IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 237050

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

PIN # 4723754312

APPLICANT/OWNER: Kayla Robinson/Bryan Davis APPLICANT ADDRESS: 6949 Long Island Rd, Catawba

SITE ADDRESS: 171 Bostian Lake Rd, Statesville PHONE: 704-439-7443 ALT. PHONE —

SITE DIRECTIONS: Buffalo Shoals Rd → R on Bostian Lake Rd → on right SAP CONTROLLED: ☐ YES ☒ NO

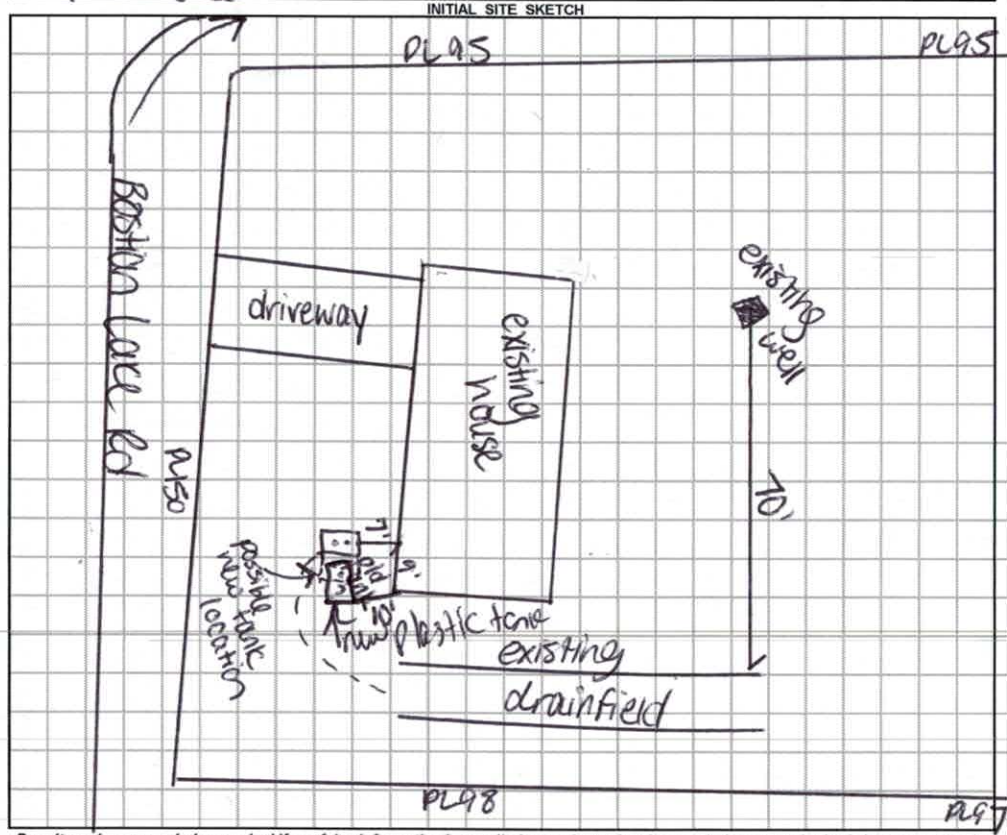
SUBDIVISION: Brittain Lumber Company SECTION: A LOT # 1&2 LOT AREA: .616 ac DESIGN FLOW: 360 gpd L.T.A.R.: ext

Septic Tank	1000 (gal)	STB infiltrator	Date infiltrator	☐ New System	☒ Repair	☐ Expansion	System Type: I (II) III IV V VI	☒ Residence	No. Bedrooms	3	Water Supply
Pump Tank	(gal)	PT	Date	System Description:				☐ Business	No. Persons	6	☒ Private
Pump Make		Model	Serial #	Repair System Description:	tank replacement			☐ Other	No. Employees		☐ Public
# Nitrification Fields	1	# Lines	Linear Ft ext	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space		☐ Community
Trench Width	ext	Trench Bottom Depth(Low side) ext	Gravel Depth		☒ GRAVITY	☐ PRESSURE		☐ Basement w/ plumbing		☐ Basement w/o plumbing	

