# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

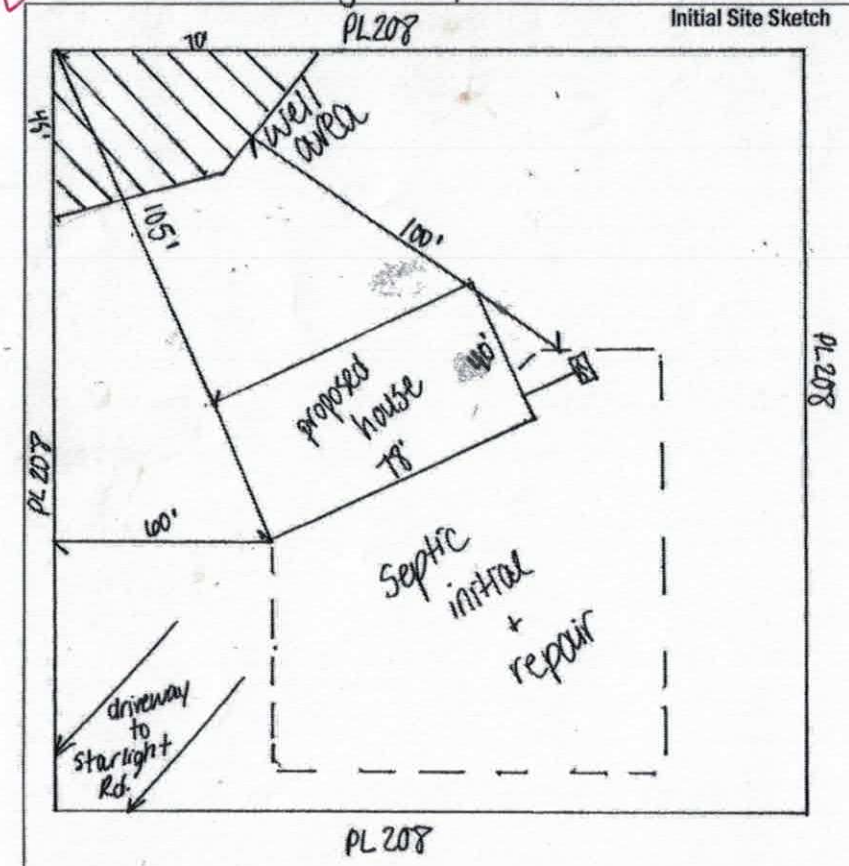
**PRIVATE DRINKING WATER WELL PERMIT #** 222246 **PIN #** 4761170195 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT/OWNER NAME: Devin Larkin / Freedom Homes ADDRESS: 1124 Charlotte Hwy Troutman PHONE: 704-881-2326

DIRECTIONS TO SITE: 77S exit 45 → L on Amity Hill Rd → L on Starlight Rd → on right.

SITE ADDRESS: 202 Starlight Rd, Statesville SUBDIVISION: — SECTION/LOT: —

Initial Site Sketch




**GROUTING RESULTS**

Total Depth Still Drilling

Depth of Casing 70

Yield _____

Notes: 27 ft Grout

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NCDC well rules.

WELL PERMIT ISSUED BY: Carlee C. Cave DATE: 2/21/18 (Permit is valid for 5 years from date issued. This permit may be revoked if it is determined there has been a material change in any fact or circumstance upon which the permit is issued. Actions of the employees of the Iredell County Health Department shall in no way be taken as a guarantee that this well will produce water of any particular quantity or quality or for any amount of time. Employees of the Iredell County Health Department assume no liability for any damages, either direct or consequential which may be caused by this well.)

