E-MAILED SEP X 5 2018

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office - Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

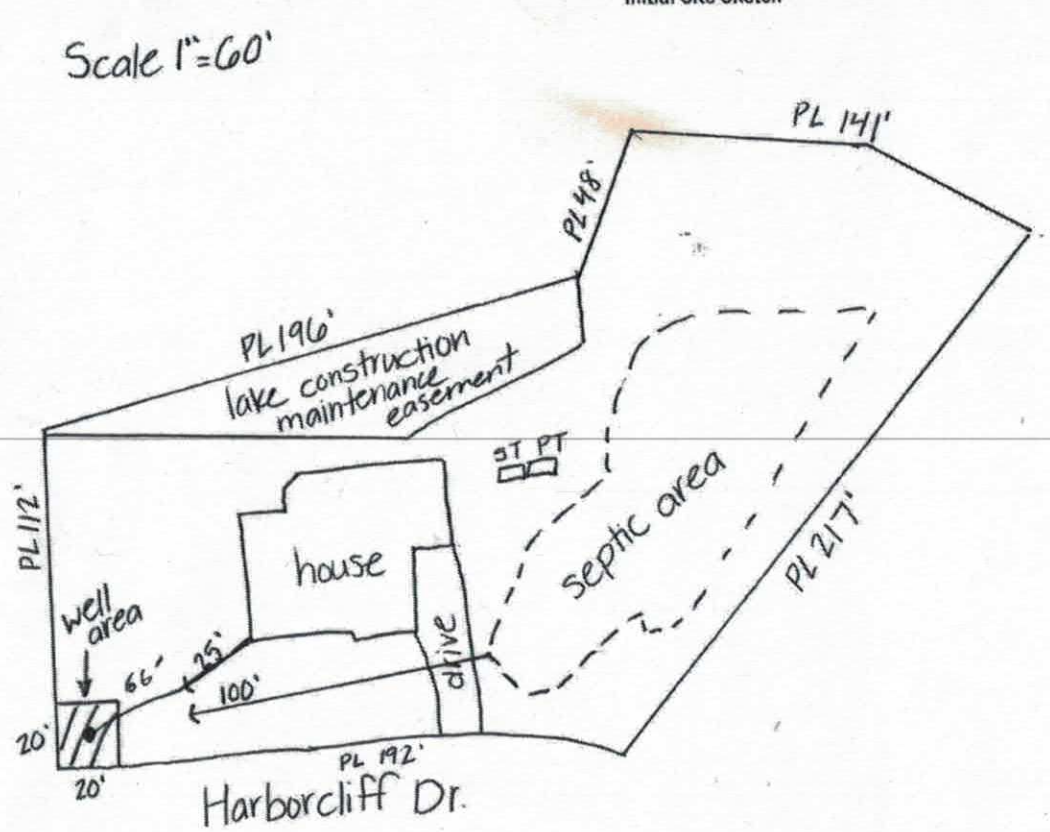
PRIVATE DRINKING WATER WELL PERMIT # 231116 PIN # 4711204812 **Type of Permit (circle one): (New) Repair Abandonment**

APPLICANT/OWNER NAME: Nick Miller / Danielle Fox ADDRESS: 152 Misty Cove Ln Mooresville, NC PHONE: 704-622-6340

DIRECTIONS TO SITE: Buffalo Shoals → L on Laurel Cove → R on Harborgate → R on N Harbor Watch → L on Harbor Ridge → L on Harborcliff → lot on L

SITE ADDRESS: 117 Harborcliff Dr. Statesville, NC SUBDIVISION: Harbor Watch ~~SECTION~~/LOT: 7/132

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing 59'

Yield _____

Notes:

21' grout depth

Still drilling

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Drill in area shown. Maintain a minimum of 100' from any part of septic system.

WELL PERMIT ISSUED BY: Kayla Watson DATE: 9-4-18 (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: Bob Wells CONTRACTOR CERT #: 3271-A GROUT INSPECTION BY: _____ DATE: 3-13-19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Patrick Gilbert DATE: 06/20/19

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: Buddy C. White DATE: 6-20-19 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

231116

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

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

Applicant Information: (PRINT CLEARLY)

Applicant Name: NICK MILLER Address: 152 Misty Cove Ln Zip: 28117
Applicant Email: nick@namillerhomes.com Phone: 704-622-6340 Alt. Phone: _____
Owner Name: Danielle Fox Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 117 Harborcliff Dr. Statesville, NC 28677
Subdivision Name: Harbor Watch Section/Phase: _____ Lot Number: 132
Driving Directions: _____

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
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) 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 ( ) 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: _____ 9/31/2018
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

