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

21090

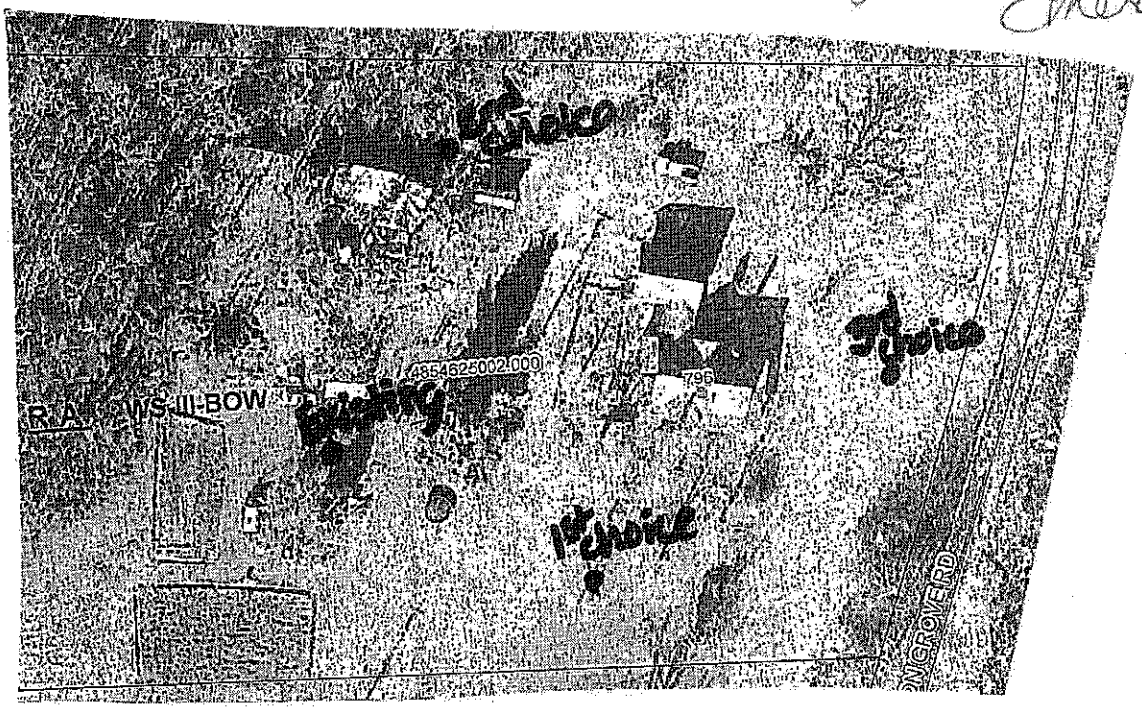
Ann K Crews	796 Union Grove Rd Union Grove NC 28689	704-539-5385
Applicant Name	Street, City, State, Zip	Phone Number
Jeff & Ann Crews	Same as	
Name of Owner / Authorized Agent	Street, City, State, Zip	Phone Number
796 Union Grove Rd Union Grove NC		
Well Site Location Street Address	Subdivision	Lot Number
	Private well	Resident
Parcel Identification Number (PIN)	Intended Use of Property	Type of Well Permit (New, Repair, Abandonment)

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

Well has caved in & only have a temp. water supply for house, not drinkable. Call prior to going out. Emergency



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.

Ann K Crews 11-23-15

SIGNATURE OF OWNER OR AUTHORIZED AGENT DATE

White Copy – Environmental Health Yellow Copy - Applicant Copy

IREDELL COUNTY HEALTH DEPARTMENT

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

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

57437

PROPERTY DESCRIPTION NO. 18624 DATE 10/17/94 TAX MAP NO. 16P-A-15 (PART)

OWNER OR CONTRACTOR WOLFGANG MEIER PHONE: Business (SUNDAY) Home (703) 987-7123 Watershed: ☐ Yes ☒ No

ADDRESS HAUS IM WALLE 29338 FABERG - OBERNE, DEUTSCHLAND

LOCATION I-77 N, T NC901 TR UNION GROVE ROAD ON LEFT PAST HOLLAND FARM ROAD (SR 1812)

SUBDIVISION BLOCK / SECTION LOT LOT AREA 1.58 ACRES SITE CLASS. 53 DESIGN FLOW 360 L.T.A.R. .30 GPD/FT²

Septic Tank: 1000 Gallons: STB 794 Date 8-9-95

Pump Tank: Gallons: PT Date

Pump Make: Model Serial No.

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400

No Lines 3 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth

☒ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONVENTIONAL GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☒ No

☒ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

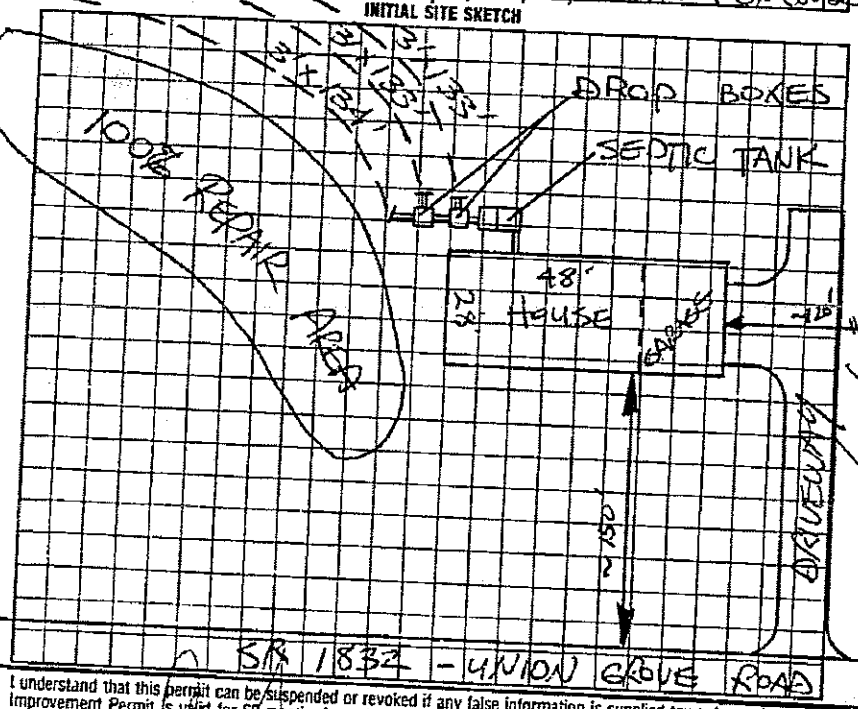
☒ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☒ Individual ☐ Community ☐ Public WELL

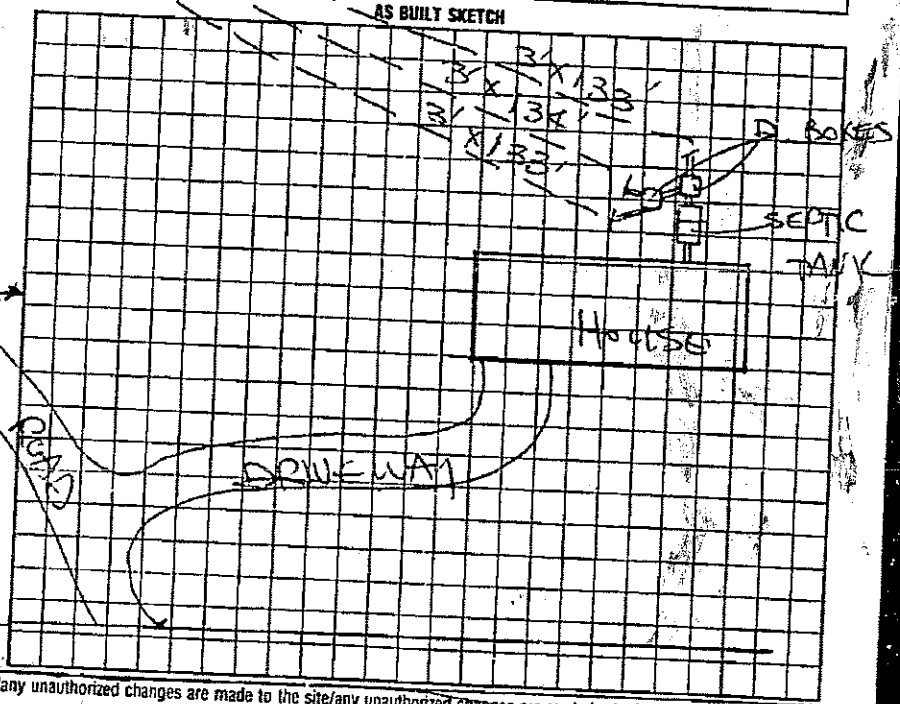
Comments: ① KEEP SYSTEM MINIMUM 5' FROM HOUSE, 10' FROM PROPERTY LINE, 100' FROM WELL ② IN-SMALL LINES ON CONTOUR, NO DEEPER THAN 36", 9' APART MINIMUM ON CENTER

Comments: KEEP WELL 100' FROM SYSTEM

INITIAL SITE SKETCH



AS BUILT SKETCH



I understand that this 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 is valid for 60 months from date of issuance.

Signed: [signature]

Improvement Permit by: STEVE HENRICK date 10/17/94

Existing System inspection by: date

Installed by: A-1 BACKHOE

Certificate of Completion by: date

Operation Permit by: STEVE HENRICK date 12-1-95

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL) GREEN OWNER COPY (FINAL) YELLOW INSPECTION COPY (INITIAL) PINK OWNER COPY (INITIAL) GOLD