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

Applicant Name	Street, City, State, Zip	Phone Number
Garry + Judy Lunsford	164 Paddock Rd Union Grove NC 28689	704-592-9883
Name of Owner / Authorized Agent	**Street, City, State, Zip**	**Phone Number**
Garry+Judy Lunsford	164 Paddock Rd Union Grove NC 28689	704-592-9883

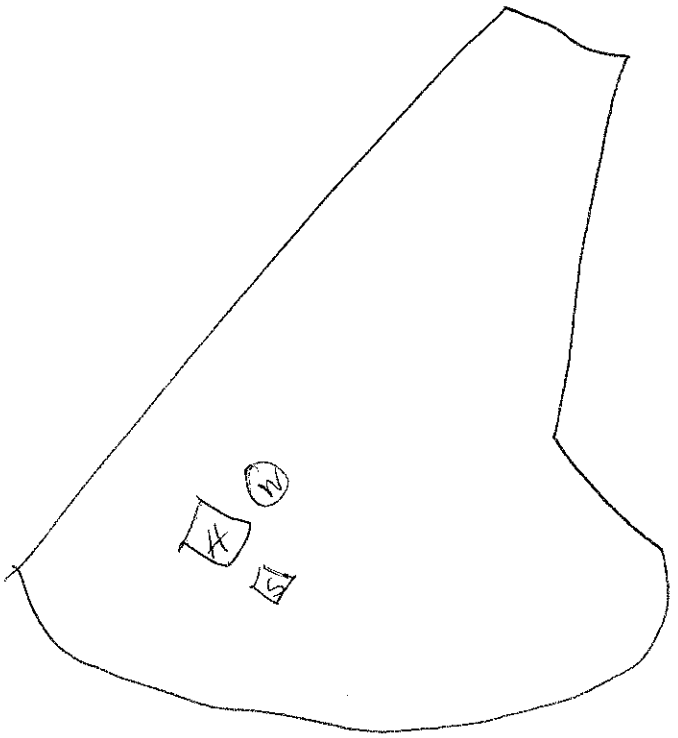
Well Site Location / Street Address	Subdivision	Lot Number

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

Directions from here to your site
Hwy 115 North- left on Paddock Rd to 164 Paddock Rd - 2nd paved drive on right

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.**
____ **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 DATE