IREDELL COUNTY HEALTH DEPARTMENT

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

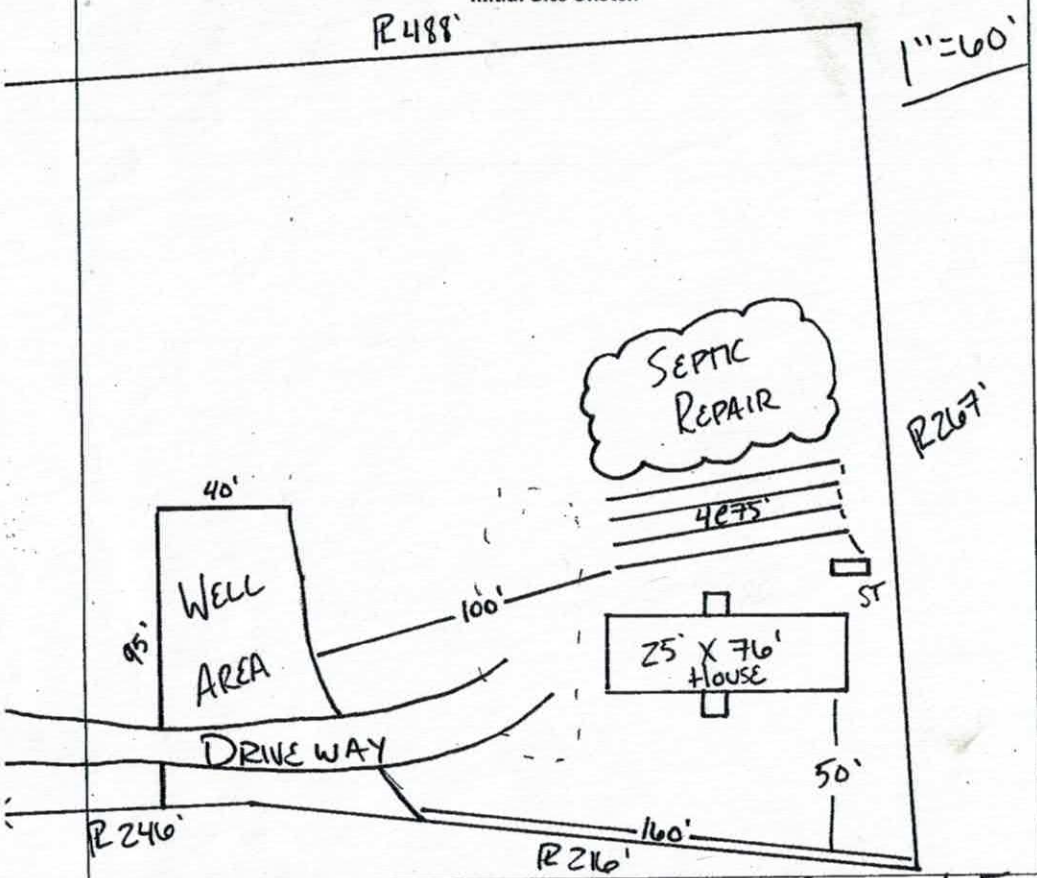
PRIVATE DRINKING WATER WELL PERMIT # 226183 **PIN #** 4822-49-1773 1290 **Type of Permit (circle one):** New Repair Abandonment

APPLICANT NAME: ETHAN HAYES ADDRESS: 454 N. CHIPLEY FORD RD. STATESVILLE PHONE: 704-239-3693

DIRECTIONS TO SITE: 115 N, TR PROSPECT, TL MORGAN FORD, TL RUPARD, ON R

SITE ADDRESS: ✓ 298 RUPARD RD. STATESVILLE SUBDIVISION: ✓ RANDY WAYNE CASS SECTION/LOT: 1

Initial Site Sketch



"As Built" Sketch

E-MAILED Deena 7/13/17

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: MIN 100' FROM SEPTIC / FOLLOW ALL STATE RULES

WELL PERMIT ISSUED BY: BA-ll-S APPROVED JUL 11 2017 (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: Chris Russell CONTRACTOR CERT #: _____ GROUT INSPECTION BY: Benjamin A. Bottoms DATE: 8/1/2017.