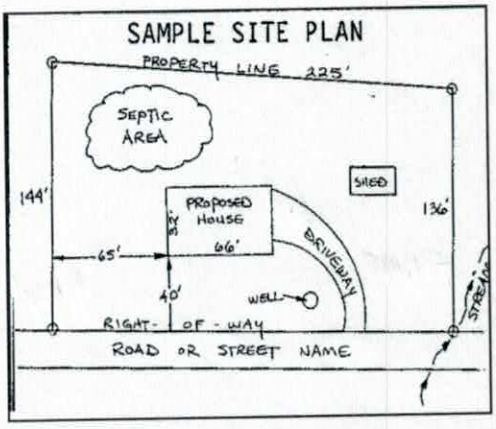
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

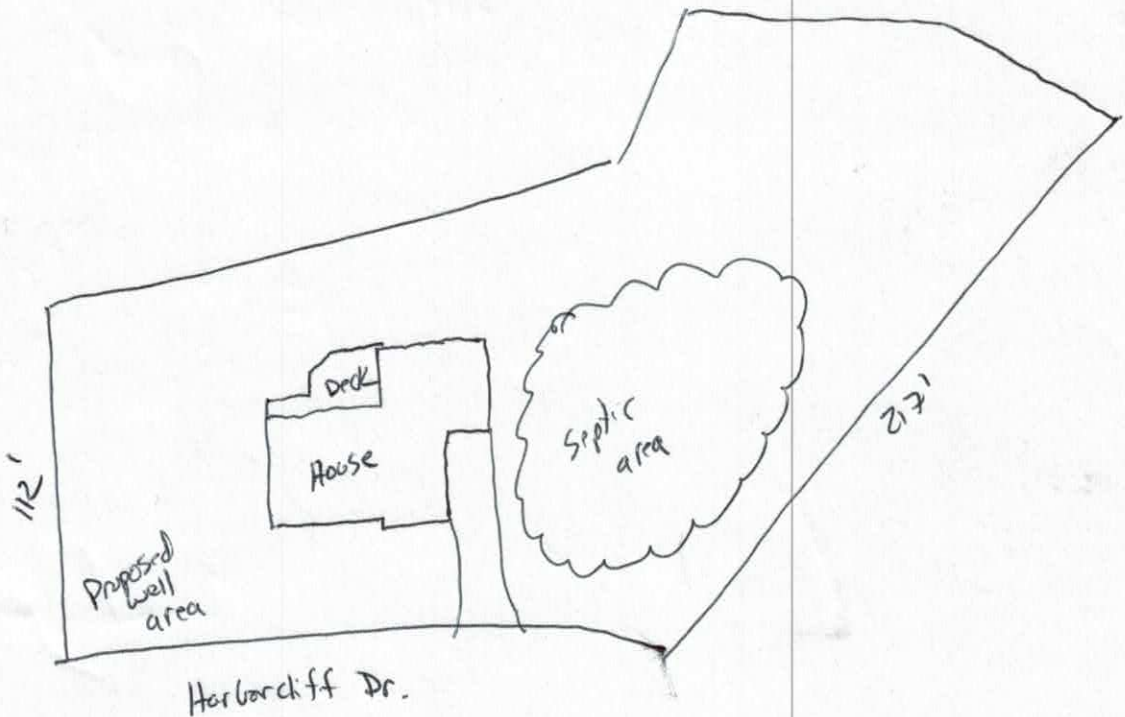


Circle N/A on the following if appropriate:

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)

8/31/2018

DATE

Faxed 3/21/19

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

Joseph Bailey
Well Contractor Name

3271-A
NC Well Contractor Certification Number

B & Well Drilling Inc
Company Name

2. Well Construction Permit #: 23111G
List all applicable well permits (i.e. County, State, Variance, Injection, 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: 3-14-16 **Well ID#** LDT 138

5a. Well Location:

Nick Miller/Daniella Fox — Facility/Owner Name
Harbor Watch — Facility ID# (if applicable)
Harbor Watch #132
10 Harborcliff Dr. Statesville, NC — Physical Address, City, and Zip
Iredell Co — County
4711 20 4512 — 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. Number of wells constructed: 1-one
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 165 (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): 3 gpm **Method of test:** Air Lift

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

14. WATER ZONES

FROM	TO	DESCRIPTION
340 ft.	341 ft.	Small Fracture Zone
581 ft.	582 ft.	Small Fracture Zone

15. OUTER CASING OR TUBING (Geothermal, Closed-Loop, or Recovery wells ONLY) (Attach additional sheet if necessary)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	59 ft.	6 1/4 in.	SDR-21	PVC

16. INNER CASING OR TUBING (Geothermal, Closed-Loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
	ft. ft.	in.		
NA	ft. ft.	in.		

17. SCREEN

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

20. DRILLING LOG (Attach additional sheet if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	16 ft.	Red Soil
16 ft.	35 ft.	Brown Soil
35 ft.	40 ft.	Grey Brown Sandy Soil
40 ft.	45 ft.	Grey Sandy Soil w/gravel
45 ft.	165 ft.	Granit Rock
	ft. ft.	
	ft. ft.	

21. REMARKS

22. Certification:

Joseph Bailey — Signature of Certified Well Contractor
3-15-19 — 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 INSTUCTIONS

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:
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.