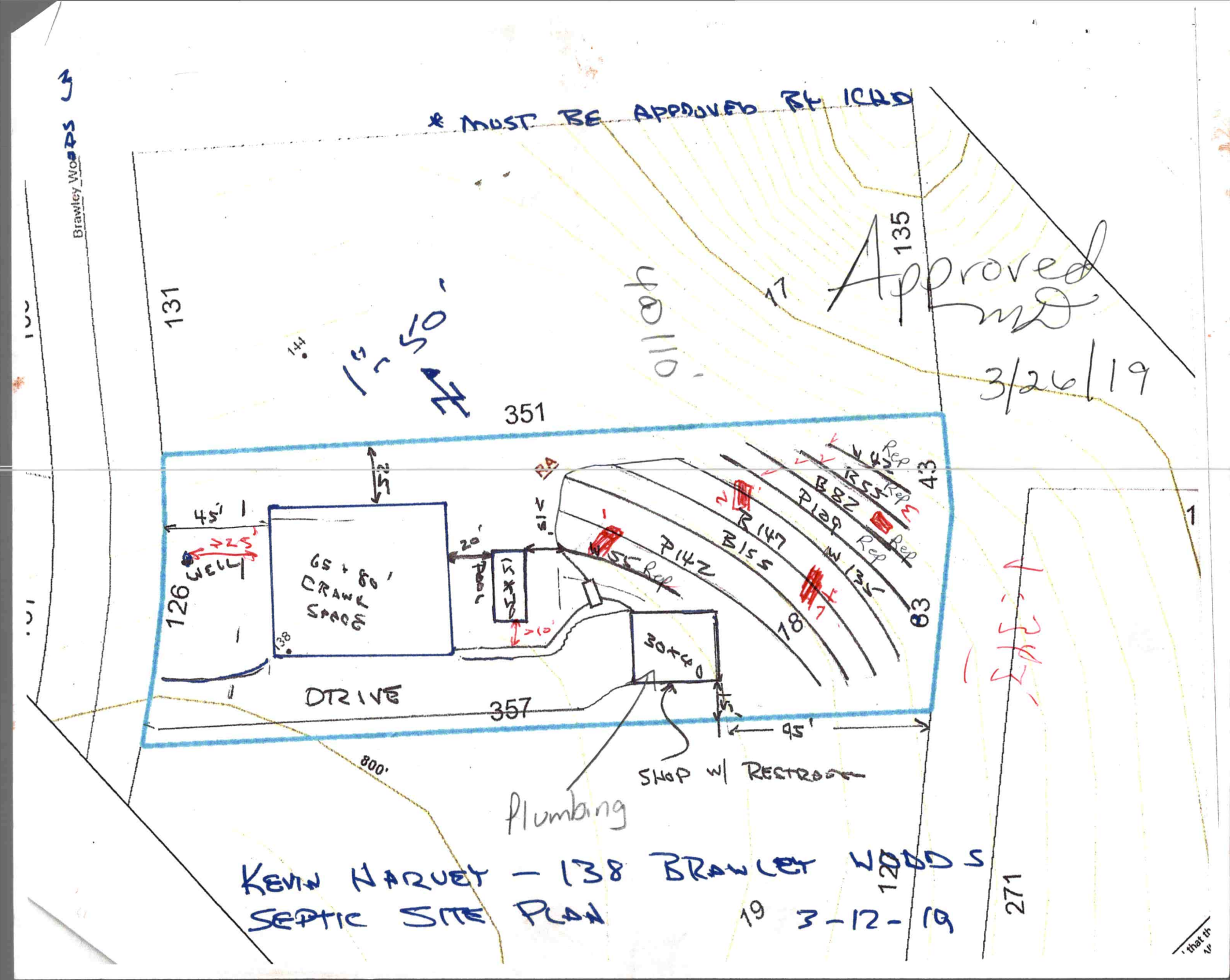
☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☑ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 3-29-19 Installed by: Steve Jordan

IMPROVEMENT PERMIT by: Date: 3/26/19 OPERATION PERMIT by: Tom Shuck Date: 7/23/2020

AUTHORIZATION TO CONSTRUCT by: Kayla Watson Date: 11-25-19 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.