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Hayley Watson DATE: 8-14-17

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: Benjamin A. Bottoms DATE: 8/23/17 WATER SAMPLES BY: Cala C. Cook DATE: 11/27/17

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☑ Plat ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink

IREDELL COUNTY HEALTH DEPARTMENT

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

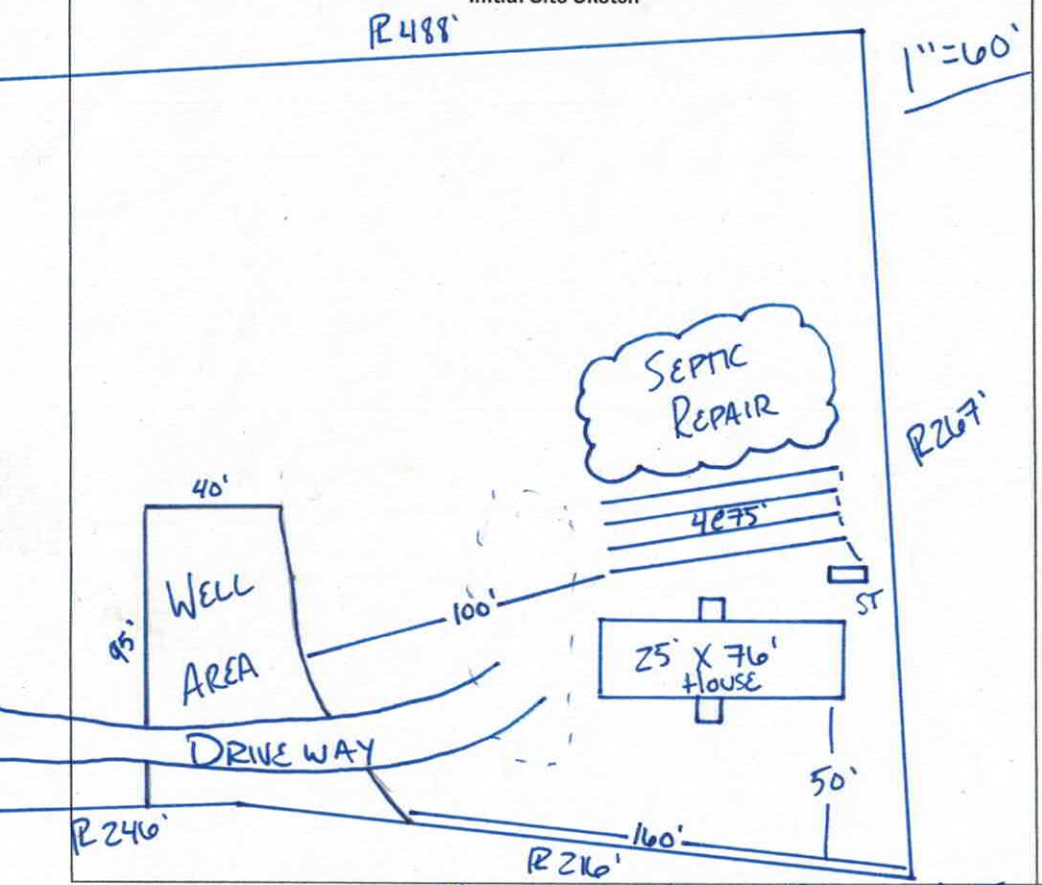
PRIVATE DRINKING WATER WELL PERMIT # 226183 **PIN #** 4822-49-1173 **Type of Permit (circle one):** (New) Repair Abandonment

APPLICANT NAME: Ethan Hayes ADDRESS: 454 N. Chipley Ford Rd. Statesville PHONE: 704-239-3693

DIRECTIONS TO SITE: 115 N, Tr Prospect, Tl Morgan Ford, Tl Rupard, on R

SITE ADDRESS: 298 Rupard Rd. Statesville SUBDIVISION: Randy Wayne Cass SECTION/LOT: 1

