PIN # 4636626678.000

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

Marc C. Baker — 378 Quickwood Rd. Mooresville NC 28117 — 704 201-3783

Name — Full Address — Telephone #

PROPERTY INFORMATION

Brawley Sch l Rd. TR Stutts Rd TR Woodstream TR Woodstream Cir TL Jase Ct at end cul de sac

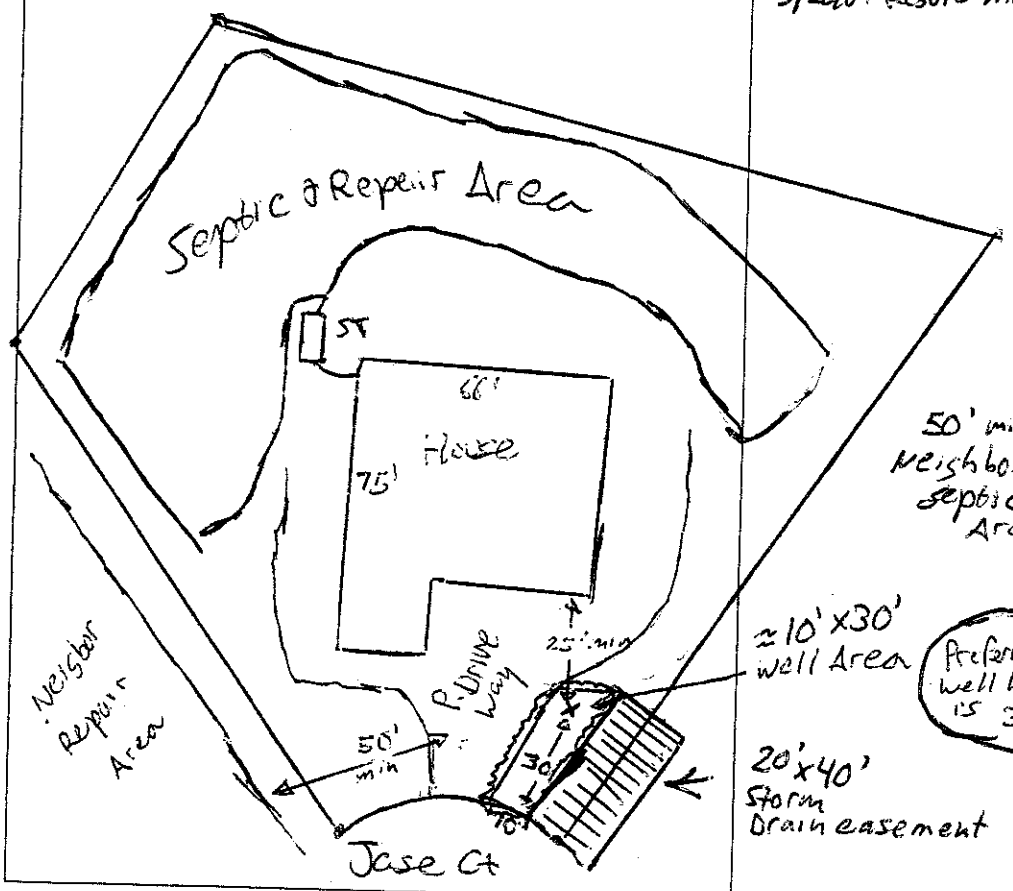
Directions to Site

115 Jase Ct — Norman Woods — 65

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

Initial Site Sketch

1"=50'



"As Built" Sketch

3/26/09 results mailed 3/26/09 AC

50' min from neighboring septic Area

≈10'x30' well Area

Preferred well location is 30' from road 16' from property line

20'x40' storm drain easement

Permit Conditions/ Comments: * Well cannot be installed in easement area, Maintain 50' min from all Septic & repair areas. Well area is ≈ 10'x30' due to size of driveway. Maintain 25' min from House.

Well Permit Issued By: Anthony Cotton, R.S. **Date:** 11/7/08

(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** Advanced **Contractor Cert #** 3239

Grout Inspection By: Randall Moore **Date:** 11/24/08 **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:** 2-5-09

Certificate of Completion by: _____ **Date:** _____ **Water Samples By:** Judy Melville **Date:** 3-9-09

Attachments: Form GW-1a (***required except for abandonment***) ☐ Form GW 30 ☐ Water Sample Results ☐ Plat ☐

Health Dept. Copy - White Applicant Certificate of