2017 owner: Jason + Leslie Reese

M.A.D.

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 221257 **PIN #** 4732-87-9932 **Type of Permit (circle one):** New Repair Abandonment

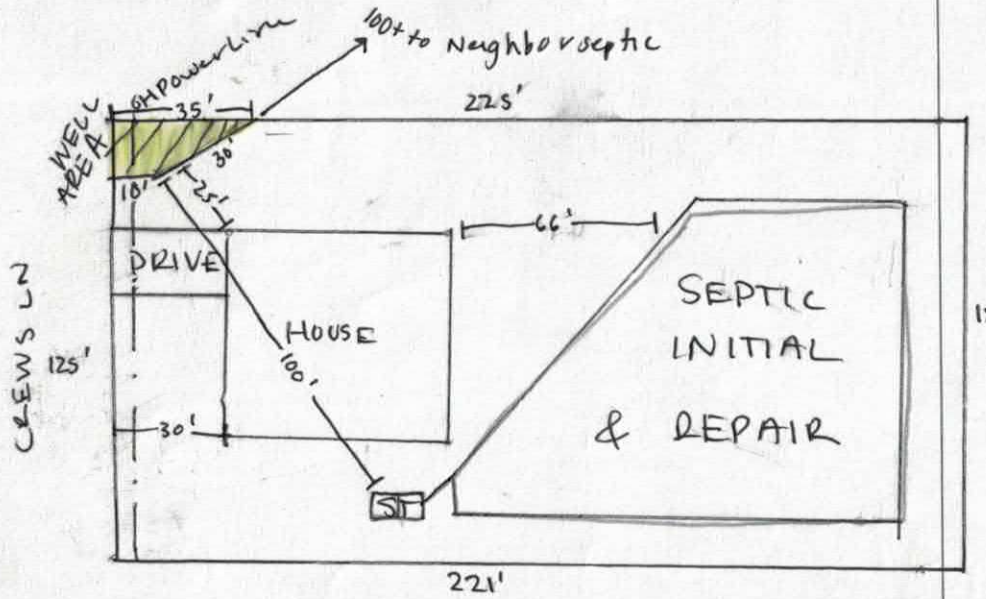
APPLICANT NAME: John McCormick ADDRESS: 115 Ashmore Gr Trautman PHONE: 4126080709

DIRECTIONS TO SITE: 21 N TR Moose Club TL Skyuka TL Crews on R

SITE ADDRESS: 112 Crews Ln Statesville SUBDIVISION: Trautman Crossing SECTION/LOT: 3

Initial Site Sketch

1" = 50'



"As Built" Sketch

marked 3/28

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Avoid OH Powerline. Maintain 100' to septic & neighbor septic. Drill in Area Shown

WELL PERMIT ISSUED BY: Emy Hunt DATE: 3/28/17 (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: Russell Well Drilling CONTRACTOR CERT #: 3254-A GROUT INSPECTION BY: B. Bottoms DATE: 5/19/17.

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: B. Bottoms DATE: 6/14/17.

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: Benjamin A. Bass DATE: 6/14/17. WATER SAMPLES BY: Carla C. Cave DATE: 12/4/17

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☑ Plat ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink

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

John R McCormuck | 115 Ashmore Cir Trout. | 412 608 8709
Applicant Name | Street, City, State, Zip | Phone Number

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

112 Crews Ln | Troutman | Troutman Crossing | 3
Well Site Location / Street Address | Subdivision | Lot Number

4732-87-9932 | House | New
Parcel Identification Number (PIN) | Intended Use of Property | Type of Well Permit (New, Repair, Abandonment)

21 N, Rt Moose Club, Left Skyuka, left Crews Ln
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 septic permit

Email Permit:

jsmccormuck@roadrunner.com

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 | 3.27.2014 DATE

White Copy – Environmental Health | Yellow Copy - Applicant Copy | S:Shared\EH_Admin\OSWW\Well_Permit 7/25/14

IREDELL COUNTY HEALTH DEPARTMENT

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

MD

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

PERMIT # 221257

PIN # 4732-87-9932

APPLICANT: JOHN McCORMICK

APPLICANT ADDRESS: 115 ASHMORE CIR. TROUTMAN

SITE ADDRESS: 117 CREWS LN.