Initial Site Sketch



"As Built" Sketch

E-MAILED Deena 7/13/17

Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Min 100' From Septic / Follow All State Rules

WELL PERMIT ISSUED BY: BA-CHS APPROVED JUL 11 2017 DATE: (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: Chris Russell CONTRACTOR CERT #: _____ GROUT INSPECTION BY: Benjamin A. Bolkins DATE: 8/1/2017

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ DATE: _____

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 ☐

Health Dept. Copy – White Applicant Certificate of Completion – Yellow Applicant Well Construction Permit - Pink

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

Ethan Hayes — 454 N. Chipley Ford Rd. Stvl — 704-937-6936
Applicant Name — Street, City, State, Zip — Phone Number

Deena Abee — 239 US Hwy 64W Mocksville — 704-239-3193
Name of Owner (Authorized Agent) — Street, City, State, Zip — Phone Number

298 Rupard Rd.
Well Site Location / Street Address — Subdivision — Lot Number

4822483547 — SF
Parcel Identification Number (PIN) — Intended Use of Property — Type of Well Permit (New, Repair, Abandonment)

115N - (R) Prospect - (L) Morgan Ford - (L) Rupard -
Directions from here to your site

property on Rt in field behind #296

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

See attached

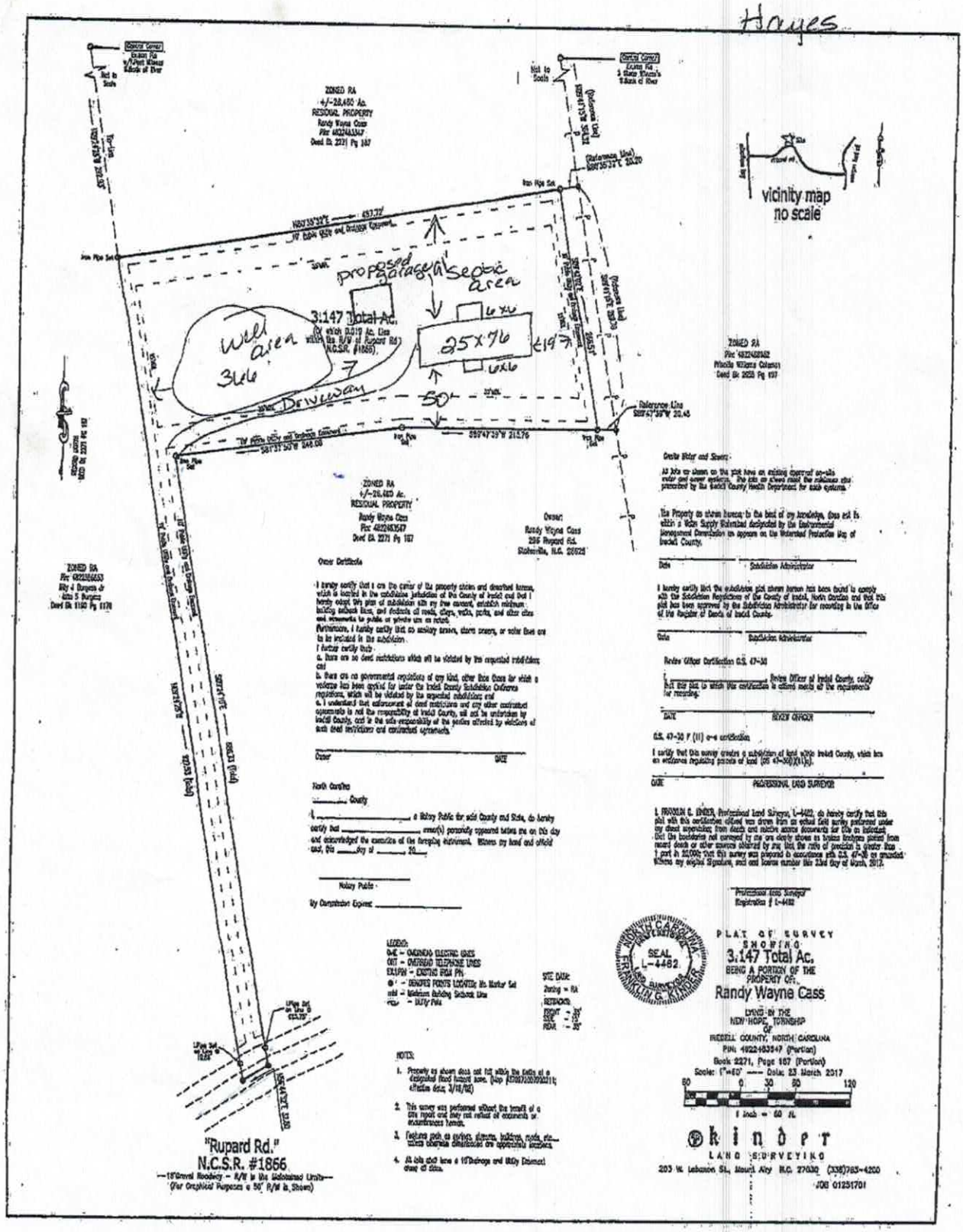
CHECK AS APPLICABLE:
___ There are current or pending restrictions regarding groundwater use as specified in GS 87-88(a)
___ There is a variance regarding well construction or location issued under 15A NCAC 02C .0118.
___ There is an easement, right-of-way or other encroachment agreement applicable to 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.

