ICHD–Environmental Health Division

Statesville Office (704) 878-5305 x3456 Mooresville Office (704) 660-3625

PERMIT # AP 324874

PRIVATE DRINKING WATER WELL PERMIT PIN # 4761 -- 23 -- 1771

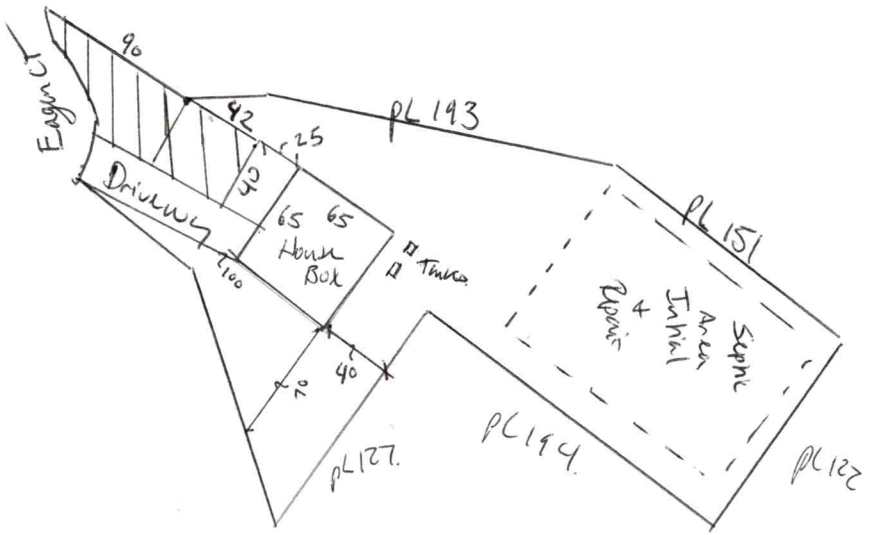
Type of Permit (circle one): (New) Repair Abandonment

APPLICANT/OWNER NAME: Sara Brink ADDRESS: 2649 Breakridge PHONE:

DIRECTIONS TO SITE: Stewart Amity Rd to Wheatfield to Eagen CT

SITE ADDRESS: 109 Eagen CT Statesville NC 28677 SUBDIVISION: Wheatfield SECTION/LOT: 1 -- 6

Initial Site Sketch



1 = 100

CALL 704-664-3703 for Grout or Well Head Inspections

ROUTING RESULTS

Total Depth

Depth of Casing 61'

Yield

Notes:

E-MAILED 3/29/22

PERMIT CONDITIONS/COMMENTS: Drill in well area Maintain 25ft from any building Foundation. Follow all NCDC well Rules.

WELL PERMIT ISSUED BY: Benjamin A Bates DATE: 3/29/22 (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: Brad Julian- Midsouth CONTRACTOR CERT #: 4578A GROUT INSPECTION BY: D Nieben DATE: 9/14/22

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: DATE: WELL HEAD INSPECTION BY: Sydney Hetland DATE: 9-21-22

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: Sydney Hetland DATE: 11/2/22 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

RECEIVED FEB 01 2022

IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

APPLICATION FORM AP-324874 $550.00

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: MRS. SARA BRINK Address: 2649 BREWBRIDGE CENTRE DR. Zip: 28110
Applicant Email: SJBRINKC TRUEHOMES.COM Phone: 980-313-3316 Alt. Phone: SAME
Owner Name: MRS. SARA BRINK, TRUEHM Address: 2649 BREWBRIDGE CENTRE DR. Zip: 28110
Owner Email: SJBRINKC TRUEHOMES.COM Phone: 980-313-3316 Alt. Phone: _____

Property Information:

Street Address: 109 Eaglin Ct, Statesville, NC 28677
Subdivision Name: WHEATFIELD SUBDIVISION Section/Phase: — Lot Number: 6
Driving Directions: on West Front → R on Wheatfield → on R.

