203909

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
Deborah D. Jakielski	171 Lansing Circle, Apt. D Mooresville NC 28115	704-402-4104

Name of Owner / Authorized Agent	Full Address	Phone Number
Same		

Property Street Address	Subdivision	Lot Number
144 Crestview Acres Rd. Statesville, NC 28677	Crest View Acres I	42

Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)
4752-85-7173	Home	(New)

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

See attached

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.

Deborah D. Jakielski — June 9, 2014

SIGNATURE OF OWNER OR AUTHORIZED AGENT **DATE**

Health Department Copy - White Applicant Copy - Yellow