ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

DEDC 2025-68609 SH

PERMIT : OSWP 2024-626672

PIN # 4727-54-5264

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

APPLICANT/OWNER: Regina Shumaker APPLICANT ADDRESS: 153 Coachman Loop Statesville NC 28625

SITE ADDRESS: 111 Trinity Rd Statesville NC 28625 PHONE: 704 880 7503 ALT. PHONE 704 450 5376

SITE DIRECTIONS: Hwy 115 N → (L) Midway Rd → (R) Trinity Rd SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Regina F Shumaker SECTION: — LOT # 1 LOT AREA: 1.31 DESIGN FLOW: 360 L.T.A.R.(Initial): 0.3 L.T.A.R (Repair): 0.3

Septic Tank	1000 (gal)	STB	760	Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT		Date		System Description:	Gravity 25% Reduction			☐ Business	No. Persons 6
Pump Make	Model			Serial #		Repair System Description:	Gravity 25% Reduction			☐ Other	No. Employees —
# Nitrification Fields	1 # Lines	4		Linear Ft	300'	Maintenance Agreement Required:	☐ YES	☒ NO		☐ Slab	☒ Crawl Space
Trench Width	36" *Max. Trench Depth(Initial)	35"	*Max. Trench Depth(Repair)	35"	Gravel Depth —	☒ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

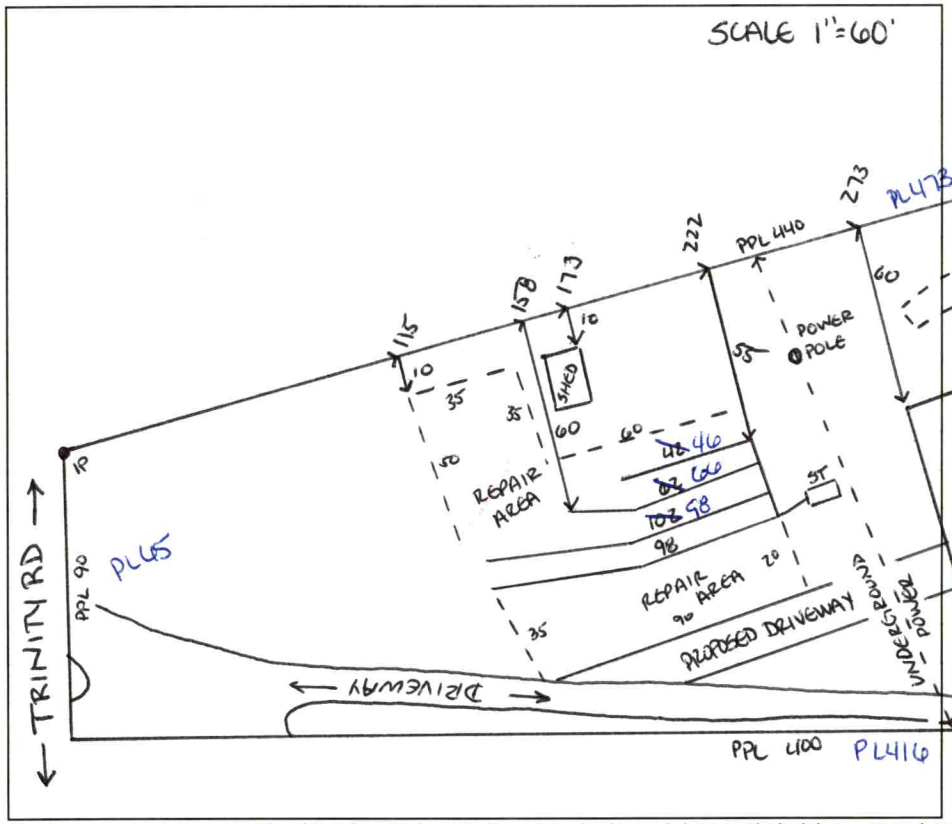
* Measured on the downhill side of the trench Effluent Standard: ☒ DSE ☐ HSE ☐ TS-I ☐ TS-II ☐ RCW ☐ NSF/ANSI 40 Usable Depth to LC (Initial): 48" Usable Depth to LC (Repair): 48" *Limiting Condition*

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Pump, crush, refill existing tank. Abandon both existing wells before AC. Property to be recorded before AC. Install on contour 9' on center. Utilize serial distribution.