Deena Abee — 6/8/17
SIGNATURE OF OWNER OR AUTHORIZED AGENT — DATE

White Copy – Environmental Health — Yellow Copy - Applicant Copy — S:Shared\EH_Admin\OSWW\Well_Permit 7/25/14

Hayes


ZONED RA
+/-28.480 Ac.
RESIDUAL PROPERTY
Randy Wayne Cass
Plat 4822483547
Deed Bk 2271 Pg 167
Not to Scale
Control Corner
Union Pk
w/Post Witness
Found
Iron Pipe Set
N80°39'37"E 457.72'
TW Power Pole and Drainage Easement
proposed garage/septic area
3.147 Total Ac.
well area
3x6
25x76
6x6
6x6
50'
Driveway
Reference Line
S89°47'39"W 22.45
S89°47'39"W 215.76
S87°31'50"W 348.08
ZONED RA
Plat 4822483547
Randy Wayne Cass
Deed Bk 2271 Pg 167
Owner:
Randy Wayne Cass
296 Rupard Rd.
Statesville, N.C. 28625
ZONED RA
Plat 4822483652
Priscilla Williams Coleman
Deed Bk 2023 Pg 197
ZONED RA
Plat 4822463653
Billy J Burgess Jr
Anna S Burgess
Deed Bk 1182 Pg 1178
S02°14'42"E 1320.00' (Deed)
S02°14'42"E 1320.00' (Deed)
S02°14'42"E 1320.00' (Deed)
S02°14'42"E 1320.00' (Deed)
"Rupard Rd."
N.C.S.R. #1866
—18'Gravel Roadway — R/W is the Maintained Limits—
(For Graphical Purposes a 50' R/W is Shown)
vicinity map
no scale
Onsite Water and Sewer:
All lots as shown on the plat have an existing approval on-site water and sewer system. The site as shown meet the minimum site protected by the Iredell County Health Department for such systems.
The Property as shown hereon to the best of my knowledge, does not lie within a Water Supply Watershed designated by the Environmental Management Commission as appears on the Watershed Protection Map of Iredell County.
Date Subdivision Administrator
I hereby certify that the subdivision plat shown hereon has been found to comply with the Subdivision Regulations of the County of Iredell, North Carolina and that this plat has been approved by the Subdivision Administrator for recording in the Office of the Register of Deeds of Iredell County.
Date Subdivision Administrator
Review Officer Certification G.S. 47-30
I, Review Officer of Iredell County, certify that this plat to which this certification is affixed meets all the requirements for recording.
DATE REVIEW OFFICER
G.S. 47-30 F (11) a-c certification
I certify that this survey creates a subdivision of land within Iredell County, which has an ordinance regulating parcels of land (GS 47-30)(11)(a).
DATE PROFESSIONAL LAND SURVEYOR
I, FRANKLIN G. KINSER, Professional Land Surveyor, L-4482, do hereby certify that this plat with this certification affixed was drawn from an actual field survey performed under my direct supervision from deeds and platted source documents for the property indicated. That the boundaries not surveyed by me are clearly shown as broken lines plotted from record deeds or other sources obtained by me; that the ratio of precision is greater than 1 part in 10,000; that this survey was prepared in accordance with G.S. 47-30 as amended. Witness my original signature, seal and license number this 23rd day of March, 2017.
Professional Land Surveyor
Registration # L-4482
Owner Certificate
I hereby certify that I am the owner of the property shown and described hereon, which is located in the subdivision jurisdiction of the County of Iredell and that I hereby adopt this plan of subdivision with my free consent, establish minimum building setback lines, and dedicate all roads, alleys, walks, parks, and other sites and easements to public or private use as noted.