* MUST BE APPROVED BY ICHD
Approved
MD
3/26/19
1" = 50'
N
131
351
135
17
43
83
18
144
138
126
45'
WELL
65 + 60' CRAWL SPACE
20'
10'
5'
5'
DRIVE
357
95'
30x40
SHOP w/ RESTROOM
800'
Plumbing
B155
P147
R147
B82
P129
R55
W135'
Rep
KEVIN HARVEY - 138 BRAWLEY WOODS
SEPTIC SITE PLAN
19 3-12-19

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

Sheet ___ of ___
PROPERTY ID #: 4676606763
COUNTY: Iredell

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

Applicant
OWNER: Kevin Harvey — APPLICATION DATE: 3/12/19
ADDRESS: 149 Morning Sun Ln Mooresville NC 28115 — DATE EVALUATED: 3/21/19
PROPOSED FACILITY: House — PROPOSED DESIGN FLOW (.1949): 480 gpd — PROPERTY SIZE: 1.02 Acre
LOCATION OF SITE: Brawley Woods #18 — PROPERTY RECORDED: Y
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	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	L 10%	0-10"	Brw SCL GR FR	w SBK		57"			PS
		10-38	RC m	SBK/ABK	SS, SP, SExP, FR				
		38-57	RC/C m	SBK/ABK					.275
			some Mang. staining few Ye/Brw						
			on one side of pit						
2	L 10%	0-10	Brw SCL GR FR	w/ SBK	5+"				PS
		10-33	RC m	SBK	SS, SP, SExP, FR				
			w/few SAP Inclus						.3
		33-57	R C/C w	SBK	SS, SP, SExP, FR				
			w/ many SAP Inclus						
3	L 10%	0-10	Brw SCL	SS, SP, SExP, FR		55"			PS
		10-32	RC m	SBK	SS, SP, SExP, FR				
		32-55	RC w	SBK	SS, SP, SExP, FR				.3
			w/ many SAP Inclus						
4	L 10%	0-12	Brw SCL	SS, SP, SExP, FR		62"			PS
		12-36	RC m	SBK	SS, SP, SExP, FR				
		36-62	RC w	SBK	SS, SP, SExP, FR				.3
			with Litho.		Inclus				

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	PS	PS
System Type(s)	25% Red	50% Red
Site LTAR	.275	.275

OTHER FACTORS (.1946): ___
SITE CLASSIFICATION (.1948): ___
EVALUATED BY: Maria Dotson
OTHER(S) PRESENT: Paul Fenninger, David Beam

COMMENTS:

242858 Call Paul Reddinger for site visit

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM 704-996-6730

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) 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 (X) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: Kevin Harvey Address: 149 Morning Sun Ln, Mooresville, NC Zip: 28115
Applicant Email: kevinharvey0312@gmail.com Phone: 980-253-0260 Alt. Phone: _____
Owner Name: Bryan Kuhl Address: 1128 TIMBERSOME DR DAVIDSON NC Zip: 28036
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 138 Brawley Woods Ln
Subdivision Name: Brawley Woods Section/Phase: _____ Lot Number: 18
Driving Directions: 152 E, TR Teeter, TL Linwood, TL Brawley Woods, Lot on RT

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: 4
Maximum Number of Occupants: 8
(X) Swimming Pool
(X) Other Addition/Structure: shop with RR, Pool

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
(X) Concrete Slab Foundation Slab
( ) 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: _____

(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 (X) Other: Trad School 2 & 2

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: _____ 3-12-19
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

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

Iredell County Health Department – Environmental Health Division

PAGE 1: *APPLICATION FORM*

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
(X) Septic Improvement Permit ( ) 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: ( ) 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: Joseph Payne Address: 198 Old Lion Rd. Statesville NC Zip: 28625
Applicant Email: joepayne40@gmail.com Phone: 828-312-4662 Alt. Phone: _____
Owner Name: Kevin Harvey Address: 149 Morning Sun Ln. Zip: 28115
Owner Email: Kevinharvey0312@gmail.com Phone: 980-253-0260 Alt. Phone: _____

Property Information:

Street Address: Lot 138 Brawley Woods Ln. Mooresville NC 28115
Subdivision Name: Brawley Woods Section/Phase: _____ Lot Number: 18
Driving Directions: Coming from mooresville turn onto Linwood Rd. Take a left on Brawley Woods Ln.