RECORDED PLAT BOOK 84 PAGE 74

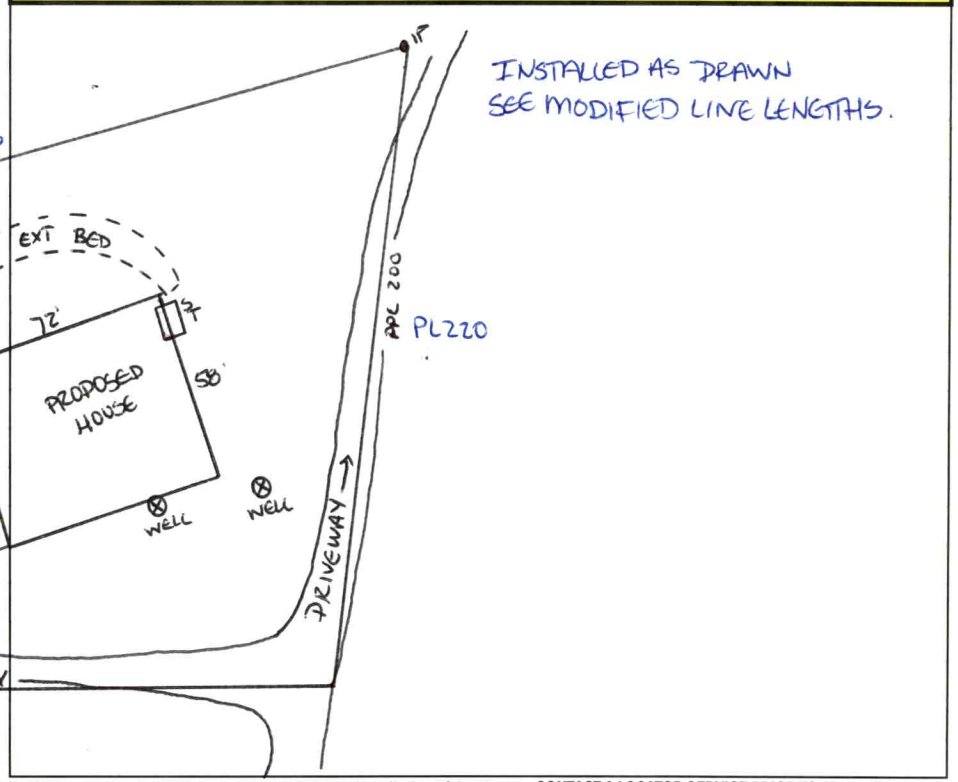
INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am

the day the inspection is needed. Be sure to speak with an inspector to confirm your time.



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: ONLINE Date: — Installed by: GROUND BREAKERS

IMPROVEMENT PERMIT by: Sarah Williams Date: 10/21/2024 OPERATION PERMIT by: Sarah Williams Date: 1/29/25

AUTHORIZATION TO CONSTRUCT by: Sarah Williams Date: 1/6/2025 Existing System Inspected by: Date:

Item	Date	Initials
Drain Lines Checked		
Tanks Checked		
Pressure Manifold or Valve Box Checked		
Pressure Head Set		
Electrical Checked		
Floats Set		
Alarm Checked		
Maintenance Contract Needed? Y / N		
Comments:		

Repairs Only	
	State Code
Failing System Code	
Type of Distribution	G or P
Type of Failure/Malfunction	
Primary Cause of Failure/Malfunction	
Age of System? _____	
Initial or Repair? _____	

PERMIT SNAPSHOT REPORT OSWP-2024-62672 FOR IREDELL COUNTY

Permit Type	Environmental Health OSWP	**Project:**		**App Date:**	09/30/2024
Work Class:	EH Septic Permit	**District:**	Iredell County	**Exp Date:**	NOT AVAILABLE
Status:	In Progress	**Square Feet:**	0.00	**Completed:**	NOT COMPLETED
Valuation:	$0.00	**Assigned To:**	Williams, Sarah	**Approval Expire Date:**	
Description:	New House construction Septic Perk test				

Parcel: 4727531645.000 Main	**Address:** 111 Trinity Rd Statesville, NC 28625 Main	**Zone:** R-20(Suburban Residential District)

Applicant/Authorized Agent	Property Owner	Applicant/Authorized Agent
Stanley D Gotliebson	Regina Shumaker	Regina Shumaker
153 Coachman Loop	Home: (704) 880-7503	Home: (704) 880-7503
STATESVILLE, NC, NC 28625	Business: (704) 880-7503	Business: (704) 880-7503
Home: (704) 450-5376	Mobile: (704) 880-7503	Mobile: (704) 880-7503
Business: (704) 450-5376		
Mobile: (704) 450-5376		

Permit Custom Fields

How is your site plan being submitted	Custom Site Plan	Septic Application/Permit Type	Authorization to Construct, Improvement Permit	Does the site contain any jurisdictional wetlands	No
Non-domestic Sewage Generated	No	Other Public Agency	No	All proposed structure dimensions	72' x 58'
What are the proposed structures	New Single-Family Residence - Stick Built	Type of New Single-Family Residence	Stick Built	Maximum Number of Bedrooms	3
If other Addition/Structure, please explain		Number of Occupants	2	Foundation Type	Crawl Space Foundation
Residential/Business/Other	Residential	Number of Employees	0	Water Supply	Other Public Water
Desired Septic System Type	Conventional (most common)	If other septic system type, please explain		Pump Make	
# of Nitrification Fields		Model		Serial #	
System Description		Repair System Description		Comments/Conditions	
Permit type(s)	Authorization to Construct	Has this project been approved by TRC	No	Lot Acreage	113.847
Front Setback	35	Back Setback	35	Left Setback	25
Right Setback	15	Zoning Permit Issued Date	Oct 2 2024 12:00AM	Zoning Permit Expiration Date	Mar 31 2025 12:00AM
Is the structure or development in the floodplain	No	Is the property in a local historic district?	No	Is the property located downtown?	No
Additional Unique Setbacks Apply	No	Watershed	NOT IN A WATERSHED		

Attachment File Name	Added On	Added By	Attachment Group	Notes
Signature_Stanley_Gotliebson_9/30/2024.jpg	09/30/2024 16:24	Gotliebson, Stanley		Uploaded via CSS
111 AA Form_v1.pdf	10/01/2024 8:37	Gotliebson, Stanley	Available Online	
111 Floor plan_v1.pdf	10/01/2024 8:37	Gotliebson, Stanley	Available Online	
111 Site Plan_v1.pdf	10/01/2024 11:14	Gotliebson, Stanley	Available Online	