Furthermore, I hereby certify that no sanitary sewers, storm sewers, or water lines are to be installed in the subdivision.
I further certify that:
a. There are no deed restrictions which will be violated by the requested subdivision; and
b. There are no governmental regulations of any kind, other than those for which a variance has been applied for under the Iredell County Subdivision Ordinance regulations, which will be violated by the requested subdivision; and
c. I understand that enforcement of deed restrictions and any other contractual agreements is not the responsibility of Iredell County, and all be undertaken by Iredell County, and is the sole responsibility of the parties affected by violations of such deed restrictions and contractual agreements.
Owner DATE
North Carolina
County
I, _____, a Notary Public for said County and State, do hereby certify that _____ owner(s) personally appeared before me on this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this ____day of _____, 20__.
Notary Public
My Commission Expires: _____
LEGEND:
OHE – OVERHEAD ELECTRIC LINES
OHT – OVERHEAD TELEPHONE LINES
EXIPN – EXISTING IRON PIN
● ' – DENOTES POINTS LOCATED As Marker Set
mbl – Minimum Building Setback Line
PUE – Utility Pole
SITE DATA:
Zoning = RA
SETBACKS:
FRONT = 50'
REAR = 30'
NOTES:
1. Property as shown does not fall within the limits of a designated flood hazard area. (Map #3057C0200D2011; effective date: 3/18/92)
2. This survey was performed without the benefit of a title report and may not reflect all easements or encumbrances hereon.
3. Features such as gardens, sheds, buildings, roads, etc., unless otherwise dimensioned are approximate locations.
4. All lots shall have a 10'Drainage and Utility Easement along all sides.
NORTH CAROLINA PROFESSIONAL SEAL L-4482 FRANKLIN G. KINSER SURVEYOR
PLAT OF SURVEY SHOWING
3.147 Total Ac.
BEING A PORTION OF THE PROPERTY OF:
Randy Wayne Cass
LYING IN THE
NEW HOPE TOWNSHIP
OF
IREDELL COUNTY, NORTH CAROLINA
PIN: 4822483547 (Portion)
Book 2271, Page 167 (Portion)
Scale: 1"=60' —— Date: 23 March 2017
60 0 30 60 120
1 inch = 60 ft.
Kinser
LAND SURVEYING
203 W. Lebanon St., Mount Airy N.C. 27030 (336)783-4200
JOB 01251701

IREDELL COUNTY

PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
226183
Issue Date: 06/09/2017

Permit Type: WELL APPLICATION - NEW

Parcel Number	Street Address	Jurisdiction
4822483547.000	298 RUPARD ROAD	IREDELL COUNTY

Owner Information	Applicant Information	Contractor Information
Owner: CASS RANDY WAYNE Address: 218 BURKE FARM LOOP RD UNION GROVE, NC 28689 Phone:	Applicant: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693	Contractor: ABEE'S CLEARING & GRAD Address: 2381 US HIGHWAY 64 WEST MOCKSVILLE, NC 27028 Phone: 704-239-3693 License Type: UNLI License Number: NOT LICENSED

Project Description

NEW MODULAR HOME - IREDELL

Scope of Work

MODULAR

Permit Details:

EFT	WELL PERMIT - NEW WELL	Amount:	550.00
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	
		Amount:	

I hereby certify that all information in this application is correct and all work will comply with the state code and all other applicable state and local laws, ordinances and regulations. The respective department will be notified of any changes in the approved plans, a change of contractor, and/or specifications for the project permitted herein. This application becomes a permit only when validated and approved.

