231709 KW picked up 2/12/18 in Mail

# IREDELL COUNTY HEALTH DEPARTMENT

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

**PRIVATE DRINKING WATER WELL PERMIT #** ~~21443~~ **PIN #** 4761987768 **Type of Permit (circle one):** New Repair Abandonment

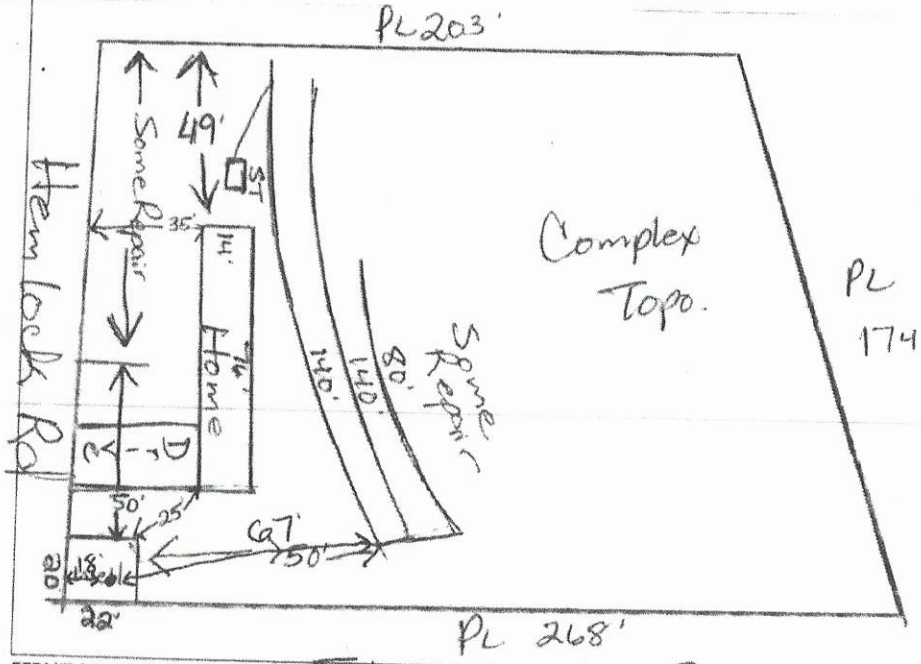
APPLICANT/OWNER NAME: Scott Westmoreland ADDRESS: 71 Glenhill Ln Hiddenite, NC PHONE: 704 819-6415

DIRECTIONS TO SITE: Hwy 21 N TR Oswalt Amity Rd TL Hemlock on left

SITE ADDRESS: 300 Hemlock Rd Clarkland, NC SUBDIVISION: Westmoreland ridge SECTION/LOT: 2

Initial Site Sketch

Scale 1:50




**GROUTING RESULTS**

Total Depth 205'

Depth of Casing 82'

Yield 60gpm

Notes: grout: 29'

GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow NC rules for New well Construction. Use minimum of 35ft casing

WELL PERMIT ISSUED BY: Maria Lotson DATE: 2/7/18 (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 W/ Mid South CONTRACTOR CERT #: 2344-A GROUT INSPECTION BY: Maria Lotson DATE: 2-7-19

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Cary Whitworth DATE: 3/5/21

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: _____ DATE: _____ 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

not rec'd (requested)

*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: Scott Westmoreland Address: 71 Glenn Hill Lane Hiddenite NC Zip: 28636

Applicant Email: Scott@solidrockstructural.com Phone: 704-819-6415 Alt. Phone: _____

Owner Name: Scott Westmoreland Address: 71 Glenn Hill Lane Hiddenite NC Zip: 28636

Owner Email: Scott@solidrockstructural.com Phone: 704-819-6415 Alt. Phone: _____

**Property Information:**

Street Address: 300 Hemlock RD Cleveland NC

Subdivision Name: Westmoreland Ridge Section/Phase: _____ Lot Number: 2

Driving Directions: HWY 21 N - ~~Right~~ on Oswalt Amity - Left on Hemlock

**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: _____

**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: _____

(X) 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.*

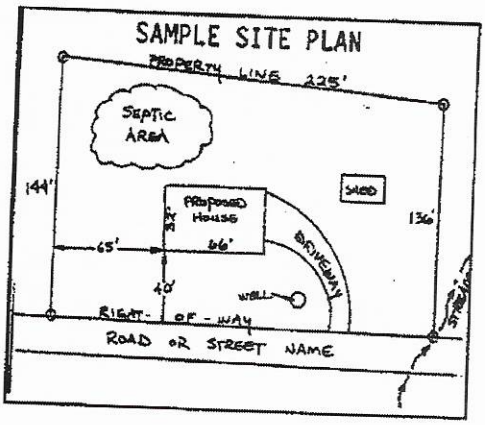
**Signature:** Scott Westmoreland 11-21-17

