IREDELL COUNTY HEALTH DEPARTMENT

(X) emailed to Rowan well

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

PRIVATE DRINKING WATER WELL PERMIT # 233359 **PIN #** 4716277500 8

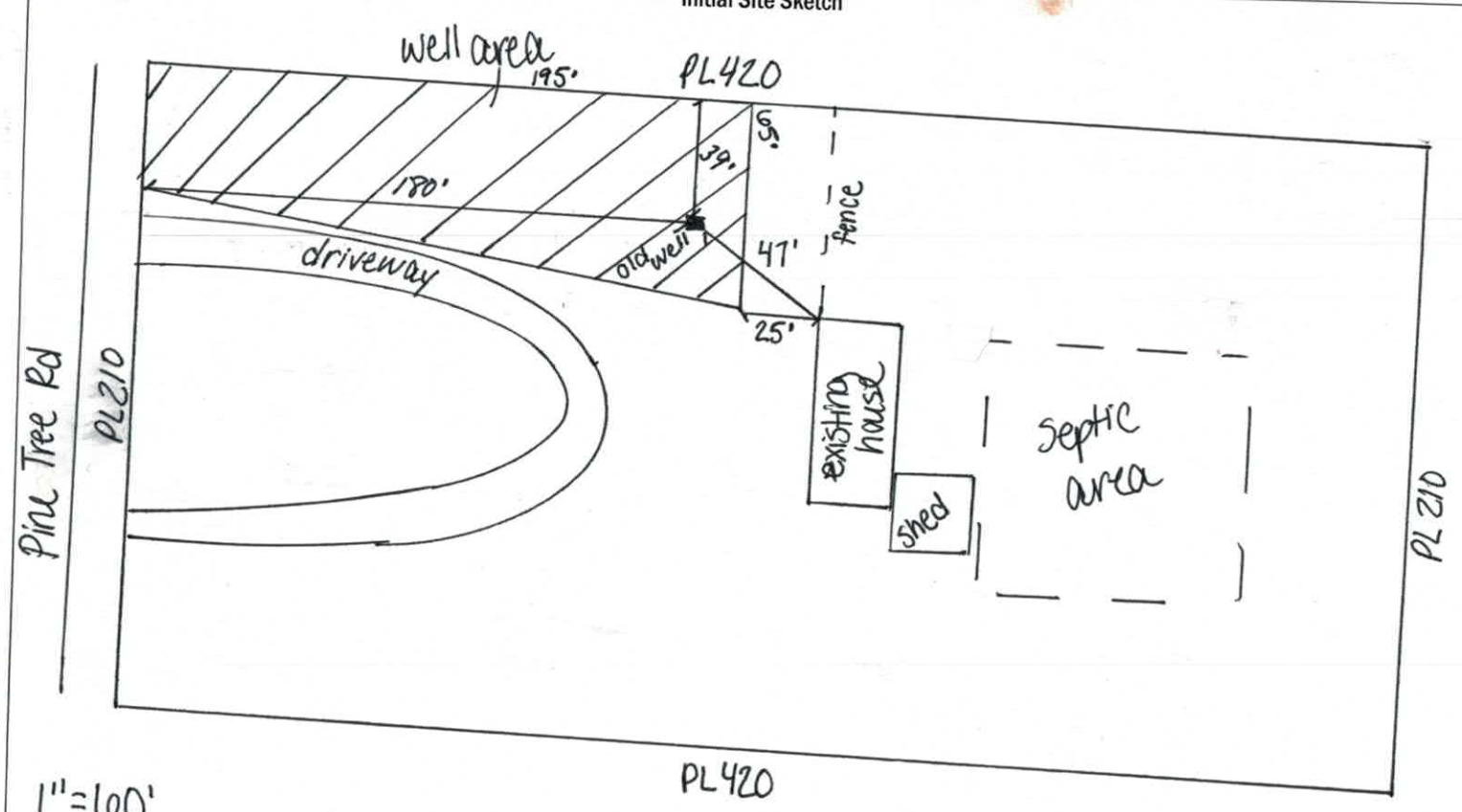
Type of Permit (circle one): (New) Repair Abandonment

APPLICANT/OWNER NAME: Spencer Adams/Gary Measimer ADDRESS: 4840 Sherrills Ford Rd PHONE: 704-636-7879

DIRECTIONS TO SITE: Bethesda Rd → L on Cornflower Rd → R on Pine Tree Rd → on right

SITE ADDRESS: 1160 Pine Tree Rd, Statesville 28677 SUBDIVISION: Pine Tree Farms SECTION/LOT: 90

Initial Site Sketch



GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

2/16/18: Grout canceled on site by driller.

*K. Wilson Grouted 2/19/2018

Well GPS Latitude: _____

Longitude: _____

PERMIT CONDITIONS/COMMENTS: Follow all NCDC well rules. Recommend abandoning old well.

