IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Statesville Office 704-878-5305 Mooresville Office 704-660-3625 option #3

APPLICATION FOR PRIVATE DRINKING WATER WELL PERMIT

207230

CLAY LANDRETH	6245 WILKESBORO HWY	704-880-3698
Applicant Name	Street, City, State, Zip	Phone Number
SAME	SAME	SAME
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number

781 MYERS MILL ROAD STATESVILLE NC 28689

Well Site Location Street Address — Subdivision — Lot Number

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

C THE INTERSECTION OF MYERS MILL ROAD & BRANCH RD.

Directions from here to your site

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 from Septic Repair Permit

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 12-2-2014

White Copy – Environmental Health — Yellow Copy - Applicant Copy

IREDELL COUNTY HEALTH DEPARTMENT

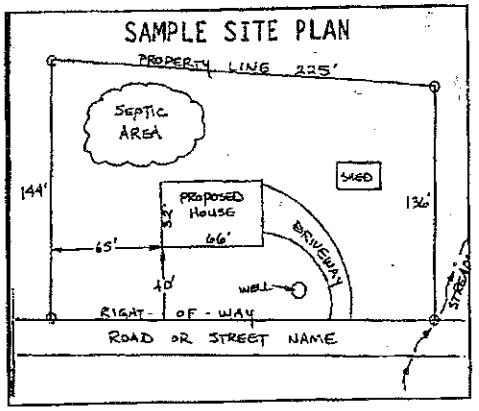
ENVIRONMENTAL HEALTH DIVISION

PAGE 2: ***SITE PLAN WORKSHEET***

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

( ) Property Line measurements are clearly identified
( ) All proposed structures are indicated
( ) Front and side setbacks from property line
( ) Preferred driveway location and well location
( ) Area you prefer your septic system to be placed
( ) North arrow, or other sufficient indicator of direction

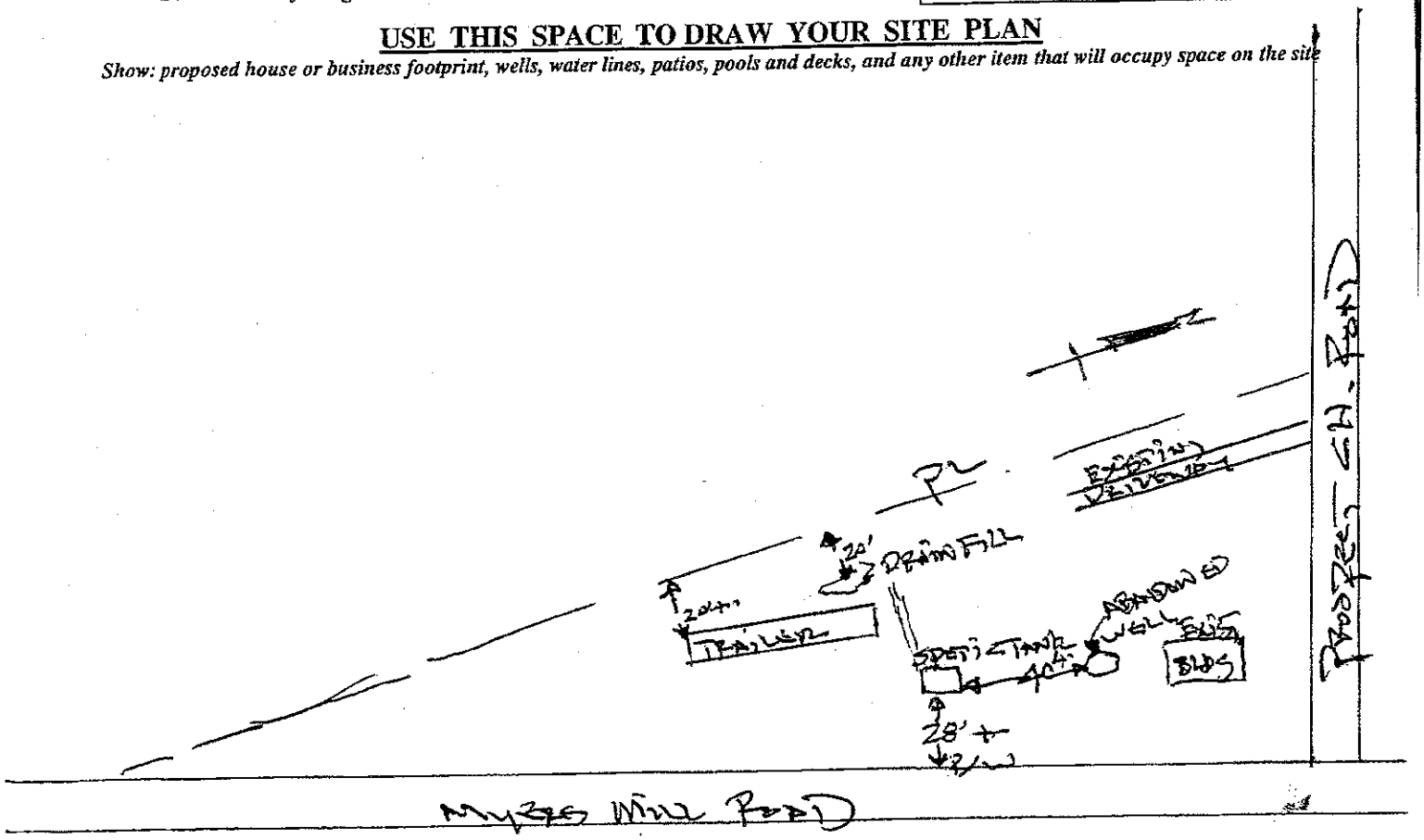


Circle N/A on the following if appropriate:

Location of septic systems and wells within 100' of your property	N/A
Location of easements and rights of ways on your property	N/A
Location of any designated wetlands on the property	N/A

USE THIS SPACE TO DRAW YOUR SITE PLAN

Show: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site



Signature: _____
Property owner or owner's legal representative signature (SIGNATURE REQUIRED)

12-2-2014
DATE