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: 3
Maximum Number of Occupants: 6
( ) Swimming Pool
( ) Other Addition/Structure: _____
Non-Residential Site Development: Type of Business: NR
Square Footage of Building: _____ Max. Number of Employees: _____ Max. Number of Seats/Beds/Other: _____

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

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 ( ) 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: _____ 1/31/2022
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

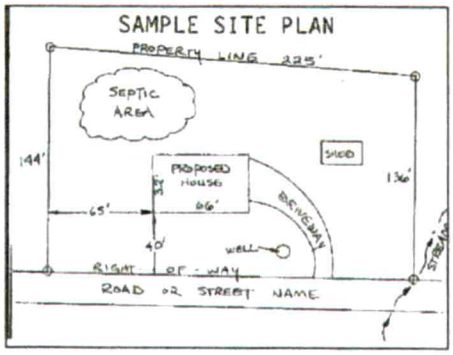
IREDELL COUNTY DEPARTMENT of ENVIRONMENTAL HEALTH

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:

- (✓) **Property Line measurements are clearly identified**
- (✓) **All proposed structures are indicated**
- (✓) **Front and side setbacks from property line**
- (✓) **Preferred driveway location**
- (✓) **Preferred well location**
- (✓) **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

SEE ATTACHED

Signature: _____

Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

1/31/2022

DATE

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

(Check and sign only ONE of the options below)

1. * APPLICANT AND OWNER ARE THE SAME. * *(Sign here)* _____

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.

2. I, MRS SARA BRIMC TRUSTEE, am the legal owner(s) of the property located at 109 Eagle Ct, STATESVILLE, NC 28677, identified as

PIN (Parcel Identification Number) 4761231771 LOT 6, located in Iredell County, North Carolina.

I do hereby authorize (**print legal representative/company name**) Septic Environmental, MR Kenneth Owens, 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

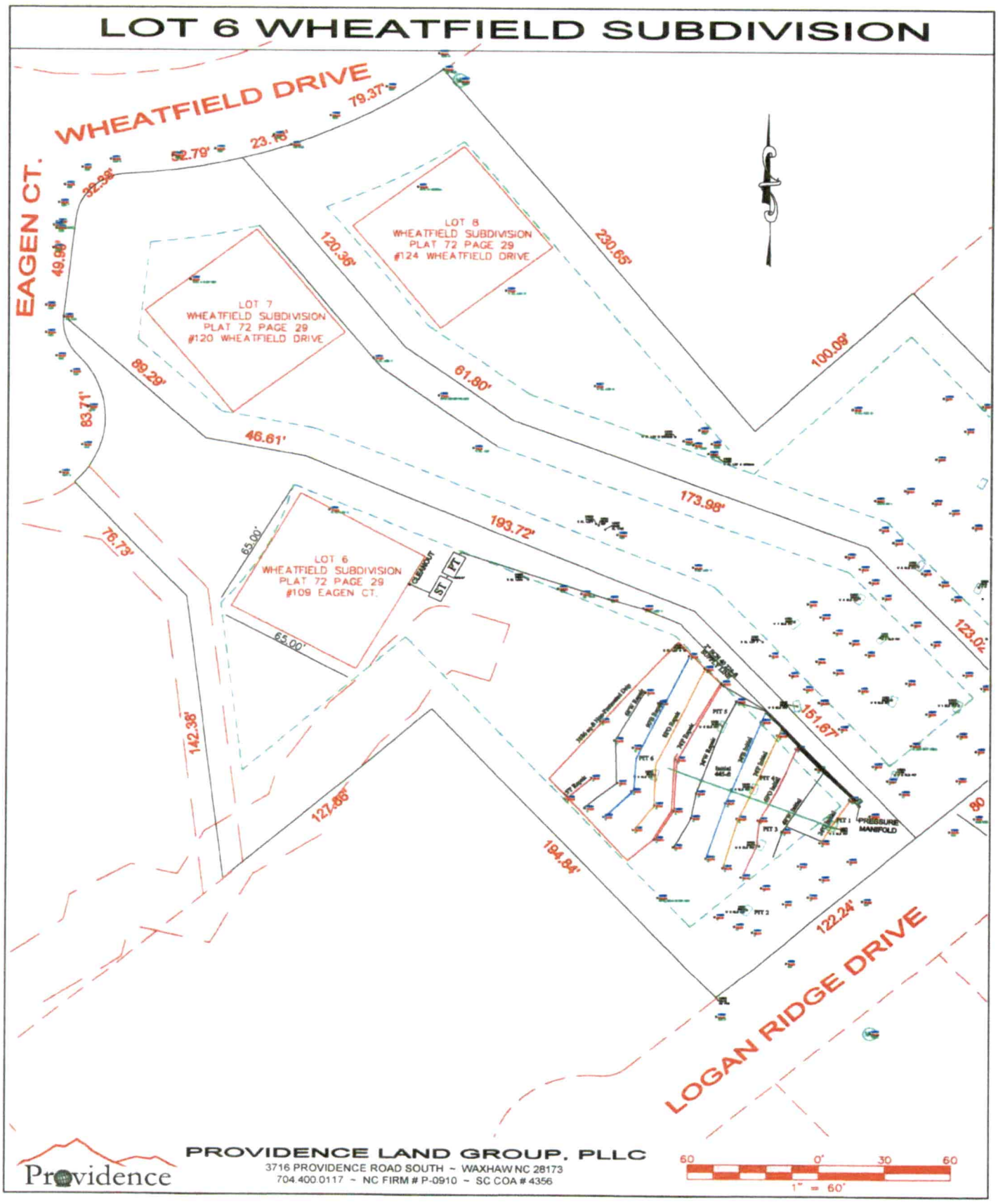
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

