IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

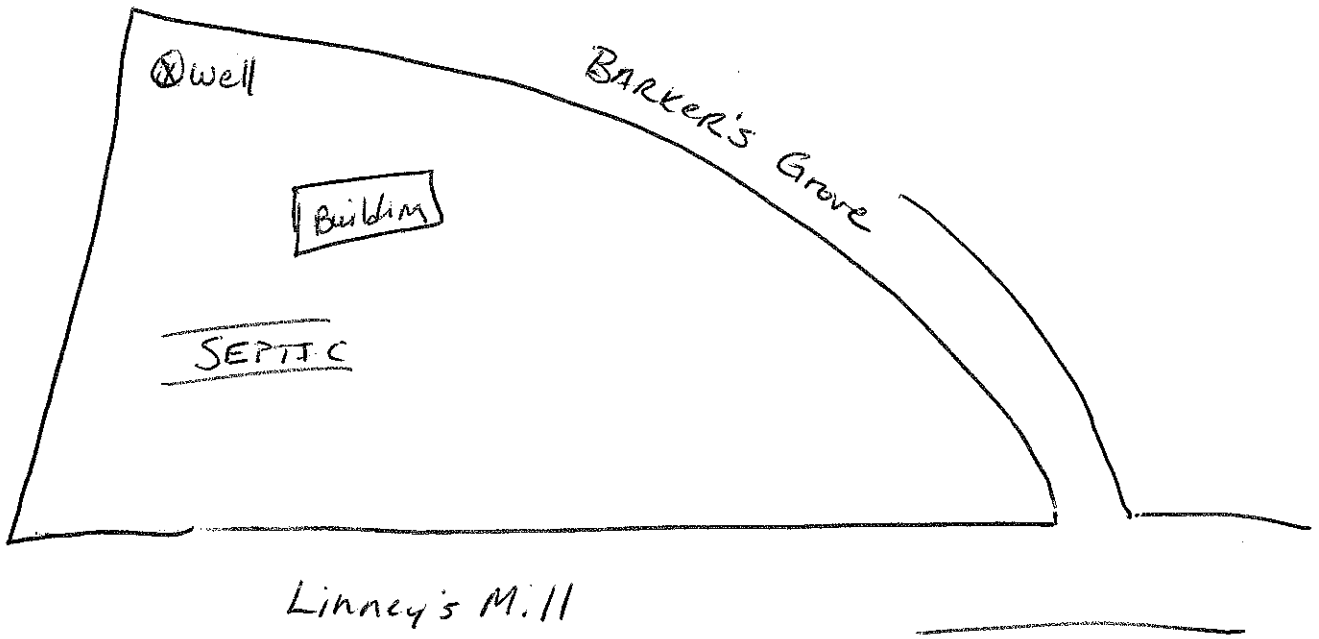
Statesville Office 704-878-5305 Mooresville Office 704-660-3625

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

Central School Vol. Fire Dept	4635 Wilkesboro Hwy	
Applicant Name	**Full Address**	**Phone Number**
Mike Sloan	173 Mountainview Rd	704/902-3548
Name of Owner / Authorized Agent	**Full Address**	**Phone Number**
117 Barker's Grove		
Property Street Address	**Subdivision**	**Lot Number**
	Fire Dept	New
Parcel Identification Number (PIN)	**Intended Use of Property**	**Type of Well Permit (New, Repair, Abandonment)**

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



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.

Michael Sloan — 3/22/10

SIGNATURE OF OWNER OR AUTHORIZED AGENT **DATE**

Health Department Copy - White

Applicant Copy - Yellow

Well Permit

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

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

PERMIT # 159150 PIN # 4803-73-1103 DATE 21 January 2010

OWNER or APPLICANT Central Volunteer Fire Dept. PHONE: Business (704) 902-3598 Home:

OWNER or APPLICANT ADDRESS 117 Barkers Grove Rd. Union Grove, NC.

LOCATION / DIRECTIONS 115 N TL Cool Brook Rd. TR Linney's Mill - Corner of Barkers Grove Rd. on Left.

SUBDIVISION BLOCK / SECTION LOT # LOT AREA 2.9Ac. DESIGN FLOW 200g/d L.T.A.R. 0.3g/ft²/d

Septic Tank 1000 Gallons: STB Date

Pump Tank Gallons: PT Date

Pump Make Model Serial #

Nitrification Field No Fields 1 No Lines 2 Linear Feet 230'

Trench Width 36" Max. Trench Bottom Depth 36" Gravel Depth 12"

