IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Applicant Name	Full Address	Phone Number
Julie Ward	141 River Run Rd	704-252-4095
Name of Owner / Authorized Agent	**Full Address**	**Phone Number**
Tim & Julie Ward	141 River Run Rd	704-252-4095

Property Street Address 141 River Run Rd

Subdivision

Lot Number

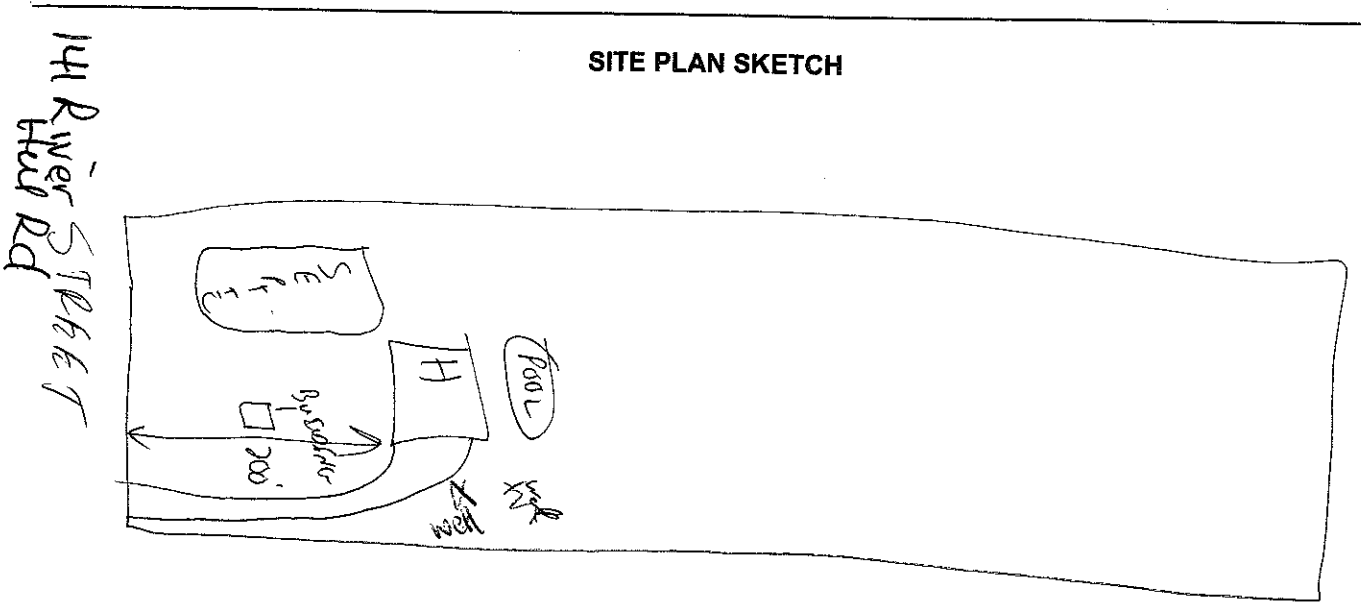
Parcel Identification Number (PIN)

Intended Use of Property

Type of Well Permit (New, Repair, Abandonment)

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.

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

12-17-13

DATE

Health Department Copy - White

Applicant Copy - Yellow

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