* _____ 1/31/2022

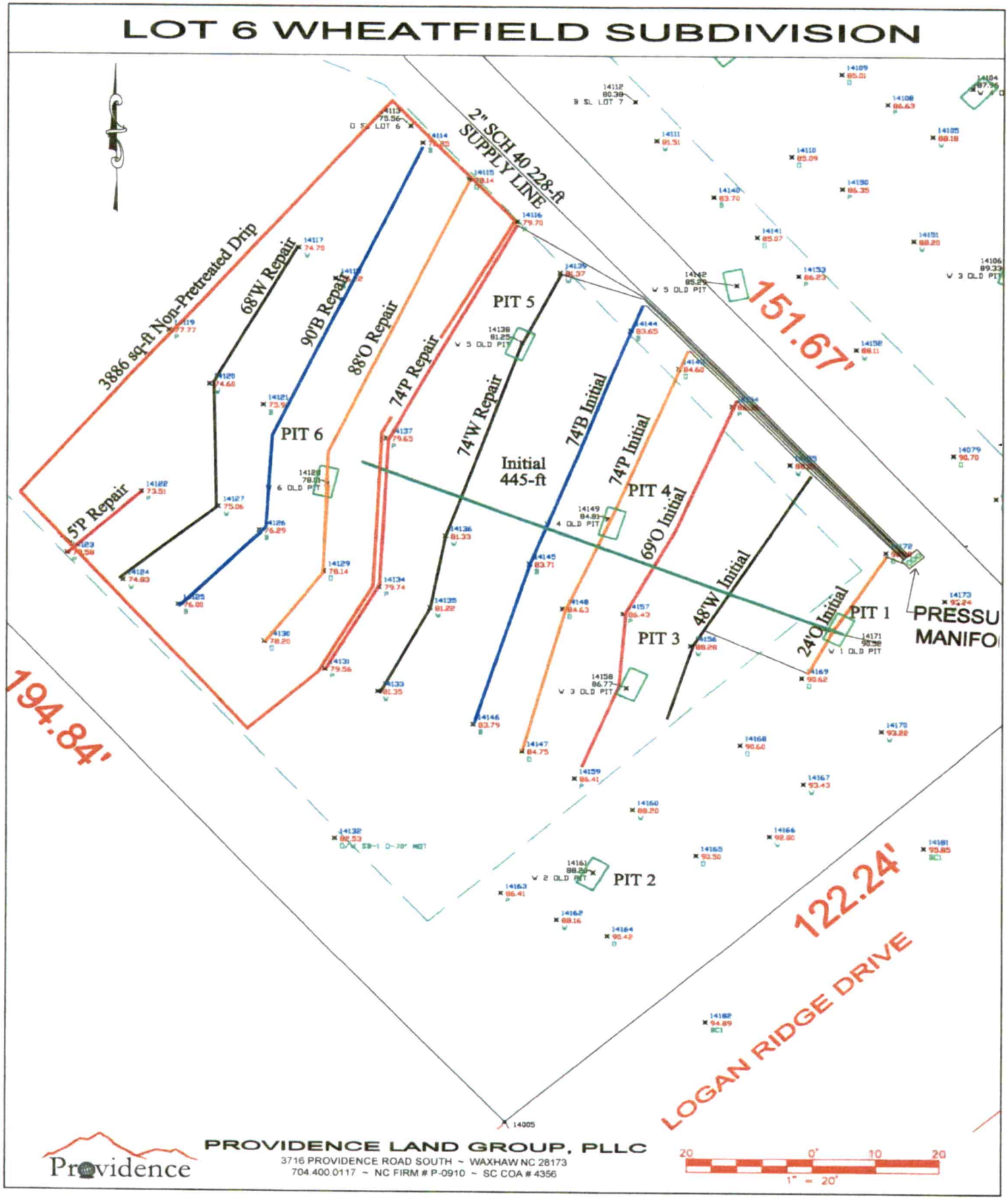
Signature of Owner(s) Date

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


LOT 6 WHEATFIELD SUBDIVISION
WHEATFIELD DRIVE
EAGEN CT.
LOGAN RIDGE DRIVE
LOT 8
WHEATFIELD SUBDIVISION
PLAT 72 PAGE 29
#124 WHEATFIELD DRIVE
LOT 7
WHEATFIELD SUBDIVISION
PLAT 72 PAGE 29
#120 WHEATFIELD DRIVE
LOT 6
WHEATFIELD SUBDIVISION
PLAT 72 PAGE 29
#109 EAGEN CT.
79.37'
52.79'
23.76'
32.95'
49.90'
120.36'
230.65'
100.09'
89.29'
61.80'
83.71'
46.61'
173.98'
193.72'
76.73'
65.00'
65.00'
123.04'
151.67'
142.38'
127.88'
194.84'
122.24'
80'
PRESSURE MANIFOLD
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356
60 0' 30 60
1" = 60'