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

System Description: Conventional

Repair System Description: 25% Reduction *

Maintenance Agreement Required ☐ YES ☑ NO

☑ GRAVITY ☐ PRESSURE

☐ Residence No. Bedrooms

☐ Business No. Persons 10

☑ Other No. Employees

☑ Slab ☐ Crawl Space

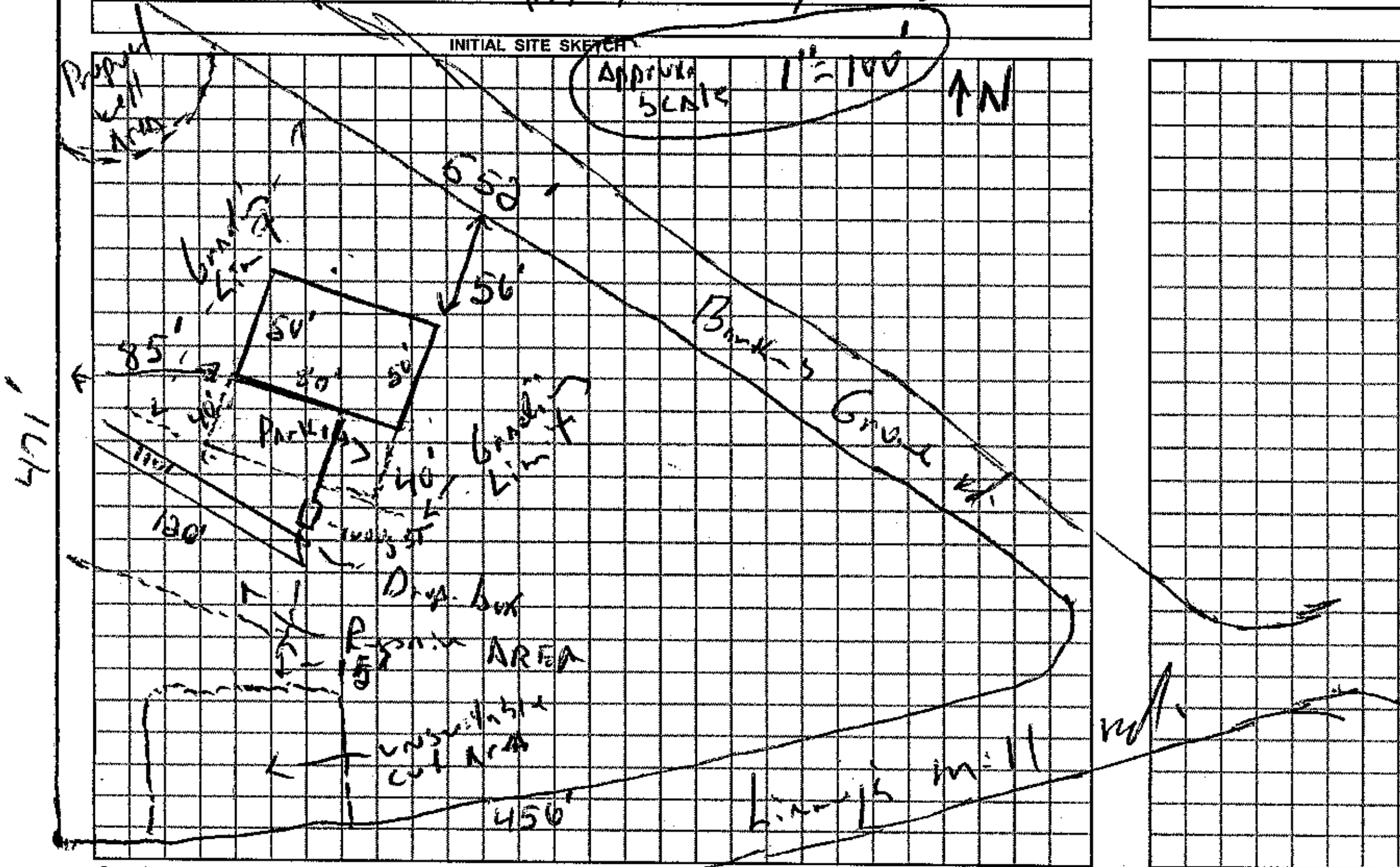
☐ Basement w/plumbing ☐ Basement w/o plumbing

Water Supply ☑ Private ☐ Public ☐ Community

Comments / Conditions * Follow Contour / Do not cut or fill over system AREA. * An Accepted system may also be used.

Comments / Conditions * Fire Department Sub-station. 20 gallon/member/day

INITIAL SITE SKETCH



AS BUILT SKETCH

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.

☐ IMPROVEMENT PERMIT w / plat valid without expiration.

☑ IMPROVEMENT PERMIT w / site plan valid for 60 mos.

☑ AUTHORIZATION TO CONSTRUCT valid for period equal to IMPROVEMENT PERMIT-not to exceed 60 mo.

Owner / Applicant Signature: [signature] Date 1-27-10

Improvement Permit by: [signature] R.S. Date 22 Jan. 2010

Authorization to Construct by: [signature] R.S. Date 22 Jan 2010

Installed by:

Operation Permit by: Date:

Existing System Inspected by: Date:

YOU SHOULD CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION.

WHITE COPY Environmental Health YELLOW COPY (Final) Owner / Applicant PINK COPY (Initial) Owner / Applicant