4743682529
1.0 acre

Having little problem with water supply.

IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-660-3625 option #3

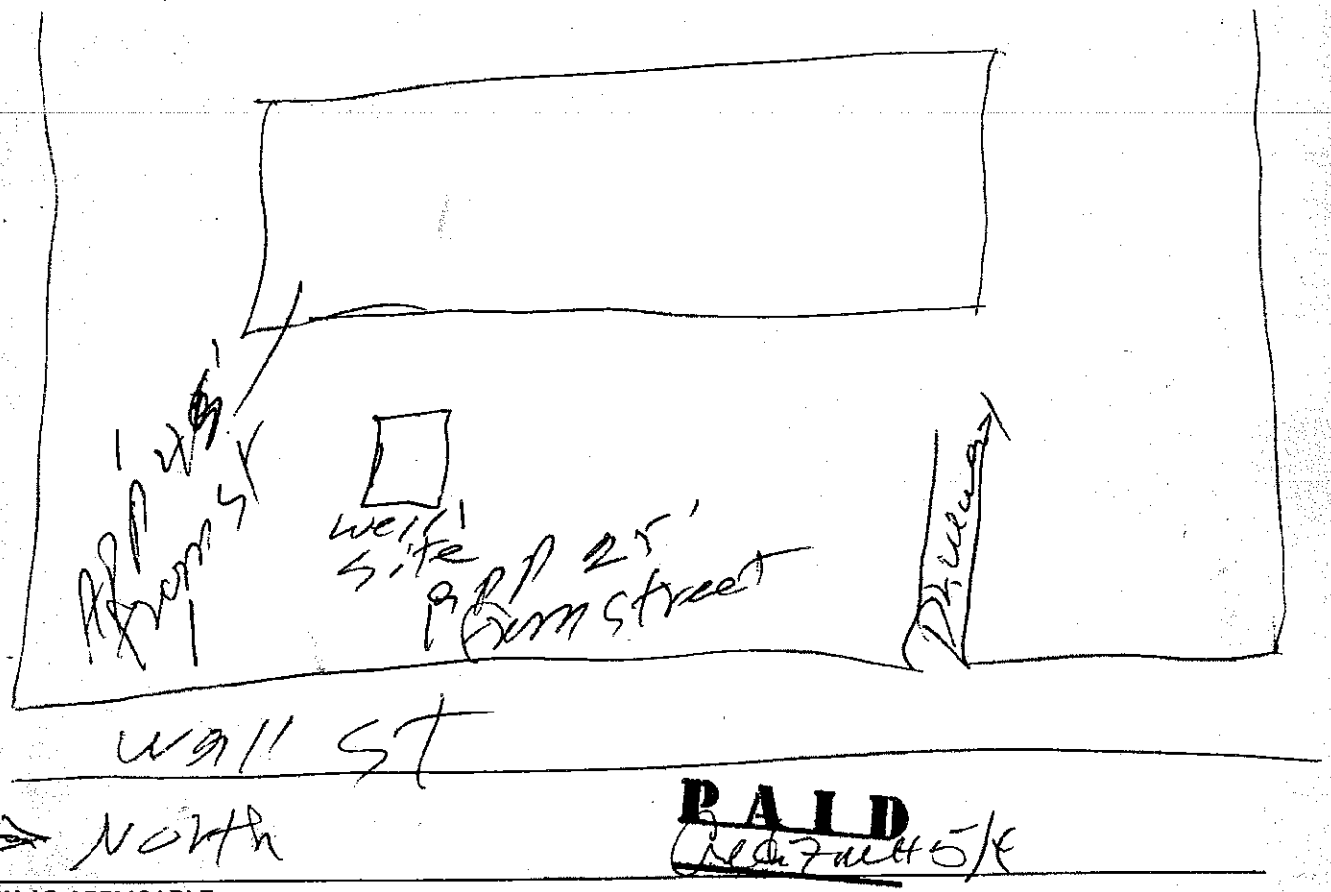
2/18/20

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

James Corpening	1222 Wall St Statesville NC	704-402-4084 704-872-8283
Applicant Name	Street, City, State, Zip	Phone Number
James Corpening	1222 Wall St Statesville NC	704 402-4084 704 872 8283
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number
1222 Wall St Statesville NC		
Well Site Location Street Address	Subdivision	Lot Number
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)
South on Center St. Left on Carnal Bagnal Right on Wall St		
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



PAID
Cash Check #

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.