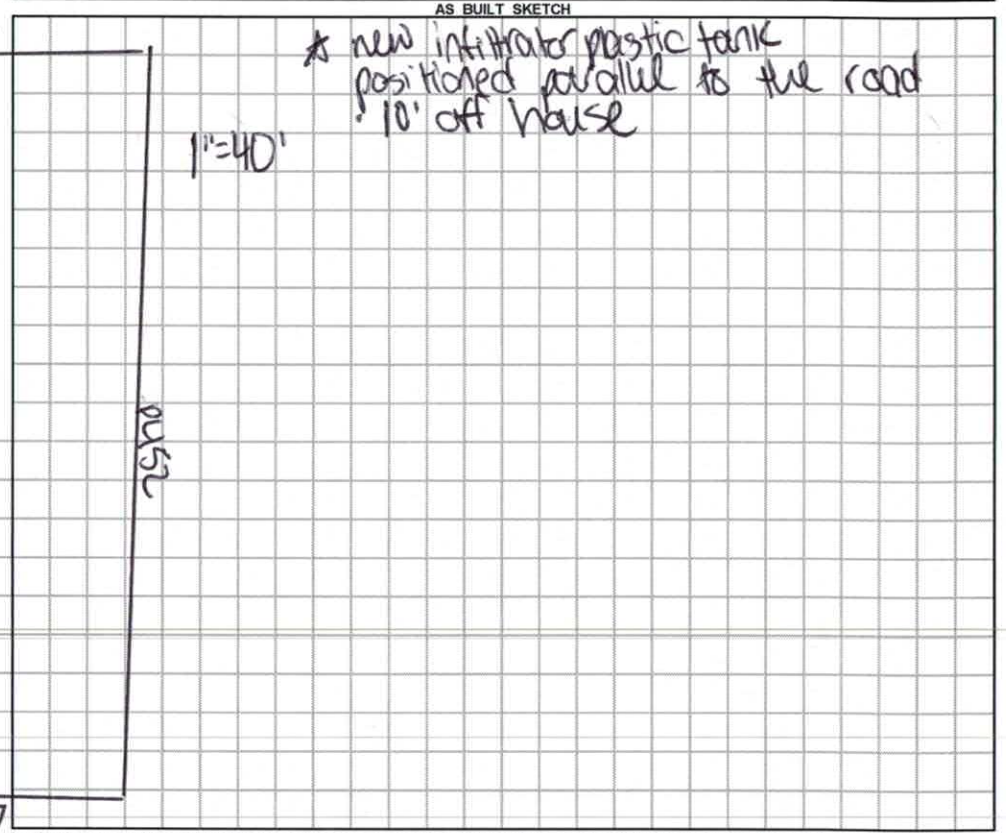
Comments / Conditions: Pump, crush, + fill old tank. New tank must be 5' from house (minimum). Replace D-box if needed.

★ System comparable to other 3-BR systems in that neighborhood

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: Crystal McIntosh Date: Installed by: Massey

IMPROVEMENT PERMIT by: Carla C. Cave Date: 7/9/18 OPERATION PERMIT by: Carla C. Cave Date: 7/20/18

AUTHORIZATION TO CONSTRUCT by: Carla C. Cave Date: 7/9/18 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.

DocuSign Envelope ID: 5459C3E7-BAEA-4A3E-8E8A-

Owner/Applicant Kayla Robinson
EHS Carla Cave Pd SL 7.12.18
Amount Owed $ 150 check# 661

RECEIVED JUL 6 - 2018

Repair Evaluation - No chg

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

#237050

Application For: ( ) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection (X) 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: Kayla Morgan Robinson Address: 6949 Long Island Rd, Catawba NC Zip: 28609
Applicant Email: kaylarobinson65@gmail.com Phone: 704-439-7443 Alt. Phone: _____
Owner Name: Bryan Davis Address: _____ Zip: _____
Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 271 Bostian Lake Rd., Statesville NC
Subdivision Name: N/A Brittain Lumber Co. Section/Phase: PB46-59 BKA Lot Number: 1+2
Driving Directions: I-77 N to exit 42, left to Traftman, left on old Mt. Rd., Right on Buffalo Shoals Rd., Left on Bostian Lake Rd.