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: 4
Maximum Number of Occupants: 4
(X) Swimming Pool
(X) Other Addition/Structure: Shop, Garage
Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

CHECK FOUNDATION TYPE

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

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: _____ 11/21/19
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, Bryan Kuhl, am the legal owner(s) of the property located at 138 Brawley Woods Lane, identified as

PIN (Parcel Identification Number) 4676606763.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Paul Penninger / Penninger Soil Consulting Kevin Harvey, 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.

Brian D Kuhl
Signature of Owner(s)

3-7-19
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)** _____

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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, KEVIN B HARVEY, am the legal owner(s) of the property located at 138 Brawley Woods Ln. Mooresville NC 28115 identified as

PIN (Parcel Identification Number) 4676606763, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, Joseph Payne, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

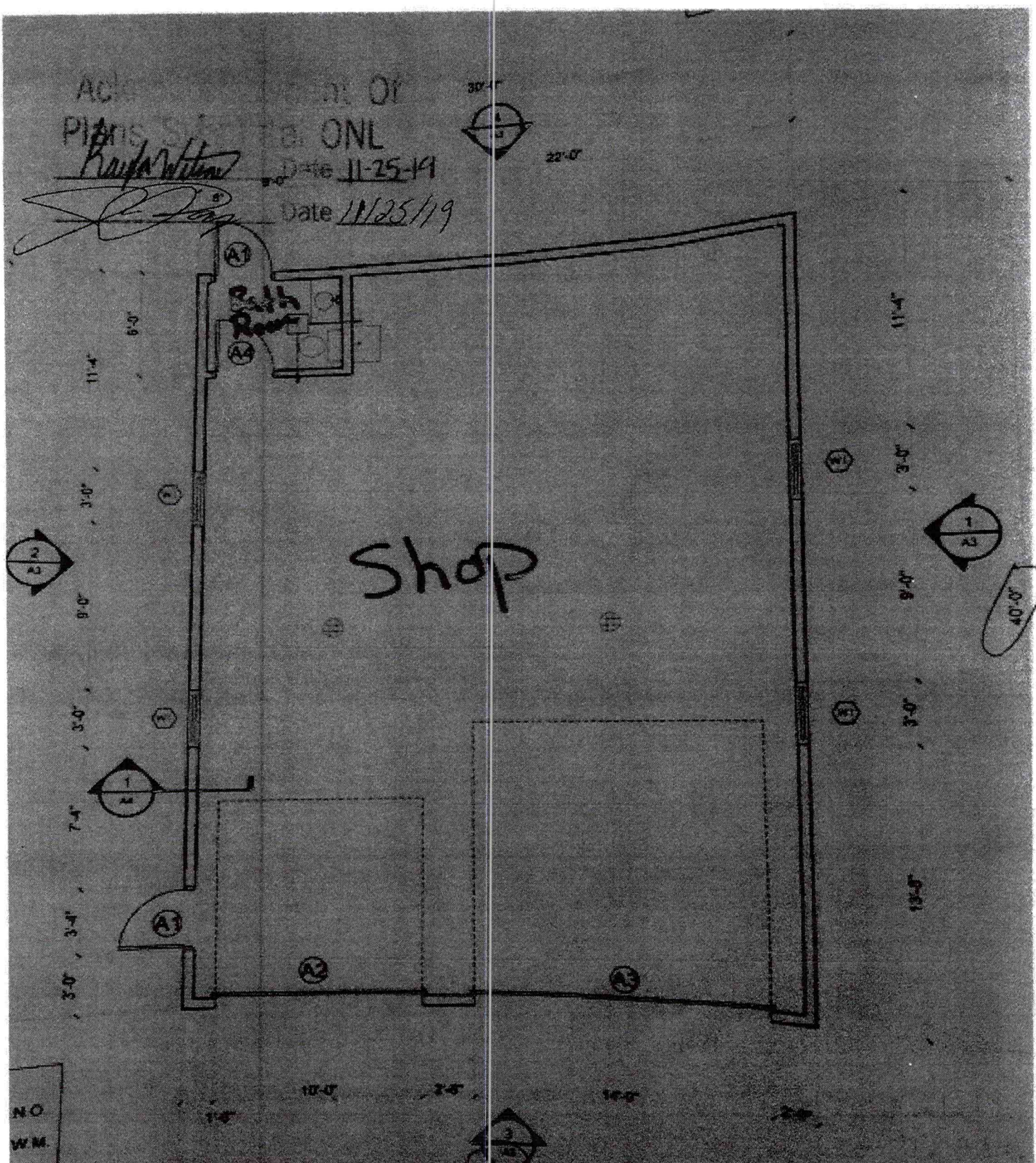
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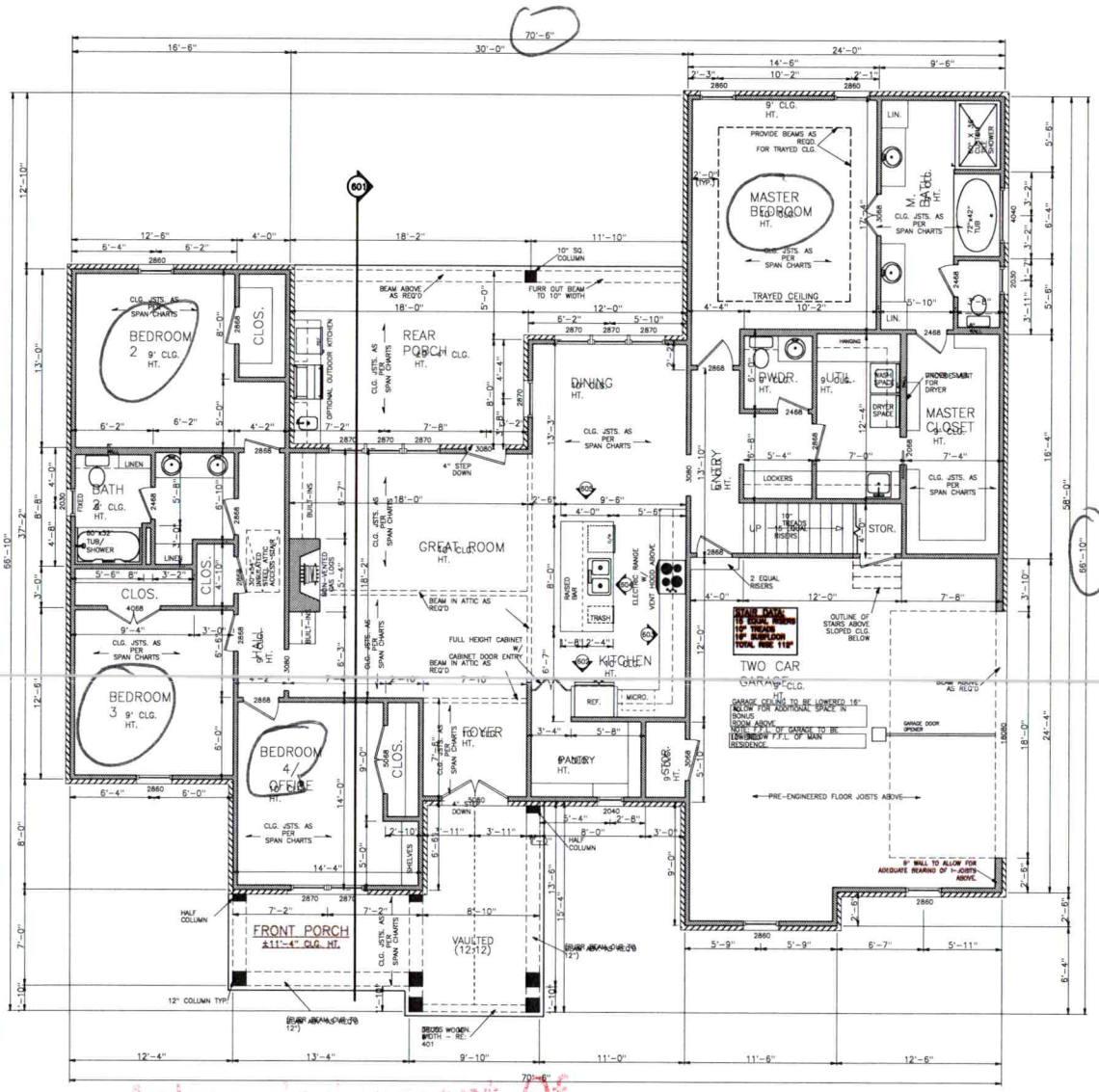
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