PHONE: 412-608-8709 ALT. PHONE:

SITE DIRECTIONS: 21N, TR MOOSE CLUB, TL SKYUKA, TL CREWS, ON R

SUBDIVISION: TROUTMAN CROSSING

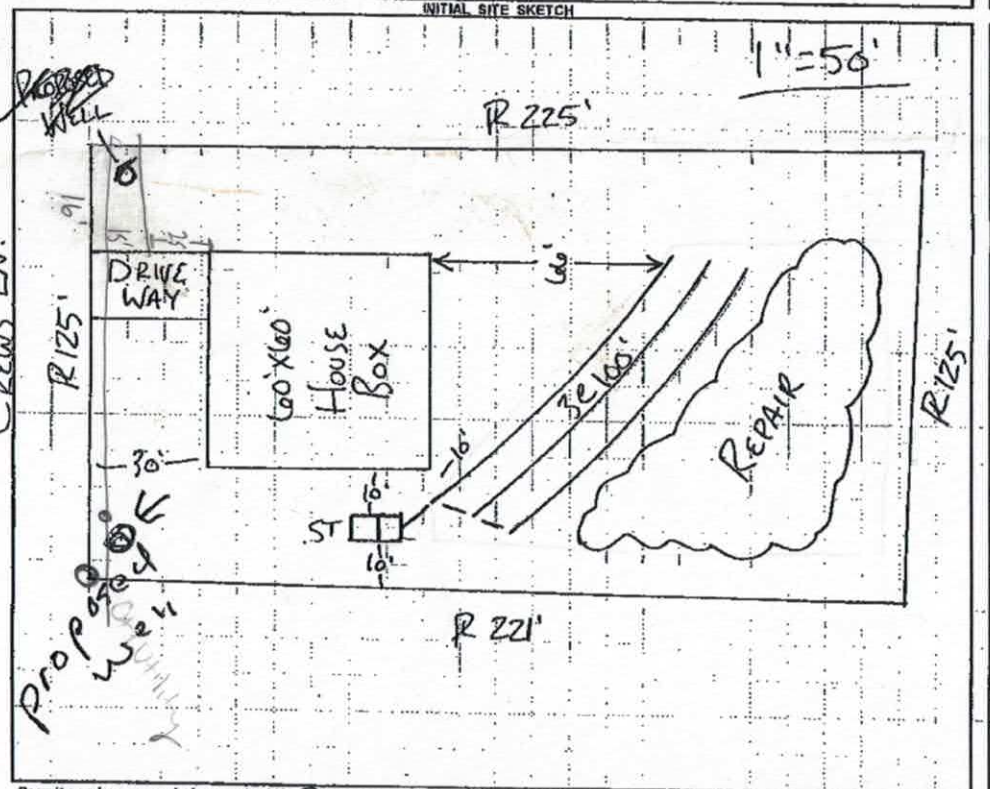
SECTION: LOT # 3 LOT AREA: .64AC DESIGN FLOW: 360 L.T.A.R.: .3

Septic Tank	1000 (gal)	STB	Date	☑ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☑ Residence	No. Bedrooms 3
Pump Tank	(gal)	PT	Date	System Description:	25% REDUCTION			☐ Business	No. Persons 6
Pump Make	Model		Serial #	Repair System Description:	SAME			☐ Other	No. Employees
# Nitrification Fields	1 # Lines	3@100'	Linear Ft: 300'	Maintenance Agreement Required:	☐ YES	☑ NO		☐ Slab	☑ Crawl Space
Trench Width	36" Max. Trench Bottom Depth	~29"~	Gravel Depth	☑ GRAVITY	☐ PRESSURE			☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☑ Private ☐ Public ☐ Community

Comments / Conditions:

INITIAL SITE SKETCH



AS BUILT SKETCH

Owner/Applicant McCORMICK

EHS BA

Amount Owed $ 0

STATESVILLE

Please call applicant to pick up

Balance Due = 0

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: [signature] Date: Installed by:

IMPROVEMENT PERMIT by: RA-108 Date: 10-7-16 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: RA-108 Date: 10-7-16 Existing System Inspected by: Date:

Print Form

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Chris C. Russell
Well Contractor Name

3254A
NC Well Contractor Certification Number

Russell Well Drilling, Inc.
Company Name

2. Well Construction Permit #: 221257
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- [ ] Agricultural
- [ ] Municipal/Public
- [ ] Geothermal (Heating/Cooling Supply)
- [x] 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 #21 Remarks)

4. Date Well(s) Completed: 5-11-17 **Well ID#** _____

5a. Well Location:

John McCormick
Facility/Owner Name

Piedmont Quality
Facility ID# (if applicable)

112 Crews Lane, Statesville NC 28677
Physical Address, City, and Zip

Iredell
County

Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

35' 44.105' N 080' 50.455' W

6. Is(are) the well(s): [x] Permanent or [ ] Temporary

7. Is this a repair to an existing well: [ ] Yes or [x] No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: 385 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 60 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6.25 (in.)

12. Well construction method: Air Drilled
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 **Method of test:** Air

13b. Disinfection type: HTH **Amount:** 1 cup

14. WATER ZONES

FROM	TO	DESCRIPTION
60 ft.	385 ft.	
ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	96 ft.	6.25 in.	SDR21	PVC

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Grout	Poured
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	91 ft.	Dirt
91 ft.	385 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Chris Russell
Signature of Certified Well Contractor

05-19-17
Date

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

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

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

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

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

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

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.

North Carolina State Laboratory Public Health
Environmental Sciences
Microbiology
Certificate of Analysis

P.O. Box 28047
4312 District Drive
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Report To:
IREDELL CO ENVIRONMENTAL HEALTH DEPT - STATE
349 N. CENTER STREET

STATESVILLE, NC 28677
EIN:566000309EH **COURIER #: 09-36-07**

Name of System:

JASON & LESLIE REESE
112 CREWS LN.
STATESVILLE, NC 28677

StarLiMS Sample ID: **ES120517-0090001**

Collected: 12/04/2017 10:15 **Carla Cave**
Received: 12/05/2017 08:37 **Susan Beasley**

ES Microbiology ID:
GPS Number:

Sample Source: **New Well**
Sampling Point: **well head**

Well Permit Number: **221257**

Sample Description:
Comment:

Environmental Microbiology - Colilert Profile **Method:** SM 9223B

Test Name: Colilert

Analyte	Test Result	Date
Total Coliform, Colilert	Absent	12/06/2017
E. coli, Colilert	Absent	12/06/2017

Report Date: 12/08/2017

Reported By: Susan Beasley

Susan Beasley

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

North Carolina State Laboratory of Public Health
Environmental Sciences
Inorganic Chemistry
Certificate of Analysis

P.O. Box 28047
4312 District Drive
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Report To: CARLA CAVE

IREDELL CO ENVIRONMENTAL HEALTH DEPT - STATESVIL

349 N. CENTER STREET

STATESVILLE, NC 28677

EIN: 566000309EH

Courier # 09-36-07

Name of System:

JASON & LESLIE REESE

112 CREWS LN
STATESVILLE, NC 28677

StarLiMS ID: **ES120517-0021001**

Date Collected: 12/04/17
Date Received: 12/05/17

Time Collected: 10:15 AM
Collected By: C Cave

Sample Type: Raw
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt: 3.0

Well Permit #: 221257
GPS #:

Sample Description:
Comment:

New Well I (Profile)

Analyte	Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	< 0.005	0.010	mg/L	
Barium	< 0.1	2.00	mg/L	
Cadmium	< 0.001	0.005	mg/L	
Calcium	7		mg/L	
Chloride	< 5.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	< 0.20	4.00	mg/L	
Iron	< 0.10	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	4		mg/L	
Manganese	< 0.03	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
Nitrate	< 1.00	10.00	mg/L	
Nitrite	< 0.1	1.00	mg/L	
pH	7.4		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	3.90		mg/L	
Sulfate	< 5.00	250	mg/L	
Total Alkalinity	36		mg/L	
Total Hardness	31		mg/L	
Zinc	0.07	5.00	mg/L	

Report Date: 12/20/2017

Reported By: *Debbie Moncol*