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence — Maximum Number of Bedrooms: _____ — (✓) Crawl Space Foundation
( ) New Multi-Family Residence — Maximum Number of Occupants: _____ — ( ) Concrete Slab Foundation
( ) Accessory Building — ( ) Swimming Pool — ( ) Basement with Plumbing
( ) Bedroom(s) Addition — ( ) Other Addition/Structure: _____ — ( ) Basement without Plumbing
(✓) Repair to failing septic system (X) Tank ___ Drain lines Describe Problem: _____
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: _____

( ) 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: 1962
( ) 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 (✓) 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: DocuSigned by: Bryan Davis B60CC0421D6042D... 6/29/2018 1:22:31 PM PDT
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DocuSign Envelope ID: 5459C3E7-BAEA-4A3E-8E8A-DEB83FDADFCB

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 Davis, am the legal owner(s) of the property located at 271 Bostian Lake Rd, Statesville NC, identified as PIN (Parcel Identification Number) 4723-75-4312.000, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Kayla Morgan Robinson, _____, 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.

DocuSigned by:
Bryan Davis
B69CC042106042D...
Signature of Owner(s)

6/29/2018 1:22:31 PM PDT
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*) _____

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, Kayla Robinson, am the legal owner(s) of the property located at 271 Bostian Lake Rd Statesville, NC, identified as PIN (Parcel Identification Number)_____, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**)

Crystal McIntosh, _____, 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.

Kayla Robinson
Signature of Owner(s)

07/10/18
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

On-site Wastewater Inspection

☒ **Pre-Inspection Contract, signed by Client is attached to Inspection**

Property Address 271 Boston Lake Rd
Street
Statesville NC
City **St** **Zip**

Client Name: _____

Current owner of Record _____

Date of Inspection: 6-12-18 second visit 6-21-18

_____**Advertised number of bedrooms as stated in MLS or as stated in attached sworn statement by owner or owner's representative**

UNKNOWN **Gallons per day for designed system size or number of bedrooms as stated in available local health department information**

☐ **Inspection shall include any part of the system located more than 5 feet from the primary structure that is a part of the operations permit**

☐**Copy of Operations permit from** Iredell **County Environmental Health Attached**

☑ **Operations permit not available**

☒ **System requires a certified subsurface water pollution control system operator pursuant to G.S. 90A-44**

Current Operator's Name _____

Most recent performance, operation and maintenance reports are ☐ **attached** ☐ **not available**

Type of water supply ☑ **Well** ☐ **Public Water** ☐ **Community Water** ☐ **Spring**

Location of Septic Tank and septic tank details: unable to Locate as of 6-12-18

6-21-18 updated

- 7 ft from house or structure
- 40 ft from well if applicable
- N/A ft from water line if applicable
- 35+ ft. from property line if said property lines are known or marked
- 18" distance from finished grade to top of tank or access riser
- X Access riser(s) ☐yes ☑no Describe _____
- ✓ Tank lids intact ☑ yes ☐ no
- X Tank has baffle wall ☐yes ☑no Describe condition of baffle wall: _____
- ✓ Inflow to tank is noted as sufficient
- X Inflow to tank is noted as insufficient or blocked
- ✓ Water level in tank is relative to tank outlet
- N/A Outlet T is present ☐ yes ☐ no Describe condition of Outlet T: _____
- X Outlet has filter ☐yes ☐no Describe condition of filter: _____
- ✓ Effluent leaves the outlet ☑yes ☐no
- ✓ Roots present in tank ☐yes ☐no Describe extent of roots: _____
- N/A Evidence of tank leakage Describe: _____
- X Evidence of non-permitted connections, such as downspouts or sump pumps
- ✓ Connection present from house to tank
- ✓ Connection present from tank to next component
- 1/2 Percentage of solids in tank
- X Unable to locate tank. System inspection cannot be completed until tank is located

Date tank was last pumped _____ ☑**unknown**

Client requesting this inspection has been advised that for a complete inspection to be performed the tank needs to be pumped. Client has declined to have the tank pumped at inspection and hereby acknowledges they have so declined.