WELL PERMIT ISSUED BY: Carlee C. Cave DATE: 2/14/18 (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: Rowan Well Drilling CONTRACTOR CERT #: 4276A GROUT INSPECTION BY: Kayla Wilson CW DATE: 2-19-18

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Benjamin A Bolton DATE: 2/21/2018.

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: 5/15/18 WATER SAMPLES BY: Benjamin A Bolton DATE: 2/21/2018.

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

*mailed 4/24/18

RECEIVED FEB 12 2016
Paid $550.00

IREDELL COUNTY HEALTH DEPARTMENT
Environmental Health Division
Statesville Office 704-878-5305 Mooresville Office 704-664-5281 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT #233359

Spencer Adams	4840 Sherrills Ford Rd. NC 28147	704-636-7879
Applicant Name	Street, City, State, Zip	Phone Number
GARY Messimer	1160 Pine Tree Rd. Statesville NC	704-636-7879
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number

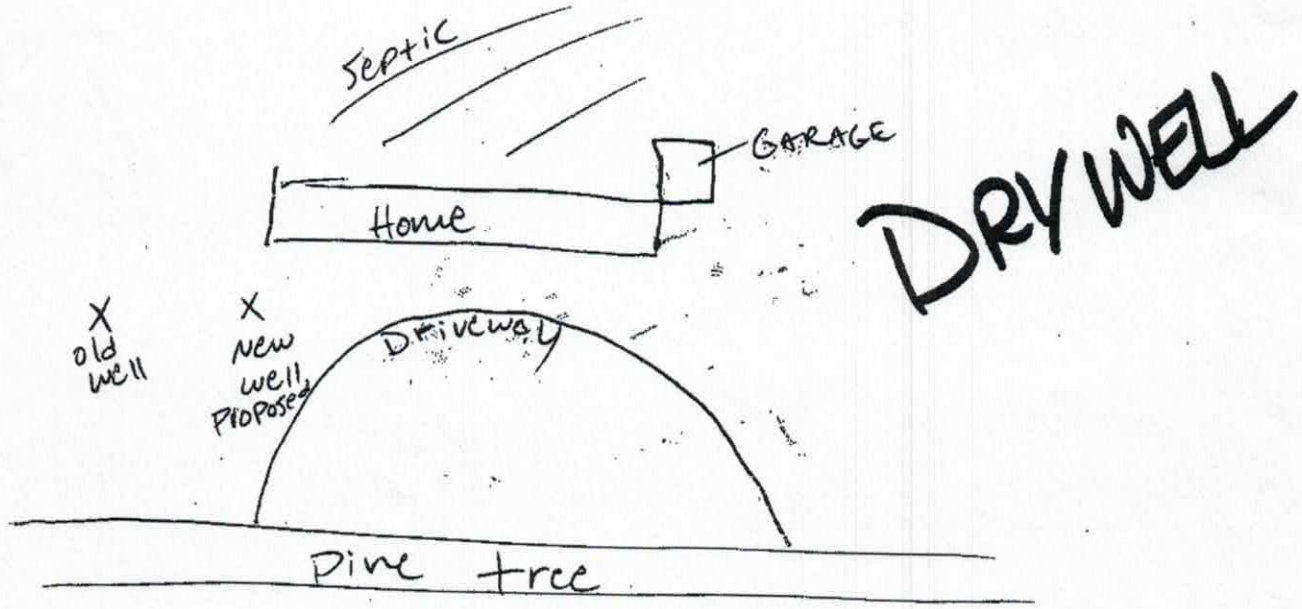
1160 Pine Tree Rd. Statesville
Well Site Location / Street Address — Subdivision — Lot Number

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

Directions from here to your site: R on E Center Ave R E Statesville Ave R N Church St. L East Park Ave L Triplett L onto Cornflower L Pine Tree Rd.

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



Email Permit? rowanwelldrilling@live.com
Spencer0603090@gmail.com

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.

SIGNATURE OF OWNER OR AUTHORIZED AGENT — 2-12-18 DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy

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:

1. Power of Attorney
2. Real Estate Contract
3. Estate executor
4. Bankruptcy trustee
5. 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:

1. Complete this form to document his or her legal representative, or
2. Provide their 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.

X I, Gary Measimer, am the legal owner(s) of the property located at X 160 Pine Tree Rd., identified as PIN (Parcel Identification Number) X 476277500 8.000, located in Rowan County, North Carolina.

I do hereby authorize (print legal representative/company name) X Rowan Well / Carrie Adams, 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 Rowan County Department of Public Health, Environmental Health Division.

