212229

# 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

| Applicant Name | Street, City, State, Zip | Phone Number |
|---|---|---|
| Autumn Brook LLC | contact Kathleen Saunders | (704) 578-4951 |

| Name of Owner / Authorized Agent | Street, City, State, Zip | Phone Number |
|---|---|---|
| same as applicant | | |

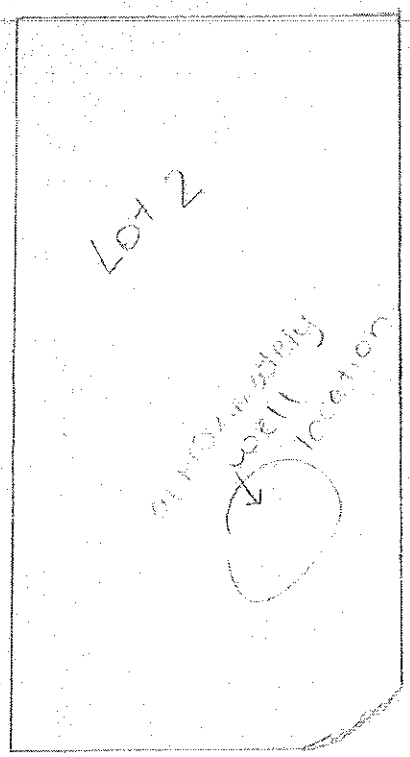
| Well Site Location / Street Address | Subdivision | Lot Number |
|---|---|---|
| ~~323 Walnut St Statesville~~ 107 Autumn Mist | Autumn Brook | 2 |

| Parcel Identification Number (PIN) | Intended Use of Property | Type of Well Permit (New, Repair, Abandonment) |
|---|---|---|
| 4732004376.000 | Residential | Abandonment |

Directions from here to your site: Hwy 21 S / Right on Old Mtn Rd / Right Wallace Springs on corner at Autumn mist & Sierra chase

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*




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.

Emma Helt — 07/21/15

SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE

White Copy – Environmental Health — Yellow Copy - Applicant Copy

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