IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-660-3625 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

William Bradley Murphy 215 Miller Farm Rd Statesville, NC 28625 (704) 929-8033
Applicant Name | Street, City, State, Zip | Phone Number

William Bradley Murphy 215 Miller Farm Rd Statesville, NC 28625 (704) 929-8033
Name of Owner / Authorized Agent | Street, City, State, Zip | Phone Number

4669 Taylorsville Hwy Statesville NC 28625
Well Site Location Street Address | Subdivision | Lot Number

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

Hwy 90 West to home on left just before Amity Farm Rd
Directions from here to your site

All site characteristics such as existing or permitted sewage disposal systems, easements or rights of way, existing wells or springs, surface water or designated wetlands, chemical or petroleum storage tanks, landfills, waste storage, known underground contamination and any other characteristics or activities on the property or adjacent properties that could impact groundwater quality or suitability of the site for well construction must be identified on the site plan sketch below.

SITE PLAN SKETCH

See attached

CHECK AS APPLICABLE:

____ There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)
____ There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.
____ There is an easement, right-of-way or other encroachment agreement applicable to this parcel.

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.

William B. Murphy 12/30/15
SIGNATURE OF OWNER OR AUTHORIZED AGENT | DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy V:\FORMS\Well Program Forms\WELL APPLICATION.doc

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 203333

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

PIN # 4706474483

APPLICANT: William Murphy APPLICANT ADDRESS: 215 Miller Farm Rd.

SITE ADDRESS: 4669 Taylorsville Hwy PHONE: 704-929-8033 ALT. PHONE: N/A

SITE DIRECTIONS: Hwy 90 W Property on left ~ 1/4 past Scotts Creek Rd.

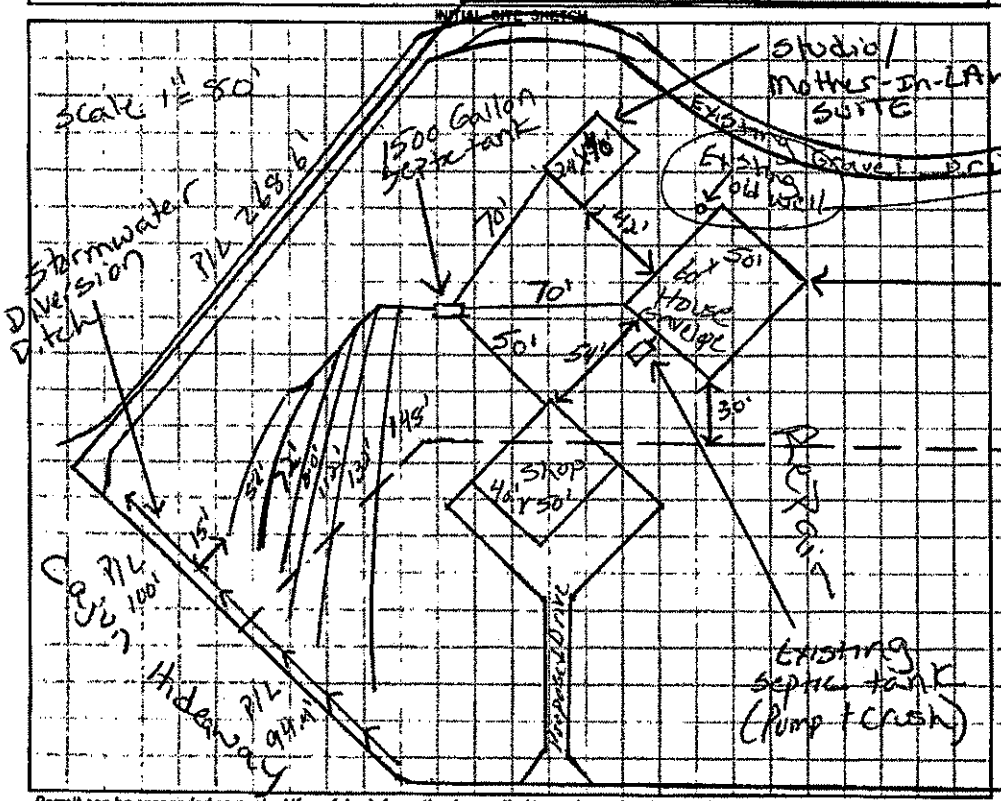
SUBDIVISION: N/A SECTION: N/A LOT # N/A LOT AREA: 3.14 acres DESIGN FLOW: 720 L.T.A.R.: 0.3