* _____ 11-21-19
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


PLANS
ONL
Date 11-25-19
Date 11/25/19
Bath
Roof
Shop
ROOF PLAN


BEDROOM 2
9' CLG. HT.
CLOS.
BATH 2
CLG. HT.
LINEN
TUB/ SHOWER
CLOS.
BEDROOM 3
9' CLG. HT.
CLOS.
BEDROOM 4/ OFFICE
CLG. HT.
CLOS.
FRONT PORCH
±11'-4" CLG. HT.
12" COLUMN TYP.
REAR PORCH
CLG. HT.
OPTIONAL OUTDOOR KITCHEN
DINING
CLG. HT.
GREAT ROOM
CLG. HT.
BUILT-INS
BUILT-INS
BEAM ABOVE AS REQ'D
BEAM IN ATTIC AS REQ'D
FURR OUT BEAM TO 10" WIDTH
10" SQ. COLUMN
4" STEP DOWN
FULL HEIGHT CABINET W/ CABINET DOOR ENTRY
KITCHEN
RAISED BAR
TRASH
REF.
MICRO.
ELECTRIC RANGE W/ DOWN DRAFT VENT ABOVE
FOYER
PANTRY
HALF COLUMN
VAULTED (12:12)
BEAM ABOVE (TYP.)
BEAM ABOVE (TYP.)
BEAM ABOVE (TYP.)
BEAM ABOVE (TYP.)
MASTER BEDROOM
TRAYED CEILING
PROVIDE BEAMS AS REQ'D FOR TRAYED CLG.
M. BATH
CLG. HT.
72"x42" TUB
48"x36" SHOWER
PWDR.
CLG. HT.
UTIL.
CLG. HT.
WASH SPACE
DRYER SPACE
UNDERMOUNT FOR DRYER
MASTER CLOSET
CLG. HT.
LOCKERS
ENTRY
CLG. HT.
UP
DN
STOR.
10" TREADS 7" RISERS
2 EQUAL RISERS
STAIR DATA
12 EQUAL RISERS @ 7" RISE
11" TREADS
10" RUNFLOOR
TOTAL RISE 11'0"
OUTLINE OF STAIRS ABOVE SLOPED CLG. BELOW
TWO CAR GARAGE
CLG. HT.
GARAGE CEILING TO BE LOWERED 16" BELOW FOR ADDITIONAL SPACE IN BONUS ROOM ABOVE
NOTE: F.F.L. OF GARAGE TO BE LOWER BELOW F.F.L. OF MAIN RESIDENCE.
GARAGE DOOR OPENER
PRE-ENGINEERED FLOOR JOISTS ABOVE
9" WALL TO ALLOW FOR ADEQUATE BEARING OF I-JOISTS ABOVE.
BRACE AGAINST AS REQ'D
LIN.
LIN.
LIN.
HANGING
SHELVES
SHELVES
CLG. JSTS. AS PER SPAN CHARTS
OUTLINE OF GARAGE BELOW
8'-10"
70'-6"
66'-10"
37'-2"
30'-0"
16'-6"
24'-0"
14'-6"
9'-6"
10'-2"
2'-3"
2'-1"
12'-6"
6'-4"
6'-2"
4'-0"
18'-2"
11'-10"
12'-10"
13'-0"
8'-8"
4'-8"
3'-0"
6'-4"
6'-0"
14'-0"
5'-0"
9'-0"
8'-0"
7'-0"
12'-8"
6'-0"
5'-8"
3'-4"
5'-4"
2'-8"
3'-0"
2'-10"
3'-11"
14'-4"
7'-2"
8'-10"
12'-4"
13'-4"
9'-10"
11'-0"
11'-6"
12'-6"
5'-9"
6'-7"
5'-11"
2'-5"
6'-4"
5'-10"
18'-0"
24'-4"
2'-6"
3'-10"
4'-0"
5'-6"
12'-0"
7'-8"
4'-4"
5'-10"
3'-2"
3'-11"
5'-8"
2'-2"
2'-4"
5'-0"
4'-6"
4'-2"
7'-2"
7'-8"
5'-6"
5'-8"
3'-2"
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5'-8"
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5'-10"
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9'-6"
5'-6"
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8'-0"
6'-7"
7'-10"
5'-10"
3'-10"
2'-4"
5'-0"
4'-2"
7'-0"
5'-4"
2'-10"
3'-11"
5'-0"
9'-0"
13'-6"
15'-4"
1'-10"
2'-6"
2'-0"
2'-0"
2'-0

