IREDELL COUNTY HEALTH DEPARTMENT

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

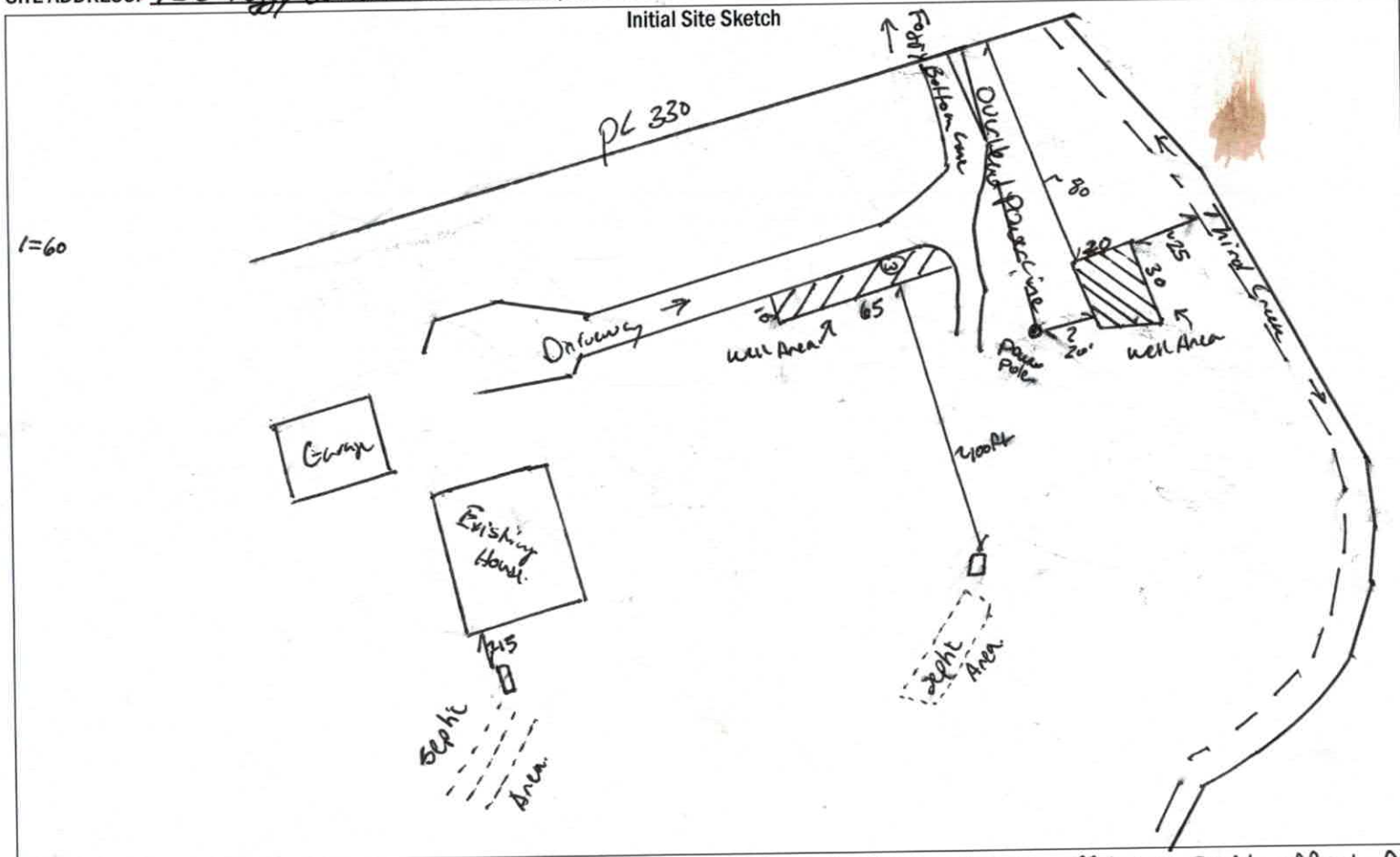
PRIVATE DRINKING WATER WELL PERMIT # 232382 **PIN #** 4733948047.138 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT/OWNER NAME: Mackenzie Waccen ADDRESS: 138 Foggy Bottom Lane Statesville NC. PHONE: 704 658 4360

DIRECTIONS TO SITE: 115 / Shelton Ave Turn South Next to Timber Specialists

SITE ADDRESS: 138 Foggy Bottom Lane Statesville NC SUBDIVISION: ~ SECTION/LOT: ~

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing 45

Yield _____

Notes: * Still Drilling 22 Ft Grout

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Install well in well Areas only Follow all NCDC well Rules. Maintain 25ft offset from third Creek

WELL PERMIT ISSUED BY: Benjamin A Bottoms DATE: 1/8/2017. (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: Joe Body BHC Well CONTRACTOR CERT #: 3271-A GROUT INSPECTION BY: Benjamin A Bottoms DATE: 2/3/2018.