Septic Tank 1500 (gal)	STB	Date	☑ New System ☐ Repair ☐ Expansion System Type: I II III IV V VI	☑ Residence	No. Bedrooms 6	Water Supply
Pump Tank (gal)	PT	Date	System Description: 25% Reduction	☐ Business	No. Persons 12	☐ Private
Pump Make	Model	Serial #	Repair System Description: 25% Reduction - Pump	☐ Other	No. Employees	☑ Public
# Nitrification Fields 1	# Lines 6	Linear Ft: 600	Maintenance Agreement Required: ☐ YES ☑ NO	☐ Slab	☐ Crawl Space	☐ Community
Trench Width 36"	Max. Trench Bottom Depth 36"	Gravel Depth N/A	☑ GRAVITY ☐ PRESSURE	☐ Basement w/plumbing	☑ Basement w/o plumbing	

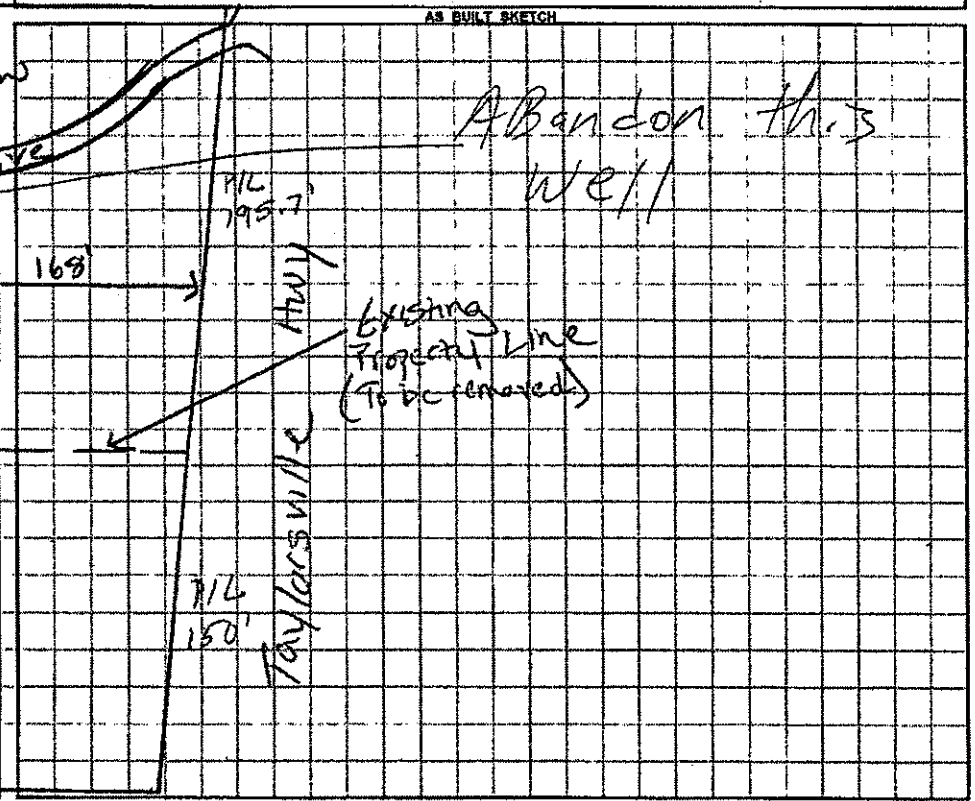
Comments / Conditions: IMPROVEMENTS ONLY! Combine Lots Prior to issuance of CA! Install a 25% Reduction System on Contour with Serial distribution. P/L 322'

Pump & Crush Existing septic tank. Each Collection sewer from each building structure shall enter Septic tank as shown below.

INITIAL SITE SKETCH



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: [signature] Date: 7/31/14 Installed by:

IMPROVEMENT PERMIT by: [signature] Date: 7-25-14 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: [signature] Date: 8-8-14 Existing System Inspected by: Date:

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