Client Signature _____ **Date** _____

Does system have pump tank? ☐ yes (complete blanks below) ☑ no

____ ft from house or structure
____ ft from well or spring if applicable
____ ft from water line if applicable
____ ft. from property line if property lines are known or marked
____ Distance from finished grade to top of tank or access riser
____ Access risers in place ☐ yes ☐ no
____ ft from septic tank
____ Access risers in place Describe type: _____
____ Describe condition of tank lids _____
Location of control panel: _____
____ Electrical connections are in place and properly grounded
____ Audible and visible alarms (as applicable) work
____ Pump turns on and effluent is delivered to next component
____ Unable to operate pump due to lack of electricity at site at time of inspection

Dispersal field: Type of system: ☑ Conventional ☐ Accepted ☐ Innovative ☐ Experimental ☐ Controlled Demonstration ☐ Pretreatment; Type of Pretreatment _____
Brief Description of System Type Gravity Bore 1 to 25
10-12 ft. from property line if property lines are known or marked
G-12-18 L: N/A ft from septic/pump tank
2 # of lines
68-75' length of lines
N/A Evidence of past or current surfacing at time of inspection
Briefly describe: _____
N/A Evidence of traffic over the dispersal field
N/A Vegetation, grading and drainage noted that may effect the condition of the system or system components
N/A Effluent is reaching the dispersal field

☑ Conditions present that prevented or hindered the inspection

☐ Adverse conditions present that require repair or subsequent observation or warrants further evaluation by the local health department. Description of adverse condition: _____

Consequences of the adverse condition: _____

Client should contact _____ County Environmental Health and/or a certified on-site wastewater contractor

Other pertinent facts noted during inspection: No permit on file and Tank lid and seal was corroded

Inspector Name: Michael Benfield Certification # 4401

Address _____

Phone 704 658-8616

No representation, warranties or opinions are hereby given, written or expressed otherwise, as to the future performance of onsite wastewater system described herein. This onsite wastewater system inspection is a presentation of system facts in place on date of inspection.

Inspector Signature: Michael Benfield Date 6/21/18

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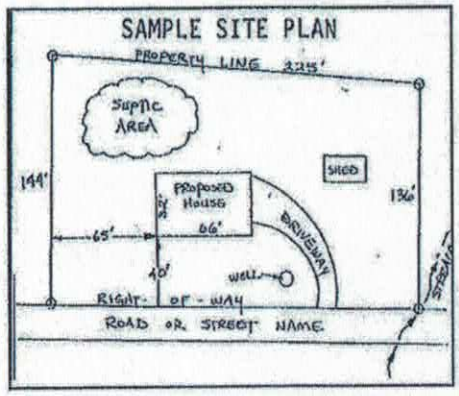
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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

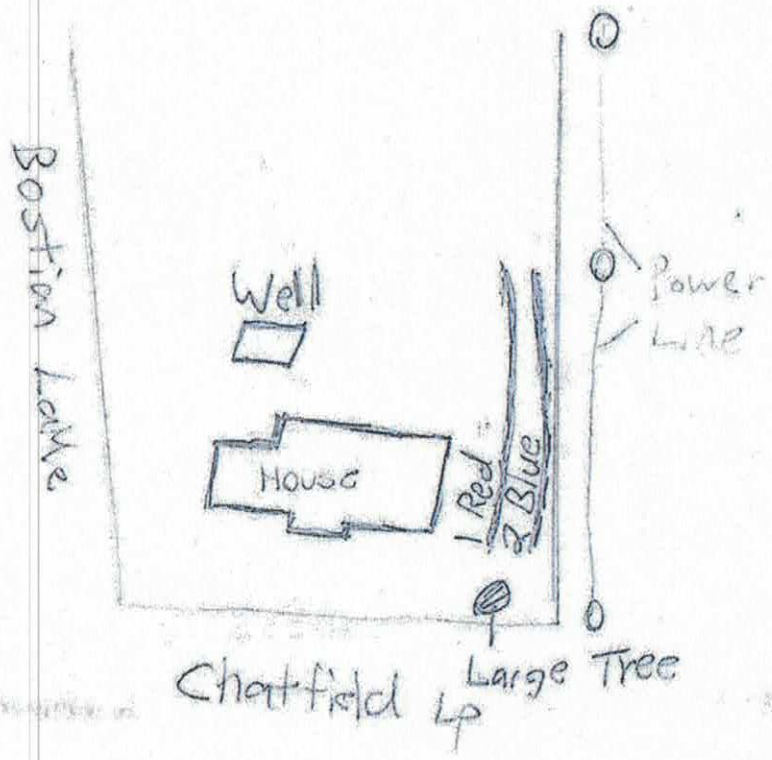
Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

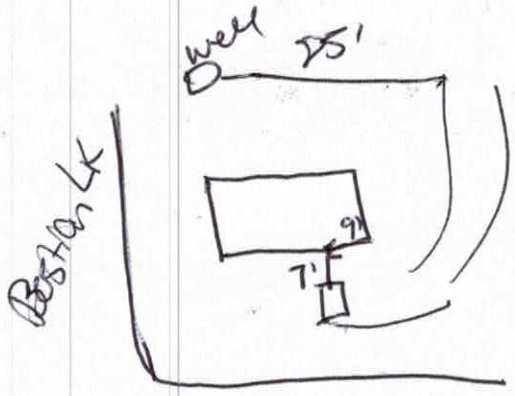
just want tank Replacement - not moving the site.

