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

Southwest Enterprises — 117 Tabitha Rd.
Applicant Name — Street, City, State, Zip — Phone Number

Dena Abee — 2381 US Hwy 64 W — 704-239-3693
Name of Owner / Authorized Agent — Street, City, State, Zip — Phone Number

170 Zeb Rd.
Well Site Location / Street Address — Subdivision — Lot Number

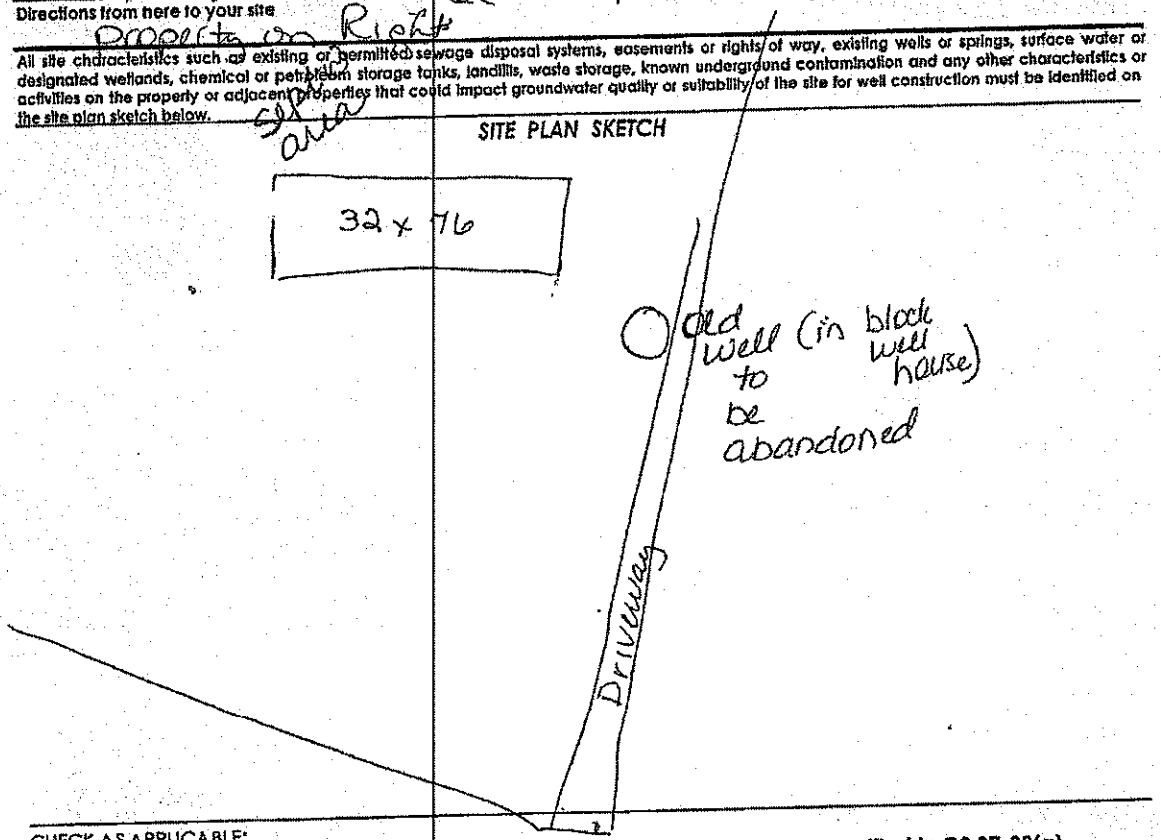
4823991052 — SF — (Abandonment)
Parcel Identification Number (PIN) — Intended Use of Property — Type of Well Permit (New, Repair, Abandonment)

77N - exit 45 - (D) 90 - (R) Grassy Knob - (D) Zeb Rd.
Directions from here to your site

Property 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.

Dena Abee — 3/29/16
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

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

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:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; 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:

Complete this form to document his or her legal representative, or provide his or her 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.

I, Southwest Enterprises / Shaun McKinney am the legal owner(s) of the property located at 170 Zeb Rd., identified as PIN (Parcel Identification Number) 4823994457, located in Iredell County, North Carolina.

I do hereby authorize (print legal representative/company name) Deena Abee CMH Homes, 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 Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s) — Date: 3/15/16

Signature of Witness — Date: 3/15/16

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677