James Corpening 5-4-15

SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy

V:\FORMS\Well Program Forms\WELL APPLICATION.doc

Justin Henderson

From: kent houpe <khoupe@statesvillenc.net>
Sent: Tuesday, May 12, 2015 2:36 PM
To: Justin Henderson
Subject: FW: 1222 Wall St.

Justin,

We verified the street ROW for Wall Street. It looks like it has a 60' ROW and our line is wholly within the ROW. We do not have any additional easement outside the road ROW.

If you have any questions or need additional information, please give me a call.

Thanks,

F. Kent Houpe, PEM
Electric Utilities Director
City of Statesville
khoupe@statesvillenc.net
Office 704-832-3831
Fax 704-872-7009

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System -- G. S. Chapter 130-Article 13C)

OWNER OR CONTRACTOR James Carpening DATE 5-22-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION 1222 Wall St.

SUBDIVISION NAME _____ S. R. No. _____

LOT NO. _____ SECTION OR BLOCK NO. _____

House (✓) Mobile Home ( ) Business ( ) Other Repair

No. Bedrooms _____ No. Bathrooms _____

Garbage Disposal Unit	Yes ( )	No ( )
Auto. Dishwasher	Yes ( )	No ( )
Auto. Wash. Machine	Yes ( )	No ( )
Site Suitable	Yes ( )	No ( )

Lot Area _____

Character & Porosity of Soil _____

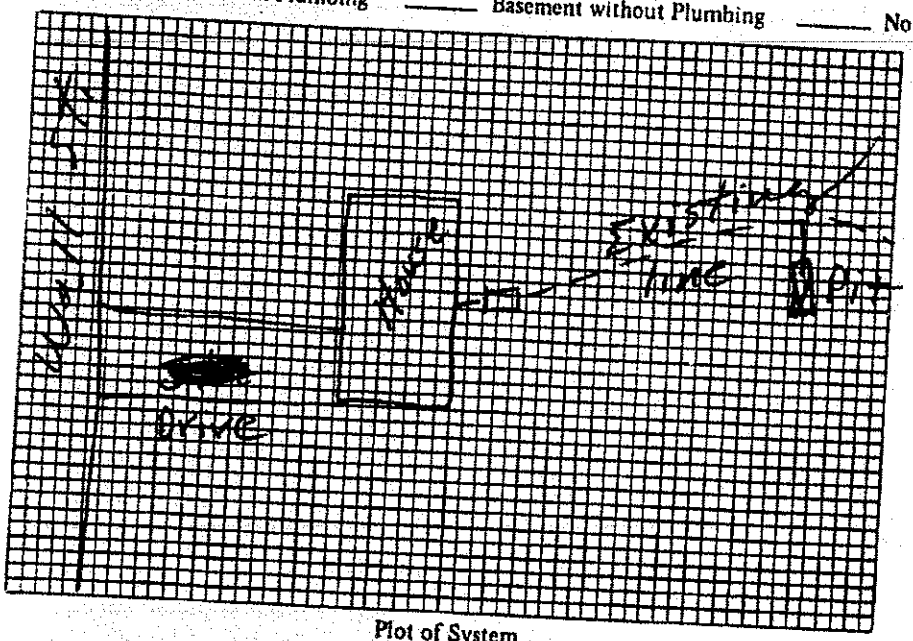
Percolation Rate _____

Topography _____

Depth to Water Table _____

Rock or other impervious formations _____

_____ Basement with Plumbing _____ Basement without Plumbing _____ No Basement



Plot of System

Size of Tank Existing Gals.

Nitrification Field:

No. of Lines _____

Sq. Ft. _____ Linear Ft. _____

Depth of Stone in Lines _____

Water Supply: Individual ( )

Public ( )

16 Ton Pit

Installed by A A A Enterprises

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY L. C. Moore

COMMENTS: _____

CERTIFICATE OF COMPLETION BY _____

EXISTING SYSTEM CHECKED BY: L. C. Moore DATE 5-22-85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. DATE _____

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold