AS

IREDELL COUNTY HEALTH DEPARTMENT

Statesville Office – Central Permitting (704) 878-5305 Mooresville Office (704) 660-3625

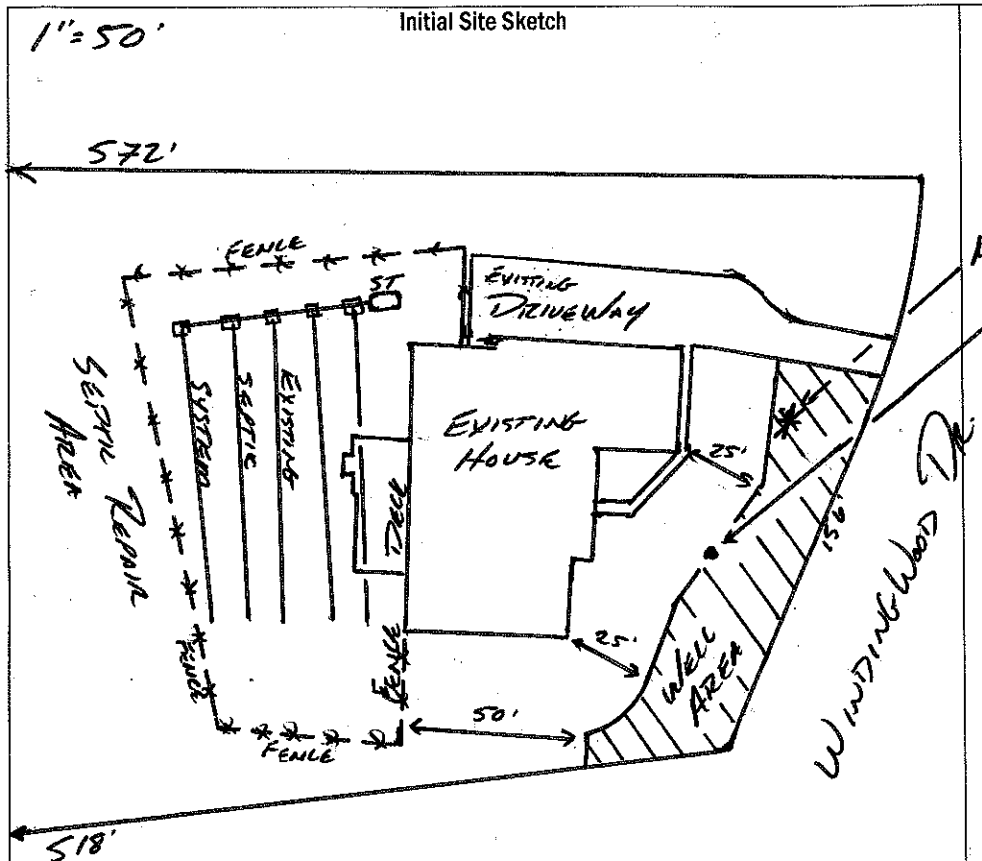
PRIVATE DRINKING WATER WELL PERMIT #219556 PIN # 4711-04-4705.000 Type of Permit (circle one) (New) Repair Abandonment

APPLICANT NAME: Joyce Martucci ADDRESS: 139 Winding Wood Dr. Statesville NC PHONE: 704-437-4222

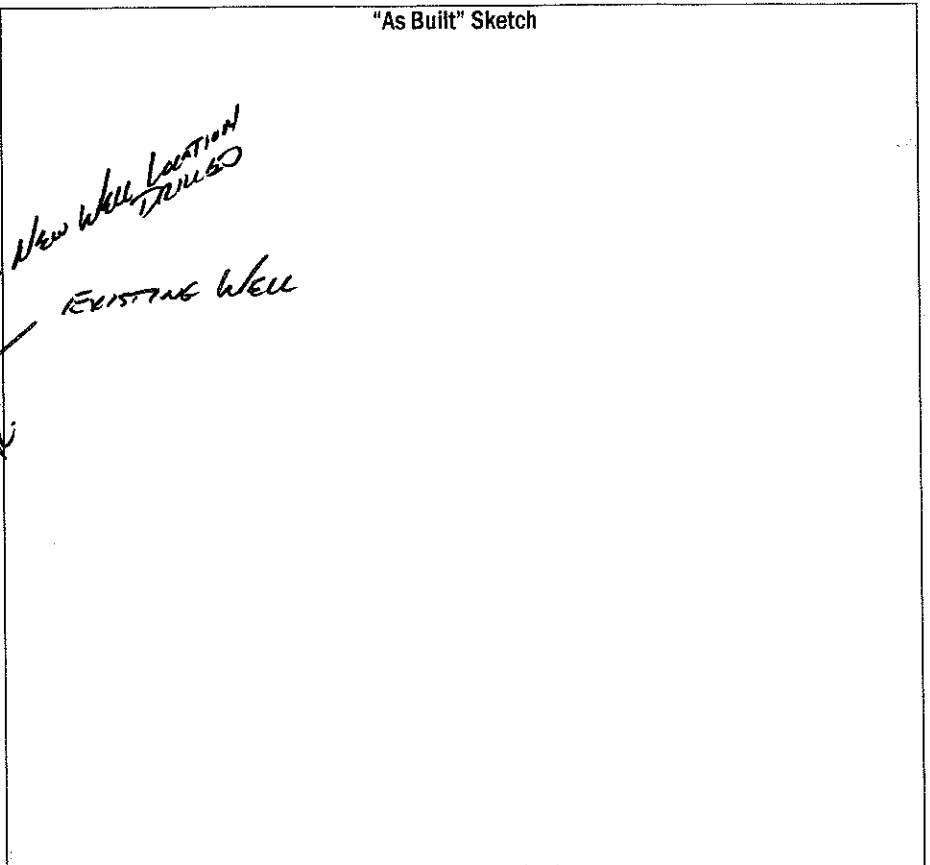
DIRECTIONS TO SITE: Buffalo Shoals Towards Catawba, TL Windingwood Dr., Site on L

SITE ADDRESS: 139 Windingwood Dr. Statesville NC SUBDIVISION: Ridgewood SECTION/LOT: 2

Initial Site Sketch



"As Built" Sketch



Well GPS Latitude: _____ Longitude: _____

PERMIT CONDITIONS/COMMENTS: Property Line Must Be Marked Prior To Drilling. Minimum 35' Casing. Maintain 50' From Fence And 25' From House. Follow All NC Well Rules.

WELL PERMIT ISSUED BY: _____ DATE: APPROVED JUN 20 2016 (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: Taylorsville Well Drilling CONTRACTOR CERT #: _____ GROUT INSPECTION BY: _____ DATE: 6/27/16

OR CERTIFICATION OF GROUT NOT WITNESSED BY DEPT: _____ DATE: _____ WELL HEAD INSPECTION BY: _____ APPROVED JUL 12 2016

WELL HEAD INSPECTION (check when completed): GROUT TO GROUND SURFACE ☒ WELL CONTRACTOR ID PLATE ☑ PUMP INSTALLER ID PLATE ☑ SAMPLE PORT ☑ APPROVED JUL 12 2016

ACCESS PORT ☑ VENT ☑ WELL SEAL ☑ WELL HEAD 12 INCHES / PITLESS ADAPTOR 8 INCHES ABOVE GRADE ☑

CERTIFICATE OF COMPLETION BY: _____ DATE: APPROVED JUL 12 2016 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