Inspection Number	Status	Inspection Type	Request Date	Scheduled Start Date	Scheduled End Date	Actual Start Date	Actual End Date

PERMIT SNAPSHOT REPORT (OSWP-2024-62672)

2024-253180	Passed - Permit	OSWP Septic/Well Preliminary Site Visit	10/02/2024	10/03/2024 0:00	10/03/2024 0:00	10/03/2024 7:59	10/03/2024 7:59

Inspectors: Botkins, Ben (Primary)

Checklist Item	Description	Passed	Comments
General Comments	Checklist item used to track general comments, not specific to any other checklist item	No	

Invoice No.	Fee	Fee Amount	Amount Paid
INV-00036536	Iredell Zoning Tech Fee	$2.25	$2.25
	Iredell Zoning Permit Fee	$75.00	$75.00
	New Gravity System	$500.00	$500.00
	Total for Invoice INV-00036536	$577.25	$577.25
	Grand Total for Permit	**$577.25**	**$577.25**

Workflow Step / Action Name	Action Type	Start Date	End Date
Application Completeness Check v.1		10/01/2024 8:37	10/01/2024 8:37
Confirm application complete v.1	Generic Action		10/01/2024 8:37
Zoning Review v.1		10/01/2024 11:12	10/02/2024 8:17
~~Floodplain Admin Overview v.1~~	Task		10/01/2024 11:13
Iredell County Zoning Approval v.1	Task	10/01/2024 11:12	10/01/2024 11:15
Issue Invoice v.1	Generic Action		10/01/2024 11:14
Fees Paid v.1	Generic Action		10/02/2024 8:17
Fees v.1		10/01/2024 11:13	10/02/2024 8:17
Issue Invoice v.1	Generic Action		10/01/2024 11:14
Fees Paid v.1	Generic Action		10/02/2024 8:17
Lot Readiness Verification v.1		10/02/2024 11:25	
OSWP Septic Preliminary Site Visit v.1	Inspection	10/02/2024 11:25	10/02/2024 11:25
OSWP Site Evaluation v.1	Inspection		
Issue Improvement Permit v.1			
Issue Invoice v.1	Generic Action		
Fees Paid v.1	Generic Action		
Issue Permit v.1	Generic Action		
Permit Completion Process v.1			
Authorization to Construct Permit v.1	Create Sub Permit		
Issue Authorization to Construct v.1	Generic Action		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

PROPERTY ID #: 4727-53-1645
COUNTY: IREDELL

SOIL/SITE EVALUATION *for* ON-SITE WASTEWATER SYSTEM
(Complete all fields in full)

OWNER: Regina Shumaker
DATE EVALUATED: 10/14/24
ADDRESS: 153 Coachman Loop Statesville NC 28625
PROPOSED FACILITY: SFR
PROPOSED DESIGN FLOW (.0400): 360
PROPERTY SIZE: 13.847 AC
LOCATION OF SITE: 111 Trinity Rd Statesville NC 28625
PROPERTY RECORDED: NO
WATER SUPPLY: (Public) (Single Family Well) Shared Well Spring Other
WATER SUPPLY SETBACK: 50/10
EVALUATION METHOD: Auger Boring (Pit) Cut
TYPE OF WASTEWATER: (Domestic) High Strength IPWW

PROFILE #	.0502 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY .0503 STRUCTURE/ TEXTURE	SOIL MORPHOLOGY .0503 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .0504 SOIL WETNESS/ COLOR	.0505 SOIL DEPTH	.0506 SAPRO CLASS	.0507 RESTR HORIZ	.0509 PROFILE CLASS & LTAR*	.0503 SLOPE CORRECTION
1	LS 2-3%	0-8	CL DIST	—	heavy mica in CL	(56)	—	—	S 0.3	1"
		8-35	C ABK	SS SP SE FR						
		35-56	CL WABK	⊥						
2	LS 2-3%	0-6	CL DIST PLOW	—		(59)	—	—	S 0.3	1"
		6-31	C ABK	SS SP SE FR						
		31-59	CL SBK	⊥						
3	LS 2-3%	0-10	CL DIST	PLOW —	few MN	(58) 22"-30"	—	—	S 0.3	1"
		10-42	C ABK	SS SP SE FR						
		42-58	CL WABK	⊥						
4	LS 2-3%	0-6	CL DIST	PLOW —	few MN	(61) 20"-27"	—	—	S 0.3	1"
		6-35	C ABK	SS SP SE FR						
		35-61	CL WABK	⊥						

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.0508)	300'	300'
System Type(s)	G 25%	G 25%
Site LTAR	0.3	0.3
Maximum Trench Depth	35"	35"

SITE CLASSIFICATION (.0509): S 0.3
EVALUATED BY: S. Williams
OTHER(S) PRESENT:

Comments:

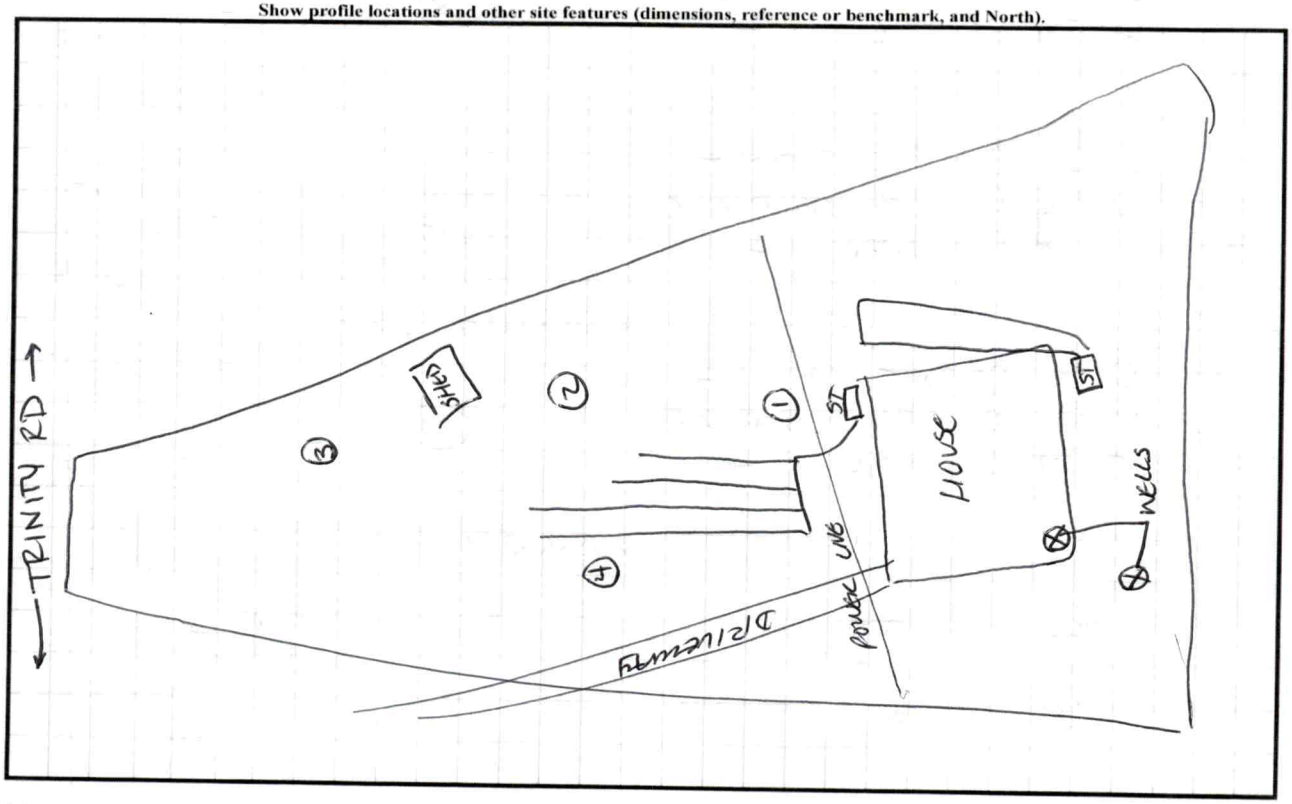
LEGEND

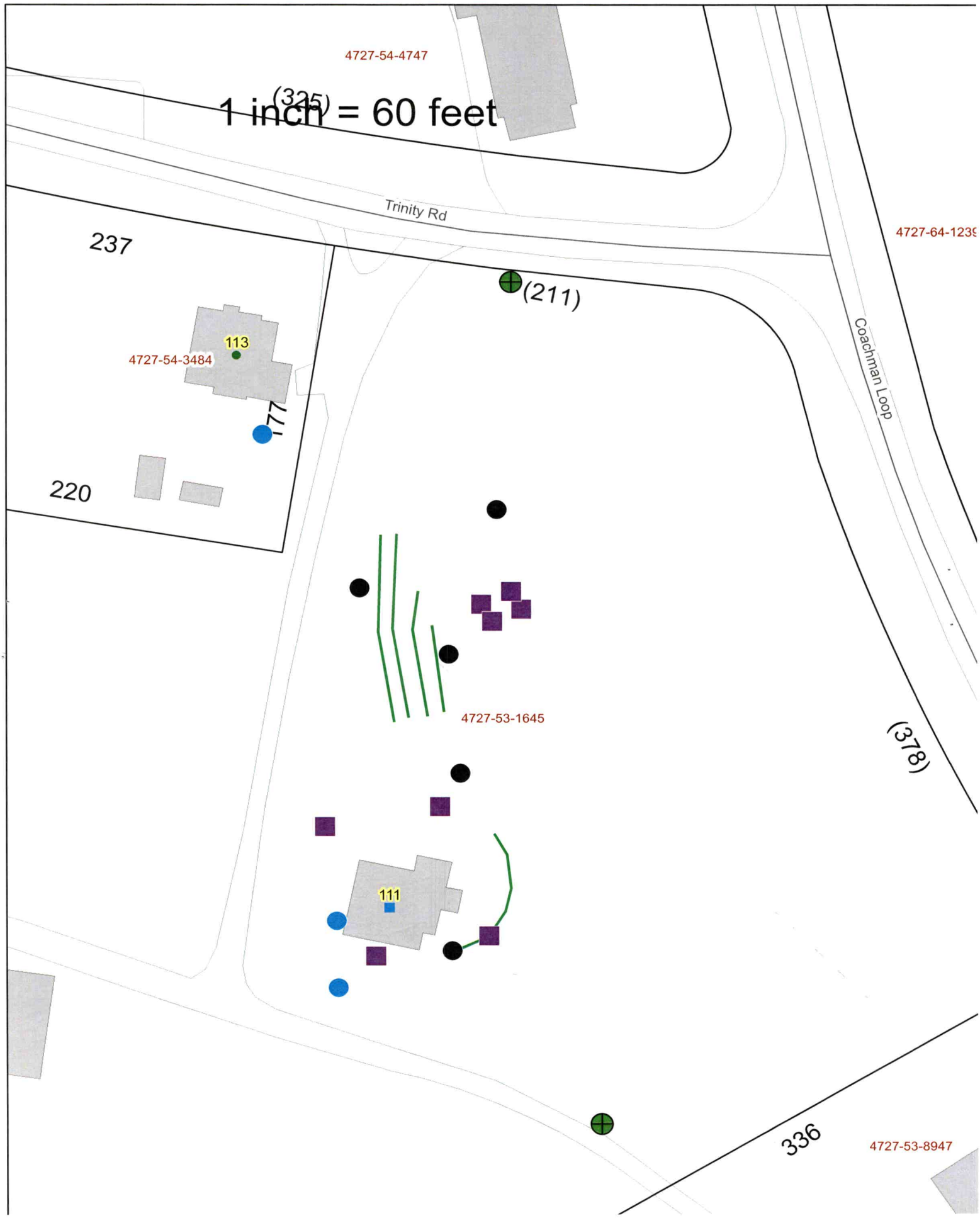
LANDSCAPE POSITION	SOIL GROUP	SOIL TEXTURE	CONVENTIONAL LTAR (gpd/ft²)	SAPROLITE LTAR (gpd/ft²)	LPP LTAR (gpd/ft²)	MINERALOGY/ CONSISTENCE		STRUCTURE
CC (Concave slope)	I	S (Sand)	0.8 - 1.2	0.6 - 0.8	0.4 -0.6	MOIST	WET	SG (Single grain)
CV (Convex Slope)		LS (Loamy sand)		0.5 -0.7		Lo (Loose)	NS (Non-sticky)	M (Massive)
D (Drainage way)	II	SL (Sandy loam)	0.6 - 0.8	0.4 -0.6	0.3 - 0.4	VFR (Very friable)	SS (Slightly sticky)	GR (Granular)
FP (Flood plain)		L (Loam)		0.2 - 0.4		FR (Friable)	S (Sticky)	SBK (Subangular blocky)
FS (Foot slope)	III	SiL (Silt loam)	0.3 - 0.6	0.1 - 0.3	0.15 - 0.3	FI (Firm)	VS (Very sticky)	ABK (Angular blocky)
H (Head slope)		SCL (Sandy clay loam)		0.05 - 0.15**		VFI (Very firm)	NP (Non-plastic)	PR (Prismatic)
L (Linear Slope)		CL (Clay loam)		None		EFI (Extremely firm)	SP (Slightly plastic)	PL (Platy)
N (Nose slope)		SiCL (Silty clay loam)					P (Plastic)	
R (Ridge/summit)		Si (Silt)					VP (Very plastic)	
S (Shoulder slope)	IV	SC (Sandy clay)	0.1 - 0.4		0.05 - 0.2	SEXP (Slightly expansive)		
T (Terrace)		SiC (Silty clay)				EXP (Expansive)		
TS (Toe Slope)		C (Clay)						
		O (Organic)	None					

* Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.
**Sandy clay loam saprolite can only be used with advanced pretreatment in accordance with 15A NCAC 18E .1200.

HORIZON DEPTH In inches below natural soil surface
DEPTH OF FILL In inches from land surface
RESTRICTIVE HORIZON Thickness and depth from land surface
SAPROLITE S(suitable) or U(unsuitable); Evaluation of saprolite shall be by pits.
SOIL WETNESS Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION S (Suitable) or U (Unsuitable)

