BCW

ICHD Environmental Health Division

INSPECTIONS: 704-664-3703 Statesville Office: (704) 878-5305 x3456 - Mooresville Office: (704) 660-3625

PRIVATE DRINKING WATER WELL PERMIT # 312402 **PIN #** 4636 - 41 - 0117 ✓ **Type of Permit (circle one):** (New) Repair Abandonment

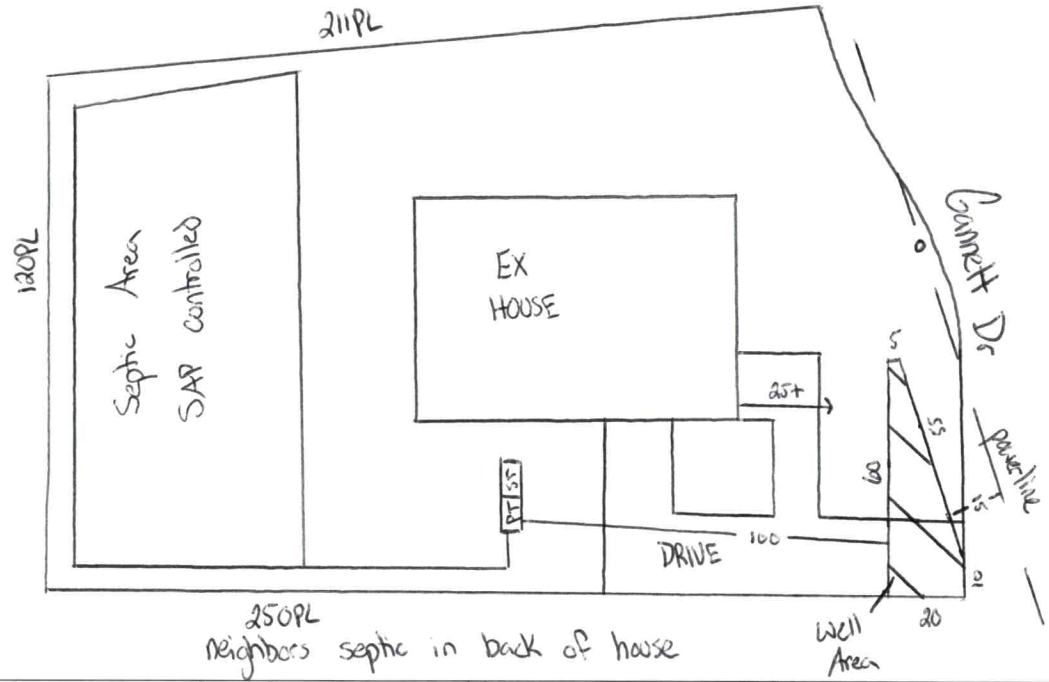
APPLICANT/OWNER NAME: Makson Inc ADDRESS: 434 Calhoun St, Salisbury PHONE: 704-636-5505

DIRECTIONS TO SITE: Brawley School - Isle of Pines - Gannett

SITE ADDRESS: 221 Gannett Dr, Mooresville 28117 ✓ SUBDIVISION: Lakeview Heights ✓ SECTION/LOT: 1 ✓

Initial Site Sketch

1=50



CALL 704-664-3703 for Grout or Well Head Inspections Between 8-9am

GROUTING RESULTS

Total Depth _____

Depth of Casing _____

Yield _____

Notes:

15' off powerline, 13' off side property, 10' off tanks

Emailed 11/9/22

PERMIT CONDITIONS/COMMENTS: Follow all well drilling rules. Keep 15' from powerline.

WELL PERMIT ISSUED BY: Cory Hill DATE: 11/3/22 (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 Contractor: Danny Wright CONTRACTOR CERT #: 2021A GROUT INSPECTION BY: D Meloy DATE: 12/20/22

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: Sydney Hollen DATE: 1/19/23

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 / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: Sydney Hollen DATE: 1/19/23 WATER SAMPLES BY: _____ DATE: _____

Attachments: Form GW-1a (required except for abandonment) ☒ Form GW-30 ☐ Water Sample Results ☐ Plat ☐ CALL 704-664-3703 to schedule grout or well head inspections between 8-9am

WELL CONSTRUCTION RECORD (GW-1)

For Internal Use Only:

1. Well Contractor Information:

Danny Wright
Well Contractor Name

2021A
NC Well Contractor Certification Number

Wright Well & Pump
Company Name

2. Well Construction Permit #: 312402
List all applicable well construction permits (i.e. UIC, County, State, Variance, etc.)

