PERMIT # 158819 PIN # 4638-63-5624

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

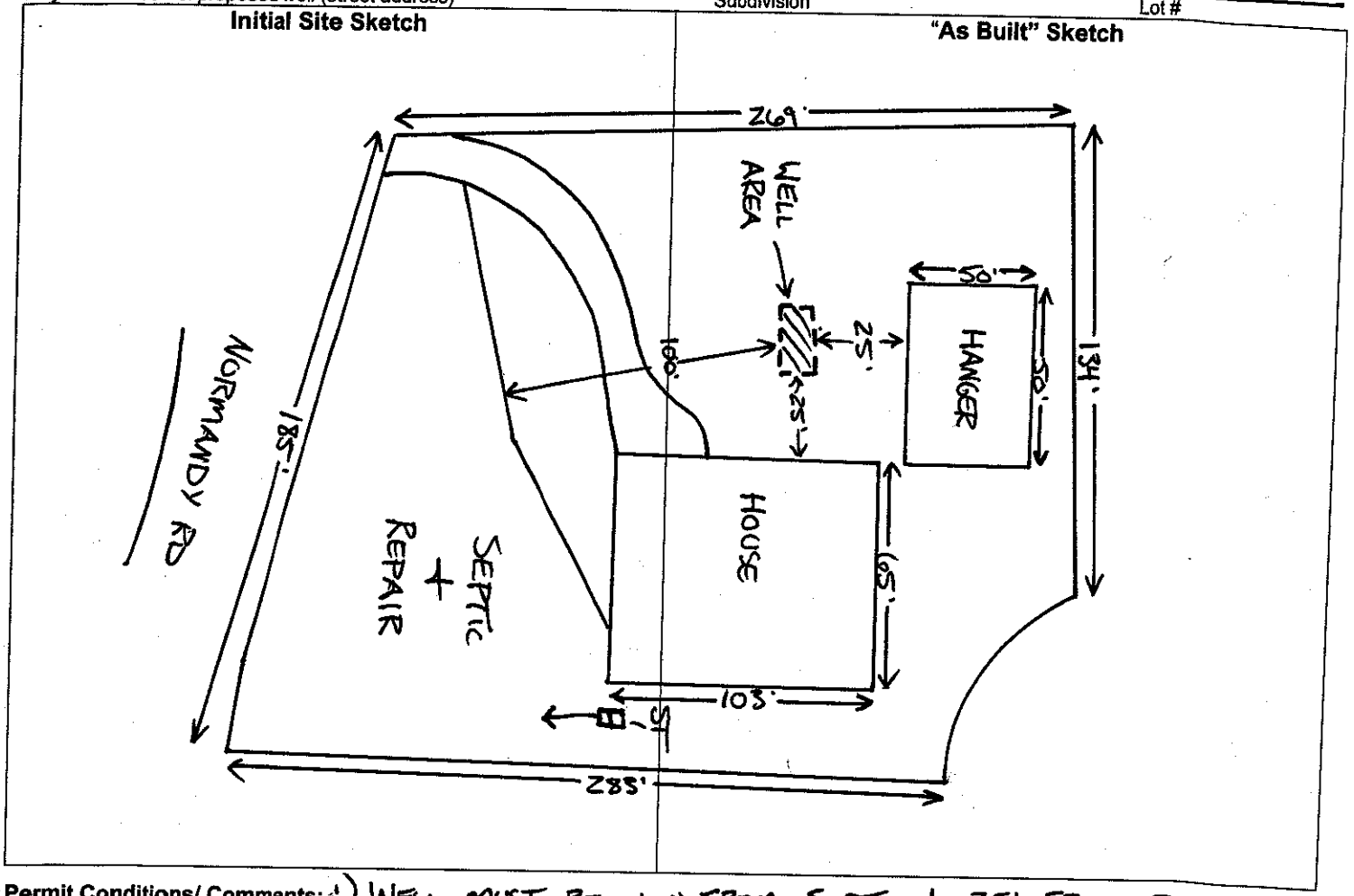
HOLIDAY OBRECHT (Name) | 165 NORMANDY RD (Full Address) | KENT SHAW 704-528-4494 (Telephone #)

PROPERTY INFORMATION

PERTH, TL NORMANDY, 165 ON L (Directions to Site)

SAME (Physical location of proposed well (street address)) | LAKE NORMAN AIR PARK (Subdivision) | 56 (Lot #)

Initial Site Sketch



"As Built" Sketch

Permit Conditions/ Comments: 1) WELL MUST BE 100' FROM SEPTIC + 25' FROM BUILDING FOUNDATION 2) FOLLOW STATE RULES

Well Permit Issued By: [signature] REHS **Date:** 12-4-09

(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** _____ **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: _____ **Date:** _____ **Water Samples By:** _____ **Date:** _____

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