See attached permit w/ sketch

Signature: DocuSigned by: [signature] 6/29/2018 1:22:31 PM PDT

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE


Boston Lane
Well
House
1 Red
2 Blue
Power Line
Large Tree
Chatfield Lp


well
15'
9'
7'

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Phone TR 3-7271 — Mooresville Phone NO 3-1271

PERMIT TO INSTALL SEPTIC TANK

Permit NO. _____ Permit Date Oct 24 1962

Owner Hope Inc. Bldrs. Address Bostian Hights

Installed By C Hoke Address _____

Location of Property last street to right before creek toward River 1st on Right.

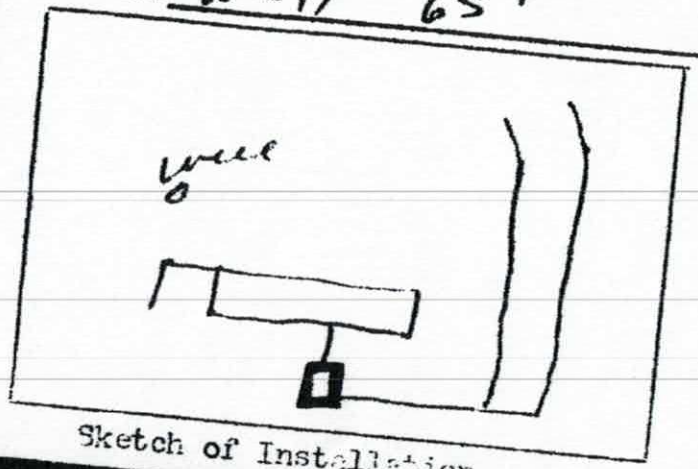
Tank		Capacity		Length of Lines		Fixtures	
Block	( )	800	( )	150'	( )	No. of Baths	(1)
Precast	(✓)	900	( )	175'	( )	Dishwasher	( )
		1000	(✓)	200'	( )	Garbage Grdr.	( )
		1100	( )	225'	(✓)	Auto-Washer	( )
		1200	( )	250'	( )	Other	(✓)
		Other _____		Other _____			

NOTIFY HEALTH DEPARTMENT AT LEAST EIGHT HOURS BEFORE TANK IS TO BE INSPECTED.

Final Inspection 10-24 1962

Remarks well 65'

Approved (✓) Disapproved ( )



Sketch of Installation

R.A.

Sanitarian

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
137 Misty Arbor Ln.
Mooresville, North Carolina 28117

Phone: (704) 658-8616

Bossmb86@yahoo.com

June 12th, 2018 - 1st report

Crystal McIntosh

RE: Septic System Inspection

271 Bostian Lake Rd, Statesville NC

BOSS Project #: 254

Dear Kayla Robinson:

On May 16th, 2018 BOSS personnel inspected the septic system for a single-family home located at 271 Bostian Lake Rd, Statesville NC. The limited inspection consisted of a field reconnaissance and review of existing septic system. Prior to the inspection we were unable to obtain a permit by Iredell County HD and the details below may vary if or when a permit or other information is found. During the field inspection the tank, drain field and any other components was located and flagged (See photos and sketch).

The system consisted of conventional gravity system that measured 2'x95', BOSS personal was not able to locate a septic tank (see sketch). We did not observe any ponding or signs of past drain field surfacing at the time of inspection. However, we observed that a large portion of the drainfield had compacted soil above each line.

The tank and other potential components were unable to be located, please refer to recommendations by BOSS personal. For future reference tanks are recommended to be pumped every 3-5 years.

If you have any questions regarding the inspection, please contact me at 704-658-8616.