Well Contractor: Chad Julian Mid-South CONTRACTOR CERT #: 2344-A GROUT INSPECTION BY: Benjamin Bottoms DATE: 5-2-18

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Kayla Watson DATE: 5-8-18

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☑ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☑ SAMPLE PORT ☑

ACCESS PORT / VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: Carlee C Cave DATE: 5/29/18 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*APPLICATION FORM*

*needs drawing

**Application For:** (X) New Well Permit ( ) Well Repair Permit ( ) Well Abandonment
( ) Septic Improvement Permit ( ) Authorization to Construct ( ) Existing System Inspection ( ) Septic System Repair

*THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED. APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS.*

**Page 2: *Site Plan Worksheet* form MUST accompany this application**

The following optional attachments may also be submitted: ( ) Survey Plat, scaled no more than 1 inch = 60 feet
*Place an (X) beside whichever is submitted if applicable* ( ) Custom Site Plan, scaled no more than 1 inch = 60 feet

**Applicant Information:** (PRINT CLEARLY)

Applicant Name: Kimberly Sneed / Freedom Homes Address: 1124 Charlotte Hwy Troutman Zip: 28166
Applicant Email: kimsneed.sneed04@gmail Phone: 704-881-2326 Alt. Phone: _____
Owner Name: Dana M Larkin Address: 202 Starlight Rd Statesville Zip: 28677
Owner Email: _____ Phone: 704-402-0181 Alt. Phone: _____

**Property Information:**

Street Address: 202 Starlight Rd Statesville, NC 28677
Subdivision Name: _____ Section/Phase: _____ Lot Number: _____
Driving Directions: I-77 S toward Charlotte, 8.4 miles Exit 45 @ Amity Hill 2.9mi; turn R. onto Starlight Rd, 4miles Destination on right

**Site Development Information:** *(check or complete ALL that apply)*

(X) New Single Family Residence
( ) New Multi-Family Residence
( ) Accessory Building
( ) Bedroom(s) Addition
( ) Repair to failing septic system ___ Tank ___ Drain lines Describe Problem: _____
Maximum Number of Bedrooms: 4
Maximum Number of Occupants: 7
( ) Swimming Pool
( ) Other Addition/Structure: _____

CHECK FOUNDATION TYPE
(X) Crawl Space Foundation
( ) Concrete Slab Foundation
( ) Basement with Plumbing
( ) Basement without Plumbing

Non-Residential Site Development: Type of Business: _____
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

**Water Supply:** ( ) Replacement Well – Reason: _____
( ) Multi-connection Well Number of Houses: _____ Number of Persons: _____
(X) New Well ( ) Existing Well ( ) Community Well ( ) City Water ( ) Other Public Water

**Desired Septic System Type:** *(you may rank in order of preference)* Year existing system installed: _____
( ) No Preference ( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other: _____

**Please answer the following to the best of your ability:**
( ) Yes (X) No Does the site contain any jurisdictional wetlands?
( ) Yes (X) No Is any non-domestic sewage (i.e. industrial) to be generated?
( ) Yes (X) No Is the site subject to approval by any other public agency?

*I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that 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 evaluation can be performed.*

**Signature:** Kimberly Sneed 11-13-17
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE



- back behind trailer w/ pool
- square in the middle of a field

$ 195 Inclerages needs sealed - electrical 132-00070 857

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

## DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

*Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship*

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Devin Lartin, am the legal owner(s) of the property located at 202 Starlight Rd Statesville NC 28677, identified as PIN (Parcel Identification Number) 4764-17-1430, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Kimberly Sneed, Freedom Homes, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

| Signature of Owner(s) | Date | Signature of Witness | Date |
|---|---|---|---|
| [signature] | 8-21-17 | [signature] | 8-21-17 |

Please return this signed form to the appropriate office:

**Mooresville - Environmental Health**
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

**Statesville - Environmental Health**
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677

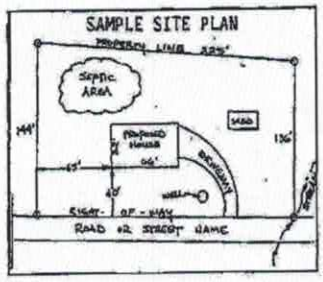
# IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

