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

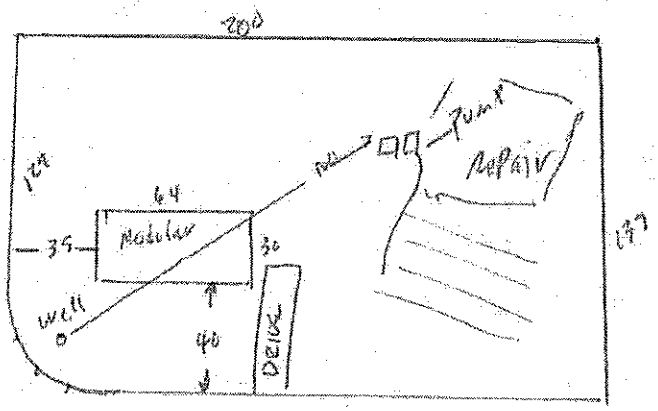
ERIC WARD/FREEDOM HOMES	1124 Charlotte Hwy	704-883-6148
Applicant Name	Street, City, State, Zip	Phone Number
ERIC WARD	1124 Charlotte Hwy	704-528-7960
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number

Lot 8 Boyer DRIVE		Apple Valley	8
Well Site Location Street Address		Subdivision	Lot Number
4743 11 4035 000	Residential	New Well	
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)	

ARLIE LOOP TURN RIGHT ON BOYER Lot is on left 1st one
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



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.

Eric Ward 5-20-15

SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy

AUTHORIZATION TO ACT AS AGENT FOR OWNER

Any application/document/permit requiring a signature must be signed by the property owner or their authorized agent. This form shall be provided by the owner to allow specified individuals to act as agents for the owner. This form allows the specified individuals to sign or receive any application/document/permit on behalf of the owner. This form allows the authorized agent to make decisions on behalf of the owner pertaining to modifications of permits in the field. It is the responsibility of the owner to assure that any/all permit conditions specified on permits issued by this Division are followed.

I, Fox Den Acres Inc., am the legal owner of the property located at Lot #8 Apple Valley, identified as PIN(Parcel Identification Number) 4743114035, located in Iredell County, North Carolina.

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

1. Improvement Permit (IP)/ Authorization to Construct (AC).
2. Application for soil-site evaluation (new/repair).
3. Application/permit for water well/well abandonment.
4. Application for existing system.
5. Application for Improvement Permit (IP)/ Authorization to Construct (AC).

I agree to abide by any and all decisions and/or conditions between the agent acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division. This form must be fully executed before the individual's specified above will be recognized as the authorized agent.

William J Bryant VP. 5/20/15
Signature of Owner Date

Alicia Knight 5/20/15
Signature of Witness Date