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

**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
(X) North arrow, or other sufficient indicator of direction

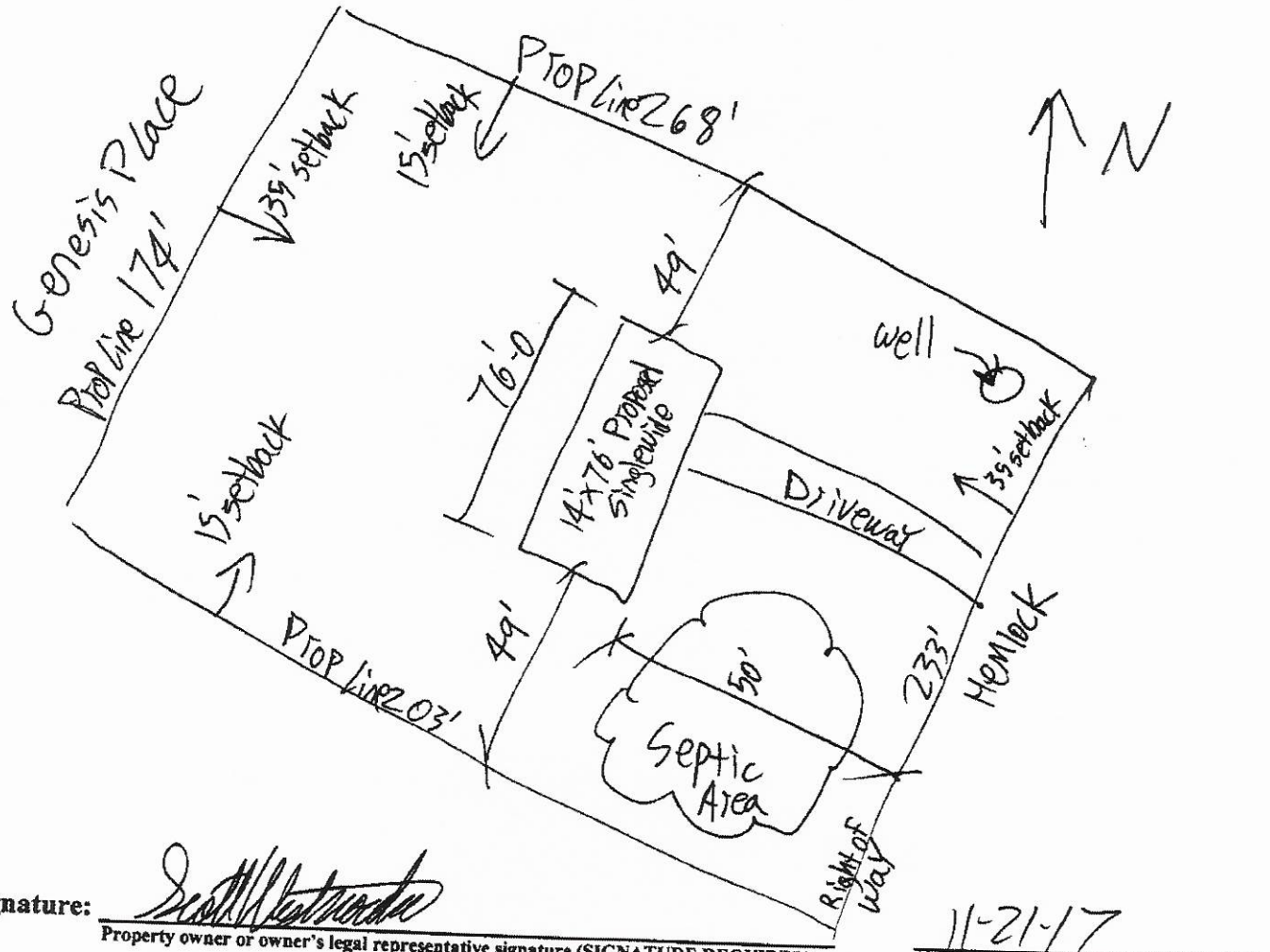



Circle N/A on the following if appropriate:

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:** Scott Westmoreland

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

11-21-17
DATE

**ZONING PERMIT**
Open Space

#231709

| Parcel Number | Street Address | Jurisdiction |
|---|---|---|
| 4761987168.000 | 300 HEMLOCK ROAD, CLEVELAND, NC 27013 | |

| Owner Information | Applicant Information |
|---|---|
| Owner: WESTMORELAND SCOTT+JENNIFER | Applicant: WESTMORELAND SCOTT+JEN |
| Address: 912<br>IREDELL CO, NC 28625 | Address: 912<br>IREDELL CO, NC 28625 |
| Phone: | Phone: |

| Use Requested | Zone Code |
|---|---|
| SW | |

| Lot Acreage | F Setback | B Setback | L Setback | R Setback | Watershed | Flood Zone |
|---|---|---|---|---|---|---|
| 1.000 | 35.00 | 35.00 | 15.00 | 15.00 | NO | X |

**Remarks:**

REQUIREMENTS FOR ALL SINGLEWIDE MOBILE HOMES Must remove the towing apparatus, if it cannot be removed, it shall be screened; Must have a continuous underpinning; Must have 36 square foot front porch constructed within 12 inches of the floor elevation and fully underpinned; Must have concrete or similar approved steps at all other secondary entrances and exits; Must face front property line and be no less than 20 degrees from parallel to the front property line. Original home must be removed before Certificate of Occupancy can be approved.

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Applicant: _____ Date: _____

| Permit Number | 121443 | TOTAL FEES: | $ 77.25 |
|---|---|---|---|