# 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

Larry McCourt | 127 Bargate Dr. Statesville NC 28677 | 704-528-8019
Applicant Name | Street, City, State, Zip | Phone Number

Same | | |
Name of Owner / Authorized Agent | Street, City, State, Zip | Phone Number

159 Clark Cove Rd.
Well Site Location Street Address | Subdivision | Lot Number

4720-12-6931 | Home | (New, Repair, Abandonment)
Parcel Identification Number (PIN) | Intended Use of Property | Type of Well Permit

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

PAID APR 25 2012
#495.00 Credit Card

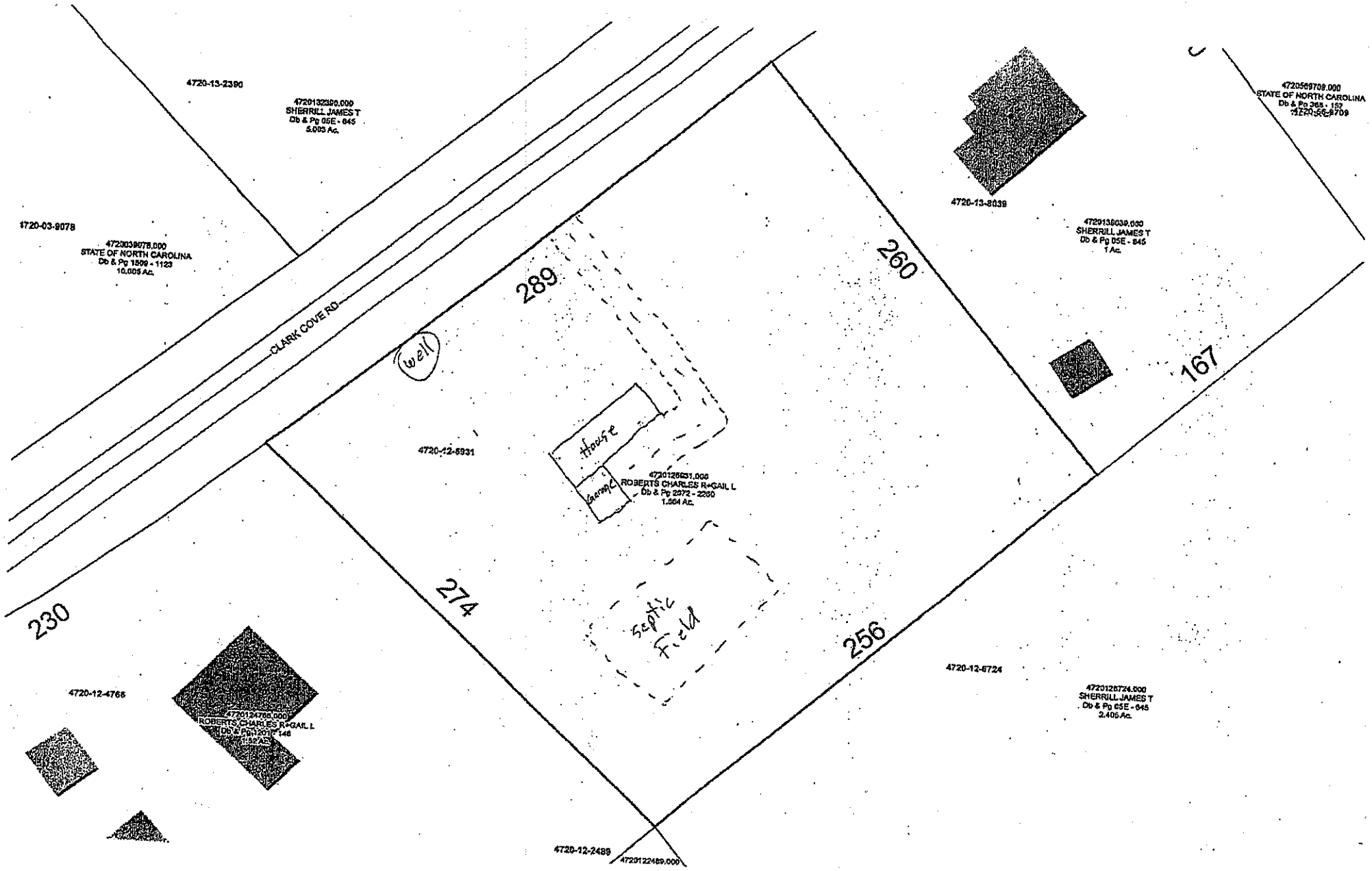
**CHECK AS APPLICABLE:**

____ 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.

Larry McCourt | 4-25-12
SIGNATURE OF OWNER OR AUTHORIZED AGENT | DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy


4720-13-2390
4720132390.000
SHERRILL JAMES T
Db & Pg 05E - 645
5.005 Ac.
4720-03-9078
4720039078.000
STATE OF NORTH CAROLINA
Db & Pg 1809 - 1123
10.005 Ac.
CLARK COVE RD
289
260
167
274
230
256
well
House
Garage
4720-12-5931
4720126531.000
ROBERTS CHARLES R+GAIL L
Db & Pg 2572 - 2260
1.564 Ac.
septic Field
4720-13-8039
4720139039.000
SHERRILL JAMES T
Db & Pg 05E - 645
1 Ac.
4720569708.000
STATE OF NORTH CAROLINA
Db & Pg 368 - 152
4720-12-6724
4720126724.000
SHERRILL JAMES T
Db & Pg 05E - 645
2.405 Ac.
4720-12-4766
4720124766.000
ROBERTS CHARLES R+GAIL L
Db & Pg 2012 - 146
1.552 Ac.
4720-12-2489
4720122489.000