IREDELL COUNTY

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

APPLICATION NUMBER
242858
Issue Date: 03/12/2019

ZONING PERMIT

Residential

Parcel Number	Street Address	Jurisdiction
4676606763.000	138 BRAWLEY WOODS LANE, MOORESVILLE, NC 28115	

Owner Information	Applicant Information
Owner: KUHL BRIAN DOUGLAS+HEATHER F	Applicant: KUHL BRIAN DOUGLAS+HEA
Address: 128 TIMBERSIDE DR	Address: 128 TIMBERSIDE DR
DAVIDSON, NC 28036	DAVIDSON, NC 28036
Phone:	Phone:

Use Requested	Zone Code
SFD	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
	35.00	35.00	15.00	15.00		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	170287	TOTAL FEES:	$ 77.25

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

David J. Brown
Well Contractor Name

2195 A
NC Well Contractor Certification Number

Yadkin Well Company Inc.
Company Name

2. Well Construction Permit #: 242858
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

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: 1-23-2020 Well ID# AAN-901

5a. Well Location: Phone number 980-253-0260
Kevin Harvey — Facility/Owner Name
Joe Payne Builder — Facility ID# (if applicable)
138 Brawley Woods
Physical Address, City, and Zip
Iredell — County
828-312-4663 — Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees (if well field, one lat/long is sufficient)
35 33.1830 N 80 45.6102 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: 302 (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 (in.) Bit Off 6.09?

12. Well construction method: rotary
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 18 Method of test: air

13b. Disinfection type: HTH Amount: CUPS 2

14. WATER ZONES:

FROM	TO	DESCRIPTION
80 ft.	81 ft.	2 270 13
170 ft.	171 ft.	3

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		

16. INNER CASING OR TUBING (geothermal closed-loop):

FROM	TO	DIAMETER	THICKNESS	MATERIAL
+1 ft.	76 ft.	6/8 in.	SDR-21	PVC
ft.	ft.	in.		

17. SCREEN:

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
0 ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT:

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	3 ft.	Chips	pour
3 ft.	30 ft.	Bentonite slurry	pump
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.	55 ft.	Soil
55 ft.	72 ft.	Sandrock
72 ft.	302 ft.	med hard granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS:

22. Certification:

David J Brown — Signature of Certified Well Contractor
1-23-2020 — 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.

Date Site Visited 12-18-19 by: UB [redacted]