LOT 6 WHEATFIELD SUBDIVISION



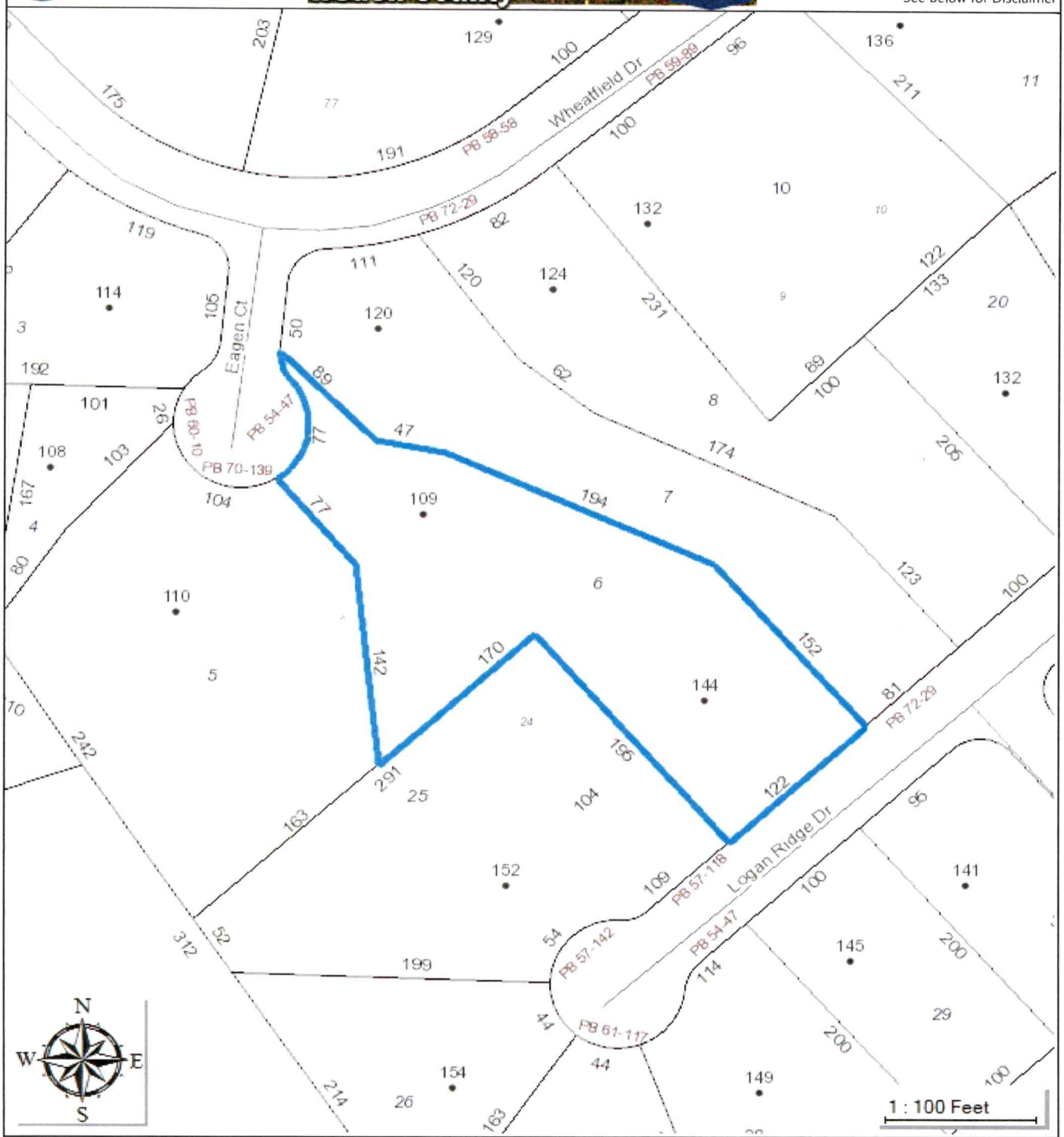
PROVIDENCE LAND GROUP, PLLC
3716 PROVIDENCE ROAD SOUTH ~ WAXHAW NC 28173
704.400.0117 ~ NC FIRM # P-0910 ~ SC COA # 4356

20 0' 10 20
1" = 20'

CONNECTGIS WEB HOSTING

North Carolina Iredell County

Iredell
Printed March 29, 2022
See Below for Disclaimer



The maps prepared for this website are generated from recorded deeds, plats, and other public records. Users of these maps are hereby notified that the information provided herein should be verified. Iredell County assumes no legal responsibilities for any of the information contained on this site. Users are advised that the use of any of this information is at their own risk. All maps on this site were prepared using a 1000â€™ Grid based upon the North Carolina State Plane Coordinate System from the 1983 North American Datum. The delinquent real property tax overlay is updated monthly. The information presented is not intended to be used or relied upon as official notice of tax liens. For additional information regarding delinquent taxes, contact the Iredell County Tax Collector's Office.

Entered

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only: Wheatfield Lot #6 P1 Sht 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 #: 324874
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

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

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

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

4. Date Well(s) Completed: 9/21/22 **Well ID#** _____

5a. Well Location:
Sara Brink
Facility/Owner Name
Facility ID# (if applicable)
109 Eagen CT, Statesville
Physical Address, City, and Zip
Iredell
County
4761-23-1771
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: 1

9. Total well depth below land surface: 205 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 31 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6 1/4 (in.)

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

FOR WATER SUPPLY WELLS ONLY:
13a. Yield (gpm) 12 Method of test: Air
13b. Disinfection type: Granular Amount: 1002

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.	61 ft.	6 1/4 in.	SDR21	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.	30 ft.	clay
30 ft.	56 ft.	weathered Rock
56 ft.	205 ft.	granite
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:
Signature of Certified Well Contractor — 9/21/22 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.