176648-7151-27479

DRY WELL

**IREDELL COUNTY HEALTH DEPARTMENT**
***Environmental Health Division***
Statesville Office 704-878-5305 Mooresville Office 704-660-3625

# APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

| Applicant Name | Full Address | Phone Number |
|---|---|---|
| X Brit # 704-872-3007 | 345 Island Ford Rd | 704-902-1661 |
| ~~Wayne~~ Paul R Wayne Regan | Statesville NC | 704-902-1661 |
| **Name of Owner / Authorized Agent** | **Full Address** | **Phone Number** |

| Property Street Address | Subdivision | Lot Number |
|---|---|---|
| 345 Island Ford Rd - STATESVILLE 28625 | | |

| Parcel Identification Number (PIN) | Intended Use of Property | Type of Well Permit (New, Repair, Abandonment) |
|---|---|---|
| 4724-39-2764 | HOME | DRY WELL |

**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.

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.

Wayne Paul Regan — 1-14-13

**SIGNATURE OF OWNER OR AUTHORIZED AGENT** — **DATE**

Health Department Copy - White

$ PAID Ck # 6175 1-14-13 cd

Applicant Copy - Yellow

#495.00

**Iredell County**
**Planning & Enforcement**
**349 N. Center St. PO Box 788**
**Statesville, NC 28687**
**704-878-3113**



**Permit Number:** 176648WE

Printed: 1/14/2013

**Master #:** 176648

**Associated Permits:**

| | |
|---|---|
| 176648ZO | Zoning |
| 176648WE | Well |

## Applicant

**Name:** Wayne & Cathy Raymer
**Address:** 345 Island Ford Road
Statesville, NC 28625

**Phone:** 704-872-0084

## Parcel

**Parcel Number:** 4724392764.000
**Address:** 345 Island Ford RD
Statesville, NC 28625
**Subdivision:**

**Zoning:** STATESVILLE
**Township:** 0200
**Area:** 2.05
**Lot(s):**

**Directions to Parcel:** Taylorsville Hwy, Left Island Ford, Eight house on Left

## Owners

**Name:** Wayne & Cathy Raymer
**Address:** 345 Island Ford Road
Statesville, NC 28625

**Phone:** 704-872-0084
**Cellular:** 704-902-1661

## Contractors

## Fees and Receipts:

| Number | Description | Amount |
|---|---|---|
| FEE-273283-07 | Environmental Health - Well | $495.00 |
| | **Total Fees:** | **$495.00** |
| REC-141701-07 | | $495.00 |
| | **Total Receipts:** | **$495.00** |

## Conditions

$ PAID
Ck #6175
1-14-13 (ad)