X Dorothea Measimer 2-12-18
Signature of Owner(s) Date

X [signature] 2-12-18
Signature of Witness Date

North Carolina State Laboratory Public Health
Environmental Sciences
Microbiology

Certificate of Analysis

P.O. Box 28047
4312 District Drive
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Report To:
IREDELL CO ENVIRONMENTAL HEALTH DEPT - STATE
349 N. CENTER STREET

STATESVILLE, NC 28677
EIN:566000309EH **COURIER #: 09-36-07**

Name of System:
GARY MEASIMER

160 PINE TREE RD
STATESVILLE, NC 28677

StarLiMS Sample ID: **ES022218-0088001**

Collected: 02/21/2018 11:00
Received: 02/22/2018 08:19

Ben Botkins
Angela Heybroek

ES Microbiology ID:
GPS Number:

Sample Source: **New Well**
Sampling Point: **Well head**

Well Permit Number:
233359

Sample Description:
Comment:

Environmental Microbiology - Colilert Profile **Method:** SM 9223B

Test Name: Colilert

Analyte	Test Result	Date
Total Coliform, Colilert	Absent	02/23/2018
E. coli, Colilert	Absent	02/23/2018

Report Date: 02/26/2018

Reported By: Susan Beasley

Susan Beasley

Explanations of Coliform Analysis:

If coliform bacteria are **Absent**, the water is considered safe for drinking purpose. If coliform bacteria are **Present**, the water is considered unsafe for drinking purpose. Presence of *E. coli* (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

North Carolina State Laboratory of Public Health
Environmental Sciences
Inorganic Chemistry
Certificate of Analysis

P.O. Box 28047
4312 District Drive
Raleigh, NC 27611-8047
http://slph.ncpublichealth.com
Phone: 919-733-7308
Fax: 919-715-8611

Report To: **BEN BOTKINS**

IREDELL CO ENVIRONMENTAL HEALTH DEPT - STA
349 N. CENTER STREET

STATESVILLE, NC 28677
EIN: 566000309EH

Courier # 09-36-07

Name of System:

GARY MEASIMER

160 PINE TREE RD
STATESVILLE, NC 28677

StarLiMS ID: **ES022218-0019001**

Date Collected: 02/21/18
Date Received: 02/22/18

Time Collected: 11:00 AM
Collected By: Ben Botkins

Sample Type: Raw
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt: 4.6

Well Permit #: 233359
GPS #:

Sample Description:
Comment:

New Well I (Profile)

Analyte	Result	Allowable Limit	Unit	Qualifier(s)
Arsenic	< 0.005	0.010	mg/L	
Barium	< 0.1	2.00	mg/L	
Cadmium	< 0.001	0.005	mg/L	
Calcium	15		mg/L	
Chloride	< 5.00	250	mg/L	
Chromium	< 0.01	0.10	mg/L	
Copper	< 0.05	1.3	mg/L	
Fluoride	< 0.20	4.00	mg/L	
Iron	< 0.10	0.30	mg/L	
Lead	< 0.005	0.015	mg/L	
Magnesium	5		mg/L	
Manganese	< 0.03	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
Nitrate	< 1.00	10.00	mg/L	
Nitrite	< 0.1	1.00	mg/L	
pH	7.6		N/A	
Selenium	< 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	5.30		mg/L	
Sulfate	< 5.00	250	mg/L	
Total Alkalinity	63		mg/L	
Total Hardness	59		mg/L	
Zinc	< 0.05	5.00	mg/L	

Report Date: 03/02/2018

Reported By: *Kenneth Greene*

This form can be used for single or multiple wells

1. Well Contractor Information:

Todd Adams

Well Contractor Name

2522

NC Well Contractor Certification Number

Rowan Well Drilling

Company Name

2. Well Construction Permit #: 233359

List all applicable well permits (i.e. County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:

☐Agricultural ☐Municipal/Public

☐Geothermal (Heating/Cooling Supply) ☐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: 2-19-18 **Well ID#** _____

5a. Well Location:

Gary Measimer

Facility/Owner Name

Facility ID# (if applicable)

160 Pine Tree Road, Statesville, NC

Physical Address, City, and Zip

Iredell

County

4762775008

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): ☑Permanent or ☐Temporary

7. Is this a repair to an existing well: ☐Yes or ☑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. Number of wells constructed: 1

*For multiple injection or non-water supply wells **ONLY** with the **same construction**, you can submit one form.*

9. Total well depth below land surface: 245 (ft.)

For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: _____ (ft.)

If water level is above casing, use "+"

11. Borehole diameter: 6 (in.)

12. Well construction method: _____

(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 10 **Method of test:** air

13b. Disinfection type: chlorine **Amount:** 12 oz

14. WATER ZONES

FROM	TO	DESCRIPTION
70 ft.	185 ft.	4 GPM
185 ft.	245 ft.	6 GPM

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	70 ft.	6.25 in.	sch 80	

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	gravity 15 bags
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.	5 ft.	red clay
5 ft.	60 ft.	sandy burden
60 ft.	70 ft.	solid rock
75 ft.	80 ft.	broken rock formation
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Signature of Certified Well Contractor

2/19/18

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 INSTUCTIONS

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 ONLY: In addition to sending the form to the address in 24a above, also submit a 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:

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.