*SITE PLAN WORKSHEET*

**SEE THE "SAMPLE SITE PLAN" BELOW. *INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM OR WELL PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

- (X) Property Line measurements are clearly identified
- (X) All proposed structures are indicated
- (X) Front and side setbacks from property line
- (X) Preferred driveway location
- (X) Preferred well location
- (X) Preferred septic system location
- ( ) North arrow, or other sufficient indicator of direction

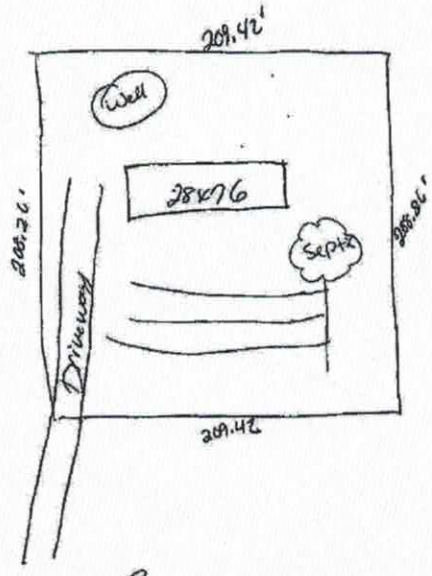



Circle N/A on the following if appropriate:

- Location of septic systems and wells within 100' of your property (N/A)
- Location of easements and rights of ways on your property (N/A)
- Location of any designated wetlands on the property (N/A)

## USE THIS SPACE TO DRAW YOUR SITE PLAN

*Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site*




**Signature:** Kimberly Senecal
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

11-13-17
DATE

# IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 222246

## IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN #

APPLICANT: Ashley Nail APPLICANT ADDRESS: 202 Starlight Rd. Statesville, NC 28677

SITE ADDRESS: 202 Starlight Rd. Statesville, NC 28677 PHONE: 704-397-6736 ALT. PHONE: 704-402-0181

SITE DIRECTIONS: Oswalt Amity Rd East from Trantman → L on Amity Hill Rd → R on Starlight Rd → Property on R @ End.

SUBDIVISION: — SECTION: — LOT #: — LOT AREA: 1.00 DESIGN FLOW: 480 GPD L.T.A.R.:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Septic Tank | 1000 (gal) | STB | | Date | | | |
| Pump Tank | — (gal) | PT | — | Date | — | | |
| Pump Make | — | Model | — | Serial # | — | | |
| # Nitrification Fields | 1 | # Lines | 4 | Linear Ft: | 400 | | |
| Trench Width | 36" | Max. Trench Bottom Depth | 34"-36" High side | Gravel Depth | — | | |

