RECEIVED JUN 14 2016

**IREDELL COUNTY HEALTH DEPARTMENT** Paid $ 550.00

***Environmental Health Division***

Statesville Office 704-878-5305 Mooresville Office 704-660-3625 #219556

## APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Joyce MARtucci | 139 Windingwood Dr | 9199869369
Applicant Name | Full Address | Phone Number

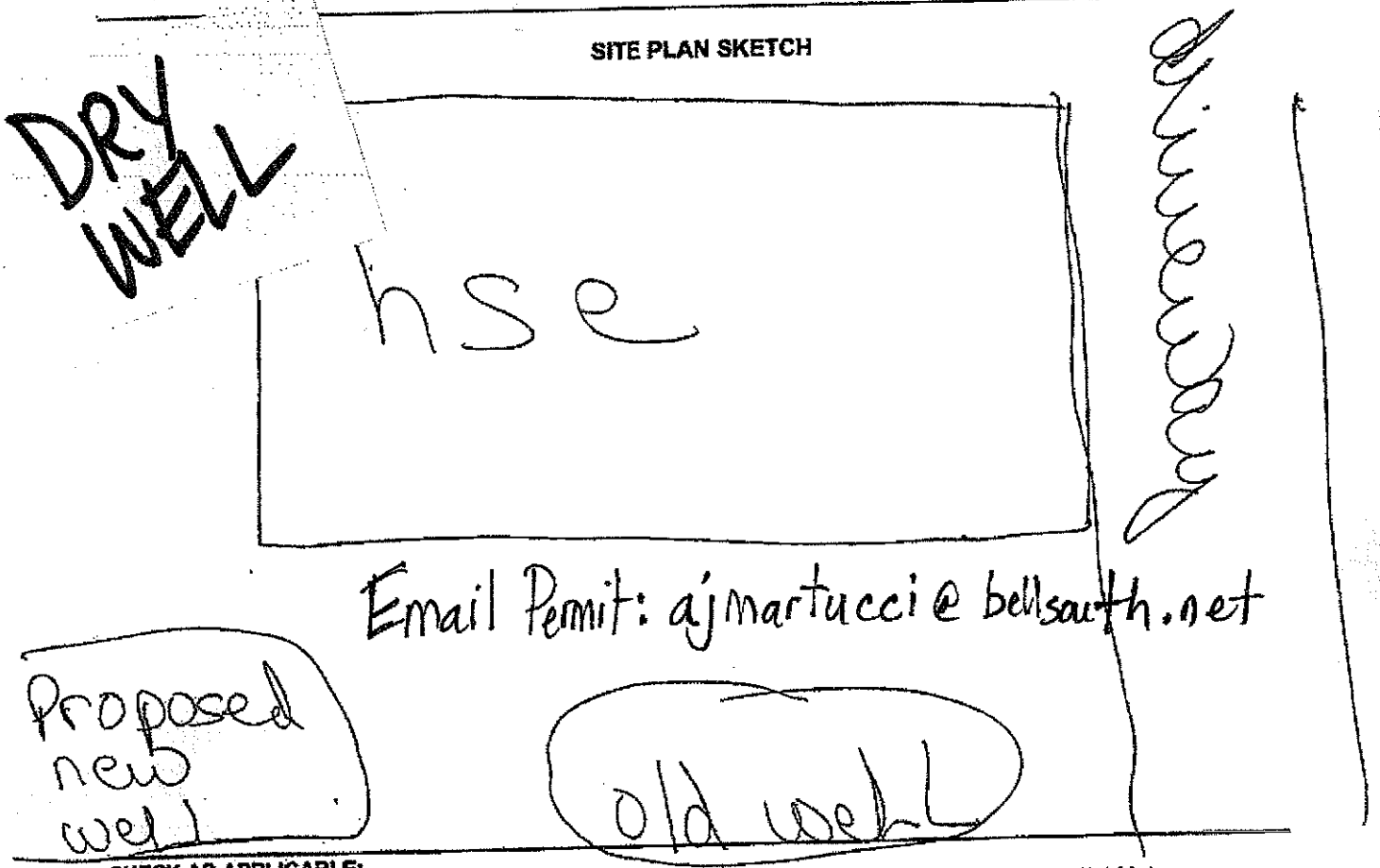
HL Joyce MARtucci | 139 Windingwood Dr | 7044374222
Name of Owner / Authorized Agent | Full Address | Phone Number

139 Windingwood Dr Statesville | Ridgewood Estate | 2
Property Street Address | Subdivision | Lot Number

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

**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**




**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.

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.

Joyce MARtucci | 6/14/16

SIGNATURE OF OWNER OR AUTHORIZED AGENT | DATE

Health Department Copy - White

Applicant Copy - Yellow