IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-664-5281 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Michael Neilson	328 River Birch Circle Mooresville NC 28115		704-201-5930
Applicant Name	Street, City, State, Zip		Phone Number
Michael Neilson	same as above		
Name of Owner / Authorized Agent	Street, City, State, Zip		Phone Number
157 Driftwood Cove Dr. Troutman NC 28166		N/A	N/A
Well Site Location / Street Address		Subdivision	Lot Number
4730626368.000	Single Family Home	New	
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)	

Hwy 150 to Perth Rd. Left on Driftwood Cove Dr. Lot on left.

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.

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.

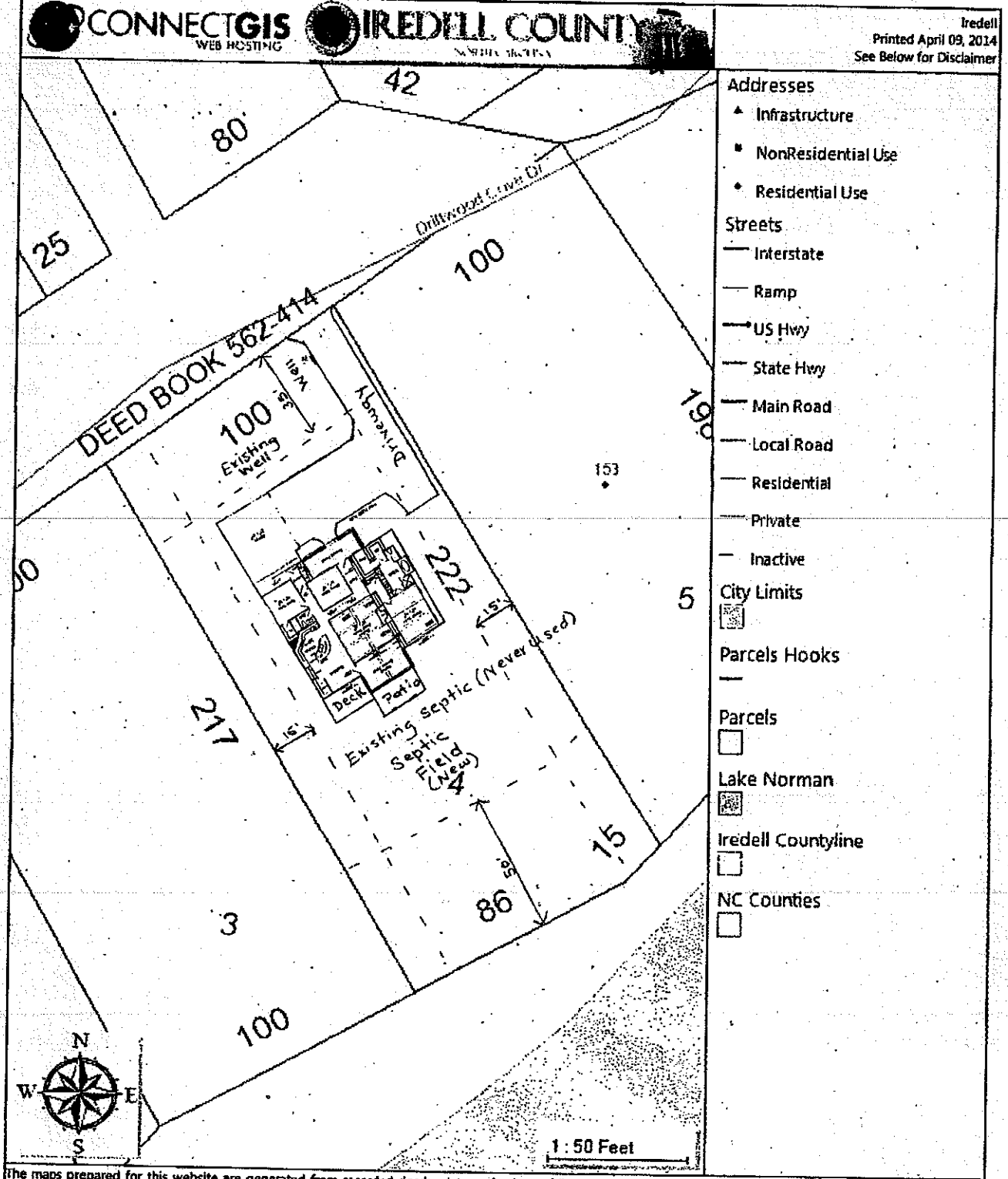
Michael C. Neilson 4-10-14

SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy V:\FORMS\Well Program

Forms\WELL APPLICATION.doc

Michael Neilson



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