☒ New System ☐ Repair ☐ Expansion System Type: I II (III) IV V VI

System Description: 25% Reduction

Repair System Description: LP-PPBPS - 50% Reduction

Maintenance Agreement Required: ☐ YES ☒ NO

☒ GRAVITY ☐ PRESSURE

☒ Residence ☐ Business ☐ Other ☐ Slab ☐ Basement w/plumbing

No. Bedrooms 4 No. Persons 8 No. Employees — ☒ Crawl Space

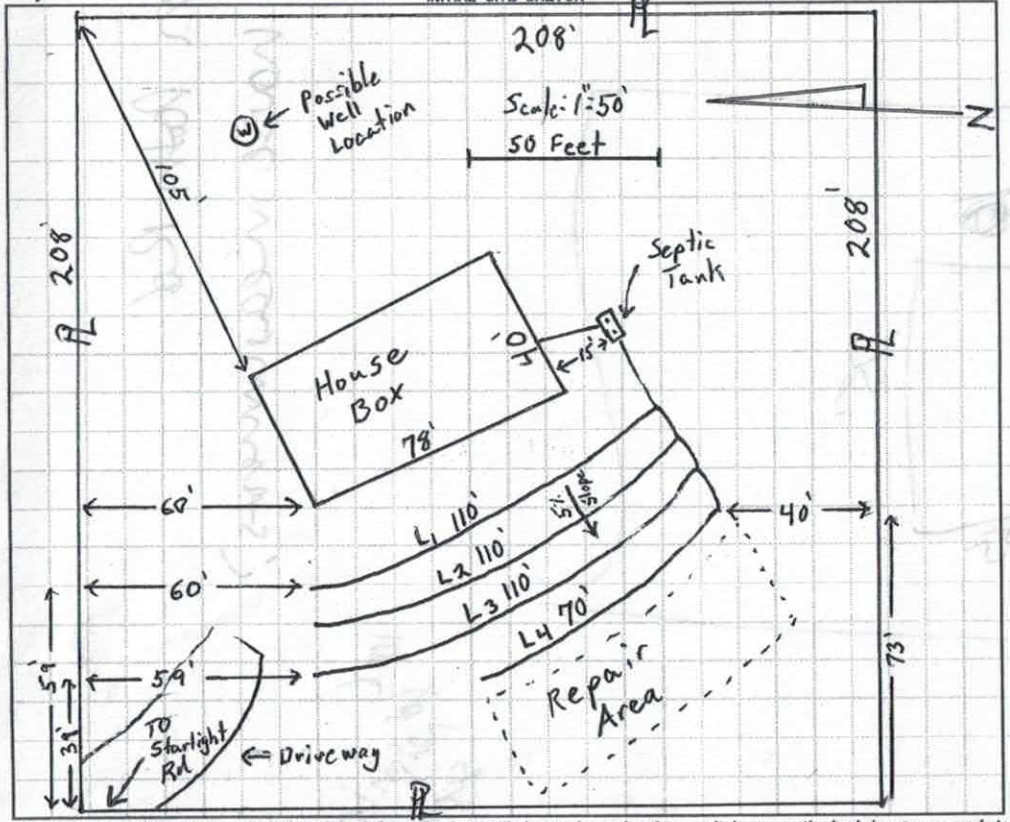
Water Supply: ☒ Private ☐ Public ☐ Community

☐ Basement w/o plumbing

Comments / Conditions: Follow all N.C. Septic rules. Recommend pumping septic tank every 3-5 years. Prior to qualifying for AC, a copy of the recorded plat (with deed book + page number) must be provided to the health department

exactly matching information already submitted + taken from field observations.
7/12/17: Deed + House plans provided.

INITIAL SITE SKETCH




AS BUILT SKETCH

Owner/Applicant Ashley Nail

EHS Shuck Approved

Amount Owed $ ~~$100~~ (1 revisit)

*Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system.* **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Ashley D Nail Date: 8-4-17 Installed by:

IMPROVEMENT PERMIT by: Tom Shuck Date: 1/3/2017 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Tom Shuck Date: 7/12/2017 Existing System Inspected by: Date:

Health Dept. Copy - WHITE Applicant (Final Approval) - YELLOW Applicant (Conditional Approval) - PINK

# WELL CONSTRUCTION RECORD (GW-1)

**1. Well Contractor Information:**

Chad Julian
Well Contractor Name

A-2344
NC Well Contractor Certification Number

Mid South Well & Pump Company LLC
Company Name

**2. Well Construction Permit #:** 222246
*List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)*

**3. Well Use (check well use):**

**Water Supply Well:**
- [ ] Agricultural
- [ ] Municipal/Public
- [ ] Geothermal (Heating/Cooling Supply)
- [x] Residential Water Supply (single)
- [ ] Industrial/Commercial
- [ ] Residential Water Supply (shared)
- [ ] Irrigation