Sincerely,

BENFIELD OUTDOOR SERVICES & SOLUTIONS

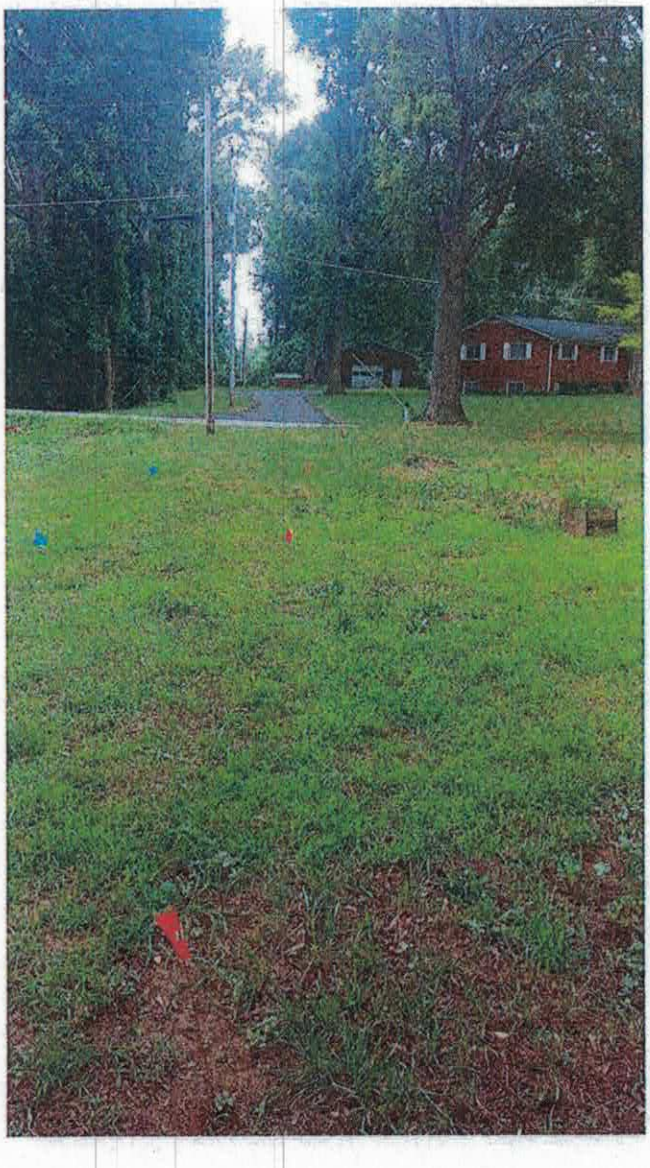
Michael Benfield

Michael Benfield

Certified Inspector

#5440I

Drain field:









BENFIELD OUTDOOR SERVICES & SOLUTIONS

Benfield Outdoor Services & Solutions
137 Misty Arbor Ln.
Mooresville, North Carolina 28117

Phone: (704) 658-8616

Bossmb86@yahoo.com

- updated Report

June 21st, 2018

Crystal McIntosh

RE: Septic System Inspection

271 Bostian Lake Rd, Statesville NC

BOSS Project #: 254

Dear Kayla Robinson:

On May 21st, 2018 BOSS personnel returned to inspect the septic tank single-family home located at 271 Bostian Lake Rd, Statesville NC. The inlet side was uncovered and inspected. The inlet pipe appeared to be to intact and functioning properly, and water level was at operating levels (See Photos). During our inspection we noticed that the tank lid and lid seat has major corrosion and a large amount of roots have entered the tank. The tank did not have a baffle wall which was not required when it was installed. Prior to pumping the system, we determined that the tank has around 18-20% of solids. For future reference tanks are recommended to be pumped every 3-5 years.

If you have any questions regarding the inspection, please contact me at 704-658-8616.

Sincerely,

BENFIELD OUTDOOR SERVICES & SOLUTIONS

Michael Benfield

Michael Benfield

Certified Inspector

#54401

Tank, Tank lid and interior of the tank:

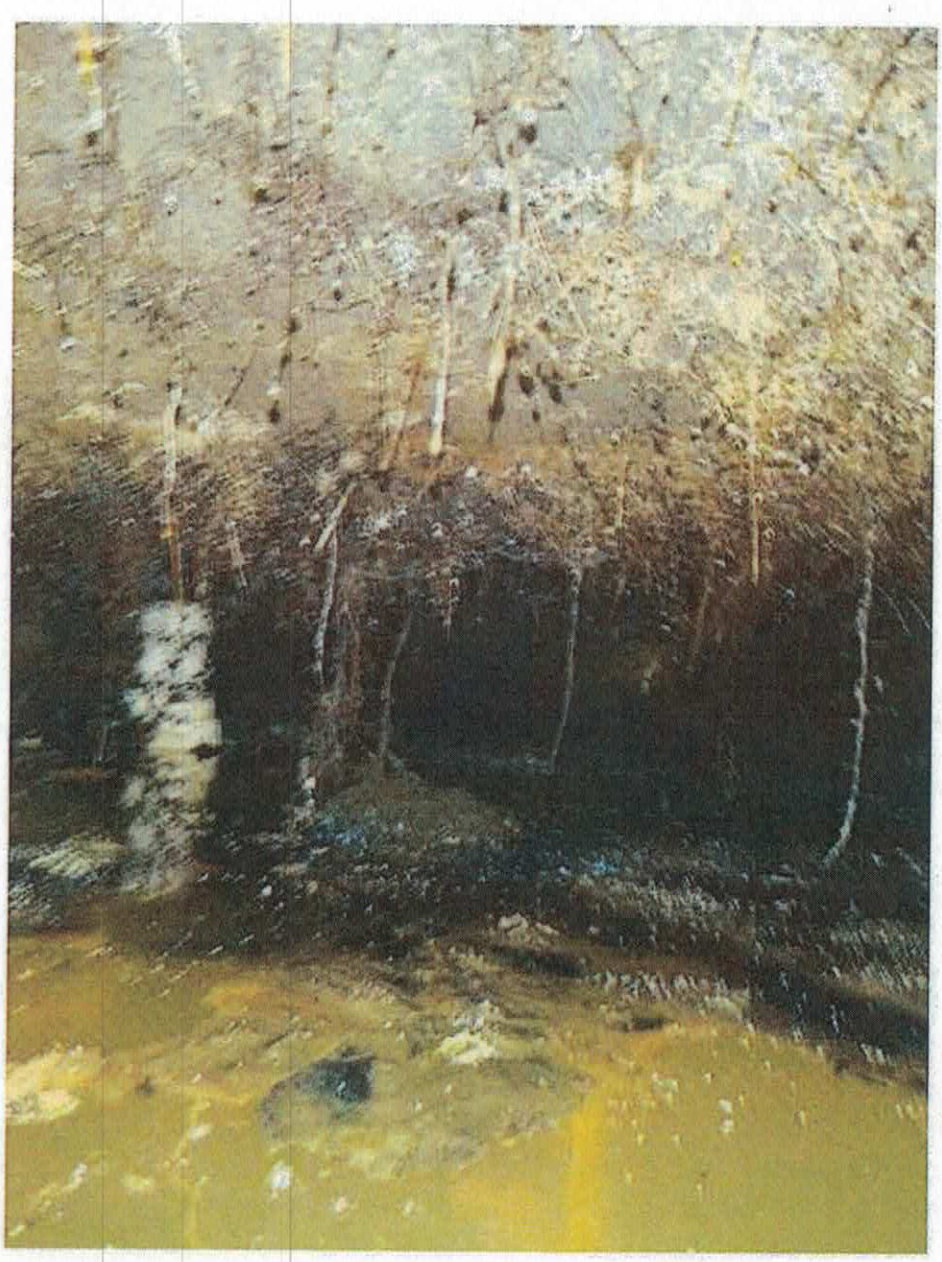












FAX/ SCAN

For -Adrienne Shea 7/5/18 adrienne.shea@co.iredell.nc.us

From : Crystal McIntosh

Cover page + 17

Message: I am a Realtor, submitting this application to you on behalf of my client who needs a septic tank replaced at a home she is purchasing on Monday July 9th. We have had the current owners sign the form also, since they are legally still the owners at this time. Please let me know once you have received this, so that I will know when to expect someone from the county to be going out to take a look.

