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

John Ogburn — 145 orchard Lane Statesville NC 28677

Applicant Name — Street, City, State, Zip — Phone Number

John Ogburn — 10206 Victoria Blake Dr Cornelius NC 28031

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

145 orchard Lane Statesville NC 28677 — #5

Well Site Location Street Address — Subdivision — Lot Number

4731-69-0675 — 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

ORCHARD ACRES
LOT #5

SEE ATTACHED [X]

PAID FEB 17 2012
CR#1356 #495.00
ad
IREDELL COUNTY HEALTH DEPT.
ENVIRONMENTAL [illegible]
318 TURNER[illegible]
STATESVILLE [illegible]
COURIER 03-[illegible]

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.

SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE 2/17/2012

White Copy – Environmental Health — Yellow Copy - Applicant Copy

V:\FORMS\Well Program Forms\WELL APPLICATION.doc

IREDE[illegible] COUNTY HEALTH DEPARTMENT STATE[illegible]VILLE 704-878-5305 MOORESVILLE 704-664-5281

IMP[illegible]VEMENT PERMIT / AUTHORIZATION TO CONSTRUCT [illegible]PERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT # REPAIR PIN # 4731-69-0675 DATE APRIL 26, 2010

OWNER or APPLICANT JOHN F. OGBURN, II PHONE: Business Home: 704-728-2654

OWNER or APPLICANT ADDRESS 10206 VICTORIA BLAKE DR CORNELIUS, NC 28031

LOCATION / DIRECTIONS US 21 S, TR OLD MOUNTAIN ROAD, TL ORCHARD LANE, LOT ON LEFT AT # 145

SUBDIVISION ORCHARD ACRES BLOCK / SECTION LOT # 5 LOT AREA LIMITED DESIGN FLOW 360 L.T.A.R. 0.20 GPD/FT2

Septic Tank EXISTING Gallons: STB Date
Pump Tank 1000 Gallons: PT Date
Pump Make Model Serial #
Nitrification Field No Fields 1 No Lines 9 Linear Feet 280
Trench Width 24" Max. Trench Bottom Depth 36" SAND Depth (30")

☐ New System ☑ Repair ☐ Expansion System Type I II (III) IV V VI
System Description:
Repair System Description: 50% REDUCTION, PRESS, MAN
Maintenance Agreement Required ☐ YES ☒ NO
☐ GRAVITY ☑ PRESSURE

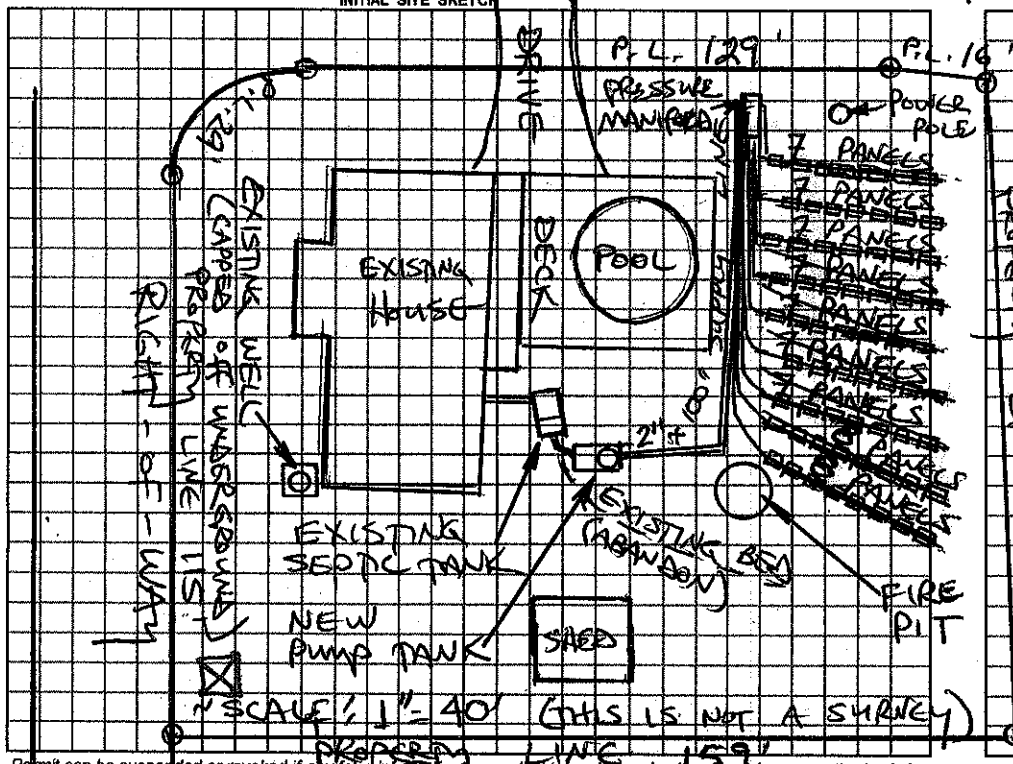
☑ Residence No. Bedrooms 3
☐ Business No. Persons
☐ Other No. Employees
☐ Slab ☑ Crawl Space
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☑ Private ☐ Public WELL ☐ Community

Comments / Conditions ① CHECK EXISTING SEPTIC TANK FOR INTEGRITY, REPLACE IF NECESSARY ② INSTALL 50% REDUCTION SYSTEM USING 65 PPBPS PANELS AS SHOWN WITH 12 INCHES SAND BENEATH PANELS ③ KEEP SYSTEM MINIMUM 5 FEET FROM POOL DECK AND PROPERTY LINE.

Comments / Conditions ④ SEE ATTACHED SHEETS FOR PUMP AND PRESSURE MANIFOLD REQUIREMENTS.

INITIAL SITE SKETCH



AS BUILT SKETCH

Permit can be suspended or revoked if any false information supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.

☐ *IMPROVEMENT PERMIT w / plat valid without expiration.* ☐ *IMPROVEMENT PERMIT w / site plan valid for 60 mos.* ☐ *AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.*

Owner / Applicant Signature: [signature] Date 5/11/10

Improvement Permit by: STEVE HEDRICK Date 4/26/2010

Authorzation to Construct by: STEVE HEDRICK Date 4/26/2010

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant

ORCHARD LANE

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

Permit Number: 170858WE

Printed: 2/17/2012

Master #: 170858

Associated Permits:
170858WE Well

Applicant
Name: JOHN OGBURN **Phone:**
Address: 10206 VICTORIA BLAKE DR
CORNELIUS, NC 28031

Parcel
Parcel Number: 4731690675.000 **Zoning:** TROUTMAN
Address: 145 ORCHARD LN **Township:** 1300
Area:
Subdivision: **Lot(s):**
Directions to Parcel: OLD MOUNTAIN RD TO ORCHARD LANE

Owners
Name: JOHN OGBURN
Address: 10206 VICTORIA BLAKE DR
CORNELIUS, NC 28031

Contractors

Fees and Receipts:

Number	Description	Amount
	Total Fees:	**$0.00**
	Total Receipts:	**$0.00**

Conditions

Date:	Status:	Code: