PERMIT # _____ PIN # 4638070921

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

Artisan Custom Homes | 212 S. Main St. | 704-987-9369

Name | Full Address | Telephone #

PROPERTY INFORMATION

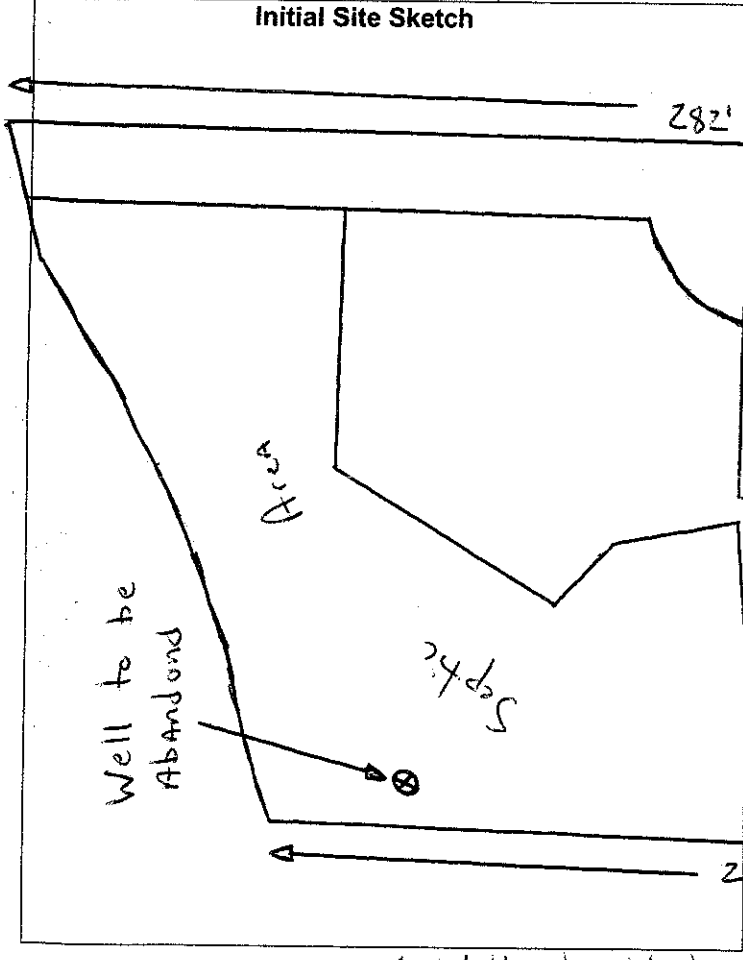
Perth Rd TL Fernhill TR Charles Ln @ end on left

Directions to Site

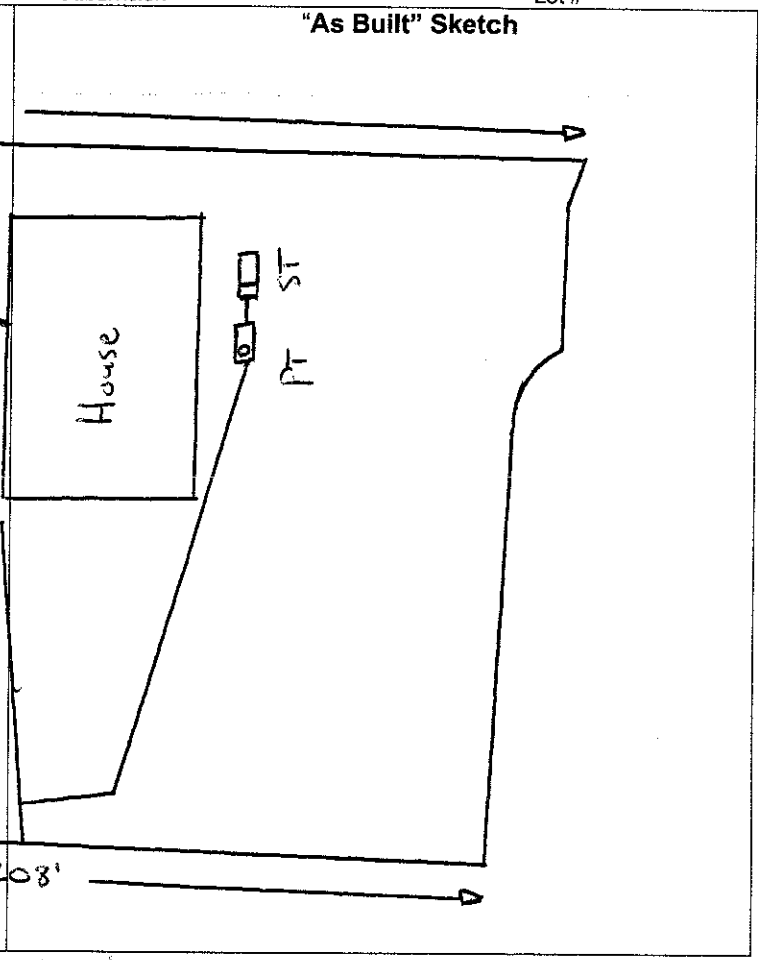
147 St. Charles Ln | CL+T | 111

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

Initial Site Sketch



"As Built" Sketch



Permit Conditions/ Comments: * Well should be Abandond According to 15A NCAC 02C .0113