Thank you,

Crystal McIntosh

(Cell) 704-657-3127

crystalm@lakenormanrealty.com

IREDELL COUNTY HEALTH DEPARTMENT

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

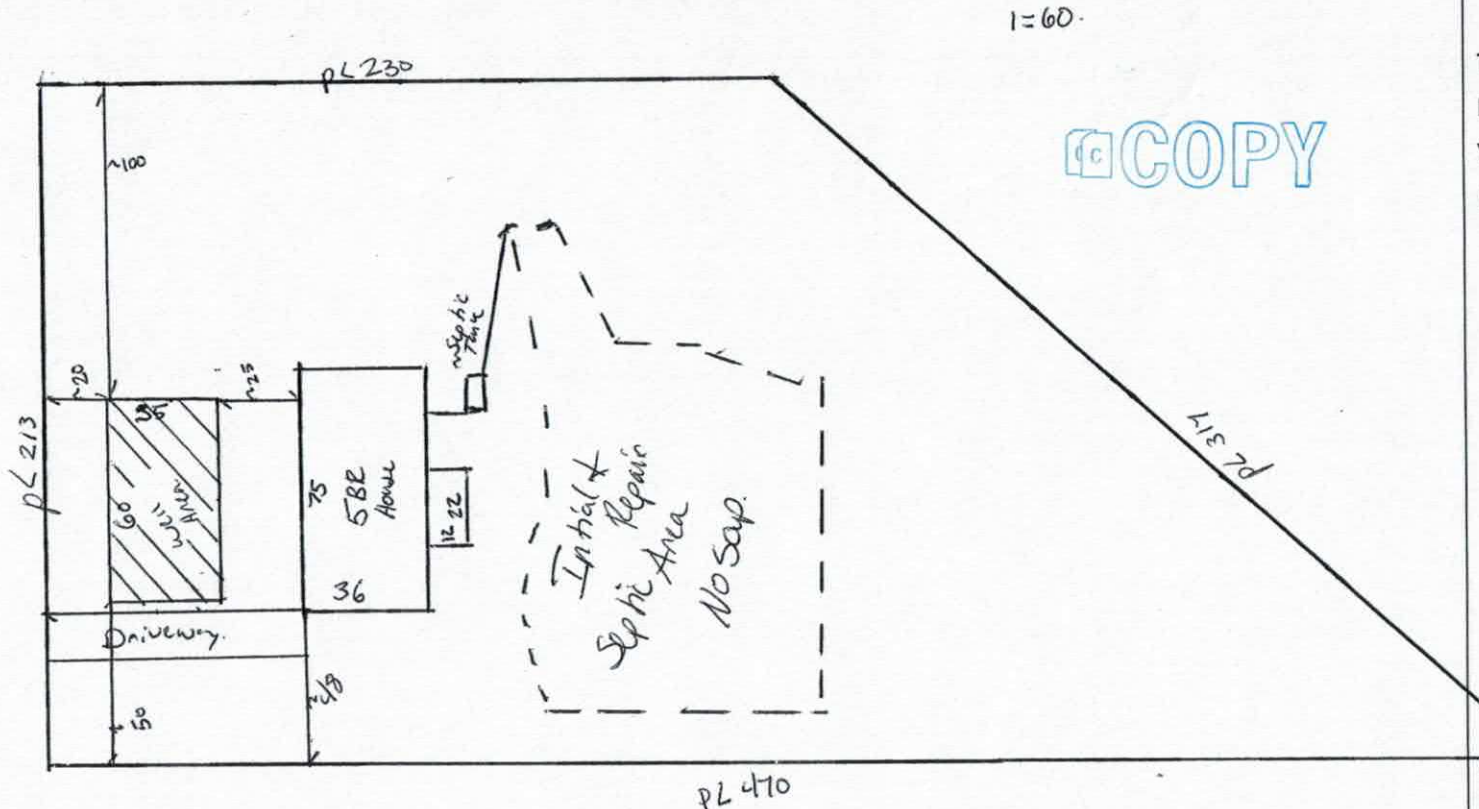
PRIVATE DRINKING WATER WELL PERMIT # 229102 **PIN #** 4752941317 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: Antonio Corrales Hermenegildo ADDRESS: 359 Third Creek Rd SVL 28677 PHONE: 704-252 8718.

DIRECTIONS TO SITE: Hwy 70 Right on Shiloh Rd Left on Clements.

SITE ADDRESS: 205 Clements Rd Statesville NC 28677. SUBDIVISION: Rebecca Square SECTION/LOT: #8.

Initial Site Sketch



COPY

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Drill In Well Area Only Follow 1K2C well Rules Min. 43 Ft of casing Needed.

WELL PERMIT ISSUED BY: Benjamin A Bolling DATE: July 9, 2018. (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: _____ CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: _____

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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: _____ DATE: _____ 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