PERMIT # 141935 WE PIN # 3774-74-3485

IREDELL COUNTY HEALTH DEPARTMENT – *Environmental Health Division*

Statesville Office 704-878-5305 Mooresville Office 704-660-3625

PRIVATE DRINKING WATER WELL PERMIT

Type of Permit (circle one) (New) Repair Abandonment

APPLICANT INFORMATION

Marie Rhone | 1001 East W.T. Harris Blvd Charlotte | ~~(704) 878-7475~~

Name | Full Address | Telephone #

PROPERTY INFORMATION Shannon School Rd. TL Stewart Rock TL Fulbright TR Crawford Point

Directions to Site

196 Riverside Dr. Stony Point, NC. Rivercliff 34

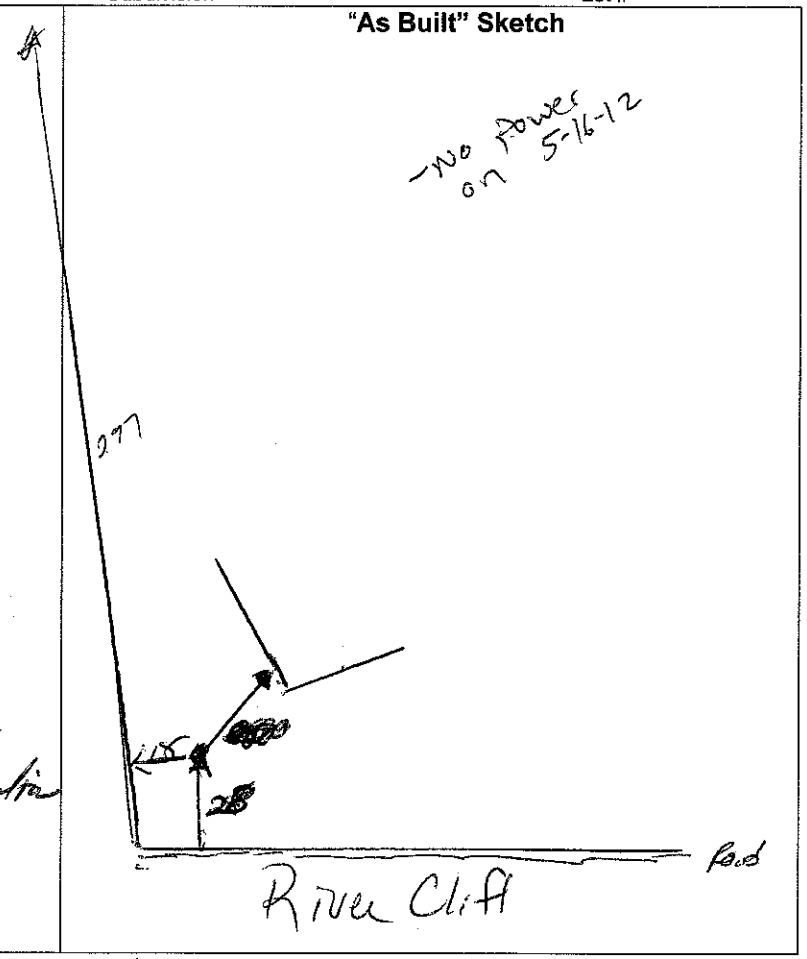
Physical location of proposed well (street address) | Subdivision | Lot #

Initial Site Sketch

Please see Attached site sketch.

6-8-09 – well installed prior to house and foundation

"As Built" Sketch



Permit Conditions/ Comments: Keep well 100' from all portions of septic system. Keep 25' from building foundations.

Well Permit Issued By: J. Hagan, R.S. **Date:** 15 May 09

(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 GPS Coordinates Lat: _____ **Long:** _____ **Well Contractor** Rural Well **Contractor Cert #** 2231

Grout Inspection By: Jeff Clark **Date:** 6-11-09 **or Certification for Grouting Not Witnessed**

by Dept _____ **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 / Pit less Adaptor 8 inches above grade ☑

Well Head Inspection By: J. Hagan, R.S. **Date:** 16 November 09

Certificate of Completion by: J. Hagan **Date:** 11/16/09 **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

cad 5-21-09