Well Permit Issued By: B-A **Date:** 7-17-08

(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** _____ **Contractor Cert #** _____

Grout Inspection By: _____ **Date:** _____ **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: B-A **Date:** 7-22-08 **Water Samples By:** _____ **Date:** _____

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

WELL ABANDONMENT RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

WELL CONTRACTOR CERTIFICATION #

1. WELL CONTRACTOR:

Luther Ellis Bailey
Well Contractor (Individual) Name

B & K Well Drilling
Well Contractor Company Name

STREET ADDRESS 132 Mt mourne Ln

Mooresville NC 28115
City or Town State Zip Code

(704) - 892 - 4696
Area code - Phone number

2. WELL INFORMATION:

SITE WELL ID # (if applicable)

STATE WELL PERMIT # (if applicable)

COUNTY WELL PERMIT # (if applicable) 4638070921

DWQ or OTHER PERMIT # (if applicable)

WELL USE (Check applicable use): ☐ Monitoring ☑ Residential

☐ Municipal/Public ☐ Industrial/Commercial ☐ Agricultural

☐ Recovery ☐ Injection ☐ Irrigation

☐ Other (list use)

3. WELL LOCATION:

COUNTY Iredell QUADRANGLE NAME

NEAREST TOWN: Mooresville

147 St. Charles Ln.
(Street/Road Name, Number, Community, Subdivision, Lot No., Parcel, Zip Code)

TOPOGRAPHIC / LAND SETTING:

☑ Slope ☐ Valley ☐ Flat ☐ Ridge ☐ Other
(Check appropriate setting)

LATITUDE
LONGITUDE
May be in degrees, minutes, seconds, or in a decimal format

Latitude/longitude source: ☐ GPS ☐ Topographic map

(Location of well must be shown on a USGS topo map and attached to this form if not using GPS.)

4a. FACILITY. The name of the business where the well is located. Complete 4a and 4b. (If a residential well, skip 4a; complete 4b, well owner information only.)

FACILITY ID #(if applicable)

NAME OF FACILITY

STREET ADDRESS

City or Town State Zip Code

4b. CONTACT PERSON/WELL OWNER:

NAME Artisan Custom Homes

STREET ADDRESS 212 S main st / PO Box 2218

Davidson, NC 28036

5. WELL DETAILS:

a. Total Depth: 100 ft. Diameter: 6 in.

b. Water Level (Below Measuring Point): 60 ft.

Measuring point is 2 ft. above land surface.

6. CASING:

	Length	Diameter
a. Casing Depth (if known):	41 ft.	6 in.
b. Casing Removed:	6 ft.	6 in.

7. DISINFECTION: Liquid clorine

(Amount of 65%-75% calcium hypochlorite used)

8. SEALING MATERIAL:

Neat Cement

Cement 300 lb.
Water 3 gal.

Sand Cement

Cement lb.
Water gal.

Bentonite

Bentonite lb.

Type: ☐ Slurry ☐ Pellets

Water gal.

Other

Type material Gravel

Amount 2 Scoops

9. EXPLAIN METHOD OF EMPLACEMENT OF MATERIAL:

Cut casing off put Clorine in filled with gravel then topped with cement

10. WELL DIAGRAM: Draw a detailed sketch of the well on the back of this form showing total depth, depth and diameter of screens (if any) remaining in the well, gravel interval, intervals of casing perforations, and depths and types of fill materials used.

11. DATE WELL ABANDONED 7-21-08

I DO HEREBY CERTIFY THAT THIS WELL WAS ABANDONED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

Luther E Bailey — 7/21/08
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

SIGNATURE OF PRIVATE WELL OWNER ABANDONING THE WELL DATE
(The private well owner must be an individual who personally abandons his/her residential well in accordance with 15A NCAC 2C .0113.)

Luther E Bailey
PRINTED NAME OF PERSON ABANDONING THE WELL

Submit a copy to the owner and the original to the Division of Water Quality within 30 days.
Attn: Information Management, 1617 Mail Service Center – Raleigh, NC 27699-1617, Phone No. (919) 733-7015 ext 568.

Form GW-30
Rev. 5/06