3. Well Use (check well use):

Water Supply Well:
- ☐ Agricultural
- ☐ Municipal/Public
- ☐ Geothermal (Heating/Cooling Supply)
- ☑ Residential Water Supply (single)
- ☐ Industrial/Commercial
- ☐ Residential Water Supply (shared)
- ☐ Irrigation

Non-Water Supply Well:
- ☐ Monitoring
- ☐ Recovery

Injection Well:
- ☐ Aquifer Recharge
- ☐ Groundwater Remediation
- ☐ Aquifer Storage and Recovery
- ☐ Salinity Barrier
- ☐ Aquifer Test
- ☐ Stormwater Drainage
- ☐ Experimental Technology
- ☐ Subsidence Control
- ☐ Geothermal (Closed Loop)
- ☐ Tracer
- ☐ Geothermal (Heating/Cooling Return)
- ☐ Other (explain under #21 Remarks)

4. Date Well(s) Completed: 12/19/22 **Well ID#** _____

5a. Well Location:

Makson Inc
Facility/Owner Name

Facility ID# (if applicable)

221 Gannett Dr Mooresville 28117
Physical Address, City, and Zip

Iredell
County

4636-41-0117
Parcel Identification No. (PIN)

5b. Latitude and longitude in degrees/minutes/seconds or decimal degrees:
(if well field, one lat/long is sufficient)

_____ N _____ W

6. Is(are) the well(s): ☑ Permanent or ☐ Temporary

7. Is this a repair to an existing well: ☐ Yes or ☑ No
If this is a repair, fill out known well construction information and explain the nature of the repair under #21 remarks section or on the back of this form.

8. For Geoprobe/DPT or Closed-Loop Geothermal Wells having the same construction, only 1 GW-1 is needed. Indicate TOTAL NUMBER of wells drilled: _____

9. Total well depth below land surface: 200 (ft.)
For multiple wells list all depths if different (example- 3@200' and 2@100')

10. Static water level below top of casing: 35 (ft.)
If water level is above casing, use "+"

11. Borehole diameter: 6¼ (in.)

12. Well construction method: Air
(i.e. auger, rotary, cable, direct push, etc.)

FOR WATER SUPPLY WELLS ONLY:

13a. Yield (gpm) 5 **Method of test:** Air

13b. Disinfection type: Chlorine **Amount:** 2 tabs

14. WATER ZONES

FROM	TO	DESCRIPTION
0 ft.	140 ft.	
140 ft.	ft.	

15. OUTER CASING (for multi-cased wells) OR LINER (if applicable)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
0 ft.	91 ft.	in.		

16. INNER CASING OR TUBING (geothermal closed-loop)

FROM	TO	DIAMETER	THICKNESS	MATERIAL
ft.	ft.	in.		
ft.	ft.	in.		

17. SCREEN

FROM	TO	DIAMETER	SLOT SIZE	THICKNESS	MATERIAL
ft.	ft.	in.			
ft.	ft.	in.			

18. GROUT

FROM	TO	MATERIAL	EMPLACEMENT METHOD & AMOUNT
0 ft.	20 ft.	Hotplug	
ft.	ft.		
ft.	ft.		

19. SAND/GRAVEL PACK (if applicable)

FROM	TO	MATERIAL	EMPLACEMENT METHOD
ft.	ft.		
ft.	ft.		

20. DRILLING LOG (attach additional sheets if necessary)

FROM	TO	DESCRIPTION (color, hardness, soil/rock type, grain size, etc.)
0 ft.	40 ft.	Red Dirt
40 ft.	84 ft.	Brown Dirt
84 ft.	100 ft.	Blue Rock
100 ft.	ft.	Blue/Black Rock
ft.	ft.	
ft.	ft.	
ft.	ft.	

21. REMARKS

22. Certification:

Danny Wright
Signature of Certified Well Contractor

12/19/22
Date

By signing this form, I hereby certify that the well(s) was (were) constructed in accordance with 15A NCAC 02C .0100 or 15A NCAC 02C .0200 Well Construction Standards and that a copy of this record has been provided to the well owner.

23. Site diagram or additional well details:
You may use the back of this page to provide additional well site details or well construction details. You may also attach additional pages if necessary.

SUBMITTAL INSTRUCTIONS

24a. For All Wells: Submit this form within 30 days of completion of well construction to the following:

Division of Water Resources, Information Processing Unit,
1617 Mail Service Center, Raleigh, NC 27699-1617

24b. For Injection Wells: In addition to sending the form to the address in 24a above, also submit one copy of this form within 30 days of completion of well construction to the following:

Division of Water Resources, Underground Injection Control Program,
1636 Mail Service Center, Raleigh, NC 27699-1636

24c. For Water Supply & Injection Wells: In addition to sending the form to the address(es) above, also submit one copy of this form within 30 days of completion of well construction to the county health department of the county where constructed.