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Carla C. Cave DATE: 4/23/18

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: Carla C. Cave DATE: 4/23/18 WATER SAMPLES BY: Kayla Wilson DATE: 5-23-18

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

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM

Application For: (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.

Page 2: *Site Plan Worksheet* form MUST accompany this application

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
Place an (X) beside whichever is submitted if applicable ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

Applicant Information: (PRINT CLEARLY)

Applicant Name: MACKENZIE WARREN Address: 138 Foggy Bottom Ln Zip: 28677

Applicant Email: ML WARREN 012@GMAIL.COM Phone: 704-658-4360 Alt. Phone: —

Owner Name: Same Address: _____ Zip: _____

Owner Email: _____ Phone: _____ Alt. Phone: _____

Property Information:

Street Address: 138 Foggy Bottom Ln

Subdivision Name: _____ Section/Phase: _____ Lot Number: _____

Driving Directions: From 115/Shelton Ave, turn south next to Timber Specialists

Site Development Information: *(check or complete ALL that apply*

CHECK FOUNDATION TYPE

( ) New Single Family Residence
( ) New Multi-Family Residence
(X) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____

Maximum Number of Bedrooms: 2
Maximum Number of Occupants: 3
( ) Swimming Pool
( ) Other Addition/Structure: _____

( ) Crawl Space Foundation
(X) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

Water Supply: ( ) Replacement Well – Reason: City Water no longer available - moving bridge
( ) Multi-connection Well Number of Houses: 1 Number of Persons: 3

(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

Desired Septic System Type: *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative ( ) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

Please answer the following to the best of your ability:

( ) Yes ( ) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that 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 evaluation can be performed.

Signature: _____ 12/28/17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, MACKENZIE WARREN, am the legal owner(s) of the property located at 138 Foggy Bottom Ln, identified as PIN (Parcel Identification Number) 4733948047, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) — Date: 12/28/17

Signature of Witness — Date

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

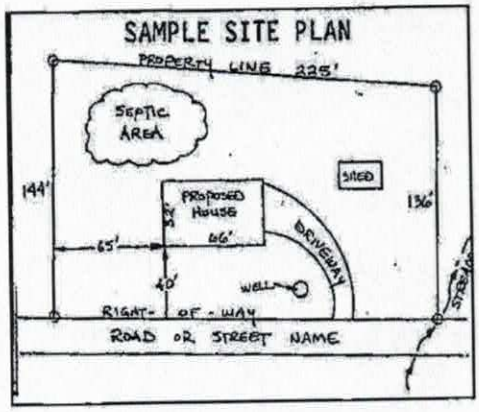
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!*

Place an (X) beside each item as you complete the site plan:

- ( ) Property Line measurements are clearly identified
- ( ) All proposed structures are indicated
- ( ) Front and side setbacks from property line
- ( ) Preferred driveway location
- ( ) Preferred well location
- ( ) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

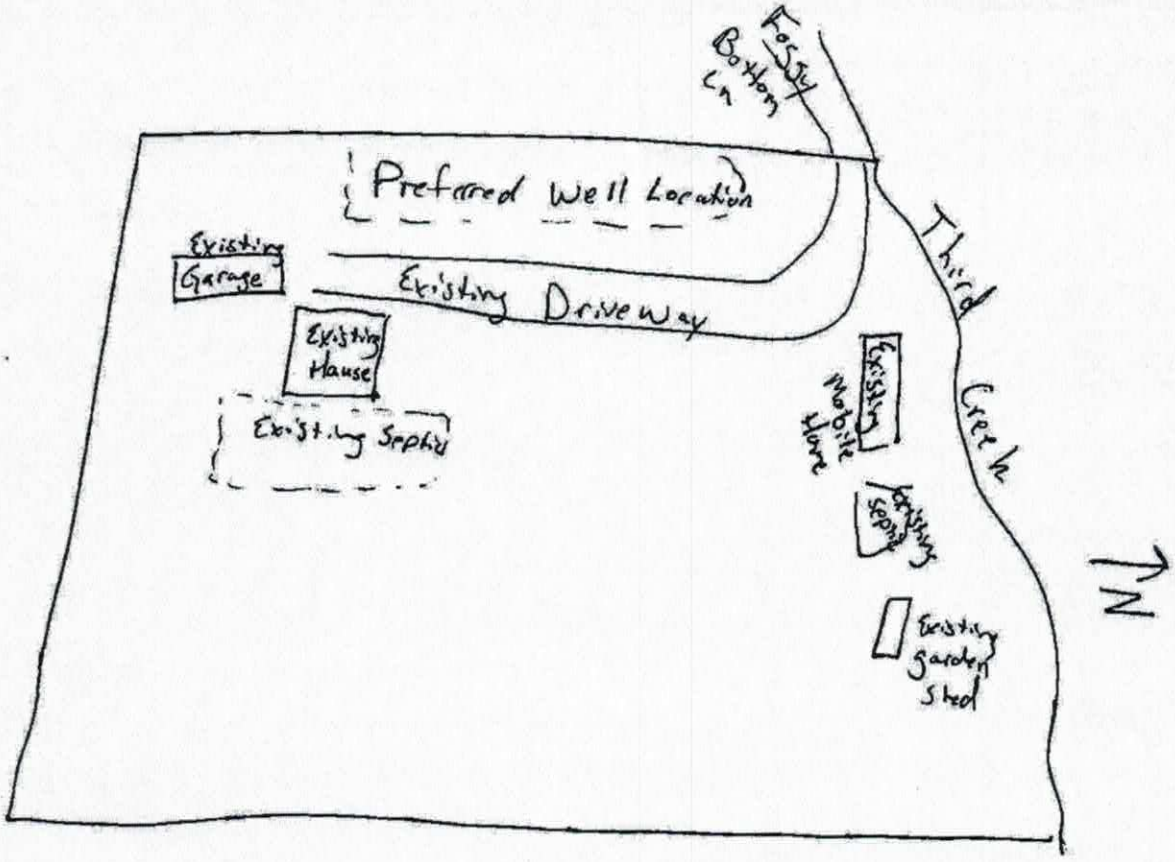


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property N/A
Location of easements and rights of ways on your property N/A
Location of any designated wetlands on the property (N/A)

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: Mark. J ____ 12/28/17

Property owner or owner's legal representative signature (SIGNATURE REQUIRED) — DATE

232382

Type: CRP
Recorded: 12/27/2017 at 11:59:01 AM
Fee Amt: $46.00 Page 1 of 3
Revenue Tax: $20.00
Iredell County, NC
Ronald N. Wyatt Register of Deeds
BK 2531 PG 377-379

NORTH CAROLINA GENERAL WARRANTY DEED

Excise Tax: 20.00

Parcel Identifier No. _____ Verified by _____ County on the _____ day of _____, _____

By: _____

Mail/Box to: _____

This instrument was prepared by: Alan G. Carpenter, Attorney

Brief description for the Index: _____

THIS DEED made this 27th day of December, 2019, by and between

GRANTOR	GRANTEE
Roy Clifford Crouch, Jr., unmarried	Mackenzie L. Warren
Mailing Address: 105 Old Miller Road Statesville, NC 28625	Mailing Address: 208 Pleasant Grove Lane Mooresville, NC 28115

Enter in appropriate block for each Grantor and Grantee: name, mailing address, and, if appropriate, character of entity, e.g. corporation or partnership.

The designation Grantor and Grantee as used herein shall include said parties, their heirs, successors, and assigns, and shall include singular, plural, masculine, feminine or neuter as required by context.

WITNESSETH, that the Grantor, for a valuable consideration paid by the Grantee, the receipt of which is hereby acknowledged, has and by these presents does grant, bargain, sell and convey unto the Grantee in fee simple, all that certain lot, parcel of land or condominium unit situated in the City of _____, Statesville Township, Iredell County, North Carolina and more particularly described as follows:

See Exhibit A, attached.

The property hereinabove described was acquired by Grantor by instrument recorded in Book 1615 page 136.

All or a portion of the property herein conveyed ___ includes or X does not include the primary residence of a Grantor.

A map showing the above described property is recorded in Plat Book _____ page _____.

Page Count: 3
☐NS ☐PO ☐SI
R.O.T.C.

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

Such matters as are recorded in the Register of Deeds of Iredell County.

IN WITNESS WHEREOF, the Grantor has duly executed the foregoing as of the day and year first above written.

Roy Clifford Crouch, Jr. (SEAL)
(Entity Name)

By: _____

Title: _____

Roy Clifford Crouch, Jr.

_____ (SEAL)

By: _____

Title: _____

_____ (SEAL)

By: _____

Title: _____

_____ (SEAL)

State of North Carolina - County or City of Iredell

I, the undersigned Notary Public of the County or City of Iredell and State aforesaid, certify that Roy Clifford Crouch, Jr.

personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this 27th day of December, 2019.

My Commission Expires: 7-29-19
(Affix Seal)

ALAN G. CARPENTER
Notary Public
Iredell County, NC
My Commission Expires: 07/29/2019

Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that

personally appeared before me this day and acknowledged the due execution of the foregoing instrument for the purposes therein expressed. Witness my hand and Notarial stamp or seal this _____ day of _____, _____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

State of _____ - County or City of _____

I, the undersigned Notary Public of the County or City of _____ and State aforesaid, certify that

_____ personally came before me this day and acknowledged that he is the _____ of _____, a North Carolina or _____ corporation/limited liability company/general partnership/limited partnership (strike through the inapplicable), and that by authority duly given and as the act of such entity, he signed the foregoing instrument in its name on its behalf as its act and deed. Witness my hand and Notarial stamp or seal, this _____ day of _____, _____.

My Commission Expires: _____
(Affix Seal)

Notary Public
Notary's Printed or Typed Name

EXHIBIT A

BEGINNING at a stake, said stake being located 703.92 feet, North 87 deg. 46 min. East from the South end of a concrete hand rail on the bridge crossing Third Creek on U.S. Highway No. 21; thence North 16 deg. 23 min. West 329.95 feet to a point in the center of Third Creek, said point being indicated by a stake located 40 feet South 16 deg. 23 min. East from the center of said Third Creek; thence with the center of said Third Creek as follows: North 59 deg. 2 min. East 216.50 feet to an iron pin, and thence South 55 deg. 13 min. 30 sec. East 244.21 feet to a point; thence South 75 deg. 53 min. East 139.51 feet to a point in Third Creek; thence South 4 deg. 56 min. East 132.35 feet to a stake located near a manhole in the Third Creek sewer line; thence with H. H. Crouch's new line, South 74 deg. 23 min. 30 sec. West 456.94 feet to the BEGINNING, containing 3.17 acres, more or less, according to a survey prepared by Robert J. Lackey, Registered Surveyor, on August 7, 1974, and being a portion of that property (Tract 3) conveyed to Roy Clifford Crouch (now deceased) by deed of Roy Clifford Crouch and wife, Betty Lippard Crouch, dated February 24, 1981, and recorded in Deed Book 661, page 29, in the Iredell County Registry. For back title, see Deed Book 1615, Page 136 and Deed Book 561, page 451, Iredell County Registry.

SAVING AND EXCEPTING any and all interests conveyed in the Deed For Highway Right of Way recorded in Deed Book 2523, page 999, Iredell County Registry.

PIN: 4733-94-8047

Property Address: 138 Foggy Bottom Lane, Statesville, NC 28677

By acceptance of this deed, the Grantee acknowledges:

a. That the Deed For Highway Right of Way recorded in Deed Book 2523, page 999, Iredell County Registry, conveyed all existing rights of private and public access to the US 21/ NC 115/ Shelton Avenue public road to the North Carolina Department of Transportation, and therefore no right of access to the aforesaid public road is conveyed by the Grantor.

b. That the Grantee, Mackenzie Lewis Warren, has agreed to accept the property in its "as-is, where-is" condition, and waives and releases any claims whatsover regarding the condition of any structures, driveways, fences, or other appurtenances to the property.

c. That there is an existing manufactured home on the property which the Department of Transportation is required to remove. The Grantee acknowledges that Roy Clifford Crouch, Jr. has no responsibility for the removal of the manufactured home.

Mackenzie Lewis Warren

Roy Clifford Crouch Jr.

4733-94-8047

Attention:

Faxed 2/14/18

WELL CONSTRUCTION RECORD

This form can be used for single or multiple wells

For Internal Use ONLY:

1. Well Contractor Information:

Joseph Bailey
Well Contractor Name

3271-A
NC Well Contractor Certification Number

B & Well Drilling Inc
Company Name

2. Well Construction Permit #: 232382 ✓
List all applicable well permits (i.e. County, State, Variance, Injection, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Geothermal (Heating/Cooling Supply)
- ☐ Industrial/Commercial
- ☐ Irrigation
- ☐ Municipal/Public
- ☒ Residential Water Supply (single)
- ☐ Residential Water Supply (shared)

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Aquifer Storage and Recovery
- ☐ Aquifer Test
- ☐ Experimental Technology
- ☐ Geothermal (Closed Loop)
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Groundwater Remediation
- ☐ Salinity Barrier
- ☐ Stormwater Drainage
- ☐ Subsidence Control
- ☐ Tracer
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 2-9-18 **Well ID#**

Roy C. Crouch Jr. Agt
mckenzie Warren

5a. Well Location:

Mack Warren — Facility/Owner Name
House — Facility ID# (if applicable)
138 Foggy Bottom Lane, Statesville, NC — Physical Address, City and Zip
Iredell Co. — County
4733949047 — 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

6. Is (are) the well(s): ☒ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☒ 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. Number of wells constructed: 1-one
For multiple injection or non-water supply wells ONLY with the same construction, you can submit one form.

9. Total well depth below land surface: 465 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 40 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 1/8 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm): 4gpm **Method of test:** Air Lift

13b. Disinfection type: Chlor. Tabs **Amount:** 1 1/2 lbs

14. WATER ZONES

FROM	TO	DESCRIPTION
245 ft.	246 ft.	Small Fracture Zone
450 ft.	451 ft.	" "

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	45 ft.	6 1/4 in.	SDR-21	PVC

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
N/A ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
N/A ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Bentonite	Pour
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
N/A ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	10 ft.	Brown soil and gravel
10 ft.	465 ft.	Granit Rocks
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

Bert Bowyer

22. Certification:

Joseph Bailey — Signature of Certified Well Contractor
2-13-18 — 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 INSTUCTIONS

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:
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.

BB / 1-11-18

North Carolina Division of Public Health
Occupational and Environmental Epidemiology Branch, Epidemiology Section
BIOLOGICAL ANALYSIS REPORT

Private well water information and recommendations

County: Iredell Name: Mackenzie Warren Sample ID Number: 0089001
Location: 138 Foggy Bottom Ln. Reviewer Kayla Wilson

Initial Sample ✓ Confirmation Sample _____

BIOLOGICAL ANALYSIS RESULTS AND RECOMMENDATIONS FOR USES OF YOUR PRIVATE WELL WATER (These recommendations are based on biological analysis only.)

✓ No coliform bacteria were found in your well water. Your water can be used for all purposes including drinking, cooking, washing dishes, bathing and showering.

_____ Total coliform bacteria were detected in the sample which indicates that harmful bacteria from human or animal waste could enter the well. Do not use the water for drinking or cooking unless it has been boiled for 3 minutes. You may use your water for all other purposes including washing dishes, bathing or showering.
_____ Your well water needs to be re-tested to verify that the result is accurate.

_____ Fecal coliform bacteria were detected in the sample. Do not use the water for drinking, cooking, washing dishes, bathing or showering.

If the re-test shows contamination by bacteria contact your local health department for assistance. There may be a problem with the construction of the well, the groundwater source, or operation of the well. The well needs to be inspected by the local health department or a local well contractor to determine the problem with the well and to give guidance on how to correct the problem.

Your well water was tested for biological contaminants (total coliform and fecal coliform bacteria). The results were evaluated using the federal drinking water standards.

Drinking water may contain substances that can occur naturally in water or can be introduced into water from man-made sources. Total coliform bacteria are found in soil and fecal coliform bacteria are found in animal and human waste. Total coliform or fecal coliform bacteria in well water indicate that the well may have structural problems or that the well was not properly disinfected.

If you have been drinking the well water and are pregnant, nursing, have a child in the household under 5 years of age, or immunocompromised (such as an individual with AIDS, cancer, hepatitis, dialysis or surgical procedures) inform your physician of these results at your next visit.

If the contamination continues, you should investigate the possibility of drilling a new well or installing a point-of-entry disinfection unit which can use chlorine, ultraviolet light, or ozone.

For further information please contact your county health department or the Occupational and Environmental Epidemiology Branch at 919-707-5900.

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 - MOOR
610 EAST CENTER AVENUE

MOORESVILLE, NC 28115
EIN:566000309E

COURIER #: 09-08-02

Name of System:
MACKENZIE WARREN

138 FOGGY BOTTOM LN.
STATESVILLE, NC 28677

StarLiMS Sample ID: **ES052418-0089001**

Collected: 05/23/2018 10:10 **Kayla Wilson**
Received: 05/24/2018 08:31 **Angela Heybroek**

ES Microbiology ID:
GPS Number:

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

Well Permit Number: **232382**

Sample Description:
Comment:

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

Test Name: Colilert

Analyte	Test Result	Date
Total Coliform, Colilert	Absent	05/25/2018
E. coli, Colilert	Absent	05/25/2018

Report Date: 05/25/2018

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.

N O R T H C A R O L I N A

nc department of health and human services

Private Well Information and Use Recommendations

For Inorganic Chemical Contaminants

County: Iredell

Name: Mackenzie Warren

Sample ID #: 0048001

Reviewer: Kayla Wilson

TEST RESULTS AND USE RECOMMENDATIONS

1. ☐ Your well water meets federal drinking water standards ***for inorganic chemicals***. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***. You may have other water sampling results that are not taken into account in this report.

2. ☑ The following substance(s) exceeded federal drinking water standards or the North Carolina 2L calculated health levels. The North Carolina Division of Public Health recommends that your well water not be used for drinking and cooking, unless you install a water treatment system to remove the circled substance(s). However, it may be used for washing, cleaning, bathing and showering based on the ***inorganic chemical results only***.

Arsenic	Barium	Cadmium	Chromium	Copper	Fluoride	Lead	Iron	
Manganese	Mercury	Nitrate/Nitrite	Selenium	Silver	Magnesium	Zinc	pH	

3. ☐ a. Sodium levels exceed the U.S. Environmental Protection Agency's (USEPA) Health Advisory level for sodium of 20 mg/l. The North Carolina Division of Public Health recommends that only individuals on no or low sodium restricted diets not use this water for drinking or cooking. It may be used for washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***.

☐ b. Levels over 30 mg/l may pose aesthetic problems such as bad taste, odor, staining of porcelain, etc.

4. ☐ Re-sampling is recommended in _____ months.

5. ☐ Re-sample for lead and /or copper. Take a first draw, 5 minute, and 15 minute sample inside the house (preferably the kitchen) and if possible a first draw, 5 minute and a 15 minute sample at the well head to determine the source of the lead and/or copper.

6. ☐ The following substance(s) exceeded federal drinking water standards. Your water can be used for drinking, cooking, washing, cleaning, bathing, and showering based on the ***inorganic chemical results only***, but aesthetic problems such as bad taste, odor, staining of porcelain, etc. may occur. You may want to install a household water treatment system to address aesthetic problems.

Barium	Cadmium	Chromium	Fluoride	Iron	Magnesium
Manganese	Selenium	Silver	pH	Zinc	

For more information regarding your well water results, please call the North Carolina Division of Public Health at 919-707-5900.

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: KAYLA WILSON

IREDELL CO. ENVIRONMENTAL HEALTH DEPT - MO
610 EAST CENTER AVENUE

MOORESVILLE, NC 28115
EIN: 566000309E

Courier # 09-08-02

Name of System:

MACKENZIE WARREN

138 FOGGY BOTTOM LN
STATESVILLE, NC 28677

StarLiMS ID: **ES052418-0048001**

Date Collected: 05/23/18
Date Received: 05/24/18

Time Collected: 10:10 AM
Collected By: Kayla Wilson

Sample Type: Raw
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt: 3.3

Well Permit #: 232382
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	20		mg/L	
Chloride	6.90	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	0.97	4.00	mg/L	
* Iron	0.58	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	3		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	8.3		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	13.00		mg/L	
Sulfate	6.50	250	mg/L	
Total Alkalinity	66		mg/L	
Total Hardness	59		mg/L	
Zinc	< 0.05	5.00	mg/L	

Report Date: 06/07/2018

Reported By: *Debbie Moncol*