WELL CONSTRUCTION	DATE	INITIALS
Grouting Completed	12/29	RM
GW 1 Received	12/18/08	RM
Well Head Checked		
Water Sample Taken		
Sample Results Received		
GW30 Received (Abandonment)		

PIN # 4626-09-6935

TMENT – *Environmental Health Division*

Mooresville Office 704-660-3625

WATER WELL PERMIT

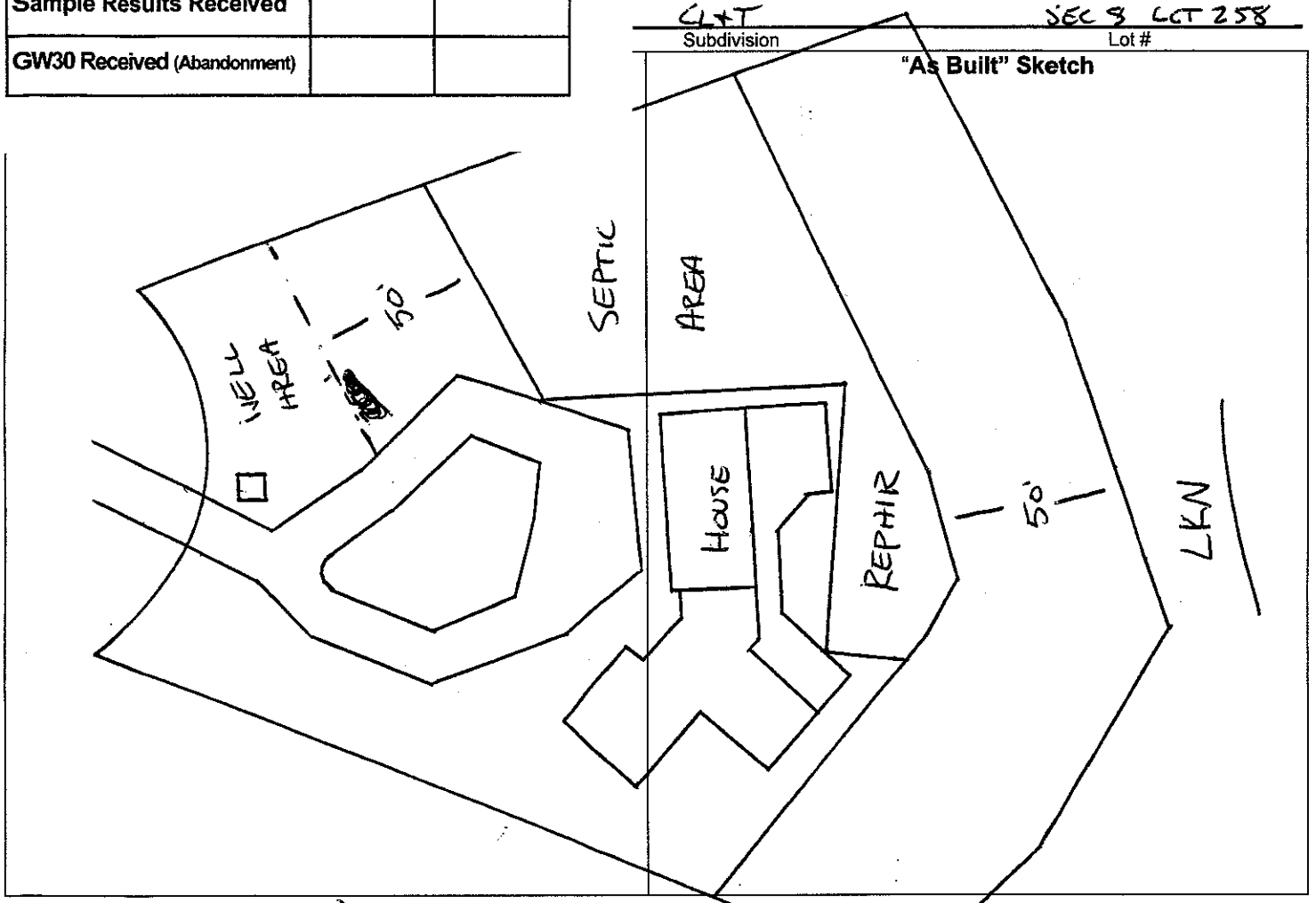
New Repair Abandonment

ND CT MOORESVILLE 704-310-4110
Telephone #

LOT, TL LAKEVIEW SHORES, TR PENTLAND

CL+T SEC 3 LOT 258
Subdivision Lot #

"As Built" Sketch



Permit Conditions/ Comments: 1) WELL MUST BE INSTALLED IN AREA SHOWN 2) WELL MUST BE 50' FROM SEPTIC

Well Permit Issued By: [signature] **Date:** 12-3-08

(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** Lake Norman Well **Contractor Cert #** 2599

Grout Inspection By: [signature] **Date:** 12/29/08 **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: _____ **Date:** _____

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