IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

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

20092

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Kristin Dubrinski 163 Lilac Mist Loop Mooresville 28115 704.746-5372
Applicant Name — Street, City, State, Zip — Phone Number

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

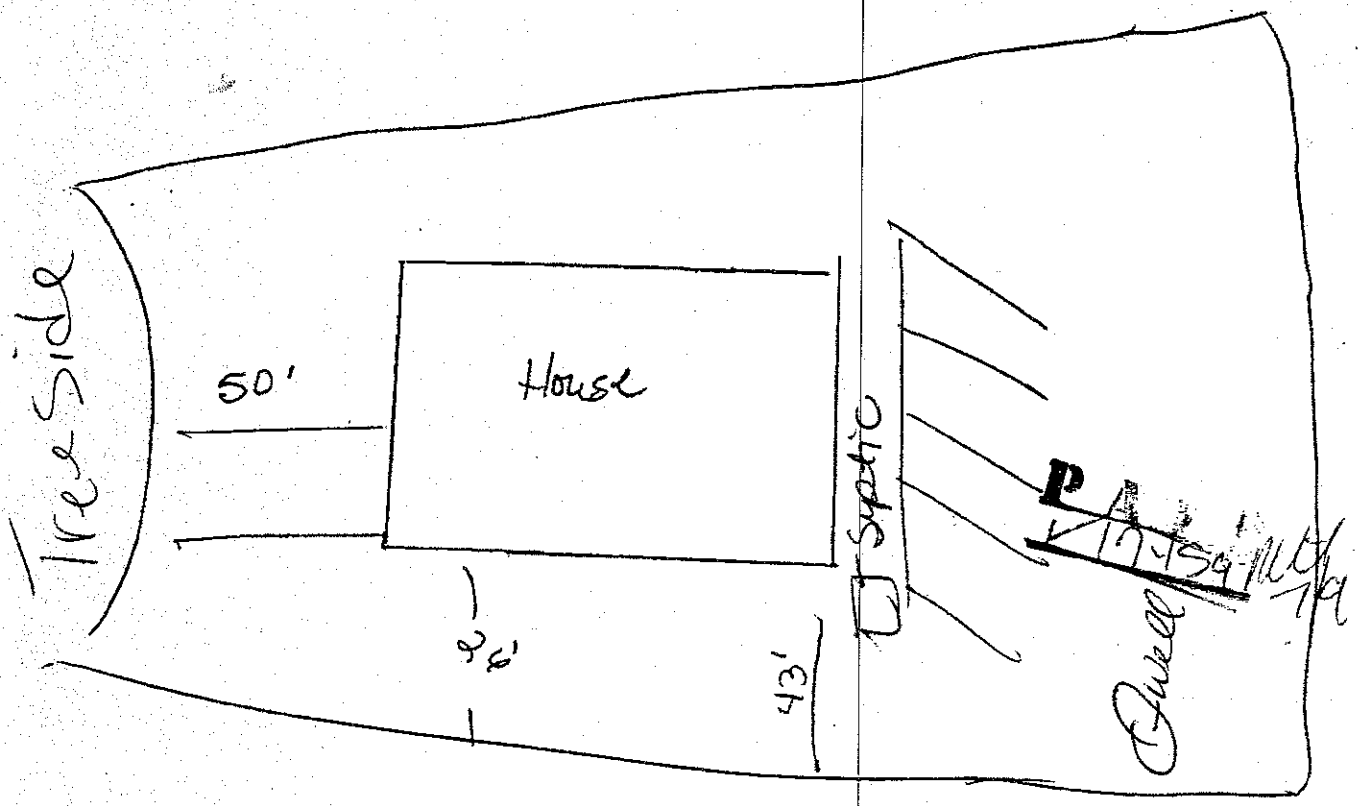
108 Treeside Ct Troutman, NC 28166 Kelly Farmstead
Well Site Location Street Address — Subdivision — Lot Number

Home — New
Parcel Identification Number (PIN) — Intended Use of Property — Type of Well Permit (New, Repair, Abandonment)

115 (R) Ostwalt Amity (L) Pitch (L)
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.

Kristin Dubrinski — 7/9/15
SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE

White Copy – Environmental Health — Yellow Copy – Applicant Copy

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