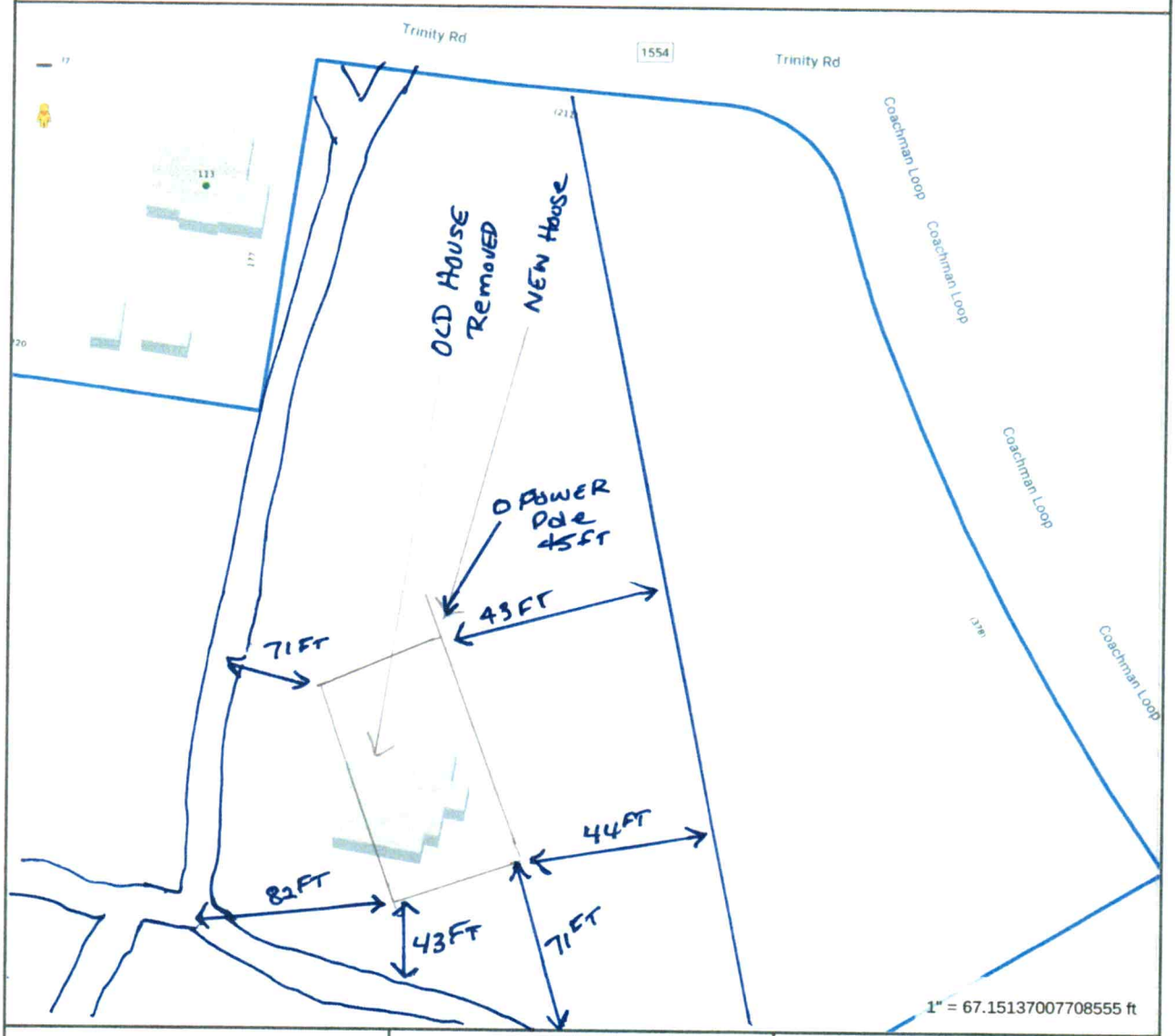
Show profile locations and other site features (dimensions, reference or benchmark, and North).




4727-54-4747
1 inch = 60 feet
(325)
Trinity Rd
237
(211)
4727-64-123
113
4727-54-3484
177
Coachman Loop
220
4727-53-1645
(378)
111
336
4727-53-8947

Iredell County, North Carolina

September 26, 2024



Tax Map Information

• PIN	4727531645.000
• Address	123 TRINITY RD
• Account #	Acct 80092718
• Tax Owner	FOUR R SISTERS LLC
• Mailing Address	137 COACHMAN LOOP
•	STATESVILLE, NC 28625
• GIS Owner	FOUR R SISTERS LLC
• Deed Info	2911 / 1641 - WD - 20220413
• Tax Acres	113.847 AC
• Lot #	
• Description	WATT OFF SR1960
• Zoning	R-20
• Old Parcel #	1009M00000A015
• Bldg Value	$0
• OBXF Value	$29,420
• Land Value	$693,330
• Total Value	$722,750
• Defer Value	$615,210
• Tax Districts	-ALLCNTY FIRE- -

IREDELL

MAP FOR REFERENCE ONLY
NOT A LEGAL DOCUMENT

Iredell County, North Carolina makes no claims and no warranties, expressed or implied, concerning the validity or accuracy of the GIS data presented on this map.

Geometry updated 09/12/2024
Data updated 09/12/2024

Print map scale is approximate. Critical layout or measurement activities should not be done using this resource.



Roxboro Modern Farmhouse

Total Heated	2226
Front Porch	199
Garage	592
Total Under Roof	3017
Rear Stoop	16
Optional Rear Deck	160

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ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 | Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

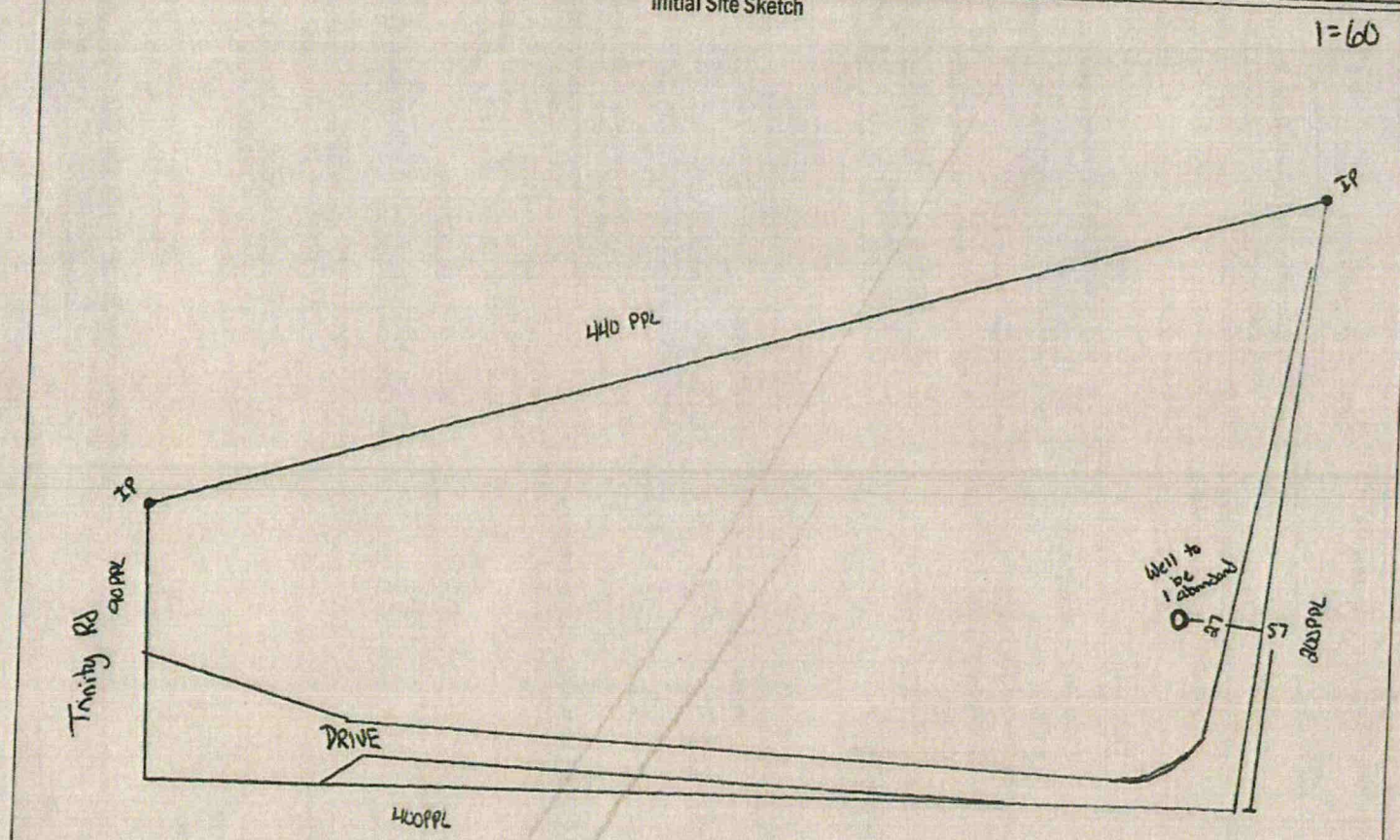
PRIVATE DRINKING WATER WELL PERMIT # 2024-63035 **PIN #** 4727 - 53 - 1645 **Type of Permit (circle one):** New Repair (Abandonment)

APPLICANT/OWNER NAME: Regina Shumaker ADDRESS: 153 Coachman Lp, Statesville PHONE: 704-880-7503

DIRECTIONS TO SITE: 115 N - Coachman - Trinity

SITE ADDRESS: 111 Trinity Rd, Statesville 28625 SUBDIVISION: - SECTION/LOT: -

Initial Site Sketch



CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

PERMIT CONDITIONS/COMMENTS: Follow all well abandonment rules.

WELL PERMIT ISSUED BY: _____ DATE: 10/23/24 (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**

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Seth Julian
Well Contractor Name (or well owner personally abandoning well on his/her property)

4274-C
NC Well Contractor Certification Number

Mid-South well & pump company
Company Name

2. Well Construction Permit #: 2024-63635
List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

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 7g)

4. Date well(s) abandoned: 12-19-24

5a. Well location:

Regina Shumaker
Facility/Owner Name

Facility ID# (if applicable)

111 Trinity Rd Statesville NC
Physical Address, City, and Zip

Iredell
County

4727-53-1645
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

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED
Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 45 (ft.)

6c. Borehole diameter: 18 (in.)

6d. Water level below ground surface: 39 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1
For multiple injection or non-water supply wells ONLY with the s construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 80 (g

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: granular

7d. Amount of disinfectant used: 402

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

5 yards

7g. Provide a brief description of the abandonment procedure:

Dug up 3' below grade & filled full & capped

8. Certification:

Signature of Certified Well Contractor or Well Owner

12-2024
Date

By signing this form, I hereby certify that the well(s) was (were) abandoned accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standar and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or w abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of w abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in above, also submit one copy of this form within 30 days of completion of w abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form the address(es) above, also submit one copy of this form within 30 days completion of well abandonment to the county health department of the coun where abandoned.

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 | Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 2024-630634 **PIN #** 4727 - 53 - 1645 **Type of Permit (circle one):** New Repair (Abandonment)

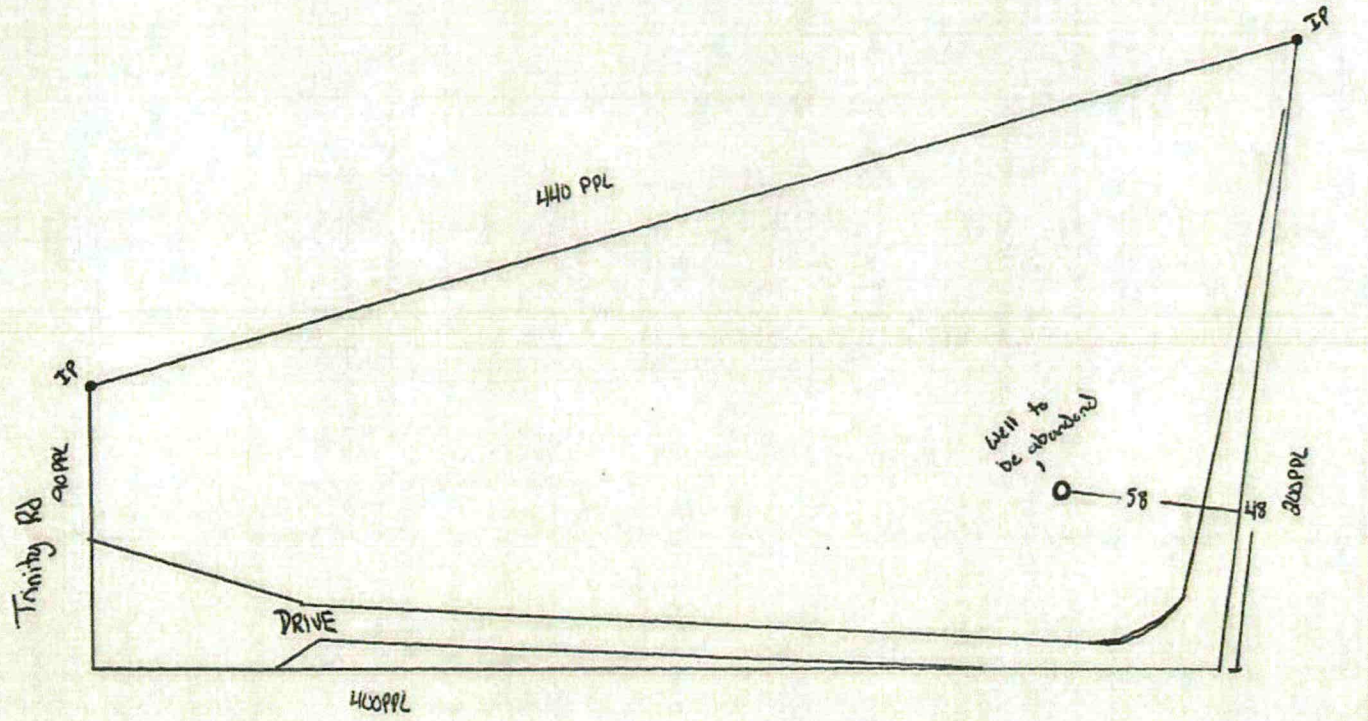
APPLICANT/OWNER NAME: Regina Shumaker ADDRESS: 153 Coachman Lp, Statesville PHONE: 704-880-7503

DIRECTIONS TO SITE: 115 N - Coachman - Trinity

SITE ADDRESS: 111 Trinity Rd, Statesville 28625 SUBDIVISION: - SECTION/LOT: -

Initial Site Sketch

1=60



CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

PERMIT CONDITIONS/COMMENTS: Follow all well abandonment rules

WELL PERMIT ISSUED BY: [signature] DATE: 10/23/24 (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**

WELL ABANDONMENT RECORD

This form can be used for single or multiple wells

1. Well Contractor Information:

Seth Julian

Well Contractor Name (or well owner personally abandoning well on his/her property)

4274 - C

NC Well Contractor Certification Number

Mid-South well & Pump company

Company Name

2. Well Construction Permit #: 2024-63634

List all applicable well permits (i.e. County, State, Variance, Injection, etc.) if known

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 7g)

4. Date well(s) abandoned: 12-19-24

5a. Well location:

Regina Shumaker — Facility/Owner Name

Facility ID# (if applicable)

111 Trinity Rd Statesville NC — Physical Address, City, and Zip

Iredell — County

4727-53-1645 — 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

CONSTRUCTION DETAILS OF WELL(S) BEING ABANDONED

Attach well construction record(s) if available. For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

6a. Well ID#: _____

6b. Total well depth: 53 (ft.)

6c. Borehole diameter: 20 (in.)

6d. Water level below ground surface: 40 (ft.)

6e. Outer casing length (if known): _____ (ft.)

6f. Inner casing/tubing length (if known): _____ (ft.)

6g. Screen length (if known): _____ (ft.)

For Internal Use ONLY:

WELL ABANDONMENT DETAILS

7a. Number of wells being abandoned: 1

For multiple injection or non-water supply wells ONLY with the same construction/abandonment, you can submit one form.

7b. Approximate volume of water remaining in well(s): 211 (gal.)

FOR WATER SUPPLY WELLS ONLY:

7c. Type of disinfectant used: Granular

7d. Amount of disinfectant used: 902

7e. Sealing materials used (check all that apply):

☐ Neat Cement Grout	☐ Bentonite Chips or Pellets
☐ Sand Cement Grout	☐ Dry Clay
☑ Concrete Grout	☐ Drill Cuttings
☐ Specialty Grout	☐ Gravel
☐ Bentonite Slurry	☐ Other (explain under 7g)

7f. For each material selected above, provide amount of materials used:

4.5 yards

7g. Provide a brief description of the abandonment procedure:

Dug down 3' below grade filled full & capped

8. Certification:

Signature of Certified Well Contractor or Well Owner — Date: 12-20-24

By signing this form, I hereby certify that the well(s) was (were) abandoned i accordance with 15A NCAC 02C .0100 or 2C .0200 Well Construction Standard and that a copy of this record has been provided to the well owner.

9. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or we abandonment details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

10a. For All Wells: Submit this form within 30 days of completion of we abandonment to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

10b. For Injection Wells: In addition to sending the form to the address in 1(above, also submit one copy of this form within 30 days of completion of we abandonment to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

10c. For Water Supply & Injection Wells: In addition to sending the form t the address(es) above, also submit one copy of this form within 30 days c completion of well abandonment to the county health department of the coun where abandoned.