**Non-Water Supply Well:**
- [ ] Monitoring
- [ ] Recovery

**Injection Well:**
- [ ] Aquifer Recharge
- [ ] Groundwater Remediation
- [ ] Aquifer Storage and Recovery
- [ ] Salinity Barrier
- [ ] Aquifer Test
- [ ] Stormwater Drainage
- [ ] Experimental Technology
- [ ] Subsidence Control
- [ ] Geothermal (Closed Loop)
- [ ] Tracer
- [ ] Geothermal (Heating/Cooling Return)
- [ ] Other (explain under #21 Remarks)

**4. Date Well(s) Completed:** 5-3-18 **Well ID#** _____

**5a. Well Location:**

Freedom Homes
Facility/Owner Name — Facility ID# (if applicable)

202 Starlight Road Statesville, NC
Physical Address, City, and Zip

Iredell County — 4761170195
County — Parcel Identification No. (PIN)

**5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:**
(if well field, one lat/long is sufficient)

_____ N _____ W

**6. Is(are) the well(s):** [x] Permanent or [ ] Temporary

**7. Is this a repair to an existing well:** [ ] Yes or [x] No
*If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.*

**8. For Geoprobe/DPT or Closed-Loop Geothermal Wells** having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

**9. Total well depth below land surface:** 505 (ft.)
*For multiple wells list all depths if different (example- 3@200' and 2@100')*

**10. Static water level below top of casing:** 57 (ft.)
*If water level is above casing, use "+"*

**11. Borehole diameter:** 6 (in.)

**12. Well construction method:** Air Rotary
(i.e. auger, rotary, cable, direct push, etc.)

**FOR WATER SUPPLY WELLS ONLY:**

**13a. Yield (gpm):** 1 1/2 **Method of test:** Air

**13b. Disinfection type:** Granular **Amount:** 302.

For Internal Use Only:

**14. WATER ZONES**

| FROM | TO | DESCRIPTION |
|---|---|---|
| ft. | ft. | |
| ft. | ft. | |

**15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)**

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---|---|---|---|---|
| 0 ft. | 81 ft. | 6 1/4 in. | SDR 21 | PVC |

**16. INNER CASING OR TUBING (geothermal closed-loop)**

| FROM | TO | DIAMETER | THICKNESS | MATERIAL |
|---|---|---|---|---|
| ft. | ft. | in. | | |
| ft. | ft. | in. | | |

**17. SCREEN**

| FROM | TO | DIAMETER | SLOT SIZE | THICKNESS | MATERIAL |
|---|---|---|---|---|---|
| ft. | ft. | in. | | | |
| ft. | ft. | in. | | | |

**18. GROUT**

| FROM | TO | MATERIAL | EMPLACEMENT METHOD & AMOUNT |
|---|---|---|---|
| 0 ft. | 20 ft. | Bentonite | 12 Bags poured |
| ft. | ft. | | |
| ft. | ft. | | |

**19. SAND/GRAVEL PACK (if applicable)**

| FROM | TO | MATERIAL | EMPLACEMENT METHOD |
|---|---|---|---|
| ft. | ft. | | |
| ft. | ft. | | |

**20. DRILLING LOG (attach additional sheets if necessary)**

| FROM | TO | DESCRIPTION (color, hardness, soil/rock type, grain size, etc.) |
|---|---|---|
| 0 ft. | 41 ft. | red clay |
| 41 ft. | 76 ft. | Weathered rock |
| 76 ft. | 505 ft. | Grey Granite |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |
| ft. | ft. | |

**21. REMARKS**

**22. Certification:**

_____ 5-3-18
Signature of Certified Well Contractor — Date

*By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.*

**23. Site diagram or additional well details:**
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

**SUBMITTAL INSTRUCTIONS**

**24a. For All Wells:** Submit this form within 30 days of completion of well construction to the following:

**Division of Water Resources, Information Processing Unit,**
**1617 Mail Service Center, Raleigh, NC 27699-1617**

**24b. For Injection Wells:** In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

**Division of Water Resources, Underground Injection Control Program,**
**1636 Mail Service Center, Raleigh, NC 27699-1636**

**24c. For Water Supply & Injection Wells:** In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.