Date: 06/09/2017

Signature of Owner/Contractor

ANY PERMIT ISSUED EXPIRES SIX (6) MONTHS AFTER ISSUANCE IF NO INSPECTIONS HAVE BEEN MADE. ANY PERMIT ISSUED SHALL EXPIRE TWELVE (12) MONTHS AFTER LAST INSPECTION IF THE WORK IS DISCONTINUED.

Permit Number	105561	TOTAL FEES:	$ 550.00

Print Form

WELL CONSTRUCTION RECORD (GW-1)

1. Well Contractor Information:

Chris C. Russell
Well Contractor Name

3254 A
NC Well Contractor Certification Number

Russell Well Drilling, Inc.
Company Name

2. Well Construction Permit #: 226183
List all applicable well construction permits (i.e. UIC, 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: 08-01-17 **Well ID#** _____

5a. Well Location:

Ethan Hayes — Facility/Owner Name
J. Wood — Facility ID# (if applicable)
298 Rupard Rd, Statesville, NC 28625 — Physical Address, City, and Zip
Iredell — County
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

36' 00.737' N 080' 56.799' 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. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: 277 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 60 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6.25 (in.)

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

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 100 **Method of test:** Air

13b. Disinfection type: HTH **Amount:** 2/3 cup

For Internal Use Only:

14. WATER ZONES

FROM	TO	DESCRIPTION
60 ft.	277 ft.	
ft.	ft.	

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

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	90 ft.	6.25 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.	Grout	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.	85 ft.	Dirt
85 ft.	277 ft.	Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Chris Russell — Signature of Certified Well Contractor
8-3-17 — 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.

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:
ETHAN HAYES

298 RUPARD RD.
STATESVILLE, NC 28625

StarLiMS Sample ID: **ES112817-0089001**

Collected: 11/27/2017 11:50
Received: 11/28/2017 08:36

Carla Cave
Susan Beasley

ES Microbiology ID:
GPS Number:

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

Well Permit Number:
226183

Sample Description:
Comment:

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

Test Name: Colilert

Analyte	Test Result	Date
Total Coliform, Colilert	Present	11/29/2017
E. coli, Colilert	Absent	11/29/2017

Report Date: 11/29/2017

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: CARLA CAVE

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

STATESVILLE, NC 28677
EIN: 566000309EH

Courier # 09-36-07

Name of System:

ETHAN HAYES

298 RUPARD RD
STATESVILLE, NC 28625

StarLiMS ID: **ES112817-0026001**

Date Collected: 11/27/17
Date Received: 11/28/17

Time Collected: 11:50 AM
Collected By: C Cave

Sample Type: Raw
Sample Source: New Well

Sampling Point: Well head
Temp. at Receipt: 3.7

Well Permit #: 226183
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	6		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	1		mg/L	
Manganese	< 0.03	0.05	mg/L	
Mercury	< 0.0005	0.002	mg/L	
Nitrate	1.50	10.00	mg/L	
Nitrite	< 0.1	1.00	mg/L	
pH	6.6		N/A	
Selenium	≤ 0.005	0.05	mg/L	
Silver	< 0.05	0.10	mg/L	
Sodium	3.00		mg/L	
Sulfate	< 5.00	250	mg/L	
Total Alkalinity	18		mg/L	
Total Hardness	21		mg/L	
Zinc	< 0.05	5.00	mg/L	

Report Date: 12/11/2017

Reported By: *Debbie Moncol*